



05/08/2014

Community Health Needs Assessment: Saint John

EXECUTIVE SUMMARY

Saint John

PRODUCED BY: HFHG CONSULTING INC., GRAND FALLS/GRAND-SAULT, NEW BRUNSWICK

Introduction

As illuminated by the Primary Healthcare Framework for New Brunswick, our province has a strong orientation towards community based health infrastructure (GNB, 2012). The delivery of primary healthcare is performed by numerous individuals, organization and structures at the community level including: family physicians, health center staff, mental health and addiction services, the New Brunswick Extra-Mural Program, public health and emergency rooms.

Primary healthcare represents the first contact people have with the healthcare system. At this level, many key decisions regarding immediate, ongoing and future care for people are made.

The implications for successful, efficient performance of primary care services are critical. New Brunswick has declared itself to be at a “tipping point, where our economic future and subsequent healthcare system is threatened (GNB, 2012).”

In addition to the aging of a large segment of our population, the burden of chronic diseases is growing among persons of all age levels; in addition to reducing quality of life, chronic disease and its management represent a significant encumbrance on our acute care system

Community Health Needs Assessment (CHNA)

A Community Health Needs Assessment (CHNA) is a dynamic, on-going process undertaken to identify the strengths and needs of the community and to enable community-wide establishment of health and wellness priorities that improve the health status of the population.

The CHNA process consists of five key activities:

- 1. Community engagement**
- 2. Data collection:** *Indicators and data sources*
Gathering New Information
- 3. Analysis**
- 4. Develop Recommendations/priorities:** *Criteria to assess importance*
Share and Facilitate CHNA findings
- 5. Report back to community**

Background

The CHNA for the Saint John Area commenced in the summer of 2013 with the assembly of CHNA Community Advisory Committee (CAC).

The CAC comprised of enthusiastic and energetic representatives of numerous localities throughout the area, the members of the CAC have committed to providing long term leadership and guidance for the CHNA process and outcomes.

Informed by the Community Health Needs Assessment Guidelines for New Brunswick, the community of Saint John embarked on an ambitious and comprehensive initiative to fully engage the community in a process of self-exploration and consensus building, aimed at improving health of individuals, organizations and the community at large.

The CAC’s conceptualization of health was defined as much more than the mere ‘absence of disease;’ whereby health is seen as “a capacity or resource rather than a state, a definition which corresponds more to the notion of being able to pursue one’s goals, to acquire skills and education, and to grow (PHAC, 2013).”

The committee embarked on a process that sought to thoroughly identify and understand the community’s assets, their interrelationships, local and global factors affecting health and wellness, and prioritize its needs informed by current issues, their development and likely future course.

Methodology

Participatory Action Research was used as the framework to help guide the CHNA process; this methodology provided an effective dynamic for embracing community empowerment, self determination and the facilitation of agreed change.

A combination of quantitative and qualitative data were used to inform the CHNA; this ‘mixed methods’ approach was advantageous to providing meaningful information and insight.

CHNA Findings and Recommendations

1. **Access to Community-based Health and Wellness Programs**
2. **Define Community School Concept**
3. **Foster Community Partnerships**
4. **Engage Community in Policy and Spending**
5. **Address Poverty**
6. **Safe and Accessible Recreation**
7. **Address Mental Health**
8. **Enhance Public Transportation**
9. **Increased Focus on Prevention of Disease and Screening**
10. **Leverage *TeleCare (211)***
11. **Coordinate Food Security Planning**
12. **Expand Rehabilitation Services**

13. Sexual Health Services

Access to Community-based Health and Wellness Programs

The Community Health Needs Assessment (CHNA) prioritization process outlined a need to increase access to high quality, accessible and coordinated primary care services for the Saint John area.

Quantitative data reflected a high utilization rate for emergency rooms (ERs) and after-hours clinics, despite the majority of persons in the SJ area indicating having a family doctor. The ERs and after-hours clinic visits often resulted in fragmentation of care and costly duplication of service.

Findings indicate both a present and future critical need for improved, community-based primary care programs and services.

The hospital admission rates for ambulatory care sensitive conditions (ACSC) were found to be 17.1% in 2008 and 13.7% of hospital admissions; this is more than double that of the national rate of 6%. It is important to note that ACSC admission rates are considered to be a very meaningful measure of primary healthcare system performance (StatsCan, 2011).

