

In Your COMMUNITY

June 2016 | Issue 1

Community Health Needs Assessments in Action

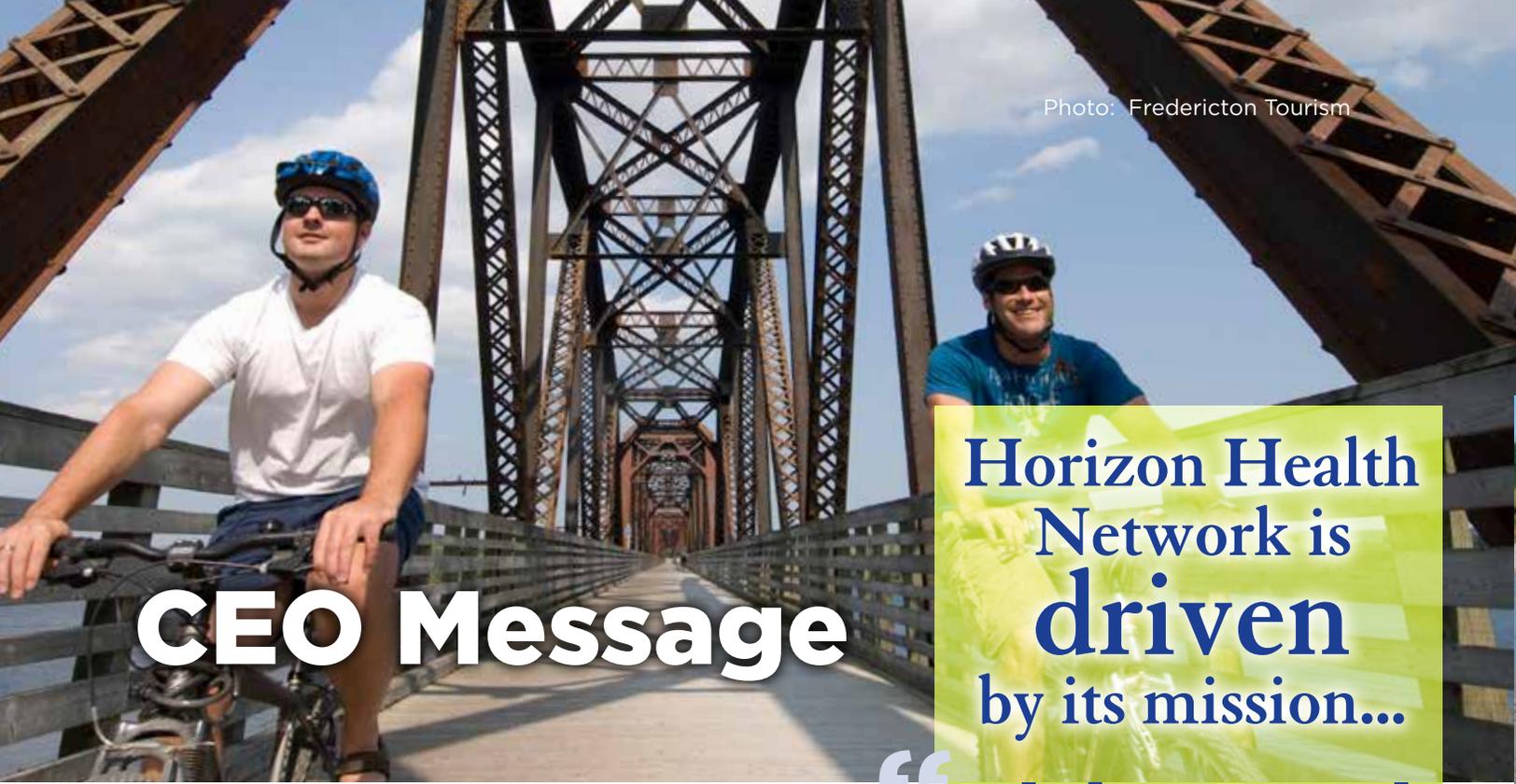


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CEO Message

Horizon Health Network is driven by its mission...

“Helping People Be Healthy,”



Simply by picking up this publication you have expressed an interest in the health of your community. It looks like we have something in common.

What you are reading today is not just another report. This is the fruit of our labour. In the following pages you will learn about the challenges and the successes that our communities face while working to improve the health of the people who live there.

You will be inspired by the work being done in the Fredericton Area, Oromocto Area and in Petitcodiac, Salisbury, Elgin and Havelock, following the completion of their Community Health Needs Assessment (CHNA). CHNAs are conducted to help identify the unique strengths and needs in a community, and provide recommendations to improve the health and wellness of its population.

We will share some achievements from these three communities to demonstrate to you how their hard work pays off for all of us. We want to get communities talking about this work, to understand that these CHNA reports have not been shelved. To the contrary, they have been acted upon with passion at a community level. Our next publication will focus on successes from other areas, because there are more.

To improve overall health, communities are taking action to address the many factors that influence it, including: health behaviours, social and economic factors, the physical environment and health services.

So let us share more about how our communities are taking the lead to improve the lives of their residents. I can tell you the progress is encouraging.

