



SUMMARY REPORT

Community Health Needs Assessment

2018-2019

KEDGWICK | SAINT-QUENTIN

Introduction

Message from the President and CEO



We are happy to start the five-year cycle of Community Health Needs Assessments (CHNA).

A CHNA is the pivot point for a process in which health professionals and decision-makers will determine which individuals', families' or population groups' needs constitute priorities and ensure that the resources of the healthcare system are assigned in a way that has optimal effects on improving population health.

The CHNA cycle is one form of intervention that encourages transparent communications and community participation.

We are grateful for the engagement and participation of citizens, our community and government partners, staff and the general public during the various consultations.

Gilles Lanteigne
President & CEO

Purpose

Under the New Brunswick Regional Health Authorities Act (2011), the Regional Health Authorities, Vitalité Health Network and Horizon Health Network, are held responsible for identifying the health needs of the communities they serve. CHNAs are done for each of the 33 communities defined by the New Brunswick Health Council (NBHC). Vitalité Health Network covers 13 of these communities.

Community Health Needs Assessment

A 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.

Main Objective

The main objective of a CHNA is to determine a prioritized list of health and wellness needs that will help Vitalité Health Network, its partners and community organizations to plan services and assign resources in the community.

Population Health Approach

The CHNA process is best understood from a population health approach. This approach aims to improve the health of the entire population and reduce health inequities between various population groups. This approach takes in a vast range of factors and conditions that have the greatest effect on our health and tries to influence them (Public Health Agency of Canada, 2012). These factors and conditions, commonly referred to as "the determinants of health", include: income and social status, social support networks, education, employment/working conditions, social environments, physical environments, personal health practices and coping skills, early childhood development, biology and genetic endowment, health services, gender and culture.

Methodology

CHNA Process

Referring to the Community Health Needs Assessment Guidelines (Government of New Brunswick, 2018), the CHNA process consists of five key activities. However, it needs to be flexible and reactive to the local context of each community being assessed.

1. Community Engagement

- Creation of a temporary Community Advisory Committee (CAC) in the community.

2. Data Collection

- Collect the quantitative data available on the community.
- Collect new qualitative data (e.g. discussion groups, individual interviews, etc.).

3. Interpretation and Analysis

- Analyze quantitative data and new qualitative information.
- Cross reference qualitative results with quantitative data.

4. Develop Priorities and Recommendations

- Prioritize the needs identified by the CAC.
- Identify community assets and strengths.
- Identify potential solutions.

5. Report back to the Community and Feedback

- Write the summary report and distribute it to the community and the general public.

Community Advisory Committee

The Community Advisory Committee (CAC) is the true cornerstone of the CHNA process. The mandate of the CAC is to encourage community participation and engagement throughout the process, as well as to provide advice and information on health and wellness priorities in its community.

The CAC for the CHNA of the Kedgwick and Saint-Quentin area had representatives from various sectors: Restigouche-West Wellness Network, Association francophone des aînés du New Brunswick, Saint-Quentin Chamber of Commerce, Restigouche Resource Center for Parents, Royal Canadian Mounted Police (RCMP), Department of Social Development, Polyvalente Alexandre-J. Savoie (PAJS), Francophone North-West School District, City of Saint-Quentin, The Rural Community of Kedgwick, citizen from the community, Extra-Mural Program, Mgr. Melanson Residence, Ambulance New Brunswick, Saint-Quentin Hospital, Primary Health Care, Community Mental Health Centre, Addiction Services, Child-Youth Team (Integrated Service Delivery) and Public Health.

