

# FREDERICTON & SURROUNDING AREA

## COMMUNITY HEALTH AND WELL-BEING NEEDS ASSESSMENT



RÉSEAU DE SANTÉ

**Horizon**  
HEALTH NETWORK

# FREDERICTON & SURROUNDING AREA

COMMUNITY HEALTH AND WELL-BEING NEEDS ASSESSMENT, 2012

PREPARED FOR

FREDERICTON AND SURROUNDING AREA  
HEALTH CARE ADVISORY COMMITTEE

COMMUNITY HEALTH PROGRAM,  
HORIZON HEALTH NETWORK, FREDERICTON

NEW BRUNSWICK DEPARTMENT OF HEALTH

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Fredericton and Surrounding Area  
Community Health and Well-Being Needs Assessment, 2012

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Prepared for the Fredericton and Surrounding Area Health Care Advisory Committee.

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"Volunteering, interestingly, in addition to all the good work we may do, is associated with better health for the volunteer as well. Why? Health is more than merely the absence of disease or the presence of physical well-being. It is about having those basic, solid foundations for life and society in place, and ensuring we have community, connections, friendship, control over our lives and influence over our destinies. Our health is influenced by the type of society we choose to create. We all have a role to play in creating the physical, economic, social and cultural conditions that are the foundation of good health. And what we do, even in small ways, can make a difference."<sup>1</sup>

~ *Dr. David Butler-Jones,*  
*Canada's Chief Public Health Officer, 2008*

"Charlie, an 80 year old lifetime member of his church, develops a chronic progressive disease. He lives alone with little family support. He is concerned about the progress of his disease, the medications he now has to take and how he is going to manage. The Parish Nurse visits him. He knows she is "the Parish Nurse", the trust and sense of "family" support is there. She provides the health information he needs to better understand his disease, how to manage his medications and nutrition. The Parish Nurse accompanies Charlie to his Doctor's appointment to "interpret" the information given, liaise with health, social, home care agencies as needed (with his permission) and encourages him to utilize all that is offered to assist him to remain safely in his home. Church volunteers provide social support, drives to appointments, help with yard work – do the little things that help him stay "independent." The Parish Nurse also hears the concerns regarding the life questions of faith as he faces his challenges. With these supports in place, Charlie continues to feel a valued member of his church community and the community at large."<sup>2</sup>

~ *Isabel Cutler, RN*  
*Parish Nurse, Christ Church Cathedral, Fredericton, 2012*

"The major risk factors for chronic disease are an unhealthy diet, physical inactivity, and tobacco use."<sup>3</sup>

"If the major risk factors for chronic disease were eliminated, at least 80% of heart disease, stroke and type 2 diabetes would be prevented; and 40% of cancer would be prevented."<sup>4</sup>

~ *World Health Organization*  
*Ten Facts About Chronic Disease, 2005*

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Horizon Health Network
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# MESSAGE FROM THE FREDERICTON AND SURROUNDING AREA HEALTH CARE ADVISORY COMMITTEE

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Our Fredericton and Surrounding Area Advisory Committee came together on February 10, 2012. At that first meeting, we were tasked with informing the needs assessment process by facilitating the collection of both quantitative and qualitative data. We were also asked to involve others in the study so that a diversity of ideas and opinions could be generated. This information would be used to guide Horizon Health Network and other government departments and local agencies when setting priorities for a health and wellness vision for the area.

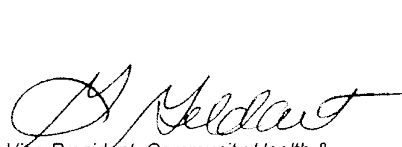
We came together as a collection of individuals and agencies that were representative of the city and the surrounding communities. Some of us had experience working in health care and we all had experience accessing the services provided by the health care system. Not only did we bring these experiences to the table but we also came with an understanding of how the system of care impacts the many diverse individuals and groups of people in the community. These experiences and the collective contributions of the people we connected with during the study helped inform the report.

