

Population Health Profile 2022



Kedgwick, Saint-Quentin and Grimmer



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 - Kedgwick, Saint-Quentin et Grimmer

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What is a Population Health Profile?

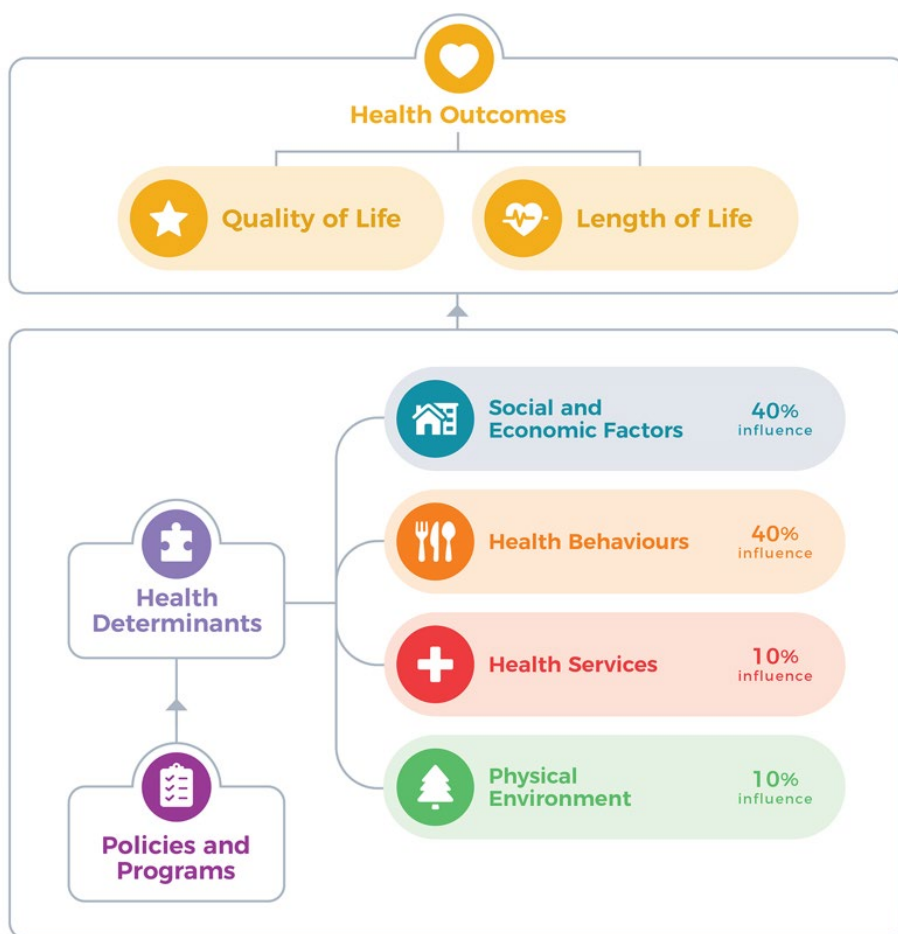
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

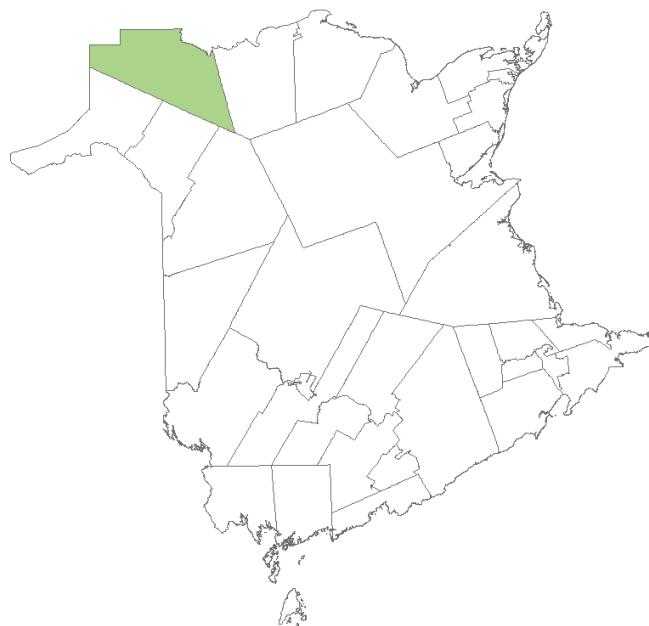
- This is the least densely populated community in New Brunswick.
- Youth report the best psychological health and life satisfaction.
- Family and social support for youth is rated among the most favourable in NB.
- This community has the lowest level of mental health services uptake in the province.



