



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

**Our Health.
Our Perspectives.
Our Solutions.**

ESTABLISHING A COMMON HEALTH VISION

Conversation Guide – Phase I

Our Health. Our Perspectives. Our Solutions - ESTABLISHING A COMMON HEALTH VISION



Dear Participant,

It is well documented that many citizens are looking to have greater input in the public policies that affect their everyday lives, and New Brunswickers are no different when it comes to their health services.

New Brunswick is among the provinces that spends the most on health care, yet there is still room for improvement in certain areas such as health and health care performance. Although the trend is to keep investing more money in health care, we cannot show that more money will provide better care or even a healthier population. ***Our Health. Our Perspectives. Our Solutions.*** aims at involving New Brunswick citizens and stakeholders in a discussion that will provide insight on what people value the most and what can be done to improve provincial health outcomes.

The New Brunswick Health Council (NBHC) was created in 2008 and is mandated to measure, monitor and evaluate population health and health service delivery in the province of New Brunswick. This means that the NBHC is responsible for providing regular and accurate information on how the province's health system is doing and for providing recommendations for its improvement. Without a doubt, this mandate can only be accomplished by recognizing that citizens must be provided with opportunities to share their perspectives.

We look forward to this first opportunity for a province-wide discussion and to the opportunity to provide you with meaningful information on health and health services. Our objectives are to understand your perspectives and your priorities. This will be a valuable element as we develop our recommendations for improving health outcomes.

Your contribution to this process is important and your time and effort are greatly appreciated.

Sincerely,

Stéphane Robichaud
Chief Executive Officer
New Brunswick Health Council

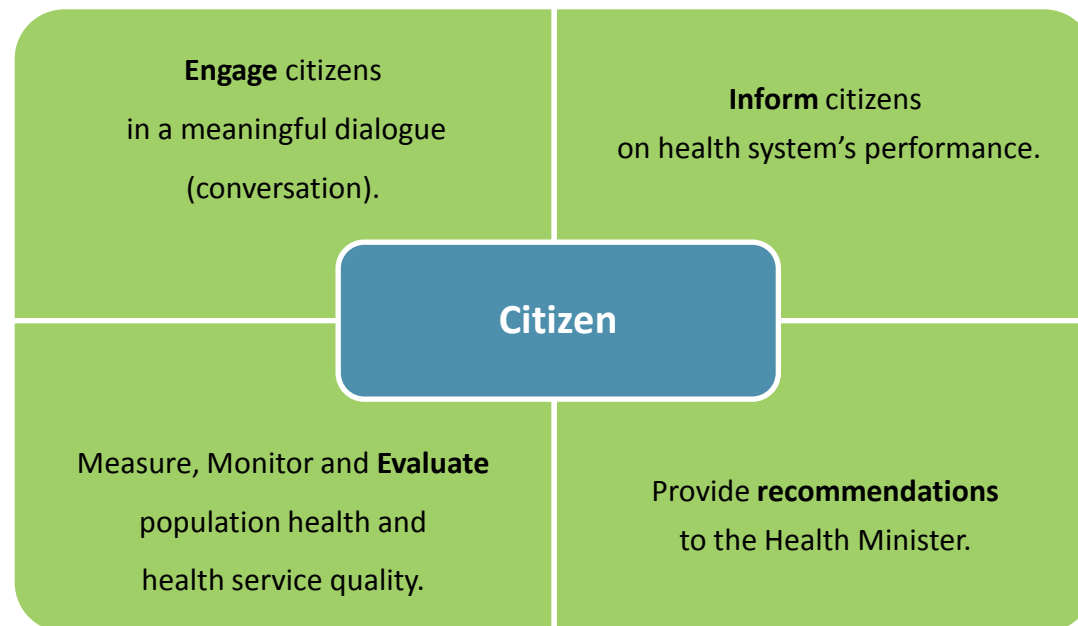


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Introduction - About the New Brunswick Health Council

The New Brunswick Health Council (NBHC) was created in 2008 and is required to measure, monitor and evaluate population health and health service delivery in the province of New Brunswick. This means that the NBHC is responsible for providing regular and accurate information on how the province's health system is doing. It also provides recommendations on how to improve it. Citizens can and want to have a valuable say in evaluating the health system's performance and in developing solutions to help improve it. ***Our Health. Our Perspectives. Our Solutions.***, is an opportunity for citizens to do just that.



Purpose of this dialogue

What is Citizen Engagement?

Citizen engagement is a way for people to have a say in how public policy is shaped. This requires that citizens be well informed about the issues, and that they be given meaningful opportunities to share their views. It also requires that governments be open and listen carefully to the voices of citizens.

The objectives:

Our Health. Our Perspectives. Our Solutions will involve New Brunswick citizens and stakeholders in a discussion on what people value most regarding the province's health system, and what can be done to improve provincial health results. Ultimately, the aim is to develop a shared vision for the province's health system that reflects the needs and aspirations of the province's population. This will be an interactive and inclusive process, representative of our province's culture, diversity and values.

The New Brunswick Health Council believes that the need for involving the public in population health and health service delivery in New Brunswick is essential. Citizens want – and expect – health service delivery to better reflect their particular personal and community needs, values and priorities. The challenges we face are numerous, and no single individual or group can hold all the answers.

We recognize that citizens want to be present when decisions are being made in order to influence policy. We believe they have much to add to possible solutions. What citizens tell us throughout this process will help inform the development of our recommendations to government and other health system partners.

The purpose of this first dialogue is to engage New Brunswickers in an informed conversation on the situation of the province's population health and health system.

As a participant, you are invited to do three things:

- 1. Learn about New Brunswick's Health System and Population Health:** The NBHC will provide a general idea of how the province's health system works and the factors that work together to influence the health of the population.

A summary of this information is available in the next section called "The Big Picture" and we encourage you to review it before attending the dialogue (conversation) or sharing your comments online.

