

Population Health Profile 2022



Bathurst, Beresford, Petit-Rocher Area



New Brunswick
Health Council | Conseil de la santé
du Nouveau-Brunswick



About the New Brunswick Health Council

The New Brunswick Health Council (NBHC) has a two-part mandate: engaging citizens in ongoing dialogue about the improvement of health service quality in the province, and measuring, monitoring and publicly reporting on health service quality and population health. Together, these two streams of activity contribute to greater accountability, improved health system performance, population health outcomes and promotion of a more citizen-centered health care system.

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Profil de santé de la population 2022 — Région de Bathurst, Beresford, Petit-Rocher

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What is a Population Health Profile?

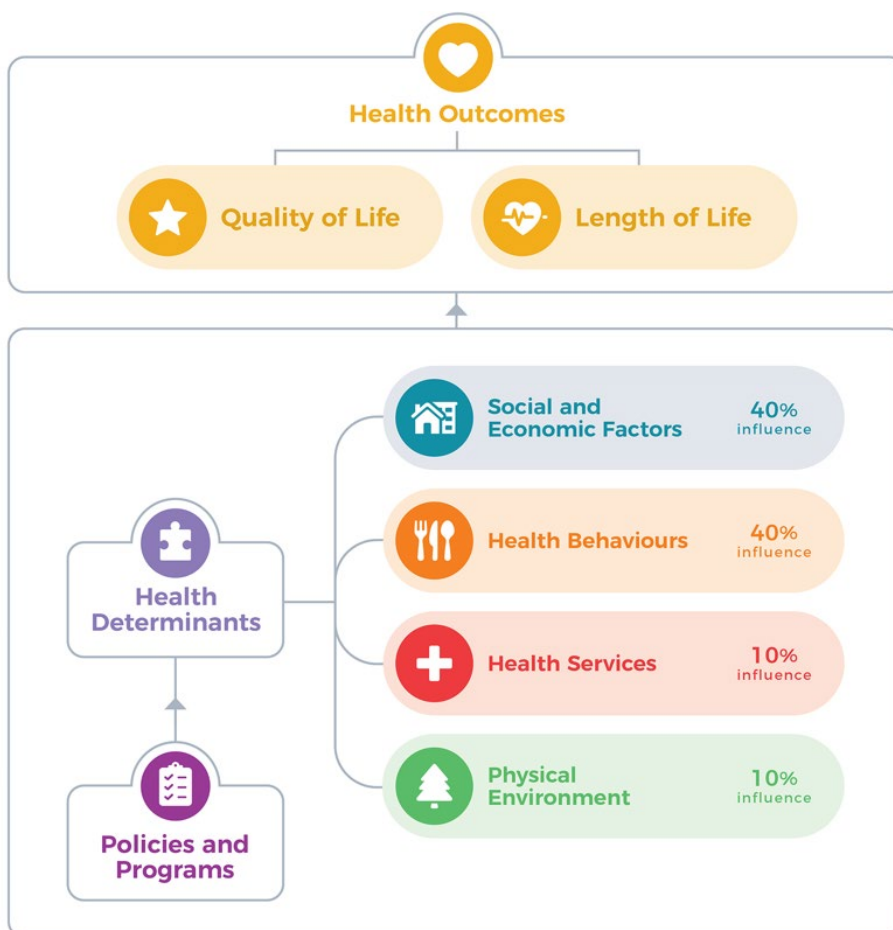
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding of the unique realities lived in each community and can be used to foster collaboration toward a common vision of informed, engaged, and healthier New Brunswickers.

Each profile was created by analyzing information from more than 400 population health indicators, available in the *Population Health Data Tables* on the [NBHC website](#). The information included helps us understand how healthy the citizens in our communities are today (health outcomes) and what factors influences their health and well-being (health determinants).

The Population Health Model

The *Population Health Profile* is based on a *Population Health Model*. This model groups the determinants of health into four categories: health behaviours, health services, social and economic factors, and the physical environment. Each category can be influenced by our individual decisions about our health and well-being, external factors that influence the health of the population, and government programs and policies.

Together, these determinants impact New Brunswickers' health outcomes: our quality and length of life.





