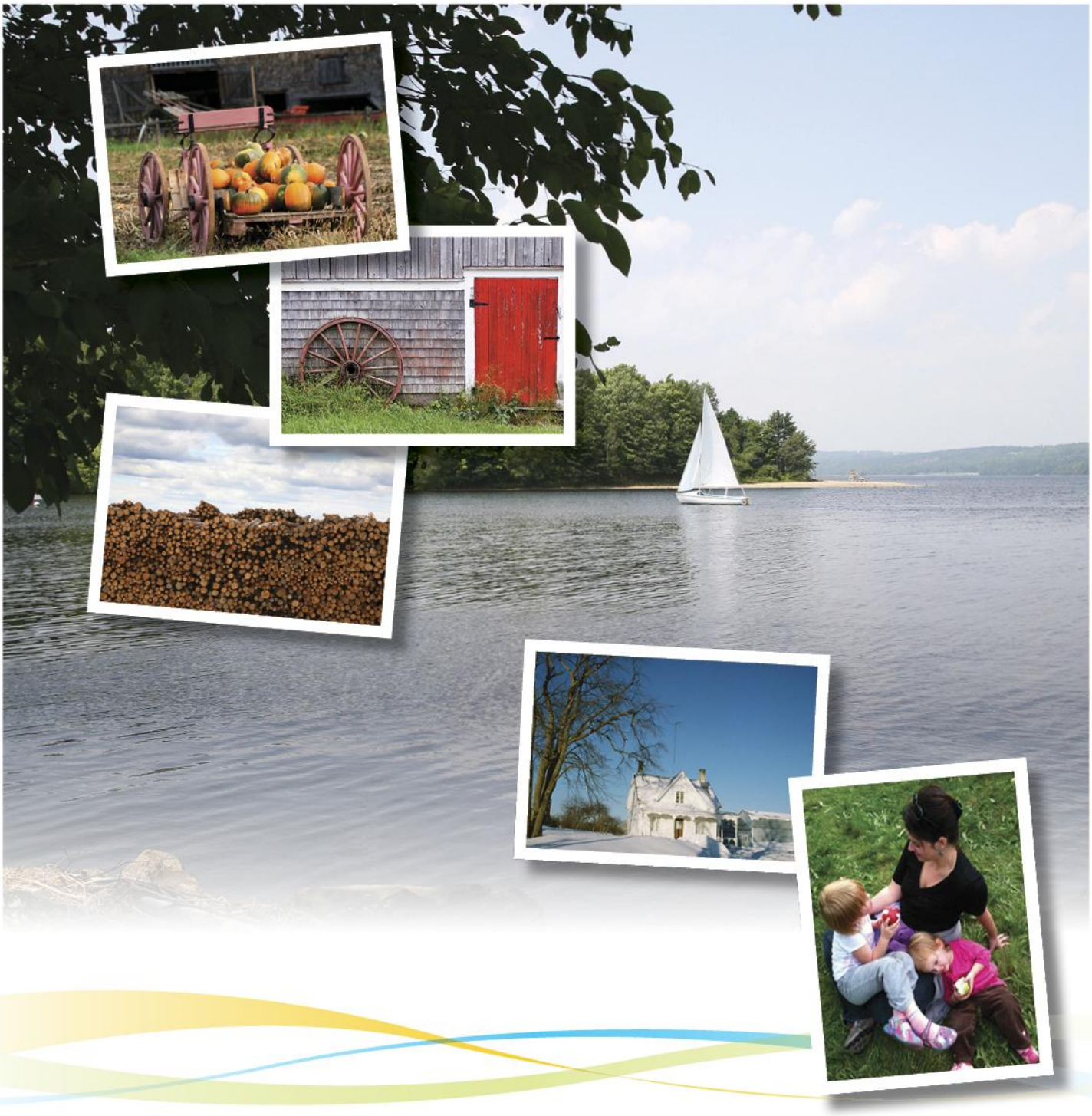
GRAND LAKE AREA

COMMUNITY HEALTH NEEDS ASSESSMENT



RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

28/04/2015

Produced by
Horizon Health Network's
Community Health Assessment Team

TABLE OF CONTENTS

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

LIST OF TABLES

LIST OF FIGURES

1.0 EXECUTIVE SUMMARY

Introduction

The Grand Lake Area, a predominately rural region of New Brunswick northeast of Fredericton, includes the villages of Minto, Chipman, Cambridge-Narrows, and 14 other communities spread over almost 2000 km^2. According to the Canadian Census, the Grand Lake area had a total population of 9,273 in 2011 which is a 7% decline from 2006. Declining economic prosperity, low birth rates, higher death rates, and a growing population over the age of 85 are some of the main contributing factors to population decline in the Grand Lake area. Data suggests that 21% of residents in the Grand Lake Area live in low income. The community also has elevated rates of chronic diseases such as diabetes, asthma, high blood pressure/hypertension, arthritis, chronic pain, and gastric reflux (GERD).

