Population Health Snapshot 2011

-Technical Document-

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New Brunswick Health Council | Conseil de la santé du Nouveau-Brunswick

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The New Brunswick Health Council will foster this transparency, engagement, and accountability by engaging citizens in a meaningful dialogue, measuring, monitoring, and evaluating population health and health service quality, informing citizens on health system's performance and recommending improvements to health system partners.

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How to cite this document:

New Brunswick Health Council, *Population Health Snapshot Technical Document 2011* (NBHC, 2011).

Cette publication est disponible en français sous le titre *Portrait de la santé de la population, document technique 2011*

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Executive Summary

The Population Health Snapshot Winter 2011, is the 3rd report of this type from the New Brunswick Health Council. Similar to our past reports, it seeks to inform individuals, communities and organizations about the health status (outcomes) of the population based on the area or zone in which they live. We also highlight some areas of health determinants which can be influenced or improved upon to have a positive effect on health status (outcomes).

Each indicator in our Snapshot falls within one of two categories:

- Health Status
- Health Determinants (which are grouped into Health Care, Health Behaviours, Socioeconomic Factors and Physical Environment)

The new Winter 2011 provincial and zone Snapshots are updated with the most recent information available to us. Again, four indicators could not be updated because the information comes from Statistics Canada Census data, which is only completed every 5 years. Additionally, we could not update the 'Pap test' indicator as it was not selected for inclusion in the Canadian Community Survey Cycle for 2010. In addition to presenting the latest indicator data, the Snapshot includes a trending column that allows the reader to quickly assess any change from the previous Snapshot.

A green arrow pointing up (▲) signals an improvement in the indicator value.

A red arrow pointing down (▼) signals a worsening in the indicator value.

An equal sign (=) shows no change in the indicator value.

This year's Snapshot was also enhanced by including a new section for every zone called "Community Characteristics" that builds on the demographic profile. We have included the prevalence rates of chronic diseases and the top 10 hospital admissions classified by Case Mix Group (grouping together acute care inpatients that are similar clinically and in terms of resource use) and by area of residence.

The report also includes a section called "Focus—Programs and Policies", which includes existing initiatives that provide communities with ideas for community planning.

Provincial Highlights:

- New Brunswickers continue to show a downward trend when self-reporting or rating their general health. Self-rated health has been shown to be associated with how long we live

and our health care use. In addition, there is a negative trend in 5-year moving averages for premature death rates (heart and stroke, breathing diseases, cancer and injuries), suicide being an exception.

- The health care factors continue to show improvements in access to regular doctor and screening or prevention tests.
- Despite the fact that access to regular doctors has improved in general, less people seem to be visiting their doctors for an annual checkup, a fact that might reflect on effectiveness of screening and prevention of chronic diseases
- Health behaviour factors such as smoking, heavy drinking, and non healthy eating which are all considered significant risk factors for chronic diseases, continue to move in the wrong direction. Physical activity, obesity, stress level and injury prevention (wearing bicycle helmet) are at least moving in a positive direction.
- The major socioeconomic factor of concern in the provincial Snapshot is the unemployment rate which increased compared to "last year", and a worsening rate of being charged for driving under the influence. On the other hand, violent crimes and property crimes are showing minor signs of improvement.
- Physical environment factors showing improvement are exposures to second-hand smoke both at home and in vehicles and public places, but sense of community belonging is on the declining trend.
- Significant gender differences in premature death rates, with males exceeding females in death rates by cause (especially in relation to heart and stroke and injuries).
- Except for elderly flu shots, females seem to be accessing healthcare more than males, yet they are less satisfied by the overall healthcare system and the hospital services.

The overall observation for this year's provincial Snapshot is that, in general, the health care factors are showing improvement with respect to better access and more intervention care but these factors contribute marginally to better population health from either life expectancy or from a quality of life perspective. Heart diseases related conditions have a major impact on hospital admissions (4 of the top 10), most likely related to the high rates of high blood pressure (22.7%) and heart diseases (8.3%) in New Brunswick. Breathing diseases/COPD continue to raise a flag as it ranks third in the top 10 reasons for hospital admissions despite lower prevalence rates in the population (2.7%).

Accordingly, New Brunswickers need to develop ways to address the determinants of health in our individual communities based on flagged areas for attention in order to shift the course towards better health and well-being of our population. Establishing policies and planning around the determinants of health will be vital; it will represent great opportunities for community level action and mobilization around key priorities for community planners, social inclusion networks and wellness networks. Joint efforts between communities and government department representatives will be the key for provincial policy and planning that lead to a better engaged and healthier New Brunswick population.

Snapshot

- Description-

Population Health

refers to the health of a population as measured by health status indicators and as influenced by the health determinants.

The snapshot is a representation of the health of the population, at a given point in time, depending on the availability of data. It is a one page document that focuses on both the ***Health Status*** and the ***Health Determinants*** of a population.

1 - The ***Health Status*** equally weights length and quality of life as its two main sources of outcome related indicators.

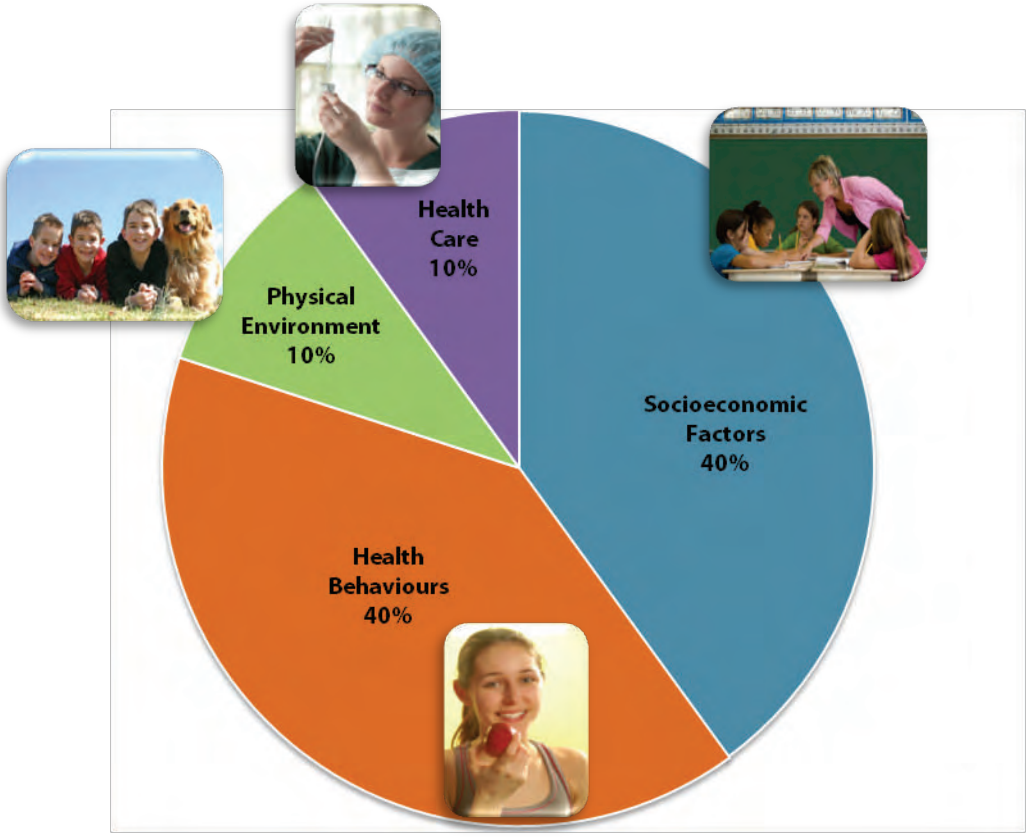
2 - The ***Health Determinants***, as per The *Public Health Agency of Canada,* are the following:

- Social, economic and physical environments,
- Personal health practices and behaviours,
- Individual capacity and coping skills,
- Human biology,
- Early childhood development,
- And health services.

The goal of the ***Population Health Snapshot*** is to inform individuals, communities, and organizations about their health status with respect to the population in which they live, and highlight some areas of health determinants which can be influenced or improved to have a positive effect on health status.

The model we have chosen to represent Population Health in New Brunswick has been adapted from various population health models such as the University of Wisconsin Population Health Institute – Wisconsin County Health Rankings and modified to fit our needs. We have also kept a Canadian perspective by taking into account the determinants of health as indicated by the *Public Health Agency of Canada.*

Based upon review of the literature and expert opinions on how these determinants contribute to health and by how much, we are using the following model as a guide as to what influences our health:



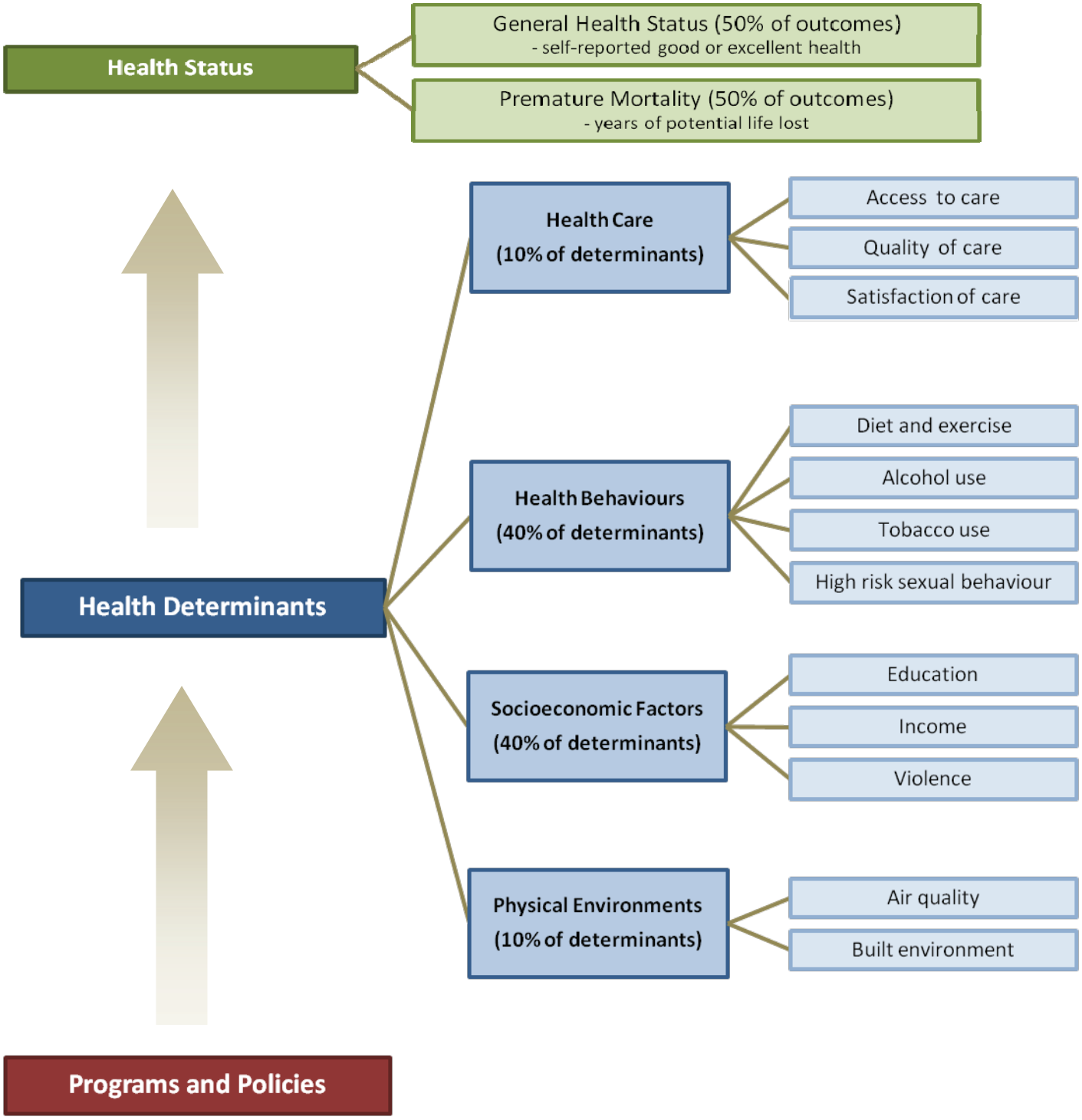
This model regroups determinants of health that can be influenced by programs and policies. It also takes into account citizen involvement in their own health and well-being as well as external factors which can influence the health of the population.

Everyone wants to be as healthy as possible.

The purpose of this tool is to showcase information on a single page in order to focus on areas which require improvements.

Specifically, the following demonstrates what we have chosen as indicators under the

Health Status and the ***Health Determinants*** of a population.



Community Characteristics

Understanding the demographic make-up and the health conditions in a community provides the context/window that enables visualizing where determinants of health are leading, thus allows projecting the potential impacts on the demand and utilization of health services.

Putting the different pieces of the puzzle together provides a comprehensive/clearer picture that can be leveraged in developing, prioritizing and assessing impacts of policies, programs and services, or community initiatives over time.

This section of the report, consisting of: “The top 10 hospital admissions”, “The top 10 chronic health conditions” and “The demographic characteristics”, helps answer: “What makes the community less/more well?” thus addresses the areas in need for improvement.

The section on “The determinants of health” helps answer “Are the factors determining good health and well being changing for the better or worse?”, “Which factors and for whom are they changing the most?”, and “Which factors require more attention and intervention?”

Our ***New Brunswick population Health Snapshot*** is depicted in two ways:

Provincial Snapshot

In this snapshot we look at the New Brunswick population as a whole, comparing male and female averages with the overall provincial average. One of the objectives of the provincial snapshot is to see where New Brunswick stands with respect to the various indicators, in relation to the other Canadian provinces and territories. A second objective is to demonstrate whether there has been a change in ranking for New Brunswick compared to the previous snapshot.

Zone Snapshot

We have created 7 snapshots, one for each health zone. Each of these zones is compared, whenever possible, with each other zone for every indicator. The goal of the health zone snapshot is to provide information on specific health determinants which are highlighted as doing well (ranked 1, 2), Caution (ranked 3, 4, 5), or lagging (ranked 6, 7). The rating is done by best (1) to worst (7). By comparing zones, some zones will always do better than others; ultimately, this can lead to encourage continuous improvement within the zone and affect the health of all New Brunswickers. Included also are arrows indicating if the rank, compared to the last snapshot, within each zones has improved, worsened or stayed the same within New Brunswick.

The zones are defined as the following *(see appendix section for exact description of each health zone*):

Zone 1: Moncton / South-East Area

Zone 2: Fundy Shore / Saint John Area

Zone 3: Fredericton / River Valley Area

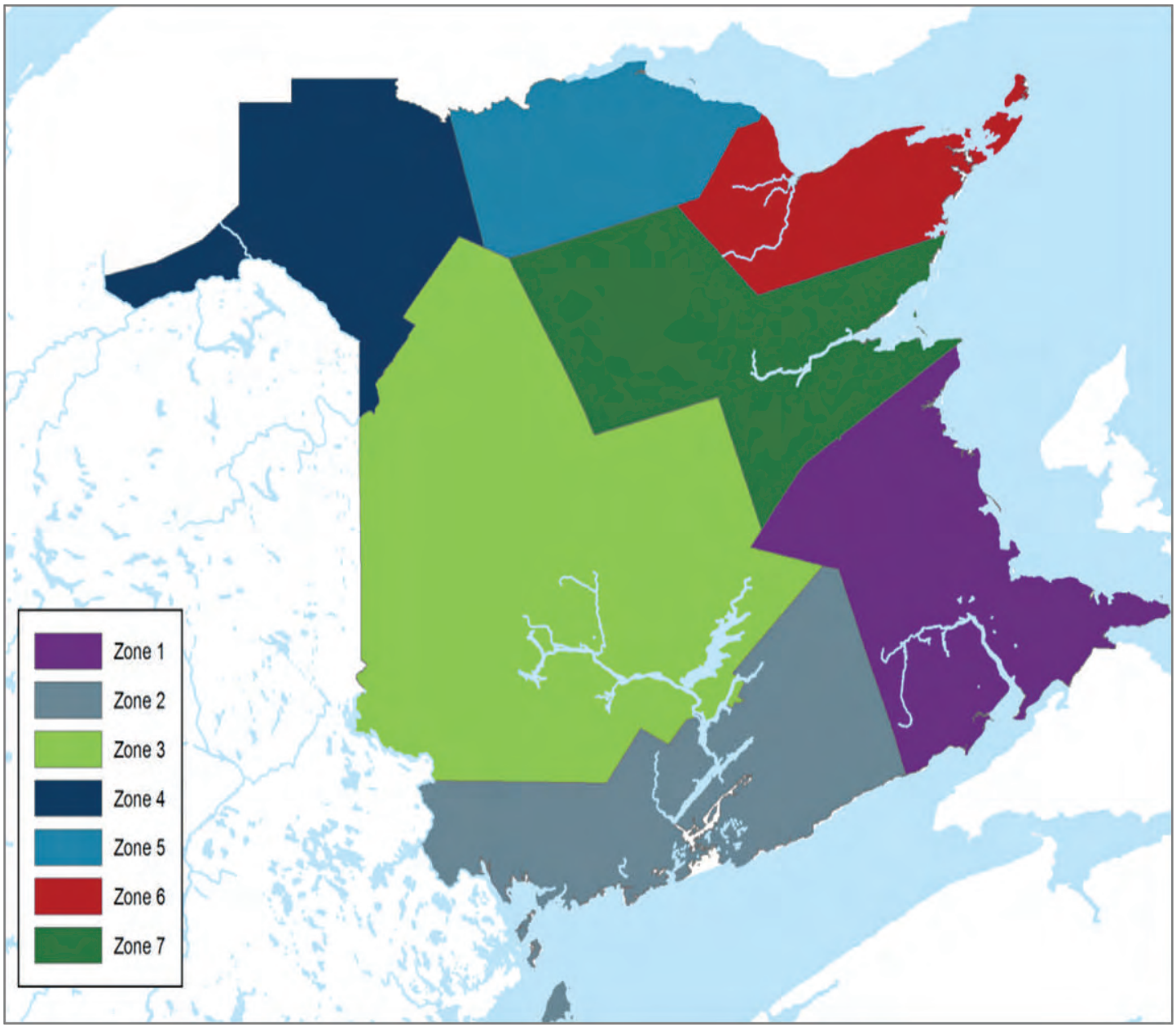
Zone 4: Madawaska / North West Area

Zone 5: Restigouche Area

Zone 6: Bathurst / Acadian Peninsula Area

Zone 7: Miramichi Area

New Brunswick Health Zones



The indicators provided in this report are intended to contribute to our understanding of population health at the provincial and zone levels. They are individual measures that capture a key dimension of health, of the health system or of some of the factors affecting health. Individually they are not as strong of an indicator, but when looking at them together, they paint a very distinct picture of population health.

We have chosen 42 indicators to reflect the current health of New Brunswickers. Each indicator narrative will provide the definition, source and contextual information on the importance of that indicator in our population health model.

Data limitations

We have used information from statistical surveys, such as the Canadian Community Health Survey (CCHS), to display quantitative information. The target population of this survey are individuals living in private dwellings aged 12 years and over with the exclusion of those living on Indian Reserves and Crown Lands, residents of institutions (such as long term care homes), full-time members of the Canadian Forces and residents of some remote areas. The number of people interviewed in each province and territory is such that the information, for the most part, is representative of the provinces, territories, and zones at a given point in time. Occasionally you will see results where the number may be of more variability due to the small number of respondents. We have indicated these with a caution symbol to ensure they are interpreted with caution. Since 2007, data for the Canadian Community Health Survey (CCHS) are collected yearly instead of every two years. For New Brunswick, this means reporting data with smaller sample sizes when reporting annual snapshots.

We acknowledge that responding to any survey is voluntary, and can be subject to the perspective of the respondent.

The information reflected in our snapshot, in some instances comes from as early as 2006. We have used the most up-to-date information available to us at this time in all cases. For some indicators, this meant using New Brunswick only data (such as information from the New Brunswick Vital Statistics database), which limits our capacity to compare our information on a national front, but gives us more up-to-date information.

Model limitations

The model is limited by the data we have been able to acquire for the different indicators. To improve the quality of the model, we need to continue working with partners and stakeholders to acquire a wider variety of quality data and the newest available data. This would create a more comprehensive picture to better understand the health of the New Brunswick population.

The model is a representation of information and does not represent the detailed story associated with the health status from the interaction of the determinants in each health zone. This information will help with the recommendations around specific areas.

The Population Health Snapshot is a work in progress that will evolve to better represent the health of the population as we find new and better quality data sources and indicators and work at investigating the story behind the numbers with various stakeholders.

Focus:
- Programs and Policies -

The NBHC utilizes the determinants of health within four categories: Health Care, Health Behaviours, Socioeconomic Factors, and Physical Environments. However, while the built environment is measured in the category of Physical Environments through its influence on sense of community belonging, the built environment is also a catalyst within other categories, such as Health Behaviours (diet and exercise) and Socioeconomic Factors (crime & violence).

Programs and policies regarding the built environment are certainly not the only ones to affect the health of New Brunswickers. Similar relationships exist in other sectors, such as the role of the Department of Education in promoting physical education, early childhood development programs, autism services, and increasing literacy rates; as well as some unusual suspects such as Business New Brunswick, in encouraging business expansion in the province and promoting business retention, both of which lead to an increase in the average income of New Brunswickers.

As a matter of fact, the list of possibilities is quite extensive. What follows is a look at how programs and policies influence the built environment from a population health perspective. They determine such things as housing, connectivity, street patterns, population density, and even increased wages and productivity. Where people live and the design of the communities or neighbourhoods they reside in play a role in determining what mode of travel will be used, the lifestyle adopted, and how sustainable and efficient our place of living will be; and thus we see the consequences to population health.[1] A greater understanding of this relationship is required, not only by citizens, planners, developers, municipalities, and planning commissions, but by health professionals as well.

[1]This has been highlighted in numerous documents. Including:
Lawrence Frank, Sarah Kavage and Todd Litman (2005). Promoting public health through Smart Growth; Building healthier communities through transportation and land use policies and practices. Prepared for Smart Growth BC. http://www.smartgrowth.bc.ca/Portals/0/Downloads/SGBC_Health_Report_FINAL.pdf
Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Health Weights (2011), http://ourhealthourfuture.gc.ca/home/curbing-childhood-obesity-a-federal-provincial-and-territorial-framework-for-action-to-promote-healthy-weights/

Programs & Policies – Community Planning

New Brunswick's Community Planning Act is an essential tool that allows municipalities and planning commissions to develop community plans at the local level, including planning policies and objectives that steer how developments are to be built in our communities. Moreover, the Act enables individual councils to adopt, planning instruments such as Development Schemes for the purposes of amplifying a desired effect within a municipality's plan or targeting a neighbourhood for a specific development purpose.[2] While municipal plans are widely known and utilized in the province, Development Schemes are not so well known.

New urbanism, Smart Growth,[3] and sustainability principles promoted by such organizations as Agenda 21[4], Ahwahnee[5], and the Natural Step[6], are planning philosophies spreading throughout the developed world at the moment. Stemming from these philosophies are a number of strategies that can be used to implement them. One of these is referred to as Planned Unit Development (PUD) where the development is planned and built as a unit. An example is the Sustainable Community Design for Subdivisions. We are seeing more and more plans across the province incorporating sustainability development principles to varying degrees, but not necessarily advocating for a specific planning technique.

[2] Government of New Brunswick, *New Brunswick Community Planning Act*, http://www.gnb.ca/0062/PDF-acts/c-12.pdf (Information retrieved January 31, 2012)

[3] Andres Duany and Jeff Speck with Mike Lydon (2010). The Smart Growth Manual. McGraw Hill, New York.

[4] UN Department of Economic and Social Affairs; Division for Sustainable Development, http://www.un.org/esa/dsd/agenda21/ (Information retrieved January 31, 2012)

[5] Local Government Commission, The Ahawahnee Principles for Resource–Efficient Communities, http://www.lgc.org/ahwahnee/ahwahnee_principles.pdf (Information retrieved January 31, 2012)

[6] The Natural Step, http://www.naturalstep.org/ (Information retrieved January 31, 2012)

Examples:

- Implementation of sustainable principles: Town of Bouctouche Green Plan[7] and the City of Saint John PlanSJ[8]

  The Town of Bouctouche Green Plan and PlanSJ include sustainable principles. Such plans promote neighbourhood liveability, less traffic congestion, development in already developed areas, sharing the benefits of less suburban sprawl, more efficient use of municipal resources, and maintaining open space.

- Implementation of a planning technique: The New Brunswick Department of Environment and the City of Dieppe (Le Village en haut du ruisseau)

  The New Brunswick Department of Environment is charged with provincial and community planning. It is actually the keeper of the Community Planning Act. It has developed a seminar promoting Sustainable Community Design for Subdivisions and the trend[9] is intended to create PUDs in neighbourhoods that promote conservation of pre-existing elements toward a greater sense of community - all through active design. The City of Dieppe has adopted this approach in a neighbourhood adjacent to the Fox Creek Golf Club, still under development, called Le Village. Moreover, projects incorporating Sustainable Community Design for Subdivisions are also underway in Fredericton, Saint John, Oromocto, and Hartland. [10]

Many municipal plans in the province treat urbanism solely as a development mechanism, and as such, pay little attention to the potential of these planning instruments to promote healthier communities and healthier New Brunswickers. Therefore, even when sustainable development principles are promoted in communities, it is crucial that decision-makers and developers implement planning techniques in order to realize the sustainable objectives which have been promoted.

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[7] Ville de Bouctouche, http://www.bouctouche.ca/site/files/PlanVert.pdf
(Information retrieved January 31, 2012)

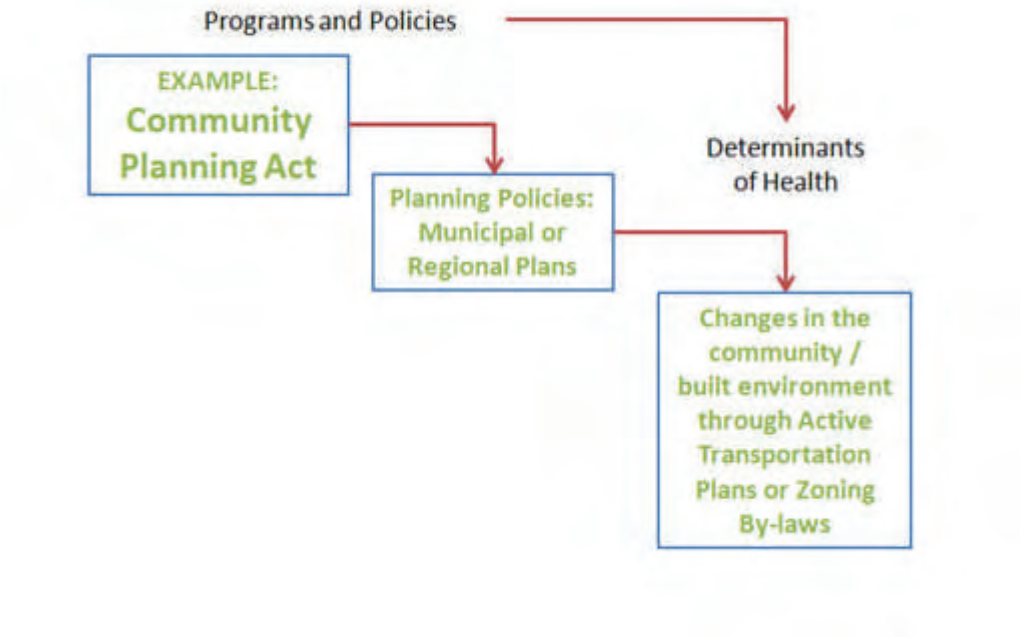
[8] City of Saint John, http://www.saintjohn.ca/en/home/cityservices/developmentgrowth/communityplanning/plansj/default.aspx
(Information retrieved January 31, 2012)

[9] Randall Arendt (2010). Envisioning Better Communities; Seeing more options, making wiser choices. The American Planners Association, Chicago.

[10] *Times & Transcript*, Brent Mazerolle, "New subdivision design concept reduces human footprint; Dieppe's Le Village spreading the word on benefits of using simple measures to make communities more sustainable," Friday, Sep 9, 2011, B3.

The Determinants of Health and Changes in the Built Environment

Changes in the built environment take on a number of forms, from wide-ranging rules on subdivision design to implementing active transportation plans. Indeed, sustainable principles look at the built environment from a number of descending perspectives: the region, the community, the neighbourhood, the street, and the site. These changes in the design of our communities affect the lifestyle decisions we make, especially about travel – by automobile, by bicycle, by walking, or by transit.



Why has acceptance of sustainable development principles been so difficult to achieve among New Brunswick municipalities? There are valid concerns that cannot simply be brushed aside.

- Planning according to size
  - ⇒ Rural, suburban, and urban communities have different needs and capabilities, therefore the scope of a municipality's capabilities changes as well. Moreover, subjecting villages to the same planning requirements of cities makes as much sense as subjecting cities to the requirements of village planning.
  - ⇒ The District Planning Commissions in the province, charged with much of the planning occurring within Local Service Districts (LSDs are unincorporated areas of New

Brunswick), have their own set of challenges. The lack of a provincial vision or stated public policy outlining development patterns in the LSDs makes regional planning very much an administrative function rather than what the Canadian Institute of Planners defines as planning: "the scientific, aesthetic, and orderly disposition of land, resources, facilities and services with a view to securing the physical, economic and social efficiency, health and well-being of urban and rural communities." [11]

- Competing Priorities and Misalignment of Priorities

  ⇒ Community plans (including municipal and rural plans for municipalities and LSDs) exist throughout the province in a variety of forms; the flexibility that allows community plans to be developed within such variety also makes enforcement of these policies subject to public and political pressure – often to the detriment of what was intended within the plans.

  ⇒ Change requires discussion, time, and commitment. However, unilateral decision-making often requires more time through delays, controversy, litigation, and alienation of stakeholders. Public and stakeholder participation builds consensus and leads to increased ease of implementation, while maintaining the credibility of all involved. The current culture of community development has not generally encouraged such cooperation among the various stakeholders.

  ⇒ There is the mistaken perception that budgetary restraints do not allow communities the luxury to think "outside-the-box" or allow communities to create plans unique to their community and/or environment.

- Previous Developments

  ⇒ Planning decisions and choices made in the past can have consequences that last decades, and in some cases, generations.

- Legislation and other planning instruments (by-laws and regulations)

  ⇒ While the Community Planning Act is a powerful tool for planners, developers, municipalities, and planning commissions, this tool is often not fully understood, appreciated, or capitalized on by all the stakeholders. Meanwhile, citizens depend upon these stakeholders for interpretation. The Act was first adopted in 1973 and requires a major overhaul to render it more user-friendly.

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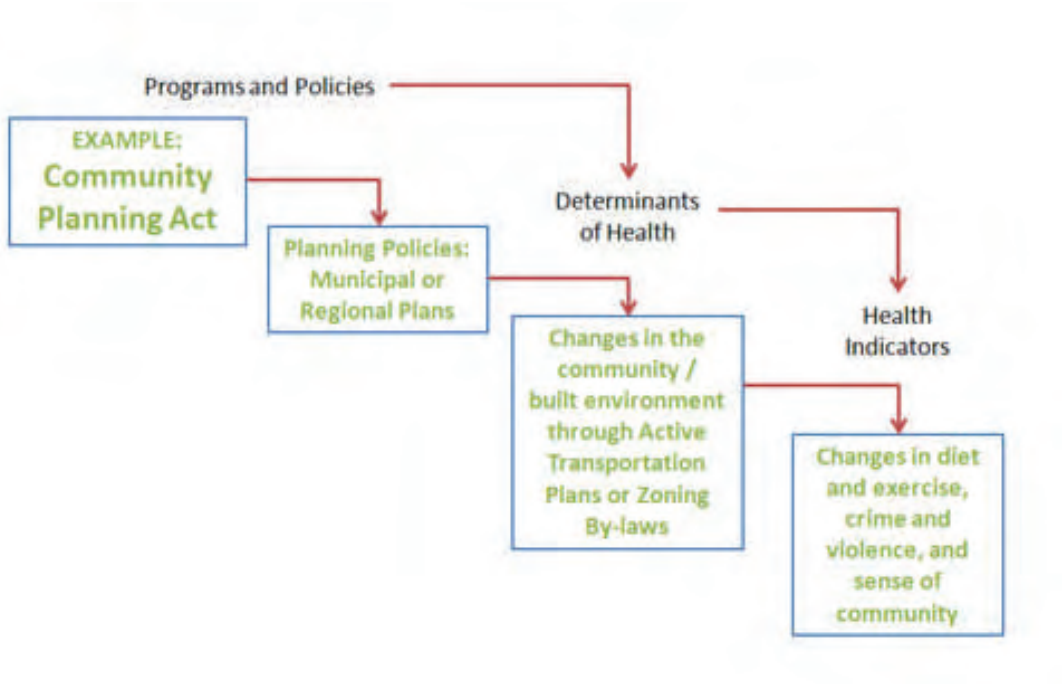
[11] Canadian Institute of Planners website: http://www.cip-icu.ca/web/la/en/pa/3FC2AFA9F72245C4B8D2E709990D58C3/template.asp (Information retrieved January 31, 2012)
The need for a provincial vision has also been highlighted by the twelve planning commissions in the province in their submission to the consultations on Local Governance Reform.
http://www2.gnb.ca/content/dam/gnb/Corporate/pdf/Promos-LG/Submissions/PlanningCommissions.pdf

⇒ "Communities have adopted planning instruments (e.g., community plan, zoning by-law, subdivision by-laws) that relate to the minimum to attain in relation to planning requirements. These documents are often very prescriptive in setting standards but do not promote sustainable principles. They are adopted more to facilitate the administrative requirements of Departments and organizations than to promote sustainable community designs for developments." [12]

⇒ Change is sometimes seen as an invitation to unnecessary conflict between various decision-makers rather than an opportunity to solve problems.

Health Indicators and Changes in Behaviour



Changes in behaviour occur as a result of policy changes, in this case, those revolving around the built environment. In terms of the Population Health Snapshot and the indicators measured within, three sets of indicators are significant: diet and exercise, crime and violence, and sense of community.

[12] Government of New Brunswick, Department of Environment. Online seminar developed by Daniel Savard, Sustainable Community Design for subdivisions: (New conservation language for subdivisions). http:/ www.gnb.ca/0009/0136/0005/index-e.asp (Information retrieved January 31, 2012)

- Diet and exercise

The NBHC measures this through a number of different indicators. Ultimately, changes in design will lead people to change their activity habits by influencing their desired mode of travel. When a neighbourhood is more welcoming to pedestrians through more appealing routes, sidewalks, reduced traffic speeds, it thus increases the likelihood that people will walk or bicycle. Moreover, accessibility to nearby stores or restaurants as well as the inclusion of urban agricultural aspects (urban farming) within subdivisions allows people to select a non-automobile option. These factors can be incorporated into the design of a subdivision and included in the entire built environment.

Additionally, the Active Healthy Kids Canada Report Card 2011 suggests unhealthy behaviours are being passed down to the younger generations through poor role modelling[13]. Hence, communities must be cognizant of the need to design recreational plans that promote adult physical activity as well.

- Crime and violence

Crime and violence is greatly influenced by the design of the built environment. When developed correctly, neighbourhoods that promote eyes on the street, effectively a resident sitting on their porch or homes built closer to the street, can lead to decreases in crime. [14] Fear of crime is also thought to contribute to poor health outcomes. Indeed a strategy of crime prevention through building site design has taken shape in the United Kingdom and parts of Australia. [15]

- Sense of Community

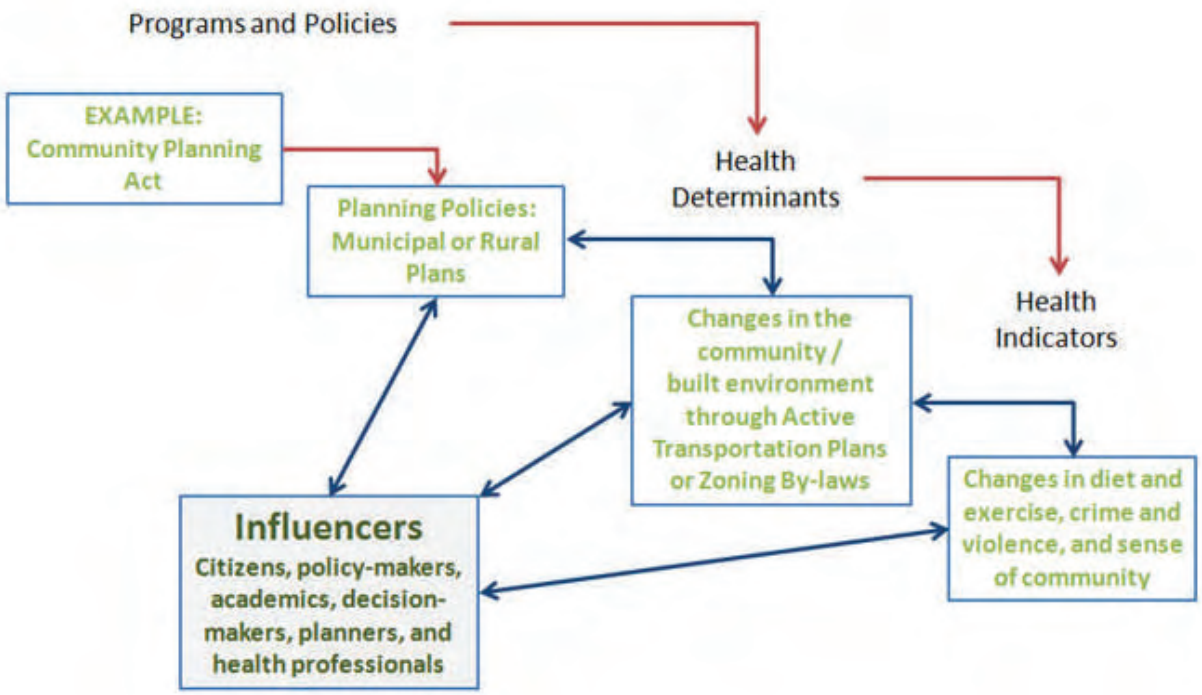
In terms of sense of community, research has shown a high correlation of sense of community with physical and mental health. Individuals who feel isolated and alienated from their communities, or who lack supportive friends and family, often experience poorer health status than those individuals who have a robust social network. Communities can require that the design of neighbourhoods incorporate factors where people feel closer to each other and therefore, feel at their ease to talk to their neighbours and share activities with them. The width of streets and distance from front porches between neighbours, location of trees and green space, and height and size of buildings can greatly influence behaviour and the way of life of residents.

[13]Active Healthy Kids Canada (2011). Don't Let This Be The Most Physical Activity Our Kids Get After School. The Active Healthy Kids Report Card 2011. Toronto. http://dvqdas9jty7g6.cloudfront.net/reportcard2011/ahkcreportcard20110429final.pdf
(Information retrieved January 31, 2012)

[14]Growing Smarter, Living Healthier; A Guide to Smart Growth and Active Aging (2009). U.S. Environmental Protection Agency in collaboration with the Aging Initiative, Protecting the Health of Older Americans, Washington, DC. http://www.epa.gov/aging/bhc/guide/
(Information retrieved January 31, 2012)

[15]Paul Cozens (2007). NSW Public Health Bulletin, "Public health and the potential benefits of Crime Prevention Through Environmental Design." Vo. 18, issue 11-12. http://www.publish.csiro.au/?paper=NB07025
(Information retrieved January 31, 2012)

Influencers



Stakeholders (citizens, policy-makers, academics, decision-makers, and health professionals) play a significant role in the entire process. First, these New Brunswickers can influence the development of their community plans, either through a structured method of community and stakeholder engagement or simply through the selection of municipal council during election time. Also, concerns about a development can be raised with the local planning commission.

Second, stakeholders have an opportunity to contribute to the development of active transportation plans and/or integrated community sustainability plans (ICSPs). In those communities where such plans have already been devised, stakeholders are equipped to ensure that plans are followed through. Therefore these plans can not only promote healthy communities, but also promote public accountability.

Third, citizens themselves have an individual role to play. There is a place for taking ownership of one's health and of making healthy choices regarding modes of transportation, selecting which neighbourhood to live in, and being a partner to contributing to one's sense of community. As we

have seen, the built environment affects the level of difficulty in playing this role.

And finally, New Brunswickers are not restricted to their municipalities for achieving change to the built environment. Through similar-minded organizations New Brunswickers can include numerous partners to accomplish desired change. These bodies may be better positioned as a whole to realize change in a given area. They include the regional health authorities; the Provincial Wellness Network; Healthy Eating Physical Activity Coalition of New Brunswick; community health centres; and a variety of non-profit organizations.

As the directional arrows highlight, with the involvement of the various influencers, we see the relationship can become more dynamic. Rather than a traditional top-down approach, the possible associations can be either top-down or bottom-up, and the degree of involvement from the influencers can fluctuate as well, depending on their community needs or desire to partner.

- Example – The Mouvement Acadien des Communautés en Santé du Nouveau-Brunswick.

  This non-profit, community-action group promotes the concept of healthy communities; in particular, they encourage communities and local populations to take ownership of their health through a collective approach toward wellness. The group strives to mobilize and support a network of communities and local populations from the Acadian region of New Brunswick. [16]

- Example – Sentier NB Trail[17].

  This provincial organization has a simple vision: "Trails connecting communities." It aims to achieve this vision through the promotion of non-motorized usage of trails in the province. Some trails help develop our sense of community as well providing a safe place to exercise and enjoy the outdoors, like the waterfront trail in the City of Edmundston. Other trails promote a sense of the larger community, such as the trail linking the cities of Edmundston and Grand Falls; and other trails an even larger community, like the interprovincial trail between Edmundston and the Quebec border.

[16] *Mouvement Acadien des Communautés en Santé du Nouveau-Brunswick,* http://www.macsnb.ca
(Information retrieved January 31, 2012)
[17] Sentier NB Trail, http://www.sentiernbtrail.com/
(Information retrieved January 31, 2012)

- Example – Western Valley Recreation Association.[18]

  This group helps promote healthy living among residents of the western valley area of New Brunswick: the communities of Florenceville-Bristol, Nackawic, Perth-Andover, Plaster Rock, and Woodstock. The organization promotes the area Positive Recreation Opportunities for Kids (P.R.O. Kids)[19] initiative, as well as maintaining a centre for coaching, numerous recreational events, and provides access to a full time recreation specialist. [20]

Final Remarks

Health professionals also need to go beyond the usual. Staying within the medical and bureaucratic corridors of the health care system is insufficient to meet the needs of New Brunswickers today. That is why a recent set of recommendations by the Canadian Medical Association included one which "Encourage physicians to support services that address determinants of health that now lie outside the health care sector."[21] This includes those programs and policies that affect the built environment, as well as those within other sectors, such as in education and the economy as highlighted earlier.

For local decision-makers moving communities toward greater sustainability can take the form of promoting healthier and safer communities that help attract people and employers to their area and keep those that are already there. Sprawl is also an issue in New Brunswick for all municipalities. The current LSD system allows people the opportunity to reside outside of municipalities, encouraging automobile usage and discouraging smarter growth. And finally, as more money is devoted to funding the health care system, less money is made available for municipal infrastructure projects and local governments.

[18] Western Valley Recreation Association, http://www.wvra.ca/
(Information retrieved January 31, 2012)
[19] Positive Recreation Opportunities for Kids information available on the Western Valley Recreation Association website, http://www.wvra.ca/html/prokids.php
(Information retrieved January 31, 2012)
[20] Western Valley Recreation Association, http://www.wvra.ca/
(Information retrieved January 31, 2012)
[21] Canadian Medical Association, Report of the Advisory Panel on Resourcing Options for Sustainable Health Care in Canada. http://www.cma.ca/multimedia/CMA/Content_Images/Inside_cma/Annual_Meeting/2011/AdvisoryPanelReport_en.pdf and http://www.cma.ca/advisory-panel-calls-for-reforms
(Information retrieved January 31, 2012)

"Suburban sprawl has emerged as a powerful social force, beginning at the end of World War II. It's transformed people's lives and stretched public resources. Sprawl keeps happening because governments not only allow it: they encourage it."[22] It is easier to maintain the status-quo than seek out alternatives that can steer communities toward more sustainable, and ultimately healthier, practices.

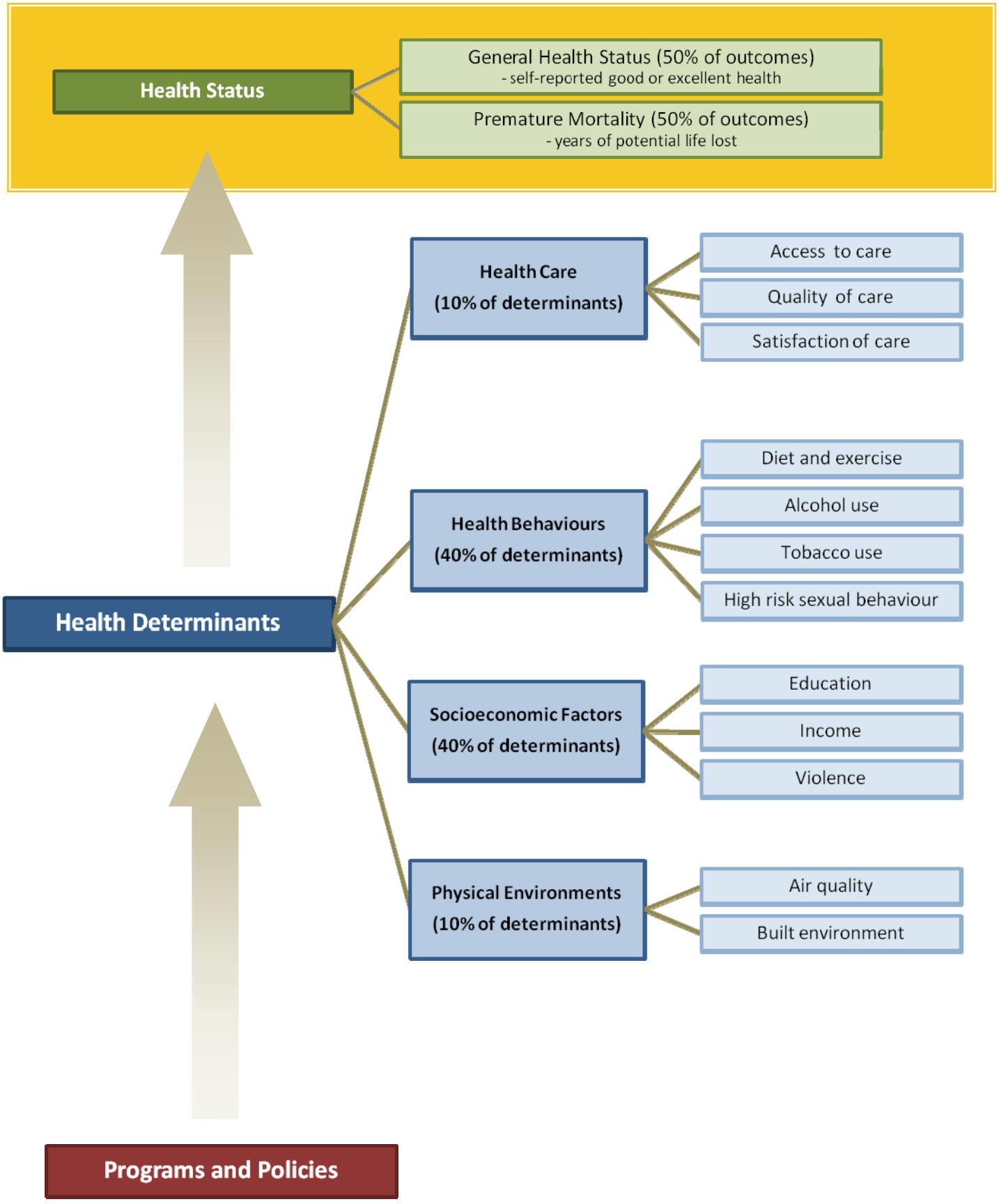
It is essential that health professionals develop a better understanding of planning issues and how they affect the determinants of health. The difficulty achieving health objectives is only compounded by the failure to appreciate the full impact of the built environment on the determinants of health specifically and population health in general. Concurrently, planners, developers, municipalities, and planning commissions need to expand upon their comprehension of health beyond hospitals and health professionals to include the role they play in determining the population health status of New Brunswickers. Indeed, all parties have a mutual interest in providing citizens with safe and healthy communities in which to live, work and play.

[22] *Rochester City Newspaper*, Jeremy Moule, "Development: Sprawling communities, spiraling costs, February 9, 2011. http://www.rochestercitynewspaper.com/news/articles/2011/02/DEVELOPMENT-Sprawling-communities-spiraling-costs/ (Information retrieved January 31, 2012)

Section 1

Population Health Status

The Population Health Status equally weighs quality and length of life.


Health Status
General Health Status (50% of outcomes)
- self-reported good or excellent health
Premature Mortality (50% of outcomes)
- years of potential life lost
Health Determinants
Health Care
(10% of determinants)
Access to care
Quality of care
Satisfaction of care
Health Behaviours
(40% of determinants)
Diet and exercise
Alcohol use
Tobacco use
High risk sexual behaviour
Socioeconomic Factors
(40% of determinants)
Education
Income
Violence
Physical Environments
(10% of determinants)
Air quality
Built environment
Programs and Policies

Actual indicator: Perceived health, very good or excellent

Source: Statistics Canada, Canadian Community Health Survey, 2010.
CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported perceiving their own health status as being either excellent or very good. Perceived health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as: incipient disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function. Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding.

Why is this indicator important?

Self-reported health is now among the most common measures used in public health surveys in Canada and its peer countries. It represents the physical, emotional, and social aspects of health and well-being.

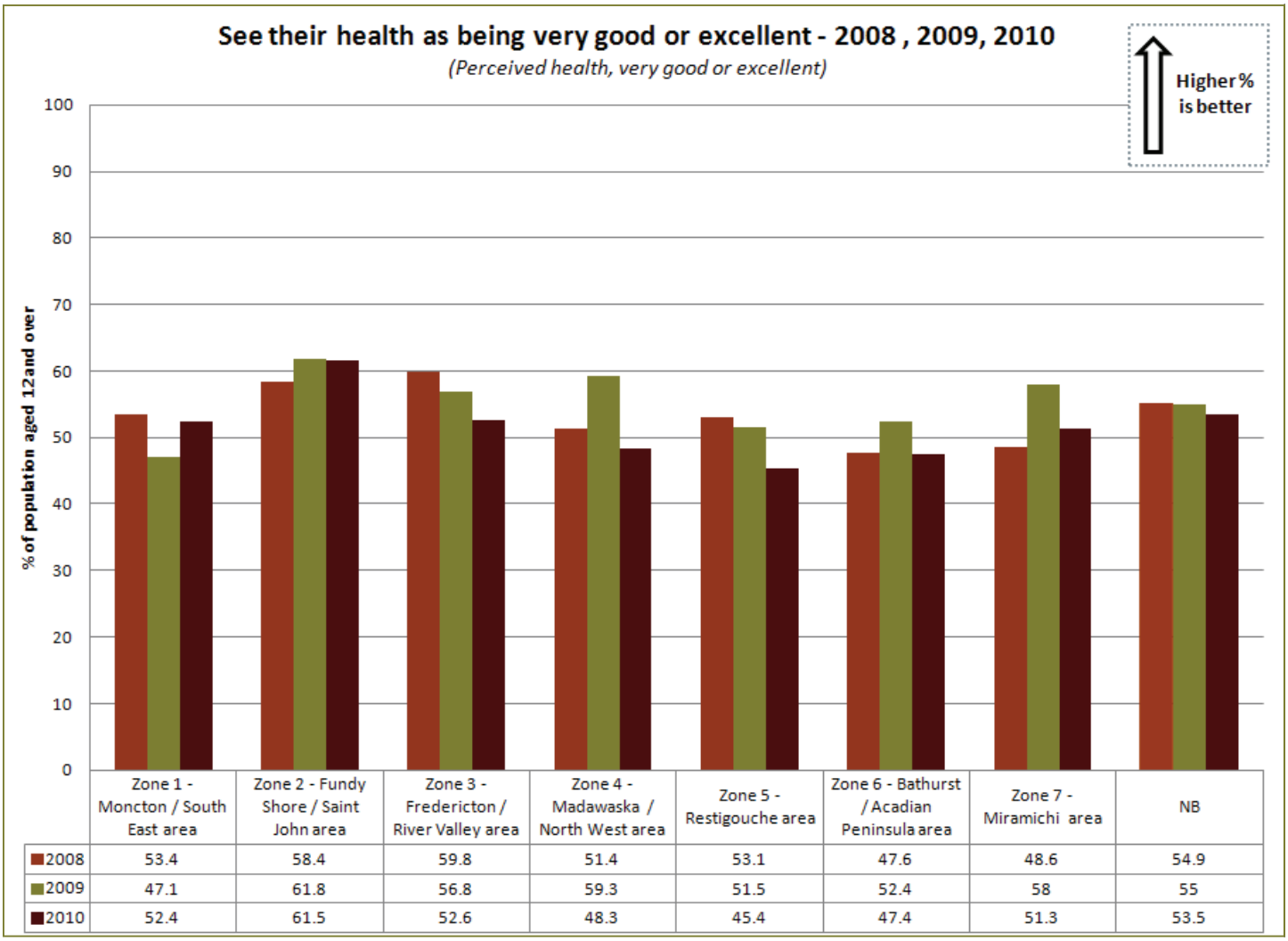
> ***Mortality*** – Past studies have demonstrated a reliable inverse association between self-rated health and mortality, meaning people who perceive their health as being very good or excellent tend to live longer.
>
> ***Lower income and education*** – It was noticed that having poorer clinical and perceived health were important factors when lower income and education came into play.
>
> ***Health services utilization*** – Ill-health perception is associated with increased health services utilization

What are some limitations of this indicator?

Some researchers suggest a person's judgment about his or her health is too subjective. Others note that cultural differences between countries will influence how people evaluate their health. Still, people's perceptions of their own health have been found to be a predictor of future health care use and mortality rates. Self-reported health is also linked to age, with older people more likely to report poor health than younger people.

See their health as being very good or excellent - 2008 , 2009, 2010

(Perceived health, very good or excellent)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	53.4	58.4	59.8	51.4	53.1	47.6	48.6	54.9
2009	47.1	61.8	56.8	59.3	51.5	52.4	58	55
2010	52.4	61.5	52.6	48.3	45.4	47.4	51.3	53.5

Actual indicator: Perceived mental health, very good or excellent

Source: Statistics Canada, Canadian Community Health Survey, 2010.
CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported perceiving their own mental health status as being excellent or very good. Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in self-reported (physical) health.

Why is this indicator important?

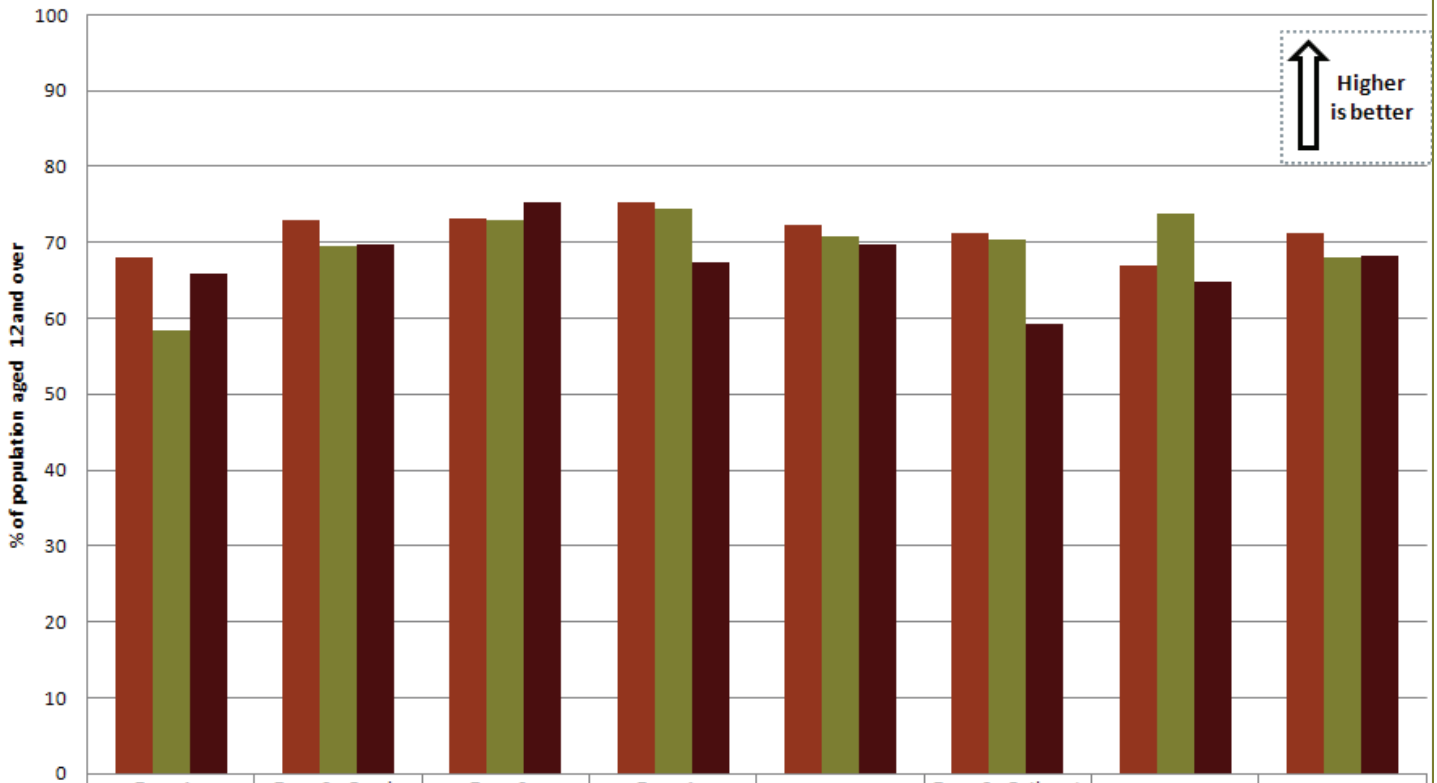
Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress. This is not necessarily reflected in perceived health. It has also been shown in the literature as being related to mortality, high job strain, and psychological distress.

Mental health is fundamental to an individual's overall health and the health of communities. It is essential to personal well-being and the ability to lead a healthy, balanced and productive life. Mental health disorders often occur in younger people and their frequency and chronic course make them a notable cause of disability.

According to the World Health Organization, five of the 10 leading causes of disability are related to mental disorders. It predicts that in less than 20 years, depression will be the second-leading cause of disability in the world.

See their mental health as being very good or excellent - 2008, 2009, 2010

(Perceived mental health, very good or excellent)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	68.1	72.9	73.1	75.2	72.2	71.3	66.9	71.3
2009	58.5	69.6	72.9	74.4	70.7	70.4	73.8	68.1
2010	65.8	69.7	75.3	67.3	69.7	59.2	64.9	68.3

Actual indicator: Pain or discomfort that prevents activities

Source: Statistics Canada, Canadian Community Health Survey, 2010.
CANSIM table no.: 105-0501

Definition:

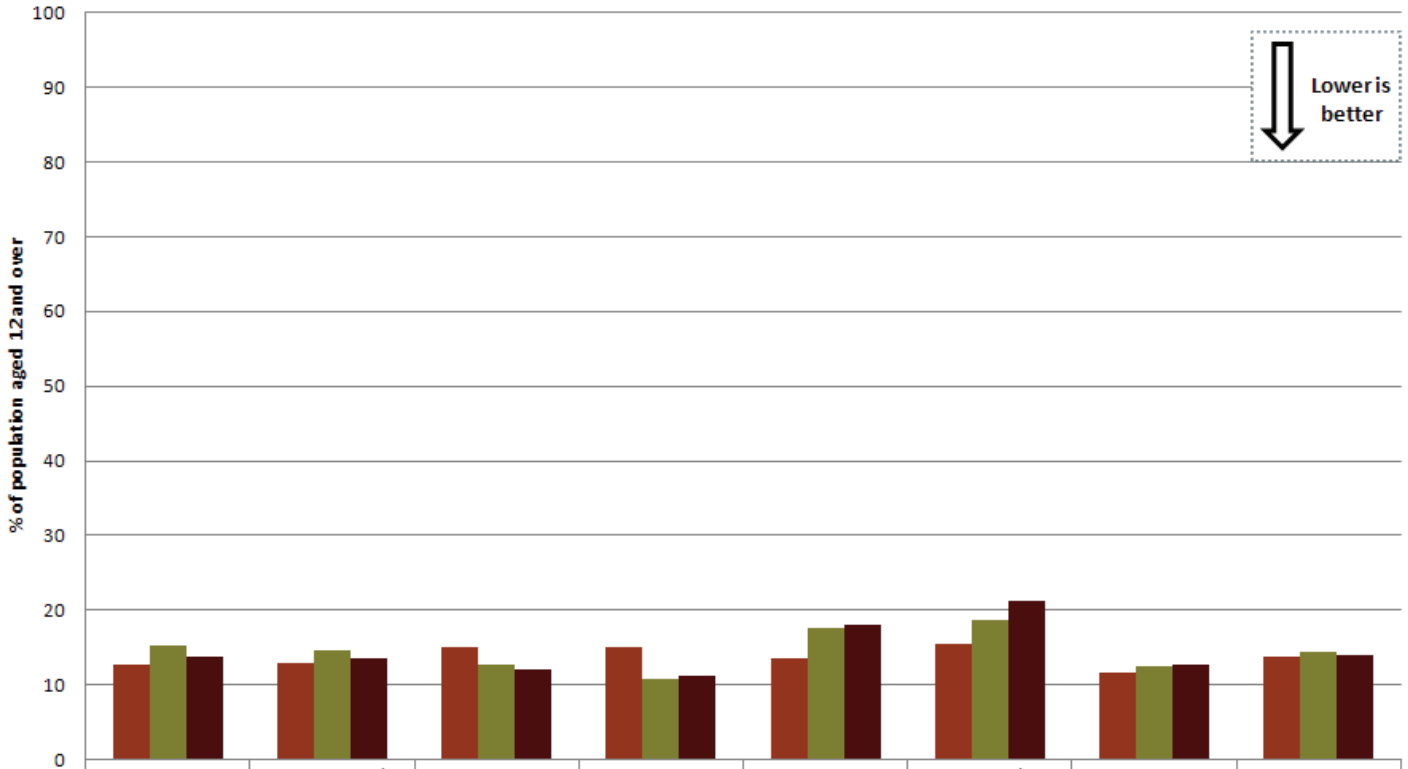
Population aged 12 and over who report having pain or discomfort which prevents activities.

Why is this indicator important?

In combination with perceived health and perceived mental health, this helps indicate the level of disability one can have. Pain or discomfort that can prevent social/recreational activities or normal living activities can be very discomforting and can reflect a level of chronic pain. ***People with the most pain related disability tend to make use of primary care visits, increased emergency room visits and more often have a higher hospital admission rate***.

Pain or soreness that prevents activities (physical or emotional) - 2008, 2009, 2010

(Pain or discomfort that prevents activities)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	12.8	13	15.1	15	13.5	15.5	11.7	13.8
2009	15.2	14.7	12.6	10.7	17.6	18.7	12.5	14.5
2010	13.7	13.6	12	11.3	18.1	21.3	12.7	14

Actual indicator: Life satisfaction, satisfied or very satisfied

Source: Statistics Canada, Canadian Community Health Survey, 2010.
CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported being satisfied or very satisfied with their life in general.

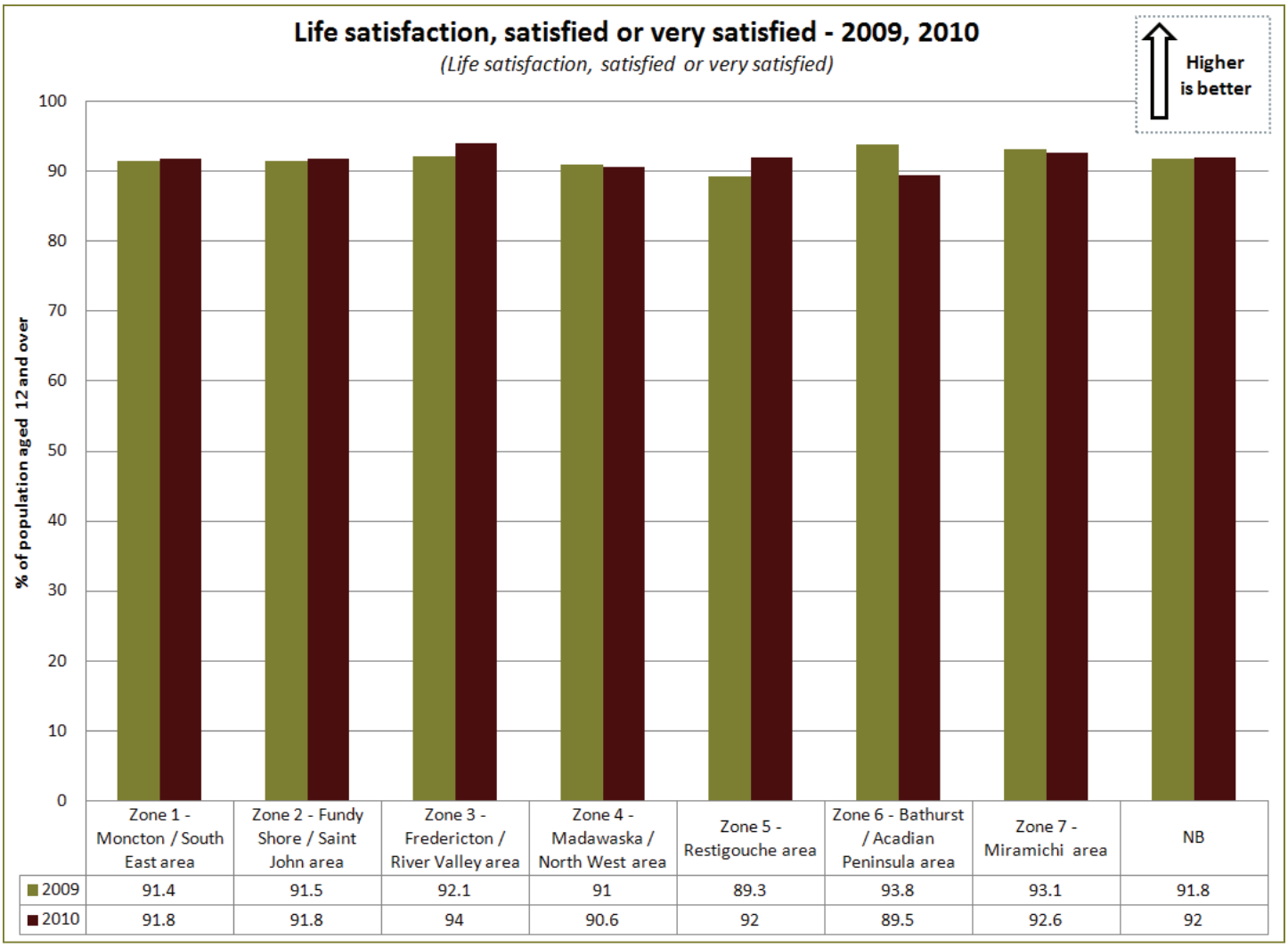
Starting in 2009, this indicator is based on a grouped variable. In 2009, the question was changed from 5-point answer category to an 11-point scale. The concordance between the two scales was found to be good.

Why is this indicator important?

Life satisfaction is a personal subjective assessment of global well-being.

Life satisfaction can be based on many factors such as health status, health, income, home and family life, work life, social life, leisure activities and physical activities, happiness, job satisfaction, optimism, well being and coping capacities, to name a few. Depending on where you live, your life standards and expectations may also contribute to your life satisfaction.

Happy, fulfilled and engaged citizens are the hallmark for a thriving society.



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2009	91.4	91.5	92.1	91	89.3	93.8	93.1	91.8
2010	91.8	91.8	94	90.6	92	89.5	92.6	92

Actual indicator: Life expectancy at birth

Source: Statistics Canada, Vital Statistics – Birth database, Vital Statistics – Death database, 2006 CANSIM table no.: 102-0511 (zone information), 2005-2007 CANSIM table no.: 102-0512 (province and territories information)2006-2007

Definition:

Life expectancy is the number of years a person would be expected to live, starting from birth (for life expectancy at birth) and similarly for other age groups, if the age- and sex-specific mortality rates for a given observation period (such as a calendar year) were held constant over the estimated life span.

The estimates are based on three consecutive years of death data and the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

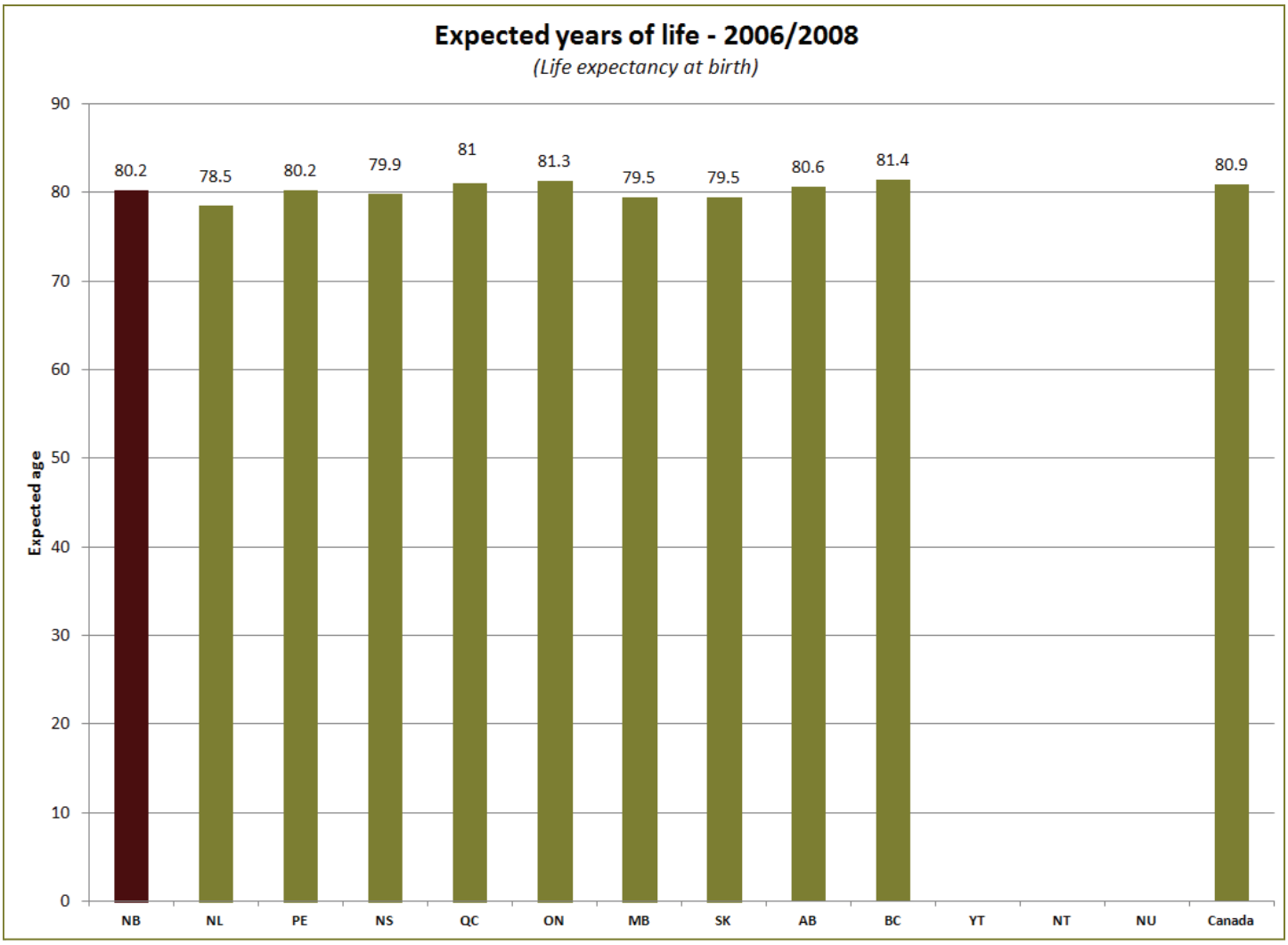
Life expectancy and related confidence intervals are based on Chiang's method (Chiang, CL., 'The Life Table and its Applications', Robert, E., Krieger Publishing Company, Malabar, Florida, 1984).

Rates used in this table for the calculation of life expectancy are calculated with data that exclude: births to mothers not resident in Canada; births to mothers resident in Canada, province or territory of residence unknown; deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age or sex of decedent was unknown. Rates used in this table for the calculation of life expectancy are based on data tabulated by place of residence.

Why is this indicator important?

This is a widely used indicator of the health of a population, as ***life expectancy measures quantity rather than quality of life.*** It is widely regarded as an indicator of a country's overall health, or in this case, a province or health zone. Life expectancy has increased dramatically for most people in the world today, mostly due to better sanitation (physical environment), nutrition (health behaviors), and advances in medicine (health care).

Life expectancy is affected by a number of factors in addition to economic wealth, including lifestyle choices, education, environment, and access to quality health services.


Expected years of life - 2006/2008
(Life expectancy at birth)
Expected age
90
80
70
60
50
40
30
20
10
0
80.2
78.5
80.2
79.9
81
81.3
79.5
79.5
80.6
81.4
80.9
NB
NL
PE
NS
QC
ON
MB
SK
AB
BC
YT
NT
NU
Canada

Actual indicator: Low birth weight

Source: Statistics Canada, Vital Statistics – Birth database, 2005-2007
CANSIM table no.: 102-4303

Definition:

Live births less than 2,500 grams, expressed as a percentage of all live births (birth weight known).

Counts and rates (percentages) in this table are based on three consecutive years of data which were summed and divided by three. Counts have been rounded and do not always add to the exact totals.

The reference period associated with these data reflects the mid-point of the three-year period.

Why is this indicator important?

Low birth weight infants face a higher risk of death within the first year of life and have higher rates of disability and disease than other infants. ***Low birth weight is a leading cause of infant mortality throughout the world***.

Some factors that may contribute to low birth weight are:

A) Race - African-American babies are twice as likely to have very low birth weight as Caucasian babies;

B) Age - Teenage mothers (especially those younger than 15 years old) have a much higher risk of having a baby with very low birth weight;

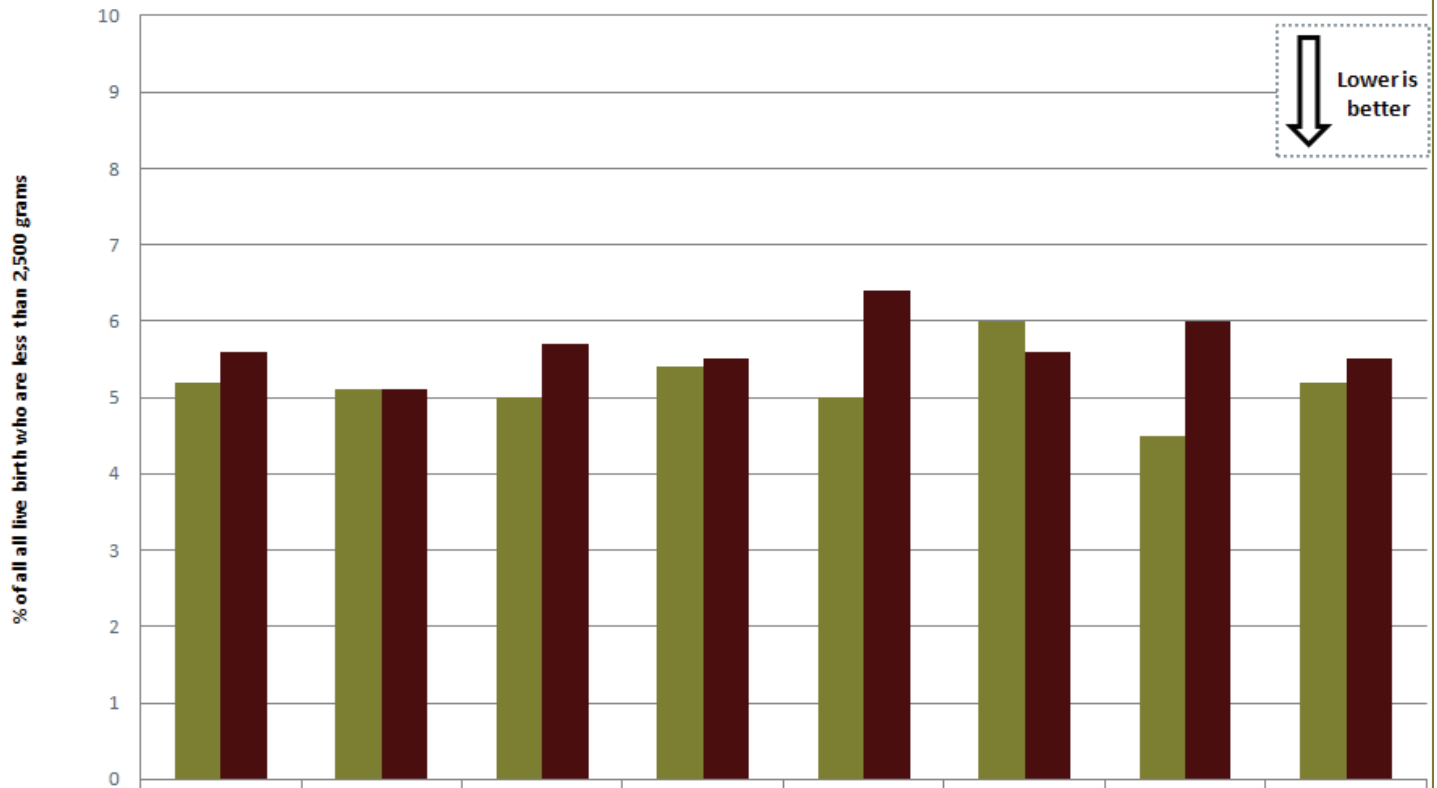
C) Multiple births - Multiple birth babies are at increased risk of very low birth weight because they are often premature. About 10 percent of twins and one-third of triplets have very low birth weight.

D) Mother's health - Women who are exposed to drugs, alcohol, and cigarettes during pregnancy are more likely to have low or very low birth weight babies. Mothers of lower socioeconomic status are also more likely to have poorer pregnancy nutrition, inadequate prenatal care, and pregnancy complications - all factors that can contribute to very low birth weight.

Prenatal care is a key factor in preventing preterm births and very low birth weight babies. Because maternal nutrition and weight gain are linked with fetal weight gain and birth weight, eating a healthy diet and gaining the proper amount of weight in pregnancy are essential. Mothers should also avoid alcohol, cigarettes, and illicit drugs, which can contribute to poor fetal growth, among other complications.

Infant with less than average birthweight- 2002 and 2005-2007

(Low birth weight)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2002	5.2	5.1	5	5.4	5	6	4.5	5.2
2005/2007	5.6	5.1	5.7	5.5	6.4	5.6	6	5.5

Actual indicator: Infant mortality

Source: Statistics Canada, Vital Statistics – Birth database, Vital Statistics – Death database, 2005/2007
CANSIM table no.: 102-4305

Definition:

Infant mortality corresponds to the death of a child less than one year of age.

Counts in this table are based on three consecutive years of data which were summed and divided by three. Counts have been rounded and do not always add to the exact totals. Rates are based on these counts per 1,000 live births.

The reference period associated with these data reflects the mid-point of the three-year period.

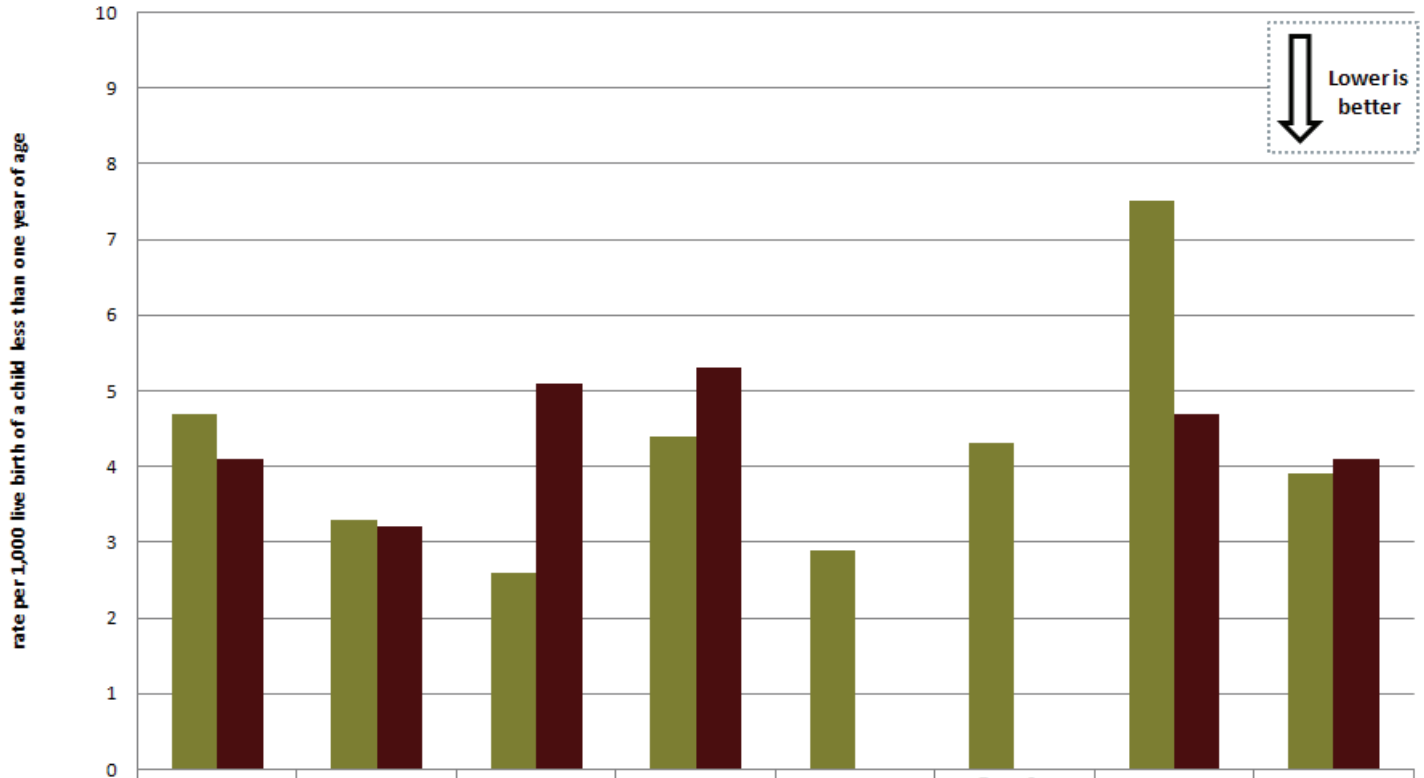
When looking at the Canadian average, it is important to note that birth data on the Canadian Vital Statistics Database for Ontario are underestimated due to incomplete files. This may have an influence on the Canadian average.

Why is this indicator important?

This indicator is recognized as a very important measure of the level of healthcare in a country, province or even health zone, because ***it is directly linked with the health status of infants, children, and pregnant women as well as access to medical care, socioeconomic conditions and public health practices***.

Infant death - 2001 and 2005-2007

(Infant mortality)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2001	4.7	3.3	2.6	4.4	2.9	4.3	7.5	3.9
2005/2007	4.1	3.2	5.1	5.3	Data unavailable	Data unavailable	4.7	4.1

Actual indicator: Potential years of life lost – Circulatory diseases

Source: New Brunswick Vital Statistics, 2005 to 2009

Definition:

Potential years of life lost (PYLL) for all circulatory disease deaths (ICD–10 I00 to I99) and specific causes: ischemic heart disease (ICD–10 I20 to I25), cerebrovascular diseases (stroke) (ICD–10 I60 to I69) and all other circulatory diseases (ICD–10 I00 to I02, I05 to I09, I10 to I15, I26 to I28, I30 to I52, I70 to I79, I80 to I89, I95 to I99) is the number of years of life "lost" when a person dies "prematurely" from any circulatory disease – before age 75. A person dying at age 25, for example, has lost 50 years of life.

As a first step, the “years of life lost” are calculated for each person with a premature death from circulatory disease before age 75 (in any of the five years between 2004 and 2008), by taking the person’s age at death and subtracting from 75. As a second step, the “ratio of life lost” is calculated by summing the total years of life lost for all premature deaths from circulatory disease and dividing this number by the total population (based on 2006 census data) with age below 75. As a final step, this ratio is multiplied by 10,000 and divided by five (5) to present the potential years of life lost as a five-year average rate per 10,000 population.

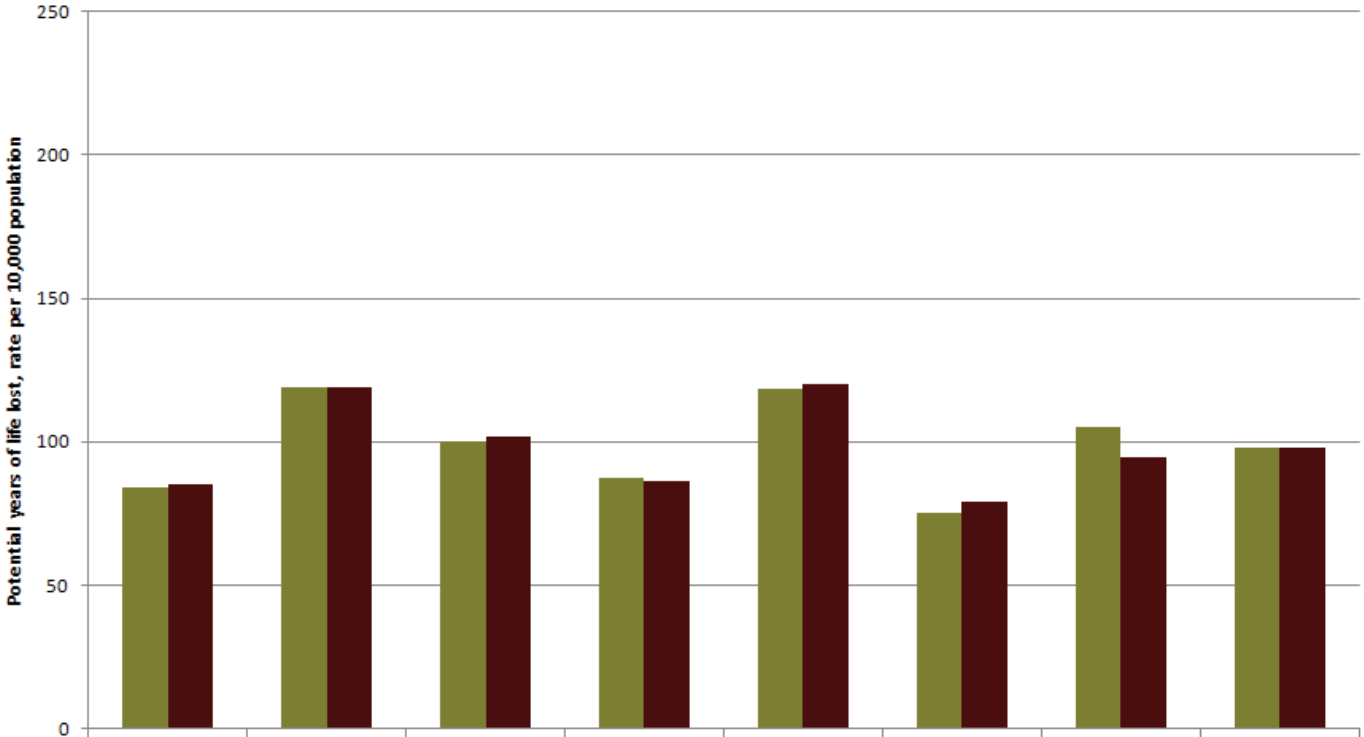
Why is this indicator important?

This indicator gives greater weight to causes of death occurring at a younger age than to those at later ages. By emphasizing the loss of life at an early age, ***PYLL focuses on the need to deal with the major causes of early deaths of cardiovascular disease.***

Special Note: The potential years of life lost was calculated for 2004—2008 and 2005-2009 with the New Brunswick Data only and therefore cannot be compared nationally at the moment.

Premature death from hearth and stroke - 2004-2008 and 2005-2009

(Years of potential life lost - circulatory diseases)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2004-2008	84	119.2	100.4	87.5	118.5	75	105.2	97.8
2005-2009	85	119	101.7	86.2	120	79	94.7	98.1

Actual indicator: Potential years of life lost – all cancers

Source: New Brunswick Vital Statistics, 2005 to 2009

Definition:

Potential years of life lost (PYLL) for all malignant neoplasm (ICD–10 C00 to C97) and for specific sites: colorectal (ICD–10 C18 to C21), lung (ICD–10 C33 to C34), female breast cancer (ICD–10 C50), and prostate cancer (ICD–10 C61) is the number of years of life "lost" when a person dies "prematurely" from any cancer – before age 75. A person dying at age 25, for example, has lost 50 years of life.

As a first step, the "years of life lost" are calculated for each person with a premature death from cancer before age 75 (in any of the five years between 2004 and 2008), by taking the person's age at death and subtracting from 75. As a second step, the "ratio of life lost" is calculated by summing the total years of life lost for all premature deaths from cancer and dividing this number by the total population (based on 2006 census data) with age below 75. As a final step, this ratio is multiplied by 10,000 and divided by five (5) to present the potential years of life lost as a five-year average rate per 10,000 population.

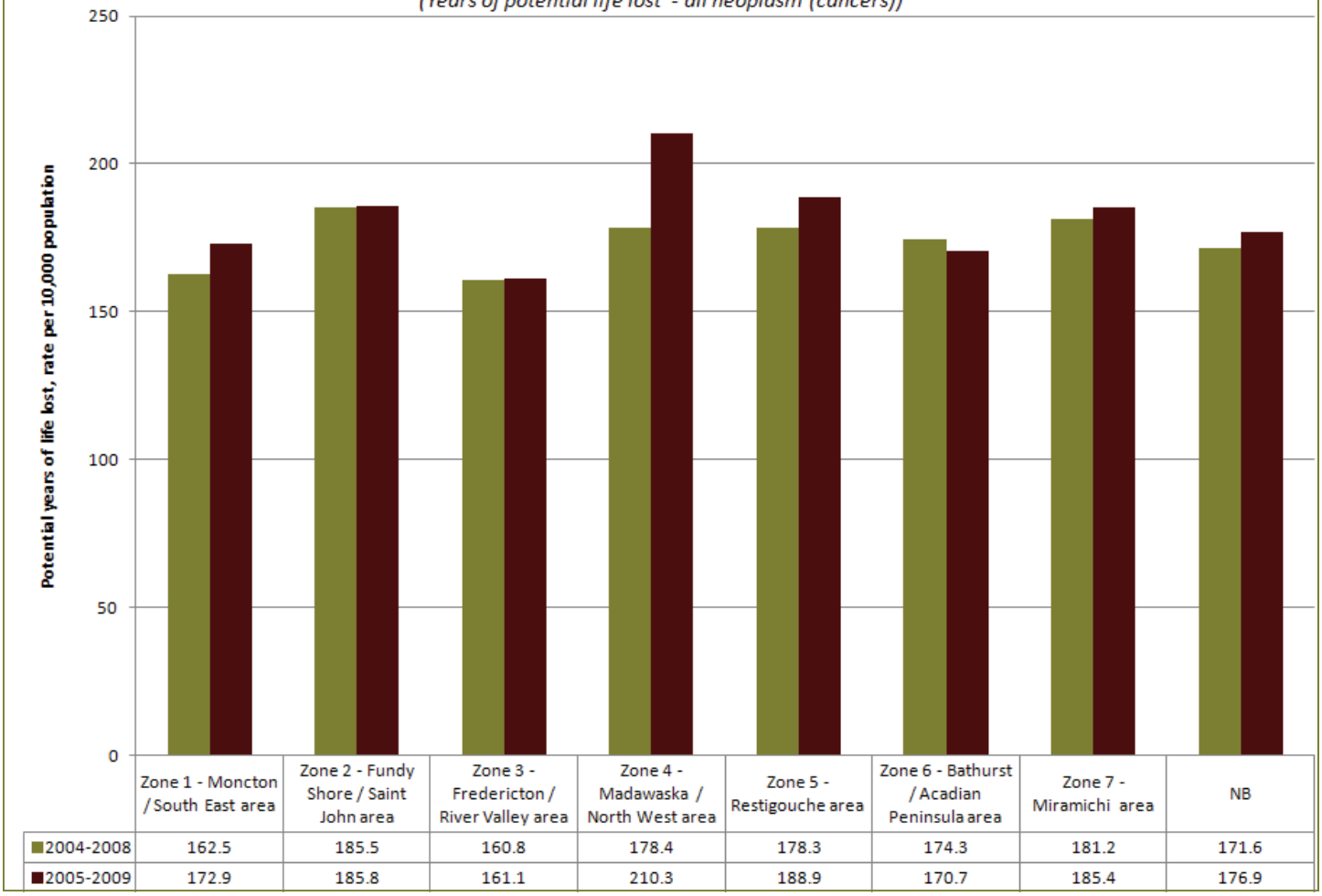
Why is this indicator important?

This indicator gives greater weight to causes of death occurring at a younger age than to those at later ages. By emphasizing the loss of life at an early age, ***PYLL focuses on the need to deal with the major causes of early deaths of cancer***.

Special Note: The potential years of life lost was calculated for 2004—2008 and 2005-2009 with the New Brunswick Data only and therefore cannot be compared nationally at the moment.

Premature death from cancer - 2004-2008 and 2005-2009

(Years of potential life lost - all neoplasm (cancers))



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2004-2008	162.5	185.5	160.8	178.4	178.3	174.3	181.2	171.6
2005-2009	172.9	185.8	161.1	210.3	188.9	170.7	185.4	176.9

Actual indicator: Potential years of life lost – Respiratory diseases

Source: New Brunswick Vital Statistics, 2005 to 2009

Definition:

Potential years of life lost (PYLL) for all respiratory disease deaths (ICD–10 J00 to J99) and for specific causes: pneumonia and influenza (ICD–10 J10 to J18), bronchitis/emphysema/asthma (ICD–10 J40 to J43, J45 to J46) and all other respiratory diseases (ICD–10 J00 to J06, J20 to J22, J30 to J39, J44, J47, J60 to J70, J80 to J84, J85 to J86, J90 to J94, J95 to J99) is the number of years of life "lost" when a person dies "prematurely" from any respiratory disease – before age 75. A person dying at age 25, for example, has lost 50 years of life.

As a first step, the “years of life lost” are calculated for each person with a premature death from respiratory disease before age 75 (in any of the five years between 2004 and 2008), by taking the person’s age at death and subtracting from 75. As a second step, the “ratio of life lost” is calculated by summing the total years of life lost for all premature deaths from respiratory disease and dividing this number by the total population (based on 2006 census data) with age below 75. As a final step, this ratio is multiplied by 10,000 and divided by five (5) to present the potential years of life lost as a five-year average rate per 10,000 population.

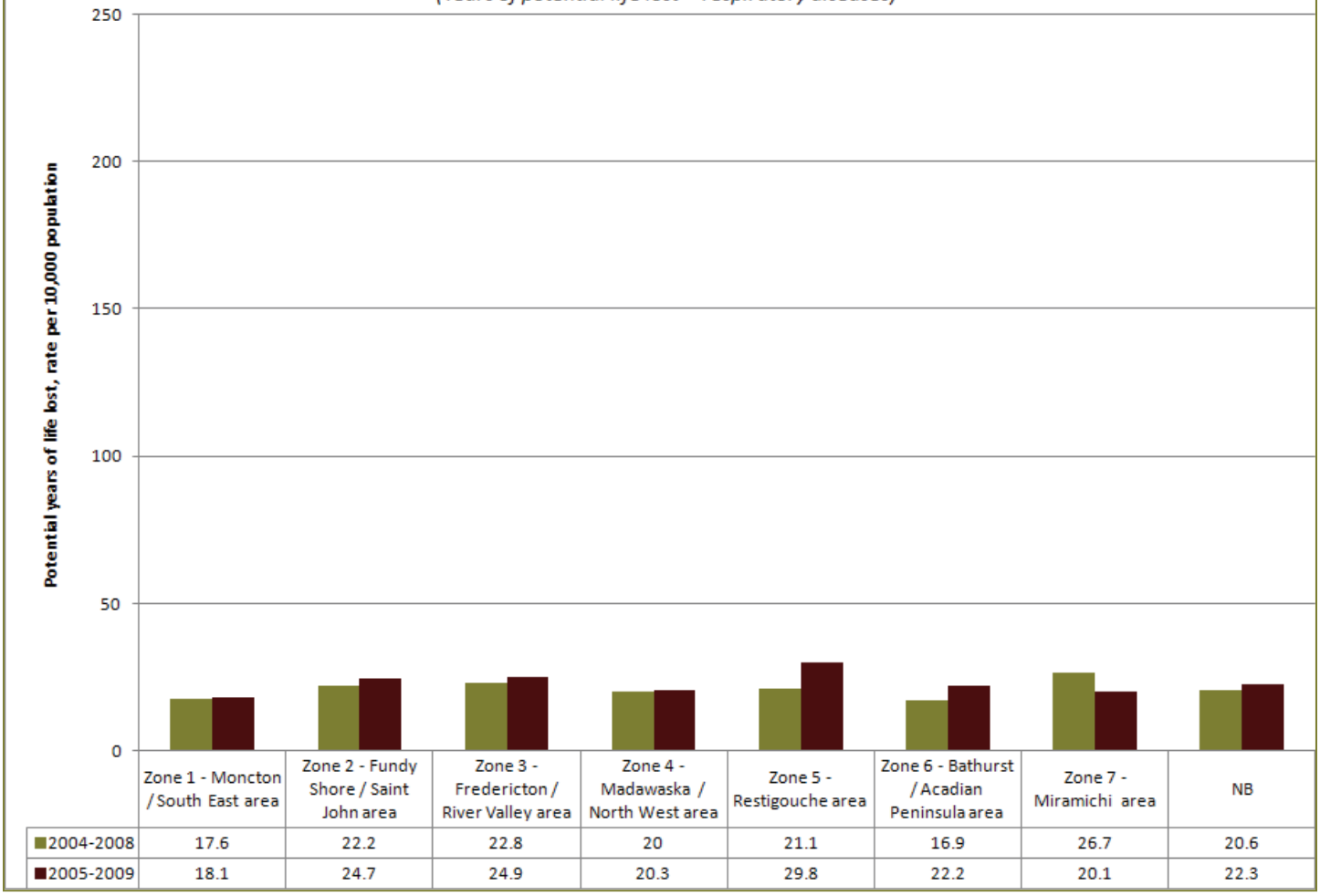
Why is this indicator important?

This indicator gives greater weight to causes of death occurring at a younger age than to those at later ages. By emphasizing the loss of life at an early age, ***PYLL focuses on the need to deal with the major causes of early deaths of breathing diseases.***

Special Note: The potential years of life lost was calculated for 2004—2008 and 2005-2009 with the New Brunswick Data only and therefore cannot be compared nationally at the moment.

Premature death breathing disease - 2004-2008 and 2005-2009

(Years of potential life lost - respiratory diseases)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2004-2008	17.6	22.2	22.8	20	21.1	16.9	26.7	20.6
2005-2009	18.1	24.7	24.9	20.3	29.8	22.2	20.1	22.3

Actual indicator: Potential years of life lost - Unintentional injuries

Source: New Brunswick Vital Statistics, 2005 to 2009

Definition:

Potential years of life lost (PYLL) for unintentional injuries (ICD-10 V01 to X59, Y85 to Y86) is the number of years of life "lost" when a person dies "prematurely" from unintentional injuries – before age 75. A person dying at age 25, for example, has lost 50 years of life.

As a first step, the “years of life lost” are calculated for each person with a premature death from unintentional injuries before age 75 (in any of the five years between 2004 and 2008), by taking the person’s age at death and subtracting from 75. As a second step, the “ratio of life lost” is calculated by summing the total years of life lost for all premature deaths from unintentional injuries and dividing this number by the total population (based on 2006 census data) with age below 75. As a final step, this ratio is multiplied by 10,000 and divided by five (5) to present the potential years of life lost as a five-year average rate per 10,000 population.

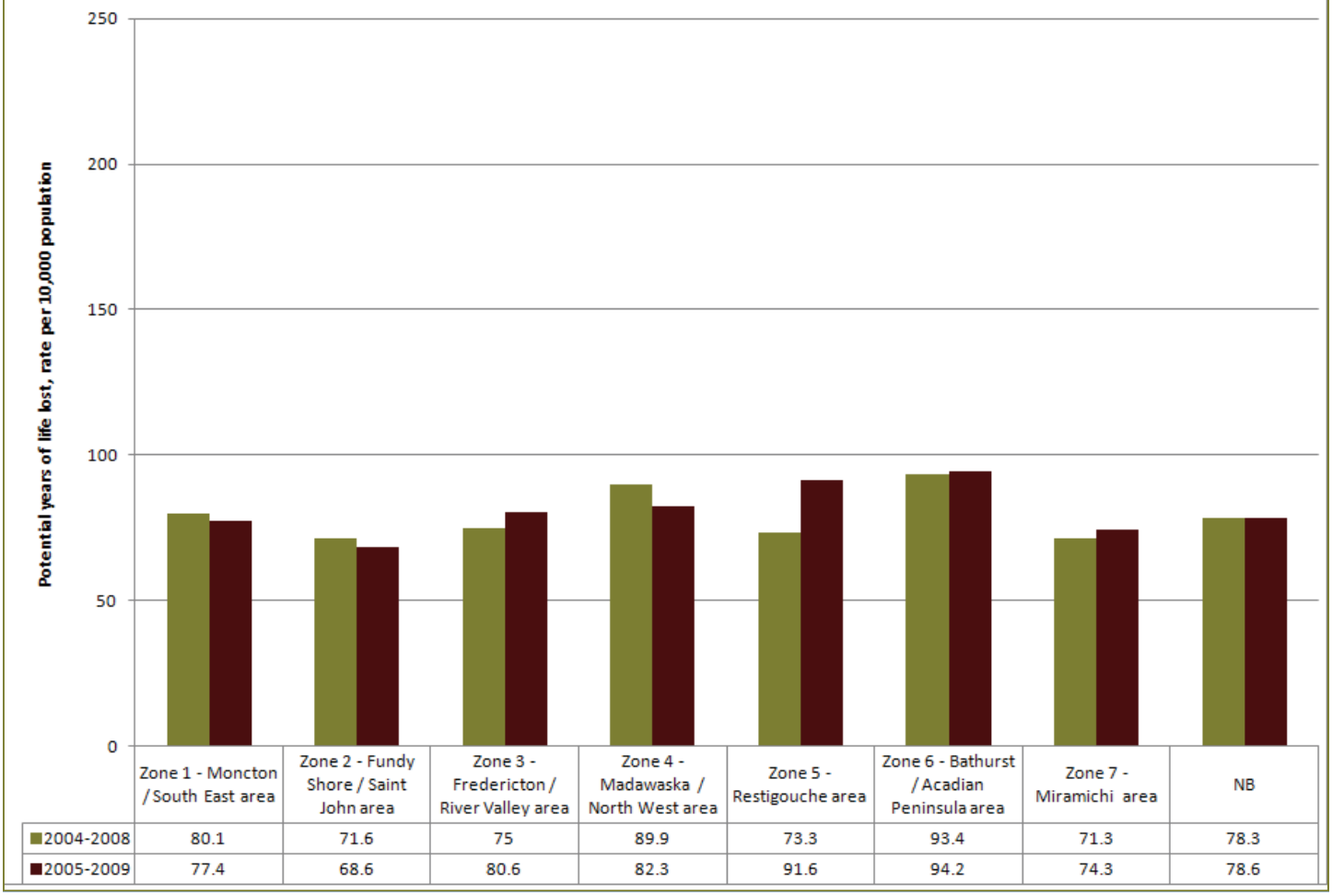
Why is this indicator important?

This indicator gives greater weight to causes of death occurring at a younger age than to those at later ages. By emphasizing the loss of life at an early age, ***PYLL focuses on the need to deal with the major causes of early deaths from injuries.***

Special Note: The potential years of life lost was calculated for 2004—2008 and 2005-2009 with the New Brunswick Data only and therefore cannot be compared nationally at the moment.

Premature death from injuries - 2004-2008 and 2005-2009

(Years of potential life lost - unintentional injuries)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2004-2008	80.1	71.6	75	89.9	73.3	93.4	71.3	78.3
2005-2009	77.4	68.6	80.6	82.3	91.6	94.2	74.3	78.6

Actual indicator: Potential years of life lost - Suicides and self-inflicted injuries

Source: New Brunswick Vital Statistics, 2005 to 2009

Definition:

Potential years of life lost (PYLL) for suicide and self-inflicted injuries (ICD–10 X60 to X84, Y870) is the number of years of life "lost" when a person dies "prematurely" from suicide – before age 75. A person dying at age 25, for example, has lost 50 years of life.

As a first step, the “years of life lost” are calculated for each person with a premature death from suicide and self-inflicted injuries before age 75 (in any of the five years between 2004 and 2008), by taking the person’s age at death and subtracting from 75. As a second step, the “ratio of life lost” is calculated by summing the total years of life lost for all premature deaths from suicide and self-inflicted injuries and dividing this number by the total population (based on 2006 census data) with age below 75. As a final step, this ratio is multiplied by 10,000 and divided by five (5) to present the potential years of life lost as a five-year average rate per 10,000 population.

The term ‘self-inflicted injuries’ refers to suicidal and non-suicidal behaviors such as self-mutilation.

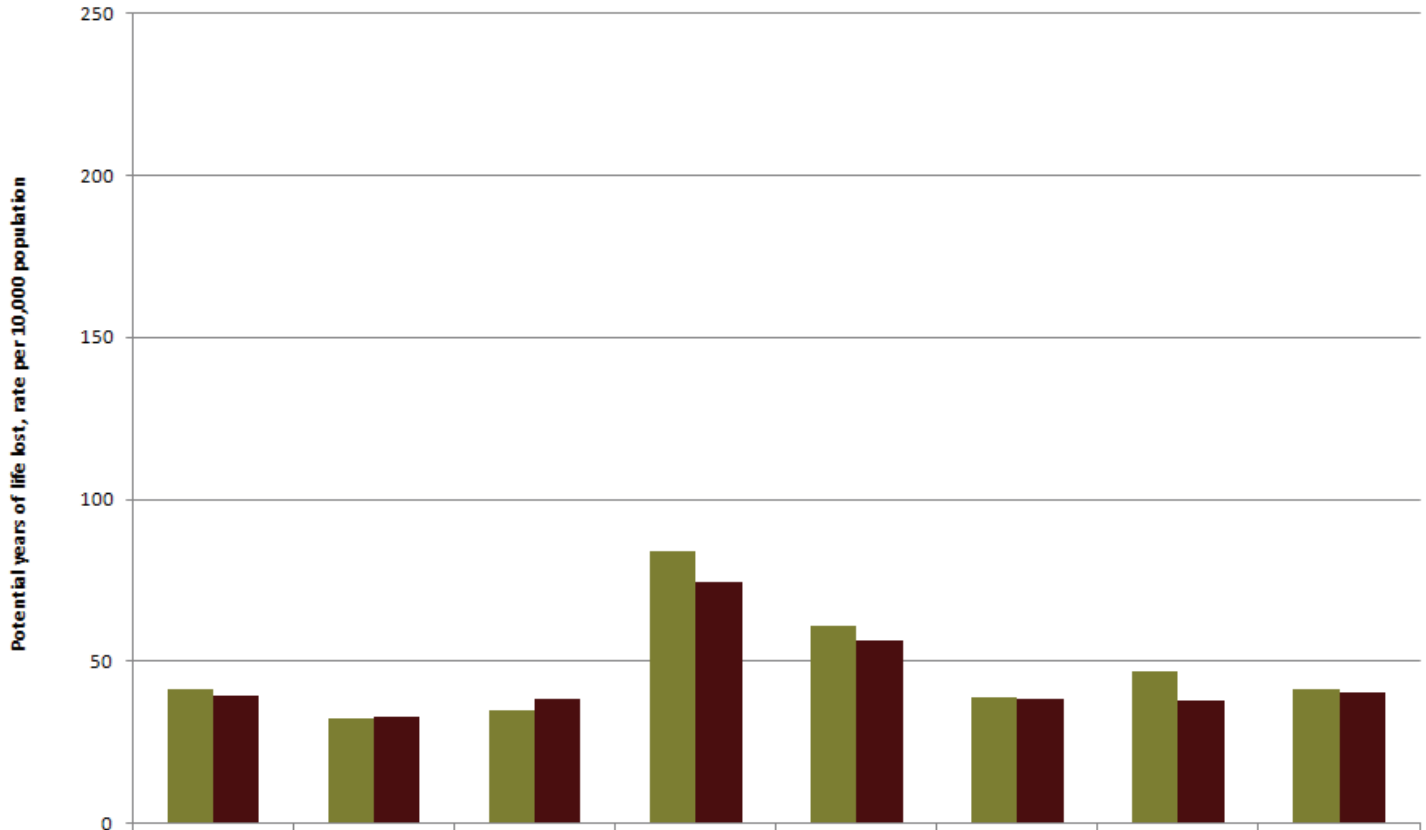
Why is this indicator important?

This indicator gives greater weight to causes of death occurring at a younger age than to those at later ages. By emphasizing the loss of life at an early age, ***PYLL focuses on the need to deal with the major causes of early deaths from suicides / self-inflicted injuries.***

Special Note: The potential years of life lost was calculated for 2004—2008 and 2005-2009 with the New Brunswick Data only and therefore cannot be compared nationally at the moment.

Premature death from suicides/ self-inflicted injuries - 2004-2008 and 2005-2009

(Years of potential life lost - suidies and self-inflicted injuries)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2004-2008	41.2	32.4	35	83.8	60.9	38.8	47	41.5
2005-2009	39.6	33.1	38.3	74.7	56.2	38.4	38	40.6

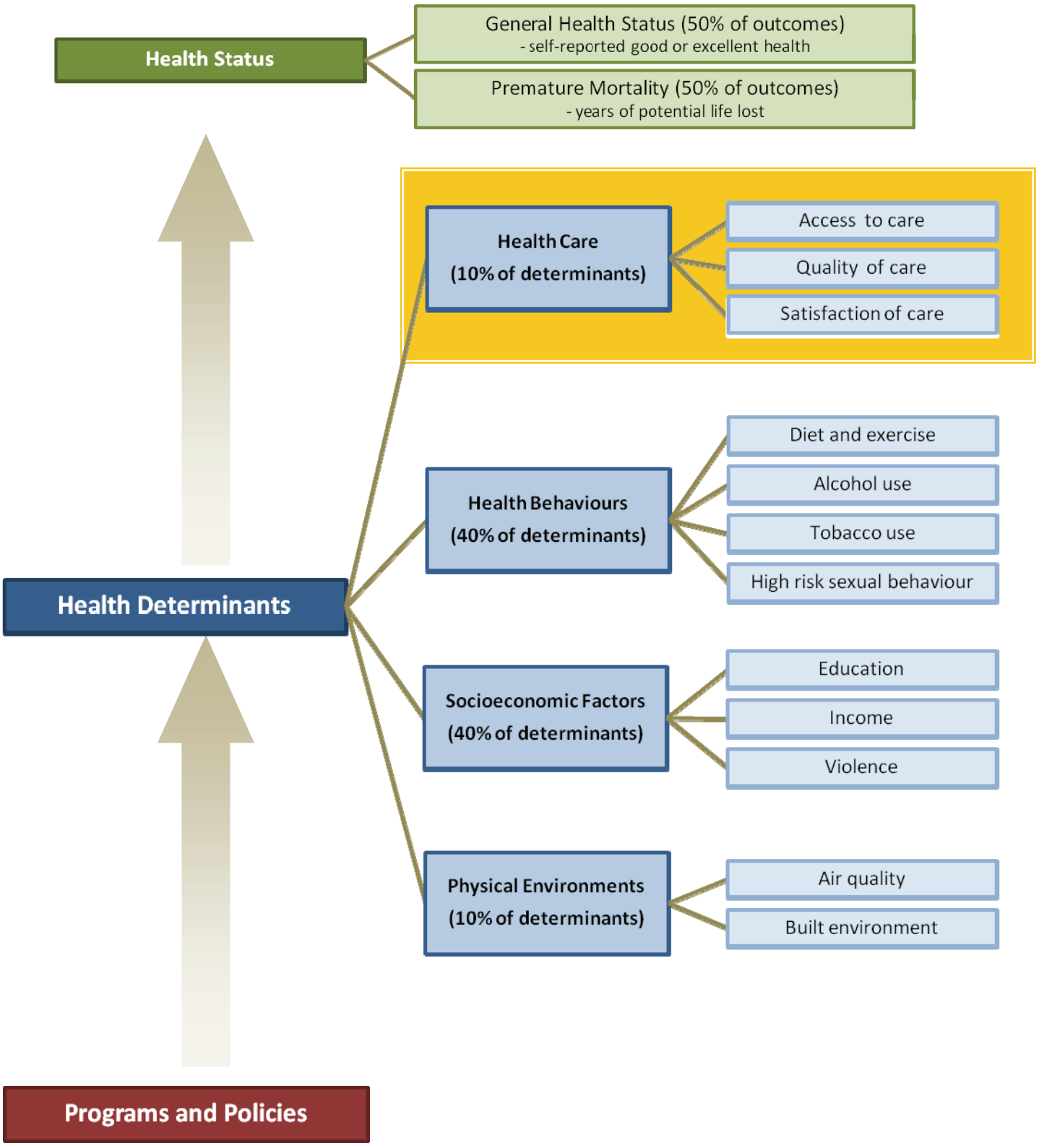
Section 2 — Health Determinants

Health Care: accounts for 10% of the health status

Everyone will be utilizing health care services
at some point in their life,
and some, more than others.

It is a factor that can't be ignored in our quest
for health and well being.

If you have good quality health services
when you require them,
it can have a profound impact on your health,
and quality of life.


Health Status
General Health Status (50% of outcomes)
- self-reported good or excellent health
Premature Mortality (50% of outcomes)
- years of potential life lost
Health Care
(10% of determinants)
Access to care
Quality of care
Satisfaction of care
Health Behaviours
(40% of determinants)
Diet and exercise
Alcohol use
Tobacco use
High risk sexual behaviour
Health Determinants
Socioeconomic Factors
(40% of determinants)
Education
Income
Violence
Physical Environments
(10% of determinants)
Air quality
Built environment
Programs and Policies

Actual indicator: Regular medical doctor

Source: Statistics Canada, Canadian Community Health Survey, 2008, 2009 and 2010. CANSIM table no.: 105-0501

Definition:

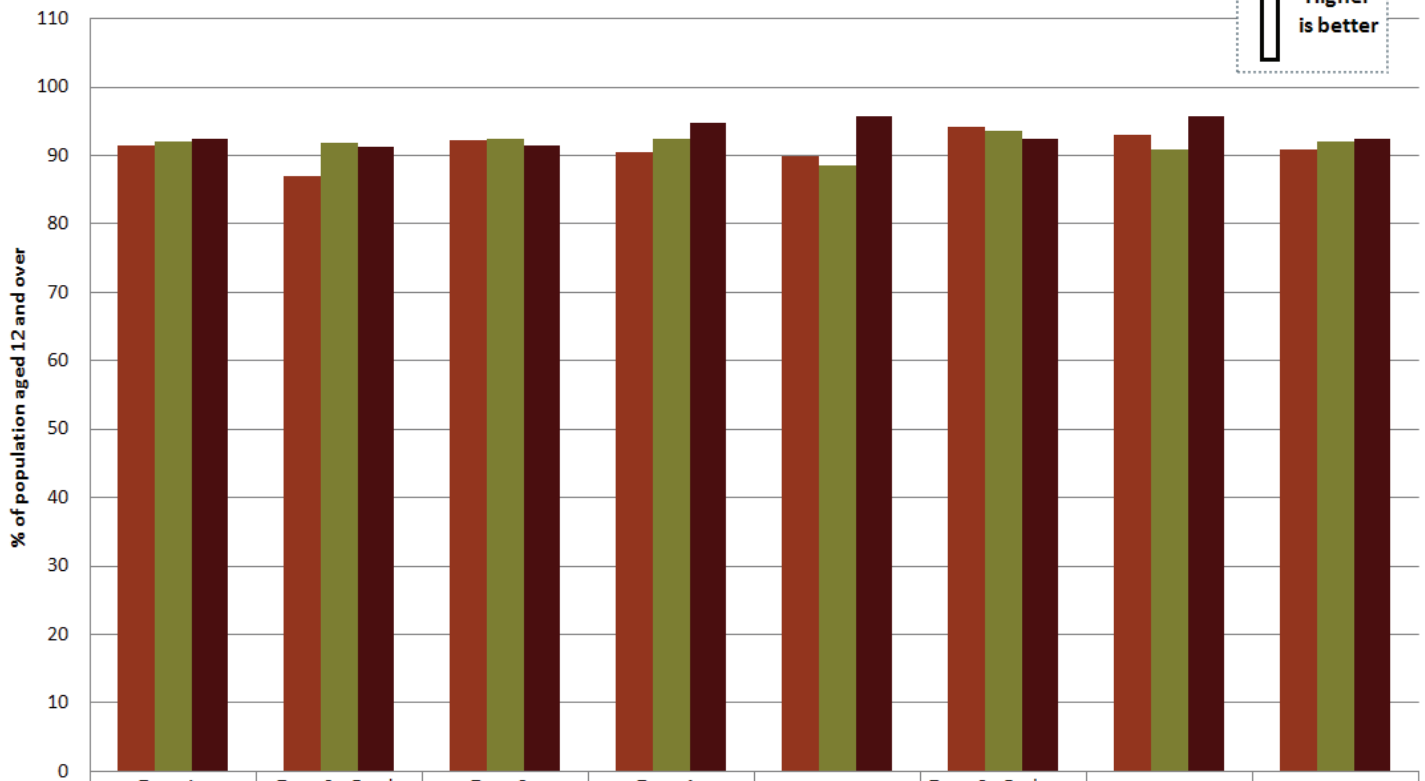
Population aged 12 and over who reported that they have a regular medical doctor, which includes family doctors/general practitioners, who provide primary medical care and are seen for routine procedures, annual exams, blood tests, or flu shots, but also includes specialists.

Why is this indicator important?

Canadians without a regular physician are more than twice as likely to report ***difficulties in accessing routine*** and ***preventative services***. For example, women with little or no medical care were less likely to have had a mammogram within two years or to have ever had a pap smear, placing them at greater risk for breast and cervical cancer.

Has a regular medical doctor - 2008 , 2009, 2010

(Regular medical doctor)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	91.5	86.9	92.2	90.5	89.8	94.2	93.1	90.8
2009	92.1	91.9	92.4	92.4	88.6	93.6	90.8	92.1
2010	92.4	91.2	91.5	94.8	95.7	92.4	95.7	92.4

Actual indicator: Contact with a medical doctor in the past 12 months

Source: Statistics Canada, Canadian Community Health Survey, 2008, 2009 and 2010. CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported having consulted with a medical doctor in the past 12 months.

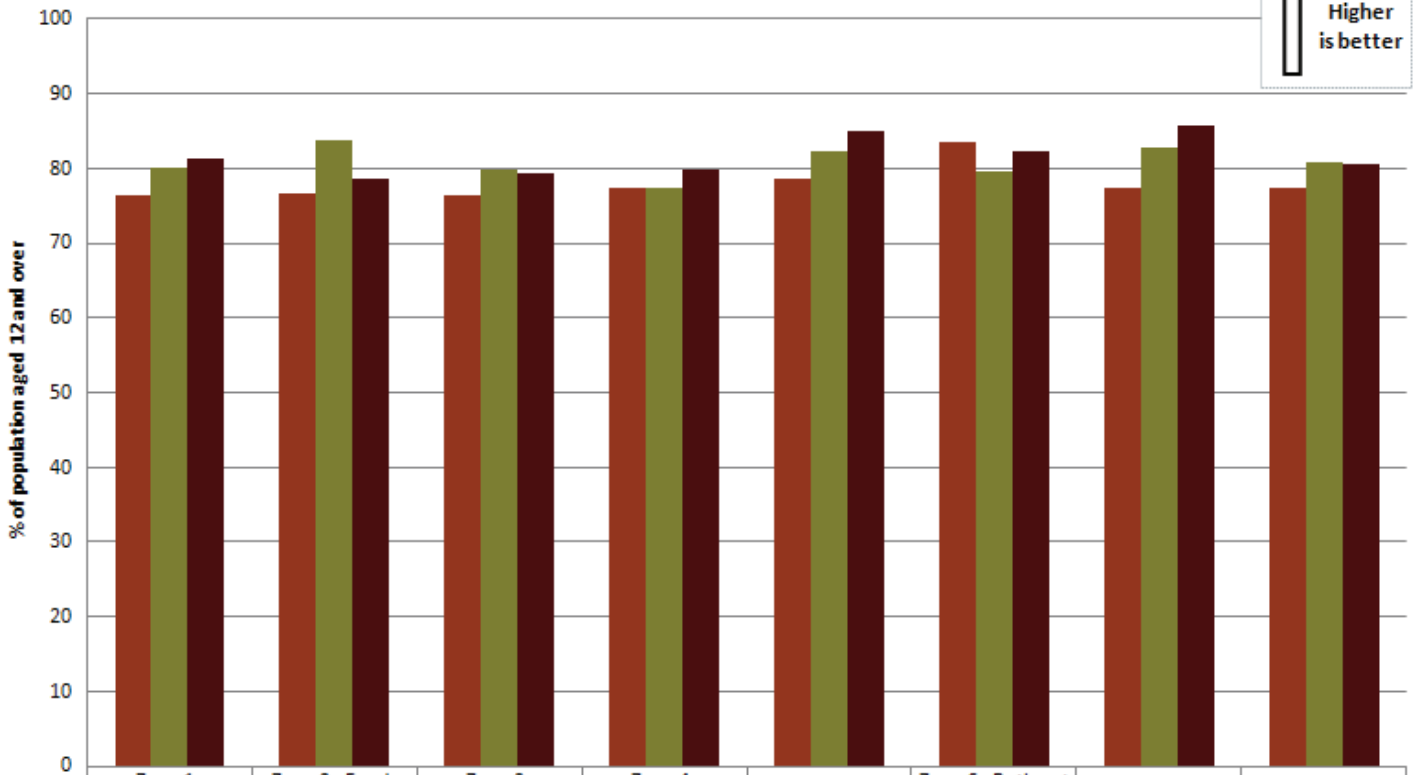
Medical doctor includes family or general practitioners as well as specialists such as surgeons, allergists, orthopedists, gynecologists or psychiatrists. For population aged 12 to 17 includes pediatricians.

Why is this indicator important?

An annual evaluation of a person's health status, which includes a physical exam, and routine screening tests, can work towards ***ensuring continued health***, or ***identify early and often treatable stages of a disease***.

Medical doctor visit within the last year - 2008, 2009, 2010

(Contact with a medical doctor in the past 12 months)



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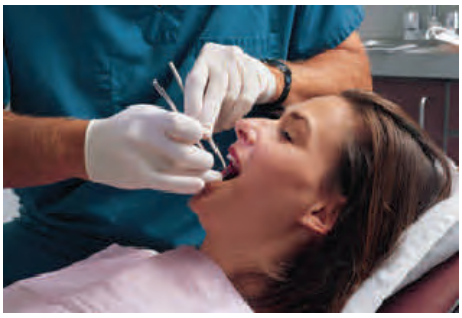
2008	76.3	76.6	76.3	77.4	78.5	83.5	77.5	77.4
2009	80	83.9	79.9	77.5	82.3	79.6	82.8	80.9
2010	81.3	78.6	79.4	79.8	85	82.4	85.7	80.7

Actual indicator: Contact with dental professionals in the past 12 months

Source: The New Brunswick Department of Health, 2007/2008 and 2009-2010



Definition:

Population aged 12 and over who have consulted with a dental professional in the past 12 months.

Dental professionals include dentists or orthodontists.

Why is this indicator important?

Poor oral health can affect a person's quality of life. Oral pain, missing teeth or oral infections can influence the way a person speaks, eats and socializes. Some of the main problems can be dental decay in childhood, oral disorders, malnutrition and involuntary weight loss in the elderly, oral cancer, oral health and quality of life.

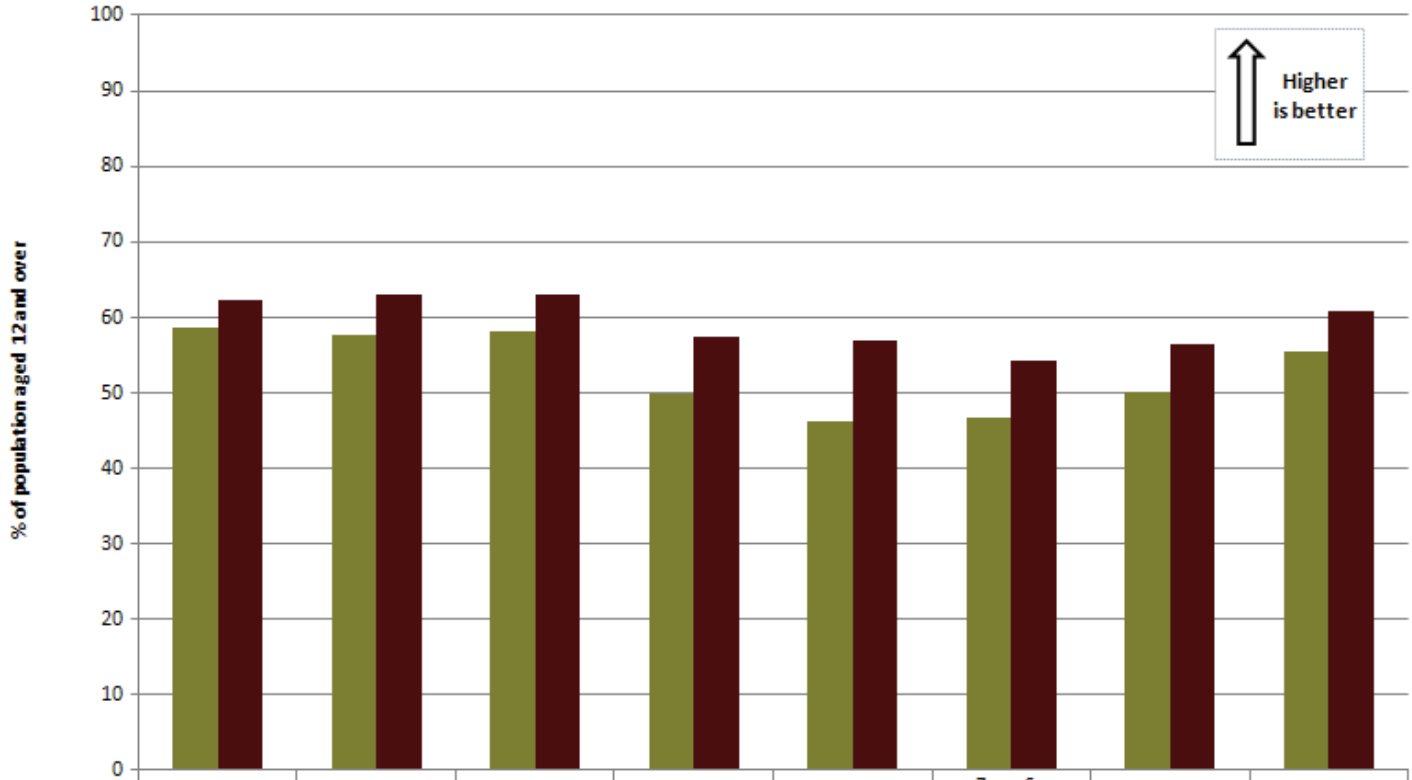
These oral health problems can reduce a person's quality of life by affecting their physical, mental and social well-being.

Proper oral health (or inappropriate oral health) can also show inequities and inequalities in oral health due to income, dental insurance coverage and access to dental care which can be some of the factors that affect oral health outcomes.

Everything that happens in your mouth affects your whole body, which is why it is so important to visit your dentist regularly.

Dental professional visit within the last year - 2007/2008 and 2009/2010

(Contact with dental professionals in the past 12 months)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2007/2008	58.7	57.7	58.1	49.8	46.1	46.7	50.1	55.4
2009/2010	62.2	63	62.9	57.4	56.9	54.1	56.4	60.8

Actual indicator: Ambulatory care sensitive conditions (ACSC)

Source: Hospital Morbidity Database and Discharge Abstract Database, Canadian Institute for Health Information- 2008 and 2009.

Definition:

Age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for hospitalization, per 100,000 populations younger than age 75. Hospitalizations for ambulatory care sensitive conditions are considered to be an indirect measure of access to appropriate primary health care. The conditions included in this indicator are angina, asthma, chronic obstructive pulmonary disease (COPD), diabetes, grand mal status and other epileptic convulsions, heart failure and pulmonary edema and hypertension.

Why is this indicator important?

While not all admissions for these conditions are avoidable, appropriate primary care could potentially prevent or reduce the onset of this type of illness or condition, control an acute episodic illness or help manage a chronic disease of condition.

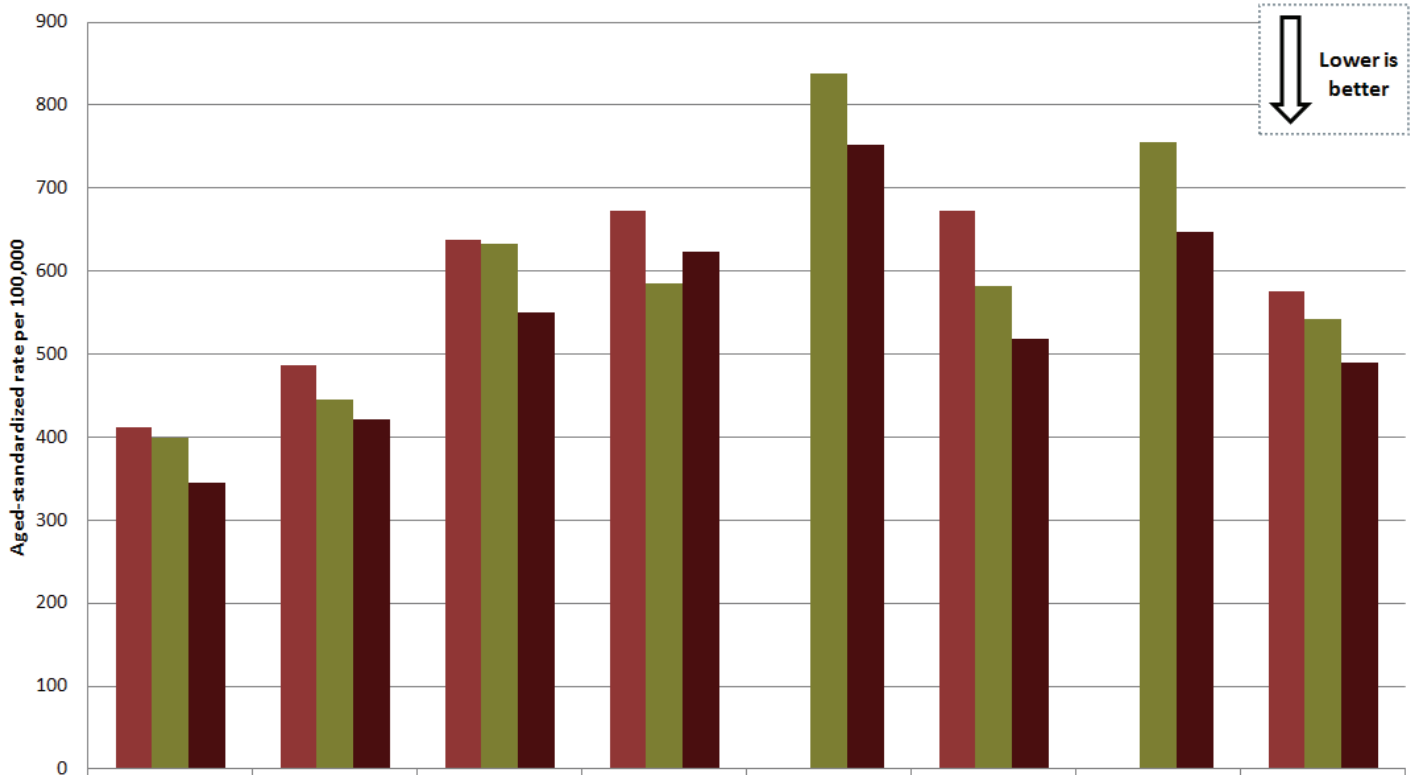
Accessible and well-functioning primary health care service play an instrumental role in the management of chronic conditions, and factors such as access to services and quality care may be related to hospitalization rate for ACSC. There is some evidence that show residents of communities reporting 'poor' access to health care were found to have a higher ACSC hospitalization rate.

Limitations:

It is important to note that although ACSC hospitalizations are associated with primary health care, they may also be influenced by other factors. These include the severity of a patient's condition, the number of cormobidities present, the socio-economic status, the prevalence of the chronic condition in the community and the health system characteristics (such as admission practice and/or transfers between facilities) to name a few.

People being hospitalized for unnecessary conditions 2007-2008-2009

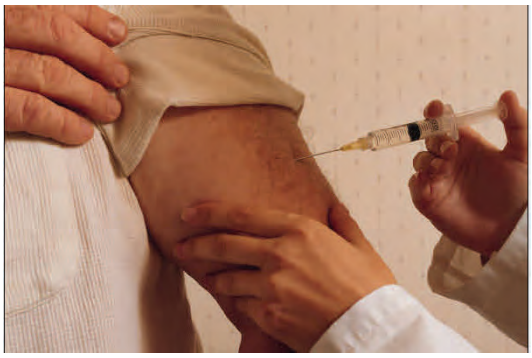
(Ambulatory cases sensitive conditions (ACSC))



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2007	412	487	638	673	Data unavailable	673	Data unavailable	576
2008	399	446	633	585	838	582	756	542
2009	345	421	551	624	752	519	648	489

Actual indicator: Influenza immunization, less than one year ago, 65 years and over

Source: Statistics Canada, Canadian Community Health Survey, 2008, 2009 and 2010.
CANSIM table no.: 105-0501



Definition:

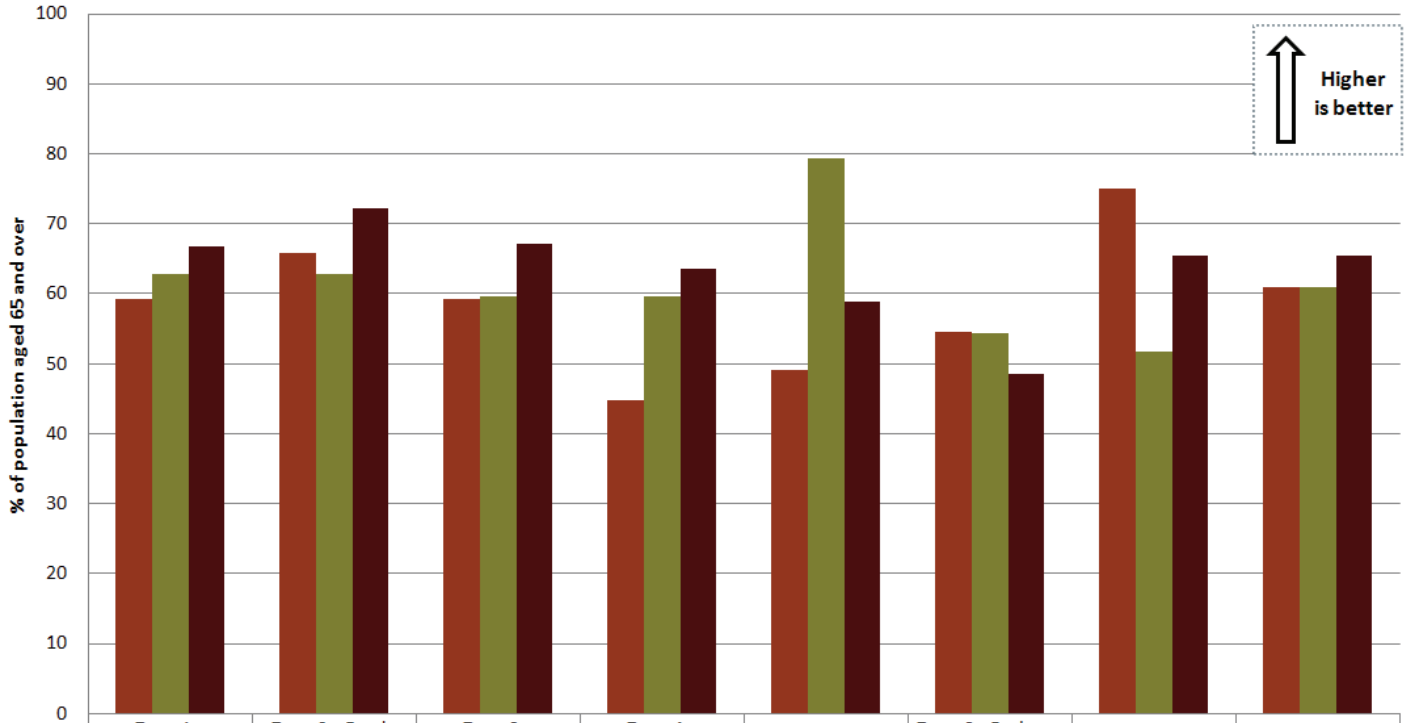
Population aged 65 and over who reported when they had their last influenza immunization (flu shot).

Why is this indicator important?

It has been recognized for many years that ***older people are at greater risk of serious complications from the flu*** because the human immune defenses become weaker with age. Influenza can be a very serious disease for people 65 and over.

Adults 65 years and up who have received the flu shot in the last year 2008, 2009, 2010

(Influenza immunization, less than one year ago, 65 years and over)



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2008	59.2	65.9	59.2	44.7	49.1	54.5	75	61
2009	62.9	62.8	59.7	59.6	79.4	54.4	51.7	60.9
2010	66.7	72.2	67.1	63.6	58.9	48.6	65.4	65.4

Actual indicator: Pap smear within the last 3 years, by age group, females aged 18 to 69 years

Source: Statistics Canada, Canadian Community Health Survey, 2005 and 2007/2008. CANSIM table no.: 105-0442 and the New Brunswick Department of Health

Definition:

Women aged 18 to 69 who reported when they had their last Pap smear test.

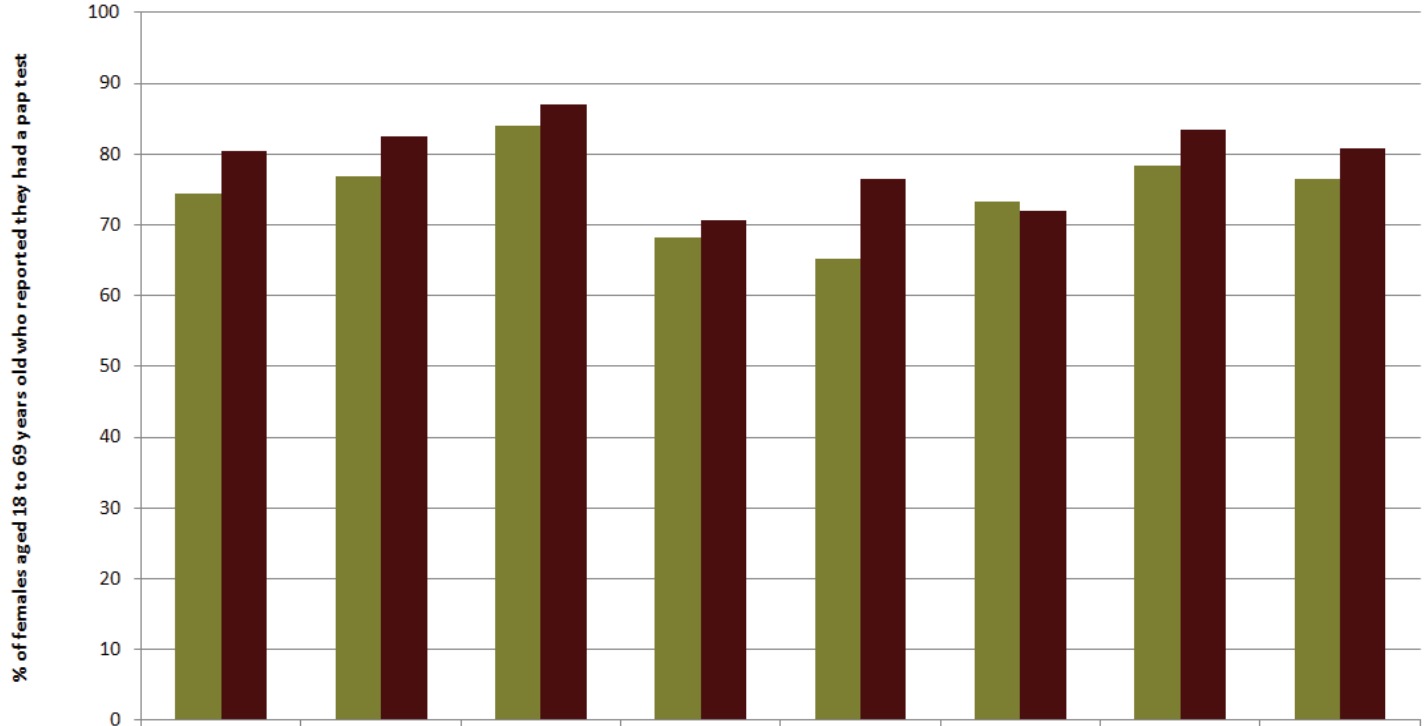
Why is this indicator important?

It can find the earliest signs of cervical cancer. If caught early, the chance of curing cervical cancer is very high. Pap tests can also find infections and abnormal cervical cells that can turn into cancer cells. Treatment can prevent most cases of cervical cancer from developing.

Getting regular Pap tests is the best thing you can do to prevent cervical cancer. In fact, regular Pap tests have led to a major decline in the number of cervical cancer cases and deaths. Women between the ages of 18 and 69 are recommended to have a pap smear at least once every three years based on personal risk factors and the advice of their health care provider.

Females (18 to 69 years old) who had a pap test within the last 3 years - 2005 and 2007/2008-

(Pap smear within the last 3 years, by age group, females aged 18 to 69 years)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2005	74.5	76.9	84	68.2	65.3	73.3	78.3	76.5
2007/2008	80.5	82.5	87	70.7	76.4	71.9	83.4	80.9

Actual indicator: Received mammogram within the last 2 years, females aged 50 to 69 years

Source: Statistics Canada, Canadian Community Health Survey, 2008.
CANSIM table no.: 105-0543 and the New Brunswick Department of Health 2009 and 2010

Definition:

Women aged 50 to 69 who reported when they had their last mammogram for routine screening or other reasons.

Why is this indicator important?

Screening mammography is an important strategy for early detection of breast cancer.

Screening mammography can find breast cancer not detected through breast examinations, which makes this an important screening tool to reduce breast cancer mortality. Women between the ages of 50 and 69 are recommended to have a screening mammography at least once every two years based on personal risk factors and the advice of their health care provider. Specifically, mammography screening reduces breast cancer mortality by 30% in women aged 50-69.

Females (50 to 69 years old) who had a mammogram in the last 2 years 2008, 2009, 2010

(Received mammogram within the last 2 years, females aged 50 to 69 years)

	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	70.7	67.9	76	75.7	77.6	85	76.6	74
2009	83.5	76.4	86.2	88.8	94.8	88.5	81.1	83.3
2010	83.6	71.1	74.2	79.9	75.8	78	70.6	76.7

Actual indicator: Overall Hospital rating

Source: Acute care Survey Results of the Hospital Patient Care, 2011 Experience in New-Brunswick, New Brunswick Health Council

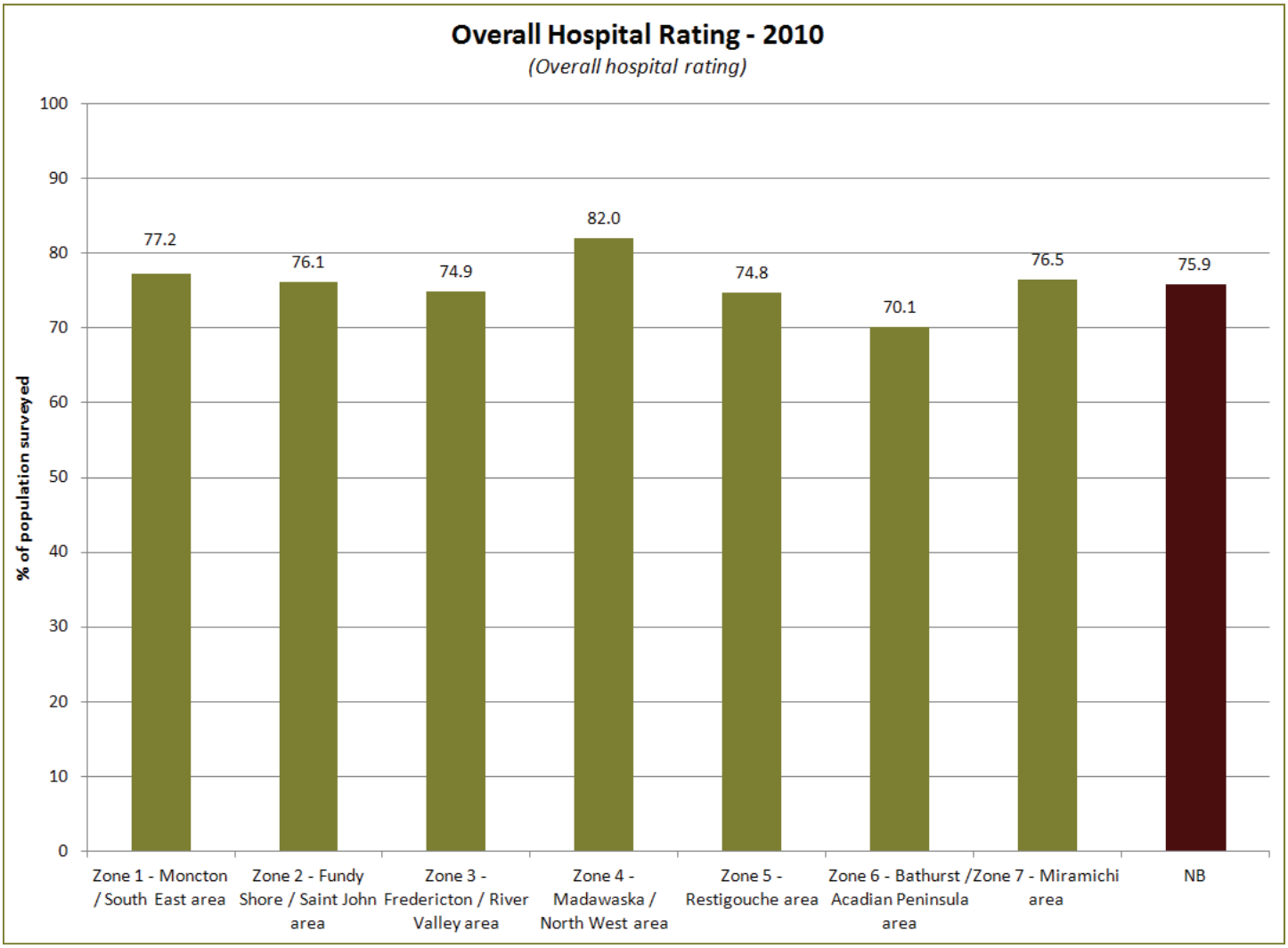
Definition:

This indicator measures patients' overall satisfaction with their hospital experience. A combination of factors such as access to care, the physical environment within the hospital, interactions with hospital staff and perceived outcomes of care can contribute to patients' overall perception of global satisfaction. Other factors, such as hospital's reputation in the community may also influence patients' overall hospital rating.

The indicator score is the percentage of patients who gave their hospital a rating of "8", "9" or "10" on a scale from "0" (Worst hospital possible) to "10" (Best hospital possible).

Why is this indicator important?

Patient-centeredness is an important element of health care quality. Any change in the health system is an improvement only if the patient thinks it is. ***Patients bring a unique perspective to the health care system and their feedback can be a powerful force for positive change***. There is also compelling evidence in the medical literature suggesting that when patients are satisfied with their hospital care, they are more likely to follow prescribed treatments and have better health status.


Overall Hospital Rating - 2010
(Overall hospital rating)
% of population surveyed
100
90
80
70
60
50
40
30
20
10
0
77.2
76.1
74.9
82.0
74.8
70.1
76.5
75.9
Zone 1 - Moncton / South East area
Zone 2 - Fundy Shore / Saint John area
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Zone 6 - Bathurst / Acadian Peninsula area
Zone 7 - Miramichi area
NB

Actual indicator: Global Satisfaction Ratings

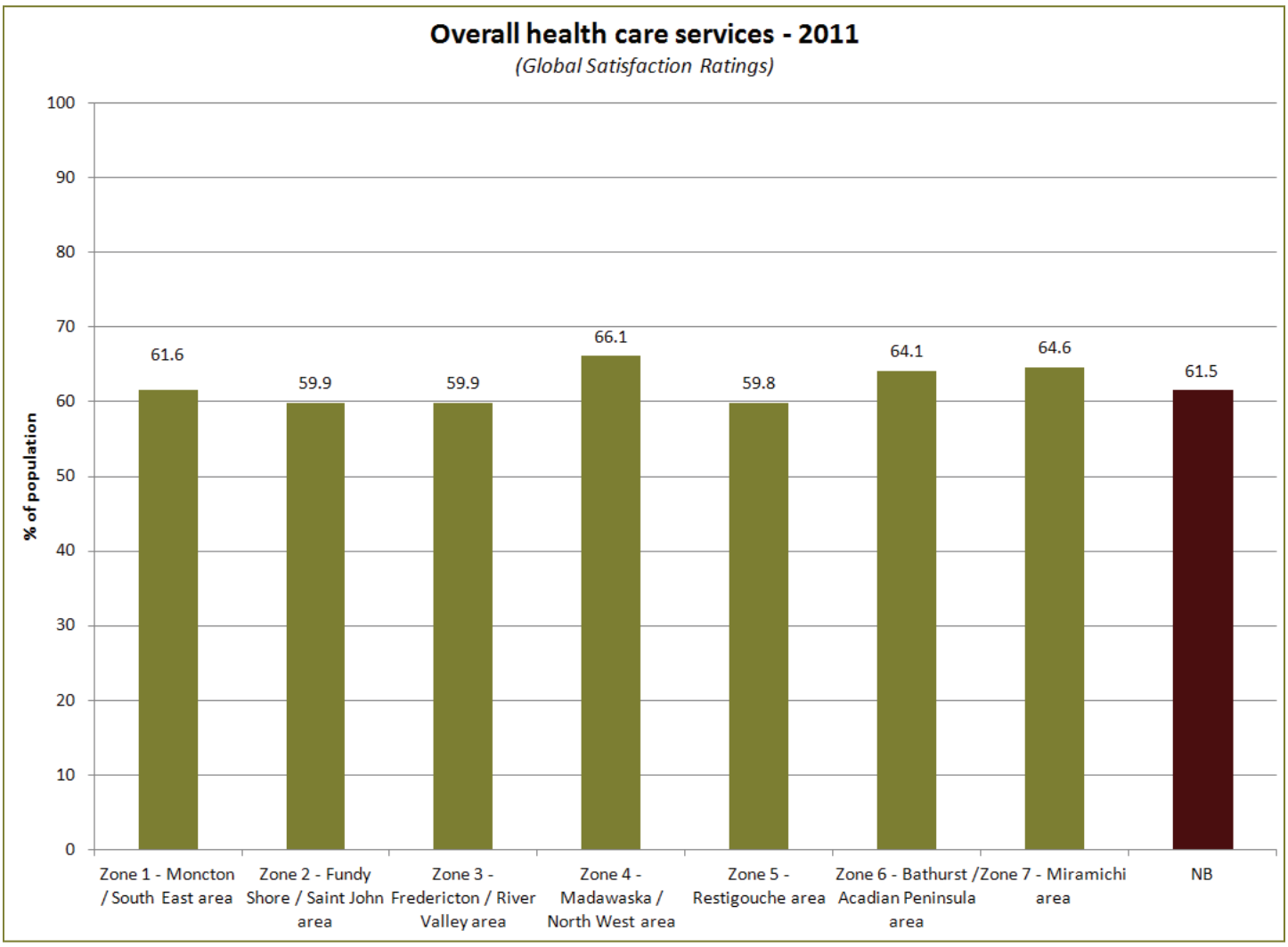
Source: New Brunswickers' Experiences with Primary Health Care, 2011 Survey Results (NBHC 2011)

Definition:

The satisfaction score is an overall measure of experiences with primary health care services. In the NBHC 2011 Primary Health Care Survey, the satisfaction score is an overall score that combines responses to individual ratings of services received from/at the personal family doctor, nurse practitioner, hospital emergency department, specialist, after-hours or walk-in clinic, community health centre, Tele-Care, ambulance services, and alternative practitioner.

Why is this indicator important?

Patient-centeredness is an important element of health care quality. Any change in the health system is an improvement only if the patient thinks it is. ***Patients bring a unique perspective to the health care system and their feedback can be a powerful force for positive change***. There is also compelling evidence in the medical literature suggesting that when patients are satisfied with their health care services , they are more likely to follow prescribed treatments and have better health status.


Overall health care services - 2011
(Global Satisfaction Ratings)
% of population
100
90
80
70
60
50
40
30
20
10
0
61.6
59.9
59.9
66.1
59.8
64.1
64.6
61.5
Zone 1 - Moncton / South East area
Zone 2 - Fundy Shore / Saint John area
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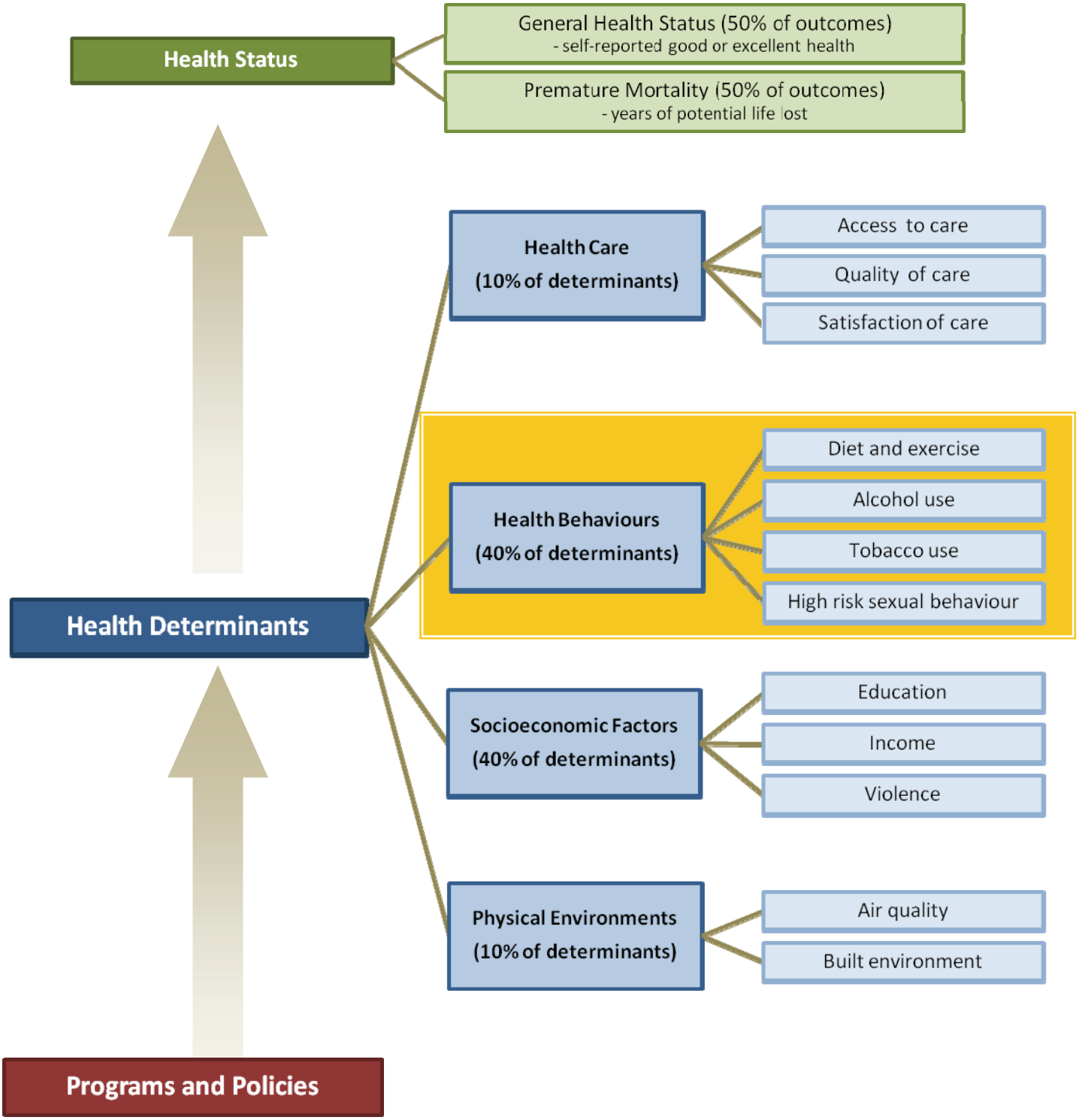
Zone 5 - Restigouche area
Zone 6 - Bathurst / Acadian Peninsula area
Zone 7 - Miramichi area
NB

Section 3 — Health Determinants

Health Behaviours:
accounts for 40% of the health status

You can change your health by choosing positive health behaviours in your life.


Health Status
General Health Status (50% of outcomes)
- self-reported good or excellent health
Premature Mortality (50% of outcomes)
- years of potential life lost
Health Determinants
Health Care
(10% of determinants)
Access to care
Quality of care
Satisfaction of care
Health Behaviours
(40% of determinants)
Diet and exercise
Alcohol use
Tobacco use
High risk sexual behaviour
Socioeconomic Factors
(40% of determinants)
Education
Income
Violence
Physical Environments
(10% of determinants)
Air quality
Built environment
Programs and Policies

Actual indicator: Leisure-time physical activity, moderately active or active

Source: Statistics Canada, Canadian Community Health Survey, 2008, 2009 and 2010. CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported a level of physical activity, based on their responses to questions about the nature, frequency and duration of their participation in leisure-time physical activity.

Respondents are classified as active, moderately active or inactive based on an index of average daily physical activity over the past three months. For each leisure time physical activity engaged in by the respondent, average daily energy expenditure is calculated by multiplying the number of times the activity was performed by the average duration of the activity by the energy cost (kilocalories per kilogram of body weight per hour) of the activity. The index is calculated as the sum of the average daily energy expenditures of all activities. Respondents are classified as follows: 3.0 kcal/kg/day or more = physically active; 1.5 to 2.9 kcal/kg/day = moderately active; less than 1.5 kcal/kg/day = inactive.

Why is this indicator important?

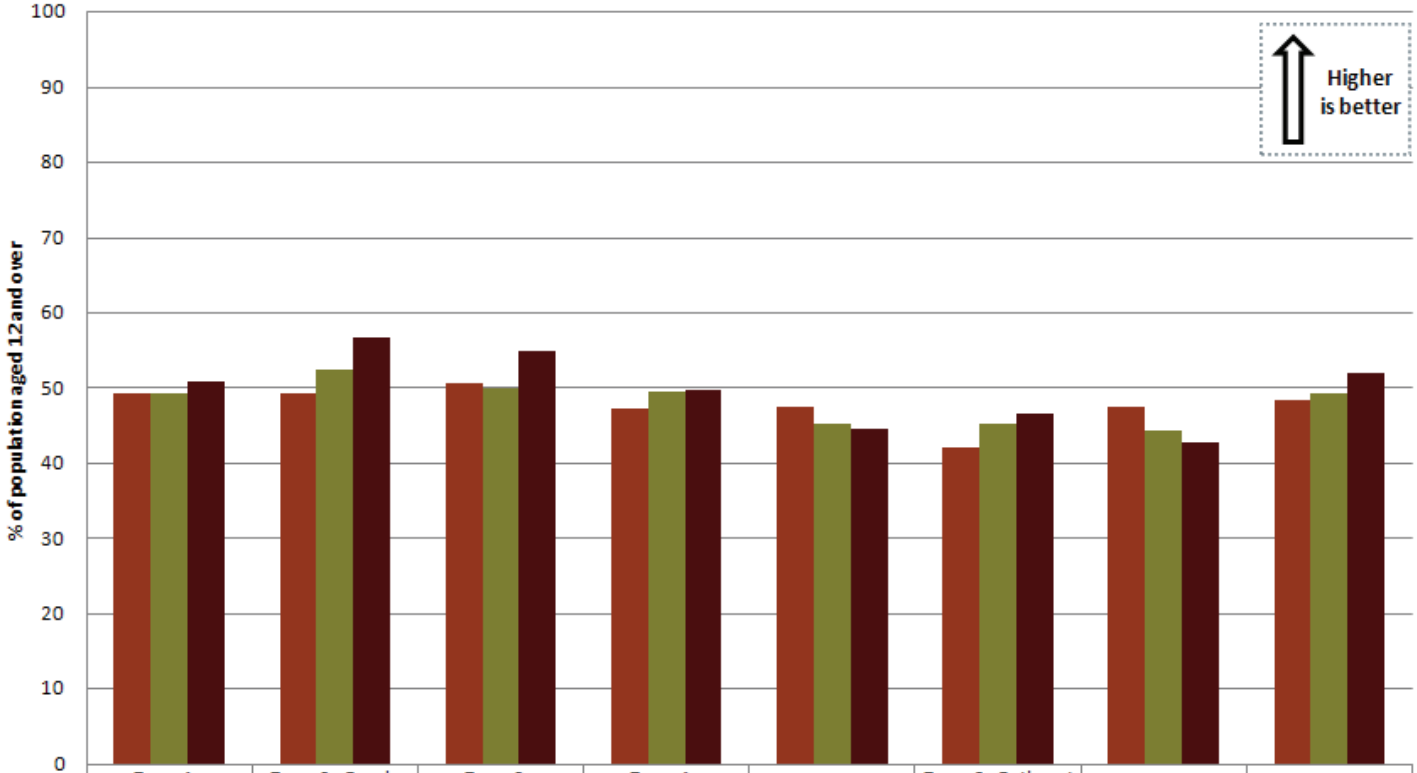
Industrialization, urbanization and motorized transport have reduced physical activity in the last years. Physical activity is probably one of public health's most cost effective tools:

Reduces the risk of conditions such as cardiovascular disease, non-insulin-dependent diabetes and obesity;

By improving people's physical coordination, balance and strength, ***reduces the risk of injuries*** and is likely to prevent, for example, falls among elderly people; and ***contributes to mental well-being***.

Physical activity during free-time, moderately active or active - 2008, 2009, 2010

(Leisure-time physical activity, moderately active or active)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	49.3	49.3	50.7	47.4	47.6	42.1	47.6	48.5
2009	49.3	52.4	50.1	49.6	45.3	45.2	44.4	49.3
2010	50.9	56.7	55	49.8	44.7	46.6	42.8	52

Actual indicator: Fruit and vegetable consumption, 5 times or more per day

Source: Statistics Canada, Canadian Community Health Survey, 2008, 2009 et 2010. CANSIM table no.: 105-0501

Definition:

Indicates the usual number of times (frequency) per day a person reported eating fruits and vegetables. Measure does not take into account the amount consumed.

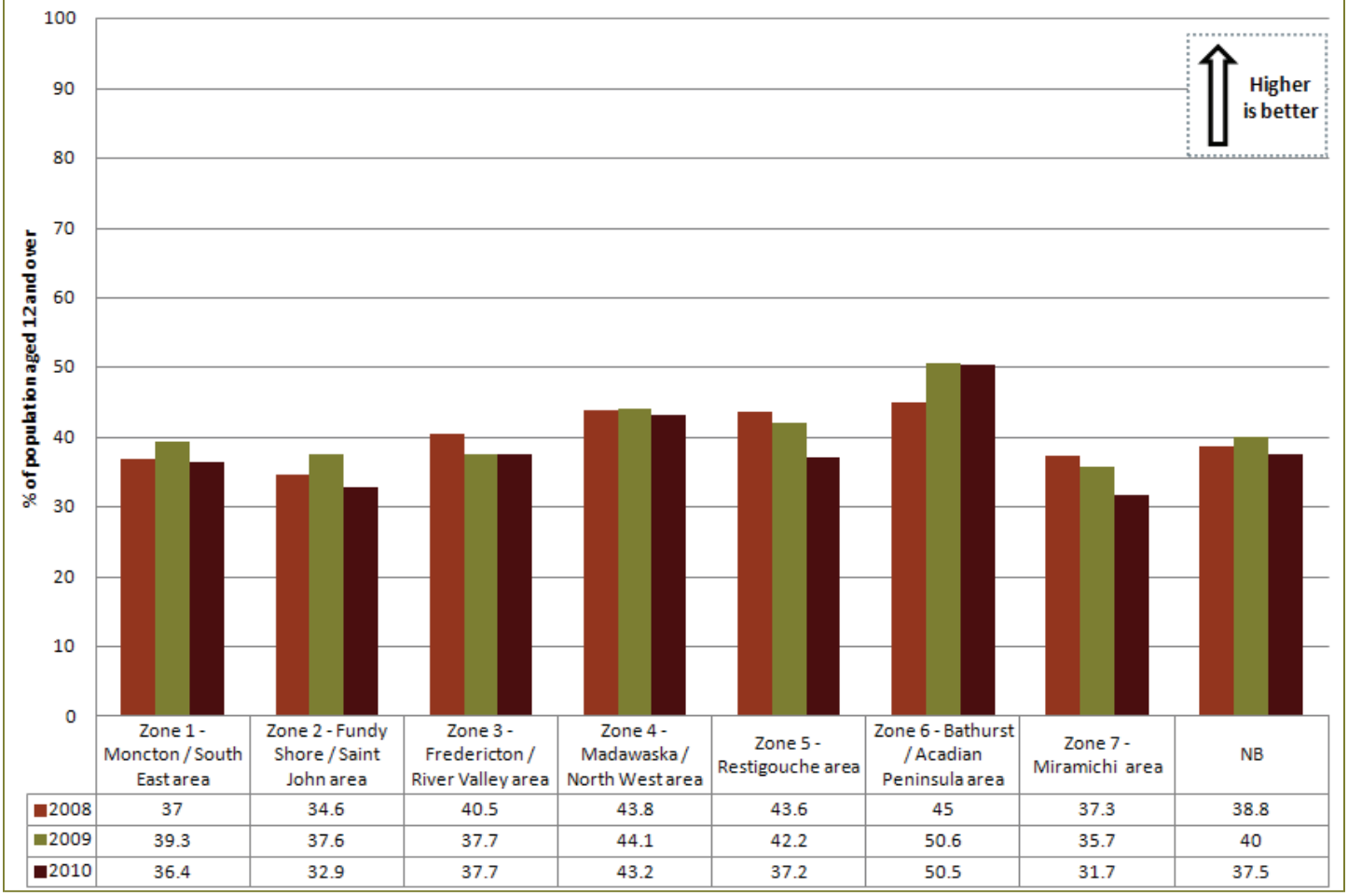
Canada and provincial estimates are based on sub-sample weights for 2005 data.

Why is this indicator important?

Increased fruit and vegetable intake has the potential to bring important health gains. They are an important part of a healthy diet. Low intake can cause some cancers, ischemic heart disease and stroke.

Eat 5 or more fruits or vegetables a day - 2008 , 2009, 2010

(Fruit and vegetable consumption, 5 times or more per day)



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2008	37	34.6	40.5	43.8	43.6	45	37.3	38.8
2009	39.3	37.6	37.7	44.1	42.2	50.6	35.7	40
2010	36.4	32.9	37.7	43.2	37.2	50.5	31.7	37.5

Actual indicator: Obese

Source: Statistics Canada, Canadian Community Health Survey, 2008, 2009 and 2010. CANSIM table no.: 105-0501

Definition:

Body mass index (BMI) is calculated by dividing the respondent's body weight (in kilograms) by their height (in metres) squared.

A definition change was implemented in 2004 to conform to the World Health Organization (WHO) and Health Canada guidelines for body weight classification. The index is calculated for the population aged 18 and over, excluding pregnant females and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

According to the World Health Organization (WHO) and Health Canada guidelines, the index for body weight classification is:

- less than 18.50 (underweight);
- 18.50 to 24.99 (normal weight);
- 25.00 to 29.99 (overweight);
- 30.00 to 34.99 (obese, class I);
- 35.00 to 39.99 (obese, class II);
- 40.00 or greater (obese, class III).

In this case, we are only looking at the BMI 30.00 or greater.

Why is this indicator important?

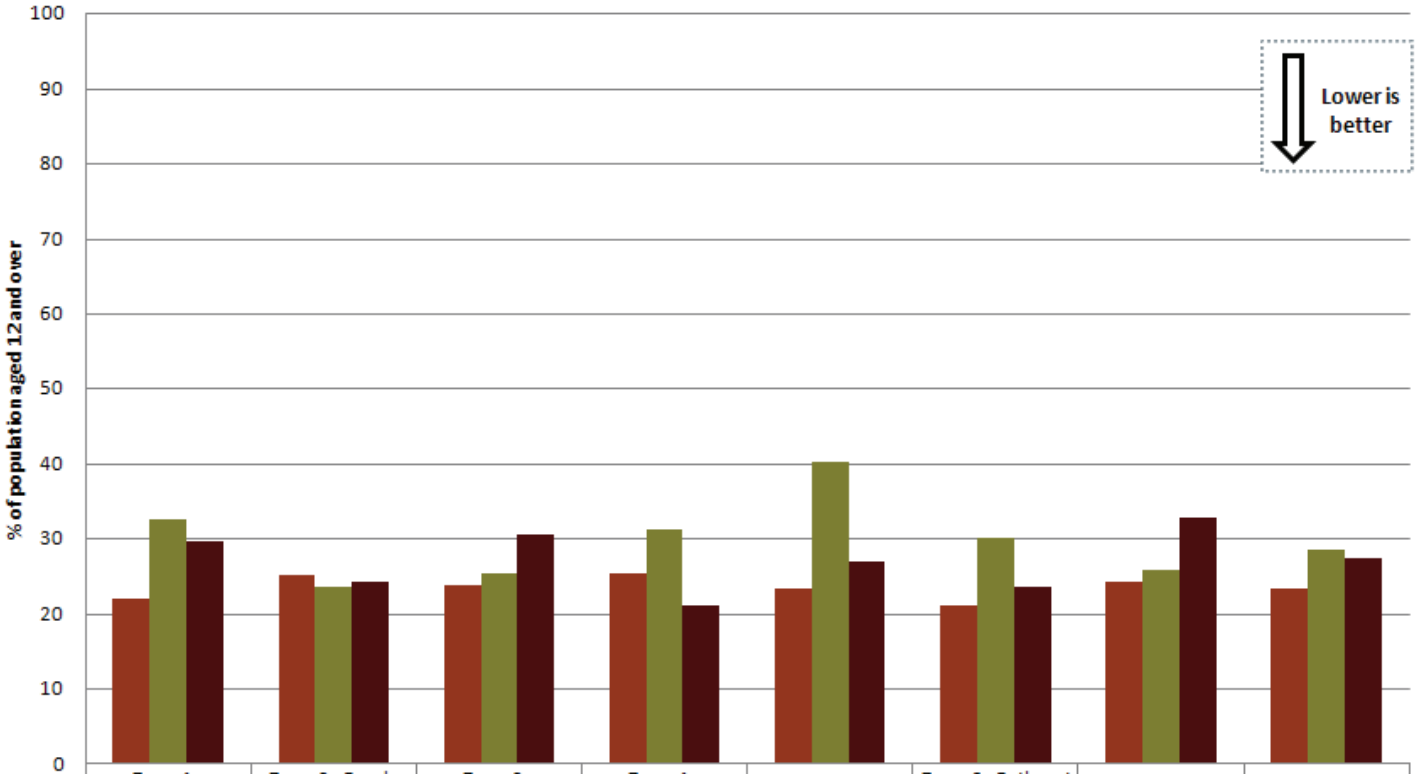
Body mass index (BMI) is a method of classifying body weight according to health risk. According to the World Health Organization (WHO) and Health Canada guidelines, health risk levels are associated with each of the following BMI categories:

- normal weight → least health risk;
- underweight and overweight → increased health risk;
- *obese, class I → high health risk;*
- *obese, class II → very high health risk;*
- *obese, class III → extremely high health risk.*

Some of the risk factors associated with obesity are diabetes, cardiovascular disease, joint diseases and cancer. They can have a strong negative impact on the quality of life.

Adults with unhealthy weight (obese) - 2008, 2009, 2010

(Obese)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	22.1	25.1	23.9	25.5	23.4	21.1	24.3	23.5
2009	32.7	23.7	25.5	31.3	40.3	30.1	25.9	28.5
2010	29.7	24.2	30.7	21.2	27.1	23.6	32.9	27.5

Actual indicator: Frequency of drinking

Source: Statistics Canada, Canadian Community Health Survey, 2008, 2009, and 2010. CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported having 5 or more drinks on one occasion, at least once a month in the past year.

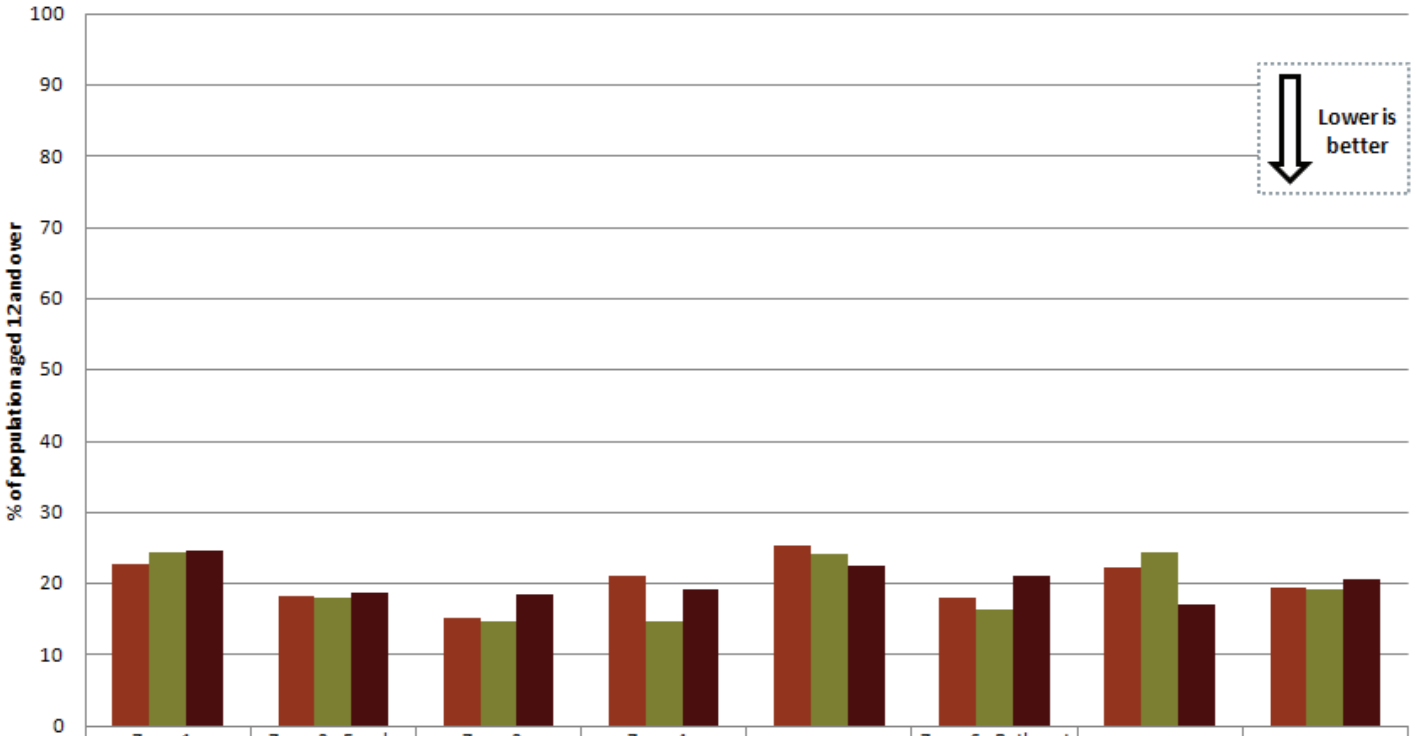
Starting in 2009, the denominator includes all the population aged 12 and over. This change applies to rates from all years in this table. In data released before 2009, the denominator included only the population who reported having had at least one drink in the past 12 months. Increasing the population in the denominator reduces the estimate rates. This change was implemented to produce more comparable rates over time and is more consistent with methods used in calculating other indicators.

Why is this indicator important?

The long term effects of alcohol in excessive quantities can be damaging to nearly every organ and system in the body. ***Regularly consuming high amounts of alcohol is correlated with an increased risk of developing alcoholism, cardiovascular disease, chronic pancreatitis, liver disease, and cancer***.

5 or more drinks at one time, at least once a month in the past year (heavy drinking)- 2008, 2009, 2010

(Frequency of drinking)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	22.7	18.3	15.3	21	25.4	18.1	22.2	19.4
2009	24.5	18	14.8	14.8	24.1	16.4	24.4	19.2
2010	24.7	18.8	18.6	19.1	22.6	21.1	17.2	20.6

Actual indicator: Perceived life stress

Source: Statistics Canada, Canadian Community Health Survey, 2008, 2009, 2010.
CANSIM table no.: 105-0501

Definition:

Population aged 15 and over who reported perceiving that most days in their life were quite a bit or extremely stressful. Perceived life stress refers to the amount of stress in the person's life, on most days, as perceived by the person or, in the case of proxy response, by the person responding.

Why is this indicator important?

Stress is a fact of daily life and is the result of both the good and bad things that happen. Too much stress can cause serious health concerns, but there are many ways of dealing with stress that can reduce your risk. While some people may appear to thrive on it, stress is considered to be a risk factor in many diseases, including:

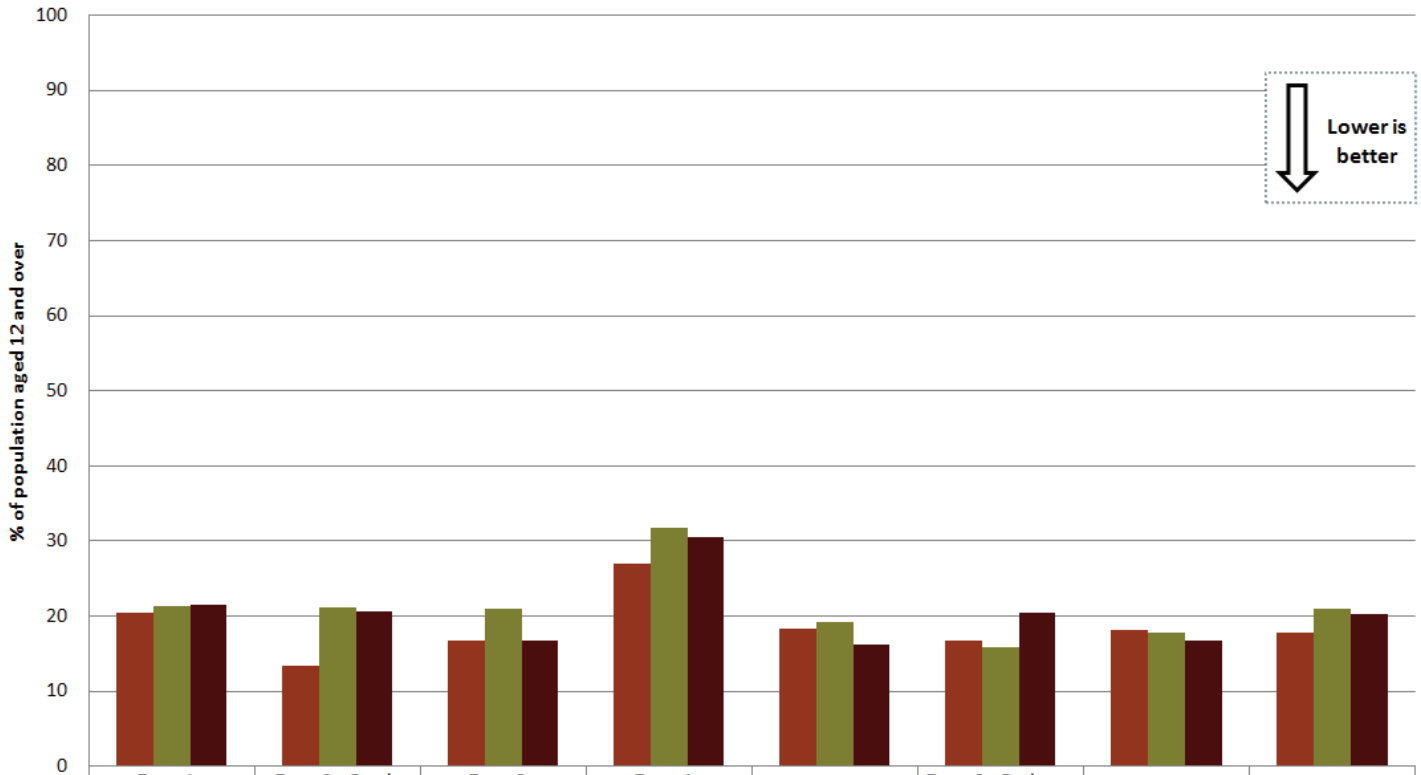
- *heart disease*
- *some types of bowel disease*
- *Herpes*
- *mental illness*

Stress also makes it hard for people with diabetes to control their blood sugar.

Stress is also a risk factor in alcohol and substance abuse, as well as weight loss and gain. Stress has even been identified as a possible risk factor in Alzheimer's disease.

Seeing your stress as being a lot - 2008, 2009, 2010

(Perceived life stress)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	20.4	13.4	16.7	26.9	18.3	16.8	18.1	17.8
2009	21.3	21.1	20.9	31.8	19.2	15.9	17.8	21
2010	21.5	20.7	16.8	30.5	16.2	20.5	16.8	20.3

Actual indicator: Current smoker

Source: Statistics Canada, Canadian Community Health Survey, 2008, 2009 and 2010. CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported being a current smoker. A daily smoker refers to those who reported smoking cigarettes every day. Does not take into account the number of cigarettes smoked.

Why is this indicator important?

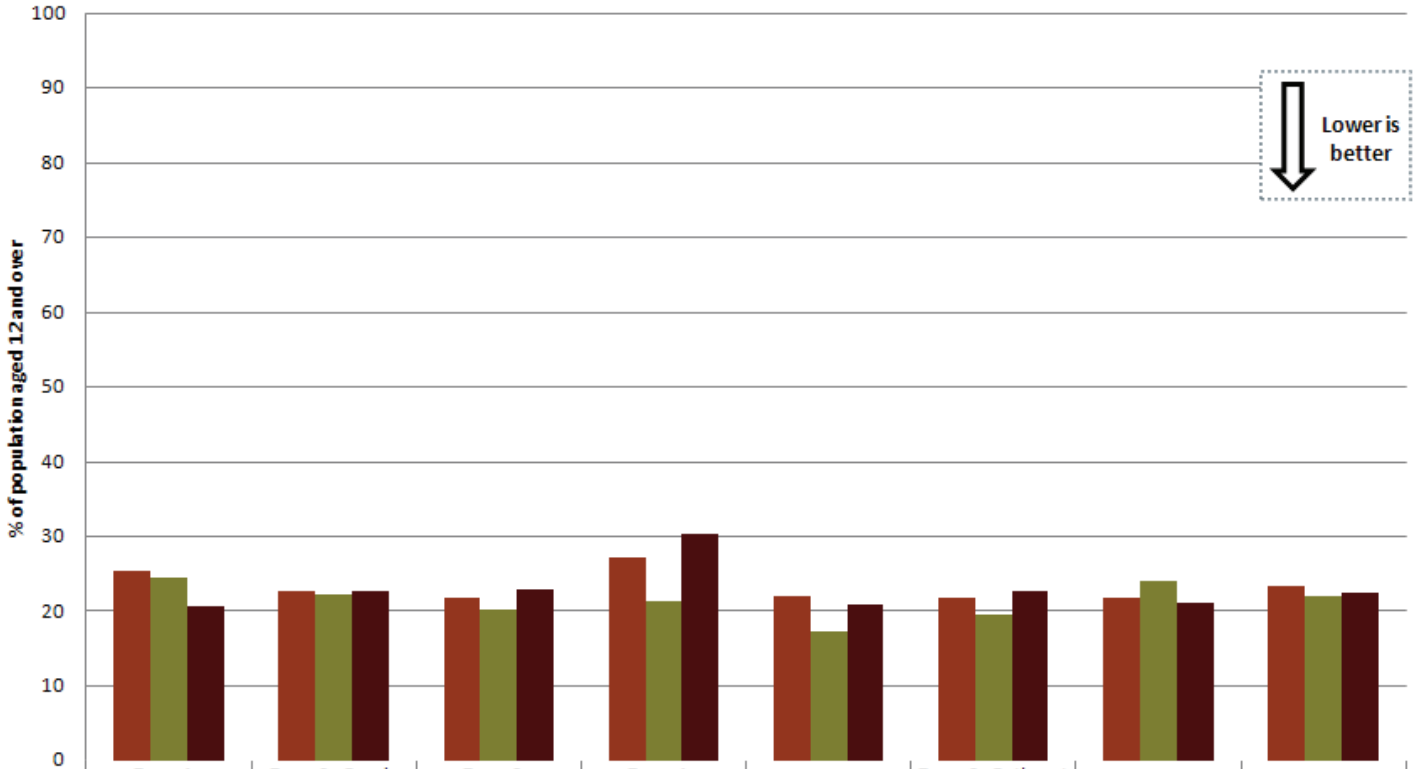
Smoking has become the single biggest preventable cause of death in the world. Half of tobacco users will die of a tobacco-related disease. The morbidity or impaired health caused by tobacco is more widespread. As most of these deaths occur in middle age, the loss of income and the effects of chronic illness severely affect the quality of life and well-being of tobacco users' families.

Limitations:

Although the Canadian Tobacco Use Monitoring Survey (CTUMS) and the Canadian Community Health Survey (CCHS) produce estimates of national and provincial smoking rates, data users should be aware of a number of differences between the two surveys. Firstly, the surveys use different sampling frames. Secondly, the annual sample for CTUMS is 20,000 compared to 65,000 for CCHS. Thirdly, in CCHS, smoking questions are asked in the context of a wide range of health-related behaviours whereas in CTUMS all questions are related to smoking. These differences could influence the accuracy of information provided by the respondent. Although these factors can influence the estimates produced at a single point in time, the trends produced by the two surveys have been noted to be very consistent over time. Rather than comparing smoking rates produced from the two surveys, Statistics Canada advises data users to choose a single source, based on their objectives, and to use that source consistently.

Current smoker, daily or occasional - 2008, 2009, 2010

(Current smoker)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	25.5	22.6	21.7	27.2	22.1	21.7	21.9	23.3
2009	24.6	22.3	20.3	21.3	17.2	19.5	24	22
2010	20.6	22.6	23	30.3	20.8	22.7	21.1	22.5

Actual indicator: Number of sexually transmitted illnesses, genital Chlamydia (STI)

Source: New Brunswick Department of Health, 2010

Definition:

Communicable diseases are capable of being transmitted from an infected person or species to a susceptible host, either directly or indirectly.

Specifically, a sexually transmitted illness is an infection that has a negligible probability of transmission by means other than sexual contact, but has a realistic means of transmission by sexual contact (more sophisticated means — blood transfusion, sharing of hypodermic needles —are not taken into account). The Chlamydia rate is what was looked at here.

Why is this indicator important?

Some sexually transmitted infections can have severe consequences, especially in women, ***if not treated***, which is why it is important to do testing. Some sexually transmitted illnesses can lead to pelvic inflammatory disease, which can cause infertility, while others may even be fatal. Prevention strategies are very important.

Between 1999-2003, sexually transmitted diseases were the most frequently diagnosed communicable disease in New Brunswick and accounted for 64% of the reported communicable diseases.

Special note:

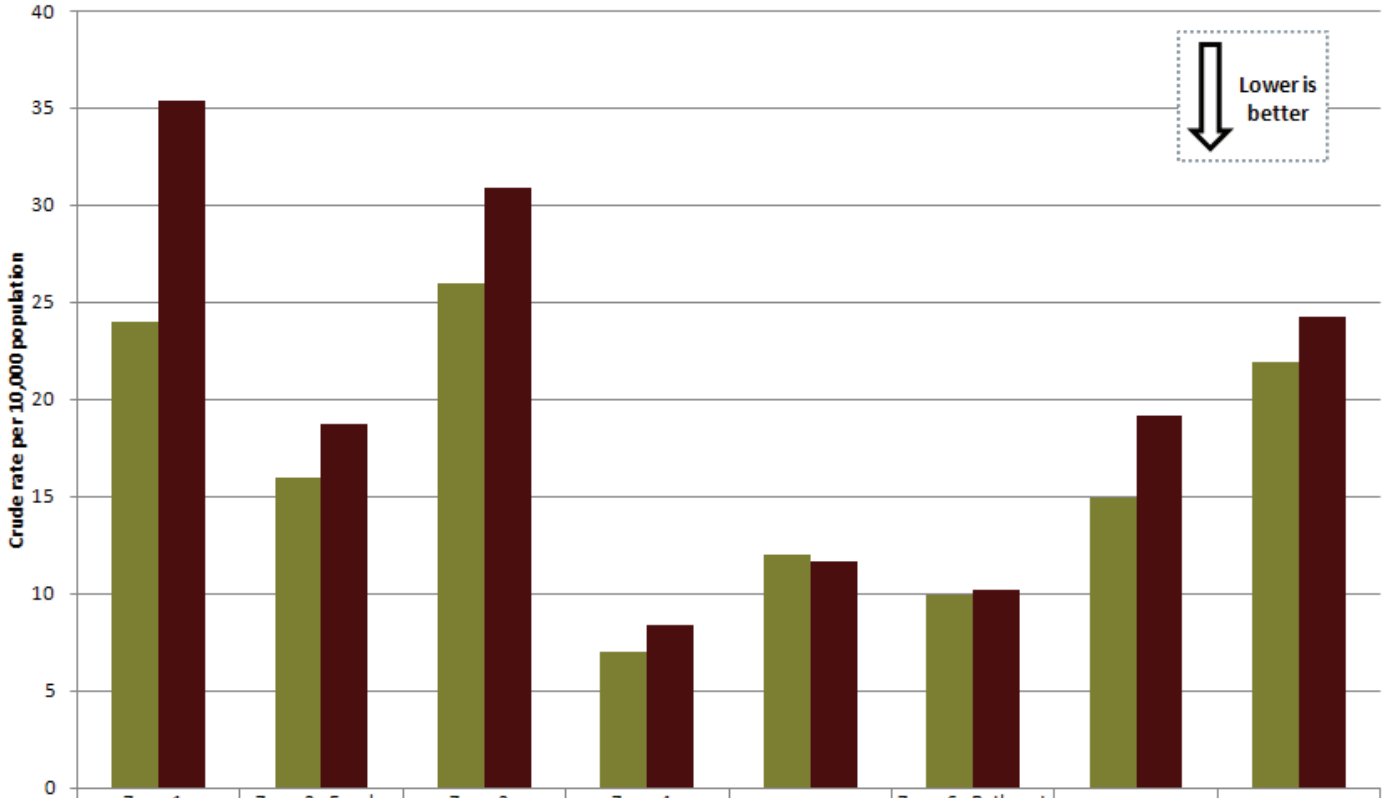
The Public Health Agency of Canada data has been used on the *Provincial Snapshot* to enable comparison with the rest of Canada.

Source: Report on Sexually Transmitted Infections in Canada: 2010

* In the last population Health snapshot, all STI where considered. This time around, only genital Chlamydia is looked at therefore no comparison can be done with the last snapshot.

Number of sexually transmitted illnesses (genital Chlamydia) - 2008 & 2010

(Number of sexually transmitted illnesses, genital Chlamydia (STI))



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	24	16	26	7	12	10	15	22
2010	35.4	18.8	30.9	8.4	11.7	10.2	19.2	24.3

Actual indicator: Pregnancy, under 20 years old

Source: New Brunswick Vital Statistics, 2008 and 2010
Definition:

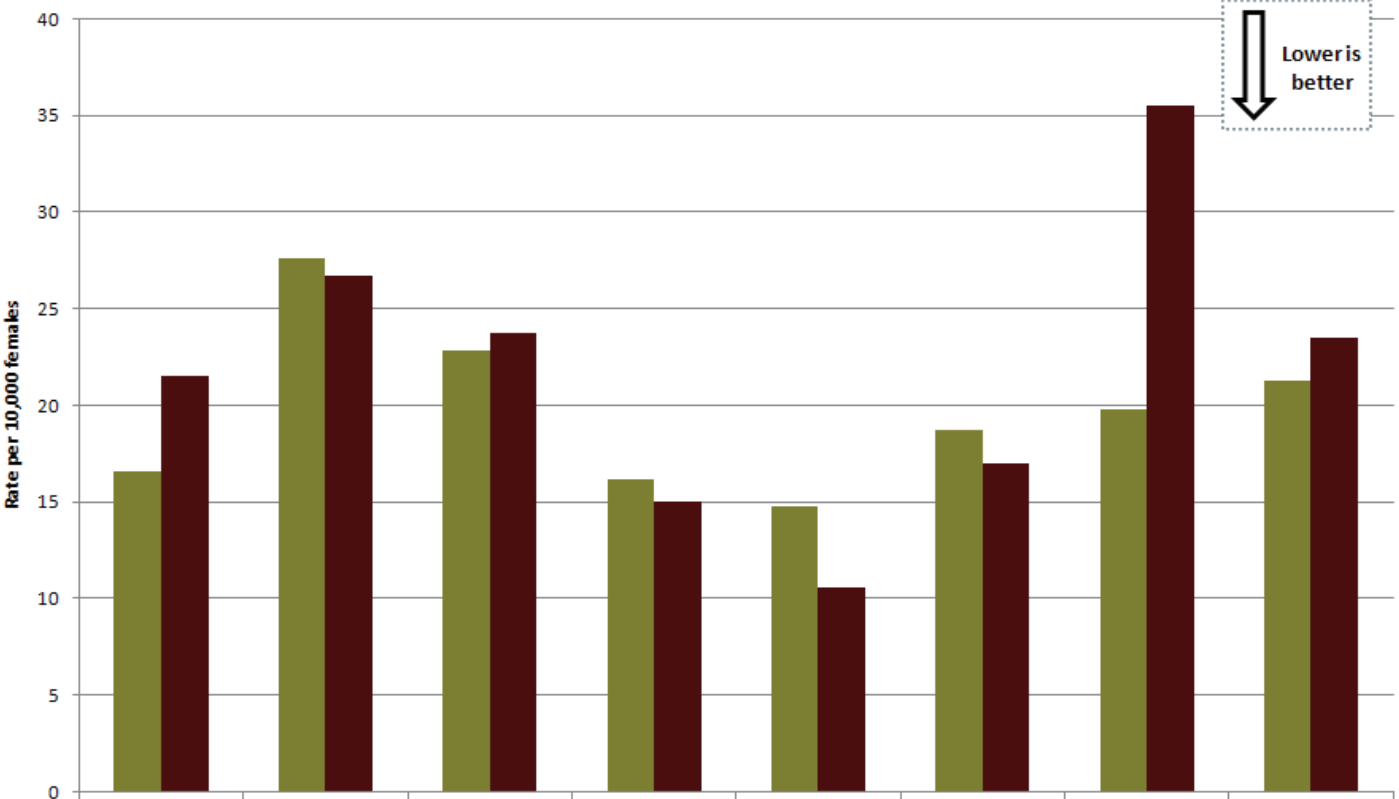
Teenage pregnancy is defined as a teenaged or underage girl (under 20 years old) who have had a live birth.

Why is this indicator important?

Teenage pregnancy and early parenthood can lead to poor educational achievement, poor physical and mental health, poverty and social isolation for mothers and their children. ***Socioeconomic disadvantage can be both the cause and effect of youth parenthood.***

Teens who are pregnant - 2008 and 2010

(Pregnancy, under 20 years old)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	16.6	27.6	22.8	16.2	14.8	18.7	19.8	21.3
2010	21.5	26.7	23.7	15	10.6	17	35.5	23.5

Actual indicator: Always wears a bicycle helmet while on a bike

Source: Statistics Canada, Canadian Community Health Survey, 2009 and 2010

CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported that they always wore a helmet when riding a bicycle in the last 12 months.

Why is this indicator important?

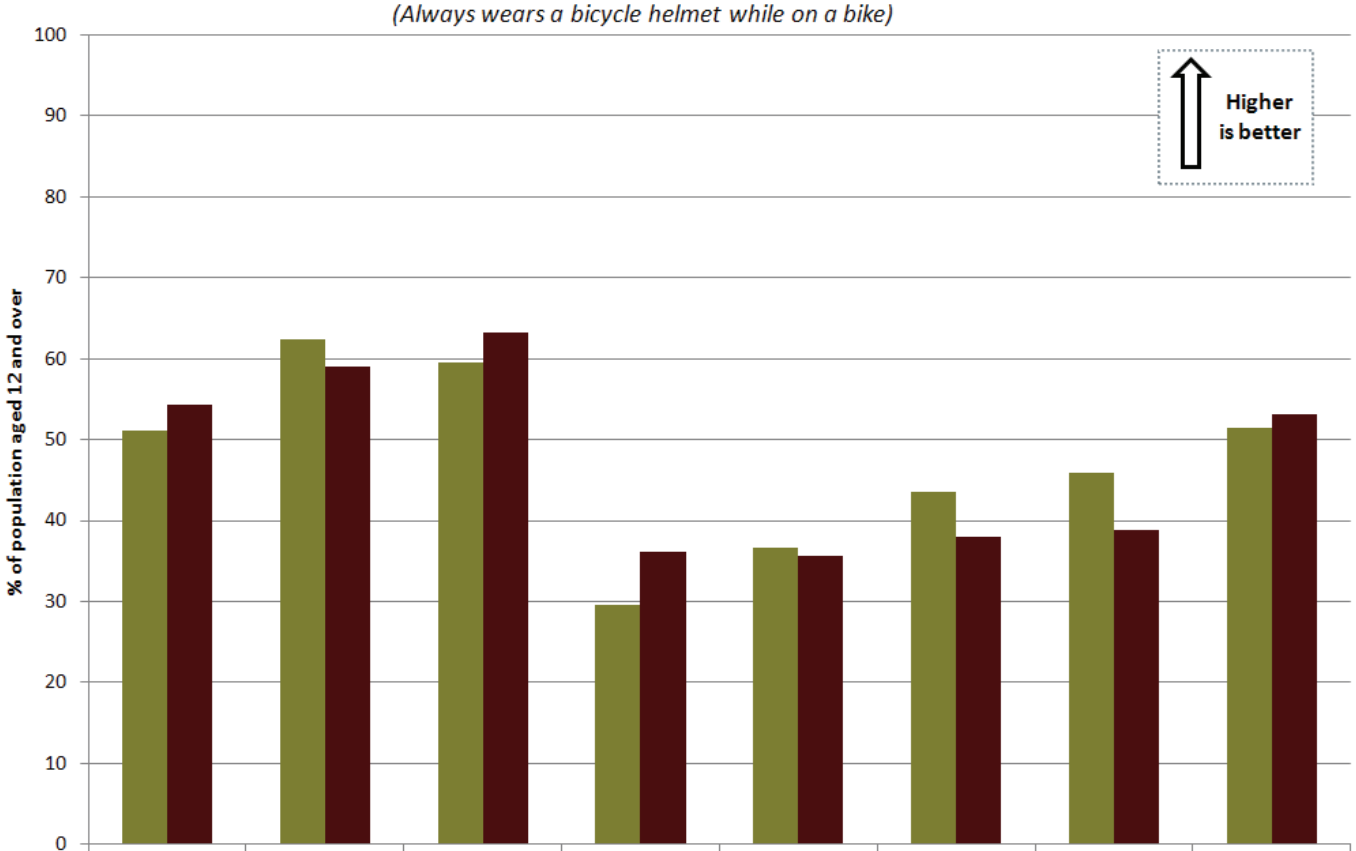
Cycling is a popular past-time among children and adults and is highly beneficial as a means of transport and obtaining exercise. However, cycling related injuries are common and can be severe, particularly head injuries.

Modern bicycle helmets are designed to reduce the effects of impact to the head, such as brain injuries, memory loss and even death, from falling off a bicycle.

In New Brunswick, it is also the law to wear a bicycle helmet while riding a bicycle.

Cyclist who always wore a bicycle helmet - 2009 and 2010

(Always wears a bicycle helmet while on a bike)

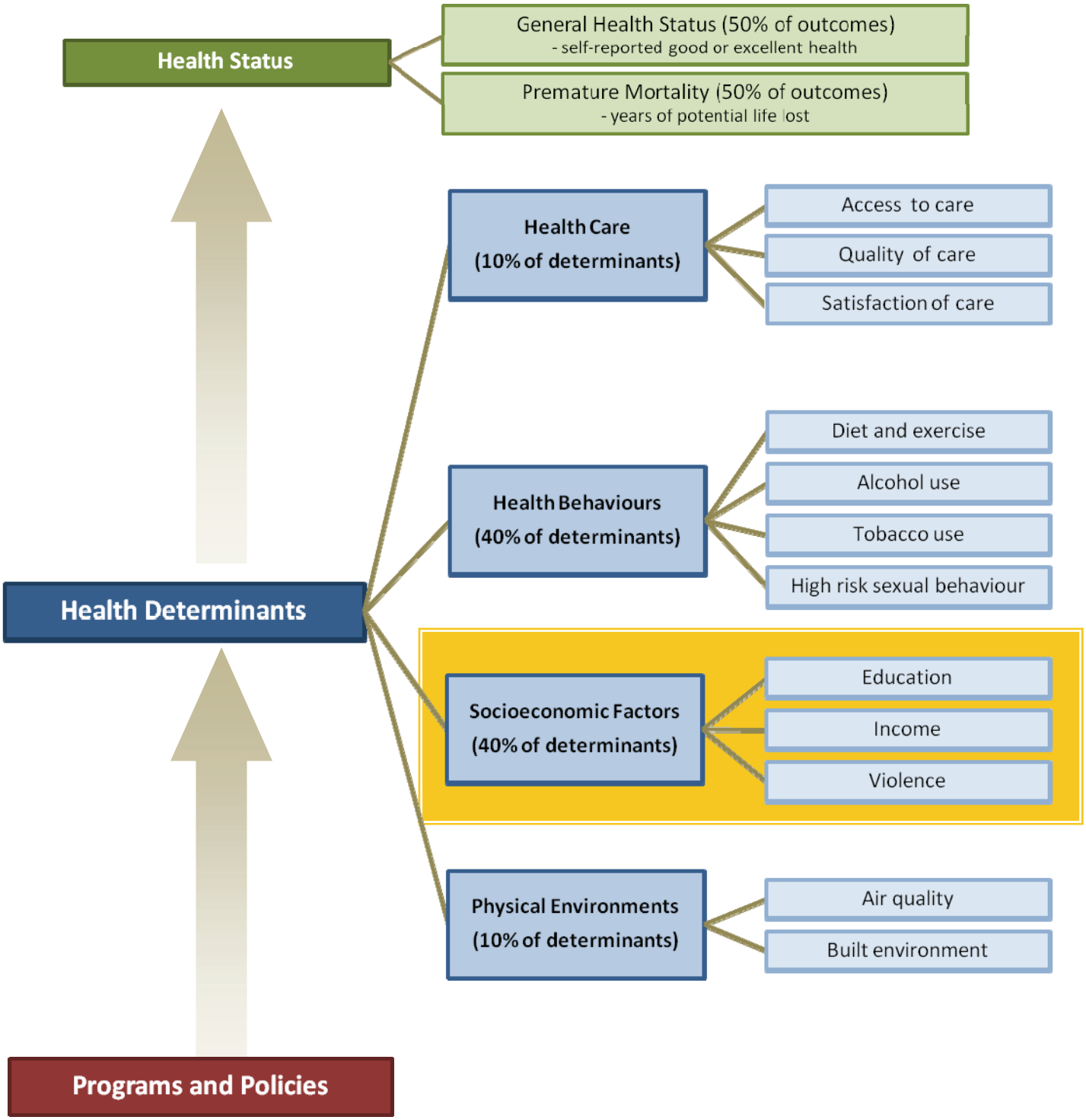


	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2009	51.2	62.4	59.6	29.6	36.7	43.5	45.9	51.4
2010	54.3	59.1	63.3	36.2	35.7	38	38.9	53.1

Section 4 — Health Determinants

Socioeconomic Factors:
accounts for 40% of the health status

Education, income, violence,
are very important factors in your health.


Health Status
General Health Status (50% of outcomes)
- self-reported good or excellent health
Premature Mortality (50% of outcomes)
- years of potential life lost
Health Determinants
Health Care
(10% of determinants)
Access to care
Quality of care
Satisfaction of care
Health Behaviours
(40% of determinants)
Diet and exercise
Alcohol use
Tobacco use
High risk sexual behaviour
Socioeconomic Factors
(40% of determinants)
Education
Income
Violence
Physical Environments
(10% of determinants)
Air quality
Built environment
Programs and Policies

Actual indicator: No certificate, diploma or degree

Source: Statistics Canada, 2006 Census.
CANSIM table no.: 109-0300

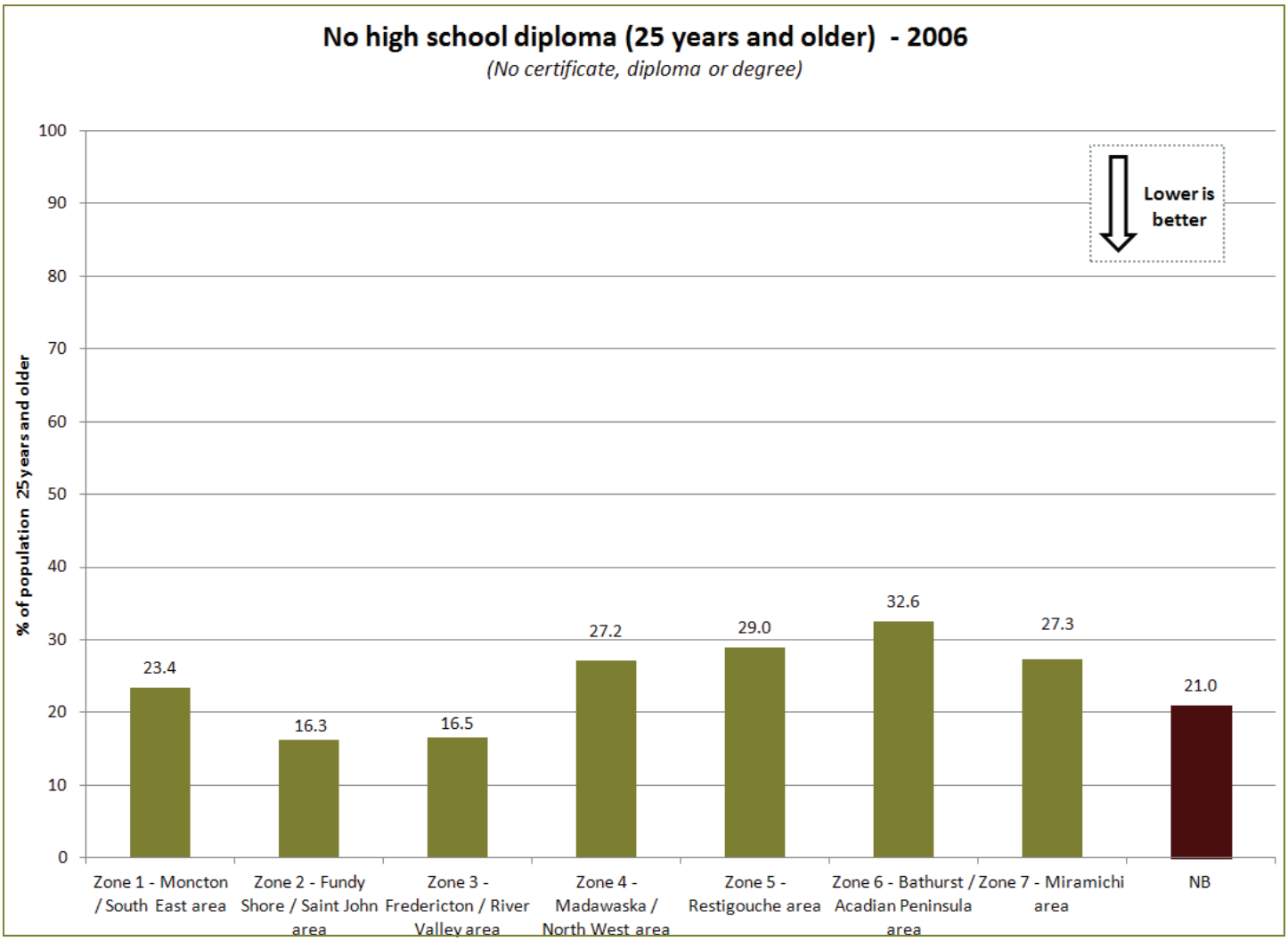
Definition:

This indicator was calculated by dividing the group that had '***no certificate, diploma or degree'*** and it was divided by the' ***total population aged 25 and up'*** (as per Census 2006).

Why is this indicator important?

Education and literacy have a significant influence on health status by virtue of their effects on employability income, and the basic ability to read and understand health-related information and instruction such as prescription drug instructions. ***Lower levels of educational attainment and literacy are associated with poorer health status.***

Canadians with lower levels of education have a lower life expectancy and experience higher rates of infant mortality than Canadians with higher levels of education.


No high school diploma (25 years and older) - 2006
(No certificate, diploma or degree)
% of population 25 years and older
100
90
80
70
60
50
40
30
20
10
0
Lower is better
23.4
16.3
16.5
27.2
29.0
32.6
27.3
21.0
Zone 1 - Moncton / South East area
Zone 2 - Fundy Shore / Saint John area
Zone 3 - Fredericton / River Valley area
Zone 4 - Madawaska / North West area
Zone 5 - Restigouche area
Zone 6 - Bathurst / Acadian Peninsula area
Zone 7 - Miramichi area
NB

Actual indicator: Adult unemployment, 15 years and over

Source: Statistics Canada, Labour Force Survey (special tabulations), 2008 and 2009
CANSIM table no.: 109-5304

Definition:

The unemployment rate is the number of unemployed persons expressed as a percentage of the labour force. The unemployment rate for a particular group (age, sex, marital status or others) is the number of unemployed in that group expressed as a percentage of the labour force for that group.

The labour force consists of people who are currently employed and people who are unemployed but were available to work in the reference week and had looked for work in the past 4 weeks. Reference week refers to a one-week period (from Sunday to Saturday) that usually includes the 15th day of the month. The Labour Force Survey excludes residents of Indian Reserves, the Yukon, Northwest Territories and Nunavut, inmates of institutions and full-time members of the Armed Forces. Labour Force Survey exclusions account for less than 2% of the population aged 15 and over.

Data where the province-specific minimum sample size was not met were suppressed (x) due to confidentiality.

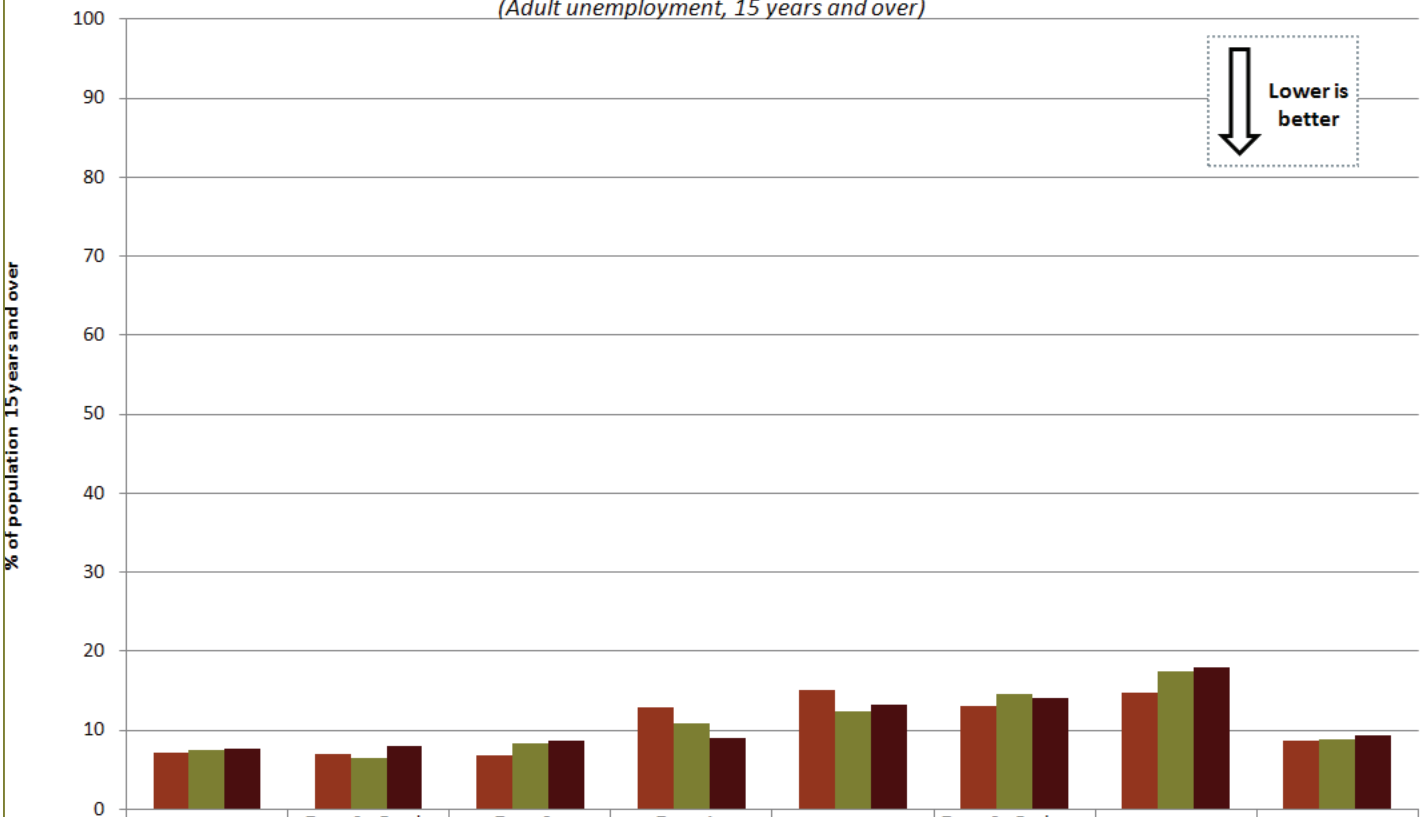
In June 2006, these estimates were revised due to sample redesign in 2005 and rebasing of the population estimates used for the Labour Force Survey (LFS). See 'Improvements in 2005 to the Labour Force Survey (LFS)' at http://www.statcan.gc.ca/bsolc/olc-cel/olc-cel?catno=71F0031XIE&lang=eng for more information.

Why is this indicator important?

Unemployment has been shown to have a significant negative impact on ***income security*** and can lead to ***isolation, despair***, and ***unhealthy coping behaviours*** such as smoking and drinking.

Unemployement - 2008, 2009, 2010

(Adult unemployment, 15 years and over)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	7.1	6.9	6.8	12.8	15.1	13	14.8	8.6
2009	7.5	6.4	8.3	10.8	12.4	14.5	17.4	8.9
2010	7.6	8	8.6	9	13.3	14.1	17.9	9.3

Actual indicator: Divorced

Source: Statistics Canada, 2006 Census.
CANSIM table no.: 051-0010

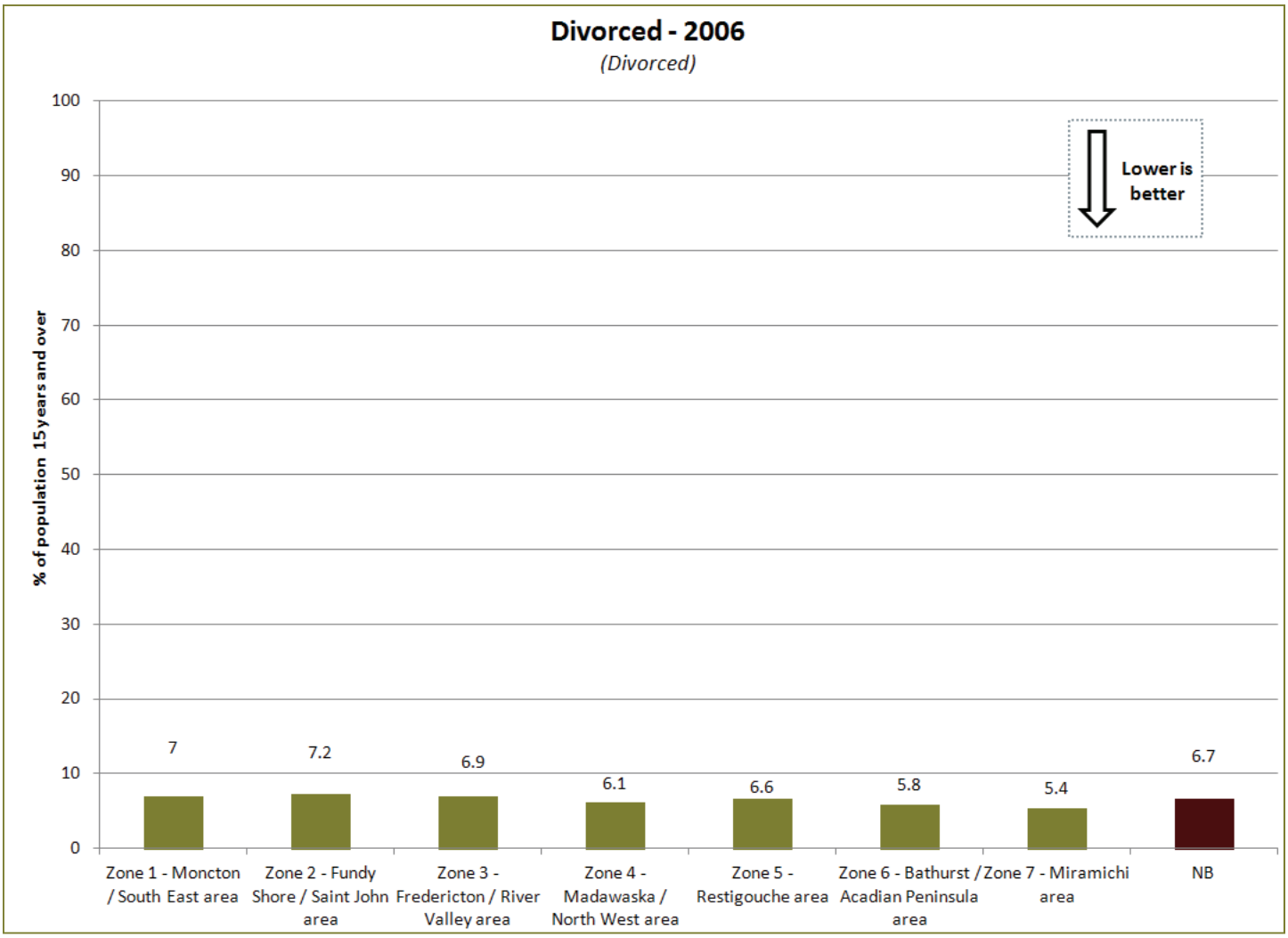
Definition:

Persons who have obtained a legal divorce and who have not remarried.

Why is this indicator important?

Parental divorce can have a long term effect on the mental health of children. As well, mortality rates can be higher for divorced and single parents due to a lack of social ties.

Middle-aged divorced or widowed people have a higher incidence of chronic health conditions, such as heart disease, diabetes, or cancer, than married/common-law people. It has also been shown that they also have more mobility limitations, such as trouble climbing stairs or walking a block.


Divorced - 2006
(Divorced)
% of population 15 years and over
100
90
80
70
60
50
40
30
20
10
0
Lower is better
7
7.2
6.9
6.1
6.6
5.8
5.4
6.7
Zone 1 - Moncton / South East area
Zone 2 - Fundy Shore / Saint John area
Zone 3 - Fredericton / River Valley area
Zone 4 - Madawaska / North West area
Zone 5 - Restigouche area
Zone 6 - Bathurst / Acadian Peninsula area
Zone 7 - Miramichi area
NB

Actual indicator: Lone-parent families

Source: Statistics Canada, 2006 Census.
CANSIM table no.: 109-0300

Definition:

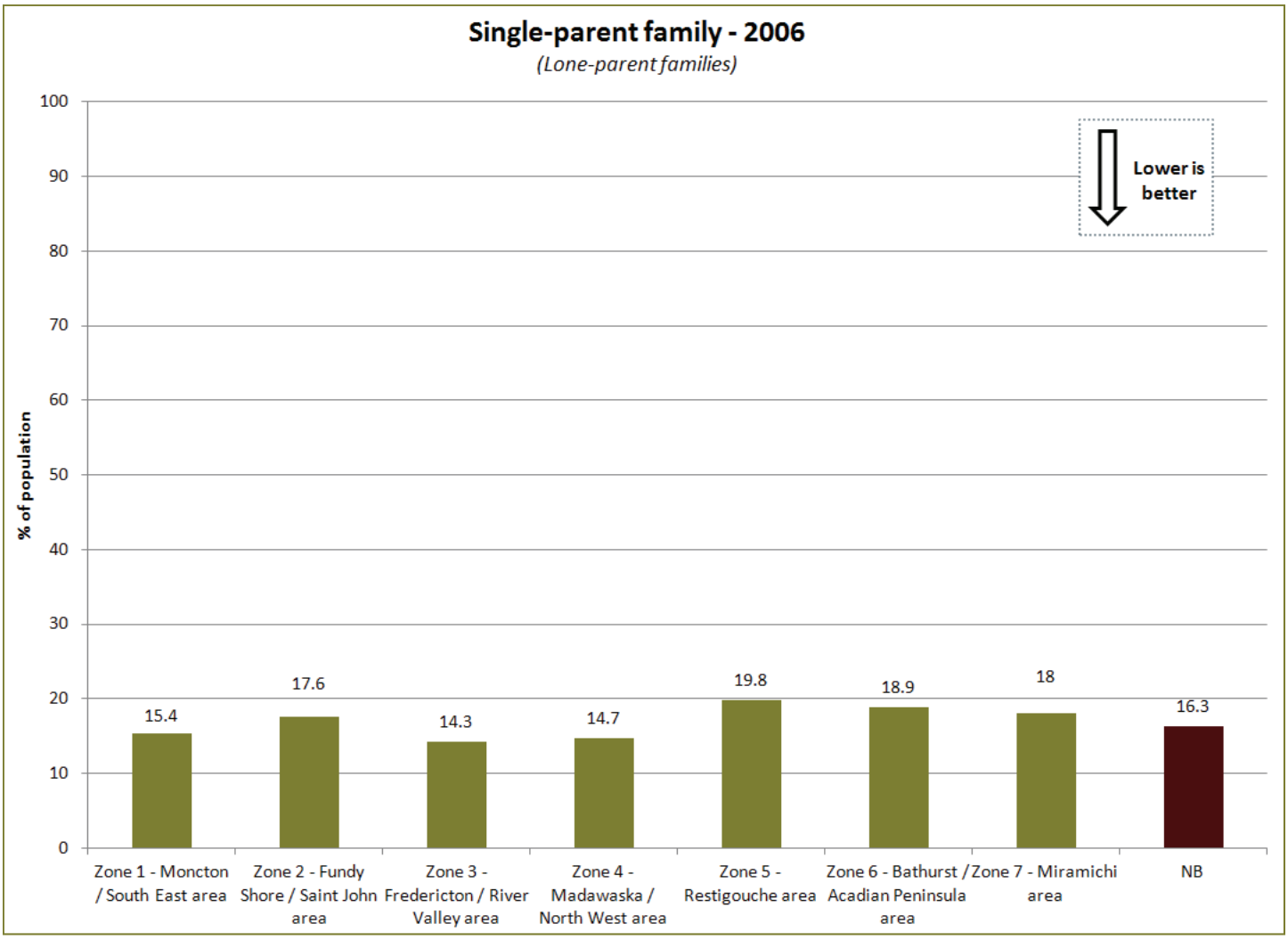
A lone parent of any marital status, with at least one child living in the same dwelling

Why is this indicator important?

Countless studies show that children in single parent households are under a lot more stress. Economic hardship, a lack of emotional support, loss of contact with a parent, and inter-parental conflict can all serve as stressors in a child's life.

Single parent families tend to experience short and longer-term economic and psychological disadvantages; children have higher absentee rates at school, lower levels of education, and higher dropout rates (with boys more negatively affected than girls); and more delinquent activity, including alcohol and drug addiction. Adolescents, on the other hand, are more negatively affected by parental discord prior to divorce than by living in single parent families and actually gain in responsibility as a result of altered family routines.

Although the research findings are mixed on long-term effects, the majority of children adjusts and do not experience severe problems over time. It is possible for the negative effects to be balanced out if the parents make an extra effort to provide their child with all the emotional support they need.


Single-parent family - 2006
(Lone-parent families)
% of population
100
90
80
70
60
50
40
30
20
10
0
Lower is better
15.4
17.6
14.3
14.7
19.8
18.9
18
16.3
Zone 1 - Moncton / South East area
Zone 2 - Fundy Shore / Saint John area
Zone 3 - Fredericton / River Valley area
Zone 4 - Madawaska / North West area
Zone 5 - Restigouche area
Zone 6 - Bathurst / Acadian Peninsula area
Zone 7 - Miramichi area
NB

Actual indicator: Prevalance of low income before tax for persons in private hourshold (percent)

Source: Statistics Canada, 2006 Census. CANSIM table no.: 109-0300

Definition:

An economic family refers to a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption. By contrast, the census family concept requires that family members be a male or female spouse, a male or female common-law partner, a male or female lone parent, or a child with a parent present. The concept of economic family may therefore refer to a larger group of persons than does the census family concept. All census family persons are economic family persons. For 2006, foster children are considered economic family members. Note that as of 2001, same-sex partners are considered to be common-law partners. Thus they are considered related and members of the same economic family.

As of 1971, published family statistics included families living in private households (including those enumerated outside Canada) and all collective households.

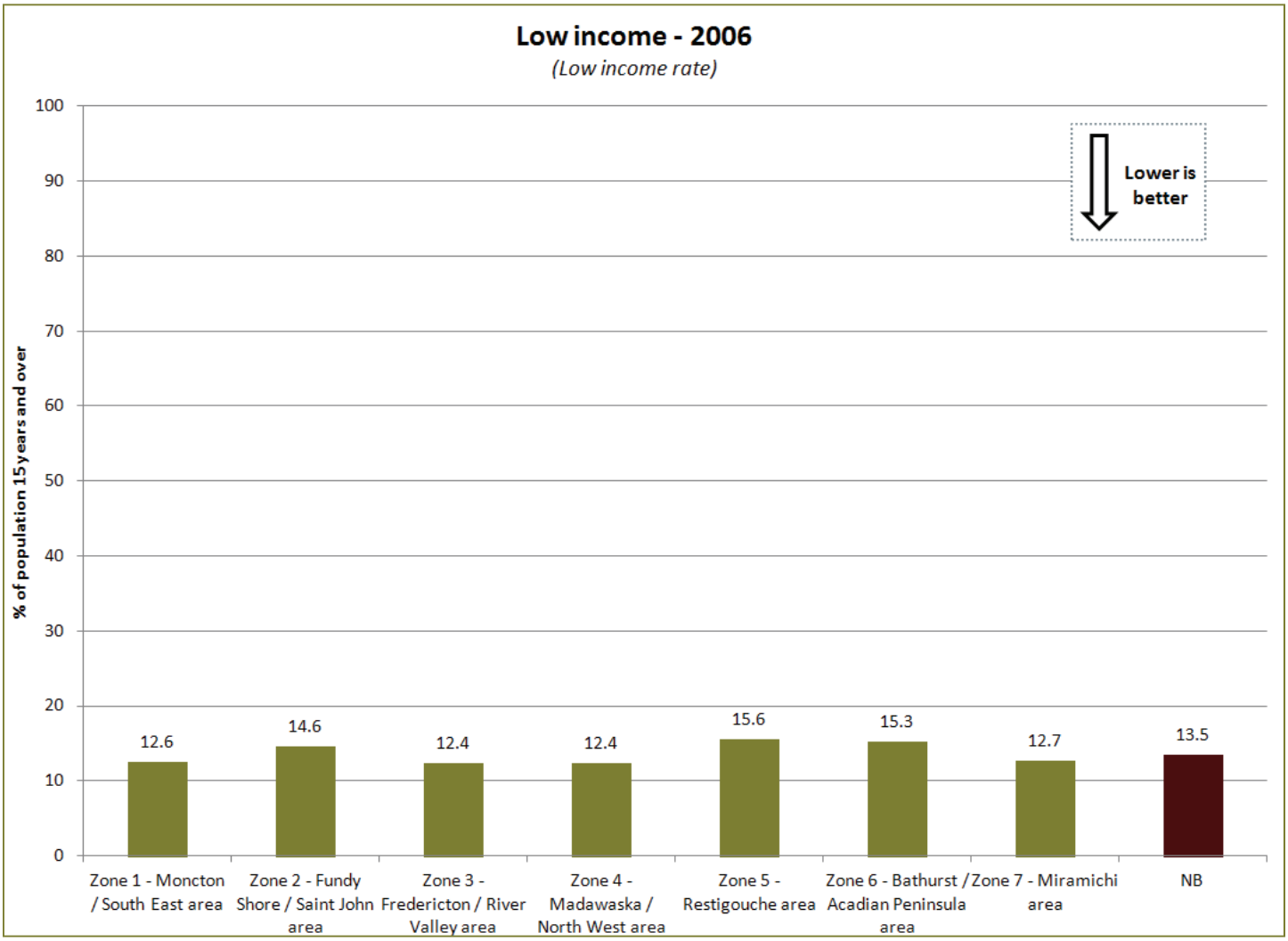
For 2006, married spouses may be of opposite or same sex. The persons not in economic families refer to household members who do not belong to an economic family. Persons living alone are included in this category.

Low-income cut-offs (LICOs) represent levels of income where people spend disproportionate amounts of money for food, shelter and clothing. They are based on family and community size and are updated to account for changes in the consumer price index. LICO data exclude institutional residents and were not derived for economic families or unattached individuals in the territories or on Indian reserves. Prevalence of low income rates are calculated from rounded counts of low income persons or families and the total number of persons or families. These counts have been rounded independently of the rounded counts shown in the table; thus, there may be a small difference between the rate shown and the one derived from the counts shown. Users are advised to interpret prevalence of low income rates based upon small counts with caution. For additional information and a table of low income cut-offs, please refer to the 2006 Census Dictionary, catalogue number 92-566-XWE.

Why is this indicator important?

This is a widely used measure of socioeconomic status. ***Less than sufficient household incomes can be associated with poorer overall health and higher hospital admission rates.***

Low income can affect your food choices, your dental hygiene, affording your prescription drugs and the quality of your housing, to name a few. It can have an effect on your mental health and your stress level as well.



Actual indicator: Total Violent Crime

Source: Statistics Canada, Juristat 2008, 2009, 2010

Definition:

A violent crime or crime of violence is a crime in which the offender uses or threatens to use violent force upon the victim. This entails both crimes in which the violent act is the objective, such as murder, as well as crimes in which violence is the means to an end, such as robbery. Violent crimes include crimes committed with and without weapons.

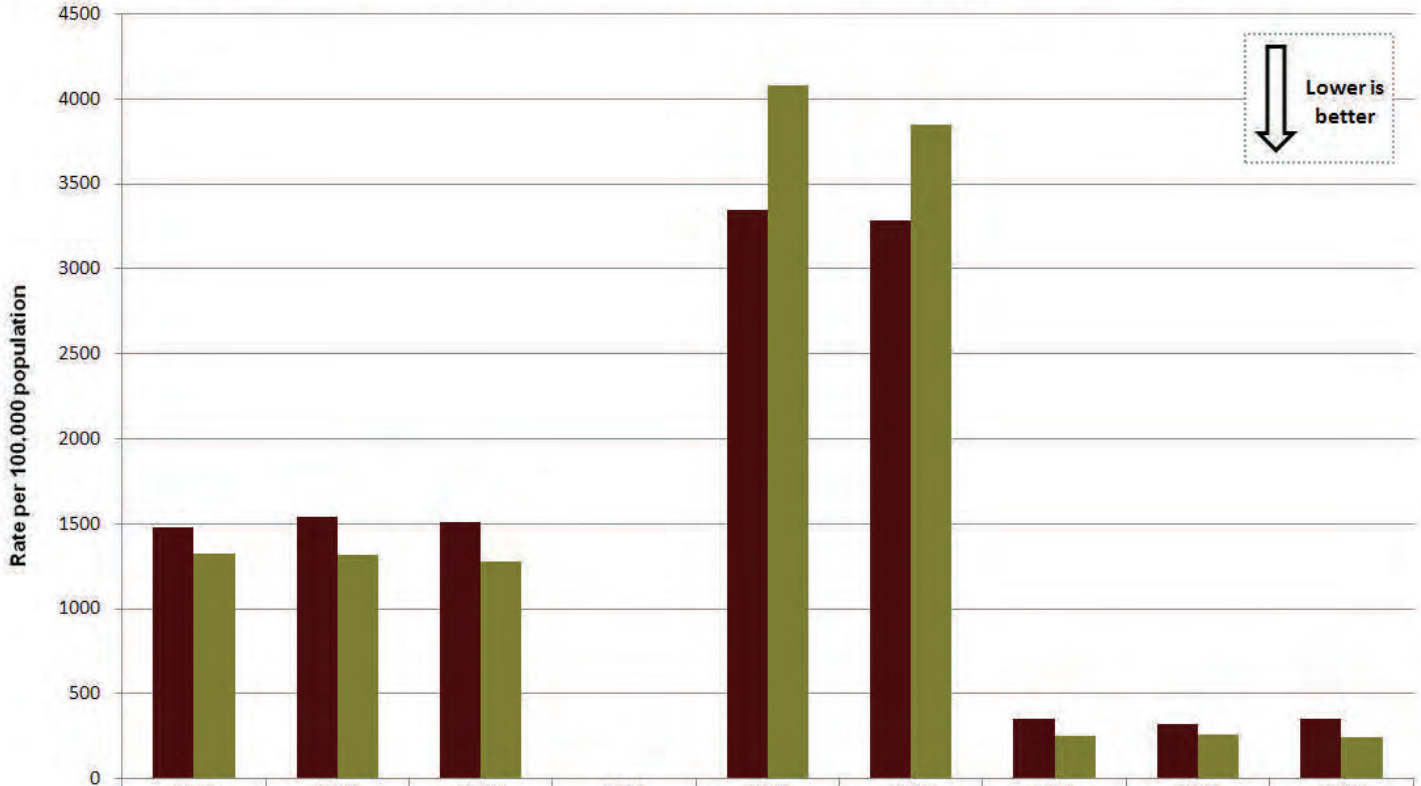
Why is this indicator important?

Fear of crime is thought to contribute to an underlying mechanism explaining differences in health and has been directly associated with poor health outcomes.

Crimes such as rape and physical attacks will affect a person's mental health. The quality adjusted life years are affected for victims of crime.

Violent crime, property crime and driving under influence, 2008, 2009 and 2010

(Total violent crime, total property crime and total charges for driving under the influence (drug or alcohol)



	Violent Crime			Property Crime			Charged for driving under the influence (drugs or alcohol)		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
NB	1482	1541	1511		3346	3284	355	324	350
Canada	1326	1314	1282		4081	3846	254	263	247

Actual indicator: Total Property Crime

Source: Statistics Canada, Juristat 2008, 2009, 2010

Definition:

Property crime is a category of crime that includes, among other crimes, burglary, larceny, theft, motor vehicle theft, arson, shoplifting, and vandalism. Property crime only involves the taking of money or property, and does not involve force or threat of force against a victim.

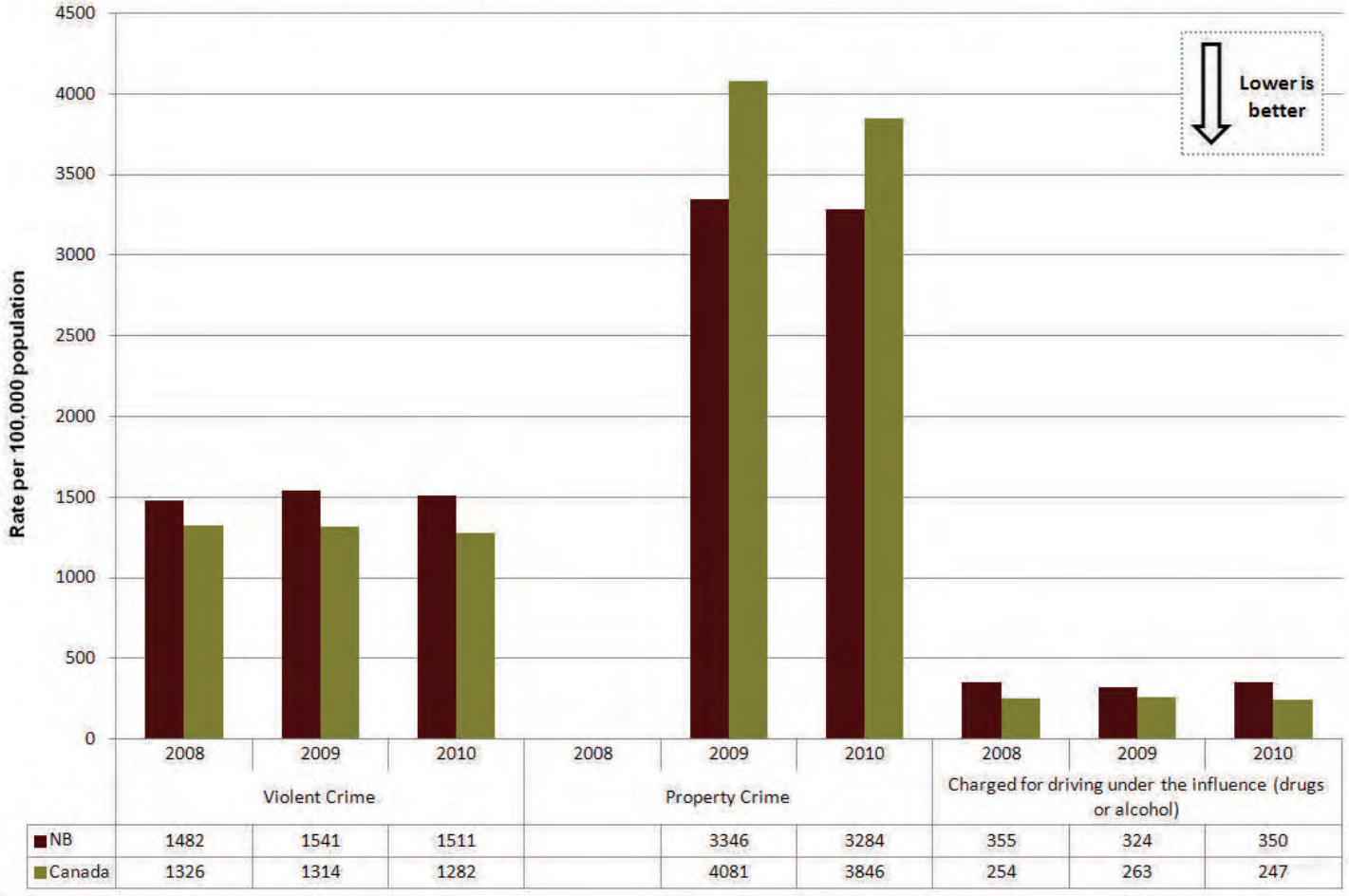
Why is this indicator important?

Fear of crime is thought to contribute to an underlying mechanism explaining area differences in health and has been directly associated with poor health outcomes.

Crimes such robbery or vandalism can contribute to some mental health issues with the victims.

Violent crime, property crime and driving under influence, 2008, 2009 and 2010

(Total violent crime, total property crime and total charges for driving under the influence (drug or alcohol)



	Violent Crime			Property Crime			Charged for driving under the influence (drugs or alcohol)		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
NB	1482	1541	1511		3346	3284	355	324	350
Canada	1326	1314	1282		4081	3846	254	263	247

Actual indicator: Total charges for driving under the influence (drugs or alcohol)

Source: Statistics Canada, Juristat 2008, 2009, 2010

Definition:

Impaired driving involves operating a motor vehicle, while one's ability to operate that vehicle is impaired by alcohol, or a drug.

Why is this indicator important?

Every year, driving impaired is responsible for hundreds of deaths and thousands of injuries on our roads. It is a sad record, with lives claimed or ruined and massive costs imposed on the community.

Of course passengers in the car may be affected by being injured in accidents, but they may be affected emotionally by the trauma of accidents as well. But beyond that, there is the emotional trauma to family members and friends who may lose loved ones or have to cope with severely injured loved ones.

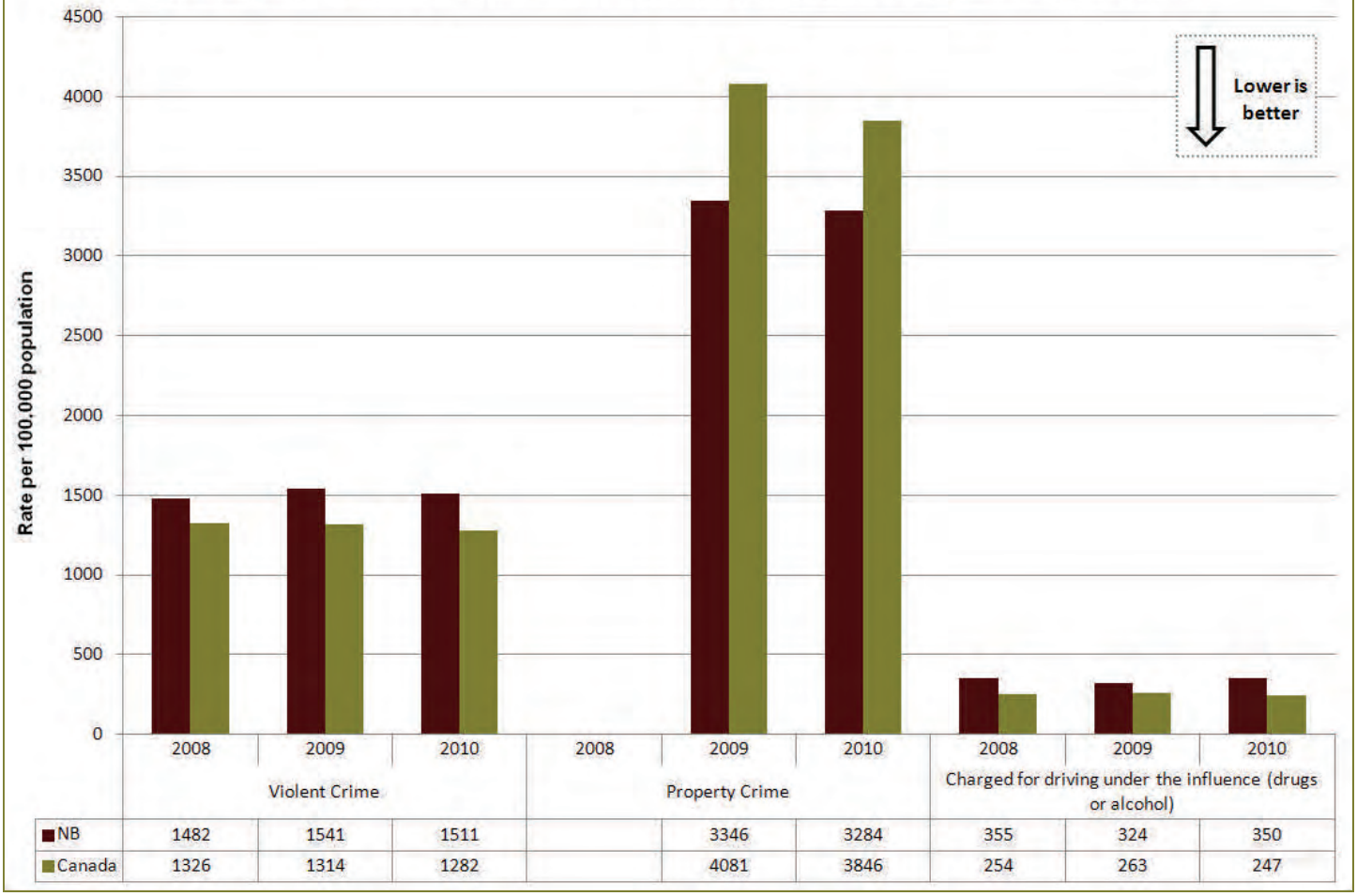
Family members or friends may also feel guilty for "letting" loved ones drive while drunk, although ultimately the driver is responsible for his or her own actions.

We should not ignore the consequences of drunk driving to the driver, however. In addition to possible injury and death, there is the emotional trauma that may occur if he or she causes injury or death to someone else. The guilt can be overwhelming. There can also be legal problems as a result.

Fortunately, for some years now, more and more people from all segments of society have developed a sound attitude towards impaired driving. There is a growing understanding that drinking and driving is no longer acceptable.

Violent crime, property crime and driving under influence, 2008, 2009 and 2010

(Total violent crime, total property crime and total charges for driving under the influence (drug or alcohol)



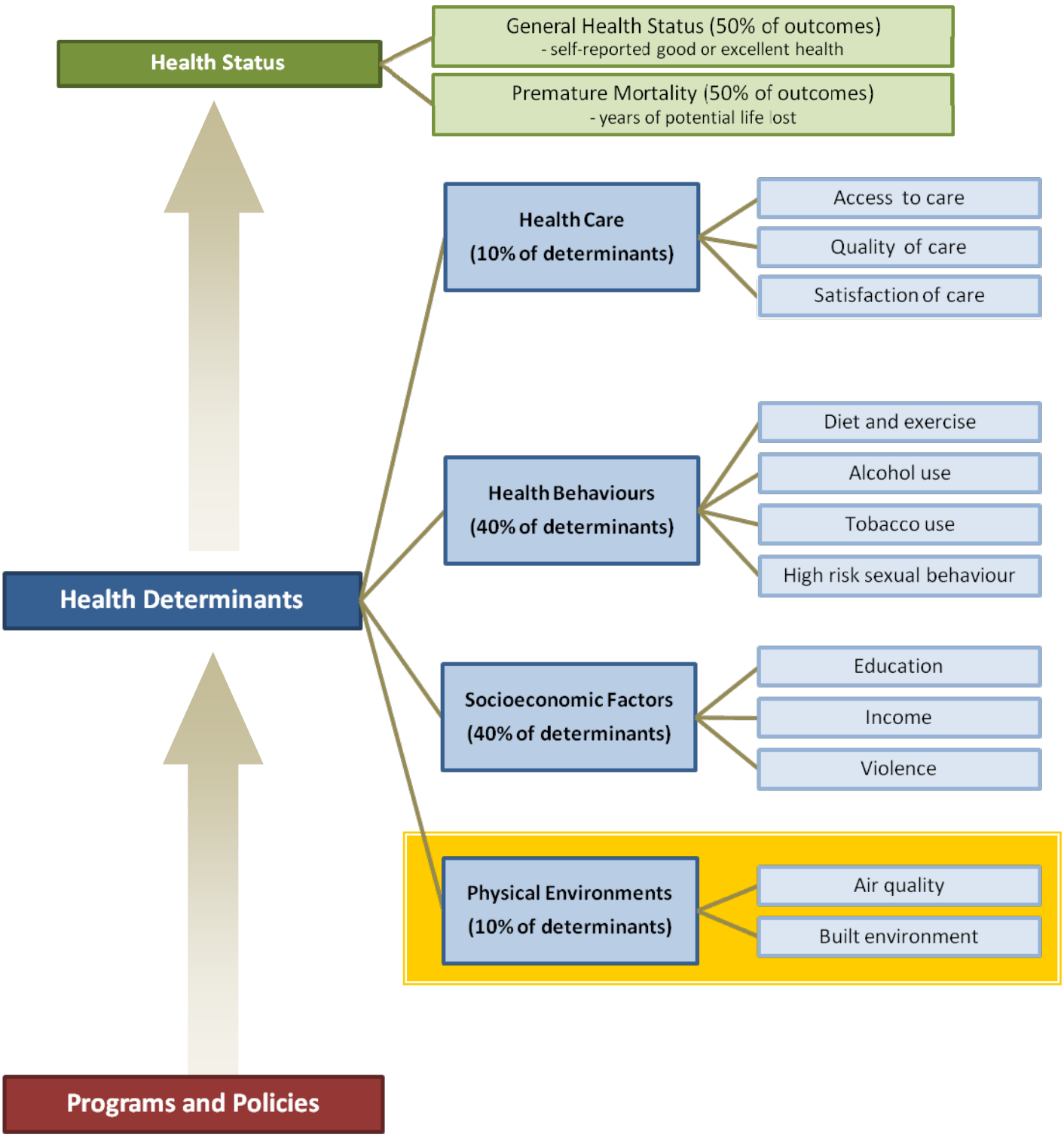
	Violent Crime			Property Crime			Charged for driving under the influence (drugs or alcohol)		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
NB	1482	1541	1511		3346	3284	355	324	350
Canada	1326	1314	1282		4081	3846	254	263	247

Section 5 — Health Determinants

Physical Environment:

accounts for 10% of the health status

Exposure to harmful factors in the environment is an important contributor to ill health, but major gaps remain in understanding their full impact.


Health Status
General Health Status (50% of outcomes)
- self-reported good or excellent health
Premature Mortality (50% of outcomes)
- years of potential life lost
Health Determinants
Health Care
(10% of determinants)
Access to care
Quality of care
Satisfaction of care
Health Behaviours
(40% of determinants)
Diet and exercise
Alcohol use
Tobacco use
High risk sexual behaviour
Socioeconomic Factors
(40% of determinants)
Education
Income
Violence
Physical Environments
(10% of determinants)
Air quality
Built environment
Programs and Policies

Actual indicator: Exposure to second-hand smoke at home

Source: Statistics Canada, Canadian Community Health Survey, 2008, 2009, and 2010. CANSIM table no.: 105-0501 .

Definition:

Non-smoking population aged 12 and over who reported that at least one person smoked inside their home every day or almost every day. Smoking includes cigarettes, cigars and pipes.

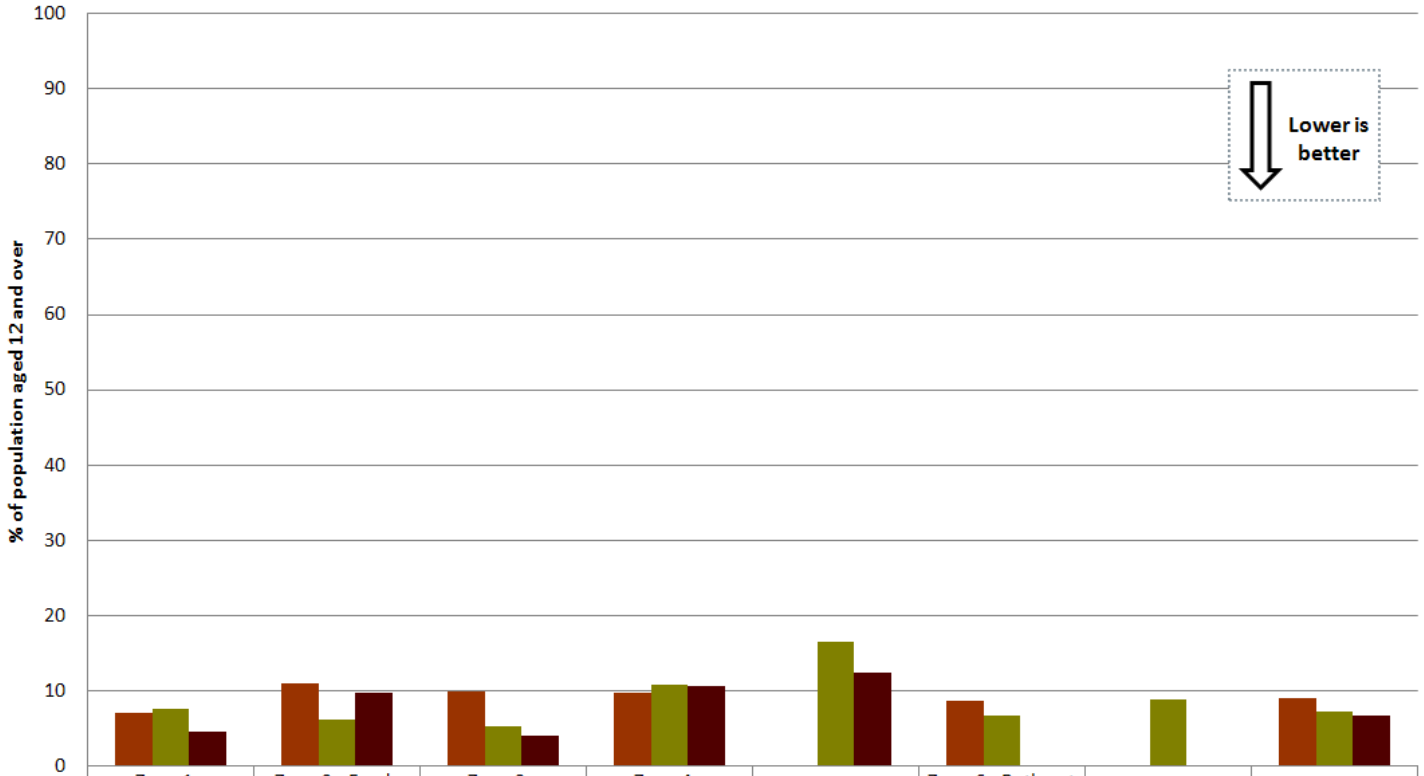
Why is this indicator important?

Second-hand smoke causes sore eyes and throat, nasal irritation, headaches, coughing and wheezing, nausea and dizziness. You are also more likely to get colds. Breathing in second-hand smoke can also trigger asthma attacks and increase your chances of getting bronchitis and pneumonia.

If you have been exposed to second-hand smoke for a long time, you are more likely to develop and die from heart problems, breathing problems or lung cancer.

Coming in contact with second-hand smoke - 2008, 2009, 2010

(Exposure to second-hand smoke at home)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	7	11	9.8	9.6	Data unavailable	8.7	Data unavailable	8.9
2009	7.6	6.1	5.3	10.8	16.5	6.6	8.8	7.2
2010	4.6	9.7	3.9	10.5	12.4	Data unavailable	Data unavailable	6.6

Actual indicator: Exposure to second-hand smoke in the past month, in vehicles and/or public places

Source: Statistics Canada, Canadian Community Health Survey, 2008, 2009, and 2010.
CANSIM table no.: 105-0501

Definition:

Non-smoking population aged 12 and over who reported being exposed to second-hand smoke in private vehicles and/or public places on every day or almost every day in the past month.

Smoking includes cigarettes, cigars and pipes.

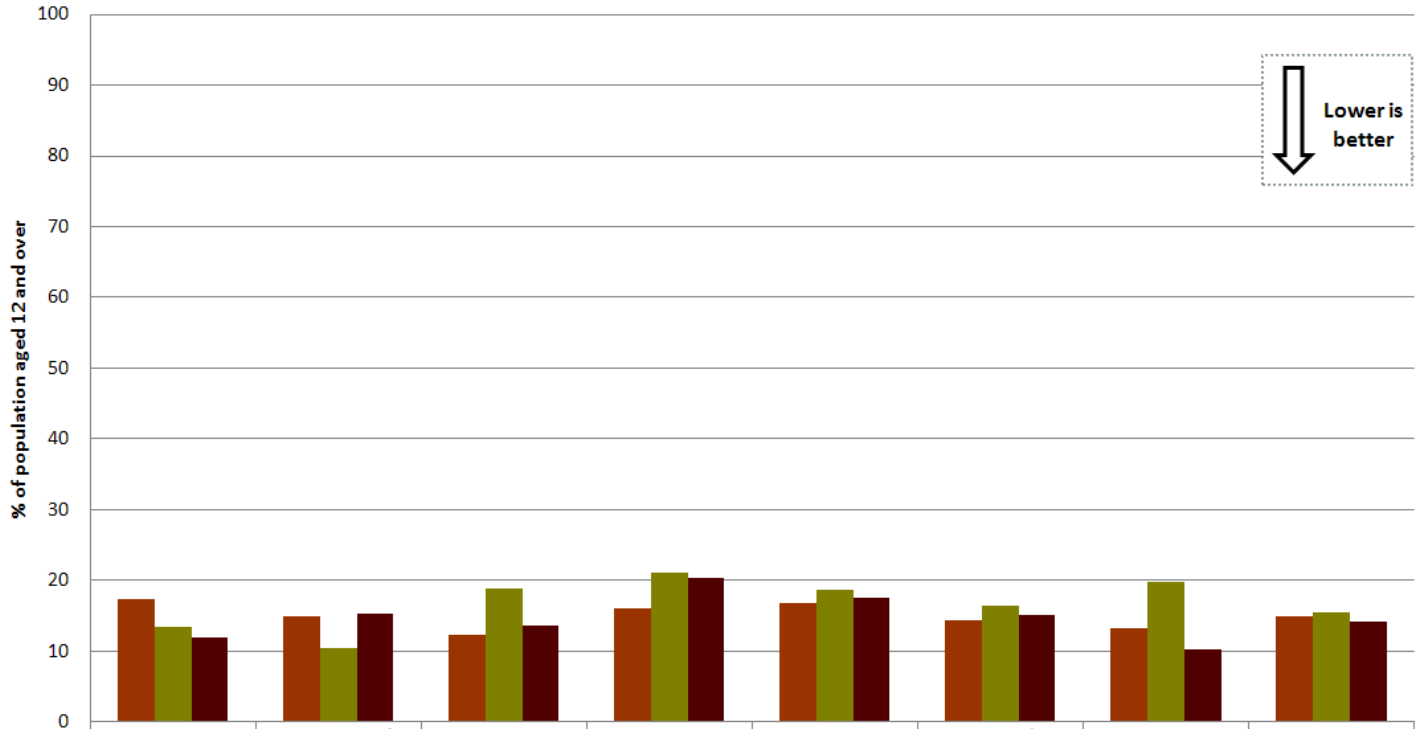
Why is this indicator important?

Second-hand smoke causes sore eyes and throat, nasal irritation, headaches, coughing and wheezing, nausea and dizziness. You are also more likely to get colds. Breathing in second-hand smoke can also trigger asthma attacks and increase your chances of getting bronchitis and pneumonia.

If you have been exposed to second-hand smoke for a long time, you are more likely to develop and/or die from heart problems, breathing problems or lung cancer.

Coming in contact with second-hand smoke in the past month, in vehicules and/or in public places - 2008, 2009, 2010

(Exposure to second-hand smoke in the past month, in vehicles and/or public places)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	17.3	15	12.2	16	16.8	14.4	13.3	14.9
2009	13.5	10.4	18.8	21	18.7	16.4	19.7	15.4
2010	12	15.3	13.6	20.3	17.6	15.1	10.2	14.1

Actual indicator: Dwellings rated as having excellent, very good or good indoor air quality

Source: Statistics Canada, Environment Accounts and Statistics Division, Households and the Environment Survey, 2009 (survey number 3881).

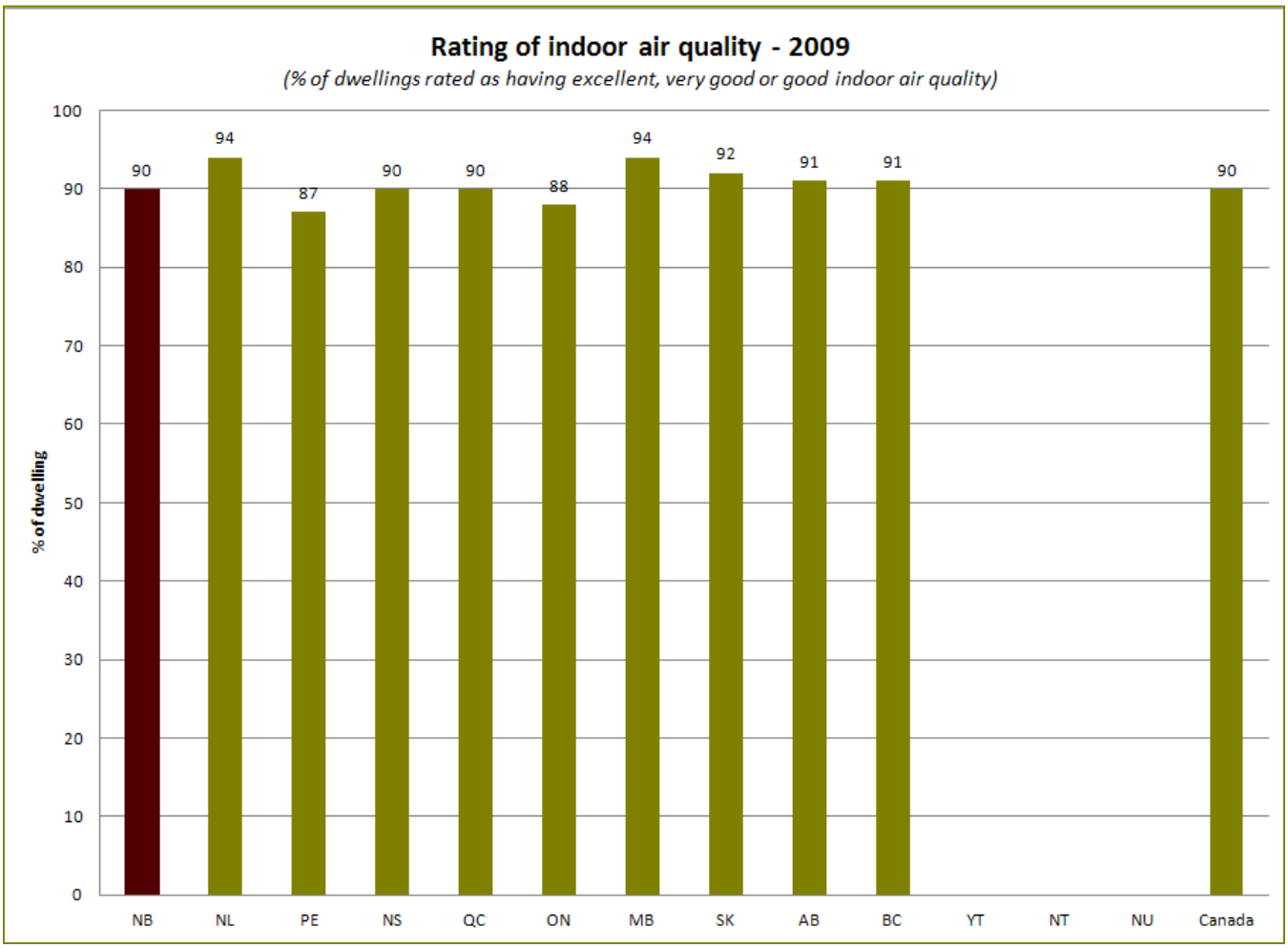
Definition:

Households that rated the quality of the air in their home during the previous year as excellent, very good or good .

Why is this indicator important?

Good air quality is achieved when there are very low levels of contaminants present. Contaminants such as dust, mould, volatile organic compounds (VOCs), carbon monoxide, and radon can affect indoor air quality in the home and can thus have a negative impact on the people living there .

Special Note: This new indicator was only added for the provincial snapshot to compare New Brunswick with other provinces on indoor air quality


Rating of indoor air quality - 2009
(% of dwellings rated as having excellent, very good or good indoor air quality)
% of dwelling
100
90
80
70
60
50
40
30
20
10
0
90
94
87
90
90
88
94
92
91
91
90
NB
NL
PE
NS
QC
ON
MB
SK
AB
BC
YT
NT
NU
Canada

Actual indicator: Sense of community belonging

Source: Statistics Canada, Canadian Community Health Survey, 2008, 2009 and 2010. CANSIM table no.: 105-0501

Definition:

Population aged 12 and over who reported their sense of belonging to their local community as being very strong or somewhat strong.

Why is this indicator important?

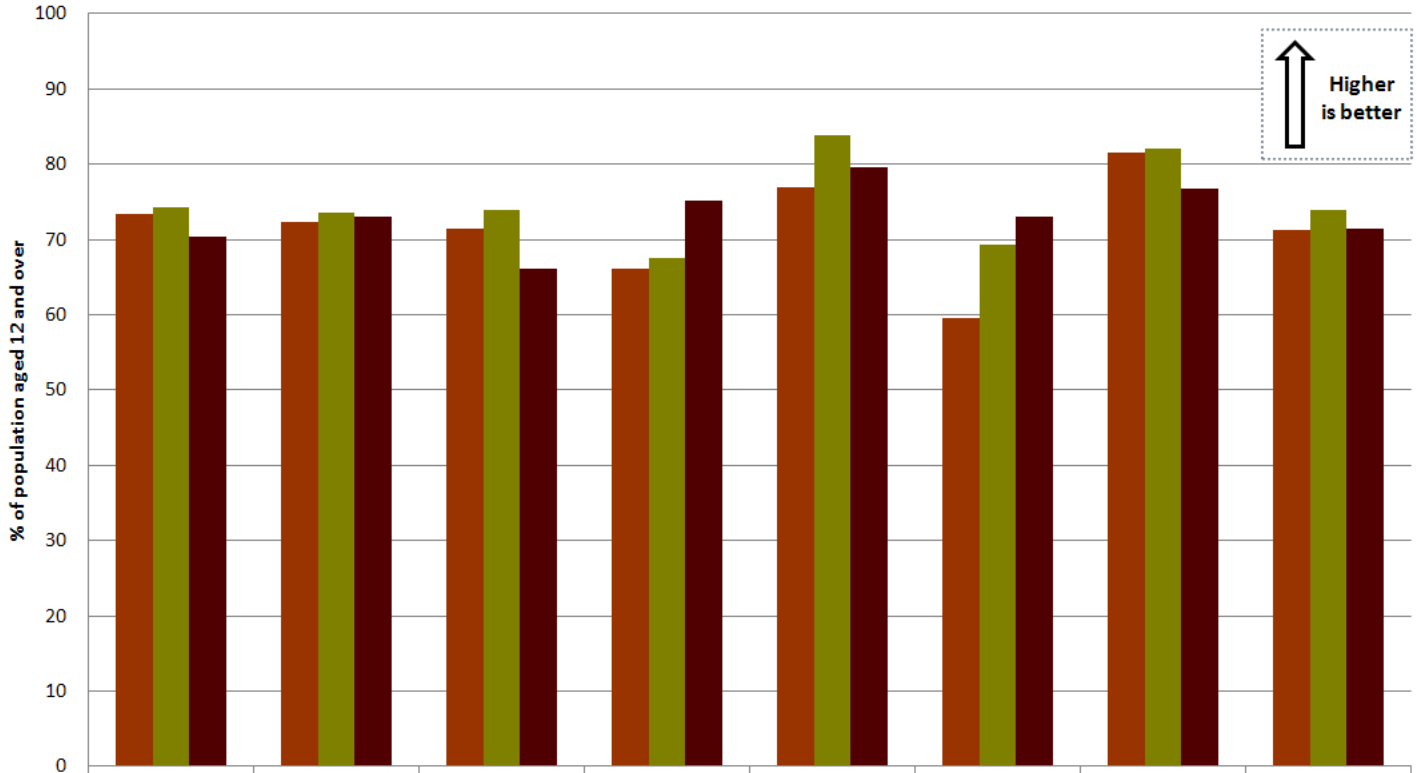
Research shows a high correlation of sense of community belonging with physical and mental health.

Social support and connectedness refers to people, networks and social resources to which individuals have access in times of need and that provide a foundation for a sense of belonging in one's community.

Individuals who feel isolated and alienated from their communities, or who lack supportive friends and family, often experience poorer health status than those individuals who have a robust social networking.

Sense of belonging to your community, somewhat strong or very strong -2008, 2009, 2010

(Sense of community belonging)



	Zone 1 - Moncton / South East area	Zone 2 - Fundy Shore / Saint John area	Zone 3 - Fredericton / River Valley area	Zone 4 - Madawaska / North West area	Zone 5 - Restigouche area	Zone 6 - Bathurst / Acadian Peninsula area	Zone 7 - Miramichi area	NB
2008	73.4	72.3	71.5	66.2	76.9	59.6	81.5	71.3
2009	74.2	73.5	74	67.6	83.9	69.4	82	73.9
2010	70.4	73.1	66.2	75.1	79.6	73.1	76.8	71.4

Appendix

A—Provincial snapshot

B—Zone snapshots

C—Executive Summary

D— Provincial and Zone highlights

E—Description of zones

F—The sources

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New Brunswick
"Population Health Snapshot - 2011" Version 3

POPULATION HEALTH STATUS

		NB Male	NB Female	NB Average	Canadian Average	Rank (NB to Canada)	Trend compared to last NB snapshot
See their health as being very good or excellent	(%, 2010)	52.8	54.1	**53.5**	60.1	◆ 11/13	▼
See their mental health as being very good or excellent	(%, 2010)	69.3	67.4	**68.3**	73.9	◆ 11/13	▲
Pain or soreness that prevents activities (physical or emotional)	(%, 2010)	12.2	15.8	**14.0**	12.7	◆ 11/13	▲
Life satisfaction, satisfied or very satisfied	(%, 2010)	90.5	93.5	**92.0**	92.1	● 5/13*	▲
Expected years of life	(age, 2006/2008)	77.6	82.7	**80.2**	80.9	● 5/11*	▲
Infant with less than average birth weight	(%, 2005/2007)	5.3	5.8	**5.5**	6.0	● 4/13	--
Infant deaths	(rate per 1,000 live birth, 2005/2007)	4.6	3.5	**4.1**	5.0	● 3/13	--
Premature deaths from heart and stroke	(years of life lost, 2005/2009)	141.0	56.0	**98.1**	--	--	▼
Premature deaths from cancer	(years of life lost, 2005/2009)	189.1	165	**176.9**	--	--	▼
Premature deaths from breathing diseases	(years of life lost, 2005/2009)	26.4	18.4	**22.3**	--	--	▼
Premature deaths from injuries	(years of life lost, 2005/2009)	118.9	39.1	**78.6**	--	--	▼
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, 2005/2009)	64.9	16.7	**40.6**	--	--	▲

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

Has a regular medical doctor	(%, 2010)	90.0	94.6	**92.4**	84.8	● 2/13	▲
Medical doctor visit within the last year	(%, 2010)	72.9	88.0	**80.7**	80.6	● 9/13	▼
Dental professional visit within the last year	(%, 2009/2010)	58.9	62.7	**60.8**	66.3	● 8/13	▲
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2009)	542	437	**489**	302	● 8/13	▲
Adults 65 years and up who have received the flu shot in the last year	(%, 2010)	66.6	64.5	**65.4**	59.4	● 6/12	▲
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	80.9	**80.9**	84.9	◆ 4/4	--
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2010)	--	76.7	**76.7**	70.4	● 2/5	▼
Overall Hospital rating	(%, 2010)	78.3	74.0	**75.9**	--	--	New indicator
Overall health care services rating	(%, 2011)	63.0	60.2	**61.5**	--	--	New indicator

Health Behaviours – account for 40% of the health status

Physical activity during free-time, moderately active or active	(%, 2010)	53.8	50.2	**52.0**	52.1	● 6/13	▲
Eat 5 or more fruits or vegetables a day	(%, 2010)	31.2	43.4	**37.5**	43.3	● 7/13	▼
Adults with unhealthy weight (obese)	(%, 2010)	30.0	25.2	**27.5**	18.1	◆ 12/13	▲
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2010)	30.4	11.5	**20.6**	17.3	● 10/13	▼
Seeing your stress as being a lot	(%, 2010)	18.6	21.9	**20.3**	23.5	● 8/13	▲
Current smoker, daily or occasional	(%, 2010)	25.8	19.4	**22.5**	20.8	● 4/13	▼
Number of sexually transmitted illnesses (genital Chlamydia)	(rate per 10,000, 2010)	15.3	32.9	**24.3**	27.0$	● 4/12$	▼
Teens who are pregnant	(rate per 1,000 females, 2010)	--	23.5	**23.5**	--	--	▼
Always wears a bicycle helmet while on a bike	(%, 2010)	50.5	57.3	**53.1**	37.3	● 5/12	▲

Socioeconomic Factors – account for 40% of the health status

No high school diploma (25 years and older)	(%, 2006)	23.1	19.0	**21.0**	15.4	● 8/13	--
Unemployment	(%, 2010)	F	F	**9.3**	8.0	● 7/10	▼
Divorced	(%, 2006)	6.8	7.1	**6.7**	8.0	● 5/13	--
Single parent family	(%, 2006)	3.0	13.4	**16.3**	15.9	● 5/13	--
Low income	(%, 2006)	12.0	14.9	**13.5**	15.3	● 2/10	--
Violent crime	(rate per 100,000 population, 2010)	F	F	**1,511**	1,282	● 5/13	▲
Property crime	(rate per 100,000 population, 2010)	F	F	**3,284**	3,846	● 3/13	▲
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2010)	F	F	**350**	247	● 3/13	▼

Physical Environment – accounts for 10% of the health status

Coming in contact with second-hand smoke at home	(%, 2010)	7.9	5.5	**6.6**	5.9	● 8/12	▲
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2010)	18.1	10.6	**14.1**	15.0	● 7/12	▲
Dwellings rated as having excellent, very good or good indoor air quality	(%, 2009)	--	--	**90.0**	90.0	● 6/10	New indicator
Sense of belonging to your community, somewhat strong or very strong	(%, 2010)	71.0	71.8	**71.4**	65.4	● 8/13	▼

Provincial rank in Canada
- ● Doing well (ranked 1, 2, 3)
- ● Caution
- ◆ Lagging (last three places)

Trend comparison with the last NB Population Health Snapshot
- ▲ New Brunswick Provincial indicator value has improved
- ▼ New Brunswick Provincial indicator value has gotten worse
- = New Brunswick Provincial indicator value has stayed the same

Rating by best (1) to worst(7). Includes all provinces and territories when data is available (13 in total), *=another province has the same ranking.$=Rank of province based on different source

2011 New Brunswick

Population Health

Snapshot – version 3

Top 10 most frequent hospital admissions for New Brunswick (2010)

Hospital admissions	# of cases	Rate per 10,000
1- Vaginal Delivery	4,421	60.6
2- Newborn	3,881	53.2
3- COPD (Chronic Obstructive Lung Disease)	3,081	42.2
4- Angina /Chest Pain	1,722	23.6
5- Heart Failure without Cardiac Catheter	1,676	23.0
6- Viral/Unspecified Pneumonia	1,617	22.2
7- Palliative Care (end of life)	1,595	21.8
8- Arrythmia (Abnormal Heartbeat)	1,557	21.3
9- Heart Attack	1,550	21.2
10- Enteritis (Inflammation of Small Intestine)	1,520	20.8

Top 10 most common chronic health conditions in New Brunswick(2011)

Top 10 chronic health conditions	Prevalence (%)
1- High Blood Pressure	25.7
2- Arthritis	18.0
3- GERD (Acid Reflux Disease)	16.1
4- Chronic Pain	15.0
5- Depression	12.7
6- Asthma	10.3
7- Diabetes	9.2
8- Heart Disease	8.3
9- Cancer	7.0
10- Emphysema or COPD	2.7

SPECIFICS ABOUT NB

Age distribution of the population

0- 19 years old = 22.7%

20-39 years old = 24.9%

40-64 years old = 37.7%

65 ++ years old = 14.7%

***Total population** = 729 995*

***Median age** = 41.5*

Language spoken at home:
French =29.4%

English= 68.7%

***Immigrant population** = 3.7%*

***Aboriginal population** = 2.5%*

(source: 2006 Census, Statistics Canada)

What is a wellness network?

Wellness networks are a formal or informal group of people who come together from various backgrounds within a community or region to address an area of concern around wellness. They may work to improve life habits and to have an effect on health determinants, and therefore contribute to wellness. Through a combination of federal and provincial government support the Healthy Eating and Physical Activity Coalition (HEPAC) is leading an initiative to strengthen wellness networks around the province of NB.
http://hepac.ca/wellness-networks/

What is a Community Inclusion Network?

All citizens, community organizations, local business, government agencies, and communities are encouraged to participate in their local Community Inclusion Networks. The networks will develop local poverty reduction plans and work together to deliver programming tailored to local needs. The networks are part of the Economic and Social Inclusion Corporation of New Brunswick.
For more information:
Telephone: 1-888-295-4545
http://www.gnb.ca/poverty
esic-sies@gnb.ca

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Zone 1: Moncton/South-East Area
"Population Health Snapshot 2011" – Version 3

POPULATION HEALTH STATUS

		Zone 1 Male	Zone 1 Female	Zone 1 Average	NB Average	Rank (Zone 1 to other zones)	Trend compared with last Zone 1 snapshot
See their health as being very good or excellent	(%, 2010)	46.6	57.9	**52.4**	53.5	3/7	▲
See their mental health as being very good or excellent	(%, 2010)	65.9	65.8	**65.8**	68.3	5/7	▲
Pain or soreness that prevents activities (physical or emotional)	(%, 2010)	12.0 E	15.4 E	**13.7**	14.0	5/7	▲
Life satisfaction, satisfied or very satisfied	(%, 2010)	88.8	94.7	**91.8**	92.0	4/7*	▲
Expected years of life	(age, 2006/2008)	--	--	--	80.2	--	--
Infant with less than average birth weight	(%, 2005/2007)	5.4	5.7	**5.6**	5.5	3/7*	--
Infant deaths	(rate per 1,000 live birth, 2005/2007)	4.5	3.7	**4.1**	4.1	2/5	--
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2005/2009)	126.5	44.3	**85.0**	98.1	2/7	▼
Premature deaths from cancer	(years of life lost, rate per 10,000 2005/2009)	181.6	164.5	**172.9**	176.9	3/7	▼
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2005/2009)	23.3	13.0	**18.1**	22.3	1/7	▼
Premature deaths from injuries	(years of life lost, rate per 10,000 2005/2009)	118.7	36.9	**77.4**	78.6	3/7	▲
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2005/2009)	59.3	20.3	**39.6**	40.6	5/7	▲

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

Has a regular medical doctor	(%, 2010)	89.6	95.0	**92.4**	92.4	4/7*	▲
Medical doctor visit within the last year	(%, 2010)	73.4	88.9	**81.3**	80.7	4/7	▲
Dental professional visit within the last year	(%, 2009/2010)	60.9	63.4	**62.2**	60.8	3/7	▲
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2009)	394	296	**345**	489	1/7	▲
Adults 65 years and up who have received the flu shot in the last year	(%, 2010)	66.8	66.7	**66.7**	65.4	3/7	▲
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	80.5	**80.5**	80.9	4/7	--
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2010)	--	83.6	**83.6**	76.7	1/7	▲
Overall Hospital rating	(%, 2010)	80.2	74.8	**77.2**	75.9	2/7	New indicator
Overall health care services rating	(%, 2011)	63.3	60.0	**61.6**	61.5	4/7	New indicator

Health Behaviours – account for 40% of the health status

Physical activity during free-time, moderately active or active	(%, 2010)	53.6	48.2	**50.9**	52.0	3/7	▲
Eat 5 or more fruits or vegetables a day	(%, 2010)	29.0	43.3	**36.4**	37.5	5/7	▼
Adults with unhealthy weight (obese)	(%, 2010)	32.3	27.1	**29.7**	27.5	5/7	▲
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2010)	33.3	16.7 E	**24.7**	20.6	7/7	▼
Seeing your stress as being a lot	(%, 2010)	19.4 E	23.4	**21.5**	20.3	6/7	▼
Current smoker, daily or occasional	(%, 2010)	23.7	17.8 E	**20.6**	22.5	1/7	▲
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2010)	24.6	45.8	**35.4**	24.3	7/7	▼
Teens who are pregnant	(rate per 1,000 females, 2010)	--	21.5	**21.5**	23.5	4/7	▼
Always wears a bicycle helmet while on a bike	(%, 2010)	52.5	58.0	**54.3**	53.1	3/7	▲

Socioeconomic Factors – account for 40% of the health status

No high school diploma (25 years and older)	(%, 2006)	26.4	20.4	**23.4**	21.0	3/7	--
Unemployment	(%, 2010)	F	F	**7.6**	9.3	1/7	▼
Divorced	(%, 2006)	6.3	7.6	**7.0**	6.7	6/7	--
Single parent family	(%, 2006)	2.5	12.9	**15.4**	16.3	3/7	--
Low income	(%, 2006)	11.4	13.7	**12.6**	13.5	2/7	--
Violent crime	(rate per 100,000 population, 2010)	--	--	--	1,511	--	--
Property crime	(rate per 100,000 population, 2010)	--	--	--	3,284	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2010)	--	--	--	350	--	--

Physical Environment – accounts for 10% of the health status

Coming in contact with second-hand smoke at home	(%, 2010)	F	F	**4.6** E	6.6	2/5	▲
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2010)	17.5 E	7.1 E	**12.0** E	14.4	2/7	▲
Sense of belonging to your community, somewhat strong or very strong	(%, 2010)	72.0	68.9	**70.4**	71.4	6/7	▼

Zone rank in New Brunswick
- Doing well (ranked 1, 2)
- Caution (ranked 3, 4, 5)
- Lagging (ranked 6, 7)
- -- Trending not available

Trend Comparison with the last Zone 1 Population Health Snapshot
- ▲ Zone indicator value has improved
- ▼ Zone indicator value has gotten worse
- = Zone indicator value has stayed the same

Rating by best (1) to worst (7). Includes all health zones (7 in total). (*E* = Use data with caution, sample size too small, * =another zone has the same ranking, *F* = data unavailable)

Zone 1:

Moncton / South East Area

2011 Population Health – Version 3

Top 10 most frequent hospital admissions for the Moncton / South East area (2010)

Hospital admissions	# of cases	Rate per 10,000
1- Vaginal Delivery	1,226	63.9
2- Newborn	781	40.7
3- Angina /Chest Pain	761	39.7
4- Newborn/Neonate 2500+ grams, Other Minor Problem	548	28.6
5- COPD (Chronic Obstructive Lung Disease)	529	27.6
6- Heart Attack	422	22.0
7- Heart Failure without Cardiac Catheter	407	21.2
8- Primary Caesarean Section	397	20.7
9- Viral/Unspecified Pneumonia	383	20.0
9- Arrythmia (Abnormal Heartbeat)	383	20.0

Top 10 most common chronic health conditions for the Moncton / South East area (2011)

Chronic health conditions	Prevalence (%)
1- High Blood Pressure	24.6
2- Arthritis	16.2
3- GERD (Acid Reflux Disease)	16.1
4- Chronic Pain	13.9
5- Depression	13.3
6- Asthma	9.6
7- Diabetes	8.8
8- Heart Disease	7.6
9- Cancer	7.0
10- Emphysema or COPD	2.2

SPECIFICS ABOUT ZONE 1

Age distribution of the population

0- 19 years old = 22%

20-39 years old = 26%

40-64 years old = 37%

65 + years old = 15%

Total population = 191 860

***Median age** = 41.2*

Language spoken at home:

French = 37%

English= 61%

***Immigrant population** = 3.4%*

***Aboriginal population** = 2.4%*

(source: 2006 Census, Statistics Canada)

What is a wellness network?

Wellness networks are a formal or informal group of people who come together from various backgrounds within a community or region to address an area of concern around wellness. They may work to improve life habits and to have an effect on health determinants, and therefore contribute to wellness. Through a combination of federal and provincial government support the Healthy Eating and Physical Activity Coalition (HEPAC) is leading an initiative to strengthen wellness networks around the province of NB.

For more information on the wellness networks in Zone 1 visit one of its networks:

- South East Region http://hepac.ca/wellness-networks/south-east-region/
- Rural South East http://hepac.ca/wellness-networks/rural-south-east/
- Or contact Wellness Coordinator Lucie Gosselin Telephone: 506-576-9685 lucie.gosselin@hepac-csaap.ca

What is a Community Inclusion Network?

All citizens, community organizations, local business, government agencies, and communities are encouraged to participate in their local Community Inclusion Networks. The networks will develop local poverty reduction plans and work together to deliver programming tailored to local needs. The networks are part of the Economic and Social Inclusion Corporation of New Brunswick.

For more information:
Telephone: 1-888-295-4545
http://www.gnb.ca/poverty
esic-sies@gnb.ca

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Zone 2: Fundy Shore/Saint John Area
"Population Health Snapshot 2011" – Version 3

POPULATION HEALTH STATUS

		Zone 2 Male	Zone 2 Female	Zone 2 Average	NB Average	Rank (Zone 2 to other zones)	Trend compared to last zone 2 snapshot
See their health as being very good or excellent	(%, 2010)	65.6	57.8	**61.5**	53.5	1/7	▼
See their mental health as being very good or excellent	(%, 2010)	74.7	65.2	**69.7**	68.3	2/7*	▲
Pain or soreness that prevents activities (physical or emotional)	(%, 2010)	9.3[E]	17.6[E]	**13.6**	14.0	4/7	▲
Life satisfaction, satisfied or very satisfied	(%, 2010)	91.9	91.7	**91.8**	92.0	4/7*	▲
Expected years of life	(age, 2006/2008)	--	--	--	80.2	--	--
Infant with less than average birth weight	(%, 2005/2007)	5.0	5.3	**5.1**	5.5	1/7	--
Infant deaths	(rate per 1,000 live birth, 2005/2007)	4.0	2.3	**3.2**	4.1	2/5	--
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2005/2009)	163.1	76.6	**119.0**	98.1	6/7	▲
Premature deaths from cancer	(years of life lost, rate per 10,000 2005/2009)	215.9	156.9	**185.8**	176.9	5/7	▼
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2005/2009)	30.1	19.5	**24.7**	22.3	5/7	▼
Premature deaths from injuries	(years of life lost, rate per 10,000 2005/2009)	108.6	30.2	**68.6**	78.6	1/7	▲
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2005/2009)	53.9	13.1	**33.1**	40.6	1/7	▼

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

Has a regular medical doctor	(%, 2010)	89.9	92.4	**91.2**	92.4	7/7	▼
Medical doctor visit within the last year	(%, 2010)	71.8	85.0	**78.6**	80.7	7/7	▼
Dental professional visit within the last year	(%, 2009/2010)	60.1	65.7	**63.0**	60.8	1/7	▲
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2009)	431	412	**421**	489	2/7	▲
Adults 65 years and up who have received the flu shot in the last year	(%, 2010)	77.2	68.3	**72.2**	65.4	1/7	▲
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	82.5	**82.5**	80.9	3/7	--
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2010)	--	71.1	**71.1**	76.7	6/7	▼
Overall Hospital rating	(%, 2010)	78.8	73.5	**76.1**	75.9	4/7	Nouvel indicateur
Overall health care services rating	(%, 2011)	61.7	58.3	**59.9**	61.5	5/7*	Nouvel indicateur

Health Behaviours – account for 40% of the health status

Physical activity during free-time, moderately active or active	(%, 2010)	56.9	56.5	**56.7**	52.0	1/7	▲
Eat 5 or more fruits or vegetables a day	(%, 2010)	27.8	37.6	**32.9**	37.5	6/7	▼
Adults with unhealthy weight (obese)	(%, 2010)	25.5[E]	22.9[E]	**24.2**	27.5	3/7	▼
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2010)	31.3	7.2[E]	**18.8**	20.6	3/7	▼
Seeing your stress as being a lot	(%, 2010)	15.6[E]	25.3	**20.7**	20.3	5/7	▲
Current smoker, daily or occasional	(%, 2010)	25.9	19.4[E]	**22.6**	22.5	4/7	▼
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2010)	10.8	26.2	**18.8**	24.3	4/7	▼
Teens who are pregnant	(rate per 1,000 females, 2009)	--	26.7	**26.7**	23.5	6/7	▲
Always wears a bicycle helmet while on a bike	(%, 2010)	48.4	74.7	**59.1**	53.1	2/7	▼

Socioeconomic Factors – account for 40% of the health status

No high school diploma (25 years and older)	(%, 2006)	16.9	15.7	**16.3**	21.0	1/7	--
Unemployment	(%, 2010)	F	F	**8.0**	9.3	2/7	▼
Divorced	(%, 2006)	6.6	7.8	**7.2**	6.7	7/7	--
Single parent family	(%, 2006)	3.1	14.6	**17.7**	16.3	4/7	--
Low income	(%, 2006)	16.9	15.7	**16.3**	21.0	1/7	--
Violent crime	(rate per 100,000 population, 2010)	--	--	--	1,511	--	--
Property crime	(rate per 100,000 population, 2010)	--	--	--	3,284	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2010)	--	--	--	350	--	--

Physical Environment – accounts for 10% of the health status

Coming in contact with second-hand smoke at home	(%, 2010)	9.3[E]	9.9[E]	**9.7**[E]	6.6	3/5	▼
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2010)	17.7	13.4[E]	**15.3**	14.1	5/7	▼
Sense of belonging to your community, somewhat strong or very strong	(%, 2010)	76.9	69.6	**73.1**	71.4	4/7*	▼

Zone rank in New Brunswick
- Doing well (ranked 1, 2)
- Caution (ranked 3, 4, 5)
- Lagging (ranked 6, 7)

Trend Comparison with the last Zone 2 Population Health Snapshot
- ▲ Zone indicator value has improved
- ▼ Zone indicator value has gotten worse
- = Zone indicator value has stayed the same

Rating by best (1) to worst (7). Includes all health zones (7 in total). (*E* = Use data with caution, sample size too small, * =another zone has the same ranking, *F* = data unavailable)

Zone 2: Fundy Shore / Saint John Area

2011 Population Health

Snapshot – Version 3

Top 10 most frequent hospital admissions for the Fundy Shore / Saint John area (2010)

Hospital admissions	# of cases	Rate per 10,000
1- Vaginal Delivery	1,142	67.3
2- Newborn	1,136	66.9
3- COPD (Chronic Obstructive Lung disease)	641	37.8
4- Heart Failure without Cardiac Catheter	381	22.4
5- Viral/Unspecified Pneumonia	365	21.5
6- Palliative Care (end of life)	324	19.1
7- Knee Replacement	309	18.2
8- Normal Newborn Multiple/Caesarean Delivery	281	16.6
9- Enteritis (Inflammation of Small Intestine)	248	14.6
10- Coronary Angioplasty*	241	14.2

* Operation to open narrow heart vessels

Top 10 most common chronic health conditions for the Fredericton / River Valley area (2011)

Chronic health conditions	Prevalence (%)
1- High Blood Pressure	25.6
2- Arthritis	21.2
3- Chronic Pain	15.6
4- GERD (Acid Reflux Disease)	15.1
5- Depression	11.8
6- Asthma	10.6
7- Diabetes	9.3
8- Heart Disease	8.4
9- Cancer	7.8
10- Emphysema or COPD	3.2

SPECIFICS ABOUT ZONE 2

Age distribution of the population

0- 19 years old = 24%

20-39 years old = 24%

40-64 years old = 37%

65 + years old = 15%

Total population = 169 765

***Median age** = 41.0*

Language spoken at home:
French = 1%

English= 97%

***Immigrant population** = 4.5%*

***Aboriginal population** = 1.1%*

(source: 2006 Census, Statistics Canada)

What is a wellness network?

Wellness networks are a formal or informal group of people who come together from various backgrounds within a community or region to address an area of concern around wellness. They may work to improve life habits and to have an effect on health determinants, and therefore contribute to wellness. Through a combination of federal and provincial government support the Healthy Eating and Physical Activity Coalition (HEPAC) is leading an initiative to strengthen wellness networks around the province of NB.

For more information on the wellness networks in Zone 2 visit one of its networks:

- Deer Island http://csaap.ca/reseaux-de-mieux-etre/ile-deer/
- Fundy http://csaap.ca/reseaux-de-mieux-etre/fundy/
- Grand Bay-Westfield http://csaap.ca/reseaux-de-mieux-etre/grand-bay-westfield/
- Sussex http://csaap.ca/reseaux-de-mieux-etre/sussex/
- Or contact Wellness Coordinator Sylvie Poulin. Telephone: 506-643-2114 Sylvie.poulin@gnb.ca

What is a Community Inclusion Network?

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Zone 3: Fredericton / River Valley
"Population Health Snapshot 2011" – Version 3

		Zone 3 Male	Zone 3 Female	Zone 3 Average	NB Average	Rank (Zone 3 to other zones)	Trend compared to last zone 3 snapshot
POPULATION HEALTH STATUS							
See their health as being very good or excellent	(%, 2010)	54.4	51.0	**52.6**	53.5	2/7	▼
See their mental health as being very good or excellent	(%, 2010)	77.0	73.7	**75.3**	68.3	1/7	▲
Pain or soreness that prevents activities (physical or emotional)	(%, 2010)	10.6 E	13.3	**12**	14.0	2/7	▲
Life satisfaction, satisfied or very satisfied	(%, 2010)	93.5	94.5	**94.0**	92.0	1/7	▲
Expected years of life	(age, 2006/2008)	--	--	**--**	80.2	--	--
Infant with less than average birth weight	(%, 2005/2007)	5.4	6.1	**5.7**	5.5	5/7	--
Infant deaths	(rate per 1,000 live birth, 2005/2007)	5.5	4.6	**5.1**	4.1	4/5	--
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2005/2009)	141.7	62.1	**101.7**	98.1	5/7	▼
Premature deaths from cancer	(years of life lost, rate per 10,000 2005/2009)	167.3	155	**161.1**	176.9	1/7	▼
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2005/2009)	28.5	21.3	**24.9**	22.3	6/7	▼
Premature deaths from injuries	(years of life lost, rate per 10,000 2005/2009)	117.2	44.4	**80.6**	78.6	4/7	▼
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2005/2009)	62.4	14.4	**38.3**	40.6	3/7	▼
HEALTH DETERMINANTS							
Health Care - accounts for 10% of the health status							
Has a regular medical doctor	(%, 2010)	88.8	94.0	**91.5**	92.4	6/7	▼
Medical doctor visit within the last year	(%, 2010)	69.6	88.4	**79.4**	80.7	6/7	▼
Dental professional visit within the last year	(%, 2009/2010)	58.7	66.8	**62.9**	60.8	2/7	▲
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2009)	577	528	**551**	489	4/7	▲
Adults 65 years and up who have received the flu shot in the last year	(%, 2010)	73.3	62.4	**67.1**	65.4	2/7	▲
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	87.0	**87.0**	80.9	1/7	--
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2010)	--	74.2	**74.2**	76.7	5/7	▼
Overall Hospital rating	(%, 2010)	77.7	72.6	**74.9**	75.9	5/7	New Indicator
Overall health care services rating	(%, 2011)	61.7	58.3	**59.9**	61.5	5/7*	New Indicator
Health Behaviours – account for 40% of the health status							
Physical activity during free-time, moderately active or active	(%, 2010)	53.2	56.7	**55.0**	52.0	2/7	▲
Eat 5 or more fruits or vegetables a day	(%, 2010)	30.0	44.8	**37.7**	37.5	3/7	=
Adults with unhealthy weight (obese)	(%, 2010)	32.8	28.7	**30.7**	27.5	6/7	▼
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2010)	26.4	11.4 E	**18.6**	20.6	2/7	▼
Seeing your stress as being a lot	(%, 2010)	16.2 E	17.4	**16.8**	20.3	2/7*	▲
Current smoker, daily or occasional	(%, 2010)	25.3	20.8	**23.0**	22.5	6/7	▼
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2010)	19.4	42.1	**30.9**	24.3	6/7	▼
Teens who are pregnant	(rate per 1,000 females, 2010)	--	23.7	**23.7**	23.5	5/7	▼
Always wears a bicycle helmet while on a bike	(%, 2010)	70.3	53.7 E	**63.3**	53.1	1/7	▲
Socioeconomic Factors – account for 40% of the health status							
No high school diploma (25 years and older)	(%, 2006)	18.7	14.4	**16.5**	21.0	2/7	--
Unemployment	(%, 2010)	F	F	**8.6**	9.3	3/7	▼
Divorced	(%, 2006)	6.3	7.5	**6.9**	6.7	5/7	--
Single parent family	(%, 2006)	2.5	11.8	**14.3**	16.3	2/7	--
Low income	(%, 2006)	11.1	13.6	**12.4**	13.5	1/7	--
Violent crime	(rate per 100,000 population, 2010)	--	--	**--**	1,511	--	--
Property crime	(rate per 100,000 population, 2010)	--	--	**--**	3,284	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2010)	--	--	**--**	350	--	--
Physical Environment – accounts for 10% of the health status							
Coming in contact with second-hand smoke at home	(%,2010)	F	F	**3.9 E**	6.6	1/5	▲
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%,2010)	17.6 E	10.1 E	**13.6 E**	14.1	3/7	▲
Sense of belonging to your community, somewhat strong or very strong	(%, 2010)	60.1	71.8	**66.2**	71.4	7/7	▼

Zone rank in New Brunswick
- Doing well (ranked 1, 2)
- Caution (ranked 3, 4, 5)
- Lagging (ranked 6, 7)

Trend Comparison with the last Zone 3 Population Health Snapshot
- ▲ Zone indicator value has improved
- ▼ Zone indicator value has gotten worse
- = Zone indicator value has stayed the same

Rating by best (1) to worst (7). Includes all health zones (7 in total). (*E* = Use data with caution, sample size too small, * =another zone has the same ranking, *F* = data unavailable)

Zone 3:
Fredericton / River Valley Area

Population Health Snapshot – 2011
Version 3

Top 10 most frequent hospital admissions for the Fredericton / River Valley area (2010)

Hospital admissions	# of cases	Rate per 10,000
1- Newborn	1,086	65.5
2- Vaginal Delivery	1,066	64.3
3- COPD (Chronic Obstructive Lung Disease)	689	41.6
4- Heart Attack	441	26.6
5- Angina /Chest Pain	432	26.1
6- Normal Newborn Multiple/Caesarean Delivery	402	24.3
7- Palliative Care (end of life)	389	23.5
8- Symptom/Sign of Digestive System	353	21.3
9- Arrythmia (Abnormal Heartbeat)	345	20.8
10- Heart Failure without Cardiac Catheter	327	19.7

Top 10 most common chronic health conditions for the Fredericton / River Valley area (2011)

Chronic health conditions	Prevalence (%)
1- High Blood Pressure	24.4
2- Arthritis	18.4
3- GERD (Acid Reflux Disease)	17.0
4- Chronic Pain	15.7
5- Depression	12.9
6- Asthma	11.2
7- Diabetes	9.3
8- Heart Disease	7.9
9- Cancer	6.6
10- Emphysema or COPD	2.6

SPECIFICS ABOUT ZONE 3

Age distribution of the population

0- 19 years old = 23%

20-39 years old = 27%

40-64 years old = 36%

65 + years old = 14%

Total population = 165 725

***Median age** = 39.6*

Language spoken at home:
French = 3%

English= 94%

***Immigrant population** = 5.3%*

***Aboriginal population** = 3.1%*

(source: 2006 Census, Statistics Canada)

What is a wellness network?

Wellness networks are a formal or informal group of people who come together from various backgrounds within a community or region to address an area of concern around wellness. They may work to improve life habits and to have an effect on health determinants, and therefore contribute to wellness. Through a combination of federal and provincial government support the Healthy Eating and Physical Activity Coalition (HEPAC) is leading an initiative to strengthen wellness networks around the province of NB.

For more information on the wellness networks in Zone 3 visit one of its networks:

- Fredericton & Greater Area http://hepac.ca/wellness-networks/fredericton-and-greater-area/
- Boiestown / Doaktown http://hepac.ca/wellness-networks/boiestown-doaktown/
- Western Valley http://hepac.ca/wellness-networks/western-valley/
- Or contact Wellness Coordinator Chad Duplessie. Telephone: 506-352-0385 chad.duplessie@hepac-csaap.ca
- Or Wellness Coordinator Kathy Sherwood Orser. Telephone: 506-325-4729 Kathy.sherwoodorser@gnb.ca

What is a Community Inclusion Network?

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Zone 4: Madawaska / North West Area
"Population Health Snapshot 2011" – Version 3

		Zone 4 Male	Zone 4 Female	Zone 4 Average	NB Average	Rank (Zone 4 to other zones)	Trend compared to last zone 4 snapshot
POPULATION HEALTH STATUS							
See their health as being very good or excellent	(%, 2010)	45.0	51.3	**48.3**	53.5	5/7	▼
See their mental health as being very good or excellent	(%, 2010)	68.8	65.9	**67.3**	68.3	4/7	▼
Pain or soreness that prevents activities (physical or emotional)	(%, 2010)	F	12.7[E]	**11.3[E]**	14.0	1/7	▼
Life satisfaction, satisfied or very satisfied	(%, 2010)	83.8	96.7	**90.6**	92.0	6/7	▼
Expected years of life	(age, 2006/2008)	--	--	--	80.2	--	--
Infant with less than average birth weight	(%, 2005/2007)	6.1	5.0	**5.5**	5.5	2/7	--
Infant deaths	(rate per 1,000 live birth, 2005/2007)	--	--	**5.3**	4.1	5/5	--
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2005/2009)	142.2	31.2	**86.2**	98.1	3/7	▲
Premature deaths from cancer	(years of life lost, rate per 10,000 2005/2009)	189.2	231.1	**210.3**	176.9	7/7	▼
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2005/2009)	25.5	15.2	**20.3**	22.3	3/7	▼
Premature deaths from injuries	(years of life lost, rate per 10,000 2005/2009)	111.3	53.8	**82.3**	78.6	5/7	▲
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2005/2009)	119.3	30.8	**74.7**	40.6	7/7	▲
HEALTH DETERMINANTS							
Health Care - accounts for 10% of the health status							
Has a regular medical doctor	(%, 2010)	91.3	98.1	**94.8**	92.4	3/7	▲
Medical doctor visit within the last year	(%, 2010)	72.3	86.8	**79.8**	80.7	5/7	▲
Dental professional visit within the last year	(%, 2009/2010)	55.1	59.6	**57.4**	60.8	4/7	▲
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2009)	736	526	**624**	489	5/7	▼
Adults 65 years and up who have received the flu shot in the last year	(%, 2010)	69.2	58.9	**63.6**	65.4	5/7	▲
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	70.7	**70.7**	80.9	7/7	--
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2010)	--	79.9	**79.9**	76.7	2/7	▼
Overall Hospital rating	(%, 2010)	83.6	80.5	**82.0**	75.9	1/7	New indicator
Overall health care services rating	(%, 2011)	65.1	67.0	**66.1**	61.5	1/7	New indicator
Health Behaviours – account for 40% of the health status							
Physical activity during free-time, moderately active or active	(%, 2010)	60.3	40.2	**49.8**	52.0	4/7	▲
Eat 5 or more fruits or vegetables a day	(%, 2010)	28.8[E]	56.3	**43.2**	37.5	2/7	▼
Adults with unhealthy weight (obese)	(%, 2010)	23.5[E]	18.9[E]	**21.2**	27.5	1/7	▲
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2010)	27.1[E]	11.8[E]	**19.1**	20.6	4/7	▼
Seeing your stress as being a lot	(%, 2010)	30.5[E]	30.6[E]	**30.5[E]**	20.3	7/7	▲
Current smoker, daily or occasional	(%, 2010)	30.2[E]	30.3	**30.3**	22.5	7/7	▼
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2010)	5.4	11.3	**8.4**	24.3	1/7	▼
Teens who are pregnant	(rate per 1,000 females, 2010)	--	15.0	**15.0**	23.5	2/7	▲
Always wears a bicycle helmet while on a bike	(%, 2010)	31.6[E]	41.9[E]	**36.2[E]**	53.1	6/7	▲
Socioeconomic Factors – account for 40% of the health status							
No high school diploma (25 years and older)	(%, 2006)	29.0	25.0	**27.2**	21.0	4/7	--
Unemployment	(%, 2010)	F	F	**9.0**	9.3	4/7	▲
Divorced	(%, 2006)	6.2	6.1	**6.1**	6.7	3/7	--
Single parent family	(%, 2006)	3.3	11.3	**11.3**	16.3	1/7	--
Low income	(%, 2006)	11.4	15.6	**15.6**	13.5	6/7*	--
Violent crime	(rate per 100,000 population, 2010)	--	--	--	1,511	--	--
Property crime	(rate per 100,000 population, 2010)	--	--	--	3,284	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2010)	--	--	--	350	--	--
Physical Environment – accounts for 10% of the health status							
Coming in contact with second-hand smoke at home	(%, 2010)	F	F	**10.5[E]**	6.6	4/5	▲
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2010)	26.3[E]	14.7[E]	**20.3[E]**	14.1	7/7	▲
Sense of belonging to your community, somewhat strong or very strong	(%, 2010)	70.4	79.4	**75.1**	71.4	3/7	▲

Zone rank in New Brunswick
- Doing well (ranked 1, 2)
- Caution (ranked 3, 4, 5)
- Lagging (ranked 6, 7)

Trend Comparison with the last Zone 4 Population Health Snapshot
- ▲ Zone indicator value has improved
- ▼ Zone indicator value has gotten worse
- = Zone indicator value has staved the same

Rating by best (1) to worst (7). Includes all health zones (7 in total). (*E* = Use data with caution, sample size too small, * =another zone has the same ranking, *F* = data unavailable)

Zone 4:
Madawaska / North West Area

Population Health Snapshot – 2011
Version 3

Top 10 most frequent hospital admissions for the Madawaska / North West area (2010)

Hospital admissions	# of cases	Rate per 10,000
1- COPD (Chronic Obstructive Lung Disease)	261	52.1
2- Newborn	250	49.9
3- Vaginal Delivery	245	48.9
4- Arryhtmia (Abnormal Heartbeat)	177	35.3
5- Stress Reaction/Adjustment Disorder	160	31.9
6- Depressive Episode without ECT	156	31.1
7- Enteritis (Inflammation of Small Intestine)	132	26.3
8- Unstable Angina/Atherosclerotic Heart Disease without Cardiac Cath	125	25.0
9- Heart Attack	120	24.0
10- Viral/Unspecified Pneumonia	118	23.6

Top 10 most common chronic health conditions for the Madawaska / North West area (2011)

Chronic health conditions	Prevalence (%)
1- High Blood Pressure	25.6
2- Chronic Pain	16.7
3- Arthritis	15.8
4- GERD (Acid Reflux Disease)	15.4
5- Depression	11.5
6- Heart Disease	11.1
7- Diabetes	9.0
8- Asthma	7.8
9- Cancer	5.6
10- Emphysema or COPD	3.9

SPECIFICS ABOUT ZONE 4

Age distribution of the population

0- 19 years old = 22%

20-39 years old = 23%

40-64 years old = 41%

65 + years old = 14%

Total population = 50 095

***Median age** = 43.0*

Language spoken at home:
French = 91%

English= 7.6%

***Immigrant population** = 3.0%*

***Aboriginal population** = 2.2%*

(source: 2006 Census, Statistics Canada)

What is a wellness network?

Wellness networks are a formal or informal group of people who come together from various backgrounds within a community or region to address an area of concern around wellness. They may work to improve life habits and to have an effect on health determinants, and therefore contribute to wellness. Through a combination of federal and provincial government support the Healthy Eating and Physical Activity Coalition (HEPAC) is leading an initiative to strengthen wellness networks around the province of NB.

For more information on the wellness networks in Zone 4 visit one of its networks:

- Saint-Quentin
  http://hepac.ca/wellness-networks/saint-quentin/
- Or contact Wellness Coordinator Cindy Cheng. Telephone: 506-739-0761
  cindy.cheng@hepac-csaap.ca

What is a Community Inclusion Network?

All citizens, community organizations, local business, government agencies, and communities are encouraged to participate in their local Community Inclusion Networks. The networks will develop local poverty reduction plans and work together to deliver programming tailored to local needs. The networks are part of the Economic and Social Inclusion Corporation of New Brunswick.

For more information:
Telephone: 1-888-295-4545
http://www.gnb.ca/poverty
esic-sies@gnb.ca

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Zone 5: Restigouche Area
"Population Health Snapshot 2011" – Version 3

POPULATION HEALTH STATUS

		Zone 5 Male	Zone 5 Female	Zone 5 Average	NB Average	Rank (Zone 5 to other zones)	Trend compared to last zone 5 snapshot
See their health as being very good or excellent	(%, 2010)	45.5	45.2	**45.4**	53.5	7/7	▼
See their mental health as being very good or excellent	(%, 2010)	69.9	69.6	**69.7**	68.3	2/7*	▼
Pain or soreness that prevents activities (physical or emotional)	(%, 2010)	18.4[E]	17.9[E]	**18.1**[E]	14.0	6/7	▼
Life satisfaction, satisfied or very satisfied	(%, 2010)	90.6	93.4	**92.0**	92.0	3/7	▲
Expected years of life	(age, 2006/2008)	--	--	**--**	80.2	--	--
Infant with less than average birth weight	(%, 2005/2007)	6.5	6.3	**6.4**	5.5	7/7	--
Infant deaths	(rate per 1,000 live birth, 2005/2007)	--	--	**--**	4.1	--	--
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2005/2009)	158.6	82.7	**120.0**	98.1	7/7	▼
Premature deaths from cancer	(years of life lost, rate per 10,000 2005/2009)	217.0	161.9	**188.9**	176.9	6/7	▼
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2005/2009)	43.2	16.8	**29.8**	22.3	7/7	▼
Premature deaths from injuries	(years of life lost, rate per 10,000 2005/2009)	150.6	34.7	**91.6**	78.6	6/7	▼
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2005/2009)	103.2	10.8	**56.2**	40.6	6/7	▲

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

Has a regular medical doctor	(%, 2010)	94.8	96.5	**95.7**	92.4	1/7*	▲
Medical doctor visit within the last year	(%, 2010)	80.8	89.2	**85.0**	80.7	2/7	▲
Dental professional visit within the last year	(%, 2009/2010)	52.9	60.8	**56.9**	60.8	5/7	▲
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2009)	764	741	**752**	489	7/7	▲
Adults 65 years and up who have received the flu shot in the last year	(%, 2010)	52.3[E]	63.4[E]	**58.9**	65.4	6/7	▼
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	76.4	**76.4**	80.9	5/7	--
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2010)	--	75.8	**75.8**	76.7	4/7	▼
Overall Hospital rating	(%, 2010)	75.6	74.3	**74.8**	75.9	6/7	New indicator
Overall health care services rating	(%, 2011)	64.1	56.0	**59.8**	61.5	7/7	New indicator

Health Behaviours – account for 40% of the health status

Physical activity during free-time, moderately active or active	(%, 2010)	48.7	40.8	**44.7**	52.0	6/7	▼
Eat 5 or more fruits or vegetables a day	(%, 2010)	32.0[E]	42.2	**37.2**	37.5	4/7	▼
Adults with unhealthy weight (obese)	(%, 2010)	24.7[E]	29.5[E]	**27.1**	27.5	4/7	▲
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2010)	36	F	**22.6**	20.6	6/7	▲
Seeing your stress as being a lot	(%, 2010)	9.1[E]	23.0[E]	**16.2**	20.3	1/7	▲
Current smoker, daily or occasional	(%, 2010)	20.5[E]	21.0[E]	**20.8**[E]	22.5	2/7	▼
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2010)	7.9	15.2	**11.7**	24.3	3/7	▲
Teens who are pregnant	(rate per 1,000 females, 2010)	--	10.6	**10.6**	23.5	1/7	▲
Always wears a bicycle helmet while on a bike	(%, 2010)	F	F	**35.7**[E]	53.1	7/7	▼

Socioeconomic Factors – account for 40% of the health status

No high school diploma (25 years and older)	(%, 2006)	27.2	31.0	**29.0**	21.0	6/7	--
Unemployment	(%, 2010)	F	F	**13.3**	9.3	5/7	▼
Divorced	(%, 2006)	6.6	6.6	**6.6**	6.7	4/7	--
Single parent family	(%, 2006)	3.7	16.0	**19.7**	16.3	7/7	--
Low income	(%, 2006)	12.9	18.1	**15.6**	13.5	6/7*	--
Violent crime	(rate per 100,000 population, 2010)	--	--	**--**	1,511	--	--
Property crime	(rate per 100,000 population, 2010)	--	--	**--**	3,284	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2010)	--	--	**--**	350	--	--

Physical Environment – accounts for 10% of the health status

Coming in contact with second-hand smoke at home	(%, 2010)	F	F	**12.4**[E]	6.6	5/5	▲
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2010)	24.7[E]	F	**17.6**[E]	14.1	6/7	▲
Sense of belonging to your community, somewhat strong or very strong	(%, 2010)	77.3	82.0	**79.6**	71.4	1/7	▼

Zone rank in New Brunswick
- Doing well (ranked 1, 2)
- Caution (ranked 3, 4, 5)
- Lagging (ranked 6, 7)

Trend Comparison with the last Zone 5 Population Health Snapshot
- ▲ Zone indicator value has improved
- ▼ Zone indicator value has gotten worse
- = Zone indicator value has stayed the same

Rating by best (1) to worst (7). Includes all health zones (7 in total). (*E* = Use data with caution, sample size too small, *F* = data unavailable)

Zone 5: Restigouche Area

Population Health Snapshot – 2011

Version 3

Top 10 most frequent hospital admissions for the Restigouche area (2010)

Hospital admissions	# of cases	Rate per 10,000
1- COPD (Chronic Obstructive Lung disease)	224	80.7
2 -Heart Failure without Cardiac Catheter	110	39.6
3- Vaginal Delivery	109	39.3
4- Heart Attack	107	38.6
5- Enteritis (Inflammation of Small Intestine)	106	38.2
6- Viral/Unspecified Pneumonia	92	33.1
7- Palliative Care (end of life)	91	32.8
8- Recovering from Illness or Disease	89	32.1
9- Arrythmia (Abnormal Heartbeat)	85	30.6
10- Newborn	84	30.3

Top 10 most common chronic health conditions for the Restigouche area (2011)

Chronic health conditions	Prevalence (%)
1- High Blood Pressure	32.0
2- Arthritis	20.9
3- GERD (Acid Reflux Disease)	18.6
4- Chronic Pain	17.0
5- Depression	14.0
6- Diabetes	10.3
7- Asthma	9.6
8- Heart Disease	8.7
9- Cancer	7.5
10- Mood Disorder other than Depression	4.0

SPECIFICS ABOUT ZONE 5

Age distribution of the population

0- 19 years old = 21%

20-39 years old = 20%

40-64 years old = 41%

65 + years old = 18%

Total population = 27 755

***Median age** = 45.3*

Language spoken at home:
French = 51%

English= 46.5%

***Immigrant population** = 1.4%*

***Aboriginal population** = 3.6%*

(source: 2006 Census, Statistics Canada)

What is a wellness network?

Wellness networks are a formal or informal group of people who come together from various backgrounds within a community or region to address an area of concern around wellness. They may work to improve life habits and to have an effect on health determinants, and therefore contribute to wellness. Through a combination of federal and provincial government support the Healthy Eating and Physical Activity Coalition (HEPAC) is leading an initiative to strengthen wellness networks around the province of NB.

For more information on the wellness networks in Zone 5 visit one of its networks:

- Charlo http://hepac.ca/wellness-networks/charlo/
- Or contact Wellness Coordinator Cindy Cheng. Telephone: 506-739-0761

cindy.cheng@hepac-csaap.ca

What is a Community Inclusion Network?

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Zone 6: Bathurst / Acadian Peninsula Area
"Population Health Snapshot 2011" – Version 3

POPULATION HEALTH STATUS

		Zone 6 Male	Zone 6 Female	Zone 6 Average	NB Average	Rank (Zone 6 to other zones)	Trend compared to last zone 6 snapshot
See their health as being very good or excellent	(%, 2010)	43.5	51.0	**47.4**	53.5	6/7	▼
See their mental health as being very good or excellent	(%, 2010)	54.4	63.4	**59.2**	68.3	7/7	▼
Pain or soreness that prevents activities (physical or emotional)	(%, 2010)	25.0[E]	18.0[E]	**21.3**	14.0	7/7	▼
Life satisfaction, satisfied or very satisfied	(%, 2010)	87.2	91.4	**89.5**	92.0	7/7	▼
Expected years of life	(age, 2006/2008)	--	--	--	80.2	--	--
Infant with less than average birth weight	(%, 2005/2007)	4.2	7.2	**5.6**	5.5	3/7*	--
Infant deaths	(rate per 1,000 live birth, 2005/2007)	--	--	--	4.1	--	--
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2005/2009)	117.0	41.3	**79.0**	98.1	1/7	▼
Premature deaths from cancer	(years of life lost, rate per 10,000 2005/2009)	179.0	162.5	**170.7**	176.9	2/7	▲
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2005/2009)	21.6	22.8	**22.2**	22.3	4/7	▼
Premature deaths from injuries	(years of life lost, rate per 10,000 2005/2009)	143.2	45.7	**94.2**	78.6	7/7	▼
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2005/2009)	61.0	16.0	**38.4**	40.6	4/7	▲

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

Has a regular medical doctor	(%, 2010)	88.5	95.9	**92.4**	92.4	4/7*	▼
Medical doctor visit within the last year	(%, 2010)	73.6	90.4	**82.4**	80.7	3/7	▲
Dental professional visit within the last year	(%, 2009/2010)	55.6	52.6	**54.1**	60.8	7/7	▲
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2009)	659	379	**519**	489	3/7	▲
Adults 65 years and up who have received the flu shot in the last year	(%, 2010)	40.6[E]	54.9[E]	**48.6**	65.4	7/7	▼
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	71.9	**71.9**	80.9	6/7	--
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2010)	--	78.0	**78.0**	76.7	3/7	▼
Overall Hospital rating	(%, 2010)	70.5	69.9	**70.1**	75.9	7/7	New Indicator
Overall health care services rating	(%, 2011)	65.2	63.1	**64.1**	61.5	3/7	New Indicator

Health Behaviours – account for 40% of the health status

Physical activity during free-time, moderately active or active	(%, 2010)	47.8	45.7	**46.6**	52.0	5/7	▲
Eat 5 or more fruits or vegetables a day	(%, 2010)	47.0	53.5	**50.5**	37.5	1/7	▼
Adults with unhealthy weight (obese)	(%, 2010)	29.9[E]	18.0[E]	**23.6**	27.5	2/7	▲
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2010)	33.8	9.6[E]	**21.1**	20.6	5/7	▼
Seeing your stress as being a lot	(%, 2010)	26.3[E]	15.1[E]	**20.5**	20.3	4/7	▼
Current smoker, daily or occasional	(%, 2010)	32.6[E]	13.8[E]	**22.7**	22.5	5/7	▼
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2010)	4.7	15.5	**10.2**	24.3	2/7	▼
Teens who are pregnant	(rate per 1,000 females, 2010)	--	17.0	**17.0**	23.5	3/7	▲
Always wears a bicycle helmet while on a bike	(%, 2010)	28.0[E]	50.0[E]	**38.0**	53.1	5/7	▼

Socioeconomic Factors – account for 40% of the health status

No high school diploma (25 years and older)	(%, 2006)	35.7	29.7	**32.9**	21.0	7/7	--
Unemployment	(%, 2010)	F	F	**14.1**	9.3	6/7	▲
Divorced	(%, 2006)	5.9	5.6	**5.8**	6.7	2/7	--
Single parent family	(%, 2006)	4.2	14.7	**18.9**	16.3	6/7	--
Low income	(%, 2006)	13.5	17.2	**15.3**	13.5	5/7	--
Violent crime	(rate per 100,000 population, 2010)	--	--	--	1,511	--	--
Property crime	(rate per 100,000 population, 2010)	--	--	--	3,284	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2010)	--	--	--	350	--	--

Physical Environment – accounts for 10% of the health status

Coming in contact with second-hand smoke at home	(%, 2010)	F	F	**F**	6.6	F	--
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2010)	F	11.4[E]	**15.1**[E]	14.1	4/7	▲
Sense of belonging to your community, somewhat strong or very strong	(%, 2010)	72.5	73.6	**73.1**	71.4	4/7*	▲

Zone rank in New Brunswick
- Doing well (ranked 1, 2)
- Caution (ranked 3, 4, 5)
- Lagging (ranked 6, 7)

Trend Comparison with the last Zone 6 Population Health Snapshot
- ▲ Zone indicator value has improved
- ▼ Zone indicator value has gotten worse
- = Zone indicator value has staved the same

Rating by best (1) to worst (7). Includes all health zones (7 in total). (*E* = Use data with caution, sample size too small, * =another zone has the same ranking, *F* = data unavailable)

Zone 6: Bathurst / Acadian Peninsula Area

2010 Population Health – Version 2

Top 10 most frequent hospital admissions for the Bathurst / Acadian Peninsula area (2010)

Hospital admissions	# of cases	Rate per 10,000
1- Vaginal Delivery	344	43.6
2- COPD (Chronic Obstructive Lung Disease)	336	42.6
3- Newborn	260	32.9
4- Unstable Angina/Atherosclerotic Heart Disease without Cardiac Catheter	231	29.3
5- Viral/Unspecified Pneumonia	206	26.1
6- Heart Failure without Cardiac Catheter	199	25.2
6- Palliative Care (end of life)	199	25.2
8- Heart Attack	194	24.6
8- Enteritis (Inflammation of Small Intestine)	194	24.6
10- Arrythmia (Abnormal Heartbeat)	192	24.3

Top 10 most common chronic health conditions for the Bathurst / Acadian Peninsula area (2011)

Chronic health conditions	Prevalence (%)
1- High Blood Pressure	28.1
2- Arthritis	16.3
3- GERD (Acid Reflux Disease)	15.3
4- Chronic Pain	13.7
5- Depression	13.1
6- Asthma	12.0
7- Diabetes	9.7
8- Heart Disease	8.7
9- Cancer	7.0
10- Mood Disorder other than Depression	2.6

SPECIFICS ABOUT ZONE 6

Age distribution of the population

0- 19 years old = 20%

20-39 years old = 23%

40-64 years old = 42%

65 + years old = 15%

Total population = 78 950

***Median age** = 44.2*

Language spoken at home:
French = 82.4%

English= 16.3%

***Immigrant population** = 1.1%*

***Aboriginal population** = 1.7%*

(source: 2006 Census, Statistics Canada)

What is a wellness network?

Wellness networks are a formal or informal group of people who come together from various backgrounds within a community or region to address an area of concern around wellness. They may work to improve life habits and to have an effect on health determinants, and therefore contribute to wellness. Through a combination of federal and provincial government support the Healthy Eating and Physical Activity Coalition (HEPAC) is leading an initiative to strengthen wellness networks around the province of NB.

For more information on the wellness networks in Zone 6 visit one of its networks:

- Acadian Peninsula http://hepac.ca/wellness-networks/acadian-peninsula/
- Or contact Wellness Coordinator Rachel Robichaud. Telephone: 506-726-2029 rachel.robichaud3@gnb.ca

What is a Community Inclusion Network?

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Zone 7 : Miramichi Area

"Population Health Snapshot 2011" – Version 3

POPULATION HEALTH STATUS

		Zone 7 Males	Zone 7 Females	Zone 7 Average	NB Average	Rank (Zone 7 vs other zones)	Trend compared to last zone 7 snapshot
See their health as being very good or excellent	(%, 2010)	55.2	47.8	**51.6**	53.5	4/7	▼
See their mental health as being very good or excellent	(%, 2010)	61.9	68.1	**64.9**	68.3	6/7	▼
Pain or soreness that prevents activities (physical or emotional)	(%, 2010)	F	18.5[E]	**12.7**[E]	14.0	3/7	▼
Life satisfaction, satisfied or very satisfied	(%, 2010)	94.1	91.0	**92.6**	92.0	2/7	▼
Expected years of life	(age, 2006/2008)	--	--	--	80.2	--	--
Infant with less than average birth weight	(%, 2005/2007)	6.6	5.3	**6.0**	5.5	6/7	--
Infant deaths	(rate per 1,000 live birth, 2005/2007)	--	--	**4.7**	4.1	3/5	--
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2005/2009)	147.5	41.7	**94.7**	98.1	4/7	▲
Premature deaths from cancer	(years of life lost, rate per 10,000 2005/2009)	203.2	167.6	**185.4**	176.9	4/7	▼
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2005/2009)	17.6	22.5	**20.1**	22.3	2/7	▲
Premature deaths from injuries	(years of life lost, rate per 10,000 2005/2009)	111.5	37.0	**74.3**	78.6	2/7	▼
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2005/2009)	62.9	13.0	**38.0**	40.6	2/7	▲

HEALTH DETERMINANTS

Health Care - accounts for 10% of the health status

Has a regular medical doctor	(%, 2010)	94.9	96.5	**95.7**	92.4	1/7*	▲
Medical doctor visit within the last year	(%, 2010)	80.8	91.1	**85.7**	80.7	1/7	▲
Dental professional visit within the last year	(%, 2009/2010)	59.3	53.7	**56.4**	60.8	6/7	▲
People being hospitalized for unnecessary conditions	(aged-standardized rate per 100,000, 2009)	804	485	**648**	489	6/7	▲
Adults 65 years and up who have received the flu shot in the last year	(%, 2010)	57.6[E]	72.7	**65.4**	65.4	4/7	▲
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2007/2008)	--	83.4	**83.4**	80.9	2/7	--
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2010)	--	70.6	**70.6**	76.7	7/7	▼
Overall Hospital rating	(%, 2010)	77.5	75.7	**76.5**	75.9	3/7	New indicator
Overall health care services rating	(%, 2011)	64.3	64.9	**64.6**	61.5	2/7	New indicator

Health Behaviours – account for 40% of the health status

Physical activity during free-time, moderately active or active	(%, 2010)	51.8	33.4	**42.8**	52.0	7/7	▼
Eat 5 or more fruits or vegetables a day	(%, 2010)	35.7	27.5[E]	**31.7**	37.5	7/7	▼
Adults with unhealthy weight (obese)	(%, 2010)	36.3[E]	29.6[E]	**32.9**	27.5	7/7	▼
5 or more drinks at one time, at least once a month in the past year (heavy drinking)	(%, 2010)	24.3[E]	9.5[E]	**17.2**[E]	20.6	1/7	▲
Seeing your stress as being a lot	(%, 2010)	15.6[E]	25.3	**16.8**	20.3	2/7*	▲
Current smoker, daily or occasional	(%, 2010)	23.5[E]	18.6[E]	**21.1**[E]	22.5	3/7	▲
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2010)	8.6	29.4	**19.2**	24.3	5/7	▼
Teens who are pregnant	(rate per 1,000 females, 2010)	--	35.5	**35.5**	23.5	7/7	▼
Always wears a bicycle helmet while on a bike	(%, 2010)	41.0[E]	F	**38.9**[E]	53.1	4/7	▼

Socioeconomic Factors – account for 40% of the health status

No high school diploma (25 years and older)	(%, 2006)	29.7	25.0	**27.3**	21.0	5/7	--
Unemployment	(%, 2010)	F	F	**17.9**	9.3	7/7	▼
Divorced	(%, 2006)	5.2	5.6	**5.4**	6.7	1/7	--
Single parent family	(%, 2006)	3.0	15.0	**18.0**	16.3	5/7	--
Low income	(%, 2006)	10.9	14.6	**12.7**	13.5	3/7	--
Violent crime	(rate per 100,000 population, 2010)	--	--	--	1,511	--	--
Property crime	(rate per 100,000 population, 2010)	--	--	--	3,284	--	--
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2010)	--	--	--	350	--	--

Physical Environment – accounts for 10% of the health status

Coming in contact with second-hand smoke at home	(%, 2010)	F	F	**F**	6.6	F	--
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place	(%, 2010)	F	F	**10.2**[E]	14.1	1/7	▲
Sense of belonging to your community, somewhat strong or very strong	(%, 2010)	77.3	76.3	**76.8**	71.4	2/7	▼

Zone rank in New Brunswick
- Doing well (ranked 1, 2)
- Caution (ranked 3, 4, 5)
- Lagging (ranked 6, 7)

Trend comparison with the last zone 7 Population Health Snapshot
- ▲ Zone indicator value has improved
- ▼ Zone indicator value has gotten worse
- = Zone indicator value has stayed the same

Rating by best (1) to worst (7). Includes all health zones (7 in total). (*E* = Use data with caution, sample size too small, *F* = data unavailable)

Zone 7:
Miramichi Area
Population Health Snapshot – 2011
Version 3

Top 10 most frequent hospital admissions for the Miramichi area (2010)

Hospital admissions	# of cases	Rate per 10,000
1- COPD (Chronic Obstructive Lung Disease)	306	66.7
2- Newborn	202	44.1
3- Vaginal Delivery	192	41.9
4- Enteritis (Inflammation of Small Intestine)	159	34.7
5- Recovering from Illness or Disease	158	34.5
6- Arrythmia (Abnormal Heartbeat)	147	32.1
7- Symptom/Sign of Digestive System	146	31.8
8- Heart Attack	132	28.8
8- Palliative Care (end of life)	132	28.8
10- Pre-delivery Disorder treated Medically	127	27.7

Top 10 most common chronic health conditions for the Miramichi area (2011)

Chronic health conditions	Prevalence (%)
1- High Blood Pressure	27.8
2- GERD (Acid Reflux Disease)	17.6
3- Arthritis	16.1
4- Chronic Pain	13.8
5- Depression	12.1
6- Asthma	9.6
7- Diabetes	9.5
8- Heart Disease	8.4
9- Cancer	6.7
10- Mood Disorder other than Depression	2.7

SPECIFICS ABOUT ZONE 7

Age distribution of the population

0- 19 years old = 23%

20-39 years old = 24%

40-64 years old = 38%

65 + years old = 15%

Total population = 45 850

***Median age** = 42.2*

Language spoken at home:
French = 24.3%

English= 73.3%

***Immigrant population** = 2.0%*

***Aboriginal population** = 6.2%*

(source: 2006 Census, Statistics Canada)

What is a wellness network?

Wellness networks are a formal or informal group of people who come together from various backgrounds within a community or region to address an area of concern around wellness. They may work to improve life habits and to have an effect on health determinants, and therefore contribute to wellness. Through a combination of federal and provincial government support the Healthy Eating and Physical Activity Coalition (HEPAC) is leading an initiative to strengthen wellness networks around the province of NB.

For more information on the wellness networks in Zone 7 visit one of its networks:

- Miramichi Region http://hepac.ca/wellness-networks/miramichi-region/
- Or contact Wellness Coordinator Chad Duplessie. Telephone: 506-352-0385 chad.duplessie@hepac-csaap.ca

What is a Community Inclusion Network?

All citizens, community organizations, local business, government agencies, and communities are encouraged to participate in their local Community Inclusion Networks. The networks will develop local poverty reduction plans and work together to deliver programming tailored to local needs. The networks are part of the Economic and Social Inclusion Corporation of New Brunswick.
For more information:
Telephone: 1-888-295-4545
http://www.gnb.ca/poverty
esic-sies@gnb.ca

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Executive Summary

- Population Health Snapshot per zone, New Brunswick and Canada – 2011

	Desired direction	Zone 1: Moncton/ South-East Area	Zone 2: Fundy Shore / Saint John Area	Zone 3: Fredericton / River Valley Area	Zone 4: Madawaska / North West Area	Zone 5: Restigouche Area	Zone 6: Bathurst / Acadian Peninsula Area	Zone 7: Miramichi area	New Brunswick	Canada
Population Health Status										
See their health as being very good or excellent (%, 2010)	▲Better	52.4	61.5	52.6	48.3	45.4	47.4	51.6	53.5	60.1
See their mental health as being very good or excellent (%, 2010)	▲ Better	65.8	69.7	75.3	67.3	69.7	59.2	64.9	68.3	73.9
Pain or soreness that prevents activities (physical or emotional) (%, 2010)	▼ Better	13.7	13.6	12	11.3[E]	18.1[E]	21.3	12.7[E]	14	12.7
Life satisfaction, satisfied or very satisfied (%, 2010)	▲ Better	91.8	91.8	94	90.6	92	89.5	92.6	92	92.1
Expected years of life (age, NB* - 2006/2008, Zones – 2006)	▲ Better	--	--	--	--	--	--	--	80.2	80.9
Infant with less than average birth weight (%, 2005/2007)	▼ Better	5.6	5.1	5.7	5.5	6.4	5.6	6.0	5.5	6.0
Infant deaths (rate per 1,000 live birth, 2005/2007)	▼ Better	4.1	3.2	5.1	5.3	--	--	4.7	4.1	5.0
Premature deaths from heart and stroke (years of life lost,2005/2009)	▼ Better	85.0	119.0	101.7	86.2	120	79.0	94.7	98.1	--
Premature deaths from cancer (years of life lost, 2005/2009)	▼ Better	172.9	185.8	161.1	210.3	188.9	170.7	185.4	176.9	--
Premature deaths from breathing diseases (years of life lost, 2005/2009)	▼ Better	18.1	24.7	24.9	20.3	29.8	22.2	20.1	22.3	--
Premature deaths from injuries (years of life lost, 2005/2009)	▼ Better	77.4	68.6	80.6	82.3	91.6	94.2	74.3	78.6	--
Premature deaths due to suicides/self-inflicted injuries (years of life lost, 2005/2009)	▼ Better	39.6	33.1	38.3	74.7	56.2	38.4	38	40.6	--
Health Determinants										
Health Care – accounts for 10 % of the health status										
Has a regular medical doctor (%, 2010)	▲ Better	92.4	91.2	91.5	94.8	95.7	92.4	95.7	92.4	84.8
Medical doctor visit within the last year (%, 2010)	▲ Better	81.3	78.6	79.4	79.8	85	82.4	85.7	80.7	80.6
Dental professional visit within the last year (%, 2009/2010)	▲ Better	62.2	63.0	62.9	57.4	56.9	54.1	56.4	60.8	66.3
People being hospitalized for unnecessary conditions (aged-standardized rate per 100,000, 2009)	▼ Better	345	421	551	624	752	519.0	648	489	302
Adults 65 years and up who have received the flu shot in the last year (%, 2010)	▲ Better	66.7	72.2	67.1	63.6	58.9	48.6	65.4	65.4	59.4
Females (18 to 69 years old) who had a pap test within the last 3 years (%, 2007/2008)	▲ Better	80.5	82.5	87	70.7	76.4	71.9	83.4	80.9	84.9
Females (50 to 69 years old) who had a mammogram in the last 2 years (%, 2010)	▲ Better	83.6	71.1	74.2	79.9	75.8	78.0	70.6	76.7	70.4
Overall Hospital rating (%, 2010)	▲ Better	77.2	76.1	74.9	82.0	74.8	70.1	76.5	75.9	--
Overall health care services rating (%, 2011)	▲ Better	61.6	59.9	59.9	66.1	59.8	64.1	64.6	61.5	--

Executive Summary

Population Health Snapshot per zone, New Brunswick and Canada – 2011

Indicator	Desired direction	Zone 1: Moncton/ South-East Area	Zone 2: Fundy Shore / Saint John Area	Zone 3: Fredericton / River Valley Area	Zone 4: Madawaska / North West Area	Zone 5: Restigouche Area	Zone 6: Bathurst / Acadian Peninsula Area	Zone 7: Miramichi area	New Brunswick	Canada
Health Behaviours – account for 40% of the health status										
Physical activity during free-time, moderately active or active (%, 2010)	▲ Better	50.9	56.7	55	49.8	44.7	46.6	42.8	52	52.1
Eat 5 or more fruits or vegetables a day (%, 2010)	▲ Better	36.4	32.9	37.7	43.2	37.2	50.5	31.7	37.5	43.3
Adults with unhealthy weight (obese) (%, 2010)	▼ Better	29.7	24.2	30.7	21.2	27.1	23.6	32.9	27.5	18.1
5 or more drinks at one time, at least once a month in the past year (heavy drinking) (%, 2010)	▼ Better	24.7	18.8	18.6	19.1	22.6	21.1	17.2[E]	20.6	17.3
Seeing your stress as being a lot (%, 2010)	▼ Better	21.5	20.7	16.8	30.5[E]	16.2	20.5	16.8	20.3	23.5
Current smoker, daily or occasional (%, 2010)	▼ Better	20.6	22.6	23	30.3	20.8[E]	22.7	21.1[E]	22.5	20.8
Number of sexually transmitted illnesses (genital Chlamydia)(rate per 10,000, 2010)	▼ Better	35.4	18.8	30.9	8.4	11.7	10.2	19.2	24.3	27.0
Teens who are pregnant (rate per 1,000 females, 2010)	▼ Better	21.5	26.7	23.7	15	10.6	17.0	35.5	23.5	--
Always wears a bicycle helmet while on a bike(%, 2010)	▲ Better	54.3	59.1	63.3	36.2	35.7[E]	38	38.9[E]	53.1	37.3
Socioeconomic Factors – account for 40% of the health status										
No high school diploma (25 years and older) (%, 2006)	▼ Better	23.4	16.3	16.5	27.2	29.0	32.9	27.3	21	15.4
Unemployment (%, 2010)	▼ Better	7.6	8.0	8.6	9	13.3	14.1	17.9	9.3	8.0
Divorced (%, 2006)	▼ Better	7.0	7.2	6.9	6.1	6.6	5.8	5.4	6.7	8
Single parent family (%, 2006)	▼ Better	15.4	17.7	14.3	11.3	19.7	18.9	18.0	16.3	15.9
Low income (%, 2006)	▼ Better	12.6	14.6	12.4	15.6	15.6	15.3	12.7	13.5	15.3
Violent crime (rate per 100,000 population, 2010)	▼ Better	--	--	--	--	--	--	--	1,511	1,282
Property crime (rate per 100,000 population, 2010)	▼ Better	--	--	--	--	--	--	--	3,284	3,846
Charged for driving under the influence (drugs or alcohol) (rate per 100,000 population, 2010)	▼ Better	--	--	--	--	--	--	--	350	247
Physical Environment – accounts for 10% of the health status										
Coming in contact with second-hand smoke at home (%, 2010)	▼ Better	4.6[E]	9.7	3.9	10.5	12.4[E]	F	F	6.6	5.9
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place (%, 2010)	▼ Better	12[E]	15.3	13.6	20.3	17.6[E]	15.1[E]	10.2[E]	14.1	15
Dwellings rated as having excellent, very good or good indoor air quality (%, 2009)	▲ Better	--	--	--	--	--	--	--	90	90
Sense of belonging to your community, somewhat strong or very strong (%, 2010)	▲ Better	70.4	73.1	66.2	75.1	79.6	73.1	76.8	71.4	65.4

● Doing well (ranked 1 or 2 out of 7)
◆ Lagging (ranked 6 or 7 out of 7)

Snapshot findings for New Brunswick

How do we compare to other provinces?

Are we in the right direction (Over time)?

Health Status:

- ×Lowest self perception of overall health (and it is getting worse)
- ×Lowest self perception of mental health
- ×Highest prevalence of disabling pain and soreness
- ×More premature deaths from heart disease and stroke
- × More premature deaths from cancer
- ×More premature deaths from breathing diseases
- ×More premature deaths from injuries
- ✓Less premature death from suicides
- ▪ More premature deaths for males than females

Health care

- ✓ Highest rate of Having a regular medical doctor
- ✓ Highest mammography rate

Health Behaviours

- ×Highest prevalence of obesity

Socioeconomic factors

- ✓ Lowest property crime rate
- ✓ Lowest rate for impaired driving

Physical environment

Access

- ✓Higher rates for having regular medical doctor, access to dental care and flu shots
- × Lower rates of medical doctors visits, and mammography

Quality

- ✓Lower rate of unnecessary hospitalization

Satisfaction

Diet & Exercise

- ✓Better exercise habits and less obesity
- ×Less fruits and vegetables consumption

Alcohol use

- ×More alcohol use

Tobacco use

- ×More smokers

High risk sexual behaviour

- ×More teen pregnancies & sexually transmitted diseases

Injury prevention

- ✓More bike helmet wearing

Education

Income

- ×Higher unemployment rate

Violence

- ✓Lower violent and property crime rates
- × Higher rate of impaired driving (under influence of drugs or alcohol)

Air Quality

- ✓Less exposure to second hand smoke both at home and in public

Built environment

- ×Lower sense of belonging to community

When we compare "highest/best" vs. "lowest/worst" , we compare the NB to other provinces; when we mention a trend of "higher/better/more" or "lower/worse/less" we describe a trend over time for NB

✓ = Good status/ improvement × = Bad status / decline

Snapshot findings for Zone 1:

Moncton/ South-East area

How do we compare to other zones?

Are we in the right direction (Over time)?

Health Status:

- ✓ Higher self perception of overall health & mental health
- ✓ Higher life satisfaction
- ✓Less perception of disabling pain and soreness
- ✓ Lowest premature deaths rates from heart disease and stroke and breathing diseases (matching with top 10 causes of admissions)
- ×More premature deaths from cancer
- ✓Less premature death from injuries and suicides
- ▪ More premature deaths for males than females

Health care

- ✓Lowest rate of unnecessary hospitalization
- ✓Highest mammography rate
- ✓Highest overall Hospital rating
- ▪ Females use healthcare services more than males, yet males are more satisfied with services

Access

✓Higher rates of having regular medical doctor, and visits to medical doctors and for dental care,
✓Higher rates of flu shots and mammography

Quality

✓Lower rate of unnecessary hospitalization

Satisfaction

Health Behaviours

- ✓Lowest smoking rate
- × Highest rate of alcohol use
- ×Highest Stress level
- ×Highest ratesof sexually transmitted diseases
- ▪Females adopt better healthy habits (Except for physical activity, sexual behavior and stress level)

Diet & Exercise

✓Better exercise habits and less obesity
×Less fruits and vegetables consumption

Alcohol use

×More alcohol use

Tobacco use

✓Less smokers

High risk sexual behaviour

×More teen pregnancies & sexually transmitted diseases

Injury prevention

✓More bike helmet wearing

Socioeconomic factors

- ✓ Still lowest unemployment rate

Education

Income

×Higher unemployment rate

Violence

Physical environment

- ✓ Lowest exposure to second hand smoke
- × Lowest sense of belonging

Air Quality

✓Less exposure to second hand smoke both at home and in public

Built environment

×Lower sense of belonging to community

When we compare "highest/best" vs. "lowest/worst" , we compare the zone to other zones; when we mention a trend of "higher/better/more" or "lower/worse/less" we describe a trend over time within the zone

✓= Good status/ improvement × = Bad status / decline

Snapshot findings for Zone 2:

Fundy shore/ Saint John area

How do we compare to other zones?

Are we in the right direction (Over time)?

Health Status:

- ✓ Highest self perception of overall health and mental health
- ✓ Higher life satisfaction and less perception of disabling pain and soreness
- × Highest premature death rates from heart diseases and stroke
- ×Higher premature death rates from cancer and breathing diseases
- ✓Lowest premature death rates from injuries and suicides
- ×Highest prevalence of arthritis with knee replacement in the top 10 hospital admissions
- ▪ More premature deaths for males than females

Health care

- ×Lowest rates for access to regular medical doctors and medical doctors visits
- ×Lowest mammography rates
- ✓Highest rates of dental care visits
- ✓ Lowest rates of unnecessary hospitalization
- ✓ Highest rate for flu shots
- ▪Females use healthcare services more than males (except for flu shots), yet males are more satisfied with services

Health Behaviours

- ✓Highest rate of physical exercise
- ✓Highest rate for biking helmet wearing
- ×Lowest rate of fruits and vegetables consumption
- ×Highest rate of teen pregnancy

Socioeconomic factors

- ✓ Lowest unemployment rate

Physical environment

Access
- ×Lower rates for having regular medical doctors and doctors visits, and mammography
- ✓Higher rates of dental care visits and flu shots

Quality
- ✓Lower rate of unnecessary hospitalization

Satisfaction

Diet & Exercise
- ✓Better exercise habits
- ×More obesity and Less fruits and vegetables consumption

Alcohol use
- ×More alcohol use

Tobacco use
- ×More smokers

High risk sexual behaviour
- ×More Sexually Transmitted Disease
- ✓ Less teen pregnancies

Injury prevention
- ×Less bike helmet wearing

Education

Income
- ×Higher unemployment rate

Violence

Air Quality
- ×More exposure to second hand smoke both at home and in public

Built environment
- ×Lower sense of belonging to community

When we compare "highest/best" vs. "lowest/worst" , we compare the zone to other zones; when we mention a trend of "higher/better/more" or "lower/worse/less" we describe a trend over time within the zone

✓= Good status/ improvement × = Bad status / decline

Snapshot findings for Zone 3:

Fredericton/ River Valley area

How do we compare to other zones?

Are we in the right direction (Over time)?

Health Status:
- ✓Highest self perception of overall health and mental health
- ✓Highest life satisfaction
- ✓Lowest perception of disabling pain
- ×Increasing rates of premature deaths
- ✓ Lowest premature death rates from cancer
- ×Highest premature death rates from breathing diseases (matching with COPD in top 10 admissions)
- ▪ More premature deaths for males than females

Health care
- ✓Highest rate of dental care visits
- ✓ Highest rate of flu shots
- × Lowest rates for having regular medical doctor and doctor visits
- ▪Females use healthcare services more than males (except for flu shots), yet males are more satisfied with services

Health Behaviours
- ✓Highest rate of physical exercise
- ✓Lowest rate of alcohol use
- ✓Lowest stress level
- ✓Highest rate of biking helmet wearing
- ×Highest prevalence of obesity
- × Highest rate of smoking
- × Highest rates of Sexually Transmitted Diseases
- ▪Females adopt better healthy habits (Except for sexual behavior and stress level)

Socioeconomic factors

Physical environment
- ✓ Lowest exposure to second hand smoke at home
- × Lowest sense of belonging

Access
- ×Lower rates for having regular medical doctors and visits, and for mammography
- ✓Higher rates for dental care visits and flu shots

Quality
- ✓Lower rates of unnecessary hospitalization

Satisfaction

Diet & Exercise
- ✓Better exercise habits
- ×More obesity

Alcohol use
- ×More alcohol use

Tobacco use
- ×More smokers

High risk sexual behaviour
- ×More teen pregnancies and Sexually Transmitted Diseases

Injury prevention
- ✓More bike helmet wearing

Education

Income
- ×Higher unemployment rate

Violence

Air Quality
- ✓Less exposure to second hand smoke at home and in public

Built environment
- ×Lower sense of belonging to community

When we compare "highest/best" vs. "lowest/worst" , we compare the zone to other zones; when we mention a trend of "higher/better/more" or "lower/worse/less" we describe a trend over time within the zone

✓= Good status/ improvement × = Bad status / decline

Snapshot findings for Zone 4:

Madawaska/ North West area

How do we compare to other zones?

Are we in the right direction (Over time)?

Health Status:

- × Lower self perception of overall health and mental health
- × Lowest life satisfaction
- ✓ Lowest perception of disabling pain
- × Highest premature death rates from cancer (with females having higher rates than males)
- × Highest premature death rates from suicide (matching with mental health as cause of top 10 admissions)

Health care

- ✓ Highest mammography rates
- ✓ Highest satisfaction rating for hospitals and overall healthcare services
- ▪ Females use healthcare services more than males (except for flu shots)
- ▪ Females more satisfied with health system than males
- ▪ Males more satisfied with hospitals than females

Health Behaviours

- ✓ Highest rates of fruits and vegetables consumption
- ✓ Lowest Obesity rates
- ✓ Lowest rates of teen pregnancy
- ✓ Lowest rates of Sexually Transmitted Diseases
- × Highest stress level
- × Highest rates of Smoking
- × Lowest rates of biking helmet wearing
- ▪ Males and females showing equally high smoking rate and stress level

Socioeconomic factors

Physical environment

- × Highest exposure to second hand smoke in public places

Access

- ✓ Higher rates for having regular medical doctor and visits, dental care visits, and flu shots
- × Lower mammography rate

Quality

- × Higher rates of unnecessary hospitalization

Satisfaction

Diet & Exercise

- ✓ Less obesity coupled with more physical exercise
- × Less fruits and vegetables consumption

Alcohol use

- × More alcohol use

Tobacco use

- × More smokers

High risk sexual behaviour

- × More Sexually Transmitted Diseases
- ✓ Less teen pregnancies

Injury prevention

- ✓ More bike helmet wearing

Education

Income

- ✓ Lower unemployment rate

Violence

Air Quality

- ✓ Less exposure to second hand smoke at home and in public places

Built environment

- ✓ Higher sense of belonging to community

When we compare "highest/best" vs. "lowest/worst" , we compare the zone to other zones; when we mention a trend of "higher/better/more" or "lower/worse/less" we describe a trend over time within the zone

✓ = Good status/ improvement × = Bad status / decline

Snapshot findings for Zone 5:

Restigouche area

How do we compare to other zones?

Are we in the right direction (Over time)?

Health Status:

- ×Lowest self perception of overall health that is getting worse
- ✓Highest self perception of mental health
- ×Highest perception of disabling pain, possibly correlated with the aging population
- ✓Higher life satisfaction
- ×Highest premature death rates by all causes
- ×Highest premature deaths rates from breathing diseases (matching with COPD having the highest rate of admissions)
- ▪ More premature deaths for males than females

Health care

- ✓Highest rates for having regular medical doctor and visits
- ×Lowest rate of flu shots
- ×Highest rate of unnecessary hospitalization
- × Lowest satisfaction rating for hospitals and overall healthcare services
- ▪Females use healthcare services more than males, yet males are more satisfied with healthcare services

Health Behaviours

- ✓Lowest rate of smoking
- ✓Lowest stress level
- ✓Lowest rate of teen pregnancy
- ×Lowest rate of physical activity
- × Highest rate of alcohol use
- ×Lowest rate of biking helmet wearing
- ▪Except for healthy eating, females show worse health behaviour than males

Socioeconomic factors

Physical environment

- × Highest exposure to second hand smoke (at home and in public)
- ✓ Still highest sense of belonging to community

Access

- ✓Higher rates for having regular medical doctor and visits, and dental care visits
- ×Lower flu shots and mammography rates

Quality

- ✓Lower rate of unnecessary hospitalization

Satisfaction

Diet & Exercise

- ×Less physical exercise and less fruits and vegetables consumption
- ✓Less obesity

Alcohol use

- ✓Less alcohol use

Tobacco use

- ×More smokers

High risk sexual behaviour

- ✓Less teen pregnancies and Sexually Transmitted Diseases

Injury prevention

- ×Less bike helmet wearing

Education

Income

- ×Higher unemployment rate

Violence

Air Quality

- ✓Less exposure to second hand smoke (at home and in public)

Built environment

- ×Lower sense of belonging to community

When we compare "highest/best" vs. "lowest/worst" , we compare the zone to other zones; when we mention a trend of "higher/better/more" or "lower/worse/less" we describe a trend over time within the zone

✓= Good status/ improvement × = Bad status / decline

Snapshot findings for Zone 6:

Bathurst/ Acadian Peninsula area

How do we compare to other zones?

Are we in the right direction (Over time)?

Health Status:

- ×Lowest self perception of health and mental health (that is getting worse)
- ×Lowest life satisfaction
- ×Highest perception of disabling pain
- ✓Lowest premature death rates from heart diseases and stroke and from cancer
- ×Highest premature deaths from injuries
- × Higher premature death rates from breathing diseases , which rank high among the top 10 hospital admissions from zone 6
- More premature deaths for males than females (except for breathing diseases where females have a higher premature death rate)

Health care

- ×Lowest dental care visit rate
- ×Lowest flu shots rate
- ×Lowest satisfaction rating for hospitals
- Females use medical services more than males, yet visit their dentists less than males.
- Females are less satisfied with hospitals and overall healthcare services than males

Health Behaviours

- ✓Highest rate of fruits and vegetables consumption
- ✓Lowest rate of obesity
- ✓Lowest rate of Sexually Transmitted Disease)
- Except for physical activity and Sexually Transmitted Diseases, females show better health behaviour than males

Socioeconomic factors

- × Highest unemployment rate

Physical environment

Access

- ✓ Higher rates for medical doctors and dental care visits
- × Lower rate of having regular medical doctor, flu shots, and mammography

Quality

- ✓Lower rate of unnecessary hospitalization

Satisfaction

Diet & Exercise

- ✓Less obesity and more physical exercise
- ×Less fruits and vegetables consumption

Alcohol use

- ×More alcohol use

Tobacco use

- ×More smokers

High risk sexual behaviour

- ×More Sexually Transmitted Diseases
- ✓Less teen pregnancies

Injury prevention

- ×Less bike helmet wearing

Education

Income

- ✓Lower unemployment rate

Violence

Air Quality

- ✓Less exposure to second hand smoke in public places

Built environment

- ✓Higher sense of belonging to the community

When we compare "highest/best" vs. "lowest/worst" , we compare the zone to other zones; when we mention a trend of "higher/better/more" or "lower/worse/less" we describe a trend over time within the zone

✓= Good status/ improvement × = Bad status / decline

Snapshot findings for Zone 7:

Miramichi area

How do we compare to other zones?

Are we in the right direction (Over time)?

Health Status:

- ×Lower self perception of overall health
- ×Lowest perception of mental health (with mental health problems in the top 10 chronic health conditions, yet not in top 10 hospital admissions)
- ✓Highest life satisfaction
- ×Higher perception of disabling pain
- ✓Lower premature death rate from heart diseases and stroke
- ×Higher premature death rates from cancer
- ✓Lowest premature deaths rates from breathing disease, injuries and suicide
- ✓ More premature deaths for males than females (except for breathing diseases where females have a higher premature death rate)

Health care

- ✓ Highest rates for having regular medical doctors and visits
- ×Lowest rate of dental care visits
- × Lowest mammography rate
- ×Highest rate of unnecessary hospital care
- ✓Highest satisfaction rating for overall healthcare services
- ▪Females use healthcare services more than males, except for dental care.
- ▪Females are slightly more satisfied than males with the overall healthcare services, and less satisfied by hospitals than males

Health Behaviours

- ✓Lowest rate of alcohol use
- ✓Lowest stress level
- ×Lowest rate of physical exercise rate
- ×Lowest rate of fruits and vegetables consumption
- ×Highest rate of obesity
- ×Highest rate of teen pregnancy

Socioeconomic factors

- × Highest unemployment rate

Physical environment

- ✓ Lowest exposure to second hand smoke in public places
- ✓ Highest sense of belonging to community

Access

✓Higher rates for having regular medical doctors, visits (major improvement from last year), dental care visits, and flu shots
×Lower mammography rate

Quality

✓Lower rate of unnecessary hospitalization

Satisfaction

Diet & Exercise

×More obesity, less physical exercise, and less fruits and vegetables consumption

Alcohol use

✓Less alcohol use

Tobacco use

✓Less smokers

High risk sexual behaviour

×More teen pregnancies and Sexually Transmitted Diseases

Injury prevention

×Less bike helmet wearing

Education

Income

×Higher unemployment rate

Violence

Air Quality

✓Less exposure to second hand smoke in public places

Built environment

×Lower sense of belonging to community

When we compare "highest/best" vs. "lowest/worst" , we compare the zone to other zones; when we mention a trend of "higher/better/more" or "lower/worse/less" we describe a trend over time within the zone

✓= Good status/ improvement × = Bad status / decline

Comparison of top 10 reasons for admission to hospitals & top 10 chronic health conditions across zones

Top 10 admissions per 10,000 of population

Zone 1		Zone 2		Zone 3		Zone 4		Zone 5		Zone 6		Zone 7	
1- Vaginal Delivery	63.9	1- Vaginal Delivery	67.3	1- Newborn	65.5	1- COPD	52.1	1- COPD	80.7	1- Vaginal Delivery	43.6	1- COPD	66.7
2- Newborn	40.7	2- Newborn	66.9	2- Vaginal delivery	64.3	2- Newborn	49.9	2- Heart failure	39.6	2- COPD	42.6	2- Newborn	44.1
3- Angina	39.7	3- COPD	37.9	3- COPD	41.6	3- Vaginal delivery	48.9	3- Vaginal delivery	39.3	3- Newborn	32.9	3- Vaginal delivery	41.9
4- Neonate	28.6	4- Heart failure	22.4	4- Heart attack	26.6	4- Arrythmia	35.3	4- Heart attack	38.6	4- Unstable Angina	29.3	4- Enteritis	34.7
5- COPD	27.6	5- Pneumonia	21.5	5- Angina	26.1	5- Stress Rxn	31.9	5- Enteritis	38.2	5- Pneumonia	26.1	5- Recovery	34.5
6- Heart attack	22.0	6- Palliative care	19.1	6- Multiple nrmal/C-sction	24.3	6- Depression	31.1	6- Pneumonia	33.1	6- Heart failure	25.2	6- Arrythmia	32.1
7- Heart failure	21.2	7- Knee replacmnt.	18.2	7- Palliative care	23.5	7- Enteritis	26.3	7- Palliative care	32.8	6- Palliative care	25.2	7- Digestive sympt	31.8
8- C-section	20.7	8- Multiple nrmal/C-sction	16.6	8- Digestive sympt	21.3	8- Unstable angina	25.0	8- Recovery	32.1	8- Heart attack	24.6	8- Heart attack	28.8
9- Pneumonia	20.0	9- Enteritis	14.6	9- Arrythmia	20.8	9- Heart attack	24.0	9-Arrythmia	30.6	8- Enteritis	24.6	8- Palliative care	28.8
9- Arryhtmia	20.0	10- Angioplasty	14.2	10- Heart failure	19.7	10- Pneumonia	23.6	10- New born	30.3	10- Arrythmia	24.3	10- Pre-delivery dis	27.7

Top 10 chronic health conditions

Zone 1		Zone 2		Zone 3		Zone 4		Zone 5		Zone 6		Zone 7	
1- Hypertension	24.6	1- Hypertension	25.6	1- Hypertension	24.4	1- Hypertension	25.6	1- Hypertension	32.0	1- Hypertension	28.1	1- Hypertension	27.8
2- Arthritis	16.2	2- Arthritis	21.2	2- Arthritis	18.4	2- Chronic pain	16.7	2- Arthritis	20.9	2- Arthritis	16.3	2- GERD	17.6
3- GERD	16.1	3- Chronic pain	15.6	3- GERD	17.0	3- Arthritis	15.8	3- GERD	18.6	3- GERD	15.3	3- Arthritis	16.1
4- Chronic pain	13.9	4- GERD	15.1	4- Chronic pain	15.7	4- GERD	15.4	4- Chronic pain	17.0	4- Chronic pain	13.7	4- Chronic pain	13.8
5- Depression	13.3	5- Depression	11.8	5- Depression	12.9	5- Depression	11.5	5- Depression	14.0	5- Depression	13.1	5- Depression	12.1
6- Asthma	9.6	6- Asthma	10.6	6- Asthma	11.2	6- Heart disease	11.1	6- Diabetes	10.3	6- Asthma	12.0	6- Asthma	9.6
7- Diabetes	8.8	7- Diabetes	9.3	7- Diabetes	9.3	7- Diabetes	9.0	7- Asthma	9.6	7- Diabetes	9.7	7- Diabetes	9.5
8- Heart disease	7.6	8- Heart disease	8.4	8- Heart disease	7.9	8- Asthma	7.8	8- Heart disease	8.7	8- Heart disease	8.7	8- Heart disease	8.4
9- Cancer	7.0	9- Cancer	7.8	9- Cancer	6.6	9- Cancer	5.6	9- Cancer	7.5	9- Cancer	7.0	9- Cancer	6.7
10- Emphs/COPD	2.2	10- Emphys/COPD	3.2	10- Emphys/COPD	2.6	10- Emphys/COPD	3.9	10- Mood disorders	4.0	10- Mood disorders	2.6	10- Mood disorders	2.7

Key observations

- Neonatal care in top 10
- Relatively high rate of hospital admissions due to heart diseases
- Some of the worst health behaviour determinants (stress, alcohol, sexually transmitted diseases)

- Highest prevalence of arthritis
- Knee replacement in top 10
- Lowest admissions from heart disease yet worst premature deaths from heart and stroke
- Highest prevalence rate of cancer

- Youngest population with some of the worst health behaviour determinants (obesity, smoking, Sexually transmitted diseases)
- Lowest admission rates due to breathing diseases, yet highest premature deaths rates due to breathing diseases

- Depression and stress reactions in the top 10 causes of hospital admissions, coupled with highest rate for premature deaths from suicide , and highest perception of stress level
- Highest (with significant increase) premature death rate from cancer, yet palliative care does not show

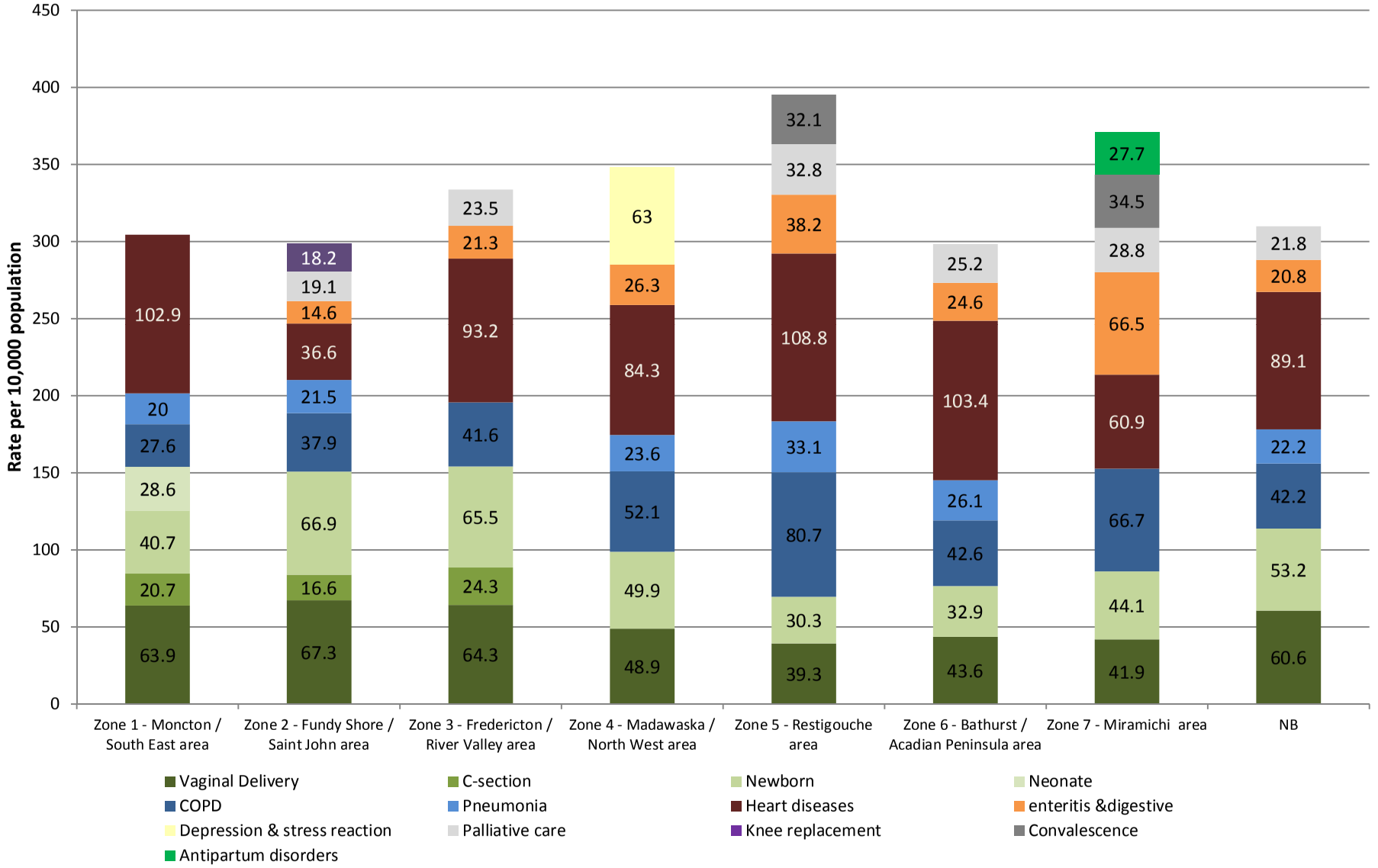
- Highest rates in top causes of admissions
- Highest admissions due to breathing diseases and heart problems, yet not highest prevalence of breathing diseases
- Highest admission rate from pneumonia coupled with major drop in flu shot
- Highest prevalence of depression and mood disorders ,yet Best perception of mental health
- Recovery from illness shows in top 10 causes of admissions (coupled with one of the highest rates of unnecessary hospitalization
- Biggest aging population

- Breathing diseases (COPD and pneumonia) rank high in causes of hospital admissions
- One of the worst rates for flu shots (with a drop from last year)
- Mental health issues occupy 2 ranks in the top 10 chronic conditions, with lowest self perception of mental health and a significant drop in life satisfaction

- COPD rank first
- Pre-delivery disorders show within the top 10 (possibly linked to obesity)
- Recovery from illness shows in top 10 causes of admissions (coupled with one of the highest rates of unnecessary hospitalization
- Digestive system diseases rank high
- Mental health issues occupy 2 ranks in the top 10 chronic conditions

Top 10 causes of admission by patient's place of residence

(Top 10 causes , rate per 10,000)

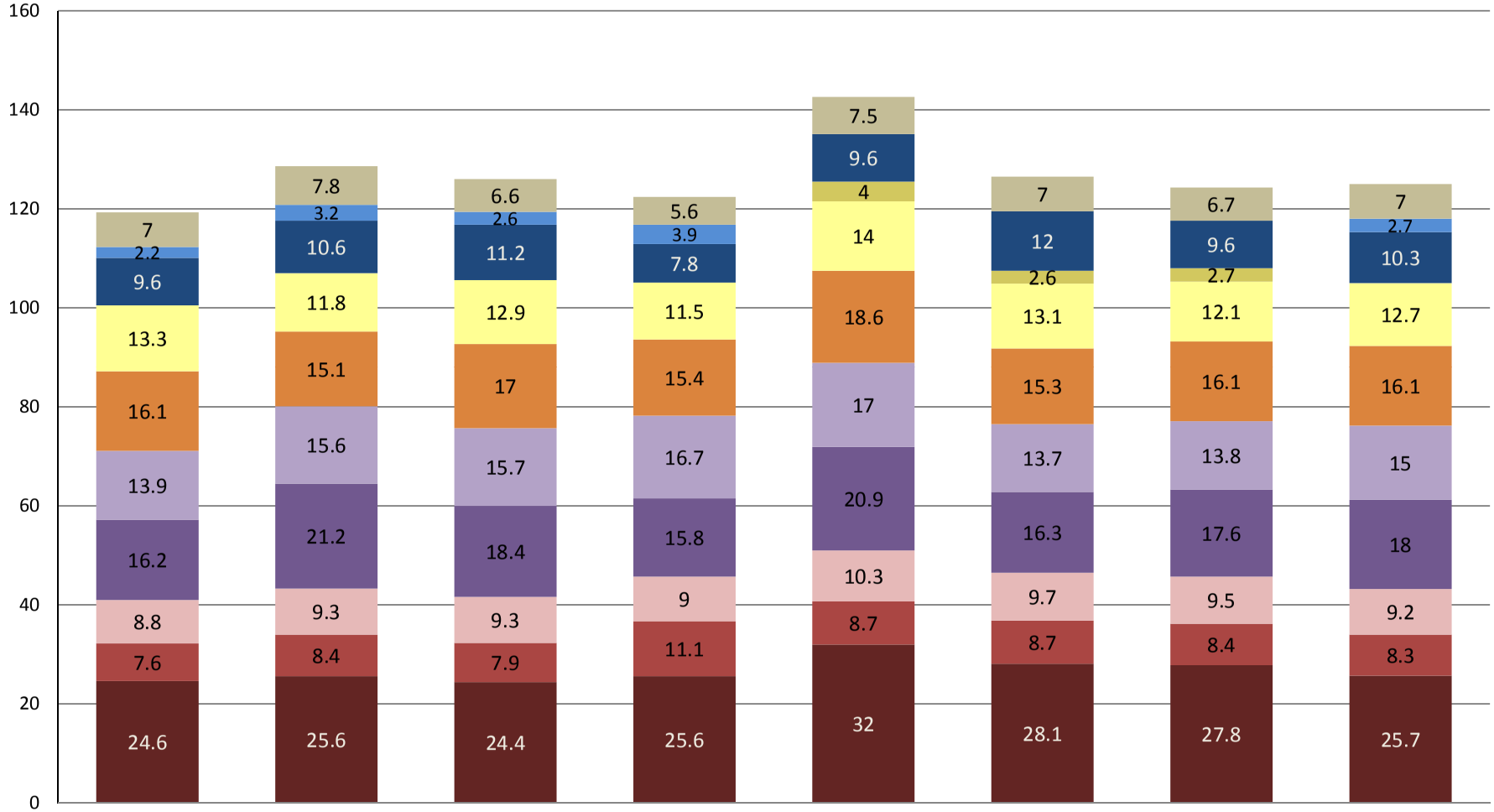


* Similar color shades representing similar health related conditions

- Delivery related conditions
- Lung / breathing related conditions
- Heart disease related conditions
- Chronic pain related conditions
- Digestive system related conditions
- Mental health related conditions

Top 10 chronic health conditions by zone

(prevalence, % of population)



* Similar color shades representing similar health related conditions

- Heart and stroke related conditions
- Chronic pain related conditions
- Digestive system related conditions
- Mental health related conditions
- Lung / breathing related conditions

Zone 1: Moncton / South-East area

Acadieville, Alma, Beaubassin East/ Beaubassin-est, Bouctouche, Buctouche, Botsford, Cap-Pelé, Carleton, Coverdale, Dieppe, Dundas, Dorchester, Elgin, Elsipogtog, Fort Folly, Hartcourt, Harvey, Hillsborough, Hopewell, Huskisson, Indian Island, Memramcook, Moncton, Petitcodiac, Port Elgin, Rexton, Richibucto, Riverside-Albert, Riverview, Sackville, Saint-Antoine, Saint-Charles, Saint-Louis, Saint-Louis de Kent, Saint Mary, Saint-Paul, Salisbury, Shediac, Weldford, Wellington, Westmorland

Zone 2: Fundy Shore / Saint John area

Blacks Harbour, Brunswick, Campobello, Cardwell, Clarendon, Dufferin, Dumbarton, Hammond, , Hampstead, Hampton , Havelock, Grand Bay-Westfield, Grand Manan, Greenwich, Johnston, Kars, Kingston, Lepreau, Musquash, Norton, Pennfield, Petersville, Quispamsis, Rothesay, Saint Andrews, Saint Croix, Saint George, Saint James, Saint John, Saint Martin's, Saint Patrick, Saint Stephen Simonds, Springfield, Sussex Corner, Sussex, Studholm, Upham, Waterford, Westfield, West Isles, Wickham

Zone 3: Fredericton / River Valley area

Aberdeen, Andover, Aroostook, Bath, Blissfield, Blissville, Bright, Brighton, Bristol, Burton, Cambridge, Cambridge-Narrows, Canning, Canterbury, Centreville, Chipman, Denmark, Devon, Doaktown, Douglas Dumfries, Florenceville, Fredericton, Fredericton Junction, Gagetown, Gladstone, Gordon, Hartland, Harvey, Kent, Kingsclear, Lincoln, Lorne, Ludlow, Manners Sutton, Maugerville, McAdam, Medictic, Millville, Minto, Nackawic, New Maryland, Northampton, Northfield, North Lake, Oromocto, Peel, Prince William, Perth, Plaster Rock, Queensbury, Richmond, Saint Mary`s, Sheffield, Simonds, Southampton, Stanley, Tobique, Tracy, Wakefield, Waterborough, Wicklow,Wilmot, Woodstock

Zone 4: Madawaska / North West area

Baker Brook, Clair, Drummond, Edmundston, Grand Falls/Grand-Sault, Grimmer, Kedgwick, Lac Baker, Madawaska, Notre-Dame-de-Lourdes, Rivière-Verte, Saint-André, Sainte-Anne, Saint-Anne-de -Madawaska, Saint- Basile, Saint-François, Saint-François de Madawaska, Saint-Hilaire, Saint-Jacques, Saint-Joseph, Saint-Léonard, Saint-Quentin

Zone 5: Restigouche area

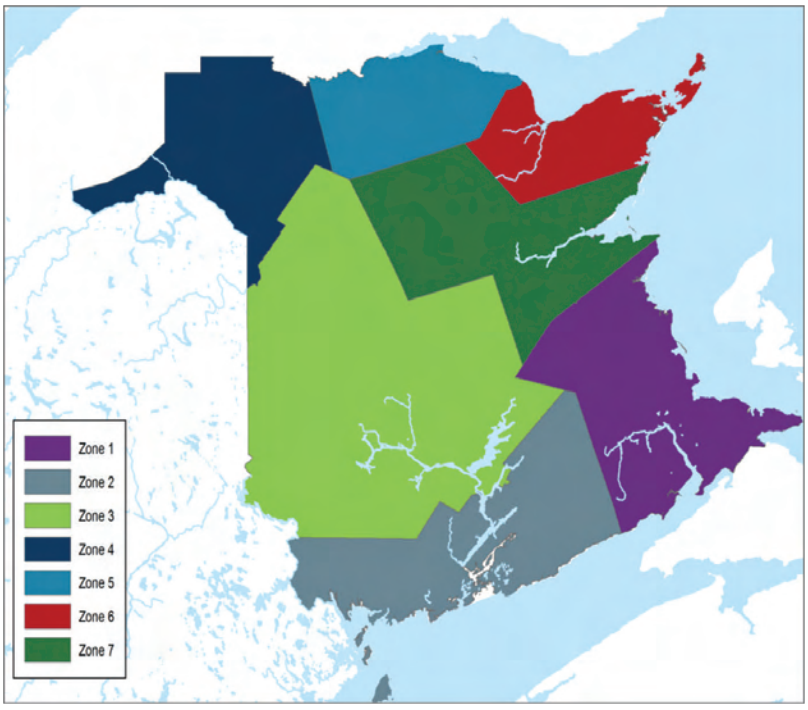
Addington, Atholville, Balmoral, Belledune, Campbellton, Charlo, Colborne, Dalhousie, Durham, Eel River, Eel River Bar, Eel River Crossing, Eldon, Indian Ranch, Tide Head

Zone 6 : Bathurst / Acadian Peninsula area

Allardville, Bas-Caraquet, Bathurst, Beresford, Bertrand, Caraquet, Grande-Anse, Inkerman, Lamèque, Le Goulet, Maisonnette, New Brandon, Nigadoo, Pabineau, Paquetville, Petit Rocher, Pointe-Verte, Sainte-Marie-Saint-Raphaël, Saint-Isidore, Saint-Léolin, Saumarez, Shippagan, Tracadie-Sheila

Zone 7: Miramichi area

Alnwick, Baie-Sainte-Anne, Big Hole, Blackville, Burnt Church, Chatham, Derby, Eel Ground, Hardwicke, Glenelg, Metepenagiag, Miramichi, Neguac, Nelson, Newcastle, Northesk, Red Bank, Rogersville, Southesk, Tabusintac



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