

# Population Health Profile 2022



Florenceville-Bristol, Woodstock, Wakefield 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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## How to cite this document

New Brunswick Health Council, "Population Health Profile 2022 - Florenceville-Bristol, Woodstock, Wakefield Area", 2022. [Online].

## Cette publication est disponible en français

Profil de santé de la population 2022 - Région de Florenceville-Bristol, Woodstock, Wakefield

Published: October 2022



## What is a Population Health Profile?

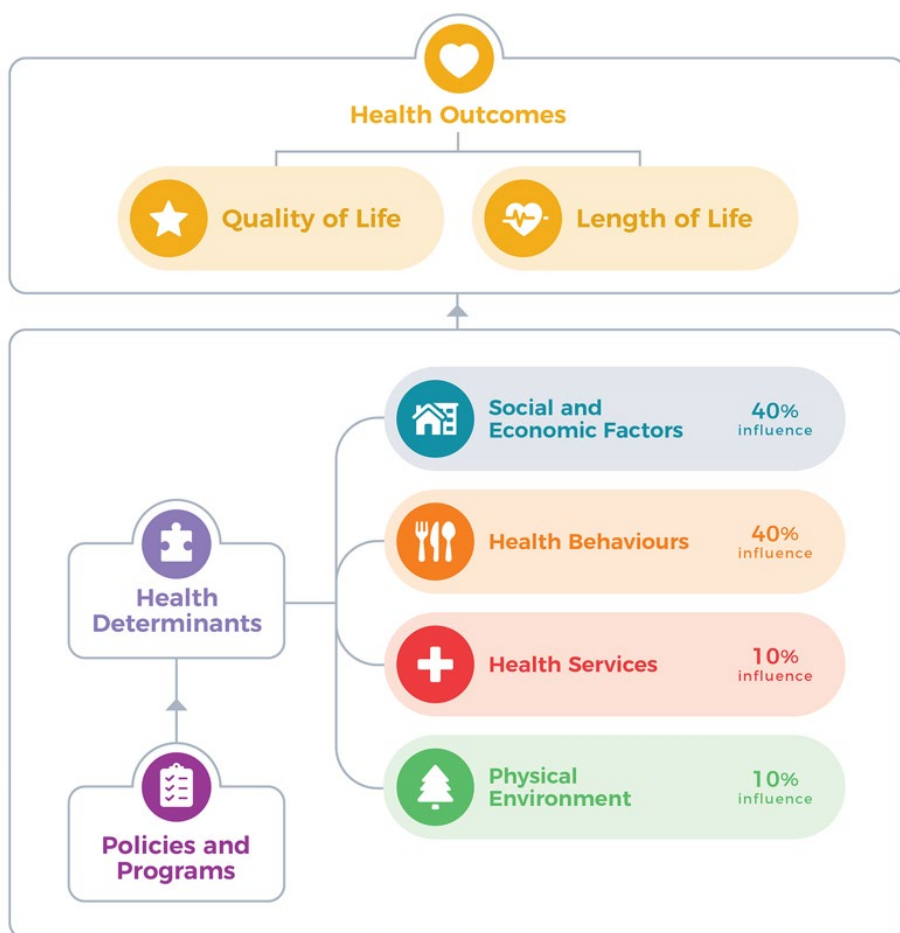
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

- This community has the largest proportion of self-employed residents.
- Adults and seniors reported they feel lonely more frequently than the provincial average.
- The children in this community have a sense of connection to school that is the best in province.
- Seniors gave the health services they received a positive rating, contrary to adults.



