



2021 EVALUATION REPORT

Community Health Needs Assessment

CAMPBELLTON | ATHOLVILLE | TIDE HEAD

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1. Executive summary

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

In 2018-2019, Vitalité Health Network undertook a CHNA cycle extending over a five-year period. The Campbellton, Atholville and Tide Head CHNA was conducted from January to December 2021.

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

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

The quantitative data analysis and additional qualitative information resulted in a list of five community health needs. Based on that list, the CAC members took part in a prioritization activity to assign a rating to each need. Following that step, the CAC members validated and classified the final list of priority needs for the Campbellton community into five categories: communication and access to information on resources and services available, widespread socioeconomic insecurity in the community, parent support and healthy child and adolescent development, labour shortage in health care and social assistance, and finally, access to health services and community resources for people with reduced mobility.

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 Campbellton, Atholville and Tide Head CHNA.



2. List of acronyms

CMHA of NB	Canadian Mental Health Association of New Brunswick	CIHI	Canadian Institute for Health Information
AFANB	Association francophone des aînés du Nouveau-Brunswick	DSD	Department of Social Development
ANB	Ambulance New Brunswick	OECD	Organization for Economic Co-operation and Development
NBACL	New Brunswick Association for Community Living	WHO	World Health Organization
CARAC	Centre de l'Autisme du Restigouche Autism Center	CALP	Community Adult Learning Program
CBDC	Community Business Development Corporation	EMP	Extra-Mural Program
CAC	Community Advisory Committee	RHBP	Regional Health and Business Plan
NBCC	New Brunswick Community College	ISD	Integrated Service Delivery
CODAC NB	Conseil pour le développement de l'alphabétisme et des compétences des adultes du Nouveau-Brunswick	PAR	Participatory Action Research
CMHC	Community Mental Health Centre	CIN	Community Inclusion Network
NBHC	New Brunswick Health Council	RHA	Regional Health Authority
LSD	Local Service District	RCVAA	Restigouche County Volunteer Action Association
DSFNE	District scolaire francophone Nord-Est	NBSWS	New Brunswick Student Wellness Survey
CHNA	Community Health Needs Assessment	PHC	Primary Health Care
GNB	Government of New Brunswick	UCT	United Commercial Travelers
RCMP	Royal Canadian Mounted Police		

3. Introduction

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

The New Brunswick Regional Health Authorities Act¹ 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 that improve the population health status.

While the primary goal of the CHNA is to determine a prioritized list of health and wellness issues that can inform Vitalité Health Network and community stakeholders about the allocation of resources to the community, it is vital that this process enhance community participation and engagement. The CHNA process encourages collaboration with community members, stakeholders, various community organizations, and a wide variety of partners involved in the decision-making process within the health care system².

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).³

3.3. Overview of the community sociodemographic profile

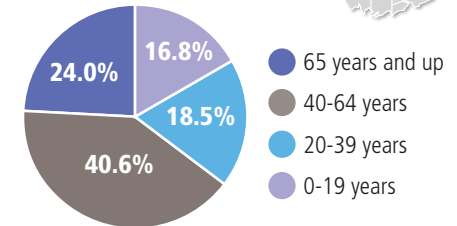
CHNAs are conducted based on boundaries established by the New Brunswick Health Council (NBHC) that divides New Brunswick into 33 communities. The **Campbellton, Atholville and Tide Head** region is one of the 13 communities served by Vitalité Health Network and includes a total of 11 places:

Addington	Eldon	Robinsonville	Tide Head
Atholville	Glencoe	Saint-Arthur	Val d'Amours
Campbellton	Glenlevit	Squaw Cap	

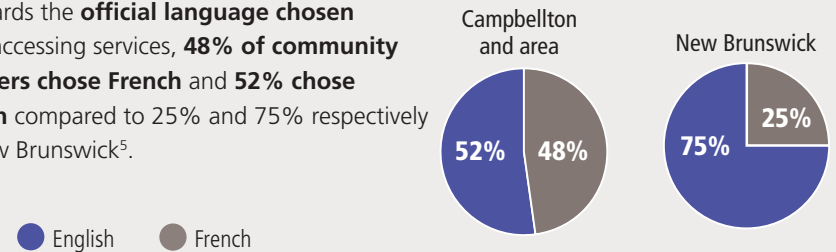
The Campbellton and surrounding areas community is part of Vitalité Health Network's Zone 5 located in northern New Brunswick, i.e. the **Restigouche region**. In 2016, this community had a population of 12,719.



DEMOGRAPHIC PROFILE
PERCENTAGE OF INHABITANTS
BY AGE GROUP⁴



As regards the **official language chosen** when accessing services, **48% of community members chose French** and **52% chose English** compared to 25% and 75% respectively for New Brunswick⁵.



The main industries include health care and social assistance, retail trade, public administration, accommodation and food services, and manufacturing⁵.

1 Legislative Assembly of New Brunswick, 2011
 2 GNB, 2018
 3 Public Health Agency of Canada, 2012
 4 Statistique Canada, 2017
 5 CSNB, 2017

4. CHNA accountability structure

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

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

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



5. Methodology

The CHNA process was developed based on the Community Health Needs Assessment Guidelines for New Brunswick⁶. From a high-level perspective, the CHNA process consists of five key activities:

1. Community engagement;

2. Data review and collection;

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

3. Interpretation and analysis;

4. Developing priorities and recommendations;

5. Reporting back to the community;

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

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

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

The CAC for the Campbellton, Atholville and Tide Head CHNA was made up of various sectors:

- the Royal Canadian Mounted Police (RCMP)
- Ambulance New Brunswick (ANB)
- Restigouche Community Transport
- the Social, Economic and Community Inclusion Network (CIN)
- the Restigouche Autism Center
- the Centre de ressources pour parents du Restigouche
- the Restigouche Residential Agency Inc.
- the Restigouche Multicultural Association
- the Campbellton Regional Chamber of Commerce
- the Department of Education and Early Childhood Development
- the Extra-Mural Program (EMP)
- the Regional Resilience Project
- the Village of Atholville
- the City of Campbellton

The sectors represented by Vitalité Health Network included :

- Public Health
- Primary Health Care (PHC)
- Eldercare Services
- the Community Mental Health Centre (CMHC)
- emergency departments



6 GNB, 2018

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

The arrival of the COVID-19 pandemic has led to some changes in the CHNA process. The CAC meetings were held via Microsoft Teams. A total of seven consultations were conducted with the CAC between January and December 2021. A CHNA is normally conducted over a period of approximately six months. However, for the Campbellton, Atholville and Tide Head CHNA, a change of project coordinator led to the suspension of activities between June and September 2021.

Meeting	Objectives
Meeting 1 January 2021	<ul style="list-style-type: none"> Explain the CHNA purpose, primary goal, and process (e.g., purpose, definition, primary goal, and process). Review and validate the CAC's terms of reference. Propose a schedule and objectives for each meeting (to be validated by CAC members).
Meeting 2 February 2021	<ul style="list-style-type: none"> Present external quantitative data available about the community. Discuss data presented. Identify missing information and local resources to gather this information.
Meeting 3 June 2021	<ul style="list-style-type: none"> Present Vitalité Health Network's internal data and an inventory of services available in the region served. Discuss data presented.
Meeting 4 September 2021	<ul style="list-style-type: none"> Reconnect with the CAC members. Introduce the new Regional Project Coordinator - CHNA. Provide an overview of the previous CAC meetings.
Focus Group: Health Behaviours in Children and Youth Focus Group: Health and Wellness of Community Seniors	
Meeting 5 October 2021	<ul style="list-style-type: none"> Present a summary of information gathered during focus groups. Discuss results. Identify topics for the next focus groups.
Focus Group: Development and Wellness of Community Families Semi-structured Interviews: Role of Family Caregivers Semi-structured Interviews: Sport, Leisure and Culture	
Meeting 6 November 2021	<ul style="list-style-type: none"> Present a summary of information gathered during focus groups and interviews and Discuss results. Conduct a group activity: affinity diagram. Prioritize needs identified by the CAC (individual activity).
Meeting 7 December 2021	<ul style="list-style-type: none"> Identify community strengths and recommendations for the needs prioritized by the CAC. Identify key partners for recommendations.

