Reporting to New Brunswickers

The New Brunswick Health Care Report Card 2005

New Nouveau Brunswick
CANADA

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Message from the Premier

I am pleased to present the third in our annual New Brunswick Health Care Report Cards. Health care has been a top priority of my government since 1999, and our investments have increased each year since we first took office. These investments are paying off, as the information in this report demonstrates. Our renewed emphasis, as we work to make New Brunswick *The Wellness Province*, will only bring more positive results.

As this report shows, both in terms of health system performance, and population health status, we can see trends moving in a positive direction. Accessibility to health care services is greater, fuelled by investments in more health human resources and in medical technologies. New Brunswickers are smoking less and exercising more. Permanent lifestyle changes like these will pay big dividends for New Brunswickers in future years.

And my government is making good on commitments laid out in the Provincial Health Plan, *Healthy Futures*. The Smoke Free Places Act has been implemented and is producing healthier environments for all New Brunswickers. The Wellness Action Plan was announced early in 2006, and provides a further basis for improved health status.

These gains will be strengthened and consolidated as we work to make New Brunswick "The Wellness Province;" one of the goals I announced in the 2006 State of the Province address – and we can expect to see further positive changes in our population health indicators as we achieve that aim. And a review of the key determinants of Health shows that the remaining four goals of our 5-in-5 initiatives … affecting education, economic growth, environmental protection, and poverty … will also have substantial impacts on population health.

We have room to improve, and we're taking the actions necessary to do that. As this 2005 Report Card indicates, we're on the right track. Read it, and see.

Message from the Minister

It is my pleasure to release New Brunswick's third annual Health Care Report Card 2005.

As part of the Provincial Health Plan, government is committed to regular on-going reporting of progress towards priorities set out in the plan, of performance of our health care system, and of the health status of New Brunswickers. In reporting on our population's health and health system's performance, we use a wide variety of indicators to help monitor our progress, including, but not limited to, the measures reported upon in this Report Card. For this Report Card, we have added measures and revised others and will continue to refine the measures we use to inform New Brunswickers on their health status and the performance of our health system.

In fiscal 2005/2006, the Government of New Brunswick committed $2.296 billion to fund the province's health care system — $893 million more than was spent in 1999. This level of funding reflects our commitment to improved health care for all New Brunswickers. As part of its on-going commitment, government has continued to focus on implementing the strategies set forth in the Provincial Health Plan to meet the needs of New Brunswickers. Each of the strategies is supported by strategic priorities that identify the initiatives the government has and will continue to carry out in pursuing its vision of 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.

This Report Card forms the basis against which progress can be measured. Further analysis of data over time will provide a more comprehensive picture of the achievement of our key strategic goals. Most importantly, this Report Card clearly shows that significant progress is being made in improving access to care, reducing health disparities, and strengthening the health care system. This government remains dedicated to finding ways to maintain and improve upon this progress in the years ahead.

About this Report

As in previous years, the 2005 health status and health system performance information in this Health Care Report Card has largely been drawn from Statistics Canada, Health Canada, and the Canadian Institute for Health Information data sources. Many of these data sets are updated, but a number of others come from national sources which are only renewed every two to three years. For greater transparency, this document now shows the date of the most recent information available and presented.

While largely keeping the same format as earlier Report Cards, this document includes several changes. Many indicators now show information by gender. As the 2004 Report Card provided a "benchmark" set of data, this 2005 document reports extensively on progress made in the implementation of the Provincial Health Plan, in comparison with the benchmark year. In addition, the Report Card describes progress in the following areas:

- Health Care Renewal
- First Ministers' Meeting Accord on Health Care – Ten-Year Plan to Strengthen Health Care
- Population Health Status
- Health System Performance

Context

While the demographic and many health status characteristics of New Brunswick's population have not changed markedly since the last Report Card was issued, significant progress has been made in implementing strategic initiatives under the Provincial Health Plan. These initiatives are expected to have a positive effect on the health of New Brunswickers and the functioning of the health system.

The health plan also mandated the creation of four new stakeholder committees to review and make recommendations regarding various sectors of the health system (Non-Clinical Services Committee, Provincial Programs Steering Committee, Primary Health Care Collaborative Committee, and Patient Safety and Clinical Collaboration Committee). These committees are operational and well into their mandates, with membership drawn from important stakeholder communities, Regional Health Authorities, and the Department of Health.

Regional Health Authorities have submitted their first Regional Health and Business Plans to the Minister for consideration, in accordance with the provisions of the Regional Health Authorities Act. These plans outline a course of action for acting on strategic priorities identified in the health plan and region-specific priorities based on the health needs of the regional population.

Significant developments have also occurred on the Federal/Provincial/Territorial (FPT) stage including agreements on benchmarks for medically acceptable wait times for various procedures, and Health Human Resources action plans. New Brunswick also assumed the role of provincial co-Chair on FPT health issues for 2005-2006.

I. Reporting on Health Care Renewal

The Provincial Health Plan

The actions New Brunswick has taken since the last Health Care Report Card are a continuation of health care renewal directions the government began upon assuming office in 1999.

In June 2004, the government put in place *Healthy Futures,* a four-year plan to secure New Brunswick's health care system and make it sustainable into the future.

> ***Vision for New Brunswick Health System***
>
> *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.*

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. **Expanding 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

#1 Population Health

1. Wellness Strategy
2. Chronic Disease Management Strategies
3. Cancer Control Strategy
4. Immunization
5. Emergency Response

#2 Access & Delivery

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
9. Catastrophic Drugs Program
10. Methadone
11. Dialysis
12. E-Health Initiatives
13. Surgical Care Network
14. Home Care Enhancement

#3 Health Human Resources

1. Health Human Resource Strategy

#4 Accountability & Evidence

1. Evidence Based Decision Making
2. Accountability Framework
3. Implementing the PHP with Stakeholders
4. Health Research
5. Investments and Savings

Government has been moving forward with a number of key initiatives within each of these four priority areas, to secure New Brunswick's health care system and make it sustainable into the future. The following are key PHP initiatives that were undertaken in fiscal 2005-2006.

1) Improving Population Health

- **Wellness Strategy.** Allocated $2.25 million in wellness initiatives as part of a multi-year Wellness Strategy. The Wellness Action Plan includes initiatives which focus on increasing physical activity, promoting good nutrition and healthy eating, preventing and reducing tobacco use, and fostering mental health and resiliency for children and youth, while also promoting the physical and emotional well-being of all New Brunswickers.
- **Immunization**. Allocated $3.864 million in publicly funded vaccines for infants and adolescents, including a new vaccine for infants to prevent infections from seven types of pneumococcal bacteria that can cause meningitis, pneumonia, serious infections of the bloodstream and middle ear infections.
- **Health Emergency Response**. Allocated $210,000 for Health Emergency Response initiatives. These included:
  - Supporting the implementation of Regional Health Authority emergency management plans in all regions.
  - Developing an inventory of National Emergency Stockpile System (NESS) supplies located in various warehouses throughout the province.
  - Organizing a training session (emergency hospital) for volunteers.
  - Participating in several national emergency exercises.
  - Completing a final draft of a plan respecting the Department of Health emergency operations center.
  - Overseeing the continuing development of the provincial pandemic influenza preparedness plan.
  - Participating in planning session for a pandemic influenza forum.
- **Chronic Disease Management Strategies.** Continued development of strategies to improve care in the areas of diabetes and stroke.
- **New Brunswick Cancer Strategy**. Allocated $2.5 million for a New Brunswick Cancer Network. Hired Co-CEOs to lead the Network in the development of a cancer strategy for New Brunswick.

