



COMMUNITY HEALTH NEEDS ASSESSMENT

Technical Document

A document describing the CHNA process used by Horizon Health Network
including guiding principles and methodology

List of Abbreviations

CHNA – Community Health Needs Assessment
CLC – Community Learning Committee
ISD – Integrated Service Delivery
RHA – Regional Health Authority
NBHC – New Brunswick Health Council
Horizon or HHN – Horizon Health Network
SWNB – Southwest New Brunswick
LSD – Local Service Districts
2SLGBTQIA+ – two-spirit, lesbian, gay, bisexual, transgender, queer, intersex and asexual

List of Key Terms

Community – “People with a basis of common interests and network of personal interactions grouped either based on locality or on a specific shared concern or both” (Smithies et al., 1990). Community is a dynamic concept as individuals can belong to several communities at various times (Ravaghi et al., 2023).

Community Development – Community development is a comprehensive approach grounded in principles of empowerment, equity, human rights, inclusion, social justice, self-determination and collective action (Kenny, 2007). In practice, community development considers community members to be experts in their lives and communities, and values community knowledge and wisdom. Community development is led by community and supported by governments and organizations at every stage: from identifying issues and analyzing them, to deciding on, implementing, and evaluating actions. Community development has an explicit focus on the redistribution of power to address the causes of inequality and disadvantage with the goal of having healthier, and more vibrant and sustainable communities.

Community Engagement – “Engagement is a people-centred, intentional, and thorough process of working with community, staff, stakeholders, patients, families, and organizations to shape actions, impacts and decisions focused on health and well-being. Engagement refers to the span of activities that support the involvement of patients, clients, families, residents, community groups, health providers, and businesses in influencing the problem solving, planning and decision-making processes and in shaping and addressing issues that impact the health and well-being of the community” (Horizon Health Network, 2021).

Community Health Needs Assessment (CHNA) – “A community health needs assessment is a dynamic ongoing process undertaken to identify the strengths and needs of the community, enable the community wide establishment of priorities and facilitate collaborative action planning directed at improving community health status and quality of life” (Government of Manitoba, 2019).

CHNA Engagement Team – Horizon’s CHNA Engagement team is comprised of two CHNA leads and a CHNA coordinator who facilitate the CHNA process in all communities under Horizon’s catchment area. Local Horizon community developers support the engagement team when a CHNA is taking place in their home community.

Department of Health – The Government of New Brunswick Department of Health is responsible for the administration and delivery of health care in New Brunswick, including the management, oversight, and funding of the two regional health authorities in the province. For more information on the mandates of the Department of Health please visit: <https://www2.gnb.ca/content/gnb/en/departments/health.html>

Health equity – “Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to: address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities” (Centers for Disease Control and Prevention, 2022).

New Brunswick Health Council (NBHC) – The NBHC is a provincial Crown corporation that receives its primary funding from the Department of Health. The NBHC has a dual mandate to: (1) report publicly on the performance of the provincial health system, and (2) engage citizens in the improvement of health services quality.

Population health – “Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on health” (Public Health Agency of Canada, 2012).

Qualitative data – “Qualitative data are data representing information and concepts that are not represented by numbers. They are often gathered from interviews and focus groups, personal diaries and lab notebooks, maps, photographs, and other printed materials or observations” (National Library of Medicine, n.d.a).

Quantitative data – “Quantitative data are data represented numerically, including anything that can be counted, measured, or given a numerical value. Quantitative data can be classified in different ways, including categorical data that contain categories or groups (like counties), discrete data that can be counted in whole numbers (like the number of students in a class), and continuous data that is a value in a range (like height or temperature). Quantitative data are typically analysed with statistics” (National Library of Medicine, n.d.a).

Regional Health Authority (RHA) – “RHAs are responsible for managing and delivering a variety of services including hospital services, community health centre services, addiction and mental health services, and most Public Health services. Services are offered in a variety of settings; at hospitals on both an in-patient and out-patient basis, at home, in schools, in clinics and in other community settings” (Government of New Brunswick, 2011).

Technical Document: Purpose and Use

This document serves as a technical resource for the CHNA process undertaken by Horizon. CHNA reports are created for communities within New Brunswick, however these community-specific reports do not contain the detailed background and technical information about the CHNA process that some readers may be interested in. This document has been created to provide this detailed technical information.

