New Brunswick Health Council

Engage. Evaluate. Inform. Recommend.

Our Health.
Our Perspectives.
Our Solutions.

ESTABLISHING A COMMON HEALTH VISION

Conversation Guide – Phase II

***Our Health. Our Perspectives. Our Solutions.* – Establishing a Common Health Vision**

Dear Participant,

Welcome back to ***Our Health. Our Perspectives. Our Solutions.***

The New Brunswick Health Council is grateful for your excellent contribution during our first phase and we look forward to sharing the results with you.

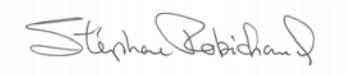
A number of key themes have been raised in all four locations and we received very positive comments regarding our sessions, as well as some suggestions on how to improve your experience. Your level of commitment and the quality of your contributions served as a source of inspiration for our team as we prepared Phase ll of this first provincial engagement initiative.

Several questions were raised during our last sessions in addition to requesting more precise information that would be of value in your deliberations. As we mentioned, we captured all of these items and have been able to include most of them in our material for this second phase. This first dialogue has served us well in appreciating the type of information citizens wish to have. Whatever information we haven't been able to obtain, we'll keep working on making it available for you.

Finally, we hope that you will consider joining us for the final session of this initiative to be held on June 12th, 2010 in Fredericton.

We greatly appreciate the time and effort you are contributing to this initiative.

Sincerely,



Stéphane Robichaud
Chief Executive Officer
New Brunswick Health Council

Table of Content

1.0 *OUR HEALTH. OUR PERSPECTIVES. OUR SOLUTIONS. – PHASE II*

1.1 Introduction

Created during the 2008 health reform as an independent and objective organization, the New Brunswick Health Council (NBHC) is mandated to measure, monitor and evaluate population health and health service delivery in the province of New Brunswick. This involves an obligation to provide regular and accurate updates on the province's state of health and on the health care system's performance, and to formulate recommendations to the Health Minister. Moreover, the creation of the NBHC was also driven by the recognition that citizens are the health care system's most important stakeholders. As such, the organization was also mandated to make citizen engagement a core part of its work, with a view to engaging New Brunswickers in a meaningful and ongoing dialogue on health and health care.

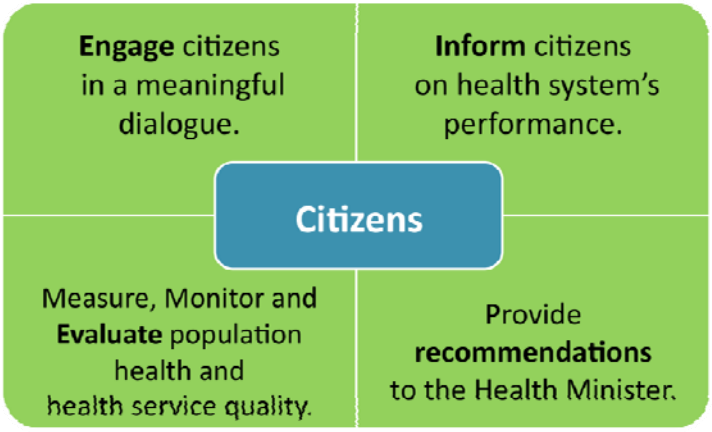


Figure 1: Mandate of the New Brunswick Health Council

1.2 A Citizen-Centered Philosophy and Approach

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 provided with meaningful opportunities to share their views. It also requires that governments be open and attentive to the voices of citizens.

For the NBHC, this means reporting to New Brunswickers on the performance of the health system, and seeking their informed input on the policies that guide the health system and affect the health of the province's population.

1.3 Toward a Citizen-Centered Health System

In 2008, the Government of New Brunswick published the Provincial Health Plan (2008-2012), in which it clearly expressed the view that the province's health system needed to become a "citizen-centered health system", that is to say:

> ***"A system that meets the needs and preferences of individuals and communities, rather than expecting people to adapt to what the system has to offer."*** [A1]

1.4 A Three-Phase Citizen Engagement Initiative

Our Health. Our Perspectives. Our Solutions is the NBHC's first large-scale citizen engagement initiative, and its purpose is to inform the NBHC's recommendations to health system partners on what citizens believe is required to achieve this vision of a citizen-centered health system. It is a three-phase process designed to involve New Brunswick citizens and health stakeholders in a discussion on what people value most with regards to the province's health system, how the system can be strengthened and what can be done to improve provincial health outcomes.

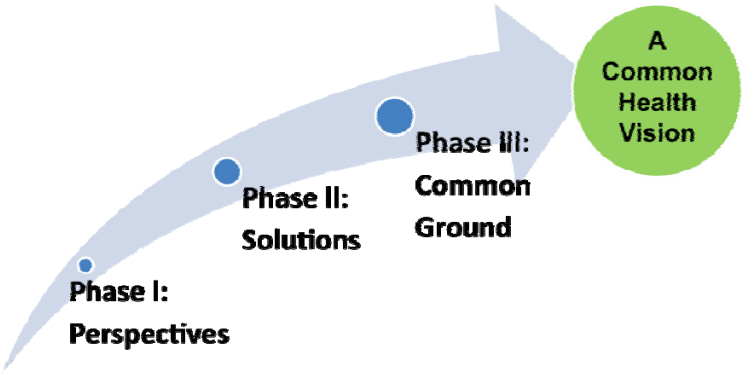


Figure 2: A Three-Phase Citizen-Engagement Initiative

- **Phase I** focused on exploring the perspectives and concerns of citizens with respect to the current state of New Brunswick's health system, with a view to identifying what participants saw as the system's greatest strengths and most important challenges.
- **Phase II** looks to the future, to envision the kind of health care system New Brunswickers want to have, and identify possible solutions to the challenges identified in Phase I.
- **Phase III** will explore the areas of common ground and points of divergence that have emerged in the first two phases, in order to identify shared priorities and elements of a common vision that will in turn inform and guide decision and policy making.

The NBHC recognizes that citizens want to have a presence at the decision-making table in order to influence policy outcomes, and believes they have much to contribute to the creation of viable solutions. Citizens' input throughout this process will therefore help inform the development of the NBHC's recommendations to government and other health system partners.

[A1] **New Brunswick Government, *Transforming New Brunswick's Health-care System: The Provincial Health Plan 2008-2012*, April 2008, p.10**

1.5 Phase II – Agenda at a Glance

Time	Agenda Item
9:30 – 9:55	Opening
9:55 – 10:15	Visioning: A Citizen-Centered Health System
10:15 – 10:55	Phase I Validation: Values
10:55 – 11:45	Phase I Validation: Issues and Strengths of the Health System
11:45 – 12:30	LUNCH
12:30 – 12:40	Visioning: a Citizen-Centered Health System
12:40 – 2:15	How can the Health System help citizens and their families be healthier?
2:15 – 2:30	HEALTH BREAK
2:30 – 3:45	What can citizens do to help themselves and their families be healthier?
3:45 – 4:00	Closing

2.0 PHASE I SUMMARY: WHAT WE HEARD

Following the NBHC general presentations on the Health Care System in New Brunswick participants were invited to discuss, at their tables, what values they would like to see reflected in the provincial health system in order for it to be more citizen-centered. In addition, they were also asked to share their opinions on what they saw as being the health system's greatest strengths and most serious challenges.

The following pages will provide you with a summary of what we heard during Phase I, including the individual results of the keypad voting questions from all locations where this dialogue was held (Moncton, Bathurst, Edmundston and Saint John). In the graphs, the column entitled **"All sites"** refers to the average response given by participants of all four locations. This allows us to better compare the average responses of our participants to the responses given by New Brunswickers **"NB Actual"** during the latest Canadian Community Health Survey (2008).

2.1 Phase I: Participant Profile

Despite efforts invested in the recruitment phase, the initial goal of 125 participants per dialogue (for a total of 500 participants) was not met. Securing this number of participants in each dialogue location proved to be a challenge, despite over 38,000 telephone calls made to potential participants by the recruitment firm.

> ***In total, 479 qualified participants confirmed their participation in the dialogues, and 310 were in attendance.***

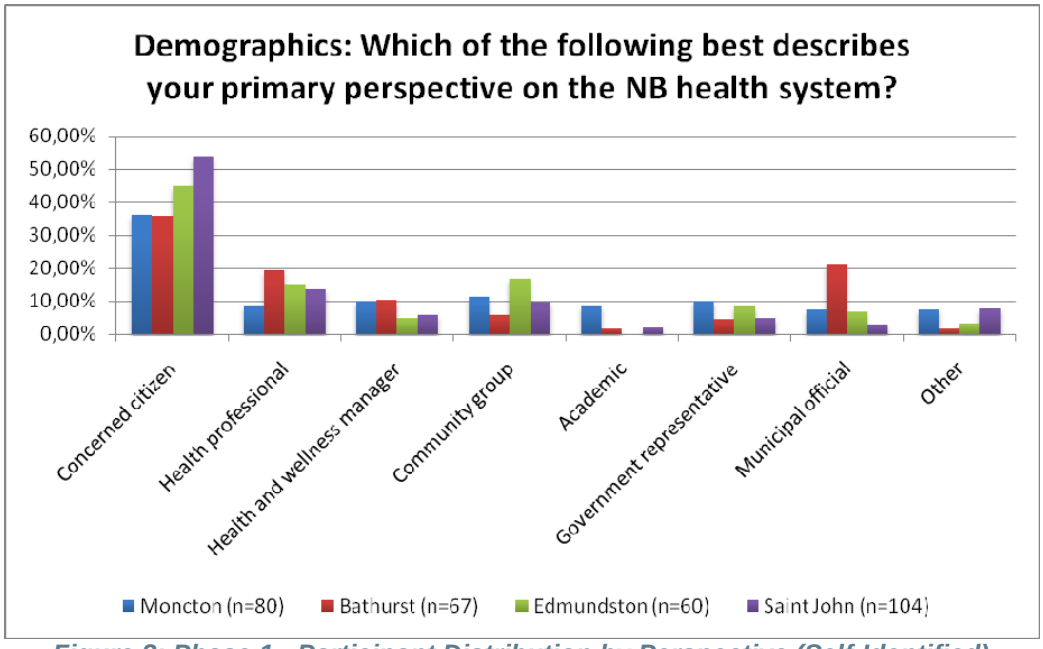


Figure 3: Phase 1 - Participant Distribution by Perspective (Self-Identified)

Nonetheless, the final mix of participants at each dialogue, and across dialogues, did ultimately reflect a balanced diversity of perspective, as illustrated by Figure 3 (these figures are based on keypad voting results and illustrate how participants self-identified themselves).

The vast majority (over 85%) of participants at each dialogue were locally-based, that is to say, they attended the dialogue session closest to where they reside.

