



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2009-2010

Annual Report

New Brunswick Health Council

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The Honourable Mary Schryer
Minister of Health
Province of New Brunswick

Dear Minister,

It is my privilege to submit the Annual Report on behalf of the New Brunswick Health Council for our second fiscal year beginning April 1, 2009 and ending March 31, 2010.

Respectfully Submitted,



Rino Volpé
Chair of the Council

Mr. Rino Volpé
Chair of the Council
New Brunswick Health Council
Moncton, New Brunswick

Sir,

I am pleased to be able to present the Annual Report describing the operations of the New Brunswick Health Council for its second fiscal year, 2009-2010.

Respectfully Submitted,



Stéphane Robichaud
Chief Executive Officer

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From the Chair of the Council and the Chief Executive Officer

The New Brunswick Health Council (NBHC) is proud of the work completed in our first full year of operation as a new organization. Equipped with our mandate, our 2009-2010 Work Plan and our four working groups (Population Health, Care Experience, Sustainability and Citizen Engagement), we have created a solid foundation on which these areas of activity are built.

The NBHC is responsible, within these areas of activity, for reporting to the citizens of New Brunswick. The initial challenge we faced was accessing information at the provincial level in a standardized and acceptable manner. The excellent cooperation of several system organizations, including Vitalité Health Network, Horizon Health Network, FacilicorpNB, Ambulance NB and the Department of Health, aided our effort immensely. Other provincial departments and organizations as well as national organizations, including Accreditation Canada and the Canadian Institute for Health Information, were also very helpful in this regard.

During the development of the evaluation tools and reports, we consulted numerous stakeholders. The goal was to obtain the best information possible for citizens and to avoid duplication by using existing tools. It is important to recognize that an inclusive approach also allows a better understanding of our existing tools and increases the likelihood of their being used to improve our health and health services.

The Population Health Snapshot is an excellent example of collaborative efforts. In designing this tool we consulted with more than 500 individuals, resulting in a basic snapshot of population health provincially and by zone. Several community stakeholders wish to use the snapshot as a planning tool, while some health training institutions have adopted it as an educational tool. Tomorrow's health professionals are now exposed to the Population Health Snapshot during their training.

In Care Experience, we published our first health system report card measuring the performance of the health system for each dimension of quality and by sector of care. We quickly identified areas that require particular attention. Our first Care Experience Survey was also sent to patients hospitalized between November 2009 and January 2010. Survey results will be available in July 2010.

The NBHC is also responsible for reporting on the long-term sustainability of our health system. In this regard, organizing available financial data in a standardized manner for the system as a whole was a significant challenge. Nevertheless, we obtained a basic picture of how New Brunswick compares to other jurisdictions. We now have a starting point from which we can evaluate system performance regarding long-term sustainability.

Last but not least, we launched an inaugural provincial citizen engagement initiative which will continue into 2010-2011. To date, we are very happy with the level of participation during several all-day Saturday sessions which have also been particularly productive. Participants are of the opinion that they have become more knowledgeable about the health system and show a keen interest in the health system's long-term sustainability.

We take pride in these accomplishments which were outlined in our 2009-2010 Work Plan. Many of these projects were new initiatives, and it was therefore normal to expect significant challenges. Thanks to the perseverance and ingenuity of the Council Members and the NBHC staff as well as the collaborative efforts of our stakeholders, we were able to successfully meet these challenges.

We recognize that health care services are very important to the citizens of New Brunswick. At the NBHC, we are passionate about contributing to the improvement of the health care system. As we focus on the objectives of our 2010-2011 Business Plan, we will be using the knowledge gained in various reports to pursue citizen engagement initiatives and prepare recommendations for the coming year.

Chair of the Council



Rino Volpé

Chief Executive Officer



Stéphane Robichaud

Executive Summary

During its second fiscal year (2009-2010), the New Brunswick Health Council (NBHC) built upon the efforts undertaken during its first fiscal year, which consisted of establishing internal structures, defining strategic axes and developing collaborative initiatives with health system partners.

The NBHC successfully initiated important projects in population health, care experience, sustainability and citizen engagement and positioned itself to fully carry out the roles of its mandate: “Engage. Evaluate. Inform. Recommend.”

Status of population health

In 2009-2010, the NBHC developed a Population Health Snapshot which included the cooperation and input of more than 500 individuals, government departments and agencies, members of the public and external specialists. The snapshot provides regional and provincial information, is written in plain language and is based on the determinants of health.

The ultimate goal of the snapshot is to develop health practices based on data collected. Stakeholders in the health field as well as other groups not normally associated with the health sector will be able to identify common goals towards improving population health. The snapshot will also allow them to follow the evolution of population health on an annual basis and to identify trends.

