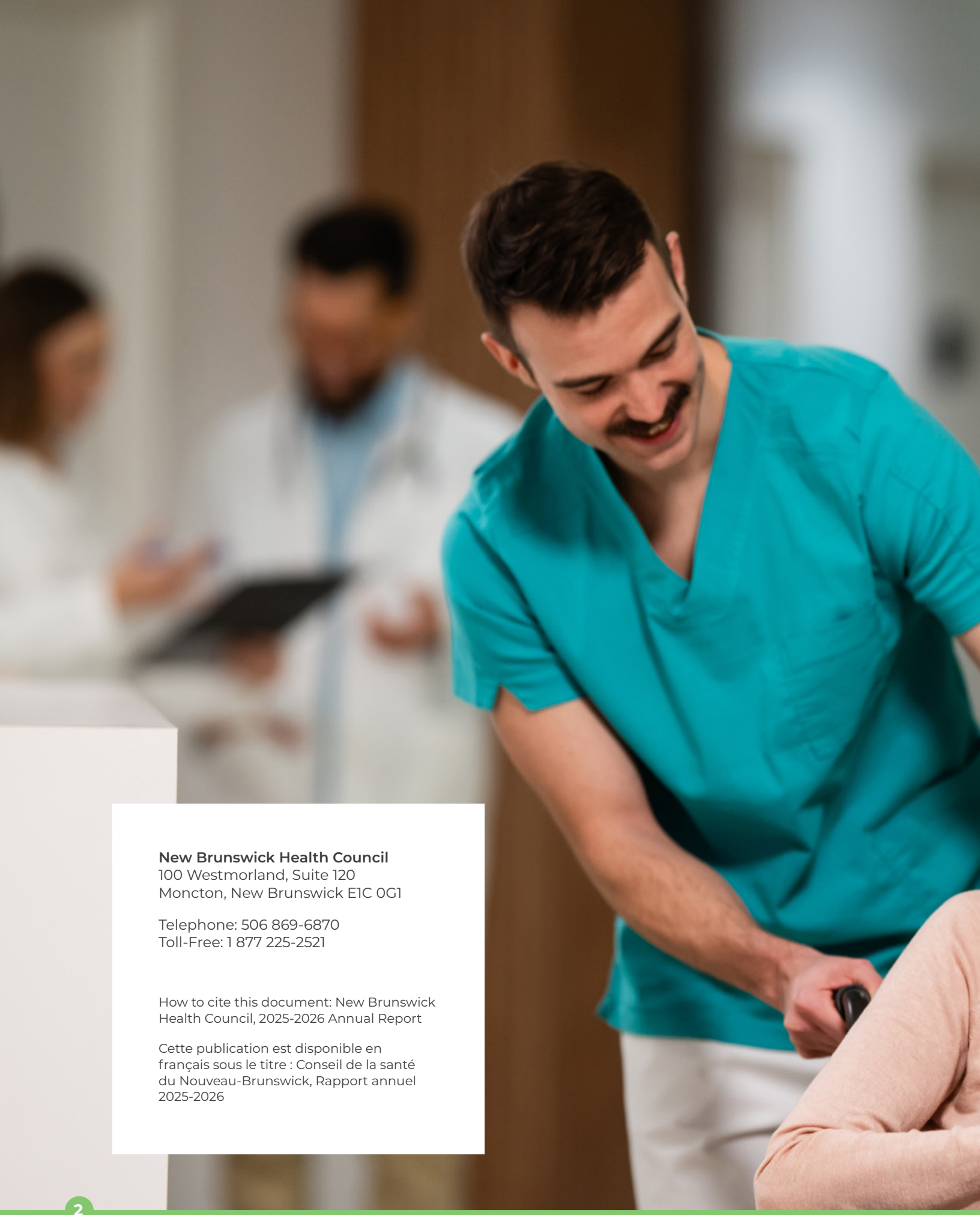
New Brunswick Health Council | Conseil de la santé du Nouveau-Brunswick

Annual Report

2025–2026

New Nouveau Brunswick



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July 31, 2026

The Honourable John Dornan
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 eighteenth fiscal year beginning April 1, 2025, and ending March 31, 2026.