Good health lies at the heart of our daily quality of life. It is what all New Brunswickers want for themselves and those they love. Helping New Brunswickers be as healthy as they can be is the shared purpose that motivates all those who work at Horizon on a daily basis. To achieve the best results, Horizon puts patients and clients at the centre of the health delivery system with a vision of delivering

“Exceptional care. Every person. Every day.”

Each New Brunswick community served by Horizon is unique. Working with key community partners, clinicians and other stakeholders, progress has been made to identify and address their specific needs. This is an intentional effort initiated by Horizon to significantly improve community-based primary care, and support expensive tertiary services required by an aging population.

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The following CHNA Summary documents were used as resources for this publication:

- Oromocto And Surrounding Area Health And Well-Being Needs Assessment, 2011
- Fredericton & Surrounding Area Community Health and Well-Being Needs Assessment, 2012
- Community Health Needs Assessment: Petitcodiac, Salisbury and Surrounding Area, 2014



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Vice President Community for Horizon Health Network



www.HorizonNB.ca



Health care today

A well-designed health system should feature both strong centres of hospital-based care and appropriate community-based care “close to home” for New Brunswick residents. It’s a system that would ensure every New Brunswicker has access to the services they need to be as healthy as they can be.

With our province’s aging population, southern migration, and shift from rural to urban living, health care as we know it is changing. Government and non-government organizations and communities alike are looking for ways to deliver care in a way that does a better job of meeting the

unique needs of the people in each community.

The good news is that work is underway. Horizon Health Network (Horizon) is working in partnership with communities to provide better preventive, primary, long-term and palliative care to everyone that lives there.

Community Health Needs Assessments

Since 2012, Horizon has been working with communities to gain a better understanding of their health care needs using Community Health Needs Assessments (CHNA). A CHNA is a dynamic and ongoing process that identifies the unique strengths and needs of a community. This information provides both Horizon and the communities with a roadmap to achieving a common goal: **to improve the overall health of New Brunswick communities.**

Have you ever considered how housing or access to transportation might affect the health of an individual? You may not know it, but measuring community health goes far beyond studying rates of disease and the availability of health care services. Health services account for only 10% of what influences our health (see pie chart), which is why Horizon is working with individuals and agencies at a community level to

address the other 90%. The CHNA process provides an opportunity to get everyone around the table to look at all areas that are known to impact our health - health determinants (Table 1).

CHNAs help identify priority areas in the community that need attention and support the development of action plans to address them. This work influences programming that better serves the population and often supports the efforts of primary health care providers like family physicians, nurse practitioners and pharmacists.

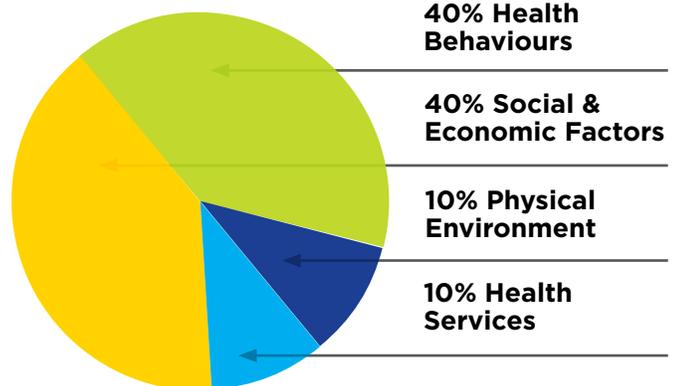
Nobody knows a community better than the people that live there. This work to address priority areas is being driven by a local committee that is passionate about the well-being of the community. With support from Horizon and other stakeholders, they are advocating for your health.

Table 1: Determinants of Health as categorized by the Public Health Agency of Canada

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



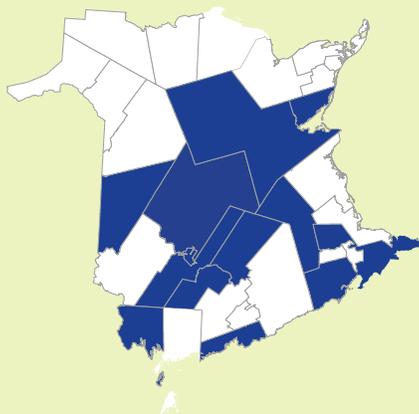
What influences our health?



What is primary health care?

Primary health care refers to an approach to health and a spectrum of services beyond the traditional health care system. It includes all services that play a part in health, such as income, housing, education, and environment. Primary care refers to health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury. (Health Canada)

13 Community Health Needs Assessments completed to date



The province is divided into 33 unique communities to ensure a better perspective of regional and local differences.

Community Health Needs Assessments have been completed in 13 of them.

- Oromocto and Area
- Fredericton and Surrounding Area
- St. Stephen, St. Andrews and Surrounding Area
- Petitcodiac, Salisbury and Surrounding Area
- Saint John
- Moncton and Surrounding Area
- Grand Lake Area
- Neguac Area
- Miramichi Area
- Tantramar Area
- Central NB
- Albert County
- Carleton County



Mental Health



Primary Health Care



Home Care



Transportation

Common Themes Emerging



Recreation



Access to Information, Awareness



Acute Care



Intersectoral/Community Partnership



Obesity, Food Insecurity



Housing



Poverty



Substance Abuse



Supporting Families



First Nations



Language Issues

In your community

Knowing what is happening in your community is important. Horizon has collaborated with three communities that have completed CHNAs to let you know what they are doing to build a healthier community. In the pages that follow, we will dig deeper into the specific priorities, challenges, and successes in the Fredericton Area, Oromocto Area and in Petitcodiac, Salisbury, Elgin and Havelock.