5.2. Data collection

A participatory action research (PAR) methodology that combines quantitative and qualitative approaches was chosen for this assessment⁷. This “mixed approach” is useful as it enables the triangulation of methods and data sources, which increases the credibility and reliability of the evaluation. 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 new qualitative information in the form of focus groups, semi-structured interviews and in-depth consultations with the CAC highlights the various contextual and cultural dimensions and helps to understand what people think of the realities and issues that exist in their communities. 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 various external sources: the NBHC, the Canadian Institute of 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 Scoreboard, the 2020–2023 Strategic Plan, the 2021-2024 Regional Health and Business Plan (RHBP), etc. For more details on the data sources, please refer to the bibliography on page 30.

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 community consultation, focus groups, and semi-structured key informant interviews. As a result of their personal skills or position, key informants can provide more information and a deeper insight into what is going in their community⁸.

Participatory approaches to research and evaluation intentionally include the people and groups most affected by the inquiry in the design and execution of the process⁹. Consultations with the CAC ensure that methods and results reflect community perspectives, cultures, priorities, and concerns. CAC members therefore play an active role in generating new knowledge about 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 theme that emerged during the consultations conducted as part of the CHNA process. Focus groups are typically composed of 5 to 8 people maximum for everyone to have the opportunity to share insights and/or talk about their experiences¹⁰.

A semi-structured interview is a verbal exchange in which the interviewer seeks information from a participant by asking open-ended questions. Although the interviewer prepares a list of pre-determined questions, the semi-structured interview is conducted in a conversational manner, offering participants the opportunity to explore topics that they feel are important¹¹.

7 Koch and Kralik, 2009; McNiff, 2013

8 Burgess, 1989

9 Danley and Ellison, 1999

10 Krueger and Casey, 2009

11 Given, 2008



5.3. Descriptive analysis of qualitative data

The needs that emerged during consultations with the CAC helped determine **the four themes** explored in the qualitative data collection:

- **Health Behaviours in Children and Youth**
- **Health and Wellness of Community Seniors**
- **Development and Wellness of Community Families**
- **Role of Family Caregivers.**

A total of **41 key informants** were consulted as part of the CHNA, including :

- 14 people in focus groups
- 5 people in semi-structured interviews
- 22 people through consultations with the CAC.

Focus groups are typically held face to face. However, to comply with the sanitary measures in place within Vitalité Health Network at the time due to the pandemic, the focus groups were held remotely via Microsoft Teams and Zoom.

5.4. Membership and topics of the themes

THEME 1

Health Behaviours in Children and Youth

The focus group on “Health Behaviours in Children and Youth” addressed the following topics: healthy eating, physical activity, sedentary lifestyles, sleep, food insecurity, drug and cannabis use, vaping, parenting skills, and resources and services available in the community. Nine participants attended the focus group.

The semi-structured interviews on this theme addressed the following topics: the availability of sport and cultural activities in the community, their benefits on the health of children and youth, and barriers to the accessibility of activities provided. Two participants were interviewed.

In addition, this theme was discussed at four CAC meetings composed of 22 members.

A total of 33 key informants were consulted on this theme.

THEME 2

Health and Wellness of Community Seniors

The focus group on the “Health and Wellness of Community Seniors” addressed the following topics: social support, preventing loss of function, housing, transportation, municipality engagement, and access to health care services. Three participants attended the focus group.

The semi-structured interview on this theme addressed the following topics: the availability of sport and cultural activities for community seniors, their benefits on the health, and barriers to the accessibility of activities provided. One participant was interviewed.

In addition, this theme was discussed at four CAC meetings composed of 22 members.

A total of 26 key informants were consulted on this theme.

THEME 3

Development and Wellness of Community Families

The focus group on the “Development and Wellness of Community Families” addressed the following topics: healthy child development, parent support, health habits, parenting skills, barriers and challenges to overcome and, finally, resources and services available in the community. Two participants attended the focus group.

In addition, this theme was discussed at four CAC meetings composed of 22 members.

A total of 24 key informants were consulted on this theme.

THEME 4

Role of Family Caregivers

The semi-structured interviews on the “Role of Family Caregivers” addressed the following topics: support for family caregivers, care provided to the persons being cared for, and resources and services available in the community. Two participants were interviewed.

In addition, this theme was discussed at four CAC meetings composed of 22 members.

A total of 24 key informants were consulted on this theme.

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

Communication and access to information on resources and services available

According to participants, community members are not familiar the services and resources available in the region. Although many resources are available, a number of people are not aware of their existence, especially those who need them the most. This issue is found among families, family caregivers, and seniors in the community.

Although information on resources is often available, it remains inaccessible for various reasons. Sometimes, the communication means used to promote services are not adapted to the literacy level and digital skills of the population (e.g., information and forms only available on the Internet, complex vocabulary used). This is especially true for seniors who need additional support to access a service or resource. *“My 89-year-old mother doesn’t want to call Service New Brunswick and be told to “press 1, press 2, press 3.” They are not from that generation, it’s very hard for them. When they call on the phone, they would like to speak to someone, as they don’t know which services are available,”* explained a participant.

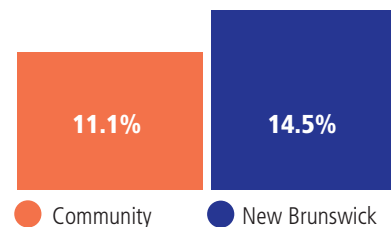
Although tools such as 811 and 211 are available, they are not widely used in the general population.

It is important to stress that in the overall population of New Brunswick, 61.2% of Francophones and 49.8% of Anglophones have literacy levels that are below 3¹². This means that they may find it difficult or very difficult to understand and use written information. In northern New Brunswick, this percentage is 67.8% for Francophones. Although widespread in all age groups in the population, this issue affects people 55 years of age and older the most. In New Brunswick, 77.6% of Francophones and 55.7% of Anglophones between 55–64 years have literacy levels below 3. Since the proportion of people 65 years and older in Campbellton and surrounding areas is among the highest in the province (24.0% vs. 19.9%) and it is constantly increasing, it is a problem that will remain for several years. *“We’ll have this problem for some time. We’ll have to wait 10 to 15 years before this illiteracy rate is significantly reduced,”* said a participant.

In other cases, although information about services is available, filling out an application for assistance is so complicated that access to services is limited. Regardless of their literacy level and digital skills, a significant proportion of participants has often had a hard time to apply to official authorities for a service (e.g., Social Development). *“There are always so many forms to complete. It’s so much red tape, you just give up sometimes. You give up because it’s too much, all the time. You have no help with that, so it’s hard,”* said one of the participants.

TELE-CARE 811 CALLS IN THE LAST 12 MONTHS

Source: NBHC. (2020). 2020 Primary Health Survey. Campbellton, Atholville, Tide Head Area.



Community strengths

- The Conseil pour le développement de l’alphabétisme et des compétences des adultes du Nouveau-Brunswick (CODAC NB) and the Association francophone des aînés du Nouveau-Brunswick (AFANB) are currently developing a series of workshops to improve the digital skills of seniors.
- The Community Business Development Corporation Restigouche (CBDC Restigouche) offers digital skills training that is free of charge and open to all.
- The Community Adult Learning Program (CALP) offers literacy courses for individuals 18 years and older.

- A provincial support network project for family caregivers is being set up, including information on resources available to family caregivers.
- The websites of community organizations and regional clubs provide information on the various programs available.

Potential solution

- Use community radios to promote the various resources and services available in the community.

NEED B

Widespread social and economic insecurity in the community

One of the major concerns in Campbellton and surrounding areas is the social and economic insecurity in the community.

Social and economic factors, such as education, employment, income, family, social support, and community safety, represent 40% of the determinants of health¹³. On the one hand, economic factors like income and employment may determine living conditions such as safe housing and ability to buy sufficient healthy food. On the other hand, education develops the skills, values and attitudes that enable citizens to lead healthy and fulfilled lives, make informed decisions, and respond to local and global challenges¹⁴.

