



2018-2019 Annual Report

New Brunswick Health Council
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July 29, 2019

The Honourable Hugh John Flemming
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 eleventh fiscal year beginning April 1, 2018 and ending March 31, 2019.

Respectfully submitted,



Roger Léger
Chair

July 29, 2019

Mr. Roger Léger
Chair
New Brunswick Health Council
Moncton, New Brunswick

Dear Mr. Léger:

I am pleased to be able to present the annual report describing the operations of the New Brunswick Health Council for its eleventh fiscal year, 2018-2019.

Respectfully submitted,



Stéphane Robichaud
Chief Executive Officer

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From the Chair and the Chief Executive Officer

Since its inception, the work of the New Brunswick Health Council (NBHC) has been guided by the same mandate; to produce public reports on the performance of the health system and the engagement of the population in improving the quality of health services. In contrast, the nature of the NBHC's work has changed considerably over the past decade. The NBHC had to focus its initial efforts on validating formats for its reports and on producing indicators, to address the lack of standardized information. This work has resulted in the introduction of tools and indicators into the health system that are now widely recognized by various stakeholders.

Surveys managed by the NBHC are also important sources of information about our health system and our youth that the NBHC uses to produce public reports on the current state of affairs. For the relevant public organizations, this is the first time they have had access to information produced by such tools. Whether managers or those involved in the evolution of public policies, they now have access to recurring summaries of the current situation as well as the assessment of trends over the years. Validation of the information by these various stakeholders is essential to ensure its ongoing use.

Over the past decade, the availability of information produced by the NBHC has had an undeniable impact on the work of stakeholders across New Brunswick. We receive regular testimonials from users regarding the great value of our information in their efforts to improve the health of New Brunswickers. This is particularly true with regard to stakeholders at the community level. For government organizations, changing practices that have evolved over the past 60 years in the absence of this type of information has always been a major challenge. However, the growth in the use of information is unquestionable and, for these users, a return to an approach without the use of this information is unthinkable.

Council members and employees of the NBHC are proud of the work accomplished over the past year. We are grateful for the support provided by the various stakeholders in the evolution of our work. We are particularly grateful to the citizens of New Brunswick for being generous with their time in responding to our surveys.

2018-2019 Chair



Michel Richard

Chief Executive Officer



Stéphane Robichaud









Executive Summary



During the 2018-2019 fiscal year, the New Brunswick Health Council's deliverables fell into five categories.

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.




Surveys

| Deliverable | Done | Comments |
|---|------|---|
| Acute Care Survey | | |
| Previous Survey Learnings - In preparation for this survey, there is an opportunity to review survey questions, findings and methodology from the previous acute care survey. | ✓ | Completed |
| Stakeholder Engagement - Capturing stakeholders' feedback about the experience with the previous edition of the survey questionnaire, process and reports contribute to continuous improvement efforts. | ✓ | Stakeholder engagement is an important element in our survey cycles, as it can greatly enhance the probability of survey response usage among health service delivery organizations. |
| Request for proposals (RFP) - Based on learnings from the previous surveys and any new realities that may need to be considered, an RFP is developed with the goal of identifying the best service provider for the contracted work. | ✓ | The process has been completed. The firm selected to manage the survey is PRA Inc. |
| Administration - At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise. | ✓ | This part of the work is currently underway, with completion expected in June 2019. Response rates are being monitored and, once completed, we believe we will have a similar response rate to previous acute care surveys. |
| Primary Health Survey | | |
| Webinars - Webinars are planned in English and French. They will be aimed at increasing the number of people that are aware of the survey results, how to access these results and offer an overview of key findings. | | The webinars were delayed to align with the launch of the new NBHC web site. Given the additional delays to the website, pushing its launch to 2019-2020, the webinars did not occur. |




| | | |
|---|--|---|
| <p>Key observations by community - This material, which will be made available through the NBHC web site, will provide community by community insight regarding key risk factors associated to a number of chronic conditions.</p> <p>Risk factors by population groups - A number of population groups will be identified and, through an analysis of associated behaviours, there will be public reporting on key observations pertaining to the level to which each group is at risk for developing chronic conditions.</p> |   | <p>The distribution of the heart and stroke risk factors information piece in the first quarter marked the completion of this deliverable.</p> <p>The content of this work is being integrated with the previous deliverable. Combining the community level observations with those on population groups is expected to add some valuable insights from an Equity perspective. Work will continue in 2019-2020.</p> |
| <p>Home care survey</p> <p>Administration - At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise.</p> <p>Results analysis - In preparation for the public reporting of the survey results, reporting focus options are considered in light of the most recent results and trends with past surveys.</p> <p>Reporting material - In light of the key observations stemming from the survey results, a communication strategy is developed in order to maximize public reporting opportunities. These can include a brief on the survey results, infographics and associated data files.</p> |    | <p>A total of 14,068 questionnaires were mailed. 6,937 completed surveys were returned, for a response rate of 49%. The response rate for our previous survey in 2015 was 48%.</p> <p>Completed</p> <p>The report and associated results were made public on March 5th.</p> |
| <p>Student Wellness Survey, Grades 6 to 12</p> <p>Previous survey learnings - In preparation for this student wellness survey, there is an opportunity to review survey questions, findings and methodology from the previous survey exercise.</p> <p>Stakeholder engagement - Capturing stakeholders' feedback about the experience with the previous edition of the survey questionnaire, process and reports contribute to continuous improvement efforts.</p> <p>Request for proposals - Based on learnings from the previous surveys and any new realities that may need to be considered, an RFP is developed with the goal of identifying the best service provider for the contracted work related to the student wellness</p> |    | <p>Completed</p> <p>Completed</p> <p>The process was completed, and the firm PCS Data was retained for this year's survey process.</p> |

| | | |
|---|--|---|
| <p>survey.</p> <p>CSTADS Contract - In this edition of the student wellness survey, we have the opportunity to include questionnaires for the Canadian Students Tobacco Alcohol and Drugs Survey. This initiative enables cross-Canada comparisons for a number of indicators. Accordingly, associated contracts must be developed and signed.</p> <p>Administration - At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise.</p> |   | <p>The work was completed, and more is underway for the inclusion of the CSTADS survey in this year's edition of the Student Wellness Survey. This means 1 in 9 surveys completed by students will be the CSTADS survey.</p> <p>The survey process has been initiated. We currently have approximately 97% of schools participating, which is very positive considering the significant amount of lost days due to weather.</p> |
| <p>Student Wellness Survey, Kindergarten to Grade 5</p> <p>Previous survey learnings - In preparation for the following year student wellness survey, there is an opportunity to review survey questions, findings and methodology from the previous student wellness survey.</p> | | <p>While the review was planned for the end of 2018-2019, other circumstances rescheduled it to the first quarter of 2019-2020.</p> |


Health Service Quality Reporting

| Deliverable | Done | Comments |
|---|---|---|
| Web site information page - As part of launching our new web site, information pages will be prepared which will enable users to select from a group of indicators and be able to compare communities of their choosing. |  | The information pages are completed. The website will be launched in the first part of 2019-2020. |
| Data files - With the aim of maximizing the capabilities of the new web site, health service quality indicator files will be developed. |  | This work was completed. |
| Report card web page - In accordance with the associated data files, we will be working on improvements to the web site report card function. |  | The report card pages are completed. The website will be launched in the first part of 2019-2020. |
| Communication strategy - We will develop a communication strategy to raise awareness among the public on the data files, with associated key observations, and the report card function of the web site. | | The communication strategy's focus is on increasing awareness of the NBHC is tied to the launch of the new web site in the first part of 2019-2020. |


