



2023 EVALUATION REPORT

Community Health Needs Assessment

DALHOUSIE | BALMORAL | BELLEDUNE

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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 Dalhousie, Balmoral and Belledune CHNA was conducted from May to October 2023.

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

For a thorough, in-depth CHNA process, it's essential to establish a Community Advisory Committee (CAC). The CAC fosters community engagement throughout the CHNA process and provides relevant advice and information on health and wellness priorities in the community. Also, the several focus groups and semi-structured individual interviews that were conducted provided further information on the topics predetermined during consultations with the CAC.

Overall, the CHNA for the Dalhousie, Balmoral and Belledune area consisted of six consultations with the CAC, four topics explored as part of four focus groups, and four semi-structured individual interviews.

The quantitative data analysis and additional qualitative information resulted in a list of six community health needs. Based on that list, the CAC members took part in a prioritization activity to assign a rating to each need. The CAC members then validated and classified the final list of priority needs for Dalhousie, Balmoral and Belledune into five categories: access to health services, improvement of mental health and reduction of risky substance use, access to essential services (housing, transportation and childcare), promotion of healthy lifestyle habits and finally, reduction of socioeconomic vulnerability.

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 Dalhousie, Balmoral and Belledune CHNA.



2. List of acronyms

RMA	Restigouche Multicultural Association
CAC	Community Advisory Committee
NVC	Non-violent communication
RRCP	Restigouche Resource Centre for Parents
CHC	Community health centre
NBHC	New Brunswick Health Council
RSC	Regional Service Commission
LSD	Local Service District
CHNA	Community Health Needs Assessment
RCMP	Royal Canadian Mounted Police
OECD	Organisation for Economic Co-operation and Development
EMP	Extra-Mural Program
RHBP	Regional Health and Business Plan
PAR	Participatory action research
RHA	Regional Health Authority
CMHC	Canada Mortgage and Housing Corporation
PHC	Primary health care
WHO	World Health Organization



3. Introduction

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

The New Brunswick *Regional Health Authorities Act* (Legislative Assembly of New Brunswick, 2011) states that a regional health authority shall:

- (a) determine the health needs of the population that it serves;
- (b) determine the priorities in the provision of health services for the population it serves;
- (c) allocate resources according to the regional health and business plan.

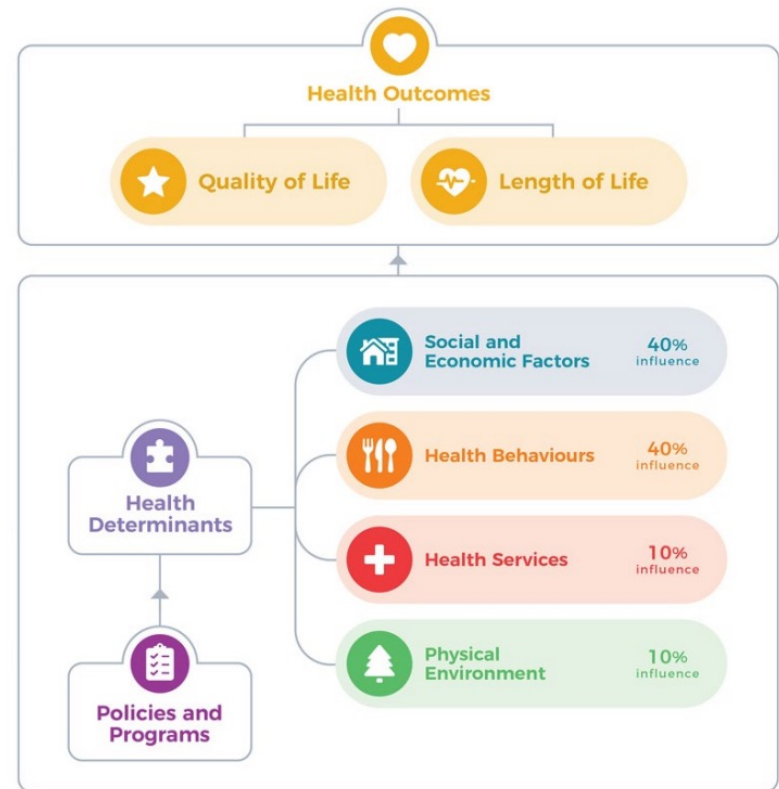
3.2. Definition and primary goal

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

The main objective of a CHNA is to establish a prioritized list of health and wellness needs that can inform Vitalité Health Network, decision-makers and community stakeholders on resource planning in the community. In addition, community participation and involvement are at the heart of this process. The CHNA process engages collaboration with community members, stakeholders, various community organizations, and different partners involved in the decision-making process within the health care system (GNB, 2018).

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

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



Source: New Brunswick Health Council. (2022). The Population Health Model.

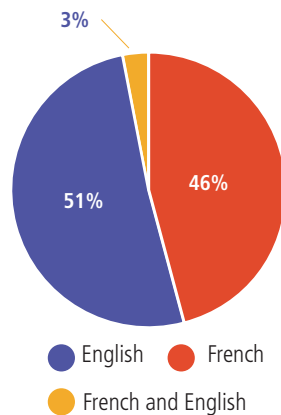
3.3. Overview of the community sociodemographic profile

CHNAs are conducted based on the boundaries established by the New Brunswick Health Council (NBHC) that divide New Brunswick into 33 communities. The Dalhousie, Balmoral and Belledune area is one of the 13 communities served by Vitalité Health Network and includes a total of 24 localities:



Balmoral	Blackland	Dundee	McLeods
Balmoral Est	Blair Athol	Eel River Cove	New Mills
Balmoral Sud	Charlo	Eel River Crossing	North Shannonvale
Belledune	Charlo South	Lorne	Point La Nim
Benjamin River	Dalhousie	Gravel Hill	Saint-Maure
Black Point	Dalhousie Junction	Nash Creek	Sea Side

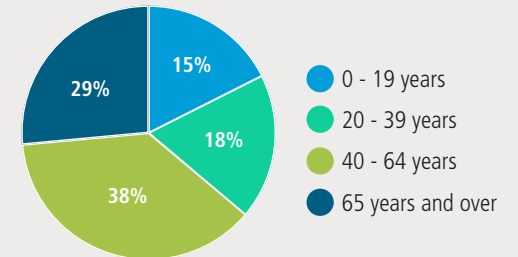
The Dalhousie, Balmoral and Belledune region is part of Zone 5 of Vitalité Health Network and is located in northern New Brunswick's Restigouche and Gloucester counties. The language most often spoken at home is English (51%), followed by French (46%) and French and English (3%) (Statistics Canada, 2022).



Nevertheless, it's important to note that this region contains the highest number of people claiming to be bilingual, at 56%, compared to 34% in New Brunswick.

Age distribution of the population

In 2022, this community had a population of 12,343, with **15%** aged **0-19**, **18%** aged **20-39**, **38%** aged **40-64** and **29%** aged **65 and over** (Statistics Canada, 2022).



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

Please note that names prior to the 2023 municipal reform are used in this document. For information purposes, the municipalities of Dalhousie, Charlo and the local service districts (LSDs) of Dalhousie Junction, Point La Nim and part of the Chaleur LSD are now included in the Town of Baie-des-Hérans. The municipalities of Balmoral, Eel River Dundee (Crossing) and the LSDs of Blair Athol and Saint-Maure are now part of the Village of Bois-Joli. The Eel River Bar First Nation, meanwhile, will be the subject of a separate CHNA, with the aim being to meet the specific needs of this community.



4. CHNA accountability structure

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

A CHNA Steering Committee was also set up within Vitalité Health Network to lead the CHNA process. This committee oversees the smooth operation of main activities and ensures the consistency of the CHNA process over a period of five years. The CHNA Steering Committee is made up of the Assistant CEO, Strategic Execution, and Senior Vice-President of Client Programs and Professional Services; Senior Vice-President of Performance, University Mission and Strategy; Corporate Director of Organizational Performance; Corporate Director of Engagement; Director of Public Health; Director of Primary Health Care; Assistant Director of Planning; Assistant Director of Public Health; Assistant Director of Primary Health Care; Acting Manager of Community Health Needs Assessment And Improvement; and Project Coordinator of Community Health Needs Assessments.



