

Population Health Profile

2022



New Maryland, Kingsclear, Lincoln 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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What is a Population Health Profile?

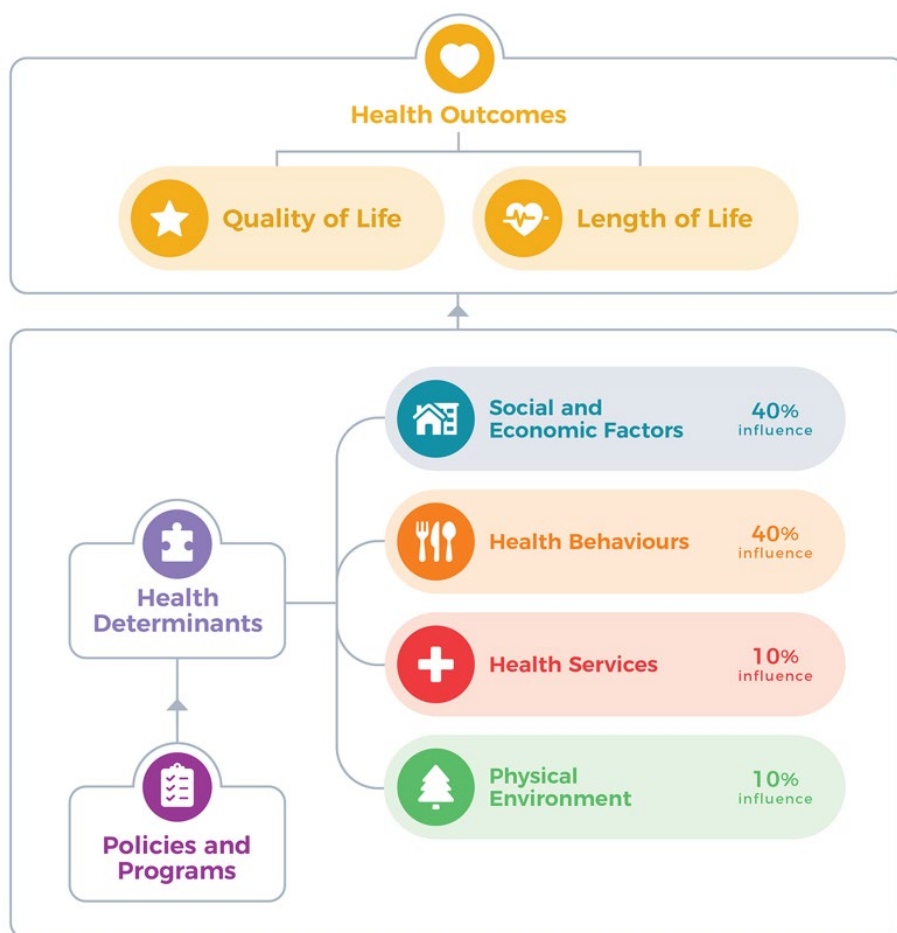
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

- There are a large number of married couples and couples with children in this community. The number of residents per household is also the highest in the province.
- The median age at death is the lowest in New Brunswick.
- Children and youth have better physical activity habits than their counterparts elsewhere in the province.
- This community also has the highest proportion of youth who did not seek professional help for their mental or emotional health, despite having felt the need to do so.

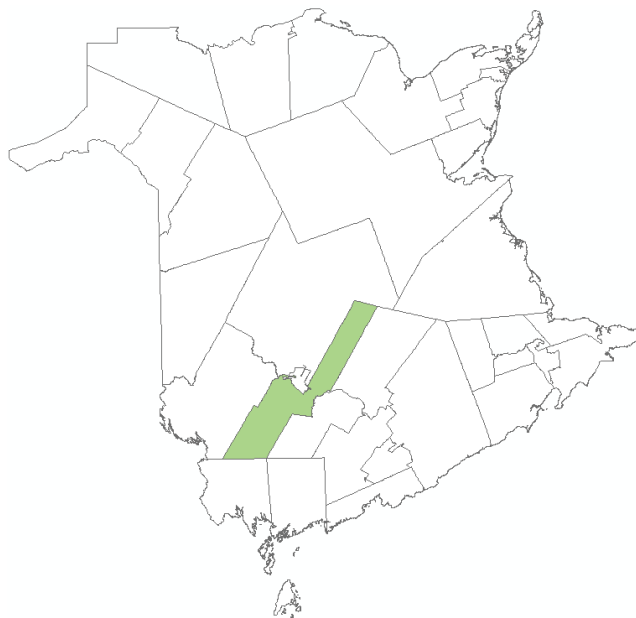


Health of the Community

Demographic Context

- Area: 2317 km²
- Population density: 12 persons per km²

The population of the New Maryland, Kingsclear, Lincoln Area grew by 5% between 2016 and 2020, a slightly higher growth rate than the provincial average for the same period. The birth rate (nine per 1,000 population) is slightly above the provincial average, while the death rate (five per 1,000 population) is well below it. The median age is 41 years, five years younger than the provincial median.



In this community, the percentage of residents who identify as Indigenous is relatively high at 7.9% or double the provincial average. Immigrants account for 4.4% of the population, which is almost identical to the provincial average. And approximately one in five youth identify as a member of a sexual minority, the second-highest percentage of any community in New Brunswick.

The community has the highest percentage of married or common-law couple households (68%) and the percentage of couples with children is one of the highest in the province (51%). The percentage of households that consist of people living alone (17%) is the lowest in the province. The average household size (2.6 people) is the highest in the province, tied with the Quispamsis area.



Health Outcomes

Of the communities for which this data is available, the New Maryland area has the highest proportion of children at a healthy weight (66%) and the lowest proportion of underweight children (5%). It also has the smallest number of children who exhibit oppositional behaviours (16%).

In the New Maryland area, about two in five youth (39%) were injured and required care from a doctor or nurse in the 12 months prior to the survey period, the second-highest percentage of any community in the province. Close to two thirds of seniors (63%) strongly agree that their health depends largely on how well they take care of themselves, which is the second-highest percentage in the province for that population group. The median age of death for the community as a whole is the youngest in New Brunswick at 73 years.



Determinants of Health

Social and economic factors

Sixty-three percent of children feel that their mental fitness needs are highly satisfied by their family and 80% feel that those same needs are highly satisfied by friends. Both figures are among the lowest out of all the communities for which this data is available. In addition, less than half of children (43%) feel safe at school.

The level of family and social support for youth in grades 6 to 12 is generally lower than the provincial average. Only 76% of youth feel that their mental fitness needs are highly satisfied by their friends, and 38% said that their friends support them in difficult times. In the New Maryland area, youth have a less-than-favourable sense of connection to their school and community (see Table 1).

Table 1. New Maryland, Kingsclear, Lincoln Area Youth Perception of Social Support at School or Work		
	New Maryland (%)	NB (%)
Participate in activities or groups organized by school	50	54
Feel teachers treat me fairly	73	83
Feel safe at school	69	84
Feel connected to my school	85	92
Mental fitness needs highly satisfied by school	47	57
Have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	40	41

Close to two thirds of youth reported having been bullied. Fifteen percent reported having been sexually assaulted, the highest percentage in the province. In addition, 19% of youth have experienced dating violence.



Approximately two thirds of adults and seniors in the New Maryland area have a post-secondary certificate, diploma or degree; a higher-than-average proportion. The labour force participation rate is 68% and the employment rate is 62%. In addition, 56% of residents work year-round and full-time. The New Maryland area also has one of the highest percentages of adults and seniors with internet access at home (98%).

Generally speaking, households in the New Maryland area have higher than average incomes. In fact, the annual median household income is \$79,698 and the median income for single-parent families is \$38,125 per annum. In addition, only 9% of residents live in a low-income household, the lowest percentage in the province (the N.B. average is 19%). Only 1% of families with children receive social assistance or social benefits and 4% of renters live in subsidized housing. This community also has the smallest percentage of households that spend 30% or more of their total income on housing (9%). However, 7% of youth said they are often or always hungry when they go to bed or school because there is not enough food in the house, a higher percentage than the provincial average.

Physical environment

Only 6% of New Maryland area residents rent their homes, the lowest percentage in the province. This community also has one of the highest percentage of residents who live in band housing (4%). In addition, it has the smallest number of occupied dwellings built before 1960 (7%) and about the same percentage of dwellings in need of major repairs. One-third of the dwellings in this community have a high concentration of radon, a higher-than-average proportion.

There is little environmental tobacco smoke in this community, as compared to other parts of New Brunswick. More specifically speaking, only 27% of children reported they live with someone who smokes.

The New Maryland area is one of the communities with the smallest number of residents who use an active mode of transportation. Only 2% of adults and seniors walk or bike to work, while 9% of youth walk, bike or skateboard to school or combine those active



modes of transportation with inactive ones. Both percentages are the lowest in the province.

This community also had the most boil water orders (9) during the period under consideration.

Health Behaviours

The health-related behaviours of children in the New Maryland area are mixed. On the one hand, the community has the largest percentage of parents who reported they do physical activities with their children (46%); it also has the highest percentage of children who reported they get the recommended amount of moderate or vigorous physical activity (37%). In addition, about three in five children reported they eat at least five servings of fruits or vegetables per day. Less than half of parents (47%) reported having eaten at a fastfood restaurant with their child at least once in the previous seven days. On the other hand, this community is home to the highest percentage of children who reported they eat non-nutritious food (93%). A higher-than-average percentage of children also reported they had consumed non-nutritious sugary drinks (68%) the day before the survey.

The health-related behaviours of youth are also mixed. On the plus side, one quarter of youth get the recommended amount of moderate or vigorous physical activity, the highest proportion of any community in New Brunswick. In addition, a lower-than-average percentage of youth (83%) reported they eat non-nutritious foods. Only 8% of youth had eaten at a fastfood restaurant at least three times in the past seven days, the lowest percentage of any community in the province. On the minus side, only one third of youth eat breakfast each day and the same proportion of youth eat at least five servings of fruit or vegetables each day. Their substance use habits are also less favourable. Higher-than-average percentages of youth smoke daily or occasionally (17%), use drugs (28%) and/or use cannabis (27%).

But the health-related behaviours of adults are generally better than average. More specifically speaking, almost half of adults and seniors (47%) eat at least five servings of



fruits or vegetables each day. In addition, three in five adults get the recommended amount of moderate or vigorous physical activity.

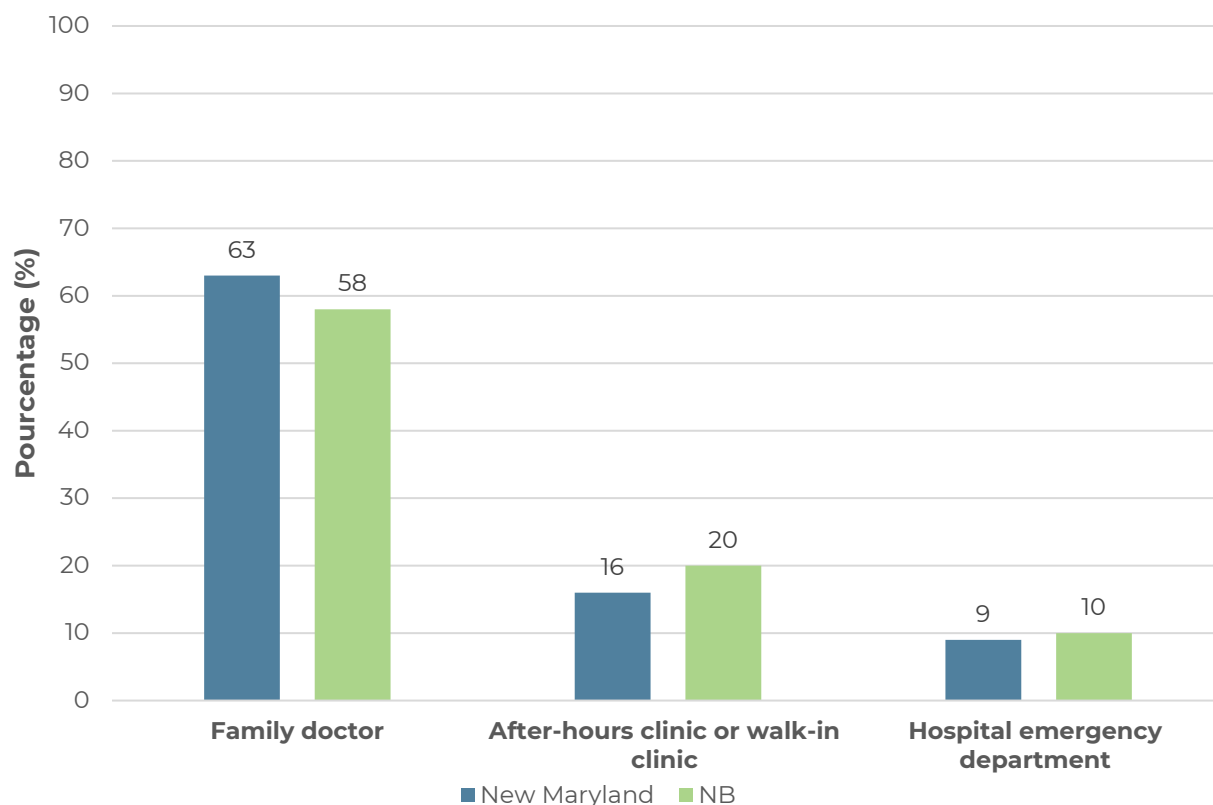


Health Services

Access to primary health care services in the New Maryland area is similar to the province as a whole. More than half of adults (53%) and seniors (63%) reported being able to get an appointment with their family doctor within five days. As for emergency services, about seven in ten residents reported waiting less than four hours in an emergency room (72%).

When they are ill or in need of care services, residents of this community use the various services available in proportions that are similar to the figures for the province as a whole (see Figure 1).

Figure 1. Types of Services Most Often Used When Care Services are Needed in New Maryland, Kingsclear, Lincoln Area



Eighteen percent of adults reported having felt the need to consult a health professional about their mental health, emotional health or substance use, while 16% consulted a



professional about those concerns; both figures are comparable to the numbers for the province as a whole. Youth, meanwhile, are above the provincial average, with more than one third having reported they felt the need to consult someone about an emotional or mental health problem (35%). This community has the highest percentage of youth who said they did not consult a health professional, despite having felt the need to do so (15%).

Residents of this community are less likely to report financial considerations as a barrier to accessing health services.

The New Maryland area stands out in terms of the percentage of residents who reported being very confident about their ability to manage their health (47%). In addition, this is one of the communities with the highest percentage of adults who said they know how their medications work (56%). Residents rated highly their experience with their family doctor (see Table 2).

Table 2. New Maryland, Kingsclear, Lincoln Area Residents' Experience with their Family Doctor		
	New Maryland (%)	NB (%)
Always explains things in a way that they can understand	82	76
Always gives them enough time to discuss	70	67
Always involves them in decisions about their health care	84	72

However, the New Maryland area is one of the least satisfied of any New Brunswick community when it comes to the health services they received; only 62% of residents rated them positively.



Conclusion

Briefly put, the New Maryland, Kingsclear, Lincoln Area is a relatively young community with somewhat higher-than-average recent population growth. This community has a large number of residents who identify as Indigenous; it also has one of the province's highest proportions of youth who identify as a member of a sexual minority. In addition, the majority of households consist of married couples and couples with children; the community also has the largest number of residents per household in the province.

The median age at death is the youngest in New Brunswick.

Social and family support for children and youth in this community is generally below average. It also has the highest proportion of youth who have been sexually assaulted.

The New Maryland area has a high percentage of residents who have a post-secondary education. Household income is also higher than average and there are relatively few residents living in low-income households.

The health-related behaviours of children and youth are mixed. On the one hand, some aspects of their diet are worse than average. On the other hand, their physical activity habits are the best in the province.

Access to primary health care services in this community is roughly equivalent to the provincial average. It has the highest proportion of youth who did not see a professional about their mental or emotional health, despite having felt the need to do so. The New Maryland area is also home to a large percentage of youth who had been treated by a health care professional for an injury in the twelve months prior to the survey period. It is also one of the communities whose residents reported the lowest levels of satisfaction with the health services received.



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 CSNB website.

[New Maryland, Kingsclear, Lincoln Area](#) | [New Brunswick Health Council \(nbhc.ca\)](#)

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 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
Married or living common-law	STATC-SCCEN-003	2016
Couples with children	STATC-SCCEN-005	2016
Average household size	STATC-SCCEN-004	2016
Person living alone	STATC-SCCEN-008	2016
Youth - sexual minority	SH_SEO02_7	2018-2019
Health Outcomes		
Children - Oppositional behaviours (being defiant, disrespectful, rude, etc.)	SE_OPPhi_1	2019-2020
Children - Healthy weight	SP_BMI02_1	2019-2020
Children - Underweight	SP_BMI02_2	2019-2020
Youth - Have been injured and had to be treated by a doctor or nurse	SH_INJ01_1	2018-2019
Seniors - strongly agree that their health largely depends on how well they take care of themselves	PH_BEldm_1	2020
Median age at death	SNB-VITST-006	2014 to 2018
Social and Economic Factors		
Children - with mental fitness needs highly satisfied by family	SE_MEFFA_1	2019-2020
Children - with mental fitness needs highly satisfied by friends	SE_MEFFR_1	2019-2020



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
Children - feel safe at school	SE_SCC05_1	2019-2020
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
Have internet access at home	PH_INT02_1	2020
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
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
Median household income	STATC-SCCEN-053	2016
Median lone-parent family income	STATC-SCCEN-055	2016
Live in low-income household	STATC-SCCEN-044	2016
Families with children receiving social assistance or welfare benefits	GNB-SOCDEV-001	2020
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
Tenants in subsidized housing	STATC-SCCEN-062	2016
Spending 30% or more of household total income on shelter costs	STATC-SCCEN-059	2016
Physical Environment		
Rent a dwelling	STATC-SCCEN-026	2016
Live in band housing	STATC-SCCEN-027	2016
Occupied dwellings requiring major repairs	STATC-SCCEN-029	2016
Occupied dwellings built before 1960	STATC-SCCEN-030	2016
Youth - walk, bike or skateboard in combination with inactive transportation to get to school	SH_PHY02_4	2018-2019
Adults and seniors - walk or bike to get to work	STATC-SCCEN-033	2016
Children - live with someone who smokes	SE_SMO01_1	2019-2020
Radon - household with high radon concentration	HCRAD-CCSRCH-001	2007
Health Behaviours		
Children - Eat 5 or more servings of vegetables or fruit daily	SE_EATFV_1	2019-2020
Children - Eat non-nutritious foods	SE_EATNN_1	2019-2020
Children - Drink non-nutritious sugary beverages	SE_DRINN_1	2019-2020
Parents - ate at a fast food place at least once with their child in the last 7 days	SP_EAT07_1	2019-2020



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 - Eat non-nutritious foods	SH_EATNN_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
Adults and seniors - Eat 5 or more servings of vegetables or fruit daily	PH_EAT03_1	2020
Parents - are physically active with their children	SP_PHY03_1	2019-2020
Children - Moderate or vigorous physical activity	SE_PHY01_1	2019-2020
Youth - Moderate or vigorous physical activity	SH_PHY01_1	2018-2019
Adults - Moderate or vigorous physical activity	PH_PHY01_1	2020
Youth - Daily or occasional smoker	SH_SMO09_1	2018-2019
Youth - Cannabis use	SH_MAR02_2	2018-2019
Youth - Drug use	SH_DROAL_1	2018-2019
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
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
Youth - who needed to see or talk to someone about their mental or emotional problem but didn't	SH_MHI02_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
Skipped a medical test, treatment or other because of the cost	PH_BARSM_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
Family doctor - always involves them in decisions about their health care	PH_APPFA_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