Respectfully submitted,

E. Ann Collins, MD
Chair

July 31, 2026

E. Ann Collins, MD
Chair
New Brunswick Health Council
Moncton, New Brunswick

Dear Dr. Collins:

I am pleased to be able to present the annual report describing the operations of the New Brunswick Health Council for its eighteenth fiscal year, 2025–2026.

Respectfully submitted,

Stéphane Robichaud
Chief Executive Officer

Table of **contents**

Message from the Chair and the Chief Executive Officer

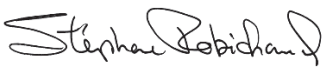
We are pleased to present the 2025-2026 edition of the New Brunswick Health Council Annual Report. The following content provides an overview of accomplishments pertaining to our 2025-2026 Business Plan deliverables. These deliverables were inspired by our mandate and health system stakeholder discussions in preparation for the 2025 Provincial Health Plan.

Health system performance is greatly influenced by the quality of interaction between health system organizations as well as their alignment with government direction. This year marked the first full annual cycle working with the government elected in the fall of 2024. As Chair and CEO, we have had several interactions with the Minister of Health and have greatly appreciated his openness to ensuring a constructive and effective relationship.

Working with stakeholders across health and long-term care services, to establish a clear and shared understanding of population health and service quality remains an ongoing challenge. We have witnessed an increase in the use of performance indicators among stakeholders. We continue to strive for a standardized approach on the use of these indicators to improve accountability to the citizens of New Brunswick.

Once again, the NBHC benefited from citizens' support for its surveys. These results are highly valued by those who work on health services planning and policies. We are grateful to all citizens who have taken the time to answer our surveys. We are also proud of the work undertaken by NBHC staff and Council members over the past year.

E. Ann Collins, MD
Chair

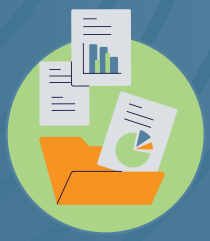


Stéphane Robichaud
Chief Executive Officer

Mandate

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

Engaging citizens in a meaningful dialogue for the improvement of health service quality.



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

Informing citizens on our health system's performance.

Recommending improvements to the Minister of Health.

Council

Members

Ann Collins
Chair
Fredericton

Madeleine Dubé
Vice-Chair
Edmundston

Celine Robichaud Trifts
Secretary / Treasurer
Moncton

Lisa Snodgrass
Hampton

Joanna Martin
Dalhousie

Diane Carey
Tracadie

Randy Dickinson
Fredericton

Executive Committee

Ann Collins
Chair

Madeleine Dubé
Vice-Chair

Celine Robichaud Trifts
Secretary / Treasurer

Team

Stéphane Robichaud
Chief Executive Officer

Brenda Bossé
Executive Director, Planning & Operations

Reem Fayyad
Executive Director, Performance Measurement

Nay O'Leary
Executive Director, Citizen Engagement

Christina Amaral
Public Participation Analyst

Michel Arsenault
Manager, Data and Analytics

Mariane Cullen
Executive Administrative Assistant

Danielle Doucet
Research Analyst

Adam Khadiri
Communications and Digital Content Specialist *(July 2025)*

Edwidge Kamwa Pone
Research Analyst *(April 2025)*

Steve Langen
Data Analyst

Richard Ninamou
Knowledge Translation Specialist *(March 2026)*

Wilson Registe
Statistical Programmer Analyst *(January 2026)*

Patricia Rosselet
Manager, Health and Research Analysis

Rana Sughayar
Research Analyst

Candide Ahouehome
Population Health Analyst *(until July 2025)*

Meriam Choukri
Administrative Assistant *(until March 2026)*

Philippe Rousselle
Information Analyst *(Until March 2026)*

NBHC AT A GLANCE

2025–2026

Giving citizens a voice and providing trusted evidence to improve New Brunswick's health system.