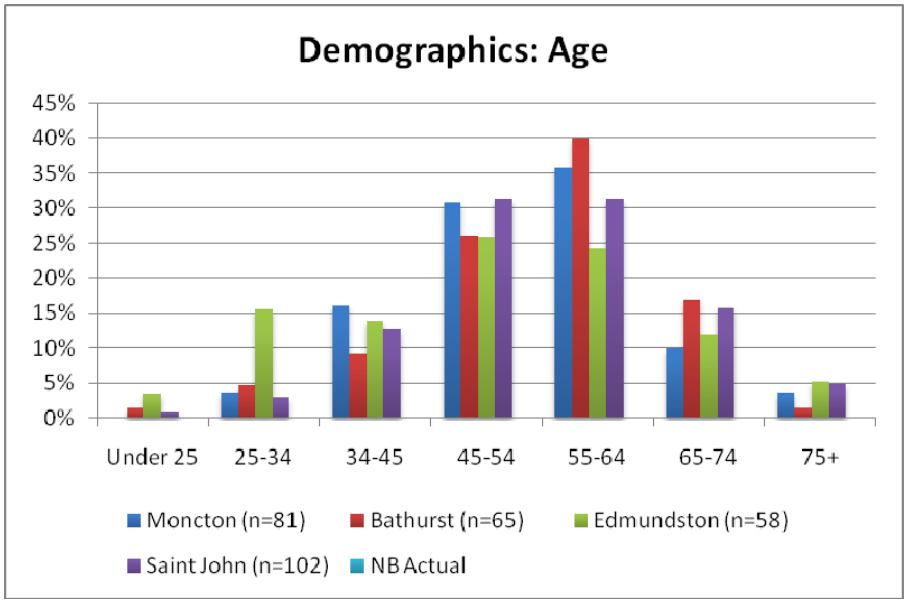


Figure 4: Phase I - Participant Distribution by City and Age Group

In addition, participation also reflected a diversity of age, gender and language, as illustrated by the charts that follow.

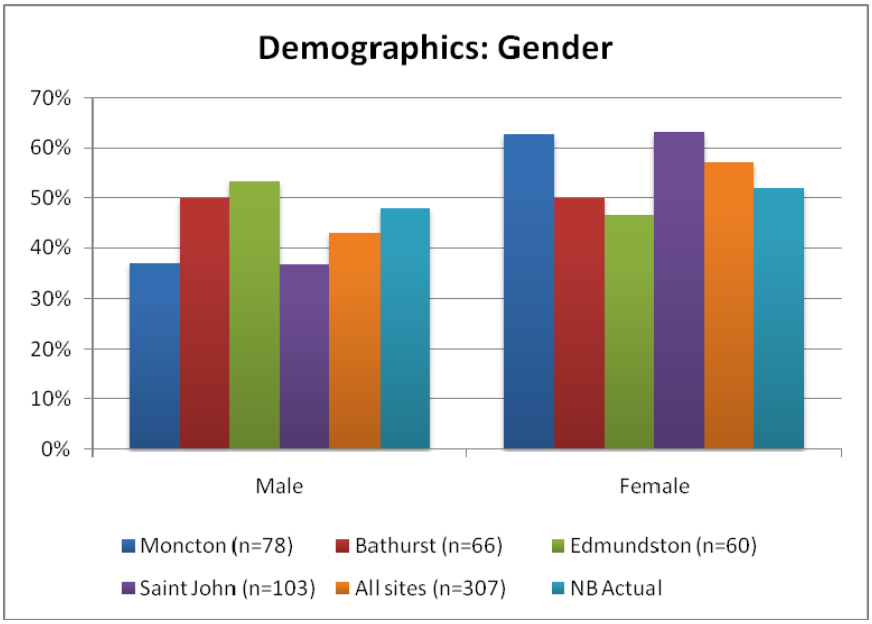


Figure 5: Phase I - Participant Distribution by City and Gender

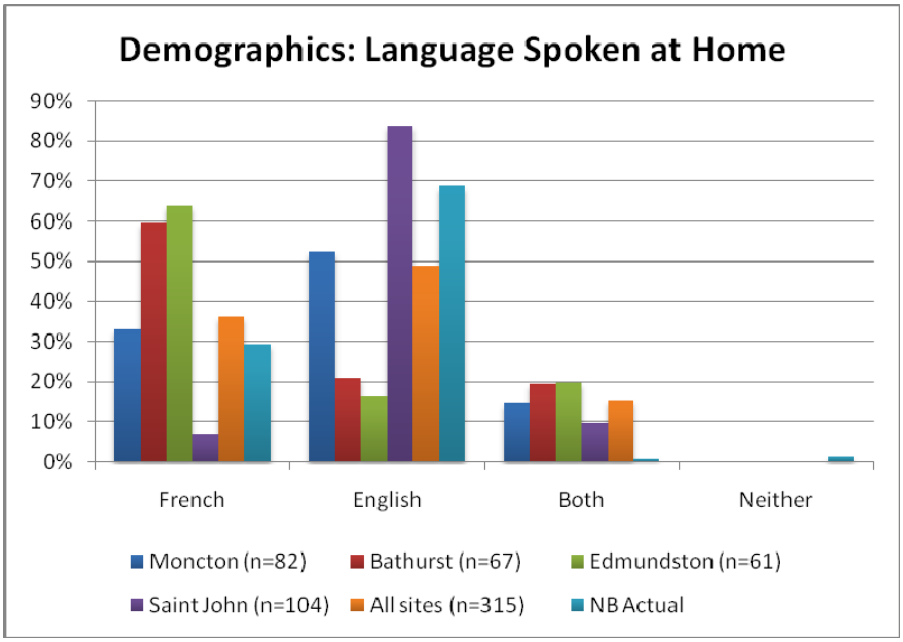


Figure 6: Phase I - Participant Distribution by City and Language

2.2 General Perspectives: Keypad Voting

Keypad voting was used throughout the day to probe participants' perspectives on a few general questions.[A2] These help contextualize participants' comments during the discussion sessions, and provide some additional insights into their perspectives on the New Brunswick health system.

Access to a Family Doctor

The vast majority of participants (over 95% in all sites except Moncton, where this figure was 87%) indicated they had a family doctor. This reflects New Brunswick's above-average performance when comparing to the rest of Canada. According to the Canadian Community Health Survey (2008), 91% of New Brunswickers said they had a regular medical doctor.

[A2] **Many of the keypad voting questions were modified or replaced for greater clarity and relevance, following the Moncton dialogue. As such, certain voting results are not available for Moncton.**

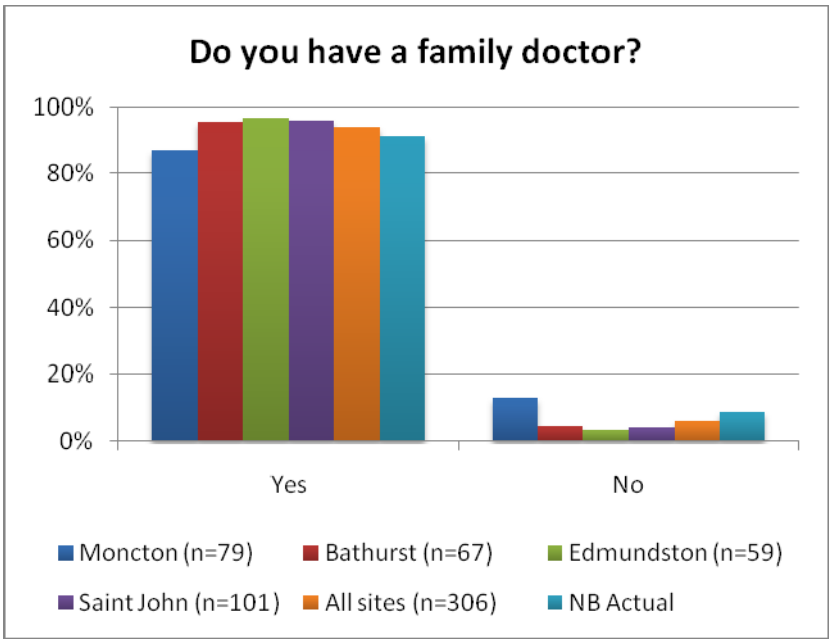


Figure 7: Phase I – Participant Access to a Family Doctor

Impacts of the Health System on Overall Physical and Mental Health

Participants were also asked to self-assess their overall physical health and overall mental health. The keypad voting results indicated that 51% of participants from Bathurst, Edmundston and Saint John rated their overall physical health as being either "Excellent" or "Very Good" (please note that this specific question was not asked in the Moncton Phase I session). That figure is lower than the provincial average of 55% (based on the 2008 Canadian Community Health Survey "*in general, would you say your health is: Excellent; Very Good; Good; Fair or Poor*"?).

The same participants tended to rate their mental health more positively, with three-quarters or more (78%) rating it as being either "Excellent" or "Very Good". That figure is higher than the provincial average of 71% according to the Canadian Community Health Survey (2008).

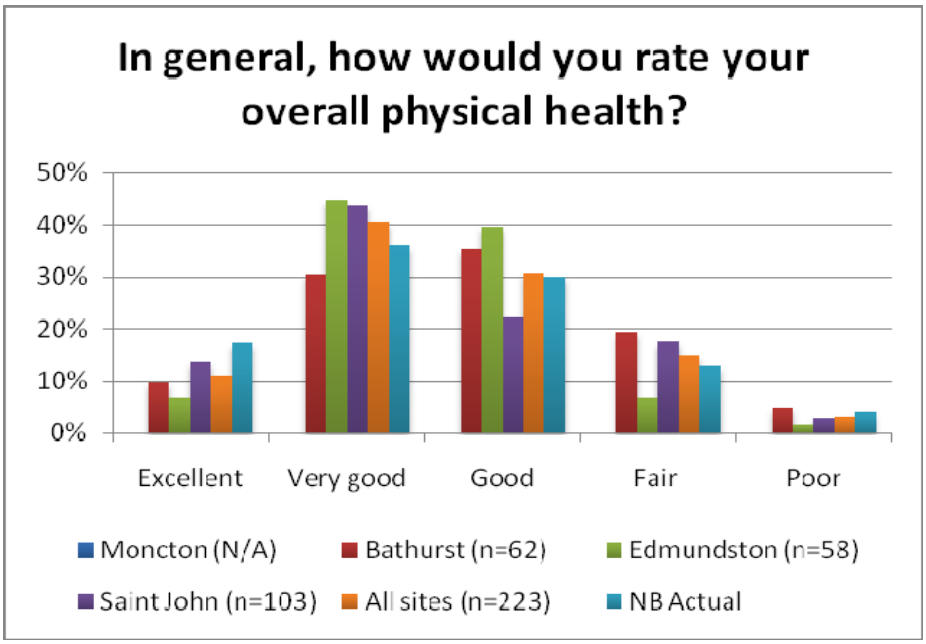


Figure 8: Phase I – Participant Overall Physical Health

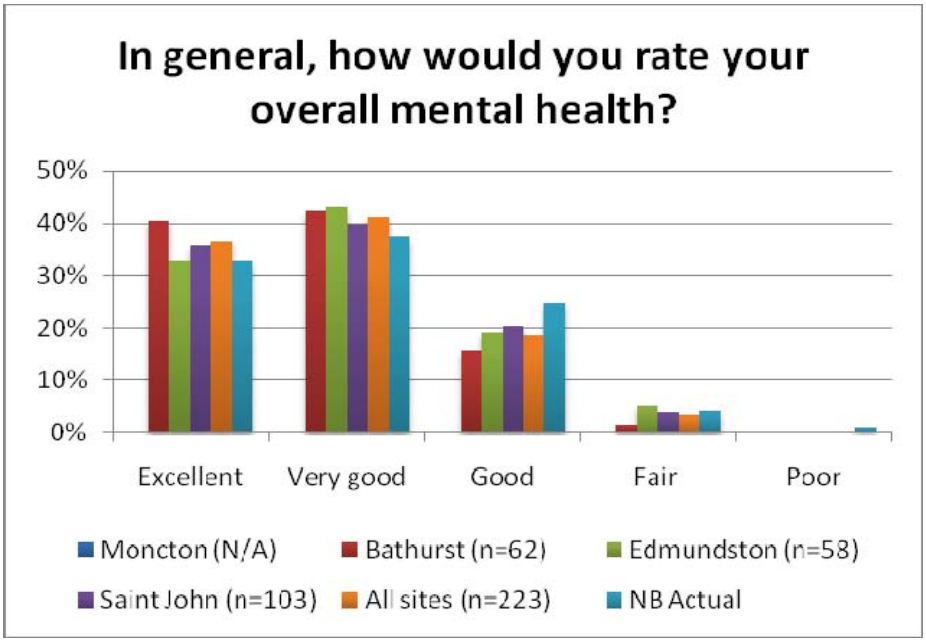


Figure 9: Phase I – Participant Overall Mental Health

Participants were then asked to indicate the extent to which they believed the health system influenced one's overall health. While research places this figure at 10%, participants across all dialogues were more likely to believe it was higher (e.g., over one-third of participants in Bathurst and Edmundston, and close to 20% in Saint John, believed the health care system influenced 50% of one's overall health).

