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Outside the box: solving access to health care outside of the health care system

Introduction

New Brunswick's aging population is placing increasing pressure on an already strained health and long-term care system, a challenge that will only intensify over the next 50 years. At the same time, mental health and chronic conditions such as dementia, cancer, cardiovascular disease, and diabetes are further increasing the strain. Prevention efforts can reduce long-term healthcare demands, yet funding for health promotion and prevention remains limited and requires greater investment to ensure the sustainability of our health and long-term care sectors.

Under the leadership of Premier Susan Holt, the Government of New Brunswick (GNB) has committed to a wide range of priorities that directly affect population health, including access to primary care, workforce retention, mental health and addictions services, culturally safe and equitable care, aging in place, affordable housing, public health and disease prevention, and responses to climate change and environmental health, all through an Indigenous and equity-focused lens.

Tackling these interconnected challenges demands focused collaboration, sustained investment, and an all-of-society approach. The Institute of Population Health (IPH) is well positioned to advance these efforts through evidence-based, innovative solutions, drawing on our expertise and our network of researchers, data experts, and cross-sector partnerships in New Brunswick and beyond.

Learning from our collective experiences, including the province's coordinated COVID-19 response, the IPH advocates for an "all-of-society" prevention strategy to improve population health, support Indigenous-led health initiatives, and ensure the sustainability of our health and long-term care systems.

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Population Health and Access to Health Care in New Brunswick

The New Brunswick Health Council (NBHC) survey data highlights several critical areas where prevention policies could significantly alleviate pressures on the province's health care system:[i,ii,iii,iv] For example, survey respondents have indicated that:

Prevalence of Chronic Health Conditions in Adults:

- **Multiple Chronic Conditions:** In 2020, 64.7% of New Brunswick adults aged 18 or older reported having at least one chronic health condition, and 23.1% reported having three or more.
- **High Blood Pressure:** In 2021, 52.9% reported having high blood pressure, making it the most common chronic condition.
- **Diabetes:** In 2021, the prevalence was 31.6%.
- **Alzheimer's or other form of dementia:** In 2021, the prevalence 7.1%

Prevalence of Mental Health Conditions in Adults:

- **Depression:** In 2020, the prevalence was 19.8%
- **Anxiety:** In 2023, prevalence was 24.6%

Lifestyle Risk Factors in Adults:

- **Smoking:** In 2020, 17.5% of New Brunswickers were daily or occasional smokers.
- **Obesity:** In 2020, the self-reported obesity rate was 34.1%
- **Physical Activity:** In 2020, 49.9% of citizens engaged in moderate or vigorous physical activity for at least two and a half hours per week.

In 2020, only 35.6% of survey respondents indicated they know how to try to prevent further problems with health conditions, and 26.3% talk to health professional about improving health and preventing illness always or usually.

Access to primary healthcare in New Brunswick has declined significantly in recent years, contributing to growing pressures on the broader health system. In 2017, 93% of New Brunswickers reported having a permanent primary care provider; by 2023, this had dropped to just 79%. Timely access has also deteriorated, with only around 32% of individuals able to get an appointment with their provider within five days.

As a result, many residents are relying on alternative services: 69% reported using other services such as pharmacists, emergency rooms, or after-hours clinics due to lack of access to their usual provider. Regional disparities are also evident; for example, only 64% of residents in Zone 4 (Edmundston area) reported having a regular provider in 2023, compared to 95% in Zone 7 (Miramichi area).

The NBHC survey results underscore the significant impact of preventable chronic health and mental health conditions on the population and ultimately on the health and long-term care systems. They reflect a system under strain and the urgent need for targeted investment and reform to improve equitable access to primary care across the province.

Addressing Population Health outcomes through upstream prevention

When we talk about reducing burden on health and long-term care system through prevention, it's important to first consider what this means in the context of improving population health outcomes.

Social Determinants of Health

Health outcomes are largely influenced, up to 80%, by the Social Determinants of Health (SDOH). The Public Health Agency of Canada defines the SDOH as "a specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education or employment. Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples, LGBTQ and Black Canadians."[v]

Addressing the SDOH early can promote better long-term health, reduce the need for costly chronic care, and decrease reliance on emergency room services.

