

Population Health Profile 2022



Zone 5

Restigouche 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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Profil de santé de la population 2022 – Zone 5 : Région de Restigouche

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What is a Population Health Profile?

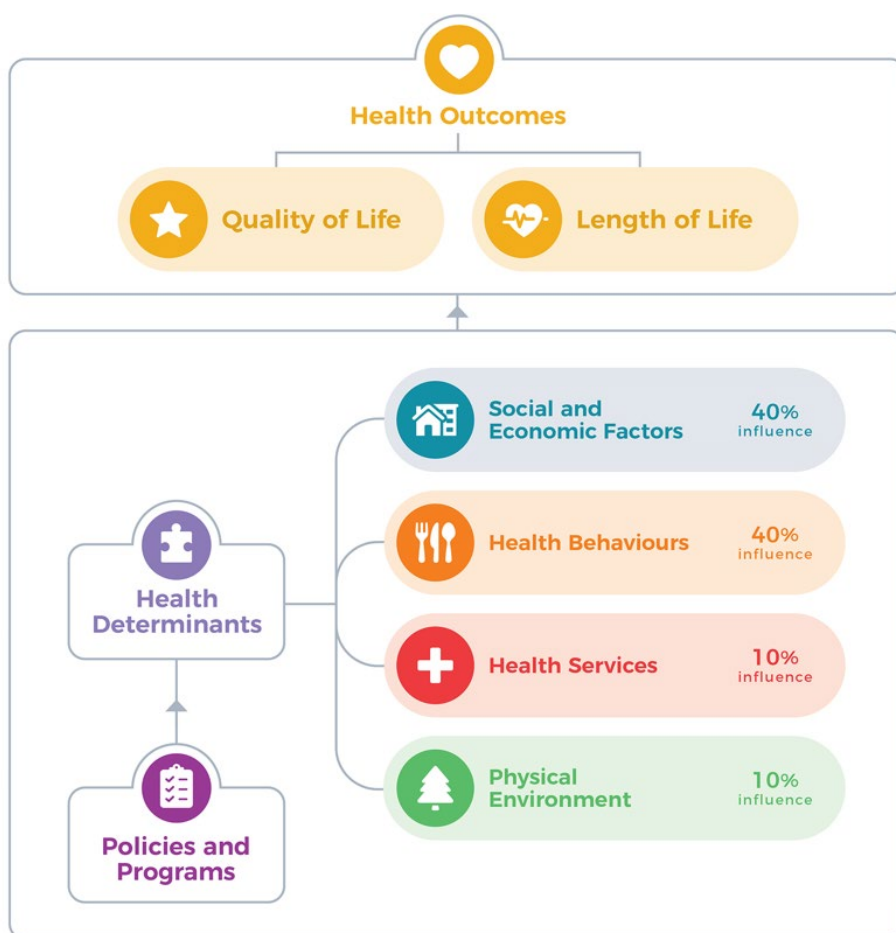
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding 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 Zone 5 - Restigouche Area

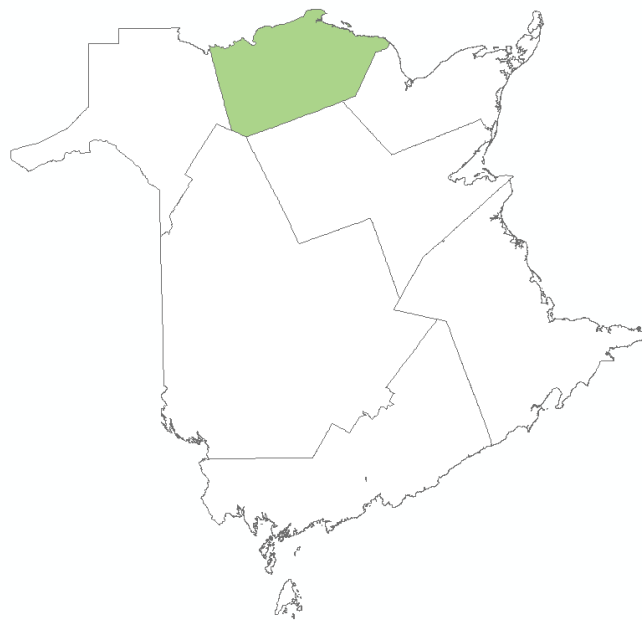
- This zone has the oldest population in the province and is the only zone that experienced a population decline between 2016 and 2020.
- It has the lowest life expectancy and the highest proportion of people living with three or more chronic diseases.
- While the rating for family and social supports for youth is the lowest of all seven health zones, adults and seniors generally have better supports.
- Some barriers to obtaining health services are more prevalent in the Restigouche Area than elsewhere.



