



Southwest New Brunswick



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Land Acknowledgments:

We acknowledge that the land on which we gathered to facilitate the Southwest New Brunswick Community Health Needs Assessment (CHNA) is on the traditional unceded and unsurrendered Peskotomuhkati territory. We are grateful to be able to come together and do this important work on the land where Indigenous people have been living and working from time immemorial.

This report is produced by Horizon Health Network's Community Health Needs Assessment Team and would like to extend gratitude to all the community organizations, service providers, and community members who took part in the CHNA process.



Executive summary

“A Community Health Needs Assessment (CHNA) is a “dynamic ongoing process undertaken to identify the strengths and needs of a community, enable the community wide establishment of priorities, and facilitate collaborative action planning directed at improving community health status and quality of life.”

-Government of Manitoba, 2019

Since inception, CHNAs have supported Horizon in fulfilling its legislated responsibility to determine the health needs and prioritize health care for the population it serves (Government of New Brunswick, 2011).

The Horizon CHNA process is specifically designed to actively engage population groups who may have unique health challenges and have historically had poorer health outcomes. Reaching these population groups is achieved through community support and engagement with key community leaders and service providers. These key community informants identify populations of focus who may face health inequalities or are at risk of poorer health outcomes because of the population group they identify with. For example, those living with addiction, the unhoused, newcomers, etc. There were 16 populations of focus that were identified during the CHNA planning stage in SWNB.

Quantitative data was reviewed from New Brunswick Health Council (NBHC), Statistics Canada, amongst others which provided the foundation for the qualitative data to be collected. To fully capture the experiences of these identified populations of focus, qualitative data was collected through interviews, focus groups, and an assisted open-ended questionnaire. Most community engagements took place in October and November 2023, with some in July and December 2023.

In total, engagement processes captured detailed information from 229 community members, including 16 individuals who participated in one-on-one interviews; 142 people who participated in focus groups; and 71 people contributed information through an in-person assisted open-ended questionnaire. Of those who participated in the engagement process, 85 % of those consulted spoke about their own lived experience and 15 % spoke about their experience as a professional supporting the community.

The qualitative data was analyzed and coded using thematic analysis and seven (7) broad health needs were identified. Those included: mental health and addiction; access to health care; culturally relevant and trauma informed health care; communication of local health and social services; community health and social education; cost of living; and recreation and physical activity.

Together with the community, the next steps are to put together an action plan to address the health needs identified in this report so positive health outcomes can be realized by the community members in SWNB.

This report is also supported by a technical document.¹

¹A technical report which further outlines the CHNA process, statistics, and data collection accompanies this report. It can be found at HorizonNB.ca/CHNA.



Background

Community Health Needs Assessment

CHNAs at Horizon Health Network (Horizon) began in 2010 and the process was amended in 2022 to better reflect and incorporate best practices in areas of community engagement, population health, and health equity.

When a CHNA process is initiated in a community, it is co-created with community members to ensure the process responds to the unique engagement needs of the community and the populations who live in it.

At Horizon, a key component of the CHNAs is the dedicated effort to engage populations within communities who historically have experienced health inequities. This collaborative exchange supports developing and strengthening local relationships between service providers and community members and the regional relationship between communities and Horizon as a health authority within the province.

“Engaging citizens to collaborate in the work to determine their community health needs is crucial to informing overall health system changes.”

To ensure the CHNA offers a meaningful engagement process for all those involved, CHNAs are guided by the Community Engagement Principles as outlined in Horizon’s Health Care Engagement Framework (Horizon Health Network, 2021) which are available on the Horizon website [here](#).

CHNA Guiding Principles

At Horizon, CHNAs are best understood and implemented using a population health approach through a health equity lens. Health equity occurs when everyone has a fair opportunity to achieve their optimal health regardless of race, ethnicity, ability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other social factors (Public Health Ontario, 2024).

A population health approach aims to improve the health of the entire population and to reduce the health inequities that may exist among population groups.

To reach these objectives, a population health approach looks at and acts upon a broad range of factors and conditions, referred to as social determinants of health, as these factors and conditions have a strong influence on overall health and wellbeing (Raphael, 2016).

Social determinants of health include:

- Health services
- Disability
- Early child development
- Education
- Employment and working conditions
- Food insecurity
- Gender
- Geography
- Globalization
- Housing
- Immigration
- Income and income distribution
- Indigenous ancestry
- Race
- Social exclusion
- Social safety net
- Unemployment and job security

Source: Raphael, 2016

2.0 Background

Certain social determinants have a stronger influence on health outcomes than others and can contribute to health inequities between population groups that are unfair. Therefore, a population health perspective, viewed through a health equity lens, looks at different groups of people living in an area (for example, those living in isolated areas, or those living with a low income) to assess how different social determinants impact health outcomes. This information can then be used to identify needed changes to the health care system.

The CHNA Process

Horizon’s CHNA process follows 6 stages

01 Introduce	Promote the upcoming CHNA
02 Launch	Identify community members who can support planning
03 Plan	Plan the CHNA with community
04 Learn	Collect and analyze data
05 Share	Share the CHNA results
06 Act	Identify actions to take and form needed collaborations

These stages provide structure to the process while offering flexibility to shift and adjust to distinct local circumstances. During each stage of the CHNA process, community representatives are engaged in key decision making including the identification of local populations of focus, determining the community geographical boundaries, and reviewing and confirming local health needs.

For details about the process used to conduct a CHNA, see the Horizon CHNA Technical Document at HorizonNB.ca/CHNA.

2.0 Background continued

INTRODUCE	
Purpose of stage	Within SWNB
<ul style="list-style-type: none"> Promote the upcoming CHNA in the community. Hold information sessions to educate people about CHNAs. Conduct a community engagement capacity survey. 	<ul style="list-style-type: none"> An email communication about the upcoming Western Charlotte CHNA was sent to 90 community representatives (November 2022). Twenty-five (25) people completed the community engagement capacity survey.
LAUNCH	
<ul style="list-style-type: none"> The CHNA team works with local Horizon Community Developers to identify community members to support the work that takes place in this stage. Existing local data is reviewed. The appropriateness of the CHNA boundaries is discussed. Results of the CHNA community engagement capacity survey are reviewed. Identification of additional community members who could help to support CHNA planning work is done. They are invited to join the Plan stage. 	<ul style="list-style-type: none"> Six (6) community members participated in the Initiate stage. This stage took place from December 2022 to February 2023. Three meetings were held. Discussion began about expanding the boundary of the Western Charlotte CHNA to include additional communities within SWNB. The responses to the community engagement capacity survey were reviewed.
PLAN	
<ul style="list-style-type: none"> Finalize the CHNA community boundaries. Review existing local data. Discuss what population health and health equity are, and importance to the CHNA process. Discuss issues that impact the health of the community to facilitate the identification of populations of focus for CHNA engagement. Identify and confirm the populations of focus who will be engaged during the Learn stage. Identify community assets that support health. Identify communication methods that would best serve the community throughout the CHNA process. 	<ul style="list-style-type: none"> Twelve (12) community partners joined the community CHNA planning group. Three (3) meetings were held between March and June 2023. The group recommended an expansion of the CHNA boundary to align with the boundary of the SWNB Regional Service Commission. To identify whether other communities would like to join into the CHNA, four (4) community information sessions were hosted with municipalities, and 40 community representatives in SWNB participated in discussion. Group members contributed to the creation of a draft engagement for the Learn stage.
LEARN	
<ul style="list-style-type: none"> Establish a Community Learning Committee (CLC) comprised of 10 to 25 community members who have knowledge of and relationships with populations of focus. CLC members advise the CHNA engagement team on how to engage with members of the local populations of focus, so that appropriate qualitative data gathering engagements can be organized. Gather qualitative data within the community to learn about the health and wellness needs of population groups living in the area. As a group, engage in discussion to determine if the health needs identified during data analysis are supported as needs within the community and provide feedback. Inform a communication plan to share the results of the CHNA. 	<ul style="list-style-type: none"> Sixteen (16) community partners joined into the work of this stage, forming the CHNA CLC. The CLC met in August and December 2023. The CLC also met in June 2024 to review the health needs identified for SWNB.

2.0 Background continued

SHARE	
Purpose of stage	Within SWNB
<ul style="list-style-type: none"> Share the results of the CHNA with the broader community, with Horizon decision makers and with other government partners. Circulate CHNA findings and materials (e.g., final report, infographics, posters) to contacts within the community. 	<ul style="list-style-type: none"> In progress
ACT	
<ul style="list-style-type: none"> Horizon staff, partners and communities work in various capacities to facilitate change, both within government organizations and in the community. Action is an ongoing process to address the health needs identified by the community. Updates, gaps, and action plans are gathered and prepared into an accountability report for Horizon and the community. 	<ul style="list-style-type: none"> In progress

Community Representation in SWNB

A broad range of community representatives who live, work, or support residents from the SWNB region were invited to take part in planning and supporting various engagement activities as part of the CHNA.

These individuals represented the following organizations:

- SWNB Regional Service Commission
- Eastern Charlotte Waterways
- Various municipalities
- Community Schools Coordinator
- Horizon Public Health
- Future St. Stephen
- Foodbanks
- Sophia Recovery Centre
- Extra Mural Program
- Canadian Mental Health Association
- Regional Capacity and Resiliency
- Big Brothers Big Sisters
- Charlotte County Activity Centre
- Project Village Housing

Southwest New Brunswick

The geographical area highlighted in this report has been determined by the community as SWNB, which includes the following communities:

Fundy Bay, Back Bay, Beaver Harbour, Blacks Harbour, Campobello Island, Canal, Clarendon, Dennis-Weston, Dufferin, Dumbarton, Fairhaven, Grand Manan Island, White Head Island, Leonardville, Lepreau, L'Etete, McAdam, Pennfield, Pocologan, Saint Croix, Saint David, Saint James, Saint Patrick, Second Falls, Saint Andrews, St. George, St. Stephen, Utopia and West Isles.

