



New Brunswick
Health Council

Engage. Evaluate. Inform. Recommend.

Living Healthy, *Aging Well*

WHAT WAS HEARD

PRESENTED TO THE MINISTER OF HEALTHY AND INCLUSIVE
COMMUNITIES



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1. EXECUTIVE SUMMARY

In June 2013 the Minister of Healthy and Inclusive Communities initiated the dialogue *Living Healthy, Aging Well* with the objective of engaging citizens and stakeholders in a positive conversation about how we can work together to rebuild our province and ensure that New Brunswickers will be able to live healthy and age well for generations to come. In collaboration with the Department of Healthy and Inclusive Communities, the New Brunswick Health Council (NBHC) organized nine dialogue sessions over a 15-day period that saw the **participation of 234 New Brunswickers**. The outcome of these sessions, and the **3,331 responses** is included in the *Living Healthy, Aging Well – What Was Heard* report.

The report explains the methodology used for the initiative, a participant profile, and the key themes. These themes were collected following discussions on two questions.

Question #1: What are you doing to lead a healthy active life?

Question #2: What is happening in your community to support healthy active living?
Tell us what else could be done within your community to support aging well?

Key Findings for Question #1

- ✓ Responses follow three major themes: Mental, Physical, and Social Well-being. In examining the themes from Question #1, an almost equally important emphasis is placed on each theme. Furthermore, there is even general agreement across the province on the themes to Question #1.
 - Improving mental well-being through stress reduction, improving emotional health, and maintaining a sense of spirituality all play an important role in promoting active and healthy aging.
 - Many responses to what participants are doing to lead a healthy active life include structured and unstructured exercise.
 - Participants also highlight the impact of loneliness in its various forms on their sense of well-being.

Key Findings for Question #2

- ✓ Responses follow numerous themes, from the roles of various levels of government and community to accessibility and mental health issues. The themes following Question #2, while seeming to encompass a wide-range of topics, point toward a desire for a more consistent, focused, community driven, and citizen-centered approach to the delivery of those services that are aimed at keeping seniors healthy and active.
- ✓ Participants acknowledge that government plays a crucial role in living healthy and aging well.

- While participants recognize that governments do a great deal, they stress it should do more in terms of facilitating initiatives between governmental and non-governmental groups.
- Municipal governments are particularly important in providing recreation services that lead to healthier aging.
- ✓ Intergenerational activities are not encouraged or promoted enough.
- ✓ Community driven projects, such as community gardens, are widely appreciated.
- ✓ Public awareness of various government and community-based initiatives on seniors' activities is lacking; and there is no ownership of information on what is available to help seniors in aging well.
- ✓ Seniors want to stay in their own homes and be part of their community for as long as possible.

2. INTRODUCTION

The Minister of Healthy and Inclusive Communities, Dorothy Shephard, initiated a citizen engagement tour of New Brunswick between June 3rd and June 17th, 2013. The tour was entitled, *Living Healthy, Aging Well* and over the 15-day period, 234 New Brunswickers participated. Following the success of a similar engagement tour for the Department of Health in 2012, the Department of Healthy and Inclusive Communities partnered with the New Brunswick Health Council (NBHC) on this initiative.

Each session progressed in a similar fashion with a short introduction by the Minister that was accompanied by a Heart and Stroke Foundation video containing a clear message and question, “What will your last 10 years look like?” The 20-25 minute NBHC presentation, *Growing Old with Vitality* was followed by Question #1 which stimulated a table discussion of about an half hour. A plenary session of 10-15 minutes allowed participants the opportunity to share their thoughts and the table discussions. A second presentation, *An Age Friendly Community*, of about 15 minutes preceded Question #2, another half-hour table discussion, and final plenary.

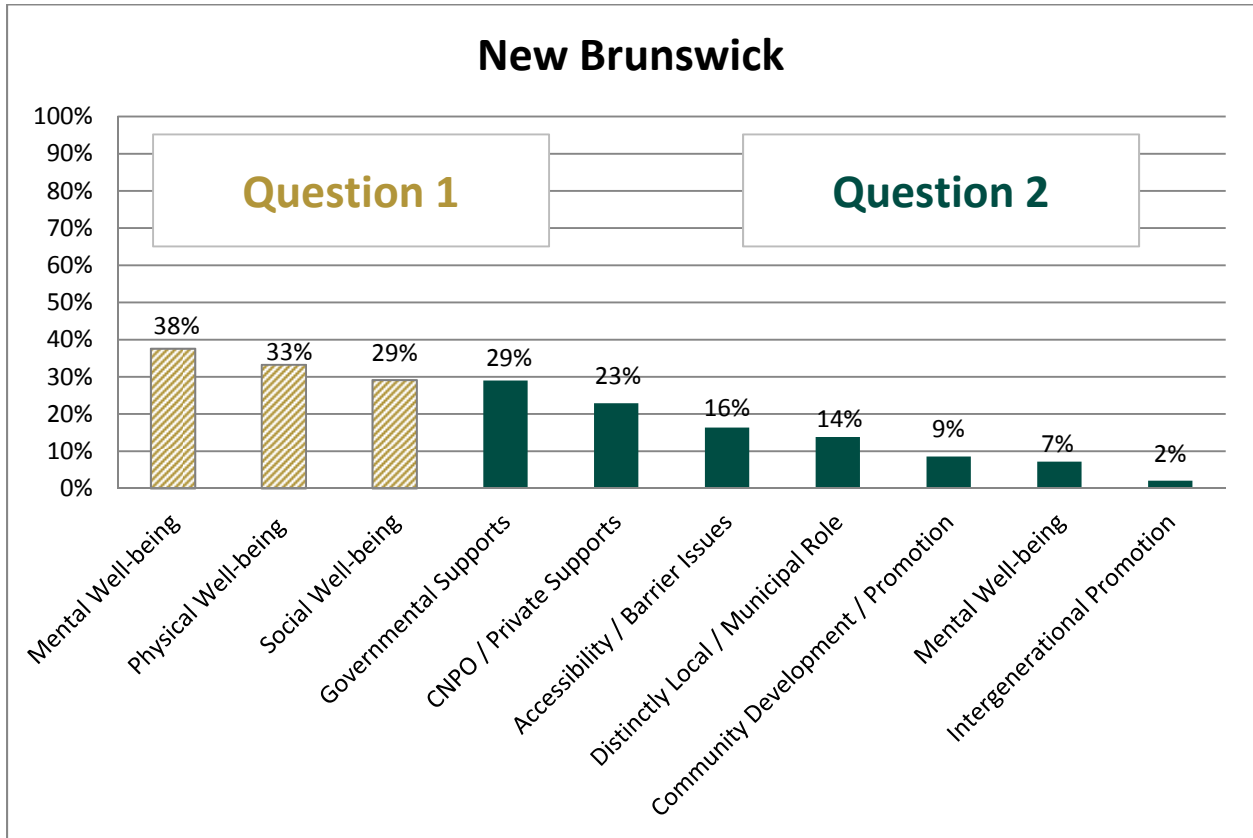
The questions and the NBHC presentations were delivered by NBHC CEO Stéphane Robichaud and inspired by the Heart and Stroke Foundation video.

Question #1: What are you doing to lead a healthy active life?

Question #2: What is happening in your community to support healthy active living?
Tell us what else could be done within your community to support again well?

Participants' comments were recorded by the table facilitators and various themes were identified and subsequently coded by the NBHC. The thematic analysis is the foundation of this report. A quick breakdown of what was said by theme can be examined in **Figure 2.1**.

Figure 2.1 The overall distribution of responses by individual themes province-wide.



*CNPO: Community non-profit organizations

Question 1: *What are you doing to lead a healthy active life?*

Question 2: *What is happening in your community to support active living? Tell us what else could be done within your community to support aging well?*

3. METHODOLOGY

The *Living Healthy, Aging Well* dialogue set out to engage citizens and stakeholders. It was developed to be an iterative learning process with New Brunswickers of many perspectives discussing the issues with each other. Simultaneous translation was available at all sessions and sign language interpretation was made available where requested. The location, date, and time of all nine sessions (**Figure 3.1**) were predetermined to coincide with the availability of the Minister of Healthy and Inclusive Communities, or when she was not available, an alternate. The nine sessions occurred over a 15 day period. All venues that were selected for the sessions were accessible to those with mobility issues. As well, venues were selected that were convenient for those in each respective community to get to. For example it was held in a community center such as the legion or other well-known facility.

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

Dialogue Location	Date (dd/mm/yyyy)	Time
Moncton	03/06/2013	6-9 pm
Saint John	04/06/2013	6-9 pm
Edmundston	05/06/2013	6-9 pm
Campbellton	06/06/2013	6-9 pm
Tracadie-Sheila	10/06/2013	6-9 pm
Bathurst	11/06/2013	6-9 pm
Miramichi	12/06/2013	6-9 pm
Woodstock	13/06/2013	6-9 pm
Fredericton	17/06/2013	6-9 pm

To increase public awareness of the upcoming dialogue sessions, key information such as the *what, where, when, why, and time* relating to the initiative was communicated utilizing a variety of tools, such as radio, local and regional newspapers. In addition, an invitation from the Minister was sent out to approximately 50 key stakeholder groups that offer services to seniors. Although not mandatory, pre-registration was encouraged to allow for better logistics management i.e., mobility needs, appropriate number of table facilitators, adequate seating, etc. Those who wanted to participate but who were not able to attend a face-to-face session were encouraged to submit their ideas online via a dedicated webpage used exclusively for this initiative. The webpage was managed solely by the Department of Healthy and Inclusive Communities. It went live on May 17th, 2013 and it remained active until June 21st, 2013. New Brunswickers were also encouraged to email their comments or send them by regular mail.

Electronic *Audience Response Cards* (key pad voting devices) were used during each dialogue session as a way to capture demographic information from the participants. The graphs

displayed throughout this document demonstrate the provincial results of the individual questions. Altogether, 234 people participated in the voting.

3.1 FACILITATORS

Table facilitators were recruited from within the Government of New Brunswick workforce as well as from a list of facilitators associated with the NBHC. In preparation for a mandatory orientation session, facilitators were sent a Table Facilitator Handbook (**Appendix 8.1**) specifically designed for the dialogue. In addition to the orientation, facilitators attended a briefing session prior to the beginning of the specific dialogue they were assigned to facilitate and participated in a debriefing session thereafter. When and where appropriate, feedback received from the facilitators was implemented at the following dialogue session to enhance participant's experience.

3.2 REGISTRATION TABLES

Onsite registration was set up to greet participants and to assign them to a table based on their

individual perspective and official language of choice. This was meant to ensure a diversified conversation at every table in addition to allowing participants to express themselves in the language they were most comfortable with. In a few cases, participants preferred to choose their own seat.



3.3 GROUND RULES

Participants were reminded that the goal of a dialogue is to work towards understanding the point of view of others and not to establish a "winner" or a "loser". To further emphasize the point, the dialogue ground rules (**Figure 3.2**) were introduced during the first presentation of the evening and were prominently displayed at the center of each dialogue table in both official languages.

3.4 PARKING LOT

Participants who wanted to raise an issue/question of personal interest or who

wanted to share their view on a subject not covered throughout the dialogue were invited to write it down and post it in the Parking Lot and/or hand it to their table facilitator. If participants requested an answer to their question, they were asked to leave their contact information. All Parking Lot items were picked up at the end of each dialogue session and submitted to the Department of Healthy and Inclusive Communities for follow-up.

3.5 PARTICIPATION

All dialogue sessions were open to all members of the public. Participation rates ranged from 9 to 41 people. Population density where the dialogue sessions were held may have impacted the turnout at certain sites. Some factors might have had an impact on the number of participants to the sessions. Was it low turnout? Why? Speculate.

GENERAL LIMITATIONS

- Participants were informed of the topics at each session along with the presentations delivered throughout the evening. No workbook or conversation guide calling attention to the dialogue questions was prepared for distribution.

PARTICIPATION RATE LIMITATIONS

- Five of the nine sessions attracted fewer than 25 people, with Miramichi attracting only nine.
- There was a comparatively low turnout at the Moncton session. If comparing Census Metropolitan Areas as the catchment area for the sessions, Moncton's 29 participants is low when Saint John attracted 38 people, Fredericton 40, and Tracadie-Sheila 41.¹

PARTICIPATION PROFILE LIMITATIONS

- Only one person under the age of 25 attended the nine sessions.
- Compared to population figures for the province², those under 45 years of age were under-represented while those over 55 were over-represented while the size of the 45-54 year age group fell within its age group range.
- Women were over-represented by 2 to 1.

¹ New Brunswick Health Council Community Boundaries (2011). Moncton (130,165); Saint John (125,371); Fredericton (82,000) and Tracadie-Sheila (14,221).

² Source: Statistics Canada (2011). Estimates of population, by age, group and sex for July 1, Canada, provinces and territories, annual (persons unless otherwise noted), CANSIM (database).

3.6 INCENTIVES

Coffee, tea and water were available during the dialogue sessions; however, no incentives or stipends were offered in exchange for participation.

