



**New Brunswick  
Health Council**

Engage. Evaluate. Inform. Recommend.

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## **2016-2017 Business Plan**

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**Presented to the Minister of Health  
March 23, 2016**

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## 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 2016-2017**

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.

Engaging citizens has evolved to include surveys, public involvement sessions and various forms of communication efforts, including public presentations and media interviews. Although the value of the information prepared by the NBHC is widely recognized, efforts are required to increase awareness regarding key messages and the availability of this information. Public involvement sessions represent valuable opportunities for not only gathering information, but also for informing citizens. There is great opportunity for enhancing the value of public involvement sessions with a minimal amount of coordination among health system organizations.

Efforts for publicly reporting on the performance of the provincial health system have evolved as well. "Performance management is a process that provides feedback, accountability, and documentation for performance outcomes. It helps employees to channel their talents toward organizational goals.<sup>1</sup>" At the health system level, performance management is, at best, sporadically applied. Since 2008, this reality has represented the main challenge for effectively reporting on health system performance.

In 2008, the absence of provincial standardized information regarding population health and health service quality represented a major challenge and also a strategic opportunity for the NBHC. Since then, the NBHC has produced several status reports on population health and health service quality. These can support the identification of provincial health system goals, priorities and performance outcomes. With an increase in performance management practices at the health system level, there will be a greater ability to publicly report on health system performance.

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

- Informed, 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.

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<sup>1</sup> <http://www.halogensoftware.com/blog/a-simple-definition-of-performance-managementand-why-everyone-plays-a-role>

By leveraging the four responsibilities of the NBHC (engage, evaluate, inform, recommend) the following sections are meant to cover the 2016-2017 proposed Business Plan deliverables. Time-line for deliverables are presented by Quarter; 1<sup>st</sup> Quarter (April-June), 2<sup>nd</sup> Quarter (July-September), 3<sup>rd</sup> Quarter (October-December), 4<sup>th</sup> Quarter (January-March).

## **A. Informed, Engaged and Healthy New Brunswickers**

- **Update community profiles indicators – On-going**
  - The collection and updating of the indicators for the 33 “My community at a glance” documents will begin in April of 2016. This work will continue throughout the 2016-2017 fiscal year. The 2017 version of these community profiles will be made publicly available in the spring of 2017.
- **Youth Health Report: Five year in review – 3<sup>rd</sup> quarter**
  - The accumulation of youth health indicators provides an opportunity to conduct a multi-year evaluation on the state of youth health. The focus for this year’s evaluation efforts will be to have a five year review that will provide an appreciation of trends pertaining to youth health.
- **School wellness surveys**
  - Grades 6 to 12 survey report – 3<sup>rd</sup> quarter: The grade 6 to 12 survey was conducted during the 2015-2016 school year. Therefore, the focus will turn to the evaluation work on these results and the preparation of reports for schools, districts and the provincial level.
  - Kindergarten to grade 5 survey – on-going: Students from kindergarten to grade 5 will be surveyed during the 2016-2017 school year. Efforts have been undertaken to ensure that all schools participate. Monitoring the participation levels and following-up with non-participants is part of managing the survey process.
- **Population Health Report: lessons learned from community needs assessments – 4<sup>th</sup> quarter**
  - Community needs assessments are the responsibility of the Regional Health Authorities (RHAs). Both RHAs have undertaken a number of assessments in recent years aimed at identifying priority health trends, health service quality gaps and opportunities for resource maximization. The proposed topic for the next population health brief is to undertake an evaluation of the work associated with the completed community needs assessments.

- **Enhanced Communications – On-going**
  - Focused segmentation: Work was done on clarifying key audiences regarding the information produced by the NBHC. This work will be leveraged in order to better understand the needs of these audiences and how best to reach them.
  - Enhanced scope of tools: Media, presentations and the NBHC web site have been the main approaches used to date. Armed with a new communications strategy, we will strengthen or implement other approaches, such as enhancing use of social media.
  - Accountability framework: How do we know if we are doing a good job in engaging and informing the public? We have started to monitor indicators such as web visits and download. This year, we expect to have an accountability framework that will be reflective of the new communications strategy.

