



2022–2023 EVALUATION REPORT

# Community Health Needs Assessment

BOUCTOUCHE | RICHIBUCTO | SAINT-ANTOINE

## Table of contents

<b>1. Executive Summary</b> .....	<b>3</b>
<b>2. List of Acronyms</b> .....	<b>4</b>
<b>3. Introduction</b> .....	<b>5</b>
3.1. Purpose of a Community Health Needs Assessment (CHNA) .....	5
3.2. Definition and primary goal .....	5
3.3. Overview of the community sociodemographic profile .....	5
<b>4. Community Health Needs Assessment Accountability Structure</b> .....	<b>7</b>
<b>5. Methodology</b> .....	<b>8</b>
5.1. Operating procedure with the Community Advisory Committee (CAC) .....	9
5.2. Data collection .....	10
5.2.1. Existing quantitative data .....	10
5.2.2. Gathering new qualitative information .....	10
5.3. Descriptive analysis of qualitative data .....	11
5.4. Membership and topics addressed .....	11
<b>6. Identification of Community Needs</b> .....	<b>12</b>
6.1 Presentation of identified needs .....	12
Promotion of healthy lifestyle habits .....	13
Socio-economic precariousness .....	17
Access to health care services .....	20
Territorial planning .....	24
Support for seniors .....	27
Support for families .....	30
<b>7. Prioritization Process</b> .....	<b>33</b>
7.1 Prioritization matrix .....	33
7.2 Definition of prioritization criteria .....	33
7.3 Weighting of needs .....	33
7.4 Categorization of identified needs by order of priority .....	34
<b>8. Recommendations</b> .....	<b>36</b>
<b>9. References</b> .....	<b>42</b>



## 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 Bouctouche, Richibucto and Saint-Antoine CHNA was conducted from October 2022 to February 2023.

Data collection as part of a CHNA uses a participatory action research (PAR) that combines quantitative and qualitative approaches (Koch and Kralik, 2009; McNiff, 2013). This “combined approach” is useful as it provides valuable information to guide future planning for Vitalité Health Network 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. Also, the several focus groups and semi-structured individual interviews conducted provided further information on the topics predefined during consultations with the CAC. Overall, the CHNA for the Bouctouche, Richibucto and Saint-Antoine area consisted of six consultations with the CAC, four topics explored as part of four focus groups, and two semi-structured individual interviews.

The quantitative data analysis and additional qualitative information resulted in a list of six 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 Bouctouche, Richibucto and Saint-Antoine into six categories: promotion of healthy lifestyle habits, socio-economic precariousness, access to health services, territorial planning, support for seniors and finally, support for families.

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 Bouctouche, Richibucto and Saint-Antoine CHNA.



## 2. List of acronyms

<b>AFANB</b>	<i>Association francophone des aînés du Nouveau-Brunswick</i>	<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>AFPNB</b>	<i>Association francophone des parents du Nouveau-Brunswick</i>	<b>EMP</b>	Extra-Mural Program
<b>ANB</b>	Ambulance New Brunswick	<b>RHBP</b>	Regional Health and Business Plan
<b>CAC</b>	Community Advisory Committee	<b>ISD</b>	Integrated Service Delivery
<b>NBCC</b>	New Brunswick Community College	<b>PAR</b>	Participatory action research
<b>CDC</b>	Centres for Disease Control and Prevention	<b>RHA</b>	Regional Health Authority
<b>FRC</b>	Family Resource Centre	<b>CMHC</b>	Canada Mortgage and Housing Corporation
<b>HSMK</b>	Stella-Maris-de-Kent Hospital	<b>NBSWS</b>	New Brunswick Student Wellness Survey
<b>CHC</b>	Community Health Centre	<b>PHC</b>	Primary Health Care
<b>CMHC</b>	Community Mental Health Centre	<b>WHO</b>	World Health Organization
<b>NBHC</b>	New Brunswick Health Council		
<b>RSC</b>	Regional Service Commission		
<b>LSD</b>	Local Service District		
<b>DSFS</b>	<i>District scolaire francophone Sud</i>		
<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>	<i>Institut national de santé publique du Québec</i>		
<b>MADA</b>	<i>Municipalité amie des aînés</i>		
<b>DSD</b>	Department of Social Development		
<b>N.B.</b>	New Brunswick		
<b>NBMC</b>	New Brunswick Multicultural Council		



## 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 in order to set health and wellness priorities and improve the population health status.

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

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

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

### 3.3. Overview of the community sociodemographic profile

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

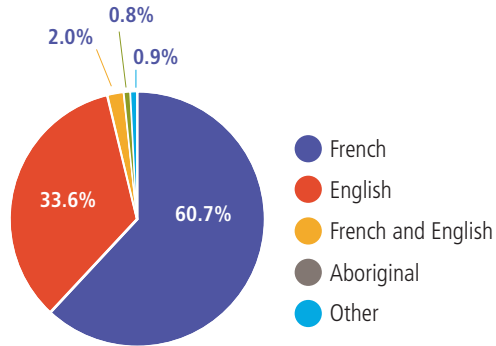
The Bouctouche, Richibucto and Saint-Antoine area is one of the 13 communities served by Vitalité Health Network and includes a total of 73 places:

Acadieville	Ford Bank	Kouchibouguac National Park	Saint-Édouard-de-Kent
Adamsville	Fords Mills	Pelerin	Saint-Grégoire
Aldouane	Galloway	Pine Ridge	Saint-Ignace
Baie de Bouctouche	Gladeside	Pointe Dixon Point	Saint-Joseph-de-Kent
Balla Philip	Grande-Digue	Pointe-Sapin	Saint-Louis-de-Kent
Bass River	Harcourt	Portage St-Louis	Saint-Maurice
Beersville	Haut-Saint-Antoine	Elsipogtog First Nation	Saint-Paul
Birch Ridge	Huskisson	Buctouche First Nation	Saint-Thomas-de-Kent
Bouctouche	Hébert	Indian Island First Nation	Sainte-Anne-de-Kent
Browns Yard	Jardineville	Renauds Mills	Sainte-Marie-de-Kent
Cails Mills	Kent Junction	Repton	Site Historique Bonar Law
Caissie Cape	Kouchibouguac	Richibouctou-Village	Smith's Corner
Canisto	Laketon	Richibucto First Nation	South Branch Kent Co
Childs Creek	Main River	Saint-Antoine	St-Antoine Nord
Clairville	McKees Mills	Saint-Antoine Sud	Targettville
Coal Branch	Mcintosh Hill	Saint-Antoine-de-Kent	Upper Repton
Cocagne	Mundleville	Saint-Charles	Welsford
Dundas	Noinville		West Branch
East Branch	Notre-Dame		

Please note that Elsipogtog First Nation, Buctouche First Nation, Indian Island First Nation and Richibucto First Nation are subject to separate CHNAs in order to address the specific needs of these communities.



The Buctouche, Richibucto, and Saint-Antoine region is part of Zone 1B of Vitalité Health Network and is in southeastern New Brunswick in Kent County. The language most often spoken at home is **French (60.7%)**, followed by **English (33.6%)**, **French and English (2.0%)**, **Aboriginal languages (0.8%)** and **other languages (0.9%)** (Statistics Canada, 2022).



In 2020, this community had a population of 31,658, of which **17.6% were aged 0–19**, **18.6% were aged 20–39**, **37.4% were aged 40–64**, and **26.5% were aged 65 and over** (Statistics Canada, 2022).

Age Group	Percentage
0 to 19 years old	17.6%
20 to 39 years old	18.6%
40 to 64 years old	37.4%
65 years old and over	26.5%



## 4. CHNA accountability structure

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

A CHNA Steering Committee was also set up within Vitalité Health Network to 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 is made up of the Assistant Chief Executive Officer,

Strategic Execution and Senior VP, Client Programs and Professional Services; the Senior VP, Performance, University Mission and Strategy; the VP of Communications and Engagement, the Assistant VP of Professional Services; the Corporate Director of Organizational Performance; the Corporate Director of Engagement; the Director of Public Health; the Director of Primary Health Care; the Assistant Director of Primary Health Care; the Planning Manager; and the Acting Manager of Community Health Needs Assessment and Improvement.



## 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, it is essential to set up a Community Advisory Committee (CAC) as part of the CHNA process.

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

The CAC for the Bouctouche, Richibucto and Saint-Antoine CHNA was made up of the following sectors: the Kent Regional Services Commission (RSC), the Royal Canadian Mounted Police (RCMP), Ambulance New Brunswick (ANB), the New Brunswick Multicultural Council (NBMC), the *District scolaire francophone Sud* (DSFS), the *Association francophone des parents du Nouveau-Brunswick* (AFPNB), the Kent Family Resource Centre (FRC), the Extra-Mural Program (Medavie), the *Université de Moncton*, Horizon Health Network, the Town of Bouctouche, the Village of Rexton, the rural community of Cocagne, the Saint-Louis-de-Kent Local Service District (LSD), and representation from the provincial riding of Kent North.

The sectors represented by Vitalité Health Network were Public Health, Primary Health Care (PHC), Mental Health, emergency services, Child and Youth Team Services (ISD), Human Resources, hospital operations, and the planning sector.





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

The CAC meetings were conducted in a hybrid fashion, some face-to-face and some virtual, depending on the activities planned. A total of six consultations were conducted with the CAC from October 2022 to February 2023.

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

Meeting	Objectives
<b>Meeting 1</b> October 2022	<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> November 2022	<ul style="list-style-type: none"> <li>• Present external quantitative data available about the community and discuss the data presented.</li> <li>• Identify missing information and local resources to gather this information.</li> </ul>
<b>Meeting 3</b> November 2022	<ul style="list-style-type: none"> <li>• Present the data available on the use of health care services in the community and discuss the data presented.</li> <li>• Present Vitalité Health Network's internal data and an inventory of services provided in the region served and discuss the data presented.</li> </ul>
Focus groups and semi-structured interviews	
<b>Meeting 4</b> January 2023	<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> January 2023	<ul style="list-style-type: none"> <li>• Conduct a group activity: affinity diagram.</li> <li>• Prioritize needs identified by the CAC (individual activity).</li> </ul>
<b>Meeting 6</b> February 2023	<ul style="list-style-type: none"> <li>• Identify community strengths and make recommendations for the needs prioritized by the CAC.</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, including internal Vitalité Health Network data such as the scorecard indicators, the 2020–2023 Strategic Plan, the 2021–2024 Regional Health and Business Plan (RHBP), etc. For more details on the data sources, please refer to the bibliography.



### 5.2.2. Gathering new qualitative information

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

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

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

The challenges that emerged during the consultations with the CAC helped to identify the four themes explored in the qualitative data collection: children’s and youth’s health and wellness, adults’ health and wellness, newcomers’ health and wellness, and seniors’

health and wellness. A total of 73 people were consulted as part of the CHNA, including 37 people in focus groups, 2 people in semi-structured interviews, and 34 people in consultations with the CAC.

### 5.4. Membership and topics addressed

#### TOPIC 1 Health and wellness of children and youth

**A total of 47 people were consulted on the theme of “health and wellness of children and youth”.**

The focus group addressed the following topics: nutrition, physical activity, sedentary lifestyle, sleep, education, mental health, substance abuse, parenting skills and resources and services available in the community. Twelve participants took part in the focus group. The semi-structured interviews on this theme focused on the following topics: food, food insecurity, healthy lifestyle habits and the resources and services offered to families in the community. One participant was interviewed. In addition, this theme was discussed at four meetings of the 34-member CAC.

