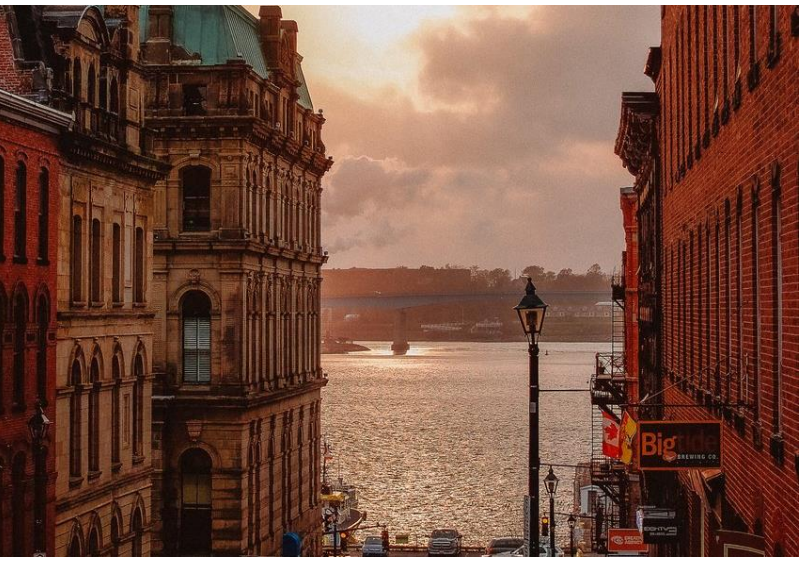

RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

Community Health Needs Assessment

City of Saint John

January 2026

Executive Summary

New Brunswickers want to thrive and be healthy. A person's individual health and wellbeing are influenced and impacted by many factors, including the people, places, and things surrounding them. A Community Health Needs Assessment (CHNA) is a systematic approach used by health service providers to better understand the broader health needs of the populations they serve (Wright & Williams, 1998).

Through community engagement, a CHNA can define a local area's health needs leading to the identification of priorities that when acted upon can improve the health and wellbeing experiences for its people and communities. The CHNA process also empowers communities to voice their health needs and concerns and suggest potential solutions or strategies to fill any gaps, which is integral to the betterment of their health and wellbeing.

The city of Saint John CHNA specifically focuses on seven population groups more likely to experience health and social system access barriers and poorer physical and mental health outcomes. Engagement consultations with these seven groups; seniors, Francophones, newcomers, Indigenous peoples, 2SLGBTQIA+, youth, and financially insecure people are the foundation for this data collection work.

Between December 2024 and April 2025, 34 interviews and 14 focus groups were held in Saint John representing listening and learning from 159 individual community members, resulting in the identification of seven health-related themes (in alphabetical order):

- Access to community level mental health services
- Access to health services
- Cultural and linguistic inclusion
- Health system navigation
- Housing and food stability
- Transportation as a health barrier
- Trust within the health system

Each health theme is further explained in this report, as are possible solutions suggested by community members to address each health need. A CHNA captures the current state of a community and lays the foundation for the good work that lies ahead, allowing unlimited possibilities for its future.

This report is further supported by a technical document found here.

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Acknowledgements

We acknowledge that the land on which we gathered to facilitate the Saint John Community Health Needs Assessment (CHNA) is on the traditional unceded and unsurrendered Wabanaki territory. We are grateful to be able to come together and do this important work on the land where Indigenous people have been living and working from time immemorial.

This report is produced by Horizon Health Network's Community Health Needs Assessment Team and would like to extend gratitude to all the community organizations, service providers, and community members that took part in the CHNA process.

Community Health Needs Assessment (CHNA)

A CHNA demonstrates how understanding local health challenges can lead to effective community-based solutions. A CHNA is a recognized systematic approach to understanding health and wellness at a local level, allowing communities to identify their unique health needs. Through this process, communities can define local priorities that when addressed, significantly improve the health of individuals and population groups.

A CHNA is a "dynamic ongoing process undertaken to identify the strengths and needs of a 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). Since their inception, CHNAs have supported Horizon Health Network (Horizon) in fulfilling its legislated responsibility to determine the health needs of and prioritize health care for the population that it serves (Government of New Brunswick, 2011). Horizon CHNAs began in 2010; however, the process was amended in 2022 to better reflect and incorporate best practices in the areas of community engagement, population health, and health equity.

When a CHNA process is initiated in a community, it is co-created with community members to ensure it responds to the unique engagement needs of their community and the populations who live within it. For Horizon, a key component of its CHNAs is the dedicated effort to engage populations within communities who are more likely to experience health inequities. This collaborative exchange supports developing and strengthening local relationships between service providers and community members, and the regional relationship between communities and Horizon as a health authority within New Brunswick. Engaging citizens to share in determining their own community health needs is valuable to informing overall health system changes.

To ensure Horizon's CHNA process provides a meaningful engagement experience for all involved, the process is guided by the Community Engagement Principles outlined in Horizon's Health Care Engagement Framework (Horizon Health Network, 2021), which are available on the Horizon website HERE.

The CHNA Guiding Principles

Horizon CHNAs are best understood using a population health approach through a health equity lens. Health equity occurs when everyone has a fair opportunity to attain their optimal level of health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other social factors (Public Health Ontario, 2024).

> ***Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and***

ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups (Braveman, P., Arkin, E., Orleans, T., Proctor, D and Plough, A, 2017).