Evaluating the satisfaction and quality of health services

In cooperation with the New Brunswick Department of Health and the two regional health authorities, the NBHC developed a New Brunswick Health System Report Card that allows the NBHC to measure, monitor, and evaluate the quality of health services. This report card also allows provincial health

administrators to identify areas of the health system that require particular attention.

The NBHC also developed a survey methodology for patient satisfaction pertaining to the level of care received. This allows the NBHC to measure patient satisfaction in a concrete manner. Data collected will also help provincial health administrators to understand and organize available information regarding the quality of services rendered.

Ensuring the sustainability of the health system

The NBHC established a sustainability report with the objective of illustrating the challenges linked to the sustainability of the New Brunswick health system.

The report contains a chart on the total costs of the health system, distribution of costs by health sector and per citizen, rates of increase of health costs and the evaluated capacity of the health system.

The objective of the sustainability report is to ensure that stakeholders understand the costs and capacity of the health care system in New Brunswick.

The NBHC sent out a questionnaire to major stakeholders in the health system to identify their practices as they related to the current Provincial Health Plan 2008-2012. This is the first step towards achieving a transparent and accountable health system.

The NBHC's actions are guided by its strategic axes:

- To develop and implement mechanisms to engage the population as well as other interested parties.
- To measure, monitor and evaluate the level of population health.
- To measure, monitor and evaluate health service quality.
- To measure, monitor and evaluate the level of population satisfaction with health services and health service quality.
- To measure, monitor and evaluate the sustainability of health services in New Brunswick.

Engaging New Brunswickers

Finally, the NBHC engaged New Brunswickers with the objective of obtaining their comments about a citizen-centered health system that takes into account existing issues, strengths and challenges.

For the NBHC, citizen engagement has a dual purpose. First, the NBHC needs to engage citizens in discussion: and second, it uses the results of this dialogue to make recommendations.

In March 2010, the NBHC launched this citizen engagement process under the theme "***Our Health. Our Perspectives. Our Solutions.***" It invited 310 individuals to take part in dialogue sessions to find common ground for establishing priorities New Brunswickers deem acceptable in the health field.

The citizen engagement process is divided into three phases: Phase I (Perspectives), Phase II (Solutions) and Phase III (Common Ground). It will be completed during fiscal year 2010-2011.

Population Health

There are significant challenges to measuring population health. However, during fiscal year 2009-2010, the New Brunswick Health Council (NBHC) successfully prepared a Population Health Snapshot, the first of its kind in Canada.

The snapshot provides regional and provincial data on population health determinants. The results will serve to define priorities that health stakeholders and other interested groups could use to plan, develop and introduce measures to improve the health status of the population.

Use of health determinants

The model chosen by the NBHC to illustrate population health in New Brunswick was adapted from different population health models modified to meet the needs of the NBHC. The NBHC also took into consideration the Public Health Agency of Canada's health determinants, defined as:

- social, economic and physical environments
- personal health practices
- coping skills
- biology and genetic endowment
- healthy child development; and
- health services.

More than 500 individuals and numerous Canadian and American experts were consulted during development of the model for the Population Health Snapshot. The NBHC was aware of the importance of health determinants, which formed the basis for choosing a "10 – 40 – 40 – 10" model supported by research evidence.

The Population Health Snapshot looks at the New Brunswick population as a whole, comparing male and female averages with the overall provincial average. The focus of the

provincial snapshot is to see where New Brunswick stands with respect to the other Canadian provinces and territories.

The 10-40-40-10 model illustrates what influences health:

- **Health services** (hospitals, physicians, etc.) are responsible for approximately **10%** of a person's general health.
- **Health behaviours** (diet, exercise, tobacco use) are responsible for **40%**.
- **Socioeconomic factors** (education and income) are responsible for another 40%.
- The remaining **10%** is related to **physical environments** (exposure to second-hand smoke and the degree of attachment of individuals to their community).

The NBHC also prepared seven population health snapshots, one for each health zone. As much as possible, all indicators in one zone were compared to those of the other zones.

Health zones for the population of New Brunswick

- Zone 1: Moncton / South-East
- Zone 2: Fundy Shore / Saint John
- Zone 3: Fredericton / River Valley
- Zone 4: Madawaska / North-West
- Zone 5: Restigouche
- Zone 6: Bathurst / Acadian Peninsula
- Zone 7: Miramichi

Health services are responsible for approximately 10% of a person's general health. The other 90% is made up of health behaviours at 40%, socioeconomic factors at 40% and physical environment at 10%.