In New Brunswick, two RHAs support the health of its citizens by sharing in the provision of health care services. CHNAs are a provincial process delivered by both RHAs to support the identification of health needs and strengths of communities, however the CHNA process within each RHA has similarities and differences. The information presented in this technical document reflects the overall approach to CHNAs at Horizon, recognizing that each community’s capacity and engagement needs are unique, and therefore some steps may be modified or tailored during the community co-design process.

Since their initiation in 2010, CHNAs have continuously evolved and improved over time. In 2021 CHNAs went through a collaborative provincial review process resulting in 12 process improvement directives that reflect current understanding of population health and best practices related to community and public engagement. In 2022, Horizon’s CHNA process was re-designed to incorporate these process improvements.

The process outlined in this technical document reflects the redesigned CHNA process used by Horizon. Community specific CHNA reports created by Horizon from 2024 and onward have used the process described within this document. For information on the CHNA process used in previous community CHNA reports please see each individual report (available on the Horizon website at HorizonNB.ca/CHNA). This technical document will be updated to reflect any future process adjustments.

Background

In New Brunswick, a CHNA is a process co-created with community members that gives Horizon the ability to connect with local people and gather detailed qualitative data. CHNAs allow people representing populations who live in a geographical area an opportunity to share their lived experience and to support the identification of their unique health needs. As part of the process, CHNAs aim to target engagement efforts to hear from those who are often left out of traditional engagement and data collection efforts.

CHNAs help the two RHAs fulfill their obligation to determine the health needs of the population, as noted within the [Regional Health Authorities Act](#) (Government of New Brunswick, 2011). The Government of New Brunswick Department of Health, Horizon and Vitalité Health Network have worked together to define the purpose of CHNAs:

- (1) enable RHAs in the work of determining health service needs and prioritizing health service delivery.
- (2) enable the Department of Health in the work of health care system planning and cross department collaboration.
- (3) strengthen relationships between RHAs and local stakeholders and rights holders involved in the work of improving population health in place-based communities.

The result of the CHNA process is a collective understanding about issues that are significant to local communities. The benefit of this systematic approach serves more than Horizon. CHNAs offer a robust evidenced-based process that municipalities, other government departments, and local organizations rely on to set strategic direction, apply for funding, and plan action aimed at addressing needs of local populations.

What is meant by community?

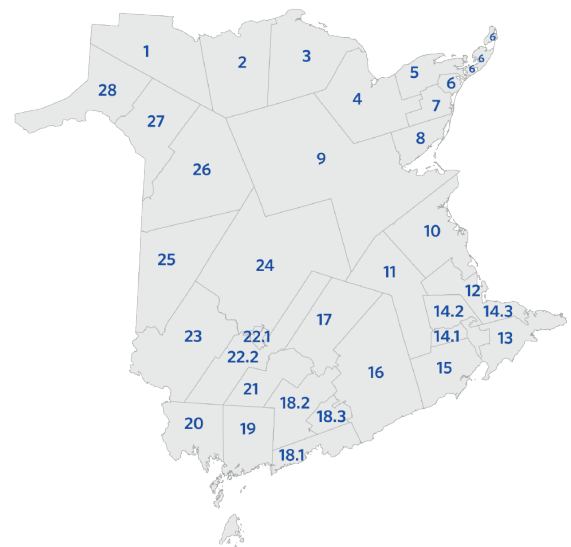
To allow for a focus on local health and wellness, the New Brunswick Health Council has divided the province into 33 communities. See Figure 1 (New Brunswick Health Council, 2024).

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. New Brunswick is divided into seven (7) health care zones and each zone, on its own, canopies several NBHC communities and represents many different groups of people.

The 33 communities identified by the NBHC were authenticated by various community partners and citizens from all areas of the province. Each NBHC community was created with no less than 5,000 people to ensure statistical data for the community is usable while at the same time maintaining the privacy of citizens who provided information to inform the data (New Brunswick Health Council, 2024).

Horizon CHNAs use the community boundaries identified by the NBHC as the starting place for the community CHNA boundaries. Through the CHNA process, local community members verify which local boundaries to use for that area's CHNA.

The CHNA process recognizes that although communities are often identified based on geographical location, communities independent of location also exist such as groups of people who share common interests or identity. CHNAs take place within a geographical boundary, but they also seek to actively engage with different population groups living within communities.