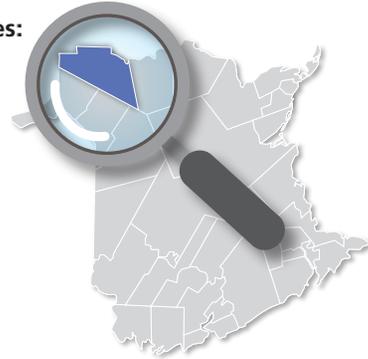


Community Assessed

Socio-demographic Profile

Kedgwick and its neighbouring communities:

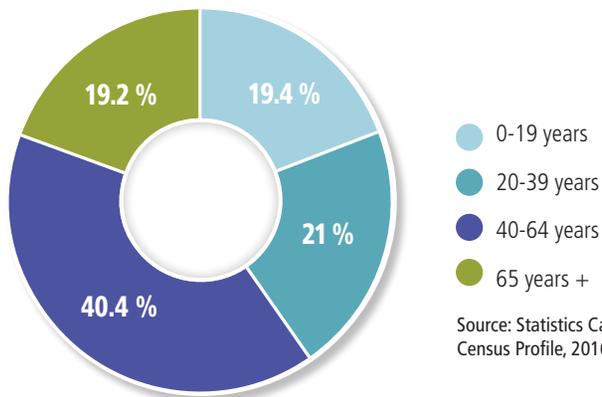
- Rural Community of Kedgwick (population: 1,980)
- Saint-Quentin Parish (population: 1,530)
- City of Saint-Quentin (population: 2,195)



Source: NBHC. (2017). My Community at a Glance 2017: Kedgwick, Saint-Quentin and Grimmer.

In 2016, the region of Kedgwick and its surrounding area had 5,705 inhabitants (Statistics Canada, 2016). The community of Kedgwick and its surrounding area is part of Zone 4 in Vitalité Health Network, known as the Madawaska and Northwest Region. This community is predominantly Francophone (95.6% compared to 27.9% in New Brunswick) (NBHC, 2017).

POPULATION DEMOGRAPHICS (2016)



Source: Statistics Canada. (2016). Census Profile, 2016 Census.

Overview of Priority Sectors

1. Accessibility

- Patients' timely access to their family doctor
- Level of satisfaction regarding hospital-based services
- Patient-healthcare provider relationship
- Access to transportation
- Services for children with special needs

2. Child and Youth Health and Wellness

- Psychological health (stress to perform)
- Prevention and promotion of health-related behaviours
- Services and resources available within the school setting and the community

3. Mental Health

- Community mental health
- Transition from hospital services to community services

4. Support adults with Self-management and Engagement towards their Individual Health

- Self-management and individual engagement
- Use of healthcare services

5. Socio-economic Disparities and Poverty

- Basic needs
- Healthy eating and food security

6. Adjustment to an Aging Population

- Care and services focused on the needs of the seniors
- Risks associated to polypharmacy
- Support and education for caregivers

7. Strengthening Parenting Skills

- Parent engagement
- Parental overprotection – *Helicopter parents*

8. Community Engagement and Mobilization

- Use of community infrastructures
- Promotion of available resources and services
- Intersectoral collaboration for food security

1 Accessibility

Several needs are identified in relation to access to health care services and other services:

- patients' lack of timely access to their family doctor;
- low satisfaction rate regarding the availability and accessibility of hospital-based services;
- lack of access to transportation;
- patient-healthcare provider relationship;
- lack of timely access and information about available services for children with special needs.

While most citizens in the community (82.2%) say that they have a family doctor, the challenge is with timely access. According to the consultations, the waiting period to get an appointment with their family doctor can reach up to several months. Consequently, participants admit going to the emergency room to see their family doctor.