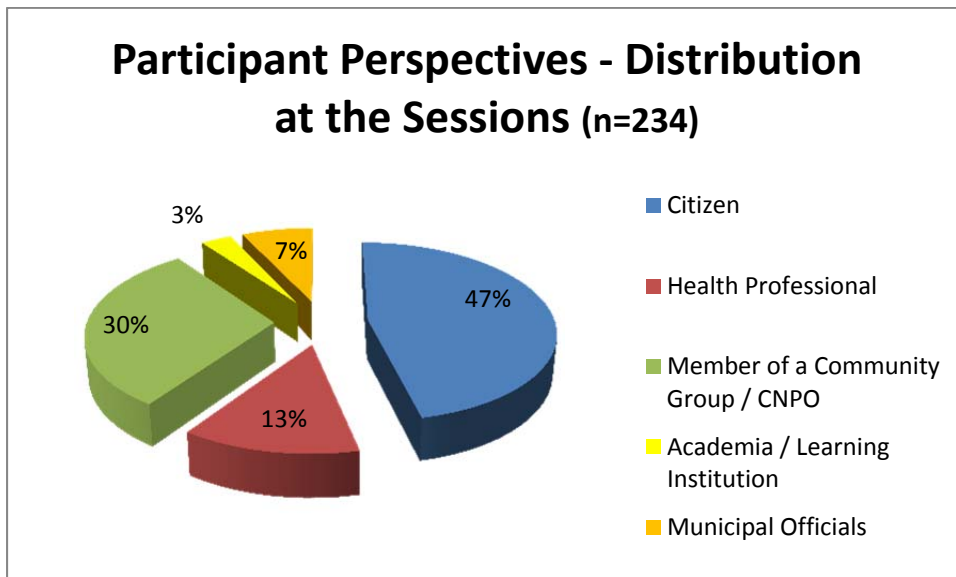
4. PARTICIPANT PROFILE

Prior to the first presentation of the evening, participants were invited to respond to several multiple choice questions via their handheld *Audience Response Cards* (keypad voting devices). The four questions were of a demographic nature and allowed for a participant profile to be drawn.

4.1 PERSPECTIVES

Although some came equipped with more than one perspective, participants were asked to self-identify with the perspective that motivated their participation that evening. The following graph (**Figure 4.1**) provides a snapshot of the provincial distribution of participants by perspectives.

Figure 4.1 Provincial distribution of participants by perspectives



Nearly, half of the participants (46%) self-identified as citizens only. That is, they did not identify as possessing any other motivating factor behind their participation. Those identifying as representing a community group or Community Non Profit Organisation made up 30% of the participants. Indeed, at three of nine sessions this group outnumbered citizens – Miramichi (56%), Fredericton (45%), and Moncton (38%). As seen in **Figure 4.1** above, Health Professionals accounted for 13%, and Municipal Officials and Academics represented 7% and 3% of participants.

4.2 AGE GROUPS

In the nine sessions, only one person under the age of 25 attended. Less than 17% of all dialogue participants self-identified as being in one of the following age groups: under-25, 25-34 and 35-44, while 67% of dialogue participants self-identified as being in one of the following age groups: 55-64; 65-74 and 75 and over. Specifically, dialogue participants between the ages of 55 to 64 had the greatest overall representation at 33%, while the under-25 age group was the most under-represented (<1%) at any given session. When and where representation discrepancies occurred, the moderator reminded participants to keep the under-represented group in mind during their table discussions.

Figure 4.2 *New Brunswick age group distribution compared to dialogue participant age group distribution*

Age Groups	Age Distribution in New Brunswick ³	Age Distribution at the Sessions
Under 25	28%	<1% (1 person)
25-34 years	12%	7%
35-44 years	13%	9%
45-54 years	16%	16%
55-64 years	15%	33%
65-74 years	9%	25%
75+ years	7%	9%

4.3 GENDER

Overall, the dialogue participant distribution by gender stood at 66% for females versus 34% for males. At the sessions there were two extremes: Edmundston had nearly twice as many men participating as women; and Saint John was at the lower end with 27% male participation.

³ Statistics Canada (2011). *Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual (persons unless otherwise noted)*, CANSIM (database).

4.4 LANGUAGE

Participants were asked to identify their preferred language of service. The responses provided the moderator with a general impression of the language of those attending a particular session. The participant profile for *Living Healthy, Aging Well* can be seen below in **Figure 4.3**.

Figure 4.3 Self-identified Preferred Language of Service of participants

Preferred Language of Service	Distribution at the Sessions
English	55%
French	43%
Other	2%

5. GROWING OLD WITH VITALITY

Participants were asked to watch a Heart and Stroke Foundation video provided by the Department of Healthy and Inclusive Communities. The video highlighted the importance of adopting a lifestyle promoting aging in the comfort of our own homes. Adopting such lifestyle choices has a positive influence, not only to individual health, but is also recognized to have a significant influence on reducing health care costs.

The video was followed by an NBHC presentation. Along with information on chronic health conditions in New Brunswick, participants were introduced to population health and the role that health behaviour, social and economic factors, the physical environment, and the health care system play in determining their individual population health status or outcomes.

The purpose of the table discussions that followed was not to reach a group consensus, but rather to better understand what citizens are doing to lead healthy active lives and concurrently what can they personally be doing to achieve healthier and more active lives; in essence, *Living Healthy, Aging Well*.

With the assistance of a table facilitator, participants were invited to work together at their respective tables to further explore Question #1 and report back in plenary. If, due to lack of time, every table did not report back, those tables would be given priority for Question #2. The facilitators were tasked with capturing key messages at every table, therefore whether a table reported back or not, participants were assured that what everyone had to say was still considered in the analysis.

"You're as old as you think you are."
Participant – Fredericton site
Participant – Fredericton site

DIALOGUE QUESTION #1: WHAT ARE YOU DOING TO LEAD A HEALTHY ACTIVE LIFE?

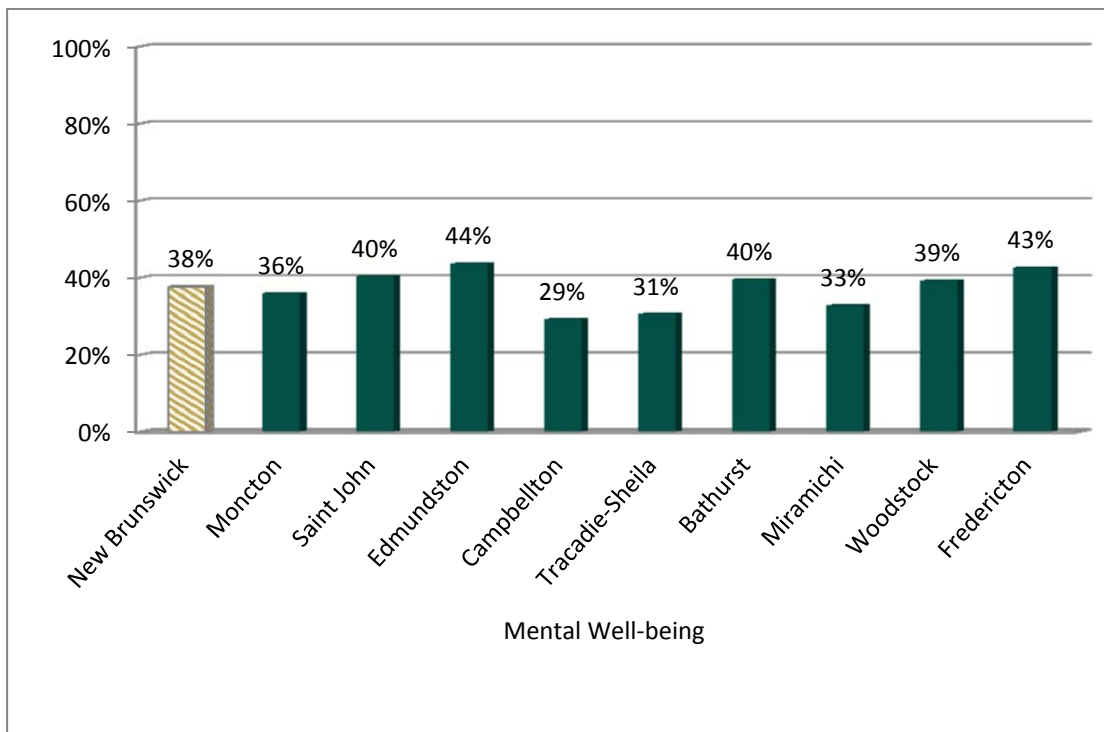
Responses were thematically coded. Over 1,300 individual responses were coded from across the province and thematically catalogued for Question #1. These fell under three over-arching themes: *Mental, Physical and Social well-being*.

5.1 MENTAL WELL-BEING

This theme encompasses the most responses from participants. It refers not only to activities directly related to mental health, but also to those activities that contribute to enhanced mental, emotional, and spiritual well-being. This includes concepts such as social inclusion, stress reduction, organized religion, and non-traditional spiritual teachings.

As indicated in **Figure 5.1**, responses thematically coded under *Mental Well-being* represent nearly 38% (495/1317) of the responses generated province-wide to Question #1. Comparing this to individual dialogue sites, participants in Edmundston have the highest percentage of their responses (44% or 51/117 responses) coded under *Mental Well-being* while those participating in Campbellton have the lowest percentage of their responses (29% or 21/72 responses) allocated to the same theme. However, generally speaking, there is little fluctuation across the province when comparing to the provincial average regarding this theme.

Figure 5.1 Responses relating to Mental Well-being province wide (yellow) and per individual dialogue site (green)



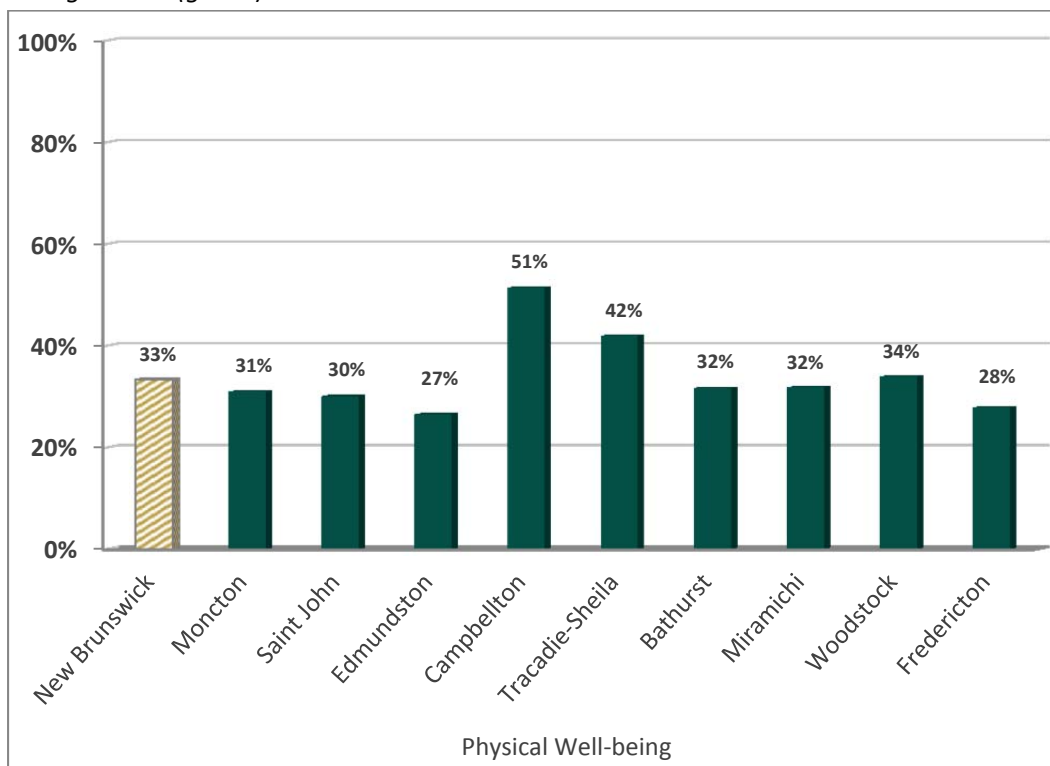
Although discussions varied from table to table and from site to site, some common patterns quickly emerged on the *Mental Well-being* front. In general, participants agree that citizens need to be more involved in their community; that volunteerism has positive effects for the volunteer as well as those recipients of the volunteer’s efforts. Other comments involve simply getting enough sleep, and taking advantage of stress reduction techniques such as Tai Chi.

Ultimately, respondents were clear that improving mental well-being through stress reduction, improving emotional health, and maintaining a sense of spirituality all play an important role in promoting active and healthy aging. Responses highlight that in many cases, these three aspects (mental well-being, emotional health, and spiritual health) intertwine.

5.2 PHYSICAL WELL-BEING

As indicated in **Figure 5.2**, responses coded under *Physical Well-being* represent roughly 33% of those generated province-wide to Question #1. When comparing individual dialogue sites, participants in Campbellton have the highest percentage of their overall responses (51% or 37/72) coded under *Physical Well-being*, while, Edmundston has the lowest (27% or 31/117). This is in complete reversal to *Mental Well-being*. Also, other than two sites where participants mention *Physical Well-being* significantly (by at least 20% more than the provincial average), there is little fluctuation across the province.

Figure 5.2 Responses to *Physical Well-being* province-wide (yellow) and per individual dialogue sites (green)



An added perspective emerged during the Moncton session, where a table was composed entirely of persons who were deaf or hard of hearing. This table conveyed strong opinions about *Physical Well-being*, in fact, this theme accounts for over 50% of the comments at the table with much of the messaging highlighting how dependant they are on interpretation services, even more so as they age. An increase in the availability of interpretation services when it comes to social and/or recreational activities would allow persons who are deaf or hard of hearing to feel more integrated to the community, and therefore to have a better quality of life.