Stay tuned for our next issue which will feature news from other Horizon communities.

About Fredericton and Surrounding Area



Photo: Fredericton Tourism

The Fredericton and Surrounding Area (F&SA) has been recognized as resourceful in the way it has successfully established many ways to deliver care. A diverse collection of community agencies and organizations as well as the business sector is delivering a substantial amount of primary health care beyond the traditional health care delivery system. This includes providing housing and food to those in need and promoting health to the priority populations in supportive and trusting environments, not just treating disease.

The Community Health Needs Assessment (CHNA) for the F&SA began in 2012 with the assembly of the F&SA Health Care Advisory Committee. The population covered in this assessment included the city of Fredericton, two First Nations communities, one village, and a number of suburbs and small rural communities.

Through this process, 10 formal recommendations were brought forward to inform the work

of Horizon Health Network, municipalities and the provincial government. They were prioritized by the original advisory committee, which has since disbanded, and assigned to four working groups: Primary Health Care Improvement, Improve Access to Information, Healthy Eating and Physical Activity Advocacy, and Mental Health and Addictions.

Today, the priorities outlined in the CHNA continue to guide community-based efforts to improve the overall health of the population in the F&SA.

What was learned through the Community Health Needs Assessment?

The priority populations for this area include: homeless, vulnerably housed and working poor, First Nations peoples, newcomers (immigrants and refugees), persons with disabilities, rural-urban populations, seniors, and children and youth.



Photo: Fredericton Tourism

Key Stakeholders

Advisory Committee

- Horizon Health Network
- Fredericton Chamber of Commerce
- St. Mary's First Nation
- Le Centre communautaire Sainte-Anne
- District scolaire francophone Sud
- Third Age Centre
- United Way
- Fredericton Police
- Multicultural Association of Fredericton
- Anglophone West School District (18 & 1)
- City of Fredericton
- University of New Brunswick
- Government of New Brunswick
- Village of New Maryland

There are 10 priority areas to work on:

1. Centre primary health care on prevention and health.
2. Establish a Community Health Centre (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% to 5% responsible for 49% and 84% of our respective combined hospital and homecare costs.
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.
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.

How are we doing?

Since completing the CHNA for the F&SA, multiple committees have formed to address the recommendations. Being a strong priority for the community, much of the focus to date has been on getting the Fredericton Downtown Community Health Centre (FDCHC) up and running.

The FDCHC opened in 2014 to support some of the area's most vulnerable populations – see page 8.

There is a small percentage of the overall population with complex health and well-being needs; this is also true for the F&SA. CHCs have been identified as the best strategy to meet those needs and also represent an investment in the population health approach

to prevention and health. The population health approach uses health determinants (see page 4) to identify and resolve inequities and gaps in care so that everyone in the community has appropriate access to the service they need.

As a priority population, First Nations Communities in this area also require access to community-based care. With the support of the Urban Aboriginal Knowledge Network (UAKN) and some government and Non-Government Organization partners, Under One Sky is now designated as a “Native Friendship Center”. Once fully funded, Under One Sky plans to integrate wellness programming, government services, and addiction and mental health services into its service delivery model.

Where do we go from here?

Now that the community health centre is fully operational in downtown Fredericton, the focus must shift to other priority areas of the CHNA. The unique collaboration required to get the FDCHC off the ground is deserving of applause and serves as great momentum to address other recommendations. It is a testament to how the health of a community can benefit from innovative thinking.

Read on to learn more about how the FDCHC has made a difference in the way some of our most vulnerable populations access primary care.



Photo: Fredericton Tourism



Partnerships pay off for Community Health Centre, vulnerable population in downtown Fredericton

The Fredericton Downtown Community Health Centre (FDCHC) connects people with the resources they need. Some of the city's most vulnerable populations benefit most from the services offered at this primary health care facility and its partnerships with other community organizations.

Together at FDCHC, Horizon Health Network (Horizon) and the University of New Brunswick's faculty of nursing have a unique partnership that provides primary health care services, opportunities for nursing students to gain experiential learning, and ways to advance research and innovations in community-based health care – all under one roof.

Joan Kingston and Graeme Smith are co-nurse managers of the centre. Kingston believes the harm-reduction approach they take to patient and family-centred care provides patients with the independence and self-determination they need to make better choices in life.

“Benefiting from that care and commitment are the homeless and those at risk of becoming homeless,” she said. “We’re also helping at-risk youth; seniors living in subsidized housing downtown; Syrian and other refugees; poor or marginalized people with mental health issues and other co-morbidities; and those without a family doctor or nurse practitioner.”

The results are encouraging. In a recent patient experience survey, 96 per cent of respondents rated FDCHC services as being good or great.

One patient, whose name is Fred, emerged from the hospital after a stroke and went home to his rooming house. With no health card, no physician and no job, Fred was able to benefit from the services of FDCHC. During a home visit by two nurses, he cried when they asked him how they could help. He has since signed on with a nurse practitioner and a social worker, and receives the medication he needs. Getting on with his life, Fred has established friendships and made use of the centre's Community Access Room. He is now fulfilled, has started a small part-time business enterprise, and has not been readmitted to hospital.