#### TOPIC 2 Health and wellness of adults

**A total of 45 people were consulted on the theme of “health and wellness of adults”.**

The focus group addressed the following topics: social support, housing, transportation, prevention, literacy, socio-economic conditions, healthy lifestyles, mental health and community resources and services, and accessibility to health services. Nine participants took part in the focus group. The semi-structured interviews on this theme focused on the following topics: community safety, alcohol, drug and cannabis use, domestic violence, nutrition, food insecurity and resources and services offered to adults in the community. Two participants were interviewed. In addition, this theme was discussed at four meetings of the 34-member CAC.

#### TOPIC 3 Health and wellness of seniors

**A total of 48 people were consulted on the topic of “health and wellness of seniors”.**

The focus group addressed the following topics: social support, prevention of loss of function, housing, transportation, literacy, digital skills, socio-economic conditions, physical health, mental health, home support, community resources and services, quality of services and accessibility of health care services. Thirteen participants took part in the discussion group. In addition, this theme was discussed at four meetings of the 34-member CAC.

#### TOPIC 4 Health and wellness of newcomers

**A total of 37 people were consulted on the topic of “health and wellness of newcomers”.**

The focus group addressed the following topics: social support, housing, transportation, socio-economic conditions, physical health, mental health, the labour market, resources and services available in the community and accessibility of health services. Three participants took part in the discussion group. In addition, this theme was discussed at four meetings of the 34-member CAC.



## 6. Identification of community needs

### 6.1. Presentation of identified needs

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

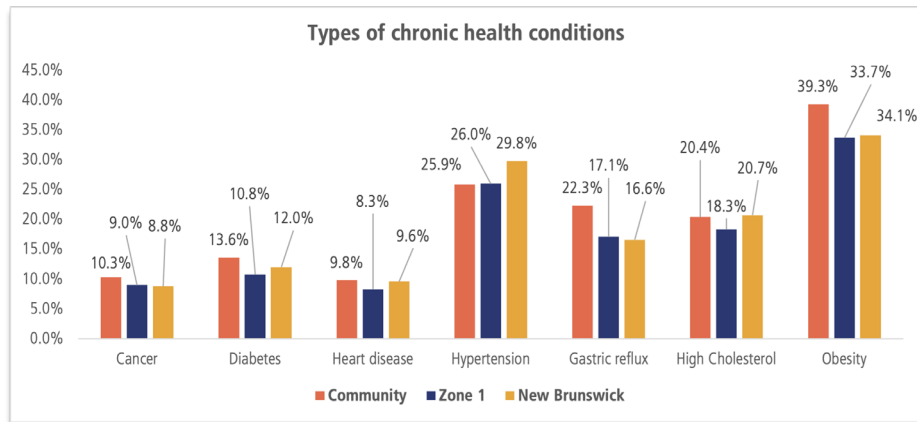
#### NEED A

#### Promotion of healthy lifestyle habits

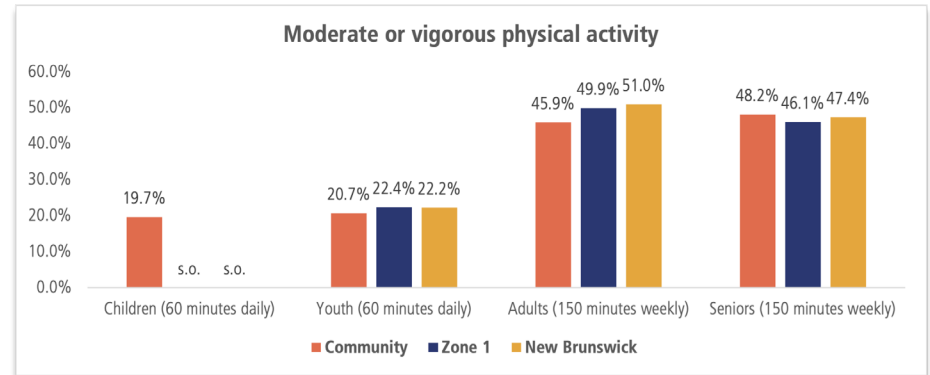
The adoption of healthy lifestyle habits, such as the healthy use of screens, a physically active lifestyle, healthy eating, and a lifestyle free of tobacco, alcohol and drugs, can prevent a multitude of chronic diseases (INSPQ, 2022).

The promotion of healthy lifestyles is seen as a need in the Bouctouche, Richibucto and Saint-Antoine region, as the prevalence of chronic health problems is high in the community. Indeed, 66.3% of members report having a chronic health problem compared to 64.7% in New Brunswick (NBHC, 2020). Among the most prevalent types of chronic health problems in the Bouctouche, Richibucto and Saint-Antoine region, obesity (39.3%), hypertension (25.9%), acid reflux (22.3%) and diabetes (13.6%) are all largely preventable through the adoption of healthy behaviours.

Physical inactivity is associated with several chronic diseases such as cardiovascular disease, metabolic syndrome, type 2 diabetes, and cancer (WHO, 2019). Regular physical activity, on the other hand, contributes to the primary and secondary prevention of several chronic diseases and is associated with a reduced risk of premature death (Warburton et al., 2006). Nevertheless, less than half of community members meet the public health recommendations for the amount of physical activity required for good health. Indeed, a small proportion of children and youth in the community do at least 60 minutes of moderate to intense physical activity per day. It can also be seen that a small proportion of adults engage in at least 2.5 hours of moderate to vigorous physical activity per week (NBHC, 2020).

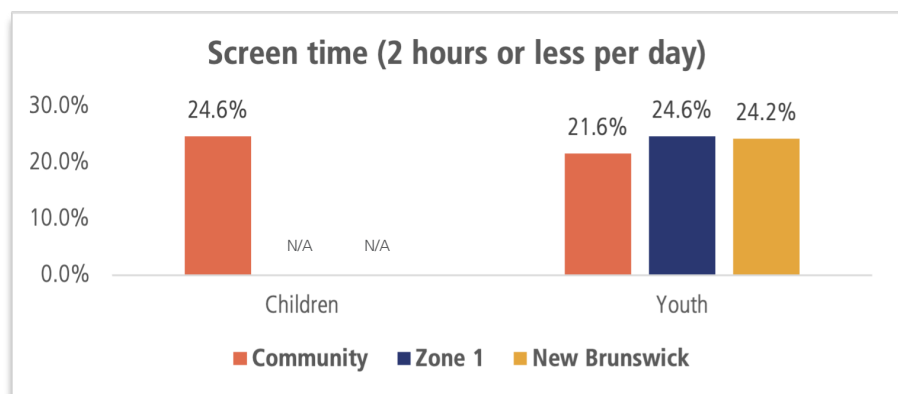


Source: NBHC. (2020). 2020 Primary Health Survey.



Source: NBHC. (2020). 2019–2020 New Brunswick Elementary Student Wellness Survey.  
 Source: NBHC. (2022). 2021–2022 New Brunswick Student Wellness Survey - Grades 6–12.  
 Source: NBHC. (2020). 2020 Primary Health Survey.

Closely related to physical inactivity, screen time is also a challenge among children and youth in the community. Public Health recommendations for healthy screen use among children and youth appear to be poorly met, resulting in a number of health consequences (e.g. sleep, learning skills, psychological health, lifestyle habits, body image). While no screen time is recommended for children under 2 years of age, children aged 2 to 5 years should not exceed a maximum of one hour per day. For slightly older children (6 to 12 years), Public Health recommends less than 2 hours of daily screen time (WHO, 2019). Although no specific amount of time is recommended for youth aged 13 to 19 years, parental supervision is essential to ensure healthy screen use. Indeed, consultation participants noted that parental overuse of screens typically leads to the replication of these behaviours in children and youth.



Source: NBHC. (2020). 2019–2020 New Brunswick Elementary Student Wellness Survey.  
 Source: NBHC. (2022). 2021–2022 New Brunswick Student Wellness Survey - Grades 6–12.

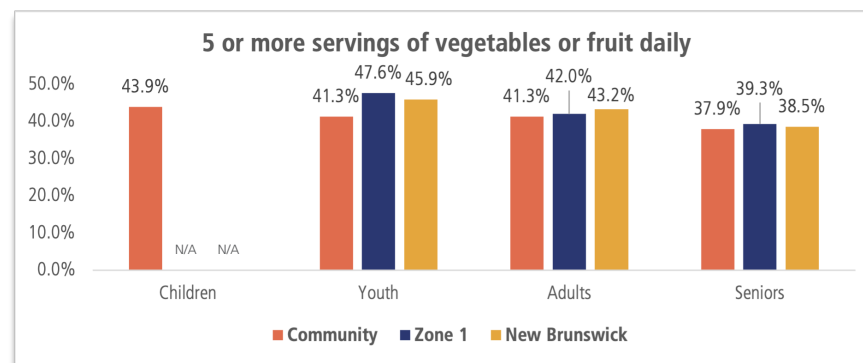
The consultations also revealed that there is relatively little diversity of sport and recreation opportunities in the region. While typical sports such as field hockey and soccer are offered, many families have to travel to Moncton to register their children for activities that match their interests. *“In rural communities, there are far fewer children. It’s hard to have a variety of activities,”* said one participant. A survey of the activities desired by the population would be relevant. Also, because of the distance and cost of travel, activities in larger urban centres are inaccessible to financially disadvantaged families.

**Sport offers many psychological and social benefits to children and adolescents, the most common of which are improved self-esteem, social interaction and reduced depressive symptoms**

*Eime et al., 2013*

The cost of registration and equipment is also a barrier, both for activities offered in the region and outside the region. However, the Kent RSC will soon offer the P.R.O. Kids program, which aims to financially help children aged 18 and under from disadvantaged families.

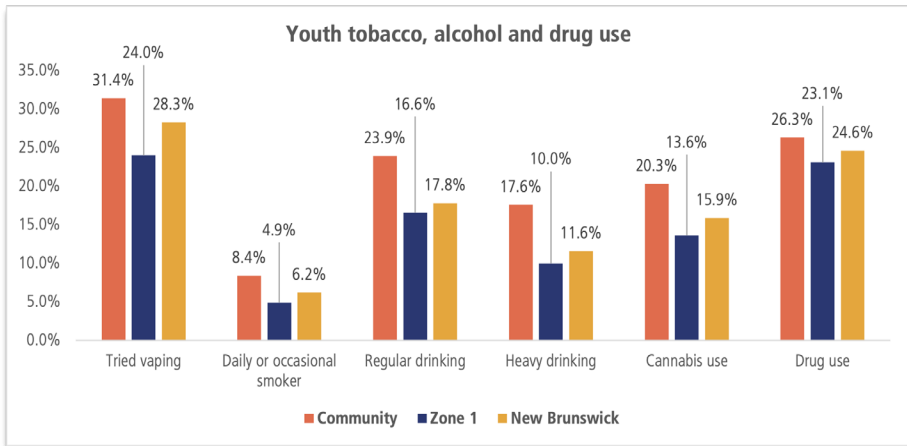
Adopting a healthy diet is even more of a challenge. Less than half of the community meets the Canadian guidelines for fruit and vegetable consumption (NBHC, 2020; NBHC, 2022; Health Canada, 2019). Consultations reveal that highly processed foods are also very present in the daily diet. *“Among the disadvantaged clientele, there is a lot of lack of knowledge. They buy frozen pizzas and things like that, because that’s all they know,”* notes one participant. In addition, culinary skills and knowledge are not naturally passed on from generation to generation, resulting in a loss of food and cultural traditions.



