

# Population Health Profile 2022



Campbellton, Atholville, Tide Head 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?

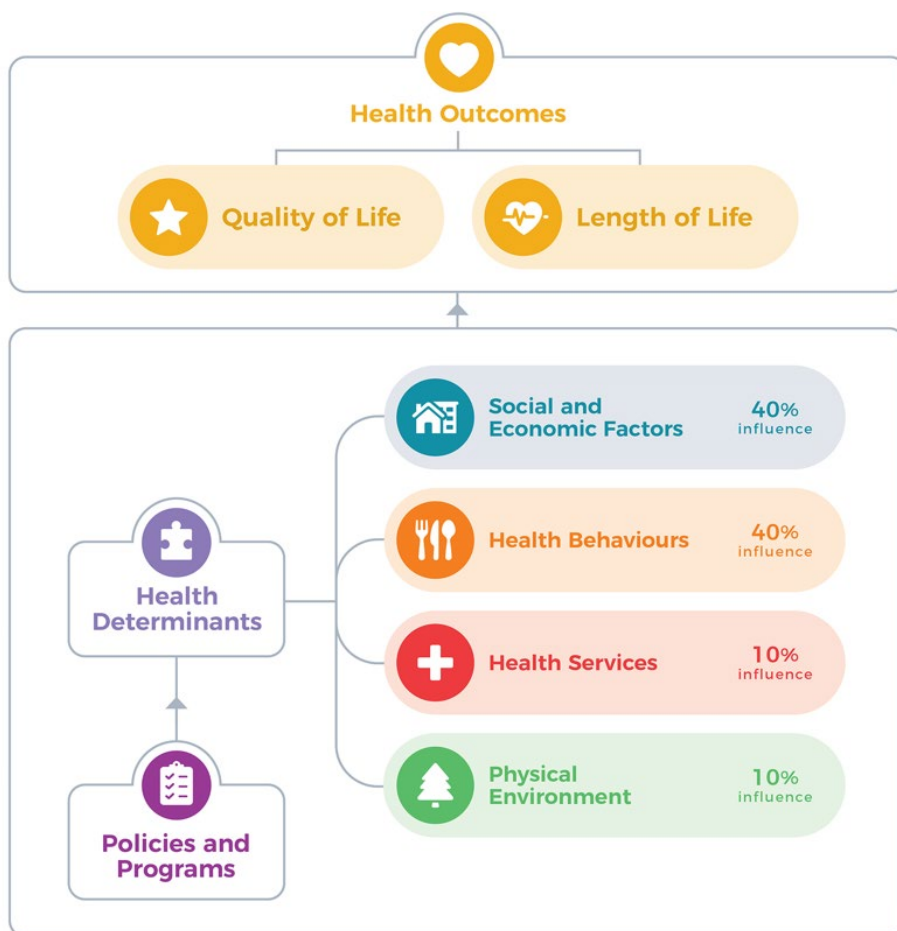
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

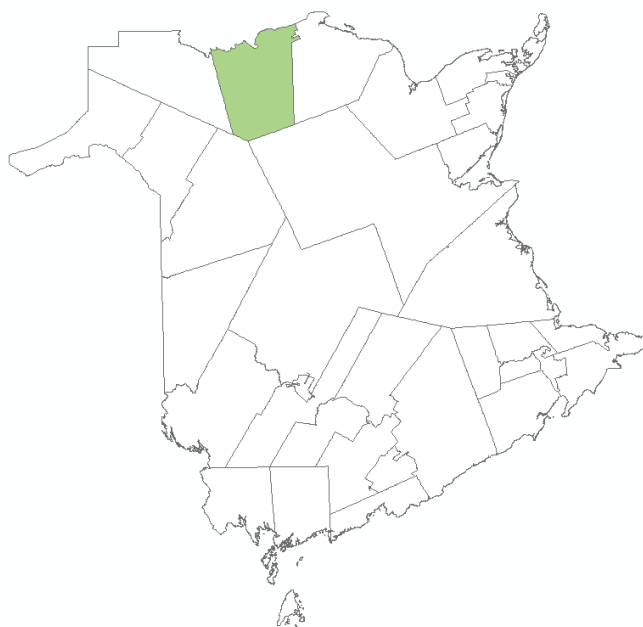
- There is a large proportion of single person and single parent family households.
- Chronic health conditions are quite common, and seniors are not very optimistic about managing their health.
- Household incomes are relatively low.
- Access to primary health care is among the worst in the province.



