



Health, it's everybody's business.

*Summary Document
University Tour*



Young adults bring a very unique perspective to the health system debate. They are typically very candid in their feedback and bring a results-oriented approach to their discussions. This document summarizes the dialogue sessions held on university campuses across New Brunswick in the Fall of 2011.



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New Brunswickers have a right to be aware of the decisions being made, to be part of the decision making process, and to be aware of the outcomes delivered by the health system and its cost.

The New Brunswick Health Council 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 and recommending improvements to the Minister of Health.

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How to cite this document:

New Brunswick Health Council, Health, it's everybody's business. University Tour, Summary Document (NBHC, 2011).

Cette publication est disponible en français sous le titre : La santé, c'est notre affaire., Document sommaire de la tournée universitaire (CSNB, 2011).



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Abstract

Young adults bring a very unique perspective to the health system debate. They are typically very candid in their feedback and bring a results-oriented approach to their discussions. This document summarizes the dialogue sessions held on university campuses across New Brunswick in the fall of 2011. The key findings confirm that students value their provincial health system but they also recognize that much can, and must, be done to improve both the physical and the mental health components. They confirmed that a lack of same day/next day access to health care services often lead students to seek their primary health care services in emergency room settings. Also, they feel that going back in time, so-to-speak, to when health education, home economics, and physical education were mandatory in all schools would empower youth to make healthier decisions which in turn would lay the groundwork for a healthier adult life. Health promotion and prevention resonated loudly throughout these sessions. However, timely access to effective mental health services resonated the loudest across all dialogue sites.

Introduction

The New Brunswick Health Council (NBHC) believes that health is indeed everybody's business. In the fall of 2011, it purposefully set out to engage young adults in a constructive dialogue on health in order to get a sense of the personal health behaviours and service utilization patterns of young adults. Also, it provided the NBHC with an opportunity to better appreciate what is needed to effectively engage young adults in view of improving health services quality in New Brunswick.

From the onset, it was clear that no one single venue would allow the NBHC to capture the varied perspectives it was seeking; therefore, this project was designed with a provincial, multi-phase approach in mind. The initial phase of "*Health, it's everybody's business*" focused on New Brunswick university students between the ages of 18 and 24 years.

Methodology

Phase one of "*Health, it's everybody's business*", was designed as an interactive and iterative learning dialogue session that set out to engage up to 40 students per university campus (**Figure 1**) between the ages of 18 and 24 years. To increase the probability of student turn out, sessions were schedule to take place on individual campuses during the evenings when fewer courses are typically offered. In exchange for their attendance, an on-site complimentary dinner was offered to all participants prior to the individual sessions. No other incentives were offered.



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University	Campus	Session Date (dd/mm/yy)
Université de Moncton	Moncton	27/09/11
Crandall University	Moncton	28/09/11
Mount Allison University	Sackville	29/09/11
University of New Brunswick	Saint John	04/10/11
St. Thomas University and University of New Brunswick	Fredericton	05/10/11
Université de Moncton	Edmundston	13/10/11
Université de Moncton	Shippagan (Bathurst site)	10/11/11

Figure 1: Universities and respective campuses where sessions took place including dates

It should be noted that, due to the limited number of registered participants and the proximities of the university campuses, the sessions for University of New Brunswick (Fredericton) and St. Thomas University were ultimately merged into one. It should also be mentioned that, the initial date set aside for the Université de Moncton Shippagan Campus infringed on midterm study week which ultimately impacted recruitment efforts. Therefore, it was decided that session would be postponed. On November 10th 2011, the NBHC was invited to conduct its session with 31 students enrolled in a third year nursing program at the Université de Moncton, Shippagan Campus (Bathurst site). It was a welcome opportunity that allowed for their perspectives to be captured and reflected within this document.

An important element of this initiative was to bring the conversation as close to the students as possible. This explains why the place of study (university campuses) was selected as the preferred venue of choice. In addition, ensuring student input at every stage of the design process was crucial. Six months prior to hosting the first session, the student association/federation/union representatives were contacted individually for their input into the process. Throughout the months that followed, they were asked to provide feedback on things such as the most effective advertizing options to reach students on campus, poster design, participant recruitment, social media, and preferred venue of choice including dinner menu. When and where possible, every attempt was made to implement the students' suggestions along the way.

To assist the NHBC in securing 40 participants per session, executive members of the student association/federation/union agreed to place advertising material in the form of posters (**Appendix A**) around their respective campus, in addition to promoting their individual session by word of mouth, including within their social media circles. As indicated in **Figure 2**, out of all the advertizing efforts, the student representatives had the greatest influence (41.5%) in securing participation for all sessions province wide.

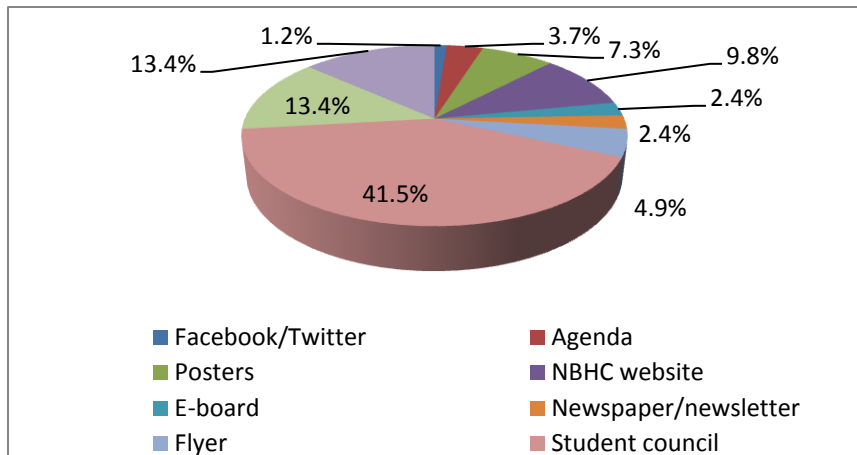


Figure 2: Responses to the question: How did you learn about this conversation? (n=82)

Perspectives

To facilitate the registration process and to ensure a diversity of participants at each session, an online registration form (**Appendix B**) was designed to secure a stratified sample based on gender and field of study, of 40 participants per campus. In addition, a privacy statement (**Appendix C**) indicating how participants' personal information would be used was included on the registration form. However, due to a limited number of registrants (less than 40 per site), no selection process occurred and all registered participants were welcome to attend.