Figure 1:
NBHC Map of Eastern Charlotte
 (St. George, Grand Manan Island, Blacks Harbour Area)

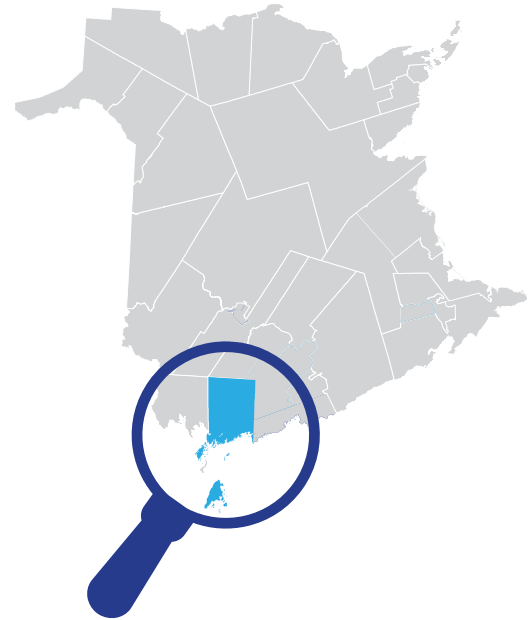
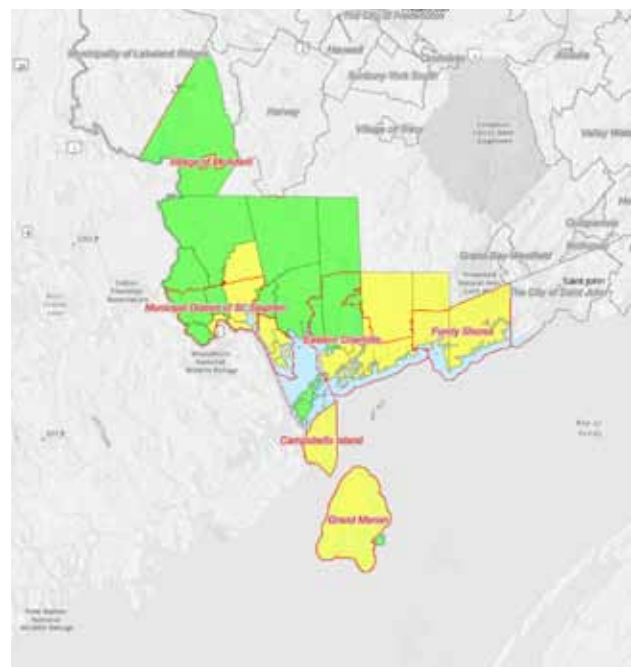


Figure 2:
Map of SWNB
 (provided by the SWNB Regional Service Commission)



3.0 Southwest New Brunswick continued

Population Demographics

The SWNB Regional Service Commission reports a population of 28,441 for SWNB based on the 2021 census ².

From 2021 census data reported by the NBHC, the population of St. Stephen, Saint Andrews and Campobello Island area is 15,164, the population of the St. George, Grand Manan Island, and Blacks Harbour area is 11,590, and the population of the Village of McAdam is 1,173 (NBHC, 2024b).

People who live in SWNB predominantly identify as white and speak English at home. Approximately 13% to 20% of the population lives on low income. Approximately 20% of the population is aged 0 to 19, and approximately 25% of the population is a senior aged 65 or older.

More demographic information can be found in the following tables (NBHC, 2024b).

Number of people by age category by SWNB area			
	St. Stephen Saint Andrews Campobello Island area	St. George Grand Manan Island Blacks Harbour area	Village of McAdam
Children 0-4	653	539	55
Children 5-9	735	557	50
Youth 10-19	1,680	1,179	105
Adults 20-44	3,740	3,099	250
Adults 45-64	4,511	3,441	385
Adults 65 and above	3,907	2,775	335
Total	15,164	11,590	1,175

Source: NBHC, Population Demographics, Statistics Canada, Census Profile for McAdam Village (2021).

Note: Values are rounded.

²While some local statistical data is shared in this report, for detailed population health profiles or other health statistics please visit the NBHC website <https://nbhc.ca/>. All statistical data presented in this report was obtained through the use of the community data tool on the NBHC website which presents data from a number of sources such as the Statistics Canada Census, NBHC Primary Health Survey, NBHC Primary Care Survey, and NBHC Student Wellness and Education Survey by community geography (NBHC, 2024). Health survey data is not available for the Village of McAdam. McAdam is combined and reported with data from nearby communities outside of SWNB not included in the geographical area for this report.

3.0 Southwest New Brunswick continued

Population Demographics

Characteristics of the population of SWNB				
	St. Stephen Saint Andrews Campobello Island area	St. George Grand Manan Island Blacks Harbour area	Village of McAdam	New Brunswick
Population who live in a low-income household (2021)	18%	13%	21.2%	14%
Population who identify as Indigenous (2021)	2.6%	3.2%	2.2%	4.4%
Population who identify as immigrants (2021)	9.1%	5.6%	3.9%	5.8%
Population who immigrated in last five (5) years (2016-2021)	1.4%	0.7%	2.2%	2.1%
Population who identify as a visible minority (2021)	3%	3.7%	0%	5.8%
Households that are single parent families (2021)	16%	15%	16.9%	16%
Households that are a person living alone (2021)	31%	31%	33%	30%
Households where English is the language most spoken at home (2021)	97.7%	97.2%	99.1%	69.1%
Households where French is the language most spoken at home (2021)	0.2%	0.3%	0%	26.3%
Adults and seniors with a disability (2020)	28%	20.9%	--	25.1%
Youth diagnosed with special education needs (2022-2023)	39.7%	40.6%	--	35.5%

Source: NBHC, Population Demographics, Statistics Canada, Census Profile for McAdam Village (2021).

4.0

Data collection and analysis

SWNB Populations of Focus

The Horizon CHNA process is designed to actively engage population groups who may have unique health challenges and have historically had poorer health outcomes. This is important because often the voices of those most at risk of experiencing barriers to health and equality are overlooked in traditional engagements. During the CHNA planning process, community members share insights into their community’s health concerns and identify the population groups most likely to experience them. CHNA engagements are created to best reach individuals who belong to these vulnerable populations. Engaging priority populations takes dedicated time and effort and the CHNA is designed to support this needed work (Sacramento State Institute for Social Research, 2022). The 16 populations of focus that were identified during the CHNA planning stage in SWNB are listed here.

1. Families / households living on limited incomes	9. Newcomers who come from outside Canada
2. Older adults whose health is in decline because of living conditions	10. People living without housing
3. Youth whose level of mental health and resiliency is low and at risk of getting worse	11. People who live with domestic violence and or intimate partner violence
4. People who are rurally isolated or who live in remote communities	12. Young adults who are trying to get established in the area
5. People who live with a disability (behavioural / intellectual)	13. Single men living on low income
6. People who live with a physical disability	14. People who are new to the area who have come from another part of NB or Canada
7. People who care for a family member who cannot care for themselves	15. People who identify as Indigenous
8. People who live with mental health challenges and / or addiction challenges	16. People who identify as 2SLGBTQIA+

Existing Local Data

At Horizon, CHNAs focus on gathering high quality qualitative data from community members to obtain input into the health needs of the community. In addition to qualitative data collection, local quantitative data is also utilized to inform the CHNA. At the beginning of the CHNA process, community statistics such as local census and health survey data are examined by the CHNA team and shared with the community members who support the planning of the CHNA. Statistics are examined to identify possible health trends and community health needs.

Additional local area reports that may help to inform the CHNA process are also identified through discussion during the CHNA planning stage. For example, the Learning from Lived Experience Southwest New Brunswick Qualitative Housing Report (Human Development Council, 2022) was identified as a local area data source.

4.0 Data collection and analysis continued

Primary Data Collection

In SWNB, qualitative data was collected through the use of interviews, focus groups, and an assisted open-ended questionnaire. The majority of community engagements took place in October and November 2023, with some in July and December 2023 and finishing in January 2024. In total, engagement processes captured detailed information from 229 community members.