About the Data and Geography

Indicators from a variety of sources are collected, organized, and analyzed by the NBHC. Each has various levels of reliability and limitations as detailed in the specific indicator web page on the [NBHC website](#). The complete list of indicators used in this profile can be found at the end of the document.

Population Health Profiles are available for each of the 7 Health Zones and 33 NBHC Communities. The boundaries of the seven health zones were established by provincial legislation, while the 33 communities were created by the NBHC in 2009 (by further dividing up the seven established health zones). The community boundaries were determined on the basis of the catchment areas of health care centres, community health centres and hospitals. No community has fewer than 5,000 people to ensure data availability, stability, and anonymity.

To learn more about the 33 NBHC Communities, click [here](#).



Key observations for the Bathurst, Beresford, Petit-Rocher Area

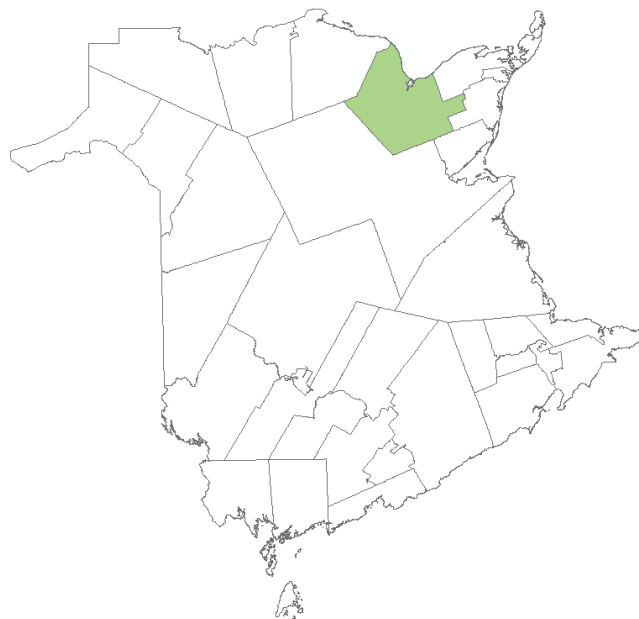
- The population is older than the provincial average and is predominantly bilingual.
- Heart disease and cancer prevalence are more common in this community.
- Youth have a good connection with the people in their life and their school.
- The rate of hospitalization for mental health disorders is high, especially for youth.



Health of the Community

Demographic Context

- Land area: 2759 km²
- Population density: 12 persons per km²



The Bathurst area experienced a population increase of 1.3% between 2016 and 2020; this figure is lower than the provincial average. The median age in this community is 51 years, which is higher than the provincial average (45.7 years). The birth rate (seven per 1,000 population) is lower than the provincial figure, while the opposite is true for the death rate (11 per 1,000 population). The Bathurst area does not have a large immigrant population (2.2%) or visible minority population (1.7%). Approximately 4% of the population in this community identifies as Indigenous, the same as the provincial average.

In the Bathurst area, the percentage of people who say they know both official languages (64%) is much higher than the provincial average (34%). The same is true for the rate of bilingualism among youth (71%). The percentage of English-speaking residents who always receive health services in English (78%) is lower than the provincial average (96%). Only 38% of residents reported that English is the language spoken most often at work, while 74% of all New Brunswickers reported speaking English most often at work. Half of residents reported speaking French most often at work, more than double the provincial average (22%).





Health Outcomes

Two chronic health conditions affect Bathurst area residents aged 18 years and older at a higher rate than the provincial average, namely heart disease (14%) and cancer (13%). Depression affects 13% of residents, which is lower than the provincial average (17%). About one-third of youth reported symptoms of depression, lower than the provincial average (38%). Well over half of youth perceive their health as very good or excellent (64%). The percentage of seniors in the community who regularly take six or more prescription drugs (27%), exceeds the provincial average (23%).



Determinants of Health

Social and economic factors

Family and social support for youth in the Bathurst area is better than average in some respects. More than half of youth eat dinner with family and friends (52%) and roughly the same percentage feel that their parents or guardians know them well (56%) and support them in difficult times (55%). In addition, 82% of youth with mental fitness needs feel that their needs are highly satisfied by their family and friends.



