

2020-2021

Annual Report



New Brunswick
Nouveau
Brunswick

New Brunswick
Health Council

Conseil de la santé
du Nouveau-Brunswick

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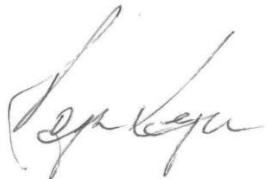
July 12, 2021

The Honourable Dorothy Shephard
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 thirteenth fiscal year beginning April 1, 2020 and ending March 31, 2021.

Respectfully submitted,



Roger Léger
Chair

July 12, 2021

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 thirteenth fiscal year, 2020-2021.

Respectfully submitted,



Stéphane Robichaud
Chief Executive Officer

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From the Chair and the Chief Executive Officer

As with all organizations, the 2020-2021 fiscal year was strongly influenced by the COVID-19 pandemic. When the world came to a standstill in March 2020, the NBHC was undertaking the fourth cycle of its primary care survey. For this phone survey, over 170,000 calls may be required to achieve acceptable response rates for all 33 communities. Interestingly, the initial emergency measures meant people were home and more available for calls. Meanwhile, the capacity to do the calls was affected by the stay home measures and the survey period needed to be extended by an extra 3 months.

Council members and staff adapted exceptionally well to this new environment. Turning to virtual meetings and adapting travel capabilities to realities in each part of the province, demonstrating unprecedented resilience during these exceptional times. Initially, the implementation of precautionary measures for Covid-19 monopolized health services management throughout the system. As the year progressed, the attention turned to the management of mass vaccination initiatives. These realities have impacted the level of engagement possible by the NBHC with health service organizations.

Chair



Roger Léger

Chief Executive

Officer



Stéphane Robichaud

Executive Summary

During the 2020-2021 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
Primary Health Survey <p>Administration - Continuing from the 4th quarter of 2019-2020, 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>Administration of the Primary Health Survey was completed by mid September. Despite the major challenge presented by the pandemic hitting midway in the data collection phase and the extension of the collection phase by 3 months, 13,500 citizens were surveyed this year.</p>
<p>Result 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. Particular attention will be given to the fact that nearly 10 years have passed since the first Primary Health Survey.</p>		<p>The research firm (MQO) is completing the deliverables requested to report results. An external consultant was recruited to assess the impact of surveying during the pandemic on the results. This will allow us to ensure that the indicators can be safely used for public reporting, including trending over time and comparisons within 2020 by geography and demographic cuts. Analysis to be completed in the first quarter of 2021-2022.</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. Looking at the past ten years will serve as a key focus for reporting purposes.</p>		<p>Current assessments suggest that reporting may occur before the end of the second quarter of the 2021-2022 year. The 10-year trending analysis will also be reassessed.</p>

<p>Standardization and documentation of indicators - With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.</p>		<p>Standardization for the previous survey cycles is complete. Standardization for 2020 will be underway during the 2021-2022 fiscal year. Documentation work is ongoing.</p>
<p>New Brunswick Hospital Patient Care Experience Survey</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. Looking at the past ten years will serve as a key focus for reporting purposes.</p> <p>Social Media Campaign – A brief highlighting key results from the survey was aimed to be made public by March of 2020. With the goal of increasing awareness of the survey results and its use in improving health services quality, targeted social media content will be prepared and circulated throughout 2020-2021.</p> <p>Impact of language on safety – Preliminary analysis of the survey results is showing links between a patients' inability to receive services in the official language of their choice and incidences of harm because of medical error or mistake. The evaluation focuses on validating survey responses from patients indicating they have experienced harm by linking these to administrative data.</p>		<p>Completed Reporting was carried over from the previous year due to the pandemic. The report was released in October.</p> <p>The social media campaign ran for several weeks following the release of the acute care survey results and included content for current followers as well as a paid element to reach new citizens. Overall, this meant that more than 200,000 New Brunswickers received key messages from the survey and had the opportunity to learn more. Most opted to focus on the shorter content.</p> <p>Our analysis concluded that there was not enough correlation between Acute Care survey responses and administrative data. Therefore, on our survey results there would not be a solid foundation to pursue further evaluation work for conclusions on the links between receiving services in the language of choice and the incidence of harm. The NBHC will not be able to complete the above-mentioned deliverable from its 2020-2021 Business Plan.</p>
<p>Home Care Survey</p> <p>Previous Survey Learnings – In preparation for the survey, there will be a review of survey questions, findings and methodology from the previous home health survey.</p>		<p>Completed</p>

<p>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 survey service provider for the contracted work.</p>		<p>The Home Care Survey Request for Proposals was published on July 24, 2020, and the closing was September 1st. We received 6 proposals which were reviewed by the selection committee (3 staff members). It was determined that the best proposal was that of PRA Associates, based in Winnipeg. The same firm did the previous survey, in years 2017-2018.</p>
<p>Stakeholder Engagement – Capturing stakeholders' feedback regarding the previous edition of the survey questionnaire, process and reports contributes to continuous improvement efforts for this new edition.</p>		<p>Consultation with partners in Extra-Mural/Ambulance NB and Social Development, as well as First Nations communities contributed to the improvement of the questionnaire. Some questions were refined, removed, and added. (Including questions that capture the COVID-19 new reality).</p>
<p>Administration – At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected survey service provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise. Given the sample size, and the number of respondents to contact, the administration of the survey will continue into the first quarter of 2021-2022.</p>		<p>Ongoing until the first quarter of the 2021-2022 fiscal year. Extra work was needed this cycle to prepare the client's list to be used for mailings since the Department of Social Development did not provide the Medicare numbers. The team had to use another methodology to merge this list with the client list from the Extra-Mural program.</p>
<p>Standardization and documentation of indicators – With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.</p>		<p>Standardization of indicators for years 2012, 2015 and 2018 has been completed. Documentation work and the process for the upcoming 2021 Home Care survey results is ongoing.</p>
<p>Student Wellness Survey, Kindergarten to Grade 5</p> <p>Administration - Continuing from the fourth quarter of 2019-2020, 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>Schools had until the end of May to have the surveys completed. The COVID-19 school closures initiated in March prevented many schools from completing the survey. The</p>