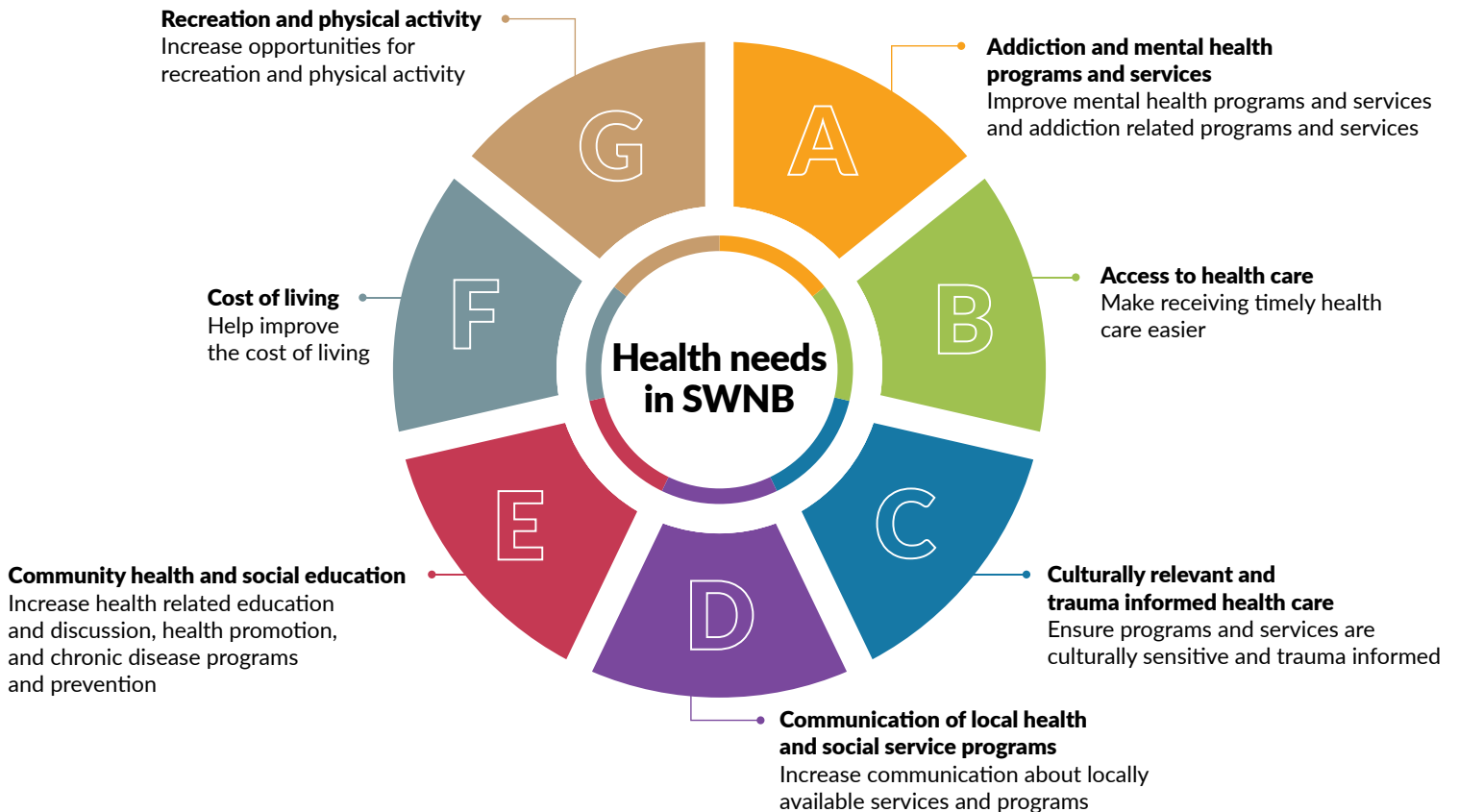
- 16 individuals participated in one-on-one interviews
- 142 people participated in focus groups
- 71 people contributed information through in-person assisted open-ended questionnaires
- 85% of those consulted spoke to their own lived experience
- 1 % spoke to their experience as a professional supporting the community

For more information about data collection methods used during CHNAs, please refer to the Horizon CHNA Technical Document at HorizonNB.ca/CHNA

5.0 SWNB health needs

Seven (7) broad health themes were identified during the analysis of SWNB community engagement process. These themes also include subthemes described in more detail in each section below.

Note: the themes are not listed in priority sequence.



Addiction and Mental Health Programs and Services

“Mental health is the state of psychological and emotional well-being. It is a necessary resource for living a healthy life and a main factor in overall health. Poor mental health can lead to mental and physical illness.”

Public Health Agency of Canada, 2020

Because mental health is so important to supporting all aspects of health, it is critical that accessible and effective mental health services are available within a community.

Mental health is influenced by many factors including life experiences, workplace or other environments, and the social and economic conditions that shape our lives (Canadian Mental Health Association, 2024). The mental health needs of some populations will be unique.

Three (3) social determinants are particularly significant to mental health:

- Access to economic resources
- Freedom from discrimination and violence
- Social inclusion

Source: Canadian Mental Health Association, 2024

Mental health needs or views shared by various population groups living in SWNB are presented here. Health and community services, organizations, and professionals can help to reduce health inequity by responding to the unique needs of the communities of people who live within their area.

What we heard from community: Consultation participants spoke to the need for early intervention and education to prevent addiction and mental health issues, as well as the need for changes to services such as the location of services and what services are offered.



Early intervention, education and skill building for youth and parents.

Among youth, the need for increased mental health supports was voiced. Youth noted many of their peers experience mental health symptoms but do not have effective supports. 40% of youth in the area report symptoms of depression 47% of youth in the area report symptoms of anxiety (NBHC, 2023-2024)

Current mental health support in the community may target only those youth with significant mental health issues, and youth are voicing the need for consistent supports for all youth.

“All of the peers I see all struggle with mental illness. And they all feel similar to one another, yet alone. They struggle with the same issues but when they present those issues people disregard it, or pretend it’s not happening a lot of the time.”

A.

Addiction and Mental Health Programs and Services

Topics of concern expressed by youth include addiction issues of parents, stress in the home, and online bullying. Moreover, local area statistics indicate a high level of screen use by youth, and thus the impact of screen time on mental health may also be an important area for intervention.

In the St. Stephen, Saint Andrews, and Campobello Island area 23.8% of children reported spending three (3) or more hours playing video games on most days, and 46% of youth reported using social media for three (3) hours or more a day (this percent was 27.6% of children, and 53.3% of youth in the St. George, Grand Manan Island and Blacks Harbour area) (NBHC, 2023-2024).

The need for increased access to mental health education or supports for parents and foster parents was also noted so that they can learn how to support and promote the mental health of the children and youth in their lives.

Consistent in-person services.

Some youth who participated in consultations noted that they would like consistent mental health support to be face-to-face, rather than virtual, and that schools would be a good location to offer these supports. Those living on islands within SWNB noted that there are no face-to-face mental health supports for youth and adults, and they would like to see this change.

“We need people [mental health professionals] that are here and going to stay. You have someone who is here for three or four months and then they are gone.”

Types of therapy that supports and matches evolving community needs and which are affordable.

In consultations, the need for specific types of therapy within the community was noted. For example, therapy that comes from a place of understanding the unique experiences of those who are: Indigenous, newcomers to Canada or refugees, have experienced domestic violence, full-time caregivers, people with disabilities, and those from the 2SLGBTQIA+ community is needed.

Some participants also voiced a need for play-based therapy for children, couples therapy, trauma therapy, and family therapy in SWNB so people do not have to travel to Saint John or other cities to access these types of therapy. The need for support for families to cope with the impact of living with someone with addiction issues, alcohol or drugs, was also noted.

“A lot of broken dysfunctional family situations is what we see.”

Welcoming spaces in which to provide and addiction and mental health services.

In consultations, individuals also noted that mental health services would be improved if they were offered in additional or different locations. For example, in St. Stephen, mental health services are offered in the same building as other government services and individuals noted that this can be a barrier to access as not everyone is comfortable visiting this office space. The soundproofing and privacy at the St. Stephen location was also noted as a concern by a consultation participant.

A.

Addiction and Mental Health Programs and Services

In other consultations, it was noted that addiction and mental health services would be more effective for some populations if they were offered in community spaces where those at risk are already comfortable. The desire for therapy spaces that are comfortable, warm, and welcoming was also mentioned.

Finally, participants noted privacy in accessing mental health services within small communities, and some shared that this perception of lack of privacy can be a barrier to reaching out for mental health or addiction services.

Timely addiction services and mental health crisis response.

The need for improved addiction services in SWNB was discussed during multiple consultations. It was noted there is a need for a transition program or housing for people who have left rehab programs and are going back to the community to live.

The need to ensure there is always space for those who want to enter the inpatient withdrawal management program was also noted, as well as the need to provide inpatient withdrawal management and rehabilitation programs locally. If no inpatient withdrawal management spots are available, individuals noted there should be a place for people to go while they wait as this is an important period and support may be required during this time.

“The response first has to be ‘Yes, right away.’ And there has to be a ‘Yes we are going to figure this out.’ And there has to be an immediate solution. There has to be, otherwise you lose that person.”

The need for non-religious based addiction programs was noted, as well as the need for programs for families of those who have addiction. More training or intensive intervention may be needed for mental health professionals who support certain groups of people, such as those who are homeless.

“We are not equipped for the kind of drug addiction we have in this town at the level we have it.”

The need for access to 24-hour crisis support was also voiced by some. Some mentioned that this support could possibly be provided at Horizon’s Charlotte County Hospital.

Increased information about addiction and mental health services.

The need for increased awareness about what addiction and mental health supports are available within SWNB and where these services are located was identified. As there have been changes made to mental health services within Horizon over the last several years, this education may be very beneficial to the community. Some consultation participants noted a lack of trust in the effectiveness of local addiction and mental health treatment services, and that more information about services may be useful to combat this perception.

“This gentleman has reached every single roadblock [to treatment] you can imagine.”

A.

