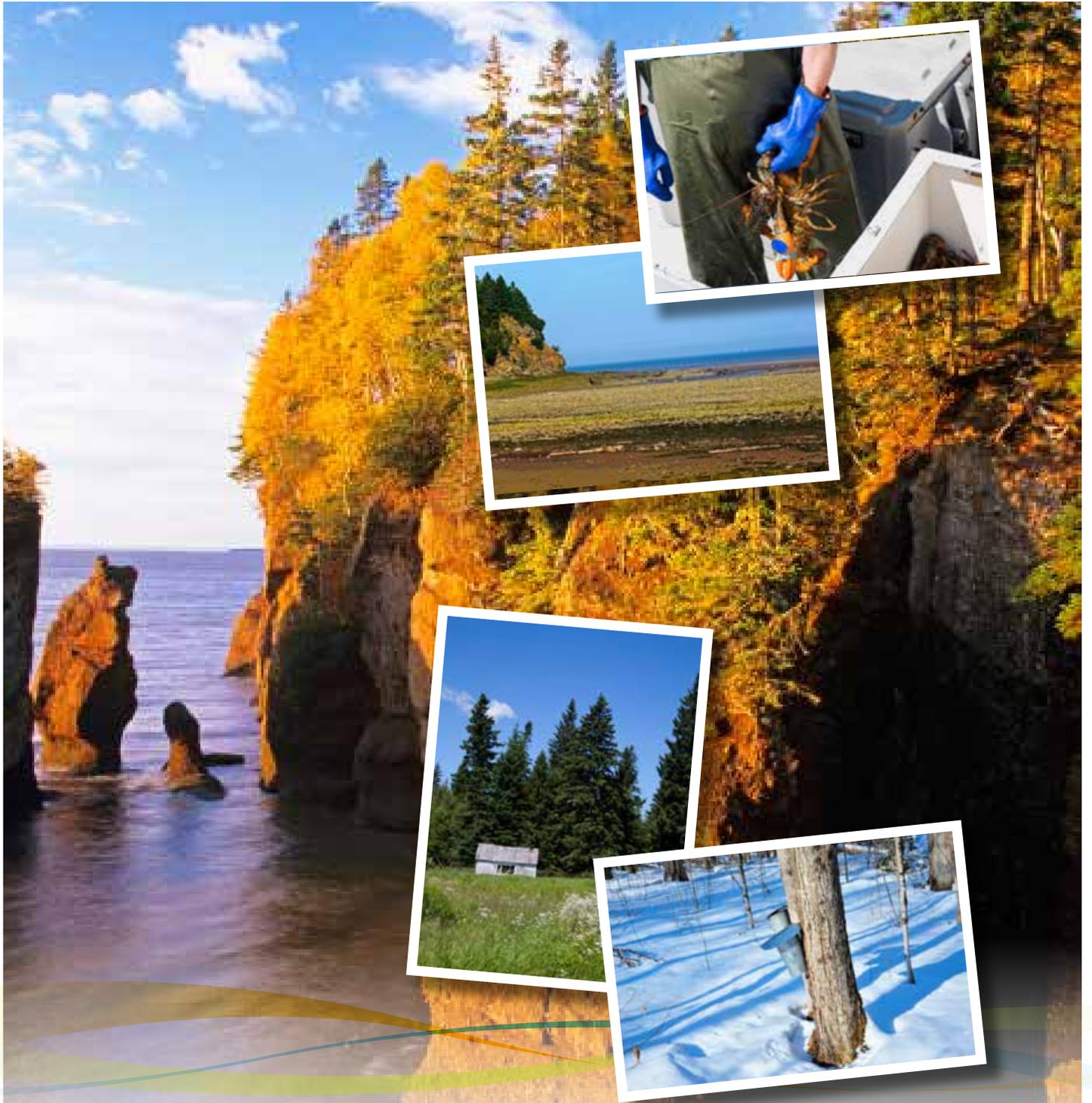


ALBERT COUNTY AREA

COMMUNITY HEALTH NEEDS ASSESSMENT





Produced by
Horizon Health Network's
Community Health Assessment Team

TABLE OF CONTENTS

- LIST OF ABBREVIATIONS 4
- LIST OF TABLES 4
- LIST OF FIGURES 4
- 1.0 EXECUTIVE SUMMARY 5
- 2.0 BACKGROUND 8
 - 2.1 Primary Health Care Framework for New Brunswick 8
 - 2.2 Horizon Health Network’s Community Health Assessment Team..... 8
 - 2.3 Community Health Needs Assessment 8
 - 2.4 Population Health Approach 8
 - 2.5 Defining Community 10
 - 2.6 The Albert County Area 10
- 3.0 STEPS IN THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS..... 13
- 4.0 ALBERT COUNTY AREA COMMUNITY ADVISORY COMMITTEE..... 15
- 5.0 RESEARCH APPROACH 16
 - 5.1 Quantitative Data Review 16
 - 5.2 Qualitative Methodology: Interpretive Description..... 17
 - 5.3 Qualitative Data Collection 17
 - 5.3.1 Focus Group Interviews 18
 - 5.4 Content Analysis Framework 19
- 6.0 RESULTS 20
 - 6.1 The need to improve mental resiliency and coping skills among children & youth in the community 22
 - 6.2 The need for Albert County Health & Wellness Centre outreach services in the community of Hillsborough..... 23
 - 6.3 The need for improved access to mental health services in the community 24
 - 6.4 An insufficient amount of safe, affordable housing options in the community 25
 - 6.5 The need for improved supports in the community for young families that are struggling and experiencing difficulties 26
 - 6.6 The need for improved collaboration between the municipalities in the area and between municipalities and health and wellness professionals in the community 27
 - 6.7 Food insecurity in the community 28
 - 6.8 The need for more programs and services in the community to allow seniors to become more engaged, connected & mobile 29
 - 6.9 The need to evaluate the current function of the Albert County Health & Wellness Centre and strategize how to move forward with the original vision of the community health centre (CHC) model of care 30
 - 6.10 Transportation issues in the community that impact health 31
- REFERENCES 32

LIST OF ABBREVIATIONS

CHA Team – Community Health Assessment Team

CHNA – Community Health Needs Assessment

NBHC – New Brunswick Health Council

CAC – Community Advisory Committee

ID – Interpretive Description

LIST OF TABLES

Table 1: Albert County Area CHNA Identified Priority Areas & Recommendations (p 7)

Table 2: Chronic Health Conditions in Albert County Area (p 12)

Table 3: Primary Health Care Survey Indicators for the Albert County Area (p 13)

Table 4: Albert County Area CHNA Identified Priority Areas & Recommendations (p 24)

LIST OF FIGURES

Figure 1: Population Health Model (p 10)

Figure 2: NBHC Communities (p 11)

Figure 3: Albert County Area (p 11)

Figure 4: Research Approach (p 18)

Figure 5: Focus Group Introduction Guide (p 21)

1.0 EXECUTIVE SUMMARY

Introduction

The Albert County Area is a rural area in the Southeastern part of the province on the Chignecto Bay in the Bay of Fundy. Although the area under study in this assessment does not include all of Albert County (it excludes the town of Riverview), community stakeholders felt that the name Albert County Area best described how they identify their community. Being home to Fundy National Park and Hopewell Rocks, much of the employment in this area is based on tourism and is seasonal in nature. The area also includes the community of Alma, which has a strong fishing industry. The population of the Albert County Area is 5,317 and has seen a decrease of 5% from 2006-2011. This decrease is mainly attributed to an aging population (17% of the population is aged 65 years and over) and to the fact that many younger families are leaving the community to seek employment elsewhere. The median household income in the Albert County Area is \$53,676 (2011) and 15% of people in the area live in low income. Data shows that the community has elevated rates of many chronic health conditions when compared to the provincial averages such as high blood pressure, arthritis, gastric reflux, and diabetes.