Establishing population health strengths, weaknesses and trends

This first Population Health Snapshot shows that:

- New Brunswickers tend to die prematurely of respiratory diseases, cancer, heart and stroke diseases, injuries and suicides more often than the rest of Canadians.
- Some risk factors directly related to chronic disease (obesity, poor nutrition, smoking and heavy drinking) are well above the national average. New Brunswick is one of the least healthy provinces in the country.
- New Brunswickers rank very poorly in terms of being hospitalized for unnecessary conditions. While they are not always avoidable, appropriate primary health care could potentially:
 - prevent or reduce the onset of chronic disease

- control an acute episodic illness; or
- help manage a chronic disease condition.
- New Brunswick appears to have enough medical doctors based on population in relation to Canada as a whole. However, New Brunswickers tend not to access their doctors as often as people in other parts of the country do.

The primary objective of the Population Health Snapshot is to provide individuals, communities and organizations with data on the health of the population for the province as a whole and within each specific zone.

A second objective is to illustrate health determinants that health stakeholders can identify as priorities and thereby introduce changes that will contribute to improved population health.

New Brunswickers tend to die prematurely of respiratory diseases, cancer, heart and stroke diseases, injuries and suicides more often than the rest of Canadians.

The Population Health Snapshot is not perfect but, at the present time, it is the only model available to the NBHC.

2009-2010 Annual Report

It is now necessary to establish a health snapshot of New Brunswick's youth population. The existing snapshot remains a very important tool and is being used in the training of nursing personnel and among medical students at the province's medical training centres.

The NBHC will update the Provincial Health Snapshot on a yearly basis, thereby providing provincial and zone trends on population health.

Care Experience

The New Brunswick Health Council (NBHC) must measure, monitor and evaluate the quality of health services, and patient satisfaction plays a role in this regard. To achieve this, the NBHC established the New Brunswick Health System Report Card during fiscal year 2009-2010 and undertook its first survey in health care satisfaction.

The results outlined in the Health System Report Card provide managers and decision-makers with a tool to measure the performance of the health system. The NBHC evaluated the health system along the NBHC's six quality dimensions: Accessibility, Equity, Effectiveness, Efficiency, Appropriateness and Safety. The health system's performance also had to be measured from the citizens' viewpoint as seen through an integrated health system, including primary health, acute care, supportive/specialty care and palliative and end-of-life care.

Evaluating the performance of the health system

Research-based definitions of care sectors and quality dimensions allowed the NBHC to identify more than 400 performance indicators that are used in hospitals and sectors of care. The indicators the NBHC identified for use were taken from New Brunswick health databases and/or available in the public domain (Canadian Institute for Health Information [CIHI], the National Physician Survey, Statistics Canada or New Brunswick Department of Health).

The main purpose of the Health System Report Card is to measure the performance of the health system and provide information to provincial decision-makers on determining which health sectors require specific attention.

The indicators used are relevant to the concerns of our main target audiences, easy to understand, reliable and valid. They are also timely, easy to obtain and can be periodically updated. As well, they were obtained through an open, transparent and inclusive consultative review process that contributed to a coherent and comprehensive view of health system performance in New Brunswick.

Development of performance index grades

The NBHC introduced index grades in the Report Card which reflect the *quality dimensions* that were evaluated. Because a perfect benchmark score does not exist, the NBHC chose the Canadian average as the median benchmark and gave it a "C" grade.

Performance index grades, whether by quality dimension or sector of care, allow the public to better understand the global performance of the health system.

As was the case for the Population Health Snapshot, the objective of the Report Card is to inform provincial health administrators on the sectors of care that require specific attention.

The Report Card and indicators hold the potential to:

- guide quality improvement activities
- redesign programs and services
- keep people and organizations accountable for their performance
- change policy and practice; and
- provoke public debate.

Surveying the satisfaction of health system users

The NBHC chose to measure systematically the care experienced by New Brunswickers by sector of care. To this end, during fiscal year 2009-2010, the NBHC targeted acute care provided in hospitals including mainly surgical and medical procedures. The survey used was also recognized by Accreditation Canada for use in the upcoming accreditation of New Brunswick hospitals in the fall of 2010.

Survey results on Care Experience will be useful to health decision-makers and planners in ensuring better coordination of health services and identifying the focal points of system weaknesses and strengths.

The survey measured several factors from the patient's point of view, including the overall hospital rating, patient safety, equity based on preferred language of service, communication with nurses and doctors, communication about medications, responsiveness of staff, pain control, physical environment, discharge information and care transition measures during the entire stay, from admission to discharge.

Survey results will be useful to health decision-makers and planners in ensuring better coordination of health services and identifying the focal points of system weaknesses and strengths. Survey results will be available in July 2010.

This is the first of a series of surveys that will evaluate all sectors of care within a three-year cycle.