The staff at FDCHC – available to provide services like those Fred benefited from – currently includes a physician, two nurse practitioners, four registered nurses, two licensed practical nurses and a social worker in addition to foot care, massage therapy and administrative support. In the larger facility that will open in December 2016, managers will have the resources to expand primary care services and cover fields such as respiratory therapy, occupational therapy, nutrition and psychology.

Horizon Health Network conducted a Community Health Needs Assessment for the Fredericton and Surrounding Area in 2012. The following article highlights key outcomes of that assessment.



Primary Health Care

“We’ve built up expertise around health assessments and our ability to work with partners in the community to fulfil client needs,” said Kingston. “We couldn’t do the work we do with refugees, for example, without help from the Multicultural Association of Fredericton (MCAF).”

FDCHC helps to identify the unmet health needs of clients referred to the centre by MCAF while MCAF provides interpreters, helps families find housing, gets children set up in schools, and introduces clients to volunteers for Fredericton Friends for Refugees.

Lisa Bamford De Gante, MCAF executive director, says her association has partnered with FDCHC since it opened. “FDCHC strives to offer culturally sensitive and inclusive health care services





to new immigrants and refugees in Fredericton,” she said. “As soon as (they) arrive, they are able to receive comprehensive health assessments and supports to navigate a complex health care system. The FDCHC has greatly contributed to the enhanced health and well-being of newcomers to our community.”

Smith says when working with vulnerable populations it is vital to be as accessible as possible and to have a warm, welcoming environment. FDCHC provides that.

“We’re a short walk, drive or bus ride for most downtown Fredericton residents and, from another accessibility perspective,

we make appointments available for priority cases and connect people to our Community Access Room, which is a laundry and showering facility for the vulnerably housed or homeless population and a place where you can have a cup of coffee and learn about helpful community resources,” he said.

Smith noted that Horizon and the UNB faculty of nursing both benefit from the student learning, teaching, and research capacity that is provided with a vibrant learning lab such as FDCHC. When the new, larger facility opens its doors in December, the centre will be able to grow substantially, expand its outreach and offer more services to ensure better health outcomes for patients, he said.

For more information or to contact the Fredericton Downtown Community Health Centre call 506-452-5900.



A Bit of History

When Horizon Health Network (Horizon) initiated a community health and well-being needs assessment for Fredericton and its surrounding area in 2012, it was determined that the Fredericton core had a high concentration of newcomers, elderly people living alone, and single families with children living below the low income cut-off point. The core also has higher housing costs and lower access to physicians, perhaps contributing to the high traffic at walk-in and after-hours clinics.

The Fredericton Downtown Community Health Centre (FDCHC) is building on a relationship that was formalized in 2012 when Horizon and the existing UNB Community Health Clinic formed a unique partnership to create the Fredericton Downtown Community Health Centre.

FDCHC is currently located in the government’s Centennial Building and the Government of New Brunswick recently announced it will invest \$4.8 million for the purchase and refurbishment of a property located at 339 King Street in the heart of the city’s downtown core. That building will be the new home of the centre and its doors are expected to open in December 2016.

Key Partners

In addition to Horizon Health Network, the UNB faculty of nursing and the Government of New Brunswick, other key partners in FDCHC’s delivery of service include: the homeless shelters, community kitchens, mental health services, the Capital Region Mental Health and Addictions Association, AIDS New Brunswick, the Multicultural Association of Fredericton and the John Howard Society. Important work is also being done by Fredericton’s faith communities and the Community Action Group on Homelessness.



About Oromocto and Surrounding Area

Key Stakeholders

Advisory Committee

- Horizon Health Network
- Government of New Brunswick
- Wel-A-Mook-Took Health Centre
- Oromocto First Nation
- Seniors Representative for Oromocto
- Canadian Forces Base Gagetown
- Military Family Resource Centre
- Gagetown & Area Health Services Association Inc.
- Town of Oromocto
- School District 17
- Oromocto RCMP, District 2

Photo: Jason Belliveau



The Health Care Advisory Committee for the Oromocto and Surrounding Area (O&SA) knew early on that it would need to reach into a largely untapped resource pool to implement the Community Health Needs Assessment (CHNA) for the area. Fortunately, these resources were diverse and brought a wealth of skills, experience and leadership to the table.

The CHNA for O&SA began in 2009 and included the town of Oromocto, Oromocto First Nation (OFN), Canadian Forces Base (CFB) Gagetown, Gagetown & Area Health Services Association Inc. and a number of small rural villages and crossroads.

At the time, the population health of the O&SA had a more positive outlook than both its neighbouring communities and the rest of the province. Yet, a total of 61 recommendations still emerged from the CHNA process. The recommendations were grouped into 10 priority areas for action by the Advisory Committee. They meet twice a year to discuss their progress,

address challenges, and to identify new opportunities for the area.

The Advisory Committee is a collection of health care professionals, service providers, community members and individuals. A series of working groups has since formed including: transportation; mental health and addictions; primary care access; healthy lifestyles – wellness network for the O&SA; and intersectoral collaboration.

The community-based efforts of the Advisory Committee and the working groups in the O&SA are ongoing and the work they do plays a major part in improving the overall health of everyone who lives in the area.