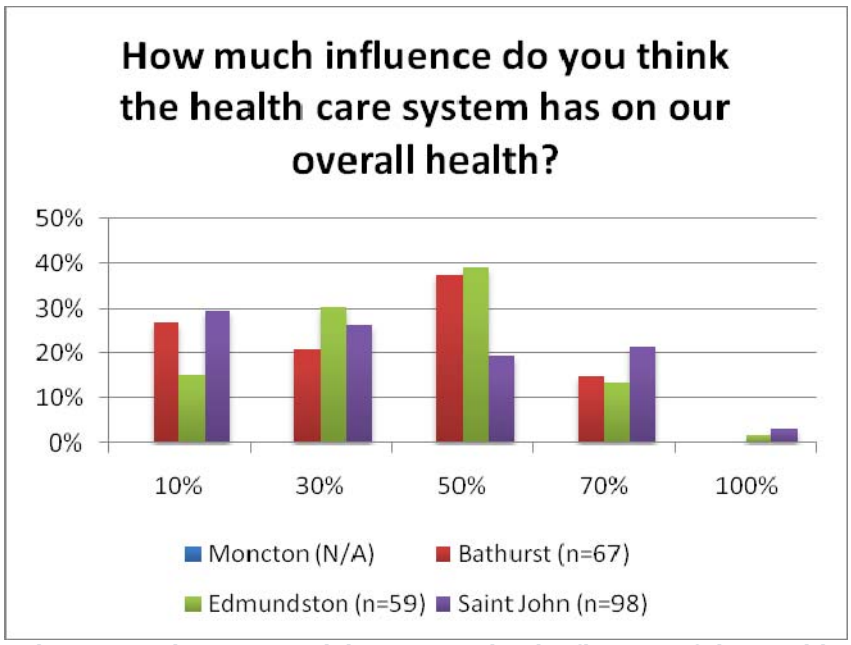


Figure 10: Phase I - Participant Perceived Influence of the Health Care System on Overall Health

The four categories of factors that affect population health (i.e., health care, physical environment, socioeconomic factors and health behaviours, at right) were presented and explained to participants.

Following this, participants were asked to indicate which one had the greatest and least impact on their overall health, given their current health situation.

Overwhelmingly (approximately three quarters), participants felt that their own health behaviours had the greatest impact on their overall health. This reflects participants' belief – frequently expressed during the dialogues – that each person carries some personal responsibility for managing his or her own health.

Figure 11: Factors Affecting Population Health

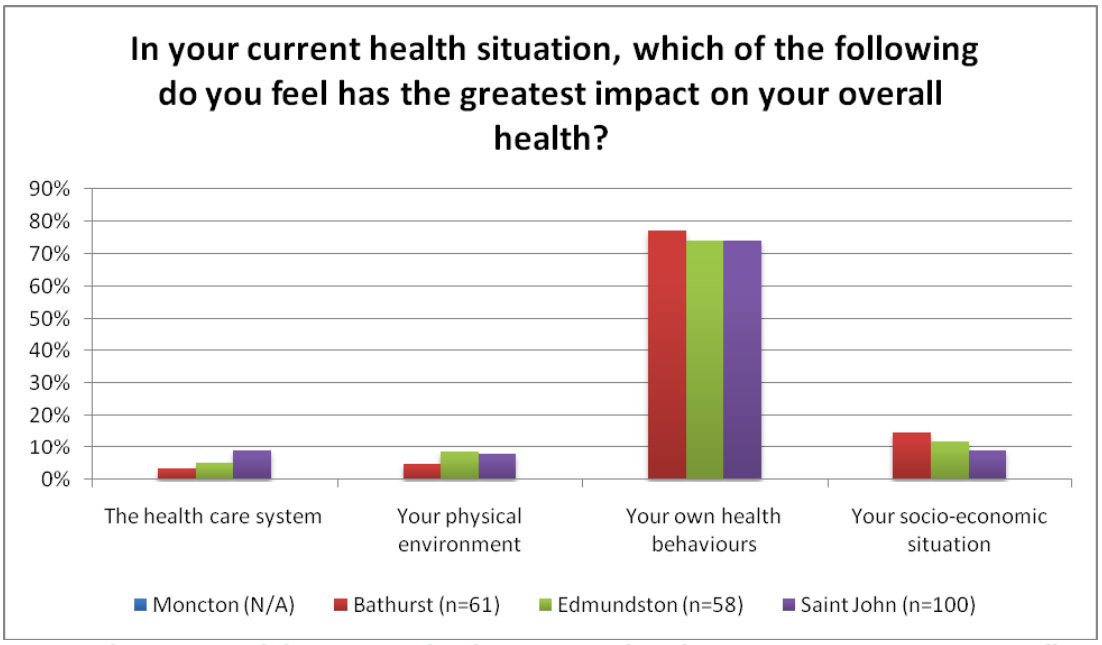


Figure 12: Phase I - Participant Perceived Factor Having the Greatest Impact on Overall Health

Participants were somewhat more divided on which category of factors had the *least* impact on their overall health. Strikingly, however, at least one third of participants in each dialogue indicated that the health care system was the factor having the least impact on their overall health.

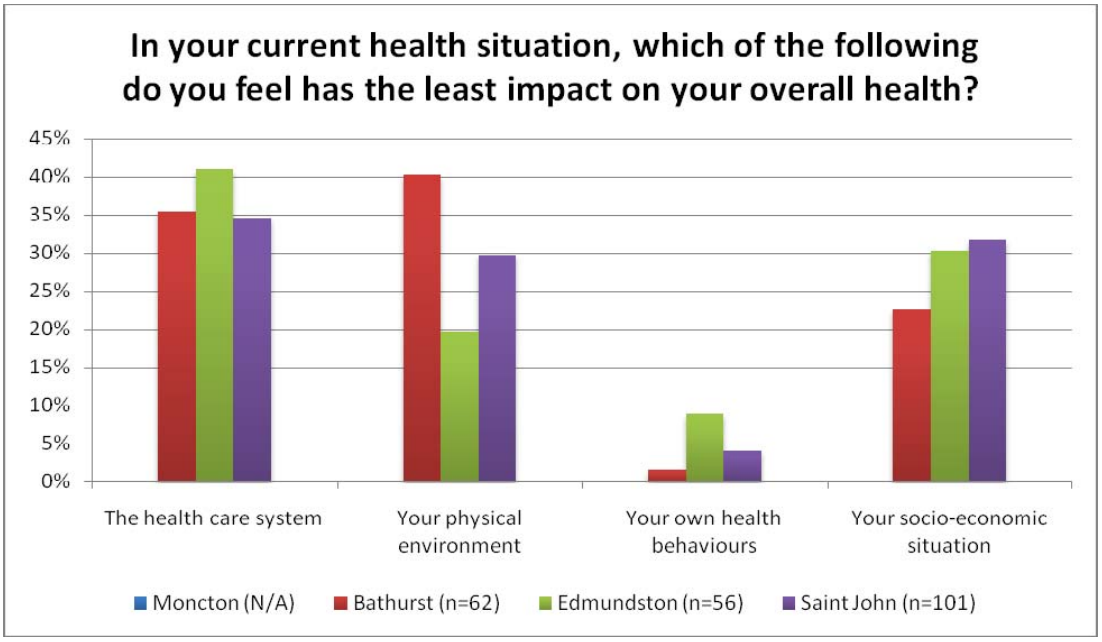


Figure 13: Phase I - Participant Perceived Factor Having the Least Impact on Overall Health

Perspectives on the Cost of Health Care in New Brunswick

A third set of questions was designed to probe participants' understanding of and thoughts on the cost of health care in New Brunswick.

Firstly, participants were asked to indicate which of four elements costs most to the health care system. Less than half (approximately 40% to 45% per dialogue) were aware that chronic illness are the key cost driver of the health care system.

This highlights the importance of continued efforts to raise public awareness of chronic disease prevention and management.

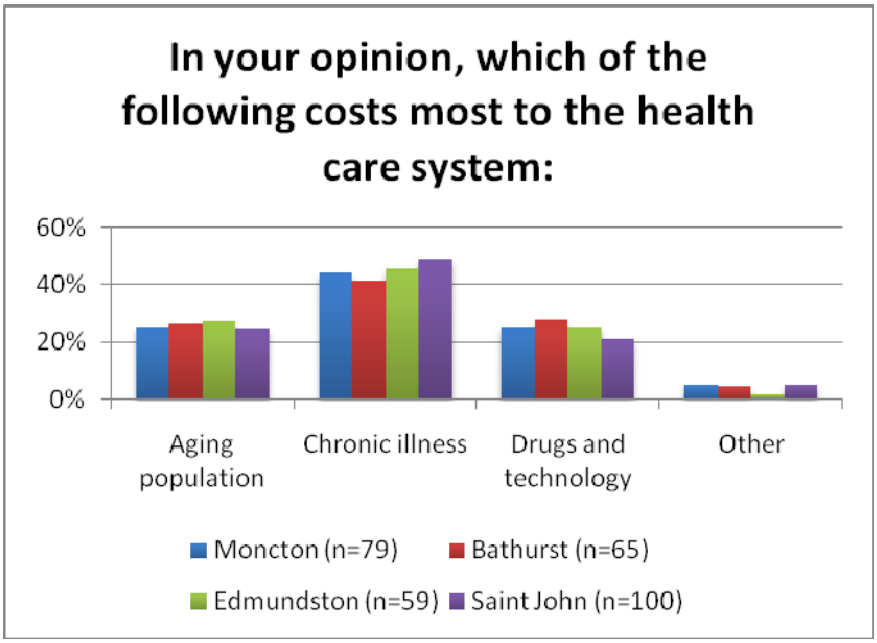


Figure 14: Phase I - Participant Perception of What Costs Most to the Health Care System?

Participants were also asked to indicate whether they felt they were getting their money's worth in terms of their health services, given the amount of public money being spent on health care in New Brunswick. Perspectives on this question differed by region, with Bathurst participants expressing the greatest levels of dissatisfaction by far (over 50% voted "no", compared to 25% in Edmundston and Saint John).