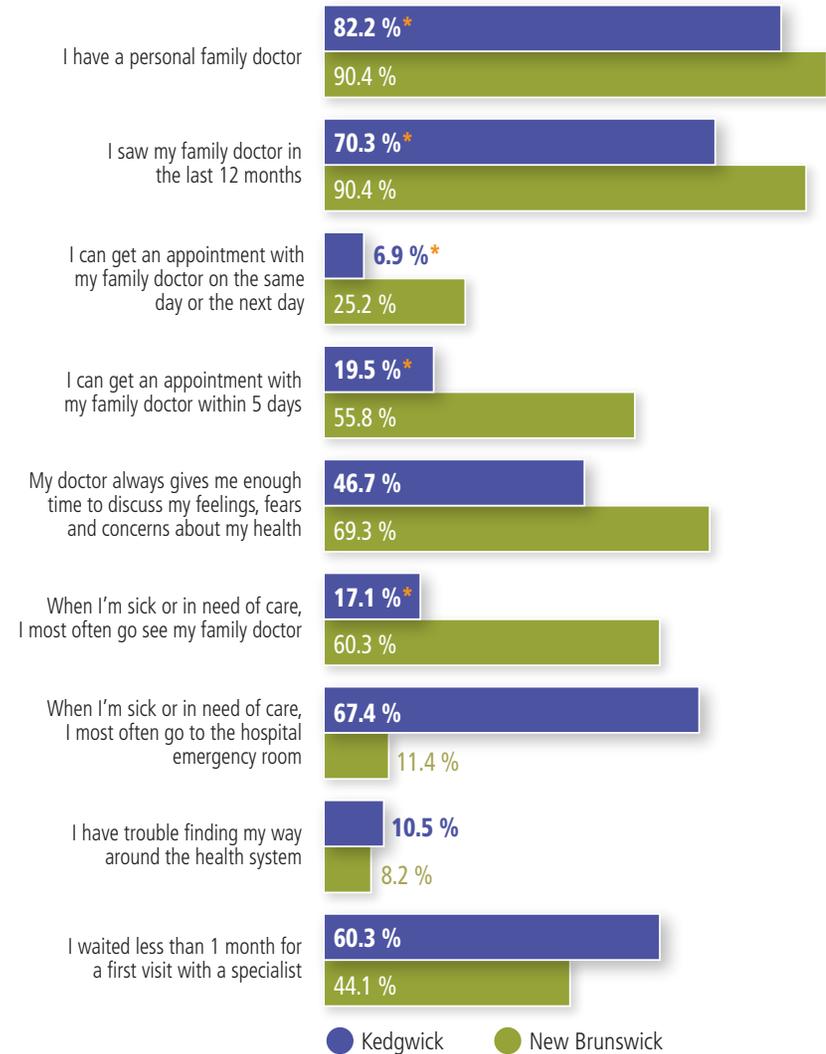
A low satisfaction rate is observed regarding the availability and accessibility of hospital-based services, like the absence of psychology services, the waiting time for speech-language pathology services (for preschoolers), Telehealth services as well as specialized services.

The lack of access to transportation is mentioned as a barrier to health services. Several patients need to travel to regional hospitals (Edmundston and Campbellton) to obtain health services, resulting in additional expenses for patients. The need for transportation is even more glaring for isolated and vulnerable people.

The patient-healthcare provider relationship may be affected by the fact that patients do not have enough time to discuss about their health problems with their family doctor. Health vocabulary is also identified as a component that may affect this relationship, due to the medical terms that are sometimes used as well as the lack of information received following a diagnosis.

According to participants, the care provided to children with special needs must be improved because of the lack of timely access to professional services (e.g. occupational therapy) and the lack of information about available resources and services.

PRIMARY HEALTH (2017)



Source: NBHC. (2017). 2017 Primary Health Care Survey.
 * most unfavorable result in New Brunswick.

"There were several services and programs that my child would have been eligible to receive, but I didn't even know they existed [...] and now it's too late."



Community Assets and Strengths:

- The *Talk With Me Early Language Services* is a free service offered by the North West Francophone School District that is dedicated to prevention, promotion and intervention services that support language and communication development for children between the ages of 0 and 5 years and their families.
- During the past year, Vitalité Health Network has created a new nurse practitioner's position in Saint-Quentin.

Potential Solutions:

- Develop an inventory of available resources and services for children with special needs.
- Consider the possibility of expanding Vitalité Health Network's Telehealth services to reduce the amount of travel to regional hospitals.

External Key Partners:

- North West Francophone School District
- Department of Social Development

2 Child and Youth Health and Wellness

Youth in the community report an excessive desire and pressure to perform. Academic, physical, social and relational pressure as well as the pressure exerted by the adults present in their entourage seem to affect their psychological health. Youth who experience these pressures on a daily basis say they feel like they're "out of breath".

"I start school at 8:30 a.m., after I go straight to work, I get home at around 10:30 p.m., and then I have to start studying and do my homework [...] I usually go to bed around 1:30 a.m." – a young focus group participant.

The use of social media for negative purposes is another challenge faced by youth (e.g. bullying, harassment, exchange of inappropriate pictures).