Addiction and Mental Health Programs and Services

Mental health statistics for adults			
	St. Stephen Saint Andrews Campobello Island area	St. George Grand Manan Island Blacks Harbour area	Village of McAdam
Adults with anxiety (2020)	17.9%	19.7%	19.2%
Adults with depression (2020)	15.6%	23.8%	17.3%
Adults with perceived very good or excellent mental health (2020)	50.9%	45.2%	44.6%

Source: NBHC (2020)



Community Strengths Reported by Participants

Milltown Community School	Horizon's Child and Youth Team / Integrated Service Delivery for youth in schools
Peer mentee program in schools	Women's Transition House
Big Brothers and Big Sisters	Mental health practitioners
Sophia Recovery Centre	Neighbourhood Works
Rainbows Mental Health program	Second stage housing
Online mental health supports	Horizon's Addiction and Mental Health Department:
Canadian Mental Health Association career counselling	- Human service workers
eVisitNB	- Counselling services on Campobello and Grand Manan Islands
Chain Breakers program offered by local church	- Group counseling: anxiety group, depression group, art therapy group
Ridgeview Rehabilitation Program	- One-at-a-time counselling service
	- Peer support and outreach



Addiction and Mental Health Programs and Services

Health needs and potential solutions provided by consultation participants	Potential change leaders
Welcoming spaces	
<ul style="list-style-type: none"> Investigate new places in the community where Horizon mental health services can be provided. Make updates to Horizon's mental health services location in St. Stephen to increase privacy and sound proofing. Make therapy and addiction treatment spaces warm and welcoming. Less cold and sterile. Investigate ways to increase privacy for those receiving addiction or mental health services, especially in smaller communities. If this has already been done in locations, inform the community how confidentiality and privacy is protected. 	Horizon Community organizations Local mental health providers
Consistent in-person services	
<ul style="list-style-type: none"> Employ more people to provide mental health services in schools on a consistent basis so relationships can be developed. Provide mental health services in-person for island communities for children, youth, and adults. 	Horizon Department of Health Integrated Service Delivery Department of Education and Early Childhood Development
Therapy supports to match evolving community need	
<ul style="list-style-type: none"> Increase access to types of therapy suggested during consultations: family, couple, play-based, trauma-based, and therapy for those who have experienced: domestic violence, are newcomers or refugees, identify as 2SLGBTQIA+, and therapy provided with an Indigenous lens. 	Horizon Department of Health Community organizations Indigenous communities
Addiction and mental health services that are affordable	
<ul style="list-style-type: none"> Expand the types of therapy provided by Horizon for free. Local-area providers and organizations review pricing and methods to increase access. 	Horizon Department of Health Local mental health service providers



Addiction and Mental Health Programs and Services

Health needs and potential solutions provided by consultation participants	Potential change leaders
Early intervention, education and skill building for youth and parents	
<ul style="list-style-type: none"> • Increase mental health support for all youth. Topics recommended: addiction within the home, stress in the home, online bullying, screen and social media use, anxiety, depression, social skills. • Provide addiction prevention programs and education for youth (alcohol and drugs). • Provide mental health education and support for parents of children and youth with mental health and addiction challenges. • Provide specialized education and support for foster parents so they can support children in their care. • Provide family supports for those who live with someone with addiction. 	<p>Horizon</p> <p>Department of Health</p> <p>Integrated Service Delivery</p> <p>Department of Education and Early Childhood Development</p> <p>Community organizations</p>
Timely addiction and mental health services for crisis response	
<ul style="list-style-type: none"> • Provide 24-hour access to mental health crisis support. • Ensure inpatient withdrawal management beds are always available, or if this is not possible, that an alternative place to wait for treatment is available. • Investigate new ways to approach addiction intervention and treatment in the community through specialized education and interventions for priority populations. • Establish community groups or support programs for people who are leaving in-treatment facilities and returning to the community. • Have support groups or services available for those who need them to support people going through times of transition. 	<p>Department of Health</p> <p>Horizon</p> <p>Community organizations</p>

B.

Access to Health Care

Access to health care services refers to the ability of individuals or groups to obtain the services they need when they need them and is widely regarded as an important determinant of health.

Access to health services can be limited by a number of challenges associated with socio-economic status, geography, lack of infrastructure and staff, and a lack of coordination of healthcare services. While some barriers may be common across communities, other barriers vary significantly by both geographic location of residence and by available services.

Local area statistics show that 27.8 % of individuals who live in the Saint Andrews, St. Stephen, and Campobello Island area report that health care services are not available in their area. In the St. George and Grand Manan Island area 16.6 % of people reported not having access to health care services (NBHC, 2020).

What we heard from community:

Increased access to timely, accessible, and person-centred health care is needed.



Recruitment and retention of health care professionals, specifically primary care providers.

Accessing primary care arose as a top concern in most consultations in SWNB. Many said they either do not have a primary care provider, or they do not have timely access to one. Some participants reported a desire for longer appointments with their primary care providers so they can discuss their health in greater depth and be proactive.

For those without a primary care provider, or who know of people waiting for one, individuals reported concern over how long it. Others noted that the process to be unclear or inconsistent. Clarity and greater education around how to register for a primary care provider is needed, as well as updates on how long people may need to wait for a provider.

Consultation participants shared one way to increase primary care providers in the community would be to identify and overcome barriers that keep internationally trained doctors from being able to work in New Brunswick.

Increased coordination between primary care and other health service providers.

Individuals reported a desire to have more communication and information sharing about specialist referrals. Since specialist appointments often take a long time to book, participants reported a need for more understanding of who they are being referred to, confirmation that their referral has been received, and clear information about wait times. This is necessary for understanding how to manage their health and gives a sense of empowerment in understanding when to expect to receive care.

A process for better coordination between health care institutions, professionals, specialists, and departments, particularly for out-of-town services at Horizon's Saint John Regional Hospital (SJRH), for example, would also be beneficial so appointments can be coordinated on the same day for those who must travel long distances. Many individuals in SWNB have to travel long distances for health care.

B.

Access to Health Care

Percentage of people who travel more than 100 kilometres for health services:

- 47% of the population in Saint Andrews, St. Stephen and Campobello Island
 - 40.2% of the population in St. George and Grand Manan Island area
- NBHC, 2020

For some individuals living in SWNB, especially those living in rural areas or those without access to their own vehicle, it is a challenge to fill prescriptions in a timely manner. For those who live in more rural or remote locations it is challenging to navigate the pharmacy system as pharmacies are not always open when individuals need their prescriptions filled, and the pharmacy may not have delivery options.

Restricted pharmacy hours can be especially challenging for those being discharged from the hospital with prescriptions they need to fill and nowhere in their community to fill them when needed. It was suggested that allowing pharmacy services in the hospital to dispense enough medications for patients for home use until their local pharmacy opens would be beneficial.

Accessible and person-centred approach to health care.

The need for community health centres to offer a range of services to address local health needs was shared. Examples of desired services included walk-in primary care appointments, appropriate diagnostic services, bloodwork, support for and information about alternative treatment, and preventative care options. Participants also requested additional programs in health centres in rural areas, as there is a need for women's health programs in some areas, as well as programs with a focus on chronic disease prevention and management, parenting programs, and programs for seniors.

Enhanced health services at Horizon-run facilities on remote islands.

During community consultations it was shared that nurse practitioners are seen as valuable primary care providers. Remote islands rely on nurse practitioners, and it would be beneficial to enhance the capacity of nursing staff working in island clinics through training and incentives so that they can treat more medical conditions and provide more services in these communities.

Improved services for those with physical disabilities.

Consultation participants with disabilities noted the need for increased accessibility within Horizon facilities. Some bathrooms within hospitals are not large enough to accommodate wheelchair users comfortably, and handrails were not always placed in the correct position to make them useful.

The need for more lifts, and staff trained to use them was also shared. The need for modifications to some equipment such as diagnostic imaging machines that may require patients to help position themselves, but which do not offer handles or other methods in which to do so was also shared. The entrance way to Horizon's SJRH could be improved to make it more level and safer for those with mobility challenges. Participants reported limited home care services available in the community, and care can be inconsistent due to high staff turnover and lack of staff. There is a need to understand why there is a lack of home care services and to increase access to these services. The need for home care staff can impact those with disabilities as well as seniors. The educational programming required for homecare workers was unclear and clarity around scope of work was reported as a need for both homecare workers and clients.

B.

Access to Health Care

A clear process for obtaining medical equipment.

How to access needed health care equipment such as walkers and hospital beds for home-use was unclear for some participants. There is confusion about where to access equipment, delivery and repair options, and cost.

A recommendation made during a consultation was to have equipment and equipment repair located within SWNB so travel to Saint John is eliminated. Travel increases the cost of the equipment and the need to travel to obtain equipment presents barriers to those without transportation such as seniors, those with disabilities, and those living with low-income.

Home delivery of equipment may be beneficial for some, for example, 29.9% of individuals who live within Saint Andrews, St. Stephen and Campobello Island area, and 25.6% of individuals who live within the St. George, Grand Manan Island and Blacks Harbour area report financial barriers in getting the health care they need (NBHC, 2020).



Community Strengths Reported by Participants

Horizon's McAdam Health Centre	NB drug plan
Horizon's Grand Manan Hospital	Association for Community Living
Horizon's Campobello Island Health Centre	Horizon Addiction and Mental Health Services
Pharmacy	Home support services
Local nurse practitioners	A new Mobi mat at local beach
eVisitNB	Emergency walk-in service through local physician office and Horizon's Fundy Health Centre
Seniors Wellness group	
Online mental health support for anyone	

B.

Access to Health Care

Health needs and potential solutions provided by consultation participants	Potential change leaders
Recruitment and retention of health care professionals	
<ul style="list-style-type: none"> Recruit health professionals to ensure primary and multidisciplinary care is possible. Identify and overcome barriers to internationally trained doctors practicing in NB. Provide more information on NB Health Link to those who need it. 	<p>Horizon</p> <p>Department of Health</p> <p>The College of Physicians and Surgeons of NB</p> <p>NB Health Link</p> <p>Medavie Health Services NB</p>
Accessible and person-centred approach to health care	
<ul style="list-style-type: none"> Increase appointment duration with primary care providers so patients feel their health concerns are being addressed. Ensure communities have access to health centres offering a full range of services. Examples: walk-in primary care appointments, appropriate diagnostic services, bloodwork, support for alternative treatment options, and health promotion programs. 	<p>Horizon</p> <p>Department of Health</p> <p>Primary care providers</p>
Increased coordination between primary care and other health service providers	
<ul style="list-style-type: none"> Create a specialist referral process that is more transparent to patients awaiting specialist care. Improve appointment coordination for those needing to travel long distances (e.g., to Saint John) for multiple appointments with different health care or treatment providers. Increase access to pharmacy services in rural areas. 	<p>Horizon</p> <p>Department of Health</p> <p>Primary care providers</p> <p>Physicians</p>

B.

