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# Journals

(Unrevised)

Legislative Assembly

Province of New Brunswick

Hon. Herménégilde Chiasson  
Lieutenant-Governor

Speaker: Hon. Roy Boudreau

Wednesday, November 26, 2008

Third Session of the 56th Legislative Assembly  
Fredericton, New Brunswick

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Wednesday, November 26, 2008.

10 o'clock a.m.

Prayers

Mr. Speaker, the Honourable Roy Boudreau, introduced the returning Pages for the session: Mallory Fowler, Boiestown, New Brunswick, Head Page; Nicole Badry, Heisler, Alberta; Chris Lyons, Fredericton; Caitlin Rankine, New Maryland; and Peter Nimigon, New Maryland.

The new pages are: Jens Ourom, Fredericton; Andrew Ferguson-Holmes, Hampton; Adam Savoie, New Maryland; Amber Yates, Nashwaak Village; Jacalyn Norrad, Bloomfield Ridge; Jennifer Gillespie, Grand Falls; Amanda Stephens, Keswick Ridge, and Brittany Hunter, Astle.

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Mr. Speaker interrupted proceedings and acknowledged this was the first day of the session, but reminded Members that the time limits on Introduction of Guests and Messages of Congratulation and Recognition will be enforced in future.

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Mr. Cy LeBlanc, Member for Dieppe Centre-Lewisville, laid upon the table of the House a petition on behalf of parents and friends of the Club Sainte-Thérèse in Dieppe, which offers child care before and after school, urging that the Club be saved. (Petition 1)

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Mr. Steeves, Member for Albert, laid upon the table of the House a petition on behalf of residents of Elgin urging the government to allow the Elgin Government Garage to remain open. (Petition 2)

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Mr. Steeves, Member for Albert, laid upon the table of the House a petition on behalf of home support workers urging the government to help the New Brunswick Home Support Association improve the industry. (Petition 3)

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Pursuant to the terms of the resolution appointing the Select Committee on Wellness, Mr. Collins, Member for Moncton East, presented the Final Report of the Committee which was filed with the Clerk of the Legislative Assembly and released on July 11, 2008, and it is as follows:

July 2008

To the Honourable  
The Legislative Assembly of the Province of New Brunswick  
Mr. Speaker:

I am pleased to present herewith the Final Report of the Select Committee on Wellness entitled *Wellness...we each have a role to play*

– *Individuals, communities, stakeholders and government.* This report is the result of your Committee's deliberations on improving wellness in our province. Beginning in January 2008, the Committee heard 62 presentations, received 47 written briefs and participated in a series of community engagement meetings.

Our Committee was given a large and important task: to engage New Brunswickers in dialogue around the roles of individuals, communities, stakeholders and government in improving wellness in our Province. We are currently facing a wellness crisis, our nation's children, our future, may be the first generation in decades to have a shorter life expectancy than their parents. Rates of tobacco use, unhealthy eating, physical inactivity and obesity have reached alarming levels. Citizens however, feel positively about what we can achieve by working collaboratively. New Brunswickers clearly recognize that wellness is everyone's business.

Throughout these proceedings, I have observed a recognition and willingness within individuals, communities and stakeholders to accept responsibility for their families' and their communities' wellness. The recommendations in this report are to be considered by government, but also have applications for individuals, communities and stakeholders. Many communities are already mobilizing around wellness and are doing impressive work to address the wellness issues they face. Stakeholders are beginning to form partnerships with communities and government to support community capacity and work collaboratively to address the determinants of health. The Committee encourages more communities and stakeholders to form networks to develop targeted wellness action plans.

It became obvious through the consultation process that communities have an important role to play in improving wellness in New Brunswick. Government's role is to support communities in their efforts through the development of policy and legislation; the establishment of a mechanism for meaningful engagement and sharing of resources between communities, provincial stakeholders and government; and the enhancement and promotion of the Provincial Wellness Strategy.

To be a strong prosperous province, we must be a well province. By working together, we can change attitudes and behaviours and make New Brunswick a leader in wellness. The approach must include a recognition of responsibility; adequate investment in wellness; a comprehensive, research driven and measurable Wellness Strategy; action to address factors within our environments that impact our wellness; and continued focus on the critical issues impacting our youth while taking into account key influencers such as families and seniors. New Brunswick is ready, the time for action is now. As individuals, communities, stakeholders and government, we each have a role to play in improving wellness in New Brunswick.

On behalf of the Committee, I would like to thank all New Brunswickers who provided valuable input and insight through presentations to the

Committee, participation in the community engagement meetings and the submission of written briefs. I would also like to thank the members of the Committee for their commitment to this process.

Sincerely,

Chris Collins, M.L.A.  
Chairperson.

Ordered that the Report be received.

The full report of the Committee as presented follows:

#### **Executive Summary**

In the Speech from the Throne delivered February 6, 2007, the government announced that a Select Committee on Wellness would be established to engage New Brunswickers on promoting wellness in the province. The Committee was appointed by motion of the Legislative Assembly on July 5th, 2007. In early 2008, the Committee traveled across the province to engage New Brunswickers in a dialogue on wellness.

Over the course of the public consultation process, the Committee heard 62 presentations and received 47 written briefs. In addition to the public consultations in Moncton, Miramichi, Saint John, Fredericton and Tracadie-Sheila, the Committee participated in six community engagement meetings, three meetings in each of the communities of Bathurst and Boiestown. New Brunswickers showed a great deal of passion for wellness, were actively engaged and brought valuable input to the Committee.

The dialogue with New Brunswickers explored 4 key questions:

1. What does wellness mean to you, why does it matter and how is it different from good health?
2. Who is responsible for wellness i.e. what is the role of individuals, stakeholders, communities and government?
3. What is the right plan for your community and what are the specific actions individuals, stakeholders, communities and government can take to support this plan?
4. As wellness in New Brunswick improves, what do you expect we will see?

There is a common understanding across the province about what wellness means, why it matters and how it is different from good health. New Brunswickers see wellness as a broad, holistic concept that involves an ongoing and modifiable process, is interdependent on the determinants of health and involves action in the school, community and workplace environments. New Brunswickers agree that wellness is a shared responsibility between individuals, communities, stakeholders and government and that all parties need to work together to deliver a consistent message, share information and outcomes, support wellness environments where people live, learn, work and play, build on existing strengths, address barriers to wellness and provide New Brunswickers with the resources and tools necessary to make healthier choices.

New Brunswickers recognize that improving wellness in the province is a major task and one that will require a long term commitment. However, immediate action is needed.

The Committee observed that within New Brunswick communities, a number of quality resources and initiatives exist, along with the necessary professional expertise. The Committee recognizes that each community has different wellness needs and should be empowered to build on these existing assets and develop their own targeted wellness action plans. Government's role is to continue to encourage individual, community and stakeholder responsibility for wellness, provide opportunities to network and share ideas, and help to address barriers to community wellness. The recommendations in this report are to be considered by government, but also have applications for individuals, communities and stakeholders.

To implement these recommendations, the Committee recommends that government ensure adequate recognition of and investment in wellness. Recommended roles of government include: developing policy and legislation to support wellness environments and enhance social supports; enabling local action by providing support capacity and programming; and providing leadership by enhancing, promoting and evaluating the Provincial Wellness Strategy. Furthermore, the Committee wants to ensure that these recommendations become actionable through the establishment of concrete time frames. It is recognized that appropriate time is required to review the recommendations and respond. The Committee expects however, that the recommendations will be considered and evaluated and that an enhanced Provincial Wellness Strategy will be launched before the end of March, 2009. This time line will ensure that the work of New Brunswickers and the Committee will continue to move the wellness agenda forward. A summary of the recommendations is contained in Appendix A.

New Brunswickers feel positively about what will result as wellness improves in New Brunswick and are eager to work with government to make our province strong and prosperous. The findings confirmed that as individuals, communities, stakeholders and government, we each have a role to play in improving wellness in New Brunswick.

### **Introduction**

In 2000, a Select Committee on Health Care was appointed to consult the public on the delivery of health care in New Brunswick including wellness and its promotion. A report based on the findings was tabled in the Legislative Assembly in April of 2001. The report defined wellness as "a state of emotional, mental, physical, social and spiritual well-being that enables people to reach and maintain their personal potential in their communities" and proposed a Strategic Framework for Wellness as well as the establishment of a high-profile focal point for wellness in government. These and other recommendations were adopted.

In 2006, a Provincial Wellness Strategy was launched by the Department of Health and Wellness and shortly thereafter, the Department of Wellness, Culture and Sport was created. The Wellness Strategy includes four pillars of healthy lifestyles: physical activity, healthy eating, tobacco-free living and mental fitness and resiliency. The Wellness Strategy also identifies five strategic directions for achieving wellness: partnership and collaboration, community development, the promotion of healthy lifestyles, surveillance, evaluation and research, and healthy public policy.

While the Wellness Strategy builds on past efforts, it also puts the discussion on a new footing by introducing the concept of wellness as a process of becoming aware of and practicing healthy choices to create a more successful and balanced lifestyle. We are seeing a shift from viewing wellness as a passive state to one in which the individual plays a vital role in promoting his or her own wellness. This implies that wellness is ongoing and identifies that individuals within their physical and social environments must be actively involved. It also recognizes the influence of environment on individual and community wellness. This is consistent with the broader, emerging view in the Organization for Economic Co-operation and Development countries that active, engaged citizens are essential to the creation of healthy, prosperous communities. Wellness is important to New Brunswick not only because health is a public good, but because it makes a critical contribution to the broader goal of sustainable communities.

Through the Wellness Strategy strategic partnerships have been formed with wellness stakeholders across New Brunswick to implement wellness initiatives in schools, communities and workplaces. Communities have begun to mobilize around key wellness issues and form networks that are taking action to improve the wellness of their citizens. Universities are also building their capacity and partnerships and are being recognized nationally for their efforts to link research and surveillance to knowledge mobilization supporting communities. Government departments are collaborating on policies and programs that support wellness efforts such as the Healthier Foods and Nutrition in Public Schools policy, and tobacco free and healthy eating school grant programs.