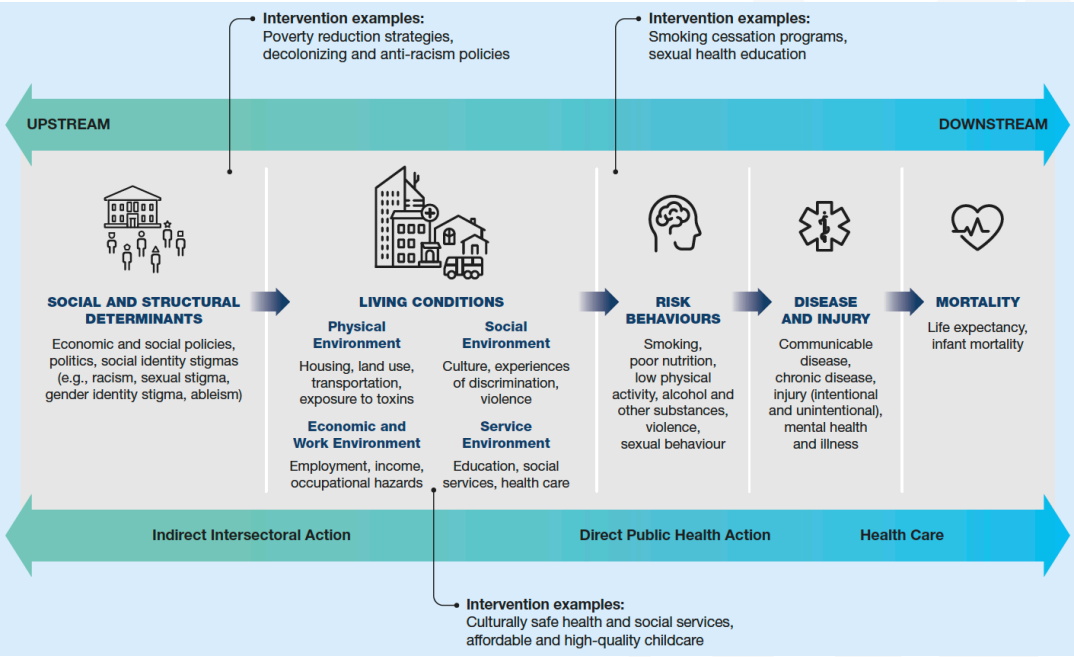
Upstream Prevention to improve health outcomes

Upstream prevention is a proactive approach to health and wellbeing that focuses on establishing the conditions and implementing interventions to support thriving communities and people living healthier, longer lives. It's also about setting the stage for our younger generations to live full and healthy lives and strive for resilience and sustained well-being for future generations.

Governments and organizations play a critical role in enabling healthier choices through thoughtful policy, evidence-based legislation, and health-promoting infrastructure and programming. By shaping the environments where people live, work, learn, and play, we can significantly reduce risk factors and increase protective factors for chronic disease, mental health, and injury.

The figure below from the 2021 Report on the State of Public Health in Canada shares an example of the continuum of interventions to address the social determinants of health.

Figure 1: Continuum of interventions to address the determinants of health[vi]



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Types of impactful upstream policy interventions

Policy and legislation have direct or indirect positive or negative impacts on population health outcomes. Culturally appropriate and equitable legislation and policy are critical tools to improving population health. It is equally important to ensure the impacts are monitored, evaluated, and reported on for transparency, public trust, and to maximize positive benefit and reduce risks or costs across a population.

There are many examples of upstream policy interventions that have been shown to improve population health outcomes including, but not limited to:

- Strengthened tobacco control laws
- Improved food labeling and product placement laws
- Healthy urban and rural planning / physical activity / zoning and land use laws
- Mental health early intervention programs,
- Alcohol control and licensing laws such as Minimum Unit Pricing (MUP)
- **Poverty reduction laws such as guaranteed Minimum Income / Income Support Policies**
- Early childhood investment policies
- Environment and climate health policies

Interactive population health modeling tools can be developed to predict key health outcomes and explore the impacts of various policy, legislative, and programmatic interventions. Using advanced technologies such as machine learning, artificial intelligence, and data analytics, these tools can enable decision-makers in New Brunswick to make evidence-informed choices that improve health outcomes, enhance resource allocation, and address health disparities. By modeling intervention scenarios, these tools can support policymakers, politicians, and community stakeholders in optimizing strategies to meet population health needs.