Background

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

Community Health Needs Assessment

Community Health Needs Assessment (CHNA) is a dynamic, ongoing process that seeks to identify a defined community's strengths, assets, and

needs to guide in the establishment of priorities that improve the health and wellness of the population.

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

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

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

Methodology

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

- Primary Health Care Providers
- Health Centre Staff
- Professionals working with Children and Youth

- Seniors and Senior supports
- Social Supports in the community

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

Results & Recommendations

The methodology used by the CHA Team resulted in the identification of 10 priority issues. Table 1 outlines the 10 priority issues and provides recommendations for each.

Table 1: Albert County CHNA Identified Priority Areas and Recommendations

Priority	Recommendation
1. The need to improve mental resiliency and coping skills among children & youth in the community	Further consult with parents and educators about the types of mental resiliency skills/coping skills that children and youth are missing and, through partnerships, develop a plan to fill these learning gaps in the community
2. The need for Albert County Health & Wellness Centre outreach services in the community of Hillsborough	Continue planning with Hillsborough’s practicing physician and other community partners to determine the service needs of the Hillsborough area and develop a strategy to move this outreach work forward.
3. The need for improved access to mental health services in the community	Further consult with mental health professionals working in the community and leadership from Horizon’s mental health & addictions to determine what additional services are needed in the community and how to overcome system level challenges
4. An insufficient amount of safe, affordable housing options in the community	Working with community leadership, representatives from Social Development and current housing operators, assess current availability, wait lists and gaps and create a plan to address housing needs in the community

5.	The need for improved supports in the community for young families that are struggling and experiencing difficulties	Using a multi-sector approach that includes family support services, public health, and educators, revisit the current model of providing family support services and develop a more up-to-date approach to provision that better aligns with the challenges being faced by families in the community today
6.	The need for improved collaboration between the municipalities in the area and between municipalities and health and wellness professionals in the community	Initiate a working group that brings together representatives from all 3 municipalities and representatives from the health & wellness centre to strategize how best to work together on important health and social issues facing all 3 communities
7.	Food insecurity in the community	Working with key community partners, review the various elements of food insecurity affecting the community and develop a plan of action to address food insecurity in the community
8.	The need for additional programs and services in the community to allow seniors to become more engaged, connected & mobile	By working with seniors and those providing senior support services in the community, determine what programs and services are needed and develop a plan for how to move ahead with such programming
9.	The need to evaluate the current function of the Albert County Health & Wellness Centre and strategize on how to move forward with the original vision of the CHC model of care	During the next session of strategic planning for the Albert County Health and Wellness Centre, incorporate the above consultation input and determine what changes need to take place in order to get back on track with the original vision of the CHC model of care
10.	Transportation issues in the community that impact health	Examine community health challenges due to limited transportation, review how other communities are addressing this challenge, and work with key community stakeholders to develop a strategy to improve transportation

2.0 BACKGROUND

2.1 Primary Health Care Framework for New Brunswick

In 2012, the province of New Brunswick released the Primary Health Care Framework for New Brunswick with the vision of better health and better care with engaged individuals and communities.¹ The framework states that this vision will be achieved through an enhanced integration of existing services and infrastructure and the implementation of patient-centered primary health care teams working collaboratively with regional health authorities to meet identified health needs of communities. The framework highlights “conducting community health needs assessments” as an important first step towards achieving these improvements and states that, “community health needs assessments have the potential to not only bring communities together around health care but to collectively identify community assets, strengths and gaps in the system².”

2.2 Horizon Health Network’s Community Health Assessment Team

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

Responsibilities of the CHA Research Lead:

- formulate the research approach
- review available quantitative data sets
- collaborate with key community stakeholders

- qualitative data collection and analysis
- report writing

Responsibilities of the CHA Project Coordinator:

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

2.3 Community Health Needs Assessment

CHNA is a dynamic, ongoing process that seeks to identify a defined community’s strengths and needs to guide in the establishment of priorities that improve the health and wellness of the population³.

The goals of a CHNA are:

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

2.4 The Population Health Approach

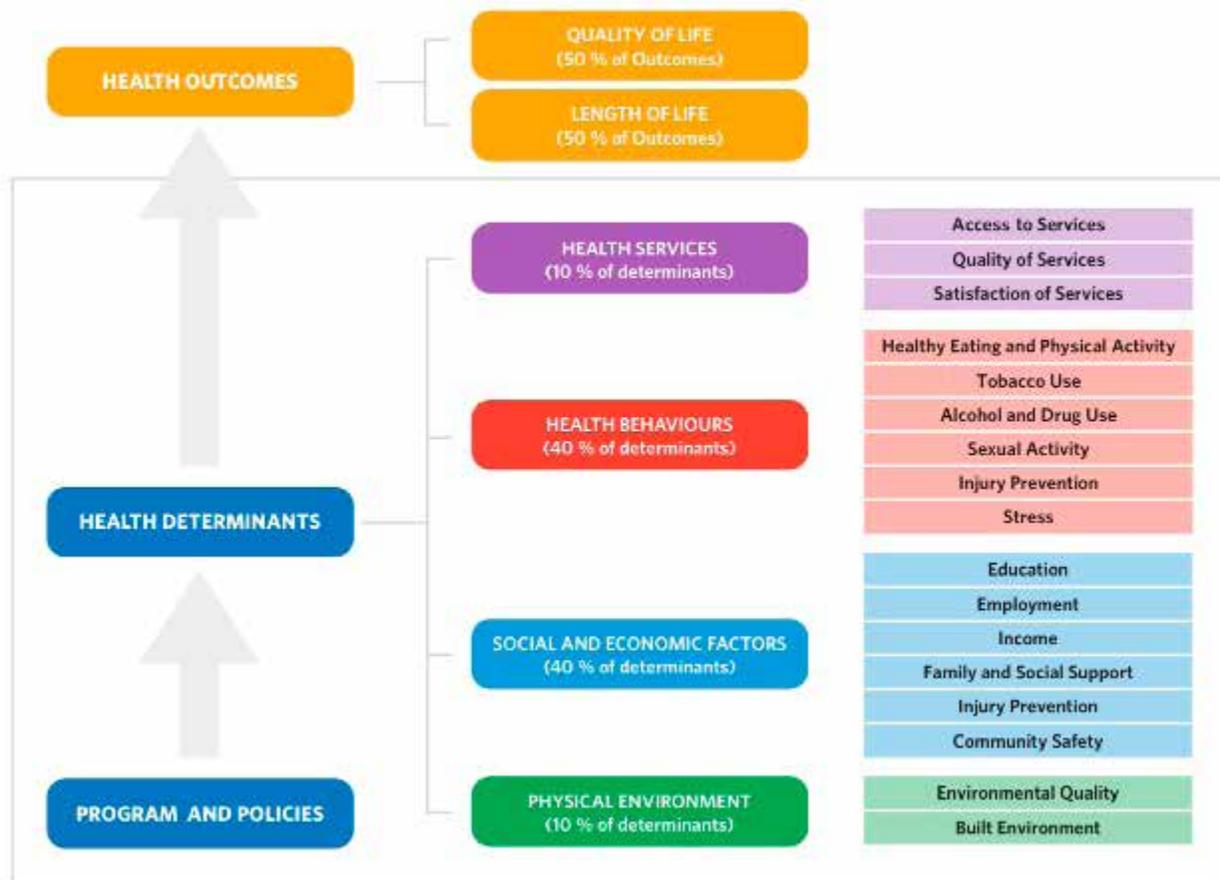
Health is a complex subject and assessing the health of a community goes far beyond looking at rates of disease and the availability of health care services. Therefore, CHNAs conducted within Horizon communities are guided by the population health approach. This approach endeavors to improve the health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

