



EVALUATION REPORT 2024-2025  
**Community Health Needs Assessment**

**BATHURST AND BELLE-BAIE**

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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 Bathurst and Belle-Baie CHNA was conducted from April to October 2024.

Data collection as part of a CHNA uses 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 and the community.

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 relevant advice and information on health and wellness priorities in the community. The focus groups and semi-structured individual interviews conducted during the qualitative data collection process provides further information on the topics predefined during consultations with the CAC.

Overall, the CHNA for the Bathurst and Belle-Baie area consisted of six working meetings with the CAC, in which the needs of four main population groups were explored: Children and Youth, Adults, Seniors and Immigrants and Newcomers.

The quantitative data analysis and collected qualitative information resulted in a list of six main community health needs. Based on that list, the CAC members took part in a prioritization activity to assign a rating to each need. The CAC members then validated and classified the final list of priority needs for Bathurst and Belle-Baie into six categories listed here by priority:

1. Access to mental health and substance use support services
2. Social and economic security: solutions to combat vulnerability
3. Improved access to health services
4. Support for seniors and the aging population
5. Promotion of healthy lifestyle habits
6. Improved access to essential services (housing, transportation and daycare).

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 Bathurst and Belle-Baie CHNA.



## 2. List of acronyms

<b>CAC</b>	Community Advisory Committee	<b>EMP</b>	Extra-Mural Program
<b>CDC</b>	Centers for Disease Control and Prevention	<b>RHBP</b>	Regional Health and Business Plan
<b>FRC</b>	Family Resource Centre	<b>ISD</b>	Integrated Service Delivery
<b>CHC</b>	Community Health Centre	<b>PAR</b>	Participatory Action Research
<b>CMHC</b>	Community Mental Health Centre	<b>RHA</b>	Regional Health Authority
<b>NBHC</b>	New Brunswick Health Council	<b>CMHC</b>	Canada Mortgage and Housing Corporation
<b>RSC</b>	Regional Service Commission	<b>PHC</b>	Primary Health Care
<b>LSD</b>	Local Service District	<b>WHO</b>	World Health Organization
<b>DSF</b>	District scolaire francophone	<b>CPS</b>	Canadian Paediatric Society
<b>CHNA</b>	Community Health Needs Assessment		
<b>GNB</b>	Government of New Brunswick		
<b>RCMP</b>	Royal Canadian Mounted Police		
<b>CIHI</b>	Canadian Institute for Health Information		
<b>INSPQ</b>	Institut national de santé publique du Québec		
<b>DSD</b>	Department of Social Development		
<b>NB</b>	New Brunswick		
<b>OECD</b>	Organisation for Economic Co-operation and Development		



### 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.

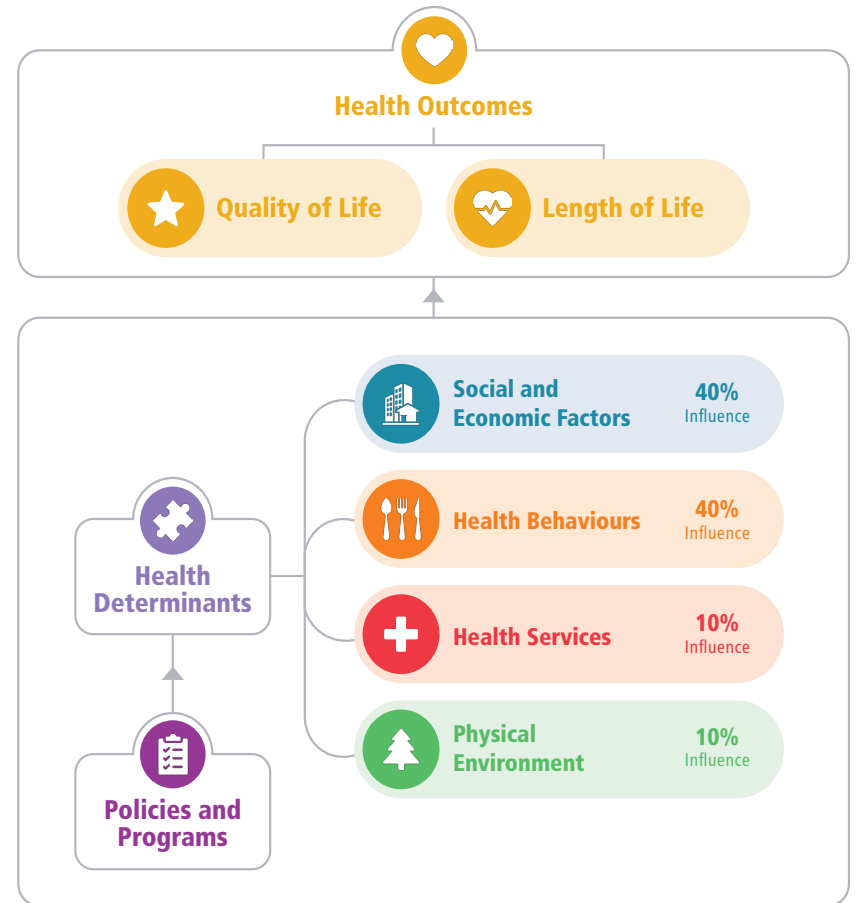
#### 3.2 Definition and primary goal

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

The main objective of a CHNA is to establish a prioritized list of health and wellness needs that informs Vitalité Health Network, decision-makers and community stakeholders when resource planning in the community. Community participation and involvement are at the heart of this process and as such the community being assessed actively participates throughout the process. The CHNA process engages collaboration with community members, stakeholders, various community organizations and different partners involved in the decision-making process within the healthcare system (DOH, 2018).

The 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. 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).

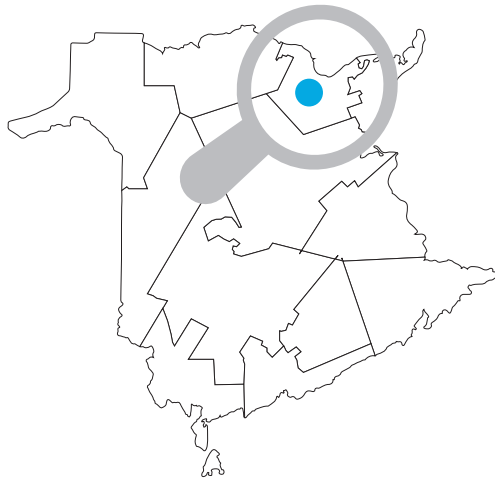


Source: NBHC (2024). Population Health Model.

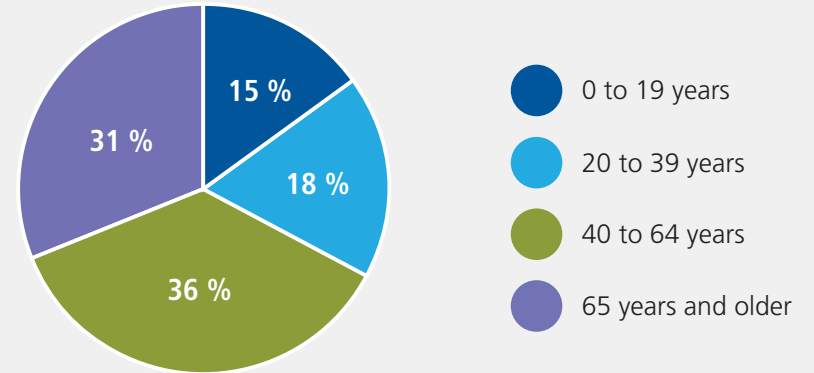
### 3.3 Overview of the community sociodemographic profile

This CHNA was conducted based on boundaries established by the New Brunswick Health Council (NBHC) that divides New Brunswick into 33 communities. The Bathurst and Belle-Baie area is one of the 13 communities served by Vitalité Health Network and includes a total of 33 places: Alcida, Bathurst, Big River, Chamberlain Settlement, Dunlop, Allardville, Beresford, Brunswick Mines, Dauversière, Free Grant, Gloucester Junction, LaPlante, Lugar, Middle River, Nepisiguit Falls, Nigadoo, Pabineau Falls, Petit-Rocher, Petit-Rocher-Ouest, Pointe-Verte, Rio Grande, Goodwin Mill, Little River, Madran, Miramichi Road, Nicholas Denys, North Tetagouche, Pabineau First Nation, Petit-Rocher-Nord, Petit-Rocher-Sud, Poirier Subdivision and Robertville.

The Bathurst and Belle-Baie region is part of Zone 6 of Vitalité Health Network and is located in New Brunswick’s Acadian Peninsula region. The language most often spoken at home is French (60%), followed by English (37%), and French and English (3%) (Statistics Canada, 2022). Notably, this region has a high proportion of people reporting to be bilingual at 64% compared to 34% in New Brunswick as a whole. In 2022, this community had a population of 34,008, with 15% aged 0-19 years, 18% aged 20-39 years, 36% aged 40-64 years and 31% aged 65 years and over (Statistics Canada, 2022).



Age distribution of the population



Source: Statistics Canada (2022). 2021 Census Profile.

