Sussex and Surrounding Area

COMMUNITY HEALTH NEEDS ASSESSMENT

RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

11/2016

Produced by

Horizon Health Network's

Community Health Assessment Team

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LIST OF ABREVIATIONS

CHA Team – Community Health Assessment Team

CHNA – Community Health Needs Assessment

NBHC – New Brunswick Health Council

CAC – Community Advisory Committee

ID – Interpretive Description

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1.0 EXECUTIVE SUMMARY

Introduction

The Sussex and Surrounding Area is a rural community located in the southern part of the province. The main employment industries in the area are in the sectors of manufacturing, construction, and agriculture. In 2011, the population of the Sussex and Surrounding Area was 23,139 and 15% of the population was living in low-income households. Data indicates that the area has increasing rates of depression, cancer, heart disease, and emphysema or Chronic Obstructive Pulmonary Disease (COPD), when compared to the provincial averages.

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 for conducting 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:

1. Develop a local management committee for the selected community
2. Select Community Advisory Committee (CAC) members with the assistance of the management committee
3. Establish CAC
4. Review currently available data on selected community
5. Present highlights from data review to CAC members
6. CAC members share insights about what is missing from currently available data and discuss how best to fill these information gaps
7. Development of a qualitative data collection plan
8. Qualitative data collection in the community
9. Data analysis
10. Share emerging themes from data analysis with CAC members and identify priorities
11. Finalize themes, recommendations, and final report
12. 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 endeavours 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 Sussex and Surrounding Area Community Advisory Committee (CAC). As part of this plan, key informant interviews were held with stakeholders in the area of primary health care and key stakeholder groups were consulted through the focus group interview method:

- Primary Health Care
- Seniors and Senior's Supports
- Professionals working with Children and Youth
- Mental Health and Addictions professionals
- Social Supports in the Community
- Domestic Violence

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 Sussex and Surrounding 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 Sussex and Surrounding Area.

Results & Recommendations

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

Table 1: Sussex and Surrounding Area CHNA Identified Priority Areas and Recommendations

	Priority → → → → → → →	Recommendation
1.	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.
2.	The need for after-hours access to primary health care, including mental health services, in the community	Review current hours of operation for these services in the community and, working with providers, determine where alterations can be made to hours of service to improve access.
3.	The need for a health centre model of care with a collaborative, team-based approach to delivering primary health care services	Establish a working group that includes primary health care providers, Horizon leaders and community members to review the primary health care needs of the community and develop a plan to establish a collaborative approach to delivering services.
4.	An insufficient amount of affordable housing options in the community	Working with community leadership, representatives from Social Development, and current housing operators, assess current availability, wait list and gaps and create a plan to address housing needs in the community.
5.	The need to improve access to mental health and addictions services in the community	Further consult with mental health professionals, primary health care providers, educators and other partners working in the community to determine what additional services are needed. Review outcomes with Horizon's Mental Health and Addictions leadership to determine how best to fill these gaps in service.
6.	The need for improved supports in the community for families who are struggling and experiencing difficulties	Using a multi-sector approach that includes family support services, public health, educators, and community partners, 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.
7.	Access to family physicians and nurse practitioners in the community is limited and is expected to become more challenging in the coming years	Review current access issues, wait list and status of the primary health care provider pool in the community and, working with Horizon and community leaders, determine a strategy to maintain and improve access to primary health care services in the community.
8.	Transportation issues that impact health	Examine community health challenges due to limited transportation, review the way in which 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-centred 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 system[2]."

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 population[3].

