



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

**EDMUNDSTON AND HAUT-MADAWASKA**

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## Table of contents

<b>1. Executive summary</b> . . . . .	<b>3</b>	<b>6. Identification of community needs</b> . . . . .	<b>10</b>
<b>2. List of acronyms</b> . . . . .	<b>4</b>	6.1 Presentation of identified needs . . . . .	10
<b>3. Introduction</b> . . . . .	<b>5</b>	Need 1 - Access to health services . . . . .	10
3.1 Purpose of a Community Health Needs Assessment (CHNA). . . . .	5	Need 2 - Mental health and addiction services . . . . .	13
3.2 Definition and primary goal . . . . .	5	Need 3 - Access to essential services (housing, transportation and childcare) . . . . .	15
3.3 Overview of the community sociodemographic profile . . . . .	6	Need 4 - Addressing social and economic vulnerability . . . . .	17
<b>4. Community Health Needs Assessment     accountability structure</b> . . . . .	<b>6</b>	Need 5 - Better support for immigrants . . . . .	19
<b>5. Methodology</b> . . . . .	<b>7</b>	<b>7. Prioritization Process</b> . . . . .	<b>21</b>
5.1 Operating procedure with the Community Advisory Committee (CAC) . . . . .	8	7.1 Prioritization matrix . . . . .	21
5.2 Data collection . . . . .	9	7.2 Definition of prioritization criteria . . . . .	21
5.2.1 Existing quantitative data . . . . .	9	7.3 Weighting of needs . . . . .	21
5.2.1 Gathering new qualitative information . . . . .	9	7.4 Synthesis of identified needs . . . . .	22
5.3 Descriptive analysis of qualitative data . . . . .	9	<b>8. References</b> . . . . .	<b>23</b>
5.4 Participants . . . . .	10		

## 1. Executive summary

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

In 2018-2019, the Network undertook a five year cycle extending over a five year period. The Edmundston and Haut-Madawaska Region CHNA ran from September 2024 to January 2025.

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.

Analysis of quantitative data and the addition of additional qualitative information resulted in the identification of five health needs in the community. From this list, CAC members participated in a prioritization activity resulting in the following order of priority needs:

1. Access to health services
2. Mental health and addiction services
3. Access to essential services (housing, transportation and childcare)
4. Addressing social and economic vulnerability
5. Better support for immigrants

This report includes potential solutions, suggested by participants and community members, that are specific to the Network, community partners, policy makers, and other key stakeholders related to the needs identified during the CHNA.



## 2. List of acronyms

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<b>PHAC</b>	Public Health Agency of Canada
<b>CAMH</b>	Centre for Addiction and Mental Health
<b>CAC</b>	Community Advisory Committee
<b>NBHC</b>	New Brunswick Health Council
<b>CHNA</b>	Community Health Needs Assessment
<b>RHBP</b>	Regional Health and Business Plan
<b>PAR</b>	Participatory Action Research
<b>PHC</b>	Primary Health Care
<b>PHS/PCS</b>	Primary Health Survey / Primary Care Survey
<b>SWES</b>	Student Wellness and Education Survey



### 3. Introduction

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

According to the Regional Health Authorities Act (Legislative Assembly of New Brunswick, 2011), regional health authorities are responsible for:

- a) determining the health needs of the population they serve;
- b) to determine priorities for the delivery of health services to the population; and
- c) allocate resources in accordance with the Regional Health and Business Plan (PRSA).