Population Health Reporting

| Deliverable | Done | Comments |
|---|---|--|
| Data file - Focus will be on the development of a data file pertaining to determinants of health-related indicators as an added source of indicators for the new web site reporting capabilities. |  | This work was completed. |
| Population health web page - The web site capabilities for enabling the access and representation of population health indicators will be developed. |  | The population health pages are completed. The website will be launched in the first part of 2019-2020. |
| Youth - Work will be focused on leveraging the analysis work undertaken pertaining to two areas: the effectiveness of school wellness grants and marijuana use among youths. In the first half of the year, the focus will be on isolating the key observations in developing a communication strategy for public reporting. | | Many factors have contributed to this work being delayed. A key factor has been a maternity leave in which the replacement left for another job opportunity, which meant that work could not proceed at the same pace. |
| First Nations - Work is being completed on a first phase of work which has been financed by Health Canada for improving the availability and use of indicators for first nations health service quality planning and delivery. A report is expected by July of 2018. There are indications of interest in further pursuing this collaboration with Health Canada and this should be confirmed by the summer of 2018. |  | The report was completed in the summer of 2018, which led to a renewal and expansion of the project agreement. |

Provincial Health Plans Preparation

| Deliverable | Done | Comments |
|---|---|--|
| Stakeholder engagement - Following the next provincial election, the new government will be expected to deliver a new Provincial Health Plan. The NBHC was asked to manage the public consultations for the last provincial health plan, in addition to providing support in meeting the associated legislative requirements. In preparation for this, the NBHC will be consulting with key stakeholders in order to determine how best to contribute to this upcoming initiative. |  | Ongoing. The result of the provincial elections, with a minority government situation, added complexity to the subject. The NBHC will need to follow discussions closely in 2019-2020 to identify any opportunities regarding our role with regard to the next Provincial Health Plan. |

Recommendations to the minister of Health

| Deliverable | Done | Comments |
|---|---|--|
| <p>Present recommendations to the Minister of Health - Starting in the 2017–2018 fiscal year, the NBHC has committed to an annual approach for presenting recommendations to the Minister of Health.</p> <p>This year’s work will include identifying the focus area for the recommendations, undertaking the required analysis and stakeholder engagement, and preparing the report for the Minister.</p> |  | <p>The 2017-2018 recommendations were presented in the first quarter of the year.</p> <p>Various activities related to the 2018-2019 recommendations took place during the year, and stakeholder material from the February planning session was identified as being worthy of additional consultation, pushing the release of these recommendation the second quarter of 2019-2020.</p> |

Activities of the NBHC

Surveys

The NBHC manages two types of surveys; care experience surveys which focus on citizens' experiences with health services, and student wellness surveys examine students' perceptions, attitudes and behaviours in a number of key areas related to student well-being. Both surveys are delivered on a three-year cycle and represent approximately 100,000 respondents combined.

During the fourth quarter of 2018-2019, results were published from the 2018 edition of the New Brunswick Home Care Survey. Throughout Q4 of 2017-2018 and Q1 of 2018-2019, New Brunswickers receiving home care services were asked questions about their experiences that measured several key dimensions of quality. These include safety, provider/client communication, client and family-centred care, overall satisfaction with services, and equity based on preferred language of service. The results of this survey have been shared with home care providers and the public; these results help to identify what is being done well and what could be done better in future.

The New Brunswick Hospital Patient (Acute) Care Experience Survey evaluates the quality of hospital care provided to New Brunswick patients. The purpose is to inform citizens on the quality of hospital care in the province and to make information available to decision makers and planners working to improve how they manage hospital services. The data collection for this survey began mid-February 2019, which required many preparations in the previous months. Survey questions were reviewed, as well as the findings and methodology from the previous edition of the survey. Discussions with survey stakeholders and the RFP

process were also prerequisites for this important work.

Next in its survey cycle is the NBHC's Primary Health Survey, the most detailed health services survey of New Brunswick's history. The first survey was conducted in 2011, the second in 2014 and the third in 2017. Each time, over 13,500 citizens responded to the survey by telephone, in all areas of the province. This survey's goal is to understand and report on New Brunswickers' experiences with primary health services, more specifically at the community level. The initial report for the 2017 edition was released in the last fiscal year, but given the wealth of information contained in this survey, additional key observations were highlighted during 2018-2019.

A report was published in January 2019 bringing to light a large gap between the demand for home care services among New Brunswickers and the number of people who receive them. This provided a prelude to the publication of the results from the 2018 Home care survey. The information contained in the survey was also put to good use for the creation and distribution of a heart and stroke risk factors brochure in the first quarter, coinciding with the NBHC's Executive Director of performance evaluation's presentation to the Heart and Stroke Foundation of New Brunswick. The brochure included a table detailing which communities have the highest numbers of risk factors in New Brunswick. Additional analysis regarding primary health services for newcomers to New Brunswick has also been developed based on the survey results, and has been presented to relevant organizations.

The New Brunswick Student Wellness Survey has been progressing as well this year. The survey process for grades 6 to 12 takes place between November 2018 and June 2019. The participation rates are closely monitored, with the goal of reaching a 100% participation rate among eligible schools.

In this edition of the student wellness survey, the NBHC was able to partner nationally to include questionnaires for the Canadian Students Tobacco Alcohol and Drugs Survey (CSTADS). This initiative creates more detailed information on these topics for NB students as well as enabling cross-Canada comparisons for a number of indicators. To address the legalization of cannabis in October, the NBHC made an infographic about youth and cannabis available to the public containing information from prior editions of the survey. More information on this topic was presented at a Cannabis summit in November. As for the Kindergarten to grade 5 survey, discussions will be undertaken with stakeholders in 2019-2020 to discuss the next edition.

Health Service Quality reporting and Population Health reporting

Health Service Quality and Population Health have been at the centre of the NBHC's public reporting since the very beginning. Given the similarities between these deliverables and their usage by many stakeholders, they have been combined into one digital destination. The NBHC's new website will be the entry point for those seeking this type of information.

Public reporting on health service quality has evolved with the availability of standardized indicators at the provincial, zones and institutional level. At the provincial and zone level, the NBHC's report card framework has proven to be an effective tool for identifying priority areas for health service quality improvement. As the access to standardized, local level indicators improves, either at the service organization or community level, so does the ability to appreciate variability in health service quality outcomes across the province.

In parallel, public reporting on Population Health was initiated with a framework to guide the identification of related indicators. Stakeholders were consulted to confirm a "determinants of health" approach to measuring population health. This population health framework has facilitated the identification of provincial level priorities, as well as the identification of indicators at the health zone level and at the community level.

To serve both fields of work, the NBHC has been working to modernize its website for almost 2 years, and it will be launched early in the next fiscal year. A variety of information pages have been prepared, which will enable users to select from a group of indicators and to be able to compare communities of their choosing. Current information on both topics is

still available on the present website which is updated regularly.

Work has been completed on data files to maximize the capabilities of the new website, by developing health service quality indicator files and by working on improvements to the website report card function. New features for population health indicators have also been completed.

Additionally, population health is crucial to the project work that has begun with First Nations. In the fall, the NBHC welcomed a new employee into the freshly created role of Lead Analyst, Indigenous research and policy. This was made possible through an agreement with Indigenous Services Canada. As a result of this project, the NBHC will be able to participate in more research and reporting for local First Nations and indicators related to their health and use of health services.

In November, the NBHC's Executive director of Performance Evaluation and the Lead Analyst attended the 2018 Atlantic First Nations Health Conference, hosted by The Atlantic Policy Congress of First Nations Chiefs Secretariat (APC) in Dartmouth, Nova Scotia.

Provincial Health Plan Preparations

In preparation for the last Provincial Health Plan (PHP), the NBHC was mandated by the minister of Health to facilitate public consultations. As the expiration of the last PHP has taken place, there is a need for the NBHC to be prepared for whatever role it might play in the development of a new PHP.

The NBHC has been in regular communication with health system stakeholders through 2018-2019 to discuss possible avenues for collaboration. Since the provincial election in October 2018, with a minority government situation, there was a clear recognition that the development of a new PHP could be complicated. While the NBHC has followed discussions closely in recent months, there was an opportunity to gather representatives of all health system stakeholders during the Council's annual planning activities in February. The sessions, which focused on Alternative Level of Care (ALC) patients, has led to further sessions being planned for 2019-2020. The NBHC is ready to contribute its learnings from these sessions as well as all of its work to any role it may play in the creation of the next Provincial Health Plan.

Recommendations to the Minister of Health

The New Brunswick Health Council is required by its mandate to provide recommendations to the Minister of Health with respect to lessons learned from its work. A commitment was made during the previous fiscal year to issue yearly recommendations.