Sustainability

One of the New Brunswick Health Council's (NBHC) strategic axes includes measuring, monitoring and evaluating the sustainability of health care services in New Brunswick. This responsibility is linked to four guiding principles of the New Brunswick Department of Health, which prescribe that programs and projects be:

- *citizen-centered*
- *focused on optimum health outcomes*
- *quality services delivered in a timely manner; and*
- *efficient and affordable.*

Measuring the sustainability of providing health care services

The Department of Health defines sustainability as *"making reasonable and informed choices for the best affordable and equitable healthcare now and in the future."*

In order to comment and make recommendations on the sustainability of the health system, the NBHC will use the data contained in the Population Health Snapshot, the Health System Report Card and the results of our provincial initiative on engagement.

Additionally, the NBHC asked health system stakeholders to answer a series of questions related to the implementation of the New Brunswick Provincial Health Plan 2008-2012. The answers to these questions will also influence our recommendations.

The first step in examining the sustainability of New Brunswick's health system is the understanding its current status. The NBHC, with the cooperation of the Department of Health and, particularly, Medicare and the Financial Services Branch, established global costs for the health system (including funding

sources), attributed costs for each sector of care and each citizen, established the growth rate of health expenditures and evaluated the delivery capacity of the health care system. It should be noted that more than 20,000 people work in the New Brunswick health system.

Our study shows that the health care system in New Brunswick is:

- above the national average for the number of hospital beds available per 1,000 persons, staffing (all health professionals) and CT scans per 1 million persons
- comparable to the national average for magnetic resonance imaging (MRI) machines per 1 million persons; and
- below the national average with regard to the use of the electronic patient record.

Overall, New Brunswick is rated fourth-lowest in Canada in terms of health care costs per capita.

Thinking differently

A great deal of work still needs to be done to control escalating costs in the health care system, which are rising at a faster rate than inflation, while also meeting the needs of an aging population.

The NBHC and the system must also:

- define the priorities in the health care system
- plan the long-term development of the health care system.
- plan for increased demand in health care services linked to demographic changes; and
- take into account the impact of new technologies, new medications and other elements of cost drivers in the delivery of services.

The NBHC established global costs for the health system (including funding sources), attributed costs for each sector of care and each citizen, established the growth rate of health expenditures and evaluated the delivery capacity of the health care system.

Most of all, the system needs to break new ground.

To sum up, the system needs to “think” differently. All of these costs relate to health services that, generally speaking, have an impact on only 10% of the health of the population.

In conclusion, it is important to realize that *“...for financial and clinical sustainability to occur in New Brunswick, planning for the future will be critical. There will need to be a balance between a low per capita cost, adequate capacity and resources, quality health care services, and citizen satisfaction with the health system while providing the best health outcomes for the population of New Brunswick...”*¹

We will need to “think” differently and innovate. All of these costs relate to health services that, generally speaking, have an impact on only 10% of the health of the population.

¹ **Understanding New Brunswick’s Health Care Costs and Capacity to Deliver Health Care: Relationship between Health Care and Sustainability, New Brunswick Health Council, May 2010.**

Citizen Engagement

Citizen engagement is at the heart of the New Brunswick Health Council's mandate to "Engage. Evaluate. Inform. Recommend."

During fiscal year 2009-2010, the New Brunswick Health Council designed an engagement initiative, launched in March 2010, which engaged 310 New Brunswickers in sharing their views and comments regarding a citizen-centered health system.

New Brunswickers speak out

The NBHC undertook an inclusive, interactive and transparent engagement initiative among citizens with the objective of involving New Brunswickers and interested stakeholders in determining which issues, priorities, common ground and common vision are essential for a citizen-centered health system.

For the NBHC, citizen engagement has a dual purpose. On the one hand, it is the means by which the NBHC provides a voice to citizens, while on the other, the NBHC incorporates the outcomes of its citizen engagement processes into its recommendations concerning the health system.

Therefore, the NBHC does not take citizen engagement lightly, nor does it seek to validate already-proven research, ideas or studies within the New Brunswick health system. Its aim is instead to gather information and to enrich its recommendations based on the opinions of New Brunswickers regarding public health matters and the management of their own health.

The NBHC entitled its engagement initiative **"Our Health. Our Perspectives. Our Solutions."** and chose to implement it in three phases. Throughout the first two phases, dialogue sessions are held province-wide

while the final phase will be held in the provincial capital. During fiscal year 2009-2010, only the first part of the initiative was held.

For the NBHC, citizen engagement has a dual purpose. On the one hand, it is the means by which the NBHC provides a voice to citizens, while on the other, the NBHC incorporates the outcomes of its citizen engagement processes into its recommendations.