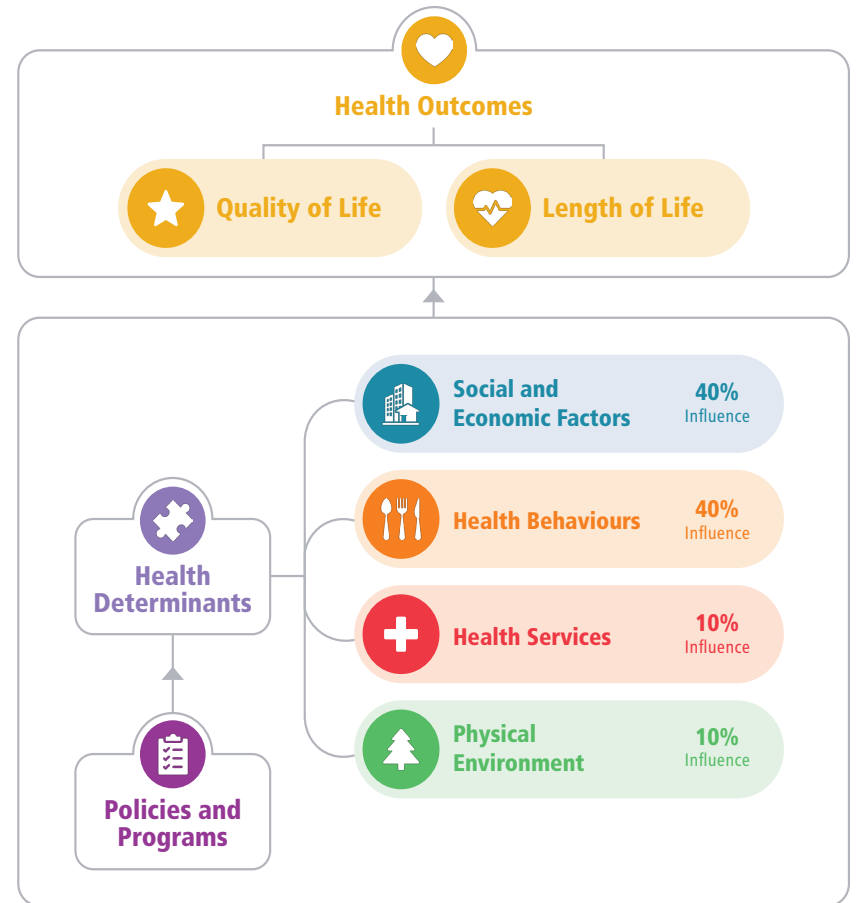
#### 3.2 Definition and primary goal

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

The main objective of a CHNA is to establish a list of health and wellness needs in order of importance that can inform Vitalité Health Network (the Network), decision-making bodies and community partners on resource planning in the community. In addition, community participation and engagement are at the heart of this process. The CHNA process involves collaboration among community members and various stakeholders (Ministry of Health, 2018).

In addition, the five-year CHNA cycle helps to provide baseline information on the health and well-being of communities and the factors that influence the overall health of communities, the social determinants of health.

From this point of view, the CHNA process must be approached from a population health perspective. The population health approach aims to improve the health status of an entire population and reduce health inequalities among different population groups. To achieve these objectives, this discipline examines and attempts to influence the broad range of factors and conditions that have the greatest impact on health (social determinants of health) (PHAC, 2012).

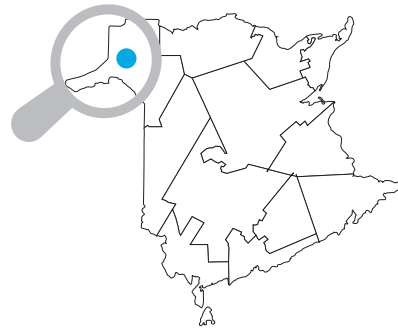


Source: NBHC (2025).

### 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 Edmundston and Haut-Madawaska area is one of the 13 communities served by Vitalité Health Network and includes a total of 17 places: Baker Brook, De la République Provincial Park, Lac Baker, Madawaska Maliseet First Nation, Saint-Basile, Clair, Edmundson, Madawaska, Rivière-Verte, Saint-Francois, Saint-Francois de Madawaska, Saint-Jacques, Saint-Joseph-de-Madawaska, Verret, Saint-Hilaire, Saint-Joseph, St. Hilaire

The Edmundston and Haut-Madawaska region is one of the 13 communities to which the Network provides services. It is part of Zone 4 of the Network and is in northwestern New Brunswick. In 2024, the population of the community was 28,781, of which 29% of residents were 65 years of age and older (NBHC, 2024). French (93%) is the language most often spoken at home (NBHC, 2021).

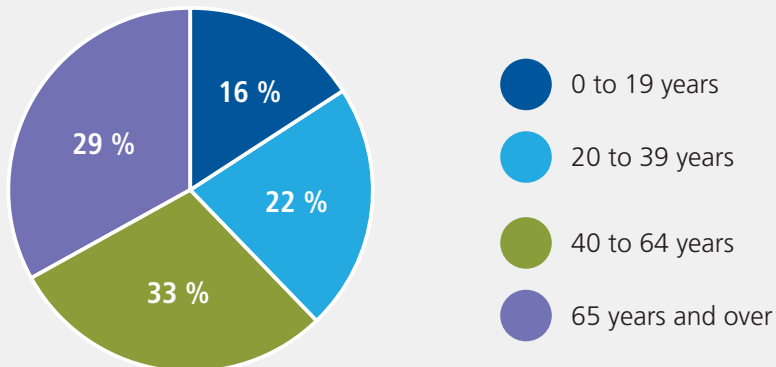


### 4. CHNA accountability structure

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.

Age Distribution of the Population

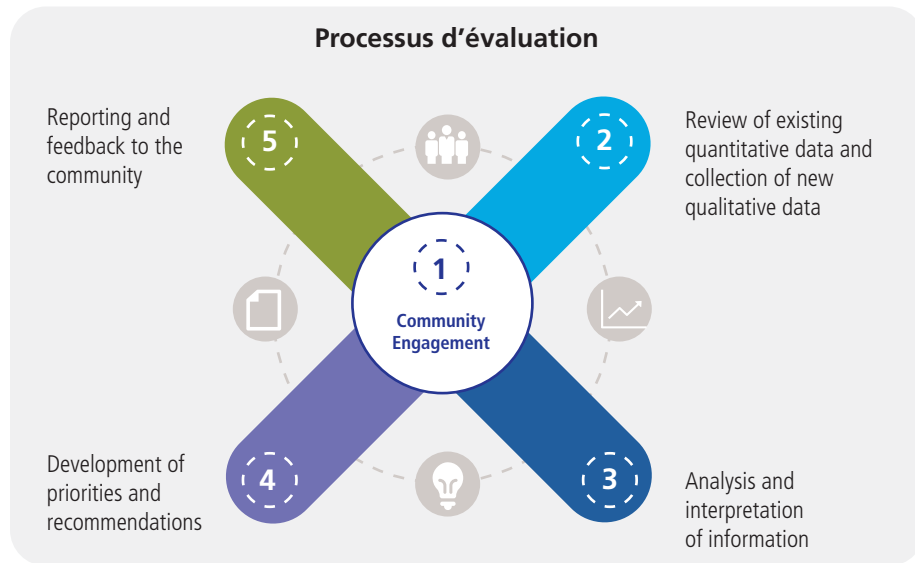


Source: Statistics Canada (2022). 2022 Census Profile.



