New Brunswick Health Council

Engage. Evaluate. Inform. Recommend.

rebuilding HEALTH CARE together

WHAT WAS SAID: PROVINCIAL DIALOGUE SESSIONS

PRESENTED TO THE MINISTER OF HEALTH

TABLE OF CONTENT

1. EXECUTIVE SUMMARY

In June 2012, then Minister of Health, Madeleine Dubé set out to engage New Brunswick citizens and stakeholders alike in the *Rebuilding Health Care Together* dialogue, an iterative learning conversation, *New* Brunswicker to New Brunswicker. Its purpose was to better inform the *Provincial Health Plan* currently under development. In collaboration with the Department of Health, the New Brunswick Health Council (NBHC) was asked to design the dialogue sessions and to submit a *"What was said"* report to the Minister, thereafter. Throughout this initiative a total of ***5,809 individual responses*** were provided by over 600 New Brunswickers, during the nine dialogue sessions for which key findings have been identified.

This report contains the engagement methodology used for this initiative, a participant profile, and key themes of what participants said. The views contained herein reflect participants responses related to two specific dialogue questions regarding Health care in New Brunswick.

1. *What small changes could citizens and communities make in order to reduce demand on the health system?*
2. *Keeping its current fiscal reality in mind, how can the health system better integrate so it's more responsive to current demands?*

Key Findings

ACCOUNTABILITY

- ✓ Greater accountability from citizens regarding their own personal health behaviours and those of their children
- ✓ Greater accountability from all decision-makers ranging from those within the Department of Health, Regional Health Authorities, health care providers (HCPs) including health care receptionists
- ✓ Reassess school curriculums and education opportunities in community as they relate to nutrition and physical activity
- ✓ Promote physical education throughout the entire academic year, in every school, from grades K-12

CITIZEN-CENTERED

- ✓ Enhance public awareness campaigns informing citizens when and where to go for their health needs/issues
- ✓ Greater system navigation tools, recognizing that not all populations have the same needs, i.e. the hearing Impaired
- ✓ Do whatever it takes to keep seniors out of hospitals and cared for in more appropriate settings, as close to home as possible

- ✓ Eliminate undue hardship caused by caring for a loved-one at home and provide tax incentives for doing so
- ✓ Greater citizen-centered collaboration and communication between all health care workers

COMMUNITY

- ✓ Multi-Departmental strategy/focus on community health investments- believing that health care happens in community while sick care happens in hospitals
- ✓ A belief that community networks are better positioned to address mental health, social determinants of health, etc.
- ✓ Strong endorsement for the Extra-Mural Program, calling for expansion of services
- ✓ Let's stop talking and start acting on Mental Health Services in community by emulating leading practices in other jurisdiction such as Capital Health's "Connections Clubhouse"

HEALTH SYSTEM MANAGEMENT

- ✓ Improve funding models, according to leading practices, to help keep physicians accountable
- ✓ Address the *"1 issue per visit"* practice often faced by citizens when they seek medical services
- ✓ Greater integration/collaboration between the *Department of Health* and the *Department of Education & Early Childhood Development*
- ✓ Immediate implementation of *Electronic Medical Records (EMR's*) leading to a well integrated *One Patient One Record (OPOR*) system
- ✓ Integrating all allied health care providers into the public health system as a way to free up physicians and nurse practitioners to do their jobs, *holistically*

EMPLOYER'S ROLE

- ✓ Incite employers to offer healthier work spaces for New Brunswickers by offering enticing tax incentives that are *"to good to pass up"*

ENVIRONMENT

- ✓ Proper health and ecological assessments when doing environmental exploration, spraying, etc., recognizing that environmental factors can seriously impact the health of New Brunswickers

2. INTRODUCTION

Over a three-week period then Minister of Health, Madeleine Dubé, hosted nine public dialogue sessions across New Brunswick for the purpose of engaging citizens in shaping the vision of the next provincial health plan. In collaboration with the Department of Health (DH), the New Brunswick Health Council (NBHC) was asked to design the dialogue sessions and to provide a *"What Was Said"* report, thereafter.

In the months leading to the dialogue sessions, the DH produced a video entitled: *"Rebuilding Health Care Together*", with the intent of informing the public of the issues and challenges facing the health system in New Brunswick. Lasting 13 minutes, the video includes baseline information ranging from the province's population health status to the sustainability of our Health system. Participants viewed it in the official language of their choice, at the beginning of each dialogue session.

Building on its key messages, the video was followed by two individual presentations (Appendix B) led by Stéphane Robichaud, CEO of the NBHC, who acted as moderator for all nine sessions. Each presentation was followed by a dialogue question that participants were asked to explore with the assistance of a trained table facilitator. The dialogue questions, as elaborated in chapters five and six, were also inspired by the video's key content.

3. METHODOLOGY

The *Rebuilding Health Care Together* dialogue set out to engage citizens and stakeholders in an iterative learning conversation, *New Brunswicker to New Brunswicker*, in order to better inform the *Provincial Health Plan* currently under development. The location, date, and time of all nine sessions **(Figure 3.1)** were predetermined to coincide with the availability of the Minister of Health, Madeleine Dubé, who played an active role throughout all sessions.

Figure 3.1 Provincial distribution of dialogue sessions per location, date, and time

Dialogue Location	**Date (dd/mm/yyyy)**	**Time**
Edmundston	18/06/2012	6-9pm
Campbellton	19/06/2012	6-9pm
Fredericton	21/06/2012	6-9pm
Tracadie-Sheila	25/06/2012	6-9pm
Moncton	26/06/2012	6-9pm
Miramichi	27/06/2012	6-9pm
Bathurst	28/06/2012	6-9pm
Saint John	03/07/2012	6-9pm
Woodstock	05/07/2012	6-9pm

To increase public awareness of the upcoming dialogue sessions, key information such as the *what, where, when, why, and time* relating to the initiative was communicated by radio, local and regional newspapers, and via mass postcard mail out (admail). Although not mandatory, pre-registration was encouraged to allow for logistics management i.e., mobility needs, appropriate number of table facilitators, adequate seating, etc. Those wanting to participate but not able to attend were encouraged to submit their ideas online via a dedicated webpage used exclusively for this initiative. The webpage was managed solely by DH. It went live on June 18th, 2012 to coincide with the day of the first dialogue session and it remained active until July 31st, 2012. A total of 13 online submissions were received during that time frame and are considered throughout this report. Additionally, all who submitted hard copy briefs for consideration received a follow up acknowledgement letter from the Minister.

Electronic *Audience Response Cards* (key pad voting devices) were used during each dialogue session as a way to capture participant feedback on various questions. The graphs displayed throughout this document demonstrate the provincial results of

the individual questions. Although over 600 people attended sessions province-wide, a maximum of 579 individual responses were captured on any given question. Participant response rates vary depending on whether a response was submitted or not during the allotted time frame.

3.1 FACILITATORS

Table facilitators were recruited from within the Government of New Brunswick workforce as well as from a list of facilitators associated with the NBHC. In preparation for a mandatory orientation session, facilitators were sent a Table Facilitator Handbook **(Appendix A)** specifically designed for the *Rebuilding Health Care Together* dialogue. In addition to the orientation, facilitators attended an hour long briefing session prior to the beginning of the specific dialogue they were assigned to facilitate and participated in a debriefing session thereafter. When and where appropriate, feedback received from the facilitators was implemented at the following dialogue session to enhance participant's experience.

3.2 REGISTRATION TABLES

Onsite registration was set up to greet participants and to assign them to a table based on their individual perspective and official language of choice. This was meant to ensure a diversified conversation at every table in addition to allowing participants to express themselves in the language they were most comfortable with. In a few cases, participants did not accept being assigned to a specific table and chose to sit elsewhere.

3.3 GROUND RULES

Participants were reminded that the goal of a dialogue is to work towards understanding the point of view of others and not to establish a "winner" or a "loser". To further emphasize the point, the dialogue ground rules **(Figure 3.1)** were introduced during the first presentation of the evening and were prominently displayed at the center of each dialogue table in both official languages.

Figure 3.1

Ground Rules for Dialogue

1. ***Respect*** *all points of view*
2. ***Listen*** *openly and carefully to others*
3. ***Suspend*** *judgment- there are no "wrong" opinions*
4. ***Test*** *your own assumptions*
5. ***Express*** *disagreement with ideas not personalities*
6. *Work* ***together*** *and have* ***fun!***

3.4 PARKING LOT

Participants who wanted to raise an issue/question of personal interest or who wanted to share their view on a subject not covered throughout the dialogue were invited to write it down and post it in the Parking Lot and/or hand it to their table facilitator. If participants requested an answer to their question, they were asked to leave their contact information. All parking lot items were picked up at the end of each dialogue session and submitted to DH representatives for follow-up. In total, there were approximately 40 Parking Lot issues/questions raised throughout the nine dialogue sessions province-wide.

3.5 RECRUITMENT

No active recruitment process was associated with this project. All dialogue sessions were open to the public. Participation rates ranged from 24 to 119 people per site. Population density of the geographical location where the dialogue sites were held, along with the short time frame announcing the dialogue sessions may have impacted the turnout at certain sites.

3.6 GENERAL LIMITATIONS

- An unforeseen delay in preparing the communication material prevented the postcards (admail) delivery ahead of the first few dialogue sessions. To compensate, alternate methods of communication such as radio and local/regional daily/weekly newspaper advertizing were used.
- The short time-frame announcing the dialogue sessions prevented more detailed briefs from being prepared, as reported by some stakeholders.
- Participants were informed of the issues and challenges facing the Health system in New Brunswick through the *Rebuilding Health Care Together* *video* at the beginning of each session, along with the presentations delivered throughout the evening. No workbook or conversation guide calling attention to the dialogue questions was prepared for distribution.
- No validation exercise was integrated within this initiative.

3.7 INCENTIVES

Coffee, tea and water were available during the dialogue sessions; however, no incentives or stipends were offered in exchange for participation. All dialogue sessions were open to the public at large.

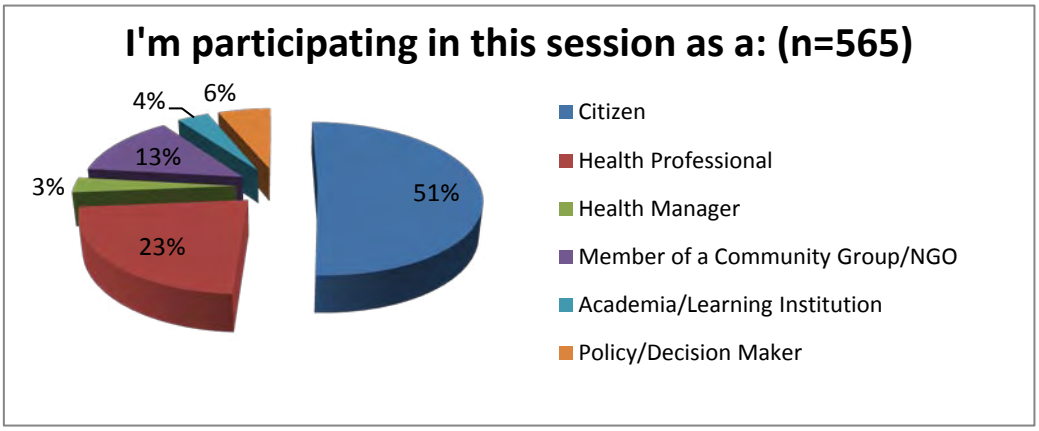
4. PARTICIPANT PROFILE

Prior to the first presentation of the evening, participants were invited to respond to several multiple choice questions via their handheld *Audience Response Cards* (keypad voting devices). The first five questions were of a demographic nature and allowed for a participant profile to be drawn. The sixth and last question was on health consciousness and was posed at the end of the first presentation, prior to launching into the first dialogue question of the evening.

4.1 PERSPECTIVES

Although some came equipped with more than one perspective, participants were asked to self-identify with the perspective that motivated their participation that evening. The following graph provides a snapshot of the provincial distributions of participants by perspectives.

Figure 4.1.1 Provincial distributions of participants by perspectives



As seen below in **Figure 4.1.2**, some dialogue sites were skewed in favour of stakeholder representation [Health Professional, Health Manager, Member of a Community Group/NGO (Non Governmental Organization), Academia/Learning Institution, Policy/Decision Maker] however, the overall self-rated citizen perspective stood at 51% province-wide, aligning with the desired 50/50 citizen-to-stakeholder mix.

