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Community Health Needs Assessment: Petitcodiac, Salisbury and Surrounding Area

EXECUTIVE SUMMARY

Petitcodiac, Salisbury and Surrounding Area

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Introduction

As illuminated by the Primary Healthcare Framework for New Brunswick, our province has a strong orientation towards community based health infrastructure (GNB, 2012). The delivery of primary healthcare for Petitcodiac, Salisbury and Surrounding Area residents is performed by numerous individuals, organization and structures at the community level including: family physicians, health center staff, mental health and addiction services, the New Brunswick Extra-Mural Program, public health and emergency rooms.

Primary healthcare represents the first contact people have with the healthcare system. At this level, many key decisions regarding immediate, ongoing and future care for people are made.

The implications for successful, efficient performance of primary care services are critical. New Brunswick has declared itself to be at a “tipping point, where our economic future and subsequent healthcare system is threatened (GNB, 2012).”

In addition to the aging of a large segment of our population, the burden of chronic diseases is growing among persons of all age levels; in addition to reducing quality of life, chronic disease and its management represent a significant encumbrance on our acute care system

Community Health Needs Assessment (CHNA)

A Community Health Needs Assessment (CHNA) is a dynamic, on-going process undertaken to identify the strengths and needs of the community and to enable community-wide establishment of health and wellness priorities that improve the health status of the population.

The CHNA process consists of five key activities:

- 1. Community engagement**
- 2. Data collection:** *Indicators and data sources*
Gathering New Information
- 3. Analysis**
- 4. Develop Recommendations/priorities:** *Criteria to assess importance*
Share and Facilitate CHNA findings
- 5. Report back to community**

Background

The CHNA for the Petittcodiac, Salisbury and Surrounding Area commenced in spring of 2013 with the assembly of CHNA Community Advisory Committee (CAC).

The CAC comprised of enthusiastic and energetic representatives of numerous localities throughout the area, the members of the CAC have committed to providing long term leadership and guidance for the CHNA process and outcomes.

Informed by the Community Health Needs Assessment Guidelines for New Brunswick, the community of Petittcodiac, Salisbury and area embarked on an ambitious and comprehensive initiative to fully engage the community in a process of self-exploration and consensus building, aimed at improving health of individuals, organizations and the community at large.

The CAC’s conceptualization of health was defined as much more than the mere ‘absence of disease,’ whereby health is seen as “a capacity or resource rather than a state, a definition which corresponds more to the notion of being able to pursue one’s goals, to acquire skills and education, and to grow (PHAC, 2013).”

The committee embarked on a process that sought to thoroughly identify and understand the community’s assets, their interrelationships, local and global factors affecting health and wellness, and prioritize its needs informed by current issues, their development and likely future course.

Methodology

Participatory Action Research was used as the framework to help guide the CHNA process; this methodology provided an effective dynamic for embracing community empowerment, self determination and the facilitation of agreed change.

A combination of quantitative and qualitative data were used to inform the CHNA; this ‘mixed methods’ approach was advantageous to providing meaningful information and insight.

CHNA Findings

Approximately 60% of individuals who reside in the communities of Petittcodiac, Salisbury and Surrounding Area are living with at least one chronic health condition such as: diabetes, asthma, high blood pressure, arthritis, depression and others (NBHC, 2011).

Chronic disease and disease management present a significant impact on the health care system; recent studies demonstrate that exacerbations of chronic disease result in a significant number of hospital admissions and emergency room visits (NBHC, 2011).

Priority Populations: children, youth and residents over age 55 years were believed to represent considerable current and future high priority health needs. Described by one participant as presenting a potential “double tsunami” in terms of health care needs.

The adage, ‘it takes a community to raise a child,’ was a theme which infused much dialogue surrounding the health needs of children and youth.

The quantitative indicators surrounding the health of this age group were well supported by CAC and focus group meetings. Sedentary lifestyles were thought to result from a host of structural causes (overly busy parents, lack of capacity within the school systems, barriers to both organized and informal sports and activities).

Mental Health and Wellness: The complexities of achieving good mental health and coping skills to guide healthy behaviors among youth and children were identified as a priority.

Food Security: The low cost, marketability and convenience of processed, low nutrition food was believed to impact residents across all socioeconomic strata. A high incidence of overweight and obese people at all ages throughout the community was believed to be a result of poor dietary habits and sedentary lifestyles.