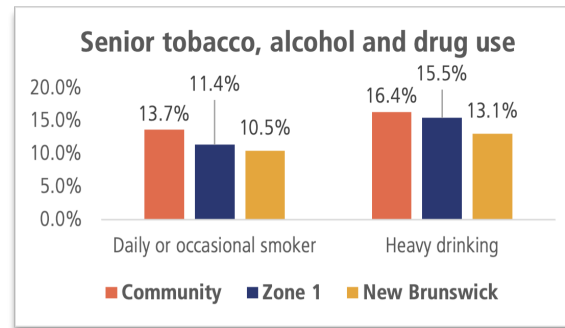
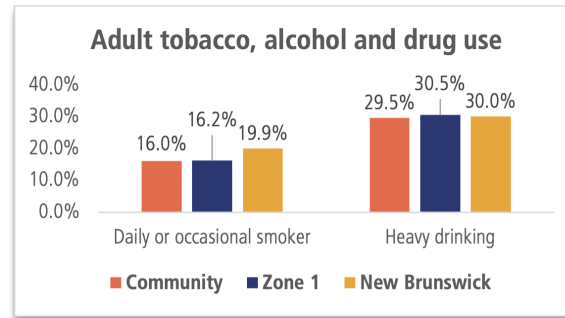
Source: NBHC. (2020). 2019–2020 New Brunswick Elementary Student Wellness Survey.  
 Source: NBHC. (2022). 2021–2022 New Brunswick Student Wellness Survey - Grades 6–12.  
 Source: NBHC. (2020). 2020 Primary Health Survey.

On the other hand, substance use is identified as an issue in the region. Firstly, we note that the use of alcohol, cannabis and vaping is high among youth. In fact, 23.9% drink alcohol regularly, compared to 17.8% in New Brunswick (NBHC, 2022). In terms of vaping, 31.4% have tried e-cigarettes compared to 28.3% in New Brunswick (NBHC, 2022). Cannabis use is also higher in the region (20.3% vs. 15.9%). Among seniors, 16.4% abuse alcohol compared to 13.1% in New Brunswick (NBHC, 2020).

***Substance use is problematic when it becomes necessary to cope with everyday life, such as going to school, dealing with stress, joining friends, etc.***  
*Nova Scotia Health Network, 2016*



Source: NBHC. (2020). 2019–2020 New Brunswick Elementary Student Wellness Survey.  
 Source: NBHC. (2022). 2021–2022 New Brunswick Student Wellness Survey - Grades 6–12.



Source: NBHC. (2020). 2020 Primary Health Survey.



Finally, it is recognized that health-related behaviours, that is, individual choices, account for 40% of the determinants of health (NBHC, 2017). However, when asked about their health beliefs, only 52.1% of community members believe that their health depends largely on how well they take care of themselves, compared to 59.1% in New Brunswick. Among those with one or more chronic conditions, only 35.8% feel very confident about their ability to manage their health condition, and 30.4% feel very confident about how to prevent further problems related to their health condition (NBHC, 2020). It goes without saying that chronic diseases have important implications for the use of health and social services, as they entail costs for the individual and their loved ones, as well as for the health system and society. Empowerment, prevention and health promotion are therefore essential elements in combating the increase in chronic diseases.

### Community strengths

- Facilities promoting physical activity and an active lifestyle are available in the region, such as the Kent North Imperial Centre (Richibucto), the AquaKent Centre (Saint-Louis-de-Kent), the J.K. Irving Centre (Bouctouche), the Rexton Curling Club, the Cocagne Recreation Council, the Rogersville Recreation Centre, the Targetville Recreation Centre, the Saint-Ignace Recreation Club, and the École Mgr-Marcel-François-Richard playground.
- Numerous community centres (e.g. Acadieville, Aldouane, Bouctouche, Cocagne, Grande-Digue, Kouchibouguac, McKees Mills, Notre-Dame, Pointe-Sapin, Richibuctou-Village, Saint-Antoine, Saint-Charles, Sainte-Marie-de-Kent, Saint-Paul, Fords Mills) and seniors' clubs (Acadieville, Aldouane, Bouctouche, Cocagne, Richibucto, Saint-Charles, Saint-Ignace, Saint-Louis-de-Kent) are also available.
- Kent County enjoys wide open spaces and close proximity to nature. For example, there is the Kouchibouguac National Park, the Irving Park (Bouctouche), the Michel Vautour Park (Saint-Louis-de-Kent) and numerous beaches and trails. The Kent RSC has developed a Kent Trail Guide to promote the trails (Kent RSC, 2022).
- Sports activities are also organized for children and youth, such as soccer, field hockey and the VéloKENT cycling club.
- Financial assistance programs for sports activities (e.g. Jumpstart and Kid Sport) are offered to families facing financial difficulties. In addition, the Kent RSC is currently working to implement the P.R.O. Kids program.
- A physical literacy project for communities is being implemented in Kent County and Miramichi as part of the Canada Sport for Life movement. The project aims to establish a culture of healthy living and physical activity.
- Although screen time is often associated with negative consequences, it does allow for social support by staying in touch with loved ones who live outside the region.
- Regarding healthy eating, there are various initiatives, such as culinary workshops with students at Mgr-Marcel-François-Richard School, and culinary skills projects with public health in certain schools. In addition, community gardens are available in Aldouane, Bouctouche, Cocagne, Kouchibouguac, Saint-Louis-de-Kent, Sainte-Marie-de-Kent and Richibucto. A breakfast program is also offered in some schools in the region.
- People affected by alcohol or drug abuse can find help at the Richibucto Community Mental Health Centre, the Kent County Violence Prevention Centre, the Mobile Crisis Service (Mental Health) and the Alcoholics Anonymous group in Shediac.
- The Planet Youth Pilot Project (GNB) was launched to help the community find ways to reduce substance use among youth.
- Several outpatient programs and clinics educate and assist patients with chronic diseases to manage their health status, for example: the Individualized Care Management Program (Vitalité Health Network), the Healthy Heart Cardiac Rehabilitation Program (Bouctouche), respiratory therapy, smoking cessation and diabetes clinics at the Stella-Maris-de-Kent Hospital (Sainte-Anne-de-Kent), as well as pharmacy-based blood pressure clinics.

## Potential solutions

### Prevalence of chronic diseases

- Provide education and prevention to various groups, such as elementary and high school students, adults and pregnant women. Educational activities such as the Body Worlds exhibit designed to educate the public on the inner workings of the body were suggested.
- To open a MotivAction youth clinic in the region, in order to combat obesity and reduce travel to Shediac.

### Sedentary lifestyle and physical activity

- Promote physical activity at a community level and demystify physical activity.
- Develop infrastructure to support an active lifestyle.
- Provide incentives to employees to combat sedentary lifestyles at work.
- Survey the population on desired activities.
- Make an inventory of community activities and events in the region and promote them (e.g. newsletter or regional bulletin).
- Provide entertainment activities (e.g. festivals, amusement parks, dances, etc.).
- Organize sports clubs for adults.
- Provide transportation to activities.
- Provide an indoor place where children and youth can be active even in bad weather (e.g. Skate Park in Riverview).
- Make more partnerships between communities and schools.
- Involve youth in identifying solutions that concern them.

### Screen time

- Raise awareness about the harmful effects of screen time.
- Educate on the healthy use of screens.
- Develop critical thinking about misinformation.

### Healthy eating

- Do more prevention and promotion of healthy eating in schools.
- Reintroduce mandatory home economics classes in schools (e.g. learning to cook, budgeting).
- Offer cooking classes in all schools to expose children to healthy eating and develop their skills and knowledge.
- Offer discount coupons for canned vegetables.
- Organize intergenerational activities in community gardens.
- Change zoning to limit the establishment of fast-food restaurants near schools.

### Substance use

- Work on modelling with parents to avoid the reproduction of bad habits in children and youth.





**NEED B**

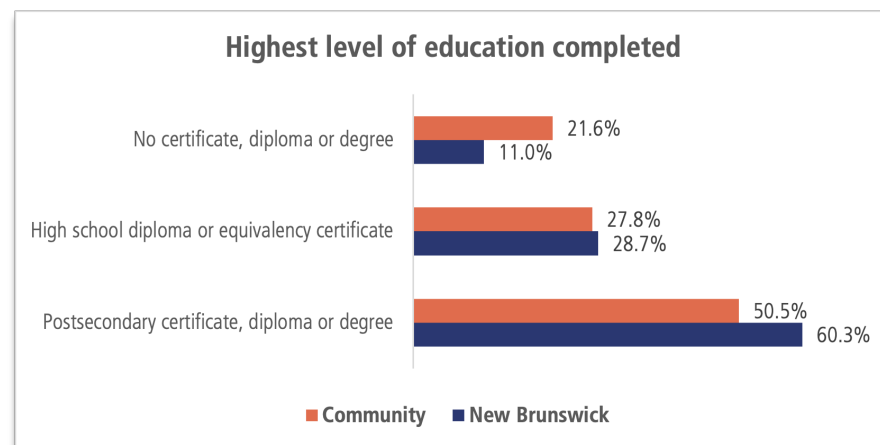
**Socio-economic precariousness**

Social and economic insecurity within the community is a significant concern in the Bouctouche, Richibucto and Saint-Antoine region. Social and economic factors such as education, employment, income, family, social support and community safety account for 40% of the determinants of health (NBHC, 2017). On one hand, economic factors such as income and employment can determine living conditions such as access to safe housing and the ability to purchase healthy food. On the other hand, education develops the knowledge, values, and attitudes that enable citizens to lead healthy lives, make informed decisions, and actively respond to local and regional and global challenges (UNESCO, 2015).

Socio-economic factors	Community	New Brunswick
Median total household income	\$66,500	\$70,000
Low-income household	15.7%	14.2%
Population receiving Employment Insurance	11.6%	5.9%

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

Although the community has seen an increase in declared median total household income from 2016 to 2020 (\$54,171 to \$66,500), it remains below the provincial median of \$70,000 (Statistics Canada, 2022). Other factors of precariousness are also raised, such as the presence of a low level of education, a significant proportion of low-income households and a significant proportion of people receiving employment insurance. *“Basic needs are not being met,”* said one participant.

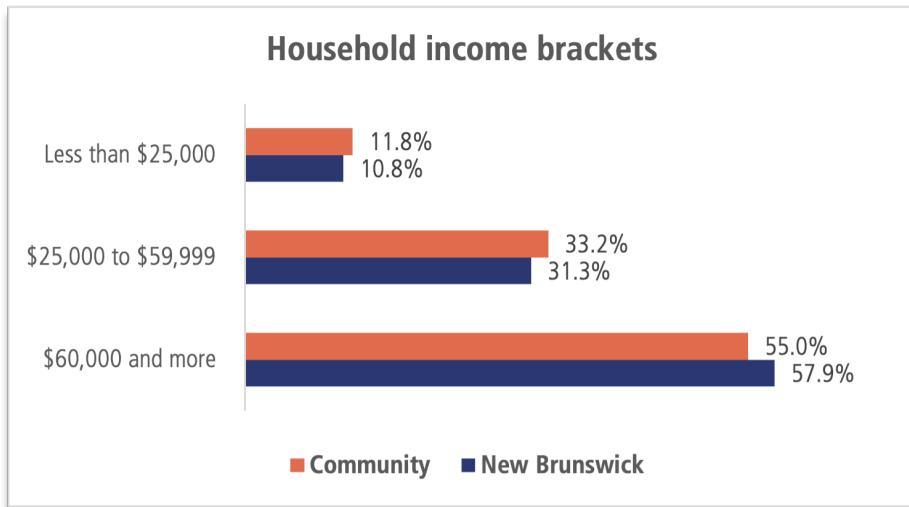


Source: Statistics Canada (2022). 2021 Census of Population. Census Profile.

Finances are a major challenge for a high proportion of community members. In the Bouctouche, Richibucto and Saint-Antoine region, 26.0% of people aged 65 and over live in a low-income household compared to 21.4% in New Brunswick (Statistics Canada, 2022). In addition, 17.2% of youth under 18 years of age live in a low-income household compared to 15.9% in New Brunswick (Statistics Canada, 2022). This proportion rises to 19.2% for children under the age of six, compared to 18.0% in New Brunswick. Knowing that the smaller the gaps between the poor and the rich, the better the average health of residents, it is essential to implement strategies to reduce the gap between the rich and the poor (OECD, 2011).