# Health of the Community

## Demographic Context

- Area: 2774 km<sup>2</sup>
- Population density: 5 persons per km<sup>2</sup>



The Campbellton, Atholville, Tide Head Area has a lower-than-average population density. This community experienced almost no growth between 2016 and 2020 (0.2%); it also has one of the highest mortality rates in the province (13 per 1,000 population). The Campbellton area has one of the highest proportions of single-person households, at one in three. It also has a slightly higher-than-average percentage of single-parent families (19%).

The language most frequently spoken at home is French (55%) and the situation is similar for language use at work (46%). One in six people use French as much as English at work, the highest rate in the province. While a higher-than-average percentage have knowledge of French only (19%), a large percentage of the population has knowledge of both official languages (56%). The figure is 68% for youth. One third of residents prefer to receive services in English, while 55% choose French. Residents who prefer English when accessing health services (85%) are less likely than average (96%) to always receive them in their language of choice. The figure is 63% for those who prefer to receive care in French.

More than one third of Campbellton area residents have a disability (36%), which puts this community in second place province-wide, behind the Nackawic area (see Table 1).





**Table 1. Adults and Seniors with Disabilities in the Campbellton, Atholville, Tide Head Area**

	Campbellton (%)	NB (%)
Hearing disability	23	18
Mobility disability	51	57
Flexibility disability	55	54
Dexterity disability	26	24
Learning disability	25	18
Mental health-related disability	29	30
Memory disability	32	26

## Health Outcomes

Youth in the Campbellton area have a relatively good quality of life. In fact, 83% of youth have good life satisfaction and 78% have a high or moderate level of mental fitness. In addition, more than three in five youth perceive their health as very good or excellent. However, one in five youth exhibit oppositional behaviours, a higher-than-average proportion.

As for adults and seniors, they have lower-than-average life satisfaction (87%). Seniors are also more likely to feel lonely (22%). More than 11% of adults and 27% of seniors regularly take six or more different prescription medications. In addition, nearly one third of adults and seniors have three or more chronic health conditions. Heart disease (12%), mood disorders other than depression (4%) and stroke (4%) are among the health conditions that are over-represented in comparison with the provincial average. Seniors are less optimistic about their health; one third said they are very confident about their ability to manage





their health (N.B. average = 44%). Only one quarter of seniors said they strongly agree that they know how to prevent other health-related problems.





## Determinants of Health

### Social and economic factors

Households in the Campbellton area have a lower-than-average median income. At \$47,993 per year, it is considerably lower than the average for New Brunswick as a whole (\$59,313). One in six households in the community has an annual income of less than \$25,000, the highest proportion in the province. In addition, about one in four residents live in a low-income household; the proportion for seniors is roughly one in three (31%). This community also has the highest proportion of renters living in subsidized housing, at nearly one in four. The Campbellton area also stands out because more than one in ten (12%) adults and seniors provide long-term care for someone.

This community also has the highest number of crimes against persons and property (see Table 2).

**Table 2. Crimes in the Campbellton, Atholville and Tide Head Area**

	Campbellton (rate)*	NB (rate)*
Crimes against persons	39	16
Crimes against property	70	33

*\* Rate per 1,000 population*

This community has the highest school dropout rate in the province (2.1%). Roughly 6% 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.

### Physical Environment

The Campbellton area has a relatively high proportion (28%) of residents who rent their home. In addition, approximately one third of occupied dwellings were built before 1960 and 9% are in need of major repairs.



Campbellton area residents are slightly more likely than average to use active modes of transportation to get to school or work. Close to one in ten youth walk, bike or skateboard to school, while one in four use those ways of getting around in combination with inactive ones. Five percent of adults and seniors walk or bike to work.

Youth in the Campbellton area are also exposed to more environmental tobacco smoke than the provincial average. Twenty-three percent of youth live in a home where at least one person smokes every day or almost every day and 26% reported having been a passenger in a car with someone who was smoking cigarettes in the previous seven days.

