

Population Health Profile 2022



St. Stephen, Saint Andrews, Campobello Island



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. Stephen, Saint Andrews, île Campobello

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What is a Population Health Profile?

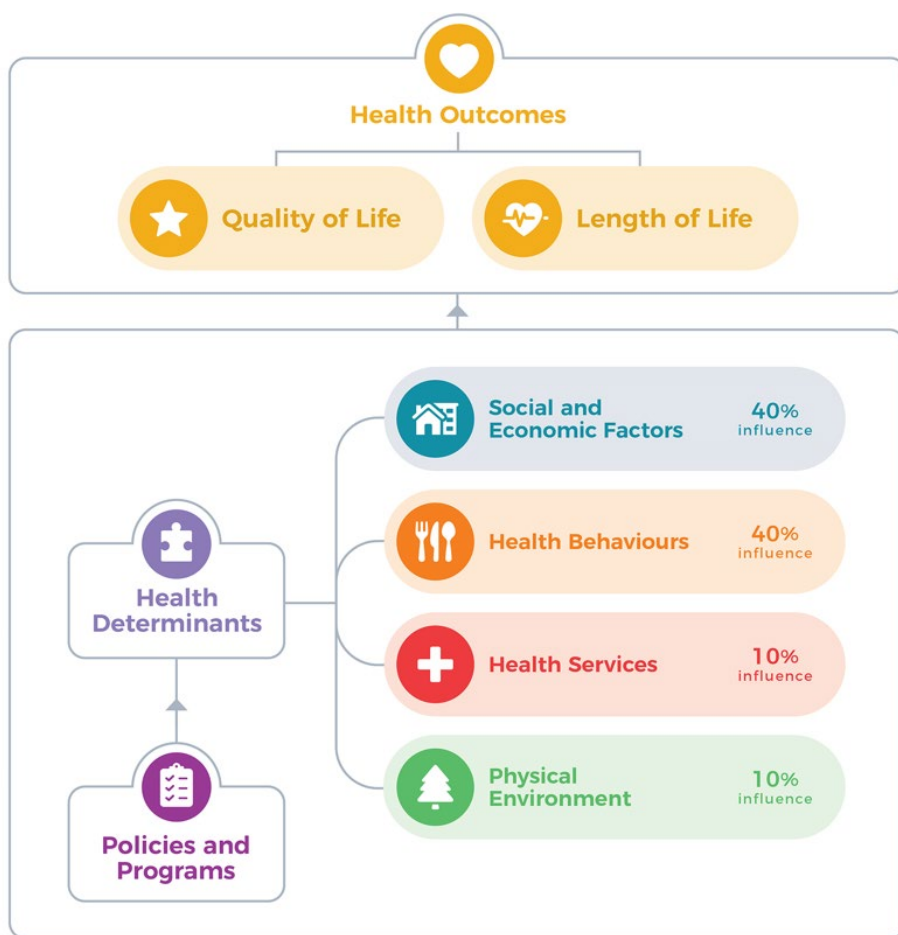
The New Brunswick Health Council's (NBHC) *Population Health Profile* provides an overview of the health and well-being of people who live, learn, work and take part in activities in each community of our province. This tool is designed to help citizens and decision-makers develop a shared understanding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

- English is the most commonly used language at home and at work.
- Seniors reported a relatively good quality of life and are more optimistic than the provincial average about managing their health.
- The dietary, sleep and physical activity habits of children are less favourable than the NB average.
- Access to primary care services is relatively good.



Health of the Community

Demographic Context

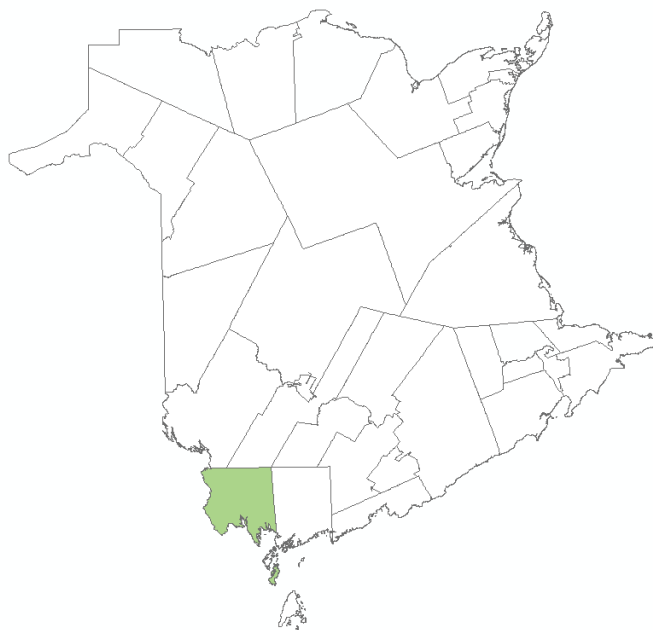
- Area: 1639 km²
- Population density: 9 persons per km²

The St. Stephen, Saint Andrews and Campobello Island Area experienced population growth between the years 2016 and 2020 (2.5%) at a lower rate than the provincial average (4.4%).

The median age is 49 years, which is above the provincial average (46 years).

A small percentage of the population identifies as Indigenous (1.8%) and Indigenous languages are not spoken

at home. The visible minority population is also quite small (1.2%). The immigrant population is larger at 8.0%, which is above the provincial average (4.6%). The birth rate is close to the provincial average, but the death rate is one of the highest (twelve per 1,000 population).



English is the language most frequently spoken language in this community. In fact, the St. Stephen area is home to the province's largest percentage of residents who speak English at home most often (99%). In addition, the area is also home to the province's second-largest percentage of people who speak English most often at work (99.2%). The community of St. Stephen also has the lowest level of bilingualism (English and French) in the province. In fact, about 9% of residents say they have knowledge of Canada's two official languages. Among youth, the rate of bilingualism (29%) is lower than the provincial average (48%).

Close to three in ten adults in the St. Stephen area have a disability, a proportion that is higher than the provincial average. It is in this community that pain-related disabilities



are the most common ones (82%) among people with disabilities. On the other hand, only 9% of people with disabilities reported having a learning disability, the lowest percentage in New Brunswick.

Health Outcomes

In the community of St. Stephen, the median age is 81 years, which is older than the provincial average of 79 years. The percentage of seniors who are satisfied or very satisfied with life (95%) is higher than the provincial average. For adults, the figure is 89%, which is closer to the provincial average. However, one-quarter of adults reported that they feel lonely.

The number of residents in the St. Stephen area aged 18 and up who are living with three or more chronic conditions is higher than the provincial average. Thirty percent of residents aged 65 and up regularly take six or more different prescription medications, a figure that is higher than the provincial average (23%). Heart disease affects about 13% of people, which is also higher than the provincial average. Just over half of seniors in this area are very confident about their ability to manage their own health (52%), which is higher than the average for the province as a whole (44%). This is also the case for seniors who said they know how to prevent other health-related problems. The latter feel strongly that their health depends largely on how well they take care of themselves.



Determinants of Health

Social and economic factors

Generally speaking, adults and seniors in the St. Stephen area have a lower-than-average level of family and social support. More than one in three residents in the same two age groups sometimes or often experience a lack of companionship (37%), social exclusion (34%), and social isolation (35%). And 11% of adults and senior provide long-term care for one person, a higher-than-average percentage. One in two parents reported they had eaten a mid-day or evening meal with their children in the previous seven days, a proportion that is lower than in many other communities.

The sense of connection children in this community have with their school is not as strong as in most other communities. In fact, the St. Stephen area has the smallest percentage of children (46%) who feel that they are treated fairly by teachers. About two in five children feel a sense of belonging at their school. Among children with mental fitness needs, only slightly more than half feel these are highly satisfied by their school.



The median household income in the St. Stephen area (\$53,870 per year) is lower than the median income in New Brunswick (\$59,313 per year). Households earning less than \$25,000 account for 13% of the homes in this community. Just over half the residents in the labour force (52%) work only part-year or part-time, and one in nine is self-employed, a higher-than-average proportion. Eight percent of families with children receive social assistance or social benefits, which is almost double the provincial average.



Physical environment

More than one third of the occupied dwellings in the St. Stephen area were built before 1960, and 10% are in need of major repairs. It is also the community with the highest concentration of ground-level ozone (56 micrograms per m³ of ambient air). Ground-level ozone is invisible and odourless at typical ground-level concentrations. It is the product of chemical reactions between various “ozone precursor” pollutants released from industrial facilities and motor vehicles. Much of the ground-level ozone in New Brunswick is transported by air masses coming in from the United States and central Canada.

Children in this community have a higher level of exposure to environmental tobacco smoke. Roughly two-thirds of them said they live with someone who smokes. This is the highest proportion of the 14 communities for which this data is available.

Youth are more likely than average to use an active mode of transportation to get to school. One in ten youth walk, bike, or skateboard to school, while about three in ten use these active modes in combination with inactive ones.

Health Behaviours

Children in the St. Stephen area have poor eating habits. Only 38% of parents reported that their child eats at least five servings of fruits or vegetables per day. In addition, less than half of children eat breakfast daily (46%). Three quarters of children drink non-nutritious sweetened beverages, the highest proportion of all the communities surveyed, and nine out of ten children eat non-nutritious foods. Youth in this community in grades 6 to 12 have similar eating habits. Nine in ten youth reported they eat non-nutritious foods, while nearly two thirds drink non-nutritious sugary drinks.

Children in kindergarten to grade 5 have the worst physical activity and sleep behaviours of all the communities for which this data is available. In fact, only 16% of children accumulate at least one hour of moderate or vigorous physical activity daily. And the St. Stephen area is also the community with the smallest percentage of children (52%) who sleep at least nine hours per day.

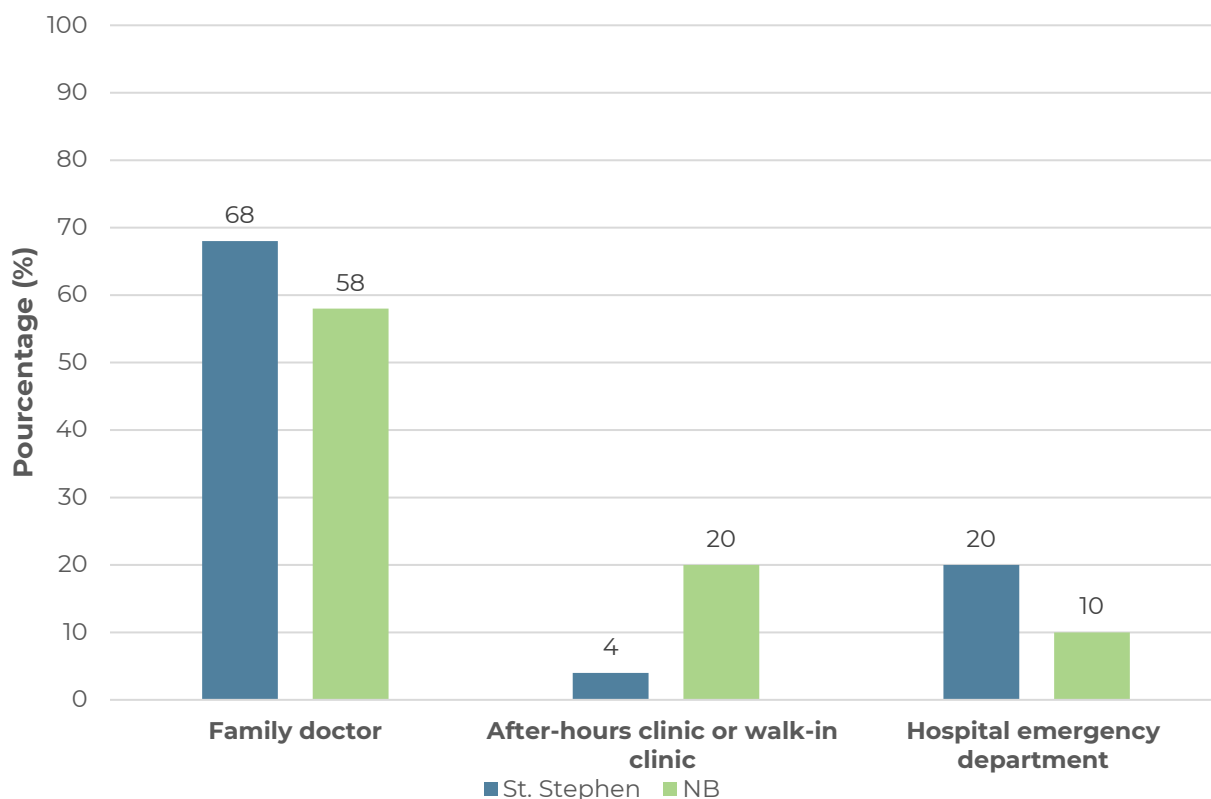


Health Services

The St. Stephen area stands out for the accessibility of primary care services. More than half (63%) of adults reported they can get an appointment with their family doctor within five days, while almost three quarters of seniors (71%) indicated the same. In addition, seven in ten residents reported waiting less than four hours to access emergency services.

When ill or in need of care services, St. Stephen area residents rarely make use of after-hours or walk-in clinics (see Figure 1). They tend to visit emergency departments and their family doctor more often than people elsewhere in the province.

Figure 1. Types of Services Most Often Used When Care Services are Needed in St. Stephen, Saint Andrews, Campobello Island Area





The St. Stephen area has the highest rate of preventable hospitalizations in the province (81 per 10,000 population aged 75 and under). Hospitalization rates for injuries and mental health reasons are closer to the provincial averages.

The number of St. Stephen area residents in all age groups who reported having felt the need to see a professional for their mental health is similar to the provincial average. On the other hand, St. Stephen is one of the communities with the smallest percentage of people (21%) who did not receive these services despite having felt they needed them.

Of those residents who sought health services in general, several barriers were reported more frequently than elsewhere in the province (see Table 1).

Table 1. Barriers to Health Services in the St. Stephen, Saint Andrews, Campobello Island Area		
	St. Stephen (%)	NB (%)
Financial barrier in getting the health care they needed	30	27
Did not fill a prescription for medicine, or skipped doses because of the cost	7	6
Skipped dental care because of costs	22	21
Skipped a medical test, treatment or other because of the cost	3	3
Health care services not available in their area	28	14
Travel over 100 kms to use a health service	47	18
Transportation problems in getting health care	9	6
Unable to leave the house due to a health problem	15	11
Trouble getting medical or rehabilitation equipment or supplies	7	4
Trouble navigating the health system	9	8
Have language barrier communicating with a health professional	6	4

St. Stephen has the smallest proportion of people who are satisfied with the explanations provided by their family doctor (68%). In addition, relatively few people reported having enough discussion time with their family physician (62%). However, 78%



of residents said they feel included in the decision-making process related to their health, and that they receive help from their family physician in coordinating care services that require other health professionals (72%).

In general, St. Stephen residents are less satisfied than average when it comes to the health services they have received; only 63% rated them positively.



Conclusion

The population of the St. Stephen, Saint Andrews, Campobello Island Area is growing at a slower rate than the province as a whole; it also has an older-than-average population. A relatively high proportion of its residents are immigrants, and the language most frequently used at home and at work is almost exclusively English.

Seniors in this community reported a relatively good quality of life, and they are more optimistic than average about managing their health. However, a significant number of residents have chronic diseases.

Social and family support for seniors and adults is lower than average, and children do not have a very good sense of connection to their school. Generally speaking, household incomes are somewhat lower than average, and a large proportion of residents in the labour force are self-employed.

Health behaviours are less favourable than average with respect to the diet of children and youth. In addition, the physical activity and sleep habits of children are among the worst in the province; children also have a higher level of exposure to environmental tobacco smoke than those in most New Brunswick communities.

Access to primary care services is relatively good. People who feel the need to consult a health professional about their mental health are more likely than average to receive such services. But on the whole, St. Stephen area residents are less satisfied than average with the health services 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 2) to facilitate this research.

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

[St. Stephen, Saint Andrews, Campobello Island Area | New Brunswick Health Council \(nbhc.ca\)](https://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 home - English and French	STATC-SCCEN-013	2016
Language most spoken at home - indigenous languages	STATC-SCCEN-014	2016
Language most spoken at work - English	STATC-SCCEN-019	2016
Youth bilingualism - English and French	STATC-SCCEN-001	2016
Adults and seniors - with a disability	PH_PWD01_1	2020
Adults and seniors - Pain-related disability	PH_PWDPA_1	2020
Adults and seniors - Learning disability	PH_PWDLE_1	2020
Health outcomes		
Adults - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Adults - Lonely (based on loneliness score)	PH_SIL04_1	2020
Seniors - Life satisfaction, very satisfied or satisfied	PH_LIF01_1	2020
Seniors - 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
Heart disease	PH_CHCHD_1	2020



Seniors - strongly agree that their health largely depends on how well they take care of themselves	PH_BELDM_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		
Parents - report eating dinner (evening meal) with their children	SP_EAT09_1	2019-2020
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
Adults and seniors - provide long-term care to someone	PH_LTC01_1	2020
Children - feel teachers treat me fairly	SE_SCC04_1	2019-2020
Children - feel safe at school	SE_SCC05_1	2019-2020
Children - feel connected to my school	SE_SCCHI_1	2019-2020
Children - with mental fitness needs highly satisfied by school	SE_MEFSC_1	2019-2020
Self-employed	STATC-SCCEN-043	2016
Work part of the year and/or part time	STATC-SCCEN-052	2016
Household income - less than \$25,000	STATC-SCCEN-056	2016
Median household income	STATC-SCCEN-053	2016
Families with children receiving social assistance or welfare benefits	GNB-SOCDEV-001	2020
Physical environment		
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
Children - live with someone who smokes	SE_SMO01_1	2019-2020
Health behaviours		
Children - Eat breakfast daily	SE_EAT04_1	2019-2020
Children - Eat 5 or more servings of vegetables or fruit daily - parents' point of view	SP_EATFV_1	2019-2020
Children - Eat non-nutritious foods	SE_EATNN_1	2019-2020
Children - Drink non-nutritious sugary beverages	SE_DRINN_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
Youth - Ate meals while watching television 3 times or more in the last 7 days	SH_EAT14_2	2018-2019
Youth - Eat non-nutritious foods	SH_EATNN_1	2018-2019
Youth - Drink non-nutritious sugary beverages	SH_DRINN_1	2018-2019
Youth - Ate at a fast food place or restaurant 3 times or more in the last 7 days	SH_EAT13_2	2018-2019
Children - Moderate or vigorous physical activity	SE_PHY01_1	2019-2020



Children - Sleep 9 hours or more every night	SP_SLE01_1	2019-2020
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
Saw or talked to a health professional about their mental or emotional health, or their use of alcohol or drugs	PH_MHI05_1	2020
Adults - Saw or talked to a health professional about their mental or emotional health, or their use of alcohol or drugs	PH_MHI05_1	2020
Seniors - Saw or talked to a health professional about their mental or emotional health, or their use of alcohol or drugs	PH_MHI05_1	2020
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
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
Family doctor - always helps them coordinate the care from other providers	PH_CRDFB_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