ENGAGE CITIZENS

89,120
New Brunswickers shared their experiences and perspectives.

3
PROVINCIAL SURVEYS

POPULATION HEALTH

PRIMARY CARE

STUDENT WELLNESS & EDUCATION

EVALUATE PERFORMANCE

4
MAJOR PUBLIC RELEASES

PRIMARY CARE

HOME CARE

YOUTH HEALTH

AVOIDABLE DEATHS

Providing insight into population health and health service quality across New Brunswick.

INFORM ACTION

WEBSITE VIEWS **306,782**

138 MEDIA STORIES AND INTERVIEWS

SOCIAL MEDIA

6.6 million VIEWS

INTERACTIONS **150,431**

7,284 FOLLOWERS

How Our Data Makes a DIFFERENCE

Supporting healthier school communities

Data from the New Brunswick Health Council's population health profile supported the implementation of universal school meal programs by demonstrating that a significant proportion of children and youth were not eating breakfast every day.

Mélissa Couture-Léger
Public Health Dietitian, Vitalité Health Network

Supporting Data-Informed Community Action

The data from the New Brunswick Health Council is really helpful in our work because it paints a community-wide portrait of what people are experiencing...The data help us to understand the trends in mental health, and housing, and personal well-being, which helps us to identify where supports are needed the most.

Paul Toner
Associate Director – Director of Community Development
United Way Greater Moncton and Southeastern New Brunswick

Performance Reporting

(Q1) Aging at Home — Access and Experience with Home Care Services in NB

2024 Home Care Survey

SURVEY PERIOD
MARCH – JUNE 2024

RELEASED
MAY 13, 2025

PARTICIPANTS
6,172

RESULTS AVAILABLE
Provincial, Zones, Community and Demographic groups

Key insights

Wait times for publicly funded home care services differ depending on the location and type of service that clients need.

Once citizens receive home care services, they have a really good experience, with good communication, sharing of information and coordination of care.

Although the services provided helped them stay at home, a small percentage of citizens reported that more could still be done.

There is a strong reliance on informal caregivers despite receiving services from professionals.

Knowledge Translation Activities

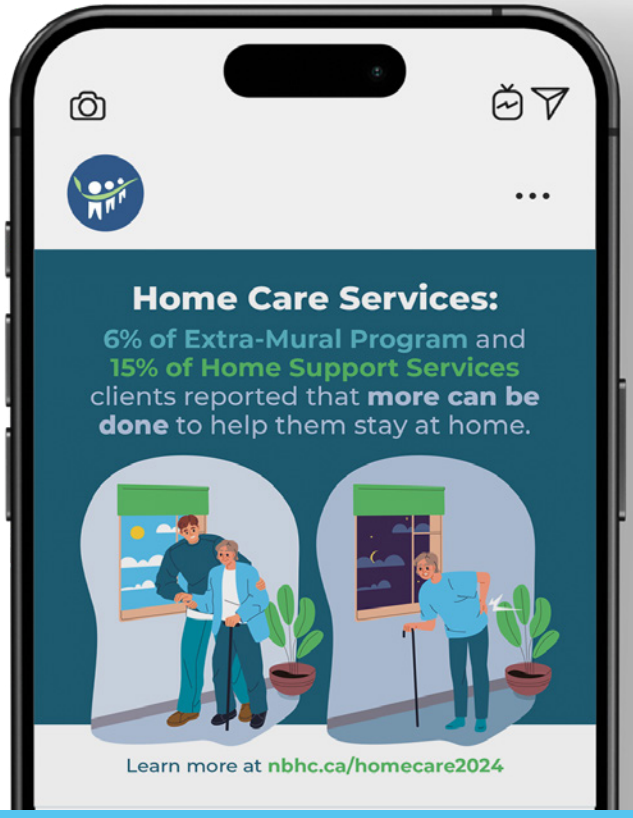
Analyzed the 2024 Home Care Survey data and administrative data related to access to and experience with home care services in New Brunswick to identify trends, gaps, and opportunities for improvement.