The recommendation for 2017-2018 was published in June 2018, and states that in the absence of an entity with overall responsibility for Primary Health services, the NBHC recommends an accountability framework which identifies such an entity and mandates quality service targets which are required to measure performance and provide for transparent reporting to the public. Clarifying who would be responsible for the overall planning, funding and management of primary health services serves as the backdrop for this recommendation.

The 2018-2019 recommendations will take into consideration learning of the Council from its entire history as well as its most recent work done during this year. Stakeholder material from the February planning session was identified as being worthy of additional consultation. The session, held with several health system stakeholders, proved beneficial in identifying key shortfalls in effectively implementing needs-based planning. Discussions have been initiated with the CEOs of the regional health authorities and the relevant deputy ministers to prepare working sessions for the spring of 2019 regarding the development of common measurements; these discussions will no doubt prove beneficial for the framing of this year's recommendations.

Its release should occur in late summer or early fall 2019.

Other activities

Throughout the year, we often participate in activities that, while not being a deliverable per se, contribute to the overall fulfillment of our mandate or increase our effectiveness. These include a variety of activities by our staff members.

The NBHC has been working hard to inform New Brunswickers, using its social media channels. Social media is a useful and cost-effective way to increase engagement with citizens and with other organizations. Awareness campaigns were used during data collection for the Home Care Survey and the Acute Care Survey to increase response rates and ensure that the large sample sizes needed for local results are obtained. Another campaign helped to increase the NBHC's followers to over 4000 in total, greatly multiplying the reach and effectiveness of the Council's online communications. The information shared during the year also increased awareness of the NBHC itself, and generated many online discussions on the topic of health care in New Brunswick.

In Q1, the NBHC's CEO recorded a video to be played at a pre-election town hall meeting in Moncton on the topic of health and health services in New Brunswick. Then, the NBHC's CEO and the Executive Director of Citizen Engagement participated in an editorial board meeting with the Brunswick News editorial team. During the meeting, information on many NBHC deliverables was shared with editorial staff, and discussions were had regarding several health-related topics. Such meetings aim to foster a better understanding of the NBHC's materials, leading to an increased and more accurate presence in print and online media.

In addition, some internal activities have helped improve the NBHC's operations. For example, the NBHC's Executive Director of Operations elaborated new guidelines for work-related training for NBHC

personnel, and for board members. The guidelines help to determine the appropriateness of the extra training being requested. Other new policies have also been elaborated to help manage the NBHC's workforce as it grows.

A memorandum of understanding related to the NB Student Wellness Survey was renewed with our government partners to extend the survey for three more years and to support the NBHC in exchanging data, and increasing the efficiency of the administration of the survey. An agreement was also undertaken with the New Brunswick Public Library Service to have many NBHC publications listed in the provincial catalogue, increasing the public's access to these resources.

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 three Working Groups.

| | |
|--|-----------------|
| Mr. Michel Richard Chair of the Council (October 2018 – March 2019) | Dieppe |
| Mr. Roger Léger Chair of the Council (March 2019 – present) | Dieppe |
| Ms. Rita Labrie Vice-Chair | Caraquet |
| Mr. Shawn Jennings Secretary / Treasurer | Rothesay |
| Ms. Nathalie Boivin | Bathurst |
| Mr. Michel Doiron | Campbellton |
| Ms. Peggy Doyle | Miramichi |
| Mr. Danny Jardine | Saint John |
| Ms. Heather Jensen | New Denmark |
| Ms. Donna McLaughlin | Fredericton |
| Ms. Kim Nash-Mckinley | Richibucto Road |
| Ms. Paulette Richard | Dieppe |
| Ms. Eva Sock | Elsipogtog |

Staff

Mr. Stéphane **Robichaud**

Chief Executive Officer

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

Executive Director, Planning & Operations

Ms. Michelina **Mancuso**

Executive Director, Performance Measurement

Mr. Frank **Vandenburg**

Executive Director, Citizen Engagement

Ms. Christine **Paré**

Director of Communications

Mr. Michel **Arsenault**

Senior Research Analyst

Ms. Reem **Fayad**

Research and Policy Analyst

Ms. Karine **LeBlanc Gagnon**

Information Analyst

Mr. Simon **Potvin**

Information Designer

Mr. Steve **Langen**

Data Analyst

Ms. Monica **Lavoie**

Research Coordinator

Mr. Philippe **Rousselle**

Information Analyst

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: 2018-2019 Business Plan



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2018-2019 Business Plan

**Presented to the Minister of Health
March 29, 2018**

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 2018-2019

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, which may also lead to improved access to health system performance indicators.

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, are called upon to accept that changes are required in how they plan, fund, manage or deliver publicly funded health services in New Brunswick.

All have a common element to serve as motivation for accepting this change, providing optimal quality health services to New Brunswickers. 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 public performance reporting and public participation activities should contribute positively to these goals.

In this proposed business plan, we have structured our work in five key areas:
1) Surveys, 2) Health Service Quality Reporting, 3) Population Health Reporting,

4) Provincial Health Plan Preparations and 5) Recommendations to the Minister of Health.

Timeline for deliverables are presented by quarter; 1st quarter (April-June), 2nd quarter (July-September), 3rd quarter (October-December), 4th quarter (January-March).

1) Surveys

The NBHC work pertaining to surveys is grouped in two areas; care experience surveys which focus on citizens' experience with health services and student wellness surveys which provide insight of health determinants pertaining to New Brunswick children and youth. Both surveys are delivered on a three-year cycle and, combined, represent approximately 100,000 respondents.

Care Experience Surveys

a) Acute Care Survey

The NBHC conducts the New Brunswick Hospital Patient Care Experience Survey to evaluate the quality of hospital care provided to New Brunswick patients. The purpose is to inform citizens on the quality of hospital care in the province and to help decision makers and planners improve how they manage hospital services. The 2019 edition of the survey will be the fourth time the survey will be conducted.

i. Previous Survey Learnings – 2nd quarter

In preparation for this survey, there is an opportunity to review survey questions, findings and methodology from the previous acute care survey.

ii. Stakeholder Engagement – 3rd quarter

Capturing stakeholders' feedback about the experience with the previous edition of the survey questionnaire, process and reports contribute to continuous improvement efforts.

iii. Request for proposals (RFP) – 2nd quarter

Based on learnings from the previous surveys and any new realities that may need to be considered, an RFP is developed with the goal of identifying the best service provider for the contracted work.

iv. Administration – 4th quarter

At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and

response rates are monitored on an ongoing basis in order to address any issue that may arise.

b) Primary Health Survey

The NBHC's primary health survey is the most detailed health services survey of New Brunswick's history. The first survey was conducted in 2011, the second in 2014 and the third in 2017. Each time, over 13,500 citizens responded to the survey by telephone, in all areas of the province. Its aim is to understand and report on New Brunswickers' experiences with primary health services, more specifically at the community level. The initial report for the 2017 edition was released in the 2017-2018 fiscal year. Given the wealth of information from this survey, this year's focus will be in highlighting additional key observations.

i. Webinars – 1st Quarter

Webinars are planned in English and French. They will be aimed at increasing the number of people that are aware of the survey results, how to access these results and offer an overview of key findings.

ii. Key observations by community – 1st quarter

This material, which will be made available through the NBHC web site, will provide community by community insight regarding key risk factors associated to a number of chronic conditions.

iii. Risk factors by population groups – Ongoing

A number of population groups will be identified and, through an analysis of associated behaviours, there will be public reporting on key observations pertaining to the level to which each group is at risk for developing chronic conditions.

c) Home Care Survey

Citizens should be given the opportunity to express their opinions about the home care services they receive in New Brunswick. In this paper survey, New Brunswickers will be asked about their experiences with several key dimensions of quality home care such as safety, provider/client communication, clients and family-centred care, overall satisfaction with services, and equity based on preferred language of service. This province-wide survey will evaluate the quality of home care provided to New Brunswickers. The results of this survey will be shared with the public, and will help identify what is being done well and what could be done better.

i. Administration – 1st quarter

At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and

response rates are monitored on an ongoing basis in order to address any issue that may arise.

ii. Result Analysis – 3rd quarter

In preparation for the public reporting of the survey results, reporting focus options are considered in light of the most recent results and trends with past surveys.

iii. Reporting material – 4th quarter

In light of the key observations stemming from the survey results, a communication strategy is developed in order to maximize public reporting opportunities. These can include a brief on the survey results, infographics and associated data files.