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

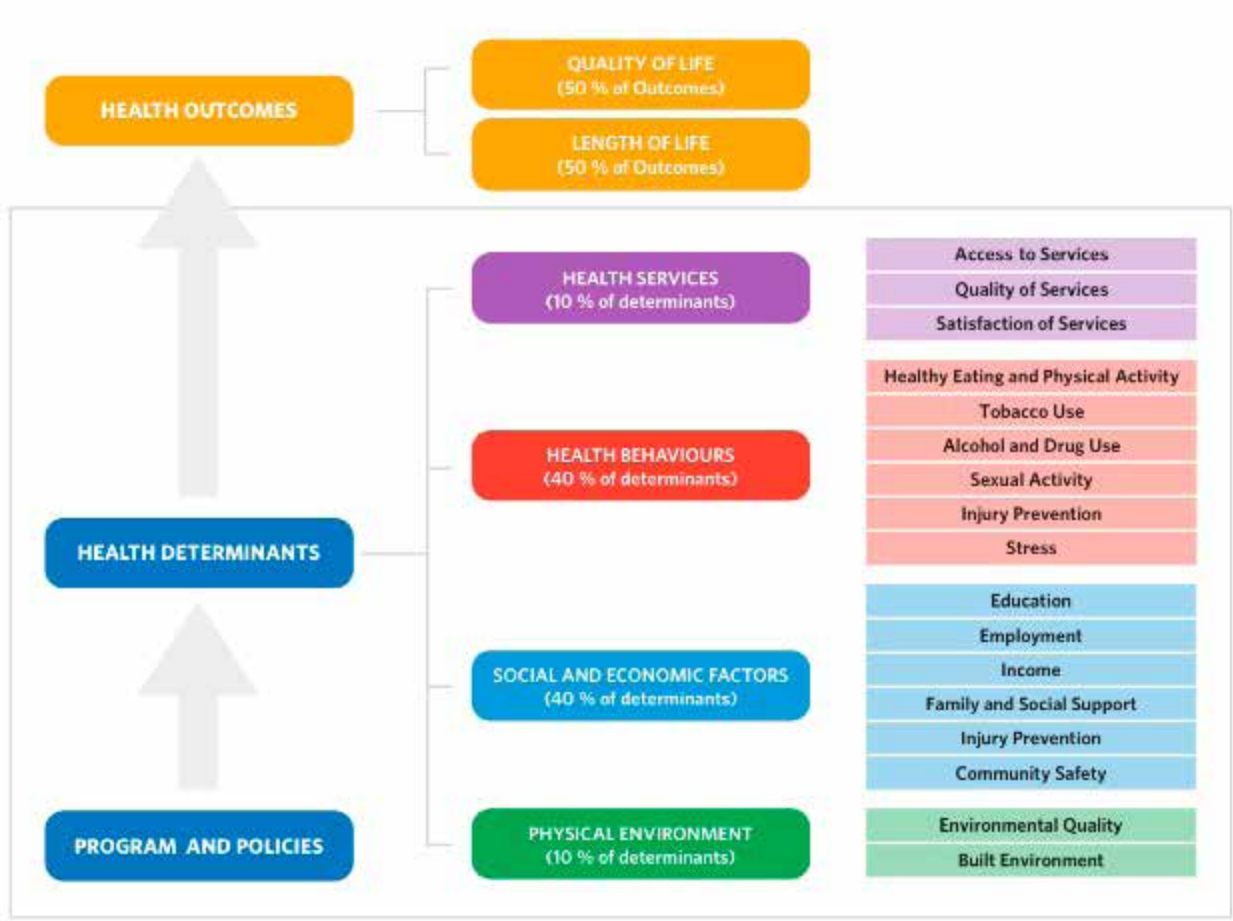
Health is a complex subject and assessing the health of a community goes far beyond looking at rates of disease and the availability of health care services. Therefore, CHNAs conducted within Horizon communities are guided by the population health approach. This approach endeavors to improve the health 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 health[4]. 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. Culture[5]

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

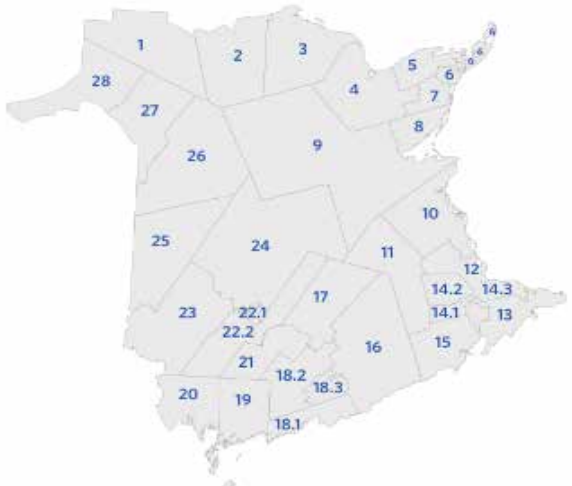


2.5 Defining Communities

For CHNAs, individual community boundaries are defined by the New Brunswick Health Council (NBHC). The NBHC works at arm's 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 health care 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 level[7].

FIGURE 2: NBHC COMMUNITIES



2.6 The Sussex and Surrounding Area

One of the NBHC communities selected by Horizon for assessment in 2016 was community 16, identified by the NBHC as the Sussex, Norton, Sussex Corner Area. Based on feedback from key community stakeholders, the community was named the Sussex and Surrounding Area to better represent the full geographic region covered by the CHNA. Figure 3 below shows Sussex and Surrounding Area and lists the smaller communities that fall within it.

FIGURE 3: Sussex and Surrounding Area

Anagance
Apohaqui
Bains Corner
Barnesville
Belleisle Creek
Berwick
Bloomfield
Brunswick
Canaan Forks
Cardwell
Codys
Coles Island
Cornhill
Hammond
Hatfield Point
Havelock
Head of Millstream
Johnston
Kiersteadville
Lower Millstream
Midland
New Line
Norton
Passekeag
Penobsquis
Picadilly
Roachville
Salt Springs
Smiths Creek
Springfield
St. Martins
Studholm
Sussex
Sussex Corner
Titusville
Upham
Upperton
Wards Creek

The Sussex and Surrounding Area is a rural community located in the southern part of the province. The main employment industries in the area are in the sectors of manufacturing, construction, and agriculture. The population of the Sussex and Surrounding Area is 23,139 and has seen an increase of 1% from 2006 to

2011. In 2011, the median household income in the community was $52,432 and 15% of the population was living in low-income households. Given significant employment changes in the community, stakeholders shared that the median household income has decreased, and felt that the rates of unemployment and low-income households have increased.