Access to Health Care

Health needs and potential solutions provided by consultation participants	Potential change leaders
Improved services for those with physical disabilities	
<ul style="list-style-type: none"> In hospitals, increase access to lifts and staff trained to use them (including Horizon's SJRH). Ensure staff are sensitive to the physical needs and limitations of those with disabilities and their family members who may be accompanying them. Ensure Horizon parking lots and facility entrances are accessible to those in wheelchairs, with walkers, or for those at risk of falls. Ensure medical equipment used in facilities has handles or other modifications that can be used by those with physical disabilities who need to steady or support themselves to properly use the equipment. Ensure bathrooms in Horizon facilities have proper support bars for use and that bathrooms are large enough for easy navigation by those in wheelchairs. Increase home care staff and make changes to increase retention. Assistance for those travelling on the ferry who have mobility challenges and who use supports such as walkers and wheelchairs to help them get on and off the ferry. Have a wheelchair accessible vehicle that could service the ferry at least twice a week on a consistent basis. 	<p>Horizon</p> <p>Department of Social Development</p> <p>Municipalities</p> <p>Community businesses</p> <p>Community organizations</p>
Clear process for obtaining medical equipment	
<ul style="list-style-type: none"> Ensure affordable medical equipment rentals, repair, and delivery are available within all areas of SWNB. Create an equipment loan program available through health clinics for community members who live in remote areas. 	<p>Horizon</p> <p>Department of Health</p> <p>Department of Social Development</p> <p>Community businesses</p> <p>Community organizations</p>
Enhanced health services at Horizon-run facilities on remote islands	
<ul style="list-style-type: none"> Resource the primary care service at Horizon's Grand Manan Hospital with personnel who can coordinate health services for residents. Offer access to a nurse and/or primary care provider such as a nurse practitioner or physician daily in island communities. Through training, enhance the capacity of nursing staff working in clinics or hospitals on remote islands so that they can treat more medical conditions. Strengthen coordination between remote clinics and hospitals and Horizon's Charlotte County Hospital so remote staff can conduct initial triage to determine if a patient needs to continue to the mainland. 	<p>Horizon</p> <p>Department of Health</p>



Culturally Relevant and Trauma Informed Health Care Providers, Programs, and Services

“A culturally competent health care system is one that acknowledges the importance “of culture, incorporates the assessment of cross-cultural relations, recognizes the potential impact of cultural differences, expands cultural knowledge, and adapts services to meet culturally unique needs” (Brach & Fraser, 2002).

Experiences of health and well-being are fundamentally influenced by the cultural contexts from which meaning is made. Cultural competence improves interpersonal interactions, helps to build trust, conveys respect, and reduces biases.

Similarly, trauma-informed care is an approach to care that recognizes the widespread impact of trauma and promotes environments of healing and recovery (Brach & Fraser, 2002). It seeks to understand and respond to the signs and symptoms of trauma in patients, families, and staff, and to avoid re-traumatization. Having a culturally relevant and trauma informed approach to programs and services leads to improved patient outcomes, reduced care disparities and inefficiencies, and overall makes for a better and more humane healthcare system (Brach & Fraser, 2002).

What we heard from community: Culturally relevant and trauma-informed health care providers, programs, and services were identified as a health need for SWNB. This need also includes the use of inclusive language in health services and educational settings.



Increased knowledge and provision of Indigenous cultural supports and services.

Consultation participants shared they lack information about what programs and services Horizon offers as a health care service organization in the local area. Indigenous community members voiced this lack of information impacts the awareness community members have about culturally appropriate supports, services, and programs available locally and provincially.

Also expressed was concern about the cultural appropriateness of currently available addiction and mental health services, for those who are Indigenous as well as those from other faith or cultural backgrounds. For example, many of the rehabilitation programs available in the province are Christian faith based, which is a barrier.

Trauma-informed approaches.

Individuals who have experienced trauma require extra supports and understanding when accessing health care or other services. Some consultation participants shared the need for health care that consistently delivers trauma-informed care that ensure safety, builds trust, demonstrates transparency, and empowers clients.

For example, it was shared that questions such as ‘what brings you here today?’ or ‘what are you here for?’ can overwhelm someone who copes with complex life circumstances. In addition, asking people with trauma to read detailed information or fill out an on-line form without support can cause overwhelm,



Culturally Relevant and Trauma Informed...

diminishing the ability of people to speak about and advocate for their needs. Having staff, processes, and suitable spaces available to support those who have experienced trauma is a need in emergency departments and other health care settings.

“It goes without saying, most have very severe trauma that they have been exposed to Chronic trauma.”

Supports for those who have experienced intimate partner violence (IPV) or sexual assault..

Consultation participants in SWNB reported a lack of local sexual violence services to support individuals who have experienced sexual violence. When someone needs a service related to sexual violence, they must travel to Saint John and very few safe transportation options exist.

Survivors often do not have their own transportation, nor do they have money to pay for someone to drive them to the city which can lead to barriers to accessing these specialized services.

In the past, service providers have paid travel expenses for those who experience sexual violence for travel to Saint John through a taxi service because it was the only option to get them to safety and to access specialized services. If a Sexual Assault Nurse Examiner (SANE) was available within the SWNB community, transportation barriers and costs would be lessened, and timely access would increase.

In 2019, in New Brunswick, there were 2,759 reported incidents of IPV (Statistics Canada, 2021b). Note: those are the reported incidents, while many go unreported. The lack of supports in SWNB for those who have experienced IPV makes it challenging for those working in this area to support those affected. Consultation participants in SWNB report barriers to accessing emergency shelter and services for those who have experienced IPV.

Those living in island communities who experience IPV face increased barriers to leaving their community due to ferry schedules, and a plan for those in emergency situations is needed.

“We are in a housing crisis. So, I leave where do I go? I’m on income assistance, I literally can’t afford a home in this town.”

A consultation participant shared that there has been a marked increase in the number of Emergency Intervention Order (EIO) applications in SWNB coming from people who are in immediate danger due to unsafe living conditions with a family member or intimate partner.

In addition, those requesting EIOs are experiencing very complex circumstances that contribute to their risk of safety. The process of submitting an EIO application is invasive not designed using trauma-informed principles. Moreover, if an EIO is denied, individuals have no assurance of safety measures but also remain in a vulnerable state of having gone through the potentially re-traumatizing process of revealing intimate personal details about themselves. Currently there is no process in place to support someone whose EIO was denied.



Culturally Relevant and Trauma Informed...



Community Strengths Reported by Participants

<p>Fundy Region Transition House</p> <p>RCMP community coordinator</p> <p>Domestic violence outreach</p> <p>Victim services</p> <p>Sophia Recovery Centre</p> <p>Intimate partner violence women's peer support group</p> <p>Horizon Addiction and Mental Health Services</p>	<p>Welcoming group in St. Stephen – part of Future St. Stephen</p> <p>Gay Straight Alliances at the high school</p>
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Health needs and potential solutions provided by consultation participants	Potential change leaders
Inclusive language in health and education settings	
<ul style="list-style-type: none"> Increase visibility and use of inclusive language in health services and educational settings (e.g., on intake and other forms, posters, questions from health staff). Regular and timely training of health care and educational staff about appropriate and inclusive language. 	<p>Horizon</p> <p>Department of Education and Early Childhood Development</p> <p>Educational institutions</p>
Indigenous cultural education for local workforces	
<ul style="list-style-type: none"> Provide timely, relevant education for staff to enhance understanding of Indigenous culture, history, and reconciliation. Provide education about racial bias and discrimination for all ages, including in schools. 	<p>Horizon</p> <p>Department of Health</p> <p>Department of Education and Early Childhood Development</p> <p>Municipalities</p> <p>Community organizations</p>
Increased knowledge and provision of Indigenous cultural supports and services	
<ul style="list-style-type: none"> Increase communication about Horizon Indigenous Health Services such as the availability of sacred medicines and smudging in hospitals. Establish an Indigenous Patient Navigator position at Horizon's SJRH to support the entire Saint John area (which includes SWNB). Increase communication about other culturally appropriate health and GNB services within SWNB. 	<p>First Nations Communities</p> <p>Horizon</p> <p>Department of Social Development</p>



Culturally Relevant and Trauma Informed...

Health needs and potential solutions provided by consultation participants	Potential change leaders
<ul style="list-style-type: none"> • Increase employment opportunities for local Indigenous people. • Increase availability and access to traditional medicines for Indigenous people living in SWNB. 	<p>Community organizations</p> <p>Community businesses</p> <p>Other GNB departments</p>
Trauma-informed approaches	
<ul style="list-style-type: none"> • Prepare health care professionals whose work involves caring for those with addiction and mental health for the unique culture that exists among the homeless population. • Educate front line health, social service, and other staff who interact with homeless community members on ways to provide services with care and compassion. • Increase access to trauma informed education for front line staff working within SWNB. • Increase support and comfortable spaces within service settings such as healthcare. • settings where individuals who have experienced trauma are seeking support (e.g., help completing complex forms, private waiting areas). 	<p>Horizon</p> <p>Department of Health</p> <p>Other GNB departments</p>
Supports for those who have experienced IPV or sexual assault	
<ul style="list-style-type: none"> • Locally resource a SANE and medical specialists that are trained to support victims of sexual violence. • Increase access to appropriate one-on-one counselling with professionals trained in trauma therapy and relationship therapy for individuals who have experienced IPV or sexual assault. • Train more local qualified professionals to be able to assist in the process of filling out an application for an EIO. • Assess the current EIO application process using a trauma-informed lens with the intention to strengthen it with trauma-informed measures and practices. • Ensure any service provider or professional involved in the EIO application process receives trauma-Informed training. • Increase access to Legal Aid or other affordable legal supports for those who have experienced IPV. • Increase police presence in island communities. • Increase ability to leave abusive situation in island communities when the ferry is not immediately available. 	<p>Horizon</p> <p>Department of Health</p> <p>Department of Justice and Public Safety</p> <p>Department of Social Development</p> <p>Community organizations</p> <p>RCMP</p>

D.