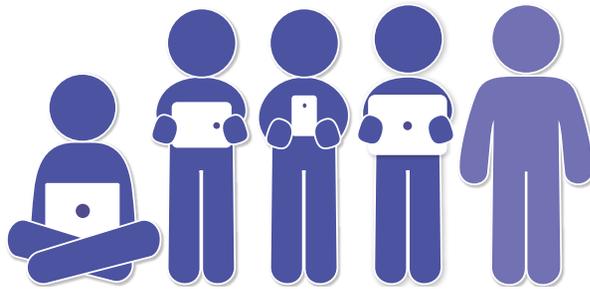
Regarding youth's perception of sexual health, they don't know where to get services or information and feel hesitation and a lack of comfort to confide to their teacher at school. They mention that if they were faced with an emergency (e.g. unplanned pregnancy, sexually transmitted infection), they would not know where to turn to and want to avoid the ER in fear of seeing the parents of one of their friends.

Some of the behaviours adopted by children and youth expose them to many health risks. Nutrition, sedentariness, sexual health, physical inactivity, alcohol and substance use as well as the use of nicotine products (e-cigarette and vape) are targeted as priority fields for action.

The need to improve visibility and access to resources in the school setting is also raised, because youth don't know where to turn to for services and what services are available. The lack of timely access to psychology services is also identified as a need.

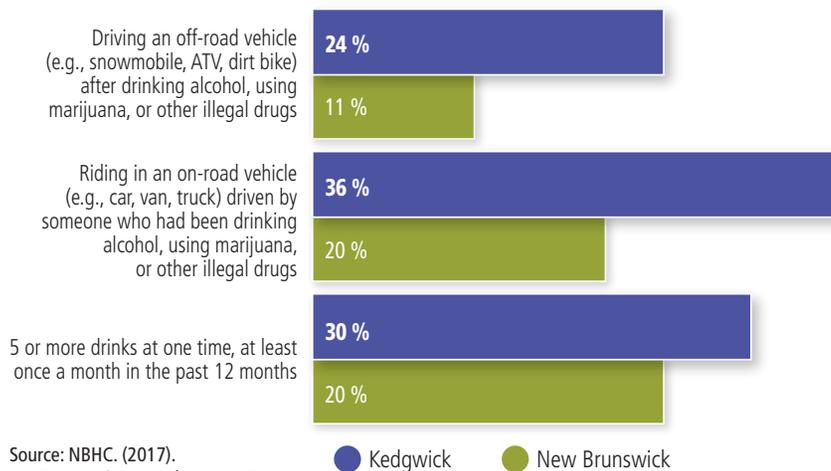
"When you're not doing well, you have to explain your problem to three different people, but you're going to see those same three people at the Co-op later, because everyone knows everyone" – a young focus group participant.

79 % of children (grades 4 and 5) from the community spend **at least 2 hours per day** in front of a screen compared to **55 %** in New Brunswick (NBHC, 2017).



14 % of youth (grades 6 to 12) from the community **smoke on a daily basis or occasionally** compared to **11 %** in New Brunswick (NBHC, 2017).

ALCOHOL OR DRUG USE - YOUTH GRADES 9 TO 12 (2015-2016)



Source: NBHC. (2017). My Community at a Glance 2017: Kedgwick, Saint-Quentin and Grimmer.

"It's as if we don't have an emergency exit door when we need help"
– a young focus group participant.

Did you know?

Health-related behaviours represent **40%** of determinants of health. Health-related behaviours consist of eating, physical activity, smoking and drinking habits, and coping with life's stressors which can influence health and well-being (NBHC, 2017).

Community Assets and Strengths:

- The importance youth gives to a positive psychological health for the maintenance of a good health.
- Several teachers at the PAJS meditate with their students.
- A nurse practitioner is present at the PAJS three mornings per month.
- The Link Program helps facilitate the accessibility to services and the navigation between services.

Potential Solutions

- The Restigouche-West Wellness Network organizes a *"Wow, ça fait du bien!"* training day to equip children and youth to foster a positive psychological health.
- Improve service delivery in the school setting: promote available services (e.g. Child-Youth Team [Integrated Service Delivery (ISD)] and inform youth that they can self-refer to these services.
- Develop an information kit on the negative effects of vaping to be distributed in the schools.