***While children are the main victims of poverty, society is also affected by it, with declining skills and productivity, deteriorating health and educational levels, increased risk of unemployment and welfare dependency.***

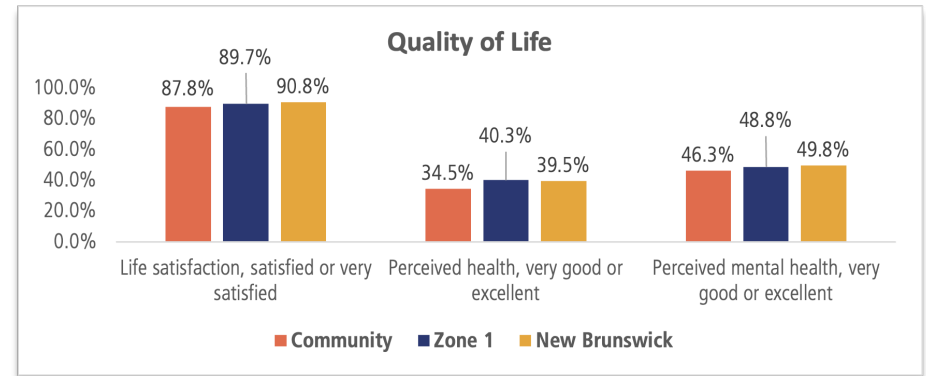
*UNICEF, 2012*



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

On the other hand, the consultations reveal that food insecurity, although often invisible, is very present in the region. *“There are many disadvantaged families. The most disadvantaged families are those who are farthest away in rural areas where there is less access to fresh food,”* said one participant. A significant proportion of youth experience food insecurity at home, 8.1% compared to 8.7% in New Brunswick (NBHC, 2022).

Given these statistics, it is important to note that health and illness follow a social gradient: the lower the socio-economic status, the poorer the health (WHO, 2008). In fact, in the region, a small proportion of community members perceive themselves to be in very good or excellent health (NBHC, 2022). Perceived health is defined as a person’s perception of their overall 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: NBHC. (2020). 2020 Primary Health Survey.

### Community strengths

- Despite the socio-economic precariousness experienced in the region, the members of the community show great resilience and resourcefulness.
- Kent County is a region on a human scale: people know each other, which makes it easier to establish collaborations.
- A training and professional development program and language courses (e.g. Centre culturel de Kent-Sud) are offered in the region.
- Several initiatives, organizations and community projects exist in the territory to address the issue of food insecurity, such as food banks (Rogersville, Bouctouche, Shediac and Richibucto), thrift stores (Richibucto, Bouctouche), community gardens, breakfast programs in some schools and a public health working group dedicated to food insecurity.
- Farmers’ markets (Bouctouche, Bass River, Kouchibouguac) are offered. In addition, some farmers in the region sell food in bulk (vegetables, fruits, meat) which helps to reduce costs.
- The New Brunswick Multicultural Council (NBMC) offers settlement services for newcomers. Multicultural sports associations are established in the region, which help with the integration and inclusion of newcomers. Finally, the Rural Settlement Network, an initiative led by the NBMC, helps to fill gaps in settlement services in smaller centres and aims to improve the quality and consistency of support to better serve and retain newcomers.

## Potential solutions

### Low income

- Build on community-based self-help initiatives, such as citizen-to-citizen service exchanges (Réseau Accorderie, 2021).
- Address the root causes of socio-economic insecurity and break the vicious cycle of social assistance.
- Offer workshops on budgeting.

### Low level of education

- Adapting resource information for people with low literacy skills.
- Establish collaborations with school districts to encourage retention of youth in school and encourage youth to pursue post-secondary education.
- Reinstate financial assistance for post-secondary education (Employment Insurance Connection program).
- Provide educational opportunities for skilled workers.

### Food insecurity

- Offer breakfast programs in all schools in the region.
- Promote food self-sufficiency.
- Optimize food bank services, such as offering home delivery or free transportation for people who cannot travel to food banks, providing recipes with food bank boxes to promote cooking skills (e.g. Vestiaire St-Joseph pilot program in Shédiac), and organizing collective kitchens.
- Providing affordable fruits and vegetables (e.g. Eat Fresh initiative).
- Create a community hub with various resources such as a food bank, cooking workshops, babysitting classes, a place to socialize.
- Conduct community education with the support of nutritionists.

## Social support and inclusion

- Organize events that celebrate cultural diversity (e.g. Mosaic Moncton).
- Incorporate elements of the culture of origin into the workplace to provide a sense of welcome and comfort to newcomers (e.g. play music from the country of origin).
- Include more multicultural associations in discussions to expose the challenges facing their communities.

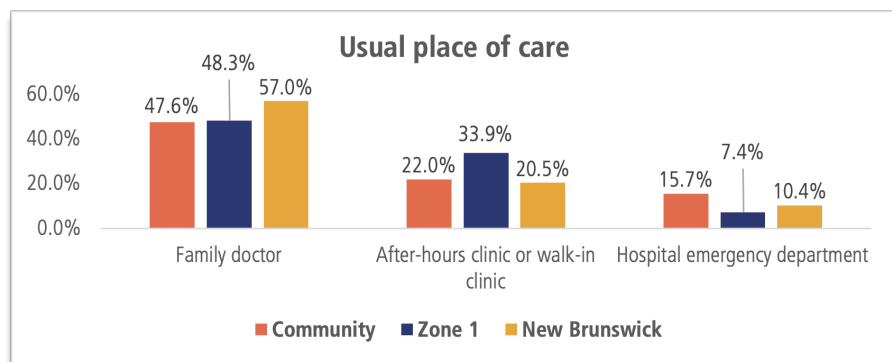


**NEED C**

**Access to health care services**

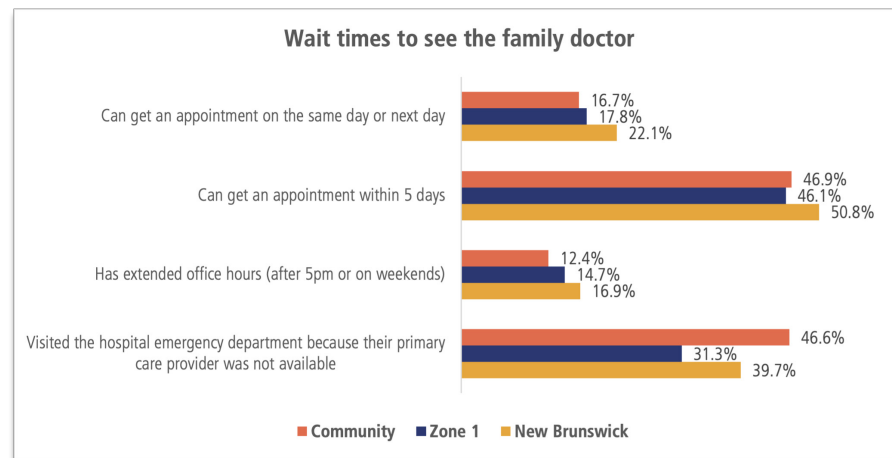
According to the consultations conducted, there are challenges in accessing health services in the Bouctouche, Richibucto and Saint-Antoine region. Access to the right care and services, in the right place at the right time, is a key aspect of the quality of services that can influence health (NBHC, 2019).

Although a high proportion of community members are connected to a family physician (92.8%) compared to the province (86.0%), there is still an overuse of emergency departments (NBHC, 2020).



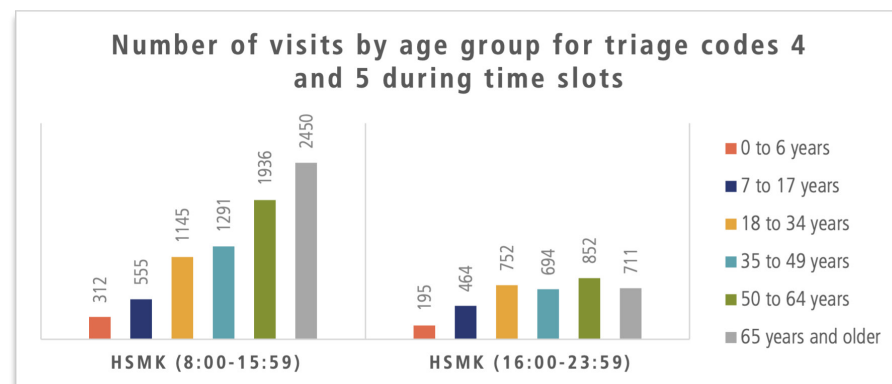
Source: NBHC. (2020). 2020 Primary Health Survey.

Several assumptions can explain this phenomenon, including the lack of follow-up in the community. Indeed, the difficulty of accessing family physician services in a timely manner and the limited hours of operation may lead people to consult emergency departments for non-urgent problems. It can be seen that only 16.7% of community members can get a same- or next-day appointment with their family physician, compared to 22.1% in New Brunswick (NBHC, 2020). It stands to reason that the inability to obtain services outside of normal working hours, long wait times at the doctor’s office, and time spent travelling reduce the likelihood of a first contact visit with a primary care physician for serious health problems (Forrest & Starfield, 1998).



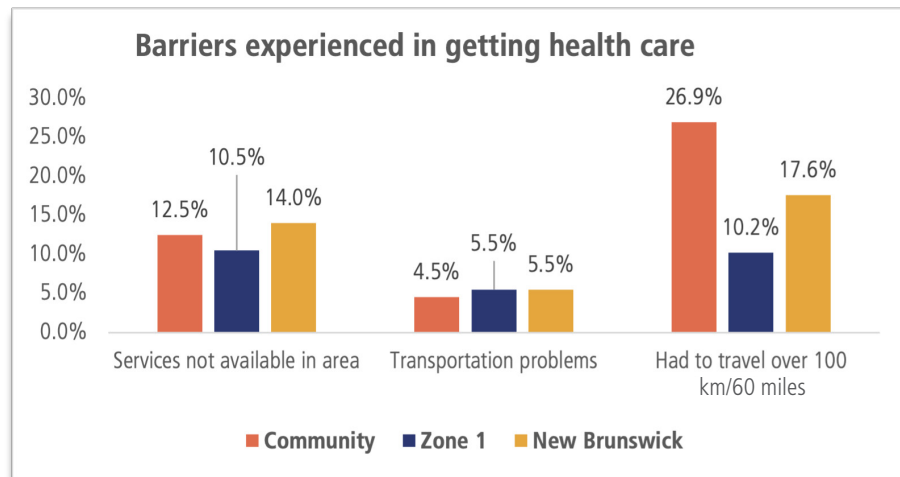
Source: NBHC. (2020). 2020 Primary Health Survey.

Health care utilization patterns among older generations may also contribute to the use of emergency departments when not needed. There is evidence that people aged 50 and over use emergency services in greater numbers for less urgent and non-urgent reasons (triage codes 4 and 5) between 8:00 a.m. and 4:00 p.m. at the Stella-Maris-de-Kent Hospital (HSMK), even though family physicians’ offices and walk-in clinics are open.



Source: Arseneau-Wedge (2022). Compilation of population health and service utilization data.

Travelling out of the area to access external clinics or specialized services was also seen as a barrier to access. Community members report that they often have to travel long distances to receive services (e.g. MotivAction Clinic, Addiction Services). Travel planning and the additional costs involved were lamented. In addition, although it is an important facility in the region, some services are not offered at the Stella-Maris-de-Kent Hospital, which is sponsored by a Catholic society. *“It’s hard enough for them to get help. Driving an hour and a half to Moncton, it’s rare that people will make the trip,”* said one participant. Indeed, when asked about barriers to receiving health care, 26.9% of people said they had to travel more than 100 km, compared to 17.6% in New Brunswick (NBHC, 2020).



