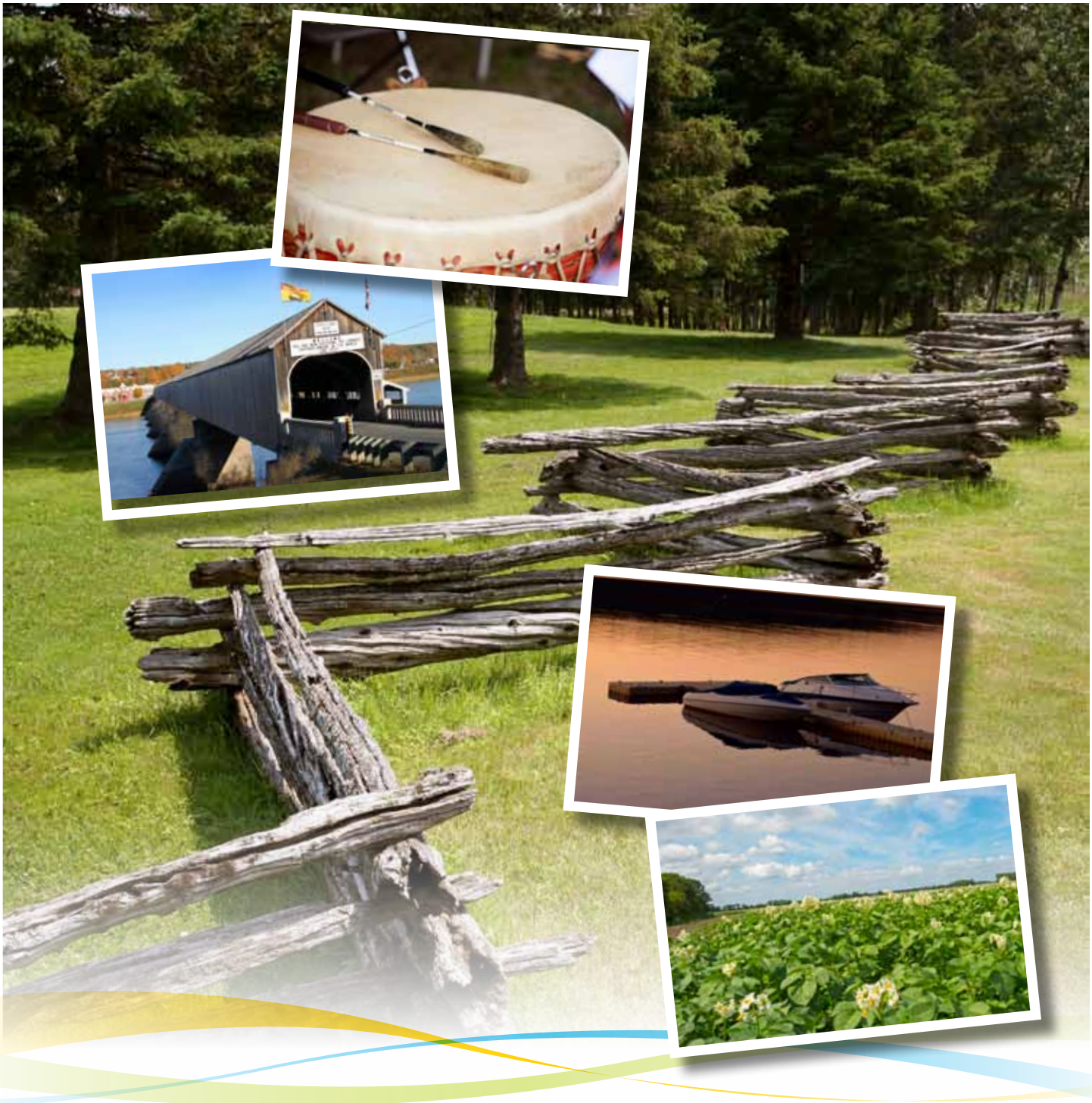
Carleton County Area

COMMUNITY HEALTH NEEDS ASSESSMENT



RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

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Produced by

Horizon Health Network's

Community Health Assessment Team

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LIST OF ABREVIATIONS

CHA Team – Community Health Assessment Team

CHNA – Community Health Needs Assessment

NBHC – New Brunswick Health Council

CAC – Community Advisory Committee

ID – Interpretive Description

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1.0 EXECUTIVE SUMMARY

Introduction

Carleton County is an area in the western part of New Brunswick bordering Maine and is often described as part of the Upper River Valley area as it is situated along the upper part of the Saint John River. Being home to the corporate headquarters of McCain Foods, the largest producer of french fries in the world, much of the area is involved in potato farming and agriculture. Other industries in the area include transportation, warehousing, forestry and lumber production. The population of Carleton County is 27,019 and has seen an increase of 1% from 2006-2011. The median household income in the community is $46,921 and 22% of the population is living in low income. Carleton County is also home to the Maliseet community of Woodstock First Nation with a population of 284 on reserve and 641 off reserve. Data shows that Carleton County has increasing rates of many chronic health conditions and elevated rates of high blood pressure, diabetes and Emphysema or COPD when compared to provincial averages.

Background

In 2012, the province of New Brunswick released the Primary Health Care Framework for New Brunswick, highlighting Community Health Needs Assessments as an integral first-step to improving existing primary health care services and infrastructure in the province. Following the Department of Health's recommendation for Community Health Needs Assessments, the two regional health authorities in the province, Horizon Health Network (Horizon) and Vitalité Health Network (Vitalité), assumed responsibility to conduct assessments in communities within their catchment areas.

Community Health Needs Assessment

Community Health Needs Assessment (CHNA) is a dynamic, ongoing process that seeks to identify a defined community's strengths, assets, and needs to guide in the establishment of priorities that improve the health and wellness of the population.

While the CHNA process is designed to be flexible and accommodate unique differences in each community, Horizon's Community Health Assessment (CHA) Team uses a 12-step process to conduct CHNAs, which take into account these differences at each stage:

- Develop a local management committee for the selected community
- Select Community Advisory Committee (CAC) members with the assistance of the management committee
- Establish CAC
- Review currently available data on selected community
- Present highlights from data review to CAC members
- CAC members share insights about what is missing from currently available data and discuss how best to fill these information gaps
- Development of a qualitative data collection plan
- Qualitative data collection in the community
- Data analysis
- Share emerging themes from data analysis with CAC members and identify priorities
- Finalize themes, recommendations, and final report
- Share final report with CAC members and the larger community and begin work planning

CHNAs conducted within Horizon communities are guided by the population health approach, which endeavors to improve the health of the entire population and to reduce health inequities by examining and acting upon the broad range of factors and conditions that have a strong influence on our health, often referred to as the determinants of health. Horizon's CHA Team uses determinant of health categorizations from the Public Health Agency of Canada and the New Brunswick Health Council (NBHC).

Methodology

Quantitative data review and qualitative data collection, review and analysis were used by Horizon's CHA Team. Data compilations produced by the NBHC such as My Community at a Glance and The Primary Health Care Survey were used to review currently available quantitative data as many of the indicators are broken down to the community level. Based on limitations of the quantitative data review, a qualitative data collection plan was established by the CHA Team in partnership with the Carleton County Community Advisory Committee (CAC). As part of this plan, key informant interviews were held with stakeholders in the area of primary health care and key stakeholder groups were consulted through the focus group interview method:

- Young adults
- Seniors and senior supports
- Domestic violence professionals (including law enforcement)
- Mental health professionals
- Social supports in the community
- Woodstock First Nation representatives

The qualitative component of CHNAs conducted by Horizon's CHA Team is guided by the Interpretive Description Methodology, using a 'key issues' analytical framework approach. A summarized list of key issues was then presented to the Carleton County CAC for feedback, and CAC members were asked to participate in a prioritization exercise of the key issues based on their own experience in the community. The priorities that emerged from the exercise are used to finalize the list of priorities and recommendations for Carleton County.