Student Wellness Surveys

a) Grades 6 to 12

i. Previous survey learnings – 1st quarter

In preparation for this student wellness survey, there is an opportunity to review survey questions, findings and methodology from the previous survey exercise.

ii. Stakeholder engagement – 1st quarter

Capturing stakeholders feedback about the experience with the previous edition of the survey questionnaire, process and reports contribute to continuous improvement efforts.

iii. Request for proposals – 1st quarter

Based on learnings from the previous surveys and any new realities that may need to be considered, an RFP is developed with the goal of identifying the best service provider for the contracted work related to the student wellness survey.

iv. CSTADS Contract – 1st quarter

In this edition of the student wellness survey, we have the opportunity to include questionnaires for the Canadian Students Tobacco Alcohol and Drugs Survey. This initiative enables cross-Canada comparisons for a number of indicators. Accordingly, associated contracts must be developed and signed.

v. Administration – 4th quarter

At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and

response rates are monitored on an ongoing basis in order to address any issue that may arise.

b) Kindergarten to grade 5

i. Previous survey learnings – 4th quarter

In preparation for the following year student wellness survey, there is an opportunity to review survey questions, findings and methodology from the previous student wellness survey.

2) Health Service Quality Reporting

Public reporting on health service quality has evolved with the availability of standardized indicators at the provincial, zones and institutional level. At the provincial and zone level, the report card framework (Appendix 1) has proven to be an effective tool for identifying priority areas for health service quality improvement. As the access to standardize local level indicators improve, either at the service organization or community level, so does the ability to appreciate variability in health service quality outcomes across the province.

a) Web site information page – 1st quarter

As part of launching our new web site, information pages will be prepared which will enable users to select from a group of indicators and be able to compare communities of their choosing.

b) Data files – 3rd quarter

With the aim of maximizing the capabilities of the new web site, health service quality indicator files will be developed.

c) Report card web page – 3rd quarter

In accordance with the associated data files, we will be working on improvements to the web site report card function.

d) Communication strategy – 3rd quarter

We will develop a communication strategy to raise awareness among the public on the data files, with associated key observations, and the report card function of the web site.

3) Population Health Reporting

Public reporting on Population Health was initiated with a framework to guide the identification of related indicators (Appendix 2). Hundreds of stakeholders were

consulted in confirming a “determinants of health” approach to measuring population health. This population health framework has facilitated the identification of provincial level priorities, as well as the identification of indicators at the “health zone” and community level. Local level indicators appear to have a much stronger influence on generating population health improvement initiatives.

a) Data file – 2nd quarter

Focus will be on the development of a data file pertaining to determinants of health-related indicators as an added source of indicators for the new web site reporting capabilities.

b) Population health web page – 3rd quarter

The web site capabilities for enabling the access and representation of population health indicators will be developed.

c) Youth – 3rd quarter

Work will be focused on leveraging the analysis work undertaken pertaining to two areas: the effectiveness of school wellness grants and marijuana use among youths. In the first half of the year, the focus will be on isolating the key observations in developing a communication strategy for public reporting.

d) First Nations – Ongoing

Work is being completed on a first phase of work which has been financed by Health Canada for improving the availability and use of indicators for first nations health service quality planning and delivery. A report is expected by July of 2018. There are indications of interest in further pursuing this collaboration with Health Canada and this should be confirmed by the summer of 2018.

4) Provincial Health Plan Preparations

In preparation for the last Provincial Health Plan (PHP), the NBHC was mandated by the Minister of Health to facilitate public consultations. As the expiration of the last PHP is approaching, there is an opportunity for health system stakeholders to work on a proposed approach for effective public involvement related to the next PHP. Given its past role, the NBHC will be engaging health system stakeholders in discussions in order to identify optimal strategic options for the next PHP. The Public Involvement Continuum (Appendix 3) will serve as reference in our deliberations on proposed approaches.

a) Stakeholder engagement – Ongoing

Following the next provincial election, the new government will be expected to deliver a new Provincial Health Plan. The NBHC was asked to manage the public consultations for the last provincial health plan, in addition to providing support in meeting the associated legislative requirements. In preparation for this, the NBHC will be consulting with key stakeholders in order to determine how best to contribute to this upcoming initiative.

5) Recommendations to the Minister of Health

As part of its legislated mandate, the NBHC is to provide recommendations to the Minister with respect to lessons learned from its work.

a) Present recommendations to the Minister of Health – 4th quarter

Starting in the 2017-2018 fiscal year, the NBHC has committed to an annual approach for presenting recommendations to the Minister of Health. This year's work will include identifying the focus area for the recommendations, undertaking the required analysis and stakeholder engagement, and preparing the report for the Minister.

Appendix 1

New Brunswick Health System Report Card

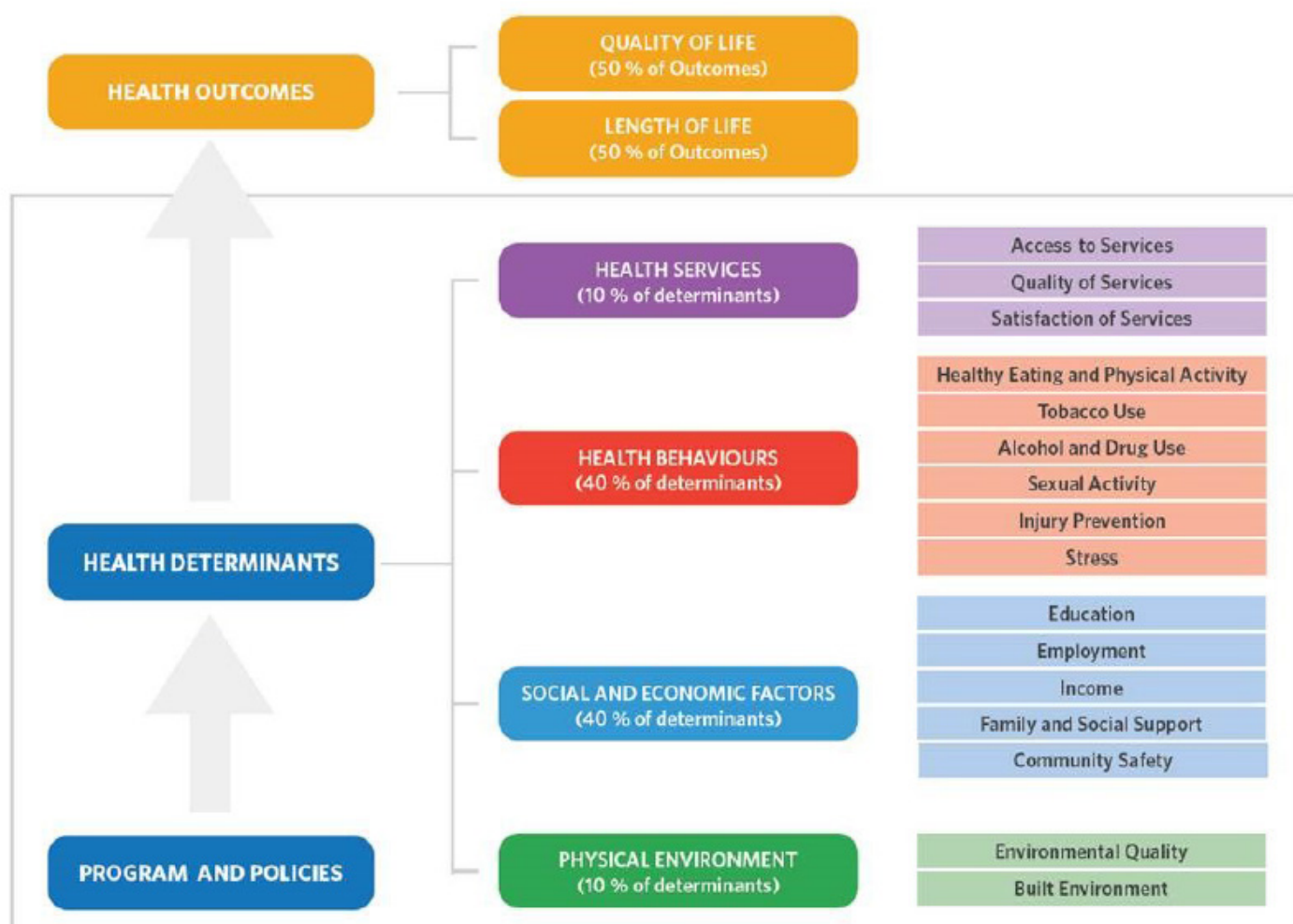
| Health Care Sectors | | | | |
|--|--|--|---|---|
| |  Primary Health The care a person receives upon first contact with the health system, before referral elsewhere within the system. |  Acute Care Hospital based care. |  Supportive/ Specialty Care received in the community or as an out-patient. |  Performance Index Grade (by Quality Dimension) |
| 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 2