What was learned through the Community Health Needs Assessment?

The priority populations for this area include: Youth, rural communities, First Nations, orphan patients, transient military families, and those requiring mental health services.



There are 10 priority areas to work on:

1. Access to public transportation
2. Increased access to services for mental health and addiction
3. Primary care and prevention to be delivered in the communities
4. Ready access to recreational facilities accommodating all ages
5. Dramatic change in culture around obesity
6. Empowering governance structures and community infrastructure
7. Appropriate and enabling housing
8. Sustainable income, inclusion and health equity
9. Intersectoral collaboration
10. Volunteers

How are we doing?

The effort of the Advisory Committee and its working groups to make a difference is visible in the community. A series of projects is underway or already in action that address the priority areas identified in the CHNA.

The Centers for Disease Control and Prevention (CDC) states that “Working at the community level to promote healthy living and prevent chronic disease brings the greatest health benefits to the greatest number of people in need. It also helps to reduce health gaps caused by differences in race and ethnicity, location, social status, income, and other factors that can affect health.”

The need for primary care and prevention to be delivered in the community had a lot to do with the rural population and the large number of military families arriving in the area. The O&SA now has access to a team of primary care providers working out of the Oromocto Health Clinic including a

physician, two nurse practitioners, a licensed practical nurse, a dietitian, and a social worker.

The health care services being delivered at the Oromocto Health Clinic are not limited to the four walls that house it. In fact, this model of care supports outreach to the surrounding areas since transportation is often a challenge in rural communities.

General counselling and mental health and addictions services are being offered to youth right in their school. Read more on page 12.

A support system is also in place to help clients challenged by obesity or who are seeking the tools to lead a healthier lifestyle. The community is promoting healthy and active lifestyles for everyone who lives there. After all, a combination of recreational activity and healthy eating habits can substantially benefit the mental and physical health of an individual.

Residents of all ages can learn more about how to access, cook and prepare fresh, healthy, and affordable food right in the Oromocto and Surrounding Area. Learn more on page 13.

In addition to service providers, a strong network of volunteers is working hard to improve the overall health of everyone in the community. There really can never be too many hands on deck, which is why it is important to always encourage people to get involved.

The Volunteer Oromocto page was set up to make it easier for people to find volunteering opportunities in the community and to benefit from the experience of doing so.

Visit www.oromocto.ca/volunteer-opportunities to get involved in your community.

Where do we go from here?

While the town of Oromocto has capacity to improve in many of the priority areas identified in the CHNA, there are many barriers remaining for the more rural communities. Fortunately, Oromocto’s growth can be used to benefit other areas and ease some of their challenges. For example, outreach services improve access in those rural areas and address the lack of public transportation across communities.

The Advisory Committee continues to work to ensure that sustainable income, inclusion and health equity can also be experienced by those living outside the town of Oromocto. Focusing on improving cross-community involvement can increase participation in recreational activities that are good for both physical and mental well-being.

To keep the momentum going at a community level, service providers, volunteers, and everyone who lives in the O&SA must continue working together to build a stronger, healthier place to live.



Social worker takes community-wide approach to helping those in need

The role a social worker plays behind the scenes in communities should never be underestimated.

Rhonda Berry-Cleghorn has been working as a community social worker at the Oromocto Community Health Clinic since October 2015. The position encompasses both social work and community development but Berry-Cleghorn says needs are currently higher for clinical work involving mental health and counselling.

Working with youth, adults and the senior population including civilian and military families, she covers a lot of territory. She receives referrals from the Oromocto First Nation and rural communities outside of Oromocto, including Burton, Gagetown, Geary, Tracey, Fredericton Junction, Rusagonis, Waasis, Lincoln, Sheffield and Maugerville.

“We also partner with the Military Family Resource Centre (MFRC) and take referrals from there, when appropriate,” Berry-Cleghorn said.

Referrals in the youth sector are mostly at the middle school and high school level. She works with middle school-aged youth at the clinic and with high school-level students at Oromocto High School.

“This started out as one day per week, but based on need, I am now at OHS two days a week.”

Many of the teenage students that Berry-Cleghorn treats at OHS are dealing with symptoms related to anxiety, depression, low self-esteem, anger management, family dynamics, peer relations and grief. Crisis intervention is provided for situations involving food security, shelter and mental health.

Berry-Cleghorn works with an interdisciplinary team at the clinic, including nurse practitioners and a dietitian. “We provide and build services for the patients often linking (the services) to one another to meet their individual needs,” she said.

She highlights one example, involving a patient referred to her by the MFRC, which demonstrates the concept of collaborative care.

“I saw the patient for counselling, and through the assessment, learned that the individual was registered with Patient Connect NB, did not yet have a health care provider, and was experiencing serious health care deficits,” Berry-Cleghorn explained. “I contacted our nurse practitioner, who agreed to pick up the file; a referral was made to the dietitian, and the individual’s health care needs have been met from many perspectives.”

Each Wednesday, Berry-Cleghorn visits the Sunbury West School in Fredericton Junction to facilitate the Roots of Empathy program with a Grade 4 class. Roots of Empathy

Horizon Health Network conducted a Community Health Needs Assessment for Oromocto and Surrounding Area in 2009. The following article highlights key outcomes of that assessment.