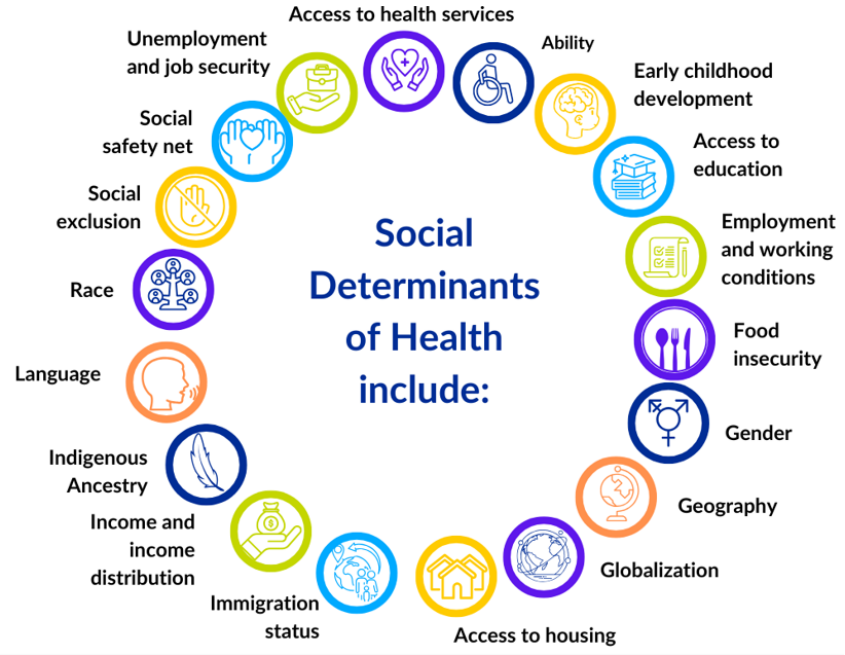
A population health approach aims to improve the health of the entire population and reduce health inequities that may exist among population groups. This means that the CHNA process is designed to actively engage population groups who have unique health challenges and who have historically had poorer health outcomes. Actively engaging with populations that experience health inequities is operationalized through key partners involved in CHNA planning, the types of data collected, methods used for engagements, and how the final report is communicated publicly. The CHNA process prioritizes hearing and learning from these *populations of focus*. This is important because listening to and learning from these *populations of focus* can improve the accessibility and usability of health care systems for all.

Determining *populations of focus* is a difficult task. Many factors are considered when narrowing down the populations including (but not limited to), time and resources, and also research fatigue. The CHNA planning team was very sensitive to existing research that was currently or recently conducted in Saint John with certain populations (i.e., the unhoused population) and so as not to duplicate or overburden this population they decided not to focus on Saint John's unhoused population for this CHNA.

Within the city of Saint John, the following *populations of focus* were identified by community partners involved in planning the Saint John CHNA.

The health and wellbeing experienced by communities depends on a broad range of interconnected factors and conditions often referred to as the social determinants of health and can contribute to inequitable differences in health outcomes (Raphael, 2016). Thus, CHNAs were created to level out those differences and to implement a population health approach to act upon the social determinants of health, as these factors and conditions have a strong influence on overall health and wellbeing (Raphael, 2016).

The social determinants of health (Raphael, 2016) include, but are not limited to:



The social determinates of health have been shown to have strong effects upon the health of populations, and in some cases are much stronger than the ones associated with typical health behaviours such as diet and physical activity (Raphael, D., Bryant, Mikkonen, and Raphael, A., 2020). Certain social determinants have a stronger influence on health than others and can contribute to health inequities between population groups that are unfair.

The CHNA approach with 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 changes needed to the health-care system.

The CHNA Process

Horizon's CHNA process follows a method designed to meaningfully engage with communities. This method allows for flexibility and the ability to shift and adjust for distinct local circumstances. During each stage of the CHNA process, community representatives are engaged in key decision making including the identification of local *populations of focus*, determining the community's geographical boundaries, and reviewing and confirming local health needs. For details about the process used to conduct a CHNA, see the Horizon CHNA Technical Document available HERE.

Below is a sample of some of the activities that took place during the Saint John CHNA.

Purpose of Stage	Within the city of Saint John
INTRODUCE	
• Promote the upcoming CHNA in the community through community partners, and with Horizon Community Developers.	• An email communication about the upcoming CHNA was sent to 274 community representatives including regional and internal staff in the area.
PLAN	
• Review the CHNA community boundaries. • Review of existing local quantitative data and reports. • Discuss what population health and health equity are, and their importance to the CHNA process. • Discuss issues of concern that impact the health of the community to facilitate the identification of ***populations of focus*** for CHNA engagement. • Identify and confirm the ***populations of focus*** that will be engaged during the Learn stage. • Identify communication methods that would best serve the community throughout the CHNA process. • Inform a communication plan to share the results of the CHNA.	• 10 community representatives participated in the planning stage over 4 meetings. • Discussions took place to determine issues affecting the health and wellbeing of local populations. • Collaborative discussions and a collection of community assets were shared. • Members reviewed the health service profile data and listed ***populations of focus*** in the community. • Engagement methods were confirmed.
LEARN	
• Qualitative data is gathered within the community to learn about the health and wellbeing needs of population groups living in the area.	• 125 community members participated in 14 focus groups. • 1-on-1 interviews were held with 34 community representatives. • 159 people in Saint John participated.

Data Collection and Analysis

CHNAs are supported by a combination of quantitative and qualitative data. Qualitative data helps to contextualize the quantitative data and other commonly held assumptions about the community. Pulling from multiple data sources and capturing the lived experiences of community members helps to create a more fulsome snapshot of what is working well and what is not.

For the city of Saint John, qualitative data was collected from December 2024 to April 2025 and was analyzed from April 2025 to October 2025. During this time, 14 focus groups with 125 participants were conducted along with 32 semi-structured one-on-one interviews with community members, and two semi-structured interviews with service providers. All one-on-one interviews were conducted over the phone. In total, 159 community members contributed to the collection of qualitative data.