Health of the Community

Demographic Context

- Land area: 3141 km²
- Population density: 2 persons per km²



The community of Kedgwick, Saint-Quentin and Grimmer has the lowest population density of any community in New Brunswick. In addition, it experienced almost no population increase between 2016 and 2020 (0.3%).

The birth rate (9 per 1,000 population) and death rate (10 per 1,000 population) are both above the provincial averages and the median age is 48 years. This community has the smallest number of residents aged 65 to 84.

The Indigenous population in the Kedgwick area is small (2.3%). The same is true for the visible minority population (0.9%) and the immigrant population (0.5%), the latter being the second smallest in the province. About one in ten youth (11.7%) identify as belonging to a sexual minority.

The Kedgwick area is a predominantly Francophone community. About seven in ten people (69%) say they know only French, the highest percentage in the province. French is the language most often spoken at home (98.5%) and at work (95.3%), both of which are the highest percentages of all New Brunswick communities. In addition, the vast majority of community residents (92%) choose French when accessing services. In terms of access to health services in the official language of choice, residents who request health services in French are able to access them in that language 73% of the time. Just under half of youth are bilingual (45%).





Health Outcomes

The Kedgwick area stands out from other communities in the province for the quality of life of its youth, who have the highest percentage of life satisfaction (93%) and moderate or high mental fitness (91%). They also have the lowest percentage of symptoms of depression (23%) and anxiety (24%). Seven in ten youth (72%) rated their overall health as very good or excellent.

The Kedgwick area has the highest percentage of seniors who are satisfied or very satisfied with their life (96%). However, when it comes to managing chronic health problems, seniors in this community rank last in the province for this age group (see Table 1).

Table 1. Perception of Seniors in the Kedgwick, Saint-Quentin and Grimmer Area Regarding Their Management of Chronic Conditions

	Kedgwick (%)	NB (%)
Très confiants par rapport à leur capacité à gérer leur état de santé	29	44
Fortement d'accord qu'ils savent comment prévenir d'autres problèmes liés à leur état de santé	19	31
Fortement d'accord que leur santé dépend en grande partie de la façon dont ils prennent soin d'eux-mêmes	29	51



Determinants of Health

Social and economic factors

Family and social support for youth in the Kedgwick area is among the best in the province. About seven in ten youth (71%) eat dinner with their family, friends or guardians; and about nine in ten youth (89%) feel that their family highly satisfies their mental fitness needs. In addition, about two-thirds said their parents or guardians know them well and 62% feel that their family supports them through difficult times. Youth also rated their sense of belonging at school as among the most favourable (see Table 2).

Table 2. Perception of Youth in the Kedgwick, Saint-Quentin and Grimmer Area Regarding Support at School and/or Work

	Kedgwick (%)	NB (%)
Participant dans des activités ou des groupes organisés par l'école	59	54
Sentiment d'être traité de façon juste par les professeurs	92	83
Se sentent en sécurité à l'école	96	84
Sentiment d'appartenance à mon école	99	92
Ont leurs besoins en matière de santé psychologique pleinement satisfaits par l'école	74	57
Ont des occasions de développer des habiletés qui seront utiles plus tard (au travail ou pour prendre soin des autres)	38	41

However, the Kedgwick area has the highest school dropout rate (2%), second only to the Campbellton area. The former also has the lowest rating for kindergarten school readiness (64%).

Seniors and adults in this community reported the least often that they lack companionship (26%). However, only 73% of seniors have access to the internet at home, the second lowest percentage in the province. In addition, some reasons for stress



among adults are reported less frequently than in almost all other New Brunswick communities. They include emotional or mental health problems or conditions (10 %), physical health problems or conditions (23 %), work situation (31 %), caring for others, (20 %) and other personal or family responsibilities (14 %).

Physical Environment

Youth in the Kedgwick, Saint-Quentin and Grimmer Area are exposed to higher-than-average levels of environmental tobacco smoke. Twenty-two percent of youth reported that at least one person smokes in their home every day or almost every day, and 27% reported having been in a car with someone who smokes cigarettes within the previous seven days. Youth in this community are more likely than average to use a physically active mode of transport to get to school. Specifically, one in ten youth walk, bike, or skateboard to school; while one-third of youth use these methods in combination with modes of transportation that do not involve physical activity.

There were no extreme heat or cold events in the Kedgwick, Saint-Quentin and Grimmer during the period under consideration. There is a high concentration of radon (23%) in close to one-quarter of all households.

Health Behaviours

The health behaviours of Kedgwick, Saint-Quentin and Grimmer residents are mixed in some respects. On the one hand, adults in this community are the most likely to eat at least five servings of fruits or vegetables each day (54%). In addition, youth in this community have better than average sleep habits, with 44% getting at least eight hours of sleep each night.

On the other hand, the injury prevention rate for youth in this community is one of the lowest in the province. The percentage of youth in the Kedgwick area who reported wearing a helmet when riding a bicycle is one of the lowest (9%). In addition, 27% of youth have been a passenger in an on-road vehicle driven by someone under the



influence of alcohol or drugs and 21% have driven an off-road vehicle under the influence of alcohol or drugs, the highest percentage in the province.

Kedgwick, Saint-Quentin and Grimmer residents also have less favourable drinking and smoking habits. Three out of ten young people drink heavily, the highest percentage in the province. The percentage for adults is 35% and 18% for seniors, both of which are also higher than average. In addition, about one-third of youth have tried e-cigarettes and more than one-quarter of adults (27%) smoke daily or occasionally.

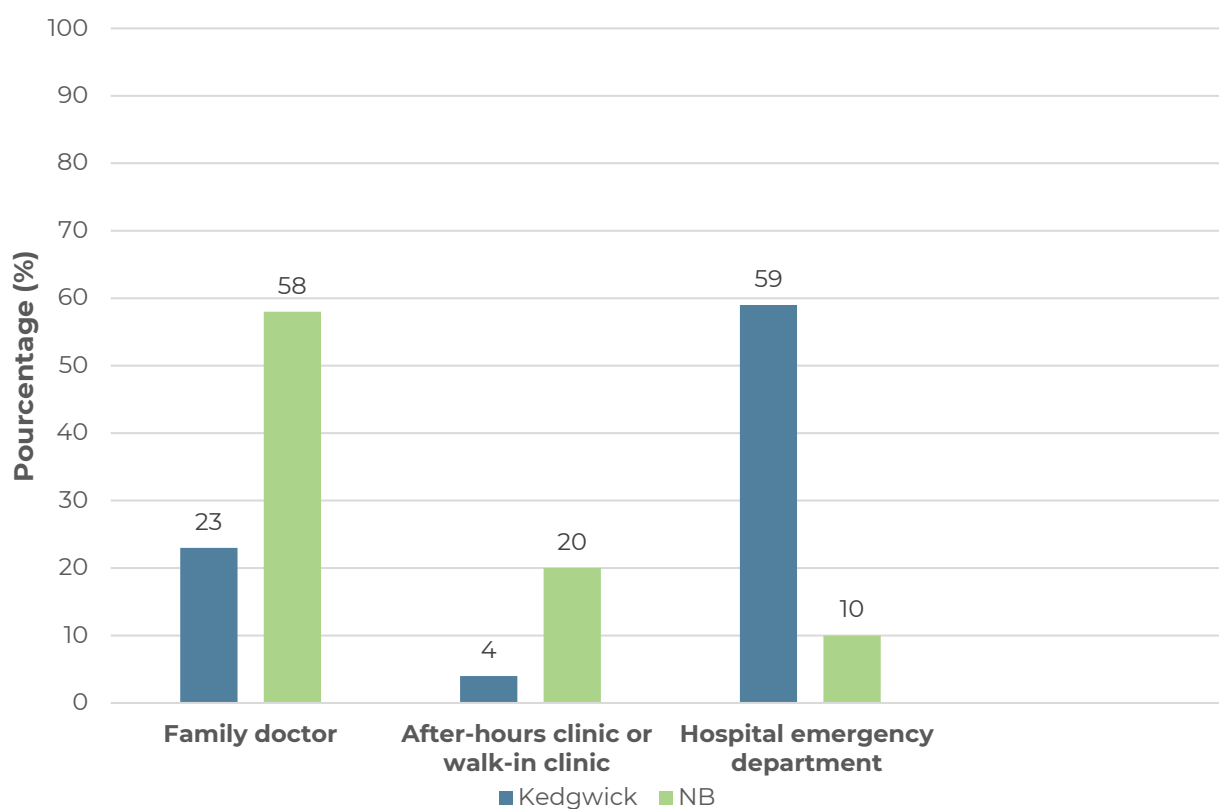


Health Services

The percentage of Kedgwick area residents who reported they have a family physician is the lowest in the province (68%). Despite this, the community ranks close to average in terms of access to primary health care services. Half of adults reported being able to get an appointment with their family doctor within five days, while nearly six in ten seniors reported the same. Access to emergency services is even better. Nearly three-quarters of people reported waiting less than four hours to access emergency services.

When they are sick or need care services, residents of this community turn to emergency departments more frequently than the residents of any other community in the province (see Figure 2). However, they rank last in terms of reporting that their family physician is their usual point of care (23%).

Figure 2. Types of Services Most Often Used When Care Services are Needed in Kedgwick, Saint-Quentin and Grimmer





Hospitalization rates for injuries and mental health problems are well above provincial averages across all age groups (see Table 3). The rate of preventable hospitalization in the Kedgwick area is on par with the rate for the province as a whole.

Table 3. Some reasons for hospitalizations		
	Kedgwick (rate)*	NB (rate)*
Hospitalization following an injury	124	74
Youth	49	29
Adults	85	42
Seniors	306	208
Hospitalization for mental health disorder	126	51
Youth	63	33
Adults	159	64
Seniors	74	28
Avoidable hospitalization	52	52

** Rate per 10,000 population*

The Kedgwick area has the lowest uptake of mental health services of all New Brunswick communities. One in ten adults reported having felt the need to talk to a health professional about their mental or emotional health or substance use. Only 6% of those adults said they had seen a health care professional for the above-mentioned reasons. Fewer than one in five youth (19%) reported having needed to see someone for an emotional or mental health problem, again the lowest percentage in the province.

Among those who sought health services in general, some barriers were reported more frequently than in other parts of the province (shown in red in Table 4).



Table 4. Barriers to Health Services Reported by Residents who Sought Health Services in the Kedgwick, Saint-Quentin and Grimmer

	Kedgwick (%)	NB (%)
Financial barrier in getting the health care they needed	39	27
Did not fill a prescription for medicine, or skipped doses because of the cost	3	6
Skipped dental care because of costs	31	21
Health care services not available in their area	22	14
Travel over 100 kms to use a health service	68	18
Transportation problems in getting health care	11	6
Unable to leave the house due to a health problem	12	11
Trouble navigating the health system	15	8

More than four in five residents (82%) find pharmacists most helpful in understanding how to take their medications, the highest percentage in the province. This is true for the three in four residents who said their family doctor always provides enough time for discussion. The percentage who reported that written information about their conditions or prescriptions is considered difficult to understand is the lowest in the province. However, this area has the lowest percentage of residents who reported that verbal information of that kind is easy to understand.

Adults and seniors differ in terms of how they rated the health services they receive. Nearly three in four adults rated the health services they receive positively, while only two in three seniors did the same, the lowest percentage in the province. In addition, the percentage of residents who reported that their family doctor helps them coordinate the care from other providers is the lowest in the province (62%).



Conclusion

To conclude, the Kedgwick, Saint-Quentin and Grimmer is the least densely populated in New Brunswick and has experienced almost no recent population growth. French is the language of choice for the vast majority of its residents and the community has the highest percentage of residents who report that French is their only official language.

Youth in the Kedgwick area reported the best mental fitness and life satisfaction and the lowest rate of depression and anxiety symptoms. Seniors in the community also reported the highest level of life satisfaction. However, Kedgwick area seniors have the lowest level of confidence in their ability to manage their health and prevent other health problems.

The level of family and social support for youth is among the highest. However, youth are exposed to more environmental tobacco smoke than average and their injury prevention behaviours are among the worst in the province.

The percentage of residents without a family doctor is the highest in the province. However, delays timeframes for obtaining an appointment with their family physician and accessing emergency services are better. When residents of this community need care, they more frequently make use of emergency services. In terms of mental health services, the level of uptake is the lowest in the province.



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 5) to facilitate this research.

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

[Kedgwick, Saint-Quentin and Grimmer | New Brunswick Health Council \(nbhc.ca\)](https://nbhc.ca)

Indicator	Unique Code	Year
Demographic Context		
Land area	STATC-CENCU-001	2016
Population density	STATC-CENCU-002	2016
Population - 65-69	STATC-CDCD-015	2020
Population - 70-74	STATC-CDCD-016	2020
Population - 75-79	STATC-CDCD-017	2020
Population - 80-84	STATC-CDCD-018	2020
Population change from 2016 to 2020	STATC-SCCEN-024	2016 to 2020
Indigenous	STATC-SCCEN-023	2016
Immigrant	STATC-SCCEN-009	2016
Visible minority	STATC-SCCEN-022	2016
Median age of population	STATC-SCCEN-002	2016
Birth rate	SNB-VITST-002	2014 to 2018
Death rate	SNB-VITST-001	2014 to 2018
Language most spoken at home - French	STATC-SCCEN-012	2016
Language most spoken at work - French	STATC-SCCEN-020	2016
Knowledge of official language - French only	STATC-SCCEN-017	2016
Youth bilingualism - English and French	STATC-SCCEN-001	2016
Language chosen when accessing services - French	PH_LOS02_2	2020
Always receive health care services in the official language of their choice - French	PH_LOS03_3	2020
Youth - sexual minority	SH_SEO02_7	2018-2019
Health Outcomes		
Youth - Moderate to high level of mental fitness (having a positive sense of how they feel, think and act)	SH_MEFHM_1	2018-2019
Youth - See their health as being very good or excellent	SH_HEP01_1	2018-2019



Youth - Life satisfaction	SH_LIF01_7	2018-2019
Youth - Symptoms of depression	SH_DEP01_1	2018-2019
Youth - Symptoms of anxiety	SH_ANX01_1	2018-2019
Seniors - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Seniors - strongly agree that their health largely depends on how well they take care of themselves	PH_BELED1_1	2020
Seniors - know how to prevent further problems with their health condition, strongly agree	PH_MGT02_1	2020
Seniors - very confident in managing their health condition	PH_MGT01_1	2020
Social and Economic Factors		
Youth - eat an evening meal together with family, friends or guardians	SH_EAT11_1	2018-2019
Youth - my parent or caregiver knows a lot about me	SH_RES06_1	2018-2019
Youth - my family stands by me during difficult times	SH_RES07_1	2018-2019
Youth - with mental fitness needs highly satisfied by family	SH_MEFFA_1	2018-2019
Adults and seniors - lack companionship some of the time or often	PH_SIL01_1	2020
Youth - participate in activities or groups organized by school	SH_INSAL_1	2018-2019
Youth - feel teachers treat me fairly	SH_SCC04_1	2018-2019
Youth - feel safe at school	SH_SCC05_1	2018-2019
Youth - feel connected to my school	SH_SCCTS_1	2018-2019
Youth - with mental fitness needs highly satisfied by school	SH_MEFSC_1	2018-2019
Youth - have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	SH_RES09_1	2018-2019
Seniors - Have internet access at home	PH_INT02_1	2020
Adults - Physical health problem or condition	PH_STRPH_1	2020
Adults - Emotional or mental health problem or condition	PH_STREH_1	2020
Adults - Work situation	PH_STRWS_1	2020
Adults - Caring for others - parents, family or friends	PH_STRCO_1	2020
Adults - Other personal or family responsibilities	PH_STROP_1	2020
Kindergarten school readiness	GNB-EESC-004	2018-2019
School dropout rate	GNB-EESC-005	2018-2019
Physical Environment		
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
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
Extreme heat events	CCCS-DCLIM-001	2020
Extreme cold days	CCCS-DCLIM-002	2020
Radon - household with high radon concentration	HCRAD-CCSRCH-001	2007
Health Behaviours		
Adults - Eat 5 or more servings of vegetables or fruit daily	PH_EAT03_1	2020



Youth - Sleep 8 hours or more every night	SH_SLE01_1	2018-2019
Youth - Tried e-cigarettes (vaping)	SH_SMOEC_1	2018-2019
Youth - Heavy drinking	SH_ALC04_1	2018-2019
Adults - Daily or occasional smoker	PH_SMO01_1	2020
Adults - Heavy drinking	PH_ALC01_3	2020
Seniors - Heavy drinking	PH_ALC01_3	2020
Youth - Wear a helmet when riding a bicycle	SH_SAF03_1	2018-2019
Youth - Driver of an off-road vehicle - under the influence of alcohol or drugs	SH_SAF01_1	2018-2019
Youth - Passenger in an on-road vehicle - driven by someone under the influence of alcohol or drugs	SH_SAF02_1	2018-2019
Health Services		
Have a family doctor	PH_ACCFA_1	2020
Family doctor	PH_USEPB_1	2020
After-hours clinic or walk-in clinic	PH_USEPB_3	2020
Hospital emergency department	PH_USEPB_5	2020
Hospitalization following an injury	CIHI-DAD-014	2017-2018 to 2019-2020
Youth - hospitalization following an injury	CIHI-DAD-015	2017-2018 to 2019-2020
Adults - hospitalization following an injury	CIHI-DAD-016	2017-2018 to 2019-2020
Seniors - hospitalization following an injury	CIHI-DAD-017	2017-2018 to 2019-2020
Hospitalization for mental health disorder	CIHI-DAD-018	2017-2018 to 2019-2020
Youth - hospitalization for mental health disorder	CIHI-DAD-019	2017-2018 to 2019-2020
Adults - hospitalization for mental health disorder	CIHI-DAD-020	2017-2018 to 2019-2020
Seniors - hospitalization for mental health disorder	CIHI-DAD-021	2017-2018 to 2019-2020
Avoidable hospitalization	CIHI-DAD-003	2016-2017 to 2019-2020
Youth - needed to see or talk to someone for a mental or emotional problem	SH_MHI01_1	2018-2019
Financial barrier in getting the health care they needed	PH_BARFI_1	2020
Did not fill a prescription for medicine, or skipped doses because of the cost	PH_BARFN_1	2020
Skipped dental care because of costs	PH_BARSD_1	2020
Travel over 100 kms to use a health service	PH_BARHT_1	2020
Transportation problems in getting health care	PH_BARTP_1	2020
Unable to leave the house due to a health problem	PH_BARLH_1	2020
Trouble navigating the health system	PH_BARWH_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
Family doctor - always gives them enough time to discuss	PH_APPFB_1	2020



Verbal information about condition/prescription is easy to understand, always or usually	PH_COMOA_1	2020
Written information about condition/prescription is hard to understand, always or usually	PH_LIT01_1	2020
Pharmacists - help the most in understanding how to take their medications	PH_MED03_2	2020
Family doctor - always helps them coordinate the care from other providers	PH_CRDFB_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