Results & Recommendations

The methodology used by the CHA Team resulted in the identification of 8 priority issues. Table 1 outlines the 8 priority issues and provides recommendations for each.

Table 1: Carleton County CHNA Identified Priority Areas and Recommendations

Priority → → → → → → →	Recommendation
1. Access to family physicians in the community is limited and is expected to become more challenging in coming years as many retire	Review current access issues, wait list and status of family physician pool in the community and, working with Horizon and community leaders, determine a strategy to maintain and improve access to primary health care services in Carleton County.
2. The need for more senior outreach programming in the community to help keep seniors in their own homes longer	Further consult with senior organizations, social development representatives, nursing home representatives and home care providers from the community to determine what outreach services would most benefit seniors in the community and determine a plan to implement these services.
3. Transportation issues in the community that impact health	Examine community health challenges due to limited transportation, review the way in which other communities are addressing this challenge, and work with key community stakeholders to develop a strategy to improve transportation.
4. Lack of awareness regarding programs and services already available in the community	Review current methods used to communicate information about programs and services in the community and review uptake. Together with appropriate stakeholders and communication specialists, determine more effective methods for the communication of this information.
5. Current hours of operation for primary health care services(including mental health services) are a barrier for many and needs to be examined	Review current hours of operation for these services in the community and, working with providers, determine where alterations can be made to hours of service to improve access.
6. The need for more mental health services in the community to address the growing rate of mental health issues among youth	Further consult with mental health professionals, educators, parents from the community, and representatives from Woodstock First Nation to determine what additional services are needed. Review outcomes with Horizon's Mental Health & Addictions leadership to determine how best to fill these gaps in service.
7. Food insecurity in the community	Working with key community partners, review the various elements of food insecurity affecting the community and develop a plan of action.
8. An insufficient amount of safe affordable housing options in the community	Working with community leadership, representatives from Social Development, representatives from NB Housing, representatives from Woodstock First Nation, and current housing operators, assess current availability, wait list and gaps and create a plan to address housing needs in the community.

2.0 BACKGROUND

2.1 Primary Health Care Framework for New Brunswick

In 2012, the province of New Brunswick released the Primary Health Care Framework for New Brunswick with the vision of better health and better care with engaged individuals and communities.[1] The framework states that this vision will be achieved through an enhanced integration of existing services and infrastructure and the implementation of patient-centered primary health care teams working collaboratively with regional health authorities to meet identified health needs of communities. The framework highlights "conducting community health needs assessments" as an important first step towards achieving these improvements and states that, "community health needs assessments have the potential to not only bring communities together around health care but to collectively identify community assets, strengths and gaps in the system[2]."

2.2 Horizon Health Network's Community Health Assessment Team

Although conducting CHNAs is a recommendation from the New Brunswick Department of Health, it is the responsibility of the two regional health authorities in the province, Horizon and Vitalité, to conduct the assessments in communities within their catchment areas. Prior to 2014, assessments conducted within Horizon communities were done with the services of external consultant companies. In 2014, Horizon decided to build internal capacity for conducting CHNAs in order to refine the process and make it more cost-effective. Horizon's CHA Team consists of one research lead and one project coordinator.

- Responsibilities of the CHA Research Lead:
- formulate the research approach
- review available quantitative data sets
- collaborate with key community stakeholders
- qualitative data collection and analysis
- report writing

Responsibilities of the CHA Project Coordinator:

- coordinate with key community stakeholders
- establish and organize CACs
- coordinate data collection plans
- report writing and editing

2.3 Community Health Needs Assessment

CHNA is a dynamic, ongoing process that seeks to identify a defined community's strengths and needs to guide in the establishment of priorities that improve the health and wellness of the population[3].

The goals of a CHNA are:

- to gather and assess information about the health and wellness status of the community
- to gather and assess information about resources available in the community (community assets)
- to determine the strengths and challenges of the community's current primary health care service delivery structure in order to adapt it to the needs of the community
- to establish health and wellness priority areas of action at the community level
- to enhance community engagement in health and wellness priorities and build important community partnerships to address priority areas

2.4 The Population Health Approach

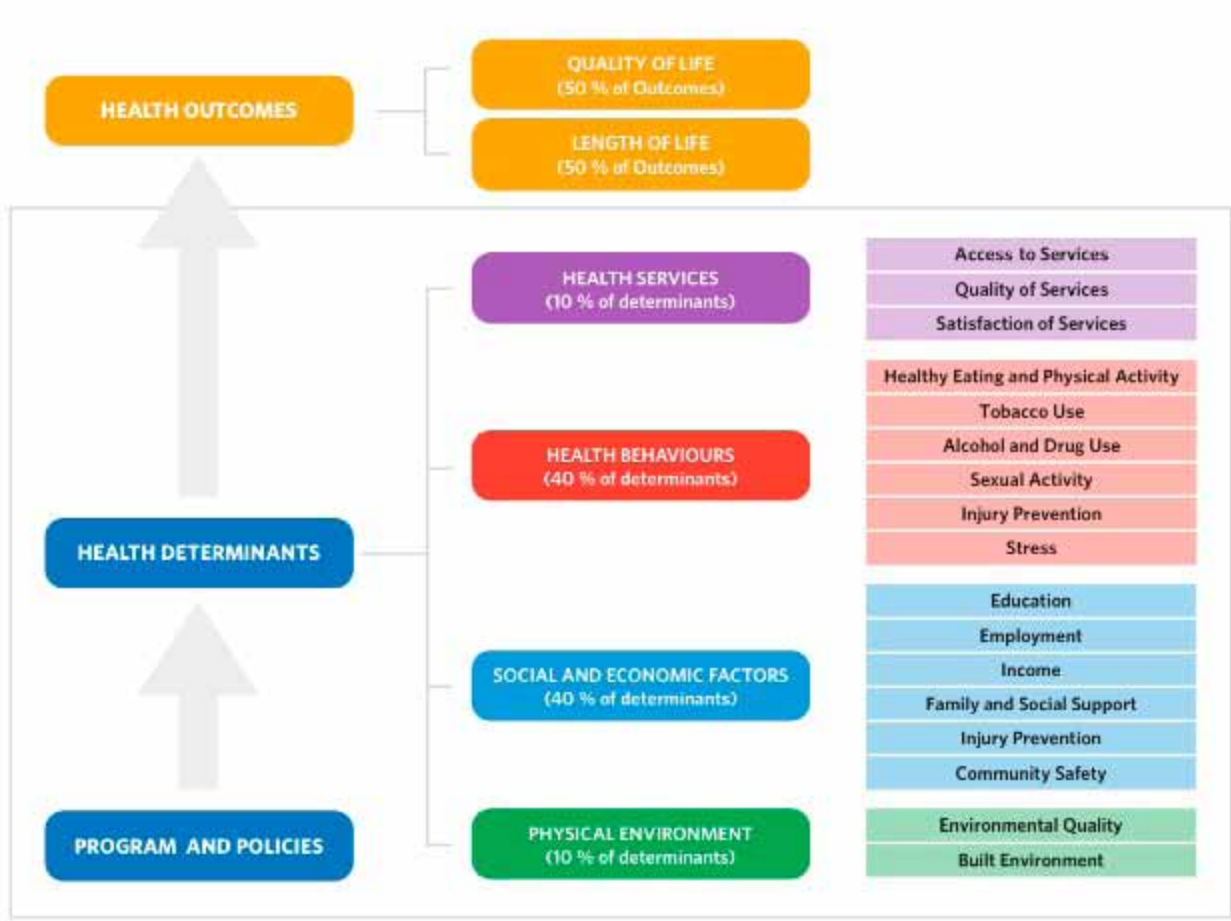
Health is a complex subject and assessing the health of a community goes far beyond looking at rates of disease and the availability of health care services. Therefore, CHNAs conducted within Horizon communities are guided by the population health approach. This approach endeavors to improve the health of the entire population and to reduce health inequities

(health disparities) among population groups by examining and acting upon the broad range of factors and conditions that have a strong influence on our health[4]. These factors and conditions are often referred to as the determinants of health and are categorized by the Public Health Agency of Canada as:

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment and Working Conditions
5. Social Environment
6. Physical Environment
7. Personal Health Practices and Coping Skills
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services
11. Gender
12. Culture[5]

CHNAs conducted within Horizon communities are also informed by the population health model of the New Brunswick Health Council (whose role we will discuss in section 2.5), which is adapted from the model used by the University of Wisconsin's Population Health Institute. This model narrows the list of determinants into four health determinant categories and assigns a value to each according to the degree of influence on health status: health services 10%, health behaviours 40%, social and economic factors 40% and physical environment 10%.

