



2019-2020 Annual Report

New Brunswick Health Council
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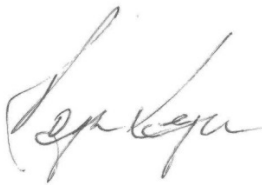
July 27, 2020

The Honourable Hugh John Flemming
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 twelfth fiscal year beginning April 1, 2019 and ending March 31, 2020.

Respectfully submitted,



Roger Léger
Chair

July 27, 2020

Mr. Roger Léger
Chair
New Brunswick Health Council
Moncton, New Brunswick

Dear Mr. Léger:

I am pleased to be able to present the annual report describing the operations of the New Brunswick Health Council for its twelfth fiscal year, 2019-2020.

Respectfully submitted,



Stéphane Robichaud
Chief Executive Officer

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From the Chair and the Chief Executive Officer

In fiscal year 2019-2020, there were significant new elements for the NBHC that have influenced the environment in which it operates. In addition to a new Chair for the Council, it was also the first year of a new provincial government mandate. As is customary, discussions between health system organizations and the new government are aimed at confirming expectations and health system organisations work on what is required to adapt to any changes in priorities or approaches.

What has made it possible to respond successfully to this change is the clarity of our mandate. Whatever changes occur, New Brunswickers still need to be informed about the state of their health and the quality of their health services, to enable them to effectively participate in the improvement of health services. So, while we may change how we do things to respond to new opportunities, and the methods we use may adapt to how people consume information, our legislated mandate has not changed.

As the year was ending, we were encouraged to see New Brunswickers actively seeking out health service information, both to understand how proposed service changes might impact them. While we don't know what the next year will bring, we look forward to being there to provide them with that information.

As always, we wish to thank New Brunswickers for their time and effort in responding to our surveys.

Chair



Roger Léger

Chief Executive Officer



Stéphane Robichaud







Executive Summary





During the 2019-2020 fiscal year, the New Brunswick Health Council’s deliverables fell into five categories.

These provided clear outcomes aligned with our dual mandate to report publicly on the performance of the provincial health system and to engage citizens in the improvement of health services quality.


Surveys





Deliverable	Done	Comments
<p>Primary Health Survey</p> <p>Codebooks and derived variables - With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.</p> <p>Previous Survey Learnings - In preparation for this survey, there is an opportunity to review survey questions, findings and methodology from the previous primary care survey.</p> <p>Request for proposals (RFP) - Based on learnings from the previous surveys and any new realities that may need to be considered, an RFP is developed with the goal of identifying the best service provider for the contracted work.</p> <p>Stakeholder Engagement - Capturing stakeholders’ feedback about the experience with the previous edition of the survey questionnaire, process and reports contribute to continuous improvement efforts.</p> <p>Administration - At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise.</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>Completed.</p> <p>Completed.</p> <p>Completed. The firm selected to manage the survey is MQO Inc.</p> <p>Completed. Stakeholder engagement is an important element in our survey cycles, as it can greatly enhance the probability of survey response usage among health service delivery organizations.</p> <p>This part of the work is currently underway and on schedule, with completion expected in June 2020. Response rates are being monitored and, once completed, we believe we will have a similar response rate to previous primary care surveys.</p>

<p>New Brunswick Hospital Patient Care Experience Survey</p> <p>Administration - Continuing from the 4th quarter of 2018–2019, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise.</p> <p>Results analysis - In preparation for the public reporting of the survey results, reporting focus options are considered in light of the most recent results and trends with past surveys.</p> <p>Reporting material - Given the key observations stemming from the survey results, a communication strategy is developed to maximize public reporting opportunities. These can include a brief on the survey results, infographics and associated data files.</p>	<p></p> <p></p> <p></p>	<p>Completed. A total of 14,272 questionnaires were mailed. 6,201 completed surveys were returned, for a response rate of 43%. The response rate for our previous survey in 2017 was 47%.</p> <p>Completed.</p> <p>Completed. As a result of the pandemic, the report and associated results will be made public in 2020-2021.</p>
<p>Student Wellness Survey, Kindergarten to Grade 5</p> <p>Previous survey learnings - In preparation for this student wellness survey, there is an opportunity to review survey questions, findings and methodology from the previous survey exercise.</p> <p>Stakeholder engagement - Capturing stakeholders’ feedback about the experience with the previous edition of the survey questionnaire, process and reports contribute to continuous improvement efforts.</p> <p>Request for proposals - Based on learnings from the previous surveys and any new realities that may need to be considered, an RFP is developed with the goal of identifying the best service provider for the contracted work related to the student wellness survey.</p> <p>Codebooks and derived variables - With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.</p> <p>Administration - At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected</p>	<p></p> <p></p> <p></p> <p></p>	<p>Completed.</p> <p>Completed.</p> <p>Completed. The firm PCS Data was retained for this year’s survey process.</p> <p>Completed.</p> <p>Underway. The survey process has been initiated. We had approximately 97% of schools</p>

<p>provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise.</p>		<p>indicating their desire to participate, but with the closure of schools in March 2020, final participation numbers will be lower, and will only be available in 2020-2021.</p>
<p>Student Wellness Survey, Grades 6 to 12</p> <p>Administration - Continuing from the 4th quarter of 2018–2019, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise.</p> <p>Results analysis - In preparation for the public reporting of the survey results, reporting focus options are considered in light of the most recent results and trends with past surveys.</p> <p>Codebooks and derived variables - With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.</p> <p>Reporting material - Considering the key observations stemming from the survey results, a communication strategy is developed to maximize public reporting opportunities. These can include a brief on the survey results, infographics and associated data files.</p>	<p></p> <p></p> <p></p> <p></p>	<p>Completed. The administration process went very well, despite the need to change providers, due to a cessation of business on the part of the original provider. Nearly 39,000 students participated in the survey.</p> <p>Completed.</p> <p>Completed. This work, with its new validation and data structuring practices helped to identify some data quality issues in the previous edition of the survey, which were corrected, and reporting materials were updated.</p> <p>Completed. In response to high demand both within government and from the media and public, numbers related to vaping were released prior to the release of all results, which had an emphasis on mental health among students.</p>