Communication About Available Health and Social Services

“Clear communication about available health and social services is important because it ensures that accurate information is shared with those who need it. To be effective, communication about programs, products and opportunities needs to reflect the communication needs of the population they are trying to reach.”

– (Public Health Agency of Canada, 2021).

Services that are effectively communicated will be used more readily. Communications, whether they be online, in print, or in person, often need to be tailored to different groups of people. For example, communication needs may be different for those who live in rural areas versus urban areas.

Communication methods need to be tailored differently for children, youth, adults and seniors. This helps ensure that the message is understood and received effectively across different age groups. Other important social determinants that can influence communication needs are things such as language proficiency, culture, education level, and disability status. Many populations require unique communications and strategies to reach them. Organizations should seek to understand and meet the communication needs of the populations living within their community.

What we heard from community: There is a need for increased communication about available health and social services in SWNB as well as more information about specific health and social system processes (e.g., specialist referral process, disability supports and grants, and housing initiatives).



More in-person, online, and print communication that is tailored to the needs of the populations living within the community.

“I don’t know where I can go.” - Newcomer to SWNB

Consultation participants noted communication about available local health and social services should be done in various formats such as electronic (online), in-person, and in-print to accommodate everyone. Specific recommendations provided by participants about ways to improve communication about services include:

- More in-person visits and education sessions. This can include in-person sessions with local groups who meet regularly such as local seniors groups or schools.
- Creating or promoting online resources about available health services that are clear and easy to understand.
- Provide print resources that meet the communication needs of target audiences. Place print resources in novel areas of the community where people can see and use them. For example, share information in newsletters, or place health and social service print resources in new locations such as healthcare settings like clinics or doctors’ offices.

D.

Communication About Available Health and Social Services

- Provide support to those who need it to use online information sources and health applications such as the Maple app.
- Provide clear and easy to use information for newcomers about available health and social services. On the Horizon website create a webpage or resource devoted to the information needs of newcomers to Canada. Participants shared that this page could provide information such as how to sign-up for a primary care provider, how to access preventative diagnostic tests while waiting for a doctor (e.g., mammograms and PAP tests), how to obtain medical specialist referrals, eye testing, access to dieticians, and mental health supports available in the local area.
- Increased information about available mental health and addiction services (see the mental health section of this report for more information).
- As the role and scope of pharmacists in addressing some health concerns has evolved in recent years, there is a desire for clarity and greater communication about current pharmacy services.

Increased navigation within government health and social systems.

Health system navigation was also mentioned as a need during some SWNB consultations. The need for specialized patient navigators was noted by Indigenous participants, those with intellectual disabilities, people who are caregivers, as well as seniors.



Community Strengths Reported by Participants

Horizon health centres in communities	Community schools
Big Brothers and Big Sisters	Horizon's Grand Manan Hospital
Integrated Service Delivery Team	Pharmacy
Online mental health supports	Local Association for Community Living
Nurse practitioners	
Seniors Wellness group	
Charlotte County Multicultural Association	
Charlotte County Cancer Society	

D.

Communication About Available Health and Social Services

Health needs and potential solutions provided by consultation participants	Potential change leaders
In-person education about available health and social services	
<ul style="list-style-type: none"> Invite local health and social service representatives to attend already established local meetings and events to provide information regarding their services. Visit local schools to provide information directly to students. 	Horizon Local health professionals Department of Education and Early Childhood Development Local schools Department of Social Development Community organizations Local municipalities
Clear and easy to use electronic resources	
<ul style="list-style-type: none"> Increase support for individuals who want to use electronic resources but who need education and support to do so (e.g., support patients in accessing medical appointment apps, HealthLink website, completing online forms). Create a webpage on the Horizon, Department of Health, or other website for newcomers to obtain information on how to access a variety of health care services in their area 	Department of Health Horizon
Print resources about available health and social services	
<ul style="list-style-type: none"> Provide Link Tree information to the broader community (within Grand Manan Island but also may be useful to provide in other SWNB communities). Provide information and resources in new places within the community to reach more people. Develop a detailed resource booklet on area services, what they are, what they do, how to obtain the service 	Horizon Department of Social Development Department of Health Local municipalities
Navigation and support positions within health and social services	
<ul style="list-style-type: none"> Increase the number of staff providing support in navigating government and community systems. Create the role of a local senior's advocate. 	Horizon Department of Health Department of Social Development
Clear information about health and social services for newcomers	
<ul style="list-style-type: none"> Host local information nights that offer face-to-face engagement with newcomers giving them opportunities to ask questions and seek further clarification about local services. Consider sharing service information in a newsletter format that is circulated to newcomers through the local multicultural association and other partnering organizations and municipalities. Create a webpage on the Horizon, Department of Health, or other website for newcomers to obtain information on how to access a variety of healthcare services 	Horizon Department of Health Department of Social Development

E.

Community Health and Social Education

“Community health education looks at the health of a community as a whole, seeking to identify health issues and trends within a population and work with stakeholders to find solutions to these concerns.”

-Gagnon, 2024

Community health and social education is a tool to improve a population’s general health and wellness through promoting knowledge and healthy practices.

Health education can include things such as chronic disease awareness and prevention, injury and violence prevention, maternal and infant health, mental and behavioural health, nutrition, healthy weights and exercise, and tobacco and substance use (Gagnon, 2024). Health education can be provided by different types of qualified health professionals in various formats that suit the needs of the community.

What we heard from community: Participants reported a desire for more time with their primary care providers to discuss their personal health needs and to have questions answered.



Increased time with primary care providers and medical teams.

Individuals reported that they would like more information sharing, discussion, and support from health professionals to enable them to be proactive about their physical and mental health. Individuals shared a desire for longer appointments with primary care providers so that they can discuss various aspects of their health.

“Proactive health. Not reactive health.... If I don’t call and say I’m feeling sick, there is no ‘Have you checked your diabetes? When was the last time you had a colonoscopy? When was the last time you had your prostate checked?’ If you don’t feel sick and go to the doctor there isn’t a lot of proactive health.”

Health education.

Other health professionals and programs may also be able to fill gaps in providing health education or answering individual health questions. For example, nurses, dietitians, health promotions specialists, social workers, pharmacists, and others can help to provide health education and support.

Examples of needed education topics shared by consultation participants are provided in the summary table below. In addition, high levels of chronic disease in the community reveal the need for programs to support individuals in the management, treatment, or prevention of chronic conditions (NBHC, 2020).

Within SWNB there is a need to promote changes to the community environment, education and health support to help make healthy choices easier for people of all ages and abilities.

Percent of Adults and Seniors Who Report Having Chronic Health Conditions			
	St. Stephen Saint Andrews Campobello Island area	St. George Grand Manan Island Blacks Harbour area	Village of McAdam
Hypertension	29.5%	30%	29.8%
High cholesterol	20.4%	27.3%	20.7%
Chronic pain	20.8%	20.8%	17.6%
Arthritis	24.1%	23.5%	19.2%
Gastric reflux	16.8%	15.8%	16.6%
Diabetes	11.3%	14.6%	12%
Asthma	13.3%	11.3%	11.8%
Cancer	9.5%	8.3%	8.8%
Heart disease	12.7%	9.5%	9.6%
Emphysema/COPD	6.1%	3.8%	3.5%
Stroke	2.5%	3.8%	2.5%
Obesity	34.2%	35.1%	34.1%

Source: NBHC (2020)



Community Strengths Reported by Participants

Diabetes Clinic in St. Stephen	Horizon health centres
Charlotte County Cancer Society	Community schools
Big Brothers and Big Sisters	Peer mentee program in schools
First Aid course certificate opportunities	Integrated Service Delivery Team
Local Association for Community Living	



Community Health and Social Education

Health needs and potential solutions provided by consultation participants	Potential change leaders
Health education	
<ul style="list-style-type: none"> Increase health education. <p>Topics identified during consultations include:</p> <ul style="list-style-type: none"> How to reduce vaping risk in children and youth First Aid training in island communities Intimate partner violence education (signs, prevention, and stigma reduction) Mental health and resilience topics Sexual health 2SLGBTQIA+ health Seniors' health topics 	<p>Horizon</p> <p>Department of Education and Early Childhood Development</p> <p>Local Schools</p> <p>Primary care providers</p> <p>Community organizations</p>
Increased time with primary care and other healthcare providers	
<ul style="list-style-type: none"> Increase appointment length with primary care providers. Increase access to other health care providers who can provide education and information tailored to the specific health needs of individuals. 	<p>Horizon</p> <p>Department of Health</p> <p>Primary care providers</p>

F.

Cost of Living: Health Impacts

The primary factors that shape the health of New Brunswickers are not medical treatments or lifestyle choices but rather the living conditions and social determinants of health that they experience. The escalating cost of living has deepened financial insecurity, exacerbated challenges related to purchasing healthy food, transportation, and housing affordability all of which have profound implications for mental and physical health and overall well-being.

What we heard from community: The cost of living was mentioned as both a health concern and a source of stress for many participants. Included within the cost-of-living umbrella is affordable and accessible transportation, food, access and cost of healthcare services, and limited affordable housing.



Affordable and accessible transportation.

Consultation participants said increased transportation costs was a challenge that impacted their health and wellbeing including car maintenance and keeping it fueled along with the expense of traveling to Saint John for medical appointments.

“I’d like to have another job to go to, but I have no way to get there.”

When people do not have access to a car, they need to rely on others for their transportation needs because there is limited affordable public transportation service in SWNB. The Dial-a-Ride service is available in SWNB but clarity around how this service is provided in areas such as local islands, is needed.

