

# Population Health Profile 2022



Bouctouche, Richibucto, Saint-Antoine 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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## What is a Population Health Profile?

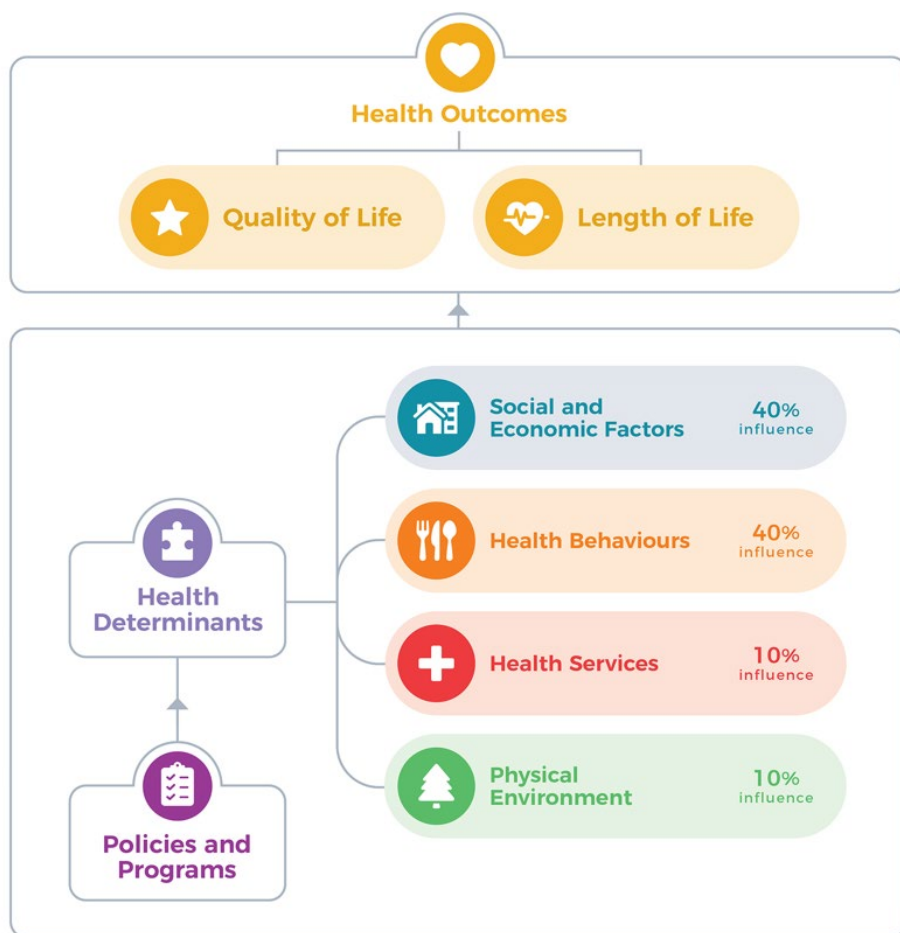
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding 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 Bouctouche, Richibucto, Saint-Antoine Area

- The population is older than the provincial average and includes one of the province's highest proportions of Indigenous residents.
- Adults and seniors in this community have a poor perception of their health and are less optimistic than average about managing their chronic health conditions.
- Youth and adults are more sedentary than in other New Brunswick communities.
- Residents rated the health services they receive highly and feel that communication with their family doctor is good.

