Riverview and Coverdale Area

COMMUNITY HEALTH NEEDS ASSESSMENT

FALL 2019

RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

Table of Contents

Acknowledgments:

We acknowledge that the land on which we gathered to facilitate Riverview and Coverdale Area's Community Health Needs Assessment (CHNA) is the traditional unceded and unsurrendered Mi'kmaq Peoples territory. We thank them for allowing us to gather and hold gratitude and appreciation to the Indigenous people who have been living and working on the land from time immemorial.

This report is produced by Horizon Health Network's Community Health Assessment Team for Riverview and Coverdale Area. The Community Health Assessment Team would like to extend gratitude to all the organizations, groups, and community members who took part in Riverview and Coverdale Area's CHNA.

List of Abbreviations

ASD-E: Anglophone School District-East
CAC: Community Advisory Committee
CHA Team: Community Health Assessment Team
CHNA: Community Health Needs Assessment
Horizon: Horizon Health Network
2SLGBTQIA+: two-spirit, lesbian, gay, bisexual, transgender, queer, intersex and asexual
LSD: Local Service District
NBHC: New Brunswick Health Council
RCA: Riverview and Coverdale Area
RHA: Regional Health Authority
TOR: Terms of Reference
Vitalité: Vitalité Health Network

List of Figures

List of Tables

1.0 Report Summary

Introduction to Community Health Needs Assessments

People in New Brunswick want to thrive and be healthy. Control over one's health and wellness is dependent, to a large extent, on the support provided by the people, places, and things that surround them. A Community Health Needs Assessment (CHNA) is a recognized approach to understanding health and wellness at a local, community level. Through community engagement, a CHNA can define an area's strengths and needs leading to the identification of local priorities that, when acted upon, can improve the health and wellness experienced by individuals and population groups.

Riverview and Coverdale Area

In the winter of 2019, a CHNA was initiated by Horizon in collaboration with community representatives from the Town of Riverview and the surrounding Local Service District (LSD) of Coverdale. This area is in eastern New Brunswick and supports a population of approximately 24,125 people. The following communities are located within the area under assessment: Colpitts Settlement, Coverdale, Five Points, Grub Road, Lower Coverdale, Middlesex, Pine Glen, Price, the Town of Riverview, Riverbend Subdivision, Stoney Creek, Synton, Turtle Creek, and Upper Coverdale. A few small communities resting outside the boundary of this area were also considered during the process as they are known to be linked to the area and many living within these communities would associate themselves with this part of the province. These outlying communities include Dawson Settlement, Osbourne Corner, and Shenstone.

In 2014, a CHNA for Moncton, Riverview, Dieppe, and Memramcook was completed and resulted in the recommendation of seven priority areas in need of action to improve the health and wellness of the population living within the Greater Moncton Area (see Table 2). Feedback related to this assessment identified that the scope was very large, and the resulting priorities did not fully reflect the health and wellness needs of all areas within the assessment boundary, including Riverview and Coverdale. Upon the initiation of a second round of CHNAs a decision was made to divide the original 2014 assessment area into three separate areas guided by the geographical boundaries defined by the New Brunswick Health Council (NBHC) (1). The CHNA detailed in this report represents the first assessment completed for the Town of Riverview and the Surrounding Coverdale LSD.

Current Snapshot of Riverview and Coverdale Area's Health and Wellness

Based on data from NBHC's 2014 and 2017 Primary Health Survey for Riverview and Coverdale Area (RCA), the incidence of most chronic health conditions in RCA has not changed nor has the incidence of residents who manage multiple chronic conditions (2). Compared to provincial prevalence rates, more adults living in RCA report being diagnosed or treated for anxiety and almost 27% indicated that they felt they needed to see or talk to a professional about their mental or emotional health (2).

The mental health of younger generations living in RCA is also a concern. Despite 78% of youth reporting a moderate to high level of mental fitness[1], *My Community at a Glance 2017* reveals that the 33% of youth living in RCA experience symptoms of anxiety and 34% experience symptoms of depression (3).

[1] Someone who has a moderate to high level of mental fitness has a positive sense of how they feel, think, and act.

1.0 Report Summary continued

Community Health Needs Assessment Process

Applying a population health perspective and an understanding of the Social Determinants of Health, Horizon's Community Health Assessment Team facilitated the current CHNA with a 14-step process to meaningfully engage community members. These steps provide a level of structure that ensures a consistency between individual assessments while, at the same time, offers flexibility to shift and adjust to unique local circumstances.

We acknowledge there are limitations within this process. Our time frame to introduce and facilitate a CHNA within a given area is between six months to one year. Some community organizations and important population groups would benefit from a longer time frame to learn about the CHNA process, how it could support their own efforts, and how action addressing identified priorities can support those living with health and wellness inequities. This limitation ultimately impacts who chooses to be involved in our CHNA process. We are learning, as a Community Health Assessment Team, ways we can share our process with communities well before beginning an assessment, so we give adequate time for community representatives to understand our process and trust the purpose of our work. A second limitation, also constricted by our time frame, is our inability to collect specific quantitative information at the local level during a CHNA such as creating and circulating a community-wide survey. Currently, we rely on statistical data already available to support our investigation, but we recognize other information, often gathered through quantitative means, may be missed.

Health and Wellness Knowledge Gaps and Areas of Concern

RCA's CHNA Community Advisory Committee (CAC) reviewed available area-specific quantitative data compiled by the NBHC and identified knowledge gaps and areas of concern in need of further investigation. Nine consultations, including four focus groups and five key-informant interviews, were facilitated. A total of 21 community members living and/or working in RCA participated in the consultation process. Each consultation had an intended focus, however because many identified concerns overlapped, the following is a list of the knowledge gaps/areas of concern that were purposefully discussed with community members throughout the consultation process.

- Caregiver health and well-being
- Community inclusion
- Cross-sector communication
- Health promotion
- Living on low income
- Mental health and youth 2SLGBTQIA+ health and well-being
- Navigating and advocating within the health system
- Risky behaviours and youth
- Rural Living
- Older adults whose care needs are changing
- Access to primary health care services
- Transportation

Riverview and Coverdale Area's 2019 Health and Wellness Priorities

The following seven *Health and Wellness Priorities* are the voiced needs ranked by RCA's CAC (Table 1). These priorities will be shared with those responsible for health service planning as well as other community stakeholders who are involved in the work of supporting the health and wellness of RCA residents.

1.0 Report Summary continued

Table 1: RCA's 2019 Health and Wellness Priorities and Recommendations

	Health and Wellness Priority	Community Recommended Action
1	Enhance local primary health care service capacity.	Identify local health care service delivery partners to contribute to a strengths-based approach process to address local barriers that limit the capacity of the local primary health care system.
2	Continue to build stronger, local connections between service providers supporting the same population group.	Begin building network opportunities for stakeholders supporting 1) older adults, 2) people living with exceptionalities or disabilities, and 3) residents living with low-moderate income to enhance awareness and understanding about various supports available.
3	Enhance local capacity to address the mental health and mental resiliency needs of children and youth.	Continue to build and work with the collaborative network of organizations that support the mental health and well-being of children and youth living in RCA.
4	Establish more affordable housing options to support individuals and families from RCA who are vulnerably housed or homeless.	Through collaboration with other stakeholders, support the work of defining an action plan to address the need for more affordable housing options in RCA.
5	Address the challenges facing residents managing chronic conditions who live on a limited income.	Contribute to the identification of strengths-based approaches to address local barriers facing residents with chronic conditions who live on a limited income.
6	Build upon local efforts addressing food insecurity.	Focusing on the local factors contributing to household food insecurity in RCA, support and increase the capacity of local and regional efforts currently addressing food insecurity.
7	Remove local barriers contributing to social isolation and declining health of residents who live alone.	Collectively identify barriers facing residents who are socially isolated alongside local service gaps in the community. Create or build upon initiatives already underway that connect people in a meaningful way to support health and well-being.

Next Steps

With the completion of this CHNA for RCA, Horizon is committed to working in innovative ways with community members and stakeholders to address the priorities identified in this report. As a Regional Health Authority (RHA), we acknowledge that good work is already underway through existing partnerships and current collaborations. We recognize opportunities exist to join in this work to contribute to impactful solutions that will address health and wellness inequities experienced in this area[2]. We also acknowledge the need to be accountable to these priorities. Through our Department of Population Health, we have established mechanisms that will allow us to monitor action and initiatives, both within Horizon and through our collaborative partnerships, which are addressing the priorities identified in this report.