<p>Data preparation – The student wellness survey is financed through an agreement that requires the production of reports at the school, district and provincial level. Data preparation is undertaken to meet the requirements for these various reports.</p> <p>Reporting material – As previously mentioned, several reports are expected to be created with each survey cycle. We expect to have all the material finalized and distributed by the end of the third quarter.</p> <p>Standardization and documentation of indicators – With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.</p>	 	<p>total response rate for this year is 48%, 44% in anglophone schools and 56% in francophone schools. It is important to mention that 99% of schools had confirmed their intention to participate this year, the decrease in participation rate was due to the school closures.</p> <p>All the questionnaires received were processed and analyzed.</p> <p>Due to the 48% response rate, our sample size was not adequately representative of the whole N.B. student population. For this reason, no district or provincial reports were prepared for this cycle. We, however, produced and distributed 103 school reports and 10 Excel data files to the districts and departments involved.</p> <p>This standardization work was also impacted by the pandemic. Completion, including this year's results, is expected in the first quarter of 2021-2022. Documentation work is ongoing.</p>
<p>Student Wellness Survey, Grades 6 to 12 - Planning next cycle</p> <p>Renewal of multi-year agreement – Social Development will no longer be funding the student wellness survey moving forward. A government decision was made to transfer responsibility and funding for the survey to the Department of Education and Early Childhood Development. Early in the year, discussions will be required for drafting a new agreement based on the new funding model and future opportunities.</p> <p>Explore on-line options – The student wellness survey results are proving to be of benefit for discussions at the district, school levels, as well as with parents. School principals have expressed a perceived value in having their results quicker, as well as in having</p>	 	<p>The responsibility for funding the student wellness survey project was transferred to the Department of Health and could simply be included as part of our ongoing funding.</p> <p>The pandemic has heightened the need to reach students and learning of their well-being, particularly from a mental health perspective. Discussions are</p>

<p>an on-line option to the current paper survey. In this transition year, we will be exploring options for an on-line tool.</p> <p>Revision of questionnaire – This transition year is also an opportunity to revisit the number and types of questions included in the surveys. As various stakeholders are using survey results to better understand wellness among their students, they see opportunities for new survey questions. We also need to consider what impact the length of the surveys could have on response rates.</p> <p>Standardization and documentation of indicators for the Student Wellness Survey grades 6-12 – As with all current year surveys, there are still results from previous survey years that require standardization and documentation work.</p>		<p>underway to explore the possibility of leveraging an on-line survey tool. If this happens, the project will likely influence future approaches to the wellness survey project.</p> <p> This revision consisted in shortening the length of the questionnaire, addressing issues with problematic questions, and considering gaps in the survey questions. This work was undertaken with various stakeholders and will be ongoing until the end of Q1 2021-2022.</p> <p>The 2012 results are the only remaining year to be standardized. Documentation work is ongoing. Given the impact of COVID-19 on the assessments of our data, we now expect the 2012 results to be standardized in the first quarter of the 2021-2022 fiscal year.</p>
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Health Service Quality and Population Health Reporting

Deliverable	Done	Comments
<p>Combined deliverables:</p> <p>Avoidable Mortality It has been five years since we first validated indicators for avoidable mortality in New Brunswick. Considering deaths that occur before the age of 75, we have learned that there can be variations depending on geographic or demographic groups.</p> <p>Equity Within New Brunswick As the availability of indicators for public reporting has improved, the ability to identify variability by population groups and geographic locations has been enhanced. Leveraging recently completed evaluation efforts, there will be an effort to inform the public and stakeholders on the availability of this information and key observations.</p>		<p>To better inform on population health and health services quality, observations from the health system report card have been integrated in 2 articles/briefs regarding variability in health service quality and avoidable mortality. These articles were released in February.</p> <p>These articles combined administrative (external) data with patient experience (in-house) data to provide an overview of the 2 topics.</p>

<p>Resiliency in Youth</p> <p>Past evaluation work on youth health indicators has helped identify key areas of focus. There are many factors which can contribute to a supportive environment for youth. Focusing on recognized resiliency factors, this work will update past evaluation efforts and any new elements to consider since our last report.</p> <p>Data Update</p> <p>Population health and health service quality indicators come from many common sources. A standardized approach is being applied to data that is being leveraged for our various reporting tools.</p>		<p>Completed The public release was done in November.</p> <p>Completed 91% of the anticipated updates to indicators related to Population health and Health service quality at the provincial and the zone levels were updated since March 2020.</p> <p>The updated population health zone indicators were shared on the website in the fall, and the updates for Health service quality indicators will be shared in the First Quarter of the fiscal year 2021-2022.</p> <p>Updates of the community-level data have been initiated and are on track for a release in the fiscal year 2021-2022</p>
<p>Web Content</p> <p>Updated indicators are added in the web site reporting tools which contain population health and health service quality information. Having recently begun to standardize the storage of indicators, each year of the current survey cycle is leveraged to work on the current and past years.</p>		<p>Completed</p>

First Nations Reporting

Deliverable	Done	Comments
<p>Stakeholder engagement</p> <p>The first year of this project has just been completed. Three stakeholder groups have been identified as essential for having a successful initiative; indigenous, provincial and federal. Identifying key contacts, establishing a common understanding of the project and engaging stakeholders in</p>		<p>The First Nation project has continued to hold coordinated monthly meetings with First Nations stakeholders; namely health professionals within the Indigenous community with</p>

<p>the development of reporting frameworks and related indicators remain an important focus for this second year.</p> <p>Indicator Preparations</p> <p>Support from the First Nations communities is the main priority pertaining to the development First Nation's health and health service quality indicators. Building trust with community stakeholders is essential and the initiative must be receptive to the needs of the communities. As the initial round of meetings is completed, opportunities will become clearer regarding priorities for indicator work.</p>	<p>government partners. Engagements have included First Nation focus groups on modernization and improved cultural aspects of NBHC surveys, webinar panels on issues pertaining to Indigenous mental health and surveys analysis. Furthermore, there has been continued data request servicing on First Nation community research.</p> <p>Early in 2020, a list of indicators was prioritized and made based on First Nation needs, including Indigenous status and where applicable, region and health zone. As mental health was found through discussions to be a primary concern, further indicators have been streamlined in analysis of these factors for First Nation members.</p>
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Recommendations to the Minister of Health

Deliverable	Done	Comments
<p>Present recommendations to the Minister of Health</p> <p>A mandate has been identified for the NBHC pertaining to specialize clinical services. Engagement of RHA leadership has been initiated with preliminary findings expected by the end of the first quarter. The process is designed in order to share learnings with Department of Health and RHAs along the way. This can enable decisions by RHAs prior to the conclusion on the project. We expect to have final recommendations for the Minister by the end of the third quarter.</p>		<p>The mandate to review specialized services was part of the February 2020 announcements, which included reduction in ER hours for smaller hospitals. The government cancelled the move to reduce ER hours and, combined with the pandemic, all measures from the February announcement were abandoned. Following a September provincial election and the arrival of a new Minister of Health, the NBHC collaborated on 49 virtual consultations with the new minister. This material is meant to support the development of a new Provincial Health Plan.</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 that examine students' perceptions, attitudes and behaviours in several key areas related to student well-being. Both types of surveys are delivered on a three-year cycle and represent approximately 100,000 respondents combined.

In 2020-2021, the NBHC did work on all of its surveys, including:

- The release of the **Hospital Patient (Acute) Care Experience Survey** results done through October and November. A social media campaign (organic and paid) was shared by many different organizations and viewed by over 200, 000 people. The report was also shared with stakeholders and MLAs.
- The completion of the data collection from citizens in the first and second quarters of the year and the data analysis for the **Primary Health Survey**. This involved advanced statistical analyses to allow for comparison between results obtained from 2020 and those obtained from previous PHS cycles, by taking into consideration the effects of the pandemic that started 2 months after the start of the survey in January 2020.
- The review of the previous edition of the **Home Care Experience Survey**, consultation with key stakeholders, validation of the questions and the identification of new needs. The RFP was also developed, and the supplier selected. Data collection from citizens began in March 2021 as did the

accompanying awareness campaign which included paid social media ads, radio spots as well as Newspaper ads.

