Population Health Profile
2022

Hillsborough, Riverside-Albert, Alma 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 Hillsborough, Riverside-Albert, Alma

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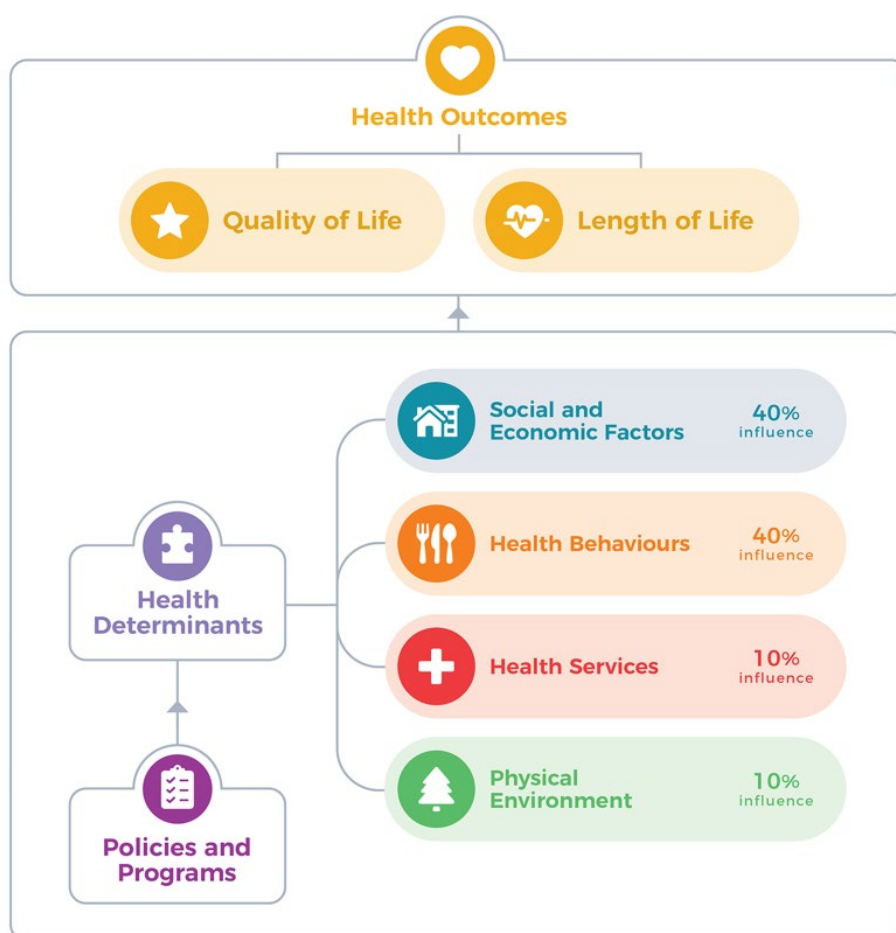
What is a Population Health Profile?

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.

Health Outcomes

Quality of Life   Length of Life

Health Determinants

Social and Economic Factors — 40% influence

Health Behaviours — 40% influence

Health Services — 10% influence

Physical Environment — 10% influence

Policies and Programs

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 Hillsborough, Riverside-Albert, Alma Area

- The quality of life of young people and the relationships they have with the people in their life are among the worst in the province.

- Behaviours related to eating, smoking, drinking and drug use are worse than the New Brunswick average.

- In general, residents rated positively their communication with their family doctor and the coordination of care they provide.

