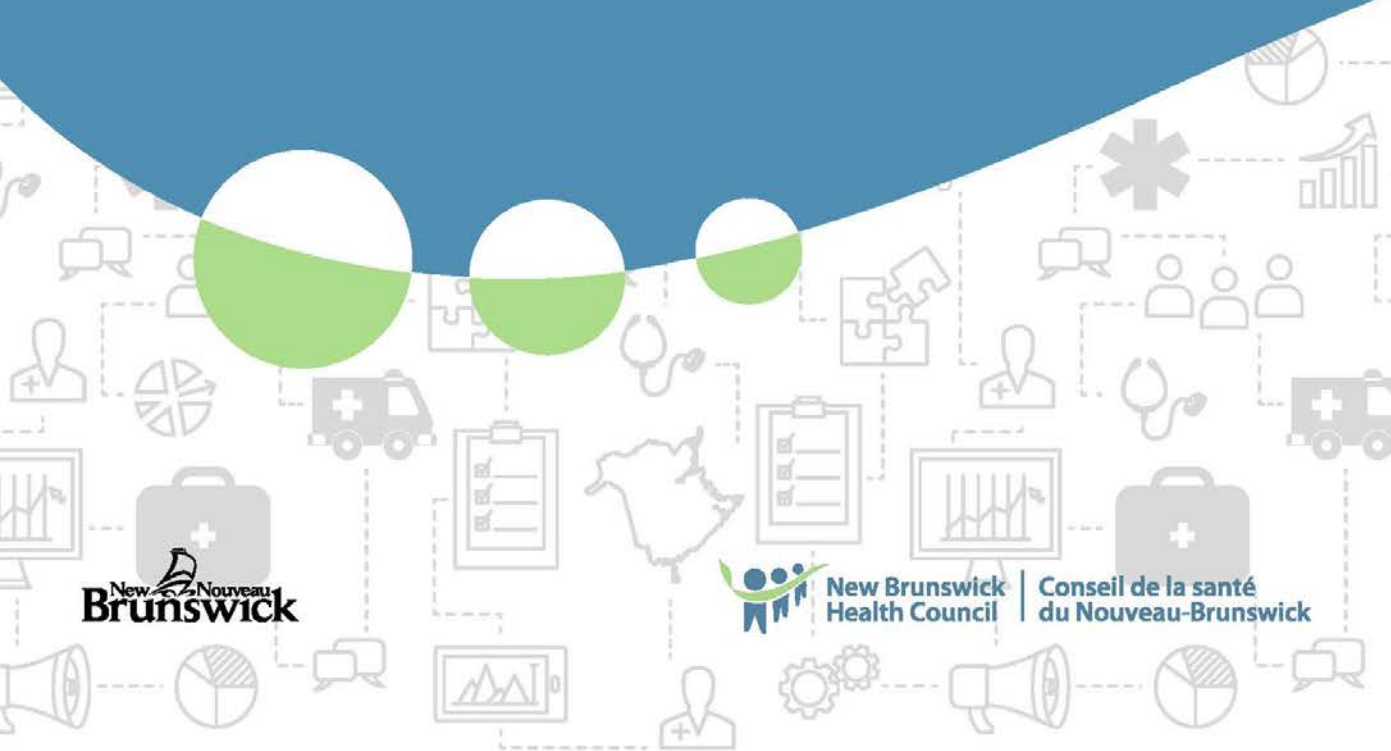


2017-2018 Annual Report



New Brunswick Health Council
Pavillon J.-Raymond-Frenette
100 des Aboiteaux Street, Suite 2200
Moncton, New Brunswick E1A 7R1

Telephone: 506 869 6870
Fax: 506 869 6282
Toll-Free: 1 877 225 2521

www.nbhc.ca

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July 6, 2018

The Honourable Benoît Bourque
Minister of Health
Province of New Brunswick

Dear Minister:

It is my privilege to submit the annual report on behalf of the New Brunswick Health Council for our tenth fiscal year beginning April 1, 2017 and ending March 31, 2018.

Respectfully submitted,



Michel Richard
Chair

July 6, 2018

Mr. Michel Richard
Chair
New Brunswick Health Council
Moncton, New Brunswick

Dear Mr. Richard:

I am pleased to be able to present the annual report describing the operations of the New Brunswick Health Council for its tenth fiscal year, 2017-2018.

Respectfully submitted,



Stéphane Robichaud
Chief Executive Officer

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From the Chair and the Chief Executive Officer

On March 11, 2008, the New Brunswick government announced a major restructuring of the New Brunswick health system. The reform included moving from eight regional health authorities (RHA) to two and the creation of two new organizations; a shared-services organization that was later known as FacilicorpNB (now part of Service New Brunswick) and the New Brunswick Health Council (NBHC). The NBHC was created with a double mandate, to report publicly on the performance of the health system and to engage citizens in the improvement of health services quality. The two RHAs and the two new organizations would be functional on September 1st 2008.

From its beginning, the NBHC faced a significant challenge, as there was no generally accepted provincial information pertaining to the health of the population or the quality of health services. This lack of generally acceptable information was a reflection of an absence of integrated planning and management for publicly funded health services in the province. Without a basic level of information, there can be no effective planning or management. This also serves as an observation as to how provincially funded health services have evolved for the past 60 years. In the absence of integrated planning, management and its related information, the NBHC has delivered several status reports pertaining to population health and health services quality.

The work from this past year reflects continuity in our strategic approach. We have benefited from the contribution of over 14,000 citizens who informed us on their experience with primary health services through our latest provincial survey. Considering the importance of this health services sector, survey respondents have provided a wealth of information that can be leveraged to inform New Brunswickers and the managers of these services. The absence of improvement regarding timely access to a primary health services provider, namely family physicians, was an important element in the analysis of the results. When combining citizens' contributions through surveys and consultations with the growing number of generally accepted health system performance indicators, each status report is contributing to enhancing the collective understanding of the situation.

In addition to the various initiatives aimed at improving the access to generally accepted indicators, the NBHC has invested its energies in exploring how to increase the number of individuals who know about its information and how to also improve how they can access population health and health service quality information. The NBHC's website represents its main tool for disseminating information. We have put a lot of work in improving the website in the last year and look forward to benefiting from these efforts by leveraging a new version early in the next fiscal year.

The NBHC currently has twelve members representing various perspectives. The level of engagement of NBHC members, backed by devoted staff, represents an important contribution to the evolution of its work. It is with a sense of pride that the NBHC submits its 2017-2018 annual report.

Chair

A handwritten signature in black ink, appearing to read 'MR', with a stylized flourish at the end.

Michel Richard

Chief Executive Officer

A handwritten signature in black ink, appearing to read 'Stéphane Robichaud', with a stylized flourish at the end.





Stéphane Robichaud

Executive Summary






During the 2017-2018 fiscal year, the New Brunswick Health Council established four main areas of work corresponding to the four responsibilities of the NBHC (engage, evaluate, inform, recommend).


These provided clear outcomes aligned with our dual mandate to report publicly on the performance of the provincial health system and to engage citizens in the improvement of health services quality.

Engage

Deliverable	Done	Comments
Validation of community data Validate the new peer and zone grouping templates with stakeholders and to encourage their use in creating community needs assessments. This will increase the usage and reach of NBHC community data and further demonstrate its value for health system performance improvement.		Work at the indicator level has been completed and we are now anticipating launching the new website at the beginning of the next fiscal year, which will include community level data.
Home care survey preparation Engage with related stakeholders to validate the survey questions and request for proposals (RFP) for the upcoming home care survey. Capturing stakeholder feedback about the needs and experiences with previous editions of survey data, as well as validating the draft questionnaire will help to ensure a successful RFP process and survey. Citizens will be invited to respond to the survey in the fourth quarter.		Questions were validated, the RFP was completed and surveys were sent in early March with all surveys to be received in Q1 of the next fiscal year.
Preparation for next cycle Preparations begin with achieving the required confirmations for the continuation of the school surveys project. These discussions will also address how to ensure maximum participation of schools and can include strategies aimed at improving the survey tool, such as an electronic option and/or a reduction in the number of questions (length of survey).		A survey was administered to school principals, data management and public health professionals to assess their experience and preference. Preparations for the grades 6 to 12 survey for September 2018 are also underway.
In addition to these specific engagement activities, the NBHC will nurture our ongoing engagement with the citizens of New Brunswick through the development of a multi-year engagement strategy. We will also engage with New-Brunswickers through our social media activities and community sessions. – ongoing		A new tool is being used to better manage social media campaigns. In addition, the delivery of 14 webinars was completed by the end of the 3 rd quarter.