As seen in Table 2 below, data from the *Primary Health Care Survey of New Brunswick* shows rates for many chronic diseases increasing between 2011 and 2014 in the Sussex and Surrounding Area. Especially concerning are the increasing rates of depression, cancer, heart disease, and emphysema or Chronic Obstructive Pulmonary Disease (COPD).

TABLE 2: CHRONIC HEALTH CONDITIONS IN THE SUSSEX AND SURROUNDING AREA[8]

	n = 465	n = 554	n = 554	n = 13,614
Chronic Health Conditions[1]	**2011 (%)**	**2014 (%)**	**2014[2] (#)**	**NB (%)**
One or more chronic health conditions[3]	58.5 (54.0 – 63.0)	60.1 (56.1 – 64.2)	11,026	61.6 (60.8 – 62.4)
High blood pressure	28.0 (24.0 – 32.0)	28.4 (24.7 – 32.1)	5,199	27.0 (26.2 – 27.7)
Arthritis	20.3 (16.6 – 23.9)	20.7 (17.3 – 24.0)	3,787	17.4 (16.8 – 18.0)
Gastric Reflux (GERD)	13.7 (10.6 – 16.7)	15.2 (12.3 – 18.2)	2,794	16.4 (15.8 – 17.0)
Chronic pain	14.5 (11.3 – 17.7)	14.8 (11.9 – 17.7)	2,713	14.0 (13.5 – 14.6)
Depression	10.5 (7.7 – 13.2)	13.3 (10.5- 16.1)	2,438	14.9 (14.3 – 15.5)
Diabetes	11.4 (8.5 – 14.2)	11.7 (9.1 - 14.3)	2,144	10.7 (10.1 – 11.2)
Cancer	8.1 (5.6 – 10.5)	8.6 (6.3 – 10.8)	1,568	8.3 (7.8 – 8.7)
Heart disease	7.1 [E] (4.8 – 9.4)	8.5 (6.2 – 10.8)	1,555	8.3 (7.9 – 8.8)
Asthma	10.9 (8.1 – 13.7)	8.2 (5.9 – 10.4)	1,501	11.8 (11.3 – 12.4)
Emphysema or COPD	2.4 [E] (1.0 – 3.8)	2.6[E] (1.3 – 3.9)	479	3.0 (2.7 - 3.3)
Stroke	F	F	286	2.5 (2.2 – 2.8)
Mood disorder other than depression	F	F	234	3.0 (2.7 – 3.2)

E Use with caution (coefficient of variation between 16.6% and 33.3%)

F Too unreliable to be published (coefficient of variation greater than 33.3%)

Primary health care services in the Sussex and Surrounding Area are provided through the Extra-Mural Program, family physicians, nurse practitioners, Public Health, and Mental Health and Addictions. Based on data from the NBHC's Primary Health Care Survey of New Brunswick, 96.0% of respondents from Sussex and Surrounding Area had a personal family physician in 2014, compared to 92.1% for the province. Stakeholders shared how a family physician in the area has since retired, therefore this rate has changed. As shown in Table 3 below, the Sussex and Surrounding Area does well on some primary health care indicators but needs some improvement on others.

TABLE 3: PRIMARY HEALTH CARE SURVEY INDICATORS FOR THE SUSSEX AND SURROUNDING AREA[9]

Primary Health Care Survey Indicator	2011	2014	NB
Family Doctor has after-hours arrangement when office is closed (% yes)	16.0%	11.2%	18.2%
How quickly appointments can be made with family doctor (% on same day or next day)	29.0%	36.4%	30.1%
How quickly appointments can be made with family doctor (% within five days)	58.3%	65.7%	60.3%
Model of care used most often when sick or in need of care from a health professional (% hospital emergency department)	14.5%	17.8%	11.5%
How often family doctor explains things in a way that is easy to understand	79.7%	82.6%	80.2%
How often a family doctor involves citizens in decisions about their health care (% always)	67.3%	71.6%	68.2%
How often family doctor gives citizens enough time to discuss feelings, fears and concerns about their health	82.0%	73.9%	71.9%
Satisfaction with services from personal family doctor (% 8, 9, or 10 on a scale of 0 to 10)	80.4%	84.6%	83.9%

3.0 STEPS IN THE CHNA PROCESS

CHNAs are a community driven process whereby 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:

1. Develop a management committee for the selected community
2. Select CAC members with the assistance of the management committee
3. Establish CAC (the role of the CAC is discussed in section 4.0)
4. Review currently available data on selected community
5. Present highlights from data review to CAC members
6. CAC members share insights about what is missing from currently available data and discuss how best to fill these information gaps
7. Development of a qualitative data collection plan
8. Qualitative data collection in the community
9. Data analysis
10. Share emerging themes from data analysis with CAC members and identify priorities
11. Finalize themes, recommendations, and final report
12. 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 pre-existing 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, 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 SUSSEX AND SURROUNDING 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 Sussex and Surrounding Area CAC is:

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

The specific functions of the Sussex and Surrounding Area CAC are to:

- attend approximately five two-hour meetings
- perform a high-level review of currently available data on the Sussex and Surrounding 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

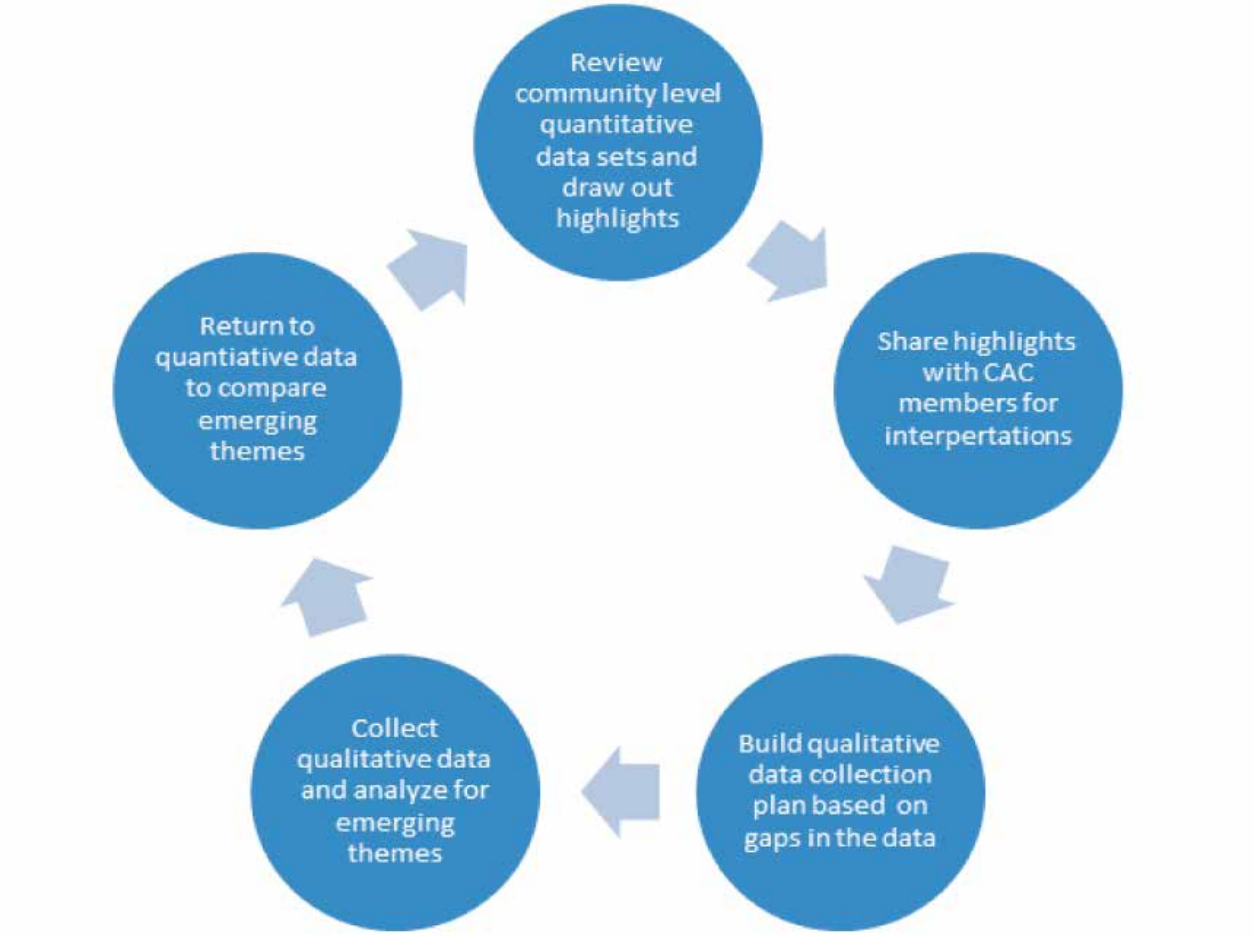
As explained in Step Two of the CHNA 12-step process, CAC members are chosen in collaboration with key community leaders on the CHNA Management Committee. This is done with the use of the CAC membership selection guide which can be found in the technical document. To help ensure alignment with the population 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 Sussex and Surrounding Area CAC consisted of representation from:

Extra Mural Program
Primary Health Care Program
Health Care Consultant
Sussex Community Members/Volunteers
Sussex Community Services
Sussex and Area Wellness Network
Sussex Family Support
Sussex Sharing Club
Town of Sussex
Village of Sussex Corner
Village of Norton
Sussex Elementary School
Kings County Family Resource Centre
Mental Health and Addictions
Nurse Practitioner
Public Health
Domestic Violence Outreach
Kennebecasis Watershed Restoration Committee
Snider Mountain Ranch
RCMP
Kiwanis Nursing Home Inc.
Sussex Area Salvation Army
Private Counsellor
Hospice Sussex
Kingswood University
ScotiaMcLeod Inc.
Belleisle Regional High School
Sussex Regional High School
Sussex Public Library
Sussex Agricultural Society
Ambulance NB
Sussex Resource Centre Inc.
Social Development
Sussex Health Centre
Family Physicians
Community Action for Refugee Settlement
Pharmacist
Sussex and District Chamber of Commerce
Canadian Mental Health Association
Boulier Home Care Services Inc.

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]

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.[12] 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." In "The Analytic Challenge in Interpretive Description", 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.[13]

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 Sussex and Surrounding Area CHNA, key informant interviews were held with stakeholders in the area of primary health care and key stakeholder groups were consulted through the focus group interview method:

- Primary Health Care
- Seniors and Senior's Supports
- Professionals working with Children and Youth
- Mental Health and Addictions professionals
- Social Supports in the Community
- Domestic Violence

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 ten people with similar backgrounds who participate in the interview for one to two hours.[14] Focus groups are useful because they allow the interviewer to obtain a variety of perspectives and they increase one's 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, the researcher 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 beings

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 Sussex and Surrounding 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 Sussex and Surrounding 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.[15] 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 broad 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 eight priority issues:

1. Food insecurity in the community
2. The need for after-hours access to primary health care, including mental health services, in the community
3. The need for a health centre model of care with a collaborative, team-based approach to delivering primary health care services
4. An insufficient amount of affordable housing options in the community
5. The need to improve access to mental health and addictions services in the community
6. The need for improved supports in the community for families who are struggling and experiencing difficulties
7. Access to family physicians and nurse practitioners in the community is limited and is expected to become more challenging in the coming years
8. Transportation issues that impact health

Table 2 below outlines the eight 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 to the determinant of health area(s) that is strongly influenced by or impacts the priority issue being discussed. As discussed in section 2.4, 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. Culture[16]

Table 4: Sussex and Surrounding Area CHNA
Identified Priority Areas and Recommendations

Priority → → → → → → →	Recommendation
1. 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.
2. The need for after-hours access to primary health care, including mental health services, in the community	Review current hours of operation for these services in the community and, working with providers, determine where alterations can be made to hours of service to improve access.
3. The need for a health centre model of care with a collaborative, team-based approach to delivering primary health care services	Establish a working group that includes primary health care providers, Horizon leaders and community members to review the primary health care needs of the community and develop a plan to establish a collaborative approach to delivering services.
4. An insufficient amount of affordable housing options in the community	Working with community leadership, representatives from Social Development, and current housing operators, assess current availability, wait list and gaps and create a plan to address housing needs in the community.
5. The need to improve access to mental health and addictions services in the community	Further consult with mental health professionals, primary health care providers, educators and other partners working in the community to determine what additional services are needed. Review outcomes with Horizon's Mental Health and Addictions leadership to determine how best to fill these gaps in service.
6. The need for improved supports in the community for families who are struggling and experiencing difficulties	Using a multi-sector approach that includes family support services, public health, educators, and community partners, 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.
7. Access to family physicians and nurse practitioners in the community is limited and is expected to become more challenging in the coming years	Review current access issues, wait list and status of the primary health care provider pool in the community and, working with Horizon and community leaders, determine a strategy to maintain and improve access to primary health care services in the community.
8. Transportation issues that impact health	Examine community health challenges due to limited transportation, review the way in which other communities are addressing this challenge, and work with key community stakeholders to develop a strategy to improve transportation.

6.1 Food insecurity in the community

Consultation participants discussed many issues related to food insecurity in the community and its connection with overall health. They shared how the increasing cost of food makes it challenging for families and individuals to afford a fresh, whole foods diet, particularly for those on a limited income. Participants discussed how this causes a heavier reliance on food bank services in the community and that there has been a recent increase in the number of families with young children requiring assistance from the food banks in the area. They also shared how difficult it is for those living in the more rural areas of the community who do not have access to outlets that sell fresh, whole foods and how transportation is often a challenge for those on a limited income. In some of the smaller, more rural communities where there are no food banks, like St. Martins, some of the churches in the area distribute food to families in need, but cannot always keep up with the demands and could benefit from help with coordination and funding from the larger communities. Participants also discussed the many food programs available to children and youth in schools, like the breakfast program, but expressed concerns for certain students when they go home. Professionals working with children and youth worried about these students not having enough food on weekends and throughout the summer months when they do not have access to school food programs. Another aspect of food insecurity that was discussed is that a lot of individuals lack the basic skills to prepare fresh whole foods. They shared how cooking classes would be beneficial in the community, and envisioned a cooking environment that partners seniors with youth.

