

# Population Health Profile 2022



Miramichi, Rogersville, Blackville 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.

## For more information

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## What is a Population Health Profile?

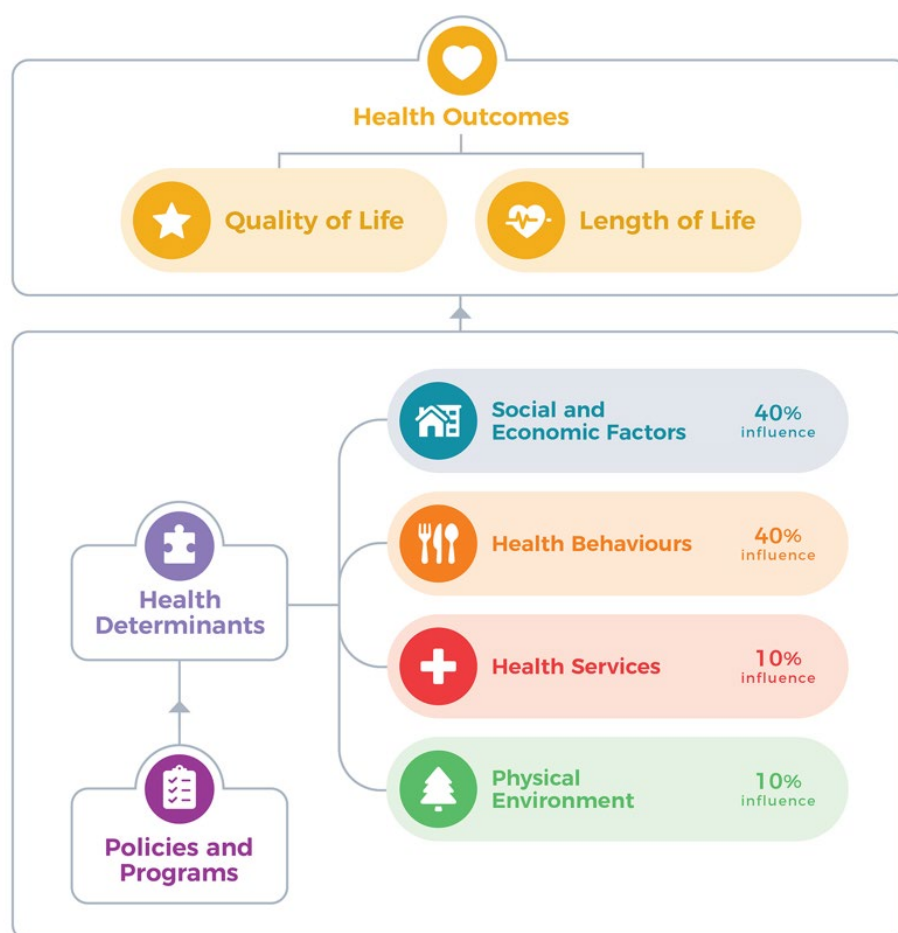
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

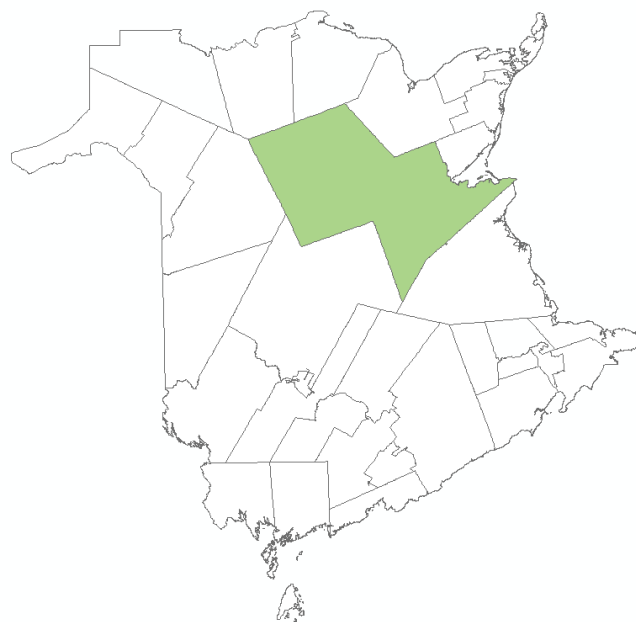
- The Miramichi region covers a large land area and has a low population density.
- A large percentage of tenants live in subsidized housing.
- Youth have less favourable health-related behaviors than other New Brunswickers.
- Access to primary health care is better than the provincial average.



# Health of the Community

## Demographic Context

- Land area: 9036 km<sup>2</sup>
- Population density: 4 persons per km<sup>2</sup>



The community of Miramichi has the largest land area of any community in New Brunswick. However, the population density is about three times lower than the province as a whole. The population of the community of Miramichi increased very slightly (0.7%) between 2016 and 2020. The median age is 49 years, which is higher than the provincial median (46 years). The birth rate (seven per 1,000 population) is lower than the provincial average, while the death rate (11 per 1,000 population) is higher.

The percentage of residents who identify as Indigenous (6.5%) is higher than the provincial average. The Miramichi community has small immigrant (2%) and visible minority (1.1%) populations, both of which are below the provincial averages.

English is the language most often spoken at home (86.5%) and at work (88.1%) in this community. One in three (34.4%) residents reported always receiving health services in French. Twenty-four percent of people said they have knowledge of both of Canada's official languages, and 33% of youth are bilingual, which is lower than the New Brunswick average (48.3%).

## Health Outcomes

In the community of Miramichi, the median age at death is lower than the provincial average for both men and women. More than half of seniors (54%) reported that they perceive their mental health as very good or excellent. One in ten seniors reported that



they had been injured and required medical or nursing care during the previous year, which is lower than the New Brunswick average (14%). One quarter of the adult and senior population groups have three or more chronic health conditions. The Area also has the highest percentage of adults and seniors living with diabetes of any community in the province (16%). While the majority of adults (57%) strongly agree that their health depends largely on how well they take care of themselves, this is lower than the provincial average (62%).



## Determinants of Health

### Social and economic factors

Household income in the Miramichi Area is generally close to the New Brunswick average. The median annual household income in this community is \$56,800, with almost half of households earning \$60,000 or more per year. However, one in five renters lives in subsidized housing, a higher-than-average proportion.

The sense of connection youth in the Miramichi Area have with the people in their life, their community and their school is less-than-average in some respects. Youth in this community are the least likely to participate in activities or groups not organized by the school (49%). It is also one of the communities with the highest school dropout rate (1.9%). In addition, only about two out of five youth eat dinner with their family, friends or guardians. Family and social supports for adults and seniors are also slightly below average. More than one-third of these age groups reported sometimes or often feeling a lack of companionship (37%) and social isolation (34%).



### Physical Environment

There are relatively low concentrations of fine particulate matter (PM 2.5) (4,3 ppm) and ground-level ozone (50 micrograms per m<sup>3</sup> of ambient air) in the Miramichi Area. This community also experienced one extreme heat event and two extreme cold days during the period under consideration. In addition, there are elevated concentrations of radon in 28% of households.

Youth in this community are exposed to higher-than-average levels of environmental tobacco smoke. More than one-quarter of youth reported having been in a car with someone who was smoking cigarettes in the past seven days, and one in five youth live





with someone who smokes. As for modes of transportation, youth in the Miramichi Area are less likely to use active modes of transportation to get to school. Only 4% walk, bike or skateboard to school, while 16% do so in combination with inactive ways of getting around.

## Health Behaviours

The health behaviours of youth in the Miramichi Area are worse than average. Of note is the fact that only slightly more than one in three youth eat breakfast daily (34%) and have at least five servings of fruits or vegetables per day (35%). A higher-than-average proportion of youth reported having eaten at a fast-food restaurant at least three times in the past seven days. In addition, less than one-third of this age group gets eight or more hours of sleep each night.



Youth in the community use tobacco, alcohol and cannabis at a higher-than-average rate. More than one-third of youth have tried electronic cigarettes (35%) and 17% smoke daily or occasionally. About one-quarter of youth use cannabis or drink heavily. And only 18% of youth wear a bicycle helmet, a lower percentage than the figure for the province as a whole.

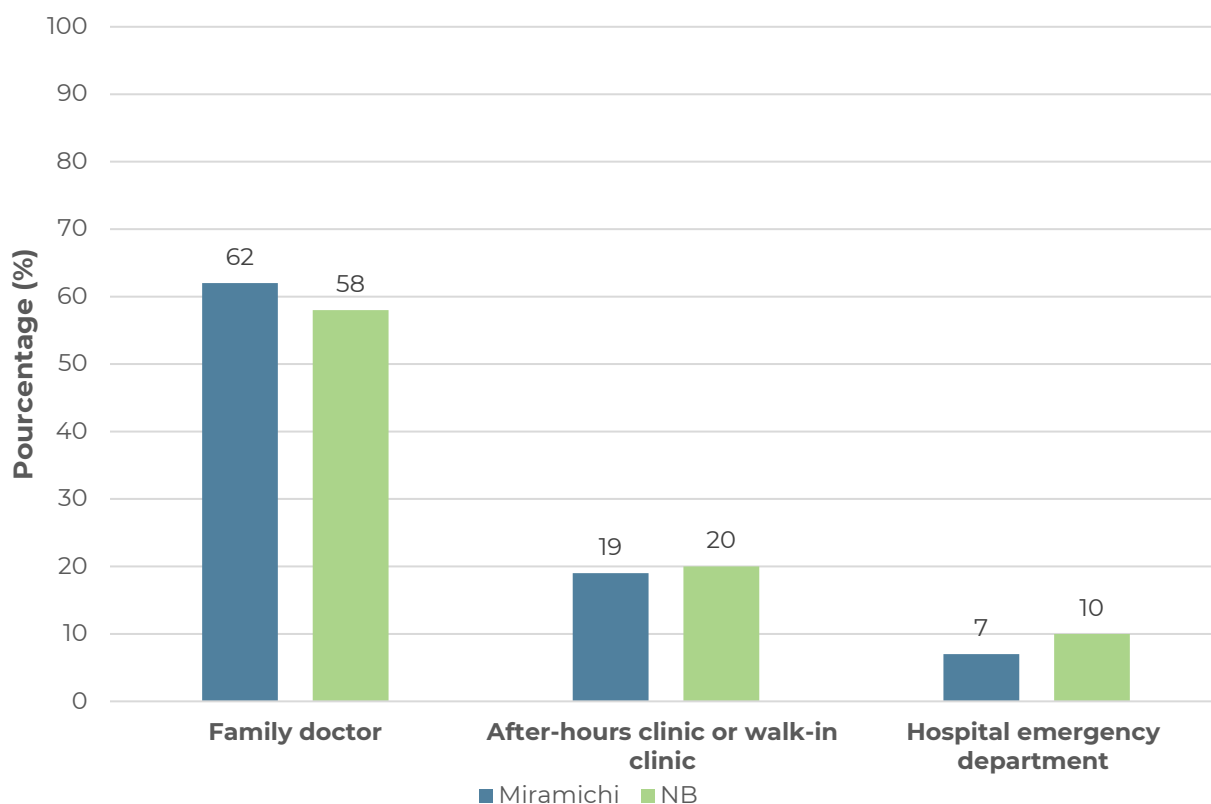


## Health Services

The Miramichi Area stands out in terms of access to primary health care services. Fifty-seven percent of adults and 72% of seniors reported they can get an appointment with their family doctor within five days. The percentages for the province are 50% and 58%, respectively. In addition, more than one-third of residents (68%) reported waiting less than four hours to access emergency services.

When ill or in need of care services, Miramichi Region residents use primary care services at frequencies that are roughly similar to the provincial averages (see Figure 1).

**Figure 1. Types of Services Most Often Used When Care Services are Needed in Miramichi, Rogersville, Blackville Area**



Hospitalization rates following an injury or for mental health problems are higher than the provincial average for all age groups, excluding hospitalization rates for mental health disorder for youth, which is below the provincial rate. As for preventable hospitalizations, the Miramichi Area has the 2<sup>nd</sup> highest rate of all the communities in the



province. The percentage of residents of all age groups who reported having felt the need to see a professional for their mental health is similar to the provincial average.

Only two in five adults reported feeling very confident about their ability to manage their condition. In addition, a relatively small percentage of residents said that their family physician provides explanations in a way that can be understood (71%) and reported having enough time to talk with their family physician (62%).

When it comes to rating the health services received, Miramichi residents gave them one of the highest ratings. More specifically speaking, 69% of adults and 85% of seniors gave the health services they received a positive rating.



## Conclusion

In summary, the Miramichi, Rogersville, Blackville Area covers quite a large land area that is not very densely populated, and the population has increased only a very small amount in recent years. English is the language most often spoken at work and at home and the community has a higher-than-average percentage of Indigenous residents.

Household income is close to the New Brunswick average, but a large percentage of renters are living in subsidized housing. The sense of connection youth have to their community and their school is below average and school dropout rates are higher than in other parts of the province.

Youth have less favourable health-related behaviours than the average, especially those related to tobacco, cannabis and alcohol use. They also have a higher-than-average exposure to environmental tobacco smoke.

As for access to primary health care, it is better than the provincial average, both in terms of appointments with a family doctor and wait times for emergency services. That being said, the rate of preventable hospitalizations is one of the highest in New Brunswick. Residents also have greater difficulty understanding the explanations they are given concerning their health. Despite this, Miramichi Area residents rated the services they received positively.



## Source

Detailed information for each indicator used for these observations is available on the New Brunswick Health Council website. The list of indicators, their unique code and the year of dissemination are available (Table 3) to facilitate this research.

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

[Miramichi, Rogersville, Blackville Area | New Brunswick Health Council \(nbhc.ca\)](https://www.nbhc.ca)

| Table 1.<br>Indicator, unique code and year of dissemination                                       |                 |              |
|--|-----------------|--------------|
| Indicator  | Unique Code     | Year         |
| <b>Demographic Context</b>   |                 |              |
| Land area  | STATC-CENCU-001 | 2016         |
| Population density   | STATC-CENCU-002 | 2016         |
| Population change from 2016 to 2020  | STATC-SCCEN-024 | 2016 to 2020 |
| Indigenous   | STATC-SCCEN-023 | 2016         |
| Immigrant  | STATC-SCCEN-009 | 2016         |
| Visible minority   | STATC-SCCEN-022 | 2016         |
| Median age of population   | STATC-SCCEN-002 | 2016         |
| Birth rate   | SNB-VITST-002   | 2014 to 2018 |
| Death rate   | SNB-VITST-001   | 2014 to 2018 |
| Language most spoken at home - English   | STATC-SCCEN-011 | 2016         |
| Language most spoken at work - English   | STATC-SCCEN-019 | 2016         |
| Knowledge of official language - French and English  | STATC-SCCEN-018 | 2016         |
| Youth bilingualism - English and French  | STATC-SCCEN-001 | 2016         |
| Always receive health care services in the official language of their choice - French              | PH_LOS03_3      | 2020         |
| <b>Health Outcomes</b>   |                 |              |
| Seniors - Perceived mental health, very good or excellent  | PH_HEP02_1      | 2020         |
| Seniors - Have been injured and had to be treated by a doctor or nurse                             | PH_INJ01_1      | 2020         |
| 3 or more chronic health conditions  | PH_CHC12_2      | 2020         |
| Diabetes   | PH_CHCDL_1      | 2020         |
| Adults - strongly agree that their health largely depends on how well they take care of themselves | PH_BELEDM_1     | 2020         |
| Median age at death  | SNB-VITST-006   | 2014 to 2018 |
| Median age at death - Male   | SNB-VITST-006   | 2014 to 2018 |
| Median age at death - Female   | SNB-VITST-006   | 2014 to 2018 |



### Social and Economic Factors

|  |                 |           |
|--|-----------------|-----------|
| Youth - eat an evening meal together with family, friends or guardians | SH_EAT11_1      | 2018-2019 |
| Adults and seniors - lack companionship some of the time or often      | PH_SIL01_1      | 2020      |
| Adults and seniors - feel isolated some of the time or often           | PH_SIL03_1      | 2020      |
| Youth - participate in activities or groups not organized by school    | SH_OUSAL_1      | 2018-2019 |
| School dropout rate  | GNB-EESC-005    | 2018-2019 |
| Household income - \$60,000 and more                                   | STATC-SCCEN-058 | 2016      |
| Median household income  | STATC-SCCEN-053 | 2016      |
| Tenants in subsidized housing  | STATC-SCCEN-062 | 2016      |

### 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      |
| Fine particulate matter (PM2.5)   | GNB-DELG-001     | 2018      |
| Ground-level ozone  | GNB-DELG-002     | 2018      |
| Radon - household with high radon concentration   | HCRAD-CCSRCH-001 | 2007      |

### Health Behaviours

|   |            |           |
|---|------------|-----------|
| Youth - Eat breakfast daily   | SH_EAT12_1 | 2018-2019 |
| Youth - Eat 5 or more servings of vegetables or fruit daily                       | SH_EATFV_1 | 2018-2019 |
| Youth - Ate at a fast food place or restaurant 3 times or more in the last 7 days | SH_EAT13_2 | 2018-2019 |
| Youth - Sleep 8 hours or more every night   | SH_SLE01_1 | 2018-2019 |
| Youth - Tried e-cigarettes (vaping)   | SH_SMOEC_1 | 2018-2019 |
| Youth - Daily or occasional smoker  | SH_SMO09_1 | 2018-2019 |
| Youth - Heavy drinking  | SH_ALC04_1 | 2018-2019 |
| Youth - Cannabis use  | SH_MAR02_2 | 2018-2019 |
| Youth - Wear a helmet when riding a bicycle                                       | SH_SAF03_1 | 2018-2019 |

### Health Services

|   |              |                        |
|---|--------------|------------------------|
| Family doctor                               | PH_USEPB_1   | 2020                   |
| Hospital emergency department               | PH_USEPB_5   | 2020                   |
| After-hours clinic or walk-in clinic        | PH_USECA_1   | 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 |
| Saw or talked to a health professional about their mental or emotional health, or their use of alcohol or drugs | PH_MHI05_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 - very confident in managing their health condition  | PH_MGT01_1   | 2020                   |
| Family doctor - always explains things in a way that they can understand  | PH_COMFA_1   | 2020                   |
| Family doctor - always gives them enough time to discuss  | PH_APPFB_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                   |