

Population Health Profile 2022



Sackville, Dorchester, Port Elgin 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

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What is a Population Health Profile?

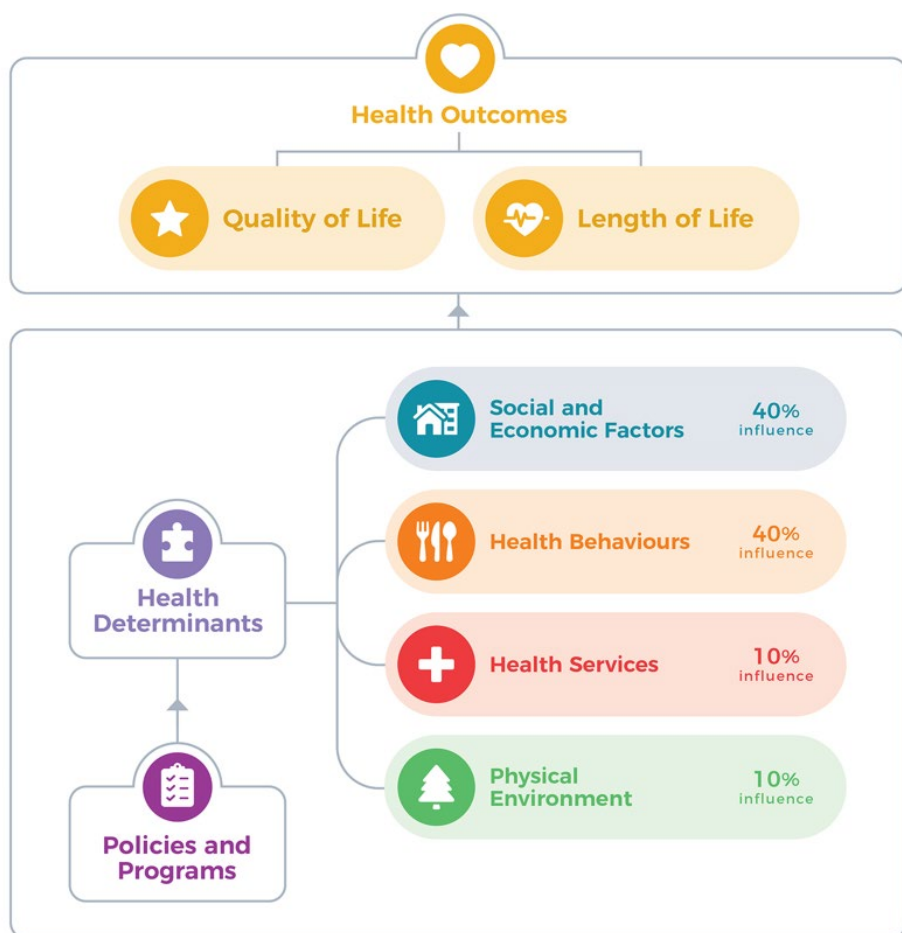
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

- The birth rate is the lowest in the province and the median age at death is the highest.
- This community has the highest percentage of people providing long-term care for a friend or relative.
- Children's health outcomes and their perceived sense of belonging at school are generally lower than in other communities.
- The use of prevention and screening services is higher than the provincial average.



Health of the Community

Demographic Context

- Land area: 1233 km²
- Population density: 9 persons per km²



The Sackville, Dorchester and Port Elgin Area has the lowest birth rate in the province (four per 1,000 population). However, the community's total population grew by 6% between 2016 and 2020, a higher growth rate than the province as a whole. One in twenty residents is an immigrant, and less than 1% of residents (0.6%) are recent immigrants who arrived between 2011 and 2016.

Just under one in six children (16%) are diagnosed with special education needs. Of those, several types are over-represented, including behavioural disorders (6%), blind or low vision (1.4%), deaf or hard of hearing (3%), attention deficit disorder with or without hyperactivity (10%), learning disabilities (5%), mental illness (1.4%), and other disorders not included in the questionnaire response list (8%). We also noted that among youth in grades 6 to 12 diagnosed with special education needs, mental illnesses (depression, anxiety and bipolar disorder) account for a relatively high percentage (8%) of special needs. As for seniors and adults, three out of ten reported having a disability, of which about one third are learning disabilities.

Health Outcomes

The health outcomes of children in the Sackville Area are in some respects below average. Only one in five children behave in a way that is socially positive (being helpful, respectful, caring, etc.), while two in five behave oppositionally (rebellious, disrespectful, rude, etc.). In addition, the percentage of children with high levels of mental fitness



(positive attitude about how they feel, think and act) is 17%. Less than one in two children (48%) are at a healthy weight, while 46% of children are overweight. Just over three quarters of youth in grades 6 to 12 have a moderate or high level of mental fitness (76%) and good life satisfaction (78%).