The increasing prevalence of people living with chronic disease was both validated and further described throughout CHNA process by community members; the provincial Primary Health Care Steering Committee (PHCSC) states:

‘One of the key roles of primary health care is to help patients better manage their chronic disease(s), thereby reducing their need to go to the hospital for emergency/acute care. With an aging population and chronic disease on the rise, importance must continue to be placed on primary health care as cost effective, low intensity care, focused on prevention/management.’

A need was expressed for intersectoral participation in community primary healthcare and wellness; intersectoral action places an emphasis on collaborative efforts that include sectors outside of the health authority working collectively to improve the health of the population.

A philosophical shift to a patient centered care model was also believed to be a necessity to the current and future needs, especially in view of the prevalence of chronic disease. The provincial PHCSC (GNB, 2012) reports that:

“Patient-centered care is a philosophy whereby the engagement of the patient in their health care decision-making is imperative and the patient and provider(s) work as a team to meet the unique needs of the patient. A thorough understanding of the patient’s complete health profile is a necessity in achieving care that is truly patient-centered. Patient-centered primary health care can have a significant impact on the health of the population, especially in the prevention and management of chronic disease. Patients who are active participants in their health-care planning have a better understanding of the health-care system”

Define and Embrace the ‘Community School’ Concept

The community school concept is most often described as the pooling and amalgamation of community resources in order to improve educational opportunities for children.

"Education has traditionally been an important route out of poverty for disadvantaged groups in many countries. Generally qualifications improve people's chances of getting a job and of having better pay prospects and the resulting increase in standard of living. This in turn improves opportunities to obtain the prerequisites for health, nutritious food, safe housing, a good working environment and social participation (Bambra, 2009)."

The recommendation seeks to explore the community school concept as a means of optimizing current infrastructure and resources in addressing a number of health determinants.

Foster Community Partnerships

Community input from CHNA participants and much of the research referenced throughout the CHNA process points to community partnerships as an important and necessary element in improving community health and well-being from a holistic sense (WHO, 2008; GNB, 2011; Bodenheimer, 2002).

Throughout the city of Saint John, numerous not-for-profit, non-government organizations (NGOs) have been providing much needed community supports to help those with specific needs, often from disadvantaged segments of the population. Their work embodies a considerable proportion of the caring culture, heart and soul of Saint John.

Engage Community in Policy and Spending

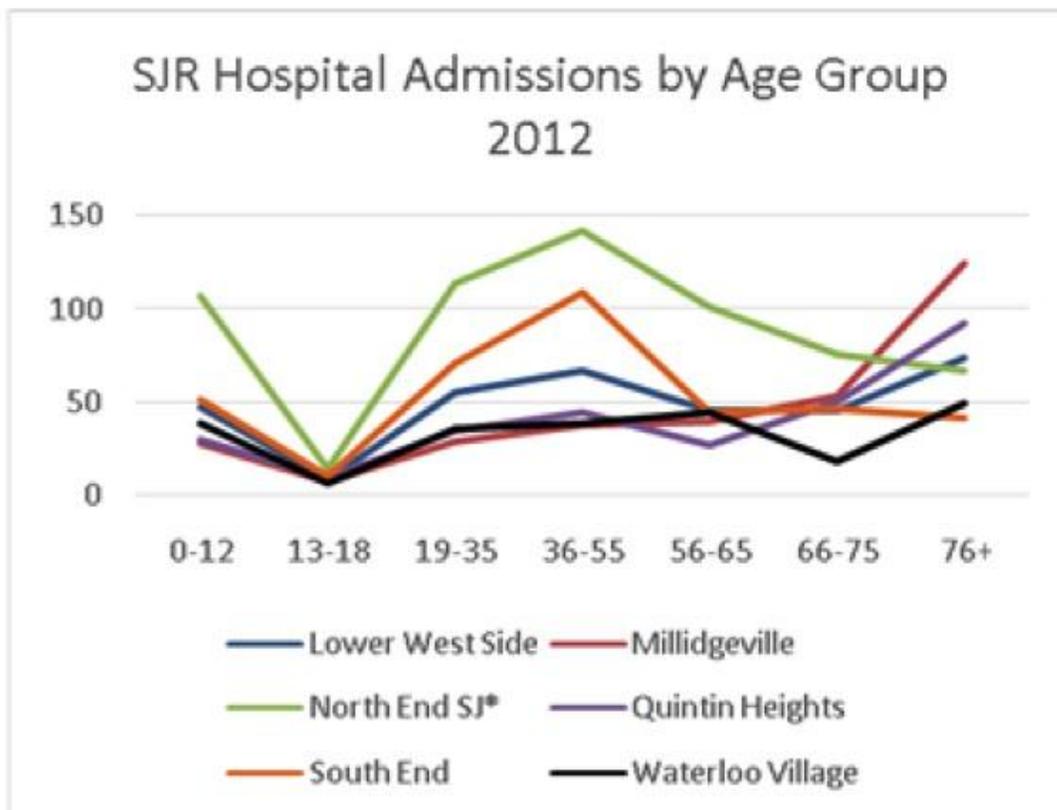
Community input into healthcare resource allocation decisions and policy has been reported for many years as essential to optimally meeting the often diverse health needs of community members in an efficient manner (Birch, 1993).