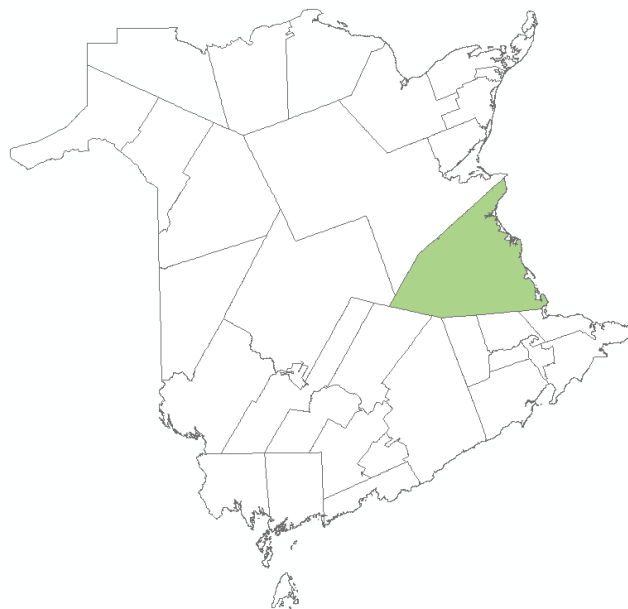


# Health of the Community

## Demographic Context

- Land area: 4553 km<sup>2</sup>
- Population density: 7 persons per km<sup>2</sup>

The Bouctouche, Richibucto and Saint-Antoine area, which covers a relatively large land area, has a population density (seven persons per km<sup>2</sup>) that is slightly lower than average. The population includes a higher-than-average percentage of older age groups, and the median age (51 years) is higher than average. In addition, the population grew at lower rate (3.7%) than the overall provincial growth rate (4.4%) between 2016 and 2020.



The community has one of the highest proportions of Indigenous residents, at about one in eight. It is also the community with the 2<sup>nd</sup> largest percentage of residents for whom the main language at home is an Indigenous language (2%). French is the language most frequently used at home (65%) and at work (52%), while seven out of ten residents and three-quarters of youth have knowledge of both official languages.

## Health Outcomes

In this community, some of the quality-of-life indicators for adults and seniors are less favourable. Of note is the fact that less than half of adults (48%) and seniors (43%) perceive their mental health as very good or excellent. In terms of their perception of their overall health, the percentage of adults (40%) and seniors (22%) who feel it is very good or excellent is lower than average. The same is true for the percentage of adults satisfied with their life (87%).



Adults and seniors in this area are less optimistic than average about managing their health (for those with at least one health conditions). In fact, fewer than two in five adults and seniors said they are very confident about their ability to manage their health. About one-third of adults and one-quarter of seniors said they strongly

agree that they know how to prevent further problems related to their health condition. In addition, adults are less likely to strongly agree that their health depends largely on how well they take care of themselves (53%).

The Bouctouche area has the highest percentage of overweight youth (38%), and the lowest for those who are a healthy weight (57%). Obesity is also relatively high among children (40%).



## Determinants of Health

### Social and economic factors

In many ways, youth in the Bouctouche area have poorer-than-average relationships with their family and friends. Less than half of youth (45%) feel that their family supports them in difficult times, and about two in five said the same about their friends. Just under two in five youth reported there are people in their life that they greatly admire. And 7% of youth reported that they are often or always hungry when they go to bed or school because there is not enough food at home.



The sense of connection children have with their school is also less favourable. Fewer than half of children feel a sense of belonging (40%) and safety at school (47%). More than half of youth (57%) said they had been bullied, and more than one in eight reported having been sexually assaulted. Crimes against people and property crimes also occur more frequently here than the average.





## Physical environment

More than one in ten dwellings in the Bouctouche area are in need of major repairs, a relatively high proportion. This community also has one of the highest percentages of households with a high concentration of radon (47%).

Very few children (1%) and youth (3%) walk, bike or skateboard to school in this community. About one in seven youth use the above-mentioned modes of transportation in combination with inactive ones, which is also lower than the province-wide average. Despite the fact that almost one in two children live with someone who smokes, very few parents (1%) reported that smoking is allowed in the family vehicle.

## Health Behaviours

The Bouctouche area has one of the lowest rankings when it comes to children and youth who eat at least 5 servings of fruits or vegetables per day. However, all the other eating habits are closer to the New Brunswick averages.

Children, youth and adults in the Bouctouche area are more sedentary than the New Brunswick average for their age group. Only one in five children reported being active for at least 60 minutes a day, and even fewer youth (17%) reported the same. For adults, less than half (46%) reported accumulating at least 150 minutes of moderate or vigorous physical activity per week.