## 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 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 Edmundston area CHNA was made up of a variety of sectors: Public Health, Inclusion NB, Regional Services Commission (RSC), RCMP, Primary Health Care (Vitalité Health Network), Northwest Resource Centre for Newcomers, City of Edmundston, Primary Care (Vitalité Health Network), The District scolaire francophone du Nord-Ouest, Community Engagement (Vitalité Health Network), Northwest Regional Service Commission, and Addiction and Mental Health Services.



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

The CAC meetings took place in person in Edmundston. A total of four consultations were held with the CAC (October 2024 to January 2025).

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

Meeting	Objectives
<b>Meeting 1</b> October 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>• Identify relevant actors to consult when collecting qualitative data.</li> </ul>
<b>Meeting 2</b> November 2024	<ul style="list-style-type: none"> <li>• Present and interpret available external quantitative data on the community.</li> <li>• Highlight the strengths and assets of the community as well as its challenges.</li> </ul>
<b>Focus groups and semi-structured interviews</b>	
<b>Meeting 3</b> December 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 4</b> January 2025	<ul style="list-style-type: none"> <li>• Validate the data analysis performed by the CHNA team.</li> <li>• Prioritized identified needs (individual activity).</li> <li>• Identify possible solutions for the needs prioritized by the CAC.</li> </ul>



## 5.2 Data collection

A participatory action research (PAR) methodology combining 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 2022–2025 Regional Health and Business Plan (RHBP), and so on. For further details on data sources, please consult the detailed bibliography.

### 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 the 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. Qualitative information serves to supplement and complement 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 into the design and execution of the process (Danley and Ellison, 1999). Consultations with the CAC in question help 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 was 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 their insights and/or talk about their experiences (Krueger and Casey, 2009).

A semi-structured interview is a verbal exchange where the interviewer attempts 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

Four specific themes were explored for the focus groups and interviews: 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 74 people were consulted as part of the CHNA, including 34 people in focus groups and 10 people in consultations with the CAC.

## 5.4 Participants

### THEME 1

#### Children and youth

A total of 27 people were consulted:

- Focus groups: 17 people
- CAC Meetings: 10 people

### THEME 2

#### Adults

A total of 17 people were consulted:

- Focus groups: 7 people
- CAC Meetings: 10 people

### THEME 3

#### Seniors

A total of 12 people were consulted:

- Focus groups: 2 people
- CAC Meetings: 10 people

### THEME 4

#### Immigrants, newcomers

A total of 18 people were consulted:

- Focus groups: 8 people
- CAC Meetings: 10 people

## 6. 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

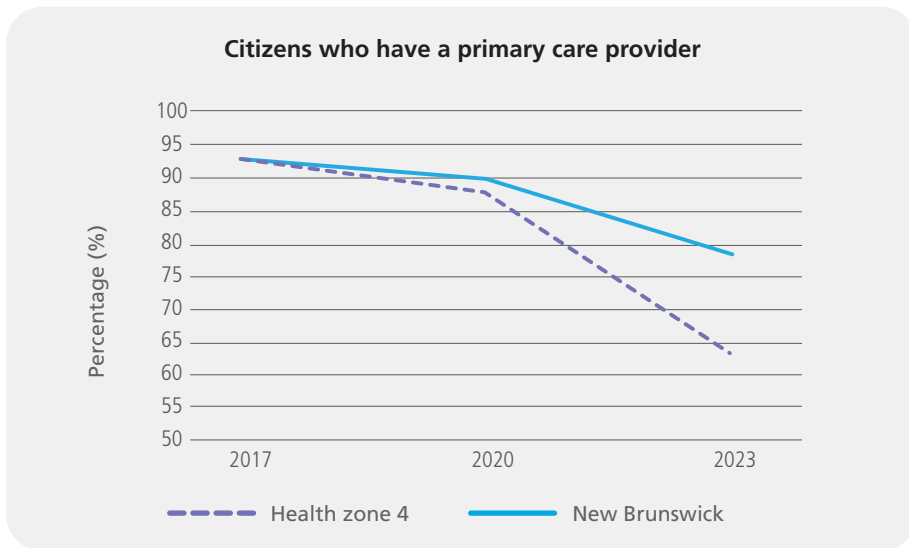
##### Access to health services

Improved access to primary and specialized health services was identified by those consulted as the top need for the people of Edmundston and Haut-Madawaska. It is one of six components used to measure the quality of health services and is defined as “the ability of patients/clients to obtain care or services in the right place, at the right time, according to their respective needs and in the official language of their choice.” (NBHC, 2025).

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

Residents and service providers report that they face challenges in accessing primary health care. Health Zone 4 has the lowest percentage of residents with a primary health care provider in the province. This rate decreased from 93% in 2017 to 64% in 2023 and is the largest decrease in New Brunswick for this period (NBHC PHS/PCS 2017; 2023). This discrepancy mainly stems from a lack of successors when primary health care providers retire. Even those who have a health care provider generally report long waits to obtain an appointment.

*“There are many types of specialists or even a regular doctor we need to travel to have access. This makes it harder for many.”*



Source: NBHC, Primary Health / Primary Care Survey. (2017 to 2023).

Access to specialized services is also a challenge for people in the community. Since the community is located halfway between major centres, people have to travel long distances for specialized services, such as cancer treatment. People consulted report a lack of specialists in the community, for example dermatology, gynecology and ENT specialists.