The need for community engagement, empowerment and input into decision making is well supported in the literature regarding collaborative, community based, multi-disciplinary collaborative team care. The provincial PHCSC emphasizes this need for community participation and speaks to the necessity for ‘patients and communities engaged at the system level (GNB, 2012).’

Address Poverty

The CHNA demonstrated a higher utilization of hospital-based healthcare services for residents of Saint John’s priority neighborhoods. Communities who also reported lower family incomes and much higher rates of single parent families. Within the priority areas, there is also much higher prevalence of mental health related issues requiring care.

Additionally, for the disadvantaged neighborhoods, there is exaggeration of a community wide phenomenon indicating earlier onset of chronic disease across the population of Saint John. This is illustrated in the following chart of Saint John Regional Hospital Admissions by Age Group (2012):



Given that Quintin Heights, a non-priority neighborhood is also beginning to demonstrate signs of health problems in mid-life, a number of hypotheses could be generated. The first is that community anti-poverty initiatives are showing some success in reducing health equity gaps, although much effort remains apparent.

The World Health Organization (2008) states:

'Poverty is not only lack of income. The implication, both of the social gradient in health and the poor health of the poorest of the poor, is that health inequity is caused by the unequal distribution of income, goods, and services and of the consequent chance of leading a flourishing life. This unequal distribution is not in any sense a 'natural' phenomenon but is the result of policies that prize the interests of some over those of others.'

The collective need to ensure that working people are paid an equitable 'living wage' was a repeated theme expressed by community members throughout assessment.

Safe and Accessible Recreation

Recreation includes all of those activities in which an individual chooses to participate in his leisure time and is not confined solely to sports and physical recreation programs but also includes artistic, creative, cultural, social and intellectual activities (Conference of Canadian First Ministers on Sport and Recreation, 1974).

Focus group and NBHC (2011) data clearly point to a child and youth population experiencing unprecedented levels of unhealthy weights, difficulties in coping and mental health issues; much of which can be attributed to a lack of access to safe recreation

It is believed that sports activities have now become accessible primarily for children and youth from higher income families or those with superior natural athletic ability.

Seniors and those living with disabilities face considerable, often insurmountable barriers to accessing community recreation facilities and areas. Availability and affordability are barriers in the transportation to such activities and events. In addition to missing out on the physical benefits, the opportunities to socially interact with other people are missed. This leads to increasing marginalization and social isolation and lack of inclusivity.

Unhealthy weights are prevalent across all age groups in Saint John. Available, attractive and safe recreation opportunities, well promoted, were thought to be essential for the well-being of the community overall.

The importance of recreation in developing coping skills, good mental health and resilience is well documented (Ashton & Duffie, 2014).

Address Mental Health

There is an increasing prevalence of mental health related issues as reflected through the community focus group discussions; particularly anxiety and depression.

There is believed to be an unprecedented and unforeseen rise in the number of children and youth living with mental health issues; many schools report struggling to deliver educational curricula while managing mental health issues in the classroom due to the lack of expertise and/or resources.

The Saint John Police Force reports an exponential rise and increasing burden over the past decade, associated with calls emanating from mental health issues.

It is believed that these issues could be best managed within a supportive community; leveraging the many caring organizations throughout the Saint John area and improving linkages and collaboration with the formal primary healthcare system.

Enhance Public Transportation

Communities and neighborhoods in Saint John are distributed over a large geographic area. In addition to distances among neighborhoods and facilities, a significant number of physical barriers including multiple bridges exist making pedestrian travel a barrier for most people.

