

Population Health Profile 2022



Minto, Chipman, Cambridge-Narrows Area



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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What is a Population Health Profile?

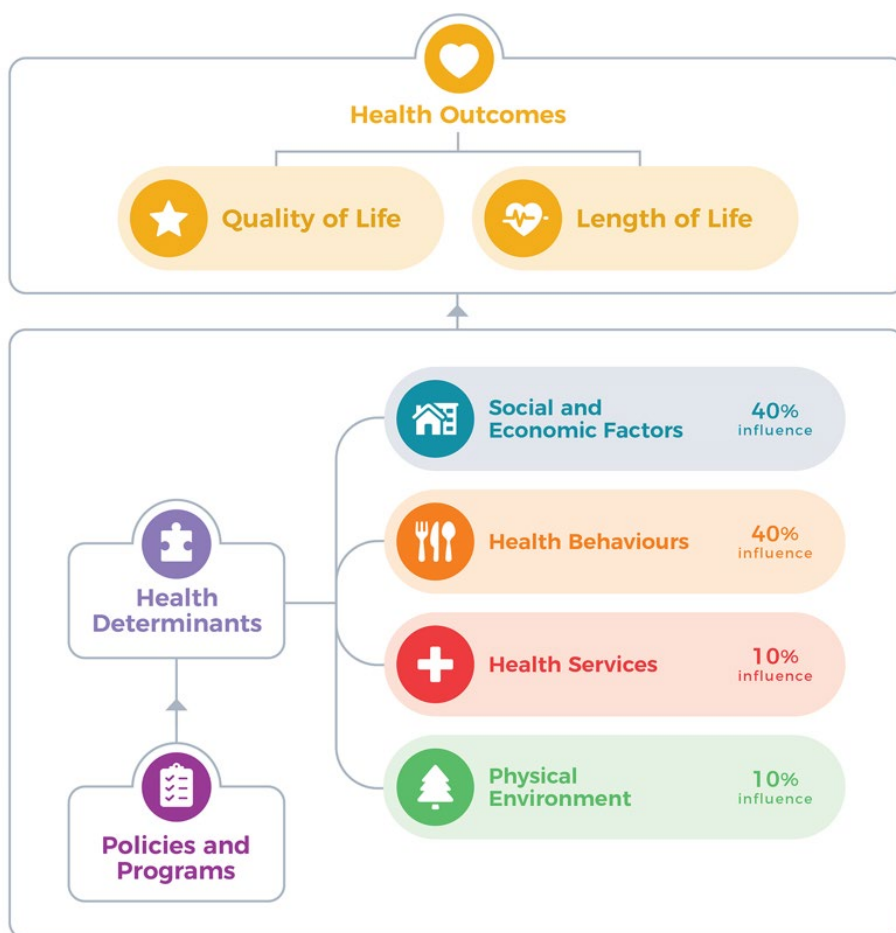
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

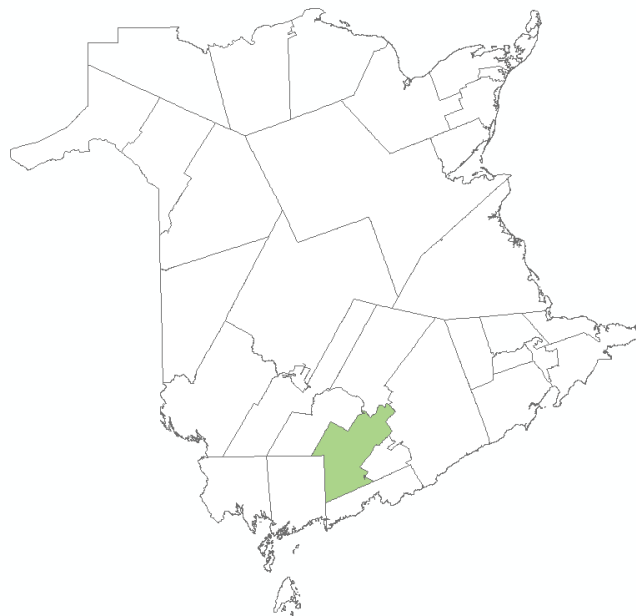
- This community experienced the province's largest population decline in recent years.
- There are high levels of second hand tobacco smoke in the environments frequented by youth.
- Children have some of the worst eating habits in the province.



Health of the Community

Demographic Context

- Land area: 1951 km²
- Population density: 4 persons per km²



The population of the Minto, Chipman, Cambridge-Narrows Area dropped between 2016 and 2020. During that time, the number of residents declined by 1.5%, the largest decrease in population of any community in the province. The birth rate (7 per 1,000 population) is below the provincial average, while the death rate (14 per 1,000 population) is the highest in the province. The median age is 54 years, which is also the highest in New Brunswick.

The community has a small percentage (1.8%) of Indigenous residents. This is also the case for immigrants (2.6%) and visible minorities (1.2%). About one in five youth identify as a sexual minority, a higher proportion than the provincial average. The community has the lowest percentage of households made up of couples and children (31%).

The Minto area is a predominantly English-speaking community with about nine in ten (91%) saying they know only English, the second-highest percentage in the province. English is the language most often spoken at home (99%) and at work (99%). In addition, almost all Minto area residents (98%) choose English when accessing services. In terms of access to health services in the official language of choice, residents who request health services in English are served in their language of choice 100% of the time. Approximately one in eight youth (13%) are bilingual, which is the lowest percentage in the province for that age group.





Health Outcomes

Minto has the smallest percentage of adults who perceive their health as very good or excellent (33%) and who feel their mental health is very good or excellent (38%). Sixteen percent of adults and seniors in this community reported having heart disease, the highest percentage in the province for the two age groups. Obesity affects 47% of adults and seniors in the community, which is also one of the highest percentages in New Brunswick for those age groups. Of the communities for which this data is available, the Minto area has the smallest percentage of children at a healthy weight (43%) and the highest percentage of children who are overweight or obese (52%). The median age of death in the community is 76 years, which is three years below the provincial average.



Determinants of Health

Social and economic factors

Social and family support for youth in the Minto area is generally below average. Only about three quarters have their mental fitness needs highly satisfied by family (74%) and friends (75%). In addition, only two in five feel that their friends support them in difficult times and say there are people they admire greatly. Youth also have a less favourable connection with their community than the average. Fewer than one in five youth feel a somewhat or very strong sense of belonging to their community. In addition, half of youth participate in activities or groups not organized by the school and 64% of youth volunteer outside of school. Moreover, three quarters of youth think it is safe for young children to play outside during the day, the lowest proportion in the province.

Social support for adults and seniors is also worse than average in some respects. Adults and seniors in the Minto area most frequently reported sometimes or often feeling a lack of companionship (42%). In addition, this community has the smallest percentage of adults and seniors (both age groups combined) who have access to the internet at home (81%). Some reasons for stress are also over-represented among adults in this community, including mental or emotional health problems or conditions (40%) and the health of family members (50%). Sixteen percent of seniors reported mental or emotional health problems or conditions, and 21% indicated that other personal or family responsibilities are a reason for stress.

The labour force participation rate (51%) and employment rate (42%) are well below the provincial averages. A high school diploma (or equivalent) is the highest level of education obtained by two out of five residents in the Minto area, the highest proportion in the province. In addition, two in five households have an annual income of \$25,000 to \$59,999. Twenty-five percent of residents in this community live in low-income households; that figure rises to 28% among seniors, 32% among children aged 0–5, and 39% among youth. Median monthly housing costs are among the lowest for both homeowners (\$451) and renters (\$506). Roughly 7% of youth reported that they are often or always hungry when they go to bed or school because there is not enough food at home.



Physical Environment

As for the age and condition of occupied dwellings in the Minto area, close to one third were built before 1960 while 13% are in need of major repairs, both figures are higher than average. There are high radon levels in just over one quarter of households (27%). There were no extreme heat events, extreme cold days, or boil water orders in this community during the period under consideration.

Youth are exposed to the highest levels of environmental tobacco smoke in almost all settings. About half of parents reported that their child lives with someone who smokes, and 7% of parents reported that smoking is allowed inside the family vehicle. In addition, about three in ten youth say that at least one person smokes in their home every day or almost every day (29%). A slightly higher percentage of youth (32%) reported having been a passenger in a car with someone who was smoking cigarettes within the past seven days.

Health Behaviours

Children in the Minto area have some of the worst eating habits in the province. Fewer than two in five children (38%) eat at least five servings of fruits or vegetables per day. According to the parents, about half of the children in the community ate their meals while watching television at least three times in the past seven days. In addition, nine out of ten children eat non-nutritious foods and two thirds drink non-nutritious sugary drinks.



As for the adults and seniors in this community, their eating habits are worse than average. Only 44% of adults and 54% of seniors usually get seven or more hours of sleep per night. In addition, one third of adults smoke daily or occasionally and more than two in five adults (42%) drink heavily. The latter two figures are the highest in the province.

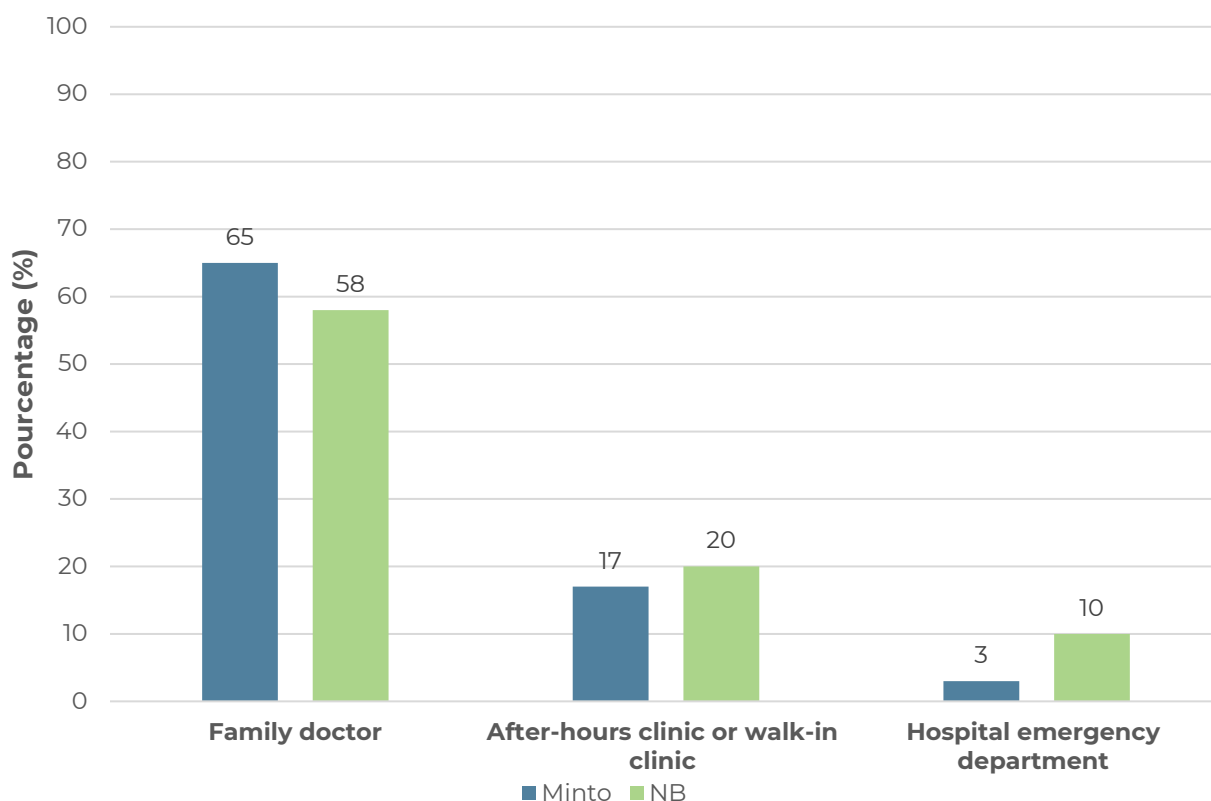


Health Services

Access to primary health care services in the Minto area varies. On the one hand, this community ranks close to average in terms of timely access to family physicians. A little over half of adults (55%) and seniors (57%) reported being able to get an appointment with their family doctor within five days. On the other hand, access to emergency services is significantly better than in most New Brunswick communities. Eighty-five percent of those surveyed said they waited less than four hours to access emergency services, the second-highest percentage in the province (just behind the community of Perth-Andover).

When ill or in need of care services, Minto Area residents rarely visit emergency departments (see Figure 1). In addition, the percentage of residents who have used emergency services in general (19%), been admitted to a hospital (4%), and seen a specialist for the first time (13%) are the smallest in the province.

Figure 1. Types of Services Most Often Used When Care Services are Needed in Minto, Chipman, Cambridge-Narrows Area





Minto residents in all age groups reported having felt the need to see a professional about their mental health in numbers similar to the provincial average. Of those, 11% of youth did not see or talk to a health professional about it, despite having felt the need to do so.

Fewer than one in three adults reported feeling very confident about their ability to manage their health (31%). And less than two thirds of residents said that pharmacists are the health professional they find the most helpful in terms of assisting them in understanding how to take their medications (63%), which is below the provincial average. Sixty-four percent of residents reported that they always receive help from their family physician in coordinating the care of other health professionals. The community ranked highest with respect to the verbal information related to their conditions or prescriptions: 97% of residents reported they consider it easy to understand.

In terms of rating the health services received, the Minto area is close to the provincial average. Roughly seven in ten residents (69%) rated the health services they receive highly.



Conclusion

In summary, the Minto, Chipman, Cambridge-Narrows Area has experienced the biggest population decrease in the province in recent years, and the median age is the highest of all New Brunswick communities. Relatively few adults have a positive perception of their health status and some health conditions, such as heart disease and obesity, are over-represented in this community.

Youth, adults, and seniors have lower-than-average levels of family and social support. In addition, youth have a less favourable sense of connection to their community. Settings frequented by youth have some of the highest levels of environmental tobacco smoke in the province. A relatively high proportion of residents live in low-income households.

The eating habits of children in this community are among the least favourable. In addition, the sleep, smoking and drinking behaviours of adults and seniors are worse than in most communities in the province.

The residents gave the health care services they received an average rating.



Source

Detailed information for each indicator used for these observations is available on the New Brunswick Health Council website. The list of indicators, their unique code and the year of dissemination are available (Table 1) to facilitate this research.

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

[Minto, Chipman, Cambridge-Narrows Area | New Brunswick Health Council \(nbhc.ca\)](https://nbhc.ca)

Table 1. Indicator, unique code and year of dissemination		
Indicator	Unique Code	Year
Demographic Context		
Land area	STATC-CENCU-001	2016
Population density	STATC-CENCU-002	2016
Population change from 2016 to 2020	STATC-SCCEN-024	2016 to 2020
Indigenous	STATC-SCCEN-023	2016
Immigrant	STATC-SCCEN-009	2016
Visible minority	STATC-SCCEN-022	2016
Median age of population	STATC-SCCEN-002	2016
Birth rate	SNB-VITST-002	2014 to 2018
Death rate	SNB-VITST-001	2014 to 2018
Couples with children	STATC-SCCEN-005	2016
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
Youth - sexual minority	SH_SEO02_7	2018-2019
Health Outcomes		
Children - Healthy weight	SP_BMI02_1	2019-2020
Children - Overweight or obese	SP_BMI02_3	2019-2020
Adults - Perceived mental health, very good or excellent	PH_HEP02_1	2020
Adults - Perceived health, very good or excellent	PH_HEP01_1	2020
Heart disease	PH_CHCHD_1	2020
Obesity	PH_BMI01_2	2020



Median age at death	SNB-VITST-006	2014 to 2018
Social and Economic Factors		
Youth - with mental fitness needs highly satisfied by family	SH_MEFFA_1	2018-2019
Youth - my friends stand by me during difficult times	SH_RES08_1	2018-2019
Youth - with mental fitness needs highly satisfied by friends	SH_MEFFR_1	2018-2019
Youth - have people I look up to	SH_RES05_1	2018-2019
Adults and seniors - lack companionship some of the time or often	PH_SIL01_1	2020
Youth - volunteer outside school without being paid	SH_VOLAT_1	2018-2019
Youth - participate in activities or groups not organized by school	SH_OUSAL_1	2018-2019
Youth - sense of community belonging, somewhat strong or very strong	SH_SOCTS_1	2018-2019
Have internet access at home	PH_INT02_1	2020
Youth - It is safe for younger children to play outside during the day	SH_SOC02_1	2018-2019
Adults - Emotional or mental health problem or condition	PH_STREH_1	2020
Adults - Health of family members	PH_STRHF_1	2020
Seniors - Emotional or mental health problem or condition	PH_STREH_1	2020
Seniors - Other personal or family responsibilities	PH_STROP_1	2020
Highest level completed of education - less than high school	STATC-SCCEN-037	2016
Participation rate	STATC-SCCEN-040	2016
Employment rate	STATC-SCCEN-041	2016
Household income - \$25,000 to \$59,999	STATC-SCCEN-057	2016
Live in low-income household	STATC-SCCEN-044	2016
Youth - live in low-income household (0-17 years)	STATC-SCCEN-045	2016
...Children - live in low-income household (0-5 years)	STATC-SCCEN-046	2016
Seniors - live in low-income household	STATC-SCCEN-048	2016
Youth - report going to school or to bed hungry because there is not enough food at home, often or always	SH_FIN01_1	2018-2019
Median monthly shelter costs - rented residence	STATC-SCCEN-061	2016
Median monthly shelter costs - owned residence	STATC-SCCEN-060	2016
Physical Environment		
Occupied dwellings requiring major repairs	STATC-SCCEN-029	2016
Occupied dwellings built before 1960	STATC-SCCEN-030	2016
Parents - report their child lives with someone who smokes	SP_SMO01_1	2019-2020
Youth - have at least one person who smokes inside their home	SH_SMO13_1	2018-2019
Parents - report smoking being allowed inside the family vehicle	SP_SMO03_1	2019-2020
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
Number of boil orders	GNB-OCMOH-001	2020



Health Behaviours

Children - Eat 5 or more servings of vegetables or fruit daily	SE_EATFV_1	2019-2020
Children - Eat meals while watching television 3 times or more in the last 7 days - parents' point of view	SP_EAT03_1	2019-2020
Children - Eat non-nutritious foods	SE_EATNN_1	2019-2020
Children - Drink non-nutritious sugary beverages	SE_DRINN_1	2019-2020
Adults - Usually sleeps for 7 hours or more each night	PH_SLE01_1	2020
Seniors - Usually sleeps for 7 hours or more each night	PH_SLE01_1	2020
Adults - Daily or occasional smoker	PH_SMO01_1	2020
Adults - Heavy drinking	PH_ALC01_3	2020

Health Services

Family doctor	PH_USEPB_1	2020
After-hours clinic or walk-in clinic	PH_USEPB_3	2020
Hospital emergency department	PH_USEPB_5	2020
Hospital emergency department	PH_USEEA_1	2020
Admitted to a hospital	PH_USEOD_1	2020
Seen a specialist for the first time	PH_USEST_1	2020
Youth - needed to see or talk to someone for a mental or emotional problem	SH_MHI01_1	2018-2019
Youth - who needed to see or talk to someone about their mental or emotional problem but didn't	SH_MHI02_1	2018-2019
Adults - Family doctor - waited 5 days or less to have an appointment	PH_ACCFD_2	2020
Seniors - Family doctor - waited 5 days or less to have an appointment	PH_ACCFD_2	2020
Hospital emergency department - waited less than 4 hours	PH_ACCEA_1	2020
Adults - very confident in managing their health condition	PH_MGT01_1	2020
Verbal information about condition/prescription is easy to understand, always or usually	PH_COMOA_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
Citizens - provide a favourable rating for overall health care services received	PH_SATOA_1	2020