- 2. Share your thoughts on the province's key strengths and challenges in the health sector:** From your personal experience, and what you see in your community, we'd like to know what you see as working well in the health system ... and not so well.

- 3. Identify the issues you feel require most urgent attention:** Knowing that there are not unlimited resources to address our health challenges, your say on identifying priorities for action is important.

This work will help set the stage for Phase II of this initiative, where we will look to the future to imagine the kind of population health and health system New Brunswickers want to have and possible solutions for addressing the challenges identified in Phase I.

What to expect? - A three-phase provincial discussion

Each session will bring together 125 participants, half of which will be recruited at random and the other half representing a variety of groups.

The sessions will run from 9:30 a.m. to 4:00 p.m. and will include a mix of learning sessions, small group discussions at your table led by a table facilitator, and plenary question and answer sessions led by the moderator.

This initiative will unfold in three phases:

PHASE I - PERSPECTIVES:

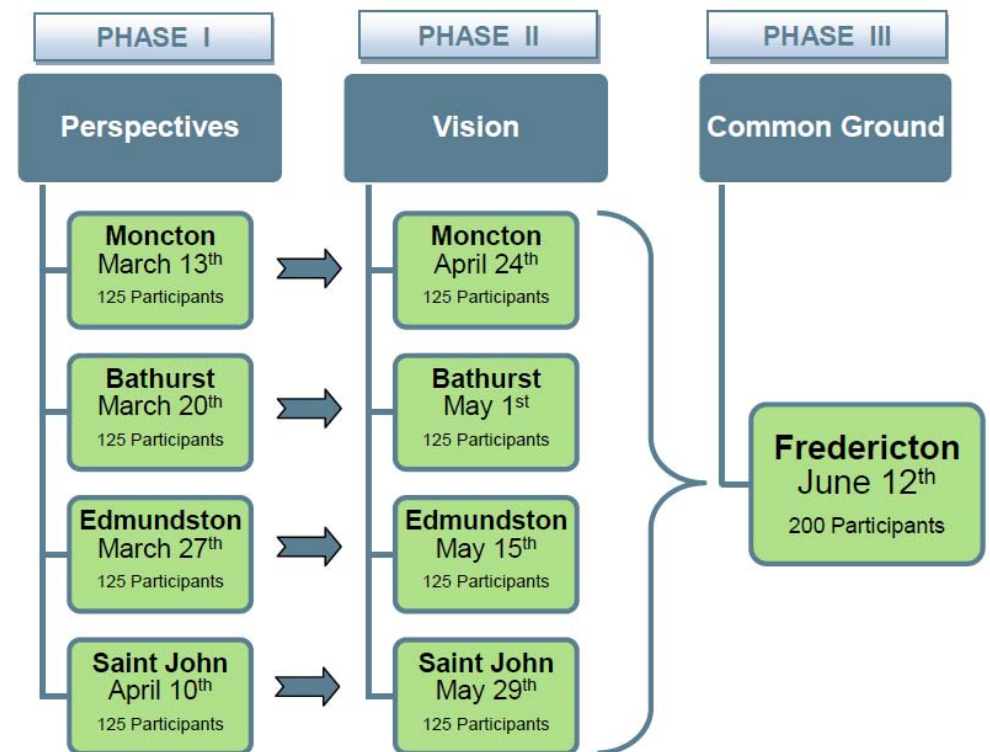
Will provide the participants with an opportunity to learn more about the current situation and to share their own perspectives on the health system in New Brunswick.

PHASE II - VISION:

Will provide the same participants in the same four locations with an opportunity to discuss their vision of the health care system New Brunswickers want to have, and to discuss possible solutions to the challenges identified in Phase I.

PHASE III - COMMON GROUND:

This session will involve 200 participants who were present during Phase I and Phase II. Participants will be required to establish a consensus on priorities and to seek common ground for action.



What to expect? - How to participate?

In person: Participants are selected by chance by a professional marketing research firm. As a participant, you were recruited to attend one session in Phase I and one session in Phase II. The option of attending Phase III will be discussed during the initiative.

Online: New Brunswickers not recruited to participate in this dialogue are encouraged to share their points of view on-line at www.nbhc.ca.

Dialogue and ground rules - Why are we calling this a “dialogue”?

DIALOGUE	DEBATE
<ul style="list-style-type: none">Assumes that others have pieces of the answerAttempts to find common understandingObjective is to find common groundListening to understandExplores and tests personal assumptionsExamines all points of viewAdmits that the ideas of others can improve one's own ideasSearches for strengths and value in the other's positionSeeks an outcome that creates new common ground	<ul style="list-style-type: none">Assumes that there is one right answer (and you have it)Attempts to prove the other side wrongObjective is to winListening to find flawsDefend your personal assumptionsCriticizes the other's point of viewDefends one's views against othersSearches for weaknesses and flaws in the other's positionSeeks an outcome that agrees with your position

Dialogue – as opposed to debate – is the kind of conversation we hope you and your fellow participants will have during each phase of this initiative.

As shown in the chart, **the goal of a dialogue is to work together to explore and understand different points of view.** Rather than creating a “winner” and a “loser”, dialogue focuses on building common ground.

“Common ground” is achieved when participants feel they can agree on as a basis for moving forward – while they may not be in total agreement on every point, everyone feels that their views are being heard, respected and recorded, and that the discussion is moving in a direction they are comfortable with.

In short, there are no “right” or “wrong” answers – only individual experiences, points of view, and/or perspectives.



Ground rules for our dialogue:

1. **Respect** all points of view.
2. **Listen** openly and carefully to others.
3. **Suspend** judgment – there are no “wrong” opinions.
4. **Test** your own assumptions.
5. **Express** disagreement with ideas, not personalities.
6. Work **together** and have **FUN**!

