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Community Health Needs Assessment: Moncton and Surrounding Area

EXECUTIVE SUMMARY



Moncton and Surrounding Area

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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

Regional Health Authority Collaboration

The CHNA for the Moncton and Surrounding Area was a collaborative effort from the outset; guided by both Vitalité Health Network and Horizon Health Network. Collectively both regional health authorities (RHA) provided leadership and oversight to the overall CHNA process.

Moving forward both RHA's are committed to working with the community to improve the overall health and wellbeing of the population.

The CHNA for the Moncton and Surrounding Area commenced in summer of 2013 with the assembly of CHNA Community Advisory Committee (CAC); the communities involved included: Moncton, Dieppe, Riverview and Memramcook.

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 Moncton and Surrounding area CAC 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.

Identification and Prioritization of Health Needs

A modified Delphi prioritization process was undertaken to identify and prioritize the most pressing health needs to be addressed for the members of Moncton, Dieppe, Memramcook, Riverview and the surrounding area.

Themes were formulated through hermeneutic interpretation of themes from both a health determinants perspective (PHAC, 2013) as well as elements reported as essential to achieving health equity for communities (WHO, 2008).

CHNA Findings and Recommendations

- 1. Improve and leverage intersectoral action to improve population health**
- 2. Improve primary healthcare services**
- 3. Promote the wellbeing of the senior population in the community**
- 4. Facilitate healthy early childhood development**
- 5. Improve mental health status**
- 6. Address poverty**
- 7. Improve personal health behaviors**

Improve and leverage intersectoral action to improve population health

Intersectoral Action (ISA) places an emphasis on collaborative efforts that include sectors outside of the health authority working collectively to improve the health of the population.

Among the needs and themes identified during the CHNA process; ISA was found to be an overarching concept and an integral component to the CAC's overall strategy to improve health and wellbeing of the community moving forward.

The concept of ISA was a theme encountered consistently among the focus groups with community members and was believed both by group participants and CAC members as a fundamental element in achieving improved health status across all needs identified within the CHNA process.

“Intersectoral action (ISA) for health – coordinated policy and action among health and non-health sectors – can be a key strategy to achieve this (PHAC, 2007)”

Improve Primary Care for the Community

The CHNA prioritization process outlined the overwhelming desire to increase access to high quality, efficient and accessible primary care services for the Moncton and Surrounding area.,

Improving primary care services for the community will require the CAC and/or a separate working group to develop a strategic vision; shared goals and approaches across structural, organizational and individual bases.

“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 a cost effective, low intensity care, focused on prevention and management”

Improve the Well Being of Seniors in the Community

Input from CHNA participants pointed to certain structural barriers as needing to be addressed to improve quality of life for seniors.

There exists a reciprocal opportunity to facilitate seniors’ engagement within the community, especially in cross generational teaching of skills and knowledge transfer; for example pairing youth with seniors to teach gardening skills via a community garden.

Facilitate Healthy Early Childhood Development

While much extraordinary work exists within and among agencies and service providers in the Moncton and Surrounding area, it was believed that improvement was needed in identifying children and families who may be disadvantaged and vulnerable to implement supportive strategies as early as possible.

A systematic approach for identifying and assisting vulnerable children and families was felt to be a high priority for the community.

Action on this priority was believed to require considerable community and inter, intra-agency involvement and coordinated action.

Address Mental Health Needs of Community Members

Determining the true prevalence of mental health and substance abuse disorders remains a complex challenge, the Moncton and Surrounding Area CHNA found clear evidence of the need to better address this complex community health priority.

The overall findings spoke to often lengthy wait times for initial assessment, it was believed that emphasis must be placed on this important assessment being completed by the right professional in the right place, and at the right time.

It was found that certain segments of the communities involved in the CHNA appeared to have greater needs for increased and integrated resources; for example: children and adolescent populations seemed to have growing and emerging issues that if not addressed promptly and appropriately could have potential to lead to decreased quality of life both in the short and long term.

Significant structural changes within societies and families spoke to a need to better understand and support people in managing unforeseen stresses that often become individually overwhelming and require external help. This was believed by members of the CAC to represent a ‘social malaise’ that could be best addressed through exploring underlying determinants as a community.

Address Poverty

It was identified that pockets of poverty existed across the greater Moncton area with the highest prevalence found to be in Moncton. Health equity literature speaks to the ‘economic gradient’ as the most important factor in health status outcomes, rather than income levels themselves.

With that being said, it was recognized locally that a significant number of people and families are vulnerable to poor health on the basis of household poverty.

Food insecurity as well as lack of affordable housing, particularly for single parent families and some seniors, is clear indications of the need to address and focus efforts on working with vulnerable groups within the community.

“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”

Improve Personal Health Behaviors.

Community members who participated in focus groups as well as CAC participants were struck both by the quantitative data as well as their personal observations regarding the communities general understanding of the impact of poor health behaviors and chronic disease and conditions such as obesity. In this regard, it was acknowledged that improving health behaviors would require community leadership and intersectoral action.

Jackson et al (2007) clearly state, ‘many reviews of health promotion effectiveness showed that developing personal skills (including the actions of health education, health communication and training and skills development) was an ineffective strategy if implemented in isolation from other strategies, particularly with disadvantaged groups and communities of low socio-economic status. Central to the effectiveness of personal skills development is the need to also implement strategies that create structural-level conditions to support health and increase access to goods, products and services.’

It is important to underline that the recommendations are highly interrelated and linked to existing community based assets.

There is a distinct effort on the part of the 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.



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