A House into a Home
Renovating Health Care in New Brunswick

presented by

Next NB/Avenir N-B

It is time for New Brunswickers to talk to each other. Our province and our region face some challenges, which means both must confront some difficult questions. Just as our nation seeks to redefine its role in the world economically, militarily and diplomatically, so too must New Brunswick's citizens decide for themselves their place in Canada.

Next NB/Avenir N-B will do that through a series of discussion papers it will release between February 2004 and June 2005. These papers will be supported by public forums held throughout New Brunswick and will culminate with a conference in Saint John.

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Next NB/Avenir N-B
University of New Brunswick
PO Box 5050
100 Tucker Park Road
Saint John, NB
Canada
E2L 4L5

(506) 648-5655

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The pork brochette was billed as a house specialty and while the accompanying rice, potatoes and garlic bread weren't exactly in line with the Canada Food Guide, it was nice to enjoy the meal in a Campbellton restaurant where you could smell the food and not much else. To be fair, the place was more bar than restaurant and its handful of patrons were each enjoying a drink with their food and conversation. What they didn't have were cigarettes.

Last October the New Brunswick government banned smoking in all bars and restaurants, a moved that annoyed some but quietly pleased others. The majority of New Brunswickers – about 75 per cent – don't smoke. Another 41 per cent once did but have since quit and 33 per cent have never smoked at all, according to Statistics Canada's 2004 health indicators report. The cigarette-free air in Campbellton should eventually have an effect on more than just the habits of those who like to dine out.

Over the hill and by the highway sits the Campbellton Regional Hospital. It receives the bulk of the Restigouche Regional Health Authority's annual $57.6 million budget. However for those afflicted with the diseases caused by a lifetime of smoking, treatment often involves a trip down to one of New Brunswick's tertiary care hospitals. Specialized cancer treatment is offered at both the Dr. Georges-L. Dumont Regional Hospital in Moncton and the Saint John Regional Hospital. The latter is also home to the New Brunswick heart centre, where people come from around the province for heart surgery and complex care.

Smoking is an expensive habit, for both the smoker and the province. Heart disease plagues smokers at a rate 70 per cent higher than non-smokers and New Brunswick has the third highest mortality rate for both stroke and heart attack. A two-hour single bypass operation costs $2,100 for the doctors (one

cardiac surgeon, a general practitioner and an anesthetist). Not included in that sum are the salaries for the nurses who assist, the drugs, the equipment and the hospital space. The cost increases for a multiple bypass.

According to the Canadian Cancer Society, smoking causes 85 per cent of all lung cancer cases. New Brunswick has the second highest incidence rate of lung cancer in the country. A single infusion of chemotherapy costs $10.50 for adults and $15.75 for children under the age of 15. One round of chemotherapy may consist of many infusions. Smoking is the leading cause of preventable death in Canada, which means the costs of smoking-related diseases (and the additional costs to labour productivity and personal happiness) lie within the power of the individual to control. Governments seek control too – of the costs associated with our publicly-funded health system.

New Brunswick's new smoking ban is a preventive measure, introduced with the hope that it will reduce the number of smokers in the province and therefore reduce the number of sick and dying heart and cancer patients in the province's hospitals. It is one of the changes the New Brunswick government has introduced to try and control the rising cost of health care and improve its delivery, a problem that plagues every province in Canada. There are new initiatives such as community heath centres, nurse practitioners, the New Brunswick Cancer Network, methadone clinics and collaborative care clinics with salaried physicians and registered nurses. Then there are the adjustments to existing services such as home care, nursing homes, child immunizations and hospital bed closings.

These initiatives are supposed to modernize New Brunswick's health system, improve access and, in some instances, lower the cost over time of delivering the service. It's a massive renovation project of the government service that Canadians hold most dear. We know in our hearts that our health care system is looking a bit worn and we know that it will take more than just a few cosmetic changes to fix it up. This is no weekend project. We've got to shore up the foundation, reinforce the supporting beams, rewire the circuits, expand high traffic areas and

reconfigure the whole place so it meets the needs of New Brunswick residents.

Who are we?