Source: NBHC. (2020). 2020 Primary Health Survey.

According to the consultations, access to health services may be influenced by a generalized labour shortage in the community. Although this is a complex issue, a few factors may explain this. The decrease in the labour force due to the aging of the population and the migration of young people to urban centres partially contributes to the problem. However, the difficulty in recruiting and retaining health and social assistance workers is also an issue. Participants noted that the high workloads caused by the shortage of staff lead to burnout and the loss of employees, which contributes to the vicious cycle of shortages. Patients are the first to suffer the consequences. One participant said, *“A client ends up getting the service, but the employee leaves and the person is back home alone. The family tries to compensate, but they become exhausted and take the person back to the hospital.”*

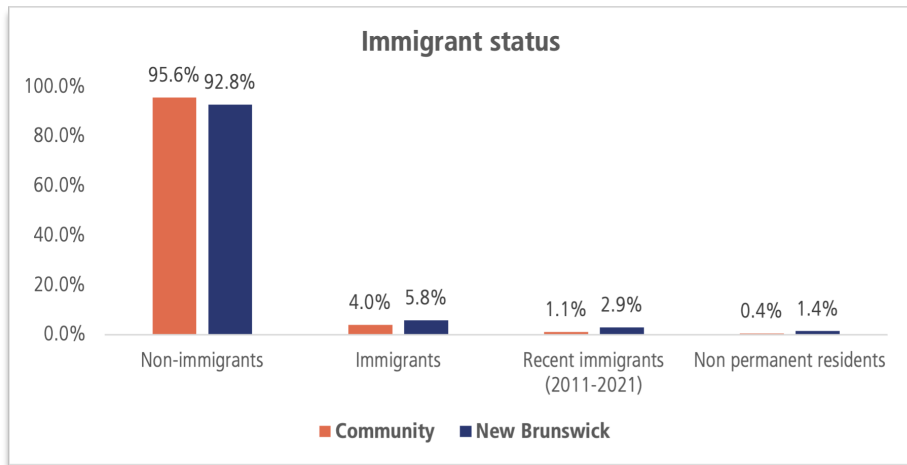
To counter the shortage in the short, medium and long term, some employers are turning to the recruitment of interns. However, consultations reveal that it is difficult to attract students to the region, due to the rural remoteness. The cost of temporary relocation, lack of housing and transportation are barriers in all fields of study (e.g. education, social work, health, etc.). Generally, students who complete their internship in the region are native to the area and therefore can mitigate the above barriers by staying with family.

On another note, newcomers face several specific barriers related to accessing health services upon arrival. Obtaining a Medicare card is one of the first challenges encountered. *“It takes a long time to get a Medicare card, it’s now 4 to 6 months,”* said one participant. In addition, interprovincial and international newcomers must learn to navigate a new health care system and are not familiar with the resources and services available in the region. The language barrier is another obstacle to communicating with health care professionals when English or French is not yet fluent. Among cultural minorities, certain factors also influence the demand for and delivery of care, whether they are newcomers or long-established.

***Upon arrival, immigrants are healthier than the Canadian-born population, but this health advantage diminishes over time.***

*McDonald et Kennedy, 2004*

*Ng et al., 2005*



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

## Community strengths

- Several services and programs are aimed at ensuring follow-up in the community, for example: the Mobile Crisis Team, outpatient clinics, blood pressure clinics in pharmacies, the Individualized Care Management Program, the FACT program (Richibucto), the Community Mental Health Centre (Richibucto), local health clinics, the Extra-Mural program, the Integrated Service Delivery (ISD) - Child and Youth Team, social pediatrics, the Pregnant Women/New Parents program (Public Health) and a school psychosocial team that provides services to youth in schools throughout the county.
- The Stella-Maris-de-Kent Hospital, located in Sainte-Anne-de-Kent, is an acute care community hospital providing services in Kent County.
- The Société Santé et Mieux-être en français du Nouveau-Brunswick's Health Guide for Newcomers to New Brunswick is a useful resource to help community members navigate the health care system and use resources efficiently.
- Various online resources are available, such as Tele-Care NB 811, 211, Patient Connect NB, Health Link NB, eVisitNB, Bridge the Gapp. In addition, a virtual care committee (Vitalité Health Network) is currently studying strategies for the timely use of telemedicine.
- Hiring and retaining health care workers in the region is a challenge, however, the community has a number of assets and strengths to promote. In general, health care professionals in the region enjoy working here because the community is welcoming, engaged and committed. In addition, they are supportive of each other in the workplace.

- A community outreach subsidy program and bursaries for interns in remote areas exist to attract future and current health care workers to the region.
- Kent Community Transportation provides affordable, bookable transportation that is reliable and safe with certified volunteer drivers.
- Newcomer/immigrant organizations (e.g. NBMC and Multicultural Agency of the Greater Moncton Area) provide support to newcomers entering the health care system.

## Potential solutions

### Community-based follow-up

- Explore alternatives to increase the access capacity of health clinics (e.g. open a multidisciplinary health centre, reorient clinic operations to a self-referral system, offer ephemeral health clinics in shopping malls).
- Offer virtual appointments at community health centres.
- Open a crisis centre in the region.
- Break down silos between different government departments (e.g. Social Development).
- Demonstrate more flexibility in dealing with cases and requests for support that do not meet a Social Development eligibility criterium.
- Provide a social geriatric service in Kent County.

### Labour shortage

- Promote Vitalité Health Network's Human Resources recruitment initiatives to community partners in Kent County.
- Create community partnerships to promote the recruitment and retention of health workers in the region (e.g. Department of Health's Community Promotional Funding Program).
- Attract university students to do internships in the region.
- Assist interns in mitigating barriers associated with transportation and housing in rural communities.
- Explore hybrid work models (i.e., combination of work on site and from home where possible) to address workforce shortages in the region.
- Accrediting degrees from foreign countries.

## Travel

- Provide public transportation to get to services, resources and amenities.
- Bringing services to people (e.g. outreach workers who travel once a week in Kent County).
- Offer a community or regional shuttle service for medical appointments.
- Educate providers and professionals on the transportation resources available in the region (e.g. Kent Community Transportation) so that they can transfer the information to their patients.

## Specific barriers for immigrants

- Promote services for newcomers.
- Mobilize a resource person in health and education institutions to guide newcomers.
- Educate foreign workers on the importance of having private insurance.



**NEED D**

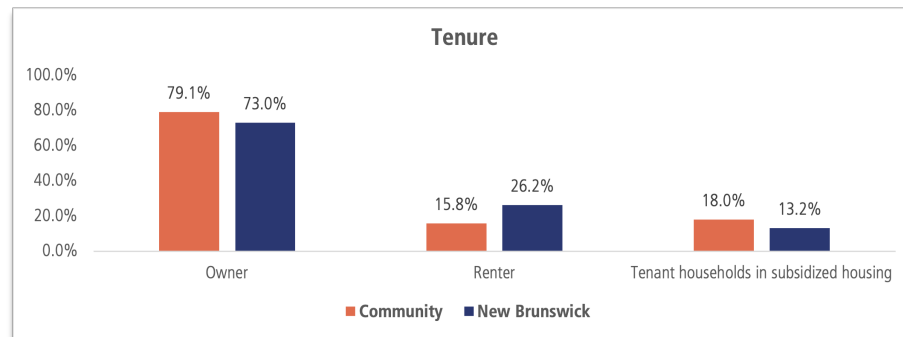
**Territorial planning**

Land use planning, such as access to housing and transportation, is identified as a need in the Bouctouche, Richibucto and Saint-Antoine region. On the one hand, unhealthy and inadequate housing can have negative effects on the health and well-being of the population (WHO, 2018). On the other hand, barriers related to mobility can decrease access to the labour market, to various public services, but also access to businesses offering healthy food, as well as to activities and facilities that promote physical activity and recreation (Badland et al., 2014).

***The affordability threshold is the minimum income a household needs to cover its housing costs, taxes, and the cost of its basic needs. This threshold is usually set at 30% of the household's pre-tax income.***

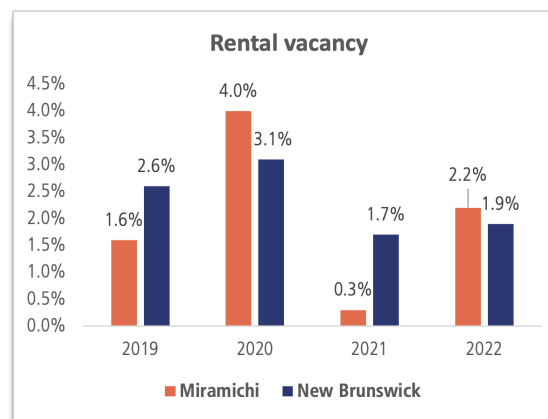
*CMHC, 2019*

In the community, 15.8% of households are renters compared to 26.2% in New Brunswick (Statistics Canada, 2022). Of these renter households, 22.1% spend 30% or more of their income on housing costs compared to 28.0% in New Brunswick (Statistics Canada, 2022). The quantity of acceptable housing (i.e., affordable, of suitable size, or not requiring major repairs) is not sufficient in the region to meet the demand. Consultations reveal that this is a significant concern for citizens. *“Since the pandemic, there is a big housing problem.”* said one participant. According to a housing study commissioned by the Kent CSR, it would be necessary to add 550 housing units per year within five years to fill this gap (Saillant, 2023).



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

A market is typically considered to be in equilibrium when the vacancy rate is around 3.0% (Thibodeau, 2014). Nonetheless, between October 2020 and 2022, rental vacancy rates dropped significantly from 3.1% to 1.9% in New Brunswick. In centres adjacent to the community, these rates have also fallen, reaching 2.2% in Miramichi in 2022.



Source: CMHC (2020). Urban Rental Market Survey Data: Vacancy Rates. October 2019.  
 Source: CMHC (2021). Urban Rental Market Survey Data: Vacancy Rates. October 2020-2021.  
 Source: CMHC (2023). Urban Rental Market Survey Data: Vacancy Rates. October 2022.



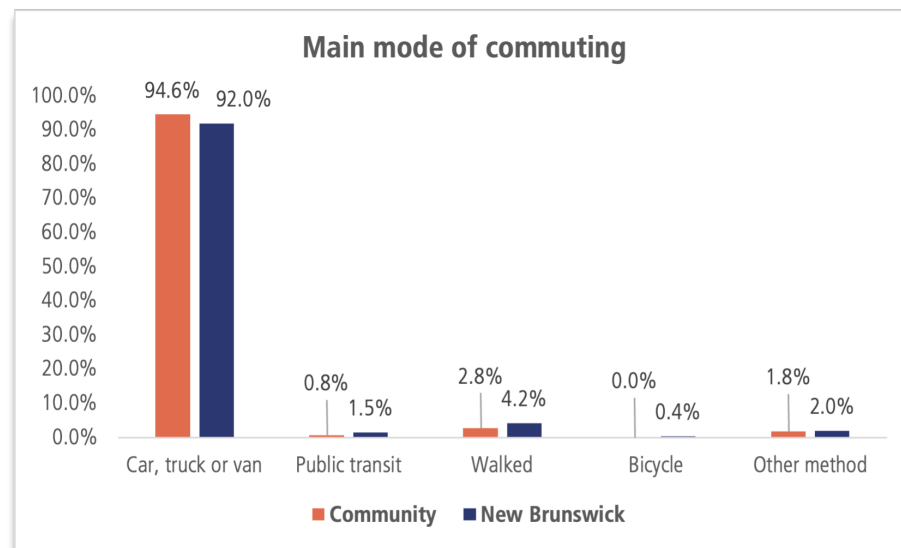
**Our population is growing primarily through immigration, but also because more people are moving to New Brunswick from other parts of Canada than are leaving.**

GNB, 2021

The scarcity of affordable housing supply in the region can have the pernicious effect of driving up rents, creating pressure on households, particularly low-income households. This trend can also be exacerbated by the increased costs borne by rental unit owners, such as taxes, insurance, utilities and building materials (NB Jobs, 2021). In the region, the average monthly rent for a renter household has actually increased from \$575 in 2016, to \$645 in 2021 (Statistics Canada, 2017-2022).