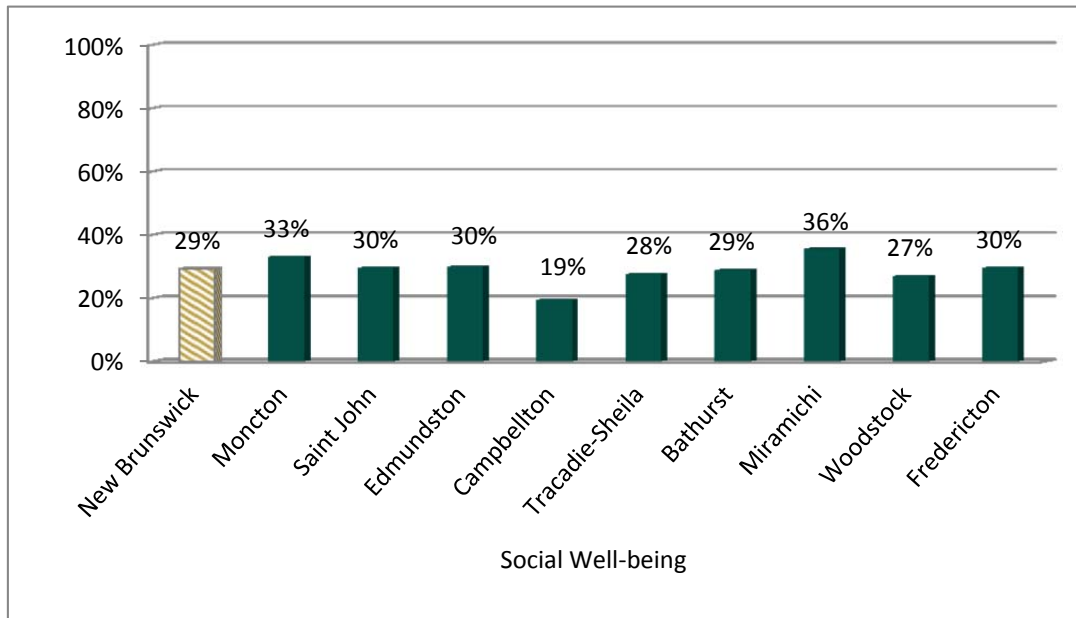
The importance of the role of physical well-being, especially through physical activity and exercise is not a new concept to New Brunswickers. Prior NBHC citizen engagement initiatives, in particular, *Our Health. Our Perspectives. Our Solutions.* in 2010 and *Rebuilding Health Care Together* in 2012 both emphasize that citizens fully appreciate the need to be more physically active, regardless of age.

Many responses to what participants are doing to lead a healthy active life include both structured exercise, such as gym memberships and organized activities, and unstructured exercise, such as walking a dog or playing with grandchildren.

5.3 SOCIAL WELL-BEING

Responses relating to the *Social Well-being* theme encompass 29% of overall responses. The responses range between a high of nearly 36% in Miramichi to a low of 19% in Campbellton. However, apart from these two sites, as illustrated in **Figure 5.3**, there is not a great deal of fluctuation across the province. In terms of answering Question #1, for the most part, respondents see *Social Well-being* as encompassing two distinct elements. *Food* is the first of these elements. The second refers to education and the information needs of the participants. Together they account for nearly 28% of overall responses to Question #1. The remaining responses under *Social Well-being* relate to social issues outside the elements of *Food* and *Education / Information*.

Figure 5.3 Responses relating to Social Well-being province-wide (yellow) and per individual dialogue site (green)



5.3.1 FOOD

Common across all dialogue sites participants highlight the important role that *Food* plays on a person’s overall health. As indicated in **Figure 5.4**, Question #1 responses coded under *Food* account for nearly 16% of all responses generated province-wide. When comparing this to individual dialogue sites, participants in Miramichi have the highest percentage of their responses (22%) under *Food*, while Fredericton registers just over 11%.

What others said:

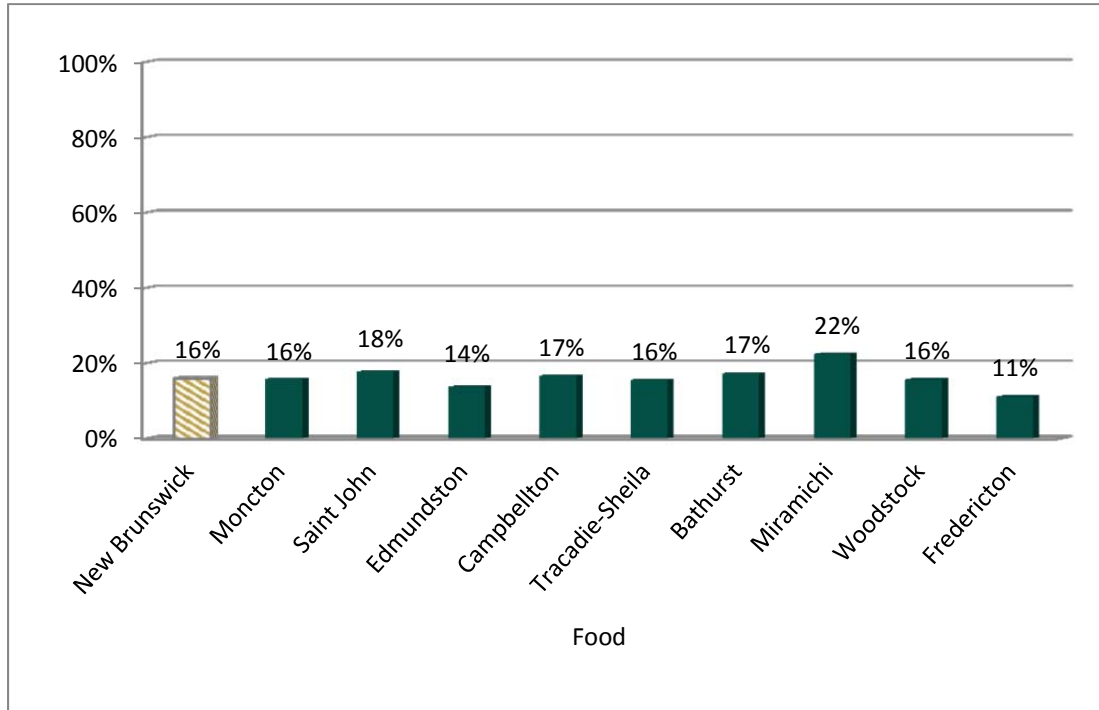
What others said:

“Improve communications / information so that people in need are better informed of opportunities.”
Participant – Woodstock site

“Sold my car – walking ever since”
Participant – Bathurst site

“Take the time to eat well”
Participant – Moncton site

Figure 5.4 Responses relating to Food province-wide (yellow) and per individual dialogue site (green)



Food is an element that materialized in previous NBHC engagement initiatives, as well as this one. Many comments revolve around food security. Some issues that are coded as *Food* also belong in one of the other two themes. For example, making healthy food choices affordable contains a cost element that fits appropriately under *Social Well-being*. Additionally, participants express concern over access to healthy food and being able to make healthy food choices, which also fits under the *Physical Well-being* theme. There are occasions, such as respondents participating in a healthy food course, which encompasses numerous themes and elements, including *Food* and *Education / Information*.

What others said:

What others said:
 “Improve communications / information so that people in need are better informed of opportunities.”
 Participant – Woodstock site

Participant – Woodstock site
 “Sold my car – walking ever since”
 Participant – Bathurst site

Participant – Bathurst site
 “Take the time to eat well”
 Participant – Moncton site

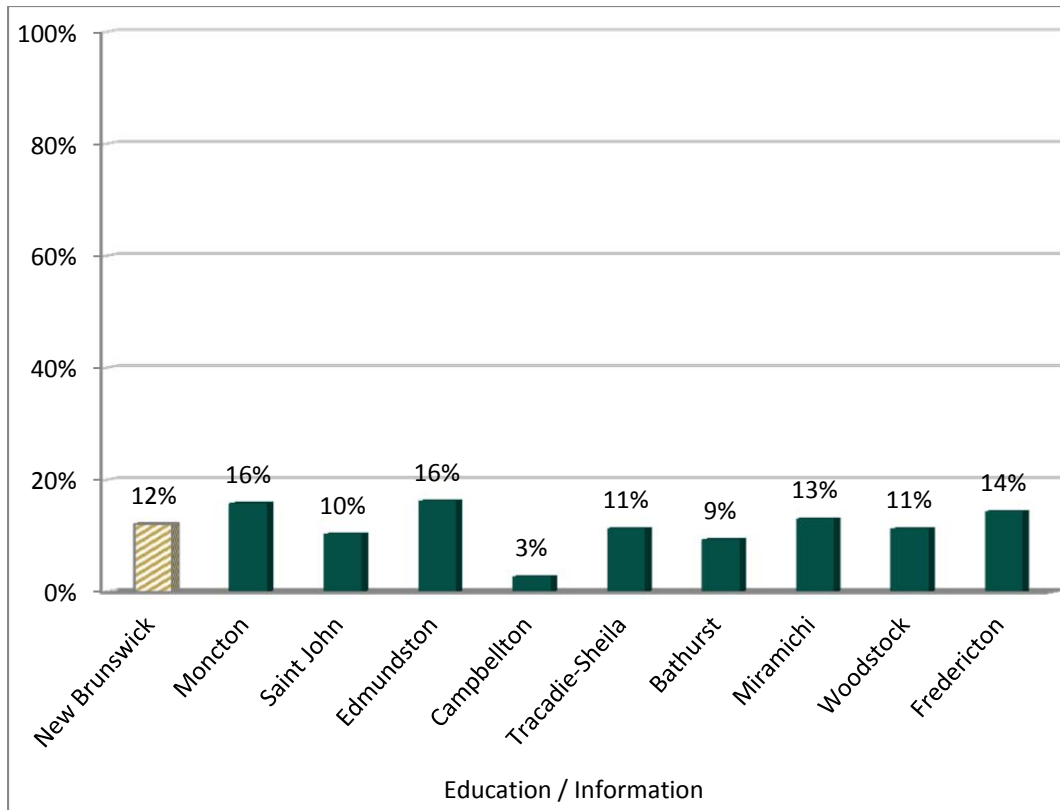
Participant – Moncton site
 “Take the time to eat well”
 Participant – Moncton site

5.3.2 EDUCATION / INFORMATION

As indicated in **Figure 5.5**, responses coded under *Education / Information* represent 11% of all responses generated province-wide for Question #1. When comparing its relevance overall, it is important to keep in mind that the figure being discussed

represents merely 159 responses out of 1317. When comparing to individual dialogue sites, participants at the Moncton site have the highest percentage of their responses (15% or 22/146) coded under this element, while participants at the Campbellton site have lowest percentage (2.5% or 2/80).

Figure 5.5 Responses relating to Education / Information province-wide (yellow) and per individual dialogue site (green)



There are essentially two parts to this element: Education and Information. Comments regarding having access to university courses to promote healthy aging fit under the education heading, however there is also an additional benefit of being active in the community and being informed about what is occurring in their community. Information strikes a similar message, in that participants discuss what they do to seek out information on activities and services (such as Libraries, recreation programs, etc.) relevant to their everyday experience.

Theme	Sample of Participants Comments
<i>Mental, Emotional, Spiritual Well-Being</i>	<ul style="list-style-type: none"> ✓ Feeling valued and appreciated ✓ Focus on what is valued – work / life balance ✓ Maintaining an equilibrium ✓ I socialize often through my Church choir ✓ Sharing meals to avoid eating alone ✓ Staying in tune with spirituality / faith ✓ Daily meditation ✓ Tai Chi
<i>Physical Activity / Exercise</i>	<ul style="list-style-type: none"> ✓ Continuing to work past retirement ✓ Dusty Sneakers (a program designed for active older adult participants) twice a week ✓ Walking everyday ✓ Having a pet to increase mobility – walking ✓ Water exercise, swimming ✓ Develop / promote an active lifestyle within children ✓ Play with my grandchildren
<i>Nutrition / Food</i>	<ul style="list-style-type: none"> ✓ Eat well / not so much sugar and salt ✓ Avoid caffeine and sugar ✓ Drink lots of water ✓ Buy local food ✓ Cook from scratch ✓ Take cooking courses
<i>Education / Information</i>	<ul style="list-style-type: none"> ✓ Take a senior’s university course ✓ Take responsibility for your health by learning why your health is the way it is ✓ Be mindful of medications you are taking ✓ Learn new skills – have goals in mind ✓ Attend wellness classes ✓ Visit the library ✓ Make people aware of what is available Reading – self-improvement

6. AN AGE FRIENDLY COMMUNITY

Question #2 moved away from what people were doing at an individual level, to what was occurring at the community level and what more could be accomplished. Participants were provided with a World Health Organization definition of what is a healthy community:

“It is a place that has an inclusive and accessible urban environment that promotes active aging.”

This kicked off a 15-minute additional presentation on health in the province, specifically the state of social participation and sense of community in New Brunswick in relation to the rest of Canada. Moving forward with Question #2, participants were to keep in mind not only the previous presentations at the beginning of the evening, but the table conversations that ensued.

DIALOGUE QUESTION #2: WHAT IS HAPPENING IN YOUR COMMUNITY TO SUPPORT HEALTHY ACTIVE LIVING? TELL US WHAT ELSE COULD BE DONE WITHIN YOUR COMMUNITY TO SUPPORT AGING WELL?

The question contained two parts however time was not allotted to discuss each separately. Many participants had discussed what was happening in their community during Question #1, so their time for Question #2 appeared dedicated to responding to what else could be done and by whom. As in Question #1, responses were coded and divided into themes. About 1,980 responses from across the province were catalogued for Question #2.

The most prominent theme is *Government Supports*; however, participants make many distinctions between the levels of government and while most involve the provincial government, the NBHC was able to categorize expressions of a *Distinctly Local / Municipal Role*. Other themes include *Community Non Profit Organisations / Private Supports*; *Accessibility / Barrier Issues*; *Community Development / Promotion*; and finally, *Mental Well-being*.