While it is obvious that wellness has come a long way, rates of obesity, inactivity, unhealthy eating, stress and exposure to second hand smoke continue to persist at unacceptable rates. By working together, we can change attitudes and behaviours and make New Brunswick a leader in wellness. With this goal in mind, the Select Committee on Wellness was formed to engage New Brunswickers and to assist government, stakeholders and communities in defining the roles, responsibilities and actions required to improve wellness in the province.

#### **Terms of Reference**

The February 2007 Speech from the Throne announced the formation of a Select Committee on Wellness. The Committee was appointed on

July 5th, 2007, and was charged with the responsibility of engaging citizens and stakeholders in discussions and reporting to the House with recommendations that will promote public engagement and ownership of wellness.

The objectives of the Select Committee are:

- To stimulate dialogue and discussion among citizens and stakeholders on wellness.
- To identify the roles and responsibilities of citizens, stakeholders and governments as agents of change with respect to wellness.
- To enhance citizens' and stakeholders' understanding of the interconnection between wellness and other public policy areas (economic and environmental development).
- To report to the House with recommendations that will promote public engagement and ownership of wellness.

The scope of this report is to reflect New Brunswickers' views on Wellness. The Committee is responsible for making recommendations to the Legislative Assembly.

#### **Consultation Process**

To meet the mandate and the objectives of the Committee, the dialogue with New Brunswickers was focused around the following key questions:

1. What does wellness mean to you, why does it matter and how is it different from good health?
2. Who is responsible for wellness i.e. what is the role of individuals, stakeholders, communities and government?
3. What is the right plan for your community and what are the specific actions individuals, stakeholders, communities and government can take to support this plan?
4. As wellness in New Brunswick improves, what do you expect we will see?

This report is the result of an extensive consultation process that occurred over several months, engaging citizens in discussions on wellness across the province. The Committee utilized two processes to consult the public: community engagement and public hearings. In addition, to ensure that all New Brunswickers could participate, there was an opportunity to provide written submissions.

The community engagement process included three meetings in each of the communities of Boiestown and Bathurst, and promoted deliberation and collaboration amongst students, parents, teachers, seniors, municipalities, community groups and wellness stakeholders. Participants, together with Committee members, considered the key questions and provided collaborative input.

During the public hearings, citizens were given the opportunity to present their view on the four key questions. Public hearings were held

in Moncton, Miramichi, Saint John, Fredericton and Tracadie-Sheila. Due to overwhelming interest, a second day of public hearings was held in Moncton and Fredericton. Appendix B includes a list of individuals and organizations that made presentations to the Committee, participated in the community engagement meetings or submitted written briefs.

Over the duration of the consultation process, the Committee heard 62 presentations, participated in six engagement meetings and received 47 written briefs. This report summarizes the key findings and suggested actions that were raised.

The remainder of the report is focused on presenting the results of the consultation process and making recommendations to government that also have applications for individuals, communities and stakeholders. The sections are divided by the four key questions.

### **Defining Wellness**

#### ***Question 1:***

*What does wellness mean to you, why does it matter and how is it different than good health?*

The report breaks the question into three parts:

- A. What does wellness mean to you?
- B. Why does wellness matter?
- C. How is wellness different than good health?

#### **A. What does wellness mean to you?**

This question was posed to get a sense of how citizens, communities and stakeholders in communities define wellness. The Committee observed a surprising amount of agreement among New Brunswickers as to what wellness means. This is evidence of an evolution in thought. As a participant in one of the Boiestown engagement meetings stated, “Culturally as a province, we have a lot of shared ideas about what wellness is and what it means. People are thinking holistically and this is very different from 15 years ago.”

### **Key Findings**

#### ***The Dimensions of Wellness***

New Brunswickers see wellness from a holistic point of view that incorporates the mind, the body and the spirit. They agreed that wellness includes several different dimensions. Presenters referred to The Six Dimensions of Wellness, developed by Dr. Bill Hettler, Co-founder and President of the Board of Directors of the National Wellness Institute: physical, emotional, spiritual, social, occupational and intellectual. Participants also identified environmental wellness as an important dimension.

Presenters told the Committee that wellness includes an individual, community and societal element. As was concluded in a Boiestown engagement meeting, “Wellness includes the overall health of the



community and the broader society (economy, policy, culture) in which individuals dwell.” School, workplace and community environments were identified as key settings for promoting wellness.

#### ***A Dynamic and Modifiable Process***

Wellness was defined as a dynamic and modifiable process, requiring a lifetime commitment. It was also said that individuals can influence their own and their communities’ wellness, which suggests a personal responsibility. As was stated in a Bathurst engagement meeting, “When we are well, we are able to cope with the challenges life hands us, to realize our full potential to contribute to our community, and feel connected with ourselves, our families and our communities.” Wellness can be achieved through the effective use of our physical, mental, spiritual, social and material resources to meet the challenges of daily life and by doing so, we attain a feeling of satisfaction and control over our lives. The outcomes are a more balanced and better quality of life. As the School of Natural Nutrition told the Committee, “When cells are healthy and we have adequate physical activity, mental health, and spiritual health (or a sense of purpose), the body is at ease and we have wellness.”

Presenters also raised attitude and culture as important aspects in defining wellness. A participant in the one of the Bathurst community engagement meetings stated, “Wellness is a question of attitude, a person can be in the same situation as his or her neighbour, but one may see themselves as well while the other may themselves as unwell.” This emphasizes the need to encourage a more positive attitude among New Brunswickers.

#### ***The Determinants of Health***

A common theme throughout the consultation process was the interdependence of wellness on the determinants of health. A list and description of the determinants of health is contained in Appendix C. Presenters identified income, income distribution and social status, social support networks, education, employment and working conditions, social and physical environment, healthy child development, personal health practices and individual capacity and coping skills as being the most influential determinants on the wellness of New Brunswickers. There is substantial evidence supporting the relationship between wellness and the determinants of health. The Chronic Disease Prevention Alliance of Canada (CDPAC) report, *Poverty and Chronic Disease: Recommendations for Action* (2007) states: “Based on evidence accumulated over time, there is a general acceptance in population health that there is a strong relationship between socio-economic status and health. This relationship is not only seen when comparing the poorest to the richest groups, but there is also a gradient—that is, the richest are more healthy than the next richest, and the middle class are more healthy than the poorer groups. This gradient is not limited to income alone—there is a gradient for the determinants such as occupation and education. Poorer Canadians use more health services

than the richest Canadians.” Reducing these inequities and improving health will ultimately lead to increased productivity.

The Committee heard that how citizens view wellness may depend on their economic situation. A presentation by the New Brunswick Common Front for Social Justice suggested that the many New Brunswickers living in poverty would like to experience wellness and have it add meaning to their lives, but because of the stress and financial barriers they face daily, there is no time or energy left to think about wellness. Even if those living in poverty had access to the information they need to live healthier lifestyles, they do not have the means to do anything about it. Many other presenters also identified poverty as a major barrier to wellness in New Brunswick.

#### ***A Definition of Wellness***

Wellness is currently defined as “an ongoing process to enhance emotional, mental, physical, social and spiritual wellbeing that enables people to reach and maintain their personal potential and contribution to their communities.” Presenters, including the Faculty of Kinesiology at the University of New Brunswick, suggested that this definition be broadened (e.g. by adding vocational and environmental wellbeing). Presenters suggested that this definition seems particularly relevant as the terms vocational and environmental relate to the determinants of health and becoming a strong, sustainable province. Vocational wellbeing was described as a balance between work and leisure that promotes health and a sense of personal satisfaction. Environmental wellness relates to the promotion of health measures that improve the standard of living and quality of life. Both terms address the external factors that influence health and wellness.

It was recognized that the terms “disease prevention”, “health promotion” and “wellness” are often used interchangeably and that these terms can be looked at on a continuum towards wellness. As the New Brunswick Lung Association stated, “Health promotion evolved from disease prevention but goes far beyond preventing disease, it seeks to optimize health. Optimal health enhances quality of life and wellness is about quality of life.”

#### **Summary & Recommendations**

The following points summarize key findings in response to the question, “**What does wellness mean to you?**”:

- Wellness is a holistic concept.
- Creating a wellness environment involves action in three key settings: schools, workplaces and communities.
- Wellness is interdependent on the determinants of health.

#### **The Committee therefore recommends as follows:**

1. Define wellness from a holistic point of view that reflects its interdependence on the determinants of health.

2. Continue to work through settings such as schools, communities (including local governments and community groups) and workplaces to ensure those environments support and promote wellness.

#### **B. Why does wellness matter?**

##### **Key Findings**

###### *The Current Situation*

When asked why wellness matters, New Brunswickers told the Committee that to become a strong, sustainable province, we must be a well province and that currently, the research tells us we are not well. Research shows that New Brunswick rates of tobacco use, inactivity, unhealthy eating, stress and obesity are amongst the highest in the country.

The incidence of obesity and overweight in New Brunswick, particularly in children and youth was identified as a key concern. Recent reports, including *Reaching for the Top, A Report by the Advisor on Healthy Children & Youth*, Dr. K. Kellie Leitch (2007), tell us that according to the World Health Organization, being overweight due to poor nutrition and lack of physical activity is one of the greatest health challenges and risk factors for chronic disease in the 21st century. Presenters also recognized that many lifestyle-related diseases such as diabetes, cancer and cardiovascular disease, begin with poor lifestyle habits and behaviours that are acquired in childhood. As a result, children's life expectancy is decreasing. Many experts, including Dr. Leitch, share the same concern. "Given the prevalence of childhood obesity, and given its contribution to many diseases, this is the first generation that may not live as long as their parents. Obesity is now having a huge life expectancy impact, which was not foreseen ten years ago." New Brunswickers recognize that our children are our future and if they are not well, we have no future as a province.

###### *Mental Wellness*

Presenters stressed the importance of the link between physical and mental health. A presentation from the Canadian Mental Health Association included a quote from Addiction and Mental Health Services, a branch of the Department of Health. "There is no health without mental health."

