Community
Health Needs Assessment
Guidelines

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Background

Community Health Needs Assessments (CHNA) are an on-going process that seek to identify a defined community's strengths and needs to guide in the establishment of priorities that improve the health status of the population. The CHNA process must not only be responsive to the local context, but also provide a broader understanding of the health of New Brunswick residents. This evidence-based information must also serve to guide planning for health services that are rooted in evidence and the capacity to track changes over time.

This document outlines the framework for conducting CHNAs and is intended to guide the Regional Health Authorities (RHAs) and local committees in their endeavors to conduct CHNAs. The Department of Health, Horizon Health Network and Vitalité Health Network have joined forces to standardize the process for conducting CHNAs by agreeing on a common set of guidelines, and data sources. This work is also supported by the New Brunswick Health Council (NBHC) who collects and provides data and creates data compilations used in the CHNA process. As well, the NBHC defines community boundaries, dividing the province into 33 unique geographic communities. The CHNA process will assist in providing baseline information on health and wellness and the factors that influence the overall health of the community, and encourage collaboration with community members, stakeholders and a wide variety of partners involved in decision-making process within the health care system. CHNAs will also serve to focus public discussions on health issues and expectations.

What is a Community Health Needs Assessment?

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 wellness and health priorities that improve the health status of the population.

While the primary goal of the CHNA is to determine a prioritized list of health and wellness issues that can inform decision-makers about the allocation of resources to the community, it is vital that this process enhance community participation and engagement.

It involves:

- Gathering information about health and wellness (facts and opinions)
- Gathering information about health and community resources (assets)
- Determining community priorities
- Building partnerships to address community health and wellness needs using assets and resources within the community

Benefits:

- Provides baseline information about the overall health of the residents of the community
- Encourages collaboration with community members, stakeholders and a wide variety of partners involved in decision-making processes within the health care system
- Focuses public discussions on health issues and expectations of the health system

Population Health Perspective

The CHNA process is best understood from a population health perspective. The population health approach endeavors to improve the health of the entire population and to reduce health inequities among population groups by acting upon the broad range of factors and conditions that have a strong influence on our health.

These factors and conditions, commonly referred to as **the social determinants of health**, heavily influence the health of individuals, families and communities. The determinants of health are described below (Government of Canada, 2017).

1- **Income and social status**
   Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.
2- **Social support networks**
   Support from families, friends and communities is associated with better health. Such social support networks could be very important in helping people solve problems and deal with adversity, as well as in maintaining a sense of mastery and control over life circumstances. The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems.

3- Education and literacy

Health status improves with level of education. Education is closely tied to socioeconomic status, and effective education for children and lifelong learning for adults are key contributors to health and prosperity for individuals, and for the country. Education contributes to health and prosperity by equipping people with knowledge and skills for problem solving, and helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction. And it improves people's ability to access and understand information to help keep them healthy.

4- Employment and working conditions

Unemployment, underemployment, stressful or unsafe work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.

5- Physical environment

The physical environment is an important determinant of health. At certain levels of exposure, contaminants in our air, water, food and soil can cause a variety of adverse health effects, including cancer, birth defects, respiratory illness and gastrointestinal ailments. In the built environment, factors related to housing, indoor air quality, and the design of communities and transportation systems can significantly influence our physical and psychological well-being.

6- Biology and genetic endowment

The basic biology and organic make-up of the human body are a fundamental determinant of health. Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health status. Although socio-economic and environmental factors are important determinants of overall health, in some circumstances genetic endowment appears to predispose certain individuals to particular diseases or health problems.

7- Personal health practices and coping skills

Personal Health Practices and Coping Skills refer to those actions by which individuals can prevent diseases and promote self-care, cope with challenges, and develop self-reliance, solve problems and make choices that enhance health.

8- Healthy child development

New evidence on the effects of early experiences on brain development, school readiness and health in later life has sparked a growing consensus about early child development as a powerful determinant of health in its own right. At the same time, we have been learning more about how all of the other determinants of health affect the physical, social, mental, emotional and spiritual development of children and youth. For example, a young person's development is greatly affected by his or her housing and neighbourhood, family income and level of parents' education, access to nutritious foods and physical recreation, genetic makeup and access to dental and medical care.

9- Health services

Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health. The health services continuum of care includes treatment and secondary prevention.

10- Gender

Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. "Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles.

