

# Population Health Profile 2022



Oromocto, Gagetown, Fredericton Junction 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?

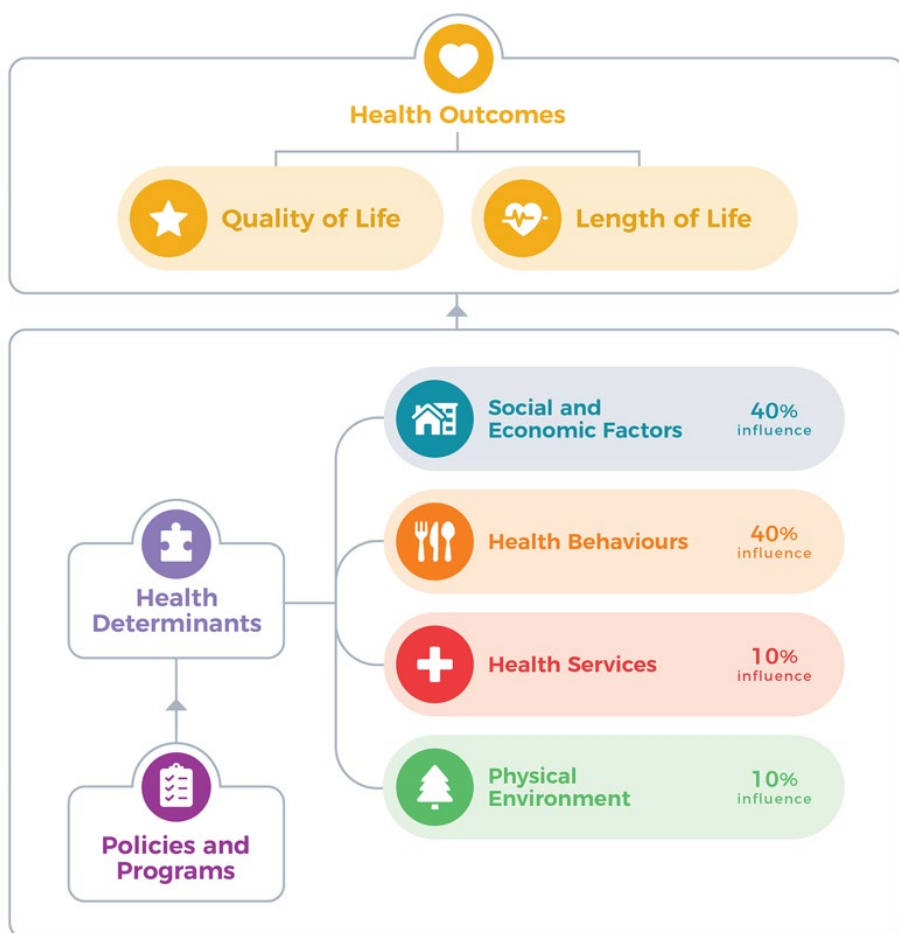
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

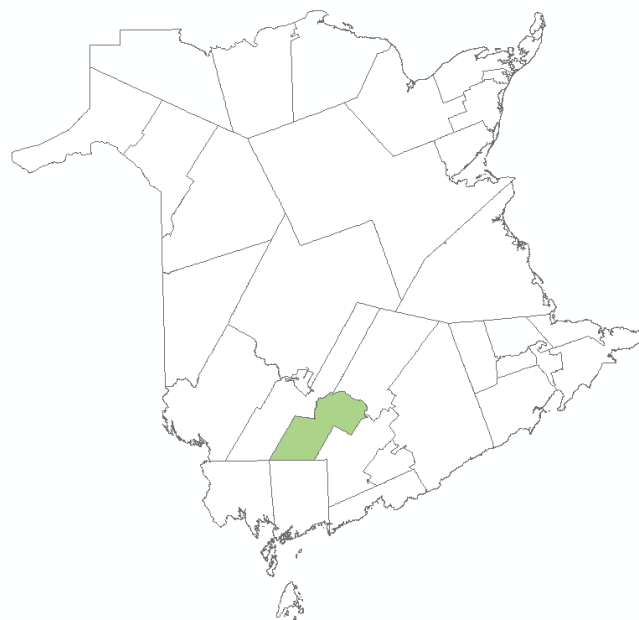
- This community has the youngest population in the province.
- The quality of life of youth is lower than average in terms of life satisfaction, as well as symptoms of depression and anxiety.
- Most residents work full time, year-round.
- This community has the highest level of mental health services uptake.



# Health of the Community

## Demographic Context

- Area: 1323 km<sup>2</sup>
- Population density: 14 persons per km<sup>2</sup>



The population of the Oromocto, Gagetown and Fredericton Junction Area increased by 3.6% between 2016 and 2020. The birth rate (12 per 1,000 population) is higher than any other community in New Brunswick. The death rate (seven per 1,000 population) is lower than the provincial average.

The median age is 36, the youngest in the province.

The percentage of residents who identify as Aboriginal (6%) is higher than the provincial average, while the immigrant and visible minority populations are small (3% and 2.7% of the population, respectively). In the Oromocto, Gagetown Area, 21.9% of youth identify as a member of a sexual minority, which is the highest percentage of all New Brunswick communities. It also has the highest percentage of households made up of couples with children (52%). In addition, one third of youth have been diagnosed with special education needs, the highest proportion in the province. Of those, one in ten have special needs related to mental illness (depression, anxiety or bipolar disorder), again the highest proportion in the province.

English is the language used primarily in the Oromocto, Gagetown Area. It is the language most often spoken at home (91%) and at work (95%). In addition, the vast majority of residents (90%) choose English when accessing services. In terms of accessing health services in the official language of choice, residents who request such services in English are served in their language of choice 100% of the time. Conversely, residents who request health services in French receive them in their language of choice



only 8% of the time, the lowest percentage in the province. As for bilingualism, approximately 37% of youth are bilingual.

## Health Outcomes

Of all the communities in New Brunswick, the Oromocto, Gagetown Area has the lowest percentage of youth who are satisfied with life (75%) and the highest percentage of the same age group with symptoms of depression (49%).



The community has the province's second-highest percentage of youth with symptoms of anxiety (44%). About one-quarter of adults and seniors live with symptoms of depression, which once again is the highest proportion of any community in New Brunswick. Slightly more than half of seniors (52%) say they are very confident about their ability to manage their health, one of the highest percentages in the province.



## Determinants of Health

### Social and economic factors

The level of family support for youth in the Oromocto, Gagetown Area is generally lower than the provincial average. Only 71% of youth feel that their mental fitness needs are highly satisfied by their family, one of the lowest percentages in the province. In addition, less than half of youth feel that their parents or guardians know them well (47%) and that their family supports them in difficult times (48%).

The sense of connection that youth have with their school and their community is also worse than the New Brunswick average. The Oromocto, Gagetown Area is home to the smallest percentage of youth who participate in school-organized activities or groups (47%). Furthermore, only half of youth participate in activities or groups not organized by the school, and 65% volunteer outside the school. These figures are among the lowest in New Brunswick. More than one in five youth (21%) have experienced dating violence and 12% have been sexually assaulted; both figures are higher than the provincial average for youth.

Adults and seniors in this community also have lower-than-average levels of social and family support. About one third of residents in both age groups sometimes or often experience social exclusion (33%) or social isolation (34%). In addition, 37% say they sometimes or often feel a lack of companionship. Some reasons for stress are also cited more frequently than average by Oromocto, Gagetown Area residents. More specifically speaking, just over one third of adults reported feeling stress caused by a physical, mental or emotional health problem or condition (34%). Seniors also reported physical (29%) and mental or emotional (17%) health problems in higher percentages than the average for their age group.

The Oromocto, Gagetown Area has the highest percentage of residents who work full-time, year-round (58%). Most residents are employees (93%), while a small percentage are self-employed workers (5%). Median household income is higher than average





(\$72,721 per year) and about two thirds of households have an annual income of at least \$60,000. Single-parent families also have the highest median income in the province (\$41,160 per year). In addition, the Oromocto, Gagetown Area has one of the lowest percentages of residents living in low-income households (9.7%).



However, 6% 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

The Oromocto, Gagetown Area has a higher-than-average percentage of renters (28%). Only one in five occupied dwellings were built before 1960 and 8% are in need of major repairs. There are no high radon levels in any of the households in this community, nor were there any extreme heat events or extreme cold days during the period under consideration.

## Health Behaviours

The eating habits of adults and seniors in the Oromocto, Gagetown Area are among the best in the province. More specifically speaking, 52% of adults and 46% of seniors eat at least five servings of fruits or vegetables each day. However, more than one in four adults (27%) smoke daily or occasionally, a higher proportion than the provincial average. In addition, this community has the highest percentage of adults and seniors who use cannabis (18%).

Youth also have less favourable substance use habits than average. About one in four youth have used cannabis and 28% have used drugs. Roughly one third of youth are at risk of becoming future smokers. And the sleep habits of all age groups are worse than average. Only one third of youth get eight or more hours of sleep each night, while half of adults and seniors usually get at least seven.

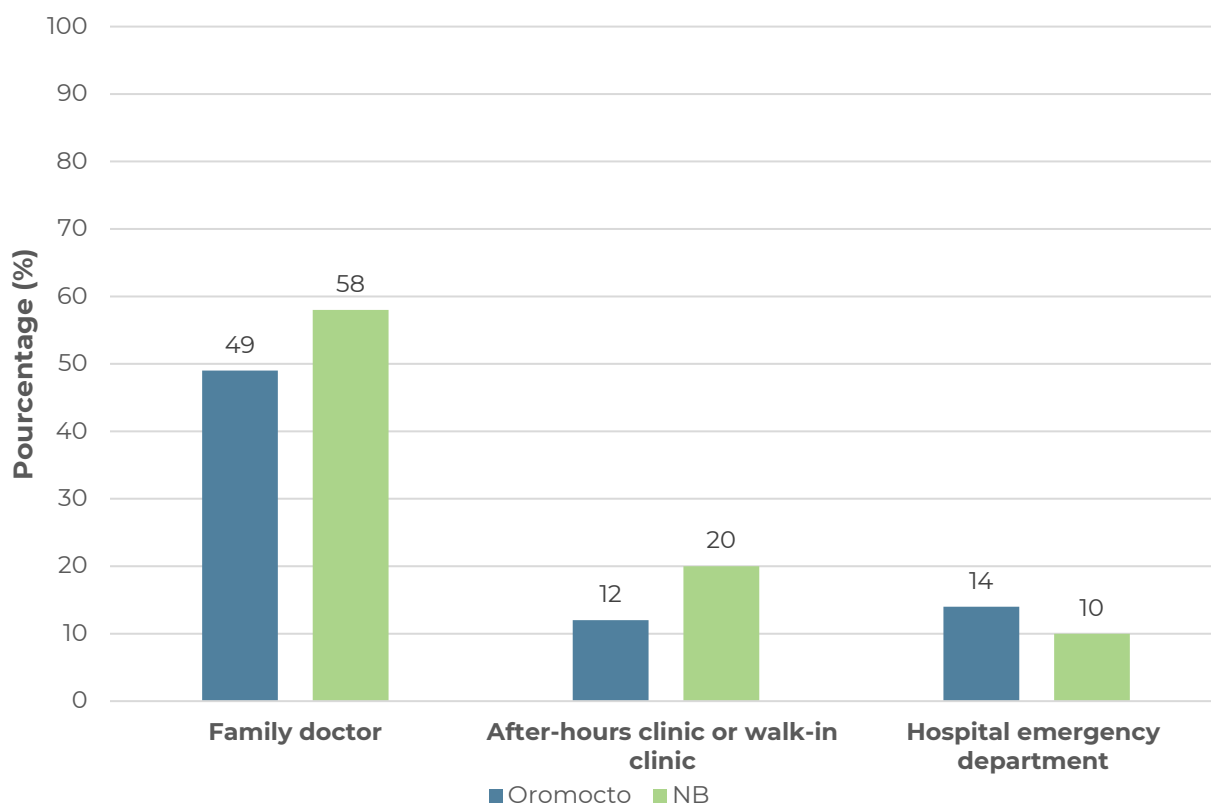


## Health Services

The Oromocto, Gagetown Area ranks second to last (just behind the Kedgwick, Saint Quentin Area) in the province in terms of the percentage of residents who reported they have a family doctor (70%). Despite this, the community ranks close to average in terms of access to primary health care services. Half of adults reported being able to get an appointment with their family doctor within five days, while close to two in three seniors reported the same. Similarly, seven in ten residents reported waiting less than four hours to access emergency services.

When ill or in need of health care services, residents of this community turn less frequently to their family physicians and after-hours or walk-in clinics than the people in most other communities in the province (see Figure 1).

**Figure 1. Types of Services Most Often Used When Care Services are Needed in Oromocto, Gagetown, Fredericton Junction Area**





Residents of the Oromocto, Gagetown Area have the highest uptake of mental health services in the province. Nearly one in four adults (23%) and about two in five youth (38%) reported having felt the need to talk to a health professional about their mental health. These are the highest percentages in the province for both age groups. Of the youth who reported having felt such a need, 13% did not see or speak to a health professional, one of the highest percentages province-wide. As for the adults in the community, they rank highest in terms of the percentage who consulted a health professional about their mental health, emotional health or substance use (25%).

The Oromocto, Gagetown Area ranks second (just behind the Grand Bay-Westfield Area) in terms of the percentage of people who said they know how their medications work (59%). The community also ranks among the highest in terms of the percentage of adults who are very confident about their ability to manage their health (43%). Residents reported having had very good experiences with their family physician (Table 1).

**Table 1. Experience with Family Physician Services in the Oromocto, Gagetown, Fredericton Junction Area**

	Oromocto (%)	NB (%)
Always explains things in a way that they can understand	80	76
Always gives them enough time to discuss	73	67
Always involves them in decisions about their health care	81	72
Always helps them coordinate the care from other providers	74	69

However, when it comes to rating the health services received, the Oromocto, Gagetown Area is one of the least satisfied communities, with only 61% of residents rating the health services received favourably.



## Conclusion

In summary, the Oromocto, Gagetown, Fredericton Junction Area has the youngest population in the province. Its population is more diverse in some respects, including those who identify as Indigenous or as a member of a sexual minority. This community also has the highest proportions of adults and seniors with mental health disabilities and the largest percentage of youth who have been diagnosed as having special education needs.

The quality of life of youth is lower than average in terms of life satisfaction, as well as symptoms of depression and anxiety. Adults and seniors in this community are also the most likely to have symptoms of depression.

The level of family support for youth in the Oromocto, Gagetown Area is lower than average and their sense of connection to their community and school is relatively unfavourable. Adults and seniors also experience isolation, exclusion and a lack of companionship at higher rates than those in most New Brunswick communities.

Several socio-economic factors are more favourable in the Oromocto, Gagetown Area. These include a higher proportion of residents working full-time and year-round, relatively high household incomes, and a low proportion of residents living in low-income households.

Access to health care services is more difficult in some respects in this community. It has one of the lowest proportions of residents who have a family doctor. However, wait times for getting an appointment with their physician and for emergency services are more favourable. This community has the highest level of mental health services uptake; its residents reported the lowest level of satisfaction with the health services they 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 2) to facilitate this research.

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

[Oromocto, Gagetown, Fredericton Junction Area | New Brunswick Health Council \(nbhc.ca\)](https://nbhc.ca)

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
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
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
Always receive health care services in the official language of their choice - French	PH_LOS03_3	2020
Youth diagnosed with special education needs	SH_SENAL_1	2018-2019
Youth diagnosed with special education needs - Mental illness (depression, anxiety, bipolar disorder)	SH_SENME_1	2018-2019
Youth - sexual minority	SH_SEO02_7	2018-2019
<b>Health outcomes</b>		
Youth - Life satisfaction	SH_LIF01_7	2018-2019
Youth - Symptoms of depression	SH_DEP01_1	2018-2019
Youth - Symptoms of anxiety	SH_ANX01_1	2018-2019





Depression	PH_CHCDP_1	2020
Seniors - very confident in managing their health condition	PH_MGT01_1	2020
<b>Social and economic factors</b>		
Youth - my parent or caregiver knows a lot about me	SH_RES06_1	2018-2019
Youth - my family stands by me during difficult times	SH_RES07_1	2018-2019
Youth - with mental fitness needs highly satisfied by family	SH_MEFFA_1	2018-2019
Adults and seniors - lack companionship some of the time or often	PH_SIL01_1	2020
Adults and seniors - feel left out some of the time or often	PH_SIL02_1	2020
Adults and seniors - feel isolated some of the time or often	PH_SIL03_1	2020
Youth - participate in activities or groups organized by school	SH_INSAL_1	2018-2019
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 - Victim of dating violence	SH_SEV02_1	2018-2019
Youth - Sexually violated	SH_SEV01_1	2018-2019
Adults - Physical health problem or condition	PH_STRPH_1	2020
Adults - Emotional or mental health problem or condition	PH_STREH_1	2020
Seniors - Physical health problem or condition	PH_STRPH_1	2020
Seniors - Emotional or mental health problem or condition	PH_STREH_1	2020
Employee	STATC-SCCEN-042	2016
Self-employed	STATC-SCCEN-043	2016
Work a full year, full time	STATC-SCCEN-051	2016
Household income - \$60,000 and more	STATC-SCCEN-058	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
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
<b>Physical environment</b>		
Rent a dwelling	STATC-SCCEN-026	2016
Occupied dwellings requiring major repairs	STATC-SCCEN-029	2016
Occupied dwellings built before 1960	STATC-SCCEN-030	2016
Radon - household with high radon concentration	HCRAD-CCSRCH-001	2007
<b>Health behaviours</b>		
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
Youth - Sleep 8 hours or more every night	SH_SLE01_1	2018-2019
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
Youth - At risk of becoming a future smoker	SH_SMOSU_1	2018-2019
Youth - Cannabis use	SH_MAR02_2	2018-2019



Youth - Drug use	SH_DROAL_1	2018-2019
Adults - Daily or occasional smoker	PH_SMO01_1	2020
Adults and seniors - Cannabis use	PH_MAR01_2	2020
<b>Health Services</b>		
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
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
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
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