Health Service Quality and Population Health Reporting

Deliverable	Done	Comments
<p>Avoidable Mortality It has been five years since we first validated indicators for avoidable mortality in New Brunswick. Considering deaths that occur before the age of 75, we have learned that there</p>	<p></p>	<p>While the analysis for this work is complete, the NBHC is still looking at various methods of public reporting to maximize the usefulness of the</p>

can be variations depending on geographic or demographic groups.		information to both New Brunswickers and health system stakeholders.
<p>Equity Within New Brunswick</p> <p>As the availability of indicators for public reporting has improved, the ability to identify variabilities by population groups and geographic locations has been enhanced. Leveraging recently completed evaluation efforts, there will be an effort to inform the public and stakeholders on the availability of this information and key observations.</p>		While the analysis for this work is complete, the NBHC is still looking at various methods of public reporting to maximize the usefulness of the information to both New Brunswickers and health system stakeholders.
<p>Resiliency in Youth</p> <p>Past evaluation work on youth health indicators has helped identify key areas of focus. There are many factors which can contribute to a supportive environment for youth. Focusing on recognized resiliency factors, this work will update past evaluation efforts and any new elements to consider since our last report.</p>		Completed. The public release was delayed as a result of the current pandemic.
<p>Data Update</p> <p>Population health and health service quality indicators come from many common sources. A standardized approach is being applied to data that is being leveraged for our various reporting tools.</p>		Completed. Indicators related to Population health and Health service quality were updated on the NBHC website, and the Community profiles were reissued to incorporate some revised results.
<p>Web Content</p> <p>Updated indicators are added in the web site reporting tools which contain population health and health service quality information. Having recently begun to standardize the storage of indicators, each year of the current survey cycle is leveraged to work on the current and past years.</p>		Completed. With the launch of the new NBHC website, additional content is being developed and implemented. This work will expand significantly with the hiring of the new Communications & Digital Content Specialist, who begins April 1 st , 2020.

First Nations Reporting

Deliverable	Done	Comments
<p>Stakeholder engagement</p> <p>Stakeholder engagement is ongoing as the initial meetings, both group and one on one in various communities have</p>		Underway. Emphasis was placed on the role of ownership, control, access and possession (OCAP) principles in the development and use of health data.

<p>proven successful, resulting in continued funding from Indigenous Services Canada.</p> <p>Indicator Preparations Since 2008, the NBHC’s work has contained reference material regarding indigenous populations. Currently available indicators will be leveraged as part of proposed material for interacting with the various stakeholder groups.</p>		<p>Some planned meetings were postponed due to the pandemic, but will occur when possible.</p> <p>Underway. New work on data structure and validation is proving beneficial to this project, as well as looking at effective means of maintaining and storing data, while respecting OCAP principles.</p>
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Recommendations to the Minister of Health

Deliverable	Done	Comments
<p>Present recommendations to the Minister of Health Leveraging lessons learned from its engagement and performance evaluation work, the NBHC will be developing new recommendations for the Minister of Health. Through ongoing discussions with the minister, efforts will be aimed at identifying recommendations that are both strategic for health system performance improvement and coincide with the current government’s priorities for the health system.</p>		<p>On hold. Discussions throughout the year lead to the identification of a mandate for the NBHC, which was included in the February 11th announcement on health reforms. The NBHC was to lead an independent and transparent review of clinical services offered within the provincial hospitals to identify a more sustainable model. The emergency measures linked to Covid-19 have put this project on hold.</p>

Activities of the NBHC

Surveys

The NBHC manages two types of surveys; care experience surveys which focus on citizens' experiences with health services, and student wellness surveys that examine students' perceptions, attitudes and behaviours in several key areas related to student well-being. Both types of surveys are delivered on a three-year cycle and represent approximately 100,000 respondents combined.

Answering questions about the NBHC's survey activities begins with asking "Which survey(s) do you mean?" In 2019-2020, the NBHC did work on all of its surveys, including:

- Continued reporting and promotion of the results of its Home Care Survey (released in March 2019) via social media and continued use of survey content in articles by media;
- Multiple tasks of its Hospital Patient Care Experience Survey, from completing the data collection from patients in the first quarter of the year, through analysis, initial sharing with quality personnel in both Regional Health Authorities, to the preparation of materials for public release. The release has been delayed until 2020-2021, due to the pandemic;
- Multiple tasks of its Primary Health Survey, including reviewing the previous edition, consulting with key stakeholders, validating questions and identifying new needs. Also, the RFP was developed, and the supplier selected. Data collection from citizens began in January 2020 as did the accompanying

awareness campaign. The pandemic did not halt the data collection efforts, which continue into 2020-2021, but will likely change the overall timelines for this survey;

- The Grade 6-12 edition of the NB Student Wellness Survey included finishing data collection in April and May, validating, analysing, preparing results for all 200+ participating schools and school districts. Preparing public reporting materials and reporting of provincial results, as well as specific results for various demographic groups. Several specific data requests related to vaping and mental health were also accommodated, and infographics and social media content were developed as well;
- For the K-5 edition of the NB Student Wellness Survey, work included stakeholder consultations, questionnaire revision, RFP and supplier selection, as well as data collection from parents and students through various schools from September to March. Collection for the remainder of March as well as April and May of 2020-2021 were stopped by the pandemic.

As these highlights make clear, surveys as well as analysis and reporting efforts form a tremendous part of the NBHC's engagement with New Brunswickers. The positive feedback we have received from stakeholders, media, citizens and various organizations has demonstrated the clear demand for such information and the rationale for continuing this work. It should be noted that the department responsible for the Student Wellness surveys changed during the year, moving from the Department of Social Development, to the Department of Health, continuing in collaboration with the Department of Education and Early Childhood Development.

Health Service Quality reporting and Population Health reporting

Health Service Quality and Population Health have been at the centre of the NBHC's public reporting since the very beginning. Given the similarities between these deliverables and their usage by many stakeholders, they have been combined into one digital destination. The NBHC's new website will be the entry point for those seeking this type of information.

Public reporting on health service quality and population health is continuing to evolve as the NBHC works to make this vital information even more accessible to the public and system stakeholders. With the soft launch of the NBHC website this year, visitors now have access to new ways of visualizing population health indicators, as well as the grades from the NBHC's report card framework.

As the NBHC has been developing and implementing new ways to share this information, it becomes clearer that there are even more opportunities to make indicators more accessible and easier to understand, while being able to move them outside of paper reports and PDF documents.

This has led to the NBHC investing significant amounts of time into finding ways to improve its structuring of data, to facilitate year-over year comparisons, and to be able to use information from various sources correctly and effectively. Combined with an emphasis on single repositories of indicators and ensuring that the correct results are used in every analysis and reported publicly, this work has started a transformation in how our data is handled, managed and transmitted.

At the same time, recognizing the limitations of our initial visualization work, staff have been developing

new approaches. These include possible future versions of our popular Community Profiles might look like, as well as an indicator search and visualization tool, informally name *OVNI (outil de visualization de nos indicateurs)* during this development phase. All this work is multi-year, but great progress in clarifying the needs of our audiences and ways to address them have occurred this year, despite the challenges of the pandemic in March.

NBHC is wrapping up the preparation and validation of the latest population health and health service quality indicators and is creating the related grades of the report card framework. These will be ready and available on the NBHC website in early 2020-2021.

First Nations Reporting

As part of an ongoing project funded by Indigenous Services Canada, the NBHC is working with New Brunswick First Nations communities as well as health system stakeholders to identify key Indigenous health data, and to find effective and innovative methods to analyze, store and disseminate it effectively, while recognizing and respecting the unique requirements of Indigenous communities.

While there was a transition in staffing for this project during the year, the engagement and data elements of the work do not appear to have suffered as a result. First Nations communities in the province have shown vital interest in this work, both through participation in group meetings and teleconferences, as well as through individual sessions with the NBHC's Lead Analyst, Indigenous Research and Policy. An in-person session on the importance of the ownership, control, access and possession (OCAP) principles also took place at the start of the year, with participation from several First Nations communities and health system stakeholders.

During the year, the NBHC has also worked to broaden its understanding and respect for the Indigenous reality in New Brunswick. In addition to continuing its land acknowledgments during Council meetings, it has developed social media content to recognize Indigenous Awareness Day, and both Treaty days. The content incorporates traditional designs and content written in Mi'kmaq and Wolastokayiq as well as New Brunswick's official languages.

Progress is also occurring with regard to the data aspect of the project, with some initial data elements being identified and discussed with participants, as well as consultation and better awareness.

The work currently being undertaken by the NBHC regarding our data structure, validation and analysis is informing the decisions being made regarding the

development and storage of data for this project. These insights are influencing that work, in collaboration with the needs of the First Nations communities, as well as with consideration for the OCAP principles. Various storage solutions have been considered, with decisions to be finalized and work to begin in 2020-2021.

It should be noted that the pandemic resulted in some in-person meetings being postponed, and/or switched to virtual meetings, but work was able to continue with the project, with it being well positioned for significant progress next year.

Recommendations to the Minister of Health

The New Brunswick Health Council is required by its mandate to provide recommendations to the Minister of Health with respect to lessons learned from its work. A commitment was made during the previous fiscal year to issue yearly recommendations.

Following the release of the 2018 recommendations targeting primary health services, Council members became concerned with how to ensure proper response to future recommendations. Experience has shown that even if recommendations are deemed legitimate, valid or acceptable, nothing ensured proper follow-up by related authorities.

With a newly elected government, conversation on health system improvements have led to the opportunity for an NBHC mandate. A proposal for an independent and transparent review of clinical services offered within the provincial hospitals to identify a more sustainable model was developed. A mandate would provide a context for a required response by related authorities to any recommendations emanating from this work.

Council saw this proposal as an opportunity to set an important precedent on how to approach future focus areas for recommendations to the Minister of Health. The clinical services review was included as part of the February announcement, which included the closure of certain emergency rooms at night. A week later the proposed closures were cancelled. Shortly after, the Covid-19 pandemic has understandably monopolized the attention of government and health system leadership. Consequently, the NBHC mandate has been put indefinitely on hold.

Other activities

Throughout the year, we often participate in activities that, while not being a deliverable per se, contribute to the overall fulfillment of our mandate or increase our effectiveness. These include a variety of activities by our staff members.

The NBHC has been continuing to recognize that New Brunswick is changing and that while it remains true to its mandate, its methods of fulfilling that mandate need to grow and adjust to new needs and challenges. This led to identifying and participating in several opportunities.

Among these is the New Brunswick Wellness Conference, where stakeholders related to wellness activities in the province converge on Moncton to share updates and discuss future activities. One of the directors of the NBHC was part of a keynote for this activity, and the NBHC had a strong presence at the conference, with a new kiosk, banners, and opportunities for participants to view early versions of upcoming work and have personal discussion with analysts.

The conference also provided the opportunity to present our new chair to the wellness community, and for him to learn about the various endeavours going on throughout the province.

Our Research and Policy Analyst has done significant work both this year and in past years, analysing and sharing our survey results with a special emphasis on newcomers to New Brunswick. This has included presentations and discussion with organizations such as the New Brunswick Multicultural Council, MAGMA, a symposium at the Université de Moncton, where some of the information generated interest from francophone newcomer communities across Canada.

Additional activities with research students at New Brunswick universities also took place with NBHC results being shared at round tables and other

sessions. NBHC results were also shared in the Acadian Peninsula with community groups and not-for-profit organizations, who were very grateful to be able to access this information for their community.

Building on the success of a stakeholder session on Alternate Level of Care patients in February 2019, the NBHC developed another session for stakeholders looking at the issues surrounding high users of acute care services. The session drew over 100 participants from around the province, as well as some from other provinces. The session provided the opportunity to not only look at the question of high users and how best to serve them, but to reflect on the current state of collaboration among stakeholders and the strengths and weaknesses in current planning and decision-making related to the use of data.

