

Population Health Snapshot -Technical Document-



- Version 2 -
FALL 2010

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New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost.

The New Brunswick Health Council will foster this transparency, engagement, and accountability by engaging citizens in a meaningful dialogue, measuring, monitoring, and evaluating population health and health service quality, informing citizens on health system's performance and recommending improvements to health system partners.

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Executive summary

Population Health Snapshot, Fall 2010, is the 2nd report of this type produced from the New Brunswick Health Council. Similar to our past report, we seek to inform individuals, communities, and organizations about their health status (outcomes) with respect to the population in which they live. We also highlight some areas of health determinants which can be influenced or improved to have a positive effect on health status (outcomes).

Each indicator on our snapshot falls within one of our two categories:

- Health Status
- Health Determinants (which includes *Health Care, Health Behaviors, Socioeconomic Factors and Physical Environment*)

The new Fall 2010 provincial and zones snapshots are updated with the new and most recent information available to us. Only four indicators were unable to be updated because the information comes from Statistics Canada's Census data, which is only completed every 5 years. The new snapshot also includes two new indicators:

- Life satisfaction, satisfied or very satisfied (health status)
- Always wears a bicycle helmet while on a bike (health behaviours)

In addition to presenting the latest indicator data, this report allows the reader to compare the information of the previous and current snapshots.

Included in these snapshots is a new trending column which allows decision makers to identify any changes from the previous year on any indicator or group of indicators related to the determinants of health or health status outcomes. On the provincial snapshot, the trending column refers to the current ranking of New Brunswick in relation to all the other Canadian provinces and territories when compared with this same ranking on the last Population Health report. As for the trending column on the zone snapshots, it looks at the ranking within the zones on the last snapshot and compares it with this current edition of the snapshot.

An arrow pointing up (▲) means the rank has improved compared to the last snapshot

An arrow pointing down (▼) means the rank has worsened compared to the last snapshot

An equal sign (=) means the rank has not changed compared to the last snapshot

THE PROVINCIAL SNAPSHOT

- In New Brunswick, compared to the rest of Canada, when it comes to short-term health status (physical and mental health perception, as well as pain or soreness that prevents activities), we have dropped in ranking from 9, 10, 10 out of 13 respectively to 11, 12, 13 out of 13.
- Overall, the New Brunswick rankings have improved for the health care section, which covers mostly access to care, screening or prevention.
- The provincial ranks have dropped or stayed the same for most health behaviours. For the new indicator, 'bike helmet safety', New Brunswick ranks very well in relation to Canada.
- It should be noted that New Brunswick ranks as the most obese province when comparing to all the provinces and territories in Canada.
- While smoking in public places is forbidden in most public places in New Brunswick, second hand smoke in vehicles and/or public places still appears to be an issue in New Brunswick.



Snapshot

- Description-

Population Health

refers to the health of a population
as measured by health status
indicators and as influenced by the
health determinants.

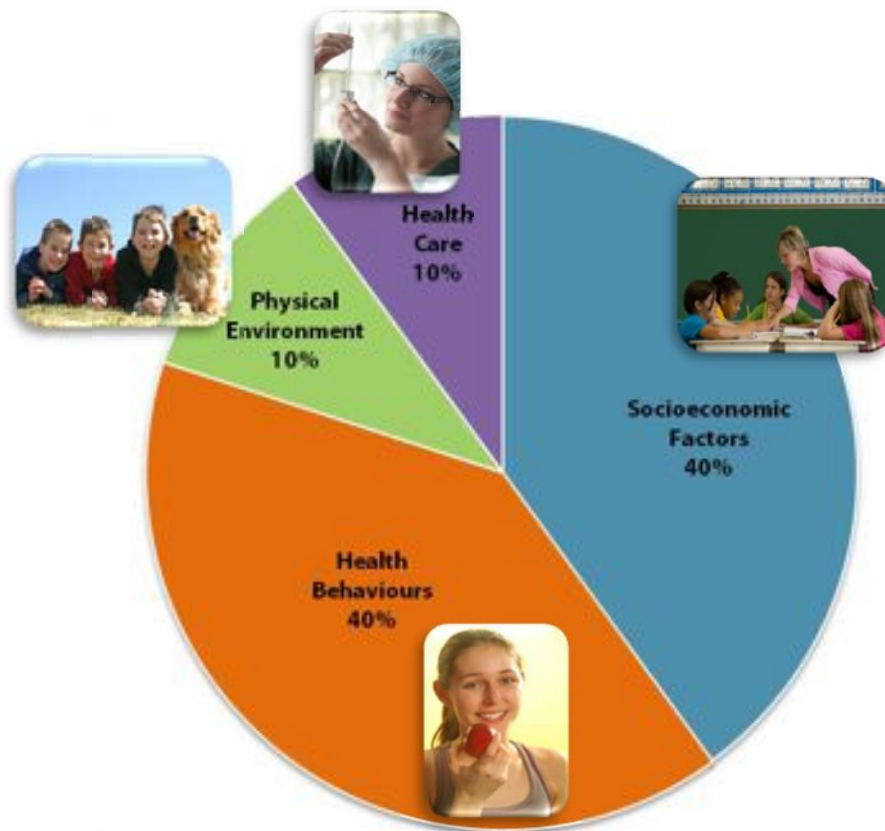
The snapshot is a representation of the health of the population, at a given point in time, depending on the availability of data. It is a one page document that focuses on both the *Health Status* and the *Health Determinants* of a population.

- 1 - The *Health Status* equally weights length and quality of life as its two main sources of outcome related indicators.
- 2 - The *Health Determinants*, as per The *Public Health Agency of Canada*, are the following:
 - Social, economic and physical environments,
 - Personal health practices and behaviours,
 - Individual capacity and coping skills,
 - Human biology,
 - Early childhood development,
 - And health services.

The goal of the *Population Health Snapshot* is to inform individuals, communities, and organizations about their health status with respect to the population in which they live, and highlight some areas of health determinants which can be influenced or improved to have a positive effect on health status.

The model we have chosen to represent Population Health in New Brunswick has been adapted from various population health models such as the University of Wisconsin Population Health Institute – Wisconsin County Health Rankings and modified to fit our needs. We have also kept a Canadian perspective by taking into account the determinants of health as indicated by the *Public Health Agency of Canada*.

Based upon review of the literature and expert opinions on how these determinants contribute to health and by how much, we are using the following model as a guide as to what influences our health:



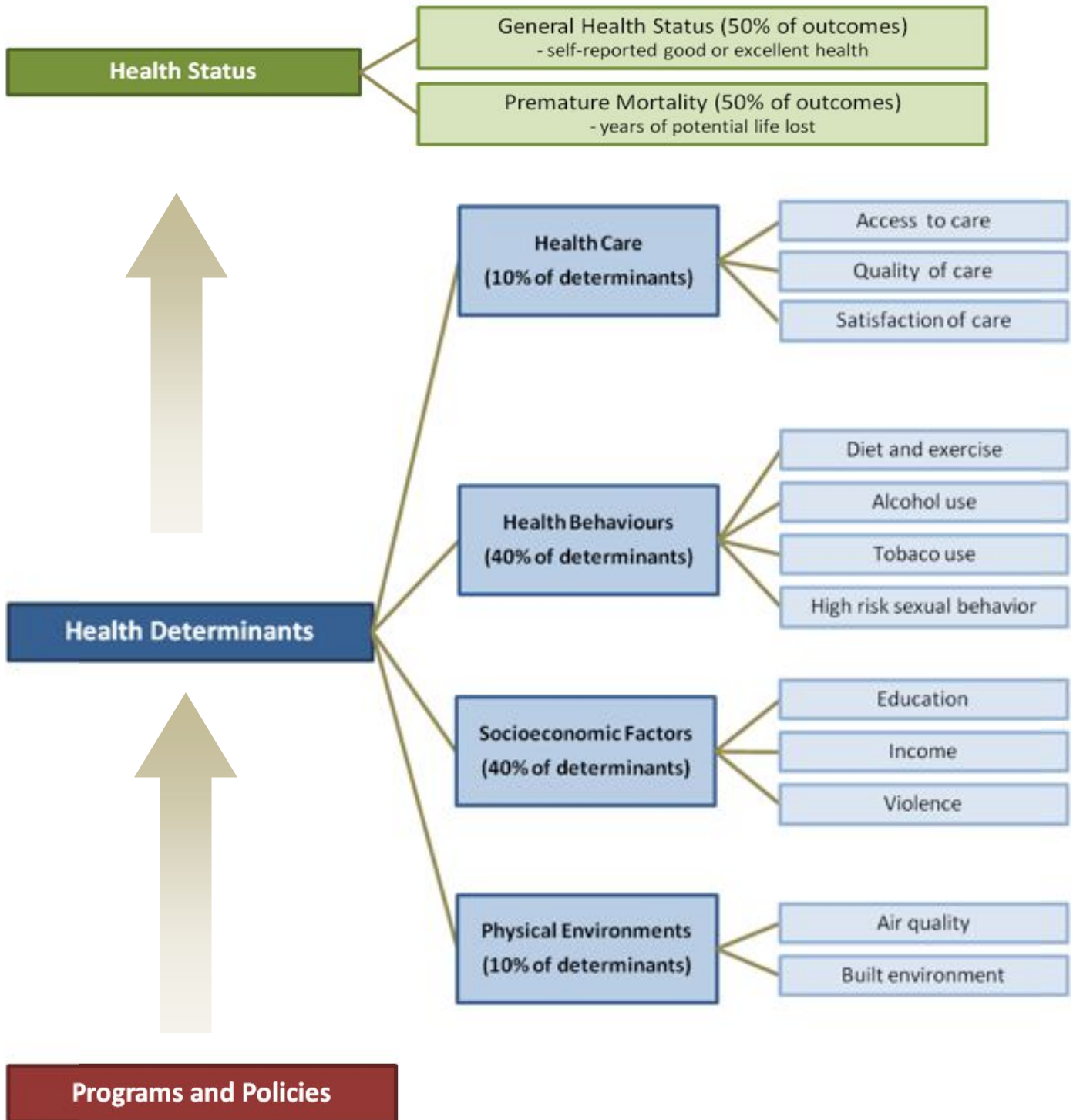
This model regroups determinants of health that can be influenced by programs and policies. It also takes into account citizen involvement in their own health and well-being as well as external factors which can influence the health of the population.

Everyone wants to be as healthy as possible.

The purpose of this tool is to showcase information on a single page in order to focus on areas which require improvements.

Specifically, the following demonstrates what we have chosen as indicators under the

Health Status and the *Health Determinants* of a population.



Our *New Brunswick population Health Snapshot* is depicted in two ways:

Provincial Snapshot

In this snapshot we look at the New Brunswick population as a whole, comparing male and female averages with the overall provincial average. One of the objectives of the provincial snapshot is to see where New Brunswick stands with respect to the various indicators, in relation to the other Canadian provinces and territories. A second objective is to demonstrate whether there has been a change in ranking for New Brunswick compared to the previous snapshot.

Zone Snapshot

We have created 7 snapshots, one for each health zone. Each of these zones is compared, whenever possible, with each other zone for every indicator. The goal of the health zone snapshot is to provide information on specific health determinants which are highlighted as doing well (ranked 1,2), Caution (ranked 3,4,5), or lagging (ranked 6,7). The rating is done by best (1) to worst (7). By comparing zones, some zones will always do better than others; ultimately, this can lead to encourage continuous improvement within the zone and affect the health of all New Brunswickers. Included also are arrows indicating if the rank, compared to the last snapshot, within each zones has improved, worsened or stayed the same within New Brunswick.

The zones are defined as the following (*see appendix section for exact description of each health zone*):

Zone 1: Moncton / South-East Area

Zone 2: Fundy Shore / Saint John Area

Zone 3: Fredericton / River Valley Area

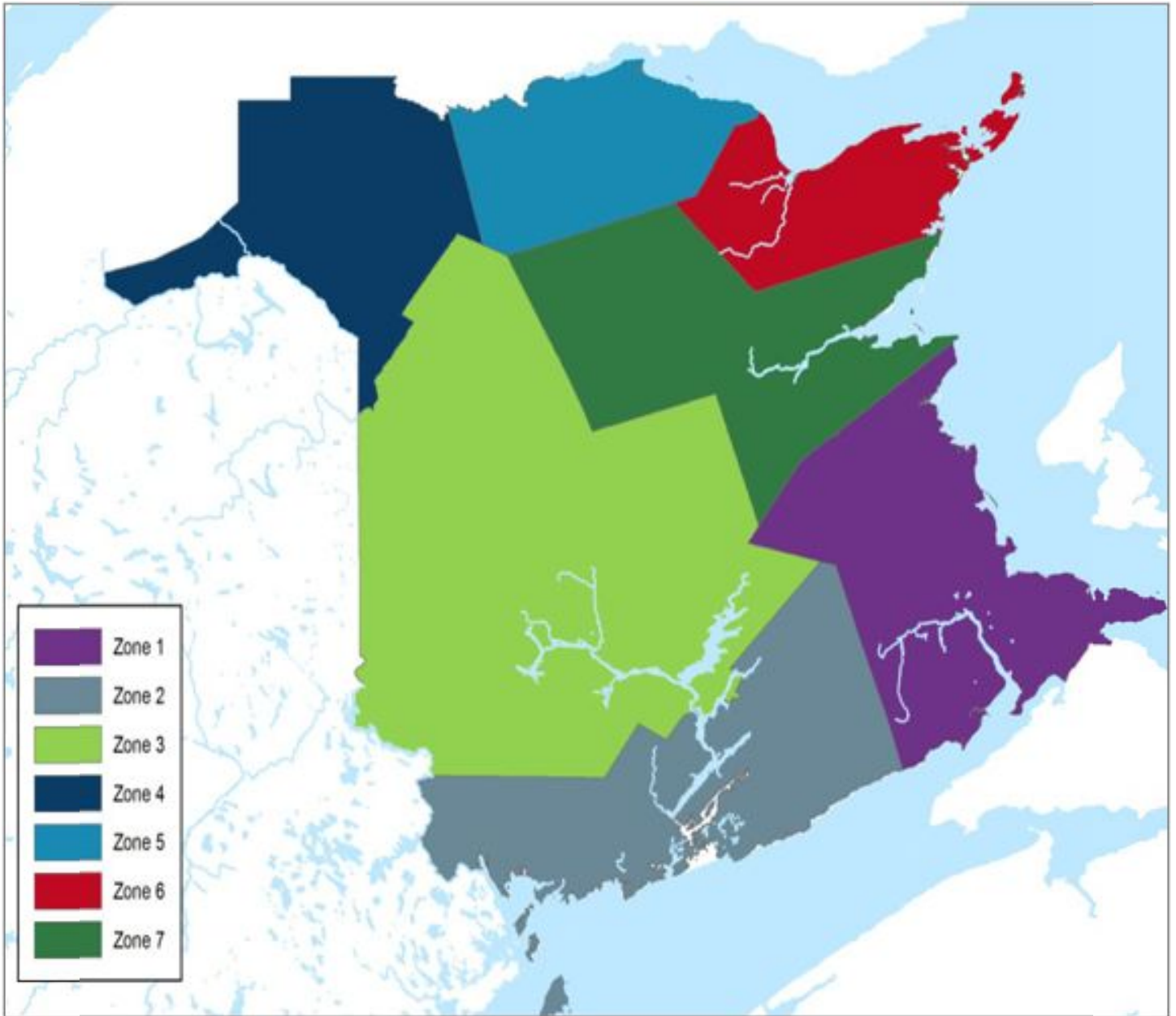
Zone 4: Madawaska / North West Area

Zone 5: Restigouche Area

Zone 6: Bathurst / Acadian Peninsula Area

Zone 7: Miramichi Area

New Brunswick Health Zones



The indicators provided in this report are intended to contribute to our understanding of population health at the provincial and zone levels. They are individual measures that capture a key dimension of health, of the health system or of some of the factors affecting health. Individually they are not as strong of an indicator, but when looking at them together, they paint a very distinct picture of population health.

We have chosen [40 indicators](#) to reflect the current health of New Brunswickers. Each indicator narrative will provide the definition, source and contextual information on the importance of that indicator in our population health model.

Data limitations

We have used information from statistical surveys, such as the Canadian Community Health Survey (CCHS), to display quantitative information. The target population of this survey are individuals living in private dwellings aged 12 years and over with the exclusion of those living on Indian Reserves and Crown Lands, residents of institutions (such as long term care homes), full-time members of the Canadian Forces and residents of some remote areas. The number of people interviewed in each province and territory is such that the information, for the most part, is representative of the provinces, territories, and zones at a given point in time. Occasionally you will see results where the number may be of more variability due to the small number of respondents. We have indicated these with a caution symbol to ensure they are interpreted with caution. Since 2007, data for the Canadian Community Health Survey (CCHS) are collected yearly instead of every two years. For New Brunswick, this means reporting data with smaller sample sizes when reporting annual snapshots.

We acknowledge that responding to any survey is voluntary, and can be subject to the perspective of the respondent.

The information reflected in our snapshot, in some instances comes from as early as 2006. We have used the most up-to-date information available to us at this time in all cases. For some indicators, this meant using New Brunswick only data (such as information from the New Brunswick Vital Statistics database), which limits our capacity to compare our information on a national front, but gives us more up-to-date information.

Model limitations

The model is limited by the data we have been able to acquire for the different indicators. To improve the quality of the model, we need to continue working with partners and stakeholders to acquire a wider variety of quality data and the newest available data. This would create a more comprehensive picture to better understand the health of the New Brunswick population.

The model is a representation of information and does not represent the detailed story associated with the health status from the interaction of the determinants in each health zone. This information will help with the recommendations around specific areas.




The Population Health Snapshot is a work in progress that will evolve to better represent the health of the population as we find new and better quality data sources and indicators and work at investigating the story behind the numbers with various stakeholders.



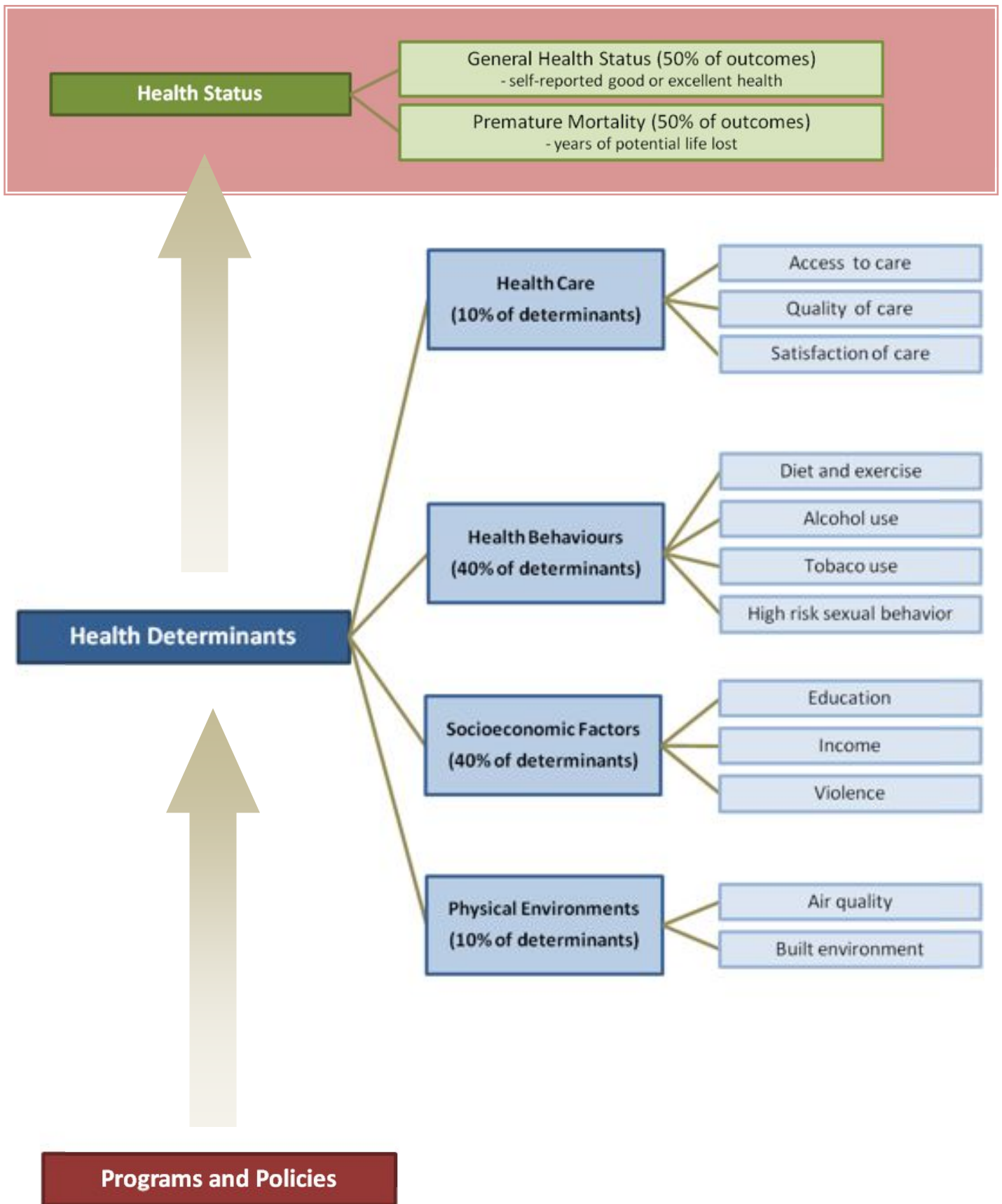
Section 1

Population Health Status

**The Population Health Status
equally weighs quality and length of life.**







Actual indicator: Perceived health, very good or excellent

Source: Statistics Canada, Canadian Community Health Survey, 2009.
CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported perceiving their own health status as being either excellent or very good. Perceived health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as: incipient disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function. Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding.



Why is this indicator important?

Self-reported health is now among the most common measures used in public health surveys in Canada and its peer countries. It represents the physical, emotional, and social aspects of health and well-being.

Mortality – Past studies have demonstrated a reliable inverse association between self-rated health and mortality, meaning people who perceive their health as being very good or excellent tend to live longer.

Lower income and education – It was noticed that having poorer clinical and perceived health were important factors when lower income and education came into play.

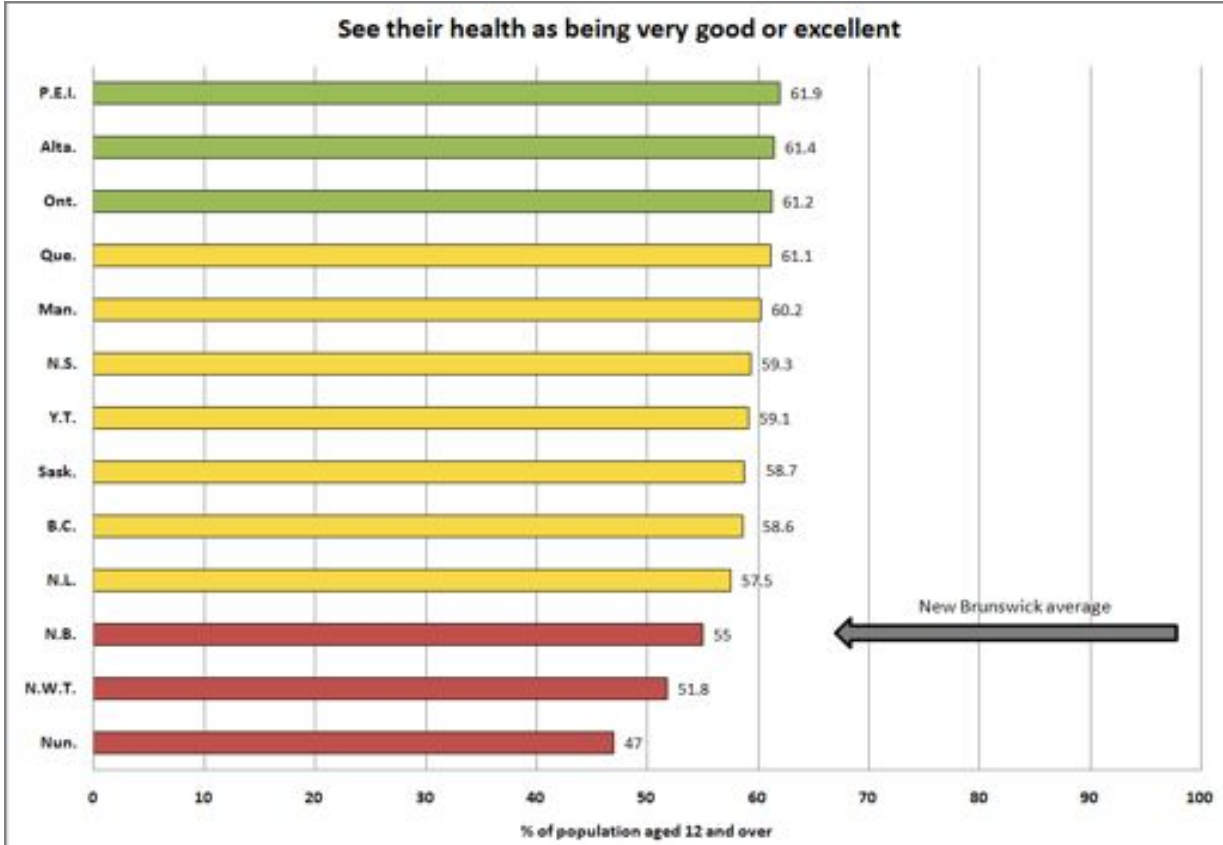
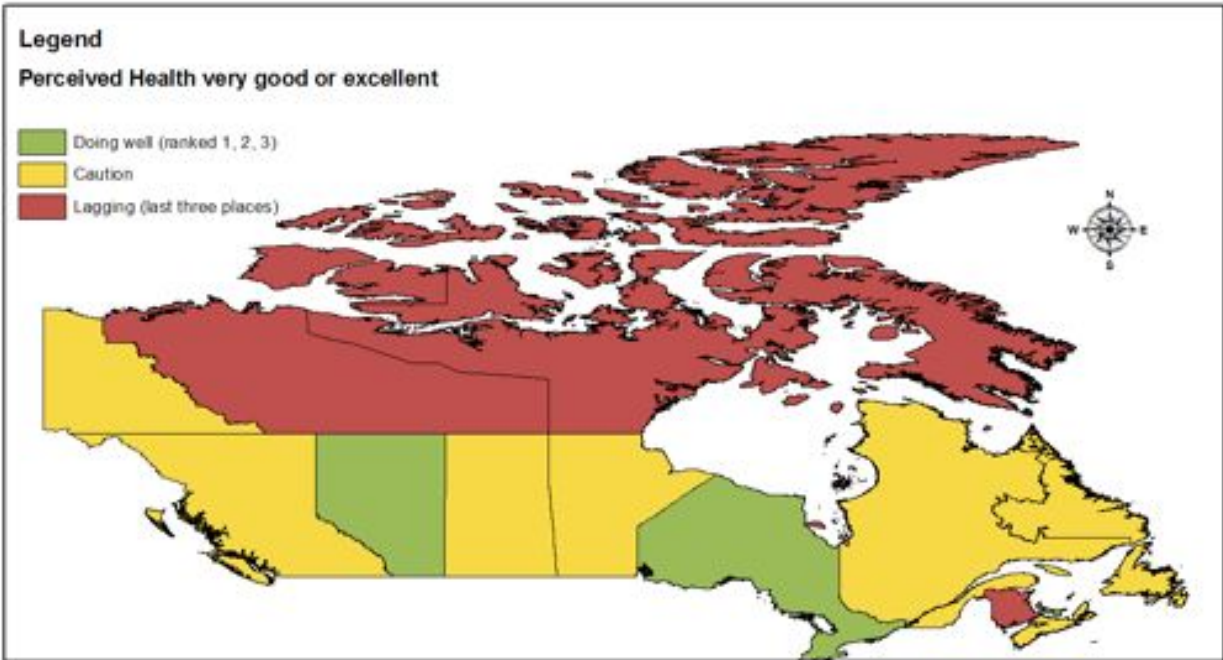
Health services utilization – Ill-health perception is associated with increased health services utilization

What are some limitations of this indicator?

Some researchers suggest a person's judgment about his or her health is too subjective. Others note that cultural differences between countries will influence how people evaluate their health. Still, people's perceptions of their own health have been found to be a predictor of future health care use and mortality rates. Self-reported health is also linked to age, with older people more likely to report poor health than younger people.

		Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
Perceived health, very good or excellent	2009	47.1	61.8	56.8	59.3	51.5	52.4	58	55
(% of population aged 12 and over)									

See their health as being very good or excellent -2009 -
(by % of population aged 12 and over)



Actual indicator: Perceived mental health, very good or excellent

Source: Statistics Canada, Canadian Community Health Survey, 2009.
CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported perceiving their own mental health status as being excellent or very good. Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in self-reported (physical) health.

Why is this indicator important?

Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress. This is not necessarily reflected in perceived health. It has also been shown in the literature as being related to mortality, high job strain, and psychological distress.

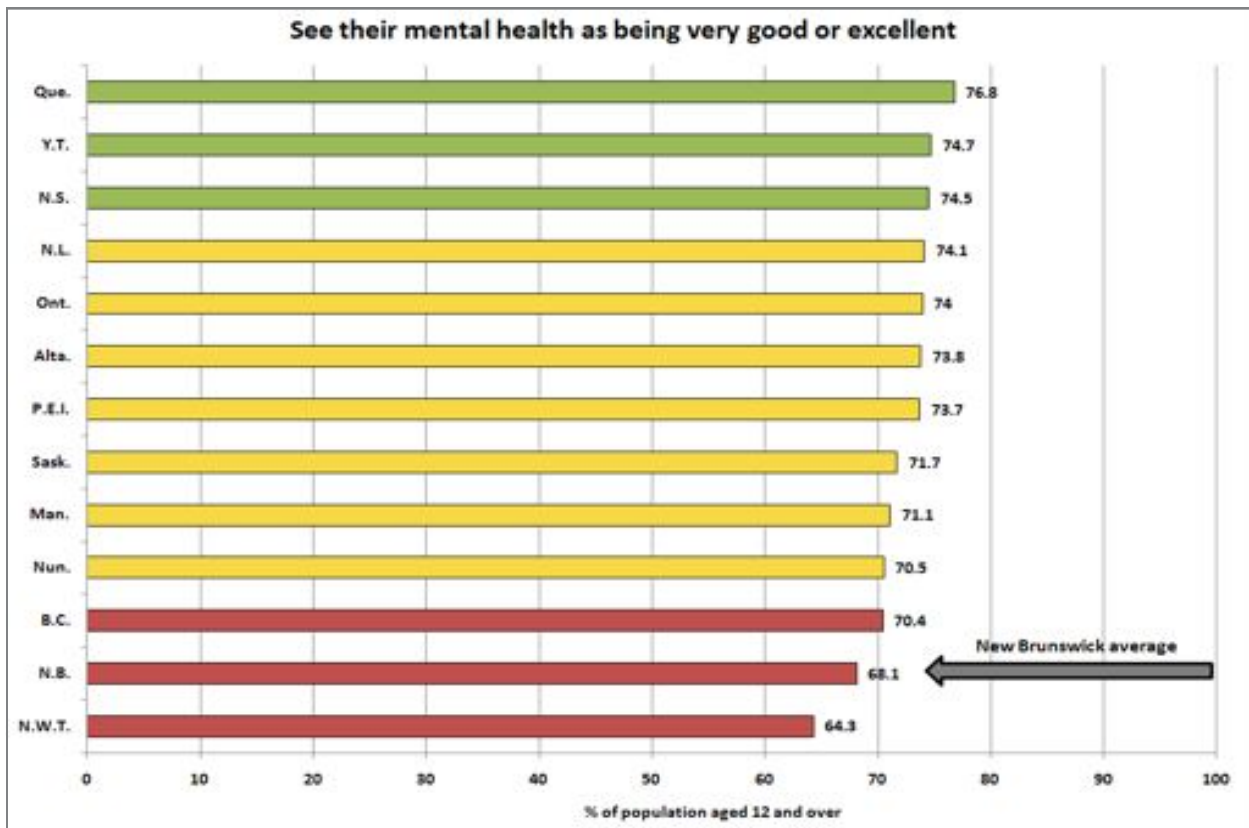
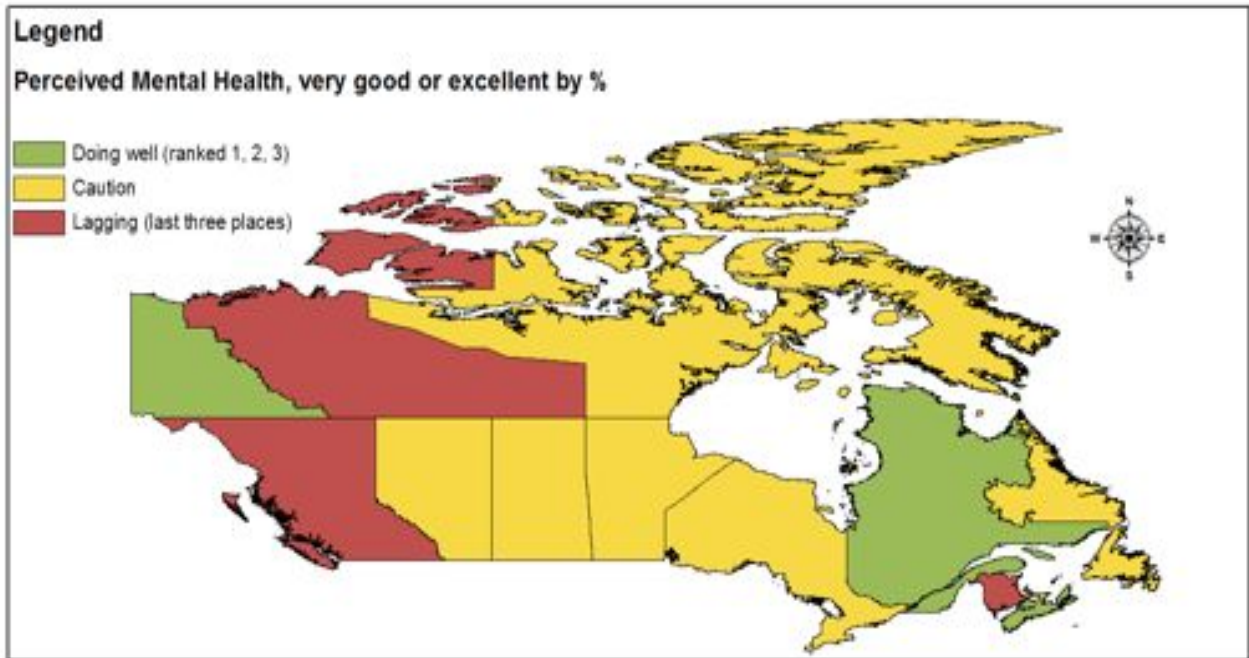
Mental health is fundamental to an individual's overall health and the health of communities. It is essential to personal well-being and the ability to lead a healthy, balanced and productive life. Mental health disorders often occur in younger people and their frequency and chronic course make them a notable cause of disability.

According to the World Health Organization, five of the 10 leading causes of disability are related to mental disorders. It predicts that in less than 20 years, depression will be the second-leading cause of disability in the world.



		Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
Perceived mental health, very good or excellent	2009	58.5	69.6	72.9	74.4	70.7	70.4	73.8	68.1
(% of population aged 12 and over)									

See their mental health as being very good or excellent -2009 -
 (by % of population aged 12 and over)



Actual indicator: Pain or discomfort that prevents activities

Source: Statistics Canada, Canadian Community Health Survey, 2009.
CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who report having pain or discomfort which prevents activities.

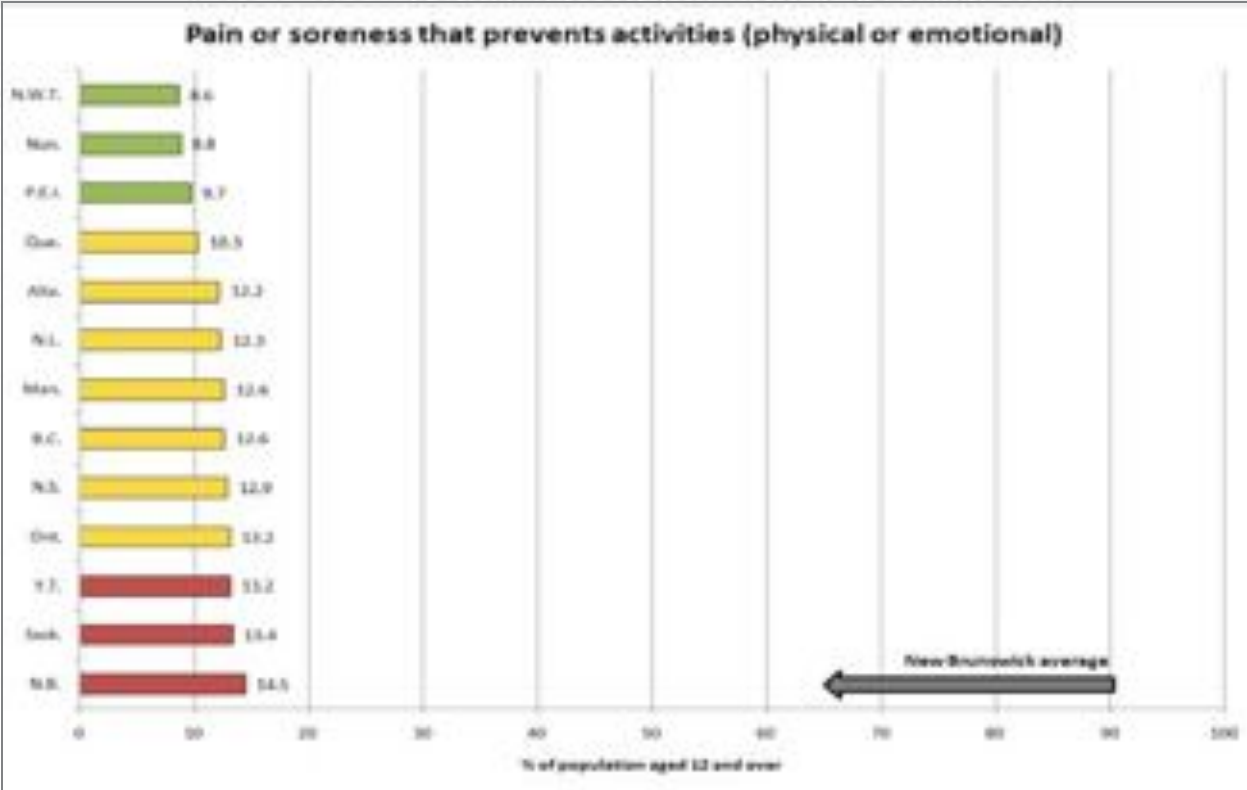
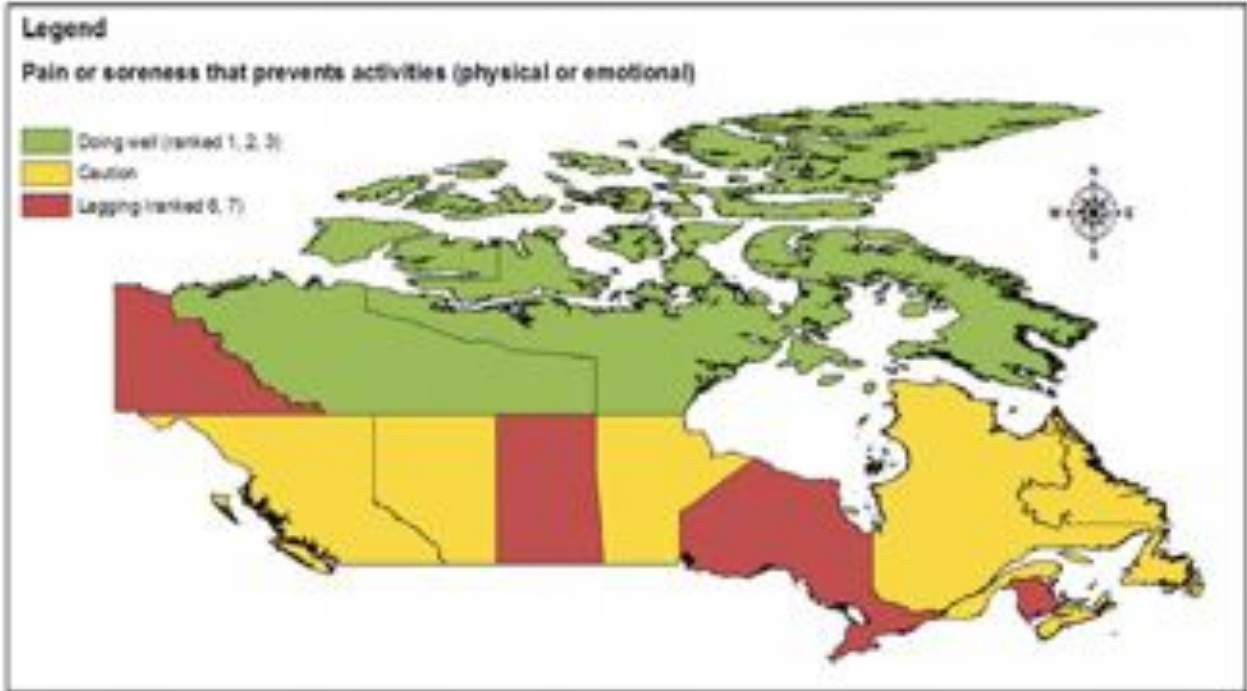
Why is this indicator important?

In combination with perceived health and perceived mental health, this helps indicate the level of disability one can have. Pain or discomfort that can prevent social/recreational activities or normal living activities can be very discomfoting and can reflect a level of chronic pain. *People with the most pain related disability tend to make use of primary care visits, increased emergency room visits and more often have a higher hospital admission rate.*



		Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
Pain or soreness that prevents activities (physical or emotional)	2009	15.2	14.7	12.6	10.7	17.6	18.7	12.5	14.5
(% of population aged 12 and over)									

Pain or soreness that prevents activities (physical or emotional) -2009 -
(by % of population aged 12 and over)



Actual indicator: Life satisfaction, satisfied or very satisfied

Source: Statistics Canada, Canadian Community Health Survey, 2009.
CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported being satisfied or very satisfied with their life in general.

Starting in 2009, this indicator is based on a grouped variable. In 2009, the question was changed from 5-point answer category to an 11-point scale. The concordance between the two scales was found to be good.

Why is this indicator important?

Life satisfaction is a personal subjective assessment of global well-being.

Life satisfaction can be based on many factors such as health status, health, income, home and family life, work life, social life, leisure activities and physical activities, happiness, job satisfaction, optimism, well being and coping capacities, to name a few. Depending on where you live, your life standards and expectations may also contribute to your life satisfaction.

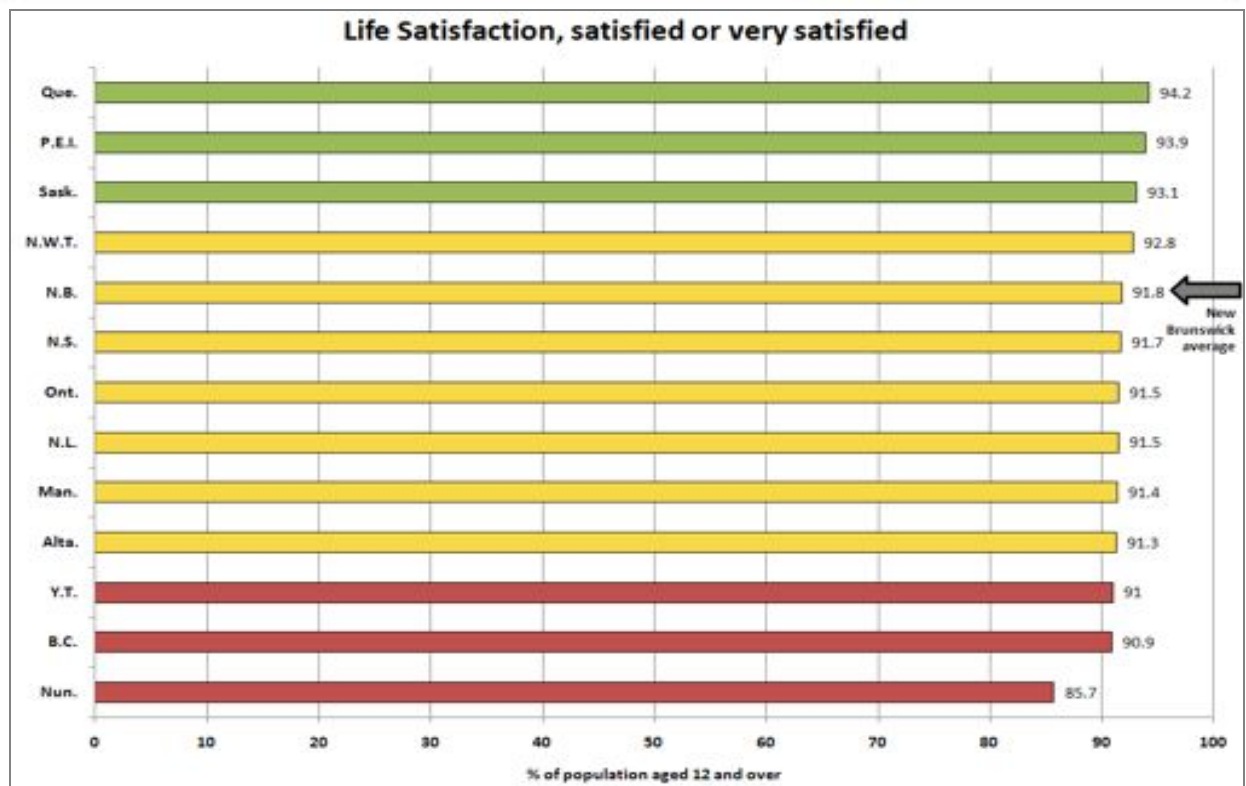
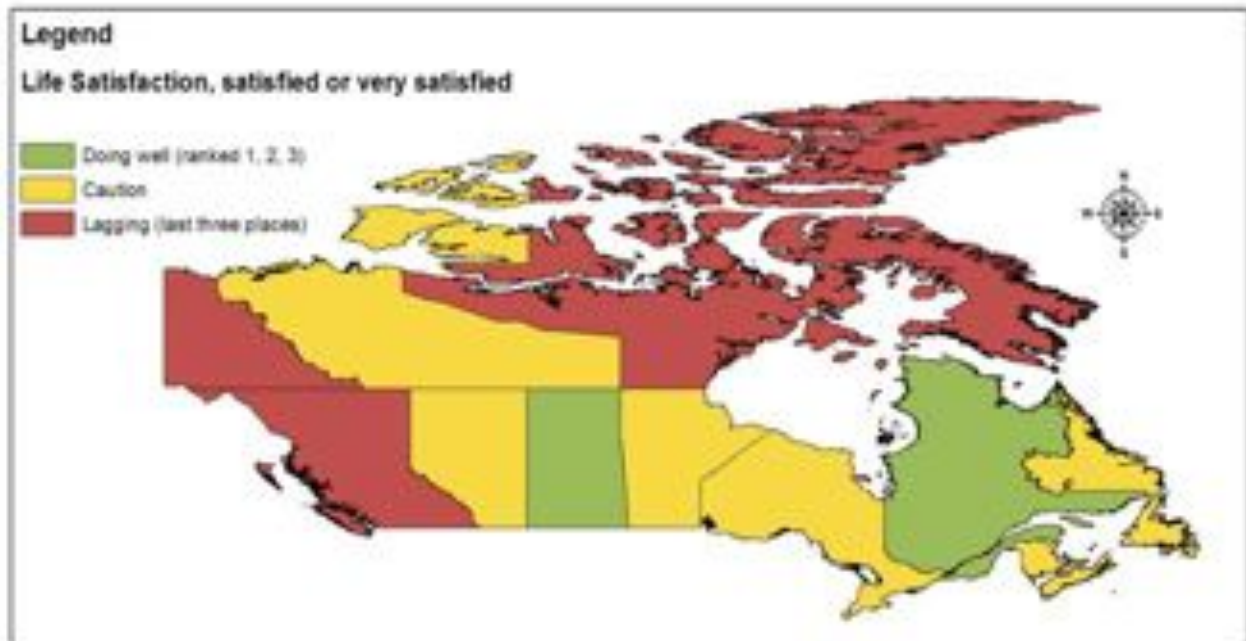
Happy, fulfilled and engaged citizens are the hallmark for a thriving society.



		Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
Life satisfaction, satisfied or very satisfied	2009	91.4	91.5	92.1	91	89.3	93.8	93.1	91.8

(% of population aged 12 and over)

Life Satisfaction, satisfied or very satisfied -2009 -
(by % of population aged 12 and over)



Actual indicator: Life expectancy at birth

Source: Statistics Canada, Vital Statistics – Birth database, Vital Statistics – Death database, 2006 CANSIM table no.: 102-0511 (zone information), 2005-2007 CANSIM table no.: 102-0512 (province and territories information)

Definition:

Life expectancy is the number of years a person would be expected to live, starting from birth (for life expectancy at birth) and similarly for other age groups, if the age- and sex-specific mortality rates for a given observation period (such as a calendar year) were held constant over the estimated life span.

