



Community Health Needs Assessment
**COMMUNITY OF EDMUNDSTON
AND SURROUNDING AREAS**



SUMMARY REPORT

JUNE 2017





INTRODUCTION

As indicated in A Primary Health Care Framework for New Brunswick, our province possesses a solid community health infrastructure (GNB, 2012). Primary healthcare is delivered by many individuals, agencies and structures on the community level, including family physicians, staff in health centres, mental health and addiction treatment services, the New Brunswick Extra-Mural Program, public health services and emergency rooms.

Primary healthcare is the patient's first point of contact with the healthcare system and where many key decisions are made about immediate, ongoing and future care.

The consequences for effective delivery of primary care are very important. New Brunswick has declared itself to be at a crucial turning point, where its economic future and the healthcare system that depends on it are under threat (GNB, 2012).

Besides the aging of a large part of the population, the prevalence of chronic illnesses is increasing among all age groups. Chronic illnesses and their management not only reduce quality of life but also represent a heavy burden on our short-term care system.



Edmundston and surrounding areas, as defined by the New Brunswick Health Council (NBHC), takes in the following localities: Baker Brook, Clair, Edmundston, Lac-Baker, Rivière-Verte, Saint-Basile, Saint-François-de-Madawaska, Saint-Hilaire, Saint-Jacques and Saint-Joseph-de-Madawaska.

COMMUNITY HEALTH NEEDS ASSESSMENT

A community health needs assessment is a dynamic ongoing process undertaken to identify the strengths and needs of the community and to enable community-wide establishment of wellness and health priorities that improve the health status of the population. The process was carried out in compliance with the recommendations presented in ***Community Health Needs Assessment Guidelines for New Brunswick (GNB 2013)***.

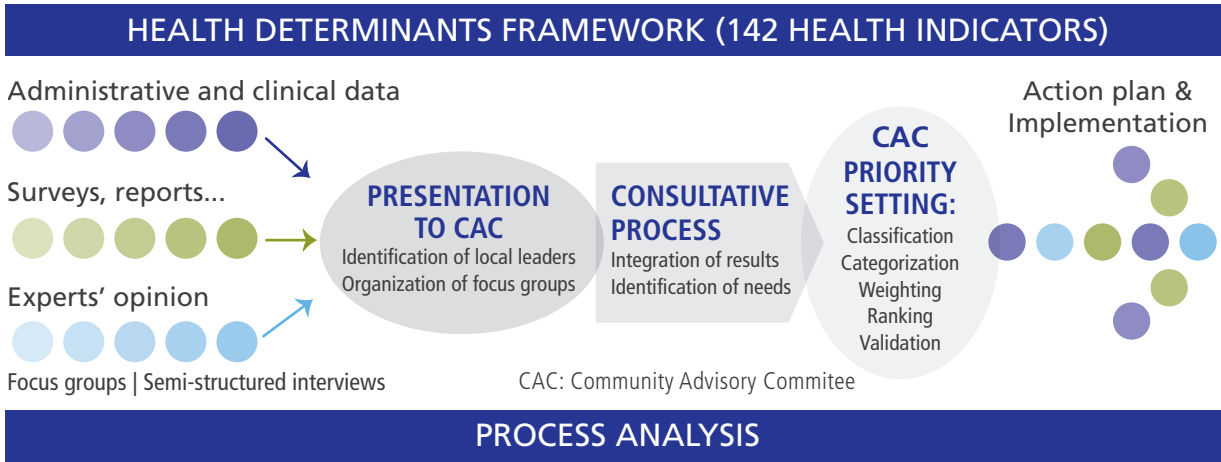
The process consists of five key activities:

- 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 the community.**



METHOD

Community Health Needs Assessment



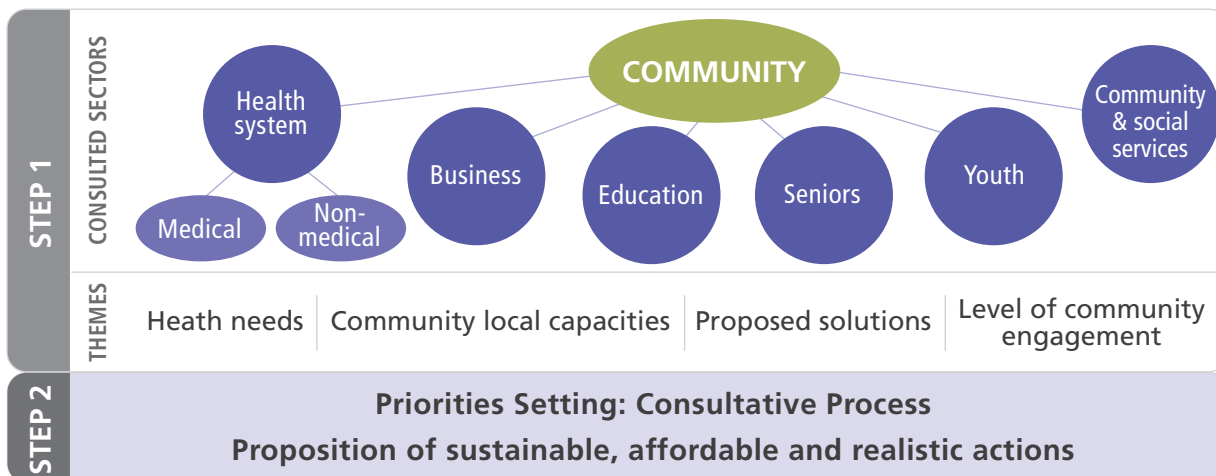
The data used in this assessment comes from three sources:

- 1) quantitative data provided by the New Brunswick Health Council (NBHC);
- 2) discussion groups and interviews with key informants;
- 3) reports available in the region.

The data was analyzed to reveal:

- 1) needs (problems);
- 2) assets (existing strengths or programs and services);
- 3) possibilities (proposed by the participants).

Experts' Opinions Process



Finally, the appropriateness of services was assessed in order to determine whether existing services can meet the needs identified and whether resource reallocation or new investments are needed.

PRIORITY NEEDS

After the results of the analysis of the quantitative and qualitative data were presented to the Community Advisory Committee, a two-tiered approach was used to synthesize a list of the community's main health needs. Next, a needs prioritization exercise was conducted to establish a list of priorities according to weighted criteria.

1 HEALTH PROMOTION AND HEALTHY LIFESTYLE

- Vulnerable groups
- Age groups
- Personal responsibility for overall health (bio-psychosocial)

2 STRENGTHENING PRIMARY CARE

- Timely access
- Navigating services
- Integration and coordination with other service sectors
- Improved services and support for vulnerable persons and their caregivers
- Seniors' quality of life
- Valuing preventive medical practice
- Patient-and family-centred approach

3 MENTAL HEALTH

- Suicide prevention
- Addiction treatment

4 MANAGEMENT OF CHRONIC ILLNESSES

- Chronic obstructive pulmonary disease
- Cancer
- Heart failure

5 POVERTY

- Food insecurity
- Housing
- Public transportation



OTHER NEEDS

Prevention and health promotion (diet, physical activity and use of healthcare services)

It is observed that many individuals and families in the community do not eat healthily. Economic precariousness and the cost of fresh food, excessive marketing and low cost of unhealthy food and education levels seem to negatively affect choices and the priority given to food purchases and to participation in physical activity. Behaviours and lifestyle habits represent major challenges for community health. The main problems detected by the community in this respect are: sedentariness, obesity, eating unhealthy foods and a culture of dependence on the healthcare system.

Accessibility, appropriateness and integration of primary healthcare

Many points related to a mismatch between health needs and the services offered to the population were brought up. There is little access to walk-in clinics with extended evening hours and to family physicians in the community (it can take up to two months for patients to obtain an appointment with some of these physicians). This translates to high rates of use of emergency departments in the community.

Valuing preventive medical practices

A lack of value for preventive medical practices seriously reduces the quality of the healthcare services provided, and ultimately the public's health. It seems that now the main role of physicians is to basically cure people, but that an expansion of the activities offered in the community would be desirable.

Dealing with mental health and addictions among youth

The elements of greatest concern among children are the high levels of stress and the inability to manage their emotions, especially because of pressure from the school system and society.

The causes of mental health issues experienced by youth are: stress and anxiety (linked to social pressure for performance at school and/or in sports), lack of sleep (youth who sleep less than 8 hours a night), sleep disorders and screen time (televisions, computers and cellphones). To these are added socioeconomic stress, conflicts in family relationships and poor access to mental health and addiction treatment services.