Presenters agree that if our citizens are not mentally able to participate in health promotion activities, they will be unable to experience the benefits of physical activity or healthy eating and are more likely to smoke.

Presenters told the Committee that mental illness is affecting children and adolescents more today than it has in the past, increasing the need to promote mental wellness in youth as a preventative action. The Canadian Mental Health Association added that five of the top ten illnesses contributing to disability or premature death are mental illnesses. Of these, depression is most prevalent and is expected to become the second most disabling illness by the year 2020.

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### *Disease Prevention*

The Committee heard that wellness matters because many chronic diseases can be prevented.

Several sources were quoted:

- Over 90% of Type 2 Diabetes and 80% of coronary heart disease could be avoided or postponed with good nutrition, regular physical activity, the elimination of smoking and effective stress management. (The World Health Organization)
- About \$2.1 billion, or 2.5% of the total direct health care costs in Canada, were attributable to physical inactivity in 1999. A 10% reduction in the prevalence of physical inactivity has the potential to reduce direct health care expenditures by \$150 million a year. (*Canadian Medical Association Journal* 2000)
- The combination of unhealthy diet, physical inactivity and excess body weight is a powerful determinant of cancer risk. Through efforts to reverse these trends, 50% of cancers can be prevented. (The Canadian Cancer Society)

Participants in the consultation process felt that New Brunswickers deserve to feel fulfilled, enjoy a higher quality of life and not merely be free from disease. They do not, however, deny that we face many challenges in preventing disease and achieving wellness in New Brunswick. These challenges include the determinants of health and a learned sense of helplessness within some individuals and communities. Symptoms of helplessness are shown through lack of motivation, lack of initiative, lack of creativity, and dependency which affects our social support systems. It was agreed that we need to work towards addressing the determinants of health and motivating and encouraging citizens to assume responsibility for their wellness.

### *Economic Sustainability*

The issue of affordability was raised as a major reason to invest in wellness. New Brunswickers recognize that our Province cannot afford the predicted increase in health care costs and the increase in demand on health care services, meaning we have no choice but to work towards wellness. Investing in wellness enhances economic sustainability by helping the province avoid the enormous expenses attributed to health care. *The Integrated Pan-Canadian Healthy Living Strategy* (2005) reports, “The estimated total cost in Canada of illness, disability and death attributable to chronic disease amounts to over \$80 billion annually.” Economic sustainability is generated through efforts in schools, communities and workplaces. It is recognized that to be productive, we must be well.

Presenters told the Committee that wellness makes good business sense. The Heart and Stroke Foundation of New Brunswick shared the results of a study outlining the benefits of comprehensive workplace wellness programs. “A study by Atlantic Blue Cross Care, Aventis Pharma and the Atlantic Health and Wellness Institute, reports the

cost-benefit as a return of \$1.64 for every dollar spent on improving the health of employees through comprehensive workplace wellness programs. Participants with higher risk factors offer a return of \$2.04 for every dollar spent. For smokers the return is \$3.35 for every dollar spent, and for blue-collar workers the return is \$3.98.”

The importance of wellness to our province’s sustainability was well summarized by the Bathurst Healthy Community Network. “The shift towards wellness, transformational in nature, will produce empowerment tools to help New Brunswickers take charge of their health and eventually help us attain the status of being a self sufficient province.”

#### **Summary & Recommendations**

The following points summarize key findings in response to the question, “**Why does wellness matter?**”:

- To be a strong, prosperous province, we must be a well province.
- Rates of tobacco use, inactivity, unhealthy eating, stress and obesity are amongst the highest in the country.
- The incidence of obesity and overweight in New Brunswick, particularly in children and youth, is a key concern.
- Youth and adult mental health is an issue and this has an impact on healthy behaviours.
- Investing in workplace wellness makes good business sense.

#### **The Committee therefore recommends as follows:**

3. Recognize wellness as an important contributor to becoming a strong, prosperous province and ensure adequate investment in wellness.
4. Ensure wellness activities have an impact on the reduction of obesity and overweight in children and youth.
5. Create alliances and partnerships to promote action that will improve mental fitness and resiliency in adults, children and youth.
6. Make workplace wellness a priority as a means to improve economic prosperity in New Brunswick.

#### **C. How is wellness different than good health?**

##### **Key Findings**

In addressing this question, one of the main themes raised was the scope of wellness. Many presenters agreed that wellness is much broader than health and that health is only one aspect of wellness. Wellness was seen as being more abstract than health by being interdependent on a number of other aspects of our lives. Research tells us that wellness affects numerous public policy areas. Presenters agreed that tackling wellness requires collaborative work between individuals, communities, stakeholders and government.

Wellness was also said to include both the mental and physical being. As described in the *Veterans Affairs Wellness Kit (2005)*, “Good mental

health is the sense of well-being we have when all aspects of our lives are in balance - social, physical, spiritual, economic and mental. When we concentrate too much in one area, it will affect other parts of our lives. For example, if we put all of our energy into our work, we soon find that our spiritual and social lives begin to suffer.”

The Committee heard that wellness is different than health in that wellness is achievable for all. Health is often defined as the absence of disease whereas even those with poor health, or those afflicted with an illness, a disease or a physical or mental disability, can experience wellness.

Presenters told the Committee that the health care system is not proactive and differentiated this from wellness. Wellness, it was submitted, is about being proactive and includes investing in elements existing outside the health care system. Wellness was also identified as something individuals can exercise control over whereas health was referred to as something that happens to us. As one of the participants at an engagement meeting in Boiestown stated, “Wellness is not about what happens to you, it’s about how you handle it.”

#### **Summary & Recommendations**

The following points summarize key findings in response to the question, “*How is wellness different than good health?*”:

- Wellness is much broader than health.
- Wellness is about being proactive and requires investment in elements outside the health care system.

#### **The Committee therefore recommends as follows:**

7. Invest in wellness across many sectors as a means to work proactively in preventing disease.

#### **Roles and Responsibilities for Wellness**

##### **Question 2:**

*Who is responsible for wellness i.e. what is the role of individuals, communities, stakeholders and government?*

The report breaks this question into four parts:

- A. What is the role of individuals?
- B. What is the role of communities?
- C. What is the role of stakeholders?
- D. What is the role of government?

#### **Key Findings**

Presenters agree that when wellness is understood in a broader context, it becomes obvious that no single person or entity can be responsible for wellness. Government cannot do it alone; individuals, stakeholders, communities and government all share responsibility for wellness and each has a role to play in its promotion. As the Healthy Eating and Physical Activity Coalition (HEPAC) told the Committee, “There is a shared responsibility to provide support by

collectively working towards sustainable wellness strategies, policies and programs.” A presentation from the Faculty of Kinesiology of the University of New Brunswick supports the Institute of Medicine (2007) suggesting that government, industry, communities, schools, and families should participate in mobilizing the resources required to identify, implement, evaluate, and promote effective policies and interventions that support wellness goals. The Committee observed this kind of leadership and commitment within communities across the province and was impressed with the number of innovative examples of what can be accomplished at the community level when people come together to address local problems. A conclusion drawn from the Bathurst engagement meetings suggests that actions can be taken at the community level without waiting for government. The Committee observed a great desire within communities to work with government in addressing wellness.

Presenters unanimously agreed that the determinants of health cannot be adequately addressed without collaborative work from all parties. New Brunswickers told the Committee that poverty causes more stress, job insecurity, social exclusion and food insecurity, thus removing the prerequisites for wellness and making individuals more vulnerable to disease. During the initial engagement meetings, presenters readily agreed that wellness is a shared responsibility between individuals, communities, stakeholders and government. It was noted however, that many roles and responsibilities need to be exercised in collaboration, which makes it difficult to differentiate between them.

There was much discussion on identifying the best approach to take in addressing wellness in New Brunswick. A common theme was that communities are often best positioned to address the needs of their own citizens. It was said that communities know best what they need, have the relationships with the citizens and often have the people to do the work. As was said in a Bathurst engagement meeting, “It is not about a government to people approach; the initiative has to come from the citizens of our province.” Participants agreed that communities need to work at identifying their needs and existing assets and then ask stakeholders and government to help provide them with the tools and resources they need to develop targeted wellness plans.

As the Public Health Agency of Canada (PHAC) suggests in their report, *Population Health Fund Atlantic Initiative, A Retrospective Review (2001-2008)*, there is an emerging trend toward working together in Atlantic Canada and forming coalitions. Indeed, the Committee heard from many collective groups that had mobilized around specific community issues. PHAC suggests that encouraging this trend will help avoid duplication and the formation of one-off groups, increase sustainability, build capacity and community mobilization and increase the chance for community groups to receive funding. Participants identified the need for opportunities to network with other groups within their own communities and adjacent communities, as well as with provincial stakeholders and government.

Such networking would increase opportunities for collaboration and the sharing of data, resources and outcomes. It would work to facilitate evaluation efforts and result in improved communications.

Presenters told the Committee that a comprehensive, long-term effort is needed to improve wellness in the Province since societal culture and attitude change is needed. This was discussed in an engagement meeting in Bathurst. Participants suggested that we are where we are today as a result of a societal culture change and a subsequent shift in priorities, where cuts were made to physical education, art and music programs in schools and to recreation staff and programs within municipalities. New Brunswickers know that the only way to transform the attitudes and priorities of our citizens is by working collaboratively. It was also suggested that the approach be a proactive one which addresses the root causes of poor health instead of treating the symptoms.

Participants suggested that New Brunswickers understand the need to make healthier choices, however few are sufficiently motivated to do so. To change behaviour will require leadership, and tools such as social marketing. HEPAC told the Committee, "It is the responsibility of communities, stakeholders, and government to create environments where everyone has the opportunity and motivation to make good health choices."

New Brunswickers suggested that the first step is to improve the wellness of our children. This is supported by Dr. K. Kellie Leitch in the report *Reaching for the Top, A Report by the Advisor on Healthy Children & Youth* (2007), "In today's increasingly competitive global economy, we must invest in the health and wellness of our children and youth in the same way that we invest in infrastructure or science and technology. Indeed, our children and youth are our future, and they are also fundamental to our nation's economic success in an ever more competitive world."