Collaborated with health system stakeholders to validate findings and key messages prior to public release.

Developed accessible communication materials, data visualizations, and explanatory content to support public understanding of home care services within the broader continuum of care.

Published findings through a web article and coordinated a multi-platform promotional campaign to broaden awareness and accessibility of findings.

nbhc.ca/aging-home



(Q1) Primary Care in NB — What would a strong sector look like?

2024 Primary Care Survey

SURVEY PERIOD
OCTOBER 2024 – JANUARY 2025

RELEASED
JUNE 25, 2025

PARTICIPANTS
5,322

RESULTS AVAILABLE
Provincial, Zone and Demographic Group Levels

Key insights

77% of New Brunswickers reported having a permanent primary care provider. This marks the first year since 2017 without a significant decline.

Only 1 in 3 citizens were able to get an appointment with their primary care provider within five days, showing no improvement from previous years.

Experience with care still leaves room for improvement: The care experience reported by citizens using primary care services has not changed significantly, pointing to room for improvement.

Knowledge Translation Activities

Analyzed data from multiple sources including the results of the 2024 Primary Care Survey to produce provincial, zone, and demographic group-level results on access to and experience with primary care services, including data validation, trend analysis, and interpretation activities to support the development of evidence-based findings and key messages.

Discussed with health system stakeholders from each health zone to review and validate findings prior to public release.

Developed accessible communication materials, data visualizations, web content, and key insights highlighting trends in access and timely access to permanent primary care providers as well as patient experience with care.

Published a web article and coordinated a multi-platform promotional campaign to increase awareness and accessibility of findings.

Developed a specific infographic with a focus on seniors, to compare differences in access and experience with primary care services.

nbhc.ca/primarycare2024

(Q2) New Brunswick Youth Health Behaviours — 2024–2025 Snapshot

2024-2025 Student Wellness and Education Survey

SURVEY PERIOD
NOVEMBER 2024

RELEASED
SEPTEMBER 23, 2025

PARTICIPANTS
68,037 including parents/guardians of students in grades K-5

RESULTS AVAILABLE
Provincial, Zone, Community, Districts, Education sectors and Demographic Group Levels

Key insights

Not enough New Brunswick youth in grades 6 to 12 are meeting the Canadian guidelines for physical activity, sedentary behaviour, and sleep.

21% of New Brunswick youth in grades 6 to 12 report using one or more substances.

Youth behaviours vary across NB communities.

Knowledge Translation Activities

Collected and analyzed survey data to produce provincial, zone, community, district, education sector, and demographic group-level results.

Interpreted data from multiple sources, including results of the 2024-2025 Student Wellness and Education Survey to produce key insights.

Validated data and interpretation activities with internal teams and stakeholders to ensure the accuracy, quality, and relevance of findings and key messages prior to release.

Developed accessible communication materials, data visualizations, and key insights highlighting youth health behaviours related to physical activity, sedentary behaviour, sleep, and substance use.

Published an article and supporting web content with a multi-platform promotional campaign to increase awareness and accessibility of findings.

nbhc.ca/new-brunswick-youth-health-behaviours-2024-2025-snapshot

(Q3) Primary Care Resources

The work undertaken in 2024-2025 further advanced our understanding of the current methods used to capture data related to human resources in primary care, particularly family physicians. This work involved analyzing the datasets compiled from the stakeholders throughout the project, as well as publicly available data related to billing of services over time. A report summarizing the findings and learnings from this exercise was shared with stakeholders.