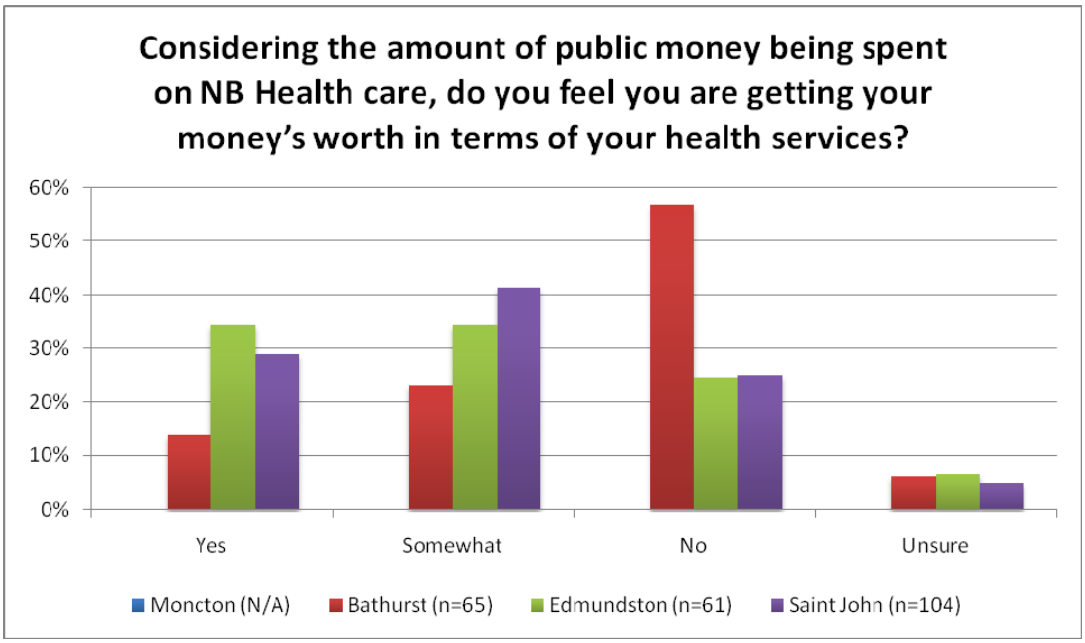


Figure 15: Phase I - Participant Perception of Getting Money's Worth in Terms of Health Services

Towards a Citizen-Centered Health System

As the day drew to a close, participants were asked one final question, designed to assess the extent to which participants felt the New Brunswick health care system was "citizen-centered" (based on the definition of a citizen-centered health system provided in the Provincial Health Plan).

Interestingly, perspectives varied greatly on this question across dialogues: Moncton respondents were the most critical, with 43% responding that the system did not meet the needs and preferences of individuals and communities. Respondents in the other locations were somewhat less categorical, with approximately 50% (Bathurst, Edmundston) to 60% (Saint John) indicating that it "somewhat" met the needs of and preferences of individuals and communities.

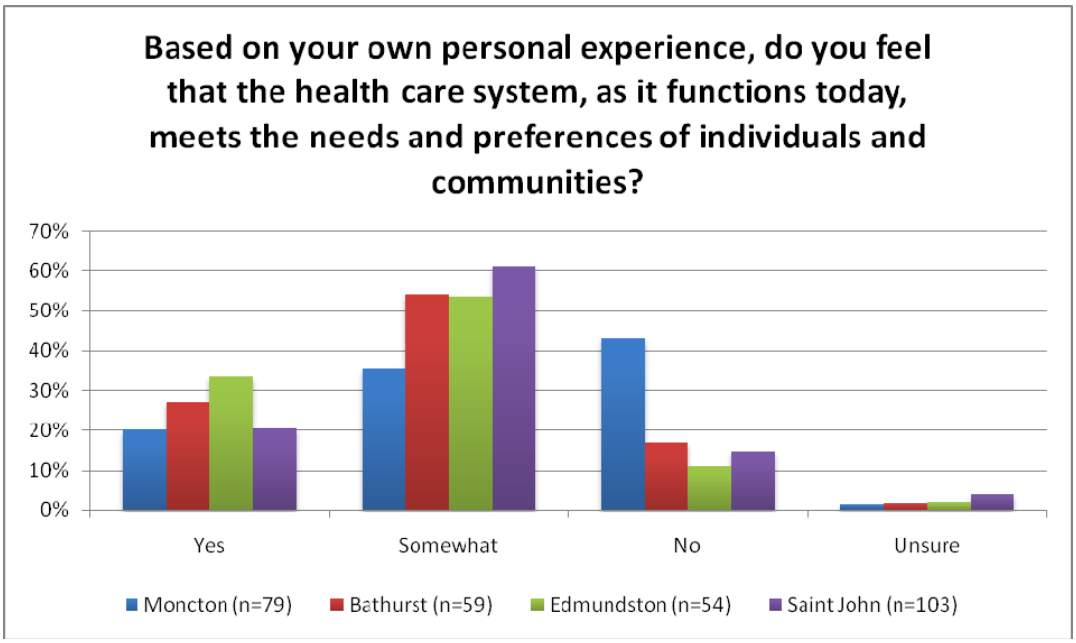


Figure 16: Health Care System Meets the Needs and Preferences of Individuals and Communities

2.3 What We Heard: Values

In the first substantive table discussion of the day, participants were asked to imagine an "ideal" health system, and to discuss:

- What would be most important to them; and
- What kind of values they would like to see reflected in the way the health system functions.

The purpose of this exercise was for participants to identify and articulate the underlying values that guide the opinions they hold and the choices they make. The goal was *not* to reach a consensus around the table, but rather, for people to share their different perspectives and to learn from one another. As such, each table, and each room, became a "microcosm" of the province to illustrate the spectrum of what New Brunswickers value.

Following their table discussion, participants were asked to each write down the thing they would value most in an "ideal" health system, and to explain what this means for them. These worksheets were then collected, and during the lunch period, a "Theme Team" (comprised of NBHC analysts) reviewed and grouped their comments by theme. These themes were converted into a "word cloud" – an image that presents the various theme-words and their relative frequency of appearance (the bigger the word, the more often it appeared in the synthesis).

The word clouds for each of the four dialogue sessions are presented here.. ***It is important to note, however, that these reflect a very rapid on-site analysis of the input collected.*** The provincial summary presented later in this section was based on a more thorough analysis of *all* the data collected, across all four dialogues.

Figure 17: Phase I - Moncton: What You Value Most in an Ideal Health System

Figure 18: Phase I - Bathurst: What You Value Most in an Ideal Health System

Figure 19: Phase I - Edmundston: What You Value Most in an Ideal Health System

Figure 20: Phase I - Saint John: What You Value Most in an Ideal Health System

What immediately stands out when looking at these four word clouds is the emphasis placed by participants on issues relating to:

- the accessibility of health care services;
- equitable care and services for all;
- education (health literacy), health promotion and illness prevention;
- system effectiveness, efficiency, and accountability;
- heath care quality and safety (humane, compassion, respect), and;
- system citizen-centeredness (holistic, community based, client based, citizen responsibility, communication).

A more thorough analysis of this data across the four dialogues allows us to explore the meaning given to these high-level values by participants. It should be noted that participants' values also closely reflect the six quality dimensions through which the NBHC evaluates the quality of health services in New Brunswick: accessibility, appropriateness, effectiveness, efficiency, equity and safety *(See **"Appendix A"** for NBHC's definition of each of these quality dimensions).*

What We Heard : Values - Accessibility of health care services	
Timely access to health care services	• Having access to needed care within a reasonable time, without undo delays, long wait times, and time lags between visits. • Having the "right care at the right time" (a value that was closely tied to the notion of "appropriate care").
Availability of physicians, specialists, tests, etc.	• Having access to a family physician and being able to see a specialist or receive tests when needed.
Enough time with health care providers	• Care providers, particularly family doctors, taking the time necessary to listen to their patients in order to properly diagnose.
Access to health care services in official language of choice	• Being able to access services in the language of one's choice, whenever and wherever these services are needed.
Cost should not prevent access to treatment and services	• Ensuring that the cost of prescription drugs, dental and optometric services does not become a barrier to access.

What We Heard : Values - Equitable care and services for all	
Universal health care	• Publicly funded, universal health care as an important factor in protecting equitable access to services for all.
Regardless of socio-economic status	• Addressing poverty in order to promote health and take better care of all citizens, including the most vulnerable.
Regardless of location	• Providing rural and remote communities equitable access to care. • Ensuring distance, travel and transportation issues do not prohibit access to care.
Regardless of language	• Equitable, bilingual services in Anglophone and Francophone communities.

What We Heard : Values - Promotion of health and prevention of illness	
Awareness and education on healthy living (health literacy)	• Early childhood through to adult education on how to increase health and wellness, live well and prevent illness.
Physical activity and exercise	• Exercise is valued as a means of reducing obesity and related chronic illnesses.
Nutrition and healthy eating	• Having access to affordable, nutritious food, and knowledge of healthy eating will also promote health and prevent illness.
Healthy environment	• A clean, healthy environment with green space in your community is valued for health promotion and prevention of illness .
Personal responsibility for own health	• Empowering citizens to take responsibility of their own health (e.g., through government incentives and supports): people taking more responsibility for maintaining their own health and that of their families, for educating themselves about healthy living, and for understanding their condition when ill.

What We Heard : Values - Quality health care in a sustainable system[A3]	
Appropriate care	• Being able to trust that you are getting the right care, in the right place, by the right health care professional.
Compassion for patients	• A health care system that is more "human" and health care professionals that treats patients with dignity and respect.
Safety of care	• Health services that are safe. For example, patients don't want to be concerned about catching something while in hospital.
Effective care	• Care that achieves the desired results, performed by health care providers that are competent and knowledgeable.
Efficiency	• A health care system that is more cost-effective in order to be sustainable, but which upholds fairness in the allocation of funds.
Accountability	• Transparency on how and where health care funds are distributed. • Making health care providers accountable for what they are charging the health system.

[A3] This grouping partially reflects the NBHC's quality dimensions (appropriateness, effectiveness, efficiency, and safety). However, because participants placed particular emphasis on accessibility and equity, these stand alone as separate values. Accountability was included here because it was often discussed as an extension of efficient and effective care, while compassion fed into the notion of "appropriate" care.

What We Heard : Values - Citizen-centered health system	
Community health centres	• Creating well integrated, multi-disciplinary health centres to help foster healthy communities. • Placing community health centres as the heart of a citizen-centered “human needs” model.
Continuum of care	• Health care services that are well coordinated, with separate silos broken down, in order to provide seamless treatment for patients. • Ensuring that politics does not interfere with service delivery.
Holistic and alternative care	• Ensuring that the health care system focuses on people’s overall health (“whole person” approach), and not only on treating individual symptoms. • Making non-medical, non-drug based treatments and therapies an integral part of the health system. • Providing greater access to a wide range of alternative medicine, such as naturopathic doctors.
Citizen decision-making	• All populations, including the most vulnerable ones (e.g., people with disabilities, children, seniors), should be included in decisions affecting their health and be given a choice in their treatment.

2.4 What We Heard: Issues

During the second exercise of the day, participants were asked to discuss at their tables what they saw as the priority issues that should be addressed in order to create the kind of health system they want for New Brunswick. Discussion questions included:

- What are the most pressing problems?
- Where are the greatest needs?
- How can we have the greatest possible positive impact on the overall health of New Brunswickers?
- How can we make our health system a truly citizen-centered health system?

Following a free-flowing table discussion on these questions, each participant was asked to write down their "top 3" priority issues. These were then grouped thematically at the table and, during the "Issues Plenary", a representative of each table reported back on at least one of priority issue identified by his or her group.