Evaluate

Deliverable	Done	Comments
Peer and zone grouping of key set of measures To support the use of the "My Community at a Glance" tool, tables are prepared to facilitate the comparison between communities. A peer group consists of communities with similar type and population size such as comparing cities with cities or towns with towns. Communities are also grouped by each of the seven health zones.		Completed.
Triple-Aim (appendix 2) community level To support health service quality improvement from a planning perspective, available community level indicators pertaining to population health trends, health service quality improvement opportunities and resources (costs) will be identified and validated. This work will include the preparation and organization of comparable and actionable indicators, as well as the identification and documentation of key observations.		The preparation of this core information for webinars was expected by the end of the first quarter; this work required six months of preparation. As the webinars were being delivered, feedback was leveraged from participants to identify opportunities to improve the use of these indicators.
Home care survey preparation In preparation for this next care experience survey, there is an opportunity to review survey questions and methodology based on lessons learned from the previous home care survey.		The revision of the material of the last survey is completed. Discussions are underway with related stakeholders to strengthen the use of this information for improved health service quality.
Primary health survey results reporting In preparation for publicly releasing the most recent indicators, previous survey results are revisited in addition to the analysis of the most recent indicators. This is part of an ongoing effort to continuously improve the impact of survey results on health service quality improvement opportunities.		The analysis to identify options for the content of the report was completed and a report was publicly released in March. Additional targeted releases will occur in 2018-2019.
Acute care survey results follow-up Following the release of the latest results, the feedback received from stakeholders leads to additional indicator analysis opportunities.		Ongoing.
Complete research and analysis for kindergarten to grade 5 school survey reports School surveys are conducted on a three year school cycle with grades 6 to 12 in year one and kindergarten to grade 5		The preparation and dissemination of the reports have been completed. Knowledge translation began successfully and will continue into the next fiscal year.


in year two. The third year is used to support knowledge translation efforts as well as complete additional reports and prepare for the next cycle. The 2017-2018 school year is the third year of this cycle.		
Updating population health reporting tools The Population Health Model (appendix 3) provides an effective format for organizing and reporting population health indicators. Indicators will be updated when available. Accordingly, key observations will be assessed pertaining to their value in enhancing collective understanding and to serve in the development of related information initiatives.		Ongoing.
Updating health system performance reporting tools The health system report card matrix (appendix 4) provides an effective format for organizing and reporting on health service quality indicators. As joint health system planning progresses, agreed upon health system indicators will be integrated for ongoing monitoring and public reporting.		Ongoing.
Updating youth data The Population Health Model and the Child and Youth Rights and Well-being Model (appendix 5) provide the frameworks with which youth data is being organized for reporting.		Ongoing.
Resources and expenses information Development and updating of resources and expenses information at the local and/or institutional level will contribute to enhanced community level health services planning and management. This information will be available to the public through the NBHC website.		Work on data revision is completed in terms of updating data for this year. Updated indicators for population health snapshot reporting have also been completed for the province and zones.
Improve availability of First Nations Indicators The NBHC has a history of collaborating with First Nations on population health indicators. Health Canada has recognized the value of these efforts and is willing to fund more work in this area. Our First Nations collaborators have seen this as a positive opportunity. Accordingly, the NBHC will be supervising efforts aimed at improving the availability of First Nations indicators for New Brunswick.		This project is scheduled to be completed by July of 2018. All activities to year's end have been on time and within budget.

Inform

Deliverable	Done	Comments
Promote "My Community at a Glance" In addition to the formal launch and media promotion, the publication will be promoted to a variety of stakeholder groups through targeted communications and highlighted on the NBHC's social media channels through the promotion of several of the indicators individually.		A social media campaign was developed and delivered in connection with the launch of the community profiles to the media and the public.
Inform on key observation Promote the updated indicators for population health, health service quality and youth health and behaviour. We will work with media outlets and influencers to promote the availability of the updated data and to encourage its usage in media stories and stakeholder presentations. In addition specific indicators will be promoted on social media to increase awareness of the updates and encourage their use.		Content of the community profiles, the Acute Care Survey and the New Brunswick Student Wellness Survey were used as materials for social media campaigns. Subgroup analysis has been used for equity campaigns, such as the LGBTQ community, First Nations, immigrants and seniors.
Presentation of acute care survey results to stakeholders Support the promotion and delivery of webinars on the Hospital Patient Care Experience Survey results. This will further increase the awareness and usage of the results and permit interested parties to ask questions related to the results while minimizing the effects on NBHC staff.		The webinars were not delivered; efforts were instead focused on individual requests for assistance from managers of both Regional Health Authorities in relations to access and interpretation of Acute Care Survey results.
Publicity to increase primary health survey responses Support the public awareness efforts in mass media to increase the response rate for the primary health survey. These efforts, using print, radio and social media serve to increase public awareness about the NBHC and the survey and to encourage public engagement through survey participation.		The response rate was monitored on a weekly basis and promotion efforts were targeted accordingly.
Primary health survey report Prepare the report for publication and ensure its communication to the media and influencers for publication in mass media and other sources. Individual indicators from the survey will also be highlighted in social media to increase awareness of the results and to encourage public discussion of the indicators.		The report was completed and published in March to significant media interest.
Publicity to increase response rate of home care survey Inform efforts will be targeted at maximizing response rate for the home care survey that will be delivered to clients in the fourth quarter. Efforts will also be targeted at informing related health service stakeholders in order to encourage the use of the survey results.		The advertising and publicity was completed on schedule, with the survey being sent on March 9 th .

<p>Working with external service providers, the following items will be produced and distributed to the appropriate stakeholders per the NBHCs agreements with the Departments of Social Development and Education and Early Childhood Development:</p> <p>At a Glance Grades 6 to 12 results summaries and additional reports by subgroups of students: Aboriginal students, immigrants, gender, LGBTQ, Anglophone and Francophone sectors, special education need and food insecurity.</p> <p>Kindergarten to grade 12 cohort analysis</p> <p>Provincial, district and school reports for kindergarten to grade 5 survey results</p>		<p>Reports have been completed and used for a social media campaign.</p> <p>The analysis was completed and the report is currently being finalized.</p> <p>Subgroup reports have been made public.</p> <p>Result summaries have been sent to school principals.</p> <p>Excel master file with results for each school has been prepared and sent to each school district.</p>
<p>Annual report</p> <p>The NBHC's annual report to government will also be completed in the 1st quarter as required legally. The annual report also represents an opportunity to further enhance the awareness of the work of the NBHC with targeted stakeholders.</p>		<p>Completed and published.</p>
<p>Website improvements</p> <p>In addition to these activities, the NBHC will be completing its realigned website and data portal by the end of the 2nd quarter, allowing it to more fully implement its multiyear communications strategy for the remainder of 2017-2018.</p>		<p>A few minor delays have occurred, but the soft launch is expected for early 2018-2019.</p>

Recommend

Deliverable	Done	Comments
<p>With a focus on communities from beginning of year and efforts on Triple-Aim information at the community level, the NBHC will develop recommendations for the Minister of Health on the theme of improved health services planning and management based on the needs of the population.</p>		<p>Content for the proposed recommendations has been developed and circulated to Council members for working group discussions, and follow-up discussions were held at March Council meeting. Recommendations will be delivered to the Minister of Health in 2018.</p>

Activities of the NBHC

Engage

In addition to the mechanisms that enable citizens to contribute to the improvement of health service quality, the NBHC is committed to involving stakeholders, whose efforts can also influence the improvement of health service quality.

Engagement is part of every aspect of the NBHC's work; it's an integral component of several deliverables both during their implementation and for their subsequent distribution. For example, when it comes to community information, it takes the form of validating the new peer and zone grouping templates with stakeholders and encouraging their use in creating community needs assessments. The goal is to increase the usage and reach of NBHC community data and further demonstrate its value for health system performance improvement. This community level information will be available on the new NBHC website to be launched next fiscal.

