Eastern Charlotte County 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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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

Eastern Charlotte County is located in the southwestern part of the province. It is a rural area with communities scattered along the Bay of Fundy, including the islands of Grand Manan and Deer Island. The main employment industries in the community are in the sectors of fishing, aquaculture, manufacturing and tourism. The population of the Eastern Charlotte County Area is 11,289 and has seen a decrease of 1% from 2006 to 2011. The median household income in the community is $51,741 and 18% of the population is living in low-income households. Data indicates that the Eastern Charlotte County Area has increasing rates of high blood pressure, arthritis, 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 Eastern Charlotte County 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 and Addictions Professionals
- Seniors and Senior's Supports
- Grand Manan Health & Wellness
- Deer Island Health & Wellness
- Social Supports in the Community
- Fundy Health Centre
- Eastern Charlotte County Clergy

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 Eastern Charlotte County Area CAC for feedback, and CAC members were asked to participate in a prioritization exercise of the key issues based on their own experience in the community. The priorities that emerged from the exercise are used to finalize the list of priorities and recommendations for the Eastern Charlotte County 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: Eastern Charlotte County Area CHNA Identified Priority Areas and Recommendations

Priority	Recommendation
1. The need for improved supports in the community for families who are struggling and experiencing difficulties	Using a multi-swector approach that includes family support services, public health, and educators, revisit the current model of providing family support services and develop a more up-to-date approach to provision that better aligns with the challenges being faced by families in the community today.
2. 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.
3. An insufficient amount of affordable housing options, including transitional/emergency type housing, in the community	Working with community leadership, representatives from Social Development, representatives from NB Housing, current housing operators, and other key partners, assess current availability, wait list and gaps and create a plan to address housing needs in the community.
4. The need for more 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.
5. The need for more affordable recreational activities for children and youth in the community	Through stakeholder partnerships, review what recreational programs and services are currently available in the community, determine where additions can be made and work to eliminate barriers to participation.
6. The need for increased access to mental health services in order to address the growing rate of mental health issues in the community	Further consult with mental health professionals 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.
7. Food insecurity in the community	Working with key community partners, review the various elements of food insecurity affecting the community and develop a plan of action.
8. A decrease in mental resiliency and coping skills among children and youth in the community	Further consult with parents, educators and mental health professionals about the types of mental resiliency skills/coping skills that children and youth are missing and, through partnerships, develop a plan to fill these learning gaps in the community.