(health disparities) among population groups by examining and acting upon the broad range of factors and conditions that have a strong influence on our health⁴. These factors and conditions are often referred to as the determinants of health and are categorized by the Public Health Agency of Canada as:

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment and Working Conditions
5. Social Environment
6. Physical Environment
7. Personal Health Practices and Coping Skills
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services
11. Gender
12. Culture⁵

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

FIGURE 1: POPULATION HEALTH MODEL

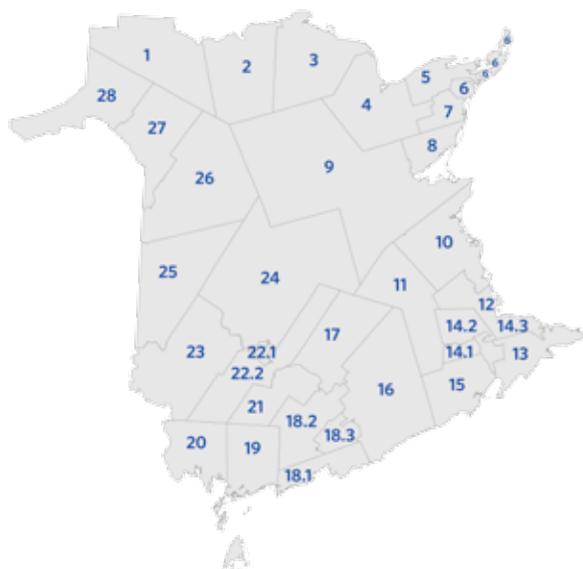


2.5 Defining Communities

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

The NBHC has divided the province into 28 communities (with the three largest urban cores subdivided) to ensure a better perspective of regional and local differences. These community divisions can be seen on the map in figure 2 below. The actual catchment area of healthcare centres, community health centres, and hospitals were used to determine the geographical areas to be included for each community. Census subdivisions were then merged together to match these catchment areas. The communities were further validated with various community members to ensure communities of interest were respected from all areas of New Brunswick. No communities were created with less than 5,000 people (as of Census 2011) to ensure data availability, stability, and anonymity for the various indicators. The NBHC uses these community boundaries as the basis for work and analysis done at the community level⁷.

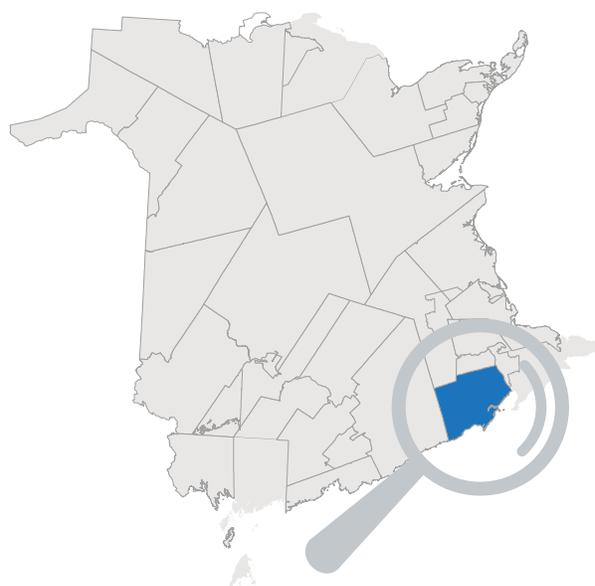
FIGURE 2: NBHC COMMUNITIES



2.6 The Albert County Area

One of the NBHC communities selected by Horizon for assessment in 2015 is community 15, identified by the NBHC as the Hillsborough Area. Based on feedback from key community stakeholders, for the sake of the CHNA, this community was renamed the Albert County Area to better represent the full geographic region covered by the CHNA. Although covering the majority of the county, this CHNA does not include the community of Riverview, which was part of another CHNA. Figure 3 below shows the Albert County Area and lists the smaller communities that fall within it.

FIGURE 3: Albert County Area



- Alma
- Elgin
- Germantown
- Harvey
- Hillsborough
- Hopewell
- Little River (Albert County)
- Riverside-Albert

Albert County is a rural area in the Southeastern part of the province on Chignecto Bay in the Bay of Fundy. Being home to Fundy National Park and Hopewell Rocks, much of the employment in this area is based on tourism and is seasonal in nature. The area also includes the community of Alma, which has a fishing industry of lobster and scallops. Although the community of Hillsborough has a strong Acadian history, very few Acadians still live in the community making the Albert County area a primarily Anglophone community. The population of the Albert County Area is 5,317 and has seen a decrease of 5% from 2006-2011. Based on input from consultations, contributing factors to this population decline include the fact that many

younger families are leaving the community to seek employment elsewhere and many aging residents are leaving the community to find affordable, easier to manage housing options in more urban areas. The median household income in the community is \$53,676 which is high compared to \$52,835 for the province. Residents of the area claim that the rate is skewed because of inclusion of the community of Alma and the fishing industry and that the rate would be much lower in the other communities in this area. As seen in table 2 below, data shows that the community has elevated rates of many chronic health conditions when compared to the provincial averages such as high blood pressure, arthritis, gastric reflux, and diabetes.