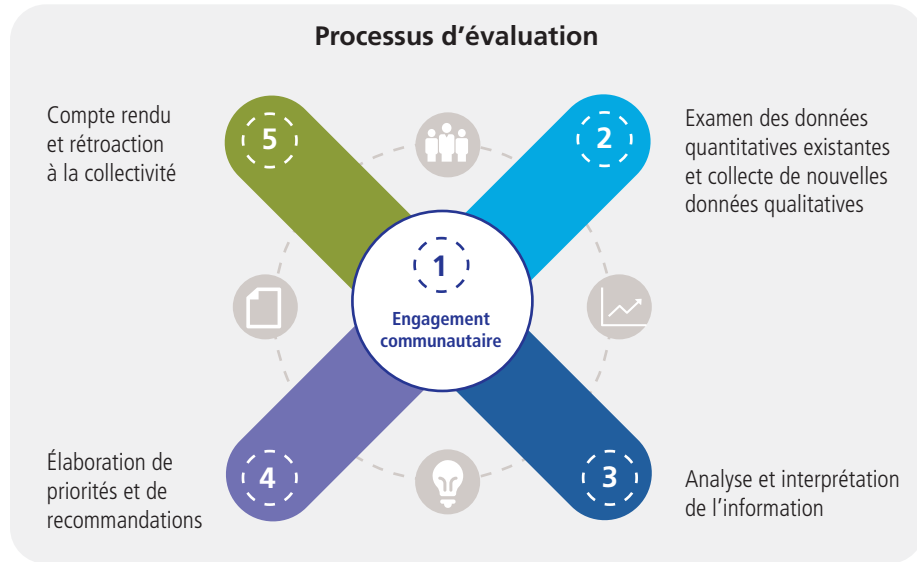
### 4. CHNA accountability structure

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 provincial committee 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 lead 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 includes the following members: Assistant CEO, Strategic Execution; Vice-President, Communications and Engagement; Assistant Vice-President, Professional Services; Corporate Director, Organizational Performance and Strategic Planning; Corporate Director, Engagement; Director, Public Health; Director, Primary Health Care; Assistant Director, Public Health; Assistant Director, Primary Health Care; and Coordinator, Community Health Needs Assessment.

## 5. Methodology

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



For the assessment to be thorough, in-depth, and reflective of the community assessed a Community Advisory Committee (CAC) was set-up, which included citizens, stakeholders and service providers from the community as part of the CHNA process. This committee followed the process, working with the CHNA team at every step.

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-sectorial approaches to improve the health status of the population.

The CAC for the Bathurst and Belle-Baie area CHNA was made up of a variety of sectors: Public Health, Inclusion NB, Chaleur Regional Services Commission (RSC), Bathurst police, Bathurst public library, le Mouvement Acadien des communautés en santé (MACS-NB), Education and Early Childhood Development (MEDPE), CCNB, Integrated health services and Primary health (Vitalité), Anglophone North School District, The municipality of Belle-Baie, Primary Healthcare (Vitalité), Mental Health and Addiction Treatment Services, New Brunswick Francophone Seniors Association, Engagement Department (Vitalité), The municipality of Bathurst, Multicultural Association Chaleur Region and a citizen representative.



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

The CAC meetings took place in person in Bathurst. A total of six consultations were held with the CAC (April 2024 to October 2024).

**Table 1:** Overview of meetings with the CAC

Meeting	Objectives
<b>Meeting 1</b> April 2024	<ul style="list-style-type: none"> <li>• Explain the CHNA’s purpose, primary goal, and process.</li> <li>• Present the CAC’s terms of reference.</li> <li>• Propose a schedule and objectives for each meeting.</li> </ul>
<b>Meeting 2</b> May 2024	<ul style="list-style-type: none"> <li>• Present and interpret available external quantitative data on the community.</li> <li>• Identify missing information and find local resources to collect it.</li> </ul>
<b>Meeting 3</b> June 2024	<ul style="list-style-type: none"> <li>• Present and interpret available data on health services in the community.</li> <li>• Present Vitalité Health Network’s internal data and the inventory of services offered in the region served.</li> </ul>
<b>Focus groups and semi-structured interviews</b>	
<b>Meeting 4</b> August 2024	<ul style="list-style-type: none"> <li>• Present a summary of information gathered during focus groups and semi-structured interviews and discuss results.</li> </ul>
<b>Meeting 5</b> September 2024	<ul style="list-style-type: none"> <li>• Conduct an affinity diagram workshop to identify the community’s key health and wellness needs.</li> <li>• Prioritize needs identified by the CAC (individual activity).</li> </ul>
<b>Meeting 6</b> October 2024	<ul style="list-style-type: none"> <li>• Identify community strengths and make recommendations for the needs prioritized by the CAC.</li> <li>• Validate the final list of prioritized health and wellness needs.</li> </ul>



## 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). A “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 their reality and the challenges 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: the NBHC, the Canadian Institute for Health Information (CIHI), Statistics Canada, the 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 that included Vitalité Health Network’s internal data, including dashboard indicators, the Continuous Learning Strategic Plan, the Regional Health and Business Plan (RHBP) 2022-2025, and so on.

### 5.2.2 Gathering new qualitative information

The previously existing data alone would 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 interviews with key informants. The new qualitative information gathered, supplemented and complemented the health profile of this 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 to ensure that everyone has the opportunity to share insights and/or talk about their experiences (Krueger and Casey, 2009).

A semi-structured interview is a verbal exchange where the interviewer seeks to obtain 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

During collection of qualitative data, which took the form of focus groups and semi-structured interviews, four specific themes were explored. These themes included the health and well-being of children and youth, the health and well-being of adults, the health and well-being of immigrants and newcomers, and the health and well-being of seniors. A total of 62 people were consulted as part of the CHNA, including 42 people in focus groups, 5 people in semi-structured interviews and 15 people in consultations with the CAC.

## 5.4 Membership and topics addressed

### NEED 1

#### Health and well-being of children and youth

A total of 30 people were consulted on the theme of “health and well-being of children and youth.” The focus group raised the following topics: **access to activities, mental health and resilience, proper nutrition, physical activity, sedentary lifestyle, transportation, electronic devices, childcare services, positive role models, parental engagement, social and economic status, identity and engagement within the community, and access to resources and services.** Thirteen participants took part in the focus group. The semi-structured interview on this theme focused on the following topics: lack of resilience and coping skills among children and youth, importance of positive role models, consumption among youth, large gap in economic status among families, and difficulty accessing support services. One participant was interviewed. In addition, this theme was discussed at five meetings with the 15 CAC members.

### NEED 2

#### Health and well-being of adults

A total of 32 people were consulted on the theme of “health and well-being of adults.” The focus group raised the following topics: **access to leisure activities and the need for infrastructure, mental health and addiction and its effect on quality of life, homelessness, housing realities, transportation gaps, the need for interdisciplinary collaboration, education, socio-economic realities, rising cost of living, community division regarding language, recruitment and retention of professionals, community resources and services, and accessibility of health services.** Fourteen participants took part in the focus group. The semi-structured interview on this theme covered the following topics: healthy lifestyle habits, division within the community, need to retain professionals in the area, and need for leisure activities for adults in the community. Two participants were interviewed. In addition, this theme was discussed at five meetings with the 15 CAC members.

### NEED 3

#### Health and well-being of seniors

A total of 24 people were consulted on the theme of “health and well-being of seniors.” The focus group raised the following topics: **cost of living, mental health, electronic devices and digital literacy, isolation, access to community and support services, social support, agism, transportation, socio-economic conditions and community resources, quality and accessibility of health services, and healthy lifestyle choices.** Nine participants took part in the focus group. The semi-structured interview on this theme covered the following topics: healthy lifestyle habits, home care and nursing homes, isolation, and resources and services available to seniors in the community. One participant was interviewed. In addition, this theme was discussed at five meetings with the 15 CAC members.

### NEED 4

#### Health and well-being of immigrants and newcomers

A total of 23 people were consulted on the theme of “health and well-being of immigrants and newcomers.” The focus group raised the following topics: **social support and guidance for newcomers, housing, transportation, daycare services, socio-economic conditions, physical and mental health, language barriers, community resources and services, and accessibility of health services.** Ten participants took part in the focus group. The semi-structured interview on this theme covered the following topics: social support, mental health, obstacles experienced by newcomers, barriers to inclusion, and resources and services available in the community. One participant was interviewed. In addition, this theme was discussed with the 15 CAC members.

## 6. Identification of community needs

### 6.1 Presentation of identified needs

The needs presented below are the 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 reflects their priority level, which was based on a prioritization activity completed by the CAC.

#### NEED 1

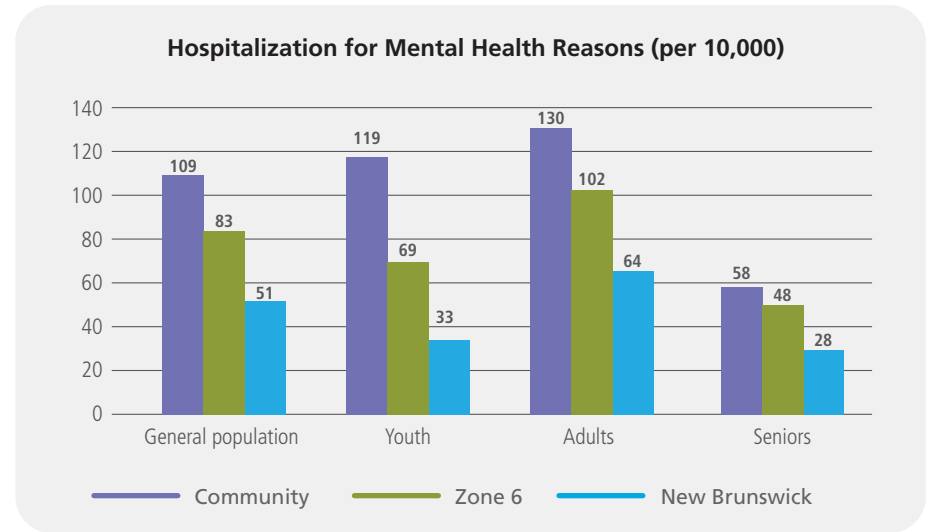
#### Access to mental health and substance use support services

Increasing access to mental health and substance use support services is one of the major concerns for the Bathurst and Belle-Baie region. There is a significant link between mental health concerns and substance use, and they commonly occur together. Research and statistics show that people who experience mental health disorders are more likely to have substance use problems. The research also suggests that those with substance use problems are more likely to experience negative mental health outcomes (CMHA, 2018).

#### Mental health

Mental health is defined by the World Health Organization as a state of well-being that allows individuals to cope with the stresses of life, realize their potential, learn and work well, and contribute to their community. It is a significant aspect of health and well-being. Strong mental health allows an individual to make decisions and build positive relationships, which are essential for well-being (WHO, 2004). Isolation is a significant determinant in depression and other mood-related disorders. Lack of social connection has profound effects on mental and physical health (WHO, 2025).