FIGURE 1: POPULATION HEALTH MODEL

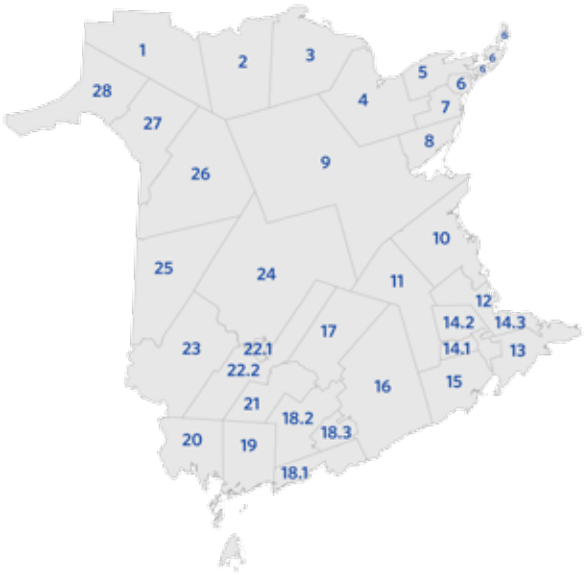


2.5 Defining Communities

For CHNAs, individual community boundaries are defined by the New Brunswick Health Council (NBHC). The NBHC works at arms length of the provincial government and has a dual mandate of engaging citizens and reporting on health system performance through areas of population health, quality of services, and sustainability.[6]

The NBHC has divided the province into 28 communities (with the three largest urban cores subdivided) to ensure a better perspective of regional and local differences. These community divisions can be seen on the map in figure 2 below. The actual catchment area of health care centres, community health centres, and hospitals were used to determine the geographical areas to be included for each community. Census subdivisions were then merged together to match these catchment areas. The communities were further validated with various community members to ensure communities of interest were respected from all areas of New Brunswick. No communities were created with less than 5,000 people (as of Census 2011) to ensure data availability, stability, and anonymity for the various indicators. The NBHC uses these community boundaries as the basis for work and analysis done at the community level[7].

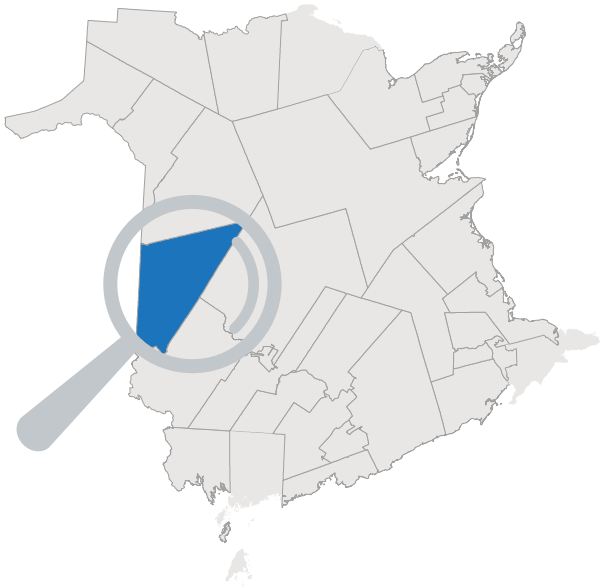
FIGURE 2: NBHC COMMUNITIES



2.6 The Carleton County Area

One of the NBHC communities selected by Horizon for assessment in 2015-16 was community 25, identified by the NBHC as the Florenceville-Bristol Area. Based on feedback from key community stakeholders, for the sake of the CHNA, this community was renamed the Carleton County Area to better represent the full geographic region covered by the CHNA. Figure 3 below shows the Carleton County Area and lists the smaller communities that fall within it.

FIGURE 3: Carleton County



Aberdeen	Grafton	Pembroke
Bath	Greenfield	Richmond
Bedell	Hartland	Simonds
Beechwood	Holmesville	Somerville
Belleville	Jacksonville	Summerfield
Bloomfield	Johnville	Upper Kent
Brighton	Juniper	Victoria
Bristol	Kent	Corner
Carlow	Lower	Wakefield
Centreville	Woodstock	Waterville
Cloverdale	Newbridge	Wicklow
Florenceville-Bristol	Newburg	Wilmot
Glassville	Northampton	Woodstock
	Peel	

Carleton County is in the western part of the province bordering Maine and is often described as part of the Upper River Valley area as it is situated along the upper part of the Saint John River. Being home to the corporate headquarters of McCain Foods, the largest producer of french fries in the world, much of the area is involved in potato farming and agriculture. Other industries in the area include transportation, warehousing, forestry and lumber production. Carleton County is primarily an Anglophone community; however the rate of immigration (4.7%) in the area is higher than the provincial average (3.9%). Stakeholders who were consulted believe the high rate of immigration is due to the types of industry that are common in the area. The population of the Carleton County Area is 27,019 and has seen an increase of 1% from 2006-2011. The median household income in the community is $46,921 and 22% of the population is living in low income.

As seen in table 2 below, data from the Primary Health Care Survey of New Brunswick shows rates for many chronic diseases increasing between 2011 and 2014 in Carleton County. Especially concerning are the increasing rates of high blood pressure, diabetes and Emphysema or COPD, which are also higher than the provincial averages.

TABLE 2: CHRONIC HEALTH CONDITIONS IN CARLETON COUNTY[8]

Chronic Health Conditions[1]	2011 (%)	2014 (%)	2014[2] (#)	NB (%)
One or more chronic health conditions[3]	54.6 (50.6 – 58.6)	59.7 (56.3 – 63.1)	12,711	61.6 (60.8 – 62.4)
High blood pressure	23.4 (20.1 – 26.7)	29.2 (26.1 - 32.3)	6,217	27.0 (26.2 – 27.7)
Arthritis	19.1 (16.0 – 22.2)	17.7 (15.0 - 20.3)	3,760	17.4 (16.8 – 18.0)
Chronic pain	15.7 (12.8 – 18.5)	14.5 (12.1 – 16.9)	3,092	14.0 (13.5 – 14.6)
Depression	10.8 (8.4 – 13.3)	14.5 (12.0 – 16.9)	3,079	14.9 (14.3 – 15.5)
Diabetes	10.5 (8.1 – 12.9)	13.9 (11.5 - 16.3)	2,957	10.7 (10.1 – 11.2)
Gastric Reflux (GERD)	14.7 (11.9 – 17.4)	13.7 (11.3 – 16.0)	2,907	16.4 (15.8 – 17.0)
Asthma	9.5 (7.2 – 11.8)	10.6 (8.5 – 12.7)	2,261	11.8 (11.3 – 12.4)
Heart disease	8.1 (6.0 – 10.2)	8.5 (6.6 – 10.5)	1,819	8.3 (7.9 – 8.8)
Cancer	6.0 (4.1 – 7.8)	6.9 (5.2 – 8.7)	1,476	8.3 (7.8 – 8.7)
Emphysema or COPD	2.5 [E] (1.3 – 3.8)	4.0[E] (2.6 - 5.3)	845	3.0 (2.7 - 3.3)
Mood disorder other than depression	2.3 [E] (1.1 – 3.4)	2.7[E] (1.6 – 3.9)	581	3.0 (2.7 – 3.2)
Stroke	1.9 [E] (0.8 – 3.0)	2.1[E] (1.1 – 3.1)	456	2.5 (2.2 – 2.8)