- The K-5 edition of the **NB Student Wellness Survey** work included the assessment of the impact of the interruption of the survey due to the pandemic, and the preparation of school reports for the schools that were able to participate before the interruption.
- The "In Balance" report was released in September 2020 based on the results of the 2018-2019 Grade 6-12 edition of the NB Student Wellness Survey. The report focused on the role of protective and risk factors in building resilience among children and youth. The information was presented using a new online approach, a web dossier was created and an organic and paid social media campaign was put in place. This campaign reached over 1,5 million impressions and close to 200,000 New Brunswickers were directly reached. Approximately 7,000 visits were noted on the web dossier with an average time spent of 1.7 minutes. The pandemic has heightened the need for reaching students and learning about their well-being, particularly from a mental health perspective. Therefore, discussions are underway to explore the possibility of leveraging an on-line survey tool for the next survey cycle. A revision plan was also developed to address the length of the questionnaire and the types of questions.

As these highlights make clear, surveys as well as analysis and reporting efforts form a tremendous part of the NBHC's engagement with New Brunswickers. The positive feedback we have received from stakeholders, media, citizens and various organizations has demonstrated the clear demand for such information and the rationale for continuing this work.

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. To make it easier for our users to find our data, we are adding a functionality on our website to help users find and visualize our indicators more easily.

- Public reporting on health service quality and population health is continuing to evolve as the NBHC works to make this vital information more accessible and user-friendly.
- Work to increase the interactivity and visualization of the indicators was undertaken in the reporting of the health service quality report card.
- Efforts to improve our data structure and processes were undertaken to ensure that the correct results are used in every analysis and reported publicly.
- To better inform on population health and health service quality, two articles were written regarding life expectancy and avoidable mortality as well as the variability in health service quality in N. B.
- The article on life expectancy used previously calculated data focusing on specific causes of potentially avoidable mortality in N.B. and by zones, with information regarding the risk factors that are associated with these causes of mortality. This article used mostly external data from Statistic Canada and Service New Brunswick as well as data reported in our Report Card.
- The article on variability in health services compared the access, experience and outcome in using health services among

zones and communities. It also highlighted the inequities that exist in the health care system in New Brunswick. This article used mostly data from the primary health survey as well as administrative data from the GNB.

The 2 articles were promoted through organic and paid advertising. Newspaper, radio, Google ads as well social media campaigns were in place in February and March. Over 1.1 million impressions and 405,000 New Brunswickers received the ads on Facebook. There were over 4,000 visits to the articles on our website during that time with an average time spent of 3.13 minutes. The social media campaign generated over 500 comments regarding people's opinions and experiences with the N.B. health system.

Staff work on improvements to the NBHC website has continued throughout the year, using tools such as Microsoft's Power BI, as well as database functionalities in Drupal. This flexibility has supported more rapid development of applications with specific functions to replicate some of the older versions of the NBHC's tools, without some of the limitations associated with the previous pdf format. The application that will replicate the previous NBHC report card will be soft launched early in 2021-2022, with a feedback process for key stakeholders, and the formal launch of the revised tool will take place later in 2021-2022. The application that will replicate the previous NBHC Population Health snapshot was paused to benefit from the development experiences of the report card application and will be completed and launched in 2021-2022.

The indicator search and display tool, which will also provide the structure for the new, non-pdf version of the NBHC community profiles was further refined during the year, with additional precision related to search and display of indicators, as well as encouraging additional work on the improvement to the structuring and managing of the NBHC's data. Development will continue, along with data

preparation, with an initial launch anticipated for the fall of 2021-2022.

- NBHC is continuously updating and validating the population health and health service quality indicators it compiles and is creating the related grades of the report card framework. A validation process is being implemented to minimize the possibility of errors in the data. These will be ready and available on the NBHC website in early 2021-2022.
- NBHC team also started planning for public reporting on Health system resources as an important contextual element in health system performance.

First Nations Reporting

As part of an ongoing project funded by Indigenous Services Canada, the NBHC is working with New Brunswick First Nations communities as well as health system stakeholders to identify key Indigenous health data, and to find effective and innovative methods to analyze, store and disseminate it effectively, while recognizing and respecting the unique requirements of Indigenous communities.

Several First Nations communities in the province continue to show interest in this work, both through participation in group meetings and teleconferences, as well as through individual sessions with the NBHC's Lead Analyst, Indigenous Research and Policy.

Initiatives have included:

- A data training session on Excel and formatting (April 2021).
- Ongoing discussion and work on promotional materials for Identifier project with GNB and Indigenous stakeholders.
- Survey Optimization: work was done with Indigenous stakeholders on improving survey

questionnaires as well as ways to improve survey uptake for their communities.

- Monthly teleconferences on health data and ongoing initiatives.
- Webinar regarding Indigenous Mental Health in the pandemic with Indigenous health practitioners.
- Presentations from GNB regarding data within the community.
- Cultural awareness course offered through Under One Sky, on Indigenous practice, history and respectful engagements.
- Several data requests answered from community initiatives regarding health indicators.
- We continue to engage in new social media content to recognize Indigenous Awareness Day, and both Treaty days and have commissioned the works of local Indigenous artist, Lauren Polchies, in creating new artwork and designs for upcoming initiatives.

It should be noted that the pandemic resulted in some in-person meetings being postponed, and/or switched to virtual meetings, but work was able to continue with the project, with it being well positioned for significant progress next year.

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.

In the 2019-2020 fiscal year, a proposal was prepared regarding projected work to be undertaken by the NBHC. The proposal would have had the NBHC investigate the state of specialized services in the province and formulate recommendations to the Minister of Health.

The proposal was part of the February 11, 2020, announcement that also included reductions in emergency room hours of service for smaller hospitals. Consequently, as the NBHC was preparing its 2020-2021 Business Plan, it had anticipated that this project would form the basis for its recommendations to the Minister. Following a week of opposition to the announcement of February 11th, the provincial government announced that it would cancel the proposed reduction in emergency room services.

Initially, there was a sense that the other initiatives included in the February 11th announcement would proceed. As the COVID-19 pandemic took shape in March, with its significant impact of the employees of the Regional Health Authorities, discussions about the proposal were put aside and energies turned towards the pandemic.

By early Fall, a newly elected government and Minister of Health represented a new beginning regarding potential health system initiative.

In the context of its briefing discussions with the new Minister of Health, the CEO of the NBHC was asked to

assist the Minister in consultation sessions with the public and health system stakeholders.

A total of 49 virtual sessions were held between January and April of 2021, which included over 1500 participants.