Presenters suggested that it is important to collect and share data on the wellness of New Brunswick children and youth in order to help citizens, communities, stakeholders and government understand the environmental factors that impact children's health and wellness. With increased understanding, action will result.

The Committee heard that New Brunswickers want to live in a province where they feel cared for, valued and respected. It was suggested that to create a wellness culture four key elements are needed:

1. Commitment, leadership and champions;
2. Supportive environments and healthy public policy;
3. An integrated, comprehensive approach with wellness as a core of business function;
4. A diversity of sectors, partnerships, and a mind-set or paradigm that makes use of assets that are already available.

**A. What is the role of individuals?**



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**Key Findings**

Presenters told the Committee that individuals are responsible for their own wellness, the wellness of their families and the wellness of their communities. It was submitted that since children may not know or understand the consequences of their actions, parents must be responsible for their children's wellness. Various ways that individuals and families can take responsibility for their wellness were suggested: learn how to nourish ourselves and our families with wholesome foods; accept responsibility for our choices and become aware of the long term effects of these choices; learn what we need to be well and educate ourselves to help make the right decisions; go back to the basics e.g. cultivate food in our backyards, walk, bike or skate as a family, eat meals together, slow down the pace of our lives to take time for each other; and prioritize family wellness. As the Committee heard in a Bathurst engagement meeting, "Families and individuals need to stop doing so many activities and focus on doing the right activities, such as being active together, communicating with each other better and educating each other about healthy choices. These types of exercises will help families find balance and where there is balance, there is wellness."

The role of adults and parents received particular attention. As Dr. Ramaiyer Krishnaswamy submitted to the Committee, "If we as adults express and strive for wellness in our lives, our children will follow." He quoted Mahatma Gandhi's famous phrase "be the change you want to see." The research also supports that parents and families are very important influences particularly in the early childhood years. Parents agree they are responsible for their children's wellness but many feel they need more support, education and information to be responsible in their role. The anticipated establishment of the Premier's Committee on Healthy Families could provide a mechanism to further explore how to address this issue.

Many individuals feel however, that barriers exist which impede their ability to be well. Among those mentioned were income and location (e.g. rural living and support). The Committee heard from both the United Way and the Common Front for Social Justice that the groups most affected by poverty (e.g. individuals receiving social assistance or employment insurance, low income seniors and employees with low wages) lack choices and this may affect their ability to take responsibility for their wellness. For example, with respect to social assistance recipients, it was said that, "This group are single older people, most of them are on permanent disability and at present, their monthly rate does not leave them with enough money to make healthy choices such as purchasing healthy foods." The Committee also heard from seniors and individuals living in rural areas that lack transportation, meaning they are not able to participate in community healthy living programs.

New Brunswickers told the Committee that individuals also have a responsibility to help their community be well. Among the examples

suggested were: support local business and the sustainability of the local food supply by supporting local farmers; and volunteer and participate in the development and implementation of a community wellness plan.

#### **Summary & Recommendations**

The following points summarize key findings in response to the question, “*What is the role of individuals?*”:

- Parents are largely responsible for their children’s wellness.
- Research supports that parents and families are very important influences particularly in early childhood.
- Individuals indicated that their ability to take responsibility for wellness is limited by barriers they face.

#### **The Committee therefore recommends as follows:**

8. Address barriers to wellness for those living in rural communities.
9. Invest in programs to educate parents on their responsibilities as wellness role models for their children.
10. Ensure that the Premier’s Committee on Healthy Families engages parents to identify how to best promote the role of parents and other family members (e.g. grandparents) as important influencers on children, particularly in early childhood.

#### **B. What is the role of communities?**

##### **Key Findings**

Presenters told the Committee that communities have a responsibility to promote the wellness of their citizens by creating physical and social environments that make it easier for individuals to make healthier choices and provides them with the opportunities and tools to assume responsibility for their own wellness. Several examples were given: create the necessary infrastructure; implement simple, low cost programs that will involve all ages and whole families, such as walking programs; support the arts and culture as a component to individual and community wellness; provide support to volunteers; and promote local leadership. The passion of volunteers and community leaders encourages participation in programs and the use of existing facilities.

It was suggested that communities partner with employers and schools to promote healthy living in the community. This kind of partnership shows citizens and students that their community leaders value their wellness and encourages participation in community wellness initiatives.

To create the right physical environment, presenters suggested that communities invest in healthy neighbourhoods. This might include: increasing the availability of green spaces and safe environments for children to play, which are free of environmental pollutants such as pesticides; promoting the use of environmentally friendly products; supporting local agriculture; and promoting active transportation. The Bicycle Trade Association of Canada told the Committee that

in Denmark, which has a similar climate to New Brunswick, cycling accounts for 20% of travel. CDPAC supports the promotion of active transportation as a means to support physical activity and the environment. “Our bodies were built to use our legs and feet, yet the majority of Canadians make a conscious decision every day to use motorized transportation for short trips. If we all used active modes of transportation for those trips within 30 minutes (2.5 km of walking or 8 km of cycling), we would not only make a direct, positive impact on our environment, but we would fulfill the daily requirement of physical activity that is part of a healthy lifestyle and improve the quality of life in our communities.”

Participants submitted that communities also have a role to play in breaking down barriers to wellness, namely poverty and accessibility. The Committee heard that communities as well as individuals, stakeholders and government, need to understand and work to resolve the root causes of poverty as well as to ensure that opportunities to be engaged in wellness are accessible to all families, including those that live outside of town centres. If families have to travel, communities should work to help provide transportation.

A key theme throughout the consultation process was the need for communities, with the support of government and stakeholders, to develop and implement community wellness plans that are specific to their individual needs and are aligned with provincial goals. The *Population Health Fund Atlantic Initiative, A Retrospective Review (2001-2008)* also suggests that an emphasis be placed on gathering evidence from funded groups, participants and other stakeholders. This suggests that there is a need for a mechanism to allow for the sharing of health and wellness data, knowledge and best practices in both directions.

New Brunswickers want to see community networks function as a link between citizens and government and be a key player in the implementation of provincial wellness initiatives. Such networks would also be responsible for engaging government through bilateral meetings and inviting key staff to participate on advisory committees and in multi-stakeholder workshops.

Providing the right environment and encouraging contribution to a community wellness plan also means helping parents and children feel a sense of belonging to their community. As the Committee heard from La Ville de Tracadie-Sheila, “It’s not the kids that are different today it’s the lack of supports within the environment.” (Translation) New Brunswickers want to see their communities take responsibility for continuing the dialogue that has begun with the Select Committee. As one Boiestown engagement meeting participant suggested, “Often when the government shows interest, people will get involved.”

### **Summary & Recommendations**

The following points summarize key findings in response to the question, “*What is the role of communities?*”:

- Communities are responsible for creating physical and social environments that make it easier for individuals to make healthier choices and that provide them with the opportunities and tools to assume responsibility for their own wellness.
- Community networks allow communities to mobilize around key wellness issues and to collaborate with government and stakeholders.
- Communities are both users and sources of data and this data is critical to support evidence-based action.

**The Committee therefore recommends as follows:**

11. Encourage individuals, stakeholders and communities to mobilize around wellness issues through the creation of formalized networks.
12. Encourage municipalities to integrate wellness and green planning perspectives into decision-making on infrastructure and new development.
13. Create a mechanism to ensure the sharing of health and wellness data, knowledge and best practices between communities and provincial partners.

**C. What is the role of stakeholders?**

**Key Findings**

New Brunswickers identified non-government organizations, universities, schools, wellness service providers and employers as stakeholders. It was suggested that a primary responsibility of stakeholders is to support community capacity and mobilization. This would include: providing expertise; conducting and sharing research; collecting data to better capture project or policy impacts; monitoring and evaluating programs to better understand how external influences such as the determinants of health affect lifestyles; sharing impact evaluation data; developing, marketing and promoting the right resources to communities; and developing partnerships not solely to assist with funding but to increase access to resources and communities. Presenters therefore see stakeholders as ideal contributors to the creation, implementation and ongoing evaluation of a targeted community wellness plan, as well as facilitators to motivating behaviour change.

Presenters made numerous suggestions as to the responsibilities of New Brunswick employers in their role as stakeholders. These included: supporting employee wellness by creating opportunities for education and skill building; creating a supportive workplace environment; implementing healthy workplace policies; and implementing initiatives that support physical activity, healthy eating, tobacco-free living and psychological wellness.

In addition to the treatment of disease, New Brunswickers would like to see stakeholders focus more on wellness and invest more resources in this direction. It was also proposed that stakeholders make a greater commitment to work with other stakeholders and government

instead of working only on their own agendas. It was suggested that more resources be created for mental health and that partnerships be developed with communities and government to act on the determinants of health and to reduce health inequities. This action is supported by the CDPAC report, *Poverty and Chronic Disease: Recommendations for Action* (2008) which states, “The voluntary sector plays a key role in advocating for the elimination of poverty.”

#### **Summary & Recommendations**

The following point summarizes key findings in response to the question, “*What is the role of stakeholders?*”

- Collaborative work between stakeholders, communities and government is important to ensure that goals are aligned, resources are used effectively and determinants of health are addressed.

#### **The Committee therefore recommends as follows:**

14. Promote partnerships amongst stakeholders to align priorities, avoid duplication of work and combine resources to address determinants of health that impact on wellness in New Brunswick.

#### **D. What is the role of government?**

While it was clear that individuals, communities and stakeholders have important roles to play in promoting wellness, feedback from participants identified three areas of responsibility for government: policy and legislation; enabling local action; and leadership through the Provincial Wellness Strategy.

#### **Key Findings: 1. Policy and Legislation**

New Brunswickers specified key areas where they want to see government implement policy and legislation; they are environment, social supports and settings.

