



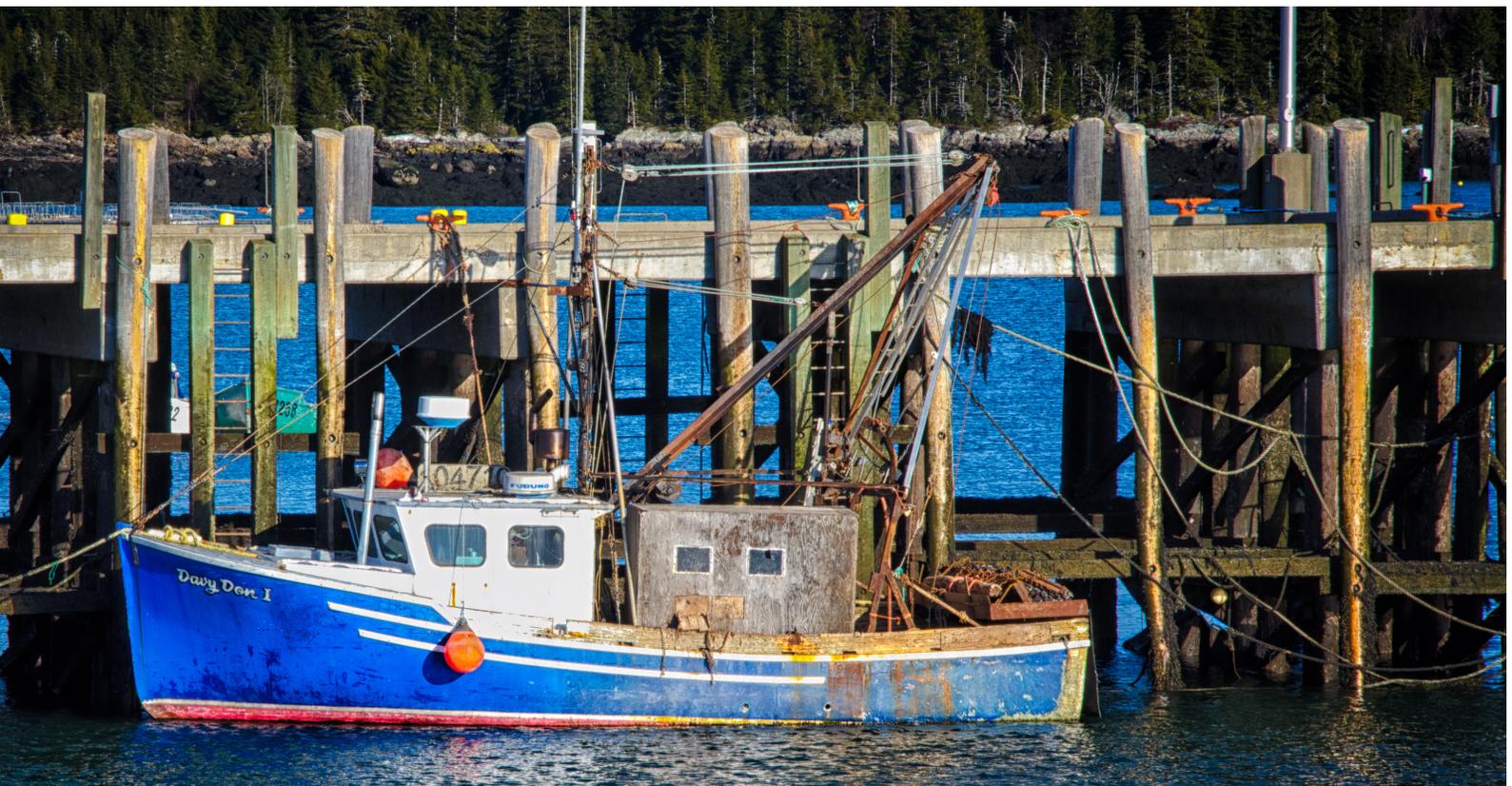
New Nouveau
Brunswick



FUNDY Wellness Forum

Held in Saint John NB, Saturday March 24, 2012

prepared by
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Join the Wellness
Movement in **FUNDY**

LOCAL EVENTS

FUNDY WELLNESS
FORUM

SAT MAR 24 9AM-3PM

HILTON SJ

CALL 658-2492

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A TEAM FOR JUNE 8
RELAY FOR LIFE

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OR 757-8891



ACKNOWLEDGEMENTS	6
1. BACKGROUND AND OBJECTIVES OF FUNDY WELLNESS FORUM	9
2. PROFILE OF THE PARTICIPANTS	13
3. GENERAL DESCRIPTION OF THE FUNDY FORUM	17
4. PARTICIPANTS' PERCEPTIONS OF WELLNESS IN THE FUNDY REGION	21
5. REPORT OF DISCUSSIONS ABOUT THE SCHOOL SETTING	23
5.1. Assets and strengths contributing to wellness	23
5.2. Weaknesses and challenges identified	24
5.3 Priorities identified and possible solutions	25
5.3.1 Engage and inform parents	25
5.3.2 Review public policies	26
5.3.3 Reduce wait time for specialized services	26
5.4. Other important elements proposed at the plenary meeting	27
6. REPORT OF DISCUSSIONS ABOUT THE COMMUNITY SETTING	31
6.1. Assets and strengths contributing to wellness	31
6.2. Weaknesses and challenges identified	33
6.3. Priorities identified and possible solutions	36
6.3.1 Lack of shared paths, community planning, and pedestrians' rights	36
6.3.2 Funding and subsidies for resources	37
6.3.3 Accessible funding	37
6.3.4 Poverty	37
6.3.5 Access to a smart insurance/drug system	37
6.4. Other important elements proposed at the plenary meeting	38
7. REPORT OF DISCUSSIONS ABOUT THE WORKPLACE SETTING	41
7.1. Assets and strengths contributing to wellness	41
7.2 Weaknesses and challenges identified	42
7.3 Priorities identified and possible solutions	43
7.3.1 Leadership	43
7.3.2 Understanding employee rights	43
7.3.3 Stress and mental health	43
7.4 Other important elements proposed at the plenary meeting	44

8. REPORT OF DISCUSSIONS ABOUT THE HOME SETTING	47
8.1. Assets and strengths contributing to wellness	47
8. 2. Weaknesses and challenges identified	48
8.3. Priorities identified and possible solutions	49
8.3.1 Fixed income	50
8.3.2 Information	50
8.3.3 Knowledge about resources and services	51
8.3.4 Personal motivation	52
8.4. Other important elements proposed at the plenary meeting	52
9. INTERESTING TO NOTE...	55
10. NEXT STEPS	59
REFERENCES	60
LIST OF TABLE:	
Table 1. Comparison of ranking by health indicators	19
Table 2. Compilation of results for the SCHOOL Setting	28
Table 3. Compilation of results for the COMMUNITY Setting	39
Table 4. Compilation of results for the WORK Setting	45
Table 5. Compilation of results for the HOME Setting	53
Table 6. Assets and strengths, Priority Challenges	57
LIST OF APPENDICES:	
A. Program for participants	61
B. Answers to questions put to the participants using the TurningPoint™ polling system on the day of the event	62
C. Compilation of responses provided on the evaluation forms	64
D. Fundy region community wellness profile	70

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I would also like to thank the Organizing Committee members for sharing their views and ideas with me; the discussion group facilitators and note-takers; and lastly, the transcriptionists. Your work made my job so much easier.

Thanks to the Healthy Eating Physical Activity Coalition (HEPAC) of New Brunswick for preparing and sharing the wellness profile of Fundy region residents.

Lastly, I would like to thank the staff of the Department of Culture, Tourism and Healthy Living for their confidence in me.

Nathalie Boivin

Note: To obtain copies of the presentations that were given at the Fundy Wellness Forum, please send an e-mail to HIC-CSI@gnb.ca



1

BACKGROUND AND OBJECTIVES OF FUNDY WELLNESS FORUM

1

BACKGROUND AND OBJECTIVES OF FUNDY WELLNESS FORUM

The decision to hold a wellness forum for Fundy residents was made in August 2011, following the hiring of a wellness consultant for the Fundy region by the Department of Culture, Tourism and Healthy Living. The overall goal was to have people in the community make their needs known and in so doing, engage them in a long-term process aimed at improving their individual and collective health.

Already, the Fundy region had three wellness networks: Grand Bay-Westfield in Motion, launched in September 2009; the Deer Island Network, founded in the fall of 2009; the Fundy Wellness Network (Saint John, Rothesay, and Quispamsis, although it was initially started by Lower West Saint John in 2009), which took shape in October 2010. The fourth, Sussex Wellness Network, officially launched in October 2011.

To begin the planning process Sylvie Poulin, the Fundy regional wellness consultant, held discussions with like-minded community partners, such as Linda Légère Richard of Médisanté Saint-Jean, and Alberta Stanton, co-chair of the Fundy Wellness Network, to determine how best to proceed. The call then went out to recruit members for an organizing committee. The Committee consist of Joanne Barry, Christina Bursey, Cara Coes, Michel Côté, Roberta Craft, Greg Evans, Linda Légère-Richard, Sylvie Poulin, Jill Roberts, Pat Stafford and Alberta Stanton. The Committee held its first meeting on December 8, 2011. Yves Ducharme, an event coordinator with the Department of Culture, Tourism and Healthy Living (CTHL), began assisting the Committee in January 2012.