Each set of individual and table inputs, across all four dialogue sessions, was then collected and analyzed to develop the following list of priority issues.

As outlined in the tables that follow, participants expressed concerns that can be regrouped in the following broad categories: accessibility of health care services; cost/funding of the health care system, promotion of health and prevention of illness; optimization of health care services; and systemic changes required for a citizen-centered system.

What We Heard: Issues - Accessibility of health care services	
Access to primary and specialty care	• Perceived lack of access to primary care, e.g. family doctors, as well as supportive/specialty services such as mental health and addictions programs.
Timely access to services	• Wait times to see a family doctor or a specialist are too long, as are the delays for obtaining tests and results. • Lack of human resources a contributing factor.
Access to services for rural residents	• Minimal local access to health care in rural areas. • No choice but to travel from rural communities to access centralized services, which implies costs and hardships for both the patient and his or her loved ones. • Lack of access to and/or cost of transportation are barriers to receiving care for some.
Access in language of choice	• Patients are not always able to access health care in their language of choice. • Need for better bilingual services throughout the province: it is problematic to have strictly English services in English areas and French services in French areas. • Not always possible to access specialists in one's language of choice

What We Heard: Issues - Cost / Funding of the health care system	
Efficiency of the health care system	• Generalized concern about the management of health care spending. • Need to seek ways to reduce waste and make spending more cost-effective. This is critical to ensuring the sustainability of the system and to maintain and improve the quality and effectiveness of care and services – while keeping costs in check.
Distribution of funds	• Health care funds need to be fairly distributed throughout the province. • Increase investments in health promotion and prevention of illness, which would in turn reduce the expenditure on acute care in the province.
Direct costs to patients	• Free-to-users, publicly funded, universal health care system highly valued. • Concerns about out-of-pocket costs to patients, particularly for ambulance services and prescription drugs.
Education/awareness of health care costs	• A lack of understanding among the public on the costs of the health care system: how much is spent and how funds are distributed. Public education is required to foster more responsible use of the health system by citizens.

What We Heard: Issues - Promotion of health and prevention of illness	
Education	Increase available information, programs and campaigns to: • Educate educators, parents, employers etc. on health and wellbeing. • Educate the general public and patients on chronic disease prevention and mitigation • Dissuade unhealthy habits, e.g. drugs, alcohol abuse. • Promote healthy living, particularly nutrition and exercise.
Nutrition	• Need to address poor nutritional habits for illness prevention (e.g. as a contributing factor to many chronic diseases). • High prevalence of junk food, e.g. in schools, and even in hospitals. • Cost is a barrier to healthy eating: health food is expensive and junk food is cheap.
Exercise	• Greater opportunities for physical activities in school, in the community, e.g. bike paths. • Remove cost barriers to, and provide incentive for accessing recreational activities.
Responsibility for own health	• Value universal health care when sick, but need to take more personal responsibility for one's own health and wellbeing. • Parents in particular have a responsibility to instill healthy behaviours in their children.

What We Heard: Issues - Optimization health care services	
Elderly care for our aging population	• The demographic shift towards an increasingly aged population is impacting the sustainability of our current health system by significantly shrinking the provincial tax base. • Concerns about the cost, to families and to the system, of providing health care for our aging population. • The elderly are occupying hospital beds while waiting for access to home care, or being admitted to a nursing home or palliative care.
Emergency and ambulance services	• Wait times are too long in emergency rooms. • People are over-using/abusing emergency rooms and/or ambulances when the situation is not critical because they don't have access to a doctor and/or other forms of transportation.
Mental health support services	• More focus and resources need to be directed towards mental health care services. • More time must be invested in evaluating the mental health needs of patients.
Other specialized services requiring priority attention	• Chronic diseases (treatment, prevention and control) • Cancer care • Cardiac treatment • Gynecological services • Availability of sufficient hospital beds
Education	• Lack of awareness about the health care system. • Need to educate the public on what health care services are available and how to access them.

What We Heard: Issues - Systemic changes required for a citizen-centered system	
Continuum of care	• Break down administrative silos and "de-politicize" the system to remove barriers to continuity of care. • Better coordination of care/services • Better communication between doctors and specialists, between institutions, between doctors and patients. • Better follow up with patients after doctor appointments and tests.
Care based on patients' needs	• Perception that in the current system, standards are set and protocol followed in treatment plans that do not address the specific needs of individual patients: "One size does not fit all". • Need to listen more to patients.
Choice in health care	• More choice of alternative options covered by Medicare: e.g. naturopathic doctors, chiropractors, midwives, etc. • More holistic care available.
Reform roles and responsibilities	• Less dependence on physicians and more decision-making power to nurses and alternative health care practitioners.
Community health centres	• More multi-disciplinary, community-based health care centres with a coordinated team approach. • Supported by community leadership.

2.5 What We Heard: Strengths

The third and final table discussion of the day challenged participants to shift their focus from issues and concerns with the health system, to the strengths and opportunities that the system can build upon to create the kind of health system they want. Discussion questions included:

- What are you most proud of, when you think of the New Brunswick health system, and the overall health of New Brunswickers?
- What do we do well here in New Brunswick?
- What are the biggest strengths of our health system?
- What opportunities exist that we can leverage to create the kind of citizen-centered health system we want?

Participants were asked to discuss these questions in pairs, and then share highlights of their discussion with their tablemates. During the "Strengths Plenary", a representative of each table reported back on at least one of the health care system strengths identified at his or her group.

The discussions and table input, across all four dialogue sessions, was then collected and analyzed to develop the following list of health care system strengths.

Participants were keen to recognize and celebrate New Brunswick's strengths and successes, enthusiastically noting that the system's biggest strength was the *"people who make the system work".* They also strongly valued the province's Medicare program (and universal access to health care), as well as several state of the art services such as the Extra-Mural Program and Tele-Care. Finally, they highlighted what they saw as key opportunities to drive change and improvements to the New Brunswick Health System: the province's (and health system's) small size; leveraging citizens' and stakeholders' commitment to change through meaningful engagement; and increased focus and investments in health promotion and illness prevention to reduce the burden on the health system.

What We Heard: Strengths - "Our biggest strengths… are the people who make the system work"
• Warm, caring, compassionate, and empathetic with patients.
• Competent, knowledgeable, well trained and qualified.
• Professional, dedicated, hard-workers.

What We Heard: Strengths - "Medicare (universal health care) in New Brunswick is the most valuable thing we have"
• Available to everyone.
• Accessible when citizens most need them (prioritized by urgency).
• Core services free for everyone, independent of socio-economic status.

What We Heard: Strengths - "We have several services where we excel, and which we should be proud of"
• The extra-mural program, which allows patients to receive quality care at home.
• Tele-Care, which allows 24/7 access to health care from afar.
• Modern technologies: specialized equipment and machines, information systems, one patient-one record initiative.
• Access to quality ambulance and emergency services.

What We Heard: Strengths - "The opportunities we must seize to drive change"
The size of the province, and the health care system, is small enough to realistically effect change.
There is a willingness to change and improve things in the province (as illustrated in part by this initiative): • Recognizing opportunity for improvement. • "We can do better." • We are a "can do" province.
Citizens are committed to the health system, and to improving their health: • Citizens support the health care system in their attitude and through volunteering. • There is strength in communities, and a sense of ownership over health care.
Meaningful citizen and stakeholder engagement: • Allowing citizens to provide input on the health care system. • Involving the public in decision-making processes. • Demonstrates that the government is listening. • Consult front-line workers to find out what is working and what needs improvement.
Increasing focus on and investments in the promotion of health and the prevention of illness can help reduce the burden on the health system.

2.6 Moving to Phase II: Solutions

At the end of the dialogue, participants were invited to complete an evaluation form to provide their feedback on the dialogue format and content, and on their general experience. Participants' feedback was overwhelmingly positive, as illustrated by in the Evaluation Summary provided in **Appendix "B".** In particular, 90% or more of participants in each dialogue session strongly agreed or agreed that they:

- Valued this opportunity to contribute their perspectives and concerns;
- Were able to gain a better understanding of the views and experiences of other participants; and
- Learned a lot about health in New Brunswick from this experience.

Phase I concluded with an invitation to all participants to continue their work in Phase II – an invitation that was accepted by over 90% of participants at each dialogue (the majority of those who declined did so due to a conflict with prior engagements).

In Phase II, participants will look to the future to further refine their vision of the kind of health care system they want to have, and to identify possible solutions to the challenges highlighted in Phase I.

More specifically, Phase II will aim to:

- Validate and prioritize Phase I findings (i.e., the key themes that emerged at the provincial level with respect to what citizens valued most in an "ideal" health system, the priority issues they feel must be addressed and the key strengths of the health system); and
- Seek input on key ways in which the health system, and individual citizens, can help foster a healthier population in New Brunswick.

"I've learned a lot regarding the health-care system because my table was so well diverse."

Moncton Participant

"J'ai bien aimé comme gestionnaire avoir la possibilité de dialoguer avec les citoyens."

Bathurst Participant

"Profitable et j'espère qu'on fera le suivi qui s'impose afin d'en informer la population et régler les défis du système."

Edmundston Participant

"Feeling of hopefulness that with citizen's engagement we will be prepared better to address the issues of Health Care system having a "user" focus solutions."

Saint John Participant

3.0 WHAT YOU ASKED FOR

During Phase I, the NBHC presented baseline information on the health care system in New Brunswick and provided a general overview on some of its costs and challenges. As a result, participants requested more detailed information on the health care system to help them better understand the cost of delivering care and the different health services currently available to the public.

In response, the NBHC is pleased to provide the following information.

3.1 What is Public Health Care?

In the 1960s, the *Canada Health Act*[1] was created. Its objective is "*to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers*." This is often referred to as universal health care or universal coverage.

The reason for the creation of this legislation was to ensure all Canadians had access to health care, for their basic **medically necessary needs**. That was the most important need for the Canadian population at the time.

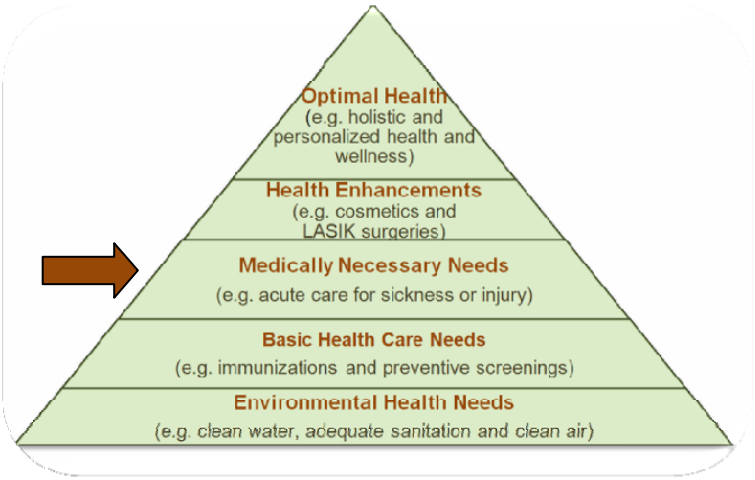


Figure 21: Hierarchy of health care needs[2]

When the *Canada Health Act* was introduced, hospital based care and physician care was mainly what was considered in health care. As health care changed through time, so did what was paid for by the public funds mentioned in the *Canada Health Act*. As for the programs and services provided, they have changed since the 1960s to include home care, long-term care, new health professionals, more team-based approach to care, greater use of various drugs, and a variety of alternative therapies, to name a few. The demand for health care has changed to not just supporting life and restoring basic human function, but as a way to maintain a lifestyle and increase a person's performance[2].