Health of the Community

Demographic Context

- Land area: 1536 km^2
- Population density: 3 persons per km^2
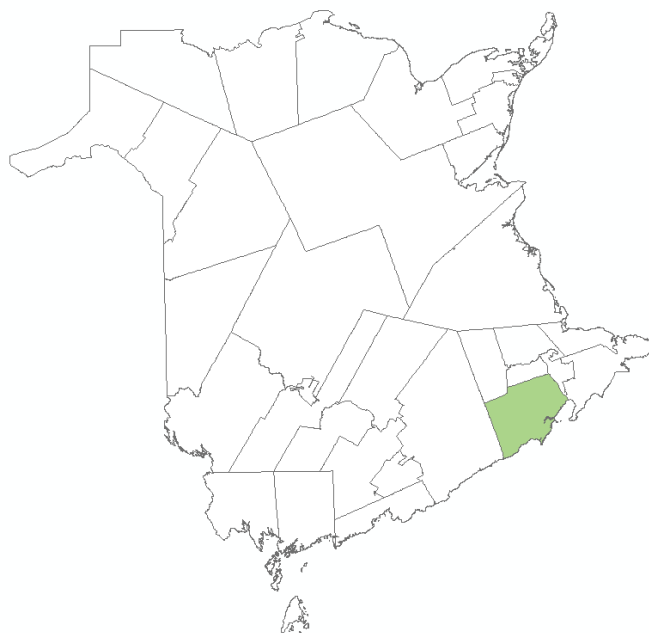
The Hillsborough, Riverside-Albert and Alma Area has a lower population density than most New Brunswick communities. The median age (51 years) is higher than the average and the death rate (13 persons per 1,000 population) exceeds the birth rate (8 persons per 1,000 population). This community also has the smallest percentage of visible minorities in the province (0.2%).

It stands out because of the very large percentage of residents (97%) for whom English is most frequently used at home and at work. Approximately one in eight residents have knowledge of both official languages and the rate of bilingualism among youth is 28%; both of these figures are lower than the province-wide averages.

Health Outcomes

In many respects, youth in the Hillsborough area have a lower quality of life than those in other communities. Fewer than one in two youth perceive their health as very good or excellent, and about three in five youth have high or moderate levels of resilience, some of the lowest proportions in the province. In addition, fewer than three in four youth have moderate or high levels of mental fitness (a positive

attitude toward what they feel, think and do), and just under four in five youth have good life satisfaction. About two in five youth have symptoms of depression and/or anxiety. This community also has the highest percentage of underweight youth (10%), and one of the lowest percentages who are at a healthy weight (57%).

Although adults and seniors have lower-than-average life satisfaction, both age groups are less likely to feel lonely than their counterparts in other New Brunswick communities. About one in ten seniors feel lonely, the smallest proportion in the province for that age group. In addition, half of seniors are very confident about their ability to manage their health conditions and two in five strongly agree that they know how to prevent other health-related problems. Moreover, nearly two in three seniors (63%) strongly agree that their health depends largely on how well they take care of themselves.

Determinants of Health

Social and economic factors

The connections youth have with the people in their life and with their school and community are among the least favourable in the province. Less than half of youth said they like their family and cultural traditions (41%) and feel that their parents or guardians know them well (46%). And only one in three said their friends support them in difficult times. The same proportion of youth said there are people they greatly admire. Relatively low percentages of youth feel they are treated fairly by teachers (70%), feel safe at school (73%) and have a sense of belonging at their school (81%). And fewer than three in ten youth (28%) feel they are treated fairly in their community.

The Hillsborough area has one of the smallest percentages of adults and seniors who reported sometimes or often feeling a lack of companionship (25%), social exclusion (19%) or social isolation (19%). It is also one of the communities where the smallest percentage of adults and seniors have access to the internet at home (82%). The median annual household income ($52,228) in this community is somewhat lower than the provincial average and it has the province's highest percentage of households with incomes between $25,000 and $59,999.

Physical environment

Close to nine in ten residents in the Hillsborough area own their home. About two in five occupied dwellings were built before 1960 and 15% of occupied dwellings are in need of major repairs. These percentages are among the highest in the province.

Environmental tobacco smoke is relatively common in this community. In fact, close to one in three youth reported having at least one person smoking inside their home (29%) every day or almost every day, and/or reported riding in a car with someone who was smoking cigarettes in the past seven days (28%).

Health Behaviours

In general, the eating habits of Hillsborough area residents are below the provincial averages. More specifically speaking, all groups in the Hillsborough area ranked among the lowest of all the communities with respect to eating at least five servings of fruits or vegetables daily.

Physical activity habits in the Hillsborough area are generally good. More than half of adults and seniors reported they get enough moderate or vigorous activity. The youth in this community are among the most active in the province, with one quarter having reported they get at least 60 minutes of physical activity daily.