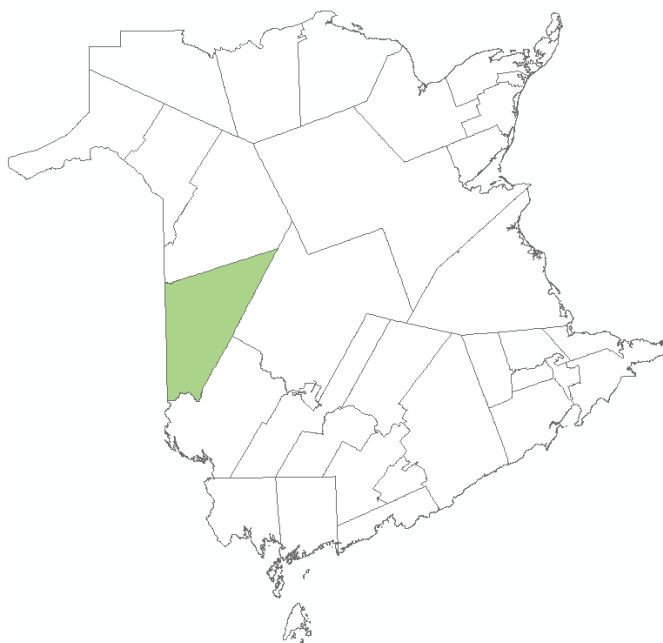


# Health of the Community

## Demographic Context

- Area: 3313 km<sup>2</sup>
- Population density: 8 persons per km<sup>2</sup>

The population of the Florenceville-Bristol, Woodstock, Wakefield Area grew by 2% 2016 and 2020, a growth rate that is below the provincial average for that period. The birth rate (nine per 1,000 population) and death rate (11 per 1,000 population) are both higher than the provincial average. The median age is 45 years.



The percentage of residents who identify as Indigenous (3.6%) is slightly lower than the provincial average, while the percentage of immigrants (5.3%) is slightly higher, and visible minorities account for a small percentage (2%). About two in ten youth (18%) identify as a member of a sexual minority. Less than one-quarter of youth (23%) have been diagnosed with having special education needs, as have 8% of children, the latter being the lowest proportion of all the communities for which this data is available.

The Florenceville-Bristol area is a predominantly English-speaking community. English is the language most often spoken at home (97%) and at work (99%), and about nine in ten residents (90%) said they know only English. In addition, the vast majority of residents (98%) choose English when accessing services and only one-quarter of youth are bilingual.

## Health Outcomes

In the Florenceville-Bristol area, 9% of seniors were injured and required medical or nursing care within the previous 12 months, the second-lowest percentage in New



Brunswick for that age group. Loneliness affects one-quarter of seniors in the community, the second-highest percentage for seniors province-wide. As for adults, loneliness affects 28% of them, as compared to 21% of New Brunswickers. The median age of death, at 80 years, is slightly higher than the provincial average.



## Determinants of Health

### Social and economic factors

The sense of connection that Florenceville-Bristol area children have with their school is one of the best in the province. More specifically speaking, about seven in ten children feel safe at school (69%) and feel they are treated fairly by teachers (70%). In addition, three in five children feel a sense of belonging at their school, and less than one third of children have been bullied (31%). Family and social supports for adults and seniors, on the other hand, are generally not as good as the average. About one third of residents in those two age groups sometimes or often feel a lack of companionship (34%), social exclusion (35%) or social isolation (35%).



The labour force participation rate (63%) and employment rate (57%) are both slightly higher than average in this community, as is the percentage of residents working full year and full-time (52%). This community also has the province's highest proportion of residents who are self-employed (12%).

### Physical environment

The Florenceville-Bristol area has a relatively high percentage of occupied dwellings that were built before 1960 (31%).

Residents of this community are less likely to use active ways of getting around. Only 2% of children and 3% of youth walk, bike or skateboard to school. And only 3% of adults and seniors use active ways of getting to work.

As regards smoking, 43% of parents reported that their child lives with someone who smokes, a higher percentage than in most communities in the province.





In addition, there are high radon levels in two out of five households, which is higher than average. There were also more extreme heat events (1) and extreme cold days (2) during the period under consideration than in most New Brunswick communities.

## Health Behaviours

The health habits of children and youth in the Florenceville-Bristol area are mixed. On the one hand, their physical activity habits are quite good. In fact, 38% of parents reported they do physical activities with their children and 22% of youth get the recommended amount of moderate or vigorous physical activity. However, their eating habits are generally worse than average. Only just over half of children (55%) and one third of youth (36%) eat breakfast every day. In addition, only 36% of youth eat at least five servings of fruits or vegetables each day and, according to parents, 41% of children do the same.