Healthcare crisis cannot be solved within the health sector alone.

In her 2021 Report on the State of Public Health in Canada, Dr. Theresa Tam argued that improving public health requires a "whole-of-society" approach that connects the health sector with other key areas like education, housing, business, and the environment. She emphasized the need for cross-sector collaboration, clear measures of health outcomes, and greater community involvement in decision-making especially by supporting Indigenous communities in leading their own public health strategies.

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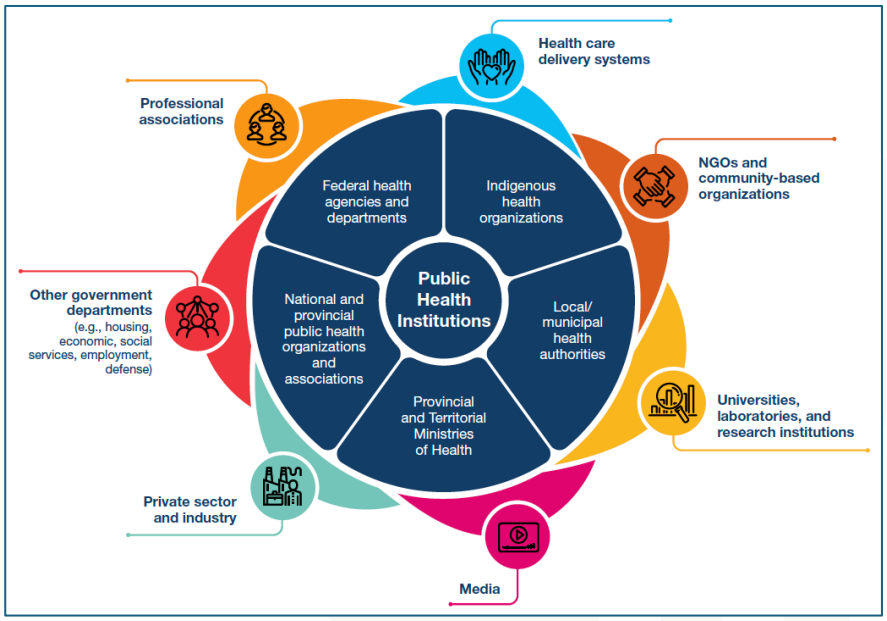
The report includes several recommendations including modernizing public health governance and collaboration structure and ensuring stable and consistent funding and specifically states:

"We need to invest in public health up front and consistently. This investment will be cost saving and provide many long-term social and economic benefits. Federal funding could support common public health priorities across systems along with a "public health report card" to show the impact of these investments."[vii]

The figure below taken from the 2021 Report on the State of Public Health in Canada is included to provide a description of the public health system.

Figure 3. Organizations in the Public Health System [v.]



The IPH strongly supports a "whole-of-society" approach in population health promotion. When it comes to research and innovation, New Brunswick often hits above its weight, positioning us well to become a national leader in population health as we work collectively to address the healthcare crisis in our province and country.

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Can prevention really make a difference in reducing the burden of the health care system?

Focusing on prevention can significantly reduce the burden on New Brunswick's healthcare system. Treating health problems in the health care system consumes both financial and human resources, while strategic investment in prevention through policy, legislation, and health promotion can improve health outcomes and access to care.

For example, improvements in mental health and chronic disease management can reduce the need for hospital visits, while injury prevention efforts, such as fall prevention for seniors, can ease pressure on emergency departments and long-term care facilities.

New Brunswick Health Council report have indicated that[viii, ix]:

- **Fewer avoidable hospitalizations:** On average, New Brunswick sees 48 avoidable hospitalizations per 10,000 residents under age 75. However, communities with stronger primary care and preventive measures see much lower rates (e.g., 23/10,000 in Quispamsis vs. 87/10,000 in Campbellton).
- **Reduced injuries and ER visits:** Falls among seniors result in nearly 40,000 ER visits each year and cost the health system approximately $250 million annually. Prevention programs targeting falls can significantly reduce this burden.

