

Population Health Profile 2022



St. George, Grand Manan, Blacks Harbour 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 St. George, Grand Manan, Blacks Harbour

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What is a Population Health Profile?

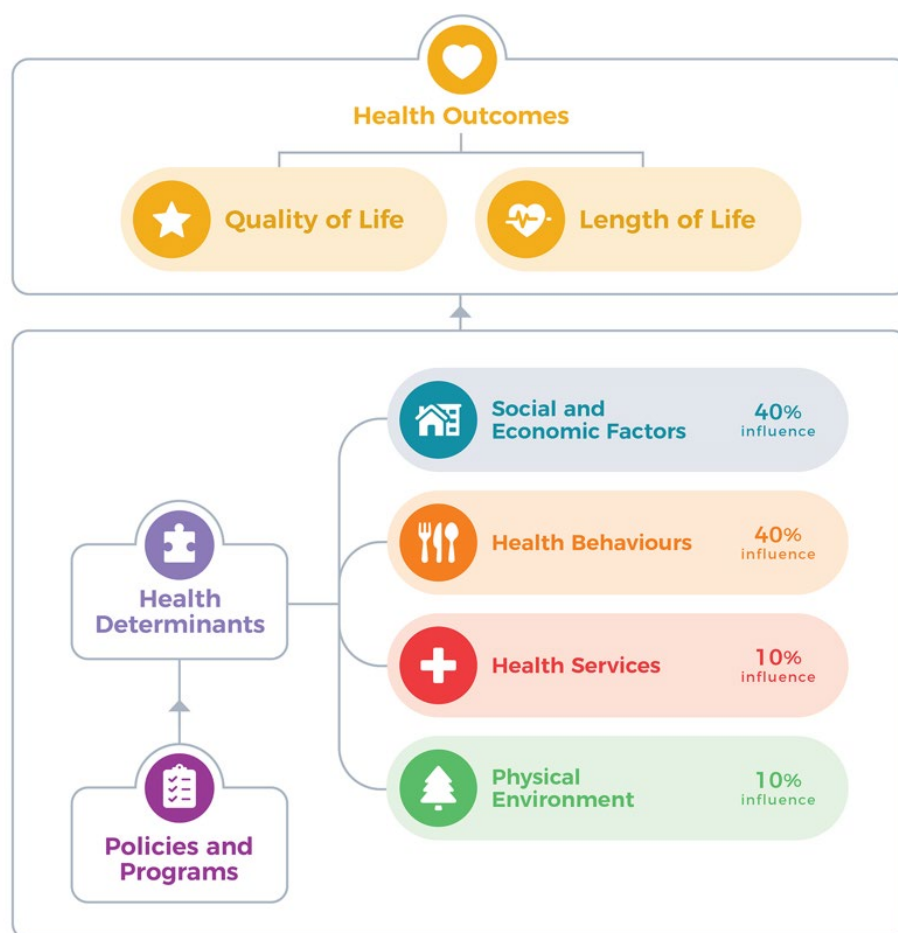
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

- Adults and seniors are among the most optimistic about their health.
- The health habits of youth are less favourable than the NB average.
- There is good access to family doctors, despite the fact that this community has one of the smallest proportions of residents who said they have a family physician.

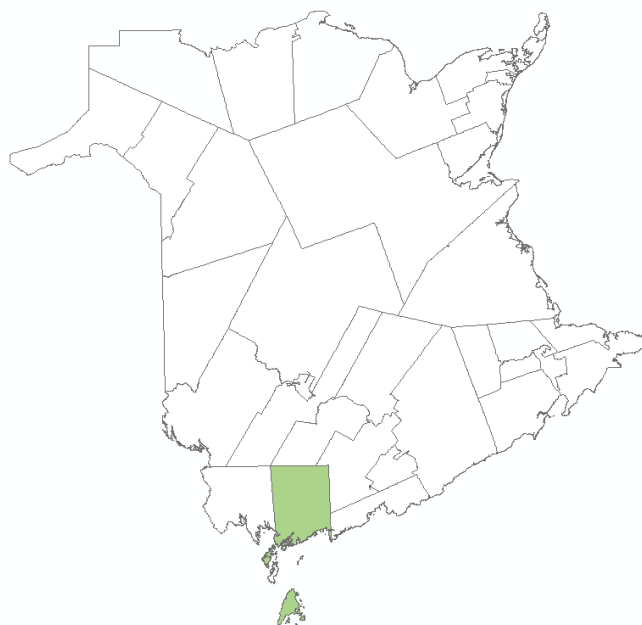


Health of the Community

Demographic Context

- Area: 1788 km²
- Population density: 6 persons per km²

The population of the St. George area increased by 2.1% between 2016 and 2020. The birth rate (ten per 1,000 population) and death rate (ten per 1,000 population) are both higher than the provincial averages. The median age is 47 years, six years older than the provincial median.



The community is home to a small percentage of residents who identify as Indigenous (2.5%). The percentage of visible minorities (3.3%) matches almost exactly the provincial average, while the immigrant population (5.6%) is slightly higher. In the St. George area, 13.6% of youth identify as a member of a sexual minority. Of the adults and seniors who have a disability, more than three in four (77%) reported having a mobility-related disability, the highest percentage province-wide.

English is the language primarily used in the St. George area. It is the language most often spoken at home (96.1%) and at work (99.6%); the latter percentage being the highest of any community in New Brunswick. And most St. George residents (99.8%) choose English to access services, the highest percentage in the province. In terms of accessing health services in the official language of choice, residents who request health services in English are served in that language 97% of the time. The percentage of residents who said they have knowledge of English and French (6.8%) is the lowest percentage of any community in the province. And St. George has the second-smallest percentage of bilingual youth in New Brunswick (16.3%).



Health Outcomes

The St. George area has the highest percentage of seniors who feel their health is very good or excellent (36%). As for the adults in the community, half said they are very confident about their ability to manage their health. The same proportion of adults said they strongly agree that they know how to prevent additional health problems, the highest percentage in the province (49%). The percentage of adults who take six or more prescription medications is slightly higher than the provincial average, while the figure for seniors is below the average for the province as a whole.



The St. George area is home to the highest percentage of youth with symptoms of anxiety (45%) and one of the highest percentages of youth who exhibit oppositional behaviours (21%). Roughly 24% of adults and seniors reported having been diagnosed with or treated for depression, which is higher than the provincial average (17%).



Determinants of Health

Social and economic factors

Generally speaking, the levels of social and family support for youth in the St. George area are lower than the provincial average. In fact, this community has the smallest number of youth who said they share an evening meal with family, friends or guardians (35%). Moreover, less than half of youth said that their family supports them in difficult times and about three quarters of youth have their mental fitness needs highly satisfied by their family. These figures are slightly lower than average. Children in the St. George area have, in some respects, a less-than-average sense of connection with their school (see Table 1).

Table 1. St. George, Grand Manan, Blacks Harbour Area Youth Perception of Social Support at School or Work

	St. George (%)	NB (%)
Participate in activities or groups organized by school	58	54
Feel teachers treat me fairly	76	83
Feel safe at school	75	84
Feel connected to my school	83	92
Mental fitness needs highly satisfied by school	45	57
Have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	39	41

Youth in this community generally feel less safe than average. More specifically speaking, more than half have been bullied (56%). In addition, 21% of youth have experienced dating violence and 13% have been sexually assaulted; both of these percentages are higher than the figures for the province as a whole. But 86% of youth think it is safe for young children to play outside during the day.



Physical environment

Roughly one-third of the occupied dwellings in the St. George area were built before 1960 and 11% are in need of major repairs. These percentages are higher than the provincial average. The St. George area is home to the smallest percentage of youth who walk, bike or skateboard to school (2%), while 14% use these modes of transportation in combination with inactive ones. Youth in this community are also exposed to higher-than-average levels of environmental tobacco smoke. In fact, one in four youth reported having been a passenger in a car with someone who was smoking within the past seven days, and 22% of them said that at least one person smokes in their home every day, or almost every day.

Health Behaviours

The health behaviours of youth in the St. George area are, in some respects, worse than the provincial average. In fact, only one third of youth eat at least five servings of fruits or vegetables each day, and even less eat breakfast every day (29%). In addition, 82% of youth reported they eat non-nutritious foods, a higher-than-average percentage. The percentage of youth who reported they get at least 60 minutes of moderate or vigorous physical activity per day (16%) is below the provincial average (19%). Youth in this community also have the worst sleep habits in the province. Only 29% of them sleep eight hours or more per night.

In addition, the tobacco, cannabis and drug use habits of youth in this community are the worst in New Brunswick. About one-third of youth have tried electronic cigarettes and the same proportion are at risk of becoming future smokers. In addition, 27% of youth had used cannabis and 28% had used drugs in the 12-month period prior to the survey. Generally speaking, injury prevention is worse: close to one in four youth said they had been a passenger in an onroad vehicle driven by someone under the influence of alcohol or drugs.



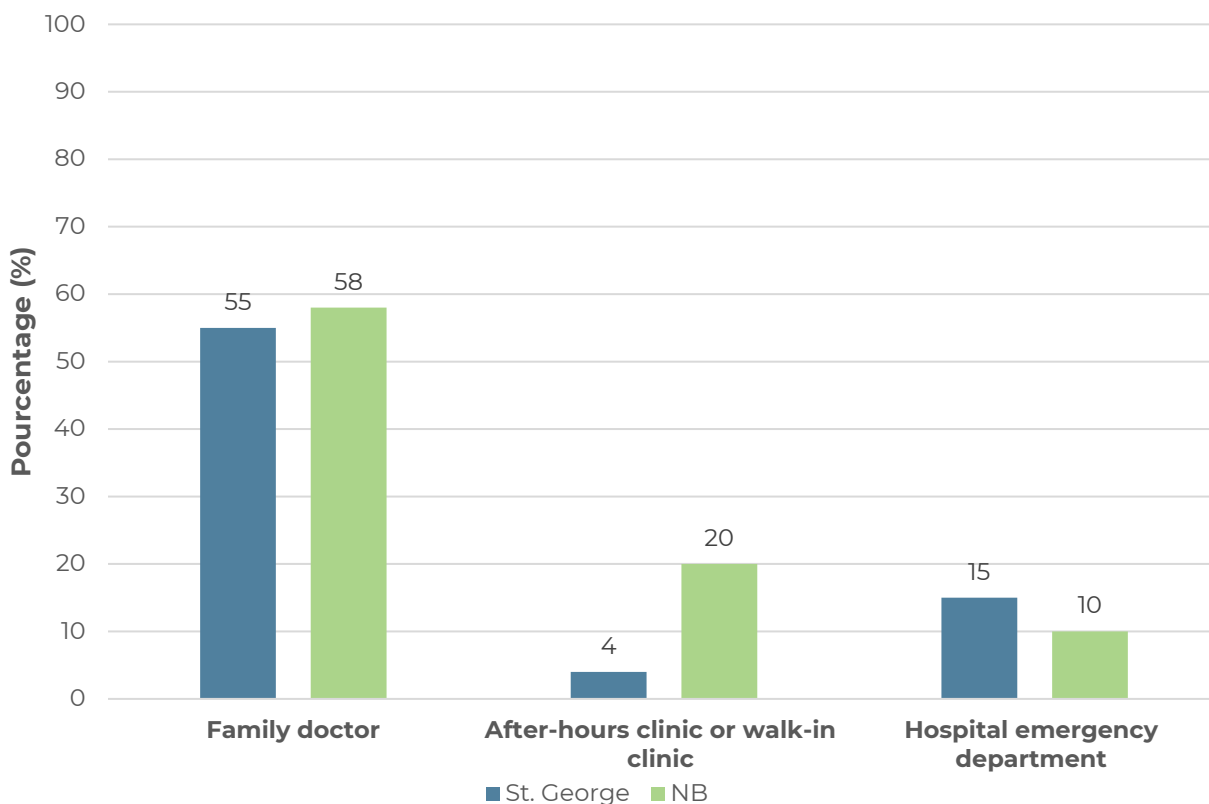
Health Services

In terms of having a nurse practitioner as the primary care provider, the St. George area ranks second in the province (just behind the community of Dalhousie) with 15% of residents having reported the same. On the other hand, four in five St. George area residents reported they have a family doctor, one of the lowest proportions of any community in New Brunswick. However, the proportion of residents who have access to family doctors within a reasonable time frame is close to the provincial average. More than half of adults (55%) and seniors (60%) reported being able to get an appointment with their family doctor within five days. More than four in five residents (81%) reported waiting less than four hours to access emergency services, better access than in most other New Brunswick communities.

When ill or in need of care services, St. George area residents rarely visit after-hours or walk-in clinics (see Figure 1). The residents of this community have the most difficulty accessing specialists in under one month; only 25% of them reported having waited less than one month to get a first appointment to see a specialist (N.B. average is 41%).



Figure 1. Types of Services Most Often Used When Care Services are Needed in St. George, Grand Manan, Blacks Harbour Area



One in three youth reported having felt the need to see someone for an emotional or mental health problem, one of the highest proportions of any community in New Brunswick. And while the proportion of adults who felt a similar need is closer to the provincial average (15%), only one adult in ten reported they had consulted a health professional about their mental health, emotional health, alcohol use or drug use.

The St. George area ranks first in the province in terms of the proportion of residents who had visited their family doctor in the previous twelve-month period (94%). Conversely, this community ranks last with respect to the proportion of residents who had visited a dental professional in the previous 12 months (52%).

St. George area residents have the highest level of confidence about their ability to manage their health conditions (50%). A large majority (92%) of residents reported that verbal information about their condition or prescription is easy to understand, while a small minority (8%) find written information difficult to comprehend.



When it comes to rating the health services received, the St. George area is in line with the provincial average. Sixty-three percent of adults and 78% of seniors rated the health services they received positively.



Conclusion

Briefly put, the St. George, Grand Manan, Blacks Harbour Area experienced population growth in recent years that is similar to the province as a whole. Generally speaking, the demographic profile mirrors that of New Brunswick with respect to visible minorities and immigrants.

Adults and seniors in this community are among the most optimistic about their health. However, a relatively high proportion of youth have symptoms of anxiety or exhibit oppositional behaviours. Generally speaking, youth have lower-than-average levels of social and family support, and their sense of connection to their school is not very strong. Their health-related behaviours are also worse than average when it comes to diet, physical activity, and sleeping habits, as well as tobacco and drug use.

There is good access to family doctors, in terms of wait times as well as prevention and screening, despite the fact that this community has one of the smallest proportion of residents who said they have a family physician. But this community faces the greatest challenges with respect to wait times for a first visit with a specialist.



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.

[St. George, Grand Manan, Blacks Harbour Area | New Brunswick Health Council \(nbhc.ca\)](https://www.nbhc.ca)

Table 2. 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
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
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
Mobility disability	PH_PWDMO_1	2020
Youth - sexual minority	SH_SEO02_7	2018-2019
Health Outcomes		
Youth - Oppositional behaviours (being defiant, disrespectful, rude, etc.)	SH_OPPTS_1	2018-2019
Youth - Symptoms of anxiety	SH_ANX01_1	2018-2019
Adults - Take 6 or more different prescription medications on a regular basis	PH_MED01_1	2020
Seniors - Perceived health, very good or excellent	PH_HEP01_1	2020
Seniors - Take 6 or more different prescription medications on a regular basis	PH_MED01_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
Social and Economic Factors		
Youth - eat an evening meal together with family, friends or guardians	SH_EAT11_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 - 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
Youth - It is safe for younger children to play outside during the day	SH_SOC02_1	2018-2019
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
Physical Environment		
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
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
Health Behaviours		
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
Youth - Eat non-nutritious foods	SH_EATNN_1	2018-2019
Youth - Moderate or vigorous physical activity	SH_PHY01_1	2018-2019
Youth - Sleep 8 hours or more every night	SH_SLE01_1	2018-2019
Youth - At risk of becoming a future smoker	SH_SMOSU_1	2018-2019
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
Youth - Passenger in an on-road vehicle - driven by someone under the influence of alcohol or drugs	SH_SAF02_1	2018-2019
Health Services		
Have a family doctor	PH_ACCFA_1	2020



Have a nurse practitioner	PH_ACCNI_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
Family doctor - waited 5 days or less to have an appointment - Adults	PH_ACCFD_2	2020
Family doctor - waited 5 days or less to have an appointment - Seniors	PH_ACCFD_2	2020
Hospital emergency department - waited less than 4 hours	PH_ACCEA_1	2020
Specialist - waited less than 1 month for a first visit	PH_ACCSA_1	2020
Have seen or talked to a dental professional in the last 12 months	PH_DENTI_1	2020
Have visited their family doctor in the last 12 months	PH_USEFB_1	2020
Adults - very confident in managing their health condition	PH_MGT01_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
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