

Population Health Profile 2022



Shippagan, Lamèque, Inkerman 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 Shippagan, Lamèque, Inkerman

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What is a Population Health Profile?

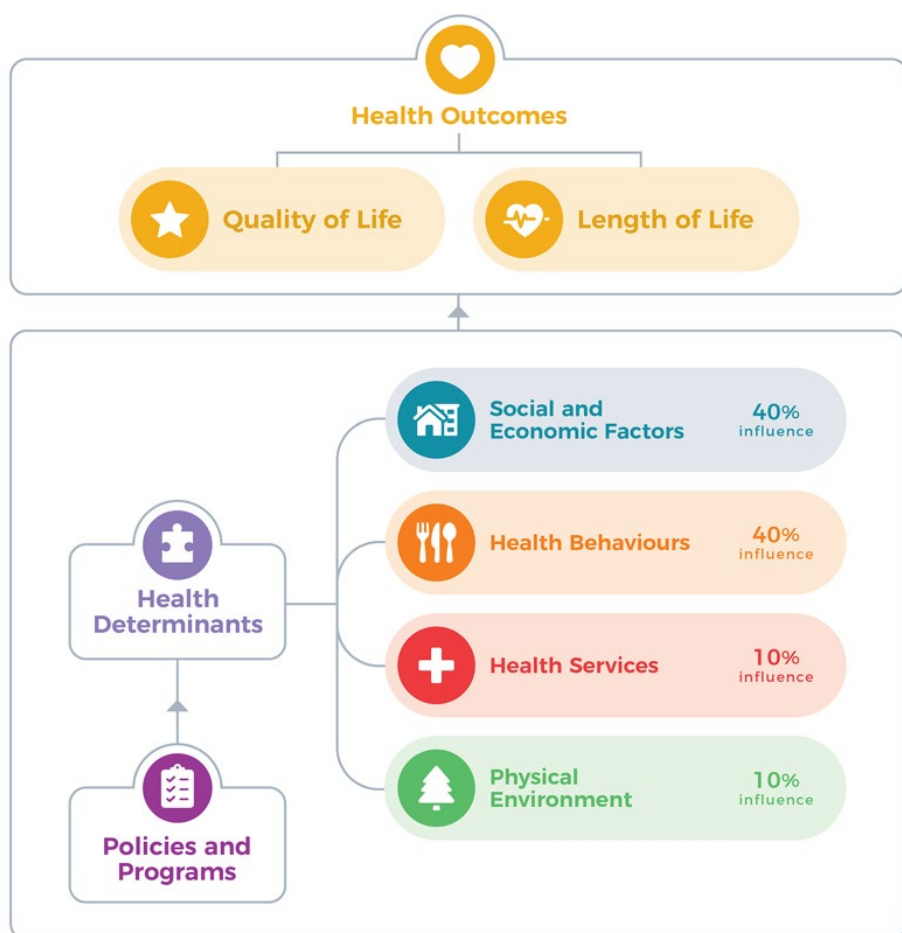
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

- This community has the lowest percentage of households consisting of married or common-law individuals and the highest percentage of single-parent families.
- The quality of life of the residents is relatively good, and youth have good family and social supports.
- Adults and seniors have the best sleep habits in the province.
- Relatively few residents reported understanding verbal or written information about their medications.



Health of the Community

Demographic Context

- Land area: 360 km²
- Population density: 35 persons per km²



The population of the community of Shippagan decreased by 1.2% between 2016 and 2020. The birth rate in this community is lower than the provincial average, while the death rate (12 per 1,000 population) is significantly higher than the provincial average. The median age is 52 years, six years above the provincial median.

The percentage of the population that identifies as Indigenous (6.3%) is higher than the provincial average (4%). The visible minority population is very small (0.5%). The same is true for the immigrant population (0.5%), the lowest percentage of all New Brunswick communities. The percentage of youth that identify as a sexual minority (9%) is one of the lowest in the province. Shippagan has the lowest percentage of married and common-law households (52%) and the highest percentage of single-parent families (25%).

The community has the highest percentage of children diagnosed with special education needs (21%), and a large number of youths with the same diagnosis (31%). Shippagan area children and youth diagnosed with special needs include the highest percentage of children (13%) and youth (17%) diagnosed with attention deficit hyperactivity disorder (ADHD) or attention deficit disorder without hyperactivity (ADD).

French is the main language in the community, as evidenced by the percentage of residents who speak French most often at home (98%) and at work (92%). In addition, the community ranks highest when it comes to residents choosing French when



accessing services (97%). As regards access to health services in the official language of choice, residents who request health services in French receive them only 78% of the time, which is higher than the provincial average (70%).

Health Outcomes

The community of Shippagan has the lowest percentage of youth who were injured and required medical attention (21%). Seven out of ten youth perceive their health as very good or excellent, and about nine out of ten are satisfied with their lives. The figures for seniors are even higher: 94% said they were satisfied or very satisfied with their life. Although lower than the provincial average, symptoms of depression still affect close to three in ten youth (27%). The median age of death in the community is higher than the provincial average.

Adults and seniors in the Shippagan area are among the least optimistic about managing their health (see Table 1).

Table 1. Perception of Adults and Seniors in the Shippagan, Lamèque, Inkerman Area Regarding Their Management of Chronic Health Conditions

	Shippagan (%)		NB (%)	
	Adults	Seniors	Adults	Seniors
Very confident in managing their health condition	38	45	40	44
Strongly agree they know how to prevent further problems with their health condition	31	25	38	31
Strongly agree that their health largely depends on how well they take care of themselves	50	42	62	51



Determinants of Health

Social and economic factors

Youth in the Shippagan area have relatively good family and social supports; the same is true for their sense of connection to their school. Indeed, more than three out of five youth feel that their family supports them in difficult times. The same percentage of youth have an evening meal with their loved ones and feel that their parents or guardians know them well. In addition, 84% of youth feel that their mental fitness needs are highly satisfied by family and friends. The Shippagan area has the smallest percentage of children and youth who reported having been bullied, 27% and 43% respectively.

Table 2. Perception of Youth in the Shippagan, Lamèque, Inkerman Region Regarding perception of Family Support and Social Support at School

	Shippagan (%)	NB (%)
Participate in activities or groups organized by school	59	54
Feel teachers treat me fairly	92	83
Feel safe at school	94	84
Feel connected to my school	99	92
Mental fitness needs highly satisfied by school	68	57
Have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	43	41

The Shippagan area has one of the highest percentage of adults who did not graduate from high school (one in three adults). Almost three quarters of residents work only part-year and/or part-time, the highest percentage in the province. Almost one in five residents collect employment insurance and about two in five residents do not have prescription drug coverage, the highest percentage in the province.



Physical Environment

The Shippagan area has one of the highest percentages (47%) of households with high radon levels. This community did not experience any extreme heat events, extreme cold days, or boil water orders during the period under consideration. In addition, children are exposed to less-than-average environmental tobacco smoke. About one third of children reported that one person in their household is a smoker, and one in ten youth reported that at least one person smokes in their home every day or almost every day.

Health Behaviours

Health behaviours in the Shippagan area are mixed. On the one hand, children's eating habits are good. Of note is the fact that of the New Brunswick communities for which this data is available, a relatively small percentage of children (70%) eat non-nutritious foods, compared to other communities. In addition, about seven out of ten children eat breakfast every day. Adults and seniors have the best sleep habits in the province. Seventy-four percent of adults and 69% of seniors usually get at least seven hours of sleep each night.

On the other hand, only about two in five adults engage in moderate or vigorous physical activity at the recommended level, which is below average (51%). In addition, 36% of youth have tried e-cigarettes and 23% drink heavily. As for injury prevention, the youth in this community have the least favourable rating in the province. In fact, only 8% of youth wear a helmet when riding a bicycle. In addition, 27% of youth reported having been a passenger in an on-road vehicle driven by someone under the influence of alcohol or drugs, and 20% reported having driven an off-road vehicle under the influence of alcohol or drugs.

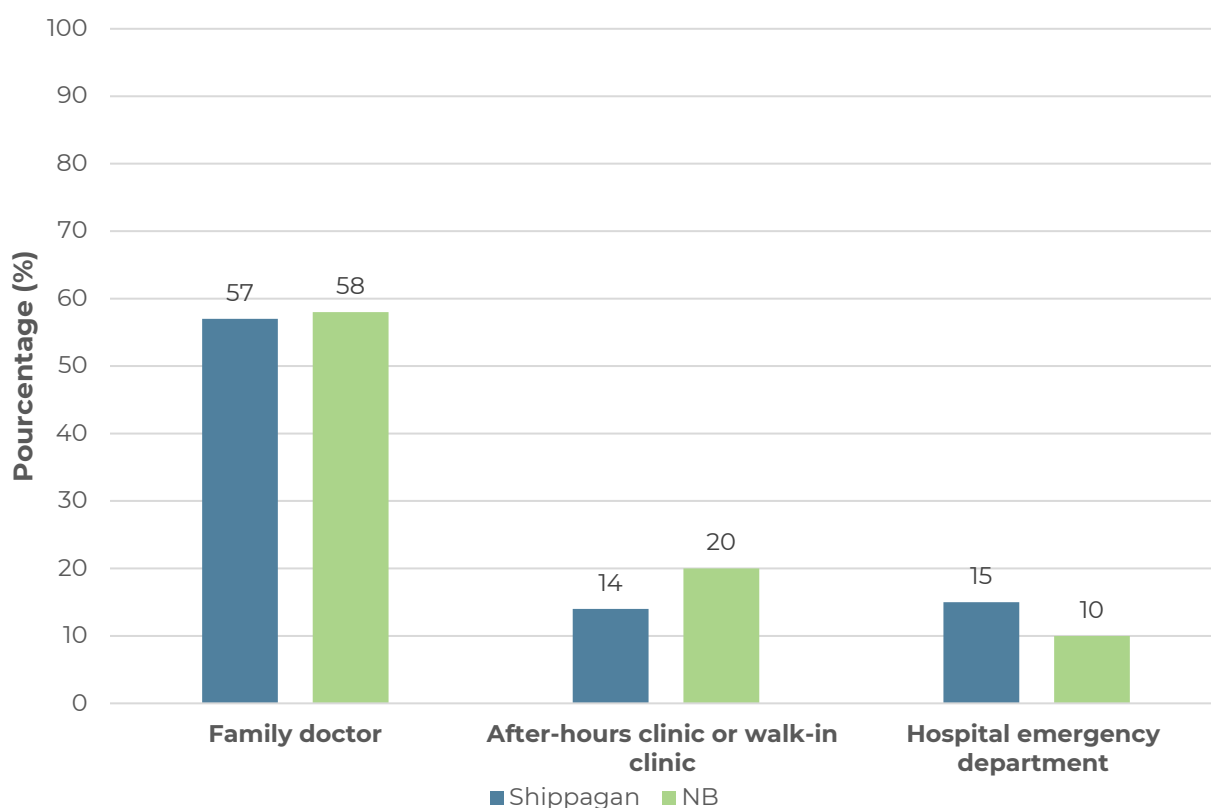


Health Services

Access to primary care services in the Shippagan area is varied. While half of adults and seniors reported being able to get an appointment with their family doctor within five days (50%), the figure for seniors is lower than the provincial average for that age group (58%). Access to emergency services is also lower than the provincial average. Only 62% of residents surveyed said they waited less than four hours to access emergency services.

When ill or in need of care services, Shippagan area residents use 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 Shippagan, Lamèque, Inkerman Area



Hospitalization rates for injuries are lower than the provincial average for all age groups. However, hospitalization rates for mental health conditions are higher than the



provincial average for all age groups, except for youth, for whom the rate is much lower. As for preventable hospitalization, the rate is lower than the provincial average.

Like the residents in other Zone 6 (Bathurst and Acadian Peninsula) communities, Shippagan area residents makes less frequent use of mental health services. Only 12% of adults reported having felt the need to consult a health professional about their mental health, emotional health, or use of alcohol or drugs. The percentage of youth who reported a similar need is higher (23%), but still well below the provincial average (30%). Only 3% of youth and 25% of adults did not see or talk to a health professional, despite having felt the need to do so.

Shippagan has the smallest percentage of residents who reported knowing the effects of each of their medications (31%). Consequently, a large percentage of the population consider the written information related to their conditions or prescriptions difficult to understand. Similarly, relatively few people reported that verbal information of that kind is easy to understand. In addition, less than two thirds of residents reported that their family doctor always gives them enough time to talk (57%) and that they feel included in the decision-making process related to their health (63%).

That being said, Shippagan area residents were among the most satisfied with the health services they received. In fact, 79% of adults and 83% of seniors gave the health services they received a positive rating.



Conclusion

In summary, the Shippagan, Lamèque and Inkerman Area is a community with a relatively older population and is one of the six New Brunswick communities that have experienced a population decline in recent years. This community has the highest percentage of single-parent households and children diagnosed with special education needs.

The quality of life of the residents of the Shippagan area is relatively good, as is the level of family and social support for young people. Residents who are active in the labour force are mostly seasonal or part-time workers, and the population has a lower-than-average level of education. In addition, one third of residents do not have prescription drug coverage.

This community has the highest percentage of adults and seniors with good sleep habits. However, other health-related behaviours are less favourable, including injury prevention among youth. In addition, there are high levels of radon in close to one in two households.

Access to primary health care is more limited than in most parts of the province, both in terms of appointments with a family doctor and wait times for emergency services. Relatively few residents reported they understand the effects of their medications and the written and verbal information about them. However, the Shippagan area is one of the communities where residents are most satisfied with the health services they receive.



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.

[Shippagan, Lamèque, Inkerman Area | 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
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
Married or living common-law	STATC-SCCEN-003	2016
Single parent families	STATC-SCCEN-006	2016
Language most spoken at home - French	STATC-SCCEN-012	2016
Language most spoken at work - French	STATC-SCCEN-020	2016
Language chosen when accessing services - French	PH_LOS02_2	2020
Always receive health care services in the official language of their choice - French	PH_LOS03_3	2020
Children diagnosed with special education needs	SP_SENAL_1	2019-2020
Children diagnosed with special education needs - Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)	SP_SENAT_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 - sexual minority	SH_SEO02_7	2018-2019



Health outcomes

Youth - See their health as being very good or excellent	SH_HEP01_1	2018-2019
Youth - Life satisfaction	SH_LIF01_7	2018-2019
Youth - Symptoms of depression	SH_DEP01_1	2018-2019
Youth - Have been injured and had to be treated by a doctor or nurse	SH_INJ01_1	2018-2019
Seniors - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Adults - strongly agree that their health largely depends on how well they take care of themselves	PH_BELODM_1	2020
Adults - know how to prevent further problems with their health condition, strongly agree	PH_MGT02_1	2020
Adults - very confident in managing their health condition	PH_MGT01_1	2020
Seniors - strongly agree that their health largely depends on how well they take care of themselves	PH_BELODM_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
Median age at death	SNB-VITST-006	2014 to 2018

Social and economic factors

Youth - eat an evening meal together with family, friends or guardians	SH_EAT11_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
Youth - with mental fitness needs highly satisfied by family	SH_MEFFA_1	2018-2019
Youth - with mental fitness needs highly satisfied by friends	SH_MEFFR_1	2018-2019
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
Children - Victim of bullying	SE_BUV01_1	2019-2020
Youth - Victim of bullying	SH_BUVAO_1	2018-2019
Highest level completed of education - less than high school	STATC-SCCEN-037	2016
Work part of the year and/or part time	STATC-SCCEN-052	2016
Population receiving Employment Insurance	STATC-ESDC-001	2020
No insurance for prescription medications	PH_INS01_1	2020

Physical Environment

Children - live with someone who smokes	SE_SMO01_1	2019-2020
Youth - have at least one person who smokes inside their home	SH_SMO13_1	2018-2019
Extreme heat events	CCCS-DCLIM-001	2020
Extreme cold days	CCCS-DCLIM-002	2020



Radon - household with high radon concentration	HCRAD-CCSRCH-001	2007
Number of boil orders	GNB-OCMOH-001	2020
Health Behaviours		
Children - Eat breakfast daily	SE_EAT04_1	2019-2020
Children - Eat non-nutritious foods	SE_EATNN_1	2019-2020
Adults - Moderate or vigorous physical activity	PH_PHY01_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
Youth - Tried e-cigarettes (vaping)	SH_SMOEC_1	2018-2019
Youth - Heavy drinking	SH_ALC04_1	2018-2019
Youth - Wear a helmet when riding a bicycle	SH_SAF03_1	2018-2019
Youth - Driver of an off-road vehicle - under the influence of alcohol or drugs	SH_SAF01_1	2018-2019
Youth - Passenger in an on-road vehicle - driven by someone under the influence of alcohol or drugs	SH_SAF02_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
Youth - who needed to see or talk to someone about their mental or emotional problem but didn't	SH_MHI02_1	2018-2019
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
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
Verbal information about condition/prescription is easy to understand, always or usually	PH_COMOA_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
Written information about condition/prescription is hard to understand, always or usually	PH_LIT01_1	2020
Adults - Written information about condition/prescription is hard to understand, always or usually	PH_LIT01_1	2020
Seniors - 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
Citizens - provide a favourable rating for overall health care services received	PH_SATOA_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