But we also learned. The capacity to care in Fredericton and Surrounding Area is fantastic.

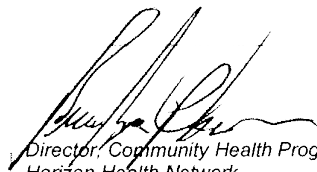
We learned how resourceful the community is and how health is delivered in many forms outside of the traditional or formal health setting. We learned about the great work parish nurses are leading in their faith communities, the changes the Fredericton Food Bank has undertaken to enhance their services, the focus of a local network on securing housing, the work of pharmacists and grocers to promote health, and the concepts promoted by "Under One Sky Head Start" that engage parents in the value of education within a supportive and trusting community. This is moving health upstream.

We know that health is bigger than the health system and improving our well-being requires the cooperation and collaboration of many people and agencies within the community. We believe our community and the committed citizens that live here can make this shift and take action on the determinants that presently put our population at risk of injury and disease.

It is with confidence in this report and our ability as a group to be a catalyst for improving the health and well-being of our communities that the Advisory Committee offers the Fredericton and Surrounding Area Health and Well-Being Needs Assessment.



Vice President, Community Health &  
Nursing Affairs  
Horizon Health Network



Director, Community Health Program  
Horizon Health Network



Director  
Public Health  
Fredericton Area & Upper River Valley  
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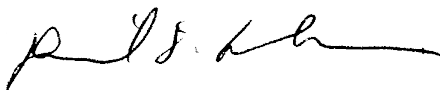
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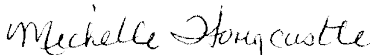
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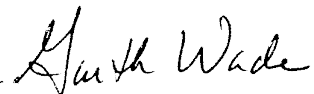
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Staff Sergeant, Division Commander  
Neighbourhood Action Team  
Fredericton Police Force



Administrative Assistant  
Community Health Program  
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# EXECUTIVE SUMMARY

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## Introduction

Fredericton and Surrounding Area (F&SA) includes the City of Fredericton, two First Nations communities (St. Mary's 24/Devon 30 and Kingsclear 6), one village, and a number of suburbs and small rural communities found throughout the six census parishes. According to the Canadian Census, 2006, the total population of F&SA (Community 22) was 74,818 of which 50,535 live inside Fredericton's city limits.

In January 2012, Horizon Health Network, Fredericton, NB, initiated a community health and well-being needs assessment for F&SA. By early February, a representative Advisory Committee was struck and tasked with overseeing the needs assessment process.

The F&SA needs assessment had five objectives:

1. assess the strengths and limitations of the primary health care services delivery network;
2. provide an opportunity for diverse individuals in F&SA to dialogue on health and wellness issues;
3. involve the community in articulating a health and wellness vision to inform the health and well-being priorities for Horizon Health Network, municipalities and the provincial government;
4. effectively engage community partners, including service providers, community groups and individuals, in the planning of primary health care services; and
5. seek and assess community feedback regarding existing health and wellness services in the communities.

## Background

The F&SA needs assessment uses the same foundational pieces as most community-based needs assessments -- a population health approach, a determinants of health framework and a health disparities lens. What differentiates the F&SA needs assessment from other needs assessments is a clear rationale for focusing on prevention and health, community engagement and partnerships with community organizations and the business sector. Dr. Gaynor Watson Creed's model of the health care system<sup>5</sup>, used extensively throughout the needs assessment, was instrumental in helping us understand that the determinants of health operate in the prevention arena – the very place where we as a society can take action on the determinants of health and, in the process, reduce health disparities. Currently in F&SA, community agencies and organizations as well as the business sector are delivering a substantial amount of primary health care outside the healthcare delivery system.