External Key Partners:

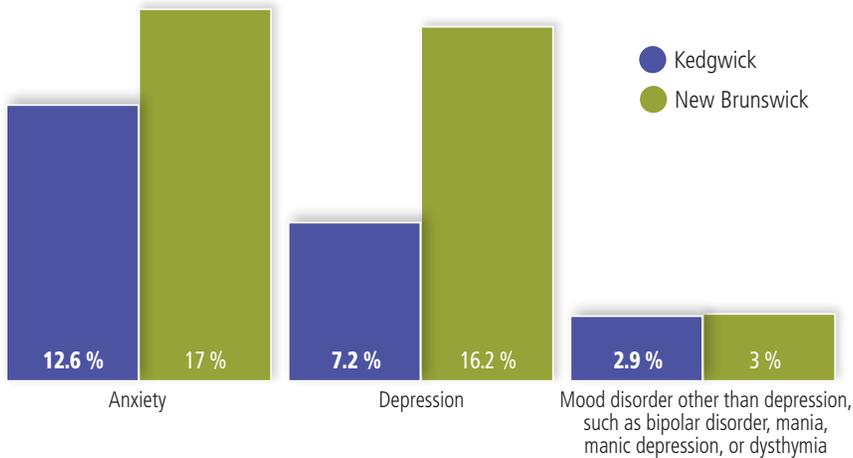
- The high-school and elementary schools in the region
- Restigouche-West Wellness Network

3 Mental Health

Community mental health is identified as a need because of the lack of access to psychology services, the stigma surrounding mental health and the high prevalence of mental health problems within the community.

“Over the past few years, it’s unbelievable how much we have seen an increase of problems related to burnouts, anxiety, depression and requests for a sick leave” – a health care professional.

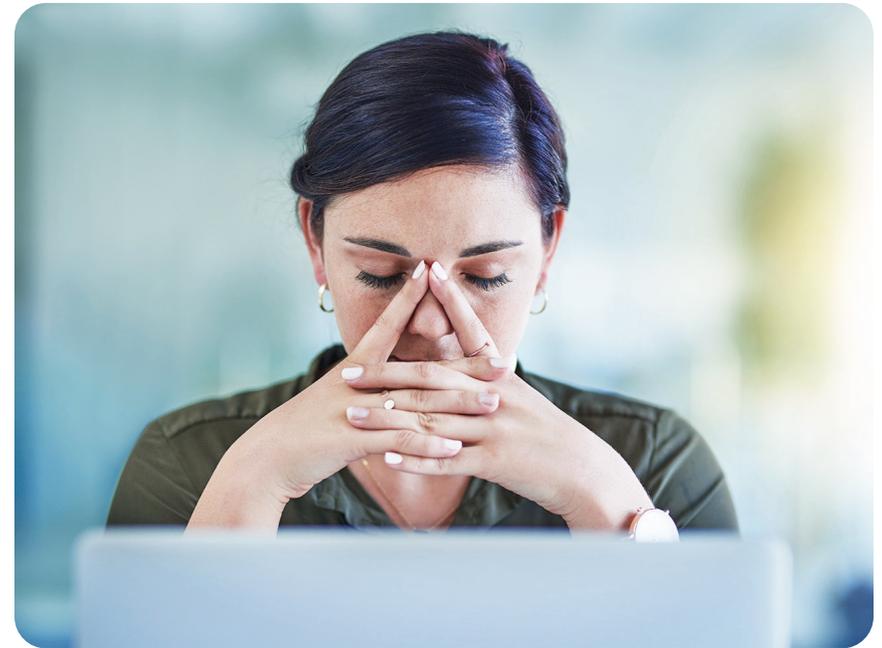
CHRONIC HEALTH PROBLEMS - MENTAL HEALTH, 18 YEARS AND OLDER (2017)



Source: NBHC. (2017). 2017 Primary Health Care Survey: Kedgwick, Saint-Quentin and Grimmer. Population 18+: 5,280; sample size: 164; margin of error: ± 7.5%.

