



Reporting to New Brunswickers



The New Brunswick Health Care Report Card 2004

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Message from the Premier

I am very pleased to present this second annual New Brunswick Health Care Report Card 2004. The progress that has been made since the first report was released in 2003 is a source of pride to all of us in New Brunswick.

Renewing our health care system continues to be a top priority of this government. In June 2004, government released *Healthy Futures: Securing New Brunswick's Health Care System - The Provincial Health Plan 2004-2008*. Its vision and goals build on our commitment to health care renewal which is to improve the quality of our health care services and access to care, while ensuring our health care system is sustainable into the future.

The Health Care Report Card is one of the components of a multilevel reporting system that is needed to examine progress on health care renewal, Provincial Health Plan initiatives, health care system performance and the health status of the people of New Brunswick. It is fundamental to this government's vision for an accountability framework and will help to ensure that New Brunswickers are able to understand, assess and measure how well the health system is working for them, now and into the future.



Message from the Minister

With the release of the New Brunswick Health Care Report Card 2004, government remains committed to strengthening accountability for health and health care services by providing current information about our progress on health care renewal, the health status of our population, health system performance and by identifying areas where more attention is required.

This year's report card has been expanded in order to provide a more comprehensive picture of our health and health care system by introducing new and more fully comparable measures on health status and health system performance, and a guide to how to interpret our performance on each indicator. It will further serve as a tool for benchmarking progress on Provincial Health Plan initiatives in the years to come.

Since the 2003 Health Care Report Card was released, many strides have been made to renew our health care system. I am pleased that the indicators verify that our system largely serves us well, delivering sound value for our investments. Since 1999, our government has worked to implement a vision of a truly patient-focused and community-based health care system. A system that provides seamless, integrated care based on the patient's needs, not the system's needs. A system to deliver the right care, in the right way, at the right time, by the right provider, at a cost taxpayers can afford. That's our vision for the future of health care in New Brunswick. The reality is that there is still hard work ahead to make our health care system more accessible and effective.

About this Report

This is the second of New Brunswick's annual Health Care Report Cards. It serves to enhance our accountability to New Brunswickers when it comes to renewing our health care system, while at the same time striving to provide better and more fully comparable information on the health status of New Brunswickers and on health system performance. As in the first report card, this document presents New Brunswickers with current information about our progress on health care renewal, on the health status of our population, and of the performance of our health care system. Data for the document are primarily from the Canadian Institute for Health Information, Health Canada, and Statistics Canada.

Perhaps the most significant development for New Brunswick since the 2003 report card was the release in June 2004 of the Provincial Health Plan. Reflecting this, the 2004 Health Care Report Card introduces some new indicators which, over time, will measure the progress various initiatives make in the Provincial Health Plan's priority areas. As such, the Health Care Report Card will become a tool for the reporting to New Brunswickers on the Provincial Health Plan with 2004 being the benchmark year.

Health Care in a Changing Environment – Canadian Context

New Brunswickers, and all Canadians, continue to place health care issues among their highest priorities. Our publicly funded medicare system provides high quality care, while ensuring that services are made available as people require them, not solely as they can afford to pay for them.

While the delivery of health care services is a provincial responsibility, the federal government provides partial funding to support provincial programs. The federal government's *Canada Health Act* lays out principles which provinces must follow to be eligible for this financial support, and is the primary tool used by Ottawa to promote comparable services across the country.

In an environment where health care costs continue to rise faster than government revenues, appropriate levels of health care funding and actions to promote system sustainability continue to be major discussion topics at intergovernmental tables. The First Ministers meetings of 2001, 2003, and most recently September 2004 each promised increased federal funding, if provinces agreed to meet targets for specific health services, and implement additional accountability measures. The *Health Indicators Report, 2nd Edition, 2004* is part of New Brunswick's response to those obligations.

Trends and Challenges

Even with additional federal resources, in New Brunswick, as in the rest of Canada, health care sustainability is an issue of ongoing concern. The additional federal funding is welcome but represents only a very small proportion of New Brunswick's overall health spending.

In the meantime, the demographics of New Brunswick's population suggest that demand for health care services will continue to increase. As New Brunswickers age, so too do our health care professionals.

One way to reduce these pressures is to reduce the demand for health services – to promote wellness. Research results continue to show that healthy eating and appropriate physical

activity prevents illness and promotes quality of life for persons of all ages. A smaller percentage of New Brunswickers consider themselves physically active than in any other province. We rank 3rd in Canada in our overall rates of overweight and obesity, and an unenviable 1st when it comes to persons who are the most overweight. In fact, New Brunswickers are beginning to address this, as our statistics have improved somewhat since the 2003 Report Card. Still, further change is required to prevent weight-related concerns such as joint replacement, diabetes, and heart disease taking up disproportionate resources as our overweight population ages.

Health care costs are also growing in response to technological and pharmaceutical factors. Advances in medical technology - diagnostic and therapeutic - can often provide a better quality of care than the technologies they replace, but require ongoing significant investments. Pharmaceutical costs are increasing faster than any other portion of health care spending, while diagnostic imaging technologies like MRIs have high ongoing operating costs in addition to the original capital expenditure.

Health care costs are also directly linked to the ways in which care is provided – whether in hospital settings, or through community based programs. The global trend to increasingly provide care in community and out-patient settings has resulted in equal or better health outcomes for patients (eg. asthma care), and more efficient use of health care resources.