Among all populations, this region’s hospitalization rates for mental health problems are among the highest in the province (CIHI, 2020). It is also notable that only 51% of residents in the Bathurst and Belle-Baie region perceive their mental health to be very good or excellent (NBHC, 2020). In fact, mental health was raised as a subject of growing concern among all populations during the focus groups and interviews with residents and professionals.



Source: CIHI (2020).

Although the data shows anxiety and depression levels among young people in the community that are similar to those found in the rest of the province, the community is concerned and feels that this is an issue that needs solutions. The consultations revealed that many children, youth and young adults experience depression, have a feeling of isolation and demonstrate a lack of resilience. According to those working with these populations, youth and young adults do not have the ability to cope when faced with everyday life challenges such as academic and social pressures. Teachers and youth workers have also observed youth and young adults using terms like suicide and depression liberally and often minimizing their gravity. As a result, genuine problems or concerns may be taken less seriously, putting this population at greater risk.

*“I hear youth say things like “I’m going to kill myself” casually, and this is responded to by a peer with “so do it.” It’s not even a big deal.”*

Lack of access to recreational and social activities seems to contribute to mental health and consumption issues.

*“They can’t afford or don’t have access to sports and other social activities, so they go in the woods and get into trouble or go online and are influenced by social media.”*

Adults, immigrants and seniors were also identified as populations experiencing a significant need for mental health support. Factors contributing to this include the stigma surrounding mental health, the difficulty associated with admitting to needing help, the isolation felt when moving away from family and social contacts, and access to affordable and timely mental health support. One participant spoke specifically of stigmas that exist around mental health in certain cultures.

*“Many immigrants come from a collective culture where they do not seek help from strangers, they support one another from within their culture. Also, admitting to having mental health problems is just not seen as acceptable.”*

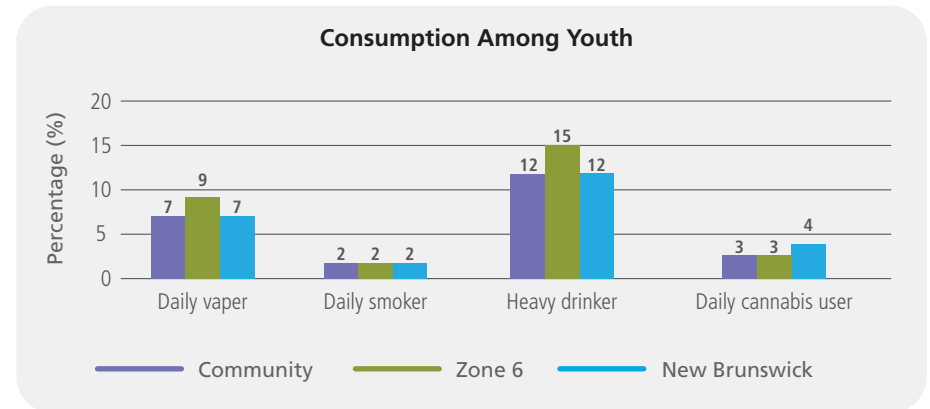
While many supports exist within the community and through Vitalité Health Network, many residents see long wait times for subsidized services and the high cost of faster private options as two significant barriers. Equally important is the significant use of the emergency room for mental health concerns. Residents stressed that when someone is in crisis, they often need help quickly

*“The waiting lists are long. So, if you can’t afford private care, you can’t always seek help.”*

### Substance use

Substance use has been identified as a significant issue in the region. Existing statistics show that regular and abusive alcohol and cannabis consumption rates are high among young people. In fact, 19% abuse alcohol, compared to 12% in New Brunswick as a whole (NBHC, 2024). As for cannabis, 18% use it daily or occasionally, compared to 15% in New Brunswick as a whole (NBHC, 2024). Vaping rates are also high in the community.

*“One of the big problems is addiction. Kids are vaping cannabis and tobacco in the washrooms at school and parents are buying alcohol for their kids,” said one participant.*



Source: NBHC. (2024). 2023–2024 New Brunswick Student Wellness Survey - Grades 6–12.

The issue of alcohol abuse is also found among the community's older population. In fact, 32% of adults and 12% of seniors abuse alcohol (NBHC, 2020). The consultations revealed that this often coincides with low socio-economic status, depression and isolation. One participant said

*“I see a very depressive attitude taking over the area. Many people voice feelings of depression and hopelessness. These are the people who are often using substances and drinking heavily.”*

It was also mentioned that there are no detox or long-term substance use programs locally, which means residents must travel for this service and are often put on a wait list.

## Community strengths

- Mind at Peace Centre Mieux-Être is a multidisciplinary clinic offering a variety of professional expertise under one roof. This allows multiple and distinct needs to be met.
- Al-Anon and AA provide a program to support those wishing to stop using substances.
- Education on mental health and substance use is provided within the school system by the local police and RCMP.
- Teen Challenge is a faith-based detox program available to youth throughout the province.
- Addiction and Mental Health Services are available for all ages through Vitalité Health Network.
- Bridge the gapp is a community mental health service that provides a range of multidisciplinary addiction and mental health counseling services for individuals and family members.
- Various resources are available for people with special needs, such as Inclusion NB. This valuable program supports families and individuals with special needs from childhood into adulthood.
- Supportive and inclusive environments are found throughout this region in local churches for those with substance use and mental health concerns. Many offer free food, clothing and personal support.
- Single-session therapies offered by mental health teams are available at short notice to address specific issues.

## Potential solutions

### Mental health

- Offer a long-term mental health support program for those needing this type of support.
- Increase education to reduce mental health stigma and learn to recognize signs of distress.
- Offer education in schools to help children manage their emotions and increase resilience.
- Reduce social isolation through affordable and accessible community and social programs.
- Identify volunteer support people in the community who are immigrants and have experienced the challenges of moving to a new country.
- Offer free sports to promote physical activity and support mental health in youth and adults.
- Promote existing resources on social media to increase awareness.
- Initiate a Big Brothers Big Sisters program within the community.
- Increase multi-generational programs to reduce isolation for seniors in care and in the community.
- Increase accessibility to mental health support for those in immediate crisis by increasing human resources.
- Offer education regarding the effects of social media on mental health in schools.

### Substance use

- Open a local detox centre so that residents can stay in the region for treatment.
- Increase education on the harmful effects of substances in schools and online.
- Implement a “Planet Youth” type of project, which is a community-based prevention model aimed at reducing substance use among young people (under development).
- Create an anti-drug department in local law enforcement.

## NEED 2

## Social and economic security: solutions to combat vulnerability

Social and economic security was identified as the second need within the Bathurst and Belle-Baie region. Social and economic factors, such as education, employment, income, family and social support, and community safety, account for 40% of health determinants (NBHC, 2024). Economic factors, such as income and employment, can determine living conditions, such as access to good housing and the ability to buy healthy food.

## Housing

Access to affordable and suitable housing is an obstacle many residents face in the Bathurst and Belle-Baie region. First, residents report that the cost of housing has more than doubled in the last three years, making buying a home challenging for young adults. Second, there is also a confirmed shortage of available housing for the region due to rapid population growth. In April 2024, the Chaleur Regional Service Commission (RSC) reported that this community, which was previously declining in number, is now receiving an influx of new residents due to new health care workers, immigration and international students (RSC, 2024). While this is seen as a positive change in many ways, it means more housing must be made available.

*“We need to create affordable housing. People in their 20s and 30s cannot afford to buy a house. So, they stay in apartments, but there aren’t enough of them, and they are expensive.”*

During the focus groups, the lack of suitable housing was mentioned often. Newcomers report that multiple families are living in one single apartment, which is impacting health and quality of life. Young adults are choosing to live at a distance for more affordable options, which increases their need to travel for work.

## Income

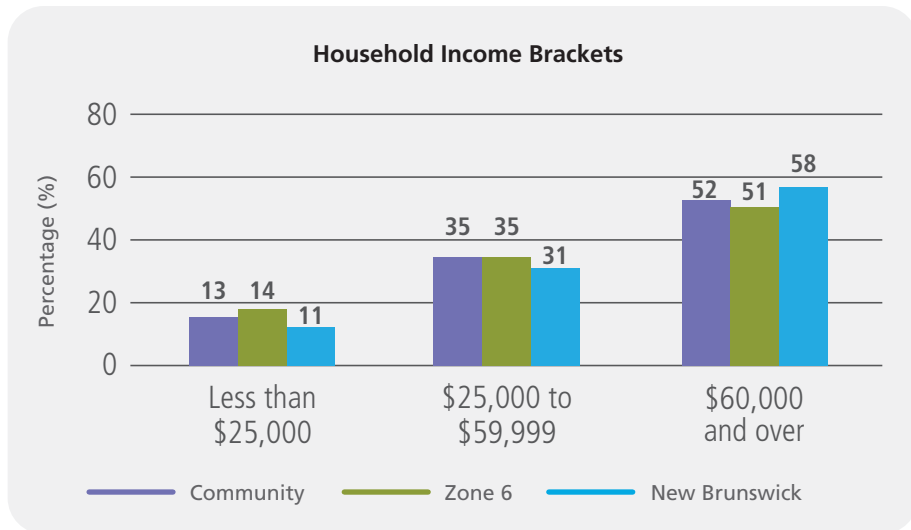
La vulnérabilité financière est un défi majeur pour une grande partie des membres de la communauté. Parmi la population générale de la région de Bathurst et Belle-Baie, 16 % vivent dans des ménages à faible revenu, comparativement à 14 % dans l’ensemble du Financial vulnerability is a major challenge for a large proportion of community members. Among the general population of the Bathurst and Belle-Baie region, 16% live in low-income households, compared with 14% in New Brunswick as a whole (Statistics Canada, 2022). This proportion is higher among children aged 0 to 5 and seniors in the community.