Health of the Zone

Demographic Context

- Area: 5439 km²
- Population density: 5 persons per km²



Zone 5 is one of the least densely populated zones in the province and is the only one that experienced a population decline between 2016 and 2020 (-0.7%). The median age is 52 years, the oldest of any of the province's health zones. The birth rate (seven per 1,000 population) is lower than the provincial birth rate, while the death rate (13 per 1,000 population) is the highest in the province.

Residents who identify as Indigenous account for 8.2% (just under one in ten) of the population of this zone, the largest percentage in New Brunswick, while immigrants account for a small percentage, which is one of the smallest in New Brunswick. Visible minorities also have a small presence in Zone at 1.4% of the population, which is below the provincial average (3.4%).

Zone 5 has one of the highest rates of bilingual youth of all seven health zones. It also ranks very high when it comes to bilingualism in the workplace. Approximately 16% of residents reported that English and French are the languages most often spoken at work. Zone 5 residents who request health care services in English receive them in their language of choice only 85% of the time, which is below the provincial average (96%).

This zone also has the highest proportion of residents aged 18 and over living with a disability, at approximately one in three. Of those residents who have a disability, 23% are living with a learning disability, while 28% have a dexterity-related disability, and 61% reported a flexibility-related disability.



Health Outcomes

The Restigouche Area is the zone with the lowest life expectancy (79.4 years) in the province. It also has the highest rate of years of life lost due to heart disease and stroke for both men and women. However, this zone has the lowest cancer prevalence rate of any health zone in the province.



Among youth aged 19 and under, the rate of years of life lost to suicide and self-inflicted injury is the highest of any of the health zones (28 per 10,000 population). The rate is even higher for young men (55 per 10,000 population). In Zone 5, the percentage of youth who have a moderate or high level of resilience (68%) is the lowest of any of the health zones.

The Restigouche Area also differs from the other health zones in terms of life satisfaction. More specifically speaking, the percentage of adults who say they are satisfied or very satisfied with life is the lowest of all the health zones. The same is true for seniors. Chronic diseases are very prevalent in this zone. Three in ten people reported they are living with three or more chronic conditions, the highest percentage of all the health zones. In addition, about three in ten seniors (27%) regularly take six or more prescription medications, the highest rate of all seven health zones.



Determinants of Health

Social and economic factors

In Zone 5, youth have the lowest levels of family and social supports in the province (see Table 1).

Table 1. Perception of Youth in the Restigouche Area Regarding Family and Social Supports		
	Zone 5 (%)	NB (%)
Eat an evening meal together with family, friends or guardians	45	46
Enjoy my cultural and family traditions	43	49
My parent or caregiver knows a lot about me	50	54
My family stands by me during difficult times	50	54
Mental fitness needs highly satisfied by family	79	79
My friends stand by me during difficult times	40	44
Mental fitness needs highly satisfied by friends	80	81
Have people I look up to	39	46

Conversely, social supports for adults and seniors is better, in some respects, than the provincial average. Of note is the fact that only about one quarter of adults and seniors sometimes or often feel socially excluded and isolated, while one-third sometimes or often feel a lack of companionship.

Physical environment

Seventy-eight percent of Restigouche Area residents own their home, a percentage that is higher than the province-wide average. Roughly one third of the occupied dwellings in this region were built before 1960. It is also home to the smallest percentage of residents who use electricity as a source of energy for home heating (37%). Close to one in four



homes have a high concentration of radon. And three-quarters of households reported they have heard of radon, but 95% of households have not tested for it.

Residents of this zone are among the least likely to use public transportation (0.5%). In addition, youth are exposed to more environmental tobacco smoke than the youth in any other health zone in New Brunswick. Twenty-two percent of youth reported there is at least one person who smokes in their home daily or almost every day, and 27% of youth reported having been a passenger in a car with someone who was smoking cigarettes within the past seven days. These percentages are the highest in the province.

Health Behaviours

The health related behaviours of youth in the Restigouche Area are worse than average, in several respects. Only 16% of youth get the recommended amount of moderate to vigorous physical activity. The eating habits of youth are also among the worst in the province (see Table 2).