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 Assessmen**t (CHA)** Team uses a 12-step process to conduct CHNAs that takes into account the following differences at each stage:

1. Develop a local management committee for the selected community
2. Select Community Advisory Committee (CAC) members with the assistance of the management committee
3. Establish CAC
4. Review currently available data on selected community
5. Present highlights from data review to CAC members.
6. CAC members share insights about what is missing from currently available data and discuss how best to fill these information gaps
7. Development a qualitative data collection plan
8. Qualitative data collection in the community
9. Data analysis
10. Share emerging themes from data analysis with CAC members and identify priorities
11. Finalize themes, recommendations, and final report

12. 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 Grand Lake Area Community Advisory Committee (CAC). Five key stakeholder groups were identified for consultation through the focus group interview method:

- Seniors & Senior Support Services
- Primary Health Care Providers
- Professionals working with Child & Youth
- Mental Health & Addictions Professionals
- Allied Health Care Professionals

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 Grand Lake Area CAC for feedback, and CAC members were asked to participate in a prioritization exercise of the key issues based on their own experience of the community. The priorities that emerged from the exercise are used to finalize the list of priorities and recommendations for the Grand Lake Area.

Results & Recommendations

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

Table 1: Grand Lake Area CHNA Identified Priority Areas and Recommendations

	Priority	Recommendation
1.	The increasing rate of adult overweight/obesity in the community.	Through key community partnerships, develop a comprehensive, multi-level strategy to address adult overweight/obesity at the community level.
2.	Families in the community are struggling and facing new complex challenges.	Using a multi-sector approach, develop a plan to put better supports in place for families in the community, including economic/employment counselling.
3.	The increasing rate of child and youth mental health issues in the community.	Further consult with educators and parents in the community to determine where gaps in mental health supports and services exist and align resources to best fill these gaps.
4.	Limited time and resources to spend on preventative/educational health programming.	Further build preventative/educational type programming into the mandate of the QNCHC and Chipman Health Centre, and foster key partnerships in the community.
5.	Lack of awareness about services and programs available in the community.	Working with Horizon's communication specialists and other community partners, assess the effectiveness of current means of communicating available services and programs and plan a more effective means of communication.
6.	A decrease in mental resiliency and coping skills in children and youth in the community.	Further consult with parents and educators about the types of mental resiliency and coping skills that children and youth are missing and, through partnerships, plan how to fill these learning gaps in the community.
7.	Limited recreational programming for children and youth in the community.	Through partnerships with the health centres, village councils and schools, develop a recreation council to review currently available recreational programming for children and youth and determine where additions can be made.
8.	Limited options for palliative care and respite care in the community.	Working with EMP and nursing homes in the area, review what palliative care and respite care options are currently available and determine where additional services can be made.

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 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