2) Better Access to Care and Services

- **Ambulance Services:**
  - Allocated $1.2 million in training of ambulance personnel to improve their skill levels.
  - Eliminated fees for emergency ambulance service as of April 1, 2005 — an investment of $2.3 million.
  - Allocated $1.9 million to provide increased hours of operation for ambulances in areas of the province with greatest need.

- **Home Care**. Allocated $4.8 million to enhance home health care. Included:
  - 22 new full-time equivalent positions for physiotherapists, occupational therapists, social workers, respiratory therapists and nurses to provide rehabilitation services for acute care and palliative care patients in their homes. This builds on the 32 full-time equivalent positions for nurses, social workers and respiratory therapists announced in 2004-2005.
  - $700,000 to expand short-term personal support services to patients who require acute and palliative care in their homes.
- **Alternative Primary Health Care Delivery.** Allocated $700,000 to meet home care needs of New Brunswickers with mental health challenges. Included:
  - Expanding mental health crisis response system by adding 13 new full-time positions.
  - Enhancing accessibility to psychiatric resources in rural areas with implementation of a Tele-Mental Health Program to provide psychiatric assessments to patients in their community.
- **Dialysis.** Allocated $3 million to open new satellite dialysis centres in the Sussex Health Centre, the Saint Joseph Community Health Centre in Dalhousie, the Northern Carleton Hospital in Bath until the new hospital in Waterville is completed and the Hôpital de Tracadie-Sheila.
- **Methadone Maintenance Program**. Allocated $1.2 million to operate methadone maintenance programs in Saint John, Moncton, Fredericton and Miramichi.
- **Community Health Centres (CHCs)**. Allocated $8 million to operate new CHCs in Dalhousie and Caraquet.

- **Collaborative Practice Clinics (CPC)**. Allocated $1.468 million to operate the first CPC which opened in Fredericton.
- **Surgical Access Management/Hospital-Based Clinical Programs.** Allocated $7.805 million to improve surgical access management. Included:

  - ➤ $500,000 to develop a surgical access network to ensure New Brunswickers have timely access to surgical services.
  - ➤ $3.855 million for the third cardiac catheterization lab and in other regional health authorities around the Province (over and above the $2.45 million in capital funding).
  - ➤ $1.0 million for renovations associated with the addition of a third cardiac catheterization laboratory at the Provincial Heart Centre, located in Saint John. In addition, allocated $2.45 million to equip the new laboratory.
  - ➤ Began planning to implement cardiac electrophysiology services and to enhance cardiac rehabilitation services.
- **Catastrophic Drug Program**. Participated in discussions with Federal/Provincial/Territorial Health Ministers regarding a process to develop, assess and determine cost options for catastrophic pharmaceutical coverage as part of the National Pharmaceutical Strategy.
- **E-Health**. Allocated $6 million in the planning development of E-Health initiatives, including Surgical Access Management, Drug Information System, Medicare claims, Client Registry, Addiction Services, Home Health Care, Diagnostic Imaging, Provider Registry, Health Surveillance Communicable Disease.

3) Expanding Health Human Resources

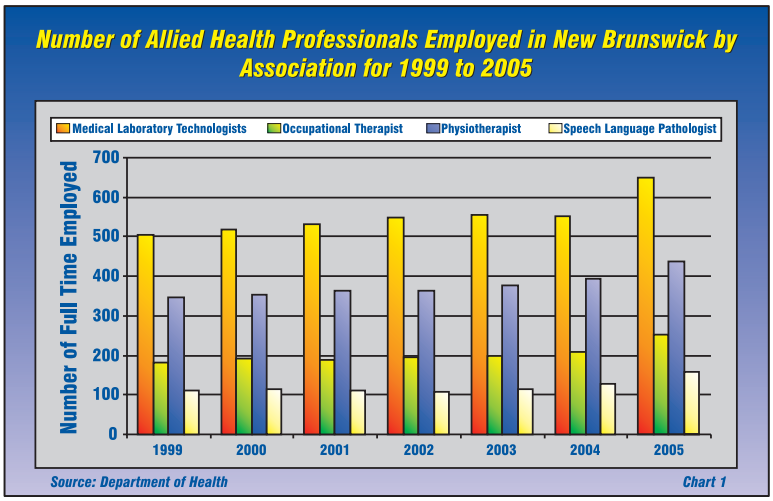
Allied Health Professionals Recruitment and Retention Strategies

In March 2005, the Minister of Health announced $500,000 in new funding for the implementation of a new Allied Health Professionals Resource Strategy, targeting primarily, but not exclusively, health occupations with greater than 10 per cent forecasted shortages.

The strategy included the following recruitment/retention incentives:

- **Provincial Health Bursary Program**. Thirty-three bursaries totaling $172,500 were

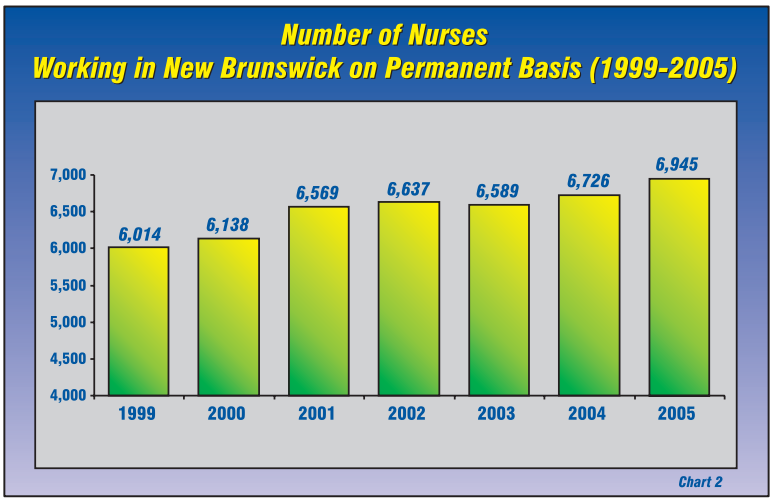
offered targeting health occupations with identified high vacancy rates and/or high forecasted vacancy rates based on the Fujitsu forecasting model.



- **Internship/Residency Programs**. Implemented new residency programs for Pharmacy and Psychology based on identified needs and opportunity.
- **NB Clinical Education Program**. Sponsored over 200 students enrolled in audiology, pharmacy, physiotherapy, speech language pathology, and occupational therapy programs from outside the province to return to New Brunswick to complete their clinical placements.
- **Clinical Champions Network**. Began development of a new Clinical Champions Network in collaboration with employers and workers' groups to provide opportunities for continuing education and career development for front-line clinicians who are recognized as innovators and early adopters of better practices, all aimed at improving quality patient care.
- **Education and Training**. Created 15 new seats for a new joint Cardiology Technology and Electroneurophysiology Technology French-language training program implemented at Community College NB in Campbellton.