This situation is compounded during the winter months with inconsistent clearing and frequent ice accumulation on sidewalks making walking dangerous for many. Additionally, lighting of streets, particularly in some of the priority neighborhoods is thought inadequate, discouraging pedestrian travel after sunset.

Volunteers are providing some transportation in the Saint John region but there are not enough of them to augment the public system. A barrier for volunteer transportation was identified as liability issues. A process of mitigating liability, and importantly, reducing the concern about liability could be very helpful in engaging this important resource.

A unresponsive public transportation access and routing was frequently cited by focus group participants as a significant barrier for many to access community programs and services.

For people living with a disability, lack of accessible transportation greatly diminishes access to services outside the home, leading to reduced quality of life and social isolation.

For single parent families and others unable to afford personal vehicles, lack of transportation and the cost of taxis often represented the difference between being able to access healthy activities including nutritious food or not.

A more robust, inclusive and accessible public transportation system was felt necessary for many community members to access programs and services as well as efforts to facilitate the health and environmental benefits of pedestrian and cycling travel.

Increased Focus on Prevention of Disease and Screening

The CHNA process clarified and highlighted the significant burden of chronic disease among the members of the Saint John community.

It was firmly asserted by the members of the Community Advisory Committee that shifts in philosophy, efforts and resources towards screening and prevention were essential to turn the tide towards a community exemplifying wellness.

Leverage *Telecare (211)*

The New Brunswick Health Council (NBHC) reports very low utilization of Telecare services by Saint John area residents and by New Brunswickers at large; however feedback from community participants that did the service expressed a great deal of satisfaction with the service.

A common theme which resonated throughout most focus groups was the difficulty individuals and organizations experienced in trying to identify and navigate the myriad services in Saint John healthcare and social services. A central service center, accessible by telephone, which was able to assist community members identify and access needed services was felt to be one which would not only benefit clients, it would also promote inter-organizational knowledge and collaboration.

It was believed that leveraging the infrastructure of Telecare and expand its service mandate could be akin to a functional 211 system.

Coordinate Food Security Planning

Ensuring food security of Saint John community members was acknowledged to be of great importance for overall community health and well-being.

The NBHC reports the prevalence of food insecurity within the community to be 7.3%; the CHNA has illuminated particular vulnerabilities in this regard for young families with children, especially for single parent families.

In terms of child development and population health and well-being, the effects of food insecurity can be devastating.

A number of promising practices exist in Saint John such as the emergence of community gardens and grocery purchasing clubs. A coordinated effort to plan and ensure food security for residents, employing best practices, was recommended as needed by this community.

Expand Rehabilitation Services

Saint John is home to a world class cardiac rehabilitation center; the NB Heart Centre. There exists also excellent preventative and rehabilitative care in the areas of diabetes and chronic obstructive lung disease.

It was recommended that the successes and operational processes of these services be leveraged to address a broader spectrum of chronic diseases experienced by community residents.

Sexual Health Services

Community focus group discussions believed that the current mandate of Sexual Health Clinics was insufficient.

The present mandate has been reduced to caring for people 19 years of age and under; it was believed that people up to the age of 24 are particularly vulnerable to experiencing sexually transmitted infections and diseases and would benefit from being able to access this health service.

A reluctance on the part of many people in the 19 to 24 year old age group to see their family doctor for sexual health problems was reported as a potential barrier to seeking treatment and/or assessment; this was believed to potentially promote the spread of infectious disease as well as be the cause for increased morbidity.

It is important to comment that these recommendations are highly interrelated and linked to community strengths and especially, connectedness.

There is a distinct effort on the part of this community to improve the health of their members and larger community; these recommendations are highly informed and supported by quantitative data obtained through the Community Health Needs Assessment process.



Research, analysis and consultation provided by:



HFHG CONSULTING INC. (HarbourFront Health Group)

346, rue Chapel Street, Grand-Sault / Grand Falls, NB E3Z 2M4

Tel: 506.475.8989 Fax: 1.866.2.HFHG.93

Email-courriel: HealthCare@HFHG

~~

Dr. C.W. Ashton, BEng, MD, MBA (Finance), MACP(c)

Executive Vice President ~ CHNA Lead Researcher/Analyst

Dr. J.E. Tucker, BA (Ed), BA, MEd, PhD, ACG

Vice President, Research ~ CHNA Co-Researcher/Co-Analyst

Denise Duffie, BBA, MBA

President & CEO ~ CHNA Coordinator, Assistant Researcher