However, the rates of tobacco, alcohol and drug use for Hillsborough area youth are among the least favourable in the province (see Table 1). This community also has one of the highest percentages of adults who reported they smoke regularly (26%).

| Table 1. Tobacco, Alcohol and Drug use Among Youth in the Hillsborough, Riverside-Albert, Alma Area	Hillsborough (%)	NB (%)
At risk of becoming a future smoker	38	28
Tried e-cigarettes (vaping)	37	29
Daily or occasional smoker	18	14
Heavy drinking	25	15
Cannabis use	30	21
Drug use	21	25

Health Services

The Hillsborough area ranks high in terms of access to a family physician. More than half (55%) of adults reported being able to get an appointment with their family doctor within five days, while almost three quarters of seniors (73%) reported the same. But access to emergency services is more difficult than in most New Brunswick communities. Only one in two people reported waiting less than four hours to access emergency services.

When ill or in need of care services, Hillsborough area residents turn to their family physician and after-hours or walk-in clinics at rates similar to the provincial averages (see Figure 1).

Figure 1. Types of Services Most Often Used When Care Services are Needed in Hillsborough, Riverside-Albert, Alma Area
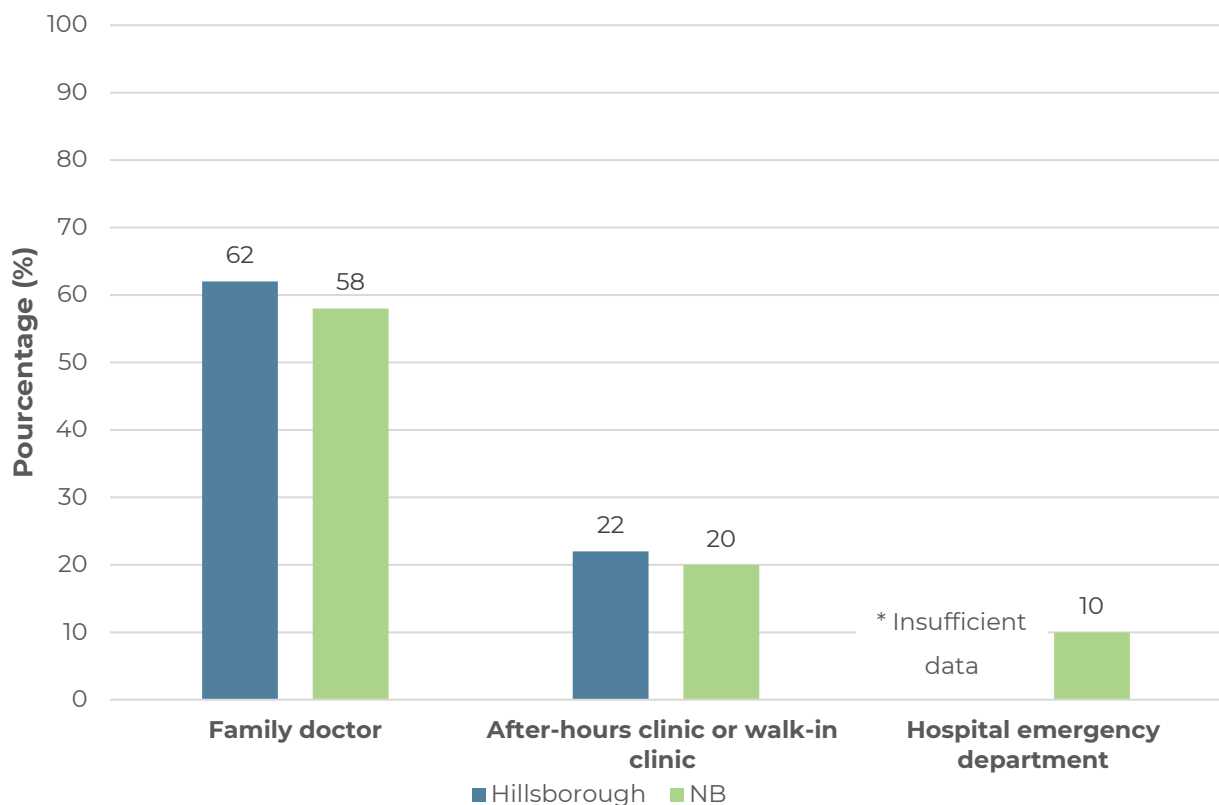
In this community, residents in all age groups reported having felt the need to see a professional for their mental health at a level similar to the provincial average. One in five adults reported having consulted a health professional about their mental or emotional health or substance use.

Of those who sought out health services in general, barriers related to difficulty obtaining medical or rehabilitation equipment, and not being able to leave the house because of a health problem were reported more frequently than elsewhere in the province. However, barriers related to the availability and proximity of a service were reported less frequently.

The majority of people in this community are satisfied with the explanations provided by their family doctor (80%). They reported having enough time to talk with their physician (70%) and feeling as though they are consulted about the decision-making process related to their health (80%). The Hillsborough area also has one of the highest percentages of residents who reported that they receive help from their family doctor in coordinating care services that require other health professionals (74%).

When it comes to rating the health services received, Hillsborough area residents gave them one of the highest ratings. Three in four people gave a positive rating to the health services they received.

Conclusion

The Hillsborough, Riverside-Albert, Alma Area has a relatively small and older-than-average population. The quality of life of youth in this community is lower than average, especially in terms of their level of resilience. The relationships they have with the people in their life are also among the worst in the province. On the other hand, seniors in this community are among those least likely to lack companionship, to feel lonely, or to feel socially excluded or isolated. In addition, they are relatively optimistic about managing their health.

Behaviours related to eating, smoking, drinking and drug use are worse than average. However, physical activity habits are relatively good, especially among youth.

Residents of this area have better access to their family doctor than those in most New Brunswick communities. They gave the health services received one of the most favourable ratings.

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 CSNB website.

Hillsborough, Riverside-Albert, Alma Area | New Brunswick Health Council (nbhc.ca)

Table 2. 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
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 - French and English	STATC-SCCEN-018	2016
Youth bilingualism - English and French	STATC-SCCEN-001	2016
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 - Resilience, high or moderate level	SH_RESTS_1	2018-2019
Youth - Life satisfaction	SH_LIF01_7	2018-2019
Youth - Symptoms of anxiety	SH_ANX01_1	2018-2019
Youth - Healthy weight	SH_BMI02_1	2018-2019
Youth - Underweight	SH_BMI02_2	2018-2019
Adults - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Adults - Lonely (based on loneliness score)	PH_SIL04_1	2020
Seniors - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Seniors - Lonely (based on loneliness score)	PH_SIL04_1	2020
Seniors - strongly agree that their health largely depends on how well they take care of themselves	PH_BELDM_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

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 friends stand by me during difficult times	SH_RES08_1	2018-2019
Youth - have people I look up to	SH_RES05_1	2018-2019
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
Youth - feel teachers treat me fairly	SH_SCC04_1	2018-2019
Youth - feel safe at school	SH_SCC05_1	2018-2019
Youth - feel connected to my school	SH_SCCTS_1	2018-2019
Youth - treated fairly in my community	SH_RES10_1	2018-2019
Have internet access at home	PH_INT02_1	2020
Household income - $25,000 to $59,999	STATC-SCCEN-057	2016
Median household income	STATC-SCCEN-053	2016

Physical Environment

Own a dwelling	STATC-SCCEN-025	2016
Occupied dwellings requiring major repairs	STATC-SCCEN-029	2016
Occupied dwellings built before 1960	STATC-SCCEN-030	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

Health Behaviours

Youth - Eat 5 or more servings of vegetables or fruit daily	SH_EATFV_1	2018-2019
Adults and seniors - Eat 5 or more servings of vegetables or fruit daily	PH_EAT03_1	2020
Adults - Eat 5 or more servings of vegetables or fruit daily	PH_EAT03_1	2020
Seniors - Eat 5 or more servings of vegetables or fruit daily	PH_EAT03_1	2020
Youth - Moderate or vigorous physical activity	SH_PHY01_1	2018-2019
Adults and seniors - Moderate or vigorous physical activity	PH_PHY01_1	2020
Adults - Moderate or vigorous physical activity	PH_PHY01_1	2020
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

Adults - 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
Youth - needed to see or talk to someone for a mental or emotional problem	SH_MHI01_1	2018-2019
Saw or talked to a health professional about their mental or emotional health, or their use of alcohol or drugs - Adults	PH_MHI05_1	2020
Travel over 100 kms to use a health service	PH_BARHT_1	2020
Unable to leave the house due to a health problem	PH_BARLH_1	2020
Trouble getting medical or rehabilitation equipment or supplies	PH_BARME_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
Family doctor - always explains things in a way that they can understand	PH_COMFA_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
Citizens - provide a favourable rating for overall health care services received	PH_SATOA_1	2020
Family doctor - always helps them coordinate the care from other providers	PH_CRDFB_1	2020