TABLE 2: CHRONIC HEALTH CONDITIONS IN THE ALBERT COUNTY AREA⁸

Chronic Health Conditions ¹	2011 (%)	2014 (%)	2014 ² (#)	NB (%)
One or more chronic health conditions ³	62.1 (54.8 – 69.4)	64.8 (57.3 – 72.3)	2,847	61.6 (60.8 – 62.4)
High blood pressure	28.5 (22.0 – 35.0)	32.5 (25.1 – 39.9)	1,428	27.0 (26.2 – 27.7)
Arthritis	22.0 (16.0 – 28.0)	20.8 (14.5 – 27.2)	916	17.4 (16.8 – 18.0)
Gastric Reflux (GERD)	14.5 ^E (9.4 – 19.6)	19.1 ^E (12.9 – 25.3)	840	16.4 (15.8 – 17.0)
Diabetes	15.1 ^E (10.0 – 20.3)	16.8 ^E (11.0 – 22.7)	740	10.7 (10.1 – 11.2)
Chronic pain	18.4 (12.8 – 23.9)	12.2 ^E (7.0 – 17.3)	535	14.0 (13.5 – 14.6)
Depression	13.6 ^E (8.7 – 18.6)	10.4 ^E (5.6 – 15.2)	458	14.9 (14.3 – 15.5)
Asthma	7.1 ^E (3.4 – 10.8)	7.5 ^E (3.3 – 11.6)	329	11.8 (11.3 – 12.4)
Cancer	6.9 ^E (3.3 – 10.6)	7.2 ^E (3.2 – 11.3)	318	8.3 (7.8 – 8.7)
Heart disease	12.1 ^E (7.3 – 16.8)	F	229	8.3 (7.9 – 8.8)
Emphysema or COPD	F	F	221	3.0 (2.7 – 3.3)
Mood disorder other than depression	F	F	132	3.0 (2.7 – 3.2)
Stroke	F	F	117	2.5 (2.2 – 2.8)

Primary health care services in the Albert County area are provided through the Albert County Health and Wellness Centre, a private physician's offices in Hillsborough and some residents access their services in the nearby communities of Riverview and Moncton. Based on data from

the NBHC's *Primary Health Care Survey of New Brunswick*, 94.8% of respondents from the Albert County area have a personal family doctor. As shown in Table 3 below, the Albert County area does very well on a number of primary health care indicators

TABLE 3: PRIMARY HEALTH CARE SURVEY INDICATORS FOR THE ALBERT COUNTY AREA⁹

Primary Health Care Survey Indicator	2011	2014	NB
Family Doctor has after-hour arrangement when office is closed (% yes)	39.9%	23.6%	18.2%
How quickly appointments can be made with family doctor (% on same day or next day)	44.3%	31.6%	30.1%
How quickly appointments can be made with family doctor (% within 5 days)	71.1%	66.4%	60.3%
Model of care used most often when sick or in need of care from a health professional (% hospital emergency department)	10.3%	5.9%	11.5%
How often family doctor explains things in a way that are easy to understand	75.0%	85.2%	80.2%
How often a family doctor involves citizens in decisions about their health care (% always)	66.5%	73.5%	68.2%
How often family doctor gives citizens enough time to discuss feelings, fears and concerns about their health	73.7%	76.9%	71.9%
Satisfaction with services from personal family doctor (% 8, 9, or 10 on a scale of 0 to 10)	83.5%	87.5%	83.9%
Satisfaction with services at a community health centre (% 8, 9 or 10 on a scale of 0 to 10)	72.5%	85.5%	76.2%

3.0 STEPS IN THE CHNA PROCESS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.0 ALBERT COUNTY AREA COMMUNITY ADVISORY COMMITTEE

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

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

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

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

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

Albert County Health & Wellness Centre management

Community Health & Extra-Mural program

Community Development

Public Health

Mental Health & Addictions

Social Development

Wellness Branch, Social Development

Albert County Health & Wellness Centre Advisory Committee

Administration, Moncton & Sackville Hospitals

Forest Dale Nursing Home

Paramedic

Nurse Practitioner

Shepody Food Bank

Municipality of Hillsborough

Municipality of Riverside-Albert

Municipality of Alma

Fundy National Park

Retired Clergy

Former school administrator principal

Water and Environmental Protection for Albert County

Chipoudy Communities Revitalization Committee

Seniors Representative

Historical Society

Albert County Homecare

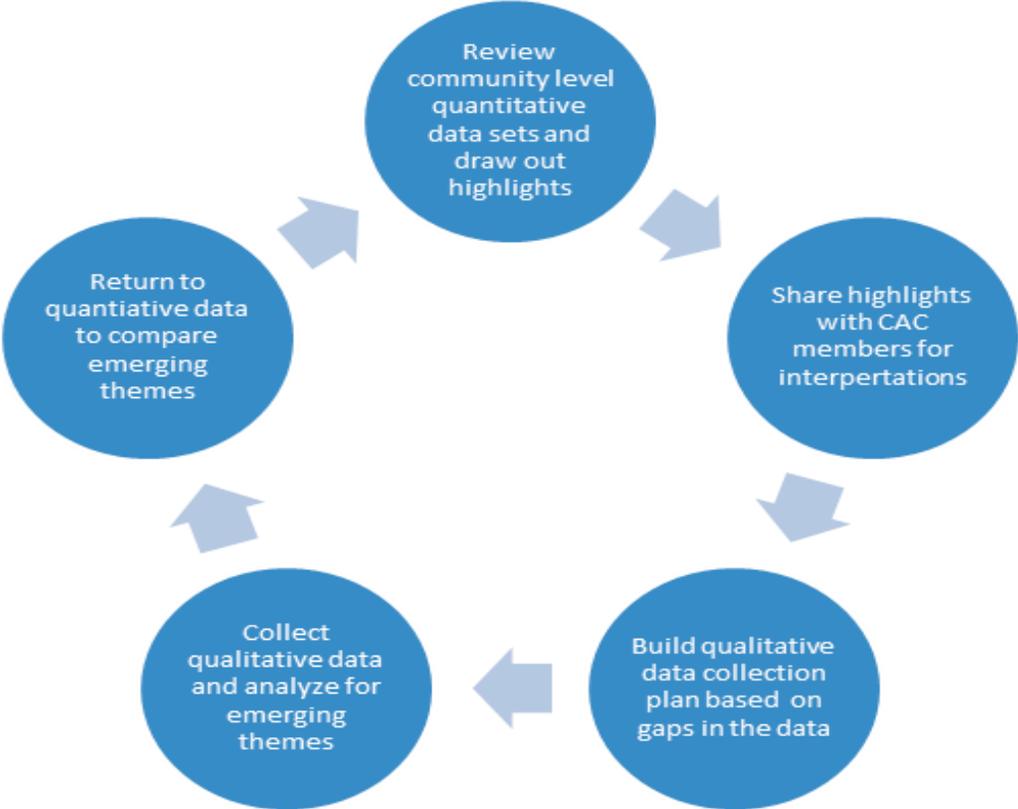
Bennett and Albert County Health Care Foundation

5.0 RESEARCH APPROACH

As outlined in section 3.0 above, one of the first steps in the CHNA process is a review of currently available quantitative data on the community by the CHA Team. Significant highlights are drawn out and shared with CAC members. The CAC members are asked to apply their own interpretation to these highlighted indicators and to indicate when

further exploration is required to determine why a particular indicator stands out. These issues are further explored through the qualitative component of the CHNA. Once qualitative data is collected and analyzed for emerging themes, the CHA Team reviews the quantitative data once more to compare.