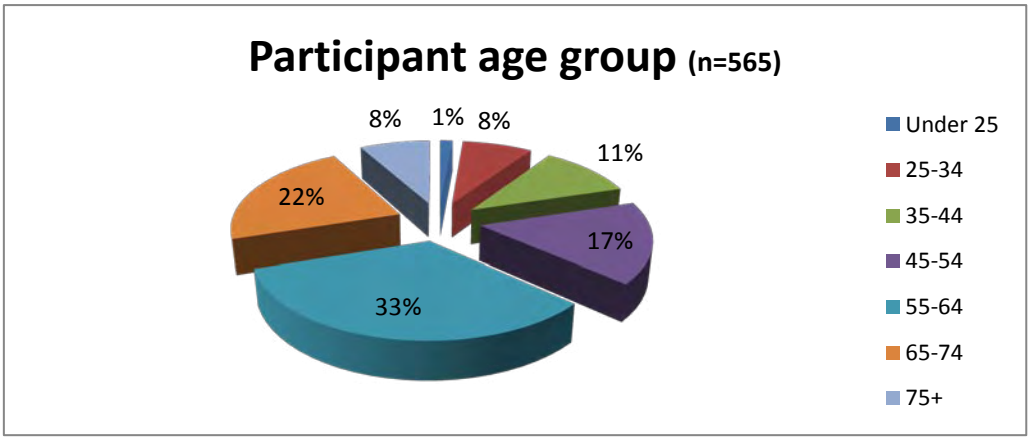
Figure 4.1.2: Distribution of citizens and stakeholder groups per dialogue site by %

Dialogue Sites	Citizens	Stakeholders
Edmundston	57%	43%
Campbellton	38%	62%
Fredericton	43%	57%
Tracadie-Sheila	57%	43%
Moncton	36%	64%
Miramichi	76%	24%
Bathurst	43%	57%
Saint John	48%	52%
Woodstock	53%	47%
Provincial	**51%**	**49%**

4.2 AGE GROUPS

As depicted in **Figure 4.2.1**, a total of 20% of all dialogue participants self-identified as being in one of the following age groups: under 25, 25-34 and 35-44, while 63% of dialogue participants self-identified as being in one of the following age groups: 55-64; 65-74 and 75 and over. Specifically, dialogue participants between the ages of 55 to 64 had the greatest overall representation at 33%, while the under 25 age group was the most under-represented (1%) at any given session. When and where representation discrepancies occurred, the moderator reminded participants to keep the under-represented group in mind during their table discussions.

Figure 4.2.1 Provincial distributions of dialogue participants by age group



According to Statistics Canada (2011), when comparing New Brunswick's age group distribution to the dialogue participant's age group distribution, New Brunswick citizens up to the age of 34 were, by and large, under-represented during the dialogue sessions **(Figure 4.2.2).** At the same time, New Brunswick citizens between the ages of 55-74 years were well over-represented. Statistically speaking, citizens between the ages of 35-54 and those over the age of 75 were well represented according to province's age group distribution.

Figure 4.2.2 New Brunswick age group distribution compared to dialogue participant age group distribution

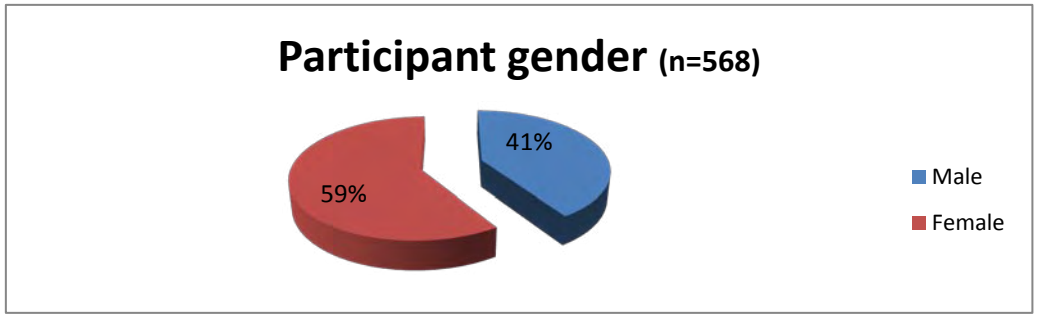
Age Groups	NB population age group distribution		Dialogue participant age group distribution	
	by %	by count	by %	by count
Under 25	28%	208,198	1%	8
25-34 years	12%	92,088	8%	45
35-44 years	13%	98,151	11%	61
45-54 years	16%	122,703	17%	93
55-64 years	15%	111,602	33%	188
65-74 years	9%	67,560	22%	125
75 +years	7%	55,153	8%	45

Source: Statistics Canada (2011). *Table 051-0001 - Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual (persons unless otherwise noted)*, CANSIM (database).

4.3 GENDER

Considering there were no specific recruitment strategies for the *Rebuilding Health Care Together* dialogue sessions, no specific gender distribution was targeted. Overall, the dialogue participant distribution by gender stood at 59% for females versus 41% for males. (**Figure 4.3.1)**

Figure 4.3.1 Provincial distributions of dialogue participants by gender



According to Statistics Canada (2011), when comparing New Brunswick's gender group distribution to the dialogue participant's gender group distribution, males were statistically under-represented (41%) throughout the dialogue sessions. Conversely, by virtue of the same source, females (59%) were over-represented **(Figure 4.3.2).**

Figure 4.3.2 New Brunswick gender group distribution compared to dialogue participant gender group distribution

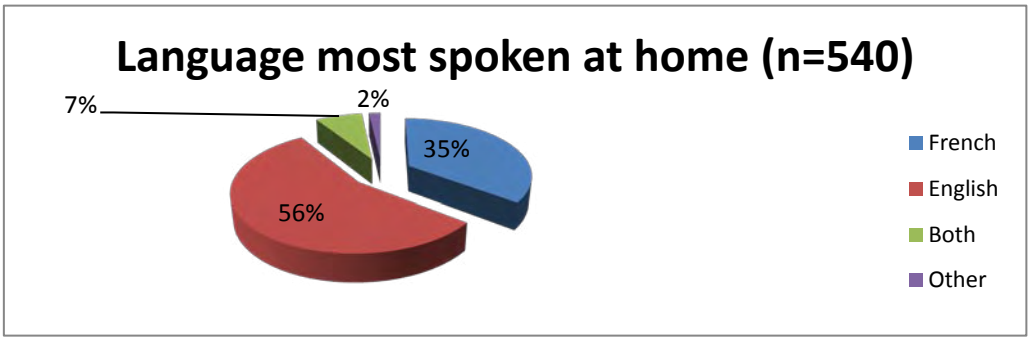
Gender	NB gender group distribution	Dialogue participant gender group distribution
	by %	by %
Male	49% (370,900)	41% (232)
Female	51% (385,500)	59% (336)

Source: Statistics Canada (2011). *Table 051-0001 - Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual (persons unless otherwise noted),* CANSIM (database).

4.4 LANGUAGE

With the aid of *Audience Response Cards*, participants were asked to identify the language they speak most often at home. Not only did their responses provide a snapshot of the overall distribution by language, it also allowed the moderator to gauge the preferred language in which to address the participants during the individual sessions. As indicated in **Figure 4.4.1,** the distribution of dialogue participants by language spoken at home was at 56% for English, 35% for French, 7% for both (French & English), while participants identifying with another language other than French or English were underrepresented at 2%.

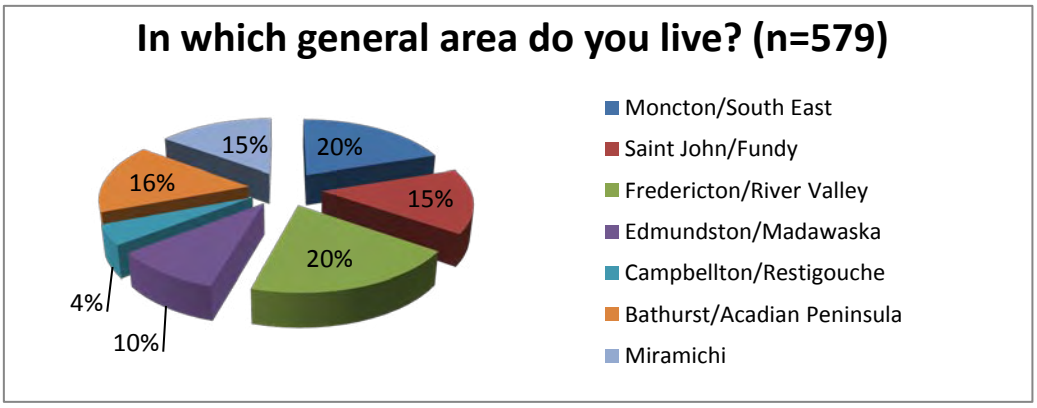
Figure 4.4.1 Provincial distributions of dialogue participants by language spoken at home



4.5 HEALTH ZONES

Although nine dialogue sessions occurred throughout New Brunswick over a three-week span, participants were welcome to attend the session of most convenience. To get a better appreciation of the representation by provincial Health Zones, participants were asked to identify the general area in which they live. As indicated in **Figure 4.5.1,** the overall participant distribution varied greatly from 4% of participants identifying with the Campbellton/Restigouche area (Health Zone 5) to 20% of participants identifying with the Moncton/South East area (Health Zone 1) and Fredericton/River Valley area (Health Zone 3), respectively.

Figure 4.5.1 Provincial distribution of participants by provincial Health Zone



According to the *Population Estimates Census (2011),* when comparing New Brunswick's population size by Health Zone to the dialogue participant's distribution by Health Zone, Moncton/South East (Health Zone 1) and Saint John/Fundy (Health Zone 2) were statistically under-represented throughout the dialogue sessions. Conversely, Bathurst/Acadian Peninsula (Health Zone 6), and Miramichi (Health Zone 7) were statistically over-represented throughout the dialogue sessions. As well, the number of dialogue participants identifying with the Fredericton/River Valley (Health Zone 3), Edmundston/Madawaska (Health Zone 4), and Campbellton/Restigouche (Health Zone 5) was statistically representative of New Brunswick's population size for those areas **(Figure 4.5.2)**.

Figure 4.5.2 New Brunswick population distribution by Health Zone compared to dialogue participant distribution by Health Zone

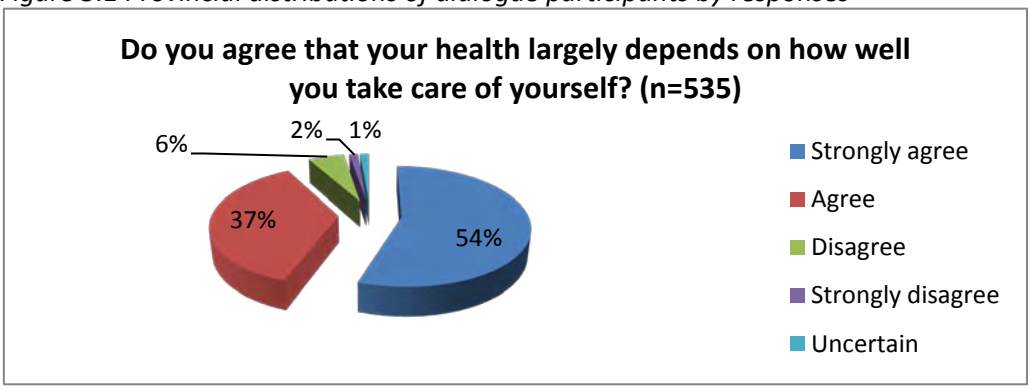
New Brunswick Health Zones	NB population distribution per Health Zone	Dialogue participant distribution per Health Zone
	by %	by %
1-Moncton/South East	26%	20%
2-Saint John/Fundy	23%	15%
3-Fredericton/River Valley	23%	20%
4-Edmundston/Madawaska	7%	10%
5-Campbellton/Restigouche	4%	4%
6-Bathurst/Acadian Peninsula	11%	16%
7- Miramichi	6%	15%

Source: Statistics Canada, Population Estimates Census (2011).

5. REBUILDING OUR HEALTH

Building on the *Rebuilding Health Care Together* video's emphasis on how small changes can often lead to long term results, participants were invited to explore what *small* changes they, as citizens, could make in their own lives, in addition to the *small* changes that could happen in community to reduce the demand on the health system. The purpose of this discussion was not to reach consensus at the individual tables, but to better understand what citizens see as being within their own personal and local control. To better appreciate the level of health consciousness prior to launching into the dialogue question, participants were asked the following question: "Do you agree that your health largely depends on how well you take care of yourself". The overall responses are found below in **Figure 5.1**.

Figure 5.1 Provincial distributions of dialogue participants by responses



As seen in **Figure 5.1**, 54% of all dialogue participants strongly agree that their health largely depends on how well they take care of themselves. This is much in line with the provincial average of 54.3% reported in the Primary Health Care Survey Results (NBHC, 2011), based on a much larger sample size of 14,040 New Brunswickers.

With the assistance of a table facilitator, participants were invited to work together at their respective tables to explore the first of two dialogue questions.

DIALOGUE QUESTION #1: **WHAT SMALL CHANGES COULD CITIZENS AND COMMUNITIES MAKE IN ORDER TO REDUCE DEMAND ON THE HEALTH SYSTEM?**

It should be noted that nearly all responses generated by dialogue question #1 had an educational component attached to it. However, to provide greater clarity, responses were coded according to their general meaning and are listed in the following paragraph.