The NBHC also undertook its Fall planning session for staff in November and planning for Council members took place in February along with a recognition event for past members, and for Michelina Mancuso, who was retiring in March 2020. The planning session also included a day of training for council members on effective governance, which was considered very beneficial, with additional work on this topic to take place in the next fiscal year.

The work of the NBHC related to linguistic communities in New Brunswick was transformed into an informative set of images by the Société Santé et Mieux-être en français du Nouveau-Brunswick (SSMEFNB), which were distributed to organizations around the province to help them effectively communicate the needs and sizes of their linguistic populations.

The NBHC was also able to network between vaping education specialists and some of its school contacts, who were looking for resources to share with their staff and students. This provided the latest results on youth vaping to schools and educators, results that were also used for briefing Cabinet and key health stakeholders.

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 for the improvement of health service quality
- Measuring, monitoring and evaluating population health and health service quality
- Informing citizens on health system's performance
- Recommending improvements to the Minister of Health

Council Members

The members are listed below, and **Appendix A** outlines their responsibilities on the Executive Committee and in the three Working Groups.

Mr. Roger Léger Chair of the Council	Dieppe
Ms. Rita Labrie Vice-Chair	Caraquet
Ms. Peggy Doyle Secretary / Treasurer	Miramichi
Ms. Nathalie Boivin	Bathurst
Mr. Michel Doiron	Campbellton
Mr. Harry Doyle	Lower Coverdale
Ms. Susan Harley	Rothesay
Ms. Heather Jensen	New Denmark
Ms. Donna McLaughlin	Fredericton
Ms. Kim Nash-Mckinley	Richibucto Road
Ms. Paulette Richard	Dieppe
Ms. Eva Sock	Elsipogtog

Staff

Mr. Stéphane **Robichaud**

Chief Executive Officer

Mr. Jacques C.F. **Lanteigne**

Executive Director, Planning & Operations

Ms. Michelina **Mancuso**

Executive Director, Performance Measurement

Mr. Frank **Vandenburg**

Executive Director, Citizen Engagement

Ms. Christine **Paré**

Director of Communications

(April 2019-May 2019)

Mr. Michel **Arsenault**

Senior Research Analyst

Mr. Michael **Batchelor**

Lead Analyst Indigenous Research and Policy

(September 2019-March 2020)

Ms. Mariane **Cullen**

Executive Administrative Assistant

Ms. Reem **Fayyad**

Research and Policy Analyst

Ms. Monique **Landry Hadley**

Administrative Assistant

Mr. Steve **Langen**

Data Analyst

Ms. Monica **Lavoie**

Research Coordinator

Ms. Karine **LeBlanc Gagnon**

Information Analyst

Mr. Simon **Potvin**

Information Designer

Mr. Philippe **Rousselle**
Information Analyst

Ms. Isabelle **Wallace**
Lead Analyst Indigenous Research and Policy
(April 2019-June 2019)

APPENDIX A: Executive Committee and Working Groups Structure

Executive Committee

- **Mr. Roger Léger, Chair**
- Ms. Rita **Labrie, Vice-Chair**
- Ms. Peggy **Doyle, Secretary-treasurer**
- Ms. Donna-**McLaughlin**, member
- Ms. Paulette **Richard**, member

Working Groups

Engage Working Group

- **Ms. Paulette Richard, Chair**
- Ms. Nathalie **Boivin**, member
- Ms. Rita **Labrie**, member
- Mr. Roger **Léger**, member

Evaluate Working Group

- **Mr. Mike Doiron, Chair**
- Mr. Harry **Doyle**, member
- Ms. Donna **McLaughlin**, member
- Ms. Eva **Sock**, member

Inform Working Group

- **Ms. Peggy Doyle, Chair**
- Ms. Susan **Harley**, member
- Ms. Heather **Jensen**, member
- Ms. Kim **Nash-McKinley**, member

APPENDIX B: 2019-2020 Business Plan



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2019–2020 Business Plan

**Presented to the Minister of Health
April 1, 2019**

I. Our statutory 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 New Brunswick Health Council (NBHC) will foster this transparency, engagement, and accountability by:

- Engaging citizens in a meaningful dialogue for the purpose of improving 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

Our mandate was inspired by the Section 3 of the *New Brunswick Health Council Act*, which defines the objects and purposes of the Council as follows:

- (a) to promote the improvement of health service quality in the Province;
- (b) to develop and implement mechanisms to engage the citizens of New Brunswick in meaningful dialogue for the purpose of improving health service quality in the Province;
- (c) to measure, monitor and assess population health and health service quality in the Province;
- (d) to identify effective practices for the improvement of health service quality in the Province;
- (e) to evaluate strategies designed to improve health service quality in the Province;
- (f) to assess citizen satisfaction with health services and health service quality in the Province;
- (g) to investigate matters respecting the health care system that are referred to it by the Minister;
- (h) to provide recommendations to the Minister with respect to any of the activities described in paragraphs (a) to (g);
- (h.1)* to take into account the particular needs of the two official linguistic communities in the exercise of the activities referred to in paragraphs (a) to (h); and
- (i) to carry out such other activities or duties as may be authorized or required by this Act or as the Lieutenant-Governor in Council may direct.

* New addition to our Act in 2010

II. Business plan deliverables for 2019–2020

The NBHC has a dual mandate; report publicly on the performance of the provincial health system and engage citizens in the improvement of health services quality.

How the NBHC goes about fulfilling this mandate has evolved significantly since 2008. The availability of generally accepted indicators pertaining to population health and health service quality has been a key influencer of how the work of the NBHC has evolved. Another key influencer is whether the health system is evolving in the planning and management of health services, which may also lead to improved access to health system performance indicators. Over the past ten years, there has not been significant change in this area.

The use of population health and health service quality information prepared by the NBHC has grown within the province. This is particularly true for community organizations in helping them identify priority areas and leveraging related indicators for financial assistance and monitoring the impact of their initiatives. As an example, the United Way has been promoting the use of our community level information by those requesting financial support.