### Awareness regarding services and resources that are available

Another barrier to accessing health services is the complexity of the health care system and how it operates. Residents have difficulty finding the information they need on services and resources. For example, during the consultations, several people in the community mentioned that the Clair Health Centre was closed. However, this is not the case. While some services were temporarily interrupted due to the absence of physicians, other services remained available and the centre remained open. This example illustrates how a lack of communication can hinder access to health care.

Access to information on available services and resources is a particular challenge for immigrants and newcomers. This population experiences a period of adjustment when they arrive in this new country, and many find the health care system vast, complex and difficult to navigate. One-third (33%) of immigrants report having had difficulty navigating the health care system (NBHC PCS, 2023). One person noted, however, that families with children in school are better informed and equipped than their peers.

### Efficiency and delivery of service

According to the consultations, long wait times in the emergency room of the Edmundston Regional Hospital are a concern. One person consulted reported that even for real emergencies one must wait for extended periods. The community of Edmundston and Haut-Madawaska is among those where a higher percentage of the population (15%) uses the emergency room as a place for routine care (NBHC PHS, 2020). This contributes to a congested ER, and poses significant challenges to hospital staff and patients.

*“We don’t want to go to the emergency room for non-urgent things, but we have no other option.”*

Conversely, the Clair Health Centre in Haut-Madawaska is reportedly often empty. For the community, this point of service is an important asset promoting geographical access to health care. However, due to recruitment and retention challenges, the centre is without a doctor, limiting the services offered. This concerns the people consulted as it further impedes improved access to health services. This also means residents from this area must travel to Edmundston for certain services.

## Community strengths

Among the community's strengths and assets, the Network is prioritizing improving access to primary care with the deployment of local family health teams, while clinics are providing in-person ad-hoc care and other partners are providing remote consultations.

- A detox centre, which allows residents to become healthy
- Hospital with many available services
- Private health care clinic, which allows residents to access services quickly
- Sleep clinic
- Red Cross
- eVisit
- Escale MadaVic for women experiencing violence
- Nurses present in the schools
- Clair pharmacy
- Walk-in clinic two days a week
- Extra-Mural Program
- Child and youth team at Vitalité Health Network
- Vaccination available at pharmacies



## Potential solutions

The solutions proposed in the CHNA to improve access to health services include additional resources, better retention of health care workers, and better means of communicating with the public.

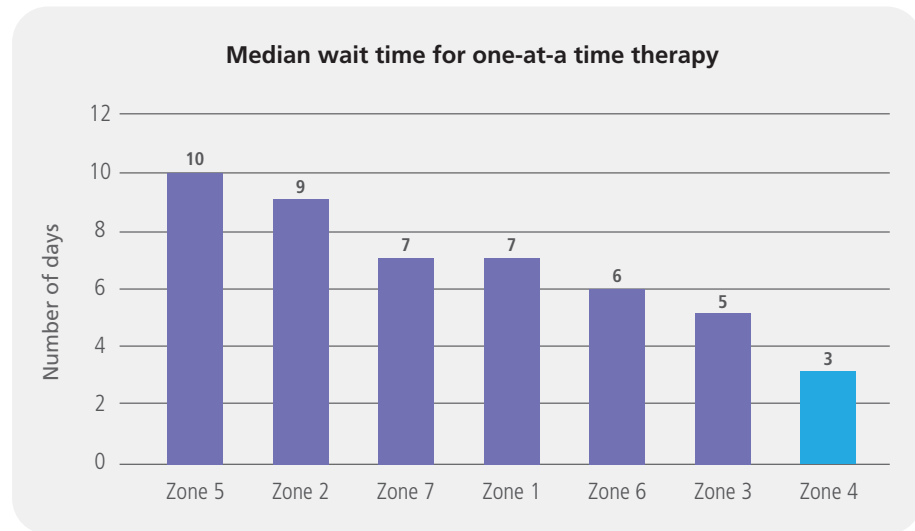
- Increase the number of doctors and primary health care providers in the area
- Provide education sessions in the community regarding available services
- Offer more services in existing clinics
- Increase collaboration between public and private services to improve availability and awareness
- Develop educational videos on how to access health services
- Offer prenatal courses in community spaces
- Offer MRI services in the region
- Increase community clinics to avoid improper use of the emergency room
- Create a retention program for health care workers
- Offer a course on online health apps to ensure the public knows how to use these platforms

**NEED 2**

**Mental health and addiction services**

Access to mental health and addiction services was identified as another concern for the region. Both health issues have a significant effect of the quality and length of one's life and often influence one another.

"The crisis is real," wrote the Centre for Addiction and Mental Health. "Most people still don't really understand how severe, costly and potentially destructive mental health can be, both socially and personally." (CAMH, 2025) To address this crisis, it is crucial to have supports and services that are accessible and respond to the region's needs. A service is accessible when it is offered according to the level of need of its patients/clients and when physical (such as distance), temporal (such as wait times) and comprehension (such as language) barriers are overcome (NBHC, 2025).



Source: NBHC (2023-2024)

**Mental health**

People in the community of Edmundston and Haut-Madawaska report challenges in accessing mental health services. Wait times for services was one of the barriers identified. Although Health Zone 4 has the shortest access time for "one-at-a-time therapy," those consulted explained that challenges remain. For example, the wait for confirmation of certain diagnoses is too long, as are the delays caused by interdepartmental collaboration, particularly between the Department of Health and the Department of Social Development. Finally, it is reported that there is often a wait time even for paid private services.