Tuning Points® key pad voting system was used at every session to allow participants to benefit from the various perspectives in the room, while providing the NBHC with a tool to capture self reported data on certain key questions. **Figures 3 to 6** demonstrate the overall participant responses to the questions pertaining to profile and perspectives. Please note, the number of responses (n =) vary depending upon whether or not participants chose to answer any given question and/or if they were available to stay for the duration of the session.

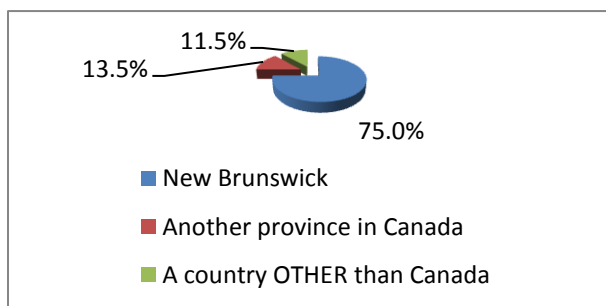


Figure 3: Where do you live permanently? (n=152)

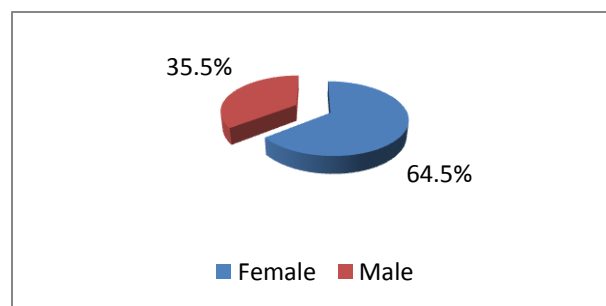


Figure 4: What is your gender? (n=152)

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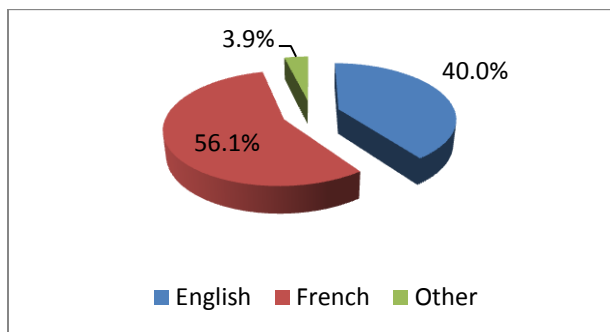


Figure 5: What is the language you most often speak at home? (n=155)

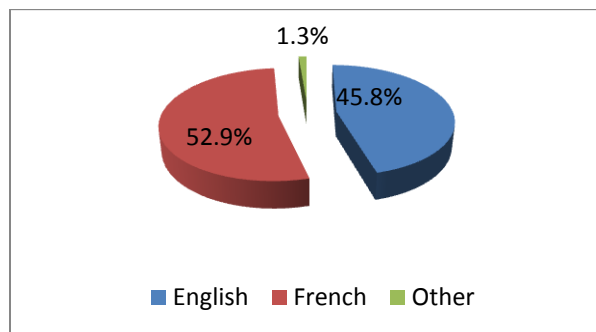


Figure 6: In what language do you prefer to receive your health services? (n=155)

When and where possible, paper coverings were placed on table tops as a way to entice students to write down any spontaneous thought or message they wanted to leave behind. The leading phrase starting with "Health is..." was written down by NBHC staff and in most cases, students completed the sentence in a variety of ways. Examples of the table scribbles are found throughout this document including **Figure 7**.

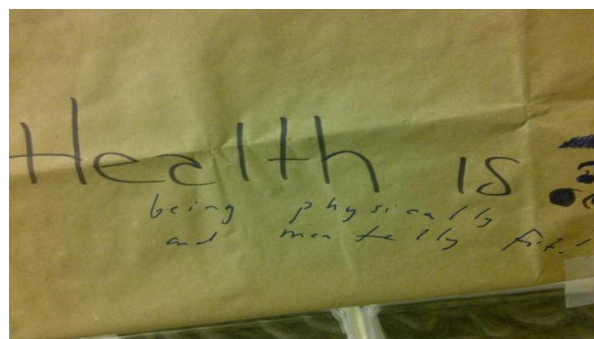


Figure 7: Health is being physically and mentally fit!

All sessions were designed to present high level health system information as a way to draw a picture of the current state of health in New Brunswick. The presentation was based on the following themes: health expenditures, determinants of health, personal health behaviours, health services utilization patterns, and engagement. As seen in **Figure 8**, students recognized that health accounts for 40% of the Government of New Brunswick expenditures but only impacts 10% of their quality of life and/or life expectancy. They were quick to realize that health expenditure projections do not look promising and if its rate of growth is allowed to continue, the potential impact on education alone will be devastating.

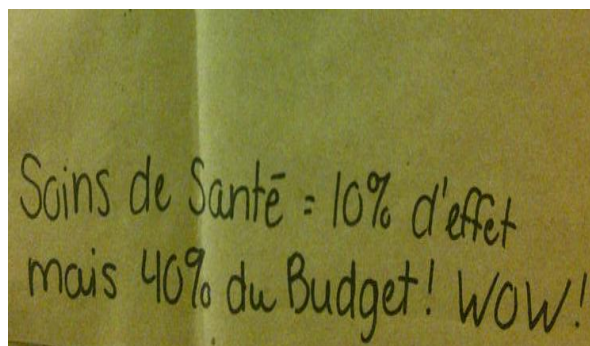


Figure 8: Health Care=10% impact but 40% of the budget! WOW!

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In addition to capturing demographic information, key pad voting questions were designed to capture the young adult perspective on self-rated physical health, self-rated mental health, perceived relationship between state of health and health behaviours, service utilization patterns for primary care, and preferred engagement methods.

Information on self-rated physical and mental health does more than just inform perception. It speaks to the resiliency of a given population and some studies even show a direct correlation between how people view their overall health and personal longevity.

As seen in **Figure 9**, 45.1% of the 151 respondents self-rated their overall physical health as being excellent or very good. According to the NBHC Population Health Snapshot (2010) Version 2, this rate is significantly lower than the provincial (55%) and national (60.5%) averages.

