Tobique & Perth-Andover Area

COMMUNITY HEALTH NEEDS ASSESSMENT

RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

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Produced by

Horizon Health Network's

Community Health Assessment Team

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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 Tobique & Perth-Andover Area is situated in Victoria County in the Northwestern part of the province. It is a rural area with communities scattered along the St. John River and the Tobique River. The area is home to Tobique First Nation, the largest of the Wolastoqiyik and Maliseet Nation communities in New Brunswick. The population in the community is 10,018 and has seen a decrease of 4% from 2006 to 2011. The main employment industries in the community are in the sectors of agriculture, forestry and lumber production. In the Tobique & Perth-Andover Area, 22% of the population is living on low income, with a median household income of $39,470, which is low compared to $52,835 for the province. Data indicates that the Tobique & Perth-Andover Area has increasing rates of high blood pressure, diabetes, depression, heart disease, arthritis and emphysema or COPD, when compared to 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:

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

CHNAs conducted within Horizon communities are guided by the population health approach, which 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 Tobique & Perth-Andover 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:

- Mental health & addictions professionals
- Seniors and senior supports
- Recreation
- Professionals working with at-risk youth
- Social supports in the community
- Tobique Valley Community Health Centre staff
- Neqotkuk Health Center staff

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 Tobique & Perth-Andover 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 Tobique & Perth-Andover area.

Results & Recommendations

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

Table 1: Tobique & Perth-Andover Area CHNA Identified Priority Areas and Recommendations

	Priority → → → → → → →	Recommendation
1.	The need for support in the community to help coordinate and implement prevention and health promotion programs	Examine how other similar communities are addressing this issue, including a review of Horizon's Community Development framework to determine how best to provide this resource. Further build preventive/educational type programming into the work of the TVCHC, and enhance key community partnerships with individuals and organizations already working in this area.
2.	The growing rate of mental health issues in the community	Further consult with mental health professionals, educators, parents from the community, representatives from Tobique First Nation and other key partners to determine what mental health supports and services already exist in the community and review how best to align these resources and identify additional services needed to fill gaps in service.
3.	The need to address the growing rate of obesity in the community, particularly within the child and youth population	Through key community partnerships, develop a comprehensive, multi-level strategy to address child and youth obesity at the community level.
4.	The need to examine practices and processes for dealing with cases of mental health in the ER	Further consult with key groups impacted by this issue such as law enforcement, mental health and addictions professionals, patients, ER staff and Tobique First Nation representatives, to pinpoint concerns. Together develop a strategy for how to improve current practices and processes for dealing with mental health cases in the emergency room.
5.	The need for improved collaboration between health care providers in the community	Initiate a working group with staff and leadership representation from Tobique Valley CHC, HDSJ, Neqotkuk Health Center, other health care providers in the community, and patient advisors to develop a plan to improve communication and collaboration between these groups.
6.	Transportation issues in the community 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.
7.	Alcohol and drug consumption in the community	Working with mental health and addiction professionals, law enforcement, educators and Tobique First Nation representatives, develop a plan to address alcohol and drug use in the community.

