

Population Health Snapshot

2013/2014



New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost.

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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The Population Health Snapshot Winter 2013/14, is the 5th report of this type by 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. The snapshots also help to highlight some areas of health determinants that can be influenced or improved to have a positive impact on health status (outcomes).

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

- · Health Status
- · Health Determinants (grouped into: Health Services, Health Behaviours, Social and Economic Factors, and Physical Environment)



The new Winter 2013/14 provincial and zone snapshots are updated with the most recent

information available to us. Some indicators could not be updated because the information is obtained through surveys that follow a 3 year cycle or due to unavailability of the data from the source. In addition to presenting the latest indicator data, the snapshots include a trending column that allows the reader to quickly assess the direction of change as compared to last year's snapshots.

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.

The snapshots also include a section for every zone called "Community Characteristics" that builds on the demographic profile. We have included the prevalence rates of chronic diseases and the updated 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.

In addition to the individual provincial and seven zones snapshots, a "summary" table provides an overview of all the indicators for all jurisdictions (the 7 zones, New Brunswick, and Canada).

The report also includes a section called "Focus" providing an analysis about New Brunswick's status on the 4 population health priorities (High blood pressure, healthy weights, mental health and injuries) identified by the New Brunswick Health Council within the recommendation to the Minister of Health in 2011.

Further details about the population health snapshot description, methodology, definitions and trending of the 42 indicators can be found in the "Technical Document" which is a separate document.

Provincial Highlights:

- New Brunswickers continue to demonstrate the lowest value (ranking 10 out of 10 Canadian provinces) of self-rating their general health as very good or excellent.
- After reviewing the 5-year moving averages for premature death rates (heart and stroke, breathing diseases, cancer and injuries), there seems to be a slight trend in the right direction across all of the selected causes of death, with fewer potential years of life lost on average, except for breathing diseases.
- Health care services show improvements in access to a regular doctor, fewer avoidable hospitalizations and more flu shots for elderly. However, access to pap and mammography tests seem to be trending in the wrong direction.
- Some health behaviours or risk factors -known to be factors contributing to chronic diseases- like healthy eating, obesity, and smoking continue to trend in the wrong direction, whereas, others like physical activity, and alcohol consumption, are trending in the right direction. Rates of obesity (28%) and eating fruits and vegetables (31.7%) continue to be among the worst in Canada.
- Unemployment rate shows an increase (in comparison to last year) hitting a double digit number (10.2%). Whereas other social factors (updated based on the census and National Household Survey 2011) demonstrate a slight improvement (e.g. divorce at 5.2% and single parent families at 16.1%). The proportion of private households in low income continues to demonstrate one of the highest rates (17.2%) as compared to the other nine provinces. Violent crimes and property crimes seem to be trending in the wrong direction.
- Physical environment factors related to air quality (Second-hand smoke at home and in vehicles and public places, and self-rating of indoor air quality) are either stable or showing a slow trend in the right direction. However, the sense of community belonging continues to demonstrate a declining trend.

 Heart diseases related conditions continue to have a major impact on hospital admissions (3 of the top 10). Breathing diseases/COPD continue to raise a flag as it ranks second in the top 10 reasons for hospital admissions despite low prevalence rates in the population (2.7%). Enteritis and viral Pneumonia continue to show up in the top 10 reasons for admission.

In general, provincial trends may mask a wide variability across the health regions/zones with some zones exhibiting trends that are opposite to those of the province. Understanding the geographic variability in health determinants and health outcomes is essential to better understand the possible underlying inequities in population health and quality of health care services, thus to effectively plan health programs and initiatives based on real community needs.

Summa	ary and Provincial Highlights	3
	Focus	
	1—Introduction	9
	2—NBHC recommendations (the third recommendation about health promotion and prevention)	9
	3—Related premature and avoidable mortality	10
	4—NBHC priorities in numbers: Current status and trends	16
	5—How are citizens responding?	22
	6—How is the health system responding?	27
	7—Conclusion	28
	Status on NBHC recommendation #3	31
	Annex: Recommendations to the New Brunswick Minister of Health (2011)	33
	List of Causes of Death for Avoidable Mortality Indicator	34
The 20	13/14 Snapshots:	
	New Brunswick Population Health Snapshot	37
	Zone 1: Moncton / South-East Area Population Health Snapshot	39
	Zone 2: Fundy Shore / Saint John Area Population Health Snapshot	41
	Zone 3: Fredericton / River Valley Area Population Health Snapshot	43
	Zone 4: Madawaska / North West Area Population Health Snapshot	45
	Zone 5: Restigouche Area Population Health Snapshot	47
	Zone 6: Bathurst / Acadian Peninsula Area Population Health Snapshot	49
	Zone 7: Miramichi Area Population Health Snapshot	51
	Summary 2013/14	53

1- Introduction

Population health is a cross-cutting area of policy making to which different government departments contribute and it is not the sole responsibility of the Department of Health. Policy development that is based on evidence is normally driven by measures and indicators that identify priority areas of concern. Measures and indicators also serve as markers to monitor the implementation of policies and to examine their effectiveness in achieving the desired outcomes (e.g. improving health status, reducing the prevalence of risk factors, etc.).

Unfortunately and oftentimes policies are developed, as means to resolve an urgent crisis highlighted in the media, or based on the findings of a general measure or indicator comparing the provincial performance to the average Canadian performance. Provincial averages do certainly highlight areas of concern; however, they are influenced by various characteristics like geography, age group, gender, etc. Therefore, priorities and policies have to be customized and tailored in order to appropriately target the needs of the population in question, thus leading to the best outcomes effectively and efficiently. This approach requires a much more proactive approach versus a reactive approach to policy and planning.

2- NBHC recommendations (the third recommendation about health promotion and prevention)

In 2011, and based on a province-wide citizen engagement initiative in 2010, and the compilation of some key health outcome indicators, the *New Brunswick Health Council* (NBHC) released three recommendations to the New Brunswick Minister of Health under the title of "Moving towards a planned and citizen-centered publicly-funded provincial health care system" (Refer to annex for the three recommendations).

The third NBHC recommendation was:

"The Government of New Brunswick, through the Department of Health, ensures that a concerted strategy is developed to improve health promotion and disease prevention in the province.

This strategy should consider the determinants of health, and focus first on four key areas:

- achieving <u>healthy weights</u>,
- lowering <u>high blood pressure</u> rates,
- improving mental health and
- preventing injuries".

The strategy must identify the organization responsible for the coordination of the work with related stakeholders for an integrated execution of the initiatives undertaken.

The key areas identified as priorities were selected based on the economic burden and the exerted pressures, on the health system with respect to the, associated prevalence rates of these 4 key health concerns within the population.

It was emphasized that preventing or reducing the incidence of those conditions or outcomes can improve the overall health status of the population and consequently reduce the demand for health care services. Preventative practices are perceived to have the capacity to slow down the rate at which people move from good health to illness or disability and finally death. In addition, they can reduce the impact of illness and prolong life.

The New Brunswick Health Council however, as part of its mandate measures, monitors and evaluates population health and the quality of health services, and any further analysis or quality improvement initiatives are at the discretion of the Department of Health and the two Regional Health Authorities.

This year's focus for the population health report is to review what has transpired within the last 3 years following this recommendation, looking back at the trends pertaining to the four key priorities (obesity, high blood pressure, mental health and injuries) over the past 5 years, and to compare those trends –wherever possible- to the Canadian average. The focus also attempts at exploring trends by zone in order to help identify potential zone specific priorities. It also informs stakeholders on whether government and community initiatives have been effective in responding to those important health issues.

3- Related premature and avoidable mortality

Premature mortality and avoidable mortality (especially when it is due to "preventable causes") are long term health status outcomes, and are consequences of years of health trends, in particular chronic health conditions and their associated determinants. Premature mortality due to major causes (heart and stroke, cancer, breathing diseases, injuries and suicide/self-inflicted injuries) can be alleviated and reduced in the long run, by effective prevention and sustained degree of wellness in the population. The four population health priorities that NBHC identified in 2011 are linked to the above listed causes of premature mortality. In addition to "Injuries" listed as a priority and being a clear cause of premature mortality, the other three priorities are linked to premature mortality through:

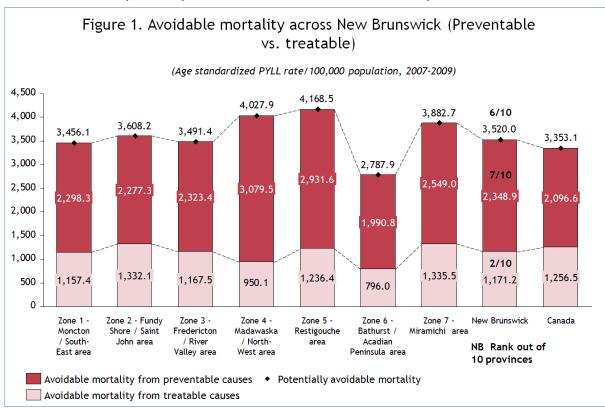
- Obesity¹ (unhealthy weight): Risk for heart and stroke, and cancer
- High blood pressure: Risk for heart and stroke
- Mental health: Risk for suicide and self-inflicted injuries

¹ Obesity is defined based on Body mass index (BMI) which is a method of classifying body weight according to health risk. Body mass index (BMI) is calculated by dividing the respondent's body weight (in kilograms) by their height (in metres) squared. 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 II); 40.00 or greater (obese, class III).

Because of the normal lag phase in the calculation of premature mortality rates, the latest available statistics date back to 2009 or 2011. The observed trends of premature mortality from 2004 to 2011 provide some insights around the direction that New Brunswick is taking and accordingly it highlights areas of necessary improvement. The fact that a jurisdiction (province or health zones) has shown a trend in the wrong direction highlights the need for improved prevention.

New Brunswick overall

The overall health status of New Brunswickers –as measured by potentially avoidable mortality-compares poorly to the Canadian average (Figure 1²). However, looking at the contribution of preventable or treatable causes of avoidable deaths, **New Brunswick seems to fare well on avoidable mortality due to treatable causes (ranks 2 out of 10 provinces), yet it does not fare as well on mortality due to preventable causes (ranks 7 out of 10 provinces).**

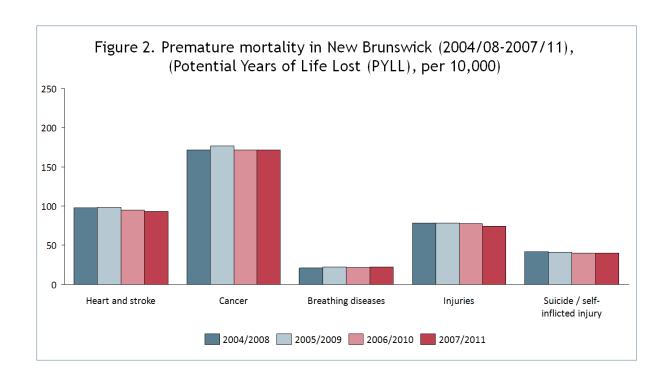


Cancer continues to top the list of causes of premature mortality, followed by heart and stroke (cardiovascular diseases). The trends of premature mortality in New Brunswick do not seem to be undergoing major changes. We can note a minimal gradual trend in the right direction for premature mortality due to injuries, suicides and heart and stroke, whereas breathing diseases seem to be showing a gradual trend in the wrong direction (Figure 2³).

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² Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates). CANSIM table 102-4311

³ Source: Service New Brunswick - Vital Statistics - In-house calculations



Health Zones

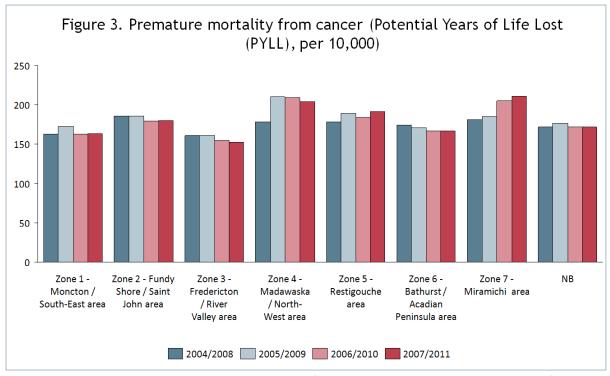
Zone 6 (Bathurst and the Acadian Peninsula area) demonstrated the lowest rates of Potential Years of Life Lost (PYLL) due to avoidable mortality (both due to preventable and treatable causes) for the years 2007-2009 (Figure 1). Zone 5 (Restigouche area) and zone 4 (Madawaska area) on the other hand, presented the highest rates of avoidable mortality, especially due to "preventable causes", highlighting a need for serious efforts in health promotion and disease and injury prevention.

Further observation of causes of premature mortality among New Brunswickers by health zones demonstrates inconsistent trends and areas of focus across the province.

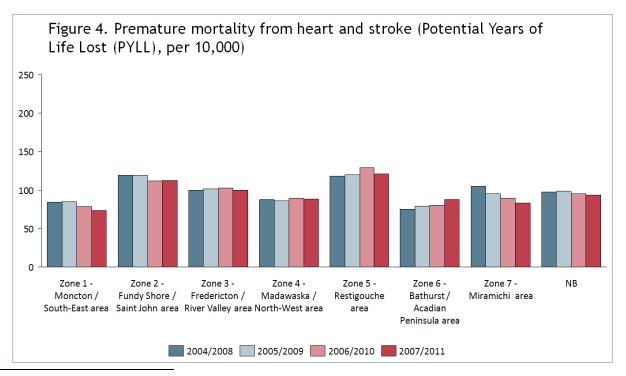


Almost half the types of cancers are classified among "preventable causes of mortality" (Annex: List of treatable and preventable causes of avoidable mortality). Despite the fact that years of life lost due to cancer seem to be high but stable in New Brunswick overall, zone 7 (Miramichi area), zone 4 (Madawaska area), and zone 5 (Restigouche area) seem to be trending in the wrong direction, exceeding the average rate of PYLLs due to cancer for New Brunswick. Zones 3 (Fredericton area) and zone 2 (Saint John area) however, seem to exhibit a slow trend in the right direction. In 2004-08, zone 2 (Saint John area) had the highest rate of PYLL due to cancer, but in 4 years the rate dropped in zone 2 (although it is still above New Brunswick's average), in parallel

with an escalation in zones 4, 5 and 7 leading to those zones topping the list of premature mortality due to cancer (Figure 3⁴).