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Agenda at a glance

8:30 – 9:30 a.m.	Registration	
9:30 – 10:10 a.m.	Opening <ul style="list-style-type: none"> - Welcome - Table introductions 	Moderator Stéphane Robichaud New Brunswick Health Council
10:10 – 11:10 a.m.	Learning Session: <i>The ‘Big Picture’</i> <ul style="list-style-type: none"> - Plenary Q&A 	Shirley Smallwood New Brunswick Health Council
11:10 – 11:45 a.m.	Table Discussion	What would you value most in an “ideal” health system?
11:45 a.m. – 12:30 p.m.	LUNCH	
12:30 – 12:40 p.m..	Plenary Assembly	Reporting back: Values for ideal health system
12:40 – 1:05 p.m.	Learning Session: <i>What affects our health?</i> <ul style="list-style-type: none"> - Plenary Q&A 	Shirley Smallwood New Brunswick Health Council
1:05 – 2:00 p.m.	Table Discussion	In your view, what are the <u>top 3</u> priority issues facing the health system in New Brunswick?
2:00 – 2:15 p.m.	BREAK	
2:15 – 2:45 p.m.	Plenary Assembly	Reporting back: Top 3 issues facing the NB health system
2:45 – 3:25 p.m.	Table Discussion	Regarding the health system in New Brunswick, what are the key strengths and opportunities to build on?
3:25 – 3:40 p.m.	Plenary Assembly	Reporting back: Key strengths and opportunities
3:40 – 4:00 p.m.	Closing <ul style="list-style-type: none"> • Next steps • Evaluation 	Moderator Stéphane Robichaud New Brunswick Health Council

“The Big Picture” – What is the cost of delivering care?

The *New Brunswick Government* spent *7.3 billion dollars* to deliver public services to citizens last year. Out of this total, *2.5 billion* was spent by the Department of Health.

DID YOU KNOW...

The Department of Health spends approximately
6.7 million dollars per day or
\$4,653 per minute.

This means that it costs
\$3,350 per year
for the health care of one
New Brunswick citizen.

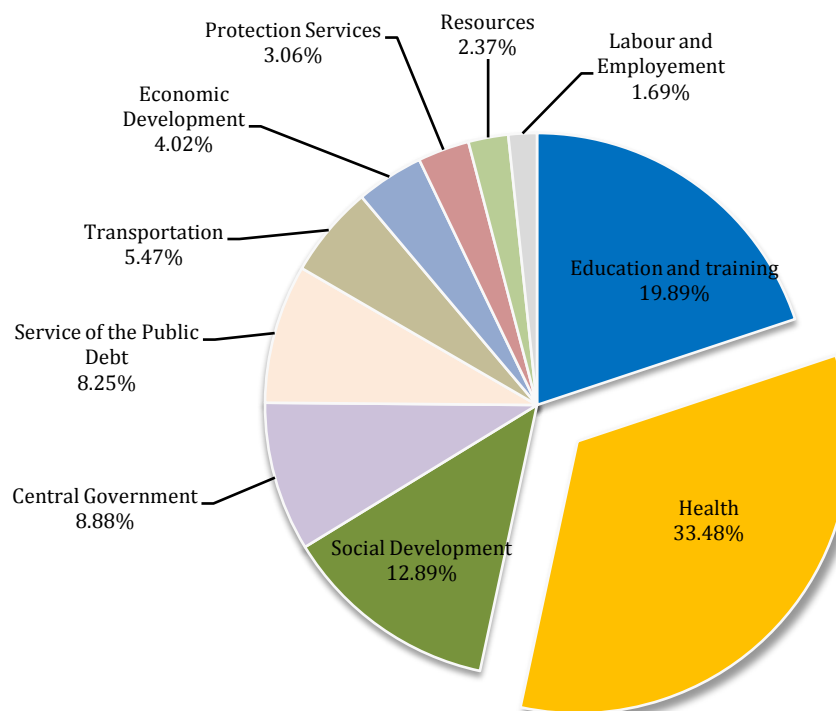
(Source: New Brunswick Financial Statement of Public Accounts for the fiscal year ending March 31st, 2009 Audited Financial Statements, Statistics Canada census information)

How much will health care cost in the future?

Department of Health expenses have been increasing at a rate of 8.6% per year.