Population Health Snapshot – The model

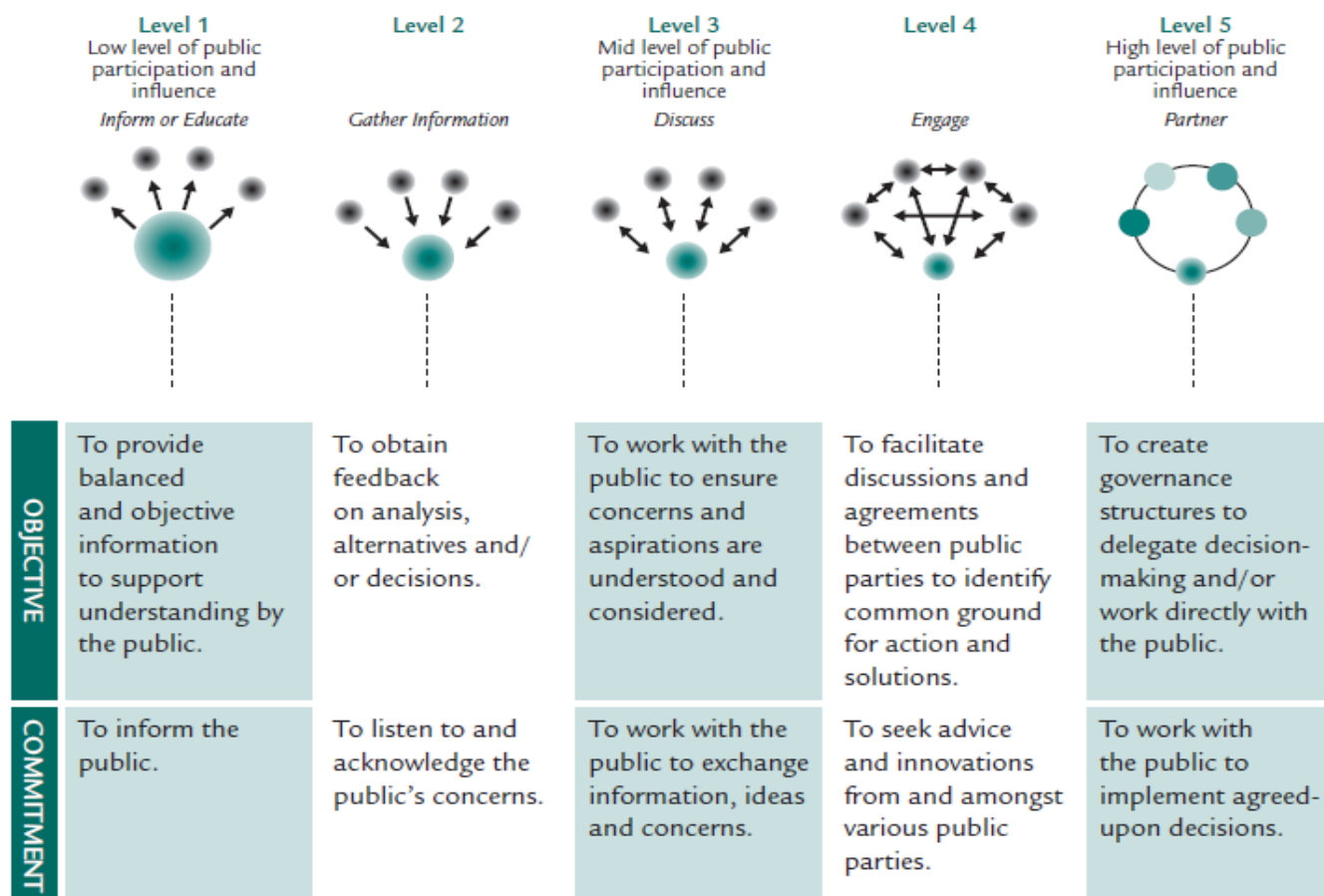
The model we have chosen to represent Population Health in New Brunswick has been adapted from various population health models such as the University of Wisconsin *Population Health Institute – Wisconsin County Health Rankings* and modified to fit our needs. We have also kept a Canadian perspective by taking 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 3

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 C: Social Media and Infographics

The ABCs of ALCs



An overview of **Alternative Level of Care** patients in New Brunswick

Every day in New Brunswick, people who need hospital (acute) care are admitted to hospital beds. Some admissions are **planned**, such as scheduled surgeries, while others, such as emergencies, are **unplanned**.



Most patients, once they have received the acute care they need, return home. Some patients, however, cannot leave the hospital without putting their **health and safety** at risk.

These patients are designated as **Alternative Level of Care (ALC) patients**. They don't require hospital care, but they remain in the hospital **waiting for the services they need**.

What are some of the services ALC patients are waiting for?

Home care

Extra-Mural Program or home support services are provided in the home of the ALC patient after their return from hospital.

Special care homes

Special care homes provide care and supervision to individuals in need of special assistance.

Nursing homes

Nursing homes are intended for individuals who are medically stable and who need nursing care.



New Brunswickers who are ALC patients are not getting the care they need

ALC patients need **appropriate support services** based on their level of need rather than acute care in a hospital. Long wait times in hospital, without appropriate care, **can lead to the development of new health issues**, some of which could deteriorate to the point of needing more acute care.

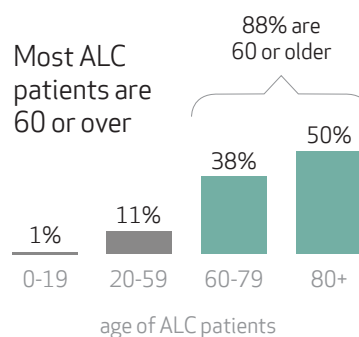


New Brunswickers in need of hospital care wait longer for admission

Because ALC patients are using resources such as beds and time from hospital staff, **other patients in need of these beds experience delays**. ER patients may wait longer for beds after being admitted, or elective surgical patients may have their surgeries postponed to a later date.

Better understanding the ALC picture to better care for New Brunswickers

The ALC patient's situation can only be improved by addressing other important health system challenges, including access to primary health, home care, nursing home and special care home services.