*“It’s easy to live here when you’re privileged. It’s beautiful here. When you have a car, a good job and a good social network it’s easy. When you don’t it’s hard,”*

said one participant. Many participants commented on the beauty of the region and the variety of activities and services available. However, this is only available if you have a livable income.

Many of the residents feel that strategies need to be implemented to reduce the gap between high and low income households, to improve the quality of life and health of residents. Notably, just over half of residents fall into the \$60,000 or more bracket, which is less than the provincial average.

*“We need a basic income that can pay people well, not just keep them alive.”*

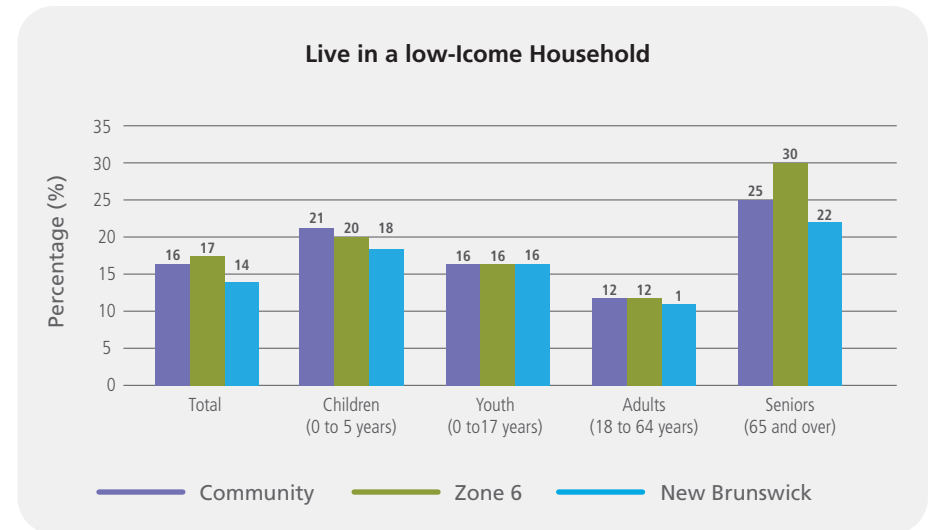


Source: Statistics Canada (2022). 2021 Census Profile.

The consultations also revealed that people in the community find it difficult to afford the basics, such as nutritious food (e.g. fruits and vegetables), given the recent rise in the cost of living.

*“There is limited access to fruits and vegetables. They are expensive and parents cannot always afford them,”*

said one participant. Inflation is another cause of socio-economic vulnerability and one that requires solutions. Inflation rates in New Brunswick (2.9%) are among the highest in Canada (2.5%) (Statistics Canada, 2024). High heat and power costs as well as rent are among the issues.



Source: Statistics Canada (2022). 2021 Census Profile.

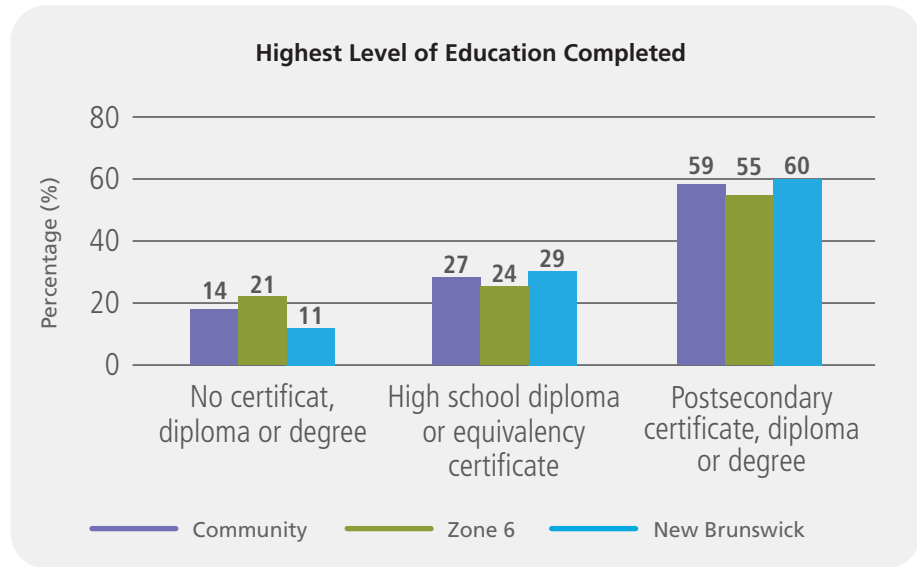
### Education and employment

Other significant factors, such as a lower level of education and the ability to secure employment that meets a family’s needs, were raised as challenges within the community.

*“Education greatly affects health and well-being. It is what enables people to make healthier choices and have access to more opportunities. The education rate is still low. Education and income are low overall.”*

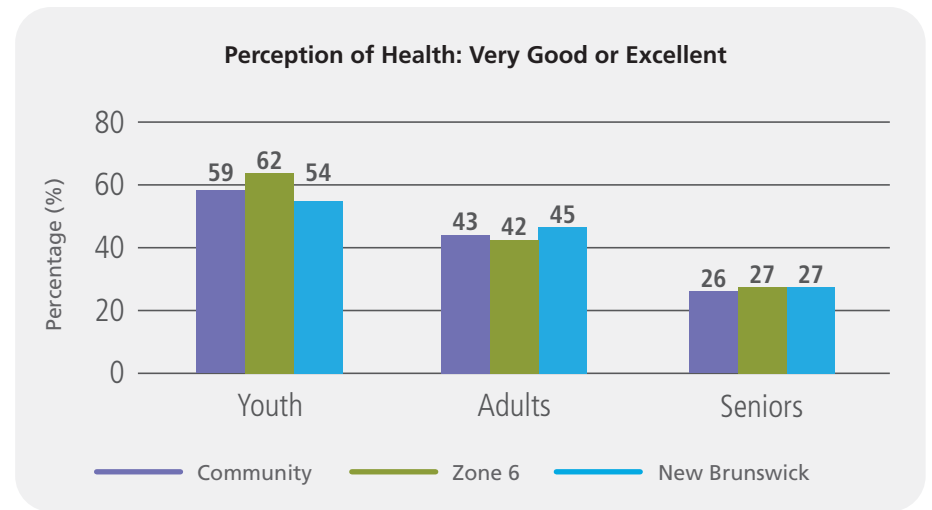
Individuals with at least a bachelor’s degree are more likely to work in triple-protected jobs, which means that the jobs are permanent, cannot be easily automated, and are pandemic-resilient. Individuals with lower education levels are more likely to hold casual jobs requiring in-person work, leaving them more vulnerable to shutdowns and work disruptions (Frenette & Morissette, 2021).

Notably, francophones in New Brunswick show lower literacy skill levels than their anglophone counterparts. They tend to have lower education levels and fewer writing-related cultural skills. More than 3 in 10 francophones in New Brunswick aged 25 or older did not complete high school—at least eight percentage points higher than other groups studied. More than a third of francophones aged 25 or older who live in the northern part of the province have not finished high school, nearly 10 percentage points higher than those in the southeast (Statistics Canada, 2016; 2021).



Source: Statistics Canada (2022). 2021 Census Profile.

Social determinants of health, such as socio-economic status and environment, play a significant role in our health. In fact, less than half of adults in the region perceive themselves to be in very good or excellent health (NBHC, 2020). Perceived health is defined as a person's perception of their general health. It refers not only to the absence of disease or injury, but also to physical, mental and social well-being (Statistics Canada, 2009).



Source : CSNB (2020). Édition 2020 du Sondage sur la santé primaire.



## Community strengths

- Recent changes made to the eligibility criteria for social assistance, making it easier for those in need to access this support.
- The foodbank in Bathurst, which allows those in need to receive food and other items.
- Chaleur Career and Employment Centre helps job seekers and employers in the area.
- Chaleur Eat Fresh provides fresh produce at a reduced cost.
- Chaleur Resource Centre offers free programs and activities for parents and children ages 0 to 6.
- Thrift store at school (student area and ESN).
- CCNB and Université de Moncton offer programs that allow residents to remain in the community while furthering their education. They also have financial assistance programs, making education more accessible.
- The community has a strong sense of pride in their cultural identity. There are also many key volunteer groups in the community that offer support programs for those in need.
- The Spirit of Christmas program, which provides food and gifts to seniors in need during the holidays.
- Bathurst Rotary club, which is a non-profit club that provides money and support to worthy causes.
- Two affordable housing projects in Bathurst are receiving over \$7 million to create 62 housing units. The Assomption project is transforming the former convent of the Hospitaller Sisters into 44 units (Les Résidences Habitat Soleil). The Advantage Apartments project is converting former office space on King Avenue into 18 one-bedroom units.

## Potential solutions

### Housing

- Affordable housing to be built in the community.
- Government incentives provided to owners and developers to keep housing costs lower for residents in need.
- Student exchange program in the community for seniors with homes. This would allow seniors to age in place, decrease isolation in this population and provided housing to students and immigrants who are in need.

## Income

- Set up a community self-help program (e.g. Accorderie or Entre-Aînés) enabling the exchange of free services.
- Increase residents' ability to access the food bank service by adjusting the inclusion criteria.
- Free clothing exchange program through a volunteer-based organization.
- Expand services at the family resource centre to offer services to youth up to 18 years old.
- Build more community gardens and edible forests to increase accessibility to healthy food items.

## Education and employment

- Increase advertisement and awareness for the existing employment centre.
- Create a job bank on the City of Bathurst website.
- Free literacy programs offered in public spaces, such as the library.
- Administration courses offered in high school to better prepare youth.