## Health Behaviours

The health behaviours of youth in the Campbellton area are mixed. On the one hand, this community has the smallest percentage of youth who eat non-nutritious foods (81%). On the other hand, a relatively high percentage of youth reported having eaten at a fast-food restaurant three or more times in the previous seven days (17%). In addition, fewer than one in four youth spend two hours or less per day in front of a screen (pre-pandemic data).

Adults and seniors have slightly better than average physical activity habits. About half of residents across these age groups get the recommended amount of moderate or vigorous physical activity (at least 150 minutes per week). However, they have less favourable sleep habits. Only half of adults and 54% of seniors usually get seven or more hours of sleep each night; both figures are below the provincial average for their respective age groups.

Smoking is relatively common in this community, which has the highest percentage of seniors who smoke daily or occasionally (22%). In addition, one third of youth are at risk of becoming future smokers and 18% smoke daily or occasionally.



## Health Services

The Campbellton area is one of the communities where access to primary care is the most difficult. Just over two in five adults and seniors reported being able to get an appointment with their family doctor within five days. As a result, the Campbellton area ranks second, just behind the Shediac area, in terms of communities with the smallest

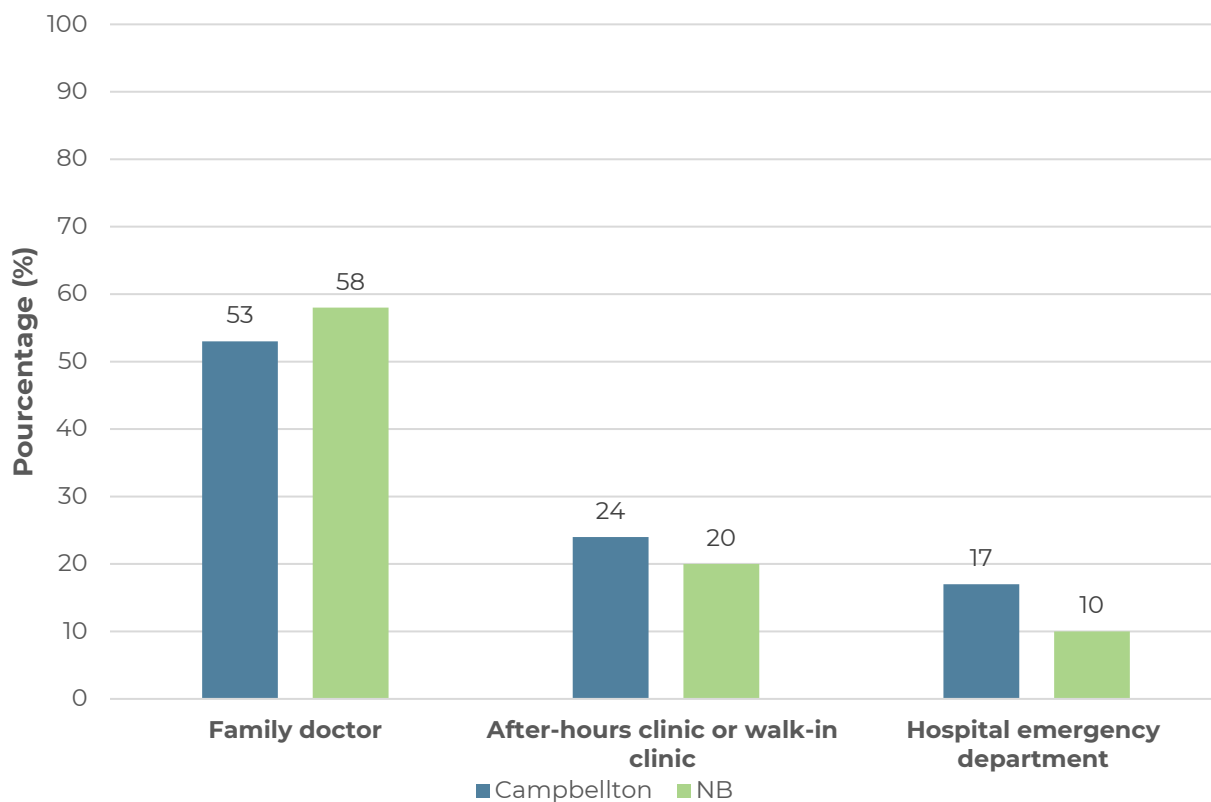


number of people able to get an appointment with their family doctor within a reasonable time. This community is also one of the worst in terms of wait times for emergency services: only 55% of people waited less than four hours to access them.