The Provincial Health Plan's goals of improving population health and enhancing system sustainability address these issues. Improvements in health status should reduce the demand for certain types of health care services. And, implementing best-practices in the management and delivery of health care will help to sustain the health system and ensure New Brunswickers have access to care when they need it.

I. Reporting on Health Care Renewal

Investing in health care continues to be the number one priority of government. Since 1999, provincial government spending on health has risen each and every year. Recruiting and retaining health care professionals has been a primary focus of health care renewal as is investing more in new medical equipment and health care infrastructure. These investments have yielded results in system effectiveness, in health human resources, and in population health.

The Provincial Health Plan's vision and goals build on the principles for health care renewal which are to secure our province's health care system and make it sustainable into the future.

New Investments

Total spending for 2004/2005 is estimated to be \$ 2.062 billion, \$660 million more this year than in 1999. Today, health care accounts for 36 percent of all spending by the province on programs and services. Since 1999, nearly 80 percent of all net new spending by government has been allocated to health care services. During this period, a cumulative total of \$ 2.4 billion in new funding has been invested in health care.

Since 1999, funding has been increased in all areas of health care, including:

Medicare: \$146.6 million increase
 Hospital Services: \$297.2 million increase
 Nursing Homes and Long-Term Care: \$139.8 million increase
 Prescription Drug Program: \$72.6 million increase

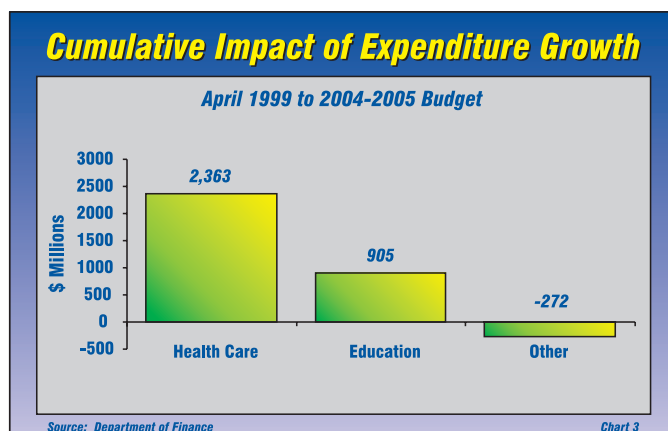
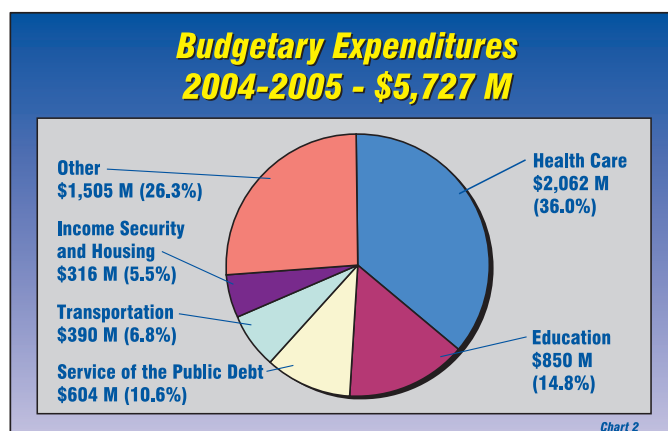
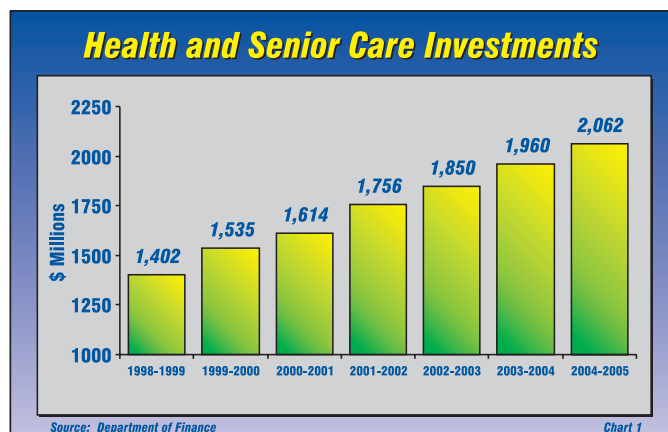
Capital Infrastructure

The province has made significant investments in maintaining and upgrading New Brunswick's health care facilities. Since 1999, the province has invested more than \$130 million for new construction and equipment in the health care system, which includes an investment of \$54 million in the 2004/2005 fiscal year. Included among these investments is a new 70-bed hospital in the Upper River Valley, the Stan Cassidy Centre for Rehabilitation, Moncton Hospital Ambulatory Care Unit, a new Addictions Services Centre in Campbellton, and five Community Health Centres.

Diagnostic and Medical Equipment

Significant new investments in diagnostic and medical equipment have been made to support the province's vision of health care renewal, to provide better health care access and services for New Brunswickers. The new equipment acquisitions included new specialized diagnostic imaging and surgical equipment which enhanced service access by reducing diagnostic/treatment waiting times and reduced surgical waiting lists.

As a result of the 2003 First Ministers Accord on Health Care Renewal, new investments in diagnostic and medical equipment have also been made under the federal government's Diagnostic/Medical Equipment Fund. Since the Fund was established in 2003, the province has allocated an additional \$18.75 million in diagnostic and medical equipment.