**NEED 3**

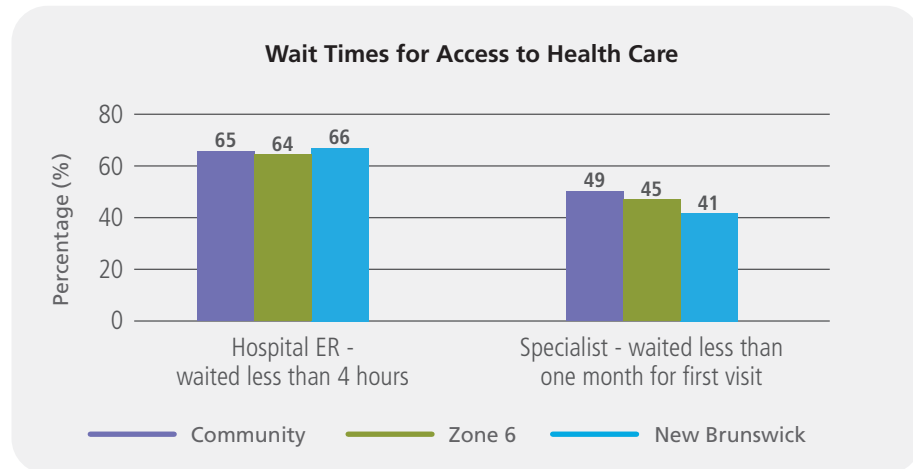
**Improved access to health services**

The sessions held revealed that residents feel there are barriers regarding the overall ability to access health care services in the Bathurst and Belle-Baie region. Access to needed and appropriate health services at the right time can greatly influence individual health outcomes (NBHC, 2021). The following themes were named during focus groups and interviews.

**Access to primary health care providers and specialists**

New Brunswickers report an overall difficulty accessing a primary health care provider. Although in 2024, 79% of residents in the Bathurst and Acadian Peninsula region had a primary care provider (77% in the province as a whole), many report difficulty obtaining an appointment within a reasonable amount of time; this contributes to ER visits for non-urgent issues, further delaying services and care for more urgent cases (NBHC, 2024).

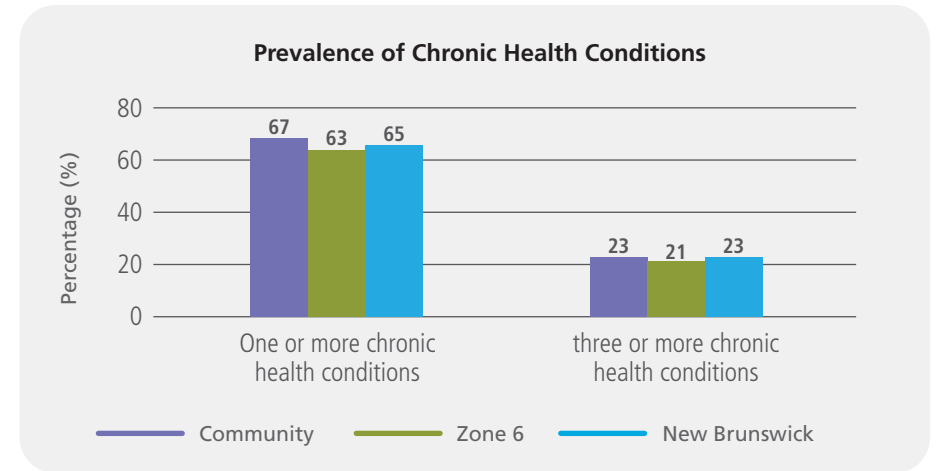
*“At the emergency room you must wait for hours and hours. Once I broke my wrist and I waited five and a half hours to be seen. That is a long time to wait with a broken bone.”*



Source: NBHC 2020.

There are significant concerns when it comes to barriers in accessing health care providers. One concern is the early detection of health problems to prevent further complications or chronic health conditions, and another is follow-up, to ensure the best outcome for the patient (CIHI, 2024).

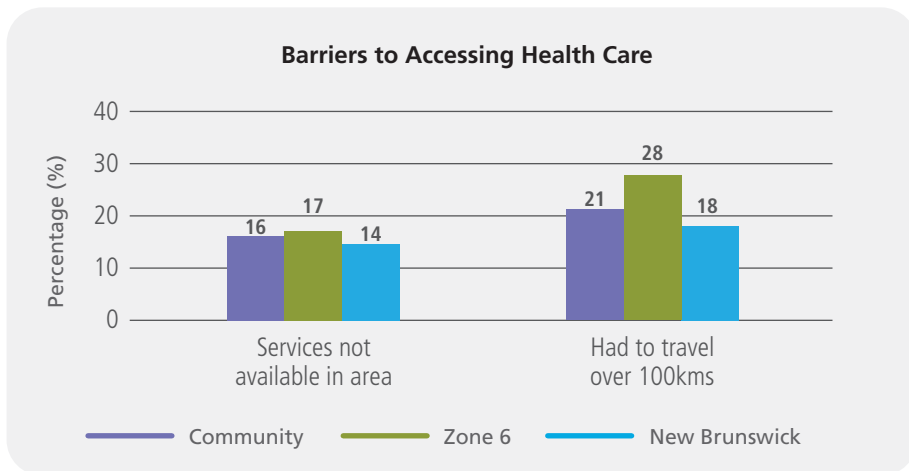
*“ There is no follow up or consideration of past health if you don’t have a doctor. So, you can go in for a test or clinic visit, but who is going to read the results and get back to you? Also, who will ensure you receive the proper treatment and follow up? ”*



Source: NBHC 2020.

The need to travel for specialized services and gain access to a primary health care provider are also concerns in the community.

*“Lack of physicians is a big problem especially as you age. I have been here seven years and I still don’t have a doctor.”*



Source: NBHC. (2020).

Residents report having to travel for specialized care and sometimes even basic services. This presents challenges for residents who do not have access to personal transportation. Newly arrived immigrants report that health care access is particularly challenging due to poor access to transportation, associated financial barriers and the lack of health professionals in the area. The wait time to see a specialist was also raised as a concern by the residents of the Bathurst and Belle-Baie area.

*“I was able to get a physician in the Miramichi area, so I travel 80 km every time I need services. Not everyone has the ability to do this.”*

### Access to home health care, specialized services and services without health insurance

The consultations with residents revealed that access to home support and follow-up home care are a problem. Both home care for the aging population and follow-up services after a hospitalization or procedure were both identified as significant concerns in these communities. Home care following a health issue is a fundamental component to smooth recovery, promotion of independence, and reduction in hospital readmission. When formal home care services are provided, it can reduce the demands on families and friends as informal caregivers, as well as provide benefits to the health care system and society (Statistics Canada, 2022). Proper care after a procedure can also reduce the number of visits to the emergency room for non-urgent cases.

*“A big problem in our ER is that people come in for very minor things.”*

The need for dedicated services, such as support for residents with autism and special needs, was also mentioned during consultations. *“We need supports for our children and youth who have special needs.”* For children with autism spectrum disorder (ASD), a lifelong neurodevelopmental condition, assessment and treatment services vary widely across Canada—potentially creating inequities.

Equally important is the ability to have access to health insurance as this increases an individual’s ability to care for themselves in a more comprehensive manner. Many vital services are more readily available to those who have health insurance. Participants indicate many residents in the area do not have access to health insurance, greatly increasing their negative health outcomes or ability to manage or mitigate health conditions.

*“After age 65, most people no longer have insurance except for those who work in provincial or federal jobs. If you no longer have insurance, you don’t have dental, mental health, or other services. Even worse, many never had access to health insurance.”*

### Access to non-urgent care

Quick access to non-urgent care is also an important priority for residents of Bathurst and Belle-Baie. During consultations, participants emphasized the need for better access to health care providers for non-urgent issues, both for people who have a primary care provider and those who do not. Existing walk-in clinics are currently struggling to meet demand.

*“People get sick, and often it’s not serious enough to warrant a trip to the emergency room. You have to call ahead now for the walk-in clinic and there are a limited number of spaces each day.”*

Many residents also feel they would benefit from a better understanding of available health care services and an increase in general health literacy as they find navigating the system a challenge. Newcomers report that the system is very different to that in their home country; this has led to unnecessary appointments and even health concerns left unaddressed. Health literacy speaks to an individual’s ability to locate, understand and use information to promote and maintain good health (Institute of Medicine, 2004).

### Community strengths

- A new seniors’ residence with 60 beds is currently being built in the community.
- An increase in immigration has allowed the community to grow and increase the number of skilled workers. This is enabling the health care system to provide more services.
- An early childhood centre provides education, programming and services for young families.
- Community residences and group homes enable adults with special needs to live more independently.
- The hospital in Bathurst provides a variety of medical services and supports.
- Social development and social workers are available for patients while in the hospital.
- Integrated primary health care services at Vitalité Health Network ensure that patients are thoroughly supported.
- A community van is available for residents needing transportation to medical appointments further away; this was purchased by the Rotary Club.
- There is an after-hours clinic at Jean Coutu.
- Online resources, such as Tele-Care 811, Accès Patient NB | Patient Connect NB, and Lien Santé NB Health Link, increase access to health care and support.

- Online resources, such as 211, provide information on a wide range of community programs and services.
- Bathurst Public Library offers a variety programming and free community space for residents.
- Medical clinic in Ponte-Verte
- The FrigoMed program

### Potential solutions

#### Access to primary health care providers and specialists

- Increase access to primary health care providers for non-urgent needs.
- Focus on retention strategies for health care professionals, such as better remuneration and education
- Yearly presentations by Vitalité Health Network at high schools, to attract students to health care professions.
- Temporary health insurance for newcomers and immigrants
- Increased recruitment efforts to attract physicians and specialists
- Less rigid requirements for recognition of foreign credentials

#### Improved awareness and delivery of services

- Monthly meetings held with organizational leaders, to ensure communication between services
- Improved information sharing between Vitalité Health Network and Social Development, to ensure the same information is shared
- Implementation of more accountability standards for the quality of personal care provided in the hospital and the community

#### Access to home health care and specialized services

- Promote and increase existing resources that support home care.
- Create a short-term medical support team so patients can leave hospital sooner after a procedure and still receive proper follow-up care.
- Nursing Home Without Walls program in seniors’ residences

**NEED 4**

**Support for seniors and the aging population**

The need for specific supports and services for seniors and older adults was identified for this region. In fact, the importance of these services was highlighted as critical in rural areas without a means of public transportation. Adults and seniors make up the largest portion of the population in the Bathurst and Belle-Baie region with a median age of 52. In fact, 31% of the region's population is 65 years or older compared to 21.9% in New Brunswick as a whole. Seniors and those nearing retirement are often seen as a burden, yet with proper community support, they can become valuable resources and assets.