Important measures related to ALC patients

(Data is from 2017 or 2018)

| | N.B. | Moncton/ South- East | Fundy Shore/ Saint John | Frede- ricton/ River Valley | Mada- waska/ North- West | Resti- gouche | Bathurst/ Acadian Penin- sula | Mira- michi |
|--|------|----------------------------|----------------------------------|--------------------------------------|-----------------------------------|------------------|--|----------------|
|--|------|----------------------------|----------------------------------|--------------------------------------|-----------------------------------|------------------|--|----------------|

Access to primary health providers

Timely and coordinated care from a primary health provider can prevent some health issues and help manage other conditions, reducing the need for hospitalization and the possibility of becoming an ALC patient.

| | | | | | | | | |
|---|------|------|------|------|------|------|------|------|
| Citizens with a family doctor (%) | 90.4 | 92.7 | 90.2 | 85.9 | 90.5 | 91.5 | 92.7 | 92.6 |
| Access to family doctor within 5 days (%) | 55.8 | 58.5 | 61.6 | 56.5 | 39.8 | 50.1 | 46.8 | 56.6 |

Unmet home care need

This measure reflects the need for home care that is not currently being met. Offering appropriate home care to certain individuals in need may prevent them from becoming ALC patients.

| | | | | | | | | |
|---|----|----|----|----|----|----|----|----|
| New Brunswickers with home care needs which have not been met (%) | 42 | 37 | 41 | 40 | 53 | 50 | 53 | 42 |
|---|----|----|----|----|----|----|----|----|

Extra-Mural Program (EMP)

Timely EMP services would allow some ALC patients to return home sooner after being approved for discharge.

| | | | | | | | | |
|--|------|------|------|------|------|------|------|------|
| Citizens for whom EMP services started as soon as they needed them (%) | 94.1 | 95.0 | 92.8 | 93.9 | 94.9 | 93.3 | 94.3 | 94.9 |
| Total EMP professionals (FTEs) | 722 | 182 | 154 | 147 | 77 | 30 | 90 | 42 |
| Number of FTEs per 10,000 population | 9.7 | 8.7 | 9.0 | 8.4 | 16.1 | 11.9 | 11.8 | 9.6 |

Special care home and nursing home beds

These facilities provide the long-term supportive care that some ALC patients need. Note: For various reasons, not all beds listed below are available for use.

| | | | | | | | | |
|--|------|------|------|------|-----|-----|------|-----|
| Special care home beds - Total | 6624 | 2257 | 798 | 661 | 835 | 431 | 1321 | 321 |
| Special care home beds - Number per 100 New Brunswickers age 75 and over | 9 | 10 | 5 | 4 | 16 | 12 | 14 | 6 |
| Nursing home beds - Total | 5244 | 1460 | 1204 | 1026 | 404 | 223 | 607 | 320 |
| Nursing home beds - Number per 100 New Brunswickers age 75 and over | 6.7 | 6.8 | 7.0 | 6.3 | 7.8 | 6.4 | 6.5 | 6.3 |

Wait time for nursing home placement

The longer ALC patients wait for nursing homes, the longer they remain in hospital.

| | | | | | | | | |
|--|------|------|------|------|------|------|------|------|
| Average number of days to nursing home placement from the time they are placed on the waiting list | 51.8 | 45.9 | 57.0 | 57.6 | 27.9 | 51.3 | 60.8 | 53.2 |
|--|------|------|------|------|------|------|------|------|

Acute care beds in hospitals

When an acute care bed is occupied by an ALC patient, it isn't available for an acute care patient.

| | | | | | | | | |
|--|------|------|------|------|-----|------|------|------|
| Total beds ¹ | 2023 | 566 | 477 | 366 | 139 | 120 | 254 | 101 |
| Beds occupied by ALC patients (number) ¹ | 338 | 89 | 68 | 54 | 12 | 44 | 58 | 14 |
| Beds occupied by ALC patients (%) ¹ | 16.7 | 15.8 | 14.2 | 14.8 | 8.6 | 36.3 | 22.7 | 13.8 |
| ALC bed days out of acute care days (%) ² | 17.5 | 15.7 | 15.3 | 14.8 | 9.3 | 36.3 | 29.2 | 12.6 |

1: As of April 1, 2017 2: Average for 2017-2018

Population context

Greater health needs among some population groups may increase the likelihood of becoming an ALC patient.

| | | | | | | | | |
|------------------------------------|------|------|------|------|------|------|------|------|
| Indigenous population (%) | 4.0 | 4.0 | 1.9 | 4.8 | 3.2 | 8.2 | 4.0 | 8.5 |
| Living in low income household (%) | 17.1 | 15.4 | 17.5 | 16.7 | 18.3 | 21.6 | 19.5 | 17.7 |
| Working Poor (%) | 11.0 | 9.6 | 9.5 | 10.5 | 9.0 | 12.8 | 16.7 | 9.1 |
| Seniors (%) | 19.9 | 19.3 | 19.0 | 17.9 | 21.7 | 25.5 | 23.9 | 22.4 |
| Persons with a disability (%) | 22.7 | 20.9 | 24.4 | 23.3 | 22.2 | 26.5 | 20.5 | 25.5 |

Unmet Home Care Needs

Among New Brunswickers with home care needs, 42% may not have them met

What are unmet needs?

"Unmet needs" were estimated based on citizens who reported that they needed home care services, but did not receive them (in the 2017 edition of the Primary Health Survey).

It should be noted that these unmet needs may be outside of the scope of current programs, may not have resulted in a request for services, or may require clarification to identify the actual services needed.

The most common types of unmet home care needs are home support services rather than medical services

Examples of unmet needs

- Housekeeping
- Help with meals
- Bathing
- Shopping
- Nursing care

For more, consult our report "Home Care Services in New Brunswick: Are We Meeting the Needs of Citizens?" at nbhc.ca

| | Estimated number of citizens who need home care | Proportion of needs | |
|-----------------------|---|---------------------|---------|
| | | % Met | % Unmet |
| New Brunswick | 38,000 | 58 | 42 |
| By community: | | | |
| Caraquet | 520 | 76 | 24 |
| Florenceville-Bristol | 1,650 | 72 | 28 |
| Salisbury | 175 | 71 | 29 |
| St. Stephen | 1,075 | 71 | 29 |
| Riverview | 1,115 | 70 | 30 |
| Dieppe | 955 | 68 | 32 |
| Douglas | 960 | 67 | 33 |
| Moncton | 3,660 | 66 | 34 |
| Shediac | 1,620 | 66 | 34 |
| Sussex | 1,070 | 65 | 35 |
| Perth-Andover | 715 | 64 | 36 |
| Fredericton | 2,545 | 62 | 38 |
| Miramichi | 2,235 | 62 | 38 |
| Sackville | 605 | 60 | 40 |
| Saint John | 3,255 | 59 | 41 |
| Oromocto | 1,050 | 58 | 42 |
| Edmundston | 1,740 | 56 | 44 |
| Dalhousie | 775 | 54 | 46 |
| Quispamsis | 1,660 | 53 | 47 |
| New Maryland | 1,075 | 53 | 47 |
| St. George | 455 | 52 | 48 |
| Bouctouche | 1,010 | 51 | 49 |
| Grand Bay-Westfield | 520 | 51 | 49 |
| Tracadie-Sheila | 1,215 | 47 | 53 |
| Campbellton | 980 | 46 | 54 |
| Bathurst | 1,650 | 46 | 54 |
| Minto | 885 | 45 | 55 |
| Kedgwick | 385 | 44 | 56 |
| Nackawic | 635 | 43 | 57 |
| Neguac | 345 | 26 | 74 |
| Grand Falls | 885 | 25 | 75 |
| Shippagan | 425 | 21 | 79 |
| Hillsborough | 295 | 20 | 80 |





Use of cannabis among youth in New Brunswick

19% of youth in N.B. have tried cannabis in the past 12 months

What are the risks for youth?

Cannabis is sometimes perceived as harmless, but it poses serious risks to young people as their bodies and brains are still developing.



The regular use of cannabis by youth can lead to brain damage, or impair judgment and coordination, which can lead to injury.

Another risk is the consumption of edible cannabis products which may result in an accidental overdose as their effects are delayed compared to smoked cannabis.

With edible cannabis, younger children are also at risk for unintended consumption incidents.