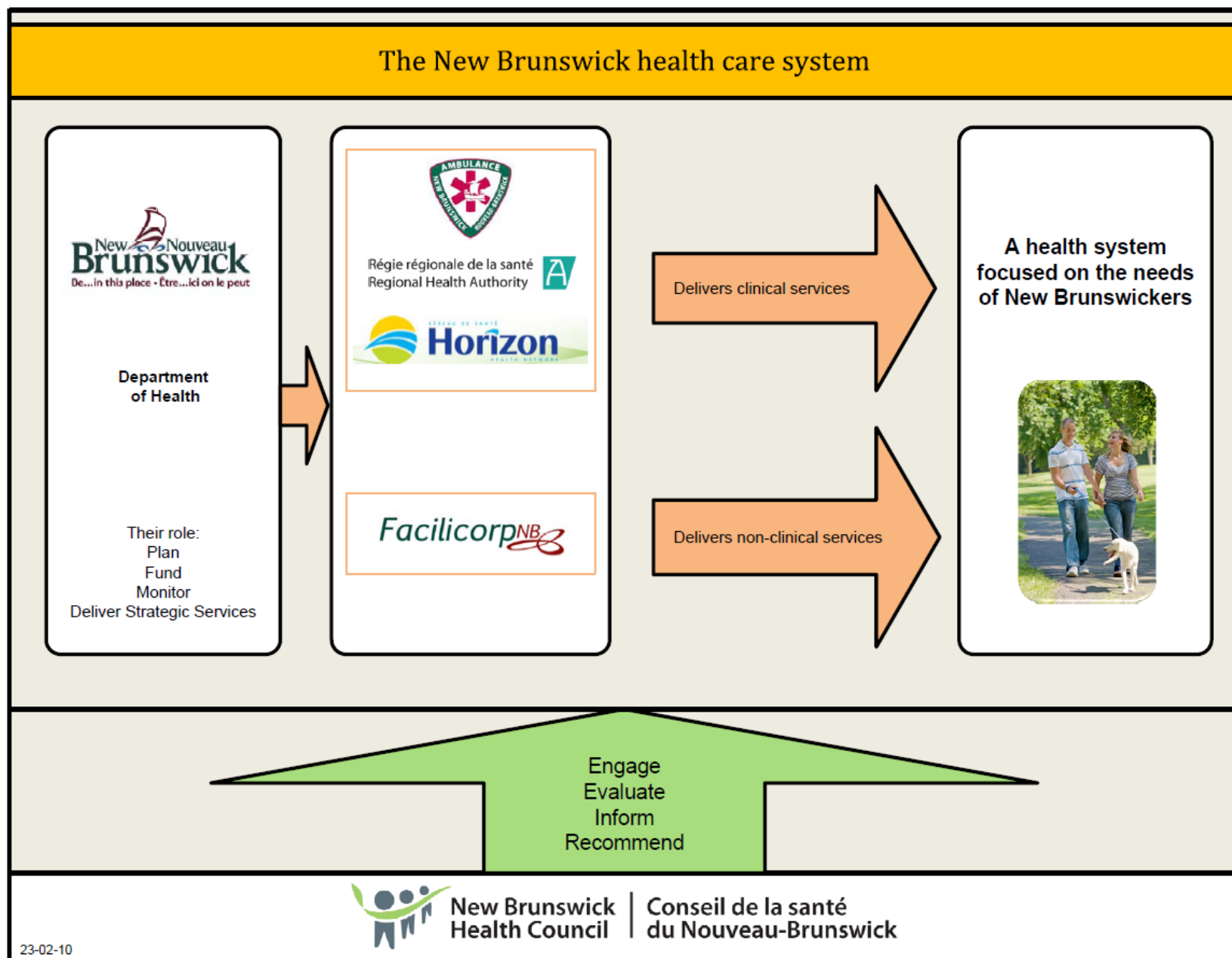
By year 2015 it is anticipated the Department of Health will account for more than 50% of the province's expenses if it continues at this rate.

Percentage of the total expenses, for the Province of New Brunswick
(fiscal year ending on March 31, 2009)



Source: New Brunswick Financial Statement of Public Accounts for the fiscal year ended 31 March 2009
Audited Financial Statements
ISSN 0382-1277

“The Big Picture” – Who are the health organizations involved in delivering your health care?



“The Big Picture” – What are the programs and services within the health system in New Brunswick?

There are 4 sectors of care. A citizen can move through any of these sectors at any point in time. These sectors of care are:



Primary Health

• **PRIMARY HEALTH** is the care a person receives upon first contact with the health system. It focuses on health promotion, illness and injury prevention, and the diagnosis and treatment of illness.

• Some programs and services included in Primary Health are:
Public Health, Ambulance services, Community Health Centre, Family Physicians, Emergency Rooms, and Wellness.



Acute Care

• **ACUTE CARE** is the care provided in a hospital or a psychiatric facility.

• Some of the programs and services included in Acute Care are:
Hospital Services, Cardiac Care Program, Ambulatory Care Clinics, Organ and Tissue procurement, Safer Health Care Now initiatives, and Psychiatric facilities.



Supportive / Specialty

• **SUPPORTIVE/SPECIALTY** is the care received in the community or as an out-patient to prevent, control, or relieve complications and/or side effects and to improve the citizen's comfort and/or quality of life.

• Some of the programs and services included in Supportive/Specialty are:
Community Mental Health Programs and Services, Extra-Mural Programs, Rehabilitation Services (Stan Cassidy Centre), Addictions Services, Social Development-Long Term Care, etc.