Health Care Professionals

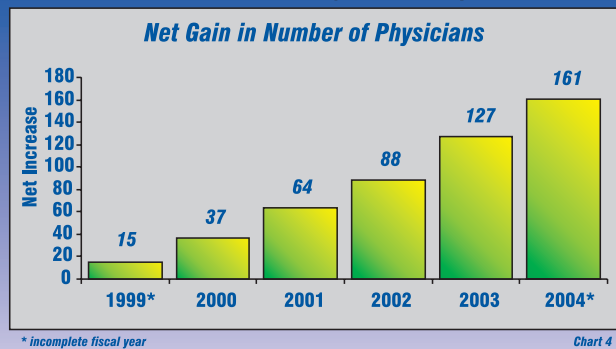
Physician recruitment and retention

New Brunswick remains committed to comprehensive strategies to recruit and retain health care professionals. As across North America, New Brunswick continues to face challenges in this field but is having ongoing success in ensuring a health workforce to address our needs.

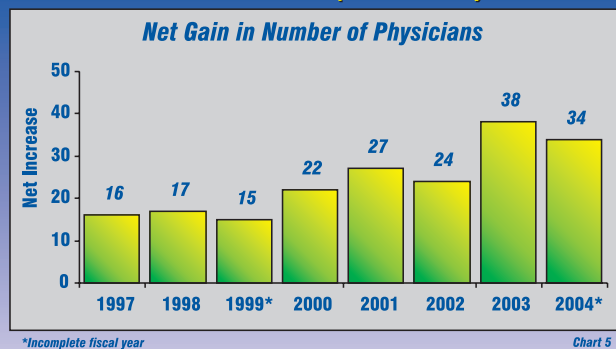
Aided by the province's Physician Recruitment and Retention Strategy, New Brunswick has had a net gain of 161 physicians as of Dec. 2004. This success is largely due to the following initiatives:

- Additional Medical School Seat Purchases.** Fifteen (15) additional medical school seats have been purchased both from Memorial University and Quebec universities.
- A Location Grant Program.** This initiative provides grants for newly-recruited physicians and specialists who agree to establish their practice in hard-to-recruit areas, or to specialists who move to areas that are currently under-served. Since the program was introduced 156 grants have been provided.
- Summer Rural Preceptorship Program.** This program offers summer work experience in a rural medical practice to qualified medical students. In 2004, 66 students took advantage of this program, for a total of 372 weeks of work experience.
- Supernumerary Residency Training Program.** This initiative provides additional residency training opportunities for physicians in areas where there is a shortage. In return, program participants agree to practice the specialty in New Brunswick for a minimum of one year for each year subsidized. Currently, there are three physicians funded through the supernumerary program.

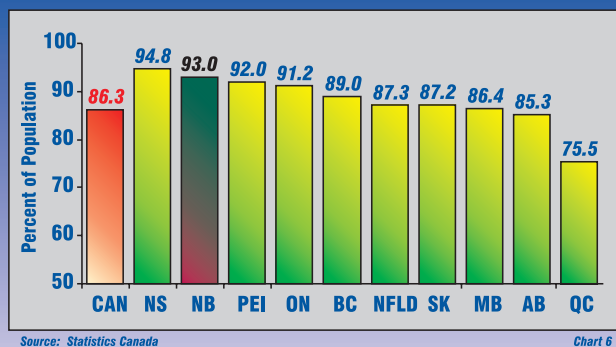
**Cumulative Number of New Physicians Added
New Brunswick (1999-2004)**



**Number of New Physicians Added per Year
New Brunswick (1997-2004)**



**Percentage of Population Reporting a Regular Family Physician
Canada and the Provinces (2003)**



Specific initiatives announced in the Provincial Health Plan will further increase the ranks of New Brunswick's general practitioners and specialists.

Nursing Resource Strategy

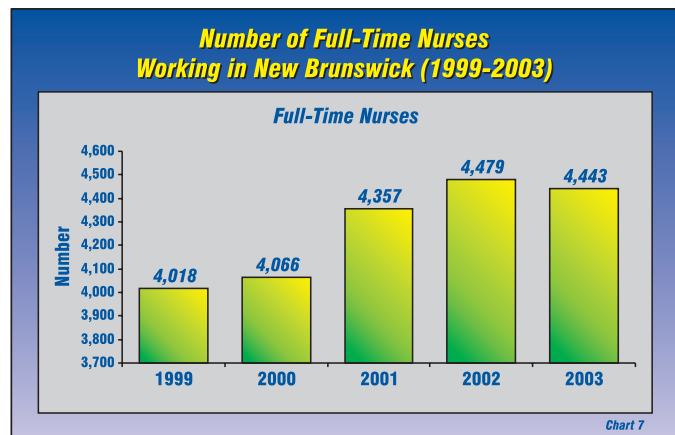
In 2001, the province committed to a three-year, \$8 million nursing resource strategy designed to recruit and retain nurses and nursing students. Initiatives included in the Nursing Resource Strategy's Action Plan for 2003/04 and 2004/05 include:

- **Summer Employment Program for Nursing Students.** This program has been in place since 2001/02 during which time 150 student nurse positions, 120 for hospitals and 30 for nursing homes, received summer jobs.
- **Reimbursement of Tuition for Refresher Programs.** Since 2001/02, a total of 98 candidates, 57 registered nurses (RNs) and 41 licensed practical nurses (LPNs), received tuition reimbursements under this program
- **Conversion of Part-time and Casual Positions to Full-time (RNs and LPNs).** At the end of 2002/2003, funding allocations have resulted in the conversion of 85 positions in nursing homes and regional health authorities throughout the Province.
- **New Nursing Seats.** The addition of 95 nursing seats in New Brunswick universities.
- **Education Subsidy Program for Student Nurse Practitioners.** In 2003/04, a total of 27 student nurse practitioners benefited from funding under this program.
- **New Brunswick Critical Care Nursing Program.** Since 2002/03, a total of seven programs (four English and three French) have been offered with 89 nurses enrolled.
- **Nursing Leadership.** The New Brunswick Nursing Leadership Conference, held in 2004, was attended by over 500 RNs and LPNs.
- **Update to the Nursing Service and Resource Management Plan (2005 -2010).** This update, designed to help guide the development and management of nursing resources and facilitate the delivery of quality nursing services, was completed in 2004.
- **Bursary Program for Student RN and LPNs.** Established in 2002, this program provides bursaries aimed at hard to recruit areas of New Brunswick. At the end of 2003/04, 166 candidates in nursing homes and regional health authorities received bursaries ranging from \$1,000 to \$5,000.
- **Nursing Mentorship.** A Nursing Mentoring position has been in place since 2002 in each of the regional health authorities. This position is responsible for mentoring new graduates in the workplace.



In 2004, government negotiated a new collective agreement for registered nurses, nurse managers and nurse supervisors working in the provincial public service. The agreement provides for wage increases that will allow the Province to be more competitive and will help to retain and recruit more nurses.

As shown in Chart 7, in 2003 there were 4,443 full-time nurses working in New Brunswick compared with 4,018 in 1999. This represents a net gain of 425 full-time nurses or an 11 percent increase and demonstrates the positive impact of the Nursing Resource Strategy.



Other Health Professionals

In early 2004, government released *Health Human Resources Supply and Demand Analysis*, a study by Fujitsu Consulting Inc. to determine New Brunswick's current and future supply and demand for major health related occupations. A number of key actions have already been taken to address some of the more urgent needs identified in the report relating to the recruitment and retention of allied health professionals. Specific initiatives include:

- **Allied Health Resources Advisor.** This Advisor was hired in 2003 to work with professional associations, post-secondary institutions, regional health authorities and health care providers to develop and implement strategies for recruiting and retaining allied health professionals.
- **Recruitment and Retention.** Collaborative work is underway with the New Brunswick Public Employees Association and allied health professional associations regarding recruitment and retention strategies.
- **Salary Adjustments.** Salary adjustments for radiation therapists have enabled the Oncology Centre of the Atlantic Health Sciences Corporation to fill five current vacancies.
- **Increasing Supply.** A variety of initiatives are intended to ensure that adequate numbers of training seats are available for New Brunswick in priority allied health occupations, and to promote careers for new graduates in New Brunswick.
 - A new Health Information Management Training Program was implemented in 2004.
 - The NB Clinical Education Program has resulted in five Speech Language Pathologists being recruited by the Atlantic Health Sciences Corporation.
 - A Training Program for Respiratory Therapy began operations at the Dr. Georges-L. Dumont Regional Hospital in Moncton in September 2004.



Provincial Health Plan

The Provincial Health Plan, released in June 2004, provides a roadmap for how the New Brunswick government intends to continue renewing the health care system over the next four years in order to achieve the following vision:

Vision: A single integrated provincial health care system that is patient-focused and community-based, providing health services in the official language of choice at a cost New Brunswickers can afford.

Major provincial initiatives will all relate to the priorities in the Provincial Health Plan, and each regional health authority's business plan will need to reflect the Provincial Health Plan's vision, strategic priorities and initiatives.

Provincial Health Plan Priorities

1. **Improving Population Health** – improve the health status of New Brunswickers
2. **Better Access to Care and Services** – safe care and efficient use of health care providers
3. **Building Health Human Resources** – an appropriate supply and mix of trained health professionals
4. **Accountability and Evidence-based Decision Making** – promote continuous quality improvement and ensure financial sustainability

Table 1

Initiatives by Priority Area

<p>#1 Population Health</p> <ol style="list-style-type: none"> 1. Wellness Strategy 2. Chronic Disease Management Strategies 3. Cancer Control Strategy 4. Immunization 5. Emergency Response 	<p>#2 Access & Delivery</p> <table style="width: 100%; border: none;"> <tbody> <tr> <td style="vertical-align: top;"> <ol style="list-style-type: none"> 1. CHC Network 2. Collaborative Practice Clinics 3. Alternate Primary Health Care 4. Hospital Based Clinical Programs 5. Provincial Programs 6. Cardiac Care Program 7. Hospital Beds 8. Ambulance Services - Enhancements </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> 9. Catastrophic Drugs Program 10. Methadone 11. Dialysis 12. E-Health Initiatives 13. Surgical Care Network 14. Home Care Enhancement </td> </tr> </tbody> </table>	<ol style="list-style-type: none"> 1. CHC Network 2. Collaborative Practice Clinics 3. Alternate Primary Health Care 4. Hospital Based Clinical Programs 5. Provincial Programs 6. Cardiac Care Program 7. Hospital Beds 8. Ambulance Services - Enhancements 	<ol style="list-style-type: none"> 9. Catastrophic Drugs Program 10. Methadone 11. Dialysis 12. E-Health Initiatives 13. Surgical Care Network 14. Home Care Enhancement
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<p>#3 Health Human Resources</p> <ol style="list-style-type: none"> 1. Health Human Resource Strategy 	<p>#4 Accountability & Evidence</p> <ol style="list-style-type: none"> 1. Evidence Based Decision Making 2. Accountability Framework 3. Implementing the PHP with Stakeholders 4. Health Research 5. Investments and Savings 		

II. Reporting on Health Status and Health System Performance

How is performance measured?