Reflecting New Brunswick values

The NBHC believes that active participation involves recognizing that citizens can examine and determine policy options. However, this type of participation requires that decision-makers be willing to share this responsibility with citizens and to ensure that agreed-upon strategies are integrated into the decision-making process.²

² *Organization for Economic Cooperation and Development, OECD, 2001.*

During fiscal year 2009-2010, the NBHC introduced the basic principles of engagement and a framework that was initially developed in the public domain by Health Canada³ and further elaborated on by the Province of British Columbia.⁴

This framework guarantees the relevance of our initiative, "***Our Health. Our Perspectives. Our Solutions.***" and also provides the NBHC with a solid foundation for all types of public participation it may require, including its communications needs.

Approximately 39,000 phone calls were made province-wide in order to establish discussion groups for the dialogue sessions. Of the 479 persons who initially agreed to participate, 310 actually became participants in the Phase I sessions on Perspectives (Phase II will examine Solutions and Phase III will focus on establishing Common Ground). Of the 310 participants, 50% represented citizens and 50% represented interested stakeholders.

The NBHC recognizes that additional efforts will be required to effectively recruit First Nations representatives, members of marginalized groups and young adults 25 years and younger in future engagement initiatives.

Establishing real dialogue

If the NBHC wishes to promote a citizen-centered health system, citizen consultation is of the utmost importance.

This involves a basic method that the NBHC recognizes and acknowledges. Citizens consultation must take place upstream rather than downstream, which means involving them at the beginning of the discussion process. This gives citizens a chance to contribute early on (initial results show the validity of this process) rather than later on, at which point outcomes may serve only to confirm existing opinions.

The NBHC believes that public participation is important and wants New Brunswickers to have a voice concerning the future of their health. At the conclusion of each session, participants were very enthusiastic about "***Our Health. Our Perspectives. Our Solutions.***"

The NBHC will move from Phase I of the citizen engagement and conclude this initiative with Phase II (Solutions) and Phase III (Common Ground) during fiscal year 2010-2011.

³ ***Health Canada Policy Toolkit for Public Involvement in Decision Making (2000), Health Canada: Preparation, Design, Implementation, Synthesis, Feedback and Follow-up, Evaluation.***

⁴ ***Public Participation: Principles and Best Practices for British Columbia, Office of the Auditor General of British Columbia, 2008/2009: Report 11, November 2008, p.28.***

New Brunswick Health Council Mandate

New Brunswickers have the right to be aware of the decisions being made, to be part of the decision-making process and to be aware of the outcomes delivered by the health system and its cost. The NBHC will foster this transparency, engagement and accountability by:

Engaging citizens in a meaningful dialogue.

Measuring, monitoring and **evaluating** population health and health service quality.

Informing citizens on health system's performance.

Recommending improvements to health system partners.

New Brunswick Health Council Members

The New Brunswick Health Council is made up of 16 Members from all walks of life and all parts of the province. The citizens of New Brunswick are well-served by the varied representation and talent on the NBHC.

The Council Members were selected using the partnership pentagon developed for the World Health Organization which requires the alignment of five principle partners: policy-makers, health managers, health professionals, academia and communities.

The Council Members are listed below and **Appendix A** outlines their responsibilities on the Executive Committee and in the four Working Groups: Population Health, Sustainability, Care Experience and Engagement.

Mr. Rino Volpé	Edmundston Chair of the Council
Mrs. Pier Bouchard	Memramcook
Mr. Jeannot Castonguay	Edmundston
Mr. Christian Couturier	Fredericton
Mr. Randy Dickinson	Fredericton
Mrs. Linda Duffett-Leger	Fredericton
Mrs. Nathalie Godbout	Saint John
Mrs. Gwen Jones	Florenceville
Mrs. Colleen Knudson	Saint John
Ms. Barbara Losier	Landry Office
Mr. Himanshu Kumar Mukherjee	Fredericton
Ms. Anne-Marie Picone-Ford	Moncton
Mr. Daniel George Savoie	Dieppe
Ms. Claudia Simon	Elsipogtog
Mr. Lucien Sonier	Caraquet
Mrs. Norma Anne Sugden	Miramichi