Another significant barrier to accessing needed support is the stigma associated with requiring mental health care. Despite advances in recent decades, the stigma around mental health concerns persists in the community, as does the lack of mental health literacy. In fact, immigrant participants report that in many cultures mental health is considered a taboo subject.

*"In my village, I would not be accepted and be taken out of the village."*

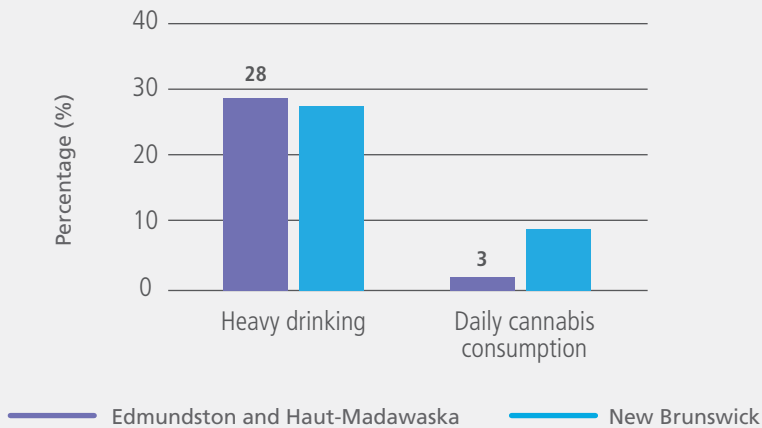


**Substance use**

Consultations reveal that there is a perceived increase in substance use in the community, which is causing concern. In the adult population, the data shows proportions similar to provincial trends for heavy drinking (28%), but significantly lower for cannabis use (3%) (NBHC, 2020). Data on drug use was not available; however, consultations indicate that several substances, including amphetamines, are easily available in the community. It was explained that the geographical proximity to the American and Quebec borders is conducive to drug trafficking, thus increasing their visibility and accessibility.

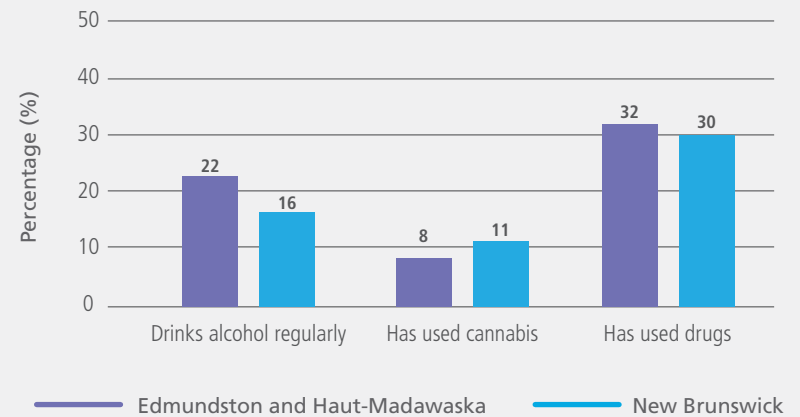
Among youth, smoking, vaping and drug data follow provincial trends, while cannabis use data are more favorable than average (NBHC, 2023-2024). When it comes to alcohol, however, young people in the community are among the biggest consumers. For example, 52% have tried alcohol (NB = 38%), while 22% drink alcohol regularly (NB = 16%; NBHC 2023-2024). Those consulted indicated that parents and family members sometimes play a role in the equation. It was explained that some parents introduce their children to alcohol consumption themselves or that they provide them with vaping accessories. One person added that among young people, the myth that vaping is better than smoking persists..

**Percentage of individuals (18+) who have used drugs in the past 12 months, by type of substance**



Source: NBHC, Primary Health / Primary Care Survey (2020).

**Percentage of youth who have used drugs in the past 12 months, by type of substance**



Source: NBHC, Student Wellness and Education Survey, Grades 6 to 12 (2023-2024).

## Community strengths

The community has a variety of public, private and community services to support mental health, including mobile crisis services, crisis lines, family support services and a detoxification centre.

- Detox services available in the community
- Community mental health centre, which is free with a referral
- Social workers are present in the school system
- Mobile crisis services and provincial addiction and mental health helpline
- Red Cross friendly visits and support line
- Generous community that supports its residents
- Private and public mental health professionals available
- Public health has a team dedicated to tobacco use and vaping
- Quick services available for those in crisis through Vitalité Health Network

## Potential solutions

Among the potential solutions, those consulted suggested focusing on raising public awareness of mental health issues and preventing drug use among young people.

- 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.
- Raise awareness of mental health services available in the community.
- Hire psychiatrists who are open to offering education and who have an open spirit.
- Invest resources specifically into child and youth mental health support.

## NEED 3

### Access to essential services (housing, transportation and childcare)

Housing, transportation and affordable childcare are seen to be fundamental to ensuring people's stability, autonomy and social participation. These services allow greater access to other rights and opportunities, and their absence may directly undermine individual and collective well-being.

#### Housing

In both Edmundston and Haut-Madawaska, the CHNA consultations revealed that access to appropriate housing for one's needs can be difficult. There are reports of few vacant, affordable housing units in good condition in the community. The number of available housing units is not sufficient to meet population growth and the pressure on housing supply is leading to an increase in rental costs. With few options, many individuals and families are either living in homes in poor condition or sharing a home that is too small for the number of occupants. Those most affected by these circumstances are newcomers and those in low socio-economic situations.

