



SUMMARY REPORT

Community Health Needs Assessment

2019-2020

CARAQUET | PAQUETVILLE | BERTRAND

Introduction

Message from the President and CEO



We are pleased to start the second year of the five-year cycle of Community Health Needs Assessments (CHNA).

The CHNA is a process in which health professionals and decision-makers will determine which individuals', families' or population groups' needs constitute priorities and ensure that the resources of the health care system are assigned in a way that has optimal effects on improving population health.

We are grateful for the engagement and participation of citizens, our community and government partners, staff and the general public during the various consultations.

Gilles Lanteigne
President and CEO

Purpose

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

Community Health Needs Assessment

A CHNA is a dynamic, on-going process undertaken to identify the assets, strengths and needs of the community and enable community-wide establishment of health and wellness priorities to improve the health status of the population.

CHNAs are done for each of the 33 communities defined by the New Brunswick Health Council (NBHC). Vitalité Health Network covers 13 of these communities.

Main Objective

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

Population Health Approach

The CHNA process is best understood from a population health approach. This approach aims to improve the health of the entire population and reduce the social and health inequities between various population groups. This approach takes in a vast range of factors and conditions that have the greatest effect on our health and tries to influence them (Public Health Agency of Canada, 2012). These factors and conditions, commonly referred to as "determinants of health," include income and social status, social support networks, education, employment/working conditions, social environments, physical environments, personal health practices and coping skills, early childhood development, biology and genetic endowment, health services, gender and culture (Public Health Agency of Canada, 2012)

Methodology

CHNA Process

Referring to the *Community Health Needs Assessment Guidelines* (Government of New Brunswick, 2018), the CHNA process consists of five key activities. However, it needs to be flexible and reactive to the local context of each community being assessed.

1. Community Engagement

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

2. Data Collection

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

3. Interpretation and Analysis

- Analyze quantitative data and new qualitative information.
- Cross reference qualitative results with quantitative data.

4. Elaboration of Priorities and Potential Solutions

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

5. Report to the Community and Feedback

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

Community Advisory Committee

The Community Advisory Committee (CAC) is the true cornerstone of the CHNA process. The mandate of the CAC is 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 Caraquet, Paquetville and Bertrand had representatives of the following sectors: Réseau Mieux-être Péninsule acadienne (RMEPA), Club Bel Âge, Town of Caraquet, Centre de bénévolat de la Péninsule acadienne (CBPA), Centre de ressources familiales de la Péninsule acadienne (CRFPA), Royal Canadian Mounted Police (RCMP), Department of Social Development, Polyvalente Louis-Mailloux (PLM), Department of Education and Early Childhood Development – Francophone North-East School District, Regional Office of the Chief Medical Officer of Health, Public Health, Primary Health Care, Community Mental Health Centre, Addiction Services, Mental Health Services – Child and Youth Team (Integrated Service Delivery[ISD]) and the Emergency Services of Enfant-Jésus Hospital (RHSJT).

In total, six consultations were held with the CAC between September 2019 and May 2020.



Focus groups:

- Services for seniors (12 participants)
- Health-related behaviors among children and youth (7 participants)
- The wellness of neighbouring communities: Canobie, Clifton, Janeville, Stonhaven, New Bandon and Pokeshaw (21 participants)
- The development and well-being of our children and families in the community (5 participants)
- Health and wellness of youth 16 to 19 years old (15 participants)

Individual interviews:

- Family physician
- Community leader
- Young adult from Canobie
- Young adult from Janeville
- Club de marche de Paquetville
- Department of Social Development
- New Brunswick Association for Community Living (NBACL)
- Nursing Homes Without Walls' Program
- Senior-Friendly Community Committee



Community Assessed

Socio-demographic Profile

Caraquet and its neighbouring communities:

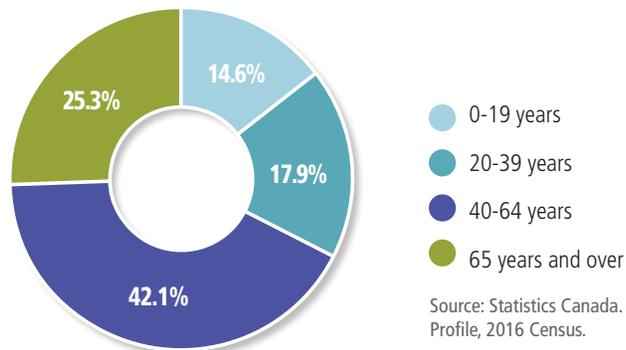
Anse-Bleue	New Bandon
Bas-Caraquet	Notre-Dame-des-Érables
Bertrand	Paquetville
Canobie	Pokeshaw
Caraquet	Rang-Saint-Georges
Clifton	Saint-Léolin
Grande-Anse	Saint-Simon
Janeville	Stonehaven
Maisonnette	



Source: NBHC. (2017). My Community at a Glance 2017: Caraquet, Paquetville and Bertrand.