Research has also shown that[x],

- **Fewer high-cost patients through risk reduction:** Research on healthcare "super-users" in Ontario found that the largest reduction in high-cost healthcare users is by targeting health-risk behaviours, that is, addressing modifiable risk factors through prevention. Over a five-year period, an emphasis on reducing health-risk behaviors (such as smoking, poor diet, and inactivity) yielded the largest drop in the number of new high resource users, potentially averting hundreds of millions in treatment.

In her 2018 Chief Public Health Officer state of public health report [xi] Dr. Theresa Tam emphasizes the over-lap between mental health and chronic disease, and particularly the role of mental health and well-being in overall health outcomes. The report indicates there is growing evidence that strong protective factors, such as supportive relationships and access to mental

health services, can buffer risk and build resilience, even among vulnerable youth. Preventing problematic substance use requires coordinated actions that promote wellness, reduce harm, and strengthen supports across systems.

By investing in prevention, from chronic disease and mental health to injury prevention, New Brunswick can improve population health, reduce demand for costly services, and build a more sustainable healthcare system. A shift upstream will pay off downstream in reduced hospital use and improved quality of life for New Brunswickers.

Toward a Quality of Life Strategy for Canada

Global leaders are recognizing that GDP alone is not sufficient to describe our national and provincial prosperity and societal progress.

A 2020 Public Opinion Research by the Department of Finance Canada showed that *"One in two Canadians (53%) feel that stronger growth in Canada's GDP is important to their day-to-day life. However, far more (82%) feel that measures beyond economic growth such as health and safety, access to education, access to clean water, time for extracurricular and leisure activities, life satisfaction, social connections, and equality of access to public services are important to their day-to day life. In fact, nearly three quarters (71%) of respondents feel it important that the government move past solely considering traditional economic measurements like levels of economic growth, and also consider other factors like health, safety, and the environment when it makes decisions."*[xii]

Some governments such as Wales, Australia, New Zealand and Wisconsin are moving towards indicators of well-being or quality of life. This is key to upstream prevention because it recognizes a healthy and economically prosperous nation requires a holistic and evidence-based approach to decision making. The Government of Canada has responded with a proposal for a "Quality of Life Framework". This type of framework aligns well with the Whole-of-Society approach to prevention described by Dr. Theresa Tam and GNB's goals of fostering a sustainable healthcare system and improving outcomes for all New Brunswickers by prioritizing cross-sector impact, facilitating data-driven decisions, promoting research excellence, and maximizing investment returns.

An initial concept for the Quality of Life Framework can be found below.

Figure 5. Architecture of a Quality of Life Framework for Canada

International Examples of Prevention-Focused Strategies

There are several successful examples of all-of-society or all-of-government approaches to implementing health promotion and chronic disease prevention strategies with the goal of improving the overall population health and wellbeing with a focus on reducing health inequities.

Wales[xiii,xiv]

Wales has led the way in shifting health and social care toward prevention. Its 2021 strategy "*Healthier Wales: our plan for health and social care*", puts prevention at the center of its "whole-system Quadruple Aim". This is supported by the *Well-being of Future Generations Act* (2015), which legally requires public bodies to consider long-term health and well-being impacts in decision-making. This approach is intended to reduce rates of preventable disease, improve healthy life expectancy, and reduce health inequities, driven by programs like smoking cessation and chronic disease screening.

Wisconsin, USA[xv]
Wisconsin has adopted a "whole-of-society" approach to population health, recognizing that health is influenced by factors like housing, education, and income. The state's *State Health Improvement Plan* (SHIP) brings together government, communities, and diverse stakeholders to drive health improvements. Emphasis is placed on policy and environmental changes to make healthy choices easier. Programs like County Health Rankings have encouraged community action, while initiatives like the "Stepping On" falls prevention program have shown measurable impact. Cross-sector collaboration and learning networks have been crucial to Wisconsin's success in efforts to improve population health behaviors and outcomes.