As in the 2003 Health Care Report Card, two groups of measures were used to examine both the health of the New Brunswick population and health care system performance. Examining indicators in each of these two areas can help us clarify how well New Brunswick's health care system is working and its impact on our population's overall health.

Starting with this report card, New Brunswick's overall performance for each measure was rated as either: "☺" (good performance); "☹" (satisfactory performance) or "☹" (needs improvement). These ratings were based on consideration of the following three factors (in order of importance):

- New Brunswick's most recent result compared to its previous result.
- New Brunswick's most recent result compared to the most recent average for the other Atlantic Provinces.
- New Brunswick's most recent result compared to the Canadian average

Research tells us that the health of a person has much less to do with the health care system than with a group of factors called the Key Determinants of Health (see Table 2). These primarily lifestyle, economic and environmental factors influence an individual's or a group's susceptibility to illness and disease, etc.

As indicated in the list of Key Determinants of Health, population health status depends on a number of factors which are not directly related to health services. As indicated here, both in Canada and in New Brunswick, people with higher income levels have a greater disability-free life expectancy than people with lower incomes.

Key Determinants of Health

Income and Social Status

Wealth and social status influence health by determining how much control people have over circumstances such as housing, nutrition and physical activity.

Social Support Networks

Support from families, friends and communities helps people to cope with difficult situations and maintain a sense of control over their lives.

Education

Education provides knowledge and skills for daily living and increases opportunities for employment.

Employment/Working Conditions

Meaningful work with economic stability and a healthy work environment are linked to good health.

Physical Environment

Air and water quality, housing and community safety have a major impact on health.

Biology and Genetics

Some people have a genetic predisposition to certain illnesses. Diabetes is one example.

Personal Health Practices and Coping Skills

Effective coping skills enable people to solve problems and make choices that enhance their health.

Healthy Child Development

Prenatal and early childhood experiences have a lifelong effect on health.

Health Services

Adequate access to preventive and primary health care services plays an important role in promoting good health.

Table 2

Health Adjusted Life Expectancy (HALE) (At Birth):

By Gender and Income Group, Canada and New Brunswick (2001): Expected Years of Life in Perfect Health

Income Group (by population)	Canada		New Brunswick	
	Males	Females	Males	Females
All Income Groups	68.3	70.8	67.4	70.9
Lowest 33% income level	65.8	69.1	66.5	70.4
Middle 33% income level	68.6	70.8	66.9	70
Highest 33% income level	70.5	72.3	68.9	72.8

Table 3

Health Status

	New Brunswick		Most Recent Other Atlantic	Canada	Overall Assessment
	Previous ¹	Most Recent			
Overall Health Status					
Life Expectancy (average years of life)	78.2	79.0	78.6	79.6	☺
Health Adjusted Life Expectancy - Males (years in full health)	NA	67.4	67.2	68.3	☺
Health Adjusted Life expectancy - Females (years in full health)	NA	70.9	70.3	70.8	☺
Self-reported health (% who rate their health as very good or excellent)	56.6	50.3	61.3	58.4	☹
Low birth weight (% of newborns 500g and ≤ 2500g)	5.3	5.3	5.3	5.5	☹
Prevalence of depression (% of population 12+)	NA	4.8	*5.0	NA	☹
					<i>* (PEI & NFLD only)</i>
Healthy Behaviour					
Non-smokers (% of population 12+)	72.5	74.7	76.3	77.1	☺
Physically active (% of population 12+)	36	44.3	45.8	50.4	☺
Healthy Body Weight (% of population 12+)	39.1	40.3	39.1	46.7	☺
Responsible Drinking (% of population 12+ who drink moderately or not at all)	84.2	79.5	79.2	83.6	☹
Incidence of Chlamydia (rate per 100,000)	143.7	173.3	138.9	178.9	☹
Healthy Eating (% of population 12+)	31.4 [†]	33.6	30.8	41.5	☺
Consumption of 5 or more servings of fruits and vegetables per day					
[†] 2001 data only					
Leading Causes of Death					
Mortality rate for leading causes of cancer (Rate per 100,000 population) (Lung, Colorectal, Prostate, Breast)	101.2	99.8	100.0	91.7	☺
Mortality rate for heart attack (Rate per 100,000 population)	66.8	54.8	56.2	52.1	☺
Mortality rate for stroke (Rate per 100,000 populations)	42.4	39.7	39.6	34.2	☺
PYLL ² for unintentional injury 0-75	843.9	834.9	587.1	584.6	☹
PYLL for suicide 0-75	466.4	429.1	278.3	398.9	☹
Notes					
¹ Unless otherwise noted, the measures for the 'Previous' period consist of the average of the three most recent measurement periods prior to the 'Current' period. ² PYLL (Potential Years of Life Lost due to premature death before age 75) is number of years, before age 75 that a person dies. For example, a person who dies at age 25 has lost 50 potential years of life. The PYLL figures above are the total number of years of life lost due to each cause, per 100,000 population.					