2.0 BACKGROUND

2.1 Primary Health Care Framework for New Brunswick

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

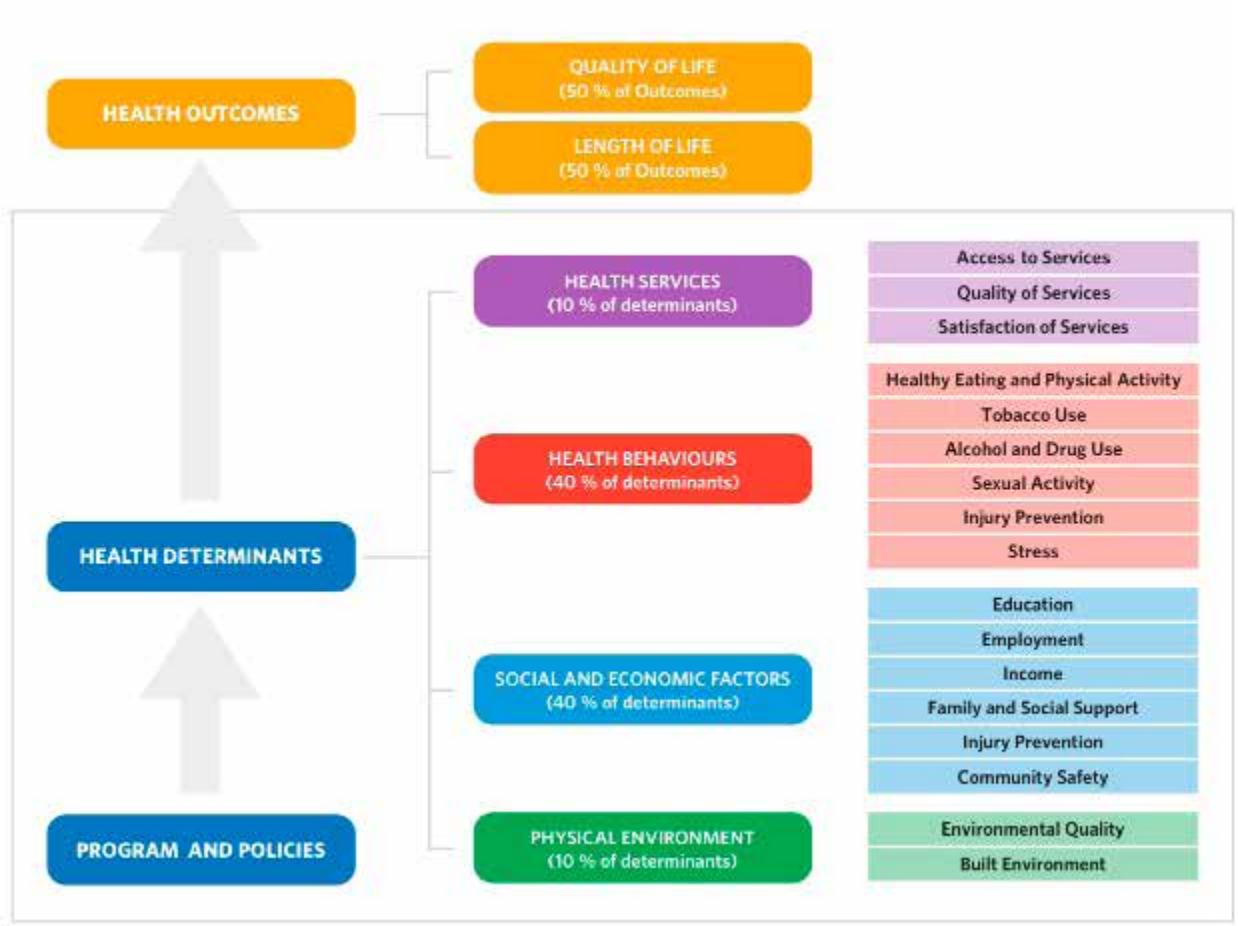
Health is a complex subject and assessing the health of a community goes far beyond looking at rates of disease and the availability of health care services. Therefore, CHNAs conducted within Horizon communities are guided by the population health approach. This approach endeavors to improve the health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

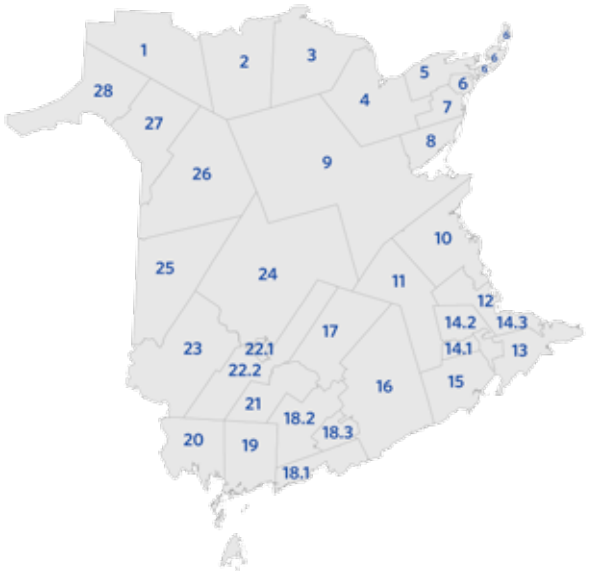


2.5 Defining Communities

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

The NBHC has divided the province into 28 communities (with the three largest urban cores subdivided) to ensure a better perspective of regional and local differences. These community divisions can be seen on the map in figure 2 below. The actual catchment area of 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 Tobique & Perth-Andover Area

One of the NBHC communities selected by Horizon for assessment in 2015-16 was community 26, identified by the NBHC as the Perth-Andover, Plaster Rock, Tobique Area. Based on feedback from key community stakeholders, for the sake of the CHNA, this community was renamed the Tobique & Perth-Andover Area to better represent the full geographic region covered by the CHNA. Figure 3 below shows the Tobique & Perth-Andover Area and lists the smaller communities that fall within it.