The Canada Mortgage and Housing Corporation (CMHC) emphasizes the negative impact of the pandemic on the Canadian rental market, particularly on the availability of affordable housing (CMHC, 2020). At the provincial level, several factors explain this pressure on the rental market, such as population growth, the growing interest of people aged 65 and over in apartment housing, the increasing number of units converted to short-term rental services (e.g. Airbnb), the increase in the number of remote workers seeking larger units, and the growing number of families who need to rent to save a down payment or to house themselves as newcomers (GNB, 2021). The Bouctouche, Richibucto and Saint-Antoine region has indeed experienced significant population growth in recent years. According to the most recent census, their population increased by 3.7% in a five-year period (Statistics Canada, 2022).

At the same time, access to transportation is a major issue for many people in the community (e.g. economically disadvantaged people, seniors, students, newcomers, and immigrants) and limits their travel to essential amenities, resources, and services. Mobility-related disabilities often pose challenges for independent driving and planning is needed to ensure the availability of accessible public, private, and community transportation (ESIC, 2017).



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

The lack of public transit makes it difficult to get to health resources and services, community facilities, amenities and workplaces. *“It’s really depressing to ride a bike in freezing temperatures, -30°C at this time. When I go to work, I feel dead because I can’t breathe,”* said one participant. Low-income people also have a lot of difficulty getting to resources (e.g. food bank). It is also important to note that a significant proportion of seniors no longer have a driver’s licence. If current trends continue, it is projected that 31.3% of New Brunswick’s population will be 65 years of age and older by 2038 (GNB, 2017). Therefore, this group of current drivers will become passengers due to the health effects of aging and the onset of illness (ESIC, 2017).



## Community strengths

- The Kent RSC commissioned a housing study to demonstrate the urgent need for affordable housing in the region.
- Shelters are available in the region for women and their children fleeing abusive relationships, such as Maison Sérénité and Maison Oasis in Sainte-Anne-de-Kent.
- There are Canadian housing policies that have as one of their objectives to provide additional assistance to people whose needs for satisfactory housing are not being met.
- Kent Community Transportation provides affordable, reservation-based transportation that is reliable and safe using certified volunteer drivers.
- Some companies offer free transportation to their employees.

## Potential solutions

### Housing shortage

- Build non-profit housing.
- Provide financial support to encourage developers to build affordable housing in the area.
- Build multi-generational housing co-ops with subsidized rents and vibrant community life (e.g. community gardens, outreach, etc.).
- Provide housing for people experiencing homelessness.
- Provide more social housing.
- Spread the supply of subsidized housing throughout Kent County.

### Transportation

- Provide public transportation to get around the county.
- Educate support agencies on the transportation resources available in the region (e.g. Kent Community Transportation) so that they can transfer the information to their clients.
- Organize a daily scheduled shuttle that travels between Kent County and Moncton.



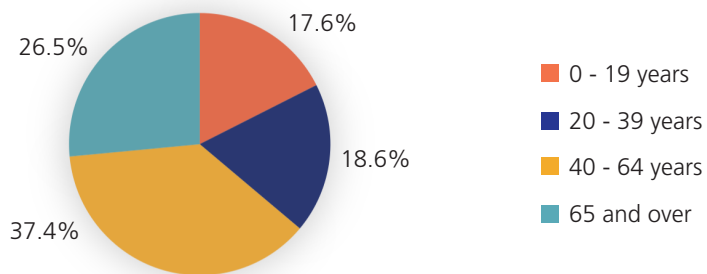
**NEED E**

**Support for Seniors**

Support for seniors is a major concern in the Bouctouche, Richibucto and Saint-Antoine region. The aging of the population, which is well known throughout the province, is an exacerbated reality in rural areas. Indeed, 26.5% of the population is 65 years of age or older in the region compared to 21.9% in New Brunswick. This is one of the regions of New Brunswick most affected by the aging of the population.

**Age distribution of the population**

Bouctouche, Richibucto and Saint-Antoine



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

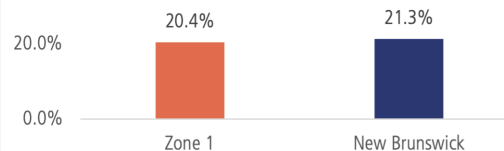
Home support, although desired by many seniors in the region, is sometimes difficult, if not impossible, considering the financial aspects. As mentioned above, 26.0% of seniors live in low-income households compared to 21.4% in New Brunswick (Statistics Canada, 2022). Inflation, while affecting the entire population, has a serious impact on the already economically vulnerable. With inflation reaching 8.1% in Canada and 9.1% in New Brunswick between June 2021 and 2022, 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). *“There are many seniors in poverty in Kent,”* said one participant.

**The aging of the population is leading to an increase in the number of frail older adults, placing a significant burden on the health care system, both in terms of planning and delivery of health care services.**

*Clegg et al., 2013*

On the other hand, financial support for seniors is low considering their many needs. Seniors’ physical capacity decreases as they age, requiring more services to maintain a healthy and dignified quality of life (e.g. home support services, housekeeping, outdoor work, etc.). However, not all seniors can afford these additional services. In addition, the consultations revealed that many people in nursing homes do not have the capacity to meet their basic needs (e.g. clothing, hygiene products, etc.) after their financial contribution to long-term care services has been deducted.

**Persons 65 years of age and older who are dependents**

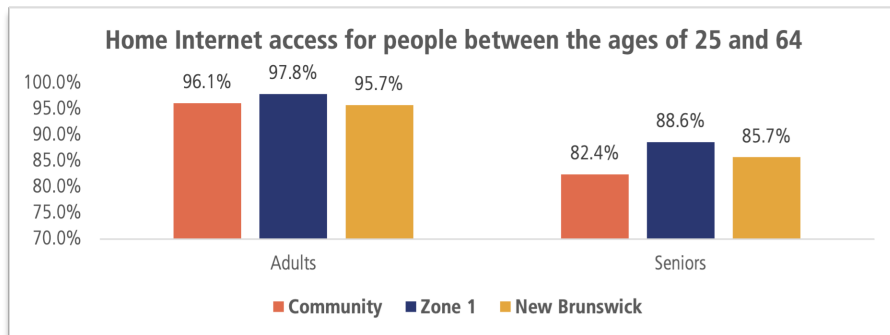


Source: Statistics Canada (2019). Annual population estimates and census of population.



On another note, family caregivers receive little support, despite their important role. Despite their status as indispensable partners, the consultations reveal that caregivers feel left out of the health and social care system. This is particularly true when issues arise in nursing homes, where it is sometimes difficult to have a constructive dialogue with those in charge.

The means of communication used are sometimes not adapted to the literacy level or digital skills of the population (e.g. information only available on the Internet, complex vocabulary used). This is especially true for older adults who need additional support to access a service or resource. *“Have you ever called 211? If you want this service, dial 1, if you want that service, dial 2, dial 3, dial 4. Imagine a senior trying to get information, it’s impossible. It’s even worse with computers,”* said one participant.



Source: NBHC. (2020). 2020 Primary Health Survey.

It is important to note that in the general New Brunswick population, 61.2% of Francophones and 49.8% of Anglophones have literacy levels below 3 (Statistics Canada, 2016). This means that they are likely to have great or very great difficulty understanding and applying written information. In northern New Brunswick, this percentage rises to 67.8% among Francophones. This issue, while prevalent in all age groups of the population, is more prevalent among those aged 55 and over. In New Brunswick, 77.6% of Francophones and 55.7% of Anglophones aged 55 to 64 have literacy levels below 3. Given that the proportion of people aged 65 and over in the Bouctouche, Richibucto and Saint-Antoine region is one of the highest in the province and is constantly increasing, this is an issue that will persist for many years (Statistics Canada, 2021).

Consultations conducted with Kent County citizens unanimously affirmed that seniors still have much to contribute to society, but are often forgotten. The link between health and social participation of seniors has been extensively studied in the research field. Indeed, participating in meaningful activities and maintaining close relationships is one of the many components of healthy aging (Rowe and Kahn, 1997). Intergenerational activities are valued and desired more than ever, as seniors contribute their skills, experiential knowledge and time to their communities and loved ones.

## Community strengths

- Several services and resources are offered in the region to support seniors’ home maintenance, such as Le Phare des services communautaires (Bouctouche), Harbour Family Support Services (Richibucto), Meals on Wheels (Saint-Antoine, Bouctouche, Rexton/Richibucto, Saint-Louis de Kent), MADA Cocagne, Age Well at Home Cocagne, Friendly Calls (Richibucto), the Extra-Mural Program, hospital discharge planning nurses, At Home Program (Vitalité Health Network) and home delivery of medication prescriptions offered by some pharmacies in the region.
- Social Supports NB (GNB) helps seniors, their families and caregivers find and explore government programs and services, and the Caregivers’ Guide (GNB) provides practical information for caregivers of seniors.
- Resources provide information on a wide range of community programs and services such as 211, Golden Age Clubs, Age Well at Home Cocagne, MADA Cocagne, etc. The Kent Community Inclusion Network (Kent CIN), in partnership with the Kent Wellness Network and the Kent Regional Services Commission (RSC), has developed a directory of resources for the region.
- Public libraries (Bouctouche, Richibucto, Rogersville, Saint-Antoine) offer assistance in the use of technology (e.g. computer, tablet, cell phone).
- Golden Age Clubs and Community Centres offer a variety of activities for seniors, which contribute to their physical and mental health.
- Volunteers are a great strength of the community.
- Intergenerational activities take place in the community, valuing the role and contribution of seniors (e.g. old-fashioned Christmas with school children, community gardens).

## Potential solutions

### Home support

- Organize community internships with high school students to do work at seniors' homes (e.g. carpentry program).
- Pairing high school students with seniors to provide services.
- Explore the Home Without Walls model and implement it in local homes.
- Learn and replicate positive initiatives from other communities in the county (e.g. Cocagne).

### Support for caregivers

- Form family committees in all nursing homes to create a healthy, collaborative dialogue with managers and owners.
- Provide subsidies to cover travel costs.
- Enhance tax credits or provide other financial assistance.

### Literacy and digital skills

- Diversify communication channels to promote services and better reach seniors rather than focusing solely on computers (e.g. radio, telephone and regional newsletters).
- Optimizing 211: accessing information in a more personal way, i.e. talking to a person instead of an answering machine like Tele-Care 811.
- Mobilize a resource person to support seniors in completing application forms for assistance.

### Valuing the role of seniors

- Explore the possibility of partnering with the Université de Moncton and the Fondation AGES Vieillir mieux to conduct a social geriatric research project.
- Ensure seniors' representation in government.
- Seize opportunities to match children, youth and seniors in school and community projects (e.g. community gardens, activities with daycares, dances, games, cards, etc.).

- Offer a seniors' day centre service: day centres provide services to seniors living at home who are losing their independence. A team of caregivers provides therapeutic activities in a caring environment that promotes independence and dignity. At the same time, caregivers benefit from a moment of respite.
- Talk more about positive things and promote them (e.g. "Parle Parle Jase Jase" radio show).



