

Engage. Evaluate. Inform. Recommend.

2010-2011 Business Plan

March 31st , 2010

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During 2009-2010, the work of the New Brunswick Health Council was guided by the five strategic axes listed below. Furthermore, our Council was structured in four working groups; Engagement, Population Health, Care Experience and Sustainability. Following are our five Strategic Axes and with the respective working group appearing in parenthesis:

- 1. Develop and implement mechanisms to engage the population as well as other interested parties (*Engagement*)
- 2. To measure, monitor and evaluate the level of population health (*Population Health*)
- 3. To measure, monitor and evaluate health service quality (*Care Experience*)
- 4. To measure, monitor and evaluate the level of population satisfaction with health services and health service quality (*Care Experience*)
- 5. To measure, monitor and evaluate the sustainability of health services in New Brunswick (*Sustainability*)

Objectives for 2010-2011

In 2009-2010, following our tagline: *Engage. Evaluate. Inform. Recommend*, we focused our efforts on the first two. For 2010-2011 we will be investing more of our efforts in *Informing* citizens and various stakeholders on the information collected through our tools. Additionally, we will be in a position to make *Recommendations* based on the information we have collected, our evaluations, and the results of first citizen engagement initiative.

Engagement

Our work on the engagement front is our most valuable tool for maintaining the citizen at the center of our work. Completing our first provincial initiative and leveraging the results for moving forward represents the most important part of our work in this area.

- We will complete our first provincial engagement initiative and will be producing a final report in the fall of 2010.
- We will be informing citizens and related stakeholders on the results of our engagement initiative in the fall and winter 2010.
- We will develop and initiate a follow-up to our engagement initiative by the winter of 2010.

Population Health

Being able to answer questions like "How healthy are we?" and "Are we getting healthier?" is important when discussing the future of our health services. New Brunswickers tend to die prematurely of breathing diseases, cancer, heart and stroke diseases, injuries, and suicides more often than the rest of Canadians. Some risk factors directly related to chronic disease (obesity, poor nutrition, smoking, and heavy drinking) are well above the national average. New Brunswick is one of the least healthy provinces in the country.

- We will be updating our Population Health Snapshot with the most recent available data in the fall of 2010.
- We will also be releasing a youth version of our population health snapshot in the fall of 2010.

Care Experience

The NBHC is required to report on the quality of our health services and also on population satisfaction with health services and health service quality. Our first New Brunswick Health System Report Card has helped highlight that the New Brunswick health system is not performing as well in areas such as access to primary care for prevention or treatment of minor health problems, prevention such as screening tests based on age related diseases or recommended clinical practice guidelines to maximize the achievement of obtaining best possible health results.

- We will be releasing the report from our first satisfaction survey, which targeted acute care, in the summer of 2010.
- The result of our first report card will help guide the focus of our survey on primary care. We will complete our survey strategy and initiate the survey process for primary care in the summer of 2010.
- We will have a report for our surveys on primary care in the spring of 2011.

Sustainability

Our work is confirming that, as a province, we are unhealthy and have areas where significant improvements are required in our health care services. Meanwhile, when it comes to spending on Health, we are among the top spending provinces in Canada. If we consider total health expenditures as a percentage of Gross Domestic Product by province, New Brunswick ranks third with 15%, behind Prince Edward Island (16.7%) and Nova Scotia (16.1%). Furthermore, the current trend is that we are on our way to spending half of our provincial budget on health in five years, with no sign that we will be either healthier or have better

health services. We have worked on sorting through and validating available information and we will be informing citizens on this financial challenge in the coming year.

- We will release financial information on our health system, information on costs and how we compare with other provinces in the spring of 2010.
- We will be releasing information on strategies undertaken by the various organizations in our health system, in line with our provincial health plan, in the summer of 2010.

Inform

As we are completing our work in identifying and organizing information regarding the areas for which we are required to provide reports, we will naturally be moving towards initiatives for informing citizens and stakeholders on the result of our work. Our first priority will be in identifying various approaches to informing citizens. Furthermore, we will also formalize communication tools for informing related stakeholders who are in a position to influence the improvement of population health and/or the quality of health services.

- On an ongoing basis, we will be leveraging the media to highlight the release of new information, reports and recommendations from Council.
- We will have a quarterly electronic newsletter that will inform stakeholders on the progress of our work and available information. The newsletter will be launched in the spring of 2010.
- Throughout the year, we will leverage opportunities for speeches across the province before various types of groups.
- We will continue to develop our web site as a resource for information. In addition, we will be examining the applicability of "social media" as a way to not only enhance our overall communications, but to also reach demographic groups (youth) that are otherwise hard to connect with.