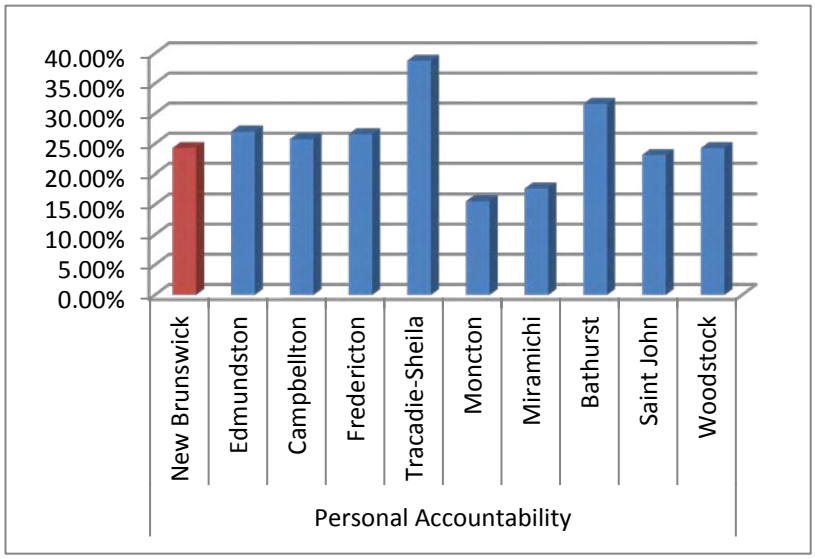
Although most participants had a natural desire to want to discuss services within the health system first, they had no lack of feedback when they were re-directed to the question at hand. Specifically, 81% (2,538/3,110) of responses generated province-wide by this question were thematically coded into the following categories: *Personal Accountability* (755/3110); *Education/Information* (706/3110); *Nutrition/Food* (558/3110) and *Physical Activity* (519/3110). The remaining 19% or 572 responses were coded under *Community* (300), *Socioeconomic Factors* (209); *Employer's Role* in promoting healthy workplaces (42) and *Environment* (21).

5.1 PERSONAL ACCOUNTABILITY

> *"Healthy living starts at home"*
>
> *Participant-Saint John site*

As indicated in **Figure 5.1.1**, responses thematically coded under *Personal Accountability* represent 24% (755/3110) of the responses generated province-wide (red) by dialogue question #1. When compared to individual dialogue sites (blue), participants in Tracadie-Sheila had the highest percentage of their responses (39% or 126/325 responses) coded under *Personal Accountability* while participants at the Moncton site had the lowest percentage of their responses (16% or 102/656 responses) allocated to the same theme.

Figure 5.1.1 Percentage of responses coded under Personal Accountability for New Brunswick (red) compared to percentage of responses relating to Personal Accountability per individual dialogue site (blue)



Although discussions varied from table to table and from site to site, some common patterns quickly emerged on the *Personal Accountability* front. In general, participants agree that citizens have to become more responsible towards their own health and to do whatever it takes to prevent chronic diseases from developing. Although some participants cited many factors for New Brunswick's unhealthy state, others were quick to point out that certain activities, such as walking, are free. Moreover, some suggested that those practising unhealthy behaviours be subjected to a surtax that, in turn, would be used to offset the cost of future health care requirements.

Not surprisingly, participants also highlighted the crucial role of parents in leading by example. They specified that parents need to free themselves up from their busy lifestyles and spend more time exercising with their kids, eating healthier as a family and quitting smoking (if applicable). In essence, participants felt that getting back to the basics, so to speak, was essential in leading healthier family lifestyles.

Participants also called upon health care providers to become role models in health practices. One participant indicated how difficult it was to take smoking-cessation advice from a health care provider who smells like cigarette smoke.

Figure 5.1.2 *Sample responses related to personal accountability province-wide*

Theme	Sample of Participants Comments
Personal Accountability	✓ Develop a culture of citizens who are engaged in their own health and their community ✓ Lead by example, don't smoke Smokers should pay additional taxes to cover their future health care cost ✓ Consider active transportation ✓ Maintain ideal body weight ✓ Protected sex ✓ Learn to read labels ✓ Coaching/volunteer with children's sports ✓ Cut down alcohol consumption ✓ Make driving less common ✓ Influence decision-making by joining boards/groups

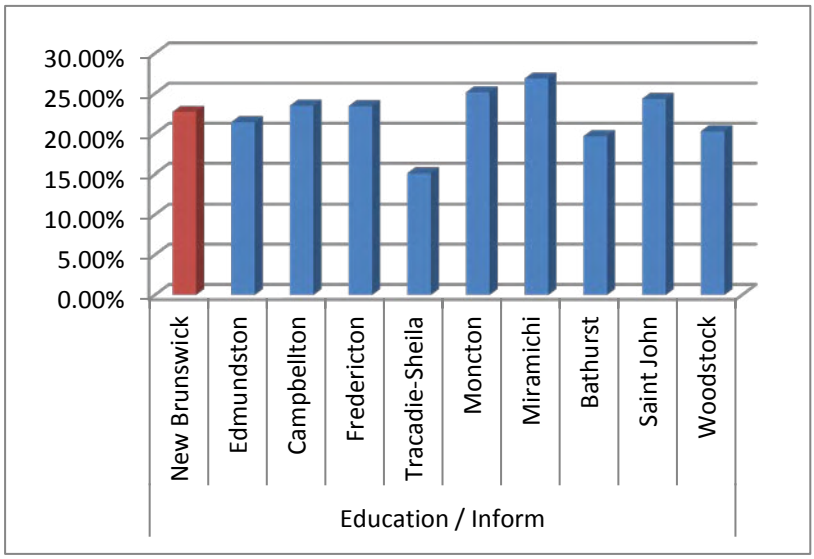
	✓ Learn to manage stress ✓ Drink more water ✓ Become your own priority-eat well, move! ✓ Learn to deep breathe ✓ Self care vs. healthcare-taking charge of own lifestyle is critical ✓ Wash hands properly-virus control/teach children to do same ✓ Encourage seniors to supervise after school programs ✓ Use dental floss ✓ Take time as a family for better mental health and self esteem ✓ Make friends ✓ Adopt a pet ✓ Be happy. Laugh a lot ✓ Challenge friends, companies, communities to get active

5.2 EDUCATION/INFORMATION

As indicated in **Figure 5.2.1**, responses thematically coded under *Education/Information* represent 23%, (706/3110) of the responses generated province-wide (red) by dialogue question #1. When compared to individual dialogue sites (blue), participants in Miramichi had the highest percentage of their overall responses (27% or 108/402) coded under *Education/Information*. Conversely to *Personal Accountability*, the participants at the Tracadie-Sheila site had the lowest percentage (15% or 49/325) of their overall responses allocated to this theme. All other sites had less variance ranging from 20% to 25% of their overall comments coded to *Education/Information*.

> *"The health and education systems need to work together"*
>
> *Participant-Campbellton site*

Figure 5.2.1 Percentages of responses relating to Education/Information generated province-wide (red) and per individual dialogue sites (blue)



Although formal education is undeniably a key factor in general health, participants were quick to specify that health education should start at home. Furthermore, they specified it needs to start at a young age. Once again, it was said that parents have an important role to play and should be held accountable for the general health of their children as it relates to nutrition, physical activities, sleep patterns, etc. On the other hand, they also recognized that not all parents/adults have the know-how to make healthy lifestyle decisions. As education is a major determinant of health, participants saw value in promoting greater collaboration between the Department of Health and the Department of Education and Early Childhood Development to not only teach children, but to also teach the adults in their lives.

Participants pointed out that making *small change* may not sound difficult, but not knowing where to access information, can complicate things. Specific examples included: how to read labels, understanding prescriptions, oral health, and how to prevent chronic disease development. Additionally, it was noted across all dialogue sites that some citizens simply do not know how and where to access health information. It was also mentioned that any further initiative meant to empower citizens would have to consider the province's literacy rates in addition to the province's hearing/vision impaired populations when using digital, auditory and visual tools.

Figure 5.2.2 Sample responses related to Education/Information province-wide

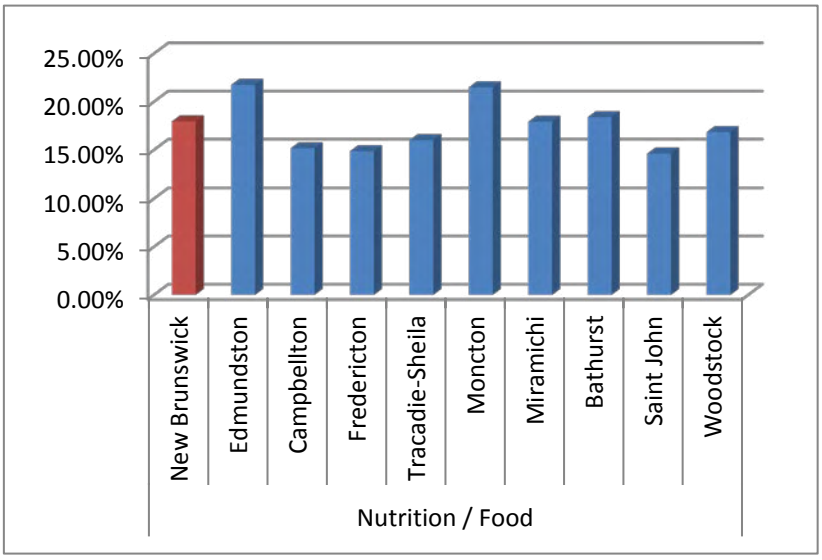
Theme	Sample of Participants Comments
Education/Information	✓ Make the chronic disease programs known ✓ Teach children how to read food labels ✓ Go to wellness meetings ✓ Know where to go for information ✓ Look for activities outside the house, like badminton, tennis ✓ Develop a gardening culture ✓ Education begins with family ✓ Must be informed ✓ Share your knowledge ✓ If labels not clear, don't buy the product ✓ Call Tele-Care (811) before going to the emergency department ✓ Parents need to model health behaviours ✓ Educate mothers: back to basics ✓ Just do it ✓ Stop smoking ✓ Understand your prescriptions or seek help ✓ Individuals to promote active living in own homes ✓ Health literacy ✓ Find out what activities are free in local area and join them

5.3 NUTRITION/FOOD

Common across all dialogue sites, participants highlighted the important role that *Nutrition/Food* plays on one's overall health. As indicated in **Figure 5.3.1**, responses thematically coded under *Nutrition/Food* represent 18% (558/3110) of all responses generated province-wide (red) by dialogue question #1. When compared to individual dialogue sites (blue), participants in Edmundston had the highest percentage of their responses (22% or 70/322) coded under *Nutrition/Food*, while participants at the Moncton site had the second highest at 21% (141/656). Participants attending the Saint John session had 15% (60/411) of their responses allocated to this theme,

similarly to participants attending the Fredericton session with 15% (52/350) of their responses coded to *Nutrition/Food*.

Figure 5.3.1 Percentages of responses relating to Nutrition/Food generated province-wide (red) and per individual dialogue sites (blue)



Throughout all dialogue sites, participants closely associated their *Nutrition/Food* comments to *Education*. Their discussions varied from the importance of knowing how to read nutritional labels to learning self-sustaining skills such as gardening and the importance of buying local foods. They commented on the importance of re-introducing home economics to the public school system and making the course available to all students.

Although participants recognize that good nutrition starts at home, they also recognize that not all parents are equipped with the know-how. In essence, they are calling for more educational opportunities to teach kids from an early age while equipping their parents with the necessary skills to cook healthier meals and to become good role-models. Additionally, participants commonly highlighted the need, for young and old alike, to learn how to effectively read and understand nutritional labels.

"Regulate energy drinks"

Participant-Miramichi site

Also common throughout all dialogue sites, participants called for a ban on selling energy drinks

to minors and prohibiting students and teachers alike from consuming them on school property.

In general, participants were very clear: increase the taxation rate on junk food items, make healthy foods cheaper by subsidizing local farmers and legislate the removal of non-nutritional items from publically funded settings such as schools, hospitals, nursing homes, special care homes and kindergartens, in addition to all government buildings.

Figure 5.3.2 Sample responses related to Nutrition/Food province-wide

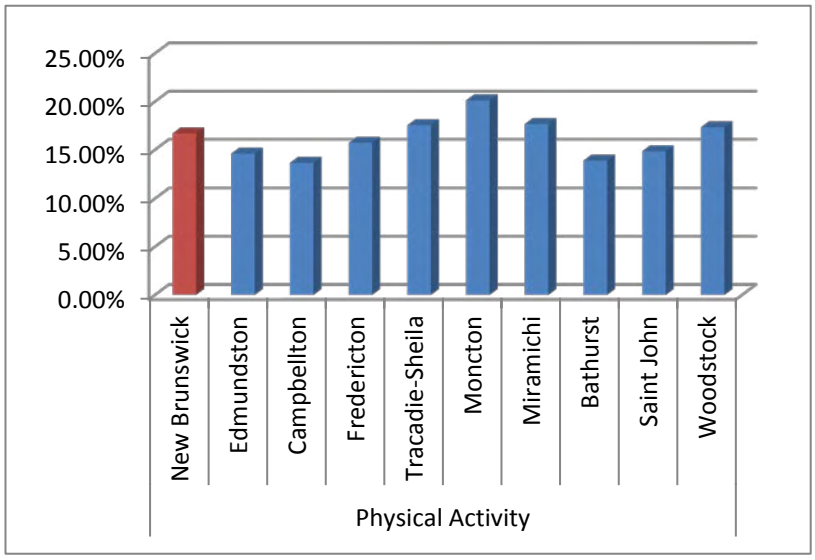
Theme	Sample of participants comments
Nutrition/Food	✓ Remove chips/pop/French fries/energy drinks from school & hospitals ✓ Don't bring bad food into your home ✓ Drink more water ✓ Eat more natural (non-transformed) products ✓ Eat less sodium ✓ Eat local foods ✓ The poor cannot afford to buy nutritious foods ✓ Healthy eating in schools and public places ✓ Understand recommended portion sizes ✓ Kids can influence parents ✓ More community gardens ✓ Teach gardening in schools, linking students and seniors ✓ Chefs to teach kids how to cook ✓ Understand how to read nutritional labels ✓ Breast feeding promotion and public acceptance ✓ Nutrition counseling in schools ✓ Develop good eating habits at home ✓ Eat at regular meal time ✓ Prohibit sale of energy drinks to less than 19 years of age ✓ Take charge of what we eat ✓ Be accountable ✓ Make grocery list before going to grocery store ✓ Speak up at grocery stores to remove point of purchase candy ✓ Programs to pair up seniors with students for teaching gardening skills ✓ Restaurants to post nutritional content of all the food items they serve

5.4 PHYSICAL ACTIVITY

> *"Promote walking meetings in work environment"*
>
> *Participant-Moncton site*

As indicated in **Figure 5.4.1**, responses thematically coded under *Physical Activity* represent 17% (519/3110) of all responses generated province-wide (red) by dialogue question #1. When compared to individual dialogue sites (blue), participants at the Moncton site had the highest percentage of their responses (20% or 132/656) coded under *Physical Activity*, while participants at both the Campbellton and Bathurst sites tied for the lowest percentage of responses allocated to this theme at 14% (18/132) and 14% (43/310) respectively.

