



**New Brunswick
Health Council**

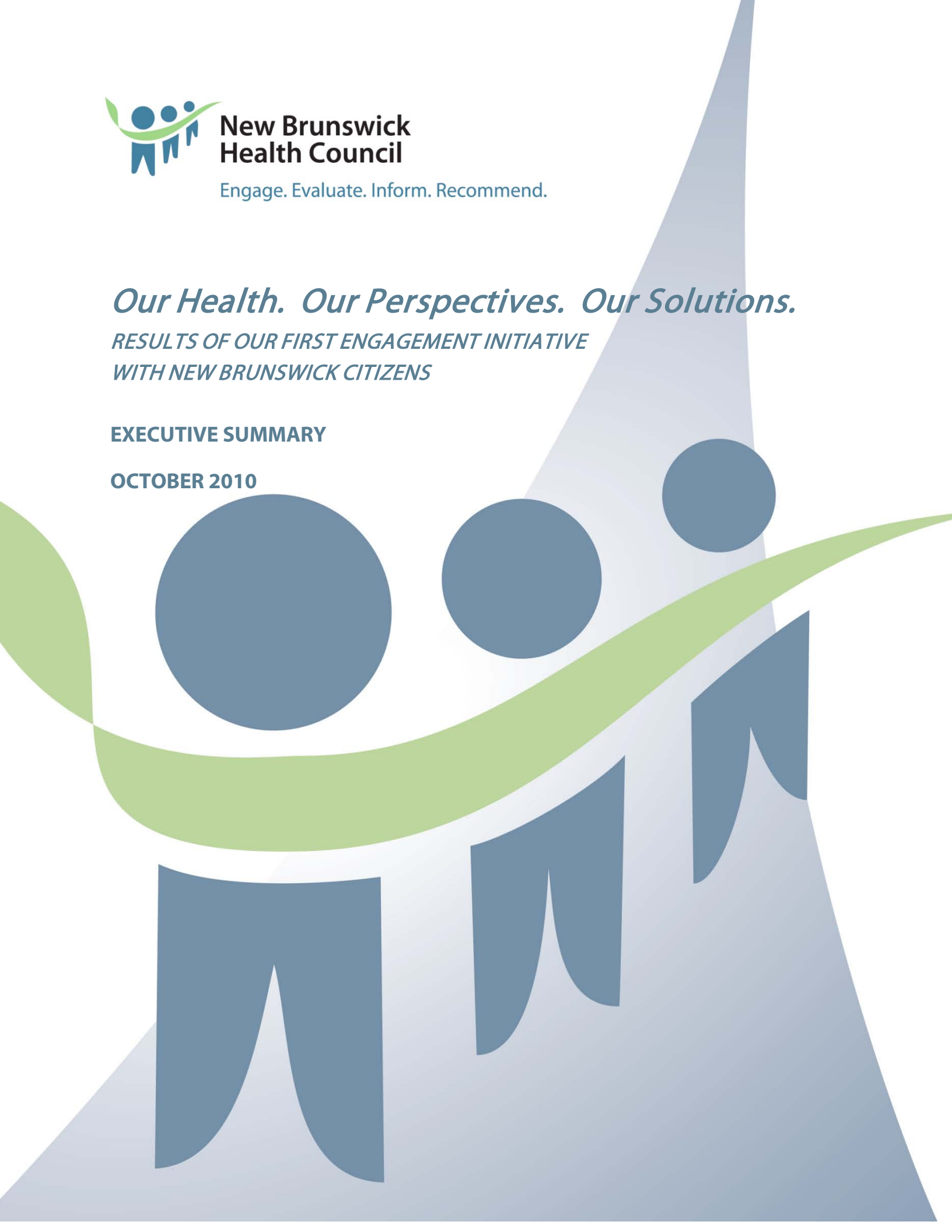
Engage. Evaluate. Inform. Recommend.

Our Health. Our Perspectives. Our Solutions.