Youth in the Bouctouche area are less likely to become future smokers than in most other communities. Their smoking, drinking and drug use habits are generally less desirable than in the rest of the province (see Table 1).



**Table 1. Tobacco, Drug and Alcohol Use Among Youth in the Bouctouche, Richibucto, Saint Antoine Area**

	Bouctouche (%)	N.-B. (%)
Tried e-cigarettes (vaping)	34	28
Daily or occasional smoker	18	29
Heavy drinking	21	14
Cannabis use	27	15
Drug use	26	21

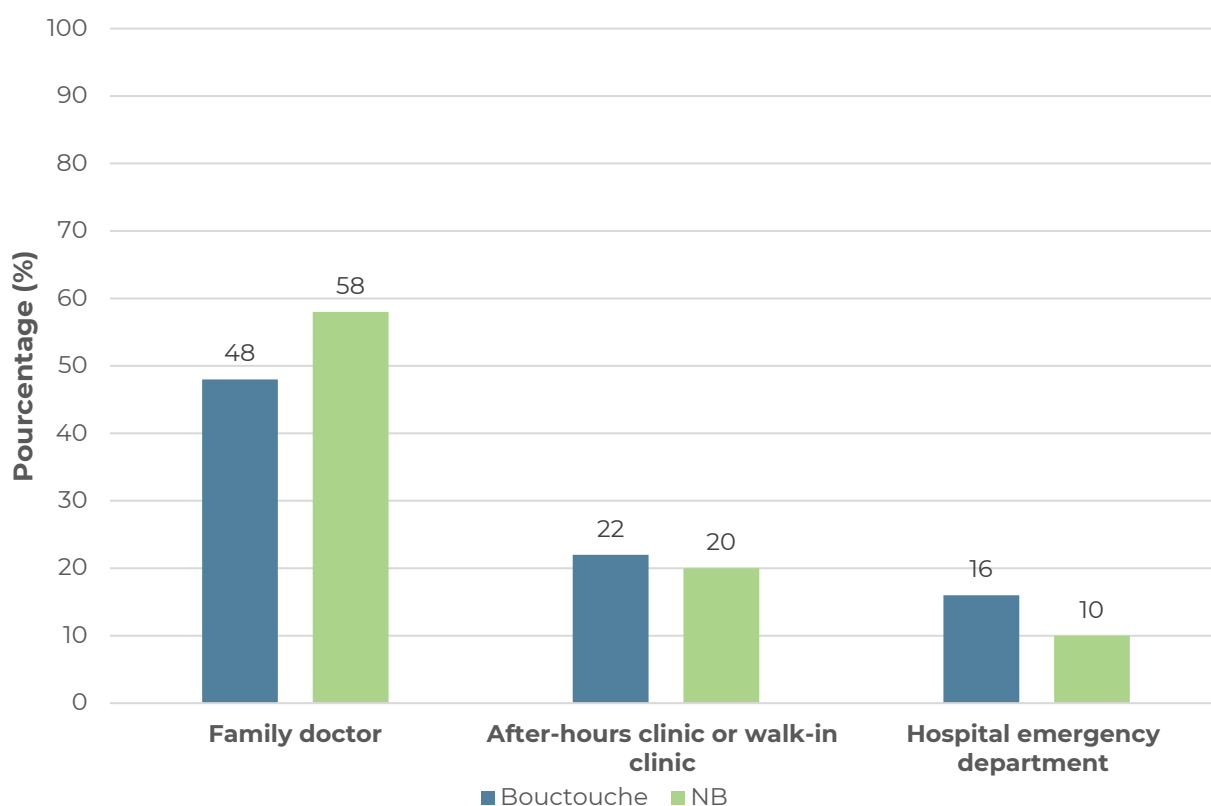


## Health Services

Access to family doctors is a little more difficult in the Bouctouche area than in other communities. Even though 93% of residents reported that they have a family doctor, only half of seniors (51%) and even fewer adults (45%) said they are able to get an appointment with their family doctor within five days. Access to emergency services is in line with the provincial average. Two out of three residents reported waiting less than four hours to receive emergency services.