When smoked:

Effects felt within minutes



When consumed in edibles:

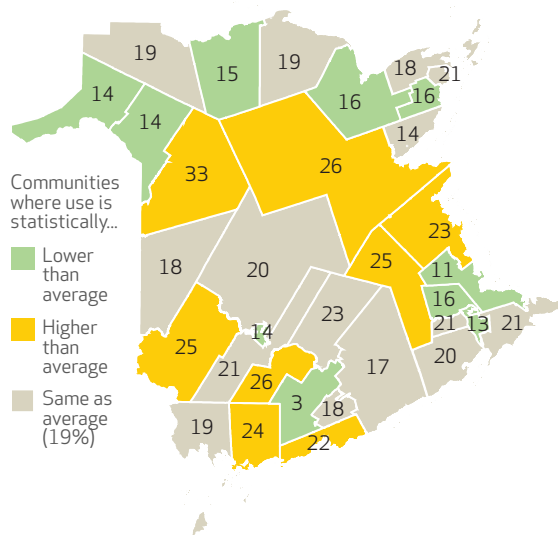
Only felt after a few hours

For more info:

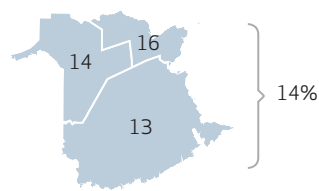
- Canadian Paediatric Society, Cannabis and Canada's children and youth (<https://bit.ly/2PLCJ3l>)
- Health Canada, Information on Cannabis (<https://bit.ly/2Nn0CMX>)

Breakdown by geography

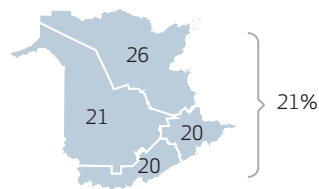
The use of cannabis by youth varies by community from 3% (Grand Bay-Westfield) to 33% (Perth-Andover)



Francophone districts

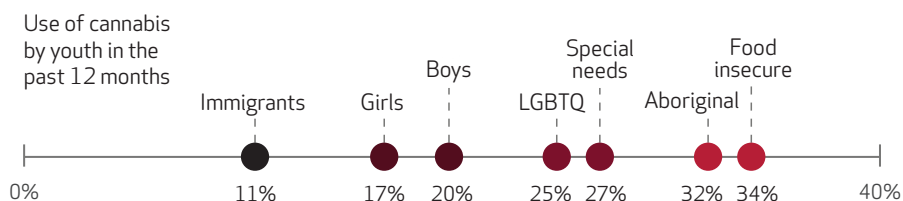


Anglophone districts

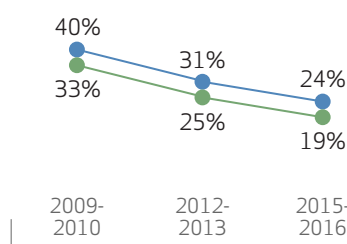


Use of cannabis is more prevalent in the Anglophone sector

Breakdown by subgroup



Cannabis use among youth over time



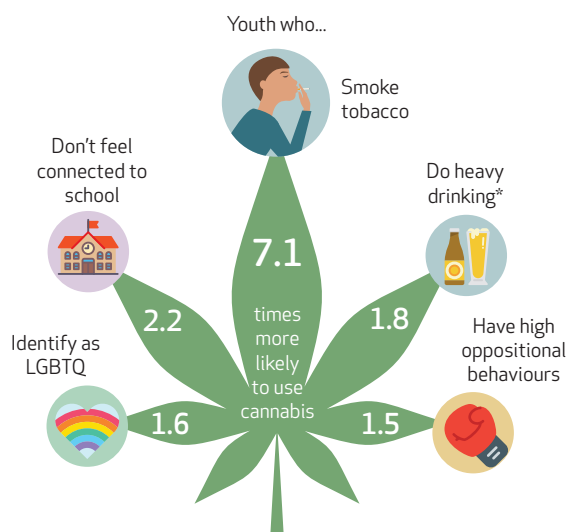
Since 2009-2010, the percentages of youth who have **tried cannabis at least once in their lifetime** and of those who have **used it in the past 12 months** have been declining.

In 2015-2016, 3% of youth used it daily.

What are the factors most related to the use of cannabis?

An analysis by the NBHC shows the factors that are more likely to be associated with the use of cannabis. Tobacco smoking and not feeling connected to school top the list.

*Heavy drinking is defined as five or more drinks at one time, at least once per month. For youth who drink monthly, they're 1.5 times more likely to use cannabis.



Please note: In this infographic, youth are defined as students from grades 6 to 12.

Provincial, school and community prevention efforts are crucial for addressing youth cannabis use. If someone is pregnant, breastfeeding or has mental health issues, it is best for them to avoid cannabis use altogether.

For more interesting facts, visit:

- Cannabis in New Brunswick - <https://bit.ly/2NhXbfb>
- Talking Pot with Youth - <https://bit.ly/2QH2FNQ>
- <https://incontrolnb.ca/>

The data in this infographic is from the New Brunswick Student Wellness Survey, a provincial initiative of the Department of Social Development - Wellness Branch, in cooperation with the Department of Education and Early Childhood Development. Data collection and analysis was conducted by the New Brunswick Health Council. The data was collected from over 30,000 students across the province.

What can we do to prevent heart disease and stroke in our communities?

New Brunswick has higher rates of avoidable deaths from preventable causes than the national average. Heart disease ranks number 2 among them.

Prevention is the key and it starts with knowing the risks.

Communities with three or more risks are associated with:

- more heart disease and strokes
- poorer self-rated general health
- more chronic health conditions



Know the risks... Act on them...

Hypertension

Hypertension is a risk factor for coronary heart disease and the single most important risk factor for stroke. It causes about 50% of ischemic strokes and increases the risk of hemorrhagic stroke.

Diabetes

People with diabetes are two to four times more likely to develop cardiovascular disease than people without diabetes. Cardiovascular disease is the leading cause of mortality for people with diabetes.

Obesity

Obesity can lead to hypertension, diabetes and atherosclerosis. These conditions increase the risk of cardiovascular disease.

Smoking

Although smoking causes a great deal of damage, quitting smoking effectively reduces cardiovascular risk to close to that of a person who has never smoked over a period of time. Smoking is a major cause of heart disease.

Heavy drinking

Harmful use of alcohol has been shown to damage heart muscle and increase the risk of stroke and cardiac arrhythmia.

Low income households

Low levels of income, no matter where around the globe, increases the risk of heart disease and stroke.

...Gain years on your life

Testing for blood pressure

Checking blood pressure provides an important baseline to determine the danger of developing hypertension or other potentially challenging diseases.

Testing for cholesterol

High levels of LDL cholesterol lead to atherosclerosis, increasing the risk of heart attack and ischemic stroke. High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool.

Eating fruit and vegetables

Low fruit and vegetable intake accounts for about 20% of cardiovascular disease worldwide. Fruit and vegetables contain components that protect against heart disease and stroke.

Physical activity

Physical activity, at any age, protects against a multitude of chronic health conditions, including many forms of cardiovascular disease.

Education

The lower the level of education, the higher the lifetime risk of cardiovascular diseases.

Discussing prevention

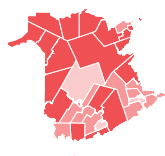
Talking to a health professional about ways to improve health can support identification of risk factors for cardiovascular disease and lead to earlier prevention and treatment.

Let's prevent heart disease and stroke

The following indicators can be used to focus on key areas where prevention is needed in all communities.

Community residents (18 years and over) who... N.B.

| | |
|---|-------|
| Have hypertension | 26.1% |
| Have diabetes | 11.4% |
| Had their blood pressure checked in the past 12 months | 88.2% |
| Had their cholesterol checked in the past 12 months | 69.1% |
| Are obese | 32.8% |
| Smoke daily or occasionally | 18.2% |
| Eat 5 or more portions of fruit and vegetables each day | 44.8% |
| Do at least 2.5 hours of moderate or vigorous physical activity each week | 51.1% |
| Have 5 or more drinks of alcohol at one time at least once a month | 23.3% |
| Live in a low income household | 17.1% |
| No high school diploma or equivalent (25-64 year olds) | 13.9% |
| Always or usually discuss with a health professional on how to improve their health | 23.4% |



More alerts...