FIGURE 4: RESEARCH APPROACH



5.1 Quantitative Data Review

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

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

- **The Primary Health Care Survey.** First conducted in 2011, and then again 2014. Each time, over 13,500 citizens responded to the survey by telephone in all areas of the province. Its aim is to understand and report on New Brunswickers' experiences with primary health care services, more specifically at the community level.¹¹
- **New Brunswick Student Wellness Survey.** The purpose of the New Brunswick Student Wellness Survey (NBSWS) is to examine students' perceptions, attitudes and behaviours in a number of key areas related to student well-being. It is a provincial initiative of the New Brunswick Department of Social Development - Wellness Branch in cooperation with the Department of Education and Early Childhood Development. Data collection and analysis is carried out by the NBHC.¹² For the Albert County Area CHNA, survey data from Caledonia Regional High School was used.

5.2 Qualitative Methodology: Interpretive Description

The qualitative component of CHNAs conducted by Horizon's CHA Team is guided by the Interpretive Description (ID) methodology. Borrowing strongly from aspects of grounded theory, naturalistic inquiry, ethnography and phenomenology, ID focuses on the smaller scale qualitative study with the purpose of capturing themes and patterns from subjective perceptions.¹³ The products of ID studies have application potential in the sense that professionals, such as clinicians or decision makers could understand them, allowing them to provide a backdrop for assessment, planning and interventional strategies. Because it is a qualitative methodology and because it relies heavily on interpretation, ID does not create facts, but instead creates "constructed truths." Thorne and her colleagues argue that the degree to which these truths are viable for their intended purpose of offering an extended or alternative understanding depends on the researcher's ability to transform raw data into a structure that makes aspects of the phenomenon meaningful in some new and useful way.¹⁴

5.3 Qualitative Data Collection

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

- Primary Health Care Providers
- Health Centre Staff
- Professionals working with Children and Youth
- Seniors and senior supports
- Social supports in the community

5.3.1 Focus Group Interviews

A focus group interview is an interview with a small group of people on a specific topic. Groups are typically six to 10 people with similar backgrounds who participate in the interview for one to two hours.¹⁵ Focus groups are useful because you can obtain a variety of perspectives and increase your confidence in whatever patterns emerge. It is first and foremost an interview, the twist is that, unlike a series of one-on-one interviews, in a focus group participants get to hear each other's responses and make additional comments beyond their own original responses as they hear what other people have to say. However, participants need not agree with each other or reach any kind of consensus. The objective is to get high-quality data in a social context where people can consider their own views in the context of the views of others.

There are several advantages to using focus group interviews:

- Data collection is cost-effective. In one hour you can gather information from several people instead of one.
- Interactions among participants enhances data quality
- The extent to which there is a relatively consistent, shared view or great diversity of views can be quickly assessed

- Focus groups tend to be enjoyable to participants, drawing on human tendencies as social animals

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

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

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

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

FIGURE 5: FOCUS GROUP INTRODUCTION GUIDE

INTRODUCTION:

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

5.4 Content Analysis Framework

Content analysis done by Horizon's CHA Team is based on the Key Issues analytical framework approach.¹⁶ The first step in this approach is to have all audio recordings that are produced as part of the qualitative data collection plan transcribed into text by a professional transcriptionist. Each transcript is then read in its entirety by the CHA Team while using a code book and an open coding process. During this process all possible 'issues based' content is coded and is divided into general categories that emerge through the review. At this stage it is about making a volume list of anything that could possibly be viewed as an issue and less about the frequency, significance and applicability of the issue. This process helps to eliminate text that is more 'conversation filler' and leads to the creation of a data reduction document where text is sorted into Board category areas.

At this stage of the framework, a second review is done of the data reduction document to pinpoint more specific issues in the text, once again with the use of a code book and more detailed coding. During this round of coding, the CHA Team considers frequency, significance and applicability of the key issues. With the list

complete, the CHA Team develops a summary of the discussion for each key issue. With the list of key issues and summaries developed the CHA Team returns to the quantitative data sets to see how certain indicators compare to what was shared through qualitative data collection. Sometimes the quantitative indicators support what is being said and sometimes they do not; either way the indicators related to the key issues are highlighted and incorporated into the key issue summaries.

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

6.0 RESULTS

Data analysis resulted in the identification of 10 priority issues:

- 6.1 The need to improve mental resiliency and coping skills among children & youth in the community
- 6.2 The need for Albert County Health & Wellness Centre outreach services in the community of Hillsborough
- 6.3 The need for improved access to mental health services in the community
- 6.4 An insufficient amount of safe, affordable housing options in the community
- 6.5 The need for improved supports in the community for young families that are struggling and experiencing difficulties
- 6.6 The need for improved collaboration between the municipalities and between municipalities and health and wellness professionals in the community
- 6.7 Food insecurity in the community
- 6.8 The need for more programs and services in the community to allow seniors to become more engaged, connected & mobile
- 6.9 The need to evaluate the current function of the Albert County Health & Wellness Centre and strategize how to move forward with the original vision of the CHC model of care
- 6.10 Transportation issues in the community that impact health

Table 2 below outlines the 10 priority issues and provides recommendations for each. Following the table, a profile for each of the priority issues is presented. These profiles include a summary of the qualitative consultation discussion, available community level quantitative indicators related to the priority issue, quotes from consultation participants and recommendations.