Nursing Resource Strategy

To ensure New Brunswickers have access to appropriate nursing resources in the future, the New Brunswick Government maintained in 2005, the following initiatives:



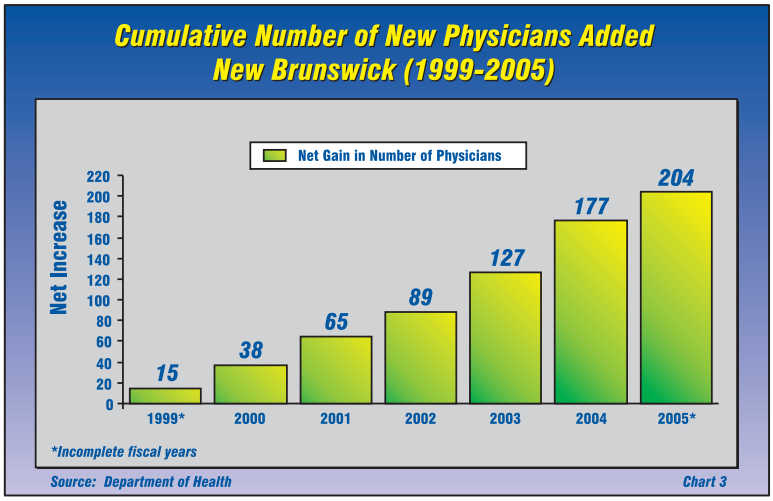
- **Summer Employment Program for Student Nurses**. In place since 2001-2002 with 150 student nurse positions, 120 for hospitals and 30 for nursing homes, receiving summer jobs. An allocation of $270,000 is reserved every year for this initiative.
- **Reimbursement of Tuition for Refresher Programs**. Seven registered nurses and licensed practical nurses who re-entered the nursing profession received tuition reimbursements.
- **Nursing Mentorship.** In 2005, New Brunswick retained 86 per cent of the new nurse graduates of 2004 compared to 74 per cent in 1999 due in part to the Nursing

Mentoring Program. Established in all eight Regional Health Authorities, the program aims at successfully integrating newly hired nurses into the workplace.

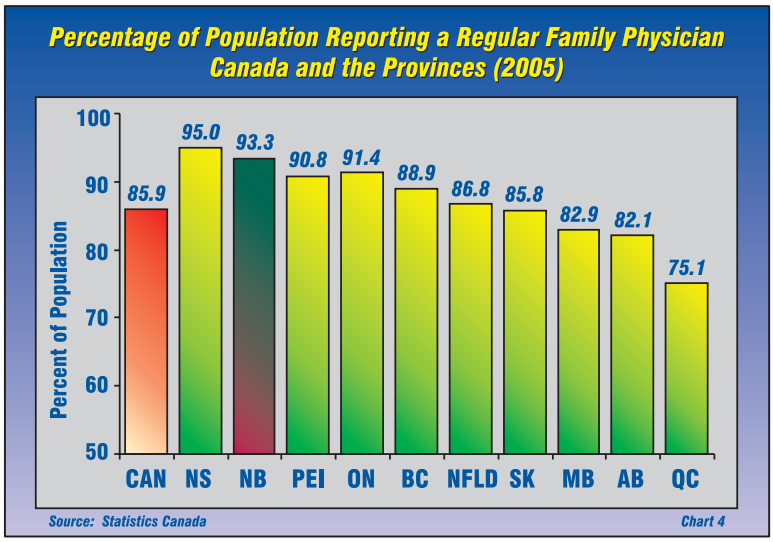
- **New Brunswick Critical Care Nursing Program**. This program is offered in both official languages to 52 nurses every year. An investment of $1 million per year responds to the need of the hard-to-recruit critical care units.
- **Nursing Resources Advisory Committee**. As follow-up to the update of the Nursing Service and Resource Management Plan (2005-2010), designed to help guide the development and management of nursing resources and facilitate the delivery of quality nursing services, the Nursing Resources Advisory Committee continued to monitor the implementation of this plan.
- **New Nursing Seats**. Approved 95 new nursing seats to New Brunswick universities of which 42 were added in 2005. These seats included 85 at the Bachelor of Nursing level and 10 at the Master Nurse Practitioner level. The addition of 95 new seats represents an investment of $1.4 million annually.
- **Education Subsidy Program for Student Nurse Practitioners**. Forty-three nurses enrolled in nurse practitioner programs received education subsidies. The program provides financial reimbursement of tuition fees and books to New Brunswick employed nurses pursuing their studies to become nurse practitioners. This represented an investment of over $128,000.
- **Nurse Practitioners.** Added 10 more nurse practitioner positions for a total of 27 registered nurse practitioners currently providing care to New Brunswickers.

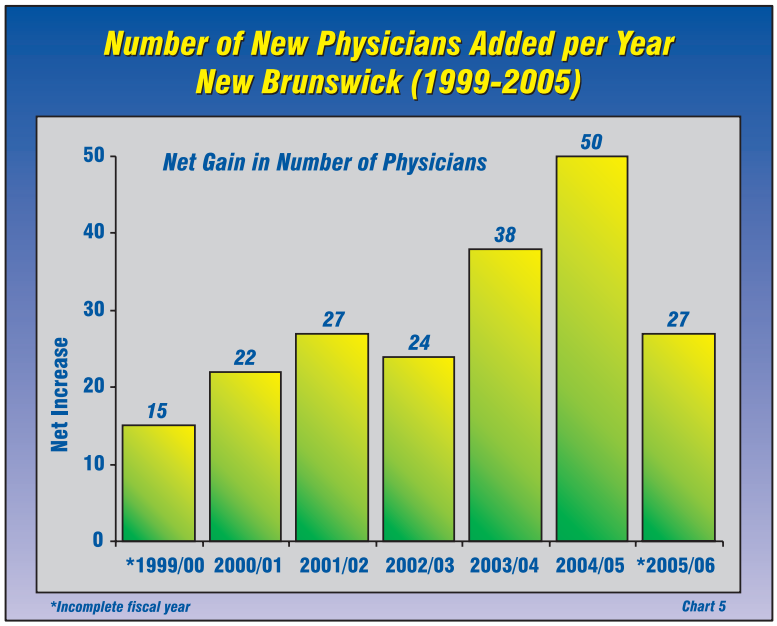
Physician Recruitment and Retention

As of March 31, 2005, New Brunswick had a net increase of 177 physicians and as of November 30, 2005, that number increased to 204. This success is due in part to the following initiatives:



- **Billing Numbers.** Twenty more billing numbers were allocated for physicians bringing the total to 45 since the introduction of the PHP. This represented an investment of $15.09 million to fund these new physicians.
- **Recruitment Strategies.** In July 2005, the Province formed a new partnership with the Université de Sherbrooke. The Université de Sherbrooke will now offer its distributed medical education program in New Brunswick. This means that 24 Francophone New Brunswick students will be able to do their entire four-year medical education program in Moncton. Also announced were plans to undertake a similar approach with an Anglophone distributed program in Saint John by the year 2007.





- **Location Grant Program.** As of November 30, 2005, a total of 295 grants have been allocated since the program was introduced in 2004. The grant is also now available to medical residents who are in their last two years of residency. The program provides grants for newly-recruited family physicians and specialists who agree to establish their practice in hard to recruit areas, or to areas that have been under serviced.

- **Business Grants**. Introduced in 2005, this program provides $15,000 grants to Family Practitioners who establish a fee-for-service practice and who qualify for a location grant. As of November 30, 2005, seven grants were allocated under this program.

- **Minimum Guaranteed Income.** Introduced in 2005, this program guarantees that family practitioners who receive a location grant and who establish a fee-for-service practice 40 kilometres outside the urban centres of Moncton, Fredericton or Saint John will be guaranteed a minimum income of $175,000 in their first year of practice. As of November 30, 2005, four family practitioners have taken advantage of this initiative.