##### **1.1 Environment**

Several factors within our physical environment are known to affect our health and wellness. A key theme raised over the course of the consultation process was the need for stronger environmental regulation. Presenters told the Committee that government has a responsibility to ensure our environment supports the wellness of New Brunswickers. Suggestions included legislating against the use of synthetic pesticides for cosmetic use and aggressively promoting safer alternatives. Figures presented to the Committee by the Conservation Council of New Brunswick estimate that 300-700 New Brunswickers die annually as a result of exposure to environmental hazards such as indoor and outdoor air pollution, pesticides and contaminants in food and water. Based on information from the Ontario College of Family Physicians’ Pesticides Literature Review (2004), exposure to commonly used pesticides has shown positive associations with adverse health effects. These effects range from dermatitis, chromosomal aberrations, and miscarriage, to Parkinson’s disease and various forms of cancer, depending on the time and length of exposure and the type of chemical. Another presenter reminded the Committee that safer alternatives

already exist, negating the need for using synthetic pesticides. It was also proposed that more research be conducted on the link between pesticides and cancer.

The Conservation Council of New Brunswick suggested that government can learn from other provinces such as Ontario and British Columbia how to enforce environmental legislation and stressed the need to evoke precautionary principles now and act on them quickly, aggressively and comprehensively. Presenters told the Committee they want to see government strengthen environmental regulation, do more to enforce current legislation, and enact heavier consequences (e.g. higher fines on businesses that defy environmental regulation). Presenters also recommended that government remove the allowance that new business are given for their first two years of operation, insisting that all business should have to comply with environmental standards from the beginning. To further protect our green spaces, water and soil, participants suggested that government set up a mechanism to review and monitor pesticides, mercury, lead and other heavy metals as well as uranium mining.

Presenters submitted that greater efforts are required to support an environment that makes it easier for children and youth to make healthy choices. Children were identified among the most vulnerable to media advertising. It was suggested that government restrict tobacco marketing to children by regulating and restricting new tobacco products such as cigarettos and snus (fruit flavoured chew). Physicians for a Smoke-Free Canada support this and suggest that the province participate in banning kid-friendly flavourings for tobacco and mandate standard packaging for all tobacco products. As the New Brunswick Lung Association suggests “If progress is to be made in reducing the incidence of lung cancer and other respiratory disease it will be by preventing children and teens from starting smoking and by working with those who do smoke in smoking cessation programs.” One group raised the point that tobacco-free living efforts are not finished with the implementation of the *Smoke Free Places Act*. There is still much more to be done.

Presenters recommended that government take a leadership role in creating environments that promote healthy eating. Suggestions included: working with CDPAC to create policies that restrict the advertisement of unhealthy foods and beverages to children; and adopting a healthy meeting policy (e.g. that includes guidelines for ensuring the availability of nutritious food and incorporating healthy practices into government sponsored meetings and events) that could be used as a model for other organizations.

### **1.2 Social Supports**

Food security was raised as a major factor affecting the wellness of many individuals and families across the province. Saint John Public Health and the Community Centre in Saint John referred to the definition of food security adopted by The Food Security Action

Network of New Brunswick. “Food Security exists when all people, at all times, have physical and economic access to safe, sufficient, respectful and nutritious food to serve the dietary needs for a healthy life including food produced in a sustainable manner (economically viable, environmentally friendly, etc.)” Presenters told the Committee that despite recognition of the importance of healthy eating and access to healthy food, community members are struggling to meet the nutritional needs of themselves and their families. It was proposed that government address poverty and food insecurity through a combination of public policy and incentives that make healthy foods more affordable. The Cost of a Nutritious Food Basket (2006-2007), a Saint John community project in partnership with Public Health, Community Health Centre, Urban Core Support Network and The Family Resource Centre Inc., suggests a role for provincial governments. “Provincial governments need to explore policies that impact income and ability to meet the basic needs, including access to a healthy diet (i.e., “living wage”; income support; etc.). A sustainable food supply means ensuring our local agricultural community has the opportunity to thrive as well.”

Several presenters suggested that the government undertake a review of social policies. Suggested reforms included: an increase in minimum wage without a corresponding increase in income tax; an increase in social assistance; and the provision of supplementary income options to low income seniors. CDPAC (2008) supports policy work in this area at the provincial level and also recommends that government invest in early learning and child care programs. “As identified in the federal recommendations, early learning and child care programs are critical to health.”

Presenters noted that if the necessary changes to social policies are not implemented, wellness may still improve for many New Brunswickers but those living with low incomes, including the working poor, may be excluded. A presentation from the Common Front for Social Justice emphasized the need for better communication of available government programs. The presentation suggested that those in need are often not aware of the programs available and that social workers and case workers need to be responsible for making sure these options are better communicated.

New Brunswickers want to see social justice become a government priority. It is recognized that social inequalities prevent people from achieving a state of wellness. As the Heart and Stroke Foundation of Canada states in a 2006 report, “Social inequality, whether measured at the population or individual level, is the single leading condition for poor health, including cardiovascular diseases and related risk factors.” The solution proposed is to work together to alter the fundamental structural conditions contributing to poverty. The CDPAC report, *Poverty and Chronic Disease: Recommendations for Action* (2008), supports this solution and adds that while much work has been done to try to change lifestyle risk behaviours, these can actually result in increased inequities. To decrease chronic diseases in Canada, it is

necessary to look at the key roles that poverty and inequity play and focus on these root causes.

### **1.3 Settings**

Environments where people live, work and play have an important impact on healthy choices. Presenters, including the Heart and Stroke Foundation of New Brunswick, suggested that the workplace is a significant venue for affecting change. New Brunswickers want to see employers be leaders in wellness within the community and provide opportunities for employees to adopt healthier lifestyles. The government can encourage this by following the lead of governments in other provinces and providing incentives to implement healthy workplace practices (e.g. tax incentives or reduced Workplace Health, Safety and Compensation Commission of New Brunswick premiums to employers who adopt accredited workplace wellness programs). Much research is available which supports the benefits of implementing comprehensive workplace wellness programs. Such benefits may include decreased absenteeism; a reduction in lost time due to short-term and long-term disability; reduced workers' compensation and health care costs; higher productivity and employee morale; and an improved corporate reputation. It was also suggested that healthy workplaces lead to the development of a strong and prosperous province. Workplaces that take a comprehensive approach to wellness are more attractive to employees, thus contributing to our recruitment and retention efforts as a province.

New Brunswickers told the Committee that government not only has a responsibility to legislate but also to educate. One of the most common recommendations heard by the Committee was that government should ensure access to full-time physical education teachers in all schools from K-12 and require daily physical education periods. This recommendation was supported by numerous participants including parents, teachers and municipalities, as well as the New Brunswick Physical Education Society and numerous other provincial stakeholders. It was submitted that physical education specialists are needed to provide age appropriate physical skills development and to encourage positive behaviours and attitudes while developing social skills that make physical activity a valued life long experience. As the president of the parent's group for École La Source in Tracadie-Sheila stated, "If children are not physically active at school, they won't be physically active after school or in their community and the facilities will remain empty. We need to promote a physical activity mindset within the learning environment of schools." (Translation) This presentation included recommendations not only for increasing the minutes of physical education during school, but for exploring opportunities for children to be physically active outside of formal classes (such as opening gyms before school and at lunch hour to hold supervised non-structured intramurals). It was noted that some schools, such as École La Source in Tracadie-Sheila and Forest Glen School in Moncton, have already implemented this type of program. It was also



suggested that the physical activity mindset be sustained through later adolescence. Presenters proposed that government follow the lead of Manitoba and require physical education to grade 12 as mandatory for high school graduation.

### **Summary & Recommendations**

The following points summarize key findings in response to the question, “**What is the role of government?**” and focus on **policy and legislation**:

#### **1.1 Environment**

Factors within our physical environment impact our wellness.

- Pesticides are known to have adverse effects on the health of citizens.
- The increased use of flavoured tobacco products by youth is becoming a serious concern.
- It is important to build on the success of the *Smoke Free Places Act* to further prevent and reduce tobacco use and to enhance protection from second hand smoke.
- Children are among the most vulnerable to media advertising (e.g. the marketing of unhealthy foods and beverages).
- Government has a role in supporting an environment that promotes healthy eating.

#### **The Committee therefore recommends as follows:**

15. Strengthen environmental regulation to address factors that potentially impact our wellness e.g. heavy metal pollution and uranium mining.
16. Evoke the “precautionary principle” by creating provincial restrictions on the use of synthetic pesticides for cosmetic use.
17. Restrict tobacco products especially those that are attractive to children.
18. Renew efforts to prevent and reduce tobacco use and enhance protection from secondhand tobacco smoke.
19. Build on national efforts to address the impact of marketing and advertising (e.g. of unhealthy foods and beverages) that promote unhealthy behaviours.
20. Adopt a government healthy meeting policy that can be used as a model for other organizations.

#### **1.2 Social Supports**

- Food security (access to healthy affordable food) is a major factor affecting the wellness of many individuals and families across the province.\*.
- Action on poverty and food insecurity requires a combination of public policy and incentives to ensure healthy foods are more affordable.
- If changes to social policies do not happen, wellness may improve for many New Brunswickers but those living with low incomes (including the working poor) may be excluded.

- Those in need are often not aware of the programs that may be available to them.

**The Committee therefore recommends as follows:**

21. Investigate policies to make healthy foods more affordable.
22. Review existing social policies in consideration of the role that poverty and inequities play in wellness.
23. Ensure that those who are working with low income New Brunswickers are effectively communicating programs available to assist them.

**1.3 Settings**

- Environments where people live, work and play have an important impact on healthy choices.
- Workplaces that take a comprehensive approach to wellness are more attractive to employees, thus contributing to provincial recruitment and retention efforts.
- Physical education specialists support environments which promote age appropriate physical skills development, encourage positive behaviours and attitudes while developing social skills that make physical activity a valued life long experience.
- Daily, supervised, non-structured intramurals offer students additional opportunities to be physically active during the school day.
- Daily physical education is an important resource to students.