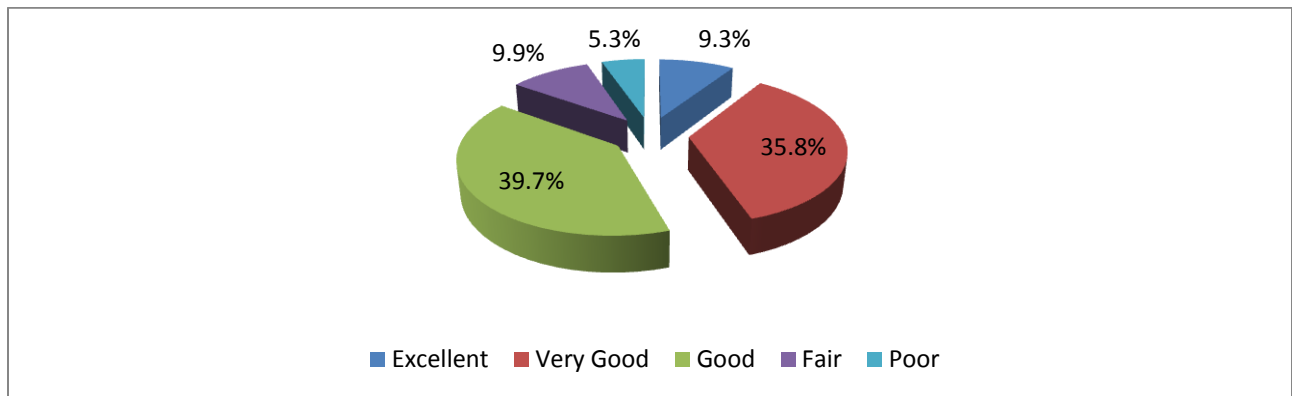


Figure 9: In general, how would you rate your overall physical health? (n=151)

According to the same source, the percentage of respondents who viewed their overall mental health as being excellent or very good (63.3%) is lower than both the provincial (68.1%) and national (73.9%) averages. (**Figure 10**)

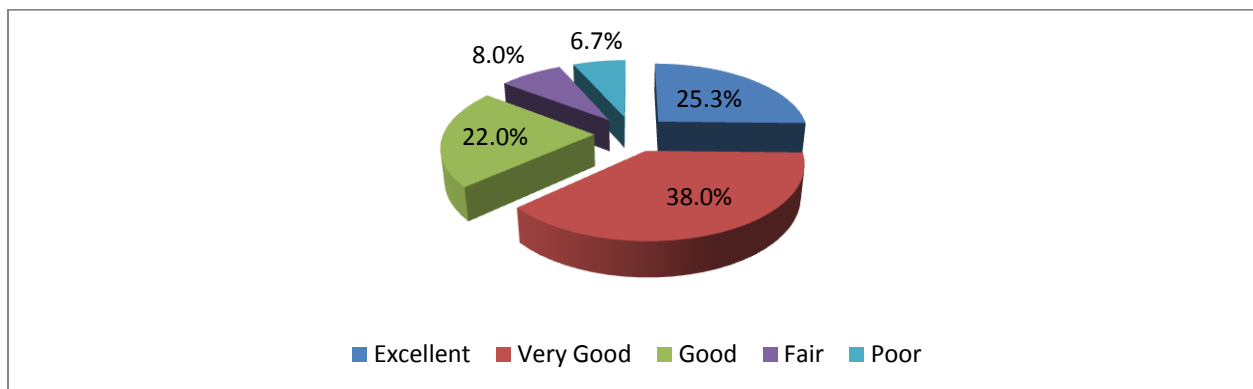


Figure 10: In general, how would you rate your overall mental health? (n=150)

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Although students rated their physical and mental health lower than the provincial average, 66.4% of them strongly agreed that “*your health largely depends on how well you take care of yourself*” (Figure 11). This is significantly higher than the provincial average of 54.3% as noted in the NBHC Primary Health Care Survey Results (2011). This finding speaks directly to the *Health Belief Model* that looks at how knowledge and perceptions influence personal responsibility such as with personal health behaviours.

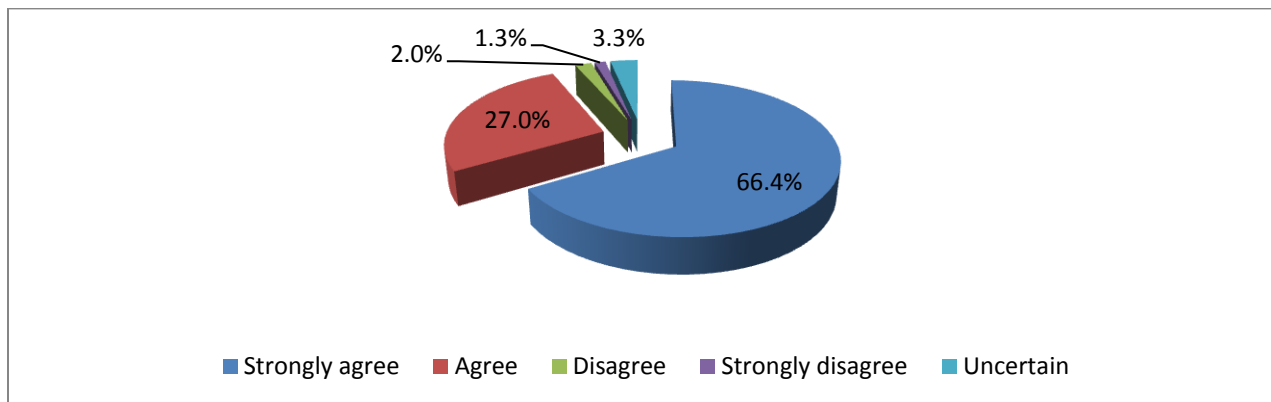


Figure 11: Do you agree that your health largely depends on how well you take care of yourself? (n=152)

When and where possible, students were invited to sit at tables of four. After the health system information was presented followed by a series of voting questions, students were invited to dialogue among themselves on a few key questions. They were then invited to share the highlight of their conversation in a plenary sessions so everyone in the room could benefit from their perspectives. As you will see in the pages that follow, students were very generous with their feedback.