- **Summer Rural Preceptorship Program.** In the summer of 2005 this program, which offers first and second year medical students work experience in rural practices, had 68 medical students for a total of 372 weeks of work experience.

- **Student Bursaries Program.** Provided a $6,000 bursary to 40 medical students who agreed to sign a return of service agreement with the province.

- **Supernumerary Residency Program.** Sponsored 35 residents through this program designed to provide additional residency training opportunities for physicians in areas where there is an anticipated shortage. In return, participants must agree to practice in New Brunswick for a minimum of one year for each year they receive a subsidy.

- **International Medical Graduates.** Fifteen foreign trained physicians were issued restricted licences by the New Brunswick College of Physicians on the recommendation

of the Minister of Health. A new initiative was introduced whereby foreign trained physicians who did not meet the criteria for licensure were provided with additional training which allows them to establish a practice. At the end of 2005, three physicians had completed the training and had established their practice while a fourth had entered the program.

4) Accountability and Evidenced-Based Decision-Making

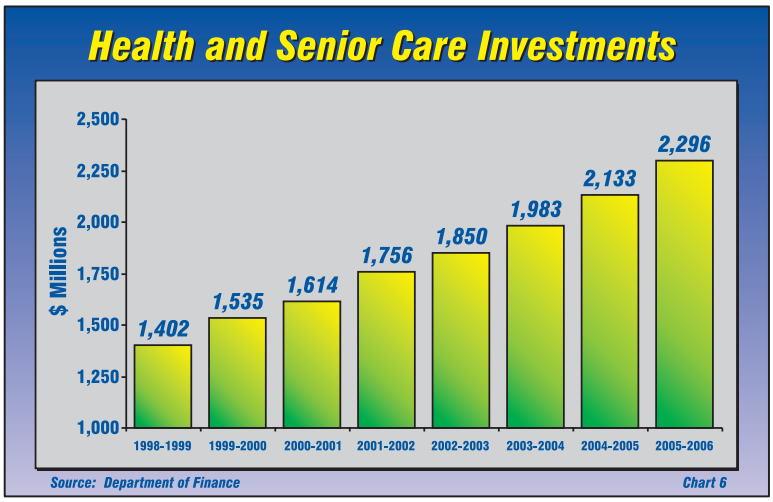
- **Accountability Framework**. Began work on developing an accountability framework.
- **Stakeholder Participation in Implementing the PHP**. The following committees were established and met on several occasions to begin work on their mandates:
  - Patient Safety and Clinical Collaboration Committee.
  - Primary Health Care Collaborative Committee.
  - Non-Clinical Support Services Committee.
- **Health Research**. The New Brunswick Medical Research Fund and Wordel Fund Awards for Kidney Research competitions were announced in fall 2005. Approximately $130,000 was allocated for the 2005-2006 competitions.

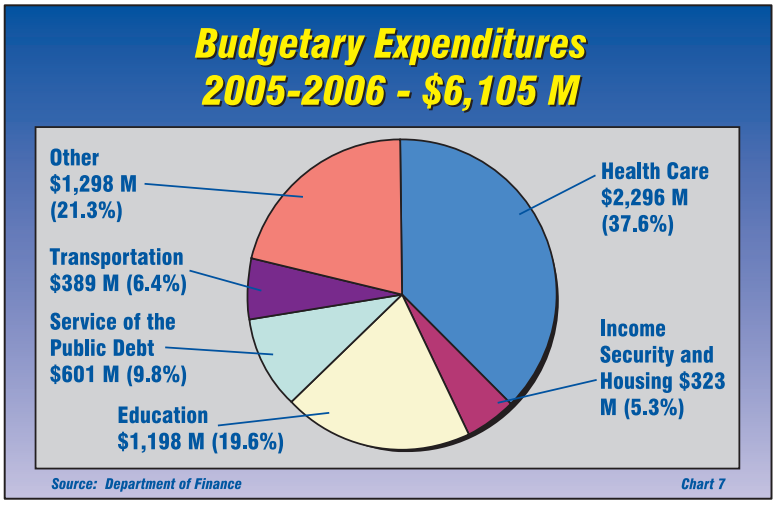
New Investments

For 2005-2006, Government committed $2.296 billion to fund the province's health care system and senior care — $893 million more than was spent in 1999. This represents 37.6 per cent of total spending by the Province on health care related programs and services. Since 1999, 76 per cent of all net new spending by government, or $ 3.351 billion, has been allocated to health care services.

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

- Medicare: $174.7 million increase
- Hospital Services: $397.4 million increase
- Nursing Homes and Long-Term Care: $167.1 million increase
- Prescription Drug Program: $83.2 million increase





Capital Infrastructure and Equipment

Since 1999, the Province has invested more than $235 million for new construction and equipment in the health care system, which includes an investment of over $95 million in 2005-2006, representing an increase of $38.3 million or a 66.6 per cent increase over 2004-2005. These investments included:

- $29 million to complete planning and begin construction of the new 70-bed hospital for the Upper River Valley area. The hospital will serve the 40,000 citizens of the Upper River Valley and will provide new and enhanced services to patients such as echocardiography, bone densitometry, magnetic resonance imaging (mobile), psychology and satellite renal dialysis. The new hospital is scheduled to open in July 2007 and will represent a total investment of $79 million.
- $10.7 million to complete construction of the Stan Cassidy Centre for Rehabilitation and the laboratory addition at the Dr. Everett Chalmers Regional Hospital in Fredericton. The tertiary care facility will serve all New Brunswickers requiring neurological rehabilitation. In total, $28 million has been invested in the new centre.
- $10 million to begin construction of a new emergency, ambulatory care and laboratory services facility at the Moncton Hospital. The project is scheduled for completion in January 2008 and will represent a total investment of $47 million.
- $3 million to begin construction of a new surgical suite at the Chaleur Regional Hospital in Bathurst. The project is scheduled for completion in June 2007 and will represent a total investment of $11.5 million.
- $1.5 million to complete construction of a new regional addiction services facility in Campbellton. The 18-bed facility opened in September 2005 and represents a total investment of $3 million.
- As part of the Primary Health Care Renewal initiative, $1.665 million was invested to complete renovations for the Community Health Centres at Saint Joseph's in Saint John, Lamèque, Minto and Doaktown.
- To improve the infrastructure and extend the useful life of hospitals, $4.4 million was invested for various capital improvement projects valued over $100,000.
- $35.5 million was invested in diagnostic and other medical equipment.

As a result of the 2003 and 2004 First Ministers' Accords on Health Care, new investments in diagnostic and medical equipment have been made under the federal government's Diagnostic/Medical Equipment Funds. Since these Funds were established in 2003 and 2004, the Province has allocated an additional $47.3 million in diagnostic and medical equipment.

II. Reporting on the First Ministers' Meeting Accord on Health Care – Ten-Year Plan to Strengthen Health Care

On Sept. 16, 2004, First Ministers agreed on a Ten-Year Plan to Strengthen Health Care, an action plan that sets out a clear commitment, shared by all provinces and territories, to achieve results for Canadians in reducing wait times for and improving access to health services. Within this plan, First Ministers agreed to increase the supply of health professionals, based on their assessment of the gaps and to make their action plans public, including targets for the training, recruitment and retention of professional by December 31, 2005. The *Health Human Resources Planning: Gaining Momentum, The New Brunswick Journey,* released in December 2005, fulfilled this commitment.