Dealing with mental health (general public)

Mental health is a problem affecting individuals at all socioeconomic levels. The rate of premature death by suicide and the fact that reaction to stress and adjustment disorders are among the five main reasons for hospitalization represent a major source of concern for the community. The major causes cited by the community are: fast-paced lifestyle, social pressures and economic inequalities. Specifically, the difficulty of finding a work-life balance and the stress caused by debt seem to be the principal sources of stress in the community.

Adjustment to an aging population

Social choices in the region encourage keeping seniors in their homes. However, there is little or no financial, social or organizational support for caregivers. The lack of care facilities that meet the needs of seniors in the community has a direct effect on the length of hospital stays, reduces quality of life for these individuals, as well as increases costs for the healthcare system.

Early detection of cognitive problems among seniors was brought up as an important need.

Accessibility, appropriateness and integration of home-based care

The region decried a lack of access to home-based care in remote areas. Various reasons were mentioned: the large extent of the region, the lack of affordable transportation, dangerous winter road conditions, low wages for professionals, the lack of hours allocated per person (48 hours of home-based care per month) and mechanisms for allocating services per person based on criteria that appear to be inadequate.

Fight against risky behaviours among youth

The prevalence of risky behaviours among youth is a growing phenomenon in the community. The behaviours that cause the greatest concerns include: excessive consumption of alcohol and drugs, self-mutilation (e.g., cutting the forearms), smoking, sexting, cyberbullying and bullying at school.

The causes that seem to explain these behaviours are:

- 1) lack of social involvement among youth;
- 2) social and economic gaps;
- 3) parental disengagement and breakdown in the family unit, as well as the loss of family and cultural values.

Dealing with youth sexual health

Promotion of sexual health among youth and prevention of sexually transmitted and blood borne infections (STBBIs) are important needs for youth in the community. Questions about the mechanics of sex and sexual performance are a source of concern because of their possible repercussions on the healthy development of youth. The lack of sexual clinics in the region would explain the low rate of detection of STBBIs (lack of access to the service), along with poor access to education and advice on sexual and reproductive health and lack of free access to contraceptives. The community identified a growing need for promotion of sexual health offered in schools to support not only children and youth but their parents.

Access to healthcare and services

The main challenges for access to healthcare and services are related to transportation.

Various aspects are involved:

- 1) the cost is too high, especially for less wealthy patients who need do make a number of trips (e.g., chronic hemodialysis patients, those undergoing oncology treatment, etc.);
- 2) the large geographical distances to travel for minor treatments;
- 3) centralization of services, particularly for minor emergencies, in Edmundston;
- 4) hours of service, which limit access to services for those who work (as a result, “people in this region can’t leave work to go to an appointment, so they prefer going to Emergency after work”).

Also with respect to youth health, access to appropriate, high-quality services in schools is a huge challenge. There is also a lack of availability of health and support services in schools in the community.



Consolidation of inter-professional collaboration and communication

Inter-professionalism and prioritization of services stood out as important needs, especially because of a lack of coordination among primary, secondary and tertiary services, hindering appropriate progression for patients through the healthcare system and continuity of care. The lack of inter-professional collaboration and communication was raised as a major problem.

The main challenges in this area are:

- 1) working and practising in silos;
- 2) lack of time;
- 3) absence of a “shared patient record”;
- 4) confidentiality legislation;
- 5) gaps in primary care, such as lack of recognition for nurse practitioners and inadequate management of their role (currently managed according to criteria used for medical practice and assessment by volume of services instead of quality). The lack of collaboration also leads to much duplication of services, hampering the efficiency of the healthcare system and the quality of care (e.g., a “patient who is a victim of sexual assault has to tell her story seven or eight times from one place to the next”).

Adequate response to the needs of vulnerable groups

The socio-economic gap seems to be growing in the community. Health and social status represent a major challenge for different reasons, such as:

1. lack of transportation and its effect on access to family physicians and to specialized care provided outside the community;
2. the exodus of youth for economic reasons, which has an isolating effect on seniors who want to continue to live in the community.

CONCLUSION

Community Health Needs Assessments are an excellent opportunity to spur dialogue among the various partners and the communities. They shed light on the priorities for which it is important to find and implement solutions based on the fields of activity and expertise of each player.

Vitalité Health Network uses the results of these assessments to guide its decisions and planning. They help it to provide sustainable, accessible, fair, effective and safe high-quality care and services to the various communities in its service area.

It goes without saying that improving public health and wellness is everyone's business. Many other partners have their own contributions to make, just like Vitalité Health Network. We must get everyone involved in order to achieve positive overall results.

Research, analysis and consultation provided by:



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