Background continued

Guiding principles for CHNAs

CHNA process directives for New Brunswick, collaboratively developed by both RHAs and the New Brunswick Department of Health, recommend the application of population health and health equity perspectives as guiding structures to investigate health and wellness in communities. CHNAs are also designed to ensure the application of emerging best practises in community engagement.

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

-World Health Organization, 2024

Population health approach and health equity lens

Many groups of people live alongside one another in any given community. People's different life experiences can contribute to inequitable differences in health outcomes. This is because 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 (Raphael, 2016).

Social determinants of health include:

- Health services
- Disability
- Early child development
- Education
- Employment and working conditions
- Food insecurity
- Gender
- Geography
- Globalization
- Housing
- Immigration
- Income and income distribution
- Indigenous ancestry
- Race
- Social exclusion
- Social safety net
- Unemployment and job security

Source: Raphael, 2016

Examining how social determinants of health impact the health of populations is a foundation of the population health approach. A population health approach is an approach to health that “aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health” (Public Health Agency of Canada, 2012).

Applied in health care, a population health approach encompasses the entire spectrum of work done by health systems, from health promotion, prevention, and community development to health protection, diagnosis, treatment, and care.

Background continued

Certain social determinants have a stronger influence on our health than others and can contribute to health inequities between population groups that are unfair. Therefore, a population health perspective, viewed through a health equity lens, looks at different groups of people living in an area (for example, those living in isolated areas, or those living with a low income) to assess how different social determinants impact health outcomes. This information can then be used to identify needed changes to the healthcare system. The Urban Strategies Council states “the work of applying a health equity approach in a health care system is achieved through ‘systematically assessing disparities in opportunities, outcomes, and representation and redressing those disparities through targeted actions’” (Kania, Williams, Schmitz, Brady, Kramer, Splansky Juster, 2022).

“Health equity is created when individuals have the fair opportunity to reach their fullest health potential. Achieving health equity requires reducing unnecessary and avoidable differences that are unfair and unjust. Many causes of health inequities relate to social and environmental factors including income, social status, race, gender, education and physical environment.”

-Public Health Ontario, 2024

Using a population health approach with a health equity lens means that the CHNA process is designed in a way to ensure that population groups who may have unique health needs are identified in communities and efforts are targeted to ensure feedback on community health needs and strengths are obtained from these groups of people. This allows for the creation of unique interventions, program changes, or other action plans that can improve the health of populations most at risk of ill health, both physical and mental, and hopefully lead to changes that will decrease ill health and reliance on the health care system (Health Canada, 2001). Engaging priority populations takes dedicated time and effort and the CHNA is designed to support this needed work (Sacramento State Institute for Social Research, 2022).

Community engagement principles

Research shows the more a community is engaged in decisions about their health and what is required to improve local services, the better their health outcomes (Patzner, 2012). “Engagement refers to the span of activities that support the involvement of patients, clients, families, residents, community groups, health providers, and businesses in influencing the problem solving, planning and decision-making processes and in shaping and addressing issues that impact the health and well-being of the community. It is an essential element of influencing meaningful change and requires careful planning to identify participants from the community” (Patzner, 2012).

“Across the country and internally, engagement is recognized as a best practise in health care to support data-driven and evidence-based decision making. Engaging people in decisions creates and maintains trust, while generating support, both of which are necessary to create long-term, meaningful organizational change.”

-Horizon Health Network, 2021

To ensure that the CHNA process offers a meaningful engagement process, CHNAs are also guided by community engagement best practises (please see Appendix A for more information and examples of best practises) as well as by community engagement principles outlined in Horizon’s Health Care Engagement Framework (Horizon Health Network, 2021). The engagement principles described in Horizon’s framework are:

Clarity: We will clearly define the purpose and expectations of the CHNA so participants understand what participation level is required, and how their advice and ideas will be used.

Background continued

Mutual respect and value: We will create engagement opportunities that support constructive and productive conversations that allow for curiosity, compassion and listening. We will place great value on the lived experiences, diverse perspectives, and contributions of others.

Inclusion and diversity: We will use engagement methods that align appropriately with participant needs. We will equitably include diverse people and voices that address power imbalances, reduce barriers to participation, and extend the reach of perspectives in the conversation. We will respect cultural differences and avoid tokenism.