In general, students value early education as being the key factor in improving healthier outcomes. They also recognize that parents have a very important role to play in ensuring they themselves lead by example and influence their children’s habits in a positive way. To assist young parents in becoming that very important role model, they indicated that components relating to healthy eating and healthy behaviours must be the cornerstone of all prenatal classes province-wide. They also felt it is time for certain health programs to be mandatory in school. They indicated if it isn’t mandatory, people simply won’t attend. They generally agree that the Department of Education is a potential key partner in delivering the early education component to a healthier future. They see value in “going back in time” so-to-speak, to when home economics was taught and in most cases, mandatory in high school. They highlighted what is seemingly a lack of importance placed on basic life skills such as budgeting, meal preparation, and making wise choices at the grocery store needs to be addressed.

“Everything comes down to early education”
Student participant

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One student in particular shared during a plenary session that eating healthy didn't have to be expensive. She added that it had more to do with making wise decisions as one can purchase a bunch of bananas at the corner store that will last several days versus paying the same price for a single serving of potato chips.

"Eating healthy doesn't have to be expensive...you just have to be taught how to shop for groceries and how to cook"

Student participant

Across all dialogue sessions province-wide, students sent a clear message: Mental health issues are important and mental health services must be accessible to all. It is important for them to have environments where young people can talk freely about their problems or concerns. They also see value in having students currently studying in health related fields to offer wellness clinics on campuses where assessments and healthy tips can be provided free of charge.

"Keep the visually impaired in mind when talking accessibility to programs and services"

Student participant

Without a doubt, the strong correlation between mental health fitness and sexual health behaviours was made across all dialogue sites. Students indicated that more needs to be done to ensure confidential services to address them both. They want to have services located discretely in places that are easily accessible. One student reported that walking into a sexual health clinic is difficult but made even more difficult when the clinic has a large sign on the door confirming that it's indeed a sexual health clinic. It is important to many that mental and/or sexual health clinics or programs take on more generic names as a way not to deter those who need the service the most from seeking it.

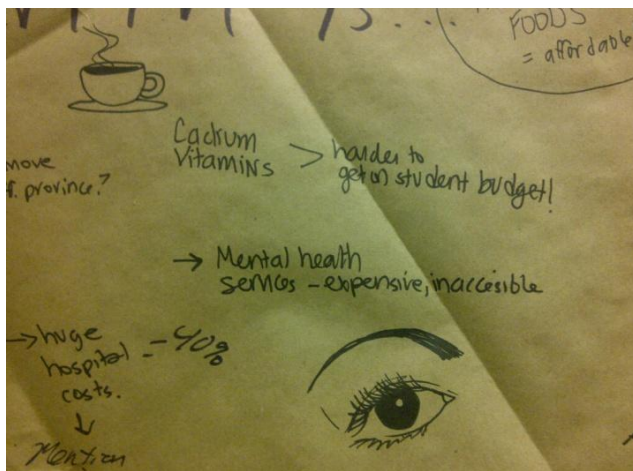


Figure 12: Calcium/vitamins: harder to get on student budget! Mental health services - expensive, inaccessible.

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As a result of the baseline health information presented at the beginning of each session, students quickly assimilated the relationship between personal health behaviours and not only their overall health but also its impact on our health system. More specifically, 72.2% of students *strongly agreed* (**Appendix D**) that the information presented allowed them to realize that health, is indeed everybody's business. They also felt the information presented to them should be made readily available as most youth do not realize to what extent the health sector influences all other aspects of their public services, including education.

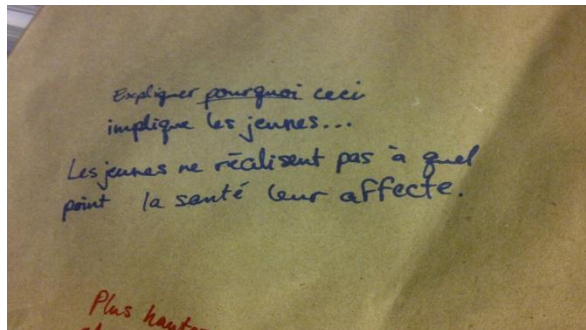
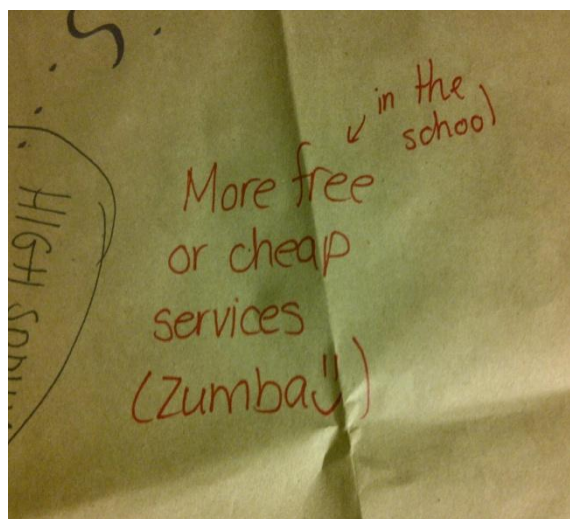


Figure13: Explain why this affects youth...Youth do not realize to what extent the health sector impacts them. (Translated)

Healthy Behaviours

With that in mind, students were asked specifically, “What is needed to encourage young adults to adopt healthy behaviours?” Needless to say, they offered a wealth of information from which certain key themes naturally emerged. Through their various comments and exchanges, the notion of *immediacy* surfaced on many occasions. It became clear that long term benefits are too futuristic for young adults and that any incentives would have to have a short term gain, i.e., tax benefits. As education is one of the major determinants of health, students saw great value in trying to make post secondary education more accessible for all. They indicated that government needs to look at the bigger picture if it is serious about



addressing the overall sustainability challenge and it will have to look beyond the typical health borders to do it. They added that students would be more enticed to stay active if it meant they had greater chances of getting a post secondary education at a cheaper cost. They also felt that young adults would be more prone to stay active if the incentives were in the form of student loan access, rebates and/or scholarships for those maintaining a certain activity level. They added that tuition fees should include a complimentary membership to the campus gym, or to the community gym if the campus doesn't have one on site. At the very least, they felt that gym memberships should qualify for tax rebates.

Figure 14: More free or cheap services (Zumba ☺) in the school.