Figure 5.4.1 Percentages of responses relating to Physical Activity generated province-wide (red) and per individual dialogue sites (blue)



A common discussion across all dialogue sites revolved around how screen time activities are consuming a large part of daily lives. Once again, participants called upon parents to be more accountable to their children's daily physical activity level and to lead by example. It was said that parents need to pull themselves away from their screens and spend more time playing with their kids. They emphasized the importance of outdoor free-play while indicating that physical activity did not have to cost any money. Participants called for an increase in the daily physical activity level in schools, daycare centres and in nursing homes while promoting activities among our youth and senior

populations. Many indicated the integration of kinesiologists or physical specialists in schools and nursing home should also be considered.

Figure 5.4.2 Sample responses related to Physical Activity province-wide

Theme	Sample of participants comments
Physical Activity	✓ Bring back physical education in schools all year, all grades; integrate with healthy eating ✓ Make physical activities available for the hearing impaired ✓ Park furthest away possible from mall doors ✓ Create a walking club ✓ Promote/use bike lanes ✓ Promote *Participaction* ✓ Revive HEPAC (Healthy Eating Physical Activity Coalition) ✓ Organize physical activities in your workplace ✓ Outdoor free-play for children and families ✓ Organize walking school bus ✓ Active transportation to work ✓ We need community champions ✓ Encourage citizens to engage in group activities ✓ Take charge of your activity level ✓ Yoga and relaxation exercises ✓ Take stairs, not elevator ✓ Walking is free ✓ Use pedometer ✓ Fitness class in mall before stores open ✓ Limit screen time for youth and adults alike

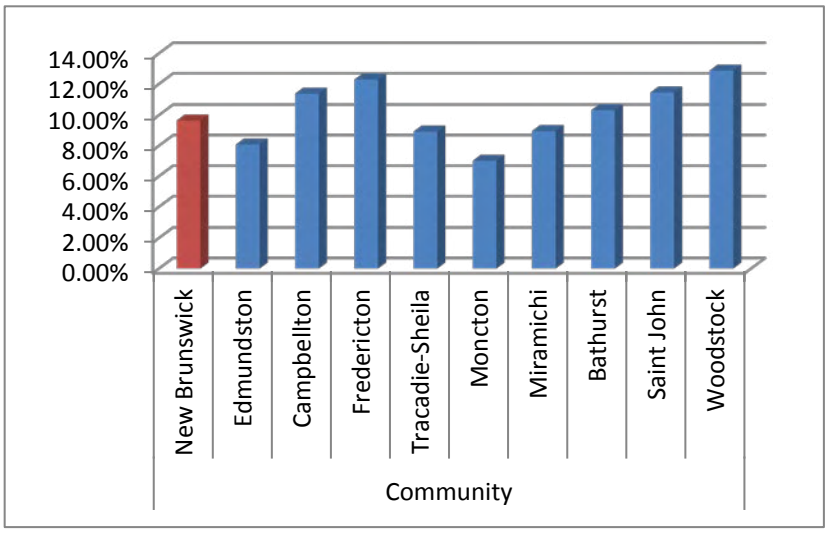
5.5 COMMUNITY

Participants were asked to not only explore what small changes they as citizens could make to decrease the demand on the health system, but also to consider the small changes that could happen in community. Across all dialogue sites, participants recognized the important role of community in promoting healthier lifestyles. In most cases, responses thematically coded under community were also closely linked to *Nutrition/Food, Physical Activity* and, *Education/Information*.

As seen in **Figure 5.5.1**, responses thematically coded under *Community* represent 10%, (300/3110) of all responses generated province-wide (red) by

dialogue question #1. When compared to individual dialogue sites (blue), participants in Woodstock had the highest percentage of their overall responses at 13% (26/202) coded under *Community* and participants in Fredericton came in a close second at 12% (43/350). Participants attending the Moncton session had 7% (46/656) of their responses allocated to this theme.

Figure 5.5.1 Percentages of responses relating to Community generated province-wide (red) and per individual dialogue sites (blue)



Participants expressed a clear desire for community empowerment that would see citizens tackling their respective community health issues. They often cited that citizens are not aware of the various community activities available to them, which impacts participation. They called on media to play a more active role in their respective communities by promoting community-based activities/initiatives.

In addition, participants saw an important role for municipal leaders/town councils in making decisions that impact the health of citizens, e.g. fast food zoning by-laws next to public schools, trail systems, etc.

> *"Greater community focus"*
>
> *Participant-Campbellton site*

Across all dialogue sites, participants felt very strongly about the need to promote community/neighborhood gardens/orchards as a way to not only get exercise but to ensure top quality produce at an affordable price. The value of

investing in our local communities/farmer was also cited. They echoed the importance of protecting the air, soil and water supply which led some participants to express their disapproval with shale gas exploration in New Brunswick.

Figure 5.5.2 Sample responses related to Community province-wide

Theme	Sample of participants comments
Community	✓ Sharing resources between communities ✓ Groups in every community responsible to spread the information on complimentary health services/activities available to the public ✓ Invest in our communities so we can all benefit, i.e. walking trails ✓ Encourage media to be more community-minded ✓ Media to promote free community activities ✓ Communities challenging communities ✓ Community/neighborhood gardening ✓ Farmer's market ✓ Restrict pesticides on lawns ✓ Town Council can be leading group ✓ Communities need to tackle the health issue ✓ Volunteerism is important ✓ Empower HEPAC so communities can tackle their issues ✓ Promote active living in own neighborhood ✓ It takes a community to raise a child ✓ Co-op 50/50 to help schools ✓ Communities must step up to the plate ✓ Green spaces ✓ Environmental impact on health issues ✓ Community walking trails ✓ Urban planning-consider health benefits ✓ Promote initiatives such as Prescription-Action ✓ Support groups that inform/educate our communities ✓ Fast food restriction/zoning ✓ Car pooling ✓ Community lotteries with proceeds paying for infrastructure ✓ Promote community-based health services

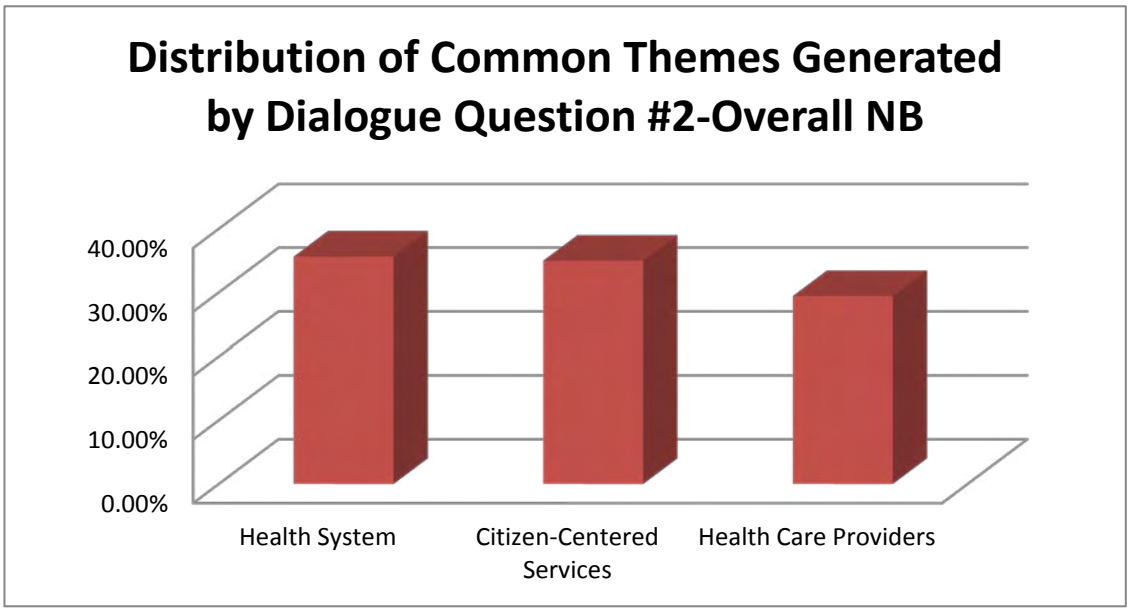
6. REBUILDING OUR SYSTEM

Prior to introducing the next dialogue question, the moderator presented additional baseline information (Appendix B) ranging from the cost and projected cost of the province's health system, to the Health Services utilization rates in New Brunswick. With the assistance of their table facilitators, participants were asked to explore one last question of the evening. Dialogue question #2 was inspired by key content of the *Rebuilding Health Care Together* video that speaks directly to the sustainability of the health system, or more precisely, its *"tipping point".*

DIALOGUE QUESTION #2**: KEEPING ITS CURRENT FISCAL REALITY IN MIND, HOW CAN THE HEALTH SYSTEM BETTER INTEGRATE SO IT'S MORE RESPONSIVE TO CURRENT DEMANDS?**

After the question was presented, participants quickly took on the task of generating responses that, in their opinion, could make the health system more effective and would help keep citizens from falling through the cracks, so to speak. Based on participants own personal, professional and/or community experiences, a total of 2,699 responses were generated and thematically coded under the three following categories: Health System Management (36% or 961/2,699), Citizen-Centered Services (35% or 944/2,699), and Health Care Providers (29% or 794/2,699) as seen in **Figure 6.1.**

Figure 6.1 Overall distributions of common themes by percentage



6.1 HEALTH SYSTEM MANAGEMENT

As illustrated in **Figure 6.1**, 36% (961/2,699) of responses generated province-wide, by dialogue question #2, were thematically coded under health system Management. Specifically, responses revolving around *Accountability, Funding Models, and Electronic Medical Records (EMR)* including *One Patient One Record (OPOR)* are coded under this theme.

6.1.1 Accountability

Needless to say, participants across all dialogue sites had much to say as it pertains to the *Accountability* of the health system. Taken together, they saw it as being "top heavy" and questioned the need for so many boards, committees and/or bureaucratic entities. They further describe the health system as being "over-managed" and fragmented in certain areas. They expect, and believe they deserve, greater accountability from every point of patient contact including from health care receptionists, who are often perceived as being the gate keepers to the entire health care system.

Throughout the three-week period, participants called for the removal of politics from Health care and urged the Department of Health to play its role in effectively leading the health system. Specifically referring to the video clip that states "*90% of New Brunswickers live within a one hour drive from one of the province's regional hospitals...*" the following statement emerged: "W*hy keep the smaller hospitals including their emergency rooms open, when the ambulance system can be leveraged?"* In addition to another participant quote*: "24 hospitals are too many - make decisions!"*

> *"Remove politics from Health Care."*
>
> *Participant-Moncton site*

Across the province participants requested a health statement of sort, depicting the services billed in their names. They believe this would sensitize the public to the overall costs of individual health services, help ensure billing accountability, and allow citizens to confirm the services rendered.

In essence, citizens expected the health system to be managed in a way that ensures the biggest return for their public dollar. For some, this included the privatization of certain health services for which they saw

as being mutually beneficial, particularly for those who can afford it; but also for others moving up the wait lists.

6.1.2 Funding Models

Additionally, the point made in the video that highlights: *"74% of all our health care spending goes to our fellow New Brunswickers..."*(referring to health care providers salaries), struck a chord among participants. As a result, some call for a revision of the physician remuneration models to address the discrepancies that exists in various patient caseloads. Moreover, it led some to question why a salaried Physician would be motivated to see more patients, while others questioned if the fee-for-service model is at the heart of the unethical one-issue-per-visit matter that some participants, at every location, reported as being an unacceptable reality.