When they are sick or in need of health care services, Bouctouche area residents turn to their family doctor less frequently than the provincial average. There is a similar trend in other communities in the Moncton and South-East area. However, what sets Bouctouche residents apart is the fact that they turn to after-hours or walk-in clinics almost as often as they visit hospital emergency departments (see Figure 1).

**Figure 1. Types of Services Most Often Used When Care Services are Needed in Bouctouche, Richibucto, Saint-Antoine Area**





Rates of hospitalization due to injury or mental health conditions are higher than the provincial average for all age groups. For that reason, the Bouctouche area has one of the highest rates of preventable hospitalization.

The percentage of Bouctouche area residents of all age groups who reported having felt the need to consult a professional for their mental health is similar to the provincial average. Of those who felt a need to consult with a professional, 8% of youth and 36% of adults did not do so.

Four in five residents reported that their family doctor provides explanations in a way that can be understood, one of the highest proportions in the province. Similarly, almost three-quarters of people reported that they receive help from their family doctor to coordinate care services involving other health professionals. When asked to rate the health care services they received, large numbers of adults, and especially seniors, rated them favourably.



## Conclusion

The Bouctouche, Richibucto and Saint-Antoine Area is slightly less densely populated than average and is growing at a slightly lower rate than the overall provincial rate. The population is older than average and includes one of the highest proportions of Indigenous residents.

Adults and seniors in this community have a less favourable perception of their health and are less optimistic than average about managing their chronic health conditions. Youth and children are more likely to be overweight. And a relatively high proportion of youth have a less favorable sense of connection with the people in their life and their school than the average.

Youth and adults are both more sedentary than those in other New Brunswick communities. Despite the fact that a relatively low proportion of youth in this community are likely to become future smokers, the use of tobacco, alcohol and drugs is higher.

It is somewhat more difficult to access the services of a family doctor, and residents are more likely to turn to clinics and emergency departments to receive health care services. However, Bouctouche area residents reported that communication with their family doctor is good, and they rated the services they received highly.





## 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 3) to facilitate this research.

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

[Bouctouche, Richibucto, Saint-Antoine Area | New Brunswick Health Council \(nbhc.ca\)](#)

Indicator	Unique Code	Year
<b>Demographic context</b>		
Land area	STATC-CENCU-001	2016
Population density	STATC-CENCU-002	2016
Population	STATC-CDCD-001	2020
Population - 0-4	STATC-CDCD-002	2020
Population - 5-9	STATC-CDCD-003	2020
Population - 10-14	STATC-CDCD-004	2020
Population - 15-19	STATC-CDCD-005	2020
Population - 20-24	STATC-CDCD-006	2020
Population - 25-29	STATC-CDCD-007	2020
Population - 30-34	STATC-CDCD-008	2020
Population - 35-39	STATC-CDCD-009	2020
Population - 40-44	STATC-CDCD-010	2020
Population - 45-49	STATC-CDCD-011	2020
Population - 50-54	STATC-CDCD-012	2020
Population - 55-59	STATC-CDCD-013	2020
Population - 60-64	STATC-CDCD-014	2020
Population - 65-69	STATC-CDCD-015	2020
Population - 70-74	STATC-CDCD-016	2020
Population - 75-79	STATC-CDCD-017	2020
Population - 80-84	STATC-CDCD-018	2020
Population - 85 and over	STATC-CDCD-019	2020
Population change from 2016 to 2020	STATC-SCCEN-024	2016 to 2020
Indigenous	STATC-SCCEN-023	2016
Median age of population	STATC-SCCEN-002	2016
Language most spoken at home - French	STATC-SCCEN-012	2016