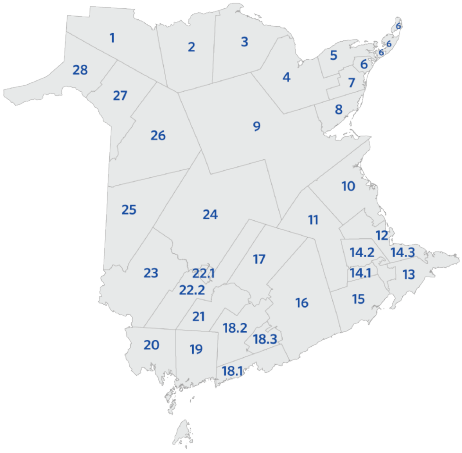
[2] To support communication of RCA's Health and Wellness Priorities an Infographic can be found online: en.HorizonNB.ca/chna

2.0 Introduction

2.1 History of Community Health Needs Assessments in New Brunswick

To be healthy is to experience "a state of complete physical, mental, and social well-being; a fundamental right of everyone without distinction of race, culture, religion, political belief, economic or social condition"(4). In New Brunswick, two RHAs support the health of its citizens by sharing in the provision of health care services (5). An important piece to providing health care is learning about the assets that support healthy living and the factors and conditions that compromise the ability of citizens to enjoy life in a healthy and well manner. A CHNA, a practice conducted in many parts of the world, is a recommended approach to understanding health and wellness at a local level (6). In 2012, the New Brunswick Department of Health released the *Primary Health Care Framework* recommending the facilitation of CHNAs as a first step to understanding and enhancing the health and wellness of communities across the province (7). Since that time, Horizon has supported the completion of a CHNA for every community[3] within its region. Throughout this work it became evident that the practice of engaging citizens to share in the process of determining community health priorities was very valuable. It strengthened the local relationships between service providers and community members as well as the regional relationship between communities and Horizon as a health authority within the province. Also evident was the contribution CHNAs made towards fulfilling Horizon's mission of *Helping People be Healthy* (8). In 2017, the Government of New Brunswick committed to supporting both RHAs in the practice of facilitating CHNAs across the province on an on-going basis with the goal of completing one in each community every five years.

Figure 1: Map of NBHC Communities



2.2 What is meant by Community?

New Brunswick is divided into seven health care zones. Each zone, on its own, canopies several communities and represents many different groups of people. To allow for a focus on local health and wellness, the NBHC[4] has divided the province into 33 communities (Figure 1). Each NBHC community is a varied collection of cities, towns, municipalities, and LSDs that fall within the catchment area of health care centres, community health centres, and hospitals. Census subdivisions within the defined NBHC community boundaries were merged together to support the collection of statistical data. To confirm a fair representation, the 33 NBHC communities were further authenticated with various community members from all areas of the province. Each NBHC community was created with no less than 5,000 people to ensure any available statistical data was usable while at the same time maintaining the privacy of citizens who provided information to inform the data (9).

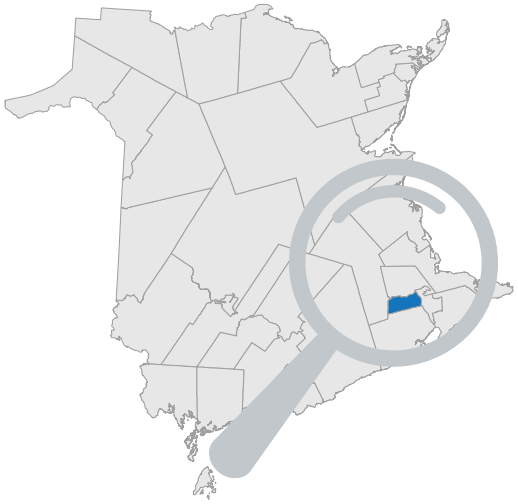
[3] 'Community' as defined by New Brunswick Health Council. See 2.2 'What is meant by Community?' for further clarification.
[4] NBHC is a legislated body working at arms-length from the government with a dual mandate to report publicly on the performance of the health system and to engage New Brunswickers in the improvement of health care service quality.

3.0 Riverview and Coverdale Area

NBHC refers to this geographical area as *Riverview and Coverdale* in their community profile reports (3). During our assessment process, our CAC chose to keep this name to describe the area under assessment. They agreed that it captures how local community members would identify with the area which includes the following municipalities and communities:

Colpitts Settlement, Coverdale, Five Points, Grub Road, Lower Coverdale, Middlesex, Pine Glen, Price, the Town of Riverview, Riverbend Subdivision, Stoney Creek, Synton, Turtle Creek, and Upper Coverdale.

Figure 2: Map of NBHC Communities, RCA Highlight

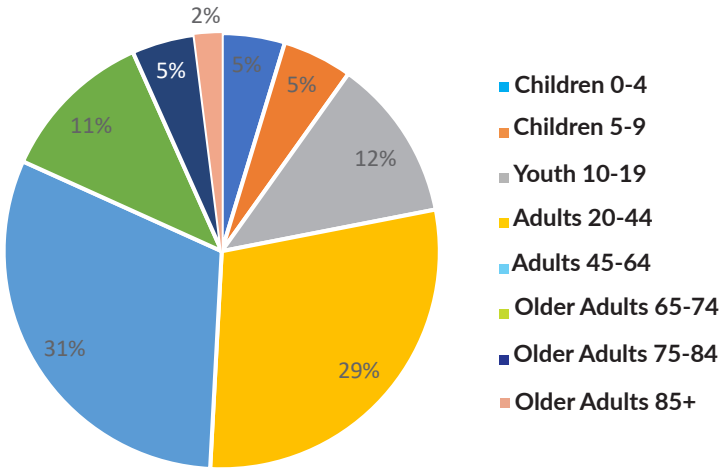


The following three local communities, resting outside the mapped boundary, were identified by our CAC to have residents who would consider themselves apart of the Riverview and Coverdale area and would work in and/or use the social, health, and education services on a regular basis: Dawson Settlement, Osbourne Corner, and Shenstone. To acknowledge the local interpretation of NBHC community boundaries, commentary and perspectives reflecting these local areas were welcomed during our CHNA meetings and community consultations with an understanding that available quantitative data did not reflect this inclusion.

The Town of Riverview and Coverdale LSD is in eastern New Brunswick sitting across the Petitcodiac River from the City of Moncton and the City of Dieppe. It supports a population of 24,125 people with most living in the Town of Riverview and approximately 4,460 living in the surrounding Coverdale LSD (10).

Adults 45-64 years old represent the largest age group living in the area, similar to the province as a whole. Most older adults residing in the area who are above the age of 65 years live in private households with 24% living alone. Although most residents speak English at home, 1,880 residents (8%) indicated in the 2016 Census that their first official language was French or French and English, roughly a 10% increase since 2011 (10).

Figure 3: RCA's Age Demographics, 2016 Census



3.0 Riverview and Coverdale Area continued

The Town of Riverview serves as a hub for many local programs, activities, and services that support health and wellness. At the time of this assessment approximately 10 primary care providers practiced general medicine in the area and two after-hours clinics operated in the Town of Riverview. Other primary care providers and supporting primary health care services operate from locations in the City of Moncton and the City of Dieppe.

Most children and youth over the age of five are enrolled in the Anglophone East School District (ASD-E) and attend school in the Town of Riverview except for a small group from the Coverdale area who access schooling in the neighboring Village of Salisbury. Students enrolled in the Francophone school system travel to the City of Moncton or the City of Dieppe for schooling.

As captured in the most recent national Census published in 2016 (10):

- 68% of residents are able and interested in working while 9% of the labour force is unemployed. Comparable provincial rates are 62% and 11% respectively.
- Many who live in RCA have financial security with half of all households earning $10,000 to $14,000 higher than the provincial median annual income of $59,347[5].
- 9% of adults and 12% of older adults are living in poverty[6]. Comparable provincial poverty rates for adults and older adults are 15% and 20% respectively.
- Most people in the area own a house.
- Most renters live in the Town of Riverview; 43% spend greater than 30% of their income on shelter, higher than the provincial prevalence of 37%.

3.1 2014 Community Health Needs Assessment

In 2014, a CHNA for *Moncton and Surrounding Area* was facilitated for the communities of Moncton, Riverview, Coverdale, Dieppe, and Memramcook (11). From this work, seven priority areas in need of action were identified (see Table 2).

Table 2: Greater Moncton Area's 2014 Key Priorities

Improve and Leverage Intersectoral Action	**Improve Primary Health Care Services**
Promote the Well-being of the Senior Population in the Community	**Facilitate Healthy Early Childhood Development**
Improve Mental Health	**Address Poverty**
Improve Personal Health Behaviours	

With a responsibility to address the priorities listed above, Horizon has joined a variety of working groups with representation from several organizations with similar mandates to work collaboratively on local issues. One example of a collaborative working group is the Housing Assessment Review Team[7] (HART) established to help find homes for citizens from the Moncton area who are homeless or precariously housed. Joined in this work are committed representatives from Ensemble, Harvest House Atlantic, House of Nazareth, Youth Impact/Youth Quest, Cross Roads for Women, Salvus Clinic, Salvation Army, The John Howard Society NB, YMCA Reconnect, YMCA, and the Greater Moncton Homelessness Steering Committee which includes Horizon's Addiction and Mental Health Services. This working group, together, received training on an evidence-based intake tool allowing for the creation of a more accessible support system. Those in need can now go to any service to request housing support. This decentralized cross-service system allows for a more effective process of matching a client to appropriate housing when it becomes available.