Population Health Status

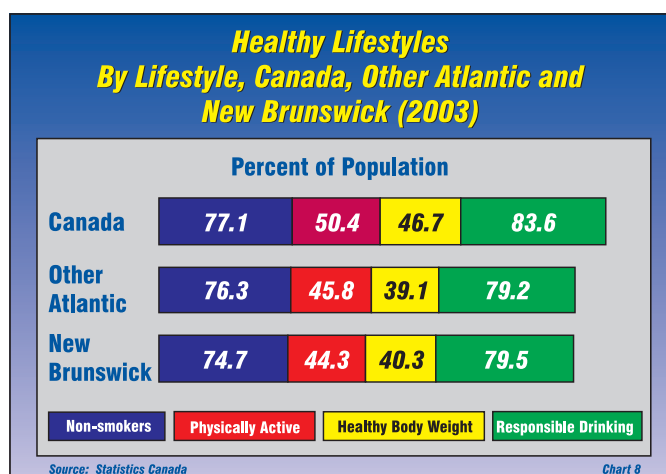
As in 2003, population health status indicators have been shown in three categories. The **overall health status** indicators show general measures on longevity and wellness. The **healthy behaviour** section shows the proportion of New Brunswickers practicing behaviours which lead to good health. The **leading causes of premature death** section shows the potential years of life lost because of specific illnesses and medical conditions, for persons who die before the age of 75.

What do the results tell us?

For the most part, the health of New Brunswickers is improving as we adopt more healthy behaviours (e.g. non-smoking, increased physical activity etc.). Fully 13 of the 17 health status indicators show good or satisfactory performance; in only four indicators do we see a score which requires improvement. Our health is similar to other Atlantic Canadians, but we are not as healthy as the average Canadian. There is room for improvement. This may explain why fewer New Brunswickers than last year now rate their own health as “very good” or “excellent” even though many health status indicators are either stable or showing slight improvement over 2003.

Overall Health Status

Since the last Report Card, New Brunswickers' life expectancy improved slightly. We can expect to live somewhat longer on average and somewhat shorter than the average Canadian. The same pattern can be found for men's Health Adjusted Life Expectancy – the number of years one can expect to live in perfect health. In contrast, New Brunswick women slightly exceed the Canadian and Atlantic Canadian average for this indicator. And low birthweight rates remain stable at 5.3 percent, the same as Atlantic Canada and slightly better than the Canadian average.



Slightly more than half of New Brunswickers report themselves to be in very good or excellent health – a drop of over 6 percent since the previous report card. This is significantly below the 58.4 percent Canadian average, and the 61.3 percent value for other Atlantic provinces. As a close look at the “harder” indicators will show, this perception seems at odds with our actual experience.

The incidence of Chlamydia has shown a sharp increase in New Brunswick from our 143.7 per 100,000 in the previous reporting period, to 173.3 today. While the current rate is still slightly below the 178.9 Canadian average, there is a more than 30 point gap compared to the 138.9 per 100,000 incidence rate in the rest of Atlantic Canada.

Healthy Behaviour

Various behaviours - including physical activity, healthy eating, choosing not to smoke - can have a major impact on an individual's health, and the overall health status of New Brunswickers. Since the last Report Card, New Brunswickers have shown a marked improvement in all three of these behaviours. Perhaps not coincidentally, slightly more of us now also have a healthier body weight (40.3 percent, compared to 39.1 percent in previous years). We remain, however, slightly below the Atlantic average for the number of non-smokers and those who are physically active, and we fall short of the average Canadian for all three behaviours. By contrast, the percentage of New Brunswickers who drink alcohol responsibly has dropped noticeably (5 percent).

While the trend toward healthier lifestyles is encouraging, there is room for improvement. Over 25 percent of us still smoke, almost 56 percent of us are inactive and almost 60 percent of us are overweight. An emerging concern is that being overweight is appearing to become an intergenerational issue. While New Brunswick's low birth weight rate is low and stable, our high birth weight rate is increasing. This is a significant concern, as a review of the medical literature shows that overweight birth weight (over 4000 grams) is associated with an increased risk of birth complications, diabetes, cardiovascular disease, and some cancers. There is also increasing evidence of a higher incidence of long-term health-related risks and public health implications for these children.

Leading Causes of Premature Death

New Brunswickers' ambivalence towards positive lifestyle change is reflected in data on our leading causes of premature death. It is well known that smoking and obesity are serious risk factors for several major chronic diseases (diabetes, cancer, cardiovascular disease, etc.). Fewer of us would die from cancers or cardiovascular disease if our lifestyles were healthier.

Our mortality rate for certain cancers has declined since the last reporting period. While better than the average Atlantic Canadian rate, at 99.75 per 100,000 it is still eight percentage points higher than the Canadian average. The mortality rate for heart attacks has dropped significantly (12 points per 100,000) over this period and is now below the Atlantic average and slightly above the Canadian average. The same pattern (to a less marked degree) can be shown for stroke mortality.

The potential years of life lost due to unintentional injuries and suicide remain high. As noted in the 2003 report card, deaths by injury, primarily in automobile accidents, push New Brunswick's years of life lost measures to approximately 140 percent of both the Atlantic and Canadian averages. Suicide measures are markedly higher than in other Atlantic provinces, and exceed the Canadian average by 30 potential years of life lost. There is good news, however. Since the last reporting period, the potential years of life lost due to unintentional injuries and suicide has decreased.

Health System Performance

Table 4 presents three types of health system performance indicators. **Access to Health Services** indicators reflect the health care system's capacity to provide appropriate and timely treatment and care according to need. **Satisfaction** indicators assess the ability of the health care system to meet patients' needs and expectations. **Effectiveness** measures demonstrate the success of health care programs and services, particularly those in the hospital system, in achieving desired clinical outcomes.