*“There are some spaces with five children in a two-bedroom house: there must be some sleeping in the living room.”*

Those consulted expressed concern regarding two other groups in precarious situations. First, there are reports that the community lacks emergency shelters, such as a temporary shelter or warming center, for those experiencing homelessness. Second, the labour shortage in the community limits the number of nursing home spaces available. Thus, many people occupy hospital beds while waiting for a place in a nursing home.

*“The problem is the lack of manpower, which is forcing homes to close beds. It's not the lack of space that's the problem.”*

## Transportation

Much of the community depends on a vehicle and few alternatives are available. This reality raises concerns, especially for those who cannot afford to own a vehicle. While the need for reliable transportation is felt throughout the community, the people of Haut-Madawaska are particularly far from essential services. Without a vehicle, travel to community resources, workplaces and health services is limited or impossible. At the time of writing, a new transit system was being launched in the region.

## Childcare

Consultations indicated challenges in accessing childcare in the community. Since all daycare centres are all operating at maximum capacity, it is recommended that young families register with a daycare centre very early, sometimes even before the child is born. However, this clearly disadvantages newcomers to the community. If the family cannot find a place in daycare, one of the parents must stay home to care for the child. Given the widespread labour shortage in the region, it is a significant socio-economic issue when people cannot quickly and easily re-enter the labour market.

*“We have daycares, but they are all full.”*

## Community strengths

In terms of transportation, the community's greatest assets are mobile services, i.e. that go to the individual being served, and the new FlexGo public transport system. Consultations yielded nothing on housing and daycare.

- Aide à la Famille
- Resource centre for those in need
- Employment services available through the government
- High quality daycares present in the community
- New transportation services available
- Housing being built for workers with a program to help them work towards future home ownership

## Potential solutions

Potential solutions proposed include the following: housing: build new buildings; transportation: promote the new FlexGo service; childcare centres: provide childcare in the workplace.

- Provide childcare services within workplaces.
- Create government incentives for employers offering workplace childcare.
- Survey residents once the new transport system is in place to ensure it meets the community's needs.
- Create building projects for new housing that employ those needing work.
- Develop a play date program that provides respite for parents.



**NEED 4**

**Addressing social and economic vulnerability**

Social and economic security was identified as a need within the region. Social and economic factors, such as education, employment, income, family and social support, and community safety, account for 40% of health determinants (NBHC, 2017). Economic factors, such as income and employment, can determine living conditions, such as access to good housing and the ability to buy healthy food.

**Aging population and the need for a succession plan**

In Edmundston and Haut-Madawaska, consultations revealed a labour shortage. Participants report that this is likely due to the decline in the birth rate over several decades, the interprovincial migration of many young adults, as well as the gradual departure of baby boomers from the labour market. It is becoming increasingly difficult to ensure sufficient succession to meet the growing needs of an aging population.

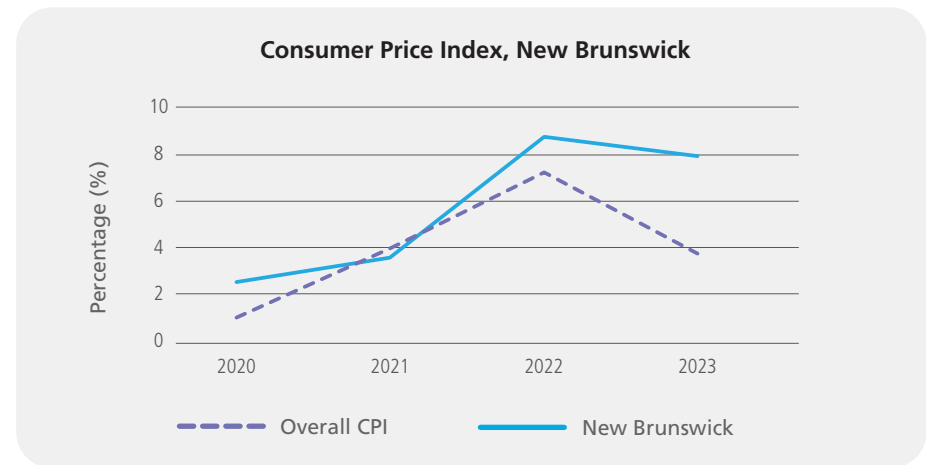
Part of the current solution is to attract new workers to the community, including through immigration. However, there are several barriers to the integration of these people into the local labour market, including the complexity of the process for recognizing foreign skills and the restrictions associated with closed work permits. The consultations raised the need for adjustments to these processes as a solution to maximize benefits, both to the community in general and to its individual members. Equally important is a plan to retain those who immigrate to the region once they have their permanent resident status.

*“Often, people come here to obtain their permanent residence as it’s a shorter wait time, and then leave which means we have to integrate new people continually.” »*

**Income and financial inequity**

The community reports that the high cost of living and inflation are hurting the well-being of its population. In 2020, the median total household income in the community was \$62,000, well below the provincial average of \$70,000 (NBHC, 2021). Those consulted expressed their concern about the constant rise in the cost of living: taxes, rent, energy, food — everything is rising. In fact, according to data from the Department of Finance and Treasury Board, the Consumer Price Index (CPI) jumped to 7.3% overall and 9% for food in 2022.