5. Methodology

The CHNA process was developed based on the Community Health Needs Assessment Guidelines for New Brunswick (GNB, 2018). From a high-level perspective, the CHNA process includes five key activities:



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

The CAC for the Dalhousie, Balmoral and Belledune area CHNA was made up representatives of various sectors, including the following:

- Restigouche Regional Services Commission (RSC)
- Royal Canadian Mounted Police (RCMP)
- Ambulance New Brunswick (ANB)
- Restigouche Multicultural Association (RMA)
- Villa Renaissance
- Golden Age Club of Charlo
- Golden Age Club of Eel River Dundee
- Mouvement Acadien des communautés en santé
- Restigouche Resource Centre for Parents (RRCP)
- Extra-Mural Program (Medavie)
- Municipality of Bois-Joli
- Municipality of Belledune
- a community representative

The sectors represented by Vitalité Health Network included Public Health, Primary Health Care (PHC), Mental Health and Addiction Services for Children and Youth, Mental Health and Addiction Services for adults, the Single Entry Point Program, Jacquet River Health Centre, St-Joseph Community Health Centre (CHC), Nursing and Professional Services.



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

The CAC meetings took place in a hybrid format, i.e. face-to-face with virtual access, depending on the activities planned. A total of six consultations were held with the CAC (May to October 2023).

Table 1: Overview of meetings with the CAC

Meeting	Objectives
Meeting 1 May 2023	<ul style="list-style-type: none"> • Explain the CHNA’s purpose, primary goal, and process. • Present the CAC’s terms of reference. • Propose a schedule and objectives for each meeting.
Meeting 2 June 2023	<ul style="list-style-type: none"> • Present and interpret available external quantitative data on the community. • Identify missing information and find local resources to collect it.
Meeting 3 July 2023	<ul style="list-style-type: none"> • Present and interpret available data on health services in the community. • Present Vitalité Health Network’s internal data and the inventory of services offered in the region served.
Focus groups and semi-structured interviews	
Meeting 4 August 2023	<ul style="list-style-type: none"> • Present a summary of the information gathered during focus groups and semi-structured interviews and discuss results.
Meeting 5 September 2023	<ul style="list-style-type: none"> • Conduct an affinity diagram workshop to identify the community’s key health and wellness needs. • Prioritize needs identified by the CAC (individual activity).
Meeting 6 October 2023	<ul style="list-style-type: none"> • Identify community strengths and make recommendations for the needs prioritized by the CAC. • Validate the final list of prioritized health and wellness needs.



5.2. Data collection

A participatory action research (PAR) methodology combining quantitative and qualitative approaches was chosen for this assessment (Koch and Kralik, 2009; McNiff, 2013). A “mixed approach” is useful as it allows for triangulation of methods and data sources, which increases the credibility and reliability of the assessment. On the one hand, gathering quantitative data provides an overall picture of the population, which helps with the analysis of potential trends, sociodemographic factors, health behaviours, and risk factors. On the other hand, gathering qualitative information as part of focus groups, semi-structured interviews and extensive consultations with the CAC highlights the various contextual and cultural dimensions and helps to understand what people think of their reality and the challenges that exist in their community. The combination of these two methods makes it easier to understand and optimally interpret community needs, as it sheds light on the experiences and knowledge of community members and provides a thorough analysis and comparison of the quantitative data available.

5.2.1. Existing quantitative data

To have an overall picture of the community, the quantitative data used for this assessment were collected from the following external sources: the NBHC, the Canadian Institute for Health Information (CIHI), Statistics Canada, the Public Health Agency of Canada, the Government of New Brunswick (GNB), and a number of provincial reports from the New Brunswick Department of Health. A second strategy was based on a literature review that included Vitalité Health Network’s internal data, including dashboard indicators, the Continuous Learning Strategic Plan, the 2022–2025 Regional Health and Business Plan (RHBP), and so on. For further details on data sources, please consult the detailed bibliography.

5.2.2. Gathering new qualitative information

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

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

A focus group is a qualitative data collection method that uses open-ended questions, gives participants the opportunity to answer questions confidentially in their own words, and has the ability to elicit feedback on a defined area of interest. This method was used to provide further clarification on a specific topic that emerged during the consultations conducted as part of the CHNA process. Focus groups are typically composed of five to eight people to ensure that everyone has the opportunity to share their insights and/or talk about their experiences (Krueger and Casey, 2009).

A semi-structured interview is a verbal exchange where the interviewer attempts to obtain information from a participant by asking open-ended questions. Although interviewers tend to prepare a list of predetermined questions, semi-structured interviews unfold in a conversational manner, offering participants the chance to explore issues that they feel are important (Given, 2008).



5.3. Descriptive analysis of qualitative data

Four specific themes were explored for the focus groups and interviews: the health and well-being of children and youth, the health and well-being of adults, the health and well-being of immigrants and newcomers, and the health and well-being of seniors.

A total of 54 people were consulted as part of the CHNA, including 26 people in focus groups, 4 people in semi-structured interviews and 24 people in consultations with the CAC.

5.4. Participants and topics addressed

TOPIC 1

Health and wellness of children and youth

A total of 31 people were consulted on the theme of “health and wellness of children and youth.”

The focus group addressed the following topics: nutrition, physical activity, sedentariness, sleep, screen time, childcare services, education, mental health, substance use, parenting skills, and community resources and services. Six participants took part in the focus group. The semi-structured interview on this theme focused on the following topics: anxiety in young children, healthy eating, and difficulty accessing services. One participant was interviewed. In addition, this theme was discussed at five meetings of the 24-member CAC.

TOPIC 2

Health and wellness of adults

A total of 32 people were consulted on the theme of “health and wellness of adults.”

The focus group addressed the following topics: social support, housing, transportation, prevention, literacy, socioeconomic conditions, healthy lifestyle habits, mental health, community resources and services, and accessibility to health services. Seven participants took part in the focus group. The semi-structured interview on this theme covered the following topics: healthy lifestyle habits, risky substance use, sexual health, nutrition, and resources and services available to adults and young adults in the community. One participant was interviewed. In addition, this theme was discussed at five meetings of the 24-member CAC.

TOPIC 3

Health and wellness of seniors

A total of 34 people were consulted on the theme of “health and wellness of seniors.”

The focus group addressed the following topics: social support, housing, transportation, literacy, digital skills, socioeconomic conditions and community resources and services, quality of services and accessibility of health services. Nine participants took part in the focus group. The semi-structured interview on this theme covered the following topics: healthy lifestyle habits, homecare, physical activity and the resources and services available to seniors in the community. One participant was interviewed. In addition, this theme was discussed at five meetings of the 24-member CAC.

TOPIC 4

Health and wellness of immigrants and newcomers

A total of 29 people were consulted on the theme of “health and wellness of immigrants and newcomers.”

The focus group addressed the following topics: social support, housing, transportation, daycare services, socioeconomic conditions, physical health, mental health, the job market, community resources and services, and accessibility of health services. Four participants took part in the focus group. The semi-structured interview on this theme covered the following topics: social support, self-help networks, obstacles experienced by newcomers, and resources and services available in the community. One participant was interviewed. In addition, this theme was discussed at five meetings of the 24-member CAC.

6. Identification of community needs

6.1. Presentation of identified needs

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

NEED A

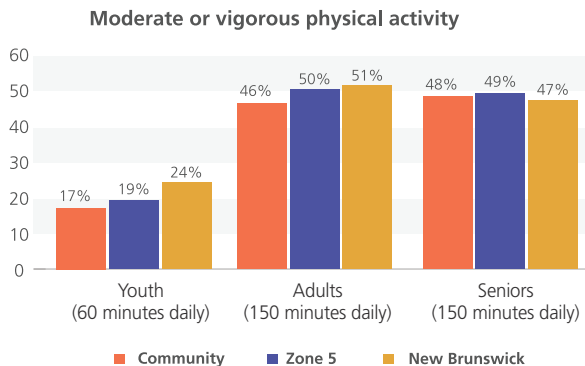
Promotion of healthy lifestyle habits

The promotion of healthy lifestyle habits was identified as a need within the community. The adoption of healthy lifestyle habits (such as the healthy use of screens, a physically active lifestyle, healthy eating, and a lifestyle free of tobacco, alcohol or drugs) helps prevent a multitude of chronic diseases (INSPQ, 2022).