New Brunswick Health Council Staff

Mr. Stéphane **Robichaud**
Chief Executive Officer

Mr. Pier T. **Furness**
Executive Director, Planning & Operations

Ms. Michelina **Mancuso**
Executive Director, Performance Management

Mrs. Shirley A. **Smallwood**
Executive Director, Citizen Engagement

Mr. David **Gingras**
Director of Communications

Mr. Michel **Arsenault**
Research Analyst, Performance Management

Mr. Alexandre **Couture**
Policy Advisor, Citizen Engagement

Mrs. Karine **LeBlanc-Gagnon**
Information Analyst, Health Status

Ms. Mariane **Cullen**
Executive Administrative Assistant

Ms. Yollaine **Thériault**
Administrative Assistant

Appendix A: Executive Committee and Working Group Structure

Executive Committee

Mr. Rino Volpé, President

Mrs. Nathalie **Godbout**, Vice President

Mrs. Norma Anne **Sugden**, Secretary-Treasurer

Mrs. Gwen **Jones**, Member

Mr. Christian **Couturier**, Member

Engagement Working Group

Mrs. Pier Bouchard, President

Ms. Barbara **Losier**, Member

Mrs. Lucien **Sonier**, Member

Sustainability Working Group

Mrs. Colleen Knudson, President

Mr. Christian **Couturier**, Member

Ms. Anne-Marie **Picone-Ford**, Member

Mr. Rino **Volpé**, Member

Care Experience Working Group

Mrs. Gwen Jones, President

Mr. Jeannot **Castonguay**, Member

Mrs. Nathalie **Godbout**, Member

Mr. Himanshu Kumar **Mukherjee**, Member

Population Health Working Group

Mr. Daniel George Savoie, President

Mr. Randy **Dickinson**, Member

Mrs. Linda **Duffett-Leger**, Member

Ms. Claudia **Simon**, Member

APPENDIX B: NBHC 2010-2011 Business Plan



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2010-2011 Business Plan

March 31st, 2010

2010-2011 Business Plan

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

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

Objectives for 2010-2011

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

Engagement

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

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

Population Health

Being able to answer questions like "How healthy are we?" and "Are we getting healthier?" is important when discussing the future of our health services. New Brunswickers tend to die prematurely of breathing diseases, cancer, heart and stroke diseases, injuries, and suicides

more often than the rest of Canadians. Some risk factors directly related to chronic disease (obesity, poor nutrition, smoking, and heavy drinking) are well above the national average. New Brunswick is one of the least healthy provinces in the country.

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

Care Experience

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

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

Sustainability

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

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

Inform

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

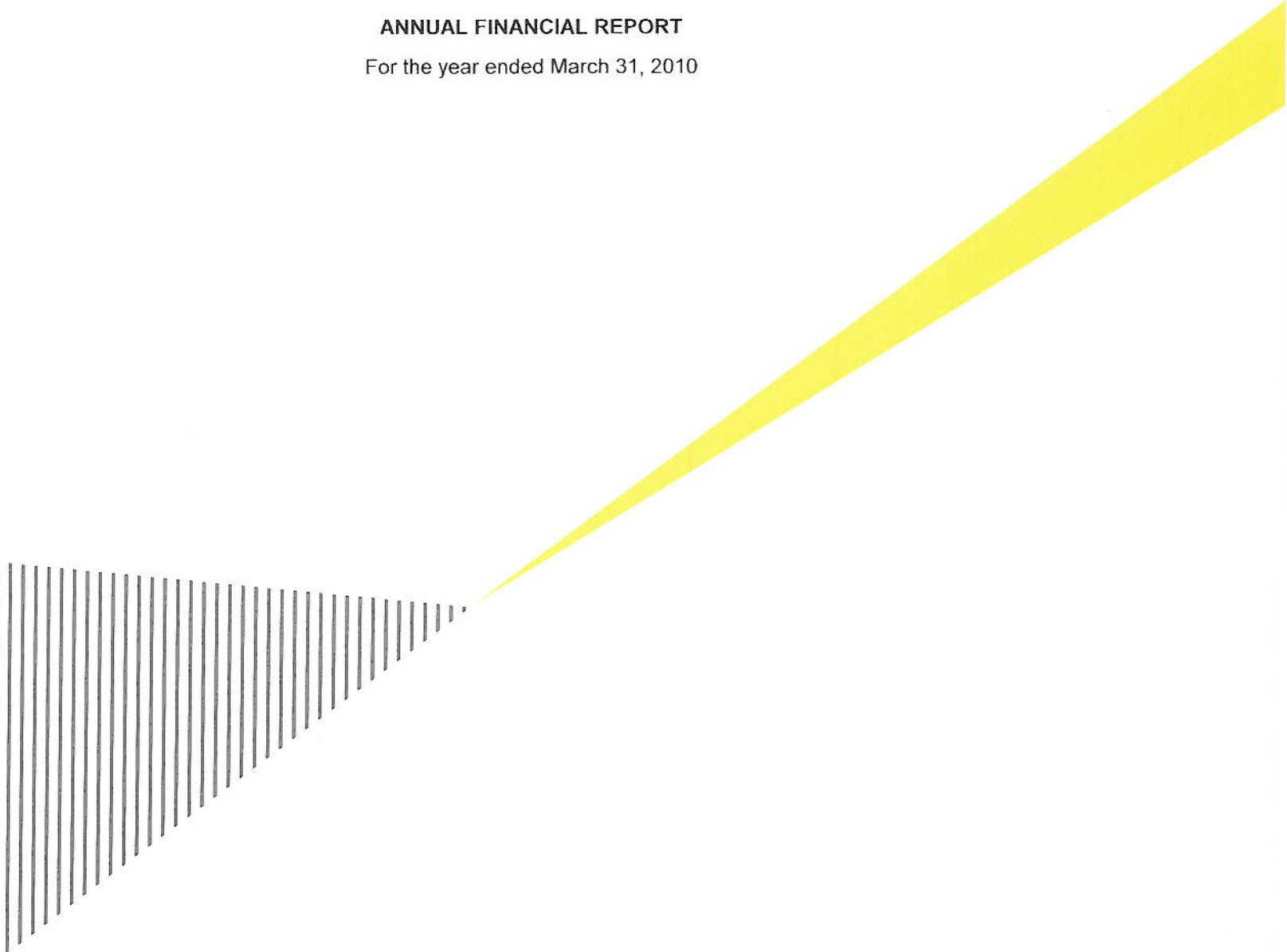
- On an ongoing basis, we will be leveraging the media to highlight the release of new information, reports and recommendations from Council.
- We will have a quarterly electronic newsletter that will inform stakeholders on the progress of our work and available information. The newsletter will be launched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