*RESULTS OF OUR FIRST ENGAGEMENT INITIATIVE
WITH NEW BRUNSWICK CITIZENS*

EXECUTIVE SUMMARY

OCTOBER 2010



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This report was prepared by:

The logo for ascentum, featuring the word "ascantum" in a lowercase, sans-serif font. A blue curved line is positioned above the letters "a", "s", and "c", resembling a stylized wave or a bridge.

for the New Brunswick Health Council

EXECUTIVE SUMMARY



Our Health. Our Perspectives. Our Solutions. was the first large-scale citizen engagement initiative undertaken by the New Brunswick Health Council (NBHC). Its purpose was to help the NBHC develop recommendations to health system partners on what citizens believe is required to achieve a citizen-centered health system. This three-phase process was designed to involve New Brunswick citizens and health stakeholders in a dialogue on what people value most with regard to the provincial health system, how the system can be strengthened and what can be done to improve provincial health outcomes.

- **Phase I** focused on exploring the perspectives and concerns of citizens with respect to the current state of New Brunswick's health system with a view to identifying what they see as the system's greatest strengths and most important challenges.
- **Phase II** looked to the future to envision the kind of health care system New Brunswickers want to have and to identify possible solutions to the challenges identified in Phase I.
- **Phase III** allowed participants to identify shared priorities and elements of a common vision to inform and guide decision and policy-making.

In total, 479 qualified participants confirmed their participation in the Phase I dialogues, and 310 ultimately attended. Of these, 223 returned to participate in Phase II, and roughly half of this number (111) took part in the third and final phase.

This report presents an overview of the engagement methodology adopted for this initiative, a profile of participants and a summary of "what participants said" during the three phases of the process. The views contained herein reflect those of the participants and are not the NBHC official recommendations to the health system partner.

Please note: All Phase I findings were later validated by Phase II participants, while Phase II findings were later validated by Phase III participants.

Key Findings

Participants in the three phases of this initiative provided rich feedback to the New Brunswick Health Council. While a great variety of perspectives were provided, the degree of consistency in participants' comments across dialogue sites and across Phases I, II and III highlights a powerful province-wide consensus on a number of key elements which together lay the foundation for a common vision for health care in New Brunswick:

- A firm belief in the importance of addressing barriers relating to distance, language, socio-economic status and cost to ensure equitable access to health care services province-wide.
- Strong endorsement of community health centres, clinics, home-based care (i.e., Extra-Mural Program), Tele-Care and tele-health as strategies for bringing health care closer to citizens and for ensuring that hospitals remain focused on their primary purpose: acute and supportive care, including emergency services.
- A call for a fundamental paradigm shift towards wellness, health promotion, health literacy and illness prevention (“health care” versus “sick care”) with a particular focus on reducing the incidence of chronic diseases and fostering a “culture of health” early on in childhood.
- The belief that more must be done to optimize the roles and responsibilities of health care professionals in order to ensure that all available health human resources are used to their full capacity within the framework of the province’s public health system.
- Recognition that the rising costs of health care must be better communicated to citizens and reined in through improved systems and processes, promotion and prevention, more creative use of available public infrastructure and reducing the cost of drugs.
- A strong sentiment that health care is a valued public good in which citizens and communities alike have a high stake.
- Strong support for strategies that encourage and empower citizens to take responsibility for their own health.
- Deep appreciation for the commitment and generosity of the people who make the health system work – front-line health care workers.

The following pages provide additional details on participants’ perspectives and conclusions throughout the three phases of this process.

Phase I: Values

Participants were tasked with articulating what they would value most in an “ideal” health system. Their work led to the identification of five core values:

- ensuring the accessibility of health care services
- providing equitable care and services for all
- investing in education (health literacy), health promotion and illness prevention
- focusing on quality (effectiveness, efficiency, accountability and safety)
- making the health system truly centered on the needs of citizens.

When asked to validate these core values (through keypad voting), 90% either “strongly agreed” or “agreed” that these values taken together accurately reflect what they would expect from an “ideal” health system.

Key Finding:

A firm belief in the importance of addressing barriers relating to distance, language, socio-economic status and cost to ensure equitable access to health care services province-wide.

Participants were then asked to vote for which of these five core values would be *most important* to them as citizens of New Brunswick. Accessibility was selected by 29% of participants, while health promotion and illness prevention was chosen by 28%; equity ranked third (20%) but was considered by many as a value which is complementary and closely intertwined with the notion of accessibility.

Phase I: Issues

Participants identified what they saw as the priority issues that should be addressed in order to create the kind of health system they want for New Brunswick. Their concerns were grouped in the following broad categories:

- accessibility of health care services
- cost/funding of the health care system
- promotion of health and prevention of illness
- optimization of health care services
- systemic changes required for a citizen-centered system.

