

# Population Health Profile 2022



## Salisbury and Petitcodiac



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?

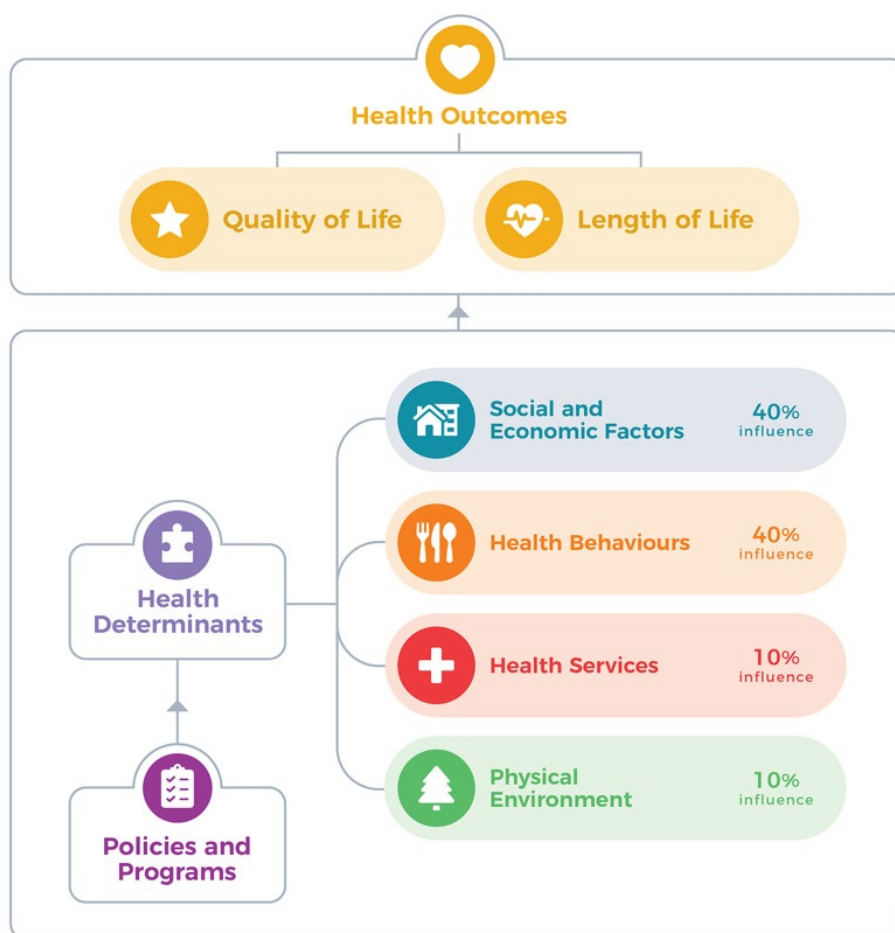
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

- There is a large proportion of households with children.
- The relationship youth have with the people in their life and their school is less favourable than in other communities.
- Generally speaking, habits related to physical activity, diet and sleep are not favourable compared to the rest of the province.
- Despite the fact that a large proportion of residents have a family physician, wait times for appointments are relatively long.

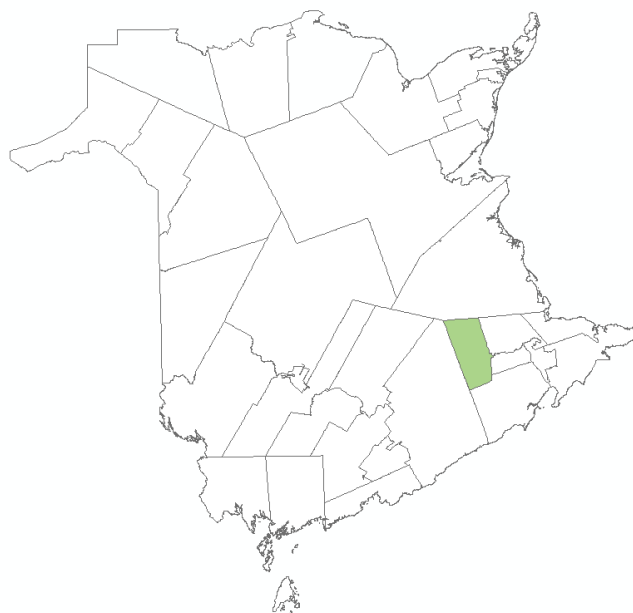


# Health of the Community

## Demographic Context

- Land area: 905 km<sup>2</sup>
- Population density: 8 persons per km<sup>2</sup>

The population density of Salisbury and Petitcodiac is slightly lower than the New Brunswick average. This community also has smaller numbers of residents in all age groups. The median age is 44 years and the birth rate is slightly lower than the death rate. A large percentage (64%) of households in this community include a married or common-law couple.



