

Population Health Profile 2022



Moncton



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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What is a Population Health Profile?

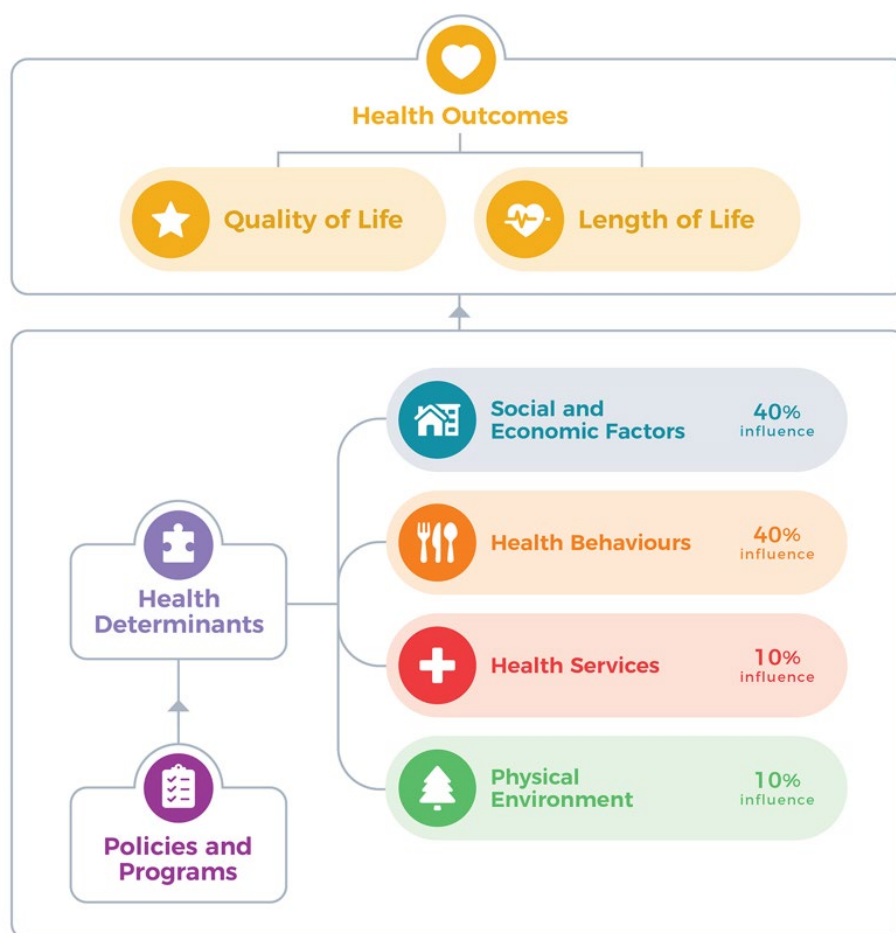
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

- Moncton is a growing community with significant cultural diversity in terms of languages and newcomers.
- The labour market participation rate is one of the highest in the province.
- The eating behaviours of Moncton's youth are generally very good.
- A relatively high proportion of the population does not have a family physician and wait times for emergency services are long.



Health of the Community

Demographic Context

- Land area: 722 km²
- Population density: 125 persons per km²

Moncton experienced one of the province's largest population increases between 2016 and 2020; the population of each age group is the highest in the province. The median age is forty-two, making Moncton the fifth youngest community in the province. The birth rate is ten per 1,000 population and the death rate is eight per 1,000 population. This is a sign that Moncton's population is growing (see Figure 1).

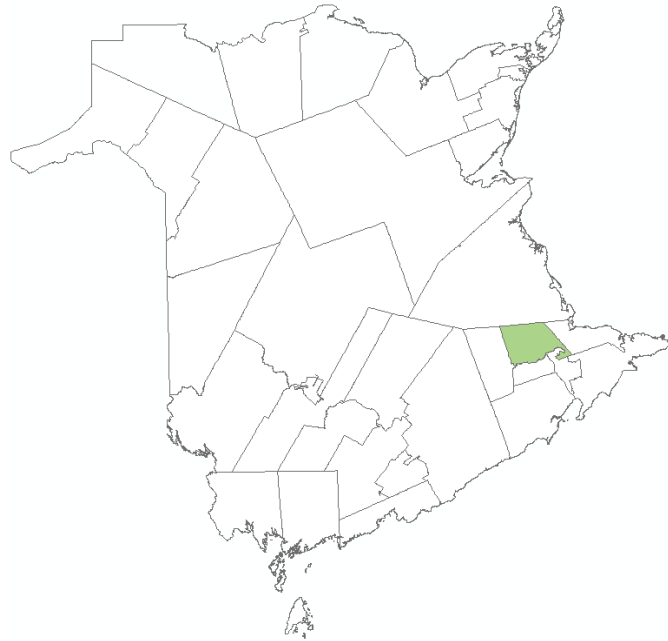
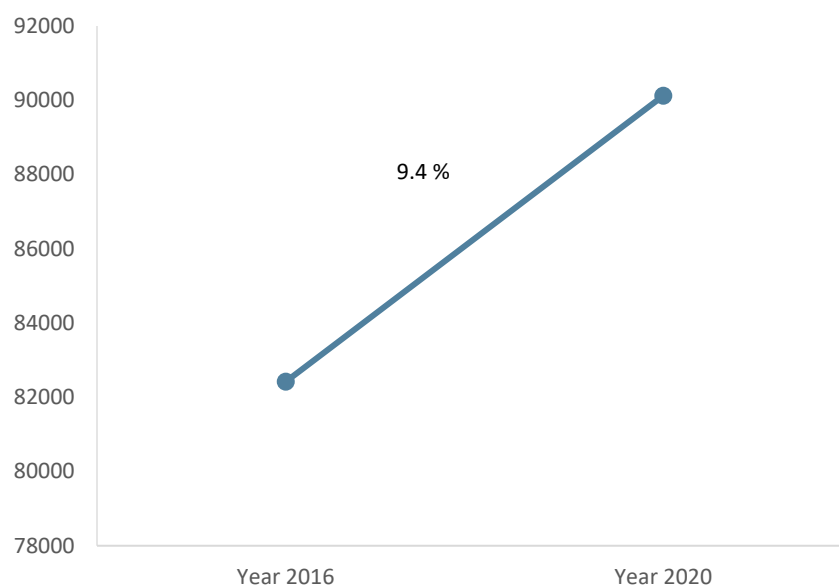


Figure 1. Population Change in Moncton between 2016 and 2020





Although Moncton does not have a large Indigenous population (2.5% compared to 4% province-wide), it is becoming increasingly culturally and ethnically diverse. In fact, recent immigrants (who arrived between 2011 and 2016) account for 2.7% of the population, the second highest percentage in the province. Immigrants now make up 6.8% of the city's population, while 6.6% of the population is a member of a visible minority group. Also of note is the fact that youth who identify as a member of a sexual minority account for 20% of Moncton's youth, a percentage that is higher than the figure for the province as a whole (16%).



Moncton is one of the New Brunswick communities with the highest percentage of English-French bilingualism, with almost half (45%) of its population reporting knowledge of both official languages. The rate of bilingualism among youth is even higher, at 57%. Three quarters of Monctonians choose English when seeking services, and 94% of them always receive health care services in the language of their choice. Conversely, one in five (19%) prefer to access services in French, but only 60% report always receiving health care services in that language.

Health Outcomes

In many respects, seniors in Moncton have a better quality of life than those living in other communities in the province. For example, fewer than one in five seniors (12%) said they feel lonely, the vast majority (93%) reported good life satisfaction, and nearly one third (31%) rated their health as very good or excellent. The quality of life and mental fitness of Moncton youth is close to the provincial norm. As such, 72% of Moncton youth perceive themselves as having a high or moderate level of resilience.



Two thirds of youth feel they are at a healthy weight (67%) and only one quarter (26%) are overweight. The values for both of these health indicators are better in Moncton than in most other New Brunswick communities.



Chronic health conditions are less common in Moncton than in most communities in the province. More specifically speaking, stroke, diabetes, heart disease and obesity are less prevalent than in most other communities. Overall, fewer than one in five seniors (18%) take six or more medications on a regular basis (compared to 23% at the provincial level).

Adults and seniors in Moncton reported varying levels of confidence with respect to managing their chronic health conditions. While adults in Moncton are below the provincial norms in their perception of preventing, managing, and taking control of their health conditions, seniors are above the provincial average.



Determinants of Health

Social and economic factors

The level of education of its residents sets Moncton apart. Nearly two thirds (62%) have a post-secondary certificate, diploma or degree (compared to 58% at the provincial level) and only one in ten have not completed high school.

Moncton also stands out for having higher participation and employment rates than most other communities in the province. Moncton workers are also more likely to be employed full-time and year-round (55%) than part-time and/or seasonally (45%).

While the Moncton & Southeast Health Zone has one of the highest levels of income and lowest levels of poverty, the community of Moncton ranked closer to the provincial norms for several socio-economic factors.



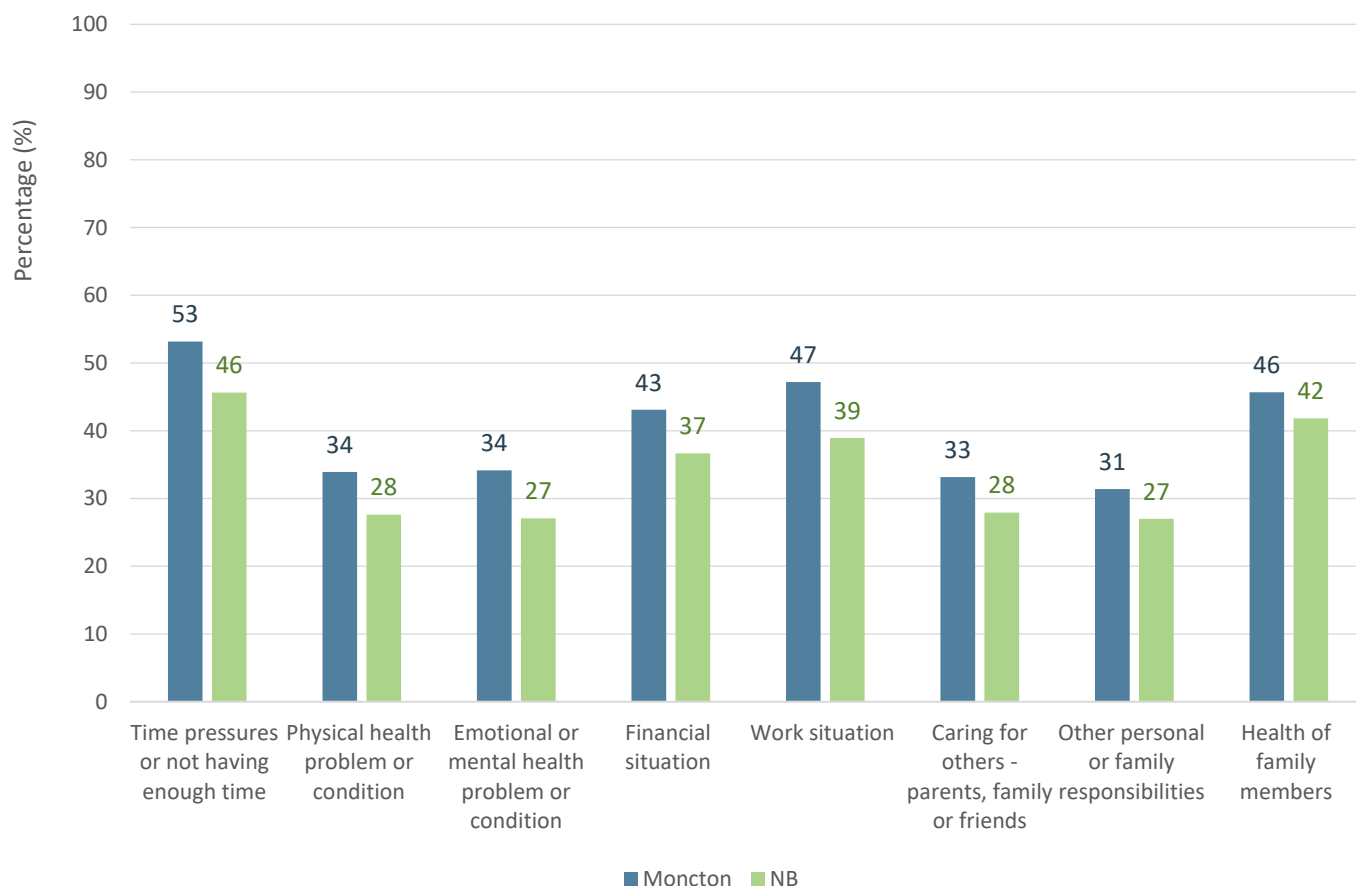
Compared to other communities in the province, people living in Moncton are more likely to be renters (38%). A relatively high percentage of monthly income is spent on housing, both for renters (\$783 on average) and homeowners (\$992 on average). More than one in five households (23%) spend at least 30% of their monthly income on housing, the third-highest percentage in the province.

Moncton is one of the most property-crime prone communities in the province (53 cases per 1,000 population). It is also considered somewhat less safe than average for youth. Only four in five youth surveyed (80%) consider it safe for young children to play outside. Almost half of youth (49%) said they had been bullied, nearly one in six (16%) have experienced dating violence, and one in ten (10%) reported having been sexually assaulted. Four percent 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.



Adults in Moncton are more likely than those in other New Brunswick communities to report that all of the stressors surveyed apply to them (Figure 2).

Figure 2. Reasons for Stress Among Adults in Moncton



Physical environment

Moncton is one of the communities where people are most likely to use active modes of transportation to get to school or work, either by walking, biking or skateboarding. However, the vast majority of people rely on cars to get around (86%).

Health Behaviours

The eating behaviours of Moncton youth are better than those in most other communities in several ways. Almost half of youth eat breakfast daily (46%) and roughly the same percentage reported eating at least five servings of fruits and vegetables every



day (45%). In addition, the number of youth who reported eating behaviours that are less healthy, such as eating non-nutritious foods, drinking non-nutritious sweetened beverages, eating at fast-food restaurants, and eating meals while watching television, is lower in Moncton than the average.

The physical activity habits of Moncton youth are about average for the province. Adults and seniors, on the other hand, are more sedentary than the general New Brunswick population of their age group. Less than half of adults (47%) and seniors (46%) reported accumulating at least one hundred and fifty minutes of moderate or vigorous physical activity per week.

In terms of sleep patterns, more than one third of Moncton's youth (37%) sleep eight hours or more each night. Adults and seniors usually get seven or more hours of sleep per night for a combined percentage of 58%.



Health Services

About four in five residents (84%) reported having a family doctor and 2.6% reported having a nurse practitioner, making Moncton one of the communities where these percentages are lowest. In terms of the accessibility of health services, just two in five adults (43%) reported they can get an appointment with their family doctor within five days, while nearly two thirds of seniors (63%) reported the same. The Moncton community stands out for the small number of people who reported waiting less than four hours in an emergency room. Less than half (47%) reported accessing emergency services within that time frame. In comparison, in the Perth-Andover area, more than four in five people reported waiting less than four hours to access such services.

When ill or in need of health care services, Monctonians are disproportionately likely to turn to after-hours or walk-in clinics (38%) for health care (compared to the provincial average of 20%). They are slightly less likely than average to use community health centres (10%), ambulance services (7%), and hospital emergency departments (35%).

Moncton has one of the largest number of residents who reported having felt the need to consult a health professional about their mental health, emotional health or substance use. Of those residents, almost one third did not receive the services they needed. Reported barriers were the highest in the province (see Table 1). In terms of general health services that residents wanted but did not receive, the Moncton community more often faced financial barriers.

Table 1. Barriers to Mental Health Services for Monctonians who Reported Needing the Services but did not Receive Them

	Moncton (%)	NB (%)
Wait time for the services was too long	32	24
Were too busy	39	25
Services not available at a convenient time for me	24	16
Did not know how or where to get help	28	20



When asked to rate the health services received, Moncton is the community where the smallest number of residents gave them a positive rating. Just over half of adults (55%) and three-quarters of seniors (78%) rated the health services they received positively.



Conclusion

Moncton is a growing community with some cultural diversity, both in terms of languages and newcomers. The quality of life in Moncton is at least as good as the provincial average and better than the average in some respects. Most chronic diseases are less prevalent than elsewhere in the province, and people with health problems are relatively confident in their ability to manage them.

Moncton's population is better educated than average, and it has one of the highest labour force participation rates in the province. The city has a high proportion of renters, and renters as well as owners tend to spend a relatively high percentage of their income on housing.

While the eating behaviours of Moncton youth are generally better than elsewhere, most other behaviours related to physical activity, physical inactivity and sleep are closer to the provincial averages.

Access to health care services is, in some respects, more difficult in Moncton. More specifically speaking, a relatively high proportion of the population does not have a family physician and wait times for emergency services are long. In addition to these access challenges, Moncton residents reported some relatively common barriers, including financial barriers, to obtaining the health services they need.



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 NBHC website.

[Moncton | New Brunswick Health Council \(nbhc.ca\)](http://moncton.nbhc.ca)

Table 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 - 0-4	STATC-CDCD-002	2020
Population - 5-9	STATC-CDCD-003	2020
Population - 10-14	STATC-CDCD-004	2020
Population - 15-19	STATC-CDCD-005	2020
Population - 20-24	STATC-CDCD-006	2020
Population - 25-29	STATC-CDCD-007	2020
Population - 30-34	STATC-CDCD-008	2020
Population - 35-39	STATC-CDCD-009	2020
Population - 40-44	STATC-CDCD-010	2020
Population - 45-49	STATC-CDCD-011	2020
Population - 50-54	STATC-CDCD-012	2020
Population - 55-59	STATC-CDCD-013	2020
Population - 60-64	STATC-CDCD-014	2020
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 - 85 and over	STATC-CDCD-019	2020
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
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
Knowledge of official language - French and English	STATC-SCCEN-018	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
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 - Resilience, high or moderate level	SH_RESTS_1	2018-2019
Youth - Life satisfaction	SH_LIF01_7	2018-2019
Youth - Pro-social behaviours (being helpful, respectful, thoughtful, etc.)	SH_PROTS_1	2018-2019
Youth - Oppositional behaviours (being defiant, disrespectful, rude, etc.)	SH_OPPTS_1	2018-2019
Youth - Symptoms of depression	SH_DEP01_1	2018-2019
Youth - Symptoms of anxiety	SH_ANX01_1	2018-2019
Youth - Have been injured and had to be treated by a doctor or nurse	SH_INJ01_1	2018-2019
Youth - Healthy weight	SH_BMI02_1	2018-2019
Youth - Underweight	SH_BMI02_2	2018-2019
Youth - Overweight or obese	SH_BMI02_3	2018-2019
Seniors - Perceived health, very good or excellent	PH_HEP01_1	2020
Seniors - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Seniors - Lonely (based on loneliness score)	PH_SIL04_1	2020
Seniors - Take 6 or more different prescription medications on a regular basis	PH_MED01_1	2020
Heart disease	PH_CHCHD_1	2020
Stroke	PH_CHCST_1	2020
Adults and seniors - Diabetes	PH_CHCDL_1	2020
Adults and seniors - Obesity	PH_BMI01_2	2020
Adults - very confident in managing their health condition	PH_MGT01_1	2020
Seniors - very confident in managing their health condition	PH_MGT01_1	2020
Social and economic factors		
Youth - It is safe for younger children to play outside during the day	SH_SOC02_1	2018-2019
Youth - Victim of bullying	SH_BUVAO_1	2018-2019
Youth - Victim of dating violence	SH_SEV02_1	2018-2019
Youth - Sexually violated	SH_SEV01_1	2018-2019
Crimes against property	STATC-UCR-002	2019



Adults - Time pressures or not having enough time	PH_STRTP_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 - Financial situation	PH_STRFS_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
Adults - Health of family members	PH_STRHF_1	2020
Highest level completed of education - less than high school	STATC-SCCEN-037	2016
Highest level completed of education - postsecondary certificate, diploma or degree	STATC-SCCEN-039	2016
Participation rate	STATC-SCCEN-040	2016
Employment rate	STATC-SCCEN-041	2016
Work a full year, full time	STATC-SCCEN-051	2016
Work part of the year and/or part time	STATC-SCCEN-052	2016
Household income - \$25,000 to \$59,999	STATC-SCCEN-057	2016
Household income - \$60,000 and more	STATC-SCCEN-058	2016
Median household income	STATC-SCCEN-053	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
Spending 30% or more of household total income on shelter costs	STATC-SCCEN-059	2016
Physical environment		
Children - walk, bike or skateboard to get to school	SH_PHY02_1	2018-2019
Youth - walk, bike or skateboard to get to school	SH_PHY02_4	2018-2019
Youth - walk, bike or skateboard in combination with inactive transportation to get to school	STATC-SCCEN-033	2016
Adults and seniors - walk or bike to get to work	STATC-SCCEN-035	2016
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 meals while watching television 3 times or more in the last 7 days	SH_EAT14_2	2018-2019
Youth - Eat non-nutritious foods	SH_EATNN_1	2018-2019
Youth - Drink non-nutritious sugary beverages	SH_DRINN_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 - Moderate or vigorous physical activity	SH_PHY01_1	2018-2019
Youth - Sleep 8 hours or more every night	SH_SLE01_1	2018-2019
Adults and seniors - Moderate or vigorous physical activity	PH_PHY01_1	2020
Adults - Moderate or vigorous physical activity	PH_PHY01_1	2020
Seniors - 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
Have a nurse practitioner	PH_ACCNI_1	2020
After-hours clinic or walk-in clinic	PH_USEPB_3	2020
Community health centre	PH_USEHA_1	2020
Ambulance services	PH_USEMA_1	2020
Hospital emergency department	PH_USEEA_1	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
Wait time for the services was too long	PH_MHI06_2	2020
Were too busy	PH_MHI06_3	2020
Services not available at a convenient time for me	PH_MHI06_4	2020
Did not know how or where to get help	PH_MHI06_6	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

