

# Population Health Profile 2022



Shediac, Beaubassin East and Cap-Pelé



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)

## How to cite this document

New Brunswick Health Council, "Population Health Profile 2022 - Shediac, Beaubassin East and Cap-Pelé", 2022. [Online].

## Cette publication est disponible en français

Profil de santé de la population 2022 - Shediac, Beaubassin-est et Cap-Pelé

Published: October 2022



## What is a Population Health Profile?

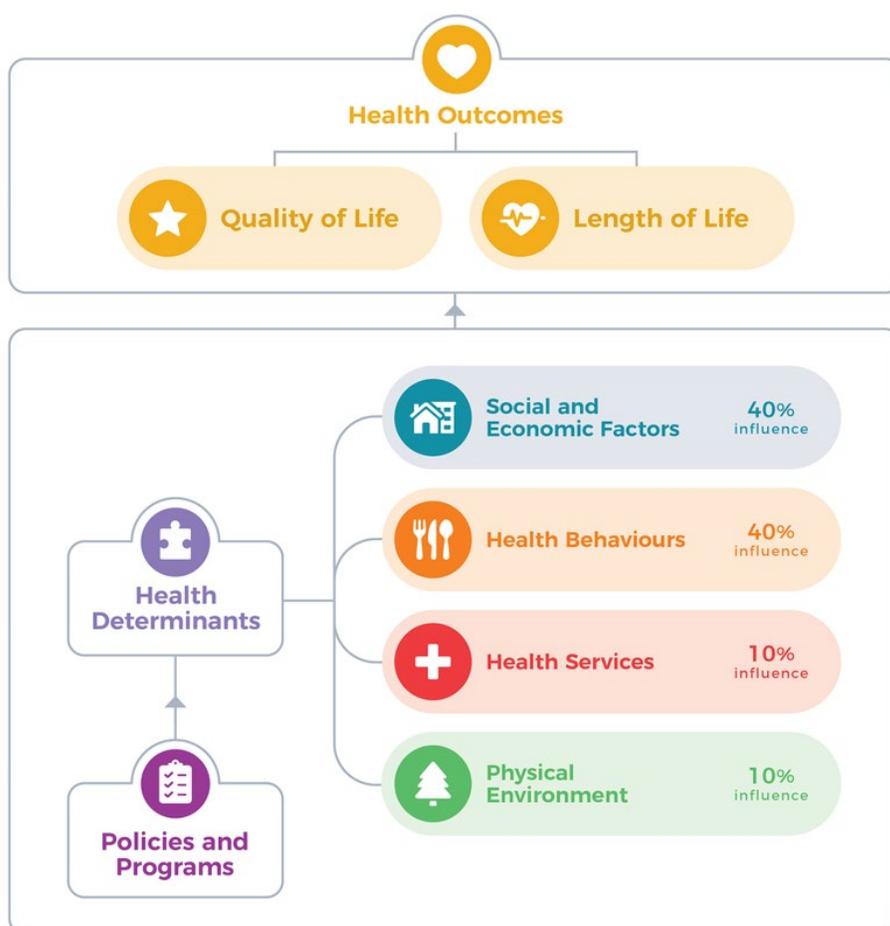
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

- This community has experienced significant population growth in recent years.
- The quality of and satisfaction with life are generally very good for all age groups, except seniors.
- A relatively high proportion of youth experience food insecurity.
- Access to primary care is the least favourable of all New Brunswick communities.



# Health of the Community

## Demographic Context

- Land area: 565 km<sup>2</sup>
- Population density: 39 persons per km<sup>2</sup>

This region recorded one of the largest population increases in New Brunswick between 2016 and 2020 (8.2 %), almost double the increase for the province as a whole. However, the median age remains slightly higher than average (50 years) and the birth rate (seven persons per 1,000) is lower than the death rate (11 persons per 1,000). Close to two in three households (63%) include a married or common-law couple. That said, couples with children account for only 38% of households, a lower percentage than most communities in South-East New Brunswick.



## Health Outcomes

Youth and adults in the Shediac area reported a relatively good quality of life. Four out of five youth reported having a moderate or high level of mental fitness and 85% have a good level of life satisfaction. In addition, nearly seven in ten youth reported having a moderate or high level of resilience and less than one in three have symptoms of depression. Over half (54%) of the adults in the community perceive their mental health as very good or excellent and life satisfaction is among the highest in the province (94%). However, the mental health of seniors in the Shediac area is not as good. This community has the lowest percentage of seniors who perceive their mental health as very good or excellent (39%). Seniors also have a lower-than-average level of life satisfaction (84%).



Just over one in five adults and seniors have three or more chronic health conditions. Obesity accounts for about 40% of them, while depression accounts for 22%. Only one in five seniors perceive their health as very good or excellent, while the same is true for just under half of adults. Nevertheless, the median age of death is one of the highest in the province, at 82.