Physical activity

Regular physical activity contributes to the prevention of many chronic diseases and is associated with a reduced risk of premature death (Warburton et al., 2006). Nevertheless, less than half of community members meet the Public Health recommendations for the amount of physical activity required for good health. This issue is particularly pronounced among young people, only 17% of whom engage in at least 60 minutes of moderate-to-intense physical activity per day (NBHC, 2023). *“We’re the place with the most chronic illnesses and if we don’t work on prevention with children, we’ll remain the champions. It’s not a championship we want to win,”* said one participant.

The consultations also revealed that sports and leisure facilities are relatively inaccessible within the community. The cost of registration and equipment is an obstacle for economically vulnerable families.



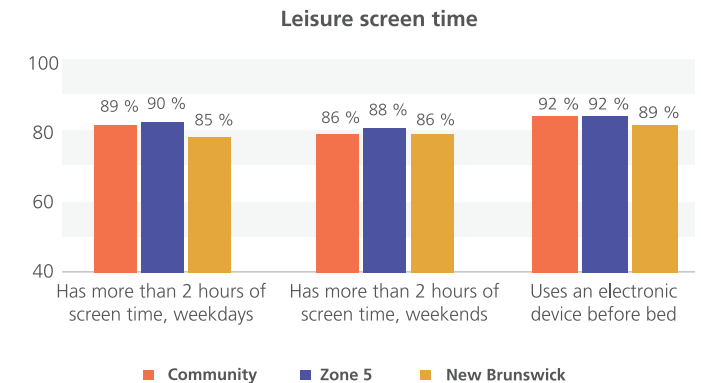
Source: NBHC. (2023). 2022–2023 New Brunswick Student Wellness Survey - Grades 6–12.
Source: NBHC. (2020). 2020 Primary Health Survey.

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

Eime et al., 2013

Screen time and sleep

Closely linked to physical inactivity, screen time is also a challenge among children and youth in the community. Indeed, 89% of young people spend more than two hours a day in front of a screen for recreational purposes, compared to 85% in New Brunswick (NBHC, 2023). There appears to be poor compliance with the Public Health recommendations for healthy screen use among children and youth, which can lead to a number of health consequences (e.g. affecting sleep, learning abilities, psychological health, lifestyle habits, body image). *“Reducing screen time increases physical activity. We need to make it a culture,”* said one participant.



Source: NBHC. (2023). 2022–2023 New Brunswick Student Wellness Survey - Grades 6–12.

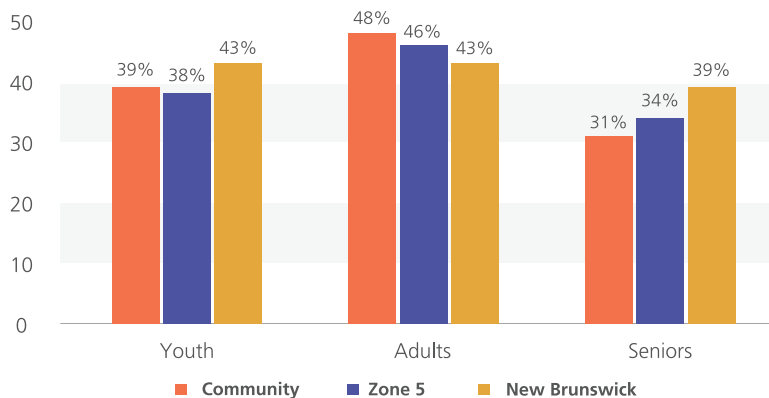
While no screen time is recommended for children under 2, children aged 2 to 5 should not exceed a maximum of one hour per day. For slightly older children (aged 6 to 12), Public Health recommends less than 2 hours per day of screen time and while no specific amount of time is recommended for young people aged 13 to 19, parental supervision is essential to ensure healthy use (WHO, 2019).

Importantly, the impact of screens on sleep patterns is substantial. In general, young people who use more electronic media report an insufficient amount of sleep (Arora et al., 2014). As a result, we note that only 34% of young people in the community sleep more than 8 hours each night (NBHC, 2023). Sleep-deprived children report more hyperactivity, stress, and poor mental health (Public Health Agency of Canada, 2018).

Healthy eating

Adopting a healthy diet is also a challenge. In fact, less than half of community members consume five or more servings of fruit or vegetables every day (NBHC, 2020; NBHC, 2023). This issue is exacerbated by inflation, which is a financial barrier to purchasing healthy foods. *“Junk food is a problem. Food is so expensive and everyone is running out of time,”* said one participant.

Eating five or more servings of vegetables or fruit daily



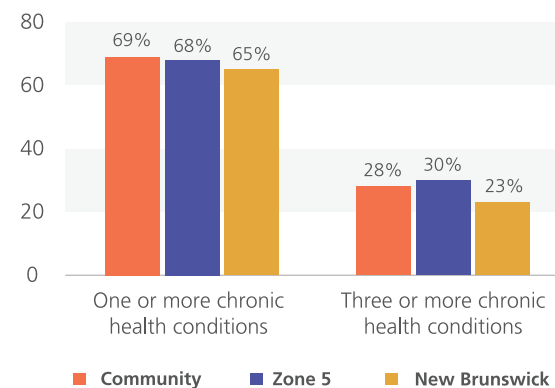
Source: NBHC. (2023). 2022–2023 New Brunswick Student Wellness Survey - Grades 6–12.
Source: NBHC. (2020). 2020 Primary Health Survey.

Taking responsibility for one’s health

Finally, it’s recognized that health-related behaviours, including individual choices such as healthy eating, physical activity and substance use, account for 40% of health determinants (NBHC, 2017). However, when asked about their beliefs in relation to health, only 49% of adults in the community strongly believe that their health largely depends on how well they take care of themselves, compared to 59% in New Brunswick. Among people with one or more chronic conditions, only 42% feel very confident about their ability to manage their health (NBHC, 2020). *“People put their health and hope in the hands of doctors and are often disappointed,”* said one participant.

It goes without saying that chronic diseases have major consequences on the use of health and social services, as they entail costs not only for the individual concerned and their loved ones but also for the health care system and society (NBHC, 2016). Prevention, promotion and empowerment in relation to health are therefore essential elements in combatting the rise in chronic diseases.

Prevalence of chronic health conditions



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

Community strengths

- Local sports centres and public libraries offer opportunities to promote healthy lifestyles. Although more are needed, activities promoting physical activity and an active lifestyle are available in the community (e.g. swimming, baseball, tennis, soccer, cadets).
- Schools have indoor and outdoor spaces for activities.
- Golden age clubs offer a variety of activities for seniors and contribute to their physical and mental health. In addition, the Zoomers program is offered at various locations in the community. This is an exercise program designed to reduce the risk of falls and is offered to adults aged 50 and over.
- The Regional Services Commission's (RSC) Activity Guide for Newcomers to the Restigouche and the InspireAction Centre promote the many activities available in the region.
- The Public Health sector of Vitalité Health Network and the Restigouche Resilience Committee are key players in promoting healthy lifestyles in the region. In addition, the St-Joseph Community Health Centre (CHC) in Dalhousie offers health promotion activities.
- The region is blessed with wide-open spaces and close proximity to nature. For example, there are many hiking trails as well as activities on the water thanks to the proximity of Chaleur Bay (e.g. canoeing, kayaking, swimming).
- Financial assistance programs for sports and recreational activities (e.g. Jump Start and Youth Sport) are available to families facing economic difficulties.
- As for healthy eating, a breakfast program is offered in local schools. In addition, the Fresh 4 Less Restigouche Program and the Restigouche County Volunteer Action Association offer food support.
- The awareness-raising messages that we have been disseminating for several years are bearing fruit as more and more young parents are becoming increasingly aware of the importance of healthy eating.
- Several programs and clinics educate and help patients with chronic diseases to manage their health, including smoking cessation, blood pressure, diabetic education, cardiac function and respiratory health clinics at the St-Joseph Community Health Centre (CHC) in Dalhousie. Smoking cessation, blood pressure and diabetes clinics are also offered at the Jacquet River Health Centre.
- Public Health offers a variety of programs addressing the well-being of families and children, such as Nutritional Health Promotion Services; Healthy Families, Healthy Babies; and Healthy Learners at School. Clinical services are also offered, such as the Pregnant Women, New Parents Program and Toddler Assessment (18 months).