## Methodology

The needs assessment used a mixed methods methodology<sup>6</sup> to mean both quantitative and qualitative data were collected and analyzed. Qualitative data were collected through focus groups and key informant interviews. The New Brunswick Health Council (NBHC), Department of Health and Statistics Canada provided quantitative data. Using 2006 Statistics Canada data, NBHC demarcates F&SA as Community 22 (population: 74,818). Comparative Aboriginal data were derived from the 2006 Statistics Canada Aboriginal Profile. Data were analyzed using a health disparities framework.<sup>7,8</sup> Findings from the health disparities analysis led to the co-construction of profiles of seven priority populations. Findings from the profiles, and the disparities analysis in turn informed the recommendations. The Watson-Creed model<sup>9</sup> and the Public Health Agency of Canada's Determinants of Health Framework<sup>10</sup> also informed data collection and analysis as well as the writing of the report.

## Disparities by the numbers

Disparities are most often associated with socioeconomic status (SES), Aboriginal populations, gender and geography.<sup>11</sup> Accordingly, a comparative data analysis was done of Fredericton (urban) and Surrounding Area (rural); Aboriginal and non Aboriginal populations; males and females; immigrants; and the francophone and anglophone populations. Following is a summary of the findings for each group.

Compared with the Surrounding Area, Fredericton Core has a high concentration of newcomers, elderly living alone and single families with children living below the low-income cut-off (LICO). It also has higher housing costs and lower access to physicians, perhaps contributing to the high traffic at walk-in and after-hours clinics and the use of alternative practitioners. Of particular concern are the reported higher levels of stress and heart disease.

By way of comparison, the Surrounding Area is wealthier and appears to have more stable social support networks but higher unemployment. The Surrounding Area reports good physical and mental health but alcohol consumption, exposure to second hand smoke, and higher rates of cancer and cardiovascular disease are of concern. The number one health and well-being challenge for the Surrounding Area is the high rate of overweight and obese youth ages 12 – 17 (24.8%).

The Aboriginal population is young, vibrant and full of promise if we support these young families, and in particular single parents, through inclusion and employment opportunities. However, presently the percentage of the Aboriginal population (24%) living in low income (before taxes, 2005) is proportionally more than twice as high as persons in F&SA (11.6%). Moreover, Aboriginal youth ages 15 – 24 are less likely to be attending school than their non-Aboriginal peers, 42.1% and 67.3% respectively. Notably, almost 70% of the Aboriginal population is diagnosed with one or more chronic conditions.

The Multicultural Association of Fredericton Inc (MCAF) annual report contains comprehensive data on the immigrant and refugee population

served but these local data are not readily comparable with the indicators tracked by NBHC and Statistics Canada. More comparable data are needed to fully quantify the disparities that impact the health of this priority population, which according to Statistics Canada was 5,400 (7.3%), 2006.

Men have much higher rates than females of: cancer; heart and vascular disease, including coronaries and strokes; respiratory diseases; injury; and suicide. They also are much less likely to have accessed primary care services. On the other hand, the challenges faced by women have more to do with equity and social justice, particularly in the case of the many women who head single parent households.

In the francophone population many of the determinants of health are met, with the exception of access to a continuum of health care services provided in French.

To summarize, the findings confirm that F&SA has a number of priority populations, namely: the working poor; First Nations; seniors; and immigrants. What available data don't capture are those segments of the population that are so marginalized that they are statistically invisible, for example the newcomers, the homeless, the vulnerably housed and transient youth.

## The stories behind the numbers: seven priority populations

Seven populations were profiled: homeless, vulnerably housed and working poor; First Nations peoples; newcomers (immigrants and refugees); persons with disabilities; rural-urban populations; seniors; and children and youth (parents' perspective). An analysis of the data identified the challenges as well as possible solutions.

The most pressing challenges to health and well-being common among many of the groups include:

- the lack of a communication system that sets out what is available and where to find it;

- no existing simple means of accessing systems and community-based care for persons living with complex needs;
- inadequate discharge processes for vulnerable populations, for example, people suffering from mental health and addictions, the elderly, youth and persons with disabilities; and
- the lack of commitment to make prevention and health a priority.