"One program that I have heard of, it's getting kids into a cooking environment with seniors. So you're kind of giving the seniors, some programming to do, you buddy them up with the kids in the community but they're identifying these kids as the ones that would normally use the breakfast programs and that sort of stuff and whatever they cook goes home with kids."

"I've talked with teachers who talk about children not looking forward to long weekends or summer vacation because they know the food issue is going to be there."

DETERMINANTS OF HEALTH:

Social Support Networks, Social Environment, Healthy Child Development and Personal Health Practices & Coping Skills

Food Insecurity in homes with or without children present, moderate and severe

- Sussex and Surrounding Area 8% (NB 9%)

Eat fruits and vegetables (5 or more daily), Sussex and Surrounding Area

- Child 50% (NB 51%)
- Youth 34% (NB 40%)
- Adult 31% (NB 36%)
- Senior 39% (NB 37%)

Eat breakfast daily, Sussex and Surrounding Area

- Child 60% (NB 70%)
- Youth 38% (NB 41%)

POTENTIAL COMMUNITY ASSET

The Sussex Sharing Club provides supports to families and individuals in the Sussex and surrounding area, including a food and clothing bank.

The Salvation Army Sussex Community Church provides assistance to families and individuals with provisions of food, clothing, furniture and household goods.

RECOMMENDATION

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

6.2 The need for after-hours access to primary health care, including mental health services, in the community

Consultation participants discussed how the current hours of operation for primary health care services, including mental health services, can be a barrier for community members. Many residents in the area work in industries with varying hours and often the traditional 8:00-4:00 hours of operation model can be a challenge for those trying to access primary health care services. They explained that many rely on the local emergency department for their primary health care needs, because there is limited evening and weekend access to services. They discussed how this causes long wait times in the emergency room, and that those unable to wait end up leaving without receiving care. Participants also shared how mental health crises often happen outside of traditional working hours and that support is needed for patients during evening and on weekends. They discussed how after-hours emergency mental health services that once existed in the community are no longer available, and therefore emergency department staff and law enforcement often have to try to fill some of these gaps in service.

DETERMINANTS OF HEALTH:
Employment & Working Conditions and Health Services

Family doctor has after-hours arrangements
- Sussex and Surrounding Area
  11.2% (NB **18.2%**)

Model of care used most often when sick, emergency room
- Sussex and Surrounding Area
  17.8% (NB **11.5%**)

Visited an after-hours or walk-in clinic
- Sussex and Surrounding Area
  9.8% (NB **24.3%**)

Visited the hospital emergency department
- Sussex and Surrounding Area
  43.5% (NB **41.3%**)

RECOMMENDATION
Review current hours of operation for these services in the community and, working with providers, determine where alterations can be made to hours of service to improve access.

6.3 The need for a health centre model of care with a collaborative, team-based approach to delivering primary health care services

Consultation participants discussed the need for a primary health care centre in the community with a collaborative team of health care providers. They described an interdisciplinary team of physicians, nurse practitioners, physiotherapists, dietitians, mental health workers and other allied health professionals all working together. Participants discussed how this would improve continuity of care for many residents. They also discussed how many rely on the emergency department for non-urgent health care needs that could be more appropriately managed in a primary health care setting. To remove some of the strain on the local emergency department, they envisioned a centralized place where residents could receive outpatient services. Participants also discussed that within this type of model, there would be room for after-hours primary health care services.

"Well that's something else I wondered about Sussex. There are places where they can just go into a walk-in clinic. Why don't we have one of those in Sussex that isn't the emergency room. I mean that's my impression that the emergency room at the hospital is the walk-in clinic for Sussex."

DETERMINANTS OF HEALTH:
Personal Health Practices & Coping Skills, Social Environment and Health Services

Has access to a primary health team
- Sussex and Surrounding Area
  24.8% (NB 28.5%)

Model of care used most often when sick, emergency department
- Sussex and Surrounding Area
  17.8% (NB 11.5%)

How often family doctor helps citizens coordinate the care from other health care providers and places
- Sussex and Surrounding Area
  73.7% (NB 70.7%)

RECOMMENDATION
Establish a working group that includes primary health care providers, Horizon leaders and community members to review the primary health care needs of the community and develop a plan to establish a collaborative approach to delivering services.

6.4 An insufficient amount of affordable housing options in the community

Consultation participants discussed concerns about housing issues in the community and how it impacts health. They shared how there are limited affordable housing options in the community that are appropriate for seniors, particularly those on a limited income. They explained how some of the units available do not offer proper accessibility and may not be safe for seniors. This can lead to some seniors staying in homes that they are unable to maintain, physically and financially, because they have nowhere else to go. Participants shared that many would benefit and take advantage of affordable seniors housing if there was more available in the community, as the current wait lists are quite long. They also discussed a general lack of affordable housing options in the community for families or individuals on a limited income. Moreover, they shared how limited housing options can often cause victims of domestic violence to stay in abusive situations because they cannot afford to move out on their own. CAC members discussed the impact of housing issues on overall health, and the importance of having a stable living environment in order to address other health issues.