During the validation exercise, 91% of participants either “strongly agreed” or “agreed” that these issues taken together reflect the key challenges faced by New Brunswick’s health system. Participants were then asked which categories of issues they felt the New Brunswick health system needed to focus on first. Consistent with what they valued most, they prioritized addressing the lack of promotion of health/prevention of illness (32%) and increasing the accessibility of health care services (27%).

Phase I: Strengths and Opportunities

Participants were keen to recognize and celebrate New Brunswick’s strengths and successes, enthusiastically noting that the system’s biggest strength was the “*people who make the system work.*” They also strongly valued the province’s Medicare program (and universal access to health care) as well as several state-of-the-art services such as the Extra-Mural Program and Tele-Care. They also highlighted what they saw as key opportunities to drive change and improvements to the New Brunswick health system: the province’s (and health system’s) small size as a source of nimbleness; citizen and stakeholder commitment to change; and increased focus on and investment in health promotion and illness prevention to reduce the burden on the health system.

Key Finding:

Strong endorsement of community health centres, clinics, home-based care (i.e., Extra-Mural Program), Tele-Care and tele-health as strategies for bringing health care closer to citizens and for ensuring that hospitals remain focused on their primary purpose: acute and supportive care, including emergency services.

When later asked to validate whether these strengths and opportunities taken together reflected the best aspects of New Brunswick’s health system, 91% either “strongly agreed” or “agreed” that they did.

Phase II: Where Health Care, Services and Supports Should Be Delivered

Participants underscored the fact that the answer to this question is in large measure dictated by the patient's needs. For example, they felt that elder care should be delivered at home if possible or in a nursing home if specialized care or supports are required. They believed that hospital emergency departments should be available and accessible to treat emergencies. They suggested creating specialized clinics to support chronic disease management outside of a hospital setting.

In more general terms, participants suggested that the following guiding principles help determine where health services and supports should be delivered: deliver services locally, as close to home as possible or at home, when possible; make greater use of community health centres staffed by effectively integrated multidisciplinary teams and providing a range of services that include education/health promotion and preventive care; maintain the primary role of hospitals as providers of acute care, supportive care and emergency services; make greater use of clinics and community pharmacies to offer services that do not need to be delivered in a hospital setting and/or to increase the availability of services in rural areas; and offer services where people live, work and study (e.g., use available space in schools to deliver services locally).

In the follow-up validation exercise, 98% of participants either "strongly agreed" or "agreed" that these ideas taken together accurately reflect *where* health care, services and supports should be delivered.

Phase II: By Whom Health Care, Services and Supports Should Be Delivered

Participants expect to receive the health services and supports they need from health care workers that are competent; properly educated, trained and qualified; available and accessible; and able to communicate with them in the official language of their choice (particularly in the case of first responders, such as paramedics and nurses). They also expect to be cared for by health professionals who have the time to dedicate and listen to their patients.

Key Finding:

A call for a fundamental paradigm shift towards wellness, health promotion, health literacy and illness prevention ("health care" versus "sick care") with a particular focus on reducing the incidence of chronic diseases and fostering a "culture of health" early on in childhood.

Moreover, participants felt that teamwork and collaboration among health care workers are critical and must be encouraged and adequately supported. Nurses and other allied health professionals (e.g., pharmacists, paramedics, nutritionists, dietitians) should be given more responsibility and decision-making power in order to alleviate the demands placed on physicians. Mental health and holistic/alternative health practitioners should be made an integral part of the health system. Finally, greater use should be made of volunteers and community organizations, particularly in the realm of health promotion/illness prevention.

Participants also saw a great need for greater access to professionals and resources that could help patients navigate the health system more effectively (e.g., care maps, health system navigators). They

valued services that allow people to better care for themselves or their loved ones at home but stressed the importance of providing adequate supports to family caregivers. They noted that the media have an important role to play in raising awareness about health (e.g., chronic disease prevention) and health system issues (e.g., costs) and stressed that each New Brunswicker also has to assume responsibility for his or her own health.

Again, 98% of participants either “strongly agreed” or “agreed” that these ideas taken together accurately reflect *by whom* health care, services and supports should be delivered.