Suggestions on how to address these challenges include:

- take the programs and services to the people who need it most;
- make innovative use of health professionals and health facilities;
- promote and leverage partnerships;
- work across departments, sectors and disciplines;
- build awareness and educate the public about priority populations;
- identify population health interventions that improve the health and well-being of F&SA's priority populations;
- ensure that health professionals and NB's citizens are knowledgeable about First Nations history and how the Indian Act impacts everyday life;
- achieve a better balance between funding for acute care and population health – one that will enable the whole-of-society to take action on the determinants of health;
- encourage the development of a provincial disability strategy;
- distribute more widely information about the provincial mental health action plan; and
- apply the population health strategies used to increase seatbelt use and tobacco control to healthy eating and active living.

## Strengths and limitations of the primary health care services delivery network

The F&SA community was very clear, the time is ripe for the innovative use of health professionals and health facilities to serve those populations in the community with the greatest need and invest in prevention and health. The evidence for doing so is compelling. Ontario's Ministry of Health and Long Term-Care has identified that 1% of Ontario's population accounts for 49% of Ontario's total Hospital and Home Care costs and that the first 5% account for 84% of costs.<sup>12</sup> Research suggests that community-based, multi-disciplinary community health centres working in collaboration with their community-based partners, are best equipped to meet the primary health care needs of that 1% - 5%.<sup>13</sup> To be clear, community-based, multi-disciplinary community health centres are not a cost cutting measure. Rather these CHCs are the best available strategy for meeting the complex health and well-being needs of a small percentage of the overall population while at the same time investing in a population health approach to prevention and health.

## Recommendations

Horizon Health Network will take the lead on addressing these overarching recommendations, but to be successful it needs the support of other government departments, community-based agencies and the business community. In keeping with the Watson-Creed model of healthcare for the future, the recommendations shift away from a focus on illness and the individual and towards a more equitable, whole-of-society response supporting community-based prevention and health where, as the World Health Organization says, "*people learn, work, play and love.*"<sup>14</sup>

The 10 recommendations are as follows.

1. Centre primary health care on prevention and health.
2. Establish a CHC in downtown Fredericton.
3. Take health services out into the communities across F&SA to the people who need them the most -- the 1% - 5%

responsible for 49% and 84% of our respective combined hospital and home care costs.<sup>15</sup>

4. Improve access to information on available community-based and systems-based health and well-being services and programs.
5. Leverage Under One Sky Head Start into an urban (off-reserve) Aboriginal Family Resource Centre.
6. Campaign for a more systematic approach to healthy eating and active living in F&SA -- With **overweight/obese rates for children ages 12 – 17 topping 18.6% and overweight/obese rates for adults ages 18 and over at 60.6%** we need to follow in the foot steps of North Karelia, Finland.<sup>16</sup>
7. Provide access to a full spectrum of health services in both official languages.
8. Update the public and health professionals on recent changes to how mental health and addictions services are being delivered; and engage the public around mental resiliency.
9. Identify and collect local data that illuminate disparities.
10. Better connect tertiary and community-based care to facilitate hospital admissions and discharges.

## Conclusion

The F&SA needs assessment has accomplished what it set out to do. The strengths and limitations of the primary health care services delivery network have been assessed. A diverse number of individuals and community-based groups have had the opportunity to dialogue on health and wellness issues and provide feedback on existing health and wellness services in the communities. Most importantly, the needs assessment has engaged community representatives in articulating a health and wellness vision, which will inform the health and well-being priorities for Horizon Health Network, municipalities and the provincial government. Horizon Health Network, the Department of Health and other government departments can take action on the determinants of health. But true success resides in a whole-of-society response wherein we invest in health, equity, well-being and quality of life – and not disease.