Youth in this community also have a good sense of connection to their school. The vast majority of them have a sense of belonging at school (94%) and feel that they are treated fairly by teachers (85%). In addition, three out of five youth with mental fitness needs feel that their needs are highly satisfied by the school, a percentage that is slightly higher than the provincial average (57%). The Bathurst area has a higher-than-average number of approved child care spaces for children of all ages; there are twenty-three seats per 100 population aged one and under, 90 seats per 100 population aged 2 to 4, and 38 seats per 100 population aged five to 12.

The residents of this community have a lower level of education than that of the province as a whole. One in five residents do not have a high school diploma, while a high school diploma (or equivalent) is the highest level of education achieved by just over one-quarter of residents. The labour force participation (54%) and employment (47%) rates are lower than the province-wide rates, although they are average for the North-East New Brunswick region (Zone 6).



Some reasons for stress among seniors are cited more frequently than in other New Brunswick communities. More specifically, 28% of seniors reported caring for others while 45% said the health of family members are sources of stress. These percentages are among the highest in the province.

Physical environment

The Bathurst areas has the lowest concentration of ground-level ozone (49 micrograms per m³ of ambient air) of any community for which data is available. Ground-level ozone is a colorless and extremely irritating gas that forms just above the earth's surface and can have significant effects on human health.¹ Two out of five households have high levels of radon. This community also experienced more extreme heat events (2) and extreme cold days (3) than most other areas of the province during the period under consideration. The number of boil water orders (2) is also higher than average.

Health Behaviours

The health behaviours of Bathurst area residents are mixed, and in some respects better than average. For example, this community has one of the highest percentages of seniors (69%) who usually get seven or more hours of sleep each night. In addition, only 3% of adults and seniors use cannabis. On the other hand, only one-third of seniors eat at least five servings of fruits or vegetables each day. The community also has one of the highest percentages of youth who have eaten at a fast-food restaurant at least three times in the past seven days (19%).

¹ Source: Government of Canada <https://www.canada.ca/en/environment-climate-change/services/air-pollution/pollutants/common-contaminants/ground-level-ozone.html>