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Much in line with what the NBHC heard during the *Our Health. Our Perspectives. Our Solutions.* initiative, students saw great value in increasing the taxes on items related to unhealthy behaviours such as on cigarettes, alcohol, fast food, etc. Conversely, they also saw great value in subsidizing items that encourage healthier behaviours such as with smoking cessation aids that are often more expensive than the cost of cigarettes. They also added gym memberships and the importance of subsidizing local farmers who in turn could offer fresh local produce to New Brunswickers at a cheaper price.

From the mounds of ideas the students generated during the sessions, a few stood out as being very unique suggestions that would not entail a “bricks and mortar” type of approach. Among them was the idea of creating a student wellness ambassador position on every campus in New Brunswick. It was said that the government-funded position would allow for greater access to health-related information and services on campuses and within communities. Another idea of was to create a Vice President of Health position on university student councils as a way to ensure student health would be given priority at their own decision-making table.

Service Utilization

According to the NBHC Primary Health Care Survey Results (2011), twice as many young adults between the ages of 18-24 years seek their health care services from after-hour clinics/walk in clinics when compared to those above 25 years of age (**Appendix E**).

To better understand this service utilization pattern participants were asked to answer: *Which one of the following BEST describes where you go when you need regular health services?* Participants were asked to submit their responses electronically via keypad devices. As you will see, the response options to this question were modified along course. This explains why they are represented by two graphs. (**Figures 13a & 13b**)

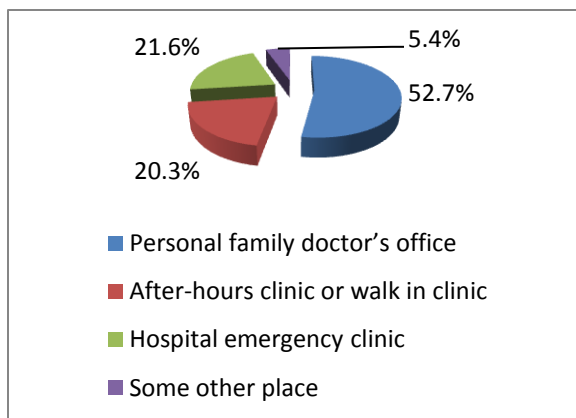


Figure 13a: Which one of the following BEST describes where you go when you need regular health services? (n=74)

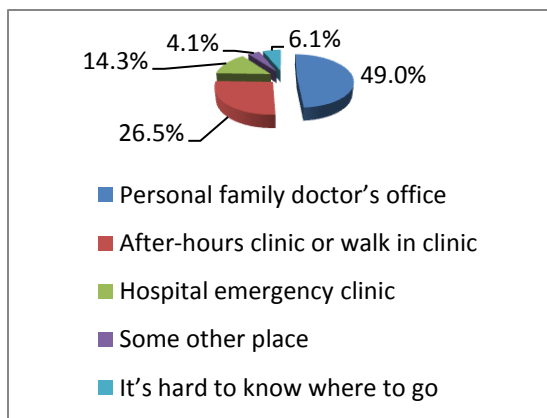


Figure 13b: Which one of the following BEST describes where you go when you need regular health services? (n=49)

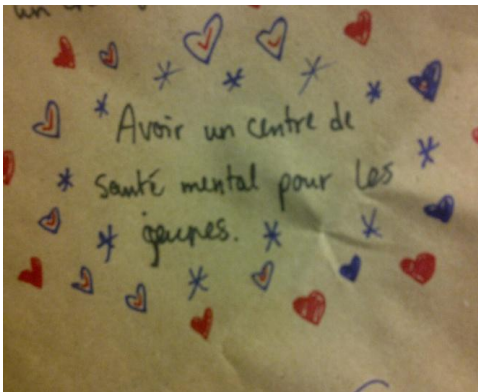
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As you can see in both cases, students reported seeking regular health services from their own personal family doctor's office more so than from any other area. Conversely, nearly 50% of participants between the ages of 18 and 24 seek their regular health services in settings other than their personal family physician's office. As this finding can be linked with various safety indicators, we set out to learn more.

After the electronic voting on this question was completed participants were asked to share with their table mates why they seek regular health services where they do. Once the discussion was completed, students were invited to report back on the common themes that arose at their tables or any other element which they felt they wanted to share with the NBHC.

In general, participants felt that personal family doctor's offices are better equipped to provide continuity of care that is tailored to the client especially those with chronic conditions. They acknowledged the follow-through a personal family doctor's office can provide is unique to the setting and is also very important.

Even if some participants felt they got their doctors' appointments immediately, most argued that the long wait times to see a family physician was part reason why they sought regular health services in emergency room clinics and/or walk-in clinics. They explained that students rarely have 2 weeks to wait to see a physician especially when they need a doctor's note explaining the medical reason why they were not in class on exam day.



Some young adults reported experiencing conflicting values with their personal health care provider which was the basis for considering alternate venues when requiring regular health services. Discrimination based on things like patient weight and/or mental health issues were specific examples given.

Figure 14: Have a mental health centre for youth. (Translated)

Across all dialogue sites, international students (n=18) reported not having equal access to regular health services while studying in New Brunswick. Specific examples revolved around financial barriers (i.e., consultations, transportation) keeping them from accessing emergency room care when needed, in addition to not having access to interpreters when health services are required. Access was also a common theme with interprovincial students (n=21) who reported not having access to their personal family physician during the academic year therefore not always knowing where to go as an alternative (**Figure 15**).

“Not knowing where to go is a factor.”
Student participant

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Most participants were very surprised to learn of the considerable cost differences between the various settings where regular health services are provided, i.e., emergency room visit versus family physician's office. The participants recommended that this additional information be well communicated to New Brunswickers in order to empower them to make informed decisions based on need and not convenience.