FIGURE 3: Tobique & Perth-Andover Area

Andover
Aroostook
Arthurette
Carlingford
Denmark
Gordon
Kilburn
Lorne
New Denmark
Perth
Perth-Andover
Plaster Rock
Riley Brook
Tilley
Tobique First Nation

The Tobique & Perth-Andover Area is in Victoria County in the Northwestern part of the province. It is a rural area with communities scattered along the St. John River and the Tobique River. The population of the Tobique & Perth-Andover Area is 10,018 and has seen a decrease of 4% from 2006 to 2011. Moreover, being home to Tobique First Nation, the largest of the Wolastoqiyik and Maliseet Nation communities in New Brunswick, the Tobique & Perth-Andover Area has an Aboriginal population of 12%, compared to 3.1% for the province. Based on input

from consultations, contributing factors to the population decline include an aging population as well as the fact that many younger families are leaving the community to seek employment. The main employment industries in the community are in the sectors of agriculture, forestry and lumber production. In the Tobique & Perth-Andover Area, 22% of the population is living on low income, with a median household income of $39,470, which is low compared to $52,835 for the province.

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 Tobique & Perth-Andover Area. Especially concerning are the increasing rates of high blood pressure, diabetes, depression, heart disease, arthritis and emphysema or COPD, which are also higher than the provincial averages.

TABLE 2: CHRONIC HEALTH CONDITIONS IN THE TOBIQUE & PERTH-ANDOVER AREA[8]

	n = 249	n = 275	n = 275	n = 13,614
Chronic Health Conditions[1]	**2011 (%)**	**2014 (%)**	**2014[2] (#)**	**NB (%)**
One or more chronic health conditions[3]	60.0 (53.8 – 66.2)	67.0 (61.6- 72.5)	5,246	61.6 (60.8- 62.4)
High blood pressure	27.3 (21.8 – 32.8)	31.5 (26.1- 36.9)	2,465	27.0 (26.2- 27.7)
Arthritis	28.5 (23.0 – 34.0)	24.1 (19.1- 29.1)	1,886	17.4 (16.8- 18.0)
Depression	15.1 (10.7 – 19.5)	20.3 (15.7- 25.0)	1,592	14.9 (14.3- 15.5)
Chronic pain	19.1 (14.2 – 23.9)	16.2 (11.9- 20.5)	1,269	14.0 (13.5- 14.6)
Gastric Reflux (GERD)	13.2 (9.1 – 17.4)	15.2 (11.0- 19.4)	1,190	16.4 (15.8- 17.0)
Diabetes	11.1 [E] (7.3 – 14.9)	15.1 (10.9- 19.2)	1,179	10.7 (10.1- 11.2)
Heart disease	11.5 [E] (7.6 – 15.4)	10.4[E] (6.8- 14.0)	813	8.3 (7.9- 8.8)
Cancer	9.4 [E] (5.8 – 12.9)	9.4[E] (6.0- 12.8)	739	8.3 (7.8- 8.7)
Asthma	9.3 [E] (5.7 – 12.8)	9.1[E] (5.8- 12.5)	715	11.8 (11.3- 12.4)
Emphysema or COPD	5.9 [E] (3.0 – 8.8)	5.8[E] (3.1- 8.5)	454	3.0 (2.7 – 3.3)
Mood disorder other than depression	F	3.3[E] (1.2- 5.4)	259	3.0 (2.7- 3.2)
Stroke	F	F	115	2.5 (2.2- 2.8)

Primary health care services in the Tobique & Perth-Andover area are provided through Mental Health and Addictions, Extra-Mural, Public Health, the Tobique Valley Community Health Centre, and private physician offices, as well as the Neqotkuk Health Center on Tobique First Nation. Based on data from the NBHC's *Primary Health Care Survey of New Brunswick,* 91.8% of respondents from the Tobique & Perth-Andover area had a personal family doctor in 2014 (a drop of 2.7% from 2011). As shown in Table 3 below, the Tobique & Perth-Andover area does well on some primary health care indicators but needs some improvement on others.

