



Summary Report

Characterizing the Older Francophone
Population in Greater Saint John
(2015-2023)

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Project Title

Characterizing the older Francophone population in Greater Saint John (2015-2023)

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Why is This Study Important?

One of the many benefits of living in the bilingual province of New Brunswick is the right to receive services in one's official language of choice. For governments and service providers, however, this can pose a challenge. To plan for services that meet New Brunswickers' needs in their preferred language, decision makers need information on the demand for English- and French-language services across the province. They cannot assume, for instance, that everyone living in a majority Anglophone community will prefer services in English, and vice versa.

To help fill this knowledge gap, NB-IRDT released a [report](#) back in 2023¹ that presented a profile of the Francophone population in Greater Saint John (GSJ) -- a largely Anglophone region. The report considered the need for more French-language services in majority Anglophone areas of the province by comparing factors like New Brunswickers' health status and service use between Francophone and Anglophone households based on where they live.

Now, the current study is expanding on NB-IRDT's previous research to create a profile of the older Francophone population in GSJ, specifically those aged 65+.

Looking at the older Francophone population is important because older adults are more likely to have complex health conditions and more healthcare needs. When dealing with healthcare, effective communication is essential for accurate diagnosis, patients' ability to adhere to their treatments and overall well-being. Since fluency and comfort speaking a second language can decline with age, it is extremely important for older individuals to receive care (and especially healthcare) in a language they fully understand.

Characterizing the older Francophone residents of GSJ, and comparing them to Francophone and Anglophone populations across regions of NB, can help inform policies and services that support equitable healthcare access for this population.



How Was This Study Completed?

To undertake this study, researchers at NB-IRDT used 2021 Census data and linked administrative data sets at NB-IRDT, including Citizen Data, Social Assistance Data, Long-Term Care Data, the Canadian Chronic Disease Surveillance System (CCDSS), NB Cancer Data, Discharge Abstract Data (hospitalizations), NB Physician Billing and Emergency Department Data.

This report compares 3 definitions of language:

- Preferred language for Medicare correspondence (from Citizen Data)
- Language spoken most often at home (from the 2021 Census)
- Mother tongue (from the 2021 Census)

Outcomes using each definition are compared, and scaling factors are applied to results by determining how outcomes based on the Census definitions compare to the Citizen Data baseline. Geographies include GSJ, Moncton and the Rest of NB, based on a combination of Census Metropolitan Area and Forward Sortation Area (postal code) divisions. "Rest of NB" includes all Forward Sortation Areas fully

outside the Saint John and Moncton Census Metropolitan Areas.



Francophone and Anglophone populations are compared demographically, according to area, age, sex, household composition, immigrant status and duration of residence as of December 31, 2023.

Outcomes are also compared according to individuals' socioeconomic status (income quintile, receiving Social Assistance), whether they are receiving in-home or nursing home care, health (incidence and prevalence of chronic disease), hospital admissions, time spent in hospital and physician visits.

Because the Médisanté clinic in GSJ focuses on providing healthcare to the Francophone community in the GSJ area, visits to Médisanté receive extra analysis.

Measuring the Older (65+) Francophone Population

Based on 3 language definitions, we estimate that **0.7-6%** of older adults (age 65+) living in Greater Saint John (GSJ) report themselves as being Francophone:

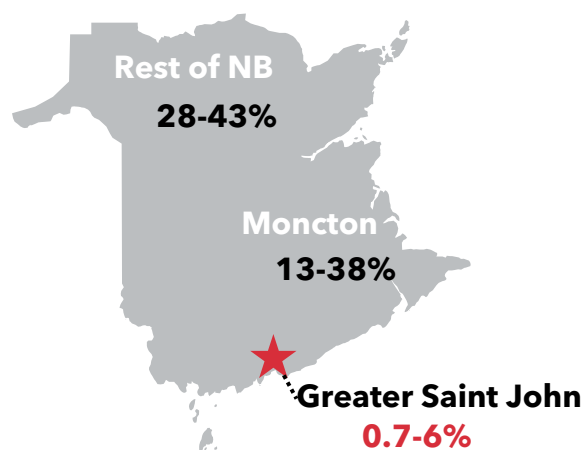
- ➔ **0.7%** of older adults in GSJ indicate they prefer to receive Medicare correspondence in French.
- ➔ **1.3%** of older adults in GSJ report that French is the language they speak most often at home.
- ➔ **6%** of older adults in GSJ report that French is their first language, or 'mother tongue.'



The proportion of the older GSJ population with a French mother tongue is nearly 8 times greater than the proportion that receives Medicare correspondence in French.

Across the whole province, we see wide estimates for the proportion of Francophones.