Engaging stakeholders is also essential when it comes to preparing surveys; while the grades 6 to 12 survey for September 2018 is being developed, a survey was administered to school principals to assess their experience with the latest survey and their preferences for the upcoming ones. Other stakeholders dealing in data management and publicly financed health services professionals were also surveyed. The results will be analysed and the best ways to leverage this information for

potential improvements and engagement opportunities will be determined.

A similar process takes place for care experience surveys: related stakeholders are being engaged with the objective to validate the survey questions for the upcoming home care survey. Capturing stakeholder feedback about the needs and experiences with previous editions of survey data, as well as validating the draft questionnaire will help to ensure a successful survey.

In addition to these engagement activities, the NBHC has also engaged with New Brunswickers through our social media activities and community sessions. A new tool is being used to manage our social media campaigns; it allows better content management and better measures to track the viewing and sharing of content. Community profiles information and survey results serve as regular themes for our content.

Webinars also contribute to engagement.

Evaluate

As part of its mandate, the NBHC measures, monitors and assesses population health and health service quality. Effective evaluation activities help to promote a collective understanding by highlighting priority areas and explaining the results of assessments in appropriate ways to citizens and stakeholders.

The NBHC's evaluation work with the performance of the health system helps citizens and stakeholders target population health needs and identify opportunities for health service quality improvements provincially, regionally and locally.

It also promotes the establishment of benchmarks and targets for a planned approach, and allows the monitoring of progress over time. This will contribute towards having sustainable publicly financed health programs and services that are citizen-centred and evolve in a way that is planned, integrated and publicly accountable.

One of the key evaluation deliverables this year was the publication of the second edition of the "My Community at a Glance" community profiles early in the year. The profiles highlight data on factors influencing health as well as health outcomes for the NBHC's 33 communities in the province. For this edition, the NBHC worked with additional New Brunswick sources of data, did further analysis of its survey results and worked with Statistics Canada to help them provide more data at the community level. New information is available for the first time, including results on youth sexual orientation, environmentally healthy

habits, mental health hospitalization and memory problems in adults in each community. To support the use of the community profiles, tables of peers were prepared to facilitate the comparison between communities. Communities are also grouped by each of the seven health zones.

Another evaluation deliverable was to identify and validate Triple-Aim community level information to support health service quality improvement from a planning perspective, available community level indicators pertaining to population health trends, health service quality improvement opportunities and resources. This included the preparation and organization of comparable and actionable indicators, as well as the identification and documentation of key observations. After six months of preparation, the information was delivered in 14 webinars, reaching each of the seven health zones in French and English. These are now available on the NBHC website.

In 2017-2018, ongoing work has taken place for all surveys; the revision of the material from the last Home Care Survey was completed to prepare for the next edition in 2018, and discussions took place with related stakeholders to strengthen the use of this information for improved health service quality. The same kind of activities are ongoing when it comes to the next Acute Care Survey.

School surveys are conducted on a three-year school cycle with grades 6 to 12 in year one and kindergarten to grade 5 in year two; the third year is used to support knowledge translation efforts, and that is where energies were invested for 2017-2018. It's important to note that there was a significant increase in the school

participation rate from 62% to 94%, and for the first time, the survey was completed by the three First Nations schools.

The NBHC has a history of collaborating with First Nations on population health indicators. Health Canada has recognized the value of these efforts and has chosen to fund work in this area. The NBHC's First Nations collaborators have seen this as a positive opportunity. Accordingly, the NBHC has been supervising efforts aimed at improving the availability of First Nations indicators for New Brunswick. A workshop was held in March in Miramichi to engage with representatives of First Nations communities and related government stakeholders, and this project is slated to be completed in the summer of 2018.

Finally, work on other tools was completed. Indicators for the Population Health Model are updated as they become available for the province and zones, and the same goes for the Child and Youth Rights and Well-being Model. This type of information is serving to guide public reporting functions for the new NBHC website.

Inform

The NBHC's public reporting is based on the evaluation of population health and health service quality, and is first meant to enhance public accountability regarding the performance of the provincial health system. The potential impact of these evaluation activities is highly influenced by how they are communicated to and perceived by the public, and those who can influence the improvement of health service quality.

The NBHC's work around the Inform part of its mandate aims to provide the NBHC's information to citizens and stakeholders widely and appropriately. This year, the focus was put on reaching as many people as possible with relevant information about the health system, particularly community based info.

The publication of the "My Community at a Glance" community profiles was one of the main deliverables of the spring. In addition to the formal launch and media promotion, the community profiles were promoted to a variety of stakeholder groups through targeted communications; various presentations were delivered on the topic. A social media strategy was delivered in connection with the media launch of the community profiles, which highlighted several of the indicators individually: the strategy presented an indicator representing the community positively for each of the 33 communities and ran over the summer.

The content of the Acute Care Survey and the New Brunswick Student Wellness Survey were also used as materials for social media strategies;

the analysis by subgroups has been used for equity campaigns, such as the LGBTQ community, First Nations, immigrants and seniors. Inform efforts for each survey publication must ensure communication to the media, to influencers and to the public to increase awareness of our information.

For example, for its Primary Care Survey, the NBHC has collected and analysed the experiences of over 14,500 citizens to identify results and trends that the public and health system must address. Key observations were published in a report titled *Being Patient, Accessibility, Primary Health and Emergency Rooms* in March 2018, underlining the fact that barriers to service, including timely access to appointments, are negatively affecting New Brunswickers' experiences with family doctors; ER visits and more. Once again, individual indicators from the survey were also shared on social media to increase awareness of the results and to encourage public discussion of the indicators.

In addition to these activities, the NBHC had planned the completion of its realigned website and data portal by the end of the 2nd quarter, but a few minor delays have occurred, namely challenges related with the use of our databases with the new website's software. These issues have been resolved and the soft launch is now expected for the beginning of the 2018-2019 fiscal year. This will help with a more complete implementation of a multi-year communications strategy.

Recommend

Many lessons have been learned in association with the work of the NBHC and its evolution since 2008. These learnings have benefited Council members and staff, but also stakeholders throughout the province. These lessons will serve to develop new recommendations to the Minister of Health to be presented during the next fiscal year.

The NBHC has been compiling information from its engagement activities and evaluation work to support the development of the next recommendations to the Minister of Health. Through the year, there was a focus put on communities and marked efforts to produce Triple-Aim (see appendix B, p.43) information at the community level. As such, the NBHC has developed its next recommendations to the Minister of Health on the theme of improved health services planning and management based on the needs of the population. The NBHC has consulted a wide variety of stakeholders on the topic of the recommendations, including the Department of Health and the Regional Health Authorities, but also former senior government officials and community stakeholders. Multiple exchanges also took place with staff and Council members during working groups and council meetings.

It is expected that the recommendations will be made public during the first quarter of the 2018-2019 fiscal year; they will mark the beginning of annual recommendations to the Minister of Health for the NBHC.

Mandate

New Brunswickers have the right to be aware of the decisions being made, to be part of the decision-making process and to be aware of the outcomes delivered by the health system and its cost. The NBHC will foster this transparency, engagement and accountability by:

- Engaging citizens in a meaningful dialogue for the improvement of health service quality
- Measuring, monitoring and evaluating population health and health service quality
- Informing citizens on health system's performance
- Recommending improvements to the Minister of Health

Council Members

The members are listed below and **Appendix A** outlines their responsibilities on the Executive Committee and in the four Working Groups.