> *"Be **accountable** to the citizens of NB-Where is the money spen? How much is our bill?"*
>
> *Participant-Miramichi site*

As it relates to the entire health system work force, participants questioned if paid sick day / sick leave benefits are being abused. In one hospital in particular, a participant reported being able to predict if certain nurses were going to report for duty depending on the shift they were assigned (weekend, night, etc.). As quoted by a participant: *"What is being done to decrease sick days across the province"*?

> *"If you dare criticize a health professional, you risk losing your job. Who's responsible for the money being spent?"*
>
> *Participant- Bathurst site*

6.1.3 Electronic Medical Records (EMR)/One Patient One Record (OPOR)

Common across all dialogue sites, participants pointed out that the communication within, and between, both Regional Health Authorities, including all health system partners, needs to be addressed if the health system's inefficiencies are going to be tackled. In some hospitals, they pointed to laboratory services and medical imaging as real time examples of where inefficiencies leading to duplication of services could be countered, simply by the full implementation of EMRs. In addition, they described EMRs as an important tool that will keep citizens from falling through the cracks, so to speak. It was stated that embracing EMRs should be made easier and those reluctant to do so should be held to account. Participants more familiar with the OPOR file, expressed frustrations with the delays regarding its execution. Even those less familiar OPOR were in unison as far as calling for its full implementation. Although they recognized the start up cost, they indicate it will pay for itself in the long run.

> *"Electronic medical records present challenges, but with each challenge there are opportunities"*
>
> *Participant- Edmundston site*

> *"OPOR will pay for itself"*
>
> *Participant- Edmundston site*

Figure 6.1.4 Sample responses related to Heath System Management province-wide

Theme	Sample of Participant Comments
Health System Management	✓ Promote refilling prescription over the phone versus billing for a doctor's visit ✓ Treat all Health Professionals equally ✓ Cannot work in silos; work as a team ✓ Single entry point ✓ Nursing homes should be under the mandate of the Department of Health ✓ Surtax on junk food and cigarettes while using money to subsidize health foods ✓ Assess bureaucracy ✓ Revise service administration on a continuous basis ✓ Sick days are being abused-25 % of sick days could be reimbursed when retiring ✓ Steer institutions towards renewable energies, solar ✓ Decision makers savings, expensive paid mileage : use Skype ✓ Lack of clinical monitoring/competence ✓ Reduce bureaucracy at the top (CEO, Board of Directors, etc.) ✓ Too many levels to get a to a decision ✓ Use available government spaces for health services, i.e., schools ✓ More accountability between provider and consumer regarding diagnostic tests ✓ Clean up the Department, keep competent people ✓ Trim the fat in the government ✓ Look at associated cost of Coumadin which requires daily/weekly blood work vs. Pradix ✓ The video was excellent, show it to all New Brunswickers ✓ Integrate chronic disease and mental health resources in local areas to better serve the population. ✓ One health network instead of two ✓ Health must not be political. Every 4 years it changes ✓ Better collaboration between the public system and the private system, consider privatization of certain services ✓ Stop useless doctor visits: when tests are negative, there is no reason to see the patient.

6.2 CLIENT-CENTERED SERVICES

Overall, 35% (944/2,699) of all responses generated province-wide from dialogue question #2 were thematically coded under Citizen-Centered Services. Included in this theme are comments that revolve around *Health System Navigation, Community Services, Seniors Care* and *Mental Health.*

6.2.1 Health System Navigation

Taken together, overall comments from participants clearly communicate the need for greater, citizen-centered, health system navigation tools. Many admitted not knowing where to go for certain ailments and they were surprised to learn that services rendered in the Emergency Room can represent a greater cost overall. In some cases, participants cited Tele-Care as being an excellent option for triaging and further promotion of this service was recommended. Conversely, one participant states: *"why call, they will just tell you to go to the emergency room anyway"*. Seemingly, a large number of participants are not clear on how to effectively use the health system and highlighted a great need for increased awareness in this area.

> *"Create networks to direct people where their needs can be met."*
>
> *Participant-Tracadie-Sheila site*

In addition, participants at every dialogue site reported the unethical "one issue per visit" policy in their primary health care provider's office. Particpants indicated that not being permitted to address several inter-related issues often led to avoidable trips to an after hours clinic or in some cases, the Emergency Room itself. Participants clearly stated this unacceptable practice not only represents an increased cost to the health system, but it can also be costly for citizens, e.g. transportation, time away from work/studies, etc., and they want it to come to an end.

6.2.2 Community Health Services

When it comes to health services, there is no question; citizens want to access them as close to home as possible. Across all dialogue sites, participants called for increasing access to after-hours clinics and walk-in clinics, including the establishment of mental health day centres as a

way to keep the Emergency Departments from becoming the default health and wellness centres in the province. Frequently, participants noted that clinics should provide a multitude of services focused on keeping healthy people well, i.e., prevention programs for men, while providing specialized, case-management services for the chronically ill. Some participants referred to the collaborative model used by the First Nations Community Health Centres as being a better practice while others see the importance to further expand the services offered by the Extra-Mural Program. Ideally, according to some participants, such clinics would be located in existing infrastructure and would not require capital funding. Specifically, they suggested using available spaces in schools, churches, nursing homes, and community halls whenever possible. They also saw great value in maximizing the use of community pharmacies while calling upon the expertise of pharmacists to lead general wellness and counselling initiatives. Furthermore, they indicated that a well-integrated network of community health services with extended hours would allow Emergency Room triage nurses to re-direct citizens to the right service provider, if indeed their issue was not an emergency.

"Allocate more resources out to Community, Extra-Mural.

Participant-Fredericton site

Participants at several sites underscored the need for redeploying nurses into schools including post secondary institutions such as universities and within communities. They also applauded initiatives such as *Prescription Action* (Edmundston) that are leading practices in engaging citizens within community to take ownership of their own health.

"10% of NBers have significant hearing impairments. Prepare video survey we can all participate in"

Participant-Saint John site

6.2.3 Senior Care

As a follow up to the video clip clearly depicting that *if nothing changes, 100% of hospital beds in New Brunswick will be occupied with seniors by year 2021*, participants across all dialogue sites elaborated responses that encouraged care for seniors to be rendered in more appropriate places. Basically, all comments were in line with keeping seniors out of hospitals and as close to home as possible. For this to happen, participants saw a need for greater clarity on where to access information as it related to seniors programs. They recommended incentives that would assist families in keeping seniors at home while ensuring all required health support services are available for seniors within community, including a well integrated hospice program.

> *"Keep seniors at home as long as possible – put in place tax credits for family caregivers"*
>
> *Participant - Tracadie-Sheila site*

Participants also indicated that long term care facilities need to place more emphasis on client physical activities. Some called upon the full integration of kinesiologists or physical specialists to take on this role.

6.2.4 Mental Health

Participants throughout several dialogue sessions saw the importance of addressing mental health issues immediately; conversely, since the integration of the mental health centers within the Regional Health Authorities, some participants stated the service was simply not adequate. Participants call for eliminating all wait times for mental health assessments, especially when youth are concerned. Participants call for

further investments in Community Mental Health and specifically, to ensure services in the Emergency Room.

> *"Better understand our local health resources and how to use them. Think beyond the Emergency Room"*
>
> *Online respondent*

It was also stated by participants that mental health services delivered to the hearing impaired population are grossly inadequate. Furthermore, it was stated by some participants that they are simply non-existent in the province. Across the board,

participants saw great value in modeling after what works in other jurisdictions. They referred to promising practices in community mental health such as Capital Health's "Connections Clubhouse" in Halifax. (*"Clubhouse programs provide opportunities to improve skills, find employment, take part in education opportunities, and make friends. Staff and members link with various community organizations to encourage participation and involvement.")*

***Source**:http://www.cdha.nshealth.ca/mental-healthprogram/programs-services/connectionsclubhouse*

It was also indicated those who have sought out mental health treatment can experience difficulties obtaining health insurance and believe there should be legislation protecting citizens in this regard.

« Senator Kirby said put delivery in, before you put administration in"

Participant-Woodstock Site

Based on participant's comments, there is a great desire to do whatever it takes to keep family members at home and away from public institutions. However, it was their opinion that the public system does not always align with the same outcome. One participant stated: "*older parents caring for adult children with disabilities are at a disadvantage as the family income is considered in the formula for support payment allocations."*

Figure 6.2.5 Sample responses related to Citizen-Centered Services province-wide

Theme	Sample of Participant Comments
Citizen-Centered Services	✓ Navigating the system is complex ✓ Respect the views of generations ✓ Community Outreach-respect our client population ✓ Need more information/support groups ✓ We do not need everything in hospitals, use community resources ✓ The Mental Health services were absorbed by the RHA's and don't serve the regions anymore ✓ Maximize the use of the Extra-mural program ✓ Increase roles of Community Health Centres ✓ Tele-Care is an excellent option. Better promotion of this service ✓ Have clinics open 24 hours a day with nurse practitioners ✓ Supports for home care ✓ Must unclog hospitals, home care ✓ Citizens should have access to someone to direct them to the right place ✓ More mental health clinics ✓ Mental Health assessments should be done immediately by Psychiatrists ✓ There has to be a stronger linkages to special care homes-they need access to services and better oversight by health professionals ✓ We have some very good services. We use telemedicine well ✓ I have the philosophy that everyone should be treated with respect ✓ For specialists to stop making patients travel when it's not necessary (for follow-up) ✓ One stop shop : to be improved ✓ Patients should have access to their own medical charts ✓ Establish patient advocates that are totally independent of the organization ✓ Euthanasia-options for people who choose ✓ If we don't protect water, we don't protect citizens against serious diseases

6.3 HEALTH CARE PROVIDERS (HCPs)

As seen in **Figure 6.1,** responses allocated to the theme of *Health Care Providers* represent 29% (794/2,699) of all responses generated by dialogue question #2. Essentially, all responses pertaining to Health Care Providers, Integration, and Allied Health Care Providers including Holistic Approaches are coded under this theme.

Responding to dialogue question #2, participants believe that primary Health Care Providers should be held to account for the health outcomes of their patients. They expressed the value of practising preventative medicine by addressing risk factors in hopes of keeping people well. Naturally, participants also discussed the various incentives that could encourage HCPs to focus on such health outcomes. They suggested following proven models from other countries without re-inventing the wheel. Interestingly enough, one participant questioned the value of providing incentives to HCPs for doing their jobs, versus deducting from their salaries if they do not.

> *"Why do we have to wait an hour beyond the schedule time to see the doctor? Our time is valuable too"*
>
> *Participant-Woodstock Site*

In addition, participants questioned why self-referrals to various HCPs are not possible. Many participants underscored the instant duplication that occurs when one is required to see a general practitioner prior to consulting with a specialist.

Dialogue participants across all nine sites were very much in favour of promoting increase accessibility to health services. They saw great value in embracing all health care providers while allowing every professional to work to the scope of their expertise. They indicated not always needing to see a doctor and in most cases having access to a nurse practitioner, physiotherapist, dietician, occupational therapist, pharmacist, chiropractor, naturopath, midwife, etc., would be more beneficial. In essence, they highlighted this as key to freeing up wait times and to improving access to physicians when necessary. They expected all HCPs to work collaboratively, on the same level, no matter the team member's designation.

> *"Give less powers to doctors, the patient should be at the core of the equation, not the providers at the core of the equation."*
>
> *Participant- Bathurst site*

Some dialogue participants stated that certain departments of different Regional Health Authorities work in collaboration and urged the entire system to emulate. They want their health services to be holistic,

citizen-focused and not centered on the HCP, neither on the Regional Health Authority nor on its designated working language.

Figure 6.3.1 Sample responses related to health care providers province-wide

Theme	Sample of Participant Comments
Health Care Providers	✓ Better integrate services such as specialists so there is no duplication of efforts. Send patient to right place the first time. ✓ Review training for health professionals to get them to give care according to the person's needs ✓ Acknowledge the non-traditional health professionals in the field of prevention ✓ Primary care should not just be doctors ✓ Lack of communications between networks ✓ Drugstores and Pharmacists should be connected ✓ On list to see a spine specialist for 1-3 years-chiropractor helped ✓ Communication is an issue ✓ More engagement from younger generations ✓ Merge complimentary health services-e.g. chiropractic, dieticians, massage therapy, naturopath. ✓ Collaborative practice team with multiple professions ✓ Full scope ✓ Government is top-heavy-they don't listen to front line workers ✓ Family health teams/clinics-staggered hours-promote teams

7. CONCLUSION

Needless to say, participants across all dialogue sites of the *Rebuilding Health Care Together* tour were very generous with their time and their feedback. A total of ***5,809 individual responses*** were captured throughout the nine dialogue sessions, which lay the groundwork for the information contained within this document. No matter their perspective, discussions around the tables were plentiful and deeply rooted in the belief that in *New Brunswick*, we can do better.