A substantive proportion of children were seen as affected by household food insecurity; which can have a significant impact on child development and play a role in child’s capacity to thrive, both in the now and well into the future.

Poor food consumption combined with sedentary habits and poor sleeping habits among youth were believed to be a ‘*cause of causes*’ for many adverse health outcomes including mental health issues.

CHNA Recommendations

1. **Increase community connectedness**
2. **Address the fundamental issue of nutrition and food security**
3. **Provide more public transportation**
4. **Develop a new model and facility for primary healthcare services**
5. **Increase opportunities for children, youth and adults to become more active**
6. **Address the regulatory maze encountered in seeking services**

Increase Community Connectedness

Identified as a exemplary community asset which could act to build a supportive, safe and healthy community throughout Petittcodiac, Salisbury and area.

“Support from families, friends and communities is associated with better health. Such social support networks could be very important in helping people solve problems and deal with adversity, as well as in maintaining a sense of mastery and control over life circumstances. The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems (PHAC, 2013).”

Increasing community connectedness could foster sharing of community activities across the area and facilitate opportunities for gathering, sharing and bringing all community members together.

Address the Fundamental Issue of Nutrition and Food Security

As informed by this CHNA process, there are two components involved regarding dietary intake:

The first is the issue of healthy nutrition whereby a need was identified to facilitate improvements to the food choices that people are presented with and able to make. The second is food security, where many are not able to, or are having difficulty, accessing sufficient quantities of food to meet their basic needs.

A participant provided a succinct insight regarding the issue of food in the context of discussing health and the data presented:

“It will be like cigarettes: one day we’ll look back at all this type of food we have been eating in disbelief that we actually allowed that to happen to us”

Approaches to address this societal and community issue:

- ✚ Local education and awareness of nutrition
- ✚ Address food security throughout the community
- ✚ Advocacy beyond the community boundaries to positively influence policy makers of the need for change; and,
- ✚ Practice through local efforts in home and community gardens, preparing, serving and storage of food classes.

Transportation

Access to affordable, publicly available transportation including the ability to provide transportation services for people living with a disability was identified as a clear need.

Increasing access to transportation was also thought fundamental in support of other recommendations, in particular, increasing community connectedness

A New Model and a New Facility for Primary Healthcare Services

As noted previously, the healthcare needs of community members, especially youth and those over 55 years of age, have surpassed the capacity of current local health and wellness services.

A consensus was reached that the community as a whole would be best served through building on current strengths and initiatives which called for a centrally located multi-disciplinary health services centre.

A significant burden of chronic disease has been demonstrated; it understood (Bodenheimer, 2005) that primary healthcare services comprised of well trained professional teams incorporating best practices, and well integrated with community services is the best approach to prevent and manage chronic disease. Community-based approaches are also thought to be optimal in addressing vexing, basic health issues such as obesity (Cassazza, 2013).

Outreach services, especially nurse practitioner and mental health workers, were recommended to be developed to provide services within schools and also to engage isolated citizens; maximal leveraging of technology, such as the use of *telehealth*, was also recommended.

It is optimal that the communities approach to mental healthcare be highly integrated with all available resources within the community and our primary care system.

Limited, but adequate diagnostic and treatment facilities to meet primary care needs as well as after-hours availability of services was recommended.

The services of a ‘care navigator’ to assist clients in attaining health and social services was recommended.

Increase Opportunities for Children, Youth and Adults to Be Physically Active

Numerous structural barriers, as well as cultural norms and beliefs had been identified; community based strategies to overcome current inertia and sedentary tendencies of people were recommended to be developed.

Address the Regulatory Maze Encountered in Seeking Services

From long term care placement for seniors, to seeking homecare support and obtaining mental health services a theme which resonated throughout this CHNA was existence of ‘regulatory mazes.’

A critical assessment of many of these processes, many operating within the health authority and provincial government levels, was suggested.

It is important to comment that these recommendations are highly interrelated and linked to community strengths and especially, connectedness.

There is a distinct effort on the part of this community to improve the health of their members and larger community; these recommendations are highly informed and supported by quantitative data obtained through the Community Health Needs Assessment process. .



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