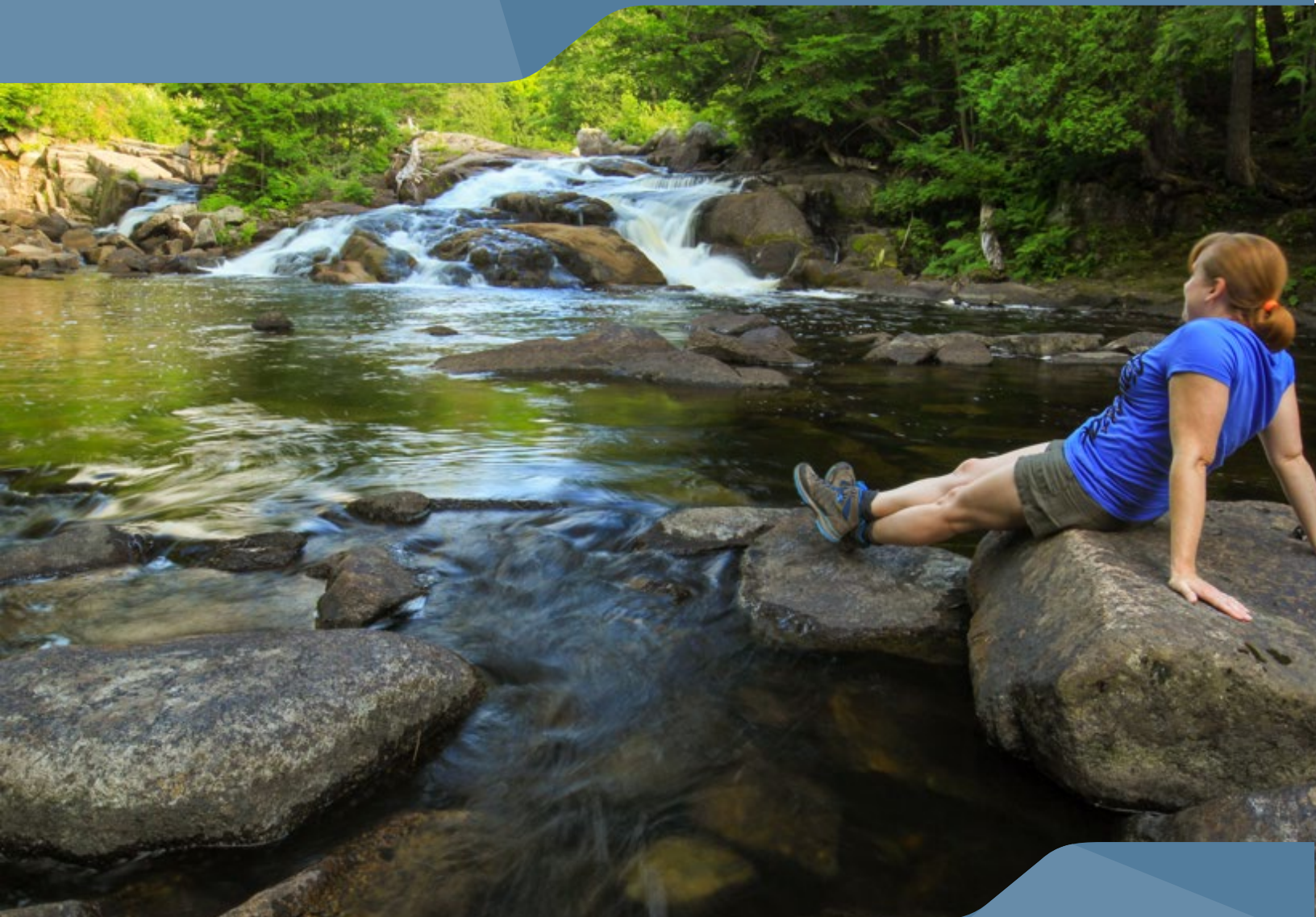


Population Health Profile 2022



Nackawic, McAdam, Canterbury 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?