Mr. Jean-Claude Pelletier Chair of the Council (April 2017 to October 2017)	Saint Léonard
Mr. Michel Richard Chair of the Council (October 2018-March 2018)	Dieppe
Ms. Rita Labrie Vice-Chair	Caraquet
Mr. Shawn Jennings Secretary / Treasurer	Rothsay
Mr. Danny Jardine	Saint John
Ms. Eva Sock	Elsipogtog
Ms. Heather Jensen	New Denmark
Ms. Kim Nash-Mckinley	Richibucto Road
Ms. Meghan Richards	Fredericton
Mr. Michel Doiron	Campbellton
Ms. Nathalie Boivin	Bathurst
Ms. Paulette Richard	Dieppe
Ms. Peggy Doyle	Miramichi

Staff

Mr. Stéphane **Robichaud**

Chief Executive Officer

Mr. Benoit M. **Doucet**

Executive Director, Planning & Operations

(April 2017 – September 2017)

Mr. Jacques C.F. **Lanteigne**

Executive Director, Planning & Operations

(October 2017 – March 2018)

Ms. Michelina **Mancuso**

Executive Director, Performance Measurement

Mr. Frank **Vandenburg**

Executive Director, Citizen Engagement

Ms. Christine **Paré**

Director of Communications

Mr. Michel **Arsenault**

Research Analyst, Performance Measurement

Ms. Rim **Fayad**

Research and Information Analyst

Ms. Karine **LeBlanc Gagnon**

Information Analyst, Health Status

Mr. Simon **Potvin**

Research Communication Specialist

Mr. Steve **Langen**

Information Analyst

Ms. Monica **Lavoie**

Research Coordinator

Ms. Mariane **Cullen**

Executive Administrative Assistant

Ms. Monique **Landry Hadley**

Administrative Assistant

APPENDIX A: Executive Committee and Working Groups Structure

Executive Committee

- **Mr. Michel Richard, Chair**
- Ms. Rita **Labrie**, Vice-Chair
- Mr. Shawn **Jennings**, Secretary-treasurer
- Ms. Nathalie **Boivin**, member
- Mr. Danny **Jardine**, member
- Ms. Paulette **Richard**, member

Working Groups

Engage Working Group

- **Ms. Paulette Richard, Chair**
- Ms. Nathalie **Boivin**, member
- Ms. Rita **Labrie**, member
- Mr. Michel **Richard**, member

Evaluate Working Group

- **Mr. Shawn Jennings, Chair**
- Mr. Danny **Jardine**, member
- Ms. Meghan **Richards**, member
- Ms. Eva **Sock**, member

Inform Working Group

- **Ms. Peggy Doyle, Chair**
- Mr. Mike **Doiron**, member
- Ms. Heather **Jensen**, member
- Ms. Kim **Nash-McKinley**, member

APPENDIX B: 2017-2018 Business Plan



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2017-2018 Business Plan

**Presented to the Minister of Health
March 31, 2017**

I. Our statutory mandate

New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost.

The New Brunswick Health Council (NBHC) will foster this transparency, engagement, and accountability by:

- Engaging citizens in a meaningful dialogue for the purpose of improving health service quality;
- Measuring, monitoring, and evaluating population health and health service quality;
- Informing citizens on our health system's performance;
- Recommending improvements to the Minister of Health

Our mandate was inspired by the Section 3 of the *New Brunswick Health Council Act*, which defines the objects and purposes of the Council as follows:

- (a) to promote the improvement of health service quality in the Province;
- (b) to develop and implement mechanisms to engage the citizens of New Brunswick in meaningful dialogue for the purpose of improving health service quality in the Province;
- (c) to measure, monitor and assess population health and health service quality in the Province;
- (d) to identify effective practices for the improvement of health service quality in the Province;
- (e) to evaluate strategies designed to improve health service quality in the Province;
- (f) to assess citizen satisfaction with health services and health service quality in the Province;
- (g) to investigate matters respecting the health care system that are referred to it by the Minister;
- (h) to provide recommendations to the Minister with respect to any of the activities described in paragraphs (a) to (g);
- (h.1)* to take into account the particular needs of the two official linguistic communities in the exercise of the activities referred to in paragraphs (a) to (h); and
- (i) to carry out such other activities or duties as may be authorized or required by this Act or as the Lieutenant-Governor in Council may direct.

* New addition to our Act in 2010

II. Business plan deliverables for 2017-2018

The NBHC has a dual mandate; report publicly on the performance of the provincial health system and engage citizens in the improvement of health services quality.

How the NBHC goes about fulfilling this mandate has evolved significantly since 2008. The availability of generally accepted indicators pertaining to population health and health service quality has been a key influencer of how the work of the NBHC has evolved. Another key influencer has been how the health system is evolving in the planning and management of health services.

The positive impact of the population health and health service quality information prepared by the NBHC on the evolution of the planning and management of health services is undeniable. Meanwhile, much change is needed in how health services planning and management is undertaken by health system stakeholders. All involved, from elected government and board governance to organizational leaders and front line professionals, must accept this change will impact how they work.

All have a common element to serve as motivation for accepting this change, the citizens of New Brunswick. In particular, how improved health service quality can lead to a healthier population. This can be greatly facilitated by a commitment to an enhanced collective understanding of the opportunities and challenges for improved health service quality and for having an engaged, informed and healthier population.

The work of the NBHC should contribute to the achievement of three main aims for the provincial health system;

- Informed, engaged and healthy New Brunswickers.
- Improved health service quality.
- Sustainable, publicly funded, health services.

Although the NBHC has no responsibilities for programs or services that can contribute to the above mentioned goals, its performance reporting and public participation activities should contribute positively to these goals.

By leveraging the four responsibilities of the NBHC (engage, evaluate, inform, recommend) the following sections are meant to cover the 2017-2018 proposed business plan deliverables. Timeline for deliverables are presented by quarter; 1st quarter (April-June), 2nd quarter (July-September), 3rd quarter (October-December), 4th quarter (January-March).

A. Engage

Engagement ensures the NBHC's relevance to the public and stakeholders in all areas of our work. In addition to the mechanisms that enable citizens to contribute to the improvement of health service quality, we are committed to involving stakeholders, whose efforts can also influence the improvement of health service quality. (Appendix 1)

This year, the NBHC's engagement efforts will focus on the following work areas and result in the following deliverables:

Community information

- Validation of community data – 2nd quarter
Validate the new peer and zone grouping templates with stakeholders and to encourage their use in creating community needs assessments. This will increase the usage and reach of NBHC community data and further demonstrate its value for health system performance improvement.

Care experience surveys

- Home care survey preparation – 3rd and 4th quarter
Engage with related stakeholders to validate the survey questions and request for proposals (RFP) for the upcoming home care survey. Capturing stakeholder feedback about the needs and experiences with previous editions of survey data, as well as validating the draft questionnaire will help to ensure a successful RFP process and survey. Citizens will be invited to respond to the survey in the fourth quarter.

School surveys

- Preparation for next cycle – ongoing
Preparations begin with achieving the required confirmations for the continuation of the school surveys project. These discussions will also address how to ensure maximum participation of schools and can include strategies aimed at improving the survey tool, such as an electronic option and/or a reduction in the number of questions (length of survey).

Public participation initiatives

- In addition to these specific engagement activities, the NBHC will nurture our ongoing engagement with the citizens of New Brunswick

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Public participation initiatives

- In addition to these specific engagement activities, the NBHC will nurture our ongoing engagement with the citizens of New Brunswick

through the development of a multi-year engagement strategy. We will also engage with New-Brunswickers through our social media activities and community sessions. – ongoing

B. Evaluate

The NBHC measures, monitors and assesses population health and health service quality. Effective evaluation helps to promote collective understanding by highlighting priority areas and explaining the results of assessments in appropriate ways to citizens and stakeholders. This work helps citizens and stakeholders target population health needs and identify opportunities for health service quality improvements provincially, regionally and locally. It also promotes a planned approach (establishment of benchmarks and targets) and the ability to monitor progress over time. This will contribute towards having sustainable publicly financed health programs and services that are citizen-centred and evolve in a way that is planned, integrated and publicly accountable.

This year, the NBHCs evaluation efforts will focus on the following work areas and result in the following deliverables:

Community information

- Peer and zone grouping of key set of measures – 1st quarter
To support the use of the “My Community at a Glance” tool, tables are prepared to facilitate the comparison between communities. A peer group consists of communities with similar type and population size such as comparing cities with cities or towns with towns. Communities are also grouped by each of the seven health zones.
- Triple-Aim (appendix 2) community level info – 1st quarter and ongoing
To support health service quality improvement from a planning perspective, available community level indicators pertaining to population health trends, health service quality improvement opportunities and resources (costs) will be identified and validated. This work will include the preparation and organization of comparable and actionable indicators, as well as the identification and documentation of key observations.

Care experience surveys

- Home care survey preparation – 1st quarter
In preparation for this next care experience survey, there is an opportunity to review survey questions and methodology based on lessons learned from the previous home care survey.
- Primary health survey results reporting – 3rd quarter
In preparation for publicly releasing the most recent indicators, previous survey results are revisited in addition to the analysis of the most recent indicators. This is part of an ongoing effort to continuously improve the impact of survey results on health service quality improvement opportunities.
- Acute care survey results follow-up – ongoing
Following the release of the latest results, the feedback received from stakeholders leads to additional indicator analysis opportunities.

