DRAFT FINAL REPORT

AN AGENDA FOR HEALTH IN HARVEY AND SURROUNDING AREA

PREPARED FOR HARVEY COMMUNITY HOSPITAL FOUNDATION

BY

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EXECUTIVE SUMMARY

The Harvey Community Hospital Foundation wishes to ensure its role and actions are of continuing benefit to the community. The Board concluded that such a process of renewal should be undertaken with the assistance of a facilitator and health services planner.

The project considered the needs of the population living in the area served by the Village of Harvey. This area is contained in general terms within the Census Subdivisions of Harvey VL, Manners Sutton and Prince William.

The process was directed by a Steering Committee made up of five members of the foundation's board (Appendix A). A phased process was conducted over the period from April 1, 2010 to November 30, 2010.

Several sources of information were used to identify the priority health issues and the actions that should be taken to address them. The primary source was the information obtained in the study area through a process of focus groups and one-on-one communications.

The findings were ranked within the three themes predetermined for the study – health status, diagnostic and treatment services and community support services - to assist decision-makers in determining which of the actions should be given priority.

Based on the selected health determinants and health status indicators reviewed, it is likely that the area's population, particularly those living in the two parishes, are less healthy than people who live in Fredericton, Health Zone 3 and the province. This leads to the conclusion that relatively greater efforts should be made in helping these people lead healthier lifestyles, gain access to primary care and in the management of their chronic illnesses.

The New Brunswick Health Council conducted a Primary Health Survey in 2010. These results enable the comparison of primary care performance for the Harvey area with other areas in the province. Residents of this area benefit from some of the best accessibility to family physicians in the province and have better experiences with primary care services overall.

Several findings related to area residents' use of health services indicate opportunities for Horizon Health Network and the Harvey Health Centre to refocus their services to better respond to population needs. In 2009 and 2010, when compared with all service users in Health Zone 3, area residents had relatively greater admissions for a variety of diagnoses. Readmissions of area residents within 28 days of discharge for the same diagnosis increased by 7 percent. There was considerable variation in the use of outpatient services.. Residents of the area also had proportionately more admissions than all DECH users for conditions that could have been addressed by ambulatory services.

Access to appropriate long term care has become an issue of major concern in New Brunswick for several years. Over one-quarter of all hospital beds in the province have been occupied by people who have been assessed as requiring admission to a nursing home.

However, according to Horizon Health Network, Harvey area residents in this situation are very few and proportionately no more than for all of Health Zone 3 or the province.

Some 60 people from the area were involved in focus groups that identified many actions that could be taken to improve the health of the people of the Harvey area, their access to necessary quality health services and their ability to stay in their own homes as they age or live with disabilities. Six priority actions were selected that would have the greatest impact, including:

1. Many, including health clinic staff, middle-aged adults, parents and the Village Council view the employment of a Recreation and Leisure Services Director as a key step in the improvement of the health of the area's population

2. Creation of a multi-use non-motorized activities trail system was recommended by health clinic staff, the recreation services group, middle-aged adults, parents of young children and the Village Council

3. Improving existing facilities (e.g. community recreation centre) and developing healthy activities programs to make greater use of facilities was recommended by health clinic staff, other agencies' staff, the recreation services group, seniors, middle-aged adults and the Village Council

4. Integrating all professionals located at the health clinic into a collaborative care team was recommended to improve patient care and staff utilization by the health clinic staff, other agencies' staff, seniors, parents and the Village Council

5. Establishing a volunteer-based transportation service (e.g. the Dial-a Ride service in Charlotte County) was recommended by seniors, elementary school staff, the physician, middle-aged adults, parents, the Village Council and Harvey Outreach

6. Expanding the service range of home support services with greater use of volunteers (e.g. "handymen", "friendly" visitors and house renovators) was recommended by seniors, the Village Council and Harvey Outreach

The foundation's board identified the key factors that will influence their success in implementing the high priority actions determined during the community health needs assessment. These factors include:

- Attributes of the current foundation related to leadership in the implementation process
- Areas in need of strengthening to enable foundation to provide leadership
- Opportunities the foundation could pursue to facilitate implementation
- Constraints to overcome that might inhibit progress

The board selected nine most critical success factors:

- Board composed of people with a broad range of experiences and skills from throughout the area Harvey area
- The organization needs a cohesive vision
- The foundation's "brand" needs to be clarified and become better recognized in the community
- The foundation should pursue identification of the most beneficial roles for the Health Centre to maximize its potential as a community resource and effectively use available space
- Harvey should take full advantage of ongoing discussions regarding the establishment of a rural community for Manners Sutton to create the tax base and scale needed to support a Recreation/Wellness/Community Services Director and improved recreation and leisure programs
- The foundation should partner with Horizon Health Network to facilitate implementation of priority actions
- The role of the proposed Recreation Director could be expanded to encompass a range of community services
- There is an opportunity to build on the strong relationship with the Harvey Outreach board
- When people are seeing their health services being reduced it will be more difficult to get their support

Several challenges will have to overcome to realize the priority actions but in each case a recommended action plan is identified.