In December 2005, First Ministers agreed on comparable indicators of access to health care professionals, diagnostic and treatment procedures. Under the benchmarks, which are based on research and clinical evidence, provinces and territories are working towards providing:

- Radiation therapy to treat cancer within four weeks of patients being ready to treat;
- Hip fracture fixation within 48 hours;
- Hip replacements within 26 weeks;
- Knee replacements within 26 weeks;
- Surgery to remove cataracts within 16 weeks for high-risk patients;
- Breast cancer screening for women aged 50 to 69 every two years; and
- Cervical cancer screening for women aged 18 to 69 every three years after two normal tests.

Three benchmarks are being established for cardiac bypass surgery:

- Level I patients within 2 weeks;
- Level II patients with 6 weeks; and
- Level III patients within 26 weeks.

To establish benchmarks, measurements are needed. A wait time begins with the booking of a service, when the patient and the appropriate physician agree to a service and the patient is ready to receive it. The appropriate physician is one with the authority to determine the needed service. A wait time ends with the commencement of the service.

First Ministers also committed to pursue their own strategies to improve access to these procedures so that, by the end of 2007, they can establish multi-year targets to achieve these benchmarks.

More wait time benchmarks will be developed as new evidence is produced.

III. Reporting on Health Status and Health System Performance

How is performance measured?

Consistent with the two previous Health Care Report Cards, two groups of measures were used to examine both the health of the New Brunswick population and health system performance. Examining indicators in each of these two areas can help us determine how well New Brunswick's health care system is doing, and its impact on our population's overall health.

Beginning this year, 19 indicators have been further broken down by gender of which 18 have been updated from the 2004 Report Card.

A rating system was used to assess New Brunswick's overall performance for each area. Each measure has been 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.

Population Health Status

As in 2004, 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?

Overall, this data affirms that while New Brunswickers still face many challenges to their overall health status, they are beginning to take steps to address these challenges. Our health status, as that of other Atlantic Canadians, on most measures is somewhat below the Canadian average, but changes in healthy behaviours are beginning to occur, which if sustained and enhanced will lead to overall changes in population health. The commitment of the New Brunswick government to promoting such changes – through the various components of the Provincial Health Plan – may already be contributing to these positive changes.

Table 2 Health Status

	New Brunswick		Most Recent[1] Other Atlantic	Most Recent[1] Canada	Overall Assessment
	Previous	Most Recent			
Overall Health Status					
Life Expectancy (average years of life) - Female	81.9 (2000-2002)	**82.0** (2003)	81.4	82.4	☺
Life Expectancy (average years of life) - Male	76.2 (2000-2002)	**76.4** (2003)	76.1	77.4	☺
Health Adjusted Life expectancy (years in full health) - Females	NA	**70.9** (2001)	70.3	70.8	☺
Health Adjusted Life Expectancy (years in full health) - Males	NA	**67.4** (2001)	67.2	68.3	😐
Self-reported Health (% who rate their health as very good or excellent) - Female	53.4 (1999-2003)	**55.3** (2005)	62.6	59.6	😐
Self-reported Health (% who rate their health as very good or excellent) - Male	55.0 (1999-2003)	**55.0** (2005)	59.2	60.4	☹
Low Birth Weight (% of newborns ≥ 500g and ≤ 2500g)	5.1 (2000-2002)	**5.1** (2003)	5.4	5.7	☺
Self-reported Mental Health (% who rate their mental health as very good or excellent) - Female	62.5 (2002-2003)	**71.2** (2005)	77.4	74.4	☺
Self-reported Mental Health (% who rate their mental health as very good or excellent) - Male	65.2 (2002-2003)	**69.1** (2005)	75.8	74.7	☺
Healthy Behaviour					
Non-smokers (%) - Females	74.2 (1999-2003)	**80.7** (2005)	78.9	80.2	☺
Non- smokers (%) - Males	72.6 (1999-2003)	**74.8** (2005)	77.5	77.1	☺
Physically Active (%) - Females	35.6 (1999-2003)	**42.3** (2005)	41.1	45	☺
Physically Active (%) - Males	42.5 (1999-2003)	**48.6** (2005)	46.5	50.1	☺
Healthy Body Weight (%) - Females	45.3 (1999-2003)	**41.6** (2005)	41.2	51.8	☹
Healthy Body Weight (%) - Male	35.5 (1999-2003)	**31.9** (2005)	33.2	40.1	☹
Responsible Drinking (% who drink moderately or not at all) - Females	89.3 (2001-2004)	**91.6** (2005)	89.1	90.8	☺
Responsible Drinking (% who drink moderately or not at all) - Males	71.9 (2001-2004)	**69.0** (2005)	67.4	75.4	☹
Chalmydia (rate/100,000) - Female	239.6 (2000-2002)	**255.4** (2003)	NA	258	😐
Chlamydia (rate/100,000) - Male	89.6 (2000-2002)	**109.6** (2003)	NA	114	😐
Healthy Eating (% who eat ≥ 5 fruits and vegetables per day) - Female	37.7 (2001)	**39.3** (2003)	35.5	48.2	☺
Healthy Eating (% who eat ≥ 5 fruits and vegetables per day) - Males	24.9 (2001)	**27.4** (2003)	25.7	34.5	☺
Leading Causes of Death					
Mortality from lung, colorectal, and breast cancer (rate/100,000) - Females	74.7 (1998-2000)	**72.9** (2001)	75.4	74.4	☺
Mortality from lung, colorectal, and prostate cancer (rate/100,000) - Males	134.4 (1998-2000)	**132.7** (2001)	131.5	114.3	😐
Mortality from heart attack (rate/100,000) - Females	42.2 (1998-2000)	**36.2** (2001)	41.3	36.1	☺
Mortality from heart attack (rate/100,000) - Males	89.8 (1998-2000)	**77.7** (2001)	73.9	72.9	☺
Mortality from stroke (rate/100,000) - Females	37.5 (1998-2000)	**37.6** (2001)	35.8	31.7	☹
Mortality rate from stroke (rate/100,000) - Males	42.9 (1998-2000)	**42.3** (2001)	44.5	37.3	☺
PYLL[2] from unintentional injury (0-75) - Females	332.5 (1998-2000)	**316.5** (2001)	327.8	298.3	☺
PYLL from unintentional injury (0-75) - Males	1221.9 (1998-2000)	**1348.9** (2001)	968.0	868.2	☹
PYLL from suicide (0-75) - Females	147.8 (1998-2000)	**170.1** (2001)	71.0	173.8	☹
PYLL for suicide (0-75) - Males	844.0 (1998-2000)	**685.8** (2001)	488.1	621.9	☹

Notes:

[1]The most recent measurement period for 'Other Atlantic' and 'Canada' is the same as the most recent measurement period for New Brunswick.

[2]PYLL (Potential Years of Life Lost) is the 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.

Overall Health Status

The health status of any population is related to a number of factors, many of which have little to do with the actual treatment of illness. As the table on the Key Determinants of Health shows, socio-economic factors play a strong role, as does education, healthy child development, and the physical environment. New Brunswickers' overall health status has not shown substantial changes between the previous reporting period and the current one. Life expectancies have lengthened slightly, with women now expected to live until age 82, and men until age 76.4. Neither change is statistically significant. These life expectancies continue to compare favourably to the other Atlantic provinces, although men in Atlantic Canada in general have a slightly shorter life expectancy than the Canadian average of 77.4 years.

