

# Population Health Profile 2022



Dalhousie, Balmoral, Belledune 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.

## For more information

New Brunswick Health Council  
Pavillon J.-Raymond-Frenette  
50 de la Francophonie Street, suite 2200  
Moncton, NB E1A 7R1  
Phone : 1 (877) 225-2521  
1 (506) 869-6870  
Fax: 1 (506) 869-6282  
Web: [www.nbhc.ca](http://www.nbhc.ca)

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## What is a Population Health Profile?

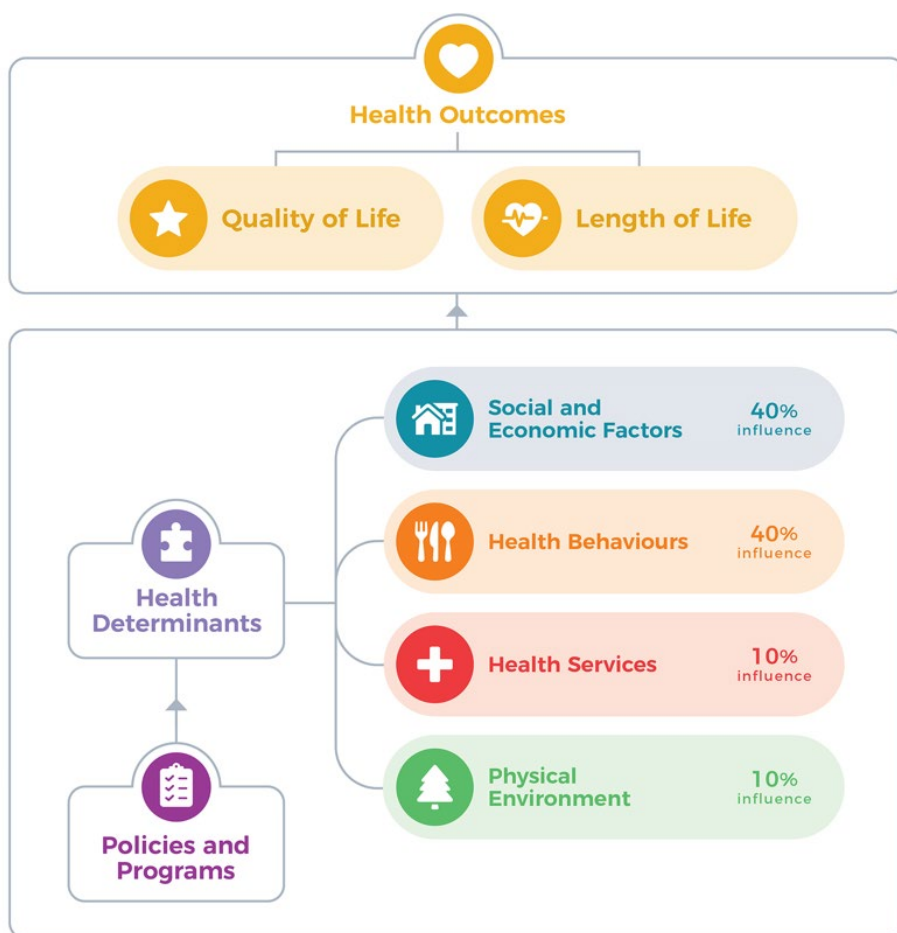
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