New Brunswickers are a product of our surroundings. To begin with, we live in our cars, trucks and SUVs. This is a province with more paved kilometres of road per capita than any other province in Canada. We've got 22,600 kilometres of highway, 2,900 bridges and 17 ferries – a result of our rural and suburban lifestyles. That's a lot of asphalt and we make use of it by driving to work, putting kids on school buses and running errands around town in our vehicles. Which probably contributes to making New Brunswick residents among the least active group in Canada. Only 44 per cent of New Brunswickers are physically active, tying us with fellow loafers in Newfoundland and Labrador and giving us a 1 per cent jump on our neighbours in Prince Edward Island. We might not like to exercise, but we do like to eat and culturally, we're fans of fast food. Moncton has the most Tim Horton's per capita in Canada, the Dairy Queen in Fredericton is among the most successful franchises in Canada and Dixie Lee fried chicken outlets are landmarks in just about every community in northern New Brunswick. We like our fast food so much that back in 1994, when a Wendy's restaurant opened in Saint John, the city's burger lovers broke the chain's North American record for sales in one month. They bought 21,000 hamburgers. For local delicacies we deep-fry our clams, wrap scallops in bacon, serve up lobster coated in mayonnaise, piled on a butter-toasted bun and we place a piece of salt pork in the centre of a potato dumpling and call it poutine rapée. All that fat has stuck around – mainly on our waistlines.

New Brunswickers are in a three-way tie with PEI and Newfoundland for the title of most obese people in Canada. Unsurprisingly, New Brunswickers, along with their fellow Atlantic Canadians, have higher than average levels of diabetes. About 5 per cent in each of the four provinces has this chronic disease, compared to a national rate of 4 per cent. The diabetes

rate in Atlantic Canada's Aboriginal communities is double the non-Aboriginal rate, about 11 per cent, making it the highest rate in the country.

So we know a lack of exercise, bad eating habits and smoking all contribute to ill health but what causes us to make these choices? For some of us it's a simple lack of willpower. Eat right and exercise – those are the basic rules for staying healthy – but sticking to that plan is easier for some than others. To begin with, if you're going to eat right, you need to know what constitutes a healthy diet. That means you need to understand the Canada Food Guide, comprehend the information on food labels and know how to cook, braise, boil, grill or sauté the food you buy when you get home. Preventative health practices such as taking a walk, gardening, playing a sport or snacking on fruits and vegetables, is a learned skill. So too is resisting the urge to cruise by a drive-thru window. Fast food isn't just convenient; it's cheap. To know how to balance our household's diet and budget, someone has to show us – a parent, a teacher or a friend – or we have to teach ourselves.

Education and wealth are the two most important social factors that determine how healthy we will be because first we have to understand how to properly nourish and maintain our bodies and then we have to be able to afford it. Both are a challenge in New Brunswick. Traditionally the province has placed in the bottom third of provincial rankings for both education attainment and annual income. Four years ago the aptitude of New Brunswick students came into sharp focus following an international assessment of grade five students by the Organization for Economic Cooperation and Development (OECD). Its ranking of 32 countries placed Canada second overall but New Brunswick placed last out of the 10 provinces in reading, math and science.

The 2001 Canadian census also had worrisome news. New Brunswick was below the national average for both community college and university graduates and it was above the national average for the number of adults without a high school diploma. In answer to the OECD report and the census, the provincial

government launched the Quality Learning Agenda in 2003, a policy document for kindergarten through grade 12, that, among other things, places an emphasis on early literacy and guiding the transition between levels of schooling. There are signs that New Brunswickers, at least those of school age, are improving their level of education over that of previous generations. According to the New Brunswick government, in the 2002/03 academic year, 37 per cent of 18-21 year olds were enrolled in a post-secondary institution, either a university or a community college. This is above the national average of 34 per cent and ranks New Brunswick the third highest in Canada, behind Nova Scotia and Quebec. The province also has one of the highest high school graduation rates in the country. In 2002/03, New Brunswick had a rate of 82 per cent, one per cent behind provincial leader PEI and above the national rate of 76 per cent.

The average person's level of income can be directly correlated to their level of education. According to the 2001 census, a New Brunswicker without a high school diploma made an average of $17,000. In comparison, those with a community college diploma averaged $27,700 and university graduates averaged around $40,000. The more money an individual makes, the more there will be to spend on housing, clothing and food, three important determinants of good health. Or so goes the logic. However, people don't always make the best choices for themselves or their families. If we want a strong and viable health care system in New Brunswick, we must first consider our individual responsibility to this communal resource.

- Do you exercise?
- Could you, if asked, explain the Canada Food Guide?
- Has your family doctor advised you to alter your lifestyle (i.e. lose weight, stop smoking, watch cholesterol levels) to improve your health? Did you?
- If there are children in your family, have you taught them any healthy lifestyle habits?
- What role does the public education system play in teaching children healthy habits?

Where does it start?