The Sackville Area has the highest median age at death in New Brunswick, at eighty-two years. About two thirds of adults and half of seniors strongly agree that their health depends largely on how well they take care of themselves. In addition, two in five adults and one in three seniors strongly agree that they know how to prevent other health-related problems. Two in five, adults and seniors, are very confident about their ability to manage their health condition.



Determinants of Health

Social and economic factors

Children in the Sackville area do not always have a good sense of connection to their school. Only two out of five children reported having a sense of belonging at their school. Barely half of the children have their mental fitness needs highly satisfied by the school. More than one in two children (53%) reported having been bullied, the highest percentage in the province. And 6% of youth reported they are often or always hungry when they go to bed or school because there is not enough food at home.

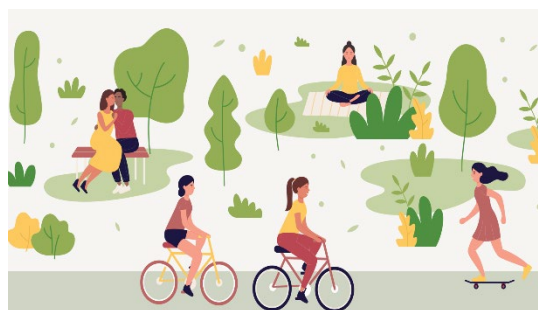


This community has the highest percentage of residents who provide long-term care for one person (12%). Time pressures (51%), the health of family members (47%), and other personal or family responsibilities (36%) are the most common reasons for stress cited by adults in the Sackville area. For seniors, the most common reasons for stress are physical health problems or conditions (28%) and caring for others (parents, family or friends) (28%).

Physical environment

The Sackville area has one of the highest percentages of occupied dwellings built before 1960 (41%). In addition, a relatively high proportion of occupied dwellings (12%) are in need of major repairs.

Adults and seniors in the Sackville area are the most likely to walk or bike to work (11%). In addition, about one in ten youth (9%) walk, bike or skateboard to school, while almost three in ten youth (28%) use the above-mentioned modes of transport in conjunction with inactive ones.





However, children and youth in this community have a higher-than-average exposure to environmental tobacco smoke. Forty-five percent of parents reported that their child lives with someone who smokes, while 4% reported that smoking is allowed in the family vehicle.

Health Behaviours

The eating habits of children in kindergarten through grade 5 are among the worst in the communities surveyed. Fewer than two out of five children eat breakfast every day and consume at least five servings of fruits and vegetables daily. In addition, over two thirds of children eat non-nutritious foods. Eating behaviours are fairly close to the provincial average for the other age groups. The only exception is seniors, 51% of whom reported consuming at least five servings of fruits and vegetables, a higher-than-average percentage.

Physical activity and sleep behaviours are close to the provincial averages for all age groups. The same is true for alcohol and drug use patterns. In terms of smoking, fewer adults and seniors smoke occasionally or daily.

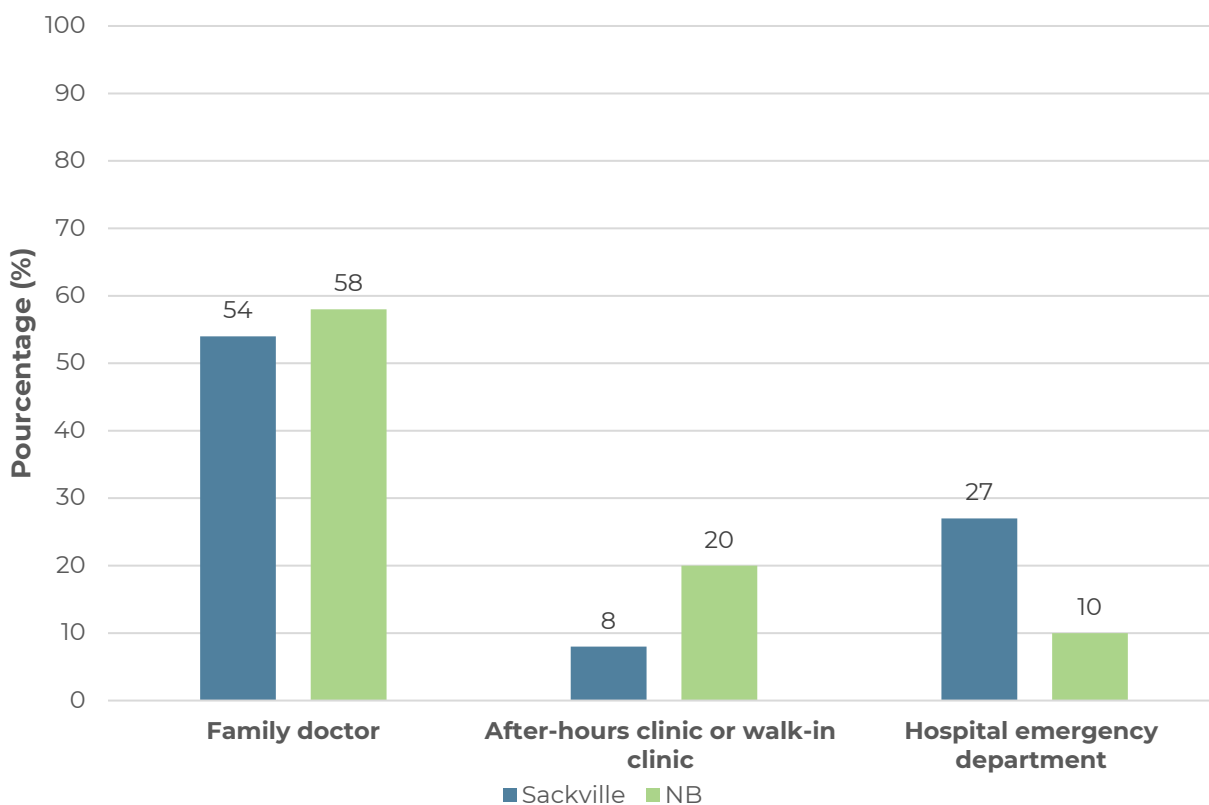


Health Services

Access to a family doctor is below the provincial average in the Sackville area. Only one in two seniors and two in five adults reported they can get an appointment with their family doctor within five days. Wait times for emergency services, however, are closer to the provincial average. About two thirds of citizens reported waiting less than four hours to access emergency services.

Unlike the other communities in Zone 1, which includes Greater Moncton and the South-East part of the province, residents of this area turn more frequently to emergency services when they are ill or in need of care (see Figure 1).

Figure 1. Types of Services Most Often Used When Care Services are Needed in Sackville, Dorchester, Port Elgin Area



Residents of the Sackville area use mental health services more frequently than the provincial average. Twenty-three percent of adults and 10% of seniors reported having sought help from a health professional about their mental or emotional health or



substance use. Twenty-nine percent of youth reported having needed to see someone for an emotional or mental problem.

Sackville residents benefit from prevention and screening services in greater numbers than most other New Brunswick communities:

Table 1. Prevention and Screening Services Use by Adults and Seniors Sackville, Dorchester, Port, Elgin Area		
	Sackville (%)	NB (%)
Have seen or talked to a dental professional in the last 12 months	77	70
Have visited their family doctor in the last 12 months	91	87
Talk to a health professional about improving health and preventing illness, always or usually	33	26

The various age groups rated the health services received differently. The percentage of seniors who rated the services positively (86%) is higher than the provincial average. On the other hand, the percentage of adults who said the same (60%) is not only lower than that of their older counterparts, but also lower than the provincial average for this age group. In addition, only 65% said they receive help from their family doctor in coordinating care services that require other health professionals.



Conclusion

The Sackville, Dorchester and Port Elgin Area is experiencing some growth. The birth rate is the lowest in the province and the median age at death is the highest.

This community has the highest percentage of people providing long-term care for a friend or relative. Active transportation is the most popular means of getting to work for adults and seniors.

The health outcomes of children in the region, as well as their sense of connection at school, are below average. There is a relatively high rate of childhood obesity and children's eating habits are worse than average. In addition, a large percentage of youth in this community reported having been bullied.

Wait times for a family doctor appointment are longer than average, and residents rely more heavily on emergency departments for health care. The use of prevention and screening services is higher than the provincial average. And while the residents of this community rated the health services received as good overall, it is more mixed among adults.



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.

[Sackville, Dorchester, Port Elgin Area | New Brunswick Health Council \(nbhc.ca\)](https://nbhc.ca)

Indicator	Unique Code	Year
Demographic Context		
Land area	STATC-CENCU-001	2016
Population density	STATC-CENCU-002	2016
Population	STATC-CDCD-001	2020
Population change from 2016 to 2020	STATC-SCCEN-024	2016 to 2020
Immigrant	STATC-SCCEN-009	2016
Recent immigrant from 2011 to 2016	STATC-SCCEN-010	2016
Birth rate	SNB-VITST-002	2014 to 2018
Children diagnosed with special education needs	SP_SENAL_1	2019-2020
Children diagnosed with special education needs - Behavioural disorder	SP_SENBE_1	2019-2020
Children diagnosed with special education needs - Blind or low vision	SP_SENBL_1	2019-2020
Children diagnosed with special education needs - Deaf or hard-of-hearing	SP_SENDE_1	2019-2020
Children diagnosed with special education needs - Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)	SP_SENAT_1	2019-2020
Children diagnosed with special education needs - Intellectual disability	SP_SENIN_1	2019-2020
Children diagnosed with special education needs - Language/speech impairment	SP_SENLA_1	2019-2020
Children diagnosed with special education needs - Learning disability	SP_SENLE_1	2019-2020
Children diagnosed with special education needs - Physical disability	SP_SENPH_1	2019-2020
Children diagnosed with special education needs - Mental illness (depression, anxiety, bipolar disorder)	SP_SENME_1	2019-2020
Children diagnosed with special education needs - Gifted	SP_SENGI_1	2019-2020
Children diagnosed with special education needs - Other	SP_SENOT_1	2019-2020
Youth diagnosed with special education needs - Mental illness (depression, anxiety, bipolar disorder)	SH_SENME_1	2018-2019



Adults and seniors - with a disability	PH_PWD01_1	2020
Learning disability	PH_PWDLE_1	2020
Health Outcomes		
High level of mental fitness (having a positive sense of how they feel, think and act)	SE_MEFHI_1	2019-2020
Pro-social behaviours (being helpful, respectful, thoughtful, etc.)	SE_PROHI_1	2019-2020
Oppositional behaviours (being defiant, disrespectful, rude, etc.)	SE_OPPIHI_1	2019-2020
Healthy weight	SP_BMI02_1	2019-2020
Overweight or obese	SP_BMI02_3	2019-2020
Moderate to high level of mental fitness (having a positive sense of how they feel, think and act)	SH_MEFHM_1	2018-2019
Life satisfaction	SH_LIF01_7	2018-2019
Adults - know how to prevent further problems with their health condition, strongly agree	PH_MGT02_1	2020
Adults - very confident in managing their health condition	PH_MGT01_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
Median age at death	SNB-VITST-006	2014 to 2018
Social and Economic Factors		
Adults and seniors - provide long-term care to someone	PH_LTC01_1	2020
Children - feel connected to my school	SE_SCCHI_1	2019-2020
Children - with mental fitness needs highly satisfied by school	SE_MEFSC_1	2019-2020
Children - Victim of bullying	SE_BUV01_1	2019-2020
Adults - Time pressures or not having enough time	PH_STRTP_1	2020
Adults - Other personal or family responsibilities	PH_STROP_1	2020
Adults - Health of family members	PH_STRHF_1	2020
Seniors - Physical health problem or condition	PH_STRPH_1	2020
Seniors - Caring for others - parents, family or friends	PH_STRCO_1	2020
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
Physical Environment		
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
Parents - report their child lives with someone who smokes	SP_SMO01_1	2019-2020
Parents - report smoking being allowed inside the family vehicle	SP_SMO03_1	2019-2020
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
Children - Eat non-nutritious foods	SE_EATNN_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
Youth - Eat non-nutritious foods	SH_EATNN_1	2018-2019
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
Parents - are physically active with their children	SP_PHY03_1	2019-2020
Children - Moderate or vigorous physical activity	SE_PHY01_1	2019-2020
Children - Screen time, 2 hours or less per day	SE_DAA01_2	2019-2020
Children - Sleep 9 hours or more every night	SP_SLE01_1	2019-2020
Youth- Moderate or vigorous physical activity	SH_PHY01_1	2018-2019
Youth- Screen time, 2 hours or less per day	SH_DAA01_2	2018-2019
Youth- Sleep 8 hours or more every night	SH_SLE01_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
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
Adults and seniors - Daily or occasional smoker	PH_SMO01_1	2020
Adults - Daily or occasional smoker	PH_SMO01_1	2020
Seniors - Daily or occasional smoker	PH_SMO01_1	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
Saw or talked to a health professional about their mental or emotional health, or their use of alcohol or drugs - Seniors	PH_MHI05_1	2020
Family doctor - waited 5 days or less to have an appointment	PH_ACCFD_2	2020
Family doctor - waited 5 days or less to have an appointment - Adults	PH_ACCFD_2	2020
Family doctor - waited 5 days or less to have an appointment - Seniors	PH_ACCFD_2	2020
Hospital emergency department - waited less than 4 hours	PH_ACCEA_1	2020
Have seen or talked to a dental professional in the last 12 months	PH_DENTI_1	2020
Have visited their family doctor in the last 12 months	PH_USEFB_1	2020
Talk to a health professional about improving health and preventing illness, always or usually	PH_MGT03_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