3.2 New Brunswick: Then and Now

New Brunswick has seen some changes in the last few years in its population, health care cost, medical conditions, health care requirements and behaviours.

	THEN (1996)	NOW (2006)
Population (as per Census information)[3]	**738,133**	**729,997**

	THEN (1994-1995)	NOW (2008)
Department of Health Cost	**$1.28 billion[4]**	**$2.45 billion[5]**

Some medical conditions[6]	THEN (1994-1995)	NOW (2008)
Number of people with high blood pressure	73,813	140,889
Number of people with diabetes	23,620	56,940
Number of people who are obese*	126,959	171,549

**Obesity is a medical condition in which excess body fat has built up in your body to the extent it may have a harmful effect on your health such as activity limitation and repetitive strain injuries (possibly leading to knee and hip replacement, to name a few).*

Some health care requirements[7]	THEN (1994-1995)	NOW (2007-2008)
Number of knee replacement	403	979
Number of hip replacement	417	588

Some behaviours[6]	THEN (1994-1995)	NOW (2008)
Number of people who smoke	222,178	170,089
Number of people who drink 5 or more drinks at one time, at least once a month in the past year	135,078	141,619
Number of people who do physical activity during free-time (moderately active or active)	278,276	354,049
	THEN (2000-2001)	NOW (2008)
Number of people who eat at least 5 or more fruits of vegetable a day	229,559	283,239

3.3 What is the COST of the Health System in New Brunswick?

The *New Brunswick Government* spent *7.3 billion dollars*[5] *to* deliver public services to its citizens during the fiscal year ending March 31, 2009. Out of this total, ***$2.45 billion*** was spent by the Department of Health. When you include long term care (Department of Social Development) as well as the wellness portion from the Department of Wellness, Culture and Sport, the health system as a whole spent ***$2.9 billion.***

The New Brunswick health system expenses, by sectors of care:[5, 8]:

PRIMARY HEALTH	**ACUTE CARE**	**SUPPORTIVE / SPECIALTY**	**PALLIATIVE AND END-OF-LIFE CARE**
The care a person receives upon first contact with the health care system. It focuses on health promotion, illness and injury prevention, and the diagnosis and treatment of illness.	The care provided in a hospital or a psychiatric facility.	The care received in the community or as an outpatient to prevent, control, or relieve complications and/or side effects and to improve the citizen's comfort and/or quality of life.	The care received when facing a life-threatening illness. It provides physical, emotional and spiritual care and support for individuals and their loved ones.
Some programs and services included in Primary Health are: Public Health, Ambulance services, Community Health Centre, Family Physicians, Emergency Rooms, and Wellness.	*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.*	*Some of the programs and services included in Supportive/Specialty are: Community Mental Health Programs and Services, Extra-Mural Program, Rehabilitation Services (Stan Cassidy Centre for Rehabilitation), Addictions Services, Social Development (Long Term Care).*	*Most palliative programs and services are provided either in the hospital (Acute Care) setting, at home through the Extra-Mural Program or in a Long Term Care facility (Supportive/Specialty).*
TOTAL CLINICAL AND NON-CLINICAL EXPENSES **$ 322,516,685** **11.1%**	**TOTAL CLINICAL AND NON-CLINICAL EXPENSES** **$ 1,573,968,608** **54.2%**	**TOTAL CLINICAL AND NON-CLINICAL EXPENSES** **$ 574,511,597** **19.8%**	
Salaries that have not been divided yet by sectors **$ 311,251,603** **10.7%**			
TOTAL ADMINISTRATIVE AND CAPITAL EXPENSES (Department of Health only) **$ 120,621,440** **4.2%**			

- Ambulance New Brunswick expenses are included in primary health.
- FacilicorpNB's expenses are included in primary health, acute care and supportive/specialty.
- New Brunswick Health Council expenses are included under the total administrative expenses.

3.4 Measuring EQUITY in New Brunswick's Population Health

Equity is providing quality care/service to all, regardless of individual characteristics and circumstances.
Here are some measures comparing URBAN and RURAL areas (see definitions below) and comparing FRENCH and ENGLISH as the language most often spoken at home.

Equity measures for the Population Health of New Brunswick[9]	Urban	Rural	English	French
Population Health Status				
See their health as being very good or excellent	57%	52%	57%*	49%*
See their mental health as being very good or excellent	72%	70%	72%*	68%*
Pain or soreness that prevents activities (physical or emotional)	14%	13%	14%*	12%*
Health Care – accounts for 10% of the health status				
Has a regular medical doctor	90%	93%	91%	92%
Medical doctor visit within the last year	77%	77%	77%	77%
Health Behaviours – accounts for 40% of the health status				
Physical activity during free-time, moderately active or active	48%	45%	47%	45%
Eat 5 or more fruits or vegetables	40%	37%	36%*	44%*
Adults with unhealthy weight (obese)	21%*	24%*	23%*	21%*
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	20%	19%	18%*	22%*
Seeing your stress as being a lot	19%	19%	18%*	21%*
Current smoker, daily or occasional	22%	25%	24%	22%
Socioeconomic Factors – accounts for 40% of the health status				
No high school diploma (25 years and older)	17%*	26%*	18%*	30%*
Low income	38%*	43%*	40%*	43%*
Physical Environment – accounts for 10% of the health status				
Sense of belonging to your community, somewhat strong or very strong	67%*	71%*	70%*	65%*

* Difference between survey responses (English/French or Urban/Rural) for these indicators is statistically significant.

-All analysis based on weighed sample from the Canadian Community Health Survey (2007-2008)
-About 96% of people, who speak a specific language at home, chose to do the survey in that same specific language.

In general terms, an URBAN population means a lot of people living closer together while RURAL population means people living in a more spread out area.

In New Brunswick, as per Statistics Canada's definitions[10], 51 % of the population is urban[8] (includes larger and smaller urban areas):
Larger Urban Areas include only Moncton (and surrounding areas) and Saint John (and surrounding areas) since both have a population greater than 100,000.
Smaller Urban Areas include Tracadie-Sheila, Oromocto, Shediac and Sackville, to name a few. They have a population density greater than 400 people per square kilometers.

The rest of the New Brunswick population, 49%, is considered rural, such as Rogersville, Saint-Leonard and Dalhousie.

3.5 Measuring ACCESSIBILITY in New Brunswick's Population Health[11]

- Better than the national average or national benchmark
- At the national average or national benchmark
- Worse than the national average or national benchmark

PRIMARY HEALTH

The care a person receives upon first contact with the health system, before referral elsewhere within the system.

- Contact with medical doctor in the past 12 months
- Has a regular medical doctor
- Difficulties accessing routine or on-going care
- Difficulties accessing immediate care for a minor health problem
- Family physicians and general practitioners who provide extended office hours regurlarly
- Contact with dental professionals in the past 12 months
- Household spending on prescription drugs as a percentage of after-tax income

ACUTE CARE

Hospital based care.

- Wait time for hip fracture surgery (*proportion with surgery - same or next day*)
- Wait time for hip replacement surgery (*within 26 weeks*)
- Wait time for knee replacement surgery (*within 26 weeks*)
- Wait time for high-risk cataract surgery (*within 16 weeks*)
- Wait time for Coronary Bypass Graft Surgery - Level 1 (*within 2 weeks*)
- Wait time for radiation therapy (*within 28 days*)

SUPPORTIVE / SPECIALTY

Care received in the community or as an out-patient.

- Family physicians and general practitioners with access to a psychiatrist for their patients (*% good, very good, or excellent*)
- Wait time for selected diagnostic test: Magnetic Resonnace Imagin (*MRI*), CAT (*CT*) scan, angiography (*within 1 month*)
- Residents over 75 years of age that have access to long term care beds
- Wait time for specialist visits for a new illness or condition (*within 1 month*)

3.6 Wellness, Culture and Sport

Wellness is important, not only to personal quality of life, but to that of families, communities and the province. When we talk of improving wellness, we often refer to healthy eating, being physically active, living tobacco-free and having good mental fitness & resilience.

Supporting wellness is about each of us taking responsibility for making healthy choices, but it is very important that the environments where we live, learn, work and play help us to make the healthy choices the easy choices. Efforts to improve our collective wellness are happening throughout the province and take many different forms.

For example:

- There are nine demonstration sites of Wellness Networks, supported through the Healthy Eating Physical Activity Coalition of New Brunswick. These Wellness Networks are formal or informal groups of people who come together to address an area of concern around wellness in their own community, region or organization.

- Community wellness initiatives are taking place in all regions of the province. The Department of Wellness, Culture and Sport is currently developing a picture of all of these community wellness engagement and mobilization initiatives around the province. (Look at the regional map for a breakdown of activities by region.) An online database will provide ongoing information so that communities can share and learn from each other.

- The Regional Operations and Community Development Branch (Department of Wellness, Culture and Sport) provides leadership and resources through eight regional offices. They work to foster a network of self-sufficient local and regional organizations, capable of providing sport, recreation and physical activity opportunities.

- As a pilot project, a Regional Wellness office has been created for the Acadian Peninsula to provide leadership and resources focused on wellness.

For more information on the Department of Wellness, Culture and Sport, please check out *www.gnb.ca/wellness* or call (506) 453-4217.

(For regional information, please refer to: http://www.gnb.ca/0131/PDF/R/WCSRegionalOfficesMap.pdf)

3.7 Tele-Care 811

New Brunswick was the first province to implement a telephone triage service in 1997, but it did not take long for others to do the same[12].

With lengthy emergency room wait times and primary-care physician appointments are usually limited to regular business hours, health care patients/clients are looking for ways to access health care. Telephone advice lines are becoming common to get information, advice and access to health care without going to a primary-care facility or going online.

In 2009, Tele-Care served 65,000 unique callers, representing one in five New Brunswick households. A large portion of these calls was new parents (33%) and the elderly (15%).

The new 811 number is for health care use for all of Canada.

If you have difficulty accessing care or distinguishing between the symptoms of normal and more serious illnesses, call Tele-Care at 811.