Key insights

There are multiple sources of data on human resources, reflecting the different stakeholders involved (e.g., Department of Health Medicare physician billing database, Regional Health Authorities, NB Health Link, NPDP specialty designation data, and the College of Physicians and Surgeons).

There are at least 2 different ways to identify primary care providers (certification, payment plan, etc.)

The “Real” supply (availability for community-based family medicine) is lower than the count of family physicians according to their certification.

Workforce planning is currently happening in the absence of a well-established and agreed-upon measure of “real” supply.

The report suggested areas of improvement in how data is captured by the system (Medicare and physicians’ billing) to allow for standardized measurement of Human resources in primary care.

The NBHC built on those findings to pursue discussions and engagement with stakeholders around a comprehensive framework for performance measurement in primary care, including human resources. This work was presented to senior leadership from stakeholder organizations across the sector during a meeting held in October 2025.

(Q4) Avoidable Death in New Brunswick — What the data told us

Avoidable death in New Brunswick

RELEASED
JANUARY 13, 2026

RESULTS AVAILABLE
Provincial and Zone levels

Avoidable deaths is a significant indicator of population health in New Brunswick, highlighting both the influence of broader social determinants of health and health system performance.

Key insights

Not all regions are the same - while New Brunswick's overall rate of avoidable deaths is higher than the Canadian average, some zones have lower rates.

Every year, about 2,000 New Brunswickers die from causes that could have been avoided. Six causes are behind half of these deaths.

Avoidable deaths highlight deeper challenges affecting people's health.

Knowledge Translation Activities

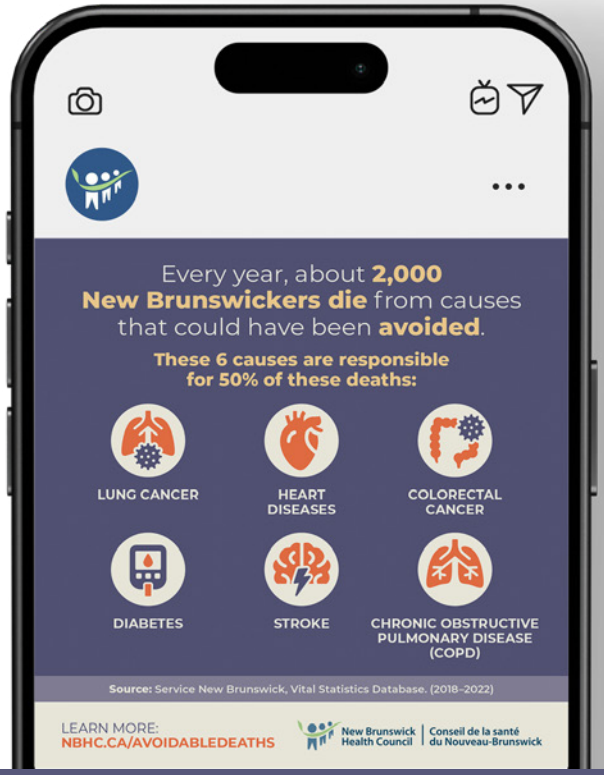
Analyzed NB Vital Statistics and Statistics Canada data to examine avoidable deaths in New Brunswick at the provincial and zone levels.

Discussed provincial and zone-specific observations with health system stakeholders and subject matter experts. Reviewed, interpreted, and validated the data, findings, and key messages prior to public release.

Developed accessible communication materials, data visualizations, and key insights to support understanding of avoidable deaths and their implications for population health and health system performance.

Published a web article and supporting visual content accompanied by a multi-platform promotional campaign to increase awareness and accessibility of the findings among citizens and stakeholders across the province.

nbhc.ca/avoidabledeaths



(Q4) Acute Care Variability

The NBHC updated the Health Service Quality indicators pertaining to acute care across the province's seven health zones, highlighting variability between zones. In addition, new indicators were added for the first time related to palliative care and the quality of long-term care services across the seven health zones.