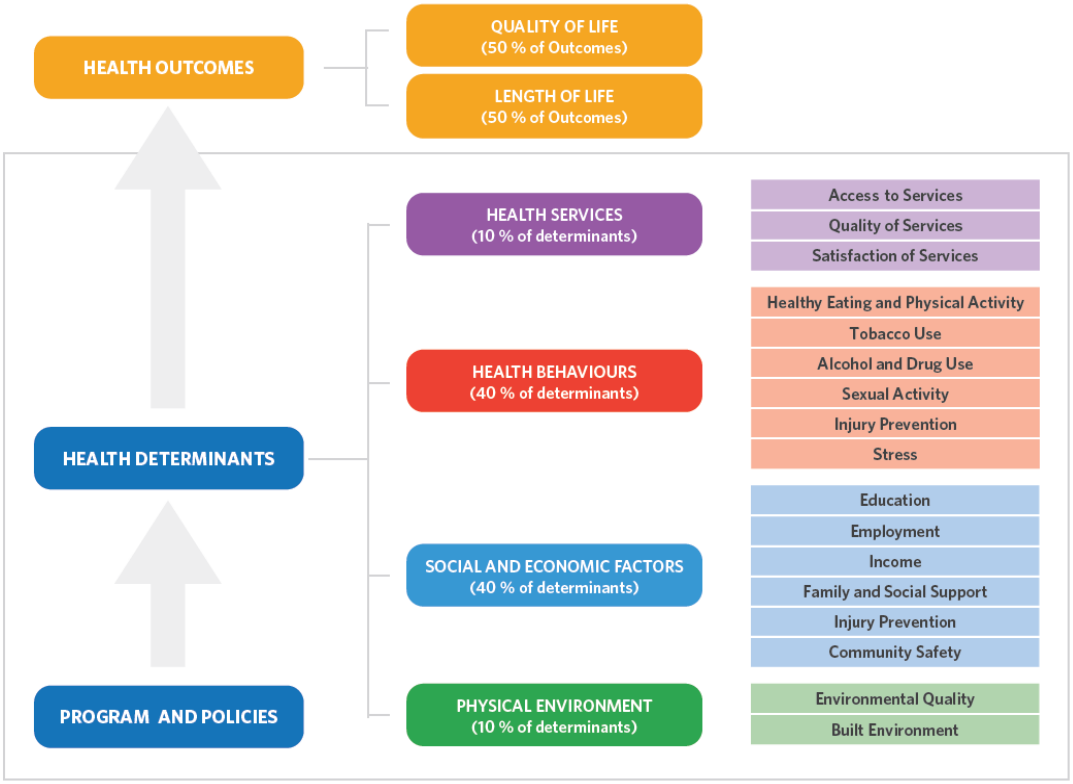
11- Social Environment

The importance of social support also extends to the broader community. Civic vitality refers to the strength of social networks within a community, region, province or country. It is reflected in the institutions, organizations and informal giving practices that people create to share resources and build attachments with others. The array of values and norms of a society influence in varying ways the health and well being of individuals and populations. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health.

12- Culture

Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

CHNAs are also informed by the population health model of the NBHC which is adapted from the model used by the University of Wisconsin's Population Health Institute.



CHNA Process

From a high level perspective, the CHNA process consists of five key activities. From these key activities, RHAs may further develop their process for conducting CHNAs in more detail. The five key activities are:

1. **Community engagement**
2. **Data review and collection**
   Data sources
   Gathering new qualitative information
3. **Interpretation and analysis**
4. **Develop priorities and recommendations**
5. **Report back to community**
   Share and facilitate CHNA findings
6. **Invite Feedback from Community and Stakeholders**

1. **Community Engagement**

Community engagement refers to the span of activities that support the involvement of residents, community groups, service users, health providers, and businesses in decision-making processes and in shaping and addressing issues that impact the health and well-being of the community. It is an essential element of a meaningful CHNA and requires careful planning in identifying formal and informal community leaders along with community groups. The CHNA process must effectively engage community partners, service providers, community groups and individuals, in the planning of primary health care services in the community.

Overall, the process must provide an opportunity for diverse individuals to discuss health and wellness issues as well as involving the community in articulating a health and wellness vision. The **Community Advisory Committee (CAC)** enhances community engagement throughout the CHNA process and provides advice and guidance on health and wellness priorities in the community. The CAC ensures linkages between the community, the RHAs, and the various community stakeholders. It serves to effectively engage community partners, service providers, community groups and individuals, in the development of community-wide inter-sectorial approaches to improve the health status of the population. Reflecting on the population health approach above, CACs are selected with consideration given to the determinants of health so that they represent a broad perspective of the community.

2. **Data Review and Collection**

Data sources

Vitalité and Horizon Health Networks, in collaboration with the Department of Health and the New Brunswick Health Council, have identified a list of core data sources provided by the NBHC which will be reviewed and shared with each community. These data sources are:

- My Community at a Glance
- NB Primary Health Care Survey
- NB Student Wellness Survey
- Population Health Snapshot
- NB Home Care Survey

This set of core data sources will ensure comparable and consistent application of CHNAs in all 33 of New Brunswick's geographic communities.

A broad range of data may also be available for use by the RHAs and particular conditions in certain communities may require additional data sources to supplement the core list. Also, Department of Health's Health Analytics unit will provide data support and act as a soundboard for things being considered or questions around data sources. However, this would need to come from already existing data sources as new quantitative data will not be collected as part of the CHNA.