Support: We will use engagement methods that align with participant needs and budget availability to ensure accessibility to allow people to engage meaningfully with the health system. A lack of transportation, childcare, internet access, working hours, etc. will not be a barrier to participation.

Resources and capacity: We will allocate adequate and appropriate time, resources, and budget so information can be shared in a manner that can be understood by the public and engagement participants. We will use facilitators who have the appropriate skills, guidance, and training.

Communication and planning: We will plan and involve people early in the engagement process. We will provide clear, frequent, and relevant information to encourage participation and always allow adequate time for feedback.

Influence, impact, and reporting: We will be clear about how advice and input will be collected, measured, and used in decision making. We will explain how CHNA results will influence outcomes and change within Horizon.

Openness, honesty, and transparency: We will be open, honest, and transparent in all communications and information sharing throughout the CHNA process to allow for a greater understanding of the decision-making process, resource limitations, and other constraints that affect engagement.

Trust and credibility: We will honour commitments and be accountable for the engagement process.

Community representation

A broad range of community representatives who live in, work in, or support residents from the community undergoing a CHNA are invited to take part at various stages throughout the process. Horizon's CHNA Engagement Team leans on these valued community members to guide how the process can be tailored to the specific region under assessment.

Those who are invited to help plan and guide the process can include:

Background continued

Community health partners

Canadian Mental Health Association
Hospice
Health service associations
Local Deaf and hearing services
Home care

Local networks and collectives

Wellness networks
Community Inclusion Networks
Family Violence Prevention Network

Local government

Town councils
Village councils
City councils
Municipal recreation departments
Members of the Legislative Assembly
Members of Parliament

Indigenous populations

Health centres
Band councils
Aboriginal Peoples Council
Local schools
Local child and family services

Horizon

Addiction and Mental Health
Integrated Service Delivery Child and Youth team
Diabetes outreach
Hospital physiotherapy
Primary health care
Public Health
Local clinics
Health centre managers and staff
Midwifery
Community developers
Family physicians
Nurse practitioners
Hospital Emergency Departments
Other hospital administration
Medical directors
Health centre advisory committees
Outpatient clinics (Ambulatory Care)
Communications

Other health care

Ambulance NB
Extra-Mural Program
Pharmacists
Nursing homes
Department of Health

Other Government of New Brunswick entities

School districts
Local schools
Social Development
Public Libraries
Justice and Public Safety
Transportation and Infrastructure
Tourism Heritage and Culture
Regional Service Commissions

Post-secondary education

New Brunswick Community
College Collège communautaire du Nouveau-Brunswick
Universities
Other colleges

Cultural groups

Multicultural associations
Culture specific organizations

General public and concerned citizens

General public and concerned citizens
Community organizations
Counselling centers
Head Start
Food security organizations (local)
Arts councils
Local markets
Clergy (ministerial and local churches)
Seniors clubs
Lions Clubs
Royal Canadian Legions
Local New Brunswick Association of Community Living
Foundations
Local United Way
Local resource centres
Domestic violence outreach
Local Salvation Army
Food banks
Association of Community Living
Habitat for Humanity
Rotary Clubs
Local teachers associations
Shelters
Police forces
Fire department
Volunteer services
Red Cross
Community outreach
Sport networks

