

Population Health Profile 2022



Quispamsis, Rothesay, Hampton 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 Quispamsis, Rothesay, Hampton

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What is a Population Health Profile?

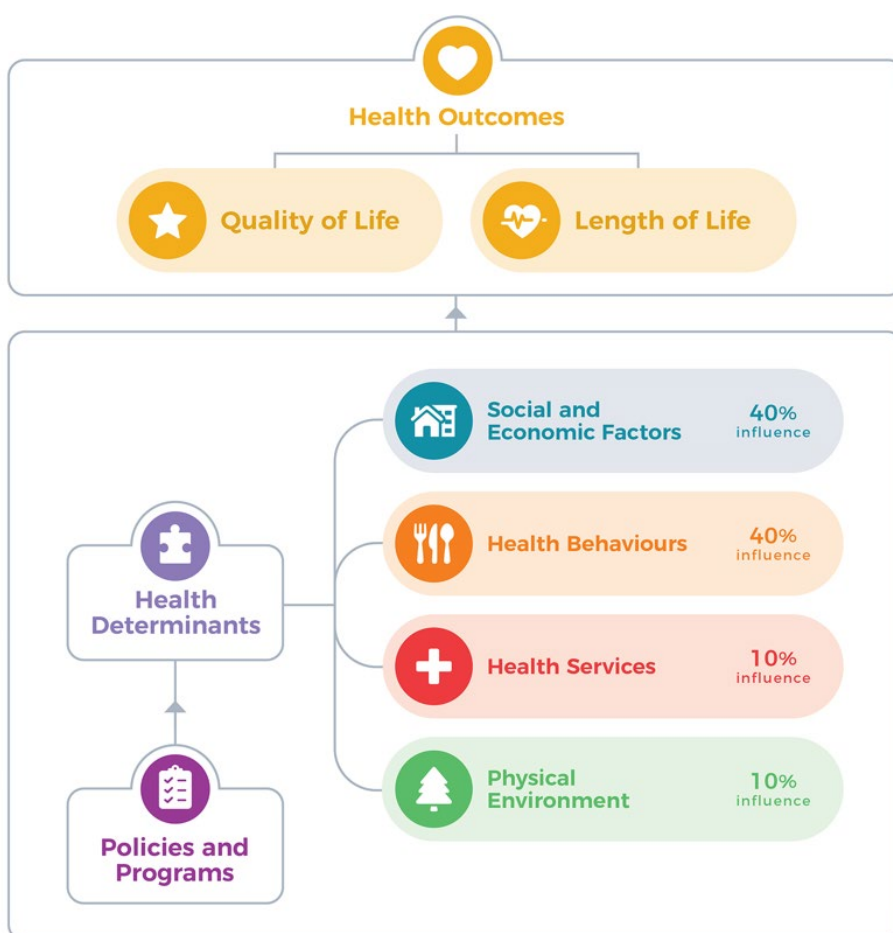
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

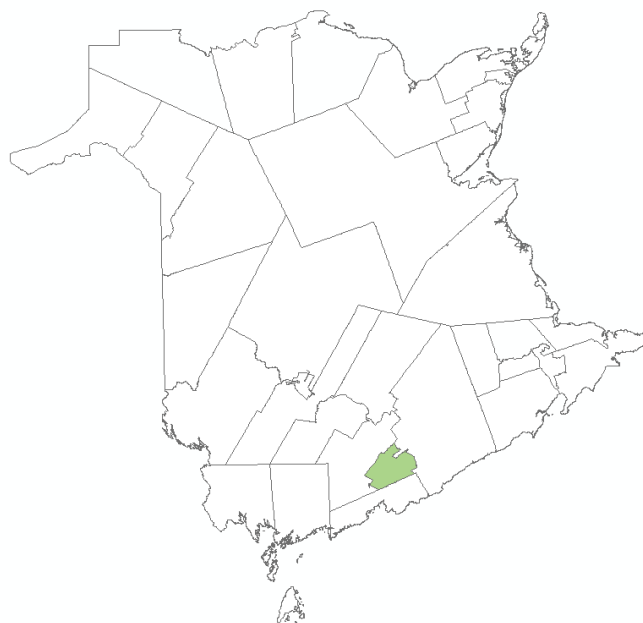
- A large proportion of households consist of families with children.
- A higher proportion of youth are at a healthy weight than in any other New Brunswick community.
- Household incomes are the highest in the province and the community has one of the lowest levels of poverty.
- Access to primary health care is better than average.



Health of the Community

Demographic Context

- Area: 442 km²
- Population density: 95 persons per km²



The population of the Quispamsis, Rothesay, Hampton Area increased between 2016 and 2020, but the rate of growth was below the provincial average. The community has one of the lowest birth rates in the province (five per 1,000 population) and the death rate is the lowest of all New Brunswick communities (three per 1,000 population). The median age is 42.8 years, which is younger than the provincial average (45.7 years). Of all the communities in New Brunswick, the Quispamsis area has the lowest percentage of residents that identify as Indigenous. In terms of household composition, the community has the lowest percentage of single-parent families and the highest percentage of households with five or more people. In addition, the Quispamsis area has one of the smallest percentages of residents who live alone (19%) and one of the highest percentages of couples with children (51%).

Very high percentages of residents speak English most often at home (96%) and at work (98%). Two in ten people said they know both of Canada's official languages, compared to more than three out of ten people (34%) province-wide. Only 1.6% of community residents choose French when accessing services. The community also has the lowest percentage of adults living with a disability (13%).



Health Outcomes

Of all the communities in the province, the Quispamsis area has the smallest percentage of overweight or obese youth (19%). The percentage of youth who are at a healthy weight (73%) is higher than the provincial average (66%) and is also one of the highest percentages of all New Brunswick communities.



The proportion of adults who reported being satisfied or very satisfied with life (96%) is the highest in the province. The Quispamsis area ranks highest among New Brunswick communities for adults who perceive their mental health as very good or excellent. The percentage of adults who perceive their overall health as very good or excellent (52%) is above the provincial average, and the same is true for adults who are very confident about their ability to manage their health (49%). At the province-wide level, this community has the smallest percentage of adults who regularly take six or more prescription medications (3%). The percentage of residents with three or more chronic health conditions (18%) is also lower than the provincial average (23%).



Determinants of Health

Social and economic factors

Youth have a relatively good sense of connection to their community. More specifically speaking, one in five youth have a sense of belonging to their community that is fairly strong or very strong, a higher proportion than the provincial average.

In addition, almost half of youth feel that their friends support them in difficult times and 57% said the same about their family. We also found that 84% of youth feel that their mental fitness needs are highly satisfied by their friends.



The median household income in the Quispamsis area is \$89,851 per year, the highest in the province. Seven in ten households earn at least \$60,000 per year, which is the highest median income province-wide. And only 6% of households have the province's lowest median annual income, which is \$25,000 or less.

The population of this community is also one of the most highly educated. About seven in ten residents have a post-secondary certificate, diploma or degree, while only 5% of residents do not have a high school diploma or equivalent.

The Quispamsis area also has one of the lowest rates of personal and property crime. The community also has the highest percentage of youth who feel it is safe for young children to play outside during the day (91%).

This community has the lowest volume of alcohol sales per resident aged 19 and over at \$111 per year (compared to \$480 province-wide).



Physical environment

The percentage of Quispamsis area residents who own their home (89%) is higher than the provincial average. In addition, only 12% of occupied dwellings were built before 1960 and about one in twenty are in need of major repairs. There are high levels of radon in about 6% of occupied dwellings. And youth are exposed to relatively low levels of environmental tobacco smoke. In fact, only one in ten youth reported that there is at least one person who smokes inside their home daily or almost every day or reported having been a passenger in a car with someone who was smoking cigarettes.

Health Behaviours

The Quispamsis area is one of the communities with the smallest percentage of smokers. In fact, only 11% of adults and 3% of seniors smoke every day or occasionally, the lowest percentages in the province. In addition, less than one in ten seniors (8%) drink heavily, while the rate for youth is 12%, which is nevertheless lower than the provincial average. Youth in this community also generally have good injury prevention habits: more than two in five youth (44%) wear a helmet when riding a bicycle.

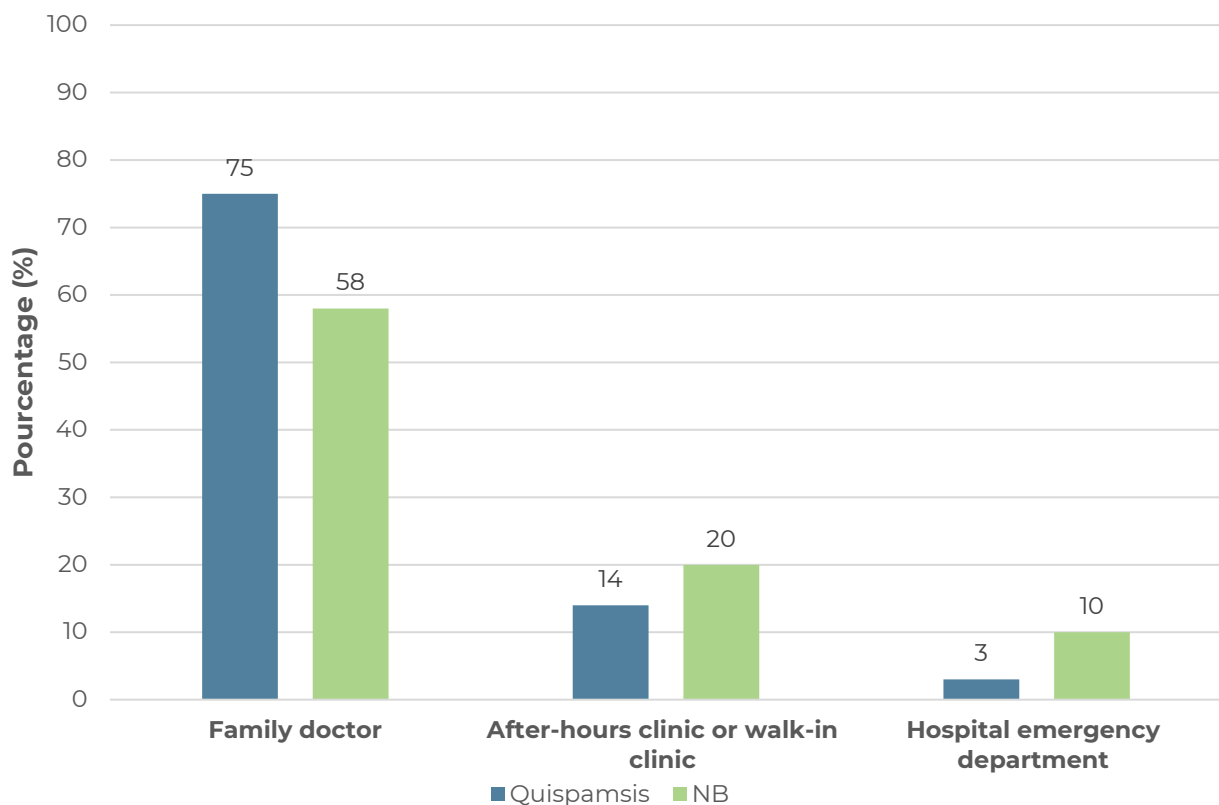


Health Services

The Quispamsis area stands out in terms of the accessibility of primary health care services. Six in ten adults reported being able to get an appointment with their family doctor within five days, while seven in ten seniors reported the same. The percentages for the province are 50% and 58%, respectively. In addition, 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 to their family doctor more frequently than the people in most other New Brunswick communities (see Figure 1). Conversely, they use hospital emergency services (3%) less frequently than any other community except Riverview and Coverdale.

Figure 1. Types of Services Most Often Used When Care Services are Needed in Quispamsis, Rothesay, Hampton Area





Hospitalization rates for mental health disorders are the lowest in the province for youth and adults, and are second highest (just behind the Nackawic, McAdam Area) for seniors. Hospitalization rates for injuries are also well below the provincial average across all age groups. As a result, the preventable hospitalization rate in the Quispamsis area is the best in the province (see Table 1).

Table 1. Some Reasons for Hospitalization		
	Quispamsis (rate)*	NB (rate)*
Hospitalization following an injury	47	74
Youth	15	29
Adults	30	42
Seniors	147	208
Hospitalization for mental health disorder	17	51
Youth	11	33
Adults	21	64
Seniors	12	28
Avoidable hospitalization	26	52

* Rate per 10,000 population

A relatively small proportion of adults reported having felt the need (11%) to consult a health professional about their mental health, emotional health or substance use, and 13% of them subsequently consulted a professional about one of those issues. The figure for youth is closer to the provincial average; close to one third reported having felt the need to consult someone about an emotional or mental health problem.

Of those who sought health services for one of the above-mentioned reasons, very few reported barriers to services, as compared to the rest of the province (see Table 2).



Table 2. Barriers to Health Services Reported by Quispamsis, Rothesay, Hampton Area Residents

	Quispamsis (%)	NB (%)
Financial barrier in getting the health care they needed	16	27
Did not fill a prescription for medicine, or skipped doses because of the cost	3	6
Skipped dental care because of costs	11	21
Skipped a medical test, treatment or other because of the cost	2	3
Health care services not available in their area	7	14
Travel over 100 kms to use a health service	4	18
Transportation problems in getting health care	3	6
Unable to leave the house due to a health problem	11	11
Trouble getting medical or rehabilitation equipment or supplies	2	4
Trouble navigating the health system	6	8
Have language barrier communicating with a health professional	2	4

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 (49%). Most adults (94%) and seniors (95%) reported that the verbal information about their conditions or prescriptions is easy to understand. Similarly, few seniors (6% - the lowest proportion in the province), reported that written information of that kind is difficult to understand.

Most people in this community are satisfied with the explanations provided by their family doctor (80%). They reported having enough time to talk with him or her (71%) and feel they are consulted about decisions related to their health (82%). The Quispamsis area has the highest proportion of residents who reported that they receive help from their family doctor to coordinate care services that involve other health professionals (75%).



And when it comes the level of satisfaction with the health services received, the residents of this community gave them the highest rating. More specifically speaking, 72% of adults and 85% of seniors gave the health services they received a positive rating.



Conclusion

Briefly put, the Quispamsis, Rothesay, Hampton Area is a relatively young community that has experienced modest growth in recent years. This community has a high proportion of households with children.

Adults and seniors in this community generally have a good quality of life and are less likely to have multiple chronic health conditions or take multiple prescription medications on a regular basis. In addition, the proportion of youth who are at a healthy weight is higher than in any other New Brunswick community.

This community has the highest household income and one of the lowest levels of poverty. It also has a highly-educated population and youth generally have a positive connection with their community.

Access to primary health care is better than average, in terms of wait times for an appointment with a family doctor and to access emergency department services. Adults and seniors are generally very confident in their ability to manage their health and have a good understanding of the information provided by health care professionals. This is one of the communities where residents reported the highest levels of satisfaction with interactions with their family doctor, as well as with the health care 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 3) to facilitate this research.

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

[Quispamsis, Rothesay, Hampton Area | New Brunswick Health Council \(nbhc.ca\)](https://www.nbhc.ca)

Tableau 3. 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
Birth rate	SNB-VITST-002	2014 to 2018
Death rate	SNB-VITST-001	2014 to 2018
Couples with children	STATC-SCCEN-005	2016
Single parent families	STATC-SCCEN-006	2016
Person living alone	STATC-SCCEN-008	2016
Private household with 5 or more people	STATC-SCCEN-007	2016
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
Language chosen when accessing services - French	PH_LOS02_2	2020
Adults - with a disability	PH_PWD01_1	2020
Health Outcomes		
Youth - Healthy weight	SH_BMI02_1	2018-2019
Youth - Overweight or obese	SH_BMI02_3	2018-2019
Adults - Perceived mental health, very good or excellent	PH_HEP02_1	2020
Adults - Perceived health, very good or excellent	PH_HEP01_1	2020
Adults - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Adults - Take 6 or more different prescription medications on a regular basis	PH_MED01_1	2020
3 or more chronic health conditions	PH_CHC12_2	2020
Adults - very confident in managing their health condition	PH_MGT01_1	2020



Social and Economic Factors

Youth - my family stands by me during difficult times	SH_RES07_1	2018-2019
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
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
Crimes against persons	STATC-UCR-001	2019
Crimes against property	STATC-UCR-002	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
Household income - less than \$25,000	STATC-SCCEN-056	2016
Household income - \$60,000 and more	STATC-SCCEN-058	2016
Median household income	STATC-SCCEN-053	2016
Purchasing practices - alcohol sales	ANBL-AR-001	2019-2020

Physical Environment

Own a dwelling	STATC-SCCEN-025	2016
Occupied dwellings requiring major repairs	STATC-SCCEN-029	2016
Occupied dwellings built before 1960	STATC-SCCEN-030	2016
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
Radon - household with high radon concentration	HCRAD-CCSRCH-001	2007

Health Behaviours

Youth - Heavy drinking	SH_ALC04_1	2018-2019
Adults - Daily or occasional smoker	PH_SMO01_1	2020
Seniors - Daily or occasional smoker	PH_SMO01_1	2020
Seniors - Heavy drinking	PH_ALC01_3	2020
Youth - Wear a helmet when riding a bicycle	SH_SAF03_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
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
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
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
Health care services not available in their area	PH_BARNA_1	2020
Travel over 100 kms to use a health service	PH_BARHT_1	2020
Transportation problems in getting health care	PH_BARTP_1	2020
Unable to leave the house due to a health problem	PH_BARLH_1	2020
Trouble getting medical or rehabilitation equipment or supplies	PH_BARME_1	2020
Trouble navigating the health system	PH_BARWH_1	2020
Have language barrier communicating with a health professional	PH_BARLB_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
Adults - Verbal information about condition/prescription is easy to understand, always or usually	PH_COMOA_1	2020
Seniors - Verbal information about condition/prescription is easy to understand, always or usually	PH_COMOA_1	2020
Seniors - Written information about condition/prescription is hard to understand, always or usually	PH_LIT01_1	2020
Family doctor - always helps them coordinate the care from other providers	PH_CRDFB_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