There is a great urgency to keep New Brunswickers healthy and it isn't just for our own good. For years we've been hearing about the rising costs of health care. Prescription drugs, salaries, equipment and buildings – the cost for each of these is rising, and so is our demand. Throw in New Brunswick's particular demographic challenges and things take a frightening turn. The University of New Brunswick's Public Policy Centre projects that, if population trends continue, New Brunswick's population will dip below 750,000 in 2011 and continue to decrease over the next decade, coming to rest at 725,000 people in 2025. This will cause the labour force shrink – both in actual number and as a percentage of the overall population. One of the reasons for this is there will be a larger percentage of senior citizens, courtesy of the post-war baby boom.

There is great concern in public policy circles across Canada that, within the next decade, there won't be enough people, both within the workforce and in retirement, paying income tax to support the existing health system. The embodiment of that system for most New Brunswickers lies in two images – the family doctor and the hospital. Changing the role of either is bound to court the ire of citizens, particularly if they don't understand what they will get in return. This is particularly true for hospitals. New Brunswickers are no different from other Canadians in their often times deep attachment to these buildings and the work that takes place here. Many of us will experience at least one great emotional event within the walls of these buildings in either the birth or death of someone we love, the administration of a cure when we get sick or in the mending of breaks and sprains. Quite simply, we've never known any other way to access medical services.

In 2004/05, the health department's budget was $1.6 billion, a 9 per cent increase over the previous year. That means that for every dollar the provincial government spends, 29 cents goes towards health care. Education is second at 18 cents. Put another way, the government of New Brunswick spends about $4.5

million each day on maintaining the publicly-funded health system. The bulk of the health department's budget - 57 per cent - goes to hospitals. Medicare – doctors' services – is a distant second at 23 per cent, followed by prescription drugs at 8 per cent. However both medicare and prescription drugs are the fastest growing expenses, with each increasing by 15 per cent over the 2003/04 fiscal year. These three programs totalled 87 per cent of New Brunswick's health budget last year. That left 13 per cent for everything else, including ambulances, mental health and public health. Together health care and senior care account for 36 per cent of the provincial budget.

Policy makers look at these statistics and fear for the sustainability of New Brunswick's public system, particularly with the threat of a shrinking population looming on the horizon. They have, quite reasonably, gone in search of more affordable ways to deliver health services. These options include; enhancing the role of health professionals, including registered nurses, contracting out non-medical tasks and centralizing some medical procedures in larger centres. For the most part the development of these ideas, each of which has the potential to enhance medical care, is driven by a desire to control costs and to access ever-improving technology. Citizens are driven by a different motivation.

While we may understand the need to bring health care spending under control, our initial reaction is to suggest those savings will come in some part of the system that doesn't directly serve or impact us. That's because for citizens, personal care always trumps financial savings. For example, after the provincial government released its health plan last year, protests were largely limited to the small communities that were either losing their local hospital service or the hospital was being converted into a community health centre. If we are to reform health care both the New Brunswick government and its citizens must reconcile the inherently double meaning that lies at the heart of their shared desire for health care. Government wants value for its investment in the system; citizens want the system to reflect their values. These are two very different conversations. To reach a resolution, we need a shared language.

- What is the greatest challenge facing New Brunswick's publicly-funded health care system?
- Are you satisfied with the care you personally receive?
- How would you suggest the provincial government control costs?
- What health care services are important to you and your family?
- What is the federal government's responsibility?

How do we get there?

New Brunswickers know what is happening to their province. Parents have watched their children move away either to another province, or, in the case of northern francophone parents, to the Moncton region and to a lesser extent, Fredericton. Residents of northern and rural New Brunswick watch as the mills and mines that once formed the backbone of the economy either reduce workforces or close down. Younger New Brunswickers, whether they are in school or just graduated, may wonder if they can accomplish what they want if they stay here. Or perhaps they want to live in New Brunswick but can't find meaningful work in the career of their choice.

The province is changing – but into what? The provincial government's health plan is designed to provide "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." It goes on to further explain the idea of community-based as "offering appropriate services where people live." For many New Brunswick communities that means senior care. In its annual report on the state of health care in Canada, the Canadian Institute for Health Information analyzed what it calls the 'dependency ratio'. This ratio combines the number of children (0-14 years) with the number of seniors (over 65 years) and compares it against the working-age population (15-64 years.) These younger and older Canadians are more likely to be

dependent – both economically and socially – on working-age Canadians and are also likely to make more use of health services. The ratio represents the number of dependents for every 100 people who are working age. Comparatively speaking, New Brunswick isn't doing that badly. In 2001, it had a dependency ratio of 44.4, slightly lower than the Canadian ratio of 45.8 and below PEI, Nova Scotia, Ontario, Manitoba and Saskatchewan. That's still a high number – 44 people depending on 100 people – and it will likely increase after the first of the babyboomers celebrate their 65th birthdays in 2012. Those golden age boomers will place demands on health care by virtue of their relative size in proportion to the rest of the population. This is why it is crucial for New Brunswick to encourage its younger residents, particularly those between the ages of 18 and 30, to make their home here rather than move away.