6.1 GOVERNMENT SUPPORTS

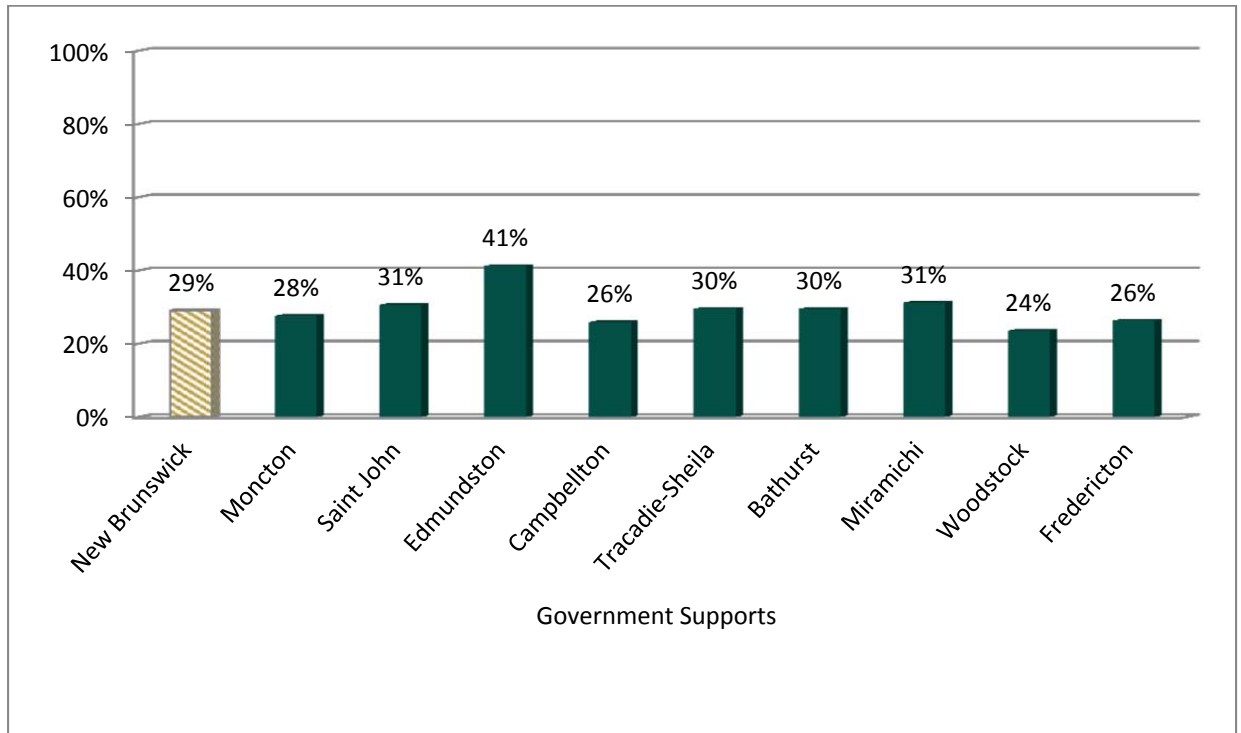
This theme encompassed the most response from participants. Participants focused a great deal on what they want for their community, as opposed to what the community offered. However, it should be noted that often the issue is not the lack of available services or the desire for additional resources, but rather that participants are unaware of what is being offered and what resources are available in their community.

“Accessibility issues with walkers and wheelchairs, and safety concerns because of poor lighting on sidewalks.”

Participant – Tracadie-Sheila site

As indicated in **Figure 6.1**, responses under the *Government Supports* theme represent 29% (575/1981) of the responses generated province-wide to Question #2. Comparing this to individual dialogue sites, apart from participants in Edmundston who have the highest percentage of their responses (41% or 54/131) coded under this theme, participants at the remaining sites are more or less on par with the provincial average.

Figure 6.1 Responses relating to *Government Supports* for province wide (yellow) and per individual dialogue site (green)



Generally speaking, during the tour some common concepts emerge time and again. Many of these comments can be further separated to highlight the extent to which local government plays a role or the extent to which participants see a role for their municipality.

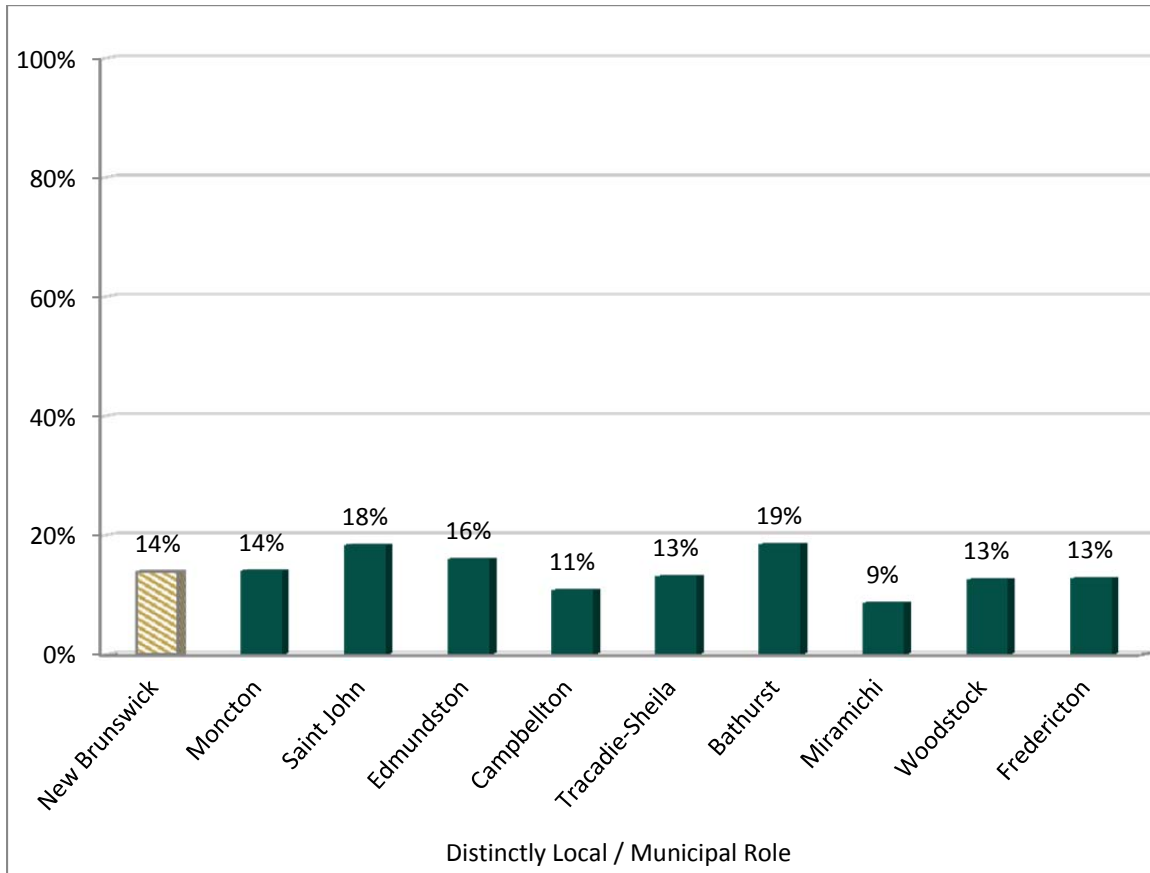
6.1.1 DISTINCTLY LOCAL / MUNICIPAL ROLE

Common responses under this element of the *Government Supports* theme include the promotion of community gardens and farmers' markets in addition to the work that the municipalities play in building and maintaining their own trail networks. Some safety concerns, in particular those surrounding unlit or poorly lit areas, poorly maintained sidewalks, or a lack of sidewalks altogether are also top-of-mind issues for many participants.

Responses that highlight a *Distinctly Local / Municipal Role* account for nearly 14% of total responses (274/1981) for Question #2. **Figure 6.2** shows how this was portrayed across the province at the sites the NBHC visited on the tour. The theme experienced

some fluctuation from site to site, with Bathurst at the high end (19%) and Miramichi at the bottom end with half as many (9%).

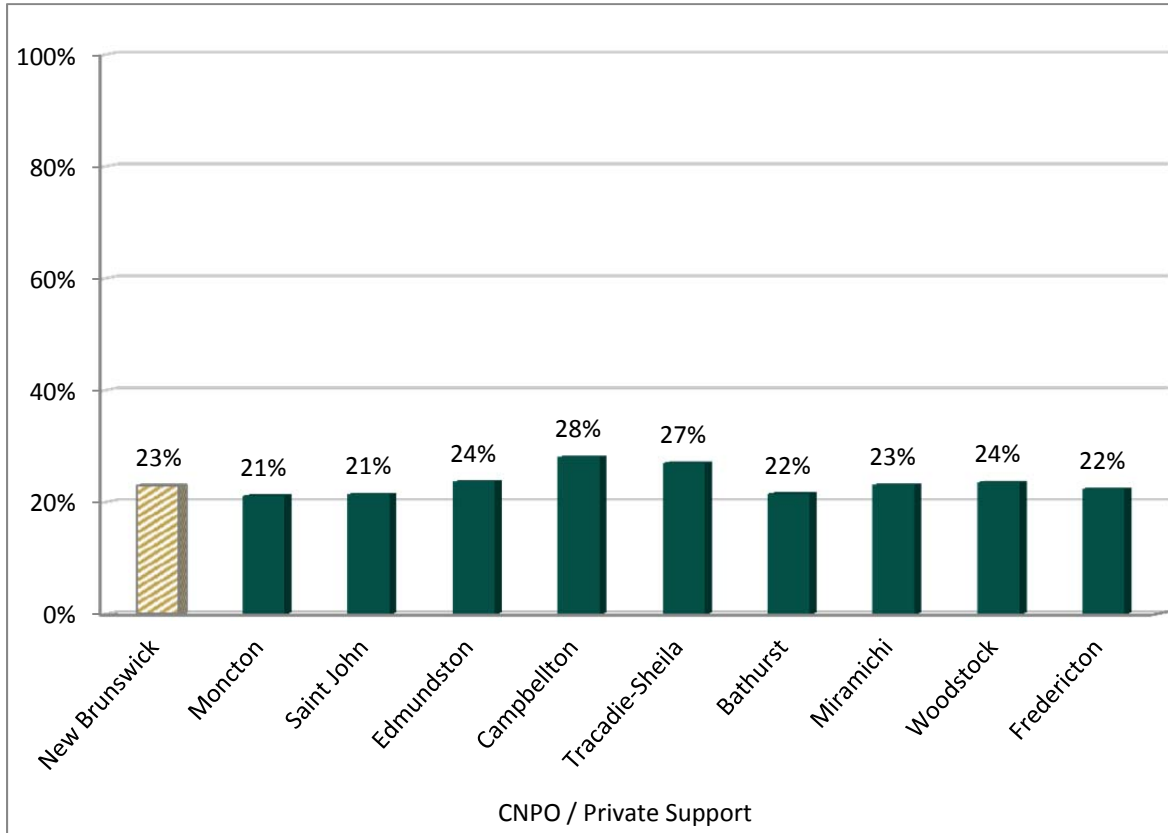
Figure 6.2 Responses relating to a Distinctly Local / Municipal Role province wide (yellow) and per individual dialogue site (green)



6.2 Community Non Profit Organisation / PRIVATE SUPPORTS

As indicated in **Figure 6.3**, responses coded under the *Community Non Profit Organisation / Private Supports* theme represent almost 23% (454/1981) of the responses province-wide to Question #2. Apart from a high of 28% at the Campbellton site, all other sites fell close to the provincial average.

Figure 6.3 Responses relating to Community Non Profit Organisation / Private Supports province wide (yellow) and per individual dialogue site (green)



This theme is an acknowledgement by participants of the work being accomplished by the non profit organizations and private sector groups within their communities. Also, it is an occasion to discuss what many expect from these groups. That being said, the comments allude to the many obstacles facing volunteer groups today, such as changing demographics and the growth in urbanization.

6.3 ACCESSIBILITY / BARRIER ISSUES

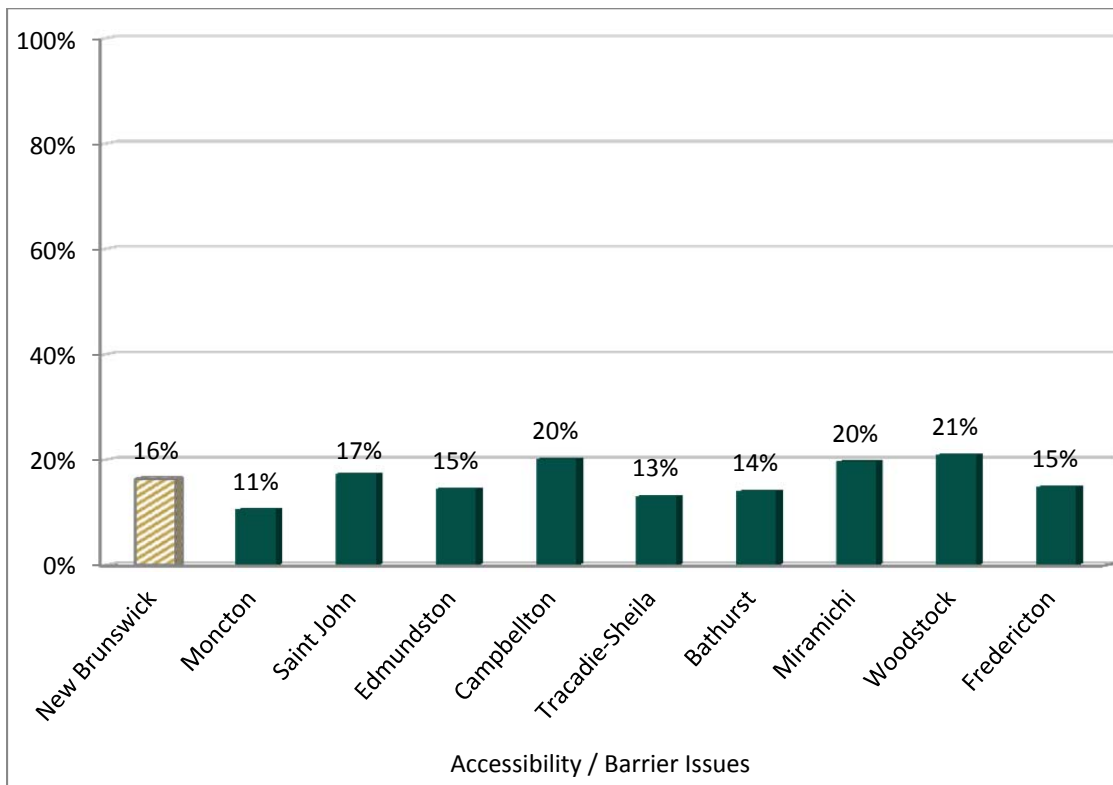
Participants mention accessibility and various barriers to participation in over 16% of responses to Question #2. Generally speaking, there are a few categories under this theme, such as access to transportation services, access for those with physical limitations, and the cost-prohibitive nature of many activities.