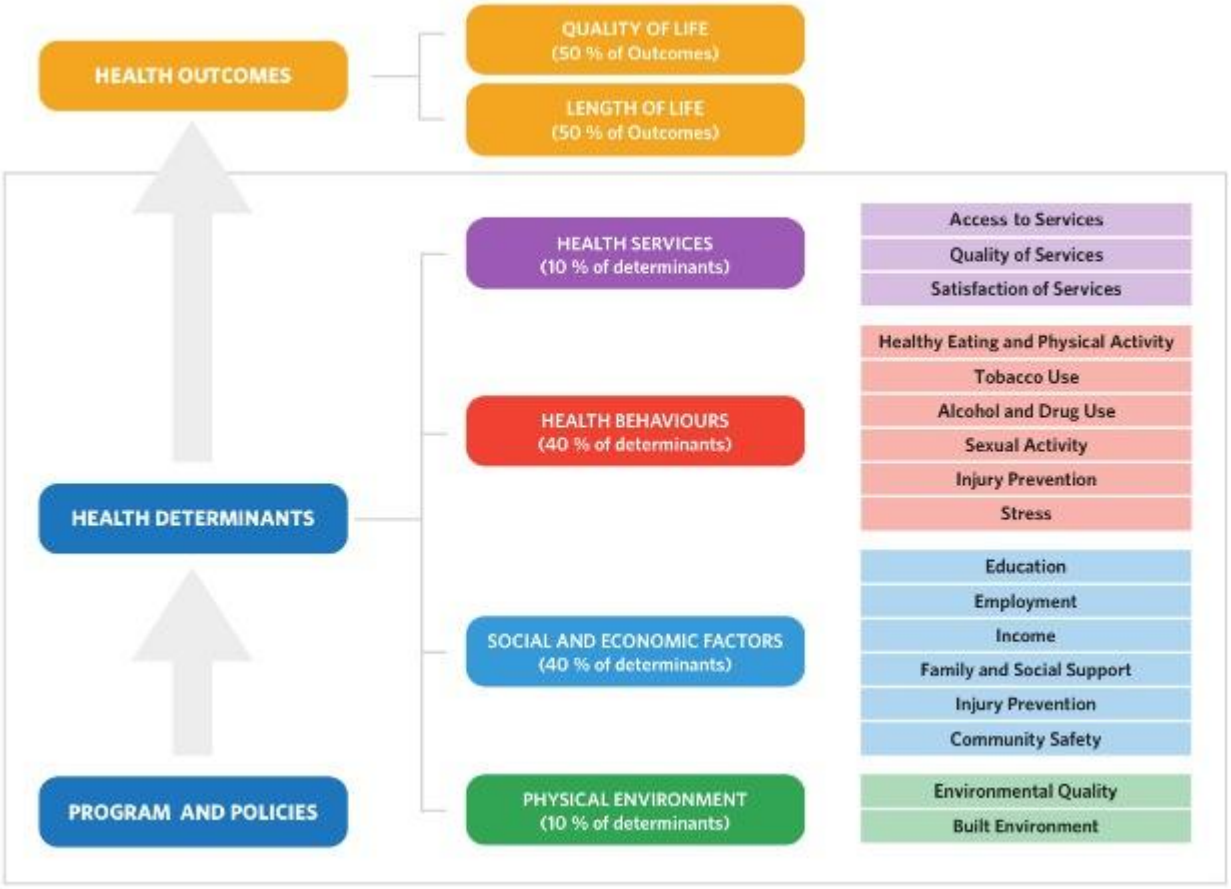
2.4 The Population Health Approach

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 behaviors 40%, social and economic factors 40% and physical environment 10%.

FIGURE 1: POPULATION HEALTH MODEL

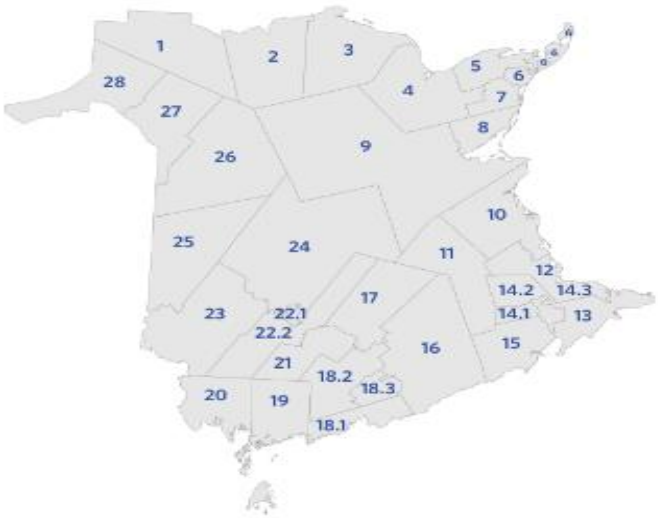


2.5 Defining Communities

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].

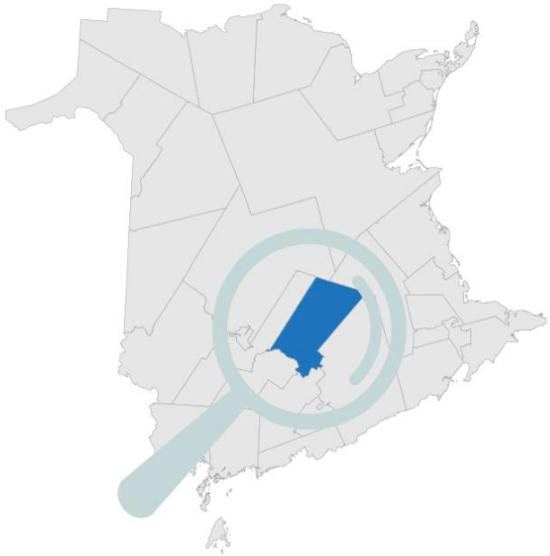
FIGURE 2: NBHC COMMUNITIES



2.6 The Grand Lake Area

One of the NBHC communities selected by Horizon for assessment during 2014-2015 is community 17, identified by the NBHC as the *Minto, Chipman, Cambridge-Narrows* area. Based on feedback from key community stakeholders, for the sake of the CHNA, this community was renamed the **Grand Lake Area**. Figure 3 below shows the Grand Lake Area community and lists the smaller communities that fall within it.