**The Committee therefore recommends as follows:**

24. Provide incentives to organizations that are implementing comprehensive workplace wellness programs.
25. Build on the success of the Healthier Foods and Nutrition in Public Schools policy and enact additional policies that create healthy eating environments in other settings.
26. Ensure that dedicated physical education specialists are utilized for physical education instruction.
27. Explore alternate methods to increase physical activity opportunities for children and youth within the school setting.
28. Increase physical education instruction to 150 minutes a week at all grade levels.
29. Make physical education mandatory at all grades and require a Grade 12 physical education credit for graduation.

**Key Findings: 2. Enabling Local Action**

A recurring theme throughout the consultation process was the need for government to support community capacity by providing resources, infrastructure, programming and sharing wellness data.

**2.1 Community Support**

It was proposed that a provincial mechanism be developed to provide support to communities. New Brunswickers understand that wellness is

an issue that needs to be addressed within all sectors of government and want to see interdepartmental collaboration as part of this mechanism. Involvement from the departments of Wellness, Culture and Sport, Health, Education, Social Development, Local Government, Business New Brunswick and Agriculture was suggested.

Presenters told the Committee that the mechanism should use community engagement to: collect input from citizens and community groups; help community networks increase partnerships and collaboration; create opportunities for community groups to meet regularly to share ideas, resources, programs and evaluation data; provide an evaluation framework; help identify gaps in community resources; and develop and implement community driven and measurable programs and services that are also culturally and linguistically appropriate for minority groups. Such a mechanism would also share tools and knowledge with communities for targeting vulnerable populations, including people living on low incomes, those with mental and physical disabilities, seniors and children and be accessible for those living in rural areas without means for transportation. This type of network would also allow government to communicate the Provincial Wellness Strategy to communities and stakeholders to help with the development of individual community wellness plans, align goals and increase communication between communities, stakeholders and government departments.

To enhance the function of this mechanism it was proposed that government fund Community Wellness Coordinators to help communities develop wellness networks or work with existing networks to: identify existing assets; increase partnerships and collaboration; perform community needs assessments; develop a strategy that aligns with the Provincial Wellness Strategy; develop and implement community action plans; collect baseline data; monitor and evaluate the plan; seek funding (provincial and other); and meet annually with government and stakeholders. It was proposed that coordinators act as a liaison with the Department of Wellness, Culture and Sport and other government departments as needed and work with regional coordinators such as Healthy Learners Nurses, Regional Operations and Community Development Branch Consultants, and School District Wellness Coordinators. The report *Population Health Fund Atlantic Initiative, A Retrospective Review (2001-2008)*, from PHAC, supports the formation of community wellness networks. These groups communicate with government rather than having each community group trying to do this, have a strong relationship with both community groups and government and encourage community action in influencing government policy. These networks will also help community groups to build capacity and important relationships.

It was recognized that there are gaps in provincial and community surveillance, research and evaluation. Timely access to local relevant data would be useful to help community networks build evaluation capacity. As the report *Reaching for the Top, A Report by the Advisor*

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on *Healthy Children & Youth* (2007) suggests, “Data and information management are fundamental. Data collection, management, and surveillance are the basic building blocks of research. This data, if it is substantive, comparable, and “clean”, is invaluable in the development of public policy and programs which can have a meaningful impact on child and youth health. It is only with appropriate and substantial data that evidence-based decisions can be made. (...) When there is more reliable, high-quality data available, better results on the front-line can be achieved.”

Community groups are looking for financial support to assist their efforts and suggested that a fund be set up where community networks could apply for more sustainable funding. In the *Population Health Fund Atlantic Initiative, A Retrospective Review 2001-2008*, PHAC recommends that longer-term funding is critical because it results in significant benefits to groups and to improved outcomes and impacts such as providing certainty for planning, hiring and building alliances and networks.

Presenters identified a number of existing strengths in both programs and infrastructure that could be enhanced to support wellness efforts. Community Health Centres were said to be an excellent venue from which to organize wellness activities, provide educational opportunities and offer a combination of alternative practice and traditional wellness services. New Brunswickers would like to see government increase the number and scope of Community Health Centres. It was suggested that these centres take more of a wellness focus and continue to recruit multidisciplinary practitioners in order to offer multidisciplinary services from one accessible location within each community. Suggested services and activities included mental health services, counseling, activities for seniors, support groups and education sessions for parents.

New Brunswickers recognize the important role of public health nurses working in the Healthy Learners Program in schools and commend their efforts. It was suggested however, that the work of nurses could be enhanced by additional expertise, such as dietitians. It was also proposed that these promotion efforts could be supported by schools providing healthy, wholesome foods in cafeterias and vending machines; stress management programs for students, parents and teachers; creating liaisons with community health centres and wellness stakeholders; and making materials, including mental health resources, available to parents, stakeholders and communities. The Canadian Mental Health Association told the Committee that “If children are healthy in mind at this age they will become healthy in mind adults. Physical bodies start to breakdown as a result of mental health issues.”

The concept of Community Schools was strongly encouraged as a means to create a “hub” within communities that would support wellness, as they are accessible to all, provide the infrastructure for conducting programs, sharing resource material, educating community members and creating opportunities for social networking. Several

educational programs were suggested such as literacy development, stress management, active living programs, parent education, food preparation, and basic nutrition.

### **2.2 Engagement of Youth, First Nations and Seniors**

In developing resources and programs, New Brunswickers want to see more engagement with youth, First Nations and seniors. The New Brunswick Advisory Council on Youth shared the results of their Community Youth Forums where 200 youths in communities across the province identified three main areas where they would like to see improvement:

1. Education—lack of information about how to make healthy food choices and develop healthy lifestyle behaviours
2. Resources—need increased awareness and use of existing community resources as well as need for decreased economic barriers to participation in physical activity
3. Engagement—want to be meaningfully consulted and engaged in projects and decision-making processes that involve them and their peers.

The Eel Ground First Nation provided the Committee with input on the needs of aboriginal communities. It was proposed that government provide provincial support to aboriginal communities to support their specific needs. It was suggested that First Nations communities face different barriers such as language, unemployment and low income and a high incidence of disease (e.g. diabetes). It was noted that First Nations communities may have different needs. For instance, they often have little or no recreational facilities and no budget for programs. It was proposed that there be a position designated as the liaison between government and each First Nations community to allow for collaboration between these communities and government in supporting wellness.

It was also suggested that government should take advantage of the time and invested interest that seniors have to dedicate to the promotion of wellness. A presentation from L'Association acadienne et francophone des aînées et aînés du Nouveau-Brunswick, L'Association des universités du troisième âge du Nouveau-Brunswick, and La Société des enseignantes et des enseignants retraités francophones du Nouveau-Brunswick specified a request for seniors to be identified as ambassadors for wellness and be part of the decision making in community and government initiatives.

### **Summary & Recommendations**

The following points summarize key findings in response to the question, “**What is the role of government?**” and focus specifically on **enabling local action**:

#### **2.1 Community Support**

- A provincial coordinating mechanism representing government, non-government organizations, universities and the private sector can

provide resources and support to communities and help them build capacity.

- Dedicated champions help communities develop wellness networks or work with existing networks to identify existing assets, increase partnerships and collaboration, develop community action plans and liaise with government and provincial stakeholders.
- Data on the wellness of New Brunswick children and youth is needed to help citizens, communities, stakeholders and government direct action.
- Access to data is important to help communities take action that is supported by evidence.
- Community Health Centres are an important community resource from which to organize wellness activities, provide educational opportunities and offer wellness services.
- Schools are a key venue for targeting children and youth.
- The Healthy Learners in School Program is an important resource that supports health promotion activities.
- Community Schools are an excellent means to provide wellness resources and programs to citizens.

**The Committee therefore recommends as follows:**

30. Consider the creation of a mechanism to provide resources and support to communities taking action on wellness.
31. Consider new opportunities (e.g. conferences, web sites etc.) to support networking and the sharing of ideas between communities, provincial stakeholders and government.
32. Establish Community Wellness Coordinator positions to help communities develop, implement and evaluate targeted community wellness plans.
33. Invest in building relationships with universities to ensure collaboration and partnerships between universities and communities in research and knowledge mobilization efforts.
34. Continue to increase the number of Community Health Centers with a mandate to support community wellness.
35. Enhance the Healthy Learners in School Program by providing additional expertise and resources.
36. Enhance the availability of existing and new resources on wellness for parents, stakeholders and communities through community schools.

**2.2 Engagement of Youth, First Nations and Seniors**

- Youth want to be meaningfully engaged in discussions on wellness.
- First Nations communities need opportunities to communicate their specific wellness needs to government.
- Healthy, well and active seniors can make a significant contribution to the community.

**The Committee therefore recommends as follows:**

37. Explore a mechanism to meaningfully consult and engage youth in projects and decision-making processes around wellness.
38. Explore a mechanism to engage First Nations communities in dialogue around improving the state of wellness in First Nations communities throughout the province.
39. Explore a mechanism to meaningfully engage seniors in promoting wellness in their communities and province-wide.

**Key Findings: 3. Provincial Wellness Strategy**

New Brunswickers agreed that to achieve desired provincial wellness goals, communities, stakeholders and government need a comprehensive wellness strategy. It was suggested that the current Provincial Wellness Strategy be enhanced, actively promoted with all parties and evaluated on an ongoing basis.

**3.1 Enhancing the Provincial Wellness Strategy**

Organizations such as the United Way compliment the creation of the Provincial Wellness Strategy but suggest that it should identify specific actions to address the determinants of health. Otherwise, it is believed that resources will not reach the population in greatest need.

It was suggested that much work needs to be done to reduce the stigma of mental illness and to increase understanding of the concept of mental fitness through the Wellness Strategy. As The World Health Organization states in its world health report 2001—*Mental Health: New Understanding, New Hope*, “For all individuals, mental, physical and social health are vital strands of life that are closely interwoven and deeply interdependent. As understanding of this relationship grows, it becomes even more apparent that mental health is crucial to the overall wellbeing of individuals, societies and countries.” *Research from the 2006 Business and Economic Plan for Mental Health and Productivity Roundtable* suggests that approximately 7.5 million or 1 in 4 Canadians each year suffer depression, anxiety or another mental disorder. These costs are borne mostly by employers. The Committee also heard concern over the mental health of today’s children. Data from the 2005 Canadian Community Health Survey reveals that only 22% of youth between the ages of 12-17 consider themselves to be in good mental health.