Potential solutions

Physical activity

- Promote the region's outdoor attractions.
- Create municipal jobs for sports and recreation workers.
- Open a community youth centre.
- Offer a Big Brothers/Big Sisters mentoring program.
- Offer a ParticipACTION-type program.
- Offer more free community activities.
- Offer activities promoting wellness (e.g. yoga, meditation).
- Open a community centre using vacant space in the community.

Screen time and sleep

- Run an awareness campaign on the healthy use of screens.
- Reduce or ban the use of screens in schools and classrooms.
- Make school libraries accessible in the evenings.

Healthy eating

- Organize community kitchens to prepare nutritious and economical meals.
- Set up community gardens.

Taking responsibility for one's health

- Raise parents' awareness so they set an example of healthy lifestyle habits for their children and youth.
- Educate on and promote wellness.
- Promote existing primary health care programs in the community.
- Hold monthly "health talks" on various health and wellness themes.



NEED B

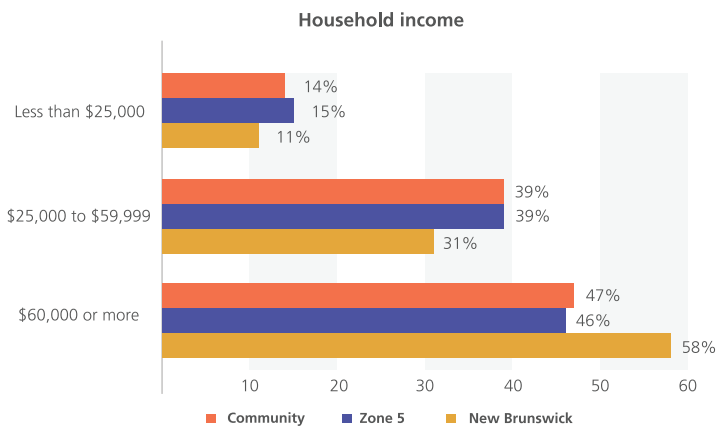
Reduction of socioeconomic vulnerability

Socioeconomic vulnerability within the community is a major concern in the Dalhousie, Balmoral and Belledune region. Social and economic factors, such as education, employment, income, family, social support and community safety account for 40% of health determinants (NBHC, 2017). Economic factors such as income and employment can determine living conditions such as access to safe housing and the ability to buy healthy food.

While children are the main victims of poverty, society also suffers the consequences, with declining skills and productivity, deteriorating levels of health and education, and increased risk of unemployment and welfare dependency. -UNICEF, 2012

Income

Financial vulnerability is a major challenge for a high proportion of community members. Among the general population of the Dalhousie, Balmoral and Belledune region, 18% live in low-income households, compared with 14% in New Brunswick (Statistics Canada, 2022). This proportion is higher among children aged 0 to 5, where it rises to 31%, compared to 18% in New Brunswick. *“Electricity, heat and running water are sometimes still options around here,”* said one participant.



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

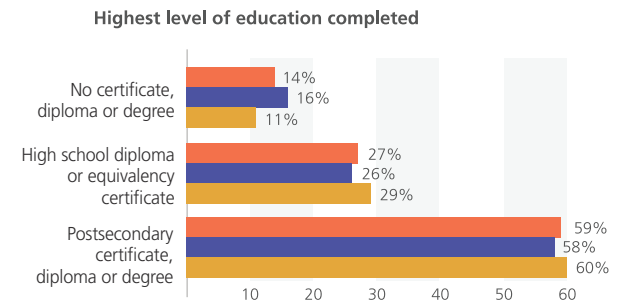
Knowing that the smaller the gaps between rich and poor, the better the average health of residents, it's essential to implement strategies aimed at reducing the gap between rich and poor (OECD, 2011). Although the community saw an increase in total median household income from 2016 to 2021 (\$49,357 to \$57,600), it remains below the provincial median of \$70,000 (Statistics Canada, 2022). Immigrants also face economic vulnerability upon arrival. *“Newcomers are in an adaptive phase, with low incomes. The slightest unforeseen event affects their monthly budget,”* said one participant.

On the other hand, consultations reveal that it's difficult for people in the community to afford nutritious food (e.g. fruits and vegetables), given the recent rise in the cost of living. *“The economy is getting worse and worse. Fruit's more expensive than junk food, and that's affecting people's health,”* said one participant. Inflation, while affecting the entire population, has serious repercussions, particularly on the economically vulnerable. Indeed, the Consumer Price Index rose by 4% in New Brunswick between September 2022 and September 2023 (Statistics Canada, 2023).

Education

Other factors of vulnerability were also raised, such as lower education levels and lower literacy levels than elsewhere in the province. *“We're still a poor region. And it's not just financial poverty, it's poverty in everything,”* said one participant. Education is key to developing the knowledge, values and attitudes that enable residents to lead healthy lives, make informed decisions and respond actively to local, regional and global challenges (UNESCO, 2015).

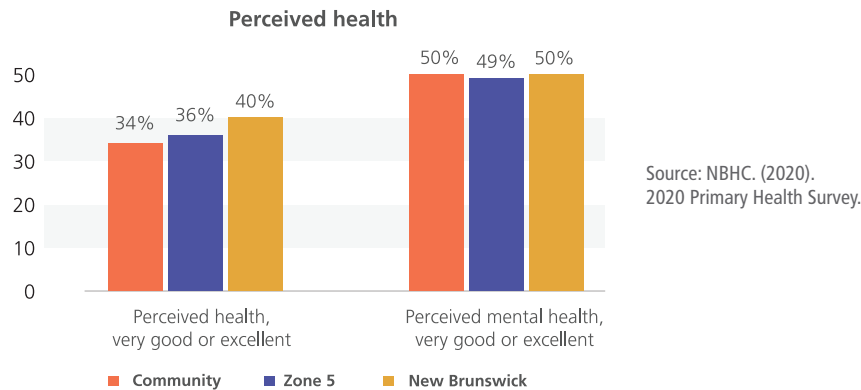
It's important to note that in the general New Brunswick population, 61.2% of Francophones and 49.8% of Anglophones have literacy levels below level 3 (Statistics Canada, 2016).



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

This means that they are likely to have great or very great difficulty understanding and applying written information. In northern New Brunswick, this percentage rises to 67.8% among Francophones. This issue, while prevalent in all age groups of the population, is more prevalent among those aged 55 and over. In New Brunswick, 77.6% of Francophones and 55.7% of Anglophones aged 55 to 64 have literacy levels below level 3. Given that the proportion of people aged 65 and over in the Dalhousie, Balmoral and Belledune area is one of the highest in the province (29% versus 22%) and is constantly increasing, this is an issue that will persist for many years (Statistics Canada, 2021).

Given these statistics, it's important to note that health and illness follow a social gradient: the less favorable the socioeconomic conditions in a community, the poorer the health of its residents (WHO, 2008). In fact, a small proportion of adults in the region perceive themselves to be in very good or excellent health (NBHC, 2020). Perceived health is defined as a person's perception of their general health. It refers not only to the absence of disease or injury but also to physical, mental and social well-being (Statistics Canada, 2009).



Community strengths

- Despite the region's socioeconomic vulnerability, community members are determined, resilient and friendly. They also support each other and feel they belong to the community.

- The Fresh 4 Less Restigouche distribution program offers fruits and vegetables at lower cost in the region, and a breakfast program is offered in schools. In addition, the Restigouche County Volunteer Bureau offers food support.
- The District scolaire francophone Nord-Est's "École réimaginée" project is popular with young people in the community. It blends academic subjects with students' career interests and aspirations through community-based learning activities (DSFNE, 2023).
- Working NB helps young adults with learning difficulties to support their studies (e.g. scholarships).
- The Dalhousie Centennial Library is a lively and dynamic public library offering a variety of free activities for the public.
- A street worker in the area supports people in need.