Palliative Care

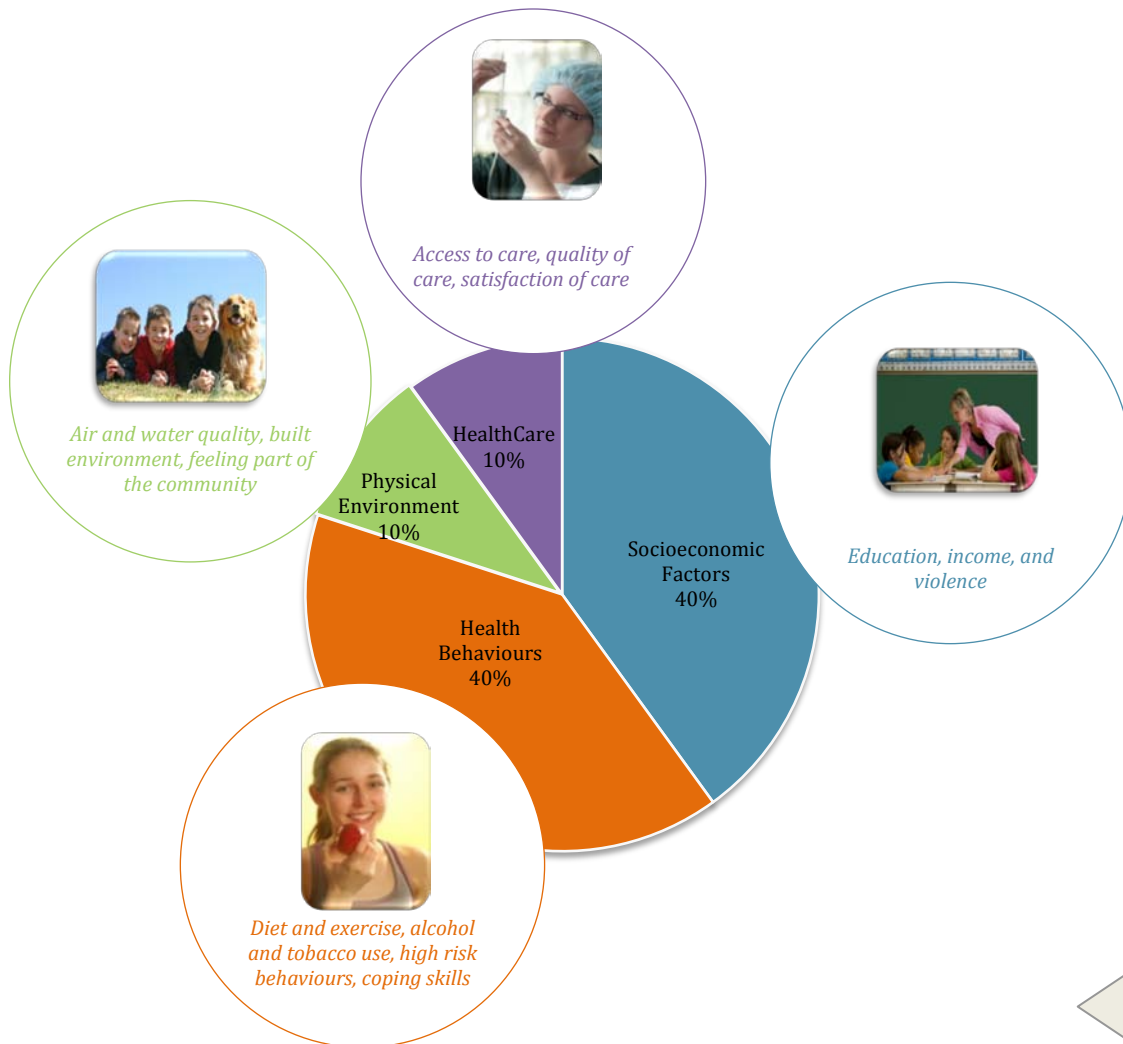
• **PALLIATIVE CARE** is for anyone facing a life-threatening illness. It provides physical, emotional and spiritual care and support for individuals and their loved ones.

DID YOU KNOW...

- **Primary Health** - There were 639,226 emergency room visits in New Brunswick during 2008-2009 (the average cost for an emergency room visit is \$83).
- **Acute Care** – 1 person in every 1,000 New Brunswickers will receive a knee replacement in their life (average cost of a knee replacement is \$9,505).
- **Supportive/Specialty** – The Extra-Mural Program (EMP) of New Brunswick made 443,920 visits in 2008-2009 (the average cost of one visit is \$124).

(Source: National Health Expenditure Database, Canadian Institute for Health Information, Statistics Canada, 2009 and the New Brunswick Annual Reports of Hospital Services for the fiscal year ending March 31, 2009)

“What affects our health?” – Things we need to consider



Looking at your overall health:

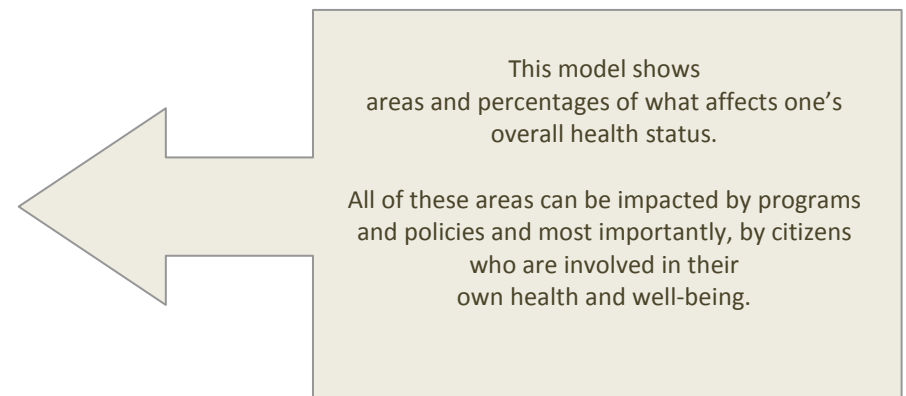
Your **health status**, or overall health, is determined by both the quality of your life, and the length of your life. These are affected by multiple factors.

Affecting your **health status**:

Many factors combined can affect how healthy you are. These are called determinants of health. In general terms, they are:

- Social, economical, physical, environmental and cultural factors
- Personal health practices and behaviours
- Individual capacity and coping skills
- Human biology
- Early childhood development
- Health services

One way of looking at what affects your health:



“What affects our health?” – How healthy are we in New Brunswick?

New Brunswickers fall in the middle of the pack on most indicators when comparing with the rest of the provinces and territories in Canada (when data was available). Included below is a brief picture of some indicators that represent the health determinants.

- = doing well (ranked top 3 in Canada)
- = caution (ranked in the middle)
- = lagging (ranked last 3 in Canada)

Health Care - responsible for 10% of the health status

Has a regular medical doctor	● 3/13
Medical doctor visit within the last year	● 9/13
Dental professional visit within the last year	● 11/13
People being hospitalized for unnecessary conditions	● 10/12
Adults 65 years and up who have received the flu shot in the last year	● 11/12
Females (18 to 69 years old) who had a pap test within the last 3 years	● 8/13
Females (50 to 69 years old) who had a mammogram in the last 2 years	● 1/12
Patient satisfaction with the health care system	● 2/12

Health Behaviours – responsible for 40% of the health status

Physical activity during free-time, moderately active or active	● 7/13
Eat 5 or more fruits or vegetables a day	● 6/13
Adults with unhealthy weight (obese)	● 7/13
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	● 7/13
Seeing your stress as being a lot	● 4/13
Current smoker, daily or occasional	● 5/13
Number of sexually transmitted illnesses	● 5/12
Teens who are pregnant	● 2/13