Although the median total income of households in Campbellton and surrounding areas has increased between 2011 and 2015 (\$38,912 to \$47,218), it remains below that of the province, which is \$59,347¹⁵. Other insecurity factors are also noted, such as a lack of affordable housing, a low level of education, and a significant proportion of low-income households.

Socioeconomic Factors	Community	New Brunswick
Median total income of households	\$47 218	\$59 347
Living in a low-income household	22.2%	17.1%
Population on employment insurance	9.0%	7.0%
Spending 30% or more of its income on shelter costs	17.3%	16.8%

Source: Statistics Canada. (2017). Census Profile, 2016 Census.

Participants also noted that the middle class is gradually disappearing.

“We’ve lost the middle class over the past few years. We have students who have everything with very involved and dedicated parents, and we have children who have nothing. We have fewer and fewer children in the middle. It’s either one or the other,” said a participant.

¹³ NBHC, 2017

¹⁴ UNESCO, 2015

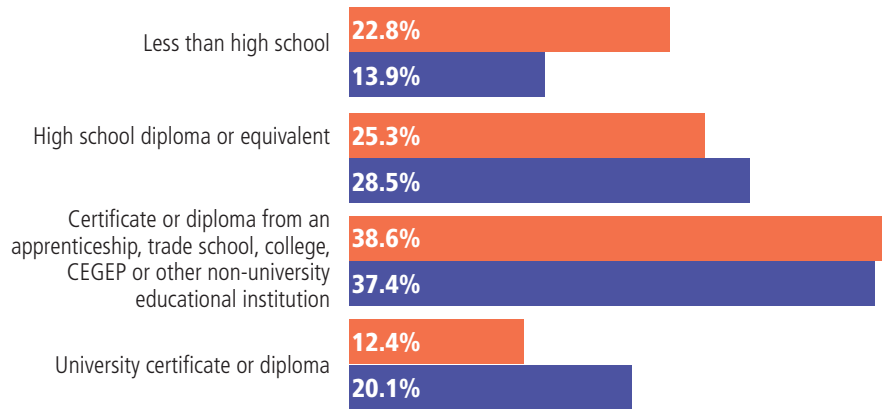
¹⁵ Statistics Canada, 2017

Knowing that the narrower the gap between the rich and the poor, the better the average health of people, the Organisation for Economic Co-operation and Development states that *“any strategy policy to reduce the growing divide between rich and poor should rest on three main pillars: more intensive human capital investment; inclusive employment promotion; and well-designed tax/transfer redistribution policies.”*¹⁶

Failure to protect children from poverty is one of the most costly mistakes a society can make. The heaviest cost of all is borne by the children themselves. But their nations must also pay a very significant price—in reduced skills and productivity, in lower levels of health and educational achievement, in increased likelihood of unemployment and welfare dependence, in the higher costs of judicial and social protection systems, and in the loss of social cohesion.

UNICEF, 2012

HIGHEST LEVEL OF EDUCATION FOR THE POPULATION AGED 25 TO 64 YEARS IN PRIVATE HOUSEHOLDS (2015)



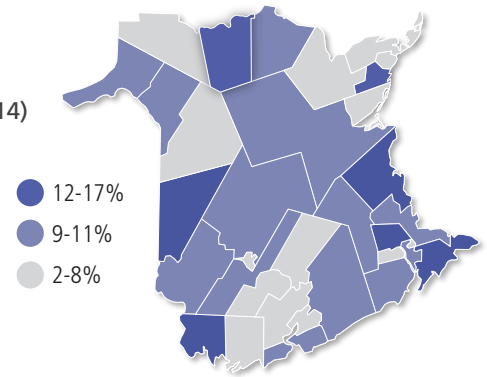
Source: Statistics Canada. (2017). Census Profile, 2016 Census.

● My community ● New Brunswick

Also, a significant proportion of households experiences moderate to severe food insecurity at home, i.e. 13.0% compared to 9.0% in New Brunswick¹⁷. This issue also affects families living in very precarious economic conditions. *“I even went to work with a toaster in the morning because most of the children with whom I was working had had nothing to eat. We have really serious economic challenges in Campbellton,”* said one of the participants. In Campbellton and surrounding areas, 24.6% of youth under 18 years live in a low-income household compared to 22.5% in New Brunswick¹⁸. This proportion rises to 25.9% in children under six years compared to 25.4% in New Brunswick.

FOOD INSECURITY IN HOMES WITH OR WITHOUT CHILDREN PRESENT (MODERATE AND SEVERE) (2012-2014)

Source: NBHC. (2017). My Community at a Glance. Campbellton, Atholville, Tide Head Area.



Finance is also a major issue for a large number of seniors in the community. In fact, 30.9% of people aged 65 and over live in a low-income household compared to 22.8% in New Brunswick¹⁹.

“It’s a generation that has worked for low wages and income and they have no pension plan, except for the one from the federal,” said a participant. For instance, some of them continue to work, in spite of their age, to qualify for drug coverage provided by their employer. *“If they’re working, they only pay 25%. Many seniors cannot retire because they can’t afford drug coverage,”* said another participant.

FOUND THE COST FOR MEDICATION TOO HIGH (2014)



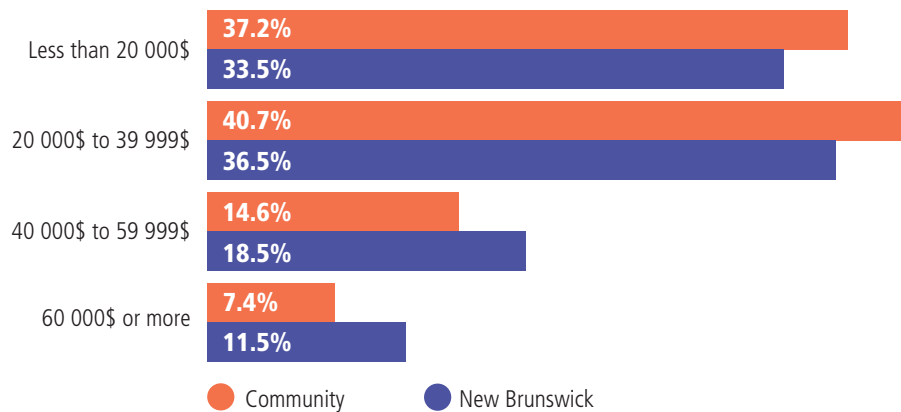
Source: NBHC. (2017). My Community at a Glance. Campbellton, Atholville, Tide Head Area.

● My Community ● New Brunswick

16 OECD, 2011
 17 CSNB, 2017
 18 Statistics Canada, 2017
 19 Statistics Canada, 2017

The exacerbation of homelessness also reflects the general impoverishment of the community. Although it is difficult to know exactly how many people are homeless, a participant stressed the problem: *“There are far more people on the street. There are many homeless people.”* This problem is all the more important as the region has been without an emergency shelter since 2005 when the Restigouche emergency shelter had to close down for lack of funds²⁰. Other sources of assistance for the homeless are in fact limited. There is currently only one street worker covering the entire Restigouche area and one shelter for women who are victims of domestic violence (Notre-Dame House).

AFTER-TAX INCOME GROUPS FOR THE POPULATION AGED 15 YEARS AND OVER IN PRIVATE HOUSEHOLDS



Source: Statistics Canada. (2017). Census Profile, 2016 Census.

Considering these statistics, it is vital to stress that health and illness follow a social gradient: the lower the socioeconomic position, the worse the health²¹. In Campbellton and surrounding areas, **66.7% of people have one chronic health condition and 31.3% have three or more chronic health conditions** compared to 64.7% and 23.1% respectively in New Brunswick²².

20 Acadie Nouvelle, 2014
 21 WHO, 2008
 22 NBHC, 2020
 23 NBHC, 2017
 24 Statistics Canada, 2009

In addition, only 27.7% of people aged 65 and older perceive themselves to be in very good or excellent health²³. Perceived health refers to the perception of a person’s health in general. Health means not only the absence of disease or injury but also physical, mental and social well-being²⁴.