Primary health care services in Carleton County are provided through Mental Health and Addictions, Extra-Mural, Public Health and private physician offices. Based on data from the NBHC's *Primary Health Care Survey of New Brunswick,* 92.6% of respondents from the Carleton County area had a personal family doctor in 2014 (a drop of 5.5% from 2011). As shown in Table 3 below, Carleton County does well on some primary health care indicators but needs some improvement on others

TABLE 3: PRIMARY HEALTH CARE SURVEY INDICATORS FOR CARLETON COUNTY[9]

Primary Health Care Survey Indicator	2011	2014	NB
Family Doctor has after-hour arrangement when office is closed (% yes)	19.2%	13.7%	18.2%
How quickly appointments can be made with family doctor (% on same day or next day)	34.5%	35.3%	30.1%
How quickly appointments can be made with family doctor (% within 5 days)	63.2%	62.8%	60.3%
Model of care used most often when sick or in need of care from a health professional (% hospital emergency department)	16.0%	17.4%	11.5%
How often family doctor explains things in a way that are easy to understand	76.0%	84.5%	80.2%
How often a family doctor involves citizens in decisions about their health care (% always)	69.7%	73.0%	68.2%
How often family doctor gives citizens enough time to discuss feelings, fears and concerns about their health	70.2%	68.8%	71.9%
Satisfaction with services from personal family doctor (% 8, 9, or 10 on a scale of 0 to 10)	83.8%	86.8%	83.9%

3.0 STEPS IN THE CHNA PROCESS

CHNAs are a community driven process whereby community members' opinions are valued and taken into account for planning purposes. Therefore, the CHNA process needs to be flexible in order to meet the needs of individual communities. Each community is unique and therefore the same approach to conducting CHNAs is not always possible. When communities feel that they have a role in driving the CHNA process, they are more likely to feel ownership for the results and have a higher level of engagement. That being said, Horizon's CHA Team uses a 12-step process that tends to work well for most communities while staying flexible to accommodate the unique needs of the communities they work with. The 12 steps are:

- Develop a management committee for the selected community
- Select CAC members with the assistance of the management committee
- Establish CAC (the role of the CAC is discussed in section 4.0)
- Review currently available data on selected community
- Present highlights from data review to CAC members
- CAC members share insights about what is missing from currently available data and discuss how best to fill these information gaps
- Development of a qualitative data collection plan
- Qualitative data collection in the community
- Data analysis
- Share emerging themes from data analysis with CAC members and identify priorities
- Finalize themes, recommendations, and final report
- Share final report with CAC members and the larger community and begin work planning

Step One: Develop a management committee for the selected community. Because the CHA Team is not always closely connected to the communities undergoing assessment, it is important to first meet with key individuals who have a strong understanding of the community. These individuals are often key leaders within Horizon who either live or work within the selected community and have a working relationship with its residents. Management committee members are often able to share insights on pre-existing issues in the community that may impact the CHNA.

Step Two: Select Community Advisory Committee (CAC) members with the assistance of the management committee. Using the CAC membership selection guide (found in the technical document), the research team and management committee brainstorm the best possible membership for the CAC. First, a large list of all possible members is compiled and then narrowed down to a list that is comprehensive of the community and is a manageable size (the role of the CAC is discussed in section 4.0).

Step Three: Establish CAC. Coordinated by Horizon's CHA Project Coordinator, the first CAC meeting is established. Both the project coordinator and the management committee play a role in inviting CAC members to participate. At the first meeting, the research team shares the goals and objectives of the CHNA with the CAC and discuss the particular role of the CAC (CAC terms of reference can be found in the technical document).

Step Four: Review currently available data on selected community. Because CHNAs conducted within Horizon are based on the geographic community breakdowns defined by the NBHC, the research team used many of their data compilations, which come from multiple surveys and administrative databases. The team reviews this data looking for any indicators that stand out in the selected community.

Step Five: Present highlights from data review to CAC members. Highlights from the data review are shared with CAC members and they are asked to reflect on these indicators. Often this

leads to good discussion as members share their experience of particular indicators. This usually takes place during the second meeting of the CAC. At the end of this meeting, members are asked to reflect on what is missing from the data reviewed for discussion at the next meeting.

Step Six: CAC members share insights about what is missing from currently available data and discuss how best to fill these information gaps. This often takes place during the third meeting of the CAC. Members share what they feel is missing from what has already been reviewed and sometimes members will have other locally derived data to share with the research team. This leads to a discussion about who should be consulted in the community.

Step Seven: Development of a qualitative data collection plan. Using the suggestions shared by CAC members, the CHA Team develops a qualitative data collection plan outlining what methods will be used, who the sample will be, and timelines for collection.

Step Eight: Qualitative data collection in the community. During this step, the CHA Team is in the community collecting qualitative data as outlined in the data collection plan from step seven.

Step Nine: Data analysis. All qualitative data collected is audio recorded and then transcribed by a professional transcriptionist. These data transcriptions are used in the data analysis process. This analysis is then cross referenced with the currently available quantitative data reviewed in step four.

Step Ten: Share emerging themes from data analysis with CAC members and identify priorities. Discussion summaries are developed for each of the emerging themes from the analysis which are shared with CAC members, both in document form and also verbally shared through a presentation by the CHA Team. CAC members are then asked to prioritize these themes, which are taken into account when the CHA Team finalizes the themes and recommendations. This usually takes place at the fourth meeting of the CAC.

Step Eleven: Finalize themes, recommendations, and final report. Utilizing the CAC members' prioritization results, the CHA Team finalizes the themes to be reported and develops recommendations for each theme. These are built into the final CHNA report.

Step Twelve: Share final report with CAC members and the larger community and begin work planning. A final fifth meeting is held with the CAC to share the final report and begin work planning based on the recommendations. During this step, the CHNA results are also shared with the larger community. This process differs from community to community. Sometimes it is done through media releases, community forums, or by presentations made by CAC members to councils or other interested groups.

4.0 CARLETON COUNTY COMMUNITY ADVISORY COMMITTEE

One of the first steps in the process when completing the CHNA is the establishment of a CAC. CACs play a significant role in the process as they are an important link between the community and Horizon's CHA Team. The mandate of the Carleton County Area CAC is:

To enhance community engagement throughout the Carleton County CHNA process and provide advice and guidance on health and wellness priorities in the community.