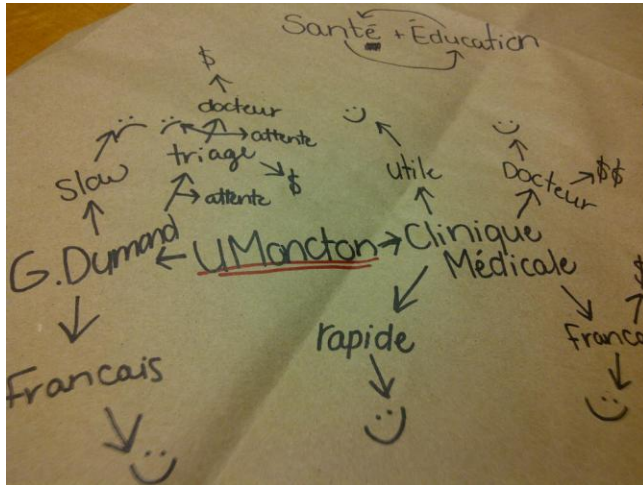


Figure 15: Diagram (written in French) showing a students' perspective of the pros and cons related to the different places where regular health services can be accessed and the linkage between health and education

In addition, participants indicated that certain determinants of health such as socio-economic factors and education levels could make addressing health issues with physicians somewhat intimidating. For some, this became more of an issue when the same physician cared for the entire family as certain elements of confidentiality could also come into play. They felt this factor alone could influence where students seek their regular health services for personal issues, i.e., services for sexually transmitted diseases.

Although most students agreed that seeking regular health services at after-hour clinics or walk-in clinics ensures a faster access at more convenient times i.e., evenings and weekends, most also agreed that the health services received can be less personal. Some described their experience as "being treated like a number". They also added that non-permanent residents don't often have a choice in the matter and must seek their regular health services where their insurance dictates.

"After- hours clinics have weird access system, they never answer the telephone"
 Student participant

A common message across all dialogue sites was that hospital emergency room settings should be reserved for emergencies only. Conversely, some students felt that in most cases their choices were limited. Their reasons varied from not having a personal family doctor to having to wait too long to see their personal family doctor and/or the wait time associated with seeking health services through the campus health clinic. Often times, students reported simply needing a prescription or a doctor's note before the clinic's next available appointment, making the emergency department a reasonable default health clinic.

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“The health system is very cumbersome. To clinic, then to hospital, then to pharmacy; then back home. Money & health insurance are important barriers for students, especially international students”

Student participant

In some cases, participants felt that using the emergency room as a first point of contact with the health system was most convenient as it may prevent them from having to pay for a taxi to get to an after-hours clinic only to be referred to the emergency room afterwards if further investigation is required.

Engagement

In line with the NBHC mandate on citizen engagement, participants were asked to consider how they prefer being engaged in the health system in view of influencing health services quality in New Brunswick. It was no surprise that students highlighted important engagement values as being key determining factors in whether or not they would participate in any given initiative, no matter who the host organization was. Among the list of values, communication, transparency, and accountability resurfaced more frequently across all dialogue sites. Students emphasized the importance of knowing why their input was being sought and how their feedback would be used. Their message was clear, first and foremost any engagement initiative must be meaningful and please do not consult if decisions have already been made.

Students effectively communicated that young adults have different approaches to resolving issues and further see themselves as a demographic that is results-oriented. They expect impact as a result of their involvement. This further highlights the fact that some participants described engagement efforts as initiatives that often lead nowhere.

It is important for students that engagement opportunities also provide them with baseline information or a subject matter expert to address questions/concerns to further inform their perspectives.



Figure 16: Health is cool! Our opinion matters!
(Translated)

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To better understand the university students' preferred mode of being engaged on the topic of health, participants were invited to respond electronically to the following keypad question: *When given the opportunity, how are you most likely to share your opinion on improving health service quality?* (Figure 17)

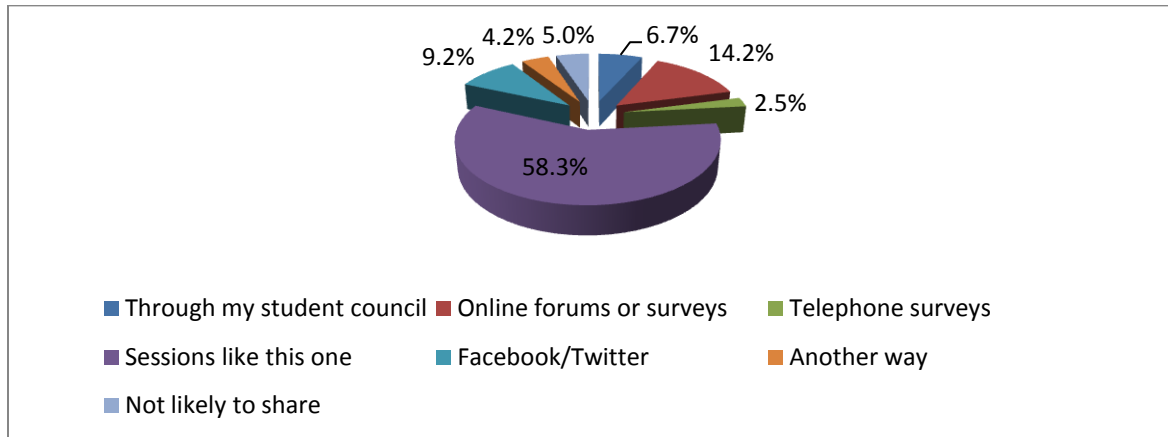


Figure 17: When given the opportunity, how are you most likely to share your opinion on improving health service quality? (n=120)

As demonstrated in the graph above (Figure 17), the majority (58.3%) of students indicated that “sessions like this one” was indeed their preferred way of being engaged on improving health service quality in New Brunswick. This can be explained by the baseline information presented to them at the beginning of the sessions that allowed them to better appreciate some of the challenges that lie within the health system and the individual role we all play in the bigger picture. They also indicated the human contact that “sessions like these” offer cannot be replaced by other modes of engagement. The graph further shows that online forums came in second place with 14.2% of the votes while facebook/twitter secured 9.2% of the votes. Convenience was cited in both cases as being the reason why.

Although the results of this question bode well for the NBHC in providing sessions that are informative and age-appropriate, it cannot forget the difficulties it encountered during the recruitment phase. To learn from this experience and to better understand the students' perspectives on what is needed to effectively entice them to participate in “sessions like this one”, the NBHC asked for their feedback on the following question: *In your opinion, which is the best way to secure participation on campus for activities like this one?* (Figure18).