[5] Median Household Annual Income, Before Tax, 2016 Census
[6] Low-Income Measure, After Tax (LIM-AT), 2016 Census.
[7] For more information about HART please visit https://www.monctonhomelessness.org/hart

3.0 2014 Community Health Needs Assessment continued

In 2018 Horizon's Adult Mental Health Services located in Moncton looked to reduce the number of people waiting for mental health therapy. Through thoughtful consideration of the process used to assess new clients and assign clinical support, it became clear that several small changes could result in earlier access to care. A *Brief Intervention Service* was introduced to support new clients whose needs could be addressed in one to two sessions limiting the number of new people transferred to the waitlist for more lengthy support. A short-term reallocation of resources invested in the re-assessment of individuals on the waitlist identified clients whose mental health needs had changed and information sessions were set up for people who had been on the waitlist the longest to keep them informed about available therapy options. Finally, a supportive process was created with a partnering community organization to assist the reintegration of longstanding clients back into their communities. Together, these specific changes reduced the wait time for individual therapy from 24 months to four months for moderate risk clients and from six months to two to four weeks for higher-risk clients, demonstrating that innovative changes to processes can result in more timely care.

Feedback from the 2014 CHNA for *Moncton and Surrounding Area* indicated that, although each community within the assessment could identify with some of the chosen priorities, all seven priorities were not reflective of the health and wellness issues in each community. With the decision to move forward with a second cycle of CHNAs, it was clear that Moncton and the surrounding area assessed in 2014 should be separated into three separate assessments. This decision allows for more opportunity for meaningful engagement with communities and to establish a more focused set of priorities that better reflect 1) *Moncton and Area*, 2) *Dieppe and Memramcook*, and 3) *Riverview and Coverdale Area*.

4.0 Guiding Principles for Community Health Needs Assessments

CHNA Guidelines for New Brunswick, collaboratively developed by both RHAs and the New Brunswick Department of Health, recommends the application of a *population health perspective* informed by the *social determinants of health* as a guiding structure to investigate health and wellness in communities (12).

4.1 Population Health Perspective

Many groups of people live alongside one another in any given community. These groups can include seniors who live alone, immigrants new to an area, or families living on low income. The health and wellness experienced by a group of people depends on a broad range of interconnected factors and conditions often referred to as the Social Determinants of Health (Table 3) (13,14). A population health perspective looks at different groups of people living in an area and assesses how different social determinants impact health outcomes. Certain social determinants have a stronger influence on our health than others and can contribute to health inequities between population groups that are unfair. With purposeful attention, these inequities can be addressed to positively impact health and wellness (15). Using the population health perspective during CHNAs, a community can develop an understanding of the differences in health and wellness between groups allowing action to be focused on minimizing the factors that limit the ability to live healthy and maximizing the factors that improve health and wellness (16).

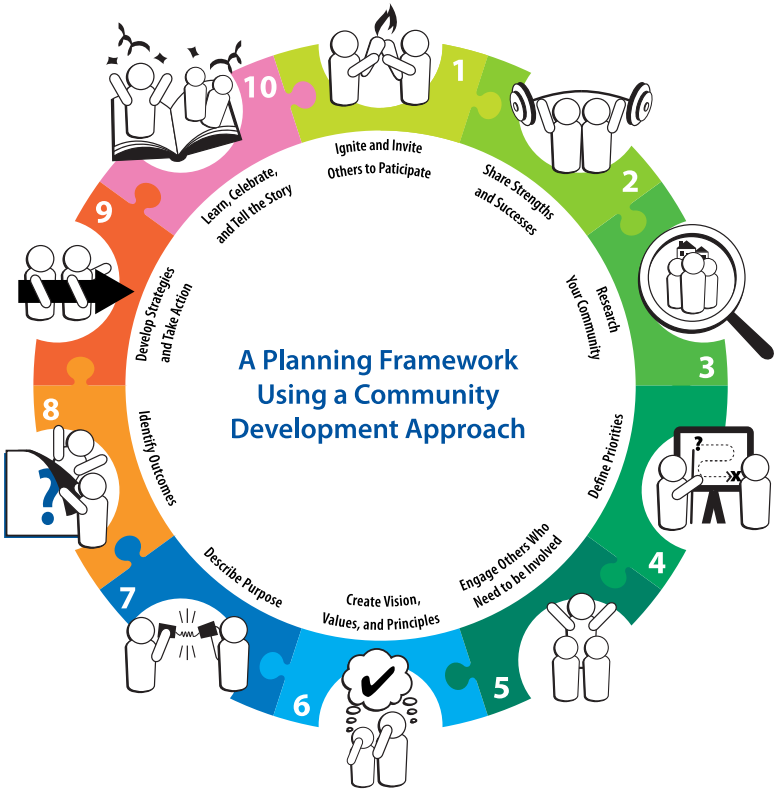
Table 3: Social Determinants of Health, Health Canada (15)

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

4.2 Community Development Approach

CHNAs are also guided by the *Community Development Approach* (17)[8] . This approach represents a belief that communities are the experts of their own needs and strengths. Engaging and consulting with communities about the lived experiences of their residents holds great value as it provides a deeper understanding of local strengths and concerns. The *Community Development Approach* used by Horizon involves 10 stages. The first four stages involve the process of inviting community representatives to come together around a focused issue to investigate and research the strengths and needs of their community. The result of this collective effort is to determine a list of priorities that need action and attention. A CHNA fulfills stages one through four within this approach with a coordinated investigation of community health needs. Upon the completion of a CHNA, work continues by sharing results from the assessment, engaging others to create a plan on how to address the identified priorities, taking collective action, and reflecting on this work to learn with the intention to improve and adjust efforts. The symbolism of displaying this approach in a circle is important as it shows the continuous commitment of community development that reflects upon and responds to evolving strengths, needs, and priorities and aligns with the intention to complete CHNAs every five years.

Figure 4: Herchmer's Planning Framework Using a Community Development Approach



[8] A Planning Framework Using a Community Development Approach by Brenda Herchmer is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License

5.0 Horizon's Community Health Needs Assessments

5.1 Our Community Health Assessment Team

Horizon's Community Health Assessment Team (CHA Team), housed within the Department of Population Health, has expanded since 2017 to not only support the completion of CHNAs but to also be involved in and support the work of responding to identified priorities. In addition to the Research Lead and Project Coordinator whose work includes the planning and facilitation of CHNAs, there is also a Regional Facilitator who serves as a connecter across the region to ensure opportunities to learn from and collaborate with each other on related health and wellness priorities are promoted and to monitor, measure, and track collective action responding to the priorities. We also benefit from a network of Community Developers who are rooted in communities and work alongside community members and stakeholders. Using the Community Development Approach and the priorities identified from CHNAs, Community Developers collaborate to create healthier, stronger, more connected communities with an overall intention to improve the health and well-being of all community members with an emphasis on those who need it the most.

5.2 Our Process

Horizon's CHA Team follows 14 steps to meaningfully engage with communities during a CHNA (Table 4). These steps offer a backbone to the process and provide a level of structure that reassures each community of consistency between individual assessments while offering flexibility to shift and adjust to distinct local circumstances. In summary, the process unfolds over approximately six to nine months whereby community representatives are engaged through CHNA meetings and/or consultations where they contribute to identifying local *Health and Wellness Priorities* in need of action and attention.

Table 4: Horizon's 14 Step CHNA Process

Step 1: Establish a Planning Team	A Planning Team is formed with key community members who have a strong understanding of the area to be assessed. These individuals are often leaders within the community serving in a health care or community service capacity who have an established relationship with its residents.
Step 2: Identify Community Advisory Committee (CAC) members	Guided by the Social Determinants of Health, possible CAC members are identified by the Planning team. The CHA Team's Project Coordinator and Planning Committee members share in inviting potential CAC members to participate in the CHNA.
Step 3: Establish CAC	During the first CHNA meeting, the CHA Team shares the goals and objectives of the CHNA. A Terms of Reference (TOR) is introduced to clarify CAC roles and responsibilities. CAC members are given opportunity to provide feedback on the TOR and a final revised version is accepted by the committee.
Step 4: Identify local health and wellness assets	Throughout the health needs assessment process, assets and resources mentioned during CAC discussions and community consultations are recorded. Informed by the Social Determinants of Health, this activity supports the creation of an asset list. The asset list is a 'living document' and is used and updated as planned action unfolds to address the CHNA Priorities.