The specific functions of the Carleton County Area CAC are to:

- attend approximately five two-hour meetings
- perform a high level review of currently available data on the Carleton County area provided by the CHA Team
- provide input on which members of the community should be consulted as part of the CHNA
- review themes that emerge through the CHNA consultation process
- contribute to the prioritization of health and wellness themes

As explained in step two of the CHNA 12-step process, CAC members are chosen in collaboration with key community leaders on the CHNA Management Committee. This is done with the use of the CAC membership selection guide which can be found in the technical document. To help ensure alignment with the population health approach and that a comprehensive representation of the community is selected, this guide uses the 12 determinants of health categories listed in section 2.4. Membership for the Carleton County CAC consisted of representation from:

Florenceville-Bristol – Municipal Council

Hartland – Municipal Council

Woodstock – Municipal Council

Extra Mural Program

Public Health

Family Physician

Nurse Practitioner

Diabetes Outreach

Mental Health & Addictions

Carleton Manor Nursing Home

Social Development, Wellness Branch

NBCC Woodstock

High School Administration

Elementary School Administration

Community Schools Program

Tourism, Heritage and Culture, Active Communities Branch

Early Language Services

Carleton County Retired Teachers Association

Harvest House

Community Residential Living Board

River Valley Arts Alliance

Multicultural Association

Woodstock Police Force

Woodstock Fire Department

Community of Centerville

Volunteer Family Services

Big Brothers Big Sisters

PFLAG

Red Cross

Western Valley Regional Service Commission

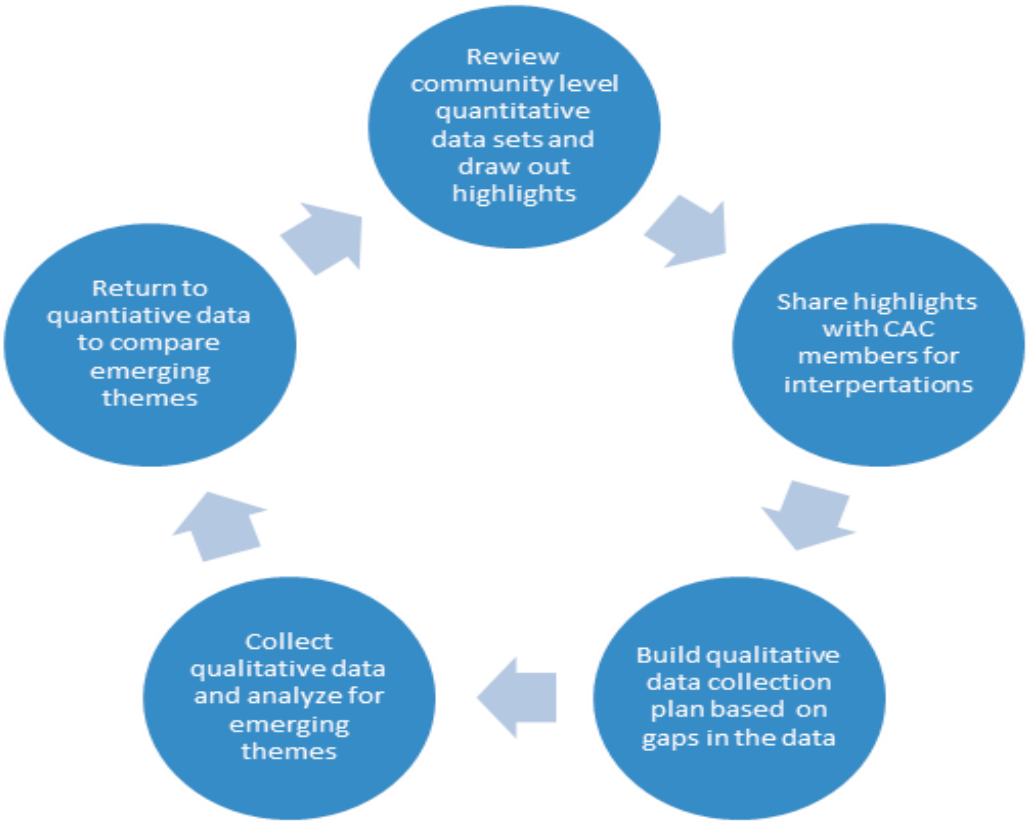
Falls Brook Centre

Carleton Victoria Community Inclusion Network

5.0 RESEARCH APPROACH

As outlined in section 3.0 above, one of the first steps in the CHNA process is a review of currently available quantitative data on the community by the CHA Team. Significant highlights are drawn out and shared with CAC members. The CAC members are asked to apply their own interpretation to these highlighted indicators and to indicate when further exploration is required to determine why a particular indicator stands out. These issues are further explored through the qualitative component of the CHNA. Once qualitative data is collected and analyzed for emerging themes, the CHA Team reviews the quantitative data once more to compare.

FIGURE 4: RESEARCH APPROACH



5.1 Quantitative Data Review

As outlined in section 3.0 above, one of the first steps in the CHNA process is for the CHA Team to review currently available quantitative data on the community. The bulk of the data reviewed comes from data compiled by the NBHC. As mentioned earlier, the NBHC has divided the province of New Brunswick into unique communities with their own data sets. The CHA Team uses two of these data sets extensively:

- **My Community at a Glance**. These are community profiles that give a comprehensive view about the people who live, learn, work, and take part in community life in that particular area. The information included in these profiles comes from a variety of provincial and federal sources, from either surveys or administrative databases.10 In keeping with our guiding approach of population health, indicators within these profiles are divided based on the model shown in figure 1 above.

- **The Primary Health Care Survey**. First conducted in 2011, and then again 2014. Each time, over 13,500 citizens responded to the survey by telephone in all areas of the province. Its aim is to understand and report on New Brunswickers' experiences with primary health care services, more specifically at the community level.11

5.2 Qualitative Methodology: Interpretive Description

The qualitative component of CHNAs conducted by Horizon's CHA Team is guided by the Interpretive Description (ID) methodology. Borrowing strongly from aspects of grounded theory, naturalistic inquiry, ethnography and phenomenology, ID focuses on the smaller scale qualitative study with the purpose of capturing themes and patterns from subjective perceptions.[12] The products of ID studies have application potential in the sense that professionals, such as clinicians or decision makers could understand them, allowing them to provide a backdrop for assessment, planning and interventional strategies. Because it is a qualitative methodology and because it relies heavily on interpretation, ID does not create facts, but instead creates "constructed truths." Thorne and her colleagues argue that the degree to which these truths are viable for their intended purpose of offering an extended or alternative understanding depends on the researcher's ability to transform raw data into a structure that makes aspects of the phenomenon meaningful in some new and useful way.[13]

5.3 Qualitative Data Collection

Step seven of the CHNA process outlined in section 3.0 is the development of the qualitative data collection plan. This is done based on input received from CAC members. For the Carleton County Area CHNA, key informant interviews were held with stakeholders in the area of primary health care and key stakeholder groups were consulted through the focus group interview method:

- Young adults
- Seniors and senior supports
- Domestic violence professionals (including law enforcement)
- Mental health professionals
- Social supports in the community
- Woodstock First Nation representatives

5.3.1 Focus Group Interviews

A focus group interview is an interview with a small group of people on a specific topic. Groups are typically six to 10 people with similar backgrounds who participate in the interview for one to two hours.[14] Focus groups are useful because you can obtain a variety of perspectives and increase your confidence in whatever patterns emerge. It is first and foremost an interview, the twist is that, unlike a series of one-on-one interviews, in a focus group participants get to hear each other's responses and make additional comments beyond their own original responses as they hear what other people have to say. However, participants need not agree with each other or reach any kind of consensus. The objective is to get high-quality data in a social context where people can consider their own views in the context of the views of others.

There are several advantages to using focus group interviews:

- Data collection is cost-effective. In one hour you can gather information from several people instead of one.
- Interactions among participants enhances data quality
- The extent to which there is a relatively consistent, shared view or great diversity of views can be quickly assessed
- Focus groups tend to be enjoyable to participants, drawing on human tendencies as social animals

It is also important to note that there are some limitations when conducting focus group interviews, such as restraint on the available response time for individuals, and full confidentiality cannot be assured if/when controversial or highly personal issues come up.

The CHA Research Lead acted as the moderator for the Carleton County Area focus groups with the main responsibility of guiding the discussion. The CHA Project Coordinator was also present to collect consent forms, take notes, manage the audio recording and deal with any other issues

that emerged so that the moderator could stay focused and keep the discussion uninterrupted and flowing.

Focus group settings varied throughout the Carleton County Area CHNA. Attempts were always made to hold focus groups in a setting that was familiar, comfortable and accessible for participants. Upon arrival, participants were asked to wear a name tag (first name only) to help with the conversation flow. The CHA Team developed a script that was shared at the beginning of each session, which can be found in figure 5 below. Individual focus group interview guides can be found in the technical document.