School surveys

- Complete research and analysis for kindergarten to grade 5 school survey reports – 2nd quarter
School surveys are conducted on a three year school cycle with grades 6 to 12 in year one and kindergarten to grade 5 in year two. The third year is used to support knowledge translation efforts as well as complete additional reports and prepare for the next cycle. The 2017-2018 school year is the third year of this cycle.

Data management and reporting

- Updating population health reporting tools – ongoing
The Population Health Model (appendix 3) provides an effective format for organizing and reporting population health indicators. Indicators will be updated when available. Accordingly, key observations will be assessed pertaining to their value in enhancing collective understanding and to serve in the development of related information initiatives.
- Updating health system performance reporting tools – ongoing
The health system report card matrix (appendix 4) provides an effective format for organizing and reporting on health service quality indicators. As joint health system planning progresses, agreed upon health system indicators will be integrated for ongoing monitoring and public reporting.

- Updating youth data – ongoing
The Population Health Model and the Child and Youth Rights and Well-being Model (appendix 5) provide the frameworks with which youth data is being organized for reporting.
- Resources and expenses information – ongoing
Development and updating of resources and expenses information at the local and/or institutional level will contribute to enhanced community level health services planning and management. This information will be available to the public through the NBHC website.

Health Canada / First Nations

- Improve availability of First Nations Indicators – ongoing
The NBHC has a history of collaborating with First Nations on population health indicators. Health Canada has recognized the value of these efforts and is willing to fund more work in this area. Our First Nations collaborators have seen this as a positive opportunity. Accordingly, the NBHC will be supervising efforts aimed at improving the availability of First Nations indicators for New Brunswick.

C. Inform

Our public reporting, based on the evaluation of population health and health service quality, are first meant to enhance public accountability regarding the performance of the provincial health system. The potential impact of these evaluations is highly influenced by how they are communicated to and perceived by the public and those who can influence the improvement of health services quality.

This year, the NBHC's inform efforts will focus on the following work areas and result in the following deliverables:

Community information

- Promote "My Community at a Glance" – 1st quarter
In addition to the formal launch and media promotion, the publication will be promoted to a variety of stakeholder groups through targeted communications and highlighted on the NBHC's social media channels through the promotion of several of the indicators individually.

- Inform on key observations – ongoing

Promote the updated indicators for population health, health service quality and youth health and behaviour. We will work with media outlets and influencers to promote the availability of the updated data and to encourage its usage in media stories and stakeholder presentations. In addition specific indicators will be promoted on social media to increase awareness of the updates and encourage their use.

Care experience surveys

- Presentation of acute care survey results to stakeholders – 1st quarter

Support the promotion and delivery of webinars on the Hospital Patient Care Experience Survey results. This will further increase the awareness and usage of the results and permit interested parties to ask questions related to the results while minimizing the effects on NBHC staff.

- Publicity to increase primary health survey responses – 1st quarter

Support the public awareness efforts in mass media to increase the response rate for the primary health survey. These efforts, using print, radio and social media serve to increase public awareness about the NBHC and the survey and to encourage public engagement through survey participation.

- Primary health survey report – 4th quarter

Prepare the report for publication and ensure its communication to the media and influencers for publication in mass media and other sources. Individual indicators from the survey will also be highlighted in social media to increase awareness of the results and to encourage public discussion of the indicators.

- Publicity to increase response rate of home care survey – 4th quarter

Inform efforts will be targeted at maximizing response rate for the home care survey that will be delivered to clients in the fourth quarter. Efforts will also be targeted at informing related health service stakeholders in order to encourage the use of the survey results.

School surveys

Working with external service providers, the following items will be produced and distributed to the appropriate stakeholders per the NBHCs agreements with the Departments of Social Development and Education and Early Childhood Development:

- At a Glance Grades 6 to 12 results summaries and additional reports by subgroups of students: Aboriginal students, immigrants, gender, LGBTQ, Anglophone and Francophone sectors, special education need and food insecurity. – 1st quarter
- Kindergarten to grade 12 cohort analysis – 2nd quarter
- Provincial, district and school reports for kindergarten to grade 5 survey results – 3rd quarter

Communication strategy

- Annual report – 1st quarter
The NBHC's annual report to government will also be completed in the 1st quarter as required legally. The annual report also represents an opportunity to further enhance the awareness of the work of the NBHC with targeted stakeholders.
- Website improvements – 2nd quarter
In addition to these activities, the NBHC will be completing its realigned website and data portal by the end of the 2nd quarter, allowing it to more fully implement its multiyear communications strategy for the remainder of 2017-2018.

D. Recommend

The NBHC builds on the information compiled from its engagement mechanisms and its evaluation work to support the development of recommendations to the Minister of Health by the end of the 4th quarter aiming to improve health system performance in New Brunswick.

There have been many lessons learned in association with the work of the NBHC and its evolution since 2008. These learnings have not only benefited Council members and staff, but also stakeholders throughout the province with either an influence or an interest in health service quality improvement.

This year, the work associated with preparing recommendations to the Minister of Health will be guided by three valuable lessons learned:

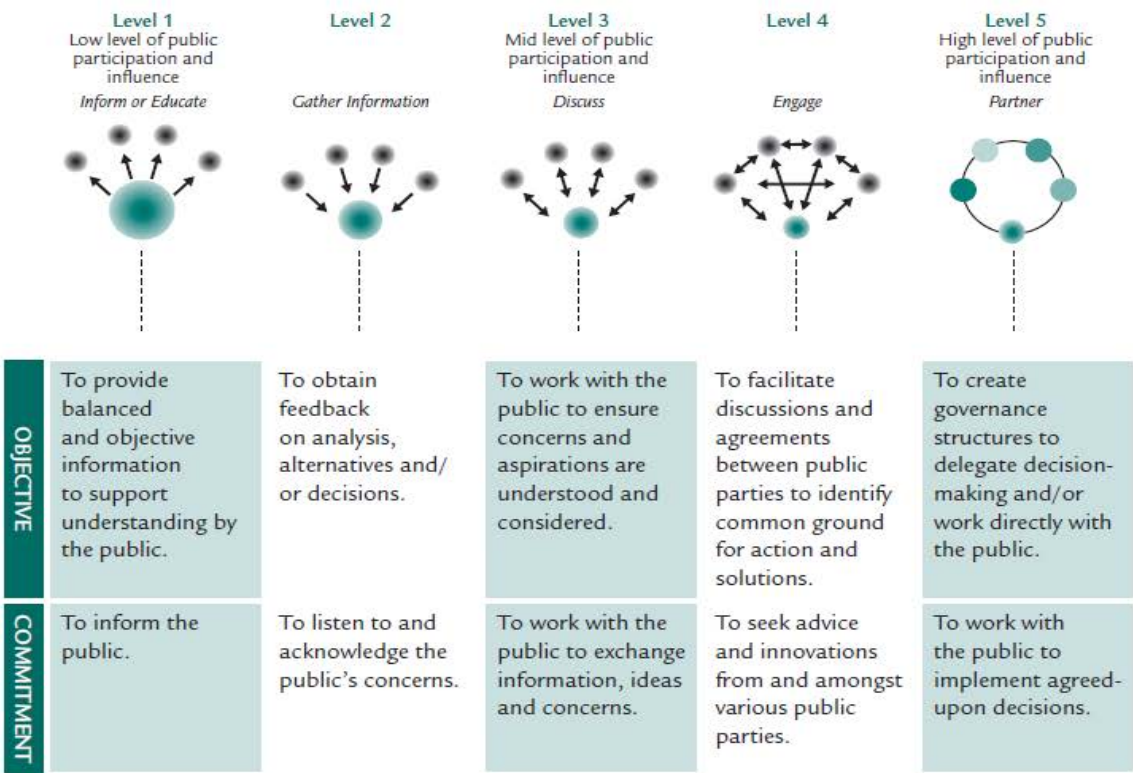
- Despite of all the new information prepared since 2008 with various stakeholders regarding the health of the population and the quality of health services in New-Brunswick, this information remains unknown by too many.