5.0 Horizon's Community Health Needs Assessments continued

Step 5: Review available quantitative data	CHNAs are based on the geographic community breakdowns defined by the NBHC. Data compilations, which come from multiply surveys and administrative databases are made available by the NBHC. The CHA Research Lead explores this data looking for any indicators that reflect areas that need further investigation and/or clarification by the CAC.
Step 6: Present highlights from data review to CAC	The CHA Team shares highlights from the quantitative data with the CAC.
Step 7: Share insights and discuss knowledge gaps emerging from quantitative data review	CAC members discuss issues raised through the quantitative data review and give feedback about knowledge gaps that exist and need further clarification.
Step 8: Develop a qualitative data collection plan	From knowledge gap discussions with the CAC, the CHA Team develops a preliminary qualitative data collection plan outlining who may be consulted, how they may be consulted, and the timeline for consultation. CAC feedback and input about the qualitative data collection plan is solicited.
Step 9: Collect qualitative data in the community	The CHA Team collects qualitative data through community consultations with identified community groups and representatives. This data complements the quantitative data compilations provided by the NBHC.
Step 10: Facilitate consultation participant input to inform CAC priority ranking	To contribute to community voice, participants are offered the opportunity to prioritize a broad list of health and wellness issues generated from the quantitative data discussions held by the CAC. This helps to inform the CAC during Step 12.
Step 11: Analyze qualitative data	Qualitative data, collected during consultations, is analyzed. Findings are compared alongside the reviewed quantitative data (Step 5) and contribute to the creation of a list of specific, local health and wellness issues.
Step 12: Share health and wellness issues and facilitate ranking to establish health and wellness priorities	The list of specific, local health and wellness issues is shared and discussed with CAC members. Through a formalized ranking process, each CAC member is given the opportunity to rank the top health and wellness issues they believe need action and attention.
Step 13: Finalize health and wellness priorities and recommendations	As a committee, the CAC reviews and confirms the final ranked order of issues. Depending on the community, the top four to eight issues are chosen by the CAC as Key Health and Wellness Priorities. A final report is created detailing the CHNA process and the community's priorities along with community voiced recommendations for action. This report is shared with Horizon's Board of Directors for endorsement.
Step 14: Share final report and begin planning for action	The final report is shared with the CAC during the final CHNA meeting. Discussion regarding next steps also takes place. The CHNA results are also shared with the larger community through various avenues.

5.0 Horizon's Community Health Needs Assessments continued

5.3 Limitations

We acknowledge there are limitations within our CHNA process. Our time-frame to introduce and facilitate a CHNA within a given area is between six months to one year. Some community organizations and important population groups would benefit from a longer time frame to learn about the CHNA process, how it could support their own efforts, and how action addressing identified priorities can support those living with health and wellness inequities. This limitation ultimately impacts who chooses to be involved in our CHNA process. We are learning, as a CHA Team, ways that we can share our work with communities well before beginning an assessment so we give adequate time and space for community representatives to understand our process and trust the purpose of our work. A second limitation, also constricted by our time frame, is our inability to collect specific quantitative information at the local level during a CHNA such as creating and circulating a community-wide survey. Currently, we rely on statistical data already available to support our investigation, but we recognize other information, often gathered through quantitative means, may be missed.

6.0 RCA's 2019 Community Advisory Committee

An initial step in Horizon's CHNA process is the formation of a Community Advisory Committee (CAC). CACs play a significant role in a CHNA as they are the link between the community and Horizon's CHA Team. Attention is placed on creating a balance of individuals who work to support the health and wellness of community members alongside individual residents who represent various population groups living in the community. A variety of perspectives are represented throughout the CHNA process. Prior to any CHNA work, a TOR is established with each CAC to clarify roles, responsibilities, and guiding engagement principles. The commitment a CAC member offers is their contribution to investigating the health and wellness of their community through attending and participating in five face-to-face meetings spread out over six to nine months.

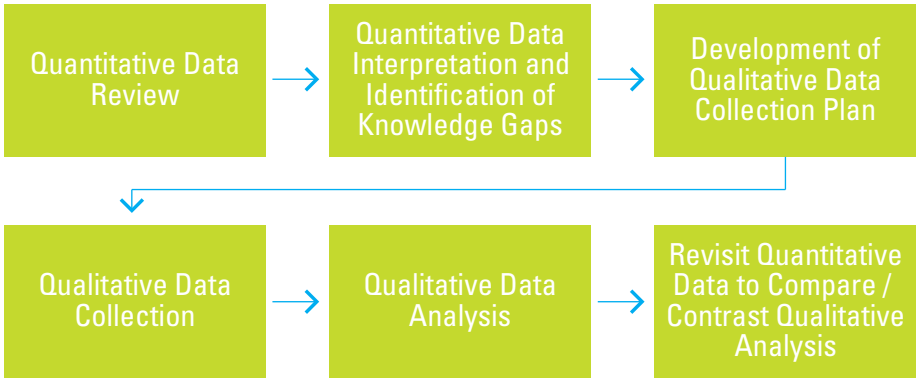
A broad range of community representatives who live and/or work in RCA were invited to take part in the CHNA. Interest in joining this engagement opportunity was evident with many community representatives attending our first meeting to learn about the process and to understand the expectations of a CAC member. Horizon's CHA Team was fortunate to be supported by the following representation throughout the course of RCAs CHNA:

- Ambulance NB, East Region
- Mental Health and Addiction Services, Horizon
- Anglophone East School District
- Child and Youth Team, Integrated Service Delivery
- Claude D. Taylor School
- Codiac RCMP, Community Policing Unit
- Coverdale Counselling Centre
- Community Residents/Advocates
- Davidson Physiotherapy
- Ensemble-Community Sexual Health
- JMA Armstrong High School and Salisbury Middle School
- Lady Boss Collective
- Moncton Headstart
- NB Deaf and Hard of Hearing Services, Community Outreach
- NB Extra-Mural Program, Moncton Area
- Open Doors - South East Regional Adult Learning Board
- Our Foods South East NB
- Diabetes Outreach Education, Horizon
- Physiotherapy, Horizon (The Moncton Hospital)
- Primary Health Care, Horizon
- Public Health, Vitalité
- Riverview Arts Council
- Riverview Boys and Girls Club
- Riverview Market
- Riverview Middle School
- Riverview Rug Hookers
- Riverview Ministerial Association
- Sexual Health, Horizon
- St. Paul's United Church
- Social Services, Department of Social Development
- Tele-Drive Albert County
- Town of Riverview
- Wellness Branch, Department of Social Development
- West Riverview School

7.0 Assessing Health and Wellness

Below is a figure depicting the research process taken to ensure local information, reviewed and collected by the CHA Team, is combined and analyzed in a way that supports a deeper understanding of the factors and conditions that impact community health and wellness. Further detail of this process is described in the proceeding paragraphs[9] .

Figure 5: CHNA Research Approach used by Horizon's CHA Team



7.1 Quantitative Data Review and Interpretation

Guided by the Social Determinants of Health, the process of deepening an understanding of what impacts health and wellness within RCA began with a review of available quantitative data. The NBHC has compiled community quantitative data sets, one for each of its 33 communities within the province and have made them publicly available through the publication of *My Community at a Glance* reports (9). Communities can use this information to understand their area and how it relates to provincial results as well as identify local trends in the indicators that represent the level of health and wellness experienced by their residents. The information detailed in these data sets comes from federal, provincial, and in-house NBHC data sources as well as relevant indicators found through the review of several federal and provincial organization reports. A full description of where individual community profile indicators are sourced can be found in the *NBHC My Community at a Glance 2017 Technical Document* (18).

For the purpose of RCA's CHNA, the CHA Team extensively reviewed *My Community at a Glance 2017 & 2014* reports, *2017 Primary Health Survey* results[10], and *2016 Census data* (2,3,10). Using highlights from these quantitative data sources CAC members collectively identified areas of significant concern relating to health and wellness in need of more understanding and provided feedback on a summary of identified knowledge gaps.

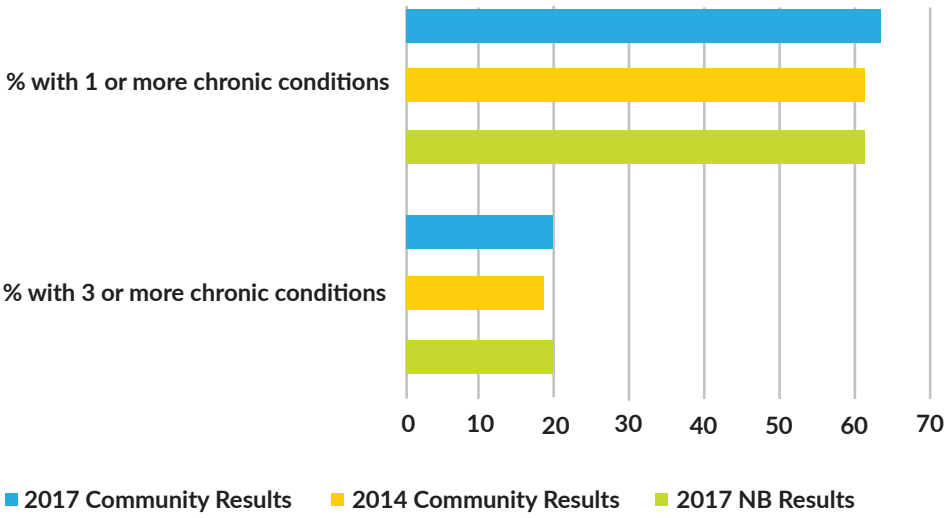
7.2 Current Snapshot of RCA's Health and Wellness

Statistical data, from NBHC's Primary Health Survey, detailing health outcomes of people living in RCA in 2014 and 2017 suggest the incidence rate of most chronic health conditions has not changed. Similarly, the percentage of people, 18 years and older, who manage multiple chronic health conditions has remained consistent within that same time frame (Figure 6). When Primary Health Survey respondents were asked how they would rate their physical and mental health, it is interesting to note that, although rates of chronic conditions have not changed, fewer RCA respondents in 2017 categorized their level of health and mental health as very good to excellent.