The Minister has committed to producing a new Provincial Health Plan (PHP) using the sessions content material to support the work towards the next PHP. The contribution to the virtual sessions proved to be a valuable opportunity for building a constructive relationship between the NBHC and the new minister.

As the work on the new PHP is undertaken by the Department of Health, there will be an opportunity to explore how best to leverage the implementation of the PHP for upcoming recommendation to the Minister of Health.

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 continued to recognize that New Brunswick is changing and that while it remains true to its mandate, its methods of fulfilling that mandate need to grow and adjust to new needs and challenges. This led to identifying and participating in several opportunities.

The COVID-19 pandemic reality limited the participation in any in-person conferences or events; however, NBHC team members participated in various virtual meetings and platforms around virtual care and health equity.

The NBHC responded to various requests for data, those requests have been documented through a data request form.

- First Nations Health Data Collaborative
- Elsipogtog Health and Wellness program
- Child and Youth Advocate
- Education and Early Childhood Development
- Moncton Primary Health Care Clinic, 108C
- Salisbury Elementary School
- Anglophone West School District

NBHC participated in the following groups:

- The initial stages of the provincially led Community Capacity and Resiliency dashboard creation.
- The New Brunswick Children's Environmental Health Collaborative. Through this network, our community profile information was showcased and used for a master's students project on mapping environmental health in New Brunswick.

- Research and analysis on COVID-19 group established by DoH to discuss intergovernmental efforts pertaining to COVID-19 research and analysis.

The NBHC cohosted a data discovery day with the NB Department of Health. This initiative permitted a wider grasp and understanding of each other's databases, surveys and tools. It was a beneficial opportunity to learn about and share each other's products.

Our NBHC community boundaries were updated on the provincial GEONB site in April 2020.

Due to the pandemic, there was a high interest in people wanting to know in which health zone they reside. This interest was sparked by Public Health's implementation of tools such as the Provincial COVID dashboard which lead to an increase use of our own maps (<https://nbhc.ca/maps-health-zones-and-nbhc-communities>) as well an interest in geographic boundaries for zones and communities.

The NBHC staff undertook training activities around cultural diversity and OCAP principles to enhance their level of awareness about the indigenous culture and health information. Some of the team also participated in training sessions around "Communication and understanding the audience".

Communications activities:

The NBHC has increased its communications efforts to reach a larger number of New Brunswickers in an enhanced effort to fulfill its mandate. This included internal and external initiatives that facilitate the communications process. Investments were also made to ensure a wider promotion of the NBHC's work.

- A communications process was put in place to ensure that all team members have a clear way to request content ideas considered for publication. It includes clear objectives, messages, team member roles and approval processes.
- A new social media look was developed to standardize our look, reinforce our identity and strengthen the importance of our content in the eyes of New Brunswickers.
(Appendix C)
- A quarterly report was initiated to summarize the interactions with the public via email, phone or through our social media outlets. The report also includes our media coverage and the primary reasons for the interactions.
(Appendix D)
- A video to thank essential workers was created during the pandemic . It reached over 900,000 impressions, 142,000 views, 200 shares and 200 comments. A print ad version was also published in L'Acadie Nouvelle and Brunswick News newspapers.
- New digital strategies were implemented to feature and promote our content, resulting in increased engagement with New Brunswickers. These include:
 - Google ads with short, focused messaging as a new method of advertising and geotargeting New Brunswickers
 - Web dossiers and online articles as an alternative to pdf documents to share content on our website. This new tool
 - allows for easier navigation of the proposed content as well as a cleaner and simpler layout.
 - An increased investment in paid ads on Facebook and LinkedIn as well as improved targeting of desired audiences increased the online visibility of the NBHC as well as key messages and results.

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. Roger Léger Dieppe

Chair of the Council

Ms. Rita Labrie Caraquet

Vice-Chair

Ms. Peggy Doyle Miramichi

Secretary / Treasurer

Ms. Nathalie Boivin Bathurst

Mr. Mike Doiron Campbellton

Mr. Harry Doyle Lower Coverdale

Ms. Susan Harley Rothesay

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

Ms. Reem Fayyad

Senior Research Analyst (April-July) Executive Director, Performance Measurement (July- March)

Mr. Jacques C.F. Lanteigne

Executive Director, Planning & Operations

Mr. Frank Vandenburg

Executive Director, Citizen Engagement

Mr. Michel Arsenault

Senior Research Analyst

Mr. Michael Batchelor

Lead Analyst Indigenous Research and Policy

Ms. Mariane Cullen

Executive Administrative Assistant

Ms. Monique Landry Hadley

Administrative Assistant

Mr. Steve Langen

Data Analyst

Ms. Monica Lavoie

Research Coordinator

Ms. Karine LeBlanc Gagnon

Information Analyst

Ms. Nay O'Leary

Communications & Digital Content Specialist

Mr. Simon Potvin

Information Designer

Ms. Patricia Rosselet

Research and Policy Analyst (August-March)

Mr. Philippe Rousselle

Information Analyst

APPENDIX A: Executive Committee and Working Groups Structure

Executive Committee

- **Mr. Roger Léger, Chair**
- **Ms. Rita Labrie, Vice-Chair**
- **Ms. Peggy Doyle, Secretary-treasurer**
- **Ms. Susan Harley, member**
- **Ms. Donna McLaughlin, member**
- **Ms. Paulette Richard, member**

Working Groups

Engage Working Group

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

Inform Working Group

- **Ms. Peggy Doyle, Chair**
- **Ms. Susan Harley, member**
- **Ms. Heather Jensen, member**
- **Ms. Kim Nash-McKinley, member**

Evaluate Working Group

- **Mr. Mike Doiron, Chair**
- **Mr. Harry Doyle, member**
- **Ms. Donna McLaughlin, member**
- **Ms. Eva Sock, member**

APPENDIX B: 2020-2021 Business Plan



2020-2021 Business Plan

**Presented to the Minister of Health
April 1, 2020**

I. Presentation letter to the Minister of Health



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

Engage. Evaluate. Inform. Recommend.
Engager. Évaluer. Informer. Recommander.

April 2, 2020

Honourable Hugh Flemming
New Brunswick Minister of Health
P.O. Box 5100
Fredericton, N.B. E3B 5G8

Subject: Submission of the New Brunswick Health Council's 2020-2021 Proposed Business Plan

Dear Minister:

At the March 27, 2020, meeting of the New Brunswick Health Council (NBHC), the Council approved the 2020-2021 Proposed Business Plan.