The estimates are based on three consecutive years of death data and the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

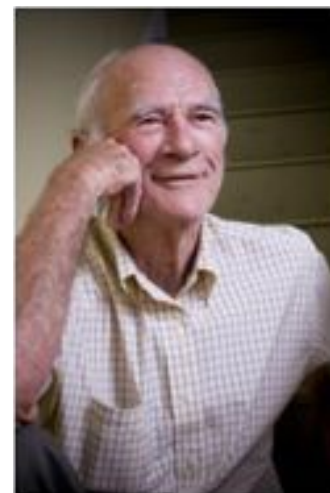
Life expectancy and related confidence intervals are based on Chiang's method (Chiang, CL., 'The Life Table and its Applications', Robert, E., Krieger Publishing Company, Malabar, Florida, 1984).

Rates used in this table for the calculation of life expectancy are calculated with data that exclude: births to mothers not resident in Canada; births to mothers resident in Canada, province or territory of residence unknown; deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age or sex of decedent was unknown. Rates used in this table for the calculation of life expectancy are based on data tabulated by place of residence.

Why is this indicator important?

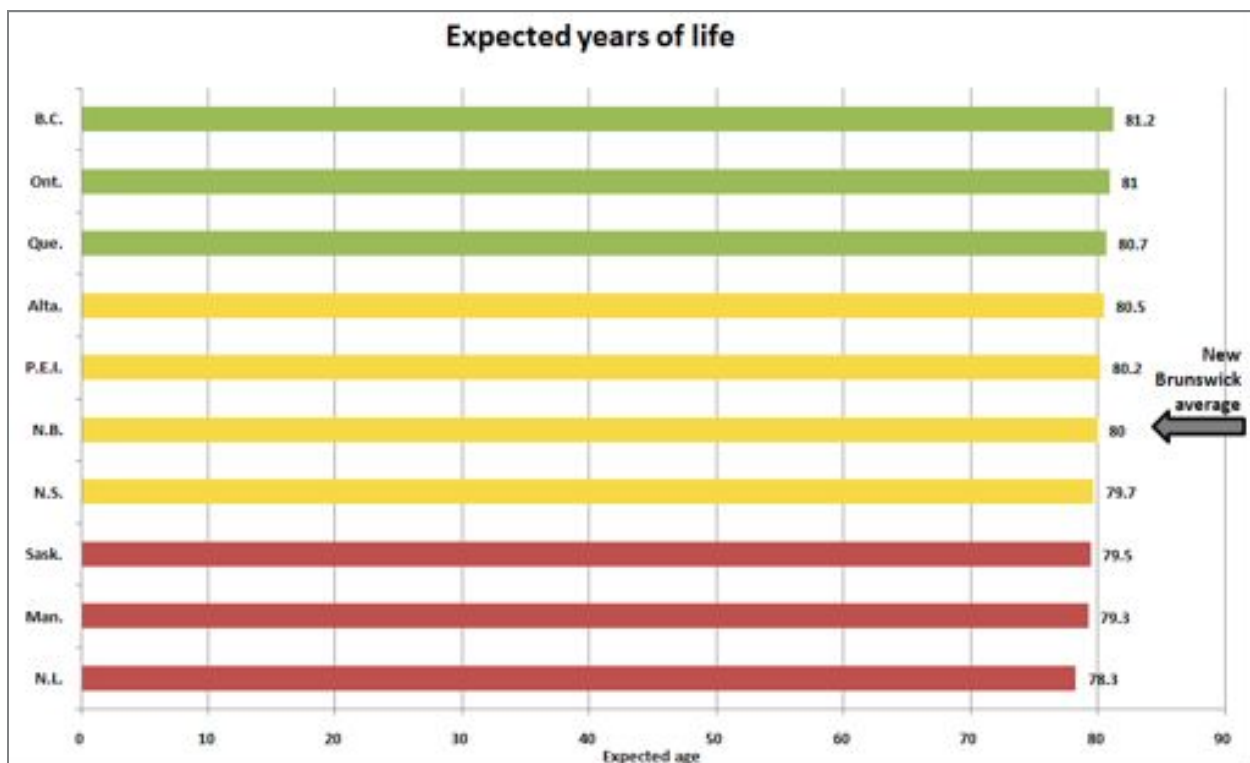
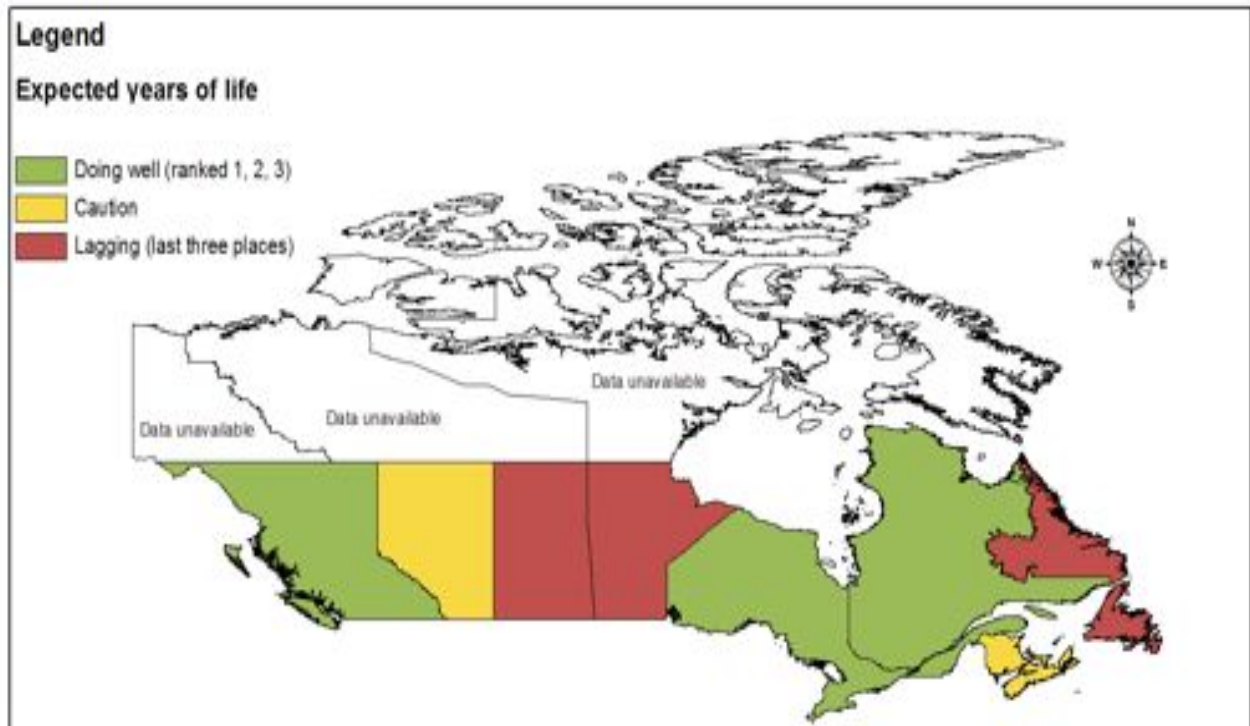
This is a widely used indicator of the health of a population, as *life expectancy measures quantity rather than quality of life*. It is widely regarded as an indicator of a country's overall health, or in this case, a province or health zone. Life expectancy has increased dramatically for most people in the world today, mostly due to better sanitation (physical environment), nutrition (health behaviors), and advances in medicine (health care).

Life expectancy is affected by a number of factors in addition to economic wealth, including lifestyle choices, education, environment, and access to quality health services.



		Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area
Expected years of life	2006	79.8	78.5	79	78	77.9	79	79.1

Life expectancy at birth -2005 to 2007 -



Actual indicator: Low birth weight

Source: Statistics Canada, Vital Statistics – Birth database, 2005-2007
CANSIM table no.: 102-4303

Definition:

Live births less than 2,500 grams, expressed as a percentage of all live births (birth weight known).

Counts and rates (percentages) in this table are based on three consecutive years of data which were summed and divided by three. Counts have been rounded and do not always add to the exact totals.

The reference period associated with these data reflects the mid-point of the three-year period.

Why is this indicator important?

Low birth weight infants face a higher risk of death within the first year of life and have higher rates of disability and disease than other infants. ***Low birth weight is a leading cause of infant mortality throughout the world.***

Some factors that may contribute to low birth weight are:

A) Race - African-American babies are twice as likely to have very low birth weight as Caucasian babies;

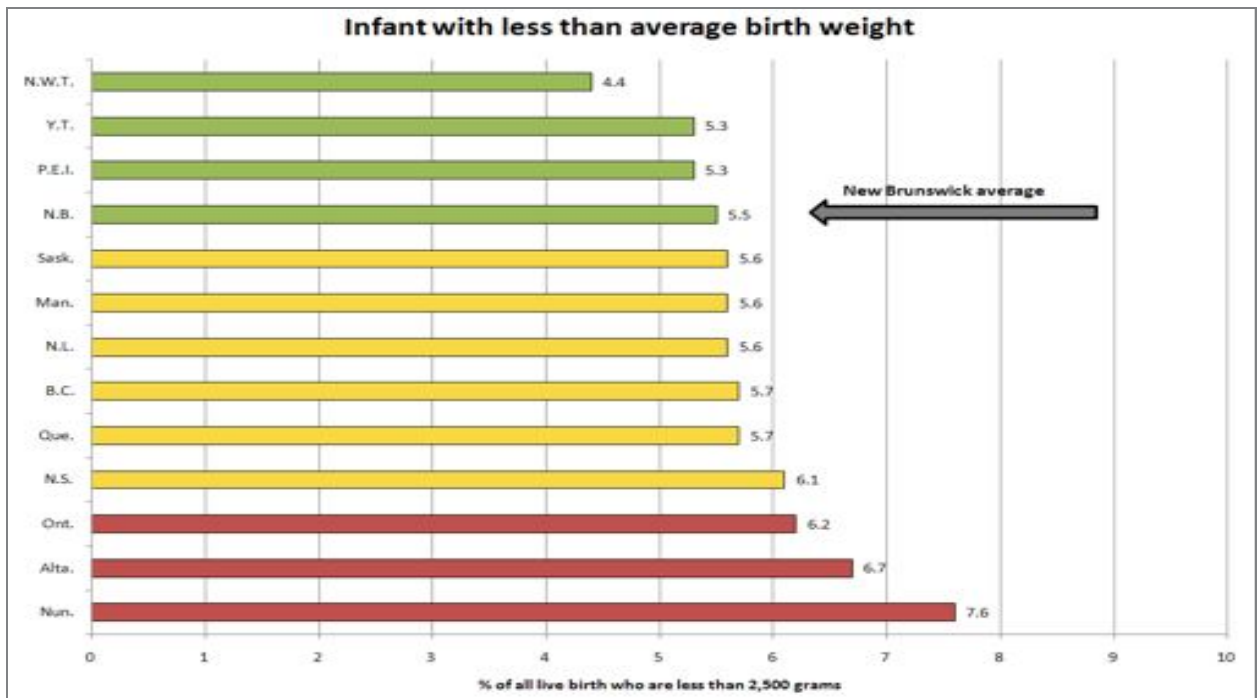
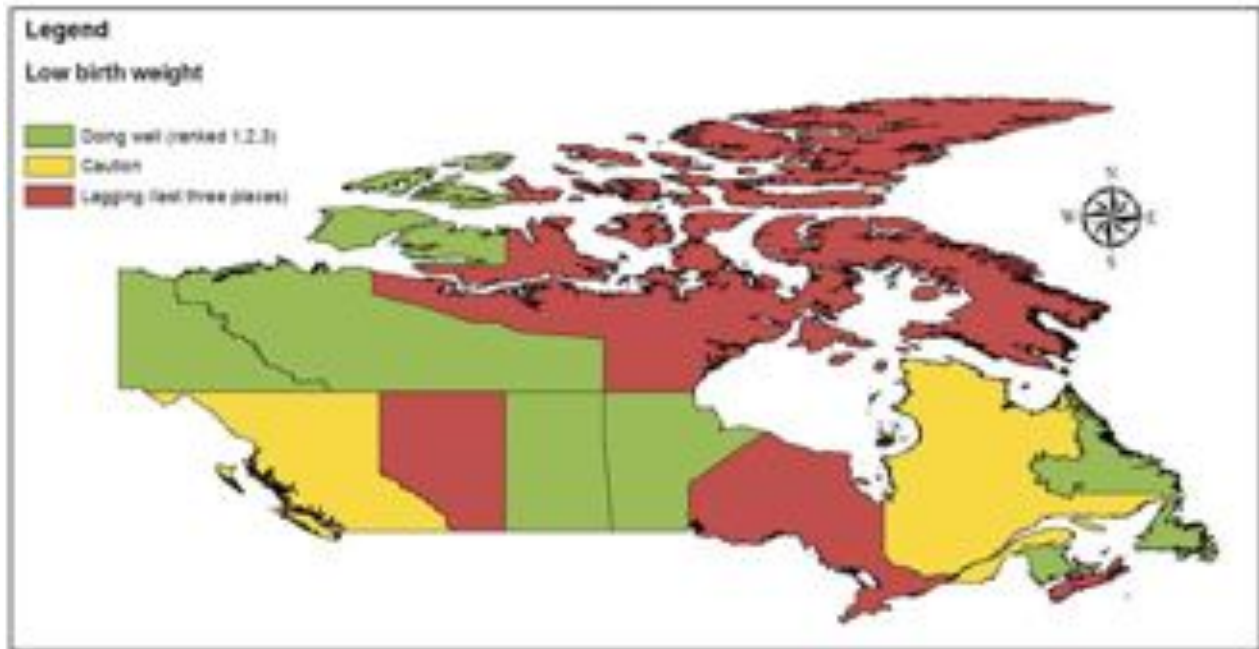
B) Age - Teenage mothers (especially those younger than 15 years old) have a much higher risk of having a baby with very low birth weight;

C) Multiple births - Multiple birth babies are at increased risk of very low birth weight because they are often premature. About 10 percent of twins and one-third of triplets have very low birth weight.

D) Mother's health - Women who are exposed to drugs, alcohol, and cigarettes during pregnancy are more likely to have low or very low birth weight babies. Mothers of lower socioeconomic status are also more likely to have poorer pregnancy nutrition, inadequate prenatal care, and pregnancy complications - all factors that can contribute to very low birth weight.

Prenatal care is a key factor in preventing preterm births and very low birth weight babies. Because maternal nutrition and weight gain are linked with fetal weight gain and birth weight, eating a healthy diet and gaining the proper amount of weight in pregnancy are essential. Mothers should also avoid alcohol, cigarettes, and illicit drugs, which can contribute to poor fetal growth, among other complications.

Infant with less than average birth weight -2005/2007-
 (% of all live birth who are less than 2,500 grams)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
Infant with less than average birth weight	5.6	5.1	5.7	5.5	6.4	5.6	6.0	5.5

(% of all live birth who are less than 2,500 grams)

Actual indicator: Infant mortality

Source: Statistics Canada, Vital Statistics – Birth database, Vital Statistics – Death database, 2005/2007
CANSIM table no.: 102-4305

Definition:

Infant mortality corresponds to the death of a child less than one year of age.

Counts in this table are based on three consecutive years of data which were summed and divided by three. Counts have been rounded and do not always add to the exact totals. Rates are based on these counts per 1,000 live births.

The reference period associated with these data reflects the mid-point of the three-year period.

When looking at the Canadian average, it is important to note that birth data on the Canadian Vital Statistics Database for Ontario are underestimated due to incomplete files. This may have an influence on the Canadian average.

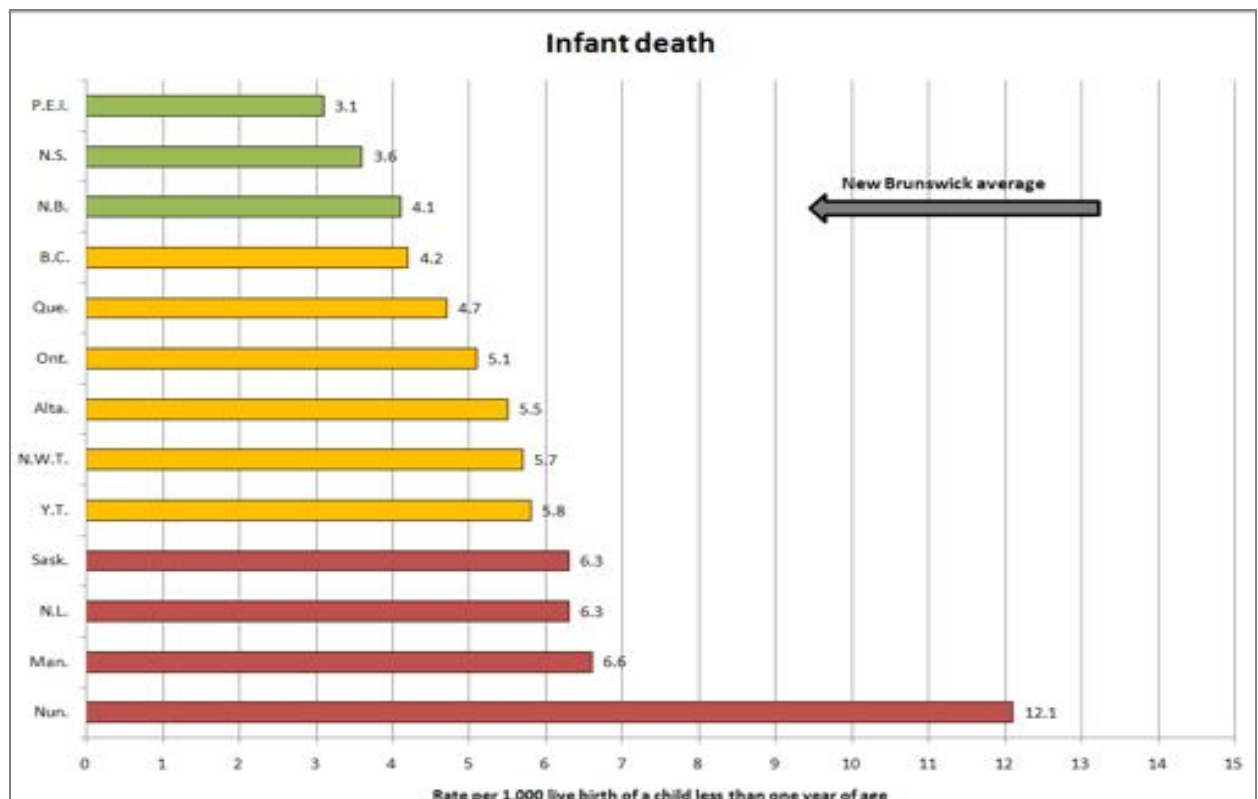
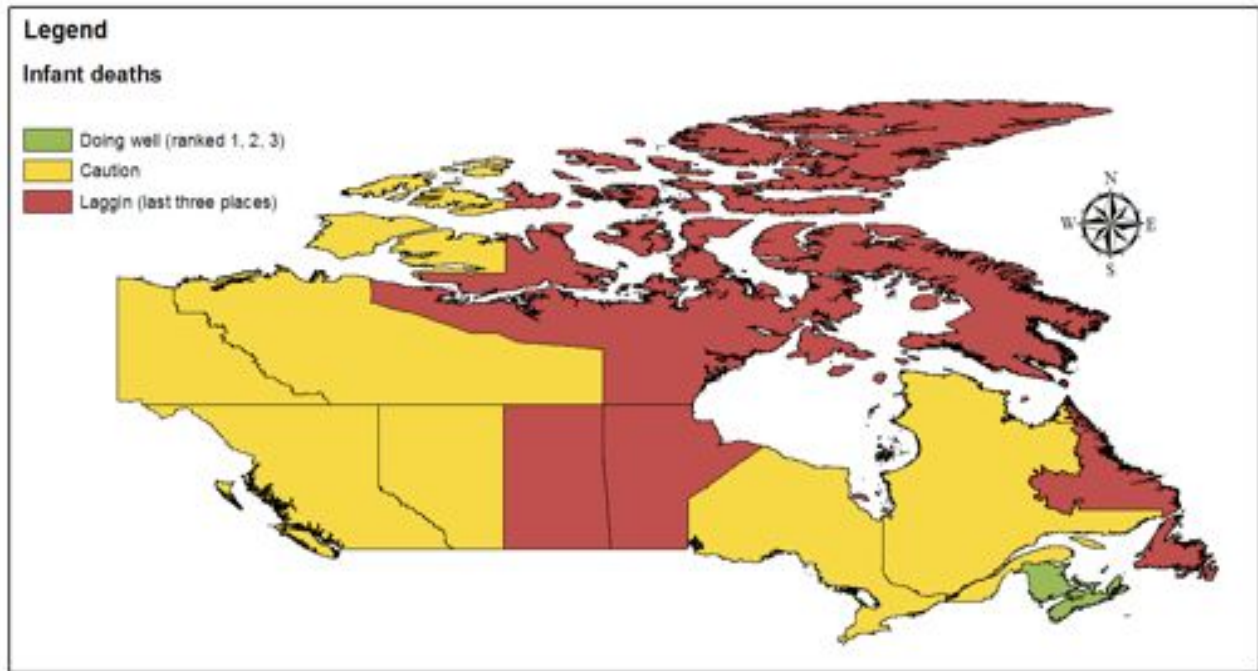
Why is this indicator important?

This indicator is recognized as a very important measure of the level of healthcare in a country, province or even health zone, because *it is directly linked with the health status of infants, children, and pregnant women as well as access to medical care, socioeconomic conditions and public health practices.*

		Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
Infant death	2005 - 2007	4.1	3.2	5.1	5.3	--	--	4.7	4.1

(rate per 1,000 live birth of a child less than one year of age)

Infant deaths - 2005/2007 -
 (rate per 1,000 live birth of a child less than one year of age)



Actual indicator: Potential years of life lost – Circulatory diseases

Source: New Brunswick Vital Statistics, 2004 to 2008

Definition:

Potential years of life lost (PYLL) for all circulatory disease deaths (ICD–10 I00 to I99) and specific causes: ischemic heart disease (ICD–10 I20 to I25), cerebrovascular diseases (stroke) (ICD–10 I60 to I69) and all other circulatory diseases (ICD–10 I00 to I02, I05 to I09, I10 to I15, I26 to I28, I30 to I52, I70 to I79, I80 to I89, I95 to I99) is the number of years of life "lost" when a person dies "prematurely" from any circulatory disease – before age 75. A person dying at age 25, for example, has lost 50 years of life.

As a first step, the "years of life lost" are calculated for each person with a premature death from circulatory disease before age 75 (in any of the five years between 2004 and 2008), by taking the person's age at death and subtracting from 75. As a second step, the "ratio of life lost" is calculated by summing the total years of life lost for all premature deaths from circulatory disease and dividing this number by the total population (based on 2006 census data) with age below 75. As a final step, this ratio is multiplied by 10,000 and divided by five (5) to present the potential years of life lost as a five-year average rate per 10,000 population.

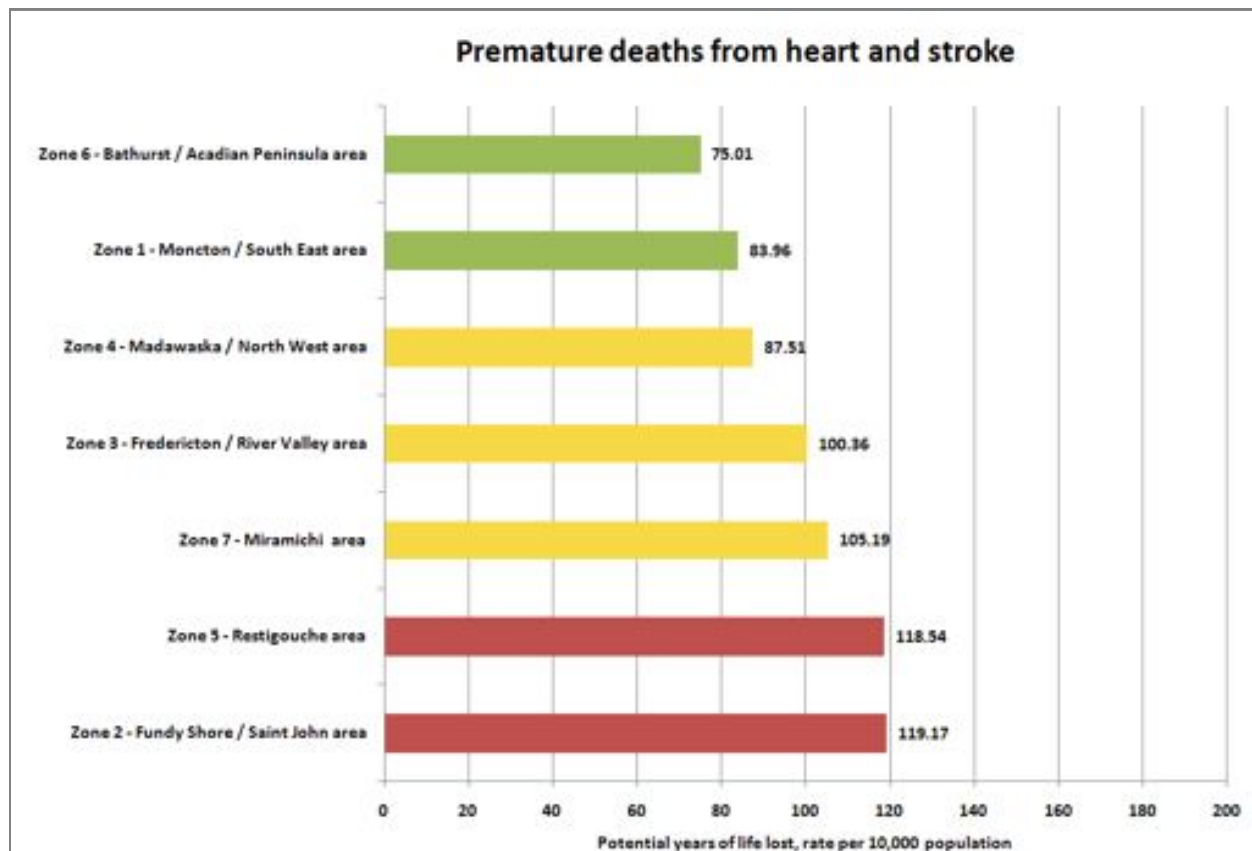
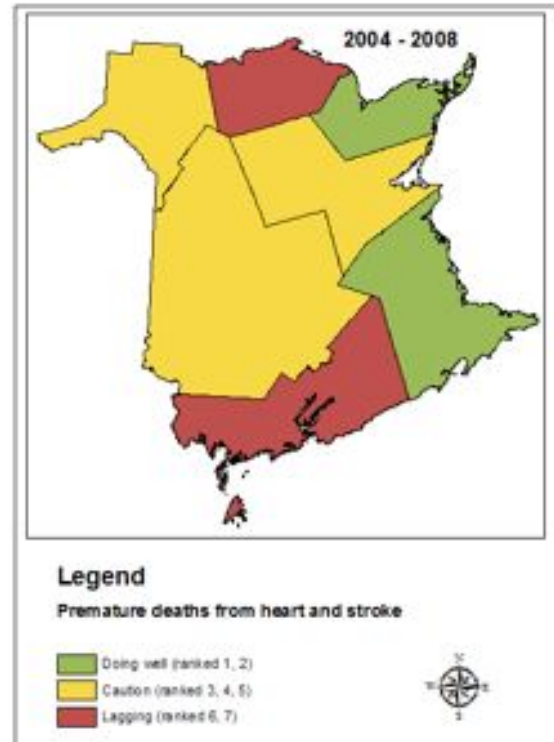
Why is this indicator important?

This indicator gives greater weight to causes of death occurring at a younger age than to those at later ages. By emphasizing the loss of life at an early age, *PYLL focuses on the need to deal with the major causes of early deaths of cardiovascular disease.*

Special Note: The potential years of life lost was calculated for 2004—2008 with the New Brunswick Data only and therefore cannot be compared nationally at the moment.

Premature deaths from heart and stroke-
2004/2008 -
(potential years of life lost, rate per 10,000
population)

2004-2008 (Years of life lost per 10,000 per year)	
New Brunswick	97.78



Actual indicator: Potential years of life lost – all cancers

Source: New Brunswick Vital Statistics, 2004 to 2008

Definition:

Potential years of life lost (PYLL) for all malignant neoplasm (ICD–10 C00 to C97) and for specific sites: colorectal (ICD–10 C18 to C21), lung (ICD–10 C33 to C34), female breast cancer (ICD–10 C50), and prostate cancer (ICD–10 C61) is the number of years of life "lost" when a person dies "prematurely" from any cancer – before age 75. A person dying at age 25, for example, has lost 50 years of life.

As a first step, the "years of life lost" are calculated for each person with a premature death from cancer before age 75 (in any of the five years between 2004 and 2008), by taking the person's age at death and subtracting from 75. As a second step, the "ratio of life lost" is calculated by summing the total years of life lost for all premature deaths from cancer and dividing this number by the total population (based on 2006 census data) with age below 75. As a final step, this ratio is multiplied by 10,000 and divided by five (5) to present the potential years of life lost as a five-year average rate per 10,000 population.

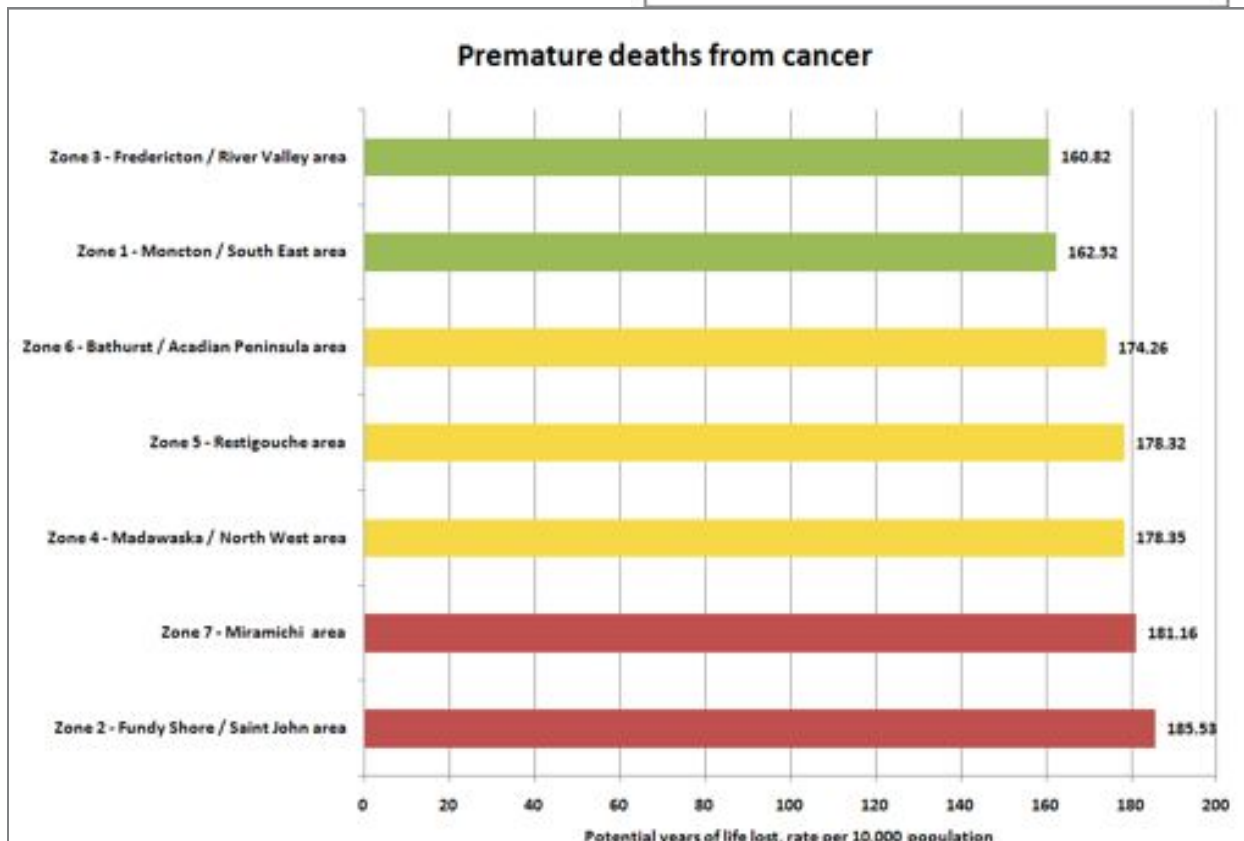
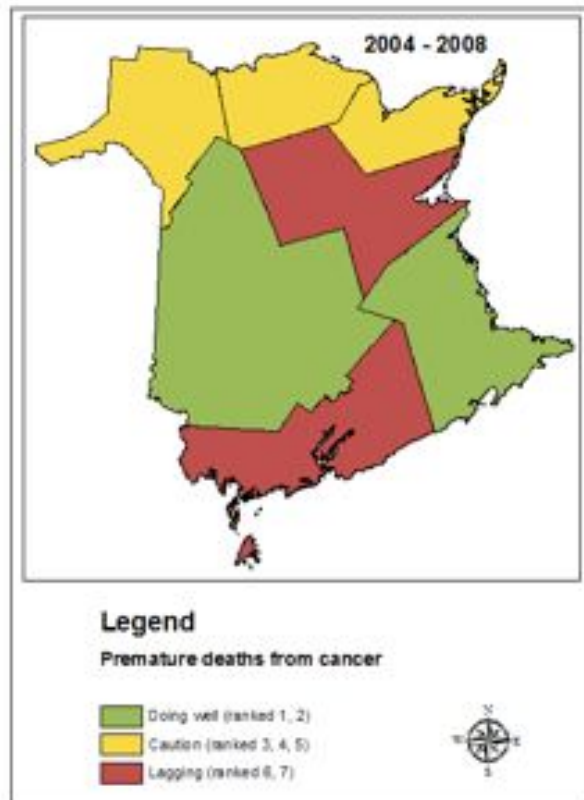
Why is this indicator important?

This indicator gives greater weight to causes of death occurring at a younger age than to those at later ages. By emphasizing the loss of life at an early age, *PYLL focuses on the need to deal with the major causes of early deaths of cancer.*

Special Note: The potential years of life lost was calculated for 2004–2008 with the New Brunswick Data only and therefore cannot be compared nationally at the moment.

Premature deaths from cancer- 2004/2008 -
 (potential years of life lost, rate per 10,000
 population)

2004-2008 (Years of life lost per 10,000 per year)	
New Brunswick	171.60



Actual indicator: Potential years of life lost – Respiratory diseases

Source: New Brunswick Vital Statistics, 2004 to 2008

Definition:

Potential years of life lost (PYLL) for all respiratory disease deaths (ICD–10 J00 to J99) and for specific causes: pneumonia and influenza (ICD–10 J10 to J18), bronchitis/emphysema/asthma (ICD–10 J40 to J43, J45 to J46) and all other respiratory diseases (ICD–10 J00 to J06, J20 to J22, J30 to J39, J44, J47, J60 to J70, J80 to J84, J85 to J86, J90 to J94, J95 to J99) is the number of years of life "lost" when a person dies "prematurely" from any respiratory disease – before age 75. A person dying at age 25, for example, has lost 50 years of life.

As a first step, the “years of life lost” are calculated for each person with a premature death from respiratory disease before age 75 (in any of the five years between 2004 and 2008), by taking the person’s age at death and subtracting from 75. As a second step, the “ratio of life lost” is calculated by summing the total years of life lost for all premature deaths from respiratory disease and dividing this number by the total population (based on 2006 census data) with age below 75. As a final step, this ratio is multiplied by 10,000 and divided by five (5) to present the potential years of life lost as a five-year average rate per 10,000 population.

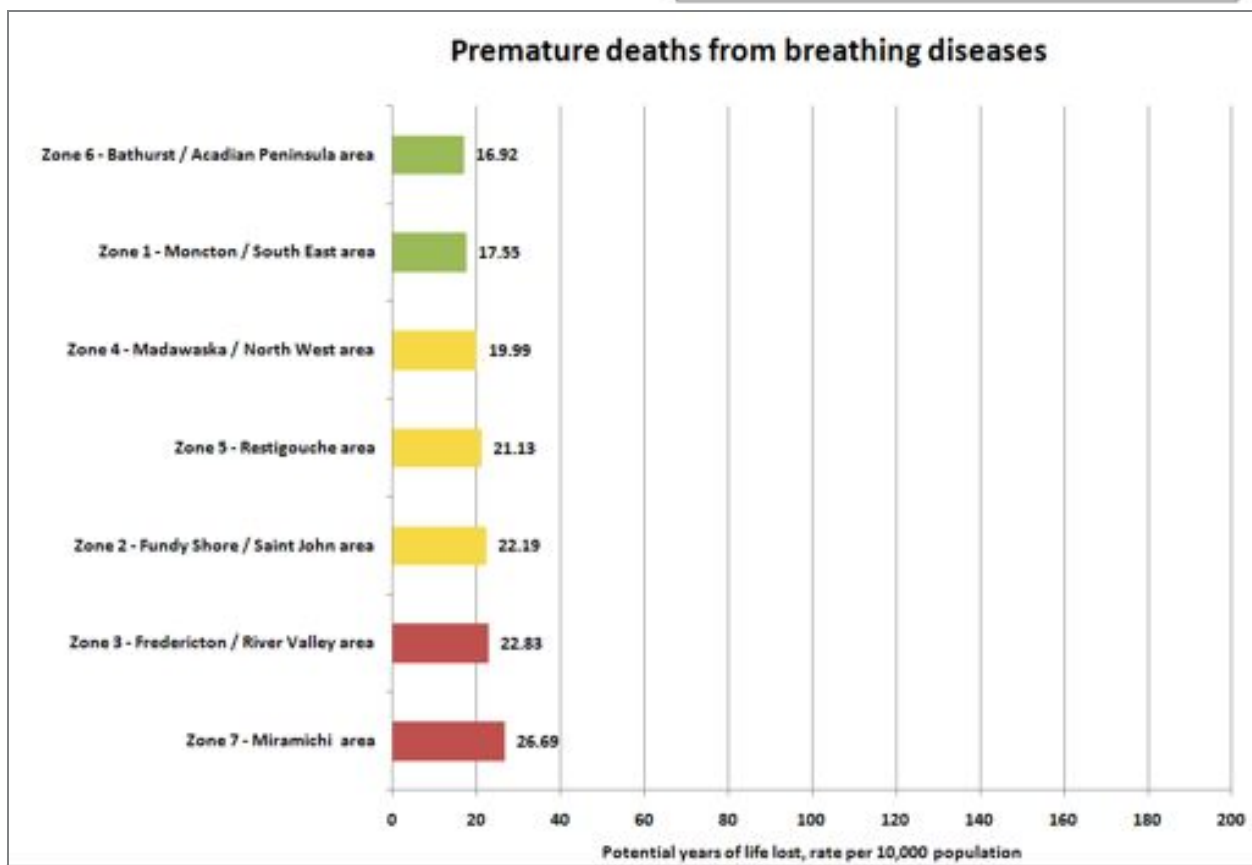
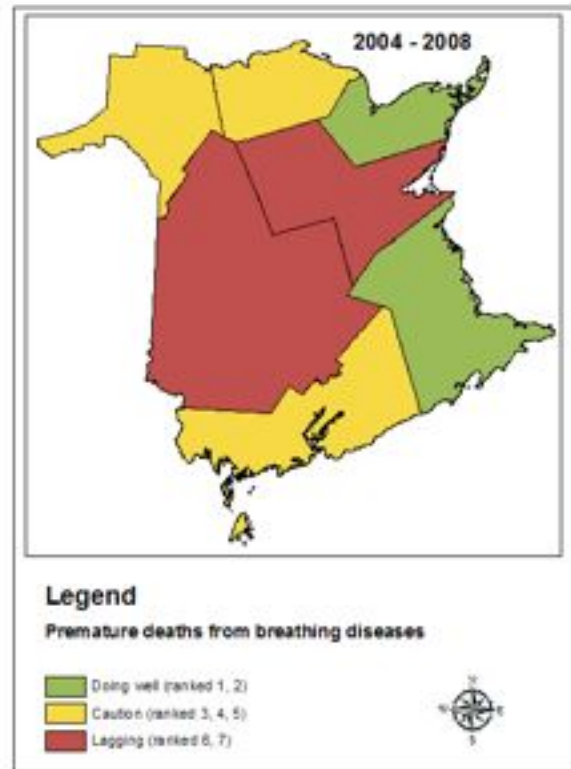
Why is this indicator important?

This indicator gives greater weight to causes of death occurring at a younger age than to those at later ages. By emphasizing the loss of life at an early age, *PYLL focuses on the need to deal with the major causes of early deaths of breathing diseases.*

Special Note: The potential years of life lost was calculated for 2004—2008 with the New Brunswick Data only and therefore cannot be compared nationally at the moment.

Premature deaths from breathing diseases
 - 2004/2008 -
 (potential years of life lost, rate per 10,000
 population)

2004-2008 (Years of life lost per 10,000 per year)	
New Brunswick	20.64



Actual indicator: Potential years of life lost - Unintentional injuries

Source: New Brunswick Vital Statistics, 2004 to 2008

Definition:

Potential years of life lost (PYLL) for unintentional injuries (ICD-10 V01 to X59, Y85 to Y86) is the number of years of life "lost" when a person dies "prematurely" from unintentional injuries – before age 75. A person dying at age 25, for example, has lost 50 years of life.

As a first step, the “years of life lost” are calculated for each person with a premature death from unintentional injuries before age 75 (in any of the five years between 2004 and 2008), by taking the person’s age at death and subtracting from 75. As a second step, the “ratio of life lost” is calculated by summing the total years of life lost for all premature deaths from unintentional injuries and dividing this number by the total population (based on 2006 census data) with age below 75. As a final step, this ratio is multiplied by 10,000 and divided by five (5) to present the potential years of life lost as a five-year average rate per 10,000 population.

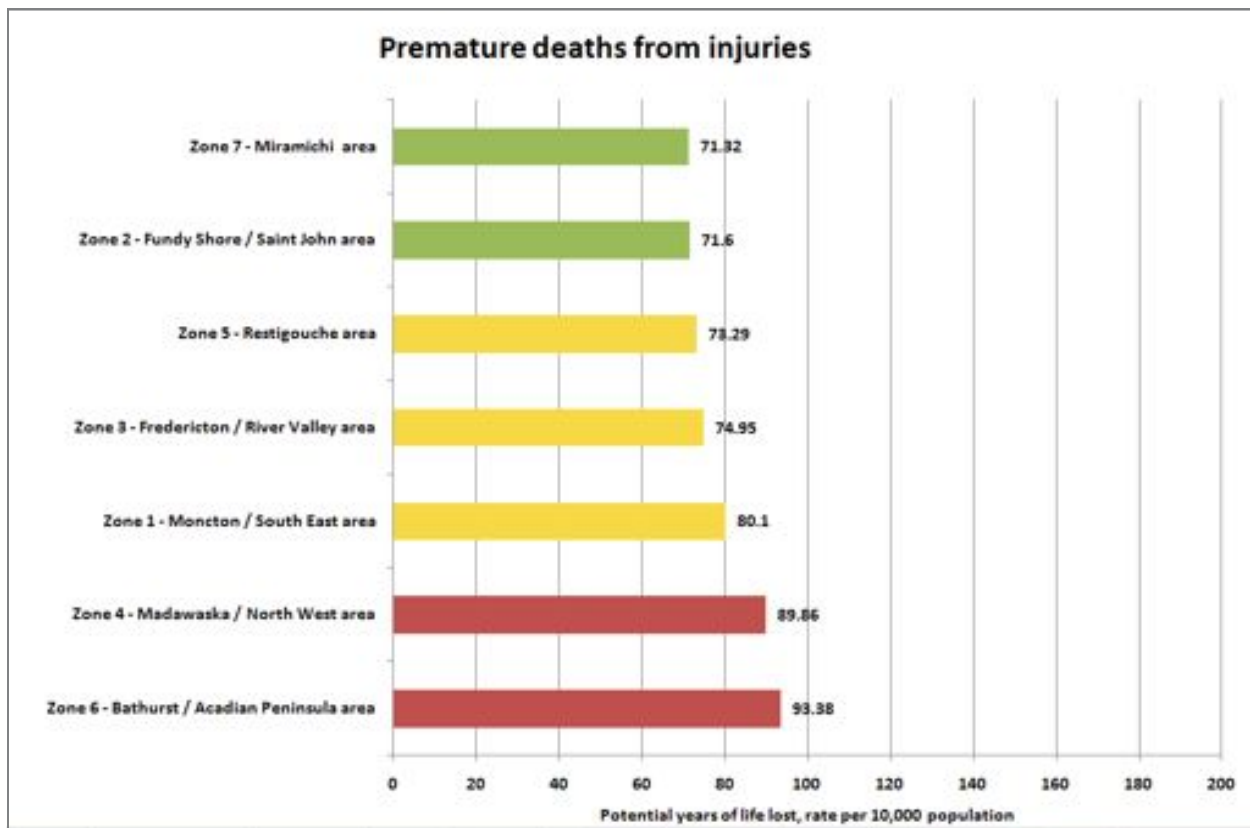
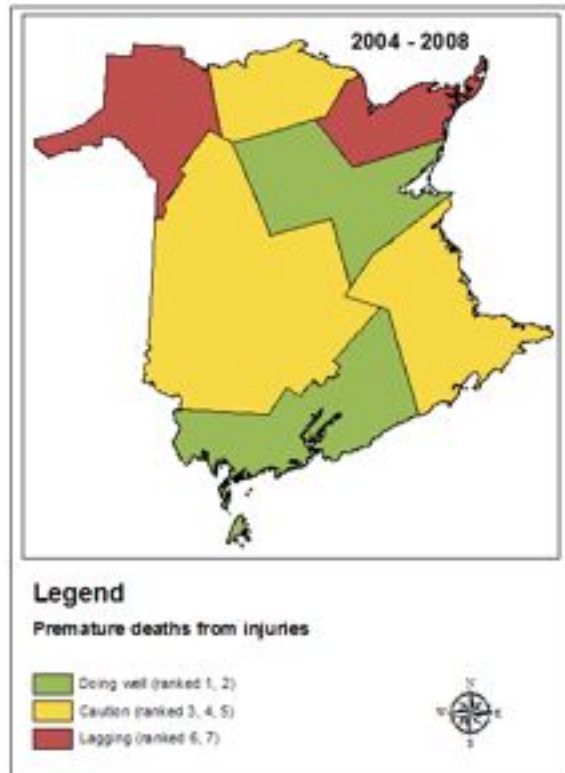
Why is this indicator important?

This indicator gives greater weight to causes of death occurring at a younger age than to those at later ages. By emphasizing the loss of life at an early age, *PYLL focuses on the need to deal with the major causes of early deaths from injuries.*

Special Note: The potential years of life lost was calculated for 2004—2008 with the New Brunswick Data only and therefore cannot be compared nationally at the moment.

Premature deaths from injuries
 - 2004/2008 -
 (potential years of life lost, rate per 10,000
 population)

2004-2008 (Years of life lost per 10,000 per year)	
New Brunswick	78.25



Actual indicator: Potential years of life lost - Suicides and self-inflicted injuries

Source: New Brunswick Vital Statistics, 2004 to 2008

Definition:

Potential years of life lost (PYLL) for suicide and self-inflicted injuries (ICD–10 X60 to X84, Y870) is the number of years of life "lost" when a person dies "prematurely" from suicide – before age 75. A person dying at age 25, for example, has lost 50 years of life.

As a first step, the “years of life lost” are calculated for each person with a premature death from suicide and self-inflicted injuries before age 75 (in any of the five years between 2004 and 2008), by taking the person’s age at death and subtracting from 75. As a second step, the “ratio of life lost” is calculated by summing the total years of life lost for all premature deaths from suicide and self-inflicted injuries and dividing this number by the total population (based on 2006 census data) with age below 75. As a final step, this ratio is multiplied by 10,000 and divided by five (5) to present the potential years of life lost as a five-year average rate per 10,000 population.

The term ‘self-inflicted injuries’ refers to suicidal and non-suicidal behaviors such as self-mutilation.

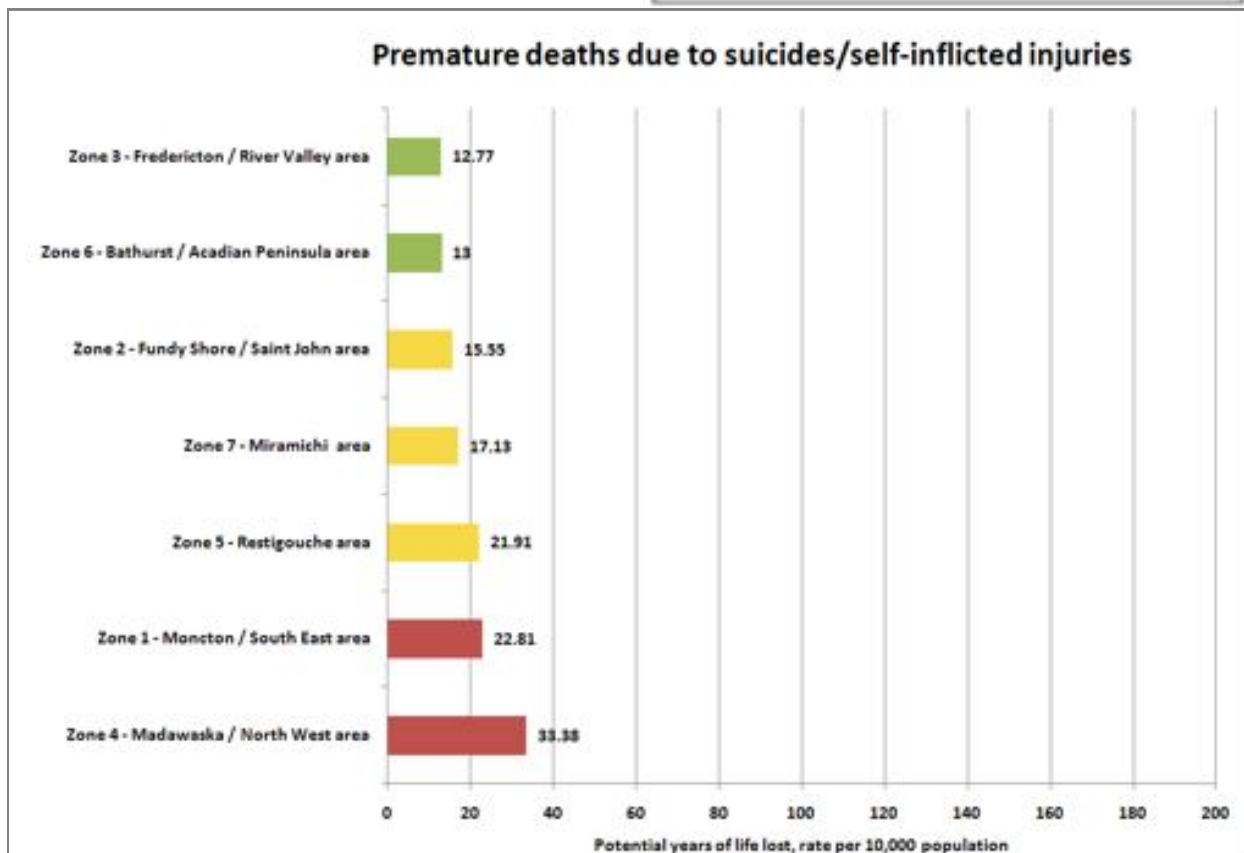
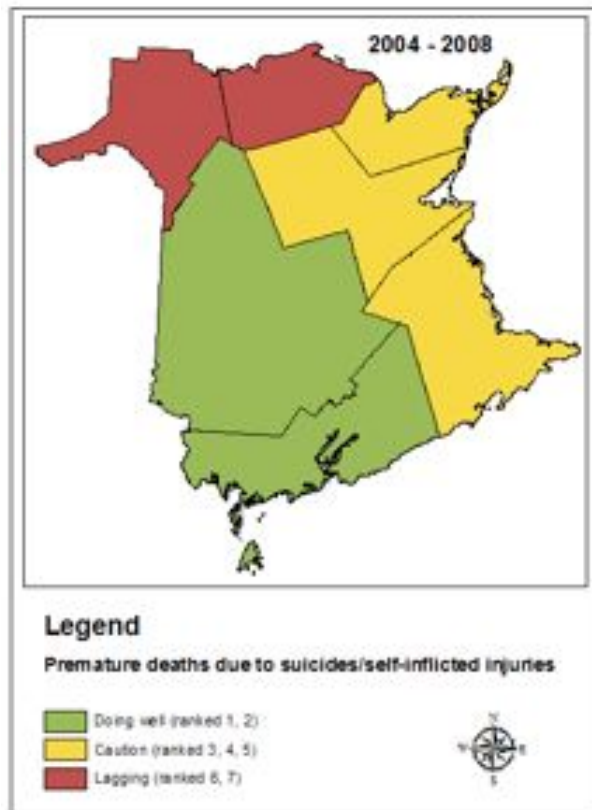
Why is this indicator important?

This indicator gives greater weight to causes of death occurring at a younger age than to those at later ages. By emphasizing the loss of life at an early age, *PYLL focuses on the need to deal with the major causes of early deaths from suicides / self-inflicted injuries.*

Special Note: The potential years of life lost was calculated for 2004—2008 with the New Brunswick Data only and therefore cannot be compared nationally at the moment.

Premature deaths from
 suicides/self-inflicted injuries
 - 2004/2008 -
 (potential years of life lost, rate per 10,000
 population)

2004-2008 (Years of life lost per 10,000 per year)	
New Brunswick	41.53



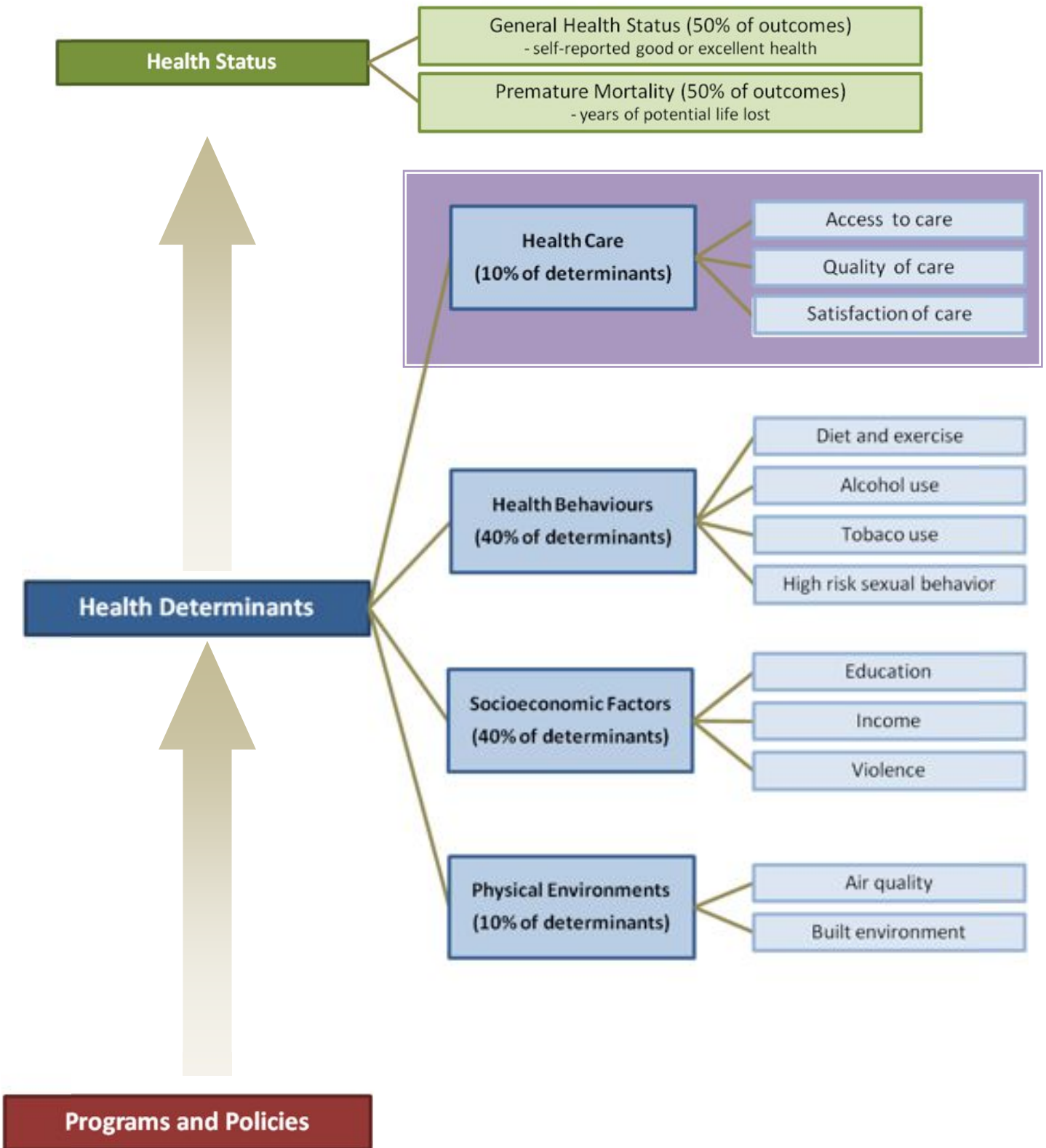
Section 2 — Health Determinants

Health Care: accounts for 10% of the health status

Everyone will be utilizing health care services
at some point in their life,
and some, more than others.

It is a factor that can't be ignored in our quest
for health and well being.

If you have good quality health services
when you require them,
it can have a profound impact on your health,
and quality of life.



Actual indicator: Regular medical doctor

Source: Statistics Canada, Canadian Community Health Survey, 2008 and 2009.
CANSIM table no.: 105-0501

Definition:

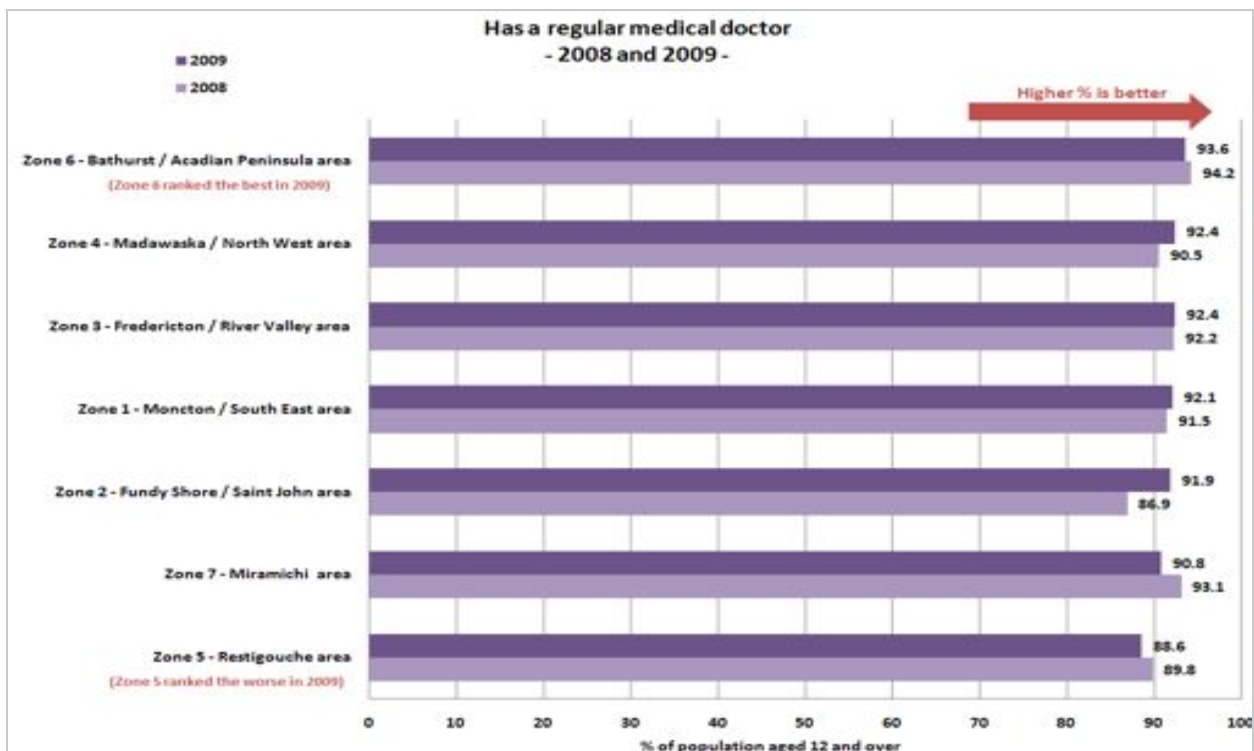
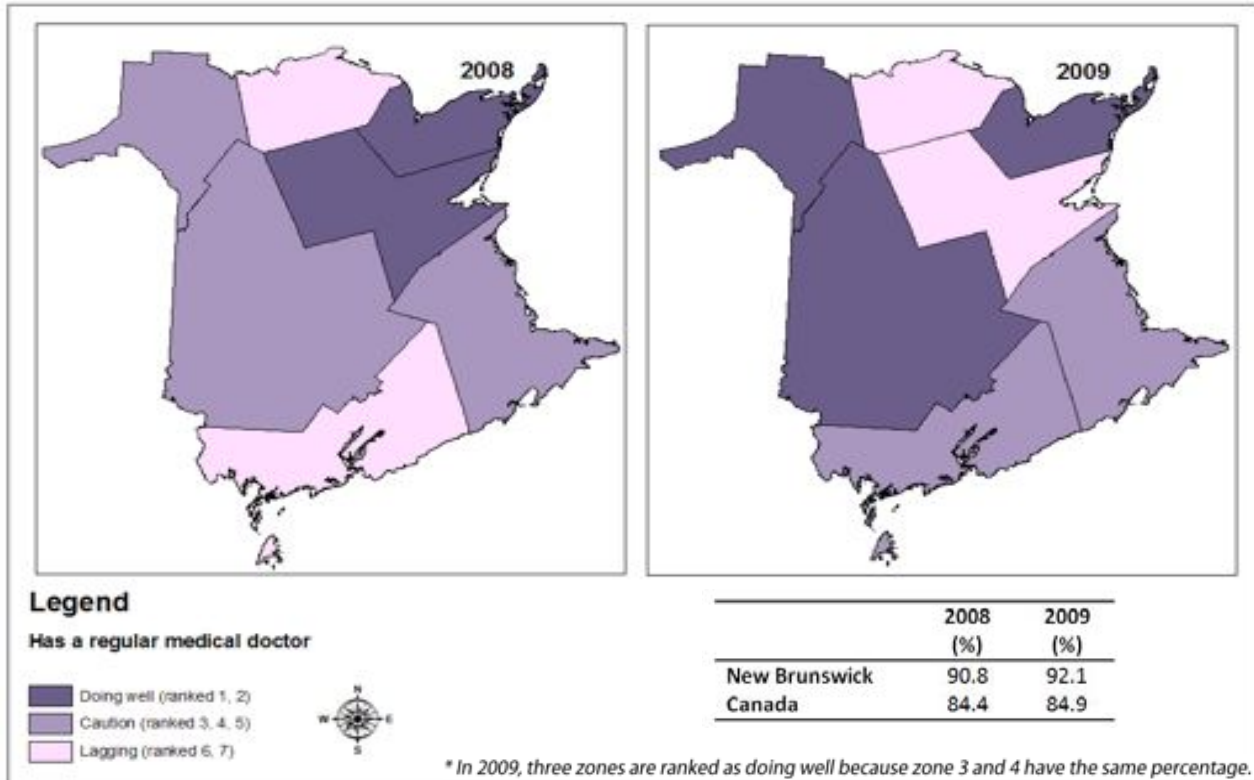
Population aged 12 and over who reported that they have a regular medical doctor, which includes family doctors/general practitioners, who provide primary medical care and are seen for routine procedures, annual exams, blood tests, or flu shots, but also includes specialists.

Why is this indicator important?

Canadians without a regular physician are more than twice as likely to report *difficulties in accessing routine* and *preventative services*. For example, women with little or no medical care were less likely to have had a mammogram within two years or to have ever had a pap smear, placing them at greater risk for breast and cervical cancer.



Has a regular medical doctor—2008 and 2009—
(% of population aged 12 and over)



Actual indicator: Contact with a medical doctor in the past 12 months

Source: Statistics Canada, Canadian Community Health Survey, 2008 and 2009.
CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported having consulted with a medical doctor in the past 12 months.

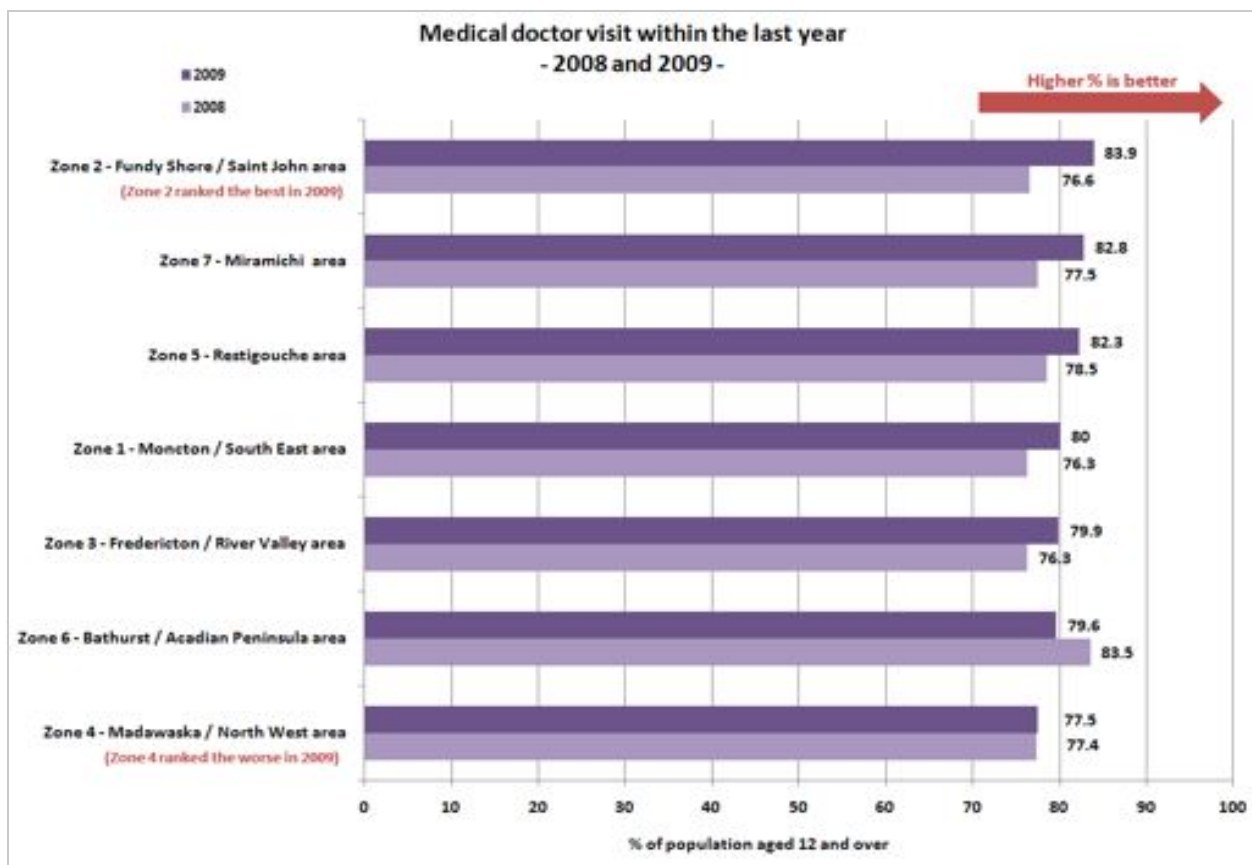
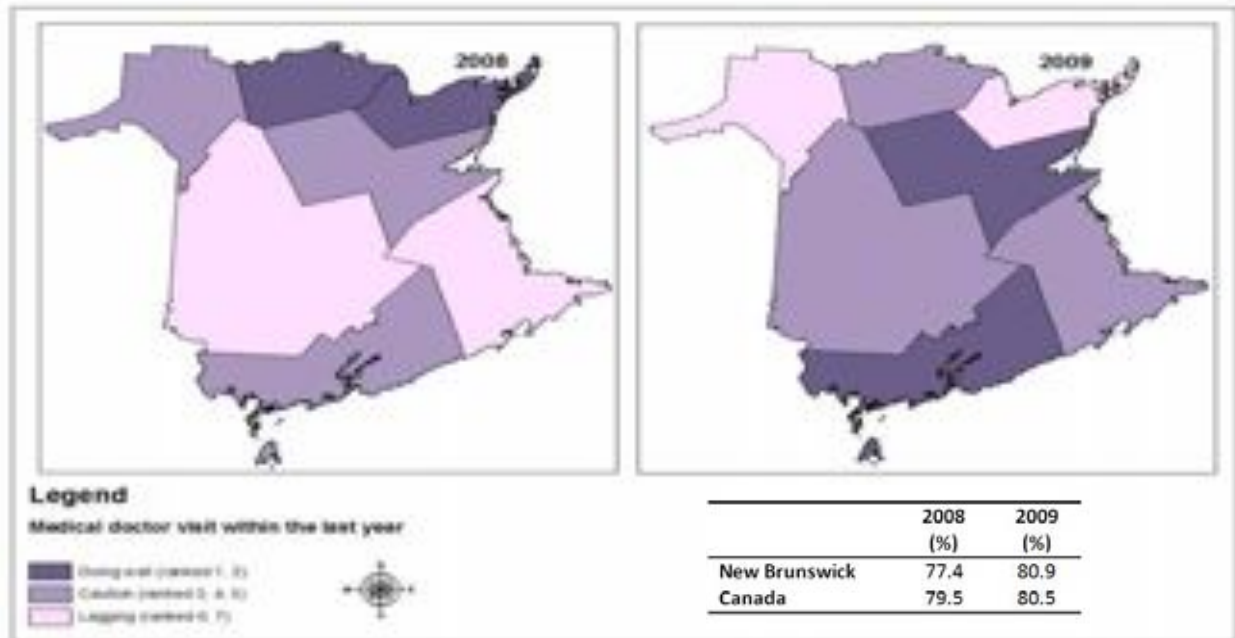
Medical doctor includes family or general practitioners as well as specialists such as surgeons, allergists, orthopedists, gynecologists or psychiatrists. For population aged 12 to 17 includes pediatricians.

Why is this indicator important?

An annual evaluation of a person's health status, which includes a physical exam, and routine screening tests, can work towards *ensuring continued health*, or *identify early and often treatable stages of a disease*.



Medical doctor visit within the last year -2008 and 2009 -
 (% of population aged 12 and over)



Actual indicator: Contact with dental professionals in the past 12 months

Source: Statistics Canada, Canadian Community Health Survey, 2005.
CANSIM table no.: 105-0460 and the New Brunswick Department of Health



Definition:

Population aged 12 and over who have consulted with a dental professional in the past 12 months.

Dental professionals include dentists or orthodontists.

Why is this indicator important?

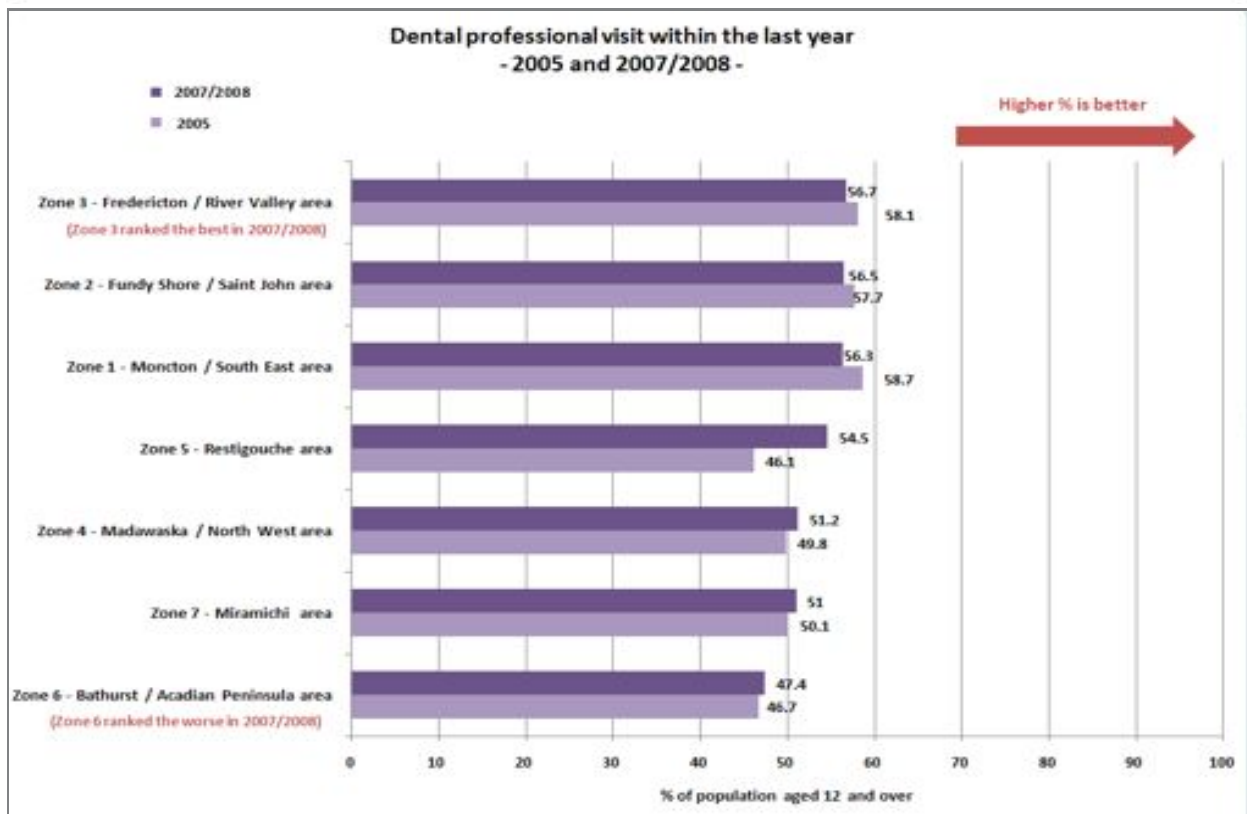
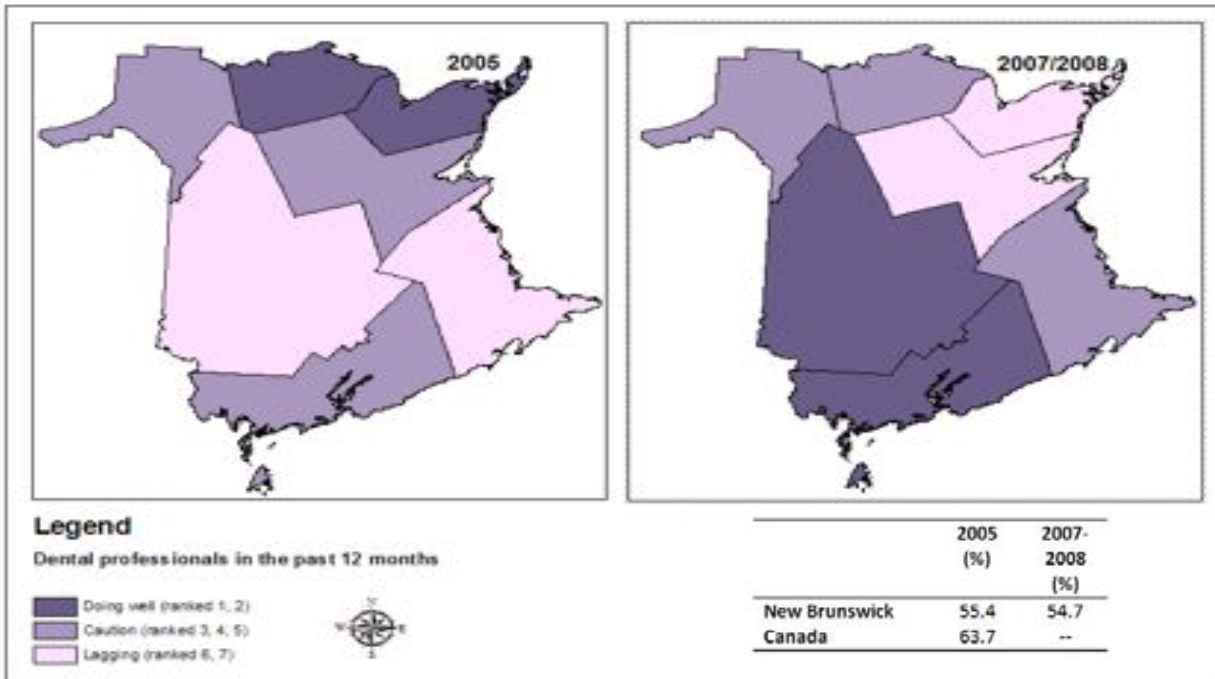
Poor oral health can affect a person's quality of life. Oral pain, missing teeth or oral infections can influence the way a person speaks, eats and socializes. Some of the main problems can be dental decay in childhood, oral disorders, malnutrition and involuntary weight loss in the elderly, oral cancer, oral health and quality of life.

These oral health problems can reduce a person's quality of life by affecting their physical, mental and social well-being.

Proper oral health (or inappropriate oral health) can also show inequities and inequalities in oral health due to income, dental insurance coverage and access to dental care which can be some of the factors that affect oral health outcomes.

Everything that happens in your mouth affects your whole body, which is why it is so important to visit your dentist regularly.

Dental professional visit within the last year -2005 and 2007/2008 -
 (% of population aged 12 and over)



Actual indicator: Ambulatory care sensitive conditions (ACSC)

Source: Hospital Morbidity Database and Discharge Abstract Database, Canadian Institute for Health Information, 2009 and 2010 Health Indicator electronic report , data from 2007/2008 and 2008/2009.

Definition:

Age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for hospitalization, per 100,000 populations younger than age 75. Hospitalizations for ambulatory care sensitive conditions are considered to be an indirect measure of access to appropriate primary health care. The conditions included in this indicator are angina, asthma, chronic obstructive pulmonary disease (COPD), diabetes, grand mal status and other epileptic convulsions, heart failure and pulmonary edema and hypertension.

Why is this indicator important?

While not all admissions for these conditions are avoidable, appropriate primary care could potentially prevent or reduce the onset of this type of illness or condition, control an acute episodic illness or help manage a chronic disease of condition.

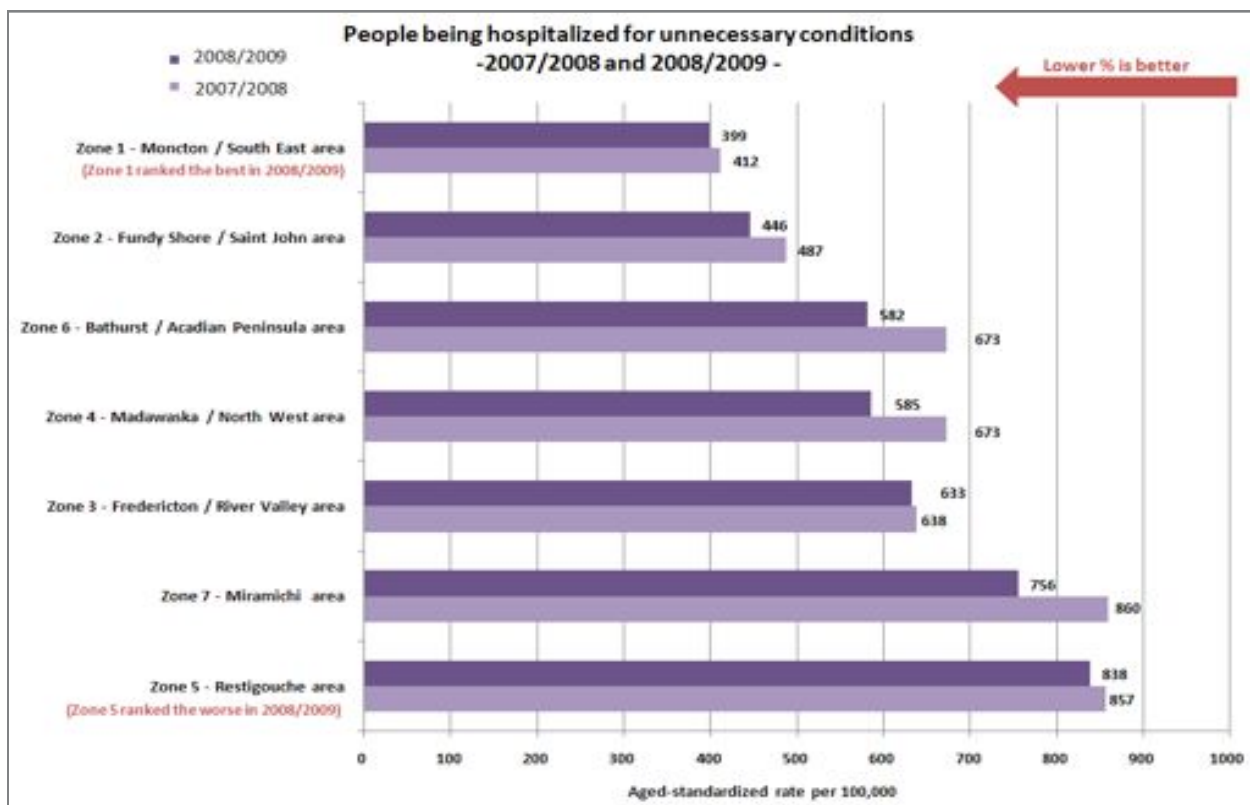
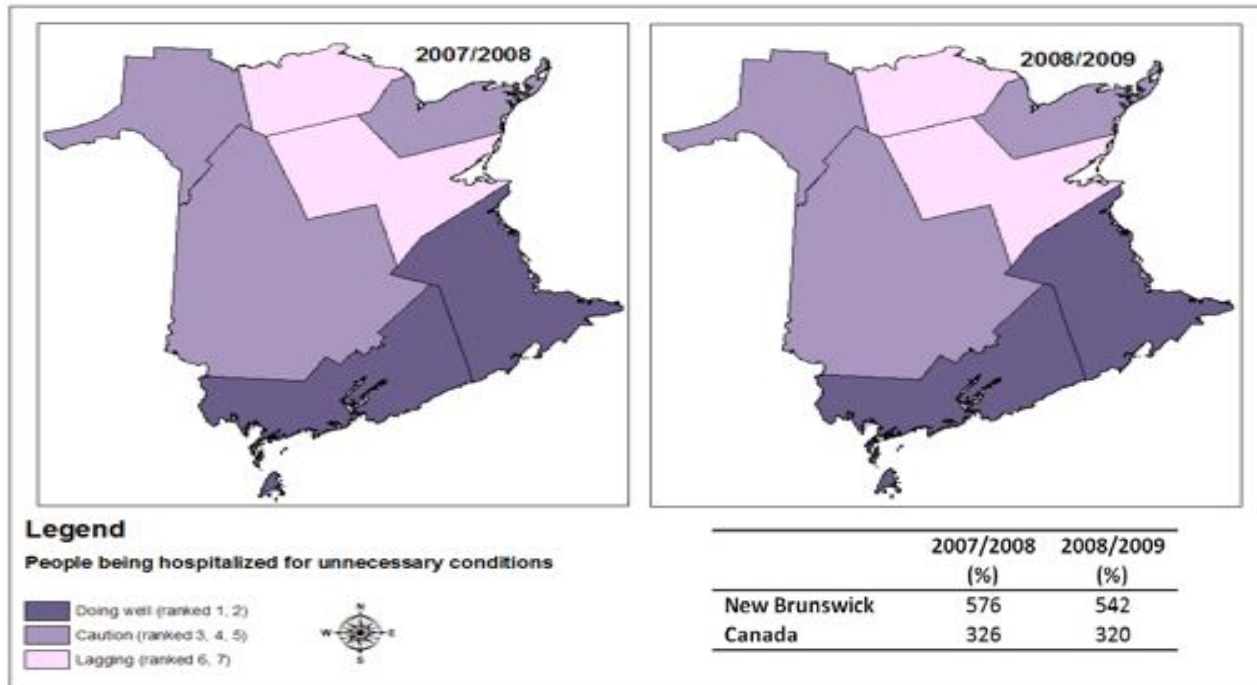
Accessible and well-functioning primary health care service play an instrumental role in the management of chronic conditions, and factors such as access to services and quality care may be related to hospitalization rate for ACSC. There is some evidence that show residents of communities reporting 'poor' access to health care were found to have a higher ACSC hospitalization rate.

Limitations:

It is important to note that although ACSC hospitalizations are associated with primary health care, they may also be influenced by other factors. These include the severity of a patient's condition, the number of comorbidities present, the socio-economic status, the prevalence of the chronic condition in the community and the health system characteristics (such as admission practice and/or transfers between facilities) to name a few.



People being hospitalized for unnecessary conditions - 2007/2008 and 2008/2009 -
(Aged-standardized rate per 100,000)



Actual indicator: Influenza immunization, less than one year ago, 65 years and over

Source: Statistics Canada, Canadian Community Health Survey, 2008 and 2009.
CANSIM table no.: 105-0445



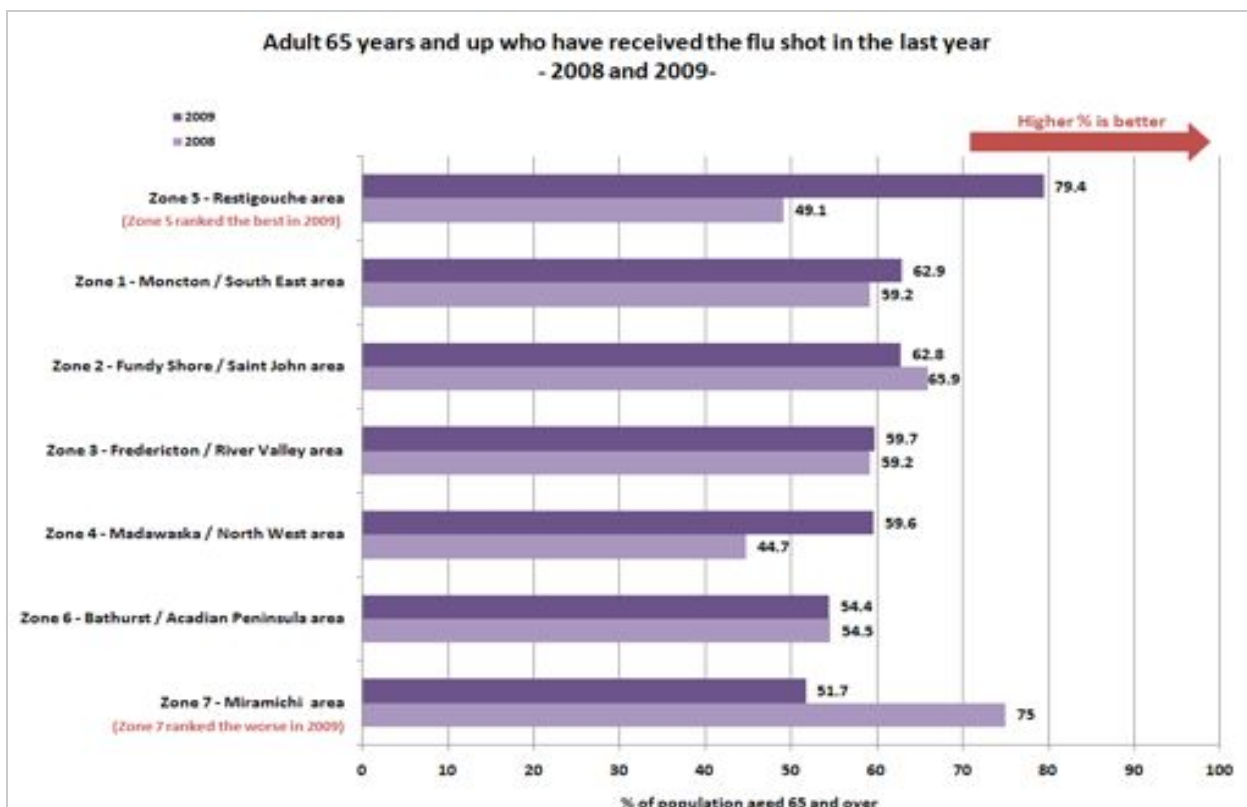
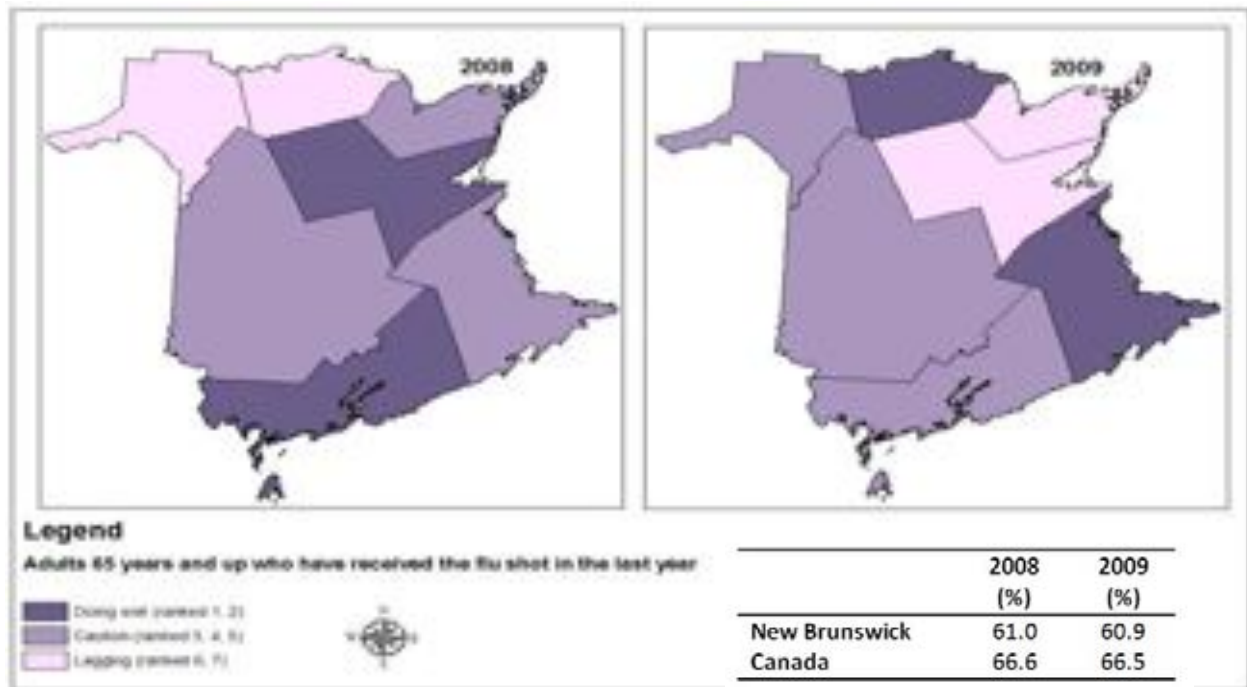
Definition:

Population aged 65 and over who reported when they had their last influenza immunization (flu shot).

Why is this indicator important?

It has been recognized for many years that *older people are at greater risk of serious complications from the flu* because the human immune defenses become weaker with age. Influenza can be a very serious disease for people 65 and over.

Adults 65 years and up who have received the flu shot in the last year - 2008 and 2009 -
 (% of population aged 65 and over)



Actual indicator: Pap smear within the last 3 years, by age group, females aged 18 to 69 years

Source: Statistics Canada, Canadian Community Health Survey, 2005 and 2007/2008. CANSIM table no.: 105-0442 and the New Brunswick Department of Health

Definition:

Women aged 18 to 69 who reported when they had their last Pap smear test.

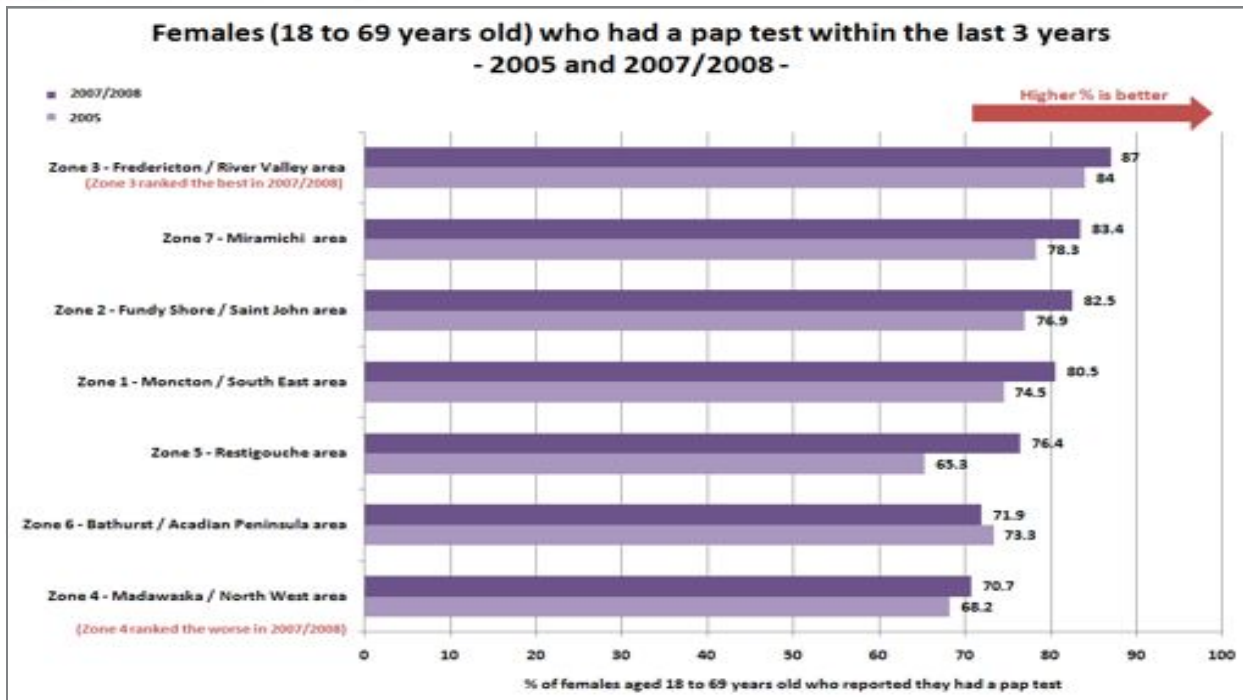
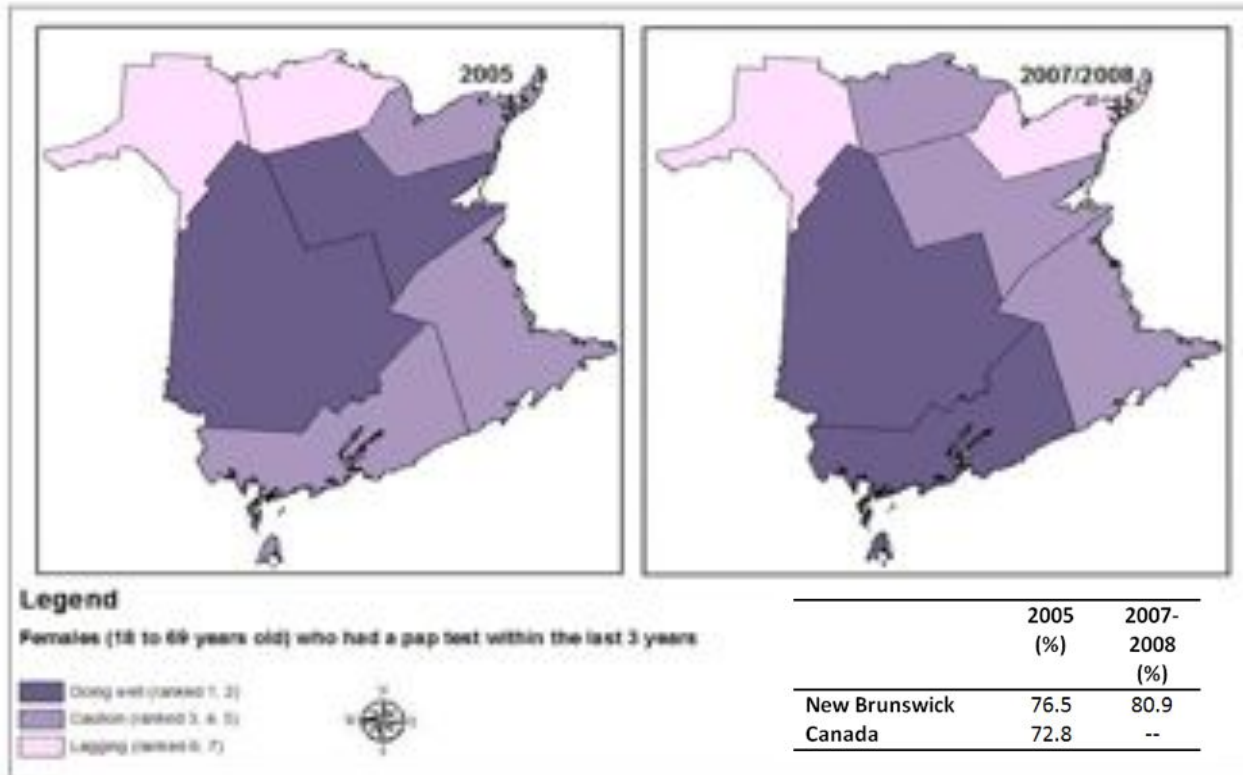
Why is this indicator important?

It can find the earliest signs of cervical cancer. If caught early, the chance of curing cervical cancer is very high. Pap tests can also find infections and abnormal cervical cells that can turn into cancer cells. Treatment can prevent most cases of cervical cancer from developing.

Getting regular Pap tests is the best thing you can do to prevent cervical cancer. In fact, regular Pap tests have led to a major decline in the number of cervical cancer cases and deaths. Women between the ages of 18 and 69 are recommended to have a pap smear at least once every three years based on personal risk factors and the advice of their health care provider.

Females (18 to 69 years old) who had a pap test within the last 3 years
 - 2005 and 2007/2008 -

(% of women aged 18 to 69 years old who reported they had a pap test)



Actual indicator: Received mammogram within the last 2 years, females aged 50 to 69 years

Source: Statistics Canada, Canadian Community Health Survey, 2008 and 2009.
CANSIM table no.: 105-0543 and the New Brunswick Department of Health

Definition:

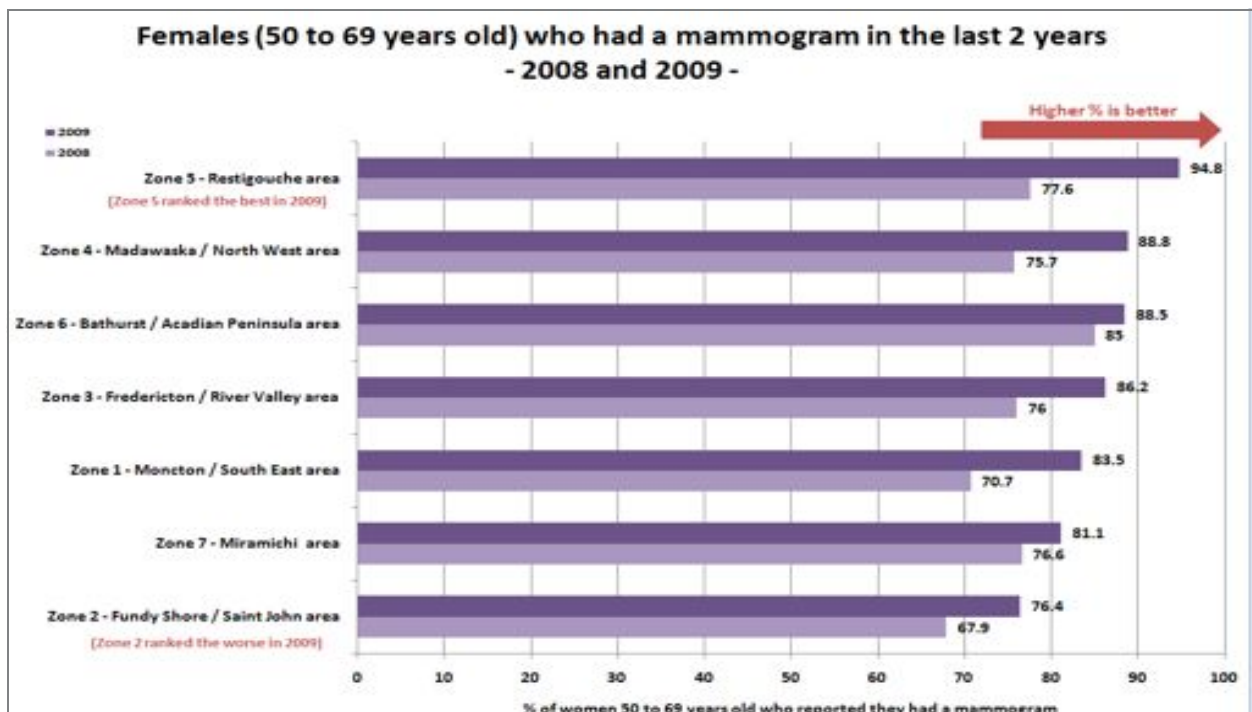
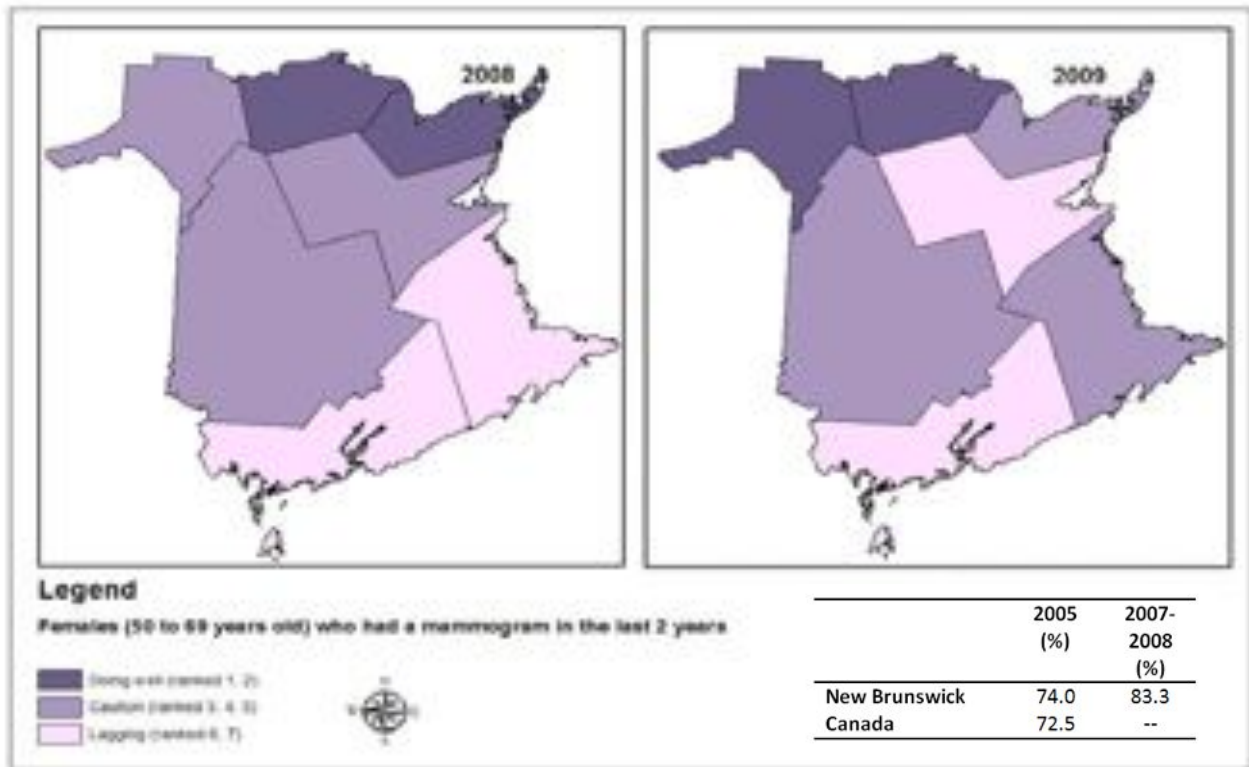
Women aged 50 to 69 who reported when they had their last mammogram for routine screening or other reasons.

Why is this indicator important?

Screening mammography is an important strategy for early detection of breast cancer.

Screening mammography can find breast cancer not detected through breast examinations, which makes this an important screening tool to reduce breast cancer mortality. Women between the ages of 50 and 69 are recommended to have a screening mammography at least once every two years based on personal risk factors and the advice of their health care provider. Specifically, mammography screening reduces breast cancer mortality by 30% in women aged 50-69.

Females (50 to 69 years old) who had a mammogram in the last 2 years - 2008 and 2009 -
 (% of women aged 50 to 69 years old who reported they had a mammogram)



Actual indicator: Global Satisfaction

Source: Patient Satisfaction Survey, New Brunswick Department of Health, 2002 and 2010 Acute care Survey Results of the Hospital Patient Care Experience in New-Brunswick, New Brunswick Health Council

Definition:

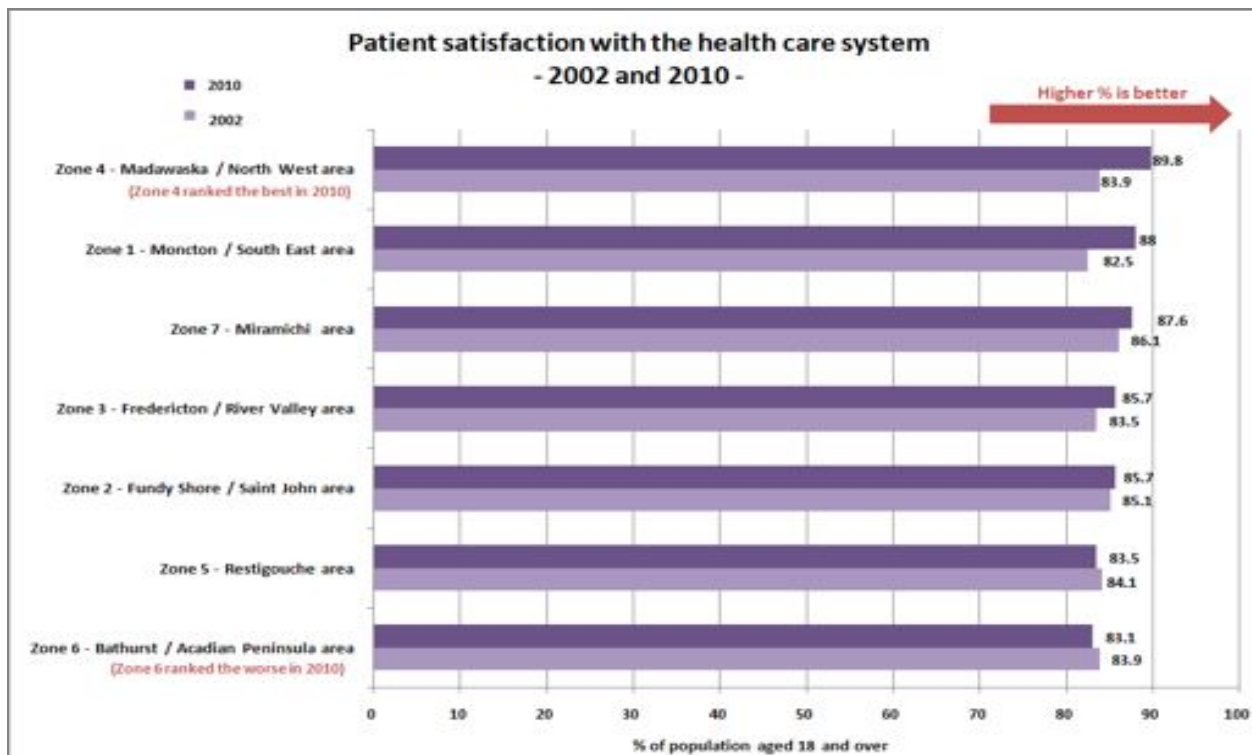
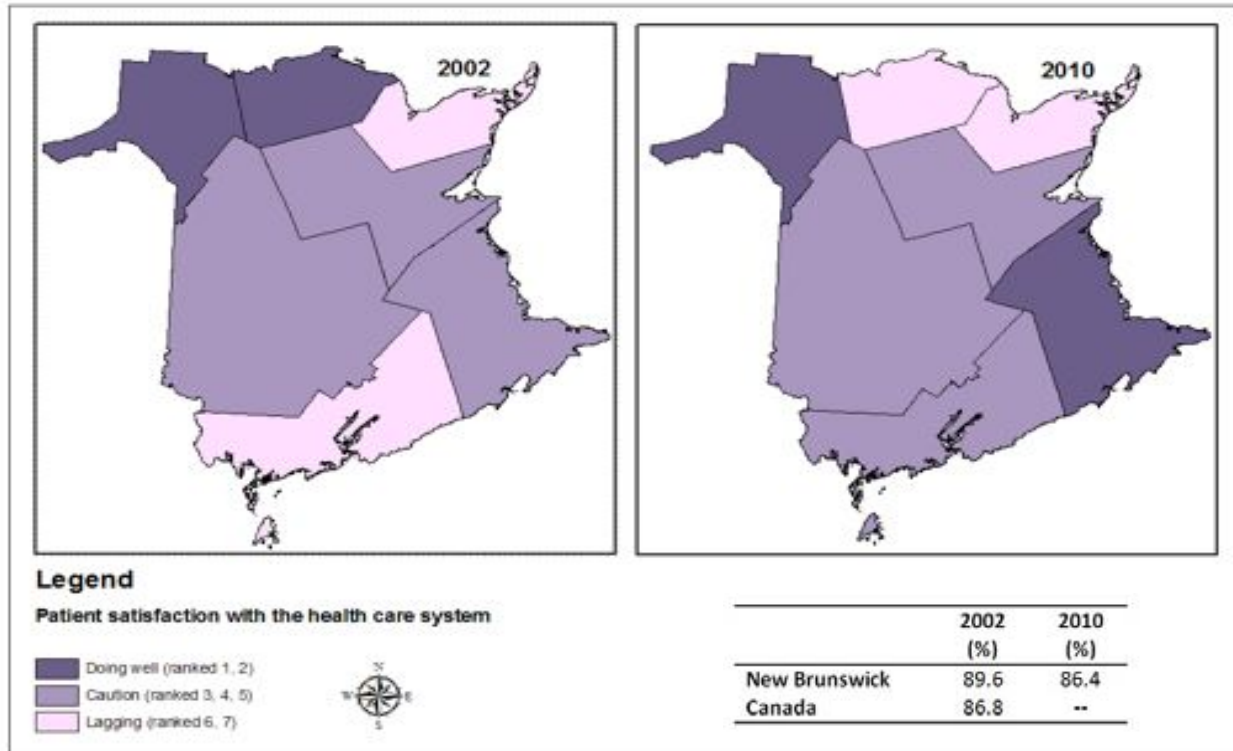
This indicator measures patients' overall satisfaction with their hospital experience. A combination of factors such as access to care, the physical environment within the hospital, interactions with hospital staff and perceived outcomes of care can contribute to patients' overall perception of global satisfaction. Other factors, such as hospital's reputation in the community may also influence patients' overall ratings.



Why is this indicator important?

Patient-centeredness is an important element of health care quality. Any change in the health system is an improvement only if the patient thinks it is. *Patients bring a unique perspective to the health care system and their feedback can be a powerful force for positive change.* There is also compelling evidence in the medical literature suggesting that when patients are satisfied with their hospital care, they are more likely to follow prescribed treatments and have better health status.

Patient satisfaction with the hospital experience - 2002 and 2010 -
 (% of population aged 18 and over)





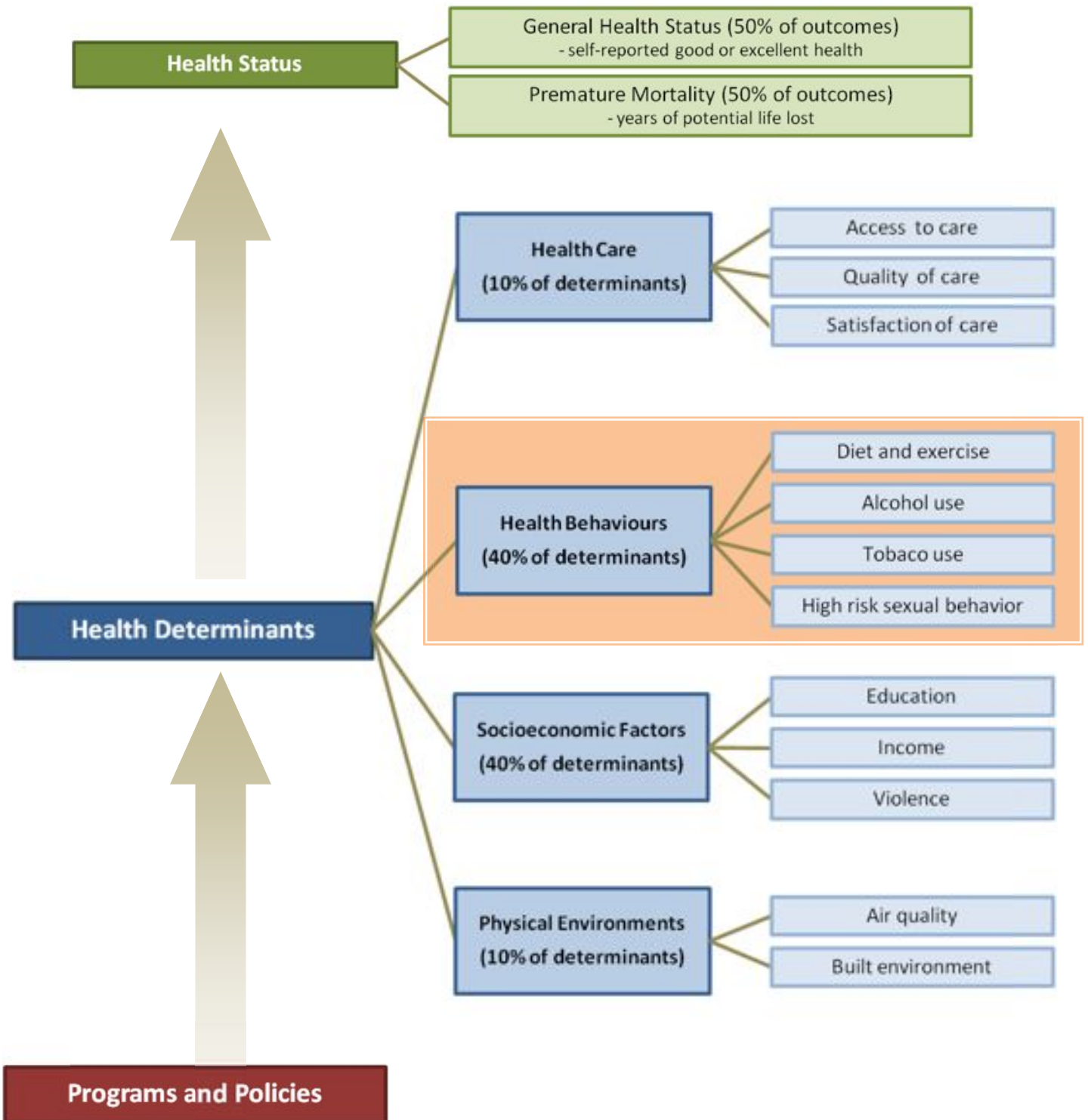


Section 3 — Health Determinants

Health Behaviours:
accounts for 40% of the health status

You can change your health by choosing
positive health behaviours in your life.





Actual indicator: Leisure-time physical activity, moderately active or active

Source: Statistics Canada, Canadian Community Health Survey, 2008 and 2009.
CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported a level of physical activity, based on their responses to questions about the nature, frequency and duration of their participation in leisure-time physical activity.

Respondents are classified as active, moderately active or inactive based on an index of average daily physical activity over the past three months. For each leisure time physical activity engaged in by the respondent, average daily energy expenditure is calculated by multiplying the number of times the activity was performed by the average duration of the activity by the energy cost (kilocalories per kilogram of body weight per hour) of the activity. The index is calculated as the sum of the average daily energy expenditures of all activities. Respondents are classified as follows: 3.0 kcal/kg/day or more = physically active; 1.5 to 2.9 kcal/kg/day = moderately active; less than 1.5 kcal/kg/day = inactive.

Why is this indicator important?

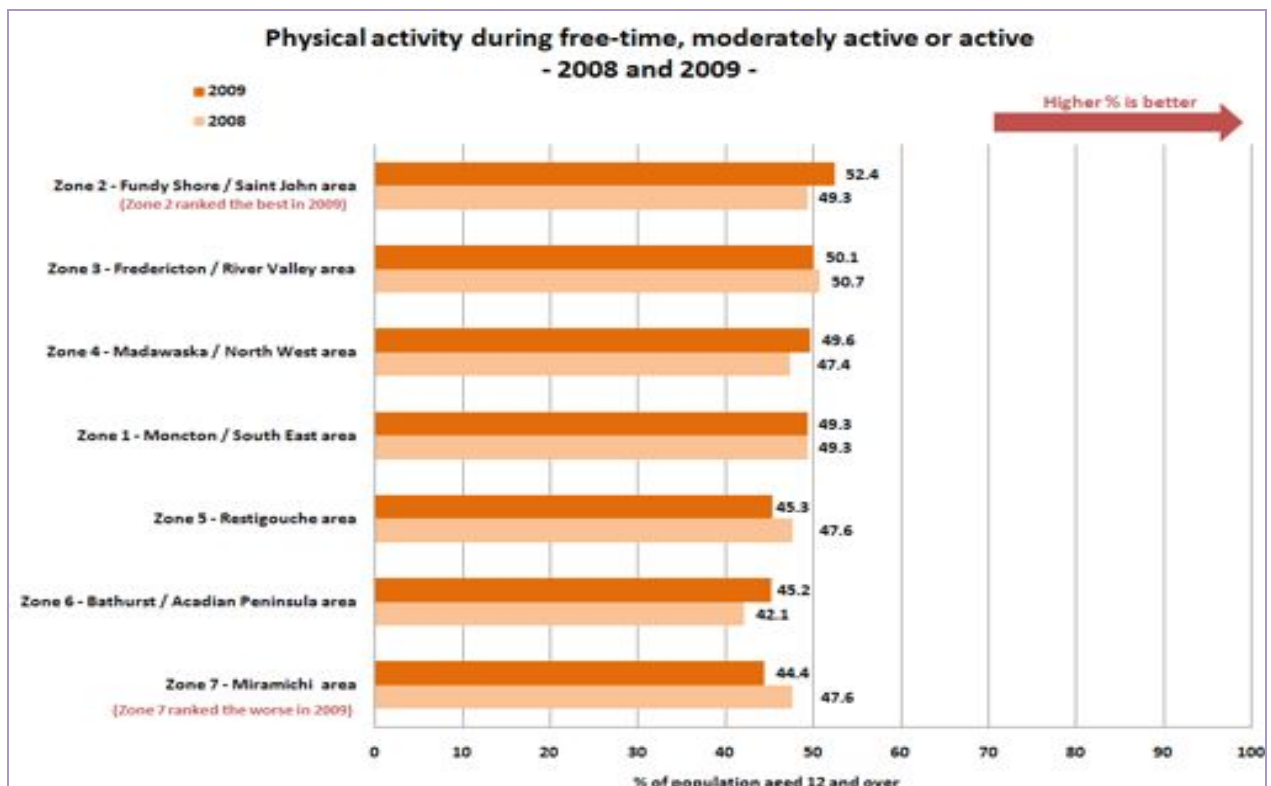
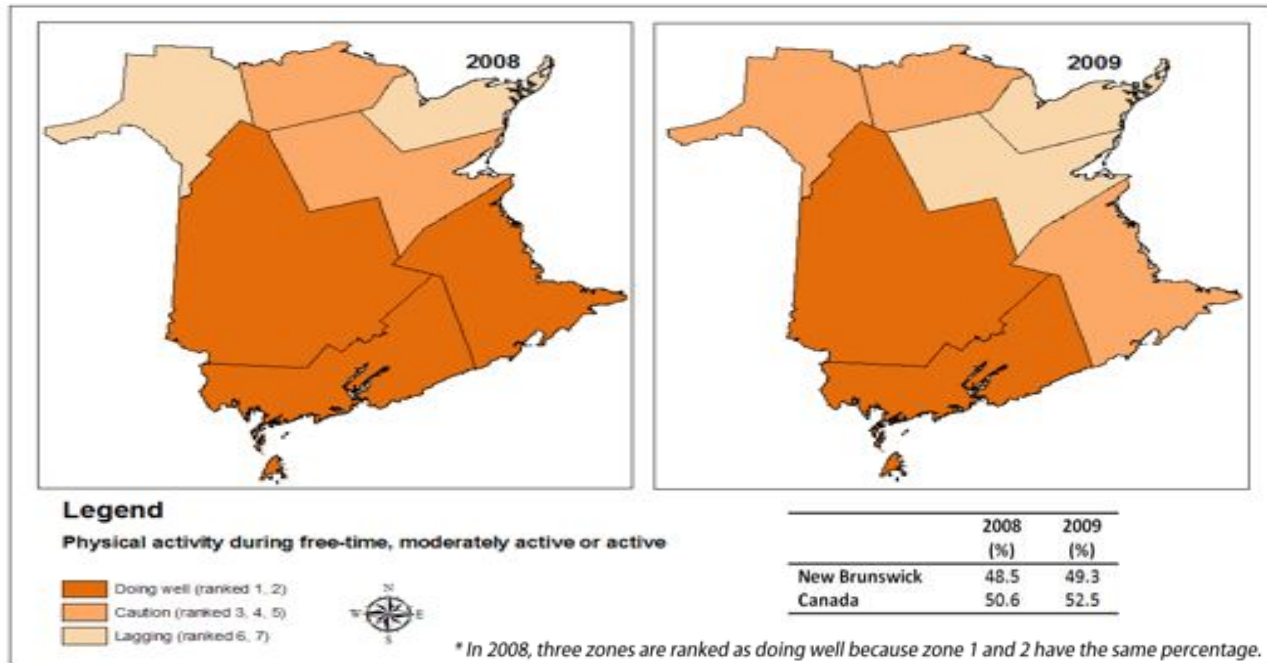
Industrialization, urbanization and motorized transport have reduced physical activity in the last years. Physical activity is probably one of public health's most cost effective tools:

Reduces the risk of conditions such as cardiovascular disease, non-insulin-dependent diabetes and obesity;

By improving people's physical coordination, balance and strength, *reduces the risk of injuries* and is likely to prevent, for example, falls among elderly people; and *contributes to mental well-being*.



Physical activity during free-time, moderately active or active - 2008 and 2009 -
 (% of population aged 12 and over)



Actual indicator: Fruit and vegetable consumption, 5 times or more per day

Source: Statistics Canada, Canadian Community Health Survey, 2008 and 2009.
CANSIM table no.: 105-0501

Definition:

Indicates the usual number of times (frequency) per day a person reported eating fruits and vegetables. Measure does not take into account the amount consumed.

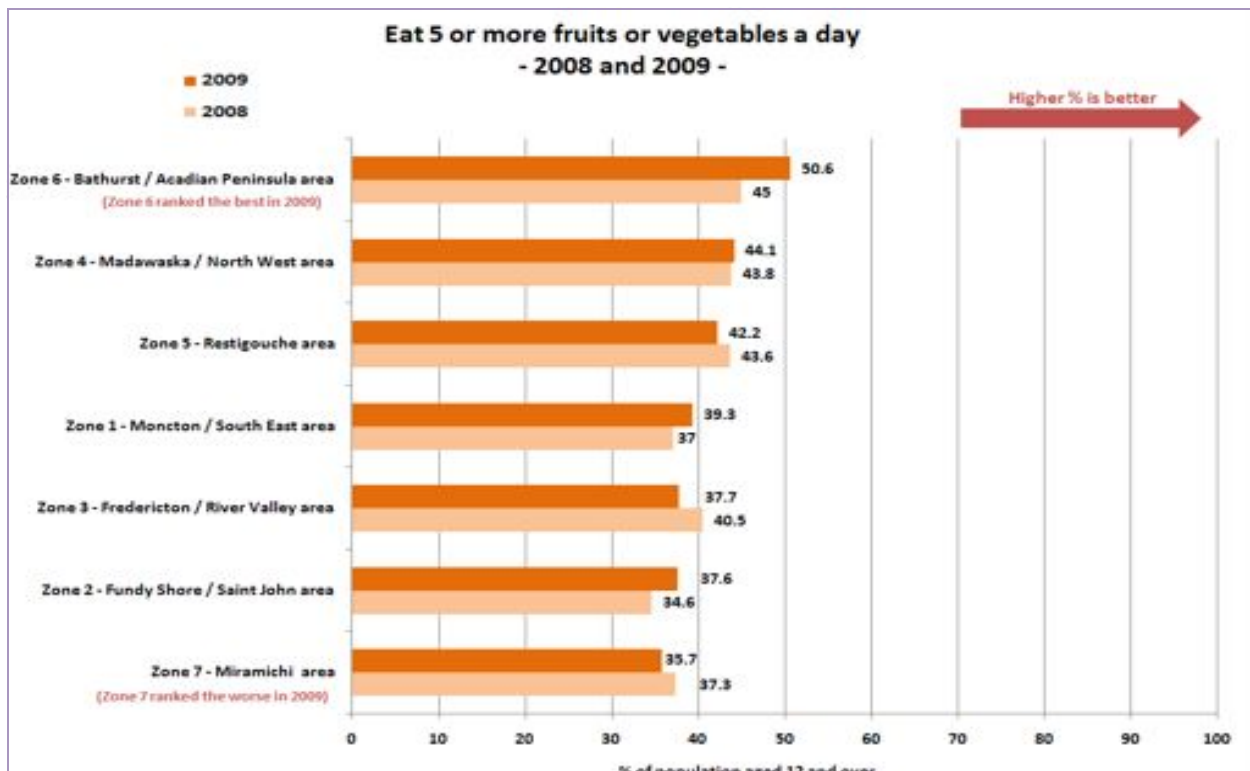
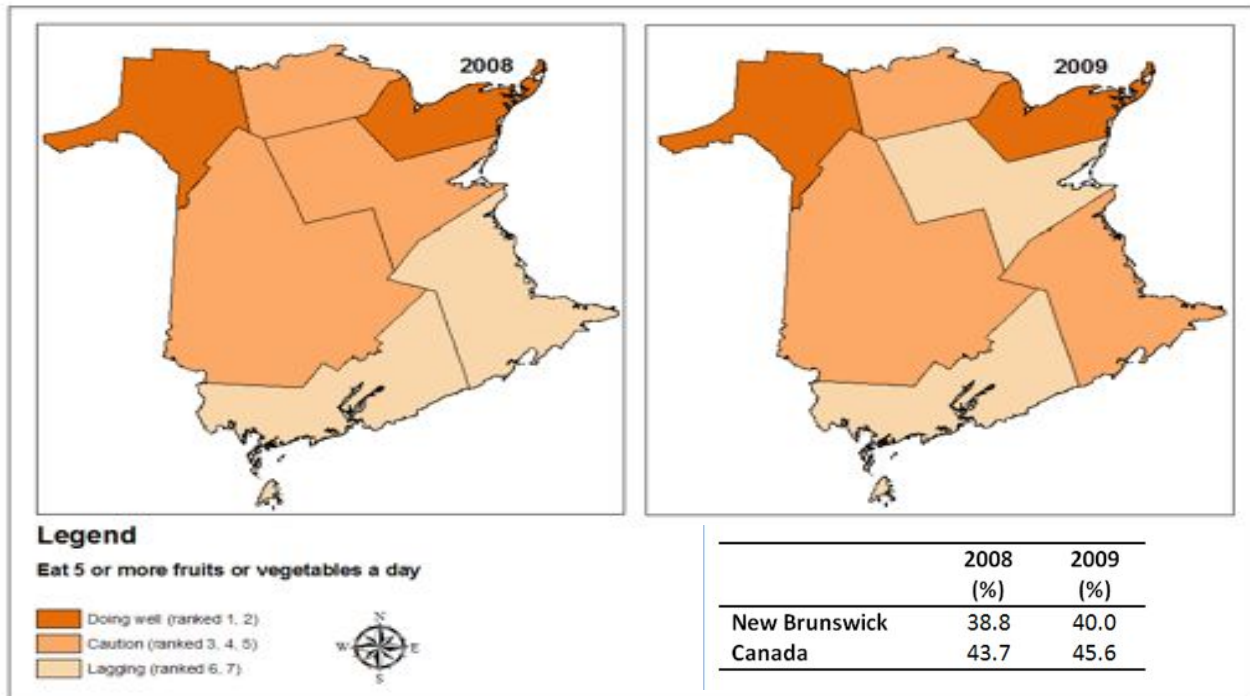
Canada and provincial estimates are based on sub-sample weights for 2005 data.

Why is this indicator important?

Increased fruit and vegetable intake has the potential to bring important health gains. They are an important part of a healthy diet. Low intake can cause some cancers, ischemic heart disease and stroke.



Eat 5 or more fruits or vegetables a day - 2008 and 2009 -
 (% of population aged 12 and over)



Actual indicator: Obese

Source: Statistics Canada, Canadian Community Health Survey, 2008 and 2009.
CANSIM table no.: 105-0501



Definition:

Body mass index (BMI) is calculated by dividing the respondent's body weight (in kilograms) by their height (in metres) squared.

A definition change was implemented in 2004 to conform to the World Health Organization (WHO) and Health Canada guidelines for body weight classification. The index is calculated for the population aged 18 and over, excluding pregnant females and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

According to the World Health Organization (WHO) and Health Canada guidelines, the index for body weight classification is:

- less than 18.50 (underweight);
- 18.50 to 24.99 (normal weight);
- 25.00 to 29.99 (overweight);
- 30.00 to 34.99 (obese, class I);
- 35.00 to 39.99 (obese, class II);
- 40.00 or greater (obese, class III).

In this case, we are only looking at the BMI 30.00 or greater.

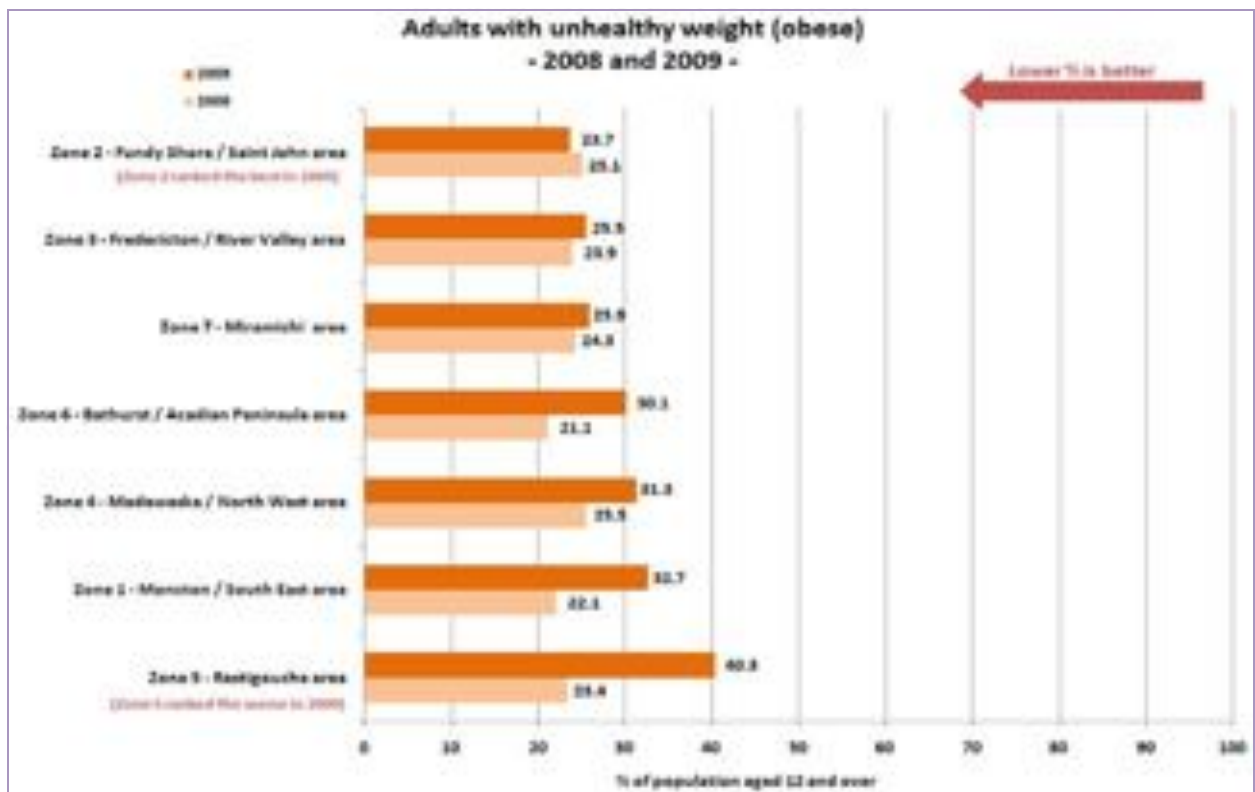
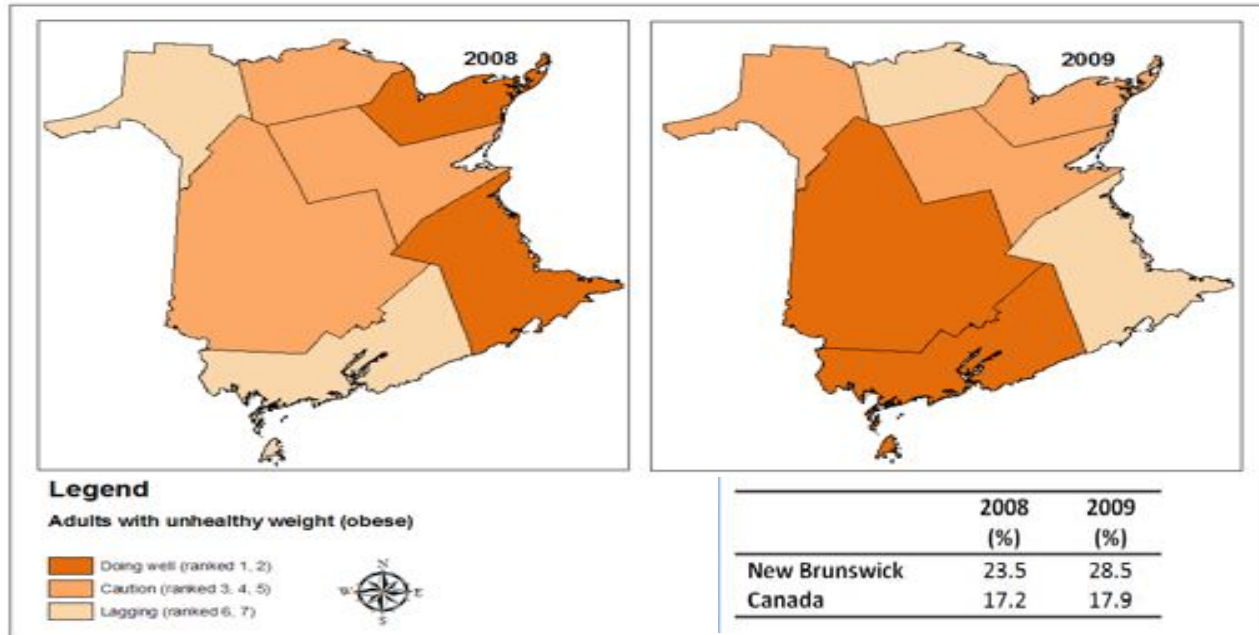
Why is this indicator important?

Body mass index (BMI) is a method of classifying body weight according to health risk. According to the World Health Organization (WHO) and Health Canada guidelines, health risk levels are associated with each of the following BMI categories:

- normal weight → least health risk;
- underweight and overweight → increased health risk;
- *obese, class I* → *high health risk*;
- *obese, class II* → *very high health risk*;
- *obese, class III* → *extremely high health risk*.

Some of the risk factors associated with obesity are diabetes, cardiovascular disease, joint diseases and cancer. They can have a strong negative impact on the quality of life.

Adults with unhealthy weight (obese) - 2008 and 2009 -
 (% of population aged 12 and over)



Actual indicator: Frequency of drinking

Source: Statistics Canada, Canadian Community Health Survey, 2008 and 2009.
CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported having 5 or more drinks on one occasion, at least once a month in the past year.

Starting in 2009, the denominator includes all the population aged 12 and over. This change applies to rates from all years in this table. In data released before 2009, the denominator included only the population who reported having had at least one drink in the past 12 months. Increasing the population in the denominator reduces the estimate rates. This change was implemented to produce more comparable rates over time and is more consistent with methods used in calculating other indicators.

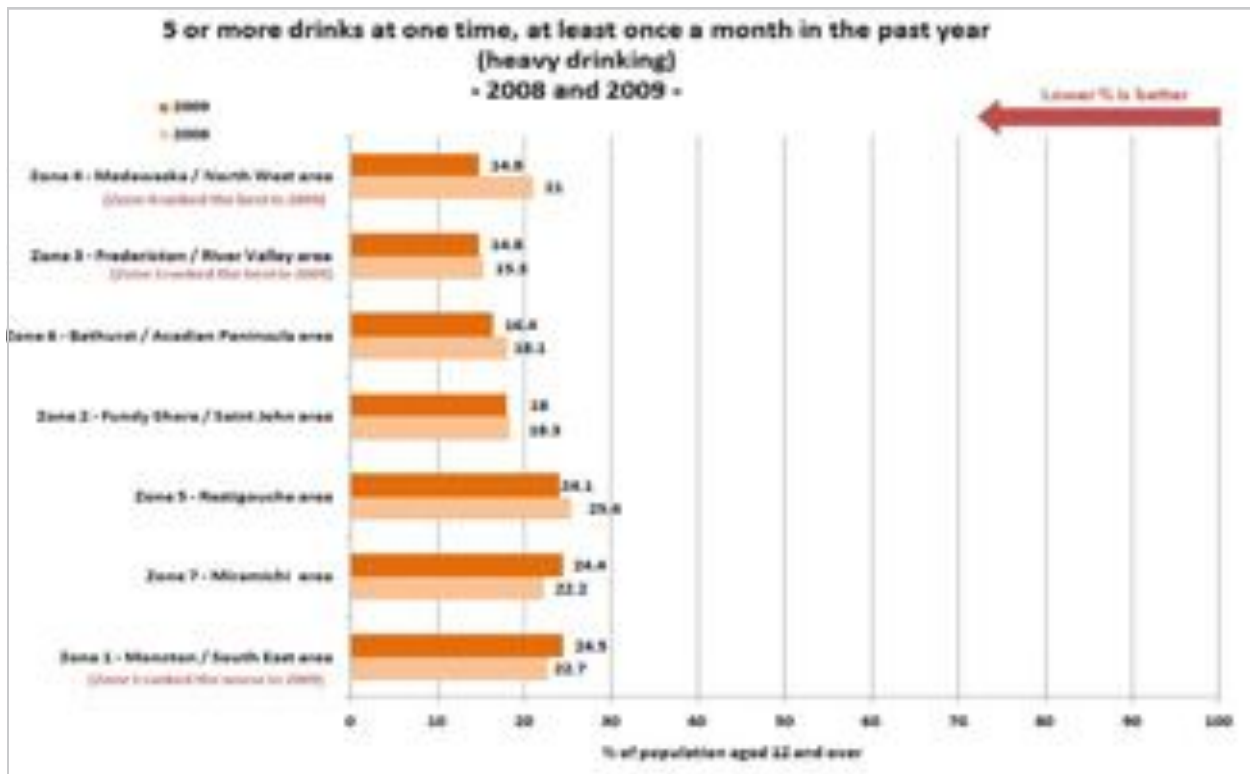
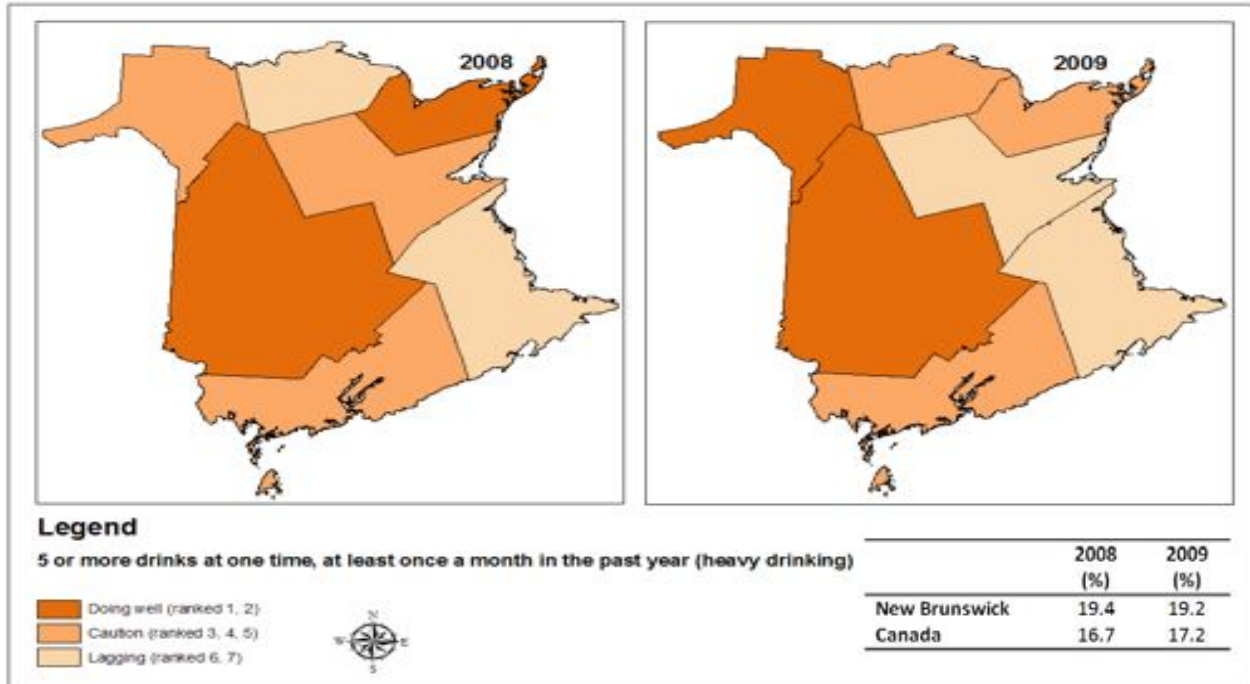
Why is this indicator important?

The long term effects of alcohol in excessive quantities can be damaging to nearly every organ and system in the body. *Regularly consuming high amounts of alcohol is correlated with an increased risk of developing alcoholism, cardiovascular disease, chronic pancreatitis, liver disease, and cancer.*



5 or more drinks at one time, at least once a month, in the past year (heavy drinking)
 - 2008 and 2009 -

(% of population aged 12 and over)



Actual indicator: Perceived life stress

Source: Statistics Canada, Canadian Community Health Survey, 2008 and 2009.
CANSIM table no.: 105-0501

Definition:

Population aged 15 and over who reported perceiving that most days in their life were quite a bit or extremely stressful. Perceived life stress refers to the amount of stress in the person's life, on most days, as perceived by the person or, in the case of proxy response, by the person responding.

Why is this indicator important?

Stress is a fact of daily life and is the result of both the good and bad things that happen. Too much stress can cause serious health concerns, but there are many ways of dealing with stress that can reduce your risk. While some people may appear to thrive on it, stress is considered to be a risk factor in many diseases, including:

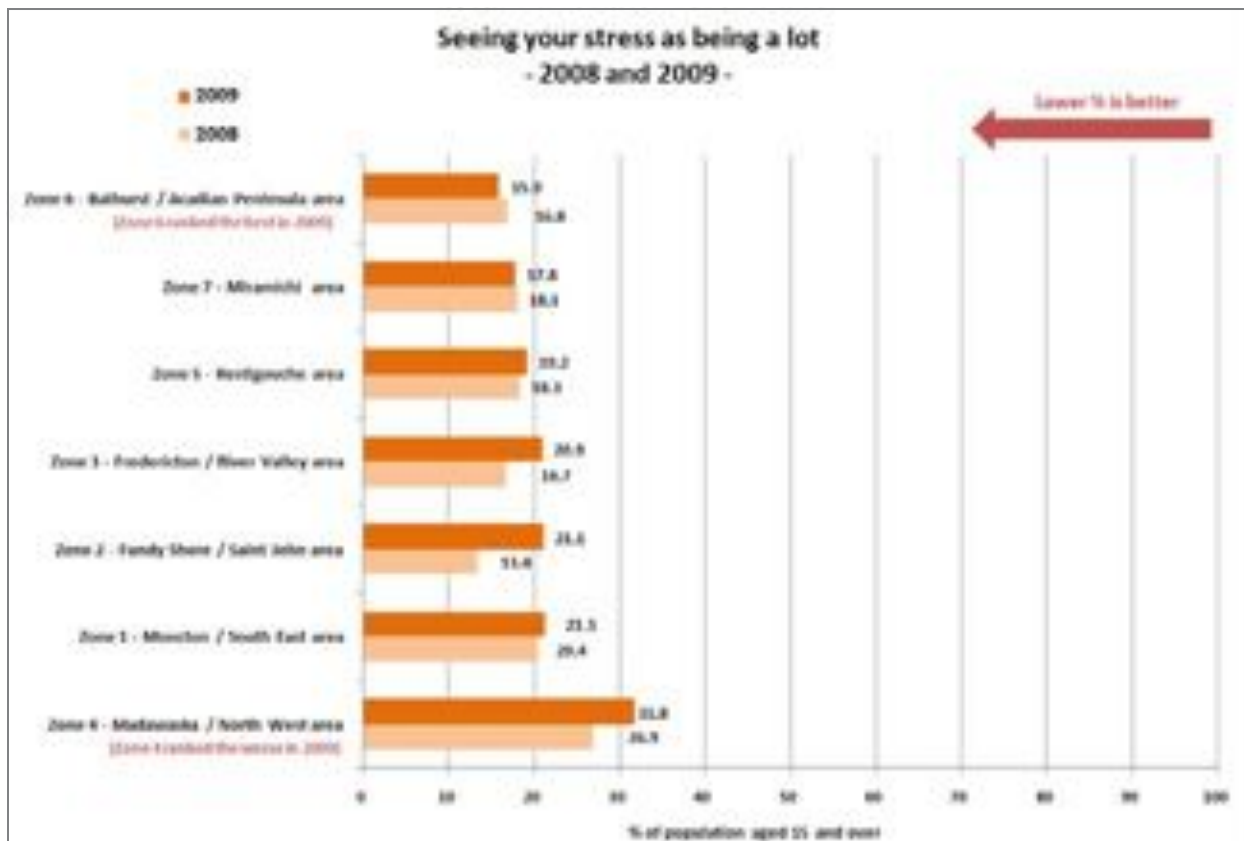
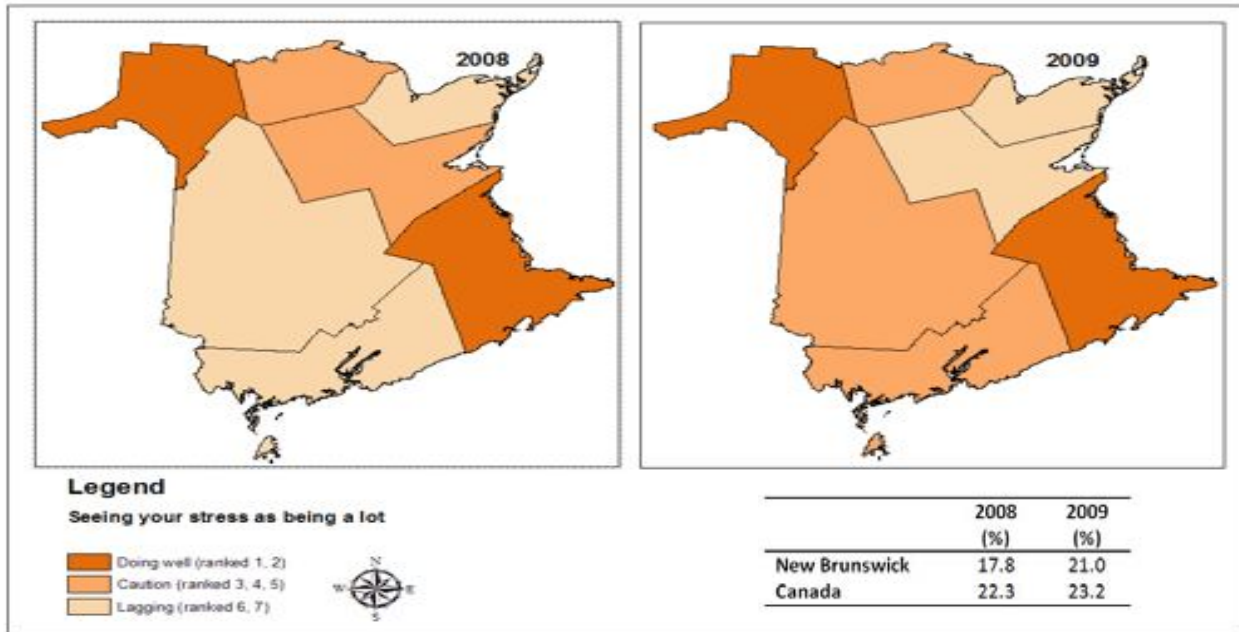
- *heart disease*
- *some types of bowel disease*
- *Herpes*
- *mental illness*

Stress also makes it hard for people with diabetes to control their blood sugar.

Stress is also a risk factor in alcohol and substance abuse, as well as weight loss and gain. Stress has even been identified as a possible risk factor in Alzheimer's disease.



Seeing your stress as being a lot - 2008 and 2009 -
 (% of population aged 15 and over)



Actual indicator: Current smoker

Source: Statistics Canada, Canadian Community Health Survey, 2008 and 2009.
CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported being a current smoker. A daily smoker refers to those who reported smoking cigarettes every day. Does not take into account the number of cigarettes smoked.

Why is this indicator important?

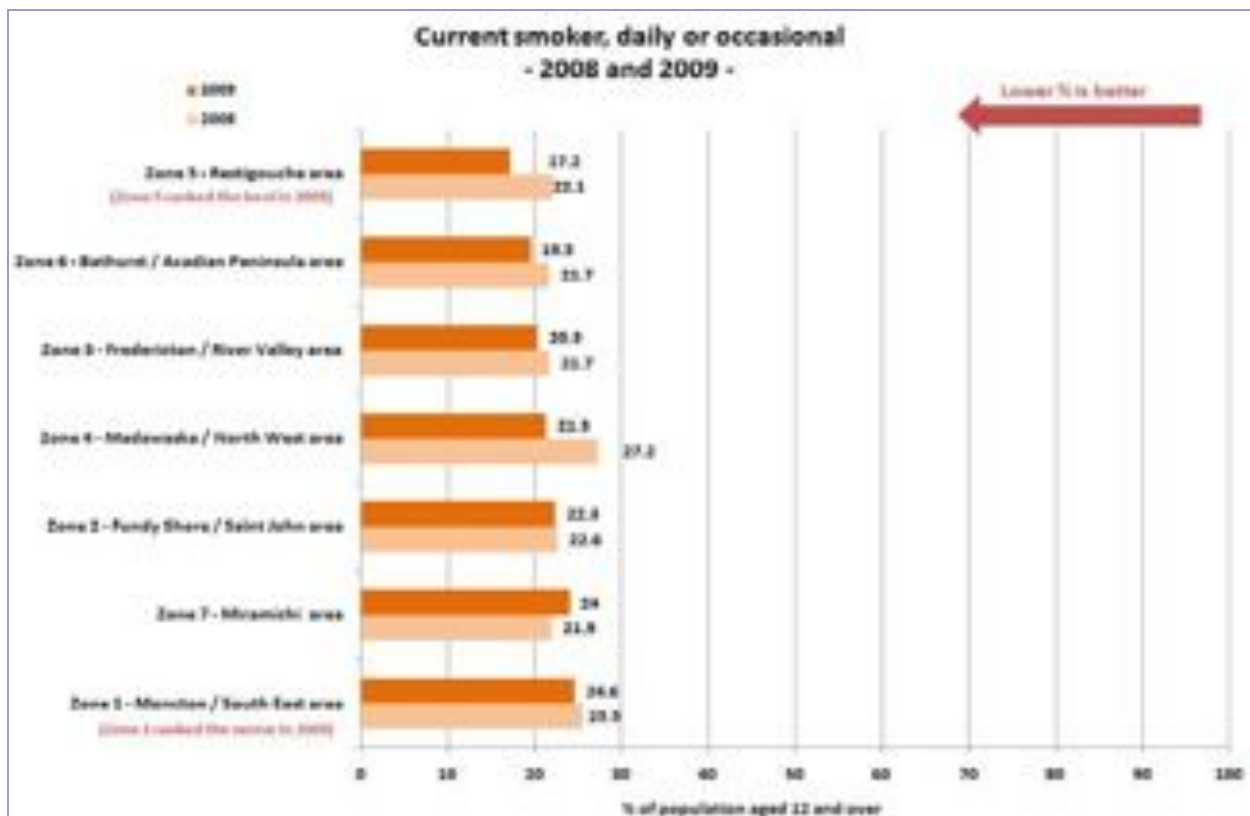
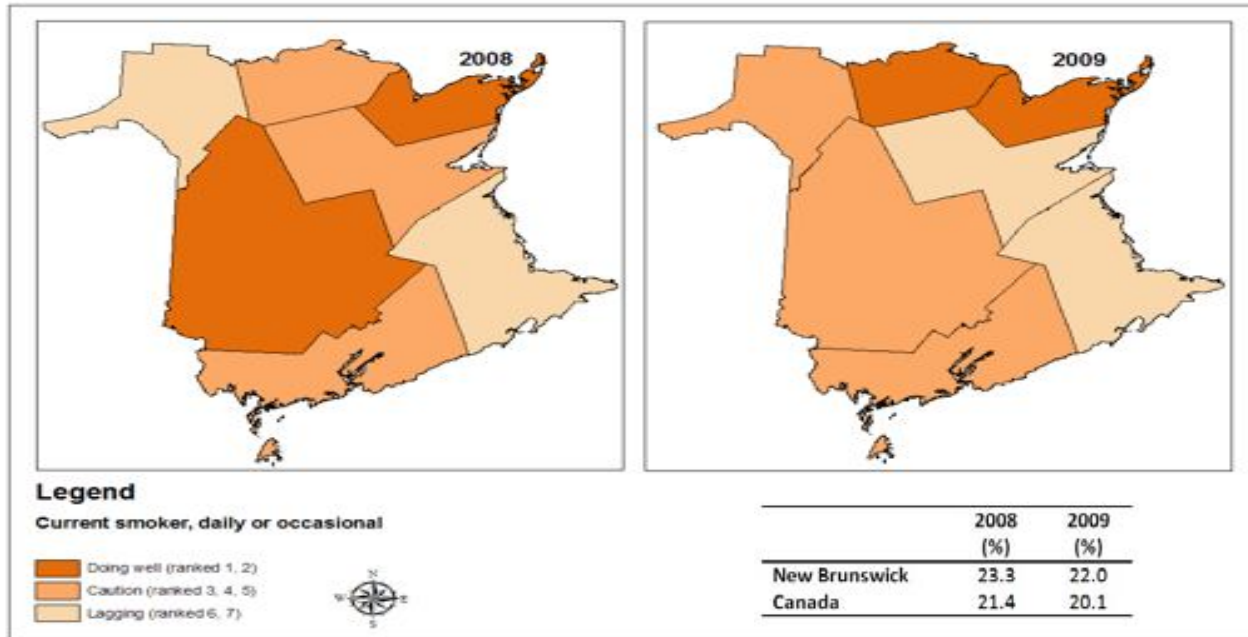
Smoking has become the single biggest preventable cause of death in the world. Half of tobacco users will die of a tobacco-related disease. The morbidity or impaired health caused by tobacco is more widespread. As most of these deaths occur in middle age, the loss of income and the effects of chronic illness severely affect the quality of life and well-being of tobacco users' families.

Limitations:

Although the Canadian Tobacco Use Monitoring Survey (CTUMS) and the Canadian Community Health Survey (CCHS) produce estimates of national and provincial smoking rates, data users should be aware of a number of differences between the two surveys. Firstly, the surveys use different sampling frames. Secondly, the annual sample for CTUMS is 20,000 compared to 65,000 for CCHS. Thirdly, in CCHS, smoking questions are asked in the context of a wide range of health-related behaviours whereas in CTUMS all questions are related to smoking. These differences could influence the accuracy of information provided by the respondent. Although these factors can influence the estimates produced at a single point in time, the trends produced by the two surveys have been noted to be very consistent over time. Rather than comparing smoking rates produced from the two surveys, Statistics Canada advises data users to choose a single source, based on their objectives, and to use that source consistently.



Current smoker, daily or occasional - 2008 and 2009 -
 (% of population aged 12 and over)



Actual indicator: Number of sexually transmitted illnesses, genital Chlamydia (STI)

Source: 2008-2009 Annual Report, New Brunswick Department of Health

Definition:

Communicable diseases are capable of being transmitted from an infected person or species to a susceptible host, either directly or indirectly.

Specifically, a sexually transmitted illness is an infection that has a negligible probability of transmission by means other than sexual contact, but has a realistic means of transmission by sexual contact (more sophisticated means — blood transfusion, sharing of hypodermic needles —are not taken into account). The Chlamydia rate is what was looked at here.

Why is this indicator important?

Some sexually transmitted infections can have severe consequences, especially in women, *if not treated*, which is why it is important to do testing. Some sexually transmitted illnesses can lead to pelvic inflammatory disease, which can cause infertility, while others may even be fatal. Prevention strategies are very important.

Between 1999-2003, sexually transmitted diseases were the most frequently diagnosed communicable disease in New Brunswick and accounted for 64% of the reported communicable diseases.

Special note:

The Public Health Agency of Canada data has been used on the *Provincial Snapshot* to enable comparison with the rest of Canada. It was also used as the provincial average on each zone snapshot.

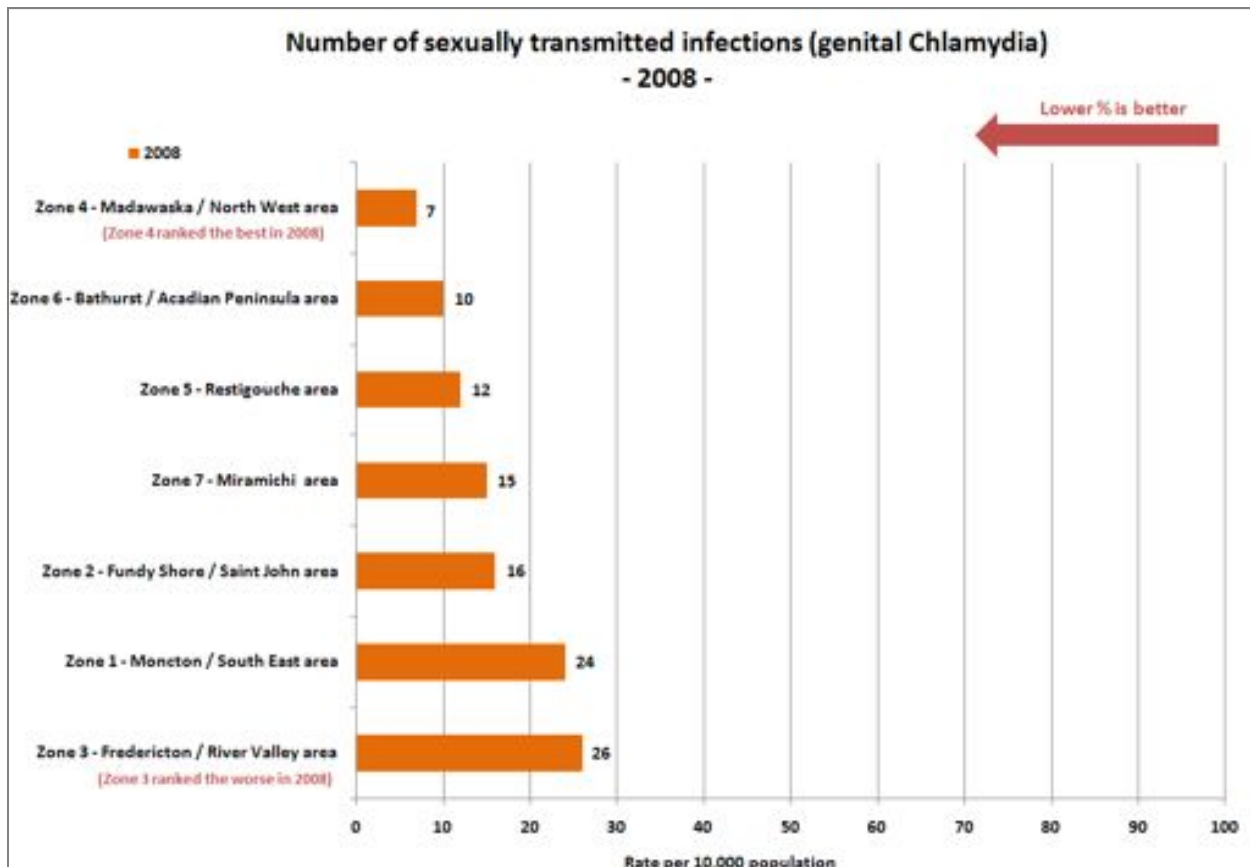
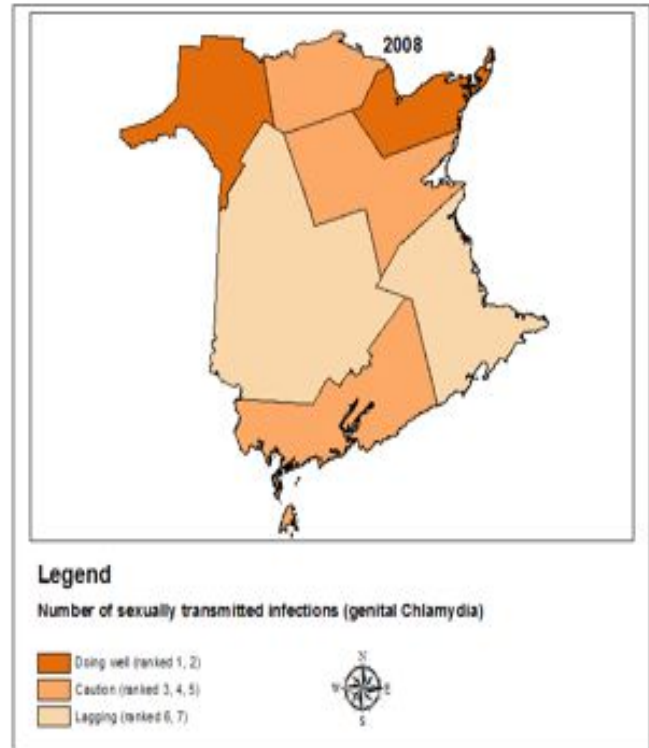
Source: Report on Sexually Transmitted Infections in Canada: 2008.

* In the last population Health snapshot, all STI were considered. This time around, only genital Chlamydia is looked at therefore no comparison can be done with the last snapshot.



Number of sexually transmitted illnesses
(genital Chlamydia) - 2008 -
(rate per 10,000)

	2008 (rate per 10,000)
New Brunswick	22.0



Actual indicator: Pregnancy, under 20 years old

Source: New Brunswick Vital Statistics, 2008

Definition:

Teenage pregnancy is defined as a teenaged or underage girl (under 20 years old) who have had a live birth.

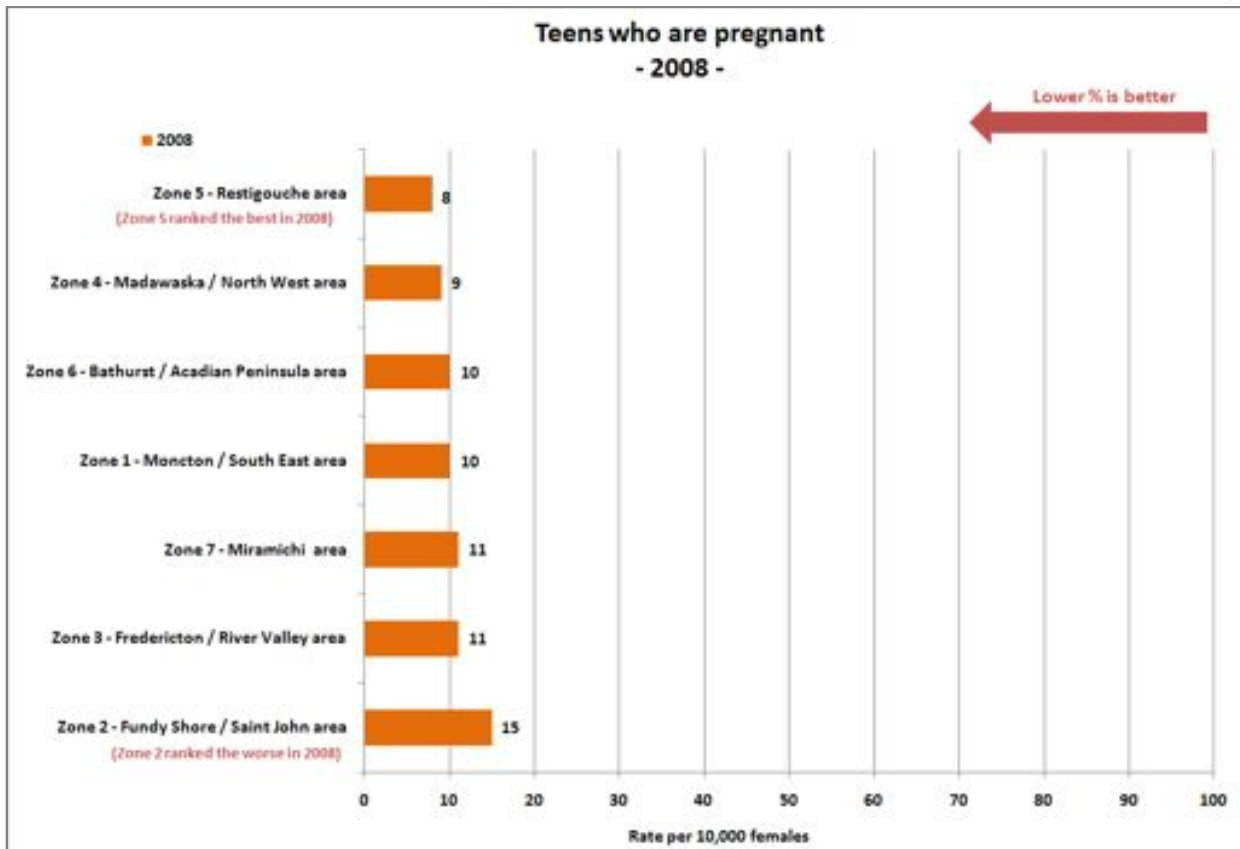
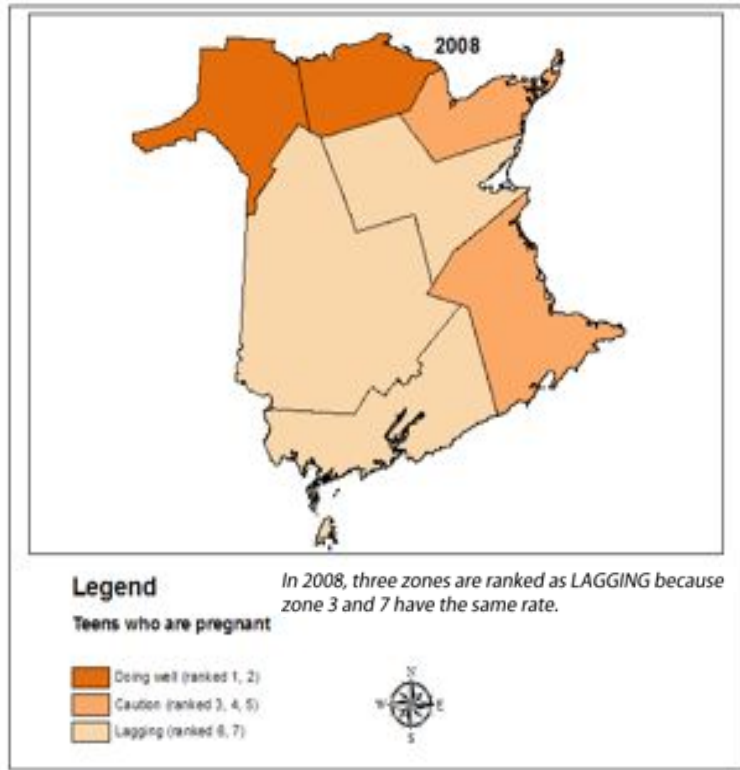
Why is this indicator important?

Teenage pregnancy and early parenthood can lead to poor educational achievement, poor physical and mental health, poverty and social isolation for mothers and their children. *Socioeconomic disadvantage can be both the cause and effect of youth parenthood.*



Pregnancy, under 20 years old
- 2008 -
(rate per 10,000 females)

2008 (rate per 1,000 females)	
New Brunswick	11



Actual indicator: Always wears a bicycle helmet while on a bike

Source: Statistics Canada, Canadian Community Health Survey, 2009

CANSIM table no.: 105-0501

Definition:

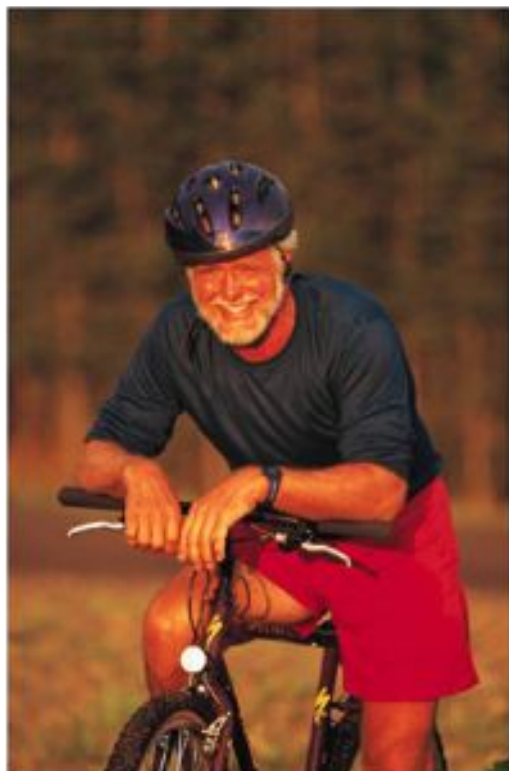
Population aged 12 and over who reported that they always wore a helmet when riding a bicycle in the last 12 months.

Why is this indicator important?

Cycling is a popular past-time among children and adults and is highly beneficial as a means of transport and obtaining exercise. However, cycling related injuries are common and can be severe, particularly head injuries.

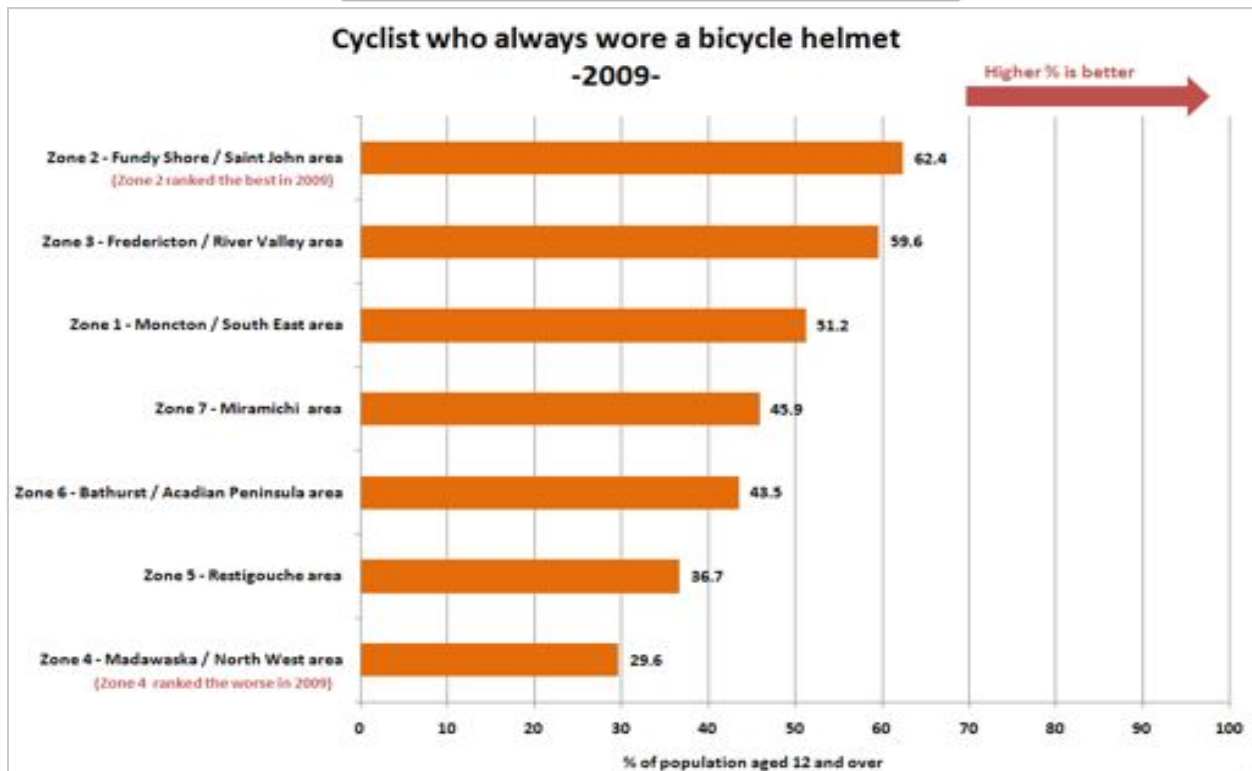
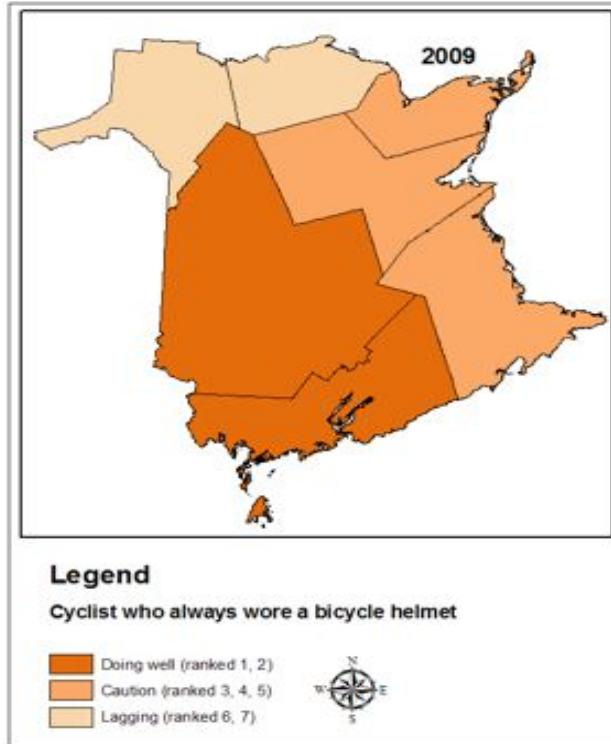
Modern bicycle helmets are designed to reduce the effects of impact to the head, such as brain injuries, memory loss and even death, from falling off a bicycle.

In New Brunswick, it is also the law to wear a bicycle helmet while driving a bicycle.



Cyclist who always wore a bicycle helmet - 2009 -
 (% of population aged 12 and over)


	2009 (%)
New Brunswick	51.4
Canada	36.5






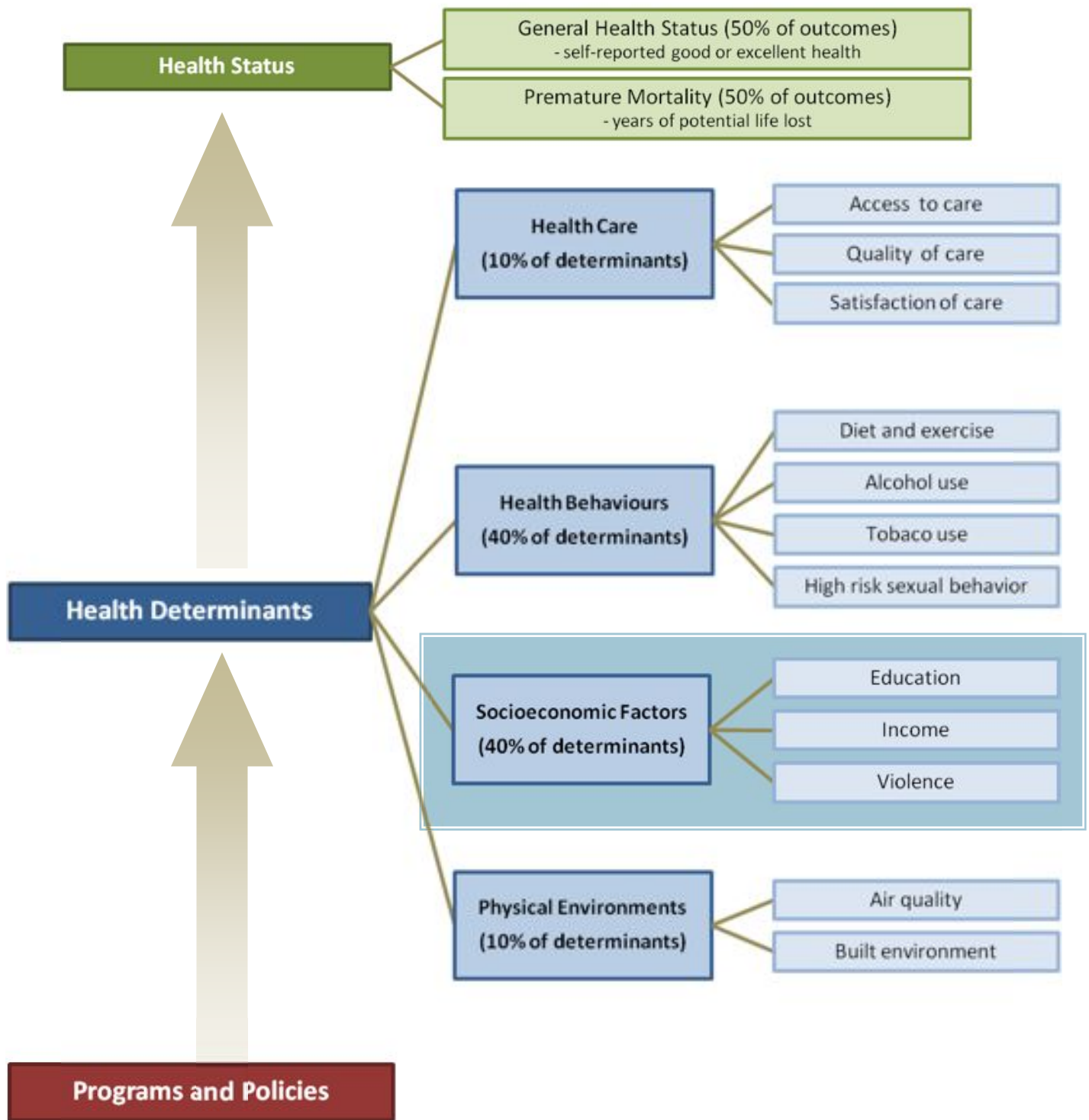
Section 4 — Health Determinants

Socioeconomic Factors:
accounts for 40% of the health status



Education, income, violence,
are very important factors in your health.





Actual indicator: No certificate, diploma or degree

Source: Statistics Canada, 2006 Census.
CANSIM table no.: 109-0300

Definition:

This indicator was calculated by dividing the group that had '*no certificate, diploma or degree*' and it was divided by the '*total population aged 25 and up*' (as per Census 2006).

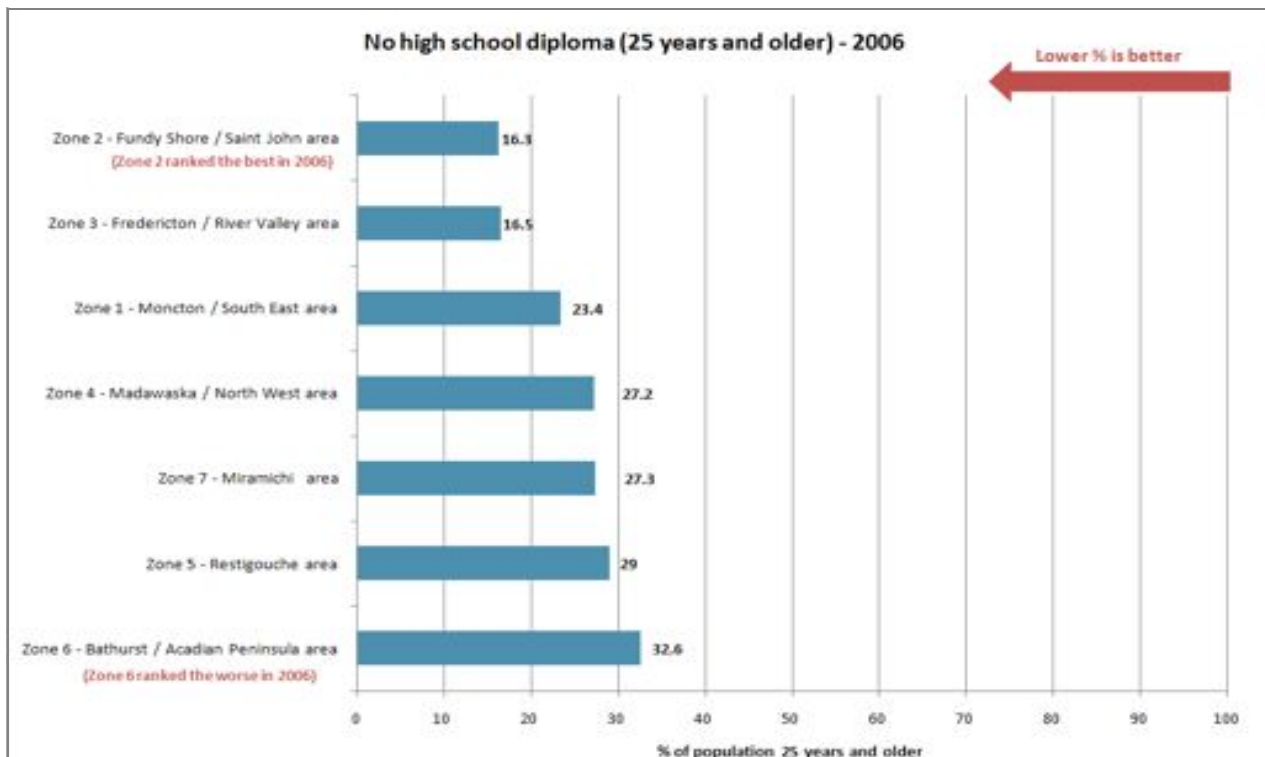
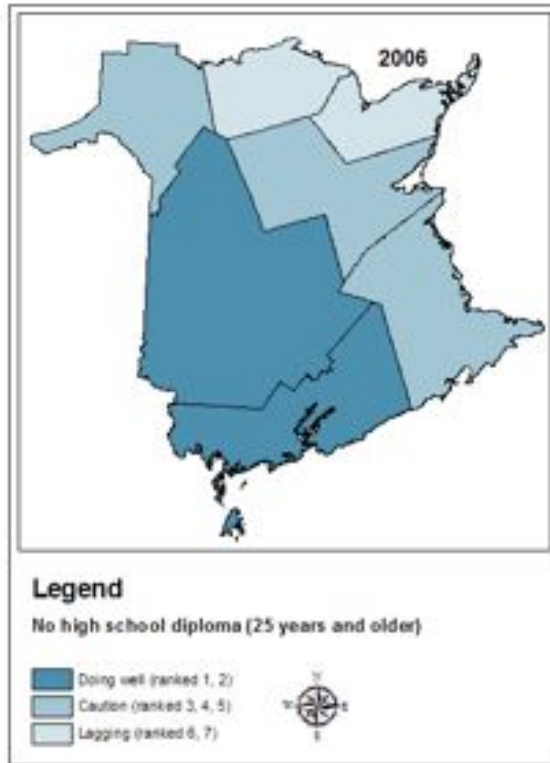
Why is this indicator important?

Education and literacy have a significant influence on health status by virtue of their effects on employability income, and the basic ability to read and understand health-related information and instruction such as prescription drug instructions. *Lower levels of educational attainment and literacy are associated with poorer health status.*

Canadians with lower levels of education have a lower life expectancy and experience higher rates of infant mortality than Canadians with higher levels of education.

No high school diploma - 2006 -
 (% of population 25 years and older)

	2006 (%)
New Brunswick	21
Canada	15.4



Actual indicator: Adult unemployment, 15 years and over

Source: Statistics Canada, Labour Force Survey (special tabulations), 2008 and 2009
CANSIM table no.: 109-5304

Definition:

The unemployment rate is the number of unemployed persons expressed as a percentage of the labour force. The unemployment rate for a particular group (age, sex, marital status or others) is the number of unemployed in that group expressed as a percentage of the labour force for that group.

The labour force consists of people who are currently employed and people who are unemployed but were available to work in the reference week and had looked for work in the past 4 weeks. Reference week refers to a one-week period (from Sunday to Saturday) that usually includes the 15th day of the month. The Labour Force Survey excludes residents of Indian Reserves, the Yukon, Northwest Territories and Nunavut, inmates of institutions and full-time members of the Armed Forces. Labour Force Survey exclusions account for less than 2% of the population aged 15 and over.

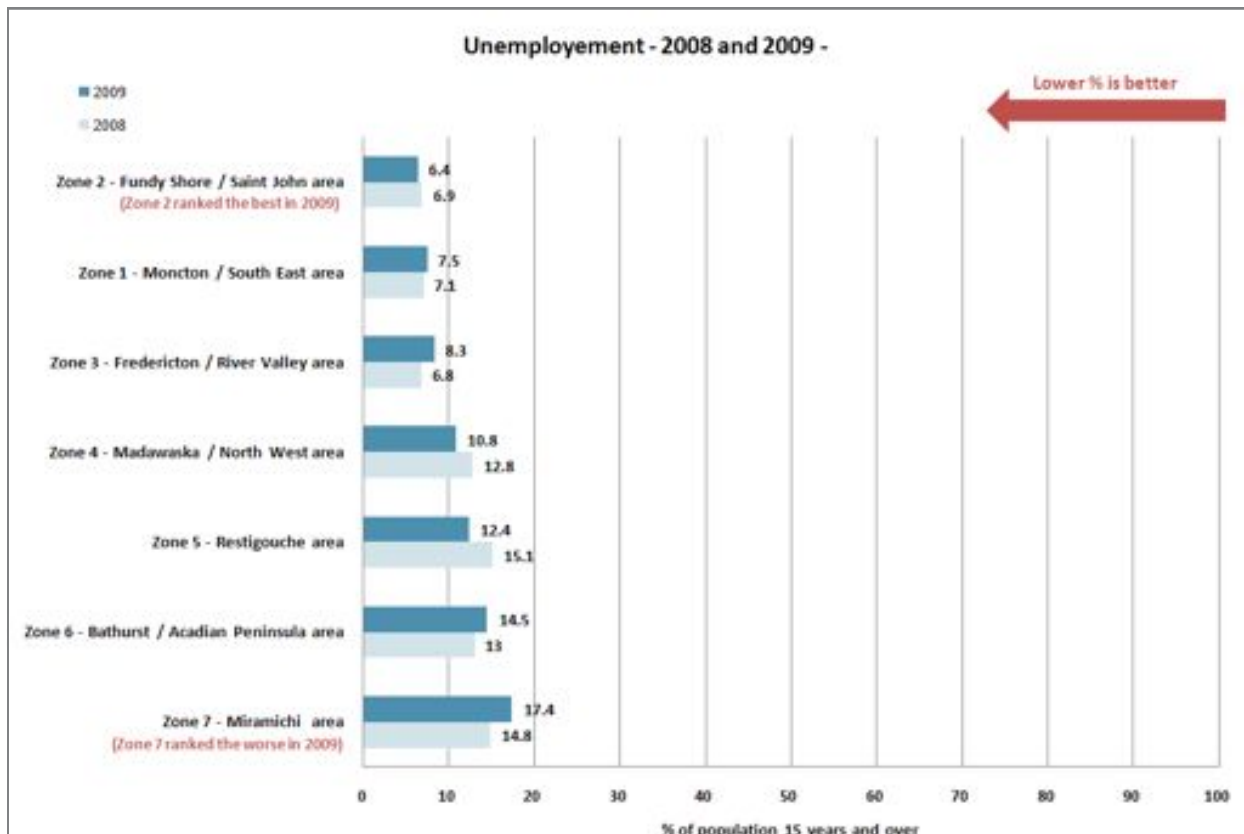
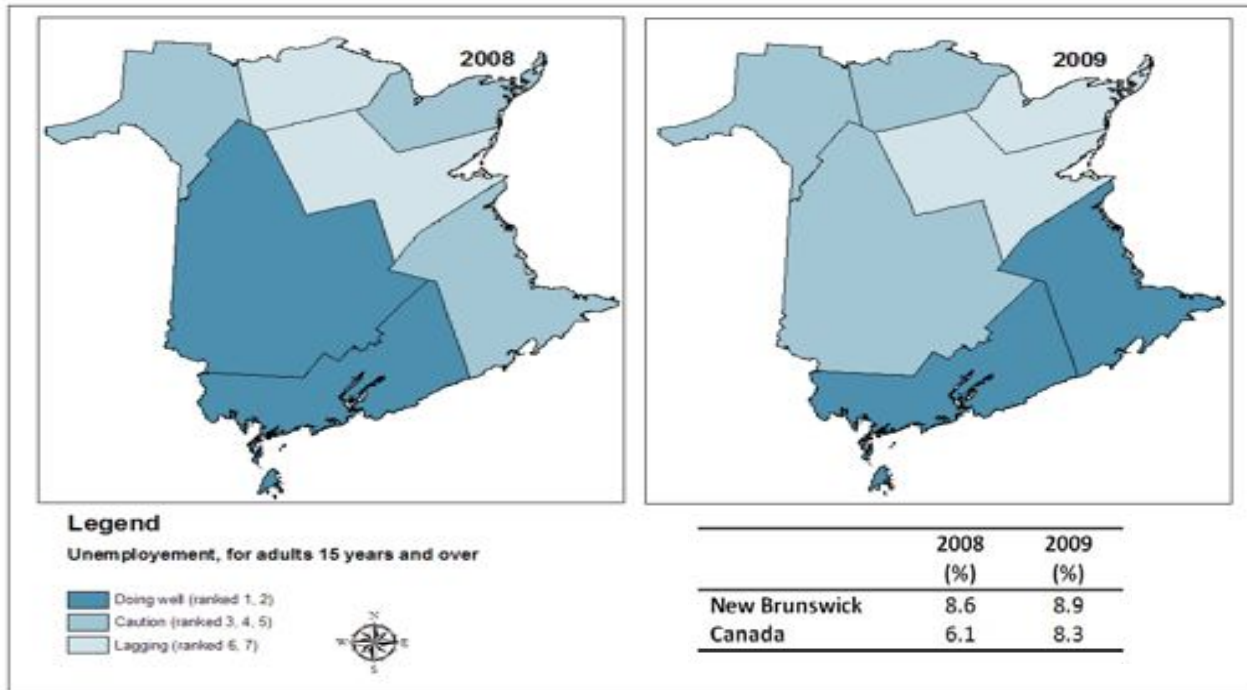
Data where the province-specific minimum sample size was not met were suppressed (x) due to confidentiality.

In June 2006, these estimates were revised due to sample redesign in 2005 and rebasing of the population estimates used for the Labour Force Survey (LFS). See 'Improvements in 2005 to the Labour Force Survey (LFS)' at <http://www.statcan.gc.ca/bsolc/olc-cel/olc-cel?catno=71F0031XIE&lang=eng> for more information.

Why is this indicator important?

Unemployment has been shown to have a significant negative impact on *income security* and can lead to *isolation, despair, and unhealthy coping behaviours* such as smoking and drinking.

Unemployment - 2008 and 2009 -
(% of population 15 years and older)



Actual indicator: Divorced

Source: Statistics Canada, 2006 Census.
CANSIM table no.: 051-0010

Definition:

Persons who have obtained a legal divorce and who have not remarried.

Why is this indicator important?

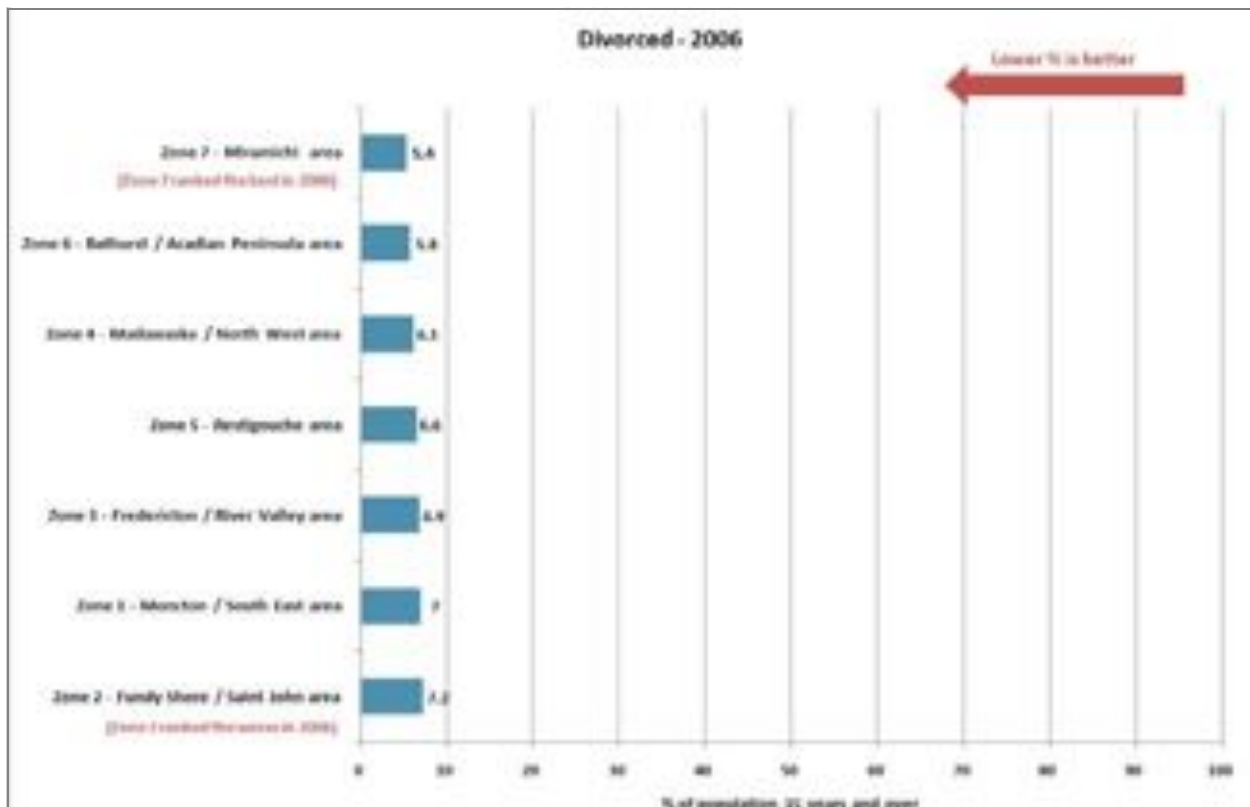
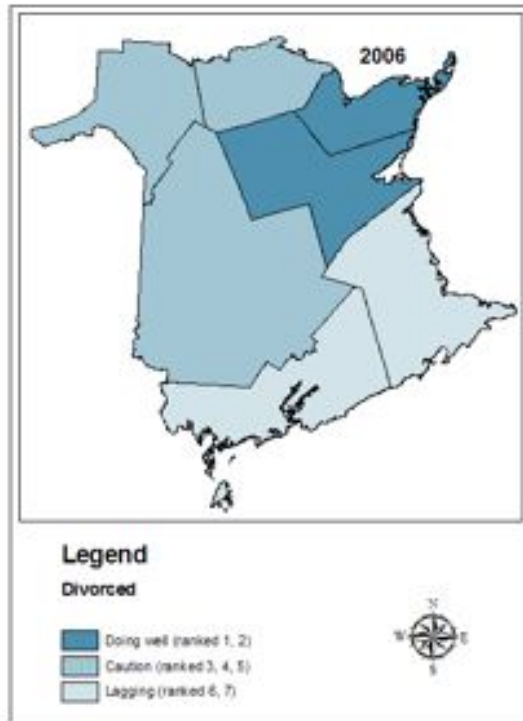
Parental divorce can have a long term effect on the mental health of children. As well, mortality rates can be higher for divorced and single parents due to a lack of social ties.

Middle-aged divorced or widowed people have a higher incidence of chronic health conditions, such as heart disease, diabetes, or cancer, than married/common-law people. It has also been shown that they also have more mobility limitations, such as trouble climbing stairs or walking a block.



Divorced - 2006 -
 (% of population 15 years and over)

	2006 (%)
New Brunswick	6.7
Canada	8



Actual indicator: Lone-parent families

Source: Statistics Canada, 2006 Census.
CANSIM table no.: 109-0300

Definition:

A lone parent of any marital status, with at least one child living in the same dwelling

Why is this indicator important?

Countless studies show that children in single parent households are under a lot more stress. Economic hardship, a lack of emotional support, loss of contact with a parent, and inter-parental conflict can all serve as stressors in a child's life.

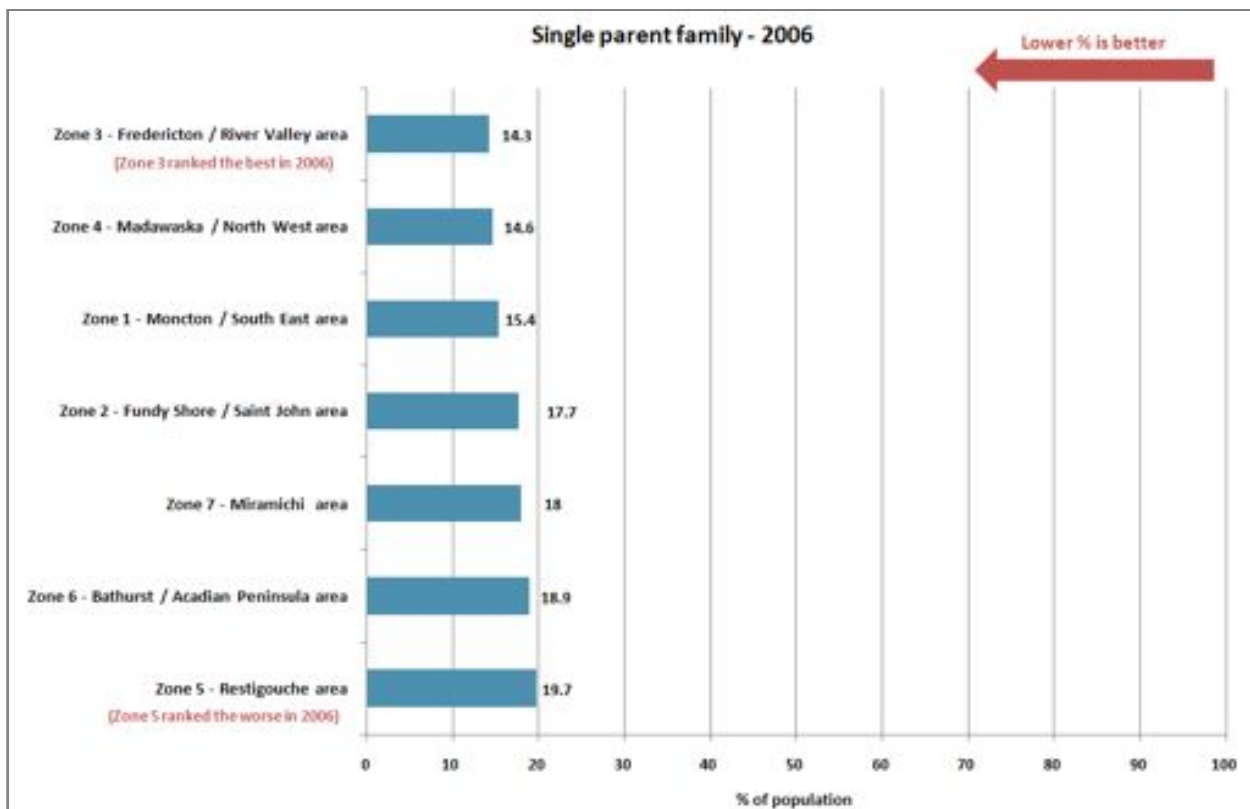
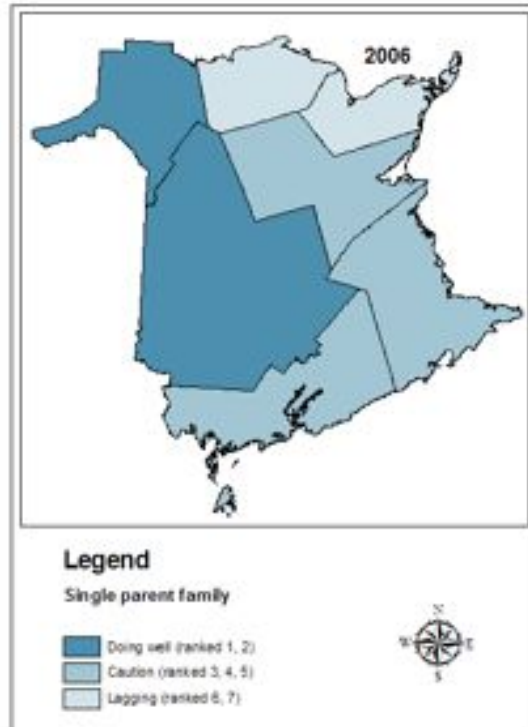
Single parent families tend to experience short and longer-term economic and psychological disadvantages; children have higher absentee rates at school, lower levels of education, and higher dropout rates (with boys more negatively affected than girls); and more delinquent activity, including alcohol and drug addiction. Adolescents, on the other hand, are more negatively affected by parental discord prior to divorce than by living in single parent families and actually gain in responsibility as a result of altered family routines.

Although the research findings are mixed on long-term effects, the majority of children adjusts and do not experience severe problems over time. It is possible for the negative effects to be balanced out if the parents make an extra effort to provide their child with all the emotional support they need.



Single parent family—2006—
(% of population)

	2006 (%)
New Brunswick	13.5
Canada	15.3



Actual indicator: Prevalence of low income before tax for persons in private household (percent)

Source: Statistics Canada, 2006 Census.
CANSIM table no.: 109-0300

Definition:

An economic family refers to a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption. By contrast, the census family concept requires that family members be a male or female spouse, a male or female common-law partner, a male or female lone parent, or a child with a parent present. The concept of economic family may therefore refer to a larger group of persons than does the census family concept. All census family persons are economic family persons. For 2006, foster children are considered economic family members. Note that as of 2001, same-sex partners are considered to be common-law partners. Thus they are considered related and members of the same economic family.



As of 1971, published family statistics included families living in private households (including those enumerated outside Canada) and all collective households.

For 2006, married spouses may be of opposite or same sex. The persons not in economic families refer to household members who do not belong to an economic family. Persons living alone are included in this category.

Low-income cut-offs (LICOs) represent levels of income where people spend disproportionate amounts of money for food, shelter and clothing. They are based on family and community size and are updated to account for changes in the consumer price index. LICO data exclude institutional residents and were not derived for economic families or unattached individuals in the territories or on Indian reserves. Prevalence of low income rates are calculated from rounded counts of low income persons or families and the total number of persons or families. These counts have been rounded independently of the rounded counts shown in the table; thus, there may be a small difference between the rate shown and the one derived from the counts shown. Users are advised to interpret prevalence of low income rates based upon small counts with caution. For additional information and a table of low income cut-offs, please refer to the 2006 Census Dictionary, catalogue number 92-566-XWE.

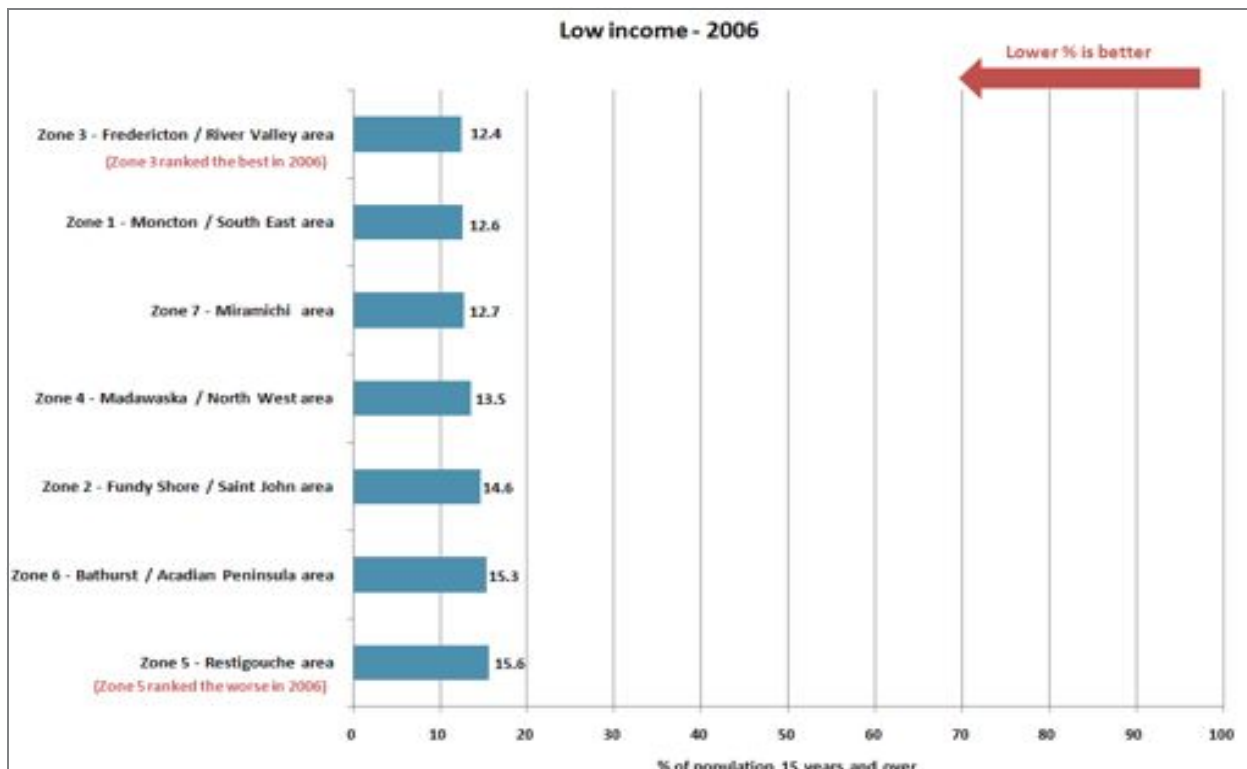
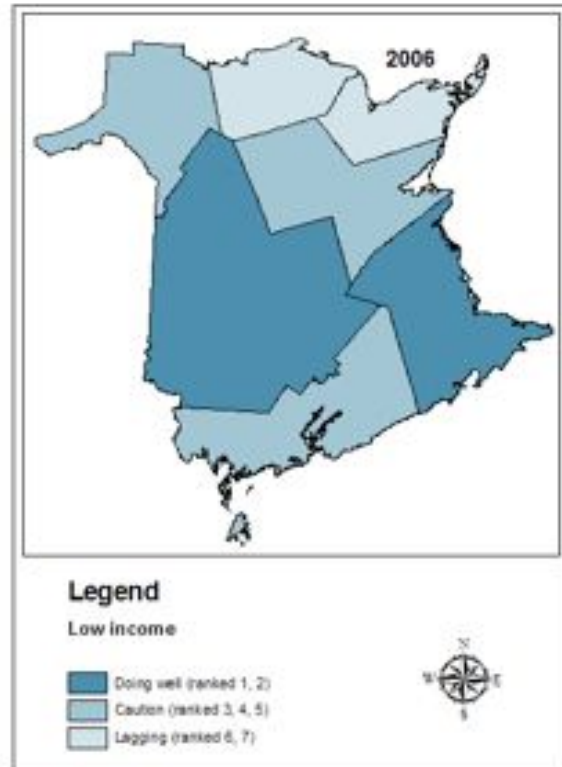
Why is this indicator important?

This is a widely used measure of socioeconomic status. *Less than sufficient household incomes can be associated with poorer overall health and higher hospital admission rates.*

Low income can affect your food choices, your dental hygiene, affording your prescription drugs and the quality of your housing, to name a few. It can have an effect on your mental health and your stress level as well.

Low income - 2006 -
(% of population 15 years and older)

	2006 (%)
New Brunswick	13.5
Canada	15.3



Actual indicator: Total Violent Crime

Source: Statistics Canada, Beyond 20/20 Web Data Server; Canadian Centre for Justice Statistics: Incident based Crime Statistics, by detailed violation, 2008-2009

Definition:

A violent crime or crime of violence is a crime in which the offender uses or threatens to use violent force upon the victim. This entails both crimes in which the violent act is the objective, such as murder, as well as crimes in which violence is the means to an end, such as robbery. Violent crimes include crimes committed with and without weapons.

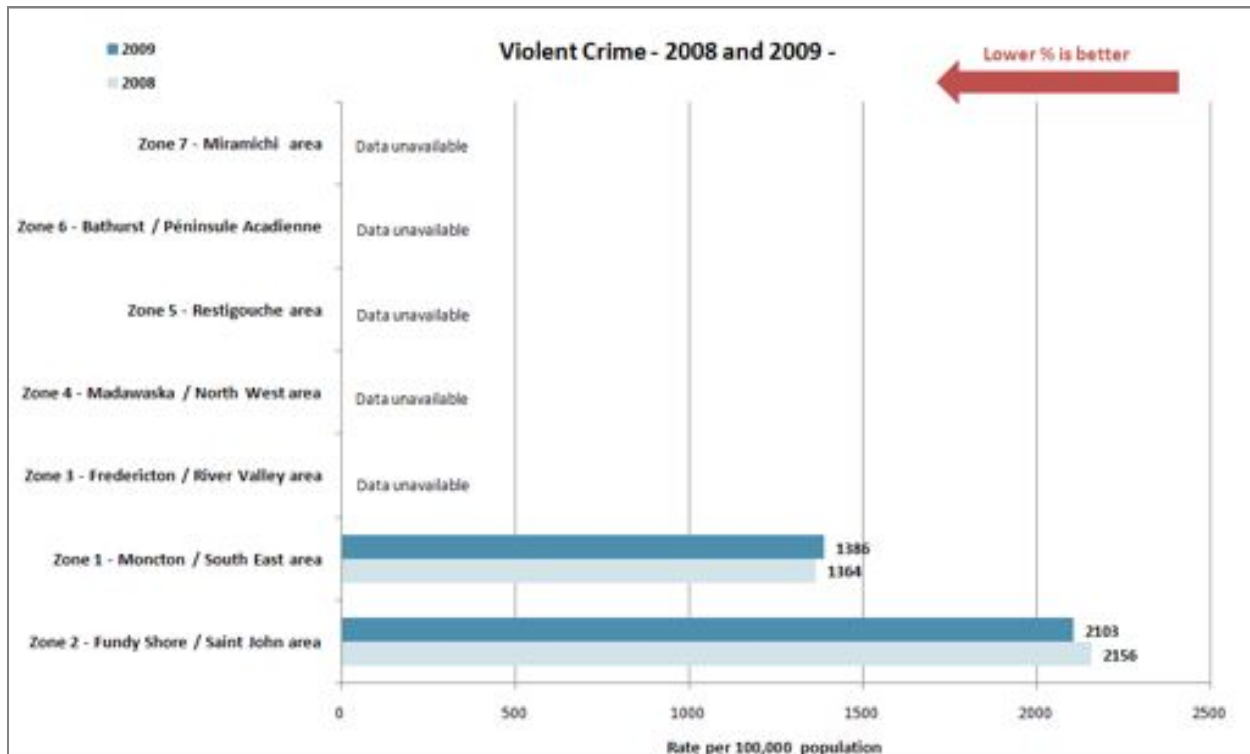
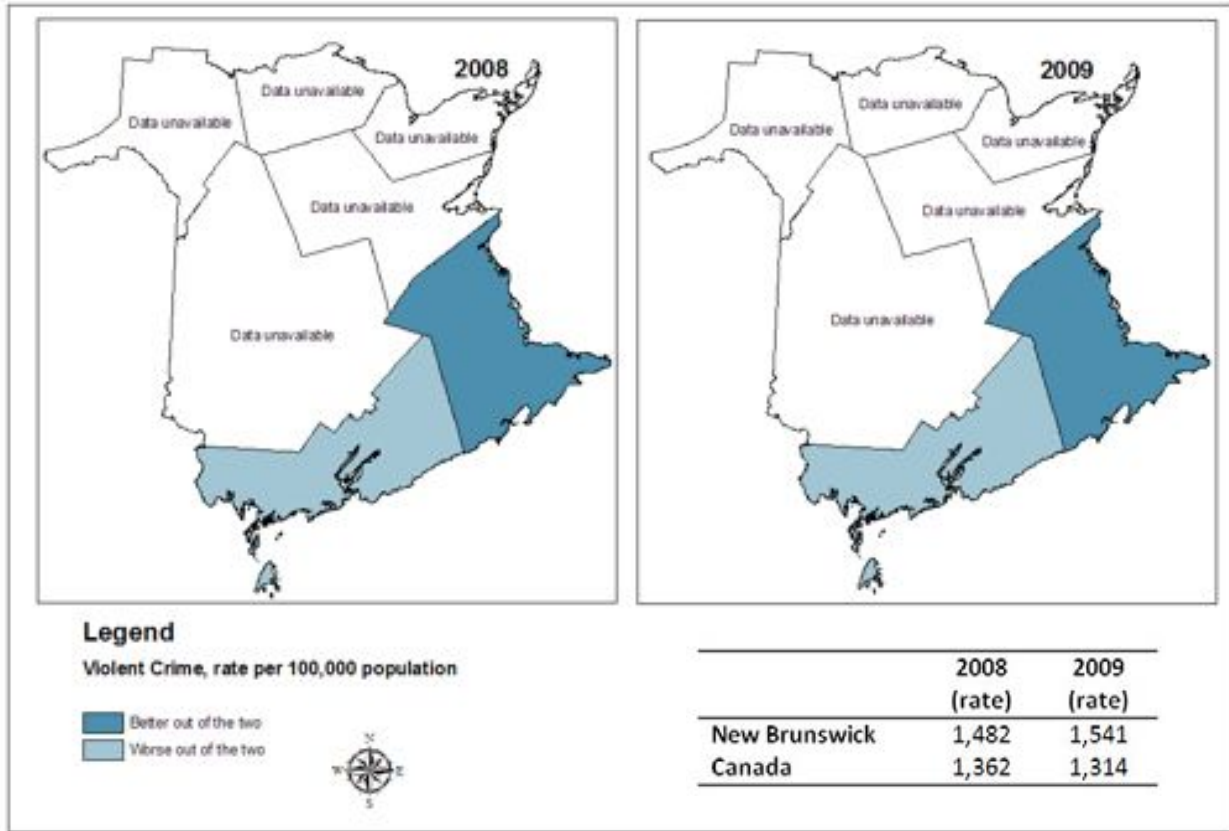
Why is this indicator important?

Fear of crime is thought to contribute to an underlying mechanism explaining differences in health and has been directly associated with poor health outcomes.

Crimes such as rape and physical attacks will affect a person's mental health. The quality adjusted life years are affected for victims of crime.



Violent Crime - 2008 and 2009 -



Actual indicator: Total Property Crime

Source: Statistics Canada, Beyond 20/20 Web Data Server; Canadian Centre for Justice Statistics: Incident based Crime Statistics, by detailed violation, 2008-2009

Definition:

Property crime is a category of crime that includes, among other crimes, burglary, larceny, theft, motor vehicle theft, arson, shoplifting, and vandalism. Property crime only involves the taking of money or property, and does not involve force or threat of force against a victim.

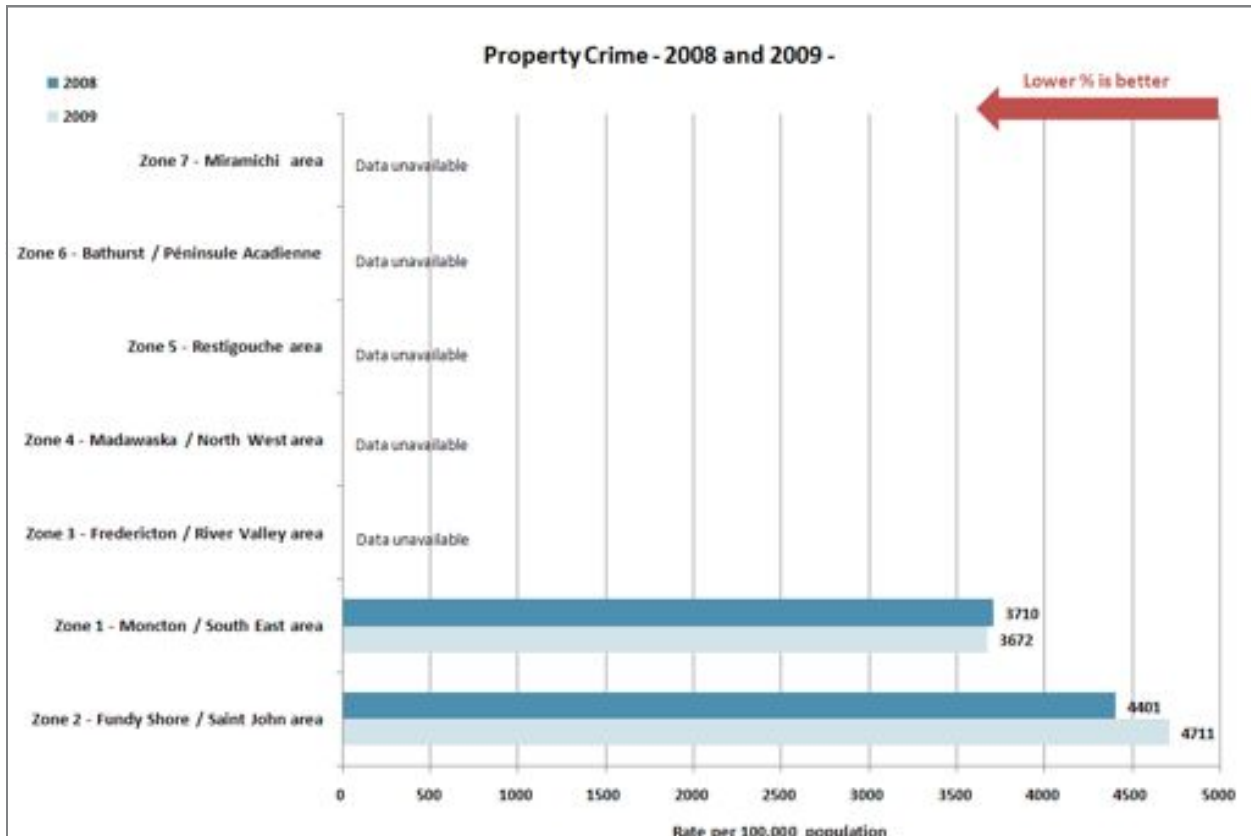
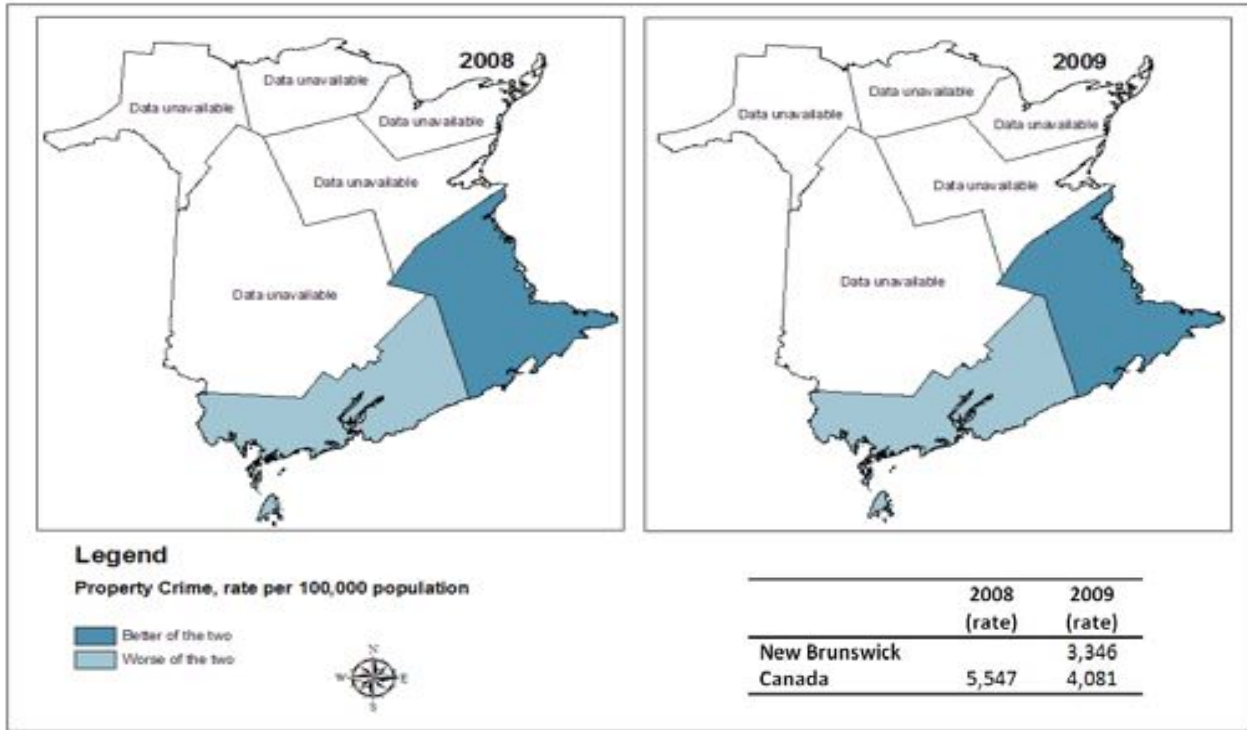
Why is this indicator important?

Fear of crime is thought to contribute to an underlying mechanism explaining area differences in health and has been directly associated with poor health outcomes.

Crimes such robbery or vandalism can contribute to some mental health issues with the victims.



Property Crime - 2008 and 2009 -



Actual indicator: Total charges for driving under the influence (drugs or alcohol)

Source: Statistics Canada, Beyond 20/20 Web Data Server; Canadian Centre for Justice Statistics: Incident based Crime Statistics, by detailed violation, 2008-2009

Definition:

Impaired driving involves operating a motor vehicle, while one's ability to operate that vehicle is impaired by alcohol, or a drug.

Why is this indicator important?

Every year, driving impaired is responsible for hundreds of deaths and thousands of injuries on our roads. It is a sad record, with lives claimed or ruined and massive costs imposed on the community.

Of course passengers in the car may be affected by being injured in accidents, but they may be affected emotionally by the trauma of accidents as well. But beyond that, there is the emotional trauma to family members and friends who may lose loved ones or have to cope with severely injured loved ones.

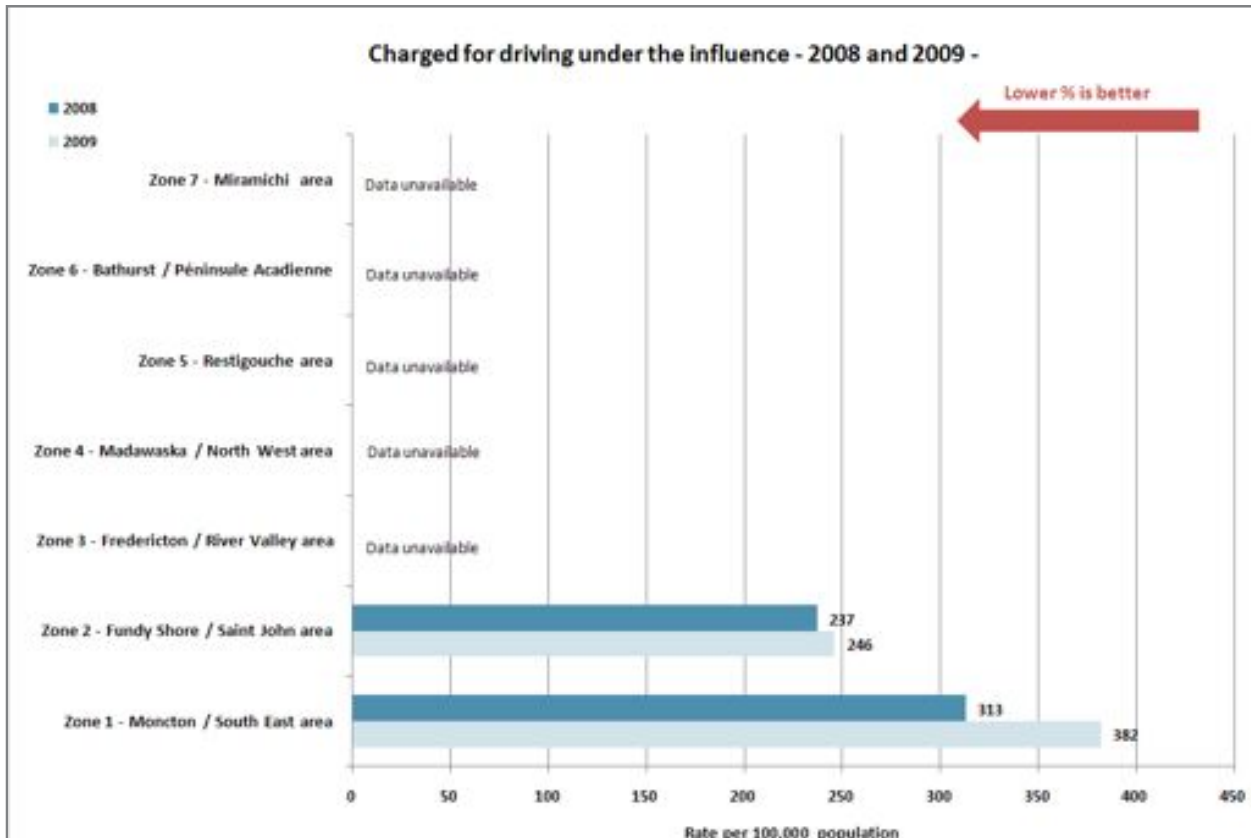
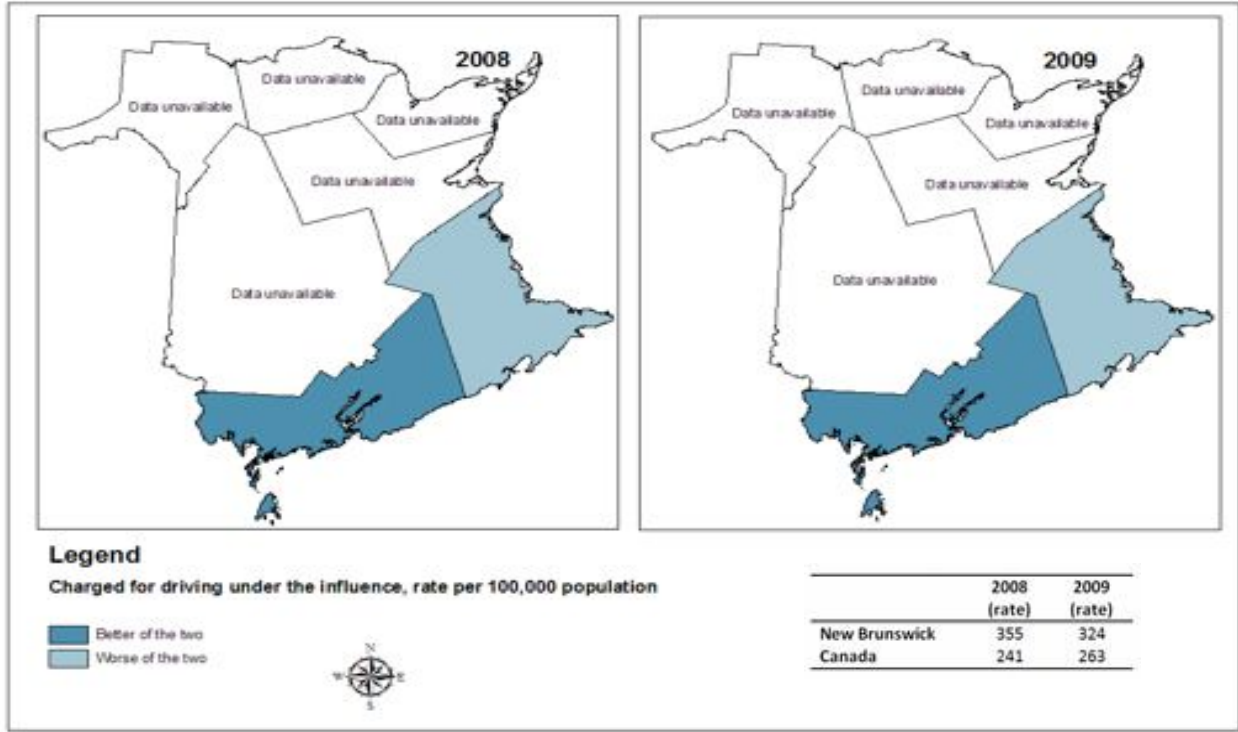
Family members or friends may also feel guilty for “letting” loved ones drive while drunk, although ultimately the driver is responsible for his or her own actions.

We should not ignore the consequences of drunk driving to the driver, however. In addition to possible injury and death, there is the emotional trauma that may occur if he or she causes injury or death to someone else. The guilt can be overwhelming. There can also be legal problems as a result.

Fortunately, for some years now, more and more people from all segments of society have developed a sound attitude towards impaired driving. There is a growing understanding that drinking and driving is no longer acceptable.



Charged for driving under the influence - 2008 and 2009 -







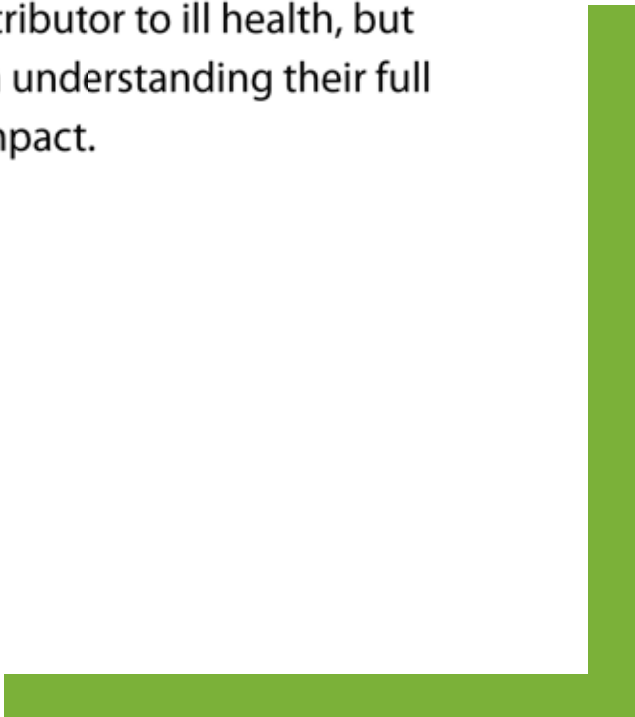
Section 5 — Health Determinants

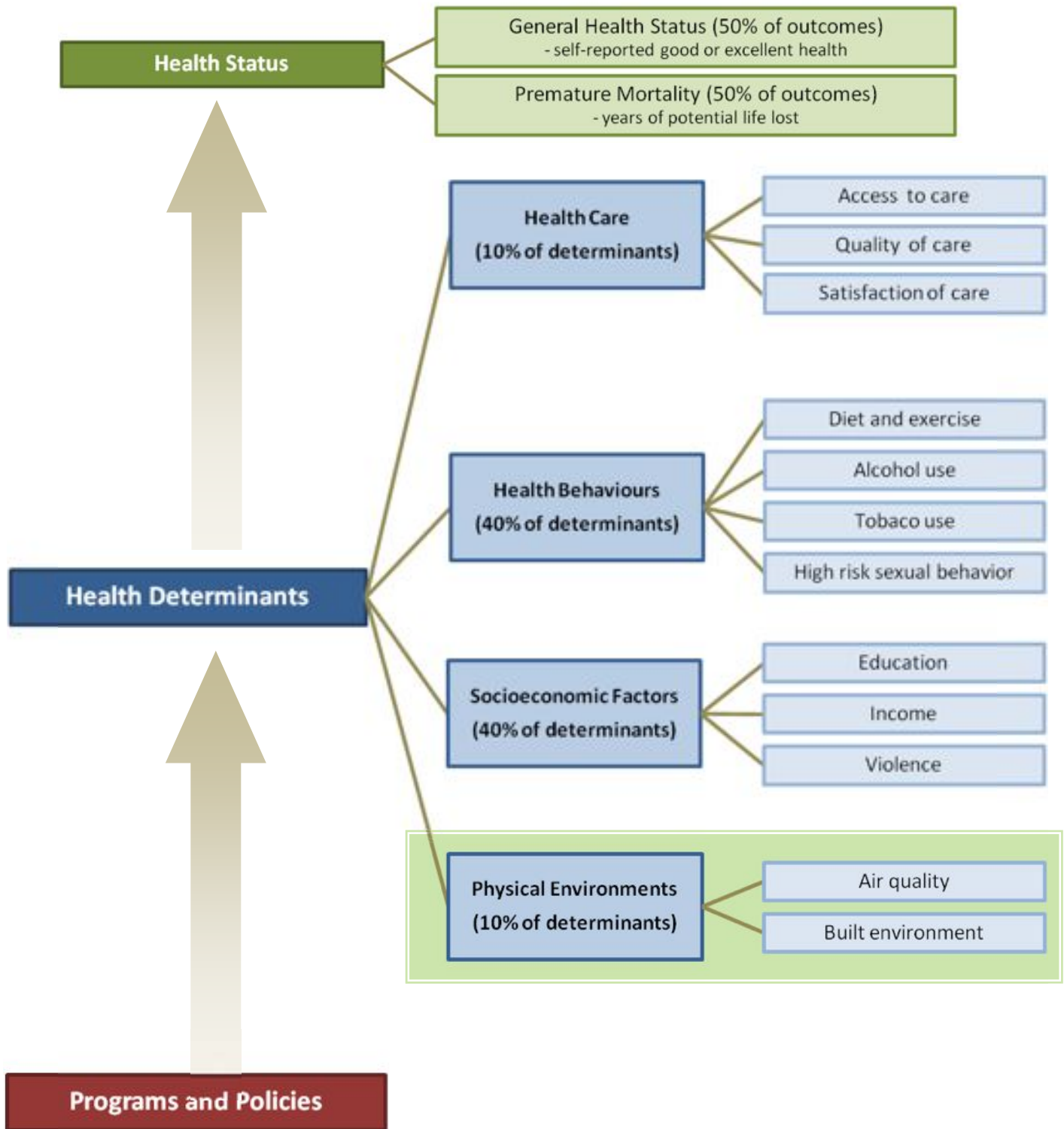
Physical Environment:

accounts for 10% of the health status



Exposure to harmful factors in the environment is an important contributor to ill health, but major gaps remain in understanding their full impact.





Actual indicator: Exposure to second-hand smoke at home

Source: Statistics Canada, Canadian Community Health Survey, 2008 and 2009.
CANSIM table no.: 105-0501

Definition:

Non-smoking population aged 12 and over who reported that at least one person smoked inside their home every day or almost every day. Smoking includes cigarettes, cigars and pipes.

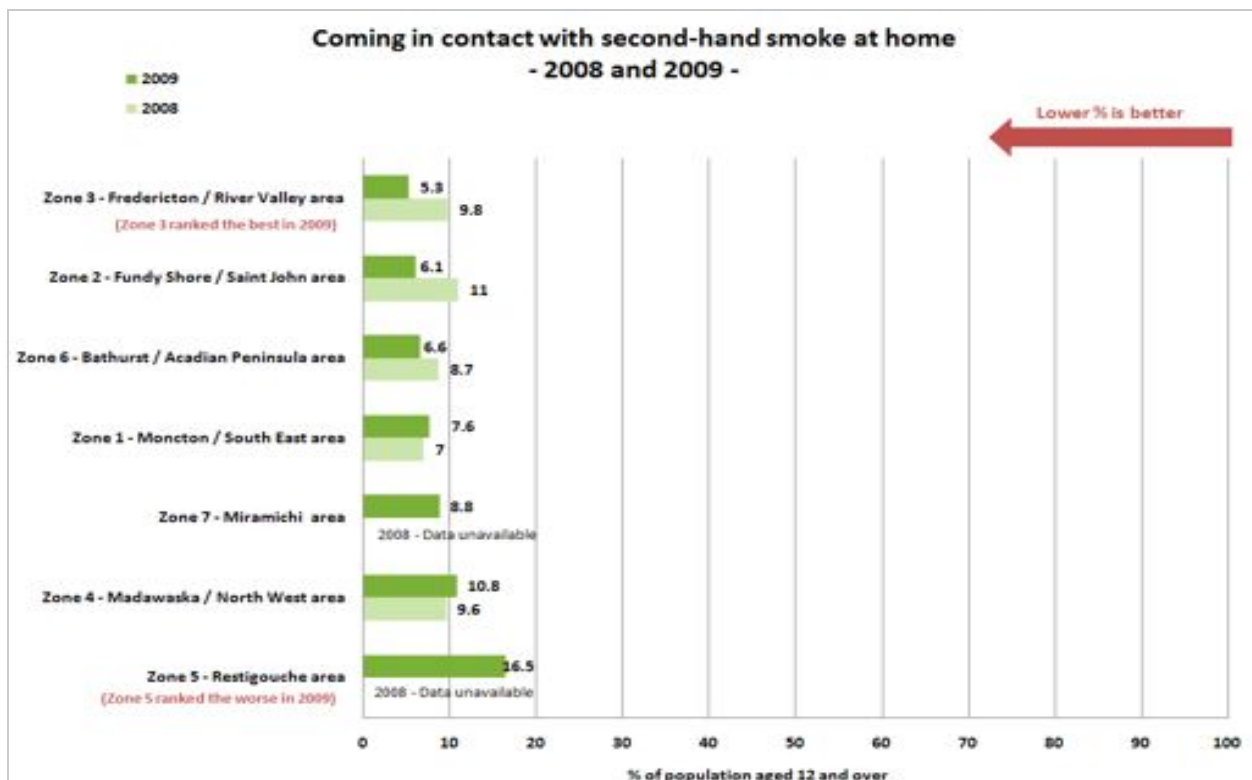
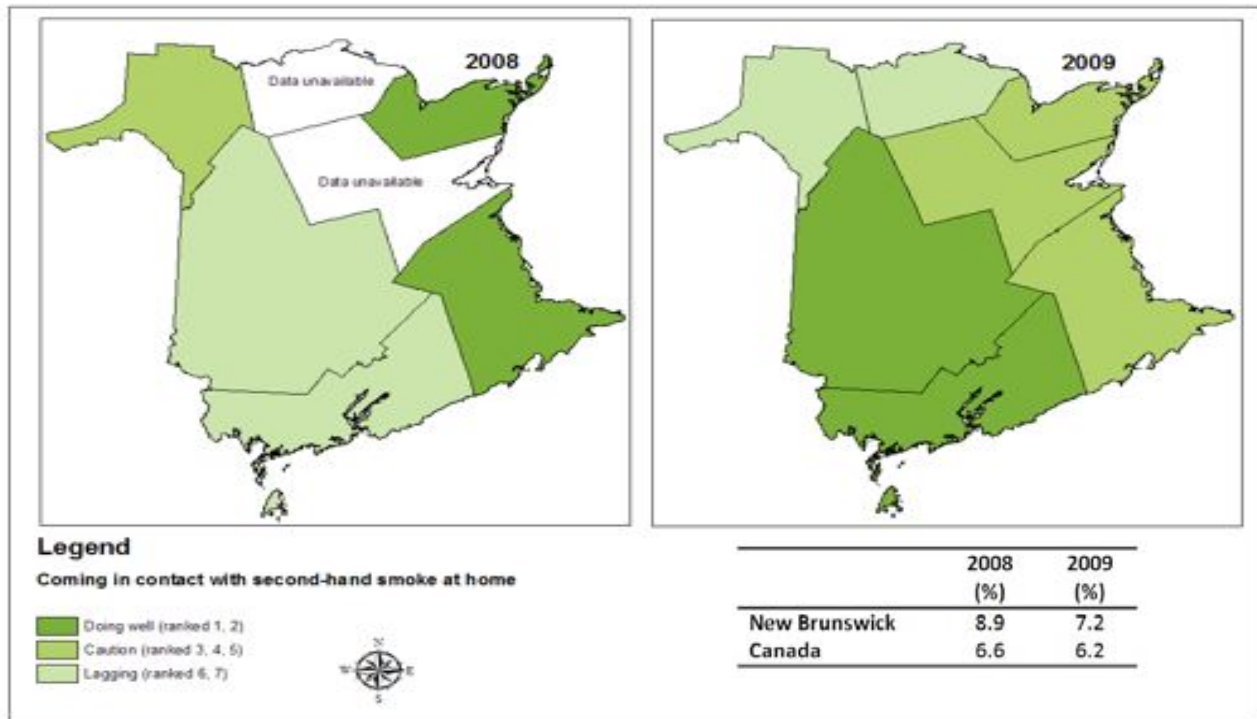
Why is this indicator important?

Second-hand smoke causes sore eyes and throat, nasal irritation, headaches, coughing and wheezing, nausea and dizziness. You are also more likely to get colds. Breathing in second-hand smoke can also trigger asthma attacks and increase your chances of getting bronchitis and pneumonia.

If you have been exposed to second-hand smoke for a long time, you are more likely to develop and die from heart problems, breathing problems or lung cancer.



Coming in contact with second-hand smoke at home -2008 and 2009 -
 (% of population aged 12 and over)



Actual indicator: Exposure to second-hand smoke in the past month, in vehicles and/or public places

Source: Statistics Canada, Canadian Community Health Survey, 2008 and 2009.
CANSIM table no.: 105-0501

Definition:

Non-smoking population aged 12 and over who reported being exposed to second-hand smoke in private vehicles and/or public places on every day or almost every day in the past month.

Smoking includes cigarettes, cigars and pipes.

Why is this indicator important?

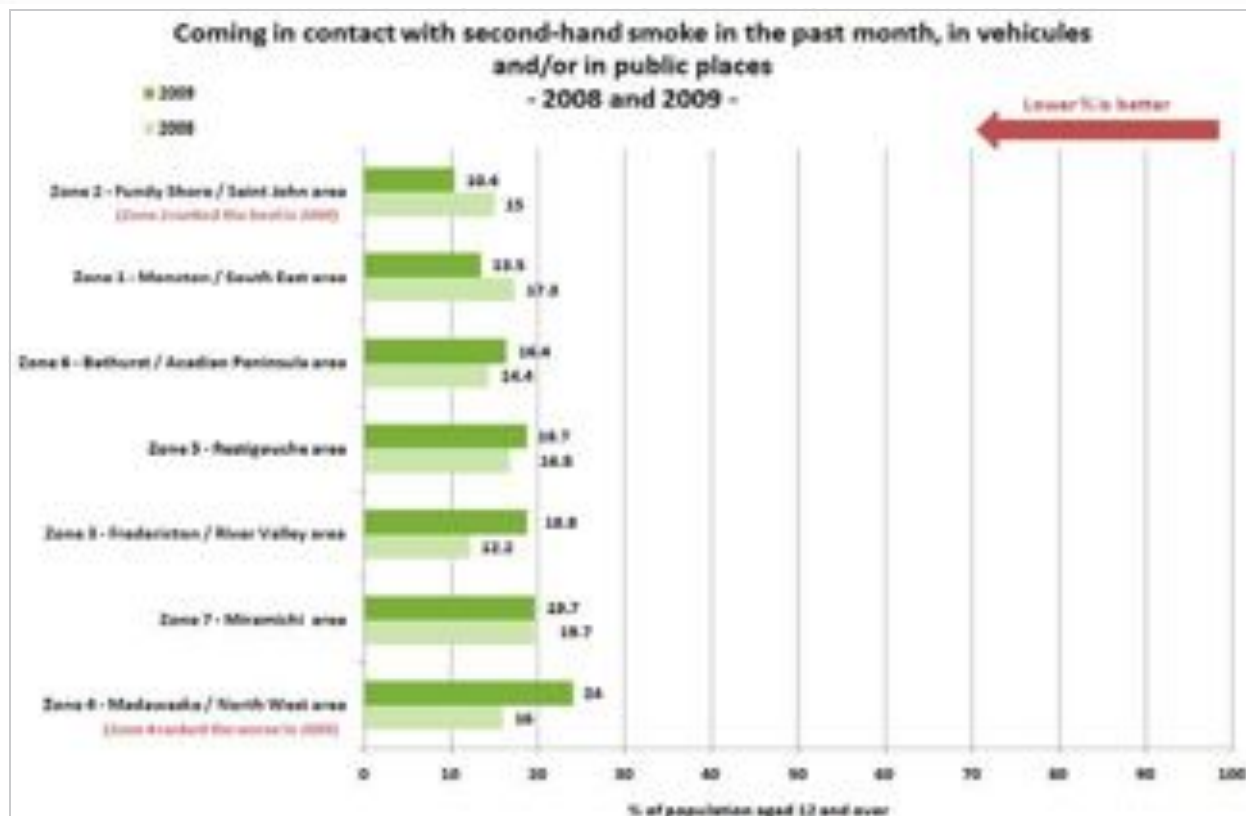
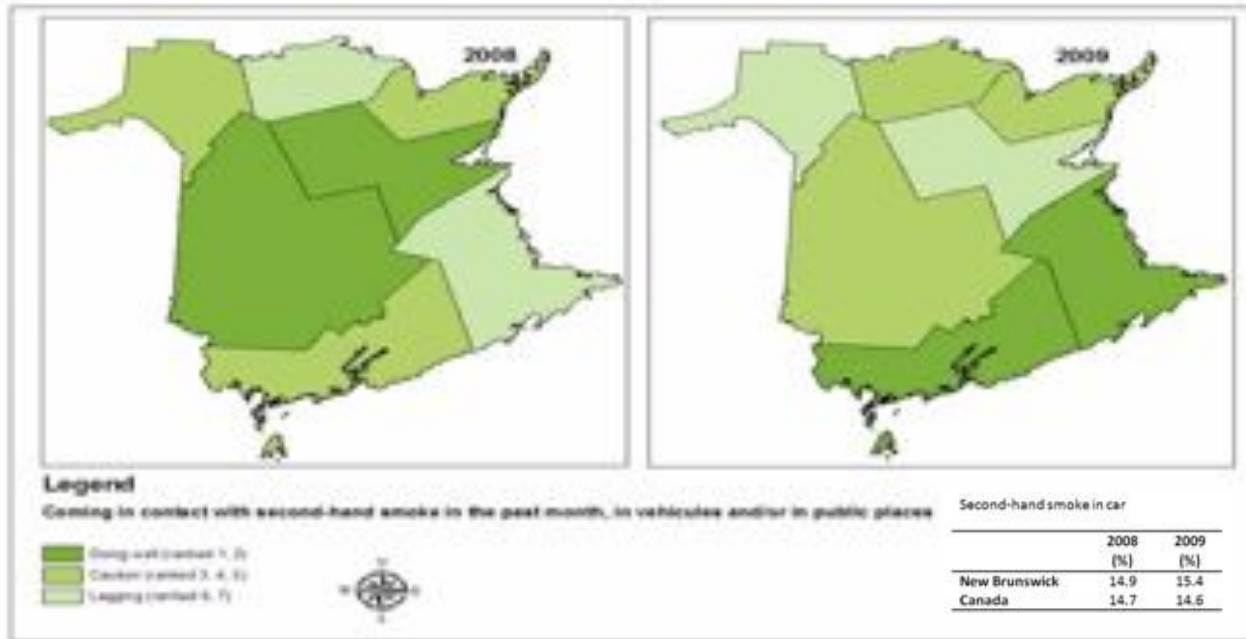
Second-hand smoke causes sore eyes and throat, nasal irritation, headaches, coughing and wheezing, nausea and dizziness. You are also more likely to get colds. Breathing in second-hand smoke can also trigger asthma attacks and increase your chances of getting bronchitis and pneumonia.

If you have been exposed to second-hand smoke for a long time, you are more likely to develop and/or die from heart problems, breathing problems or lung cancer.



Coming in contact with second-hand smoke in the past month, in vehicles and/or in public places - 2008 and 2009 -

(% of population aged 12 and over)



Actual indicator: Sense of community belonging

Source: Statistics Canada, Canadian Community Health Survey, 2008 and 2009.
CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported their sense of belonging to their local community as being very strong or somewhat strong.

Why is this indicator important?

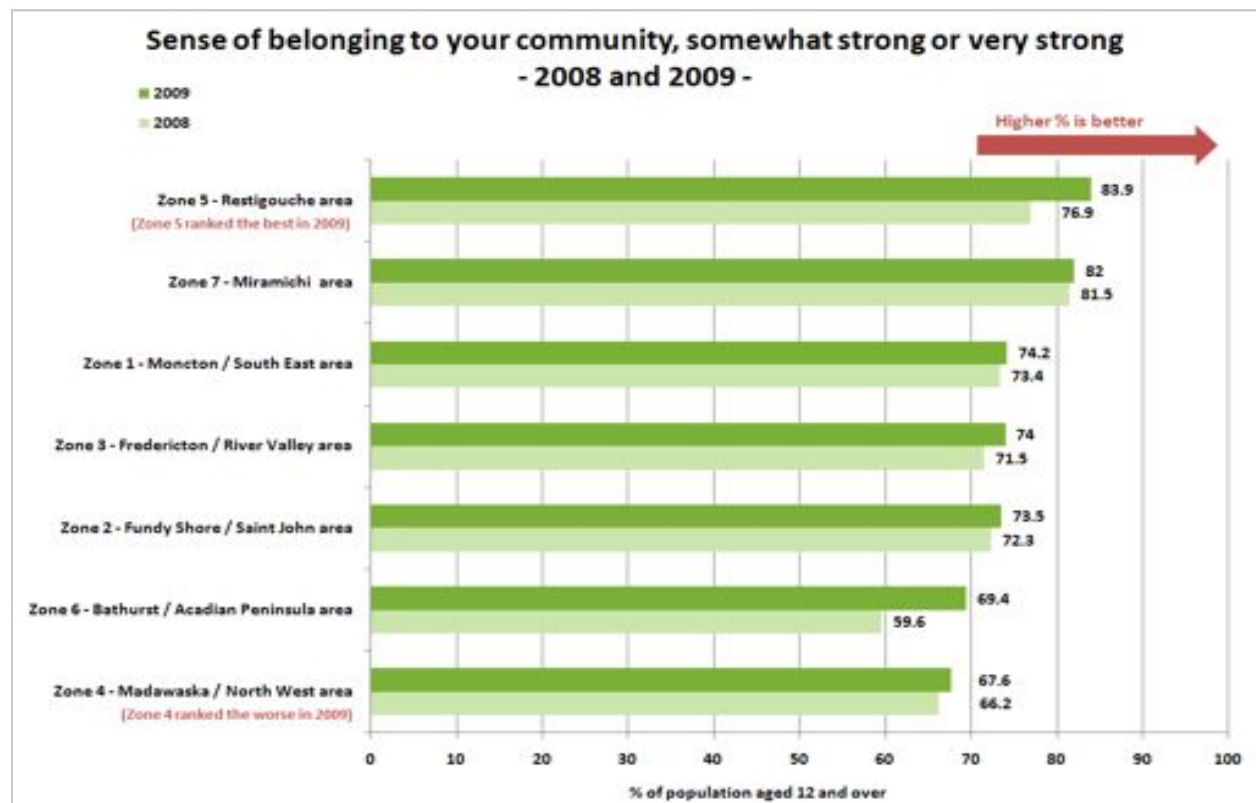
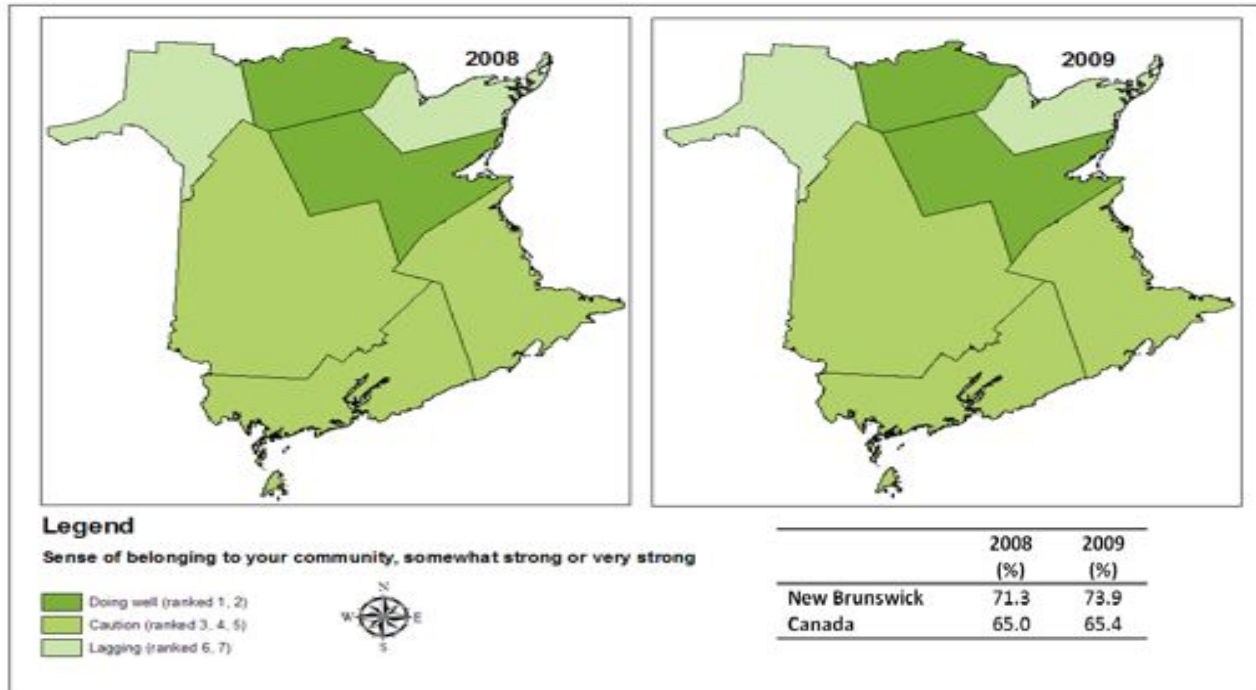
Research shows a high correlation of sense of community belonging with physical and mental health.

Social support and connectedness refers to people, networks and social resources to which individuals have access in times of need and that provide a foundation for a sense of belonging in one's community.

Individuals who feel isolated and alienated from their communities, or who lack supportive friends and family, often experience poorer health status than those individuals who have a robust social networking.



Sense of belonging to your community, somewhat strong or very strong - 2008 and 2009 -
 (% of population aged 12 and over)



Appendix

- A—Provincial snapshot
- B—Zone snapshots
- C—Executive Summary
- D—Description of zones
- E—The sources
- F—Questions and answers



Fall 2010 - New Brunswick

"Population Health Snapshot - 2010" Version 2

Rank compared with last NBHC snapshot

NB Male NB Female NB Average Canadian Average Rank (NB to Canada)

POPULATION HEALTH STATUS

	(%, 2009)	NB Male	NB Female	NB Average	Canadian Average	Rank (NB to Canada)	
See their health as being very good or excellent	(%, 2009)	55.9	54.1	55.0	60.5	◆ 11/13	▼
See their mental health as being very good or excellent	(%, 2009)	67.0	69.1	68.1	73.9	◆ 12/13	▼
Pain or soreness that prevents activities (physical or emotional)	(%, 2009)	12.6	16.3	14.5	12.3	◆ 13/13	▼
Life satisfaction, satisfied or very satisfied	(%, 2009)	91.4	92.3	91.8	92.1	● 5/13	New indicator
Expected years of life	(age, 2005/2007)	77	83	80.0	80.7	● 6/10	--
Infant with less than average birth weight	(%, 2005/2007)	5.3	5.8	5.5	6.0	● 4/13	▲
Infant deaths	(rate per 1,000 live birth, 2005/2007)	4.6	3.5	4.1	5.0	● 3/13	▼
Premature deaths from heart and stroke	(years of life lost, 2004/2008)	140	56	98	--	--	--
Premature deaths from cancer	(years of life lost, 2004/2008)	185	158	172	--	--	--
Premature deaths from breathing diseases	(years of life lost, 2004/2008)	25	16	21	--	--	--
Premature deaths from injuries	(years of life lost, 2004/2008)	119	38	78	--	--	--
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, 2004/2008)	65	18	42	--	--	--

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

	(%, 2009)	NB Male	NB Female	NB Average	Canadian Average	Rank (NB to Canada)	
Has a regular medical doctor	(%, 2009)	91.9	92.3	92.1	84.9	● 2/13	▲
Medical doctor visit within the last year	(%, 2009)	76.4	85.3	80.9	80.5	● 8/13	▲
Dental professional visit within the last year	(%, 2007/2008)	50.8	58.5	54.7	64.8	◆ 11/13	--
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2008/2009)	F	F	542	320	◆ 10/13	=
Adults 65 years and up who have received the flu shot in the last year	(%, 2009)	62.7	59.6	60.9	66.5	● 9/12	▲
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	80.9	80.9	84.9	◆ 4/4	--
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2009)	--	83.3	83.3	80.5	● 3/6	--
Patient satisfaction with the health care system	(%, 2010)	87.8	85.3	86.4	--	--	--

Health Behaviours - account for 40% of the health status

	(%, 2009)	NB Male	NB Female	NB Average	Canadian Average	Rank (NB to Canada)	
Physical activity during free-time, moderately active or active	(%, 2009)	56.6	42.7	49.3	52.5	◆ 10/13	▼
Eat 5 or more fruits or vegetables a day	(%, 2009)	31.7	47.5	40.0	45.6	● 6/13	=
Adults with unhealthy weight (obese)	(%, 2009)	28.5	28.4	28.5	17.9	◆ 13/13	▼
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2009)	26.0	12.8	19.2	17.2	● 7/13	=
Seeing your stress as being a lot	(%, 2009)	20.1	21.8	21.0	23.2	● 9/13	▼
Current smoker, daily or occasional	(%, 2009)	23.5	20.6	22.0	20.1	● 6/13	▼
Number of sexually transmitted illnesses (genital Chlamydia)	(rate per 10,000, 2008)	F	F	22	--	--	--
Teens who are pregnant	(rate per 1,000 females, 2008)	--	11	11	--	--	--
Always wears a bicycle helmet while on a bike	(%, 2009)	47.9	56.9	51.4	36.5	● 3/12	New indicator

Socioeconomic Factors - account for 40% of the health status

	(%, 2006)	NB Male	NB Female	NB Average	Canadian Average	Rank (NB to Canada)	
No high school diploma (25 years and older)	(%, 2006)	23.1	19	21	15.4	● 8/13	--
Unemployment	(%, 2009)	F	F	8.9	8.3	● 6/10	=
Divorced	(%, 2006)	6.8	7.1	6.7	8	● 5/13	--
Single parent family	(%, 2006)	3	13.4	16.4	15.9	● 5/13	--
Low income	(%, 2006)	12	14.9	13.5	15.3	● 2/10	▼
Violent crime	(rate per 100,000 population, 2009)	F	F	1541	1314	● 6/13	▼
Property crime	(rate per 100,000 population, 2009)	F	F	3346	4081	● 2/13	=
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2009)	F	F	324	263	● 4/13	▲

Physical Environment - accounts for 10% of the health status

	(%, 2009)	NB Male	NB Female	NB Average	Canadian Average	Rank (NB to Canada)	
Coming in contact with second-hand smoke at home	(%, 2009)	6.8	7.7	7.2	6.2	● 7/13	▲
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2009)	16.9	14.1	15.4	14.6	◆ 12/12	▼
Sense of belonging to your community, somewhat strong or very strong	(%, 2009)	76.0	71.9	73.9	65.4	● 5/13	▲

Provincial rank in Canada
 ● Doing well (ranked 1, 2, 3)
 ● Caution
 ◆ Lagging (last three places)

Rating by best (1) to worst(7). Includes all provinces and territories when data is available (13 in total)

Rank Comparison with the last NBHC Population Health Snapshot

▲ New Brunswick Provincial rank has improved within Canada
 ▼ New Brunswick Provincial rank has gotten worse within Canada
 = New Brunswick Provincial rank has stayed the same within Canada

2010 New Brunswick

Population Health

Snapshot



How can you improve your health?

Be active in your healthcare need

- ❖ Health care, which is access to care and the quality of the care you receive account for about 10% of what determines your health.

Be healthy

- ❖ You can change your health by choosing positive health behaviors in your life. Your behaviours account for 40% of your health.

Believe in your potential

- ❖ Education, income and how you surround yourself with friends and family, the socioeconomic factors, account for 40% of your health status.

Be part of a good physical environment

- ❖ Where you live, the quality of the air you breathe, the water you drink, and if you are surrounded by second hand smoke, meaning the physical environment is another big determinant of your health which accounts for about 10% of your health status.

SPECIFICS ABOUT NB

Age distribution of the population

0- 19 years old = 22.7%
20-39 years old = 24.9%
40-64 years old = 37.7%
65 ++ years old = 14.7%

Total population = 729 995
Median age = 41.5

Language spoken at home:

French = 29.4%
English = 68.7%

Immigrant population = 3.7%
Aboriginal population = 2.5%

(source: 2006 Census, Statistics Canada)



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Engager. Évaluer. Informer. Recommander.

Ideas for Healthy Living:

- Smile
- Quit smoking
- Take a walk
- Develop your talents
- Take a yoga class
- Walk the dog
- Go skating on the pond
- Play in the snow
- Attend a play
- Enjoy nature
- Limit alcohol consumption
- Take a cooking class
- Get plenty of rest
- Go camping
- Build a sandcastle
- Eat more fruits and vegetables
- Leave your car at home
- Plant a garden
- Rake some leaves
- Volunteer your time
- Read a good book
- Gaze at the stars
- Go snowshoeing
- Take a painting class
- Cut down on salt
- Visit your friend
- Believe in your potential
- Organize a neighborhood party
- Learn to play an instrument
- Practice laughing

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Zone 1: Moncton/South-East Area "Population Health Snapshot 2010" – Version 2

Zone 1 Male	Zone 1 Female	Zone 1 Average	NB Average	Rank (Zone 1 to other zones)	Trend (Version 2 compared to last snapshot)
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POPULATION HEALTH STATUS

	(%, 2009)	Zone 1 Male	Zone 1 Female	Zone 1 Average	NB Average	Rank (Zone 1 to other zones)	Trend (Version 2 compared to last snapshot)
See their health as being very good or excellent	(%, 2009)	45.1	49.0	47.1	55.0	◆ 7/7	▼
See their mental health as being very good or excellent	(%, 2009)	59.8	57.2	58.5	68.1	◆ 7/7	▼
Pain or soreness that prevents activities (physical or emotional)	(%, 2009)	17.6 ^E	13.0 ^E	15.2	14.5	● 5/7	▼
Life satisfaction, satisfied or very satisfied	(%, 2009)	91.4	91.5	91.4	91.8	● 5/7	New indicator
Expected years of life	(age, 2006)	77.3	82.4	79.8	79.0	● 1/7	--
Infant with less than average birth weight	(%, 2005/2007)	5.4	5.7	5.6	5.5	● 2*/7	▲
Infant deaths	(rate per 1,000 live birth, 2005/2007)	4.5	3.7	4.1	4.1	● 2/5	▲
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2004/2008)	123.5	45.2	84.0	97.8	● 2/7	--
Premature deaths from cancer	(years of life lost, rate per 10,000 2004/2008)	173.3	151.9	162.5	171.6	● 2/7	--
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2004/2008)	22.5	12.7	17.6	20.6	● 2/7	--
Premature deaths from injuries	(years of life lost, rate per 10,000 2004/2008)	125	36.0	80.1	78.3	● 5/7	--
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2004/2008)	60.0	22.8	41.2	41.5	● 4/7	--

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

	(%, 2009)	Zone 1 Male	Zone 1 Female	Zone 1 Average	NB Average	Rank (Zone 1 to other zones)	Trend (Version 2 compared to last snapshot)
Has a regular medical doctor	(%, 2009)	92.4	91.9	92.1	92.1	● 4/7	=
Medical doctor visit within the last year	(%, 2009)	78.4	81.6	80.0	80.9	● 4/7	▲
Dental professional visit within the last year	(%, 2007/2008)	51.4	60.9	56.5	54.7	● 3/7	▼
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2008/2009)	F	F	399	542	● 1/7	=
Adults 65 years and up who have received the flu shot in the last year	(%, 2009)	67.4	59.6	62.9	60.9	● 2/7	▲
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	80.5	80.5	80.9	● 4/7	=
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2009)	--	83.5	83.5	83.3	● 5/7	▼
Patient satisfaction with the health care system	(%, 2010)	88.9	87.3	88.0	86.4	● 2/7	--

Health Behaviours – account for 40% of the health status

	(%, 2009)	Zone 1 Male	Zone 1 Female	Zone 1 Average	NB Average	Rank (Zone 1 to other zones)	Trend (Version 2 compared to last snapshot)
Physical activity during free-time, moderately active or active	(%, 2009)	60.4	39.0	49.3	49.3	● 4/7	▼
Eat 5 or more fruits or vegetables a day	(%, 2009)	28.8	49.0	39.3	40.0	● 4/7	▲
Adults with unhealthy weight (obese)	(%, 2009)	34.7	30.9	32.7	28.5	◆ 6/7	▼
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2009)	31.9	17.5 ^E	24.5	19.2	◆ 7/7	▼
Seeing your stress as being a lot	(%, 2009)	16.7 ^E	25.7	21.3	21.0	◆ 6/7	=
Current smoker, daily or occasional	(%, 2009)	26.3 ^E	23.0	24.6	22.0	◆ 7/7	▼
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2008)	F	F	24	21.7	◆ 6/7	--
Teens who are pregnant	(rate per 1,000 females, 2008)	--	10	10	11	● 3*/7	--
Always wears a bicycle helmet while on a bike	(%, 2009)	46.3	59.6	51.2	51.4	● 3/7	New indicator

Socioeconomic Factors – account for 40% of the health status

	(%, 2006)	Zone 1 Male	Zone 1 Female	Zone 1 Average	NB Average	Rank (Zone 1 to other zones)	Trend (Version 2 compared to last snapshot)
No high school diploma (25 years and older)	(%, 2006)	26.4	20.4	23.4	21	● 3/7	--
Unemployment	(%, 2009)	F	F	7.5	8.9	● 2/7	▲
Divorced	(%, 2006)	6.3	7.6	7.0	6.7	◆ 6/7	--
Single parent family	(%, 2006)	2.5	12.9	15.4	16.3	● 3/7	--
Low income	(%, 2006)	11.4	13.7	12.6	13.5	● 2/7	--
Violent crime	(rate per 100,000 population, 2009)	F	F	1,386	1,541	--	--
Property crime	(rate per 100,000 population, 2009)	F	F	3,710	3,346	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2009)	F	F	237	324	--	--

Physical Environment – accounts for 10% of the health status

	(%, 2009)	Zone 1 Male	Zone 1 Female	Zone 1 Average	NB Average	Rank (Zone 1 to other zones)	Trend (Version 2 compared to last snapshot)
Coming in contact with second-hand smoke at home	(%, 2009)	7.7 ^E	F	7.6 ^E	7.2	● 4/7	▼
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2009)	12.5 ^E	14.4 ^E	13.5	15.4	● 2/7	▲
Sense of belonging to your community, somewhat strong or very strong	(%, 2009)	79.9	68.8	74.2	73.9	● 3/7	=

- Zone rank in New Brunswick
- Doing well (ranked 1, 2)
- Caution (ranked 3, 4, 5)
- ◆ Lagging (ranked 6, 7)

- Rank Comparison with the last NBHC Population Health Snapshot
- ▲ Zone rank has improved within New Brunswick
- ▼ Zone rank has gotten worse within New Brunswick
- = Zone rank has stayed the same within New Brunswick

Rating by best (1) to worst (7). Includes all health zones (7 in total). (E = Use data with caution, sample size too small, * = another zone has the same ranking, F = data unavailable)

Zone 1:

Moncton / South East Area

2010 Population Health – Version 2



How can you improve your health in the Moncton /South East area?

Be active in your health care need

- ❖ Ensuring you have a regular visit with a medical doctor, and following all recommended prevention measures set out for your age and sex such as having a mammography every 2 years after age 50 or as recommended by your doctor.

Be healthy

- ❖ Maintaining healthy behaviours, is not smoking; managing your stress; practicing safer sex; and if you drink alcohol, do so in moderation.
- ❖ Aiming to have and maintaining a healthy weight.

SPECIFICS ABOUT ZONE 1

Age distribution of the population

0- 19 years old = 22%
20-39 years old = 26%
40-64 years old = 37%
65 + years old = 15%

Total population = 191 860

Median age = 41.2

Language spoken at home:

French = 37%
English = 61%

Immigrant population = 3.4%

Aboriginal population = 2.4%

(source: 2006 Census, Statistics Canada)

Ideas for Healthy Living:

- Smile
- Quit smoking
- Take a walk
- Develop your talents
- Take a yoga class
- Walk the dog
- Go skating on the pond
- Play in the snow
- Attend a play
- Enjoy nature
- Limit alcohol consumption
- Take a cooking class
- Get plenty of rest
- Go camping
- Build a sandcastle
- Eat more fruits and vegetables
- Leave your car at home
- Plant a garden
- Rake some leaves
- Volunteer your time
- Read a good book
- Gaze at the stars
- Go snowshoeing
- Take a painting class
- Cut down on salt
- Visit your friend
- Believe in your potential
- Organize a neighborhood party
- Learn to play an instrument
- Practice laughing



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Zone 2: Fundy Shore/Saint John Area "Population Health Snapshot 2010" – Version 2

		Zone 2 Male	Zone 2 Female	Zone 2 Average	NB Average	Rank (Zone 2 to other zones)	Trend (Version 2 compared to last snapshot)
POPULATION HEALTH STATUS							
See their health as being very good or excellent	(%, 2009)	61.3	62.2	61.8	55.0	● 1/7	▲
See their mental health as being very good or excellent	(%, 2009)	60.5	77.4	69.6	68.1	◆ 6/7	▼
Pain or soreness that prevents activities (physical or emotional)	(%, 2009)	8.4 ^E	20.5	14.7	14.5	● 4/7	▼
Life satisfaction, satisfied or very satisfied	(%, 2009)	90.9	92.0	91.5	91.8	● 4/7	New indicator
Expected years of life	(age, 2006)	75.4	81.6	78.5	79.0	● 5/7	--
Infant with less than average birth weight	(%, 2005/2007)	5.0	5.3	5.1	5.5	● 1/7	▲
Infant deaths	(rate per 1,000 live birth, 2005/2007)	4.0	2.3	3.2	4.1	● 2/5	▲
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2004/2008)	163.5	75.6	119.2	97.8	◆ 7/7	--
Premature deaths from cancer	(years of life lost, rate per 10,000 2004/2008)	208.3	163.7	185.5	171.6	◆ 7/7	--
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2004/2008)	28.0	16.6	22.2	20.6	● 5/7	--
Premature deaths from injuries	(years of life lost, rate per 10,000 2004/2008)	110.6	34.1	71.6	78.3	● 2/7	--
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2004/2008)	49.9	15.6	32.4	41.5	● 1/7	--

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

Has a regular medical doctor	(%, 2009)	91.3	92.5	91.9	92.1	● 5/7	▲
Medical doctor visit within the last year	(%, 2009)	81.6	86.0	83.9	80.9	● 1/7	▲
Dental professional visit within the last year	(%, 2007/2008)	52.6	60.1	56.5	54.7	● 2/7	▲
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2008/2009)	F	F	446	542	● 2/7	=
Adults 65 years and up who have received the flu shot in the last year	(%, 2009)	60.5	64.3	62.8	60.9	● 3/7	▼
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	82.5	82.5	80.9	● 3/7	=
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2009)	--	76.4	76.4	83.3	◆ 7/7	=
Patient satisfaction with the health care system	(%, 2010)	89.2	82.5	85.7	86.4	● 4*/7	--

Health Behaviours – account for 40% of the health status

Physical activity during free-time, moderately active or active	(%, 2009)	58.5	47.1	52.4	49.3	● 1/7	▲
Eat 5 or more fruits or vegetables a day	(%, 2009)	36.3	38.7	37.6	40.0	◆ 6/7	▲
Adults with unhealthy weight (obese)	(%, 2009)	22.8	24.5	23.7	28.5	● 1/7	▲
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2009)	18.2 ^E	17.8 ^E	18.0	19.2	● 4/7	▼
Seeing your stress as being a lot	(%, 2009)	26.8 ^E	15.8 ^E	21.1	21.0	● 5/7	▼
Current smoker, daily or occasional	(%, 2009)	26.7 ^E	18.4 ^E	22.3	22.0	● 5/7	=
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2008)	F	F	16	21.7	● 5/7	--
Teens who are pregnant	(rate per 1,000 females, 2008)	--	15	15	11	◆ 7/7	--
Always wears a bicycle helmet while on a bike	(%, 2009)	60.8 ^E	64.0	62.4	51.4	● 1/7	New indicator

Socioeconomic Factors – account for 40% of the health status

No high school diploma (25 years and older)	(%, 2006)	16.9	15.7	16.3	21	● 1/7	--
Unemployment	(%, 2009)	F	F	6.4	8.9	● 1/7	▲
Divorced	(%, 2006)	6.6	7.8	7.2	6.7	◆ 7/7	--
Single parent family	(%, 2006)	3.1	14.6	17.7	16.3	● 4/7	--
Low income	(%, 2006)	13.1	16.0	14.6	13.5	● 5/7	--
Violent crime	(rate per 100,000 population, 2009)	F	F	2,103	1,541	--	--
Property crime	(rate per 100,000 population, 2009)	F	F	4,401	3,346	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2009)	F	F	313	324	--	--

Physical Environment – accounts for 10% of the health status

Coming in contact with second-hand smoke at home	(%, 2009)	F	7.0 ^E	6.1^E	7.2	● 2/7	▲
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2009)	11.7 ^E	9.4 ^E	10.4	15.4	● 1/7	▲
Sense of belonging to your community, somewhat strong or very strong	(%, 2009)	71.6	75.1	73.5	73.9	● 5/7	▼

Zone rank in New Brunswick
 ● Doing well (ranked 1, 2)
 ● Caution (ranked 3, 4, 5)
 ◆ Lagging (ranked 6, 7)

Rank Comparison with the last NBHC Population Health Snapshot
 ▲ Zone rank has improved within New Brunswick
 ▼ Zone rank has gotten worse within New Brunswick
 = Zone rank has stayed the same within New Brunswick

Rating by best (1) to worst (7). Includes all health zones (7 in total). (E = Use data with caution, sample size too small, * = another zone has the same ranking, F = data unavailable)

Zone 2: Fundy Shore / Saint John Area

2010 Population Health

Snapshot – Version 2



How can you improve your health in the Fundy Shore / Saint John area?

Be active in your health care need

- ❖ Prevention is a key factor in your health. Following all recommended prevention measure set out for your age and sex such as having a mammography every 2 years after age 50 or as recommended by your doctor.

Be healthy

- ❖ You can improve your health by choosing positive health behaviors in your life such as following a balanced diet with plenty of fruit and vegetables and staying away from stress and smoking as much as you can and practicing safer sex.

Be part of a social support network

- ❖ Surround yourself with friends and family or social resources that you can access when you need them.

SPECIFICS ABOUT ZONE 2

Age distribution of the population

0- 19 years old = 24%
20-39 years old = 24%
40-64 years old = 37%
65 + years old = 15%

Total population = 169 765
Median age = 41.0

Language spoken at home:

French = 1%
English = 97%

Immigrant population = 4.5%
Aboriginal population = 1.1%

(source: 2006 Census, Statistics Canada)

Ideas for Healthy Living:

- Smile
- Quit smoking
- Take a walk
- Develop your talents
- Take a yoga class
- Walk the dog
- Go skating on the pond
- Play in the snow
- Attend a play
- Enjoy nature
- Limit alcohol consumption
- Take a cooking class
- Get plenty of rest
- Go camping
- Build a sandcastle
- Eat more fruits and vegetables
- Leave your car at home
- Plant a garden
- Rake some leaves
- Volunteer your time
- Read a good book
- Gaze at the stars
- Go snowshoeing
- Take a painting class
- Cut down on salt
- Visit your friend
- Believe in your potential
- Organize a neighborhood party
- Learn to play an instrument
- Practice laughing



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Zone 3: Fredericton / River Valley "Population Health Snapshot 2010" – Version 2

Zone 3 Male	Zone 3 Female	Zone 3 Average	NB Average	Rank (Zone 3 to other zones)	Trend (Version 2 compared to last snapshot)
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POPULATION HEALTH STATUS

Indicator	(%, 2009)	Zone 3 Male	Zone 3 Female	Zone 3 Average	NB Average	Rank (Zone 3 to other zones)	Trend (Version 2 compared to last snapshot)
See their health as being very good or excellent	(%, 2009)	58.1	55.6	56.8	55.0	2/7	▼
See their mental health as being very good or excellent	(%, 2009)	71.5	74.4	72.9	68.1	3/7	▼
Pain or soreness that prevents activities (physical or emotional)	(%, 2009)	10.6 ^E	14.5 ^E	12.6	14.5	3/7	▲
Life satisfaction, satisfied or very satisfied	(%, 2009)	92.7	91.5	92.1	91.8	3/7	New indicator
Expected years of life	(age, 2006)	76.3	81.7	79.0	79.0	3*/7	--
Infant with less than average birth weight	(%, 2005/2007)	5.4	6.1	5.7	5.5	5/7	▼
Infant deaths	(rate per 1,000 live birth, 2005/2007)	5.5	4.6	5.1	4.1	4/5	▼
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2004/2008)	140.5	60.7	100.4	97.8	4/7	--
Premature deaths from cancer	(years of life lost, rate per 10,000 2004/2008)	174.8	147.0	160.8	171.6	1/7	--
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2004/2008)	26.2	19.5	22.8	20.6	6/7	--
Premature deaths from injuries	(years of life lost, rate per 10,000 2004/2008)	117.3	62.9	89.8	78.3	4/7	--
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2004/2008)	57.5	12.8	35.0	41.5	2/7	--

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

Indicator	(%, 2009)	Zone 3 Male	Zone 3 Female	Zone 3 Average	NB Average	Rank (Zone 3 to other zones)	Trend (Version 2 compared to last snapshot)
Has a regular medical doctor	(%, 2009)	93.5	91.4	92.4	92.1	2*/7	▲
Medical doctor visit within the last year	(%, 2009)	70.5	88.9	79.9	80.9	5/7	▲
Dental professional visit within the last year	(%, 2007/2008)	52.6	60.6	56.7	54.7	1/7	▲
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2008/2009)	F	F	633	542	5/7	▼
Adults 65 years and up who have received the flu shot in the last year	(%, 2009)	61.6	58.3	59.7	60.9	4/7	▼
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	87	87	80.9	1/7	=
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2009)	--	86.2	86.2	83.3	4/7	=
Patient satisfaction with the health care system	(%, 2010)	87.4	84.7	85.7	86.4	4*/7	--

Health Behaviours – account for 40% of the health status

Indicator	(%, 2009)	Zone 3 Male	Zone 3 Female	Zone 3 Average	NB Average	Rank (Zone 3 to other zones)	Trend (Version 2 compared to last snapshot)
Physical activity during free-time, moderately active or active	(%, 2009)	56.6	44.3	50.1	49.3	2/7	▼
Eat 5 or more fruits or vegetables a day	(%, 2009)	28.8	45.6	37.7	40.0	5/7	▼
Adults with unhealthy weight (obese)	(%, 2009)	22.7 ^E	28.2	25.5	28.5	2/7	▲
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2009)	21.9	8.1 ^E	14.8	19.2	1*/7	=
Seeing your stress as being a lot	(%, 2009)	19.0 ^E	22.7	20.9	21.0	4/7	▼
Current smoker, daily or occasional	(%, 2009)	20.0 ^E	20.6	20.3	22.0	3/7	▼
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2008)	F	F	26	21.7	7/7	--
Teens who are pregnant	(rate per 1,000 females, 2008)	--	11	11	11	5*/7	--
Always wears a bicycle helmet while on a bike	(%, 2009)	54.2	69.7	59.6	51.4	2/7	New indicator

Socioeconomic Factors – account for 40% of the health status

Indicator	(%, 2006)	Zone 3 Male	Zone 3 Female	Zone 3 Average	NB Average	Rank (Zone 3 to other zones)	Trend (Version 2 compared to last snapshot)
No high school diploma (25 years and older)	(%, 2006)	18.7	14.4	16.5	21	2/7	--
Unemployment	(%, 2009)	F	F	8.3	8.9	3/7	▼
Divorced	(%, 2006)	6.3	7.5	6.9	6.7	5/7	--
Single parent family	(%, 2006)	2.5	11.8	14.3	16.3	1/7	--
Low income	(%, 2006)	11.1	13.6	12.4	13.5	1/7	--
Violent crime	(rate per 100,000 population, 2009)	F	F	F	1,541	--	--
Property crime	(rate per 100,000 population, 2009)	F	F	F	3,346	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2009)	F	F	F	324	--	--

Physical Environment – accounts for 10% of the health status

Indicator	(%, 2009)	Zone 3 Male	Zone 3 Female	Zone 3 Average	NB Average	Rank (Zone 3 to other zones)	Trend (Version 2 compared to last snapshot)
Coming in contact with second-hand smoke at home	(%, 2009)	F	F	5.3 ^E	7.2	1/7	▲
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2009)	22.1 ^E	15.6 ^E	18.8 ^E	15.4	5/7	▼
Sense of belonging to your community, somewhat strong or very strong	(%, 2009)	76.5	71.9	74.0	73.9	4/7	▲

Zone rank in New Brunswick
 ● Doing well (ranked 1, 2)
 ● Caution (ranked 3, 4, 5)
 ◆ Lagging (ranked 6, 7)

Rank Comparison with the last NBHC Population Health Snapshot
 ▲ Zone rank has improved within New Brunswick
 ▼ Zone rank has gotten worse within New Brunswick
 = Zone rank has stayed the same within New Brunswick

Rating by best (1) to worst (7). Includes all health zones (7 in total). (E = Use data with caution, sample size too small, * = another zone has the same ranking, F = data unavailable)

**Zone 3:
Fredericton / River Valley Area
2010 Population Health
Snapshot – Version 2**



**How can you improve your health in the
Fredericton / River Valley area?**

Be active in your health care need

- ❖ If you have a chronic health problem, accessing the various resources available in your community to help you manage it such as ensuring you have a regular visit with a medical doctor and following your doctor's recommendation.

Be healthy

- ❖ You can improve your health by choosing positive health behaviors in your life, such as following a balanced diet with plenty of fruit and vegetables and staying away from smoking and second hand smoke as much as you can as well as practicing safer sex.

SPECIFICS ABOUT ZONE 3

Age distribution of the population

0- 19 years old = 23%
20-39 years old = 27%
40-64 years old = 36%
65 + years old = 14%

Total population = 165 725
Median age = 39.6

Language spoken at home:

French = 3%
English = 94%

Immigrant population = 5.3%
Aboriginal population = 3.1%

(source: 2006 Census, Statistics Canada)

Ideas for Healthy Living:

- Smile
- Quit smoking
- Take a walk
- Develop your talents
- Take a yoga class
- Walk the dog
- Go skating on the pond
- Play in the snow
- Attend a play
- Enjoy nature
- Limit alcohol consumption
- Take a cooking class
- Get plenty of rest
- Go camping
- Build a sandcastle
- Eat more fruits and vegetables
- Leave your car at home
- Plant a garden
- Rake some leaves
- Volunteer your time
- Read a good book
- Gaze at the stars
- Go snowshoeing
- Take a painting class
- Cut down on salt
- Visit your friend
- Believe in your potential
- Organize a neighborhood party
- Learn to play an instrument
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Zone 4: Madawaska / North West Area "Population Health Snapshot 2010" – Version 2

Zone 4 Male	Zone 4 Female	Zone 4 Average	NB Average	Rank (Zone 4 to other zones)	Trend (Version 2 compared to last snapshot)
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POPULATION HEALTH STATUS

Indicator	(%, 2009)	Zone 4 Male	Zone 4 Female	Zone 4 Average	NB Average	Rank (Zone 4 to other zones)	Trend (Version 2 compared to last snapshot)
See their health as being very good or excellent	(%, 2009)	64.5	64.7	59.3	55.0	2/7	▲
See their mental health as being very good or excellent	(%, 2009)	81.6	67.7	74.4	68.1	1/7	=
Pain or soreness that prevents activities (physical or emotional)	(%, 2009)	F	12.8 ^E	10.7 ^E	14.5	1/7	▲
Life satisfaction, satisfied or very satisfied	(%, 2009)	90.2	91.6	91.0	91.8	6/7	New indicator
Expected years of life	(age, 2006)	81.3	74.8	78.0	79.0	6/7	--
Infant with less than average birth weight	(%, 2005/2007)	6.1	5.0	5.5	5.5	4/7	▲
Infant deaths	(rate per 1,000 live birth, 2005/2007)	--	--	5.3	4.1	5/5	=
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2004/2008)	140.3	35.6	87.5	97.8	3/7	--
Premature deaths from cancer	(years of life lost, rate per 10,000 2004/2008)	171.5	185.1	178.4	171.6	5/7	--
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2004/2008)	25.8	14.3	20.0	20.6	3/7	--
Premature deaths from injuries	(years of life lost, rate per 10,000 2004/2008)	117.3	62.9	89.9	78.3	6/7	--
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2004/2008)	134.9	33.4	83.8	41.5	7/7	--

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

Indicator	(%, 2009)	Zone 4 Male	Zone 4 Female	Zone 4 Average	NB Average	Rank (Zone 4 to other zones)	Trend (Version 2 compared to last snapshot)
Has a regular medical doctor	(%, 2009)	91.1	93.6	92.4	92.1	2*/7	▲
Medical doctor visit within the last year	(%, 2009)	72.1	82.3	77.5	80.9	7/7	▼
Dental professional visit within the last year	(%, 2007/2008)	45.7	56.6	51.2	54.7	5/7	=
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2008/2009)	F	F	585	542	4/7	=
Adults 65 years and up who have received the flu shot in the last year	(%, 2009)	F	55.9 ^E	59.6	60.9	5/7	▲
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	70.7	70.7	80.9	7/7	▼
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2009)	--	88.8	88.8	83.3	2/7	▲
Patient satisfaction with the health care system	(%, 2010)	91.5	88.0	89.8	86.4	1/7	=

Health Behaviours – account for 40% of the health status

Indicator	(%, 2009)	Zone 4 Male	Zone 4 Female	Zone 4 Average	NB Average	Rank (Zone 4 to other zones)	Trend (Version 2 compared to last snapshot)
Physical activity during free-time, moderately active or active	(%, 2009)	54.5	45.1	49.6	49.3	3/7	▲
Eat 5 or more fruits or vegetables a day	(%, 2009)	27.4 ^E	59.6	44.1	40.0	2/7	=
Adults with unhealthy weight (obese)	(%, 2009)	30.4 ^E	32.1 ^E	31.3	28.5	5/7	▲
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2009)	25.0 ^E	F	14.8	19.2	1*/7	▲
Seeing your stress as being a lot	(%, 2009)	26.5 ^E	36.1	31.8	21.0	7/7	=
Current smoker, daily or occasional	(%, 2009)	18.9 ^E	23.3 ^E	21.3	22.0	4/7	▲
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2008)	F	F	7	21.7	1/7	--
Teens who are pregnant	(rate per 1,000 females, 2008)	--	9	9	11	2/7	--
Always wears a bicycle helmet while on a bike	(%, 2009)	29.8 ^E	29.4 ^E	29.6 ^E	51.4	7/7	New indicator

Socioeconomic Factors – account for 40% of the health status

Indicator	(%, 2006)	Zone 4 Male	Zone 4 Female	Zone 4 Average	NB Average	Rank (Zone 4 to other zones)	Trend (Version 2 compared to last snapshot)
No high school diploma (25 years and older)	(%, 2006)	29.0	25.0	27.2	21	4/7	--
Unemployment	(%, 2009)	F	F	10.8	8.9	4/7	=
Divorced	(%, 2006)	6.2	6.1	6.1	6.7	3/7	--
Single parent family	(%, 2006)	3.3	11.3	11.3	16.3	2/7	--
Low income	(%, 2006)	11.4	15.6	15.6	13.5	4/7	--
Violent crime	(rate per 100,000 population, 2009)	F	F	F	1,541	--	--
Property crime	(rate per 100,000 population, 2009)	F	F	F	3,346	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2009)	F	F	F	324	--	--

Physical Environment – accounts for 10% of the health status

Indicator	(%, 2009)	Zone 4 Male	Zone 4 Female	Zone 4 Average	NB Average	Rank (Zone 4 to other zones)	Trend (Version 2 compared to last snapshot)
Coming in contact with second-hand smoke at home	(%, 2009)	F	13.9 ^E	10.8 ^E	7.2	6/7	▼
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2009)	17.9 ^E	23.9 ^E	21.0 ^E	15.4	7/7	▼
Sense of belonging to your community, somewhat strong or very strong	(%, 2009)	69.2	66.1	67.6	73.9	7/7	▼

Zone rank in New Brunswick

- Doing well (ranked 1, 2)
- Caution (ranked 3, 4, 5)
- ◆ Lagging (ranked 6, 7)

Rank Comparison with the last NBHC Population Health Snapshot

- ▲ Zone rank has improved within New Brunswick
- ▼ Zone rank has gotten worse within New Brunswick
- = Zone rank has stayed the same within New Brunswick

Rating by best (1) to worst (7). Includes all health zones (7 in total). (E = Use data with caution, sample size too small, * = another zone has the same ranking, F = data unavailable)

Zone 4: Madawaska / North West Area

2010 Population Health Snapshot – Version 2

How can you improve your health in the Madawaska / North West area?

Be active in your health care need

- Following all recommended prevention measures set out for your age and sex such as having a Pap test done at least every 3 years for females over the age of 18 or as recommended by your doctor.

Be healthy

- ❖ Maintaining a healthy weight; not smoking; and managing your stress.
- ❖ Following safety measures such as always wearing a bicycle helmet while on a bike.

Be part of a good physical environment

- ❖ Take part in community activities in your area or surround yourself with friends and family.

SPECIFICS ABOUT ZONE 4

Age distribution of the population

0- 19 years old = 22%
20-39 years old = 23%
40-64 years old = 41%
65 + years old = 14%

Total population = 50 095

Median age = 43.0

Language spoken at home:

French = 91%
English = 7.6%

Immigrant population = 3.0%

Aboriginal population = 2.2%

(source: 2006 Census, Statistics Canada)



Ideas for Healthy Living:

- Smile
- Quit smoking
- Take a walk
- Develop your talents
- Take a yoga class
- Walk the dog
- Go skating on the pond
- Play in the snow
- Attend a play
- Enjoy nature
- Limit alcohol consumption
- Take a cooking class
- Get plenty of rest
- Go camping
- Build a sandcastle
- Eat more fruits and vegetables
- Leave your car at home
- Plant a garden
- Rake some leaves
- Volunteer your time
- Read a good book
- Gaze at the stars
- Go snowshoeing
- Take a painting class
- Cut down on salt
- Visit your friend
- Believe in your potential
- Organize a neighborhood party
- Learn to play an instrument
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Zone 5: Restigouche Area

“Population Health Snapshot 2010” – Version 2

Zone 5 Male	Zone 5 Female	Zone 5 Average	NB Average	Rank (Zone 5 to other zones)	Trend (Version 2 compared to last snapshot)
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POPULATION HEALTH STATUS

	(%, 2009)	Zone 5 Male	Zone 5 Female	Zone 5 Average	NB Average	Rank (Zone 5 to other zones)	Trend (Version 2 compared to last snapshot)
See their health as being very good or excellent	(%, 2009)	61.2	40.2	51.5	55.0	◆6/7	▼
See their mental health as being very good or excellent	(%, 2009)	66.8	74.9	70.7	68.1	●4/7	=
Pain or soreness that prevents activities (physical or emotional)	(%, 2009)	16.9 ^E	18.4 ^E	17.6 ^E	14.5	◆6/7	▼
Life satisfaction, satisfied or very satisfied	(%, 2009)	86.5	92.4	89.3	91.8	◆7/7	New indicator
Expected years of life	(age, 2006)	75.8	80.0	77.9	79.0	◆7/7	--
Infant with less than average birth weight	(%, 2005/2007)	6.5	6.3	6.4	5.5	◆7/7	▼
Infant deaths	(rate per 1,000 live birth, 2005/2007)	--	--	--	4.1	--	--
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2004/2008)	167.0	71.8	118.5	97.8	◆6/7	--
Premature deaths from cancer	(years of life lost, rate per 10,000 2004/2008)	184.3	172.5	178.3	171.6	●4/7	--
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2004/2008)	27.0	15.4	21.1	20.6	●4/7	--
Premature deaths from injuries	(years of life lost, rate per 10,000 2004/2008)	117.3	30.9	73.3	78.3	●3/7	--
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2004/2008)	101.3	21.9	60.9	41.5	◆6/7	--

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

	(%, 2009)	Zone 5 Male	Zone 5 Female	Zone 5 Average	NB Average	Rank (Zone 5 to other zones)	Trend (Version 2 compared to last snapshot)
Has a regular medical doctor	(%, 2009)	86.4	91.2	88.6	92.1	◆7/7	▼
Medical doctor visit within the last year	(%, 2009)	74.9	91.1	82.3	80.9	●3/7	▼
Dental professional visit within the last year	(%, 2007/2008)	48.9	60.1	54.5	54.7	●4/7	▲
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2008-2009)	F	F	838	542	◆7/7	--
Adults 65 years and up who have received the flu shot in the last year	(%, 2009)	79.5	79.4	79.4	60.9	●1/7	▲
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	76.4	76.4	80.9	●5/7	▲
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2009)	--	94.8	94.8	83.3	●1/7	▲
Patient satisfaction with the health care system	(%, 2010)	86.7	81.4	83.5	86.4	◆6/7	--

Health Behaviours – account for 40% of the health status

	(%, 2009)	Zone 5 Male	Zone 5 Female	Zone 5 Average	NB Average	Rank (Zone 5 to other zones)	Trend (Version 2 compared to last snapshot)
Physical activity during free-time, moderately active or active	(%, 2009)	56.4	33.0	45.3	49.3	●5/7	▼
Eat 5 or more fruits or vegetables a day	(%, 2009)	37.5	47.5	42.2	40.0	●3/7	=
Adults with unhealthy weight (obese)	(%, 2009)	43.0 ^E	37.4 ^E	40.3	28.5	◆7/7	▼
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2009)	39.8	F	24.1	19.2	●5/7	▲
Seeing your stress as being a lot	(%, 2009)	17.3 ^E	21.2 ^E	19.2 ^E	21.0	●3/7	▲
Current smoker, daily or occasional	(%, 2009)	14.2 ^E	20.6 ^E	17.2 ^E	22.0	●1/7	▲
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2008)	F	F	12	21.7	●3/7	--
Teens who are pregnant	(rate per 1,000 females, 2008)	--	8	8	11	●1/7	--
Always wears a bicycle helmet while on a bike	(%, 2009)	42.9 ^E	F	36.7 ^E	51.4	◆6/7	New indicator

Socioeconomic Factors – account for 40% of the health status

	(%, 2006)	Zone 5 Male	Zone 5 Female	Zone 5 Average	NB Average	Rank (Zone 5 to other zones)	Trend (Version 2 compared to last snapshot)
No high school diploma (25 years and older)	(%, 2006)	27.2	31.0	29.0	21	◆6/7	--
Unemployment	(%, 2009)	F	F	12.4	8.9	●5/7	▲
Divorced	(%, 2006)	6.6	6.6	6.6	6.7	●4/7	--
Single parent family	(%, 2006)	3.7	16.0	19.7	16.3	◆7/7	--
Low income	(%, 2006)	12.9	18.1	15.6	13.5	◆7/7	--
Violent crime	(rate per 100,000 population, 2009)	F	F	F	1,541	--	--
Property crime	(rate per 100,000 population, 2009)	F	F	F	3,346	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2009)	F	F	F	324	--	--

Physical Environment – accounts for 10% of the health status

	(%, 2009)	Zone 5 Male	Zone 5 Female	Zone 5 Average	NB Average	Rank (Zone 5 to other zones)	Trend (Version 2 compared to last snapshot)
Coming in contact with second-hand smoke at home	(%, 2009)	F	F	16.5 ^E	7.2	◆7/7	--
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2009)	25.8 ^E	F	18.7 ^E	15.4	●4/7	▲
Sense of belonging to your community, somewhat strong or very strong	(%, 2009)	89.6	77.6	83.9	73.9	●1/7	▲

- Zone rank in New Brunswick**
- Doing well (ranked 1, 2)
 - Caution (ranked 3, 4, 5)
 - ◆ Lagging (ranked 6, 7)

- Rank Comparison with the last NBHC Population Health Snapshot**
- ▲ Zone rank has improved within New Brunswick
 - ▼ Zone rank has gotten worse within New Brunswick
 - = Zone rank has stayed the same within New Brunswick

Rating by best (1) to worst (7). Includes all health zones (7 in total). (E = Use data with caution, sample size too small, F = data unavailable)

Zone 5: Restigouche Area

2010 Population Health

Snapshot – Version 2



How can you improve your health in the Restigouche area?

Be active in your health care need

- ❖ Prevention is a key factor in your health. Following all recommended prevention measures set out for your age and sex such as having a Pap test done at least every 3 years for females over the age of 18 or as recommended by your doctor.

Be healthy

- ❖ Small changes can be made such as if you have a chronic health problem, accessing the various resources available in your community to help you manage it, maintaining a healthy weight while participating in active physical activity, following safety measures such as always wearing a bicycle helmet while on a bike.

Believe in your potential

- ❖ Find out about all programs and services in your community that can provide you some assistance. Work with your community and local businesses to help your region create economic growth and prosperity. Work on graduating from high school and getting a job.

Be part of a good physical environment

- ❖ Stay away from second hand smoke as much as you can.

SPECIFICS ABOUT ZONE 5

Age distribution of the population

0- 19 years old = 21%
20-39 years old = 20%
40-64 years old = 41%
65 + years old = 18%

Total population = 27 755

Median age = 45.3

Language spoken at home:

French = 51%
English = 46.5%

Immigrant population = 1.4%

Aboriginal population = 3.6%

(source: 2006 Census, Statistics Canada)

Ideas for Healthy Living:

- Smile
- Quit smoking
- Take a walk
- Develop your talents
- Take a yoga class
- Walk the dog
- Go skating on the pond
- Play in the snow
- Attend a play
- Enjoy nature
- Limit alcohol consumption
- Take a cooking class
- Get plenty of rest
- Go camping
- Build a sandcastle
- Eat more fruits and vegetables
- Leave your car at home
- Plant a garden
- Rake some leaves
- Volunteer your time
- Read a good book
- Gaze at the stars
- Go snowshoeing
- Take a painting class
- Cut down on salt
- Visit your friend
- Believe in your potential
- Organize a neighborhood party
- Learn to play an instrument
- Practice laughing



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Zone 6: Bathurst / Acadian Peninsula Area

“Population Health Snapshot 2010” – Version 2

Zone 6 Male	Zone 6 Female	Zone 6 Average	NB Average	Rank (Zone 6 to other zones)	Trend (Version 2 compared to last snapshot)
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POPULATION HEALTH STATUS

Indicator	(%, 2009)	Zone 6 Male	Zone 6 Female	Zone 6 Average	NB Average	Rank (Zone 6 to other zones)	Trend (Version 2 compared to last snapshot)
See their health as being very good or excellent	(%, 2009)	55.5	49.2	52.4	55.0	5/7	▲
See their mental health as being very good or excellent	(%, 2009)	69.1	71.7	70.4	68.1	5/7	=
Pain or soreness that prevents activities (physical or emotional)	(%, 2009)	15.5 ^E	22.1 ^E	18.7	14.5	7/7	=
Life satisfaction, satisfied or very satisfied	(%, 2009)	92.4	95.2	93.8	91.8	1/7	New indicator
Expected years of life	(age, 2006)	76.0	82.0	79.0	79.0	3*/7	--
Infant with less than average birth weight	(%, 2005/2007)	4.2	7.2	5.6	5.5	2*/7	▲
Infant deaths	(rate per 1,000 live birth, 2005/2007)	--	--	--	4.1	--	--
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2004/2008)	110.7	39.6	75.0	97.8	1/7	--
Premature deaths from cancer	(years of life lost, rate per 10,000 2004/2008)	192.2	156.5	174.3	171.6	3/7	--
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2004/2008)	18.4	15.4	16.9	20.6	1/7	--
Premature deaths from injuries	(years of life lost, rate per 10,000 2004/2008)	154.8	32.5	93.4	78.3	7/7	--
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2004/2008)	64.8	13.0	38.8	41.5	3/7	--

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

Indicator	(%, 2009)	Zone 6 Male	Zone 6 Female	Zone 6 Average	NB Average	Rank (Zone 6 to other zones)	Trend (Version 2 compared to last snapshot)
Has a regular medical doctor	(%, 2009)	91.2	96.3	93.6	92.1	1/7	=
Medical doctor visit within the last year	(%, 2009)	75.0	84.5	79.6	80.9	6/7	▼
Dental professional visit within the last year	(%, 2007/2008)	48.3	46.5	47.4	57.7	7/7	▼
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2008/2009)	F	F	582	542	3/7	▲
Adults 65 years and up who have received the flu shot in the last year	(%, 2009)	53.2	55.4	54.4	60.9	6/7	▼
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	71.9	71.9	80.9	6/7	▼
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2009)	--	88.5	88.5	83.3	3/7	▼
Patient satisfaction with the health care system	(%, 2010)	81.1	84.8	83.1	86.4	7/7	--

Health Behaviours – account for 40% of the health status

Indicator	(%, 2009)	Zone 6 Male	Zone 6 Female	Zone 6 Average	NB Average	Rank (Zone 6 to other zones)	Trend (Version 2 compared to last snapshot)
Physical activity during free-time, moderately active or active	(%, 2009)	47.9	42.7	45.2	49.3	6/7	▲
Eat 5 or more fruits or vegetables a day	(%, 2009)	38.9	61.9	50.6	40.0	1/7	=
Adults with unhealthy weight (obese)	(%, 2009)	28.4 ^E	31.7	30.1	28.5	4/7	▼
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2009)	28.1	F	16.4	19.2	3/7	▼
Seeing your stress as being a lot	(%, 2009)	14.2 ^E	17.7 ^E	15.9 ^E	21.0	1/7	▲
Current smoker, daily or occasional	(%, 2009)	21.8 ^E	17.0 ^E	19.5	22.0	2/7	▼
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2008)	F	F	10	21.7	2/7	--
Teens who are pregnant	(rate per 1,000 females, 2008)	--	10	10	11	3*/7	--
Always wears a bicycle helmet while on a bike	(%, 2009)	37.2 ^E	52.8 ^E	43.5	51.4	5/7	New indicator

Socioeconomic Factors – account for 40% of the health status

Indicator	(%, 2006)	Zone 6 Male	Zone 6 Female	Zone 6 Average	NB Average	Rank (Zone 6 to other zones)	Trend (Version 2 compared to last snapshot)
No high school diploma (25 years and older)	(%, 2006)	35.7	29.7	32.9	21	7/7	--
Unemployment	(%, 2009)	F	F	14.5	8.9	6/7	▼
Divorced	(%, 2006)	5.9	5.6	5.8	6.7	2/7	--
Single parent family	(%, 2006)	4.2	14.7	18.9	16.3	6/7	--
Low income	(%, 2006)	13.5	17.2	15.3	13.5	6/7	--
Violent crime	(rate per 100,000 population, 2009)	F	F	F	1,541	--	--
Property crime	(rate per 100,000 population, 2009)	F	F	F	3,346	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2009)	F	F	F	324	--	--

Physical Environment – accounts for 10% of the health status

Indicator	(%, 2009)	Zone 6 Male	Zone 6 Female	Zone 6 Average	NB Average	Rank (Zone 6 to other zones)	Trend (Version 2 compared to last snapshot)
Coming in contact with second-hand smoke at home	(%, 2009)	F	F	6.6 ^E	7.2	3/7	▼
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2009)	20.0 ^E	12.8 ^E	16.4 ^E	15.4	3/7	=
Sense of belonging to your community, somewhat strong or very strong	(%, 2009)	66.5	72.2	69.4	73.9	6/7	▲

Zone rank in New Brunswick

- Doing well (ranked 1, 2)
- Caution (ranked 3, 4, 5)
- ◆ Lagging (ranked 6, 7)

Rank Comparison with the last NBHC Population Health Snapshot

- ▲ Zone rank has improved within New Brunswick
- ▼ Zone rank has gotten worse within New Brunswick
- = Zone rank has stayed the same within New Brunswick

Rating by best (1) to worst (7). Includes all health zones (7 in total). (E = Use data with caution, sample size too small, * = another zone has the same ranking, F = data unavailable)

Zone 6: Bathurst / Acadian Peninsula Area

2010 Population Health – Version 2



How can you improve your health in the Bathurst / Acadian Peninsula area?

Be active in your health care need

- ❖ Prevention is a key factor in your health. Following all recommended prevention measures set out for your age and sex such as a yearly doctor and dentist visits, receiving your regular flu shot if you are over the age of 65, and having a Pap test done at least every 3 years for females over the age of 18 or as recommended by your doctor.

Be healthy

- ❖ You can improve your health by choosing positive health behaviors in your life. Small changes in your daily life can be made such as increasing your physical activity.

Believe in your potential

- ❖ Surround yourself with friends and family or social resources that you can access when you need them. Find out about all programs and services in your community that can provide you some assistance. Work on graduating from high school.

Be part of a good physical environment

- ❖ Take part in community activities in your area.

Ideas for Healthy Living:

- Smile
- Quit smoking
- Take a walk
- Develop your talents
- Take a yoga class
- Walk the dog
- Go skating on the pond
- Play in the snow
- Attend a play
- Enjoy nature
- Limit alcohol consumption
- Take a cooking class
- Get plenty of rest
- Go camping
- Build a sandcastle
- Eat more fruits and vegetables
- Leave your car at home
- Plant a garden
- Rake some leaves
- Volunteer your time
- Read a good book
- Gaze at the stars
- Go snowshoeing
- Take a painting class
- Cut down on salt
- Visit your friend
- Believe in your potential
- Organize a neighborhood party
- Learn to play an instrument
- Practice laughing

SPECIFICS ABOUT ZONE 6

Age distribution of the population

0- 19 years old = 20%
20-39 years old = 23%
40-64 years old = 42%
65 + years old = 15%

Total population = 78 950

Median age = 44.2

Language spoken at home:

French = 82.4%
English = 16.3%

Immigrant population = 1.1%

Aboriginal population = 1.7%

(source: 2006 Census, Statistics Canada)



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Zone 7: Miramichi Area "Population Health Snapshot 2010" – Version 2

Zone 7 Male	Zone 7 Female	Zone 7 Average	NB Average	Rank (Zone 7 to other zones)	Trend (Version 2 compared to last snapshot)
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POPULATION HEALTH STATUS

Indicator	(%, 2009)	Zone 7 Male	Zone 7 Female	Zone 7 Average	NB Average	Rank (Zone 7 to other zones)	Trend (Version 2 compared to last snapshot)
See their health as being very good or excellent	(%, 2009)	61.8	54.4	58.0	55.0	3/7	▲
See their mental health as being very good or excellent	(%, 2009)	74.9	72.8	73.8	68.1	2/7	▲
Pain or soreness that prevents activities (physical or emotional)	(%, 2009)	11.2 ^E	13.8 ^E	12.5	14.5	2/7	▼
Life satisfaction, satisfied or very satisfied	(%, 2009)	91.1	94.8	93.1	91.8	2/7	New indicator
Expected years of life	(age, 2006)	75.8	82.4	79.1	79.0	2/7	--
Infant with less than average birth weight	(%, 2005/2007)	6.6	5.3	6.0	5.5	6/7	▼
Infant deaths	(rate per 1,000 live birth, 2005/2007)	--	--	4.7	4.1	3/5	▲
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2004/2008)	160.5	49.7	105.2	97.8	5/7	--
Premature deaths from cancer	(years of life lost, rate per 10,000 2004/2008)	195.1	167.2	181.1	171.6	6/7	--
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2004/2008)	28.0	25.4	26.7	20.6	7/7	--
Premature deaths from injuries	(years of life lost, rate per 10,000 2004/2008)	96.4	46.1	71.3	78.3	1/7	--
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2004/2008)	76.8	17.13	47.0	41.5	5/7	--

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

Indicator	(%, 2009)	Zone 7 Male	Zone 7 Female	Zone 7 Average	NB Average	Rank (Zone 7 to other zones)	Trend (Version 2 compared to last snapshot)
Has a regular medical doctor	(%, 2009)	92.7	89.1	90.8	92.1	6/7	▼
Medical doctor visit within the last year	(%, 2009)	77.9	87.2	82.8	80.9	2/7	▲
Dental professional visit within the last year	(%, 2007/2008)	45.3	56.6	51	54.7	6/7	▼
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2008/2009)	F	F	756	542	6/7	--
Adults 65 years and up who have received the flu shot in the last year	(%, 2009)	F	41.8 ^E	51.7^E	60.9	7/7	▼
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	83.4	83.4	80.9	2/7	=
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2009)	--	81.1	81.1	83.3	6/7	▼
Patient satisfaction with the health care system	(%, 2010)	87.0	88.2	87.6	86.4	3/7	=

Health Behaviours – account for 40% of the health status

Indicator	(%, 2009)	Zone 7 Male	Zone 7 Female	Zone 7 Average	NB Average	Rank (Zone 7 to other zones)	Trend (Version 2 compared to last snapshot)
Physical activity during free-time, moderately active or active	(%, 2009)	51.7	37.9	44.4	49.3	7/7	▼
Eat 5 or more fruits or vegetables a day	(%, 2009)	27.0 ^E	43.3	35.7	40.0	7/7	▼
Adults with unhealthy weight (obese)	(%, 2009)	32.6 ^E	20.0 ^E	25.9	28.5	3/7	▲
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2009)	32.9 ^E	16.7 ^E	24.4	19.2	6/7	▼
Seeing your stress as being a lot	(%, 2009)	20.0 ^E	16.0 ^E	17.8^E	21.0	2/7	▲
Current smoker, daily or occasional	(%, 2009)	26.4 ^E	21.9 ^E	24.0	22.0	6/7	▼
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2008)	F	F	15	21.7	4/7	--
Teens who are pregnant	(rate per 1,000 females, 2008)	--	11	11	11	5*/7	--
Always wears a bicycle helmet while on a bike	(%, 2009)	49.4 ^E	F	45.9^E	51.4	4/7	New indicator

Socioeconomic Factors – account for 40% of the health status

Indicator	(%, 2006)	Zone 7 Male	Zone 7 Female	Zone 7 Average	NB Average	Rank (Zone 7 to other zones)	Trend (Version 2 compared to last snapshot)
No high school diploma (25 years and older)	(%, 2006)	29.7	25.0	27.3	21	5/7	--
Unemployment	(%, 2009)	F	F	17.4	8.9	7/7	▼
Divorced	(%, 2006)	5.2	5.6	5.4	6.7	1/7	--
Single parent family	(%, 2006)	3.0	15.0	18.0	16.3	5/7	--
Low income	(%, 2006)	10.9	14.6	12.7	13.5	3/7	--
Violent crime	(rate per 100,000 population, 2009)	F	F	F	1,541	--	--
Property crime	(rate per 100,000 population, 2009)	F	F	F	3,346	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2009)	F	F	F	324	--	--

Physical Environment – accounts for 10% of the health status

Indicator	(%, 2009)	Zone 7 Male	Zone 7 Female	Zone 7 Average	NB Average	Rank (Zone 7 to other zones)	Trend (Version 2 compared to last snapshot)
Coming in contact with second-hand smoke at home	(%, 2009)	F	F	8.8^E	7.2	5/7	--
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2009)	20.7 ^E	F	19.7^E	15.4	6/7	▼
Sense of belonging to your community, somewhat strong or very strong	(%, 2009)	89.8	75.1	82.0	73.9	2/7	▼

Zone rank in New Brunswick

- Doing well (ranked 1, 2)
- Caution (ranked 3, 4, 5)
- ◆ Lagging (ranked 6, 7)

Rank Comparison with the last NBHC Population Health Snapshot

- ▲ Zone rank has improved within New Brunswick
- ▼ Zone rank has gotten worse within New Brunswick
- = Zone rank has stayed the same within New Brunswick

Rating by best (1) to worst (7). Includes all health zones (7 in total). (E = Use data with caution, sample size too small, F = data unavailable)

**Zone 7:
Miramichi Area
2010 Population Health
Snapshot – Version 2**



Ideas for Healthy Living:

- Smile
- Quit smoking
- Take a walk
- Develop your talents
- Take a yoga class
- Walk the dog
- Go skating on the pond
- Play in the snow
- Attend a play
- Enjoy nature
- Limit alcohol consumption
- Take a cooking class
- Get plenty of rest
- Go camping
- Build a sandcastle
- Eat more fruits and vegetables
- Leave your car at home
- Plant a garden
- Rake some leaves
- Volunteer your time
- Read a good book
- Gaze at the stars
- Go snowshoeing
- Take a painting class
- Cut down on salt
- Visit your friend
- Believe in your potential
- Organize a neighborhood party
- Learn to play an instrument
- Practice laughing

How can you improve your health?

Be active in your health care need

- ❖ Following all recommended prevention measures set out for your age and sex such as a yearly dentist visits, receiving your regular flu shot if you are over the age of 65, and having a mammogram done at least every 2 years for females between the age of 50 to 69 or as recommended by your doctor.

Be healthy

- ❖ If you have a chronic health problem, accessing the various resources available in your community to help you manage it. Following a balanced diet with plenty of fruit and vegetables and doing active physical activity. If you drink alcohol, doing so in moderation.

Believe in your potential

- ❖ Working with your community and local businesses to help your region create economic growth and prosperity.

SPECIFICS ABOUT ZONE 7

Age distribution of the population

0- 19 years old = 23%
20-39 years old = 24%
40-64 years old = 38%
65 + years old = 15%

Total population = 45 850
Median age = 42.2

Language spoken at home:

French = 24.3%
English = 73.3%

Immigrant population = 2.0%
Aboriginal population = 6.2%

(source: 2006 Census, Statistics Canada)



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Executive Summary
- Population Health Snapshot per zone, New Brunswick and Canada –
Fall 2010

	Desired direction	Zone 1: Moncton/ South-East Area	Zone 2: Fundy Shore / Saint John Area	Zone 3: Fredericton / River Valley Area	Zone 4: Madawaska / North West Area	Zone 5: Restigouche Area	Zone 6: Bathurst / Acadian Peninsula Area	Zone 7: Miramichi area	New Brunswick	Canada
Population Health Status										
See their health as being very good or excellent (% , 2009)	▲ Better	◆ 47.1	● 61.8	56.8	● 59.3	◆ 51.5	52.4	58	55.0	60.5
See their mental health as being very good or excellent (% , 2009)	▲ Better	◆ 58.5	◆ 69.6	72.9	● 74.4	70.7	70.4	● 73.8	68.1	73.9
Pain or soreness that prevents activities (physical or emotional) (% , 2009)	▼ Better	15.2	14.7	12.6	● 10.7 ^E	◆ 17.6 ^E	◆ 18.7	● 12.5	14.5	12.3
Life satisfaction, satisfied or very satisfied (% , 2009)	▲ Better	91.4	91.5	92.1	91	◆ 89.3	● 93.8	● 93.1	91.8	92.1
Expected years of life (age, NB* - 2005/2007, Zones – 2006)	▲ Better	79.8	78.5	79	78	77.9	79	79.1	80.0*	80.7*
Infant with less than average birth weight (% , 2005/2007)	▼ Better	● 5.6	● 5.1	5.7	5.5	◆ 6.4	● 5.6	◆ 6.0	5.5	6.0
Infant deaths (rate per 1,000 live birth, 2005/2007)	▼ Better	● 4.1	● 3.2	◆ 5.1	◆ 5.3	--	--	4.7	4.1	5.0
Premature deaths from heart and stroke (years of life lost, 2004-2008)	▼ Better	● 84	◆ 119	100	88	◆ 119	● 75	105	98	--
Premature deaths from cancer (years of life lost, 2004-2008)	▼ Better	● 163	◆ 186	● 161	178	178	174	◆ 181	172	--
Premature deaths from breathing diseases (years of life lost, 2004-2008)	▼ Better	● 18	22	◆ 23	20	21	● 17	◆ 27	21	--
Premature deaths from injuries (years of life lost, 2004-2008)	▼ Better	80	● 72	75	◆ 90	73	◆ 93	● 71	78	--
Premature deaths due to suicides/self-inflicted injuries (years of life lost, 2004-2008)	▼ Better	41	● 32	● 35	◆ 84	◆ 61	39	47	42	--
Health Determinants										
Health Care – accounts for 10 % of the health status										
Has a regular medical doctor (% , 2009)	▲ Better	92.1	91.9	● 92.4	● 92.4	◆ 88.6	● 93.6	◆ 90.8	92.1	84.9
Medical doctor visit within the last year (% , 2009)	▲ Better	80.0	● 83.9	79.9	◆ 77.5	82.3	◆ 79.6	● 82.8	80.9	80.5
Dental professional visit within the last year (% , 2007/2008)	▲ Better	56.3	● 56.5	● 56.7	51.2	54.2	◆ 47.4	◆ 51	54.7	64.8
People being hospitalized for unnecessary conditions (aged-standardized rate per 100,000, 2008/2009)	▼ Better	● 399	● 446	633	585	◆ 838	582	◆ 756	542	320
Adults 65 years and up who have received the flu shot in the last year (% , 2009)	▲ Better	● 62.9	62.8	59.7	59.6	● 79.4	◆ 54.4	◆ 51.7 ^E	60.9	665
Females (18 to 69 years old) who had a pap test within the last 3 years (% , 2007/2008)	▲ Better	80.5	82.5	● 87	◆ 70.7	76.4	◆ 71.9	● 83.2	80.9	84.9
Females (50 to 69 years old) who had a mammogram in the last 2 years (% , 2009)	▲ Better	83.5	◆ 76.4	86.2	● 88.8	● 94.8	88.5	◆ 81.1	83.3	80.5
Patient satisfaction with the health care system (% , 2010)	▲ Better	85.7	86.4	85.7	● 89.8	◆ 83.4	◆ 83.1	● 87.6	86.4	--

● Doing well (ranked 1 or 2 out of 7)
◆ Lagging (ranked 6 or 7 out of 7)

Indicator	Desired direction	Zone 1: Moncton/South-East Area	Zone 2: Fundy Shore / Saint John Area	Zone 3: Fredericton / River Valley Area	Zone 4: Madawaska / North West Area	Zone 5: Restigouche Area	Zone 6: Bathurst / Acadian Peninsula Area	Zone 7: Miramichi area	New Brunswick	Canada
Health Behaviours – account for 40% of the health status										
Physical activity during free-time, moderately active or active (% , 2009)	▲ Better	49.3	● 52.4	● 50.1	49.6	45.3	◆ 45.2	◆ 44.4	49.3	52.5
Eat 5 or more fruits or vegetables a day (% , 2009)	▲ Better	39.3	37.6	◆ 37.7	● 44.1	42.2	● 50.6	◆ 35.7	40.0	45.6
Adults with unhealthy weight (obese) (% , 2009)	▼ Better	◆ 32.7	● 23.7	● 25.5	31.3	◆ 40.3	30.1	25.9	28.5	17.9
5 or more drinks at one time, at least once a month in the past year (heavy drinking) (% , 2009)	▼ Better	◆ 24.5	18.0	● 14.8	● 14.8	24.1	16.4	◆ 24.4	19.2	17.2
Seeing your stress as being a lot (% , 2009)	▼ Better	◆ 21.3	21.1	20.9	◆ 31.8	19.2 ^E	● 15.9 ^E	● 17.8 ^E	21.0	23.2
Current smoker, daily or occasional (% , 2009)	▼ Better	◆ 24.6	22.3	20.3	21.3	● 17.2	● 19.5	◆ 24.0	22.0	20.1
Number of sexually transmitted illnesses (genital Chlamydia)(rate per 10,000, 2008)	▼ Better	◆ 24	16	◆ 26	● 7	12	● 10	15	21.7	24.9
Teens who are pregnant (rate per 1,000 females, 2008)	▼ Better	10	◆ 15	◆ 11	● 9	● 8	10	◆ 11	11	--
Always wears a bicycle helmet while on a bike(% , 2009)	▲ Better	51.2	● 62.4	● 59.6	◆ 29.6 ^E	◆ 36.7 ^E	43.5	45.9 ^E	51.4	36.5
Socioeconomic Factors – account for 40% of the health status										
No high school diploma (25 years and older) (% , 2006)	▼ Better	23.4	● 16.3	● 16.5	27.2	◆ 29.0	◆ 32.9	27.3	21	15.4
Unemployment (% , 2009)	▼ Better	● 7.5	● 6.4	8.3	10.8	12.4	◆ 14.5	◆ 17.4	8.9	8.3
Divorced (% , 2006)	▼ Better	◆ 7.0	◆ 7.2	6.9	6.1	6.6	● 5.8	● 5.4	6.7	8
Single parent family (% , 2006)	▼ Better	15.4	17.7	● 14.3	● 11.3	◆ 19.7	◆ 18.9	18.0	16.4	15.9
Low income (% , 2006)	▼ Better	● 12.6	14.6	● 12.4	15.6	◆ 15.6	◆ 15.3	12.7	13.5	15.3
Violent crime (rate per 100,000 population, 2009)	▼ Better	1,386	2,103	F	F	F	F	F	1,541	1,314
Property crime (rate per 100,000 population, 2009)	▼ Better	3,710	4,401	F	F	F	F	F	3,346	4,081
Charged for driving under the influence (drugs or alcohol) (rate per 100,000 population, 2009)	▼ Better	237	313	F	F	F	F	F	324	263
Physical Environment – accounts for 10% of the health status										
Coming in contact with second-hand smoke at home (% , 2009)	▼ Better	7.6 ^E	● 6.1 ^E	● 5.3 ^E	◆ 10.8 ^E	◆ 16.5 ^E	6.6 ^E	8.8 ^E	7.2	6.2
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place (% , 2009)	▼ Better	● 13.5	● 10.4	18.8 ^E	◆ 21.0 ^E	18.7 ^E	16.4 ^E	◆ 19.7 ^E	15.4	14.6
Sense of belonging to your community, somewhat strong or very strong (% , 2009)	▲ Better	74.2	73.5	74.0	◆ 67.6	● 83.9	◆ 69.4	● 82.0	73.9	65.4

 Doing well (ranked 1 or 2 out of 7)
 Lagging (ranked 6 or 7 out of 7)

Zone 1: Moncton / South-East area

Acadieville, Alma, Beaubassin East/ Beaubassin-est, Bouctouche, Buctouche, Botsford, Cap-Pelé, Carleton, Coverdale, Dieppe, Dundas, Dorchester, Elgin, Elsipogtog, Fort Folly, Hartcourt, Harvey, Hillsborough, Hopewell, Huskisson, Indian Island, Memramcook, Moncton, Petitcodiac, Port Elgin, Rexton, Richibucto, Riverside-Albert, Riverview, Sackville, Saint-Antoine, Saint-Charles, Saint-Louis, Saint-Louis de Kent, Saint Mary, Saint-Paul, Salisbury, Shediac, Weldford, Wellington, Westmorland

Zone 2: Fundy Shore / Saint John area

Blacks Harbour, Brunswick, Campobello, Cardwell, Clarendon, Dufferin, Dumbarton, Hammond, , Hampstead, Hampton , Havelock, Grand Bay-Westfield, Grand Manan, Greenwich, Johnston, Kars, Kingston, Lepreau, Musquash, Norton, Pennfield, Petersville, Quispamsis, Rothesay, Saint Andrews, Saint Croix, Saint George, Saint James, Saint John, Saint Martin's, Saint Patrick, Saint Stephen Simonds, Springfield, Sussex Corner, Sussex, Studholm, Upham, Waterford, Westfield, West Isles, Wickham

Zone 3: Fredericton / River Valley area

Aberdeen, Andover, Aroostook, Bath, Blissfield, Blissville, Bright, Brighton, Bristol, Burton, Cambridge, Cambridge-Narrows, Canning, Canterbury, Centreville, Chipman, Denmark, Devon, Doaktown, Douglas Dumfries, Florenceville, Fredericton, Fredericton Junction, Gagetown, Gladstone, Gordon, Hartland, Harvey, Kent, Kingsclear, Lincoln, Lorne, Ludlow, Manners Sutton, Maugerville, McAdam, Medictic, Millville, Minto, Nackawic, New Maryland, Northampton, Northfield, North Lake, Oromocto, Peel, Prince William, Perth, Plaster Rock, Queensbury, Richmond, Saint Mary's, Sheffield, Simonds, Southampton, Stanley, Tobique, Tracy, Wakefield, Waterborough, Wicklow, Wilmot, Woodstock

Zone 4: Madawaska / North West area

Baker Brook, Clair, Drummond, Edmundston, Grand Falls/Grand-Sault, Grimmer, Kedgwick, Lac Baker, Madawaska, Notre-Dame-de-Lourdes, Rivière-Verte, Saint-André, Sainte-Anne, Saint-Anne-de-Madawaska, Saint-Basile, Saint-François, Saint-François de Madawaska, Saint-Hilaire, Saint-Jacques, Saint-Joseph, Saint-Léonard, Saint-Quentin

Zone 5: Restigouche area

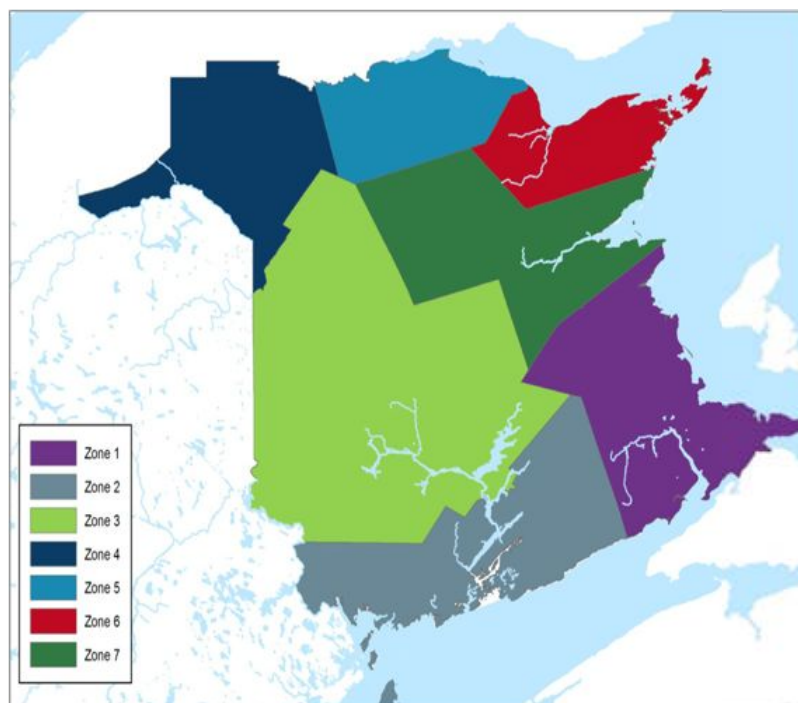
Addington, Atholville, Balmoral, Belledune, Campbellton, Charlo, Colborne, Dalhousie, Durham, Eel River, Eel River Bar, Eel River Crossing, Eldon, Indian Ranch, Tide Head

Zone 6 : Bathurst / Acadian Peninsula area

Allardville, Bas-Caraquet, Bathurst, Beresford, Bertrand, Caraquet, Grande-Anse, Inkerman, Lamèque, Le Goulet, Maissonnette, New Brandon, Nigadoo, Pabineau, Paquetville, Petit Rocher, Pointe-Verte, Sainte-Marie-Saint-Raphaël, Saint-Isidore, Saint-Léolin, Saumarez, Shippagan, Tracadie-Sheila

Zone 7: Miramichi area

Alnwick, Baie-Sainte-Anne, Big Hole, Blackville, Burnt Church, Chatham, Derby, Eel Ground, Hardwicke, Glenelg, Metepenagiag, Miramichi, Neguac, Nelson, Newcastle, Northesk, Red Bank, Rogersville, Southesk, Tabusintac



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Why did we do a population health snapshot?

We want to try to answer some basic questions related to our health, such as

- How are we doing in New Brunswick, and in the various health zones in regards to our health?
- What can we do to improve this current situation?
- Why do we want to improve our health?
- Where can we find the information to help us answer some of these questions?

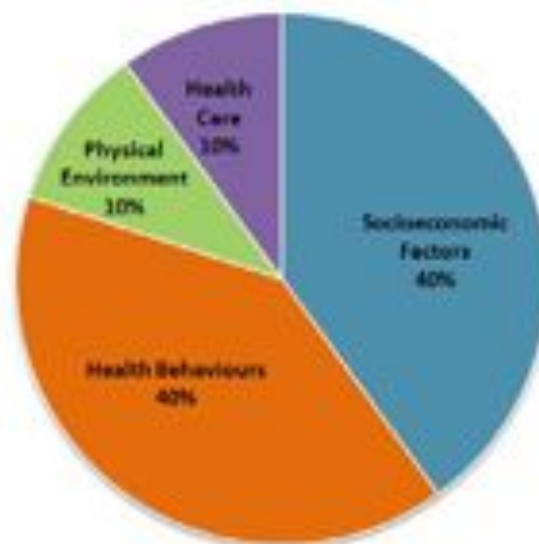
The goal of the Population Health Snapshot is to inform individuals, communities, and organizations about their health status with respect to the population in which they live, and highlight some areas of health determinants which can be influenced or improved to have a positive effect on health status.

By showcasing information on a single page we can highlight easier the areas which require improvements in each health zones, and for the province.

Can the methodology behind the Population Health Snapshot be explained?

The model we have chosen to represent Population Health in New Brunswick has been adapted from various population health models such as the University of Wisconsin Population Health Institute – Wisconsin County Health Rankings and modified to fit our needs. We have also kept a Canadian perspective by taking into account the determinants of health as indicated by the *Public Health Agency of Canada*.

The model we are using to represent population health (10% Health Care, 40% Health Behaviours, 40% Socioeconomic Factors, 10% Physical Environment) regroups determinants of health that can be influenced by programs and policies.



It also takes into account citizen involvement in their own health and well-being as well as external factors which can influence the health of the population.

To improve the quality of the model, we need to work with partners and stakeholders to acquire a wider variety of quality data. This would enable better understanding of the New Brunswick population health status and analysis of its determinants of health.

The Population Health Snapshot is a work in progress that will evolve to better represent the health of the population as we find new and better quality data sources and indicators and work at investigating the story behind the numbers with various stakeholders.

What does the Population Health Snapshot say?

The message that New Brunswickers can take away from the Population Health Snapshot is that health involves more than one factor; it extends beyond the health-care system.

We have created 8 snapshots, one for each health zone (7) and 1 provincial view.

Each of these zones is compared, whenever possible, with each other zone for every indicator. The goal of the health zone snapshot is to provide information on specific health determinants which are highlighted as doing well, average, or lagging. By comparing zones, some zones will always do better than others; ultimately, this can lead to encourage continuous improvement within the zone and affect the health of all New Brunswickers. Included also are arrows indicating if the rank, compared to the last snapshot, within each zones has improved, worsened or stayed the same within New Brunswick.

As for the provincial snapshot, it is rated against the other provinces and territories in Canada.

What 's new with this second snapshot?

Included in these snapshots is a new trending column which allows decision makers to identify any changes from the previous year on any indicator or group of indicators related to the determinants of health or health status outcomes. On the provincial snapshot, the trending column refers to the current ranking of New Brunswick in relation to all the other Canadian provinces and territories when compared with this same ranking on the last Population Health report. As for the trending column on the zone snapshots, it looks at the ranking within the zones on the last snapshot and compares it with this current edition of the snapshot.

What is the story behind the numbers?

Each health zone has some indicators in which they are doing well, and in others where there are some challenges (areas where they are lagging). This reflects the diversity among the different zones. Therefore, in order to improve the health of New Brunswickers, each zone can identify people, partners, resources that can help and might have similar goals.

The detailed story behind the numbers can only be done with the help of various key stakeholders to help us with the analysis of the numbers.

In the mean time, here is a brief look at the initial areas to consider looking at (red dots).

Zone 1: Moncton / South –East area

- Ensuring you have a regular visit with a medical doctor, and following all recommended prevention measures set out for your age and sex such as having a mammography every 2 years after age 50 or as recommended by your doctor.
- Maintaining healthy behaviours, is not smoking; managing your stress; practicing safer sex; and if you drink alcohol, do so in moderation.
- Aiming to have and maintaining a healthy weight.

Zone 2: Fundy Shore / Saint John area

- Following all recommended prevention measure set out for your age and sex such as having a mammography every 2 years after age 50 or as recommended by your doctor.
- Following a balanced diet with plenty of fruit and vegetables
- Staying away from stress and smoking as much as you can and practicing safer sex.
- Surrounding yourself with friends and family or social resources that you can access when you need them.

Zone 3: Fredericton / River Valley area

- If you have a chronic health problem, accessing the various resources available in your community to help you manage it such as ensuring you have a regular visit with a medical doctor and following your doctor's recommendation.
- Following a balanced diet with plenty of fruit and vegetables and staying away from smoking and second hand smoke as much as you can as well as practicing safer sex.

Zone 4: Madawaska / North –West area

- Following all recommended prevention measures set out for your age and sex such as having a Pap test done at least every 3 years for females over the age of 18 or as recommended by your doctor.
- Maintaining a healthy weight; not smoking; and managing your stress.
- Following safety measures such as always wearing a bicycle helmet while on a bike.
- Taking part in community activities in your area or surrounding yourself with friends and family.

Zone 5: Restigouche area

- Following all recommended prevention measures set out for your age and sex such as having a Pap test done at least every 3 years for females over the age of 18 or as recommended by your doctor.
- If you have a chronic health problem, accessing the various resources available in your community to help you manage it.
- Maintaining a healthy weight while participating in active physical activity.
- Following safety measures such as always wearing a bicycle helmet while on a bike.
- Finding out about all programs and services in your community that can provide you some assistance. Working with your community and local businesses to help your region create economic growth and prosperity. Working on graduating from high school and getting a job.
- Staying away from second hand smoke as much as you can.

Zone 6: Bathurst / Acadian Peninsula area

- Following all recommended prevention measures set out for your age and sex such as a yearly doctor and dentist visits, receiving your regular flu shot if you are over the age of 65, and having a Pap test done at least every 3 years for females over the age of 18 or as recommended by your doctor.
- Increasing your physical activity.
- Surrounding yourself with friends and family or social resources that you can access when you need them. Finding out about all programs and services in your community that can provide you some assistance. Working on graduating from high school.

- Taking part in community activities in your area.

Zone 7: Miramichi area

- Following all recommended prevention measures set out for your age and sex such as a yearly dentist visits, receiving your regular flu shot if you are over the age of 65, and having a mammogram done at least every 2 years for females between the age of 50 to 69 or as recommended by your doctor.
- If you have a chronic health problem, accessing the various resources available in your community to help you manage it.
- Following a balanced diet with plenty of fruit and vegetables and doing active physical activity.
- If you drink alcohol, doing so in moderation.
- Working with your community and local businesses to help your region create economic growth and prosperity.

How can I use the Population Health Snapshot?







This snapshot has been created to help with the planning of programs and services in each zone. It is a representation of the current available information.

The population health snapshot will help you investigate around specific areas, to see if they are some indicators that your community can have an influence on, which will ultimately affect your health status, as influenced by the health determinants.

We encourage you to look at the snapshot in your area to see where you can help with some improvements and set out a plan to work with people in your community with similar interest on a specific goal.

We will be using the tool below, in combination with the snapshot, to measure, monitor and evaluate the health of New Brunswickers.

What to consider when you set up a plan to improve the health of the population in your area:

Population	Goals and Objectives	Strategy / Program	Resources / Collaborations	Timelines	Indicators of Success?
					
<p>Who is your target groups and population?</p>	<p>What do you want to see happen, to the health status, to determinants, to health inequalities?</p>	<p>How will you get there, what will you do? What will the implementation look like?</p>	<p>Identify people, partners, resources that can help and might have similar goals. How do you get them involved?</p>	<p>What are your short, medium and long term goals? Is it realistic?</p>	<p>How will you know when you get there?</p>

Adapted from the Canadian Institute for Health Information, Canadian Population Health Initiative

www.cihi.ca

Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.

~Margaret Meade ~

What if my zone is not doing well in certain areas, what can I do to improve the health of the people in my area?

As a start, here are some ideas for healthy living. Get your friends and family to do some of these with you.

- Smile
- Quit smoking
- Take a walk
- Develop your talents
- Take a yoga class
- Walk the dog
- Go skating on the pond
- Play in the snow
- Attend a play
- Enjoy nature
- Limit alcohol consumption
- Take a cooking class
- Get plenty of rest
- Go camping
- Build a sandcastle
- Eat more fruits and vegetables
- Leave your car at home
- Plant a garden
- Rake some leaves
- Volunteer your time
- Read a good book
- Gaze at the stars
- Go snowshoeing
- Take a painting class
- Cut down on salt
- Visit your friend
- Believe in your potential
- Organize a neighborhood party
- Learn to play an instrument
- Practice laughing

Be healthy

You can improve your health by choosing positive health behaviors in your life.

Inform yourself

Many government and non-government programs and initiatives offer a variety of wellness programs. Contact your health centre, doctor's office, or your municipalities to find out some of the things you can do around your area.

Help others

Roll up your sleeves and start helping out in your community. When you volunteer, you are actually improving the life of your own community. When people in the community are involved in activities and earn the trust and cooperation of others, the healthier and more vibrant your community becomes.

"We can begin by doing small things at the local level, like planting community gardens or looking out for our neighbors.

That is how change takes place in living systems, not from above but from within, from many local actions occurring simultaneously. "

-Grace Lee Boggs-

What does it mean when we say data unavailable for specific indicators?

For certain indicators, the data source we are using does not provide us with the information divided either by health zones, or by male and female for various reasons such as unavailability of data, numbers are too small and/or unreliable or the information just has not been calculated yet in this way.

We will be working on updating some of these indicators, where possible, for the upcoming snapshots.

This is the second picture of these snapshots that will evolve with time.

How often will the New Brunswick Health Council release a Population Health Snapshot?

The New Brunswick Health Council plans to release snapshots on an annual basis. This Snapshot will highlight gaps or track improvements as we move forward toward more evidence-based decision-making. New Brunswickers will be able to see improvements or gaps in future snapshots.

Since the information in these snapshots is not always performed on a yearly basis, we will be revising it annually based on the most up-to-date information.

The information reflected in our snapshot, in some instances comes from as early as 2006. We have used the most up-to-date information available to us at this time in all cases. For some indicators, this meant using New Brunswick only data (such as information from the New Brunswick Vital Statistics database), which limits our capacity to compare our information on a national front, but gives us more up-to-date information.

Is the Snapshot going to look the same every year?

The Population Health Snapshot is meant to be a flexible tool, to evolve as new indicators become available. Presenting this portrait that all New Brunswickers can use is an essential step.



Are the rankings going to change much in the years ahead?

Not all indicators will change at the same rate. Such things as perceived health, perceived mental health, and some of the indicators in the health behaviors section may reflect changes occurring in the population in a shorter time frame.

Other indicators such as expected years of life; premature death and those indicators that look at the socioeconomic factors may only reflect changes in the long-term or over a number of years.







**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

Indicator	Desired direction	Zone 1: Moncton/South-East Area	Zone 2: Fundy Shore / Saint John Area	Zone 3: Fredericton / River Valley Area	Zone 4: Madawaska / North West Area	Zone 5: Restigouche Area	Zone 6: Bathurst / Acadian Peninsula Area	Zone 7: Miramichi area	New Brunswick	Canada
Health Behaviours – account for 40% of the health status										
Physical activity during free-time, moderately active or active (% , 2009)	▲ Better	49.3	● 52.4	● 50.1	49.6	45.3	◆ 45.2	◆ 44.4	49.3	52.5
Eat 5 or more fruits or vegetables a day (% , 2009)	▲ Better	39.3	37.6	◆ 37.7	● 44.1	42.2	● 50.6	◆ 35.7	40.0	45.6
Adults with unhealthy weight (obese) (% , 2009)	▼ Better	◆ 32.7	● 23.7	● 25.5	31.3	◆ 40.3	30.1	25.9	28.5	17.9
5 or more drinks at one time, at least once a month in the past year (heavy drinking) (% , 2009)	▼ Better	◆ 24.5	18.0	● 14.8	● 14.8	24.1	16.4	◆ 24.4	19.2	17.2
Seeing your stress as being a lot (% , 2009)	▼ Better	◆ 21.3	21.1	20.9	◆ 31.8	19.2 ^E	● 15.9 ^E	● 17.8 ^E	21.0	23.2
Current smoker, daily or occasional (% , 2009)	▼ Better	◆ 24.6	22.3	20.3	21.3	● 17.2	● 19.5	◆ 24.0	22.0	20.1
Number of sexually transmitted illnesses (genital Chlamydia)(rate per 10,000, 2008)	▼ Better	◆ 24	16	◆ 26	● 7	12	● 10	15	21.7	24.9
Teens who are pregnant (rate per 1,000 females, 2008)	▼ Better	10	◆ 15	◆ 11	● 9	● 8	10	◆ 11	11	--
Always wears a bicycle helmet while on a bike(% , 2009)	▲ Better	51.2	● 62.4	● 59.6	◆ 29.6 ^E	◆ 36.7 ^E	43.5	45.9 ^E	51.4	36.5
Socioeconomic Factors – account for 40% of the health status										
No high school diploma (25 years and older) (% , 2006)	▼ Better	23.4	● 16.3	● 16.5	27.2	◆ 29.0	◆ 32.9	27.3	21	15.4
Unemployment (% , 2009)	▼ Better	● 7.5	● 6.4	8.3	10.8	12.4	◆ 14.5	◆ 17.4	8.9	8.3
Divorced (% , 2006)	▼ Better	◆ 7.0	◆ 7.2	6.9	6.1	6.6	● 5.8	● 5.4	6.7	8
Single parent family (% , 2006)	▼ Better	15.4	17.7	● 14.3	● 11.3	◆ 19.7	◆ 18.9	18.0	16.4	15.9
Low income (% , 2006)	▼ Better	● 12.6	14.6	● 12.4	15.6	◆ 15.6	◆ 15.3	12.7	13.5	15.3
Violent crime (rate per 100,000 population, 2009)	▼ Better	1,386	2,103	F	F	F	F	F	1,541	1,314
Property crime (rate per 100,000 population, 2009)	▼ Better	3,710	4,401	F	F	F	F	F	3,346	4,081
Charged for driving under the influence (drugs or alcohol) (rate per 100,000 population, 2009)	▼ Better	237	313	F	F	F	F	F	324	263
Physical Environment – accounts for 10% of the health status										
Coming in contact with second-hand smoke at home (% , 2009)	▼ Better	7.6 ^E	● 6.1 ^E	● 5.3 ^E	◆ 10.8 ^E	◆ 16.5 ^E	6.6 ^E	8.8 ^E	7.2	6.2
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place (% , 2009)	▼ Better	● 13.5	● 10.4	18.8 ^E	◆ 21.0 ^E	18.7 ^E	16.4 ^E	◆ 19.7 ^E	15.4	14.6
Sense of belonging to your community, somewhat strong or very strong (% , 2009)	▲ Better	74.2	73.5	74.0	◆ 67.6	● 83.9	◆ 69.4	● 82.0	73.9	65.4

 Doing well (ranked 1 or 2 out of 7)
 Lagging (ranked 6 or 7 out of 7)