- When citizens are provided with the opportunity to understand what is now known about the health of the population and the quality of health services, there is quickly a reasonable consensus that changes in health services planning and management are needed and possible.
- When information about the health of the population and the quality of health services is available at the local level, it is more effective in motivating improvements and mobilizing resources for the improvement of health service quality.

With a focus on communities from beginning of year and efforts on Triple-Aim information at the community level, the NBHC will develop recommendations for the Minister of Health on the theme of improved health services planning and management based on the needs of the population.

Appendix 1

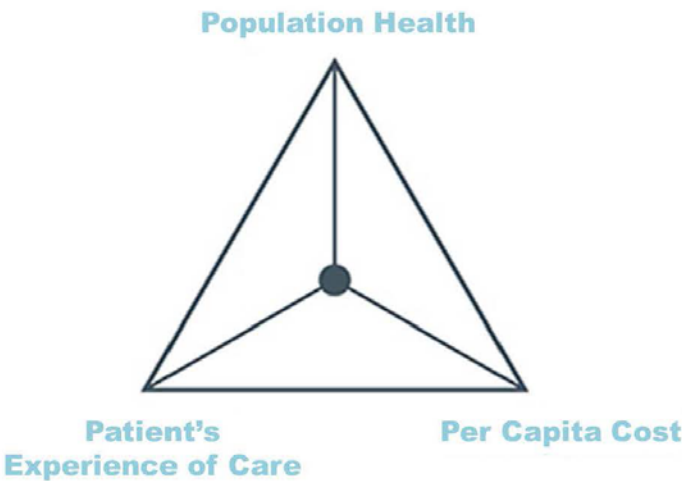
Public Involvement Continuum



Source: Adapted from Health Canada. Policy Toolkit for Public Involvement in Decision Making (2000) and the Public Participation: Principles and Best Practices from British Columbia (2008).

Appendix 2

Triple Aim for Population Health



Governments and healthcare organizations around the world are striving to provide high-quality care that improves the health of the population, at a cost that is affordable. The Triple Aim – the simultaneous pursuit of better care for individuals, better health for populations, and lower per capita costs – is a leading improvement approach. Developed by the Institute for Healthcare Improvement (IHI), the Triple Aim has been piloted with over 100 organizations worldwide. A key feature of Triple Aim is to define the aims from the perspectives of those in the population you serve, taking a broader perspective on health than traditionally considered in healthcare. With that, Triple Aim is importantly grounded in a population health model to address underlying social determinants of health.

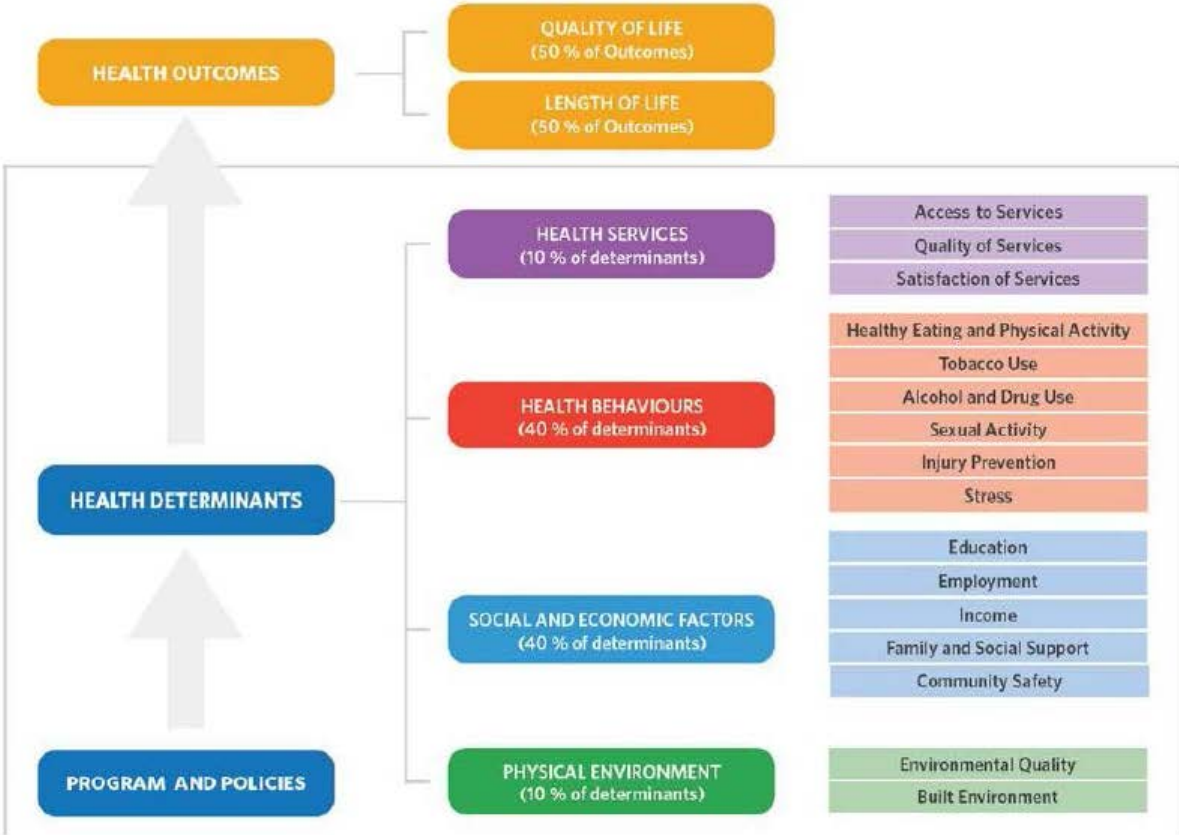
* Source: Canadian Foundation for Healthcare Improvement: <http://www.cfhi-fcass.ca/WhatWeDo/a-z-topics/triple-aim>

Appendix 3

Population Health Snapshot – The model

The model we have chosen to represent Population Health in New Brunswick has been adapted from various population health models such as the University of Wisconsin *Population Health Institute – Wisconsin County Health Rankings* and modified to fit our needs. We have also kept a Canadian perspective by talking into account the determinants of health as indicated by the *Public Health Agency of Canada*.

Based upon review of the literature and expert opinions on how these determinants contribute to health and by how much, we are using the following model as a guide as to what influences our health:



Appendix 4

New Brunswick Health System Report Card

Health Care Sectors				Performance Index Grade (by Quality Dimension)
Primary Health	Acute Care	Supportive/Specialty		
 Primary Health The care a person receives upon first contact with the health system, before referral elsewhere within the system.	 Acute Care Hospital based care.	 Supportive/Specialty Care received in the community or as an out-patient.		
Quality Dimensions	Accessibility	Providing timely services		
	Appropriateness	Relevant and evidence based		
	Effectiveness	Doing what is required to achieve the best possible results		
	Efficiency	Making the best use of the resources		
	Safety	Keeping people safe		
	Equity	Aiming for equitable care and services for all		
Performance Index Grade (by Health Care Sector)				

Appendix 5

Child and Youth – Rights and Well-being Framework



APPENDIX C: Social Media and Infographics

Achieving tobacco-free living: a priority in N.B.



Smoking is the #1 risk factor for lung cancer, and lung cancer is N.B.'s top cause of avoidable mortality



Other risk factors for lung cancer include:



Second hand smoke



Radon (trapped in houses)



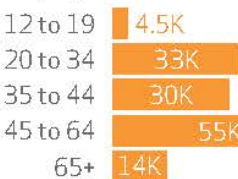
Asbestos, arsenic, diesel exhaust, etc.

1 in 5 New Brunswickers smoke
(ages 12 and above)



That's over **136,000** people

By age:



Smoking rates for adults are statistically higher than the Canadian average

Without increased efforts...



9,000 youth are currently at risk of becoming smokers (that's 22% of all youth)

based on questions on openness to and willingness to try smoking

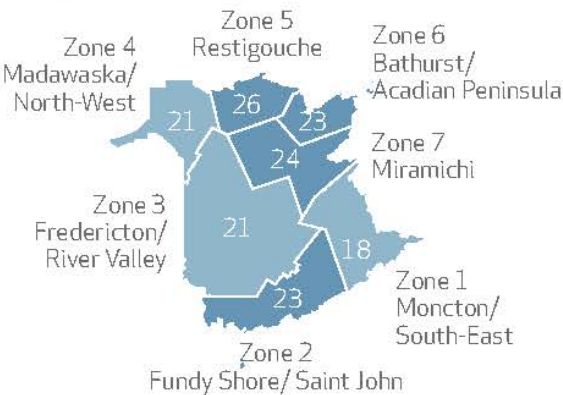


People with ongoing illnesses may get worse

38% of COPD patients and 17% of heart disease patients smoke

Your intervention is needed so we can improve everywhere

Smoking rates, by zone (%)



To learn more, visit our website at www.nbhcc.ca or contact us at info@nbhcc.ca.