Pursuant to section 17(1) of the *New Brunswick Health Council Act*, please find attached to this letter a copy of the 2020-2021 Proposed Business Plan as passed by Council for your approval. I also wish to outline the NBHC contributions pertaining to your government's top priorities:

- **Affordable and responsive government:** Since 2008, the NBHC has been the only health system organization with a sustained effort to understanding the distribution of resources within the province and trends pertaining to costs. The preparation and use of this information have rarely been a priority over the past ten years for the Department of Health and the RHAs. In the next year, the NBHC aims to improve the available information for the public on its web site.
- **Dependable public health care:** The measurement tools developed by the NBHC in its first years of operation were the first to be developed in coordination with health system stakeholders. Each three-year cycle enables approximately 25,000 people to share their experience through our care experience surveys. Despite growing interest by health system professionals for these tools and their information, we have not witnessed significant improvement in organizational practices among health system organizations. Our latest indicators confirm a stagnation in performance over the past ten years.
- **World-class education:** Since 2012, the NBHC manages the administration and preparation of reports, at school, district and provincial level, of student wellness surveys in New Brunswick. This voluntary survey has been completed by nearly 75,000 students and parents in its three-year cycle. Its results are highly valued by education system stakeholders in the province.

Pavillon J.-Raymond-Léger
10 rue de la Francophonie Street, bureau 1016-2200
Moncton NB E1A 2R1
Téléphone / Téléphone : 506.869.6870
Fax / Télécopieur : 506.869.6287
Toll-free / Sans frais : 1.877.325.2571
www.nbhc.ca / www.csnfr.ca



- **Vibrant and sustainable communities:** Since 2014, the NBHC has developed community profiles including approximately 300 indicators. It is by far the most popular tool produced by the NBHC and contributes to informing decisions by community stakeholders in their efforts for having resilient communities.
- **High performing organizations:** The work of the NBHC has led to the realization that the RHAs and the Department of Health have failed to implement an environment conducive to effective performance management in the past ten years.

As the Chair of the NBHC, I wish to reiterate that we are at your service. You can count on our support regarding all efforts aimed at improving health service quality for New Brunswickers. I look forward to receiving a written response at your earliest convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Roger Léger".

Roger Léger
Chair
New Brunswick Health Council

Enclosure

C.c.: Mr. Gérald Richard, Deputy Minister
Mr. Stéphane Robichaud, CEO

2

II. 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

III. Business plan deliverables for 2020-2021

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 lack of 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 is whether the health system is evolving in the planning and management of health services, which would also lead to improved access to health system performance indicators. Over the past ten years, there has not been sufficient improvement in the proper use of generally accepted indicators.

The use of population health and health service quality information prepared by the NBHC has grown within the province. This is particularly true for community organizations in helping them identify priority areas and leveraging related indicators for financial assistance and monitoring the impact of their initiatives. As an example, the United Way has been promoting the use of our community level information by those requesting financial support. The NBHC regularly receives request from community groups seeking to better understand the health status of their population and have a positive impact on trends.

Meanwhile, much more 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 three key aims that are essential for all provincial and territorial health systems;

- Informed, engaged and healthy populations.
- 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 can contribute positively to these goals.

In this proposed business plan, we have structured our work in six key areas: 1) Surveys, 2) Health Service Quality, 3) Population Health Reporting, 4) First Nations Initiative, 5) Recommendations to the Minister of Health, 6) Communications Strategy Update.

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's survey work is grouped into 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 types of surveys are delivered on a three-year cycle and have a combined total of approximately 100,000 respondents.

Care Experience Surveys

a) 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 through Extra-Mural Services and home services subsidized by the Department of Social Development. The results of this survey will be made publicly available and shared with the public organizations responsible for these services.

i. Previous Survey Learnings – 1st quarter

In preparation for the survey, there will be a review of survey questions, findings and methodology from the previous home health survey.

- ii. 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 survey service provider for the contracted work.
- iii. Stakeholder Engagement – 3rd quarter
Capturing stakeholders' feedback regarding the previous edition of the survey questionnaire, process and reports contributes to continuous improvement efforts for this new edition.
- iv. Administration – 4th quarter
At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected survey service provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise. Given the sample size, and the number of respondents to contact, the administration of the survey will continue into the first quarter of 2021-2022.
- v. Standardization and documentation of indicators – 3rd quarter
With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.

b) Primary Health Survey

The primary health survey is the most detailed health services survey in 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, from 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 captured by this survey, this year's focus will be on highlighting additional key observations.

- i. Administration – 1st quarter
Continuing from the 4th quarter of 2019-2020, 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. Particular attention will be given to the fact that nearly 10 years have passed since the first Primary Health Survey.

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. Looking at the past ten years will serve as a key focus for reporting purposes.

iv. Standardization and documentation of indicators – 1st quarter

With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.

c) New Brunswick Hospital Patient Care Experience 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. This will mark the fourth edition of the survey.

i) Social Media Campaign – 1st quarter

A brief highlighting key results from the survey was aimed to be made public by March of 2020. With the goal of increasing awareness of the survey results and its use in improving health services quality, targeted social media content will be prepared and circulated throughout 2020-2021.

ii) Impact of language on safety – 2nd quarter

Preliminary analysis of the survey results is showing links between a patients' inability to receive services in the official language of their choice and incidences of harm because of medical error or mistake. The evaluation focuses on validating survey responses from patients indicating they have experienced harm by linking these to administrative data.

Student Wellness Surveys

a) Grades kindergarten to 5

i. Administration – 1st quarter

Continuing from the fourth quarter of 2019-2020, 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 to address any issue that may arise.

ii. Data preparation – 3rd quarter

The student wellness survey is financed through an agreement that requires the production of reports at the school, district and provincial level. Data preparation is undertaken to meet the requirements for these various reports.

iii. Reporting material – 3rd quarter

As previously mentioned, several reports are expected to be created with each survey cycle. We expect to have all the material finalized and distributed by the end of the third quarter.

iv. Standardization and documentation of indicators – 3rd quarter

With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.

b) Student Wellness Survey for grade 6 to 12 – Planning next cycle

i. Renewal of multi-year agreement – 2nd quarter

Social Development will no longer be funding the student wellness survey moving forward. A government decision was made to transfer responsibility and funding for the survey to the Department of Education and Early Childhood Development. Early in the year, discussions will be required for drafting a new agreement based on the new funding model and future opportunities.

ii. Explore on-line options – 4th quarter

The student wellness survey results are proving to be of benefit for discussions at the district, school levels, including with parents. School principals have expressed a perceived value in having their results quicker, as well as in having an on-line option to the current paper survey. In this transition year, we will be exploring options for an on-line tool.

iii. Revision of questionnaire – 4th quarter

This transition year is also an opportunity to revisit the number and types of questions included in the surveys. As various stakeholders are using survey results to better understand wellness among their students, they see opportunities for new survey questions. We also need to consider what impact the length of the surveys could have on response rates.

iv. Standardization and documentation of indicators for the Student Wellness Survey grade 6-12 – 2nd quarter

As with all current year surveys, there are still results from previous survey years that require standardization and documentation work.

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) Data validation/update – 4th quarter

Over the past decade, the number of validated indicators pertaining to health service quality has increased significantly. There are various sources for these indicators and the availability of updated indicators occurs at different intervals and moments in the year. Therefore, this work is undertaken throughout the year.

b) Results analysis – 4th quarter

As the availability of indicators for public reporting has improved, the ability to identify variabilities by population groups and geographic locations has been enhanced. As indicators are updated, evaluation efforts will focus on identifying key observations for public reporting.

c) Information initiatives – 4th quarter

Past evaluation work has enabled the identification of observations at the health zone and community levels. The focus of this year's work will be how to effectively publicly inform on these observations. Highlighting community level variability in the attainment of positive health services outcomes is the first area of focus. Secondly, we will be reviewing methodology and the reporting format of the health system report card. Thirdly, an initial set of indicators pertaining to the distribution of health services resources will be made

available on our web site and serve as a base to update and build on moving forward.

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 validation/update – 4th quarter

As with our health service quality work, the number of validated indicators pertaining to population health has increased significantly. There are various sources for these indicators as well and the availability of updated indicators occurs at different intervals and moments in the year. Therefore, this work is undertaken throughout the year.

b) Results analysis – 4th quarter

The Primary Health Survey represents an important source of information on population health. The results of this year’s edition of the survey will offer some valuable insights on most recent trends. This work will take place throughout this fiscal year.

c) Information initiatives – 4th quarter

Recognizing the impact of zone and community level information, work will focus on zone and community level observations. Recently completed analysis of avoidable mortality will provide opportunity for communicating zone level information about top causes of death. Also, building on the success of the community level tool, My Community at a Glance, work will be aimed at improving how community level information is made accessible publicly through our web site.

4) First Nations Reporting

a) Stakeholder engagement – ongoing

The first year of this project has just been completed. Three stakeholder groups have been identified as essential for having a successful initiative; indigenous, provincial and federal. Identifying key contacts, establishing a common understanding of the project and engaging stakeholders in the

development of reporting frameworks and related indicators remains an important focus for this second year.

b) Indicator preparations – Ongoing

Support from the First Nations communities is the main priority pertaining to the development First Nation's health and health service quality indicators. Building trust with community stakeholders is essential and the initiative must be receptive to the needs of the communities. As the initial round of meetings is completed, opportunities will become clearer regarding priorities for indicator work.

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 – 3rd quarter

A mandate has been identified for the NBHC pertaining to specialize clinical services. Engagement of RHA leadership has been initiated with preliminary findings expected by the end of the first quarter. The process is designed in order to share learnings with DoH and RHAs along the way. This can enable decisions by RHAs prior to the conclusion on the project. We expect to have final recommendations for the Minister by the end of the third quarter.

6) Communication Strategy Update

a) Improving effectiveness of communication efforts

The value of the information produced by the NBHC is widely recognized among health system stakeholders and community leaders. Many within non-health-related government departments also see great value in having access to NBHC indicators and related information. Meanwhile, it has also been recognized that efforts aimed at raising awareness regarding the NBHC information must be improved. There needs to be improvements in identifying target audiences and tailoring communications to their needs. We also need to have effective monitoring tools to appreciate whether efforts are delivering expected results. Through the year, work will be focused on solidifying our grasp of the current situation, defining what success would look like and confirming which strategies to prioritize.

Appendix 1**New Brunswick Health System Report Card**

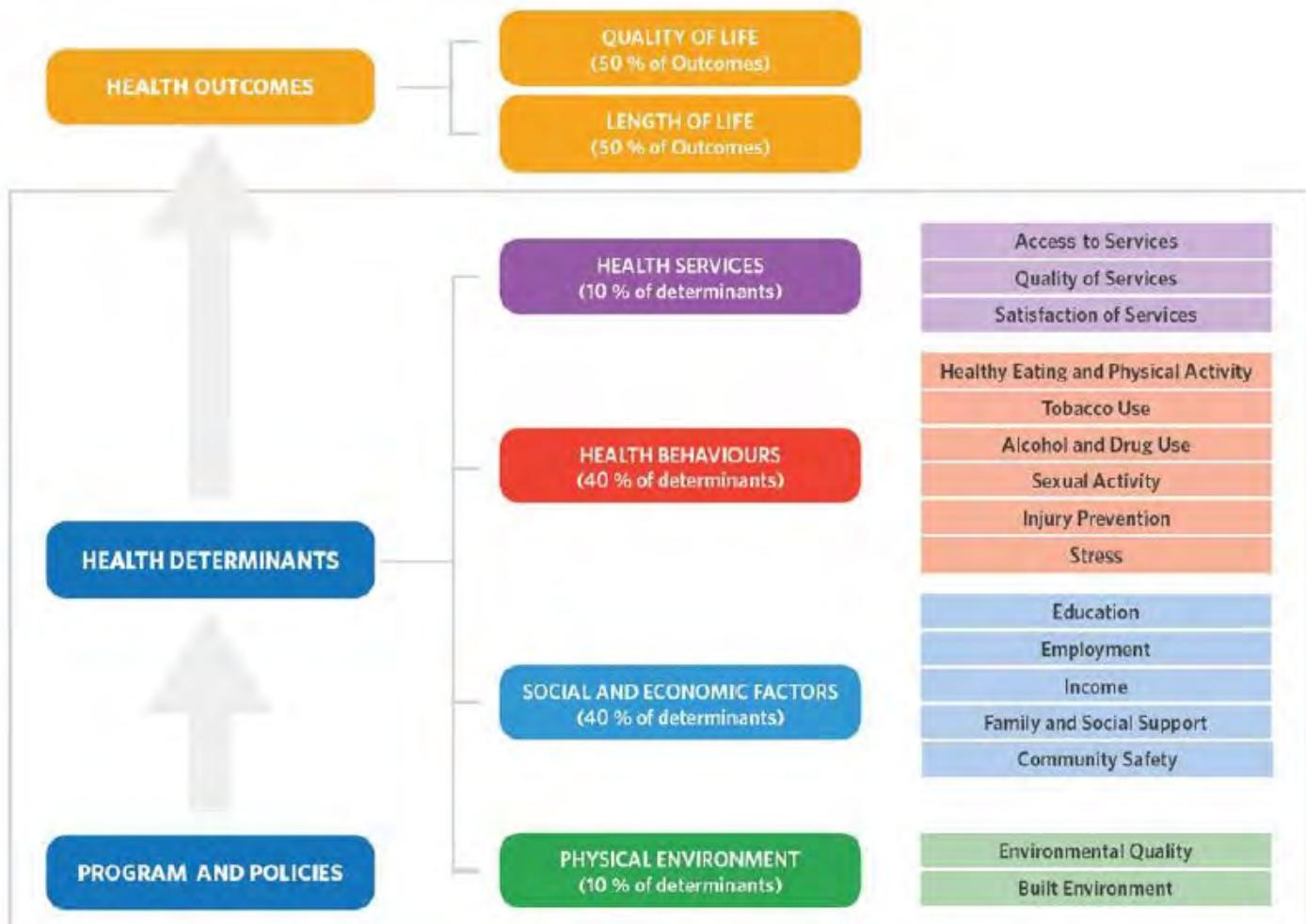
Health Care Sectors			Performance Index Grade (by Quality Dimension)
Primary Health	Acute Care	Supportive/Specialty	
The care a person receives, upon first contact with the health system, before referral elsewhere within the system.	Hospital based care.	Care received in the community or as an out-patient.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