Community Health Needs Assessment Process

CHNA Engagement Team

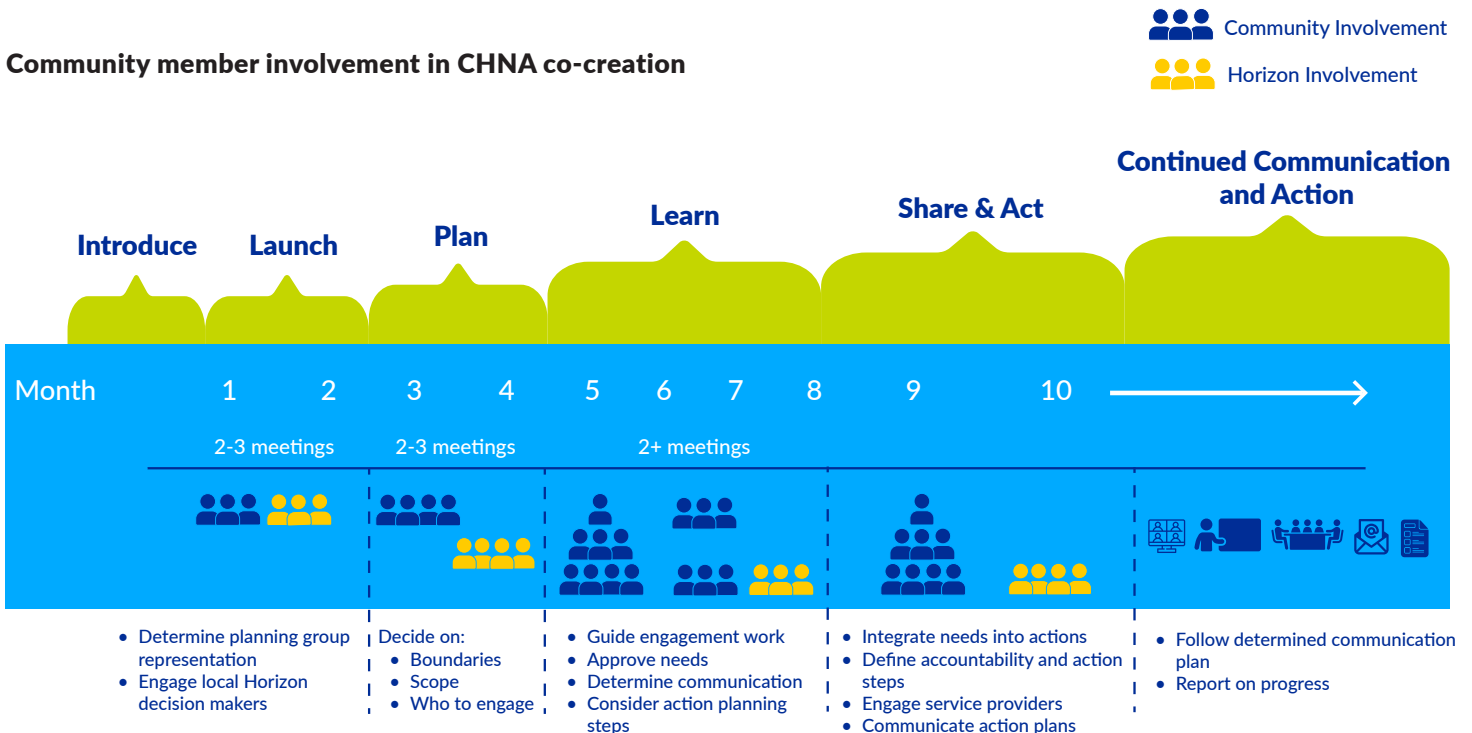
The Horizon CHNA Engagement Team is a skilled group of community engagement, research and population health specialists who guide community partners through the systematic process of planning and supporting their community CHNA. The team is housed within the Department of Population Health and includes a research and engagement lead, an action lead, and a coordinator. The team also works with a network of Horizon Community Developers who are rooted in communities and work alongside community members and partners.

Using a community development approach and the needs 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.

CHNA engagement process

The CHNA process within Horizon Health involves the following stages.

- Introduce
- Launch
- Plan
- Learn
- Share
- Act



Community Health Needs Assessment Process

Introduce

The purpose of the Introduce Stage is to promote an upcoming CHNA in the community. To build awareness about upcoming CHNAs, communications are shared with community members and partners in the area through email. Various information sessions are also held so that people can learn about the CHNA process and ask questions.

A Community Engagement Capacity Survey that includes a mix of quantitative and qualitative questions to better understand the interests of the community in participating in a CHNA can also be completed during this stage of the process. The responses to the survey can be summarized to inform the discussions that take place during the Launch and Plan stages.

Launch

Community involvement:

This stage is supported by four to seven community members who help guide early decision making and support the formation of the group of people who will help to plan the CHNA.

Meetings:

This work is done over two to three meetings.

To begin the Launch Stage the CHNA Engagement Team works with the local Horizon Community Developer to identify community members to support the work that takes place in this stage. These community members should have strong community expertise and networks and have a solid background and knowledge of the community and surrounding area.