*“One problem I see in society today is agism. The stigma or perception that seniors are nothing but a problem. This is false as they are a strength in the community.”*

**Access to home care and nursing homes**

Home support and access to supportive housing, although desired by many seniors in the region, is sometimes difficult, if not impossible, considering the financial aspects and lack of resources. Community members of all ages reported a lack of accessible supports that would allow seniors to stay in their own homes safely. Medical and physical care, as well as nutritional support, were specifically mentioned. Many needs can be supported at home, allowing an individual to age in place and maintain dignity and comfort in their own surroundings.

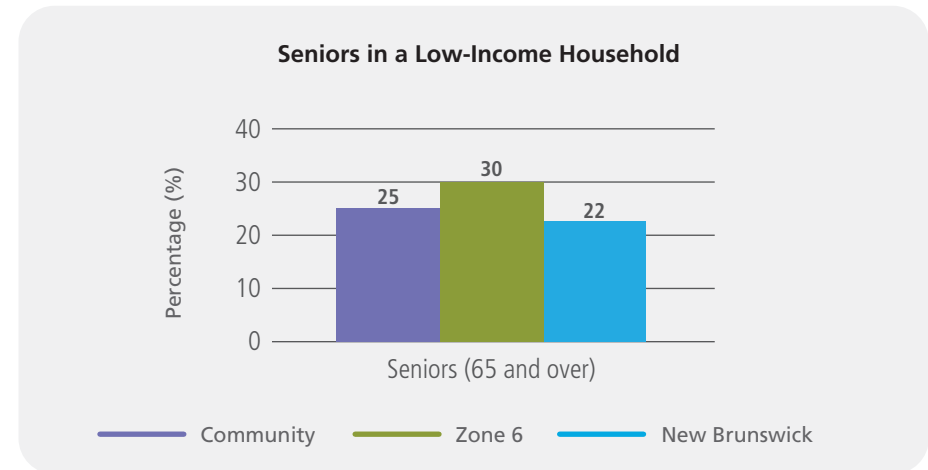
*“We used to have one nurse in the community who provided care and support to seniors wishing to age in place, but she left Bathurst and she was never replaced.”*

In fact, home care is crucial to ensuring the aging population maintain their dignity, independence and quality of life. It also ensures that the hospital system does not become overwhelmed with cases that can be managed in another manner (Statistics Canada, 2022). As one participant said:

*“Home health care is very much needed. People should be able to age at home. We have some but not enough to give people the access they need.”*

Inflation, while affecting the entire population, has a serious impact on the already economically vulnerable and is a major concern when discussing access to support. With inflation going up across Canada and New Brunswick, seniors are struggling to meet their basic needs (e.g. rent, groceries, gasoline) in the face of a general increase in the cost of living (Statistics Canada, 2022). We see that 25% of seniors in the Bathurst and Belle-Baie region live in a low-income household compared to 22% in New Brunswick as a whole (NBHC, 2023).

*“The seniors who stay in nursing homes often only have \$100 left after they pay for the nursing home. So, they don't have a good quality of life.”*



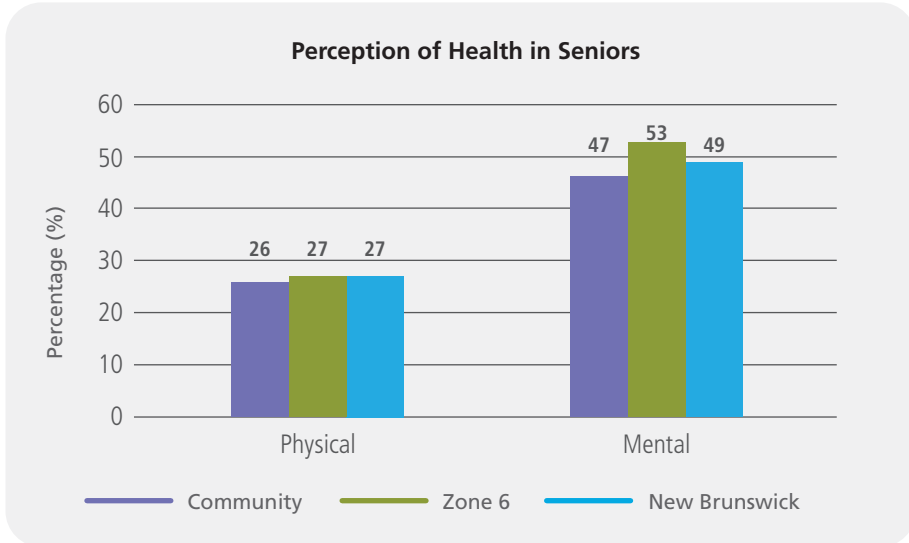
Source: NBHC. (2023).

**Isolation, mental health and access to social and physical activities**

As mentioned previously, seniors can be a valuable resource in a community when supported. The link between health and social participation of seniors has been extensively studied. Indeed, participating in meaningful activities and maintaining close relationships are among the many components of healthy aging (Rowe and Kahn, 1997). Intergenerational activities and access to social programming are valued and desired more than ever, as seniors contribute their skills, experiential knowledge and time to their communities and loved ones.

*“Our seniors are on their iPads or watching TV at home and don’t move, they no longer connect with their community, and that’s a shame.”*

The need for specific mental health supports for the senior population was highlighted as many do not comfortably report mental health concerns. Around 14% of adults aged 60 and over live with a mental health disorder. According to the Global Health Estimates (GHE) 2019, these conditions account for 11% of total disability (in disability-adjusted life years, DALYs) among older adults. The most common mental health conditions for older adults are depression and anxiety. Globally, around one quarter of deaths from suicide (27%) are among people aged 60 or over. Mental health conditions among older people are often underrecognized and undertreated, and the stigma surrounding these conditions can make people reluctant to seek help (WHO, 2023).



Source: NBHC (2020).



## Community strengths

- Online resources include Tele-Care 811, the 211 service, Accès Patient NB | Patient Connect NB, Lien Santé NB Health Link and Bridge the gapp
- The public library offers assistance in the use of technology (e.g. computer, tablet, cell phone) as well as a book delivery service for seniors
- Nursing homes, such as Villa Sormany and Foyer Notre-Dame de Lourdes, provide care for seniors and even informal respite for seniors living at home and awaiting placement
- Age-Friendly Community movement provides support
- Physicians visit nursing homes to treat patients
- Extra-Mural Program provides in-home supports
- New level 4 nursing being built for residents
- Rotary Club provides funding and support in the community
- Home Care Program – Vitalité Health Network
- MADA and other social and support clubs
- Spirit of Christmas program



## Potential solutions

- A multi-purpose seniors' centre where interested individuals can meet, participate in activities, and obtain information
- Fresh meal delivery service for seniors
- Low-cost mobile care services for individuals who are unable to leave their homes
- Nursing Home Without Walls program rolled out in seniors' residences
- Computer classes on using social media, applications and online forms given for free in the community
- Specific activities for seniors aimed at promoting health and well-being
- Social gerontology program established within health care services
- Government-subsidized hearing aid program to increase accessibility
- Use of existing buildings to open more seniors' residences and community centres
- Volunteer programs such as the friendly visit program
- Mental health program for seniors offered at clinics or in the hospital
- Volunteer-based connection program for immigrants and seniors
- Government incentives for home modifications to increase the ability to age in place
- Housing program where students could live in homes with seniors needing extra support
- No-cost prescription program for those in need
- Increased information for seniors on volunteer opportunities with various associations – to break isolation
- Partnerships between schools and nursing homes to increase intergenerational programs
- Greater accountability for the quality of personal assistance services

**NEED 5**

**Promotion of healthy lifestyle habits**

The promotion of healthy lifestyle habits was identified as the fifth need within the Bathurst and Belle-Baie region and affects all population groups. The adoption of healthy lifestyle habits, such as the healthy use of screens, a physically active lifestyle, healthy eating, a tobacco-, alcohol- and drug-free lifestyle, and socialization, helps prevent a multitude of chronic diseases (INSPQ, 2022). In our consultations, many participants suggested that this could be linked to the increase in physical and mental health concerns in the region.

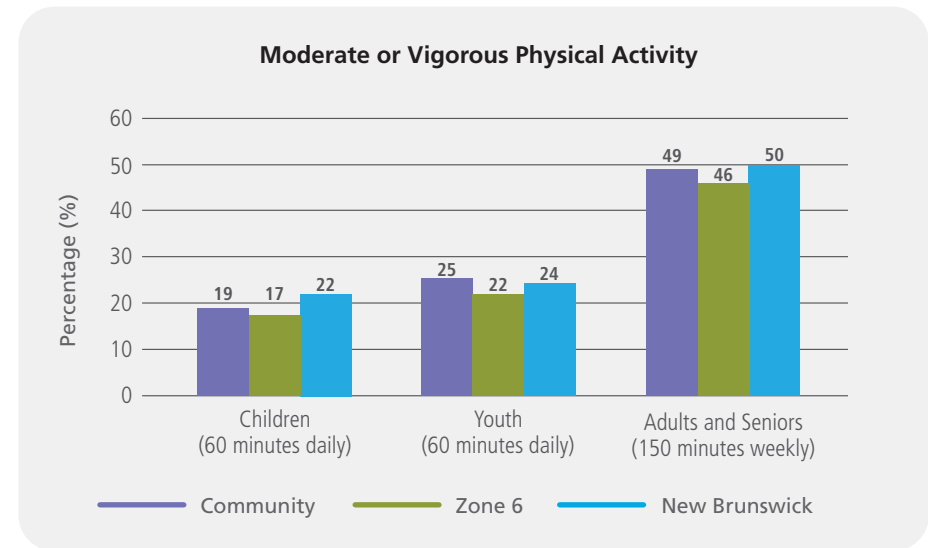
**Access to activities that promote physical and mental health**

The ability to partake in physical activities plays a substantial role in maintaining an individual’s health and mental well-being. Moreover, it reduces the risk of non-communicable diseases (NCDs) – such as cardiovascular disease, type 2 diabetes, and cancer – in a dose-dependent manner; regular exercise is also associated with many health benefits and reduced mortality (Fiuza-Luces et al., 2022).