- Hiring a Recreation/Wellness/Community Services Director will be a challenging action due to the costs involved and the current lack of common local government in the area. There appear to be several alternative approaches that could reduce costs to villagers and expedite implementation. As some other health centres operated by Horizon Health Network have Community Developers on staff, such precedents appear to pave the way for the foundation to pursue such an addition to the staff in Harvey. As well, the Department of Wellness, Culture and Sport has an Active Communities Grant Program that could be accessed to assist with start-up activities.
- The activities of greatest interest related to Trail System Development are walking and bicycling. Roads and highways lack designated lanes and signage, so user safety is an issue. A trail system dedicated to non-motorized activities could be developed on private or crown land or on the railway right-of-way. The New Brunswick Trails Council offers advisory staff for planning and design, fundraising and volunteer

management; equipment for trail construction; and manuals for trail construction, maintenance and signage. Alternatively, or in addition, the area could make roads safer for walking and bicycling by obtaining village and Department of Transportation commitments to appropriate marking, signage and addition of paved shoulders.

- To Improve Recreational Facilities and Programs will be a challenging action due to the leadership required and the costs involved. It would be certain to occur only if it is the responsibility of a staff person. Alternatively, or initially, the foundation could encourage the formation of an Area Recreation Council to provide leadership and the foundation and area service clubs could undertake fundraising activities for facility and program development.

- Foundation board members have begun discussions with staff of Horizon Health Network toward improving the integration of health centre staff and physicians practicing in the building through the establishment of a Health Centre Collaborative Care Team.

- The Harvey area has insufficient scale to operate a stand-alone Volunteer-based Transportation Service. A possible alternative is to operate as a satellite of one of the existing programs in Charlotte and Carleton counties with local volunteer drivers and a part-time dispatcher.

- Expanding the Harvey Outreach Service range would build on their experience providing home support services in the area. Seniors and disabled people in the area would also benefit from services that are provided in many communities by volunteers, including handymen, friendly visitors and home renovators.

Proceeding with the implementation of each of the priority actions will require the participation of a variety of stakeholders. This should be initiated by the foundation through organizing meetings to plan for the implementation of each action involving these stakeholders. Each meeting would be chaired by a member of the foundation's executive and follow a set agenda:

- Statement of foundation expectation for the meeting – Chair

- Explanation of action item – Consultant

- Outline of relevant government programs and services – government staff

- Presentation(s) on similar initiatives – delivery organizations

- Discussion of best approach for Harvey area - all

- Summary of conclusions and next steps – Consultant

BACKGROUND

The impetus for this project can be found in a document titled **Harvey Community Hospital Foundation Board of Directors Work Plan, November 2009 – September 2010**.

"The Harvey Community Hospital Foundation was originally established to provide financial support to the Harvey Community Hospital. The work of the foundation evolved to include support to the ambulance service and issues of health and wellness outside of the direct support to the hospital. Since the creation of the foundation the community has witnessed many changes in access to health care. The Hospital now operates as a Health Center and doctors' offices, the ambulance service is now managed provincially and a regional foundation has been created to meet regional and local needs. The amalgamation of foundation funding and the resources of the Ambulance Services Corporation means the foundation is in a position to review the work of the foundation. The Board has identified some options and created a tentative list of priorities. We have started down the road to renewal of the foundation. This is a very important step and the work related to this process must be managed carefully."

In summary, the **Harvey Community Hospital Foundation** wishes to ensure its role and actions are of continuing benefit to the community. The Board concluded that such a process of renewal should be undertaken with the assistance of a facilitator and health services planner.

AREA OF INTEREST

The project considered the needs of the population living in the area served by the Village of Harvey. This area is contained in general terms within the Census Subdivisions of Harvey VL, Manners Sutton and Prince William. According to the 2006 Census, the area's popu lation is in the order of 3100.

PROJECT PROCESS

The process was directed by a Steering Committee made up of five members of the foundation's board (Appendix A). A phased process was conducted over the period from April 1, 2010 to November 30, 2010.

OBJECTIVES

Identify challenges faced by the population in achieving healthy lifestyles and avoiding illness

Identify service access and availability problems related to the diagnosis and treatment of illnesses experienced by the population

Identify service gaps related to support services required by the frail elderly and persons with disabilities

METHODOLOGY

Several sources of information were used to identify the priority health issues and the actions that should be taken to address them. The primary source was the information obtained in the study area through a process of focus groups and one-on-one communications (see list of participants in Appendix A). Participants were staff of the Health Centre, Ambulance Services, the School District, the RCMP and the Horizon Health Network; a physician practicing in the area; member of the village council; and the residents of the area including parents, seniors, middle aged adults and students. Secondary sources included the 2006 Census of Canada, the Office of the Chief Medical Officer of Health, the New Brunswick Cancer Network, Horizon Health Network and the New Brunswick Health Council.

The findings have been ranked within the three themes predetermined for the study – health status, diagnostic and treatment services and community support services. Such a ranking will assist decision-makers in determining which of the several actions should be given priority. The ranking process began at the focus group level when all participants were given the opportunity to indicate their priorities within the issues and actions that came forward in their group. In the next stage of ranking the consultant considered the findings from all focus groups and consultations to establish a consolidated ranking within the three themes.

Supporting information from secondary sources is referenced where appropriate.

FINDINGS

SECONDARY INFORMATION ANALYSIS – HEALTH STATUS

Methodology

Two types of secondary information were used. First, a variety of factors, defined as the *determinants of health*, identify the likelihood that a given population will be relatively more or less healthy than other populations. Such comparative factors can be identified for the

three census areas comprising the Harvey study area, the Fredericton area, Health Region 3 and the province of New Brunswick. One source was used to gather such information for these areas; Community Profiles from the 2006 Census, Statistics Canada.