APPENDIX C: 2009-2010 Annual Financial Report

NEW BRUNSWICK HEALTH COUNCIL

ANNUAL FINANCIAL REPORT

For the year ended March 31, 2010



NEW BRUNSWICK HEALTH COUNCIL

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Schedules A - Board of directors expenses	7
B - Administrative expenses	7
C - Operating expenses	7

AUDITORS' REPORT

To the Directors of the
New Brunswick Health Council

We have audited the balance sheet of the NEW BRUNSWICK HEALTH COUNCIL as at March 31, 2010 and the statement of revenue and expenses for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2010 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

Budget figures are provided for comparative purposes and have not been subject to audit or review procedures. Accordingly, we do not express any opinion regarding budget figures.

Comparative figures shown have been audited by another firm of chartered accountants.

Ernst & Young LLP

Chartered Accountants

Dieppe, New Brunswick
May 12, 2010

NEW BRUNSWICK HEALTH COUNCIL

REVENUE AND EXPENSES For the year ended March 31,	Budget 2010	Actual 2010	Actual 2009
REVENUE			
Grant - New Brunswick Department of Health	\$ 2,193,000	\$ 1,694,758	\$ 1,030,392
EXPENSES			
Salaries and fringe benefits	871,797	807,056	425,575
Board of directors expenses (Schedule A)	226,500	156,389	140,255
Administrative expenses (Schedule B)	160,000	62,724	42,399
Operating expenses (Schedule C)	934,703	668,589	163,457
Start-up expenses	-	-	258,706
	2,193,000	1,694,758	1,030,392
EXCESS OF REVENUE OVER EXPENSES	\$ -	\$ -	\$ -

NEW BRUNSWICK HEALTH COUNCIL

BALANCE SHEET

As at March 31,

2010

2009

ASSETS

CURRENT ASSETS

Cash	300 \$	300 \$
Grant receivable - New Brunswick Department of Health	384 827	236 205
Prepaid expenses	1 100	1 100
	<hr/>	<hr/>
	386 227 \$	237 605 \$

LIABILITIES

CURRENT LIABILITIES

Accounts payable	384 827 \$	236 205 \$
Deferred revenue	1 400	1 400
	<hr/>	<hr/>
	386 227 \$	237 605 \$

CONTINGENCY AND COMMITMENTS (notes 4 and 5)

ON BEHALF OF THE BOARD

Rene Volpe....., Director
Norma A. Sugden....., Director

NEW BRUNSWICK HEALTH COUNCIL

NOTES TO FINANCIAL STATEMENTS

March 31, 2010

1. STATUTES OF INCORPORATION AND NATURE OF ACTIVITIES

The New Brunswick Health Council (the Council) was established September 1, 2008 under the New Brunswick Health Council Act and is considered a government organization. Its goals are to promote and improve the performance of the health system in New Brunswick.

2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements are prepared by management in accordance with Canadian generally accepted accounting principles for government organizations, as recommended by the Public Sector Accounting Board (PSAB) of the Canadian Institute of Chartered Accountants (CICA).

Use of estimates

The presentation of financial statements requires management to make some estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Revenue recognition

Revenues are recorded on the accrual basis of accounting as the funded expenditures are incurred. Any grant amount received in excess of recorded expenditures is accounted for as deferred revenue.

Capital assets

Capital assets purchased with government funding and under a \$100,000 threshold are fully amortized in the year of acquisition in accordance with government guidelines. Capital assets over the \$100,000 threshold are capitalized and amortized based on their estimated useful life.