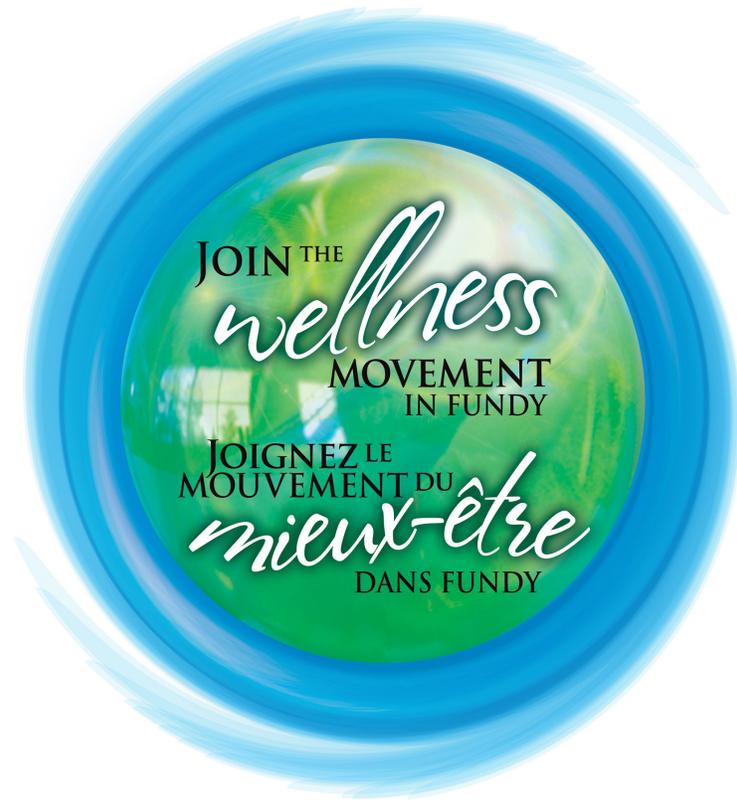
Among other things, the Organizing Committee helped to establish the objectives of the Fundy Wellness Forum and ensure that as many people as possible took part.

GOAL OF THE FUNDY WELLNESS FORUM: Invite Fundy region residents to take part in an inclusive dialogue in order to shape a shared vision and promote a culture of wellness.

This general goal was then broken down into four major objectives:

1. Inform the population about Live well, be well. New Brunswick's Wellness Strategy: 2009-2013.
2. Present the Wellness profile of the Fundy region using the four pillars of wellness.
3. Identify the assets, strengths, gaps and challenges related to wellness as expressed by the community.
4. Initiate discussions about available opportunities and potential actions that will contribute to building our pathway to wellness (our action plan).

The Committee turned to a number of interactive information-gathering and consultation strategies. Among other things, the Committee utilized TurningPoint™ polling technology to gather elements of the participants' profiles, and it organized discussion groups and a plenary meeting to compile and share the information provided by the participants. The forum participants also had the opportunity to add other issues not discussed at the plenary meeting.



2

PROFILE OF THE PARTICIPANTS



2 PROFILE OF THE PARTICIPANTS

The participants had to register in advance for the Forum, either by e-mail, telephone, or mail, or in person at the regional wellness consultant's office. Invitations for the Fundy Forum were sent out by the Organizing Committee. According to the evaluation forms filled out by the participants, most of them had found out about the Forum by e-mail or by word of mouth.

Several methods were used to encourage as many people as possible to attend:

- E-mail invitations from a mailing list containing more than 300 names provided by the Organizing Committee and the wellness networks in the Fundy region;
- Announcements in newspapers (Telegraph-Journal, Le Saint Jeannois, L'Acadie Nouvelle, KV Style, 'Here' Magazine, Money Saver, and Kings County Record);
- Spots aired on radio stations CHSJ, CHWV, CJCW, and CHQC;
- Poster on the Government of New Brunswick's website;
- Fax sent to 35 organizations identified by the Organizing Committee;
- Over 50 posters put up at strategic locations in the Fundy region;
- Over 1,200 flyers distributed in the Fundy region.

Number of participants

It was hoped that 150 to 200 people would attend the Fundy Forum. In all, 157 people pre-registered. The morning of the event, 131 of the persons who had pre-registered showed up. Seventeen persons who had not pre-registered turned out. A total of 148 people therefore took part.

The questions put to the participants using the TurningPoint™ polling system generated the profiles presented below.

Gender

Women accounted for 81% of the participants, and men, 19%.

Age

The majority (53%) of the participants were between 46 and 65 years of age. Slightly more than one-quarter (27%) were under 46. Slightly fewer (21%) were 66 or over.

Membership in wellness networks

The majority of participants (59%) said they were not members of a wellness network. Of the remainder, 21% belonged to the Fundy Wellness Network; 11%, to the Charlotte Network, although it is still being set up; 7% to the Grand Bay-Westfield Network; and 1% to the Deer Island Network.

Origin

The three regions generating the most participants were Saint John (36%), Grand Bay-Westfield (18%), and Rothesay (14%), followed by Charlotte County (10%), Quispamsis (8%), Hampton (5%), Sussex (3%), and the Fundy Isles (3%).

Status

Most participants said they are members of non-profit organizations (32%) or work for the government (30%). A total of 17% indicated they are unemployed, work in the private sector (9%), are self-employed (9%), or are in school (3%).

Reason for participating

Over half (52%) of the participants were at the Fundy Forum out of professional interest. Others had come out of personal interest (37%) or simply out of curiosity (5%).



3

GENERAL DESCRIPTION OF THE FUNDY FORUM

3

GENERAL DESCRIPTION OF THE FUNDY FORUM

The participants were each given a detailed program for the Fundy Forum (see Appendix A).

Welcome

Opening remarks by Minister Trevor Holder

Minister Holder delivered a dynamic speech. He congratulated the participants on their commitment and emphasized that wellness has to be on everyone's agenda. He explained that New Brunswickers can count on the Government of New Brunswick as an engaged partner with them in their efforts to achieve wellness. He acknowledged government's responsibility to lead by example. The Minister also called on the private sector to take up the torch, recognizing that there are already many examples of success.

Presentation of the Wellness Strategy by Michelle Bourgoin, Director

The Director began her presentation by explaining the rationale for the Wellness Strategy, which is based on the four wellness pillars associated with healthy living: Healthy Eating, Mental Fitness and Resilience, Physical Activity, and Tobacco-Free Living. She described each of the four pillars and called on participants to address the root of the problems, through factors under their control. She gave numerous examples of successful initiatives involving community, professional, government and business partners. She asked people to be patient and cautioned against quick fixes. Achieving wellness is an investment, and it takes time to see results.

Wellness profile of Fundy region residents

Nathalie Boivin began by thanking the Healthy Eating Physical Activity Coalition (HEPAC) of New Brunswick team for its invaluable assistance in preparing the profile. She then highlighted three aspects of the profile. The detail aspect concerning the sources of the information presented: 1) Three main sources of information were used to construct the profile: the 2006 Census, the 2007–2008 Canadian Community Health Survey; and data gathered through the 2009–2010 NB Student Wellness Survey (*Grades 6 to 12*) 2) The data was organized in a particular way to reflect the four pillars of the Department’s Wellness Strategy, i.e. Physical Activity, Healthy Eating, Tobacco-Free Living, and Mental Fitness and Resilience. 3) The comparative element used to present the information was such that for each data category, the result for the entire Fundy region is compared with that for the province as a whole.

Following these clarifications, the results used to compile the wellness profile for the Fundy region were presented (*see Appendices D and E*). These findings should be interpreted with caution. The figures obtained for New Brunswick as a whole are more a point of comparison than an ideal to be achieved. For example, in terms of health, the addition of the comparison with national data shows that there is a significant difference between the Fundy region, New Brunswick and Canada. A visit to the New Brunswick Health Council’s website (http://www.csnb.ca/area_snap-shot.cfm?area=1) shows how the province of New Brunswick ranks compared to the other provinces and territories. Table 1 is a compilation of the ranking of the Fundy region compared to New Brunswick, and New Brunswick’s ranking compared to the other provinces and territories.

Table 1 COMPARISON OF RANKINGS BY HEALTH INDICATORS

	FUNDY REGION'S ranking compared to New Brunswick's seven regions	NEW BRUNSWICK'S ranking compared to Canada's provinces and territories
WEIGHT		
Obese – adults ⁽¹⁾	3/7	12/13
Overweight – children ⁽²⁾	3/7	Not available
PHYSICAL ACTIVITY – CHILDREN		
During free time, moderately active – Adults ⁽¹⁾	1/7	6/13
Children ⁽²⁾	6/7	Not available
HEALTHY EATING: EAT 5 OR MORE FRUITS OR VEGETABLES A DAY		
Adults ⁽¹⁾	6/7	7/13
Children ⁽²⁾	3/7	Not available
MENTAL FITNESS		
Seeing your stress as a lot – Adults ⁽¹⁾	5/7	8/13
Sense of belonging to your community, somewhat strong or very strong – Children ⁽²⁾	3/6	4/13
TOBACCO-FREE LIVING		
Coming in contact with second-hand smoke at home – Adults ⁽¹⁾	3/5	8/12
Coming in contact with second-hand smoke at home – Children ⁽²⁾	2/7	Not available

Sources:

1. *Population Health Snapshot 2011. New Brunswick Health Council.*

2. *Young New Brunswickers – A Population Health Snapshot – 2010. New Brunswick Health Council.*

4

PARTICIPANTS' PERCEPTIONS OF WELLNESS
IN THE FUNDY REGION

4

PARTICIPANTS' PERCEPTIONS OF WELLNESS IN THE FUNDY REGION

After the highlights of the community wellness picture for the Fundy region as a whole were presented, the TurningPoint™ polling system was used to elicit the participants' overall impressions. A total of 48% of the participants indicated they felt motivated to make changes, 37% said they were not surprised, 7% said they were pessimistic, 6% indicated they were surprised, and 2% said they were shocked.

Participants were asked a final question before they broke out into small groups, to provide insight into their overall impression. The question was whether they thought the Fundy region was on the right path to improving its wellness. A total of 71% of the participants felt that it was, 22% did not know, and 7% did not think so.

5

REPORT OF DISCUSSIONS ABOUT THE SCHOOL SETTING

5.1. ASSETS AND STRENGTHS CONTRIBUTING TO WELLNESS

5.2. GAPS AND CHALLENGES IDENTIFIED

5.3. PRIORITY ACTIONS AND POSSIBLE SOLUTIONS

5.3.1. ENGAGE AND INFORM PARENTS

5.3.2 REVIEW PUBLIC POLICIES

5.3.3 REDUCE WAIT TIME FOR SPECIALIZED SERVICES

5.4. OTHER IMPORTANT ELEMENTS PROPOSED AT THE PLENARY MEETING

5

REPORT OF DISCUSSIONS ABOUT THE SCHOOL SETTING

Some 15 participants chose the SCHOOL setting as their discussion group.

5.1. ASSETS AND STRENGTHS CONTRIBUTING TO WELLNESS

The assets and strengths mentioned can be classified into two major groups.

ASSETS AND STRENGTHS INSIDE THE SCHOOL

Participants gave a long list of resources and strengths present in schools.

Programs

A number of school programs contribute to students' well-being. The focus of these programs include food (e.g., Breakfast for Learning programs), vaccinations, art instruction, awareness (e.g., suicide prevention program), information (e.g., about sexual health), or support (e.g., the Link). Some of these programs have just begun (e.g., Roots of Empathy), while others have been operating for a while (e.g., Healthy Learners in School) or are being re-introduced after a hiatus.

Health curriculum

Participants noted, among other things, that the health curriculum from kindergarten to Grade 12 contributes to students taking better care of their health.

Staff involvement

Teachers' efforts to offer a variety of content including activities beyond what is usually expected (e.g. for arts and sports) were all cited as positive elements promoting well-being in school.

Training by specialized resources

Participants mentioned examples such as the delivery of training by resource persons specialized in the field, personal involvement in student life, and efforts made to foster a pleasant environment for everyone.

ASSETS AND STRENGTHS OUTSIDE THE SCHOOL

Participants also identified numerous school partners as assets and strengths.

Numerous partnerships

Partnerships have been established with health-care professionals, government agencies, post-secondary institutions, community agencies, parents, members of the community, and local businesspeople. These partnerships have brought additional resources into the schools, giving schools added momentum and strengthening school-community ties. They have also maximized opportunities for innovation, facilitated access to services and resources, and produced positive leadership throughout the school settings, resulting in increased participation in activities, greater levels of knowledge, and the emergence of social skills and behaviours.

Belief in the philosophy of community schools

It appears that people in the Fundy region subscribe to the philosophy of community schools, (schools that are open to their communities and work closely with community resources). The schools' receptiveness to partnerships seems to be a win-win situation for everyone, and is seen as a positive factor contributing to well-being in schools in the Fundy region.

5.2. GAPS AND CHALLENGES IDENTIFIED

INSIDE THE SCHOOL

Inequality

The weaknesses and challenges identified by the participants in this group pointed to inequalities between schools, whether in terms of program delivery or in the amount of time allocated for physical education.

Lack of mentors

A lack of mentors and leadership by the Department in the area of physical education was also identified.

Lack of resources

A lack of financial resources particularly for art and music instruction was noted, participants also spoke of the need to review, maintain or enhance certain content, including units on mental health, healthy eating, and literacy. Problems accessing specialized resources (e.g., occupational therapy, physiotherapy, mental health) were reported, as well as delays in inspecting playgrounds.

Policies and rules

Some school policies present challenges. For example, participants cited the nutrition policy (Policy 711), the rules on the use of peanut butter, and compliance with the one-kilometre radius around schools.

OUTSIDE THE SCHOOL

Lack of resources

A lack of resources (e.g. volunteers and money) was cited as an obstacle to certain activities, such as arts and music.

Resource sharing

Participants spoke of difficulties encountered in dealings with their municipal recreation department, particularly related to access to facilities and the cost of using them. Similarly, a lack of coordination between programs and the pooling of available monies mean that several agencies have to compete with each other for those funds, thereby impacting on wellness.

Parental engagement

Difficulty engaging parents (especially those who are hardest to reach), devoting time to them, and providing them with information so they can support good habits for their children (e.g., lunch box contents, active transportation) were identified as issues.

Isolation

Isolation stemming from life on an island was cited as a challenge, as was isolation stemming from the use of technologies (lack of social connectedness).

5.3. PRIORITY ACTIONS AND POSSIBLE SOLUTIONS

Participants identified three main priorities among all the elements mentioned:

1. Engage and inform parents, including those who are hardest to reach;
2. Review public policies;
3. Reduce wait time for specialized services.

To change the situation and help shrink these weaknesses and challenges, participants called for:

- funding to be rethought;
- an integrated model to be designed for schools, non-profit organizations and the other departments;
- the public to be informed about the impact of actions on children's health.

Participants suggested some possible ways to address the challenges associated with each of these three priorities. Next, they are presented according to each priority.

5.3.1. Engage and inform parents

Possible actions proposed to address this challenge:

- Find ways to make schools more welcoming for parents who had problems with school in the past;

- Gather suggestions on relevant discussion topics for parents;
- Find what interests parents in order to engage them;
- Hold specific discussion groups for certain parents by communicating directly with them;
- Concentrate on parents who are “almost ready” to become involved by encouraging them to take the plunge;
- Identify students who do not have a parental support system;
- Bring vocational training, e.g., trades and business courses, back into the schools.

5.3.2 Review public policies

Possible actions proposed to address this challenge:

- Establish an integrated group whose mandate would be to identify key elements required and those that have to be revisited. This group could consist of parents, teachers, policy makers, students, seniors, public servants, and health-care and wellness professionals;
- Educate the public about health issues and wellness.

5.3.3 Reduce wait time for specialized services

Possible actions proposed to address this challenge:

- Recruit resources;
- Promote the benefits of these resources for society;
- Obtain funding;
- Develop public policies on this aspect;
- Raise public awareness of mental fitness as well as mental health;
- Increase adolescent participation;
- Support efforts by peers to help each other;
- Review terminology used: talk about mental fitness rather than mental health;
- Include mental fitness in the school curriculum beginning in kindergarten;
- Think of alternative ways to provide treatment and strengthen coping skills;
- Intervene quickly for those who do not have developmental assets;
- Provide integrated, coordinated services;
- Offer the Link program.

5.4. OTHER IMPORTANT ELEMENTS PROPOSED AT THE PLENARY MEETING

Bullying and its devastating effects on vulnerable populations and youth mean there is a need to develop or enhance strategies for dealing with this issue. It must be clear that bullying is unacceptable. Services to support vulnerable persons, especially those who have been bullied, must be created and implemented.



TABLE 2. COMPILATION OF RESULTS FOR THE SCHOOL SETTING

ASSETS AND STRENGTHS CONTRIBUTING TO WELLNESS	GAPS AND CHALLENGES IDENTIFIED
<p>Assets and strengths inside the school</p> <ul style="list-style-type: none"> • Programs • Health curriculum • Staff involvement • Training by specialized resources <p>Assets and strengths outside the school</p> <ul style="list-style-type: none"> • Numerous partnerships • Belief in the philosophy of community schools 	<p>Inside the school</p> <ul style="list-style-type: none"> • Inequality • Lack of mentors • Lack of resources • Policies and rules <p>Outside the school</p> <ul style="list-style-type: none"> • Lack and sharing of resources • Mobilization of parents • Isolation
PRIORITY CHALLENGES	POSSIBLE ACTIONS PROPOSED TO ADDRESS THIS CHALLENGE
<p>ENGAGE PARENTS AND PROVIDE THEM WITH INFORMATION</p>	<ul style="list-style-type: none"> • Find ways to make schools more welcoming for parents who had problems with school in the past • Gather suggestions on relevant discussion topics for parents • Find what interests parents in order to engage them • Hold specific discussion groups for certain parents by communicating directly with them • Concentrate on parents who are “almost ready” to become involved by encouraging them to take the plunge • Identify students who do not have a parental support system • Bring vocational training, e.g. trades and business courses, back into the schools
<p>REVIEW PUBLIC POLICIES</p>	<ul style="list-style-type: none"> • Establish an integrated group whose mandate would be to identify key elements required and those that have to be revisited. • Educate the public about health issues and wellness
<p>REDUCE WAITING TIMES FOR SPECIALIZED SERVICES</p>	<ul style="list-style-type: none"> • Recruit resources • Promote the benefits of these resources for society • Obtain funding • Develop public policies on this aspect • Raise public awareness of mental fitness and mental health • Increase adolescent participation • Support efforts by peers to help each other • Review terminology used: talk about mental fitness as opposed to mental health • Include mental fitness in the school curriculum beginning in kindergarten • Think of alternative ways to provide treatment and strengthen coping skills • Intervene quickly for those who do not have developmental assets • Provide integrated, coordinated services • Offer the Link program



6

REPORT OF DISCUSSIONS ABOUT THE COMMUNITY SETTING

6.1. ASSETS AND STRENGTHS CONTRIBUTING TO WELLNESS

6.2. GAPS AND CHALLENGES IDENTIFIED

6.3. PRIORITY ACTIONS AND POSSIBLE SOLUTIONS

**6.3.1. LACK OF SHARED PATHS, COMMUNITY PLANNING,
AND PEDESTRIANS' RIGHTS**

6.3.2 FUNDING AND SUBSIDIES FOR RESOURCES

6.3.3 ACCESSIBLE FUNDING

6.3.4 ACCESSIBLE FUNDING

6.3.5 ACCESS TO A SMART INSURANCE/DRUG SYSTEM

6.4. OTHER IMPORTANT ELEMENTS PROPOSED AT THE PLENARY MEETING

6

REPORT OF DISCUSSIONS ABOUT THE COMMUNITY SETTING

Five discussion groups examined community wellness. One of the groups did so in French, while the other four worked in English.

6.1. ASSETS AND STRENGTHS CONTRIBUTING TO WELLNESS

Several elements were identified by the participants as assets and strengths contributing to community wellness in the Greater Fundy region. Leadership by government in recognizing the importance of wellness and investing in it, networking, and the many activities going on were seen as assets across all the major categories of elements contributing to community wellness in Fundy. They are presented below.

Natural environment

The beautiful coastal landscape and its inviting panoramas, green space, and proximity to different waterways were cited by many.

Community planning

Walking trails, nature trails, playgrounds, community gardens and parks offering easy access to nature and different activities were all cited as community planning and development approaches that support the wellness of Fundy residents. Their cost-free use and access benefit everyone.

Infrastructure

Several facilities were identified as strengths and assets, i.e., sports venues (YMCAs/ YWCAs, arenas, pools), cultural centres (performance halls, museums, libraries, etc.), multipurpose venues (e.g. Qplex), institutions (university campuses), community and resource centres, shelters (Romero House, Joshua Group), youth homes, daycares, and places of worship. Residents are proud of these facilities, which contribute to their well-being. Their presence is proof of the commitment of a group of financial supporters and the community to build and maintain them. Stonehammer is an example of a multi-purpose facility. Showcasing the unique features of the region's natural environment, it also aims to educate and raise environmental awareness while preserving the ecosystem. Stonehammer is the premier Global Geopark in North America and is part of a network of 77 global geoparks around the world.

Community members

The engagement of people, the presence of volunteers, and life experiences shared by seniors make many of the elements listed below possible.

COMMUNITY SERVICES

Information

The Fundy region offers a multitude of options for informing residents. English and French newspapers, radio stations, and on-line activity calendars are some examples.

Socialization

The region has many non-profit organizations. Numerous community groups offer their services to target clientele (by culture, religion, age, status), enabling them to socialize and celebrate events that are important to them. Other organizations, such as theatre troupes, bring culture to life.

Mutual assistance

There are organizations that work with people who are harder to reach (outreach) and those needing more support (young mothers, families). There are also initiatives to raise literacy levels. Services such as the Red Cross, food banks, bulk food buying clubs, and free exercise sessions are all initiatives offered to the public by community and volunteer organizations and were identified by the participants as factors contributing to wellness for Fundy residents.

Physical activity

Walking clubs, numerous sports teams and associations, sports events and summer programs for youth are all initiatives enabling residents to be active.

COLLABORATION WITH BUSINESSES

The commitment and actions of businesses are proof of the importance attached to wellness. Examples include the establishment of wellness programs in the workplace and the provision of free memberships for employees and their families; and the sale and availability of wholesome, locally grown produce, which helps to improve well-being. The strong tourism industry brings many visitors to the region. The presence of many small businesses, stores, shops, campgrounds and commercial enterprises promoting tourist attractions make it easier to access wellness.

School initiatives

Breakfast, snack and meal programs in schools were identified as strengths. Community schools, after-school programs and school bus transportation for students taking part in after-school programs are resources that residents appreciate because they support wellness.

Contribution of professionals

The Healthy Eating Physical Activity Coalition (HEPAC) of New Brunswick, the establishment of wellness networks in the Fundy region, and the sending of experts into the communities were described as assets. The use of technology to offer distance health services, the presence of government agencies (i.e., Social Development), and services provided by public health professionals and health centres, (i.e., Médisanté for Francophones) were mentioned. The participants felt that outreach efforts and the provision of free resources to the public are bearing fruit.

The community police presence and the D.A.R.E. program offered by our police partners are much appreciated. Municipal support was also reported. Similarly, anti-smoking policies (cost and smoking areas) were factors cited as supporting wellness.

6.2. GAPS AND CHALLENGES IDENTIFIED

Participants spoke of the weaknesses and challenges making it harder for Fundy region residents to achieve wellness. The elements mentioned are presented in the major categories below.

Poverty

The poverty of individuals and families affects, among other things, their ability to access and use facilities and resources. Poverty limits opportunities for accessing transportation and buying healthy foods.

Physical constraints

The change in seasons, and more specifically the arrival of winter, brings its share of challenges. Similarly, the region's sheer size impacts on people's wellness.

Loss of vitality in minority linguistic communities

The fact that Francophones are scattered over a wide area affects their well-being. In addition, exogamous families tend to participate less in their communities and in Francophone life. Young people also tend to abandon Francophone school-community centres once they complete their education, just as they tend to drop out of Francophone sports teams. These are all factors that affect the vitality of these communities.

Lack of resources

Several factors account for the lack of resources noted in the Greater Fundy region:

FUNDING Specifically, the participants indicated there is not enough funding. They mentioned budget cuts, a lack of funding in general, and difficulty in accessing funding. They also cited a lack of funding for programs, infrastructure, service use, training for volunteers and research.

HUMAN RESOURCES Human resource shortages were mentioned. There are not enough resource persons available to help the sectors work together. There is also a lack of volunteers. Not only are there not enough volunteers and problems when it comes to sharing volunteers between organizations, but there are also issues in terms of their engagement and involvement, and a need for liability insurance and training for volunteers. There is also a shortage of lifeguards for beaches.

INFRASTRUCTURE The lack of wellness-related infrastructure (outside Saint John and Quispamsis) and the poor quality of recreational facilities for families were noted, and in particular the lack of maintenance and safety concerns.

INITIATIVES FOR TARGET GROUPS Participants reported a shortage of resources for conducting programs and initiatives with certain populations, including 16 to 24 year olds (shortage of mental health resources, addiction resources, and resources for the homeless), seniors (lack of initiatives to make them less isolated, help them stay in their homes and make their surroundings safer), and families.

Lack of awareness about wellness

Participants felt there is not enough advertising, training, or information about wellness and available programs. More communication channels have to be tapped in order to reach everyone.

Lack of cooperation and mutual assistance

Participants identified a number of weaknesses resulting in a shortage of non-traditional partnerships; a lack of networking; a lack of connections with our roots (feeling of belonging); a lack of support groups, specifically for families and parents, people with mental illnesses, abused seniors; and the need to help people develop independent living skills.

Lack of physical activity

A lack of physical activity and physical education in the schools was noted, along with a dearth of summer activities for youth and the excessive amount of time spent in front of screens of all types.

Lack of cultural activities

Participants reported a lack of promotion of and participation in cultural activities in general and a lack of cultural activities in schools.

Access issues

Participants reported a number of access issues. There are issues related to cost, distance, and hours of operations as well as physical obstacles (lighting, lack of maintenance, and access issues for persons with reduced mobility). Sharing spaces continues to be difficult, whether it involves paths, bicycle trails, roadways or sidewalks (between vehicles, with pedestrians, and for persons with reduced mobility).

Negative attitudes

Several participants reported issues involving prejudice towards certain groups (seniors and youth), the need to change attitudes to engage people, the difficulty involved in getting people to think “participation as opposed to competition,” and getting them to take responsibility for themselves.

Lack of leadership

A lack of leadership at all levels and the need to enforce policies and regulations conducive to wellness were reported by the participants.

6.3. PRIORITY ACTIONS AND POSSIBLE SOLUTIONS

Since several discussion groups were held on the topic of wellness in the community, each group was free to identify its top three priorities and possible solutions. The list of priorities presented below is therefore longer for this topic. The asterisks represent the priority assigned by the group for presentation at the plenary meeting.

Groups 1 and 4:

- Lack of shared paths, community planning, and pedestrians' rights*
- Limited access, lack of knowledge about other communities, and better communication between resources
- Policies and rules not enforced

Group 2:

- Funding and subsidies for resources*
- Other towns and cities
- Leadership at all levels

Group 3:

- Change in seasons - winter activities (be active all year round)
- Accessible funding*
- Promotion and awareness of programs and of what is available

Group 5:

- Poverty*
- Lack of community engagement and cooperation
- Attitudes and creative thinking

Group 6:

- Access to a smart insurance and drug system*
- Lack of infrastructure promoting wellness (outside Saint John and Quispamsis)
- Communication to encourage people to use services, programs, and infrastructure

6.3.1. Lack of shared paths, community planning and pedestrians' rights

Possible actions proposed to address this challenge:

- Lobby to have Harbour Passage opened
- Demand a timetable
- Identify a proponent to lobby for change
- Encourage the different interest groups to come together for the cause

- Bridge the generation gap
- Take an inclusive approach

6.3.2 Funding and subsidies for resources

Possible actions proposed to address this challenge:

- Identify possible sources of funding according to their target audience, e.g., seniors, youth
- Provide training in how to find potential sources of funding and complete funding applications (people know that funding is available but do not know how to it)

6.3.3 Accessible funding

Possible actions proposed to address this challenge:

- Simplify funding application forms and make them more user friendly
- Provide training to volunteers to help them complete funding applications
- Help cover volunteers' expenses
- Provide more funding for prevention-type initiatives, either to develop training or services

6.3.4. Poverty

Possible actions proposed to address this challenge:

- Provide integrated, affordable housing
- Inform and educate the public about poverty
- Involve the corporate sector
- Promote inclusion
- Provide transportation
- Act early to facilitate learning and education
- Provide education in nutrition
- Provide job and training opportunities

6.3.5. Access to a smart insurance/drug system

Possible actions proposed to address this challenge:

- Change current legislation
- Establish a provincial drug insurance plan (geared to income)
- Change current legislation that eliminates options for people 65 and over

6.4. OTHER IMPORTANT ELEMENTS PROPOSED AT THE PLENARY MEETING

Access to infrastructure and the influential role of municipal decision makers were raised. It was suggested to forego major projects with big budgets and focus instead on wellness facilities, which are often more affordable and reach more people.



TABLE 3. COMPILATION OF RESULTS FOR THE COMMUNITY SETTING

ASSETS AND STRENGTHS CONTRIBUTING TO WELLNESS	GAPS AND CHALLENGES IDENTIFIED
<ul style="list-style-type: none"> • Government leadership • Networking • Natural environment • Space layout • Infrastructure • Community members • Community services (to keep informed, socialize, help one another, and move) • Cooperation of businesses • School initiatives • Contribution of professionals 	<ul style="list-style-type: none"> • Poverty • Physical constraints • Loss of drive in minority language communities • Lack of resources financial • Human resources • Infrastructure; for initiatives with target clients • Lack of awareness about wellness • Lack of collaboration and mutual aid • Lack of physical and cultural activities • Accessibility problems • Lack of leadership • Negative Attitudes
PRIORITY CHALLENGES	POSSIBLE ACTIONS PROPOSED TO ADDRESS THIS CHALLENGE
<p>LACK OF SHARED PATHS</p>	<ul style="list-style-type: none"> • Lobby to have Harbour Passage opened; deadlines needed • Identify a proponent to lobby for change • Encourage the different interest groups to come together for the cause • Bridge the generation gap • Take an inclusive approach
<p>FUNDING AND GRANTS</p>	<ul style="list-style-type: none"> • Identify possible sources of funding according to their target audience, e.g., seniors, youth • Provide training in how to find potential sources of funding and complete funding applications
<p>FUNDING ACCESSIBILITY</p>	<ul style="list-style-type: none"> • Simplify funding application forms and make them more user friendly; • Provide training to volunteers to help them complete funding applications • Help cover volunteers' expenses • Provide more funding for prevention-type initiatives, either to develop training or services
<p>POVERTY</p>	<ul style="list-style-type: none"> • Provide integrated, affordable housing • Inform and educate the public about poverty • Involve the corporate sector • Promote inclusion • Provide transportation • Act early to facilitate learning and education • Provide education in nutrition • Provide job and training opportunities
<p>ACCESS TO AN INTELLIGENT DRUG PLAN</p>	<ul style="list-style-type: none"> • Change current legislation • Establish a provincial drug insurance plan (geared to income)

7

REPORT OF DISCUSSIONS ABOUT THE WORKPLACE SETTING

7.1. ASSETS AND STRENGTHS CONTRIBUTING TO WELLNESS

7.2. GAPS AND CHALLENGES IDENTIFIED

7.3. PRIORITY ACTIONS AND POSSIBLE SOLUTIONS

7.3.1. LEADERSHIP

7.3.2 UNDERSTANDING EMPLOYEE RIGHTS

7.3.3 STRESS AND MENTAL HEALTH

7.4. OTHER IMPORTANT ELEMENTS PROPOSED AT THE PLENARY
MEETING

7

REPORT OF DISCUSSIONS ABOUT THE WORKPLACE SETTING

A discussion group of a dozen people addressed the topic of wellness in the workplace.

7.1. ASSETS AND STRENGTHS CONTRIBUTING TO WELLNESS

The elements reported by the participants are grouped together as follows:

Policies and rules in place

Participants identified existing legislation and tools available to help manage issues such as harassment in the workplace.

Administrative policies

Employer awareness of accommodation measures in the workplace helps create inclusive workplaces. Employer receptiveness to flexible lunch hours enabling employees to participate in activities of their choice and employer support for employee career development were identified as assets contributing to wellness in the workplace. The use of personal days rather than sick days, fitness allowances, and corporate profit-sharing plans were reported by participants as contributing to their wellness.

Programs and practices implemented in the workplace

The participants cited several employer-offered workplace programs as elements contributing to their wellness. Employee assistance programs, coverage offered for health services and medications, and disability plans were given as examples. The provision of quality training provided by experts on topics of interest to employees, the formation of committees (wellness, health and safety), and health assessment clinics also contribute to wellness in the workplace.

Easier access to activities and resources

Workplace gyms, smoking cessation support, and corporate rates given to employees by sports and recreation facilities were identified as assets in promoting wellness in the workplace.

7.2. GAPS AND CHALLENGES IDENTIFIED

Some participants felt that the assets identified above could also constitute challenges and/or weaknesses.

Funding

The lack of government grants and the small size of companies make it more difficult to achieve wellness in the workplace.

Stress

Participants reported that 70% of personal stress originates in the workplace. Factors such as high employer demands, excessive workload for employees, their lack of control over certain aspects, the lack of recognition by employers, the gap between needs and wants, the stigma associated with mental illness and contributing factors, and pressure stemming from the use of communication technologies were identified as contributing to stress in the workplace.

Time

Time, whether a lack of it, a lack of opportunities, difficulty managing time or finding the right time to stage activities, continues to be an obstacle to achieving wellness in the workplace.

Employee rights

Understanding employee rights was reported by the participants as a deficiency or challenge.

Leadership

Participants reported a deficiency or challenge regarding leadership for wellness in the workplace, whether it be a lack of a strategic vision, role models, or employee engagement. According to participants, there is a need to provide wellness-related education and for employers to recognize the business advantages to be gained by investing in wellness.

Employee mistrust

Employees' lack of knowledge about their rights, employees' mistrust of employee assistance programs (EAP) which can impact program use, and employees' concerns about confidentiality were cited by the participants.

Employer-employee relations

Participants reported a lack of trust between employers and employees, as well as workforce dissatisfaction. The need to set limits, the need for greater tolerance, and more flexible leave options were cited by participants.

7.3. PRIORITY ACTIONS AND POSSIBLE SOLUTIONS

Participants chose the following three priorities among the challenges and weaknesses identified:

- leadership
- understanding employee rights
- stress and mental health

7.3.1. Leadership

Possible actions proposed to address this challenge/deficiency:

- Provide training and professional development at all leadership levels
- Conduct a satisfaction survey to identify areas in need of improvement
- Hold leaders accountable
- Ensure that employee satisfaction is part of strategic planning and measure it
- Educate companies and leaders about the value of the return on investment in wellness
- Improve communication and feedback

7.3.2. Understanding employee rights

Possible actions proposed to address this challenge/deficiency:

- Effective policies and protocols on wellness-related issues
- Information and discussion forum
- Employers' responsibility to facilitate knowledge about employee rights
- Include information in employee orientation
- Encourage employees to consult experts (e.g., WorkSafeNB, lawyers)

7.3.3. Stress and mental health

Possible actions proposed to address this challenge/deficiency:

- Employers have to engage their employees
- Provide training for everyone
- Help recognize stress levels
- Focus on quality rather than quantity
- Open up discussion to develop actions
- Revisit the popular perception of stress as a weakness
- Measure the costs associated with health issues
- Encourage counselling, not just medication

- Find ways to help without making distinctions
- Doctors have to encourage/promote different options
- Make use of employee assistance programs (EAPs)

7.4. OTHER IMPORTANT ELEMENTS PROPOSED AT THE PLENARY MEETING

No other elements were proposed.



TABLE 4. COMPILATION OF RESULTS FOR THE WORK SETTING

ASSETS AND STRENGTHS CONTRIBUTING TO WELLNESS	GAPS AND CHALLENGES IDENTIFIED
<ul style="list-style-type: none"> • Policies and rules in place • Administrative policies • Programs and practices implemented • Facilitated access to activities and resources 	<ul style="list-style-type: none"> • Funding • Stress • Time • Employee rights • Leadership • Employee mistrust
PRIORITY CHALLENGES	POSSIBLE ACTIONS PROPOSED TO ADDRESS THIS CHALLENGE
LEADERSHIP	<ul style="list-style-type: none"> • Provide training and professional development at all leadership levels • Conduct a satisfaction survey to identify areas in need of improvement • Hold leaders accountable • Ensure that employee satisfaction is part of strategic planning and measure it • Educate companies and leaders about the value of the return on investment in wellness • Improve communication and feedback
UNDERSTANDING EMPLOYEE RIGHTS	<ul style="list-style-type: none"> • Effective policies and protocols on wellness-related issues • Information and discussion forum • Employers' responsibility to facilitate this knowledge about employee rights • Include information in employee orientation • Encourage employees to consult experts
STRESS AND MENTAL HEALTH	<ul style="list-style-type: none"> • Employers have to engage their employees • Provide training for everyone • Help recognize stress levels • Focus on quality rather than quantity • Open up discussion to develop actions • Revisit the popular perception of stress as a weakness • Measure the costs associated with health issues • Encourage counselling, not just medication • Find ways to help without making distinctions • Doctors have to encourage/promote different options • Make use of employee assistance programs (EAPs)

8

REPORT OF DISCUSSIONS ABOUT THE HOME SETTINGS

8.1. ASSETS AND STRENGTHS CONTRIBUTING TO WELLNESS

8.2. GAPS AND CHALLENGES IDENTIFIED

8.3. PRIORITY ACTIONS AND POSSIBLE SOLUTIONS

8.3.1. FIX INCOME

8.3.2 INFORMATION

8.3.3 KNOWLEDGE ABOUT RESOURCES AND SERVICES

8.3.4 PERSONAL MOTIVATION

8.4. OTHER IMPORTANT ELEMENTS PROPOSED AT THE PLENARY MEETING

8

REPORT OF DISCUSSIONS ABOUT THE HOME SETTINGS

Four discussion groups addressed the topic of wellness in the home. Three did so in English, and one in French.

8.1. ASSETS AND STRENGTHS CONTRIBUTING TO WELLNESS

Several factors were identified by participants as strengths and assets contributing to wellness in the home for Greater Fundy region residents.

Physical environment

Air and water quality and the beauty of the changing landscape were identified by the participants as elements helping to achieve wellness.

Infrastructure

Schools, places of worship, resource centres, community centres, farmers' markets, parks, trails, and bicycle paths were all perceived by the participants as strengths and assets contributing to wellness in the home. They enable Fundy residents to be active, eat healthy foods according to their needs, learn, go to specific places to participate in recreational activities, and “recharge their batteries.”

Social environment

Several factors in the social environment (e.g., volunteerism, interactions with neighbours, feeling of belonging to the community, sense of security and independence) contribute to wellness in the home.

Community resources

Participants identified a number of community organizations contributing to wellness in the home. Some agencies offer assistance for those in difficulty (e.g., Chicken Noodle Soup Program and the Red Cross), while others promote learning (e.g., adult literacy classes, art classes, Boys and Girls Club programs). Other organizations help people take charge of their health (e.g., to reach a healthy weight or regain their mental health), create a sense of security in neighbourhoods (e.g., Block Parent Program), or provide funding for local, regional, and provincial initiatives (e.g., United Way).

Mothers

Through their positive influence on their families and their tendency to educate their families about health, mothers were seen by the participants as assets for wellness in the home.

Personal health practices

Looking after oneself and one's health by limiting the amount of time spent watching television, taking care of one's appearance, exercising, resting, eating healthy foods, taking time for oneself, taking part in recreational activities, helping others, volunteering, and knowing one's needs and limitations were all mentioned by participants as ways of contributing to personal wellness.

Family resources that contribute to health

Some families have resources to help them eat healthily and be active. (e.g., treadmills)

Professional resources

Professionals, e.g., doctors, public health workers, Extra-Mural staff, VON workers, and police, contribute to wellness in the home.

8. 2. GAPS AND CHALLENGES IDENTIFIED

Poverty

Many people are on fixed incomes, making it difficult for them to access certain activities and goods. For example, seniors and children can have difficulty obtaining fresh foods because of their cost. Similarly, participating in sports and recreation programs and activities, and obtaining various items (passport, medications, medical coverage, technology, etc.) and services (Internet, transportation) can be difficult.

Mentality of the communities

Some participants said there is a tendency to sustain a culture of poverty, while others discussed the stigma associated with asking for help, bullying that occurs, and a lack of community responsibility in identifying, reporting, and helping those in need. These factors affect wellness in the home.

Families

A lack of activity planning by families and dysfunction in families were identified as factors affecting wellness in the home.

Transportation

Many rural communities do not have any transportation options for people to travel to group activities.

Infrastructure

A lack of infrastructure to support indoor and outdoor activities (e.g., skating rinks, pools, benches and washrooms in parks) and the lack of smoke-free outdoor spaces affect wellness.

Knowledge about services and resources

Participants mentioned a lack of knowledge about services and activities, and difficulty accessing information.

Access to services

The participants reported a lack of access to services during evenings and on weekends.

Lack of volunteers

A lack of volunteers makes organizing and holding activities difficult. Similarly, the participants cited a lack of community leadership.

Lack of information

Several participants reported that information does not make it home, is not specific enough, and does not explain what services are available.

8.3. PRIORITY ACTIONS AND POSSIBLE SOLUTIONS

Since four different groups worked on this aspect, each group was able to present a single challenge at the plenary meeting and specific actions for addressing it. The asterisks indicate the challenges that were assigned top priority by each of the four groups.

Group 1:

- Fixed income*
- Infrastructure
- Access to health care

Group 2:

- Information*
- Communication
- Transportation

Group 3:

- Knowledge about resources and services*
- Life skills
- Health literacy

Group 4:

- Personal motivation*
- High cost of food
- Pushing oneself to become active

8.3.7. Fixed income

Possible actions proposed to address this challenge/deficiency:

- Implement initiatives to improve food security (food buying groups, community gardens)
- Develop initiatives to help people stay in their homes (neighbourhood watch/ buddy system, list of volunteers for getting help)
- Develop a national pharmacare program
- Set up a transportation system or compensate for the lack thereof by paying for gas for volunteers providing transportation
- Review user fees (passport, medical coverage, and drug coverage)
- Allow tax deductions (participation in groups/recreational activities, equipment purchases)
- Provide subsidies for groups
- Offer incentives (link information to incentives)
- Encourage and assist with gardening initiatives

8.3.2. Information

Possible actions proposed to address this challenge/deficiency:

- Provide information that is specific, personal, and relevant to the community:
 - » link information in flyers to free services/goods
- Have wellness ambassadors who are:
 - » well known
 - » associated with a specific neighbourhood or community
- Use every channel to deliver information:
 - » ad-bags, church newsletters, voice mail, telemail, radio, television, and ambassadors
- Have government set the example by:
 - » providing wellness tax exemptions
 - » taxing products like junk food and cigarettes
 - » making junk food harder to obtain
 - » using local and community communication channels: voice mail, telemail, radio, and television
 - » establishing celebrity wellness ambassadors
- Provide for evening access to programs offered by schools, health centres, and community centres. Such programs must:
 - » be interesting and geared to families and people in the community
 - » be interesting and geared to youth
 - » be of interest to seniors
- Do community surveys using questions that:
 - » are succinct and geared to families
 - » address financial and transportation needs
 - » make it possible to identify programming needs for families and seniors.
- Ensure that transportation:
 - » is accessible and affordable
- Create opportunities for sharing transportation:
 - » carpooling
 - » evening/night rides

8.3.3. Knowledge about resources and services

Possible actions proposed to address this challenge/deficiency:

- Have a section in the phone book dedicated to wellness and fitness services
- Set up a regional clearinghouse (website, toll-free number)
- Have resource persons and resource centres
- Distribute flyers and messages from MPs/MLAs focusing on wellness
- Announce dietitian services in Sobey's flyers
- Post information in doctors' offices and at health centres
- Educate doctors
- Provide training sessions at different locations during the day and evening
- Organize activities at available facilities
- Use multimedia technologies to disseminate information
- Use church newsletters and community newspapers

8.3.4. Personal motivation

Possible actions proposed to address this challenge:

- Find a friend to do activities together
- Make a schedule/start a routine (same time, same day)
- Join a group and plan the week ahead
- Do things you like
- Have a Plan B for when you can't do your exercises (e.g., due to the weather)
- Do what works for you (respect your limits and know your needs)

8.4. OTHER IMPORTANT ELEMENTS PROPOSED AT THE PLENARY MEETING

It was suggested that grants be provided to help people improve the quality of their homes.

TABLE 5. COMPILATION OF RESULTS FOR THE HOME SETTING

ASSETS AND STRENGTHS CONTRIBUTING TO WELLNESS	GAPS AND CHALLENGES IDENTIFIED
<ul style="list-style-type: none"> • Physical environment • Infrastructure • Social environment • Community resources • Mothers • Personal health practices • Family resources that contribute to health • Professional resources 	<ul style="list-style-type: none"> • Poverty • Mentality of the communities • Families • Transportation • Infrastructure • Knowledge of services and resources • Access to services • Lack of volunteers • Lack of information
PRIORITY CHALLENGES	POSSIBLE ACTIONS PROPOSED TO ADDRESS THIS CHALLENGE
FIXED INCOME	<ul style="list-style-type: none"> • Implement initiatives to improve food security (food buying groups, community gardens) • Develop initiatives to help people stay in their homes (neighbourhood watch/buddy system, list of volunteers for getting help) • Develop a national pharmacare program • Set up a transportation system or compensate for the lack thereof by paying for gas for volunteers providing transportation • Review user fees (passport, medical coverage, and drug coverage) • Allow tax deductions (participation in groups/recreational activities, equipment purchases) • Provide subsidies for groups • Offer incentives (link information to incentives) • Encourage and assist with gardening initiatives
INFORMATION	<ul style="list-style-type: none"> • Provide information that is specific, personal, and relevant to the community • Have wellness ambassadors • Use every channel to deliver information • Have government set the example • Provide more access to programs • Do community surveys • Ensure accessible transportation
KNOWLEDGE OF RESOURCES AND SERVICES	<ul style="list-style-type: none"> • Have a section in the phone book dedicated to wellness and fitness services • Set up a regional clearinghouse (website, toll-free number) • Have resource persons and resource centres • Distribute flyers and messages from MPs/MLAs focusing on wellness • Announce dietitian services in Sobey's flyers • Post information in doctors' offices and at health centres • Educate doctors
FINDING PERSONAL MOTIVATION	<ul style="list-style-type: none"> • Find a friend to do activities together • Make a schedule/start a routine (same time, same day) • Join a group and plan the week ahead • Do things you like • Have a Plan B for when you can't do your exercises (e.g., due to the weather) • Do what works for you (respect your limits and know your needs)

9

INTERESTING TO NOTE...

9

INTERESTING TO NOTE...

It is reassuring to know that while each one of these environments is distinct, it not considered an entity that is disconnected from the larger environment in which it is located. Hence, the “school” extends beyond the school itself to include the community and even the region in which it is located. Likewise, when the participants discussed the “community” setting, several connections were made between school and government, and not just municipal government. As for the “workplace” setting, connections were also made between resources offered in the community, such as access to health and wellness services. The “home” setting comprises several elements that are unique to the community in which it is located. The borders shared by these various environments offer plenty of opportunities for partnerships, pooling of resources, and mutual aid.

It is also interesting to note the similarities and commonalities between the assets and limitations identified by the participants for the respective environments.

Assets in common

Hence, whether they are identified as “staff members” at school, “community members” in the community, or “mothers” at home, people are assets within these environments. Likewise, whether they are called “programs” in schools and in the workplace, “community services” in the community, or “professional resources” in the home, the services found in these environments are seen as assets.

Limitations in common

While they are seen as assets and strengths in their environments, people are at the heart of a challenge or a common shortage in each of the environments observed. In the schools, the mobilization of parents was identified as a weakness; in the community, it was a lack of leaders; in the workplace, it was employer-employee relations; and in the home, it was families.

The participants discussed and worked together on the challenges they felt were priorities. They also suggested possible solutions to pursue, covering several elements needing work.



TABLE 6. A SUMMARY OF THE INFORMATION GATHERED FROM THE PARTICIPANTS AT THE FUNDY FORUM.

COMMUNITY	ASSETS AND STRENGTHS	GAPS AND CHALLENGES	PRIORITY ACTIONS
	<ul style="list-style-type: none"> • Government leadership • Networking • Natural environment • Space layout • Infrastructure • Community members • Community services (to keep informed, socialize, help one another, and move) • Collaboration with businesses • School initiatives • Contribution of professionals 	<ul style="list-style-type: none"> • Poverty • Physical constraints • Loss of drive in minority language communities • Lack of resources (financial, human, and infrastructure; for initiatives with target clients) • Lack of awareness about wellness, collaboration and mutual aid, physical and cultural activities, accessibility problems, negative attitude, leadership 	<ul style="list-style-type: none"> • Lack of shared paths • Funding and grants • Funding accessibility • Poverty • Access to an intelligent drug plan
HOME	ASSETS AND STRENGTHS	GAPS AND CHALLENGES	PRIORITY ACTIONS
	<ul style="list-style-type: none"> • Physical environment • Infrastructure • Social environment • Community resources • Mothers • Personal health practices • Family resources that contribute to health • Professional resources 	<ul style="list-style-type: none"> • Poverty • Mentality of the communities • Families • Transportation • Infrastructure • Knowledge of services and resources • Access to services • Lack of volunteers • Lack of information 	<ul style="list-style-type: none"> • Fixed income • Information • Knowledge of resources and services • Finding personal motivation
SCHOOL	ASSETS AND STRENGTHS	GAPS AND CHALLENGES	PRIORITY ACTIONS
	<p>Inside the school</p> <ul style="list-style-type: none"> • Program • Education curriculum • Staff involvement • Training by specialized resources <p>Outside the school</p> <ul style="list-style-type: none"> • Numerous partnerships • Subscribe to the philosophy of community schools 	<p>Inside the school</p> <ul style="list-style-type: none"> • Inequality • Lack of mentors • Lack of resources • Policies and rules <p>Outside the school</p> <ul style="list-style-type: none"> • Lack and sharing of resources • Mobilization of parents • Isolation 	<ul style="list-style-type: none"> • Engage parents and provide them with information • Review public policies • Reduce waiting times for specialized services
WORKPLACE	ASSETS AND STRENGTHS	GAPS AND CHALLENGES	PRIORITY ACTIONS
	<ul style="list-style-type: none"> • Policies and rules in place • Administrative policies • Programs and practices implemented • Facilitated access to activities and resources 	<ul style="list-style-type: none"> • Funding • Stress • Time • Employee rights • Leadership • Employee mistrust • Employer-employee relations 	<ul style="list-style-type: none"> • Leadership • Understanding employee rights • Stress and mental health

10

NEXT STEPS

10

NEXT STEPS

The participants discussed and worked together on the challenges they felt were priorities. They also came up with possible solutions, all of which can be developed further.

It is up to the various wellness networks to take this information and use it to contribute to wellness in their respective regions.

Together with many partners and guided by the New Brunswick Wellness Strategy, the communities of the Fundy region are committed to a collaborative approach towards our collective wellness.

Let's travel together on the road to wellness!

References

Public Health Agency of Canada. 2009. Obesity in Canada.

See: <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/oic-oac/adult-eng.php>

National Collaborating Centre for Environmental Health. April 2010. Fact Sheets for Promoting Healthy Built Environments. 9 p.

See: http://www.ncceh.ca/sites/default/files/Built_Environment_Fact_Sheets_Apr_2010.pdf

Chaire de recherche sur l'obésité. 2012. Étiologie de l'obésité chez les enfants.

See: <http://obesite.ulaval.ca/obesite/enfant/etiologie.php>

New Brunswick Health Council. 2012.

See: http://www.csnb.ca/area_snapshot.cfm?area=1

Statistics Canada. 2010. "Fruit and vegetable consumption."

See: <http://www.statcan.gc.ca/pub/82-229-x/2009001/deter/fvc-eng.htm>

Appendice A : Program for participants







Outline of the day

8:30 am	Registration
9:00 am	Welcome - MC's: Andrea Cyr & Gerald Arseneault
9:15 am	Opening remarks The hon. Trevor Holder, Minister of Wellness, Culture and Sport
9:30 am	Presentation of the New Brunswick's wellness strategy "Live well, be well" Mrs. Michelle Bourgoïn, Director of wellness branch
9:50 am	Healthy break in motion
10:10 am	Wellness profile of Fundy population Mrs. Nathalie Boivin, Ph. D. Université de Moncton
10:30 am	Break-out discussions
12:00 pm	Lunch
12:45 pm	Celebration – Join the wellness movement in Fundy
1:00 pm	Break-out discussions
2:00 pm	Motivational speaker - Martin Latulippe, CSP
2:45 pm	Closing remarks
3:00 pm	End of Forum



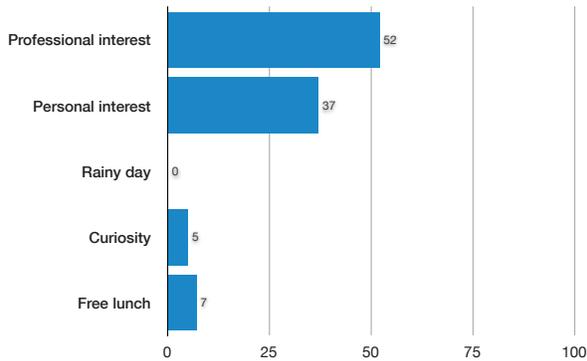



Association Régionale de la
 Communauté francophone de Saint-Jean inc.

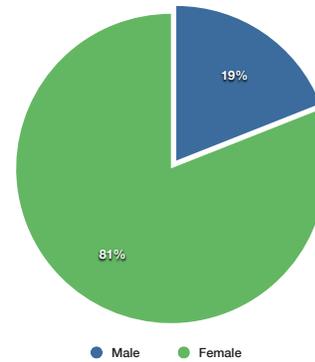


Appendice B : Answers to questions put to the participants using the TurningPoint™ polling system on the day of the event

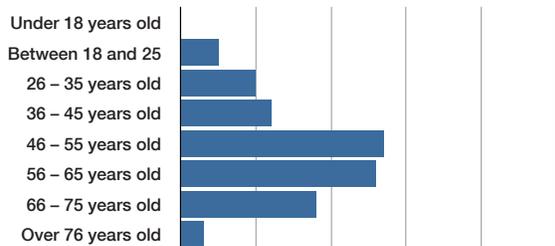
WHAT BROUGHT YOU HERE TODAY ?



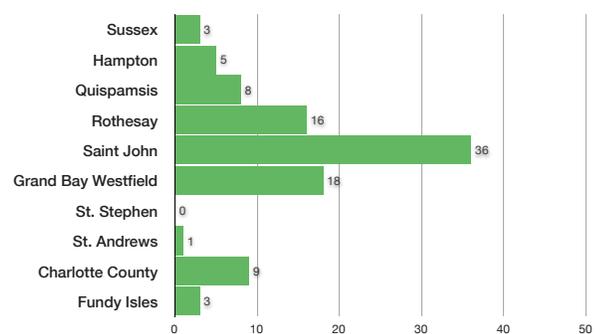
WHAT IS YOUR GENDER?



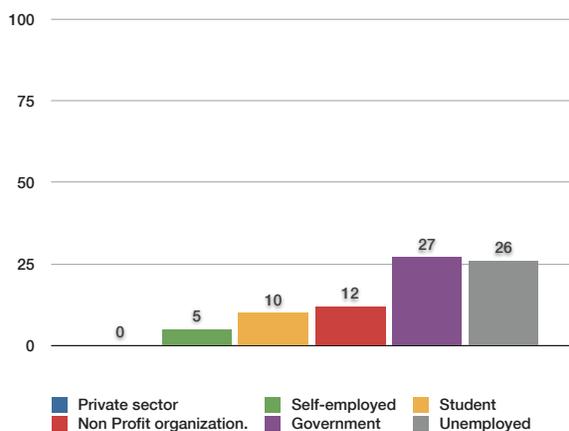
WHAT IS YOUR AGE GROUP?



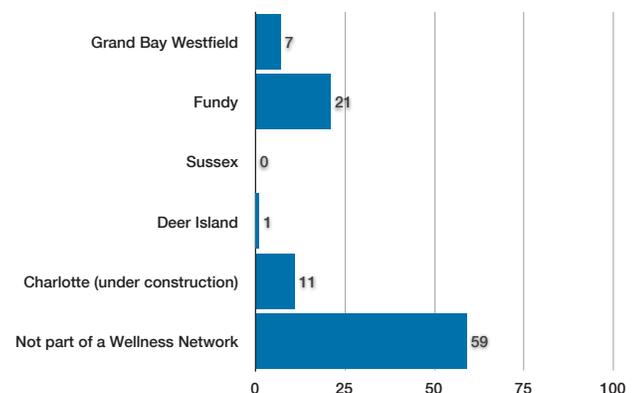
WHAT AREA ARE YOU FROM?



WHAT IS YOUR STATUS?

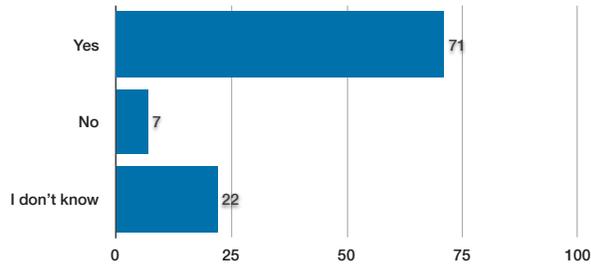


ARE YOU A MEMBER OF A WELLNESS NETWORK?

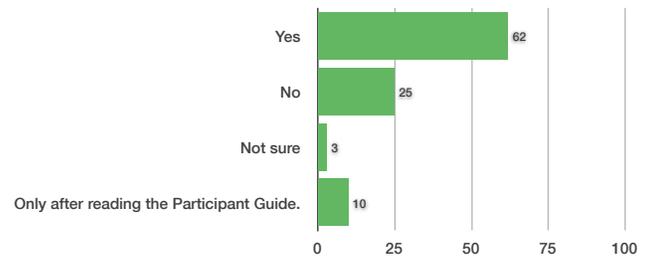


Appendice B : Answers to questions put to the participants using the TurningPoint™ polling system on the day of the event

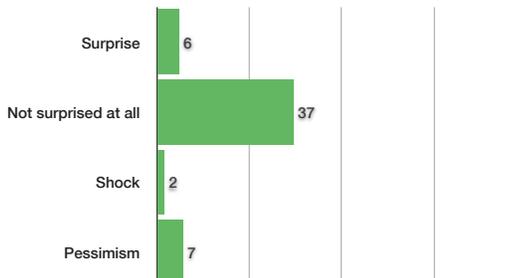
DID YOU KNOW ABOUT THE NEW BRUNSWICK WELLNESS STRATEGY, “LIVE WELL, BE WELL”, BEFORE TODAY?



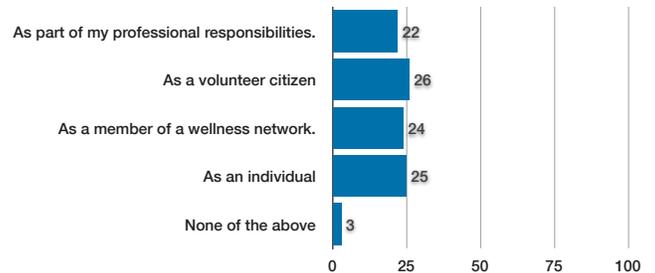
IS THE FUNDY REGION ON THE RIGHT TRACK TO IMPROVE IT'S WELLNESS STATUS?



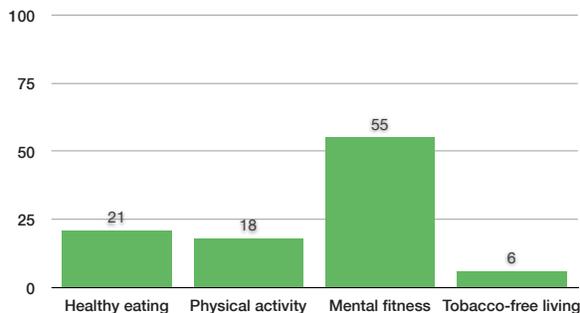
AFTER HEARING THE WELLNESS PROFILES PRESENTATION, WHAT WAS YOUR GENERAL REACTION ?



DO YOU SEE YOURSELF PLAYING A ROLE IN THE DEVELOPMENT OF A WELLNESS CULTURE IN THE FUNDY REGION?



UNDER WHICH PILLAR WOULD YOU LIKE TO HAVE MORE INFORMATION?



Appendice C: Compilation of responses provided on the evaluation forms

FUNDY WELLNESS FORUM EVALUATION SUMMARY

52 evaluations forms were returned

1. How did you hear about the Forum?

Email invitation: 57%

Newspaper: 6%

Radio: 0%

Poster: 6%

Flyers : 4%

Word of mouth: 27%

Other: Club Arc-en-ciel, Zoomer on the go program, Nursing Student, member of wellness network (2), Dept of WCS, Wellness clinic center, phone call, HEPAC,

DO YOU AGREE? 1 2 3 4 5

2. The registration process was effective **4.58/5**

3. The Participant Guide was helpful in preparing me to contribute to the Forum **4.25/5**

4. I enjoyed the in motion break **4.50/5**

5. The keypad voting system was useful **4.52/5**

6. I feel I was able to give my input during the small group discussions **4.77/5**

7. The small group discussions process was effective **4.60/5**

8. I believe this initiative will help improve wellness in the Fundy region **4.44/5**

LEVEL OF APPRECIATION OF THE PRESENTATIONS:

9. Presentation of the New Brunswick's wellness strategy **4.17/5**

10. Wellness profile of Fundy population **4.12/5**

11. AWAKEN the invisible to ACHIEVE the impossible **4.60/5**

Appendice C: Compilation of responses provided on the evaluation forms

WHAT I ENJOYED THE MOST ABOUT THIS FORUM...

- Group discussion
- Loved all
- I enjoyed the discussion groups - I learned a lot from the group that I sat with
- The work in small groups to identify solutions
- The small group discussions were well presented and the feedback was great
- Networking
- The Last motivational speaker and the small group discussions
- Getting together to discuss the vital necessity of Wellness Awareness for communities. Lots of discussion
- All was enjoyable
- Small groups
- The group discussions and statistical information on different topics
- Networking is great, very beneficial
- Facilities
- Martin!
- The interaction, the energy in the room, the momentum. Your hosts were awesome!
- The Networking
- Martin was great
- Speaker
- The small group discussion and presentation of them as these will have the most impact
- Guest speaker was really motivating
- Discussion, voting, organized group into smaller groups. It was slightly difficult to speak on the assigned questions when some participants spoke/discussed topics when not asked.
- The bilingual meeting
- Discussion groups
- Interactive component/Turning Points - Wellness formatted agenda
- Interaction with others
- Becoming informed about NB's action plan since NB Board of fitness & active living initiatives are non defunct. Ways to become actively involved in my community
- That it happened-We need more awareness
- Loved the keypad voting and instant results
- Martin Latulippe was awesome

Appendice C: Compilation of responses provided on the evaluation forms

- MC's - Work great together
- Turning point
- Having input
- The discussion in groups
- Martin Latulippe talk
- The MC's were great too
- I really enjoyed Martin Latulippe, he brought me to tears!
- Celebration awards/video clips
- What I enjoyed the most about this Forum...
- Opportunity to participate in small group discussions
- Martin Latulippe!!!
- Motivational Speaker and breakout sessions
- Speaker - Martin Latulippe
- Bilingual conference
- Discussion group
- Bilingual conference
- Motivational Speaker
- Very entertaining-the day went by very fast.
- Brilliant ideas, funny, informative
- Community is truly interested in making life better.
- Was the involvement of so many talented people as speakers, enjoyed the length of the Forum
- Help bring awareness to "my" wellness
- Group discussions
- Small Group input
- Great to have speaker address wellness into his stories - Always incorporate humour.
- Everything
- Good get together, more needed-not much leisure time to socialize
- The opportunity to meet others concerned with wellness from a variety of backgrounds; gov't, non-profits, schools
- Networking, coordinating resources
- Learning how different challenges are between communities, especially rural and urban
- Fun-Food-Laugh

Appendice C: Compilation of responses provided on the evaluation forms

TO IMPROVE THIS FORUM YOU COULD HAVE...

- Frozen the image of the previous slide while switching power points
- Take more time in report on discussion groups
- Separate rooms during small group meeting
- Shorter day
- No suggestions
- More time? List of presenters/committee contact info.
- Lunch with such a large crowd, waiting in line, had to rush eating, but GREAT food!!
- I spent part of lunch with another lady with disabilities. Both she and I had difficulty going to an adjoining room for a healthy drink and snack within allotted time frame.
- Had the award winners ready at front of stage (or nearby to shorter time of waiting for them to walk up)
- Longer discussion time for the small groups
- Minister stay for the day – how committed are they?
- Held French forum & English forums separately for flow & continuity
- More time or more often
- N/A wouldn't change anything Nice job!
- Have it in a place where parking is free especially when it is on a Saturday
- Talked more about what is actually being done currently around NB and what the plans are for the future.
- Lighting in main room was a little flat – Lack of natural light sapped energy.
- Have this during the week days M-F
- Start inviting people earlier to get more members of the community
- Done more marketing.adv in newspapers and with corporations
- Not sure what to say here, very positive – enjoyed it.
- Not have facilitators that works for government
- More movement less sitting
- Move input and collaboration from community organizations
- From the survey at the end of the day, a significant percent wanted more info on mental fitness
- More publication
- More involvement from private sector/industry, and from churches.
- More representation from outlying/rural areas, success stories from these areas
- Displays, information from organizations promoting wellness in different areas (just has school dist 8 & YMCA this year)

Appendice C: Compilation of responses provided on the evaluation forms

ONE OTHER THING I WOULD LIKE TO SAY...

- Have more! Get advertising of the forum out there – I almost missed it!
- I am concerned by the part that technologies plays in lack of wellness, fitness in the home
- The most important thing necessary is to have this wellness concept communications down the line to ALL departments
- Our youth are at risk of having social problems due to video gaming, cell phones, text messaging
- I really enjoyed the Forum!
- The open suggestions in the small groups
- I would have liked the results of the small groups emailed to me. The presentations happened too quickly to take notes
- We should have these meetings more often.
- Loved it Thanks! We need a forum in Charlotte County as our needs are different from urban SJ.
- This was a great start. I was very happy to be here
- A lot of great work done. A lot of hard work went into this-it shows! Fantastic. This was life changing!
- I wished that it had been advertised more widely and much further in advance
- Please provide follow up on how we can see report/summary and the actions to act or the wellness goals so we can promote what we have learned.
- I came out of curiosity, but I was pleasantly surprised. I've always paid special attention to my health. Fruits and vegetables and exercise have always been part of my life. In short, thank you for an excellent day!
- Education, in schools would be better presented and adapted if presented in game form. We need a seventh inning stretch
- Thanks- great way to gather data as we move forward
- Not much mention of more food related issues such as flourless alternatives, meat alternatives & complete Carbs, along with focus on fruits & veg's. Too much deep fried & white foods in our schools & restaurants, no healthy alternatives = "When in Rome..."
- We need to educate even more
- Well done forum organizers!
- Thank You job well done!
- Great Job!
- Enjoyed the Day it was engaging and zero boring at all.
- Thank You. I look forward to implementing an action plan based on the results of this forum.

Appendice C: Compilation of responses provided on the evaluation forms

- Great Job!
- Loved the clickers and how they were used purposefully
- Thank you!
- I enjoyed the speaker, Martin Latulippe.
- There was nothing about “retirees” in the first vote.
- Great experience!
- It was a good day – not too long
- Food was great
- The facilitator made no mention of Gov’t when members mentioned to fix some ideas would involve gov’t when he put “all levels” referring to community rather than government as members continually mentioned.
- To give information in French and No English as in the last one on Homes!!! And both screens in French No English
- Thanks for the opportunity to participate in wellness
- Great job, keep moving forward. We need everyone to keep the ball moving
- I would like to see a forum held in Charlotte County for Char. Co. residents. The Islands and small towns here unique challenges different from Saint John and Sussex.
- Keep up the emphasis on Mental Fitness
- How involved in CMHA NB with this movement? CMHA NB and its workers could have been promoted to all of the forum participants. “There is no health without mental health”
- More info available for seniors
- Too much French – could be noted on application-I think It might have been on the application to which I had indicated “English”
- I did not previously realize how different, how drastically different, are the challenges and priorities for wellness in rural and urban areas. While some problems such as poverty and poor nutrition choices are universal, others are much more pronounced in rural OR urban areas. As the challenges are different, so must be the solutions and methods of delivery.
- Discussions were valuable, but it would be nice to have some “expert” guidance as well during small group- what has been tried already? Why won’t certain goals work? What other constraints on solutions exist?
- Time not addressed-making time to volunteer, time to exercise, time to make better choices.
- MC were great
- Email of confirmation would be appreciated

Appendice D: Summary of results presented during community profile

DEMOGRAPHIC DATA

	FUNDY	NB
Diploma	75%	71%
Household income under \$19,999	18%	18%
Household income over \$80,000	23%	20%

HEALTH STATUS: HEALTHY WEIGHT

	FUNDY	NB
Adult	38%	35%
Youth	71%	70%

HEALTH STATUS: OVERWEIGHT

	FUNDY	NB
Adult	37%	35%
Youth	11%	12%

HEALTH STATUS: OBESE

	FUNDY	NB
Adult	23%	28%
Youth	10%	11%

HEALTH EATING: EAT LESS THAN 5 FRUITS AND VEGETABLES

	FUNDY	NB
Adult	65%	61%
Youth	76%	24%

Appendice D: Summary of results presented during community profile

PHYSICAL ACTIVITY	FUNDY	NB
AT LEAST 90 MINUTES PER DAY Youth	38%	40%
0-2 hours screen time Youth	38%	40%
Much support from parents	50%	47%

MENTAL FITNESS: YOUTH	FUNDY	NB
Poor	15%	14%
Very Good	15%	17%

MENTAL FITNESS: STRESS LEVELS ADULT (SELF-EVALAUATED)	FUNDY	NB
Not at all stressfull	14%	14%
Quite stressfull	17%	16%
Extremely stressfull	3%	4%

LIVING TOBACCO FREE: YOUTH EXPOSURE TO SMOKE	FUNDY	NB
0 days of exposure	71%	68%
Every day (7)	6%	7%

Source : HEPAC-Community Wellness Profile