Mental Health



Primary Health Care

is an award-winning, evidence-based classroom program that has shown dramatic effect in reducing levels of aggression and violence among school children while raising social/emotional competence and increasing empathy.

Cindy Farrell, that classroom’s teacher, has high marks for the program and Berry-Cleghorn’s delivery.

“Rhonda handled the topics with such great care and respect,” Farrell said. “I am confident the information will have an impact on my students that we may not see firsthand in the years to come, but one that I am sure will benefit their own future children and their safety. I see the benefits of this program more and more with each visit and especially when students put into practice what they have learned.”

Being able to provide support to youth in the community is a privilege Berry-Cleghorn does not take for granted, she said. “Seeing young people realize that they have the potential to overcome obstacles in their life and learn to shine, from within themselves, and rise above life’s challenges, is the greatest gift this job has to offer.”

For more information about services offered at the Oromocto Community Health Clinic, call 506-357-4922.



Changes occurring in culture surrounding obesity

When Oromocto-based dietitian Renée Cool prepares delectable snacks such as strawberry apple salsa, apple and cheese quesadillas, and energy balls, it's no wonder children from local schools and the Oromocto First Nation are eager to try the recipes at home.

Cool is a registered dietitian with the Oromocto Community Health Clinic whose outreach activities are making a difference in how young people and adults view food, nutrition and lifestyle choices.

“In order to improve the rates of obesity, we need to engage the community and have a ‘cultural shift’ in which people choose healthy food most of the time,” Cool said.

“Obesity needs to be approached at many levels, including food security, healthy eating, basic cooking skills, physical education, mental fitness, and much more. We also have to look at the environment in which people live, work and play.”

Cool works in a team environment that includes two nurse practitioners, a social worker, and a licensed practical nurse. She counsels patients from the clinic, referred by the nurse practitioners, in addition to self-referrals from the community.

Witnessing a dramatic change in the culture surrounding obesity, Cool has partnered with many organizations including the Oromocto Food Bank, the Town of Oromocto, the Military Family Resource Centre, the Sunbury South Wellness Network and the Healthy Learners in School program.

“We are cooking with students at Ridgeview Middle School and École Arc-en-ciel, and hold evening cooking classes for parents at Lincoln Elementary School.”

Cool teaches a weekly cooking class for First Nations children as part of an after school program supported by the Diabetes Innovation Fund. Helping to establish healthy eating habits, she says the students have been able to experience healthy food choices and have tried and accepted different foods. She also holds cooking and healthy eating sessions for adults, opening a few more doors with the First Nation community, she says.

“I try to take the primary prevention approach to health care while still offering individual counselling care.”

Cool is involved with other initiatives that help to develop healthy lifestyles in Oromocto and beyond. These include: Chefs! which is offered in schools; the Community Food Mentor Program; and Community Gardens.

The Chefs! Program introduces children and youth to healthy eating, cooking skills and physical

Horizon Health Network conducted a Community Health Needs Assessment for Oromocto and Surrounding Area in 2009. The following article highlights key outcomes of that assessment.



**Obesity,
Food Insecurity**

Food security has been defined as having access to sufficient, safe, nutritious food to maintain a healthy and active life.

fun through interactive, thought-provoking activities involving food preparation. The program targets children from 8 to 12 years of age and attracts volunteer participants older than 12 who become facilitator assistants.

Community Food Mentors are certified individuals who share their expertise in nutrition and build partnerships and a community's capacity to increase food security. The shared learning experience fosters the exchange of important information about healthy dietary practices and local food sourcing.

Through the Oromocto and Area Community Gardens, Cool supports efforts to grow vegetables in a small plot. “Last year, we donated the produce to the food bank but we hope to grow vegetables in small amounts this year, and have them available to patients,” she said.

During Nutrition Month (March), Cool held weekly lunch and learn sessions for staff at the Oromocto Public Hospital, and the feedback was positive.

“I found (the sessions) to be extremely informative and useful,” said one participant. “Thank you for offering this. It was much appreciated.”

For more information about services offered at the Oromocto Community Health Clinic, call 506-357-4922.





About Petitcodiac, Salisbury, Elgin and Havelock



The enthusiastic and energetic community members that form the Petitcodiac, Salisbury, Elgin and Havelock Community Advisory Committee (CAC) are leading efforts to improve the health of everyone in those communities. They meet regularly to monitor progress in priority areas that were

identified in the Community Health Needs Assessment (CHNA) for the area, to find new developments or projects, and to address any challenges they are faced with.

The CHNA for this rural area began in 2013 and includes the communities of Petitcodiac, Salisbury, Elgin, Havelock and all areas in between. This marked the assembly of the CHNA steering

committee, the same group that now forms the active CAC for the area.

There are numerous ways residents in these areas can access community-level, primary health care. They include family physicians, health centres, and local pharmacies and also include schools, churches, service clubs and any other group or organization that impacts the determinants of health.

All members of the CAC are involved in monitoring or leading activities at a community level that address the priority areas identified in the CHNA. In addition, two working groups have been established: Nutrition & Food Security and Active Community. The chairs of these groups participate in the CAC meetings to report on their goals, including both progress made in achieving them and solutions to challenges.

What was learned through the Community Health Needs Assessment?

The priority populations for this area include: children, youth and residents over age 55.