Official languages have also been raised during this provincial tour, with some participants emphasizing the importance of receiving services in the language of their choice. Many New Brunswickers, for work-related or other reasons, find themselves living as a linguistic minority. With retirement approaching, these New Brunswickers are noticing challenges associated to aging in a minority context.

There are few structures allowing them to perform their activities or receive services in the language of the minority, notably when it comes to nursing homes, seniors clubs and community activities including facing challenges with accessing hospital services in the language of their choice. These situations can lead to develop feelings of isolation and frustration.

As highlighted in **Figure 6.4**, only three sites fall within a 20% range on either side of the provincial average: Fredericton with 15%, and both Bathurst and Edmundston at 14%. The remaining six sites were beyond the range, highlighting a significant amount of fluctuation across the province.

Figure 6.4 Responses relating to Accessibility / Barrier Issues province wide (yellow) and per individual dialogue site (green)



Comments regarding maintaining autonomy and independence are categorized under this theme. Participants confirm that such autonomy and independence is key to healthy and active aging.

The topic of *Accessibility / Barrier Issues* was much discussed at the table of persons who were deaf and hard of hearing at the Moncton session; access to translators and other communication barriers such as

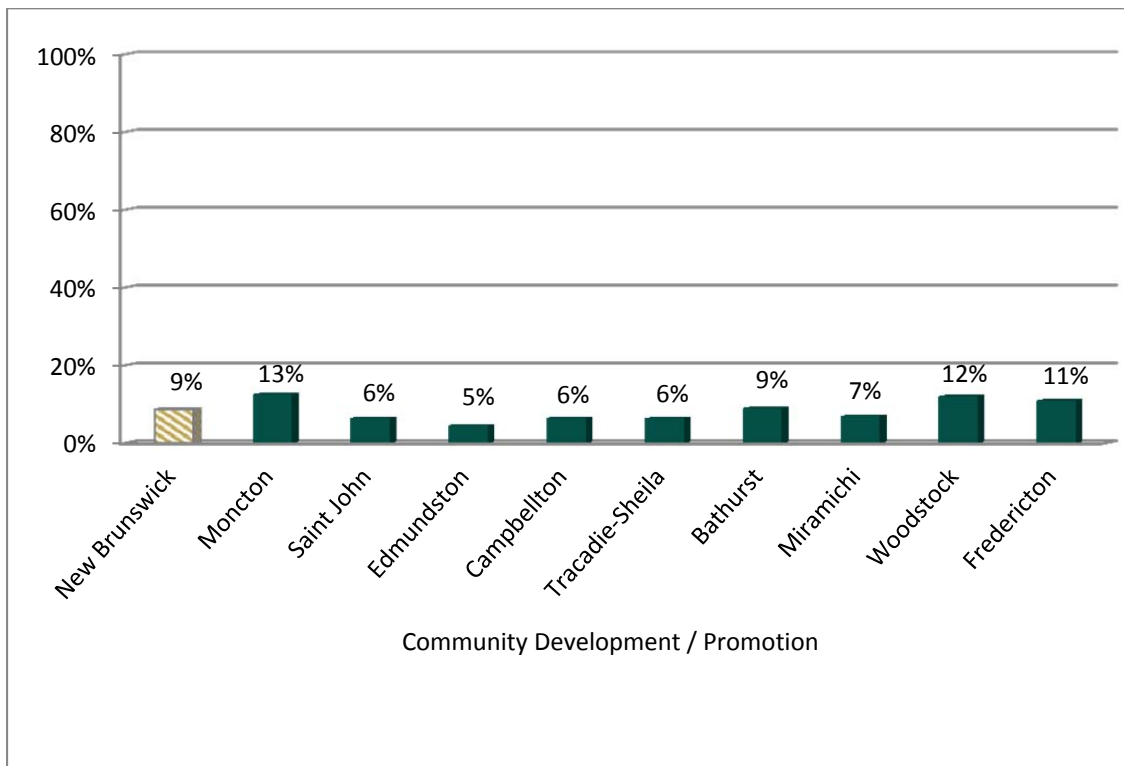
literacy levels, were top-of-mind topics for this group of ten. One participant at the table describes that other countries make resources available to this community for interpreting leisure activities.

6.4 COMMUNITY DEVELOPMENT / PROMOTION

Responses coded under *Community Development / Promotion* represent fewer than 9% (170/1981) of all responses generated province-wide for Question #2. When comparing individual dialogue sites, participants in Moncton have the highest percentage of their responses (nearly 13%) coded under this theme, while participants in Edmundston site have lowest percentage (less than 5% or 6/131) of responses allocated to this theme. Ultimately, there is a great deal of fluctuation in this theme. Indeed fluctuation appears to be the norm as opposed to the exception.

The comments share many similarities, but primarily there is a wide definition of what community means. It is utilized to describe multiple municipalities, single municipalities, neighbourhoods, and even age-groups.

Figure 6.5 Responses coded relating to *Community Development / Promotion* for Province wide (red) and per individual dialogue site (blue)



6.4.1 INTERGENERATIONAL PROMOTION

While it only accounts for roughly 2% of all responses provincially, the concept of intergenerational activities as a necessary component of community development is generally agreed upon at all sites except Edmundston (where it is not mentioned by participants) for Question #2. That being said, it is also raised under Question #1, and coded under the *Social Well-being* theme.

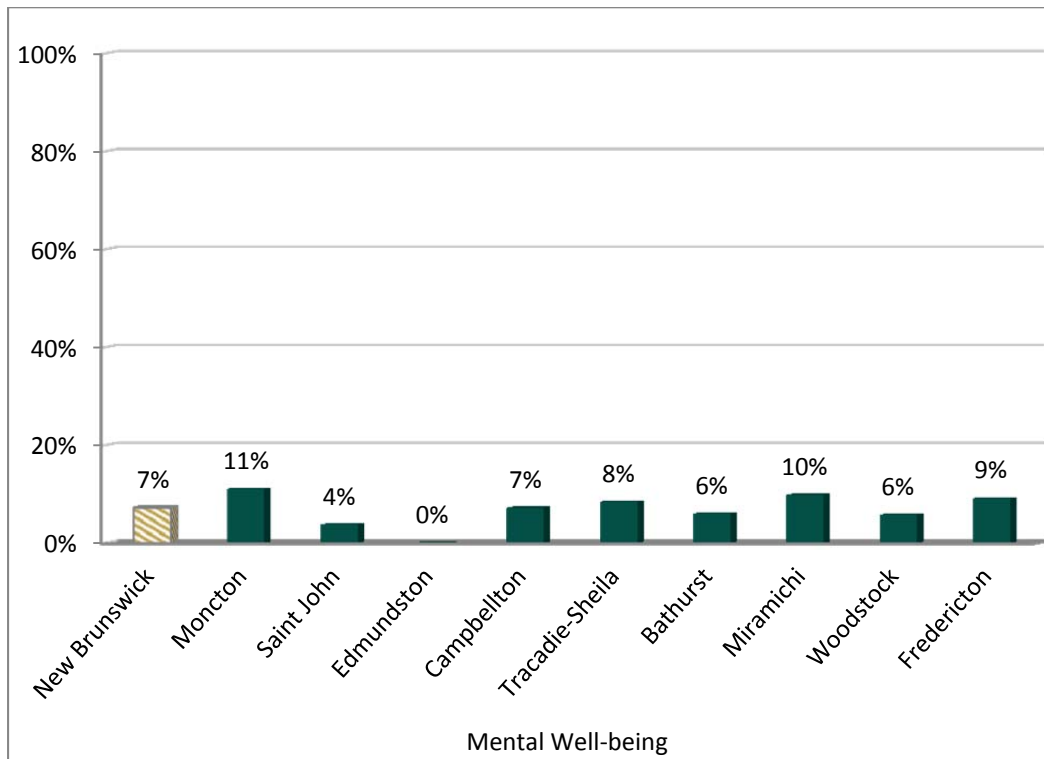
“Community engagement for valuable causes and issues ... [must be] intergenerational, locally-owned and managed by the community.” – Saint John site

Participant – Saint John site

6.5 MENTAL WELL-BEING

As seen in **Figure 6.6**, responses coded under *Mental Well-being* represent 7% of all responses generated province-wide for Question #2. All but two sites fell within 20% over or above the provincial average. It is important to note that this theme receives only 143 of 1,981 responses overall. However, it is equally important to note that this theme is captured in Question #1 as well. Combined, the theme encompasses 638 of 3,331 responses or 19% all responses collected and catalogued for the entire initiative.

Figure 6.6 Responses relating to *Mental Well-being* generated province-wide (yellow) and per individual dialogue site (green)



The comments under *Mental Well-being* involve the mention of activities that change the image of aging and promote inclusion of seniors in the social fabric of the community. In particular, municipalities adopting a status that recognizes being friendly to seniors' issues such as the *Age-Friendly Community* model. With regards to this theme, the participants who were deaf and hard of hearing present at the Moncton session commented on the many barriers that they meet and can easily be overlooked by those without this disability. Nursing homes were mentioned as an area where the lack of proper interpretation support can amplify a sense of isolation.

What others said:

What others said:

- Participant – Edmundston site*
“Need community gardens in our community residences.”
- Participant – Edmundston site*
“Paved pedestrian trails for wheelchairs ...”
- Participant – Moncton site*
“Paved pedestrian trails for wheelchairs ...”
- Participant – Moncton site*
“Improve communications / information so that people in need are better informed of opportunities.”
- Participant – Woodstock site*
“Need more pet and music therapy.”
- Participant – Fredericton site*
“Need more pet and music therapy.”
- Participant – Fredericton site*
“A volunteer musician coming to senior’s homes / hosting a dance for seniors.”
- Participant – Miramichi site*
“A volunteer musician coming to senior’s homes / hosting a dance for seniors.”

Theme	Sample of Participants Comments
<i>Government Supports</i>	<ul style="list-style-type: none"> ✓ Extra Mural Program is a good initiative; mission is preventative and teaches people to care for themselves ✓ Need more information on nutrition ✓ Accessible clinics for chronic conditions and “non-emergency” care ✓ Heritage Canada museums ✓ Need funds to finance activities for seniors
<i>Distinctly Local / Municipal Role</i>	<ul style="list-style-type: none"> ✓ Community gardens ✓ Free pool ✓ Library activities ✓ Biking trails / walking trails / beaches ✓ Public transportation ✓ Farmers’ markets ✓ Community halls ✓ Municipal recreation directors ✓ Community rink
<i>CNPO / Private Supports</i>	<ul style="list-style-type: none"> ✓ Sports clubs / teams ✓ Golden age clubs ✓ Community kitchens ✓ Need structured and organized activities ✓ Use Rogers TV to share information on exercise, nutrition, new recipes
<i>Nutrition / Food</i>	<ul style="list-style-type: none"> ✓ Eat well / not so much sugar and salt ✓ Avoid caffeine and sugar ✓ Drink lots of water ✓ Buy local food ✓ Cook from scratch ✓ Take cooking courses
<i>Community Development / Promotion</i>	<ul style="list-style-type: none"> ✓ Arrange programs according to community needs ✓ Community gardens ✓ Need a system in place for neighbours to help neighbours

<p><i>Mental, Emotional, Spiritual Well- being</i></p>	<ul style="list-style-type: none">✓ Why not create a more positive image of seniors ... as contributors to society✓ Identify isolated seniors and try to get them out to community activities✓ Volunteering with seniors with mental illness✓ Seniors advisory board (municipal)
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7. CONCLUSION

Citizen engagement continues to play a vital and constructive role in the work of the NBHC. The NBHC is grateful for the generosity of New Brunswickers who take part in these initiatives and take the time to share their input. This time around, 234 participants contributed to a total of 3,331 coded responses during nine dialogue sessions over a 15-day span. Despite the perspective or “hat” New Brunswickers were wearing, everyone was there because they believe in this province.

The *Living Healthy Aging Well* citizen engagement initiative provided an environment where participants could speak freely about personal challenges, feelings of insecurity, their own spirituality, and even the effects of loneliness on their health and well-being. They had the opportunity to share their ideas about the role of government as they age and how some become increasingly dependent on the system and others. Many comments suggest that regardless of age, participants see a role for themselves in their communities and want to remain healthy and active enough to continue contributing to New Brunswick society.