The Health Adjusted Life Expectancy (HALE) indicator shows the number of years individuals can expect to live in full health – and shows a contrast with the overall life expectancy. While data for female New Brunswickers compares well with the other Atlantic provinces and the Canadian average, Atlantic Canadian men, including New Brunswickers, lag behind the Canadian average by a year.

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.

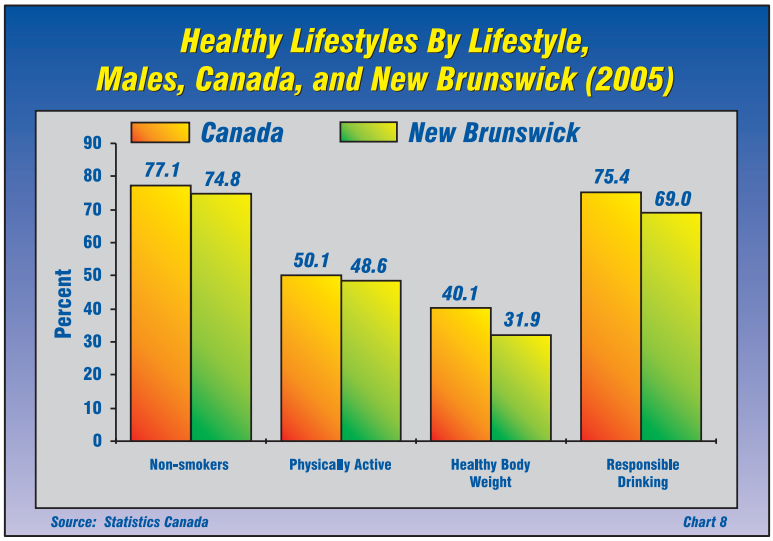
Table 3

New data on self-reported health status shows that approximately two per cent more female New Brunswickers *consider* themselves to be in very good or excellent health than in the previous reporting periods, while the male rate has remained constant. In this indicator, both genders lag behind the other Atlantic provinces and the Canadian average. It is striking to note a significant improvement in another self-reported indicator: both men and women show marked improvements in their mental health. While still below Atlantic and Canadian averages, this trend is moving in a positive direction.

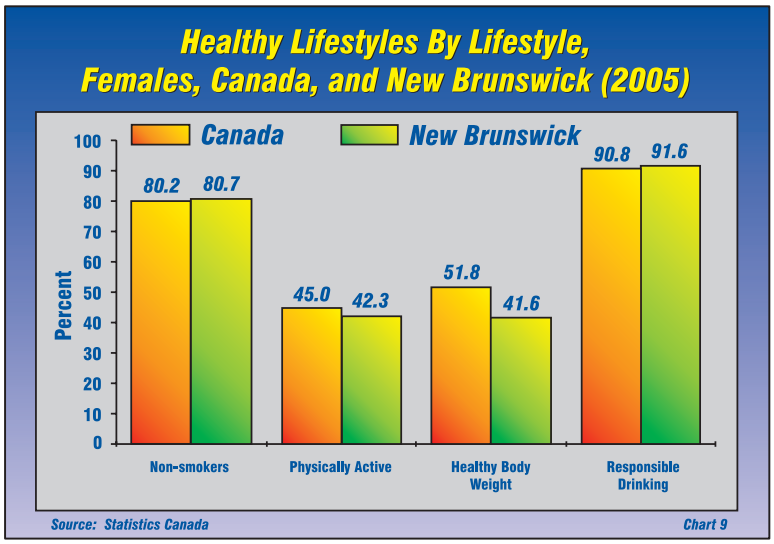
New Brunswick continues to show well on rates of low-birthweight babies, with fewer low-birthweight babies born than either the Canadian or the Atlantic averages.

Healthy Behaviour

While the objective overall health status indicators show consistency or improvement, the picture is more ambiguous regarding healthy behaviour. New data shows that more New Brunswickers are now non-smokers (80.7 per cent of women, and 74.8 per cent of men). It will be interesting to see how these trends develop, reflecting the impact of the 2004 Smoke Free Places Act.



Physical activity rates have also improved since the last reporting period, to 42.3 per cent and 48.6 per cent for women and men, respectively. New Brunswickers are now more active than other Atlantic Canadians, and while we still have to improve to meet the Canadian average, the trend is moving in the right direction. One would anticipate that combined with the better non-smoking rates, this will over time have an impact on illness rates, and demands on the health care system.



Perhaps paradoxically, the improvement in physical activity has yet to lead to better healthy body weight scores. Declines in these indicators reinforce that activity alone cannot control bodyweight – it needs to be paired with healthy eating. As with all "self reported" measures, there may be differences between an individual's actual body-weight, and what they report to a researcher … change in this indicator may show increased *sensitivity to* obesity, rather than increased *actual* obesity.

Self-reported responsible drinking (defined as % who drink moderately or not at all) has improved for female New Brunswickers since the last reporting period, where we now show better numbers than the Canadian average. Men, however, showed a decline of almost three percentage points on this indicator, still a better score than other Atlantic Canadian men, but approximately 5.4 points behind the Canadian average.

Infection rates for Chlamydia show a steep rise between the 2000-2002 reporting period and the most recent data. While New Brunswick is still somewhat below the Canadian infection rates, the marked gap which was present in previous years has now eroded. As marked changes in sexual behaviour have not been noted, closer correlation between the national and provincial data seems to suggest that the previous data was under-reporting.

New data is not available on the leading causes of death, although the information reported in

the 2004 Health Care Report Card is now shown with gender breakdowns. As described in that document, New Brunswick shows disturbing data regarding the effect of accidents and suicide. The potential years of life lost due to unintentional injury is roughly 1 ½ times the Canadian average for males, reflecting both the rate of fatal accidents, and the young age of many affected. Potential years of life lost due to suicide does not show the same degree of disparity, but the rate for males is still substantially above both the Atlantic and Canadian averages, and the rate for females is more than double the rate for other Atlantic Canadian women.

Health System Performance

In Table 4, three categories of health system performance indicators are presented. **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?

According to the results, New Brunswick's health care system is delivering good or satisfactory performance on 22 of the 29 indicators. Performance ratings on seven of the indicators were comparatively low demonstrating a need for further improvement. In all cases, access to health services indicators show improvements over the previous year, and when compared to the rest of Canada our performance is better in all but three indicators. Patient Satisfaction indicators also reveal New Brunswick's performance is improving in three of the four areas indicated. However, measures on effectiveness indicate a need for improvement in seven of the 15 areas, particularly those relating to survival rates for lung and colorectal cancers.

Access to Health Care Services

The vast majority (95.9 per cent) of women reported having access to a family physician, a rate which is slightly higher over the previous period and better than the national average by six percentage points. In contrast, only 90.6 per cent of males reported having similar access. However, the rate did improve over the previous year and was higher than both the national average (81.9 per cent) and the average for Atlantic Canada (81.9 per cent).

The rates for New Brunswickers who reported difficulty in obtaining immediate care (19.4 per cent), in obtaining routine health services (12.4 per cent) and, in obtaining health information or advice (16.9 per cent) were all lower than the previous period. These rates were, in fact, better than the national average and with the exception of the rate for health information advice were lower than the average for the other Atlantic provinces. The above is testimony to the fact that New Brunswickers continue to receive the health care services they need when they need them.