Key Stakeholders Advisory Committee

- Rural Rides/ Salisbury Lions
- Wellness NB
- Public Health
- Village of Salisbury
- Canadian Mental Health Association
- Jordan Lifecare
- Horizon Health Network
- Havelock
- SPOT (food bank, Petitcodiac)
- Ambulance NB
- Jean Coutu Petitcodiac
- Village of Petitcodiac
- Salisbury Guardian
- Mental Health & Addictions
- Social Development
- Department of Health
- Community Schools Coordinator Anglophone East
- Petitcodiac Health Centre
- Elgin

There are six priority areas to work on:

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

How are we doing?

The CHNA covered several neighbouring rural communities with similar priorities. While each is unique, there are recognized benefits to being connected. Petitcodiac, Salisbury, Elgin and Havelock have been working together to offer a larger roster of

programs and activities and more opportunities for social gatherings.

A central list of programs and activities for all ages is available at local events or at your local Parks and Leisure Department.

Being connected also requires access. In rural communities, affordable public transportation like taxis and buses is often limited or not available at all. Fortunately, this has not gone unnoticed. See page 17 to find out more about how Rural Rides, a dial-a-ride service, is helping people participate fully in your community.

Increasing community participation and engagement can contribute to improved mental, physical and social well-being.

Farming is a way of life in these communities. In addition to providing local fresh produce, local Farmer's Markets are a great place to socialize. Making healthy food available in the community supports both the local economy and the growing need to address nutrition and food security. You can read more about some of these initiatives on page 16.

In your community there are opportunities to learn how to grow, prepare, serve and store healthy food.

Health care providers need to understand the people they serve in

order to diagnose and treat them as well as offer appropriate, preventive health care. Understanding the services available in a community helps those looking for and those delivering them to navigate the regulatory maze often encountered in seeking services.

Going out to meet some of the people providing other services in the community helped a group of health care providers learn more about those services so they could better support their clients.

Where do we go from here?

Making fundamental changes to the way primary health care is delivered is a big job. While the successes are impressive, there remain challenges such as limited funding, communication barriers across communities, and logistical issues. With collaborative teamwork, however, opportunities emerge.

Watch for the Petitcodiac Farmer's Market outside in a new location in 2016!

Each priority area tackled by the CAC for Petitcodiac, Salisbury, Elgin and Havelock contributes to improving the overall health of the people who live there.

To learn more about the work being conducted by CAC for this area, please contact:

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506-756-3415

Jennifer.taylor@horizonnb.ca

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506-756-2518

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Read on to find out more about people truly making a difference in your community.



Food-related projects adding value to communities in southeastern NB

A nutrition and food security working group in southeastern New Brunswick wants to ensure that communities get back to basics when approaching their health and dietary needs.

Organic farmer Susan Linkletter is chair of the group and takes great pride in the work they have done to add value to their communities. Members of her team include farmers, food bank representatives, a dietitian, municipal representatives, and members of the non-profit sector working on similar issues.

“We are one cog in a wheel of a broader Community Advisory Committee that looks at issues affecting the health of residents, including mental health, addictions, transportation, and recreational activities,” she said. “We have examined food security issues in our communities and formulated an action plan on how to fix them. We are educating people about the importance of nutrition and how much lifestyle affects their health.”

Projects up to now have included starting a farmers’ market in Petitcodiac, participating in local wellness expositions and expanding the Headstart Fresh for Less food box program to the village of Salisbury. Fresh for Less clients, including low-income families, seniors or students, pay \$15 a month (\$12 for seniors) for a box of fruits and vegetables bought at wholesale prices. Linkletter and her group also submit monthly nutrition articles to a local newsletter.



A new project for the group is the establishment of a food preservation co-op that will support local farmers, food bank patrons and the community. The operation will involve canning, dehydrating, fermenting, freezing and freeze-drying all kinds of produce that is produced locally in excess.

“The project will increase the amount of local food that we are producing and get it into the hands of local people,” Linkletter said. “It will encourage our residents to eat more nutritious items.”

As a certified organic farmer and vice-president of the Organic Crop Improvement Association (OCIA) — which certifies farms in seven countries around the world — Linkletter says she can appreciate how hard it is, with food being out of season in local markets, to get food to local consumers. “In a province where 87 per cent of our food is imported, having more of it produced locally will increase our food security.”

The most rewarding part of Linkletter’s work, she says, is being able to work together with other people around the committee table who have different perspectives on the same issue. “I was already doing the work, furthering my own interests, but now, working as part of a dedicated team, I’m helping to further the interests of the community in food security, as well,” she said.

The working group has its collective eye on starting community kitchens. The activity would allow people to

Horizon Health Network conducted a Community Health Needs Assessment for Petitcodiac, Salisbury and Surrounding Area in 2013. The following article highlights key outcomes of that assessment.



**Obesity,
Food Insecurity**

Food security has been defined as having access to sufficient, safe, nutritious food to maintain a healthy and active life.

work together on a regular basis to prepare nutritious meals for their families. The group’s goal is to ensure people eat better and make food preparation more fun by turning the work into a social event. Pooling resources to purchase nutritious ingredients would also keep costs lower, Linkletter said.

The group is also hoping to make fresh produce more widely available by taking farmers’ markets on the road. “By using mobile wagons, which can be moved around from community to community in our region, we would better serve local residents and local farmers.”