The goals of the CHNA Launch Stage are to:

- Review existing local data (e.g., New Brunswick Health Council, Statistics Canada, local reports).
- Discuss the CHNA boundaries (i.e., what geographical communities should be included in the CHNA). This step allows for the exploration of potential modifications to the geographical boundary involved in the CHNA if the pre-etermined NBHC community boundary does not reflect how the community sees itself.
- Review results of the CHNA Community Engagement Capacity Survey (if applicable).
- Identify and invite additional community members to the group to support the work of the planning stage of the CHNA.

Identifying CHNA geographical boundaries

CHNA communities are initially defined as communities that fit within the geographical boundaries developed by the NBHC. Both RHAs are directed by the Government of New Brunswick to use these NBHC boundaries as a starting point to define the CHNA area.

However, it is recognized that these boundaries may not always reflect how each community defines itself, therefore flexibility is given to the CHNA teams to work with communities to adjust these boundaries when needed for CHNA purposes.

At Horizon, boundaries are reviewed with community representatives during the Launch Stage. The group discusses whether the boundaries should remain the same or if they should be changed to include other adjoining communities who are similar and seek health services in a similar way. This step in the process allows time for engagement with key partners in these adjoining communities to determine their interest in participating in a CHNA should they be invited to join into the process.

Community Health Needs Assessment Process

Plan

Community Involvement:

This stage is supported by eight to 12 community members who help guide early decision making and support the formation of the group of people who will help to plan the CHNA.

Meetings:

This work is done over three to four meetings.

The purpose of the CHNA Plan Stage is to co-design and tailor the CHNA process to the current community's unique engagement needs and capacity. Community members who participate in this stage of the work have a strong understanding of the area and are leaders within the community, serving in a health care or community service capacity with established relationships with residents or local organizations.

The goals of the CHNA Plan Stage are to:

- Finalize the CHNA community boundaries.
- Review existing local data (e.g., New Brunswick Health Council, Statistics Canada, local reports).
- Discuss population health and health equity.
- Discuss issues of concern that may impact the health of the community to facilitate the identification of populations of focus for CHNA engagement.
- Identify and confirm the populations of focus who will be engaged during the Learn stage of the CHNA process.
- Identify community assets that support health.
- Identify communication methods that would best serve the community throughout the CHNA process.

Identifying populations of focus

Through facilitated conversation and group work, the community members who support the Plan Stage apply their understanding of the area and the populations they support, to identify and describe the population groups within their community who may experience differences in health outcomes and health service access. The purpose of this work is to collectively identify 'Populations of Focus' who represent important groups to learn from during the next stage of the CHNA process.

Learn

Community Involvement:

This stage is supported by 10-25 community members who help to plan and organize community engagement opportunities.

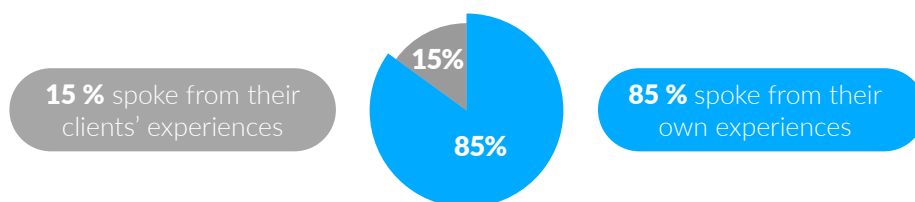
Meetings:

This work is done over two to three in-person meetings, as well as individual meetings as needed.

The purpose of the Learn Stage is to gather qualitative data within the community to learn about the health and wellness needs of population groups living in the area. The learn stage is guided by a Community Learning Committee (CLC).

The CLC is comprised of 10 to 25 individuals who either participated in earlier planning for the CHNA and are continuing to support the work in this stage, or are new to the CHNA work and are joining as community members who have knowledge of and relationships with populations of focus. CLC members advise the CHNA Engagement Team on how to engage with members of the local populations of focus, so that appropriate qualitative data gathering engagements can be organized.

During the Learn Stage, efforts are made to ensure that individuals with lived experience are engaged to provide the majority of data on health needs of the community. Those who work in the area by providing services and supports are also invited to provide information through engagements, however the collection of voices and identification of needs from community members is prioritized. For example, consultation results from the SWNB CHNA pilot (2023) revealed that 85 % of those consulted were speaking from their own lived experience, and the remaining 15 % of participants were providing information based on their experience as a professional supporting the community.