“Must include the perspective of those with special needs”
Student participant

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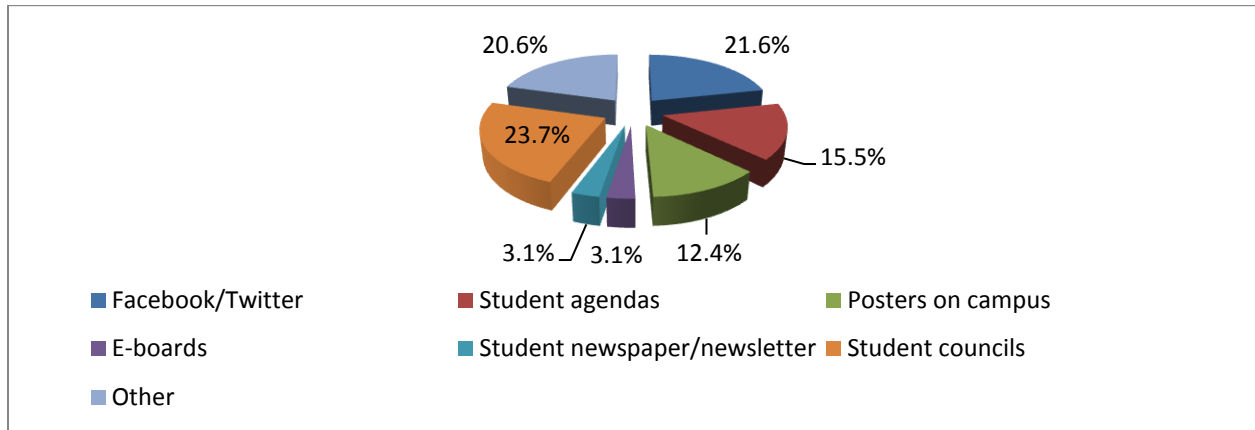


Figure 18: In your opinion, which is the best way to secure participation on campus for activities like this one? (n=97)

After the electronic voting came to a close, students were encouraged to further their thinking in order to share specific examples of what could persuade them to participate in various engagement opportunities on campus.

Most students were in agreement that there could be no greater incentive than receiving marks in exchange for their participation. Something they saw as being quite do-able especially if the engagement initiative was tied to a campus program. They felt not only would it secure the number of participants required, it would also promote a higher degree of interaction/engagement within the session. They also added that their personal time is somewhat limited therefore more young adults would participate when given the opportunity if it didn't entail yet another time commitment, especially if the topic was of personal interest or in their field of study.

“Like with the census, make these types of sessions mandatory. Explain to students that their feedback is important for improving health services”

Student participant

“Posters are great, but more emphasis needs to be placed on free food”

Student participant

In addition, students did not hold back their appreciation for the complimentary meal offered at the beginning of each session. They often referred to themselves as being “poor students” (in a financial sense) and saw food as a great incentive to secure student participation in any engagement opportunity on campus. Door prizes were also valued as great incentives.



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Conclusion

In addition to providing high level health system information, the NBHC sought to engage university students as a way to better understand the personal health behaviours and service utilization patterns of young adults. Also, the NBHC wanted to understand what is needed to better engage young adults in view of improving health services quality in New Brunswick.

Needless to say, participants of this initiative offered rich information that forms the basis of this document. They were very candid in their feedback and offered a result-oriented approach to our discussions. Like most citizens, they highly value our provincial health system but they also recognize that much can, and must, be done to improve both the physical and the mental health components.

This initiative highlighted that even if we live in a “technical world” where information is readily available, we cannot assume that people have access to all the information they need to better care of themselves. As seen across all dialogue sites, the most educated of our young adult population self rated their physical health and mental health lower than the provincial average. An interesting finding that may require further investigation.

Students emphasized the need for solid information, supports, and services relating to mental and sexual health issues in a timely fashion. In no uncertain terms, students drew a strong correlation between them both and saw the importance of addressing them appropriately. Students also highlighted the need to have a safe place to discuss their problems as being a key component to good mental and sexual health prevention and promotion. In a province where the incidence of sexually transmitted diseases is higher in university towns/cities than in other areas of the province, their message should resonate with health stakeholders and decision makers alike.

Also, students communicated their want and need of same day/next day access to primary health care services if they are to become less dependent on emergency room settings. They also felt strongly that going back in time, so-to-speak, to when health education, home economics, and physical education were mandatory in all schools, would empower youth to make healthier decisions which in turn would lay the groundwork for a healthier adult life. Health promotion and prevention resonated loudly throughout these sessions. However, timely access to effective mental health services resonated the loudest across all dialogue sites.

The NBHC wishes to thank all student unions/associations/federations for supporting this project in addition to all university representatives who facilitated our presence on campus.

***We further wish to thank all participants for their time, energy, and contributions.
Your perspective is important...Thank you for sharing it.***



*Health, it's everybody's business.
University Tour
Summary Document*

APPENDIX A: Example of custom poster for advertizing and recruitment purposes.

Health, it's everybody's business.

Did you know?

- Over half the population of New Brunswick has at least one chronic illness; 40% of chronic illnesses are preventable.
- New Brunswick spends \$4,653 per minute on health costs; that's 6.7 million dollars per day.
- New Brunswick is the most obese province (per capita) when compared to the other 13 provinces and territories in Canada.

Health is worth talking about, and if you're 18 to 24 years old we want you to join our conversation.

A total of **40 STUDENTS** will be invited to join us on **Wednesday, October 5th, 2011** starting at 5 p.m. for a conversation that matters. Dinner will be on us and the session will wrap up at 8:30 p.m. **REGISTER EARLY, SPACE IS LIMITED.**

For more information and to register online, please visit: www.nbhc.ca
Your perspective is important...please share it.

www.nbhc.ca

New Brunswick Health Council
Engage. Evaluate. Inform. Recommend.

APPENDIX B: Registration form print screen

- Care Experience 2011
- Citizen Engagement
- 2011 Primary Health Care Survey
- Download Centre
- Population Health
- Care Experience 2010
- 2010 Acute Care Survey
- Sustainability
- Questions to the Health System

Registration

Health, it's everybody's business.

To register for this conversation, please fill out the registration form below. A confirmation email will be sent to you with additional information if you are selected to attend.

Your perspective is important... please share it.

Gender:

Last Name:

First Name:

Age:

In what language do you prefer to receive your health care services:

Email Address:

Email address confirmation:


University:

Campus:

Faculty:

I permanently live in:

Do you require any accommodations which would allow you to better participate in this event (e.g. diet):



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APPENDIX C: Privacy statement

In accordance with the [Right to Information and Protection of Privacy Act](#), the New Brunswick Health Council (NBHC) will not disclose to any third party the personal information you provide for registration purposes. If you are not selected to participate in “Health, it’s Everybody’s business”, your information will not be used in any way unless otherwise specified.