TABLE 3: PRIMARY HEALTH CARE SURVEY INDICATORS FOR THE TOBIQUE & PERTH-ANDOVER AREA[9]

Primary Health Care Survey Indicator	2011	2014	NB
Family Doctor has after-hours arrangement when office is closed (% yes)	22.4%	18.2%	18.2%
How quickly appointments can be made with family doctor (% on same day or next day)	63.3%	63.5%	30.1%
How quickly appointments can be made with family doctor (% within five days)	82.9%	88.8%	60.3%
Model of care used most often when sick or in need of care from a health professional (% hospital emergency department)	6.9[E,6] %	7.9[E,6] %	11.5%
How often family doctor explains things in a way that is easy to understand	80.3%	80.4%	80.2%
How often a family doctor involves citizens in decisions about their health care (% always)	70.4%	77.5%	68.2%
How often family doctor gives citizens enough time to discuss feelings, fears and concerns about their health	72.1%	75.3%	71.9%
Satisfaction with services from personal family doctor (% 8, 9, or 10 on a scale of 0 to 10)	86.4%	92.1%	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:

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

Step One: Develop a management committee for the selected community. Because the CHA Team is not always closely connected to the communities undergoing assessment, it is important to first meet with key individuals who have a strong understanding of the community. These individuals are often key leaders within Horizon who either live or work within the selected community and have a working relationship with its residents. Management committee members are often able to share insights on 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 (found in the technical document), the research team and management committee brainstorm the best possible membership for the CAC. First, a large list of all possible members is compiled and then narrowed down to a list that is comprehensive of the community and is a manageable size (the role of the CAC is discussed in section 4.0).

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

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

Step Five: Present highlights from data review to CAC members. Highlights from the data review are shared with CAC members and they are asked to reflect on these indicators. Often this leads to good discussion as members share their experience of particular indicators. This usually takes place during the second meeting of the CAC. At the end of this meeting, members are asked to reflect on what is missing from the data reviewed for discussion at the next meeting.

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

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

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

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

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

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

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

4.0 TOBIQUE & PERTH-ANDOVER 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 Tobique & Perth-Andover Area CAC is:

> *To enhance community engagement throughout the Tobique & Perth-Andover Area CHNA process and provide advice and guidance on health and wellness priorities in the community.*

The specific functions of the Tobique & Perth-Andover Area CAC are to:

- attend approximately five two-hour meetings
- perform a high-level review of currently available data on the Tobique & Perth-Andover 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 Tobique & Perth-Andover Area CAC consisted of representation from:

Extra-Mural Program

Community Health

Hotel Dieu of St. Joseph Hospital

Village of Perth-Andover

Perth-Andover Rotary

Early Language Services

Acadian Timber

Management, Neqotkuk Health Center

Mental Health & Addictions

Ambulance NB

Social Development, Wellness Branch

Tobique Valley Community Health Centre, Management

The Good Samaritan Food Bank

Carleton-Victoria Community Inclusion Network

Village of Plaster Rock

Perth-Andover Recreation Department

Public Health

Community Development

Pharmacist, Plaster Rock

Tobique Valley CHC Advisory Committee

Diabetes Nurse Educator

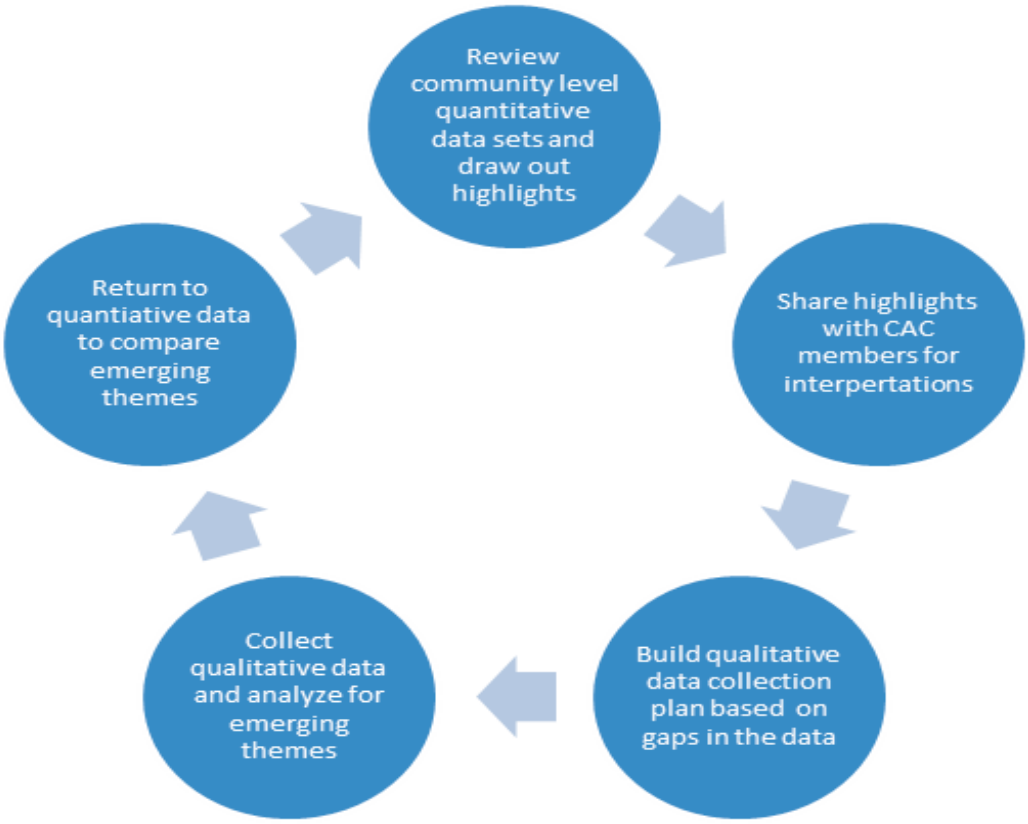
Hospital Foundation, HDSJ

Pharmacist, Perth-Andover

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." 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 Tobique & Perth-Andover 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:

- Mental health & addictions professionals
- Seniors and senior supports
- Recreation
- Professionals working with at-risk youth
- Social supports in the community
- Tobique Valley Community Health Centre staff
- Neqotkuk Health Center staff

5.3.1 Focus Group Interviews

A focus group interview is an interview with a small group of people on a specific topic. Groups are typically six to 10 people with similar backgrounds who participate in the interview for one to two hours.[14] Focus groups are useful because you can obtain a variety of perspectives and increase your confidence in whatever patterns emerge. It is first and foremost an interview, the twist is that, unlike a series of one-on-one interviews, in a focus group participants get to hear each other's responses and make additional comments beyond their own original responses as they hear what other people have to say. However, participants need not agree with each other or reach any kind of consensus. The objective is to get high-quality data in a social context where people can consider their own views in the context of the views of others.

There are several advantages to using focus group interviews:

- Data collection is cost-effective. In one hour you can gather information from several people instead of one.
- Interactions among participants enhances data quality
- The extent to which there is a relatively consistent, shared view or great diversity of views can be quickly assessed
- Focus groups tend to be enjoyable to participants, drawing on human tendencies as social animals

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

The CHA Research Lead acted as the moderator for the Tobique & Perth-Andover 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 Tobique & Perth-Andover 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 seven priority issues:

1. The need for support in the community to help coordinate and implement prevention and health promotion programs
2. The growing rate of mental health issues in the community
3. The need to address the growing rate of obesity in the community, particularly within the child and youth population
4. The need to examine practices and processes for dealing with cases of mental health in the ER
5. The need for improved collaboration between health care providers in the community
6. Transportation issues in the community that impact health
7. Alcohol and drug consumption in the community

Table 2 below outlines the seven 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. You will recall from section 2.4 that the determinants of health are *the broad range of factors and conditions that have a strong influence on our health* and are categorized by the Public Health Agency of Canada as:

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment and Working Conditions
5. Social Environment
6. Physical Environment
7. Personal Health Practices and coping skills
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services
11. Gender
12. Culture[16]

Table 4: Tobique & Perth-Andover Area CHNA Identified Priority Areas and Recommendations