Table 2. Eating Habits of Youth in the Restigouche Area		
	Zone 5 (%)	NB (%)
Eat breakfast daily	34	41
Eat 5 or more servings of vegetables or fruit daily	34	42
Ate meals while watching television 3 times or more in the last 7 days	44	40
Eat non-nutritious foods	83	84
Drink non-nutritious sugary beverages	58	53
Ate at a fast-food place or restaurant 3 times or more in the last 7 days	15	14

The Restigouche Area has the highest percentage of teenaged residents who have given birth, at 14%.



It is also one of the worst in terms of youth injury prevention. Only 17% of youth wear a helmet when riding a bicycle, and one in four said they had been a passenger in an on-road vehicle driven by someone under the influence of alcohol or drugs. In addition, 13% have driven an off-road vehicle while under the influence of alcohol or drugs.

Zone 5 residents also have worse-than-average smoking and drinking habits. One third of youth are at risk of becoming future smokers, while 18% smoke daily or occasionally. These figures are the highest in the province. In addition, about one in five youth drink heavily. The Restigouche Area also has the highest percentage of seniors who smoke daily or occasionally (16%). In addition, 33% of adults and 15% of seniors drink heavily; both percentages are higher than the provincial average.



Health Services

The Restigouche Area is one of the health zones where access to primary health care is the most difficult. Only 45% of adults and 39% of seniors reported being able to get an appointment with their family doctor within five days. When the two adult age groups are combined, this zone has the lowest percentage of residents able to access their