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

- 1. Income and Social Status
- 2. Social Support Networks
- 3. Education and Literacy
- 4. Employment and Working Conditions
- 5. Social Environment
- 6. Physical Environment
- 7. Personal Health Practices and coping skills
- 8. Healthy Child Development
- 9. Biology and Genetic Endowment
- 10. Health Services
- 11. Gender
- 12. Culture¹⁷

Table 4: Albert County Area CHNA Identified Priority Areas and Recommendations

Priority	→	→	→	→	→	→	→	Recommendation
1.	The need to improve mental resiliency and coping skills among children & youth in the community							Further consult with parents and educators about the types of mental resiliency skills/coping skills that children and youth are missing and, through partnerships, develop a plan to fill these learning gaps in the community.
2.	The need for Albert County Health & Wellness Centre outreach services in the community of Hillsborough							Continue planning with Hillsborough’s practicing physician and other community partners to determine the service needs of the Hillsborough area and develop a strategy to move this outreach work forward

3.	The need for improved access to mental health services in the community	Further consult with mental health professionals working in the community and leadership from Horizon's mental health & addictions to determine what additional services are needed in the community and how to overcome system level challenges.
4.	An insufficient amount of safe, affordable housing options in the community	Working with community leadership, representatives from Social Development and current housing operators, assess current availability, wait lists and gaps and create a plan to address housing needs in the community
5.	The need for improved supports in the community for young families that are struggling and experiencing difficulties	Using a multi-sector approach that includes family support services, public health, and educators, revisit the current model of providing family support services and develop a more up-to-date approach to provision that better aligns with the challenges being faced by families in the community today
6.	The need for improved collaboration between the municipalities and between municipalities and health and wellness professionals in the community	Initiate a working group that brings together representatives from all three municipalities and representatives from the health & wellness centre to strategize how best to work together on important health and social issues facing all three communities
7.	Food insecurity in the community	Working with key community partners, review the various elements of food insecurity affecting the community and develop a plan of action to address food insecurity in the community.
8.	The need for additional programs and services in the community to allow seniors to become more engaged, connected & mobile	Working with seniors and those providing senior support services in the community, determine what programs and services are needed and develop a plan for how to move ahead with such programming
9.	The need to evaluate the current function of the Albert County Health & Wellness Centre and strategize on how to move forward with the original vision of the CHC model of care	During the next session of strategic planning for the Albert County Health and Wellness Centre, incorporate the above consultation input and determine what changes need to take place in order to get back on track with the original vision of the CHC model of care
10.	Transportation issues in the community that impact health	Examine community health challenges due to limited transportation, review how other communities are addressing this challenge, and work with key community stakeholders to develop a strategy to improve transportation

6.1 The need to improve mental resiliency and coping skills among children & youth in the community

Consultation participants discussed how many children and youth in the community have limited mental resiliency and lack adequate coping skills to deal with basic life challenges. They shared experiences demonstrating how this issue often impacts the ability of children and youth to have healthy relationships both in school and in their personal lives. Some members connected this growing issue to this age group's growing reliance on technology and social media. Educators discussed how in the past many children and youth entered the education system with coping skills where today many are missing them, which creates a number challenges in the school environment, impacting learning and development.

DETERMINANTS OF HEALTH:

Education & Literacy, Social Environment, Personal Health Practices & Coping Skills, and Healthy Child Development

Satisfaction with mental fitness need (Caledonia Regional High School)

- High level of family-related mental fitness **73% (NB 77%)**
- High level of school-related mental fitness **52% (NB 59%)**
- High level of friend-related mental fitness **80% (NB 82%)**

Spent 2 hours or less per day on screen time (Caledonia Regional High School)

- **16% (NB 23%)**

Strong level of pro-social behaviors (Caledonia Regional High School)

- **76% (NB 81%)**

COMMUNITY ASSET:

Caledonia Activity Place.

Develops activities for the community that are preventative in nature and particularly targeted at those dealing with mental health issues.

"...is the whole healthy relationships and that's the social, you know, that aspect that you were talking about that there seems to be a lot of challenges with that. I just see it with the children interacting, anger, and again that healthy, I guess I'd call it healthy relationship. And how to be able to respond when not being included having the right skills or the tools."

RECOMMENDATION

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

6.2 The need for Albert County Health & Wellness Centre outreach services in the community of Hillsborough

Consultation participants discussed the need for outreach services from the Albert County Health & Wellness Centre to the community of Hillsborough. They shared how many residents in Hillsborough live in low-income, have many health issues and that transportation to the centre in Riverside-Albert is often a challenge for them. They also shared that there are a lot of new moms in Hillsborough that could benefit from services offered directly in their community. They also discussed the benefit of having not only clinical services in this community, but also more preventative types programming like clinics, screening and wellness sessions. In the community of Hillsborough there is an independent physician currently operating and work is now underway to plan how best the health and wellness centre and this practice can collaborate.

DETERMINANTS OF HEALTH:

Income & Social Status, Social Environment, Personal Health Practices & Coping Skills and Health Services

- Health Service Barrier – transportation problems 8.3% (NB 7.1%)
- Single Parent Families 14% (NB 16%)

COMMUNITY ASSETS:

- **Connecting Albert County** is a web site where people can learn more about the people, environment, culture and news of Rural Albert County. This would be a great place to promote services offered at the Albert County Health & Wellness Centre as well as advertise any outreach services that may be offered outside of Riverside-Albert
- **East Coast Kids** is an organization in the community of Hillsborough which offers pre-school, day care and after school programs. A partnership between this organization and the Albert County Health & Wellness Centre could help with planning services of young families in the community and could be a good way to promote programs or services offered.

“Well the health centre is not in Hillsborough. We have a satellite office in Alma, we’ve got the health centre itself here and people in Hillsborough where there’s a large amount of poverty and lack of transportation have no access to the health centre.”

“We could have a nurse practitioner there. We could have phlebotomy there. We could do blood pressure days, we could do all kinds of things. Diabetes teaching. Depending on what was needed.”

RECOMMENDATION

Continue planning with Hillsborough’s practicing physician and other community partners to determine the service needs of the Hillsborough area and develop a strategy to move this outreach work forward.

6.3 The need for improved access to mental health services in the community

Consultation participants perceived an increase in mental health issues in all age groups in the Albert County Area. With the child and youth population, participants connected the increase to a lack of mental resiliency and coping skills (discussed in 6.1 above). For the adult population, participants connected the increase to rising unemployment in the area and poverty. For the senior population, they connected it to isolation. Primary health care providers in the community discussed the increase they see in mental health issues with their patients and shared how, with limited access to mental health services in the community, they are often trying to manage this even though they do not feel adequately trained.

Determinants of Health:

Income & Social Status, Social Support Networks, Employment & Working Conditions, Personal Health Practices & Coping Skills and Health Services

Adults see their mental health as very good or excellent

- **69% (NB 71%)**

Depression

- **13.6% (NB 12.7%)**

Unemployment

- **17% (NB 11%)**

Living in low income

- **15% (NB 17%)**

Unable to leave the house because of health problems 10.7

- **(NB 12.5%)**

Seniors living alone:

- male **15% (NB 16%)**
- female **31% (NB 31%)**

"It's just it's always been very hard even when you get a parent to that point where they recognize there's a problem and they do want to do something about it, then where do we send them because it isn't easy to find those services like counseling, psychologists, social workers in the community you know."

RECOMMENDATION

Further consult with mental health professionals working in the community and leadership from Horizon's mental health & addictions to determine what additional services are needed in the community and how to overcome system level challenges.