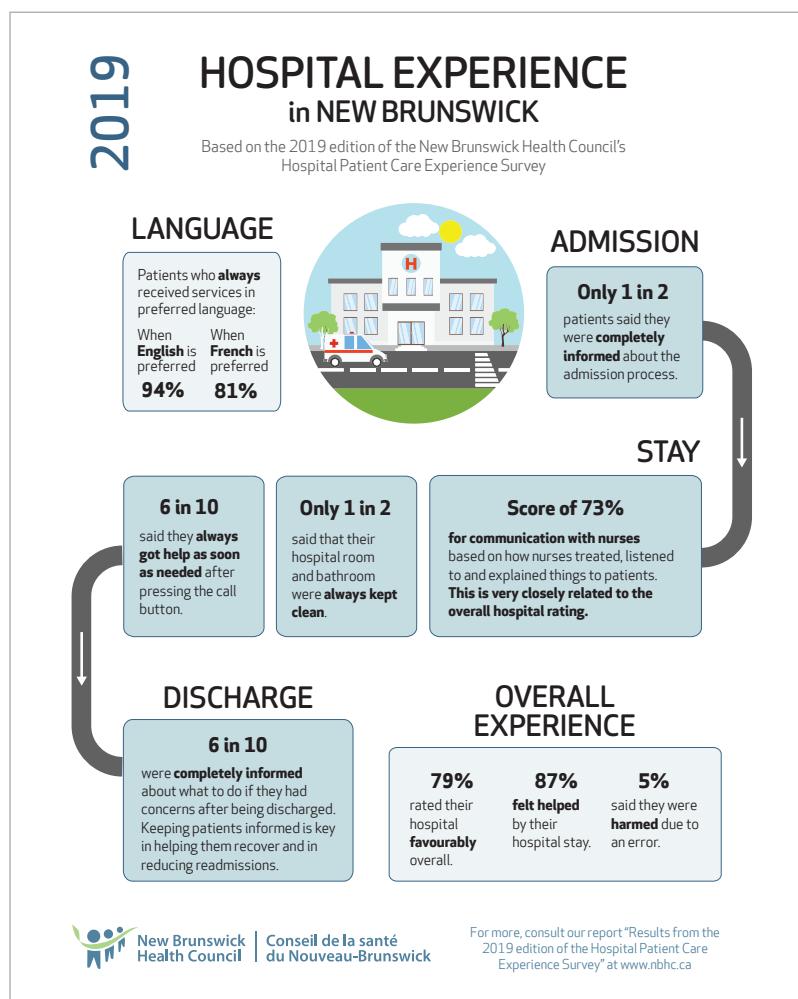
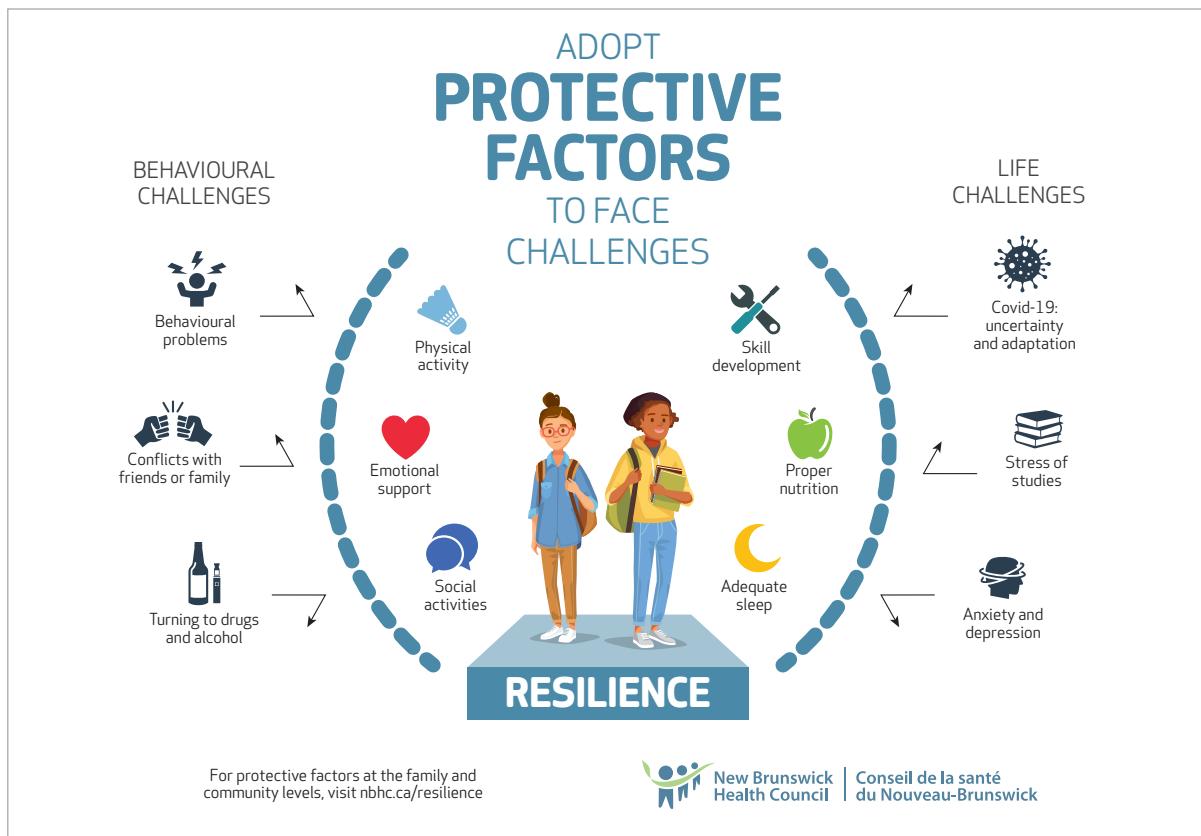
Population Health Snapshot – The model

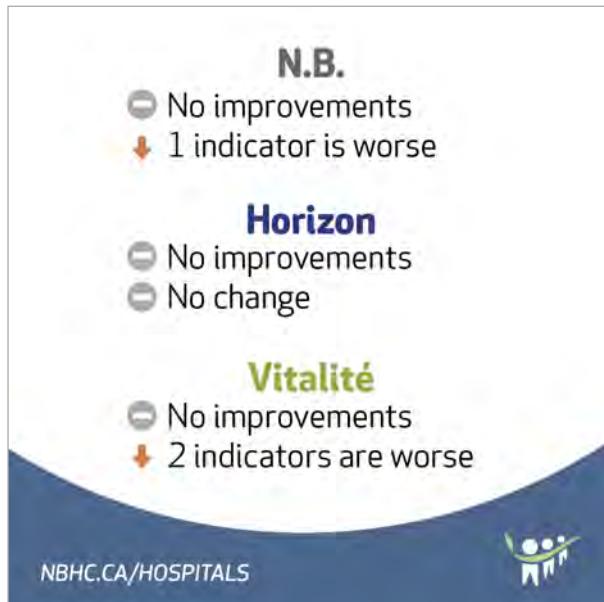
The model we have chosen to represent Population Health in New Brunswick has been adapted from various population health models such as the University of Wisconsin *Population Health Institute – Wisconsin County Health Rankings* and modified to fit our needs. We have also kept a Canadian perspective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