Interview participants were recruited using a multi-pronged approach, including social media posts, physical posters in central locations (like libraries, foodbanks, community centres, etc.), snowball sampling technique[1], community networks, as well as word of mouth. A purposive sampling technique was used to recruit participants to the focus groups; in other words, participants from each of the *populations of focus* were recruited to participate in specific conversations; for example, one focus group was for seniors, another for at-risk youth, another for people who identified as financially insecure, etc. This was achieved through the recommendations of service providers in the area, local community experts, and Horizon's own community developers. The focus group meetings were scheduled based on participants' availability and for their greatest convenience. For example, the focus group meeting with at-risk youth was conducted during the school day at a time and location where they already met as a group. The focus group for financially insecure people was held at an after-school program location that many parents used, thus providing a location they were familiar with and one with childcare services.

All focus group meetings were held in-person, and all focus groups and interviews were audio recorded and transcribed verbatim[2]. The written transcripts were then uploaded to Nvivo Qualitative Analysis software and analyzed thematically using emergent codes. These codes were merged to create emerging health need themes. A theme refers to a specific pattern of meaning found in the data.

Thematic analysis is a method for identifying and analyzing patterns of meaning in a dataset (Braun & Clarke, 2006), and in this case, the dataset is the transcripts from the focus groups and interviews. Thematic analysis illustrates which themes are important in that dataset and highlights the most salient meanings (Daly et al., 1997). Themes are thus patterns of explicit and implicit content. Initial analysis of the data for Saint John garnered 34 health-related themes. A second analysis narrowed it to 16 themes while the third and final analysis narrowed the themes to seven.

To triangulate the data collection, both unstructured and structured observational research techniques were employed. Structured observations use a template or a previously created worksheet to record specific observations. For Saint John, field notes were used for the focus group interactions to record the

[1] Snowball sampling technique is a nonprobability sampling method where the current participants in a study are asked to recommend other participants to the study. Within Saint John, participants and community partners were asked to recommend others who self-identified with the populations of focus to join in the engagement process.

[2] French language focus groups and interviews were translated into English for analysis purposes.

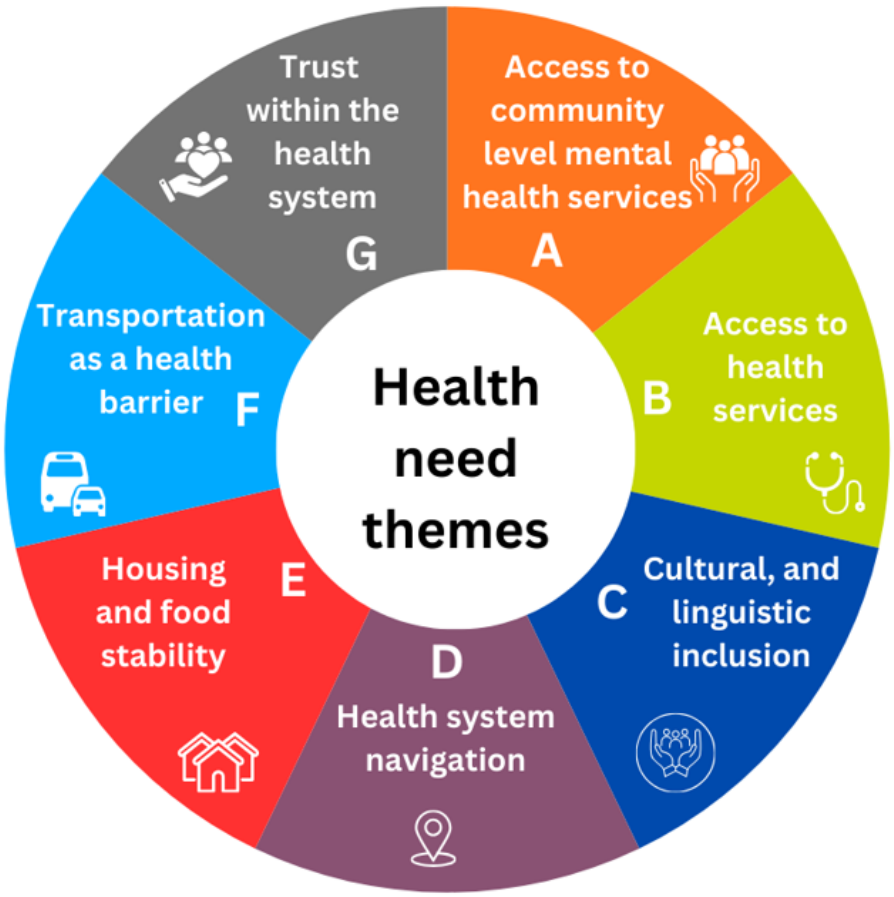
unspoken body language, social interactions among participants, etc., as well as counting the gender breakdown of participants. Unstructured observational data uses the researcher's words for thick description of phenomena or events (Fetters & Rubinstein, 2019). These words and observations emerge through the researcher's experience in the field.

Emerging Health Need Themes

Emerging health need themes are a result of many voices coming together, speaking on similar issues, and are captured from the qualitative data to represent what the community members have identified as priorities for health and wellbeing. Seven broad health themes were captured from these data in Saint John. Within each health need theme is a more detailed table that outlines specific needs within it, and in some cases solutions or suggestions to address these needs are provided.

Note: The solutions or suggestions provided are from the participating community members and not from the report's authors. The emerging health needs have been listed alphabetically and are not listed by any ranking or prioritization.

The seven identified health themes are: access to community level mental health services, access to health services, cultural and linguistic inclusion, health system navigation, housing and food stability, transportation as a health barrier, and trust within the health system.



A. Access to community level mental health services

Mental health is a broad term often used to describe the ways in which people are able to cope with life's challenges and opportunities. Mental health includes emotional, psychological, and social well-being, and influences how people think, feel, and act. It also affects how individuals handle stress, relate to others, and make decisions. Access to mental health services and support is a crucial aspect of overall health and wellbeing.

> ***It's the wait. If my kid is in crisis, they are in crisis now, not 6 weeks from now when there is a time slot available (Francophone interview participant)*** [3]**.**

One of the main challenges identified is the lack of availability of mental health services at the community level –available services where people live and work. The feeling among those who brought up this health need was that there are simply not enough publicly funded mental health professionals to meet current demand. Long wait times, limited clinic hours, and inadequate funding for mental health services can make it difficult for people to receive timely care.