Special mention was given to supporting early childhood development through the Wellness Strategy. Research recognizes the early years as being most important to child’s development. It was stated in a presentation by the University of New Brunswick Early Childhood Centre Research and Development Team that, “To be well children need to be in a safe and caring environment where their emotional and physical health and wellbeing is supported and their sense of belonging is protected and nurtured.”

It was also suggested that considering New Brunswick’s rapidly aging population and the relationship that exists between the physical

environment and wellness, the current Wellness Strategy be broadened to include seniors and the environment.

### ***3.2 Promoting the Provincial Wellness Strategy***

To help community groups and stakeholders use the Provincial Wellness Strategy to support their action planning, participants would like to see more user-friendly tools and resources created that identify roles and responsibilities and include specific actions that communities can take to promote wellness.

Presentations from le Mouvement Acadien des Communautés en Santé du Nouveau-Brunswick, and L'Association acadienne et francophone des aînées et aînés du Nouveau-Brunswick, L'Association des universités du troisième âge du Nouveau-Brunswick, and La Société des enseignantes et des enseignants retraités francophones du Nouveau-Brunswick, proposed that government create an interdepartmental committee to promote department consideration of wellness in government decision making. This approach is supported by the a report from the International Union for Health Promotion and Education (IUHPE) (2007), "To act effectively on the determinants of health, all sectors including health care, education, environment, transport, housing, and commerce must take responsibility for promoting health." It was also suggested that governments work with other Atlantic provinces to collaborate and share ideas around policy, programming and addressing the determinants of health. A mechanism suggested was to conduct health impact assessments in program and policy planning by using a determinants of health lens when developing policy statement or programs and playing a strong advocacy role.

### ***3.3 Establishing an Evaluation Framework***

Presenters suggested that an evaluation framework be created to evaluate the Provincial Wellness Strategy and to support process and outcome evaluations for wellness initiatives at all levels. The creation of an evaluation framework would be an important tool in maintaining the engagement of existing partners and in building new partnerships.

### **Summary & Recommendations**

The following points summarize key findings in response to the question, "**What is the role of government?**" and focus specifically on the **Provincial Wellness Strategy**:

#### ***3.1 Enhancing the Provincial Wellness Strategy***

- Specific actions to address the determinants of health are important to ensure efforts reach all segments of the population.
- Working collaboratively within the province and with other provinces is important to improve efficiencies and make a stronger impact.
- The concept of mental fitness and resilience is a critical determinant of the health and wellness of the population.
- Research recognizes the early years as being the most important to a child's development.



- Seniors are an important and growing demographic in New Brunswick.
- Seniors play a significant role as influencers and role models for children.

**The Committee therefore recommends as follows:**

40. Apply a “determinants of health” filter when working on current wellness initiatives or in developing new initiatives through the Provincial Wellness Strategy.
41. Enhance collaboration between the Atlantic Provinces on common wellness issues.
42. Enhance community understanding of the concept of mental fitness and resiliency as a determinant of health, and its impact on individual and community wellness.
43. Ensure early childhood development efforts include actions and environments that promote wellness.
44. Ensure that efforts to invest in the wellness of children and youth remain a priority and that this concept is broadened to engage those who are key influencers of children and youth, including parents and seniors.

**3.2 Promoting the Provincial Wellness Strategy**

- User-friendly Wellness Strategy tools and resources that identify roles and responsibilities and specific actions will help communities and stakeholders align their wellness efforts.
- Interdepartmental collaboration is important to improve efforts to comprehensively address wellness through the promotion of the Provincial Wellness Strategy.

**The Committee therefore recommends as follows:**

45. Identify actions that communities can undertake in developing targeted community action plans that promote the wellness of their citizens.
46. Broaden individual, community and provincial stakeholder knowledge and understanding of the Provincial Wellness Strategy.
47. Create user friendly tools and resources to promote use of the Provincial Wellness Strategy.
48. Develop a mechanism to encourage a comprehensive all-of government approach to address wellness, consult with communities and act on the determinants of health that impact wellness in New Brunswick.

**3.3 Establishing an Evaluation Framework**

- Evaluation of the impact of the Provincial Wellness Strategy facilitates new and continued investment and the engagement of partners.

**The Committee therefore recommends as follows:**

49. Work with New Brunswick universities to develop an evaluation plan for the Provincial Wellness Strategy that uses surveillance data to set benchmarks and monitor results across various demographic and geographic populations.

**Community Planning and Supportive Action**

**Question 3:**

***What is the right plan for your community and what can individuals, communities, stakeholders and government do to support your plan?***

**Key Findings**

Most New Brunswickers understand what wellness is and agree that it is a shared responsibility.

Presenters were able to identify certain roles for each of the groups mentioned. They found it harder however, to define what a community action plan should look like or to differentiate between the role of the community and the role of government in promoting wellness. It was recognized that these questions must be addressed if we are to improve wellness within communities.

***Asset building***

Every community has different experiences and perceptions regarding wellness. Many facts, such as the importance of physical activity and healthy eating in reducing the risk of chronic disease are well known. Every community however, needs their own wellness plan that aligns with an overall provincial wellness strategy. A main theme that emerged from the public consultation and engagement process was that numerous strengths already exist within communities and to improve community wellness, we need to build on those preexisting strengths.

***Addressing barriers***

When participants in the community engagement sessions were asked if their community is well, opinions were ambivalent. Citizens feel a strong sense of belonging to their community; they feel connected and well supported socially. Canadian Community Health Survey data shows that 84% of youth ages 12-17 and 72% of adults ages 18+ feel a strong sense of belonging to their community.

Citizens however, feel that their communities face some major barriers to wellness. These barriers include economic situations, unemployment, the out-migration of youth, social isolation of the elderly, a high incidence of chronic disease and poor mental and physical health among children.

***Community ownership***

Presenters provided valuable input on identifying an approach to community wellness. The Committee heard from many participants that a “one size fits all” approach will not work. Communities throughout the province have different needs. Communities want to be responsible for identifying those needs and creating a plan to address them. This

approach is supported by the IUHPE in their document, *Shaping the future of health promotion: Priorities for action*, "Health promotion programmes are most successful when linked to the normal daily life of communities, building on local traditions and led by community members." It is also supported by the Ottawa Charter for Health Promotion which states, "Health promotion works, through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities—their ownership and control of their own endeavors and destinies."

Participants suggested that individuals are responsible for identifying the barriers that prevent them from making wellness a priority in their lives. Stakeholders and communities are responsible for identifying the programs, policies and infrastructure that would benefit these individuals. Once the needs are identified, communities and stakeholders can then work with government to obtain support for their plan.

#### *Environmental support*

Presenters agreed that a key role of all partners involved in supporting community plans is to provide a supportive environment for individuals to be well. The Healthy Families, Healthy Communities Association presented a statement from the American Journal of Health Promotion (1989). "Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behaviour and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change."

As stated earlier, New Brunswickers recognize that creating an environment where citizens are motivated to change is part of this approach. Three ways were suggested for government and communities to motivate citizens: education, community pressure and incentives/disincentives. As the Committee heard in Boiestown, "It has to be very hard for people to make unhealthy choices. We need to use social/peer pressure to our advantage like we did with tobacco reduction. Social pressure works because of the relationship we have with peers."

Providing tax breaks for volunteer work was suggested as an incentive. It was also said however, that incentives alone are not enough. Incentives need to be supported with policy. The PHAC suggests that municipalities and community networks can and should work on healthy public policy with government.

The City of Moncton and Vitality Moncton told the Committee that creating a supportive environment also means taking steps to break down barriers related to the built environment. Suggested actions included setting policies and plans which create pedestrian/cycling friendly communities, establishing active transportation committees to facilitate the building of bike lanes and trails and ensuring that the infrastructure is accessible all year long.

The Committee also heard that community plans must address issues such as social isolation and transportation, which have become major problems in areas such as the Acadian Peninsula where access to services and programs is limited.

Other key elements to encourage the success of community plans included: building partnerships; building community awareness; implementing healthy public policy; developing a targeted community strategy; measuring and evaluating on a regular basis; creating physical activity friendly communities; and funding programs to support these key elements. New Brunswickers recognize that a long term commitment is required to carry out these initiatives and to see change at the community level. This reinforces the need to start now.

#### *Community action*

Suggested actions specific to communities and stakeholders included eliminating the duplication of initiatives by promoting greater collaboration and networking and by holding regular meetings to discuss common issues. Schools and workplaces were identified as key settings for community wellness. Collaboration between schools, workplaces and community health centres was encouraged to promote consistent messaging where citizens work, live, learn and play.

Again, the importance of working to reduce health inequities was raised. A 2007 report from CDPAC suggests that those developing and implementing chronic disease programs and initiatives at a program level should look at 2 key aspects:

**1. Build equity into initiatives from the start:** Considering poverty when developing initiatives is critical. This may include conducting a healthy equity audit (Health Development Agency, 2006).

It is important to examine the available data from an equity perspective (e.g. smoking rates by income quintile), if this data is available. This data should then be monitored over the period of the initiative, to ensure that inequities are not increasing as a result of the initiative. This may also include targeting vulnerable populations (e.g. low income people) as well as aiming to reduce the gradient and increase the health of the overall population (Whitehead & Dahlgren, 2006).

**2. Look upstream:** Focusing on lifestyle behaviours without regard for equity issues may inadvertently result in an increase in health inequities (Hill et al., 2005). Hence, initiatives should look upstream to structural factors that may play a role, such as “social and economic environments” (Dahlgren & Whitehead, 2006, p. 79). This recommendation can include using existing tools that provide ideas on how to work on chronic disease using a determinants of health lens (Ontario Chronic Disease Prevention Alliance, Ontario Prevention Clearinghouse and Canadian Cancer Society-ON Division, 2007).

#### *Government support*

It was submitted that government must provide community networks with the resources they need to build on their existing strengths.