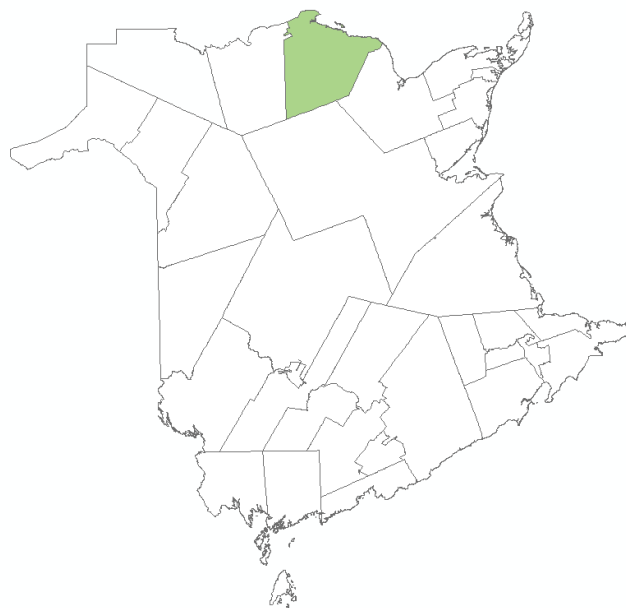
- This community experienced the province's largest population decline between 2016 and 2020.
- Quality of life is worse than the N.B. average across all age groups.
- Labour force participation and employment rates are among the lowest in the province.
- Access to emergency services is slightly better than average, but access to family physician appointments is not.



# Health of the Community

## Demographic Context

- Area: 2665 km<sup>2</sup>
- Population density: 5 persons per km<sup>2</sup>



The Dalhousie, Balmoral, Belledune Area experienced a decrease in population between 2016 and 2020. Of the five communities in the province where this also happened during that same time period, the Dalhousie area registered one of the largest declines (-1.5%). The median age in the Dalhousie area is 53 years and the birth rate (6.8 per 1,000 population) is much lower than the death rate (12 per 1,000 population).

This area has a large Indigenous population: about one in ten people (11%) identify as Indigenous, which is more than twice the provincial rate (4%). However, within the Dalhousie area, Indigenous languages are not spoken at home. The area has a very small immigrant and visible minority populations.

About one in ten youth (9%) identify as a member of a sexual minority, which is half the rate for the province as a whole (16%). Bilingualism is fairly common among youth in the Dalhousie area: 60% of them reported that they speak both of Canada's official languages. In fact, the rate of bilingualism is almost identical across all age groups: 57% of Dalhousie area residents said they have knowledge of both French and English. When it comes to accessing health care in the official language of their choice, Dalhousie area residents who request such services in English receive them in their language of choice only 85% of the time, a rate that is lower than the provincial average (96%).

## Health Outcomes



Youth in the Dalhousie area have a lower quality of life than those in most New Brunswick communities. Less than two in three youth have a high or moderate level of resilience, and 77% of youth have good life satisfaction. This community also has the highest proportion of youth who exhibit oppositional behaviours (22%), and about two in five have symptoms of anxiety.

Adults and seniors also have a lower-than-average quality of life, in some respects. Adults in the Dalhousie area reported the lowest life satisfaction (82%). This percentage is better among seniors (85%), but the figures are below the provincial average for each of the two age groups. In addition, only two in five adults and one in five seniors perceive their health as very good or excellent. Twenty-four percent of seniors had been injured and required medical or nursing care in the previous 12 months, as compared to the provincial average of 14%.

However, this community has the smallest percentage of adults who feel lonely (13%), as compared to the average (21%); seniors also feel less lonely than the average (17%).





## Determinants of Health

### Social and economic factors

The level of family and social supports for youth in the Dalhousie, Balmoral Area is one of the lowest in the province (see Table 1).

**Table 1. Perception of Dalhousie, Balmoral, Belledune Area Youth Regarding Family and Social Supports**

	Dalhousie (%)	NB (%)
Eat an evening meal together with family, friends or guardians	<b>45</b>	46
Enjoy my cultural and family traditions	<b>39</b>	49
My parent or caregiver knows a lot about me	<b>44</b>	54
My friends stand by me during difficult times	<b>46</b>	54
Mental fitness needs highly satisfied by family	<b>78</b>	79
My friends stand by me during difficult times	<b>38</b>	44
Mental fitness needs highly satisfied by friends	<b>79</b>	81
Have people I look up to	<b>32</b>	46

Fewer than one in three youth, the lowest proportion in the province, feel they have opportunities to develop skills that will be useful in the future. In addition, fewer than three in ten youth feel that they are treated fairly in their community, and fewer than two in ten have a strong or fairly strong sense of belonging to their community. Only one in five youth know where to go in their community to get help.