> ***And I know there is that one-at-a-time thing that Horizon started, but if this is a chronic or serious mental illness, that is not enough. It is hard to find help, there just aren't enough [counselors] for everyone (2SLGBTQ+ focus group participant).***

Among Indigenous participants, the need for culturally safe mental health programs, services, and practitioners was requested. Francophones requested more services available in French, whereas the 2SLGBTQIA+ community requested safer spaces and allies within the mental health community.

> ***All I want is someone to talk to – someone who knows my world (Indigenous focus group participant).***

> ***I have an English-speaking doctor, but I would have preferred to have had a French-speaking doctor (Francophone focus group participant).***

Despite growing recognition of the importance of one's mental health, many youth still face significant barriers when trying to access mental health care where and when they need it.

> ***No, I don't go [to seek mental health services] I can't afford it. I don't even know where I'd go – the hospital? (Youth focus group participant).***

It is interesting to note that discussions around mental health concerns seldom came up in interviews or focus groups with newcomers to Canada, suggesting that acceptance of mental health issues may continue to be a significant barrier for some in the newcomer community. The hesitation or reluctance to identify mental health struggles within a group setting suggests mental health stigma may still exist within this community and that there may be opportunities to foster community awareness and acceptance (Salami, Salma, & Hegadoren, 2019). Stigma and discrimination play a role in limiting access. Many individuals avoid

[3] All quotes are verbatim quotes from participants of the CHNA.

seeking help because they fear being judged, misunderstood, or labeled as weak or unstable. This stigma can be especially strong in certain cultures or communities where mental health issues are not openly discussed (Pandey, Kamrul, Michaels, & McCarron, 2022). As a result, people may suffer in silence or delay getting help until their condition worsens.

> ***We need to change our lens and recognize that addictions and mental health are linked. Addictions and mental health are still very separate from a systems and treatment lens (Youth worker interview participant).***

Similarly, the topic of addiction did not openly surface in any interviews or focus groups other than in the at-risk-youth interviews and focus groups. The lack of open dialogue around addiction could suggest that it is not prevalent in Saint John; however, statistical data collected from the New Brunswick Health Council (2022) identified that Saint John has higher than provincial rates in smoking, vaping, heavy drinking, and cannabis use.

Detailed table of needs

IDENTIFIED HEALTH NEEDS PROVIDED BY COMMUNITY MEMBERS	POTENTIAL SOLUTIONS PROVIDED BY COMMUNITY MEMBERS
Availability and Access to Mental Health Services	
• Lack of free mental health support groups, resources, and programs.	• Increase the number of in-person and online mental health support groups in the city. • Create culturally appropriate supports, services, and programming for newcomers to break down barriers and stigma around mental health.
• Not enough free or reduced cost access to mental health counselors. • No timely access or availability to psychologists and psychiatrists; long wait times for an appointment. • Lack of access and availability to child mental health counselors, psychologists; long wait times for an appointment.	• Increase the amount of mental health counselors, including those servicing NBCC. • Increase the amount of Indigenous mental health counselors/providers.
• Lack of mental health services provided where youth gather.	• Create integrated, trauma-informed care and embed Horizon staff directly into community hubs to ensure youth access have consistent, trusted support.
• Lack of in community addiction programs, services, and resources.	• Offer integrated mental and physical health services in the same physical location.

B. Access to health services

Saint John is the second largest city in New Brunswick in terms of population, and it is home to many specialized health care services, including the New Brunswick Heart Centre. The issue that many community members expressed was not a lack of health services, but rather how difficult it was to access those services in a timely manner.

> *The issue is access to health services. The services are there, but we can't access them unless we want to wait hours, weeks, or months to get in (Financially insecure Interview participant).*

> *It can take, like, years to get into a specialist. A three week wait for our family doctor (Financially insecure Interview participant).*

The majority of the frustrations centred around long emergency department (ED) wait times and the uncertainty of receiving timely urgent care.

> *We had to go to the ER and spend the whole night there, nobody would tell us anything for hours (Financially insecure focus group participant).*

Access to services not covered by Medicare was a prime concern for the Saint John community, particularly those with lower income.

> *Certain services, I wish they were covered by Medicare. A lot of my income goes towards therapies (Financially insecure Interview participant).*

> *I just need to do what I need to do to get access…and ended up paying out of pocket for therapy (Indigenous interview participant).*

Many participants talked about how difficult it is to physically access the Saint John Regional Hospital due to lack of sidewalks and where public transit currently stops.

> *When you go on the bus here to the regional hospital, there is a significant distance between the last bus stop by the hospital and even getting into the building itself. And that for a lot of people, especially depending on the weather, if it's pouring raining or if it's slippery, although they do clean their sidewalks well, it's quite a distance. I always find when I get into the registration area, I have to sit and catch my breath a few minutes before I even register (Senior focus group participant)*

Detailed table of needs

IDENTIFIED HEALTH NEEDS PROVIDED BY COMMUNITY MEMBERS	POTENTIAL SOLUTIONS PROVIDED BY COMMUNITY MEMBERS
Access to services	
• Expand coverage for essential therapies.	• Provide full financial coverage for necessary therapies for those living with chronic conditions and disabilities.
• Long wait times for everything . • ED wait times are long. • Not enough family doctors. Long wait times to see family doctor.	• Improve wait times for Horizon services. • Have other options besides the ED for urgent care. Have better communication of wait times at Horizon facilities. • Hire more primary care providers. • Provide more options besides family doctors for front line health services.
• City bus stop is far from the entrance of the Saint John Regional Hospital.	• Move the city bus stop closer to the entrance of the Saint John Regional Hospital.