3.8 Some Services available in New Brunswick

	Demographic Information[10]				Regional Health Care Services in 2009[13]					
Zone	Total population	% of ENGLISH spoken at home	% of FRENCH spoken at home	Median age	# of Community Health Centres	# of Health Service Centres	# of First Nations Health Service Centres	# of Community Mental Health Centres	# of Public Health Offices	# of Addiction Services
1	191,860	61%	37%	41.2	1	4	4	2(+2 satellite)	4	1
2	169,765	97%	1%	41.0	1 (+1 satellite)	3	0	3(+2 satellite)	5	1
3	165,725	94%	3%	39.6	4 (+1 satellite)	7	5	2(+1 satellite)	7	1
4	50,095	8%	91%	43.0	0	2	1	1(+1 satellite)	3	1
5	27,755	47%	51%	45.3	1	1	1	1(+1 satellite)	2	1
6	78,950	16%	82%	44.2	2(+1 satellite)	3	1	2(+2 satellite)	4	2
7	45,850	73%	24%	42.2	0	4	3	1	3	1
NB	729,997	69%	29%	41.5	9	24	15	21	28	8

Community Health Centres (CHC): provides primary health care services, illness/injury prevention, chronic disease management and community development services, using a population health promotion approach in a multidisciplinary team of health providers

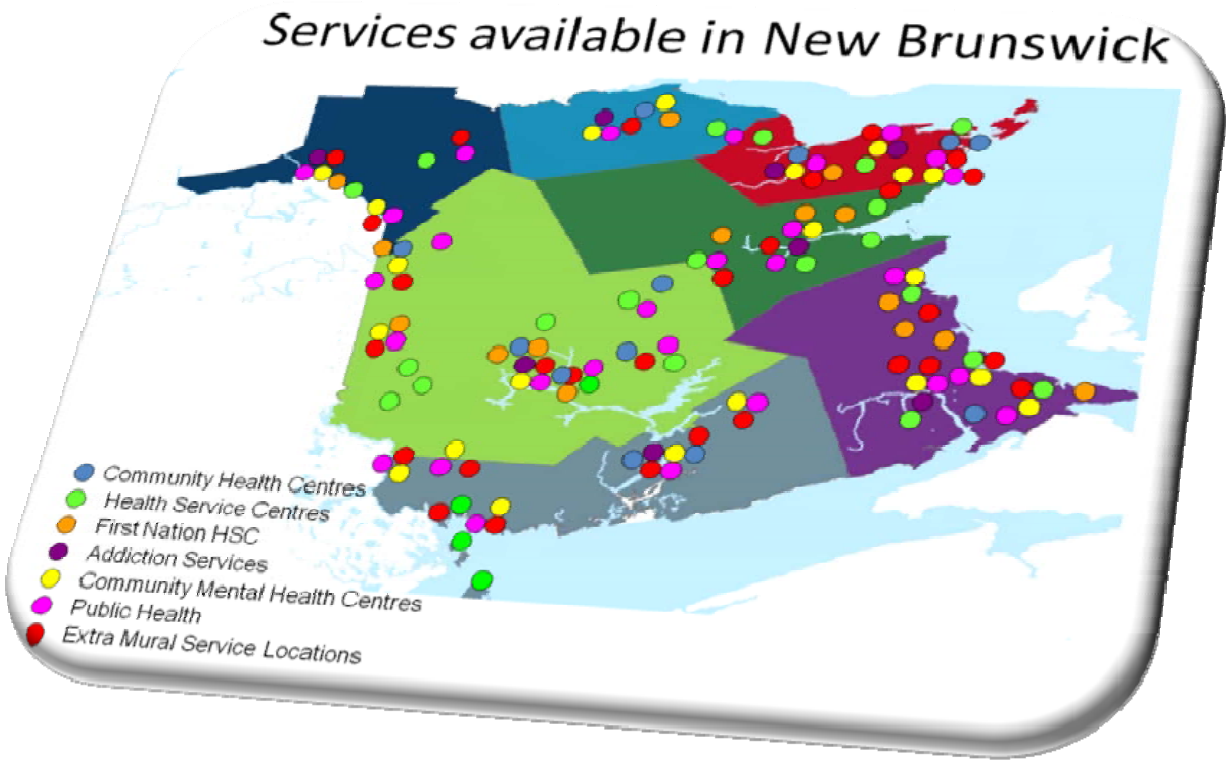
Health Service Centre: provides nursing and administrative support to fee for service physicians in an office practice setting.

Community Mental Health Centre: provides a variety of prevention, intervention, and post services for New Brunswickers. In addition, crisis intervention services are available.

Public Health: its mission is to promote, maintain and protect the health of people of New Brunswick.

Addictions Services: the goal is to reduce the human and economic costs of substance abuse and gambling by intervening with individuals, families, employers and community partners.

Extra-Mural Program: provides comprehensive home health care services to New Brunswickers in their homes and in their communities. The Extra-Mural professionals provide health care services that include: assessment, interventions (including treatment, education and consultation), service planning and coordination.



3.9 Ambulance Services[14]

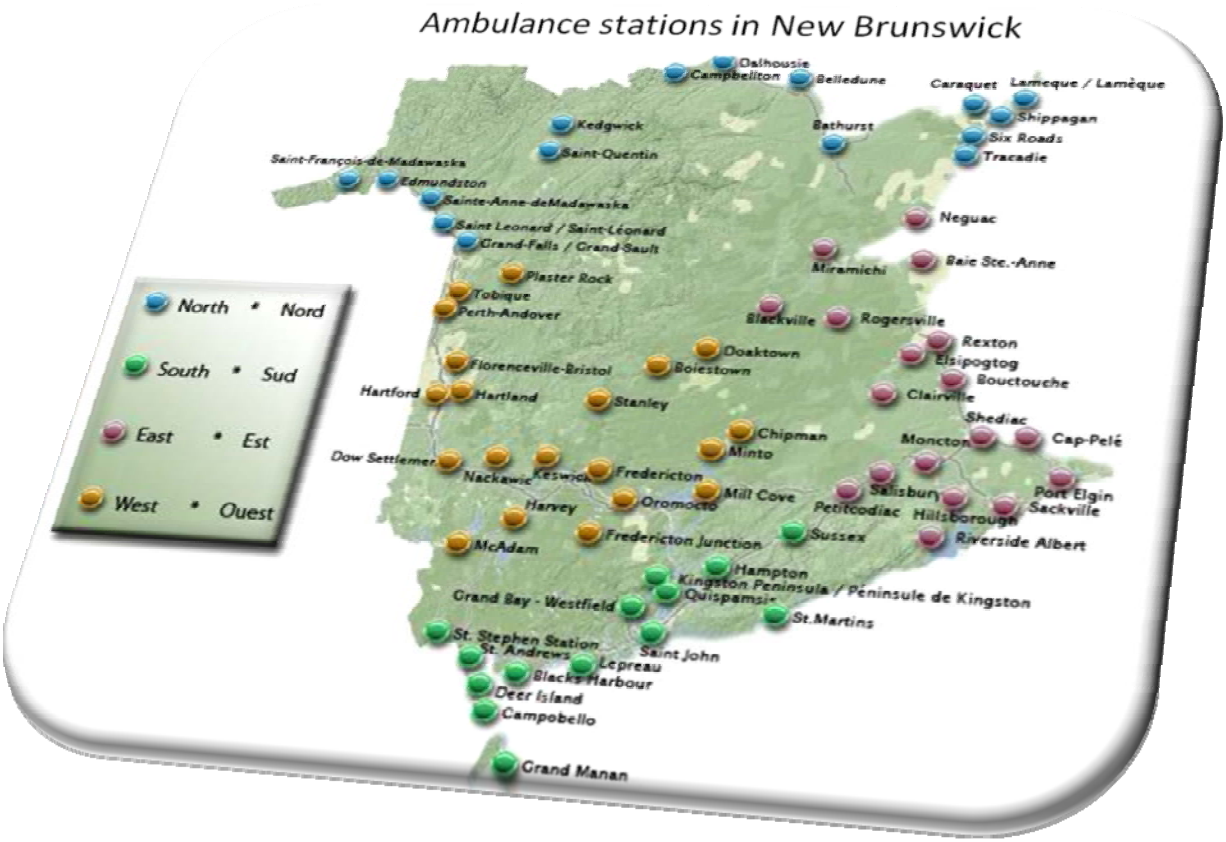
The role of Ambulance New Brunswick (ANB) is to provide comprehensive, province-wide ambulance services to the citizens, residents and visitors of New Brunswick. These services include air and land ambulance services, all in accordance with applicable provincial legislative and policy direction.

The Medical Transportation Dispatchers are located in Moncton and are responsible for dispatching all ambulances in the province. They coordinate all the 911 calls as well as the transfers between inter-facilities such as hospitals and nursing homes.

ANB currently employs over 900 professionals as paramedics, medical transportation dispatchers and flight nurses.

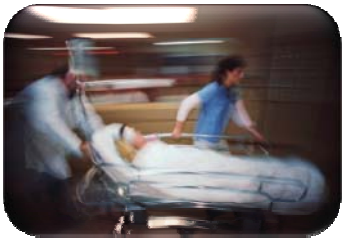
There are 134 ambulances actively serving the province. The ambulance stations and posts are situated in strategic locations throughout New Brunswick. All ANB paramedics are trained at the same level and are able to deliver the same care anywhere in the province.

If you require an ambulance, call 911.



3.10 Emergency Room Visits[15]

When you go to the emergency room, the triage nurse will assign you a triage level, depending on your situation.



Triage level 1 – Resuscitation - Conditions that are threats to life or limb requiring immediate aggressive interventions (e.g. major trauma, or has no vital signs, etc)

Triage level 2 – Critical – Conditions that are a potential threat to life limb or functions, requiring rapid medical intervention (e.g. multiple traumas with head injury, overdose, etc.).

Triage level 3 – Urgent – Conditions that could potentially progress to a serious problem requiring emergency intervention. May be associated with significant discomfort, or affecting ability to function at work, or activities of daily living. (e.g.: moderate trauma, asthma, severe pain, etc)

Triage level 4 – Less urgent – Conditions that are related to a patient's age, distress, have the potential to worsen or have complications which would benefit from intervention or support (e.g. headache, foreign body and chronic back pain, etc)

Triage level 5 –Non-urgent – Conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of worsening. The examinations or interventions for some of these illnesses or injuries could be delayed or even referred to other areas of the hospital or health care system. (e.g. colds, toothaches, headaches, bumps, bruises, skin rashes, etc).

Did you know...

In New Brunswick – Triage levels 4 and 5 are about 66% of all emergency visits[8].

Sometimes, if you have a less urgent or non-urgent problem, accessing the following may help to reduce wait times in the emergency rooms:

- Tele-Care information line – 811
- Family physicians
- Community Health Centres
- Health Services Centres
- Walk-in clinics
- Addiction services
- Community Mental Health Centres
- Other health care services (e.g. physiotherapy, massage therapy, chiropractic services, etc)

3.11 Hospitals[13]

Services offered in hospitals generally include the following patient services which will vary according to the size of the facility and mandate: acute in-patient services, surgery, restorative / extended care services, outpatient ambulatory care, emergency services, laboratory medicine, diagnostic imaging and other diagnostic and therapeutic services.

Acute Care facilities*	Maximum number of beds	Regional Health Authority
Zone 1 – Moncton / South-East area		
Dr-Georges-L. Dumont Regional Hospital	302	RHA A
Stella-Maris-de-Kent Hospital	20	RHA A
The Moncton Hospital	381	Horizon Health Network
Sackville Memorial Hospital	21	Horizon Health Network
Zone 2 – Fundy Shore / Saint John area		
Saint John Regional Hospital	503	Horizon Health Network
St. Joseph's Hospital	62	Horizon Health Network
Charlotte County Hospital	44	Horizon Health Network
Sussex Health Centre	25	Horizon Health Network
Grand Manan Hospital	10	Horizon Health Network
Zone 3 – Fredericton / River Valley		
Dr. Everett Chalmers Regional Hospital	314	Horizon Health Network
Oromocto Public Hospital	45	Horizon Health Network
Hotel-Dieu of St. Joseph	15	Horizon Health Network
Upper River Valley Hospital	70	Horizon Health Network
Zone 4 – Madawaska / North-West area		
Edmundston Regional Hospital	169	RHA A
Grand Falls General Hospital	20	RHA A
Hôtel-Dieu Saint-Joseph de Saint-Quentin	6	RHA A
Zone 5 – Restigouche area		
Campbellton Regional Hospital	146	RHA A
St. Joseph Community Health Centre	4	RHA A
Zone 6 – Bathurst / Acadian Peninsula		
Chaleur Regional Hospital	215	RHA A
Tracadie-Sheila Hospital	59	RHA A
Enfant-Jésus RHSJ† Hospital	4	RHA A
Lamèque Hospital and Community Health Centre	12	RHA A
Zone 7 – Miramichi area		
Miramichi Regional Hospital	136	Horizon Health Network
Rehabilitation facility		
Stan Cassidy Centre for Rehabilitation (Fredericton)	20	Horizon Health Network
Psychiatric facility		
Restigouche Hospital Centre (Campbellton)	175	RHA A
Centracare (Saint John)	50	Horizon Health Network
Total beds for RHA A	**1007**	--
Total beds for Horizon Health Network	**1821**	--
Total beds for the province	**2828**	

* *This list excludes bassinets, Veterans Affairs Canada beds, addictions beds, stretchers, and observation beds in the emergency rooms. It includes acute, chronic and rehab beds and psychiatric beds in acute care facilities.*

3.12 Special Care Homes and Nursing Homes

What are Special Care Homes[14]?