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

Consultation participants discussed the issue of housing in the community in a few different ways. They discussed how there are many older homes in the area that require a lot of upkeep and, as the population in the area ages, many seniors find it difficult to maintain these older homes (both physically and financially). They also noted that there are few social supports in the community to help with upkeep as younger families are leaving the community to find employment elsewhere. This situation forces some seniors to live in homes that are unsafe or in disrepair or forces some to leave the community to find safer, more affordable housing options. Another way participants discussed this issue of housing was the fact that, because property values are so low in the area, it attracts many from outside the community that have limited incomes. Once here however, they often find it difficult to afford the upkeep of these homes. Another issue that was discussed was the lack of affordable rental units in the area both for seniors and young families. They shared that there are some rental units in the community of Hillsborough but participants felt that many of these buildings were unsafe and in disrepair. CAC members discussed how important housing is to good health and believe that many of the health issues that are present in the community (particularly mental health issues) are related to difficult housing circumstances.

Determinants of Health:

Income & Social Status, Social Support Networks and Physical Environment

Population who owns their own household

- **88% (NB 76%)**

Population who rents their household

- **12% (NB 24%)**

Occupied dwellings requiring major repairs

- **11% (NB 10%)**

Occupied private dwelling built before 1960

- **38% (NB 27%)**

Seniors 65 years and over

- **17% (NB 17%)**

Seniors living alone – male

- **15% (NB 16%)**

Seniors living alone – female

- **31% (NB 31%)**

COMMUNITY ASSET: Albert County Home Care

provides home care services through home support workers and human service workers.

“But if they’re buying, they’re not able to maintain or upkeep the building that they’re buying, they’re getting it for a good price. But they can’t maintain it. They can’t afford the oil.”

“seniors...a lot of poverty, a lot of just unsafe housing....with seniors, I mean they fiercely want to maintain their independence and so on and stay on in the community much longer than they should. If you knew how many widows were in their own homes miles from anywhere just hanging on.”

RECOMMENDATION

Working with community leadership, representatives from Social Development and current housing operators, assess current availability, wait lists and gaps and create a plan to address housing needs in the community.

6.5 The need for improved supports in the community for young families that are struggling and experiencing difficulties

Consultation participants discussed the need for more supports in the community for young families. They shared how there is a high rate of single parent families in the community, particularly in the community of Hillsborough where there are cheaper rental options available, and felt that there should be more community-based single parent family supports. They also expressed concern for families in the area that are experiencing the trend of the “temporary single parent family,” where one parent is traveling to Western Canada for employment for set periods of time. They shared the various impacts this trend is having on young families which include parental mental health issues, stress, the ability of parents to discipline effectively, child development, and healthy family relationships. In both cases, participants would like to see more supports for young families in the area to help them not only function effectively, but also for the child rearing experience to be enjoyable for both parents and children.

DETERMINANTS OF HEALTH:

Income & Social Status, Social Support Networks, Employment & Working Conditions, Personal Health Practices & Coping Skills, Healthy Child Development, Health Services and Gender

Adults who see their mental health as being very good or excellent

- 69% (NB 71%)

Single parent families

- 14% (NB 16%)

RECOMMENDATION

Using a multi-sector approach that includes family support services, public health, and educators, revisit the current model of providing family support services and develop a more up-to-date approach to provision that better aligns with the challenges being faced by families in the community today.

6.6 The need for improved collaboration between the municipalities and between municipalities and health & wellness professionals in the community

Consultation participants discussed how they would like to see better communication, information sharing and partnerships between the three municipalities (Hillsborough, Riverside-Albert & Alma) to address some of the health and social problems that exist throughout the area. They would like to see more alignment and a more collaborative approach to some projects that could impact and benefit all three communities. They also discussed how they would like to see a better working relationship between the three municipalities and the Albert County Health & Wellness Centre and other health and wellness professionals in the area.

DETERMINANTS OF HEALTH:

Social Environment, Physical Environment, Health Services and Culture

COMMUNITY ASSET:

Connecting Albert County is a web site where community members can learn more about the people, environment, culture and news of rural Albert County. This site could be used to promote supports for young families.

RECOMMENDATION

Initiate a working group that brings together representatives from all three municipalities and representatives from the Health & Wellness centre to strategize how best to work together on important health and social issues facing all three communities.

6.7 Food insecurity in the community

Consultation participants discussed many issues around food insecurity in the community. They shared how, as a rural community, they are often considered a “food desert” with very limited access to fresh, whole foods. During the time of this CHNA, the one small grocery store in the area (Hillsborough) was closed for a period of time and this loss was strongly felt in the community. It has since been re-established. Besides this store, many rely on either travelling to other communities to purchase large quantities of food to get by or they rely on convenience stores in the area which sell mainly processed food product and have a very limited selection of fresh, whole foods. Participants also discussed how transportation is often a challenge for many in the community who are on low income and for seniors. This barrier often causes many to rely on processed non-perishable food products as these items will last longer. Participants also discussed how the growing rate of unemployment and poverty in the community over the last few years has caused a growth in the number of families accessing local food bank services. They noted that, because of the seasonal nature of employment in this community (both from fishing and tourism), the food bank utilization rate varies throughout the year. Participants also highlighted another important aspect of food insecurity; that many young people in the community are lacking the basic skills to prepare fresh whole foods, as this is often not being taught at home or in the school environment.

DETERMINANTS OF HEALTH:

Income & Social Status, Education & Literacy, Employment & Working Conditions, Physical Environment, Personal Health Practices & Coping Skills and Health Child Development

Eat fruits and vegetables, 5 or more daily:

- Children (kindergarten to grade 5) **31% (NB 14%)**
- Children (grades 4 & 5) **57% (NB 51%)**
- Youth **42% (NB 43%)**
- Adults (18-64) **31% (NB 36%)**
- Seniors – not available

COMMUNITY ASSET:

Foods of the Fundy Valley is a non-profit group that focuses on food security and the local food economy in general. It runs programs such as school/community gardens, kids in the kitchen and the Shepody Café.

COMMUNITY ASSET:

Shepody Food Bank, operating out of the Albert County Health & Wellness Centre, works to address hunger by providing food and related assistance to those in need in the community.

RECOMMENDATION

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

6.8 The need for additional programs and services in the community to allow seniors to become more engaged, connected and mobile

Consultation participants expressed a lot of concern for seniors in the area, particularly those who are living alone and have limited informal social supports. They shared stories of seniors in the community who do not have a lot of family members in the area, do not drive, and experience a lot of isolation. They discussed how this isolation can lead to poor mental health and physical health and wished to see more programming in the community to engage and support seniors and help them feel more connected to their community. They felt that any planning for such programs or services needs to take into consideration that many seniors are on a limited income and have transportation challenges. They also discussed focusing some of this work on senior mobility, whether it be light fitness classes for seniors or balance and falls prevention classes. They expressed that if they can keep seniors mobile and healthy, it may help keep them comfortable in their own home for a longer period of time.