Key Findings for Question #1

- ✓ Responses follow three major themes: Mental, Physical, and Social Well-being. In examining the themes from Question #1, an almost equally important emphasis is placed on each theme. Furthermore, there is even general agreement across the province on the themes to Question #1.
 - Improving mental well-being through stress reduction, improving emotional health, and maintaining a sense of spirituality all play an important role in promoting active and healthy aging.
 - Many responses to what participants are doing to lead a healthy active life include structured and unstructured exercise.
 - Participants also highlight the impact of loneliness in its various forms on their sense of well-being.

Key Findings for Question #2

- ✓ Responses follow numerous themes, from the roles of various levels of government and community to accessibility and mental health issues. The themes following Question #2, while seeming to encompass a wide-range of topics, point toward a desire for a more consistent, focused, community driven, and citizen-centered approach to the delivery of those services that are aimed at keeping seniors healthy and active.
- ✓ Participants acknowledge that government plays a crucial role in living healthy and aging well.

- While participants recognize that governments do a great deal, they stress it should do more in terms of facilitating initiatives between governmental and non-governmental groups.
- Municipal governments are particularly important in providing recreation services that lead to healthier aging.
- ✓ Intergenerational activities are not encouraged or promoted enough.
- ✓ Community driven projects, such as community gardens, are widely appreciated.
- ✓ Public awareness of various government and community-based initiatives on seniors' activities is lacking; and there is no ownership of information on what is available to help seniors in aging well.
- ✓ Seniors want to stay in their own homes and be part of their community for as long as possible.

The New Brunswick Health Council wishes to thank the Minister of Healthy and Inclusive Communities for this opportunity, along with the Department of Healthy and Inclusive Communities for its collaboration in making this project possible. Furthermore, the NBHC wishes to thank the 234 participants for their time and contributions to the

Living Healthy, Aging Well
initiative.

Living Healthy, *Aging Well*

Table Facilitator Handbook

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1. INTRODUCTION

1.1 Who is the New Brunswick Health Council?

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

1.2 About Citizen Engagement

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

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

2. Living Healthy, Aging Well

2.1 A Dialogue

Living Healthy, Aging Well is an initiative of the Department of Healthy and Inclusive Communities. Its objectives are to learn how New Brunswickers lead healthy and active lives, and to identify what can be done in the community to support healthy active living.

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

2.2 A Three-Part Agenda

This initiative will unfold in three parts:

- **Part I** is being led by the Department of Healthy and Inclusive Communities (MHIC). It will include words from the Minister of Healthy and Inclusive Communities and a short video presentation developed by the Heart and Stroke Foundation of Canada.
- **Part II** is being led by the NBHC. It will include information and explore areas of common ground and points of divergence through facilitated table discussions.
- **Part III** is the closing words from the Minister along with time allotted for evaluation forms.

2.3 Agenda at a glance

Before 6:00 PM	Registration and Seating
Part I	
6:00 – 6:05 PM	Welcome Message <i>Local Member of the Legislative Assembly</i>
6:05 – 6:15 PM	Remarks from the Minister of Healthy and Inclusive Communities <i>Minister of Healthy and Inclusive Communities, Honourable Dorothy Shephard</i>
6:15 – 6:18 PM	Video Presentation- Hearth and Stroke Foundation
6:18 – 6:25 PM	Video Recap <i>Minister of Healthy and Inclusive Communities, Honourable Dorothy Shephard</i>
Part II	
6:25 – 6:40 PM	NBHC Presentation: <i>Growing old with vitality</i> <i>Stéphane Robichaud, CEO, New Brunswick Health Council</i>
6:40 – 7:15 PM	Table Talk: What you are doing to lead a healthy active life? <i>Table Facilitators</i>
7:15 – 7:30 PM	Plenary:
7:30 – 7:45 PM	NBHC Presentation: <i>An age friendly Community</i> <i>Stéphane Robichaud, CEO, New Brunswick Health Council</i>
7:45 – 8:15 PM	Table Talk: What is happening in your community to support healthy active living? Tell us what else could be done within your community to support aging well? <i>Table Facilitators</i>
8:15 – 8:30 PM	Plenary:
8:30 – 8:35 PM	Dialogue Wrap-up and Evaluation Forms
Part III	
8:35 – 8:45 PM	Closing words from the Minister of Healthy and Inclusive Communities <i>Minister of Healthy and Inclusive Communities, Honourable Dorothy Shephard</i>

3. ABOUT DIALOGUE

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

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

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

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

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

3.2 Debate versus dialogue

DIALOGUE	DEBATE
<ul style="list-style-type: none">• Assumes that others have pieces of the answer• Attempts to find common understanding• Objective is to find common ground• Listening to understand• Explores and tests personal assumptions• Examines all points of view• Admits that others’ thinking can improve one’s own• Searches for strengths and value in the other’s position• Seeks an outcome that creates new common ground	<ul style="list-style-type: none">• Assumes that there is one right answer (and you have it)• Attempts to prove the other side wrong• Objective is to win• Listening to find flaws• Defend your personal assumptions• Criticizes the other’s point of view• Defends one’s views against others• Searches for weaknesses and flaws in the other’s position• Seeks an outcome that agrees with your position

4. YOUR ROLE AS TABLE FACILITATOR

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

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

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

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

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

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

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

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

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

4.1 Facilitation

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

4.1.1 Ground rules for our dialogues

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

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

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

4.1.2 Table facilitator tasks

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

In your role as a table facilitator, you should:

- **Be objective.** People are there to explore their perspectives, not listen to yours. However that doesn't mean that you can't ask provocative questions or provide opinions not expressed in the group if you think that will help participants deepen their reflections.
- **Keep the discussion on track.** It's easy for people to meander when doing a dialogue. Sometimes this is the way people reflect on an issue, but other times it's a distraction. A facilitator needs to decide when a discussion has gone off track and if necessary, bring people back to the topic.
- **Keep the discussion moving.** The facilitator must portion out the time so that all participants get a chance to speak, and cover the focus question in the time allotted.
- **Don't be afraid of silence.** It is important for participants to have time to reflect on what they have just heard.

- **Encourage participants to talk to each other, not to you.** This helps the group to question each other and clarify one another's perceptions.
- **Watch the clock.** It is your responsibility to help the group complete its task within the allotted time. **Be sure to wear a watch**, and update participants about how much time is left to complete the task they are working on (e.g., when half the time has passed, when only 5 minutes are left). This will help the group focus. It is also an opportunity for you to encourage participants to be brief and to the point, so that everyone has the opportunity to contribute to the conversation.

4.2 Recording (Note Taking)

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

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

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

Please keep the following guidelines in mind when taking notes:

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

5. FACILITATION TIPS AND TECHNIQUES

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

5.1 Facilitation tips

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

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

5.2 Dealing with conflict

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

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

If someone becomes upset with a point of view...

You can say:

“Even though you don’t agree with that statement, can you see why some people would agree with it?”

If someone insists that only one view is “right”...

You can say:

“How would that choice affect other people?”

“Let’s hear from someone who has a different point of view on this.”

“Why do you feel so strongly about this?”

If someone has been monopolizing the conversation...

You can say:

“You have been very clear about that. Let’s make sure everyone has a chance to tell us what they think.”

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

5.3 More Advanced Facilitation Techniques

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

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

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

Timeline

Event	Date
Facilitator Training	
Teleconference - FR	May 30 th , ?? pm
Teleconference - FR	May 30 th , ?? pm
Event Locations	Date
Moncton Lions Community Center – 473 St.George street	June 3 ^d , 2013
Saint John Royal Canadian Legion – 714 Wilson street	June 4 th , 2013
Edmundston Salle Godbout – 34, 37e avenue	June 5 th , 2013
Campbellton Civic Centre	June 6 th , 2013
Tracadie-Sheila Marché Centre Ville -3416, Principale street	June 10 th , 2013
Bathurst Knights of Columbus – 355 Douglas Ave.	June 11 th , 2013
Miramichi Beaverbrook Kin Center – 100 Newcastle Blvd.	June 12 th , 2013
Woodstock Royal Canadian Legion – 109 Carleton street	June 13 th , 2013
Fredericton Royal Canadian Legion – 199 Queen street	June 17 th , 2013

References

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

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

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

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

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

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

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

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

Living Healthy, *Aging Well*

(Local MLA)

WELCOME!

2

Honourable Dorothy Shephard
Minister of Healthy and Inclusive Communities

WELCOME!

3

Living Healthy,
Aging Well

Heart and Stroke Foundation

VIDEO PRESENTATION

Living Healthy,
Aging Well

Stéphane Robichaud, CEO

New Brunswick Health Council

ABOUT THE DIALOGUE

Context

- The “Living Healthy, Aging well” document:
 - Priority 1: Ensure an increasing number of older adults are enabled to **live independent lives** and, continue to **actively engage in family and community life**
 - Priority 2: Provide supports to those who may require services to **manage chronic illness, health-harming behaviours** and **social isolation** so they may contribute to their communities to the best of their abilities
-

Objectives for this dialogue

- Find out how New Brunswickers are leading healthy active lives
- Find out what is done, and could be done, in communities to lead healthy active lives

Dialogue *versus* Debate

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

8

Ground Rules

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

9

Keep in Mind...

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

10

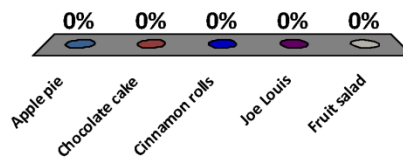
Keypad Voting

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

11

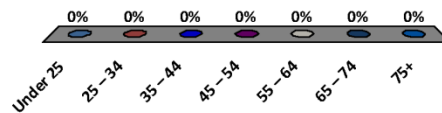
What is your favourite dessert?

1. Apple pie
2. Chocolate cake
3. Cinnamon rolls
4. Joe Louis
5. Fruit salad



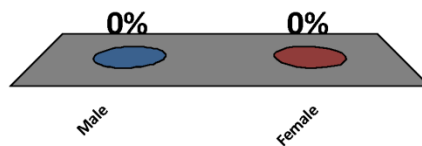
Demographics Participant Age Group

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



Participant Gender

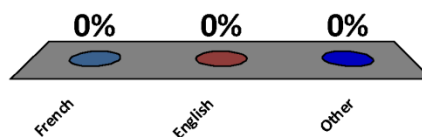
1. Male
2. Female



Demographics

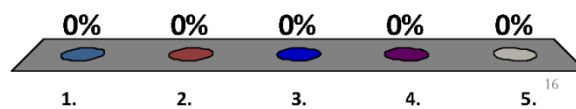
In which language do you request your services?

1. French
2. English
3. Other



I'm participating in this session as a **Living Healthy,
Aging Well**

1. Citizen
2. Health professional
3. Member of a community group/NGO
4. Academia/Learning institution
5. Municipal officials

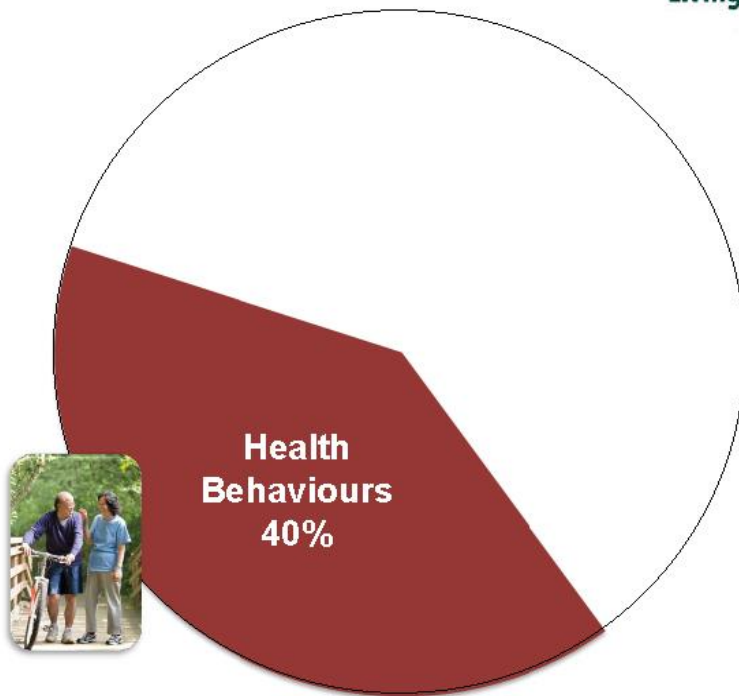


**Living Healthy,
Aging Well**

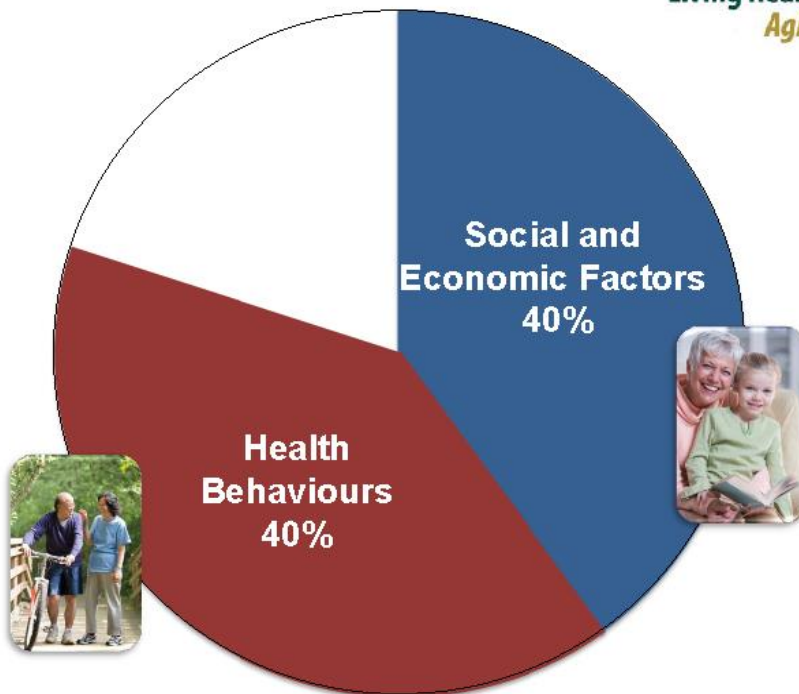
Stéphane Robichaud
New Brunswick Health Council