Priority → → → → → → →	Recommendation
1. The need for support in the community to help coordinate and implement prevention and health promotion programs	Examine how other similar communities are addressing this issue, including a review of Horizon's Community Development framework to determine how best to provide this resource. Further build preventive/educational type programming into the work of the TVCHC, and enhance key community partnerships with individuals and organizations already working in this area.
2. The growing rate of mental health issues in the community	Further consult with mental health professionals, educators, parents from the community, representatives from Tobique First Nation and other key partners to determine what mental health supports and services already exist in the community and review how best to align these resources and identify additional services needed to fill gaps in service.
3. The need to address the growing rate of obesity in the community, particularly within the child and youth population	Through key community partnerships, develop a comprehensive, multi-level strategy to address child and youth obesity at the community level.
4. The need to examine practices and processes for dealing with cases of mental health in the ER	Further consult with key groups impacted by this issue such as law enforcement, mental health and addictions professionals, patients, ER staff and Tobique First Nation representatives, to pinpoint concerns. Together develop a strategy for how to improve current practices and processes for dealing with mental health cases in the emergency room.
5. The need for improved collaboration between health care providers in the community	Initiate a working group with staff and leadership representation from Tobique Valley CHC, HDSJ, Neqotkuk Health Center, other health care providers in the community, and patient advisors to develop a plan to improve communication and collaboration between these groups.
6. Transportation issues in the community 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.
7. Alcohol and drug consumption in the community	Working with mental health and addiction professionals, law enforcement, educators and Tobique First Nation representatives, develop a plan to address alcohol and drug use in the community.

6.1 The need for support in the community to help coordinate and implement prevention and health promotion programs

Consultation participants discussed the need to have more prevention and health promotion programs in the community. Professionals shared how they do not have the time or resources to coordinate, promote and implement community-based preventive programming. They also shared concerns for children and youth in the community who are experiencing mental health issues. They feel as though they are constantly reacting to the crisis and wish they had the capacity to implement preventive programming into the school curriculum so that children and youth would have the skills to better cope with stress and anxiety. Consultation participants also discussed the importance of physical activity as a preventive health measure and making recreational activities more accessible to members of the community. They shared concerns that they sometimes experience apathy from community members toward preventive programming and the need to promote good personal health practices to change that mindset.

"Partner with school districts you know to have that included in their curriculum. Having it in health class, a topic on how to deal, how to cope with stress, anxiety. So having that part of their curriculum."

"I don't think we have enough in the area of prevention. We spend too much time talking about the crisis."

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

ADULTS

Eating fruits and vegetables
(% 5 portions or more a day)
- Tobique & Perth-Andover Area **43.3%**
- NB **50.4%**

Current Smoker (% daily or occasional)
- Tobique & Perth-Andover Area **29.8%**
- NB **19.2%**

Moderate or vigorous physical activity (% at least 2 ½ hours a week)
- Tobique & Perth-Andover Area **50.9%**
- NB **49.0%**

Talk to a health professional about things you could do to improve your health or prevent illness like stop smoking, drink less alcohol, etc. (always, usually)
- Tobique & Perth-Andover Area **35%**
- NB **32%**

YOUTH

Feel connected to my school
- Tobique & Perth-Andover Area **80%**
- NB **91%**

Know where to go in my community to get help
- Tobique & Perth-Andover Area **15%**
- NB **26%**

POTENTIAL COMMUNITY ASSET
The **Western Valley Wellness Consultant** acts as a connector and facilitator to help communities, families, organizations, schools and workplaces enhance their wellness, and can help guide to the right programs and resources.

RECOMMENDATION
Examine how other similar communities are addressing this issue, including a review of Horizon's Community Development framework to determine how best to provide this resource. Further build preventive/educational type programming into the work of the TVCHC, and enhance key community partnerships with individuals and organizations already working in this area.

6.2 The growing rate of mental health issues in the community

Consultation participants discussed a growth in mental health issues across all age groups in the community. Professionals working with youth expressed concerns over increasing rates of anxiety and suicide attempts in the youth population. Mental health professionals discussed how parents are often struggling with anxiety and depression which can affect home life and children's mental health. Participants shared how gaps in resources often lead to law enforcement getting involved in cases of mental health, which could have been prevented had there been earlier intervention or better coordination of care. They also discussed how the high unemployment rate in the area affects not only the mental health of adults, but also students who experience stress as they are unsure if they will be able to gain employment in their community upon graduating. Participants also shared the mental health impacts caused by flood experiences in the community and the cycles of anxiety experienced in the spring, particularly for seniors in the community.