FIGURE 3: GRAND LAKE AREA



Cambridge
Cambridge-Narrows
Canning
Chipman
Cumberland Bay
Douglas Harbour
Gaspereau Forks
Jemseg
Lakeville Corner
Mill Cove
Minto
Northfield
Ripples
Sheffield
Waterborough
Whites Cove
Youngs Cove

The Grand Lake Area is a mostly rural part of New Brunswick, approximately 50 kilometers northeast of Fredericton. Given the community's proximity to Grand Lake, the area is a popular destination with vacationers during the summer months. The population of the Grand Lake

Area is 9,273 (2011) and has a shrinking population with a decrease of 7% between 2006 and 2011, comprising a large population of residents over the age of 85 with a low birth rate and high death rate. Once prosperous due to the coal mining and railway industries, the community is no longer the hub of industry it once was and many residents are required to commute to other communities for employment. The median household income in the community is $44,262 (2011) and 21% of people in the Grand Lake area live in low income. Data shows that the community has elevated rates of chronic diseases such as diabetes, asthma, high blood pressure/hypertension, arthritis, chronic pain, and gastric reflux (GERD).

TABLE 2: CHRONIC HEALTH CONDITIONS IN THE GRAND LAKE AREA[8]

Chronic Health Conditions[1]	2011 (%)	2014 (%)	2014[2] (#)	NB (%)
One or more chronic health conditions[3]	68.5 (63.2 – 73.8)	70.5 (65.8 – 75.2)	5,525	61.6 (60.8 – 62.4)
High blood pressure	31.7 (26.5 – 36.9)	33.6 (28.8 – 38.5)	2,635	27.0 (26.2 – 27.7)
Arthritis	28.3 (23.3 – 33.4)	26.2 (21.7 – 30.8)	2,054	17.4 (16.8 – 18.0)
Gastric Reflux (GERD)	19.1 (14.7 – 23.5)	19.4 (15.3 – 23.5)	1,518	16.4 (15.8 – 17.0)
Chronic pain	17.7 (13.5 – 22.0)	17.2 (13.3 – 21.1)	1,350	14.0 (13.5 – 14.6)
Depression	10.0 [E] (6.7 – 13.4)	14.9 (11.2 – 18.6)	1,168	14.9 (14.3 – 15.5)
Diabetes	12.6 (8.9 – 16.3)	14.3 (10.7 – 17.9)	1,123	10.7 (10.1 – 11.2)
Heart disease	8.5 [E] (5.4 – 11.7)	13.2 (9.7 – 16.7)	1,033	8.3 (7.9 – 8.8)
Asthma	12.2 (8.5 – 15.8)	12.6 (9.2 – 16.0)	985	11.8 (11.3 – 12.4)
Cancer	7.1 [E] (4.2 – 10.0)	9.7 (6.7 – 12.8)	761	8.3 (7.8 – 8.7)
Emphysema or COPD	F	4.7[E] (2.5 – 6.9)	370	3.0 (2.7 - 3.3)
Mood disorder other than depression	F	3.2[E] (1.4 – 5.0)	250	3.0 (2.7 – 3.2)
Stroke	F	2.9[E] (1.2 – 4.7)	229	2.5 (2.2 – 2.8)

Primary health-care services in the Grand Lake Area are provided through the Queens North Community Health Centre (QNCHC), the Chipman Health Centre, and through other private physician offices**.** Based on data from the NBHC's *Primary Health Care Survey of New Brunswick*, Grand Lake Area primary health-care services are highly rated in a number of indicator areas. Table 3 below shows some or these indictors for the Grand Lake Area.

TABLE 3: PRIMARY HEALTH CARE SURVEY INDICATORS FOR THE GRAND LAKE AREA[9]

Primary Health Care Survey Indicator	2011	2014	NB
How often was a medical condition or prescription explained to you in a way that you could understand? (% always or usually)	91.3	95.7	91.0
Calling family doctor's office during regular practice hours (% very easy or somewhat easy)	83.0	90.9	78.3
How quickly appointment can be made with family doctor (% on same day or next day)	31.6	32.1	30.1
How quickly appointment can be made with family doctor (% within 5 days)	64.6	66.5	60.3
How often family doctor explains things in a way that is easy to understand (% always)	82.9	85.0	80.2
How often family doctor involves citizens in decisions about their health care (% always)	68.2	72.2	68.2
How often family doctor gives citizens enough time to discuss feelings, fears and concerns about their health (% always)	77.1	76.9	71.9

3.0 STEPS IN THE CHNA PROCESS

CHNAs are a community driven process where 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. These 12 steps are:

1. **Develop a management committee for the selected community**
2. **Select CAC members with the assistance of the management committee**
3. **Establish CAC (the role of the CAC is discussed in section 4.0)**
4. **Review currently available data on selected community**
5. **Present highlights from data review to CAC members**.
6. **CAC members share insights about what is missing from currently available data and discuss how best to fill these information gaps**
7. **Development of a qualitative data collection plan**
8. **Qualitative data collection in the community**
9. **Data analysis**
10. **Share emerging themes from data analysis with CAC members and identify priorities**
11. **Finalize themes, recommendations, and final report**
12. **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 preexisting issues in the community that may impact the CHNA.

