

Population Health Profile 2022



Tracadie and Saint-Isidore



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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How to cite this document

New Brunswick Health Council, "Population Health Profile 2022 - Tracadie and Saint-Isidore", 2022. [Online].

Cette publication est disponible en français

Profil de santé de la population 2022 - Tracadie et Saint-Isidore

Published: October 2022



What is a Population Health Profile?

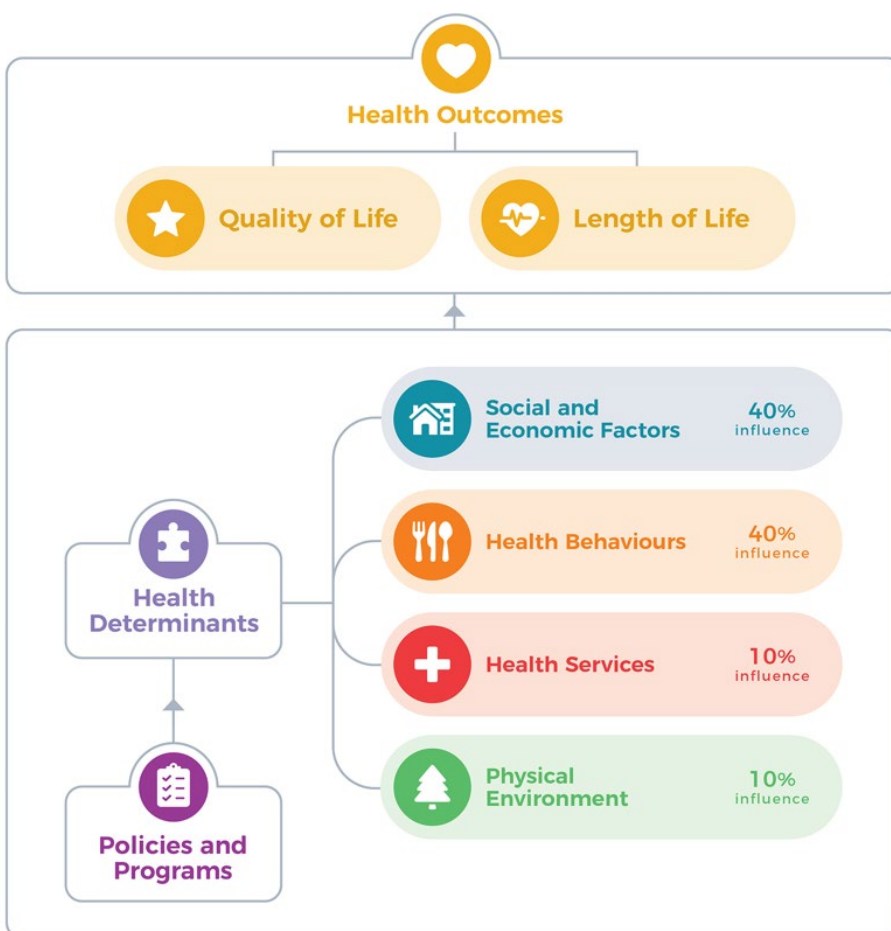
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

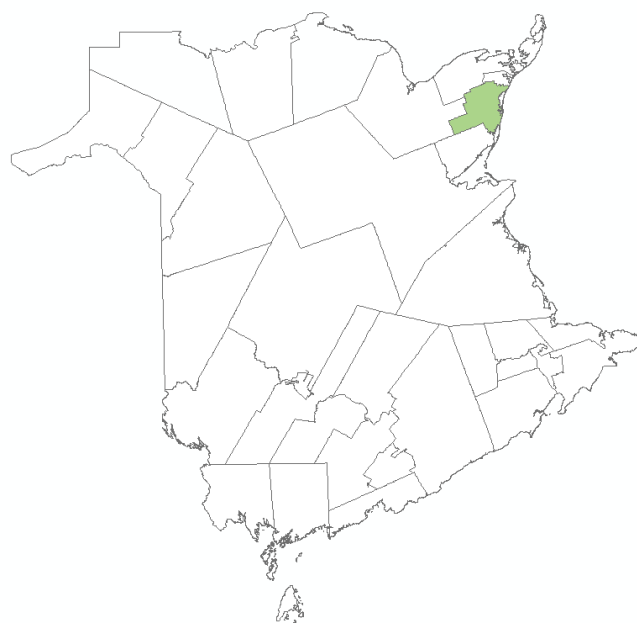
- This community is predominantly French-speaking and has few visible minorities and immigrants.
- Residents in all age groups generally have a good quality of life.
- The majority of residents work part year and part-time.
- A significant percentage of residents feel the explanations provided by their family doctor are not clear.



Health of the Community

Demographic Context

- Land area: 713 km²
- Population density: 26 persons per km²



The population of the Tracadie area increased slightly (1.3%) between 2016 and 2020. The birth rate (six per 1,000 population) and death rate (seven per 1,000 population) are both lower than the provincial averages. The median age in this community is 49 years, which is higher than that of the province as a whole (46 years).

The Indigenous population in the Tracadie area (3.4%) is close to the provincial average (4.0%), while the immigrant (0.6%) and visible minority (0.5%) populations are very small. The community has the lowest percentage of youth who identify as a sexual minority (8.8%). About one in three youth (31%) were diagnosed as having special education needs, a higher percentage than the provincial average (27%).

French is the main language used in the Tracadie area. French is the language most often spoken at home (97.2%) and at work (86.7%); it is also the language most often chosen when accessing services (92%). As regards access to health services in the official language of choice, residents who requested such services in French received them 79% of the time, which is higher than the provincial average (70%).

Health Outcomes

Loneliness is not a widespread problem for adults in this community. In fact, the percentage of adults in the Tracadie area who feel lonely is one of the lowest in the



province (13%) and the vast majority of youth, adults and seniors are satisfied with their life (see Table 1).

Table 1. Tracadie and Saint-Isidore Residents Who Reported Being Satisfied or Very Satisfied with Life		
	Tracadie (%)	NB (%)
Youth	89	81
Adults	94	90
Seniors	91	89

The median age of death for men (75 years) and women (82 years) is lower than the provincial average for each of these population groups. Seniors in the Tracadie area are among the least optimistic about managing their health (see Table 2).

Table 2. Perception of Seniors in Tracadie and Saint-Isidore Regarding Their Management of Chronic Health Conditions		
	Tracadie (%)	NB (%)
Very confident in managing their health condition	42	44
Know how to prevent further problems with their health condition, strongly agree	22	31
Strongly agree that their health largely depends on how well they take care of themselves	37	42

The Tracadie area has the lowest percentage of underweight youth of all communities in the province (4%). It also has the lowest percentage of overweight children (28%).



Determinants of Health

Social and economic factors

Children in the Tracadie area generally have good family and social supports. More specifically speaking, about two out of three parents reported having shared an evening meal with their children in the previous seven days. In addition, nine out of ten children feel that their mental fitness needs are highly satisfied by their friends, and eight out of ten feel that those same needs are highly satisfied by their family. Youth in grades 6 to 12 also have relatively good family and social supports. In addition, 85% of youth feel that their mental fitness needs are highly satisfied by family and friends. Youth in this community also have an above-average sense of connection to their school, but the sense of connection to their community is less favourable (see Table 3).

Table 3. Sense of Connection to Their Community as Reported by Youth in Tracadie and Saint-Isidore

	Tracadie (%)	NB (%)
Volunteer outside school without being paid	78	72
Treated fairly in my community	35	37
Participate in activities or groups not organized by school	52	55
Know where to go in my community to get help	19	27
Sense of community belonging, somewhat strong or very strong	19	19

Adults and seniors in the Tracadie area have some of the best family and social supports in the province. In fact, this community has the smallest percentages of residents in these age groups who reported sometimes or often feeling socially excluded (17%) or isolated from others (19%). However, the percentage of seniors who reported stress related to mental or emotional health problems or conditions (17%); time pressures (18%) and caring for others, including parents, family or friends (22%); is higher than the provincial average.



The Tracadie area has an above-average percentage of residents who did not complete high school (31%). About seven out of ten residents work only part-year and/or part-time, a percentage that is higher than the provincial average, but close to the average for Zone 6 (Bathurst and Acadian Peninsula). The median income of single-parent families is one of the lowest in the province (\$22,335 per year). And a relatively high percentage of youth (6.7%) reported that they are often or always hungry when they go to bed or to school because there is not enough food in the house.

Physical environment

There is a high concentration of radon in approximately one in four households in the Tracadie area. This figure is close to the provincial average, but considerably lower than the Zone 6 average. There were no extreme heat or cold events, or boil water orders during the period under consideration.

Residents of all age groups are less likely than average to use active modes of transportation. Only 2% of children, youth, adults and seniors walk, bike or skateboard to school or work. In addition, 19% of youth use the above-mentioned modes of transportation in combination with inactive ones to get to school.

Health Behaviours

The eating habits of children in the Tracadie area are better than those in most communities for which data are available, the only exception being the percentage of parents who reported having eaten at a fast-food restaurant with their child at least once in the past seven days. Some health-related behaviours among other age groups in this community are less favourable. Of note is the fact that one in three youth (31%) use drugs, the highest percentage in the province; while only 9% of youth use cannabis. In addition, youth and adults in the Tracadie area engage in moderate to vigorous physical activity at a lower-than-average rate. In fact, only 15% of youth and 43% of adults do so at the recommended level. On the other hand, adults have some of the best sleep habits in the province: about three-quarters of them usually get at least seven hours of sleep each night.

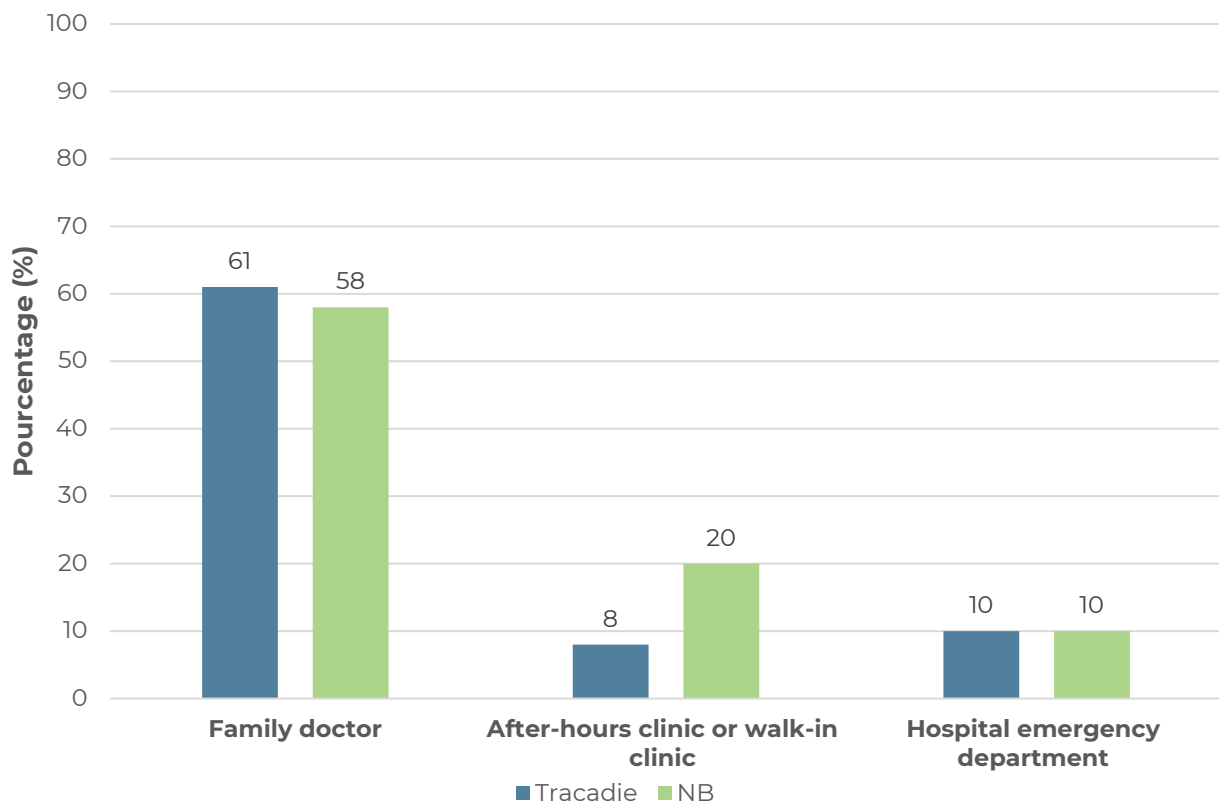


Health Services

The Tracadie area ranks close to average in terms of access to primary care services. Half of adults reported they can get an appointment with their family doctor within five days, while nearly six in ten seniors reported the same. Access to emergency services is more difficult than in most New Brunswick communities. Only 59% of those surveyed reported waiting less than four hours to access emergency.

When they are sick or need care services, Tracadie area residents use after-hours or walk-in clinics less often than the province as a whole (see Figure 2). The vast majority of citizens in the Tracadie area have a family doctor (95%).

Figure 2. Types of Services Most Often Used When Care Services are Needed in Tracadie and Saint-Isidore



Like the neighbouring communities of the Caraquet and Shippagan areas, the Tracadie area has lower rates of injury-related hospitalizations and higher rates of hospitalizations



for mental health conditions than the provincial averages. But unlike the above-mentioned neighbouring communities, the preventable hospitalization rate in the Tracadie area is close to the provincial average.

Like the residents of the same neighbouring communities, Tracadie area residents makes less frequent use of mental health services. Only 12% of adults reported having felt the need to consult a health professional about their mental or emotional health, or use of alcohol or drugs. The percentage of youth who reported a similar need is higher (25%), but still well below the provincial average (30%).

Only two in five adults reported being knowledgeable about the effects of each of their medications and feeling very confident about their ability to manage their health. Still lower than the province as a whole, sixty-nine percent of residents said that their family doctor provides clear explanations they can understand, and 66% said they feel they were consulted about decision-making related to their health.

When it comes to rating the health services received, the level of satisfaction reported by Tracadie Area residents was one of the highest. In fact, 72% of adults and 82% of seniors gave the health services they received a positive rating.



Conclusion

In summary, Tracadie and Saint-Isidore has experienced population growth at a rate lower than the provincial average and has a slightly older population. The vast majority of the population speak French at home and at work, and there are few visible minorities and immigrants living in this community.

Residents of all age groups generally have a good quality of life, both in terms of life satisfaction and family and social support. Of note is the fact that this community has the smallest number of adults who feel lonely. Youth also have a good sense of connection to their school.

Residents of this community generally have a lower level of education than the provincial average; in addition, most residents work part year and part-time. The median income of single-parent families is one of the lowest in the province, and a relatively high percentage of young people go to bed or school hungry because of a lack of food in the home.

The health behaviours of residents in this community are mixed. On the one hand, children's eating habits are relatively good and adults' sleeping habits are favourable. On the other hand, drug use among youth is the highest in the province, and youth and adults are less likely to engage in moderate to vigorous physical activity.

Wait times for emergency services are less favourable than in the province as a whole. Relatively few adults in this community say they are familiar with the effects of their medications, and a considerable percentage of residents find that the explanations provided by their doctor are not clear. Nonetheless, Tracadie area residents generally gave the health services they receive a very good rating.



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.

[Tracadie and Saint-Isidore | 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
Population change from 2016 to 2020	STATC-SCCEN-024	2016 to 2020
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
Language most spoken at home - French	STATC-SCCEN-012	2016
Language most spoken at work - French	STATC-SCCEN-020	2016
Language chosen when accessing services - French	PH_LOS02_2	2020
Always receive health care services in the official language of their choice - French	PH_LOS03_3	2020
Youth diagnosed with special education needs	SH_SENAL_1	2018-2019
Youth - sexual minority	SH_SEO02_7	2018-2019
Health Outcomes		
Youth - Life satisfaction	SH_LIF01_7	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
Median age at death - Male	SNB-VITST-006	2014 to 2018
Median age at death - Female	SNB-VITST-006	2014 to 2018



Social and Economic Factors

Parents - report eating dinner (evening meal) with their children	SP_EAT09_1	2019-2020
Children - with mental fitness needs highly satisfied by family	SE_MEFFA_1	2019-2020
Children - with mental fitness needs highly satisfied by friends	SE_MEFFR_1	2019-2020
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
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 - have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	SH_RES09_1	2018-2019
Youth - volunteer outside school without being paid	SH_VOLAT_1	2018-2019
Youth - treated fairly in my community	SH_RES10_1	2018-2019
Youth - participate in activities or groups not organized by school	SH_OUSAL_1	2018-2019
Youth - know where to go in my community to get help	SH_RES02_1	2018-2019
Youth - sense of community belonging, somewhat strong or very strong	SH_SOCTS_1	2018-2019
Time pressures or not having enough time	PH_STRTP_1	2020
Emotional or mental health problem or condition	PH_STREH_1	2020
Caring for others - parents, family or friends	PH_STRCO_1	2020
Highest level completed of education - less than high school	STATC-SCCEN-037	2016
Work part of the year and/or part time	STATC-SCCEN-052	2016
Median lone-parent family income	STATC-SCCEN-055	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

Physical Environment

Children - walk, bike or skateboard to get to school	SE_PHY02_1	2019-2020
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
Extreme heat events	CCCS-DCLIM-001	2020
Extreme cold days	CCCS-DCLIM-002	2020
Radon - household with high radon concentration	HCRAD-CCSRCH-001	2007
Number of boil orders	GNB-OCMOH-001	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 5 or more servings of vegetables or fruit daily	SE_EATFV_1	2019-2020



Children - Eat meals while watching television 3 times or more in the last 7 days - parents' point of view	SP_EAT03_1	2019-2020
Children - Eat non-nutritious foods	SE_EATNN_1	2019-2020
Children - Drink non-nutritious sugary beverages	SE_DRINN_1	2019-2020
Children - Parents - ate at a fast food place at least once with their child in the last 7 days	SP_EAT07_1	2019-2020
Youth - Moderate or vigorous physical activity	SH_PHY01_1	2018-2019
Adults - Moderate or vigorous physical activity	PH_PHY01_1	2020
Adults - Usually sleeps for 7 hours or more each night	PH_SLE01_1	2020
Youth - Cannabis use	SH_MAR02_2	2018-2019
Youth - Drug use	SH_DROAL_1	2018-2019
Health Services		
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
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
- 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
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 involves them in decisions about their health care	PH_APPFA_1	2020
Know what their prescribed medications do, strongly agree	PH_MED02_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