More New Brunswickers aged 75 and older reported receiving home care services in 2003 than in 2001. Compared to the national average and the average for other Atlantic provinces, 25 per cent more seniors indicated having access to home care services.

Table 4 Health System Performance

	New Brunswick		Most Recent[1] Other Atlantic	Most Recent[1] Canada	Overall Assessment
	Previous	Most Recent			
Access to Health Services					
Access to Family Physician (% of females 12+ who have a family physician)	95.1 (2001-2003)	**95.9 (2005)**	94.2	89.8	☺
Access to Family Physician (% of males 12+ who have a family physician)	90.1 (2001-2003)	**90.6 (2005)**	89.5	81.9	☺
Difficulty Obtaining Immediate Care *(% of population 15+)*	23.8 (2003)	**19.4** (2005)	23.0	21.4	☺
Difficulty Obtaining Routine Health Services *(% of population 15+)*	15.5 (2003)	**12.4 (2005)**	13.3	15.9	☺
Difficulty Obtaining Health Information or Advice *(% of population 15+)*	17.4 (2003)	**16.9 (2005)**	15.7	15.7	😐
Access to Home Care (% of population 75+ receiving home care services)	20.2 (2001)	**21.7 (2003)**	16.1	14.6	☺
Contact with telephone health line *(% of population 15+)*	8.9 (2003)	**10.3 (2005)**	1.3	11.1	☺
Wait time for non-urgent surgery (% waiting > 3 months)	18.7 (2003)	**13.3 (2005)**	17.8	19.2	☺
Wait time for specialists visits (% waiting > 3 months)	15.5 (2001-2003)	**13.1 (2005)**	15.2	12.2	☺
Wait time for diagnostic tests (% waiting > 3 months)	10.6 (2003)	**9.9 (2005)**	13.0	11.2	☺
Patient Satisfaction					
(% of population 15+ "very" or "somewhat" satisfied with services received in past year)					
Overall Health Care	86.7 (2001-2003)	**90 (2005)**	88.6	85.5	☺
Hospital Services	85.1 (2001-2003)	**84.9 (2005)**	86.0	81.2	😐
Physician Care	92.8 (2001-2003)	**92.9 (2005)**	93.8	91.2	☺
Community Health Care	92.3 (2001-2003)	**92.9 (2005)**	87.6	82.6	☺
Effectiveness					
Percentage of pneumonia patients with unplanned readmission	2.6 (1997-1999)	**2.8 (2000-2002)**	3	3.2[a]	☺
Percentage of heart attack patients with unplanned readmission	NA*	**9 (2001-2003)**	8.2[b]	6.9	☹
Percentage of heart attack victims who die within 30 days of admission	12.7 (1999-2001)	**12.9 (2000-2002)**	12.8[b]	11.4	☹
Percentage of heart attack victims who survive for at least 1 year - Females	88.8 (1997-1999)	**91.3** (2000)	90.2[c]	NA	☺
Percentage of heart attack victims who survive for at least 1 year - Males	91 (1997-1999)	**93.1** (2000)	91.8[c]	NA	☺
Percentage of stroke victims who die within 30 days of admission	19.2 (1999-2001)	**19 (2000-2003)**	24.0	18.6	☺
Percentage of stroke victims who survive for at least 180 days - Female	88.7 (1997-1999)	**92.4** (2000)	75.4[c]	NA	☺
Percentage of stroke victims who survive for at least 180 days - Male	88.9 (1997-1999)	**87** (2000)	88.0[c]	NA	😐
Percentage of cancer patients who survive for at least 5 years after diagnosis (relative survival[d])					
• Lung cancer - Female	15 (1994-1996)	**14** (1995-1997)	17.6	17	☹
• Lung cancer - Male	12 (1994-1996)	**12** (1995-1997)	13.9	14	☹
• Colorectal cancer - Female	61 (1994-1996)	**59** (1995-1997)	60.4	61	☹
• Colorectal cancer - Male	59 (1994-1996)	**58** (1995-1997)	61.2	59	☹
• Prostate cancer	91 (1994-1996)	**91.0** (1995-1997)	90.6	91	☺
• Breast cancer	84 (1994-1996)	**85** (1995-1997)	86.2	86	☺
Hospitalization for ambulatory care sensitive conditions (rate per 100,000 population)	NA*	**708** (2002)	586.2	416	☹

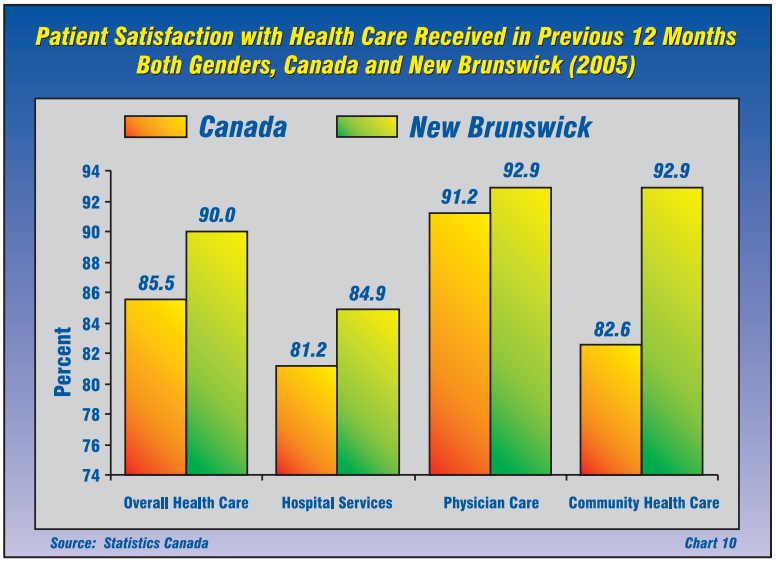
Notes:
[1]The most recent measurement period for 'Other Atlantic' and 'Canada' is the same as the most recent measurement period for New Brunswick.
[a]Excludes QC and MB
[b]Excludes NFLD.
[c]NS only.
[d]Relative survival compares the survival for a group of cancer patients to the survival that would have been expected for members of the general population, assumed to be practically free of the cancer of interest. For example, New Brunswick females diagnosed with breast cancer between 1995 and 1997 were (on average) 85% as likely to live for another five years, as were females of the same age, who did not have breast cancer.
* New and revised coding standards introduced with the ICD-10-CA/CCI classification system, as well as changes in the methodology for calculating these indicators affects the comparability of rates from previous years to those of the most current year.

The percentage of New Brunswickers reporting having made contact with a telephone health line markedly increased over the previous period from 8.9 per cent to 10.3 per cent, which is a striking 690 per cent above the rate for other Atlantic provinces.

From 2003 to 2005, there was a drop in the percentage of New Brunswickers who reported having to wait more than three months to receive non-urgent surgery (18.7 per cent to 13.3 per cent respectively). This was matched by similar drops in the rate of New Brunswickers who reported having to wait for specialists and diagnostic tests (15.5 per cent to 13.1 per cent, and 10.6 per cent and 9.9 per cent respectively). In all cases, these rates were better than the national averages and the averages for Atlantic Canadians.