Step Two: Select Community Advisory Committee (CAC) members with the assistance of the management committee. With the use of 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 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 discusses 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 multiply 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 and 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 themes that emerged from the

analysis that 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 GRAND LAKE AREA 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 Grand Lake Area CAC is:

> *To enhance community engagement throughout the Grand Lake Area CHNA process and provide advice and guidance on health and wellness priorities in the community.*

The specific functions of the Grand Lake Area CAC are to:

- attend approximately five two-hour meetings
- do a high level review of currently available data on the Grand Lake 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 2 of the CHNA 12-step process above, members for CACs 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.

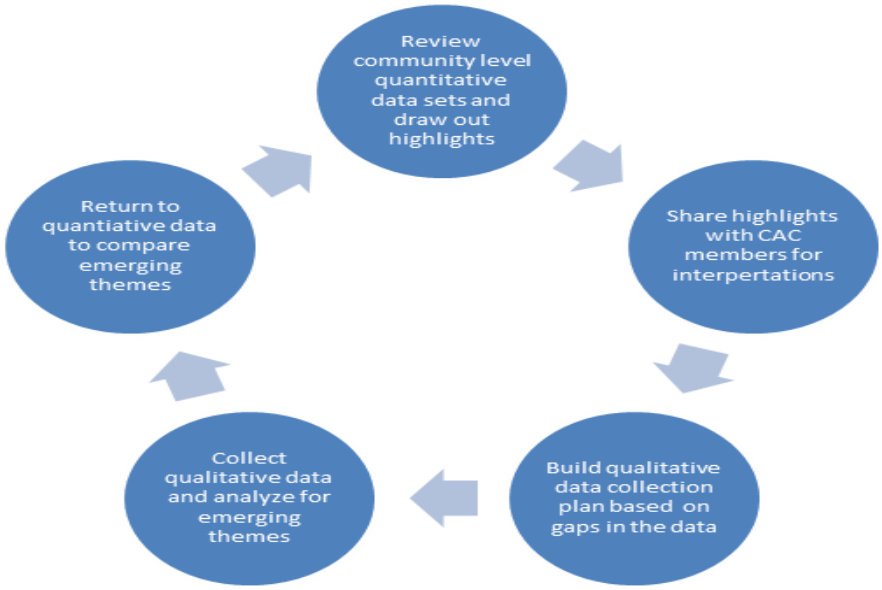
Membership for the Grand Lake Area CAC consisted of representation from:

Healthy and Inclusive Communities
Christian Community Church, Minto
Chipman Forest Avenue School
Minto Memorial High School
Chipman Village Council
Minto Village Council
Chipman Health Centre (Management)
Queens North Community Health Centre (Management)
J.D. Irving Mill
Community Development
Care N' Share (Chipman)
Primary Health-Care Providers
Home Care Plus (Jemseg)
Local Pharmacy – Minto/Chipman
Chipman Community Care

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 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 7 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 Grand Lake area CHNA, five key stakeholder groups were identified for consultation through the method of focus group interviews:

- Seniors & Senior Support Services
- Primary Health-Care Providers
- Professionals working with Child & Youth
- Mental Health & Addictions Professionals
- Allied Health Care Professionals

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 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 to 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 Grand Lake 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 Grand Lake 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 is 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.

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 (for the Grand Lake area at this stage the list was 23 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 the input from CAC members who represent a comprehensive representation of the community.