In essence, participants believe that citizens needed to be more accountable for their personal health behaviours and those of their children. They also recognized the important role that education plays in changing the public's outlook as it relates to the health status of our population. Taken together, participants' voices were clear:

ACCOUNTABILITY

- ✓ Greater accountability from citizens regarding their own personal health behaviours and those of their children
- ✓ Greater accountability from all decision-makers ranging from those within the Department of Health, Regional Health Authorities, health care providers (HCPs) including health care receptionists
- ✓ Reassess school curriculums and education opportunities in community as they relate to nutrition and physical activity
- ✓ Promote physical education throughout the entire academic year, in every school, from grades K-12

CITIZEN-CENTERED

- ✓ Enhance public awareness campaigns informing citizens when and where to go for their health needs/issues
- ✓ Greater system navigation tools, recognizing that not all populations have the same needs, i.e. the hearing Impaired
- ✓ Do whatever it takes to keep seniors out of hospitals and cared for in more appropriate settings, as close to home as possible
- ✓ Eliminate undue hardship caused by caring for a loved-one at home and provide tax incentives for doing so
- ✓ Greater citizen-centered collaboration and communication between all health care workers

COMMUNITY

- ✓ Multi-Departmental strategy/focus on community health investments- believing that health care happens in community while sick care happens in hospitals
- ✓ A belief that community networks are better positioned to address mental health, social determinants of health, etc.
- ✓ Strong endorsement for the Extra-Mural Program, calling for expansion of services
- ✓ Let's stop talking and start acting on Mental Health Services in community by emulating leading practices in other jurisdiction such as Capital Health's "Connections Clubhouse"

HEALTH SYSTEM MANAGEMENT

- ✓ Improve funding models, according to leading practices, to help keep physicians accountable
- ✓ Address the *"1 issue per visit"* practice often faced by citizens when they seek medical services
- ✓ Greater integration/collaboration between the *Department of Health* and the *Department of Education & Early Childhood Development*
- ✓ Immediate implementation of *Electronic Medical Records (EMR's*) leading to a well integrated *One Patient One Record (OPOR*) system
- ✓ Integrating all allied health care providers into the public health system as a way to free up physicians and nurse practitioners to do their jobs, *holistically*

EMPLOYER'S ROLE

- ✓ Incite employers to offer healthier work spaces for New Brunswickers by offering enticing tax incentives that are *"to good to pass up"*

ENVIRONMENT

- ✓ Proper health and ecological assessments when doing environmental exploration, spraying, etc., recognizing that environmental factors can seriously impact the health of New Brunswickers

The New Brunswick Health Council wishes to thank the *Minister of Health* for this opportunity, the *Department of Health* for its collaboration and most importantly, all p*articipants* for their time and contributions to the
Rebuilding Health Care Together
initiative.

rebuilding HEALTH CARE together

Table Facilitator Handbook

Table of Contents

1. INTRODUCTION

1.1 Who is the New Brunswick Health Council?

Created in 2008 as an independent and objective organization, the New Brunswick Health Council (NBHC) was mandated to measure, monitor and evaluate population health and health service delivery in the province of New Brunswick. This means that the NBHC sits outside of government, and is responsible for providing regular and accurate updates on the province's state of health and how the health care system is doing. Without a doubt, this huge mandate can only be accomplished by recognizing that our citizens are the health system's main stakeholders.

1.2 About Citizen Engagement

Citizen engagement is a way for people to have a say in how public policy is shaped. This requires that citizens be well informed about the issues, and that they be provided with meaningful opportunities to share their views. It also requires that governments be open and attentive to the voices of citizens.

For the NBHC, this means reporting to New Brunswickers on the performance of the health system, and seeking their informed input on the policies that guide the health system and affect the health of the province's population.

2. rebuilding HEALTH CARE *together*

2.1 A Dialogue

Rebuilding Health Care Together is an initiative of the Department of Health. Its purpose is to have a conversation with New Brunswick citizens about the changes that need to be made to ensure our system is sustainable.

The NBHC believes that the need for public involvement in health and health service delivery in New Brunswick has never been greater. Citizens want – and expect – health service delivery to better reflect their respective personal and community needs, values and priorities. The challenges we face are numerous, and no single individual or group can hold all the answers.

Research recognizes that citizens want to have a presence at the decision-making table in order to influence policy outcomes, and we all believe they have much to contribute to the creation of viable solutions.

2.2 A Three-Part Agenda

This initiative will unfold in three parts:

- **Part I** is being led by the Department of Health (DH). It will include words from the Minister of Health and a short video presentation developed by DH for this purpose.
- **Part II** is being led by the NBHC. It will include information and explore areas of common ground and points of divergence through facilitated table discussions.

- **Part III** is the closing words from the Minister along with time allotted for evaluation forms.

2.3 Agenda at a glance

Before 6:00 PM	**Registration and Seating**
Part I	
6:00 – 6:05 PM	**Welcome Message** *Local Member of the Legislative Assembly*
6:05 – 6:15 PM	**Remarks from the Minister of Health** *Honourable Madeleine Dubé*
6:15 – 6:30 PM	**Video Presentation- Rebuilding Health Care Together**
6:30 – 6:35 PM	**Video Recap** *Minister of Health, Honourable Madeleine Dubé*
Part II	
6:35 – 6:50 PM	**NBHC Presentation: *Rebuilding our Health*** *Stéphane Robichaud, CEO, New Brunswick Health Council*
6:50 – 7:20 PM	**Table Talk: *Rebuilding our Health*** *Table Facilitators*
7:20 – 7:30 PM	**Plenary: *Rebuilding our Health*** *Stéphane Robichaud, CEO, New Brunswick Health Council*
7:30 – 7:45 PM	**NBHC Presentation: Rebuilding our System** *Stéphane Robichaud, CEO, New Brunswick Health Council*
7:45 – 8:15 PM	**Table Talk: Rebuilding our System** *Table Facilitators*
8:15 – 8:25 PM	**Plenary: Rebuilding our System** *Stéphane Robichaud, CEO, New Brunswick Health Council*
8:25 – 8:30 PM	**Dialogue Wrap-up** *Stéphane Robichaud, CEO, New Brunswick Health Council*
Part lll	
8:30 – 8:35 PM	**Closing words from the Minister of Health** Honourable Madeleine Dubé
8:35 – 8:45 PM	**Evaluation Forms** *Table Facilitators*

3. ABOUT DIALOGUE

3.1 Why are we calling these sessions, *dialogues*?

Dialogue – as opposed to debate – is the kind of conversation we hope that participants will have throughout this initiative.

As illustrated in the chart below, the goal in a dialogue is to work together to explore and understand different points of view. Rather than creating a "winner" and a "loser," dialogue focuses on building common ground.

The idea of **common ground** is not the same as *consensus* (when everyone is in total agreement) or *compromise* (when a single acceptable solution is negotiated). Rather, the "common ground" represents those things participants feel they can agree on as a basis for moving forward. While they may not be in total agreement on every point, everyone feels that their views were heard, respected and recorded, and that the discussion is moving in a direction with which they are comfortable.

In short, there are no "right" and "wrong" answers – only individual experiences and points of view.

3.2 Debate versus dialogue

DIALOGUE	DEBATE
• Assumes that others have pieces of the answer • Attempts to find common understanding • Objective is to find common ground • Listening to understand • Explores and tests personal assumptions • Examines all points of view • Admits that others' thinking can improve one's own • Searches for strengths and value in the other's position • Seeks an outcome that creates new common ground	• Assumes that there is one right answer (and you have it) • Attempts to prove the other side wrong • Objective is to win • Listening to find flaws • Defend your personal assumptions • Criticizes the other's point of view • Defends one's views against others • Searches for weaknesses and flaws in the other's position • Seeks an outcome that agrees with your position

4. YOUR ROLE AS TABLE FACILITATOR

Facilitators will be assigned a table of approximately seven participants for the session, and will lead conversations during two 30 minute "blocks" of small group work, as outlined in the Agenda.

Please remember that you will be perceived as a representative of the Government of New Brunswick during these events. As such, maintaining a high standard of professionalism is of the utmost importance. Please:

- Be polite and respectful of participants, including interacting with them in the language of their choice;
- Be on time;
- Carefully review the material provided and give yourself time to become comfortable with it;
- Don't assume anything – we're there to help, so please ask for help when in doubt;
- If you have issues with the process, with the team, or with the NBHC, please raise this directly with a member of the project team, namely Shirley Smallwood or David Gingras; and
- Advise the NBHC in a timely manner if you cannot fulfill your commitment.

On the day of the event, you will also be required to:

- Respect the privacy and dignity of participants (including communicating information on who was or wasn't at the event);
- Not release, divulge, confirm or repeat participants' comments, particularly as it relates to their personal stories and information; and
- Unless otherwise indicated, treat all materials provided to you as the property of the Department of Health, and as confidential information.

Your role for the day will be twofold, as explained below:

i. Facilitating the discussions at your table
ii. Recording (note taking) participants' comments for analysis purposes

During the **mandatory Team Briefing** at 5pm **on the evening of the session**, you will be provided with your "Table Facilitator Kit," which will contain all the **tools and materials** required to carry out each exercise outlined in the Process Guide (e.g., pens, markers, post-it notes, worksheets).

In addition, during the event itself, you will be supported by a professional facilitator who can be called upon at any time for assistance. All you'll need to do is wave your **coloured "HELP" card**, and someone will come running!

4.1 Facilitation

The role of the table facilitator is to guide a small group of participants, seated around a table, through the discussion questions. A lead moderator will stand at the front of the room to guide the whole group through the evening. The table facilitator's role is to help ensure that participants at his/her table are **on topic, on schedule, and are following the principles and ground rules for good dialogue**.

4.1.1 Ground rules for our dialogues

These are some simple ground rules you can use as a Table Facilitator to make sure participants at your table are practicing good dialogue.

These will be printed on a tent card that will be prominently displayed at the centre of your table throughout the session – do not hesitate to call attention to these ground rules if you find that participants are becoming unruly, disrespectful or otherwise difficult to manage.

1. **Respect** all points of view.
2. **Listen** openly and carefully to others.
3. **Suspend** judgment – there are no "wrong" opinions.
4. **Test** your own assumptions.
5. **Express** disagreement with ideas, not personalities.
6. Work **together** and have **fun**!

4.1.2 Table facilitator tasks

It is very important that you stay as close to the process as possible (i.e., avoid improvising!) to ensure that the manner in which the input of participants is solicited and collected across each table, and across each session, is consistent. This is critical for the analysis part of the project.

In your role as a table facilitator, you should:

- **Be objective.** People are there to explore their perspectives, not listen to yours. However that doesn't mean that you can't ask provocative questions or provide opinions not expressed in the group if you think that will help participants deepen their reflections.

- **Keep the discussion on track.** It's easy for people to meander when doing a dialogue. Sometimes this is the way people reflect on an issue, but other times it's a distraction. A facilitator needs to decide when a discussion has gone off track and if necessary, bring people back to the topic.
- **Keep the discussion moving.** The facilitator must portion out the time so that all participants get a chance to speak, and cover the focus question in the time allotted.

- **Don't be afraid of silence.** It is important for participants to have time to reflect on what they have just heard.

- **Encourage participants to talk to each other, not to you.** This helps the group to question each other and clarify one another's perceptions.

- **Watch the clock.** It is your responsibility to help the group complete its task within the allotted time. **Be sure to wear a watch**, and update participants about how much time is left to complete the task they are working on (e.g., when half the time has passed, when only 5 minutes are left). This will help the group focus. It is also an opportunity for you to encourage participants to be brief and to the point, so that everyone has the opportunity to contribute to the conversation.

4.2 Recording (Note Taking)

The table facilitator is also responsible for **recording the conversation** at his/her table by using the worksheets provided.

Again, it is very important that you stay as close to the process as possible (i.e., avoid improvising!) to ensure that the manner in which the input of participants is solicited and collected across each table, and across each session, is consistent. This is critical for the analysis part of the project.

Recording participants' comments on your templates is not only an important record of the conversation, but also serves to reflect the key points back to participants to show that they have been heard, understood and that their ideas, opinions and perspectives have been accurately captured.

Please keep the following guidelines in mind when taking notes:

- Use participants' own words as much as possible. If you must summarize or reformulate their comments for clarity, check with the participant that you are accurately capturing his or her message.
- Write neatly and legibly, using the pens/markers provided in your kit.
- Keep in mind that our analysts will need to accurately read, transcribe and understand what you have written– *make every effort to ensure that the meaning behind the words is obvious enough that someone who wasn't part of the conversation can understand and correctly interpret what was said.*
- Label and number your sheets to ensure that no data is lost or mixed up.
- Gather each data set in the envelopes provided for that purpose, and ensure you include your table number on the envelope (this will allow us to track down any missing data and/or to communicate with you if we require clarification)

5. FACILITATION TIPS AND TECHNIQUES

In this section, you'll find a variety of facilitation tips and techniques that you may wish to review, particularly if facilitation is relatively new to you. You don't need to memorize these, nor do you need to make yourself apply them. Rather, these are provided as "background" reading to help you prepare for your role.

5.1 Facilitation tips

Here are some basic facilitation tips that you should keep in mind facilitating:

- Set the tone for the group: your job is to build an inclusive atmosphere where everyone feels they can safely contribute. This is perhaps the most important aspect of your role.
- Respect everyone's point of view and don't take sides
- Remember that the facilitator's opinions are not part of the discussion.
- Try not to let the dialogue stray from the issue.
- Try to involve all participants in the dialogue.
- Encourage participants to talk about their personal experiences and feelings, and to share their stories.
- Help the group keep to the ground rules for the day.
- Help the group members grapple with the content by asking probing questions.
- Assist the group members in identifying areas of agreement and disagreement.
- Present points of view that haven't been talked about in the form of questions to further stimulate the discussion.
- Summarize key points in the discussion, or ask others to do so.
- Use humour when appropriate, and if it feels natural to you.