The labour force participation rate (50%) in the Dalhousie area is the lowest in the province, and the employment rate (42%) is the second lowest. Of those who are active in the labour force, the self-employed account for a lower-than-average percentage (7%), and just over half of workers (55%) are employed only part-year and/or part-time. The median household income (\$49,357 per year) is below average, and low- (less than \$25,000 per year) as well as middle-income households (\$25,000 to \$59,999 per year) are





over-represented. This community has one of the lowest median housing costs for both homeowners (\$461 per month) and renters (\$513 per month). And more than one in five renters (22%) live in subsidized housing.

## Physical Environment

Residents of the Dalhousie area are more likely than average to own their home (84%), and three in ten occupied homes were built before 1960. The community also has one of the smallest percentages of youth who walk, bike or skateboard to school (2%). Approximately one in nine youth get to school using the above-mentioned means of transportation in combination with inactive ways of getting around.

And youth in the Dalhousie area are exposed to more environmental tobacco smoke than average. Twenty-one percent of youth reported there is at least one person in their home who smokes daily or almost every day, and 28% reported they had been in a car with someone who was smoking cigarettes in the previous seven days.

## Health Behaviours

Youth in the Dalhousie area have worse-than-average eating and physical activity habits. Fewer than three in ten youth eat at least five servings of fruits or vegetables each day, and fewer than one third eat breakfast daily. This community also has the smallest percentage of youth who get at least 60 minutes of moderate to vigorous physical activity per day (13%).

Youth in this community also have worse-than-average tobacco and alcohol use habits. More than one third of youth are at risk of becoming future smokers and a similar proportion have tried e-cigarettes. In addition, 18% of youth smoke daily or occasionally. This community also has the highest proportion of youth, nearly three in ten, who have been a passenger in a vehicle driven by someone under the influence of alcohol or drugs. And about one in five seniors has a history of heavy drinking, a proportion that is one of the highest in the province.