“A lot of clients they have to travel to access service and that’s not really doable.”

Participants said it is challenging for many island residents to afford the hidden costs of accessing health care on the mainland. Many need to take time off work to do so and one appointment on the mainland can cost an individual several nights in a hotel, five to six (5-6) meals, a tank of gas, and multiple ferry rides. There is financial aid available through organizations like Action Ministries and Charlotte County Cancer, but participants said more financial assistance is needed.

When accessing services in Saint John, it would be helpful to have affordable accommodation options. Participants said in the past, there was an affordable place to stay near Saint John called the Anglican House and Chateau Saint John has been known to offer supportive stays.

F.

Cost of Living: Health Impacts

Consultation participants shared that, in the past, ambulances have experienced issues navigating the roads in SWNB, especially when driven by paramedics who are from another area of New Brunswick. Also, road conditions such as muddy roads and other infrastructure issues can affect how easily it is to navigate back roads and access people in an emergency. For residents, they often hear about long response times, which can cause anxiety around being accessed in times of need.

More affordable and suitable housing options, and assisted living facilities for seniors and others with health challenges.

Consultation participants said the cost of housing is going up to levels that are getting harder to financially manage. There is also a limited amount of housing available in the community (Human Development Council, 2022). Lack of affordable housing means people need to spend a large proportion of their income on shelter, leaving less money left over for other necessities such as food and medications, and putting people at risk for homelessness.

Participants reported that subsidized housing policies and procedures can make it challenging for some renters to find homes and local transparency is needed around this. There is a sense that the policies and procedures are done case-by-case and they are limiting for those who really need subsidized housing.

When adding a name to a housing waitlist, it was reported there is sometimes a lack of clarity around the rules in place for staying on these listings. It was indicated that very clear messaging around this is needed. Navigating the system to receive housing support can be complex. For those families being removed from subsidized housing, it often means that they are given limited notice and left homeless.

Consultation participants reported a desire for more housing for seniors and those with disabilities that has been designed with accessibility in mind. For individuals who can afford their own housing, there are limited options locally that can accommodate a wheelchair or other disabilities. Some properties may be advertised as accessible, but they are still not accessible to all types of physical disabilities.

For individuals who must turn to provincially run housing solutions to find a place to live that is accessible, it was recommended that a rent cap be put into place so that an appropriate, or market value, amount is charged to individuals instead of relying on the percentage formula currently being used within the system.

“Housing that is more accessible for seniors where they might be closer together. This would be a benefit for medical, physical, social, and food.”

The need for more suitable assisted living or housing for various groups of people such as seniors, those with disabilities, homeless, and the precariously housed.

Housing must be suitable for the needs of the person (e.g., some people need assisted living facilities, but others need rooming houses or group homes, etc.). With individuals reporting a need for assisted living facilities for seniors in island communities in particular. It was shared that building more living facilities for seniors has an additional benefit of increasing housing availability for others.

F.

Cost of Living: Health Impacts

Supports for those who are homeless.

For those who are homeless, there are a multitude of health impacts. Consultation participants said those who are homeless in SWNB need access to safe and warm shelter, food, clothing, and places to shower and clean their clothes. More details on needs are available within the summary table below. In addition, those who are homeless are often in need of specialized addiction and mental health supports.

“Unless you know somebody, there is nowhere here to go, just go take a shower... Umm, very limited places to wash your clothes. You’re accessing like the river or a water fountain, or like a public restroom, and doing the best you can.”

“When the warming centre was up and running. I feel like mental health improved, physical health improved. Hygiene wise, there was access to showers every morning and laundry, so hygiene improved.”

Formalized support systems to help those in need with home upkeep.

For seniors living on a fixed income, cost of living is a particular concern. Many seniors would like to remain in their own homes as they age, with services to support them to do so, however this can be costly (Trenholm, Ang and Strang, 2023). Consultation participants said housing costs also include the added costs of needing to renovate homes to accommodate changes in health status, and that the extra cost of needing to hire support to help clean and maintain the home can be hard to manage.

The cost of housing and policies around building or renovating existing houses are complex and take time to resolve. Safety issues around home maintenance for example, can be challenging for those with physical limitations and limited budgets.

For those on low and fixed incomes like seniors, paying for water well maintenance can also be a challenge. Having a well has recurring costs, such as having regular testing done for mineral and toxicity levels and other maintenance needed. Also, septic maintenance can be costly. These costs can be challenging, especially on a fixed income and it was suggested that it would be helpful for people to receive discounts or government subsidies for well management, similar to the government incentive for heat pumps.



Community Strengths Reported by Participants

Lakeland Resource Centre	Neighbourhood Works: community meals, take out (twice weekly), youth support workers
Department of Social Development	The Hub
Big Brothers and Big Sisters	Dial-a-Ride
Anglican Church meals	Transportation provided by Inclusion NB
Chateau Saint John	Charlotte County Cancer Society
NB drug plan	Community schools
Local Association for Community Living	Community meals hosted at The Hub in St. George
Easter Seals	
Community fundraising groups	
Food programming through schools: Breakfast programs, 'We got your Back' program Christian Centre programs	

Health needs and potential solutions provided by consultation participants	Potential change leaders
Affordable transportation	
<ul style="list-style-type: none"> Invest in transit options for the SWNB community, Increase accessibility features of Island ferries, Develop infrastructure that supports active transportation and walkable neighbourhoods. Establish a Dial-a-Ride service on Grand Manan Island. Have a wheelchair accessible vehicle that can meet ferries at least twice per week on a regular basis. Increase accessible transportation that doesn't require pre-planning or pre-booking (e.g., taxi or ride sharing). Increase education about the Dial-a-Ride service. 	<p>GNB departments Municipalities Local businesses Local organizations</p>
Affordable and suitable housing options	
<ul style="list-style-type: none"> Develop a controlled rental program for housing. Increase tenant rights to affordable housing within NB. Increase education and access to grants for those who build and renovate accessible housing for those with disabilities and seniors. Revisit the formula used to determine rent amounts for those with disabilities who are living in government housing due to accessibility requirements and not income-based requirements. 	<p>GNB departments Municipalities Local businesses Local organizations</p>
Supports for those who are homeless	
<ul style="list-style-type: none"> Set up community space that is free of charge that gives people who are homeless the ability to get clean, use the bathroom, and clean their clothes. Create separate spaces for men and women who are homeless to sleep and be warm at night. Make safe space available for those who are managing active addiction (wet warming centre) alongside a safe space for those who are sober (dry warming centre). Set up access to appropriate clothing as seasons change. Based on a social enterprise model, establish a service that provides regular access to ready-made, take-out food options for homeless community members. Repurpose the old arena to support the homeless population. Provide information for those who are homeless on how they can become educated or develop skills for employment (e.g., help complete GED, support access to college or training programs). 	<p>Horizon Department of Health Department of Social Development</p>

F.

Cost of Living: Health Impacts

Health needs and potential solutions provided by consultation participants	Potential change leaders
A formalized support system to help those in need with home upkeep	
<ul style="list-style-type: none"> Learn from available home maintenance funding programs (e.g., operated by local church) to see if it is 'scalable' to a larger group of community members. Provide support (financial, contractors or construction workers) for those living in low income who need to renovate their homes for safety reasons. Provide subsidies for upkeep of private wells. 	
An assisted living facility for seniors and others in island-based communities	
<ul style="list-style-type: none"> An assisted living complex would free up housing space in the community and would give older adults an opportunity to live with others rather than in isolation. A facility could offer programs such as Meals-on-Wheels and a health check-in service to other island residents. 	

G.

Access to Physical Activity and Recreation Opportunities

“Regular physical activity is proven to help prevent and manage noncommunicable diseases such as heart disease, stroke, diabetes and several cancers. It also helps prevent hypertension, maintain healthy body weight and can improve mental health, quality of life and well-being.”

-World Health Organization, 2024

The World Health Organization says communities must take action to provide everyone with more opportunities to be active in order to increase physical activity. This requires a collective effort across different sectors and disciplines.

In addition to physical activity, recreation, either physical or non-physical leisure and social activities, have been shown to impact health (Fancourt, Aughterson, Finn, Walker and Steptoe, 2021).

In the St. Stephen, Saint Andrews and Campobello Island area

37.4% of adults and seniors report a lack of companionship some of the time or often.

35.4% of adults and seniors report feeling isolated some of the time or often.

In the St. George, Grand Manan Island and Blacks Harbour area

27.5% of adults and seniors report a lack of companionship some of the time or often.

31.7% of adults and seniors report feeling isolated some of the time or often.

Communities and governments should continue to facilitate recreation opportunities for all ages and interests.

What we heard from community: During consultations participants reported the need for affordable ways to engage in physical activity, increased sidewalks, as well as assistance overcoming barriers to engaging in physical activity. In terms of recreation, participants reported the need for increased access to recreation options that are affordable, more recreation options in the winter months, and physical locations in which people can gather for recreation and socializing.



G.

Access to Physical Activity and Recreation Opportunities

Physical Activity

Affordable physical activity options.

Those living in SWNB said there's a need for affordable physical activity options such as free classes, reduced cost passes for local gyms for those who live in low income, and outdoor exercise equipment in local parks. Making equipment for those with physical disabilities available for rent (e.g., adapted bicycles) was also mentioned as a need, as the cost of this specialized equipment is very high. A permanent staff position to facilitate affordable physical activity and recreation was suggested.

“In the end it would save money for mental health, it would save money for the health system... there would be fewer people with diabetes, etc. if these kids active and busy and entertained.”

Assistance overcoming barriers to physical activity.

Assistance with overcoming barriers to physical activity such as providing child-care at local gyms and transportation barriers was mentioned. Winter-time weather is a large barrier for many people looking to take part in physical activity and recreation, and requests were made for more affordable options available in the winter. In rural communities there may be very little opportunity to engage in physical activity during the winter months.