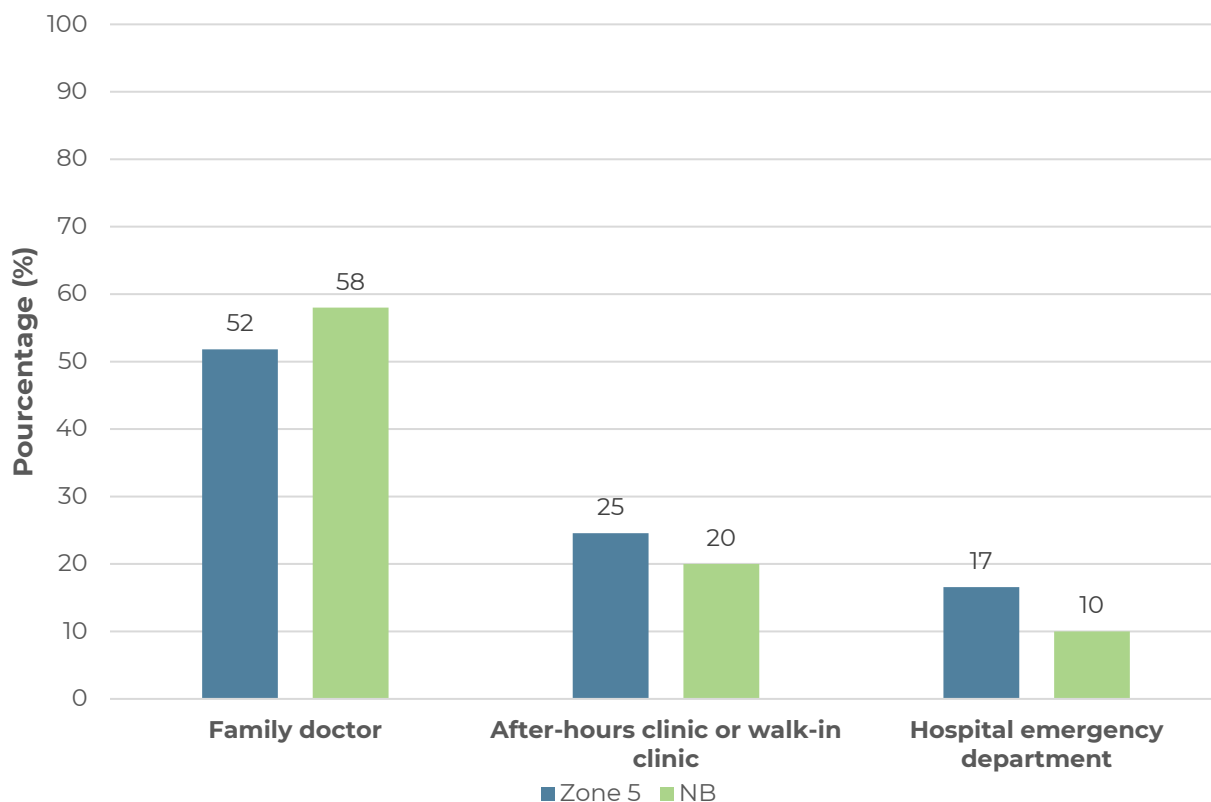


family doctor within a reasonable time. Although it is one of the worst zones with respect to wait times to see a family doctor, the amount of time residents waited for emergency services in Zone 5 is closer to the provincial average. However, the two communities that make up this zone are at opposite ends of the spectrum. Almost 73% of people in the community of Dalhousie reported waiting less than four hours to access emergency services, while only 55% of Campbellton residents reported the same.

When ill or in need of health care services, Zone 5 residents use primary health care services at frequencies that are roughly similar to provincial averages. Residents visited emergency departments and after-hours or walk-in clinics slightly more frequently than the provincial average, while they turned to their family doctor slightly less often (see Figure 1).



**Figure 1. Types of Services Most Often Used When Care Services are Needed in Zone 5:
Restigouche Area**



Similar to the situation in Zone 4 (Madawaska and North-West Area), hospitalization rates for injuries and mental health conditions in the Restigouche Area are higher than the provincial averages (see Table 3). The rate of preventable hospitalization in Zone 5 is also one of the highest in the province.

Preventable hospitalization is a condition conducive to ambulatory care and is considered a measure of access to appropriate primary care. While not all admissions for these conditions are preventable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, help control an episodic acute care illness or condition, or help manage a chronic condition or disease. A disproportionately high rate is thought to indicate that access to appropriate primary care is difficult.

**Table 3. Reasons for Using Hospital Services as Reported by Restigouche Area Residents**

	Zone 5 (rate)*	NB (rate)*
Hospitalization following an injury	115	74
Youth	38	29
Adults	58	42
Seniors	281	208
Hospitalization for mental health disorder	126	51
Youth	104	33
Adults	167	64
Seniors	47	28
Avoidable hospitalization	73	52

* Rate per 10,000 population

The Restigouche Area is home to the highest proportion of adults and seniors who reported they had been in need of home care services but had not received them (5%). And of those who sought health services in general in the Restigouche Area, four barriers were reported more frequently than in any other part of New Brunswick (see Table 4).

Table 4. Barriers to Health Care Services Reported by Restigouche Area Residents

	Zone 5 (%)	NB (%)
Health care services not available in their area	23	14
Travel over 100 kms to use a health service	31	18
Trouble getting medical or rehabilitation equipment or supplies	7	4
Have language barrier communicating with a health professional	11	4

Restigouche Area residents in all age groups reported having felt the need to see a professional for their mental health, emotional health or substance use at a level similar



to the provincial average. Of the adults who reported having felt the above-mentioned need, the smallest proportion of people who did not see or speak to a health professional live in the Restigouche Area.

Only two in five people said they know the expected effects of their medications. Therefore, a high percentage of the population consider written information related to their conditions or prescriptions difficult to understand (15%). Similarly, relatively few people reported that verbal information of that kind is easy to understand (89%).

When asked to rate the health services received, only three in four seniors gave them a positive rating, the lowest proportion of any of the provincial health zones. Despite this, the Restigouche Area is close to the provincial average overall.



Conclusion

Briefly put, Zone 5 is home to the province's oldest population; it is also the only zone that experienced a population decline between 2016 and 2020. It has a relatively large proportion of residents who identify as Indigenous, but there are few visible minorities and newcomers. Its population is one of the province's most bilingual.

It also has the lowest life expectancy. Causes of years of life lost that are over-represented in this zone include heart disease, stroke, and among youth—suicide and self-inflicted injuries. The Restigouche Area has one of the lowest levels of life satisfaction and a relatively high proportion of residents who are living with one or more chronic health conditions.

While the rating for family and social supports for youth is the lowest of all seven health zones, adults and seniors generally have better supports. Youth in Zone 5 are also exposed to more environmental tobacco smoke than youth in any of the other health zones.

The health habits of youth in this zone are some of the worst in the province, including physical activity and diet as well as tobacco and alcohol use. The Restigouche Area is home to the highest proportion of teenagers who have given birth; it also has the worst youth injury prevention rate.