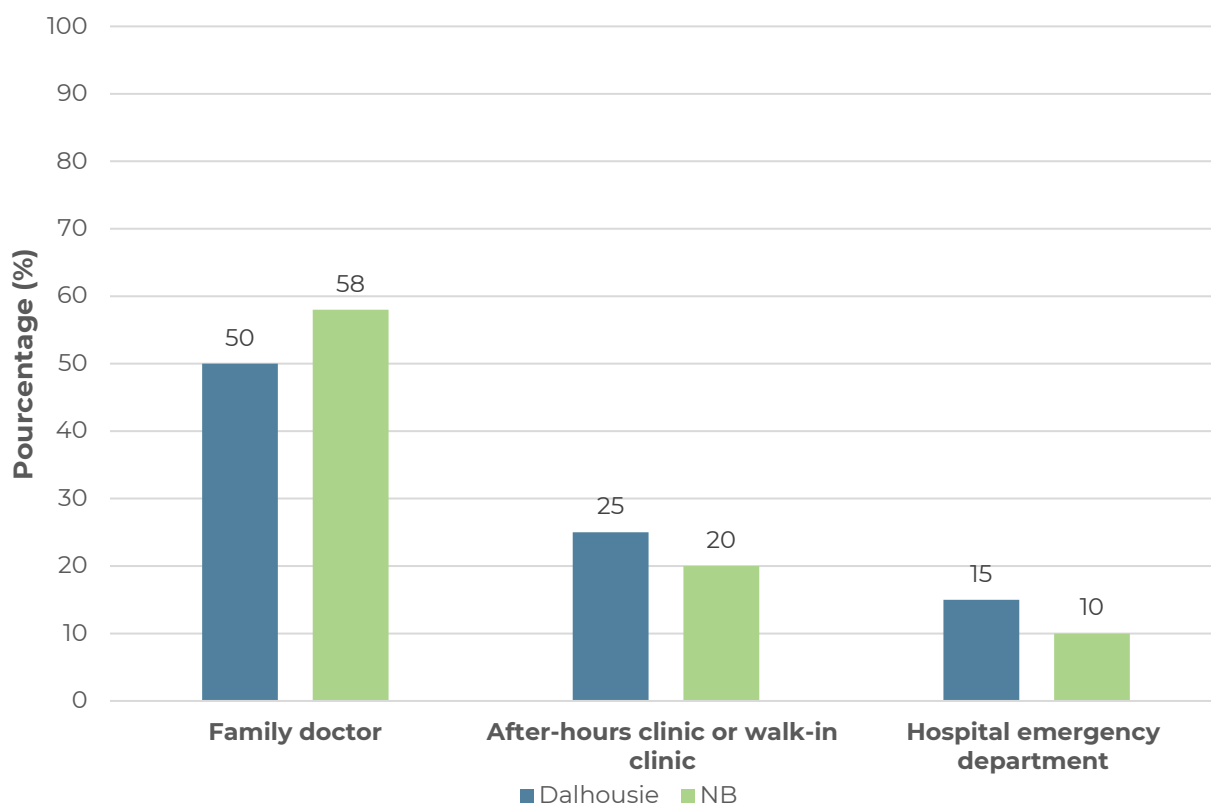


## Health Services

Access to primary care varies within the Dalhousie area. While almost half of adults reported being able to get an appointment with their family doctor within five days, only one in three seniors reported the same, which is the lowest proportion in the province. However, access to emergency services is better than in most New Brunswick communities. Almost three in four people reported waiting less than four hours to access emergency services.

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

**Figure 1. Types of Services Most Often Used When Care Services are Needed in Dalhousie, Balmoral, Belledune Area**





Hospitalization rates for injuries and mental health conditions are generally higher than the provincial averages across all age groups (see Table 2). And the rate of preventable hospitalization in the Dalhousie area is one of the highest in the province.

**Table 2. Some Reasons for Hospitalizations by Dalhousie, Balmoral, Belledune Area Residents**

	Dalhousie (rate)*	N.B. (rate)*
Hospitalization following an injury	<b>105</b>	74
Youth	<b>31</b>	29
Adults	<b>56</b>	42
Seniors	<b>242</b>	208
Hospitalization for mental health disorder	<b>99</b>	51
Youth	<b>97</b>	33
Adults	<b>131</b>	64
Seniors	<b>33</b>	28
Avoidable hospitalization	<b>72</b>	52

*\* Rate per 10,000 population*

Several types of services are used more frequently in the Dalhousie area than elsewhere in the province. Of note is the fact that just over half of residents visited the community health center (N.B. = 13%), one-quarter saw a specialist for the first time (N.B. = 18%), and 15% were admitted to hospital (N.B. = 10%) in the previous 12 months.

Residents of all age groups reported having felt the need to see a professional about their mental health at a level similar to the provincial average. Of the adults who reported having felt such a need, the Dalhousie area is home to the smallest proportion who did not see or speak to a health professional about this issue.

Only one in five seniors reported they always or usually talk to a health care professional about how to improve their health or prevent illness, which is one of the lowest rates in the province. Similarly, a smaller percentage of adults and seniors than the provincial



average (62%) reported they are always consulted by their family doctor when decisions are being made about their health care. And only two in five residents strongly agree that they know the effects of their prescription medications.

In terms of rating the health services received, the Dalhousie area is close to the provincial average: two in three residents rated them positively.



## Conclusion

The population of the Dalhousie, Balmoral, Belledune Area decreased more than that of any other New Brunswick community between 2016 and 2020 (-1.5%); it also has one of the highest median ages in the province (53.4 years). It has a relatively large Indigenous population (10.9%), while immigrants (1.1%) and visible minorities (0.7%) account for very small percentages of the population.

Youth, adults and seniors have a lower-than-average quality of life, especially in terms of life satisfaction and the resilience of youth (62%). Youth also have some of the least favourable levels of social and family support in the province. However, adults and seniors feel less lonely than average.