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

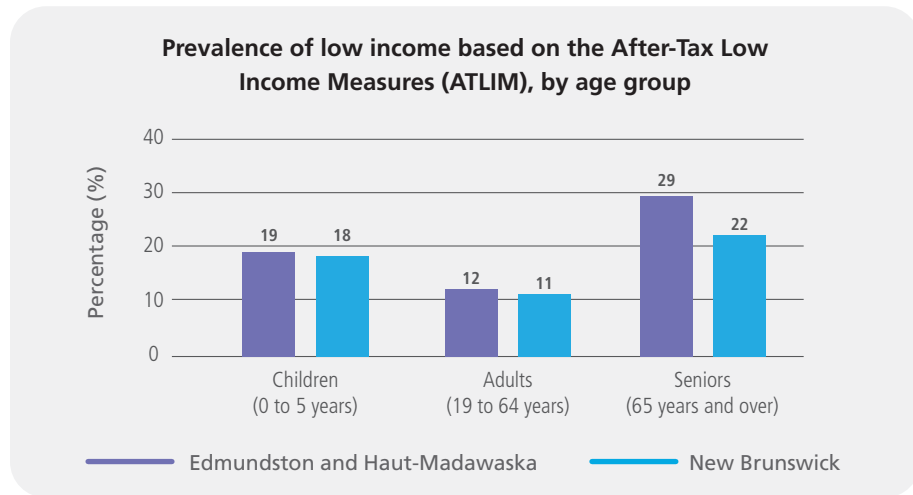


Source: Department of Finance and Treasury Board (2023; 2024).

This situation especially impacts the most vulnerable groups, including seniors, children, youth, immigrants and those already living in financially precarious situations. This type of significant inflation has reportedly created short-term challenges, such as the need to use food bank services and other supports. Many expressed concerns that it can also influence people's choices, which can bring longer-term negative consequences. For example, high school students explain that the price of a meal in their school cafeteria is equivalent to that of a meal served in a restaurant. Many of them are therefore turning more to fast, tasty, but often less nutritious food.

*“The food problem in the schools is there. They raise funds once a year to help with this, but they have to feed everyone all year round.”*

Although inflation affects the entire community, those consulted reported that a significant proportion of people live in poverty, making them more vulnerable and widening the gap of financial inequity. For example, it was explained that the amounts paid under the Income Assistance Program are insufficient to access safe and affordable housing, even at the minimum cost of the rental market. The latest census indicated that 19% of children in the community aged 0 to 5 live in a low-income household, as do 29% of seniors (NBHC, 2021).



Source: NBHC, 2021

Immigrants are also overrepresented among those in financially precarious situations. It was explained that people often arrive in Canada with less money than they need. Then, for many, securing a job can be more difficult than expected. As many newcomers do not have access to certain social programs, such as employment insurance and income assistance, they find this initial period difficult.

### Population changes and lack of social activities

According to those consulted, community members feel that there is lack of meeting spaces and organized activities that promote socialization and entertainment. It is reported that youth, young adults and seniors would benefit from such gathering places. In addition, recreational programming is not very diverse. Some people consulted were concerned that the lack of activities would lead young people to spend more time in front of screens, which could affect their sense of belonging. There was also a concern that this is a contributing factor to decisions to leave the area.

*“Young people are starting to leave because of a lack of service.”*

In the Haut-Madawaska region specifically, the geographical distance complicates access to resources that are generally centralized in the city. In addition, the small size of the population makes it even more difficult to offer a variety of programming. One individual consulted noted that “the library does a lot, but that it is not being used to its full potential.” However, where sports are concerned, many report good access and adequate diversity in their availability. That said, access to a swimming pool and swimming lessons is seen as a need for families. Finally, a lack of cultural and artistic programming was also highlighted, particularly regarding visual arts and music courses.

## Community strengths

The consultations revealed that the great strength of the community is mutual aid and people who work to improve the conditions of the community. On the leisure side, natural spaces such as parks and trails, as well as built spaces such as arenas and playgrounds, are available to get people moving. People can also join various clubs, groups and programs based on their interests.

- Pro Kids, a program that helps youth participate in sports
- Food bank
- Community centres offer programs
- A lot of volunteering opportunities and free programs available
- High education level of residents
- Many outdoor spaces available, such as parks, skate park, outdoor concerts, which are all free to use and enjoy.
- Coupon book available for the area
- Prison nearby offering employment
- Eat Fresh Northwest
- Community members who help one another
- Thrift store providing clothing for those in need
- Gardons les enfants de notre region au chaud program
- Breakfast program in the schools
- Library providing free services
- Atelier Tournesol home care services

## Potential solutions

Several possible solutions were proposed that aim to increase the workforce, promote well-being, encourage volunteering, address financial inequity, improve the range of activities available and encourage physical activity. A list detailing all the proposed solutions can be found in the appendix..

- Offer retired community members the opportunity to work without incurring a pension penalty.
- Offer tax refunds for volunteers in the community.
- Create a way to increase awareness about available activities and sports, thereby increasing the sense of belonging.
- Create more culturally and artistically diverse activities within the community.

### NEED 5

#### Better support for immigrants

The community of Edmundston and Haut-Madawaska has been transformed in recent years with the arrival of a growing number of immigrants. It is important to take an interest in this population and its specific needs, especially in a context where the host community is rather homogeneous, and many residents have lived in the community for a long time.

