

Population Health Profile 2022



Riverview and Coverdale



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 - Riverview et Coverdale

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What is a Population Health Profile?

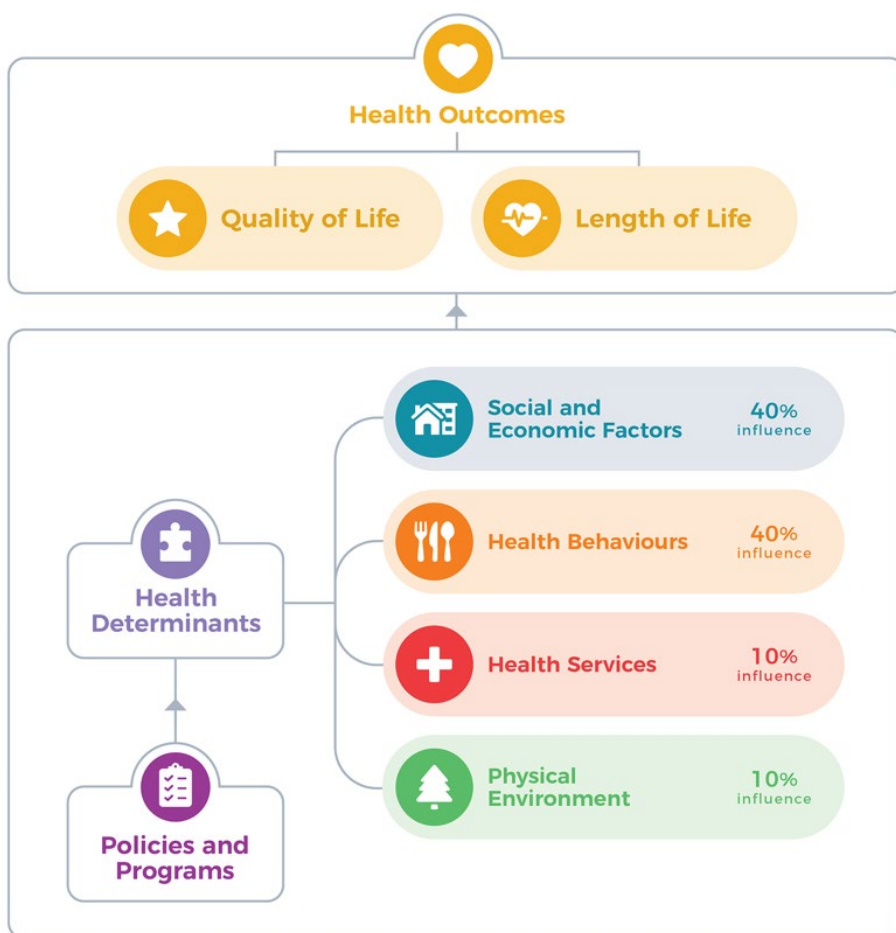
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

- The level of education and household income are relatively high.
- Children and youth generally have a healthy weight and a healthy diet.
- Anxiety and depression are more common than in most New Brunswick communities.
- There is a high level of uptake of mental health services.



Health of the Community

Demographic Context

- Land area: 272 km²
- Population density: 93 persons per km²

The population of this community grew by 4% between 2016 and 2020, which is close to the provincial average, but a lower growth rate than that of most other communities in the South-East area. The median age in the Riverview area is 44 years.



Unlike most communities in Zone 1, which includes Greater Moncton and the south-eastern part of the province, English is the most frequently used language (95%) at home and at work in Riverview and Coverdale. One in four residents, however, has some knowledge of both French and English. This percentage jumps to 52% among youth, a figure that is higher than in other communities with a strong Anglophone majority.

In the Riverview area, approximately one in seven children have special needs. Among youth in grades 6 to 12, the proportion is twice as high. The most common special needs in this age group are attention deficit disorder with or without hyperactivity (11%) and mental illness (depression, anxiety and bipolar disorder) (8%).

Health Outcomes

Most children (59%) and youth (68%) in the Riverview area are at a healthy weight. More than two in three youth (69%) reported high or moderate levels of resiliency and four in five youth reported good life satisfaction. However, just one in two youth (52%) perceive



their health as very good or excellent. Symptoms of anxiety and depression, affecting about two in five youth, are more prevalent than the average.

Among adults and seniors in this community, almost half perceive their mental health as very good or excellent. In addition, about nine in ten people in these age groups reported good life satisfaction. They are also somewhat less likely than average to feel lonely.

One-quarter of Riverview area residents reported having three or more chronic health conditions. Depression is more prevalent than the provincial average; this chronic condition affects almost one in five (19%) adults and seniors. Both adults (67%) and seniors (57%) overwhelmingly agree that their health status



is largely dependent on how well they take care of themselves. Riverview area seniors also have a more optimistic view of their health than the average. Almost half (49%) are very confident about their ability to manage their health, and more than one-third (37%) strongly agree that they know how to prevent other health-related conditions.



Determinants of Health

Social and economic factors

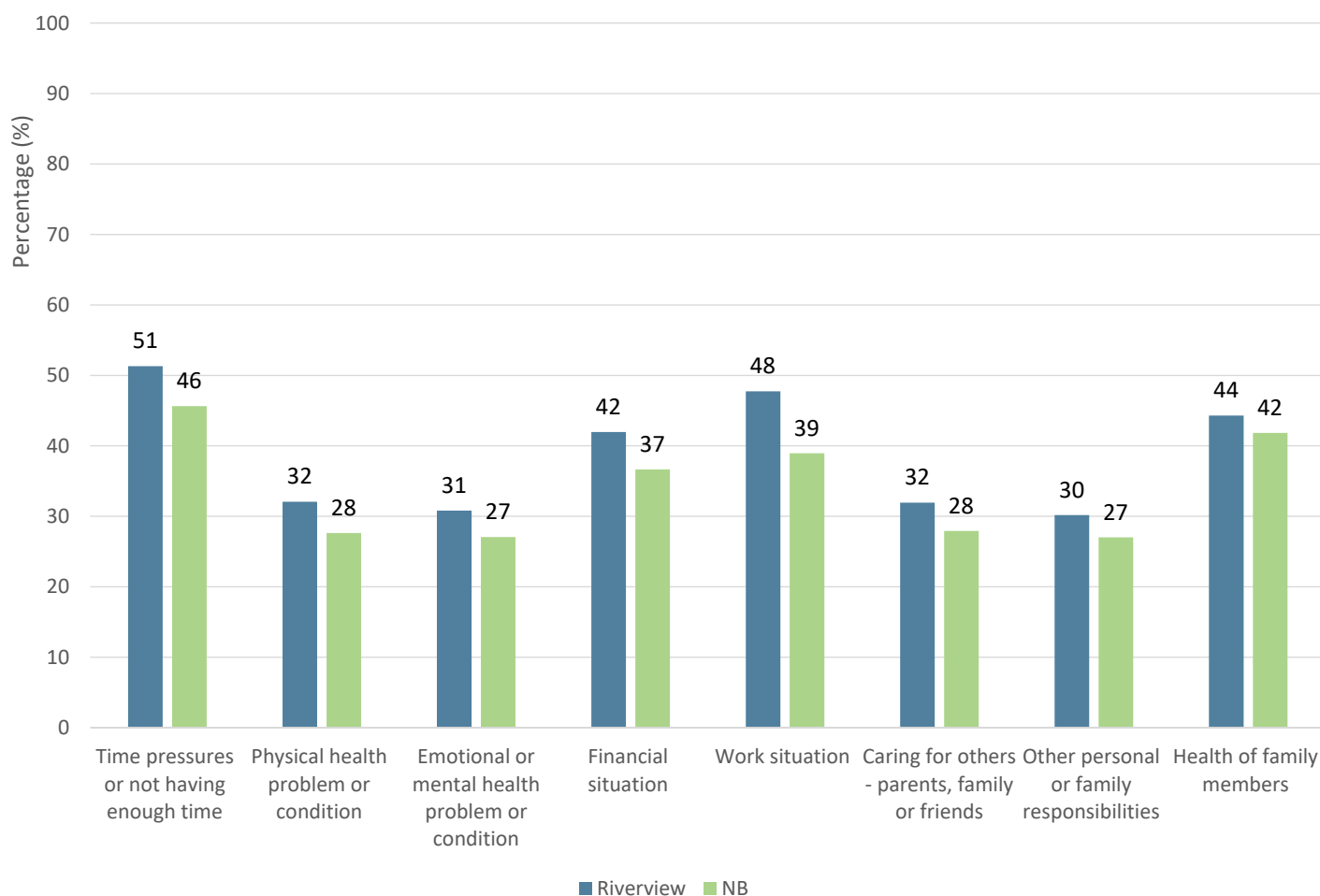
Close to two in three residents (64%) have a post-secondary certificate, diploma or degree (compared to 58% province-wide). The labour force participation (68%) and employment (62%) rates are also above average, and the majority (57%) of workers are employed year-round and full-time. Only one in twenty households has an annual income of less than \$25,000, one of the lowest proportions in the province. The median income of single-parent families (\$37,292) is one of the highest. However, like the communities of Moncton and Dieppe and Memramcook, monthly housing costs in Riverview and Coverdale area are relatively high. The median cost is \$975 for owners and \$902 for renters (the highest in the province). The Riverview area also has one of the highest proportions of adults and seniors who have access to the internet at home (97%).

Just over half of youth in the Riverview area (54%) reported having been bullied, while about one in eight reported having been sexually assaulted. This community has the highest percentage of youth who have experienced dating violence, at almost one in four (23%). One in twenty 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 Riverview and Coverdale are more likely than those in other New Brunswick communities to report that all of the stressors surveyed apply to them (see Figure 1).



Figure 1. Reasons for Stress Among Adults in Riverview and Coverdale



Physical environment

Housing in the Riverview and Coverdale area is generally in good condition. Only 5% of occupied dwellings are in need of major repairs and about 13% were built before 1960. There are high radon levels in a relatively low percentage of households (5%). However, there were four boil water orders in place during the period under consideration, the second highest number in the province.

This is the New Brunswick community where children (19%) and youth (14%) are most likely to walk, bike or skateboard to school. Two in five youth use those modes of transportation in combination with inactive ones to get to school. Children and youth are rarely exposed to environmental tobacco smoke.



Health Behaviours

The eating habits of children in kindergarten through grade 5 are among the best of all the communities surveyed. More than half of parents reported that their children eat at least five servings of fruits and vegetables daily (53%) and almost three-quarters of children eat breakfast daily (71%). For other age groups, Riverview ranks close to the provincial average.

Physical activity behaviours across all age groups are close to the provincial averages. This pattern is repeated for good sleep habits, with the exception of seniors, who less frequently reported that they sleep at least seven hours per night.

A large number of adults and seniors reported that they drink heavily, 37% and 15% respectively. When these age groups are combined, the Riverview area is the community with the highest level of heavy drinking in the province. In terms of smoking, the number of adults and seniors who smoke daily or occasionally is lower than the provincial average. As for the tobacco, alcohol and drug use reported by youth in the area, the figures are similar to the provincial averages.

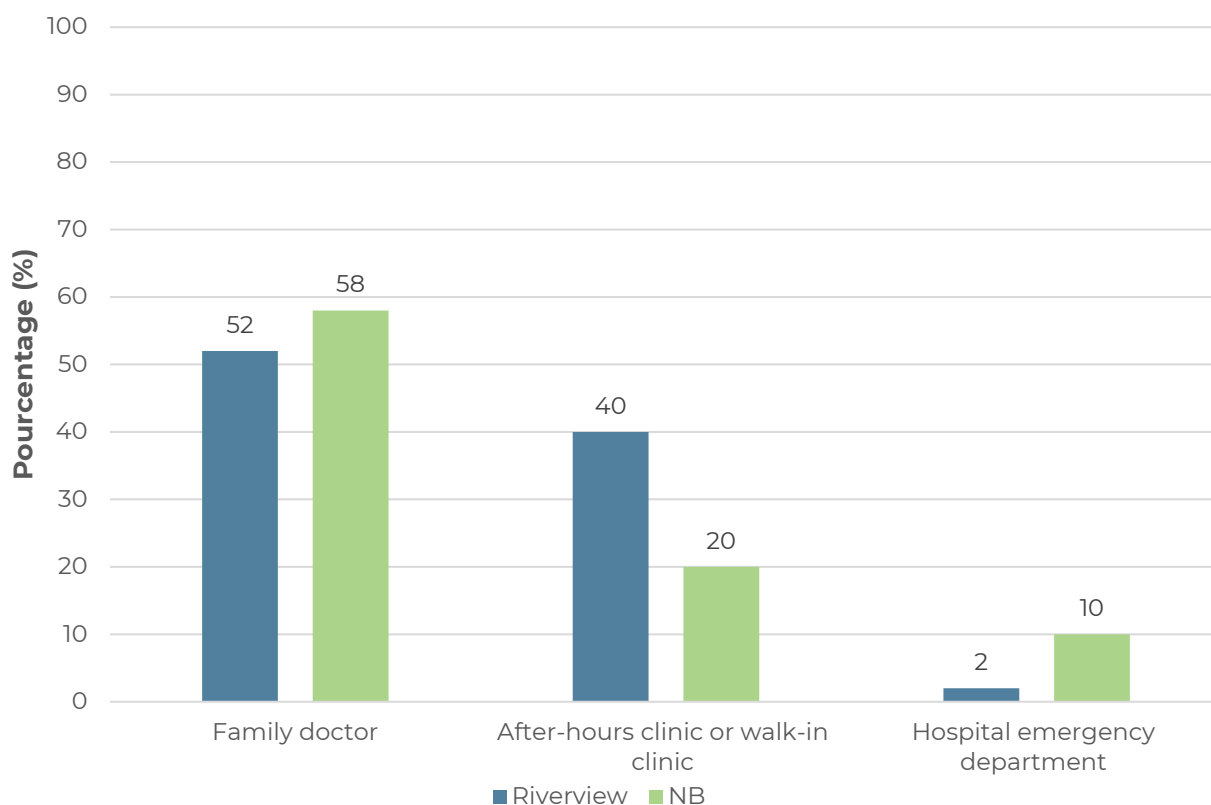


Health Services

In terms of access to primary health care, only half the residents reported being able to get an appointment with their family doctor within five days. Just over half reported waiting less than four hours in the emergency room, which is below the provincial average.

While the vast majority of Riverview area residents have a family doctor (96%), only half visit them when they are sick or need of health care services. Riverview area residents tend to frequently use after-hours or walk-in clinics (40%), the highest percentage in the province. Conversely, they use emergency services (3%) less frequently than any other community (see Figure 2).

Figure 1. Types of Services Most Often Used When Care Services are Needed in Riverview and Coverdale





Riverview and Coverdale has one of the highest levels of mental health services uptake in the province. A higher-than-average proportion of adults and seniors reported having consulted a health professional about their mental health, emotional health or substance use. Similarly, one in three youth reported having needed to see someone for an emotional or mental health problem.

A high proportion of Riverview area residents reported that they are familiar with the expected effects of their medications (57%). Moreover, three in four said their pharmacist is the most helpful health professional in terms of assisting them in understanding how to take their medication. The vast majority (95%) said that verbal information about their condition or prescription is easy to understand, while a small minority (9%) find written information difficult to understand.

Riverview and Coverdale has one of the smallest percentages of residents (64% or less than one-third) who rated the health services received highly.



Conclusion

The population of Riverview and Coverdale is somewhat younger than most New Brunswick communities and has experienced average growth in recent years. Residents of this community have a higher-than-average level of education and household incomes are relatively high.

Children and youth in this community are generally at a healthy weight, have a healthy diet and are more likely to use active transportation to get to school. However, anxiety and depression are more common than in most New Brunswick communities. In addition, almost one in four youth reported having experienced dating violence, the highest rate in the province.

The mental health of adults and seniors is good in many respects, although depression accounts for a significant share of chronic health conditions. There is also evidence that residents of this community use mental health services more frequently than the average.

In terms of access to health services, wait times for family physician appointments and emergency services are longer than the average. Despite the high proportion of residents with a family doctor, Riverview and Coverdale residents turn to after-hours or walk-in clinics when they need health care.



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.

[Riverview and Coverdale | 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 change from 2016 to 2020	STATC-SCCEN-024	2016 to 2020
Median age of population	STATC-SCCEN-002	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
Youth bilingualism - English and French	STATC-SCCEN-001	2016
Children diagnosed with special education needs	SP_SENAL_1	2019-2020
Youth diagnosed with special education needs	SH_SENAL_1	2018-2019
Youth diagnosed with special education needs - Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)	SH_SENAT_1	2018-2019
Youth diagnosed with special education needs - Mental illness (depression, anxiety, bipolar disorder)	SH_SENME_1	2018-2019
Health outcomes		
Children - Healthy weight	SP_BMI02_1	2019-2020
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 - Symptoms of depression	SH_DEP01_1	2018-2019
Youth - Symptoms of anxiety	SH_ANX01_1	2018-2019
Youth - Healthy weight	SH_BMI02_1	2018-2019
Adults - Perceived mental health, very good or excellent	PH_HEP02_1	2020
Adults - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Adults - Lonely (based on loneliness score)	PH_SIL04_1	2020



Seniors - Perceived mental health, very good or excellent	PH_HEP02_1	2020
Seniors - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Seniors - Lonely (based on loneliness score)	PH_SIL04_1	2020
3 or more chronic health conditions	PH_CHC12_2	2020
Adults and seniors - Depression	PH_CHCDP_1	2020
Adults - strongly agree that their health largely depends on how well they take care of themselves	PH_BE1DM_1	2020
Seniors - strongly agree that their health largely depends on how well they take care of themselves	PH_BE1DM_1	2020
Seniors - know how to prevent further problems with their health condition, strongly agree	PH_MGT02_1	2020
Seniors - very confident in managing their health condition	PH_MGT01_1	2020
Social and economic factors		
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
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
Physical health problem or condition	PH_STRPH_1	2020
Seniors - Emotional or mental health problem or condition	PH_STREH_1	2020
Seniors - Financial situation	PH_STRFS_1	2020
Seniors - Other personal or family responsibilities	PH_STROP_1	2020
Highest level completed of education - postsecondary certificate, diploma or degree	STATC-SCCEN-039	2016
Participation rate	STATC-SCCEN-040	2016
Physical environment		
Occupied dwellings requiring major repairs	STATC-SCCEN-029	2016
Occupied dwellings built before 1960	STATC-SCCEN-030	2016
Children - walk, bike or skateboard to get to school	SE_PHY02_1	2019-2020
Youth - walk, bike or skateboard to get to school	SH_PHY02_1	2018-2019
Youth - walk, bike or skateboard in combination with inactive transportation to get to school	SH_PHY02_4	2018-2019
Parents - report their child lives with someone who smokes	SP_SMO01_1	2019-2020
Children - live with someone who smokes	SH_SMO14_1	2018-2019
Youth - have at least one person who smokes inside their home	HCRAD-CCSRCH-001	2007
Parents - report smoking being allowed inside the family vehicle	GNB-OCMOH-001	2020



Health behaviours

Children - Eat breakfast daily	SE_EAT04_1	2019-2020
Parents' point of view - Eat 5 or more servings of vegetables or fruit daily	SP_EATFV_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
Parents - are physically active with their children	SP_PHY03_1	2019-2020
Children - Moderate or vigorous physical activity	SE_PHY01_1	2019-2020
Children - Screen time, 2 hours or less per day	SE_DAA01_2	2019-2020
Children - Sleep 9 hours or more every night	SP_SLE01_1	2019-2020
Youth - Moderate or vigorous physical activity	SH_PHY01_1	2018-2019
Youth - Screen time, 2 hours or less per day	SH_DAA01_2	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
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
Adults and seniors - Daily or occasional smoker	PH_SMO01_1	2020
Adults and seniors - Heavy drinking	PH_ALC01_3	2020
Adults - Heavy drinking	PH_ALC01_3	2020
Seniors - Heavy drinking	PH_ALC01_3	2020

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
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
Saw or talked to a health professional about their mental or emotional health, or their use of alcohol or drugs - Adults	PH_MHI05_1	2020
Saw or talked to a health professional about their mental or emotional health, or their use of alcohol or drugs - Seniors	PH_MHI05_1	2020
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
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
Pharmacists - help the most in understanding how to take their medications	PH_MED03_2	2020



Citizens - provide a favourable rating for overall health care services received

PH_SATOA_1

2020