**PRESENTATION #1
GROWING OLD WITH VITALITY**

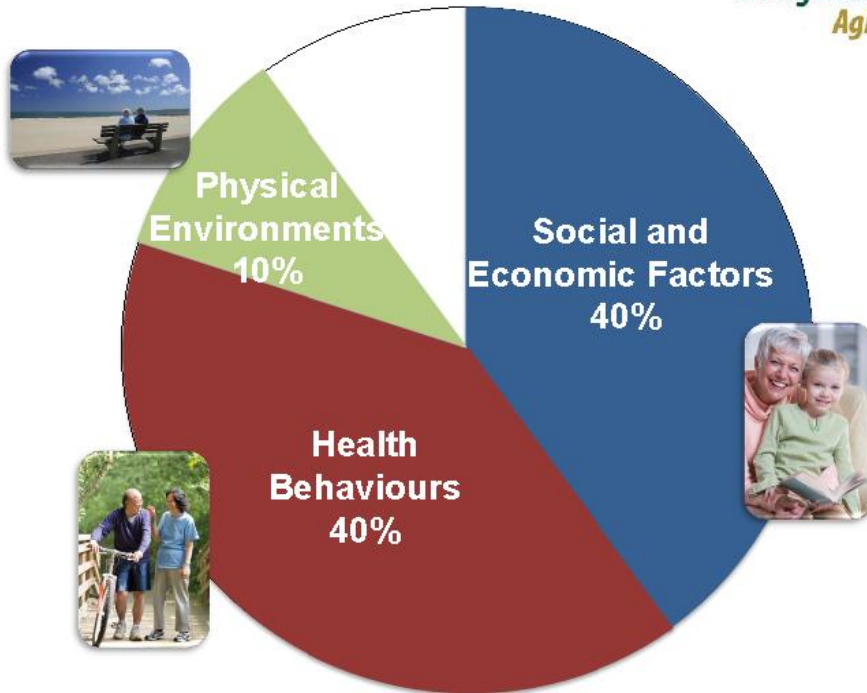
**Living Healthy,
Aging Well**



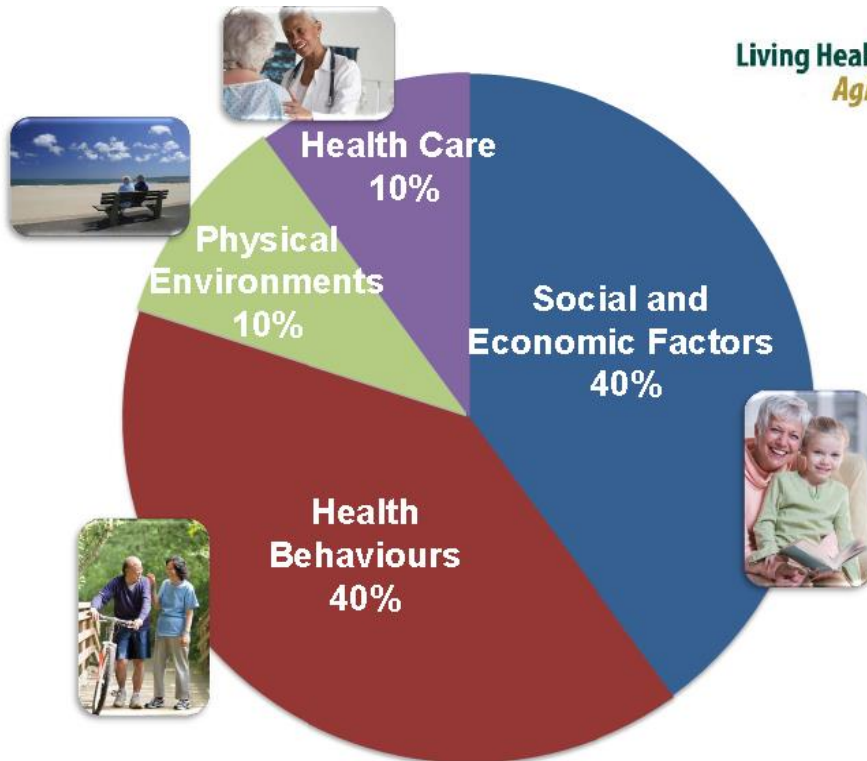
**Living Healthy,
Aging Well**



**Living Healthy,
Aging Well**



**Living Healthy,
Aging Well**



What is Healthy Aging?

Healthy aging means continually reinventing yourself, finding new things you enjoy, learning to adapt to change, staying physically and socially active, and feeling connected to your community and loved ones.

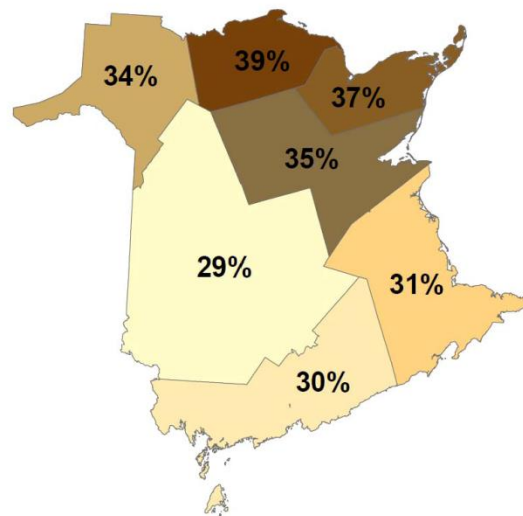
• Source: http://www.helpguide.org/life/healthy_aging_seniors_aging_well.htm#finding

Did you know that?

% of population over 55 years of age
by health zones

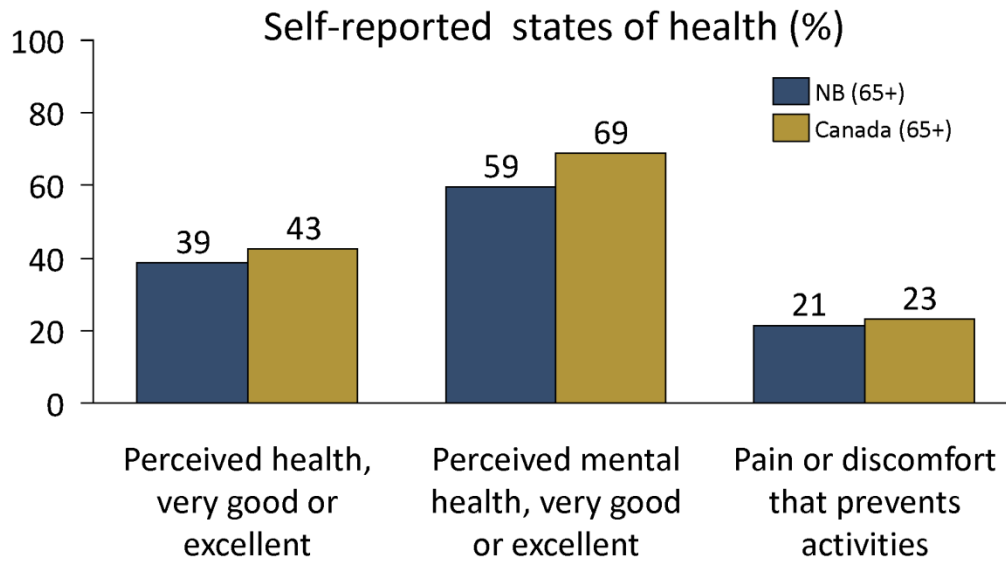
32% of New Brunswickers
are over 55 years old.

28% of Canadians are over
55 years old.



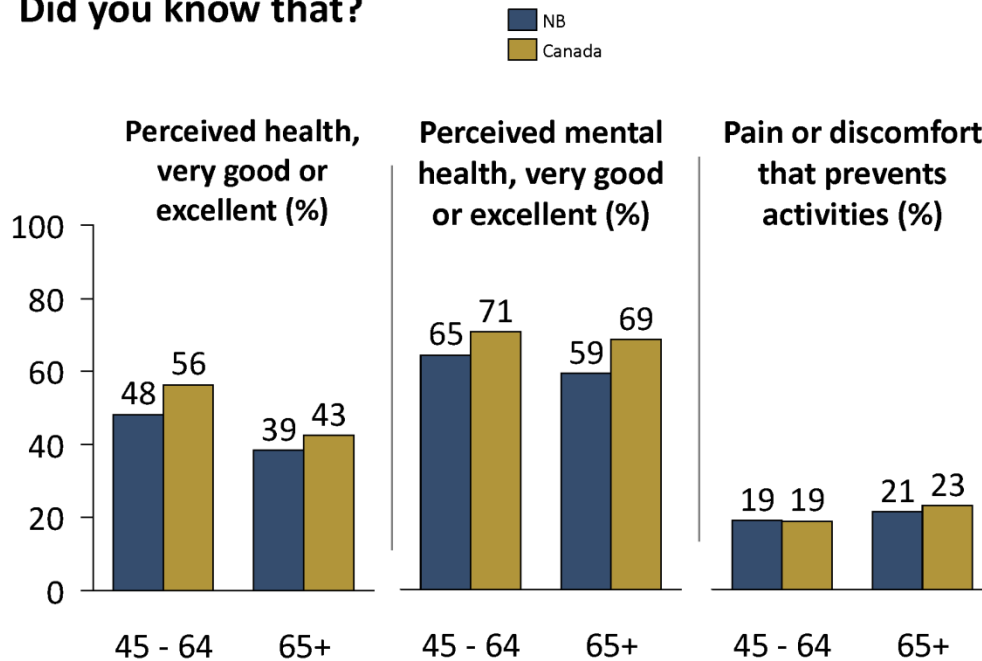
Source: Statistics Canada, Census, 2011

Did you know that?



Source: Statistics Canada, Canadian Community Health Survey, 2011

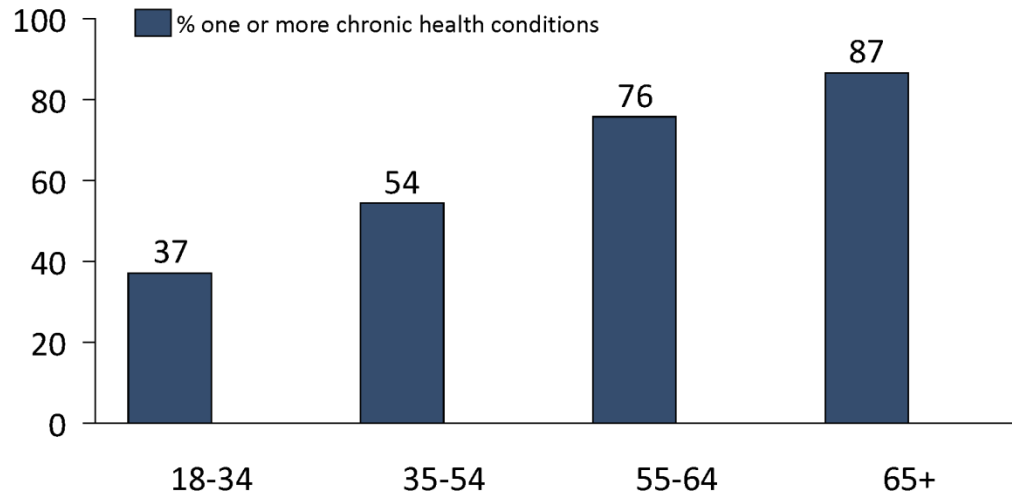
Did you know that?



Source: Statistics Canada, Canadian Community Health Survey, 2011

Did you know that?

% of population diagnosed with one chronic health condition or more



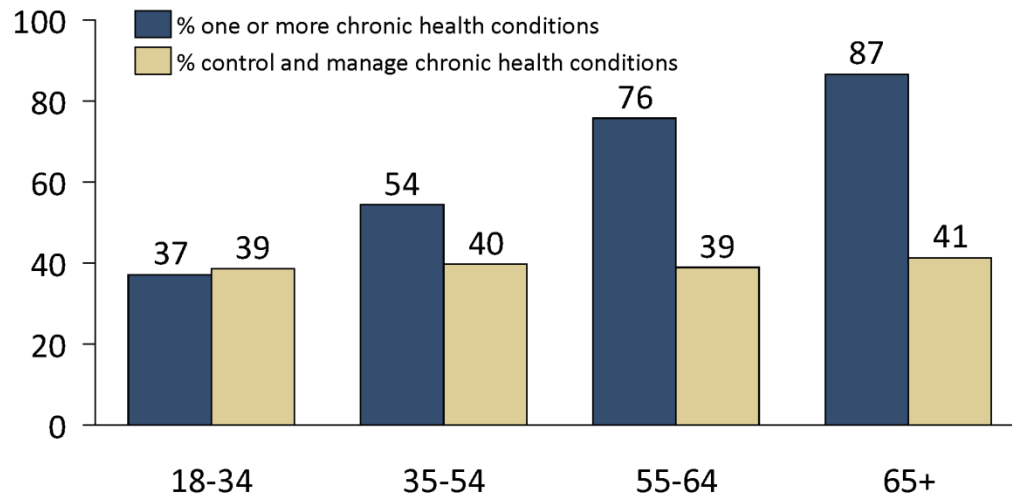
Source: New Brunswick Health Council, 2011 Primary Health Care Survey

Did you know that?