Patient Satisfaction

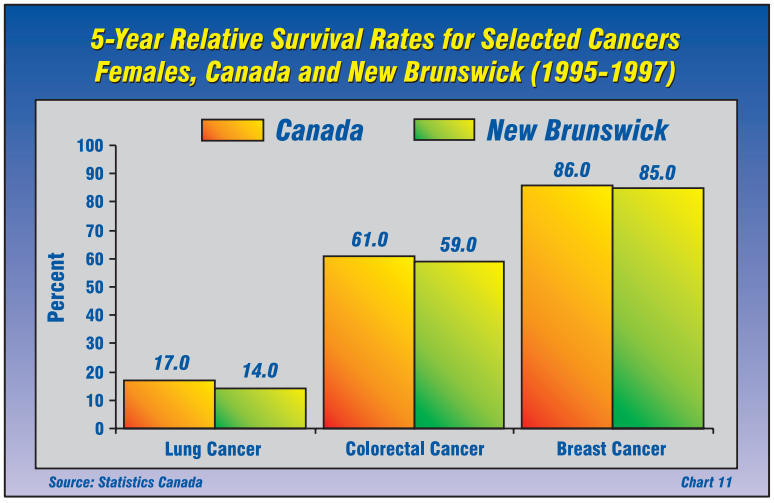
Ninety per cent of New Brunswickers reported being very or somewhat satisfied with health care services in the year 2005. This is significantly higher than the national average of 85.5 per cent and also above the average of the other Atlantic provinces of 88.9 per cent.

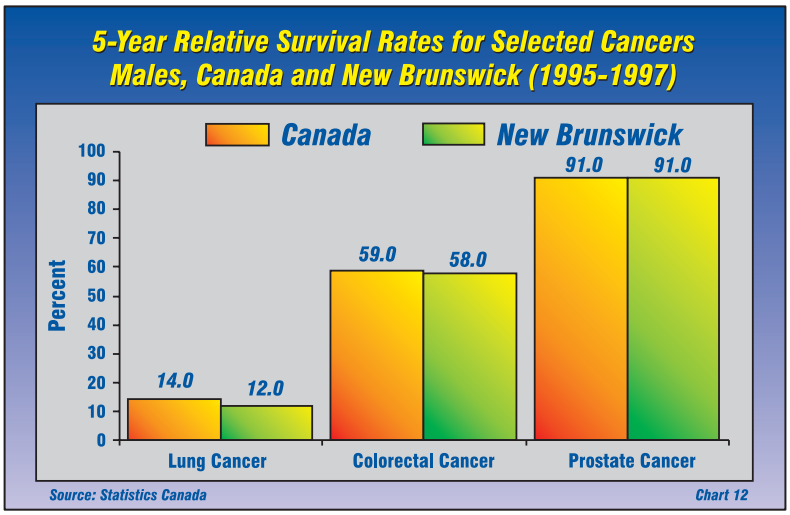


A higher percentage of New Brunswickers than Canadians on average rated hospital care as very or somewhat satisfactory – 84.9 per cent for New Brunswick compared to 81.2 per cent for Canada. Approximately 93 per cent of New Brunswickers were somewhat or very satisfied with the community health care services they received – substantially higher than the rates reported by other Canadians. The results also indicate more than 90 per cent of New Brunswickers were pleased with the care provided by their physicians.

Effectiveness

Five-year cancer survival rates reflect both the impact of early detection efforts and the effectiveness of treatment after diagnosis. New Brunswick's five-year survival rate for lung cancer dropped slightly over the previous period from 15 per cent to 14 per cent, while survival rates for men were unchanged. Survival rates for colorectal cancer (female and male) also decreased slightly but were comparable to the averages for other Canadians. Five-year survival rates for prostate and breast cancer were relatively unchanged over the previous period and were similar to the average for other Atlantic Canadians and the national average.





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. Net survival rates for heart attack have improved since the last reporting period, to 91.3 per cent and 93.1 per cent, respectively, for women and men. While the net survival rate for female stroke victims increased by 3.7 per cent, the rate for men decreased from 88.9 per cent to 87 per cent. The former represents a rate which is 17 per cent higher than the average for other Atlantic Canadians.

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 mortality (12.9 per cent) rate remained steady over last year, but was nearly two percentage points higher than the Canadian average. In contrast, the stroke mortality rate dropped slightly from 19.2 per cent to 19 per cent, similar to the average for other Canadians but five percentage points lower than the average for other Atlantic Canadians.

Re-admission rates for heart attack and pneumonia provide an indication of the quality and effectiveness of both hospital and community-based care. New Brunswick's one-year re-admission rate for heart attack stood at nine per cent, compared with only 8.2 per cent and 6.9 per cent for Atlantic Canadians and other Canadians, respectively. New Brunswick's re-admission rate for pneumonia (2.8 per cent) increased slightly over the previous year and was below the national average (3.2 per cent) and the average reported by the other Atlantic provinces (three per cent).

Better access to primary health care increases the use of ambulatory care, prevents unnecessary hospitalizations and improves the health status of the population. 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. Not all admissions for ambulatory care sensitive conditions are avoidable, however a disproportionately high rate may indicate problems in obtaining access to primary care. New Brunswick's hospitalization rate (per 100,000 population) for ambulatory sensitive conditions is 708, above the average for other Atlantic provinces (586.2 per 100,000 population) and the national average (416 per 100,000 population).

IV. Future of Health and Health Care in New Brunswick

In this Report Card, the health status of New Brunswickers and the performance of the New Brunswick health care system were compared with their performances in the previous reporting period as well as with the Canadian average and the average for the other Atlantic provinces. While the measures represent a snapshot rather than a long-term view, they provide important insights into how well New Brunswick is doing.

In general, the information in this Report Card indicates that New Brunswick is doing well with respect to health system performance; improvements are particularly noticeable in the area of access relating to physicians and other health services. However, the rate of ambulatory-sensitive hospitalizations (which can be considered to be an outcome measure of primary health care) continues to be an issue of concern, especially when compared to the rest of Canada.

New Brunswick's overall health status has shown modestly positive trends, with indicators like life expectancy, health adjusted life expectancy, low birthweight and self-reported mental health matching or leading the Atlantic Canada averages. Healthy behaviours also show positive signs, as non-smoking rates, and rates for physical activity each move upwards. That said, not all members of society are reaping the benefits – and New Brunswickers, like other Atlantic Canadians, lag behind Canadian measures for healthy body weight and responsible drinking (among males).

Some other indicators show areas where further attention is required. Chlamydia rates, once substantially lower than the Canadian average, now are at par with them. Mortality for stroke (among females), and mortality from lung, colorectal, and prostate cancers (among males) each show higher rates than the Canadian averages, and potential years of life lost due to injury (among males) and from suicide (both genders) show areas where substantial improvements are in order. Since the provincial government is only one of many players taking actions that influence any of these broad health outcomes, it is committed to working in partnership toward common goals.

Meeting the growing demands of this province's health care system is a complex task and no single initiative will provide all the answers. However, the initiatives that have been taken through the Provincial Health Plan are already showing early results. The Wellness Strategy Action Plan, to be led by the Department of Wellness, Culture and Sport, will lead New Brunswick towards making it "The Wellness Province," a goal established by Premier Bernard Lord in the 2006 State of the Province address. Increasing the physical activity level of New Brunswick's population is among the most effective steps that can be taken to improve overall health, and not incidentally productivity and sense of well being.

This Report Card indicates that strong foundations have been laid through the Provincial Health Plan to improve both the health of New Brunswickers, and the vitality of the health care system which serves them.