Potential solutions

Income

- Set up a community self-help program (e.g. Accorderie) enabling the exchange of free services between residents based on everyone's skills (Réseau Accorderie, 2021).
- Raise the profile of the region to attract external funding.
- Create jobs in the community.
- Attract businesses or services to set up or relocate in the region.
- Sponsor a family in need.
- Organize community kitchens to prepare economical, nutritious meals.
- Set up community gardens.
- Hire more street workers.

Education

- Offer free mentoring or tutoring.
- Organize intergenerational matching to promote the exchange of knowledge between seniors and young people.



NEED C

Access to essential services (housing, transportation and childcare)

Access to essential services, such as housing, transportation and daycare, was identified as a need in the Dalhousie, Balmoral and Belledune region. While this issue affects the general population, economically vulnerable people, seniors, newcomers and young families feel the repercussions most acutely.

Housing

Firstly, the quantity of housing is not sufficient to accommodate demographic changes occurring in the region, including the arrival of a new workforce. Importantly, the lack of adequate housing can have negative effects on the health and well-being of the population (WHO, 2018). According to a study on housing needs within the territory of the Restigouche RSC, it would be necessary to add 205 housing units per year through 2026 to meet demand (Saillant, 2023). Pressure on the housing supply can have the detrimental effect of driving up rents, which in turn puts pressure on households, particularly low-income and newcomer households. The average monthly rent for a renter household has indeed risen in the region, from \$531 in 2016 to \$642 in 2022 (CMHC, 2016–2022).

At the provincial level, several factors explain this pressure on the rental market, such as population growth, interprovincial migration, the growing interest of people aged 65 and over in apartment housing, and the increasing number of newcomers (GNB, 2021). This trend may also be exacerbated by the rising costs incurred by owners of rental housing for things such as building materials, taxes, insurance, etc. (NBjobs, 2021). *“Some landlords would rather take out a native-born Canadian family to bring in an immigrant family by raising the rent,”* said one participant.

The lack of adequate housing for seniors is also a problem in the community. Although many seniors would like to remain in their own homes, it is sometimes difficult, if not impossible, to do so given the inadequacy of their accommodations. Seniors’ physical capacity diminishes with age, which requires adaptations to the home to maintain a safe and healthy quality of life.

Transportation

At the same time, access to transportation is a major issue for many in the community (e.g. economically vulnerable people, seniors, students, newcomers), and this limits their travel to amenities, community resources, workplaces and health services. Although

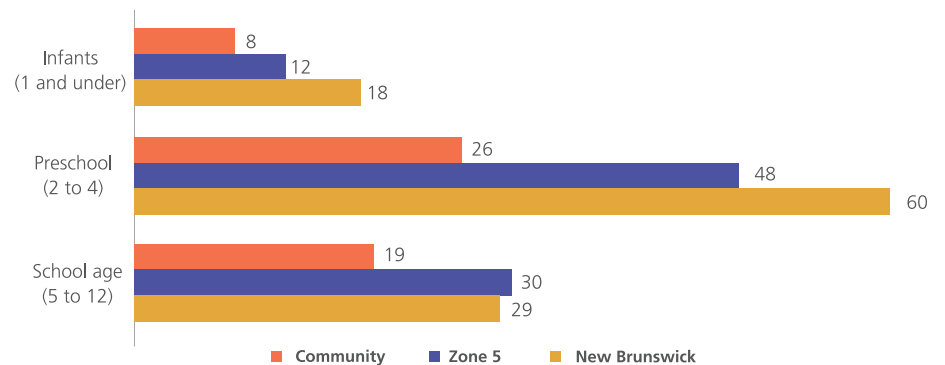
Restigouche Community Transport is available within the territory, the lack of public transit makes travel more complex. *“The poorest people can’t get around. And there aren’t even any cabs in Dalhousie. There’s nothing left,”* said one participant.

The dependence on the automobile in rural areas is well known. However, for some, the financial obstacles to purchasing or maintaining a car are insurmountable. Mobility-related disability often poses problems for independent driving, and planning is needed to ensure that accessible public, private and community transport is available (ESIC, 2017).

Childcare

At the same time, the lack of daycare spaces remains a challenge for young families. *“We have qualified people who want to contribute to the community, but we don’t have daycare, so the family comes first,”* explained one participant. Given the general labour shortage in the region, this is an important socioeconomic issue, as parents who cannot find a childcare space cannot quickly and easily re-enter the job market. What’s more, the process of opening a daycare centre is relatively complex, which discourages potential entrepreneurs. It’s important to note that numerous studies have demonstrated the positive effect that educational childcare has on children’s learning and development, particularly among children from disadvantaged backgrounds (Bigras and Lemay, 2012).

Approved child care spaces
(Rate per 100 population)



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

Community strengths

- The Restigouche RSC commissioned a housing study that demonstrated the urgent need for housing in the region.
- The Restigouche Multicultural Association (RMA) offers housing search support to newcomers to the region.
- People in the community are considered friendly and welcoming. They don't hesitate to help their new neighbours in need. *"Even though winter is harsh, people's hearts are warm,"* said one participant.
- Restigouche Community Transport offers an affordable, reliable and safe transportation service by reservation, using certified volunteer drivers.
- Private and family daycare centres are available in the region, as well as an after-school drop-in centre. The Ministry of Education and Early Childhood Development is also working on the daycare issue.



Potential solutions

Housing

- Offer incentives for the construction of bi-generational housing.
- Increase the number of affordable low-income housing units.
- Offer incentives for the construction of adapted housing.
- Implement a "Sentinelles Entre Aînés" program to ensure the comfort and safety of seniors (Sentinelles Entre Aînés, 2023).
- Re-establish the Baie-des-Hérons welcome committee (in progress).

Transportation

- Offer public transportation.
- Have a bus transporting youth to facilities (e.g. arena, pool, etc.).
- Organize activities in even the smallest communities.
- Encourage carpooling based on social network support.
- Set up an "Accorderie" program to help with transportation (Réseau Accorderie, 2021).

Childcare

- Provide financial support for parents who stay at home to look after their children, to compensate for the lack of a salary.
- Make it easier to obtain permits to open daycare centres.

NEED D

Access to health services

According to the consultations that were conducted, there are challenges regarding access to health care services in the Dalhousie, Balmoral and Belledune region. Access, in the right place at the right time, to care and services tailored to individual needs is a key aspect of service quality, which can influence health (NBHC, 2021).

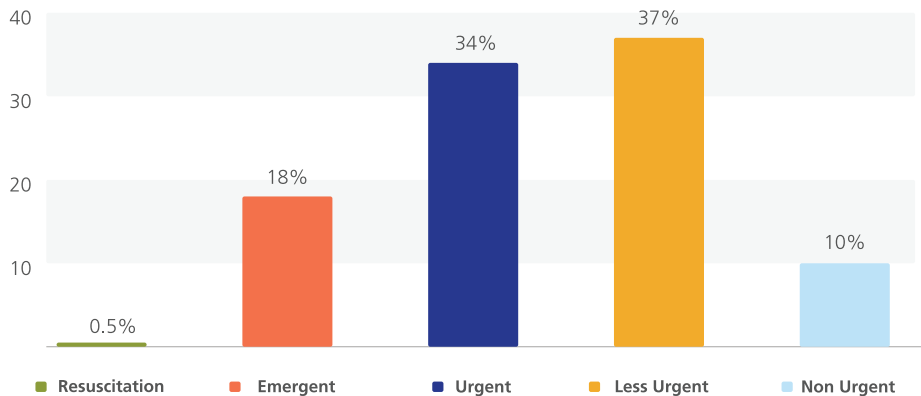
Access to primary health care providers

Difficulty accessing a primary care provider is proving problematic in the community. Although 85% of residents are connected to a primary care provider (86% in the province), there is high use of emergency departments as the usual source of care (NBHC, 2020). It can be seen that only 11% of community members can get same-day or next-day appointments with their family doctor, compared to 22% in New Brunswick (NBHC, 2020). According to the most recent data available for Zone 5, in 2022, only 15% of residents could get an appointment with their family doctor in five days or less, compared to 46% in 2020 (NBHC, 2020-2023). *“I can’t see my doctor,”* said one participant.