The transition from hospital services to mental health community services needs to be improved to facilitate the recovery of people suffering from mental health problems, mental illnesses or addiction problems. According to participants, there is a lack of coordination between the hospital discharge process and the return to the community.

Community Asset and Strength: The Canadian Mental Health Association of New Brunswick (CMHANB) offers several low-cost or free programs and training sessions to raise awareness, educate and reduce the stigma surrounding mental health.



Potential Solutions

- Improve community awareness and education on mental health starting in childhood: strengthen collaboration opportunities between Vitalité Health Network and CMHANB.
- Organize support groups in the community for people suffering from mental illnesses.
- Improve service coordination between the hospital discharge process and the return to the community.

External Key Partners:

- The Canadian Mental Health Association New Brunswick (CMHANB)
- The Link Program

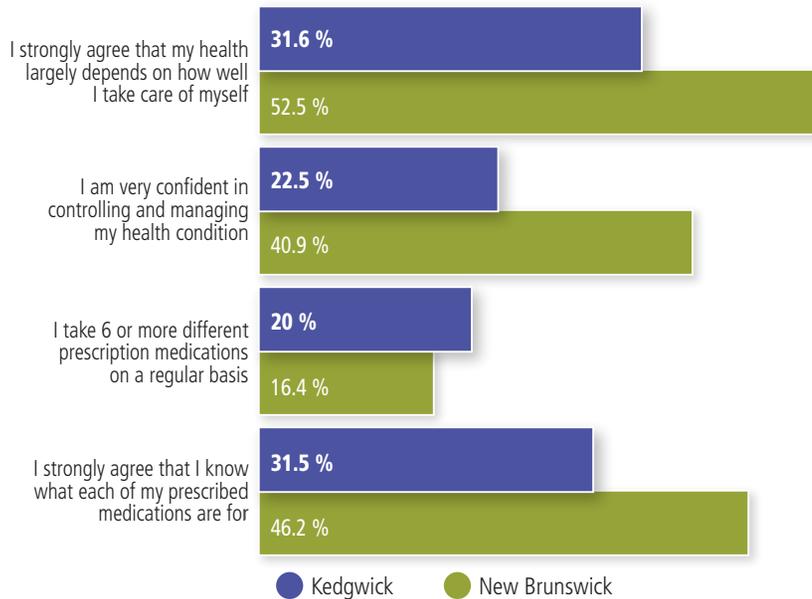
4 Support adults with Self-management and Engagement towards Individual Health

According to participants, some adults in the community need support to ensure an adequate self-management of their health, especially those with several chronic health conditions. A low level of engagement toward individual health is also noted, namely due to a denial of the direct relationship between the adopted lifestyle and the development of health problems.

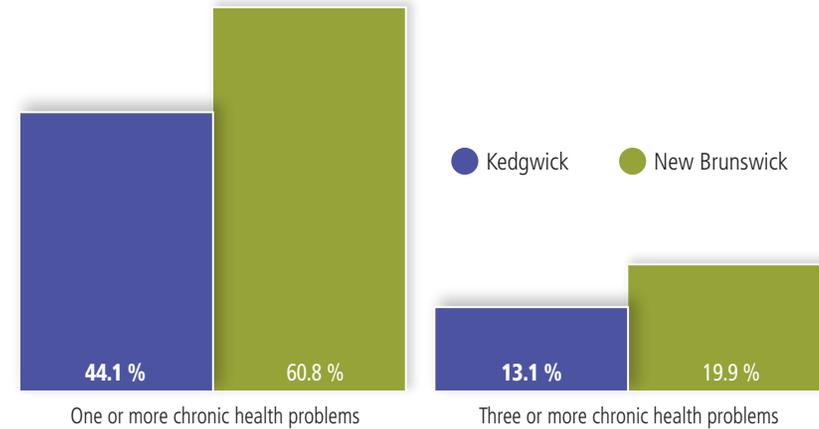
At the same time, it is raised that the spreading of false information about health has become a problem and contributes to the overuse of health care and services.

"It's unbelievable how people around here are overusing services; it's obvious that accessibility problems are not going to fix themselves if things continue like this" – a health professional.