5.2 Dealing with conflict

Dealing with a conflict within the group can be intimidating for less experienced facilitators. Try to prevent arguments, but remember that it is more important to hear all points of view than it is to agree. If a conflict does arise:

- Remind participants that they don't have to all agree… but ask them to respect and try to understand one another.
- Ask participants to explain why they don't agree with someone else's point of view.

If someone becomes upset with a point of view...
You can say:
"Even though you don't agree with that statement, can you see why some people would agree with it?"

If someone insists that only one view is "right"...
You can say:
"How would that choice affect other people?"
"Let's hear from someone who has a different point of view on this."
"Why do you feel so strongly about this?"

If someone has been monopolizing the conversation...
You can say:
"You have been very clear about that. Let's make sure everyone has a chance to tell us what they think."

Remember: you can always call on the Lead Facilitator for assistance at any point during the session. Do not hesitate to do so if you feel you need help!

5.3 More Advanced Facilitation Techniques

These are some more advanced facilitation techniques that you can use to make sure the discussion stays on topic and everyone gets an equal chance to participate and express their views.

Technique	Description	Examples of what to say
Focusing	Laying out the task or objective for the group to focus their attention.	"The objective of this next part of the discussion is to…"
Using Inclusive Language	Use terms such as 'we,' 'us,' 'our' instead of 'you.' It has the effect of putting everyone on the same level and makes people feel a part of the group.	"Let's turn our attention now to…" "I'm feeling that our discussion could…" "We can take more time for this or we can turn to the next topic."
Reflecting	Feeding back the content and feeling of the message.	"Let me see if I'm hearing you correctly..."
Clarifying	Restating an idea or thought to make it clearer.	"What I believe you are saying is... Is that correct?"
Summarizing	Stating concisely the main thoughts.	"It sounds to me as if we have been talking about a few major themes..."
Supporting Contributions	Especially from more silent group members or for points in the discussion that were missed.	"John raised an interesting point, which may have been missed. John, would you repeat your idea again?"
Technique	**Description**	**Examples of what to say**

Shifting Focus/Pacing	Moving from one speaker or topic to another. This is especially important when there is limited time.	"Thank you, Monique. Do you have anything to add, Pierre?" "We have 15 minutes left. I think we should move on to talk about this aspect now."
Using "I" statements	Set the norm for group members to speak for themselves and state their own opinions. You may also want to remind group members when they start to speak in universal terms that sound like absolute truths (e.g., "It's a fact that…", "You know that they all…"). Instead, remind participants to go back to using "I" statements.	"I agree with Martin, and also want to ask…" "I'm feeling that…" "Sylvie, can I remind you to speak from your own experience in this discussion. I have observed that…", "I feel that…"
Modelling Non-Judgment	Keep the discussion tone respectful at all times, especially if there are opposing views.	"Paul, what Jen says is her view. Let's not judge it" "Please refer just to the content of what was said, not to the person who said it"
Using Silence	Allowing time and space for reflection by pausing between comments.	
Using Body Language	Being aware of body language at all times and modelling open, inclusive body language. For example, sitting up straight, arms by side, turning slightly to face the person speaking, making eye contact, keeping face relaxed, smiling to encourage people to speak. Also, you can use body language to discourage certain behaviours, such as making eye contact with someone who is having a side conversation. Be aware of cultural differences (e.g. comfort with eye contact is very different in each cultural context). Be aware of keeping your body language consistent with each member of the group and not favouring some over others.	
Using Tone of Voice	Keep tone of voice neutral. Try not to react either favourably or negatively to anything that is said, even when it is provocative. Members of the group look to you to set the tone, and if your tone of voice reflects having a strong emotional reaction, you potentially lose respect of group members and/or make it uncomfortable for members to participate.	

Timeline

Event	Date
Facilitator Training	
Teleconference	June 15th, 2012 2pm in English, 3pm in French
Teleconference	June 22nd, 2012 2pm in English, 3pm in French
Event Locations	**Date**
Edmundston Clarion Hotel and Conference Centre	June 18th, 2012
Campbellton Memorial Civic Centre	June 19th, 2012
Fredericton Fredericton Convention Centre	June 21st, 2012
Tracadie-Sheila Deux Rivières Resort	June 25th, 2012
Moncton Delta Beauséjour	June 26th, 2012
Miramichi Kin Centre	June 27th, 2012
Bathurst Atlantic Host Hotel	June 28th, 2012
Saint John Delta Brunswick	July 3rd, 2012
Woodstock Royal Canadian Legion	July 5th, 2012

References

Please note that these references are for information adapted for training purposes in sections 3, 4 and 5.

American Society for Training and Development ASTD, 2008. *10 Steps to Successful Facilitation.*

Canadian Policy Research Networks, 2008. *CPRN Training Manual for Youth Facilitators/Note-takers.*

Government of Alberta, 2009. Inspiring Education, A Dialogue with Albertans. *Spring 2009 Community Conversations Facilitation Tips and Resources.*

Government of New Brunswick, 2009. Bringing the pieces together. Dialogue sessions. *Facilitator's Guide and Participant Workbook.*

R. Brian Stanfield , 2002. *The Workshop Book (from Individual Creativity to Group Action): A TOP Method of the Institute of Cultural Affairs.*

For all questions pertaining to the facilitation of these sessions, please contact:

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Executive Director Citizen Engagement
New Brunswick Health Council
100 Aboiteaux Street Suite 2200
Moncton, NB E1A 7R1

1-877-225-2521 toll free
1-506-869-6728 direct line

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Honourable Madeleine Dubé
Minisiter of Health

WELCOME!

2

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VIDEO PRESENTATION

rebuilding HEALTH CARE *together*

Stéphane Robichaud, CEO
New Brunswick Health Council

ABOUT THE DIALOGUE

4

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Objectives for this dialogue

- **Learn** about the core issues facing New Brunswick's health system
- Share your **perspectives** on what ***changes*** need be made to ensure our health system is sustainable for future generations

5

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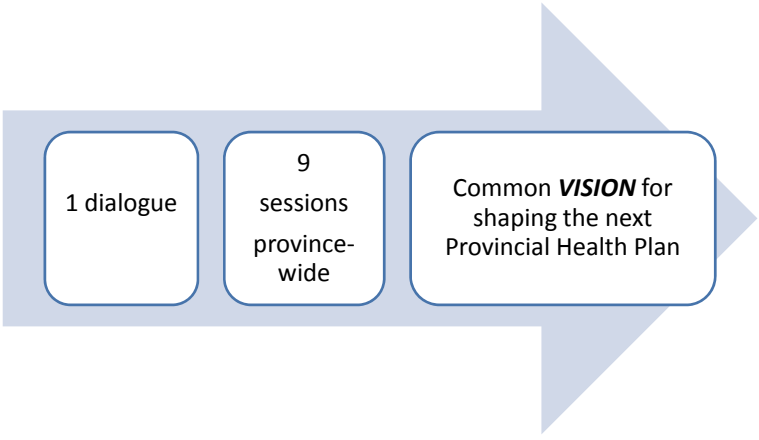


Citizens shaping the ***VISION*** for the next Provincial Health Plan

Dialogue *versus* Debate

- **Perspectives**, not positions
  - Explore and understand different points of view
- **Common ground**, not a forced consensus
  - There are no "right" and "wrong" answers

7

Ground Rules

- **Respect** all points of view
- **Listen** openly and carefully to others
- **Suspend** judgment – there are no "wrong" opinions
- **Test** your own assumptions
- **Express** disagreement with ideas, not personalities
- Work **together** and have **FUN**!

8

Keep in Mind…

- Parking Lot
  - Leave your name and contact information if you would like us to get back to you with a response
- Confidentiality
  - All comments will be reported anonymously, so please speak freely and frankly

9

Keypad Voting

- A fun and interactive way to instantly "see" the various perspectives in the room
- An effective way to collect the same information, in the same way, across all dialogue sites

10

Demographics:

Participant *Age Group*

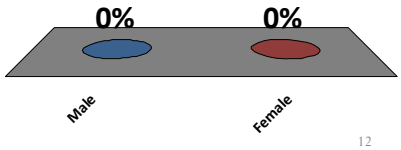
1. Under 25
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65-74
7. 75+

11

Demographics:

Participant ***Gender***

1. Male
2. Female



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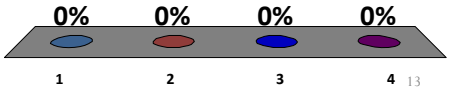
Demographics:
Language ***most*** spoken at home

1. French
2. English
3. Both
4. Other



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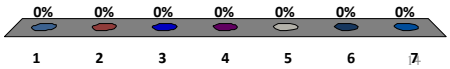
Demographics:
In which general area *of NB do* you live in?

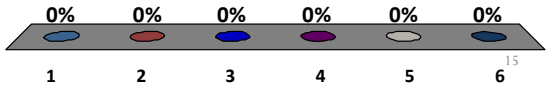
1. Moncton/South East
2. Saint John/Fundy
3. Fredericton/River Valley
4. Edmundston/Madawaska
5. Campbellton/Restigouche
6. Bathurst/Acadian Peninsula
7. Miramichi



14

I'm participating in this session as a:

1. Citizen
2. Health professional
3. Health Manager
4. Member of a community group/NGO
5. Academia/Learning institution
6. Policy/Decision Maker



15

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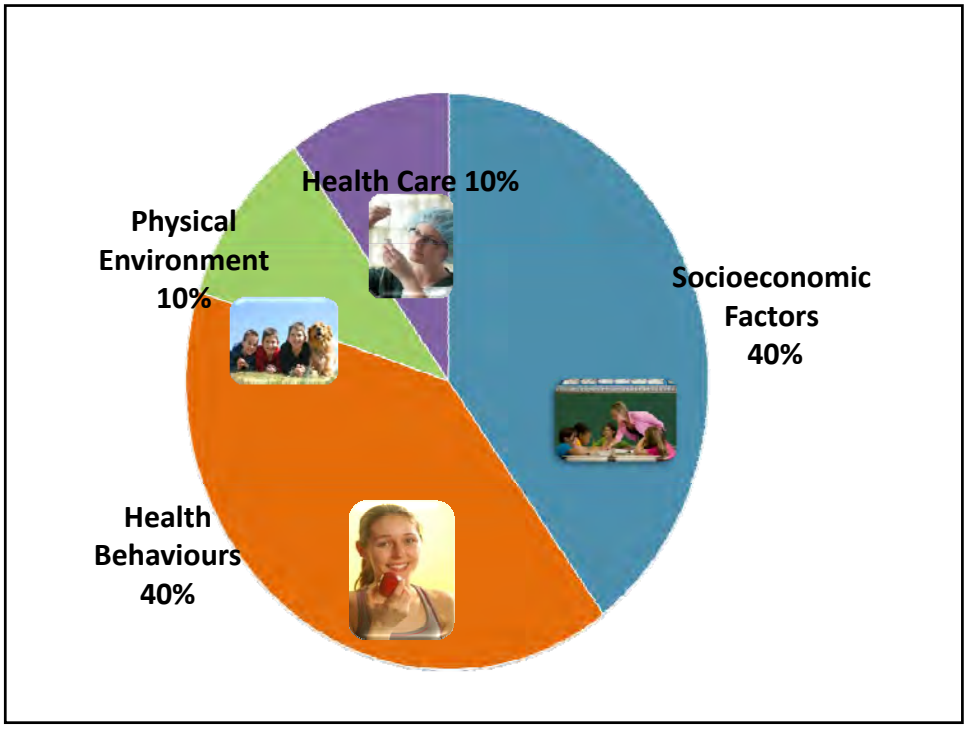
Stéphane Robichaud
New Brunswick Health Council