Phase II: What the Health System Should Be Doing More of

Participants thought that more ought to be done to improve access to health care, particularly with respect to facilitating access to specialists (e.g., without referrals); allowing physicians to spend more time with patients; ensuring a more equitable distribution of clinics and health care professionals across the province; providing greater access to holistic or alternative care (e.g., chiropractors and naturopaths); and providing more facilities and resources to care for the province’s aging population.

Participants also felt that greater investment should be made in health promotion and illness prevention, including education on the prevention and management of chronic diseases; creating a “culture of health” early in childhood (particularly through the education system); creating more community-based initiatives to encourage the population to be active (e.g., green spaces, cycling paths, community gardens); implementing more deterrents (e.g., taxes, regulations) to making unhealthy choices (e.g., smoking, junk food); and doing more to encourage people to take responsibility for their own health, (e.g. “health status report card” for each citizen).

Participants believed that making greater use of information technology (e.g., *One Patient, One Record*; tele-health; videoconferencing) is key to reducing costs and increasing efficiency, as is consulting with and learning from the experiences of front-line workers.

Key Finding:

The belief that more must be done to optimize the roles and responsibilities of health care professionals in order to ensure that all available health human resources are used to their full capacity within the framework of the province’s public health system.

Participants identified a number of specific services they felt ought to be strengthened, including obstetrical/maternal/women’s health services and mental health services. They also felt that greater investment in home care supports and the province’s network of community health centres would be key to making the health system more “citizen-centered.” Finally, participants stressed the importance of supporting the role of communities and local decision-making in health and of paying attention to the needs of the most vulnerable and disenfranchised citizens (e.g., the poor, the homeless).

When later asked to validate these findings, 96% of participants either “strongly agreed” or “agreed” that these ideas taken together accurately reflect what the health system should be doing *more* of.

Phase II: What the Health System Should Be Doing Less of

While participants had fewer suggestions to make on this topic, they nonetheless offered three clear messages: fewer barriers to care, less costly drugs and less bureaucratic and political interference.

Reducing barriers to access includes not only addressing wait times but also eliminating some of the “red tape” in the health system (e.g., clerical work required of nurses, bureaucratic hurdles to accessing specialized or alternative care) and accommodating factors such as language and distance/inability to travel so that they are not barriers to access.

Reining in the cost of the health system was also identified as a priority, for example, by addressing waste and inefficiencies in health care delivery and making greater use of available facilities and infrastructures (e.g., schools). Participants also felt that the cost of drugs should be addressed (e.g., by limiting the influence of pharmaceutical companies) and that it was imperative to ensure that costs (e.g., of drugs, services) do not prevent people from receiving necessary care and treatments.

Finally, participants called for less bureaucratic and political interference with health care delivery and decision-making, stating that “we need to take the politics out of health care.” They argued for less political interference and influence in decisions about the health care system; fewer costly studies and reforms; and greater collaboration across government departments.

Key Finding:

Recognition that the rising costs of health care must be better communicated to citizens and reined in through improved systems and processes, promotion and prevention, more creative use of available public infrastructure and reducing the cost of drugs.

In the validation phase, 87% of participants either “strongly agreed” or “agreed” that these ideas taken together reflect what the health system should be doing *less* of.

Phase II: Encouraging Healthier Choices and Behaviours

Participants identified a variety of incentives and supports that could be put in place to encourage New Brunswickers to adopt healthier behaviours. Their suggestions focused largely on measures that would promote exercising regularly (e.g., community-based programs and infrastructure) and healthy eating (e.g., subsidizing locally grown, organic produce; community gardens or kitchens). They also sought measures that would create safe and health-conscious communities (e.g., safe home and work environments and reduction of environmental pollution) and actively promote healthy lifestyles (e.g., more physical education and nutrition classes in school, school or community-based healthy eating classes).

Key Finding:

A strong sentiment that health care is a valued public good in which citizens and communities alike have a high stake.

They also valued supports that would help people practise self-care, take responsibility for their own health and stay informed (e.g., addiction counselling services; regular access to a doctor; mental health supports; rewards for being/staying healthy).

Finally, they argued in favour of measures that would help lessen the use/consumption of harmful substances, for example, higher taxes on unhealthy substances to discourage use (e.g., of tobacco, alcohol, energy drinks) and more needle exchange programs, methadone clinics, etc.

When asked to validate these findings, 97% of participants either "strongly agreed" or "agreed" that these ideas taken together accurately reflect the kinds of *incentives* and *supports* required to encourage healthy choices and behaviours by New Brunswickers.