The community of Caraquet and its surrounding area is part of Zone 6 of Vitalité Health Network, known as the Acadie-Bathurst Region. The Caraquet region is in northeastern New Brunswick in the heart of the Acadian Peninsula. This community is predominantly Francophone at 94.3% compared to 31.6% in New Brunswick (NBHC, 2017). In 2016, Caraquet and its surrounding area had a total of 14,360 inhabitants (Statistics Canada, 2016).

POPULATION DEMOGRAPHICS (2016)



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

Overview of Priority Sectors

1. Address addictions and risky behaviour among youth

- Prevalence of risky behaviour
- Ease of access to drugs on the black market

2. Improve accessibility to health care and services

- Service delivery hours
- Access to the right service, at the right time and at the right place
- Proximity of specialized services

3. Address the problem related to screen time, technological devices and the general sedentary lifestyles of children and youth

- Hours per day spent in front of a screen
- Sedentary recreational behaviour

4. Strengthen community capacities to foster a healthy and sustainable community

- Existing infrastructure in the community and surrounding area
- Stimulation of local economy
- Presence of poverty and vulnerable population groups

5. Address the social and economic precariousness of seniors (to foster the maintenance of a good health and quality of life)

- Poverty, social isolation, low level of education, weak social network, symptoms of anxiety and lack of access to transportation
- Communication and access to information concerning the resources and services available

6. Increase the support offered to parents in their parental role and healthy development during childhood

- Timely access to child care services for infants (0 to 2 years old)
- Challenges faced by parents: social pressure, pace of life and work-life balance

7. Improve local collaboration and communication between communities – Downshore communities

- Collaboration and communication at the local level
- Adjusting to the needs of an aging population
- Retention of youth in the community

1 Address addictions and risky behaviour among youth

The ease of access to hard drugs on the black market, the underplay of drug use and the influence of youth to consume to solve some of their problems are factors that contribute to an increased use of hard drugs among youth. *“Taking hard drugs is popular right now and they’re easy to find [...] and it’s not just on the weekend”* - youth participant, 16 years old.

The NBHC (2019) data show a decrease in the consumption of 5 or more glasses of alcohol on a single occasion, at least once per month (41% in 2016; 23% in 2019) among youth (grade 6 to 12). However, participants note that excessive alcohol consumption is still a risky behaviour among youth.

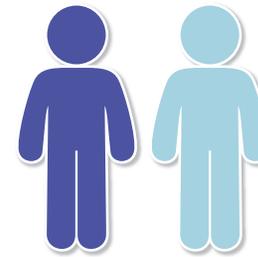
Sleep disorders sometimes represent important factors that can lead to mental health problems among youth (e.g. stress and anxiety). *“We go to bed very late. We’re stressed, and we can’t sleep because we think too much, so we watch television and are on our phones”* – youth participant, 16 years old.

Did you know?

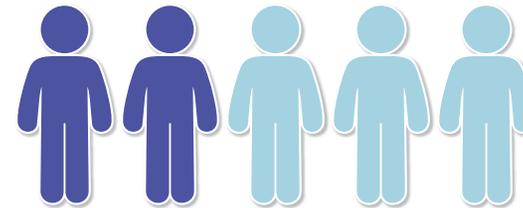
Sufficient sleep in youth has been linked to higher academic performance and a lower risk of obesity, injuries and accidents, suicidal thoughts and use of alcohol and drugs (Matricciani, Olds, Blunden, Rigney and Williams, 2012).

According to participants, vaping among youth in the community is a true “burden.” *“It’s unbelievable, youth in primary school are already vaping (12 years old). In addition, some parents are giving a vape to their children to prevent them from starting to smoke cigarette”* – focus group participant.

Furthermore, some factors associated with a risky sexual behavior have been identified as other risky behaviours among youth (e.g. sexting and sexual relations under the influence, as well as many sexual partners at a young age). On this topic, 12% of the community’s youth (grades 6 to 12) report having been sexually assaulted (NBHC, 2019).