Almost half of the households are couples with children, and 15% of households are single-parent families. The average household size is somewhat larger than average, with 7% of households consisting of five or more people, one of the highest percentages in the province.

The number of adults and seniors who reported having a disability is somewhat higher than the provincial average. Some disabilities were reported at a higher frequency in Salisbury and some frequencies are highest reported in the province (highlighted in red in Table 1).



**Table 1. Types of Disabilities Reported by Adults and Seniors in Salisbury and Petitcodiac**

	Salisbury (%)	NB (%)
Pain-related disability	82	72
Mobility disability	72	57
Flexibility disability	68	54
Hearing disability	44	18
Memory disability	41	26
Dexterity disability	27	25
Mental health-related disability	20	30
Seeing disability	16	19

## Health Outcomes

Several aspects of youth quality of life in Salisbury and Petitcodiac are worse than average. Only slightly more than three in five youth have high or moderate levels of resilience, and about two in three have high or moderate levels of mental fitness. Forty-six percent of youth reported having symptoms of depression, while 41 % said they have symptoms of anxiety. In addition, only three-quarters of youth have good life satisfaction.

Adults are among those who most often reported feeling lonely (28%), while a relatively small percentage of seniors said the same (11%). Despite this, just over four in five seniors reported good life satisfaction, and one in five perceive their health as very good or excellent. This community has the highest proportion of seniors, namely one-third, who regularly take six or more different prescription medications.



## Determinants of Health

### Social and economic factors

Youth in Salisbury and Petitcodiac have a worse-than-average relationship with the people in their lives. More specifically, less than half of youth said that their family supports them in difficult times (44%) and that their parents or guardians know them well (47%). In addition, less than three-quarters of youth with mental fitness needs feel their needs are highly satisfied by their family (71%) and friends (74%). And one in two youth feel those needs are highly satisfied at school. This community also has the lowest percentage of youth involved in volunteer activities outside of school (64%). In addition, one in seven youth reported having been sexually assaulted, a higher-than-average proportion.

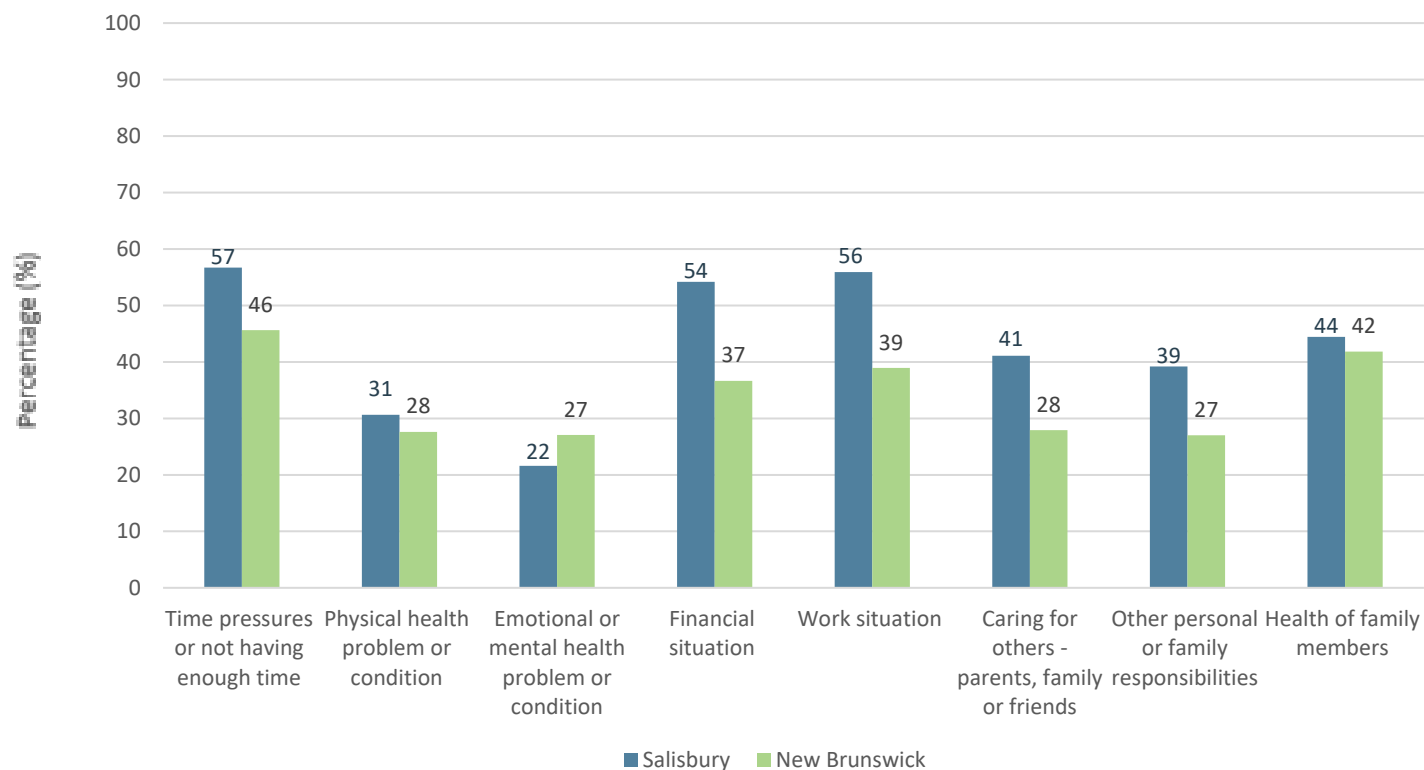
A high percentage of adults and seniors (39%) reported a high school diploma is their highest level of education. In addition, about one in six adults/seniors reported that they often or always have difficulty understanding written information about a prescription medication or their health condition.