Access to primary health care in the Restigouche Area is worse than the provincial average, especially in terms of the time it takes to get an appointment with a family doctor. Some barriers to obtaining health services were reported with greater frequency in the Restigouche Area than in any other New Brunswick health zone. And in terms of the rating for health services received, seniors did not rate them very highly, but it is close to the overall average.



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.

[Health Zone 5 | New Brunswick Health Council \(nbhc.ca\)](#)

Tableau 5. 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
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 work - English and French	STATC-SCCEN-021	2016
Youth bilingualism - English and French	STATC-SCCEN-001	2016
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
Adults and seniors - Flexibility disability	PH_PWDFL_1	2020
Adults and seniors - Dexterity disability	PH_PWDDE_1	2020
Adults and seniors - Learning disability	PH_PWDLE_1	2020
Health outcomes		
Youth - Resilience, high or moderate level	SH_RESTS_1	2018-2019
Adults - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Seniors - Perceived health, very good or excellent	PH_HEP01_1	2020
Seniors - Take 6 or more different prescription medications on a regular basis	PH_MED01_1	2020
Adults and seniors - 3 or more chronic health conditions	PH_CHC12_2	2020
Cancer (prevalence)	PH_CHCCA_1	2020
Life expectancy at birth	STATC-CVITS-001	2015 to 2017



0 to 19 years old - Suicides and self-inflicted injuries, years of life lost	SNB-VITST-014	2014 to 2018
0 to 19 years old - Suicides and self-inflicted injuries, years of life lost - Male	SNB-VITST-014	2014 to 2018
Heart and stroke, years of life lost	SNB-VITST-010	2014 to 2018
Heart and stroke, years of life lost - Male	SNB-VITST-010	2014 to 2018
Heart and stroke, years of life lost - Female	SNB-VITST-010	2014 to 2018

Social and economic factors

Youth - eat an evening meal together with family, friends or guardians	SH_EAT11_1	2018-2019
Youth - enjoy my cultural and family traditions	SH_RES12_1	2018-2019
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 - my friends stand by me during difficult times	SH_RES08_1	2018-2019
Youth - with mental fitness needs highly satisfied by friends	SH_MEFFR_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
Adults and seniors - feel isolated some of the time or often	PH_SIL03_1	2020

Physical environment

Own a dwelling	STATC-SCCEN-025	2016
Occupied dwellings built before 1960	STATC-SCCEN-030	2016
Use public transport	STATC-SCCEN-034	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
Radon - household with high radon concentration	HCRAD-CCSRCH-001	2007
Radon - household who has heard of radon	STATC-HENVS-006	2017
Radon - household who has not tested for radon	STATC-HENVS-007	2017
Source of energy for household heating equipment - electricity	STATC-HENVS-003	2017

Health behaviours

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 - Eat non-nutritious foods	SH_EATNN_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
Youth - Moderate or vigorous physical activity	SH_PHY01_1	2018-2019
Youth - At risk of becoming a future smoker	SH_SMOSU_1	2018-2019



Youth - Daily or occasional smoker	SH_SMO09_1	2018-2019
Youth - Heavy drinking	SH_ALC04_1	2018-2019
Seniors - Daily or occasional smoker	PH_SMO01_1	2020
Adults - Heavy drinking	PH_ALC01_3	2020
Seniors - Heavy drinking	PH_ALC01_3	2020
Teens - gave birth	SNB-VITST-015	2019
Youth - Wear a helmet when riding a bicycle	SH_SAF03_1	2018-2019
Youth - Driver of an off-road vehicle - under the influence of alcohol or drugs	SH_SAF01_1	2018-2019
Youth - Passenger in an on-road vehicle - driven by someone under the influence of alcohol or drugs	SH_SAF02_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 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
Avoidable hospitalization	CIHI-DAD-003	2016-2017 to 2019-2020
Adults and seniors - who felt that they needed home care services, but they did not receive any	PH_USEAF_1	2020
Health care services not available in their area	PH_BARNA_1	2020
Travel over 100 kms to use a health service	PH_BARHT_1	2020
Trouble getting medical or rehabilitation equipment or supplies	PH_BARME_1	2020
Have language barrier communicating with a health professional	PH_BARLB_1	2020
Family doctor - waited 5 days or less to have an appointment	PH_ACCFD_2	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
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



Seniors - Citizens - provide a favourable rating for overall health care services received

PH_SATOA_1

2020