What Do The Results Tell Us?

Overall, the results indicate that the performance of New Brunswick's health care system is improving and generally on par with the other Atlantic Provinces. In particular, New Brunswick's health care system delivers good or satisfactory performance on 21 of the 24 indicators, requiring improvement on only three. This strong performance shows that the health care system is delivering solid outcomes where they are needed – for persons requiring care.

When compared to national averages, a higher percentage of New Brunswickers report having a regular family physician, access to home care, and satisfaction with the health care system. However, performance on hospitalization for ambulatory sensitive conditions is well below the national average as well as the average for the other Atlantic Provinces. These health care system performance measures are examined in more detail in the following section.

What is an Ambulatory Sensitive Condition?

Community-based care can reduce hospital admissions for some conditions. The rate of people going into hospital for these conditions can indicate the availability and utilization of appropriate community-based care.

Table 4

Health System Performance

	New Brunswick		Most Recent Other Atlantic Canada		Overall Assessment
	Previous ¹	Most Recent			
Access to Health Services					
Percentage of Population (15+) with a regular family physician	94.6	93.0	92.1	86.3	☺
Difficulty Obtaining Immediate Care (<i>% of population 15+</i>)	NA	23.8	25.4	24.2	☺
Difficulty Obtaining Routine Health Services (<i>% of population 15+</i>)	NA	15.5	16.6	15.8	☺
Difficulty Obtaining Health Information or Advice (<i>% of population 15+</i>)	NA	17.4	15.6	16.2	☹
Access to Home Care (<i>% of population 75+ receiving home care services</i>)	20.2	21.7	15.8	14.6	☺
Wait time for surgery (<i>% waiting > 3 months</i>)	NA	18.7	18.5	17.4	☺
Wait time for specialists visits (<i>% waiting > 3 months</i>)	NA	15.2	15	11.4	☹
Wait time for diagnostic tests (<i>% waiting > 3 months</i>)	NA	10.6	10.3	11.5	☺
Patient Satisfaction					
(% of population 15+ “very” or “somewhat” satisfied with services received in past year)					
Overall Health Care	86	87.5	85	85.3	☺
Hospital Services	83.1	87.1	83.1	82.3	☺
Physician Care	92.3	93.2	93.3	91.8	☺
Community Health Care	94	90.6	87.9	82.9	☹
Telephone Health Line	NA	87.6	90.4	83.9	☺
Effectiveness					
Percentage of pneumonia patients with unplanned re-admission within 1 year	2.6	2.8	3	3.2	☺
Percentage of heart attack patients with unplanned readmission within 1 year	8.6	5.1	4.4 ^a	4.5	☺
Percentage of heart attack victims who die within 30 days of admission	13.0	12.7	13.4 ^a	11.8	☺
Percentage of heart attack victims who survive for at least 1 year	91.8	92.7	91.4 ^b	NA	☺
Percentage of stroke victims who die within 30 days of admission	21.9	19.2	23.9	18.7	☺
Percentage of stroke victims who survive for at least 180 days	88.4	89.5	83.1 ^b	NA	☺
Percentage of cancer patients who survive for at least 5 years after diagnosis:					
• Lung cancer	13	14.0	13.8	14	☺
• Colorectal cancer	52	56.0	58.3	57	☺
• Prostate cancer	83	91.0	86.2	88	☺
• Breast cancer	77	80.0	80.2	83	☺
Hospitalization for ambulatory care sensitive conditions (rate per 100,000 population)	677	560.0	432.6	346	☹
Notes					
¹ For the “Access” and “Patient Satisfaction” categories, the “Previous” period consists of 2001 data only. For the “Effectiveness” category, the “Previous” period consists of the average for the three most recent measurement periods prior to the “Most Recent” period; except for the cancer survival figures which are for the period ending 1997. ^a Excludes NFLD; ^b NS only					

Access to Care

The majority of New Brunswickers regardless of where they live or which official language they speak continue to report that they have equitable access to health care services when needed. Ninety-three percent of New Brunswickers report having a regular family physician, roughly seven percent above the Canadian average.

As shown in Table 4, less than 24 percent of New Brunswickers who require immediate care for a minor health problem report difficulty obtaining it. About 15 percent and 17 percent, respectively, of those who require routine health services and health information or advice report difficulty obtaining them. In all but one category (Difficulty Obtaining Health Information or Advice), New Brunswick’s performance was better than both the national average and the average for other Atlantic Canadians.

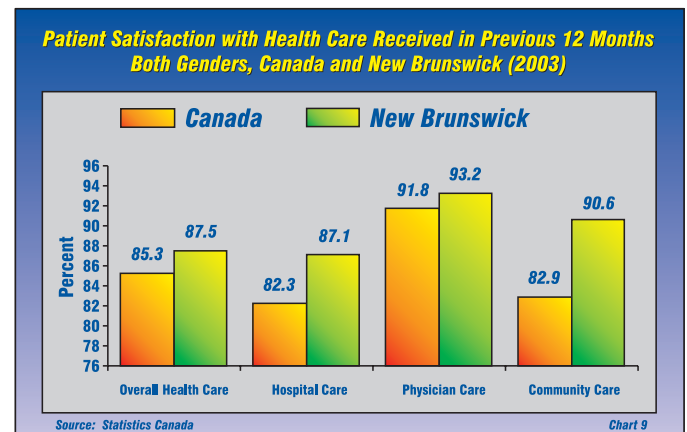
Over 21 percent of New Brunswickers, 75 years of age and older, report receiving home care services, an improvement over the 2001 figure (20.2 percent) for New Brunswick. When compared to other Atlantic and national averages, seniors have significantly greater access to home care services.