Second, a variety of *health status indicators* also identify if a given population is relatively more or less healthy than other populations. Such comparative factors can be identified for the three census areas comprising the Harvey study area, the Fredericton area, Health Region 3 and the province of New Brunswick.

DETERMINANTS OF HEALTH ANALYSIS

Health Determinants Indicators Selected

Several indicators were selected because of their known strong relationship to population health.

Population health declines with age, so the older the population the greater is the need for health services. For purposes of this study, populations were compared on the basis of the percentages 80 years of age and older.

The higher the level of education that a population achieves the healthier it is. Populations were compared on the basis of the proportion of the 25-64 age group with post-secondary education certification.

The higher the level of government income support the less healthy the population. This factor was measured by government transfers as a percentage of total income.

The lower the level of unemployment, the healthier the population. The factor used was the employment rate.

The better the housing the healthier the population. This factor was measured by the percentage of dwellings requiring major repair.

Findings

Population age.

The Harvey study area has relatively fewer very old residents than Fredericton and the province and is similar to Health Zone 3 and Canada. Proportionately, more of these people live in the village than in the surrounding parishes.[1]

Educational attainment.

The area has relatively more people without educational certification than Fredericton, but fewer than the region and the province. The proportion is higher in Prince William Parish than the rest of the area.[2]

[1] Community Profiles, 2006 Census, Statistics Canada

Dependency on government income support.

The people of the area are more dependent on public income support than those in Fredericton, Region 3, the province and Canada. This is so for the village and the parishes.[3]

Employment.

The proportion of the population employed is comparable with the province, but is less than the populations of Fredericton, the region and Canada. The lowest rate of employment is in Manners Sutton.[4]

Housing quality.

The proportion of houses requiring major repairs is higher than in Fredericton, the region, the province and Canada. This applies to both parishes, but not the village.[5]

Health Determinants Conclusions and Implications

Based on the selected indicators, it is likely that the area's population, particularly those living in the two parishes, are less healthy than people who live in Fredericton, Health Zone 3 and the province. Correspondingly, it should not come as a surprise if they are proportionately being diagnosed for illnesses and are greater users of the health care system.

From a population health perspective this situation also leads to the conclusion that relatively greater efforts should be made in helping these people lead healthier lifestyles, gain access to primary care and in the management of their chronic illnesses.

HEALTH STATUS ANALYSIS

Health Status Indicators Selected

Several indicators were selected because of their known strong relationship to population lifestyles.

Cancer incidence and prevalence. Certain cancers are closely associated with food choices, alcohol consumption and smoking.

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2 Ibid

3 Ibid

4 Ibid

5 Ibid

Diabetes incidence and prevalence. Type 2 diabetes is associated with food choices and body weight.

Teenage pregnancy rates are determined by the extent of risky sexual practices.

Leading causes of death indicate which chronic illnesses should be the focus of prevention and management efforts.

Premature death rates are another measure of the relative health of a population

Risky behaviour can also impact negatively on population wellness

Findings

Cancer rates.

A total of 85 new cancer cases occurred in the Harvey area between 2004 and 2008. Age-standardized incidence rates (ASIRs) in the Harvey area were somewhat lower for both males and females than for the populations of Health Region 3 and the province, although the differences were not statistically significant.

Of the 85 new cases, 14 were colorectal cancer and somewhat fewer were lung cancer. [6]

Diabetes rates.

In 2007-2008 there were 226 residents living with diabetes in the Harvey area. At that time the age-standardized prevalence rate for the area was slightly lower than for Region 3 and the province. In the period 2003-2004 to 2007-2008 101 individuals living in the area were diagnosed with diabetes and the age-standardized incidence rate of 5.8 per 1000 population per year was equal to that of Region 3 and the province.[7]

Teenage pregnancy rates

Data was not provided for the Harvey area. At 19 teenage pregnancies per 100 females 15-19 in 2009, Health Region 3 is at the provincial average. Only two of the other six regions were higher. The national rate was 14. These rates are half of what they were two decades ago. While rates in most other regions and the province have been on the increase since 2004-2005, they have continued to decline in this region.[8]

Leading Causes of Death

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6 New Brunswick Cancer Network, Department of Health

7 Office of the Chief Medical Officer of Health, Department of Health

8 Ibid

During the 2000-2008 period the leading causes of death in the Harvey area were heart disease and cancer as they were in the province and Canada. Two other leading causes of death, respiratory and digestive diseases, were more significant in the area than in the province.[9]

Premature Death Rates

In the 2000-2008 period, a higher proportion of people in the area died before the age of 75 than in the province.[10]

Risky Behaviors

From 2005/06 to 2009/10, compared with the health region and the province the Harvey area had relatively high rates of attempted suicide and drug and alcohol conditions for the 65+ population and a relatively large number of road injuries for the entire population.[11]

Health Status Conclusions and Implications

From a population health perspective this situation also leads to the conclusion that relatively greater efforts should be made in helping the residents of the Harvey area lead healthier lifestyles, gain access to primary care and in the management of their chronic illnesses.

SECONDARY INFORMATION ANALYSIS – ACCESS TO DIAGNOSTIC AND TREATMENT SERVICES AND LONG TERM CARE

Primary Care

The New Brunswick Health Council conducted a Primary Health Survey in 2010 and the results were made public in July 2011. A large sample of households was surveyed in 28 communities comprising the entire province. Community 22 in this survey included a large portion of Health Zone 3 surrounding and including Fredericton and the Harvey area that we are including in our project. The survey findings can be further narrowed to an area that is the best fit with our study area, namely postal forward sortation area E6K. This area also includes the population around Yoho Lake that accounts for approximately one-quarter of the E6K population; the rest is attributable to the Harvey area.