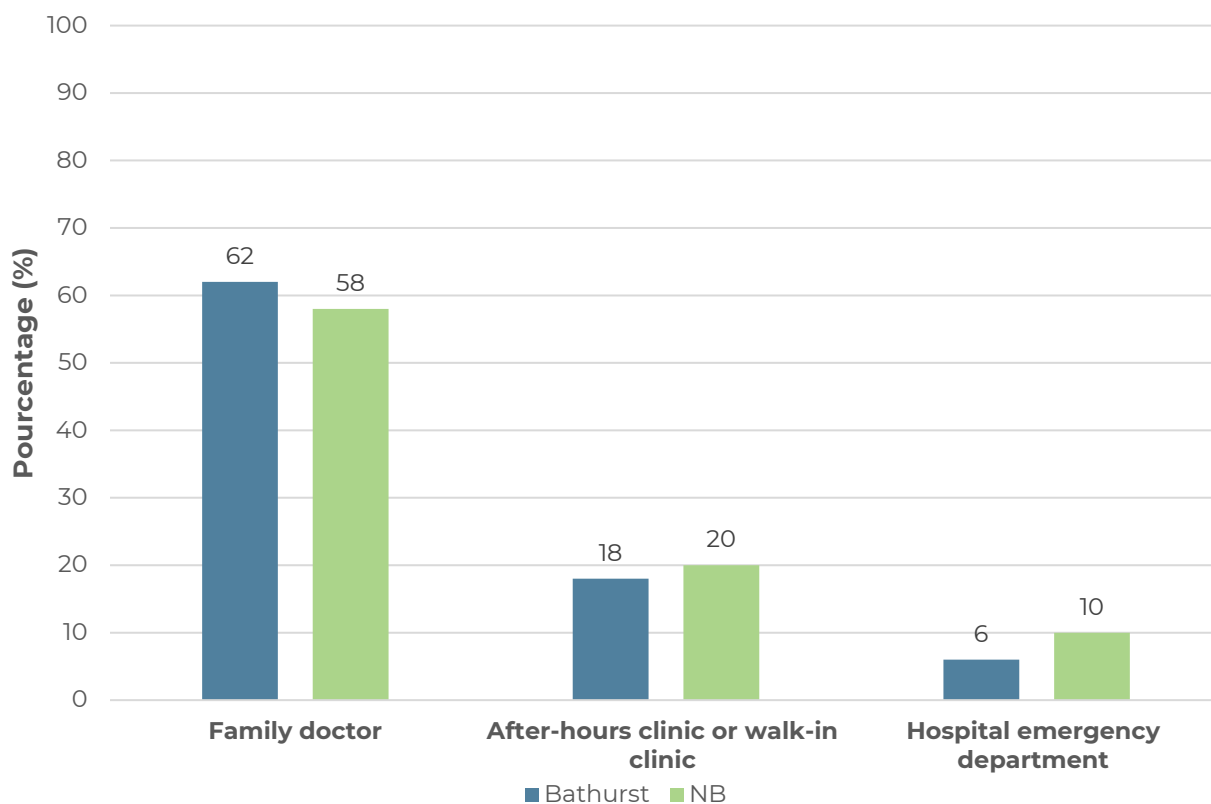


Health Services

The Bathurst area is below the provincial average for access to primary care services. Less than half of adults (48%) and seniors (45%) reported they can get an appointment with their family doctor within five days. In addition, less than two-thirds of those surveyed reported waiting less than four hours to access emergency services.

When ill or in need of care services, Bathurst area residents use primary care services at frequencies that are roughly similar to the provincial averages (see Figure 1).

Figure 1. Types of Services Most Often Used When Care Services are Needed in Bathurst, Beresford, Petit-Rocher Area



Hospitalization rates for mental health disorders are higher than the provincial average for all age groups, including the highest rate in the province for youth. The rate of preventable hospitalization in the Bathurst area is also higher than the provincial average.



In this community, the number of residents of all age groups who reported feeling the need to see a professional for their mental health is similar to the provincial average. Of those, 8% of youth and 40% of adults have not seen or spoken to a health professional, despite feeling the need to do so.

Only two in five adults reported being knowledgeable about the effects of each of their medications and feeling very confident about their ability to manage their health. A lower-than-average percentage of residents reported having enough time to talk to their family doctor (63%) and feeling included in decision-making about their health (64%).

When it comes to rating the health services received, the level of satisfaction reported by Bathurst area residents was one of the highest. Seventy-three percent of adults and 84% of seniors gave the health services they received a positive rating.



Conclusion

In summary, the Bathurst, Beresford and Petit-Rocher Area has an older-than-average population, and it experienced a smaller rate of growth as compared with the province as a whole. Its population is predominantly bilingual and has relatively few newcomers.

Some chronic health conditions, including heart disease and cancer, affect the population of this community more frequently than the average. Other health conditions, such as depression, are less common.

In general, Bathurst youth have a good sense of connection to their communities and schools, and the area has a relatively high number of approved child care spaces. The labour force participation, employment and education levels of community residents are generally lower than average.

Access to primary health care is less favourable than average in this community, both in terms of appointments with a family doctor and wait times for emergency services. The rate of hospitalization for mental health disorders is high, especially for youth. However, residents of the Bathurst area are very satisfied with the health services they have received.



Source

Detailed information for each indicator used for these observations is available on the New Brunswick Health Council website. The list of indicators, their unique code and the year of dissemination are available (Table 1) to facilitate this research.

It is important to note that the indicators are continuously updated on the NBHC website.

[Bathurst, Beresford, Petit-Rocher Area | New Brunswick Health Council \(nbhc.ca\)](https://www.nbhc.ca)

Table 1. Indicator, unique code and year of dissemination		
Indicator	Unique Code	Year
Demographic Context		
Land area	STATC-CENCU-001	2016
Population density	STATC-CENCU-002	2016
Population change from 2016 to 2020	STATC-SCCEN-024	2016 to 2020
Indigenous	STATC-SCCEN-023	2016
Immigrant	STATC-SCCEN-009	2016
Visible minority	STATC-SCCEN-022	2016
Median age of population	STATC-SCCEN-002	2016
Birth rate	SNB-VITST-002	2014 to 2018
Death rate	SNB-VITST-001	2014 to 2018
Language most spoken at work - English	STATC-SCCEN-019	2016
Language most spoken at work - French	STATC-SCCEN-020	2016
Knowledge of official language - French and English	STATC-SCCEN-018	2016
Youth bilingualism - English and French	STATC-SCCEN-001	2016
Always receive health care services in the official language of their choice - English	PH_LOS03_2	2020
Health Outcomes		
Youth - See their health as being very good or excellent	SH_HEP01_1	2018-2019
Youth - Symptoms of depression	SH_DEP01_1	2018-2019
Seniors - Take 6 or more different prescription medications on a regular basis	PH_MED01_1	2020
Depression	PH_CHCDP_1	2020
Heart disease	PH_CHCHD_1	2020
Cancer (prevalence)	PH_CHCCA_1	2020