2.0 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

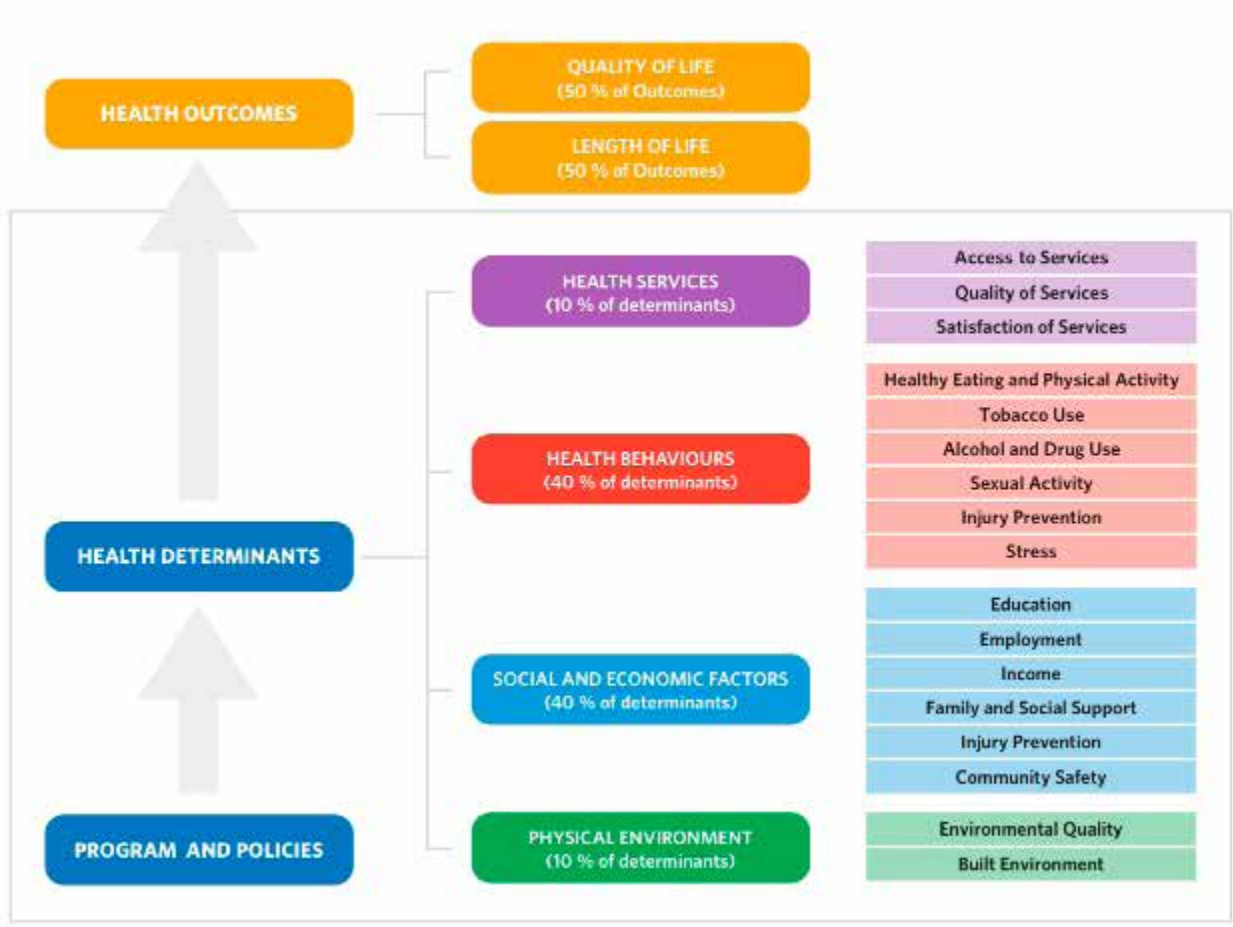
Health is a complex subject and assessing the health of a community goes far beyond looking at rates of disease and the availability of health care services. Therefore, CHNAs conducted within Horizon communities are guided by the population health approach. This approach endeavors to improve the health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

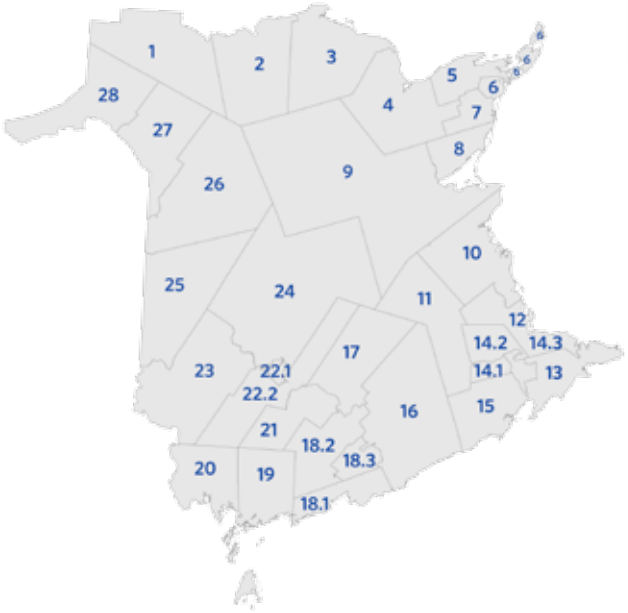


2.5 Defining Communities

For CHNAs, individual community boundaries are defined by the New Brunswick Health Council (NBHC). The NBHC works at 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].