NEW BRUNSWICK HEALTH COUNCIL

NOTES TO FINANCIAL STATEMENTS

March 31, 2010

3. DEFINED BENEFIT PENSION PLAN

The Council, through a multiemployer plan sponsored by the Province of New Brunswick, offers a defined benefit pension plan to its employees. The pension expense for the year is \$56,801 (\$25,637 in 2009).

The New Brunswick Investment Management Corporation acts as trustee and investment manager for the pension assets of members of the Public Service.

4. CONTINGENCY

The Council does not have any insurance coverage. Her Majesty the Queen in right of the Province has assumed responsibility for interests and risks of the Council in lieu of such insurance as permitted in the New Brunswick Health Council Act.

5. COMMITMENTS

The Council, through the Department of Services and Supply, has lease commitments until January 2019 for the rental of offices. It also has commitments for research and consultation for the next year. The balance of the commitments under these leases and all existing contracts is \$1,537,620. Minimum payments payable over the next five years are as follows :

2011 - \$270,939
2012 - \$161,704
2013 - \$161,704
2014 - \$161,704
2015 - \$161,704

The Council has a commitment towards an employee for a retirement allowance. If all the conditions of the agreement are respected, any amount that the Council would be called upon to pay in respect to this agreement will be expensed when disbursed, and would be entirely funded by the New Brunswick Department of Health.

NEW BRUNSWICK HEALTH COUNCIL

NOTES TO FINANCIAL STATEMENTS

March 31, 2010

6. ECONOMIC DEPENDENCE

The Council is financed solely by the New Brunswick Department of Health.

7. CASH FLOWS

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

8. COMPARATIVE FIGURES

Certain comparative figures have been reclassified to conform with the presentation used in the current year.

NEW BRUNSWICK HEALTH COUNCIL

SCHEDULES A, B AND C - OTHER INFORMATION
For the year ended March 31,

Budget
2010 Actual
2010 Actual
2009

A - BOARD OF DIRECTORS EXPENSES

Salaries and per diem	\$	144,000	\$	103,000	\$	90,250
Board meetings and travel expenses		60,000		44,755		32,952
Simultaneous translations		22,500		8,634		17,053
	\$	226,500	\$	156,389	\$	140,255

B - ADMINISTRATIVE EXPENSES

Travel expenses	\$	92,000	\$	19,089	\$	30,293
Professional fees		40,000		41,105		11,166
Advertising		28,000		2,530		940
	\$	160,000	\$	62,724	\$	42,399

C - OPERATING EXPENSES

Conferences and seminars	\$	30,000	\$	4,818	\$	12,521
Association memberships		15,000		1,747		159
Courier and postage		12,000		585		1,392
Staff training		24,000		3,920		2,286
Office supplies		17,500		20,223		13,243
Consultants fees		60,000		24,717		54,695
Travel expenses		48,000		15,067		13,854
Sundry		52,000		7,447		479
Citizen engagement initiative		70,000		197,624		-
Licenses, dues and fees		6,000		8,560		665
Equipment leasing		2,000		2,091		-
Rent		161,703		161,652		36,468
Publication of reports		50,000		2,000		-
Advertising and promotion		80,000		38,790		2,345
Research - outsourced		225,000		142,093		16,007
Translation services		45,000		16,417		3,128
Telecommunications		36,500		20,838		6,215
	\$	934,703	\$	668,589	\$	163,457

**APPENDIX D: NBHC Annual Report Pursuant to the
*Public Interest Disclosure Act***



New Brunswick
Health Council

Engage. Evaluate. Inform. Recommend.

**Annual Report Pursuant to the
*Public Interest Disclosure Act***

March 31, 2010

Annual Report Pursuant to the *Public Interest Disclosure Act*

It is my pleasure to present the Annual Report pursuant to the *Public Interest Disclosure Act* with regards to the activities of the New Brunswick Health Council during its second fiscal year 2009-2010.

I would like note that along with the NBHC Executive Director, Planning & Operations, we participated in several information sessions on the *Public Interest Disclosure Act*, its application and the management processes related to disclosures made in the public interest.

Section 3 of the *Act* applies to the following wrongdoings in or relating to the public service:

- (a) an act or omission constituting an offence under an Act of the Legislature or the Parliament of Canada, or a regulation made under an *Act*
- (b) an act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of an employee
- (c) gross mismanagement, including of public funds or a public asset; and
- (d) knowingly directing or counselling a person to commit a wrongdoing described in paragraphs (a) to (c).

In accordance with Section 18, Report about Disclosures, *Public Interest Disclosure Act*, I confirm that the New Brunswick Health Council did not receive any disclosures regarding any wrongdoings. Hence no investigations were required.

Respectfully Submitted,



Stéphane Robichaud
Chief Executive Officer