Senior's Care

During the year, the NBHC identified an opportunity to further explore seniors' care. Work was initiated to better understand the context of seniors' care, and stakeholder engagement activities were initiated to properly capture and validate an integrated citizen-centered approach to reporting on this topic. Work will continue throughout 2026-2027.

External Indicators updates

Throughout the year, data and metadata are collected from external sources, validated in discussions with stakeholders and uploaded to the NBHC website. This data is used to further our understanding of population health and health service quality. Data includes indicators that inform on health outcomes, determinants of health, demographic context, health services quality by sector (primary care, acute care, continuing care, mental health services). Health system level indicators and surgical access data are also updated.

Geographic Boundaries Review

The 2023 Local Governance Reform resulted in significant changes to the geographic boundaries of local governments across the province, creating challenges with existing health zone boundaries. In response, the NBHC continued a series of consultations with health system stakeholders, including primary care teams, public health partners, and health needs assessment teams. With the support of leadership from both Regional Health Authorities, the NBHC developed and submitted recommendations to the Minister of Health regarding proposed updates to the geographic boundary legislation.

Public Participation

The New Brunswick Health Council worked on its Public Participation mandate in 2025–2026 through a strategy focused on learning, relationship building, and strengthening the use of citizen input to improve health and long-term care service quality.

Initial efforts, concentrated in Zone 3 (Horizon), were grounded in inclusive, two-way knowledge sharing, bringing together community stakeholders, and system partners to exchange perspectives and identify local priorities. This approach also supported the sharing of zone-specific data and insights, contributing to a more informed understanding of health service quality at the community level.

Through this work, the NBHC gained valuable insights into both the opportunities and challenges associated with public participation. While there was strong interest from citizens and stakeholders to engage, barriers such as limited capacity, fragmented efforts, and the need for more coordinated and accessible approaches were also evident. The work also highlighted that stakeholders across the health system have varying approaches, priorities, and levels of maturity when it comes to public participation and citizen engagement. Citizens expressed an expectation for greater coordination and alignment among health system partners to ensure engagement efforts are more connected, consistent, and meaningful. Key issues raised in Zone 3 included access to primary care, wait times, system navigation, and gaps in mental health services.

Following this initial phase, the NBHC paused to reflect on the findings, assess early impact, and refine its approach. This learning has strengthened the Council's understanding of the engagement landscape, improved its ability to use data to inform dialogue, and laid the foundation for more targeted, inclusive, and community-informed participation mechanisms in 2026–2027.

Communications and Outreach

Each year, the NBHC delivers targeted communications and promotional initiatives across multiple platforms to increase public awareness, participation, and understanding of priority topics.

Survey Design, Methodology and Validation Process

Before each survey cycle, the survey methodology is reviewed to identify opportunities for improvement and strategies to enhance response rates.

Questionnaire Revision: Prior to each survey cycle, a review of relevant literature, indicators, and survey questions is conducted to identify potential enhancements and emerging areas of interest. New questions may be developed and tested through cognitive testing. Questionnaire content is also validated with subject matter experts and key stakeholders to ensure it remains aligned with current priorities and information needs.

Digital Platforms

- Facebook
- LinkedIn
- YouTube

Traditional Media

- Local radio
- Print media

Direct & Paid Outreach

- Canada Post postcards
- Retail advertising
- Digital advertising

Key Campaigns by Quarter

Q1-Q2

- 2025 Population Health Survey (16,127 citizens aged 18+ participated)

Q3

- 2025 Primary Care Survey (5,657 citizens aged 18+ participated)
- 2025-2026 Student Wellness and Education Survey (67,336 students, parents/guardians participated)

Communication Channels

To ensure broad and inclusive reach across New Brunswick, the NBHC used a mix of digital, traditional, and direct outreach channels.