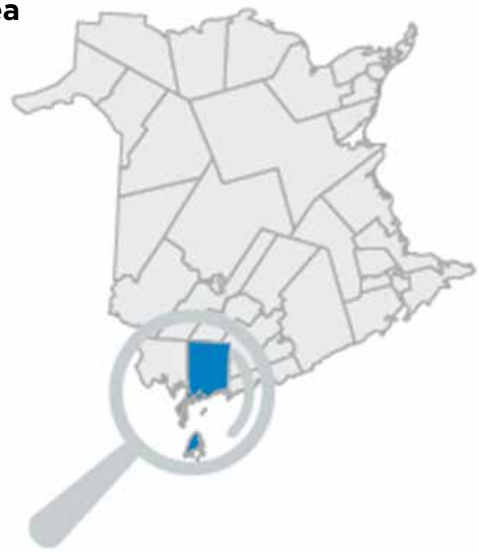
FIGURE 2: NBHC COMMUNITIES



2.6 The Eastern Charlotte County Area

One of the NBHC communities selected by Horizon for assessment in 2016 was community 19, identified by the NBHC as the St. George, Grand Manan, Blacks Harbour Area. Based on feedback from key community stakeholders, for the sake of the CHNA, this community was renamed the Eastern Charlotte County Area to better represent the full geographic region covered by the CHNA. Figure 3 below shows the Eastern Charlotte County Area and lists the smaller communities that fall within it.

FIGURE 3: Eastern Charlotte County Area



Back Bay
Beaver Harbour
Blacks Harbour
Canal
Clarendon
Fairhaven
Grand Manan
Leonardville
Lepreau
L'Etete
Pennfield
Pocologan
Second Falls
St. George
Utopia
West Isles

Eastern Charlotte County is located in the southwestern part of the province. It is a rural area with communities scattered along the Bay of Fundy, including the islands of Grand Manan and Deer Island which can be accessed via ferry services. The main employment industries in the area are in the sectors of fishing, aquaculture, manufacturing and tourism. Eastern Charlotte

County is primarily an Anglophone community; however, the rate of immigration (4.1%) in the area is slightly elevated compared to the provincial rate (3.9%). Stakeholders who were consulted believe the high rate of immigration is due to the types of industry in the area. The population of the Eastern Charlotte County Area is 11,289 and has seen a decrease of 1% from 2006 to 2011. The median household income in the community is $51,741 and 18% of the population is living in low-income households. Residents of the area expressed that the income is somewhat skewed because of the inclusion of certain communities, such as those on Grand Manan, where the fishing industry is prominent and therefore the median household income would be lower in other communities in this area.

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 Eastern Charlotte County Area. Especially concerning are the increasing rates of high blood pressure, arthritis, depression, cancer, heart disease, and emphysema or Chronic Obstructive Pulmonary Disease (COPD), which are also higher than the provincial averages.

TABLE 2: CHRONIC HEALTH CONDITIONS IN THE EASTERN CHARLOTTE COUNTY AREA[8]

	n = 424	n = 411	n = 411	n = 13,614
Chronic Health Conditions[1]	**2011 (%)**	**2014 (%)**	**2014[2] (#)**	**NB (%)**
One or more chronic health conditions[3]	58.8 (54.1 – 63.5)	64.7 (60.1 – 69.2)	6,421	61.6 (60.8 – 62.4)
High blood pressure	28.8 (24.6 – 33.0)	34.4 (29.9 - 38.9)	3,412	27.0 (26.2 – 27.7)
Arthritis	27.2 (23.1 – 31.4)	22.3 (18.4 – 26.3)	2,217	17.4 (16.8 – 18.0)
Gastric Reflux (GERD)	18.0 (14.4 – 21.6)	17.7 (14.1 - 21.3)	1,758	16.4 (15.8 – 17.0)
Depression	11.3 (8.4 – 14.3)	16.2 (12.7 – 19.7)	1,606	14.9 15.5
Chronic pain	14.2 (10.9 – 17.4)	13.7 (10.5 – 17.0)	1,365	14.0 (13.5 – 14.6)
Diabetes	9.5 (6.7 – 12.2)	11.7 (8.7 – 14.8)	1,164	10.7 (10.1 – 11.2)
Cancer	7.5 [E] (5.1 – 10.0)	10.5 (7.6 – 13.4)	1,040	8.3 (7.8 – 8.7)
Heart disease	8.0 (5.5 – 10.6)	10.2 (7.3 – 13.1)	1,011	8.3 (7.9 – 8.8)
Asthma	7.3 [E] (4.9 – 9.8)	9.9 (7.0 – 12.7)	981	11.8 (11.3 – 12.4)
Emphysema or COPD	2.7 [E] (1.2 – 4.3)	4.4[E] (2.4 - 6.3)	434	3.0 (2.7 - 3.3)
Mood disorder other than depression	F	4.2[E] (2.3 – 6.1)	420	3.0 (2.7 – 3.2)
Stroke	F	F	148	2.5 (2.2 – 2.8)