**NEED F**

**Support for families**

Family support is identified as a need within the Bouctouche, Richibucto and Saint-Antoine region. The relationship between children and their parents has a great influence on most areas of child development. Good parenting skills and behaviours positively influence a child’s self-esteem, academic success, cognitive development and behaviour (Grusec and Danyliuk, 2014).

In the Bouctouche, Richibucto and Saint-Antoine region, 17.6% of people are aged 0–19 years compared to 19.6% in New Brunswick (Statistics Canada, 2022).

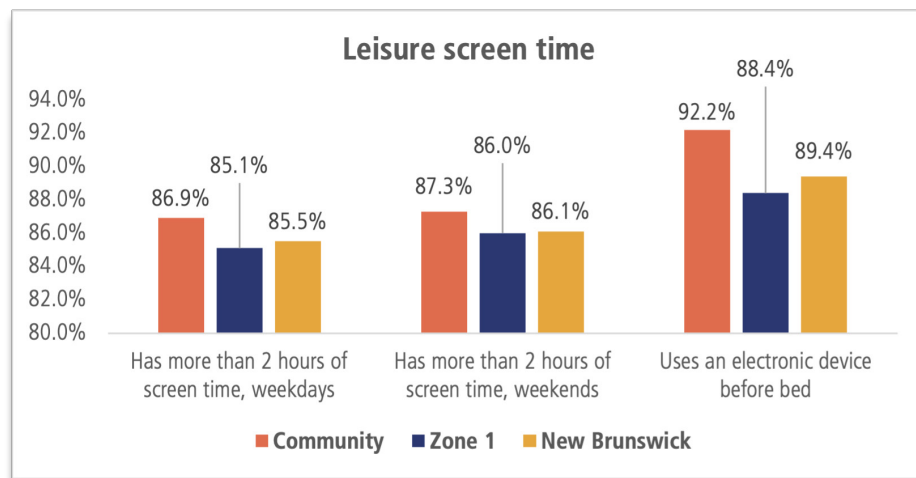
The consultations revealed that some families have more difficulty mobilizing healthy parenting skills and behaviours. The lack of consistent boundaries, clear and firm control and knowledge about healthy living can have a negative impact on children’s development. *“There are many parents who are parents without knowing how. They need support, but they don’t get it when the baby is born,”* said one participant.

Adults also act as role models for children. Normalized use of alcohol, cannabis, vaping, screen time and poor sleep habits negatively influence children. Harmful behaviours are likely to be replicated in adolescence and adulthood. One participant noted, *“There are a lot of families who don’t put their child to bed and don’t have a sleep routine because they don’t know how. They never learned.”*

Screen time has an impact on different spheres of child and youth development, such as physical activity and sleep (INSPQ, 2016). In fact, 52.5% of youth in the community spend more than three hours a day on social media compared to 47.7% in New Brunswick (NBHC, 2022). In addition, 64.3% of youth report having trouble falling asleep compared to 65.1% in New Brunswick (NBHC, 2022).

***It is important to establish healthy screen habits from birth so that your child can learn from them later on.***

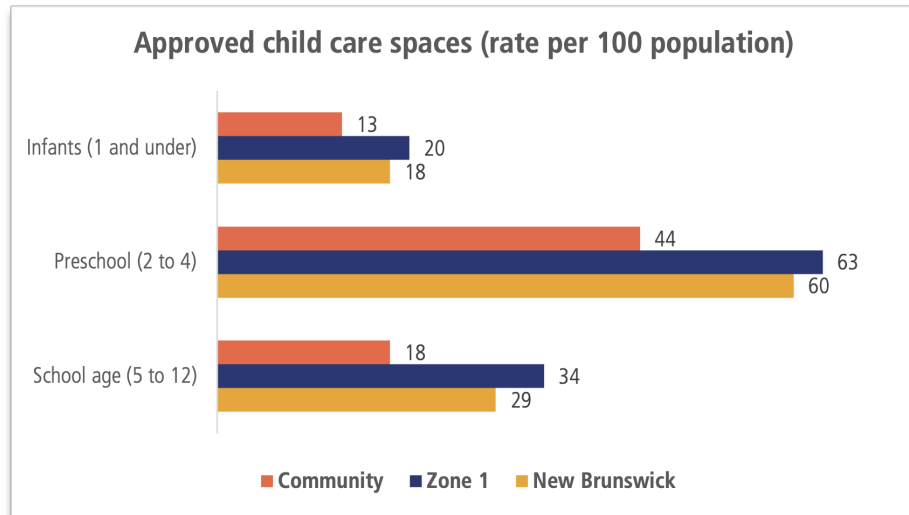
*Government of Québec, 2023*



Source: NBHC. (2022). 2021-2022 New Brunswick Student Wellness Survey - Grades 6–12.



At the same time, accessibility to child care remains an issue for young families. *“There is a lack of political will to invest in early childhood,”* said one participant. Given the widespread labour shortage in the region, this is an important socio-economic issue, as parents who cannot find child care cannot quickly and easily re-enter the labour market.



Source: New Brunswick Department of Education and Early Childhood Development. (2019).

## Community strengths

- Several services and resources are available for families in the region, such as the Kent Family Resource Centre, the Centre de pédiatrie sociale Sud-Est (Kent), Famille et petite enfance francophone Sud and the Centre de ressources sur l'autisme Kent.
- The region's sports centres and public libraries offer opportunities to promote healthy lifestyles.
- Public Health offers various programs aimed at the wellness of families and children, such as Nutrition Health Promotion; Healthy Families, Healthy Baby; and Healthy Learners in School. Clinical services are also offered such as Pregnant Women, New Parents; and Healthy Toddler Assessment (18 months).
- Some schools in the region invite artists to speak about their experiences. These artists are models of resilience for youth.

- The Strongest Families Institute's programs are free to families in New Brunswick.
- The piROUeTE collective impact initiative (École Mgr-Marcel-François-Richard) strives to identify and find ways to fill gaps in services and support.

## Potential solutions

### Parenting skills and behaviours

- Organize a parent-parent or family-family sponsorship service to support vulnerable families.
- Do more prevention and education for pregnant women (e.g. group coeducation workshops with pregnant women).
- Provide prevention and education for parents.
- Offer a Big Brothers Big Sisters program.
- Offer workshops on managing emotions.
- Advocate for the “It takes a village to raise a child” approach.
- Take advantage of opportunities to match youth and seniors in school and community projects (e.g. intergenerational activities).
- Offer a Super Nanny service to support vulnerable families in an intensive way.
- Offer the CenteringPregnancy model of care in the region: the program brings together 8–10 women who are due to give birth at the same time and allows mothers and service providers to build lasting relationships.
- Offer the Stop Now and Plan (SNAP) program (e.g. Shediac): The SNAP program is a community-based program for children (under the age of 12) who have been or are at risk of becoming involved in the criminal justice system and who show early signs of antisocial or aggressive behaviour.
- Foster protective factors in children and youth to increase resiliency (e.g. building trust with a significant adult, reducing isolation).
- Work on modelling with parents to avoid the reproduction of bad habits in children and youth.
- Promote existing services.

## Child care services

- Provide a proportionally representative number of child care spaces between the Francophone and Anglophone sectors, based on the most recent population data.
- Expand the criteria for receiving child care funding (e.g. include children aged 6–12 and after-school care).
- Reserve subsidized child care spaces for people receiving social insurance benefits.
- Provide free in-service training for future early childhood educators.





## 7. Prioritization process

### 7.1. Prioritization matrix

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

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

### 7.3. Weighting of needs

After the results of the quantitative and qualitative data analysis were presented to the CAC, a consultation was conducted to draw up a short list of the community’s key health needs. This exercise resulted in a list of six needs. Based on that list, the CAC members were asked to assign a score to each prioritization criterion for these needs. A rank average was applied to the total scores for each need in order to standardize participants’ responses.

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

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

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

NEEDS IDENTIFIED BY THE CAC	A	B	C	D	E	F	Total
Promotion of healthy lifestyles habits							
Socio-economic precariousness							
Access to health care services							
Territorial planning							
Support for seniors							
Support for families							

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

NEEDS PRIORITIZED BY THE CAC	Rank
Access to health care services	1
Support for families	2
Support for seniors	3
Promotion of healthy living habits	4
Socio-economic precariousness	5
Territorial planning	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 health care services</b></p> <ul style="list-style-type: none"> <li>• The low level of follow-up in the community impacts the use of emergency departments for less urgent and non-urgent consultations.</li> <li>• Services and resources requiring travel to urban centres are not accessible.</li> <li>• Labour shortages affect access to health services.</li> <li>• Newcomers face several barriers upon arrival (e.g. access to Medicare cards, navigating the health system, language and cultural barriers).</li> </ul>
2	<p><b>Support for families</b></p> <ul style="list-style-type: none"> <li>• The lack of consistent boundaries and firm, clear control encourages unhealthy lifestyles in children and youth.</li> <li>• Children and youth replicate the harmful behaviours of their parents.</li> <li>• There are not enough early learning and child care spaces to meet the demand.</li> </ul>
3	<p><b>Support for seniors</b></p> <ul style="list-style-type: none"> <li>• Maintaining seniors in their homes is complex, given the lack of financial assistance and the burden of household chores.</li> <li>• There is little support for family caregivers, despite their indispensable role.</li> <li>• The rate of illiteracy is high, and the digital skills needed to use the new means of communication (e.g. Internet) are not all acquired among seniors.</li> <li>• Seniors still have much to contribute to society but are often forgotten.</li> </ul>
4	<p><b>Promotion of healthy living habits</b></p> <ul style="list-style-type: none"> <li>• The prevalence of chronic diseases is high (e.g. obesity, diabetes, hypertension).</li> <li>• Sedentary lifestyles and physical inactivity are prevalent throughout the community.</li> <li>• There is little adherence to public health recommendations for healthy screen use among youth, resulting in many negative health consequences.</li> <li>• Adoption of healthy eating and cooking skills and knowledge is generally low.</li> <li>• Regular or abusive substance use is noted among several age groups (e.g. alcohol, cannabis, vaping, drugs).</li> </ul>

**PRIORITIZED NEEDS**

5

**Socio-economic precariousness**

- A significant proportion of the community lives in low-income households, receives employment insurance, or has a low level of education.
- Food insecurity is present in the region.
- Social support and inclusion of newcomers and immigrants are protective factors of socio-economic vulnerability.