Phase III: Priority Setting

In the third and final phase of this process, participants were challenged to undertake the difficult task of setting priorities among the numerous ideas and suggestions they developed during Phase I and Phase II. To provide a framework in this regard, the most salient and frequently occurring ideas were grouped thematically as a series of possible areas for action in two broad categories – Primary Care and Acute/Supportive Care – and presented to participants for their consideration and priority setting.

It is important to note that some of the ideas put forth by participants fell outside of Primary Care and Acute/Supportive Care; however, for the purpose of this exercise, all ideas were grouped in one or the other category based on wherever they fit best.

Making community health centres (CHCs) and clinics the centrepiece of primary care emerged as a clear primary care priority, reflecting participants' strong belief in the benefits of this model, including more equitable access to care, more flexibility in the range and mode of delivery of services, efficiency gains and cost savings, more individualized and personalized care, and closer ties to the community.

Key Finding:

Strong support for strategies that encourage and empower citizens to take responsibility for their own health.

Prevention and promotion were also recurring themes throughout this process and a clear primary-care priority. Participants fervently argued that a shift in this direction was required if New Brunswickers were to rein in health care costs and stem the tide of chronic illnesses. As one participant stated, *"We must change the system from 'sick care' to 'health care.'"* Participants also reiterated that incenting individuals to take greater responsibility for their own health was a critical underpinning of long-term population health and health system sustainability.

Optimizing the roles and responsibilities of health professionals was also seen as critical to ensuring that patients receive *“the right care, at the right time, in the right place, by the right health care professional.”* Participants felt that making better use of available traditional *and* alternative or holistic health professionals (i.e., allowing nurses, paramedics, pharmacists, mental health professionals, midwives, naturopaths, chiropractors and others to play a greater role within the health care system, funded by Medicare) would give patients more choices and easier access to care as well as help to alleviate the burden on the health system in general and on physicians in particular.

With respect to acute/supportive care, participants prioritized strengthening supports for home-based care, followed by integrating the mental health and physical health systems, augmenting our capacity for care for the province’s aging population and developing chronic disease prevention and management strategies or programs.

Key Finding:

Deep appreciation for the commitment and generosity of the people who make the health system work – front-line health care workers.

Citizen Engagement

Participants were asked to reflect on their experience over the course of this process and to consider what “citizen engagement” meant to them now. They were then asked to think about:

- the issues or decisions they would expect citizens to have a say in when it comes to health and health care in New Brunswick
- how and by whom they would expect to be engaged.

Participants felt that citizens should be consulted on current or emerging issues that may affect citizens directly; the cost and funding of the health system; major infrastructure decisions; and programs and services.

Participants expressed a clear desire to see the New Brunswick Health Council continue to deliver on its mandate of citizen engagement, but they felt that the Government of New Brunswick must also engage citizens on issues that affect them.

Participants offered a variety of suggestions on *how* and *by whom* citizens should be engaged: through the creation of citizen committees; online; in person; by working with community partners; through public opinion research; and through referenda on strategic issues during elections.

Participants also outlined the following conditions for meaningful citizen engagement: engagement should not be limited to validating decisions that have already been made; citizens should be consulted regularly and regionally; “citizen” engagement needs to include communities, as communities are closest to citizens and are key partners in the delivery of health and social services; meaningful engagement requires informed participation, that is, not only providing citizens with an

opportunity to provide input but also ensuring they are equipped to do so in a meaningful way; and citizen engagement should be open and transparent.

Finally, while participants greatly valued citizen engagement, they also cautioned that citizen engagement decisions needed to include a cost-benefit analysis to ensure resources are used as judiciously and effectively as possible.

Conclusion

Participants saw health and health care as a shared responsibility. They were ready to assume responsibility for their own health but expected health system partners to work together and *“take the politics out of health care.”* As one participant stated during the final dialogue in Fredericton, *“As Health Minister of the day, I would call a meeting with the Departments of Education, Public Safety and Health [in order to collaborate on] proposed initiatives. [...] The Department of Health cannot and should not do it alone. We must bring the money forward to kick off these initiatives. We need accountability from all departments and we will save in the long run. [...] Let’s push the bar a little further.”*

The participants’ message was clear and simple: citizens, communities and health system partners all have a role to play in ensuring the best possible health outcomes for New Brunswickers.

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