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 Eastern Charlotte County Area are provided through Mental Health and Addictions, Extra-Mural, Public Health, the Fundy Health Centre, the Grand Manan Hospital, and the Deer Island Health Centre. Based on data from the NBHC's Primary Health Care Survey of New Brunswick, 85.6% of respondents from the Eastern Charlotte County Area had a personal family doctor in 2014, compared to 92.1% for the province. As shown in Table 3 below, the Eastern Charlotte County Area does well on some primary health care indicators but needs some improvement on others.

TABLE 3: PRIMARY HEALTH CARE SURVEY INDICATORS FOR THE EASTERN CHARLOTTE COUNTY AREA[9]

Primary Health Care Survey Indicator	2011	2014	NB
Family Doctor has after-hours arrangement when office is closed (% yes)	18.4%	20.7%	18.2%
How quickly appointments can be made with family doctor (% on same day or next day)	35.0%	24.4%	30.1%
How quickly appointments can be made with family doctor (% within five days)	71.6%	57.2%	60.3%
Model of care used most often when sick or in need of care from a health professional (% hospital emergency department)	12.3%	14.3%	11.5%
How often family doctor explains things in a way that is easy to understand	76.9%	80.5%	80.2%
How often a family doctor involves citizens in decisions about their health care (% always)	68.0%	68.8%	68.2%
How often family doctor gives citizens enough time to discuss feelings, fears and concerns about their health	71.1%	75.9%	71.9%
Satisfaction with services from personal family doctor (% 8, 9, or 10 on a scale of 0 to 10)	83.0%	80.0%	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 EASTERN CHARLOTTE COUNTY AREA COMMUNITY ADVISORY COMMITTEE

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

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

The specific functions of the Eastern Charlotte County Area CAC are to:

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

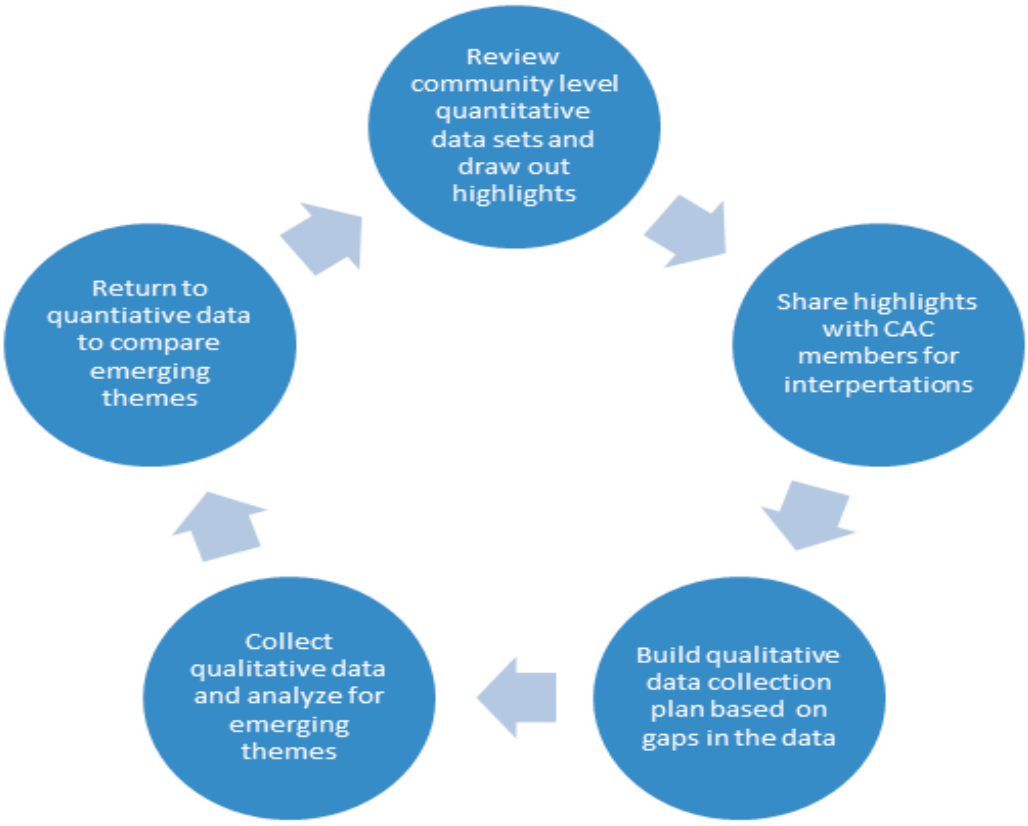
As explained in Step Two of the CHNA 12-step process, CAC members are chosen in collaboration with key community leaders on the CHNA Management Committee. This is done with the use of the CAC membership selection guide which can be found in the technical document. To help ensure alignment with the population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