Community strengths

- The Restigouche Community Inclusion Network and the Overcoming Poverty Together plan
- Breakfast and snack programs in local schools
- Financial assistance programs for kids and youth who come from families in financial need (e.g., Canadian Tire’s Jumpstart and KidSport Canada)
- Notre-Dame House: home for women who are victims of domestic violence also serving as a shelter for women who are experiencing homelessness
- The Société culturelle de la Baie des Chaleurs, in collaboration with Circolo, offers art workshops free of charge within local community organizations.
- Despite the palpable economic and social disadvantage in the community, a high degree of solidarity is noted among citizens and community organizations.
- The food bank of the Restigouche County Volunteer Action Association
- The Regional Resilience Project identified existing initiatives to support, as they already address some of the challenges encountered in the community.



Potential solutions

- Build on social innovation initiatives to engage and empower citizens in restoring their community:
 - › **Accorderies:** networks exchanging services to fight poverty and social exclusion (Réseau Accorderie, 2021);
 - › **Solidaire entre aînés, échanger pour s'entraider:** support group where seniors get together and share their experiences in a safe and confidential environment (Table régionale de concertation des personnes âgées du Centre-du-Québec, 2021);
 - › **The Incredible Edible:** citizen initiative to green public spaces and fight food insecurity by growing vegetables, fruit, and fine herbs (Incredible Edible Network, 2021);
 - › **Blue Zones Project:** community programs that help people to live healthier and longer lives while reducing health care costs (Blue Zones, 2021);
- › **Village de Saint-Camille:** to counter the demographic decline in their village, the citizens have taken several social initiatives to stimulate the local economy and attract young families to settle in their community (Municipalité du canton de Saint-Camille, 2021).
- Improve access to information on resources for vulnerable groups.
- Optimize collaboration with Public Health and the government to address widespread socioeconomic insecurity in the community.
- Collaborate with clubs such as United Commercial Travelers (UCT), the Lions Club, the Club Richelieu to obtain funding to support local initiatives to fight socioeconomic insecurity. Applications are easy to complete.
- Create employment for the middle-class workforce to stimulate the local economy.

NEED C

Parent support and healthy child and adolescent development



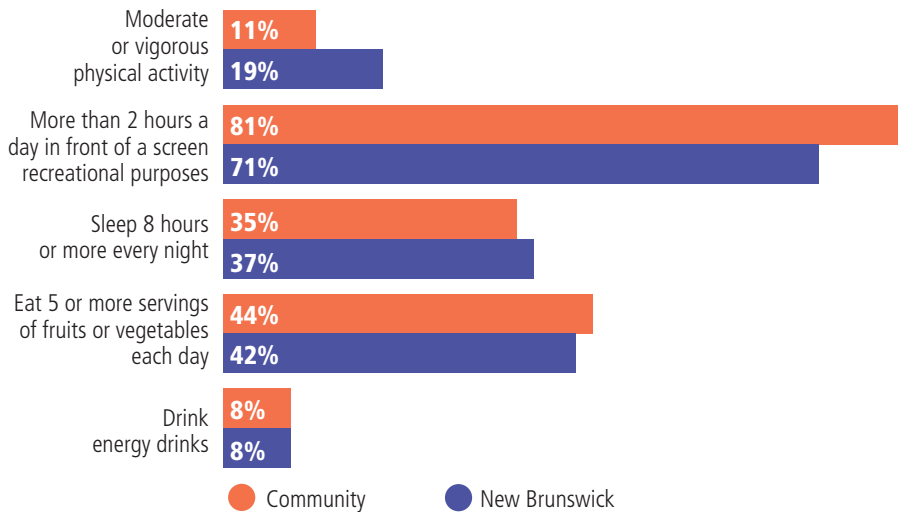
Parent support and healthy child and adolescent development were identified as a need in the community. The child-parent relationship has a major influence on most aspects of child development. When optimal, parenting skills and behaviours have a positive impact on children's self-esteem, school achievement, cognitive development, and behaviour²⁵.

The consultations revealed that some parents are unaware of the harmful effects of cannabis use, vaping and screen time (e.g., cell phone addiction and video games). The lack of supervision and involvement in the development of children and youth can lead to the adoption of unhealthy lifestyle habits.

A participant said: *"Restrictions on time spent playing video games at home are not discussed with parents."* Permissive parenting may sometimes be due to a lack of knowledge about the harmful effects of these behaviours on health. *"These kids' parents are not really aware of the harmful effects of vaping and social networks. It may be easier sometimes to let their kids use these means to escape,"* said another participant.

25 Grusec and Danyliuk, 2014

PHYSICAL ACTIVITY, SEDENTARY BEHAVIOURS, SLEEP AND HEALTHY EATING IN YOUTH

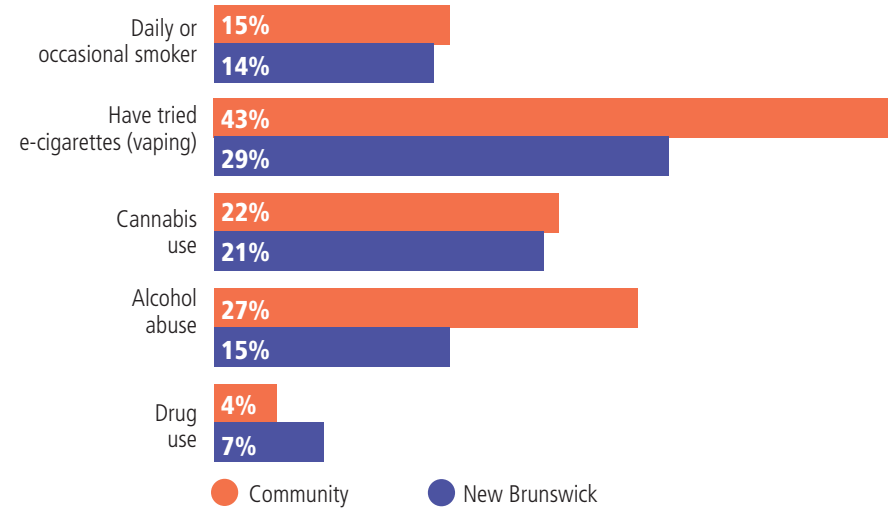


Source: NBHC (2019). Student Wellness Survey. Polyvalente Roland-Pépin.

*Community means grades 9–12 students at Polyvalente Roland-Pépin.

A significant proportion of youth has tried vaping, abused alcohol, and used cannabis compared to the rest of the province. *“It’s obvious that there is much more use and a lot more drug use here. It starts at a much younger age than in the Bathurst area. Use is heavier and it starts at a younger age,”* said a participant. Based on consultations, living close to a federal territory with different legislation regarding the sale of cannabis and vaping products makes the problem worse. *“When it comes to access to vaping and such products here, you simply cross the bridge and find yourself in a federal jurisdiction where there are no laws and everything is open,”* said a participant. Stakeholders stress the need to educate parents on the importance of adopting healthy lifestyles. *“I believe it’s important to have programs for parents because initially they’re the ones raising their children and providing the basics of a healthy life,”* said one of the participants.

TOBACCO, ALCOHOL AND DRUG USE IN YOUTH



Source: NBHC (2019). Student Wellness Survey. Polyvalente Roland-Pépin.

*Community means grades 9–12 students at Polyvalente Roland-Pépin.

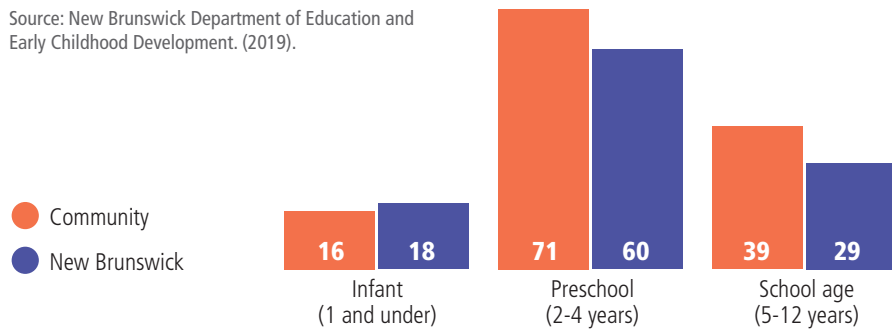
Attachment is also identified as an issue in the healthy development of children and adolescents. A participant said: *“I’ve seen as many attachment problems in classes that are considered wealthy, where sometimes the child is even parentified. They have to perform demanding tasks for their young age because their parents are busy with their own tasks, sometimes with their careers.”* Some children will adopt unhealthy relational behaviours depending on the type of attachment they have developed with their parents. *“Some kids will tend to reject us or on the contrary, they will become very dependent on us because we are the only people who are present, who listen to them, and who support them. It becomes complicated sometimes to make them realize that we’re only service providers. We’ll be out of their lives one day, so they must find other people, other resilience factors themselves instead of just relying on us,”* said a participant.