As a participant in a Bathurst engagement meeting commented, “Government should trust that community organizations know their community and their needs best, give them the decision-making power to decide how to spend their budget and let them implement their own programs.” This approach will ensure community ownership and increase participation.

The establishment of a provincial network representing all sectors including government, university and non-government partners was suggested to steer community action plans, provide resources, and report back on progress. In order to encourage sustainability, it was recommended that the provincial network ensure adequate communication and alignment of goals with the federal government regarding community project funding.

#### **A Vision of Wellness in New Brunswick**

##### **Question 4:**

*As wellness improves in New Brunswick, what do you expect we will see?*

Many presenters told the Committee that this was their favourite question. New Brunswickers are excited about the potential outcomes of investing more in wellness as a province. There was significant agreement about what a well New Brunswick would look like. New Brunswickers expect to see improvement in the areas of economic sustainability, the physical and social environment, individual and community wellbeing, and a societal culture change.

Participants expect to see an increase in economic sustainability through improved productivity and performance and decreased absenteeism in workplaces and schools. They expect to see more vibrant, sustainable communities, less out migration of youth and more people coming to New Brunswick to work. It is hoped that a greater investment in wellness will lead to less sickness and disease, a decreased demand for health care services and a corresponding decrease in costs.

New Brunswickers envision adults and children that are happy and healthy in mind, spirit and body; who regularly engage in physical activity and healthy eating as families; refrain from tobacco use; are equipped with the coping skills to deal with life’s challenges; and that feel confident, cared for, valued and respected. This vision specifically includes seeing capable children in schools; fewer New Brunswickers living in poverty; independent seniors living longer in their homes, cared for by their family and friends; citizens contributing to their full potential to their communities; parents that assume responsibility for their children’s wellness; and improved balance and quality of life for all citizens including vulnerable populations.

To New Brunswickers, a healthier physical and social environment means more cross-sectoral collaboration; easy, timely communication between stakeholders, individuals, communities and government; useful

wellness information accessible to all New Brunswickers; improved employment and working conditions; higher literacy rates; green communities; reduced exposure to toxins; and citizens using products and choosing behaviours that are respectful of the environment.

Culturally, New Brunswickers expect to see a change in attitudes and behaviours, the adoption of a wellness mind set and a common vision of wellness for the province. In this culture, physical activity, healthy eating, refraining from risky behaviours and feeling capable, connected and autonomous would be the norm. It is believed that when we achieve success in each of these areas, New Brunswick will be a wellness role model for the rest of Canada.

#### **A Call to Action**

By implementing the recommendations in this report we have the potential to make New Brunswick a strong and prosperous province. However, without adequate investment in wellness and a commitment from individuals, communities, stakeholders and government to work collaboratively, we will not succeed in becoming a leader in wellness. Government cannot do it alone, but together New Brunswickers can reverse such trends as inactivity, unhealthy eating, stress, tobacco use and obesity.

During the public consultations, citizens showed a great deal of passion for wellness. They were actively engaged in the dialogue and provided the Committee with valuable input around defining wellness, identifying roles and responsibilities, community planning, and creating a vision of wellness for the Province. The Committee observed numerous existing strengths within communities and the ideas, motivation and expertise to take ownership of community wellness plans. It is recognized however, that communities need the support of government to increase the sustainability of their initiatives, network and share ideas, and address barriers to community wellness.

Presenters were motivated by the fact that the Committee traveled across the province to engage citizens in dialogue, listen to their ideas and consider their input in making recommendations. New Brunswickers would like to see more opportunities created for dialogue between decision makers, stakeholders and communities relating to the development of healthy public policies, legislation, the development of infrastructure and programming and addressing the determinants of health. The Committee concludes that a collaborative and engaged approach to wellness that includes communities, stakeholders and all government departments is needed.

The recommendations in this report attempt to build on previous work and enhance the Provincial Wellness Strategy to create a common wellness vision for New Brunswick.

During the course of its mandate, the Committee heard many ideas and suggestions that were supported by a shared belief: that despite the wellness issues we face, we are proud to call New Brunswick our home

and we are ready to assume responsibility for improving wellness in our homes, schools, workplaces and communities.

The Committee encourages individuals, communities, stakeholders and government to consider and evaluate all of the recommendations contained in this report and to take appropriate action. Furthermore, the Committee expects to see an enhanced Provincial Wellness Strategy launched before the end of March, 2009. Citizens are ready, they are engaged and they are mobilizing around wellness. The time for action is now. As individuals, communities, stakeholders and government, we each have a role to play in improving wellness in New Brunswick.

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Pursuant to subsection 16(2) of the *Auditor General Act*, Mr. Speaker laid upon the table of the House the *Auditor's Report on the Accounts of the Auditor General of the Province of New Brunswick for the fiscal year ended 31 March 2008*.

It was agreed by unanimous consent to extend the time allotted for Oral Questions by fifteen minutes.

Mr. Speaker interrupted Oral Questions and reminded Mr. Jack Carr that he must request the consent of the House to speak from a seat other than his own.

Mr. Jack Carr requested the permission of the House to speak from a seat other than his own, which was granted.

The following Bills were introduced and read a first time.

By Hon. Mr. Burke,

Bill 2, *An Act to Amend the Electrical Installation and Inspection Act*.

Bill 3, *An Act to Amend the Provincial Court Act*.

Bill 4, *An Act to Repeal the Divorce Court Act*.

Bill 5, *An Act to Repeal the Surety Bonds Act*.

Bill 6, *Modernization of Benefits and Obligations Act*.

Bill 7, *Securities Transfer Act*.

By Hon. Mr. Ouellette,

Bill 8, *An Act to Amend the Crop Insurance Act*.

By Hon. Mr. Haché

Bill 9, *An Act to Amend the Clean Water Act*.

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Mr. Alward gave Notice of Motion 1 that on Thursday, December 4, 2008, he would move the following resolution, seconded by Mr. Steeves:

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That an address be presented to His Honour the Lieutenant-Governor, praying that he cause to be laid upon the table of the House any and all information in the possession of the government including targets, benchmarks, forecasts, time-lines or any other information, however recorded or stored related to the Government's self-sufficiency initiatives and the current progress of the Government in eliminating federal transfer payments by the year 2026.

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Mr. Claude Landry gave Notice of Motion 2 that on Thursday, December 4, 2008, he would move the following resolution, seconded by Ms. Blaney:

That an address be presented to His Honour the Lieutenant-Governor, praying that he cause to be laid upon the table of the House all documents relating to the privatization of services or goods in connection with hospital and medical services in New Brunswick.

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Mr. Steeves gave Notice of Motion 3 that on Thursday, December 4, 2008, he would move the following resolution, seconded by Mr. Urquhart:

That an address be presented to His Honour the Lieutenant-Governor, praying that he cause to be laid upon the table of the House all financial information detailing the full cost of change and implement the Government's new logo for each department and agency including the cost associated with updating web sites, business cards, letterhead and any other government material on which the New Brunswick logo was changed for use.

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Mr. MacDonald gave Notice of Motion 4 that on Thursday, December 4, 2008, he would move the following resolution, seconded by Mr. Robichaud:

That an address be presented to His Honour the Lieutenant-Governor, praying that he cause to be laid upon the table of the House all documents and information in the possession of Government or any Crown Corporation related to the budgeted cost to move the Marion 8200 drag line at the Salmon Harbor Mine from its former location to its new location, including the amount that had been budgeted for the project and the current amount that has been spent on the project.

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Ms. Blaney gave Notice of Motion 5 that on Thursday, December 4, 2008, she would move the following resolution, seconded by Mr. Claude Landry:



That an address be presented to His Honour the Lieutenant-Governor, praying that he cause to be laid upon the table of the House a list of all doctors and medical specialists (with their area of specialization) hired by New Brunswick's Authorities since December 1, 2007, also include a list of all doctors and medical specialists that have resigned or retired from New Brunswick's Health Authorities during the same period.

Mr. Dale Graham gave Notice of Motion 6 that on Thursday, December 4, 2008, he would move the following resolution, seconded by Mr. Holder:

That an address be presented to His Honour the Lieutenant-Governor, praying that he cause to be laid upon the table of the House detailed expense reports for each Minister, Deputy Minister, Assistant Deputy Minister, Executive Assistant and Special Assistant since March 11, 2008.

Mr. Jack Carr gave Notice of Motion 7 that on Thursday, December 4, 2008, he would move the following resolution, seconded by Mr. Jody Carr:

That an address be presented to His Honour the Lieutenant-Governor, praying that he cause to be laid upon the table of the House all information, correspondence, memorandum to Departments and agencies regarding changes to government policy with respect to the handling, shipping, receiving and treatment of personal information in any format since the Department of Health lost personal information March 1, 2008.

With leave of the House, Hon. Mr. Murphy moved, seconded by the Honourable the Premier: (Motion 8)

THAT, notwithstanding Standing Rule 29(1), the time for the daily meeting and sitting of the Assembly shall be as follows:

Tuesday	1.00 p.m. to 6.00 p.m.
	7.00 p.m. to 10.00 p.m.
Wednesday	10.00 a.m. to 12.30 p.m.
	2.00 p.m. to 6.00 p.m.
Thursday	1.00 p.m. to 6.00 p.m.
	7.00 p.m. to 10.00 p.m.
Friday	10.00 a.m. to 12.30 p.m.
	1.30 p.m. to 4.30 p.m.

THAT this Special Order shall come into effect immediately upon its adoption and shall remain in effect for the remainder of the Third Session of the Fifty-sixth Legislative Assembly.

And the question being put, it was resolved in the affirmative.

Hon. Mr. Murphy, Government House Leader, announced that it was the intention of the government that on Friday, November 28, 2008, the House would proceed with second reading of Bills 2, 3, 4, 5, 6, 7, 8 and 9 introduced earlier in the sitting; following which, the House would resume the adjourned debate on the motion for an Address in Reply to the Speech from the Throne.

And then, 12.23 o'clock p.m., the House adjourned.

The following document, having been deposited with the Clerk of the House, was deemed laid upon the table of the House, pursuant to Standing Rule 39:

*Legislative Activities*

November 26, 2008