The whole country is aging and Atlantic Canada is leading the way. These four provinces have a slightly higher number of senior citizens per capita and they tend to be poorer too. The Guaranteed Income Supplement provides additional income to people over the age of 65 who have limited income. When the program was introduced in 1966, 44 per cent of New Brunswick seniors qualified compared to 33 per cent Canada-wide. In 2004, 52 per cent of New Brunswick seniors were considered low income; across Canada only 38 per cent qualified for the supplement. Proving adequate care for seniors must be an important component of New Brunswick's health care strategy. That means a strong extra-mural and community care system.

Senior care is about more than nursing homes. In 2003, just under 7 per cent of New Brunswickers over the age of 75 lived in one of the province's 61 homes. Whether by choice or by necessity, seniors are staying home, which means communities must provide the supports to enable our eldest citizens to live comfortably. That includes enhanced home care, homemaking and personal care services; caregiver support, training and counselling; transportation services; senior-centred fitness; and health care professionals that specialize in geriatric illnesses. For seniors too ill to stay home, nursing homes must be equipped to properly care for them, particularly those who suffer from

Alzheimer and other forms of dementia. In the Miramichi area, for example, there are five nursing homes but none have secure Alzheimer wings to prevent residents from wandering away. Nursing homes must also be safe environments for staff. According to the Workplace Health Safety and Compensation Commission's 2005 industry assessment rates, nursing homes have the ninth highest rates in New Brunswick. Nursing homes pay a rate of $6.84. That's a few cents less than shipbuilding, the logging industry and veneer and plywood mills. In comparison, community health centres, group homes for the disabled, home care and ambulance services pay a rate of $1.98. The reason for the difference is nursing homes have a higher than average number of injuries and higher than average costs to treat those injuries.

While senior care is of a growing concern in many rural and northern communities, the reverse is happening in New Brunswick's 15 aboriginal communities, which have proportionally more young people. However Mi'kmaq and Wolastoqewiyik (Maliseet) are burdened by a barrage of health and social problems. Aboriginal people have higher rates of infant mortality, self-inflicted injuries, suicides, infectious and sexually transmitted diseases, chronic health conditions and physical and sexual abuse than the non-Aboriginal population. Housing stock is of poor quality and Aboriginal communities have serious problems with mold, access to safe drinking water and sewage disposal. This is unacceptable. As we reform health care we must demand equitable care for everyone.

- What health services does your community currently provide?
- What services does your community need?
- How should health care services be provided in Aboriginal communities?
- What basic level of services should each community reasonably expect to have nearby?

What do we want?

Comfort and peace of mind. Health care is our communal worry, the fear that care will not be there when we, or someone we love, needs it most. It speaks to our most basic human instinct – survival. We want to know that the restorative powers of medicine will be available to us, if and when we ever need it. That's where citizens have traditionally placed their emphasis. We need to expand our requirements to include two other components of life; taking care of ourselves to prevent sickness and, easing the passage through a final, fatal illness. Communities must determine the proper mix of the three 'P's of health care – prevention, primary and palliative – that will best serve their population and which can be provided with the resources available.

For aboriginal communities it also means greater control and input into how health care is delivered. That should include respect for traditional healing and medicine and a concerted effort to educate and train Mi'kmaq and Wolastoqewiyik health professionals. Communities, both Aboriginal and non-Aboriginal have their own natural rhythms, histories, habits, support systems and collective knowledge. Policy designers at all levels of government need to respect those rhythms as they renovate New Brunswick's health care system. Which is why we need to trust each other. To do that, everyone needs to believe they are being understood. For example, residents of rural communities think the government has little interest in maintaining health care services outside of New Brunswick's cities. Residents of the three southern cities, and in particular Saint John and Moncton, are eyeing each other warily, trying to determine if one is getting more attention from the provincial government at the expense of the others. And Aboriginal communities, confounded by jurisdictional debates over which level of government is responsible for which service, are fed up with everyone. Government officials meanwhile, think New Brunswickers don't comprehend the economic realities of a small province with a small population that maintains its public

services with a relatively small revenue stream. All this talk but there's little empathy or understanding to go with it.