Extra Mural Program
Primary Health Care Program
Village of Blacks Harbour
Town of St. George
Social Development, Wellness Branch
Vibrant Communities Charlotte County
Fundy Health Centre, Management
St. George and Area Food Bank
Action Ministries of Grand Manan
Association for Community Living (NBACL)
RCMP
Habitat for Humanity, Saint John Region
Public Health
Canadian Mental Health Association
Fundy High School
Pharmacist
Primary Health Care, Grand Manan
Primary Health Care, Deer Island
Department of Transportation and Infrastructure

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 Eastern Charlotte County 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 and Addictions Professionals
- Seniors and Senior's Supports
- Grand Manan Health & Wellness
- Deer Island Health & Wellness
- Social Supports in the Community
- Fundy Health Centre
- Eastern Charlotte County Clergy

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 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 Eastern Charlotte County Area focus groups with the main responsibility of guiding the discussion. The CHA Project Coordinator was also present to collect consent forms, take notes, manage the audio recording and deal with any other issues that emerged so that the moderator could stay focused and keep the discussion uninterrupted and flowing.

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

FIGURE 5: FOCUS GROUP INTRODUCTION GUIDE

INTRODUCTION:

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

5.4 Content Analysis Framework

Content analysis done by Horizon's CHA Team is based on the Key Issues analytical framework approach.[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. The need for improved supports in the community for families who are struggling and experiencing difficulties
2. Transportation issues in the community that impact health
3. An insufficient amount of affordable housing options, including transitional/emergency type housing, in the community
4. The need for more after-hours access to primary health care, including mental health services, in the community
5. The need for more affordable recreational activities for children and youth in the community
6. The need for increased access to mental health services in order to address the growing rate of mental health issues in the community
7. Food insecurity in the community
8. A decrease in mental resiliency and coping skills among children and youth in the community

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: Eastern Charlotte County Area CHNA Identified Priority Areas and Recommendations

	Priority → → → → → → → Recommendation	
1.	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, and educators, revisit the current model of providing family support services and develop a more up-to-date approach to provision that better aligns with the challenges being faced by families in the community today
2.	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.
3.	An insufficient amount of affordable housing options, including transitional/ emergency type housing, in the community	Working with community leadership, representatives from Social Development, representatives from NB Housing, current housing operators, and other key partners, assess current availability, wait list and gaps and create a plan to address housing needs in the community.
4.	The need for more 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.
5.	The need for more affordable recreational activities for children and youth in the community	Through stakeholder partnerships, review what recreational programs and services are currently available in the community, determine where additions can be made and work to eliminate barriers to participation.
6.	The need for increased access to mental health services in order to address the growing rate of mental health issues in the community	Further consult with mental health professionals 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.
7.	Food insecurity in the community	Working with key community partners, review the various elements of food insecurity affecting the community and develop a plan of action.
8.	A decrease in mental resiliency and coping skills among children and youth in the community	Further consult with parents, educators and mental health professionals about the types of mental resiliency skills/coping skills that children and youth are missing and, through partnerships, develop a plan to fill these learning gaps in the community.

6.1 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 explained that a lot of families in the community are living in low-income households and that the types of employment industries in the area lead to long periods of unemployment. They shared how high unemployment rates often lead to alcohol and drug abuse in parents, which affects children within the family unit and impacts healthy family relationships. Community members also observe a lot of mental health and addiction issues in parents and see these being passed down to children in the community. Consultation participants discussed the need for a Family Resource Centre in the community and they also shared how families, particularly on Grand Manan, could benefit from more consistency in the delivery of Family Enhancement Services.