FIGURE 5: FOCUS GROUP INTRODUCTION GUIDE

INTRODUCTION:

- CHA Team introduce themselves
- General discussion of CHNA goals
- General discussion of the community boundaries
- General discussion of the role of CAC and how it relates to FGs
  - reviewed currently available data
  - this review lead to further consultations (FGs)
- What is expected of FG Participants:
  - engage in guided discussion
  - no agenda
  - do not need to come to any censuses - may not agree, that is ok.
  - no work to be done, not a problem solving or decision making group.
  - just sharing insights.
  - please feel free to respond to one another
  - as the facilitator, my role is just to guide the discussion. Just a few questions so there are lots of room for discussion.
- Confirm that everyone has signed the consent/confidentiality form and remind everyone to remember that what is shared during the session is to remain confidential.
- ANY QUESTIONS BEFORE WE BEGIN?
- Explain that, as stated in the consent form, we will be recording the session
  - confirm that everyone is comfortable with being recorded.
- Turn on recorders
- Group Introductions

5.4 Content Analysis Framework

Content analysis done by Horizon's CHA Team is based on the Key Issues analytical framework approach.[15] The first step in this approach is to have all audio recordings that are produced as part of the qualitative data collection plan transcribed into text by a professional transcriptionist. Each transcript is then read in its entirety by the CHA Team while using a code book and an open coding process. During this process all possible 'issues based' content is coded and is divided into general categories that emerge through the review. At this stage it is about making a volume list of anything that could possibly be viewed as an issue and less about the frequency, significance and applicability of the issue. This process helps to eliminate text that is more 'conversation filler' and leads to the creation of a data reduction document where text is sorted into Board category areas.

At this stage of the framework, a second review is done of the data reduction document to pinpoint more specific issues in the text, once again with the use of a code book and more detailed coding. During this round of coding, the CHA Team considers frequency, significance and applicability of the key issues. With the list complete, the CHA Team develops a summary of the discussion for each key issue. With the list of key issues and summaries developed the CHA Team returns to the quantitative data sets to see how certain indicators compare to what was shared through qualitative data collection. Sometimes the quantitative indicators support what is being said and sometimes they do not; either way the indicators related to the key issues are highlighted and incorporated into the key issue summaries.

This list of key issues and summaries is brought forward to the CAC as stated in Step 10 of the CHNA process outlined in section 3.0. The key issue summaries are shared with CAC members, and the CHA Team also meets with CAC members face-to-face to describe the key issues and review the summaries. After this review, CAC members are asked to participate in a prioritization exercise with the key issues based on their own opinion and experience of the community. The priorities that emerge from the exercise are used to finalize the list. This is a very significant step in the process because it helps to eliminate bias from the CHA Team by drawing on input from CAC members who represent a comprehensive representation of the community.

6.0 RESULTS

Data analysis resulted in the identification of 8 priority issues:

6.1 Access to family physicians in the community is limited and is expected to become more challenging in coming years as many retire

6.2 The need for more senior outreach programming in the community to help keep seniors in their own homes longer

6.3 Transportation issues in the community that impact health

6.4 Lack of awareness regarding programs and services already available in the community

6.5 Current hours of operation for primary health care services (including mental health services) are a barrier for many and needs to be examined

6.6 The need for more mental health services in the community to address the growing rate of mental health issues among youth

6.7 Food insecurity in the community

6.8 In insufficient amount of safe affordable housing options in the community

Table 2 below outlines the 8 priority issues and provides recommendations for each. Following the table, a profile for each of the priority issues is presented. These profiles include a summary of the qualitative consultation discussion, available community level quantitative indicators related to the priority issue, quotes from consultation participants and recommendations.

Given that CHNAs conducted within Horizon communities are guided by the population health approach as discussed in section 2.4 above, each priority issue is also connected to the determinant of health area(s) that is strongly influenced by or impacts the priority issue being discussed. You will recall from section 2.4 that the determinants of health are the broad range of factors and conditions that have a strong influence on our health and are categorized by the Public Health Agency of Canada as:

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment and Working Conditions
5. Social Environment
6. Physical Environment
7. Personal Health Practices and coping skills
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services
11. Gender
12. Culture[16]

Table 4: Carleton County CHNA Identified Priority Areas and Recommendations

Priority → → → → → → →	Recommendation
1. Access to family physicians in the community is limited and is expected to become more challenging in coming years as many retire	Review current access issues, wait list and status of family physician pool in the community and, working with Horizon and community leaders, determine a strategy to maintain and improve access to primary health care services in Carleton County.
2. The need for more senior outreach programming in the community to help keep seniors in their own homes longer	Further consult with seniors' organizations, social development representatives, nursing home representatives and home care providers from the community to determine what outreach services would most benefit seniors in the community and determine a plan to implement these services.
3. Transportation issues in the community that impact health	Examine community health challenges due to limited transportation, review the way in which other communities are addressing this challenge, and work with key community stakeholders to develop a strategy to improve transportation.
4. Lack of awareness regarding programs and services already available in the community	Review current methods used to communicate information about programs and services in the community and review uptake. Together with appropriate stakeholders and communication specialists, determine more effective methods for the communication of this information.
5. Current hours of operation for primary health care services (including mental health services) are a barrier for many and needs to be examined	Review current hours of operation for these services in the community and, working with providers, determine where alterations can be made to hours of service to improve access.
6. The need for more mental health services in the community to address the growing rate of mental health issues among youth	Further consult with mental health professionals, educators, parents from the community, and representatives from Woodstock First Nation to determine what additional services are needed. Review outcomes with Horizon's Mental Health & Addictions leadership to determine how best to fill these gaps in service.
7. Food insecurity in the community	Working with key community partners, review the various elements of food insecurity affecting the community and develop a plan of action.
8. An insufficient amount of safe affordable housing options in the community	Working with community leadership, representatives from Social Development, representatives from NB Housing, representatives from Woodstock First Nation, and current housing operators, assess current availability, wait list and gaps and create a plan to address housing needs in the community.

6.1 Access to family physicians in the community is limited and is expected to become more challenging in coming years as many retire

Consultation Participants discussed concerns over access to family physicians in the community. Some shared personal experiences with not having access and others shared concerns for the future as many family physicians in the community are reaching retirement age. Other health professionals consulted explained how limited access to family physicians often makes it difficult to get referrals, get important tests ordered or to have a central care provider to coordinate care for patients. There was also discussion about the fact that, with limited access, more people are relying on the local emergency department for their primary health care needs. Consultation participants who work with new immigrants in the community expressed the difficulty in finding them family physicians when they arrive. Participants also discussed, as a possible solution, utilizing more nurse practitioners in the community to their full scope of practice as a way to provide more primary health care services to the residents of Carleton County.

DETERMINANTS OF HEALTH:
Health Services

Has a family doctor

- Carleton County **92.6%**
- NB **92.1%**

Health service not available in your area when needed

- Carleton County **23.3%**
- NB **17.4%**

Calling family doctor's office during regular practice hours (%very easy or somewhat easy)

- Carleton County **73.6%**
- NB **78.3%**

Model of care used most often when sick (% hospital emergency department)

- Carleton County **17.4%**
- NB **11.5%**

Visited a nurse practitioner

- Carleton County **2.5%**
- NB **7.7%**

Immigrants

- Carleton County **4.7%**
- NB 3.9%

Avoidable hospitalizations (rate per 10,000)

- Carleton County **68**
- NB **60**

"Lack of family doctors is starting to be an issue in this area. It wasn't there 5 years ago, it's there now. Physicians are themselves aging and retiring or moving on."

"They can't get access to a family doctor, either they don't have one or the access is limited, and they end up calling 911 and are dealt with in the ER which isn't always the best place for them."

RECOMMENDATION
Review current access issues, wait lists and status of the family physician pool in the community and, working with Horizon and community leaders, determine a strategy to maintain and improve access to primary health care services in Carleton County.