Special care homes provide basic features to those who require a bit more help. Some homes accommodate two to six residents while others can go as large as 60. There are a few special care home which are authorized to provide *enhanced services for those who require somewhat more* care but not regular nursing care (these are usually persons with dementia).There are 161 enhanced special care home beds approved.

In New Brunswick, there are 435 special care homes providing services to approximately 5,000 residents.

How can you access a special care home?

New Brunswickers can access special care homes without going to the Department of Social Development, and many do if they do not need a subsidy. However, if a potential resident cannot pay the full cost for the *special care home* and requires a subsidy, then he or she must apply to the Department of Social Development, to begin the process of being assessed by a social worker and approved for admission to a special care home. Residents can expect to pay approximately $74/day.

The assessment process can vary in the time it takes to complete; it all depends on each individual situation. The special care home operator, Department of Social Development, your doctor, the hospital social worker, and Extra Mural are some of the people that can help you through the assessment.

What are Nursing Homes[15]?

Nursing home services are intended for individuals who are medically stable and who need nursing care. Services in nursing homes emphasize the resident's physical, social and psychological independence. Nursing homes are staffed with registered nurses, licensed practical nurses, resident attendants, dieticians, personnel in laundry, kitchen, activation, maintenance and administration.

There are 63 licensed nursing homes in the province's eight regions with over 4,100 beds.

How can you access a nursing home bed?

The process is very similar to entering a special care home. Going into a nursing home is voluntary. To get in, you must agree to an assessment. Nobody can force a competent person to have this assessment or to go to a nursing home.

Effective May 1, 2009, the maximum amount to be paid by nursing home residents is $83 per day. This amount may be readjusted from time to time.

Going to a *special care home* or a *nursing home* is just one option.
The Department of Social Development provides a range of Long Term Care Services for seniors and adults with disabilities who need help.
Services include personal support, as well as physical, social and mental health services.

For more information on any of these services, please contact the Department of Social Development at 1-800-442-9799

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APPENDIX "A": NBHC Six Quality Dimensions

Quality Dimensions	
Accessibility Providing timely services	The ability of patients / clients to obtain care / service at the right place and at the right time, based on respective needs, *in the official language of their choice.*
Appropriateness Relevant and evidence based	Care / services provided is relevant to patients' / clients' needs and based on established standards.
Effectiveness Doing what is required to achieve the best results possible	The care / service, intervention or action achieves the desired results
Efficiency Making the best use of resources	Achieving the desired results with the most cost-effective resources
Equity Aiming for equitable care and services for all	Providing quality care to all, regardless of individual characteristics and circumstances, such as race, color, creed, national origin, language, age, physical disability, mental disability, marital status, family status, sexual orientation, sex, social status or belief or political activity.
Safety Keeping people safe	Potential risks of an intervention or the environment are avoided or minimized

APPENDIX "B": Phase I – Evaluation Summary

Moncton – Phase I – March 13th, 2010

1. Dialogue Format	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The table facilitators were effective.	**75.3%**	**23.4%**		**1.4%**	
The NBHC presentations were informative and helpful.	**56.9%**	**40.5%**	**2.6%**		
There was a good mix of participants at my table.	**66.7%**	**26.9%**	**3.8%**	**2.6%**	
The keypad voting gave me a good sense of the perspectives in the room.	**78.2%**	**19.2%**	**1.3%**		**1.3%**

2. Dialogue Content	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The information presented in the participant's Conversation Guide was relevant.	**46.8%**	**49.4%**	**2.6%**	**1.2%**	
The dialogue agenda focused on the right topics.	**43.6%**	**50.0%**	**5.1%**	**1.3%**	
There was enough time for informed discussion on the strengths and challenges of the health care system.	**44.7%**	**50.0%**	**3.9%**	**1.4%**	
The participant's Conversation Guide helped me provide more informed imput into this conversation. **6.41 % of participants voted Not Applicable**	**37.2%**	**47.4%**	**7.69%**	**1.28%**	

3. Your Experience	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
I value this opportunity to contribute my perspectives and concerns.	**70.8%**	**20.8%**		**1.4%**	
I was able to gain a better understanding of the views and experiences of other participants.	**68.6%**	**30.0%**		**1.4%**	
I learned a lot about health in NB from this experience.	**46.5%**	**40.3%**	**9.8%**	**1.4%**	

4. Will you attend the next dialogue in Phase II?	Yes	Maybe	No
Moncton on April 24th, 2010	**93.0%**	**4.2%**	**2.8%**

Bathurst – Phase I – March 20th, 2010

1. Dialogue Format	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The table facilitators were effective.	**73.0%**	**27.0%**			
The NBHC presentations were informative and helpful.	**68.6%**	**25.4%**	**6.0%**		
There was a good mix of participants at my table.	**67.0%**	**23.4%**	**8.0%**	**1.6%**	
The keypad voting gave me a good sense of the perspectives in the room.	**85.5%**	**14.5%**			

2. Dialogue Content	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The information presented in the participant's Conversation Guide was relevant.	**49.2%**	**47.6%**	**3.2%**		
The dialogue agenda focused on the right topics.	**54.6%**	**39.1%**	**6.3%**		
There was enough time for informed discussion on the strengths and challenges of the health care system.	**67.0%**	**23.4%**	**8.0%**	**1.6%**	
The participant's Conversation Guide helped me provide more informed imput into this conversation.	**85.5%**	**14.5%**			

3. Your Experience	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
I value this opportunity to contribute my perspectives and concerns.	**71.6%**	**28.4%**			
I was able to gain a better understanding of the views and experiences of other participants.	**60.6%**	**39.4%**			
I learned a lot about health in NB from this experience.	**37.5%**	**51.8%**	**10.7%**		

4. Will you attend the next dialogue in Phase II?	Yes	Maybe	No
Bathurst on May 1st, 2010	**95.2%**	**3.2%**	**1.6%**

Edmundston – Phase I – March 27th, 2010

1. Dialogue Format	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The table facilitators were effective.	**83.6%**	**14.6%**	**1.8%**		
The NBHC presentations were informative and helpful.	**82.8%**	**15.5%**	**1.7%**		
There was a good mix of participants at my table.	**71.7%**	**20.0%**	**8.3%**		
The keypad voting gave me a good sense of the perspectives in the room.	**91.4%**	**8.6%**			

2. Dialogue Content	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The information presented in the participant's Conversation Guide was relevant.	**67.8%**	**32.2%**			
The dialogue agenda focused on the right topics.	**70.7%**	**24.2%**	**1.7%**	**3.4%**	
There was enough time for informed discussion on the strengths and challenges of the health care system.	**69.0%**	**27.6%**	**3.4%**		
The participant's Conversation Guide helped me provide more informed imput into this conversation.	**60.3%**	**32.7%**	**5.2%**	**1.8%**	

3. Your Experience	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
I value this opportunity to contribute my perspectives and concerns.	**88.3%**	**11.7%**			
I was able to gain a better understanding of the views and experiences of other participants.	**74.6%**	**23.7%**	**1.7%**		
I learned a lot about health in NB from this experience.	**69.5%**	**20,3%**	**6.8%**	**1.7%**	**1.7%**

4. Will you attend the next dialogue in Phase II?	Yes	Maybe	No
Edmundston on May 15th, 2010	**88.5%**	**8.2%**	**3.3%**

Saint John – Phase I – April 10th, 2010

1. Dialogue Format	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The table facilitators were effective.	**79.2%**	**19.8%**	**1.0%**		
The NBHC presentations were informative and helpful.	**64.4%**	**34.6%**	**1.0%**		
There was a good mix of participants at my table.	**71.3%**	**28.7%**			
The keypad voting gave me a good sense of the perspectives in the room.	**80.2%**	**18.8%**			

2. Dialogue Content	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The information presented in the participant's Conversation Guide was relevant.	**55.4%**	**44.6%**			
The dialogue agenda focused on the right topics.	**52.6%**	**43.3%**	**4.1%**		
There was enough time for informed discussion on the strengths and challenges of the health care system.	**50.5%**	**47.4%**		**2.1%**	
The participant's Conversation Guide helped me provide more informed imput into this conversation.	**44.9%**	**53.6%**	**1.25%**	**1.25%**	

3. Your Experience	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
I value this opportunity to contribute my perspectives and concerns.	**82.8%**	**17.2%**			
I was able to gain a better understanding of the views and experiences of other participants.	**73.4%**	**25.5%**	**1.1%**		
I learned a lot about health in NB from this experience.	**54.7%**	**41.8%**	**3.5%**		

4. Will you attend the next dialogue in Phase II?	Yes	Maybe	No
Saint John on May 29th, 2010	**94.3%**	**2.3%**	**3.4%**

NBHC Phase I: Provincial Evaluation Summary

1. Dialogue Format	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The table facilitators were effective.	**77.7%**	**21.3%**	**0.7%**	**0.3%**	
The NBHC presentations were informative and helpful.	**66.9%**	**30.5%**	**2.6%**		
There was a good mix of participants at my table.	**70.0%**	**25.7%**	**4.3%**		
The keypad voting gave me a good sense of the perspectives in the room.	**83.5%**	**16.2%**	**0.3%**		

2. Dialogue Content	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The information presented in the participant's Conversation Guide was relevant.	**54.4%**	**44.0%**	**1.3%**	**0.3%**	
The dialogue agenda focused on the right topics.	**54.2%**	**40.4%**	**4.4%**	**1.0%**	
There was enough time for informed discussion on the strengths and challenges of the health care system.	**51.2%**	**43.3%**	**4.5%**	**1.0%**	
The participant's Conversation Guide helped me provide more informed imput into this conversation. **Moncton : Not Applicable**	**51.2%**	**41.6%**	**6.2%**	**1.0%**	

3. Your Experience	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
I value this opportunity to contribute my perspectives and concerns.	**78.5%**	**21.2%**		**0.3%**	
I was able to gain a better understanding of the views and experiences of other participants.	**69.9%**	**29.3%**	**0.8%**		
I learned a lot about health in NB from this experience.	**53.2%**	**40.0%**	**6.0%**	**0.8%**	

4. Will you attend the next dialogue in Phase II?	Yes	Maybe	No
Participation in Phase II	**93.0%**	**4.5%**	**2.5%**

NOTES:

The New Brunswick Health Council wishes to thank all participants for their time and energy, for the depth of their commitment, and for the thoughtfulness of their contribution.

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