The desire to increase the number of sidewalks throughout SWNB, including on Campobello Island, was reported as a need. New sidewalks would help to support physical activity and recreation needs for everyone, including those who desire a safe place to walk, and those with physical limitations who need sidewalks such as seniors and those with certain disabilities.

“When we want to go out in the wintertime there is really no place to go.”

G.

Access to Physical Activity and Recreation Opportunities

Physical Activity by Age			
	St. Stephen Saint Andrews Campobello Island area	St. George Grand Manan Island Blacks Harbour area	Village of McAdam
Children who get the recommended amount of moderate to vigorous physical activity 2023-2024	19.7%	21.6%	21.9%
Youth who get the recommended amount of moderate to vigorous physical activity 2023-2024	24.9%	22.7%	24.8%
Adults who get recommended amount of moderate to vigorous physical activity 2023-2024	56.6%	55.1%	49.9%

Source: NBHC (2020)

Recreation

Infrastructure to support physical activity and recreation.

Consultation participants said there is a need for spaces to allow for gathering for recreation, such as the need for a community centre on Campobello Island and the need for a community centre for the Peskotomuhkati community. Increased space in the Community Living building was also requested by clients to allow for more classes and recreation options to be offered.

Increasing the availability or easy identification of safe spaces to gather for youth living in rural areas or youth who identify as 2SLGBTQIA+ was also mentioned as a need.

Other requests to facilitate recreation included more sidewalks and additions to parks, including benches and accessibility features so that more people can use these spaces such as seniors and those with disabilities.

“It’s hard to do all those organized programs but you’ve got to have the fields available and the equipment. And a lot of these things [kids activities] need the equipment.”

Affordable and varied recreation options.

Participants reported a desire for more clubs such as book clubs or other social clubs, as well as more activities such as bowling. Some participants reported that transporting people to other communities to engage in activities may be helpful for groups such as those without transportation, youth living in rural areas, and those with disabilities. The need for more recreation options in the winter was a theme, as there are more low-cost recreation options in the warm months.

G.

Access to Physical Activity and Recreation Opportunities

“They [kids] need a variety of activities. Not just one thing.”

Participants also noted the need for more programs for children aged five (5) and under that are low cost and easy to access, as well as more programs for children and youth outside of school hours. Ways to help youth to meet others with similar interests, and to engage in affordable, novel, and engaging activities is needed.

For youth living in rural areas, organized field trips to take youth to recreation opportunities in larger areas may be beneficial. Youth in rural areas reported few safe and affordable places to gather. It was noted that activities need to take barriers into account such as cost, transportation, availability of food and drink, and childcare needs for families with multiple children.

Community Strengths Reported by Participants

Community outdoor hockey rink	Blacks Harbour Elementary School
Saint Andrews celebrations and events	Milltown Activity Group/Charlotte County Museum
Chocolate Town events	Community family dances
Music at bandstand	Coffee shops in St. Stephen
Milltown ice cream shop	Milltown Pool
Honey Bee coffee in Saint Andrews	Big Brothers and Big Sisters
Skating programs	Summer camps
Walking trails and outdoor gym	Walking track at Garcelon Civic Centre
Wellness Program that meets weekly at the Garcelon Civic Centre	Local Exercise programs
Gym and pool in St. Stephen	Volunteering opportunities
Milltown Community School	Church and religious groups
Community Lions Club	McAdam Library drop-in time for youth
Kiwanis Club	Music program
Recreation in the community – gymnastics, hockey, other	Yoga classes at local hall
Fitness classes for senior mobility including senior seated fitness class	Community room
Luncheons at Saint Annes Anglican Church	Senior lunch program (once a month)
Local Association for Community Living	Back Bay school after school program and summer camp
Seniors wellness group	YMCA St. George Summer Camp



Access to Physical Activity and Recreation Opportunities

Health needs and potential solutions provided by consultation participants	Potential change leaders
Infrastructure to support physical activity and recreation	
<ul style="list-style-type: none"> • Increase sidewalks throughout SWNB, including in island communities. • Increase the number of benches, ramps, and accessibility features in local parks and within the municipalities. • The building of a community centres for Campobello Island and the Peskotomuhkati community was identified. If a centre is not built, the identification of a community space for the Peskotomuhkati community to gather was requested. • Identify safe spaces for people of all ages to gather and share this information with the community. 	Municipalities SWNB Regional Service Commission Community organizations Community businesses GNB departments
Affordable and varied physical activity and recreation options	
<ul style="list-style-type: none"> • Increase access to free or low-cost classes and recreation activities for all ages, but also for children under five (5), and children and youth outside of school. • Install outdoor gym equipment in local parks. • Create affordable gym passes for those with low income. • Create a program so that those with physical disabilities can rent adaptive equipment such as bicycles for a low cost. 	Municipalities Horizon SWNB Regional Service Commission Community organizations Community businesses GNB departments
Assistance overcoming barriers to physical activity and recreation	
<ul style="list-style-type: none"> • Increase physical activity and recreation options in the winter months. • Create child-care options for those who want to engage in physical activity or recreation programs. For example, develop more multi-generational programs or provide childcare at a local gym. • Provide transportation to local recreation options, including transportation to other communities that may offer recreation and events. • Hire recreation staff for Campobello Island. 	Municipalities Horizon SWNB Regional Service Commission Community organizations Community businesses GNB departments



Next Steps

A CHNA is an intensive process that involves the complete support from members of the community. We want to thank all of those people who supported the CHNA process within SWNB. The above summary of the data collected through focus groups, interviews, community meetings and events has created a clear picture of the health needs within the SWNB region.

The CHNA accountability process will be taking place within SWNB in summer and fall 2024. Next steps involve the action of addressing these identified health needs within Horizon, other government organizations, nonprofit organizations, and communities.

Community continues to play a fundamental role in putting this report into action. Individuals or organizations who would like to reach out to Horizon with ideas to partner on actions that will lead to change are welcome to contact the Horizon Community Development or CHNA teams.



References

1. Brach, C., & Fraser, I. (2002). Reducing disparities through culturally competent health care: an analysis of the business case. *Quality Management in Healthcare*, 10(4), 15-28.
2. Canadian Mental Health Association (2024). Social Determinants of Health. Retrieved from: <https://ontario.cmha.ca/provincial-policy/social-determinants/>
3. Gagnon, D. (2024). The importance of health education. Southern New Hampshire University. Retrieved from: <https://www.snhu.edu/about-us/newsroom/health/importance-of-health-education>
4. Fancourt, D., Aughterson, H., Finn, S., Walker, E., Steptoe, A. (2021). How leisure activities affect health: a narrative review and multi-level theoretical framework of mechanisms of action. *Lancet Psychiatry*. 8(4) :329-339. doi: 10.1016/S2215-0366(20)30384-9.
5. Government of Manitoba (2019). Winnipeg Regional Health Authority: Community Health Assessment. Retrieved from: <https://wrha.mb.ca/research/community-health-assessment/>
6. Government of New Brunswick (2011). Regional Health Authorities Act. Retrieved from: [2011, c.217 - Regional Health Authorities Act \(gnb.ca\)](#)
7. Horizon Health Network (2021). Healthcare engagement framework. Retrieved from: [Health-Care-Engagement-Framework-2021.pdf \(horizonnb.ca\)](#)
8. Human Development Council (2022). Learning from Lived Experience Southwest New Brunswick Qualitative Housing Report. Retrieved from: <https://snbsc.ca/community-services/housing/reports>
9. New Brunswick Health Council (2020). Primary Health Survey and Primary Care Survey. Retrieved from: <https://nbhc.ca/table/health-outcomes?cuts=NBC20%2CNBZ2%2CNB&sid=5088&gid=5089&nid=22563>
10. New Brunswick Health Council (2023-2024). Student Wellness and Education Survey. Retrieved from: <https://nbhc.ca/table/health-outcomes?cuts=NBC20%2CNBZ2%2CNB&sid=5088&gid=5089&nid=22563>
11. New Brunswick Health Council (2024). NBHC Communities. Retrieved from: <https://nbhc.ca/data/browse/nbhc-communities>
12. New Brunswick Health Council (2024b). Population Demographics. Retrieved from: <https://nbhc.ca/table/demographic-context?cuts=NBC20%2CNBZ2%2CNB&sid=5088&gid=5089&nid=22563>
13. Public Health Agency of Canada (2020). About Mental Health. Retrieved from: <https://www.canada.ca/en/public-health/services/about-mental-health.html>
14. Public Health Agency of Canada (2021). Age-friendly communication: Facts, tips and ideas. Retrieved from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/friendly-communication-facts-tips-ideas.html>
15. Public Health Ontario (2024). Health Equity. Retrieved from: <https://www.publichealthontario.ca/en/Health-Topics/Health-Equity>
16. Raphael, D. (Ed.) (2016). *Social Determinants of Health: Canadian Perspectives*, 3rd edition. Toronto: Canadian Scholars' Press
17. Sacramento State Institute for Social Research (2022). Engaging priority populations: A resource guide for using community to inform programs. Retrieved from: https://www.csus.edu/center/institute-social-research/spotlight/engaging-priority-populations-resource-guide_isr_july-2022.pdf
18. Statistics Canada (2021). Census Profile for McAdam Village. Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/index-eng.cfm>
19. Statistics Canada (2021b). Victims of police-reported intimate partner and non-intimate partner violence, by gender of victim and province or territory, 2018 to 2019. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00001/tbl/tbl03.4-eng.htm>
20. Trenholm, A., Ang, J. and Strang, J. (2023). Civic engagement for health among older adults: A strategy for aging in place. An executive summary.
21. World Health Organization (2024). Physical Activity. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/physical-activity>