When it comes to adults and seniors, their smoking habits are worse than average. One quarter of adults smoke every day or occasionally; the figure for seniors is 14%. However, their alcohol consumption is generally similar to the provincial average. Fewer than three in ten adults drink heavily (28%) and only 7% of seniors do the same, the lowest percentage in the province. As regards sleep habits, two thirds of seniors usually get seven or more hours of sleep each night, which is true for only 50% of adults.

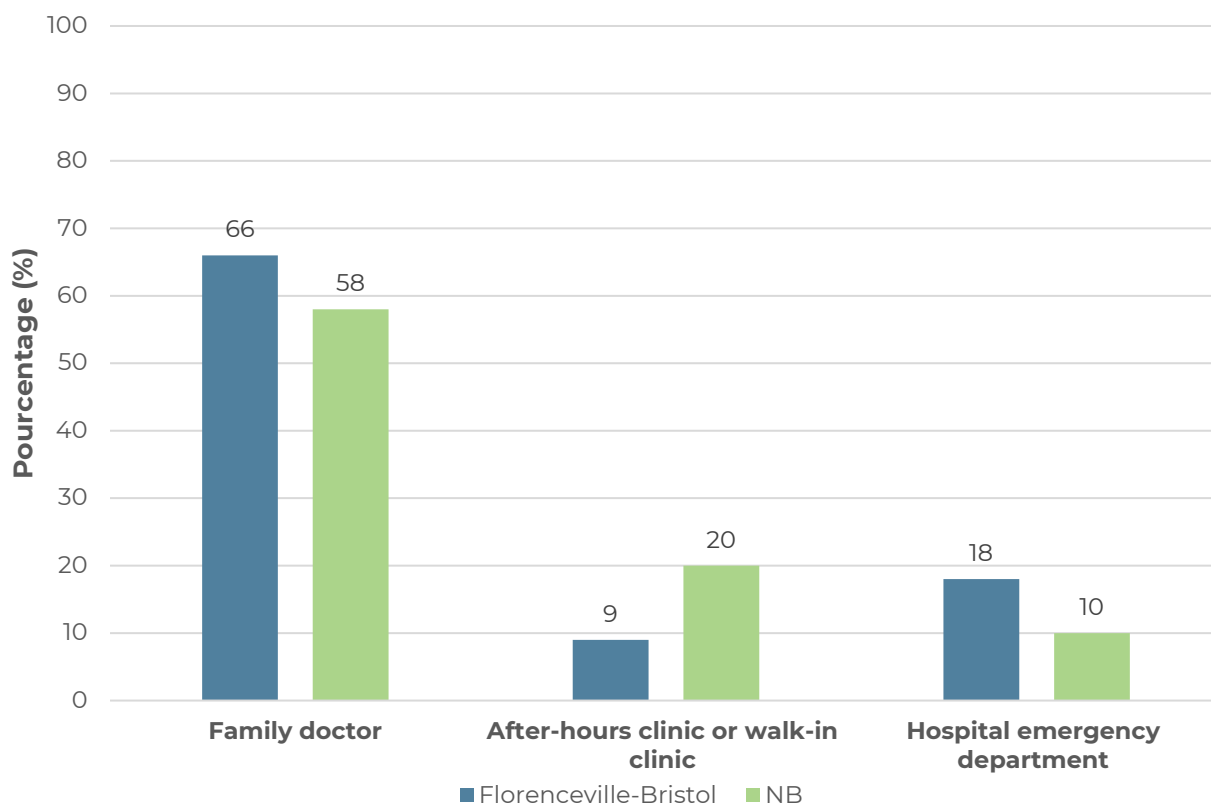


## Health Services

Access to primary care services in the Florenceville-Bristol area is mixed. Less than half of adults (48%) reported being able to get an appointment with their family doctor within five days, while 66% of seniors reported the same, which is better than the provincial average. Access to emergency services is very similar to the province as a whole. About seven in ten residents reported waiting less than four hours to access emergency services (69%).

When sick or in need of health care services, residents of this area turn more frequently to their family doctor and emergency room services (see Figure 1).

**Figure 1. Types of Services Most Often Used When Care Services are Needed in Florenceville-Bristol, Woodstock, Wakefield Area**



Hospitalization rates for mental health reasons are lower than the provincial average across all age groups (see Table 1).