[9] To request more technical information about Horizon's CHNA process please contact CHNA@HorizonNB.ca

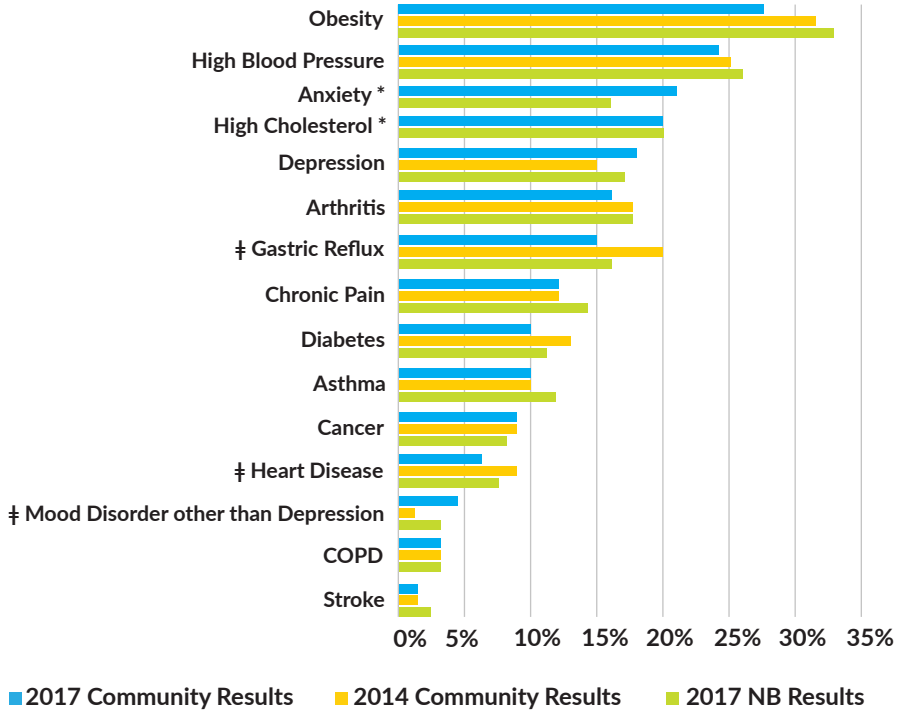
[10] Data from the *Primary Health Survey* are included in *My Community at a Glance* reports; however, 2017 results were made available after the *My Community at a Glance 2017* reports were published.

Figure 6: Prevalence of Chronic Health Conditions in RCA (2)



In regard to specific chronic conditions, significantly fewer adults who responded to the 2017 Primary Health Survey, compared to the 2014 survey, indicated that they had been diagnosed or treated for heart disease and gastric reflux while significantly more adults indicated that they had been diagnosed or treated for a mood disorder other than depression (Figure 7). Also, the prevalence of adults 18 years and older who report being diagnosed or treated for anxiety is considerably higher than the provincial rate and in 2017, almost 27% of survey respondents indicated that they felt they needed to see or talk to a professional about their mental or emotional health (2).

Figure 7: Prevalence of Specific Chronic Health Conditions in RCA (2)

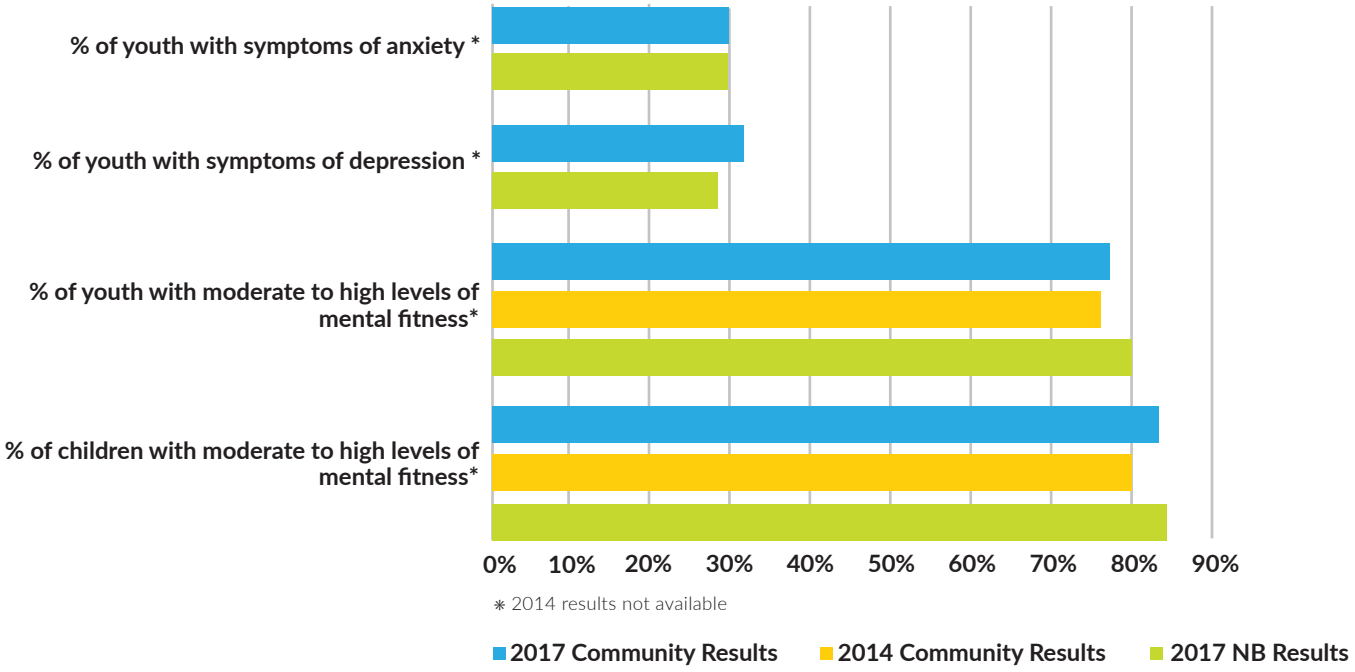


‡ Significantly higher or lower in 2017 when compared to 2014
∗ 2014 results not available

7.0 Assessing Health and Wellness continued

When considering the health of younger generations, the prevalence of children and youth who reported a moderate to high level of mental fitness was evenly matched with provincial rates[11] (3). In addition, *My Community at a Glance 2017* reveals that RCA has similar percentages of youth experiencing symptoms of anxiety and slightly more experiencing symptoms of depression when compared to provincial data (Figure 8).

Figure 8: Mental Health Indicators for Children and Youth Living in RCA (3)



At this point, it is important to reflect on the social determinants of health and the influence each determinant has on health and wellness. To promote health and prevent disease, attention needs to include but also extend beyond health care services, inequities between populations groups need to be identified and addressed, and adequate supports need to be made available to those who need them the most (13,14).

[11] Someone who has a moderate to high level of mental fitness has a positive sense of how they feel, think, and act.

7.0 Assessing Health and Wellness continued

7.3 Qualitative Data Collection and Analysis

Qualitative research, often used to answer why, how, and what questions, complements quantitative data. When used in combination, unique and complex elements influencing a given community are understood more clearly and can support a more meaningful use of information to inform change (19). Equipped with a summary of knowledge gaps identified collectively by the CAC, the CHA Team applied purposive sampling principles (20) to connect with community members living and working in RCA who could contribute to a deeper understanding about the health and wellness challenges experienced in the area. Community members were invited to participate in consultations[12]. Participation was voluntary, and the process of Informed Consent was reviewed with each participant. Each consultation was audio-recorded and transcribed. Identifying information, such as the names of people and places, was removed at the time of transcription. Using a research methodology known as Interpretive Description (21), transcripts were analyzed by our CHA Research Lead. As a secondary step in the analysis process, all CHA Team members independently reviewed qualitative analysis results and, through group discussions, debated the interpretation of findings to safeguard against researcher bias (22). Qualitative findings from this analysis process resulted in the creation of a list of specific health and wellness issues for RCA.

Health and Wellness Knowledge Gaps and Areas of Concern

RCA's CAC reviewed available area-specific quantitative data compiled by the NBHC and identified knowledge gaps and areas of concern in need of further investigation. Nine consultations, including four focus groups and five key-informant interviews, were facilitated. A total of 21 community members living and/or working in RCA participated in the consultation process. Each consultation had an intended focus, however because many identified concerns overlapped, the following is a list of the knowledge gaps/areas of concern that were purposefully discussed with community members during consultations.