"A lot of the apartments that are available, a lot of them are upstairs, and they're not in great repair and they're up nasty staircases, they're not accessible."

''Housing would be nice because when you're staying in a transition house you only have a month, and so the option is to go back or to find something, somewhere to live."

DETERMINANTS OF HEALTH:

Income & Social Status, Social Support Networks, Healthy Child Development and Physical Environment

Living in low income

- Sussex and Surrounding Area 15% (NB 17%)

Tenants in subsidized housing

- Sussex and Surrounding Area 13% (NB 16%)

Households in the Sussex and Surrounding Area

- Population who owns their home 86% (NB 80%)
- Occupied dwellings requiring major repairs 11% (NB 10%)
- Occupied private dwelling built before 1960 31% (NB 27%)

POTENTIAL COMMUNITY ASSET

Sussex Resource Centre Inc. provides low-income housing to families and individuals in need in the community of Sussex.

RECOMMENDATION

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

6.5 The need to improve access to mental health and addictions services in the community

Consultation participants discussed growing rates of mental health issues across all age groups. They expressed that there is a lack of resources to support mental health and addictions issues and a need to improve access to services already available in the community. They shared that because of the growing need and limited resources, there are long wait times for mental health services, particularly for child and youth services. They expressed concerns for children and youth waiting for services; they discussed how, if not dealt with properly, mental health issues can affect a child's development and that there are limited supports for them while they wait for services. They also discussed how frustrating it can be for parents to navigate the system. Consultation participants also discussed the stigma associated with the building where mental health and addictions services are offered, and that some residents do not want to be seen accessing services at this particular location. They explained that if Mental Health and Addictions was located in a building with other businesses, some community members would be more apt to access services. Moreover, as discussed in section 6.2, hours of operation for mental health services are a barrier for many, and participants also expressed a need for more evening support groups for both mental health and addictions issues. Participants also explained that there is a lack of awareness regarding programs and services already available in the community. They shared how a lot of people do not know how to access mental health and addictions services and they identified a need for more online advertising of what services are available.

"Child and youth have a wait list and I don't think a child or a teenager should ever be on a wait list because what happens by the time they get picked up, the family or the situation sometimes seems settled but was that issue that initially got them referred to us, was that crisis handled in a healthy way, was there support?"

"People really truly didn't know how to access mental health services so I think that's a sad testament to our state at this point. People don't know what we offer, what we do, because we do have some services and I don't think people are aware of. These are professionals I'm speaking to, that didn't have a clue how to access that service."

DETERMINANTS OF HEALTH:
Income & Social Status, Social Support Networks, Physical Environment, Social Environment, Healthy Child Development, Personal Health Practices & Coping Skills, and Health Services

Moderate to high level of mental fitness, grade 4 to 5
- Sussex and Surrounding Area 77% (NB 80%)

Moderate to high level of mental fitness, grade 6 to 12
- Sussex and Surrounding Area 75% (NB 77%)

Depression, adult
- Sussex and Surrounding Area 13.3% (NB 14.9%)

Has seen a health professional about mental or emotional health
- Sussex and Surrounding Area 14% (NB 19%)

Evaluation of care received for mental or emotional health, very or somewhat helpful
- Sussex and Surrounding Area 84.7% (NB 90.8%)

RECOMMENDATION
Further consult with mental health professionals, primary health care providers, educators and other partners working in the community to determine what additional services are needed. Review outcomes with Horizon's Mental Health and Addictions leadership to determine how best to fill these gaps in service.

6.6 The need for improved supports in the community for families who are struggling and experiencing difficulties

Consultation participants discussed the need for more supports in the community for families experiencing difficulties. They discussed a recent increase in the unemployment rate and that a lot of families in the community are living on low incomes. They shared how financial issues can lead to alcohol and drug use, and how the family unit is affected. They felt that a combination of these issues can lead to mental health issues in children and youth, and often plays a part in some of the domestic violence issues in the community. They expressed a need for more parenting classes, couples counselling, employment counselling and budgeting classes for families or individuals who are struggling. Participants also shared how recent employment changes have greatly affected the community. They discussed that short-term supports such as employment counselling and financial assistance were available when individuals lost their jobs, but that ongoing supports are needed. They also discussed the growing rate of "temporary single parent" families in the community; where one parent is working out of the province for extended periods of time and the effects this has on the household.

"Because of the mine layoffs and the ripple effects, a lot of these families are going to be running out of employment soon and at mental health we have the same people come in that are now applying for income assistance for the first time in their life but also with that the spinoff is the addictions, gambling, and so I guess that's one of the determinants of health and right now in this community, that one is really coming up to the top of the list."

"At the time, there was a lot of employment counselling and counselling offered but I guess everything was so new it would have been nice to see those services there a year later when reality is hitting I guess."