The data shows that less than half of community members meet the public health recommendations for the amount of physical activity required for good health. This issue is particularly pronounced among children, only 19% of whom engage in at least 60 minutes of moderate-to-intense physical activity per day (NBHC, 2024).

*“ Our children and young people need to get outside and move around. Go play. It will help their resilience and mental and physical health,” said one participant.*

The barriers identified during consultations on this subject include the cost of sports and groups, the availability of desired activities, the ability to access transportation, and the awareness of what is happening in the community. Many residents find sports and leisure facilities relatively inaccessible in the community. The cost of registration and equipment is an obstacle for economically vulnerable families. Many want more free leisure spaces in the community. The area is known for its ATV and dirt bike trail systems. These can be costly activities, which decreases their availability and creates a divide among some youth and young adults. It was also mentioned that activities are often not advertised effectively, so attendance can be low. Equally significant is that many in the community do not have access to reliable transportation, which means they cannot get to desired activities.



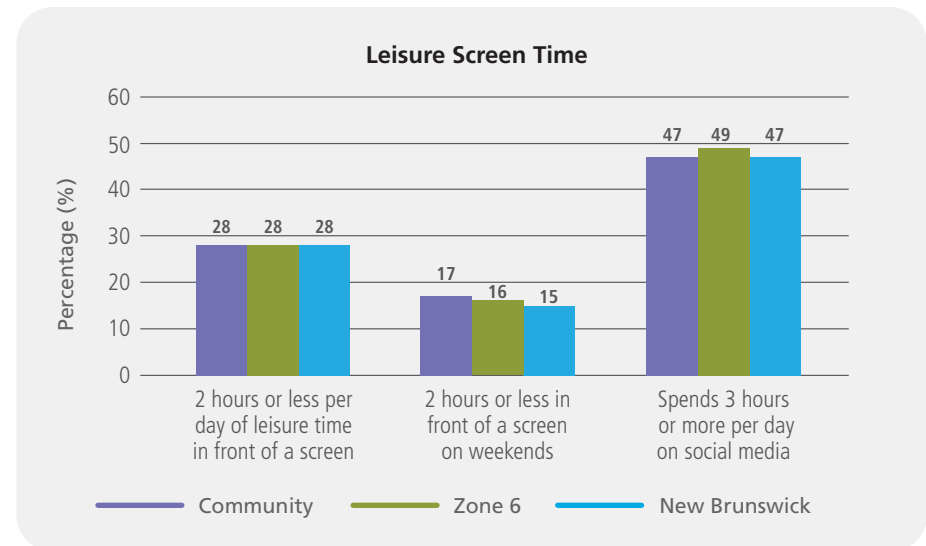
Source: NBHC. (2024). 2023–2024 New Brunswick Student Wellness Survey - Grades 6–12.  
 Source: NBHC. (2020). 2020 Primary Health Survey.

### Social media and dependence on electronic devices

Closely linked to physical inactivity, screen time is another challenge among children and youth in the community. Indeed, 28% of young people spend less than two hours a day in front of a screen for recreational purposes (NBHC, 2024). This was also identified as a concern for adults and seniors in the community during consultations.

*“It’s hard to see the phone as an addiction because it’s the norm. They see their parents with their phones in their hands all day long.”*

Public health recommendations for healthy screen use among children and youth appear to be poorly respected, which can lead to several health consequences (e.g., sleep, learning abilities, psychological health, lifestyle habits, body image, physical development). *“We are seeing young children with lower dexterity in their hands due to time spent using handheld devices at a very young age,”* said one participant. While young children used to spend their time playing games, doing puzzles, painting and drawing, they now spend more time scrolling and using handheld devices; this requires less dexterity and reduces the development of key muscles in the hand.



Source: NBHC. (2024). 2023–2024 New Brunswick Student Wellness Survey - Grades 6–12.

While no screen time is recommended for children under 2, children aged 2 to 5 should not exceed a maximum of one hour per day. For slightly older children (aged 5 to 12), public health recommends less than two hours daily of screen time. While there are no specific time recommendations for young people aged 13 to 19, parental supervision is essential to ensure healthy use (WHO, 2019).

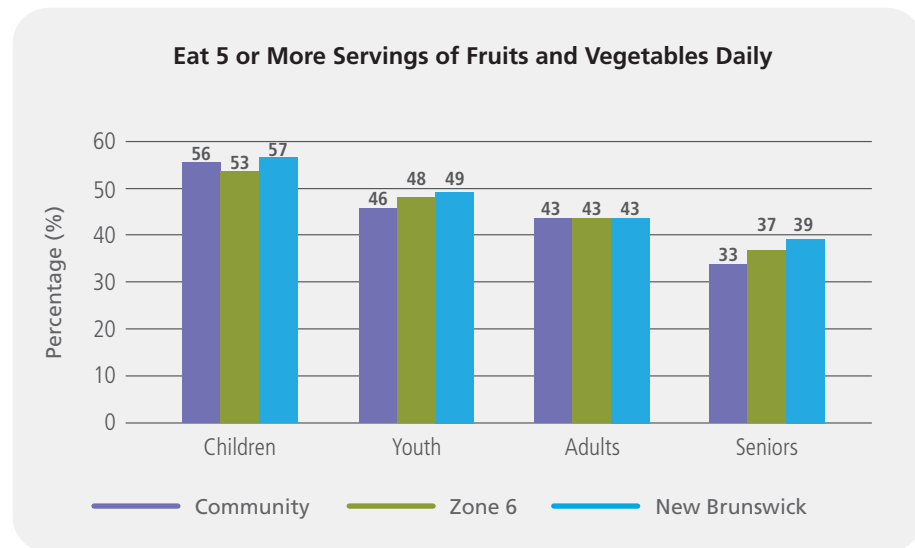
Screens have a significant impact on sleep patterns. In general, young people who use more electronic media report an insufficient amount of sleep (Arora et al., 2014). As a result, we note that only 66% of young people in the community sleep more than eight hours each night (NBHC, 2024).

### Healthy eating

Healthy eating is a crucial component to physical and mental health. In fact, less than half of community members consume five or more servings of fruits and vegetables every day (NBHC, 2020; NBHC, 2023). Remarkably, seniors are among the lowest with just 33% meeting the weekly fruit and vegetable recommendations, below New Brunswick’s already low 39% average. One factor contributing to this low number is the increased cost of living in the province. Many participants reported that financial barriers are limiting people’s ability to purchase healthy foods.

*“Seniors have less disposable income and as such less accessibility to fresh healthy foods. A meal delivery service is needed,” said one participant.*

Those who work with young families say that many parents struggle to provide healthy meals to their family on a regular basis.



Source: NBHC. (2024). 2023–2024 New Brunswick Student Wellness Survey - Grades 6–12.  
 Source: NBHC. (2020). 2020 Primary Health Survey.

### Knowledge and personal choice

Finally, it is recognized that health-related behaviours, including individual choices such as healthy eating, physical activity and substance use, account for 40% of health determinants (NBHC, 2017). However, when asked about their beliefs about health, only 64% of adults in the community strongly believe that their health depends largely on how well they take care of themselves. Among people with one or more chronic conditions, only 40% feel very confident about their ability to manage their health (NBHC, 2020).

*“We need to take responsibility for our health. Many people depend largely on doctors and hospitals, but we can also help ourselves,” said one participant.*

It goes without saying that chronic diseases have major consequences for the use of health and social services, as they entail costs not only for the individual concerned and their loved ones, but also for the health care system and society (NBHC, 2016). Prevention, promotion and empowerment in relation to health are therefore essential elements in combating the rise in chronic diseases.

*“We need more education and support when it comes to health, so we can be healthier overall.”*

### Mentorship and guidance

Interestingly, the need for positive role models and mentors within the community was raised in the consultations. Youth feel that they lack direction on healthy lifestyle habits and too often seek out advice online from social media influencers.

