

Population Health Profile 2022



Neguac, Alnwick, Esgenoopetitj 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 Neguac, Alnwick, Esgenoopetitj

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What is a Population Health Profile?

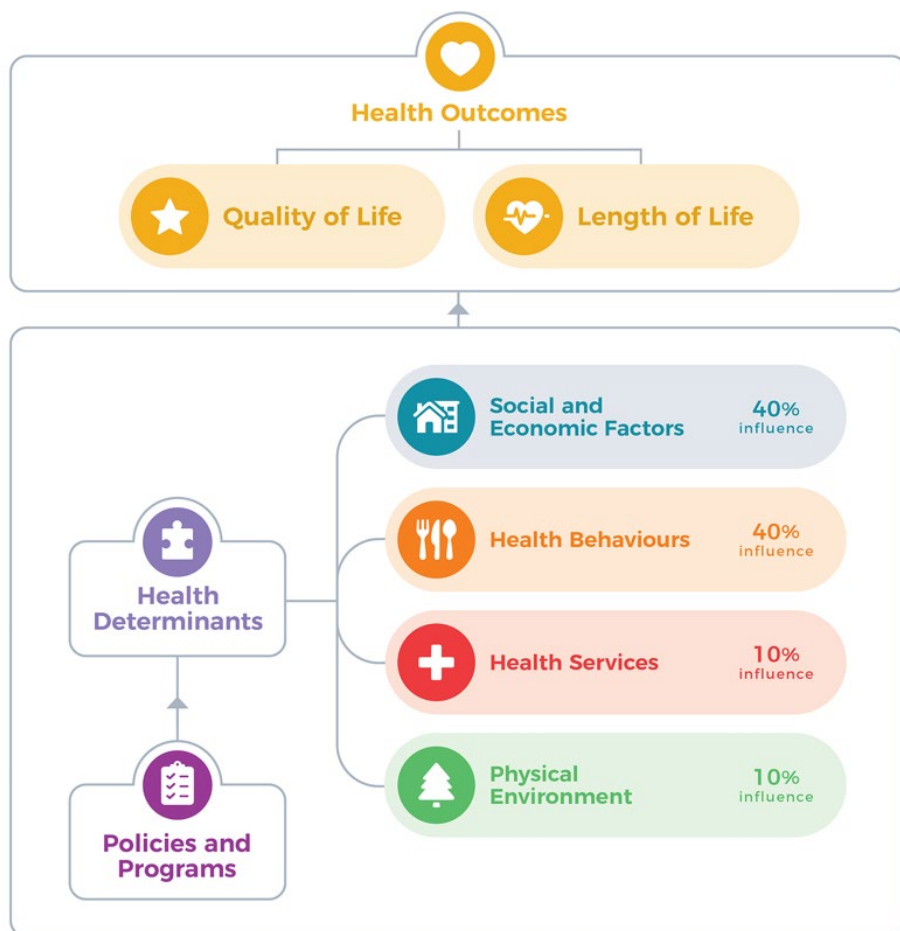
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

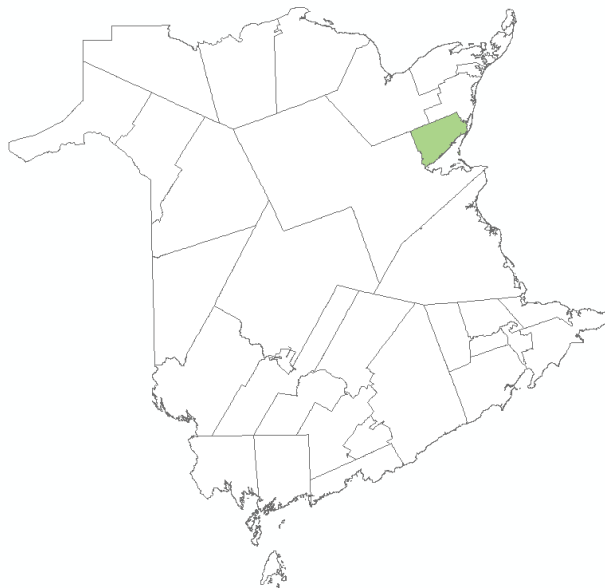
- This community has a small population and the province's largest proportion of Indigenous residents.
- The employment rate is low and there is a large proportion of seasonal or casual workers.
- Children and youth have less than favourable academic performance and sense of belonging.
- Access to primary care and wait times in Neguac are better than average.



Health of the Community

Demographic Context

- Area: 728 km²
- Population density: 9 persons per km²



The Neguac, Alnwick, Esgenoopetitj

Area has one of the smallest populations in each age group province-wide, although the population density is close to the provincial average due to the relatively small size of the land area it covers.

However, the population grew by 3.9% between 2016 and 2020. The median age is 47.2 years, and the birth rate is lower than the death rate.

The Neguac area has the highest proportion of Indigenous residents of all of the communities in New Brunswick: one in five residents are Indigenous. It also has the highest proportion of households where the language most frequently spoken at home is an Indigenous language (2.3%). Immigrants account for only 1.6% of the population.

Health Outcomes

Some aspects of the mental and emotional health of children in the Neguac area are worse than average. More specifically speaking, only 13% of them have a high level of mental fitness. The Neguac area has the highest proportion (of the fourteen communities for which this data is available for 2019-2020) of children with oppositional behaviors. In contrast, youth in grades 6 to 12 in this community reported a relatively high level of mental fitness (82%), and seven in ten youth perceive their mental health as very good or excellent.



The most common chronic diseases in the Neguac area are obesity and diabetes, which affect 42% and 15%, respectively, of those who 18 years and up reported having at least one chronic disease. Children (47%) and youth (36%) in this community are also more likely to be overweight.

The Neguac area has the smallest percentage of adults who strongly agree that their health depends largely on how well they take care of themselves (45%). In addition, less than one-third of seniors said they are very confident about their ability to manage their health. Just slightly more than one in six (17%) seniors perceive their health as very good or excellent, while about one in four (26%) said they feel lonely.



Determinants of Health

Social and economic factors

The Neguac area community has the highest percentage of residents in the province who do not have a high school diploma (37%). It also has the smallest percentage of residents with a post-secondary certificate, diploma or degree (39%).

The sense of connection that children in the Neguac area have with their school is not as strong as it is in the other communities in the province for which this data is available. Fewer than one in two children feel that they are treated fairly by their teachers. Four in ten reported feeling safe at school, and only one in three said they feel a sense of belonging at their school. Among children with mental fitness needs, only one in two feel those needs are highly satisfied by the school. And there are fewer youth in the Neguac area with above average or excellent school results than in most other communities.

Youth in the Neguac area are less likely to feel a sense of belonging to their community (18%) than youth in most communities in the province. In addition, only three in four youth feel it is safe for young children to play outside during the day and roughly two in three youth reported having been bullied. On a more positive note, about four in five youth (82%) are involved in volunteer activities outside of school.



The employment rate in the Neguac area is the lowest in the province, with three out of four people working on a seasonal or casual basis. This community also has the largest number of residents who receive employment insurance benefits.

Housing costs are among the lowest in the province for both renters (\$500 per month) and homeowners (\$506 per month). And therefore, the proportion of the population that



allocates 30% or more of their income to housing is lower than in most communities in the province. The Neguac area stands out for its relatively high percentage of single-parent families (24%) and the median income for such families, at \$22,230 per year, is also the lowest in the province.

Physical environment

The Neguac area is home to the highest percentage of people who live in band housing (7%). This area is also one of the communities with the highest percentage of dwellings in need of major repairs (15%). In addition, the proportion of households with high radon levels is higher than average, affecting almost one in three households.

Weather conditions are relatively good in this community with no extreme heat events or extremely cold days. Similarly, there are no boil water orders.

Health Behaviours

Eating and physical activity behaviours are worse than average in the Neguac area. In fact, this community has the lowest proportion of adults who reported they engage in moderate or vigorous physical activity. Also of note is the fact that few children and seniors reported eating at least five servings of fruits or vegetables each day.

The Neguac area also stands out for its relatively low levels of tobacco, alcohol, and drug use among youth (see Table 1).



Table 1. Tobacco, Alcohol and Drug use Among Youth in the Neguac Area

	Neguac (%)	NB (%)
At risk of becoming a future smoker	23	28
Tried e-cigarettes (vaping)	26	29
Daily or occasional smoker	12	14
Heavy drinking	15	15
Cannabis use	10	21
Drug use	16	25

However, injury prevention among youth is worse than in most communities in the province. Only one in ten youth wear a helmet when riding a bicycle. A relatively high percentage of this age group reported having driven an off-road vehicle under the influence of alcohol or drugs (18%) or being a passenger in an on-road vehicle driven by someone under the influence of the same substances (25%).

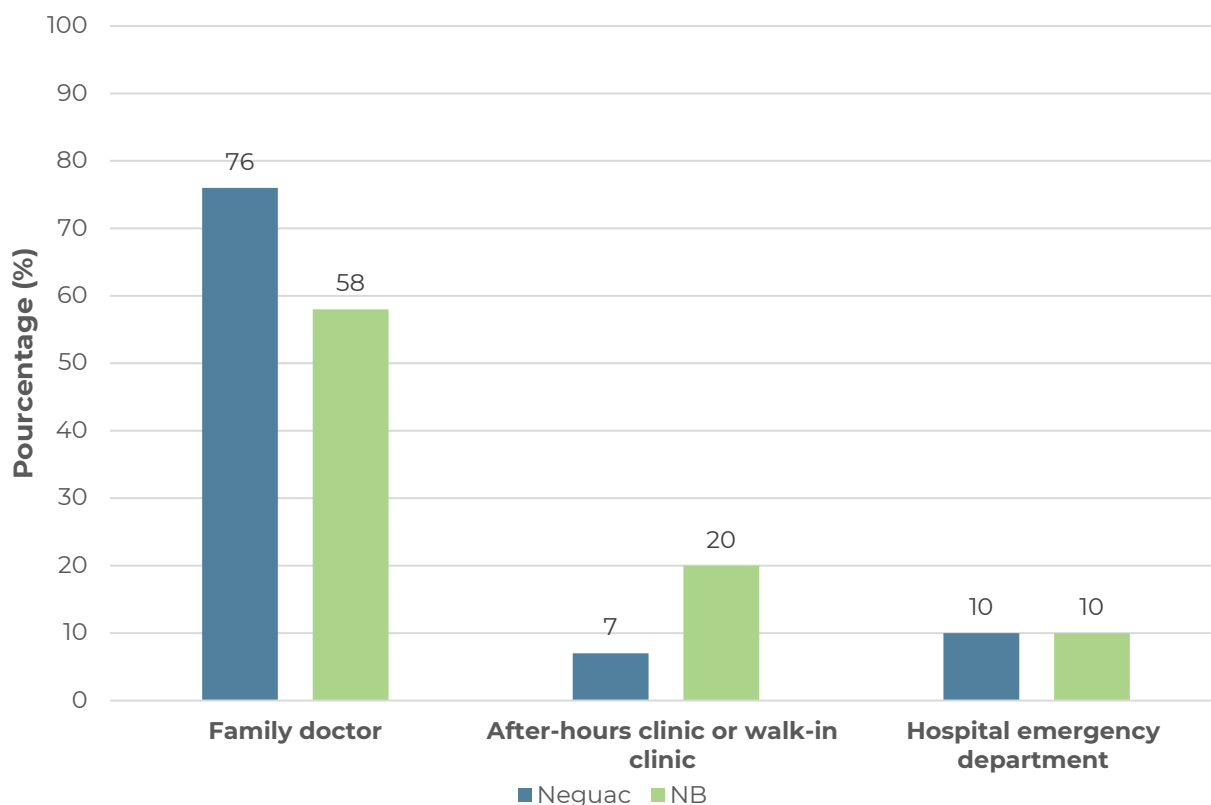


Health Services

The accessibility of health care services in the Neguac area sets it apart from other communities. More than half (59%) of adults reported being able to get an appointment with their family doctor within five days, while almost three-quarters of seniors (71%) said the same. In addition, two in three reported accessing emergency services within four hours.

Residents of this area tend to turn more frequently to their family physician when they are sick or in need of health services (see Figure 1). It is also worth noting that 91% of Neguac area residents reported they have a family doctor.

Figure 1. Types of Services Most Often Used When Care Services are Needed in Neguac, Alnwick, Eskenoopeditj Area





The proportion of hospital admissions and the rate of preventable hospitalizations are among the highest in the province.

Residents of the Neguac area use mental health services less frequently. Fewer than one in ten adults (8%) reported having consulted a health professional about their mental health, emotional health or substance use. And less than one-quarter (23%) of youth reported having felt the need to see someone about an emotional or mental problem.

Fewer than one in three people said they know the expected effects of each of their medications. Therefore, a high percentage of the population consider the written information related to their conditions or prescriptions difficult to understand. Fewer people in this community than elsewhere in the province reported having enough time to talk to their family doctor, and small numbers of residents reported that their family doctor always consults them when making decisions about their health care. That said, the majority of people find that their family doctor provides explanations in a way that can be understood.

When asked to rate the health services they have received, Neguac is the community where the largest proportion of citizens rated them favourably. This community also has the largest proportion of residents who reported receiving help from their family doctor to coordinate care involving other health professionals.



Conclusion

The Neguac, Alnwick, Eschenoopeditj Area is sparsely populated in comparison with other New Brunswick communities; it also has the highest proportion of Indigenous residents in the province. The population is slightly older than average, and obesity and diabetes are the most common chronic diseases.

The education level of Neguac area residents is lower than the provincial average. The employment rate is also lower than elsewhere in the province, with a large proportion of residents working on a seasonal or casual basis.

The sense of belonging children and youth feel in connection with their school or community is not very favourable, nor is their academic performance. However, youth in this community are less likely to become future smokers and use cannabis or other drugs than young people in most other communities in the province.

Access to primary care and wait times in the Neguac area are generally better than average. However, communication with health care professionals is often difficult, particularly with respect to the expected health effects of prescription medications. Nevertheless, residents of the Neguac, Alnwick, Eschenoopeditj Area gave the health services they have received the highest rating of all the communities in New Brunswick.



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.

[Neguac, Alnwick, Esgenoopetitj Area | 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	STATC-CDCD-001	2020
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
Median age of population	STATC-SCCEN-002	2016



Birth rate	SNB-VITST-002	2014 to 2018
Death rate	SNB-VITST-001	2014 to 2018
Single parent families	STATC-SCCEN-006	2016
Language most spoken at home - indigenous languages	STATC-SCCEN-014	2016
Health Outcomes		
Children - High level of mental fitness (having a positive sense of how they feel, think and act)	SE_MEFHI_1	2019-2020
Children - Overweight or obese	SP_BMI02_3	2019-2020
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 - Overweight or obese	SH_BMI02_3	2018-2019
Seniors - Perceived health, very good or excellent	PH_HEP01_1	2020
Seniors - Lonely (based on loneliness score)	PH_SIL04_1	2020
Diabetes	PH_CHCDI_1	2020
Obesity	PH_BMI01_2	2020
Adults - strongly agree that their health largely depends on how well they take care of themselves	PH_BEIDM_1	2020
Seniors - very confident in managing their health condition	PH_MGT01_1	2020
Social and Economic Factors		
Children - feel teachers treat me fairly	SE_SCC04_1	2019-2020
Children - feel safe at school	SE_SCC05_1	2019-2020
Children - feel connected to my school	SE_SCCHI_1	2019-2020
Children - with mental fitness needs highly satisfied by school	SE_MEFSC_1	2019-2020
Youth - volunteer outside school without being paid	SH_VOLAT_1	2018-2019
Youth - sense of community belonging, somewhat strong or very strong	SH_SOCTS_1	2018-2019
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 - school marks above average or excellent (80% or more)	SH_ACA01_1	2018-2019
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
Employment rate	STATC-SCCEN-041	2016
Work part of the year and/or part time	STATC-SCCEN-052	2016
Median lone-parent family income	STATC-SCCEN-055	2016
Population receiving Employment Insurance	STATC-ESDC-001	2020
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		
Live in band housing	STATC-SCCEN-027	2016



Occupied dwellings requiring major repairs	STATC-SCCEN-029	2016
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 - parents' point of view	SP_EATFV_1	2019-2020
Children - Eat 5 or more servings of vegetables or fruit daily	SE_EATFV_1	2019-2020
Adults and seniors - Eat 5 or more servings of vegetables or fruit daily	PH_EAT03_1	2020
Adults - Eat 5 or more servings of vegetables or fruit daily	PH_EAT03_1	2020
Seniors - Eat 5 or more servings of vegetables or fruit daily	PH_EAT03_1	2020
Adults and seniors - Moderate or vigorous physical activity	PH_PHY01_1	2020
Youth - At risk of becoming a future smoker	SH_SMOSU_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 - Drug use	SH_DROAL_1	2018-2019
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
Admitted to a hospital	PH_USEOD_1	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
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 - 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 - Seniors	PH_ACCFD_2	2020
Hospital emergency department - waited less than 4 hours	PH_ACCEA_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



Family doctor - always involves them in decisions about their health care	PH_APPFA_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
Know what their prescribed medications do, strongly agree	PH_MED02_1	2020
Citizens - provide a favourable rating for overall health care services received	PH_SATOA_1	2020
Family doctor - always helps them coordinate the care from other providers	PH_CRDFB_1	2020