Socioeconomic Factors – responsible for 40% of the health status

No high school diploma (25 years and older)	● 8/13
Unemployment	● 6/10
Divorced	● 5/13
Single parent family	● 5/13
Low income	● 2/10
Violent crime	● 3/13
Property crime	● 2/13
Charged for driving under the influence (drugs or alcohol)	● 6/13

Physical Environment – responsible for 10% of the health status

Coming in contact with second-hand smoke at home	● 11/13
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	● 9/13
Sense of belonging to your community, somewhat strong or very strong	● 7/13

Overall HEALTH STATUS of New Brunswickers

See their health as being very good or excellent	● 9/13
See their mental health as being very good or excellent	● 10/13
Pain or soreness that prevents activities (physical or emotional)	● 10/13
Expected years of life	● 5/10
Infant with less than average birth weight	● 6/13
Infant deaths	● 2/13
Premature deaths from heart and stroke	● 9/13
Premature deaths from cancer	● 8/13
Premature deaths from breathing diseases	● 7/13
Premature deaths from injuries	● 5/13
Premature deaths due to suicides/self-inflicted injuries	● 8/13



***See back of Conversation Guide for full details*

“What affects our health?” – Top reasons why New Brunswickers use their health services

Primary Health

Top 5 reasons why people see their Family Doctor

1. Preventive and follow-up care (general medical examination, routine pre-natal examination and health supervision of an infant or child)
2. High Blood Pressure
3. Sore throat (Acute upper respiratory infections)
4. Joint related problems
5. Diabetes



DID YOU KNOW...

- **Primary Health** – **50%** of visits to family doctor's office where made by patients with 1 or more chronic conditions. (hypertension, arthritis, cholesterol, diabetes and depression)
- **Acute Care** – Approximately **23%** of the total admitted patients costs are spent for cardiac, cancer, diabetes, mental health, and respiratory disease care.
- **Supportive/Specialty** – Children and adolescent make up **17%** of the clients served by the extra-mural program, adults make up **22%**, and **61%** of the clients served are over the age of 65.

(Source: National Health Statistics reports (US), 2008, National Physician Survey 2007, Annual Report of Department of Health for 2007-2008, Annual Report of Hospital Services 2008-2009)

Acute Care

Top 5 reasons why people are being admitted to hospital

1. Childbirth
2. Respiratory disease (Chronic Obstructive Pulmonary Disease or COPD)
3. Chest pain
4. Heart failure
5. Inflammation of the colon (bowel)



Supportive/Specialty

Types and percentages of services provided by the Extra-Mural Program (EMP)

1. 52% of EMP use is for direct nursing services
2. 25.5% of EMP use is for clinical services provided over the phone
3. 15% of EMP use is for rehabilitation services (includes physiotherapy, occupational therapy and speech language pathology, to name a few)
4. 7.5% of EMP use is for other clinical services (includes social work, dietician and respiratory therapy)



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What happens next?

When you return - Phase II: Vision and Solutions

The next step will give you the chance to further your thoughts. In order to do so, in a few weeks, you will take part in Phase II with the same participants. This will be an opportunity for all to reflect on possible solutions to the issues identified today.

Location	Moncton	Bathurst	Edmundston	Saint John
Phase I	March 13 th Crystal Palace	March 20 th Danny's Inn	March 27 th Château Edmundston	April 10 th UNBSJ Grand Hall
Phase II	April 24 th Crowne Plaza	May 1 st Danny's Inn	May 15 th Château Edmundston	May 29 th UNBSJ Grand Hall

How can I be a part of the final phase?

From the 500 participants (250 citizens and 250 stakeholders) initially recruited for the Phase I and Phase II dialogues, a total of 200 individuals (100 citizens and 100 stakeholders) will participate in Phase III. The steps to selecting the people will be explained in Phase II, but those interesting in participating are encouraged to tell their table facilitator. The third and final phase will establish a consensus on priorities and seek common ground for a citizen-centered approach to health services in New Brunswick.

Location	Fredericton
Phase III	June 12 th Delta Fredericton



APPENDIX “A” : DID YOU KNOW?

- Approximately **56,900 people** (about the population of the City of Fredericton and the Town of Caraquet combined) **have diabetes** in New Brunswick. The average cost for being hospitalized for diabetes is \$4,636.
- Roughly **140,900 New Brunswickers (19.4% of the population of New Brunswick** - about the population of Moncton, Saint John and Campbellton combined) **have high blood pressure** in the province. The national average is 15%. Did you know that the average cost for being hospitalized for a heart attack is \$7,049 and \$8,581 for a stroke?
- **Over half the population of the province has at least 1 chronic disease.** These include heart and stroke diseases, cancer, diabetes, mental illness, chronic pulmonary disease (COPD), asthma, arthritis.
- On average **1 in 5 New Brunswick households calls the Tele-Care phone line** for symptoms evaluation and health information. This is the same as the national average. About 20% of all calls refer people to the emergency room.
- A person admitted to hospital in New Brunswick stays on **average 7.9 days**, which is the same as the national average. **The average cost for 7.9 days in hospital is \$7,110.**
 - **A total of 57,968 surgeries were performed in New Brunswick hospitals in 2008/2009**
 - The wait times for surgeries are all longer than the national average but are slowly improving; except for wait time for hip surgery which is similar to the national average.
- In New Brunswick we perform almost **twice as many CAT scan (CT) tests per 1,000 people** than the rest of Canada and **10% more per 1,000 people of Magnetic Resonance Imaging (MRI) tests** compared to the National average.
- Based on a standardized death rate for hospitals, New Brunswick hospitals get a score of 83 or B+. The range varies from 60 (best) to 140 (worst).
- **Currently, 5% of hospital beds are being utilized by people awaiting placement to Special Care or Nursing homes.** The cost for a person awaiting placement is approximately \$5,610. They are currently 4901 special care beds and 4165 nursing home beds in New Brunswick.