It goes without saying that the inability to obtain services outside normal working hours, long waiting times at the doctor’s office, and the time spent travelling reduce the likelihood of a first contact visit with a primary care physician when serious health problems arise (Forrest and Starfield, 1998). *“What we really lack in the region is early diagnosis. People are diagnosed too late,”* said one participant.

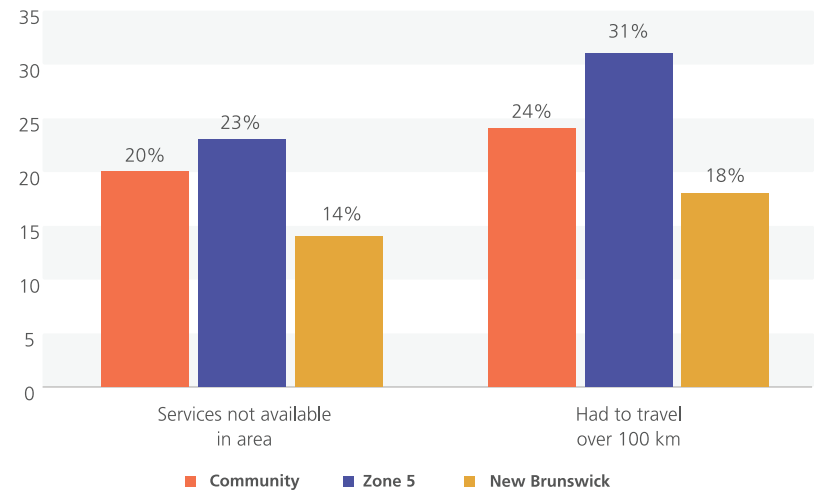
Travel outside the region to access specialized services, including obstetrics, is also a problem in the community. Pregnant women report having to travel to Bathurst for follow-up care and delivery. For those living at the western end of the community, this represents a journey of around 90 km. Travel planning, time off work and additional costs are all barriers to access. *“There are many who simply don’t have pregnancy follow-ups because they can’t get to their appointments in Bathurst,”* said one participant.

Number of emergency room visits by triage code Campbellton Regional Hospital



Source: Vitalité Health Network (2022-2023).

Barriers experienced in getting health care



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

Lack of health care professionals

According to the consultations carried out, access to health care services can be influenced by a lack of health care professionals. Although this is a complex issue, a few factors may explain it. The shrinking workforce due to an aging population and the migration of young people to urban centres account for the problem in part. However, the difficulty recruiting and retaining health care personnel is at the heart of the issue. As one participant put it: *“We’re short of social workers, psychologists, doctors, physiotherapists, occupational therapists. We lack everything. We don’t have enough professionals.”*

Navigating the health care system

On another note, the consultations revealed that navigating the health care system remains a challenge for people in the community. Residents have little or no knowledge of the services available and don’t know where to find the information they need. This is also the reality for newcomers who must learn to find their way around a new health care system. *“When you arrive here, you don’t know what the services are, you’re navigating blind,”* said one participant.

As previously mentioned, there are also gaps in health literacy. Health literacy determines an individual’s ability to locate, understand and use information to promote and maintain good health (Institute of Medicine, 2004). In fact, 13% of adults in the community usually or always have difficulty understanding written information about their health (NBHC, 2020).

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

Lu and Ng, 2019

Bureaucracy and organizational management are major obstacles to navigating the health care system. On the one hand, people deplore the centralization of the health care system. *“There are no more local decisions,”* said one participant. On the other, the administrative burden around care shocks patients and providers alike. *“There’s a considerable loss of resources, energy and money when things are done miles away from the point of care,”* said another.

Community strengths

- A number of services and programs are aimed at providing community follow-up, such as the St-Joseph CHC, Jacquet River Health Centre, Extra-Mural Program, occupational therapy and community pediatric physiotherapy, mental health and addiction services for children and youth, and the Pregnant Women, New Parents Program (Public Health).
- A number of vacant premises may have the potential to accommodate a range of health care services.
- The Restigouche Multicultural Association and InspireAction Centre offer employment support to newcomers and facilitate their integration into the workplace.
- The Société Santé et Mieux-être en français du Nouveau-Brunswick’s Health Guide for Newcomers to New Brunswick is a useful resource to help community members navigate the health care system and use resources effectively.
- Online resources include Tele-Care 811, the 211 service, Accès Patient NB | Patient Connect NB, Lien Santé NB Health Link, eVisitNB (Maple application) and Bridge the gapp.
- Resources provide information on a wide range of community programs and services, such as 211.
- The public library offers assistance in the use of technology (e.g. computer, tablet, cell phone).
- Although access to family physicians is a challenge, a considerable number of nurse practitioners are available to provide care to the community.
- A community development grant program exists for RSCs to attract future health care workers to the region.

- The Single Entry Point Program (Vitalité Health Network) aims to help facilitate appropriate, integrated care to meet the physical, mental, emotional, social, cultural and spiritual needs of people (and their caregivers) with complex health problems or one or more unmanaged chronic illnesses.
- The Homecare Program (Vitalité Health Network) is designed for people aged 65 and over with a vulnerable condition (e.g. chronic illness, polypharmacy) who wish to remain in the home.
- Various health committees exist in the region addressing the issue of residents' health and wellness.
- Some health care professionals are open to inter-professional collaboration, which makes it easier for patients to navigate the health care system.

Potential solutions

Access to a primary care provider

- Provide access to a walk-in clinic with appointments.
- Provide access to a walk-in clinic without appointments.
- Reduce barriers to accessing services due to medical prescription requirements.
- Distribute medical graduates proportionally in all health zones.
- Offer residency training at the St-Joseph CHC.
- Focus on physician recruitment.
- Implement Vitalité Health Network's new integrated services model (in progress).
- Reinstate school nurse positions in schools.

Lack of health care professionals

- Focus on retention strategies for health care professionals.
- Offer recruitment bonuses to health care professionals.
- Improve the referral process between health care professionals to facilitate access to services for patients.
- Improve access to telemedicine services.
- Offer specialized services (e.g. obstetrics) and other types of health services not available in the region.
- Increase the range of professional services covered by health insurance.
- Offer professional mentoring to help new recruits in their jobs.

Navigating the health care system

- Promote existing resources.
- Reactivate the Baie-des-Hérons welcoming committee (in progress).
- Decentralize the health care system.
- Offer information sessions to immigrants and newcomers.
- Reduce the administrative burden on health care professionals in order to increase direct intervention.
- Add positions to Vitalité Health Network's Homecare and Single Entry Point programs.



NEED E

Improvement of mental health and reduction of risky substance use

Improving mental health and reducing risky substance use are among the major concerns in the Dalhousie, Balmoral and Belledune region. It goes without saying that the relationship between mental health and substance use is well known. People with a substance use problem are more likely to suffer from a mental health disorder, and people with a mental health disorder are more likely to suffer from a substance use problem (CMHA, 2018).

Mental health

Mental health is defined as a state of well-being in which the individual can realize their potential, cope with the stresses of life, work productively and fruitfully, and contribute to the life of their community (WHO, 2004). Among the general population, the local hospitalization rates for mental health problems are among the highest in the province (CIHI, 2020). The suicide rate per 100,000 population is also high in Restigouche County compared to New Brunswick, at 22.5 versus 11.9 (Department of Justice and Public Safety, 2023).

And although the data show a level of anxiety and depression among young people in the community that is relatively similar to the rest of the province, the problem remains serious. According to the consultations, many children, youth and young adults are experiencing anxiety, with symptoms appearing at an increasingly early age. A number of factors can cause anxiety in these young people, such as academic, social and professional pressures. However, the omnipresence of social media was identified as a particular issue. *“Definitely, there’s a lot of anxiety. Virtual life contributes enormously to that,”* said one participant. In addition, the consultations revealed that children and young people are exposed to content that is too mature for their developmental levels, which can have multiple consequences for their mental health.

