

Population Health Profile 2022



Saint John, Simonds and Musquash



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?

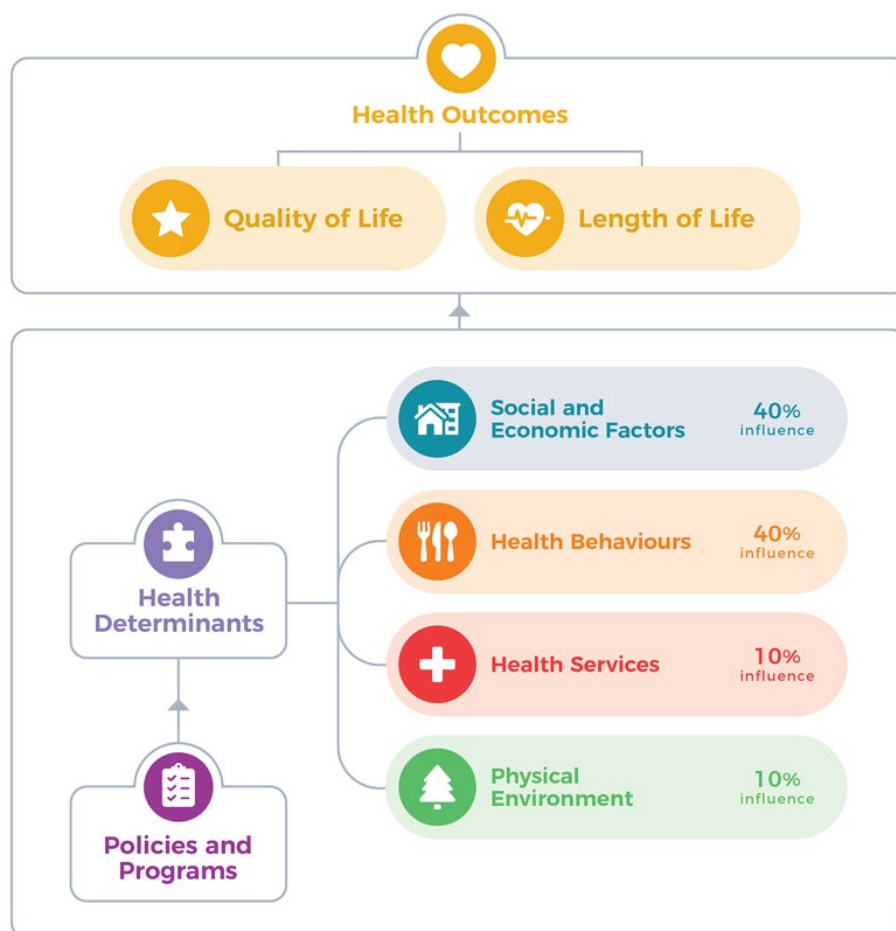
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

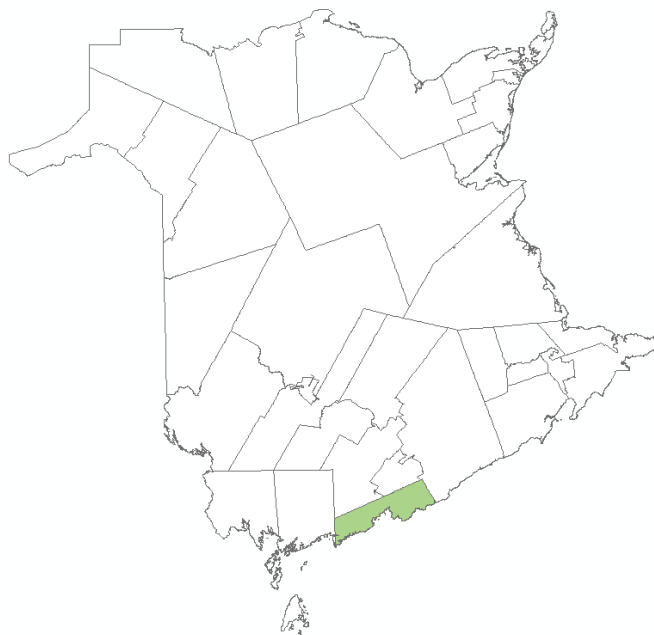
- The community has a large population and high population density.
- The mental health of youth is worse than the provincial average, and they do not have good family and social support.
- This community has the highest proportion of renters in the province.
- Access to emergency services is better than average.



Health of the Community

Demographic Context

- Area: 832 km²
- Population density: 92 persons per km²



The population of Saint John, Simonds, and Musquash is relatively large, and the community has a slightly higher-than-average population density. Its population grew by 5% between 2016 and 2020, although the death rate (12 persons per 1,000 population) is higher than the birth rate (ten persons per 1,000 population). Immigrants account for about 6% of residents, and 2% of the total population are recent immigrants who arrived between 2011 and 2016. Visible minorities make up a higher-than-average percentage of the population (7%).

This community also stands out because it has the smallest proportion of households that include married and common-law couple households. In fact, just over half the households fall into this category. One third of them are single-person households, while 22% are single-parent families.

About one in three youth (32%) have been diagnosed with having special education needs, one of the highest rates in the province. Among these youths, many types of special needs, such as autism and physical disabilities, were reported more frequently than elsewhere in the province (see Table 1).



Table 1. Special Education Needs of Youth in Saint John, Simonds and Musquash

	Saint John (%)	NB (%)
Autism/Asperger's syndrome	4	2
Behavioural disorder	2	1
Blind or low vision	4	3
Deaf or hard-of-hearing	2	1
Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)	11	10
Intellectual disability	1	0,4
Language/speech impairment	2	2
Learning disability	6	5
Physical disability	2	1
Mental illness (depression, anxiety, bipolar disorder)	7	6
Gifted	2	2
Other	4	4

Health Outcomes

Several aspects of the mental health of youth in the Saint John area are below average. Less than three quarters of youth have moderate or high levels of mental fitness (a positive attitude toward what they feel, think and do) and only 77% have good life satisfaction. Just over two in three youth have high or moderate levels of resilience. In addition, a higher-than-average proportion exhibit oppositional behaviours (19%), symptoms of depression (45%) and anxiety (42%). Just over half of youth (54%) perceive their health as very good or excellent.

And while the mental health of the adults in this community is close to the New Brunswick average, it is poorer than average for seniors. Only 43% of seniors perceive their mental health as very good or excellent. About one quarter of seniors reported they feel lonely and 85% have good life satisfaction.



Determinants of Health

Social and economic factors

Youth in the Saint John area reported lower-than-average levels of family and social support. Less than half of youth reported that they like their family and cultural traditions (47%), while 41% said they had shared an evening meal with their family, friends or guardians in the previous seven days. In addition, only one in two youth feel that their parents or guardians know them well and that their family supports them in difficult times. One in five youth reported having experienced dating violence, a higher proportion than the provincial average.

Adults and seniors also have lower-than-average levels of social support. A relatively high proportion of them reported they sometimes or often feel a lack of companionship (38%), social exclusion (31%) and social isolation (35%).

Households in the Saint John area are not as well off as the average New Brunswick household. The median household income is \$53,393 per year, and just under one quarter of residents live in a low-income household. More than one third of children (37%) and youth (34%) live in low-income households. This community also has the highest proportion (10%) of families with children that receive social assistance or welfare benefits. 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. In addition, a high proportion of households, nearly one-quarter, spend 30% or more of their total income on housing.

Physical Environment

The Saint John area has the highest proportion of renters and the lowest proportion of homeowners. In fact, 42% of residents rent their home. About three in eight (37%) occupied dwellings were built before 1960 and 9% are in need of major repairs.



Residents of this community are less likely than average to use cars for transportation. Nearly one in ten youth walk, bike or skateboard to school, while 27% use those modes of transportation in combination with inactive ones. More adults and seniors walk or bike to work than the average (8%). This community also has the highest percentage of residents (6%) who use public transit.

Health Behaviours

The sleep patterns of some age groups in this community are worse than average. Less than one third of youth reported they get eight or more hours of sleep each night, the second-lowest proportion in the province. And 53% of adults and seniors sleep for seven or more hours per night.

Tobacco, alcohol and drug use is higher than average. This community has the highest percentage of youth who have tried electronic cigarettes (37%). In addition, 29% of youth had used drugs in the previous 12 months and, more specifically speaking, 26% had used cannabis. The Saint John area also has one of the highest proportions (one quarter) of adults and seniors combined who smoke daily or occasionally.

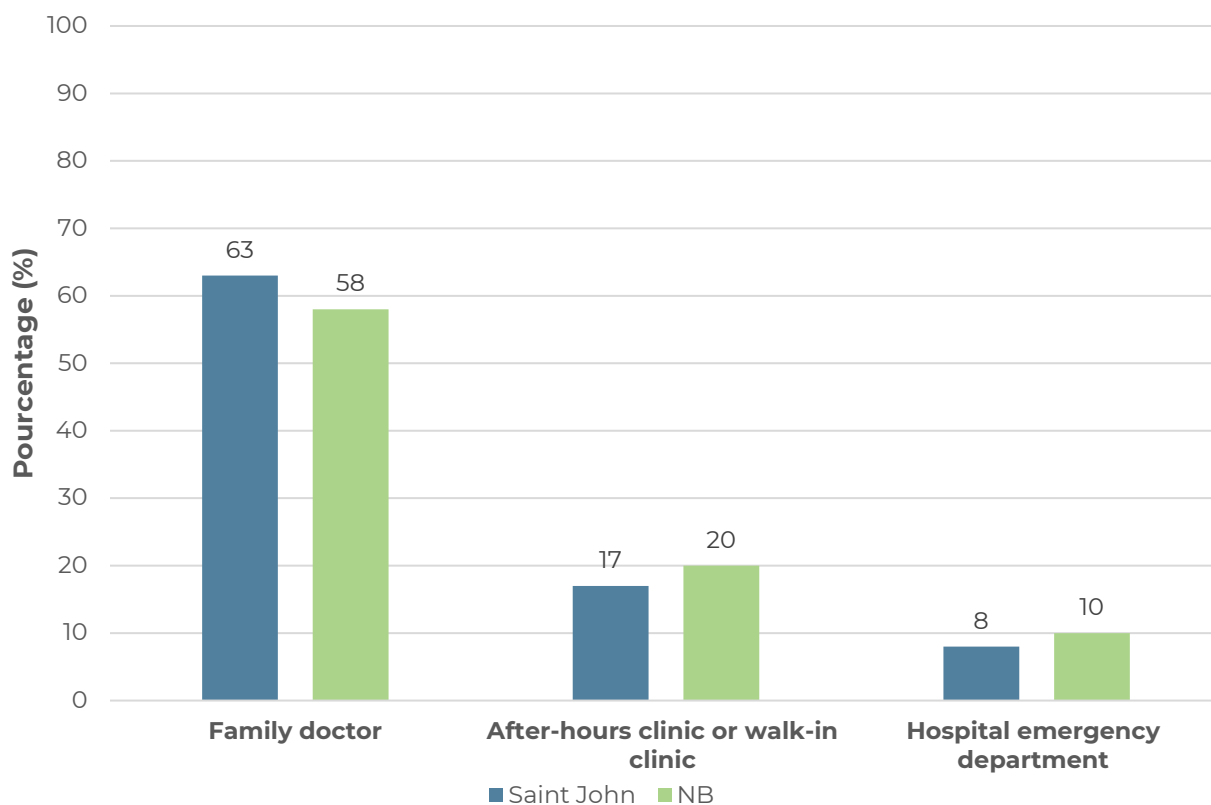


Health Services

The Saint John area ranks close to average in terms of access to a family doctor. More than half of adults (53%) and seniors (61%) reported being able to get an appointment with their family physician within five days. And access to emergency services is better than in most New Brunswick communities. Three in four residents reported waiting less than four hours to access emergency services.

When ill or in need of care services, Saint John area residents use the various primary care services at frequencies that are roughly similar to the provincial averages (see Figure 1).

Figure 1. Types of Services Most Often Used When Care Services are Needed in Saint John, Simonds and Musquash



Close to one in five adults (18%) reported having consulted a professional about their mental health, a higher proportion than the provincial average. Similarly, one third of



youth reported having felt the need to consult someone about an emotional or mental health problem. Moreover, the youth hospitalization rates for mental health conditions are among the lowest in the province.

And of those who sought health services in general, some reported barriers are more prevalent in Saint John than elsewhere in the province, while others are less prevalent (see Table 2).

	Saint John (%)	NB (%)
Skipped dental care because of costs	5	3
Transportation problems in getting health care	9	6
Unable to leave the house due to a health problem	13	11
Trouble getting medical or rehabilitation equipment or supplies	7	4
Health care services not available in their area	9	14
Travel over 100 kms to use a health service	8	18

When it comes to the rating for health services received, the Saint John, Simonds and Musquash area is close to the provincial average, with two out of three people rating them positively.



Conclusion

In brief, the population of the Saint John, Simonds, and Musquash Area experienced a higher-than-average increase recently and has a relatively high population density. A large proportion of households consist of people living alone and single-parent families.

The mental health of youth in this community is worse than average in some respects, such as resilience and life satisfaction. Youth also reported they do not have good family and social supports. In addition, this age group reported higher-than-average levels of tobacco, cannabis and drug use.

Household incomes in the Saint John area are lower than in most other New Brunswick communities. The community also has a relatively high proportion of residents who live in low-income households, especially children and youth. Renters make up a very large proportion of residents, in comparison with other communities in the province.

And with respect to health care, the Saint John area has better-than-average access to emergency services. The rating the residents of this community gave for the health care they received is close to the provincial average.



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.

[Saint John, Simonds and Musquash | New Brunswick Health Council \(nbhc.ca\)](https://www.nbhc.ca)

Table 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
Immigrant	STATC-SCCEN-009	2016
Recent immigrant from 2011 to 2016	STATC-SCCEN-010	2016
Visible minority	STATC-SCCEN-022	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
Single parent families	STATC-SCCEN-006	2016
Person living alone	STATC-SCCEN-008	2016
Youth diagnosed with special education needs	SH_SENAL_1	2018-2019
Youth diagnosed with special education needs - Autism/Asperger's syndrome	SH_SENAU_1	2018-2019
Youth diagnosed with special education needs - Behavioural disorder	SH_SENBE_1	2018-2019
Youth diagnosed with special education needs - Blind or low vision	SH_SENBL_1	2018-2019
Youth diagnosed with special education needs - Deaf or hard-of-hearing	SH_SENDE_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 - Intellectual disability	SH_SENIN_1	2018-2019
Youth diagnosed with special education needs - Language/speech impairment	SH_SENLA_1	2018-2019
Youth diagnosed with special education needs - Learning disability	SH_SENLE_1	2018-2019
Youth diagnosed with special education needs - Physical disability	SH_SENPH_1	2018-2019



Youth diagnosed with special education needs - Mental illness (depression, anxiety, bipolar disorder)	SH_SENME_1	2018-2019
Youth diagnosed with special education needs - Gifted	SH_SENGI_1	2018-2019
Youth diagnosed with special education needs - Other	SH_SENOT_1	2018-2019
Health Outcomes		
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 - Resilience, high or moderate level	SH_RESTS_1	2018-2019
Youth - Life satisfaction	SH_LIF01_7	2018-2019
Youth - Oppositional behaviours (being defiant, disrespectful, rude, etc.)	SH_OPPTS_1	2018-2019
Youth - Symptoms of depression	SH_DEP01_1	2018-2019
Youth - Symptoms of anxiety	SH_ANX01_1	2018-2019
Adults - Perceived mental health, very good or excellent	PH_HEP02_1	2020
Seniors - Perceived mental health, very good or excellent	PH_HEP02_1	2020
Seniors - Perceived health, very good or excellent	PH_HEP01_1	2020
Seniors - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Seniors - Lonely (based on loneliness score)	PH_SIL04_1	2020
Social and Economic Factors		
Youth - eat an evening meal together with family, friends or guardians	SH_EAT1_1	2018-2019
Youth - enjoy my cultural and family traditions	SH_RES12_1	2018-2019
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
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 - Victim of dating violence	SH_SEV02_1	2018-2019
Median household income	STATC-SCCEN-053	2016
Live in low-income household	STATC-SCCEN-044	2016
Youth - live in low-income household (0-17 years)	STATC-SCCEN-045	2016
...Children - live in low-income household (0-5 years)	STATC-SCCEN-046	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
Spending 30% or more of household total income on shelter costs	STATC-SCCEN-059	2016
Physical Environment		
Own a dwelling	STATC-SCCEN-025	2016
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



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
Adults and seniors - walk or bike to get to work	STATC-SCCEN-033	2016
Use public transport	STATC-SCCEN-034	2016
Passenger or driver in a car, truck or van	STATC-SCCEN-035	2016
Health Behaviours		
Youth - Sleep 8 hours or more every night	SH_SLE01_1	2018-2019
Adults and seniors - Usually sleeps for 7 hours or more each night	PH_SLE01_1	2020
Youth - Tried e-cigarettes (vaping)	SH_SMOEC_1	2018-2019
Youth - Cannabis use	SH_MAR02_2	2018-2019
Youth - Drug use	SH_DROAL_1	2018-2019
Adults and seniors - Daily or occasional smoker	PH_SMO01_1	2020
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 - hospitalization for mental health disorder	CIHI-DAD-019	2017-2018 to 2019-2020
Youth - needed to see or talk to someone for a mental or emotional problem	SH_MHI01_1	2018-2019
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
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
Citizens - provide a favourable rating for overall health care services received	PH_SATOA_1	2020