6

**Territorial planning**

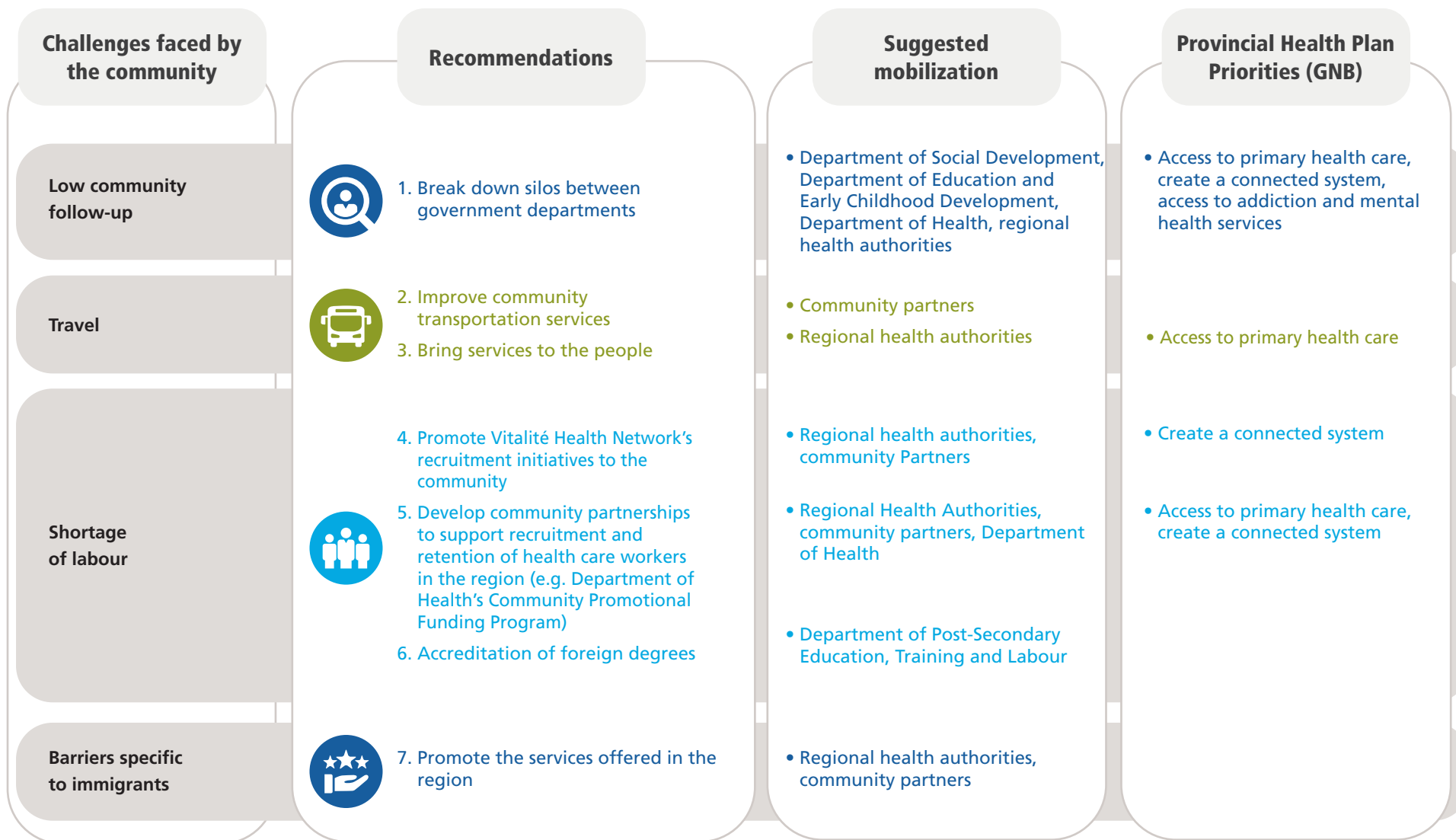
- There is a housing shortage in the area.
- Although community transportation is available, getting to amenities, community resources, health services and other essential services remains a challenge.



## 8. Recommendations

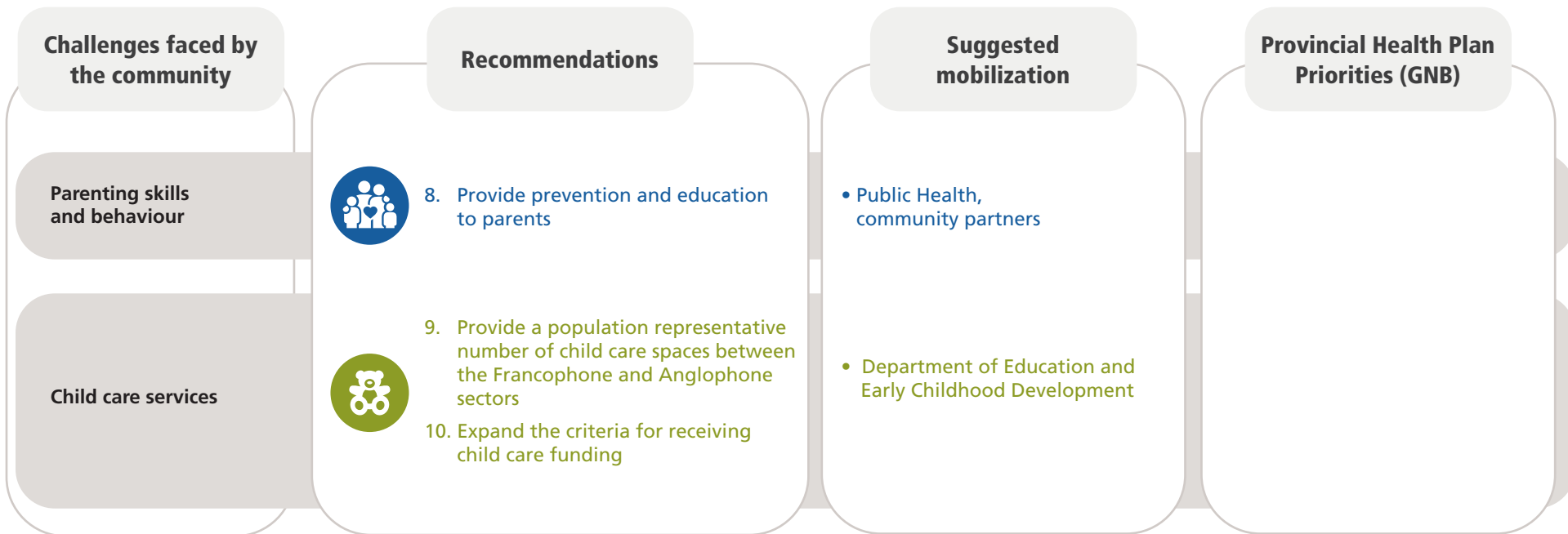
### NEED 1

#### Access to health care services



**NEED 2**

**Support for families**



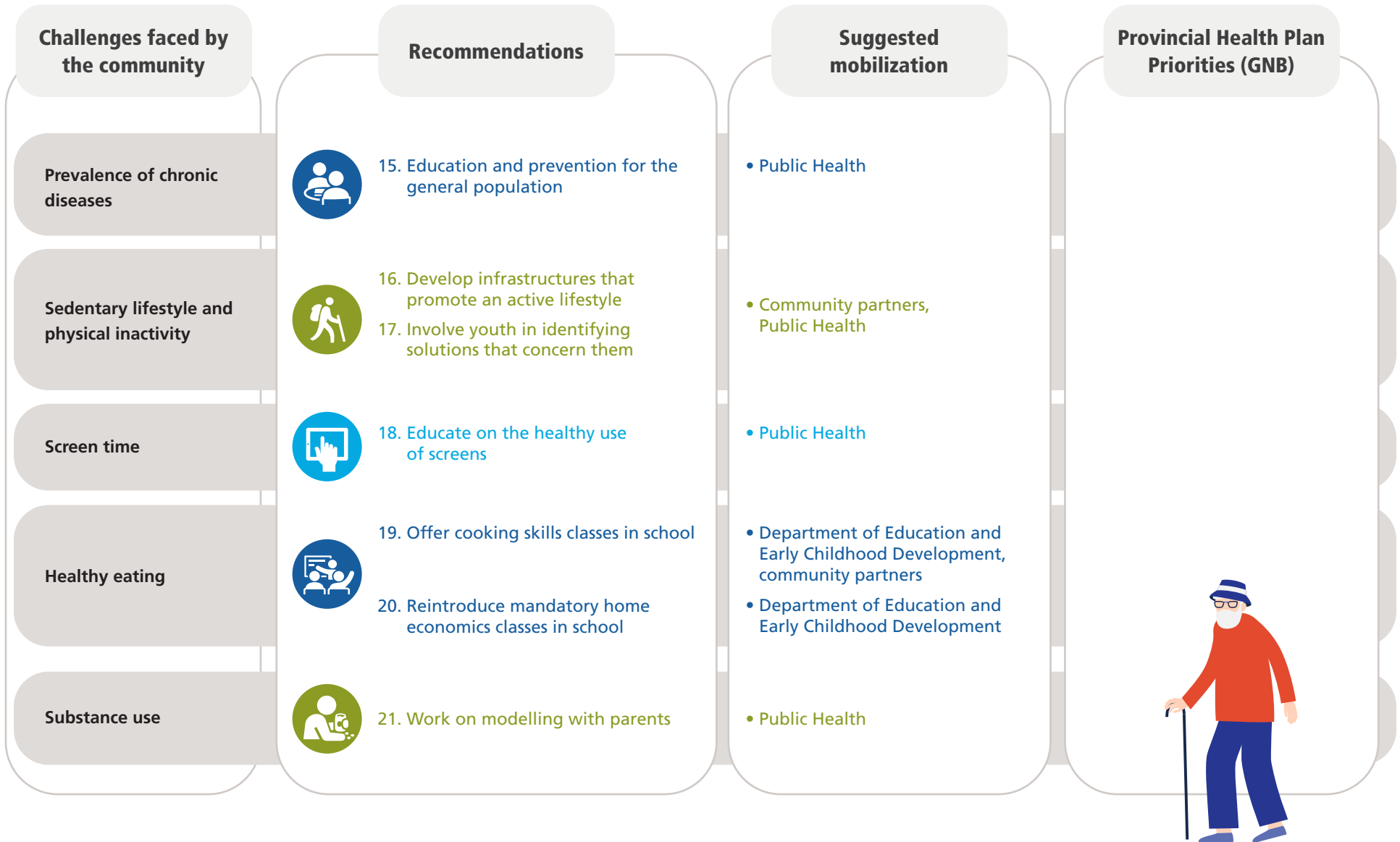
**NEED 3**

**Support for seniors**



**NEED 4**

**Promotion of healthy living habits**



**NEED 5**

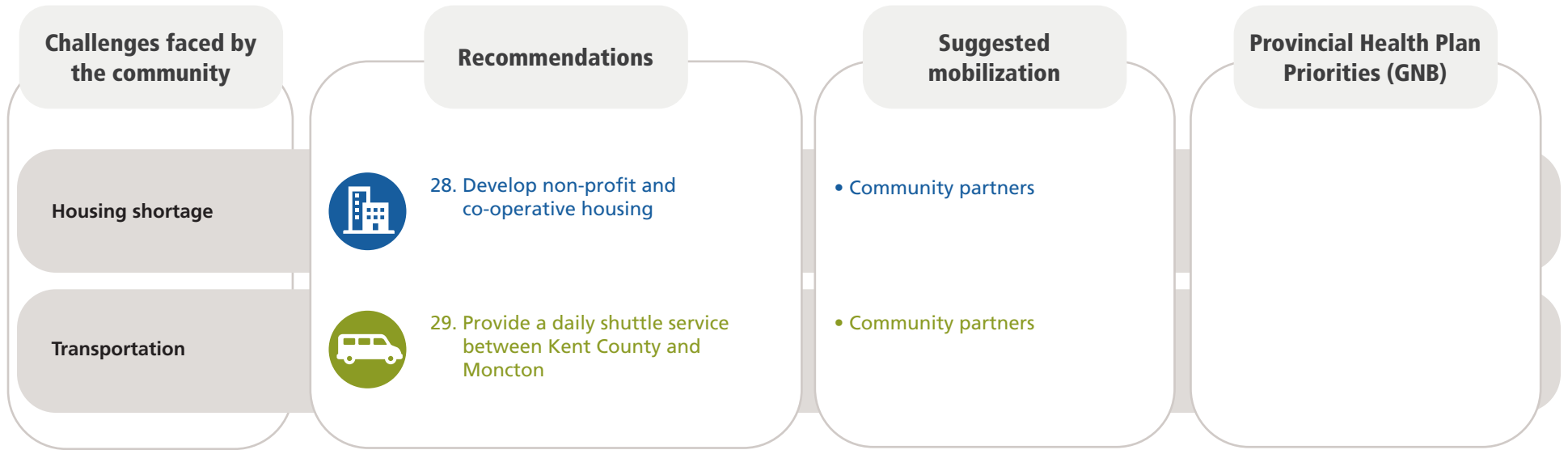
**Socio-economic precariousness**





NEED 6

Territorial planning



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