6.0 RESULTS

Data analysis resulted in the identification of eight priority issues:

1. The increasing rate of adult overweight/obesity in the community
2. Families in the community are struggling and facing new complex challenges
3. The increasing rate of child and youth mental health issues in the community
4. Limited time and resources to spend on preventative/educational health programming
5. Lack of awareness about services and programs available in the community
6. A decrease in mental resiliency and coping skills in children and youth in the community
7. Limited recreational programming for children and youth in the community
8. Limited options for palliative care and respite care in the community

Table 2 below outlines the eight 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, indentified assets that relate to the priority issues, 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 with 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: Grand Lake Area CHNA Identified Priority Areas and Recommendations

Priority	Recommendation
The increasing rate of adult overweight/obesity in the community.	Through key community partnerships, develop a comprehensive, multi-level strategy to address adult overweight/obesity at the community level.
Families in the community are struggling and facing new complex challenges.	Using a multi-sector approach, develop a plan to put better supports in place for families in the community, including economic/employment counselling.
The increasing rate of child and youth mental health issues in the community.	Further consult with educators and parents in the community to determine where gaps in mental health supports exist and align resources to best fill these gaps.
Limited time and resources to spend on preventative/educational health programming.	Further build preventative/educational type programming into the mandate of the QNCHC and Chipman Health Centre and foster key partnerships in the community.
Lack of awareness about services and programs available in the community.	Working with Horizon's communication specialists and other community partners, assess the effectiveness of current means of communicating available services and programs and plan a more effective means of communication.
A decrease in mental resiliency and coping skills in children and youth in the community.	Further consult with parents and educators about the types of mental resiliency and coping skills that children and youth are missing and, through partnerships, plan how to fill these learning gaps in the community.
Limited recreational programming for children and youth in the community.	Through partnerships with the health centres, village councils and schools, develop a recreation council to review currently available recreational programming for children and youth and determine where additions can be made.
Limited options for palliative care and respite care in the community.	Working with EMP and nursing homes in the area, review what palliative care and respite care options are currently available and determine where additional services can be made.

6.1 The increasing rate of adult overweight/obesity in the community

Focus group participants and CAC members expressed concern about the increase in overweight/obesity in the adult population. Health-care providers discussed the rise in conditions resulting from overweight and obesity such as acute coronary syndrome, diabetes, de-conditioning, and injury. Of particular concern was the growing rate of patients with diabetes resulting from overweight/obesity. Participants discussed many contributing factors with a particular focus on food insecurity; the inability to access and afford a fresh whole foods diet. Twenty-one per cent of the population in the Grand Lake area lives in low income and given the rural nature of the community, there are few outlets to access fresh, whole foods. Participants also discussed the low rate of physical activity among the adult population, the fact that many of the working age in this community commute for work and spend a lot of time in their cars, and the fact that, after leaving high school, there are not many options available for physical activity in the community for adults.

- Adults in the Grand Lake area who are overweight **46%** obese **21%**
- Adults in the Grand Lake area who eat five or more fruits and vegetables a day **36%**
- Adults in the Grand Lake area who are physically active during free time **58%**
- Rate of diabetes in the Grand Lake area **12.6 %**
- Grand Lake area residents living in low income **21%**

DETERMINANTS OF HEALTH: Income, Physical Environment & Personal Health Practices

"Obesity…middle aged and older,
every patient I see basically,
no matter what I'm seeing them for,
that's kind of the root…"

"…it seems a lifestyle issue,
that's the thing we can trace so,
how many times a day do I say
diet and exercise, diet and exercise,
diet and exercise…"

Bulk Food Purchasing Club: further expansion of the program may help to address some of the food insecurity issues faced by the community

RECOMMENDATION

Through key community partnerships, develop a comprehensive, multi-level strategy to address adult overweight/obesity at the community level

6.2 Families in the community are struggling and facing new complex challenges

Focus group participants and CAC members discussed the many struggles faced by families in the community. They discussed changes to employment patterns in the community, i.e. many residents commute daily to other communities for employment. Also, many families may have one parent working out of province and leaving home for set periods of time. Participants described the effect this scenario is having on both parents and children. They also discussed the increase in single parent families in the community, and health-care providers discussed the increase in pregnancies that they would consider "high risk." They also noted an increase in adult depression and anxiety issues in the community; feelings of hopelessness, loneliness, and de-motivation. Participants discussed how these factors have an impact on the mental health of the whole family and the need to enhance "family mental health." They talked about the need for more childcare options with flexible hours and the need for more parental programs and classes in the community. Participants also discussed the need for economic and employment counselling for families in the community. They described a service in the health centre where someone could help with forms, applications, budgets, financial planning, debt reduction, and navigation.

- Unemployment rate in the Grand Lake area **18%**
- Residents in the Grand Lake area living in low income **21%**
- Single parent families in the Grand Lake area **15%**
- Adults in the Grand Lake Area see their stress as quite a bit or extreme **17%**

DETERMINANTS OF HEALTH: Income, Employment & Working Conditions, Early Childhood Development and Social Supports

"Young parents from a work standpoint, I think sometimes are struggling in our community."

"…I can see and feel those cycles with some of the students, whether mom or dad is coming or going. It makes its way into you know, the micro level of the child…"

If they have support, they have family around, that's great. If they are single parents or perhaps they're not from the area or you know, they are marginalized for whatever reason…so if there was some way to have more support for families and parents it would be good."