"I do feel that a lot households are affected from the alcohol and addictions and it's a lifestyle in this area and you know, kind of starts like in the youth and then carries on into adulthood and so that is one of the ones that I identify as a concern in this area. And the shift work and the seasonal work."

"Some of the core family unit is breaking down and resulting in some of the things that we have seen in the community when it comes to suicide."

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

Living in Low-Income Households
- Eastern Charlotte County Area **18%** (NB **17%**)

Moderate to high level of mental fitness, grade 6 to 12
- Eastern Charlotte County Area **73%** (NB **77%**)

Adults who see their mental health as being very good or excellent
- Eastern Charlotte County Area **67%** (NB **71%**)

Adult alcohol use
- Eastern Charlotte County Area **20%** (NB **25%**)

Youth alcohol use, grade 9 to 12
- Eastern Charlotte County Area **31%** (NB **51%**)

Youth marijuana use, grade 9 to 12
- Eastern Charlotte County Area **16%** (NB **33%**)

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

6.2 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 in low-income households and for seniors who may have limited informal social supports and experience isolation. Many of these community members rely on friends or family for transportation, therefore they may miss 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. Particularly affected are community members living on Grand Manan and Deer Island, who have to rely on ferry services and experience lengthy travel times to access services that are not available in their area. Participants also expressed concerns for those who have to travel outside of the community to access particular health care services and the expense associated with this travel.

"I think isolation is another very big key part especially in being such a rural area with limited transportation. If you don't have a vehicle you're probably not getting very far and if you do you might be able to catch a ride with a friend or a family member maybe once a week, maybe twice a month if you're lucky. Other than that there's not anywhere to go or how to get there."

DETERMINANTS OF HEALTH:

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

Health service barrier, transportation problems

- Eastern Charlotte County Area **13.7%** (NB **7.1%**)

Health service not available in your area when needed

- Eastern Charlotte County Area **26.2%** (NB **17.4%**)

POTENTIAL COMMUNITY ASSET

Charlotte Dial-a-Ride provides alternative, affordable transportation options for residents of Charlotte County.

The Southwest New Brunswick Transport Authority Inc.'s goal is to establish and operate a scheduled bus service in the region of Charlotte County.

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.

6.3 An insufficient amount of affordable housing options, including transitional/emergency type housing, in the community

Consultation participants discussed concerns about housing in the community and connected it to health impacts. They shared that there are limited affordable and appropriate housing options available for seniors in the community. They explained that some of the units designated for seniors do not offer proper accessibility and may not be safe for seniors who are less mobile and at risk to fall hazards. They also shared concerns about seniors living in older homes that are unsafe and hard to maintain (both physically and financially). Participants noted that there are few supports in the community to help with upkeep of the homes, such as lawn care and snow removal. Moreover, seniors are often unaware of the resources and financial aid that they may be eligible for in order to maintain the upkeep of their homes. Participants also shared that some units available in the community through NB Housing for low-income families and individuals are unsafe and in need of improvements. They also expressed concerns over a lack of transitional or emergency type housing, particularly on Grand Manan, and how residents remain in unhealthy and unsafe situations because they have nowhere else to go. Community members discussed the impact of housing issues on health (particularly mental health) and the importance of having a stable living environment in order to address other health issues.

"Housing is a huge issue, people trying to find suitable housing and staying in unhealthy relationships because they have nowhere to go."

"If you don't have safe, affordable housing, you're not in a healthy situation and you can't deal with anything else. And we have a severe lack of affordable family housing for rent."