New Brunswick Health Council | **Conseil de la santé du Nouveau-Brunswick**

Levels of urgency for smoking intervention, by community

■ alerts show communities that are worse than the average (statistical significance)

N.B.
average

Youth smoking	Adults smoking	Seniors smoking	Youth at risk of smoking	Homes with high radon ¹
11%	21%	10%	22%	25%

Community (zone)		Youth smoking	Adults smoking	Seniors smoking	Youth at risk of smoking	Homes with high radon ¹
Critical (3 alerts)	Miramichi (7)	■			■	■
	Perth-Andover (3)	■	■		■	
Very urgent (2 alerts)	Caraquet (6)	■				■
	Douglas (3)	■			■	
	Grand Falls (4)		■			■
	Minto (3)	■			■	
	Oromocto (3)	■			■	
	Saint John (2)		■	■		
	Salisbury (1)	■			■	
Urgent (1 alert)	Bathurst (6)					■
	Dalhousie (5)			■		
	Edmundston (4)					■
	Hillsborough		■			
	Kedgwick (4)					■
	Nackawic (3)	■				
	Neguac (7)					■
	New Maryland (3)				■	
	Quispamsis (2)				■	
	Shippagan (6)					■
	St. George (2)		■			
	St. Stephen (2)		■			
	Tracadie-Sheila (6)					■
Somewhat urgent	Bouctouche (1)					
	Campbellton (5)					
	Dieppe (1)					
	Florenceville-Bristol (3)					
	Fredericton (3)					
	Grand Bay-Westfield (2)					
	Moncton (1)					
	Riverview (1)					
	Sackville (1)					
	Shediac (1)					
	Sussex (2)					

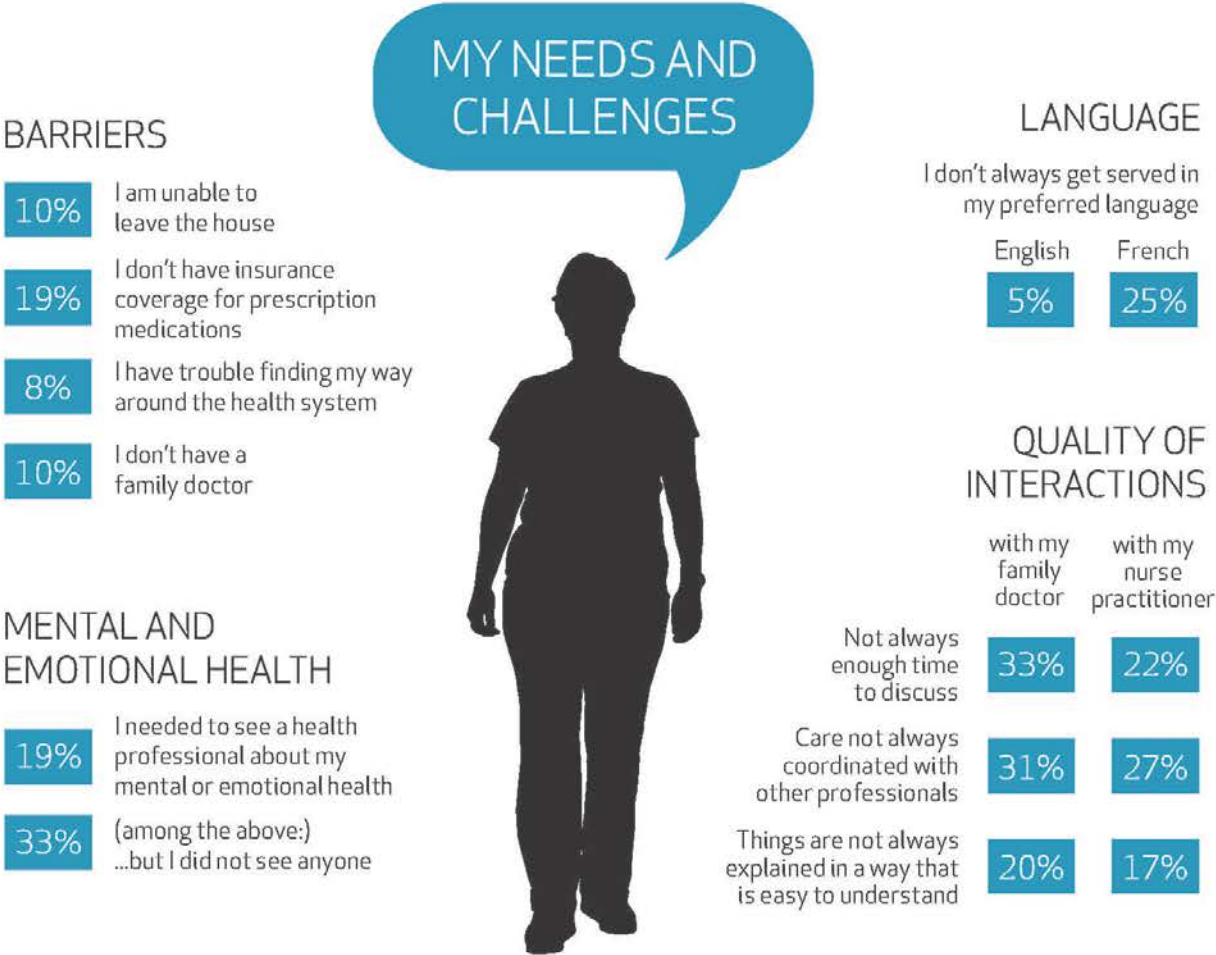
The absence of alerts does not mean that smoking is not an issue in these communities. Instead, it means that results are not worse than the N.B. average. Tobacco-free living is a priority throughout the province.

¹Lung cancer risk from radon exposure is higher for smokers. For this indicator, the alert means the community is in a zone with a higher percentage of homes with high levels of radon (more than 200 Bq/m³) compared to the N.B. average.

Sources: (1) Statistics Canada 105-0502, 2013-14 (2) Social Development/NBHC, N.B. Student Wellness Survey 2015-2016
(3) NBHC Primary Health Survey 2014 (4) Health Canada, Cross-Canada Survey of Radon Concentrations in Homes 2012

Key results from the NBHC's Primary Health Survey 2017

Accessing health services in New Brunswick



HOW LONG DID I WAIT?