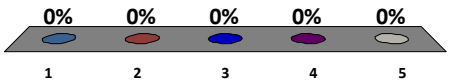
PRESENTATION #1
REBUILDING OUR *HEALTH*

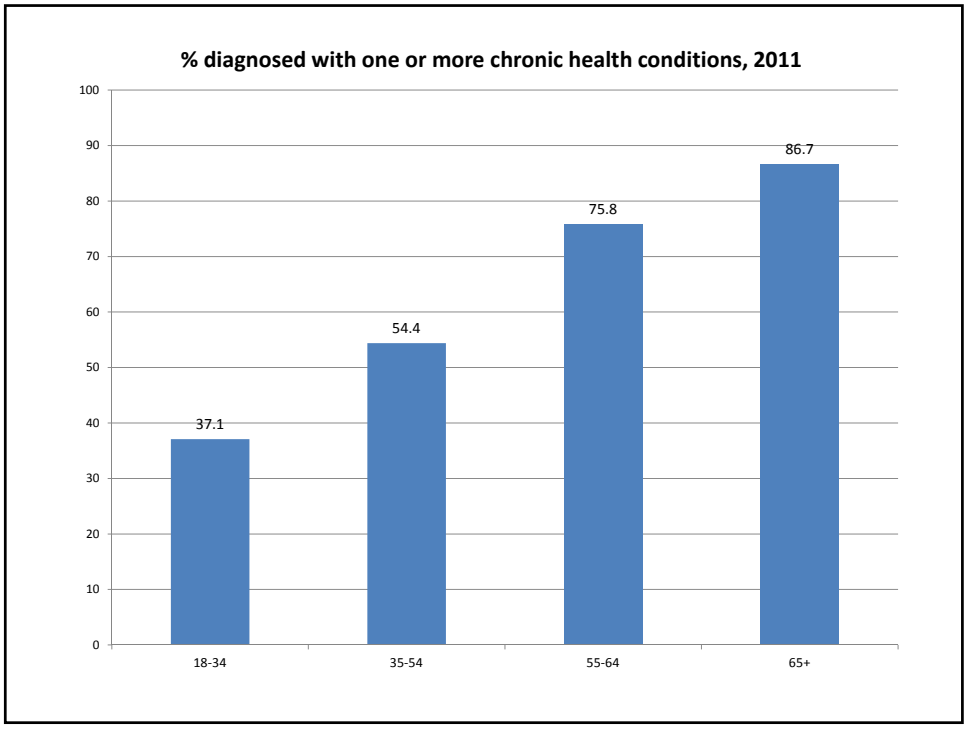
16

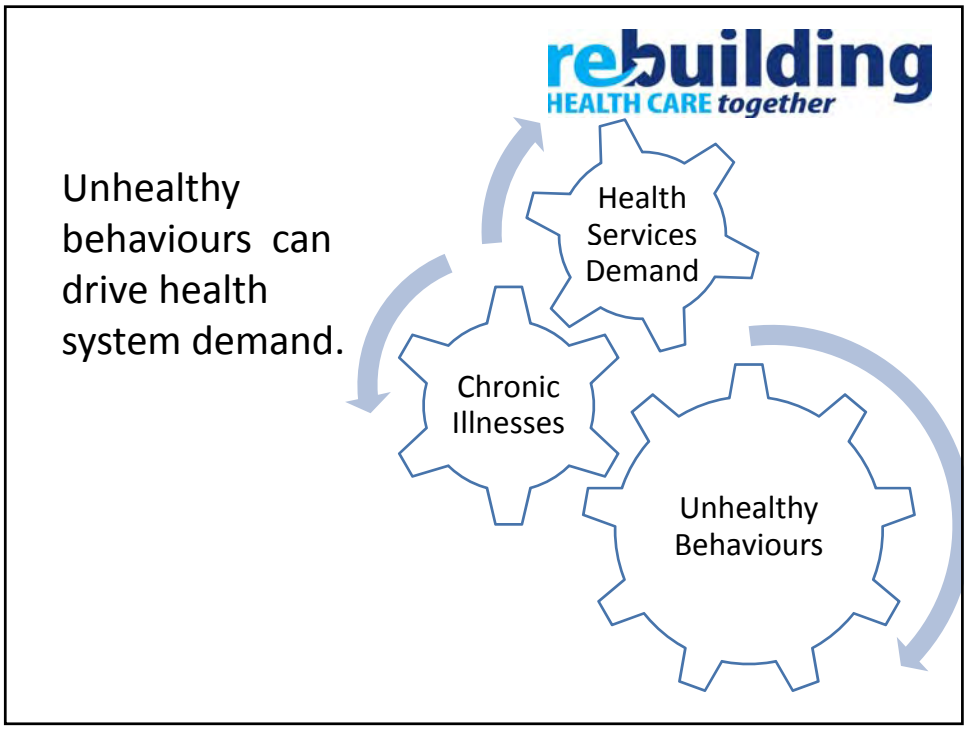


Do you agree that your health largely depends on how well you take care of yourself?

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Uncertain




% diagnosed with one or more chronic health conditions, 2011
100
90
80
70
60
50
40
30
20
10
0
37.1
54.4
75.8
86.7
18-34
35-54
55-64
65+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Unhealthy behaviours can drive health system demand.
Health Services Demand
Chronic Illnesses
Unhealthy Behaviours

Did you know?

- Per capita, NB is the most obese out of 13 provinces and territories in Canada
- Obesity is a precursor to chronic illnesses
- Chronic Illnesses are among the system's greatest cost drivers
- Approximately 40% of chronic illnesses are preventable!

New Brunswickers said:

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

Source: Our Health. Our Perspectives. Our Solutions. Results of our First Citizen Engagement Initiative with New Brunswick Citizens-October 2010., page XI.

New Brunswickers were clear:

- "Citizens, communities and health system partners all have a role to play in ensuring the best possible health outcomes for New Brunswickers"

Source: Our Health. Our Perspectives. Our Solutions. Results of our First Citizen Engagement Initiative with New Brunswick Citizens-October 2010., page 72.

Table Talk: Rebuilding our Health

WHAT SMALL CHANGES COULD CITIZENS AND COMMUNITIES MAKE IN ORDER TO REDUCE DEMAND ON THE HEALTH SYSTEM?

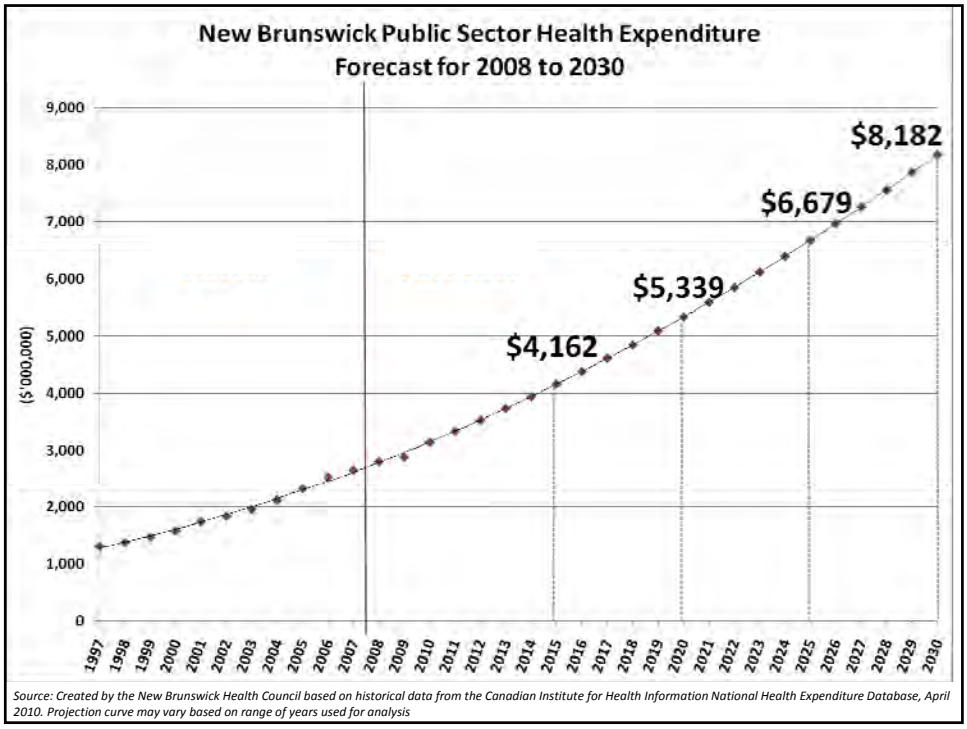
Plenary: Rebuilding our Health

WHAT SMALL CHANGES COULD CITIZENS AND COMMUNITIES MAKE IN ORDER TO REDUCE DEMAND ON THE HEALTH SYSTEM?

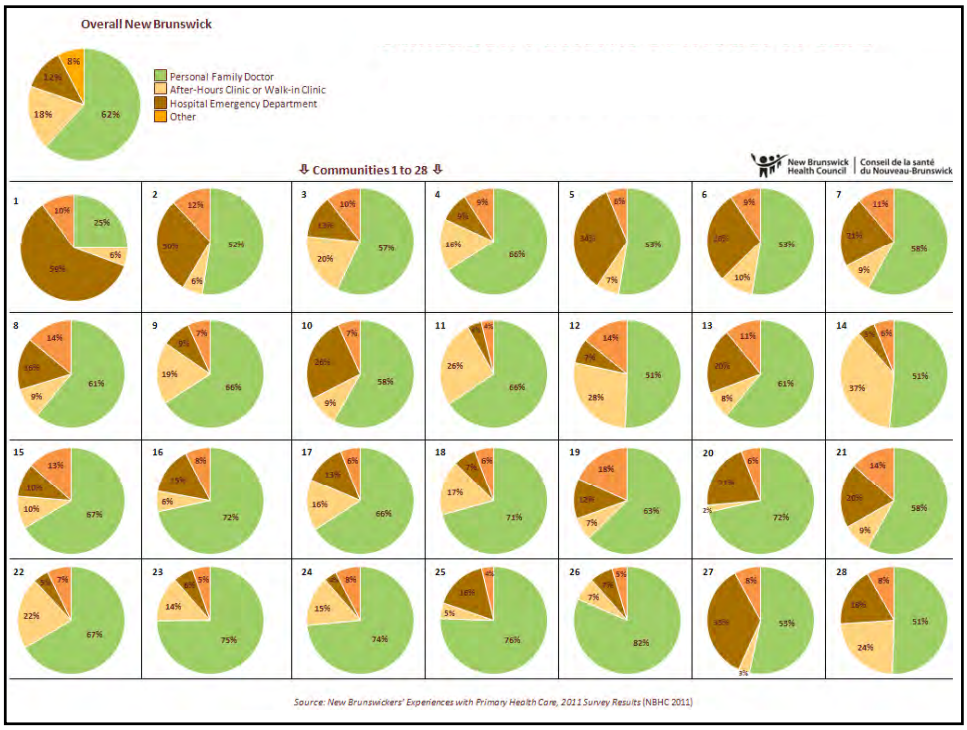
Stéphane Robichaud
New Brunswick Health Council

PRESENTATION # 2
REBUILDING OUR *SYSTEM*

26



Source: Created by the New Brunswick Health Council based on historical data from the Canadian Institute for Health Information National Health Expenditure Database, April 2010. Projection curve may vary based on range of years used for analysis



Source: New Brunswickers' Experiences with Primary Health Care, 2011 Survey Results (NBHC 2011)

Costs: How do we compare?

	NB	Canada
General/Family Physicians per 100,000	107	101
Specialist Physicians per 100,000	87	95
Nurses (RNs) per 100,000	1,038	786
Nurses (LPNs) per 100,000	365	223
Staffing per 100,000 population	2,439	1,945
Hospital beds available per 1,000 population	4.08	3.43
CAT (CT) scanner per million population	21.9	14.0
Magnetic resonance Imaging (MRI) scanners per million population	8.2	8.1
Total Health Expenditures (Percent of GDP – Forecasted for 2009)	15.0%	11.9%
Public Cost Per Capita (Forecasted for 2009)	$3,857	$3,829

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New Brunswickers said:

A 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 hospitals to remain focused on their primary purpose: acute and supportive care, including emergency services.

Source: Our Health. Our Perspectives. Our Solutions. Results of our First Citizen Engagement Initiative with New Brunswick Citizens-October 2010., page VII.

Quote:

"As Health Minister of the day, I would call a meeting with the departments of Education, Public Safety [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. "

(Phase lll participant).

Source: Our Health. Our Perspectives. Our Solutions. Results of our First Citizen Engagement Initiative with New Brunswick Citizens-October 2010., page 72.

Table Talk: Rebuilding our System

KEEPING ITS CURRENT FISCAL REALITY IN MIND, HOW CAN THE HEALTH SYSTEM BETTER INTEGRATE SO IT'S MORE RESPONSIVE TO CURRENT DEMANDS

32

Plenary: Rebuilding our System

KEEPING ITS CURRENT FISCAL REALITY IN MIND, HOW CAN THE HEALTH SYSTEM BETTER INTEGRATE SO IT'S MORE RESPONSIVE TO CURRENT DEMANDS

33

Stéphane Robichaud

DIALOGUE WRAP-UP

34

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Online comments:

- health.dialoguesante@gnb.ca
- www.gnb.ca/health

Before you go…

- Evaluation forms
- Return keypads to table facilitators
- Return your translation devices

35

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Honourable Madeleine Dubé
Minister of Health

CLOSING COMMENTS

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YOUR PERSPECTIVE MATTERS…
THANK YOU FOR SHARING IT!

37

Appendix C

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Participant Evaluation Results-Overall NB

Please check the most appropriate box.

1. Video Presentation	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The video presentation was informative and helpful.	54%	42%	3%	1%	0%
The video presentation tied in effectively with the dialogue sessions.	50%	47%	2%	1%	0%

2. New Brunswick Health Council Presentations	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The NBHC presentations were informative and helpful.	48%	49%	2%	1%	0%
The NBHC presentations tied in effectively with the dialogue sessions.	49%	48%	3%	0%	0%
The plenary opportunities were useful in providing additional perspective.	48%	47%	4%	1%	0%

3. Dialogue Format	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The table facilitators were effective.	67%	32%	1%	0%	0%
There was a good mix of participants at my table.	60%	37%	3%	0%	0%
The keypad voting was effective in capturing and sharing the questions being asked.	65%	30%	3%	2%	0%

Would you like to be included in future health care discussions? **YES: 87%** **NO: 13%**