Determinants of Health:

Social Support Networks, Social Environment, Personal Health Practices & Coping Skills, Health Services and Culture

- Unable to leave the house because of health problems 10.7 (NB 12.5%)
- Seniors living alone – male 15% (NB 16%)
- Seniors living alone – female 31% (NB 31%)

COMMUNITY ASSETS:

- *Forest Dale Home* is a non-profit licensed 50 bed nursing home in the community of Riverside-Albert. The home has a large community room for community held events.
- *Teledrive* is an affordable transportation service for rural Albert County residents

RECOMMENDATION

Working with seniors and those providing senior support services in the community, determine what programs and services are needed and develop a plan for how to move ahead with such programming.

6.9 The need to evaluate the current function of the Albert County Health & Wellness Centre and strategize on how to move forward with the original vision of the CHC model of care

Consultation participants felt that the original vision for the Albert County Health & Wellness Centre has moved off track. Many reflected on the time of transition to the Community Health Centre (CHC) model of care and, although it was a challenging time for the community, there was a lot of hope and excitement for this new model and the positive impact it would have. However, participants discussed how larger systemic (Horizon Health Network) level issues have created some road blocks and barriers to fully achieving the true CHC model of care. One of the barriers discussed was the benchmarks set by the organization regarding the number of patients centre providers must see each day; referred to by some as “bean counting.” Participants shared that they believe standards are important, but when you are working under the CHC model, standards can look different than in other more traditional practices. Focusing on meeting these benchmarks leaves providers with little or no time to do important community outreach work that focuses more on prevention. Participants also discussed how they felt the centre was never staffed with a full team of professionals to adequately function under the CHC care team framework.

Determinants of Health:

Health Services

Community Asset:

Albert County Health & Wellness Centre
Community Developer

“and I still believe that this building is being used in regards to I’m sick, I need to see a health care provider and I get a prescription. It’s not being used as it was meant to be 14 years ago when we started which is a health and wellness concept, let’s work together, let’s do some literacy, let’s do education about chronic illnesses and how we can help and support and come together as a group of people with the same common goals.”

“...do I like my job as much as I did 7 years ago, no because that community piece was taken away and because I feel we’re not as effective as we could be.”

“But we’re not allowed to function like we used to function anymore because bean counters want us to get people through the door. If they could look at what we were doing back then that was working compared to what we’re doing now that may not be, I think we should backtrack.”

“We don’t have the full team that other health centres have, we don’t have access to enough mental health services...we have a poor rural community. That doesn’t make any sense.”

RECOMMENDATION

During the next session of strategic planning for the Albert County Health and Wellness Centre, incorporate the above consultation input and determine what changes need to take place in order to get back on track with the original vision of the CHC model of care.

6.10 Transportation issues in the community that impact health

Consultation participants discussed a number of ways limited access to affordable transportation impacts health in the community. They shared how barriers to transportation often impact the ability for many children and youth to participate in recreational activities as many take the school bus a far distance to and from school. They shared how limited access to transportation impacts access to fresh whole foods as very few outlets exist in the area. Transportation was also identified by the participants as a major barrier to accessing primary health care services, particularly mental health services which are limited in the area and often need to be accessed in neighboring communities. They also shared concerns for seniors in the community who do not drive, who have limited informal social supports and as a result experience isolation.

Determinants of Health:

Income & Social Status, Social Support Networks, Physical Environment, Personal Health Practices & Coping Skills & Healthy Child Development

- Health Service Barrier, transportation problems **8.3% (NB 7.1%)**

COMMUNITY ASSETS:

- *Teledrive* is an affordable transportation service for rural Albert County residents.
- *Westmorland Albert Community Inclusion Network* is a co-operative that assists businesses, not-for profits, governments and individuals to work collaboratively to address the realities of poverty and ensure that people in the region do not have to struggle to meet their basic needs.

RECOMMENDATION

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

REFERENCES

(Endnotes)

- 1 Government of New Brunswick (2012). A Primary Health Care Framework for New Brunswick. Available at: <https://www.gnb.ca/0053/phc/consultation-e.asp>
- 2 Government of New Brunswick (2012). A Primary Health Care Framework for New Brunswick. Page 14. Available at: https://www.gnb.ca/0053/phc/pdf/2012/8752_EN%20Web.pdf
- 3 Government of New Brunswick (2013). Community Health Needs Assessment Guidelines for New Brunswick. Available at: <https://www.gnb.ca/0053/phc/pdf/2013/CHNA%20Guide%2013-05-13%20-.pdf>
- 4 Public Health Agency of Canada (2011). What Determines Health? Available at: http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#key_determinants
- 5 Public Health Agency of Canada (2011). What Determines Health? Available at: http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#key_determinants
- 6 The New Brunswick Health Council (2015). About the New Brunswick Health Council. Available at: <http://www.nbhc.ca/about-nbhc/mandate#.VTzfoHIFBpg>
- 7 The New Brunswick Health Council (2014). Creation of Communities. Available at: http://www.nbhc.ca/sites/default/files/documents/appendix_a-creation_of_communities-nbhc.pdf
- 8 The New Brunswick Health Council (2014). New Brunswickers' Experiences with Primary Health Service: Results from the New Brunswick Health Council's 2014 Primary Health Survey. Hillsborough Area Available at: http://www.nbhc.ca/sites/default/files/documents/primary_health_survey_-_community_-_hillsborough_15.pdf
- 9 The New Brunswick Health Council (2014). New Brunswickers' Experiences with Primary Health Service: Results from the New Brunswick Health Council's 2014 Primary Health Survey. Hillsborough Area Available at: http://www.nbhc.ca/sites/default/files/documents/primary_health_survey_-_community_-_hillsborough_15.pdf
- 10 The New Brunswick Health Council (2014). My Community at a Glance: New Brunswick Community Profile Report. Available at: <http://www.nbhc.ca/press-release/my-community-glance-nbhcs-new-tool#.VUDltiFViko>
- 11 The New Brunswick Health Council (2014). New Brunswickers' Experiences with Primary Health Service: Results from the New Brunswick Health Council's 2014 Primary Health Survey. Available at: <http://www.nbhc.ca/surveys/primaryhealth#.VlcrjnIRGFk>
- 12 The New Brunswick Health Council (2014) The New Brunswick Student Wellness Survey <http://www.nbhc.ca/surveys/nbsws#.Vq0mQnIRGFk>
- 13 Thorne, S., Kirkham, S.R. & O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Method*, 3(1).
- 14 Thorne, S., Kirkham, S.R. & O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Method*, 3(1).
- 15 Patton, M.Q. (2002). *Qualitative Research & Evaluation Methods* (3rd ed). Thousand Oaks, CA: Sage Publications.
- 16 Patton, M.Q. (2002). *Qualitative Research & Evaluation Methods* (3rd ed). Thousand Oaks, CA: Sage Publications.
- 17 Public Health Agency of Canada (2011). What Determines Health? Available at: http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#key_determinants