C. Cultural and linguistic social inclusion

> ***My friend went the hospital, his English is not good, he is new to Canada. He did not understand the doctor and what to do. They [the doctor] told him to remove the thing [medical device] after one day…he didn't understand…kept it in for three days. He thought the doctor was trying to scam him and now he won't go see the doctor again (Newcomer focus group participant).***

Cultural Inclusion

Cultural and linguistic inclusion are key principles that aim to create equitable, respectful, and accessible environments for people of all backgrounds. These concepts promote fairness by acknowledging and valuing diversity in culture, language, and social identity. They are particularly important in settings like health care where inclusivity helps ensure that everyone can participate fully and benefit equally.

> ***It is really heartbreaking when you do try to assert your absolute right to speak French first, especially in a government service. And you feel like… a burden…don't put the burden on the minority (Francophone interview participant).***

Cultural inclusion refers to the recognition, respect, and integration of diverse cultural backgrounds, traditions, and perspectives. In inclusive settings, individuals are encouraged to express their cultural identity without fear of discrimination or marginalization.

> ***I felt I was judged the moment I walked in because I'm Indigenous. I've probably never experienced so much racism as I have here (Indigenous interview participant).***

This involves more than just tolerance; it requires active efforts to understand cultural differences and adapt systems, policies, and practices accordingly. For example, in health care culturally inclusive care might involve understanding how cultural beliefs influence a patient's views on illness and treatment, or being sensitive to customs around gender, diet, or religious practices.

> ***Even something visual like a medicine wheel would have helped (Indigenous interview participant).***

During both the focus group and individual interviews with Indigenous people in Saint John, the need for additional Indigenous Horizon staff who are trauma informed and supportive was requested.

> ***Every Horizon employee should have cultural diversity training – with refreshers (Indigenous participant interview).***

Linguistic Inclusion

Linguistic inclusion ensures that people who speak different languages or have different communication needs can understand, be understood, and fully participate in society. Linguistic inclusion means providing translation and interpretation services, offering information in multiple languages, and using plain language where possible.

> ***We are Francophone first at home. My kids speak French, and my first language is French. It's their [kids] right to only speak French (Francophone interview participant).***

Language barriers create obstacles to equity in many areas of life, especially in health care.

> ***Many of us are bilingual, but when we're sick, we're sick in French, because we're afraid, we're worried, we're struggling…Then we try to explain ourselves and we are afraid of not explaining ourselves well enough. We try to ask for service in French, there are all these barriers, and it makes us panic and we express ourselves badly. Then, well, we say to ourselves, "Did they understand what I mean?" … You have to be brave to ask for service in French. But if we don't ask for it, we'll never get it either (Francophone interview participant).***

Without proper communication, people may struggle to access services, understand their rights, or make informed decisions about their health and wellbeing.

> ***It's important that they [my children] hear French all the time, not as the exception (Francophone interview participant).***

For context, French language inclusion in New Brunswick is a status guaranteed by both the Canadian Charter of Rights and Freedoms and the New Brunswick Official Languages Act; meaning citizens have the right to communicate with and receive services from the provincial government in either official language.

> ***Our [language] rights are almost never taken into consideration. And the few times where I do speak up, I'm made to feel like a hassle and a burden. So I just manage and do everything in English because it's quicker, easier, and I would say nicer. People are nicer to me when I don't make a fuss about language (Francophone interview participant).***

Among Francophone participants, there was great frustration in not receiving authentic Francophone health services. This complaint was heard numerous times.

> ***Just saying hello to me in my language is not enough (Francophone interview participant).***

True Francophone services, to the participants in this study, involves going beyond simply saying hello in French and having, at minimum, front-line staff who are truly bilingual and can greet, receive, and admit patients coming in for service.

> ***Most of the folks who do the registration, which is your front line of the hospital, they all say hello, so everyone knows how to say hello. I'm sure you know how to say hello. The thing is, that's all they say. If I answer bonjour back to them, they keep speaking in English to me because they don't actually know how to speak French. They just know how to say hello, bonjour. Well, that's not a real service in French (Francophone focus group participant).***

This is a major frustration for Francophones living in Saint John. Participants reported feeling responsible for handling language barriers on their own, even though French language inclusion is a protected Charter right.

I tried to go see an occupational therapist and I couldn't get someone who speaks French (Francophone focus group participant).

Inclusive policies and practices benefit everyone, not just marginalized groups, by creating more cohesive, respectful, and effective systems. When inclusion is prioritized, people are more likely to feel respected, valued, and empowered, which leads to better health outcomes.

In summary, cultural and linguistic inclusion are vital to building fair and equitable societies. These principles ensure people from all walks of life are respected, understood, and supported in ways that allow them to thrive. Inclusion is not just a moral obligation, it is a practical necessity for social cohesion, improved outcomes, and the wellbeing of all individuals and communities.

Detailed table of needs

IDENTIFIED HEALTH NEEDS PROVIDED BY COMMUNITY MEMBERS	POTENTIAL SOLUTIONS PROVIDED BY COMMUNITY MEMBERS
Cultural Inclusion	
• Lack of Indigenous patient navigators in Saint John.	• Create Indigenous patient navigator positions in Saint John, one for the hospital and one for community work. • Create an Elder in residence or cultural practitioner program.
• Lack of Two-spirited resources and information.	• Create a database or network for sharing Two-spirited information and resources.
• Perceived lack of preventative care; specifically for newcomers who are accustomed to this care in their home country.	• Offer routine physical screening and bloodwork once a year.
• Lack of culturally specific mental health services for Canadian newcomers.	• Offer dedicated sessions for newcomers focusing on health and wellbeing topics. • Match community members with health care providers who share the same cultural and language backgrounds. • Offer courses in cultural humility to Horizon front line and medical staff. • For their mental health, offer programs and services to newcomers when they arrive so they are prepared for the reality of living in Canada.