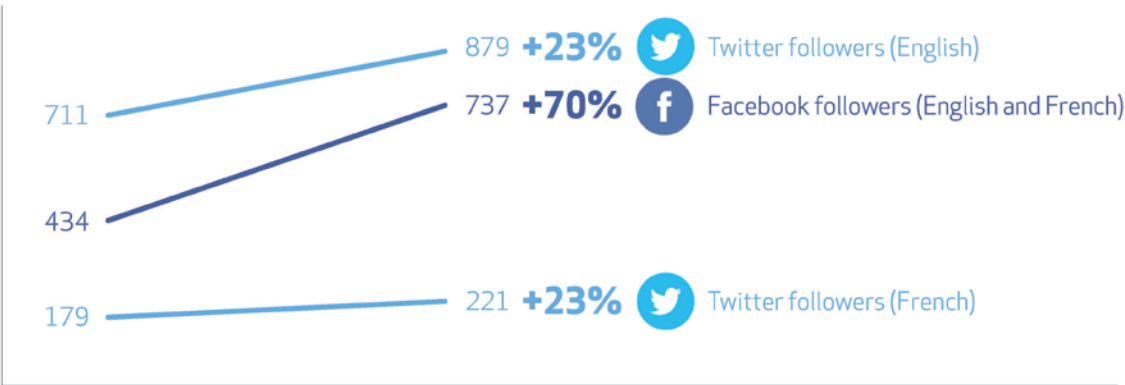
NBHC social media activity

2017-2018 in numbers



Increase in followers

Between April 2017 and April 2018



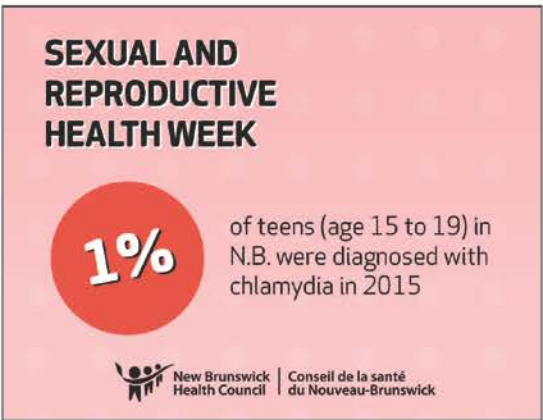
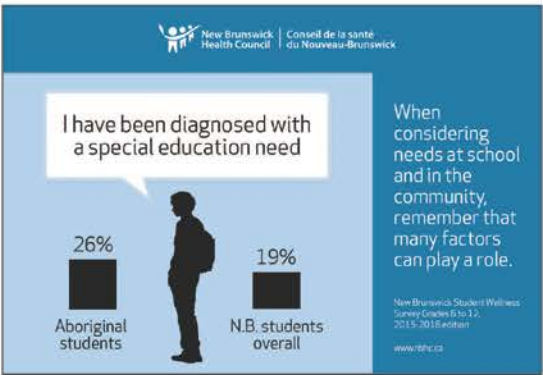
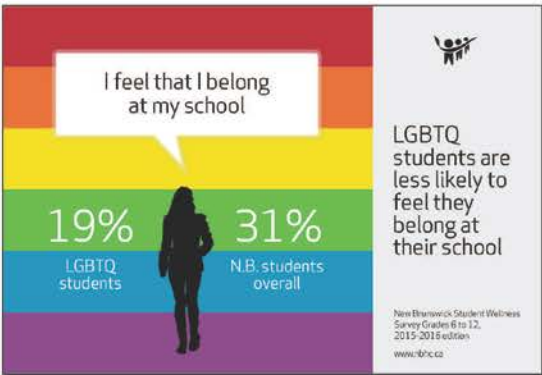
Most _____ in a single day

Likes
34
June 29, 2017

Shares
56
June 22, 2017

Comments
6
October 6, 2017

Sample posts



Sample reshares and comments

Several people and organizations have seen value in sharing our social media content with their own audiences.

Dr. Erin Schryer



Big Brothers Big Sisters Saint John



Salvus Clinic



AIDS NB



APPENDIX D: 2017-2018 Annual Financial Report

NEW BRUNSWICK HEALTH COUNCIL

Financial Statements

March 31, 2018



L. BOURQUE & ASSOCIATES P. C. INC.
CHARTERED PROFESSIONAL ACCOUNTANTS | COMPTABLES PROFESSIONNELS AGRÉÉS

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L. BOURQUE & ASSOCIATES P. C. INC.
CHARTERED PROFESSIONAL ACCOUNTANTS | COMPTABLES PROFESSIONNELS AGRÉÉS

INDEPENDENT AUDITORS' REPORT

To the Directors of the New Brunswick Health Council,

We have audited the accompanying financial statements of the New Brunswick Health Council, which comprise the balance sheet as at March 31, 2018, and the statement of operations for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the Canadian Public Sector Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatements, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the New Brunswick Health Council as at March 31, 2018, and the results of its operations for the year then ended in accordance with the Canadian Public Sector Accounting Standards.

Other Matters

The budget figures are provided for comparative purposes and have not been subject to audit or review procedures. Accordingly, we do not express any opinion regarding budget figures.

L. Bourque & Associates P.C. Inc.

Chartered Professional Accountants

June 19, 2018

Dieppe, NB

NEW BRUNSWICK HEALTH COUNCIL

Statement of Operations

Year ended March 31,

	2018 Budget (Unaudited)	2018 Actual	2017 Actual
Revenues			
Grants - New Brunswick Department of Health	\$ 1,865,572	\$ 1,790,027	\$ 1,841,179
Other revenues (Appendix A)	128,664	169,618	132,711
	<u>1,994,236</u>	<u>1,959,645</u>	<u>1,973,890</u>
Expenses			
Salaries and fringe benefits	1,206,798	1,240,006	1,145,060
Board of directors expenses	143,443	138,043	115,588
Administrative expenses	71,450	66,820	65,673
Operating expenses	39,360	31,485	31,426
Equipment and furniture purchases	-	14,597	7,924
Communication expenses	260,799	184,668	165,509
Research and Consultation expenses	272,386	284,026	442,710
	<u>1,994,236</u>	<u>1,959,645</u>	<u>1,973,890</u>
Excess of revenues over expenses	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

NEW BRUNSWICK HEALTH COUNCIL		
Balance Sheet		
March 31,	2018	2017

ASSETS

Current		
Cash	\$ 400	\$ 400
Accounts receivable (note 3)	232,320	299,319
	<u>\$ 232,720</u>	<u>\$ 299,719</u>

LIABILITIES

Current		
Accounts payable and accrued liabilities	\$ 232,720	\$ 299,719
	<u>\$ 232,720</u>	<u>\$ 299,719</u>

APPROVED ON BEHALF OF THE BOARD


_____, Director


_____, Director

NEW BRUNSWICK HEALTH COUNCIL

Notes to the financial statements

March 31, 2018

1. Incorporation and nature of activities

The New Brunswick Health Council (the Council) was established on September 1, 2008 under the *New Brunswick Health Council Act* and is considered a government organization. Its goals are to promote and improve the performance of the health system in New Brunswick.

2. Significant accounting policies

The financial statements are prepared by management in accordance with the Canadian Public Sector Accounting Standards for government organizations of the CPA Canada Handbook and include the following significant accounting policies:

Use of estimates

The presentation of financial statements requires management to make some estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Revenue recognition

Revenues are recorded on the accrual basis of accounting as the funded expenditures are incurred. Any amount received in excess of recorded expenditures is accounted for as deferred revenue.

Capital assets

Capital assets purchased with government funding and under a \$100,000 threshold are fully amortized in the year of acquisition in accordance with government guidelines. Capital assets over the \$100,000 threshold are capitalized and amortized based on the estimated useful life.

3. Accounts receivable

	2018	2017
Grant receivable - New Brunswick Department of Health	\$ 232,320	\$ 299,319

4. Defined benefit pension plan

The Council, through a multi-employer plan sponsored by the Province of New Brunswick, offers a defined benefit pension plan to its employees. The pension expense for the year is \$128,579 (\$115,052 in 2017).

The New Brunswick Investment Management Corporation is the investment manager for the pension assets of members of the Public Service.

NEW BRUNSWICK HEALTH COUNCIL

Notes to the financial statements

March 31, 2018

5. Cash flows

No statement of cash flows was prepared since the information on cash flows is available from other financial statements and related notes.

6. Contingency

The Council does not have any insurance coverage. Her Majesty the Queen in right of the Province has assumed responsibility for interests and risks of the Council in lieu of such insurance as permitted in the *New Brunswick Health Council Act*.

7. Economic dependence

The Council is financed almost solely by the New Brunswick Department of Health.

NEW BRUNSWICK HEALTH COUNCIL

Additional Information

Year ended March 31,

2018

2017

Appendix A - Other revenues

Health Canada

\$ 38,872 \$ -

Department of Social Development

130,746 132,711

\$ 169,618 \$ 132,711

APPENDIX E: Annual Report Pursuant to the *Public Interest Disclosure Act*

It is my pleasure to present the Annual Report pursuant to the Public Interest Disclosure Act with regards to the activities of the New Brunswick Health Council during its tenth fiscal year, 2017-2018.

Section 3 of the Act applies to the following wrongdoings in or relating to the public service:

- (a) an act or omission constituting an offence under an Act of the Legislature or the Parliament of Canada, or a regulation made under an Act
- (b) an act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of an employee
- (c) gross mismanagement, including of public funds or a public asset
- (d) knowingly directing or counselling a person to commit a wrongdoing described in paragraphs (a) to (c)

In accordance with Section 18, Report about Disclosures, Public Interest Disclosure Act, I confirm that the New Brunswick Health Council did not receive any disclosures regarding any wrongdoings. Hence no investigations were required.

Respectfully submitted,



Stéphane Robichaud
Chief Executive Officer