

Population Health Profile 2022



Douglas, Saint Marys, Doaktown Area



New Brunswick
Health Council

Conseil de la santé
du Nouveau-Brunswick



About the New Brunswick Health Council

The New Brunswick Health Council (NBHC) has a two-part mandate: engaging citizens in ongoing dialogue about the improvement of health service quality in the province, and measuring, monitoring and publicly reporting on health service quality and population health. Together, these two streams of activity contribute to greater accountability, improved health system performance, population health outcomes and promotion of a more citizen-centered health care system.

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Profil de santé de la population 2022 - Région de Douglas, Saint Marys, Doaktown

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What is a Population Health Profile?

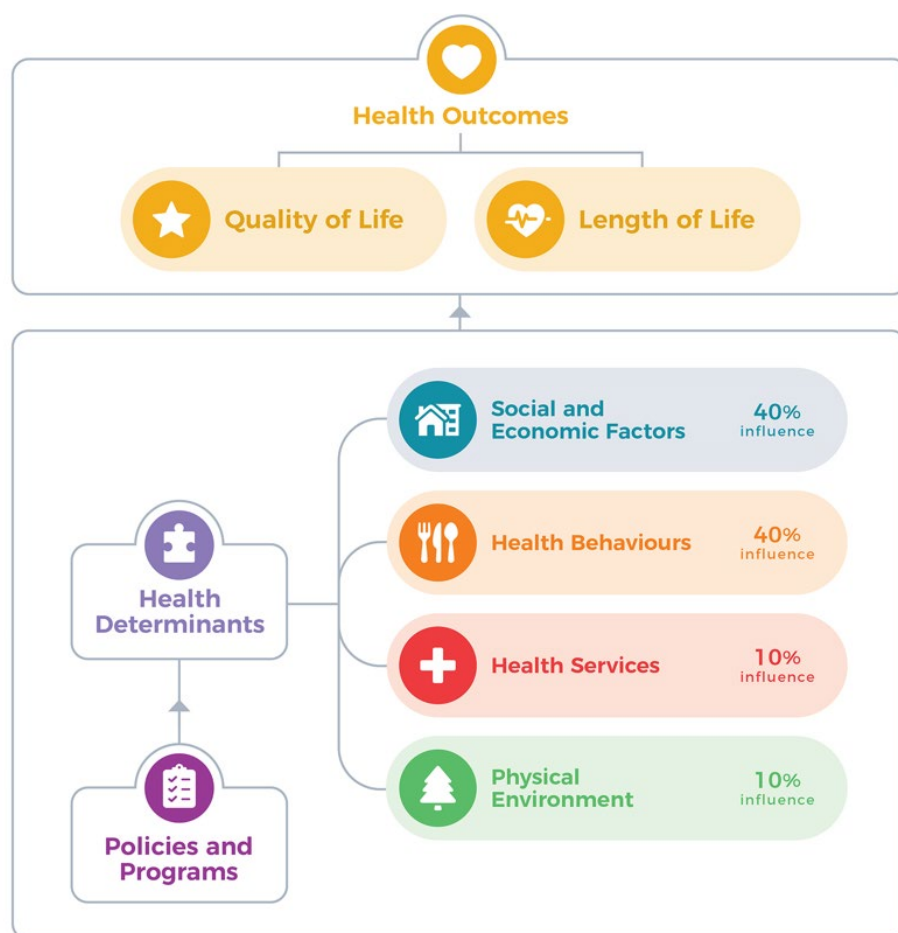
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding of the unique realities lived in each community and can be used to foster collaboration toward a common vision of informed, engaged, and healthier New Brunswickers.

Each profile was created by analyzing information from more than 400 population health indicators, available in the *Population Health Data Tables* on the [NBHC website](#). The information included helps us understand how healthy the citizens in our communities are today (health outcomes) and what factors influences their health and well-being (health determinants).

The Population Health Model

The *Population Health Profile* is based on a *Population Health Model*. This model groups the determinants of health into four categories: health behaviours, health services, social and economic factors, and the physical environment. Each category can be influenced by our individual decisions about our health and well-being, external factors that influence the health of the population, and government programs and policies.

Together, these determinants impact New Brunswickers' health outcomes: our quality and length of life.





About the Data and Geography

Indicators from a variety of sources are collected, organized, and analyzed by the NBHC. Each has various levels of reliability and limitations as detailed in the specific indicator web page on the [NBHC website](#). The complete list of indicators used in this profile can be found at the end of the document.

Population Health Profiles are available for each of the 7 Health Zones and 33 NBHC Communities. The boundaries of the seven health zones were established by provincial legislation, while the 33 communities were created by the NBHC in 2009 (by further dividing up the seven established health zones). The community boundaries were determined on the basis of the catchment areas of health care centres, community health centres and hospitals. No community has fewer than 5,000 people to ensure data availability, stability, and anonymity.

To learn more about the 33 NBHC Communities, click [here](#).



Key observations for the Douglas, Saint Marys, Doaktown Area

- This community has the largest proportion of seniors who reported they are living with a disability.
- Social and family supports for children are good in many respects, but less so for adults and seniors.
- Adults who live here are the most active in the province.
- Although relatively few residents have a family doctor, a high proportion of residents can get an appointment in a timely manner.

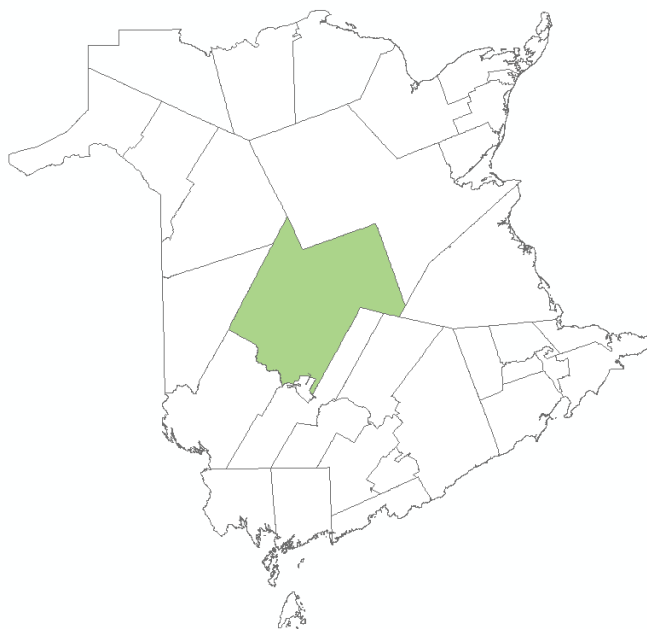


Health of the Community

Demographic Context

- Area: 6544 km²
- Population density: 3 persons per km²

The population of the Douglas, Saint Marys, Doaktown Area increased by 5% between 2016 and 2020. The birth rate (nine per 1,000 population) is above the provincial average, while the death rate (six per 1,000 population) is well below it. The median age is 45 years.



In the Douglas area, the percentage of residents who identify as Indigenous (3.4%) is slightly below the provincial average. The immigrant (2.8%) and visible minority populations (1.1%) are also small. Youth who identify as a member of a sexual minority account for 14.4% of that age group. And more than half of seniors (52%) reported they are living with a disability, which is the highest proportion of any community in New Brunswick for that age group.

The community is a predominantly English-speaking one: English is the language most often spoken at home (97%) and at work (98%), and about nine in ten residents (86%) said they know only English. Just over one-quarter (28%) are bilingual. The overwhelming majority of residents (97%) choose English when accessing services and residents who request health services in English receive them in their language of choice 98% of the time.

Health Outcomes

In the Douglas area, the majority of youth (60%) are at a healthy weight. However, this percentage is slightly lower than the provincial average (65%). About one third of youth



in this community (35%) are overweight or obese. In terms of life satisfaction, 85% of adults and 84% of seniors are satisfied or very satisfied, which is slightly below the provincial average for both groups. Only two in five seniors (41%) perceive their mental health as very good or excellent. And about three in ten seniors (28%) regularly take six or more different prescription medications, a percentage that is higher than the provincial average. The median age at death across all age groups is 76 years, three years younger than the provincial average.



Determinants of Health

Social and economic factors

Social and family supports for children in the Douglas area are generally good. More specifically speaking, nine in ten children feel that their mental fitness needs are highly satisfied by their friends, and eight out of ten children feel that those same needs are highly satisfied by their family. In addition, 71% of children feel safe at school, the highest proportion of any of the communities for which this data is available. The community also has one of the best school readiness rates for kindergarten (94%). However, the number of approved child care spaces is below average for all children's age groups (see Table 1).

Table 1. Number of Approved Child Care Spaces in the Douglas, Saint Marys, Doaktown Area

	Douglas (rate)*	NB (rate)*
Infants (1 and under)	6	18
Preschool (2-4 years)	17	60
School-age (5-12 years)	4	29

**Rate per 100 population*

However, social and family supports for adults and seniors are below average. About one third of residents in those age groups reported sometimes or often feeling a lack of companionship (33%) or social exclusion (31%). In addition, 38% of adults and seniors sometimes or often feel socially isolated, the highest percentage in the province. And the Douglas area has the smallest percentage of adults and seniors who provide long-term care for one person (4%).

This is also the province's safest community. In fact, the rates of crimes against the person (four cases per 1,000 population) and property crimes (four cases per 1,000 population) are the lowest in the province. In addition, about one in ten youth have experienced dating violence and one in twenty have been sexually assaulted.



Physical environment

The Douglas area has a high percentage of homeowners (90%). One in nine occupied dwellings are in need of major repairs, which is a higher-than-average proportion.

The residents of this community are less likely than average to use active modes of transportation to get to work or school. Only 2% of adults and seniors walk or bike to work. Six percent of youth walk, bike or skateboard to school, and 15% do so in combination with inactive ways of getting around.

There are relatively high levels of environmental tobacco smoke in the homes of children and youth. More specifically speaking, three in five children reported they live with someone who smokes (60%). About one quarter of youth reported that there is at least one person who smokes inside their home daily or almost every day (24%) and a slightly higher percentage reported having been a passenger in a car with someone who was smoking cigarettes within the previous seven days (27%).

Health Behaviours

Close to three-quarters of children in grades kindergarten to 5 drink non-nutritious sugary beverages, a higher percentage than in most communities for which this data is available. The eating habits of youth in grades 6–12 in the Douglas area are worse than average. More specifically speaking, this community has the smallest percentage of youth who reported they eat breakfast every day (26%). In addition, about two thirds of youth drink non-nutritious sugary beverages and nearly half had eaten a meal while watching television at least three times in the previous seven days. Both of those proportions are higher than average.





However, other health-related behaviours are more favourable. Of note is the fact that this community has the highest percentage of adults (62%) who get the recommended amount of moderate or vigorous physical activity. In addition, just over two in five parents do physical activities with their children (42%). As regards sleep habits, two thirds of adults and seniors get seven or more hours of sleep each night, a higher than average proportion.

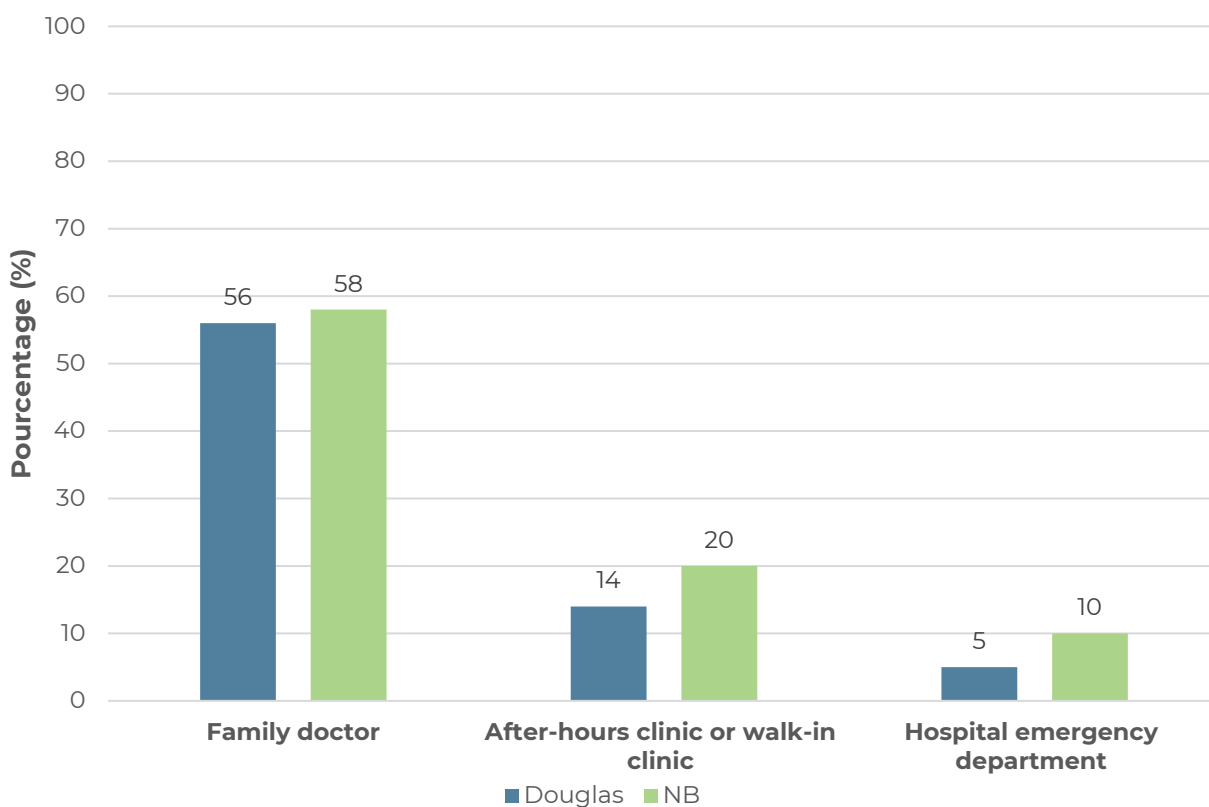


Health Services

About four in five residents reported they have a family doctor (79%), making the Douglas area one of the communities where this proportion is the lowest. Despite this, the community stands out in terms of the accessibility of primary health care services. Well over half (63%) of adults and seniors (64%) reported they were able to get an appointment with their family doctor within five days. Taken together, these data put the Douglas area just behind the Perth-Andover and Grand Bay-Westfield, Westfield Areas for the best access to family doctors. Similarly, more than seven in ten residents (72%) reported they waited less than four hours to access emergency services.

When ill or in need of care services, residents of this area make little use of emergency services (see Figure 1).

Figure 1. Types of Services Most Often Used When Care Services are Needed in Douglas, Saint Marys, Doaktown Area





Douglas area residents across all age groups reported having felt the need to speak with a professional about their mental health at a frequency similar to the provincial average. Of those, 17% of adults reported that they consulted a health professional for that reason. However, only 4% of seniors reported the same, a rate that is below the average for that age group.

Of those who sought health care services in general, some barriers were reported less frequently than in any other community in the province. Transportation problems are rarely a barrier for Douglas area residents accessing health care services (2%). Language barriers related to communicating with a health care professional (1%) and lack of financial resources resulting in a missed medical appointment, treatment or follow-up (1%) are also lower. A small percentage of residents (65%) reported they get help from their family doctor to coordinate care services that involve other health professionals.

When it comes to rating the health services they have received, the Douglas area is one of the least satisfied communities in New Brunswick: only 59% of adults and 74% of seniors gave the health services they received a positive rating.



Conclusion

Briefly put, the Douglas, Saint Marys, Doaktown Area has experienced somewhat higher-than-average recent population growth. And the community has the highest proportion of seniors who reported they are living with a disability.

The community also has a relatively high proportion of overweight youth. Adults and seniors have a slightly lower-than-average quality of life, and a fairly high proportion of seniors regularly take several different prescription medications.

Social and family supports for children in this community are good in a number of ways. Levels of such supports for adults and seniors is generally lower. And there is less personal and property crime than in other New Brunswick communities.

Youth and children are exposed to relatively high levels of environmental tobacco smoke. Children's eating habits are worse than average. And adults have good physical activity and sleep habits.

The Douglas area is one of the communities with the smallest number of residents who have a family doctor, but a relatively high proportion of adults and seniors are able to get an appointment with their family doctor in a timely manner. Residents are also able to access emergency services within a reasonable time frame. However, this is one of the communities that is the least satisfied with the health services they have received.



Source

Detailed information for each indicator used for these observations is available on the New Brunswick Health Council website. The list of indicators, their unique code and the year of dissemination are available (Table 2) to facilitate this research.

It is important to note that the indicators are continuously updated on the CSNB website.

[Douglas, Saint Marys, Doaktown Area | New Brunswick Health Council \(nbhc.ca\)](https://nbhc.ca)

Tableau 2. Indicator, unique code and year of dissemination		
Indicator	Unique Code	Year
Demographic Context		
Land area	STATC-CENCU-001	2016
Population density	STATC-CENCU-002	2016
Population change from 2016 to 2020	STATC-SCCEN-024	2016 to 2020
Indigenous	STATC-SCCEN-023	2016
Immigrant	STATC-SCCEN-009	2016
Recent immigrant from 2011 to 2016	STATC-SCCEN-010	2016
Median age of population	STATC-SCCEN-002	2016
Birth rate	SNB-VITST-002	2014 to 2018
Death rate	SNB-VITST-001	2014 to 2018
Language most spoken at home - English	STATC-SCCEN-011	2016
Language most spoken at work - English	STATC-SCCEN-019	2016
Knowledge of official language - English only	STATC-SCCEN-016	2016
Youth bilingualism - English and French	STATC-SCCEN-001	2016
Language chosen when accessing services - English	PH_LOS02_1	2020
Always receive health care services in the official language of their choice - English	PH_LOS03_2	2020
Adults and seniors - with a disability - Seniors	PH_PWD01_1	2020
Youth - sexual minority	SH_SEO02_7	2018-2019
Health Outcomes		
Youth - Healthy weight	SH_BMI02_1	2018-2019
Youth - Overweight or obese	SH_BMI02_3	2018-2019



Adults - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Seniors - Perceived mental health, very good or excellent	PH_HEP02_1	2020
Seniors - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Seniors - Take 6 or more different prescription medications on a regular basis	PH_MED01_1	2020
Median age at death	SNB-VITST-006	2014 to 2018

Social and Economic Factors

Children - with mental fitness needs highly satisfied by family	SE_MEFFA_1	2019-2020
Children - with mental fitness needs highly satisfied by friends	SE_MEFFR_1	2019-2020
Adults and seniors - lack companionship some of the time or often	PH_SIL01_1	2020
Adults and seniors - feel left out some of the time or often	PH_SIL02_1	2020
Adults and seniors - feel isolated some of the time or often	PH_SIL03_1	2020
Adults and seniors - provide long-term care to someone	PH_LTC01_1	2020
Children - feel safe at school	SE_SCC05_1	2019-2020
Youth - Victim of dating violence	SH_SEV02_1	2018-2019
Youth - Sexually violated	SH_SEV01_1	2018-2019
Crimes against persons	STATC-UCR-001	2019
Crimes against property	STATC-UCR-002	2019
Approved child care spaces - infants (1 and under)	GNB-EESC-001	2019
Approved child care spaces - preschool (2-4 years)	GNB-EESC-002	2019
Approved child care spaces - school-age (5-12 years)	GNB-EESC-003	2019
Kindergarten school readiness	GNB-EESC-004	2018-2019

Physical Environment

Own a dwelling	STATC-SCCEN-025	2016
Occupied dwellings requiring major repairs	STATC-SCCEN-029	2016
Youth - walk, bike or skateboard to get to school	SH_PHY02_1	2018-2019
Youth - walk, bike or skateboard in combination with inactive transportation to get to school	SH_PHY02_4	2018-2019
Adults and seniors - walk or bike to get to work	STATC-SCCEN-033	2016
Children - live with someone who smokes	SE_SMO01_1	2019-2020
Youth - have at least one person who smokes inside their home	SH_SMO13_1	2018-2019
Youth - report riding in a car with someone who was smoking cigarettes	SH_SMO14_1	2018-2019



Health Behaviours

Children - Drink non-nutritious sugary beverages	SE_DRINN_1	2019-2020
Youth - Eat breakfast daily	SH_EAT12_1	2018-2019
Youth - Ate meals while watching television 3 times or more in the last 7 days	SH_EAT14_2	2018-2019
Youth - Drink non-nutritious sugary beverages	SH_DRINN_1	2018-2019
Parents - are physically active with their children	SP_PHY03_1	2019-2020
Adults - Moderate or vigorous physical activity	PH_PHY01_1	2020
Adults and seniors - Usually sleeps for 7 hours or more each night	PH_SLE01_1	2020

Health Services

Have a family doctor	PH_ACCFA_1	2020
Family doctor	PH_USEPB_1	2020
After-hours clinic or walk-in clinic	PH_USEPB_3	2020
Hospital emergency department	PH_USEPB_5	2020
Skipped a medical test, treatment or other because of the cost	PH_BARSM_1	2020
Transportation problems in getting health care	PH_BARTP_1	2020
Have language barrier communicating with a health professional	PH_BARLB_1	2020
Adults - Family doctor - waited 5 days or less to have an appointment	PH_ACCFD_2	2020
Seniors - Family doctor - waited 5 days or less to have an appointment	PH_ACCFD_2	2020
Hospital emergency department - waited less than 4 hours	PH_ACCEA_1	2020
Adults - Citizens - provide a favourable rating for overall health care services received	PH_SATOA_1	2020
Seniors - Citizens - provide a favourable rating for overall health care services received	PH_SATOA_1	2020