- **FAMILY PHYSICIANS** - In New Brunswick, there are 99 family physicians for every 100,000 people. Nationally, this varies from 85 to 116 family physicians per 100,000 with the Canadian average being 99 per 100,000 people.
- **SPECIALIST PHYSICIANS** – We have 86 specialist physicians per 100,000 of population. Nationally, this varies from 72 to 113 specialists per 100,000 of population, with the Canadian average being 94 per 100,000 people.

Other human resources facts:

Staffing in New Brunswick (2007) (rate per 100,000 population)	New Brunswick average	Canadian average	Range
Registered Nurses – RNs	1,028	778	681 to 1,097
Licensed Practical Nurses – LPNs	364	210	131 to 511
Pharmacists	89	86	55 to 117
Dentists	38	58	33 to 167
Dental Hygienists	44	63	6 to 75
Dieticians	44	27	22 to 51
Occupational Therapists	36	37	6 to 49
Physiotherapists	58	50	36 to 96
Chiropractors	8	22	6 to 29
Optometrists	14	13	10 to 16
Psychologists	43	49	17 to 193

****Important note:** In 2007-2008, New Brunswick had 4.1 hospital beds available per 1,000 people.
The Canadian average is 3.2 beds available per 1,000



- STAFF AND FACILITIES BY SECTORS**

Primary Health:

2008-2009	# Full time staff*	# facilities
<i>Regional Health Authority A</i>	280	14
<i>Horizon Health Network</i>	325	23

Acute:

2008-2009	# Full time staff*	# facilities
<i>Regional Health Authority A</i>	6004	12
<i>Horizon Health Network</i>	9578	17

Supportive/Specialty:

2008-2009	# Full time staff*	# facilities
<i>Regional Health Authority A</i>	503	22
<i>Horizon Health Network</i>	658	23

*Note: *Full time staff = Full time equivalencies, Staff and facility numbers do not include Department of Health, Ambulance New Brunswick, FaciliCorpNB or the New Brunswick Health Council.*

- REGIONAL HEALTH AUTHORITIES TOTAL EXPENSES:** Salaries (including salaried physicians) and benefit contributions are approximately 70.5% of the regional health authorities' total expenses. Medical and surgical supplies, equipment expenses, building and grounds expenses as well as all other supplies are 20.1 % of the total expenses. Drugs consist of 3.9% of the total expenses.

Sources:

Canadian Institute for Health Information - www.cihi.ca

Statistics Canada – www.statcan.gc.ca

Annual Report of Hospital Services

Department of Health Annual Report - <http://www.qnb.ca/0051/pub/index-e.asp>



APPENDIX “B” : QUESTIONS & ANSWERS

1. What does citizen engagement mean?

Citizen Engagement is a process by which the citizens are engaged in a public dialogue on various topics such as those based on values, choices and compromises that will influence policy-making decisions.

2. What will be the topic of discussion?

The discussion will be on health services.

3. Can I speak on behalf of the organization I belong to?

Spaces are reserved for both citizens and stakeholders. If you were recruited as a citizen, we ask that you speak on your own behalf.

4. What is it really going to change?

The input provided during these sessions will help the NBHC make recommendations on how the New Brunswick health system might be strengthened to better meet the needs of New Brunswickers.

5. What’s in it for me?

As a participant, you will engage in a province-wide conversation on health and be provided with the opportunity to:

- be presented with meaningful health information
- share your perspective
- help identify top priorities for a healthier New Brunswick

6. Why can’t the health care sector figure it out by itself?

As the health care sector is not solely responsible for the health outcomes of New Brunswickers, we should all take part in finding solutions.



7. Do I need to have great knowledge in the health sector to participate?

No, people simply need to participate actively by sharing their own perspective on what matters to them.

8. Will I receive compensation for any expenses incurred?

Lunch and nutritional breaks will be provided during the sessions. If other financial considerations prevent you from attending, please contact the NBHC at 1-877-225-2521.

9. Can anyone participate?

In order to ensure a fair representation at each session, participants will be randomly recruited. The selection is not transferable to any other person. For those not selected, they may share their perspectives on-line at www.nbhc.ca

10. Do I have to attend all sessions?

You simply need to attend one session in Phase I and one session in Phase II. The location will be determined according to your postal code. A process will be in place for those interested in participating in the final Phase III.



2010 New Brunswick “Population Health Snapshot”

NB Male	NB Female	NB Average	Canadian Average	Rank (NB to Canada)
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POPULATION HEALTH STATUS

See their health as being very good or excellent	(%, CCHS, 2008)	53.6	56.2	54.9	58.9	● 9/13
See their mental health as being very good or excellent	(%, CCHS, 2008)	70.8	71.7	71.3	74.4	● 10/13
Pain or soreness that prevents activities (physical or emotional)	(%, CCHS, 2007-2008)	12.0	15.4	13.8	12.4	● 10/13
Expected years of life	(age, Stat Can, 2006)	76.1	81.8	79.0	79.5	● 5/10
Infant with less than average birth weight	(% Stat Can, 2002)	5.1	5.2	5.2	5.6	● 6/13
Infant deaths	(rate per 1,000 live birth, Stat Can, 2001)	--	--	3.9	5.0	● 2/13
Premature deaths from heart and stroke	(years of life lost, Stat Can, 2001)	1,391.7	567.9	981.6	853.7	● 9/13
Premature deaths from cancer	(years of life lost, Stat Can, 2001)	1,722.7	1,519.8	1,621.7	1,574.0	● 8/13
Premature deaths from breathing diseases	(years of life lost, Stat Can, 2001)	229.7	189.0	209.5	162.0	● 7/13
Premature deaths from injuries	(years of life lost, Stat Can, 2001)	1,218.6	385.2	803.7	639.9	● 5/13
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, Stat Can, 2001)	787.3	141.0	465.6	393.5	● 8/13