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

Occupied dwellings requiring major repairs
- Eastern Charlotte County Area **12%** (NB **10%**)

Occupied private dwellings requiring major repairs
- Eastern Charlotte County Area **39%** (NB **27%**)

Seniors living in private households
- Eastern Charlotte County Area **97%** (NB **92%**)

Seniors living in low–income households
- Eastern Charlotte County Area **26%** (NB **20%**)

Seniors living alone
- Eastern Charlotte County Area **28%** (NB **24%**)

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

6.4 The need for more 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, including mental health services, are a barrier for many community members. Given that the most common types of employment industries in the area involve shift work, many residents in Eastern Charlotte County work variable hours that often do not fit the traditional 8:00–16:00 hours of operation model. They also explained how difficult it is for a lot of them to take time off work to attend appointments, and therefore will put off seeking medical care. This is particularly difficult for residents of Grand Manan, because traveling to the main land for an appointment often means taking a day off work and they cannot afford to miss out on a full day's wage. Consultation participants also expressed concerns about the stigma of mental health in the community, and how some employees do not want to disclose the nature of their appointments to their employer if they need time off work, therefore having access to mental health services outside of the traditional hours of operation may increase access to these services. Participants also discussed how to make better use of the Fundy Health Centre's hours of operation to service community members working shift work by having a doctor or nurse practitioner practicing later during some weekdays. Participants also highlighted that, because there is minimal after-hours access to primary health care services, many in the community rely on the local emergency department for their primary health care.

"If you have a working population, if they take a day off work they don't get paid and they're done at 5 or 5:30 and drive by and the doctor just left 15 minutes ago."

"If you can't get there during doctor's hours, you're probably going to the emergency room even though it's not emergency worthy."

DETERMINANTS OF HEALTH:
Employment & Working Conditions, Income & Social Status, Physical Environment and Health Services

Family doctor has extended office hours (after 5 p.m. or on weekends)
- Eastern Charlotte County Area **13.0%** (NB **16.2%**)

Model of care used most often when sick – emergency room
- Eastern Charlotte County Area **14.3%** (NB **11.5%**)

Visited an after-hours clinic or walk-in clinic
- Eastern Charlotte County Area **16.8%** (NB **24.3%**)

Avoidable hospitalizations (rate per 10,000)
- Eastern Charlotte County Area **67** (NB **60**)

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

6.5 The need for more affordable recreational activities for children and youth in the community

Consultation participants discussed the impact of limited availability of recreational activities for children and youth in the community. They highlighted the importance of recreational programming to the physical and mental development of children and youth. They discussed the need to eliminate barriers to participating in activities, such as membership costs and transportation which is particularly an issue for children and youth on the islands and within outlying areas in the community. Moreover, because of the nature of shift work in the community, a lot of parents are not able to drive their children to activities, therefore the community could benefit from organized transportation. Participants also shared how limited activities for youth in the community leads to boredom and an increase in risky behaviours like drug and alcohol use, which is a significant problem in the community. They discussed the idea that more after-school programming and organized activities could be beneficial for children to socialize and stay active.

"There's very little for youth in this area to keep them occupied and away from extracurricular drug use."

DETERMINANTS OF HEALTH:
Early Childhood Development, Physical Environment and Social Environment

Physically active at least 30 minutes 3 or more times a week, grade 4 to 5

- Eastern Charlotte County Area **77%** (NB **80%**)

Physical active at least 90 minutes daily (moderate to hard) grade 6 to 12

- Eastern Charlotte County Area **30%** (NB **40%**)

Sedentary activity, 2 hours or less a day (screen time), grade 4 to 5

- Eastern Charlotte County Area **31%** (NB **39%**)

Sedentary activity, 2 hours or less a day (screen time), grade 6 to 12

- Eastern Charlotte County Area **9%** (NB **25%**)

RECOMMENDATION
Through stakeholder partnerships, review what recreational programs and services are currently available in the community, determine where additions can be made and work to eliminate barriers to participation.

6.6 The need for increased access to mental health services in order to address the growing rate of mental health issues in the community

Consultation participants discussed growing rates of mental health issues across all age groups in the community. They shared that because of a growing need and limited resources in the community, there are long wait times for mental health services. They expressed concern for individuals waiting for services and shared that there are very limited supports for them while they wait. Participants also felt that there was a lack of awareness around services that are already available in the community and that this may be related to stigma, as many community members are afraid or ashamed to reach out when they are in need. Health care providers also discussed the importance of addressing mental health issues in community members that are affected by chronic illnesses, and how they would be better equipped emotionally and mentally to manage their illness if they had the proper supports. Educators and health care providers also discussed the need for more preventive mental health services and programming in the community, particularly for children and youth. They feel as though they are constantly responding to the crisis after the fact, and that children and youth would benefit from a more upstream approach.