## Determinants of Health

### Social and economic factors

The median household income (\$64,484) in the Shediac area is slightly higher than the provincial average. The community also has the lowest percentage (8%) of households with an annual income of less than \$25,000 and a higher percentage of households (54%) that earn \$60,000 or more per year. However, 7% of youth reported being often or always hungry when they go to school because there is not enough food at home, which is one of the highest rates in the province.

Youth in the Shediac area have a relatively good relationship with their family and community. Three out of five youth feel that their parents/guardians know them well, and about four out of five youth (82%) feel that their mental fitness needs are highly satisfied by family and friends. However, the Shediac area has the highest percentage of youth who have been sexually assaulted (14%).

### Physical environment

Driving is a common mode of transportation in the Shediac area. Approximately 95% of residents reported being a driver or passenger in a car, truck or van. Only 7% of youth and 4% of adults and seniors walk, bike or skateboard to school or work. One in five youth use the above-mentioned modes of transportation in combination with inactive modes to get to school.

The Shediac area has the highest number of beach water quality violations. There are 13 violations, more than double the number in the area with the second highest rating. In addition, there is a high concentration of radon in one in five households.



## Health Behaviours

Overall, the eating habits of youth in the Shediac area are slightly better than the provincial average. Almost half eat breakfast every day (46%), while two in five youth eat at least five servings of fruits or vegetables on a daily basis (41%). Less than half of youth reported drinking non-nutritious sugary drinks (44%) or eating meals while watching TV at least three times a week (39%). While the percentage of seniors who eat at least five servings of fruit or vegetables per day is slightly higher than the provincial average, the percentage for adults falls well below it (33% compared to the provincial average of 43%).



Youth and seniors in the Shediac area are more sedentary than the general New Brunswick population for their age group. Only 16% of youth and 41% of seniors reported meeting the recommended levels of moderate to vigorous physical activity.

When it comes to sleep patterns, adults and seniors are on opposite sides of the average. Less than half of adults (46%) reported they usually sleep seven or more hours each night, while two-thirds of seniors reported the same.

For all age groups, behaviours related to tobacco, alcohol and drug use are close to the provincial averages. The only exception is seniors, who reported they drink heavily (19%) more frequently than in most other communities.



## Health Services

The Shediac area is the community where access to primary health care is the most difficult. Only 34% of adults and 42% of seniors reported being able to get an appointment with their family doctor within five days. These age groups combined make Shediac the community where the smallest number of people are able to access their family doctor within a

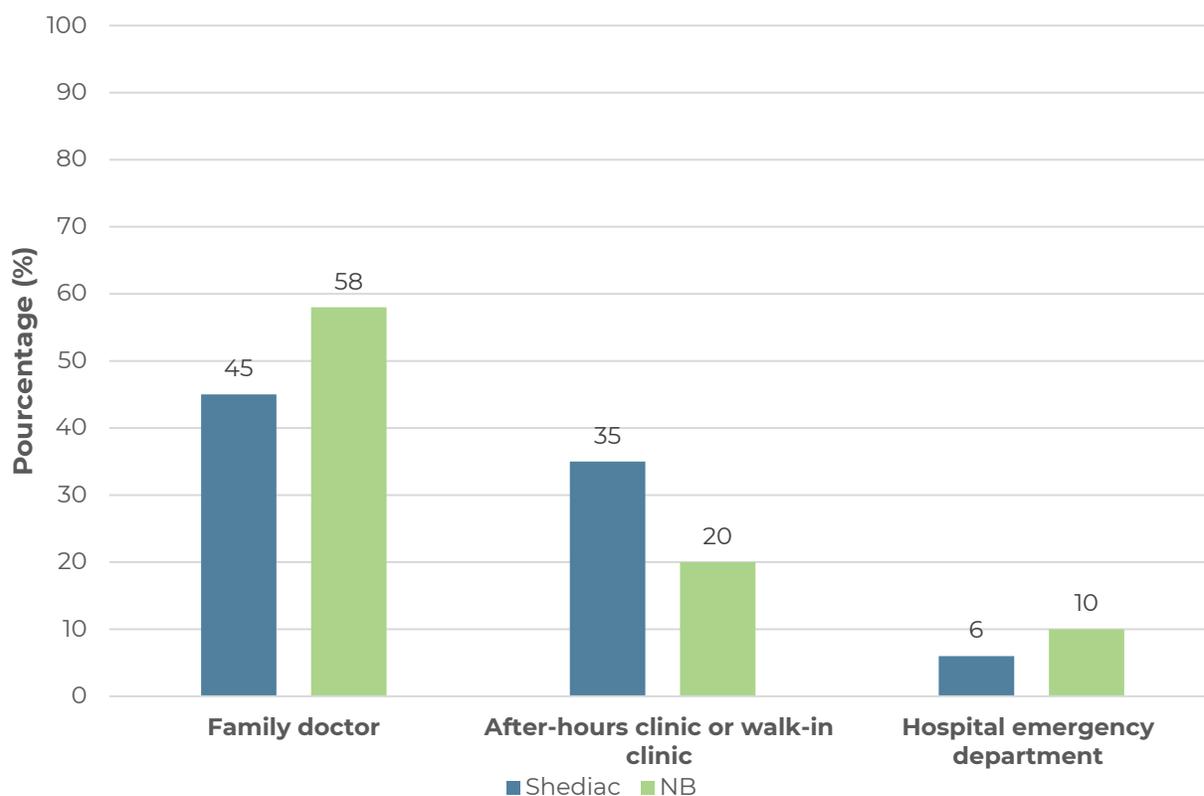


reasonable time. It is also the community with the least favourable wait times for emergency services in the province. Only 47% of people waited less than four hours for emergency services.

Like most other communities in the Moncton and South-East Area, Shediac residents turn to after-hours or walk-in clinics when they are ill or in need of health care services (see Figure 2).



**Figure 2. Types of Services Most Often Used When Care Services are Needed in Shediac, Beaubassin East and Cap-Pelé**



Hospitalization rates for injuries are the best in the province for adults and seniors, and a very close second for youth (just behind the Caraquet area). Hospitalization rates for mental health troubles are also well below the provincial average for all age groups. As a result, the preventable hospitalization rate in the Shediac area is one of the best in the province.

The Shediac area has one of the highest number of residents who reported feeling the need to consult a health professional about their mental or emotional health or substance use. Of these, almost half (48%) did not seek professional help. The Shediac and Edmundston areas share the top ranking for this indicator. Of the youth who reported a need for help with an emotional or mental problem (23%), only 5% did not consult a health professional.



In terms of rating the health services received, the Shediac area is close to the provincial average. Two out of three people gave the health services received a positive rating.



## Conclusion

The Shediac area experienced one of the highest growth rates in recent years. Residents rated their quality of life as better than average, and their life satisfaction is generally high. However, this is less the case for seniors in the community. Seniors and youth have relatively good eating habits but are more sedentary than average.

Household income is also better than average, but a relatively high proportion of youth are food insecure. A large number of young people in the Shediac area reported having been sexually assaulted.

Access to primary health care in this area is limited due to the time frames for getting an appointment with the family doctor and wait times for emergency services. There is also a relatively high need for mental/emotional health consultations and approximately one in two Shediac area residents were unable to those kinds of services when needed.



## 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.

[Shediac, Beaubassin East and Cap-Pelé | 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
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
Language most spoken at home - English	STATC-SCCEN-011	2016
Language most spoken at home - French	STATC-SCCEN-012	2016
Knowledge of official language - French and English	STATC-SCCEN-018	2016
Youth bilingualism - English and French	STATC-SCCEN-001	2016
<b>Health Outcomes</b>		
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 - Resilience, high or moderate level	SH_RESTS_1	2018-2019
Youth - Life satisfaction	SH_LIF01_7	2018-2019
Youth - Symptoms of depression	SH_DEP01_1	2018-2019
Adults - Perceived mental health, very good or excellent	PH_HEP02_1	2020
Adults - Perceived health, very good or excellent	PH_HEP01_1	2020
Adults - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Seniors - Perceived mental health, very good or excellent	PH_HEP02_1	2020
Seniors - Perceived health, very good or excellent	PH_HEP01_1	2020
Seniors - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
3 or more chronic health conditions	PH_CHC12_2	2020



Adults and seniors - Depression	PH_CHCDP_1	2020
Adults and seniors - Obesity	PH_BMI01_2	2020
Median age at death	SNB-VITST-006	2014 to 2018
<b>Social and Economic Factors</b>		
Youth - my parent or caregiver knows a lot about me	SH_RES06_1	2018-2019
Youth - with mental fitness needs highly satisfied by family	SH_MEFFA_1	2018-2019
Household income - less than \$25,000	STATC-SCCEN-056	2016
Household income - \$60,000 and more	STATC-SCCEN-058	2016
Median household income	STATC-SCCEN-053	2016
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
<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
Radon - household with high radon concentration	HCRAD-CCSRCH-001	2007
Number of boil orders	GNB-OCMOH-001	2020
<b>Health Behaviours</b>		
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 - Ate meals while watching television 3 times or more in the last 7 days	SH_EAT14_2	2018-2019
Youth - Drink non-nutritious sugary beverages	SH_DRINN_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
Youth - Moderate or vigorous physical activity	SH_PHY01_1	2018-2019
Seniors - Moderate or vigorous physical activity	PH_PHY01_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
Youth - Heavy drinking	SH_ALC04_1	2018-2019
Adults - Heavy drinking	PH_ALC01_3	2020
Seniors - Heavy drinking	PH_ALC01_3	2020
<b>Health Services</b>		
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 following an injury	CIHI-DAD-014	2017-2018 to 2019-2020
Youth - hospitalization following an injury	CIHI-DAD-015	2017-2018 to 2019-2020



Adults - hospitalization following an injury	CIHI-DAD-016	2017-2018 to 2019-2020
Seniors - hospitalization following an injury	CIHI-DAD-017	2017-2018 to 2019-2020
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
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
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