Meanwhile, much more change is needed in how health services planning and management is undertaken by health system stakeholders. All involved, from elected government and board governance to organizational leaders and front-line professionals are called upon to accept that changes are required in how they plan, finance, manage or deliver publicly funded health services in New Brunswick.

All have a common element to serve as motivation for accepting this change, providing optimal quality health services to New Brunswickers. In particular, how improved health service quality can lead to a healthier population. This can be greatly facilitated by a commitment to an enhanced collective understanding of the opportunities and challenges for improved health service quality and for having an engaged, informed and healthier population.

The work of the NBHC should contribute to three key aims that are essential for all provincial and territorial health systems;

- Informed, engaged and healthy populations.
- Improved health service quality.
- Sustainable, publicly funded, health services.

Although the NBHC has no responsibilities for programs or services that can contribute to the above-mentioned goals, its public performance reporting and public participation activities can contribute positively to these goals.

In this proposed business plan, we have structured our work in four key areas: 1) Surveys, 2) Health Service Quality and Population Health Reporting, 3) First Nations Initiative, 4) Recommendations to the Minister of Health.

Timeline for deliverables are presented by quarter; 1st quarter (April-June), 2nd quarter (July-September), 3rd quarter (October-December), 4th quarter (January-March).

1) Surveys

The NBHC's survey work is grouped into two areas; care experience surveys which focus on citizens' experience with health services and student wellness surveys which provide insight of health determinants pertaining to New Brunswick children and youth. Both types of surveys are delivered on a three-year cycle and have a total of approximately 100,000 respondents.

Care Experience Surveys

a) Primary Health Survey

The primary health survey is the most detailed health services survey in New Brunswick's history. The first survey was conducted in 2011, the second in 2014 and the third in 2017. Each time, over 13,500 citizens from all areas of the province responded to the survey by telephone. Its aim is to understand and report on New Brunswickers' experiences with primary health services, more specifically at the community level. The initial report for the 2017 edition was released in the 2017–2018 fiscal year. Given the wealth of information captured by this survey, this year's focus will be on highlighting additional key observations.

i. Codebooks and Derived Variables—1st quarter

With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.

- ii. Previous Survey Learnings—2nd quarter
In preparation for the survey, there will be a review of survey questions, findings and methodology from the previous primary health survey.
- iii. Request for Proposals (RFP)—2nd quarter
Based on learnings from the previous surveys and any new realities that may need to be considered, an RFP is developed with the goal of identifying the best service provider for the contracted work.
- iv. Stakeholder Engagement—3rd quarter
Capturing stakeholders’ feedback regarding the previous edition of the survey questionnaire, process and reports contributes to continuous improvement efforts for this new edition.
- v. Administration—4th quarter
At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise. Given the sample size, and the number of respondents to contact, the administration of the survey will continue into the first quarter of 2020–2021.

b) New Brunswick Hospital Patient Care Experience Survey

The NBHC conducts the New Brunswick Hospital Patient Care Experience Survey to evaluate the quality of hospital care provided to New Brunswick patients. The purpose is to inform citizens on the quality of hospital care in the province and to help decision makers and planners improve how they manage hospital services. This will mark the fourth edition of the survey.

- i. Administration—1st quarter
Continuing from the 4th quarter of 2018–2019, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise.
- ii. Result Analysis—3rd quarter
In preparation for the public reporting of the survey results, reporting focus options are considered in light of the most recent results and trends with past surveys.
- iii. Reporting material—4th quarter
In light of the key observations stemming from the survey results, a communication strategy is developed in order to maximize public reporting

opportunities. These can include a brief on the survey results, infographics and associated data files.

Student Wellness Surveys

a) Grades kindergarten to 5

- i. Previous survey learnings—1st quarter
In preparation for this student wellness survey, there is an opportunity to review survey questions, findings and methodology from the previous survey exercise.
- ii. Stakeholder Engagement—1st quarter
Capturing stakeholders feedback about the experience with the previous edition of the survey questionnaire, process and reports contribute to continuous improvement efforts.
- iii. Request for Proposals—1st quarter
Based on learnings from the previous surveys and any new realities that may need to be considered, an RFP is developed with the goal of identifying the best service provider for the contracted work related to the student wellness survey.
- iv. Codebooks and derived variables—3rd quarter
With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.
- v. Administration—4th quarter
At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise. Given the flexibility of schools to administer the survey during whatever period of the academic year they find convenient, the administration of the survey will continue into the first half of 2020–2021.

b) Grade 6 to 12

- i. Administration—1st quarter
Continuing from the fourth quarter of 2019–2020, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise.

ii. **Result Analysis—2nd quarter**

In preparation for the public reporting of the survey results, reporting focus options are considered in light of the most recent results and trends with past surveys.

iii. **Codebooks and derived variables—2nd quarter**

With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.

iv. **Reporting Material—3rd quarter**

In light of the key observations stemming from the survey results, a communication strategy is developed in order to maximize public reporting opportunities. These can include a brief on the survey results, infographics and associated data files.

2) **Health Service Quality and Population Health Reporting**

Public reporting on health service quality has evolved with the availability of standardized indicators at the provincial, zones and institutional level. At the provincial and zone level, the report card framework (Appendix 1) has proven to be an effective tool for identifying priority areas for health service quality improvement. As the access to standardized local level indicators improves, either at the service organization or community level, so does the ability to appreciate variability in health service quality outcomes across the province.