Adults in Salisbury are more likely than those in other New Brunswick communities to report that the stressors surveyed apply to them (Figure 1), with the exception of mental or emotional health problems or conditions.





**Figure 1. Reasons for Feeling Stressed Reported by Adults in Salisbury and Petitcodiac**



## Physical environment

Cars are a common mode of transportation in this community, especially among adults. In fact, 96% of residents reported being a passenger in or the driver of a car, truck or van. Only 2% of adults and seniors walk or bike to work. On the other hand, a slightly higher-than-average percentage of youth (10%) walk, bike or skateboard to school. Close to one in four youth use the above-mentioned modes of transportation in combination with inactive ones.

Environmental tobacco smoke is a little more prevalent in the environments frequented by the youth in this community. Indeed, one in five youth said that at least one person smokes in the home every day or almost every day, and 28% of youth reported having been a passenger in a car with someone who was smoking cigarettes in the past seven days.



## Health Behaviours

In general, the eating habits of residents in Salisbury and Petitcodiac are worse than the provincial averages. More specifically, the proportion of Salisbury residents who eat at least five servings of fruits or vegetables on a daily basis is one of the lowest in the province. Only three in ten adults (and seniors) reported meeting this fruit and vegetable intake, the lowest proportion in the province. While only one in three youth reported the same fruit and vegetable intake, one of the lowest proportions in the province.

The physical activity habits of youth in Salisbury are about average for the province. Adults and seniors, on the other hand, are more sedentary than the New Brunswick average for their age group. Less than half of adults (47%) and less than one-third of seniors (30%), the worst in the province, reported accumulating at least 150 minutes of moderate or vigorous physical activity per week.

In terms of sleep patterns, only one-third of youth sleep eight hours or more each night. Forty-two percent of adults usually get seven or more hours of sleep per night, the lowest in the province.

The tobacco, alcohol and drug use patterns of the youth in this community are generally less favourable than in the rest of the province (see Table 2). Salisbury is also one of the communities with the highest proportion of adults who reported they smoke regularly (28%) and are heavy drinkers (35%).



**Table 2.**  
**Tobacco, Alcohol, and Drug Use Among Youth in Salisbury and Petitcodiac**

	Salisbury (%)	NB (%)
At risk of becoming a future smoker	34	28
Tried e-cigarettes (vaping)	33	29
Daily or occasional smoker	17	14
Heavy drinking	20	15
Cannabis use	25	21
Drug use	27	25

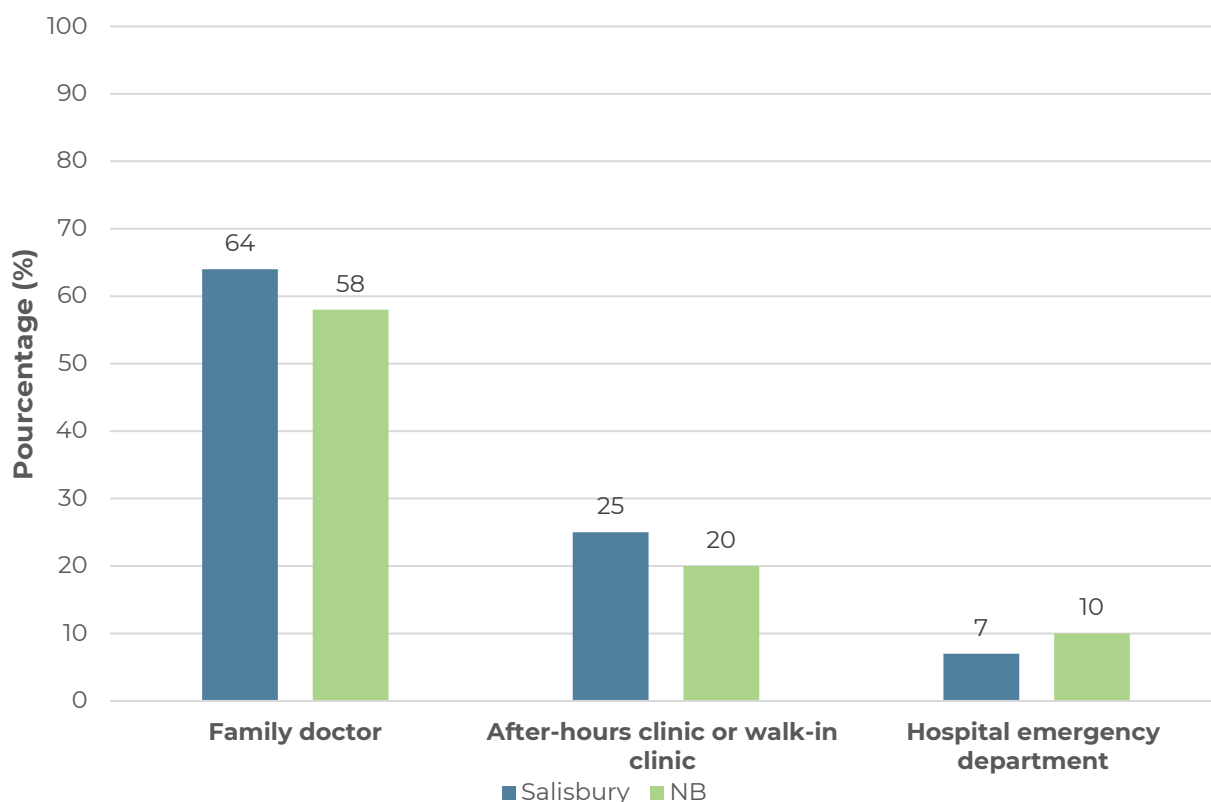


## Health Services

Although Salisbury & Petitcodiac has the largest number of people who reported having a family doctor, the community ranks below the provincial average in terms of access to family doctors. Just over one in two seniors (53%) and two in five adults (43%) reported being able to get an appointment with their family doctor within five days. However, wait times for emergency services are a bit closer to the provincial average. Almost two-thirds of residents (63%) reported waiting less than four hours to access emergency services.

When residents of Salisbury and Petitcodiac are ill or in need of health care services, they turn to their family doctor and after-hours clinics most frequently for services (see Figure 2).

**Figure 1. Types of Services Most Often Used When Care Services are Needed in Salisbury and Petitcodiac**





A relatively small percentage of adults reported having felt the need to seek help (13%) and subsequently having sought help (11%) from a health professional in connection with their mental health, emotional health or substance use. Just over one-third of youth reported having needed to see someone for an emotional or mental health problem.

People in the community of Salisbury and Petitcodiac face financial barriers at a higher rate than elsewhere, particularly with respect to medications and dental care.

Only two in five residents reported being well informed about the expected effects of their medications (42%). A high percentage of residents (17%, as compared to 12% provincially) reported that written information related to their conditions or prescriptions is difficult to understand. A large majority (95%) said that verbal information is easy to understand. In fact, four in five said that their pharmacist is the most helpful healthcare professional in terms of helping them understand how to take their medication.

When it comes to rating the health services received, Salisbury & Petitcodiac ranks close to the provincial average. Two-thirds of adults and three-quarters of seniors rated the health services they received positively. However, only 63% said they receive help from their family doctor in coordinating care services involving other health professionals.



## Conclusion

Salisbury and Petitcodiac has one of the smallest populations of all the communities in South-East New Brunswick. However, it has a high proportion of households with children.

Youth in this community generally have a lower-than-average quality of life. The connections youth have with their school and the people in their life is less favourable than in other communities.

Physical activity and sleep patterns, as well as eating behaviours are generally not favorable in this community. In addition, it has one of the highest proportions of adults who smoke or drink excessively.

Despite the fact that a large proportion of Salisbury and Petitcodiac residents have a family physician, wait times for appointments are relatively long. In addition, the costs associated with certain health services are one of the most common barriers.



## 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.

[Salisbury and Petitcodiac | New Brunswick Health Council \(nbhc.ca\)](https://www.nbhc.ca)

Table 3. 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
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
Couples with children	STATC-SCCEN-005	2016
Single parent families	STATC-SCCEN-006	2016
Average household size	STATC-SCCEN-004	2016
Private household with 5 or more people	STATC-SCCEN-007	2016
Adults - with a disability	PH_PWD01_1	2020
Seniors - with a disability	PH_PWD01_1	2020
Adults and seniors - Seeing disability	PH_PWDSE_1	2020
Adults and seniors - Hearing disability	PH_PWDHE_1	2020
Adults and seniors - Mobility disability	PH_PWDMO_1	2020
Adults and seniors - Flexibility disability	PH_PWDFL_1	2020
Adults and seniors - Dexterity disability	PH_PWDDE_1	2020
Adults and seniors - Pain-related disability	PH_PWDPA_1	2020
Adults and seniors - Mental health-related disability	PH_PWDMH_1	2020
Adults and seniors - Memory disability	PH_PWDME_1	2020
<b>Health Outcomes</b>		
Youth - Moderate to high level of mental fitness (having a positive sense of how they feel, think and act)	SH_EATFV_1	2018-2019
Youth - Resilience, high or moderate level	PH_EAT03_1	2020
Youth - Life satisfaction	SH_PHY01_1	2018-2019



Youth - Symptoms of depression	SH_SLE01_1	2018-2019
Youth - Symptoms of anxiety	PH_PHY01_1	2020
Adults - Lonely (based on loneliness score)	PH_PHY01_1	2020
Seniors - Perceived health, very good or excellent	PH_PHY01_1	2020
Seniors - Life satisfaction, very satisfied or satisfied	PH_SLE01_1	2020
Seniors - Lonely (based on loneliness score)	SH_SMOSU_1	2018-2019
Seniors - Take 6 or more different prescription medications on a regular basis	SH_SMOEC_1	2018-2019
<b>Social and Economic Factors</b>		
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 - with mental fitness needs highly satisfied by friends	SH_MEFFR_1	2018-2019
Youth - with mental fitness needs highly satisfied by school	SH_MEFSC_1	2018-2019
Youth - volunteer outside school without being paid	SH_VOLAT_1	2018-2019
Youth - Sexually violated	SH_SEV01_1	2018-2019
Adults - Time pressures or not having enough time	PH_STRTP_1	2020
Adults - Physical health problem or condition	PH_STRPH_1	2020
Adults - Emotional or mental health problem or condition	PH_STREH_1	2020
Adults - Financial situation	PH_STRFS_1	2020
Adults - Work situation	PH_STRWS_1	2020
Adults - Caring for others - parents, family or friends	PH_STRCO_1	2020
Adults - Other personal or family responsibilities	PH_STROP_1	2020
Adults - Health of family members	PH_STRHF_1	2020
Difficulty understanding written information about a medical condition or prescription, always or usually	PH_LIT01_1	2020
Highest level completed of education - high school or equivalent	STATC-SCCEN-038	2016
<b>Physical Environment</b>		
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
Passenger or driver in a car, truck or van	STATC-SCCEN-035	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
<b>Health Behaviours</b>		
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
Youth - Moderate or vigorous physical activity	SH_PHY01_1	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 - 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
Adults - Daily or occasional smoker	PH_SMO01_1	2020
Adults - Heavy drinking	PH_ALC01_3	2020
<b>Health Services</b>		
Have a family doctor	PH_ACCFA_1	2020
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
Youth - who needed to see or talk to someone about their mental or emotional problem but didn't	SH_MHI02_1	2018-2019
Financial barrier in getting the health care they needed	PH_BARFI_1	2020
Did not fill a prescription for medicine, or skipped doses because of the cost	PH_BARFN_1	2020
Skipped dental care because of costs	PH_BARS_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
Adults - Verbal information about condition/prescription is easy to understand, always or usually	PH_COMOA_1	2020
Written information about condition/prescription is hard to understand, always or usually	PH_LIT01_1	2020
Know what their prescribed medications do, strongly agree	PH_MED02_1	2020
Pharmacists - help the most in understanding how to take their medications	PH_MED03_2	2020
Citizens - provide a favourable rating for overall health care services received	PH_SATOA_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
Family doctor - always helps them coordinate the care from other providers	PH_CRDFB_1	2020