In each region, the low end of the range is based on French Medicare correspondence, and the high end represents French mother tongue.



Are these discrepancies large?

The difference between 0.7% and 6% may appear small, but this could mean only 250 older Francophones in GSJ are considered in health service planning if the Medicare definition of language is used. This would exclude nearly 200 individuals who also speak French at home -- and up to 1,700 with a French mother tongue.

Profiling Older Francophones in Greater Saint John

Compared to Anglophones and other New Brunswickers living in different regions of the province, older Francophones in GSJ are more likely to face certain social, financial and health challenges that may affect their service needs.

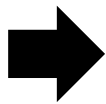


Older Francophones living in GSJ have **fewer 2-adult households**.

This may indicate greater financial instability and a risk of loneliness and social isolation.

Higher proportions of older Francophones in GSJ are in the **highest and lowest income quintiles**, compared to the middle quintiles.

This means a significant portion may be facing economic disadvantages that could affect their wellbeing.

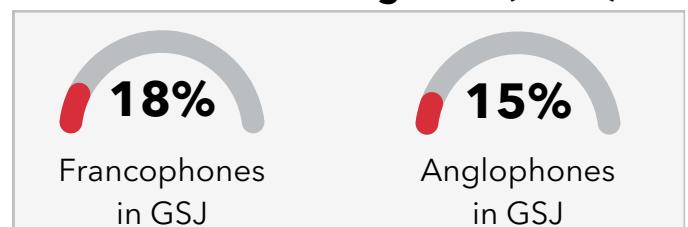


Nearly 20% of older Francophones in GSJ have lived in the same postal code area for less than 5 years. Moving residences can disrupt social connections and familiarity with local services.

Chronic Disease Measures

Older Francophones have higher prevalence of mental illness than their Anglophone counterparts - not just in GSJ but in all 3 regions observed in NB.

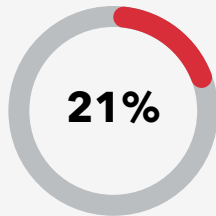
Mental Illness Diagnoses (2018)



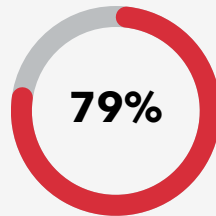
Older Francophones in GSJ also have the highest rate of new diagnoses of **hypertension and diabetes** (3% in 2018) compared to other Francophone and Anglophone groups across NB.

Older Francophones' Healthcare Utilization in GSJ

Visits to the Médisanté Clinic



Francophone



Anglophone

From 2015-2021, the Médisanté Clinic in GSJ received **10,595** physician visits by older (65+) individuals.

Most were by individuals who preferred Medicare correspondence in English.

↳ However, if all the older Francophones in GSJ who reported having French as their mother tongue went to Médisanté for their physician visits, this would result in **17,537** visits -- or, one and a half times (165%) the number of current Médisanté visits!

How do other forms of healthcare utilization compare?



Hospitalizations

As of 2022, older Francophones in GSJ have a higher hospitalization rate than older Anglophones in GSJ.

Emergency Department (ER) Visits

The rate of ER visits has been declining across NB, including for older Francophones in GSJ. Currently, the highest rate of ER visits is among older Francophones in the Rest of NB (60 visits per 100 people).

Prescriptions

Older Francophones in GSJ have a higher rate of prescriptions (11.4 per capita) than all other Francophone and Anglophone groups observed across the province.

Conclusions

Overall, this study's comparison of Francophone definitions in Medicare data and 2023 Census data suggests there may be many more Francophones living in NB than the Medicare data show. A much larger proportion of New Brunswickers have a French mother tongue, for instance -- and while mother tongue doesn't necessarily indicate language preference, this discrepancy is important to consider when planning for the delivery of health services in French.

We learned, for example, that if the demand for healthcare services in French was to align with the number of older individuals who have a French mother tongue, the Médisanté Clinic in GSJ would need to increase its capacity. In that situation, the number of Francophone visits would be one and half times more than the current total visits (which includes older Anglophones as well).

Of course, other factors are also important to consider when planning for French service delivery, like the relative likelihood for older Francophones in GSJ to experience certain social, economic and health risks.

Along with a higher incidence of hypertension and diabetes diagnoses, a higher hospitalization rate suggests older Francophones in GSJ may require more health services on a per capita basis, even though Francophones make up a smaller proportion of the 65+ population in the region. Importantly, the health services this population may require must be accessible -- free from linguistic barriers.

References

1. Balzer, A., Cameron, J., McDonald, T., & Mokhtar, R. (2023). Characterizing the Francophone population in Greater Saint John (2015-2018). Fredericton, NB: New Brunswick Institute for Research, Data and Training.



Questions?

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