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

Unemployment rate %
- Tobique & Perth-Andover Area **15%**
- NB **11%**

Living in low income %
- Tobique & Perth-Andover Area **22%**
- NB **17%**

ADULT

Depression
- Tobique & Perth-Andover Area **20.3%**
- NB **14.9%**

Self-rated mental or emotional health (% very good or excellent)
- Tobique & Perth-Andover Area **56.6%**
- NB **65.4%**

YOUTH

Moderate to high level of mental fitness
- Tobique & Perth-Andover Area **76%**
- NB **77%**

Strong level of pro-social behaviors
- Tobique & Perth-Andover Area **60%**
- NB **80%**

Getting an education is important to me
- Tobique & Perth-Andover Area **57%**
- NB **59%**

RECOMMENDATION
Further consult with mental health professionals, educators, parents from the community, representatives from Tobique First Nation and other key partners to determine what mental health supports and services already exist in the community and review how best to align these resources and identify additional services needed to fill gaps in service.

6.3 The need to address the growing rate of obesity in the community, particularly within the child and youth population

Consultation participants expressed concerns about the increase in obesity rates in all age groups, but particularly for children and youth, and how it is impacting the health of the community. They shared how they see obesity starting at a younger age and attribute it to lifestyle and income. Participants discussed the difficulty families living on low income have in accessing and affording a fresh whole foods diet. They expressed how parents and young people often lack the knowledge to cook a healthy meal and therefore rely on processed food. Participants discussed how children and youth lead more sedentary lives due to an increased use of technology and that a lack of affordable transportation is a barrier to attending recreational activities in the community which provide opportunities for physical activity.

DETERMINANTS OF HEALTH:
Income & Social Status, Physical Environment & Personal Health Practices and Healthy Child Development

CHILDREN overweight or obese
- Tobique & Perth-Andover Area **46%**
- NB **37%**

YOUTH overweight or obese
- Tobique & Perth-Andover Area **25%**
- NB **23%**

ADULT Unhealthy weight (% obese)
- Tobique & Perth-Andover Area **37.8%**
- NB **30.8%**

POTENTIAL COMMUNITY ASSETS
Perth-Andover & Plaster Rock Recreation Departments provide quality recreational facilities and activities to promote the health and wellness of community members.

Generations Community Garden brings seniors and youth from the community together to maintain the garden and generates healthy food for people of all ages.

RECOMMENDATION
Through key community partnerships, develop a comprehensive, multi-level strategy to address child and youth obesity at the community level.

6.4 The need to examine practices and processes for dealing with cases of mental health in the ER

Consultation participants discussed the need to improve the way cases of mental health are dealt with in the HDSJ emergency room. Concerns were expressed for patients in crisis who were sent home without being seen or receiving a psychiatric referral. Other professionals in the community providing support services, such as law enforcement and educators, also shared experiences of inadequate responses to mental health cases in the emergency room. They discussed how patients often experience better results in terms of ER mental health services outside of the community, but that travel can be difficult for many living on low income. They also expressed the concern that these experiences can create a lack of trust in the system for patients, because there is a sense that mental health is not taken seriously or validated.

"I've learned that if I go directly to Waterville and bypass Hotel Dieu that I have a better experience or better opportunity to have somebody hospitalized psychiatrically. Unfortunately, we have a lot of low income individuals that couldn't drive there."

"So when they're being sent home, you're not validated, that's the call for help… that's why you need someone that's gonna be there at that time to validate."

DETERMINANTS OF HEALTH:
Social Support Networks, Physical Environment, Social Environment, Health Services and Culture

Adults who have seen a health professional about mental or emotional health

- Tobique & Perth-Andover Area **26%**
- NB **19%**

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

- Tobique & Perth-Andover Area **58%**
- NB **71%**

RECOMMENDATION
Further consult with key groups impacted by this issue such as law enforcement, mental health and addictions professionals, patients, ER staff and Tobique First Nation representatives, to pinpoint concerns. Together develop a strategy for how to improve current practices and processes for dealing with mental health in the emergency room.