Caregiver Health and Well-being
Community Inclusion
Cross-Sector Communication
Health Promotion
Living on low income
Mental Health and Youth
2SLGBTQIA+ Health and Well-being
Navigating and advocating within the health system
Risky Health Behaviours and Youth
Rural Living
Seniors whose care needs are changing
Access to Primary Health Care Services
Transportation

[12] Consultations included KEY INFORMANT INTERVIEWS (an interview with one or two people with similar backgrounds focused on a specific topic) and FOCUS GROUPS (face-to-face interviews with three to 10 people with similar backgrounds focused on a specific topic).

8.0 RCA's 2019 Health and Wellness Priorities

The following seven *Health and Wellness Priorities* for RCA were identified through a priority ranking process. This process includes input from consultation participants to help to inform the ranking decisions of individual CAC members to support a stronger and more diverse community voice.

1. **Enhance local primary health care service capacity.**
2. **Continue to build stronger, local connections between service providers supporting the same population group.**
3. **Enhance local capacity to address the mental health and mental resiliency needs of children and youth.**
4. **Establish more affordable housing options to support individuals and families from RCA who are vulnerably housed or homeless.**
5. **Address the barriers facing residents managing chronic conditions who live on a limited income.**
6. **Build upon local efforts addressing food insecurity.**
7. **Remove local barriers contributing to social isolation and declining health of residents who live alone.**

In the following pages, profiles of each priority have been provided. Included in each priority profile is a *Community Recommended Action* and a *Suggested Approach* to address action intended to give Horizon, stakeholders, and other interested partners/individuals a place from which to begin or, in many cases, to join in and continue the good work already underway. Related social determinants of health and quotes from consultations are also included as well as relevant quantitative data indicators detailing how RCA compares to the rest of the province and how it compares to 2014. Finally, where possible, existing community assets aligning with a given priority are highlighted.

▲▼ Positive changes or differences in data

= No changes or differences in data

▲▼ Negative changes or differences in data

Priority 1

Enhance local primary health care service capacity

Social Determinant(s) of Health: Health Services

"I think we have the right services, we just don't have enough of what we need in a timely fashion when we need it sometimes."

RCA citizens most often access primary care through a family physician and after-hours clinics of which two are in the Town of Riverview. Supporting therapeutic fee-for-service options do exist locally and primary care providers are able to access diabetes educators. Other supporting primary health care services operate out of locations in the City of Moncton, an 8 km drive for those living in Riverview and a 20-25 km drive for those living in the Coverdale LSD. Listed below are described challenges limiting the capacity of the local primary health care system:

• Some community members, including those who are hesitant to drive distances or during inclement weather, are limited in their ability to access supporting services located within and outside RCA due to a lack of reliable and affordable transportation options.

• It was acknowledged during several consultations that some people living in RCA do not have a primary care provider while others find it hard to access their primary care provider during the times they are available. Service hours are most often during the day; a challenging time for families with working parents leading many to rely on after-hours clinics for support.

• Youth living in more remote locations reflected on the limited awareness of how to access confidential primary health care. Youth acknowledge that a nurse practitioner is available within the school but have a limited understanding of what this service offers.

• Currently, various avenues exist for mental health support and an individual's introduction to mental health care, if needed, may not be through their primary care provider. Youth with mental health needs, living in RCA, are often supported by the Child and Youth Team as part of the Integrated Service Delivery model accessed through schools. Primary care providers describe an awareness of the Integrated Service Delivery model but do not fully understand the layers of support it can provide to children and youth. There is also no established process that allows a Primary Care Provider to be informed about the mental health support their younger clients are accessing through this service. Finding mechanisms to involve them in this care process could result in more comprehensive and timelier follow-up support.

Who is affected? Community members who have limited or no access to a primary care provider, community members who have limited access to reliable and affordable transportation options, families with children who cannot access care during working hours, and youth who need confidential access to a primary care provider.

Related Quantitative Data (2,3,10)

Compared to the provincial data for New Brunswick: (RCA vs. NB)

▲ Compared to provincial data, slightly more citizens living in RCA have a family doctor or nurse practitioner involved in their care. (96% vs. 92%).

▲ Compared to provincial data, more citizens living in RCA can get a doctor's appointment within five days. (63% vs. 56%).

▲ Compared to provincial data, more citizens living in RCA report that their family doctor has an afterhours arrangement for them to see another doctor or nurse when the office is closed. (26% vs. 17%)

Enhance local primary health care service capacity

Compared to RCA in 2014: (2014 vs. 2017)

= Compared to 2014 data, roughly the same per cent of citizens living in RCA in 2017 most often go to walk-in or after-hour clinics when sick or in need of care. (33% vs. 36%).

= Compared to provincial data, roughly the same per cent of citizens living in RCA can get a doctor's appointment within five days. (61% vs. 63%).

= Compared to 2014 data, the same per cent of citizen living in RCA report that their family doctor has extended office hours. (14% vs. 15%).

= Compared to 2014 data, roughly the same per cent of citizens living in RCA report that their family doctor has an afterhours arrangement for them to see another doctor or nurse when the office is closed. (26% vs. 24%).

Strengths, Resources, and Assets that align with this priority:

- Horizon's Primary Care Practice Profile Assessment Opportunity
- Tele-Drive Albert County
- Local pharmacies
- Local after-hours clinics
- Local primary care providers
- Child and Youth Team, Integrated Service Delivery Model

Community Recommended Action: Identify local health care service delivery partners to contribute to a strengths-based approach process to address local barriers that limit the capacity of the local primary health care system.

Suggested Approach:

• Continue the on-going effort to secure primary care providers for those who are without.

• Adjust current communication practices between after-hours clinics and family primary care providers to make communication timelier.

• Support measures to help youth and their families understand what confidential primary health care supports are available to them, what services they offer, and how to access them.

• Consider approaches to better involve a client's primary care provider in the mental health treatment plan to help support the management of medications.

•Address barriers facing RCA residents who need to access supporting services to improve their health and well-being. This includes addressing the lack of access to affordable, reliable, and timely transportation options, long waitlists for therapeutic support, and mismatched expectations of what residents are looking for versus available support informed by best practice.

Priority 2

"There are groups opening all the time and even sometimes, when you think you have it all sorted out... things change. So, having conversations as often as we can [is important], reaching out and saying, 'what are you doing now?'"

Continue to build stronger, local connections between service providers supporting the same population group

Social Determinant(s) of Health: Social Support Networks, Health Services, Social Environment and Community Cohesion

During many consultations, commentary was shared regarding the state of collaboration between the provincial service system and non-profit or community-based services supporting the same population groups living in RCA. Connecting between services is often hampered by the siloed operation of service providers, the lack of awareness and understanding service providers have around other services supporting the same population, the need to assure privacy/confidentiality of information, and a lack of a network of service liaisons who could connect and align services, funding options, and programs. It was described that some population groups in the area are supported by well-connected networks, but others are not. Those who would benefit from stronger connection pathways are older adults, residents living with disabilities, and residents living on a limited income. For example, some of the services supporting older adults living in RCA who could build stronger connections include service providers from Social Development (Seniors Services), Extra-Mural, Primary Care, Jean-Coutu's Health and Wellness Coordinator, and Riverview's Ministerial Association.

Who is affected? Older adults whose care needs are changing, residents who live with exceptionalities or disabilities, and residents living on limited incomes.

Related Quantitative Data (2,3,10)

Compared to the provincial data for New Brunswick: (RCA vs. NB)

= Compared to provincial data, roughly the same per cent of citizens living in RCA find it hard to navigate the health care system. (9% vs. 8%).

= Compared to provincial data, roughly the same per cent of citizens living in RCA rated overall health care services an eight, nine, or 10 out of 10. (68% vs. 69%).

Compared to RCA in 2014: (2014 vs 2017)

▼ Compared to 2014 data, significantly fewer adults living in RCA in 2017 with one or more chronic condition indicated that they are very confident in controlling or managing their health conditions. (61% vs. 63%).

= Compared to 2014 data, the same per cent of citizens living in RCA in 2017 reported that their family doctor is always able to coordinate care from other health care professionals. (66% vs. 65%).

Strengths, Resources, and Assets that align with this priority:

- Everything Early Years Network model
- Collaborative work already underway between Ability NB, Extra-Mural, and municipalities.
- Collaborative work already underway between province and non-profit organizations supporting youth.

Community Recommended Action: Begin building network opportunities for stakeholders supporting 1) older adults, 2) people living with exceptionalities or disabilities, and 3) residents living with low-to-moderate income to enhance awareness and understanding about various supports available.

Suggested Approach:

- Learn from the *Everything Early Years* network about the steps taken to build local awareness, support, and trust among the organizations supporting families with young children who live in the region serviced by the ASD-E.