These results enable the comparison of primary care performance for Harvey with other areas in the province. Of the 28 communities in the province, respondents in Community 22 reported the highest proportion of the population with a personal family doctor. The Health Council provided the following assessment specific to FSA E6K:

"In terms of percent of residents who have a personal family doctor E6K have 96% compared to 91.9% for community 22. In addition 51% of residents can make appointments

9 Ibid

10 Ibid

11 Decision Support, Department of Health , 2011/06/27

with their family doctors on same day or next day. This is better than 28.9% for community 22. Conclusion: Residents of E6K have better accessibility to family physicians and have better experiences with primary care services overall.

In terms of using services, the residents in E6K are using their personal family doctor more often when they are sick or in need of care which can result in better continuity of care. This also results in fewer non-urgent emergency visits. Only 26.6% visited an ER compared to 32% for community 22 and 42% for the province of NB.

In terms of the status of the residents in E6K, there appears to be a higher percent of residents who have seen a health professional about mental or emotional health (24% compared to 17.9% for community 22). This could be explained by their comfort level and relationship with personal family doctor or that improvement in education around assisting individuals in managing their chronic conditions or in improving mental well-being in terms of general population health community mobilization initiatives."[12]

Information provided by the Department of Health from the Medicare Decision Support System for the year 2009/10 provides an explanation for the high level of access that area residents have to family physicians. Area residents are using general practitioners in Harvey and Fredericton to an equivalent extent (44.6 vs 46.7 % respectively of all GP services used).[13]

Other Diagnostic and Treatment Services

The Horizon Health Network provided a variety of information of interest that compares utilization of Harvey area residents with all users of Health Zone 3 services:

- Major reasons for hospital admissions were generally similar for calendar years 2009 and 2010. However area residents had relatively greater admissions for Lower Urinary Tract Infection, Diabetes, Gastrointestinal Hemorrhage, Renal Failure, Simple Appendectomy, Other/Miscellaneous Cardiac Disorder, Symptom/Sign of Respiratory System and Syncope. This variation should be considered in planning the services provided at Harvey Health Centre.

- In 2009/10 area residents had relatively more Cancelled Interventions, Male Genital Interventions-Grade 2, Hand/Wrist/Foot Intervention and Vasectomy[14]

- From 2009 to 2010 the number of cases from the Harvey area with readmissions for the same diagnosis within 28 days of discharge increased by 7 percent. This too should be reviewed by health centre and extramural program staff to see what can be done to improve post-discharge follow-up.

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12 Michelina Mancuso, NB Health Council, September 11, 2011

13 Office of the Associate Deputy Minister of Health, Department of Health, June 20, 2011

14 Department of Health, 2011/07/05

- Over the calendar years 2009 and 2010 there was considerable variation in the use of outpatient services. There were substantial decreases in physiotherapy visits at both the DECH and the Harvey Health Centre and the diabetic clinic services at the DECH. DECH speech therapy and Forest Hill cardiac rehab visits increased substantially. The decreases should be assessed to determine if the needs of area residents are being met.

- For the same two calendar years residents of the Harvey area had proportionately more admissions (10% vs 8% of all admissions) than all DECH users for Ambulatory Care Sensitive Conditions (i.e. conditions that could have been addressed by ambulatory services). COPD, Diabetes and Angina accounted for the bulk of ACSC admissions for Harvey area residents. Again, this is something that should be reviewed in planning the services delivered at the health centre.

Long Term Care

Access to appropriate long term care has become an issue of major concern in New Brunswick for several years. Over one-quarter of all hospital beds in the province are occupied by people who have been assessed as requiring admission to a nursing home. A shortage of nursing home beds has existed in the province for many years and recent additions to capacity fall well short of meeting needs. The current government states that they are actively reviewing solutions. In the meantime, the realistic perspective about this issue, in relation to this project, is whether or not residents of the Harvey area are any more likely to wait in hospital for a nursing home bed. Horizon Health Network advised several times over the course of the project that Harvey area residents in this situation are very few and proportionately no more than for all of Health Zone 3 or the province.

It would be inappropriate to conclude that the Harvey area population should advocate for a nursing home to be built in the area. The population is simply not large enough to generate enough need to fill a facility of sufficient size to be feasible. The need of the area's population is for in the order of only 15 beds, whereas the minimum feasible nursing home is four times that size.

Effort would be better directed at support services that will help seniors remain in the community and outside institutional care for as long as possible.

PRIMARY INFORMATION ANALYSIS – POPULATION CONSULTATION[15]

HEALTH STATUS

Population Challenges

1. Youth alcohol and drug abuse is of concern to students, parents, teachers, the RCMP, health clinic staff and the Village Council

[15] Needs-Action Summary (attached)

2. Limited healthy activities are available in the community according to health clinic staff, the RCMP, the recreation services group and teachers

3. Poor eating habits were identified as an important issue by seniors, teachers and parents

Actions

1. **Many, including health clinic staff, middle-aged adults, parents and the Village Council view the employment of a Recreation and Leisure Services Director as a key step in the improvement of the health of the area's population**

2. **Creation of a multi-use non-motorized activities trail system was recommended by health clinic staff, the recreation services group, middle-aged adults, parents of young children and the Village Council**