"Mental health services is an area that sometimes is hard for people to access unless they're in real crisis."

"There's a lot of mental health issues and the substance abuse connected with that, so we're seeing a rise in referrals on anxiety and depression, those sorts of things as well."

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

Moderate to high level of mental fitness, grade 4 to 5
- Eastern Charlotte County Area **75%** (NB **80%**)

Moderate to high level of mental fitness, grade 6 to 12
- Eastern Charlotte County Area **73%** (NB **77%**)

Adults who see their mental health as being very good or excellent
- Eastern Charlotte County Area **67%** (NB **71%**)

Seniors who see their mental health as being very good or excellent
- Eastern Charlotte County Area **66%** (NB **59%**)

Depression,
- Eastern Charlotte County Area **16.2%** (NB **14.9%**)

RECOMMENDATION
Further consult with mental health professionals working in the community to determine what additional services are needed. Review outcomes with Horizon's Mental Health & Addictions leadership to determine how best to fill these gaps in service.

6.7 Food insecurity in the community

Consultation participants discussed many issues related to food insecurity in the community. They explained that the growing rate of unemployment and the seasonal work in the community makes it difficult for many to afford a fresh, whole foods diet. They highlighted that lack of transportation is a barrier to accessing food in the community, particularly for those living on the islands, where access to fresh, whole foods is limited. CAC members discussed the opportunity for collaboration between the St. George and Area Food Bank and the food banks on Grand Manan and Deer Island, to better service the community and address food insecurity in the area. Consultation participants also shared how a lot of young people lack the basic skills to prepare meals, as this is not often being taught at home or in the school environment as it traditionally was. Therefore, because of a limited income and a lack of knowledge about food and nutrition, many are relying on packaged and processed foods. Participants also shared concerns for seniors in the community who experience isolation and discussed the benefits of a Meals-on-Wheels program in the community.

"A lot of people can't afford to buy, they have to buy bulk, not quality to feed their family. They didn't eat fruits and vegetables so they don't raise their kids on them and you know, it's a lot cheaper to buy a box of No Name Kraft Dinner than it is to actually make macaroni and cheese. I mean it comes down to the socioeconomic and education levels of this community."

"Groceries and things are expensive on the island, produce quality and things like that, it's often difficult to get things at a good price."

"I think that healthy eating patterns, the lack of healthy eating or lack of knowledge around healthy eating is an issue here."

DETERMINANTS OF HEALTH:

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

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

- Eastern Charlotte County Area **14%** (NB **9%**)

Five or more fruits and vegetables daily, Eastern Charlotte County

- Children **45%** (NB **51%**)
- Youth **20%** (NB **40%**)
- Adults **20%** (NB **36%**)
- Seniors **14%** (NB **37%**)

School provided access to healthy foods and snacks

- Eastern Charlotte County Area **12%** (NB **21%**)

POTENTIAL COMMUNITY ASSET

St. George and Area Food Bank provides assistance to families and individuals living in poverty in the community.

RECOMMENDATION

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

6.8 A decrease in mental resiliency and coping skills among children and youth in the community

Consultation participants discussed how many children and youth in the community have limited mental resiliency and lack adequate coping skills to deal with challenges. They shared how these issues often impact children and youth's ability to have healthy relationships. They also explained that a lot of these skills were traditionally taught informally, in the home environment, but a lot of parents now lack these skills themselves and are therefore unable to teach their children to be resilient and to deal with life's basic challenges. Participants observed that parents often rely on the school system to teach these skills to children and youth, but educators do not currently have the capacity to do this in schools. Community members made the connection of limited mental resiliency to the increased use of technology and the new types of bullying that children and youth are experiencing because of social media.

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

Satisfaction with mental fitness, Eastern Charlotte County

- High level of family-related mental fitness **85%** (NB **76%)**
- High level of friend-related mental fitness **76%** (NB **83%**)
- High level of school-related mental **55%** (NB **58%**)

Strong level of pro-social behaviours

- Eastern Charlotte County Area **12%** (NB **21%**)

Has been bullied

- Eastern Charlotte County Area **86%** (NB **65%**)

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

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