Heart and stroke have been associated with fewer PYLL over the past 4 years for New Brunswick overall. This has not been consistent across zones. Zones 1 (Moncton area), 2 (Saint John area), and 7 (Miramichi area) demonstrate a trend in the right direction, whereas zone 6

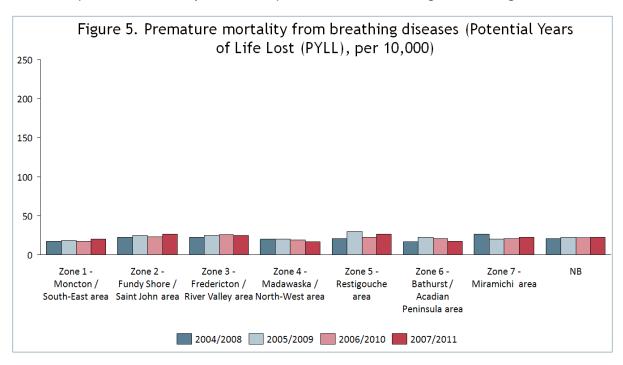


⁴ Source: Service New Brunswick - Vital Statistics - In-house calculations

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(Bathurst and the Acadian peninsula area) trends in the wrong direction. Despite its relative stability, zone 5 (Restigouche area) continues to show the highest rate of premature deaths due to heart and stroke. (Figure 4⁵).

The contribution of breathing diseases (e.g. asthma, chronic obstructive lung diseases (COPD), emphysema, etc.) to premature mortality in New Brunswick over the past years has been increasing, contrary to the other reported major four causes of mortality. This trend is generally observed across most zones in the province except for zone 4 (Madawaska area) that has trended in the right direction, and together with zone 6 (Bathurst and the Acadian peninsula area) show the lowest premature mortality rates in the province due to breathing diseases (Figure 5⁶).



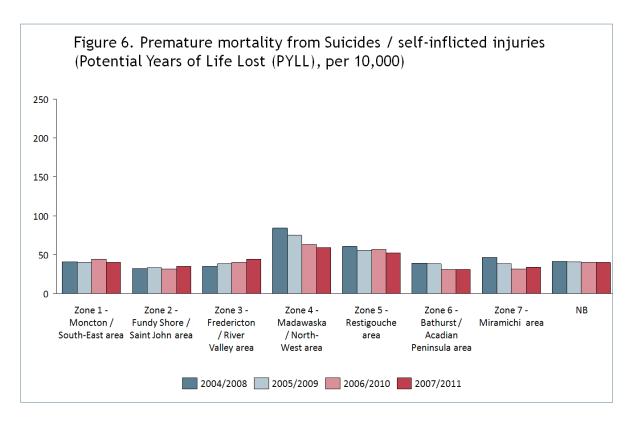
Injuries (both unintentional and self-inflicted/suicides) represent a major group of "preventable" causes of death. Safety measures, safety awareness and improved mental health status contribute to the prevention of injuries. In New Brunswick, premature deaths due to both types of injuries seem to be trending in the right direction (Figures 6 & 7⁷), however with inconsistent trends across the zones. Zone 5 (Restigouche area) and zone 4 (Madawaska area) exhibited the highest rates of PYLL due to injuries and suicides in 2007/2011. Although both zones have been moving in the right direction towards lower rate of premature deaths due to suicides, injuries continue to contribute to more PYLL in zones 4 and 5 over time. Despite possibly successful efforts to reduce suicide rates in zones with high incidence (like zone 4 and 5), other zones do not seem to be trending in the same direction. Zone 2 (Saint John area) and zone 3 (Fredericton area) demonstrate an opposite trend in the wrong direction with more years of life lost due to suicide or self-inflicted injury.

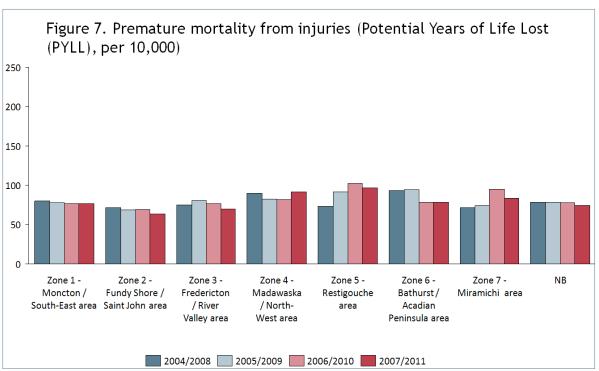
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⁵ Source: Service New Brunswick - Vital Statistics - In-house calculations

⁶ Source: Service New Brunswick - Vital Statistics - In-house calculations

⁷ Source: Service New Brunswick - Vital Statistics - In-house calculations





4- NBHC priorities in numbers: Current status and trends

Despite being the leading cause of death and years of life lost, cancer does not represent a highly prevalent chronic condition in New Brunswick, as well as in Canada (7% New Brunswickers reported having been diagnosed with cancer in 2011, with the highest reported prevalence in zone 2 at 7.8%)⁸.

After 3 years of sharing the recommendations, we try to report on the status New Brunswick achieved on those key important population health outcomes by zone, and we highlight the trend that they have been undergoing especially comparing years 2010 (before recommendations were released) and 2012 (latest available data).

Prevalence of chronic health conditions in New Brunswick 2011			
High blood pressure or hypertension	25.7%		
Arthritis	18.0%		
Gastric reflux (GERD)	16.1%		
Chronic pain	15.0%		
Depression	12.7%		
Asthma	10.3%		
Diabetes	9.2%		
Heart disease	8.3%		
Cancer	7.0%		
Emphysema or COPD	2.7%		

Source: NBHC, Primary Care Survey, 2011

Obesity:

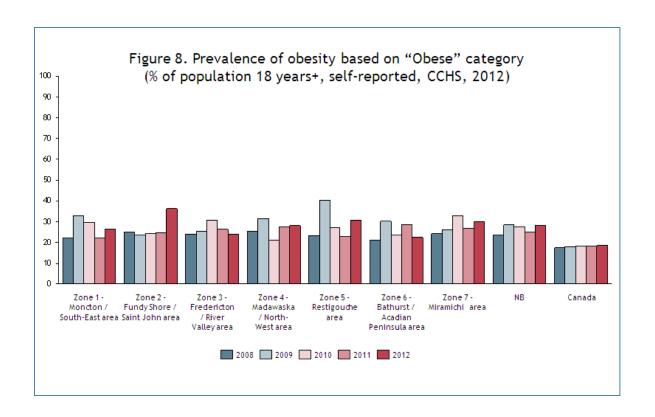
Prevalence of obesity does not seem to have had changed in New Brunswick with significantly higher rates in New Brunswick than Canada (Figure 8°).

Zone 2 (Saint John area) and zone 5 (Restigouche area) show the highest prevalence of obesity in 2012 with a prevalence of 36.1% and 30.4% respectively, and they seem to be trending in the wrong direction, besides zone 4 (Madawaska area), as compared to 2010.

On the other hand, zone 6 (Bathurst and the Acadian Peninsula area) and zone 3 (Fredericton area) show the lowest rate of obesity in 2012 (22.4% and 24% respectively) and seem to be moving in the right direction as compared to the 2010 prevalence rate.

⁸ Source: New Brunswick Health council, 2011, New Brunswickers' Experiences With Primary Health Care, survey results.

⁹ Source: Statistics Canada, CCHS, Table 105-0501, 2012



Hypertension (High blood pressure):

High blood pressure is reported as the most prevalent chronic health condition in New Brunswick touching the lives of 21.7 to 25.7% of New Brunswickers in 2011 (based on the Canadian Community Health Survey 2011 and the Primary Care Survey 2011 respectively) (figure 9¹⁰). **Over the past 5 years, high blood pressure has been showing a general increasing trend in New Brunswick** whereas it is relatively stable in Canada on average.

Zones 5 (Restigouche area) and zone 7 (Miramichi area) demonstrate the highest prevalence of high blood pressure in 2012 (30.3% and 29.1% respectively). Comparing the 2010 to the 2012 prevalence rates, zone 5 shows a relative stability whereas zone 7 seems to be trending in the wrong direction.

On the other hand, zone 3 (Fredericton area) and zone 6 (Bathurst and the Acadian Peninsula area) exhibit the lowest prevalence rate of high blood pressure (20% and 22% respectively) and they continue to trend in the right direction.

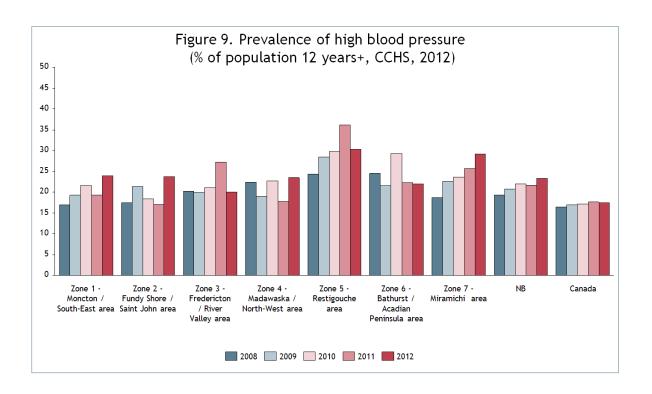
You have hypertension? What can you do?

- Limit Salt/Sodium Intake
- Be Physically Active
- Eat a Healthy Diet
- Maintain a Healthy Weight
- Refrain From Smoking
- Aim for Stress-Free Living
- Limit AlcoholConsumption
- Take Your Medication As prescribed

Source: Hypertension Canada. http://www.hypertension.ca/public

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¹⁰ Source: Statistics Canada, CCHS, Table 105-0501, 2012

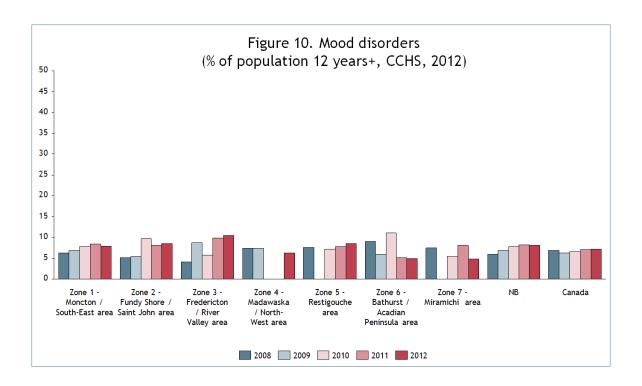


Mental health:

Mood disorders (a reflection of mental health issues) seem to be trending in the wrong direction with New Brunswickers reporting a higher prevalence rate than their Canadian counterparts (Figure 10).

New Brunswickers in zones 3 (Fredericton area) at 10.5%, zone 2 (Saint John area) at 8.5%, and zone 5 (Restigouche area) at 8.5% report the highest prevalence of mood disorders in 2012; however, zone 2 shows a decrease as compared to the year 2010, whereas zones 3 and 5 seem to be trending in the wrong direction (Figure 10¹¹).

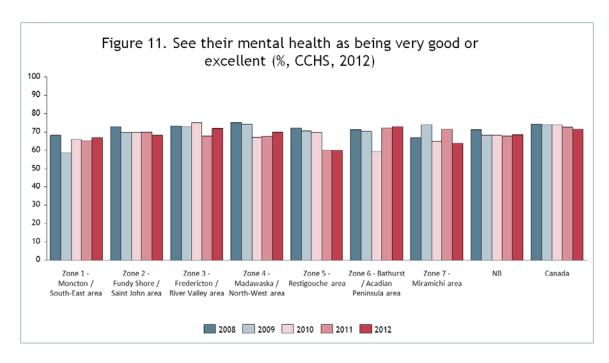
 $^{^{11}}$ Source: Statistics Canada, CCHS, Table 105-0501, 2012



Zone 6 (Bathurst and the Acadian Peninsula area), and zone 7 (Miramichi area) demonstrate the lowest prevalence of mood disorders in the province (4.9% and 4.8% respectively), with the first showing a major drop in prevalence upon comparing 2012 to 2010 rates.

Another measure for mental health is the self-rated mental health. **New Brunswick shows one of the lowest percentages of self-rated mental health as very good or excellent (rank 8 out of 10 provinces)**. Interestingly, despite the fact that zone 3 (Fredericton area) has exhibited the worst value for prevalence of mood disorders (10.5%), New Brunswickers in zone 3 reported one of the highest rates of self-rated mental health as good or excellent (71.9%) (Figure 11¹²). The opposite applies to zone 7 (Miramichi area) with a population reporting one of the lowest prevalence rates for mood disorders (4.8%), yet one of the worst rates of self-rated mental health as good or excellent (63.8%). Consistent findings are demonstrated in zone 6 (Bathurst and the Acadian Peninsula area) that has one of the best values on both measures, and zone 5 (Restigouche area) exhibiting one of the worst values on both measures.

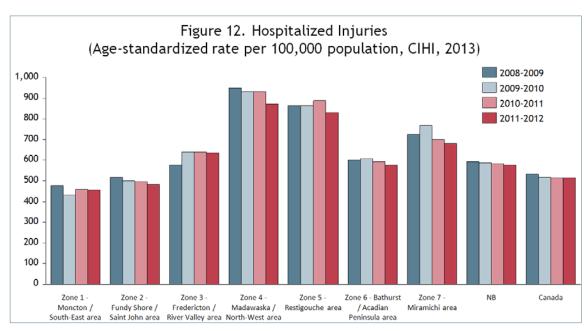
¹² Source: Statistics Canada, CCHS, Table 105-0501, 2012



Injuries

In the absence of up-to-date statistics on the incidence of injuries, the best measure we use in this analysis is hospitalized injuries, keeping in mind that this measure represents an underestimate of the actual incidence of injuries; it does not account for injuries that did not require hospitalization.

New Brunswick demonstrates a gradual slow decrease in the rate of hospitalized injuries, yet continues to show rates higher than the Canadian average (Figure 12¹³).

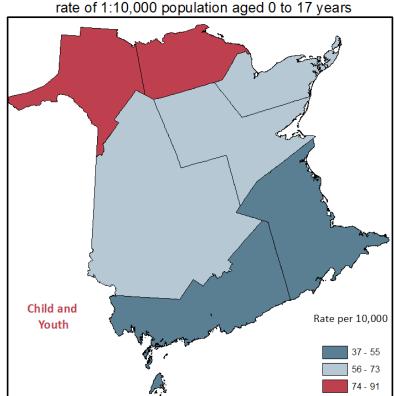


 $^{^{13}}$ Source: Canadian Health Information Institute, Health Indicators, 2013

Zone 4 (Madawaska area) and zone 5 (Restigouche area) demonstrate the highest rates of injury hospitalization in 2011-2012 with rates that are almost 1.5 times the provincial average (Figure 12). However, both zones seem to be trending in the right direction. Further efforts are needed to rereinforce this trend towards significantly lower rates of injury hospitalization in those zones.