	• Have a settlement worker placed in the hospitals. • Have patient navigators for the newcomer communities.
Linguistic Inclusion	
• Lack of authentic and true Francophone health services	• Increase the number of Horizon Francophone health care providers.
• Lack of linguistic diversity among Horizon staff.	• Increase the number of Francophone front line staff. • Bilingual Horizon staff need to be regularly tested to ensure they still meet bilingual standards for care. • Horizon should develop French language 'blocks' to upgrade French speaking employees and equip them with French medical terms. • Increase the diversity of language profiles of Horizon staff.
• Additional use of mobile translation services. • Limited access to translated or culturally familiar health resources.	• Increase the frequency-of-use for mobile translation services. Encourage the use of translation services among all Horizon staff. This service should be offered and not left up to the patient. • Ensure patients are able to express their symptoms in their own language.
Social Inclusion	
• Lack of visible safe spaces and welcoming spaces signage at Horizon.	• Increase the amount and visibility of welcoming signage in check in and in high traffic areas in Horizon facilities. Examples include rainbow flags, stickers, Indigenous art and language, etc.
• Lack of free or lower cost community events.	• Increase the amount of free or lower cost community events.
• Lack of public amenities, such as public bathrooms.	• Increase public amenities for all, including public bathrooms.
• The need for safe public parks.	• Maintaining and keeping park spaces safe for all to enjoy.

• Lack of public and safe gathering places; especially for families and youth.	➡	• Increase the number of events geared towards youth, including a designated time for youth to access the trampoline park. • Increase funding to organizations that serve the underserved, such as P.U.L.S.E. and CHROMA and other local children and youth service organizations.

D. Health system navigation

> *We don't know how to get a doctor, how to use insurance. It's all confusing (Newcomer focus group participant).*

Health system navigation is fundamental in ensuring communities and the individuals who live there can access, understand, and effectively use available health services. These concepts are closely connected and play a key role in improving patient outcomes, reducing health care costs, and promoting equity in health access.

> *Preventing health problems from being worse…starts with knowing your rights. They [youth] might not even imagine that there's help for them (Youth service provider interview).*

Health system navigation refers to the ability of individuals to effectively find their way through the complex health care environment (Ryvicker, 2018). This includes knowing how to access health care services, choosing appropriate providers, making appointments, understanding medical referrals, and following up on treatment plans (Ryvicker, 2018). It also involves communication with health care professionals, understanding patients' rights and responsibilities, and being aware of available community resources.

> *Youth don't know they can go to the doctor by themselves at 16 (Youth service provider interview).*

Throughout the CHNA process in Saint John, community members expressed frustration trying to access primary care providers, receiving timely care at the ED, and the lack of after-hours clinics. There was a sentiment not only among newcomers to Saint John, but also among those who grew up in the city that they simply were missing information on how to navigate the system.

> *I think the government should share the information…it [the medical system] is different than most other countries…Most of us are used to just walking into a hospital or clinic when we got sick. But here it's not like that. You need to get appointment with your family doctor if you have one or just go to the emergency and wait for at least six hours…So I don't know – what's the process to go to the hospital to get a doctor to check my status? I think government, maybe for us for international, for new immigrants, they should share more information, like how you can get used to this kind of system…if you show me the process, explain step-by-step, just let me know how this process – how this works. But I don't know (Newcomer focus group participant).*

Navigating these systems can be overwhelming. Many people struggle to determine which services are appropriate for their needs or how they can access timely care.

> *I wish I can take a general medical checkup, but I can't do it here. In my country, I can just walk into a facility and then have it there. So those are some of the disadvantages here. Yeah. It's challenging (Newcomer focus group participant).*

Barriers such as language differences, lack of transportation, financial constraints, and administrative complexity often make it harder for individuals, especially those in marginalized populations, to get the care they need when they need it.

> *I can speak English, and right now, I'm not under duress, so my English is coming out really good. But if you put some stress, a lot of stress and adrenaline and some scary into me right now, my English is now jumbled and am going to want to speak French. And I can't do it in the hospital because most people won't understand. They'll just say bonjour. That's all I'll get out of them (Francophone interview participant).*

Health system navigation is essential to ensure individuals and communities can access and use health care effectively. By improving this area, health care systems can enhance patient satisfaction, reduce inefficiencies, and promote better health outcomes for all.

> *It has not been great for my mental health…navigating the health sector in general (Indigenous participant interview).*

Detailed table of needs

IDENTIFIED HEALTH NEEDS PROVIDED BY COMMUNITY MEMBERS	POTENTIAL SOLUTIONS PROVIDED BY COMMUNITY MEMBERS
Health system navigation	
• Lack of understanding about the health care system, where and who to go to for services and care.	• Hire and make accessible patient navigators for people trying to access appropriate care (i.e., Indigenous, newcomer, Francophone, and 2SLGBTQIA+-specific navigators). • Create a hybrid position with local service organizations for patient navigation in the health system. • Provide more community outreach sessions about the Canadian health care process. • Provide printed and visual materials for those new to the health care system.
• Language barriers and challenges to English as an additional language when accessing health services.	• Ensure translation services are offered and available, including regular maintenance of equipment for translation purposes and more on-call live translations services. • Have health professionals actively offer translation services – some individual patients and health care practitioners are not aware of available translations services.

• Lack of transportation to health services and facilities.	→	• Create a partnership with Saint John transit to provide free or reduced fees when travelling for medical appointments or to the Saint John Regional Hospital.
• Lack of access to primary care providers who can renew prescriptions for people without a family physician.	→	• Offer greater options for people without a primary care provider.
• Lack of patient communication when they are referred to a specialist.	→	• Offer the ability to book more appointments online and track the status of appointment or wait times online. Provide more visible and accessible 'dashboards' of wait times for health services and appointments. • Offer a check-in protocol for patients who are waiting to see a specialist.
• Lack of access, availability, and knowledge of health care system. • Lack of preventative health care check-ups.	→	• Embed more community health services (i.e., bring health services to where the people are). • Offer health orientation sessions to educate people about health and wellbeing, specifically for newcomers.
• Limited access to primary care providers and after-hours walk-in clinics.	→	• Offer greater options for people without primary care providers.
• Lack of bilingual services and translation in additional languages.	→	• Offer dedicated sessions for newcomers on how to navigate the health care system, how to access services, and where to go for health care help.