6.2 The need for more senior outreach programming in the community to help keep seniors in their own homes longer

Consultation participants discussed the impacts of an aging population in the community and how many seniors could benefit from having additional supports. They shared that many younger families are leaving the community in order to seek employment elsewhere which limits the amount of informal social supports in the community for seniors. Health professionals discussed the issue of senior isolation in the community and the impact that this has on both physical and mental health. Different programs were discussed that could benefit seniors and help them to maintain their independence such as a senior day program, a friendly visitors program and a consistent meals-on-wheels program. They also discussed the need for these types of programs to take into consideration the more rural pockets of the community when planning.

DETERMINANTS OF HEALTH:
Social Support Networks, Social Environment, Physical Environment, Personal Health Practices & Coping Skills and Health Services

Age group 65+

- Carleton County **19.9%**
- NB **20.3%**

Seniors living alone:

- Male – Carleton County 18% (NB 16%)
- Female – Carleton County 34% (NB 31%)

Seniors see their mental health as very good or excellent

- Carleton County **54%**
- NB **59%**

Seniors see their stress as quite a bit and extreme

- Carleton County **15%**
- NB **11%**

Food Insecurity in homes with or without children present, moderate and severe

- Carleton County **12%**
- NB **9%**

Seniors - eat fruits and vegetables, 5 or more daily

- Carleton County **25%**
- NB **37%**

POTENTIAL COMMUNITY ASSET:
Carleton Manor Nursing Home is a 110 bed nursing home facility whose mission is to provide quality long term care and support services to the community while promoting an environment of optimum wellness and dignity. Properly resourced, Carleton Manor could be a potential hub for some of these programs to help seniors who are not yet ready for this type of care facility but may need a little extra support in their own homes.

RECOMMENDATION
Further consult with seniors' organizations, social development representatives, nursing home representatives and home care providers from the community to determine what outreach services would most benefit seniors in the community and determine a plan to implement these services.

6.3 Transportation issues in the community that impact health

Consultation participants discussed a number of ways limited access to affordable transportation impacts health in the community. They shared how barriers to transportation often impact the ability for many children and youth who live in rural areas of the community to participate in recreational activities as many are bused a far distance to and from school each day. Transportation was also identified by participants as a major barrier to accessing primary health care services, particularly for those on a limited income or seniors who do not drive. Experiences were shared where this has led to unnecessary ambulance calls for seniors and they end up being seen and treated in the emergency room which may not be the best place for them. Participants also shared concerns for seniors in the community who have limited informal social supports, do not drive and may be experiencing isolation, which can lead to a number of physical and mental health issues.

DETERMINANTS OF HEALTH:
Income & Social Status, Social Support Networks, Social Environment, Physical Environment, Healthy Child Development and Health Services

Health service barrier, transportation problems

- Carleton County **8.6%**
- NB **7.1%**

Health service not available in your area when needed

- Carleton County **23.3%**
- NB **17.4%**

Avoidable hospitalizations (rate per 10,000)

- Carleton County **68**
- NB **60**

POTENTIAL COMMUNITY ASSET:
Carleton Victoria Community Inclusion Network's role is to develop, oversee, coordinate and implement strategic initiatives and plans to reduce poverty and assist thousands of New Brunswickers to become more self-sufficient. Addressing transportation is one of the key priorities identified by this network.

RECOMMENDATION
Examine community health challenges due to limited transportation, review the way in which other communities are addressing this challenge, and work with key community stakeholders to develop a strategy to improve transportation.

6.4 Lack of awareness regarding programs and services already available in the community

Consultation Participants discussed that, although there are some additional programs and services they would like to see in the community, there are also many programs and services already in place that are not being used due to lack of awareness. Frustration around this issue was shared by a broad range of consultation participants - those who provide programs and services and those who use them. They highlighted that it can be particularly challenging to get information into the hands of seniors because so many of today's communication methods are online. From a mental health prospective, it was also shared that there is a lack of awareness in the community about what individuals can access through their Employee Assistance Program.

DETERMINANTS OF HEALTH:
Social Support Networks, Education & Literacy and Health Services

Know where to go in my community, grades 6 to 12

- Carleton County **24%**
- NB **26%**

POTENTIAL COMMUNITY ASSEST:
L.P. Fisher Public Library is centrally located in Woodstock and is an active hub in the community. Not only does it offer a wide variety of community programing, but it could also serve as a "clearinghouse" for information regarding programs and services available throughout the community.

RECOMMENDATION
Review current methods used to communicate information about programs and services in the community and review uptake. Together with appropriate stakeholders and communication specialists, determine more effective methods for the communication of this information.

6.5 Current hours of operation for primary health care services (including mental health services) are a barrier for many and needs to be examined

Consultation participants discussed how the current hours of operation for primary health care services, including mental health care services in the community can be a challenge. Many residents in Carleton County work in industries where their hours vary and often do not fit the traditional 8:00-4:00 hours of operation model. Participants also explained that, because there is no access to services on weekends, many in the community rely on the local emergency department for their primary health care. This adds strain on the acute care system, may not be the best place for the patient, and can impact continuity of care. There is an after-hours clinic in the community a few nights a week but participants explained that it only sees a limited amount of patients per evening and you need to be there relatively early to ensure that you will be seen by a service provider.

DETERMINANTS OF HEALTH:
Employment & Working Conditions and Health Services

Family doctor has after-hours arrangements

- Carleton County **13.7%**
- NB **18.2%**

Model of care used most often when sick – emergency room

- Carleton County **17.4%**
- NB **11.5%**

Visited an after-hours clinic or walk-in clinic

- Carleton County **14.6%**
- NB **24.3%**

Avoidable hospitalizations (rate per 10,000)

- Carleton County **68**
- NB **60**

RECOMMENDATION
Review current hours of operation for these services in the community and, working with providers, determine where alterations can be made to hours of service to improve access.

6.6 The need for more mental health services in the community to address the growing rate of mental health issues among youth

Consultation Participants discussed a growth in mental health issues among youth in the community and many professionals who were consulted perceived that mental health issues are starting to emerge at a younger age. They also shared that many more youth in the community are presenting with suicidal ideation; something also noticed by emergency room staff in the community. Some participants discussed the connection between mental health problems and changing technology and social media while others discussed the connection with changing family dynamics in the community. Participants expressed concerns over the limited supports and expertise in the community to address youth mental health issues and how this often means services need to be accessed outside of the community which is a challenge for many youth. They also shared that, in the absences of proper intervention, many youth are self-medicating in order to cope. Representatives from the community of Woodstock First Nation also feel that supports for youth mental health are limited in their community and would like to see a better working relationship between their health centre and Horizon's Mental Health & Addictions.

DETERMINANTS OF HEALTH:

Social Support Networks, Social Environment, Personal Health Practices & Coping Skills, Healthy Child Development and Health Services

Youth Alcohol use
- Carleton County **54%**
- NB **51%**

Youth Marijuana use
- Carleton County **34%**
- NB **33%**

Youth, I feel connected to my school
- Carleton County **89%**
- NB **91%**

Youth, I feel safe at school
- Carleton **77%**
- NB **83%**

Youth, Satisfied with mental fitness needs related to school
- Carleton County **55%**
- NB **58%**

Youth, know where to go in my community to get help
- Carleton **24%**
- NB 26%

Youth, has been bullied
- Carleton County **71%**
- NB **65%**

Youth – Moderate to high level of mental fitness
- Carleton County **74%**
- NB **77%**

POTENTIAL COMMUNITY ASSET:

The Canadian Mental Health Association (CMHA) is a nation-wide leader and champion for mental health and facilitates access to the resources people require to maintain and improve mental health. CMHA operates within the area of Carleton County and has a Community Education Coordinator whose focus is on education and reaching out to schools and students.

"Probably in the last 3 or 4 years there's a much greater level of anxiety and depression in students in our youth."