Household income in the Dalhousie, Balmoral Area is below average (\$49,357), and labour force participation and employment rates are among the lowest. Youth have less favourable health habits than those in other communities, particularly with respect to diet (29%), physical activity (13%), smoking (18%) and drinking (19%).

As regards access to emergency services, it is somewhat better than average, but access to appointments with a family doctor is not. And residents of this community are less likely to contact a professional about their health.



## 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.

[Dalhousie, Balmoral, Belledune Area | New Brunswick Health Council \(nbhc.ca\)](https://nbhc.ca)

<b>Table 3. Indicator, unique code and year of dissemination</b>		
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
Indigenous	STATC-SCCEN-023	2016
Immigrant	STATC-SCCEN-009	2016
Recent immigrant from 2011 to 2016	STATC-SCCEN-010	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 home - indigenous languages	STATC-SCCEN-014	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
Youth - sexual minority	SH_SEO02_7	2018-2019
<b>Health outcomes</b>		
Youth - Resilience, high or moderate level	SH_RESTS_1	2018-2019
Youth - Life satisfaction	SH_LIF01_7	2018-2019
Youth - Oppositional behaviours (being defiant, disrespectful, rude, etc.)	SH_OPPTS_1	2018-2019
Youth - Symptoms of anxiety	SH_ANX01_1	2018-2019
Adults - Perceived health, very good or excellent	PH_HEP01_1	2020
Adults - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Adults - Lonely (based on loneliness score)	PH_SIL04_1	2020



Seniors - Perceived health, very good or excellent	PH_HEP01_1	2020
Seniors - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Seniors - Lonely (based on loneliness score)	PH_SIL04_1	2020
Seniors - Have been injured and had to be treated by a doctor or nurse	PH_INJ01_1	2020
<b>Social and economic factors</b>		
Youth - eat an evening meal together with family, friends or guardians	SH_EAT11_1	2018-2019
Youth - enjoy my cultural and family traditions	SH_RES12_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 family	SH_MEFFA_1	2018-2019
Youth - my friends stand by me during difficult times	SH_RES08_1	2018-2019
Youth - with mental fitness needs highly satisfied by friends	SH_MEFFR_1	2018-2019
Youth - have people I look up to	SH_RES05_1	2018-2019
Youth - have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	SH_RES09_1	2018-2019
Youth - treated fairly in my community	SH_RES10_1	2018-2019
Youth - know where to go in my community to get help	SH_RES02_1	2018-2019
Youth - sense of community belonging, somewhat strong or very strong	SH_SOCTS_1	2018-2019
Participation rate	STATC-SCCEN-040	2016
Employment rate	STATC-SCCEN-041	2016
Self-employed	STATC-SCCEN-043	2016
Work part of the year and/or part time	STATC-SCCEN-052	2016
Household income - less than \$25,000	STATC-SCCEN-056	2016
Median household income	STATC-SCCEN-053	2016
Median monthly shelter costs - rented residence	STATC-SCCEN-061	2016
Median monthly shelter costs - owned residence	STATC-SCCEN-060	2016
Tenants in subsidized housing	STATC-SCCEN-062	2016
<b>Physical environment</b>		
Own a dwelling	STATC-SCCEN-025	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
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 breakfast daily	SH_EAT12_1	2018-2019
Youth - Eat 5 or more servings of vegetables or fruit daily	SH_EATFV_1	2018-2019
Youth - Moderate or vigorous physical activity	SH_PHY01_1	2018-2019





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
Seniors - Heavy drinking	PH_ALC01_3	2020
Youth - Passenger in an on-road vehicle - driven by someone under the influence of alcohol or drugs	SH_SAF02_1	2018-2019
<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
Community health centre	PH_USEHA_1	2020
Admitted to a hospital	PH_USEOD_1	2020
Seen a specialist for the first time	PH_USEST_1	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
Saw or talked to a health professional about their mental or emotional health, or their use of alcohol or drugs	PH_MHI05_1	2020
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
Seniors - Talk to a health professional about improving health and preventing illness, always or usually	PH_MGT03_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
Citizens - provide a favourable rating for overall health care services received	PH_SATOA_1	2020