E. Housing and food security

Precarious housing can wreak havoc on one's health (Youth focus group participant).

Financial insecurity is perhaps the most impactful social determinant of health. Household levels of income shapes overall living conditions, impacts psychological functioning, and influences health-related behaviours (Sawchuk, 2019). Lack of affordable housing is not unique to Saint John, but it is acutely felt. Although lack of housing is a national crisis, it was not brought up significantly during conversations. However, not being able to afford enough food was one of the largest needs identified by Saint John participants.

The South End, we're a food desert…not really a lot of places to buy fresh vegetables (Financially insecure interview participant).

Newcomers spoke about the challenges of finding ingredients to cook their traditional food while youth requested resources on how to access food and programs that provided low cost or free food in the community.

I don't even really know where to go for food. I heard from my friend to go to this church, but are there other places I can go in the city to get what I need? I don't know (Youth focus group participant).

There are a number of community services that offer food programs, but these programs are limited to their available resources.

I wish the [food purchasing program] could be bigger…biweekly and more supported financially from organizations (Financially insecure interview participant).

Food insecurity, which means having limited or uncertain access to adequate food, is associated with poorer health outcomes and higher odds of chronic illness (NAMI, 2024). A person's lack of access to healthy food can negatively impact their physical, mental, and social health, and can also be costly to the health care system. For example, people who don't have access to healthy foods are less likely to have good nutrition. Poor nutrition raises people's risk of developing diet-related chronic diseases such as heart disease, type 2 diabetes, obesity, and certain types of cancers, all of which can lower the quality of life and life expectancy of individuals.

Participants talked about the high use of local food banks, and although they are helpful they are not enough to sustain them long-term.

I access the food bank in our community, groceries are just, like, ridiculously expensive (Financially insecure interview participant).

One participant talked about having to make significant sacrifices to afford food for her family.

We don't have Wi-Fi [at home] because I choose to put our money towards groceries (Financially insecure interview participant).

Poverty and inequality are underlying causes of food insecurity and malnutrition, and poverty negatively impacts the nutritional quality of diets. Income inequality in particular increases the likelihood of food insecurity – especially for socially excluded and marginalized groups. To foster inclusion and tackle food insecurity, CHROMA, a local charity advocating for 2SLGBTQIA+ people in Saint John hosts a monthly supper club.

> ***Supper Club…you learn how to cook something, share the meal with everyone and take home the leftovers. It's for everybody, but mostly towards 2SLGBTQ+ people (2SLGBTQ+ focus group participant).***

Some youth reported they were unhoused or precariously housed at one point in their lives, and many stated they are currently independently housed. However, it is very difficult for youth to afford rent in nicer, safer neighborhoods and housing waitlists can be long. For example, to be on the centralized list for priority housing, one must be an adult who has been homeless for at least six months, and that does not include times spent couch surfing. In addition, private services for internet or home electricity requires someone to be 19 years of age to open an account with the service providers. This is problematic for youth living on their own and they often need someone else to make an account for them.

Detailed table of needs

IDENTIFIED HEALTH NEEDS PROVIDED BY COMMUNITY MEMBERS	POTENTIAL SOLUTIONS PROVIDED BY COMMUNITY MEMBERS
Income security	
• Multiple health concerns when working multiple jobs simultaneously. • Underemployment stress is felt by newcomers.	• Increase peer support for newcomers seeking employment. Put greater financial resources into programs for employers to hire newcomers.
Food security	
• Food banks do not provide enough fresh fruit and vegetables.	• Create a food security program in local schools that provide breakfast and lunch to all students. Ensure this food is wholesome. • Greater financial resources to neighbourhood support groups in the South End.
• The food purchasing program run out of P.U.L.S.E. needs more financial and human resources.	• Find permanent financial and human resources to run the P.U.L.S.E. veggie box program and other community organizations.
• Indigenous and Inuit communities have difficulty accessing affordable country and traditional food.	• Establish an Indigenous food sovereignty program.

• Newcomers have difficulty accessing food from their home country.	→	• Host more no cost or low-cost community dinners. • Create more community connections through newcomer events.
• Lack of food purchasing programs, specifically for traditional Indigenous diets.	→	• Host healthy, low-cost cooking workshops.

F. Transportation as a health barrier

Horizon could use their influence…stress that this [lack of affordable public transportation] is a public health issue (Youth service provider interview).

Lack of transportation and inadequate public transportation can negatively impact access to health care, and many participants expressed dissatisfaction with Saint John's city-run public transportation services. Complaints about bus service were mainly about the infrequency and unreliability of routes and the lack of proper infrastructure, such as bus shelters, to be a viable transportation option. Participants talked about the limited routes and long wait times for public transportation services that hinders mobility, especially during the winter months. Although public transportation falls outside the purview of Horizon, access to transportation is a significant health barrier because it directly affects a person's ability to reach health care services, maintain continuity of care, and manage their overall wellbeing.

[Public] transportation in Saint John is atrocious (Youth focus group participant).

When individuals cannot easily get to medical appointments, pharmacies, or hospitals, they are less likely to receive timely care, especially preventive and follow-up services, which can lead to worsening health outcomes.

With infrequent bus services running, it is difficult to access various parts of the city (Youth focus group participant).

Within the city of Saint John, participants also talked about the city's bus service to the Saint John Regional Hospital. There is no direct public transportation available to the Saint John Regional Hospital, and the closest bus stop is located far away from the hospital's front doors, making the walk difficult for some patients.

Most of our kids [clients] rely on the city bus…they can't get somewhere without it (Youth service provider interview).