Gathering new qualitative information

Both quantitative and qualitative data are important in gathering community information. Previously existing data alone will not provide all the information about a community and will not reflect certain conditions that are known or suspected by community members. Community consultation in the form of focus groups, community meetings, key informant interviews, and meetings with key stakeholders will help identify issues and provide context with which to understand the data that has already been collected. This also serves to engage communities in working collaboratively to address community issues.

3. **Interpretation and Analysis**

- Summarized findings of available quantitative data sources to be shared with individual communities
- Analyze qualitative data to determine major themes and priorities
- Cross reference qualitative results with quantitative data

4. **Develop Priorities and Recommendations**

- Conclusions on needs and strengths of the community
- Select priorities

5. **Report back to the community**

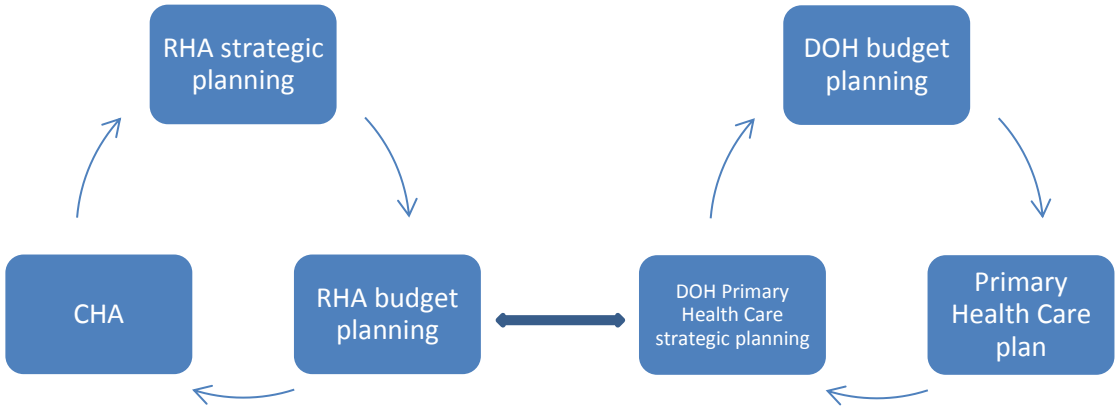
Share and facilitate CHNA findings

- To inform RHA strategic planning and operational planning
- To inform the Department of Health on the provincial health plan, programs, and in policy development
- To change program direction or develop new programs/redirection of resources, consider use of community strengths to respond to identified priority needs
- Develop community-wide, inter sectorial approaches to improve health status of the population

6. **Invite Feedback from Community and Stakeholders**

CHNA and the Health Planning Cycle

Regional Health Authorities (RHAs) are required to conduct CHNAs on an ongoing basis in adherence to the provincial CHNA reporting structure. Commencing in 2018, CHNA reports will be produced every 5 years and should be well, integrated with health and budget planning cycles within Horizon Health Network, Vitalité Health Network, and the New Brunswick Department of Health. It is the responsibility of both the Department of Health and the RHAs to continuously facilitate the integration of CHNA findings into provincial health planning.



CHNA Governance Structure

The CHNA process is driven by the **CHNA Steering Committee,** with representation from the New Brunswick Department of Health, Horizon Health Network, and Vitalité Health Network. The CHNA Steering Committee works collaboratively to direct the CHNA process and ensure it is ongoing. The CHNA Steering Committee meets biannually with the following strategic objectives:

- Review and updating data sources
- Ensuring integrated budget cycle planning
- Proper communication of the CHNA process to relevant stakeholders
- Ongoing review of CHNA recommendations and action plans
- Build alignment between CHNA work in both RHAs

The CHNA Steering Committee is integral to ensuring a coordinated CHNA approach that allows for provincial comparability on health and wellness issues between communities and within RHAs, while also respecting the individual circumstances in each region.

Sharing and Facilitating use of CHNA Findings

CHNA findings can be used as a form of evidence to inform decision making around health and wellness priorities on a local, regional, and provincial level. CHNAs have the potential to contribute to long term health planning with the RHAs and the Department of Health, and strategies are required to ensure proper integration of the CHNA findings into operational planning.

A comprehensive list of groups within and outside of the RHAs that should be informed of CHNA findings should be developed. These groups should include RHA Boards, RHA Staff, Health Service providers, relevant provincial government departments, as well as community organisations and the general public. A targeted communication strategy for informing these groups should also be formed, and could include slide show presentations of summary reports, summary briefs for management, presentation of key results to targeted staff, group meetings to discuss findings, and highlights of reports for media use.

Conclusion

The purpose of this guide is to provide a template with which to improve the process of conducting community needs assessments in New Brunswick. This template will serve to produce consistent and reliable evidence to communities, RHAs, and the Department of Health so that they may plan more effectively in responding to the actual health and community needs of the population.

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