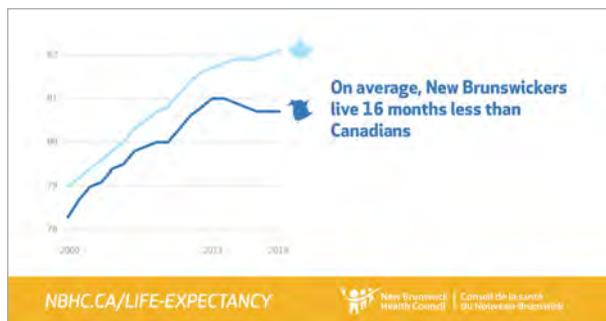


APPENDIX C: Social Media and Infographics





New social media look:



APPENDIX D: Citizen Interactions and Media Coverage

Citizen interactions

Why did citizens contact us in 2020-2021?



454

OPINIONS EXPRESSED
about the health system



162

**PERSONAL
EXPERIENCES**
shared by citizens



164

REQUESTS
for NBHC work
and data

143

**QUESTIONS
AND OPINIONS**
related to Covid-19

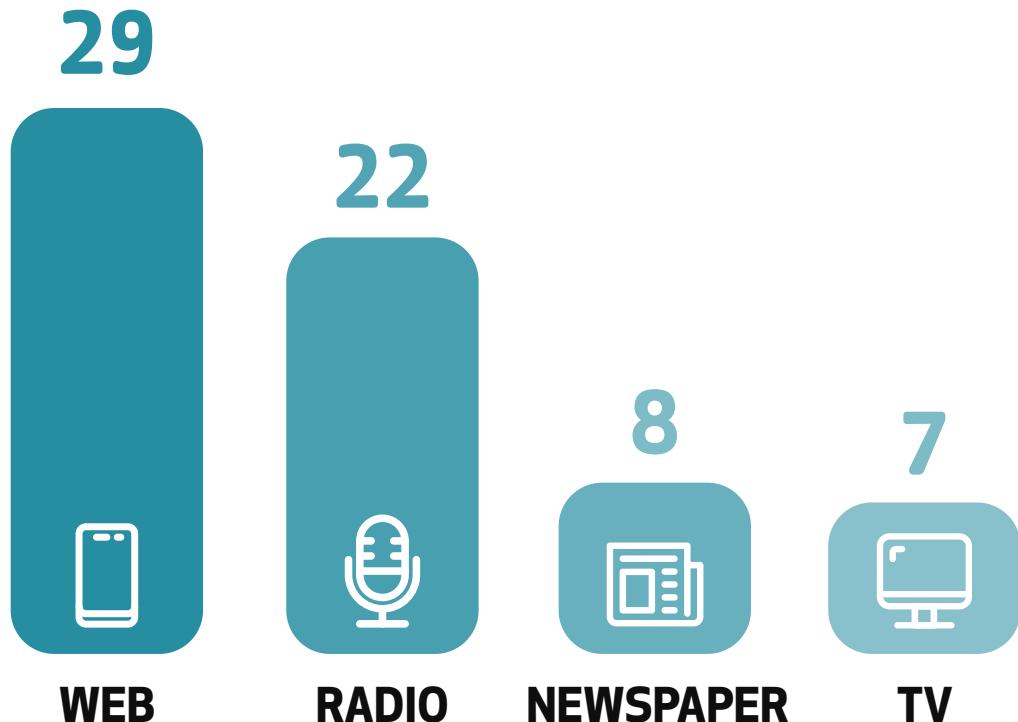


49

QUESTIONS
about health zones

Media coverage

Where did our content appear in 2020-2021?



Logos are used to show media where our content appeared, they do not imply endorsement.

APPENDIX E: 2020-2021 Annual Financial Report

NEW BRUNSWICK HEALTH COUNCIL

Financial Statements

March 31, 2021



TABLE OF CONTENTS

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INDEPENDENT AUDITOR'S REPORT

To the Directors of
New Brunswick Health Council

Opinion

We have audited the financial statements of New Brunswick Health Council (the organization), which comprise the balance sheet as at March 31, 2021, 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, 2021, and the results of its operations and its cash flows for the year then ended in accordance with the Canadian Public Sector Accounting StandardsCanadian accounting standards for not-for-profit organizations.

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 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.

The financial statements for the year ended March 31, 2020 were audited by another auditor who expressed an unmodified opinion on those financial statements on June 16, 2020.

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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 Canadian accounting standards for not-for-profit organizations, 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.

Bourque Richard Boutot

**Bourque Richard Boutot P.C. Inc.
Chartered Professional Accountants**

Dieppe, New-Brunswick
June 25, 2021

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, 2021

	Budget	2021	2020
Revenues			
Grants - New Brunswick Department of Health	\$ 2,040,570	\$ 1,956,493	\$ 1,892,958
Other revenues (schedule A)	368,961	303,773	339,231
	<hr/>	<hr/>	<hr/>
	2,409,531	2,260,266	2,232,189
Expenses			
Administrative expenses	67,550	39,883	60,575
Communication expenses	309,695	305,038	147,052
Research and Consulting	358,999	294,842	418,454
Board of Directors	160,100	118,170	140,990
Human Resources	1,460,217	1,459,722	1,421,521
Operating expenses	52,970	42,611	43,597
	<hr/>	<hr/>	<hr/>
	2,409,531	2,260,266	2,232,189
Excess of revenues over expenses	<hr/>	<hr/>	<hr/>
	\$ -	\$ -	\$ -

NEW BRUNSWICK HEALTH COUNCIL
Balance Sheet
March 31, 2021

	2021	2020
Assets		
Current assets		
Cash	\$ 400	\$ 400
Accounts receivable	357,023	337,504
	<hr/> \$ 357,423	<hr/> \$ 337,904
Liabilities		
Current liabilities		
Accounts payable	\$ 309,738	\$ 270,443
Deferred income	47,685	67,461
	<hr/> \$ 357,423	<hr/> \$ 337,904

On behalf of the Board


_____, Director
Harry Doyle, Director

NEW BRUNSWICK HEALTH COUNCIL
Notes to Financial Statements
March 31, 2021

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

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.

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.

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 \$149,393 (\$129,814 in 2020).

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.

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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.

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Additional Information
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	Budget	2021	2020
Schedule A - Other revenues			
Department of Social Development	\$ 176,500	\$ 158,997	\$ 176,527
Indigenous Service Canada	192,461	144,776	141,879
University of Waterloo	-	-	20,825
	<hr/>	<hr/>	<hr/>
	\$ 368,961	\$ 303,773	\$ 339,231

APPENDIX F: 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 thirteenth fiscal year, 2020-2021.

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