SELF-MANAGEMENT OF CHRONIC HEALTH PROBLEMS - 18 YEARS AND OLDER (2014)



CHRONIC HEALTH PROBLEMS - 18 YEARS AND OLDER (2014)



Source: NBHC. (2017). 2017 Primary Health Care Survey: Kedgwick, Saint-Quentin and Grimmer. Indicators pertaining to medication taking are specific to citizens with at least one of the following chronic health problems: arthritis, asthma, chronic pain, emphysema or COPD, cancer, diabetes, depression, mood disorder other than depression, heart disease, stroke, high blood pressure and gastric reflux. Population 18+: 5,280; sample size: 164; margin of error: ± 7.5%.

Potential Solutions

- Train employees of the Vitalité Health Network on self-management strategies.
- Raise people's awareness about the importance of their role in maintaining good health.
- Review medical practices to improve timely access to family doctors.

5 Attacking Socio-economic Disparities and Poverty

Socio-economic disparities and poverty seem to widen further within the community. Low-income households or those living on the edge of poverty have difficulty meeting their basic needs (shelter, food and clothing).

“There is so much poverty and so many people who cannot meet their basic needs, but nobody wants to talk about it” – a focus group participant.

According to participants, the most vulnerable population groups are those with a low income, no access to transportation and who are socially isolated.

Households living in these unfavorable conditions accumulate more health risk factors. The precarious economic status of many households acts as a barrier to adopting healthy eating habits. Furthermore, despite the existing data on this issue, it is raised that the number of households faced with food insecurity in the community is increasing.



ECONOMIC FACTORS (2015)	Kedgwick	New Brunswick
Living in a low-income household	18.3 %	17.1 %
• Children under 6	24.9 %	25.1 %
• Youth under 18	19.6 %	22.2 %
• Adults 18 to 64	13.5 %	14.7 %
• Seniors 65+	20.2 %	34.8 %
Median total household income	\$52,966	\$59,347

Community Assets and Strengths:

- The high-school and elementary schools in the region provide free healthy snacks and/or breakfasts to their students.
- Promoting a healthy weight is one of the priorities of the Public Health sector of Vitalité Health Network, and it targets healthy eating, physical activity, breastfeeding and food security.
- The *Hector Savoie Foundation* offers lunch tickets to children of families in need (the identity of the children and parents remains confidential).

Potential Solutions

- Start the dialogue to raise the population’s awareness about the presence of poverty and socio-economic disparities in the community.
- Increase promotion for the transportation service offered by Restigouche Community Transport.

External Key Partners:

- Department of Social Development
- Restigouche Community Transport

6 Adjustment to an Aging Population

According to participants, the organization of healthcare services (and other services in the community) do not focus on the needs of seniors. A deficiency is raised regarding the proximity of services, based on two factors:

- i. residents of special care homes (levels 1 and 2) must travel to the hospital for laboratory tests if they are not clients (no active files) of the Extra-Mural Program;
- ii. residents of level-3 special care homes who do not have an oxygen concentrator and require the services of a respiratory therapist must travel to the hospital to receive such service.

Also, since seniors are already at risk and vulnerable, services should be offered close to them to minimize travel.

“It’s not easy for a 93-year-old woman with the flu to leave the nursing home in the middle of January to go to the hospital and wait three hours in the ER for a blood or urine test—this could all be done at the nursing home”
– a focus group participant.

According to participants, the simultaneous use of several medications, also called polypharmacy, is on the rise and exposes seniors to many risks. Several seniors do not take their medications adequately, namely due to a lack of understanding or a lack of information, therefore increasing the risk of adverse effects.



Several people act as caregivers for their aging parent or for an elderly in their entourage with no social and/or financial support. It is mentioned that there are no opportunities for caregivers of the community to attend information sessions. According to participants, the lack of support and education for caregivers impacts the home support of seniors and the caregiver’s own wellness.

Community Assets and Strengths:

- High satisfaction rate toward community pharmacists in terms of accessibility and patient-healthcare provider relationship (taking the time necessary to explain the effects, interactions and contraindications of medications).
- As of May 2019, there is no longer a waiting list to get a bed at the Mgr. Melanson Residence in Saint-Quentin.
- The Golden Age Clubs in Kedgwick and Saint-Quentin organize several activities for seniors.