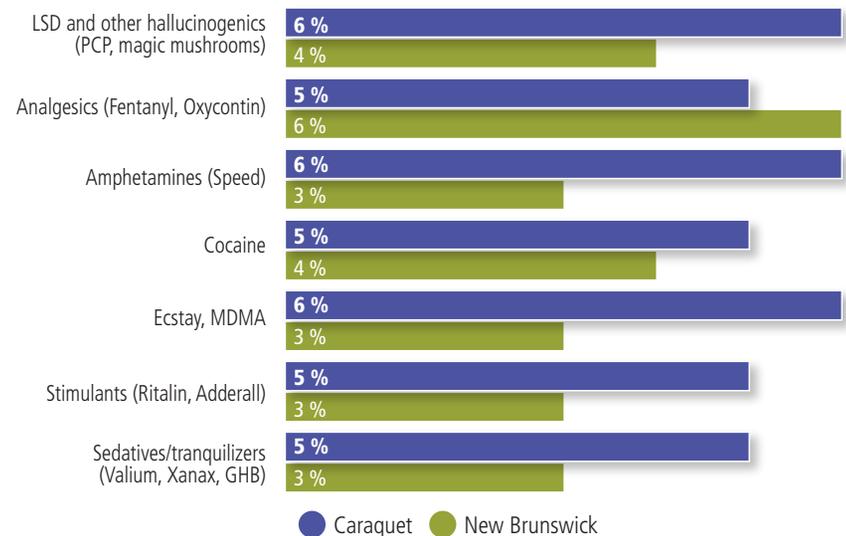


One in two youth (grades 6 to 12) from the community report having **symptoms of anxiety** over the past 12 months (NBHC, 2019).



Nearly two youth in five (grades 6 to 12) from the community **have tried e-cigarettes** (NBHC, 2019).

DRUG USE AMONG YOUTH - GRADES 6 TO 12 (2019)



Source: NBHC. (2019). NBSWS 2018-2019. Polyvalente Louis-Mailloux

Community Assets:

- The Nurse Practitioner (NP) is present ½ day per week at Polyvalente Louis-Mailloux and provides sexual health services and general health services (e.g. screening and treatment of sexually transmitted and blood-borne infections, contraception, advice on sexual health, etc.).
- The ACCESS Open Minds Program has an advisory committee that has youth representatives, as well as a new committee focusing on youth crime prevention.
- The presence of child-youth teams (ISD) and education support staff in the schools.
- Vitalité Health Network has implemented a vaping awareness campaign.

Potential Solutions:

- Foster an intersectoral approach to educate youth about adopting risky behaviours and the harmful effects on short- and long-term health.
- Raise the awareness of youth, parents and the community about the risks associated with vaping: consider opportunities to access marketing experts to support advertising that aims to raise awareness and inform.

2 Improve accessibility to health care and services

Although most of the community's residents (96.6%) indicate that they have a primary health care provider (family physician or NP), the challenge lies with the hours during which many services are delivered (e.g. Monday to Friday, 8:30 am to 4:30 pm), which affects the level of access for some people, especially those who work during these hours.

Access to the right service, at the right time and at the right place was also identified as a challenge. It was noted that people do not always know when and where to go. *"We have a population who still go to the ER a lot and in most cases, this is not the right place or at the right time"* – focus group participant.

A lack of follow-up by a primary care provider (e.g. follow-up with family physician or NP) was identified as one of the causes that may explain an overuse of emergency services, which in turn reflects the poor accessibility of their family physician at the right time or a lack of information concerning the services available in the community.

"People do not realize the importance of primary health care follow-up. They will go to the ER and then have no follow-up, which means that there is a good chance that they will end up back in the ER again"
– healthcare professional.

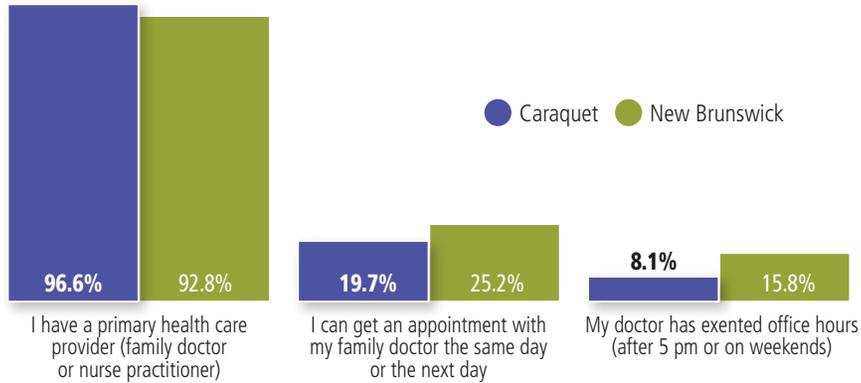
The lack of access to specialized services within proximity was identified as an obstacle, especially for vulnerable populations. Many people must travel to the regional hospitals (Bathurst and Moncton) for consultations or follow-up with specialists. This creates a lot of travel, additional expenses for the patient, absenteeism from work and stress related to travel during the winter. In addition, some travel for follow-ups are not always deemed necessary.

"I have had to go to Bathurst or Moncton for an appointment with a specialist just to be told: 'OK, everything is fine!'"
– focus group participant.

Did you know?

Timely access to health care and services can help improve the health of a population (McMurphy, 2009).

ACCESSIBILITY - PRIMARY HEALTH (2017)



Source: NBHC. (2017). Primary Health Survey 2017: Caraquet, Paquetville and Bertrand. Population 18 years and over: 12,545; sample size: 312; margin of error: ± 5.5%.

Community Assets:

- The medical clinics in Bas-Caraquet and Bertrand.
- The presence of specialized clinics: diabetes clinic, respiratory health clinic, pulmonary rehabilitation clinic, smoking cessation clinic, blood pressure clinic and cardiac rehabilitation clinic.
- The primary health care alternatives are increasingly known in the community and help enormously with the level of accessibility (e.g. NP, pharmacist, etc.).

Potential Solutions:

- Introduce the advanced access method, which is a schedule management method to improve access to an appointment with a family physician when the patient needs it.
- Create a single point of entry for people suffering from several chronic conditions to facilitate the patient’s navigation between the services.
- Organize community support groups for people who are suffering from several chronic conditions.
- Explore options for extending the hours of the medical clinics (in the evening or on the weekend).
- Maximize access to specialized services and family physicians with virtual visits and follow-ups (Telehealth, Zoom Health or by telephone) to reduce travel for patients and improve accessibility in general.

Directions from Vitalité Health Network’s Strategic Plan 2020-2023:

- We will promote participation by patients, clients and their loved ones in improving continuous and integrated care and services.
- We will contribute to optimizing the public’s health and wellness.
- We will optimize our buildings, equipment and technology.

3 Address the problem related to screen time, technological devices and the general sedentary lifestyles of children and youth

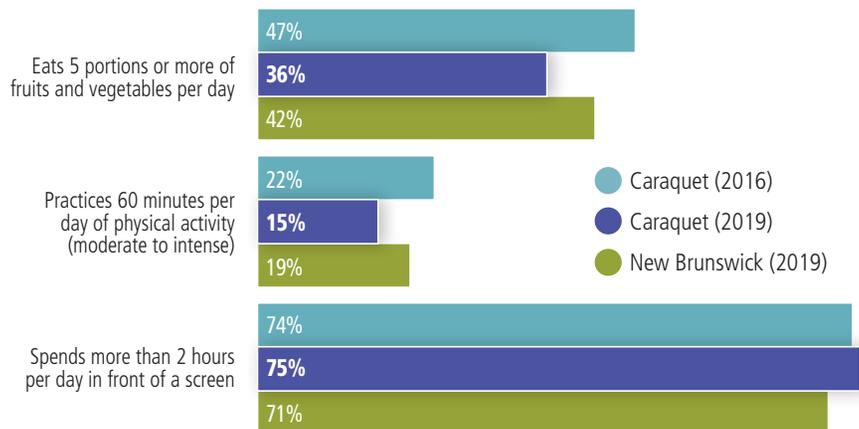
Time spent in front of a screen, increased use of technological devices and sedentary behaviour were identified as problems that seem to be escalating among the community's children and youth.

"Screen time is multifaceted, it's not just a cause of anxiety, it's also a cause of decrease in physical activity and of many other problems. In addition, screen time has a snowball effect on hyperactivity" – focus group participant.

Did you know?

"Recreational sedentary behaviour, such as time spent watching TV or playing video games, is linked to obesity, metabolic syndrome, hypertension and poorer scores in psychosocial health indicators such as body-satisfaction" (Statistics Canada, 2017).

HEALTH-RELATED BEHAVIORS YOUTH, GRADES 6 TO 12 (2019)



Source: NBHC. (2019). NBSWS 2018-2019. Polyvalente Louis-Mailloux.

Community Assets and Strengths:

- The start of outdoor class by the schools in the region: a good example of several community organizations working together, which benefits the entire community.
- The Club plein air de Caraquet (CPAC) for outdoor physical activities (e.g. walking, skating, skiing, mountain biking, snow biking, etc.). CPAC is highly valued by people in the community and is a place where all family members can do activities.
- The Louis-Lebouthilier Public Library in Bas-Caraquet has an access pass program for a variety of activities (e.g. one-day pass for CPAC, Hopewell Rocks Park, Grande-Anse Beach, etc.).
- The public can walk for free at the Village Historique Acadien during the winter.

Potential Solution:

- Improve the visibility and sharing of tools to raise awareness about screen time for youth, parents and health professionals (e.g. visual clock, impact of blue light on the eyes, presentations by experts, etc.).

Direction of Vitalité Health Network's Strategic Plan 2020-2023:

We will contribute to optimizing the public's health and wellness.

4 Strengthen community capacities to foster a healthy and sustainable community

Some components need improvement to foster a healthy and sustainable community. Participants showed an interest in the prosperity of their community for current and future generations.

Community Infrastructure and Existing Environment

According to participants, community infrastructures are indispensable to the wellness of the community's children and families. It was pointed out that there is underuse of existing community infrastructures (e.g. public libraries, the pool at École des Pêches, school gymnasiums, etc.). On the other hand, it was observed that the existing environment does not always support healthy choices for the following reasons:

- a. The admission cost to some community infrastructures is an obstacle to accessibility for low-income families;
- b. The lack of infrastructures for infants (0 to 2 years);
- c. The municipality's sidewalks are not always safe;
- d. Outdoor community infrastructures are not accessible for strollers during winter.

"The municipalities, LSDs and regional service commissions have a responsibility in relation to community infrastructures to support the development of recreation"
– focus group participant.

Local Economy

The need to stimulate the local economy was identified due to the high unemployment rate in the community, the low median income, the high proportion of seniors, the migration of youth to urban centres and finally, the poor availability of jobs for high school students, especially those who live in more remote communities such as Paquetville, Bertrand and Grande-Anse.

"Our community is disappearing, it's unbelievable!" – focus group participant.

Poverty and Vulnerable Populations



Participants raised the importance of recognizing the presence of poverty and vulnerable populations within the community. In fact, low-income households and vulnerable populations accumulate more risk factors and are more likely to develop health problems than groups living in more favourable conditions (Wilkinson and Marmot, 2004).



The highest level of education obtained for 54.8% of the community is a high school diploma, the equivalent or less (Statistics Canada, 2016).¹

"Income is at the root of everything. This vicious circle, it is a wheel that turns and then passes on to the next generation" – focus group participant.

Socioeconomical factors	Caraquet	New Brunswick
Total median household income	\$49,497	\$59,347
Live in a low-income household	20,8%	17.1%
Population who receive employment insurance	16%	7%
Spend more than 30% of their income on housing costs	14.3%	16.8%
Single-parent families	20%	16%

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

"Collective participation needs to be improved to overcome the challenges encountered by the community" – focus group participant.

1. The highest level of education achieved is for the population 15 years of age and over, in private households – data sample 25%.

A sustainable community considers the needs of current generations as well as future generations, hence the importance of drawing a link with the characteristics of a healthy community. Here are some examples of a healthy community:

- Residents have access to potable drinking water, food and quality housings.
- Residents have access to fulfilling work.
- Youth want to stay and start a family.
- The physical environment is well respected (Réseau québécois de Ville et Villages en santé, 2004).

Community Assets and Strengths:

- *Club de marche de Paquetville*.
- The activities of the Réseau mieux-être Péninsule acadienne are free and inclusive.
- The community engagement of local businesses fosters the prosperity of their community (e.g. grants from the Co-op for the Club de marche de Paquetville).
- The community involvement of the public libraries fosters the wellness of children and families.
- The Réseau d'inclusion communautaire de la Péninsule acadienne (RIC-PA) provides a list of tools available in the Acadian Peninsula to improve the quality of life of individuals, families and communities.
- The *Adult Development Activities, Programs and Training Program* of the Department of Social Development offers clients in long-term care appropriate learning opportunities in a centre or in the community.

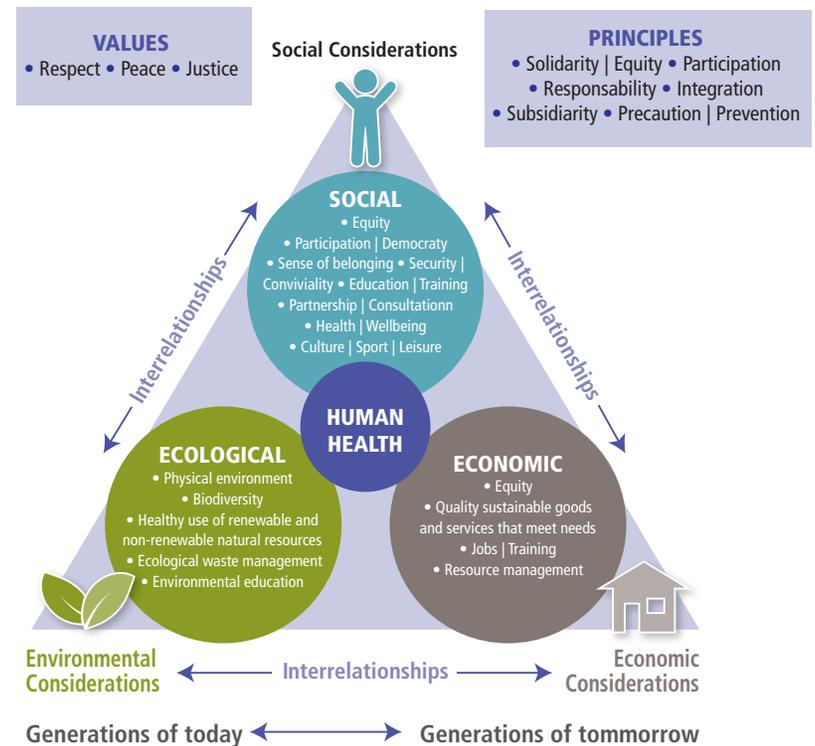
Did you know?

"A Municipal Family Policy (MFP) is a lever that helps develop a collective approach of "family thinking and action," fosters the commitment of municipalities to families and supports parents in their role, as well as young children, children, teens and young adults" (Carrefour action municipale et famille, 2015).

Potential Solutions:

- Encourage the municipality to introduce a Municipal Family Policy with the goal of becoming certified as a Child-Friendly Municipality.
- Start the necessary steps to implement the healthy, sustainable community model to overcome the many challenges encountered by the community.
- Identify means to attract and keep people in the community (e.g. expand the criteria of the *J'y reviens, j'y reste!* Program).
- Start the process to introduce the *Eat Fresh* program in the community.

SCHEMATIZATION OF THE MODEL OF A SUSTAINABLE AND HEALTHY COMMUNITY



Source: Réseau québécois de Villes et Villages en santé. (2004).
Vers des communautés durables et en santé : grille d'analyse de projet.

6 Address the social and economic precariousness of seniors (to foster the maintenance of a good health and quality of life)

Poverty, social isolation, low level of education, small social networks, symptoms of anxiety and lack of access to transportation are daily realities faced by a lot of seniors within the community.

“If you really think about it, if a senior does not have family nearby or a good support network, is living on a low income and likely at the threshold of poverty, has no transportation and is stressed to leave their home for fear of something bad happening to them [...] how can we expect this person to remain in good health?”
– focus group participant.

According to participants, the number of seniors who suffer from social isolation is worrying and the main challenge is to identify and connect with these people. Moreover, poverty seems to be very present among seniors in the community and is often a barrier to healthy eating. With respect to a low level of education, there is a lack of knowledge to be able to adopt a healthy lifestyle (e.g. hygiene, precautions to take as you age, behaviours that foster healthy ageing, etc.).

Participants also raised the need to improve communication and access to information about resources and services available to seniors in the community. Points that support this need:

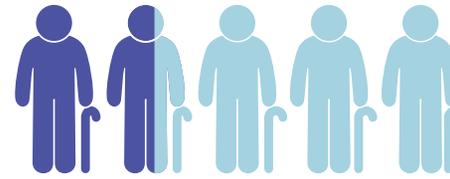
- a. The means of communication used are not always adapted to the realities of seniors (e.g. technology and vocabulary used);
- b. The information is sometimes available but inaccessible. Many seniors need extra support to obtain a service and/or a resource.

“I know the service exists, but if I needed it, I wouldn’t know where to start to make a request for the service” – focus group participant.

PROPORTION OF THE POPULATION 65 YEARS OLD AND OVER (2016)



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



Less than two seniors in five perceive their health as being very good or excellent (NBHC, 2017).

Community Assets and Strengths:

- The engagement and community involvement of the Centre de Bénévolat de la Péninsule acadienne (CBPA). The CBPA provides many services to foster the maintenance of good health and to improve the quality of life of seniors.
- The commitment of the Town of Caraquet to improve seniors’ wellness through its partnership with the Association francophone des aînés du Nouveau-Brunswick with the goal of becoming Senior-Friendly Community certified.
- The *Paquetville et son entourage en santé* initiative that brings together over 25 community partners.
- The *Seniors’ Guide to Services and Programs* and the *At Home First program* offered by the Department of Social Development.

Potential Solutions:

- Identify actions to break the social isolation of seniors (e.g. Intergenerational Centre).
- Consider options for expanding the *Nursing Homes Without Walls Program* in Greater Caraquet and make it financially accessible to everyone.
- Strengthen community partnerships to increase discounts for seniors in local businesses.
- Use places often visited by seniors to promote the resources and services available in the community.
- Start the necessary steps so that the CBPA is the single point of access for seniors (e.g. to become a volunteer, to obtain help filling out a form, to obtain information on local resources, etc.).

6 Increase the support offered to parents in their parental role and healthy development during childhood

The need to provide support to parents in their parental role was identified to ensure a healthy development during childhood. According to participants, some parents don't know the importance of adopting healthy lifestyles and setting a good example for their children.

"Our families need to be educated. If the parents do not have the education, the child will not have the same chances of success in life as a child with educated and aware parents"

– healthcare professional.

Moreover, a stigma and/or lack of education can be noted among parents who have a child with a physical or mental impairment. It was mentioned that some parents will focus more on the negative side of the impairment rather than the positive side of this.

"Ultimately, the parents end up acting as an obstacle to their own child"

– healthcare professional.

Parents are facing some challenges, such as increased social pressure, a pace of life that is too fast and work-life balance. It is raised that family organization in general can prove to be a challenge, from managing time, food, travel, time dedicated to household chores to life as a couple.

"Not a day goes by where there isn't an argument over healthy eating [...] it's not always a financial challenge, but also finding the time to cook"

– mother of two children.

Participants also raised the need for timely access to child care services for infants (0 to 2 years). According to the consultations held, waiting lists can be several years long. As a result, returning to work after maternity leave can be very stressful for mothers.

"Your maternity leave is over in one month and you still don't know whether your child will have a spot or not"

– mother of an 18-month-old baby.

Did you know?

"The relationship between children and their parents has a large influence on most spheres of the child's development. Good parenting skills and conduct have a positive impact on the child's self-esteem, academic success, behaviour and cognitive development." (Grusex and Danyliuk, 2014).

APPROVED CHILD CARE SPACES PER 100 CHILDREN (2016)



Source : CSNB (2017). NBHC. (2017). My Community at a Glance 2017: Caraquet, Paquetville and Bertrand.

Community Assets and Strengths:

- The Centre de ressources familiales Péninsule acadienne (CRFPA) has the mission to strengthen the parenting skills of parents of children 0 to 6 years old (CBPA, 2019). The CRFPA offers a variety of free programs and workshops.
- The services of Famille et petite enfance du Nord-Est are designed to empower parents in their parental role so that the child (0 to 8 years) develops to their full potential (Francophone North-East School District, 2019).
- The Facebook page *"Viens jouer dehors!"* encourages parents and children to get together at a community park.
- The NBACL offers a family support program for parents of a child with a disability.

Potential Solutions:

- Develop strategies to improve access to child care services for infants (0 to 2 years).
- Adapt the delivery of various programs and workshops to the needs of families (parents and children).
- Organize educational sessions for parents in the evening.

7 Improve local collaboration and communication between communities (Downshore communities)

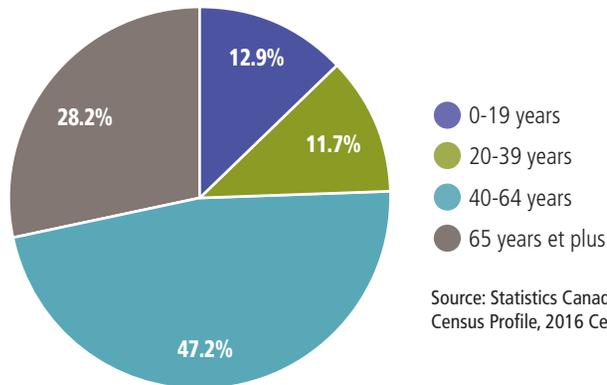
The communities of Canobie, Clifton, Janeville, New Bandon, Pokeshaw and Stonehaven, known as the Downshore communities, have 1,215 residents, which is 8.4% of the territory assessed for the CHNA of Caraquet and its surrounding area (Statistics Canada, 2016).

Consultations held with the *Downshore communities* helped identify a few points supporting the need to improve collaboration and communication between these communities:

- a. Gaps in the exchange of information, collaboration and communication between these communities;
- b. Adjustment to the needs of an aging population and the retention of youth in the community.

Despite a population variation of +2% of the *Downshore communities* from 2011 to 2016 (1,900 to 1,215 residents respectively), the participants noted challenges in retention and community involvement of youth in the community. At the same time, the proportion of seniors is 28.2%, compared to 19.9 % in New Brunswick (Statistics Canada, 2016), which is raising concerns about the future and prosperity of their communities.

DEMOGRAPHICS - DOWNSHORE COMMUNITIES



Source: Statistics Canada. (2016).
Census Profile, 2016 Census. ²

Community Assets and Strengths:

- Community engagement of the Canobie and Janeville fire halls.
- Initiatives implemented by the *New Horizons for Seniors Program* within the community: *Dusty Sneakers*, yoga sessions, crafting sessions, etc.
- The location of many kitchens in the region's churches, which can be used as community kitchens when needed.

Potential Solutions:

- Create a community committee with one representative from each community to improve the collaboration and communication between them. This committee could establish a community action plan to act on the priority needs in the *Downshore communities* area.
- Create an inventory of resources and services available for the *Downshore communities* area.
- Increase efforts to support the ageing population (e.g. to obtain Senior-Friendly Community certification)

2. Generally, the communities of Salmon Beach and Black Rock belong to the Downshore communities area. However, since the CHNAs are conducted based on the NBHC's division of communities, these two communities are not included in this CHNA.

Opportunity for Action

Collective Impact

The health and wellness challenges that communities face impact not only their quality of life but also their ability to contribute to the growth and economy of their community. An organization alone cannot overcome all these challenges. Therefore, it is through citizen engagement and collaboration between various community organizations and government departments that we will be able to improve the quality of life and the health status of our communities.

Next Steps

- During its planning cycle, Vitalité Health Network will take into consideration the needs identified in the CHNA.
- Distribute the results of the CHNA to the community and the general public.
- Spread awareness among the relevant teams and the key partners that can help fulfill the needs identified in the CHNA.

Bibliography

- Legislative Assembly of New Brunswick. (2011). *Regional Health Authorities Act (30)*. Chapter 217.
- Carrefour action municipale et famille. (2015). *Politique familiale municipale/Qu'est-ce qu'une PFM*.
- Carrefour action municipale et famille. (2015). *Municipalité amie des enfants/Qu'est-ce qu'une MAE*.
- Centre de bénévolat de la Péninsule acadienne. (2019). *Centre de ressources familiales de la Péninsule acadienne*.
- New Brunswick Health Council. (2015). *Fostering Resilience in New Brunswick Schools and Communities*.
- New Brunswick Health Council. (2017). *My Community at a Glance 2017: Caraquet, Paquetville and Bertrand*.
- New Brunswick Health Council. (2019). *New Brunswick Student Wellness Survey (NBSWS) – 2018-2019*. Polyvalente Louis-Mailloux.
- New Brunswick Health Council. (2017). *Primary Health Survey 2017: Caraquet, Paquetville and Bertrand*.
- Francophone Nord-Est School Board. (2019). *Famille et petite enfance Nord-Est*.
- Government of Canada. (2012). *What is the Population Health Approach?* Public Health Agency of Canada.
- Government of New Brunswick. (2018). *Community Health Needs Assessment Guidelines*. June 2018. Department of Health, Fredericton.
- Vitalité Health Network. (2020). *Strategic Plan 2020-2023: Together, toward a healthy future*.
- Santé et mieux-être en français du Nouveau-Brunswick and Mouvement acadien des communautés en santé du Nouveau-Brunswick. (2019). *Pour mieux travailler ensemble! Modèles et pratiques favorisant le rapprochement entre les communautés et le système*.
- Statistics Canada. (2016). *Census Profile, 2016 Census*. Government of Canada.
- Wilkinson, R. G., & Marmot, M. (2004). *Social Determinants of Health: The Solid Facts*. WHO Regional Office for Europe.