6.5 The need for improved collaboration between health care providers in the community

Consultation participants discussed how they would like to see better communication, information sharing and partnerships between health care providers in the community. They shared how a lot of physicians in the area are practicing in isolation, with a lack of collaboration with each other and with other allied health care professionals in the area. Participants expressed how this may not always be in the best interest of the patient, as they are missing out on quality education and services that can be provided by other health care professionals in the community. They also discussed how relations and communication between HDSJ and Tobique Valley CHC need to be improved. Moreover, there is a perceived lack of support and encouragement by other health care providers in the community for use of the TVCHC services. In part, this may be because HDSJ management and staff have limited awareness around what services are offered at TVCHC. Consultation participants discussed how patients would benefit from better partnerships between the two facilities.

"One of the biggest concerns is that the doctors are all practising individually, they're not collaborating with other health care professionals…they don't really collaborate with each other."

"Patients are missing out on a lot of counselling, a lot of quality counselling, education because they're not getting those allied health professionals… collaborations are almost non-existent."

"We have full-time services, but some doctors tell their patients that live in our area that they have to come to Perth to have their blood work done. If you like live in Plaster Rock, why would you want to go to Perth for blood work at 7:00 in the morning fasting. It's just no good access for your patients. And if you live in Riley Brook, it's an hour's drive."

DETERMINANTS OF HEALTH:
Social Environment, Health Services and Culture

How often family doctor helps citizens coordinate the care from other health care providers and places (% always)

- Tobique & Perth-Andover Area **68.8%**
- NB **70.7%**

RECOMMENDATION
Initiate a working group with staff and leadership representation from Tobique Valley CHC, HDSJ, Neqotkuk Health Center, other health care providers in the community, and patient advisors to develop a plan to improve communication and collaboration between these groups.

6.6 Transportation issues in the community that impact health

Consultation participants discussed a number of ways limited access to affordable transportation often impacts health in the community. They shared how barriers to transportation are particularly an issue for those living on low income and for seniors who may have limited informal social supports and experience isolation. This may result in community members missing out on programs and activities available in the area. Transportation was also identified by the participants as a major barrier to accessing primary health care. Experiences were shared where community members delayed seeking care during the earlier signs of illness, to avoid asking family members or friends for transportation to medical services, which resulted in hospitalizations that could have been avoided had they received timely treatment. Participants also shared concerns for those who have to travel outside of the community to access particular health care services and the expense associated with this travel.

DETERMINANTS OF HEALTH:

Income & Social Status, Social Support Networks, Social Environment, Physical Environment and Health Services

Health service barrier, transportation problems

- Tobique & Perth-Andover Area **11.1%**
- NB **7.1%**

Health service not available in your area when needed

- Tobique & Perth-Andover Area **35.6%**
- NB **17.4%**

Avoidable hospitalizations (rate per 10,000)

- Tobique & Perth-Andover Area **77**
- NB **60**

POTENTIAL COMMUNITY ASSET

Carleton Victoria Community Inclusion Network's role is to develop, oversee, coordinate and implement strategic initiatives and plans to reduce poverty and assist thousands of New Brunswickers to become more self-sufficient. Addressing transportation is one of the key priorities identified by this network.

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.

6.7 Alcohol and drug use in the community

Consultation participants expressed concerns about the increasing alcohol and drug use in the community. For youth, participants discussed that alcohol and marijuana use has always been high but of particular concern is the increased use of "party drugs" (e.g. cocaine and speed) and how it leads to risk-taking behaviours. They shared that alcohol consumption is rooted in the culture of the community, a social norm, and generational in nature. They also discussed how members of the community use alcohol and drugs to self-medicate when they do not have timely access to mental health services or when mental health medications are not covered by their drug plan. Moreover, participants discussed concerns around some inappropriate prescribing of narcotics and how it is affecting the community, particularly for Tobique First Nation residents.

"You have people who get prescribed mental health drugs but don't take it because they can't afford it or it's not part of their plan. And so they go to alcohol or other drugs."

"You're under the influence of drugs and alcohol, then you increase your risk taking."

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

Youth 5 or more drinks
at one time at least once a month

- Tobique & Perth-Andover Area **53%**
- NB **51%**

Adults 5 or more drinks
at one time at least once a month

- Tobique & Perth-Andover Area **29%**
- NB **25%**

RECOMMENDATION
Working with mental health and addiction professionals, law enforcement, educators and Tobique First Nation representatives, develop a plan to address alcohol and drug use in the community.

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