Care & Share Family Resource Centre: provides social support and education for families in the Grand Lake and Central N.B. Area

RECOMMENDATION

Using a multi-sector approach, develop a plan to put better supports in place for families in the community including economic/employment counselling

6.3 The increasing rate of child & youth mental health issues in the community

Focus group participants and CAC members discussed an increasing rate of mental health issues among children and youth in the community, and noted a growing rate of prescribed medications to deal with depression and anxiety in this age group. Participants discussed how technology and social media are contributing to this trend, and how the amount of time spent "connected" and the amount of information children and youth are processing, is affecting brain development. They also discussed how many youth are not equipped to handle the constant criticism and judgment they experience from social media. Participants discussed that often times mental health issues in children and youth may be interpreted by teachers and parents as defiant behavior when it may be panic or anxiety. They discussed that families often do not know enough about depression or anxiety to identify it in a child or youth, and do not know how to approach it. They also describe a fear on the part of parents for not wanting their child to be labeled or put on medication at a young age. Participants felt that they would like to see more awareness, education and training in the community around mental resiliency and coping skills at an early age.

- Children (grades 4 to 5) in the Grand Lake area with a moderate to high level of mental fitness **81%**
- Youth (grades 6 to 12) in the Grand Lake area with a moderate to high level of mental fitness **74%**

DETERMINANTS OF HEALTH: Social Environment & Early Childhood Development

"I am a firm believer that social media has caused a great deal of the problems that we're facing with mental illness, anxiety, stress, panic…people's opinions of you are instantaneous and constant…and they are at a developmental age when peoples' opinions of them is everything! It impacts their self-esteem, their self-worth, who they are as a person, who they become as an adult and they don't have the skills to put up the blocks…they don't shut their poor little brains off."

"I think we need to start right in elementary school doing mental fitness training, resilience training, education on mental health with elementary school students."

RECOMMENDATION

Further consult with educators and parents in the community to determine where gaps in mental health supports and services exist and align resources to best fill these gaps

6.4 Limited time and resources to spend on preventable/educational health programming

Participants discussed a need for more preventative/educational health programming and services in the community. Health-Care Providers described how so much of what they see could have been prevented and wished that they had more time to engage in some type of education with patients. Health-Care Providers also expressed a desire for active nursing or physician teaching, rather than just diagnosing after the fact. Educators discussed a desire to have more partnership with health-care providers, where physicians could come into the schools and explain the effects of such things as smoking or lack of exercise to students at a younger age or explain the digestive system and show the impact of a poor diet. Many participants explained that lack of time was a major factor in not being able to offer more of these programs or services.

- Discuss regularly with a health professional on improving health or preventing illness (% always or usually) **34.2%**
- How often a family doctor helps citizens coordinate the care from other health- care providers and places (% always) **74.7%**
- Citizens with a chronic health condition who know what each of their prescribed medications do (% strongly agree) **37.0%**
- How often a family doctor explains things in a way that is easy to understand (% always) **85%**
- How often a family doctor gives citizens enough time to discuss feelings, fears and concerns about their health (% always) **76.9%**

DETERMINANTS OF HEALTH: Education & Literacy and Health Services

"I find sometimes it's hard to engage in… patient teaching. But I certainly see an area that would be helped by active nursing teaching or physicians teaching, like I, I mean if I had the time I would sit down and do more of that kind of thing."

"And I think as well that one gap is time and resources because we can't get to these people Preventatively so we're always sort of treating the aftermath of what, you know, a problem that could be preventative if we could just target them ahead of time before they do have the heart attack or something like that..."

Community Development
Queen's North Community Health Center Community Developer

RECOMMENDATION

Further build preventative/educational health programming into the mandate of the QNCHC and Chipman Health Centre and foster key partnerships in the community

6.5 Lack of awareness about services and programs available in the community

Focus group participants and CAC members discussed how they often feel there is a lack of awareness among residents about services and programs offered in the community, and expressed a desire for a more effective way to communicate with the public. Health-care providers discussed how patients often do not know about all of the programs and services offered through the health centres. They discussed current communication tools such as Rogers cable channel 10, the local paper, bulletin boards, and Facebook as ways people learn about programs and services, but wished there was a more comprehensive way to communicate this information. Participants noted that because it is such a small community, sometimes word of mouth is how residents learn about programs and services.

DETERMINANTS OF HEALTH: Education & Literacy and Health Services

"Awareness of what's available is a huge gap. Patients come in and have no idea, because there's so many great programs and services available here but people have no idea and we're obviously not reaching these people… still a lot of people just have no idea what service exists or how to access them."