3. **Improving existing facilities (e.g. community recreation centre) and developing healthy activities programs to make greater use of facilities was recommended by health clinic staff, other agencies' staff, the recreation services group, seniors, middle-aged adults and the Village Council**

4. Developing outdoor recreation programs, particularly for youth, was recommended by middle-aged adults, parents and the Village Council

5. Establishment of a Recreation Council was recommended by other agencies' staff and the recreation services group

DIAGNOSTIC AND TREATMENT SERVICES

Access and Availability Problems

1. The limited access of one day every two weeks to mental health services at the health clinic is considered to be inadequate to the clinic staff, other agencies' staff, elementary school staff and the parents of children 11-18

2. Transportation to appointments is a real problem for isolated seniors according to other agencies' staff, high school staff, the local physician and Harvey Outreach

3. Poor awareness of programs available at health clinic was identified by parents and the Village Council

4. The lack of integration of local physicians and health clinic staff in a collaborative care model was seen as sub-optimal by the health clinic staff

Actions

1. **Integrating all professionals located at the health clinic into a collaborative care team was recommended to improve patient care and staff utilization by the health clinic staff, other agencies' staff, seniors, parents and the Village Council**

2. Making more effective use of night shift staff, including chart reviews to assist planning (particularly for chronic disease management)for patient visits by the physician(s) and the nurse practitioner and, perhaps, better utilization of observation beds was recommended by health clinic staff, seniors, middle-aged adults, parents and the Village Council

3. Improving services in the high school, including expanding the composition of the Student Services Team and ease of access to sexual health services was recommended by high school staff and students, health clinic staff and other agencies' staff

4. Health clinic staff, other agencies' staff and the high school staff suggested that all agencies should improve the coordination of services through the establishment of an interagency committee as exists in McAdam.

COMMUNITY SUPPORT SERVICES

Service Gaps

1. Infrequent day activity programs for seniors and persons with disabilities was cited as a shortcoming by seniors, health clinic staff, other agencies' staff and middle-aged adults

2. Access to respite care at the health clinic or in the home was identified by health clinic staff, seniors and the parents of children 11-18

3. Transportation of seniors to shopping, banking and appointments was mentioned by other agencies' staff and middle-aged adults

Actions

1. **Establishing a volunteer-based transportation service (e.g. the Dial-a Ride service in Charlotte County) was recommended by seniors, elementary school staff, the physician, middle-aged adults, parents, the Village Council and Harvey Outreach**

2. **Expanding the service range of home support services with greater use of volunteers (e.g. "handymen", "friendly" visitors and house renovators) was recommended by seniors, the Village Council and Harvey Outreach**

3. Increasing the appropriate use of health clinic observation beds was suggested by health clinic staff, the physician, middle-aged adults and parents

OBSERVATIONS AND CONCLUSIONS

Twelve actions have been identified from the community consultation focus groups. The needs and actions were prioritized based on the various factors considered in the ranking process. The ranking results are shown in the table in Appendix B. Six of these actions would, if implemented, have the greatest impact on the health of the people of the Harvey area, their access to necessary health services and their ability to stay in their own homes as they age or live with disabilities. These are highlighted in the preceding sections. Addressing all of the other actions would produce additional benefits. It is important to consider that many other suggestions were made during the consultation, but only those considered to be of most significant benefit have been mentioned.

In addition, many of the findings related to health status and access to services need to be discussed with staff of the Horizon Health Network with the objective of ensuring that services are designed to improve health and access to relevant services.

BOARD STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

OBJECTIVE

To determine the capacity of the foundation and the challenges it will face in meeting identified priority needs.

METHODOLOGY

The board's SWOT exercise began with a review of the findings and conclusions of the needs identification process. The consultant facilitated a brainstorming process aimed at identifying the key factors that will influence the foundation's success in implementing the high priority actions determined during the community health needs assessment. These factors include:

1. Attributes of the current foundation related to leadership in the implementation process
2. Areas in need of strengthening to enable foundation to provide leadership
3. Opportunities the foundation could pursue to facilitate implementation
4. Constraints to overcome that might inhibit progress

FINDINGS

Some forty strengths, weaknesses, opportunities and threats were identified. The board selected nine as being the most critical success factors:

Strength

- Board composed of people with a broad range of experiences and skills from throughout the area served by Harvey

Weaknesses

- The organization lacks a cohesive vision
- The foundations "brand" is unclear and unrecognized in the community

Opportunities

- Pursuing identification of the most beneficial roles for the Health Centre to maximize its potential as a community resource and effectively use available space

- Take full advantage of ongoing discussions regarding the establishment of a rural community for Manners Sutton to create the tax base and scale needed to support a Recreation/Wellness/Community Services Director and improved recreation and leisure programs
- Partner with Horizon Health Network to facilitate implementation
- The role of the proposed Recreation Director could be expanded to encompass a range of community services
- Build on the strong relationship with Harvey Outreach board

Threats

- When people are seeing their health services being reduced it will be more difficult to get their support

A second group of 8 factors were also considered worthy of recognition:

Strengths

- Strong community spirit
- Good relations with key organizations

Opportunities

- Social media could be used to create awareness of foundation activities
- More potential donors exist
- Seek more support from the DECH foundation
- Serve the young families who continue to settle in the area

Threats

- Failure to retain a relevant Health Centre would negatively impact MD recruitment and retention
- There is some competition and role confusion with other community organizations

IMPLEMENTATION CONSIDERATIONS

OBJECTIVE

The purpose of this step was to determine the challenges involved in realizing each priority action, to identify alternative solutions and to outline the various sources of support.

METHODOLOGY

The insight necessary to complete this assessment came from consulting with a variety of organizations outside the area or with provincial or regional responsibilities related to priority actions.

RECREATION/WELLNESS/COMMUNITY SERVICES DIRECTOR

This will be a challenging action due to the costs involved. Obtaining the necessary revenue only from village property owners would be an onerous burden. As the service would also benefit those in the two surrounding parishes, an attempt should be made to get their residents to share the cost. However, in the absence of a Rural Community incorporating the village and these parishes, the process of engaging them is a difficult one. Based on the consultant's discussions with several organizations there appear to be several alternative approaches that could reduce costs to villagers and expedite implementation.

Horizon Health Network employs Community Developers in some Health Centres (Minto, Doaktown, Plaster Rock and Fredericton Noreen Richard) who perform functions similar to those contemplated for the Harvey area. These precedents appear to pave the way for the foundation to pursue such an addition to the staff in Harvey. In the short term a request could be made for the part-time secondment of one of the incumbents to assist with the development of local services.

The Department of Wellness, Culture and Sport has an Active Communities Grant Program provides regional grants up to $5,000 and advisory services that could be accessed to assist with startup activities. The contact is Sherry Doiron, Regional Sport, Recreation and Active Living Consultant (telephone 457-4841, email sherry.doiron@gnb.ca).

TRAIL SYSTEM DEVELOPMENT

The activities of greatest interest are walking and bicycling. Existing roads and highways are used and there is a little used trail behind the high school. Roads and highways lack designated lanes and signage, so user safety is an issue. Developing a trail system dedicated to non-motorized activities would likely encourage more participation and additional activities such as cross country skiing and snowshoeing. Such a system could be developed

on private or crown land or on the railway right-of-way. The actual trail development could be undertaken by volunteers.

The consultant had a discussion related to crown land access with Peter MacNutt, Director, Lands Branch, Department of Natural Resources. He said the primary aim for crown lands access is to maximize government revenue, but if access was granted for trails the government would require proof of liability insurance and capacity to pay for trail decommissioning.

Another approach for developing an off-road trail system that might overcome governmental impediments, provide design and construction guidance and minimize both construction and maintenance costs would be to solicit the help of the New Brunswick Trails Council. The council offers advisory staff for planning and design, fundraising and volunteer management; equipment for trail construction; and manuals for trail construction, maintenance and signage. Information about the council is found on their website www.sentiernbtrail.com.

Alternatively, or in addition, the area could make roads safer for walking and bicycling by obtaining village and Department of Transportation commitments to appropriate marking, signage and addition of paved shoulders. Two websites provide information to help define the work that should be undertaken – www.bicyclinginfo.org and www.greycounty.ca/files/pagescontent/policy-roads-01-09-paved-shoul.pdf.

IMPROVE RECREATION FACILITIES AND PROGRAMS

This will be a challenging action due to the leadership required and the costs involved. It would be certain to occur only if it is the responsibility of a staff person as described above. As with the challenges associated with engaging a staff person, obtaining the necessary revenue for facility and program enhancements only from village property owners would be an onerous burden. As the service would also benefit those in the two surrounding parishes, they should share the cost. However, in the absence of a Rural Community incorporating the village and these parishes, the process of engaging them is a difficult one.

Alternatively, or initially, the foundation could encourage the formation of an Area Recreation Council to provide leadership and the foundation and area service clubs could undertake fundraising activities for facility and program development.

HEALTH CENTRE COLLABORATIVE CARE TEAM

Members of the foundation board have begun discussions with staff of Horizon Health Network toward improving the integration of health centre staff and physicians practicing in the building.

Collaborative care is not as well developed in New Brunswick as it is in some other provinces. A number of references describe best practice approaches and they should be used for guidance and as a reference for further discussions between the foundation and Horizon Health Network. One is *Canadian Health Services Research Foundation Synthesis: Interprofessional Collaboration and Primary Care* (www.chsrf.ca/Migrated/PDF/SynthesisReport_E_rev4_FINAL.pdf). The other is Toward Building a Better Business Case for Team-Based Health Care in Canada (www.cp-net.ca/site/ywd_dd_76/assets/pdf/FINALREPORTBBC.pdf).

One reason why development has lagged in New Brunswick is the absence of remuneration alternatives for physicians that act as an incentive to participate. A reference from Alberta outlines the various alternatives and their impact on patients' primary care experience – Financial Incentives to Physician Practices (www.ihe.ca/ARP%20literature%20review%20March%2019-09.pdf).

VOLUNTEER-BASED TRANSPORTATION SERVICE

The consultant met with Dana Planetta, Executive Director, Charlotte County Alternative Transportation Association Inc.. This association operates the first dial-a-ride program established in New Brunswick. A second program is operating in Carleton County. The Economic and Social Inclusion Corporation is using the Charlotte County association to promote the development of volunteer dial-a-ride programs throughout the province. The corporation provides approximately forty percent of the Charlotte County program's revenue through an annual grant.

With only about one-eighth of the Charlotte County population, the Harvey area has insufficient scale to operate a stand-alone dial-a-ride program with a full-time manager and part-time dispatcher. A possible alternative is to operate as a satellite of one of the existing programs with local volunteer drivers and a part-time dispatcher.

Sue Rickard (telephone 363-2969, email selbyinc@nb.sympatico.ca) is a member of the board of directors of the Inclusion Network of Central New Brunswick. She has offered to meet with Harvey area representatives to facilitate their participation in the network and its services.

Mrs. Planetta (telephone 466-4414, email dialaride@nb.aibn.com) is also available to meet with area representatives to give a presentation on the Charlotte County program.

EXPANDING HARVEY OUTREACH SERVICE RANGE

Harvey Outreach has experience providing home support services in the area. At present their service is limited to providing home care services using paid staff. Seniors and disabled people in the area would also benefit from services that are provided in many communities by volunteers, including handymen, friendly visitors and home renovators. As

the organization is already working with many of the people who could benefit from these volunteer services and the area does not have a volunteer bureau, Harvey Outreach may be the appropriate agency to take the lead on this action item.

In regard to home renovations, the Inclusion Network has a priority to develop youth skills in the trades by repairing and renovating seniors' homes.

IMPLEMENTATION PROCESS

OBJECTIVE

To determine the actions required by the foundation or its successor organization either to advocate with other organizations to fulfill their obligations, or to carry out enabling obligations as a secondary organization.

METHODOLOGY

Proceeding with the implementation of each of the priority actions will require the participation of a variety of stakeholders. This should be initiated by the foundation through organizing meetings to plan for the implementation of each of the six priority actions involving these stakeholders. These meetings should be scheduled during the months of January and February 2012.

Each meeting would be chaired by a member of the foundation's executive and follow a set agenda:

1. Statement of foundation expectations for the meeting – Chair
2. Explanation of action item – Consultant
3. Outline of relevant government programs and services – government staff
4. Presentation(s) on similar initiatives – delivery organizations
5. Discussion of best approach for Harvey area - all
6. Summary of conclusions and next steps – Consultant

MEETING PARTICIPANTS

ALL MEETINGS

A member of the board of the foundation will chair each meeting. The Harvey mayor or a councilor will participate in all meetings. The consultant will act as a resource at each meeting.

RECREATION/WELLNESS/COMMUNITY SERVICES DIRECTOR

Stakeholders to be involved:

1. Manners Sutton LSD – TBD
2. Prince William LSD – TBD
3. Central New Brunswick Community Inclusion Network – Sue Rickards, board member and/or Ray Dillon, Community Coordinator
4. Department of Local Government – Peter Kavanagh, Acting Director, Capacity Building and Local Services Branch
5. Department of Wellness, Culture and Sport – Sherry Doiron, Manager, Strategic Initiatives Unit
6. Horizon Health Network – Bruce MacPherson, Director of Community Health

TRAIL SYSTEM DEVELOPMENT

Stakeholders to be involved:

1. Manners Sutton LSD – TBD
2. Prince William LSD – TBD
3. Department of Natural Resources – TBD
4. Department of Transportation – TBD
5. Department of Wellness, Culture and Sport – Sherry Doiron, Manager, Strategic Initiatives Unit
6. New Brunswick Trails Council – TBD
7. Harvey Improvement Association -TBD

IMPROVE RECREATION FACILITIES AND PROGRAMS

Stakeholders to be involved:

1. Manners Sutton LSD – TBD
2. Prince William LSD – TBD
3. Central New Brunswick Community Inclusion Network – Sue Rickards, board member and/or Ray Dillon, Community Coordinator
4. Department of Local Government – Peter Kavanagh, Acting Director, Capacity Building and Local Services Branch
5. Department of Wellness, Culture and Sport – Sherry Doiron, Manager, Strategic Initiatives Unit
6. Horizon Health Network – Shirley Moffat, Manager, HC
7. Harvey Improvement Association -TBD
8. Harvey Community Centre – TBD
9. Harvey Community Days Incorporated – TBD
10. Harvey High School Summer Programs - TBD

HEALTH CENTRE COLLABORATIVE CARE TEAM

Stakeholders to be involved:

1. Geri Geldart - VP Community Health, Horizon Health Network
2. Shirley Moffat - Manager, Harvey Health Centre, HHN
3. Bruce MacPherson - Director, Community Health, HHN
4. TBD - Medical Administration, HHN
5. Local physicians -TBD

VOLUNTEER-BASED TRANSPORTATION SERVICE

Stakeholders to be involved:

1. Manners Sutton LSD – TBD
2. Prince William LSD – TBD
3. Village of McAdam - TBD
4. Central New Brunswick Community Inclusion Network – Sue Rickards, board member and/or Ray Dillon, Community Coordinator
5. Department of Social Development – Andre Lepine, Director, Adults with Disabilities and Senior Services Branch
6. Charlotte County Alternative Transportation Association – Dana Planetta, Executive Director

EXPANDING HARVEY OUTREACH SERVICE RANGE

Stakeholders to be involved:

1. Harvey Outreach – Paul Cartwright, Board Chair and Darlene Hood, Manager
2. Manners Sutton LSD – TBD
3. Prince William LSD – TBD
4. Central New Brunswick Community Inclusion Network – Sue Rickards, board member and/or Ray Dillon, Community Coordinator
5. Department of Social Development – Andre Lepine, Director, Adults with Disabilities and Senior Services Branch
6. Red Cross - TBD

FOUNDATION-SPECIFIC DIRECTION PLANS

OBJECTIVES

Propose updated vision, mission and goals for the foundation consistent with the expanded role reflected in the priority actions

Suggest options for a new name for the organization that reflects the proposed mission and goals

RELEVANCE

The results of the community needs assessment demonstrate that the foundation could become an organization with a broader mandate related to the overall health and community services interests of the population. Such a change will be reflected in updated vision, mission and goal statements and a new name and may involve identification of key success factors, changes to board composition and a need for more resources.

BACKGROUND

The foundation recognizes that a variety of organizations will have roles to play in the successful implementation of the initiatives that have been identified. However, the foundation, having reached this conclusion must still deal with the question of: "who will provide continuing coordination and oversight related to the populations' health and community support needs?"

With the increased regionalization of health services organizations, communities and their residents have become less involved in the governance and oversight of service delivery. This has created an "accountability and responsibility deficit". The opportunity exists for the foundation to renew itself to eliminate this deficit.

Such a renewal must be based on a clear delineation of aims, roles and goals. Organizations' aims are reflected in a Vision Statement. Roles are outlined in a Mission Statement. And goals are described in Goal Statements. Most likely, the name of the foundation will be changed to reflect this reorientation. Tentative statements and some new names are presented for the Board's consideration.

VISION STATEMENT

(New Name) envisages a future where the residents of the Village of Harvey and the surrounding area are the healthiest people in New Brunswick.

MISSION STATEMENT

(New Name) promotes, supports and advocates for actions that improve the health of the residents of the Village of Harvey and the surrounding area.

OR

(New Name) improves the health status of residents of the Village of Harvey and the surrounding areas by initiating and supporting activities in response to identified needs in partnership with community resources.

GOAL STATEMENTS

1. To reduce involvement of area residents in risky behaviour detrimental to their health
2. To increase involvement of area residents in activities that will improve their health
3. To enable area residents with disabilities and who are frail to receive the supports they need to remain in the community
4. To monitor that health and social services delivery organizations are ensuring area residents have access to necessary diagnostic, treatment, rehabilitative and support services

ORGANIZATION NAME

The new name should reflect the vision and mission. This could be determined through a community contest. Some possibilities include:

1. Healthy Harvey Foundation/Council/Network
2. Harvey Area Community Health Foundation/Council/Network
3. Lake District Community Health Foundation/Council/Network

KEY RELATIONSHIPS

NEW NAME) should be an autonomous organization as a reflection of the broad range of organizations that it will be its partners. These organizations may include:

1. The Village of Harvey
2. Manners Sutton Local Service District
3. Prince William Local Service District
4. Future rural communities
5. The Village of McAdam
6. Horizon Health Network
7. Harvey Outreach
8. School District 18
9. Department of Social Development
10. Department of Wellness, Culture and Sport
11. Department of Local Government
12. Department of Transportation

13. Economic and Social Inclusion Corporation

CONCLUDING DIRECTION PLANNING ACTIVITIES

The foundation could proceed immediately to determine its new vision, mission, goals and name and it could issue a press release related to the results of the community health needs assessment and follow-up plans. However, it would be premature for the foundation to conclude several of the other Direction Plan activities until the stakeholder meetings are concluded. These concluding activities include:

1. Board composition
2. Financial plan
3. Fundraising strategy
4. Communication plan
5. Evaluation plan

APPENDIX A

PROJECT STEERING COMMITTEE

Bruce Pendrel, Chair Foundation Board

Dick Corey, Vice-Chair, Foundation Board and Mayor of Harvey

Jane Briggs, Foundation Board member

Dan Fletcher, Foundation Board member

Andrea Johnson, Treasurer, Foundation Board

FOCUS GROUP PARTICIPANTS

HEALTH CENTRE STAFF

Gloria Fletcher, Nurse

Jayne Jones, Nures, Extramural Program

Betty Lemmon, Nurse

Kathryn MacPherson, Pharmacist, Harvey Pharmacy

Shirley Moffatt, Nurse/Manager

Nancy Oxner, Nurse Practitioner

LOCAL HUMAN SERVICES PROVIDERS

Catherine Bouchard, RCMP

Annette Burette, Public Health Nurse

Tammy Carter, Speech Language Pathologist

Miranda Hatheway, Public Health Nurse

Chad Hubbert, Ambulance New Brunswick

John Nicholson, Ambulance New Brunswick

Carrie Okane, Ambulance New Brunswick

Allison Palmer, Community Programs Officer, RCMP

Shawn Waller, RCMP

ELEMENTARY SCHOOL STAFF

Marcia Fletcher, Teacher

Karen Palmer, Methods and Resource

Katherine Szo, Principal

HARVEY HIGH SCHOOL STAFF

Crysta Collicott, Principal

Cindy Drummond, Methods and Resources

Jane Fiander, Guidance

Ann Kelly, Vice-Principal

HIGH SCHOOL STUDENTS

Amelia Fletcher

Drake MacDonald

Patrick McCullogh

Megan Messer

Alexie Noble

Mark Stewart

Jacie Targett

PHYSICIAN

David Olmstead, MD

SENIORS

Cecil Goodine

Paul Neilson

Sylvia Swan

Donna Williams

Kathleen Williams

HARVEY OUTREACH

Paul Cartwright, Board Chair

Darlene Hood, Manager

HARVEY VILLAGE COUNCIL

Richard Corey, Mayor

Ron Goodine

Floyd Thompson

RECREATION SERVICES

Dan Fletcher

Don Fletcher

Mike Fletcher

Dave MacMullen

Nicole McCann

PARENTS

To follow

MIDDLE AGED ADULTS

To follow

APPENDIX B

NEEDS AND ACTIONS SUMMARY