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

Has a regular medical doctor	(%, CCHS, 2008)	86.9	94.6	90.8	84.4	● 3/13
Medical doctor visit within the last year	(%, CCHS, 2008)	71.5	83	77.4	79.5	● 9/13
Dental professional visit within the last year	(%, CCHS, 2008)	53.3	57.3	55.4	63.7	● 11/13
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, CIHI, 2007-2008)	--	--	576	326	● 10/12
Adults 65 years and up who have received the flu shot in the last year	(%, CCHS, 2007)	62.2	60.2	61.0	66.6	● 11/12
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, CCHS, 2005)	--	76.5	76.5	72.8	● 8/13
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, CCHS, 2008)	--	74.0	74.0	72.5	● 1/12
Patient satisfaction with the health care system	(%, CCHS, 2007)	89.4	89.7	89.6	86.8	● 2/12

Health Behaviours – account for 40% of the health status

Physical activity during free-time, moderately active or active	(%, CCHS, 2008)	51.2	46.0	48.5	50.6	● 7/13
Eat 5 or more fruits or vegetables a day	(%, CCHS, 2008)	30.4	46.7	38.8	43.7	● 6/13
Adults with unhealthy weight (obese)	(%, CCHS, 2008)	24.0	22.9	23.5	17.2	● 7/13
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, CCHS, 2008)	29.7	9.7	19.4	16.7	● 7/13
Seeing your stress as being a lot	(%, CCHS, 2008)	18.4	17.2	17.8	22.3	● 4/13
Current smoker, daily or occasional	(%, CCHS, 2008)	22.9	23.7	23.3	21.4	● 5/13
Number of sexually transmitted illnesses	(rate per 100,000, Public Health Agency of Canada, 2004)	105	251.6	179.2	187.1	● 5/12
Teens who are pregnant	(rate per 1,000 females, Stat Can, 2005)	--	19.3	19.3	24.6	● 2/13

Socioeconomic Factors – account for 40% of the health status

No high school diploma (25 years and older)	(%, Census, 2006)	23.1	19	21	15.4	● 8/13
Unemployment	(%, Census, 2008)	--	--	8.6	6.1	● 6/10
Divorced	(%, Census, 2006)	6.8	7.1	6.7	8	● 5/13
Single parent family	(%, Census, 2006)	3	13.4	16.4	15.9	● 5/13
Low income	(%, Census, 2006)	12	14.9	13.5	15.3	● 2/10
Violent crime	(rate per 100,000 population, Stat Can, 2007)	--	--	851	930	● 3/13
Property crime	(rate per 100,000 population, Stat Can, 2007)	--	--	2,305	3,320	● 2/13
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, Stat Can, 2007)	--	--	279	241.1	● 6/13

Physical Environment – accounts for 10% of the health status

Coming in contact with second-hand smoke at home	(%, CCHS, 2008)	8.6	9.2	8.9	6.6	● 11/13
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, CCHS, 2008)	17.5	12.4	14.9	14.7	● 9/13
Sense of belonging to your community, somewhat strong or very strong	(%, CCHS, 2008)	71.2	71.3	71.3	65.0	● 7/13

● Doing well (ranked 1, 2, 3)

● Caution

● Lagging (last three places)

Rating by best (1) to worst. Includes all provinces and territories when data is available (13 in total)

Sources: 2005 to 2008 Indicator profiles from the Canadian Community Health Survey (CCHS), the 2006 Census, Statistics Canada CANSIM files, the 2004 Canadian Sexually transmitted Infections Surveillance Report from the Public Health Agency of Canada and the 2009 Health Indicator report from CIHI

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2010 New Brunswick

Population Health

Snapshot



How can you improve your health?

Be active in your healthcare need

- ❖ Health care, which is access to care and the quality of the care you receive account for about 10% of what determines your health.

Be healthy

- ❖ You can change your health by choosing positive health behaviors in your life. Your behaviours account for 40% of your health.

Believe in your potential

- ❖ Education, income and how you surround yourself with friends and family, the socioeconomic factors, account for 40% of your health status.

Be part of a good physical environment

- ❖ Where you live, the quality of the air you breathe, the water you drink, and if you are surrounded by second hand smoke, meaning the physical environment is another big determinant of your health which accounts for about 10% of your health status.

SPECIFICS ABOUT NB

Age distribution of the population

0- 19 years old = 22.7%
20-39 years old = 24.9%
40-64 years old = 37.7%
65 ++ years old = 14.7%

Total population = 729 995
Median age = 41.5

Language spoken at home:

French =29.4%
English= 68.7%

Immigrant population = 3.7%

Aboriginal population = 2.5%

(source: 2006 Census, Statistics Canada)

Ideas for Healthy Living:

- Smile
- Quit smoking
- Take a walk
- Develop your talents
- Take a yoga class
- Walk the dog
- Go skating on the pond
- Play in the snow
- Attend a play
- Enjoy nature
- Limit alcohol consumption
- Take a cooking class
- Get plenty of rest
- Go camping
- Build a sandcastle
- Eat more fruits and vegetables
- Leave your car at home
- Plant a garden
- Rake some leaves
- Volunteer your time
- Read a good book
- Gaze at the stars
- Go snowshoeing
- Take a painting class
- Cut down on salt
- Visit your friend
- Believe in your potential
- Organize a neighborhood party
- Learn to play an instrument
- Practice laughing



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

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

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Our Health. Our Perspectives. Our Solutions - ESTABLISHING A COMMON HEALTH VISION



Notes:

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The New Brunswick Health Council has gathered information to provide a snapshot of population health in New Brunswick and to provide a better understanding of provincial health services. The data used in this publication are from various sources.

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