One of the youth workers talked about how critical public transportation is, particularly for newcomer youth; many of whom are accustomed to having access to public transportation in their home countries. The youth worker also provided greater context to highlight the need for access to public transit explaining that when the youth centre hosts an event and prizes or tokens are given out, bus tickets are always chosen first before any other prize or gift.

Kids will forgo all of the fun stuff to get those transportation tickets (youth service provider interview).

Transportation barriers disproportionately affect low-income individuals, older adults, people with disabilities, and those from marginalized communities. These groups are more likely to depend on public transit, rides from others, or community transport programs. If these options are unavailable or unreliable, their health care becomes less accessible.

Affordable transportation to get the hospital $40 to go the hospital…it's not feasible (Seniors focus group participant).

Health access isn't just about getting to a doctor, it also includes accessing pharmacies, rehabilitation centres, community health programs, and mental health supports. Without transportation, people may struggle to pick up prescriptions, attend therapy sessions, or participate in health education or support groups that are vital to their wellbeing.

> ***Transportation…it's very stressful here if somebody does not have a car (Newcomer focus group participant).***

Transportation issues can also delay emergency care or make it difficult for people to attend follow-up visits after surgery, hospitalization, or serious illness. Inadequate follow-up care can lead to complications or preventable readmissions, placing greater strain on individuals and the health care system.

Transportation is a critical social determinant of health that can have a significant impact on the physical and mental health, and overall wellbeing of individuals and communities. Transportation affects nearly every other aspect of one's health and wellbeing (CPH, 2022). The lack of reliable and safe public transportation options limits people's access to needed services, whether it be a doctor's appointment, a trip to the grocery store, places to recreate, or to secure housing.

Detailed table of needs

IDENTIFIED HEALTH NEEDS PROVIDED BY COMMUNITY MEMBERS	POTENTIAL SOLUTIONS PROVIDED BY COMMUNITY MEMBERS
City Public Transportation	
• A bus pass is expensive.	• Offer a program that helps financially insecure people and newcomers obtain a discounted bus pass.
• Lack of adequate snow removal around bus stops. • Lack of adequate sidewalk repair and snow removal of uptown streets.	• Ensure proper and thorough snow removal on streets, sidewalks, and bus stops.
• Infrequent bus routes.	• Increase the frequency of the bus routes.
	• Upgrade bus infrastructure so buses have air conditioning. • Build more bus shelters.

G. Trust within the health system

> *I've never not ticked 'Indigenous' [on a health care form] … but I know I'd get better treatment if I didn't (Indigenous interview participant).*

Frustration, confusion, and lack of a clear plan for the future of health care in Saint John has caused mistrust among some study participants. Underlining many of the points raised by community members is the systemic discrimination felt by many who use Saint John health care services. Many feel racism was responsible for the unsatisfactory experiences they endured. This sentiment was expressed in many ways during data collection.

Among some Indigenous participants, there is the belief that 'birth alerts'[4] are still happening at the Saint John Regional Hospital, creating a sense of fear and mistrust among pregnant Indigenous patients. Further, feelings of not wanting to disclose Indigeneity to health care workers for fear of racism, poor treatment, or the assumption of drug seeking was voiced.

> *You are treated like an addict, like you are drug seeking (Indigenous interview participant).*

There are also barriers to trusting Horizon services because of past documented experiences of Horizon staff accessing their private health records.

> *I did not want the health care system to know that I was Indigenous (Indigenous interview participant).*

Some of the Francophone community's frustration stems from the ongoing, constant battle to access true French language health services in Saint John. Many in the community indicate this has been an issue for many years.

> *So I'm saying this to you, if you wanna help, if Horizon wants to help, they have to do the work of the minority (Francophone interview participant).*

[4] Birth alerts are notifications that flag expectant parents to hospitals in advance of a child's birth when it is believed that the newborn may be at risk of harm and in need of protection after delivery. Birth alerts are typically issued by child welfare workers without prior knowledge or consent of the expectant parents. The alert prompts hospital staff to contact child welfare authorities as soon as the baby is born and could result in the newborn being apprehended and placed into out-of-home care (Sistovaris, et al., 2021).

Detailed table of needs

IDENTIFIED HEALTH NEEDS PROVIDED BY COMMUNITY MEMBERS	POTENTIAL SOLUTIONS PROVIDED BY COMMUNITY MEMBERS
2SLGBTQIA+	
• Lack of trauma-informed practitioners.	• Increase the quality and quantity of trauma- informed care training for Horizon employees.
• Lack of specialized gender affirming care clinics.	• Create additional gender affirming care clinics within Horizon. • Create additional clinics for specialized health care (i.e., newcomers health care clinic, Francophone health care clinic, etc.)
• Lack of 2SLGBTQIA+ patient navigator.	• Create a 2SLGBTQIA+ patient navigator to work in both the community and hospital settings.
Indigenous	
• Lack of culturally specific support and resources for Indigenous parents and families	• Create and provide culturally safe support for new parents, caregivers, and babies.

To recap, the seven health themes identified in Saint John are access to community level mental health services, access to health services, cultural and linguistic inclusion, health system navigation, housing and food stability, transportation as a health barrier, and trust within the health care system. The above documented health themes are a summary of over 100 hours of interview and focus group meeting audio recordings taken from 159 community members in the city of Saint John.

Next Steps

A CHNA is a dynamic, ongoing process undertaken to identify the strengths and needs of a community and to enable the community-wide establishment of health and wellbeing priorities that improve the health status of its population. As an ongoing process, this report will be actioned over the coming months to reflect its remaining two stages – *share and act*. This report will be shared widely with Horizon's Board of Directors, Executive Leadership Team, staff and management, as well as local and regional government departments, local non-profits and service agencies, community members, and other interested parties. Together, we'll act by addressing the needs identified in this report using a collaborative approach and support its community-led implementation.

A CHNA captures where a community is at a certain point in time. There is always work underway, and there is unlimited potential for progress and improvements. This CHNA addresses many of the needs reflected during the time of the community's assessment and lays the foundation for future progress.

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