*“Having positive role models in school allowed me to choose how I wanted to live and make better choices.”*

## Community strengths

- Infrastructures, such as the KC Irving building, pickle ball courts and parks, that allow for physical activity and social connection
- Multiple festivals and outdoor events in the summer that allow for connection and leisure
- Infrastructures already in place such as the youth centre, which could be used for programming
- Youth Evolution Centre
- A food bank that is supporting many residents
- Multiple schools, which have indoor and outdoor spaces for organizing activities
- Golden Age clubs that offer a variety of activities for seniors, contributing to physical and mental health
- The Regional Service Commission's (RSC) Activity Guide for Newcomers promotes the many activities available in the region
- Kayaks and fat bikes are available for rent in the summer
- The special Olympics bowling team in the area allows residents with disabilities to participate
- The Chaleur community connection program
- The public library offers many free programs throughout the year and a space for people to spend the day
- Public Health offers education on health living and information on services in the area
- The region is blessed with wide-open spaces and close proximity to nature. For example, there are many hiking trails, as well as water activities with its proximity to Chaleur Bay (e.g. canoeing, kayaking, swimming).
- With respect to healthy eating, a breakfast program is offered in local schools. There is also a Meals on Wheels program that delivers meals to residents in need
- The legion offers programming such as line dancing
- Mind at Peace Centre offers affordable programming and has a dietitian on staff who offers education and support regarding healthy eating

## Potential solutions

- Promote the region's indoor and outdoor activities on the City of Bathurst website, to increase awareness
- Create more student summer jobs that focus on the creation of free activities for children and youth
- Offer a Big Brothers Big Sisters mentoring program
- Subsidize more sports activities for young people
- Offer more free community activities
- Centralize information from organizations/associations on a single website
- Run an awareness campaign on the healthy use of screens
- Reduce or ban the use of screens in schools and classrooms
- Offer non-organized leisure activities that are free in the community
- Offer cooking classes in the community
- Set up community gardens
- Offer health and wellness training to diverse populations
- Raise parents' awareness so that they set an example of healthy lifestyle habits for their children and youth
- Set up free community conferences on health topics and healthy living



## NEED 6

## Improved access to essential services (housing, transportation and childcare)

Access to essential services, such as housing, transportation and daycare, was identified as the sixth need in the Bathurst and Belle-Baie region. While this issue affects the general population, economically vulnerable people, seniors, newcomers and young families are more deeply affected by these issues. Adequate housing is more than just four walls and a roof. It is a place to live with security, peace, and dignity. It is central to physical and mental health, community, and sustainability. Having an affordable, suitable and safe place to live helps people and families succeed and thrive (CHRC, 2024).

### Housing

There are multiple factors to the housing concerns in the region as identified by participants and the Chaleur RCS housing report. With the population growth due to immigration and an increasing workforce, the quantity of housing available is insufficient. The Bathurst region needs hundreds of new housing units to match population growth. In fact, the Chaleur Regional Service Commission conducted a study that showed that Bathurst will need 330 new housing units within the next two years to keep up with population growth. The report also found a need for 178 new units in surrounding communities by 2026 (RCS, 2024).

A lack of adequate housing can negatively impact the health and well-being of the population (WHO, 2018). Pressure on the housing supply can have the detrimental effect of driving up rent, which puts increased pressure on households, particularly low-income and newcomer households.

*“Rents have doubled in the last few years. Before, a nice apartment cost \$600 a month. Now it’s \$1,200 or more for something that’s more or less the same and it continues to rise,” said one participant*

The lack of adequate housing for seniors is also a problem in the community. Although many seniors would like to remain in their own homes, this is sometimes difficult or not an option due to the lack of in-home supports and the rising cost of living. In addition, adaptations are needed to remain at home safely as physical abilities diminish with age. As such, residents report that retirement has become a concern. While people once looked forward to this milestone, now they worry if they will be able to afford their lifestyle or even be safe to remain in their home.

The need for shelters and emergency housing in the region was also raised, as many individuals experiencing homelessness and more vulnerable residents are forced to remain outside in difficult conditions.

*“Emergency shelters are a big need. Somewhere people can get a shower, dress for the day and be safe. Many people want to improve their circumstances but without their basic needs met they cannot.”*

Participants noted that there is a significant number of residents living in precarious situations without secure and suitable homes. Many depend on the kindness of private organizations such as faith-based organizations and community resources. The challenge is that these are short term solutions.

## Transportation

Since this region is more rural and spread out, better access to transportation in the community would greatly benefit residents and improve quality of life and access to health-related services.

*“Older people in particular need transportation solutions. They are unable to get to their appointments.”*

Without the ability to access transportation, residents are limited in their access to amenities, community resources, workplaces and health services. The absence of public transit makes travel more complex as the area is rural and spread out. The main option for those who do not have a personal vehicle is to use taxis, which can be expensive over time. It also creates dependence in this population.

*“Immigrants play an important role in our community, and public transportation will make that easier. We need it if we want to keep them here. We need to equip them. If we don’t equip them, they will be less independent, and that will create even more prejudice and cause them to leave,” said one participant.*

Dependence on a vehicle in rural areas is well known. However, for some, the financial obstacles to obtaining or maintaining a car are insurmountable. Mobility-related disability often poses problems for independent driving, and planning is needed to ensure the availability of accessible public, private and community transport (SIES, 2017). Access to transportation can also mean other things for residents. Youth report that the ability to access a vehicle to participate in activities and socialize creates a divide in class among their peers. Students whose families are unable to provide them with a vehicle are seen to be lower in socio-economic status. At the time of writing this report, a new transit service was being launched in the region.

## Childcare

Dependable, accessible and affordable daycare is another need identified that contributes to quality of life.

*“Many times only one person can work even though both are qualified.”*

When only one person in a household is employed, financial strain can undermine a comfortable standard of living and prevent the nonworking parent from contributing in the way they would prefer.

*“Not having enough access to daycare is very stressful. Stress greatly affects our health and quality of life. When a family arrives, often one person cannot work, which causes family stress (access to money, ability to have transportation, role in the family if the father does not work).”*



## Community strengths

- The Chaleur Regional Service Commission has ordered a housing study to demonstrate the urgent need for housing in the region.
- The Chaleur Multicultural Association offers many supports, such as housing search support, to newcomers to the region.
- Many families help each other in the community with childcare.
- The Rotary Club purchased a van that is available to be used free of charge for taking people to medical appointments out of town.
- Certain private companies have bought buildings to house their employees in response to shortage and cost.
- There are ride share volunteer programs in place. More awareness is needed as many residents do not know how to access this service.
- There is a bus program for CCNB students.
- Dial-a ride.
- Taxis throughout the area work well for residents without a personal vehicle.
- High-quality daycare is reportedly available in all areas.
- New transportation services are available.
- New rental housing is being built in the community.



## Potential solutions

### Housing

- Government incentives for modifying homes to allow for renting and home share
- Bring the Age-Well and Canada HomeShare programs to Chaleur
- Offer incentives to homeowners and developers to encourage more affordable rentals
- Increase the number of affordable low-income housing units
- Government financial aid programs for first time home buyers
- Increase partnerships with students and immigrants needing housing and seniors who have homes in the community
- Build co-op housing

### Transportation

- Create a public transportation system. At the time of writing this report, a new transit system was being launched in the region.
- Create a volunteer bank for transporting children and youth to activities.
- Encourage carpooling based on social network support.

### Childcare

- Increase subsidized daycares available in all areas.
- Create a bank that partners newcomers not yet working and parents needing childcare.
- Make it less strenuous to obtain permits to open daycare centres.
- Raise the wage for ECE and daycare workers.

## 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 asks 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.”

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 six needs identified during the CHNA.

### 7.2 Definition of prioritization criteria

<b>A</b>	<b>REALITY</b>	Statistics show that this need/problem affects a significant proportion of the population.
<b>B</b>	<b>PREVENTION</b>	Measures can be taken to prevent and/or alleviate this need/problem.
<b>C</b>	<b>PREMATURE DEATHS</b>	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).
<b>D</b>	<b>COST</b>	This need/problem is a financial burden.
<b>E</b>	<b>SERIOUSNESS AND SEVERITY</b>	This need/problem has a serious impact on the health of the population.
<b>F</b>	<b>PUBLIC CONCERN</b>	The public is concerned about this need/problem.

### 7.3 Weighting of needs

Following the presentation of the results of the quantitative and qualitative data analysis to the CAC, a consultation was carried out to draw up a list of the community’s main health needs. This exercise resulted in a list of six needs. From this list, CAC members were asked to assign a score to each criterion for prioritizing 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

**Table 2:** Prioritization grid

Needs identified by the CAC	A	B	C	D	E	F	Total
Access to mental health and substance use support services							
Social and economic security: solutions to combat vulnerability							
Improved access to health services							
Support for seniors and the aging population							
Promotion of healthy lifestyle habits							
Improved access to essential services (housing, transportation and childcare)							

**Table 3:** List of priorities ranked following the prioritization process

Needs prioritized by the CAC	Total score	Rank
Access to mental health and substance use support services	225	1
Social and economic security: solutions to combat vulnerability	222	2
Improved access to health services	213	3
Support for seniors and the aging population	204	4
Promotion of healthy lifestyle habits	183	5
Improved access to essential services (housing, transportation and childcare)	171	6

## 7.4 Categorization of identified needs by order of priority

Following this prioritization stage, the CAC held a sixth 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><b>Access to mental health and substance use support services</b></p> <ul style="list-style-type: none"> <li>• All population groups face problems with anxiety and depression.</li> <li>• A high proportion of youth vape and use drugs other than cannabis.</li> <li>• Youth, adults and seniors engage in abusive alcohol consumption behaviours.</li> </ul>
2	<p><b>Social and economic security: solutions to combat vulnerability</b></p> <ul style="list-style-type: none"> <li>• The cost of living has risen sharply in the region, while wages have not risen in proportion to this development.</li> </ul>
3	<p><b>Improved access to health services</b></p> <ul style="list-style-type: none"> <li>• People in the community have little access to a primary health care provider and specialists.</li> <li>• The lack of health professionals impacts access to services.</li> <li>• People in the community are having a hard time navigating the health care system.</li> </ul>
4	<p><b>Support for seniors and the aging population</b></p> <ul style="list-style-type: none"> <li>• A large proportion of seniors in the community do not have access to a viable income that would allow them to live with dignity.</li> <li>• A need for broader access to home support services has been identified.</li> <li>• There is a lack of prevention services to prevent injuries.</li> </ul>
5	<p><b>Promotion of healthy lifestyle habits</b></p> <ul style="list-style-type: none"> <li>• Young people face limited access to affordable sports and recreation, high recreational screen time, sleep deficits and poor diets.</li> <li>• Adults and seniors lack responsibility for their health.</li> </ul>
6	<p><b>Improved access to essential services (housing, transportation and childcare)</b></p> <ul style="list-style-type: none"> <li>• The community lacks housing, particularly affordable housing, which affects newcomers in particular.</li> <li>• The community lacks transportation options, especially for newcomers, seniors, and people with low incomes.</li> <li>• The community lacks sufficient childcare spaces, preventing both parents from working and affording family essentials.</li> </ul>

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