While some parents have little time for their children, others tend to be overprotective, which undermines their children’s ability to be resilient in the face of disappointment. *Parents have often been overprotective and prevented their children from feeling disappointed, so they no longer have the ability to cope with it when it happens. This leads to many health problems for them,*” said a participant. In order to deal with their disappointments, children will sometimes engage in harmful avoidance behaviors (e.g., drug use).

At the same time, access to daycare for infants (1 and under) remains an issue for young families. Consultations conducted showed a lack of child care spaces, which affects the parents’ return to the labour market. *“You have to put your name before getting pregnant to get a daycare space. My sister only works when she can take her kid to daycare. So she only works one or two days a week. She can only take her daughter to daycare when another child is not going,”* said a participant. In fact, we note that the number of spaces has decreased from 24 to 16 between 2016 and 2019²⁶.

APPROVED CHILD CARE SPACES (RATE PER 100 CHILDREN)

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



Also, because of the high daycare fees, some families have to sacrifice a salary so that one parent can stay at home with the kids. *“Parents don’t have any support when it comes to daycare. They are not \$7 or \$10 a day like in Quebec. I for one once paid \$1140 a month. It’s my monthly daycare payment for my two kids,”* said one of the participants. With these high costs, some families choose not to have more children. Considering the widespread labour shortage in the region as well as the demographic decline, it is a major socioeconomic issue.

26 NBHC, 2017
27 GNB, 2021

Community strengths

- The purpose of the Restigouche Centre of Resources for Parents is to support families, provide practical information, and strengthen parenting skills.
- Choice and reality therapy is provided by the Zone 5 Child-youth team in schools.
- The Youth in Action Centre offers various programs to youth (e.g., After School program, Youth Zone, “School of Life” project, LGBTQ+ Youth Group). They will also develop a Big Brothers Big Sisters program in the near future.
- The Raymond-Lagacé Public Library in Atholville offers families educational activities. However, these activities are suspended during the pandemic.
- The Restigouche Autism Center (CARAC) provides support to children with autism spectrum disorder and their parents.
- The Government of New Brunswick will shortly offer the federal \$10 a day child care program as well as 5,700 new child care places²⁷.

Potential solutions

- Offer parents educational programs to be able to share knowledge with their children and model healthy lifestyles.
- Hold monthly health conferences on topics such as parenting.
- Restigouche Wellness Network: a radio capsule project had been implemented in the past. With the Regional Resilience Project, this project could be revived to address topics such as parenting.
- Send an educational newsletter to parents in the community by e-mail or by regular mail to raise healthy lifestyle awareness.
- Collaborate with social clubs such as UCT, the Lions Club, the Club Richelieu to obtain funding to support local initiatives to help families.

NEED D

Labour shortage in health care and social assistance

Based on consultations, there is a widespread labour shortage in Campbellton and surrounding areas, which is particularly marked in the field of health care and social assistance. A shortage of workers is also noted in various sectors such as retail trade and food services.

As regards health care and social assistance, the President and CEO of Vitalité Health Network stated that there were over 90 vacant nursing positions in Campbellton as of August 2021²⁸. However, she noted that hiring statistics had improved in the Campbellton area over the past three years thanks to recruitment strategies but the people hired by the Network do not stay. *“More people are leaving than arriving,”* said Dr. Desrosiers.

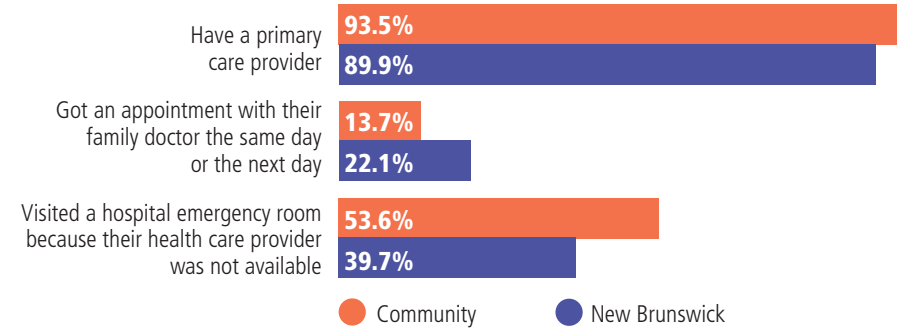
The number of people who have a primary care provider in Campbellton and surrounding areas has decreased between 2017 and 2020. Although a rather high proportion has a primary care provider, the deficit in follow-ups in the community leads to the overuse of emergency departments.

Having a primary care providers (Campbellton and surrounding areas)	2017	2020
People who have a family doctor	92.2%	88.8%
People who have a nurse practitioner	15.3%	11.1%
People who have a nurse practitioner as their primary care provider	4.0%	4.8%

Source: NBHC. (2020). 2020 Primary Health Survey. Campbellton, Atholville, Tide Head Area.

28 Radio-Canada, 2021
29 NBHC, 2020

ACCESS TO HEALTH CARE SERVICES

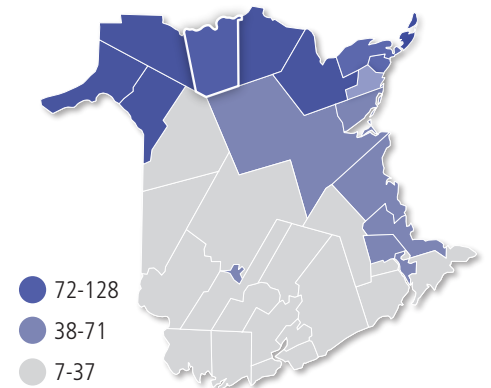


Source: NBHC. (2020). 2020 Primary Health Survey. Campbellton, Atholville, Tide Head Area.

Access to mental health and addiction services is also an issue for community members. *“You can’t even see a psychologist or psychiatrist as there are no resources,”* said a participant. In the last 12 months, 17.0% of community members felt that they needed to see or talk to a health professional about their mental health but 31.0% were not able to see or talk to anyone²⁹. Hospitalization rates for mental health problems are among the highest ones in the province.

**HOSPITALIZATION FOR MENTAL HEALTH DISORDER
(WHERE PATIENTS ARE FROM)
(2013/14 - 2015/16)
(RATE PER 10 000 POPULATION)**

Source: CSNB. (2017). My Community at a Glance. Campbellton, Atholville, Tide Head Area.



Although the problem is complex, a few factors can explain the labour shortage in the region. According to participants, the decrease in the working population due to the aging of the population and the migration of young people to large urban centres contributes greatly to the problem.

Change in population (2011-2016)	
Campbellton	-6.8%
Atholville	-5.5%
Tide Head	-9.6%

Source: Statistics Canada. (2017). Census Profile, 2016 Census.

In addition, the lack of services in remote areas, limited educational opportunities for their children, limited choice of satisfying employment for their spouses, and limited socialization opportunities were identified as barriers to the retention of young adults and health care professionals in the Campbellton area.

“If we want people to come and work for Vitalité Health Network in Campbellton, we have to be a welcoming region, they have to be able to fulfill their potential and have access to all the services they need. It’s stressing for a family to realize that they have to go to Bathurst to give birth. A couple who considers settling in Campbellton and starting a family will think about it twice,” said a participant. These are just a few of the challenges that newcomers encounter and a more in-depth review would be required to implement consistent strategies to improve retention in the region.