Australia[xvi]
Australia's *National Preventive Health Strategy 2021–2030* sets clear goals for boosting health through prevention, including increasing the share of health spending on prevention to 5% by 2030. The plan takes a life-course approach, supporting both healthy childhood development and aging. Initiatives range from stricter tobacco controls to better urban planning and nutrition labeling. The country is also building a system to track outcomes.

New Zealand[xvii, xviii]
New Zealand has implemented broader health and social care reforms through the adoption of national "Wellbeing Budget," which ties public spending to long-term outcomes. The Wellbeing budget is intended to break down agency silos, focus on outcomes that meet the needs of present generations while thinking about long-term impact for future generations, and tracking progress with broader measures of success.

Across these examples, sustained investment in prevention, supported by policy, legislation, and cross-sector collaboration, has led to measurable improvements in public health. Whether through legal frameworks, funding commitments, or community engagement, these regions demonstrate that prevention-focused systems can reduce disease burden, promote equity, and improve long-term health outcomes.

How can New Brunswick learn from international examples towards prevention?

International examples offer valuable lessons for New Brunswick in re-orienting its health system toward prevention.

Key takeaways:

- Strong policy leadership and a unified framework embedding health promotion and chronic disease prevention into all levels of government through legislation and a clear, cross-sector strategy is powerful in ensuring that all departments, not just health, work toward long-term well-being goals. New Brunswick could adopt a similar "whole-of-society" approach to make chronic disease prevention and community well-being shared priorities across sectors to develop strategies that could reduce hospitalizations and improve quality of life for New Brunswickers while also easing strain on the healthcare system.

- The importance of setting clear, measurable targets and dedicating sustained funding to health promotion and chronic disease prevention commits to investing in the long-term health and wellbeing of New Brunswickers and aligns initiatives across the province. Clear goals and accountability can help shift the focus from treating illness to keeping people healthy in the first place.

- A "whole-of-society" approach can drive measurable improvements in population health. Broad coalitions across sectors such health, education, environment, business, and local governments make prevention a shared mission. Tools like well-being and accountability budgets and modelling tools can create transparency and motivate local action. New Brunswick could benefit from building similar partnerships and tracking systems to engage communities and ensure that progress on prevention is visible, inclusive, and sustained.

Together, these examples show that prevention works best when it's embedded in policy, resourced appropriately, and supported by coordinated, cross-sector action. New Brunswick has an opportunity to apply these proven strategies to improve population health and build a more sustainable, people-centered health system.

Conclusion and Call to Action

Drawing from Government of Canada reports, A Vision to Transform Canada's Public Health System and Toward a Quality of Life Strategy for Canada and from international examples, such as Wales, Australia, New Zealand, and Wisconsin, **we recommend adopting an All-of-New-Brunswick approach rooted in**

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holistic, Indigenous-informed perspectives on wellbeing, to develop and implement a health promotion framework and reporting system that measures and monitors improvements in population health with a dedicated budget and accountability. The IPH is well-positioned and has the clear mandate to collaborate with multiple partners (e.g., RHAs, universities, federal and municipal governments) to do this work.

GNB has supported the establishment of the IPH led by Dr. Jennifer Russell as Executive Director and Dr. Emily Richard as Scientific Director. We work across sectors, collaborating with researchers, government, and diverse partners to address New Brunswick's population health challenges through evidence-based, innovative solutions. We offer strategic recommendations from research findings to improve population health, alleviate healthcare and long-term care system pressures, and support policy development that fosters health equity.

GNB leaders can leverage their investment in IPH to support health care goals by providing evidence-based research and insights to improve access to care, address social determinants of health, and reduce pressures on the health system. The Institute's expertise aligns with government commitments to modernize health services, enhance mental health access, improve employee health, productivity, and retention, and inform policy decisions using data-driven insights. Additionally, the Institute's focus on collaboration and equity supports government goals of culturally safe care and health equity across communities.

We call on our government leaders, Indigenous communities, employers, researchers and population health champions to partner with us to conduct or support research or join in our advocacy efforts to elevate population health initiatives and connect evidence with actionable policy and legislation to advance the health and well-being of individuals and communities.

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