## **B. Improved Health Service Quality**

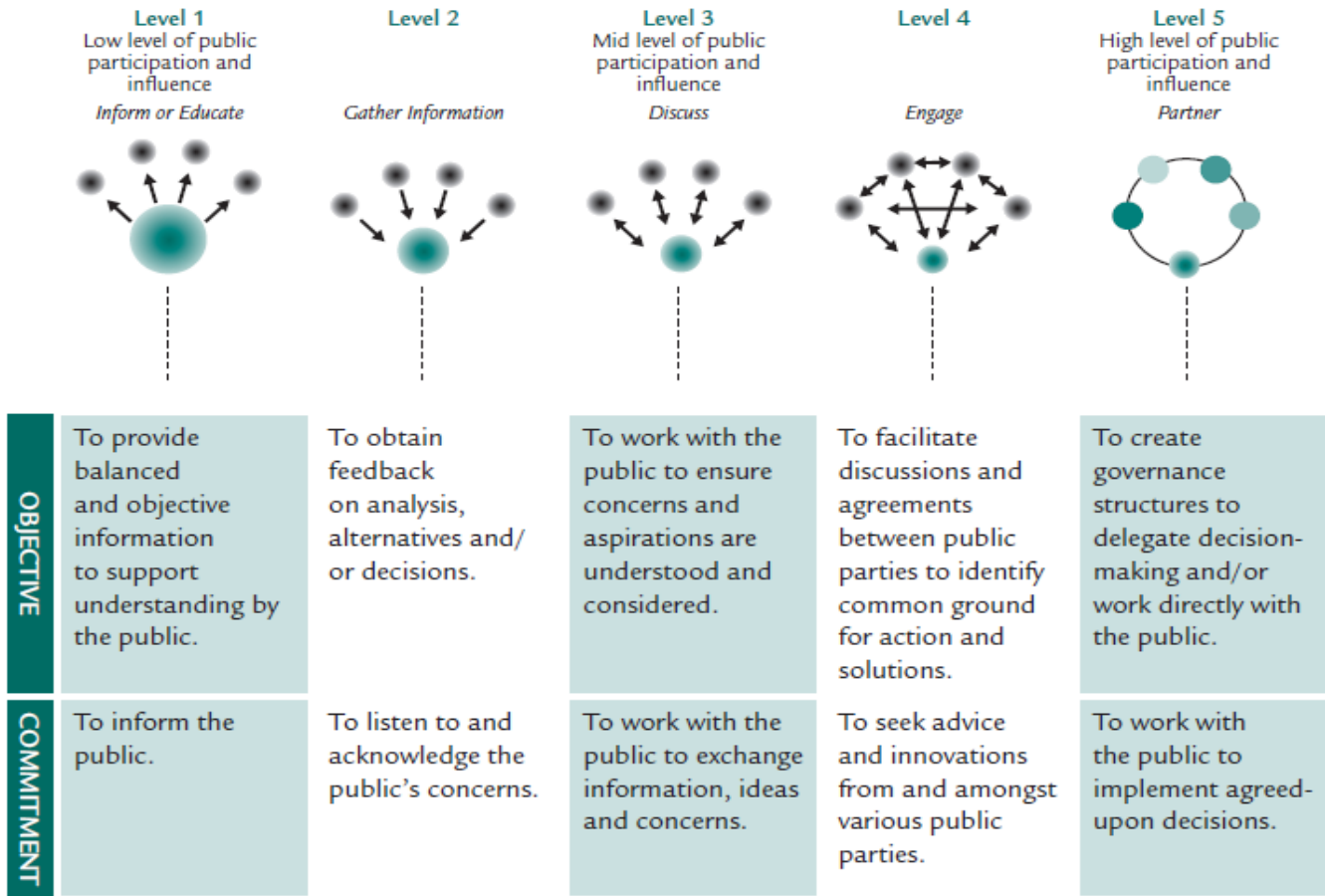
- **Acute Care Survey Report – 4<sup>th</sup> quarter**
  - When we will have received all survey results, the evaluation process will be initiated in the first quarter. There will be debriefing sessions with the RHAs regarding the new results and how best to support health service quality improvement. Results are expected to be publicly released in the fourth quarter.
- **Primary Health Services Survey – 4<sup>th</sup> quarter**
  - From the first quarter, primary health services stakeholders will be engaged in the preparations for this next provincial survey. Primary health services represent the most important sector for improving health service quality and for having an impact on the long term sustainability of the provincial health system. Properly engaging stakeholders can greatly influence the impact of the survey results on improving health service quality.
- **Health Service Quality Report: Impact of poor primary health services – 2<sup>nd</sup> quarter**
  - The aim of the report is to highlight opportunities for improved health services planning and management, by leveraging indicators from the six quality dimensions; accessibility, appropriateness, effectiveness, efficiency, equity and safety. The report will outline performance outcomes that could serve as priority areas for the health system.

### C. Sustainable, publicly funded, health services

- **Sustainability Report: Cost implications of not being citizen centered – 1<sup>st</sup> quarter**
  - By focusing on a specific group of health services clients, for example those suffering from chronic obstructive pulmonary disease, the sustainability brief will outline the potential financial impact of improved chronic conditions management. The report will put in context the population health, the opportunities for improvement from a health services quality perspective and the potential impact in reduced usage of health services.
  
- **Enhance publicly available health system resource information – On-going**
  - Although there is a growing recognition of the health system sustainability challenge, there is still much opportunity in enhancing the collective understanding of this challenge. Whether in human resources, spending or infrastructure, enhanced accessibility to credible local information is proving to be very valuable in explaining the imperative need for change at the local level. Efforts at improving the availability of local resources information will continue throughout the year.
  
- **2017 recommendations to the Minister of Health – 4<sup>th</sup> quarter**
  - It has been five years since the first recommendations to the Minister of Health have been made public. In the fourth quarter, there will be an update on these recommendations and new recommendations will be presented to the Minister of Health.

## 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:

