



SUMMARY REPORT

Community Health Needs Assessment

2020-2021

SHEDIAC | BEAUBASSIN EAST | SAINT-ANTOINE

Introduction

Word from the President and CEO



Dr. France Desrosiers,
President and CEO

We are happy to start the third year in the Community Health Needs Assessment (CHNA), which takes place over a five-year cycle. A CHNA is a process in which health professionals and decision-makers determine which individuals, families or population groups have priority needs and ensure that health care system resources are allocated in a way that optimally improves population health.

We thank our community and government partners, our employees and the general public for their commitment and participation in the various consultation exercises.

Purpose

Under New Brunswick's Regional Health Authorities Act (2011), the regional health authorities, namely Vitalité Health Network and Horizon Health Network, are responsible for identifying the health needs of the communities they serve.

Community health needs assessment

A CHNA is an ongoing, dynamic process aimed at identifying the assets, strengths and needs of communities in order to establish health and wellness priorities and improve the population's health status.

CHNAs are done for each of the communities defined by the New Brunswick Health Council (NBHC), which divides New Brunswick into 33 communities. Vitalité Health Network covers 13 of those communities.

Main objective

The main objective of a CHNA is to draw up a priority list of health and wellness needs that will help Vitalité Health Network, its partners, and community organizations plan services and allocate resources in the community.

Population health approach

The CHNA process is conducted using a population health approach and with the dual goal of improving the health of the entire population and reducing social inequities in health between various population groups. This approach takes into account a broad range of factors and conditions that have the greatest effect on our health and attempts to influence them¹. These factors, the recognized "determinants of health," include the following: income level and social status, social support networks, education, employment, living and working conditions, physical environment, social setting, biological and genetic heritage, personal health habits, adaptability, early childhood development, health services, sex, and culture¹.

1. Public Health Agency of Canada, 2012

Methodology

Main steps in a CHNA

In the Community Health Needs Assessment Guidelines², the CHNA process is based on five main activities. However, the process must be flexible and adjust to the local situation in each community being assessed.

1. Community engagement

- Create a temporary Community Advisory Committee (CAC) in the community.

2. Data collection

- Collect quantitative data available on the community;
- Collect new qualitative information (e.g. discussion groups, individual interviews, etc.).

3. Information analysis and interpretation

- Analyze the quantitative data and new qualitative information;
- Compare the main findings of the qualitative analyses and quantitative data.

4. Develop priorities and recommendations

- Prioritize the needs identified by the CAC;
- Identify community assets and strengths;
- Identify potential solutions.

5. Report to the community and receive feedback

- Write the summary report and distribute it to the community and general public.

Community Advisory Committee

The Community Advisory Committee (CAC) is the true cornerstone of the CHNA process. The terms of reference of the CAC are to encourage community participation and engagement throughout the process as well as to provide advice and information on health and wellness priorities in its community.

The CAC of Shediac, Beaubassin East and Saint-Antoine is made up of the following organizations and bodies :

- Royal Canadian Mounted Police of Canada (RCMP),
- Cocagne Rural Community,
- Ambulance New Brunswick (ANB),
- Community of Grande-Digue,
- Department of Education and Early Childhood Development,
- Municipality of Cap-Pelé,
- District scolaire francophone Sud-Est (DSFSE),
- Community of Saint Mary,
- Department of Social Development (DSD),
- Greater Shediac/Downtown Shediac Chamber of Commerce,
- Extra-Mural Program (EMP),
- Centre d'accueil et d'accompagnement francophone des immigrants du Sud-Est du Nouveau-Brunswick (CAFi),
- Municipalité amie des aînés (MADA) de Cocagne,
- Kent Regional Service Commission (KRSC),
- Wellness Movement of the Southeast,
- Addiction Services of Horizon Health Network and
- Early Childhood Family Resource Centre of Westmorland-Albert,
- Pays de Cocagne Sustainable Development Group (PCSDG).
- Beaubassin East Rural Community,
- Municipality of Saint-Antoine,

The sectors represented by Vitalité Health Network included :

- Public Health,
- Primary Health Care (PHC),
- the Community Mental Health Centre (Richibucto and Shediac) – adult mental health services,
- the Child-Youth Team (CYT),
- Shediac Regional Medical Centre (SRMC) and
- emergency services of the Stella-Maris-de-Kent Hospital.

In all, six virtual consultations took place with the CAC between June 2020 and January 2021.

2. Government of New Brunswick, 2018

Focus groups :

- Wellness of seniors in the community;
- Perceptions of municipal counsellors and Local Service District (LSD) representatives;
- Health-related behaviours of children and youth;
- Mental health of first responders.

Individual interviews :


- A family physician in the community;
- A nurse practitioner (NP) in the field of sexual health;
- The Kent Community Inclusion Network (transportation services);
- The Vestiaire Saint-Joseph Inc.;
- The Food DEPOT Alimentaire.



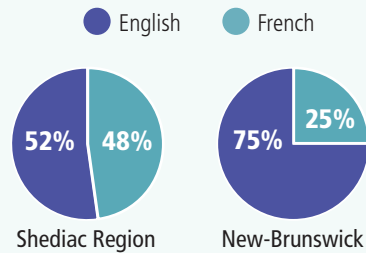
Community assessed

Sociodemographic profile

Shediac and its neighbouring communities :

Beaubassin-Est	Notre-Dame		
Boudreau-Ouest	Petit-Cap		
Cap-Pelé	Pointe-du-Chêne		
Cocagne	Saint-André-Leblanc		
Cormier-Village	Saint-Antoine		
Dundas	Saint-Paul		
Grand-Barachois	Sainte-Marie-de-Kent		
Grande-Digue	Saint Mary		
Haute-Aboujagane	Scoudouc	Scoudouc Road	Shediac River
		Shediac	Shemogue
		Shediac Bridge	Trois-Ruisseaux
		Shediac Cape	

The community of Shediac and surrounding area is part of Zone 1B of Vitalité Health Network, which is known as the Beauséjour Zone. The **official language of service breakdown** for the area is 48 percent French and 52 percent English, compared to 25 percent and 75 percent respectively for New Brunswick³.



In 2016, the Shediac region had a population of 31,360⁴.

Overview of priority needs

1. Addiction and mental health (all ages)

- Impacts related to the COVID-19 pandemic: increased mental health problems within the general population (e.g. anxiety-depressive problems);
- Substance abuse and addiction problems;
- Increasingly commonplace hard drug use and increased cannabis consumption.

2. Improve support for seniors in the community to help them remain in the home

- Social and economic precariousness of seniors: low income and social isolation;
- Available services and resources not always being tailored to seniors (e.g. literacy level).

3. Strengthen health prevention and education

- Health education within the community;
- Health-related behaviours (smoking, alcohol, drugs, physical activity, healthy eating and sexual health);
- Risks associated with adoption of at-risk behaviours (peer pressure).

4. Support first responders' wellness

- Increased pressure on the mental health of health professionals (including social workers) and employees in emergency medical services (ambulance), fire services, police services and correctional services and the families of employees working in these sectors;
- Everyday exposure to many difficult situations;
- Systemic barriers: lack of flexibility by employers to accommodate work-family balance, limited professional development options, no mental health days.

5. Enhance equitable access to health services

- Services accessible within close proximity;
- Services equally accessible in both rural and urban settings (e.g. bloodwork).

6. Improve intersectoral communication and collaboration

- Collaboration between local communities (community engagement);
- Communication between the health care system and the community.

7. Reduce barriers to adopting healthy eating habits (all ages)

- Increased food insecurity since onset of COVID-19 pandemic;
- Challenges related to financial resources : socioeconomic and employability disparities.

8. Improve support to families, and involve parents in their children's upbringing

- Lack of involvement by parents in their children's upbringing;
- Prioritization of approaches that get youth and parents participating;
- Recognition of the new realities facing families.

3. CSNB, 2017

4. Statistics Canada, 2016

1 Mental Health and Addiction (all ages)

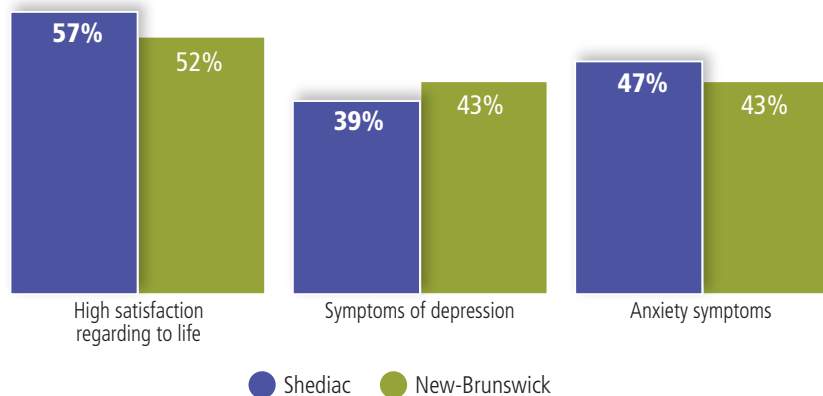
Substance abuse and addiction problems in adults and youth are realities that are of concern to the community. In recent years, hard drugs have also become increasingly commonplace (e.g. cocaine and crystal meth).

“Before, people smoked cannabis and that was serious [...] Now they’re taking cocaine and crystal meth and it’s considered almost normal,”
- focus group participant.

In addition, the COVID-19 pandemic appears to have increased mental health problems in the general population (e.g. anxiety-depressive problems).

“The current increase in anxiety-depressive problems is concerning at this time. What people are going through (COVID-19) is already very difficult,”
- focus group participant.

LIFE SATISFACTION, DEPRESSION AND ANXIETY IN YOUTHS⁵



5. Shediac includes students from the Polyvalente Louis-J.-Robichaud. Source: CSNB. (2019). NBSWS 2018-2019. Polyvalente Louis-J.-Robichaud

Community assets :

- The psychologist and social worker at the Shediac Regional Medical Centre (SRMC);
- The Beauséjour Family Crisis Resource Centre;
- The child-youth team (integrated service delivery or ISD) being present in the region’s schools;
- The Early Childhood Family Resource Centre of Westmorland-Albert has tools for parents of children who consume cannabis;
- The RCMP quarterly reports;
- The weekly webinars offered by the Canadian Mental Health Association of New Brunswick (CMHA-NB) (e.g. Our Children and Stress, Mental Health at Work, Mindfulness, etc.);
- The programs BounceBack (Retrouver son entrain) and Bridge the Gapp (Navigapp) of the CMHA-NB;
- The Community Mental Health Centre (CMHC) in Richibucto and its satellite office in Shediac.

Potential solutions

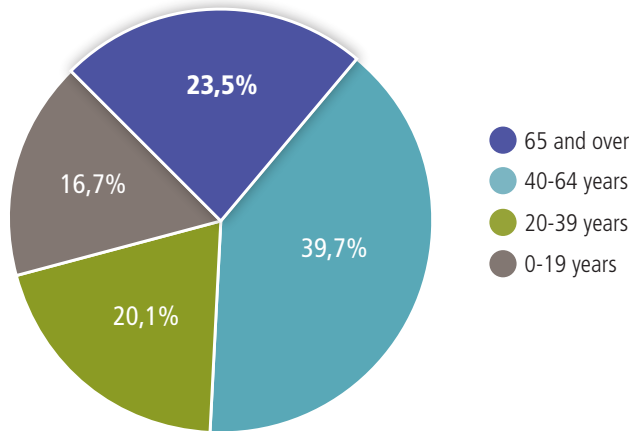
- Improve community support for people with mental health problems and/or addictions (e.g. place the person at the centre of their recovery);
- Improve access to the services of the satellite office of the Shediac CMHC.

2 Improve Support for Seniors in the Community to Help Them Remain in the Home

The social and economic situation of many seniors undermines their ability to maintain good health and wellness. Indeed, the financial aspect and social isolation are major challenges faced by numerous seniors in the community.

Although many services exist for this population group, it was mentioned that these services do not always meet their needs (e.g. literacy level). Navigating government can be difficult and a source of stress for seniors (e.g. making telephone calls, filling in application forms for services, etc.).