Public reporting on Population Health was initiated with a framework to guide the identification of related indicators (Appendix 2). Hundreds of stakeholders were consulted in confirming a “determinants of health” approach to measuring population health. This population health framework has facilitated the identification of provincial level priorities, as well as the identification of indicators at the “health zone” and community level. Local level indicators appear to have a much stronger influence on generating population health improvement initiatives.

a) Avoidable Mortality—1st quarter

It has been five years since we first validated indicators for avoidable mortality in New Brunswick. Considering deaths that occur before the age of 75, we have learned that there can be variations depending on geographic or demographic groups.

b) Equity Within NB—2nd quarter

As the availability of indicators for public reporting has improved, the ability to identify variabilities by population groups and geographic locations has been enhanced. Leveraging recently completed evaluation efforts, there will be an effort to inform the public and stakeholders on the availability of this information and key observations.

c) Resiliency in Youth—3rd quarter

Past evaluation work on youth health indicators has helped identify key areas of focus. There are many factors which can contribute to a supportive environment for youth. Focusing on recognized resiliency factors, this work will update past evaluation efforts and also any new elements to consider since our last report. We will also aim for a release of this information in the fall of 2019.

d) Data Update —3rd quarter

Population health and health service quality indicators come from many common sources. A standardized approach is being applied to data that is being leveraged for our various reporting tools.

e) Web Content—4th quarter

Updated indicators are added in the web site reporting tools which contain population health and health service quality information. Having recently begun to standardize the storage of indicators, each year of the current survey cycle is leveraged to work on the current and past years.

3) First Nations Reporting**a) Stakeholder engagement—Ongoing**

This is the first year of this project. Three stakeholder groups have been identified as essential for having a successful initiative; indigenous, provincial and federal. This year's activities will consist of identifying key contacts, establishing a common understanding of the project and engaging stakeholders in the development of reporting frameworks and related indicators.

b) Indicator Preparations—Ongoing

There is reference material within the work undertaken by the NBHC regarding indigenous populations since 2008. Currently available indicators will be leveraged as part of proposed material for interacting with the various stakeholder groups.

4) Recommendations to the Minister of Health

As part of its legislated mandate, the NBHC is to provide recommendations to the Minister with respect to lessons learned from its work.

a) Present recommendations to the Minister of Health—2nd quarter

Leveraging lessons learned from its engagement and performance evaluation work, the NBHC will be developing new recommendations for the Minister of Health. Through ongoing discussions with the Minister, efforts will be aimed at identifying recommendations that are both strategic for health system performance improvement and coincide with the current government's priorities for the health system.

Appendix 1

New Brunswick Health System Report Card



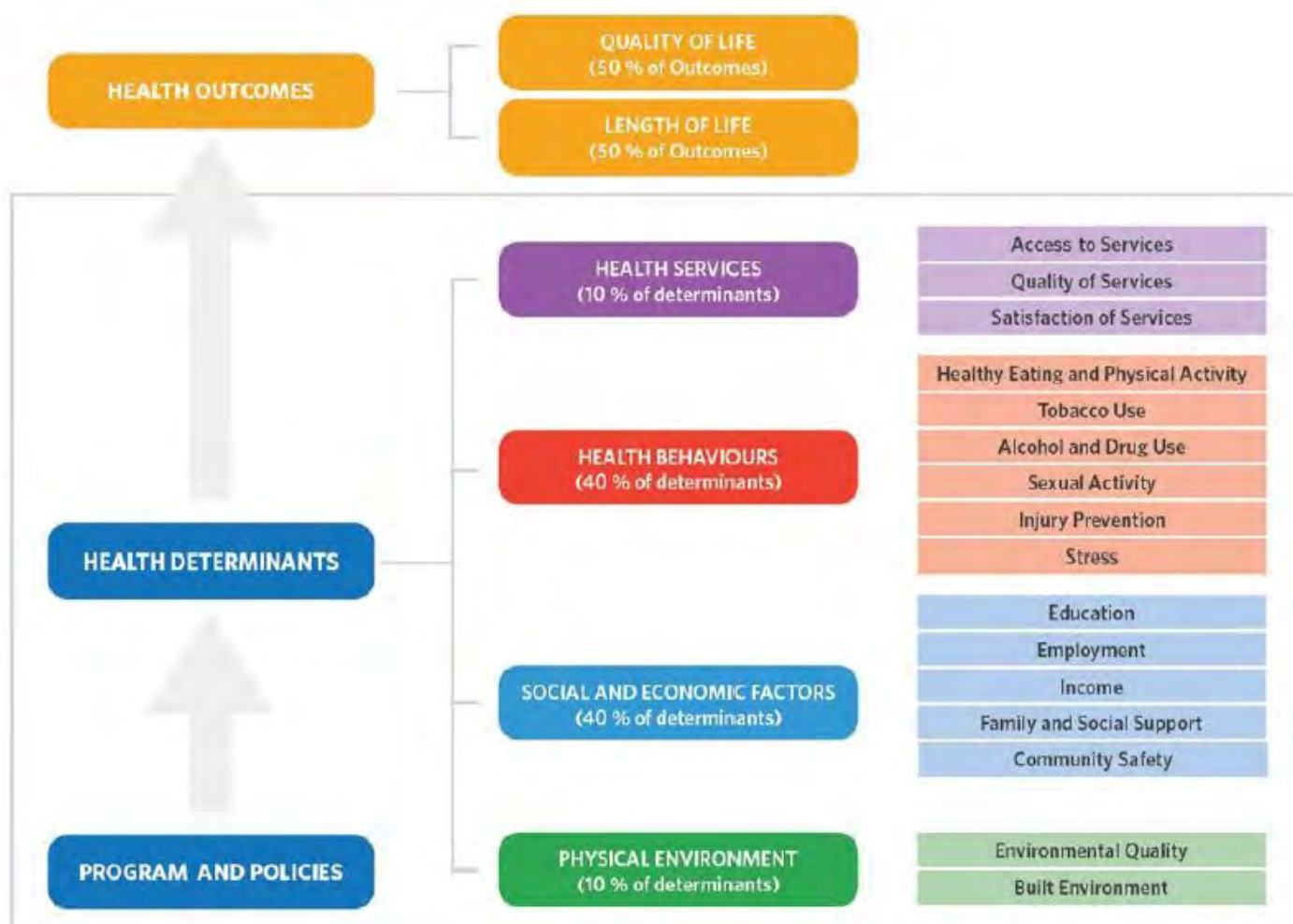
Quality Dimensions	Accessibility	Providing timely services	
	Appropriateness	Relevant and evidence based	
	Effectiveness	Doing what is required to achieve the best possible results	
	Efficiency	Making the best use of the resources	
	Safety	Keeping people safe	
	Equity	Aiming for equitable care and services for all	
Performance Index Grade (by Health Care Sector)			

Appendix 2

Population Health Snapshot — The model

The model we have chosen to represent Population Health in New Brunswick has been adapted from various population health models such as the University of Wisconsin *Population Health Institute—Wisconsin County Health Rankings* and modified to fit our needs. We have also kept a Canadian perspective by taking into account the determinants of health as indicated by the *Public Health Agency of Canada*.