On the other hand, zone 1 (Moncton area) and zone 2 (Saint John area) report the lowest rate for hospitalized injuries in 2011-2012. In contrast to all zones in New Brunswick reporting decreasing rates of injury hospitalization over time, zone 1 is the only zone that had a higher value of injury hospitalization in 2011/12 as compared to 2009/10.

Upon analyzing the rate of hospitalized injuries by age group, children and youth seem to be the main contributors to the relatively high rates in zones 4 (Madawaska area) and 5 (Restigouche area) (map 1). Further analysis is needed to identify the potential causes of injuries (e.g. motor vehicle, work-related, etc.) in order to properly develop targeted prevention and safety programs and policies.



Map 1: Rate of hospitalization following an injury

Source: Government of New Brunswick, Department of Health, CIHI Portal - DAD - Acute Inpatients from Patient Province of New Brunswick, and rate calculated by the NBHC.2009-2012

5- How are citizens responding?

According to our first engagement initiative with New Brunswick citizens in 2010¹⁴, there was "a strong support for strategies that encourage and empower citizens to take responsibility for their own health". Prevention and promotion were among the recurring themes, and citizens argued that a shift in this direction was required if New Brunswickers were to curb health care costs and reduce the burden of chronic illnesses. Citizens also stated that "incenting individuals to take greater responsibility for their own health was critical for long-term population health and health system sustainability".

In 2013, and after three years of receiving that feedback, it is insightful to explore how citizens have been taking responsibility of their own health, and whether their lifestyle habits have been trending in the right direction.

Healthy eating, physical activity, smoking, and alcohol consumption are among the strongest behavioural determinants of health¹⁵, and thus are captured annually by the *New Brunswick Population Health Snapshot*. These four determinants have been researched and correlated with obesity, cardiovascular diseases (heart and stroke) and high blood pressure (hypertension). In addition, life stress is a potential determinant of mental health. Unfortunately, indicators on public safety and injury prevention are limited, and the only relevant indicator in the *New Brunswick Population Health Snapshot* (wearing a bicycle helmet always while on bike) has not been updated since 2010.

Healthy eating:

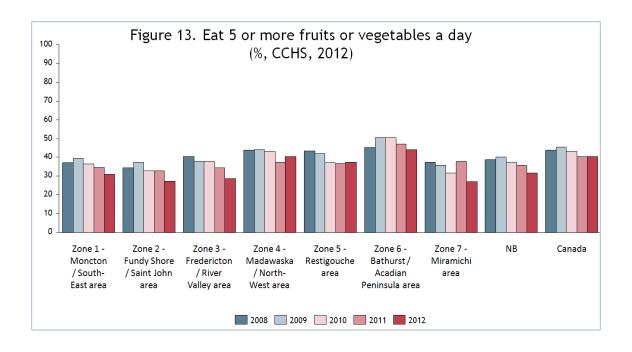
New Brunswick seems to be trending in the wrong direction with fewer people eating five or more fruits and vegetables. This is applicable across all zones, yet zone 6 (Bathurst region and the Acadian peninsula area) continues to report a rate (44.2%) that is higher than the reported average in Canada (40.6%) despite the negative trend (Figure 13¹⁶).

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¹⁴ New Brunswick Health Council. (October 2010). Our Health. Our Perspectives. Our solutions. Results of our first engagement initiative with New Brunswick citizens.

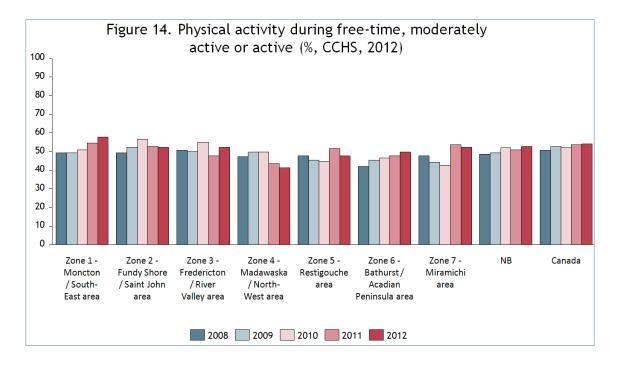
¹⁵ Ministry of Health and Long-Term Care (2007). Preventing and Managing Chronic Disease: Ontario's Framework. Accessed from: http://www.health.gov.on.ca/en/pro/programs/cdpm/pdf/framework_full.pdf

¹⁶ Source: Statistics Canada, CCHS, Table 105-0501, 2012



Physical activity

More New Brunswickers overall report being moderately active or active during free-time over the past 5 years. The trend seems to be increasing gradually across the province with zone 1 (Moncton area) reporting a rate (57.8%) higher than the Canadian average (53.9%). On the other hand, zones 2 (Saint John area), zone 3 (Fredericton area) and zone 4 (Madawaska area) seem to be trending in the wrong direction (Figure 14¹⁷).

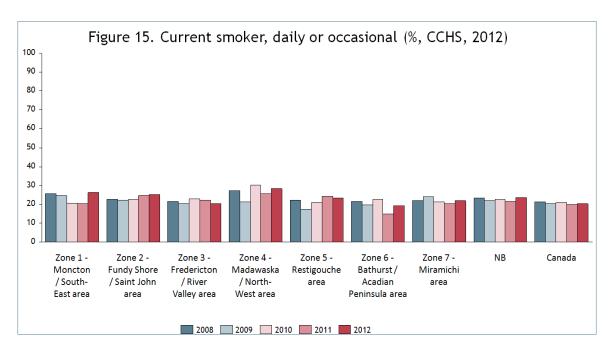


 $^{^{17}}$ Source: Statistics Canada, CCHS, Table 105-0501, 2012

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Tobacco free living (Smoking)

Smoking seems to be trending in the wrong direction in New Brunswick generally, with 23.7% reporting being current or occasional smokers as compared to 20.3% in Canada (Figure 15¹⁸). Zone 4 (Madawaska area) reports the highest smoking rate in the province (28.2%), however, it seems to be trending in the right direction in comparison to the rate reported in 2010 (30.3%), together with zones 3 (Fredericton area) and 6 (Bathurst and the Acadian Peninsula area). On the other hand, zones 1 (Moncton area), 2 (Saint John area), 5 (Restigouche area), and 7 (Miramichi area) seem to be aligned with New Brunswick's trend of an increasing prevalence of current and occasional smokers.



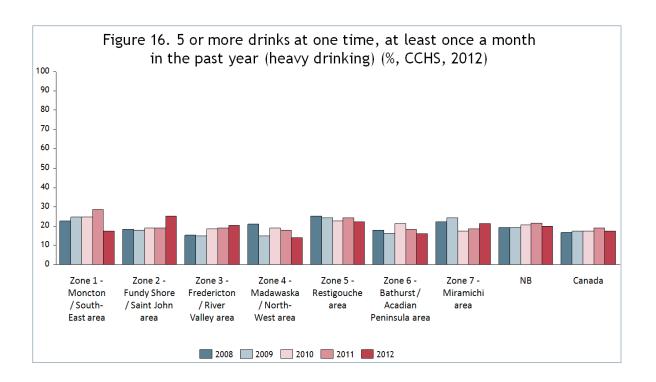
Alcohol consumption

Heavy alcohol drinking (5 or more drinks at one time, at least once a month in the past year) has been stable in New Brunswick at a rate (19.9%) significantly higher than the Canadian average (17.4%). Zones demonstrate variable trends. Zone 2 (Saint John area) shows the highest rate and the biggest jump from 18.8% in 2010 to 25.3% in 2012. Zone 5 (Restigouche area) shows the second highest prevalence of heavy drinking in 2011 (22.1%), yet it seems to be trending slowly in the right direction. Zone 3 (Fredericton area) and zone 7 (Miramichi area) show a trend in the wrong direction; whereas, zone 1 (Moncton area) shows a major drop from 24.7% in 2010 to 17.2% in 2012. Zones 4 (Madawaska area) and 6 (Bathurst and the Acadian Peninsula area) show the lowest prevalence of heavy alcohol consumption and continue to trend in the right direction (Figure 16¹⁹).

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¹⁸ Source: Statistics Canada, CCHS, Table 105-0501, 2012

¹⁹ Source: Statistics Canada, CCHS, Table 105-0501, 2012



Perceived life stress

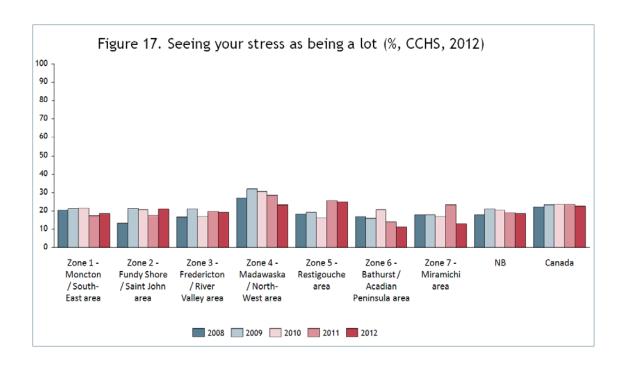
Stress level is one of the contributors to individual's mental health. Despite the fact that New Brunswickers demonstrate worse perceived mental health and higher prevalence of mood disorders than the Canadian average, they show lower rates of perceived life stress. This discrepancy suggests that possibly other factors (besides stress) affect the mental health of New Brunswickers, or that they probably do not tolerate, or cope as well as their Canadian counterparts with life stress, or that the nature of life stress they are exposed to is different from their other Canadian counterparts (e.g. economic factors, physical environment, etc.). Overall, **New Brunswickers seem to be trending in the right direction, with a decreasing level of life stress (Figure 17**²⁰). Zone 4 (Madawaska area) and zone 5 (Resigouche area) show the highest rates (above the Canadian average), yet they both show trends in opposite directions, with the first trending in the right direction, meanwhile the latter shows increasing rates. Zone 6 (Bathurst and Acadian Peninsula area) and zone 7 (Miramichi area) demonstrate the lowest level of perceived stress and continue to trend in the right direction.

Further analysis is required to understand the determinants of mental health in order to act effectively on the prevention of mental health conditions. Resilience and coping abilities are important contributors to mental health, yet currently there are not standard Pan-Canadian indicators measuring those factors.

New Brunswick needs to develop provincial indicators that can be used to measure and monitor determinants of mental health for better understanding the outcomes and the effectiveness of relevant programs and strategies.

-

²⁰ Source: Statistics Canada, CCHS, Table 105-0501, 2012



6- How is the health system responding?

The NBHC 2011 recommendations highlighted the "apparent lack of systematic and aligned approaches to prevention and health promotion in the province related to key areas of population health". They also emphasized that population health is a shared responsibility, and that "the health sector alone cannot solely be responsible for the health and well-being of New Brunswickers". Accordingly, they emphasized the need for coordinated action by all stakeholders for example: governments, health and other social and economic sectors, non-governmental and volunteer organizations, local authorities, industry and the media.

Since the release of the *New Brunswick Health Councils* recommendations in 2011, and even slightly earlier, the Government of New Brunswick has developed frameworks, strategies, action plans, programs and initiatives that target or address the priorities we highlighted. Examples include (the list is not exhaustive):

Department of Health:

- A Chronic Disease Prevention and Management Framework for New Brunswick (2010)
- The Action Plan for Mental Health in New Brunswick 2011-18
- New Brunswick Public Health Nutrition Framework for Action 2012-2016
- A Framework for the Prevention of Unintentional Injury in New Brunswick 2012

- Department of Healthy and Inclusive Communities:

- Live well, be well. New Brunswick's Wellness Strategy (2009-2013)
- Wellness Strategy Action Plan 2013-2014

- Department of Social Development

• Network of excellence: An announcement was made in December 2013 regarding the establishment of a network of excellence to improve services for children and youth with complex mental health and behavioural needs.

Department of Public Safety:

 Moving from Theory to Outcomes: New Brunswick's Crime Prevention and Reduction Strategy (2012), addressing mental health and addiction

Government departments have applied different tools to enact their strategies. The Department of Health in collaboration with the Regional Health Authorities (Horizon and Vitalité) launched several initiatives. The Department of Healthy and Inclusive Communities pursued further community level efforts in collaboration with wellness networks, schools, etc. In addition, some departmental action plans/ strategies highlighted the cross-departmental partnerships, like the involvement of the departments of Social Development, Public Safety, Justice and Attorney General, Education and Early Childhood Development and Health in the implementation of the Action Plan for Mental Health (e.g. the Integrated Service Delivery Model).

More recently, and at a higher strategic level, the Government of New Brunswick identified "obesity" as a priority and placed it among the key objective within the performance excellence strategic goal: "Enhanced Quality of Life" (strategy map 2013-2014). The performance indicator selected for that objective was: "rates of adult New Brunswickers who are overweight or obese".

Accordingly, the New Brunswick health system appears to have responded to the identified priorities; however, the question is, how integrated those responses are, and how effective those policies, plans and strategies are in addressing the issues. Absence of clear measurable targets about what initiatives are meant to achieve, and the lack of clarity on roles and responsibilities pertaining to strategies and plans; thus clear ownership and accountability, might compromise effective implementation of government initiatives.

7- Conclusion

In 2010, New Brunswickers clearly expressed that they value their health, and that they see health as a shared responsibility. In 2011, the New Brunswick Health Council took forward the citizens' concerns, and based on evidence and analysis, communicated recommendations to the Minister of Health, emphasizing the need to address four population health priority areas: healthy weights, high blood pressure, mental health and injuries.

In 2012 the findings reconfirm that the 4 priority areas continue to represent population health priority areas, and highlight the fact that underlying conditions and risk factors do not demonstrate encouraging trends in the right direction. The regional variations in rates of injury hospitalization across the zones and among certain age groups suggest injuries as an important area of focus. Further analysis is needed to identify the potential causes of injuries (e.g. motor vehicle, work-related, etc.) in order to properly develop targeted prevention and safety programs and policies

The development of strategies and action plans addressing priority population health issues has been an important response to the identified gaps. However, the fact that New Brunswickers have demonstrated trends in the wrong direction on some of the priority areas and their associated risk factors by the year 2012, and that they still compare poorly to the Canadian average on many of the relevant indicators, raises questions around whether:

- 1- Governmental efforts are facing challenges with respect to empowering, encouraging, or supporting individuals in pursuit of their endeavor to be in charge of their health, thus achieving the desired goals (Refer to Status of NBHC Recommendation #3).
- 2- Government programs and initiatives are developed in an integrated approach;
- 3- Roles and responsibilities guiding ownership and implementation of government initiatives are clearly defined and communicated;
- 4- Clear measurable outcomes and targets are identified; and
- 5- The implementation of government initiatives is customized and tailored to better target the populations at high risk.

The Government of New Brunswick, through the Department of Health, is invited to lead, coordinate and support the efforts addressing all key priority population health issues, and to help mitigate any limitations hindering the realization of improved population health outcomes.

Acknowledging the fact that population health is a cross-departmental responsibility, the government is encouraged to mainstream population health within government plans and policies, ensuring synchronized initiatives that are adapted to local needs at the community level, coupled with adequate monitoring of implementation. The New Brunswick Health Council, as part of its mandate, will continue to monitor population health outcomes and to report back to New Brunswickers on the status and progress towards addressing the key four population health priorities identified and communicated in 2011.

■The BEST value ♦ The WORST value (For New Brunswick among other provinces)

↑ In right direction

 Ψ In wrong direction

- Unchanged

Status on NBHC recommendation #3

Status on I	NBHC recommer	idation #3	Offeriangea	
2012 status on risk factors (trend since 2010)	2012 Status on NBHC (trend since 2010)	Premature deaths (2007/11)	Avoidable mortality (2007-2009)	
↑ ■ Physical activity ↓ Eating fruits and vegetables ↓ ♠ Smoking ↑ Alcohol consumption ↑ Life stress	↑ Obesity ✓ High blood pressure – Mood disorders ↑ Self-rated mental health ✓ ■Hospitalization of Injuries	■ Heart & stroke ■ Cancer	Avoidable mortality rate	Zone 1
 ▶ ■ Physical Activity ↓ ♦ Eating fruits and vegetables ↓ Smoking ↓ ♦ Alcohol consumption Life stress 		♦ Heart & stroke♦ Breathing diseases■ Injuries	■Preventable mortality ◆Treatable mortality	Zone 2
Physical Activity Eating fruits and vegetables ■ Smoking Alcohol consumption Life stress	↑ ■ Obesity ↑ ■ High blood pressure ↓ ♦ Mood disorders ↓ ■ Self-rated mental health ↑ Hospitalization of Injuries	■ Cancer ■ Injuries		Zone 3
 Physical Activity Eating fruits and vegetables Smoking Alcohol consumption Life stress 	✓ Obesity	 Cancer ■ Breathing diseases ◆ Injuries ◆ Suicide 	◆Avoidable mortality ◆ Preventable mortality ■ Treatable mortality	Zone 4
↑ ♦ Physical activity - Eating fruits and vegetables ↓ Smoking ↑ ♦ Alcohol consumption ↓ ♦ Life stress		 → Heart & stroke → Breathing diseases → Injuries → Suicide 	◆Avoidable mortality ◆ Preventable mortality	Zone 5
↑ Physical activity ■ Eating fruits and vegetables ↑ ■ Smoking ↑ ■ Alcohol consumption ↑ ■ Life stress	↑ ■ Obesity ↑ ■ High blood pressure ↑ ■ Mood disorders ↑ ■ Self-rated mental health ↑ Hospitalization of Injuries	■ Breathing diseases ■ Suicide	 Avoidable mortality rate Preventable mortality Treatable mortality 	Zone 6
↑ Physical activity	↑ Obesity	■ Heart &stroke ◆ Cancer ■ Suicide	◆Treatable mortality	Zone 7
↑ Physical activity ↓ ♠ Eating fruits and vegetables ↓ Smoking - Alcohol consumption ↑ Life stress	- ♦ Obesity		■ Treatable mortality	New Brunswick

Annex - Recommendations to the New Brunswick Minister of Health (2011): Moving towards a planned and citizen-centered publicly-funded provincial health care system

RECOMMENDATION #1

The Government of New Brunswick, through the Department of Health, take steps to develop, within the next twelve month period, a multi-year comprehensive and integrated health services plan for the province.

The plan should outline the following: measurable desired health outcomes; measurable service targets (range and volume of services); standards for the level and quality of services; financial and human resources (inputs) required to achieve service targets and the geographical and linguistic allocation of services and resources.

RECOMMENDATION #2

The Government of New Brunswick, through the Department of Health, review the organization and delivery of primary health care in the province with a view to maximizing the utilization of existing human and financial resources.

This review should focus on ways to improve access to care and quality of care, as well as integration with other health services programs, namely hospital services.

RECOMMENDATION #3

The Government of New Brunswick, through the Department of Health, ensure that a concerted strategy is developed to improve health promotion and disease prevention in the province. This strategy should consider the determinants of health, and focus first on four key areas: achieving healthy weights, lowering high blood pressure rates, improving mental health and preventing injuries.

The strategy must identify the organization responsible for the coordination of the work with related stakeholders for an integrated execution of the initiatives undertaken.

Annex - List of Causes of Death for Avoidable Mortality Indicator

Cause of Death	Preventable (Incidence Reduction)	Treatable (Case Fatality Reduction)
Infections		
Enteritis and other diarrhoeal disease	x	
Tuberculosis		х
Vaccine-preventable diseases	x	
Selected invasive bacterial infections		х
Sepsis		х
Malaria		х
Meningitis		х
Cellulitis		х
Pneumonia		х
Sexually transmitted infections, except HIV/AIDS	х	
Viral hepatitis	х	
HIV/AIDS	х	
Neoplasm		
Lip, oral cavity and pharynx cancer	x	
Esophageal cancer	х	
Stomach cancer	x	
Colorectal cancer		x
Liver cancer	x	
Lung cancer	x	
Melanoma skin cancer	x	
Non-melanoma skin cancer	х	
Malignant neoplasm of breast		x (Female only)
Cervical cancer		x
Uterus cancer		x
Testicular cancer		x
Bladder cancer		x
Thyroid cancer		x
Hodgkin's disease		x
Leukemia		x (Age<45)
Benign neoplasms		x
Diseases of the Circulatory System		
Rheumatic heart disease	х	
Hypertensive diseases		х
Cerebrovascular diseases	x (50%)	x (50%)
Ischaemic heart disease	x (50%)	x (50%)
Other atherosclerosis	x (50%)	x (50%)
Aortic aneurysm	х	
Venous thromboembolism	х	

Diseases of the Respiratory System		
Chronic obstructive pulmonary disorders	х	
Asthma and bronchiectasis		х
Acute lower respiratory infections		х
Upper respiratory infections		х
Lung diseases due to external agents	х	
Adult respiratory distress syndrome		х
Pulmonary oedema		х
Abscess of lung and mediastinum; pyothorax		х
Other pleural disorders		х
Other respiratory disorders		х
Diseases of the Digestive System		
Peptic ulcer disease		х
Diseases of appendix; hernia; disorders of gallbladder, biliary tract and pancreas		Х
Chronic liver disease (excluding alcohol-related disease)	х	
Diseases of the Genitourinary System		
Nephritis and nephrosis		х
Renal failure		х
Obstructive uropathy, urolithiasis and prostatic hyperplasia		х
Infl amatory diseases of genitourinary system		х
Disorders resulting from impaired renal tubular function		х
Infant and Maternal Causes		
Complications of the perinatal period	х	х
Congenital malformations, deformations and chromosomal anomalies		х
Pregnancy, childbirth and the puerperium		х
Unintentional Injuries		
Transport accidents	х	
Falls	х	
Other external causes of accidental injury	х	
Drowning	х	
Fires and flames	х	
Accidental Poisonings	Х	
Injuries of Undetermined Intent		
Injuries of undetermined intent	х	
Intentional Injuries		
Suicide and self-inflicted injuries	х	
Assault	х	
Alcohol and Drug Use Disorders		
Alcohol-related diseases, excluding external causes	x	
Drug use disorders	х	
Nutritional, Endocrine and Metabolic Disorders		
Nutritional deficiency anaemia	x	
Thyroid disorders		х

Diabetes mellitus	x (50%)	x (50%)			
Adrenal disorders		х			
Congenital metabolic disorders		х			
Neurological Disorders					
Epilepsy		х			
Disorders of Musculoskeletal System					
Osteomyelitis		x			
Adverse Effects of Medical and Surgical Care					
Drugs, medicaments and biological substances causing adverse effects in therapeutic use	х				
Misadventures to patients during surgical and medical care	х				
Medical devices associated with adverse incidents in diagnostic and therapeutic use	x				
Surgical and other medical procedures as the cause of abnormal reaction	х				

Source: Canadian Institute for Health Information 2012

New Brunsw Population Health Snaps		NB Male	NB Female	NB Average	Canadian Average	Rank (NB to Canada)	Trend compared to last NB snapshot
Р	OPULATION HEALTH	STAT	US				
See their health as being very good or excellent	(%, 2012)	52.1	56.9	54.6	59.9	♦ 10/10	A
See their mental health as being very good or excellent	(%, 2012)	69.1	68.5	68.7	71.7	♦ 8/10	A
Pain or soreness that prevents activities (physical or emotional)	(%, 2012)	12.0	16.9	14.5	14.9	3/10	A
Life satisfaction, satisfied or very satisfied	(%, 2012)	93.3	93.6	93.5	92.4	3/10	=
Expected years of life	(age, 2007/09)	77.5	82.8	80.2	81.1	• 5*/10	=
Infant with less than average birth weight	(%, 2009/11)	5.24	6.09	5.66			▼
Infant deaths	(rate per 1,000 live birth, 2009/11)	4.28	2.81	3.55			A
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2007/11)	133.68	53.53	93.51			A
Premature deaths from cancer	(years of life lost, rate per 10,000 2007/11)	180.35	163.06	171.68			A
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2007/11)	27.42	17.84	22.62			▼
Premature deaths from injuries	(years of life lost, rate per 10,000 2007/11)	110.36	38.35	74.26			A
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2007/11)	62.77	17.83	40.24			▼
Health Services - accounts for 10% of the hea	HEALTH DETERMINA alth status——————————————————————————————————	AIVIS					
Has a regular medical doctor	(%, 2012)	90.7	95.1	93.0	85.1	• 1/10	A
Medical doctor visit within the last year	(%, 2012)	72.5	85.1	79.0	78.7	• 7/10	▼
Dental professional visit within the last year	(%, 2009/10)	58.9	62.7	60.8	66.3	0 7/10	
Avoidable hospitalization	(aged-standardized rate per 100,000, 2011/12)	506	415	460	290	10/10	A
Adults 65 years and up who have received the flu shot in the last year	(%, 2012)	67.3	70.1	68.9	64.1	3/10	A
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2012)		70.3	70.3	72.1	♦ 9/10	▼
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2012)		71.9	71.9	72.6	4/10	▼
Overall hospital rating	(%, 2013)	76.0	74.8	75.4			▼
Satisfaction/experience rating for healthcare	(%, 2011)	63.0	60.2	61.5			
Health Behaviours – account for 40% of the l	nealth status						
Physical activity during free-time, moderately active or active	(%, 2012)	51.8	53.5	52.7	53.9	• 7*/10	A
Eat 5 or more fruits or vegetables a day	(%, 2012)	21.7	40.8	31.7	40.6	♦ 9/10	•
Adults with unhealthy weight (obese)	(%, 2012)	28.9	27.3	28.0	18.4	♦ 10/10	▼
5 or more drinks at one time, at least once a month in the past year (hea		29.3	10.8	19.9	17.4	• 7/10	A
Continuous states on bring a lot	(0/, 2012)						

Social and Economic Factors – account for 40% of the health status

No high school diploma (25-64 years old) ^(NEW)	(%, 2011)	18.6	15.0	16.8	12.7	•	8/10	
Unemployment (15+ years)	(%, 2012)			10.2	7.3	•	8/10	▼
Divorced	(%, 2011)	4.6	5.7	5.2	6.0	•	2*/10	
Single parent family (Of total number of census families in private households)	(%, 2011)	3.3	12.8	16.1	16.3	•	4*/10	
Low income (NEW SOURCE+NEW DEFINITION)	(%, 2011)	15.4	18.8	17.2	14.9	•	8/10	
Violent crime	(rate per 100,000 population, 2012)			1,476	1,190	•	7/10	▼
Property crime	(rate per 100,000 population, 2012)			3,229	3,414	•	3/10	▼
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2012)			288	242	•	4/10	A

(rate per 1,000 females, 2011)

(crude rate per 10,000 population, 2012)

(%, 2012)

(%, 2012)

(%, 2010)

15.7

27.4

16.6

50.5

21.5

20.1

34.1

21.1

57.3

18.7

23.7

25.5

21.1

53.1

22.7

20.3

37.3

4/10

7*/10

4/10

Physical Environment – accounts for 10% of the health status

Coming in contact with second-hand smoke at home	(%, 2012)	7.4	4.5	5.8	4.7	• 7/10	A
Coming in contact with second-hand smoke in the past month in vehicles &/or in public place	(%, 2012)	17.4	14.8	16.0	16.6	5/10	A
Dwellings rated as having excellent, very good or good indoor air quality	(%, 2011)			90.3	90.6	♦ 8/10	=
Sense of belonging to your community, somewhat strong or very strong	(%, 2012)	73.5	68.0	70.6	66.1	5/10	▼

Provincial rank in Canada

- Doing well (ranked 1, 2, 3)
- Caution

Seeing your stress as being a lot

Current smoker, daily or occasional

Always wears a bicycle helmet while on a bike

Number of sexually transmitted infections (genital Chlamydia)

Teens who gave birth (teen pregnancy unavailable annually)

♦ Lagging (last 3 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
- -- Trending is not available

Rating by best (1) to worst (10). Includes all provinces (10 in total).

^E = Use data with caution, sample size too small, * =another province has the same ranking, -- = data unavailable. **Bold: Updated indicator**

New Brunswick

Population Health snapshot 2013/14

Top 10 most frequent hospital admissions for New Brunswick (2012/13)

Hospital admissions	# of cases	Rate per 10,000
1 - New Born	3,364	44.8
2 - COPD (Chronic Obstructive Lung Disease)	2,948	39.2
3 - Viral/Unspecified Pneumonia	1,677	22.3
4 - Vaginal Birth without Anaesthetic	1,635	21.8
5 - Heart Failure without Cardiac Catheter	1,632	21.7
6 - Heart Attack (Myocardial Infarction)	1,544	20.6
7 - Arrythmia (Abnormal Heartbeat)	1,489	19.8
8 - Enteritis (Inflammation of Small Intestines)	1,391	18.5
9 - Vaginal Birth with Anaesthetic	1,428	18.4
10 - Palliative Care (End of Life)	1,352	18.0

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 = **21.2**%

20-39 years old = **23.7**%

40-64 years old = **38.6**%

65 ++ years old = **16.5**%

Total population = 751,170

Median age $^1 = 43.7$

Language spoken at home:

French =**27.9**%

English= 68.2%

Immigrant population = 3.9%

Aboriginal population = 3.1%

(source: 2011 National Household Survey, Statistics Canada, ¹ =2011 Census, Statistics Canada))



Engage. Evaluate. Inform. Recommend. Engager. Évaluer. Informer. Recommander.

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 be working toward improved healthy eating, increased physical activity, or another wellness goal. 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. www.hepac.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. For more information: Telephone: 1-888-295-4545 http://www.gnb.ca/poverty esic-sies@gnb.ca



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 1.877.225.2521



Zone 1: Moncton/South-East Area

Population Health Snap	oshot 2013/14	Male	Female	Average	Average		other zones)	to last zone 1 snapshot
F	POPULATION HEALTH S	TATL	JS					
See their health as being very good or excellent	(%, 2012)	53.6	51.7	52.6	54.6	•	3/7	A
See their mental health as being very good or excellent	(%, 2012)	66.5	67.3	66.9	68.7	•	5/7	A
Pain or soreness that prevents activities (physical or emotional)	(%, 2012)	12.4	14.6	13.5	14.5	•	2/7	▼
Life satisfaction, satisfied or very satisfied	(%, 2012)	93.1	94.0	93.5	93.5	•	5/7	=
Expected years of life	(age, 2007/09)	78.7	83.9	81.4	80.2	•	1/7	A
Infant with less than average birth weight	(%, 2009/11)	5.70	6.69	6.19	5.66	•	4/7	▼
Infant deaths	(rate per 1,000 live birth, 2009/11)	5.54	1.67	3.63	3.55		2/4	▼
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2007/11)	101.25	45.32	73.32	93.51	•	1/7	A
Premature deaths from cancer	(years of life lost, rate per 10,000 2007/11)	170.27	156.34	163.31	171.68	•	2/7	▼
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2007/11)	25.01	14.25	19.64	22.62	•	3/7	▼
Premature deaths from injuries	(years of life lost, rate per 10,000 2007/11)	115.18	37.38	76.33	74.26		3/7	=
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2007/11)	62.96	17.39	40.21	40.24	•	4/7	A

HEALTH DETERMINANTS

Health Services - accounts for 10% of the health status-

Has a regular medical doctor	(%, 2012)	90.3	97.1	93.9	93.0	• 5/7	A
Medical doctor visit within the last year	(%, 2012)	73.9	89.9	82.1	79.0	9 3/7	A
Dental professional visit within the last year	(%, 2009/10)	60.9	63.4	62.2	60.8	9 3/7	
Avoidable hospitalization	(aged-standardized rate per 100,000, 2011/12)	392	340	366	460	• 1/7	A
Adults 65 years and up who have received the flu shot in the last year	(%, 2012)	56.4	72.0	64.9	68.9	o 5/7	▼
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2012)		69.8	69.8	70.3	• 4/7	▼
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2012)		82.2	82.2	71.9	9 3/7	▼
Overall hospital rating	(%, 2013)	74.8	75.4	75.1	75.4	• 5/7	▼
Satisfaction/experience rating for healthcare	(%. 2011)	63.3	60.0	61.6	61.5	• 4/7	

Health Behaviours – account for 40% of the health status-

						_		
Physical activity during free-time, moderately active or active	(%, 2012)	52.5	62.7	57.8	52.7	•	1/7	A
Eat 5 or more fruits or vegetables a day	(%, 2012)	18.9	42.0	31.2	31.7	•	4/7	▼
Adults with unhealthy weight (obese)	(%, 2012)	28.6	24.2	26.3	28.0		3/7	▼
5 or more drinks at one time, at least once a month in the past year (heavy	drinking) (%, 2012)	24.7	10.1	17.2	19.9	•	3/7	A
Seeing your stress as being a lot	(%, 2012)	20.3	16.9	18.5	18.7		3/7	▼
Current smoker, daily or occasional	(%, 2012)	29.2	23.2	26.1	23.7	•	6/7	▼
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2012)	22.5	49.3	36.1	25.5	•	7/7	▼
Teens who gave birth (teen pregnancy unavailable annually)	(rate per 1,000 females, 2011)		17.6	17.6	21.1	•	2/7	
Always wears a bicycle helmet while on a bike	(%, 2010)	52.5	58.0	54.3	53.1		3/7	

Social and Economic Factors – account for 40% of the health status-

No high school diploma (25-64 years old) (NEW)	(%, 2011)	17.6	13.0	15.3	16.8		3/7	
Unemployment (15+ years)	(%, 2012)			7.9	10.2	•	1/7	A
Divorced	(%, 2011)	4.5	5.9	5.2	5.2		4*/7	A
Single parent family (Of total number of census families in private households)	(%, 2011)	3.0	11.8	14.9	16.1	•	3/7	A
Low income (NEW SOURCE+NEW DEFINITION)	(%, 2011)	13.2	16.1	14.7	17.2	•	1/7	
Violent crime	(rate per 100,000 population, 2012)				1,476			
Property crime	(rate per 100,000 population, 2012)				3,229			
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2012)				288			

Physical Environment – accounts for 10% of the health status-

Coming in contact with second-hand smoke at home	(%, 2012)			6.5	5.8	2/4	A
Coming in contact with second-hand smoke in the past month in vehicles &/or in public place	(%, 2012)	17.8	13.7	15.5	16.0	4/7	▼
Dwellings rated as having excellent, very good or good indoor air quality	(%, 2011)				90.3		
Sense of belonging to your community, somewhat strong or very strong	(%, 2012)	71.9	64.6	68.1	70.6	♦ 6/7	A

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 1 population Health Snapshot

- ▲ Zone indicator value has improved ▼ Zone indicator value has gotten worse
- = Zone indicator value has stayed the same
- -- Trending is not available

Zone 1: Moncton / South East Area Population Health Snapshot 2013/14

Top 10 most frequent hospital admissions for Zone 1 (2012/13)

Hospital admissions	# of cases	Rate per 10,000
1 - Newborn	945	46.4
2 - COPD (Chronic Obstructive Lung Disease)	635	31.2
3 - Angina /Chest Pain	534	26.2
4 - Vaginal Birth with Anaesthetic	521	25.6
5 - Enteritis (inflammation of small intestines)	471	23.1
6 - Vaginal Birth without Anaesthetic	469	23.0
7 - Arrythmia (Abnormal Heartbeat)	424	20.8
8 - Heart Failure without Cardiac Catheter	410	20.1
9 - Newborn/Neonate 2500+ grams, Other Minor		
Problem	402	19.7
10 - Heart attack (Myocardial Infarction)	384	18.8

Top 10 most common chronic health conditions for Zone 1 (2011)

Chronic health conditions	Prevalence (%)
1 - High blood pressure	24.6
2 - Arthritis	16.2
3 - GERD	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 = **21**%

20-39 years old = **26%**

40-64 years old = **38%**

65 + years old = **16%**

Total population = 203,837

Median age 1 = 41.2

Language spoken at home:

French = **35%**

English= **60%**

Immigrant population = 4.1%

Aboriginal population = 3.1%

(source: 2011 Census, statistics Canada

¹ = 2006 Census, Statistics Canada)



Engage, Evaluate, Inform, Recommend,

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Zone 2: Fundy Shore/Saint John Area Population Health Snapshot 2013/14		Zone 2 Male	Zone 2 Female	Zone 2 Average	NB Average	Rank (Zone 2 vs. other zones)	Trend compared to last zone 2 snapshot
ı	POPULATION HEALTH	STATU	JS				
See their health as being very good or excellent	(%, 2012)	53.9	57.7	55.9	54.6	• 2/7	▼
See their mental health as being very good or excellent	(%, 2012)	67.3	69.1	68.3	68.7	4/7	▼
Pain or soreness that prevents activities (physical or emotional)	(%, 2012)	12.4	16.4	14.4	14.5	3*/7	A
Life satisfaction, satisfied or very satisfied	(%, 2012)	95.8	94.5	95.1	93.5	9 3/7	A
Expected years of life	(age, 2007/09)	76.8	82.1	79.5	80.2	<u> </u>	▼
Infant with less than average birth weight	(%, 2009/11)	5.70	6.69	5.39	5.66	• 2/7	▼
Infant deaths	(rate per 1,000 live birth, 2009/11)	4.29	4.54	4.41	3.55	3/4	▼
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2007/11)	159.66	66.45	112.57	93.51	♦ 6/7	▼
Premature deaths from cancer	(years of life lost, rate per 10,000 2007/11)	199.48	160.96	180.02	171.68	<u> </u>	▼
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2007/11)	29.56	24.22	26.86	22.62	♦ 7/7	▼
Premature deaths from injuries	(years of life lost, rate per 10,000 2007/11)	91.57	35.94	63.47	74.26	• 1/7	A
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2007/11)	52.95	17.36	34.97	40.24	9 3/7	▼

LIEALTH	DETEDRAINIANITO
ПЕАЦІП	DETERMINANTS

Health Services - accor	unts for 10	0% of the h	ealth status

Has a regular medical doctor	(%, 2012)	93.9	89.9	91.9	93.0	•	6/7	A
Medical doctor visit within the last year	(%, 2012)	73.8	78.4	76.2	79.0	•	6/7	•
Dental professional visit within the last year	(%, 2009/10)	60.1	65.7	63.0	60.8	•	1/7	
Avoidable hospitalization	(aged-standardized rate per 100,000, 2011/12)	440	343	391	460	•	2/7	A
Adults 65 years and up who have received the flu shot in the last year	(%, 2012)	69.9	66.5	68.0	68.9		3/7	A
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2012)		67.4	67.4	70.3	•	6/7	▼
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2012)		53.4	53.4	71.9	•	7/7	▼
Overall hospital rating	(%, 2013)	75.6	73.9	74.8	75.4	•	6/7	▼
Satisfaction/experience rating for healthcare	(%, 2011)	61.7	58.3	59.9	61.5	•	5*/7	

Health Behaviours – account for 40% of the health status-

Physical activity during free-time, moderately active or active	(%, 2012)	52.8	52.1	52.4	52.7	• 2/7	V
Eat 5 or more fruits or vegetables a day	(%, 2012)	19.0	35.0	27.4	31.7	♦ 6/7	▼
Adults with unhealthy weight (obese)	(%, 2012)	36.5	35.6	36.1	28.0	♦ 7/7	V
5 or more drinks at one time, at least once a month in the past year (heavy	drinking) (%, 2012)	36.1	15.0	25.3	19.9	♦ 7/7	▼
Seeing your stress as being a lot	(%, 2012)	12.4	29.1	21.0	18.7	<u> </u>	V
Current smoker, daily or occasional	(%, 2012)	28.4	22.3	25.3	23.7	5/7	▼
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2012)	10.9	23.3	17.3	25.5	<u> </u>	A
Teens who gave birth (Teen pregnancy unavailable annually)	(rate per 1,000 females, 2011)		24.3	24.3	21.1	♦ 7/7	
Always wears a bicycle helmet while on a bike	(%, 2010)	48.4	74.7	59.1	53.1	• 2/7	

Social and Economic Factors – account for 40% of the health status-

No high school diploma (25-64 years old) (NEW)	(%, 2011)	13.5	11.9	12.7	16.8	• 2/7	
Unemployment (15+ years)	(%, 2012)			9.6	10.2	9 3/7	▼
Divorced	(%, 2011)	5.1	6.7	5.9	5.2	♦ 7/7	A
Single parent family (Of total number of census families in private households)	(%, 2011)	3.4	14.3	17.7	16.1	4/7	▼
Low income (NEW SOURCE+NEW DEFINITION)	(%, 2011)	14.9	18.9	17.0	17.2	<u> </u>	
Violent crime	(rate per 100,000 population, 2012)				1,476		
Property crime	(rate per 100,000 population, 2012)				3,229		
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2012)				288		

Physical Environment – accounts for 10% of the health status-

Coming in contact with second-hand smoke at home	(%, 2012)	9.2		6.7	5.8	3/4	▼
Coming in contact with second-hand smoke in the past month in vehicles &/or in public place	(%, 2012)	15.6	23.5	19.9	16.0	♦ 7/7	A
Dwellings rated as having excellent, very good or good indoor air quality	(%, 2011)				90.3		
Sense of belonging to your community, somewhat strong or very strong	(%, 2012)	74.4	69.6	71.9	70.6	9 3/7	A

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
- -- Trending is not available

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, -- = data unavailable. **Bold: Updated indicator**

Zone 2: Fundy Shore / Saint John Area

Population Health Snapshot 2013/14

Top 10 most frequent hospital admissions for Zone 2 (2012/13)

Hospital admissions	# of cases	Rate per 10,000
1 - Newborn	857	49.0
2 - COPD (Chronic Obstructive Lung disease)	597	34.1
3 - Heart Failure without Cardiac Catheter	448	25.6
4 - Vaginal Birth with Anaesthetic and Non-Major		
Obstetric/Gynecologic Intervention	405	23.1
5 - Viral/Unspecified Pneumonia	401	22.9
6 - Vaginal Birth without Anaesthetic without Non-		
Major Obstetric/Gynecologic Intervention	396	22.6
7 - Vaginal Birth with Anaesthetic without Non-Major		
Obstetric/Gynecologic Intervention	382	21.8
8 - Newborn/Neonate 2500+ grams, Other Minor		
Problem	357	20.4
9 - Knee Replacement	326	18.6
10 - Hysterectomy with no cancer	271	15.5

Top 10 most common chronic health conditions for Zone 2 (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 = 23%

20-39 years old = **23**%

40-64 years old = **38%**

65 + years old = **16%**

Total population = 175,059

Median age 1 = 41.0

Language spoken at home: French = 1%

English= 95%

Immigrant population = 4.7%

Aboriginal population = 1.8%

(source: 2011 Census, statistics Canada, ¹= 2006 Census, Statistics Canada)

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					Z CONTRACTOR			
Zone 3: Fredericton / River		Zone 3 Male	Zone 3 Female	Zone 3 Average	NB Average	(Zo	Rank ne 3 vs. other	Trend compared to last zon
Population Health Snapshot	2013/14					Z	ones)	3 snapsho
POP	PULATION HEALTH	STATI	US					
see their health as being very good or excellent	(%, 2012)	59.7	63.9	61.9	54.6	•	1/7	A
ee their mental health as being very good or excellent	(%, 2012)	74.2	69.8	71.9	68.7	•	2/7	A
Pain or soreness that prevents activities (physical or emotional)	(%, 2012)	11.2	20.7	16.1	14.5	•	6/7	A
ife satisfaction, satisfied or very satisfied	(%, 2012)	92.8	91.6	92.2	93.5	•	6/7	
Expected years of life	(age, 2007/09)	77.2	82.0	79.6	80.2		4/7	A
nfant with less than average birth weight	(%, 2009/11)	4.40	5.57	4.98	5.66	•	1/7	A
nfant deaths	(rate per 1,000 live birth, 2009/11)	3.22	2.89	3.06	3.55	•	1/4	A
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2007/11)	139.01	60.94	100.03	93.51	•	5/7	
	(years of life lost, rate per 10,000 2007/11)	152.68	152.92	152.80	171.68	•	1/7	
-	(years of life lost, rate per 10,000 2007/11)	32.04	18.05	25.05	22.62	•	5/7	
•	(years of life lost, rate per 10,000 2007/11)	105.62	34.98	70.34	74.26	•	2/7	
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2007/11)	66.62	21.70	44.19	40.24	•	5/7	
Н	IEALTH DETERMIN	ANTS						
Health Services - accounts for 10% of the health	status							
las a regular medical doctor	(%, 2012)	85.7	93.8	89.9	93.0	•	7/7	▼
Medical doctor visit within the last year	(%, 2012)	68.1	81.5	75.1	79.0	•	7/7	_
Dental professional visit within the last year	(%, 2009/2010)	58.7	66.8	62.9	60.8	•	2/7	
Avoidable hospitalization (ag	ed-standardized rate per 100,000, 2011/12)	515	470	491	460	•	3/7	A
Adults 65 years and up who have received the flu shot in the last year	(%, 2012)	86.6	70.0	77.4	68.9	•	1/7	A
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2012)		75.7	75.7	70.3	•	1/7	
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2012)		74.6	74.6	71.9		5/7	A
Overall hospital rating	(%, 2013)	74.2	69.5	71.6	75.4	•	7/7	•
Satisfaction/experience rating for healthcare	(%, 2011)	61.7	58.3	59.9	61.5		5*/7	
Health Behaviours – account for 40% of the heal	th status 							
Physical activity during free-time, moderately active or active	(%, 2012)	51.5	53.0	52.3	52.7		3*/7	A
Eat 5 or more fruits or vegetables a day	(%, 2012)	19.9	37.1	28.9	31.7	•	5/7	
Adults with unhealthy weight (obese)	(%, 2012)	23.2	24.3	23.8	28.0	•	2/7	A
5 or more drinks at one time, at least once a month in the past year (heavy dri	nking) (%, 2012)	32.7	8.5	20.4	19.9	•	4/7	
Seeing your stress as being a lot	(%, 2012)	16.7	21.6	19.2	18.7		4/7	_
Current smoker, daily or occasional	(%, 2012)	25.4	15.5	20.3	23.7	•	2/7	A
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2012)	21.3	39.9	30.7	25.5	•	6/7	_
Teens who gave birth (Teen pregnancy unavailable annually)	(rate per 1,000 females, 2011)		21.3	21.3	21.1	•	5/7	
Always wears a bicycle helmet while on a bike	(%, 2010)	70.3	53.7 ^E	63.3	53.1	•	1/7	
Social and Economic Factors – account for 40% o		140	14.4	12.5	16.0		4/7	
No high school diploma (25-64 years old) (NEW)	(%, 2011)	14.0	11.1	12.5	16.8	•	1/7	
Unemployment (15+ years) Divorced	(%, 2012)	1.1	 5 0	9.0	10.2	•	2/7	▼
סועסרכפם Single parent family (Of total number of census families in private households)	(%, 2011)	4.4 3.1	5.9	5.2 14.5	5.2 16.1	•	4*/7 2/7	-
ongle parent ramily (Or total number of census ramilies in private nousenoids) ow income (NEW SOURCE+NEW DEFINITION)	(%, 2011) (%, 2011)	15.1	11.6 17.6	16.4	17.2	•	2/7	
/iolent crime	(%, 2011) (rate per 100,000 population, 2012)		17.0	10.4	1,476			
Property crime	(rate per 100,000 population, 2012)				3,229			
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2012)				288			
Physical Environment – accounts for 10% of the				-	200			
Coming in contact with second-hand smoke at home	(%, 2012)			3.9	5.8	•	1/4	A
Coming in contact with second-hand smoke at nome Coming in contact with second-hand smoke in the past month in vehicles &/or		19.6	12.4	15.7	16.0		5/7	
Owellings rated as having excellent, very good or good indoor air quality	(%, 2012) (%, 2011)				90.3	_		
Swellings ruled as having excellent, very good of good filldoor all quality	(70, 2011)	==			90.3		- /-	

Zone rank in New Brunswick

Doing well (ranked 1, 2)

Sense of belonging to your community, somewhat strong or very strong

- Caution (ranked 3, 4, 5)
- ♦ Lagging (ranked 6, 7)

<u>Trend comparison with the last zone 3 Population Health Snapshot</u>

▲ Zone indicator value has improved

▼ Zone indicator value has gotten worse

70.8

70.6

4/7

A

66.0

- = Zone indicator value has stayed the same
- -- Trending is not available

76.0

Rating by best (1) to worst (7). Includes all health zones (7 in total). $^{\varepsilon}$ = Use data with caution, sample size too small, * =another zone has the same ranking, -- = data unavailable. **Bold: Updated indicator**

Zone 3: Fredericton / River Valley Area

Population Health Snapshot 2013/14

Top 10 most frequent hospital admissions for Zone 3 (2012/13)

Hospital admissions	# of cases	Rate per 10,000
1 - Newborn	904	52.0
2 - COPD (Chronic Obstructive Lung Disease)	611	35.1
3 - Vaginal Birth without Anaesthetic without Non-		
Major Obstetric/Gynecologic Intervention	485	27.9
4 - Heart Attack (Myocardial Infarction)	440	25.3
5 - Arrhythmia (Abnormal heartbeat)	352	20.2
6 - Angina /Chest Pain	352	20.2
7 - Viral/Unspecified Pneumonia	341	19.6
8 - Normal Newborn Multiple/Caesarean Delivery	339	19.5
9 - Symptom/Sign of Digestive System	307	17.7
10 - Heart failure without cardiac catheter	303	17.4

Top 10 most common chronic health conditions for Zone 3 (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 = **26%**

40-64 years old = **36%**

65 + years old = **15%**

Total population = 173,876Median age¹ = 39.6 Language spoken at home:

French = **3%**

English= **93%**

Immigrant population = 5.3%

Aboriginal population = 3.8%

(source: 2011 Census, statistics Canada

1 = 2006 Census, Statistics Canada)

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Zone 4: Madawaska / North Population Health Snapshot		Zone 4 Male	Zone 4 Female	Zone 4 Average	NB Average	(Zo	Rank ne 4 vs. other ones)	Trend compared to last zone 4 snapshot
POP	ULATION HEALTH	STATI	US					
See their health as being very good or excellent	(%, 2012)	48.2	51.9	50.1	54.6	•	5/7	▼
See their mental health as being very good or excellent	(%, 2012)	67.7	72.0	69.9	68.7	•	3/7	A
Pain or soreness that prevents activities (physical or emotional)	(%, 2012)	F	10.8	12.4	14.5	•	1/7	A
Life satisfaction, satisfied or very satisfied	(%, 2012)	82.2	90.9	86.7	93.5	•	7/7	_
Expected years of life	(age, 2007/09)	76.8	81.6	79.3	80.2	•	6/7	A
nfant with less than average birth weight	(%, 2009/11)	6.73	5.65	6.20	5.66	•	5/7	▼
nfant deaths	(rate per 1,000 live birth, 2009/11)				3.55			
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2007/11)	139.28	38.49	88.68	93.51	•	4/7	
Premature deaths from cancer	(years of life lost, rate per 10,000 2007/11)	196.02	211.98	204.04	171.68	•	6/7	A
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2007/11)	21.07	12.92	16.98	22.62	•	1/7	A
Premature deaths from injuries	(years of life lost, rate per 10,000 2007/11)	129.66	53.32	91.33	74.26	•	6/7	▼
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2007/11)	93.11	25.14	58.99	40.24	•	7/7	
н	EALTH DETERMIN	ANTS						
Health Services - accounts for 10% of the health	status							
las a regular medical doctor	(%, 2012)	94.3	98.5	96.5	93.0	•	1/7	A
Nedical doctor visit within the last year	(%, 2012)	71.8	89.5	81.2	79.0	•	4/7	
Pental professional visit within the last year	(%, 2009/10)	55.1	59.6	57.4	60.8	0	4/7	
	aged-standardized rate per 100,000, 2011/12)	576	413	492	460	•	4/7	A
Adults 65 years and up who have received the flu shot in the last year	(%, 2012)	54.4	74.8	65.6	68.9	0	4/7	A
emales (18 to 69 years old) who had a pap test within the last 3 years	(%, 2012)		71.2	71.2	70.3	•	2/7	A
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2012)		77.2	77.2	71.9	-	4/7	_
Overall hospital rating	(%, 2013)	81.5	84.9	83.3	75.4	•	1/7	A
Satisfaction/experience rating for healthcare	(%, 2011)	65.1	67.0	66.1	61.5	•	1/7	
Health Behaviours – account for 40% of the healt	h status							
Physical activity during free-time, moderately active or active	(%, 2012)	46.6	36.6	41.4	52.7	•	7/7	
Eat 5 or more fruits or vegetables a day	(%, 2012)	30.4	49.8	40.5	31.7	•	2/7	A
Adults with unhealthy weight (obese)	(%, 2012)	32.5	23.8	28.0	28.0	0	4/7	_
or more drinks at one time, at least once a month in the past year (heav	y drinking) (%, 2012)	20.3	8.3	14.0	19.9	•	1/7	A
Seeing your stress as being a lot	(%, 2012)	21.7	24.7	23.3	18.7	•	6/7	A
Current smoker, daily or occasional	(%, 2012)	25.4	30.7	28.2	23.7	•	7/7	▼
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2012)	7.6	16.8	12.2	25.5	•	1/7	_
Feens who gave birth (Teen pregnancy unavailable annually)	(rate per 1,000 females, 2011)		15.3	15.3	21.1	•	1/7	
Always wears a bicycle helmet while on a bike	(%, 2010)	31.6 ^E	41.9 ^E	36.2 ^E	53.1	•	6/7	
Social and Economic Factors – account for 40% o	f the health status							
lo high school diploma (25-64 years old) ^(NEW)	(%, 2011)	23.7	22.2	23.0	16.8	0	5/7	
Jnemployment (15+ years)	(%, 2012)			10.7	10.2	•	4/7	
Divorced	(%, 2011)	4.2	4.3	4.3	5.2	•	1*/7	
single parent family (Of total number of census families in private househousehouse	•	3.3	10.7	14.0	16.3	•	1/7	
ow income (New Source+New DEFINITION)	(%, 2011)	18.1	22.3	20.2	17.2	0	5/7	
/iolent crime	(rate per 100,000 population, 2012)				1,476			
Property crime	(rate per 100,000 population, 2012)				3,229			
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2012)				288			
Physical Environment – accounts for 10% of the l	nealth status							
Coming in contact with second-hand smoke at home	(%, 2012)			10.3	5.8	•	4/4	
Coming in contact with second-hand smoke in the past month in vehicles		20.3	16.2	18.2	16.0	•	6/7	A
Owellings rated as having excellent, very good or good indoor air quality	(%, 2011)				90.3			
Conce of helenging to your community, compulate strong or yory strong		75.0	77.2	76 1	70.6		1/7	

Zone rank in New Brunswick

Doing well (ranked 1, 2)

Sense of belonging to your community, somewhat strong or very strong

- Caution (ranked 3, 4, 5)
- Lagging (ranked 6, 7)

<u>Trend comparison with the last zone 4 Population Health Snapshot</u>

77.2

76.1

70.6

1/7

- ▲ Zone indicator value has improved
- ▼ Zone indicator value has gotten worse
- = Zone indicator value has stayed the same
- -- Trending is not available

75.0

(%, 2012)

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, -- = data unavailable. **Bold: Updated indicator**

Zone 4: Madawaska / North West Area Population Health Snapshot 2013/14

Top 10 most frequent hospital admissions for Zone 4 (2012/13)

Hospital admissions	# of cases	Rate per 10,000
1 - COPD (Chronic Obstructive Lung Disease)	296	60.4
2 - Stress Reaction/Adjustment Disorder	186	38.0
3 - Newborn	168	34.3
4 - Arryhtmia (Abnormal Heartbeat)	161	32.9
5 - Heart attack (Myocardial Infarction)	149	30.4
5 - Palliative care (end of life)	149	30.4
7 - Viral/Unspecified Pneumonia	142	29.0
8 - Depressive Episode without ECT	127	25.9
9 - Heart failure without cardiac catheter	117	23.9
10 - Unstable Angina/Atherosclerotic Heart Disease		
without Cardiac Cath	111	22.7

Top 10 most common chronic health conditions for Zone 4 (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 = **20**%

20-39 years old = **22**%

40-64 years old = **42%**

65 + years old = **17%**

Total population = 48,998

Median age 1 = 43.0

Language spoken at home:

French = **88.4%**

English= 7.7%

Immigrant population = 3.5%

Aboriginal population = 1.7%

(source: 2011 Census, statistics Canada

¹ =2006 Census, Statistics Canada)



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Zone 5: Restigouch Population Health Snapsho		Zone 5 Male	Zone 5 Female	Zone 5 Average	NB Average	(Zon	ank ne 5 vs. ther ones)	Trend compared to last zone 5 snapsho
PO	PULATION HEALTH	I STAT	US					
See their health as being very good or excellent	(%, 2012)	47.9	50.6	49.2	54.6	•	6/7	A
See their mental health as being very good or excellent	(%, 2012)	57.0	62.3	59.7	68.7	•	7/7	▼
Pain or soreness that prevents activities (physical or emotional)	(%, 2012)	12.5	22.7	17.6	14.5	•	7/7	A
ife satisfaction, satisfied or very satisfied	(%, 2012)	96.0	95.3	95.7	93.5	•	2/7	A
xpected years of life	(age, 2007/09)		82.2	78.6	80.2	•	7/7	_
nfant with less than average birth weight	(%, 2009/11)		7.51	6.32	5.66	•	6/7	_
nfant deaths	(rate per 1,000 live birth, 2009/11)				3.55			
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2007/11)		71.60	120.84	93.51	•	7/7	_ A
Premature deaths from cancer	(years of life lost, rate per 10,000 2007/11)		155.26	191.38	171.68	•	5/7	—
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2007/11)		11.91	26.74	22.62	•	6/7	Ť
Premature deaths from injuries	(years of life lost, rate per 10,000 2007/11)		29.44	97.03	74.26		7/7	
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2007/11)		24.29	52.09	40.24	*	6/7	
	()	00110	2 1123	32.03		·	-,-	
	HEALTH DETERMIN	NANTS						
Health Services - accounts for 10% of the healtl	ı status							
las a regular medical doctor	(%, 2012)	90.8	97.4	94.1	93.0	•	4/7	▼
Medical doctor visit within the last year	(%, 2012)	82.3	85.1	83.7	79.0	•	1/7	_
Pental professional visit within the last year	(%, 2009/10)	52.9	60.8	56.9	60.8	•	5/7	
·	iged-standardized rate per 100,000, 2011/12		638	638	460	•	7/7	
dults 65 years and up who have received the flu shot in the last year	(%, 2012)		62.0	57.3	68.9	•	7/7	_
emales (18 to 69 years old) who had a pap test within the last 3 years	(%, 2012)		60.6	60.6	70.3	•	7/7	
emales (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2012)		88.2	88.2	71.9	•	2/7	<u> </u>
Overall hospital rating	(%, 2013)		72.6	75.3	75.4		4/7	
atisfaction/experience rating for healthcare	(%, 2011)		56.0	59.8	61.5		7/7	
Health Behaviours – account for 40% of the hea		0.11	30.0	55.0	01.5	·	.,.	
Physical activity during free-time, moderately active or active	(%, 2012)	50.5	45.3	47.8	52.7	•	6/7	▼
at 5 or more fruits or vegetables a day	(%, 2012)		43.4	37.3	31.7		3/7	
Adults with unhealthy weight (obese)	(%, 2012)		21.7	30.4	28.0	•	6/7	_
or more drinks at one time, at least once a month in the past year (heavy d			12.7	22.1	19.9	•	6/7	
eeing your stress as being a lot	(%, 2012)		28.2	24.8	18.7	*	7/7	
Current smoker, daily or occasional	(%, 2012)		20.3	23.3	23.7		4/7	
Number of sexually transmitted infections (genital Chlamydia)	(%, 2012) (crude rate per 10,000 population, 2012)		16.3	12.7	25.5		2/7	
Feens who gave birth (Teen pregnancy unavailable annually)	(rate per 1,000 population, 2012)		20.8	20.8	21.3	•	4/7	V
Always wears a bicycle helmet while on a bike	(rate per 1,000 females, 2011) (%, 2010)		20.0	35.7 ^E	53.1		7/7	
Social and Economic Factors – account for 40%				33.7	33.1	•	1/1	
No high school diploma (25-64 years old) ^(NEW)	(%, 2011)	26.7	23.9	25.3	16.8	•	6/7	
Inemployment (15+ years)	(%, 2012)			16.9	10.2	•	6/7	_
Divorced	(%, 2011)		5.6	5.3	5.2	•	6/7	
ingle parent family (Of total number of census families in private household			14.5	18.2	16.1		5/7	
ow income (NEW SOURCE+NEW DEFINITION)	(%, 2011)		27.6	25.3	17.2		7/7	
/iolent crime	(rate per 100,000 population, 2012)		27.0		1,476	•		
Property crime	(rate per 100,000 population, 2012)				3,229			
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2012)				288			
					288			
Physical Environment – accounts for 10% of the					F. 0			
oming in contact with second-hand smoke at home	(%, 2012)				5.8			
Coming in contact with second-hand smoke in the past month in vehicles &/				11.6	16.0	•	2/7	
Owellings rated as having excellent, very good or good indoor air quality	(%, 2011)				90.3			

Zone rank in New Brunswick

Sense of belonging to your community, somewhat strong or very strong

- Doing well (ranked 1, 2)
- Caution (ranked 3, 4, 5)
- ♦ Lagging (ranked 6, 7)

Trend comparison with the last zone 4 Population Health Snapshot

60.4

64.8

70.6

♦ 7/7

 \blacksquare

69.7

- ▲ Zone indicator value has improved
 ▼ Zone indicator value has gotten worse
- = Zone indicator value has stayed the same
- -- Trending is not available

Zone 5: Restigouche Area

Population Health Snapshot 2013/14

Top 10 most frequent hospital admissions for Zone 5 (2012/13)

Hospital admissions	# of cases	Rate per 10,000
1 - COPD (Chronic Obstructive Lung disease)	226	81.0
2 - Heart Attack (Myocardial Infarction)	133	47.7
3 - Recovering from Illness or Disease	116	41.6
4 - Palliative Care (End of Life)	106	38.0
5 - Heart Failure without Cardiac Catheter	103	36.9
6 - Enteritis (Inflammation of Small Intestine)	97	34.8
7 - Stress Reaction/Adjustment Disorder	82	29.4
8 - Arrythmia (Abnormal Heartbeat)	79	28.3
9 - Viral/Unspecified Pneumonia	78	28.0
10 - Depressive Episode without ECT	77	27.6

Top 10 most common chronic health conditions for Zone 5 (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 = **18%**

20-39 years old = **18**%

40-64 years old = **43**%

65 + years old = **21%**

Total population = 27,897

Median age 1 = 45.3

Language spoken at home: French = **51.1%**

English= 43.8%

Immigrant population = 1.4%
Aboriginal population = 4.7%

(source: 2011 Census, statistics Canada

¹ = 2006 Census, Statistics Canada)

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For more information on the wellness networks in Zone 5 visit: www.hepac.ca

What is a Community Inclusion Network?

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Zone 6: Bathurst / Acadian F Population Health Snapshot		Zone 6 Male	Zone 6 Female	Zone 6 Average	NB Average	(Zo	Rank one 6 vs. other cones)	Trend compared to last zone 6 snapshot
POI	PULATION HEALTI	H STAT	US					
See their health as being very good or excellent	(%, 2012) 37.5	58.2	48.1	54.6	•	7/7	▼
See their mental health as being very good or excellent	(%, 2012) 75.2	70.7	72.9	68.7	•	1/7	A
Pain or soreness that prevents activities (physical or emotional)	(%, 2012) 11.1	17.5	14.4	14.5		3*/7	A
Life satisfaction, satisfied or very satisfied	(%, 2012	93.9	95.0	94.5	93.5	•	4/7	•
Expected years of life	(age, 2007/09) 78.9	83.8	81.3	80.2	•	2/7	▼
Infant with less than average birth weight	(%, 2009/11) 4.78	6.78	5.78	5.66	•	3/7	▼
Infant deaths	(rate per 1,000 live birth, 2009/11)			3.55			
Premature deaths from heart and stroke	(years of life lost, rate per 10,000 2007/11) 133.18	42.48	87.72	93.51	•	3/7	•
Premature deaths from cancer	(years of life lost, rate per 10,000 2007/11) 176.47	157.53	166.98	171.68		3/7	▼
Premature deaths from breathing diseases	(years of life lost, rate per 10,000 2007/11) 17.53	17.99	17.76	22.62	•	2/7	A
Premature deaths from injuries	(years of life lost, rate per 10,000 2007/11) 115.38	41.27	78.24	74.26		4/7	A
Premature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2007/11) 51.47	10.73	31.05	40.24	•	1/7	A
	IEALTH DETERMII	VANTS						
Health Services - accounts for 10% of the health	status							
Has a regular medical doctor	(%, 2012) 91.5	99.2	95.5	93.0		3/7	A
Medical doctor visit within the last year	(%, 2012) 76.4	90.0	83.4	79.0	•	2/7	
Dental professional visit within the last year	(%, 2009/10) 55.6	52.6	54.1	60.8	•	7/7	
Avoidable hospitalization (a	ged-standardized rate per 100,000, 2011/12) 588	441	514	460	•	5/7	▼
Adults 65 years and up who have received the flu shot in the last year	(%, 2012) 69.5	76.5	73.5	68.9	•	2/7	A
Females (18 to 69 years old) who had a pap test within the last 3 years	(%, 2012)	69.9	69.9	70.3	•	3/7	•
Females (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2012)	67.2	67.2	71.9	•	6/7	▼
Overall hospital rating	(%, 2013) 79.2	78.5	78.8	75.4	•	2/7	A
Satisfaction/experience rating for healthcare	(%, 2011) 65.2	63.1	64.1	61.5	•	3/7	
Health Behaviours - account for 40% of the hea	lth status							
Physical activity during free-time, moderately active or active	(%, 2012) 49.8	49.7	49.8	52.7	•	5/7	A
Eat 5 or more fruits or vegetables a day	(%, 2012) 31.9	55.2	44.2	31.7	•	1/7	▼
Adults with unhealthy weight (obese)	(%, 2012) 21.6	23.0	22.4	28.0	•	1/7	A
${\bf 5}$ or more drinks at one time, at least once a month in the past year $$ (heavy ${\bf dr}$	inking) (%, 2012) 24.7	7.8	16.1	19.9	•	2/7	A
Seeing your stress as being a lot	(%, 2012) 8.8	13.9	11.4	18.7	•	1/7	A
Current smoker, daily or occasional	(%, 2012) 25.1	13.9	19.3	23.7	•	1/7	▼
Number of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2012) 13.9	30.8	22.5	25.2		5/7	▼
Teens who gave birth (Teen pregnancy unavailable annually)	(rate per 1,000 females, 2011)	19.5	19.5	21.1	•	3/7	
Always wears a bicycle helmet while on a bike	(%, 2010) 28.0 ^E	50.0 ^E	38.0	53.1	•	5/7	
Social and Economic Factors – account for 40%	of the health status							
No high school diploma (25-64 years old) ^(NEW)	(%, 2011) 35.7	29.7	28.9	16.8	•	7/7	
Unemployment (15+ years)	(%, 2012)		14.9	10.2	•	5/7	▼
Divorced	(%, 2011		4.4	4.3	5.2	•	1*/7	A
Single parent family (Of total number of census families in private households) (%, 2011) 4.2	14.4	18.6	16.1	•	7/7	A
Low income (NEW SOURCE+NEW DEFINITION)	(%, 2011		23.4	21.4	17.2	•	6/7	
Violent crime	(rate per 100,000 population, 2012				1,476			
Property crime	(rate per 100,000 population, 2012				3,229			
Charged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2012)			288			
Physical Environment – accounts for 10% of the	health status							
Coming in contact with second-hand smoke at home	(%, 2012)			5.8			
Coming in contact with second-hand smoke in the past month in vehicles &/c			9.0	12.8	16.0	•	3/7	A
Dwellings rated as having excellent, very good or good indoor air quality	(%, 2011)			90.3			

Zone rank in New Brunswick

Sense of belonging to your community, somewhat strong or very strong

- Doing well (ranked 1, 2)Caution (ranked 3, 4, 5)
- ♦ Lagging (ranked 6, 7)

Trend comparison with the last zone 6 Population Health Snapshot

72.7

70.0

70.6

5/7

66.8

- ▲ Zone indicator value has improved▼ Zone indicator value has gotten worse
- = Zone indicator value has stayed the same
- -- Trending is not available

Zone 6: Bathurst / Acadian Peninsula Area Population Health Snapshot 2013/14

Top 10 most frequent hospital admissions for Zone 6 (2012/13)

Hospital admissions	# of cases	Rate per 10,000
1 - COPD (Chronic Obstructive Lung Disease)	355	46.2
2 - Newborn	276	35.9
3 - Awaiting placement	240	31.2
4 - Viral/Unspecified Pneumonia	237	30.9
5 - Palliative Care (End of Life)	194	25.3
6 - Heart Attack (Myocardial Infarction)	191	24.9
7 - Arrythmia (Abnormal Heartbeat)	158	20.6
8 - Enteritis (Inflammation of Small Intestine)	158	20.6
9 - Vaginal Birth without Anaesthetic without Non-		
Major Obstetric/Gynecologic Intervention	154	20.0
10 - Heart failure without cardiac catheter	146	19.0

Top 10 most common chronic health conditions for Zone 6 (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 = **18%**

20-39 years old = **20%**

40-64 years old = **43%**

65 + years old = **19**%

Total population = 76,816

Median age 1 = 44.2

Language spoken at home:

French = **80.7%**

English= **16.5%**

Immigrant population = 0.8%

Aboriginal population = 2.7%

(source: 2011 Census, statistics Canada ¹ =2006 Census, Statistics Canada)

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Zone 7 : Miramic Population Health Snapsl		Zone 7 Male	Zone 7 Female	Zone 7 Average	NB Average	(Zo	Rank one 7 vs. other ones)	Trend compare to last zor 7 snapsho
	OPULATION HEALTH	STATI	JS					
ee their health as being very good or excellent	(%, 2012)	43.7	59.0	51.1	54.6	•	4/7	▼
ee their mental health as being very good or excellent	(%, 2012)	66.2	61.2	63.8	68.7	•	6/7	•
ain or soreness that prevents activities (physical or emotional)	(%, 2012)	11.5	18.2	14.8	14.5	•	5/7	▼
ife satisfaction, satisfied or very satisfied	(%, 2012)	96.2	95.9	96.1	93.5	•	1/7	•
xpected years of life	(age, 2007/09)	76.9	82.6	79.7	80.2	•	3/7	▼
nfant with less than average birth weight	(%, 2009/11)	6.69	6.08	6.38	5.66	•	7/7	•
nfant deaths	(rate per 1,000 live birth, 2009/11)			4.50	3.55	•	4/4	A
remature deaths from heart and stroke	(years of life lost, rate per 10,000 2007/11)	131.30	35.87	83.67	93.51	•	2/7	A
remature deaths from cancer	(years of life lost, rate per 10,000 2007/11)	220.43	200.99	210.73	171.68	•	7/7	_
remature deaths from breathing diseases	(years of life lost, rate per 10,000 2007/11)	27.70	16.73	22.22	22.62	•	4/7	•
remature deaths from injuries	(years of life lost, rate per 10,000 2007/11)	117.31	48.95	83.19	74.26	•	5/7	A
remature deaths due to suicides/self-inflicted injuries	(years of life lost, rate per 10,000 2007/11)	60.95	7.12	34.08	40.24	•	2/7	▼
lealth Services - accounts for 10% of the hea	HEALTH DETERMIN alth status							
as a regular medical doctor	(%, 2012)	93.4	98.2	95.7	93.0	•	2/7	▼
edical doctor visit within the last year	(%, 2012)	66.8	88.8	77.5	79.0	•	5/7	
ental professional visit within the last year	(%, 2009/10)	59.3	53.7	56.4	60.8	•	6/7	
voidable hospitalization	(aged-standardized rate per 100,000, 2011/12)	695	541	621	460	•	6/7	
dults 65 years and up who have received the flu shot in the last year	(%, 2012)	61.0	64.2	62.7	68.9	•	6/7	
emales (18 to 69 years old) who had a pap test within the last 3 years	(%, 2012)		68.1	68.1	70.3	•	5/7	
emales (50 to 69 years old) who had a mammogram in the last 2 years	(%, 2012)		89.9	89.9	71.9	•	1/7	A
verall hospital rating	(%, 2013)	77.4	77.8	77.6	75.4	•	3/7	
atisfaction/experience rating for healthcare	(%, 2011)	64.3	64.9	64.6	61.5	•	2/7	
lealth Behaviours – account for 40% of the l	nealth status							
nysical activity during free-time, moderately active or active	(%, 2012)	55.4	49.1	52.3	52.7	•	3*/7	•
at 5 or more fruits or vegetables a day	(%, 2012)	19.4	34.9	27.1	31.7	•	7/7	
dults with unhealthy weight (obese) or more drinks at one time, at least once a month in the past year (hea	(%, 2012) vvy drinking) (%, 2012)	25.9 27.9	34.2	29.9 21.1	28.0 19.9	•	5/7 5/7	*
eeing your stress as being a lot	(%, 2012) (%, 2012)		19.1	12.9	18.7	•	2/7	- X
urrent smoker, daily or occasional	(%, 2012)	29.6	13.7	21.9	23.7	•	3/7	₹
umber of sexually transmitted infections (genital Chlamydia)	(crude rate per 10,000 population, 2012)	11.9	18.7	15.4	25.5	•	3/7	
eens who gave birth (Teen pregnancy unavailable annually)	(rate per 1,000 females, 2011)		23.8	23.8	21.1	•	6/7	
ways wears a bicycle helmet while on a bike	(%, 2010)	41.0 ^E		38.9 ^E	53.1	•	4/7	
ocial and Economic Factors – account for 40	% of the health status							
o high school diploma (25-64 years old) ^(NEW)	(%, 2011)	24.6	18.8	21.5	16.8	•	4/7	
nemployment (15+ years)	(%, 2012)			20.0	10.2	•	7/7	_
ivorced	(%, 2011)	4.1	4.7	4.4	5.2	•	3/7	_
ngle parent family (Of total number of census families in private house		3.8	14.6	18.3	16.1	•	6/7	
w income (New Source-New Definition)	(%, 2011)	14.4	18.8	16.7	17.2	•	3/7	
iolent crime	(rate per 100,000 population, 2012)				1,476			
roperty crime	(rate per 100,000 population, 2012)				3,229			
harged for driving under the influence (drugs or alcohol)	(rate per 100,000 population, 2012)				288			
hysical Environment – accounts for 10% of	the health status							
oming in contact with second-hand smoke at home	(%, 2012)				5.8			
oming in contact with second-hand smoke in the past month in vehicle	s &/or in public place (%, 2012)			10.6	16.0	•	1/7	A

Zone rank in New Brunswick

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

Sense of belonging to your community, somewhat strong or very strong $% \left(1\right) =\left(1\right) \left(1\right$

- Doing well (ranked 1, 2)
- Caution (ranked 3, 4, 5)
- Lagging (ranked 6, 7)

Trend comparison with the last zone 7 Population Health Snapshot

69.6

74.3

90.3

70.6

. 2/7

▲ Zone indicator value has improved

78.8

- ▼ Zone indicator value has gotten worse
- = Zone indicator value has stayed the same
- -- Trending is not available

(%, 2011)

Zone 7: Miramichi Area

Population Health Snapshot 2013/14

Top 10 most frequent hospital admissions for Zone 7 (2012/13)

Hospital admissions	# of cases	Rate per 10,000
1 - COPD (Chronic Obstructive Lung Disease)	228	51.0
2 - Newborn	155	34.7
3 - Enteritis (Inflammation of Small Intestine)	151	33.8
4 - Heart Attack (Myocardial Infarction)	143	32.0
5 - Arrythmia (Abnormal Heartbeat)	133	29.8
6 - Recovering from Illness or Disease	130	29.1
7 - Antepartum Disorder treated Medically	122	27.3
8 - Heart failure without cardiac catheter	105	23.5
9 - Normal Newborn Multiple/Caesarean Delivery	104	23.3
10 - Viral/Unspecified Pneumonia	101	22.6

Top 10 most common chronic health conditions for Zone 7 (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 = **20**%

20-39 years old = **21%**

40-64 years old = **40%**

65 + years old = **18%**

Total population =44,688

Median age 1 = 42.2

Language spoken at home:

French = **23.6%**

English= **72.4%**

Immigrant population = 1.5%

Aboriginal population = 6.2%

(source: 2011 Census, statistics Canada ¹ =2006 Census, Statistics Canada)

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

Engage. Evaluate. Inform. Recommend. Engager. Évaluer. Informer. Recommander.

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 be working toward improved healthy eating, increased physical activity, or another wellness goal. 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: www.hepac.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. For more information:

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



Pavillon J.-Raymond-Frenette 100 rue des Aboiteaux Street, bureau/suite 2200 Moncton NB E1A 7R1

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 506.869.6870

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 Toll-free / Sans frais
 1.877.225.2521

Summary - Population Health Snapshot per zone, New Brunswick and Canada 2013/2014

Doing well (ranked 1 or 2 out of 7)

A	1	/ I I	C	7 4	- (7)
	Lagging	(ranked	o or a	out /	OI /)

Indicator	Desired direction	Zone 1: Moncton/ South-East Area		Zone 2: Fundy Shore / iint John Area	Fre /	one 3: dericton River lley Area	Ma	Zone 4: adawaska / North /est Area		Zone 5: stigouche Area	E	Zone 6: Bathurst / Acadian Peninsula Area	_	Zone 7: iramichi area	New Brunswick	Canada
Population Health Status																
See their health as being very good or excellent (%, 2012)	▲Better	52.6	•	55.9	•	61.9		50.1	♦	49.2	*	48.1		51.1	54.6	59.9
See their mental health as being very good or excellent (%, 2012)	▲ Better	66.9		68.3	•	71.9		69.9	*	59.7	•	72.9	•	63.8	68.7	71.7
Pain or soreness that prevents activities (physical or emotional) (%, 2012)	▼ Better	13.5		14.4	•	16.1	•	12.4	*	17.6		14.4		14.8	14.5	14.9
Life satisfaction, satisfied or very satisfied (%, 2012)	▲ Better	93.5		95.1	•	92.2	♦	86.7	•	95.7		94.5	•	96.1	93.5	92.4
Expected years of life (age, 2007-09)	▲ Better	81.4		79.5		79.6	*	79.3	*	78.6	•	81.3		79.7	80.2	81.1
Infant with less than average birth weight (%, 2009/11)	▼ Better	6.19	•	5.39	•	4.98		6.20	♦	6.32		5.78	♦	6.38	5.66	
Infant deaths (rate per 1,000 live birth, 2009/11)	▼ Better	3.63		4.41	•	3.06							♦	4.50	3.55	
Premature deaths from heart and stroke (years of life lost, 2007/2011)	▼ Better	73.3	•	112.6		100.0		88.7	*	120.8		87.7	•	83.7	93.5	
Premature deaths from cancer (years of life lost, 2007/2011)	▼ Better	163.3		180.0	•	152.8	*	204.0		191.4		167.0	*	210.7	171.7	
Premature deaths from breathing diseases (years of life lost, 2007/2011)	▼ Better	19.6	•	26.9		25.1	•	17.0	*	26.7	•	17.8		22.2	22.6	
Premature deaths from injuries (years of life lost, 2007/2011)	▼ Better	76.3	•	63.5	•	70.3	*	91.3	*	97.0		78.2		83.2	74.3	
Premature deaths due to suicides/self-inflicted injuries (years of life lost, 2007/2011)	▼ Better	40.2		35.0		44.2	*	59.0	•	52.1	•	31.1	•	34.1	40.2	

Health Determinants

Health Services – accounts for 10 % of the health status

Has a regular medical doctor (%, 2012)	▲ Better	93.	9	♦	91.9	♦	89.9	•	96.5		94.1		95.5	•	95.7	93.0	85.1
Medical doctor visit within the last 12 months (%, 2012)	▲ Better	82.	1	•	76.2	•	75.1		81.2	•	83.7	•	83.4		77.5	79.0	78.7
Dental professional visit within the last year (%, 2009/2010)	▲ Better	62.2	2	•	63.0	•	62.9		57.4		56.9	•	54.1	•	56.4	60.8	66.3
Avoidable hospitalization (aged-standardized rate per 100,000, 2011-12)	▼ Better	• 366	5	•	391		491		492	•	638		514	•	621	460	290
Adults 65 years and up who have received the flu shot in the last year (%, 2012)	▲ Better	64.	9		68.0	•	77.4		65.6	•	57.3	•	73.5	*	62.7	68.9	64.1
Females (18 to 69 years old) who had a pap test within the last 3 years (%, 2012)	▲ Better	69.	В	•	67.4	•	75.7	•	71.2	٠	60.6		69.9		68.1	70.3	72.1
Females (50 to 69 years old) who had a mammogram in the last 2 years (%, 2012)	▲ Better	82.	2	•	53.4		74.6		77.2	•	88.2	*	67.2	•	89.9	71.9	72.6
Overall Hospital rating (%, 2013)	▲ Better	75.	1	♦	74.8	*	71.6	•	83.3		75.3	•	78.8		77.6	75.4	
Overall health care services rating (%, 2011)	▲ Better	61.6	5		59.9		59.9	•	66.1	•	59.8		64.1	•	64.6	61.5	

Summary - Population Health Snapshot per zone, New Brunswick and Canada 2013/2014

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

Indicator	Desired direction	Moi Sout	ne 1: ncton/ th-East trea	F Sl Sair	one 2: undy nore / nt John Area	Fred /	one 3: dericton River ley Area	Mad / I	one 4: awaska North st Area		Zone 5: stigouche Area	Bat Ac Pei	one 6: :hurst / :adian ninsula Area	Mir	one 7: ramichi area	New Brunswick	Canada
Health Behaviours – account for 40% of the health status																	
Physical activity during free-time, moderately active or active (%, 2012)	▲ Better	•	57.8	•	52.4		52.3	•	41.4	•	47.8		49.8		52.3	52.7	53.9
Eat 5 or more fruits or vegetables a day (%, 2012)	▲ Better		31.2	•	27.4		28.9	•	40.5		37.3	•	44.2	•	27.1	31.7	40.6
Adults with unhealthy weight (obese) (%, 2012)	▼ Better		26.3	•	36.1	•	23.8		28.0	•	30.4	•	22.4		29.9	28.0	18.4
5 or more drinks at one time, at least once a month in the past year (heavy drinking) (%, 2012)	▼ Better		17.2	•	25.3		20.4	•	14.0	*	22.1	•	16.1		21.1	19.9	17.4
Seeing your stress as being a lot (%, 2012)	▼ Better		18.5		21.0		19.2	•	23.3	•	24.8	•	11.4	•	12.9	18.7	22.7
Current smoker, daily or occasional (%, 2012)	▼ Better	•	26.1		25.3	•	20.3	•	28.2		23.3	•	19.3		21.9	23.7	20.3
Number of sexually transmitted illnesses (genital Chlamydia) (rate per 10,000, 2012)	▼ Better	•	36.1		17.3	*	30.7	•	12.2	•	12.7		22.5		15.4	25.5	
Teens who gave birth (teen pregnancy unavailable annually) (rate per 1,000 females, 2011)	▼ Better	•	17.6	•	24.3		21.3	•	15.3		20.8		19.5	•	23.8	21.1	
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	53.1	37.3
Soci	Socioeconomic Factors – account for 40% of the health status																
No high school diploma (25 -64 years) (%, 2011) ^(NEW)	▼ Better		15.3	•	12.7	•	12.5		23.0	•	25.3	♦	28.9		21.5	16.8	12.7
Unemployment (%, 2012)	▼ Better	•	7.9		9.6	•	9.0		10.7	•	16.9		14.9	•	20.0	10.2	7.3
Divorced (%, 2011)	▼ Better		5.2	♦	5.9		5.2	•	4.3	•	5.3	•	4.3		4.4	5.2	6.0
Single parent family (%,2011)	▼ Better		14.9		17.7	•	14.5	•	14		18.2	•	18.6	•	18.3	16.1	16.3
Low income (%, 2011) ^(NEW)	▼ Better	•	14.7		17.0	•	16.4		20.2	•	25.3	•	21.4		16.7	17.2	14.9
Violent crime (rate per 100,000 population, 2012)	▼ Better															1,476	1,190
Property crime (rate per 100,000 population, 2012)	▼ Better															3,229	3,414
Charged for driving under the influence (drugs or alcohol) (rate per 100,000 population, 2012)	▼ Better															288	242
Physical Environment – accounts for 10% of the health status																	
Coming in contact with second-hand smoke at home (%, 2012)	▼ Better		6.5		6.7	•	3.9	•	10.3							5.8	4.7
Coming in contact with second-hand smoke in the past month, in vehicles and/or in public place (%, 2012)	▼ Better		15.5	•	19.9		15.7	•	18.2	•	11.6		12.8	•	10.6	16.0	16.6
Dwellings rated as having excellent, very good or good indoor air quality (%, 2011)	▲ Better															90.3	90.6
Sense of belonging to your community, somewhat strong or very strong (%, 2012)	▲ Better	•	68.1		71.9		70.8	•	76.1	•	64.8		70.0	•	74.3	70.6	66.1