DEMOGRAPHIC PROFIL OF SHEDIAC, SAINT-ANTOINE AND BEAUBASSIN EAST⁶



6. Source: Statistics Canada (2016). Census profile, 2016 Census.

Community assets :

- The MADA – Cocagne certification;;
- The project Bien vieillir chez soi Cocagne;
- The Government of New Brunswick (GNB) “One Stop Community Support Services for Aging at Home” pilot project underway in the community of Cocagne;
- The recreational, cultural and social activities and community breakfasts at the Centre Grande-Digue;
- The At Home Program of Vitalité Health Network (accepts referrals from primary care providers);
- The Extra-Mural Program, which offers an array of home care services;
- Social Supports NB of GNB.

Potential solutions

- Support communities in taking the necessary steps to participate in the New Brunswick Healthy Senior Pilot Project of GNB;
- Establish a primary point of contact for seniors to receive information and support or be guided to services (e.g. on the model of the Centre de bénévolat de la Péninsule acadienne);
- Consider the possibility of establishing a community program for seniors designed to prevent social isolation and loss of independence.

3 Strengthen Health Prevention and Education

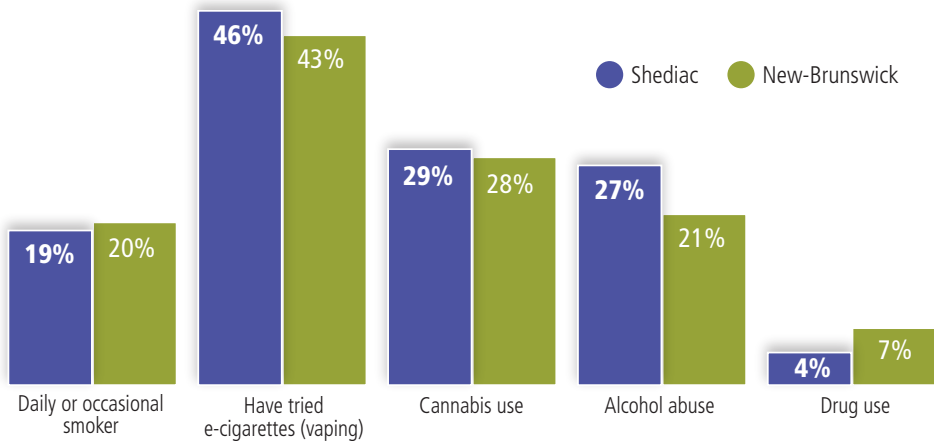
The main prevention factors raised were health-related behaviours such as smoking, drug and alcohol use, physical activity, healthy eating and sexual health.

“People tend to smoke all their lives, eat badly and be inactive and then end up getting sick [...], which are all things that could be prevented,”
- focus group participant.

With respect to youth, it was mentioned that peer pressure as well as lack of knowledge of the risks associated with the adoption of at-risk behaviours contribute to this situation.

Health education was identified as a challenge to community health. It was mentioned that, despite all the efforts made by the various services available and the various initiatives underway in this regard, there was still a significant lack of health education in the community.

TOBACCO, ALCOHOL AND DRUG USE IN YOUTH⁷



7. Shediac includes Grade 9 to 12 students at the Polyvalente Louis-J.-Robichaud. Source: CSNB. (2019). NBSWS 2018-2019. Polyvalente Louis-J.-Robichaud.

Community assets :

- The nutrition program for families offered by the Early Childhood Family Resource Centre of Westmorland-Albert Inc.;
- The Smoking Cessation Program;
- The Vestiaire St-Joseph in Shediac;
- The Pap Test Clinic (scheduled monthly) at the SRMC;
- The services on sexual health and health-related behaviours delivered by the NP in the schools;
- The Kent Centre for Prevention of Violence;
- The Beauséjour Family Crisis Resource Centre;
- The sessions on prevention, smoking, vaping, and drugs and alcohol offered in the schools (in grade 8 and secondary schools) by the social worker of the child-youth team (CYT);
- The Boreal Child and Youth Expertise Centre (offers and promotes resources for youth and their families);
- The sexual health toolkit for the province’s Francophone schools (produced by Public Health of Vitalité Health Network);
- The parent vaping awareness campaign (conducted by Public Health of Vitalité Health Network).

Potential solutions

- Strengthen initiatives targeting health prevention and education (all ages) within the community;
- Hold prevention and education sessions within the schools (primary and secondary) (e.g. if a school sees a trend underway among students, the child-youth team can respond to the situation and propose sessions).

4 Support First Responders' Wellness*

The consultations indicated that there is growing pressure on the mental health of first responders and their families. These professionals are exposed to many difficult situations on a daily basis, which places a “very heavy load” on them.

Furthermore, the participants raised several systemic barriers that make it more difficult to maintain good mental health. Some of these include a lack of flexibility by employers to accommodate work-family balance, limited professional development options, and a lack of leave for mental health and/or respite days.

“We shouldn’t have to find excuses to take a day off for our psychological health, especially in the case of people experiencing really heavy situations at work,”
- focus group participant.



44,5% of first responders (in Canada), including ambulance attendants, police officers and firefighters, **show symptoms of mental health problems**, which is **4X HIGHER** than the general population⁸.

*The term “first responder” includes the following professions and service providers: health professionals, social workers, emergency medical services (ambulance), fire services, police services and correctional services.

8. Canadian Journal of Psychiatry, 2017



Community assets :

- The Canadian Mental Health Association of New Brunswick (CMHA-NB);
- The RCMP and ANB have resources available for their employees (e.g. paid leave, employee and family services, mental health and psychology services);
- The Community Mental Health Centre of Richibucto and Shediac can help manage the stress related to critical incidents (which affects all first responders);
- The employee assistance services available (with the exception of volunteer firefighters and community workers);
- The free services available in communities (e.g. services of the Beauséjour Family Crisis Resource Centre).

Potential solutions

- Identify methods to instill a change of culture and foster a mentality whereby first responders' wellness is at the heart of the initiatives implemented;
- Make managers more aware so that initiatives supporting employees' wellness are introduced.

5 Enhance Equitable Access to Health Services

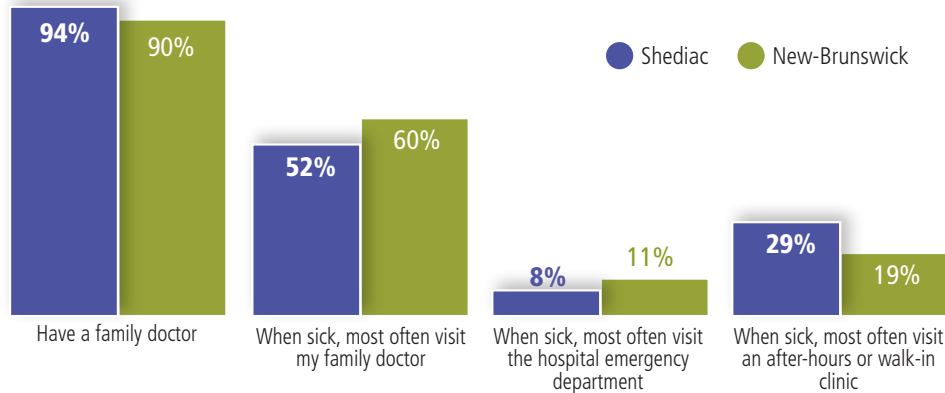
Although most community residents (96.1%) indicate that they have a primary care provider (physician or NP), a gap in terms of unequal access to services in rural and urban areas was identified.

For example, community residents must go to the Dieppe Health Centre, Dr. Georges-L.-Dumont University Hospital Centre (UHC) or Stella-Maris-de-Kent Hospital to obtain free phlebotomy (bloodwork) services. Although there is the Jemy Blood Clinic in Shediac, it charges \$15 for the service. As well, many people need bloodwork twice a week (e.g. for Coumadin), which means they must travel a distance of 50 or more kilometres several times a week. This travel can be stressful and expensive.

Concerning the proximity of services, patients must often go to the Dr. Georges-L.-Dumont UHC to receive services, which may represent a barrier to accessible health services.

“Accessibility is worse in rural areas, and rural areas typically have more seniors,”
- focus group participant.

ACCESS TO PRIMARY HEALTH CARE⁹



9. Source: NBHC. (2017). Primary Health Survey 2017. Shediac, Beaubassin East and Saint-Antoine.

Community assets

- The services offered at the SRMC: health clinic by appointment (for sore throats, respiratory infections, earaches, urinary tract infections, work accidents, cuts, burns, toxic chemical exposures, etc.) and chronic illness follow-ups (e.g. hypertension, diabetes);
- The Cocagne health clinic: two NPs have an office at the Guardian Pharmacy in Cocagne;
 - The following services are offered: health care for the general public, women’s health, pregnancy care, screening and treatment (hypertension, high cholesterol, diabetes, osteoporosis, menopause, warts, ear cleaning, etc.).
 - The health clinic is open from 9:00 a.m. to 5:00 p.m. Monday to Thursday. However, it has low accessibility.
- An NP from Zone 1 travels to Saint-Paul once a week for collaborative practice with a physician;
- The EMP;
- The Department of Social Development;
- The Cap-Pelé Medical Clinic.

Potential solutions

- Consider the possibility of offering a free phlebotomy service at the SRMC and/or in Cocagne a few days a week.
- Implement the advanced access method, which is a scheduling management method that makes it easier for patients to get family physician appointments when they need them;
- In April 2021, a new NP will join the Cocagne Health Clinic and Stella-Maris-de-Kent Hospital (three days in Cocagne and 2 days at the Stella-Maris-de-Kent Hospital per week). She will accept new patients.

6 Improving Intersectoral Communication and Cooperation

To establish a link between this need and health, it is important to note that a healthy community refers to a place where everyone works together to improve the community's quality of life¹⁰. Participants pointed out the lack of intersectoral communication and collaboration..

"If there was more collaboration between communities, we could do bigger projects for our communities,"
- focus group participant.

Similarly, the participants raised the lack of communication between the health care system and the community. For example, the lack of transparency in the decisions made by the health system leaves the community feeling uninvolved and not listened to.



Community assets :

- The Public Safety Committee of Kent County;
- The Kent Regional Service Commission;
- The various seniors' clubs in the region;
- The Centre Grande-Digue;
- MADA Cocagne. Work underway by the community of Shediac – MADA;
- The conseil récréatif de Cocagne;
- The Saint-Antoine Community Centre;
- The community infrastructure and different programs available to the community in Kent County;
- Having a community officer in Saint-Antoine (the community very much appreciates the programming);
- The N.B. 211 service.

Potential solutions

- Improve collaboration and increase the potential for networking between local communities (e.g. create a community committee);
- Find ways of improving communication between the health care system and communities (e.g. transparency model).

"It would be good to concentrate our efforts on improving people's health rather than on holding onto our services at the hospital [...] It is always necessary to lobby for services; the region has suffered long enough,"
- focus group participant.

10. Mouvement acadien des communautés en santé du Nouveau-Brunswick, 2010

7 Reduce Barriers to Adopting Healthy Eating Habits *(all ages)*

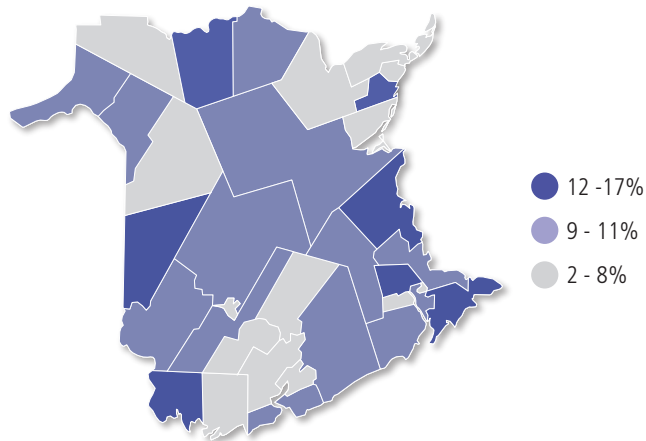
The consultations indicated that food insecurity is an “invisible” but very real need in the community. In fact, 12 to 17 percent of households in the region are experiencing moderate to serious food insecurity. It was also pointed out that the main barrier to households in the community achieving food security is their precarious economic situation. This fact plus the high cost of food prevents many people from eating fresh, healthy food.

“Many families have difficulty meeting their basic needs.”
- focus group participant.

Unfortunately, it was noted that COVID-19 has increased food insecurity within the community. Many people in the community have lost their jobs, which is a barrier to adopting healthy eating habits.

“Many initiatives are in place but they are never able to meet all needs.”
- focus group participant.

PERCENTAGE OF HOUSEHOLDS EXPERIENCING FOOD INSECURITY¹¹



11. Source: NBHC. (2017). My Community at a Glance. Shediac, Beaubassin East and Saint-Antoine.

12. Tarasuk, Mitchell and Dachner, 2013

Did you know that...

Food insecurity is a serious public health problem because people’s health and wellness are closely related to their food security¹².

Community assets

- The development by the regional resilience team for region 7 – Southeast (regional resilience planning project) of a plan to prepare for food emergency situations;
- The food banks and soup kitchens in the region and the program to deliver boxes of food;
- The Vestiaire St-Joseph in Shediac (educational kitchen and food bank);
- The village de Grande-Digue giving the school funding to pay for school breakfasts;
- The breakfast programs in the region’s schools;
- Grand-Barachois: during the first wave of COVID-19, the community distributed boxes of meat to needy families (approximately 80 families);
- The survey of local food banks by Public Health;
- The Comité d’entraide of the Village de Cap-Pelé;
- The community gardens in Cocagne, Saint Mary and Shediac (which give fruit and vegetables to people who wish to participate).

Potential solutions

- Having a dietitian in the community who can advise residents on healthy eating, based on an individual’s available budget;
- Reviewing the model of the Fresh for Less Program of the Early Childhood Family Resource Centre of Westmorland-Albert Inc. in partnership with Headstart.

8 Improve Support for Families, and Involve Parents in Their Children's Upbringing

The participants noted the need to improve support to families and to involve parents in their children's upbringing. They raised a lack of participation by parents in their children's upbringing, which can lead to a lack of discipline or to the adoption of unhealthy lifestyles.

The participants stressed the importance of prioritizing approaches that involve the entire family, rather than approaches that solely focus on the youth in question.



Community assets

- The Beauséjour Family Crisis Resource Centre;
- The Kent Family Resource Centre (KFRC);
- The Early Childhood Family Resource Centre of Westmorland-Albert;
- The Vestiaire St-Joseph (early childhood resource centre);
- The child-youth teams (CYTs) working in the region's schools. However, it was pointed out that it is difficult to get parents involved;
- The CAFi – Shediac;
- The Multicultural Association of the Greater Moncton Area – Kent (MAGMA/AMGM – Kent).

Potential solutions

- Further support the services and workshops offered by community organizations designed to strengthen parenting skills and provide families with more support.
- Increase support and education to parents by helping them find tools that will assist them in being adequately involved in their children's upbringing;
- Promote approaches involving the entire family when solving a problem or conflict involving a youth.

“One of the gaps we often see is that discussion only takes place with the youth when actually the parent should also be involved.

Parents have their role to play in passing on good habits,”

- focus group participant.

Possible action

Collective impact

The health and wellness challenges facing communities impact not only their quality of life but also their ability to contribute to their community's growth and economy. No one organization can overcome all these challenges. Only through citizen engagement and collaboration among various community organizations and government departments will we be able to help improve the quality of life and health status of our communities.

Key partners

- MADA – Cocagne
- Department of Social Development
- Department of Education and Early Childhood Development
- Mental health services of Vitalité Health Network
- Public Health of Vitalité Health Network
- Primary health care of Vitalité Health Network
- Mental health services (child-youth teams) of Vitalité Health Network
- Communications and Community Engagement Department of Vitalité Health Network

Next steps

- Factor the needs identified by the CHNA into Vitalité Health Network's planning cycle.
- Distribute the results of the CHNA to the community and the general public.
- Increase awareness among the relevant teams and key partners that can help meet the needs identified by the CHNA.



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