In New Brunswick, less than 19 percent of those who require surgery report having to wait for more than three months to receive the service, a percentage that is slightly above the Canadian average but, similar to other Atlantic Provinces. However, the percentage of New Brunswickers requiring a specialist visit who report having to wait for more than three months is somewhat higher than the national average. Comparatively, fewer New Brunswickers report having to wait beyond three months for diagnostic tests than do other Canadians.

Patient Satisfaction

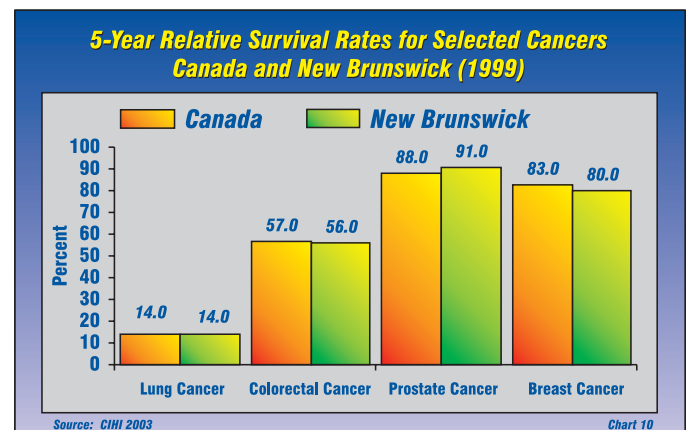
New Brunswickers continue to be well satisfied with the way health care services are provided to them. Overall, more than 87 percent of New Brunswickers were either somewhat or very satisfied with the way services were provided, up slightly from the 2001 rating of 86 percent. Satisfaction ratings for hospital (87 percent) and physician care (93 percent) were also up slightly from 2001 while satisfaction for community care dropped from 94 percent to 90 percent.

Over 87 percent reported they were satisfied with the telephone health line, a percentage that is above the national average. All and all, New Brunswick's satisfaction ratings were better than the national average and, in all but one area, were as good as or better than the average for other Atlantic Canadians.



Effectiveness

Five-year cancer survival rates reflect both the success of early detection efforts and the effectiveness of treatment after diagnosis. New Brunswick's five-year survival rates for prostate, breast, lung and colorectal cancer all showed improvements over 1997 figures, particularly for prostate cancer which rose from 83 to 91 percent. Our survival rates for lung and colorectal cancer are comparable to other Canadians, while our survival rate for prostate cancer (91 percent) is above the national average (88 percent). Survival rates for breast cancer (80 percent) continue to be below the national average (83 percent), but are on par with the average for other Atlantic Canadians.



One-year survival rates for heart attack and 180-day survival rates for stroke are influenced by the quality of initial hospital care and the effectiveness of ongoing community-based care after discharge from hospital. New Brunswick's net survival rates for heart attack and stroke have shown slight improvements since they were last reported in 2003. New Brunswick's net

survival rates for heart attack (almost 93 percent) and stroke (about 90 percent) were higher than the other Atlantic Provinces.

Thirty-day in-hospital mortality rates for heart attack and stroke are indicators of the effectiveness of emergency treatment and the quality of hospital care. New Brunswick's 30-day in-hospital AMI (13 percent) and stroke mortality (19 percent) rates indicate improvements over the previous period. These rates were above the national averages but, below the averages for the other Atlantic Provinces.

Readmission rates for heart attack and pneumonia provide an indication of the quality and effectiveness of both hospital and community-based care. New Brunswick's readmission rates for heart attack stands at about five percent, down from nearly nine percent in 1999. Readmission for pneumonia was close to three percent and relatively unchanged since the last report. New Brunswick's readmission rates for both measures are similar to the national and for the average of the other Atlantic Provinces.

Hospitalization rates for ambulatory sensitive conditions refer to the inpatient rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital. It is an indicator of the effectiveness, availability and accessibility of community-based care. New Brunswick's hospitalization rate (per 100,000 population) for ambulatory sensitive conditions is 560, above the average for the other Atlantic Provinces (432 per 100,000 population) and the national average (346 per 100,000 population).

III. Future of Health and Health Care in New Brunswick

New Brunswickers should be encouraged by the overall improvement in our health status and the performance of our health system since the release of the first Report Card. We are on the right track; as our performance indicators verify, our health system is performing to a high standard. If we want to compare to the rest of Canada, however, New Brunswickers have a way to go – particularly in areas such as adopting healthy lifestyles, which are areas of individual responsibility.

Future government efforts to improve population health status and health system performance will focus on the priority areas and initiatives outlined in the Provincial Health Plan. These efforts will, over time, bring positive change to many of the indicators described earlier and bring us closer to the Canadian average.

In addition, the Provincial Health Plan has called for the creation of four new committees, to ensure that Provincial Health Plan directions are implemented with stakeholder participation.

Such collaborative action is key, ensuring that New Brunswickers work together to achieve our shared population health, system effectiveness and system sustainability goals.

Provincial Health Plan Committees

- *Patient Safety and Clinical Collaboration Committee*
- *Provincial Programs Steering Committee*
- *Primary Health Care Collaborative Committee*
- *Non-clinical Support Services Committee*