"And from an ER perspective as well, we're seeing a lot more mental health issues with kids like as young as 12 in with depression and wanting to kill themselves and having a plan. And there's not help for youth for mental health in Upper River Valley."

"They're actually using it to try and like help themselves feel better, that's new. It use to be recreationally but now they have a joint to help them deal, to cope."

RECOMMENDATION

Further consult with mental health professionals, educators, parents from the community, and representatives from Woodstock First Nation to determine what additional services are needed. Review outcomes with Horizon's Mental Health & Addictions leadership to determine how best to fill these gaps in service.

6.7 Food insecurity in the community

Consultation participants discussed many issues associated with food insecurity in the community including the increased cost of foods and how challenging it can be for individuals and families to afford a fresh whole foods diet, particularly when on a limited income. Participants also shared that there has been an increase in individuals and families using the food bank services offered in the community. They felt that in addition to these services, the community could benefit from a community kitchen where people could get a hot meal and learn about basic meal preparation. They shared how the rural, spread out nature of the community means that many who live in more rural areas do not have access to outlets that sell fresh, whole foods and how transportation is often a challenge for many in the community who are on low income or for seniors. This barrier often leads many to rely on processed, non-perishable food products as these items will last longer. Participants also highlighted another important aspect of food insecurity; that many young people in the community are losing basic skills to prepare fresh whole, foods as this is often not being taught at home or in the school environment.

DETERMINANTS OF HEALTH:

Income & Social Supports, Education & Literacy, Social Support Networks, Physical Environment, Personal Health Practices & Coping Skills and Healthy Child Development

Food Insecurity in homes with or without children present, moderate and severe

- Carleton County **12%** (NB **9%**)

Five or more fruits and vegetables daily, Carleton County:

- Children (K- grade 5) **17%** (NB **14%**)
- Children (grades 4 & 5) **43%** (NB **51%**)
- Youth **35%** (NB **40%**)
- Adult **28%** (NB **36%**)
- Seniors **25%** (NB **37%**)

Ate dinner with parent the day before the survey

- Carleton County **78%** (NB **77%**)

Food Bank Utilization, individuals served in 2015 (Volunteer Family Services)

January	283
February	320
March	362
April	357
May	346
June	459
July	377
August	407
September	404
October	304
November	395
December	477

POTENTIAL COMMUNITY ASSEST:

Volunteer Family Services has the mandate to alleviate hunger and provide nutrition, collect food, clothing and household items, raise funds / donations, educate the public and empower people. It offers services in the community such as emergency food services, breakfast programs, clothing services and learning opportunities.

"And we don't have at-home moms you know like we did 40 or 50 years ago that would teach life skill…I think it's a dynamic that has come as we evolved into a double income working family unit."

"I remember going to things like home ec. So I learned how to prepare food but those programs are thrown by the wayside…but it's the skills that kids may not be learning in the household anymore."

RECOMMENDATION

Working with key community partners, review the various elements of food insecurity affecting the community and develop a plan of action.

6.8 An insufficient amount of safe, affordable housing options in the community

Consultation participants discussed concerns about housing in the community and connected it to health impacts. They shared that there are limited housing options available for seniors in the community and those that are available are unaffordable for many seniors on a limited income. They also shared concerns about seniors living in older homes that are unsafe and hard to maintain. Participants also discussed how a lack of affordable rental options in the community presents a challenge for students studying at NBCC. They explained that, because of this, many students chose to live in other communities and commute a long distance to and from school each day, which presents many challenges. Participants also shared that some units available in the community through NB housing for low income families and individuals are unsafe and in need of improvements. Participants also shared how housing quality is a major issue in the community of Woodstock First Nation with such issues as mold, poor air quality, poor water quality and the design of many of the homes are not appropriate for seniors in this community.

DETERMINANTS OF HEALTH:
Income & Social Status, Social Support Networks, Physical Environment and Healthy Child Development

Living in low income

- Carleton County **22%**
- NB **17%**

Tenants in subsidized housing

- Carleton County **11%**
- NB **16%**

Households in Carleton County

- Population who owns their home **78%** (NB **76%**)
- Population who rents **21%** (NB **24%**)
- Population who lives in band housing **0.8%** (NB **0.6%**)
- Occupied dwellings requiring major repairs **12%** (NB **10%**)
- Occupied private dwelling built before 1960 **31%** (NB **27%**)

"Complexes that are in Woodstock area are beyond what somebody on a pension can manage…and any other ones that would be affordable, between all of us we probably wouldn't want to send our family member… so many live in houses in disrepair."

"The needs include an improvement on the current NB housing circumstances. Its dire, I don't even understand how it is legal…We know when somebody comes in if they're on NB Housing, they'll show you the power bill its like $600 a month because the windows are falling out."

RECOMMENDATION
Working with community leadership, representatives from Social Development, representatives from NB Housing, representatives from Woodstock First Nation, and current housing operators, assess current availability, wait list and gaps and create a plan to address housing needs in the community.

REFERENCES

(Endnotes)

1 Government of New Brunswick (2012). A Primary Health Care Framework for New Brunswick. Available at: https://www.gnb.ca/0053/phc/consultation-e.asp

2 Government of New Brunswick (2012). A Primary Health Care Framework for New Brunswick. Page 14. Available at: https://www.gnb.ca/0053/phc/pdf/2012/8752_EN%20Web.pdf

3 Government of New Brunswick (2013). Community Health Needs Assessment Guidelines for New Brunswick. Available at: https://www.gnb.ca/0053/phc/pdf/2013/CHNA%20Guide%2013-05-13%20-.pdf

4 Public Health Agency of Canada (2011). What Determines Health? Available at: http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#key_determinants

5 Public Health Agency of Canada (2011). What Determines Health? Available at: http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#key_determinants

6 The New Brunswick Health Council (2015). About the New Brunswick Health Council. Available at: http://www.nbhc.ca/about-nbhc/mandate#.VTZfoHlFBpg

7 The New Brunswick Health Council (2014). Creation of Communities. Available at: http://www.nbhc.ca/sites/default/files/documents/appendix_a-creation_of_communities-nbhc.pdf

8 The New Brunswick Health Council (2014). New Brunswickers' Experiences with Primary Health Service: Results from the New Brunswick Health Council's 2014 Primary Health Survey. Florenceville-Bristol Area Available at: http://www.nbhc.ca/sites/default/files/documents/primary_health_survey_-_community_-_florenceville_25.pdf

9 The New Brunswick Health Council (2014). New Brunswickers' Experiences with Primary Health Service: Results from the New Brunswick Health Council's 2014 Primary Health Survey. Florenceville-Bristol Area Available at: http://www.nbhc.ca/sites/default/files/documents/primary_health_survey_-_community_-_florenceville_25.pdf

10 The New Brunswick Health Council (2014). My Community at a Glance: New Brunswick Community Profile Report. Available at: http://www.nbhc.ca/press-release/my-community-glance-nbhcs-new-tool#.VUDltiFViko

11 The New Brunswick Health Council (2014). New Brunswickers' Experiences with Primary Health Service: Results from the New Brunswick Health Council's 2014 Primary Health Survey. Available at: http://www.nbhc.ca/surveys/primaryhealth#.VlcrjnlRGFk

12 Thorne, S., Kirkham, S.R. & O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. International Journal of Qualitative Method, 3(1).

13 Thorne, S., Kirkham, S.R. & O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. International Journal of Qualitative Method, 3(1).

14 Patton, M.Q. (2002). Qualitative Research & Evaluation Methods (3rd ed). Thousand Oaks, CA: Sage Publications.

15 Patton, M.Q. (2002). Qualitative Research & Evaluation Methods (3rd ed). Thousand Oaks, CA: Sage Publications.

16 Public Health Agency of Canada (2011). What Determines Health? Available at: http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#key_determinants