Potential Solutions:

- Organize support groups and information sessions in the community for caregivers.
- Improve the organization of services to reduce the number of travels for seniors.
- Develop educational support services to equip seniors to maintain their autonomy, health and wellness: consider the possibility of expanding Vitalité Health Network’s *At Home* Program.

External Key Partners:

- Association francophone des aînés du Nouveau-Brunswick
- Extra-Mural Program
- Nursing homes in the region

7 Strengthening Parenting Skills

On one hand, we observe a disengagement in some parents toward the healthy development of their child and/or youth and the adoption of unhealthy behaviours (e.g. drinking and driving, bullying, lack of respect and cybersex). Despite the numerous workshops and courses offered free of charge in the community to strengthen parenting skills, it is mentioned that few parents attend them.

On the other hand, the presence of helicopter parents, a form of parental overprotection, can lead to resilience challenges among children or youth. In fact, *"results show that the most impactful predictor of resilience is the Mental Fitness's Family life domain"* (NBHC, 2015).



Community Assets and Strengths:

- The Restigouche Resource Centre for Parents offers several workshops and courses (e.g. preparing for 72 hours, communication course for children/parents, jealousy/rivalry, parenting skills, for the love of children, etc.).
- Accessibility to childcare settings and school drop-ins. Contrary to several other childcare settings, the Centre éducatif Les Petits Pas accepts infants (0–2 years).
- The community engagement and involvement of public libraries in Kedgwick and Saint-Quentin.

Potential Solutions

- Find ways to get parents to attend the various workshops and courses offered free of charge in the community.
- Share the available information and training sessions targeting *Helicopter Parents*.

External Key Partners:

- Restigouche Resource Centre for Parents
- Public libraries in Kedgwick and Saint-Quentin



8 Community Engagement and Mobilization

Community engagement and mobilization are identified as key components to promote a healthy community. According to the *Mouvement acadien des communautés en santé du Nouveau-Brunswick* (2010), a healthy community refers to a place where everyone is working together to improve the quality of life in the community.

The communities of Kedgwick and Saint-Quentin are known for their numerous green spaces and their community infrastructures. However, it is mentioned that these spaces and infrastructures are not used optimally to promote a healthy and active lifestyle. Also, some community infrastructures are not favourable to community inclusion.

The communication methods used to promote the available resources and services in the community are not always adapted to the sociodemographic profile of the community (e.g. rural environment, elderly people, etc.).

“We might be a small community, but the resources are there, people just don’t know it” – a focus group participant.

According to participants, to be able to reduce the presence of food insecurity, we will need to improve the intersectoral collaboration between the existing infrastructures in the community, local grocery stores and ongoing initiatives targeting food security.

Despite the presence of food banks in the region (Saint-Quentin, Kedgwick and St-Jean-Baptiste), an individual can only use them once a month. According to participants, the community has several locations where it could set up collective kitchens or community cooking groups.

Potential Solutions:

- Engage and mobilize community organizations and other stakeholders to promote a healthy lifestyle.
- Continue the collaboration with the Restigouche-West Wellness Network to improve communication of available resources and services as well as strengthening community engagement.
- Develop partnerships with community organizations that could play a role in reducing the presence of food insecurity in the community.

External Key Partners :

- City of Saint-Quentin
- Rural Community of Kedgwick
- Saint-Quentin Chamber of Commerce
- Restigouche-West Wellness Network



Opportunities for Action

Collective Impact

The health and wellness challenges confronting communities' impact not only their quality of life, but also their ability to contribute to the growth and economy of their community. An organization alone cannot overcome all these challenges. Therefore, it is through citizen engagement and collaboration between various community organizations and government departments that we will be able to improve the quality of life and the health status of our communities.

Next Steps

- During its planning process, senior management of Vitalité Health Network will take into consideration the needs identified in the CHNA.
- Distribute the results of the CHNA to the community and the general public.
- Spread awareness among the relevant teams and the key partners that can help to fulfill the needs identified in the CHNA.



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