Social and Economic Factors

Youth - eat an evening meal together with family, friends or guardians	SH_EAT11_1	2018-2019
Youth - my parent or caregiver knows a lot about me	SH_RES06_1	2018-2019
Youth - my family stands by me during difficult times	SH_RES07_1	2018-2019
Youth - with mental fitness needs highly satisfied by friends	SH_MEFFR_1	2018-2019
Youth - feel teachers treat me fairly	SH_SCC04_1	2018-2019
Youth - feel connected to my school	SH_SCCTS_1	2018-2019
Youth - with mental fitness needs highly satisfied by school	SH_MEFSC_1	2018-2019
Caring for others - parents, family or friends	PH_STRCO_1	2020
Seniors - Health of family members	PH_STRHF_1	2020
Approved child care spaces - infants (1 and under)	GNB-EESC-001	2019
Approved child care spaces - preschool (2-4 years)	GNB-EESC-002	2019
Approved child care spaces - school-age (5-12 years)	GNB-EESC-003	2019
Highest level completed of education - less than high school	STATC-SCCEN-037	2016
Highest level completed of education - high school or equivalent	STATC-SCCEN-038	2016
Highest level completed of education - postsecondary certificate, diploma or degree	STATC-SCCEN-039	2016
Participation rate	STATC-SCCEN-040	2016
Employment rate	STATC-SCCEN-041	2016

Physical Environment

Épisodes de chaleur extrême	CCCS-DCLIM-001	2020
Jours de froid extrême	CCCS-DCLIM-002	2020
Ozone troposphérique	GNB-DELG-002	2018
Radon - ménage à forte concentration de radon	HCRAD-CCSRCH-001	2007
Nombre d'ordonnances d'ébullition d'eau	GNB-OCMOH-001	2020

Health Behaviours

Youth - Ate at a fast food place or restaurant 3 times or more in the last 7 days	SH_EAT13_2	2018-2019
Seniors - Eat 5 or more servings of vegetables or fruit daily	PH_EAT03_1	2020
Seniors - Usually sleeps for 7 hours or more each night	PH_SLE01_1	2020
Adults and seniors - Cannabis use	PH_MAR01_2	2020

Health Services

Family doctor	PH_USEPB_1	2020
After-hours clinic or walk-in clinic	PH_USEPB_3	2020
Hospital emergency department	PH_USEPB_5	2020
Hospitalization for mental health disorder	CIHI-DAD-018	2017-2018 to 2019-2020
Youth - hospitalization for mental health disorder	CIHI-DAD-019	2017-2018 to 2019-2020
Adults - hospitalization for mental health disorder	CIHI-DAD-020	2017-2018 to 2019-2020



Seniors - hospitalization for mental health disorder	CIHI-DAD-021	2017-2018 to 2019-2020
Avoidable hospitalization	CIHI-DAD-003	2016-2017 to 2019-2020
Youth - who needed to see or talk to someone about their mental or emotional problem but didn't	SH_MHI02_1	2018-2019
Adults - Family doctor - waited 5 days or less to have an appointment	PH_ACCFD_2	2020
Seniors - Family doctor - waited 5 days or less to have an appointment	PH_ACCFD_2	2020
Hospital emergency department - waited less than 4 hours	PH_ACCEA_1	2020
Adults - very confident in managing their health condition	PH_MGT01_1	2020
Family doctor - always gives them enough time to discuss	PH_APPFB_1	2020
Family doctor - always involves them in decisions about their health care	PH_APPFA_1	2020
Know what their prescribed medications do, strongly agree	PH_MED02_1	2020
Adults - Citizens - provide a favourable rating for overall health care services received	PH_SATOA_1	2020
Seniors - Citizens - provide a favourable rating for overall health care services received	PH_SATOA_1	2020