**Table 1. Hospitalization for Mental Health Disorders in the Florenceville-Bristol, Woodstock, Wakefield Area**

	<b>Florenceville-Bristol (rate)*</b>	<b>NB (rate)*</b>
Hospitalization for mental health disorder		
All ages	27	51
Youth	17	33
Adults	34	64
Seniors	16	28

*\* Rate per 10,000 population*

However, the rate of preventable hospitalization in this community (69 per 10,000 people) is well above the provincial average. 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.

Adults and seniors differ in terms of how they rated the health services they received. Only 56% of adults rated the health services they receive positively, one of the lowest percentages in the province for this age group. And 83% of seniors did the same.



## Conclusion

Briefly put, the Florenceville-Bristol, Woodstock, Wakefield Area has experienced modest population growth in recent years. Its population is predominantly English-speaking and includes the province's highest proportion of self-employed people.

Adults and seniors reported feeling lonely more frequently than average. On the other hand, children have a good sense of connection to their school.

Children and youth generally have good physical activity habits, but their eating behaviours are less favourable. Adults and seniors are more likely than the provincial average to be smokers, but less likely to drink heavily.

Access to primary health care services in this community is mixed and the rate of preventable hospitalization is one of the highest in the province. Seniors in the Florenceville-Bristol area have rated the health services they received positively, unlike adults under 65 years of age.



## 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 2) to facilitate this research.

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

[Florenceville-Bristol, Woodstock, Wakefield Area | New Brunswick Health Council \(nbhc.ca\)](https://nbhc.ca)

Table 2. Indicator, unique code and year of dissemination		
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
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 - English	STATC-SCCEN-011	2016
Language most spoken at work - English	STATC-SCCEN-019	2016
Knowledge of official language - English only	STATC-SCCEN-016	2016
Youth bilingualism - English and French	STATC-SCCEN-001	2016
Language chosen when accessing services - English	PH_LOS02_1	2020
Children diagnosed with special education needs	SP_SENAL_1	2019-2020
Youth diagnosed with special education needs	SH_SENAL_1	2018-2019
Youth - sexual minority	SH_SEO02_7	2018-2019
<b>Health Outcomes</b>		
Adults - Lonely (based on loneliness score)	PH_SIL04_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
Median age at death	SNB-VITST-006	2014 to 2018



### Social and Economic Factors

Adults and seniors - lack companionship some of the time or often	PH_SIL01_1	2020
Adults and seniors - feel left out some of the time or often	PH_SIL02_1	2020
Adults and seniors - feel isolated some of the time or often	PH_SIL03_1	2020
Children - feel teachers treat me fairly	SE_SCC04_1	2019-2020
Children - feel safe at school	SE_SCC05_1	2019-2020
Children - feel connected to my school	SE_SCCH1_1	2019-2020
Children - Victim of bullying	SE_BUV01_1	2019-2020
Participation rate	STATC-SCCEN-040	2016
Employment rate	STATC-SCCEN-041	2016
Self-employed	STATC-SCCEN-043	2016
Work a full year, full time	STATC-SCCEN-051	2016

### Physical Environment

Occupied dwellings built before 1960	STATC-SCCEN-030	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
Adults and seniors - walk or bike to get to work	STATC-SCCEN-033	2016
Parents - report their child lives with someone who smokes	SP_SMO01_1	2019-2020
Extreme heat events	CCCS-DCLIM-001	2020
Extreme cold days	CCCS-DCLIM-002	2020
Greenhouse gas emission	STATC-NRCEN-001	2019
Radon - household with high radon concentration	HCRAD-CCSRCH-001	2007

### Health Behaviours

Children - Eat breakfast daily	SE_EAT04_1	2019-2020
Children - Eat 5 or more servings of vegetables or fruit daily - parents' point of view	SP_EATFV_1	2019-2020
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
Parents - are physically active with their children	SP_PHY03_1	2019-2020
Youth - Moderate or vigorous physical activity	SH_PHY01_1	2018-2019
Seniors - Usually sleeps for 7 hours or more each night	PH_SLE01_1	2020
Adults - Daily or occasional smoker	PH_SMO01_1	2020
Seniors - Daily or occasional smoker	PH_SMO01_1	2020
Adults - Heavy drinking	PH_ALC01_3	2020
Seniors - Heavy drinking	PH_ALC01_3	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
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 - 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