Based on the engagement capacity of the community and the CLC, the following actions can take place during the Learn Stage:

	CHNA Engagement Team	Community Learning Committee
Prepare for engagement	Develop engagement plans for each population of focus and other additional community engagement opportunities.	Support development of engagement plans and advise on appropriate engagement methods for populations that they support.
Engage community and gather qualitative data	Collect qualitative data through community consultations with identified population groups and community representatives.	Support the CHNA team in organizing and scheduling engagement activities and invite participants. Some CLC members may support qualitative data collection through assisted open-ended questionnaires with their clients, or support the facilitation of a focus group or interview.
Analyze data	Analyze qualitative data collected during consultations. Findings are used in the creation of a list of specific local health needs.	
Review and support needs	Share the results of the CHNA with the CLC and facilitate the discussion around whether the CLC agrees with the analysis and resulting report. Discuss any disagreement about community needs until agreement is reached and a final report is developed and supported by the CLC committee.	Review identified health needs and indicate support for the analysis and report or provide recommendations for change.
Communication	Facilitate a discussion around how best to communicate the CHNA results to the community. Once a communication plan is decided on, communicate the results to the community using this plan.	Provide advice regarding communication methods to disseminate CHNA results to the broader community.

Community Health Needs Assessment Process

Qualitative data collection

Qualitative research, often used to answer why, how, and what questions, can add description and context to an area of study, and is well suited to the determination of health needs within the community.

For the CHNA Engagement Team to collect perspectives and understanding from different populations the following methods of data collection are applied based on the engagement needs of the community, advice from the CLC, and best practices when engaging marginalized population groups:

- **One-on-one interview:** a one-on-one interview in person or via phone with a community member or service provider.
- **Focus group:** Focus groups are generally planned with up to 10 community members who represent a particular population of focus.

The following engagement methods are also considered to engage community members when one-on-one interviews and focus groups are not appropriate or preferred by certain population groups.

- **Community open-ended questionnaire:** An open-ended questionnaire that can be promoted across the community to gather information about health needs. This questionnaire can be available on-line but can also be completed in other ways if recommended by the CLC.

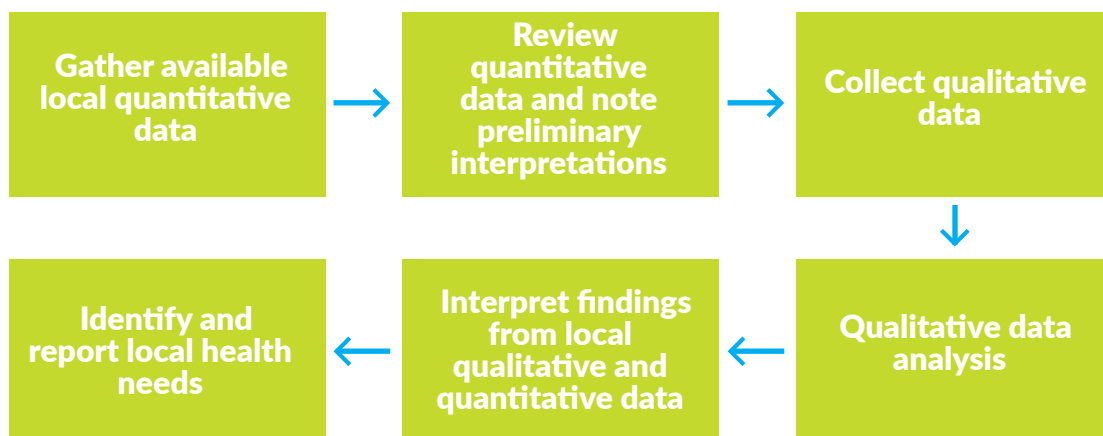
- **Guided questionnaire:** A community service provider sits one on one with community members and helps to complete an open-ended questionnaire. The questionnaire may be similar to the community open-ended questionnaire described above or may be different.

Participation in CHNA data gathering activities is voluntary, and the process of informed consent is reviewed with each participant. Whenever possible, interviews and focus groups are audio-recorded and later transcribed. Identifying information, such as the names of people and places, is removed when transcribing.