Community and Not-for-Profit Support

Collaboration with community organizations, non-profits, and local partners to support dissemination of survey information and encourage participation among diverse populations, including equity-deserving and hard-to-reach groups.

APPENDIX A

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 eighteenth fiscal year, 2025–2026.

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;

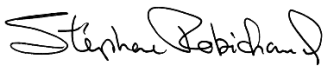
b. An act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of an employee;

c. Gross mismanagement, including public funds or a public asset;

d. Knowingly directing or counselling a person to commit a wrongdoing described in paragraphs (a) to (c).

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

Respectfully submitted,



Stéphane Robichaud
Chief Executive Officer

APPENDIX B

Financial Statements 2025–2026

INDEPENDENT AUDITOR'S REPORT

To the Directors of
New Brunswick Health Council

Opinion

We have audited the financial statements of New Brunswick Health Council (the organization), which comprise the balance sheet as at March 31, 2026, and the statement of revenues and expenses for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2026, and the results of its operations and its cash flows for the year then ended in accordance with the Canadian Public Sector Accounting Standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian Public Sector Accounting Standards , and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is included in the appendix of this auditor's report. This description, which is located at page 4, forms part of our auditor's report.

Bourque Richard Boutot

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

Dieppe, New-Brunswick
June 22, 2026

Description of the Auditor's Responsibilities for the Audit of the Financial Statements

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

NEW BRUNSWICK HEALTH COUNCIL
Statement of Revenues and Expenses
Year Ended March 31, 2026

	Budget	2026	2025
Revenues			
Grants - New Brunswick Department of Health	$ 3,025,800	**$ 2,730,455**	$ 2,666,579
Other revenues (Schedule A)	-	**-**	13,234
	3,025,800	**2,730,455**	2,679,813
Charges			
Administrative expenses	92,697	**102,945**	88,756
Communication expenses	296,955	**241,235**	289,849
Research and Consulting	655,311	**503,458**	507,950
Board of Directors	110,718	**107,320**	86,632
Human Ressources	1,838,069	**1,754,122**	1,656,176
Operating expenses	32,050	**21,375**	50,450
	3,025,800	**2,730,455**	2,679,813
Excess of revenues over expenses	$ -	**$ -**	$ -

NEW BRUNSWICK HEALTH COUNCIL
Balance Sheet
March 31, 2026

		2026		2025
Assets				
Current assets				
Cash	**$**	**400**	$	400
Accounts receivable		**843,384**		931,386
	$	**843,784**	$	931,786
Liabilities				
Current liabilities				
Accounts payable	**$**	**406,223**	$	494,225
Deferred income		**437,561**		437,561
	$	**843,784**	$	931,786

On behalf of the Board

_____, Director

_____, Director

NEW BRUNSWICK HEALTH COUNCIL
Notes to Financial Statements
March 31, 2026

1. Statutes of incorporation and nature of activities

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

2. Significant accounting policies

The financial statements are prepared by management in accordance with the Canadian Public Sector Accounting Standards for government organizations of the CPA Canada Handbook and include the following significant accounting policies

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the amounts recognized as revenues and expenses for the periods covered. Actual results may differ from these estimates.

Revenue recognition

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

Capital assets

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

3. Defined benefit pension plan

The Council, through a multi-employer plan sponsored by the Province of New Brunswick, offers a defined benefit pension plan to its employees. The pension expense for the year is $176,194 ($161,292 in 2025)

The New Brunswick Investment Management Corporation is the investment manager for the pension assets of members of the Public Service.

4. Cash flows

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

5. Contingency

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

6. Economic dependence

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

NEW BRUNSWICK HEALTH COUNCIL
Additional Information
Year Ended March 31, 2026

	Budget	2026	2025
Schedule A - Other revenues			
Indigenous Service Canada	$ -	$ -	$ 13,234

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

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Moncton, NB E1C 0G1

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