#### Language barriers

The consultations revealed that immigrants face language challenges that hinder their full inclusion in the community. On one hand, there are specific challenges and potential misunderstandings related to multilingualism. Regardless of their first language, immigrants discover the complexity of an environment where two official languages coexist and the obstacles that this represents for their social and professional inclusion. On the other hand, comprehension difficulties also appear between people who speak the same language. Even French-speaking immigrants must learn the local dialect, Brayon. A young high school student explained that here, “they mix the two languages,” which makes her standard French stand out, and her peers consider her “different.” Thus, language contributes to community tensions by accentuating the differences between groups.



## Cultural diversity and division

Those consulted reported divisions and tensions between Canadians in the community and those who immigrate to the community. Even if the people in the community are generally smiling and welcoming, they form a homogeneous group who has known each other since childhood. Immigrants find it difficult to integrate into these social circles, which affects their sense of belonging. This self-segregation is particularly noticeable in high school and university. These young people and young adults also reported feeling a lack of welcome and sensitivity to cuisines from elsewhere, widening the gap between the groups. More specifically, cafeterias offer limited culinary diversity and some rental property owners prohibit the preparation of certain types of cuisine.

*“My boyfriend lived with a Canadian family who wouldn’t allow him to prepare food from his country as it was too fragrant.”*

While it is understandable that there will be adaptation between local Canadians and immigrants in the context of rapid demographic change, it is important to raise awareness because some attitudes and comments observed outside the framework of formal consultations, particularly in the community and on social media, are felt to be racist or prejudice. Participants felt that acceptance and inclusion cannot be a one-way process, but rather relies on mutual efforts, open-mindedness, and a willingness to build a community where everyone can feel at home. If immigration is encouraged, it is not enough for the immigrant to be ready to adapt; it is equally essential that the host community is aware of multiculturalism and has adequate intercultural competencies.

## Community strengths

The strengths and assets identified include the Newcomer Resource Centre, the social and community activities already offered, and the warm welcome of people.

- Arena and community centres providing opportunities for connection
- Activities specifically for immigrants and newcomers
- Immigration providing professionals needed in the community
- University and post-secondary programming
- Multicultural centre
- Northwest Resource Centre for Newcomers (NRCN)
- Guidance and support for immigrants employed by Vitalité Health Network

## Potential solutions

The proposed potential solutions addressed the following three targets: raising awareness among Canadians, raising awareness among newcomers, and fostering intercultural exchanges (not only between newcomers of different cultures and backgrounds, but primarily between them and Canadians). A detailed list of the proposed solutions can be found in the appendix.

- Promote the benefits of cultural diversity and immigration.
- Promote and include intercultural activities in existing community events.
- Create joint community projects for newcomers and residents.
- Increase resources for immigrants and newcomers.
- Create a language and cultural customs club that explores the many culturally unique attributes of each culture present in the community.
- Develop playdate programs that allow parents and children of different cultures to socialize.
- Create courses in the school system on Canadian culture for immigrants. Provide free access to Canadian sports for immigrants.

## 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 seven 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 five 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 bt the CAC	A	B	C	D	E	F	Total
Access to health services							
Mental health and addiction services							
Access to essential services (housing, transportation and childcare)							
Addressing social and economic vulnerability							
Better support for immigrants							

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

Needs prioritized by the CAC	Total score	Rank
Access to health services	32	1
Mental health and addiction services	24	2
Access to essential services (housing, transportation and childcare)	19	3
Addressing social and economic vulnerability	16	4
Better support for immigrants	13	5

## 7.4 Categorization of identified needs by order of priority

Following this prioritization stage, the CAC held a last meeting to validate and categorize the final list of needs and identify potential solutions.

Prioritized needs	
<b>1</b>	<p><b>Access to health services</b></p> <ul style="list-style-type: none"> <li>• The community has the lowest rate of people with a primary health care provider.</li> <li>• The lack of succession following retirement has resulted in fewer physicians in the area.</li> <li>• People in the community report finding it difficult to navigate the health care system and are unaware of all the resources available.</li> </ul>
<b>2</b>	<p><b>Mental health and addiction services</b></p> <ul style="list-style-type: none"> <li>• Access to mental health support is affected by reportedly long wait times</li> <li>• The community feels that better interdepartmental collaboration would allow better access.</li> <li>• There is still stigma associated with needing mental health support.</li> <li>• Drug use and drinking are a concern for many residents of the area.</li> <li>• Data trends show youth to have high rates of cannabis, vaping, smoking and drug use.</li> <li>• Parents and family members can sometimes be a source of introduction to substance use.</li> </ul>
<b>3</b>	<p><b>Access to essential services (housing, transportation and childcare)</b></p> <ul style="list-style-type: none"> <li>• There is a reported lack of vacant and affordable housing.</li> <li>• Many properties are in poor condition.</li> <li>• Population growth exceeds essential services available.</li> <li>• The community lacks transportation options.</li> <li>• Lack of available childcare leaves many families unable to have two working parents, thereby decreasing their socio-economic status.</li> </ul>
<b>4</b>	<p><b>Addressing social and economic vulnerability</b></p> <ul style="list-style-type: none"> <li>• There is a labour shortage, potentially from insufficient succession.</li> <li>• The cost of living has risen sharply in the region, while wages have not risen proportionately.</li> </ul>
<b>5</b>	<p><b>Better support for immigrants</b></p> <ul style="list-style-type: none"> <li>• There is tension felt between culturally diverse citizens, leading to decreased integration.</li> <li>• The community would benefit from cultural programming and opportunities for socialization.</li> <li>• The community would benefit from everyone being more open-minded and learning about the benefits of multiculturalism.</li> </ul>

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