Data analysis and synthesis

Data gathered during the Learn Stage is thematically analysed by the CHNA research and engagement lead with support and verification of data by other CHNA team members. Qualitative findings from the analysis of community data gathered through the CHNA process, as well as quantitative data available from the area, is organized into a final report that details specific community health themes, needs and strengths.

The CHNA team meets to review the findings for the local community and to discuss and debate interpretation of findings to safeguard against researcher bias. The needs identified are also presented to the CLC who are given an opportunity to discuss them and to provide support or feedback on desired edits. This step helps to ensure that the results of the CHNA is an accurate reflection of needs within the community.



Community Health Needs Assessment Process

Share

Throughout the CHNA process, feedback is gathered from participants to glean the preferred communication methods within the community. This informs the Share stage, where a Communication Plan is developed with CLC input, to share results of the CHNA with the broader community, with Horizon decision makers and with other government partners. Communication methods can include the following based on community need:

- Circulation of CHNA findings and materials (e.g. final report, infographics, posters) to key contacts within the community.
- Presentation of findings at in-person or virtual meetings.



Limitations

Time-frame

The time-frame to introduce and facilitate a CHNA within a given area is between six months to one year. Some community organizations and population groups may benefit from a longer time frame to learn about the CHNA process. This time frame may ultimately impact who is able to participate in the CHNA process.

Generalizability

CHNA reports are community specific and identified health needs are not intended to be generalized to other communities.

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Appendix A

Best Practice Strategies for Community Engagement

When planning and facilitating engagements with population groups who are at risk of living with health inequities, it is important to incorporate known best practice skills and strategies that help ensure the design of meaningful engagement opportunities whereby participants feel valued and heard. The following is a list of best practices outlined in the literature, and corresponding strategies that are considered and can be applied during the design and facilitation of engagement opportunities within a CHNA.

Best Practice	Example of how this practice could be incorporated into the CHNA process
Involve trusted community partners: Involve and get advice from community partners who are trusted by and work with the population of focus about appropriate engagement approaches.	A community partner/advisor is asked to help plan and support the engagement opportunity.
Address power imbalances: Consider and address any power imbalance that might exist between those facilitating the discussion and those participating.	A plain language summary of the engagement results can be created and reviewed by a trusted community partner for accuracy.
Build trust and safety: Consider and address any engagement elements that could build trust and safety prior to and during an engagement opportunity.	Offer a break during conversations that last longer than 1 hour if participants appear to need a break. Use an informed consent process to ensure participants understand the purpose of the conversation, the process that will be followed, and how information will be managed and kept confidential. Provide Information on how to connect with Horizon representatives with questions or concerns about the CHNA process or with other supports.
Honour culture: Consider and incorporate any engagement elements that would acknowledge cultural differences of a population.	Consider cultural differences in planning all engagement strategies, including but not limited to ensuring that snack and beverage choices, communication methods, and engagement methods are culturally appropriate.

Appendix A

Best Practice	Example of how this practice could be incorporated into the CHNA process
<p>Reimbursement: Consider any expenses that a participant might incur to participate in an engagement opportunity and have a reimbursement plan in place to cover these expenses.</p>	<p>Provide gift cards to participants to cover incurred expenses.</p>
<p>Engagement support: Consider and plan for any additional supports needed during an engagement opportunity that would enable a population’s participation, including but not limited to offering childcare during the engagement, offering transportation to the engagement, offering food and refreshments, accommodating language/communication needs, etc.</p>	<p>Participants can be asked about any accommodations that can be made to support their participation (i.e.: transportation, mobility accommodations, hearing needs, dietary needs, childcare needs).</p> <p>Beverages and snacks can be provided during face-to-face engagement activities.</p>
<p>Follow-up: Plan how you intend to follow-up with engagement participants.</p>	<p>Provide a contact sheet to each participant detailing the purpose of CHNAs and how the information will be used.</p> <p>Inform participants that the final CHNA report will be available on the Horizon public website.</p>

Sources: Community Development Halton (2011); Danseco, Notarianni & Kocourek (2020); Homer (2019); McNeil, Elliott, Huson, et al. (2016); National Collaborating Centre for Determinants of Health (2021); Snow, Tweedie & Pederson (2018); Stonewall, Fjelstad, Dorneich, Shenk, Krejci & Passe, U. (2017); Tamarak Institute (2020)