Community strengths

- The Guide de santé pour les nouveaux arrivants au Nouveau-Brunswick by the Société Santé et Mieux-être en français du Nouveau-Brunswick can be a useful resource to help community members navigate the health system and make an efficient use of resources.
- The Restigouche Multicultural Association offers several services such as settlement support, social integration, a matching program, conversation circles, and information on local services.
- The Village of Atholville and the Restigouche Multicultural Association have newcomers committees.
- The responsibilities of the new Hospital Activity Director who started working at the Campbellton Regional Hospital in 2021 include maintaining good relationships and partnerships with the community.
- Vitalité Health Network Human Resources implemented several recruitment strategies in Zone 5. These strategies may vary depending on the difficulty in filling some positions. For instance:
 - › Hiring incentives with a 2–3 year return of service;
 - › Reimbursement for professional licences, membership dues, and professional liability insurance in the first year of employment;
 - › Relocation assistance;
 - › Second-language immersion courses for English-speaking candidates and invitation to work in Zone 5 given the bilingual nature of the community;
 - › Out-of-province recruitment to have access to a larger pool of potential employees;
 - › 24h + 24h staffing process: identifies a potential candidate with the help of partners, assesses the file within 24 hours, and then contacts the candidate again within the next 24 hours. It is a pilot project that was launched in July 2021;

› Targeted strategies for students:

- Training for students in several fields, including medicine and nursing;
- Student scholarships in exchange for a commitment;
- Going-back-to-school grants;
- Reimbursement for national examination fees;
- Recruitment activities organized by talent acquisition advisors (e.g., coffee chats at the Campbellton Regional Hospital, presentations and meetings with students in various secondary and post-secondary institutions in the region and in the province, out-of-province targeted virtual presentations);
- Meetings with post-secondary institutions that are located near the Restigouche region and offer patient care attendant and licensed practical nurse training programs;
- Collaboration with OMNI College (international education for nurses).
- A few retention strategies were implemented within Vitalité Health Network:
 - › Employee Recognition Program, education bursaries, nursing retention strategy.

- People in Campbellton and surrounding areas are considered warm and welcoming.
- Nature is a major attraction in the region and it attracts outdoor enthusiasts.
- A walk-in mental health clinic pilot project (single session therapy and drop-in) was successfully implemented over the last year and has significantly improved access to mental health care.

Potential solutions

- Promote community support programs and organizations (e.g., Day Centre for Seniors) to prevent health problems.
- Improve integration assistance for newcomers.
- Implement, in collaboration with community partners and municipalities, a retention strategy based on the reasons for the departure of newcomers and former employees.
- Attraction campaign to attract newcomers.

NEED E

Access to health services and community resources for people with reduced mobility

Access to health services, resources, and community facilities is identified as an issue for people with reduced mobility in the community, especially seniors, physically disabled individuals, and people who do not have a car.

There is a lack of transportation to access various resources, take part in community activities, and receive health care services. There is currently no public transit in the community. A community transportation service is available, but it is provided by two senior volunteers who are waiting for a replacement to ensure service continuity.

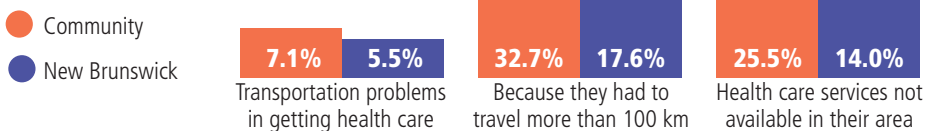
Therefore, people who do not have a car or are non-ambulatory are limited in their travel and must take a cab, which is very expensive.

A mobility disability often makes independent driving problematic, and planning is needed to ensure the availability of public, private and community accessible transportation. ESIC, 2017

As for the proximity of services, patients report that they often have to travel long distances, like going to Bathurst or even farther for some services. Patients deplore having to make travel plans, defray additional costs, and travel to get consultations that are not always necessary. *“Using community transportation in the winter for a 10-minute appointment with a doctor in Bathurst is very stressful for a senior,”* said a participant.

BARRIERS TO HEALTH SERVICES

Source : CSNB. (2020). Sondage sur la santé primaire 2020. Région de Campbellton, Atholville, Tide Head.



Among community members, 36.1% are sometimes or often restricted in their activities because of a physical or mental condition or a health problem. Of them, 50.9% have a mobility disability³⁰.

If the current trend continues, 31.3% of the New Brunswick population is projected to be 65 years and over by 2038³¹. This group of current drivers will transition to being passengers due to the health effects of aging and the onset of a disability³². In fact, many seniors in the community no longer have access to a car to get around. *“There are ladies who will not take part in activities if I don’t pick them up and drive them,”* said a participant.

At the same time, a large proportion of the community infrastructure is not adapted for people with reduced mobility. A lack of wheelchair access ramps in several businesses, sidewalks that are not adapted or even nonexistent are identified as barriers to access resources and services. Family caregivers deplore this situation, as the lack of adapted infrastructure complicates and restricts outings with the person they care for.

“Sidewalks are really not adapted. Nothing is adapted anywhere in small regions. It’s terrible because we’re stuck, we can’t do anything as a family,” said one of the participants. Although the provincial government promotes home support, many people

live in dwellings that are not adapted to their physical condition (e.g., door frames too narrow for wheelchairs), which forces them to move to residences or nursing homes.

Community strengths

- Restigouche Community Transport offers transportation services with a small team of volunteer drivers.
- The Department of Social Development “Home First” program offers information on services and programs available in the community and the opportunity to receive financial assistance for minor in-home repairs that will improve the safety of the home.
- The Government of Canada Enabling Accessibility Fund makes it possible to renovate and improve some facilities so they are more accessible for persons with limited mobility.
- Ability New Brunswick offers rehabilitation counselling and services.
- The Canadian Red Cross offers personal support and homemaking services to help seniors and people recovering from illness or injury live independently. They also have a health equipment loan program.

Potential solutions

- Obtain support from municipalities to make facilities more accessible for people with reduced mobility.
- Promote the services and programs available (e.g., Canadian Red Cross, Ability New Brunswick, Para New Brunswick).
- Collaborate with local clubs such as UCT, the Lions Club, the Club Richelieu in order to obtain funding to support local initiatives to provide adapted facilities for all people in the community.

30 NBHC, 2020

31 GNB, 201

32 ESIC, 2017

7. Prioritization process

7.1. Prioritization matrix

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

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

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

7.2. Definition of prioritization criteria

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

7.3. Weighting of needs

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

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

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

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

NEEDS IDENTIFIED BY THE CAC	A	B	C	D	E	F	Total
Communication and access to information on resources and services available							
Widespread social and economic insecurity in the community							
Parent support and healthy child and adolescent development							
Labour shortage in health care and social assistance							
Access to health services and community resources for people with reduced mobility							

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

NEEDS PRIORITIZED BY THE CAC	Total	Rank
Labour shortage in health care and social assistance	294	1
Widespread social and economic insecurity in the community	255	2
Parent support and healthy child and adolescent development	249	3
Access to health services and community resources for people with reduced mobility	210	4
Communication and access to information on resources and services available	174	5