"We're going to start seeing the repercussion when the packages are running out, when unemployment is running out, when families relocate or try to relocate. We're going to see a lot of that spinoff."

DETERMINANTS OF HEALTH:

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

Households living in low income (with at least one child under 6 years old present)

- Sussex and Surrounding Area 26% (NB 23%)

Unemployment

- Sussex and Surrounding Area 8% (NB 11%)

Satisfied with mental fitness needs related to family, grade 6 to 12

- Sussex and Surrounding Area 75% (NB 76%)

Things that contribute a lot to feelings of stress – financial situation

- Sussex and Surrounding Area 31.5% (NB 33.5%)

Alcohol use, adult

- Sussex and Surrounding Area 22% (NB 25%)

Alcohol use, grade 9 to 12

- Sussex and Surrounding Area 59% (NB 51%)

Marijuana use, grade 9 to 12

- Sussex and Surrounding Area 39% (NB 33%)

POTENTIAL COMMUNITY ASSET

Kings County Resource Centre provides of wide range of programs and resources to children and parents in the community.

Sussex and Area Wellness Network, through partnerships with community organizations, promotes accessible wellness for all.

RECOMMENDATION

Using a multi-sector approach that includes family support services, public health, educators, and community partners, 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.

6.7 Access to family physicians and nurse practitioners in the community is limited and is expected to become more challenging in the coming years

Consultation participants discussed how many residents in the area do not have a personal family physician or nurse practitioner. They also shared how access is expected to become more challenging as physicians retire in coming years. They explained that some physicians who are approaching retirement may not currently practice full-time, making it difficult for patients to access their provider. Participants also expressed concerns regarding follow-up and continuity of care for seniors or individuals with multiple chronic conditions who may require complex care. Health professionals consulted discussed how limited access to physicians makes it difficult to get referrals or access other services. Participants also explained that many residents without a provider rely on the emergency department for their primary health care needs and experience long wait times. As a possible solution, they also discussed utilizing more nurse practitioners in the community to their full scope of practice as a way to provide more primary health care services to residents of the area.

"The access to primary care providers and the impending decrease in access to providers because we know that we've got physicians that are going to be retiring within the next few years."

"I find right now it is the lack of doctors. I feel like we need a walk-in clinic or something, we go up there and we wait for hours and hours on end and I hear that over and over again from different ones who actually stay home sick rather than go up there and sit and wait for so long. I think that's one of our biggest concerns."

DETERMINANTS OF HEALTH:
Health Services

Has a family doctor
- Sussex and Surrounding Area 96% (NB 92.1%)

Visited a nurse practitioner
- Sussex and Surrounding Area 4.1% (NB 7.7%)

Calling family doctor's office during regular practice hours (very or somewhat easy)
- Sussex and Surrounding Area 82.3% (NB 78.3%)

Model of care used most often when sick, emergency department
- Sussex and Surrounding Area 17.8% (NB 11.5%)

RECOMMENDATION
Review current access issues, wait list and status of the primary health care provider pool in the community and, working with Horizon and community leaders, determine a strategy to maintain and improve access to primary health care services in the community.

6.8 Transportation issues that impact health

Consultation participants discussed a number of ways that limited access to affordable transportation impacts health. They shared how transportation can be a major barrier to accessing health care services, particularly for those who do not have a family physician and rely on the emergency department for their primary health care needs. Participants explained that because these individuals do not know how long they will have to wait in the emergency room, it makes it difficult for them to arrange transportation if they do not have a vehicle. They also discussed how a lot of more specialized services are offered in the larger centres, like Saint John and Moncton, and residents who do not drive often have to rely on friends and family for transportation. Moreover, limited affordable transportation was identified as a barrier for children and youth accessing recreational programs and activities. Participants expressed concerns for teens who participate in risky behaviours, like drug and alcohol consumption, due to boredom because they cannot access certain programs. They also shared concerns for seniors in the community who have limited supports and may be experiencing isolation because they do not drive. Participants discussed that if these seniors had access to affordable transportation they could participate in programs and activities in the community that would help improve their physical and mental health. Moreover, there is currently a Dial-a-Ride program operating in Sussex and Sussex Corner, and participants consulted expressed a need for this type of service in the more rural pockets of the community as well.

''Social isolation is a big issue and along with that there's loneliness and transportation becomes an issue too."

"So that's a big thing I find, that's a barrier for a lot of things whether it be employment, health care, accessing mental health services, recreational stuff for people. It's a big one."

DETERMINANTS OF HEALTH:
Income & Social Status, Social Support Networks, Physical Environment, Healthy Child Development and Health Services

Health service barrier, transportation problems
- Sussex and Surrounding Area **5.8%** (NB **7.1%**)

Health services not available in your area when needed
- Sussex and Surrounding Area **15.7%** (NB **17.4%**)

POTENTIAL COMMUNITY ASSET
Sussex Dial-a-Ride, volunteer group providing affordable transportation in the Sussex area.

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

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