Blame it on the media and the Internet. Information – it's everywhere. Our parents' generation probably didn't know how New Brunswick's hospitals compared to the hospitals in Halifax, Toronto or Boston. We not only know that, but if we want, we can find out how New Brunswick compares to health systems all over the world and we can do it in minutes if we have a high-speed connection. Regardless of the topic, be it about health, education, the environment or a favourite hobby, we can read multiple newspapers, watch continuous coverage on television and through email, we can spread the word to as many people as we like – and get a response. We are no longer dependent on one source of information, which has changed our relationship with those traditional voices of authority. Voices such as those of our local news organizations, our business leaders and, most telling of all, our politicians and the civil servants who support them. We are no longer content to just trust their judgment; we want to feel that we have some influence in reaching decisions and we want the end result to reflect what we want for our little corner of New Brunswick. As our world view expands, more of us are contemplating how best to reflect the uniqueness of the place we call home.

- Does your community have services and programs that help citizens live healthy lifestyles?
- What role can community and volunteer organizations play?
- Is there a role for corporate New Brunswick in improving a community's health status?
- How do you access health-related information?
- How should citizens influence health care policy?

Why?

Because it is what we wish for each other. When we gather with friends and families whether it is to celebrate a momentous

event or merely to enjoy the pleasure of each others' company, we often raise our glasses in a toast. Universally, across cultures and languages, we wish for the same thing.

A votre santé. Prost. Le chaim. Sláinte. Na zdorov'ya. Salute. To your health and happiness. That very personal hope has evolved into our most valued public service. In 1957, Canada introduced a publicly funded hospital system and in 1966 it extended coverage to include doctors' services. Over the next forty years what started out a hospital insurance plan expanded into a system that tries to meet just about every health care need. Now it is time to renovate New Brunswick's health care system. For the most part, we've got the right materials. The Provincial Health Plan is a blueprint that's made of sturdy ideas. But materials can only provide the frame. It will be up to us, the citizens of New Brunswick, to infuse it with our personality and to design it according to our values so that we may all feel at home once the work is complete.

Vital Statistics by Cities, Towns and Villages of Over 1,000 Population, New Brunswick, 2002
Statistiques de l'état civil par cités, villes et villages de plus de 1 000 personnes, Nouveau-Brunswick, 2002

	Live Births Naissances vivantes	Deaths Décès
Cities/Cités		
Bathurst	129	164
Campbellton	63	106
Edmundston	143	170
Fredericton	538	404
Miramichi	166	190
Moncton	682	542
Saint John	713	779
Sub-total/Total partiel	**2,434**	**2,355**
Towns/Villes		
Beresford	47	19
Bouctouche	22	36
Caraquet	39	57
Dalhousie	29	72
Dieppe	197	101
Grand Bay-Westfield	52	28
Grand Falls/Grand-Sault	75	59
Hampton	63	38
Hartland	7	23
Lamèque	15	21
Nackawic	11	6
Oromocto	125	25
Quispamsis	168	55
Richibucto	16	9
Riverview	179	132
Rothesay	129	53
Sackville	47	64
Shediac	32	91

Shippagan	**31**	**50**
Saint Andrews	7	33
Saint-Quentin	**38**	**35**
St. George	23	9
St-Léonard	**20**	**23**
St. Stephen	53	56
Sussex	**59**	**57**
Tracadie-Sheila	54	47
Woodstock	**58**	**74**
Sub-total/ Total partiel	**1,596**	**1,273**
Villages/*Villages*		
Atholville	**12**	**18**
Balmoral	15	8
Bas-Caraquet	**4**	**4**
Belledune	12	20
Bertrand	**7**	**6**
Blacks Harbour	15	14
Cap-Pelé	**19**	**10**
Charlo	9	12
Chipman	**12**	**12**
Dorchester	4	11
Eel River Crossing	**13**	**10**
Grand Manan	25	33
Hillsborough	**14**	**8**
Kedgwick	25	13
Le Goulet	**7**	**6**
McAdam	18	29
Memramcook	**26**	**39**
Minto	22	45
Neguac	**11**	**12**
New Maryland	26	8
Norton	**19**	**8**
Perth-Andover	18	40
Petitcodiac	**8**	**12**
Petit-Rocher	13	19
Plaster Rock	**16**	**19**
Pointe-Verte	4	10

Rogersville	**10**	**20**
Salisbury	20	19
Saint-Antoine	**10**	**18**
Saint-Louis-de-Kent	18	40
Sainte-Anne-de-Madawaska	**12**	**15**
Sainte-Marie-Saint-Raphaël	6	4
Sussex Corner	**8**	**11**
Tide Head	9	5
Sub-total/Total partiel	**467**	**558**
Total	**4,497**	**4,186**

Source: 2002 Annual Report, Vital Statistics, Health and Wellness
Rapport annuel 2002, Statistiques de l'état civil, Santé et Mieux-être