When ill or in need of care services, Campbellton area residents use primary health care services at frequencies that are roughly similar to the provincial averages. Emergency departments and after-hours or walk-in clinics are used slightly more frequently than average and family physicians slightly less (see Figure 1).



**Figure 1. Types of Services Most Often Used When Care Services are Needed in Campbellton, Atholville, Tide Head Area**



Hospitalization rates for injuries and mental health disorders are well above provincial averages across all age groups (see Table 3). The preventable hospitalization rate in the Campbellton area is one of the highest in the province.

Preventable hospitalization is considered a measure of access to appropriate primary health care. While not all admissions for these conditions are preventable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, help control an episodic acute care illness or condition, or help manage a chronic condition or disease. A disproportionately high rate is thought to indicate that access to appropriate primary care is difficult.



**Table 3. Some Reasons for Hospitalizations**

	Campbellton (rate)*	NB (rate)*
Hospitalization following an injury	125	74
Youth	45	29
Adults	61	42
Seniors	325	208
Hospitalization for mental health disorder	154	51
Youth	110	33
Adults	202	64
Seniors	63	28
Avoidable hospitalization	74	52

*\* Rate per 10,000 population*

The Campbellton area has the highest percentage of adults and seniors who reported they need home care services but do not receive them (6%). Of those who sought health care services in general, language barriers to communicating with a health care professional (11%), unavailability of health care services in their area (26%) and having to travel more than 100 km for health care services (33%) were reported at especially high frequencies.

Only 37% of people said they know the expected effects of their medications. Therefore, a high percentage of the population consider the written information related to their conditions or prescriptions difficult to understand (17%). The figure is higher for seniors (25%). Similarly, relatively few people reported that verbal information of that kind is easy to understand (87%).

In terms of rating the health services received, the Campbellton area is close to the provincial average. Two in three people rated them positively.



## Conclusion

The Campbellton, Atholville, Tide Head Area has a relatively small population and has experienced almost no recent growth. A large proportion of the households in this community are made up of people living alone or single-parent families.

The quality of life of youth is relatively good, while that of adults and seniors is generally below average. Chronic health conditions are quite common and seniors are not very optimistic about managing their health.

Household incomes are relatively low. The community also has the highest proportion of households in the lowest income bracket and a large number of seniors live in low-income households.

In terms of health behaviours, these tend to be somewhat worse than average for youth and somewhat better for adults and seniors, with the exception of sleep habits. In addition, youth have greater exposure to environmental tobacco smoke and the community has a large proportion of smokers.

The Campbellton area is also one of the communities where access to primary health care services is the most difficult. Wait times to see a family doctor and to receive care in an emergency department are long. In addition, hospitalization rates for injuries and mental health disorders are very high, as is the rate of preventable hospitalization. Residents also find it more difficult than average to communicate with health care providers.



## 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 4) to facilitate this research.

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

[Campbellton, Atholville, Tide Head Area | New Brunswick Health Council \(nbhc.ca\)](https://nbhc.ca)

Indicator	Unique Code	Year
<b>Demographic Context</b>		
Land area	STATC-CENCU-001	2016
Population density	STATC-CENCU-002	2016
Population change from 2016 to 2020	STATC-SCCEN-024	2016 to 2020
Death rate	SNB-VITST-001	2014 to 2018
Single parent families	STATC-SCCEN-006	2016
Person living alone	STATC-SCCEN-008	2016
Language most spoken at home - French	STATC-SCCEN-012	2016
Language most spoken at work - French	STATC-SCCEN-020	2016
Language most spoken at work - English and French	STATC-SCCEN-021	2016
Knowledge of official language - French only	STATC-SCCEN-017	2016
Knowledge of official language - French and English	STATC-SCCEN-018	2016
Youth bilingualism - English and French	STATC-SCCEN-001	2016
Language chosen when accessing services - English	PH_LOS02_1	2020
Always receive health care services in the official language of their choice - English	PH_LOS03_2	2020
Language chosen when accessing services - French	PH_LOS02_2	2020
Always receive health care services in the official language of their choice - French	PH_LOS03_3	2020
Adults and seniors - with a disability	PH_PWD01_1	2020
Hearing disability	PH_PWDHE_1	2020
Dexterity disability	PH_PWDDE_1	2020
Pain-related disability	PH_PWDPA_1	2020
Learning disability	PH_PWDLE_1	2020
Mental health-related disability	PH_PWDMH_1	2020
Memory disability	PH_PWDME_1	2020