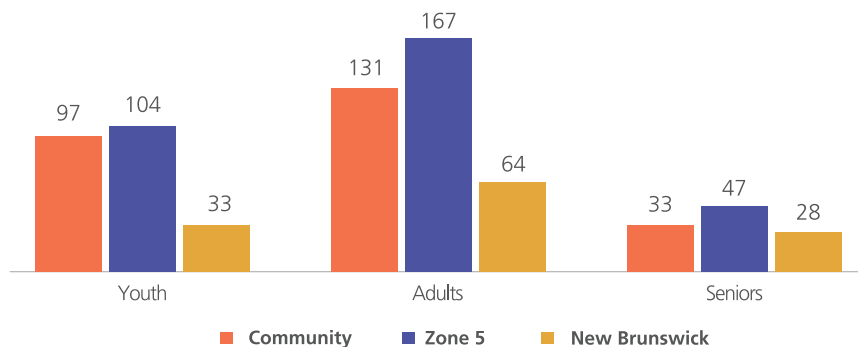
Risky substance use

Substance use is problematic when it becomes necessary to cope with everyday life, such as going to school, dealing with stress, etc.

Réseau Santé Nouvelle-Écosse, 2016

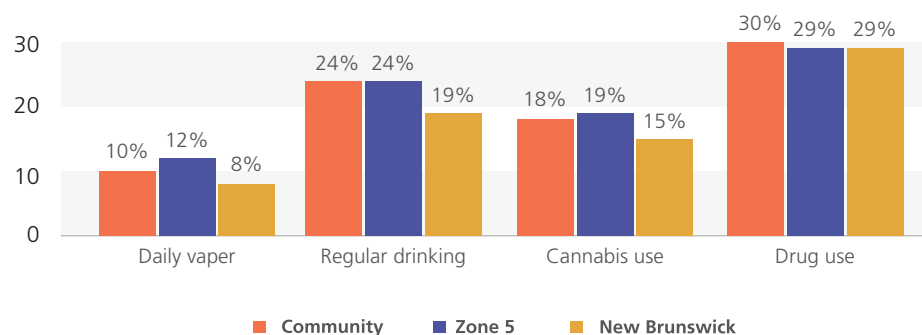
Risky substance use was identified as an issue in the region. Firstly, regular and abusive alcohol consumption and vaping are high among young people. In fact, 24% drink regularly (19% in NB) and 19% abuse alcohol, compared to 12% in New Brunswick (NBHC, 2023). As for vaping, 18% vape daily or occasionally, compared to 16% in New Brunswick (NBHC, 2023). Cannabis and drug use are also high. *“One of the big problems is drug addiction. I know 12-year-olds who vape and do drugs. They’re not aware of the consequences,”* said one participant.

Hospitalization for mental health disorder
(rate per 10,000 population)



Source: ICIS (2020).

Substance use by youth



Source: NBHC. (2023). 2022–2023 New Brunswick Student Wellness Survey - Grades 6–12.

The issue of alcohol abuse also exists within the community's older population. In fact, 31% of adults and 19% of seniors abuse alcohol (NBHC, 2020). According to the consultations, proximity to a federal territory with different laws on the sale of substances could be contributing to the problem.

Community strengths

- Mental health and addiction services are available in the region. In addition, the recent introduction of single-session therapy is proving highly successful and considerably improving access to mental health care. Satellite psychology services are also offered at the St-Joseph CHC.
- Various committees such as the Restigouche Suicide Prevention Committee and the Positive Mental Health Committee are active in the region and dealing with mental health issues.
- Resources are available in the region to support children, youth and their families, such as the Restigouche Parent Resource Centre and Jeunesse Restigouche Youth.
- Various resources are available for people with special needs, such as Viva Therapeutic Services for autistic preschoolers and the Restigouche Autism Centre. What's more, some employers in the region don't hesitate to employ adults with special needs.
- Trauma-focused approaches are taught to professionals in the region (e.g. ARC Framework).

- The P.A.R.T.Y. Program NB is a resource designed to educate students about the consequences of risky behaviours (e.g. drug and alcohol use, drunk driving). (NB Trauma Program, 2013).

Potential solutions

Mental health

- Offer residents training in non-violent communication (NVC). NVC is an approach that helps develop skills such as self-empathy, authenticity and gratitude (NVC, 2023).
- Increase education to reduce mental health stigma and learn to recognize signs of distress.
- Help children manage their emotions, for example, through NVC workshops.
- Reduce social isolation with a program such as "Sentinelles Entre Aînés" (Sentinelles Entre Aînés, 2023).
- Offer support groups.
- Promote physical activity to support sound mental health.
- Offer sports sponsorships for the less fortunate.
- Offer a physical education program at school for all grades.
- Promote resources on social media.
- Ban cell phone use in schools.

Risky substance use

- Reinstate school nurse positions in schools.
- Increase education on the harmful effects of substances.
- Implement a "Planet Youth"-type project, which is a community-based prevention model aimed at reducing substance use among young people (GNB, 2023).

7. Prioritization process

7.1. Prioritization matrix

A prioritization matrix is a tool that promotes continuous improvement and effective planning. It's used to narrow down 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, thereby reducing the possibility of selecting a participant's "favourite project."

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

7.2. Definition of prioritization criteria

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

7.3. Weighting of needs

After the results of the quantitative and qualitative data analysis were presented to the CAC, a consultation was carried out to draw up a list of the community's main health needs. This exercise resulted in a list of five needs. From this list, CAC members were asked to assign a score to each criterion prioritizing these needs.

→ 0 : If you feel that it is **not important** to consider this criterion when prioritizing this need

→ 3 : If you feel that it is **important** to consider this criterion when prioritizing this need

→ 6 : If you feel that it is **very important** to consider this criterion when prioritizing this need

NEEDS IDENTIFIED BY THE CAC	A	B	C	D	E	F	Total
Promotion of healthy lifestyle habits							
Reduction of socioeconomic vulnerability							
Access to essential services (housing, transportation and childcare)							
Access to health services							
Improvement of mental health and reduction of risky substance use							

List of priorities ranked following the prioritization process

NEEDS PRIORITIZED BY THE CAC	Total score	Rank
Access to health services	306	1
Improvement of mental health and reduction of risky substance use	273	2
Access to essential services (housing, transportation and childcare)	270	3
Promotion of healthy lifestyle habits	252	4
Reduction of socioeconomic vulnerability	240	5

7.4. Categorization of identified needs by order of priority

Following this prioritization stage, the CAC held a sixth meeting to validate and categorize the final list of needs and identify potential solutions and partners to be involved in implementing the recommendations.

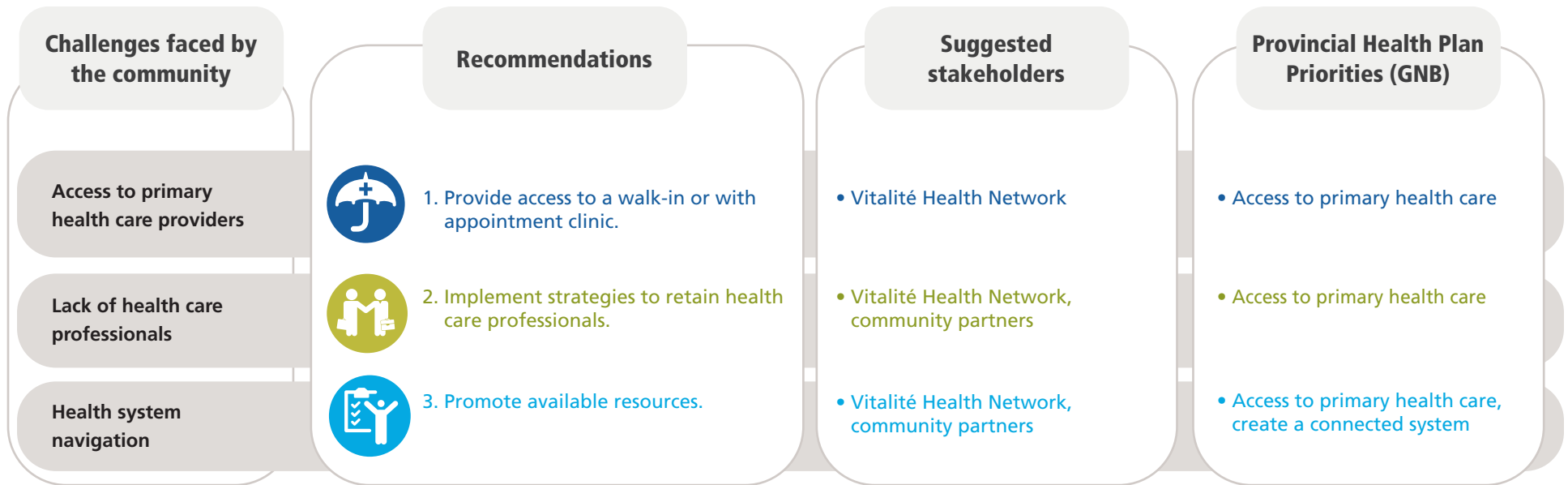
PRIORITIZED NEEDS

1	<p>Access to health services</p> <ul style="list-style-type: none"> • It's difficult to access a primary health care provider at the right time and in the right place. • Lack of health professionals impacts access to health services. • Navigating the health care system is complex.
2	<p>Improvement of mental health and reduction of risky substance use</p> <ul style="list-style-type: none"> • Mental health issues are high. • Risky substance use is widespread (e.g. alcohol, drugs, cannabis, vaping).
3	<p>Access to essential services (housing, transportation and childcare)</p> <ul style="list-style-type: none"> • There is a shortage of housing in the area. • Travel to amenities, community resources and health services is difficult for people without access to a car. • The number of childcare spaces is insufficient to meet demand.
4	<p>Promotion of healthy lifestyle habits</p> <ul style="list-style-type: none"> • Young people have little access to sports and leisure activities, high levels of recreational screen time, lack of sleep and poor diets. • Adults and seniors have little autonomy in managing their own health.
5	<p>Reduction of socioeconomic vulnerability</p> <ul style="list-style-type: none"> • A significant proportion of the community lives in low-income households and may have difficulty paying for nutritious food. • Education and literacy levels are relatively low.

8. Recommendations

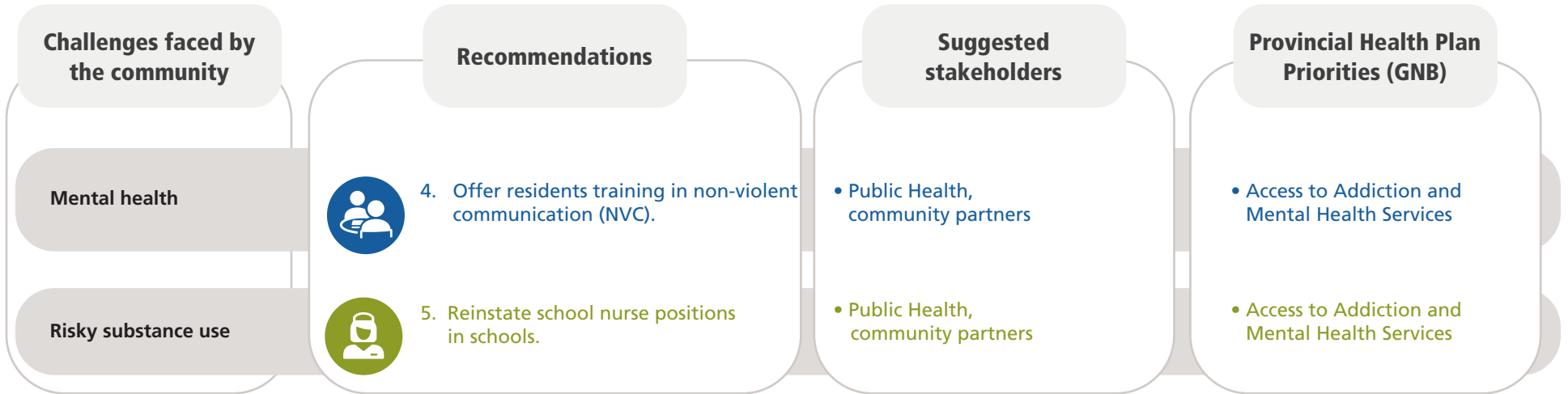
NEED 1

Access to health services



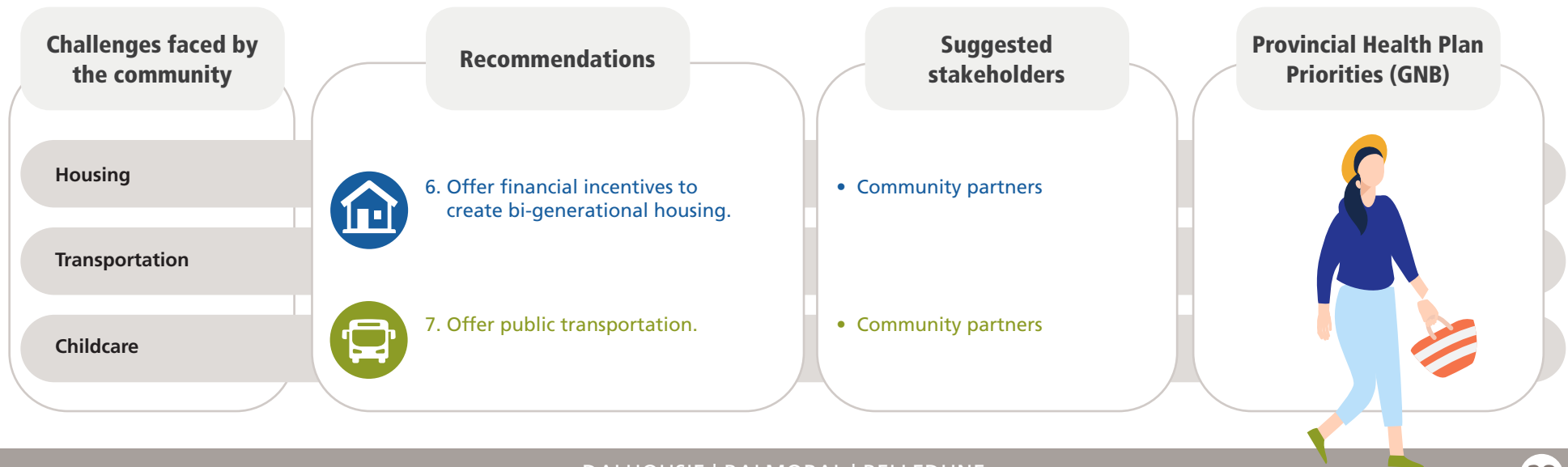
NEED 2

Improvement of mental health and reduction of risky substance use



NEED 3

Access to essential services (housing, transportation and childcare)



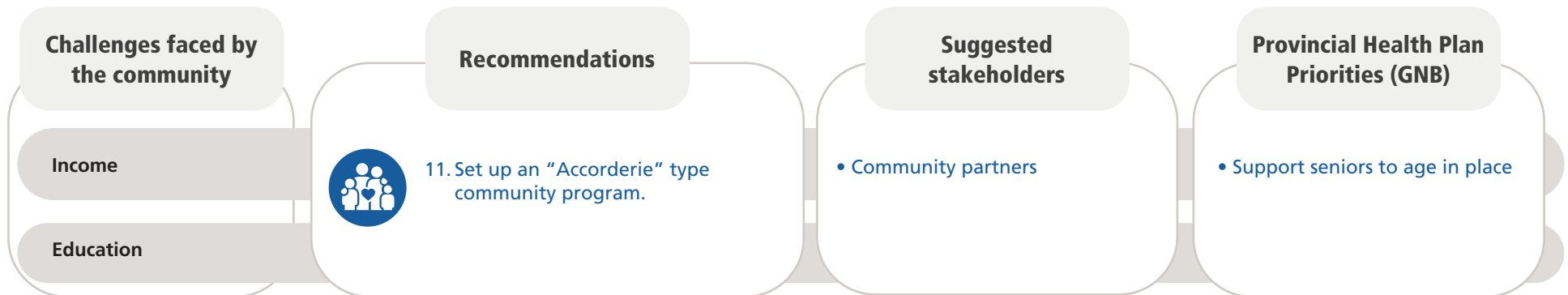
NEED 4

Promotion of healthy lifestyle habits



NEED 5

Reduction of socioeconomic vulnerability



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