Why are more people not growing at least some of their own food? The nutrition and food security working group is investigating this issue with assistance from food banks who are surveying patrons.

“When we can pinpoint the barriers to individual food production, we hope to sit down as a group and develop strategies or programs that are designed to get more food grown locally by anybody who has a suitable piece of land to grow food on,” Linkletter said.

To learn more about these ongoing initiatives, contact Susan Linkletter at 506-372-1085. For more information on the Fresh for Less food box program in Salisbury, call the Salisbury Baptist Church at 506-372-5179.

Rural Rides: A success story for residents without other options

For well over a year, Rural Rides has been providing affordable, accessible transportation to residents of the Upper Petitcodiac River Valley region who need some help getting around.

The concept started with the meeting of a small group of individuals who felt a service was needed because no public means of transit, such as buses or local taxis, exists in the area.

“Residents without access to cars are left isolated,” said Ross Alexander, president of Rural Rides.

“There are community-minded people willing to help friends, relatives and neighbours but that is not always feasible or convenient. I feel we are now at a point where we can claim success but there is much more to come.”

Early supporters of the initiative, including Alexander, were involved in making the decision to offer a dial-a-ride program similar to those that exist in other areas. They took steps to create a non-profit, volunteer-driven enterprise providing affordable transportation to people in need. Rural Rides incorporated in January 2014 and became operational in October of that year, thanks to a partnership with the Westmorland Albert Community Inclusion Network and a start-up grant from the Economic and Social Inclusion Corporation.

“We are providing a service that is dependable, courteous, safe and efficient,” Alexander said. “Our service is respectful to all concerned and inclusive. We are also trying to meet the needs of people who

are most challenged by poverty, including seniors, people with low incomes, and the personally challenged.”

Rural Rides serves close to 50 clients, and the operation has the potential to assist many more who need transportation for various reasons, including medical treatment, job training, shopping, visits to grocery stores or food banks, and social/recreational outings.

During the last fiscal year, the service provided over 250 round trips or a larger number than that if trips with more than one client in the vehicle were accounted for, Alexander said. The service covers the communities of Salisbury, Petitcodiac, Elgin, Havelock and all surrounding areas. Most rides are local or to Moncton although drivers have taken clients as far away as Saint John for appointments.

Chris Moir, 34, is a single father of three living in Petitcodiac who lost 90 per cent of his vision two years ago. “I had to give up my driver’s licence,” he said.

“I have used Rural Rides a number of times to get to doctor’s appointments and grocery stores, and to take care of other odds and ends you need to get done in the city. It gives me the feeling of independence, and that is something everyone should have. I hope your service continues because it is making my life a little easier.”

Alexander says Rural Rides is designed to help people who can’t manage and the service is affordable.

Drivers are all volunteers who require their own vehicles and must

Horizon Health Network conducted a Community Health Needs Assessment for Petitcodiac, Salisbury and Surrounding Area in 2013. The following article highlights key outcomes of that assessment.



Transportation

be at least 21 years of age. They are reimbursed for their mileage but they donate their time and often give those funds back to the Rural Rides organization, Alexander noted. Drivers must have received clearance from the RCMP following criminal background checks and must sign confidentiality agreements.

While Rural Rides is an independent group, Kelly Taylor, the manager/administrator, said their objective is to help standardize the dial-a-ride process across New Brunswick.

“That would involve a standard for screening drivers, determining a client’s need and setting fares,” she said. “Standardization would help clear a path toward program access. It’s also our goal to get more corporate, private and government sponsorship in order to subsidize more rides for those who can’t afford them.”

Rural Rides is eager to have more volunteer drivers and clients. They are working with adjacent groups in Moncton as well as Tele-Drive Albert County to provide an even greater service. Their collective vision is to ensure that no person in Westmorland Albert is without access to affordable transportation.

Becoming a rider is an easy process. Registration involves a one-time fee of \$10 and a local, return trip starts at \$10. Visit www.RuralRidesNB.com for more information or call 506-215-2100 to book a ride.

Message from Jean Daigle



What we have reported back to you is only a snapshot of the considerable amount of effort that has gone into preparing and implementing the Community Health Needs Assessments (CHNA). We have looked at some of the benefits as well as the challenges of investing in community-based care and highlighted some impressive achievements.

Each community we visit is unique, however as you have seen in the Fredericton Area, Oromocto Area and in Petitcodiac, Salisbury, Elgin and Havelock, common themes have emerged. This is consistent across all 13 communities that have completed CHNAs to date.

We recognize that understanding a community's strengths and needs is the foundation for making informed decisions about community-based health care. It's important to remember that health care is complex and measuring the health of a community goes far beyond looking at rates of disease and the availability of health care services.

Horizon is a large organization, yet we contribute to just a small portion of what determines the health of an individual. This is why we are focused on working with many stakeholders, health care organizations, government, community organizations, and individuals like you to fully meet the unique needs of everyone in our communities. We each have an important role to play in improving the health of New Brunswickers.

I would like to thank all of the communities who have participated or are currently going through this process. If we are to change the habits of our population, address our demographic challenges and truly respond to the unique health care needs in our communities, our priorities must continue to be guided by the needs of the population.

Jean Daigle,
VP Community



**Summaries of completed
Community Health Needs
Assessments can be found at
www.HorizonNB.ca**