Language most spoken at home - indigenous languages	STATC-SCCEN-014	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
<b>Health outcomes</b>		
Children - Overweight or obese	SP_BMI02_3	2019-2020
Youth - Healthy weight	SH_BMI02_1	2018-2019
Youth - Overweight or obese	SH_BMI02_3	2018-2019
Adults - Perceived mental health, very good or excellent	PH_HEP02_1	2020
Adults - Perceived health, very good or excellent	PH_HEP01_1	2020
Adults - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Seniors - Perceived mental health, very good or excellent	PH_HEP02_1	2020
Seniors - Perceived health, very good or excellent	PH_HEP01_1	2020
Adults - strongly agree that their health largely depends on how well they take care of themselves	PH_BELODM_1	2020
Adults - know how to prevent further problems with their health condition, strongly agree	PH_MGT02_1	2020
Adults - very confident in managing their health condition	PH_MGT01_1	2020
Seniors - know how to prevent further problems with their health condition, strongly agree	PH_MGT02_1	2020
<b>Social and economic factors</b>		
Youth - my family stands by me during difficult times	SH_RES07_1	2018-2019
Youth - my friends stand by me during difficult times	SH_RES08_1	2018-2019
Youth - have people I look up to	SH_RES05_1	2018-2019
Children - feel connected to my school	SE_SCCHI_1	2019-2020
Youth - Victim of bullying	SH_BUVAO_1	2018-2019
Youth - Sexually violated	SH_SEV01_1	2018-2019
Crimes against persons	STATC-UCR-001	2019
Crimes against property	STATC-UCR-002	2019
Youth - report going to school or to bed hungry because there is not enough food at home, often or always	SH_FIN01_1	2018-2019
<b>Physical environment</b>		
Occupied dwellings requiring major repairs	STATC-SCCEN-029	2016
Children - walk, bike or skateboard to get to school	SE_PHY02_1	2019-2020
Youth - walk, bike or skateboard to get to school	SH_PHY02_1	2018-2019
Youth - walk, bike or skateboard in combination with inactive transportation to get to school	SH_PHY02_4	2018-2019
Children - live with someone who smokes	SE_SMO01_1	2019-2020
Parents - report smoking being allowed inside the family vehicle	SP_SMO03_1	2019-2020
Radon - household with high radon concentration	HCRAD-CCSRCH-001	2007
<b>Health behaviours</b>		
Children - Eat 5 or more servings of vegetables or fruit daily - parents' point of view	SP_EATFV_1	2019-2020



Children - Eat 5 or more servings of vegetables or fruit daily	SE_EATFV_1	2019-2020
Youth - Eat 5 or more servings of vegetables or fruit daily	SH_EATFV_1	2018-2019
Children - Moderate or vigorous physical activity	SE_PHY01_1	2019-2020
Youth - Moderate or vigorous physical activity	SH_PHY01_1	2018-2019
Adults and seniors - Moderate or vigorous physical activity	PH_PHY01_1	2020
Youth - At risk of becoming a future smoker	SH_SMOSU_1	2018-2019
Youth - Tried e-cigarettes (vaping)	SH_SMOEC_1	2018-2019
Youth - Daily or occasional smoker	SH_SMO09_1	2018-2019
Youth - Heavy drinking	SH_ALC04_1	2018-2019
Youth - Cannabis use	SH_MAR02_2	2018-2019
Youth - Drug use	SH_DROAL_1	2018-2019
<b>Health Services</b>		
Have a family doctor	PH_ACCFA_1	2020
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 following an injury	CIHI-DAD-014	2017-2018 to 2019-2020
Youth - hospitalization following an injury	CIHI-DAD-015	2017-2018 to 2019-2020
Adults - hospitalization following an injury	CIHI-DAD-016	2017-2018 to 2019-2020
Seniors - hospitalization following an injury	CIHI-DAD-017	2017-2018 to 2019-2020
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 - needed to see or talk to someone for a mental or emotional problem	SH_MHI01_1	2018-2019
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
Family doctor - always explains things in a way that they can understand	PH_COMFA_1	2020
Family doctor - always helps them coordinate the care from other providers	PH_CRDFB_1	2020
Citizens - provide a favourable rating for overall health care services received	PH_SATOA_1	2020
Citizens - provide a favourable rating for overall health care services received - Adults	PH_SATOA_1	2020



Citizens - provide a favourable rating for overall health care services received - Seniors

PH\_SATOA\_1

2020