7.4. Categorization of identified needs by order of priority

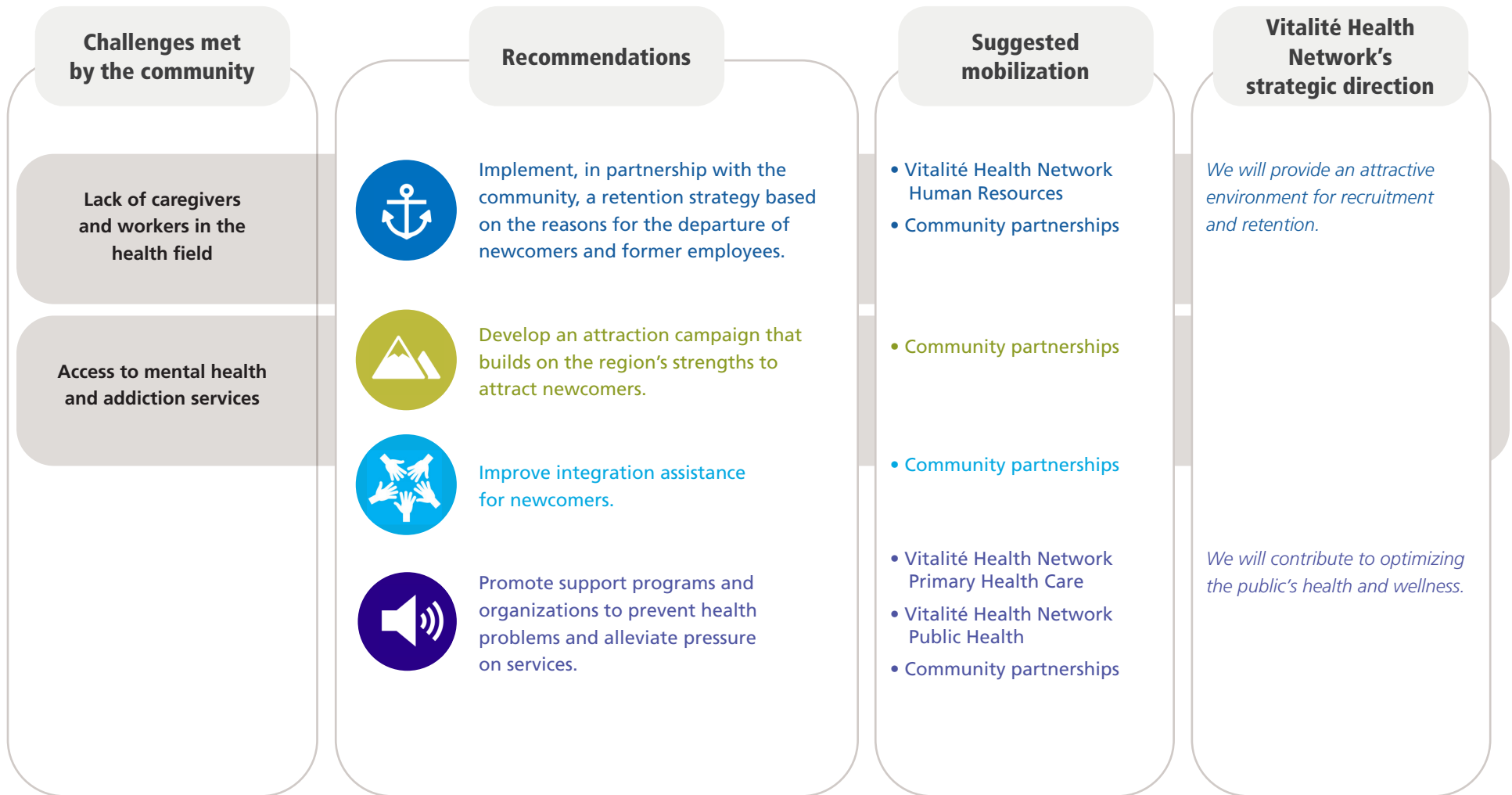
Following this prioritization stage, the CAC held a seventh meeting to validate and categorize the final list of identified needs and identify potential solutions and partners to mobilize to implement recommendations.

PRIORITIZED NEEDS	
1	<p>Address the labour shortage in health care and social assistance</p> <ul style="list-style-type: none"> • Lack of caregivers and workers in the health field • Access to mental health and addiction services
2	<ul style="list-style-type: none"> • Address widespread social and economic insecurity in the community • Large proportion of low-income households • Large proportion of households affected by food insecurity • Lack of affordable housing • Homelessness • Low level of education
3	<ul style="list-style-type: none"> • Improve parent support and healthy child and adolescent development • Weaknesses in some parenting skills (e.g., attachment with the child, overprotection and resilience, rules regarding screen time, cannabis use, and vaping) • Lack of knowledge about the harmful effects of vaping, cannabis use, and screen time • Few daycare spaces, especially for infants (0–2 years)
4	<ul style="list-style-type: none"> • Improve access to health services and community resources for people with reduced mobility • Lack of transportation to access resources and services provided inside and outside the community • Community infrastructure and housing generally not adapted for people with reduced mobility (e.g., no wheelchair access ramps, nonexistent or non-adapted sidewalks, narrow door frames)
5	<ul style="list-style-type: none"> • Improve communication and access to information on health services and community resources • Lack of awareness of services and resources available in the region • Communication means not always adapted to the computer skills and literacy levels of community members