The NBHC has adopted the following security safeguards:

- Personal information is entered on a secure website, preventing access by any third party
- Personal information is kept in a data base that will not be sent electronically at any time
- Personal information will be used for this process only and will never be distributed to a third party.

These safeguards are appropriate for the sensitivity of the information on this website to protect any personal information which you may provide.



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University Tour
Summary Document

APPENDIX D: Evaluation form provincial results (all university campuses)

Information	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The NBHC effectively communicated the objectives of these dialogues as well as how the information collected will be used.	75.65%	19.13%	2.61%	2.61%	0%
The association between the information that was presented and the table topics was clear.	77.39%	19.13%	2.61%	.87%	0%
The information presented allowed me to realize that health, is everybody's business.	72.17%	26.96%	0%	.87%	0%

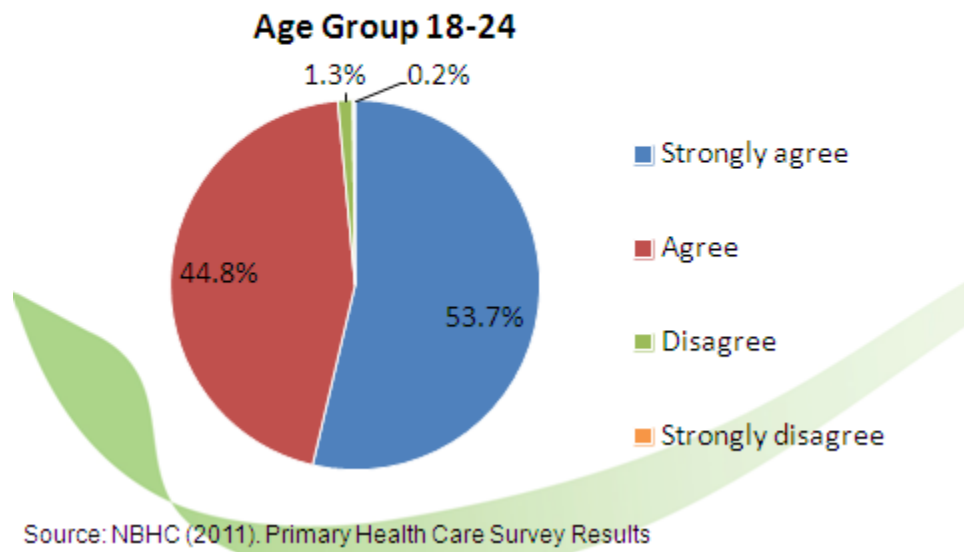
Process	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The keypad voting exercises were an efficient means of sharing my perspective.	92.17%	5.22%	.87%	1.74%	0%
I felt at ease and at liberty to share my opinions during this conversation.	80.87%	14.78%	3.48%	.87%	0%
I believe the evening ran smoothly.	73.91%	20.87%	2.61%	2.61%	0%

Experience	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
In general, the conversation was a good experience and I would consider participating in future NBHC engagement initiatives.	70.43%	27.83%	1.74%	0%	0%
I believe that students have an important contribution to make regarding health care and should be consulted more frequently.	82.61%	17.39%	0%	0%	0%

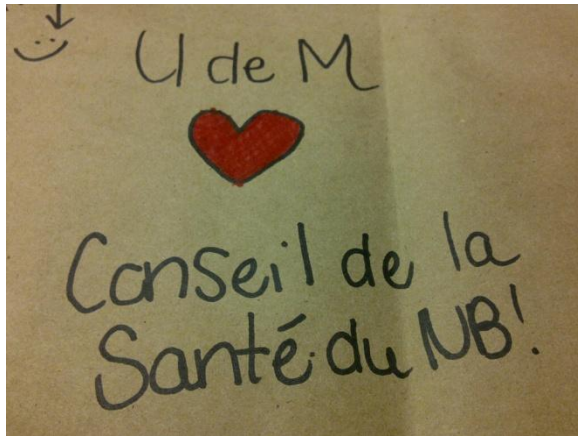
**APPENDIX E: Primary health care survey results (NBHC, 2011) for 18-24 age group on the question:
"My health largely depends on how well I take care of myself."**



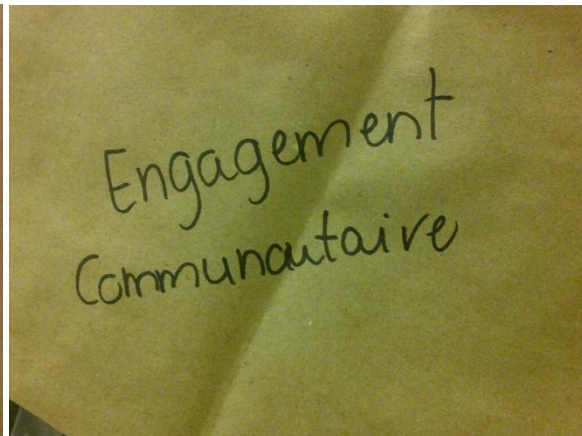
Provincial survey results: My health largely depends on how well I take care of myself.



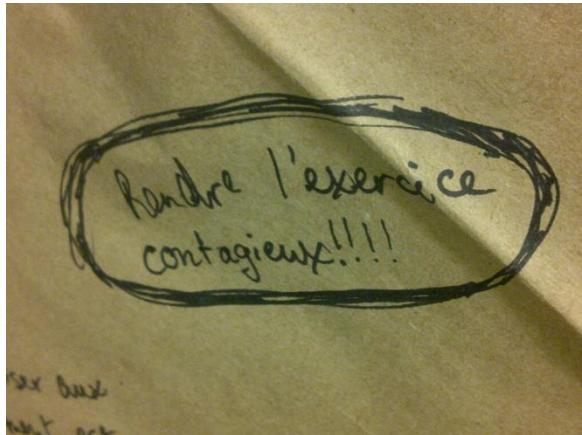
APPENDIX F: Table scribbles



Translation:
U de M ♥ NB Health Council



Translation:
Community Engagement



Translation:
Make exercising contagious