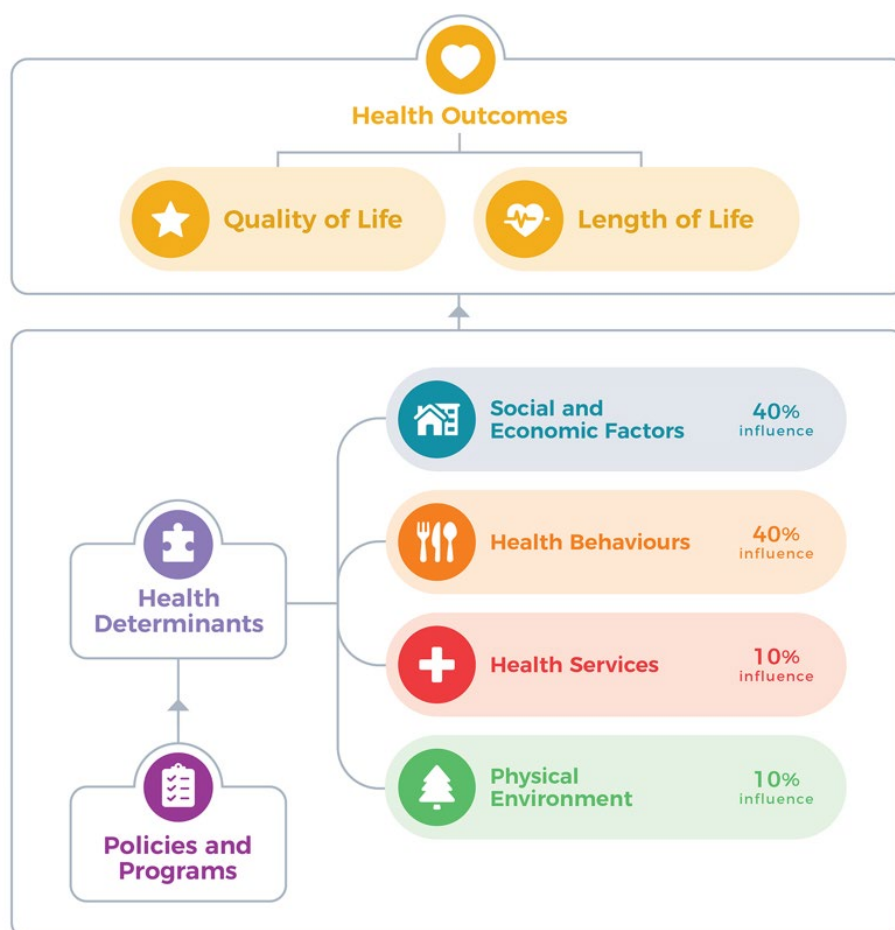
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

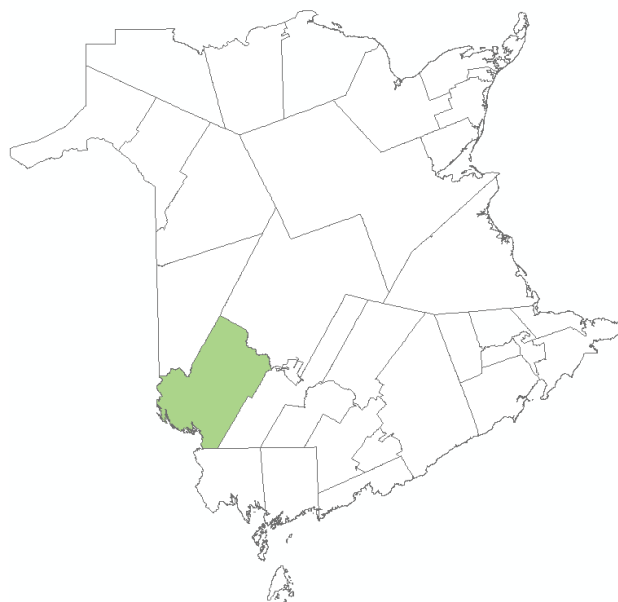
- The population of this area experienced growth at a rate higher than the provincial average.
- This community has the highest percentage of adults and seniors who reported they have a disability, and the largest proportion with three or more chronic health conditions.
- Youth, adults, and seniors have somewhat favourable physical activity habits.
- The hospitalization rate for mental health disorders is one of the lowest in the province.



Health of the Community

Demographic Context

- Area: 3325 km²
- Population density: 4 persons per km²



The population of the Nackawic, McAdam, Canterbury Area grew by 7% between 2016 and 2020, a growth rate that is higher than the provincial average for the same time period. The birth (eight per 1,000 population) and death rates (nine per 1,000 population) are identical to the provincial averages. The median age is 48 years, two years older than the provincial median age.

A small percentage of community residents identify as Indigenous (2.2%), the visible minority population is small (1.1%) and immigrants account for 4.3% of the population. The community has the highest percentage of adults and seniors who reported they have a disability (37%). It has the second-highest percentage of married or common-law couple households (67%). And one in eight youth identifies as a member of a sexual minority.

The Nackawic area is a predominantly English-speaking community. In fact, about nine out of ten residents (89%) said they know only English. English is also the language most often spoken at home (97.7%) and at work (98%). In addition, the vast majority of Nackawic area residents (98%) choose English when accessing services. In terms of accessing health services in the official language of choice, residents who request health services in English are served in their language of choice 97% of the time. One quarter of youth are bilingual.



Health Outcomes

The Nackawic area has the smallest percentage of seniors who were injured and required medical or nursing care (8%) in the past twelve months. About half of seniors reported feeling very confident about their ability to manage their health, a higher percentage than the provincial average for this age group. The percentage of adults and seniors with three or more chronic health conditions (33%) is the highest of any community in New Brunswick. The prevalence of most chronic conditions is higher than the provincial average (see Table 1). The percentages of adults and seniors living with cancer (16%) and obesity (48%) are the highest in the province.

Table 1. Prevalence of Chronic Health Conditions Among Adults and Seniors in the Nackawic, McAdam, Canterbury Area

	Nackawic (%)	NB (%)
Depression	19	17
Mood disorder (other than depression)	3	3
Gastric reflux	19	17
Heart disease	12	10
Stroke	3	2
Cancer (prevalence)	16	9
Diabetes	12	12
Obesity	48	34



Determinants of Health

Social and economic factors

Children in this community have one of the highest kindergarten readiness rates (96%) in the province.

Generally speaking, social and family supports for youth in the Nackawic area are somewhat better than average. Higher-than-average percentages of youth reported there are people they greatly admire (50%); they also said they feel that their family supports them through difficult times (57%). In addition, more than four in five youth feel that their mental fitness needs are highly satisfied by family (82%) and friends (83%). However, 18% of youth reported they had experienced dating violence, a slightly higher-than-average percentage.

Adults and seniors, on the other hand, have lower-than-average levels of social and family support. More specifically speaking, 41% of adults and seniors in the Nackawic area sometimes or often feel a lack of companionship and 35% sometimes or often feel socially excluded.

The Nackawic area has some of the lowest rates of crimes against persons (five cases per 1,000 population) and property crime (11 cases per 1,000 population) in the province.

Physical environment

The Nackawic area has a higher-than-average percentage of residents who own their home (89%). About three in ten occupied dwellings were built before 1960 and one in ten are in need of major repairs, both of which are relatively high percentages.

Youth in this community are among the most active in terms of how they get to school. One in eight youth walk, bike or skateboard to school, while one quarter of youth use those modes of transportation in combination with inactive ones. Only 2% of adults and seniors walk or bike to work.



Youth are exposed to higher-than-average levels of environmental tobacco smoke. More specifically speaking, 28% of youth reported having been a passenger in a car with someone who was smoking cigarettes within the previous seven days and 24% said there is at least one person who smokes inside their home every day or almost every day.

In this community, there were six days of extreme cold and three boil water orders during the period under consideration.

Health Behaviours

The health-related behaviours of youth in the Nackawic area are mixed. On the one hand, less than one third of youth eat breakfast every day (32%) and more than two thirds drink non-nutritious sugary drinks (68%), the highest percentage province-wide. Youth in this community also have less favourable substance use habits than the average (Table 2).

	Nackawic (%)	NB (%)
At risk of becoming a future smoker	31	28
Tried e-cigarettes (vaping)	36	29
Daily or occasional smoker	18	14
Heavy drinking	18	15
Cannabis use	27	21
Drug use	27	25

Only one in ten youth had eaten at a fast-food restaurant at least three times in the previous seven days. Close to one-quarter of youth (23%) get the recommended amount of moderate or vigorous physical activity. Both figures are more favourable than the average.



As for adults and seniors, only about half usually get seven or more hours of sleep each night. In addition, fewer than two in five adults (36%) eat at least five servings of fruits or vegetables each day, which is lower than the average for this age group. As is the case for youth, physical activity is more prevalent in this community. More specifically speaking, more than half of adults and seniors get the recommended amount of moderate to vigorous physical activity (55% for adults and 53% for seniors).

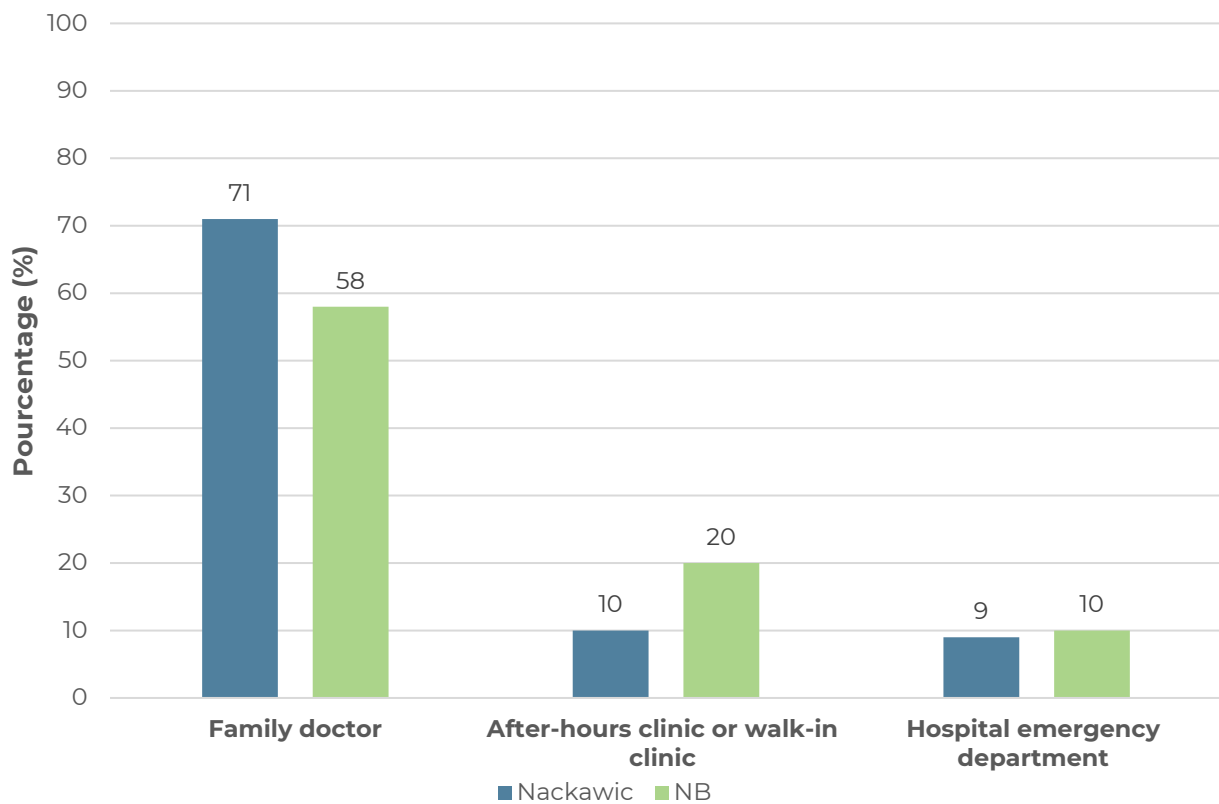


Health Services

In this community, access to a family doctor within a reasonable time is close to the provincial average. Close to one in two adults (48%) and three in five seniors (59%) reported being able to get an appointment with their family doctor within five days. However, access to emergency services is better than in most New Brunswick communities with more than four in five residents (82%) having reported they waited less than four hours to access them.

When ill or in need of health care services, residents of this community turn to their family doctor more frequently than the people in most other New Brunswick communities (see Figure 1). Conversely, they use after-hours or walk-in clinics less frequently.

Figure 1. Types of Services Most Often Used When Care Services are Needed in Nackawic, McAdam, Canterbury Area





A relatively small percentage of adults reported having felt the need to talk with a health professional about their mental health, emotional health or substance use (13%), but only one in ten had consulted a professional about those issues, while an above-average number of youth reported having felt the need to consult someone about the same issues. However, a relatively high percentage of youth (10%) and adults (47%) reported that they did not consult a health professional despite having felt the need to do so. The rate of hospitalization for mental health disorders is one of the lowest in the province across all age groups (see Table 3).

	Nackawic (rate)*	NB (rate)*
Hospitalization for mental health disorder	23	51
Youth	11	33
Adults	32	64
Seniors	11	28

* Rate per 10,000 population

The majority of residents in this community are satisfied with the explanations provided by their family physician (80%). They reported having enough discussion time with their doctor (71%) and said they help their patients to coordinate care services involving other health professionals (71%).

In terms of rating the health services received, the Nackawic, McAdam, Canterbury Area is close to the provincial average. Sixty-four percent of adults and 77% of seniors rated the health services they received positively.



Conclusion

Briefly put, the Nackawic, McAdam, Canterbury Area has experienced higher-than-average population growth but has a relatively older population. This population of this community includes small percentages of residents that identify as Indigenous or are members of a visible minority. The proportion of adults and seniors who reported they have a disability is the highest of any community in New Brunswick.

The Nackawic area has the highest proportion of adults and seniors with three or more chronic health conditions. Cancer and obesity rates for these age groups are the highest in New Brunswick. The levels of social and family support for adults and seniors are generally below average. Youth, on the other hand, have more favourable levels of social and family support.

Some health-related behaviours of youth are worse than average, including eating habits, as well as tobacco, alcohol, and drug use. The sleeping habits and some eating habits of adults and seniors are also worse than average. However, youth, adults, and seniors in the Nackawic area have more favourable physical activity habits.

While wait times for appointments with family physicians are close to average, wait times for emergency services are shorter than in most communities. In addition, the rate of hospitalization for mental health disorders is one of the lowest in the province. And a high proportion of youth and adults said they did not consult a health professional about their mental health, emotional health or substance use despite having felt the need to do so.



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.

[Nackawic, McAdam, Canterbury Area | New Brunswick Health Council \(nbhc.ca\)](https://nbhc.ca)

Table 4. 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
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
Married or living common-law	STATC-SCCEN-003	2016
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
Always receive health care services in the official language of their choice - English	PH_LOS03_2	2020
Adults and seniors - with a disability	PH_PWD01_1	2020
Youth - sexual minority	SH_SEO02_7	2018-2019
Land area	STATC-CENCU-001	2016
Population density	STATC-CENCU-002	2016
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
Married or living common-law	STATC-SCCEN-003	2016
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
Health Outcomes		
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
Depression	PH_CHCDP_1	2020
Mood disorder (other than depression)	PH_CHCMD_1	2020
Gastric reflux	PH_CHCGR_1	2020
Heart disease	PH_CHCHD_1	2020
Stroke	PH_CHCST_1	2020
Cancer (prevalence)	PH_CHCCA_1	2020
Diabetes	PH_CHCDL_1	2020
Obesity	PH_BMI01_2	2020
Seniors - very confident in managing their health condition	PH_MGT01_1	2020
Social and Economic Factors		
Youth - with mental fitness needs highly satisfied by family	SH_MEFFA_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
Youth - Victim of dating violence	SH_SEV02_1	2018-2019
Crimes against persons	STATC-UCR-001	2019
Crimes against property	STATC-UCR-002	2019
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 - 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
Extreme cold days	CCCS-DCLIM-002	2020
Number of boil orders	GNB-OCMOH-001	2020



Health Behaviours

Youth - Eat breakfast daily	SH_EAT12_1	2018-2019
Youth - Drink non-nutritious sugary beverages	SH_DRINN_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
Adults - 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 - Moderate or vigorous physical activity	PH_PHY01_1	2020
Seniors - Moderate or vigorous physical activity	PH_PHY01_1	2020
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 - 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

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
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	PH_MHI05_1	2020
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 gives them enough time to discuss	PH_APPFB_1	2020
Family doctor - always helps them coordinate the care from other providers	PH_CRDFB_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