Priority 3

Enhance local capacity to address the mental health and mental resiliency needs of children and youth

Social Determinant(s) of Health: Social Environment and Community Cohesion, Health Services, Personal Health Practices and Coping Skills, Social Support Networks

"We all want kids to be making the best decisions. If [a kid] starts doing harmful behaviours, then we just want to make sure that the kid knows that there are more people in their lives that have taken an invested interest in the choices that they are making."

There is a perception held by others outside of the community that mental health issues experienced by children and youth living in RCA are not as concerning as in other local areas, but the family of schools supporting RCA have high numbers requesting mental health support. This area is fortunate to have several supports available directly in the community including the Boys and Girls Club that offers a program called 'Flex your Head' and the Child and Youth Teams as part of the Integrated Service Delivery model serving the family of schools that funnel into Riverview High School and JMA Armstrong High School in Salisbury. Atlantic Wellness, available to youth in the Greater Moncton Area, has a Monday same-day appointment service for those who need someone to talk to about immediate mental health challenges. They also offer added support to JMA Armstrong High School.

It was described during consultation that the challenge lies in communicating to the public and within the service system the various tiers of support provided, who would fall into a tier one, two, or three level, who among the services support the various tiers, and how to connect to them. Youth, when asked about supports that would help them build resiliency, suggested making schools available after the school day for free play or gym time to give them a secure place to be during downtime. Youth also suggested the need for more supportive opportunities that allow kids to manage academics (i.e.: extra help), learn how to navigate through post-secondary application processes, and learn how to prepare for job interviews.

Finally, a described gap within this infrastructure is the lack of a service or program that supports disengaged youth. Other communities, within the Greater Moncton Area, are supported by a program funded by the United Way called YOU-Turns, that has shown success in helping disengaged youth connect to the people and the things that they need to achieve success not only in school, but also in life. It was described that there are youth living in RCA who would benefit from such a program.

Who is affected? Children and youth, families with children and youth

Related Quantitative Data (2,3,10)

Compared to the provincial data for New Brunswick: (RCA vs. NB)

▲ Compared to provincial data, more youth living in RCA can solve problems without hurting themselves or others. (61% vs. 55%).

= Compared to provincial data, the same prevalence of youth living in RCA experience symptoms of Anxiety. (33% vs. 33%).

▲ Compared to provincial data, slightly more youth living in RCA experience symptoms of depression. (34% vs. 31%).

Compared to RCA in 2014: (2014 vs 2017)

▲ Compared to 2014 data, significantly more youth living in RCA in 2017 felt that their parents knew a lot about them. (44% vs. 54%).

= Compared to 2014 data, the same per cent of youth in 2017 know where to go for help. (27% vs. 26%).

= Compared to 2014 data, the same per cent of youth in 2017 report a moderate to high mental fitness level; having a positive sense of how they feel, think, and act. (77% vs. 78%).

Priority 3
continued

Enhance local capacity to address the mental health and mental resiliency needs of children and youth

Strengths, Resources, and Assets that align with this priority:
- Child and Youth Teams within the Integrated Service Delivery Model
- Boys and Girls Club of Riverview
- Atlantic Wellness
- Town of Riverview programming opportunities
- Horizon Mental Health and Addiction Services

Community Recommended Action: Continue to build and work with the collaborative network of organizations that support the mental health and well-being of children and youth living in RCA.

Suggested Approach:
- Build opportunities or initiatives that aim to increase family and health care service provider awareness of the various forms of mental health support and how to access them. Within this same effort, reinforce the benefit of various types of support beyond one-on-one counselling.

- Involve youth in planning resources/programs/opportunities to ensure their concerns around finances, down time, academics, and preparing for post-secondary options are addressed.

- Work towards filling the service gap for youth living in RCA who are the most at risk of becoming disengaged from society.

Priority 4

Establish more affordable housing options to support individuals and families from RCA who are vulnerably housed or homeless

Social Determinant(s) of Health: Physical Environment and Infrastructure, Social Environment and Community Cohesion

"We have a lot of low-income families who are struggling to make it here in Riverview and leaving because they can't afford to be here. We don't have a ton of low-income housing."

Most consultation participants reflected that homelessness, characterized as individuals living outside with no shelter, is not visible in RCA. However, a few consultation participants shared that homelessness in RCA is not overt but takes the form of individuals who are couch-surfing and living with no fixed address. In addition, there are known members of the homeless community in Moncton who are from RCA. It was also shared that first responders are now beginning to receive calls about homelessness from within RCA. A known barrier described during consultation was the limited availability of local affordable housing options with acknowledgement that single parent families and adults/older adults who live on a limited income are particularly vulnerable to this housing shortage and are more likely to leave the area in search of more affordable housing. Considering the family-focused supports available in RCA, it was articulated during consultation that it would be important to create a supportive, affordable housing infrastructure that makes it possible for families with children to remain local and benefit from this support system.

Who is affected? Individuals and families living on low-to-moderate income.

Related Quantitative Data (2,3,10)

Compared to the provincial data for New Brunswick: (RCA vs. NB)

▲ Compared to provincial data, more people living in Riverview, who rent, spend >30% of their income on shelter. (43% vs. 37%).

▼ Compared to provincial data, less people living in Coverdale LSD, who rent, spend >30% of their income on shelter. (23% vs. 37%).

▼ Compared to provincial data, less people in Riverview live in subsidizing housing. (34% vs. 31%).

Compared to RCA in 2014: (2014 vs. 2017)

▲ In the Greater Moncton Area, the number of non-elderly singles and families on the waitlist for subsidized housing increased by 23% between 2014 and 2018 (23).

Strengths, Resources, and Assets that align with this priority:

- Greater Moncton Homelessness Steering Committee
- Housing Assessment Review Team (HART)

Community Recommended Action: Through collaboration with other stakeholders, support the work of defining an action plan to address the need for more affordable housing options in RCA.

Suggested Approach:

- Join efforts lead by the Greater Moncton Homelessness Steering committee to better understand and respond to the factors impacting those from RCA who are vulnerably housed or homeless.

- Ensure local community organizations already supporting those living on low income, such as local food banks, are involved in this process.

Priority 5

"... there are some very real barriers there. It's often cost, coverage, not having had their condition and their treatment program explained to them in a way that they can truly understand and that they can see it as do-able."

Address the barriers facing residents managing chronic conditions who live on a limited income

Social Determinant(s) of Health: Personal Health Practices and Coping Skills, Health Services, Social Environment and Community Cohesion, Income and Social Status, Education and Literacy, Physical Environment

During consultations, perceptions were shared that many residents with chronic diseases have multiple out-of-pocket expenses associated with managing their conditions. Current support programs are often accompanied by hidden costs that make it challenging for those living on a limited income to manage their health. Barriers voiced during CAC meetings and consultations include:

- Hidden costs attached to certain medications/interventions that fall directly onto the resident such as the cost of transportation to get blood drawn to monitor medication levels or to get to follow-up medical appointments, the cost of prescribed medicine not covered under personal insurance or New Brunswick's Provincial Drug Program, and the cost of necessary medical equipment.

- Working poor are particularly challenged because they do not qualify for social assistance programs that would help alleviate extra health care expenses.

- The health and well-being of residents under the age of 65 who live with a disability and require home support wait too long for this service. Due to resource limitations, older adults who have complex care needs often take priority for in-home support. This delays service to those under the age of 65 who are not assessed as a top priority.

- Residents with multiple and complex chronic conditions or with low health literacy require more time with their primary care providers to address concerns. The primary care system does not always accommodate this need.

Who is affected? Residents with chronic health conditions who live on low-to-moderate incomes.

Related Quantitative Data (2,3,10)

Compared to the provincial data for New Brunswick: (RCA vs. NB)

▼ Compared to provincial data, less citizens living in RCA report that the cost of medications is too high in getting the health care they need. (25% vs. 33%).

▼ Compared to provincial data, fewer citizens living in RCA are estimated to be needing home care support. (30% vs. 42%).

Compared to RCA in 2014: (2014 vs 2017)

▼ Compared to 2014 data, significantly fewer adults living in RCA in 2017 with one or more chronic conditions indicated that they are very confident in controlling or managing their health conditions. (49% vs. 40%).

Strengths, Resources, and Assets that align with this priority:

- Ability New Brunswick Equipment Loan Program and Service Navigation
- Extra-Mural Program
- Health and Wellness Coordinator, Jean Coutu Pharmacy
- Local General Practitioners
- Primary Care, Horizon

Community Recommended Action: Contribute to the identification of strengths-based approaches to address local barriers facing residents with chronic conditions who live on a limited income.

Suggested Approach:

- Action should be supported by the same group for service delivery partners addressing RCA's first priority to enhance the local primary health care service system.

- As a group, map the local system that supports those with chronic conditions who live on low-to-moderate incomes to allow for the creation of collaborative approaches to remove the most prominent barriers impacting health and well-being.

- Consider how to involve advocacy and navigation supports similar to Ability NB's Rehabilitation Counsellors or their Peer Support and Transition programs.