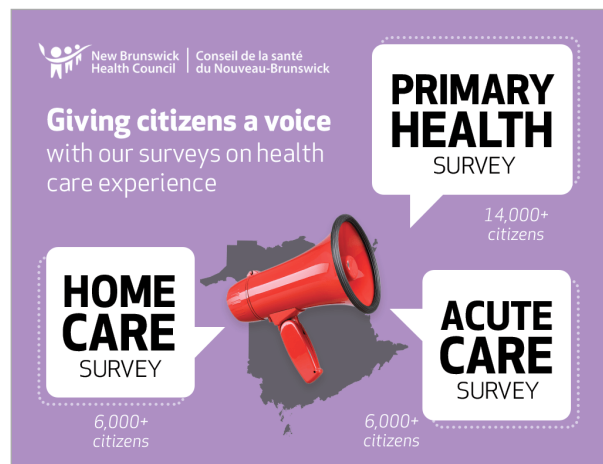
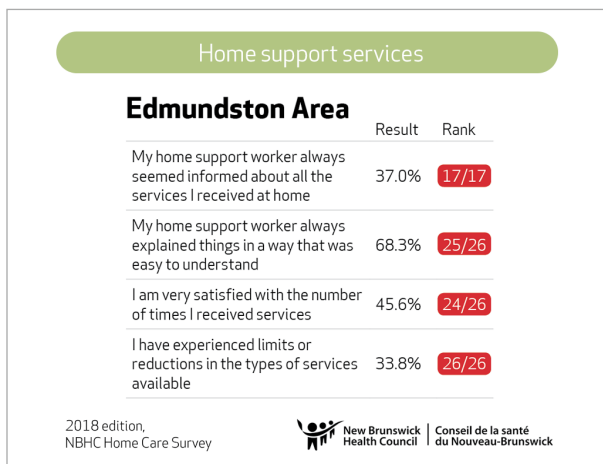
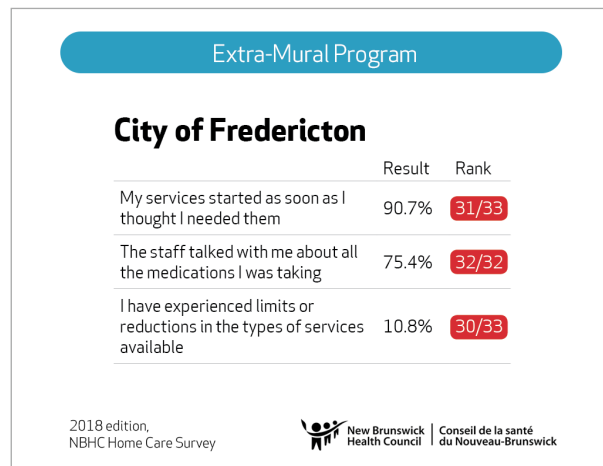
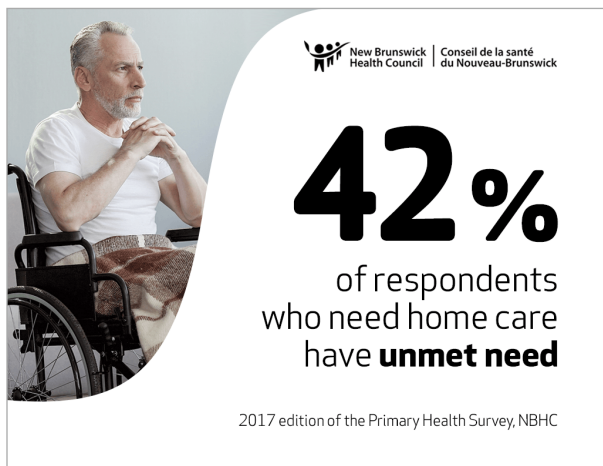
| Community | Campbellton | Negiac | Kedgwick | Tracadie | Miramichi | Bouchette | Saint John | Nackawic | Perth-Andover | Dalhousie | Bathurst | Minto | St. George | Florenceville | Sussex | Grand Falls | Edmundston |
|---|-------------|--------|----------|----------|-----------|-----------|------------|----------|---------------|-----------|----------|-------|------------|---------------|--------|-------------|------------|
| Alerts (■) show the communities for which the indicators are statistically worse than the provincial average. | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |

...More risk of heart disease and stroke

| Community | Shippagan | Carleton Place | Sackville | Moncton | Hillsborough | Oromocto | Fredericton | Salisbury | Shediac | Grand Bay - Westfield | St. Stephen | New Maryland | Riverview | Dieppe | Quispamsis | Douglas |
|---|-----------|----------------|-----------|---------|--------------|----------|-------------|-----------|---------|-----------------------|-------------|--------------|-----------|--------|------------|---------|
| Alerts (■) show the communities for which the indicators are statistically worse than the provincial average. | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |

Alerts (■) show the communities for which the indicators are statistically worse than the provincial average.

For more data, consult: nbhc.ca/surveys/primaryhealth
nbhc.ca/community-profiles



APPENDIX D: 2018-2019 Annual Financial Report

NEW BRUNSWICK HEALTH COUNCIL

Financial Statements

March 31, 2019



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 AUDITOR'S REPORT

To the Directors of
New Brunswick Health Council

Opinion

We have audited the financial statements of New Brunswick Health Council organization (the organization), which comprise the balance sheet as at March 31, 2019, and the statement of revenues and expenses for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with the Canadian Public Sector Accounting Standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter

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.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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 misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is included in the appendix of this auditor's report. This description, which is located at page 4, forms part of our auditor's report.

L. Bourque & Associates P.C. Inc.

**L. Bourque & Associates P.C. Inc.
Chartered Professional Accountants**

Dieppe (New-Brunswick)
June 12, 2019

APPENDIX TO INDEPENDENT AUDITOR'S REPORT

Description of the Auditor's Responsibilities for the Audit of the Financial Statements

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

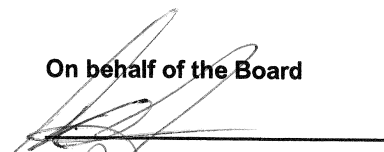
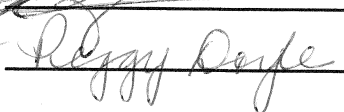
NEW BRUNSWICK HEALTH COUNCIL
Statement of Revenues and Expenses
Year Ended March 31, 2019

| | Budget | 2019 | 2018 |
|---|------------------|------------------|------------------|
| Revenues | | | |
| Grants - New Brunswick Department of Health | \$ 1,965,570 | \$ 1,675,737 | \$ 1,790,028 |
| Other revenues (schedule A) | 270,675 | 263,189 | 169,618 |
| | 2,236,245 | 1,938,926 | 1,959,646 |
| Expenses | | | |
| Administrative expenses | 92,500 | 44,732 | 66,821 |
| Communication expenses | 315,750 | 164,245 | 184,668 |
| Research and Consulting | 325,335 | 313,450 | 284,026 |
| Board of Directors | 145,200 | 140,990 | 138,043 |
| Human Ressources | 1,316,650 | 1,238,659 | 1,240,006 |
| Operating expenses | 40,810 | 36,850 | 46,082 |
| | 2,236,245 | 1,938,926 | 1,959,646 |
| Excess of revenues over expenses | \$ - | \$ - | \$ - |

NEW BRUNSWICK HEALTH COUNCIL
Balance Sheet
March 31, 2019

| | 2019 | 2018 |
|---------------------|-------------------|-------------------|
| Assets | | |
| Current assets | | |
| Cash | \$ 400 | \$ 400 |
| Accounts receivable | 536,145 | 232,320 |
| | <u>\$ 536,545</u> | <u>\$ 232,720</u> |
| Liabilities | | |
| Current liabilities | | |
| Accounts payable | \$ 452,205 | \$ 232,720 |
| Deferred income | 84,340 | - |
| | <u>\$ 536,545</u> | <u>\$ 232,720</u> |

On behalf of the Board

 _____, Director
 _____, Director

L.Bourque & Associates P.C. Inc.

NEW BRUNSWICK HEALTH COUNCIL
Notes to Financial Statements
March 31, 2019

1. Statutes of 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 preparation of financial statements requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and the reported amounts of revenues and expenses for the periods covered.

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. 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 \$115,937 (\$128,579 in 2018).

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

4. Cash flows

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

NEW BRUNSWICK HEALTH COUNCIL
Notes to Financial Statements
March 31, 2019

5. 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.

6. 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, 2019

| | Budget | 2019 | 2018 |
|------------------------------------|-------------------|-------------------|-------------------|
| Schedule A - Other revenues | | | |
| Department of Social Development | \$ 176,500 | \$ 178,354 | \$ 130,746 |
| Indigenous Service Canada | 50,000 | 40,660 | 38,872 |
| University of Waterloo | 44,175 | 44,175 | - |
| | \$ 270,675 | \$ 263,189 | \$ 169,618 |

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, 2018-2019.

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