RECOMMENDATION

Working with Horizon's communication specialists and other community partners, assess the effectiveness of current means of communicating services and programs available and plan a more effect means of communication

6.6 A decrease in mental resiliency and coping skills in children and youth in the community

Focus group participants and CAC members described a lack of mental resiliency and coping skills among children and youth. Educators discussed how children and youth do not have the coping skills to deal with new technologies and social media that make up a large part of their day, and how this may be contributing to the growing rate of mental illness in the community. Health-care providers described a sense of hopelessness and de-motivation among youth, and that many lack proper coping skills. Participants felt that they would like to see more early age awareness, education, and training in the community around mental resiliency and coping skills.

- Children – moderate to high level of mental fitness **81%**
- Youth – moderate to high level of mental fitness **74%**
- Youth - able to solve problems without harming themselves and others (i.e. using drugs or being violent) **42%**
- Youth – satisfied with mental fitness needs related to schools **55%**
- Youth – know where to go in their community to get help **22%**

DETERMINANTS OF HEALTH: Education & Literacy, Social Environment and Healthy Child Development

"I think we need to start right in elementary school doing mental fitness training, resilience training, education on mental health with elementary school students."

Capital Region Wellness Consultant: act as a connector and facilitators to help communities, families, organizations, schools and workplaces enhance their wellness, and can help guide to the right

RECOMMENDATION

Further consult with parents and educators about the types of mental resiliency skills and coping skills that children and youth are missing and, through partnerships, plan how to fill these learning gaps in the community

6.7 Limited recreational programming for children and youth in the community

Participants discussed a need for more activities in the community for children & youth. Some participants discussed how an increase in activities may reduce the risky behaviors youth are engaging in, and shared that youth alcohol consumption is a significant problem in the community. Participants felt one main reason for this was boredom, and that there is a lack of organized activities for youth in the community. They also discussed how more activities could build community engagement and connectedness, and may help address the growing rate of mental health problems being faced by children and youth in the community. Participants discussed a desire to have a recreation coordinator in the area, to see schools opened more in the evenings and on weekends for public activities, to see the bowling alley opened on the weekends, and to see other programs such as art, drama, and dance in the community for those children and youth who do not enjoy athletic programs. Participants also discussed that a major barrier to participation for some children and youth in organized activities was transportation, as many students in the area have a long commute between home and school. They described how changing work patterns in the community have affected this as well; with parents commuting daily for work or single parent families or families where one parent is working out west, parents don't always have the time in their day to plan for activities or to transport their children to and from activities.

- Recreation Facilities per 10,000 population **5**
- Alcohol use for youth (grades9-12) in the Grand Lake Area is **54%**

DETERMINATS OF HEALTH: Early Childhood Development, Physical Environment and Social Environment

"…kids are going to engage in know the drinking and some of the illegal behaviors because they don't have any other choices or they don't feel like they have any other choices during recreational time…"

Chipman Youth Centre: Open Monday - Friday for grades K-12. Providing games, crafts, theme nights, summer recreation programs, after school activities, and skateboard park.

RECOMMENDATION

Through a partnerships between the health centres, village councils and schools, develop a recreation council to review currently available recreational programming for children and youth and determine where additions can me made

6.8 Limited options for palliative care and respite care in the community

Focus group participants and CAC members discussed the need to have either hospice services or more palliative care options in the community. They discussed how the Extra-Mural Program will provide palliative care in the home and how often times nursing home residents will be palliated in the nursing home. However, if this is not possible, the only option is the palliative care unit in Fredericton and participants shared how it can be extremely difficult for individuals to drive back and forth to Fredericton when a family member is dying. Participants also discussed a need for respite care in the community so that family members would have a safe place to take loved ones they are caring for when they experience care giver burnout and need a break.

DETERMINANTS OF HEALTH: Health Services

"If we had hospice or palliative care. It is so exhausting to go to Fredericton every single day to stay over every time if someone is in palliative. I can't imagine what it is like for the families that travel every day."

"…and respite so that the people that are taking care of their own family members would have a safe place to place their family member for a week and take a rest because it's wearing them down you know, it's exhausting."

RECOMMENDATION

Working with EMP and nursing homes in the area, review what palliative care and respite care options are currently available and determine where additional services can be made

REFERENCES

[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.* Sackville Area Available at: http://www.nbhc.ca/sites/default/files/documents/primary_health_survey_-_community_-_sackville_13.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.* Sackville Area Available at: http://www.nbhc.ca/sites/default/files/documents/primary_health_survey_-_community_-_sackville_13.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/primary-health-survey-2014#.VTZjPHlFBpg

[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