8. Recommendations

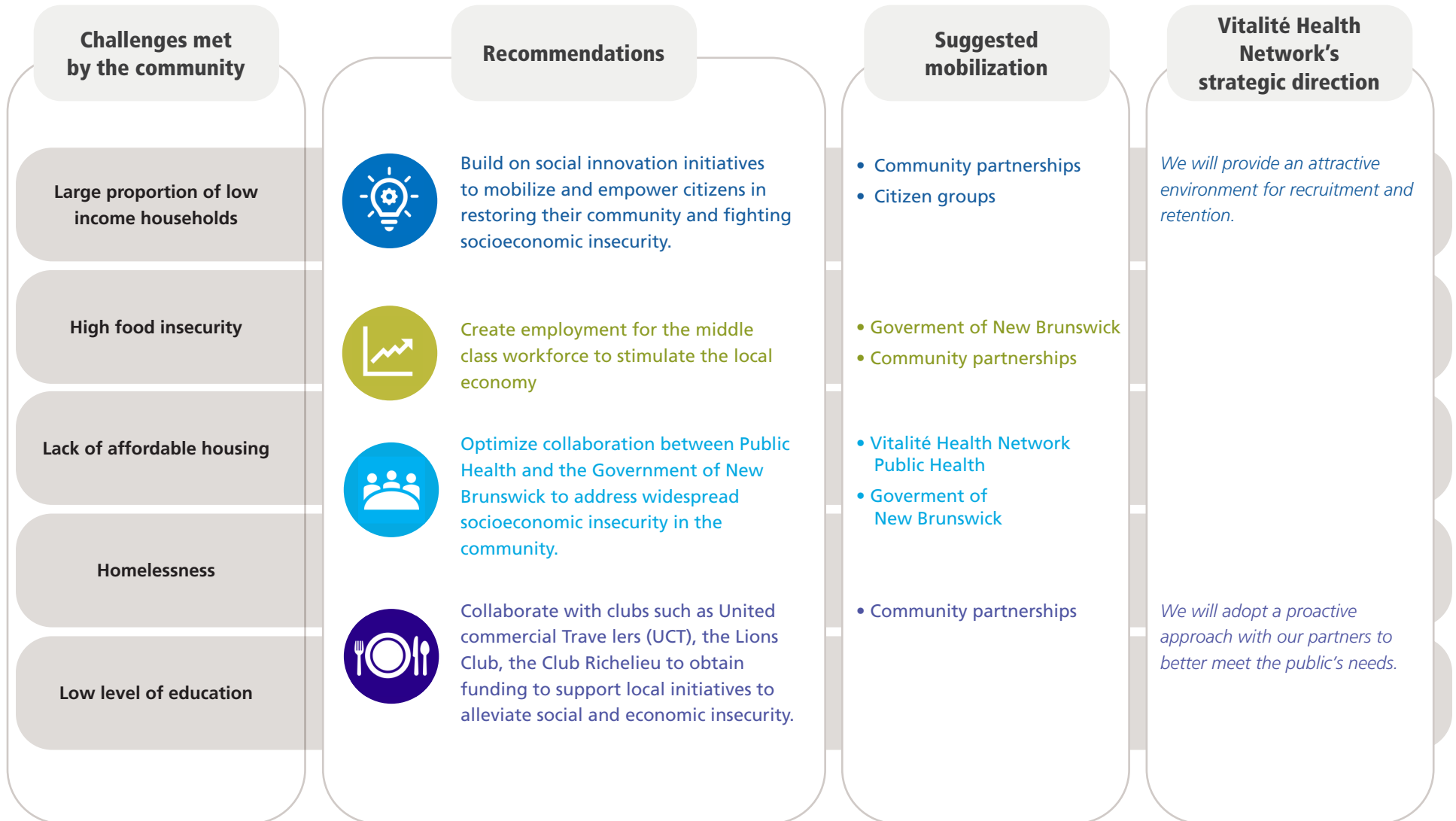
NEED 1

Address the labour shortage in health care and social assistance



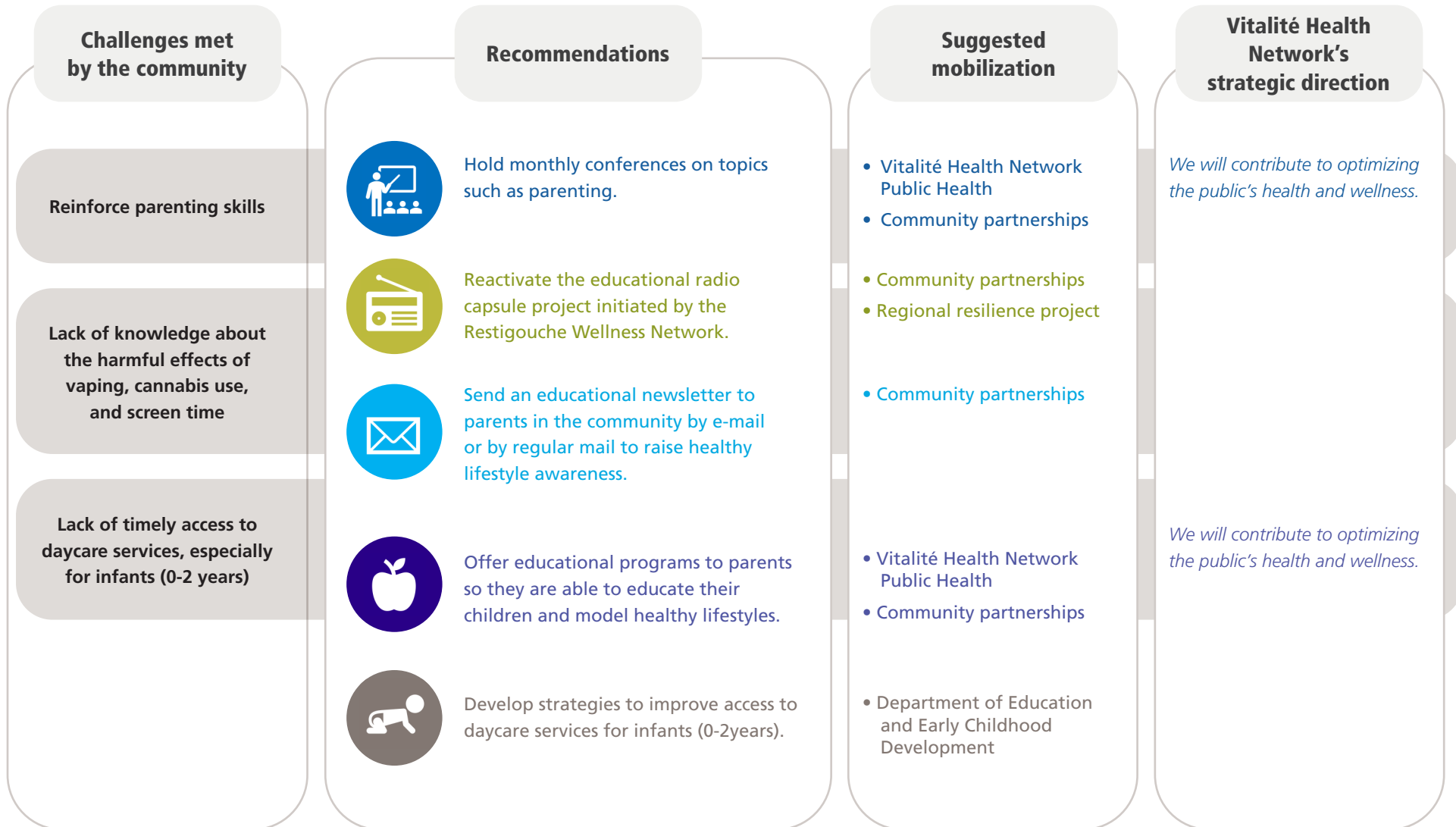
NEED 2

Address widespread social and economic insecurity in the community



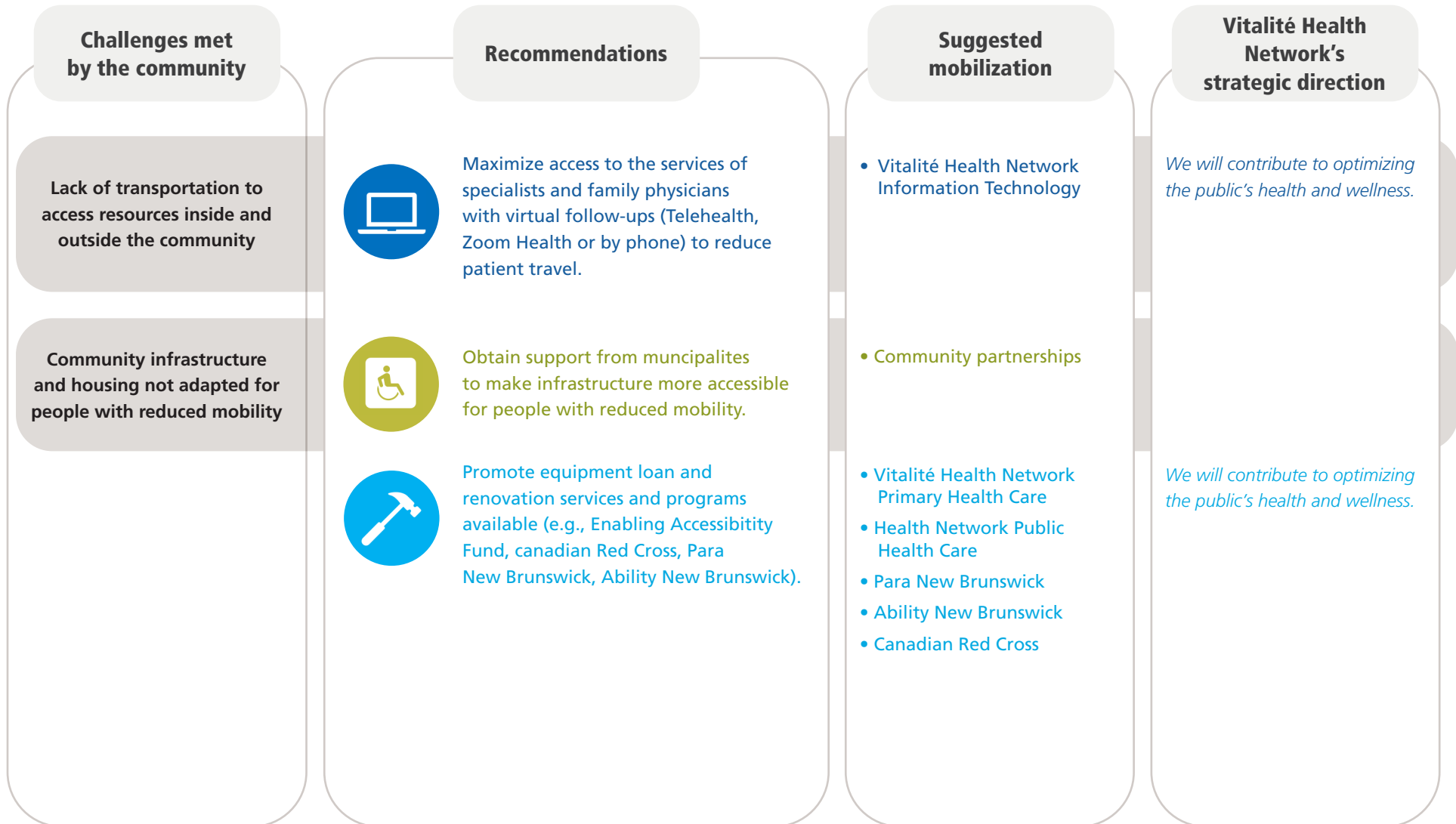
NEED 3

Improve parent support and healthy child and adolescent development



NEED 4

Improve access to health services and community resources for people with reduced mobility



NEED 5

Improve communication and access to information on health services and community resources



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