



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2015-2016 Business Plan

March 30, 2015

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 2015-2016

The work of the NBHC should contribute to the achievement of three main goals;

- Engaged and Healthy New Brunswickers.
- 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 performance reporting and public participation activities should contribute positively to these goals. By leveraging the four responsibilities of the NBHC (engage, evaluate, inform, and recommend) the following sections are meant to cover the 2015-2016 proposed Business Plan deliverables. Time-line for deliverables are presented by Quarter; 1st Quarter (April-June), 2nd Quarter (July-September), 3rd Quarter (October-December), 4th Quarter (January-March).

A. Engaged and Healthy New Brunswickers

Engage:

- Test and validate questions for NB Student Wellness Survey with Youth and key stakeholders. – **1st quarter**
- Focus groups to appreciate various usages of Community Profiles in order to incorporate improvements to 2017 version. – **2nd quarter**
- Administer the NB Student Wellness Survey for grade 6 to 12. – **3rd quarter**
- Develop a multi-year public participation framework to guide the planning of annual public participation activities and contribute to recommendations to the Minister of Health. - **4th quarter**

Evaluate:

- Preparation of Provincial Elementary School Wellness Survey Fact Sheets. – **1st quarter**
- Preparation for November Youth Week with an analysis of an area important to Youth Health and evaluate with existing data. – **3rd quarter**
- Contribute to improving collective understanding of mental health in New Brunswick with most recent provincial indicators – **3rd Quarter**
- Prepare Population Health report building on identification of priority areas for health promotion and injury/illness prevention. – **4th quarter**
- Conduct further analysis on indicators and measures from our 30 data sources in preparation for 2016 Community Profiles. – **On-Going**

Inform:

- Develop an annual communication plan for approval with 2015-2016 Business Plan and to be strengthened by on-going working group discussions. – **1st quarter**
- Develop strategy and tools for dissemination of key Youth Health messages. – **3rd quarter**
- Develop strategy and tools for key messages on general Population Health. Seize opportunity to inform on need to manage shift towards health promotion and illness/injury prevention. – **4th quarter**
- Consider angle of health of seniors in addition to youth and the general population. – **4th quarter**

Recommend:

- Leverage recommendation # 3 priorities for Youth and Population Health focus areas – **3rd and 4th quarters**
- Prepare a 2016 update report on recommendation # 3: Prevention/Health Promotion – **4th quarter**

B. Improved Health Service Quality

Engage:

- The Home Services Survey will be sent to potential respondents (approximately 15,000 home services recipients) – **1st quarter.**
- Identify mechanisms to engage citizens in the improvement of health services quality, with a focus on identifying ideas in primary health services pertaining to identified performance outcomes – **3rd quarter**
- Validation discussions with the Regionals Health Authorities in preparation for 2016 Acute Care Survey – **On-going**

Evaluate:

- Review Health System Report Card Indicators and analysis of updated indicators for development of health service quality messages. – **2nd quarter**
- Analysis of Home Services Survey Results. Consider reference to Alternate Level of Care beds and home first strategy. – **3rd quarter**
- Preparation of “Request for proposals” document for 2016 Acute Care Survey. – **3rd quarter**
- Include mental health in targeted areas for reporting on youth and general population health. – **3rd quarter**
- Develop criteria for identifying best practices in health services. – **4th quarter**

- Ensure particular needs of the two official linguistic communities are considered in all evaluation work. – **On-going**

Inform:

- Develop strategy and tools for dissemination of health services quality messaging, including addressing need to clarify roles and responsibilities pertaining to primary health services. – **2nd quarter**
- Public Reporting of Home Services Survey Results. – **4th quarter**

Recommend:

- Leverage recommendation # 2 priorities for Health Service Quality messaging. – **2nd quarter**
- Prepare a 2016 update report on recommendation # 2: Primary Health services. Include a focus on roles and responsibilities. – **4th quarter**

C. Sustainable, publicly funded, health services

Engage:

- Validation of costs and resource levels with related stakeholders with focus on trends regarding preventative versus curative spending. – **1st quarter**

Evaluate:

- Preparation of sustainability theme messaging for a report, with a focus on spending trends per sectors of care: primary, acute and support/specialty. – **1st quarter**

Inform:

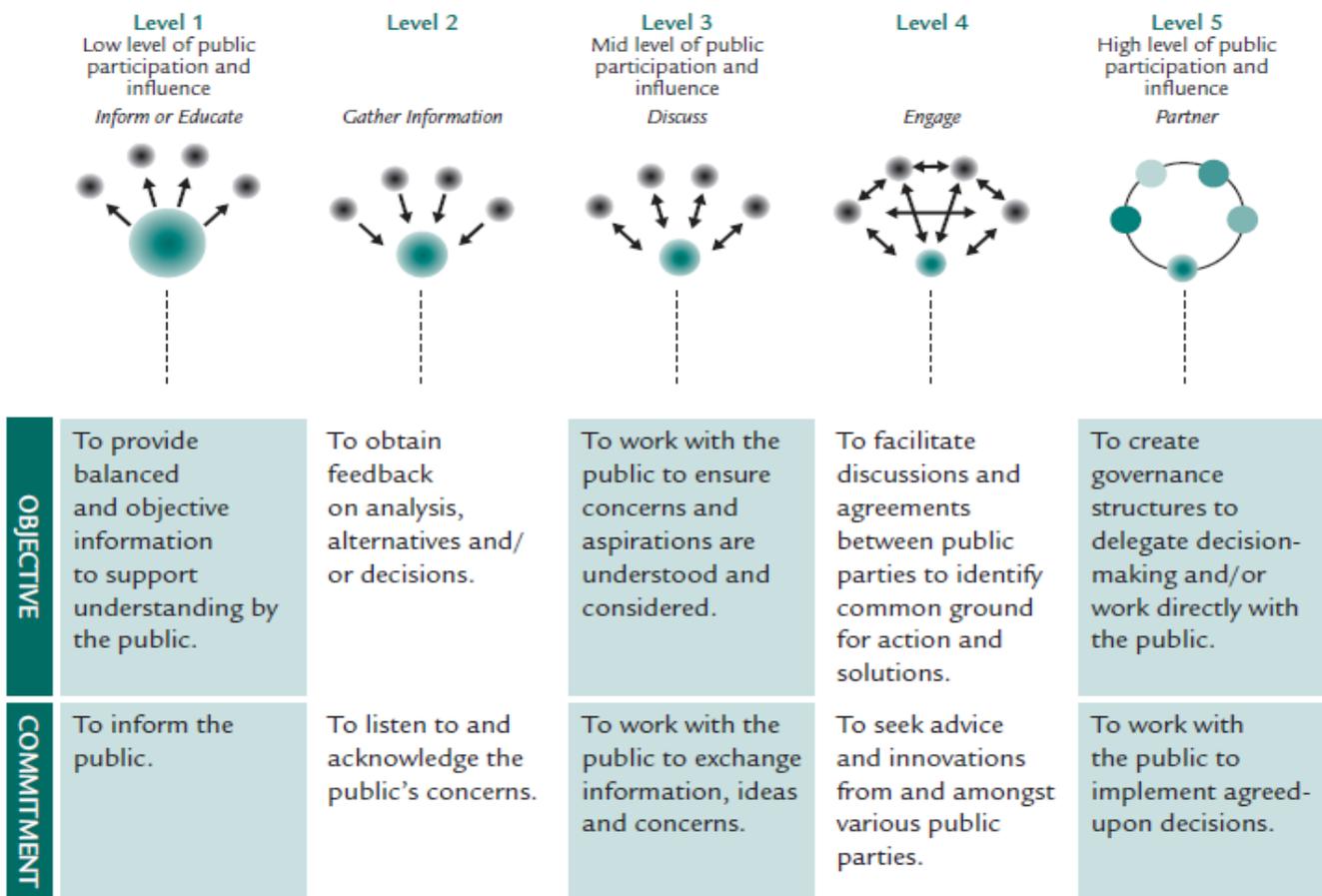
- Enhance sustainability related information on website. – **1st quarter**
- Develop strategy and tools for dissemination of sustainability key messaging. – **1st quarter**

Recommend:

- Leverage recommendation #1 priorities for Sustainability messaging. – **1st quarter**
- Prepare a 2016 update report on recommendation #1: Integrated Planning. – **4th quarter**

Appendix 1

Public Involvement Continuum



Source: Adapted from Health Canada. Policy Toolkit for Public Involvement in Decision Making (2000) and the Public Participation: Principles and Best Practices from British Columbia (2008).

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 talking 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:

