

# Community Portrait: New Carlisle



September 2012

## Community Portrait of New Carlisle

“Reaching beyond government to involve civil society and the voluntary and private sectors is a vital step towards action for health equity. The increased incorporation of community engagement and social participation in policy processes helps to ensure fair decision-making on health equity issues.” (WHO, 10).

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## BACKGROUND

### *A project on community development*

In 2009, the Community Health and Social Services Network (CHSSN) concluded an agreement with Quebec's Institut national de santé publique (INSPQ) to develop knowledge on the English-speaking population of Quebec as part of a program concerning health projects for official language minority communities. Gaining a better understanding of English-speaking communities in Quebec is one of the objectives of that collaboration, and it is explored here through the lens of community development.

#### Community development

has been defined as “a voluntary cooperative process of mutual assistance and of building social ties between local residents and institutions, with the goal being to improve physical, social, and economic living conditions.”<sup>1</sup>

The idea is for community members to take collective action and generate solutions to common problems by planning the development of all aspects of community well-being. The goal is to improve people's quality of life and to reduce social inequalities.

There are many different approaches to community development and many different groups that are engaged in it. Public health workers are one of those groups. In the Quebec context, community development has been identified as one of the main intervention strategies in public health. Many regional health boards and health centres are therefore engaged in community development.

The process of community development is grounded on several strategies:

- Community engagement
- Empowerment
- Intersectoral collaboration and partnership
- Political commitment leading to healthy public policy
- Capacity building

The underlying principle is that individuals and communities need to be empowered to take greater control over their health and future, with a view to reducing inequality among community members.<sup>2</sup>

### *Building healthy communities*

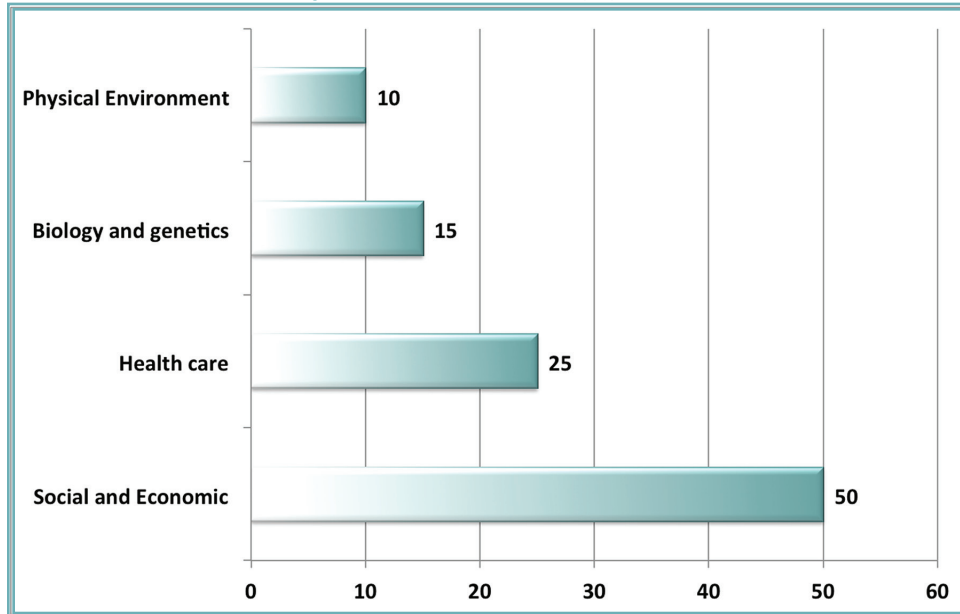
In keeping with the CHSSN's commitment to a population health approach that takes into account the range of health determinants, this project adopts a holistic view of health. This means examining ways to improve people's health, and the health of the community more broadly, through a socio-environmental approach, which considers health as a product of social and environmental determinants that interact to influence our health status.

The many different factors that contribute to health are referred to as health determinants. Health determinants are defined as the individual, social, economic and environmental factors that can be associated with specific health problems or with overall health status.<sup>3</sup> Although there are many health determinants—income and social status, social support networks, education, employment and working conditions, physical environments, biology and genetics, health services, and more—research shows that socio-economic and physical environments are among the

main determinants of health.

Even within the same region, there are major differences between communities in terms of health, well-being, and quality of life and some of these differences are related to varying social and economic conditions.

### Health Determinants: Impact on Health Status (%)



This means that communities can have an impact on the health and well-being of their residents by working to reduce inequalities among people, and by creating a “healthy community.”

Lalonde, Marc (1974) *A New Perspective on the Health of Canadians*, Ottawa: Health and Welfare Canada

A healthy community is considered to be one in which:

- Residents have access to **quality drinking water, food and housing**
- Residents **feel safe** in their community
- Residents have **access to work** that satisfies them
- Residents enjoy a clean, safe, high-quality **physical environment**
- The community has a wide range of well-coordinated **support groups**
- Residents maintain connectedness with their past, their cultural and biological heritage and with other individuals there by developing a real **sense of belonging to their community**
- A wide variety of social, sports and cultural activities encourage residents to adopt active and healthy life residents have easy **access to public and private services**
- Economic activity in the municipality has a **strong and diversified base**
- Residents are **active participants** in the decisions that affect them
- Residents have access to **appropriate health care services** and generally enjoy good health<sup>4</sup>

A significant number of health determinants are beyond individual control and only the community can have an impact on them. Therefore, just as individual empowerment is important for health and well-being, so too is community empowerment. This means building the community capacity to structure itself in ways that help to improve the quality of life of its members. Beyond such traditional indicators as the economy and demographics, we must take into account factors such as democratic life, community dynamics and social capital, all of which testify to the health of a community as a living entity.<sup>5</sup>

## Access to health care among minority language groups

After social and economic conditions, health care is the next most significant determinant (estimated to account for about 25% of people's health). Having access to health and social services is therefore vital. However, many factors can play a role in facilitating or hindering access to such services. Research shows that language is one of these factors and can therefore be considered a health determinant.

Among English-speaking Quebecers, access to health and social services remains a challenge for many, in spite of the fact that rates of bilingualism in this group are on the rise, and English speakers are more likely than other language groups to be able to converse in both French and English.<sup>7</sup> There is, as well, a wide variation in accessibility and quality of health and social services in English across the province.<sup>8</sup>



Photo: [http://phil.cdc.gov/PHIL\\_images/](http://phil.cdc.gov/PHIL_images/)

Language barriers can create inequalities in health status because problems in communication and understanding reduce the use of preventative services, increase the amount of time spent in consultations and diagnostic tests, and influence the quality of services where language is an essential tool—such as mental health services, social services, physiotherapy and occupational therapy. Language barriers also reduce the probability of compliance with treatment and diminish the level of satisfaction with the care and services received.<sup>6</sup> Minority language communities often have greater difficulty obtaining services in a language they understand well, and even official language communities face barriers.

The Community Health and Social Services Network was founded in 2002 in response to these difficulties experienced by English-speaking communities. It was established to support communities in their efforts to develop community infrastructure and build strategic relationships and partnerships within the health and social services system to improve access to services.<sup>9</sup> In doing so it aims to support English-speaking communities in Quebec in their efforts to redress health status inequalities and promote community vitality. Through a series of projects and partnerships that link community and public partners, the CHSSN is working to strengthen networks at the local, regional and provincial levels in order to address health determinants, influence public policy and develop services.

How is it that a group that is the linguistic majority in all other provinces (indeed in North America as a whole) needs such support? The situation of English-speaking Quebecers has changed over recent decades and a better understanding of those transformations can help shed light on current realities.

## Changing realities among English speakers in Quebec

Since the British Conquest in 1759, the English-speaking population of Quebec has experienced significant demographic, political and economic changes. Following the defeat of the French forces, increasing numbers of English speakers came to settle in what is now Quebec. While by no means were all these settlers well-off, historically the English-speaking population has been well-represented among Quebec's economic and political elite. The position of English speakers remained strong until at least the mid-20th century, however changing political circumstances led to an increasing outflow of English speakers from the province and a decline in the vitality of some of the communities they composed. Thus, from 1971 to 2001, the population who spoke English as their mother tongue

dropped by 25% and its share of Québec’s population fell from 13.1% to 8.3%. Meanwhile, the French-speaking population rose slightly (from 80.7% to 82.5%) while speakers of other languages almost doubled their share of the total population (from 6.2% in 1971 to 10.3% in 2001).<sup>10</sup>

However, over the 1996 to 2006 period, the English-speaking population in Quebec grew by 68,880, while its share of the provincial population was slightly higher in 2006 than it had been in 1996. The 2001-2006 period was one of growth for most English-speaking regional populations, with only the English-speaking groups in Côte-Nord and Gaspésie - Îles-de-la-Madeleine showing a decrease in size over that period. Relative to the total population, only Estrie and Laurentides experienced a drop in their share of the regional population. The regions in which the English-speaking population grew most were Montreal, Laval, Montérégie and the Outaouais.

Changes in Size and Proportion of the English-speaking Population, 1996-2006<sup>11</sup>

Region	Size of English-Speaking Population			Proportion of Regional Population		
	1996	2001	2006	1996	2001	2006
Province of Quebec (total)	925,840	918,955	994,720	13.1%	12.9%	13.4%
Bas-Saint-Laurent	933	820	1,295	0.5%	0.4%	0.7%
Saguenay – Lac-Saint-Jean	1,795	1,765	1,830	0.6%	0.6%	0.7%
Québec - Capitale-Nationale	12,745	11,065	11,840	2.0%	1.8%	1.8%
Mauricie et Centre-du-Québec	6,033	4,885	4,995	1.3%	1.1%	1.1%
Estrie	24,770	23,390	23,580	9.1%	8.4%	8.0%
Montréal	560,813	563,940	595,920	32.1%	31.6%	32.7%
Outaouais	53,863	53,945	58,720	17.6%	17.2%	17.4%
Abitibi – Témiscamingue	6,363	5,315	5,355	4.2%	3.7%	3.8%
Côte-Nord	6,100	5,740	5,630	6.0%	5.9%	5.9%
Nord-du-Québec	12,080	14,385	16,945	31.5%	37.4%	42.8%
Gaspésie - îles-de-la-Madeleine	10,580	9,740	9,505	10.2%	10.2%	10.2%
Chaudière-Appalaches	3,340	2,685	3,705	0.9%	0.7%	1.0%
Laval	50,713	53,385	68,460	15.5%	15.7%	18.8%
Lanaudière	8,850	8,215	10,115	2.4%	2.1%	2.4%
Laurentides	31,213	30,565	33,175	7.3%	6.7%	6.6%
Montérégie	135,653	129,125	143,645	10.9%	10.2%	10.7%

But what is an “English-speaker”? The English-speaking population of Quebec includes citizens throughout the province who choose to use the English language and who identify with the English-speaking community. For some of those people English is their mother tongue, while for others English is the first official language they speak, and their mother tongue is a language other than English or French. In areas with high levels of immigration (notably in the Montreal area), the decline of the English-speaking population has been mitigated by some of these Allophones who speak English as a second language.

The English-speaking community has always been diverse in its make-up (originally comprising English, Scottish, Welsh and Irish, Catholics, Jews and various Protestant denominations, among others), and that diversity has increased over time to encompass people from a broad range of origins around the world. Today the English-speaking community is made up of many sub-communities that are multicultural and multiracial.<sup>12</sup> In addition, the contexts in which they are located vary greatly. **While the majority of the population with English as their first official language lives in the Montreal area (about 80%),<sup>13</sup> many English-speaking communities are located in rural or remote areas of the province.** In some cases, English speakers are a very small proportion of the local population, while in other municipalities they may represent a significant percentage, or even a

majority.

These changing demographic realities present a number of challenges to English-speaking communities, such as the issues related to an aging population and to outmigration among caregivers and youth. For example, among the population who speak English as their mother tongue, 8.3% left Québec for the rest of Canada between 1991 and 1996, and that percentage rose to 8.9% between 1996 and 2001. The rates for the total population were only 1.6% and 1.7% for those periods. Younger English speakers were the most likely to leave the province: 15.8% of those between 25 and 34 years old moved away, while fewer people age 65 and over left.<sup>14</sup> This means that the **generations that represent the future of their communities and can take care of ageing relatives are often not around to do so. Those who stay can be overburdened with care-giving**, and the age structure of the community becomes skewed towards the older age groups. The impact on health and the need for services can be significant.

Another challenge is the socio-economic status of English speakers in Quebec. Although poverty does not affect all English-speaking Quebecers, it is a reality for many, and the gap can be significant between French and English speakers. For instance, **in some regions, English-speaking families are more likely to have a low income compared to their French-speaking neighbours. The same is true for educational attainment: in some regions English speakers are less likely than their French-speaking peers to have completed high school or to have pursued post-secondary education.**<sup>15</sup>

**These issues are good indicators of demographic vitality, an important dimension of community health.** Demographic vitality refers to community characteristics such as the rates of ageing and unemployment, the proportion of caregivers to seniors, population size, and in the Quebec context, level of bilingualism.<sup>16</sup> Understanding demographic vitality allows health care workers, municipalities, policy makers and community residents to plan properly for services, activities and programs which will meet the needs of the community. For example, when a community has a large proportion of seniors the burden of care is greater on the care-giving generations, and steps may need to be taken to address the needs of both seniors and their care-givers. Or **when a community is losing its population, community services and institutional structures lose vital human capital and social networks are eroded, so planning needs to focus on strengthening the social fabric.**

This project is being carried out within the context of these transformations, and we therefore aim to document and illustrate the wide diversity of English-speaking communities in Quebec. This is being done through community portraits.

## *Six portraits of English-speaking communities in Quebec*

In order to get a more detailed understanding of current realities in English-speaking communities, this action research project adopts a participatory method by which a “portrait” is drawn of the community. Six of the CHSSN’s Networking and Partnership Initiatives chose one community in their area to participate in a process aimed at developing a portrait of that community. In keeping with community development principles, this project is carried out in the spirit of community-based participatory action research. In practice this means that the work is centred on the community (village, neighbourhood, community of identity), involves community members in the process, aims to inform action (future directions for policy, programs, and projects), and involves the systematic collection of information. It is predicated on the conviction that the community is the expert on itself. Through participatory action research, participants develop knowledge, the ability to think critically, and a culture of learning. Communities are then better able to identify and develop local solutions to local problems. Researchers who work with this method find that individuals and communities can be empowered through the process.<sup>17</sup> Empowerment is



the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. Central to this process are actions that build individual and collective assets, and improve the efficiency and fairness of the organizational and institutional contexts which govern the use of these assets.

In choosing the communities to involve in this phase of the project we aimed for diversity. Some communities are in urban, multicultural environments, others in rural, small town communities, and others in remote communities of Québec. In some places English speakers are a very small percentage of the population; in others they represent a larger proportion. Some communities are thriving while others are more vulnerable. Consideration was also taken for local interest and capacity for being involved in doing a community portrait. In some cases a community was chosen because the Networking and Partnership Initiative (NPI) coordinator or host organization felt it was a good opportunity to reach out to that community and get to know it better. In other cases, there was a convergence of interests that made it a good time to bring together stakeholders and pool knowledge and resources, for instance, as a municipality developed a family and seniors policy, or as a health centre assessed the needs of the English-speaking community.

The six communities selected for this phase of the project are as follows.

Community	Region	Regional Association
Sutton	Montréal-Est	Townshippers' Association
St-Leonard	Montréal-Est	Réseau de l'est de l'île pour les services en anglais (REISA)
Laval	Laval	Youth and Parents AGAPE Association Inc.
New Carlisle	Gaspésie	Committee for Anglophone Social Action (CASA)
Sept-Îles	Côte-Nord	North Shore Community Association (NSCA)
Bonne-Espérance	Basse-Côte-Nord	Coasters Association

The method for completing the community portraits is inspired by various approaches used by groups active in community development, notably in the Healthy Communities movement (Réseau québécois de Villes et Villages en santé), among municipalities and by public health boards. There are several steps to completing these portraits. The first is to engage local stakeholders in the process. The second is to gather existing data, in the form of statistics, past reports and other information on the community. The third step is to obtain qualitative data via a town hall meeting (community consultation) where various themes are discussed and community members are asked to share their perspectives on their community. In some cases, in order to ensure that all perspectives are heard and a wide range of people are contacted, focus group interviews or individual discussions may be held with other community members.

**The information gathered is then analyzed and summarized by theme, focusing in each case on the community's assets, and the challenges it faces as concerns social and community life, the economy and incomes, education, the environment, and health and well-being.** The information is then summarized and a portrait drawn up, after which it is validated with community members and other stakeholders. This portrait presents the result of that process. The portraits can then be used to plan actions based on local realities, as defined by community members. Since each community is different, the way of addressing issues will necessarily vary, as will outcomes.

## NEW CARLISLE:

### A SMALL TOWN ON THE GASPÉ COAST

New Carlisle is located in the Gaspésie-Îles-de-la-Madeleine administrative region and is part of the Bonaventure regional county municipality. It is on the most southerly point of the Gaspé Coast in the Baie-des-Chaleurs. The municipality covers 68 square kilometres and is located between the municipalities of Bonaventure to the west and Paspébiac to the east. It is about half way between Campbellton, New Brunswick and Percé, Québec.

New Carlisle is located in a rural region with a mix of open fields and forests surrounding it, and the vast Baie-des-Chaleurs to the south, with New Brunswick beyond. It has a residential and commercial core, with a number of homes and other buildings, as well as many mature trees, lining the main street. At the time of the 2006 census, there were 1,370 people living in New Carlisle, so population density is quite low.

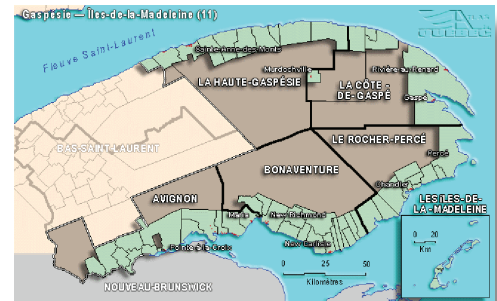


Photo: Map of the Gaspésie

## *Historical trajectory of New Carlisle's English-speaking community*

### *FROM MI'KMAQ FISHERS TO EUROPEAN DESCENDANTS*

Long before Europeans arrived on the north-east coast of the Americas, the Mi'kmaq people occupied the region.<sup>18</sup> Archaeological finds confirm their presence in the Gaspé over 2,000 years ago, however they did not live in the region on a permanent basis until the 16th century, and likely only spent the summer months on the coast to fish.<sup>19</sup> When Jacques Cartier claimed the land for France in 1534, the Mi'kmaq had already grown accustomed to trading with the Europeans.

In the century following Cartier's visit, many seasonal fishing stations were set up and the region remained largely a seasonal fishing destination for European fishermen until the 1700s. Over a thousand Acadians also settled in the Baie-des-Chaleurs between 1755-1760, after the Grand Dérangement, first at the mouth of the Restigouche River. However, in 1760, after the British victory in the last naval battle between France and England for possession of the North American continent—which took place in Restigouche—the Acadians were again displaced, along the coast of the Baie-des-Chaleurs, and English speakers began to migrate to the Gaspé Coast. In 1765, the census included several families of English origin in the town of Gaspé, as well as British merchants in Chaleur Bay area. A large group of Irish also settled in Percé around 1770, and while some quickly assimilated into the French-Canadian community, many retained their heritage in towns such as Douglstown and Barachois.

One of these new settlers was Charles Robin, a Jersey merchant, who established a base for the Charles Robin and Co. fishing empire in Paspébiac in 1776. It was the second company to be founded in Canada after the Hudson's Bay Company. Many workers came from the Channel Islands and settled in the area, as did a number of Acadians. The company became Canada's main exporter of cod and provided employment and access to trading goods to a large number of inhabitants for many decades. Charles Robin had significant control over the political, economic and social life of the Gaspé Coast around

this time.

## *AN INFLUX OF LOYALISTS*

Around the same time, the independence of the United States led many British Americans who were loyal to the British Crown to immigrate to Canada. As war spread throughout the 13 colonies following the declaration of Independence in 1776, Loyalists were declared traitors in all states except Georgia and South Carolina. Their property was seized and sold, they lost their right to vote and they were forbidden from holding public office. In 1783-1784, between 40,000 and 50,000 Loyalists fled to Canada.

Almost five hundred of these Loyalists arrived on the Gaspé Coast, and a large number settled in “Little Paspébiac” later renamed Carlisle, and then New Carlisle. In 1830, the navigator Joseph Barthe, from Carleton, declared, “...this site has become the largest village on the Bay of Chaleur, with 100 houses stretching the length of the Bay.”

Nicolas Cox, lieutenant governor of the Gaspé (1775) played a central role in settling Loyalists in the Gaspé. He chose the area west of Paspébiac to settle them, away from the Acadians who had recently been deported from Nova Scotia for their refusal to pledge allegiance to the British crown. Upon arrival, each family received 81 hectares of good land and 20 additional hectares for each woman and child. They also received farm tools, seed, supplies for 3 years, bedding and furniture. But life was difficult with no roads, no ports in winter and no communication with the outside world. Beginning in the 19th century, some families left for Ontario, the Townships or the United States.

This group of settlers affected many changes and constituted the first real influx of English-speaking settlers to the Gaspé. It is largely due to their efforts that the foundations of many English-language institutions were laid. The Coast became a bustling cultural mosaic, with English, Irish, Scottish, Channel Islanders, Acadians and French from Quebec having made it their home.

## *THE ENGLISH-SPEAKING POPULATION GROWS THEN DECLINES*

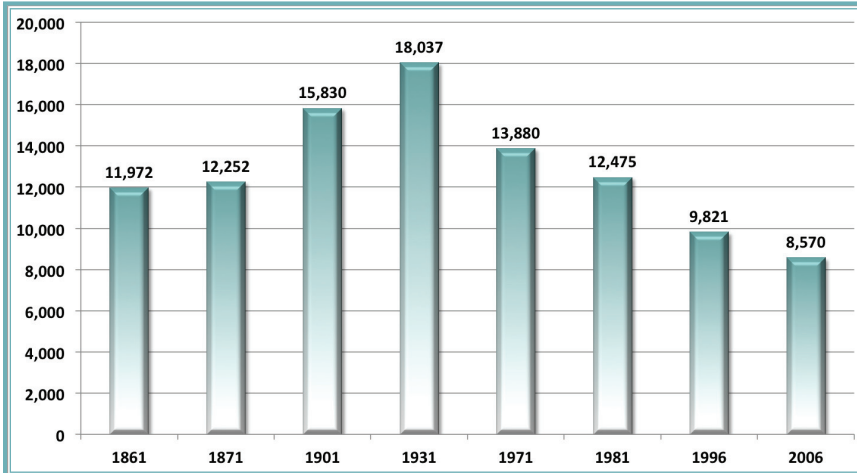
At the turn of the 19th century, the total population of the peninsula stood at approximately 3,000 and the area was one of the country’s most economically dynamic regions with farming, shipbuilding, fishing and forestry leading the way. The English-speaking community dominated the economic, social and political landscape; of 37 political appointments made from 1791 to 1841, only 4 were Francophones.

By 1851, the total population had grown to 19,546, half of which were English-speaking. The English-speaking population was primarily located in the Baie-des-Chaleurs area, and in 1861 constituted 5% of all English speakers in Quebec. Other areas with a significant proportion of English speakers at this time were Montreal, Quebec City, the Ottawa Valley and the Eastern Townships. In 1871, the English-speaking community of the Coast was primarily made up of English (33%), Irish (32%) and Scots (20%). Thirty-five percent of this population was Catholic.

The English-speaking community, which represented 50% of the total population in the mid-1800s, reached its peak in the 1930s. By 1961 the community had decreased to approximately 30% of the total population, largely due to economic factors. Assimilation also contributed to this decline; while there were 17,000 residents of British origin in the Gaspé in 1971, fewer than 14,000 identified as English speakers.

Despite the demographic decline, English speakers still continued to function as the majority. English was still the language of business and French speakers tended to become bilingual when interacting with English speakers.

### English speakers on the Gaspé Coast 1861-2006



By the 1930s many English speakers began to leave as part of a general movement out of the region. As French speakers began to increasingly occupy municipal, administrative and professional roles, English speakers began to function as a minority. Since this time, the number of English speakers has been declining at a rate comparable to that of the total population.

### *PROSPERITY, DECLINE AND RENOWN IN NEW CARLISLE*

From a small farming village that had been founded by some hundred loyalists, the village of New Carlisle rapidly became the Bonaventure County Seat and the administrative centre of Gaspésie.<sup>20</sup> middle class and some members of the elite came to settle as of the beginning of the 19th century. Its position as county administrative centre included the administration of justice, which attracted lawyers, district attorneys, notaries and a sheriff, as well as a prison (1809). This middle-class heritage can still be seen in many of New Carlisle's remaining historic buildings. Its churches also attest to its rich heritage: Knox Presbyterian (built in 1820), St. Andrew's Anglican (1826), Notre-Dame-de-la-Médaille-Miraculeuse (1878), Zion United (1925) and a Bible Chapel (1935). The Anglicans were the first to settle in the area, as the majority of the Loyalists were Anglican, but the Presbyterian Church was the first to be built. These different denominations are said to have always lived in harmony.

In 1876, New Carlisle became a municipality, with dynamic business and industry sectors. With the arrival of the train, the construction of a deep-water wharf and the material progress that was characteristic of the beginning of the 20th century, the economy diversified and the municipality once again had a leading position in the region. This dynamism brought some Acadians and French-Canadians to the area, especially trades people from the Québec City region, who brought with them their Catholic faith.



Photo: <http://gaspesie.quebecheritageweb.com/>

The prosperity of the second half of the 19th century brought many visitors to Gaspesia by boat in order to enjoy the beauty of the area, to take advantage of the many salmon rivers and to experience the virtues of the therapeutic sea baths and the salt air. The first tourists who arrived in the region were members of the middle class and the aristocracy and they travelled on ships and ferries. They were joined by larger numbers of visitors, once the railway was built and roads became passable. As of 1850, sumptuous villas, such as the holiday resorts in New Carlisle, were erected. In order to respond to the increasing demands of visitors who were in transit or who had been lodging in New Carlisle since the beginning of the 20th century, new establishments opened their doors to welcome them: it was the era of the grand hotels.

But the apparent prosperity of New Carlisle in the 19th century hides a more sombre reality for farmers and trades people. Society was highly stratified and social mobility almost nil. Economic capital was largely based on the exploitation and servility of the labour force that lived in poverty and deprivation. This class division and the disparities in living conditions among community members, although certainly not unusual, is significant in understanding how the town has developed throughout its history, with social stratification as a feature, and inequalities always present.

During World War I, about 10% of the population of New Carlisle enrolled to serve in the army. To witness to their sacrifice, the Imperial Order of the Daughters of the Empire planted trees all along Main Street, giving the street its characteristic look to this day. Again, in World War II, New Carlislers were in favour of Canada's war effort and many enrolled. The Gaspé region had the largest per capita of its population enlist in the Second World War. The 1931 census indicated the total population of Canada was 10,376,786. The population of Quebec was 2,874,662, which represented 26.9% of Canada's population. The population of the Gaspé and Bonaventure Counties totalled 78,249, which represented 2.7% of Quebec's total population, yet more than 4,000 Gaspésians made a significant military contribution. The situation was quite unlike the rest of Quebec, which voted against conscription. This difference in perspectives can be explained by the Loyalist past of New Carlisle and its cultural proximity to Canada.



Photo: Maria Chatterton

During the late 19th and early 20th centuries the town experienced rapid economic and social growth. For example, in 1906 John Hall Kelly founded the Bonaventure and Gaspé Telephone Company with headquarters in New Carlisle serving Bonaventure and Paspébiac.<sup>21</sup> In 1933, Charles Houde collected \$5,500 from prominent citizens of the area, promising them a bilingual radio station. He bought a 100 Watt antenna, which was powerful enough to cover both the Gaspé and the Acadian coasts of the Bay of Chaleur and he began broadcasting. That station, CHNC is still in operation today.<sup>22</sup>

Today, the town remains in many ways the backbone of the institutional structure of English speakers on the Gaspé Coast. Among other organizations, it is the seat of the Eastern Shores School Board, the Committee for Anglophone Social Action, and SPEC newspaper. SPEC was created in 1974 and remains the only English-language newspaper in Eastern Quebec. In addition, New Carlisle has some important offices and services, such as the ministry of transport, the MRC office, the ministry of economic development, a jail, a long-term care facility (CHSLD), an adult education centre, and some private businesses.

However, over the years the town has lost some of the business headquarters and government offices that once gave it such prominence. For example the number of jobs at the Canadian National Railway has dropped from over 300 to five. Quebec Telephone used to employ 50-100 workers. There was the license bureau (SAAQ), various ministries (agriculture, tourism, natural resources, etc.), the Sureté du Québec, stores, and more. Thus, until the early 1950s, New Carlisle had a leading place in the Baie-des-Chaleurs but its importance has gradually declined with modernization and the development of tourism, as some major employers have located elsewhere.

**But the history of New Carlisle would not be complete without a word about its status as the birthplace of one of the most celebrated Quebecers: René Lévesque.**

Born on August 24, 1922 to Diane Dionne-Pineault and Dominic Lévesque, a young lawyer, René Lévesque spent his childhood in New Carlisle. His early years are a good reflection of the local milieu: he learned both French and English at school and in the village, and he started working at CHNC radio station at the age of 14 where he translated dispatches from English to French. After leaving the Gaspé, he continued working as a journalist, then joined Jean Lesage’s Liberal party and was elected in 1960 to the Legislative Assembly. During this period he headed several different ministries and is credited with nationalizing electricity and reforming political ethics. But he is most well-known as the founder of the Parti Québécois (1968) and the premier of Québec from 1976 to 1985. His government is known particularly for bringing in new automobile insurance regulations, for passing zoning laws to protect farmland, for abolishing anonymous campaign financing



Photo: Mary Richardson

and perhaps most of all for passing Bill 101, which made French Quebec’s official language and included measures to protect it. New Carlisle is marked as the birthplace of this famous Quebecer by a statue located in the park next to the town hall.

## *Recent demographic trends on the Gaspé Coast*

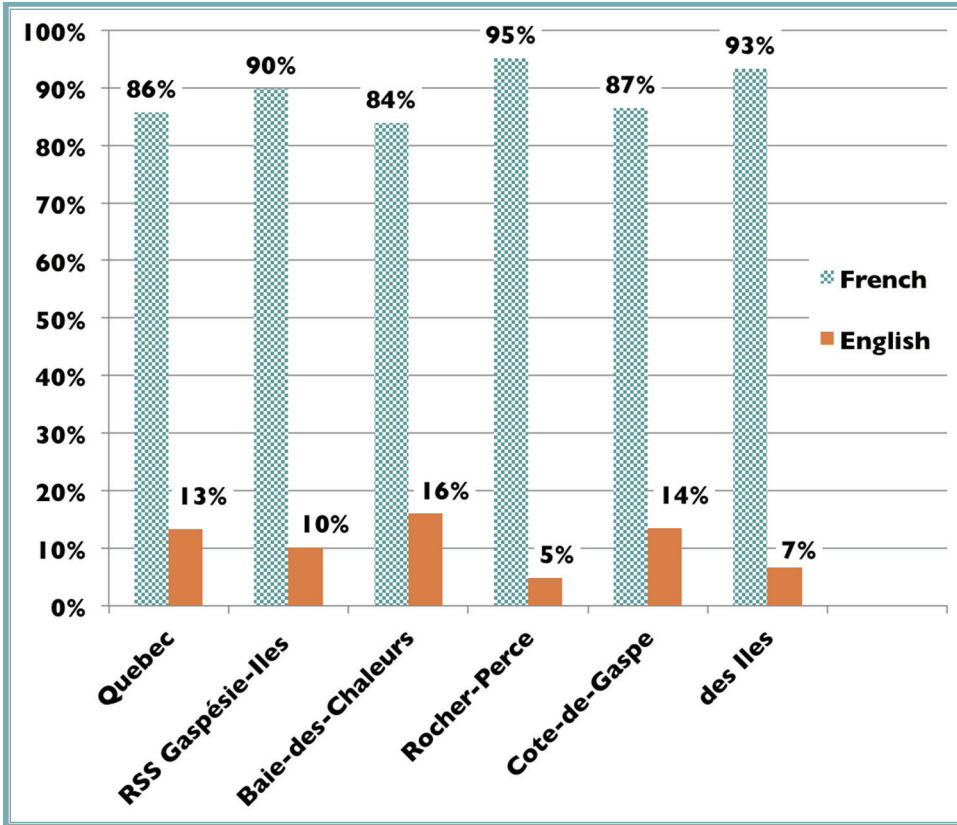
In the Gaspésie-Îles-de-la-Madeleine region, 10.2% of the population speak English as their first official language, a lower proportion than the provincial share for English speakers.<sup>23</sup> On the territory of the Baie-des-Chaleurs, however, that proportion is 16%, which is higher than the provincial average. It is also a higher percentage than it is for other CSSS territories in the Gaspé region.

### First official language spoken for different territories

Population Size		Province of Quebec	RSS Gaspésie-Îles-de-la-Madeleine	CSSS des Îles	CSSS de la Côte-de-Gaspé	CSSS de la Baie-des-Chaleurs	CSSS du Rocher-Perce
<b>FOLS-English</b>	number	994,720	9,505	875	2,600	5,155	820
	percentage	13.4%	10.0%	6.7%	13.5%	16.0%	4.8%
<b>FOLS-French</b>	number	6,373,223	83,643	12,105	16,623	26,963	16,223
	percentage	85.7%	89.8%	93.3%	86.5%	83.9%	95.2%
<b>Total Population</b>	number	7,435,900	93,180	12,975	19,220	32,156	17,045
	percentage	100%	100%	100%	100%	100%	100%

Source: CHSSN 2009-2010 Baseline Data Report (2006 Census of Canada)

### First official language spoken for different territories

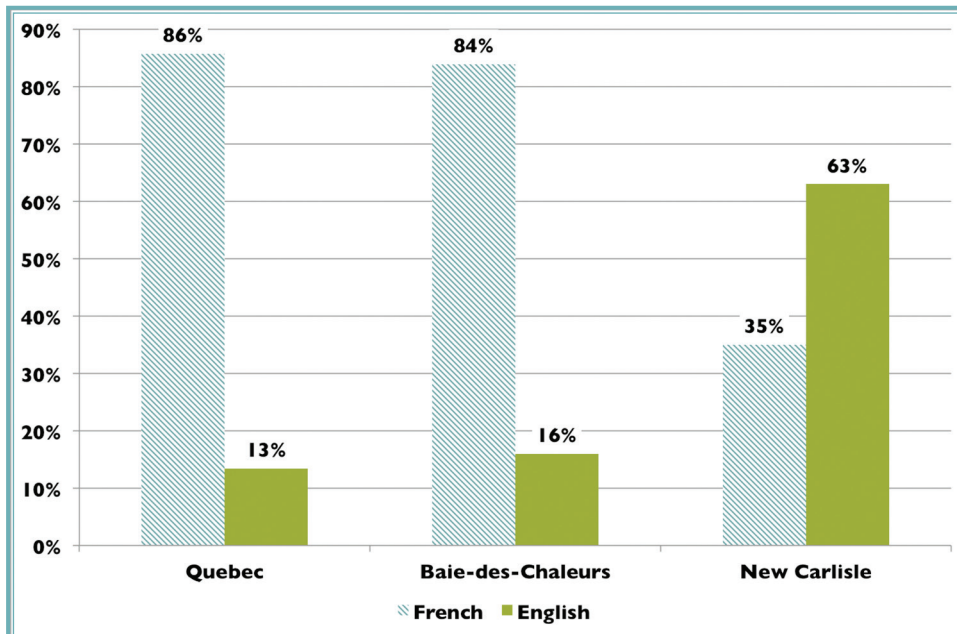


On the Gaspé Coast, the rate of decline among the English-speaking population has been almost the same as that of the total population. From 2001 to 2006 the English-speaking population decreased by 9.5%, while the total population of the area decreased by 9.7%. However population decline is especially detrimental in the small English-speaking community as infrastructure, services and institutions cannot be justified for decreasing numbers.

Source: CHSSN 2009-2010 Baseline Data Report (2006 Census of Canada)

### LANGUAGE DYNAMICS: BILINGUAL BUT NOT AS MUCH AS OTHER ENGLISH QUEBECKERS

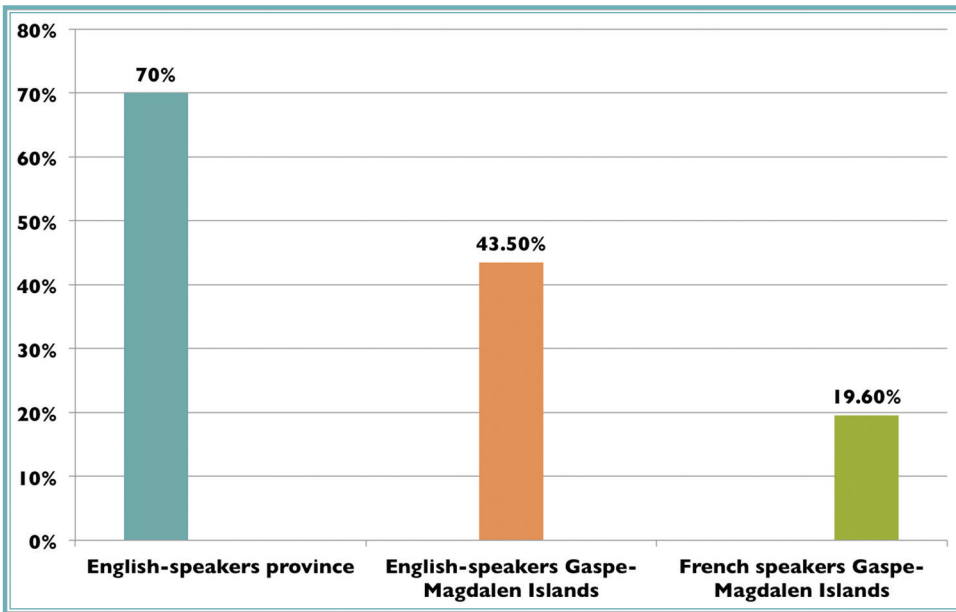
#### Proportion of the population with English or French as their mother tongue, for different territories



In contrast to the situation in the province in general, and in the Baie-des-Chaleurs as well, about two-thirds of the population of New Carlisle speaks English as their mother tongue and about one-third of the population speaks French as a first language.

Source: Statistics Canada, 2006 Census of Canada, Community Profile: Municipality of New Carlisle (Mother Tongue)

## Bilingualism, different territories and language groups

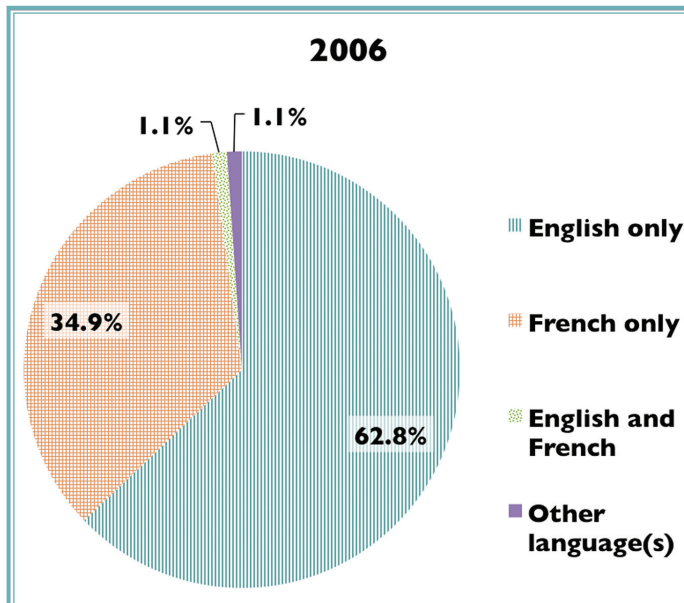


According to Statistics Canada, in 2006 almost 70% of English speakers in Quebec were bilingual and approximately 90% of English-speaking youth in Quebec were able to converse in both French and English at age 21. This is not the case in the Gaspésie-Îles-de-la-Madeleine region where English speakers are more likely to be bilingual than their French-speaking neighbours (43.5% compared to 19.6% in 2001), but they are significantly less bilingual than English speakers in the rest of Quebec.<sup>24</sup>

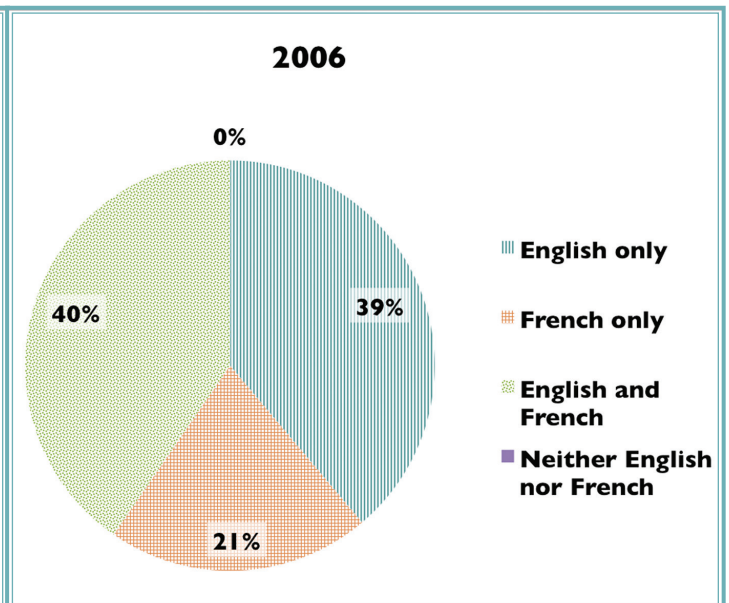
Source: Statistics Canada, 2006 Census of Canada, Community Profile: Municipality of New Carlisle

In New Carlisle about 40% of the population can speak both English and French. The proportions vary significantly, however, by age and by first language.

### New Carlisle: Mother tongue



### New Carlisle: Knowledge of official languages



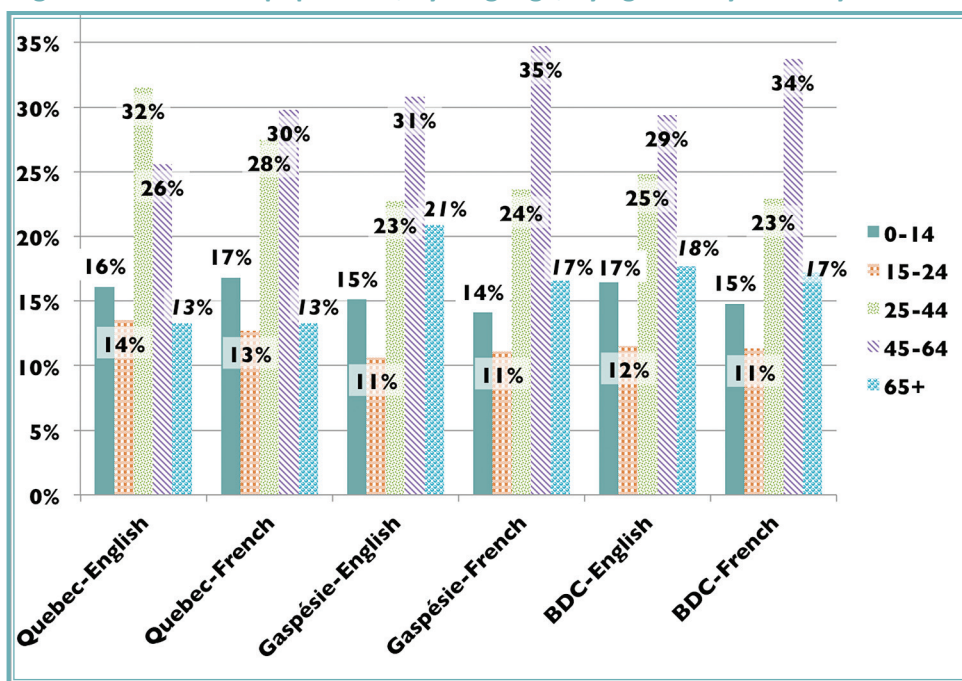
Source: Statistics Canada, 2006 Census of Canada, Community Profile: Municipality of New Carlisle



## AN AGEING ENGLISH-SPEAKING COMMUNITY

The English-speaking community on the Gaspé Coast is aging at a faster rate than the French-speaking majority. There are 1,850 English-speaking seniors over the age of 65 in the area, making up 21.6% of the English-speaking population. There are significantly more individuals in their senior years compared to the French-speaking population and to the province. In fact English speakers in the Gaspé region are 26% more likely than French speakers to be over 65. The English-speaking population also has fewer individuals in the age range of 40 to 64 resulting in a lower number of caregivers. This in turn results in a weakening social support network in which seniors become more vulnerable.

Age structure of the population, by language, by age and by territory



Source: CHSSN 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities

## Demographic Trends in New Carlisle

At the time of the 2006 census, there were 1,370 people living in New Carlisle, whereas in 2001 there were 1,431, a decline of 4.3%. The decline from the 1996 census to that of 2001 was 7.0%.<sup>25</sup>

Population change in New Carlisle, 1991-2006

Total population		
1996	2001	2006
1,538	1,431	1,370
Population Change		
	-7.0%	-4.3%

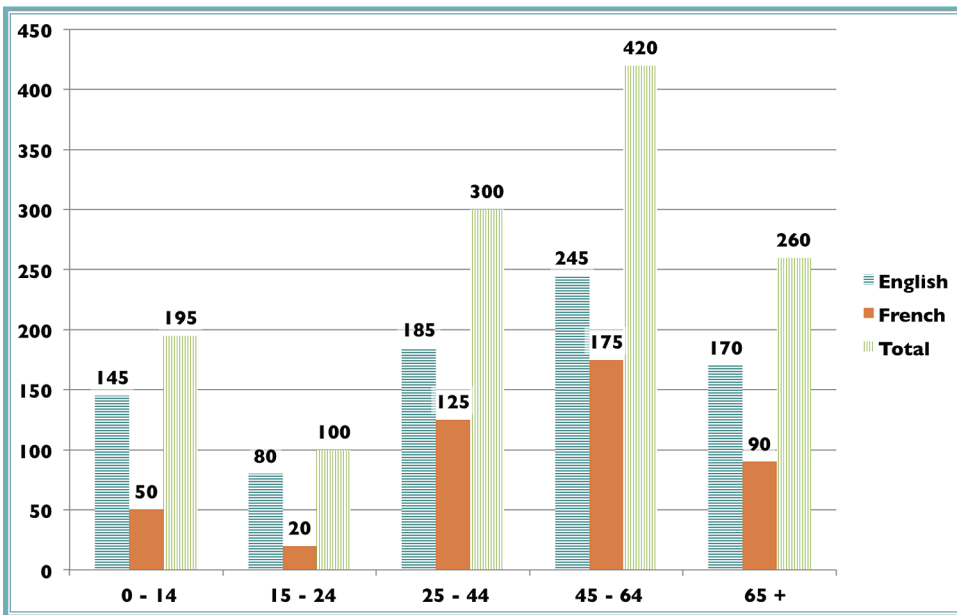
Source: Statistics Canada, 2006 Census of Canada, Community Profile: Municipality of New Carlisle

For the population as a whole (French- and English-speaking), the 0-19 year age groups are relatively large, while there are relatively few people between 20-39 years of age. The 40-59 age group, as well as those over 60 represent a significant proportion of the population.

When broken down by mother tongue, there are significant differences between the French- and English-speaking populations. Keeping in mind that English speakers are about two-thirds of the population, there are proportionately more English speakers in the younger age groups (0-24), and proportionately more French speakers in the middle age groups (25-64), with a balance among those 65 and over. Moreover, there are very few English speakers between 15-24, and even fewer French speakers. This may be because the French speakers leave New Carlisle to pursue studies or work outside the community, while not all English speakers do so.

This could be because there are fewer opportunities for post-secondary education in English in the region, or because such opportunities are not valued.

Population of New Carlisle, by age and language



Source: Statistics Canada, 2006 Census of Canada, Community Profile: Municipality of New Carlisle

# COMMUNITY PERSPECTIVES ON NEW CARLISLE

## Drawing a portrait of New Carlisle: method and sources

From the perspective of a community development approach, it is important to engage and mobilize the population to get involved in issues that they care about. While statistics are a good starting point, and help to shed light on certain realities that affect a community, it is important to go beyond statistics and gather the perspectives of residents. To begin this process in New Carlisle, the project leader (Mary Richardson) made an initial visit in April 2011. The Committee for Anglophone Social Action (CASA) was the main contact organization because it sponsors one of the CHSSN's Networking and Partnership Initiatives. It is a non-profit community organization established in 1975 to serve the English-speaking population of the Gaspé Coast, so it is connected to many groups in the region.

During this visit various “stakeholders” were consulted. These are people or groups that have a particular interest in different aspects of community development. They included the director of the municipality of New Carlisle, a local CEDEC officer, an employee of the Centre Local de Développement (CLD) who works with English-speaking communities on the Gaspé Coast, the director of Family Ties (a local community organization working with families) and employees of CASA. These meetings served to pool information that could be useful for the portrait and gauge the interests of these different groups. Various areas of overlapping interests included surveys being carried out by an employee of the CLD with youth in the Baie-des-Chaleurs, and a family and seniors policy being drafted by the municipality.



CASA office | Photo: Mary Richardson

In addition, a short survey questionnaire was designed to gather information on the sense of belonging and community engagement among New Carlislers, and CASA asked community members to fill it out at its annual general assembly. Then, on July 9, 2011 a community consultation was held. The invitation was extended to all community members and the structured conversations were followed by a barbecue. Approximately 30 people attended. Half were over 40 years of age and tended to already be quite involved in the community. Socio-economic and educational levels were likely high, although that data was not collected. As a result, the information gathered may not represent all possible points of view in the community. For instance, teens did not attend; however to present their perspectives we have included the results of surveys conducted with elementary and high school students during the same period. In addition, few community members of lower socio-economic status attended the consultation. A different approach would be needed to gather their perspectives, and could be considered as a follow-up to this portrait.

In the sections below, we will discuss New Carlislers' perspectives on five themes, as they were discussed at the community consultation: community life, education, the economy, health and well-being, and the environment. The order roughly follows the theme's importance in determining health; since socio-economic conditions account for about 50% of people's health status (as explained above), we present community life, education and the economy first followed by health and well-being (since health care accounts for about 25% of what makes people healthy), and the environment last (about 10% of what determines health).

In each case, we will highlight the community's strengths and challenges, and some perspectives for the future. A summary table is presented at the end of the document. This overview can be used to inform decision-making and to stimulate community engagement. The “Social Determinant of Health” box at the beginning of each section provides an overview of the importance of this aspect for community and personal health, based on scientific evidence.

## Community Life in New Carlisle

### A strong sense of community

In this section we present the perspectives expressed by community members at the consultation held in July 2011 concerning social and community life in New Carlisle, followed by some relevant statistics and perspectives for the future. A summary table brings together that information.

#### Social Determinant of Health

Support from families, friends and communities is associated with better health. Support networks are important in helping people solve problems and deal with adversity. They contribute to an individual's sense of control over life circumstances. Support networks support a feeling of well-being and act as a buffer against health problems. In the 1996-97 National Population Health Survey (NPHS), more than four out of five Canadians reported that they had someone to confide in, someone they could count on in a crisis, someone they could count on for advice and someone who makes them feel loved and cared for. Some experts in the field have concluded that the health effect of social relationships may be as important as established risk factors such as smoking, physical activity, obesity and high blood pressure.

The importance of the social environment can also be seen in the level of social cohesion in the broader community. Social cohesion refers to the willingness of members of a community to cooperate for the well-being of all, and it is known to exert a positive influence on personal health. The strength of social networks within a community are often referred to as civic vitality, and it is reflected in the institutions, organizations and informal giving practices that people create to share resources and build attachments with others. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health. Social or community responses can add resources to an individual's repertoire of strategies to cope with changes and foster health.<sup>26</sup>

In the Gaspé region, a major strength of the English-speaking community is its spirit of self-help. The rate of volunteerism is high, particularly amongst the 50-plus generation. In many ways, the population does not rely on social and public services and institutions, but turns to friends, family and community-based networks. Unfortunately, this adds to the false notion that the English-speaking community has its own services and also places an increased burden on unpaid care-givers.

At the same time, the social fabric that many of the community's seniors wove for themselves and which sustained them through the years is disappearing. Women's Institutes, Legions, and other cultural organizations have been folding as it has become increasingly difficult to operate with a decreasing and aging membership.<sup>27</sup>

Only four community organizations with a specific mandate to serve the English-speaking population currently exist: the Committee for Anglophone Social Action (CASA), Family Ties New Carlisle, Vision Gaspé-Percé Now and the Gaspesian CEDEC. The formal institutions that specifically serve the English-speaking population include the Eastern Shores School Board, the English sector of the Cegep in Gaspé and SPEC, the weekly newspaper.



SPEC office | Photo: Mary Richardson

## NEW CARLISLE'S STRENGTHS

The community members who participated in the July 2011 consultation identified many aspects of the social and community life of New Carlisle that are a source of pride for residents. Participants agreed that there is a **good sense of community** in New Carlisle. People feel that there is community involvement in activities, with many volunteers and support for those who need it. *“There is never a shortage of volunteers, regardless of the cause.”*

Of those who participated in the Community Consultation, 95% participate in activities in the community; 79% are involved with an organization or association; 47% are responsible for a committee; and 58% indicated they intend to get involved within the next year. All the participants stressed the importance of becoming involved in their community with 84% reporting they have volunteered in the last 6 months; 31% volunteered more than 16 hours in the last 6 months; and 63% have volunteered more than 5 hours in the last 6 months.

The small town atmosphere and close-knit community makes it a great place to raise children because everyone knows everyone and it is a safe place to live. As one person put it *“I am most proud of our community as to how they come together for family activities for children.”*

One aspect of this is the presence of both English speakers and French speakers in the same community, living in harmony and organizing activities together. One participant stated that *“What sets our community apart is how Anglophone and Franco-phone people are able to work together.”*



Kempffer House Photo: Mary Richardson

In addition, the town's heritage as a Loyalist village and its historic sites make it a source of pride and an attraction for tourists. As one person put it, *“I am most proud of the rich heritage in this community and the efforts that are made to allow younger generations to explore it.”* The presence of Kempffer House certainly draws attention to this aspect of the community, and provides a place for visitors and residents to explore its history.

The presence of a **large number of services and infrastructures** add to community life: the municipal parks, the Optimist chalet, Family Ties (a community organization with many activities for families), a Bible Camp, community schools, an adult education centre, a residence for seniors, a centre for the handicapped, an English newspaper, and more. As a regional organization located in New Carlisle dedicated to serving the English-speaking community, CASA also plays an important role in social development locally and regionally.

Another asset is the fact that many New Carlislers left the Coast for a number of years and are proud to have **come home**, and in many cases, to have found employment. Many of these returning New Carlislers are well-educated and have work.

**Events** that are organized also add greatly to community life: Harvest Supper, Canada Day celebrations, the tree lighting at the Park and Santa at Christmastime, and more.

## CHALLENGES FACING NEW CARLISLE

There are, however, some challenges that participants in the consultation identified. Regarding youth, the challenges include the **lack of activities for kids**, particularly following the closing of the pool hall and the swimming pool. There are no scouts, 4H Club or Cadets either to fill that void. As one person said, *“There is more for seniors here than youth 18-25.”*

In terms of community dynamics, one participant summarized a concern that New Carlisle is not as dynamic as it could be: *“Sometimes, New Carlisle is closed minded. People have a hard time with change. I don’t think we are as positive as we could be. We’ve been at a standstill for the last 15 years. Things have been done before but didn’t work and attitudes are getting us nowhere. We may have volunteers, but they are always the same people. I think New Carlisle can grow faster and better.”*

Several people commented on the situation concerning volunteers who are said to not always follow through. *Some people themselves said that they “only want to be a part of success” or “refuse to be on committees that don’t have something tangible.” Another person admitted “I am unsure of where to be involved; I can offer ideas but don’t know where to offer them.”*

These comments suggest that there may be a need for orienting potential volunteers and matching them with pertinent projects.

## SOME STATISTICS ON SOCIAL AND COMMUNITY LIFE

In order to get a sense of the level of social support that people have, we can look at the number of people in lone-parent families or living alone, as these people are less likely to have help with day-to-day tasks or on-going emotional support. Living with relatives may, on the other hand, provide greater social support.

In Quebec as a whole, about 70% of people live in married or common-law couple families, nearly 12% live in lone-parent families, and about 13% live alone. Provincially English speakers are more likely to be living with relatives and less likely to be living alone.

In the Gaspésie-Îles-de-la-Madeleine region, however, a higher percentage of English speakers live in lone-parent families (16.1% compared to 12.2% of French speakers). A greater proportion of English speakers live alone as well (13.5% compared to 10.9% among French speakers).

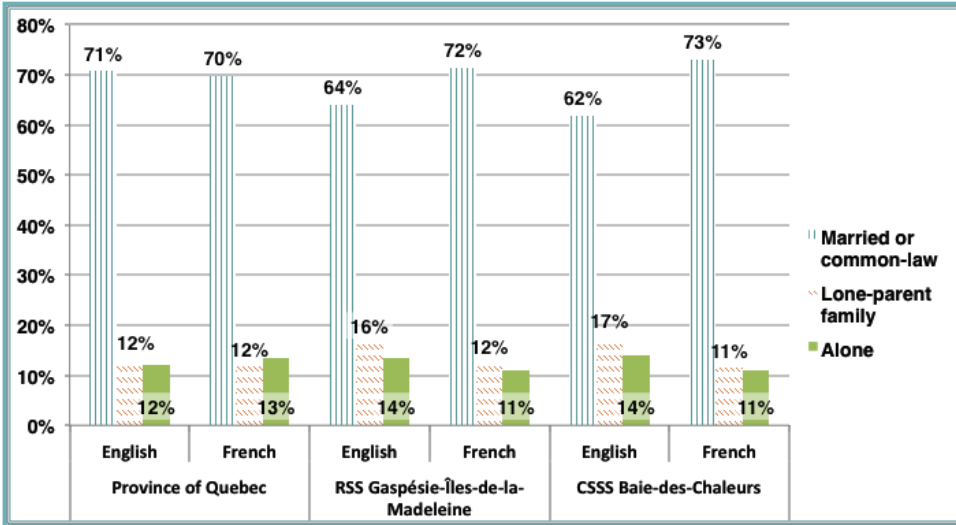
In the Baie-des-Chaleurs territory, the gap increases even more: 17.3% of English speakers versus 11.4% of French speakers live in a lone-parent family. In the Baie-des-Chaleurs, English speakers are 52% more likely to be in a lone-parent family, 93% more likely to be living with relatives, and 25% more likely to be living alone.

### Household living arrangements, different territories

	Province of Quebec		RSS Gaspésie-Îles-de-la-Madeleine		CSSS Baie-des-Chaleurs	
	English	French	English	French	English	French
Married or common-law	70.7%	69.7%	64.1%	71.5%	61.9%	73.0%
Lone-parent family	11.8%	11.7%	16.1%	12.2%	17.3%	11.4%
Alone	12.0%	13.4%	13.5%	10.9%	13.9%	11.1%

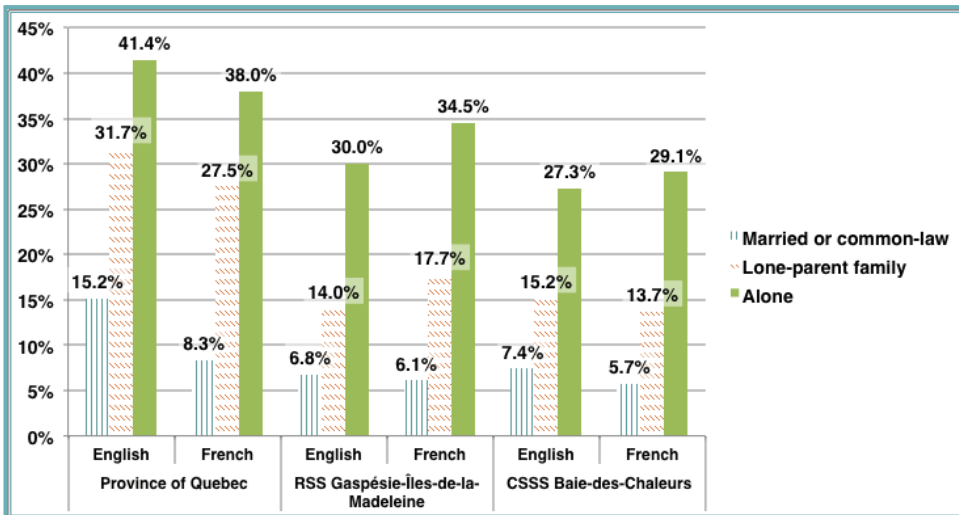
Source: CHSSN 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities

### Household living arrangements, different territories



Source: CHSSN 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities

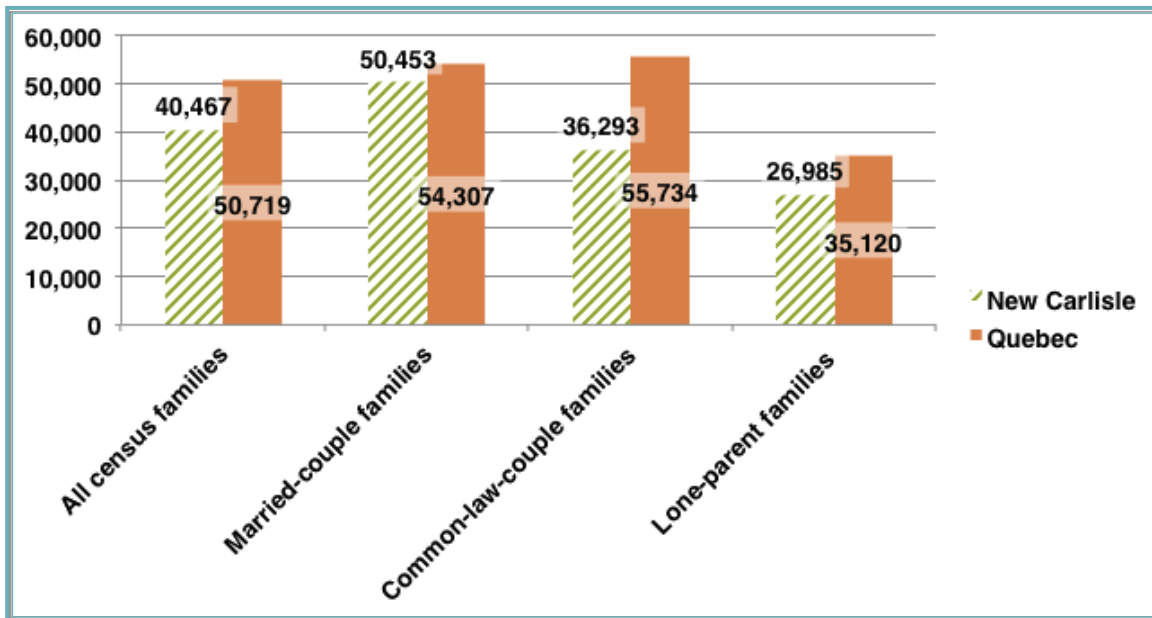
### Proportion of the population living below the low-income cut-off, by household living arrangement and territory



Source: CHSSN 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities

Poverty is often greater among people living alone or in a lone-parent family. The table below shows that persons living with non-relatives, persons living alone or persons in lone-parent families are most likely to be living below the low-income cut-off.

### Median after-tax income in 2005 (\$), by family type



Source: Statistics Canada, 2006 Census of Canada, Community Profile: Municipality of New Carlisle

In New Carlisle, we can see a similar trend in that median after-tax income is lowest among lone-parent families.

### PERSPECTIVES FOR THE FUTURE

Considering the high percentage of people living in a lone-parent family or living alone, and the fact that these household arrangements are more often associated with low incomes, social and community support appears vital.

At the community consultation, many people felt that a **youth centre** could help to provide the kind of activity for youth that is currently lacking. Teens in particular do not have a space of their own to be together and to organize activities, or just hang out. This would need to be headed by a qualified person (possibly with a social service background) who could create a good rapport with teens and help them pursue interests they have. That person could also direct them to services they may need and find help when they need it.

The future Community Learning Centre (CLC) is seen as a positive development that can meet many of the community's needs. However, it is not specifically a space for youth. Participants pointed out that it would be good to have the **CLC open during the summer months** when many youth are at a loss for activities.

Another source of ideas comes from the young people themselves. During the course of 2010-2011, the Centre local de développement (CLD) conducted several different activities with youth of different ages to gather their ideas for what they would like to see in their community. When asked what they would use and how much, if it were available in their town, 65% of the high school students said they would take part in a **work-out** (70% said regularly), 60% said they would use a **drop-in centre**, 50% said they would participate in **soccer**, and 29% said they would use **skateboard** facilities. Other ideas included English movies, a pool, a good rink, an arcade, bicycle jumps, music lessons, and more.



Park | Photo: Mary Richardson

When asked what they would like to see made available in their community, youth mentioned a wide range of team sports



(ex. volleyball, soccer, baseball), individual sports (ex. self-defence, dance, yoga), artistic activities (ex. wood carving, sculpting, pottery, stained glass), cooking workshops and more.

### *SUMMARY OF COMMUNITY LIFE*

New Carlislers are proud of their heritage and of the fact that they live in a bilingual community. They value the fact that it is a small town, where people feel a strong sense of community and can raise their children in a safe and positive environment. The strengths of New Carlisle are, however, related to its challenges in many ways. The small size of the community also makes it difficult to have enough facilities and activities for young people. Some also felt that while there are many who volunteer, they may need more direction in choosing where to put their energy. In looking toward the future, participants at the consultation focused on activities for young people such as a teen hang-out, and the Community Learning Centre as a place to continue activities during the summer. High school students also provided many ideas during a survey process carried out by the CLD for activities they would like to have available in their community or nearby.

A table summarizing strengths, challenges and future perspectives is provided at the end of this document.

# Educational attainment

## Towards a community that supports lifelong learning

In this section we present the perspectives expressed by community members at the consultation held in July 2011 concerning education in New Carlisle, followed by some relevant statistics and perspectives for the future. A summary table brings together that information.

<b>Social Determinant of Health</b>	<p>Health status improves with level of education. Education is closely tied to income and social status and provides knowledge and skills for problem solving. It helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction. Education improves people’s ability to access and understand information to help keep them healthy.</p> <p>People with higher levels of education have better access to healthy physical environments and are better able to prepare their children for school than people with low levels of education. They also tend to smoke less, to be more physically active and to have access to healthier foods. In the 1996-97 National Population Health Survey (NPHS), only 19% of respondents with less than a high school education rated their health as “excellent” compared with 30% of university graduates. Canadians with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than Canadians with high levels of literacy. In general, people with a higher level of education have more social relations, adopt a healthier lifestyle and have the feeling of being able to influence and control their lives.<sup>28</sup></p>
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### NEW CARLISLE’S STRENGTHS

At the community consultation, many different assets were identified in the area of education. First, people appreciated the fact that their **children can receive most of their education in their home community**. Participants felt that the school’s smaller classes mean that students receive **more individual attention**.

In addition, the **team of teachers is considered strong** and they are aware of any problems the students may have. This gives the school **more discipline and structure** than might be found elsewhere. Another asset is the **French immersion program** that begins in the fall of 2011, as well as the **“Work Oriented Pathway”** for students who do not thrive in academics. The **breakfast programs**, which are available at a minimal cost, are also an asset for students.

In the community, the **Family Ties organization offers educational support**, most notably by providing school homework programs. The **adult education centre** is also a valuable asset which is accessible to all. The **Life Association** also provides support to severely handicapped people, and in the community of Bonaventure (the next town to the west), there are services for young children (to age 6) with special needs.

The New Carlisle **Community Learning Centre (CLC)** is working with teachers, parents, families and community partners to offer a wide range of activities that improve access to opportunities and life-long learning, which contributes to the overall development and strength of the community. Because every community is different, with specific

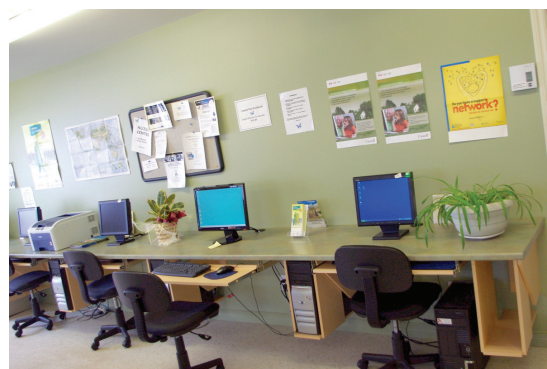


Photo: Mary Richardson

needs and challenges, the activities were developed around the important issues presented by the community. For New Carlisle and the surrounding communities, priorities included sports activities, music, reading and access to educational workshops in English.

To date the CLC has delivered videoconferences on topics such as bullying, mental health with Ami–Quebec, Penguins at the Columbus Zoo, author Cleaver Beatrice, and a session with the Montreal Alouettes. The Centre is bustling with afternoon and evening activities such as dance classes (hip-hop, ballet), sports nights, music classes (guitar, drumming), art lessons, regular fitness, yoga and aerobics classes, as well as reading circles and bookfest activities and a spy club. A building that once fell into darkness after the school day is now full of life, laughter and learning, creating an inviting atmosphere that is nurturing the wish to learn.



Photo: Mary Richardson

### *CHALLENGES FACING NEW CARLISLE*

Some issues and challenges identified at the meeting are the **limited services and supports for handicapped or special needs children**. Participants pointed out that the **Teacher's Assistants (TA) have little to no training** or education in the field, although some may attend a workshop from time to time. Teacher's Assistants and educators in the group agreed that this is a concern. They indicated that they do attend workshops and investigate information on the internet, but there is not follow-up or support. Some indicated that resources are available, but are very costly and sometimes not covered by school budgets and it takes too long to get them.

The challenges mentioned at the community consultation all concerned special needs and teachers' assistants. However, statistics show that the levels of **educational attainment** are quite low, as we will see below. In addition, the survey carried out on health and well-being by the public health board for the region shows that 21% of youth in the Baie-des-Chaleurs enter high school with a delay in their education, compared to 16% for Quebec as a whole. Moreover 10.9% of youth are under Youth Protection for behavioural problems, compared to 4.4% in Quebec as a whole.<sup>29</sup>

One of the objectives of the Community Learning Centre is to improve these realities. The situation at the local high school indicates that improvements are being made. In 2006, 21 students entered grade 9 from New Carlisle, and within four years, only five (21%) graduated with credits to go on to CEGEP. However, in 2007, 17 students entered grade nine, and within four years, eleven (65%) graduated with credits to go on to CEGEP. The same holds true for 2008 when another 17 New Carlisle students entered grade nine. By the graduating class of 2011, eleven (65%) had graduated with CEGEP capabilities.<sup>30</sup>

## SOME STATISTICS ON EDUCATION FOR THE GASPÉ COAST AND NEW CARLISLE

In the province as a whole, educational levels have risen in recent generations; younger generations are more likely than older Quebecers to have completed high school or to have pursued post-secondary education. Overall, English Quebecers are more likely to have a university degree than are French speakers (24.6% compared to 15.3%). However, for several years, the Census has pointed out that English speakers in the Gaspésie–Îles-de-la-Madeleine region are not as well-educated as the regional French-speaking majority, which itself falls below provincial and national standards. Compared to the English-speaking population across Quebec, English speakers in the region show a higher tendency to have low educational attainment and are much less likely to show high educational attainment.

### Highest educational attainment by age group

		Province of Quebec		11 - RSS de la Gaspésie-Îles-de-la-Madeleine		1101 - CSSS de la Baie-des-Chaleurs	
		English	French	English	French	English	French
High school certificate or less	Total	44,7%	47,4%	68.4%	57.2%	66.1%	52.0%
	25-44 years	30,2%	29%	54.3%	39.0%	53.5%	30.2%
	45-64 years	43,3%	46,1%	66.2%	53.9%	63.3%	48.3%
Apprenticeship or trades certificate or diploma	Total	9,3%	16,3%	13.2%	17.3%	14.4%	20.6%
	25-44 years	10,1%	21,2%	19.3%	22.8%	19.1%	26.8%
	45-64 years	10,8%	17,6%	14.0%	20.3%	16.1%	25.4%
College, CEGEP or other non-university certificate or diploma	Total	16,2%	16,1%	11.0%	14.1%	10.9%	14.0%
	25-44 years	19,3%	20,7%	16.7%	21.1%	18.0%	20.7%
	45-64 years	14,3%	14,9%	10.9%	13.2%	10.5%	12.8%
University certificate or diploma below the bachelor level	Total	5,2%	4,8%	2.4%	3.6%	3.0%	4.1%
	25-44 years	5,8%	4,8%	1.9%	3.5%	1.6%	5.0%
	45-64 years	5,8%	6,0%	2.7%	4.8%	3.3%	5.0%
University certificate, diploma or degree	Total	24,6%	15,3%	5.1%	7.7%	5.5%	9.2%
	25-44 years	34,7%	23,5%	7.7%	13.6%	8.6%	17.1%
	45-64 years	25,8%	15,5%	6.0%	7.7%	6.2%	8.6%

Source: CHSSN 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities

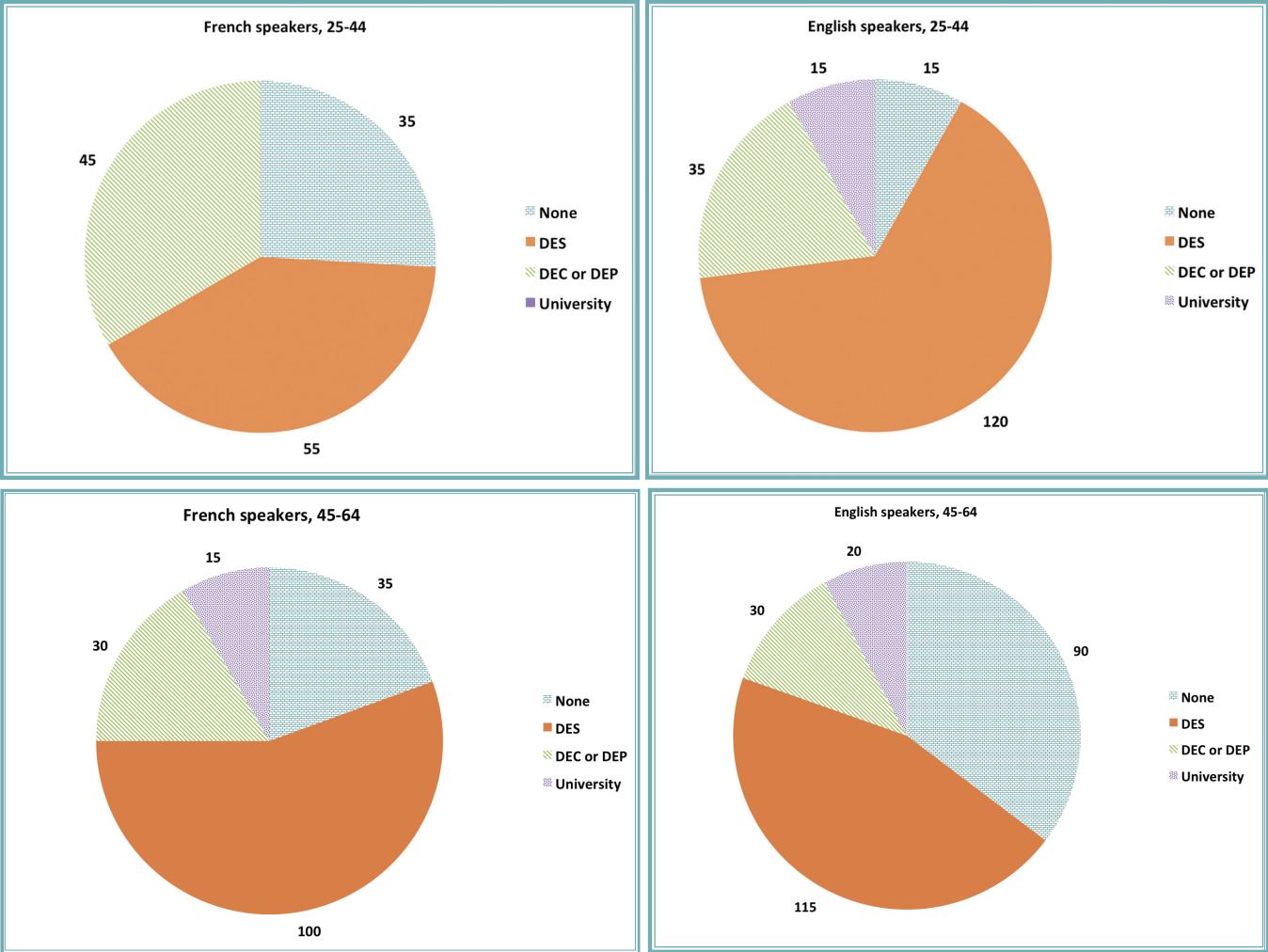
In the Baie-des-Chaleurs region, English speakers are more likely than French speakers to have low educational attainment (66.1% of English speakers have a high school certificate or less, compared to 52.0% of French speakers). In addition, the rates for apprenticeship or trades certificates are lower among English speakers than French speakers (14.4% versus 20.6%), in a region oriented towards primary industry where these skills are a great asset for employment. English speakers also are less likely to have a college diploma or equivalent (10.9% versus 14.0%) or a university diploma (5.5% versus 9.2%).

These figures indicate a certain socio-economic disadvantage for English speakers, as well as a social inequality between French- and English speakers. In addition, they suggest that literacy levels may be quite low, which is related to difficulties finding and understanding written information, accessing services, and interacting with health or education professionals, for instance.

In New Carlisle, these trends are similar. Among both French and English speakers between 25 and 44 years of age, the greatest proportion has a high school diploma, followed by a Cegep diploma. The next highest proportion of the population

has no certificate, diploma or degree. Few residents have a university education. Among 45 to 64 year olds, the same is true, with an even higher proportion of French speakers having a high school diploma, and a much higher proportion of English speakers having no certificate, diploma or degree. The rates of university education are about the same among English and French speakers.

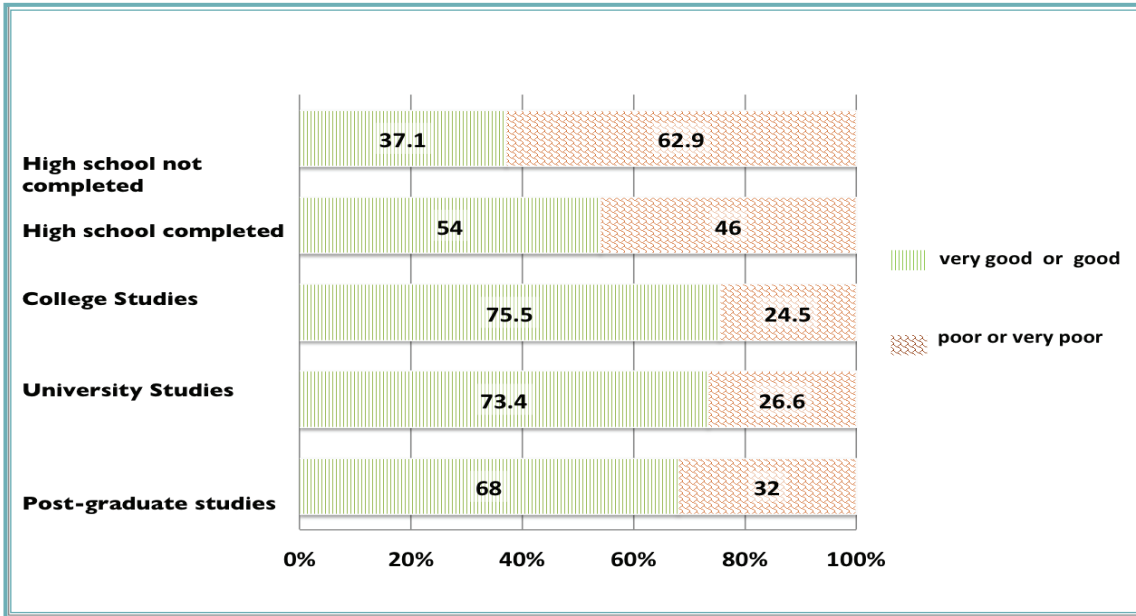
**Educational attainment in New Carlisle, by age group and by language (FOLS)**



Source: Statistics Canada, 2006 Census of Canada, data extracted by Institut national de santé publique

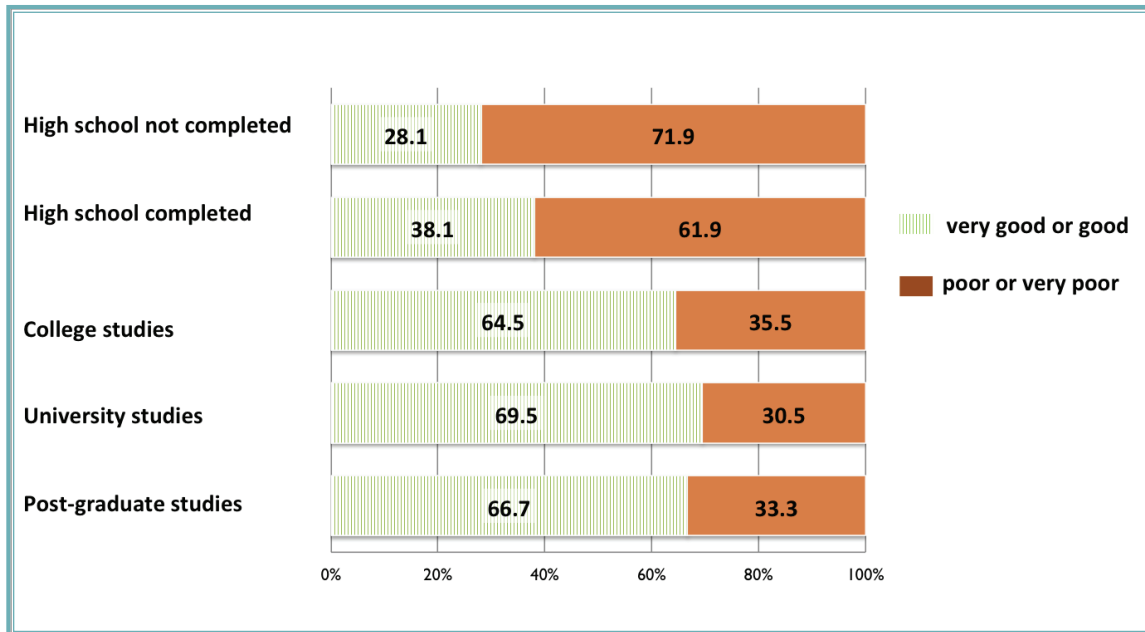
One of the consequences of low educational attainment is that persons with lower education levels also have less ability to speak French, as well as to read and write in French. In a province whose official language is French, this can mean being excluded from certain types of jobs and other opportunities, and may lead to greater social isolation, as contacts are more difficult with people from outside one’s language group. The graphs below show the increase in bilingualism as educational attainment levels rise.

### Proficiency in spoken French, by level of education



Source: Survey of the ESC of the Gaspésie-Iles-de-la-Madeleine November 2011

### Ability to read and write in French



Source: CHSSN 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities

## PERSPECTIVES FOR THE FUTURE

Several proposals were made by participants at the community consultation for changes that they would like to see take place in the future.

Almost all participants identified the importance of **getting parents more interested and involved in their child's education**, and the **community more involved in the schools**.

*“We talked about what a great friendly, supportive and “community –minded” community we live in- we need to create that kind of culture around education, build a sense of community around our schools.”*

Participants felt the new Community Learning Centre could be the first step in accomplishing this.

All participants recognized the **importance of French** in the English school system. They agreed that if youth are to come back to the area, they must be bilingual. This must therefore be a focus when they enter school, not when they are leaving; then it's too late.

Every class should be evaluated to **determine the need for a teacher's assistant**. Just because a teacher may not have any “coded” special needs students, they may have students who work at a different pace or require additional support. A TA could provide the additional assistance, allowing those students to succeed and keep up with the rest of the class.



Family Ties provision | Photo: Mary Richardson

Several participants felt that **when students do not meet grade level expectations, they should be held back**. This would prevent students graduating who cannot read or write. Instead of providing readers and scribes for students to write tests and exams, the money and time could be spent **helping the students to improve their reading and writing skills**. Again this should be done early.

**Schools need psycho-educators, career counsellors and guidance counsellors**. These individuals could support all students in identifying their strengths, choosing and investigating career choices, and discovering how to access them.

Students who struggle academically still need to feel like “they belong.” They have strengths and talents and need an educational environment that allows them to thrive. This does not necessarily mean “pushing them into adult ed.” **They should be encouraged to complete their high school education**, according to comments made by consultation participants.

Many participants also expressed the **need for increased extra-curricular activities** other than sports, such as art and drama.

The Anchor Adult Education Centre is a valuable asset for New Carlisle, but it has offered the same courses since it opened its doors. People felt that the **programs should be changed to meet the employment needs of the community and students**. Some ideas included welding, plumbing, electricity, dental hygiene, teaching assistance and special education. Several participants agreed that more trades should be offered, but within the schools themselves.

Many people felt that there is a great **need for trades people**; it can be a great career and one can make a great living.

However, there is a certain stigma attached to being a trades person, which needs to be eliminated.

Another suggestion was that the **Anchor offer university-level distance education programs**. Offering more programs at the Anchor could help to provide training for the jobs that are currently not being filled, particularly those required to keep professionals in the area, or to attract them (dentists, doctors, nurses, teachers, lawyers). It is hoped that this would help bring back the 20-28 age group to the area.

Because there is difficulty recruiting “qualified” teachers, the positions are sometimes filled with non-certified individuals who would be, and are, great teachers. The area should **offer programs and financial assistance for teacher training**. This would create stability for the students and employability for the community.



Family Ties provision | Photo: Mary Richardson

### *SUMMARY OF EDUCATIONAL ATTAINMENT*

The large number and broad range of suggestions suggests how passionate people are about the subject of education. The suggestions cover the full range of age groups, community groups and educational institutions, focusing on how they all can contribute to on-going opportunities for people of all ages, skills and interests. This perspective is that of a community that supports life-learning opportunities for all.

A table summarizing strengths, challenges and future perspectives is provided at the end of the document.



## *Economic conditions*

### *Using community assets to make progress*

In this section we present the perspectives expressed by community members at the consultation held in July 2011 concerning economic conditions in New Carlisle, followed by some relevant statistics and perspectives for the future. A summary table brings together that information.

#### Social Determinant of Health

There is strong evidence that higher social and economic status is associated with better health. These two factors are considered to be the most important determinants of health. Health status improves at each step up the income and social ladder. Higher incomes promote optimal living conditions, which include safe housing and good food. The degree of control people have over life circumstances and the ability to adapt to stressful situations are key influences. Higher income and social status generally result in more control and more resources to adapt.

Studies are showing that limited options due to limited means and poor coping skills for dealing with stress increase a person's vulnerability to a range of diseases. For example, only 47% of Canadians in the lowest income bracket rate their health as very good or excellent, compared to 73% of Canadians in the highest income group. Low-income Canadians are more likely to die earlier and to suffer more illnesses than Canadians with higher incomes.

And perhaps most interesting of all, studies show that large differences in income distribution (the gap between rich and the poor) are a more important health determinant than the total income that a population generates. Income gaps within and between groups increase social problems and poor health. In other words, the more equitable a society, the better people's health is likely to be.

Of course, incomes are closely related to economic conditions and employment opportunities. Unemployment, underemployment, stressful or unsafe work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.

In addition, employment has a significant effect on a person's physical, mental and social health. Paid work provides not only money, but also a sense of identity and purpose, social contacts and opportunities for personal growth. When a person loses these benefits, the results can be devastating to both the health of the individual and his or her family. Unemployed people have a reduced life expectancy and suffer significantly more health problems than people who have a job. A major review done for the World Health Organization found that high levels of unemployment and economic instability in a society cause significant mental health problems and adverse effects on the physical health of unemployed individuals, their families and their communities. Lack of employment is associated with physical and mental health problems that include depression, anxiety and increased suicide rates.<sup>31</sup>

## NEW CARLISLE'S STRENGTHS

At the community consultation held in July 2011, participants identified many assets in the area of the economy and employment. These were the **level of bilingualism** among the population, which people believe can help individuals find employment and businesses attract customers. As shown above, about 40% of the population of New Carlisle knows both official languages.

In addition, there are **government incentives** for people who want to return to the region and work in their field, making it attractive for newcomers and those who have left the region. For instance, La Commission Jeunesse Gaspésie-Iles-de-la-Madeleine has been working since 2006 to promote the return and retention of young skilled workers to the region. These successful steps must be accompanied by efforts to promote a competitive job market focusing on the needs of a young workforce. A tool kit was designed as a checklist for the employers of the region, to be able to recruit and retain young employees. A website was created that employers can check to see the trends and needs of young workers with a guide on how to draw them back to the coast. (<http://boiteaoutilsemployeurs.ca/>)

There are also programs put out by local organizations such as the Société d'aide au développement des collectivités (SADC) which offers employers a partial wage for any new employee who is on a career oriented path within the company. For example, a company can hire a new mechanic and have most of the wages covered for 32 weeks, in hopes that when the 32 weeks are up, the employer will keep the young worker, and he or she will have gained enough experience and appreciation towards the company to stay on and keep it as a career.



Logo from website  
<http://boiteaoutilsemployeurs.ca/>

Also through the Province of Quebec, there is an \$8000.00 tax credit given to any recent graduates who return to the region within two years of graduating to work in the professional field of their studies.

The **adult education centre** is also seen as a strong asset with its programs in carpentry, accounting, secretarial work and nursing. It is identified as an important resource for the community not only because of the programs currently offered, but also because of its potential for offering other training programs and opportunities for lifelong learning (such as university-level distance courses).

Some people felt that the **relatively low cost of living** is also an important asset. Although salaries may be slightly lower, New Carlisle is well-situated with regards to services so people do not have to drive far to do errands. In addition, residential taxes are relatively low, as is real estate and house or apartment rentals.

Finally, participants pointed out that **there are employers in New Carlisle** such as CASA, the school, the school board, the CLD, CLSC, the jail, and more. In the discussions, there was **no consensus, however, concerning the availability of jobs** in New Carlisle. While some people felt that there are not many jobs and few local employers, others were of the opinion that there are in fact many jobs available, and that the main problem is the lack of manpower. This seems to be true in particular regarding trades and specialized work such as carpentry, plumbing, electricity, and other private or self-employed work.

## CHALLENGES FACING NEW CARLISLE

Several people at the community consultation mentioned the high levels of the unemployed or people on social assistance in New Carlisle. Statistics tend to confirm this impression. The employment rate was 30% in 2006 (up from 23% in 2001), while it was 60% for the province. The unemployment rate was 54% in 2006 (down from 63% in 2001) while was just 7% for Quebec as a whole. While the situation improved between 2001 and 2006, it is still very unfavourable compared to the situation in Quebec as a whole. Men are more affected by unemployment than women, and English speakers have higher unemployment rates than French speakers (see graph below).

Many participants at the community consultation observed that people seem to have a **hard time finding work**, particularly permanent employment. Many of the **jobs available are seasonal**, in tree planting, or as salmon fishing guides, for example. Other jobs are in the public sector and there are few openings and often stringent requirements.

Some people related this alleged lack of employment to the **low number of businesses** in New Carlisle. As one participant stated: *“To me, New Carlisle, well, we have nothing. Moving back here from the city I see how we have lost a lot of businesses. New Carlisle once had many businesses, keeping people in town.”* Yet far from being defeatist, they saw opportunities for certain types of businesses, particularly in the area of local farm produce and internet-based businesses. Although the entire Gaspé region faces some economic difficulties the decrease in businesses has affected New Carlisle more than some other municipalities. This is reflected in the devitalization index shown below where New Carlisle has the lowest score of the main towns along the Gaspé Coast. Bonaventure and New Richmond, for example, are doing much better on the indicators used to calculate vitality.

The challenges to business development are many. Participants at the forum had the impression that business loans are available but people either do not know about them, or are **hesitant to take out a loan or apply for a grant**, particularly in the English-speaking community. In addition, local residents do not always support local businesses, such as small farms, and some do not have the financial means to spend money at local businesses. As one person put it, *“People in New Carlisle don’t support newer businesses.”*

Another facet to this issue is the **“disconnect” between predominantly French-speaking government institutions and the English-speaking population**. Many English speakers do not seem well-informed about government services, and Quebec government programs and services are not always advertised in English. People felt that this makes it harder for those who are less well-informed, or less fluent in French, to access services or subsidies to start businesses.

There is a certain amount of poverty among the English-speaking population of New Carlisle, some of whom are on social assistance. Some participants at the town hall meeting pointed out that it is **difficult to get off social assistance** because the same benefits are not available in most jobs.

Although some participants mentioned the government incentives to return to the region, others pointed out that a lack of housing options may be a factor in keeping people from moving to New Carlisle:

*“Several people want to come back to the town, but don’t want to live with their parents, and there is no available lodging for young families. Many landlords don’t want to rent to people with children, so we lose these potential residents to the next town, or it becomes a deciding factor to not come home at all.”*

In the opinion of at least one person, the seniors’ residence could be used to house people who need an apartment.

## SOME STATISTICS FOR THE GASPÉSIE-ÎLES-DE-LA-MADELEINE REGION

An interesting indicator of the economic and demographic vitality of a community is provided by the devitalization index calculated by the Ministère des Affaires municipales, des Régions et de l'Occupation du territoire (MAMROT). This index is based on data on population variation, employment and unemployment rates, rates of educational achievement, government transfers, low-income earners and average household incomes. A figure below zero means that the municipality is considered devitalized and the lower the number, the more so. The calculation ranks New Carlisle as the fourth most devitalized municipality in the RCM (and the most devitalized of the main towns).<sup>32</sup>

### Devitalization Index for selected municipalities on the Gaspé Coast

Community	Population in 2006	Population variation 2001-2006 (%)	Employment rate 15 years and older	Unemployment rate 15 years and older	% of the population 15 years and older without diploma	Government transfers (%)	Low income before tax (%)	Average household income	Development index 2006
Paspebiac	3 159	-5,02	36,98	20	39,64	30,4	12,2	51 213	-5,52
New Carlisle	1 370	-4,26	34,68	30,28	38,12	27,6	12,7	49 933	-6,6
Bonaventure	2 673	-3,01	53,7	9,69	37,31	19,4	9,1	51 604	0,52
Saint-Siméon	1 174	-3,06	43,65	14,85	33,5	26,7	10,3	47 332	-3,13
Caplan	1 884	-6,27	48,17	13,66	31,4	24,4	9,1	41 853	-2,65
New Richmond	3 748	-0,32	46,5	17,98	26,63	21,3	10,9	50 662	-1,49

Source: Ministry of Municipal Affairs and Regions (MAMROT)

<http://www.mamrot.gouv.qc.ca/developpement-regional-et-rural/indice-de-developpement/>

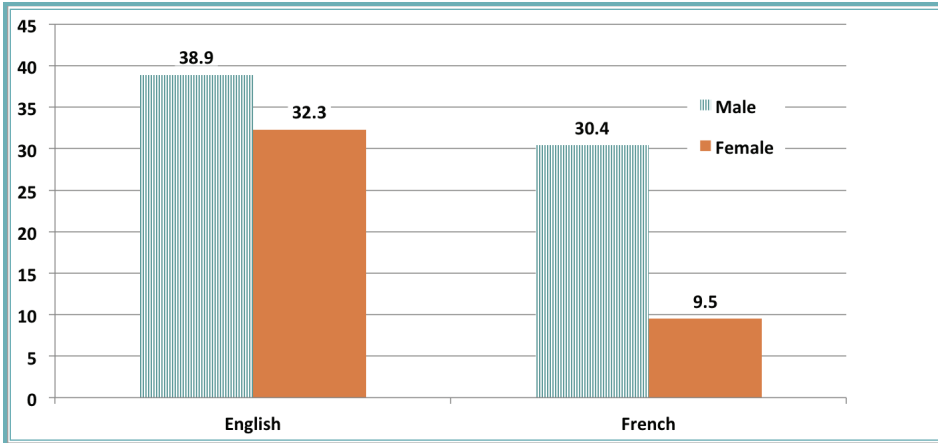
The situation is even less favourable for English speakers than for French speakers. In the province of Quebec as a whole, about 65% of the population is in the labour force and of that number, about 93% is employed. The unemployment rate among French speakers is 6.6% and among English speakers it is 8.8%. In the Gaspésie-Îles-de-la-Madeleine region, English speakers are much more likely than French speakers to be unemployed and slightly more likely to be out of the labour force, and for both language groups the rates are much higher than the provincial average.

### Labour force activity

	Province of Quebec		RSS de la Gaspésie-Îles-de-la-Madeleine		CSSS Baie-des-Chaleurs	
	English	French	English	French	English	French
In the labour force	64.6%	65.3%	49.3%	54.0%	50.6%	53.9%
Employed	91.2%	93.4%	71.6%	83.5%	66.3%	84.0%
Unemployed	8.8%	6.6%	28.4%	16.5%	33.7%	16.0%
Out of the labour force	35.4%	34.7%	50.7%	46.0%	49.4%	46.1%

Source: CHSSN 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities

### Unemployment rate in New Carlisle, by sex and language



Source: Statistics Canada, 2006 Census of Canada, Community Profile: Municipality of New Carlisle

In the Baie-des-Chaleurs health region, the unemployment rate for French speakers is the same as in the region as a whole (16%) but for English speakers it is higher (33.7%). In fact English speakers are more than twice as likely to be unemployed as French speakers. They are also more likely to be out of the labour force than French speakers (7% more). In the community of New Carlisle, the situation is similar; English speakers are also more likely to be unemployed than French speakers, and men are more than women.

Accordingly, incomes tend to be lower in the Gaspésie-Îles-de-la-Madeleine region than in the province overall. In the Baie-des-Chaleurs health region, a higher proportion of English speakers have incomes below \$10,000, compared to French speakers (30.8% compared to 25.2%), and a lower proportion has incomes over \$50,000 (only 6.6% compared to 10.1% among French speakers). These figures suggest higher rates of poverty among English speakers in the region and among Gaspeians generally as compared to the rest of Quebec.

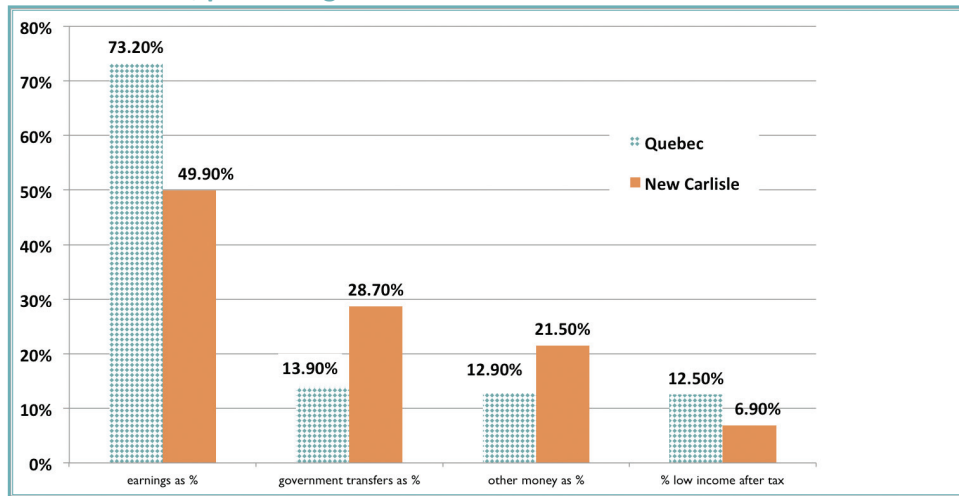
### Income, population age 15+

	Province of Quebec		RSS de la Gaspésie-Îles-de-la-Madeleine		CSSS Baie-des-Chaleurs	
	English	French	English	French	English	French
Under \$10,000	27.6%	23.4%	28.7%	25.1%	30.8%	25.2%
\$10,000-\$29,999	35.8%	36.9%	49.0%	46.0%	46.2%	43.4%
\$30,000-\$49,999	19.4%	23.1%	15.5%	19.9%	16.5%	21.3%
\$50,000 and over	17.2%	16.6%	6.8%	9.0%	6.6%	10.1%

Source: CHSSN 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities

In New Carlisle, incomes for the population in general the median income after tax for persons age 15 and over with income was \$18,582, compared to \$22,471 for the province as a whole. Earnings represent a smaller percentage of income than in Quebec overall, and government transfers and other money represent a higher percentage. Interestingly, the percentage of all persons in private households living below the low income cut-off is lower in New Carlisle than in Quebec as a whole.

## Income in 2005, persons age 15 and over with income



Source: Statistics Canada, 2006 Census of Canada, Community Profile: Municipality of New Carlisle

## PERSPECTIVES FOR THE FUTURE

One area that was identified at the community consultation as having economic development potential is tourism. Many people would like to see the main street become more attractive to tourists, with a range of small businesses. Given the heritage buildings and the beauty of the main street and surrounding area—with its beaches, parks, boardwalk, hiking and ski trails, and more—residents consider New Carlisle to have the potential to be an attractive place for visitors.

This was echoed in a 2005 meeting organized by CEDEC in which the heritage and tourism potential of New Carlisle was seen as being linked to its history as a shire-town and county seat; as a legal, administrative, political, educational and railway centre; as the hometown of the late René Lévesque and other famous individuals; and as a town with many historic buildings. Ideas put forward at that time included finalizing heritage tours by offering rides in horse-drawn carriages or a mini-bus, and by producing promotional material. Activities and information on René Lévesque were also part of that vision. There was also an interest in continuing to beautify the main street and to attract more small businesses.

## SUMMARY OF ECONOMIC CONDITIONS

In the area of the economy, employment and income participants at the community consultation felt that new Carlisle had several assets: the good levels of bilingualism among residents, the adult education centre, and government incentives to return to the area. Some also believe that the cost of living is lower and that jobs are available, at least in some fields. There are, however, many challenges: many residents remain unemployed or on social assistance, and there are many barriers to getting off government transfers and back into the labour market. Many jobs in the region are seasonal and therefore do not offer job stability or security. The number of businesses in New Carlisle is considered low and participants felt that there was a lack of support for local businesses, making it hard to succeed. In addition, the English-speaking population seems hesitant to take out loans or apply for grants, which is related to a historic disconnect between this group and government institutions. The community's vision for the future focuses mainly on attracting tourism by featuring the town's heritage and natural environment, as well as by making the already attractive main street even more so.

A table summarizing strengths, challenges and future perspectives is provided at the end of the document.

# Environment

*a beautiful natural environment that is not showcased*

In this section we present the perspectives expressed by community members at the consultation held in July 2011 concerning the natural and built environment in New Carlisle, followed by some relevant statistics and perspectives for the future. A summary table brings together that information.

<b>Social Determinant of Health</b>	<p>The natural and built environment is one of the determinants of health as it plays an important role in people’s quality of life as well as their physical and psychological well-being. At certain levels of exposure, contaminants in our air, water, food and soil can cause a variety of adverse health effects, including cancer, birth defects, respiratory illness and gastrointestinal ailments. In the built environment, factors related to housing, indoor air quality, and the design of communities and transportation systems can significantly influence our health, both as individuals and as communities.</p> <p>Where people live affects their health and chances of leading flourishing lives. Communities and neighbourhoods that ensure access to basic goods, that are socially cohesive, that are designed to promote good physical and psychological wellbeing, and that are protective of the natural environment are essential for health equity.</p> <p>For example, it has been shown that various elements of the built environment and services environment affect people’s behaviours, such as the amount of physical activity they do or their diet, which in turn can have an effect on physical characteristics such as body weight. Since obesity has become one of the most troubling public health problems in recent years—described as an epidemic by the World Health Organization—researchers and health organizations are seeking to better understand how to promote healthy lifestyles and prevent weight-related problems. There are many ways to change the environment to encourage people to use active transport, to eat healthier foods and to interact with their neighbours. For example, neighbourhoods can be designed with a blend of commercial and residential uses, with walking and biking paths, and with easy access to public transit and recreational infrastructures. This makes it easier for residents to do a number of activities in a walkable radius and have more frequent contact with neighbours.<sup>33</sup></p>
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## NEW CARLISLE’S STRENGTHS

Residents of New Carlisle value many different aspects of their local environment and consider them assets to the community. The area by the water, with its **boardwalk, benches, park and clean beach** give residents and visitors a place to walk and spend time outdoors. In addition, there are **hiking and ski trails** for recreational activities. New Carlislers feel that the scenery is beautiful in their town, with its mature trees, heritage homes and general cleanliness. *As one participant stated, “What sets my community apart is the beauty and tranquillity it holds and the quality of life I enjoy.”*

## CHALLENGES FACING NEW CARLISLE

At the community consultation, very few specific concerns were raised regarding the natural or built environment. There were, however, comments about the **state of some homes and buildings**: *“In New Carlisle, there are as many mu-*

*seums and up-kept properties as there are run-down or abandoned buildings.”*

In addition, people felt that there is **potential that is currently not being used**. For example there is *“A lot of land in New Carlisle, (fields) that are not being used for anything, there is potential there.”*

In addition, signage is considered poor: *“we have a beautiful municipal park on the beach, and a boardwalk and can-teen and even a camping ground. Nobody would know this if they were from out of town!”*

## **PERSPECTIVES FOR THE FUTURE**

Several ideas were proposed at the community consultation for improving the natural and built environment in New Carlisle. Participants suggested **improving the signage on the main street** to attract visitors to the town’s natural attractions, such as the area along the beach, the ski trails, the bird sanctuary, and the campground.

A **vision for the future of the community also included several ideas for the environment**. A “New Carlisle goes green” orientation was suggested, including a recycling depot and an organic farmers market. Some residents also wanted to see the green improved and the marsh area revitalized. Others also suggested improving the roads, and fixing potholes.

## **SUMMARY OF THE ENVIRONMENT**

On the one hand, the natural environment in New Carlisle is considered to be an important aspect of people’s quality of life, with the green, the beach, hiking trails and other areas that can be enjoyed by residents. On the other hand, there is some room for improvement in the built environment. The vision for the future included suggestions for both, with improvements to the green and marsh area, but also to signage and roads.

A table summarizing strengths, challenges and future perspectives is provided at the end of the document.



Boardwalk | Photo: Mary Richardson



# Towards community and personal health and well-being

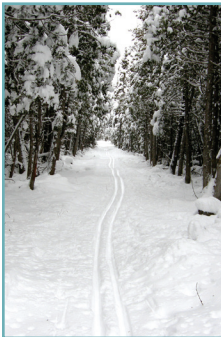
In this section we present the perspectives expressed by community members at the consultation held in July 2011 concerning community and personal health and well-being in New Carlisle, followed by some relevant statistics and perspectives for the future. A summary table brings together that information.

## Social Determinant of Health

As we have seen, all of the above themes affect health and well-being in a myriad of sometimes complex ways. Social and physical environments—including social support networks, community organizations, educational opportunities, employment, incomes and social status, the natural environment, urban planning, transportation systems and the state of buildings, for example—are what most affect the health of both individuals and communities.

Health and social services also have a role to play in maintaining good health, preventing illness and treating people for health and social problems. In fact, the health care system itself is seen as a health determinant as well as a basic human right. Being able to access such services in an effective, efficient and reassuring way is therefore important. In Canada, we have a universal health care system that requires provinces to provide all “medically necessary” services on a universal basis. Yet access to care remains better for those in higher income brackets, and drug prescriptions are less likely to be filled by low-income earners. Many low- and moderate-income Canadians have limited or no access to non-insured health services such as eye care, dentistry, mental health counselling and prescription drugs.

People’s health and well-being are affected by the interconnections between all the health determinants. A good example of this is the issue of food insecurity. Food is one of the basic human needs and it is an important determinant of health and human dignity. Food insecurity more often affects households with lower incomes, lower educational levels, and other forms of deprivation. People who experience food insecurity are unable to have an adequate diet in terms of its quality or quantity. They consume fewer servings of fruits and vegetables, milk products, and vitamins than those in food-secure households. Dietary deficiencies – more common among food insecure households – are associated with increased likelihood of chronic disease and difficulties in managing these diseases. Food insufficient households were 80% more likely to report having diabetes, 60% more likely to report high blood pressure, and 70% more likely to report food allergies than households with sufficient food. Finally, increasing numbers of studies indicate that children in food insecure households are more likely to experience a whole range of behavioural, emotional, and academic problems than children living in food secure households. Additionally, food insecurity produces stress and feelings of uncertainty that can have a negative impact on health.<sup>34</sup>



Snow Trail, Park, and Boardwalk | Photo: Mary Richardson

## *NEW CARLISLE'S STRENGTHS*

In the discussions held in New Carlisle, participants identified a number of assets that the community has in supporting health and well-being among residents. Some of the assets are the **physical spaces and infrastructures**, such as the parks, the boardwalk, the beach and a clean and safe environment for children.

Other assets are related to the **services offered in the community**. First there are the community organizations that offer services. For example, Family Ties proposes activities such as Munchkin Mansion, pre- and post-natal courses, and collective cooking. There are also municipal and privately offered physical activities such as women's volleyball, Zumba classes, tennis and line dancing. The new Community Learning Centre (CLC) is also a community resource for promoting health and well-being among community members.

In addition, **public and private health care services** are also available, such as dentist visits to the school, the local CLSC and family doctors.

## *CHALLENGES FACING NEW CARLISLE*

Participants also identified some health-related issues for New Carlisle, such as **overweight youth** and the **difficulty in eating fruits and vegetables due to high cost**. In addition many young people seem to be taking up smoking. Lack of education for families concerning healthy eating habits is a challenge.

An added challenge is that **health-related information is not always available in English** and people do not always know where to go and who to call to access resources and services. In particular, little help is available to English speakers with mental illness and day cares are not for everyone.

People felt that there are **insufficient resources for those in the middle-age group**, because resources focus mainly on seniors and young families.

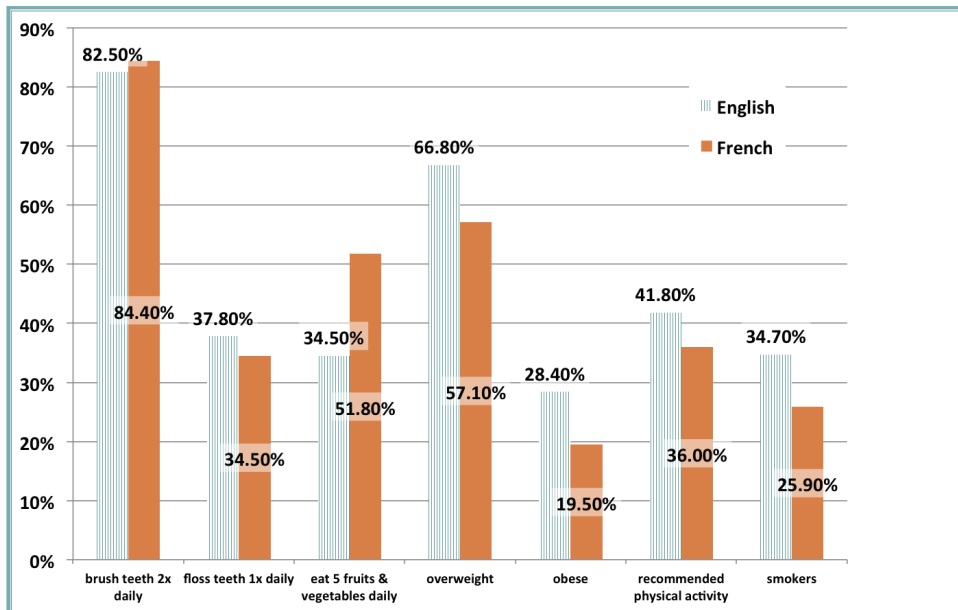
Wait times are said to be long at the local CLSC, particularly in cases where the doctor has to leave because of an emergency. There are **not enough family doctors** in the area and medical staff are believed to be overworked.

## *SOME HEALTH STATISTICS FOR THE BAIE-DES-CHALEURS TERRITORY*

Findings from the public health report for the Baie-des-Chaleurs point to various aspects of health and well-being that affect the population.<sup>35</sup> On the positive side, the area has lower rates of chronic disease than in Quebec as a whole. Life expectancy is higher in the Baie-des-Chaleurs than in Quebec generally. In addition, the Gaspésie region has lower alcohol intake rates than the other regions, and smoking rates are on the decline (but the highest rates are among people aged 25-44).

On the negative side, deaths caused by road accidents are an alarming 16.5% (compared to 9.8% for the province)—with high rates of accidents involving off-road vehicles—and they are higher among men than women. Suicide rates in the territory are lower for women than in Quebec as a whole, but the Baie des chaleurs area has the highest suicide rates in all the Gaspé Coast and the Gaspé Coast has a significantly higher level of suicide for men than the rest of Quebec (46.8 per 100,000 compared to 29.8 for Quebec overall).

## Health-related indicators for English and French speakers in the Gaspésie-Îles-de-la-Madeleine region



As far as lifestyle variables are concerned, 3/10 people are not physically active and half the population does not eat 5 portions of fruits and vegetables a day, especially those 25-64 years of age. In the region as a whole, 13% of the population of Gaspésie-Îles-de-la-Madeleine lives with food insecurity and half the population is overweight.

Source: L'état de Santé et de bien-Être de la Population Baie-des-Chaleurs (Agence de la santé et des services sociaux de la Gaspésie-Îles-de-la-Madeleine 2011). This information is for all English speakers living in the Gaspésie-Îles-de-la-Madeleine and is not broken down by CSSS or municipality.

## PERSPECTIVES FOR THE FUTURE

Various ideas were shared regarding ways to improve health and well-being among New Carlislers. Participants believe that **youth need to be enticed to be physically active** and some suggest offering different sports than those currently available, and using the arena more as a way to get them involved. Some participants also maintain that **families need to be educated regarding healthy eating habits**.

As mentioned above, many people feel that a **teen centre** (maison de jeunes) is badly needed so that young people have a space of their own to be together. The centre would need to have a qualified person in charge (with a social service background for example) so they can help teens in need of certain services. The CLC may be a partial response to this need, although it is not specifically for youth.

In terms of health care services, participants would like to see **new health professionals attracted to the area**, possibly with incentives. Specifically, specialized doctors and family doctors are needed. One suggestion as a way to improve the situation is to give students from the area **information about job opportunities in the health sector**, including projections of what will be available in the next five years. This may encourage them to pursue studies in the field and return to the Baie-des-Chaleurs afterwards. Another suggestion was that the MRC (RCM) **actively court university graduates** to entice them to work in the area. In addition, some would like to see **more alternative health practitioners** in the area (such as naturopaths, acupuncturists, osteopaths, yoga teachers, etc.).

Concerning wait times at the CLSC, one suggestion was that the **staff advise patients of the expected wait time** so that they can go home and come back later. Information on the resources available or literature on medical problems needs to be made available in English for the English-speaking community.

## *SUMMARY OF HEALTH AND WELL-BEING*

While New Carlisle has some outdoor spaces and organizations that offer opportunities to be physically active and socially engaged, fostering healthy lifestyles remains a challenge. Unhealthy eating habits, lack of physical activity and smoking, for example, continue to have a negative impact on the health and well-being of many residents. The difficulties finding health information in English do not help. In addition, health services are not always available in English to those who need it and wait times can be long. New Carlislers' vision for the future includes healthy lifestyles and habits, more health professionals in the area (including alternative practitioners) and better management of wait times. People also would like to have more information in English on the resources available and on medical problems.

A table summarizing strengths, challenges and future perspectives is provided at the end of the document.

## MOVING AHEAD

For the past three years CASA has been actively and enthusiastically building partnerships with the English-speaking community and community organizations in and around New Carlisle. Establishing partnerships with the Municipality of New Carlisle, CLD, Eastern Shores School Board and individual schools and CSSS's has ensured the inclusion of all who live, work and enjoy the community; information sharing and accurate knowledge base; the development of a shared and community driven vision for the future; sharing of community responsibility and resources as well as ensuring each organization is participating in a manner which maximizes their strengths.

This process took time and involved getting to know each other and understanding the roles, mandates and objectives of each organization. It involved transparency and building trust to overcome barriers and develop a community vision that balanced the needs and wants of all its members.

By working together and mobilizing community members, New Carlisle has seen the development of both Family and Seniors' Policies; a Youth Action Plan designed to support all Gaspesian youth; the development and delivery of a CLC and a focus on building a economic development plan around the strengths of New Carlisle, including its rich culture and tourism potential. There continues to be a strong level of commitment and participation from the community and its organizations. This level of engagement will lead New Carlisle in becoming the vibrant and vital community its members wish it to be.

### VISION FOR THE FUTURE

At the town hall meeting held in New Carlisle in July 2011, participants enthusiastically imagined what they would like their community to look like in another five to ten years. Some did, however, point out that this kind of exercise needs to be followed up by actions and concrete achievements so that people remain enthusiastic and convinced that change is possible. It can be fun to do a visioning exercise, but it can be discouraging if it doesn't go anywhere.

As signs of community vitality, participants would like to see more babies, more businesses and more apartment buildings. Some even dreamed of a shopping mall, a Chapters book store, a movie theatre or a facility that can host large events such as weddings and other receptions. This vision of a dynamic community included a wider range of restaurants (for example, some fast food and some ethnic cuisine) and an organic or local farmers market.

They would like to see more services as well: more educational services (including trade programs being offered in the high school) and more services for the handicapped. They would also like more health professionals with more availability, such as doctors and dentists. In this vision, government agencies would be better known and more visible.

To encourage physical activity, participants would like the community to have a swimming pool, a gym and a skating rink with artificial ice so it can be used for a longer period (perhaps separating the curling section from the free skating section). Soccer and softball leagues were on the wish list too. *"We need a sports centre or community centre as big as IGA!"*

To enrich the cultural life of New Carlisle, people imagined a community centre, a library and a hang-out spot for teenagers. *"We need to consider a Maison des jeunes concept with a specialized worker."*

Some would also appreciate the opportunity to take adult or popular education courses in a wide range of subjects, from philosophy and religion, to pottery, yoga, music, cooking, languages and other topics. And most of all, they would like to see these services being accessible to everyone and used by everyone!

The infrastructure of the community was also the subject of some people's visions: a recycling depot, improvements to Vimy Street and roads without potholes. Some would like to see the main road be beautified (with elegant lamp posts and more trees) and large signs installed to point out community attractions. They also dreamed of a decrease in vandalism.

In addition, people imagined an improved Green (possibly with a permanent structure to host cultural activities and entertainment) and a revitalized marsh area. Some imagined New Carlisle "going green" or becoming a "healthy community." An increased awareness of public transportation was seen as part of this.

To strengthen social and community life, some wanted to see volunteer renewal and an increased recognition of the community. *"We need this town to support the volunteers and encourage new ones."* In order to circulate information in the community a community calendar could be set up as well as a community message board. *"We need a calendar that is easily accessed and updated."* To help people feel that they belong, a newcomer's package could be put together and a baby's welcome package as well.

In order for this vision to become reality several suggestions were made:

*"We need to have some kind of network here for businesses in New Carlisle, a table of some kind."*

*"Committees should be formed."*

*"People have innovative ideas and should be encouraged to get involved with new projects."*

*"Volunteers need to be recognized for the projects that they have done in town; it creates a sense of pride and encourages others to get involved."*

The information included in this portrait, as well as many other sources of information, were used by various committees to develop a municipal development plan for the town of New Carlisle. Presented in an appendix is the outcome of that process.

Summary	COMMUNITY LIFE	EDUCATION	ECONOMY	ENVIRONMENT	HEALTH
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Good sense of community</li> <li>• Great place to raise children</li> <li>• Presence of English and French</li> <li>• Heritage (Loyalists)</li> <li>• Services and infrastructures</li> <li>• New Carlisle's who have come home</li> <li>• Many community events</li> </ul>	<ul style="list-style-type: none"> <li>• Children can receive most of their education in their home community</li> <li>• Small classes=individual attention</li> <li>• Strong team of teachers</li> <li>• Good discipline and structure</li> <li>• French immersion program</li> <li>• Work-oriented pathway for students with non-academic orientation</li> <li>• Breakfast programs</li> <li>• Family Ties programs</li> <li>• Adult Education Centre</li> <li>• Life Association for special needs</li> </ul>	<ul style="list-style-type: none"> <li>• Good levels of bilingualism</li> <li>• Government incentives to return to the area</li> <li>• Adult education centre</li> <li>• Low cost of living?</li> <li>• Availability of jobs?</li> </ul>	<ul style="list-style-type: none"> <li>• Area by the water: boardwalk, benches, park and clean beach</li> <li>• Hiking and ski trails</li> </ul>	<ul style="list-style-type: none"> <li>• Physical spaces and infrastructures</li> <li>• Services offered in the community that involve physical activities</li> <li>• Health care services</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Lack of activities for kids</li> <li>• Not as dynamic as it could be</li> <li>• Volunteers need direction</li> </ul>	<ul style="list-style-type: none"> <li>• Limited services and supports for handicapped or special needs children</li> <li>• Teacher's assistants have little training</li> </ul>	<ul style="list-style-type: none"> <li>• High levels of unemployment and social assistance</li> <li>• Many jobs are seasonal</li> <li>• Lack of businesses</li> <li>• Lack of support for local businesses</li> <li>• Hesitancy to take out loans or grants</li> <li>• Disconnect between English speakers and government institutions</li> <li>• Difficulty getting off social assistance</li> <li>• Lack of housing options</li> </ul>	<ul style="list-style-type: none"> <li>• Dilapidated state of some homes and buildings</li> <li>• Potential not fully realized</li> <li>• Poor signage</li> </ul>	<ul style="list-style-type: none"> <li>• Overweight youth</li> <li>• Unhealthy eating habits</li> <li>• Smoking rates are high among youth</li> <li>• Health information is not always available in English</li> <li>• People do not always know where to go and who to call to access resources and services</li> <li>• Lack of help for ES with mental health problems</li> <li>• Insufficient resources for middle-aged people</li> <li>• Wait times are long</li> <li>• Not enough family doctors and other health care professionals</li> </ul>
<b>Future</b>	<ul style="list-style-type: none"> <li>• Teen centre</li> <li>• CLC open in the summer</li> <li>• Activities for youth: work-out, drop-in, soccer, skateboard, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Get parents and community more involved in schools</li> <li>• Place more emphasis on learning French from a young age</li> <li>• Determine need for teacher's assistant for each classroom</li> <li>• Hold back students who do reach grade level expectations and invest resources in helping them to read and write</li> <li>• Schools need psycho-educators, career counsellors and guidance counsellors</li> <li>• Encourage students to complete high school, rather than go on to adult education</li> <li>• Offer more extra-curricular activities</li> <li>• Offer different &amp; renewed programs at adult education centre</li> <li>• Project a positive image of trades</li> <li>• Offer university-level distance education programs at adult education centre</li> <li>• Offer programs/training and financial assistance for teacher training</li> </ul>	<ul style="list-style-type: none"> <li>• Tourism</li> <li>• Make main street more attractive, with more businesses</li> </ul>	<ul style="list-style-type: none"> <li>• Improve signage on the main street</li> <li>• New Carlisle goes green</li> <li>• Improve green and revitalize the marsh area</li> <li>• Improve roads, and fix potholes</li> </ul>	<ul style="list-style-type: none"> <li>• Educate families on healthy eating habits</li> <li>• Create teen centre</li> <li>• Attract new health professionals</li> <li>• Give students from the area information about job opportunities in the health sector</li> <li>• Court university graduates to entice them to work in the area</li> <li>• Attract more alternative health practitioners</li> <li>• Staff could advise patients of the expected wait time</li> <li>• Make available information in English on resources available or on medical problems</li> </ul>

## Endnotes

1. Institut national de santé publique du Québec (2002). *La santé des communautés : perspective pour la contribution de la santé publique au développement social et au développement des communautés*. Québec : INSPQ, 46 p. [www.inspq.qc.ca](http://www.inspq.qc.ca)
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5. Simard, Paule, 2009. "Villes et villages en santé--le concept" pages 161-183 dans Roger Lachance, *L'obsession du citoyen*, Réseau québécois de Villes et Villages en santé.
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7. These findings are for those who speak English as their mother tongue. In 2001, over 67% of English speakers reported that they were bilingual in French and English, as compared to 51% of speakers of other languages and 37% of French-speakers (Parenteau et al., 2008).
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17. Minkler, Meredith and Nina Wallerstein 2003. *Community-Based Participatory Research for Health*, Jossey-Bass: San Francisco.
18. This section is based largely on *A Portrait of the English-Speaking Community of the Gaspé Coast (CASA 2010)*, available on its website: <http://www.casa-gaspe.com> Please refer to the document for bibliographic references.
19. MRC de Bonaventure, *Au Coeur de la Baie-des-Chaleurs, Gaspésie*. (Accessed 2011-02-27), [www.mrcbonaventure.com/mrc/portrait-de-la-mrc](http://www.mrcbonaventure.com/mrc/portrait-de-la-mrc)
20. This section is based largely on information from the Kempffer House website: <http://gaspesie.quebecheritageweb.com/exhibit/kempffer-cultural-and-interpretation-centre-overview-our-permanent-exhibition>
21. Kempffer House interpretation guide by Sophie Turbide, 2011.
22. In 1946, Houde increased the antenna to 5000 Watts. CHNC was entirely Francophone, but he founded channel CKNB in Campbellton in order to serve the Anglophone listeners.
23. This section is based largely on *A Portrait of the English-Speaking Community of the Gaspé Coast (CASA 2010)*, available on its website: <http://www.casa-gaspe.com> Please refer to the document for bibliographic references.
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  32. We have retained only the municipalities with over 1,000 residents. A complete table is available at: [www.mamrot.gouv.qc.ca](http://www.mamrot.gouv.qc.ca)
  33. See Public Health Agency of Canada, “What Makes Canadians Healthy or Unhealthy?” [www.phac-aspc.qc.ca](http://www.phac-aspc.qc.ca); Ministère de la Santé et Services sociaux du Québec 2007, “Health, in other words...” [www.mssss.gouv.qc.ca](http://www.mssss.gouv.qc.ca); CHSSN 2003, A Community Guide to the Population Health Approach, [www.chssn.org](http://www.chssn.org); Juha Mikkonen and Dennis Raphael, 2010. Social Determinants of Health, The Canadian Facts. Toronto: York University School of Health Policy and Management.
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