% of population diagnosed with one chronic health condition or more

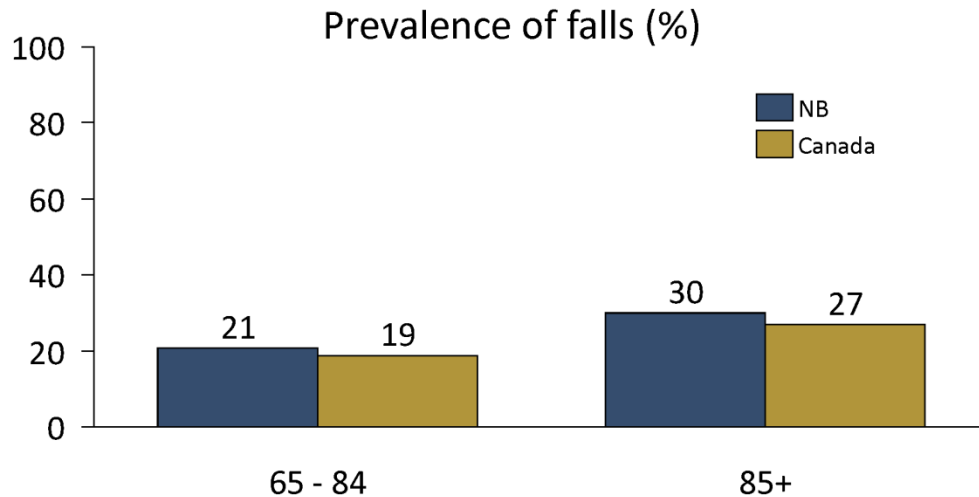
AND

% of population reported being very confident about the ability to control



Source: New Brunswick Health Council, 2011 Primary Health Care Survey

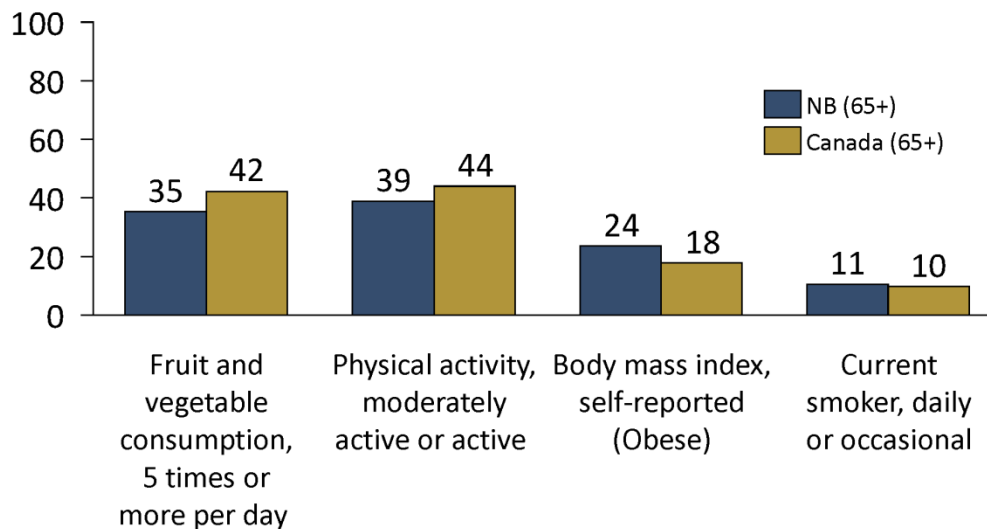
Did you know that?



Source: Statistics Canada, Canadian Community Health Survey, Healthy Aging, 2008/09

Did you know that?

Prevalence of healthy/unhealthy behavioural factors (%)



Source: Statistics Canada, Canadian Community Health Survey, 2011

WHAT ARE YOU DOING TO LEAD A HEALTHY ACTIVE LIFE?

Stéphane Robichaud
New Brunswick Health Council

PRESENTATION # 2 **AN AGE FRIENDLY COMMUNITY**

WHAT IS A HEALTHY COMMUNITY?

“ IT IS A PLACE THAT HAS AN INCLUSIVE AND ACCESSIBLE URBAN ENVIRONMENT THAT PROMOTES ACTIVE AGING”

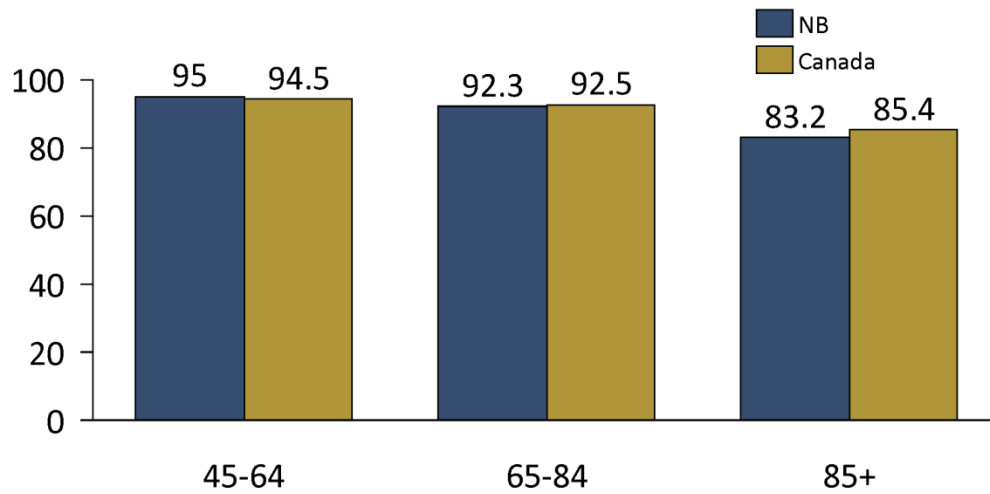
SOURCE: WORLD HEALTH ORGANIZATION

Did you know?

- Population 65 years and over living in a private household
 - NB – 92%
 - Canada – 92%
- Population 65 years and over living alone
 - NB – 24% (24.48%), Canada – 25% (24.58%)
 - NB male – 16%
 - NB female – 31%

Did you know that?

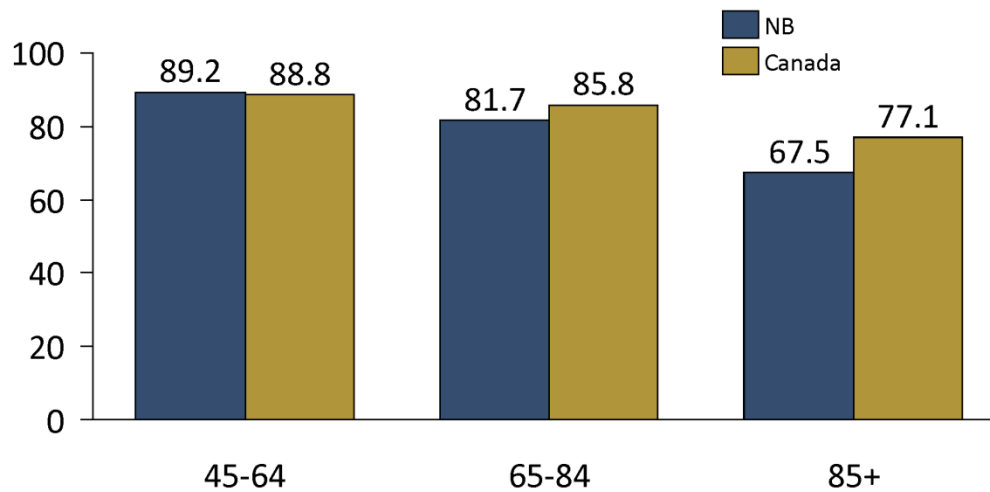
Social participation, at least once a month (%)



Source: Statistics Canada, Canadian Community Health Survey, Healthy Aging, 2008/09

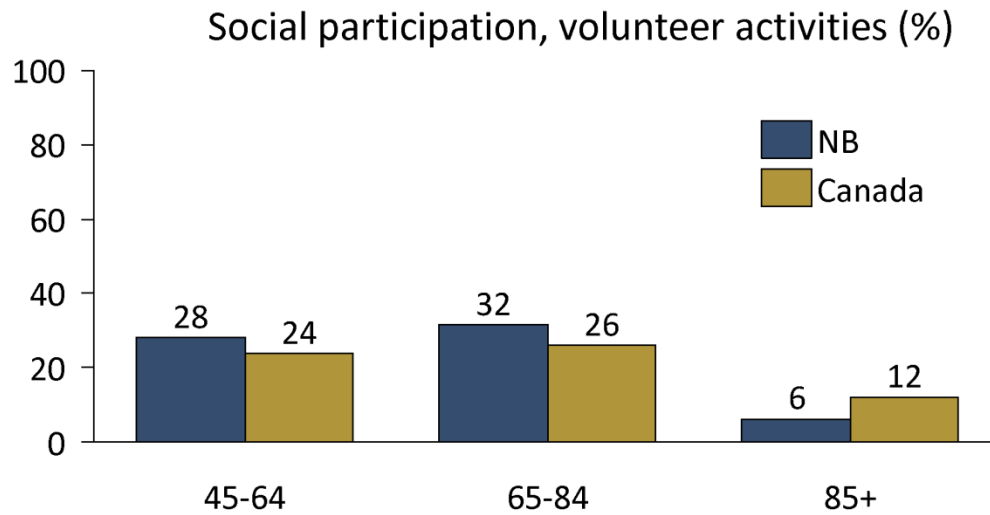
Did you know that?

Social participation, family and friend activities (%)



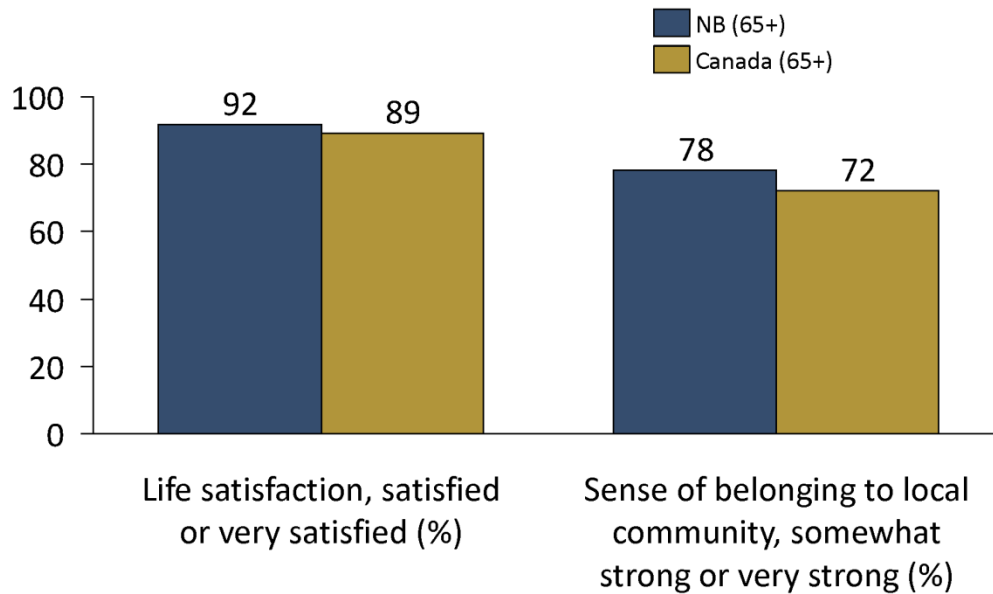
Source: Statistics Canada, Canadian Community Health Survey, Healthy Aging, 2008/09

Did you know that?



Source: Statistics Canada, Canadian Community Health Survey, Healthy Aging, 2008/09

Did you know that?



Source: Statistics Canada, Canadian Community Health Survey, 2011

New Brunswickers said: **Living Healthy,
Aging Well**

“Do whatever it takes to keep seniors out of hospitals and cared for in more appropriate settings, as close to home as possible”

Source: Source: *Rebuilding Health Care Together, Dialogue Sessions: What Was Said* – November 2012, page 6.

New Brunswickers said: **Living Healthy,
Aging Well**

Healthy living starts at home!

Develop a culture of citizens who are engaged in their own health and their community.

Lead by example!

Source: *Rebuilding Health Care Together, Dialogue Sessions: What Was Said* – November 2012, page 23.

Table Talk: What would an age friendly community look like?

**WHAT IS HAPPENING IN YOUR COMMUNITY TO SUPPORT HEALTHY ACTIVE LIVING?
TELL US WHAT ELSE COULD BE DONE WITHIN YOUR COMMUNITY TO SUPPORT AGING WELL?**

40

Stéphane Robichaud
DIALOGUE WRAP-UP

41

Online comments:

- Aging-vieillir@gnb.ca
- www.gnb.ca/aging

Before you go...

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

42

Honourable Dorothy Shephard
Minister of Healthy and Inclusive Communities

CLOSING COMMENTS

**YOUR PERSPECTIVE MATTERS...
THANK YOU FOR SHARING IT!**

Participant Evaluation Form

This information will be kept strictly confidential and is for evaluation purposes only. You will not be linked to this information unless you choose to give us your name.

Please check the most appropriate box.

1. Video Presentation	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The video presentation was informative and helpful.					
The video presentation tied in effectively with the dialogue sessions.					

2. New Brunswick Health Council Presentations	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The NBHC presentations were informative and helpful.					
The NBHC presentations tied in effectively with the dialogue sessions.					
The plenary opportunities were useful in providing additional perspective.					

3. Dialogue Format	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
The table facilitators were effective.					
There was a good mix of participants at my table.					
The keypad voting was effective in capturing and sharing the questions being asked.					

Additional comments regarding the evening:

Would you like to be included in future health care discussions?

YES

NO

If YES, please include your name and email address here:

Name:

Email Address: