



2022 EVALUATION REPORT

Community Health Needs Assessment

SHIPPAGAN | LAMÈQUE | INKERMANN

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1. Executive Summary

Under the New Brunswick Regional Health Authorities Act (Legislative Assembly of New Brunswick, 2011), the regional health authorities are responsible for determining the health needs of the population they serve. A Community Health Needs Assessment (CHNA) is a dynamic, ongoing process undertaken to identify the strengths and needs of a community and to set health and wellness priorities that improve the health status of the population. Based on the boundaries established by the New Brunswick Health Council, Vitalité Health Network covers 13 of the 33 communities in New Brunswick.

In 2018-2019, Vitalité Health Network undertook a CHNA cycle extending over a five-year period. The Shippagan, Lamèque and Inkerman CHNA was conducted from March to July 2022.

Data collection as part of a CHNA uses a participatory action research (PAR) that combines quantitative and qualitative approaches (Koch and Kralik, 2009; McNiff, 2013). This “combined approach” is useful as it provides valuable information to guide future planning for Vitalité Health Network.

For a thorough, in-depth CHNA process, it is essential to establish a Community Advisory Committee (CAC). The CAC fosters community engagement throughout the CHNA process and provides valuable advice and information on health and wellness priorities in the community. Also, the several focus groups and semi-structured individual interviews conducted provided further information on the topics predefined during consultations with the CAC. Overall, the Shippagan and surrounding areas CHNA consisted of seven consultations with the CAC, five topics explored as part of four focus groups, and eleven semi-structured individual interviews.

The quantitative data analysis and additional qualitative information resulted in a list of seven community health needs. Based on that list, the CAC members took part in a prioritization activity to assign a rating to each need. Following that step, the CAC members validated and classified the final list of priority needs for Shippagan, Lamèque and Inkerman into seven categories: housing shortage, prevention and support for seniors, mental health and addictions in adolescents and children, access to health care services, public transportation in the region, promoting health and well-being through physical activity and recreation, and finally, welcoming and integrating newcomers.

This report includes recommendations that are specific to Vitalité Health Network, community partners, decision makers, and other key stakeholders with respect to the needs identified as part of the Shippagan, Lamèque and Inkerman CHNA (page 45).



2. List of acronyms

AFANB	Association francophone des aînés du Nouveau-Brunswick	ISD	Integrated Service Delivery
ANB	Ambulance New Brunswick	LSD	Local Service District
CAC	Community Advisory Committee	MADA	Municipalité amie des aînés
CAIENA	Comité d'accueil, d'intégration et d'établissement des nouveaux arrivants de la Péninsule acadienne	N.B.	New Brunswick
CALP	Community Adult Learning Program	NBACL	New Brunswick Association for Community Living
CBPA	Centre de bénévolat de la Péninsule acadienne	NBCC	New Brunswick Community College
CCSCI	Coopérative carrefour santé communautaire Inkerman	NBHC	New Brunswick Health Council
CDC	Centers for Disease Control and Prevention	NBSWS	New Brunswick Student Wellness Survey
CEAPA	Centre d'excellence en autisme de la Péninsule acadienne	OECD	Organization for Economic Co-operation and Development
CHC	Community Health Centre	PAR	Participatory action research
CHNA	Community Health Needs Assessment	PHC	Primary Health Care
CIHI	Canadian Institute for Health Information	RAMIE	Ressources d'accompagnement milieu et d'intégration à l'emploi
CMHA	Canadian Mental Health Association	RCMP	Royal Canadian Mounted Police
CMHC	Canada Mortgage and Housing Corporation	RHA	Regional Health Authority
CMHC	Community Mental Health Centre	RHBP	Regional Health and Business Plan
CODAC NB	Conseil pour le développement de l'alphabétisme et des compétences des adultes du Nouveau-Brunswick	RIC-PA	Réseau d'inclusion communautaire de la Péninsule acadienne
CRF-PA	Centre de ressources familiales de la Péninsule acadienne	RSC	Regional Service Commission
DSD	Department of Social Development	UMCS	Université de Moncton – Campus de Shippagan
DSFNE	District scolaire francophone Nord-Est	WHO	World Health Organization
EMP	Extra-Mural Program		
GNB	Government of New Brunswick		
INSPQ	Institut national de santé publique du Québec		

3. Introduction

3.1. Purpose of a Community Health Needs Assessment (CHNA)

The New Brunswick *Regional Health Authorities Act* (Legislative Assembly of New Brunswick, 2011) states that a regional health authority shall (a) determine the health needs of the population that it serves, (b) determine the priorities in the provision of health services for the population it serves, and (c) allocate resources according to the regional health and business plan.

3.2. Definition and primary goal

Community Health Needs Assessment (CHNA) is a dynamic, ongoing process undertaken to identify the strengths and needs of a community in order to set health and wellness priorities that improve the population health status.

While the primary goal of the CHNA is to determine a prioritized list of health and wellness issues that can inform Vitalité Health Network, decision makers and community stakeholders about the allocation of resources to the community, it is vital that this process enhance community participation and engagement. The CHNA process encourages collaboration with community members, stakeholders, various community organizations, and a wide variety of partners involved in the decision-making process within the health care system (GNB, 2018).

The five-year CHNA process will assist in providing baseline information on health and wellness and the factors that influence the overall health of the community, i.e. the social determinants of health.

From that perspective, the CHNA process is best understood and executed from a population health approach. The population health approach aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on health (the social determinants of health) (Public Health Agency of Canada, 2012).

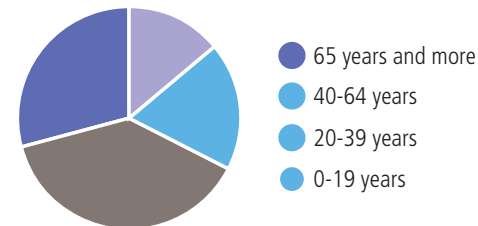
3.3. Overview of the community sociodemographic profile

CHNAs are conducted based on boundaries established by the New Brunswick Health Council (NBHC) that divides New Brunswick into 33 communities.

Cap-Bateau	Inkerman Ferry	Petit-Shippagan	Pokemouche
Chiasson Office	Lamèque	Petite-Lamèque	Sainte-Cécile
Évangéline	Landry Office	Petite-Rivière-de-l'Île	Sainte-Marie-Saint-Raphaël
Haut-Lamèque	Le Goulet	Pigeon Hill	Savoie Landing
Haut-Shippagan	Maltempec	Pointe-Alexandre	Shippagan
Inkerman	Miscou	Pointe-Canot	

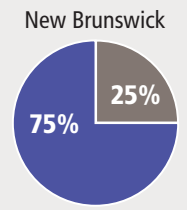
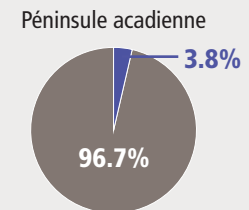
The Shippagan and surrounding areas community is part of Vitalité Health Network's Zone 6 located in northeastern New Brunswick on the **Acadian Peninsula**.

In 2020, this community had a population of 12,552 with **14.1%** between **0-19 years**, **18.5%** between **20-39 years**, **38.4%** between **40-64 years**, and **29.1%** **65 years and older** (Statistics Canada, 2021).



As regards the official language chosen when accessing services, 96.7% of community members chose French and 3.8% chose English, compared to 24.2% and 70.3% respectively in New Brunswick (NBHC, 2020).

English French



4. CHNA accountability structure

A CHNA Provincial Committee was formed by the Department of Health to ensure consistency in the CHNA processes between RHAs and the Department of Health. This committee meets biannually and is made up of various representatives from the Department of Health, Horizon Health Network, and Vitalité Health Network.

A CHNA Steering Committee was also set up within Vitalité Health Network to conduct the CHNA process. This committee oversees the smooth operation of main activities and ensures the consistency of the CHNA process over a period of five years. The CHNA

Steering Committee is made up of the VP – University Mission, Performance and Quality, the VP – Community Services and Mental Health, the Director – Public Health, the Director – Primary Health Care, the Director – Planning and Performance Improvement, the Planning Manager, the Director – Adult Mental Health Services, Addiction Services and First Nations Services, and the Regional Coordinator – Community Health Needs Assessment Projects.



5. Methodology

The CHNA process was developed based on the Community Health Needs Assessment Guidelines for New Brunswick (GNB, 2018). From a high-level perspective, the CHNA process consists of five key activities:

1. Community engagement;

2. Data review and collection;

- a. *Gathering quantitative data available about the community;*
- b. *Gathering new qualitative information (e.g., focus groups, semi-structured interviews, etc.);*

3. Interpretation and analysis;

4. Developing priorities and recommendations;

5. Reporting back to the community;

- a. *Writing and sharing a summary report with the community and general public.*

For the assessment to be thorough, in-depth, and reflective of the community assessed, it is essential to set up a Community Advisory Committee (CAC) as part of the CHNA process.

The CAC fosters community engagement throughout the CHNA process and provides advice and guidance on health and wellness priorities in the community. The CAC establishes links between the community, the RHAs, and the various community stakeholders. It serves to effectively engage community partners, service providers, community groups and citizens, in the development of community-wide inter-sectoral approaches to improve the health status of the population.

The CAC for the Shippagan, Lamèque and Inkerman CHNA was made up of the following sectors: :

- Royal Canadian Mounted Police (RCMP)
- Ambulance New Brunswick (ANB)
- Réseau d'inclusion communautaire de la Péninsule acadienne (RIC-PA)
- Centre d'excellence en autisme de la Péninsule acadienne (CEAPA)
- Centre d'activités La Ruche
- Centre de bénévolat de la Péninsule acadienne (CBPA)
- Secours Amitié
- Coopérative carrefour santé communautaire Inkerman (CCSCI)
- Comité d'accueil, d'intégration et d'établissement des nouveaux arrivants de la Péninsule acadienne (CAIENA)
- Foyer de soins sans murs (Les Résidences Lucien Saindon)
- Chambre de Commerce des Îles Lamèque et Miscou
- District scolaire francophone Nord-Est (DSFNE)
- La Rivière school, L'Étincelle school, Marie-Esther school
- Department of Social Development (DSD)
- Community Advisory Committee of the Lamèque Hospital and Community Health Centre (CHC),
- Town of Lamèque
- Town of Shippagan

The sectors represented by

Vitalité Health Network included:

- Public Health
- Primary Health Care (PHC)
- Eldercare Services,
- Addiction Services
- Child and Youth Team Services (ISD)
- Planning



5.1. Operating procedure with the Community Advisory Committee (CAC)

The arrival of the COVID-19 pandemic has led to some changes in the CHNA process. The CAC meetings were held via Microsoft Teams. A total of seven consultations were conducted with the CAC between March and July 2022.

Table 1: Meetings with the CAC

Meeting	Objectives
Meeting 1 March 2022	<ul style="list-style-type: none"> • Explain the CHNA purpose, primary goal, and process (e.g., purpose, definition, primary goal, and process). • Present the CAC's terms of reference. • Propose a schedule and objectives for each meeting (to be validated by CAC members).
Meeting 2 April 2022	<ul style="list-style-type: none"> • Present external quantitative data available about the community. • Discuss the data presented. • Identify missing information and local resources to gather this information. • Identify topics for the focus groups.
Meeting 3 April 2022	<ul style="list-style-type: none"> • Present Vitalité Health Network's internal data and an inventory of services provided in the region. • Present the data available on the use of health care services in the community. • Discuss the data presented.
Focus Groups and Semi-Structured Interviews	
Meeting 4 May 2022	<ul style="list-style-type: none"> • Present a summary of information gathered during focus groups and semi-structured interviews and discuss results.
Focus Groups and Semi-Structured Interviews	
Meeting 5 June 2022	<ul style="list-style-type: none"> • Present a summary of information gathered during focus groups and semi-structured interviews and discuss results. • Conduct a group activity: affinity diagram . • Prioritize needs identified by the CAC (individual activity).
Semi-Structured Interviews	
Meeting 6 July 2022	<ul style="list-style-type: none"> • Identify community strengths and make recommendations for the needs prioritized by the CAC. • Identify key partners for recommendations.
Meeting 7 July 2022	<ul style="list-style-type: none"> • Make recommendations for the needs prioritized by the CAC (continued).

5.2. Data collection

A participatory action research (PAR) methodology that combines quantitative and qualitative approaches was chosen for this assessment (Koch and Kralik, 2009; McNiff, 2013). This “mixed approach” is useful as it allows for triangulation of methods and data sources, which increases the credibility and reliability of the assessment. On the one hand, gathering quantitative data provides an overall picture of the population, which helps with the analysis of potential trends, sociodemographic factors, health behaviours, and risk factors. On the other hand, gathering qualitative information as part of focus groups, semi-structured interviews and extensive consultations with the CAC, highlights the various contextual and cultural dimensions and helps to understand what people think of the realities and situations that exist in their community. The combination of these two methods makes it easier to understand and optimally interpret community needs, as it sheds light on the experiences and knowledge of community members and provides a thorough analysis and comparison of the quantitative data available.

5.2.1. Existing quantitative data

To have an overall picture of the community, the quantitative data used for this assessment were collected from the following external sources: NBHC, Canadian Institute for Health Information (CIHI), Statistics Canada, Public Health Agency of Canada, the Government of New Brunswick (GNB), and a number of provincial reports from the New Brunswick Department of Health. A second strategy was based on a literature review, including internal Vitalité Health Network data such as the Scoreboard indicators, the 2020-2023 Strategic Plan, the 2021-2024 Regional Health and Business Plan (RHBP), etc. For more details on the data sources, please refer to the bibliography on page 56.

5.2.2. Gathering new qualitative information

The previously existing data alone will not provide all the information required to conduct an in-depth analysis of the health and wellness profile of a community, hence the importance of collecting new qualitative information in the form of consultations with the CAC, focus groups, and semi-structured key informant interviews. Qualitative information supplements and complements the health profile of a community.

Participatory approaches to research and evaluation intentionally include the people and groups who are most affected by an inquiry in the design and execution of the process (Danley and Ellison, 1999). Consultations with the CAC help to ensure that the methods and findings reflect the perspective, culture, priorities, and concerns of the community. Therefore, the CAC members play an active role in providing new information on their community.

A focus group is a qualitative data collection method that uses open-ended questions, gives participants the opportunity to answer questions confidentially in their own words, and has the ability to elicit feedback on a defined area of interest. This method is used to provide further clarification on a specific topic that emerged during the consultations conducted as part of the CHNA process. Focus groups are typically composed of five to eight people for everyone to have the opportunity to share insights and/or talk about their experiences (Krueger and Casey, 2009).

A semi-structured interview is a verbal interchange where the interviewer attempts to elicit information from a participant by asking open-ended questions. Although interviewers tend to prepare a list of predetermined questions, semi-structured interviews unfold in a conversational manner, offering participants the chance to explore issues that they feel are important (Given, 2008).



5.3. Descriptive analysis of qualitative data

The challenges that emerged during consultations with the CAC helped determine the five topics explored during the collection of qualitative data, namely:

- **healthy child development**
- **adolescent health and wellness**
- **adult health and wellness**
- **newcomers' health and wellness**
- **community seniors' health and wellness**

A total of **55 individuals** were consulted as part of the CHNA, including:

- 17 as part of focus groups
- 11 as part of semi-structured interviews
- 27 during consultations with the CAC

In times with no pandemic, focus groups are typically held face to face. However, to comply with the sanitary measures in place within Vitalité Health Network at the time, the focus groups were held remotely via Microsoft Teams and Zoom.

5.4. Membership and topics addressed

TOPIC 1	TOPIC 2	TOPIC 3	TOPIC 4	TOPIC 5
Healthy child development	Adolescent health and wellness	Adult health and wellness	Newcomers' health and wellness	Community seniors' health and wellness
A total of 33 individuals were consulted on the "healthy child development" topic.	A total of 38 individuals were consulted on the "adolescent health and wellness" topic.	A total of 33 individuals were consulted on the "adult health and wellness" topic.	A total of 33 individuals were consulted on the "newcomers' health and wellness" topic.	A total of 37 individuals were consulted on the "community seniors' health and wellness" topic.
<p>The focus group discussed the following: healthy eating, physical activity, sedentary lifestyles, sleep, education, parenting skills, services and resources available in the community, and access to health care services. Three people participated in the focus group.</p> <p>The semi-structured interviews on this topic addressed the following: the needs of children with special needs, family services and resources in the community, physical activity, recreation, and access and barriers to health care services. Three participants were interviewed.</p> <p>This topic was also discussed during three meetings of the CAC, which is made up of 27 members.</p>	<p>Interviews addressed the following: healthy eating, physical activity, sedentary lifestyles, sleep, social networks, mental health, vaping, drugs and alcohol, sex, healthy relationships, education, services and resources available in the community, and access to health care services. Eleven participants were interviewed.</p> <p>This topic was also discussed during four meetings of the CAC, which is made up of 27 members.</p>	<p>The focus group discussed the following: social support, housing, transportation, literacy, socioeconomic conditions, physical health, mental health, labour market, services and resources available in the community, and access to health care services. Two people participated in the focus group.</p> <p>The semi-structured interviews on this topic addressed the following: home care services, sports and recreational activities available in the region, active transportation, health promotion, and access to services. Four participants were interviewed.</p> <p>This topic was also discussed during four meetings of the CAC, which is made up of 27 members.</p>	<p>The focus group discussed the following: social support, housing, transportation, socioeconomic conditions, family, physical health, mental health, labour market, services and resources available in the community, and access to health care services. Four people participated in the focus group.</p> <p>The semi-structured interviews on this topic addressed the following: international students, social support, housing, transportation, socioeconomic conditions, physical health, mental health, labour market, services and resources available in the community, and access to health care services. Two participants were interviewed.</p> <p>This topic was also discussed during four meetings of the CAC, which is made up of 27 members..</p>	<p>The focus group discussed the following: social support, preventing loss of function, housing, transportation, literacy, socioeconomic conditions, physical health, mental health, services and resources available in the community, and access to health care services. Eight people participated in the focus group.</p> <p>The semi-structured interviews on this topic addressed the following: home care services, services and resources available in the community, and access to health care services. Two participants were interviewed.</p> <p>This topic was also discussed during four meetings of the CAC, which is made up of 27 members.</p>

6. Identification of community needs

6.1. Presentation of identified needs

The needs presented below are the brief results of the quantitative and qualitative data collected during the CHNA. The community strengths and recommendations are also presented for each need. Please note that the order in which these needs are presented does not reflect their priority levels.

NEED A

Housing shortage

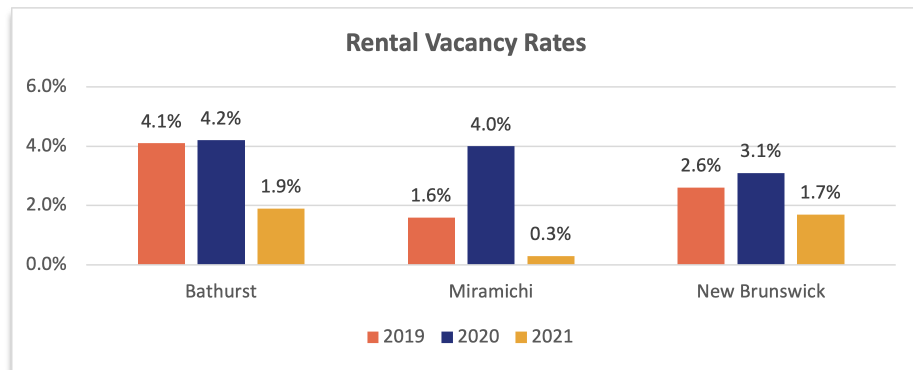
The housing shortage is a major concern for people in the Shippagan, Lamèque and Inkerman area. Housing is often cited as an important social determinant of health, recognizing the range of ways in which a lack of housing, or poor quality housing, can negatively affect health and well-being (WHO, 2018).

In Shippagan and surrounding areas, 14.8% of households are renters compared to 26.2% in New Brunswick (Statistics Canada, 2022). Also, 8.5% of households spend 30% or more of their income on shelter costs (12.9% in N.B.) (Statistics Canada, 2022).

Consultations revealed that it is a major source of concern for citizens. *“Don’t look for a house to buy, don’t look for a house to rent, there’s none,”* said a participant. Between October 2020 and 2021, rental vacancy rates decreased significantly from 3.1% to 1.7% in New Brunswick. In centres adjacent to the community, these rates also declined to 1.9% in Bathurst and 0.3% in Miramichi in 2021. Typically, a vacancy rate around 3.0 % is considered a balanced healthy market (Thibodeau, 2014).

The Canada Mortgage and Housing Corporation (CMHC) stresses the negative impact of the pandemic on the rental market in Canada, especially on the availability of affordable rental units (CMHC, 2020). At the provincial level, several factors explain this pressure on the rental market, such as population growth, the increasing number of people 65 and over who choose to live in apartments, the growing number of units converted for short-term rental services (e.g., Airbnb), the increased number of remote workers looking for rental units with extra space, and the increasing number of families needing rentals to save money for a down payment on a home or renting upon arrival as newcomers (GNB, 2021).

Our population is growing mostly from immigration but also with more people moving to New Brunswick from other parts of Canada than leaving.
GNB, 2021



Source: CMHC (2021). Urban Rental Market Survey Data: Vacancy Rates. October 2020-2021.
 Source: CMHC (2020). Urban Rental Market Survey Data: Vacancy Rates. October 2019
 Source: CMHC (2021). Vacancy Rates by Province – Rural Areas. October 2019.

Variation in population	Shippagan, Town	Shippagan, Parish	Lamèque	Le Goulet	Ste-Marie-St-Raphaël	Inkerman	New Brunswick
2016	2,580	4,800	1,285	793	879	2,366	74,7101
2021	2,672	4,781	1,301	749	820	2,373	77,5610
Variation (%)	+3.6	-0.4	+1.2	-5.5	-6.7	+0.3	+3.8

Source: Statistics Canada (2022). Census Profile, 2021 Census of Population.

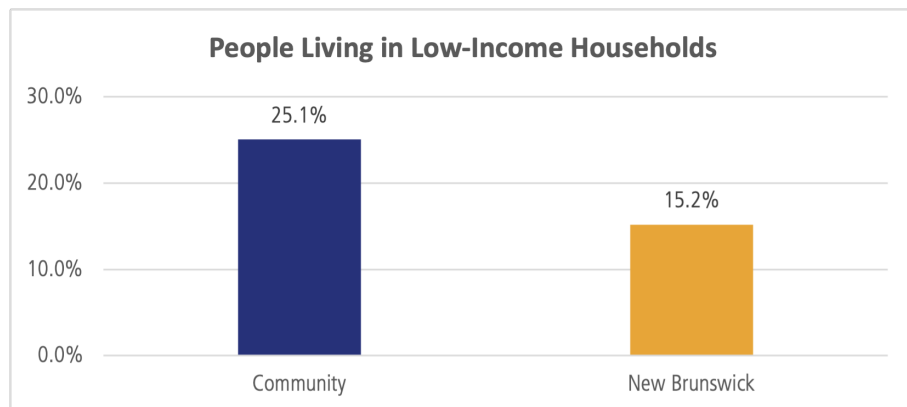
The town of Shippagan and the town of Lamèque have experienced significant population growth in recent years. According to the latest census, their population increased by 3.6% and 1.2% respectively in five years (Statistics Canada, 2022).

The scarcity of affordable housing in the region can have a pernicious effect, namely increased rental prices, which puts pressure on households, particularly low income households. This can also be exacerbated by an increase in costs for landlords, such as taxes, insurance, utilities, and construction materials (NBjobs, 2021). In Shippagan, the average monthly rent for a residential tenant is \$591 compared to \$720 in New Brunswick (CMHC, 2021). An increase in rent is noted between 2016 and 2021 in Shippagan, as it was previously \$501 (Statistics Canada, 2017).

Although new housing developments are being built in the region, they are not necessarily affordable for the economically disadvantaged. *“The only housing units that are being built are not necessarily affordable”*, said a participant. It is important to

note that vacancy rates are generally lower for affordable units due to higher demand and to the fact that they tend to be smaller. *“Both of these realities raise additional challenges for lower income households, particularly for families requiring more space,”* stressed the Canada Mortgage and Housing Corporation (CMHC, 2020).

Consultations also showed that some groups face additional challenges when they need to find housing. This is the case for newcomers who may experience discrimination when it comes to finding housing. *“There are landlords, you call them and as soon as they realize that the voice and accent are not from here, they can answer directly with no,”* said a participant. People who do not have a car are also particularly limited in their choice of housing. Not having access to a car means that these people must try to find accommodation as close as possible to amenities (e.g., grocery store, pharmacy, university campus). Housing units located far from urban centres are thus out of reach for these people. This issue particularly affects newcomers, post-secondary students, seniors, and disadvantaged people.



Source: Statistics Canada (2022). Census Profile, 2021 Census of Population.



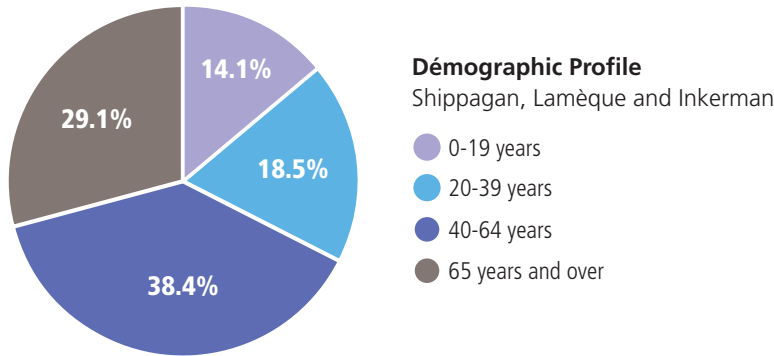
Need A	Housing shortage	
Challenges	Community strengths	Potential solutions
There is very little housing available in the region.	<ul style="list-style-type: none"> • New housing developments in the region. However, they only meet the needs of the wealthy middle class 	<ul style="list-style-type: none"> • Build housing co-ops. • Meet rental housing needs by balancing urban sprawl and population density near service facilities. • Provide more housing for families and seniors
Rents are increasing, which puts pressure on households, especially low income households.	<ul style="list-style-type: none"> • Assisted Rental Program (Social Development): for low income individuals (including those who do not receive social assistance). • Ressources d'accompagnement milieu et d'intégration à l'emploi (RAMIE): the goal of this program is to reintegrate ex-offenders into the community and help them find housing. • Secours amitié: temporary housing is built for people at risk of homelessness 	<ul style="list-style-type: none"> • Offer guaranteed minimum wage for everyone. • Develop an assessment and accountability system for the quality and cost of rental housing. • Build on Danish initiatives such as intergenerational cohousing (Canadian Cohousing Network, 2022). • Reinstate the unemployment insurance program for students. • Facilitate access to Canada Mortgage and Housing Corporation (CMHC) programs. • Offer affordable housing.
Newcomers are victims of discrimination when looking for housing.	<ul style="list-style-type: none"> • The international student support officer at the Université de Moncton – Campus de Shippagan (UMCS) offers support to international students who are looking for housing. • CAIENA offers support to newcomers who are looking for housing. • Awareness-raising spots on CKRO radio about a newcomer who is discriminated against when looking for housing (Table de concertation pour contrer la violence conjugale et familiale). • Locals are more and more open to the presence of newcomers in local businesses 	<ul style="list-style-type: none"> • Raise awareness and educate people to address the stigma attached to newcomers: build on existing awareness campaigns on cultural diversity. Introduce new families to the community in local newspapers. Have people share their experiences. • Get the various levels of government to help support CAIENA, which is currently underfunded and understaffed. • Offer newcomers temporary co-op style housing and assistance in looking for housing. • Make a list of landlords who are willing to be contacted to rent to newcomers.
Individuals who do not have a car are particularly limited in their choice of housing.	<ul style="list-style-type: none"> • Housing units purchased by the UMCS for students. • Housing units purchased by local employers for their employees. 	<ul style="list-style-type: none"> • Offer public transportation.

NEED B

Prevention and support for seniors

One of the major concerns in the Shippagan, Lamèque and Inkerman area is prevention and support for seniors.

The aging of the population, which is widespread throughout the province, is an exacerbated reality in rural areas, with 29.1% of individuals aged 65 and over in Shippagan and surrounding areas, compared to 21.9% in New Brunswick. It is one of the New Brunswick areas that are the most affected by the aging of the population. If the current trend continues, 31.3% of the New Brunswick population is projected to be 65 years and over by 2038 (GNB, 2017).



Source: Statistics Canada. (2022). Census Profile, 2021 Census of Population.

Finance is a challenge for many seniors in the community, with 32.1% of them living in low-income households, compared to 24.0% in New Brunswick (Statistics Canada, 2022). Inflation is noted to have serious repercussions on them. With the general increase in the cost of living, seniors have a hard time to meet their basic needs (e.g., rent, groceries, gas). The rate of consumer inflation reached 8.1% in Canada and 9.1% in New Brunswick between June 2021 and 2022 (Statistics Canada, 2022). It is important to note that because of their socioeconomic background, this generation receives a smaller proportion of their retirement income from private pension plans or employers. In 2015, 34.1% of the income of retired seniors came from these types of pension. The other part of their income came from government transfer payments (AFANB, 2019).

People Living in Low Income Households	Community	New Brunswick
Total	25.1%	15.2%
Children (0-5 years)	5.0%	18.1%
Adolescents (0-17 years)	9.3%	15.8%
Adults (18-64 years)	21.9%	11.7%
Seniors (65 year and over)	32.1%	24.0%

Source: Statistics Canada. (2022). Census Profile, 2021 Census of Population.

The marked vulnerability among the elderly goes beyond the economical aspect. Their daily lives are affected by other factors such as loss of autonomy and increased frailty. Frailty can be defined as a state of increased vulnerability resulting from cumulative decline in homeostatic reserves such that the ability to cope with everyday stressors (diseases, accidents, etc.) is compromised, increasing potential loss of autonomy (Clegg et al., 2013).

Although many seniors in the region wish to stay in their homes longer, it is sometimes difficult, even impossible, for them to do so considering these various factors. Participants in the consultations mentioned a dissonance between the government messages that encourage people to stay in their homes and the actual government assistance allocated to help them to do so. As previously mentioned, a significant number of community seniors experience financial problems and loss of autonomy. As the physical capacity of seniors decreases with age, they need more and more services to maintain a quality of life and live with dignity, which increases the multiple costs that this involves (e.g., outdoor work, home support services, housekeeping). Nevertheless, financial support for seniors is low considering their many needs. *“When they’re losing their autonomy and they need help at home, when they need all sorts of extra things, and they need someone to go grocery shopping and all that for them, there are financial problems,”* said a participant.

Population aging leads to an increase in the number of frail older adults, placing a heavy burden on the health care system both for the planning and delivery of health care services.

Clegg and al., 2013

These difficulties lead some seniors to seek other housing options, such as rental apartments or nursing homes. However, some of them have a negative perception of nursing homes. *“In nursing homes, first of all, you need to have more hours of care, because it’s all very well to wash them, change them, give them food, but these people need to be talked to, they need affection, they need someone to take time for them,”* said a participant. However, initiatives like Nursing Homes Without Walls have the potential to positively influence the seniors’ perception. Indeed, participants now say that they are more familiar with and better understand services provided after using them. *“When they’ll go to the nursing home for good, if that ever happens, they’ll feel more at home. Going through different sectors of the nursing home, frankly, is like an adjustment to their future life,”* explained a participant.

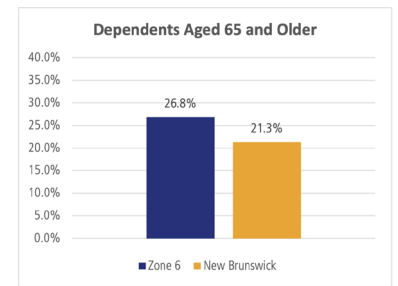
Nursing Homes Without Walls offer seniors who want to receive care at home the option of being admitted to the nursing home and continuing to live in their own homes. Services include personal care, social activities, and accompaniment to medical appointments.

Résidences Lucien Saindon

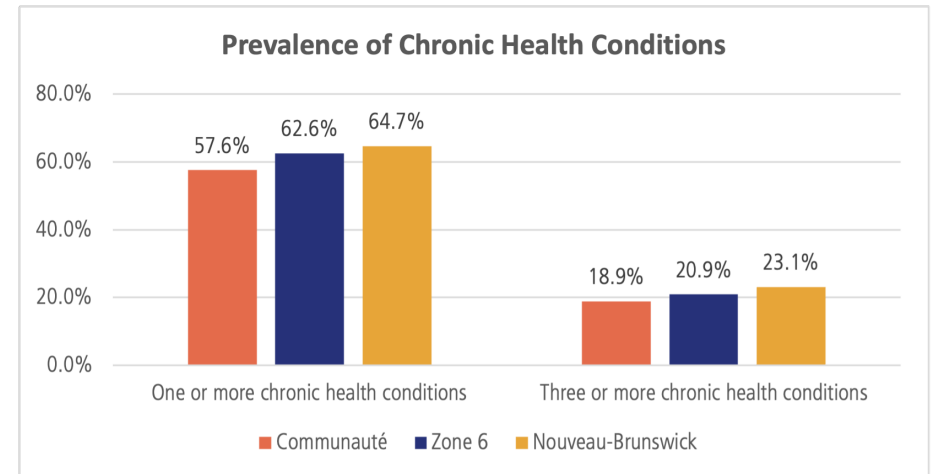
The assistance application process is often complex for seniors and their family caregivers. Family caregivers can feel left out in the health care and social assistance system. Although they are critical partners, consultations revealed that they feel frustrated because their role is not acknowledged. This feeling was exacerbated by restricted and often prohibited visits to health care facilities during the waves of

COVID-19. *“COVID has changed all that and it has not been easy, there are people who died in the hospital alone,”* said a participant. Some families worried about not being able to be close to their dying relatives in the hospital opted for palliative care at home.

It is well known that aging increases the risk of chronic diseases such as dementias, heart disease, type 2 diabetes, arthritis, and cancer (CDC, 2022). Nevertheless, knowing that a significant proportion of the population in Shippagan, Lamèque and Inkerman is 65 years or older, it is important to stress that the prevalence of chronic health problems appears to be proportionally lower. Only 57.6% of people in the community have one chronic health condition and 18.9% have three or more chronic health conditions, compared to 64.7% and 23.1% respectively in New Brunswick (NBHC, 2020).



Source: Statistics Canada. (2019). Annual Demographic Estimates and Census.



Source: NBHC (2020). 2020 Primary Health Survey. Health of New Brunswickers.

Need B	Prevention and support for seniors	
Challenges	Community strengths	Potential solutions
<p>Seniors experience significant socioeconomic insecurity and are seriously affected by inflation.</p>	<ul style="list-style-type: none"> • Pensez frais (baskets of fruit and vegetables): people can get fruit and vegetables at a lower cost. • Secours Amitié: food bank and clothing bank available in the region. • Programme des Repas chauds (CBPA): hot meals prepared and delivered to seniors at lunchtime. Seniors are referred by a social worker and must live in region 8 represented by the Tracadie regional office of the Department of Social Development. The program also offers individuals the opportunity to have a meal delivered through direct purchase based on some criteria. A team of volunteers delivers meals to the clients' homes. • Government of Canada: Old Age Security pension is a monthly payment available to people aged 65 and older. Seniors 75 years old or older will get an automatic 10% increase of their pension starting in July 2022. 	<ul style="list-style-type: none"> • Establish a seniors' planning table: promote communication and collaboration among the various services and resources for seniors. Before the pandemic, this project was led by Accueil de jour CBPA. Activities will be resumed in the fall of 2023 and will include various stakeholders in the region (e.g., Vitalité Health Network, Social Development, nursing homes, etc.). Members of the CAC suggested that the table membership be reviewed to include other members (e.g., family caregiver, At Home Program). • Department of the third age: create a department to represent older adults. • Synchronize grocery specials with the seniors' pay, which is once a month. • Offer financial assistance for outdoor work (e.g., snow removal, lawn mowing, etc.). • Create multigenerational co-ops. • Consult with communities before making cuts in government services that may have an impact on them. • Promote a prevention and awareness raising culture within the government.
<p>Loss of autonomy and increased frailty are barriers to helping seniors remain in their own homes.</p>	<ul style="list-style-type: none"> • Nursing homes without walls (Lamèque, Miscou and Shippagan area): Les Résidences Lucien-Saindon offer seniors who want to receive care at home the option of being admitted to the nursing home and continuing to live in their own homes. Services include personal care, social activities, and accompaniment to medical appointments. • Nursing Home Without Walls (Inkerman and Paquetville area): It should be noted that the services are not the same between the different nursing homes without walls. 	<ul style="list-style-type: none"> • Improve home care and home support services: provide ongoing daily home services where professionals and homemakers would take turns (e.g., a homemaker would help with bathing, another one would come to help with housekeeping and meal preparation, and a kinesiologist would come and do some exercises) (e.g., Danish home care services model, Danish Ministry of Health, 2017). • Offer universal long-term care insurance: regardless of their income, people could receive hearing care, optometry care, home support services, etc., for free. • Promote prevention: offer health information kits at home and in church (e.g., recognizing stroke signs, preventing falls, etc.).

Challenges	Community strengths	Potential solutions
	<ul style="list-style-type: none"> • Long-term Care Services for Seniors (Social Development): home support services are available to seniors who require help with activities of daily living (e.g., bathing, personal hygiene, feeding), light housekeeping, and meal preparation. These services can also include relief for caregivers. Clients can choose to receive home support services from approved home support agencies or from private individuals. • Accueil de jour (CBPA): the purpose of this program is to maintain and/or improve the autonomy of seniors. Activities are held in groups according to an annual schedule. They help to prevent depression and put an end to isolation, and to motivate seniors, give them the opportunity to express themselves, continue living in their own homes, and develop a new social network. The program promotes intergenerational activities and stimulates volunteering. • Service Relèves/Auxiliaires (CBPA): home support and home care program for adults who need help to remain in their own homes. To receive this service, individuals self-refer to Social Development and a financial evaluation is made to determine the number of hours of help that they may receive. • Programme Nouveaux Horizons (CBPA): program sponsored by the federal government to visit seniors at home to help them break out of their isolation. • Programme des Repas chauds (CBPA). • At Home Program (Vitalité Health Network): a nurse case manager is dedicated to people aged 65 or older who are vulnerable (e.g., severe chronic condition, polypharmacology) and wish to remain in their own homes. She is the link with the family physician, community resources, the Extra-Mural Program, Social Development, the family, telecare services, and geriatricians. The nurse makes home visits as needed and follow-ups every four weeks. • Awareness raising: the Services à la Famille program raises awareness of abuse against seniors in nursing homes and universities of the third age. 	<ul style="list-style-type: none"> • Offer Lifeline medical alert to seniors for free to detect falls, as this is a leading cause of hospitalizations among seniors. • Offer hearing aids to seniors for free, as hearing loss increases the risk of developing dementia. • Present community radio spots about aging and loneliness. • Promote the use of kinesiologists in community services (e.g., nursing homes). As professionals promoting physical health and movement, they could do exercises with seniors, which would help to prevent falls, improve mobility, and reduce loss of autonomy. Attention: a physiotherapy evaluation is required first, unless there are no health problems and the basic exercise program has already been approved. • Offer a medical shuttle service for routine care. • Create a garden-kitchen co-op: cook in groups and prepare meals for seniors and busy families.

Challenges	Community strengths	Potential solutions
	<ul style="list-style-type: none"> • Training sessions and preventive messages by program officers and other professionals (e.g., pharmacists, opticians, policemen, social workers, etc.). • Déplacement Péninsule (RIC-PA): enables seniors with reduced mobility to go to their medical appointments. • Age Well at Home: funding initiative supporting projects that enable seniors to age in place by providing support under two streams, namely in-home support pilot projects, and scaling up for seniors. 	
<p>The assistance application process is often complex for seniors and their family caregivers.</p>	<ul style="list-style-type: none"> • Municipalité amie des aînés (MADA): MADA is currently preparing an information pamphlet with the numbers of all essential resources for seniors. • CBPA: offers information on services available to seniors in the region. • 211: offers information on a wide range of community programs and services. However, there is still work to be done to improve access for seniors. • 811: Tele-Care is a free and confidential health information line that provides access to bilingual registered nurses 24 hours a day, seven days a week. • At Home Program (Vitalité Health Network): a nurse case manager is dedicated to people aged 65 or older who are vulnerable (e.g., severe chronic condition, polypharmacology) and wish to remain in their own homes. She is the link with the family physician, community resources, the Extra-Mural Program, Social Development, the family, telecare services, and geriatricians. The nurse makes home visits as needed and follow-ups every four weeks. • Piloting patient navigation for people with dementia, their caregivers, and members of the care team: the goal of this project, which is implemented in both regional health authorities, is to support people with dementia, their informal caregivers, and the care team through in-person and online navigation services to improve health and system outcomes and enable aging in place (GNB, 2022). 	<ul style="list-style-type: none"> • Implement a personalized single point of access for seniors (e.g., Services Aînés NB – Péninsule acadienne) to help them get services that are available for them. • Create a seniors' health hub: a place where to find all the information required for seniors. • Develop a support service to help seniors and their loved ones when they need to apply for assistance. • Promote services and resources available in the region among seniors and professionals working with them: at this time, several community stakeholders are developing or have developed a directory of resources to help citizens navigate in the offer of service. There is a possibility of joining efforts. In addition, the resilience promotion committee will soon launch a second wave of applications for funding (possibility of receiving financial assistance). • Promote 211. • Inform seniors that there is a volunteer service to help them fill in their income tax returns free of charge. • Standardize the forms between the New Brunswick Housing Corporation and Social Development and offer help to fill in these forms.

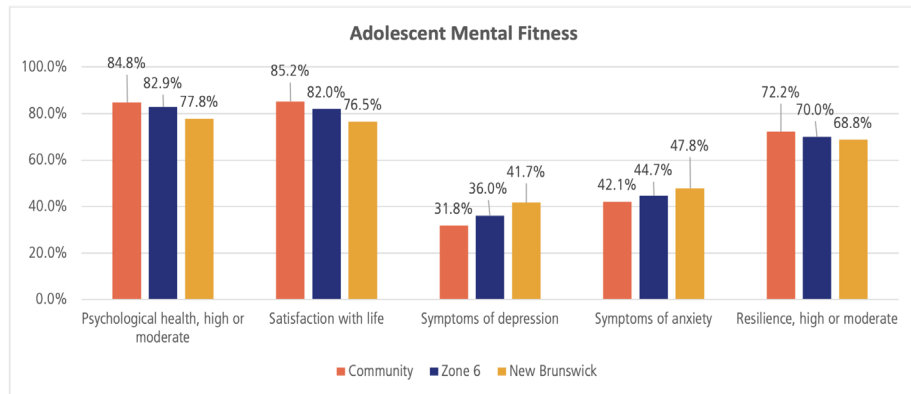
Challenges	Community strengths	Potential solutions
<p>Family caregivers feel left out in the health care and social assistance system.</p>	<ul style="list-style-type: none"> • AFANB, in collaboration with the École de travail social of the Université de Moncton, is working on an action research project intended to improve support for the family caregivers of seniors in rural settings (e.g., implementing support groups and a provincial group). This project includes an information component on resources available to family caregivers. • Social Supports NB (GNB): website helping New Brunswick seniors, their families, and family caregivers navigate and explore government programs and services. • Caregivers' Guide (GNB): contains practical information for the family caregivers of older adults. • Nursing Homes Without Walls program: offers relief to family caregivers. • Du stress au mieux-être program (Entraide communautaire - AFANB): helps caregivers acquire the tools they need through group awareness-raising and learning activities. 	<ul style="list-style-type: none"> • Establish a seniors' planning table and review the membership to include other representatives (e.g., family caregiver). • Set up a relief and remuneration service for family caregivers. • Organize a summit conference on the issue of seniors on the Acadian Peninsula.
<p>Seniors may have a negative perception of nursing homes.</p>	<ul style="list-style-type: none"> • Nursing Homes Without Walls program: during consultations, some seniors reported that their perception had changed after going to the premises regularly. 	<ul style="list-style-type: none"> • Demystify the nursing home concept: organize open houses in nursing homes.

NEED C

Mental health and addictions in adolescents and children

Mental health and addictions in adolescents and children are designated as issues within the community. Mental health is defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2004).

Although the data showed lower levels of anxiety and depression in adolescents in the Shippagan, Lamèque and Inkerman area compared to the rest of the province, this problem remains important. According to consultations, several factors may cause anxiety in children and adolescents, such as academic performance, social and romantic relationships, work, homework, and increasingly rapid lifestyles. “It seems that we make a lot of appointments, we overload ourselves as parents. And then, whether you like it or not, we’re like *“Go Go Go, let’s go, hurry up.” Well, at some point, the kids follow but we also put a certain level of stress on them in all this,*” said a participant.



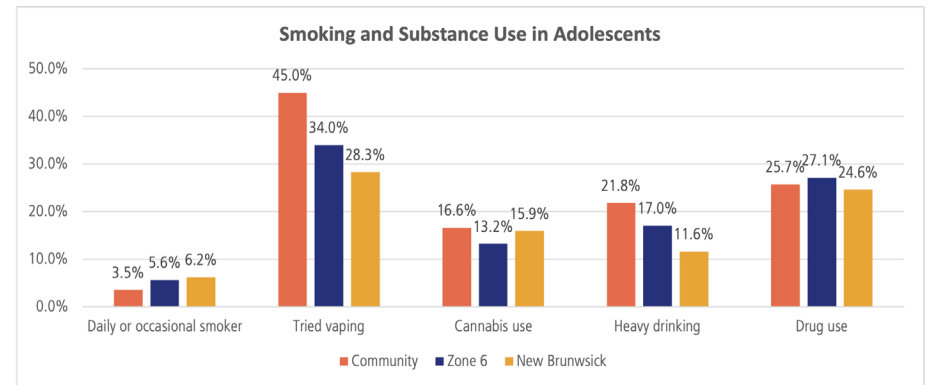
Source: NBHC (2022). New Brunswick Student Wellness Survey – Grades 6 to 12

Cannabis, alcohol and vaping are very prevalent in community youths and begin at a young age. It is noted that the use of e-cigarettes (vaping) is all the more marked in the community. A total of 45.0% of adolescents have tried e-cigarettes compared to 28.3% in New Brunswick (NBHC, 2022). It is also noted that the harmful consequences on health are already being felt. *“When they banned vape flavours, that was the worst thing they could have done for teens, because they started ordering from unreliable sites.*

I remember people spitting blood,” said a participant. Some participants stressed the importance of focusing on a harm reduction approach rather than a proscribing approach. *“Teens will try it anyway, so it’s better to show them how to use,”* said a participant.

Substance use is problematic when it becomes necessary to cope with everyday life, such as going to school, dealing with stress, joining friends, etc.

Nova Scotia Health Authority, 2016



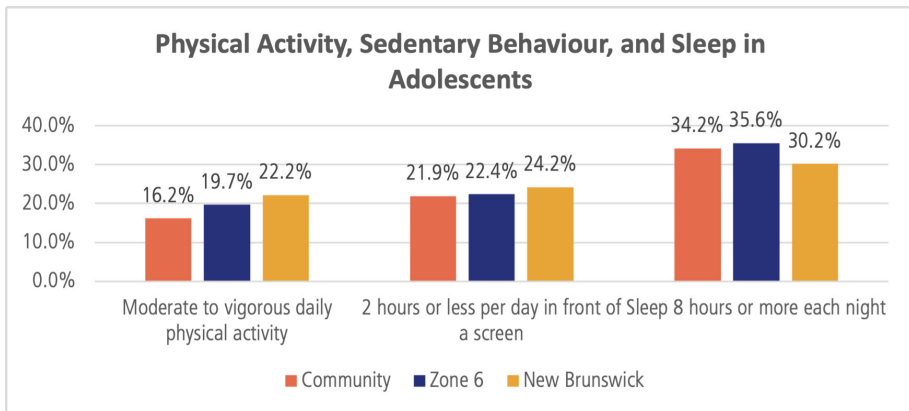
Source: NBHC (2022). New Brunswick Student Health Survey – Grades 6 to 12
 Source: NBHC (2019). New Brunswick Student Health Survey – Grades 6 to 12

Consultations showed that some parents have limited knowledge of the harmful effects of cannabis, vaping and screen time (e.g., addiction to cellphone and video games). A lack of supervision can lead to unhealthy habits in adolescents and children. More specifically related to use, some parents do not seem to be aware of the new products on the market. *“In our time, it was pot and hash that we heard about, now it’s shatter, which is a notch above the rest,”* said a participant.

The child-parent relationship has a major influence on most aspects of child development. When optimal, parenting skills and behaviours have a positive impact on children’s self-esteem, school achievement, cognitive development, and behaviour

Grusec and Danyliuk, 2014

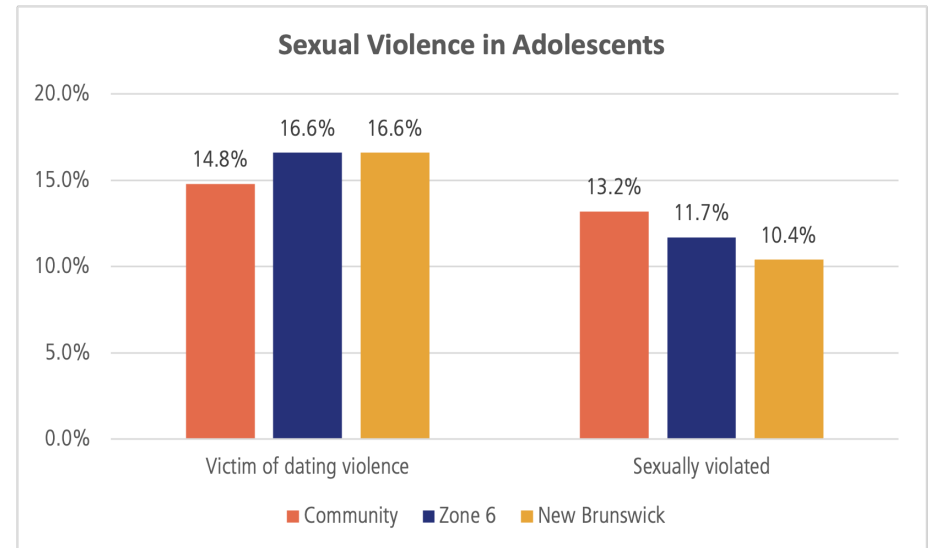
Screen time has an impact on various aspects of child and adolescent development. On the one hand, screen time has a negative impact on physical activity and sleep (INSPQ, 2016). It is noted that 57.5% of adolescents in the community spend more than three hours per day on social media, compared to 47.7% in New Brunswick (NBHC, 2022). In addition, 65.1% of adolescents report not getting enough sleep, compared to 69.8% in New Brunswick (NBHC, 2022). On the other hand, adolescents and children are easily exposed to pornographic content and have access to online chat websites (e.g., Omegle and Chatroulette), exposing them to early sexuality. A participant said: *“Every other or every third time, it’s the sex of the person you see. There are teens, very young teens, who come across this. [...] It’s very young to be exposed to this reality, and their parents are not even aware of it.”*



Source: NBHC (2022). New Brunswick Student Health Survey – Grades 6 to 12

Sex and romantic relationships were reported as concerns for adolescents in the community. Consultations showed that adolescents have many questions about sex but do not necessarily have an easily accessible resource person to answer their questions. With little sex education in schools, adolescents often have no answers to their many questions. Personal and social development courses are no longer part of the curriculum and although there are nurses who make presentations on sex in high school, these presentations are not systematically offered in all the classrooms.

Unhealthy relationships have a significant impact on the mental health of adolescents, especially young girls. *“Three quarters of my friends have boy problems. “My boyfriend left me. He did this, he did that,”* said a participant. In addition, sometimes young girls agree to have sex with boys to stop being harassed. *“I’ve often heard girls say, “I didn’t want to do that with him but he wouldn’t stop nagging me, so I said yes,”* said a participant.



Source: NBHC (2019). New Brunswick Student Health Survey – Grades 6 to 12

Need C	Mental health and addictions in adolescents and children	
Challenges	Community strengths	Potential solutions
<p>Anxiety is an important issue for children and adolescents in the community.</p>	<ul style="list-style-type: none"> • The Link Program: implemented in schools serving adolescents from Grade 6 to Grade 12. The “Helping Tree” tool makes it possible to quickly identify resources in the community for all types of problems. • Child and Youth Team: offers mental health, addiction and education services. These teams are made up of guidance counsellors, resource teachers, community workers, psychologists, social workers, and behaviour management mentors. Liaison officers from the Department of Social Development, the Department of Justice or the Department of Public Safety take part in clinical discussions and develop common plans. Services are provided in schools and elsewhere in the community. On the Acadian Peninsula, there is no waiting list to get an appointment. However, adolescents are not familiar with the service. Recently, the team has started to make presentations in local schools. • ACCESS Open Minds: program for adolescents 11-25 years, including one-on-one therapy and counselling with youth, on-site support, parent support, workshop programming (e.g., coffee chat), and group activities (e.g., snowshoe hikes). Satellite offices are located in Caraquet, Shippagan and Tracadie. • Canadian Mental Health Association (CMHA): offers workshops for children and adolescents in the region. • Mental health worker from the New Brunswick Community College (NBCC): provides students with a follow-up during their studies, working on wellness and mental health (e.g., stress management, anxiety, signs of depression). 	<ul style="list-style-type: none"> • Restore government funding for The Link Program (RIC-PA). • Big Brothers Big Sisters: young people facing adversity are matched with trained adult mentors in one-on-one or group mentoring programs. Mentorship is a mutual learning and development partnership where the young person’s needs are placed at the centre. • Raise mental health awareness with community adolescents through the Child and Youth Team (e.g., sharing experiences, taking care of one’s mental health, resilience). • Promote services provided: make presentations on services for adolescents in school on an annual basis. • Homework assistance: help with homework during school hours so that students can do their homework with support from tutors. • CMHA: give resource pamphlets to post-secondary students. • Restore services by nurses who provide direct interventions in high schools (1-2x weekly). • Child and Youth Team: hire additional staff to do more prevention, awareness raising, and education. • Organize a summit conference on the issue of school and education for the future on the Acadian Peninsula to consult students.

Challenges	Community strengths	Potential solutions
	<ul style="list-style-type: none"> • Employment counsellor (Working NB): offers support to individuals who are returning to school. Sometimes, these students find out that they have learning problems, and the counsellor helps them to apply for assistance. • Centre de ressources familiales de la Péninsule acadienne (CRF-PA): provides services to families with children 0-6 years. • Le Phare: individual assistance service. • Famille et petite Enfance Nord-Est: service provided free of charge to families with children 0-8 years. The purpose is to help promote healthy child development and educate and support parents in their role. • Tutoring at home for students. • Resource teachers in local schools. • Foyer Le Gouvernail et Maison TED: residence for adolescents in trouble. • Réseau Mieux-Être de la Péninsule acadienne. • Comité LGBTQ+ at Marie-Esther high school. • Centre de bénévolat de la PA. • CEAPA: The center offers support to children and youth. 	
<p>Cannabis, alcohol and vaping are widespread among adolescents in the community and begin at a young age.</p>	<ul style="list-style-type: none"> • Addiction worker (Addiction Services) present in the region. • Information sessions in schools on bullying, substance use, and mental health by an RCMP officer and CMHA worker. • Youth Diversion Committee: young persons who are charged with an offence can appear before the dejudicialization coordinator or Diversion Committee instead of the court. The purpose of this committee is to connect a young person who has engaged in criminal activity with community-based services in order to address the risk factors that led the young person to break the law. The goal is to help these young persons not to commit future offences. If they agree to cooperate, they are not processed through court. • QuadNB: the number one priority of this organization is to see safe and responsible quad use across the province. Towards this end, the organization undertakes many public education activities and, as a federation of clubs, works as one, to address issues of concern to quad enthusiasts (e.g., land use, legislation, trail safety, vandalism, etc.). • CEAPA: the center offers support to children, youth and their families. 	<ul style="list-style-type: none"> • Training and workshops for teachers and parents: inform about new drugs and the risks associated with the Internet and help them become familiar with the harm reduction approach to be able to support young people. • Build on the Icelandic Prevention Model to prevent substance use harms among youth (Public Health Agency of Canada, 2022). • Restore communication with the RCMP (substance use). • Raise substance use awareness in our communities: not only the school's responsibility. • Create an interest group on substance use on the Acadian Peninsula to inform, network and discuss mental health and substance use. • Involve respiratory therapists in schools and prevention and promotion programs.

Challenges	Community strengths	Potential solutions
		<ul style="list-style-type: none"> • Educate youth: offer workshops on mental health and physical health in high school. Adopt a harm reduction approach in education on substance use. Offer more vaping awareness workshops. • Share experiences: have people who experienced mental health or substance use problems share their experience, as adolescents find this interesting. Identify peer mentors who would like to share their recovery experience. • Implement concrete policies on substance use in school. • Child and Youth Team: hire additional staff to do more prevention, awareness and education. • Municipal zoning regulations: limit vape shops near schools. • Train coach and/or parent mentors: riding a quad or driving a car under the influence of alcohol or drugs is a problem among youths.
<p>Parents may have limited knowledge of the harmful effects of screen time, cannabis and vaping.</p>	<ul style="list-style-type: none"> • ACCESS Open Minds: program for adolescents 11-25 years, including one-on-one therapy and counselling with youth, on-site support, parent support, workshop programming (e.g., coffee chat) and group activities (e.g., snowshoe hikes). Satellite offices are located in Caraquet, Shippagan and Tracadie. • CEAPA: the center offers support to families. 	<ul style="list-style-type: none"> • Send information on drugs at home. • Develop a simple and practical guide with relevant information on healthy habits and screen time restrictions. • Spots on screen time and substance use on the community radio (“Pour mieux comprendre” with Annette Comeau on CKRO).
<p>Unhealthy relationships and sex are concerns for adolescents in the community.</p>	<ul style="list-style-type: none"> • Nurse practitioner in high school: addresses topics such as sexual health. This service is appreciated by students. However, the nurse is not there often and students find the door closed. • Presentations on consent by an RCMP officer and nurses. • Service centre (e.g. Centre Boréal): makes presentations in school, promotes healthy relationships, and makes interventions. New asset for the community. • CEAPA: the center offers support to youth and their families. 	<ul style="list-style-type: none"> • Sexual health education sessions for youth: external workers could make presentations outside the school. • Brief one-on-one consultations (15 min.) with sexual health workers: increase access to the nurse in high school to answer questions (first contact face to face and continue by text messages). • Offer workshops on healthy relationships: educate youths on what a healthy relationship is and what an unhealthy relationship is.

NEED D

Access to health care services

According to consultations conducted, access to health care services in the Shippagan, Lamèque and Inkerman area presents some challenges.

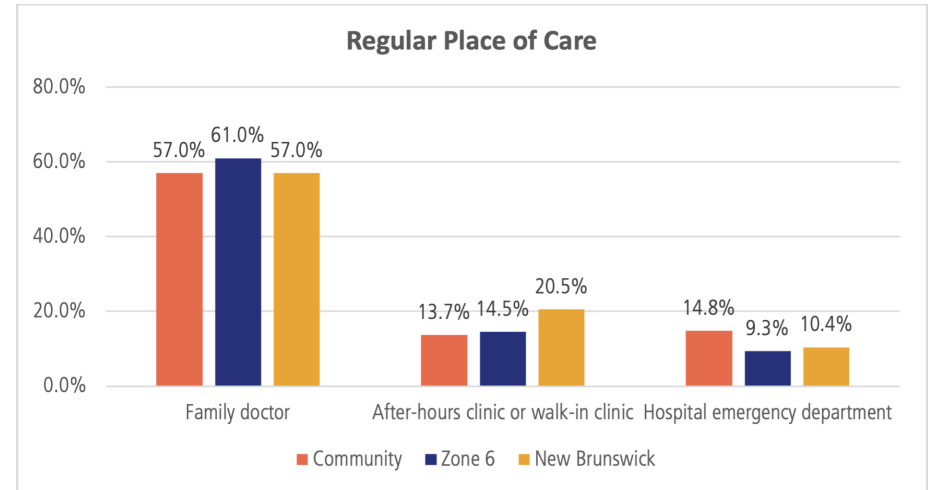
Although a large proportion of the population have a primary care provider and significant efforts have been made to improve access to nurse practitioners, emergency departments are still overused for less urgent and non-urgent conditions.

Having a primary care provider (Shippagan and surroundings)	2017	2020
Has a primary care provider (family doctor or nurse practitioner)	92.4%	91.5%
Has a family doctor	89.7%	89.2%
Has a nurse practitioner	14.5%	19.7%
Has a nurse practitioner as their primary health care provider	3.5%	7.3%

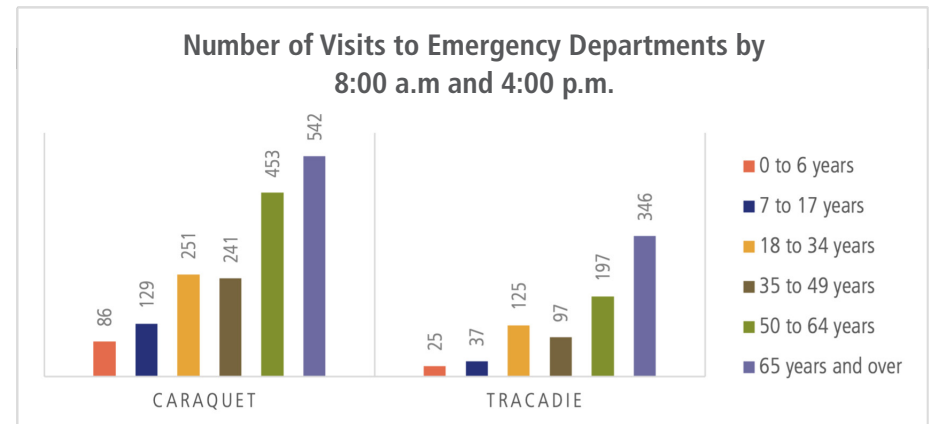
Source: NBHC. (2020). 2020 Primary Health Survey. Shippagan, Lamèque, Inkerman Area.

A number of hypotheses can explain this, such as the lack of follow-up in the community. Difficulty accessing family physicians in a timely manner, limited walk-in clinic hours, and heavy telephone traffic for appointments may lead people to use emergency departments. *“At the hospital in Lamèque, you have to call at 8:30, 8:40, 8:45 max. If you don’t call, and you don’t have a slot for the day, you don’t have an appointment,”* said a participant. In addition, it is difficult, even impossible, for orphan patients to be referred to the Extra-Mural Program (EMP) for services. They must have a family physician to have access to those services. In some cases, a physician at the Lamèque Hospital and Community Health Centre (CHC) will accept to follow up on requests for home care services for these patients.

Health care utilization patterns among older generations may also contribute to the use of emergency departments when not required. It is noted that a higher number of people aged 65 or older use emergency departments for non-urgent reasons between 8:00 a.m. and 4:00 p.m., although family physicians’ offices and walk-in clinics are open.

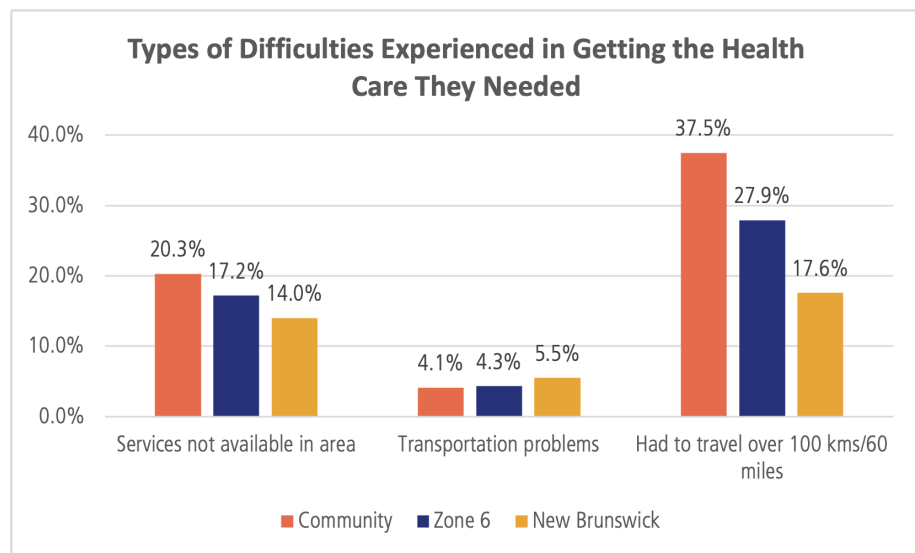


Source: NBHC. (2020). 2020 Primary Health Survey. Shippagan, Lamèque, Inkerman Area.



Source: Boudreau (2022). Compilation of population health and service utilization data for the Shippagan and surrounding area.

Travelling outside the region to access specialized care is also considered as a barrier to access to health care services. Patients report that they often have to travel long distances for specialized services. They deplore having to make travel plans, defray additional costs, and travel to get consultations that are not always necessary. *“If it’s not accessible, if it’s too far, they just won’t go,”* said a participant. It is important to note that the pandemic brought about many challenges in terms of access to health care services. Even today, it may be difficult to access a physician. A participant said: *“I can go get my nails done but I still have a hard time to contact my doctors.”*



Source: NBHC. (2020). 2020 Primary Health Care Survey. Shippagan, Lamèque, Inkerman Area

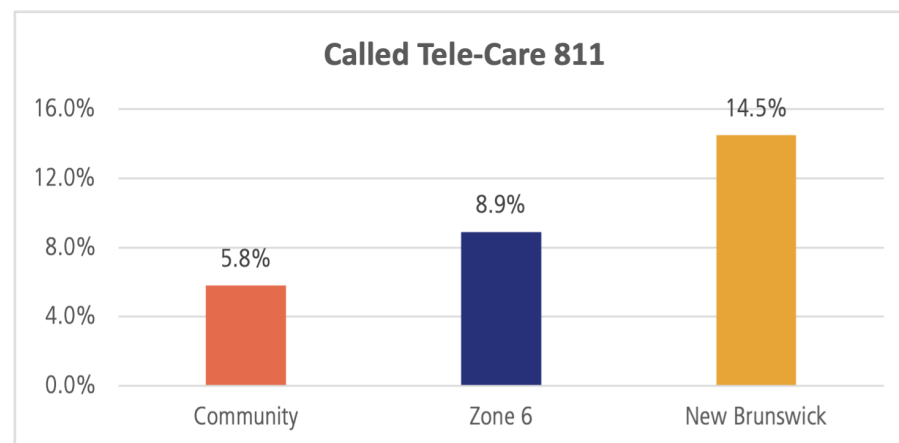
The health of immigrants is better than that of the Canadian-born population at time of arrival but this advantage is lost over time

McDonald and Kennedy, 2004

Ng and al., 2005

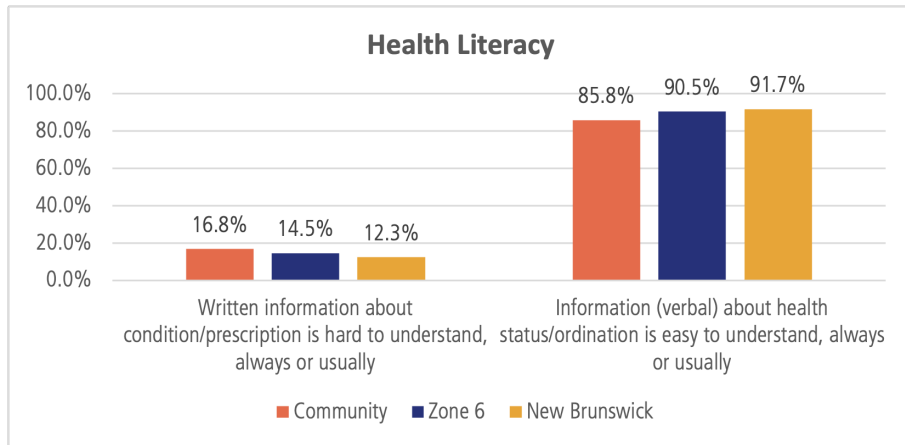
Newcomers face several barriers in accessing health care services upon arrival. Obtaining a Medicare card is the first challenge encountered by those from outside Canada. A participant said: *“The time to receive a Medicare card is very, very long, it now takes more than three months. If they get sick, it’s a financial stress for them because they have to pay the bill.”* Also, interprovincial and international newcomers must learn to navigate a new health care system. Some people with chronic conditions do not know where to get their medications or how to access a family physician.

On another note, consultations revealed that community members have limited knowledge of the resources and services available in the area. Although there are many resources and services, several individuals are not aware of their existence. This problem is noted in adolescents, families, adults, family caregivers, and seniors in the community. Although tools such as 811 and 211 are available, they are not widely used among the general population.



Source: NBHC. (2020). 2020 Primary Care Survey. Shippagan, Lamèque, Inkerman Area.

It is important to stress that sometimes, the communication means used to promote services are not adapted to the literacy level or digital skills of the population (e.g., information only available on the Internet, complex vocabulary used). This is especially true for seniors who need additional support to access a service or resource. *“The biggest challenge is the Internet. You call a number, they tell you to go to a website but these people don’t have the Internet, they don’t have a child at home who can help them. What do they do then? They hang up and they have no service,”* explained a participant.



Source: NBHC. (2020). 2020 Primary Health Survey. Shippagan, Lamèque, Inkerman Area.

It is important to stress that in the overall population of New Brunswick, 61.2% of Francophones and 49.8% of Anglophones have literacy levels that are below 3 (Statistics Canada, 2016). This means that they may find it difficult or very difficult to understand and use written information. In northern New Brunswick, this percentage is 67.8% for Francophones. Although widespread in all age groups of the population, this issue affects people 55 years and older the most. In New Brunswick, 77.6% of Francophones and 55.7% of Anglophones between 55-64 years have literacy levels below 3. Since the proportion of people 65 years and older in Shippagan and surrounding areas is among the highest in the province (29.1% vs. 21.9%) and it is constantly increasing, it is a problem that will remain for several years (Statistics Canada, 2021).



NEED D	Access to health care services	
Challenges	Community strengths	Potential solutions
<p>Emergency departments are overused for less urgent and non-urgent conditions and little follow-up is provided in the community (e.g., difficulty accessing physicians in a timely manner, limited walk-in clinic hours).</p>	<ul style="list-style-type: none"> • Lamèque Hospital and CHC Walk-in Clinic (Vitalité Health Network). • Access to nurse practitioners in the region. • The Extra-Mural Program (Medavie) delivers a wide range of health care services at home (occupational therapist, physiotherapist, dietitian, nurses, etc.). These professionals promote independence and self-care. They educate patients on what they can do themselves for self-care, which decreases the use of emergency departments. • At Home Program (Vitalité Health Network): a nurse case manager is dedicated to people aged 65 or older who are vulnerable (e.g., severe chronic condition, polypharmacology) and wish to remain in their own homes. She is the link with the family physician, community resources, the Extra-Mural Program, Social Development, the family, telecare services, and geriatricians. The nurse makes home visits as required and follow-ups every four weeks. Possibility of self-reference. • Development of day hospitals for seniors (Vitalité Health Network). • Primary Health Care Heavy Service Users Program (Vitalité Health Network). • Personalized Service Management Program: for high utilization patients, this program helps prevent admissions by providing better support in the community. Requires a referral from a health care professional. • Self-care strategy (Vitalité Health Network): was implemented within the Network and a person was hired to complete the project. • Medical clinic at the UMCS: a physician is on campus four hours a week to provide services for students and employees. Since the physician is often present, students do not have to wait to get a note for accommodations. • Nurse practitioner at the UMCS. • Sexual health nurse practitioner at the UMCS: comes once a month. • Shippagan Medical Clinic access services: on Monday, Wednesday and Friday afternoons near the Shippagan campus. • Clinique du Dr Gauthier: located near the Shippagan campus. • Community neuropediatrics (Vitalité Health Network): located at the hospital in Caraquet but serving the entire Zone 6. The service is for minors 5-21 years. No diagnosis is required to receive this service. The staff goes to schools and living environments. 	<ul style="list-style-type: none"> • Extend the hours of operation of access services and walk-in clinics in the region: Lamèque Hospital and CHC, Clinique du Dr Gauthier, Shippagan Medical Clinic access service, Carrefour santé communautaire d'Inkerman. • Carrefour santé communautaire d'Inkerman (CCSCI): develop a community health centre in Inkerman with the potential to serve a large proportion of the population on the Acadian Peninsula (from Inkerman to Paquetville) who usually go to the emergency departments in Caraquet and Tracadie for non-urgent conditions. • Extend the Single Entry Point Program (Vitalité Health Network) to the Acadian Peninsula: The program is for people 65 years or younger with chronic conditions. The program team coordinates and facilitates appropriate, integrated care to meet their physical, mental, emotional, social, cultural and spiritual needs and those of their caregivers. Possibility of self-reference. • Encourage family physicians to establish practice in the region with assistance from local governance, CCSCI partners, and Vitalité Health Network (e.g., relocation assistance, accommodations for physicians and their families, funds to cover office material and set-up costs). Focus on offering a multidisciplinary work structure to attract physicians. • Make contract terms more flexible with the Department of Health to improve walk-in coverage and offer extended hours and address administrative barriers (paperwork, billing, etc.) for family physicians and specialists. • Educate patients in order to better understand the information on their health condition. • Reduce dissonant messages telling people to go to the emergency department when walk-in clinics are full.

Challenges	Community strengths	Potential solutions
	<ul style="list-style-type: none"> • Diabetes navigators: collaborate with physicians' offices and help to prevent visits. Currently at full capacity. • eVisitNB: video, phone or messaging consultations for common illnesses, injuries and mental health concerns with a New Brunswick nurse practitioner or doctor online. The program is accessible from 8:00 a.m. to 8:00 p.m., seven days a week. It is possible to book an appointment in advance. Covered with a valid New Brunswick Medicare card. 	<ul style="list-style-type: none"> • Offer an appointment booking application with an online schedule. • Promote the implementation of interdisciplinary teams in community health centres with nurse practitioners and routine tests in the community. • Promote 811, eVisitNB, and access services in Zone 6. • Telecare pilot project where a senior can meet with a nurse virtually. Provide a laptop or tablet to seniors who want to take part in the project. • Diabetes navigators: increase staff as currently at full capacity. • Continue to facilitate access to nurse practitioners.
<p>Travelling outside of the region for specialized care is considered to be a barrier to access to health care services.</p>	<ul style="list-style-type: none"> • Telemedicine equipment available at the Lamèque Hospital and CHC. • Déplacement Péninsule (RIC-PA): community transportation services available in the region to go to medical appointments. • Intravenous antibiotic treatments at the Lamèque Hospital and CHC (Vitalité Health Network): having a CADD™ pump for intravenous antibiotic treatments saves people from having to go to the hospital in Caraquet or Tracadie three times a day. • Telephone appointments: generally appreciated by the population, especially for appointments that do not require travel (e.g., medication renewals). • 211: helpline providing information on a wide range of community programs and services. • 811: Tele-Care is a free and confidential health information and advice line that provides access to bilingual registered nurses 24 hours a day, seven days a week. • Bridge the gapp NB: online resource that provides guidance and support for mental health and addictions. It is accessible from a computer, tablet or smart phone. It includes a "service directory" of addiction and mental health programs and services provided and managed by the regional health authorities, as well as of specific community addiction and mental health programs and services financed by the Department of Health. 	<ul style="list-style-type: none"> • Promote telemedicine services. • Collaborate with the medical sector and the Department of Health to implement criteria and terms to guide the use of telemedicine consultations. • Carrefour santé communautaire d'Inkerman: offer telemedicine services.

Challenges	Community strengths	Potential solutions
	<ul style="list-style-type: none"> • eVisitNB: video, phone or messaging consultations for common illnesses, injuries and mental health concerns with a New Brunswick nurse practitioner or doctor online. The program is accessible from 8:00 a.m. to 8:00 p.m., seven days a week. It is possible to book an appointment in advance. Covered with a valid New Brunswick Medicare card. 	
<p>Newcomers face many barriers upon arrival (e.g., access to a Medicare card, access to a family physician).</p>	<ul style="list-style-type: none"> • Guide santé pour les nouveaux arrivants au Nouveau-Brunswick (Société Santé et Mieux-être en français du Nouveau-Brunswick). • Carrefour santé communautaire d’Inkerman: being developed in Inkerman. The centre will be able to support newcomers who settle in this community. 	<ul style="list-style-type: none"> • Speed up the process for newcomers who apply for a Medicare card. • Help newcomers navigate and understand the health system and find a primary care provider, especially those with chronic conditions. • Provide newcomers who are waiting for a Medicare card with a list of health care costs (e.g., cost for a medical appointment). • eVisitNB: add a function allowing newcomers to use it. • Help patients understand the information on their health condition. • Determine who would be the Network contact for all questions about the health and services for newcomers (e.g., Primary Health Care coordinator). • Collaborate with Vitalité Health Network and the Department of Health to help newcomers until they find a primary care provider. • Develop an information package per zone for newcomers or anyone who settles in the region.

Challenges	Community strengths	Potential solutions
<p>Community members are not familiar with the services and resources available in the region.</p>	<ul style="list-style-type: none"> • “Pour mieux comprendre” with Annette Comeau, Social Worker, on CKRO radio: information spots on the community radio about services and resources available. • Live Well professional health coaching. • CEAPA: The center offers support to children, youth and their families and directs them to available resources and services. 	<ul style="list-style-type: none"> • Continue promoting health care services and community resources available in the region as well as 211. • Harmonize services, coordination and communication in nursing homes without walls while maintaining the local colour of each community. • Optimize resources in nursing homes without walls through community partnerships. • Improve the promotion of services delivered within Vitalité Health Network and in the community.
<p>The literacy level and digital skills of people affect their ability to understand health information.</p>	<ul style="list-style-type: none"> • The Community Adult Learning Program (CALP) offers literacy training to people 18 years and older. • The Conseil pour le développement de l’alphabétisme et des compétences des adultes du Nouveau-Brunswick (CODAC NB) and AFANB are working on a series of workshops to help seniors improve their digital skills. • Créons la connexion 60+ (nursing homes without walls): the purpose of this project is to ensure that seniors have access to support and communication tools and to educate them on how to use these tools. 	<ul style="list-style-type: none"> • Clarify the mandate of public libraries with respect to literacy. • Diversify communication means (e.g., golden age club, social networks, radio) to reach citizens. • Reinstatement of the government unemployment insurance program for students to facilitate access to post-secondary education, as studies show that there is a strong connection between health, the level of education, and literacy.

NEED E

Public transportation in the region

The limited availability of public transportation in the region makes travelling difficult for people who do not have a car, like seniors, disadvantaged people, adolescents, and newcomers.

The lack of public transportation makes it difficult to travel to health care services, community resources and facilities, basic services, workplaces, and post-secondary institutions. *“On the Acadian Peninsula, it’s a reality, you have to have a car to get around if you don’t live directly in town. If you live outside the town, you have to find a way to go to the grocery store, to go to the hospital, to get your services,”* said a participant.

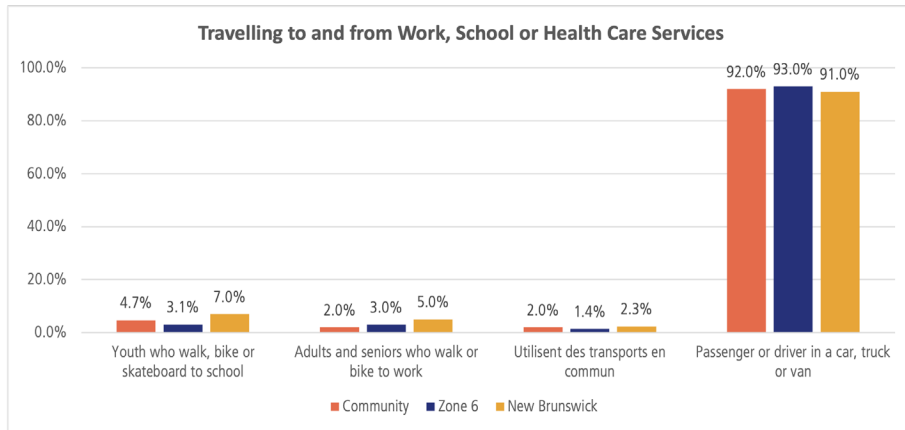
Although the home transportation service Déplacement Péninsule is available in the community, the lack of volunteers limits the possibility of extending the offer of service. Therefore, the service is currently focusing on medical appointments. Individuals who do not have a car or who are non-ambulatory are limited in their travel and must take a cab, which is very expensive

It is important to mention that upon arrival, some newcomers are not aware of the lack of public transportation in the region and must quickly find alternative ways to get around. However, bureaucracy to obtain a driver’s licence or a car is long and complex. The need to have the original driver’s licence recognized, driving tests, and obtaining expensive and sometimes unaffordable car insurance prolongs their pedestrian status indefinitely. *“Most insurance companies don’t accept and those that do accept charge \$300-\$400 per month. It doesn’t make any sense,”* said a participant

A significant number of seniors are no longer driving or have no family or friends to drive them. As mentioned earlier, 31.3% of the New Brunswick population is projected to be 65 years old and over by 2038 (GNB, 2017). This group of current drivers will transition to being passengers due to the health effects of aging and the onset of a disability (ESIC, 2017).

A mobility disability often makes independent driving problematic, and planning is needed to ensure the availability of public, private and community accessible transportation.

SIES, 2017



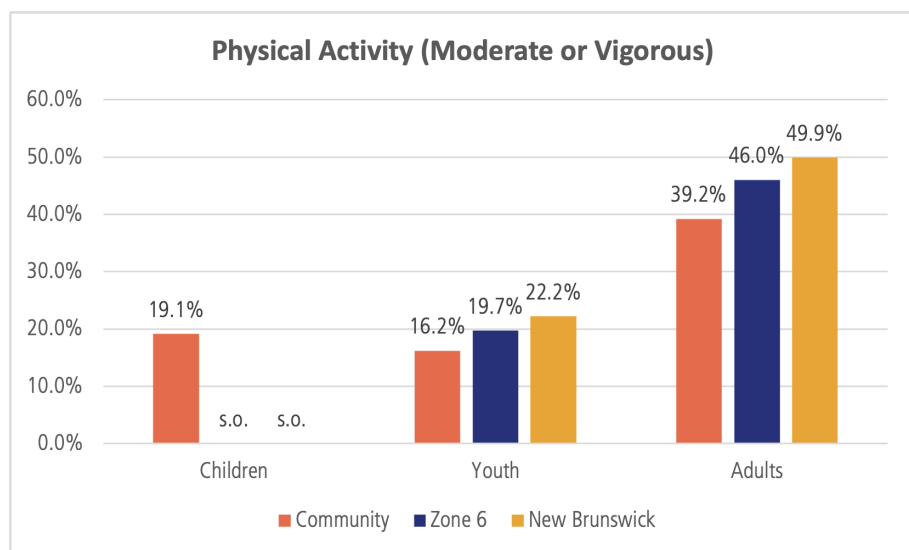
Source: NBHC. (2019). 2018-2019 Primary Health Survey. Shippagan, Lamèque, Inkerman Area.
 Source: Statistics Canada (2017). Census Profile, 2016 Census of Population.

NEED E	Public transportation in the region	
Challenges	Community strengths	Potential solutions
Individuals who do not have a car are limited in their travel.	<ul style="list-style-type: none"> • Minibus (UMCS): the UMCS will be offering students a minibus service starting in the fall of 2022. • Pilot project funded and implemented to support young people who want to work but have no means of transportation, in collaboration with the Regional Service Commission (RSC) and the UMCS. 	<ul style="list-style-type: none"> • Work with school bus services to allow seniors to run errands, etc. • In collaboration with Secours Amitié, allow for the loan of Red Cross equipment on site to reduce travel to Tracadie. • Offer an adapted transportation service for people with reduced mobility. • Offer a grocery delivery service at home.
There is a lack of public transportation in the region, which makes it difficult to travel to community resources and health care services.	<ul style="list-style-type: none"> • The Commission de services régionaux (CSR) de la Péninsule acadienne is currently working on developing a public transportation system in the region. It will be possible to travel between Néguac and Bathurst via Tracadie, Pokemouche and Caraquet. A route connecting Lamèque, Shippagan and Pokemouche is also being planned. • Déplacement Péninsule (RIC-PA): community transportation services available in the region for medical appointments. 	<ul style="list-style-type: none"> • Offer a transportation service in the region. • Support the installation of infrastructure that promotes active transportation and carpooling.

BESOIN F**Promoting health and well-being through physical activity and recreation**

Promoting health and well-being through sports and recreation is identified as a need in the community.

A large proportion of the population of the Shippagan, Lamèque and Inkerman region does not meet the public health recommendations regarding the amount of physical activity necessary for good health. Indeed, it is noted that a low proportion of children and adolescents in the community engage in at least 60 minutes of daily moderate to vigorous physical activity. It is also noted that a low proportion of adults and seniors engage in at least 2.5 hours of weekly moderate to vigorous activity. It is important to stress that when asked about their beliefs on health, only 47.6% of community members reported that they believe their health largely depends on how well they take care of themselves, compared to 59.1% in New Brunswick (NBHC, 2020). Nevertheless, there is irrefutable evidence of the effectiveness of regular physical activity in the primary and secondary prevention of several chronic diseases and premature death (Warburton et al., 2006).



Source: NBHC (2022). 2021-2022 New Brunswick Student Wellness Survey – Grades 6 to 12
 Source: NBHC (2022). New Brunswick Student Wellness Survey – Kindergarten to Grade 5
 Source: NBHC. (2020). 2020 Primary Health Survey. Shippagan, Lamèque, Inkerman Area.

During the consultations, some barriers to physical activity were mentioned, such as the cost of sports activities and equipment. *“Soccer this year, for 9-year-olds, we’re talking about 9-year-olds, \$120 to register to play minor soccer for the summer. And \$70 for younger children, it’s still a very high cost, not all families can afford this,”* said a participant. It should be noted that financial assistance programs are available but not all families are necessarily aware of that. Although various team sports are available in the region, there are relatively few individual sports and artistic activities for children and adolescents. *“There’s not enough variety for interests,”* said a participant. This phenomenon increases as children age, with an offer of activities that decreases from pre-adolescence.

There are many different psychological and social benefits of participation in sport for children and adolescents, with the most commonly being improved self-esteem, social interaction followed by fewer depressive symptoms.

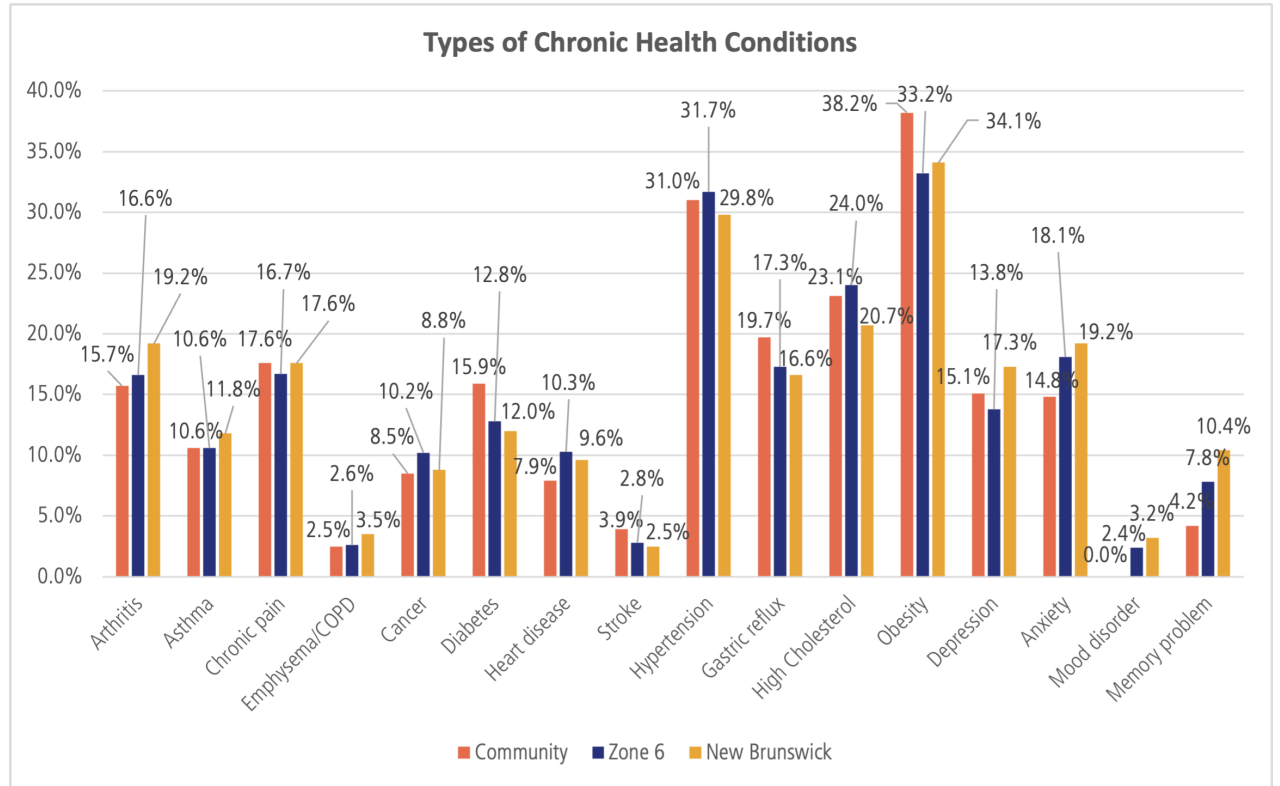
Eime and al., 2013

Concerning the promotion of healthy lifestyle habits in the school context, it should be noted that a significant number of extracurricular team activities are offered at school. However, physical education is no longer mandatory from Grade 10, which hinders the adoption of healthy behaviors that will keep them physically active throughout their lives. Some adolescents who would not otherwise be involved in physical activity are therefore not active. *“We must find a way to motivate them,”* said a participant. In addition, school outings such as alpine skiing are no longer organized at school, which limits the range of new experiences and discovery of new sports for children and adolescents. With no stimulating activities for them in the region, adolescents seem to seek stimulation in other ways, such as substance use and parties.

Also, adolescents no longer have a place where they can gather in the community (e.g., Centre d’animation jeunesse). Such a resource was available in the past. However, it has been closed for several years now. As a result, adolescents often end up in the basements at their friends’ homes or in public places (e.g., the beach) where benevolent supervision is limited.

For older adults and seniors, the winter is a more inactive period. Many adults in the community walk outdoors during the warmer seasons to remain active. However, when winter comes, the condition of the streets and sidewalks deteriorates and increases the risk of falling, which puts a stop to their good habits. *“In Moncton, they can walk inside without breaking a limb. Here, there’s ice all winter long. We have nice schools, we have the university campus, but it’s not open for us,”* said a participant. Consultations showed that participants would like to take advantage of the interior community infrastructure to stay active during the colder season.

It is important to note that among the most widely spread chronic conditions in the Shippagan, Lamèque and Inkerman area, obesity (38.2%), hypertension (31.1%), high cholesterol (23.1%), and diabetes (15.9%) can all be prevented with regular physical activity.



Source: NBHC. (2020). 2020 Primary Health Survey. Shippagan, Lamèque, Inkerman Area.

Besoin F	Promoting health and well-being through physical activity and recreation	
Challenges	Community strengths	Potential solutions
<p>A low proportion of community members meet public health recommendations for physical activity (children, adolescents, adults and seniors).</p>	<ul style="list-style-type: none"> • Team sports for children and adolescents in the region: include minor soccer, minor hockey, and minor baseball. • Sports for children and adults with special needs: Special Olympics group. • Centre de plein air de Shippagan: offers cross-country ski trails, snowshoe trails, walking trails, sledding, a hockey rink, a rink for skating only, equipment free for members or at low cost for non-members. • Centre de plein air de Lamèque: offers cross-country ski trails, sledding, snowshoe trails, a skating rink and oval, as well as free equipment for members. • Parc écologique de la Péninsule acadienne in Lamèque. • Parc multigénérationnel in Inkerman. • Vélotour des îles Lamèque et Miscou: bike tour organized in collaboration with the municipality and Coop. • Rodéo de bicyclette: organized by the Société Coopérative de Lamèque and RCMP in June for children from kindergarten to Grade 6 (around 100 participants). It is an educational activity on bicycle safety and road rules. Every year, a bicycle is drawn at random for each category of participants. • Lamèque sport infrastructure: includes two soccer fields, three baseball fields, an outdoor centre, a multigenerational municipal park, a skate park, and a 250-metre walking ring around Richelieu park (ideal for walking with a stroller while older children use the play equipment or to learn how to ride a bicycle). • Shippagan sport infrastructure: includes a skate park, a soccer field, a tennis court, an outdoor centre, and Camping Shippagan. • Sports offered at Marie-Esther school: include badminton, baseball, cross-country, hockey, soccer, softball, track and field, swimming, and volleyball. • Learn to Run for Smokers program (Vitalité Health Network): the purpose of this eight-week program is to teach smokers or ex-smokers training and running techniques. 	<ul style="list-style-type: none"> • Health promotion program for adolescents: foster healthy living habits such as healthy eating, wellness, mental health, and physical health. • Build on the Icelandic Prevention Model to prevent substance use harms among adolescents (Agence de la santé publique du Canada, 2022). • Offer physical education classes every day: currently, adolescents have physical education only once a week and, depending on the programs, some have none at all. • Get kinesitherapists more involved as they are currently underused in community services, such as nursing homes. As professionals promoting physical health and movement, they could engage in physical activity with seniors, which would help prevent falls, promote mobility, and reduce loss of autonomy. • Promote mental and physical well-being through nature: there are multiple natural attractions in the region and nature's benefits on health have been scientifically proven. • Offer youth stimulating sports activities to channel their need for thrills and adrenaline (e.g., mountain bike, revamped scouting/adventure group). • Promote sports activities for post-secondary students: the NBCC and UMCS could send students information on activities, facilities, and sport teams in the region. • Purchase divider curtains for the UMCS sports pavilion: installing curtains would make it possible to divide the gymnasium into several spaces, enabling people to engage in different sports activities at the same time. • Upgrade the outdoor sports grounds behind the high school.

Challenges	Community strengths	Potential solutions
	<ul style="list-style-type: none"> • MotivAction Youth Clinic (Vitalité Health Network): dedicated to preventing and treating obesity in children and youth up to 18 years of age who are significantly overweight. The clinic's multidisciplinary team informs, advises, and supports children, adolescents and their families and is made up of pediatricians, nurses, dietitians, psychologists, social workers, and physiotherapists. 	<ul style="list-style-type: none"> • Open school gymnasiums to the general population after-hours. • Consider opening churches to walk indoors in the winter. • Broadcast radio and Facebook spots regularly to promote healthy activities.
<p>Although various team sports are available in the region, there are relatively few individual sports and artistic activities for children and adolescents.</p>	<ul style="list-style-type: none"> • CBPA: offers several recreational activities for children and families (e.g., Ciné-Bébé). • Le coureur de la péninsule running group: organizes a running session once a week. • Véloroute: circuit of bike paths with benches and stops at exercise stations. It is an interconnected route with markers and shoulders for cyclists. The Amis de la Véloroute initiative is being developed. • Gym membership for students (UMCS): included in tuition fees. • Geocaching: there are many caches in the region. • Commission des loisirs (town of Lamèque): offers activities for adolescents 14-18 years (e.g., Rallye Hastag), a snowshoe literary rally in the park, a research rally at Éco-parc, a literary trail for parents and children at Écoparc and at the Centre Plein Air Aca-Ski in snowshoes in the winter. The leisure department offers at least one free activity per month. • Camp Poitou Richelieu (Lamèque): for children 5-11 years at minimal cost. Disadvantaged families can participate for free, anonymously. • Camp sportif PA. • Camps d'été UMCS: for children 10-14 years. • Music courses offered in the region. • Festivals: several festivals are held in the region (e.g., the Lamèque Provincial Peat Moss Festival, the Lamèque International Baroque Music Festival). • Shippagan community garden. 	<ul style="list-style-type: none"> • Develop a directory of sports and recreational activities available in the region for each season. • Offer workshops, activities and conferences for youth: poetry, arts and crafts, macramé, yoga, caring for your mental health, how to be more resilient, LGBT conference. • Offer an art summer camp for children and adolescents free of charge.

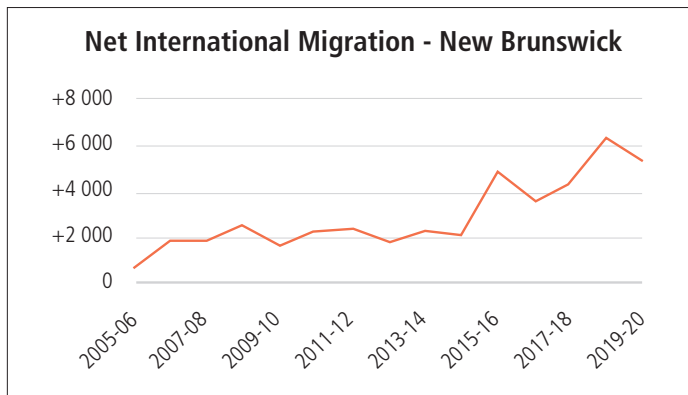
Challenges	Community strengths	Potential solutions
Adolescents have no place where they can gather in the community (e.g., Centre d'animation jeunesse).	<ul style="list-style-type: none"> • The Réseau des Complexes Jeunesse Multifonctionnels-NB is working on reopening a youth centre in Shippagan 	<ul style="list-style-type: none"> • Open a youth centre: offer adolescents a place where they can gather under the supervision of caring adults. Due to limited funding, the youth centre would only be open during the summer for the time being.
Seniors are less active during the winter, as ice increases the risk of falling.	<ul style="list-style-type: none"> • Parc écologique de Lamèque: trail groomed during the winter, which enables people to walk. 	<ul style="list-style-type: none"> • Make indoor community infrastructure accessible during the winter so that seniors can walk without any risk of falling (e.g., interior 200 metre track in a gymnasium). • Clear the snow from walking trails in the parks during the winter.
The cost of sports activities and equipment can be a barrier to participation.	<ul style="list-style-type: none"> • Sports financial assistance program (e.g., Jumpstart, KidSport) and possibility of covering the entire registration costs through fundraising. 	<ul style="list-style-type: none"> • Offer sports activities for free to those under 16. • Cashback on proof of enrollment: to encourage their citizens to be active, some New Brunswick municipalities offer a cash incentive (e.g., \$25) with proof of enrollment in a physical activity.

NEED G

Welcoming and integrating newcomers

Welcoming and integrating newcomers were identified as an acute need in the region. The labour shortage caused in part by an aging population and declining birth rates in New Brunswick’s Francophone communities, is motivating the influx of newcomers to the province of New Brunswick (GNB, 2018; Statistics Canada, 2011).

The number of newcomers to the Shippagan, Lamèque and Inkerman area has increased. Between August 2021 and March 2022, a total of 541 individuals, including 101 foreign workers, used the services of the Comité d’accueil, d’intégration et d’établissement des nouveaux arrivants de la Péninsule acadienne (CAIENA, 2022). The number of international students enrolled at the Université de Moncton – Campus de Shippagan (UMCS) has also increased. In 2016, there were 15 foreign students from three different countries on the campus, while in 2021, there are now 160 from 14 countries (Radio-Canada, 2021). Yet, consultations revealed that many international students leave the region after completing their studies. Unless they find suitable employment, they prefer to relocate to larger centres where amenities, housing, recreation, and public transportation are more accessible.



NB Jobs. (2021). New Brunswick Population Report. April 2021.

Newcomers who settle in the region are occasionally subject to prejudice. A participant said: *“I’ve heard comments like “Oh, the immigrants, they come and then they steal our jobs.”* However, it is important to note that newcomers mostly fill positions that are not filled by the local population. Consultations revealed that it is not uncommon for

immigrants to experience discrimination in various areas of their daily lives, such as access to housing or even in some customer services.

It should be noted that the growth in international migration levels to New Brunswick is recent (NB Jobs, 2021). Although the locals are becoming increasingly familiar with the new faces that make up their community, some stereotypes persist according to participants. This shows the importance of supporting the integration of newcomers into the community. According to consultations, some people have a hard time to integrate the community and connect with the locals.

The retention of newcomers in the region remains a major challenge. As mentioned previously, some newcomers are not aware of the living conditions in the area before they arrive. Upon arrival, they find out about the high cost of living, the few amenities in the region, the lack of public transportation, and the housing shortage. This includes workers with a closed work permit who feel “trapped” sometimes if their living and working conditions are inadequate. They find themselves faced with the difficult choice of accepting their situation or returning to their country of origin. *“Many are not even aware that there is no public transportation. Especially those with closed work permits, because the employers went to get them,”* said a participant. This may be partly due to a lack of communication. On the one hand, employers may not inform their future employees about the living conditions in the region. On the other hand, newcomers may not inquire adequately about their new environment.

Finally, it is important to stress that the mental health of newcomers is affected throughout the immigration process (uprooting, relocation, and adaptation). Even if this subject may be taboo in some cultures, it is important to find different ways to support them through the difficulties that they face.

The mental health of immigrants might be undermined by their acculturative stress, in the course of uprooting, relocation, and adaptation.

Lou and Beaujot, 2005

Besoin G	Welcoming and integrating newcomers	
Challenges	Community strengths	Potential solutions
Some newcomers are not aware of the living conditions in the region before they arrive.	<ul style="list-style-type: none"> • Comité d'accueil, d'intégration et d'établissement des nouveaux arrivants de la Péninsule acadienne (CAIENA): point of entry for newcomers. A short-, medium- and long-term settlement plan is developed. Several activities are offered to integrate and explore the region. However, no assistance can be provided to foreign workers before their arrival due to confidentiality. 	<ul style="list-style-type: none"> • Develop information sheets for future employers to give to foreign workers informing them about the living conditions in the region (e.g., average cost of groceries, average housing cost, climate, transportation, etc.). • Providing public transportation would allow newcomers to move around in the region to get to school and work and would also allow them to explore the region.
Newcomers are occasionally victims of prejudice.	<ul style="list-style-type: none"> • Youth openness: local youths are more open to cultural differences than previous generations. 	<ul style="list-style-type: none"> • Work on mindsets: encourage the locals to be open and welcome newcomers. • Promote immigration by having locals who have been positively touched by one or more newcomers share their experience.
Newcomers may have a hard time to integrate the community and connect with the locals.	<ul style="list-style-type: none"> • CAIENA: a short-, medium- and long-term settlement plan is developed. Several activities are offered to integrate and explore the region. • Centre de bénévolat de la PA: offers several activities and information sessions. • The international student support officer at the UMCS offers support to international students (e.g., on-site support). • Pensez frais baskets: international students can purchase fruit and vegetable baskets on campus. Recipes provided are much appreciated, as they enable them to discover how to prepare the food. • Festivals: the return of festivals after the pandemic will enable newcomers to discover the culture and meet with the locals. • International grocery store in Shippagan. 	<ul style="list-style-type: none"> • Offer free festival tickets to newcomers to encourage them to discover the local culture and meet with the locals. • Match newcomers with a local family to orient them.
The majority of international students leave the region after completing their studies.	<ul style="list-style-type: none"> • Jobs: many jobs are currently available in the region. 	<ul style="list-style-type: none"> • Develop a regional strategy to attract and retain newcomers.

Challenges	Community strengths	Potential solutions
<p>The mental health of newcomers is affected throughout the immigration process and may be taboo in some cultures.</p>	<ul style="list-style-type: none"> • Carrefour santé communautaire d’Inkerman: being developed in Inkerman. The centre will be able to provide support to newcomers settling in that community. • Shippagan Community Mental Health Centre (CMHC) (Vitalité Health Network). • Single session therapy (Vitalité Health Network). 	<ul style="list-style-type: none"> • Offer international students mental health awareness workshops that are culturally appropriate. • Offer information on mental health resources available in the region.

7. Prioritization process

7.1. Prioritization matrix

A prioritization matrix is a tool that promotes continuous improvement and effective planning. It is used to narrow down the options through a systematic comparison of choices by selecting, considering and applying criteria (Brassard and Ritter, 2001). This exercise forces a team to focus on priority needs and offers all participants an equal opportunity to express their views, reducing the possibility of selecting a participant’s “favourite project.”

The arrival of the COVID-19 pandemic has led to changes in the prioritization process of the needs identified as part of the Shippagan and surrounding areas CHNA. Unlike previous CHNAs, the CAC members did not take part in the prioritization criteria weighting, which typically consists in comparing each criterion on the vertical axis to those on the horizontal axis. Normally, this step consists in assigning a weight to each prioritization criterion.

Therefore, an explanation of weighting criteria was provided to make it easier to understand each of these criteria and enable the CAC members to assign a score to each prioritization criterion for the seven needs identified during the CHNA.

7.2. Definition of prioritization criteria

A	PREVENTION	Measures can be taken to prevent and/or alleviate this need/problem.
B	REALITY	Statistics show that this need/problem affects a significant proportion of the population.
C	COST	This need/problem is a financial burden.
D	PREMATURE DEATHS	Premature deaths and/or potential years of life lost could be avoided if this need/problem was solved (e.g., a significant proportion of the affected population is young).
E	PUBLIC CONCERN	The public is concerned about this need/problem.
F	SERIOUSNESS AND SEVERITY	This need/problem has a serious impact on the health of the population.

7.3. Weighting of needs

After the results of the quantitative and qualitative data analysis were presented to the CAC, a consultation was conducted to draw up a short list of the community’s key health needs. This exercise resulted in a list of seven needs. Based on that list, the CAC members were asked to assign a score to each prioritization criterion for these needs.

→ 0: if you feel that this criterion is **not important** to consider to prioritize this need

→ 3: if you feel that this criterion is **important** to consider to prioritize this need

→ 6: if you feel that this criterion is **very important** to consider to prioritize this need

NEEDS IDENTIFIED BY THE CAC	A	B	C	D	E	F	Total
Housing shortage							
Prevention and support for seniors							
Mental health and addictions in adolescents and children							
Access to health care services							
Public transportation in the region							
Promoting health and well-being through physical activity and recreation							
Welcoming and integrating newcomers							

The need prioritization process resulted in a list of priorities rated according to the weighted criteria.

NEEDS PRIORITIZED BY THE CAC	Total	Rank
Mental health and addictions in adolescents and children	336	1
Prevention and support for seniors	324	2
Access to health care services	318	3
Promoting health and well-being through physical activity and recreation	255	4
Housing shortage	231	5
Public transportation in the region	198	6
Welcoming and integrating newcomers	177	7

7.4. Categorization of identified needs by order of priority

Following this prioritization stage, the CAC held a seventh meeting to validate and categorize the final list of identified needs and identify potential solutions and partners to mobilize to implement recommendations.

PRIORITIZED NEEDS	
1	<p>Mental health and addictions in adolescents and children</p> <ul style="list-style-type: none"> • Anxiety is an important issue for children and adolescents in the community. • Cannabis, alcohol, and vaping are widespread among adolescents in the community and begin at a young age. • Parents may have limited knowledge of the harmful effects of screen time (e.g., addiction to cellphone and video games), cannabis, and vaping. • Unhealthy relationships and sex are concerns for adolescents in the community.
2	<p>Prevention and support for seniors</p> <ul style="list-style-type: none"> • Seniors experience significant socioeconomic insecurity and are seriously affected by inflation. • Loss of autonomy and increased frailty are barriers to helping seniors remain in their own homes. • The assistance application process is often complex for seniors and their family caregivers. • Family caregivers feel left out in the health care and social assistance system. • Seniors may have a negative perception of nursing homes.
3	<p>Access to health care services</p> <ul style="list-style-type: none"> • Emergency departments are overused for less urgent and non-urgent conditions and little follow-up is provided in the community (e.g., difficulty accessing physicians in a timely manner, limited walk-in clinic hours). • Travelling outside the region for specialized care is considered to be a barrier to access to health care services. • Newcomers face many barriers upon arrival (e.g., access to a Medicare card, access to a family physician). • Community members are not familiar with the services and resources available in the region. • The literacy level and digital skills of people affect their ability to understand health information.

PRIORITIZED NEEDS

4

Promoting health and well-being through physical activity and recreation

- A low proportion of community members meet public health recommendations for physical activity (children, adolescents, adults and seniors).
- Although various team sports are available in the region, there are relatively few individual sports and artistic activities for children and adolescents.
- Adolescents have no place where they can gather in the community (e.g., Centre d'animation jeunesse).
- Seniors are less active during the winter, as ice increases the risk of falling.
- The cost of sports activities and equipment can be a barrier to participation.

5

Housing shortage

- There is very little housing available in the region.
- Rents are increasing, which puts pressure on households, especially low income households.
- Newcomers are victims of discrimination when looking for housing.
- Individuals who do not have a car are particularly limited in their choice of housing, because they must find something close to amenities.

6

Public transportation in the region

- Individuals who do not have a car, such as seniors, disadvantaged families, and newcomers, are limited in their travel.
- There is a lack of public transportation in the region, which makes it difficult to travel to community resources and health care services.
- Although a community transportation service is available, the lack of volunteers limits the possibility of extending the offer of service.

7

Welcoming and integrating newcomers

- Some newcomers are not aware of the living conditions in the region before they arrive (e.g., lack of public transportation, few amenities, housing shortage, cost of living).
- Newcomers are occasionally victims of prejudice.
- Newcomers may have a hard time to integrate the community and connect with the locals.
- The majority of international students leave the region after completing their studies, unless they find suitable employment.
- The mental health of newcomers is affected throughout the immigration process (uprooting, relocation, and adaptation) and may be taboo in some cultures.

8. Recommendations

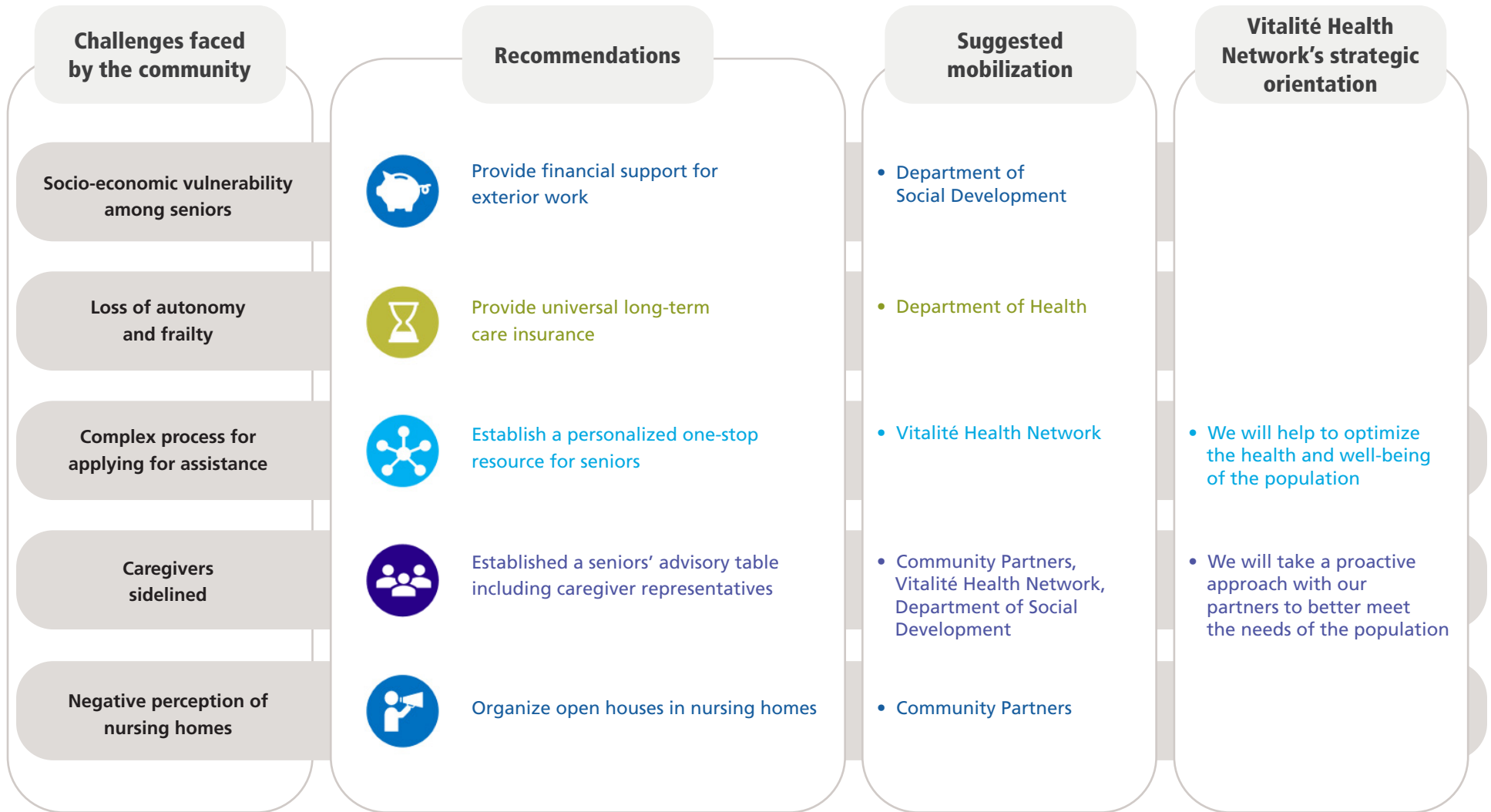
NEED 1

Mental health and addictions in adolescents and children



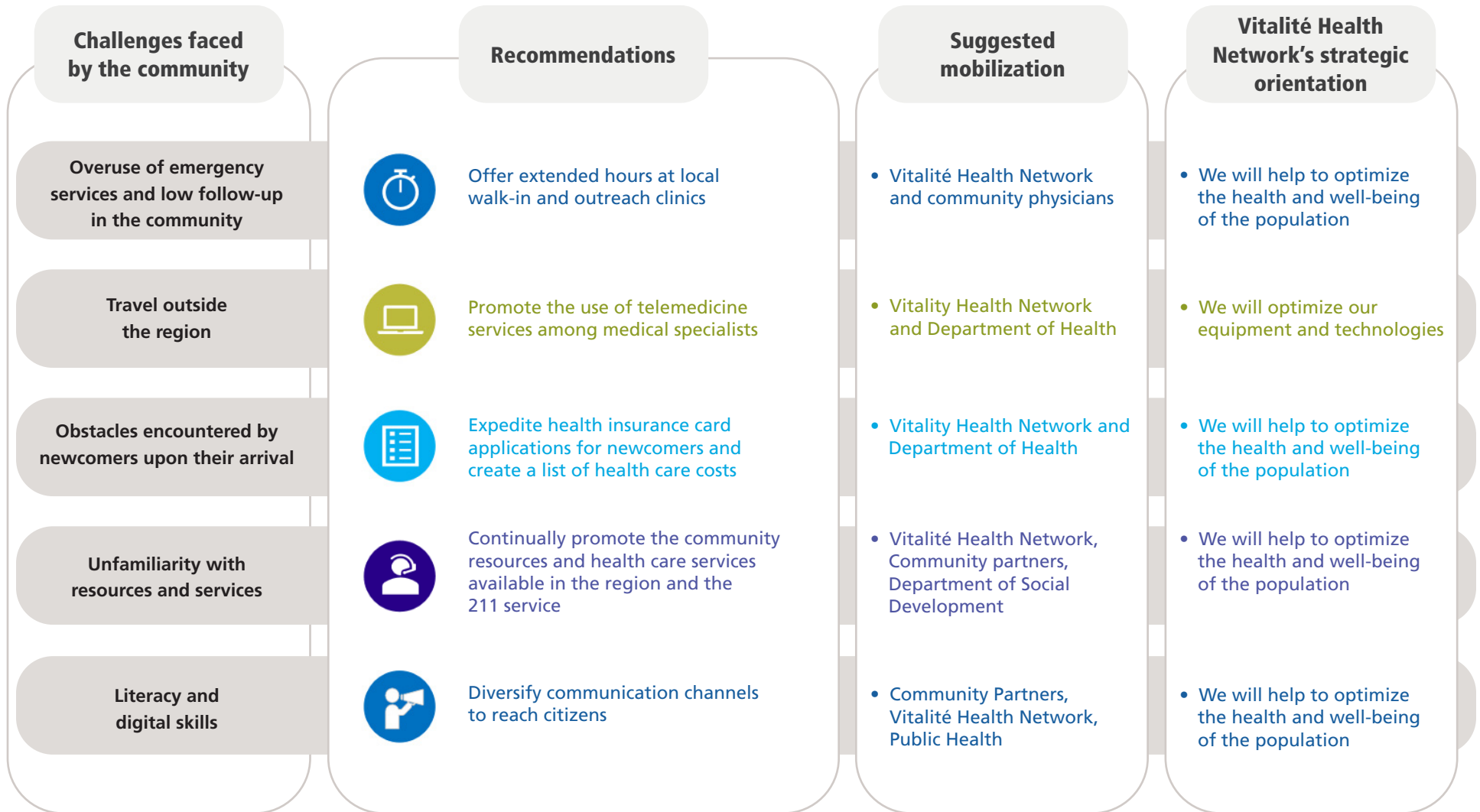
NEED 2

Prevention and support for seniors



NEED 3

Access to health care services



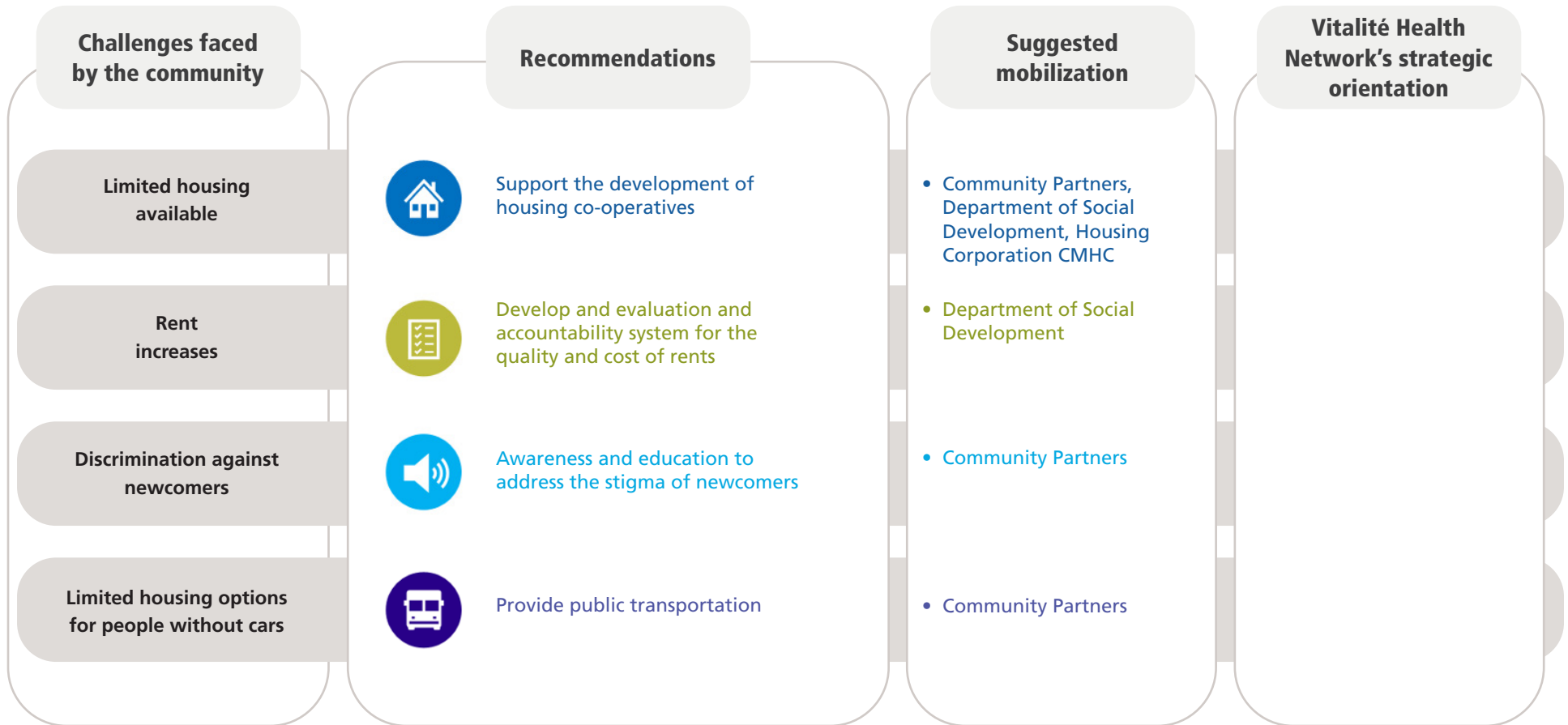
NEED 4

Promoting health and well-being through physical activity and recreation



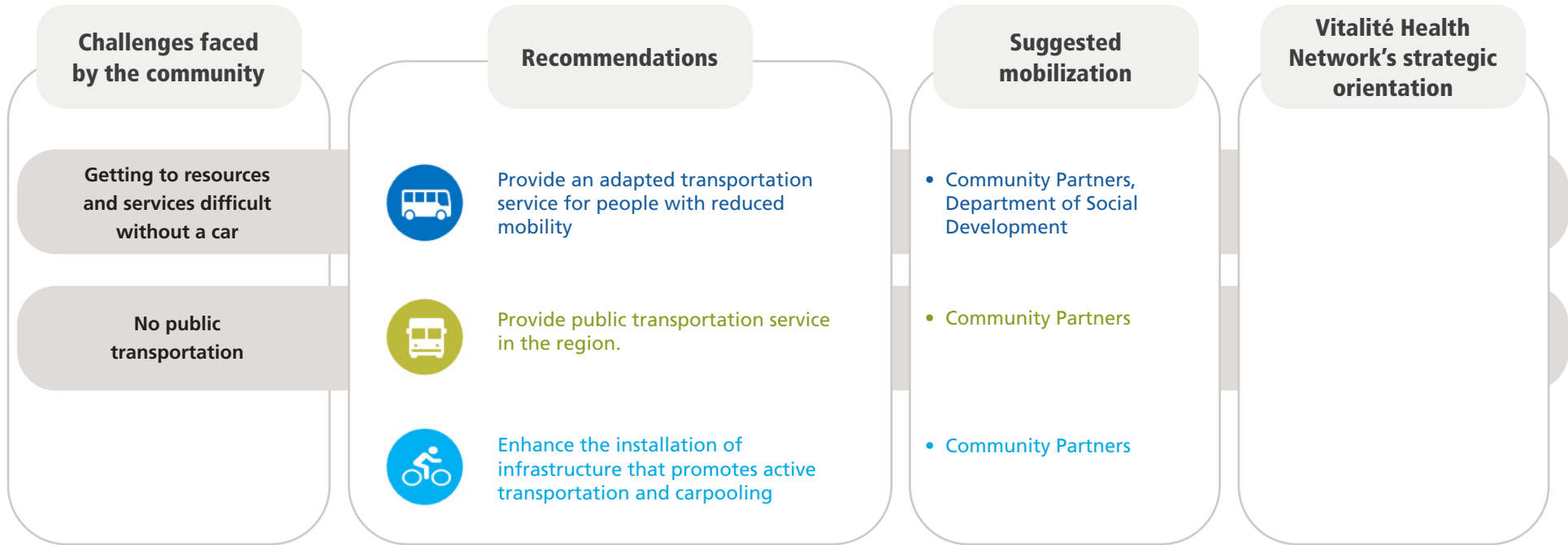
NEED 5

Housing shortage



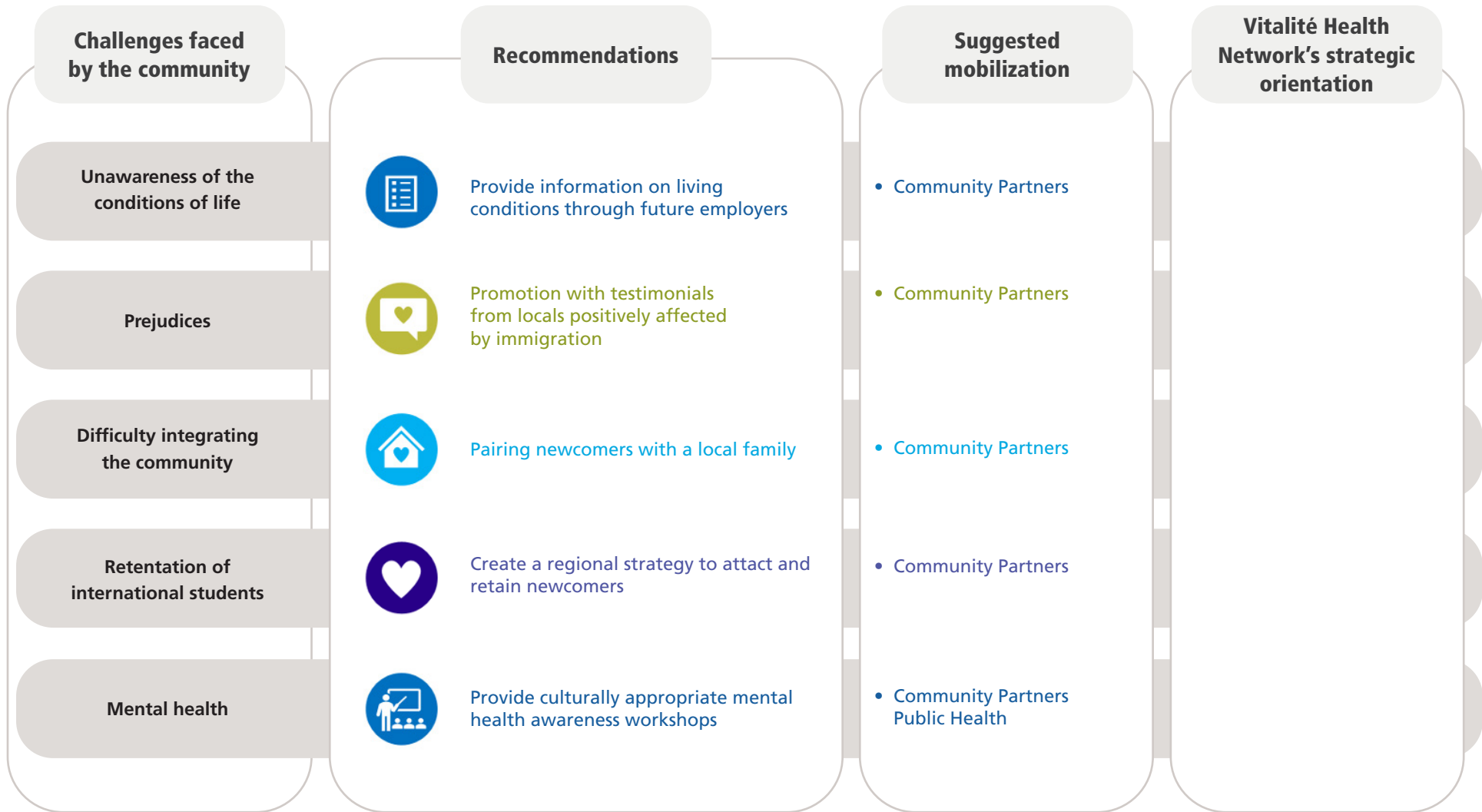
NEED 6

Public transportation in the region



NEED 7

Welcome and integrating newcomers



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