Priority 6

Build upon local efforts addressing food insecurity

Social Determinant(s) of Health: Income and Social Status, Social Environment, Education and Literacy, Healthy Child Development

During consultations, perceptions were shared that individuals from RCA who live on a low income are experiencing food insecurity. Barriers described include a lack of money to pay for healthy food or to pay the transportation cost to get to a grocery store on a regular basis as well as the stigma associated with asking for help. For individuals whose mobility is limited, challenges such as an inability to physically get around a grocery store, to carry heavy grocery bags into the house, and compromised ability to cook and prepare healthy meals were described. Many resources addressing food insecurity are available in the City of Moncton however access to such supports are a challenge due to limited affordable and reliable transportation options.

Who is affected? Families and individuals living on lower incomes, families and individuals with limited social support networks, residents who are living alone, persons living with disabilities.

Related Quantitative Data (2,3,10)

Compared to the provincial data for New Brunswick: (RCA vs. NB)

▼ Compared to provincial data, fewer households in RCA experience moderate to severe food insecurity. (2% vs. 9%).

▼ Compared to provincial data, fewer children and youth are living in homes that exist on a low-income. (30% vs. 42%).

= Compared to provincial data, roughly the same per cent of people had troubles getting the health care they needed in 2017 because they were unable to leave the house due to a health problem. (12% vs. 10%).

= Compared to provincial data, the same per cent of youth living in RCA report going to school hungry. (5% vs. 5%).

Compared to RCA in 2014: n/a

Strengths, Resources, and Assets that align with this priority:

- Local school food programs, ASD-E
- Local Food Banks; Salisbury's Helping Hands Food Bank and Albert County Food Bank.
- Food Depot Alimentaire
- Shopbud.ca
- Blue Anchor Foods
- Red Cross Home Care Service

Community Recommended Action: Focusing on the local factors contributing to household food insecurity in RCA, support and increase the capacity of local and regional efforts currently addressing food insecurity.

Suggested Approach:

- Through local and regional partnerships, support and increase the capacity of local efforts already helping to alleviate household food insecurity such as the support provided by the two local food banks and the breakfast programs offered in local schools. Identify solutions that reduce or address the local stigma associated with accepting support.

- Collectively work towards creating sustainable efforts that support households who are on a limited income and those who live alone and are unable to get to a grocery store and prepare food on a regular basis.

- Consider creating hot meal opportunities to support those living with food insecurity who also experience social isolation.

Priority 7

Remove local barriers contributing to social isolation and declining health of residents who live alone

Social Determinant(s) of Health: Social Environment and Community Cohesion, Social Support Networks, Personal Health Practices and Coping Skills

During consultations discussions often focused on social isolation. Societal shifts, contributing to family members living farther away and less time to support aging parents/relatives, has led to social isolation of older adults whose care needs are changing and who have limited ability to independently move between and around communities. Harsh winters and limited safe and affordable transportation options are acknowledged barriers that leave individuals at home with limited social contact. It was acknowledged that those with family close by do much better than those without. For those who need extra support, paid home-care services come with their own challenges when paid caregivers are unavailable or when company policies prevent the support that is needed such as home maintenance (i.e.: snow clearing), small jobs, and heavy lifting. In addition, for some, the paid caregiver is the only human contact that a person might have on a weekly basis.

Who is affected? Older adults whose care needs are changing, persons who live with disabilities and exceptionalities, caregivers of older adults whose care needs are changing, individuals living with low income.

Related Quantitative Data (2,3,10)

Compared to the provincial data for New Brunswick: (RCA vs. NB)

= Compared to provincial data, roughly the same per cent of adults living in RCA are unable to leave their house because of a health issue. (12% vs. 13%).

= Compared to provincial data, the same per cent of older women over the age of 65 living in RCA live alone. (32% vs. 31%).

▲ Compared to provincial data, slightly more older men over the age of 65 in RCA live alone when compared to provincial data. (16% vs. 13%).

Compared to RCA in 2014: (2014 vs. 2017)

▼ Compared to 2014 data, significantly fewer adults living in RCA in 2017 felt that their family doctor always gives them enough time to discuss their feelings, fears and concerns about their health. (16% vs. 13%).

Strengths, Resources, and Assets that align with this priority:

- Hospice South-East NB programs for Caregivers and Grief and Bereavement
- Tele-Drive Albert County
- New Brunswick Public Library Mail Delivery Service
- Shopbud.ca
- Blue Anchor Foods
- Red Cross Home Care Service
- Wheels on Wheels
- River-Striders Walking Club
- Rock Steady Boxing for people with Parkinson's Disease

Community Recommended Action: Collectively identify barriers facing residents who are socially isolated alongside local service gaps in the community. Create or build upon initiatives already underway that connect people in a meaningful way to support health and well-being.

Suggested Approach:

- Create a volunteer network to purposefully check in on socially isolated residents.
- Enhance/support/promote local alternative transportation services.
- Build a collaborative social calendar to ensure opportunities for socialization exist and do not overlap.
- Create a network of tradespeople accessible to those in need of services that will perform small jobs to help maintain independence at home without risking health and well-being.

9.0 References

1. Community Profiles. New Brunswick Health Council. 2016. Available from: https://www.nbhc.ca/community-profiles#.W3F593mWzIU
2. Primary Health Survey 2017. New Brunswick Health Council; Available from: https://nbhc.ca/surveys/primaryhealth
3. My Community at a Glance 2017: Riverview and Coverdale Area. New Brunswick Health Council; 2017. Available from: https://nbhc.ca/sites/default/files/publications-attachments/My%20Community%20at%20a%20Glance-14a-Riverview%20and%20Coverdale-NBHC-2017.pdf
4. Constitution of the World Health Organization. World Health Organization; 2005. Available from: http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1
5. Regional Health Authorities Act. 217, 2011. Available from: http://laws.gnb.ca/en/showpdf/cs/2011-c.217.pdf
6. Barnett K. Best Practices for Community Health Needs Assessment and Implementation Strategy Development: A Review of Scientific Methods, Current Practices, and Future Potential. Public Health Institute; 2012 Feb.
7. Government of New Brunswick. A Primary Health Care Framework for New Brunswick. 2012. Available from: http://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/PHC/A-Primary-Health-Care-Framework.pdf
8. Horizon Health Network Strategic Plan for 2015-2020. Horizon Health Network; 2015. Available from: https://en.horizonnb.ca/media/616051/horizon_strat_plan_english_jan28.pdf
9. My Community at a Glance, 2017. New Brunswick Health Council. Available from: https://nbhc.ca/community-profiles
10. Data Products, 2016 Census. Statistics Canada. Available from: https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/index-eng.cfm
11. Community Health Needs Assessment: Moncton and Surrounding Area. HFHG Consulting Incorporated and Dr. J Jbilou, University of Moncton; 2014. Available from: https://en.horizonnb.ca/media/611180/chna_executive_summary-moncton_en.pdf
12. Community Health Assessment Guidelines for New Brunswick. New Brunswick, Canada: Department of Health, Government of New Brunswick; 2017 Dec.
13. Raphael D. Chapter 1: Social Determinants of Health: Key Issues and Themes. In: Social determinants of health: Canadian perspectives: Third. Canada: Canadian Scholars Press; 2016.
14. Marmot M, Bell R. Fair society, healthy lives. Public Health. 2012 Sep;126:S4–10.
15. Social determinants of health and health inequities. Public Health Agency of Canada. 2018. Available from: https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html
16. What is the Population Health Approach? Public Health Agency of Canada. 2012. Available from: https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-approach.html
17. Herchmer B. Facilitive Tools: The Planning Framework. Campus for Communities of the Future. Available from: https://campusforcommunities.ca/resources/facilitative-tools
18. My Community at a Glance 2017, Technical Document, New Brunswick Community Profile Report. New Brunswick Health Council; 2017. Available from: https://www.nbhc.ca/sites/default/files/documents/technical_document_-_my_community_at_a_glance_2017.pdf
19. Cofiño R, Lopez-Villar S, Suárez O. How to work with local communities to improve population health: big data and small data. J Epidemiol Community Health. 2017 Jul;71(7):657–9.
20. Palinkas LA, Horwitz SM, Green CA, Wisdom JP, Duan N, Hoagwood K. Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. Adm Policy Mental Health Mental Health Serv Res. 2015 Sep;42(5):533–44.
21. Thorne S, Kirkham SR, O'Flynn-Magee K. The Analytic Challenge in Interpretive Description. Int J Qual Methods. 2004 Mar;3(1):1–11.
22. Mays N, Pope C. Qualitative Research: Rigour and qualitative research. BMJ. 1995 Jul 8;311(6997):109–12.
23. 11th Report Card on Homelessness in the Greater Moncton Area. Greater Moncton Homelessness Steering Committee; 2018. Available from: https://static1.squarespace.com/static/582ceb3c8419c27e99e518a7/t/5ae715332b6a28c10843fcf0/1525093691115/Homelessness+in+Moncton+2018_PRINT.pdf