Based upon review of the literature and expert opinions on how these determinants contribute to health and by how much, we are using the following model as a guide as to what influences our health:



APPENDIX C: Social Media and Infographics

The state of mental health of N.B. youth

What youth in grades 6 to 12 tell us in the latest results of the New Brunswick Student Wellness Survey



1. Our situation is worrisome

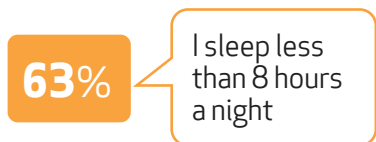
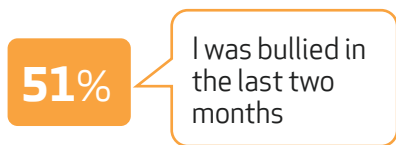


Half of us have shown symptoms of depression or anxiety during the last 12 months

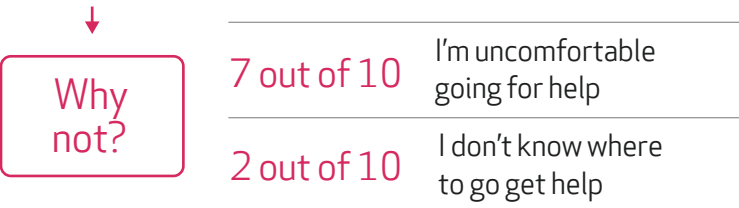
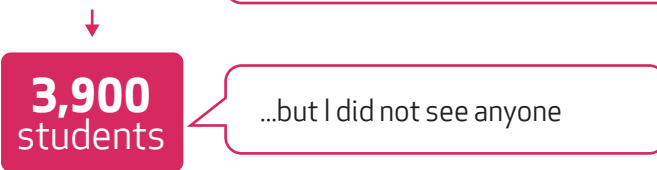
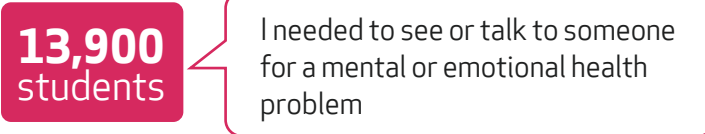
As measured by the number of youth who avoid usual activities because they feel sad, hopeless, nervous, on edge, etc., every day for at least two weeks.

2. Many things contribute to this

The presence of risk factors:

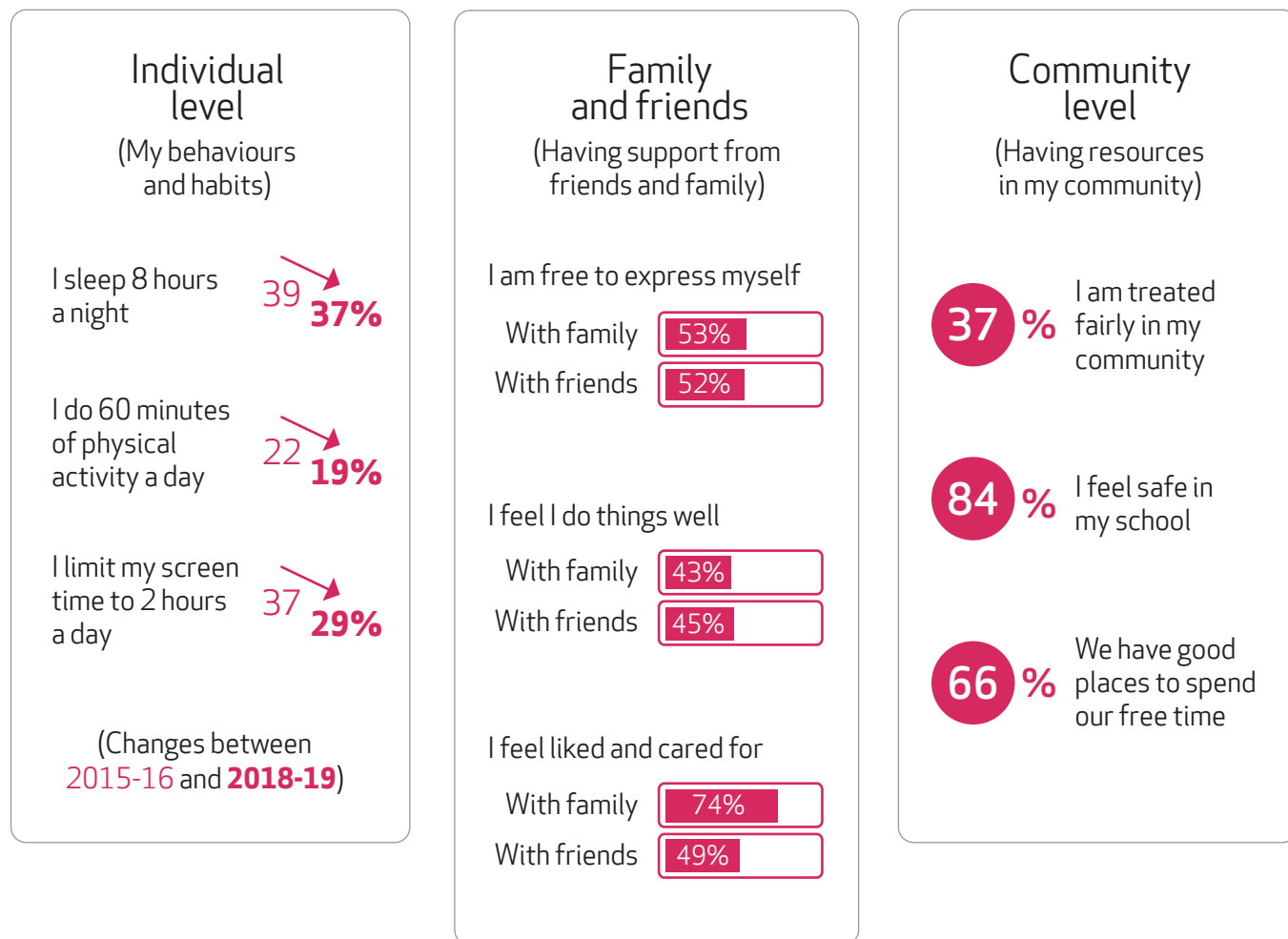


Difficulty getting access to mental health services:



3. How can we improve our wellness?

Although avoiding risk factors and improving access to mental health services are part of the solution, it is also important to adopt *protective factors*, which help improve wellness. They occur at different levels:




Resources

For immediate help:
- crisisservicescanada.ca

For youth:
- kidshelpphone.ca


- To learn more:
- camh.ca - Centre for Addiction and Mental Health
 - cmha.ca - Canadian Mental Health Association
 - mdsc.ca - Mood Disorders Society of Canada
 - thelinkprogram.com/en - The Link Program

Share your challenges with others who care, offer your support to someone you know, raise your voice to express the needs of your community and those close to you.



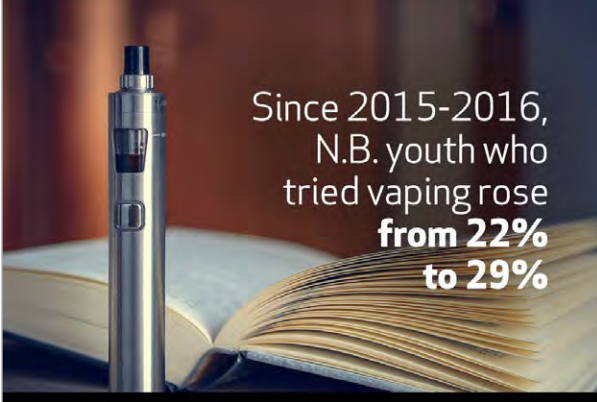
Getting good grades is important to me
93%

Results from the New Brunswick Student Wellness Survey, Grades 6 to 12, 2018-2019
New Brunswick Health Council and Department of Social Development



I have more than 2 hours per day of screen time
71%

Results from the New Brunswick Student Wellness Survey, Grades 6 to 12, 2018-2019
New Brunswick Health Council and Department of Social Development



Since 2015-2016, N.B. youth who tried vaping rose **from 22% to 29%**

New Brunswick Health Council | Conseil de la santé du Nouveau-Brunswick
www.nbhc.ca

The Road to Health...



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

BACK-TO-SCHOOL tips



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

July 24 is **Self-Care Day**



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

APPENDIX D: 2019-2020 Annual Financial Report

NEW BRUNSWICK HEALTH COUNCIL

Financial Statements

March 31, 2020



L. BOURQUE & ASSOCIATES P. C. INC.
CHARTERED PROFESSIONAL ACCOUNTANTS | COMPTABLES PROFESSIONNELS AGRÉÉS

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L. BOURQUE & ASSOCIATES P. C. INC.
CHARTERED PROFESSIONAL ACCOUNTANTS | COMPTABLES PROFESSIONNELS AGRÉÉS

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, 2020, 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, 2020, 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 the 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.

L. Bourque & Associates P.C. Inc.

L. Bourque & Associates P.C. Inc.
Chartered Professional Accountants

Dieppe, New-Brunswick
June 16, 2020



APPENDIX TO INDEPENDENT AUDITOR'S REPORT

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, 2020

	Budget	2020	2019
Revenues			
Grants - New Brunswick Department of Health	\$ 2,015,570	\$ 1,892,958	\$ 1,675,738
Other revenues (schedule A)	407,325	339,231	263,189
	2,422,895	2,232,189	1,938,927
Expenses			
Administrative expenses	61,540	60,575	44,732
Communication expenses	212,000	147,052	164,245
Research and Consulting	489,105	418,454	313,450
Board of Directors	149,500	140,990	140,990
Human Resources	1,458,000	1,421,521	1,238,660
Operating expenses	52,750	43,597	36,850
	2,422,895	2,232,189	1,938,927
Excess of revenues over expenses	\$ -	\$ -	\$ -

NEW BRUNSWICK HEALTH COUNCIL
Balance Sheet
March 31, 2020

	2020	2019
Assets		
Current assets		
Cash	\$ 400	\$ 400
Accounts receivable	<u>337,504</u>	<u>536,145</u>
	<u>\$ 337,904</u>	<u>\$ 536,545</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 270,443	\$ 452,205
Deferred income	<u>67,461</u>	<u>84,340</u>
	<u>\$ 337,904</u>	<u>\$ 536,545</u>

On behalf of the Board


 _____, Director


 _____, Director

L.Bourque & Associates P.C. Inc.

NEW BRUNSWICK HEALTH COUNCIL
Notes to Financial Statements
March 31, 2020

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

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.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and the reported amounts of revenues and expenses for the periods covered.

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 \$129,814 (\$115,937 in 2019).

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.

NEW BRUNSWICK HEALTH COUNCIL
Notes to Financial Statements
March 31, 2020

5. 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.

6. Economic dependence

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

NEW BRUNSWICK HEALTH COUNCIL
Additional Information
Year Ended March 31, 2020

	Budget		2020		2019
Schedule A - Other revenues					
Department of Social Development	\$ 176,500	\$	176,527	\$	178,354
Indigenous Service Canada	210,000		141,879		40,660
University of Waterloo	20,825		20,825		44,175
	\$ 407,325	\$	339,231	\$	263,189

APPENDIX E: 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 twelfth fiscal year, 2019-2020.

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
- (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