## Health Outcomes

Youth - Moderate to high level of mental fitness (having a positive sense of how they feel, think and act)	SH_MEFHM_1	2018-2019
Youth - See their health as being very good or excellent	SH_HEP01_1	2018-2019
Youth - Life satisfaction	SH_LIF01_7	2018-2019
Youth - Oppositional behaviours (being defiant, disrespectful, rude, etc.)	SH_OPPTS_1	2018-2019
Adults - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Adults - Take 6 or more different prescription medications on a regular basis	PH_MED01_1	2020
Seniors - Lonely (based on loneliness score)	PH_SIL04_1	2020
Seniors - Take 6 or more different prescription medications on a regular basis	PH_MED01_1	2020
Seniors - Have been injured and had to be treated by a doctor or nurse	PH_INJ01_1	2020
3 or more chronic health conditions	PH_CHC12_2	2020
Mood disorder (other than depression)	PH_CHCMD_1	2020
Heart disease	PH_CHCHD_1	2020
Stroke	PH_CHCST_1	2020
Seniors - know how to prevent further problems with their health condition, strongly agree	PH_MGT02_1	2020
Seniors - very confident in managing their health condition	PH_MGT01_1	2020

## Social and Economic Factors

Adults and seniors - provide long-term care to someone	PH_LTC01_1	2020
Crimes against persons	STATC-UCR-001	2019
Crimes against property	STATC-UCR-002	2019
School dropout rate	GNB-EESC-005	2018-2019
Household income - less than \$25,000	STATC-SCCEN-056	2016
Median household income	STATC-SCCEN-053	2016
Live in low-income household	STATC-SCCEN-044	2016
Live in low-income household - Seniors - live in low-income household	STATC-SCCEN-048	2016
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
Tenants in subsidized housing	STATC-SCCEN-062	2016

## Physical Environment

Rent a dwelling	STATC-SCCEN-026	2016
Occupied dwellings requiring major repairs	STATC-SCCEN-029	2016
Occupied dwellings built before 1960	STATC-SCCEN-030	2016
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
Adults and seniors - walk or bike to get to work	STATC-SCCEN-033	2016
Youth - have at least one person who smokes inside their home	SH_SMO13_1	2018-2019



Youth - report riding in a car with someone who was smoking cigarettes	SH_SMO14_1	2018-2019
<b>Health Behaviours</b>		
Youth - Eat non-nutritious foods	SH_EATNN_1	2018-2019
Youth - Ate at a fast food place or restaurant 3 times or more in the last 7 days	SH_EAT13_2	2018-2019
Youth - Screen time, 2 hours or less per day	SH_DAA01_2	2018-2019
Adults and seniors - Moderate or vigorous physical activity	PH_PHY01_1	2020
Adults and seniors - Usually sleeps for 7 hours or more each night	PH_SLE01_1	2020
Adults - Usually sleeps for 7 hours or more each night	PH_SLE01_1	2020
Seniors - Usually sleeps for 7 hours or more each night	PH_SLE01_1	2020
Youth - At risk of becoming a future smoker	SH_SMOSU_1	2018-2019
Youth - Daily or occasional smoker	SH_SMO09_1	2018-2019
Seniors - Daily or occasional smoker	PH_SMO01_1	2020
<b>Health Services</b>		
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
Adults and seniors - who felt that they needed home care services, but they did not receive any	PH_USEAF_1	2020
Health care services not available in their area	PH_BARNA_1	2020
Travel over 100 kms to use a health service	PH_BARHT_1	2020
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
Verbal information about condition/prescription is easy to understand, always or usually	PH_COMOA_1	2020
Written information about condition/prescription is hard to understand, always or usually	PH_LIT01_1	2020
Seniors - Written information about condition/prescription is hard to understand, always or usually	PH_LIT01_1	2020
Know what their prescribed medications do, strongly agree	PH_MED02_1	2020

