

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



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## Project Title

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## List of Acronyms

Acronym	Definition
<b>CA</b>	Census Agglomeration
<b>CMA</b>	Census Metropolitan Area
<b>GSJ</b>	Greater Saint John
<b>NB</b>	New Brunswick
<b>NB-IRDT</b>	New Brunswick Institute for Research, Data and Training

## Executive Summary

Bilingualism makes the province of New Brunswick (NB) unique within Canada, bringing with it a high level of linguistic diversity and cultural enrichment. However, as Canada's only officially bilingual province, NB also faces issues of language barriers affecting segments of its population.

There is limited information about the size of the Francophone community in NB that would prefer services in French while living in majority Anglophone areas. Without this information, it is challenging to accurately show the potential demand for French-language health and social services. In a previous report (Balzer et al., 2023), NB-IRDT constructed a profile of the Francophone population in the Greater Saint John (GSJ) region of NB. That report provided an evidence base for identifying potential language barriers facing Francophones as they attempt to access appropriate and timely healthcare in majority Anglophone areas.

In this report, we extend that earlier work (Balzer et al., 2023) to construct a profile specifically of the older Francophone population (age 65+) living in GSJ. Using current data sets held at NB-IRDT, this study compares various health and sociodemographic measures between older Francophone and Anglophone New Brunswickers living in GSJ (an urban English-majority community) as well as older Francophone and Anglophone residents living in Moncton (an urban French-majority city) and the Rest of NB.<sup>1</sup> It looks at these populations' health status, health service use, social services receipt, household composition, neighbourhood socioeconomic profile and in-home care and nursing home status.

Older adults are more likely to experience complex health conditions and have greater healthcare needs, making language barriers particularly impactful as they try to navigate the healthcare system. Effective communication in healthcare is essential for getting an accurate diagnosis, following treatment and staying healthy, making it important for patients to receive care in a language they understand well. This is especially important for older adults since fluency and comfort speaking a second language can decline with age. Understanding the specific challenges faced by older Francophone residents in GSJ can help inform policies and services that support equitable healthcare access for this population.

## Highlight of Findings

### Francophone Population

*To measure the size of the Francophone population, this report compares three definitions:*

- 1) Individuals who report French as their language spoken most often at home (Census data),*
- 2) individuals who report French as their mother tongue (Census data) and 3) individuals who indicate French as their language of preference for Medicare correspondence (Citizen Data).*

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<sup>1</sup> "Rest of NB" includes all Forward Sortation Areas (FSAs) fully outside the Saint John and Moncton Census Metropolitan Areas (CMAs) as classified by the first three digits of the areas' postal codes.



- Based on these three definitions, it is estimated that between 21.2% and 36.4% of older (age 65+) New Brunswickers, and between 0.7% and 5.9% of older individuals living in GSJ, are Francophone.
- 2021 Census data for NB suggest that the proportions of individuals who report French as their language spoken most often at home (31.0%) and who report French as their mother tongue (36.4%) are greater than the proportion of those who indicate French as their language of preference for Medicare correspondence (21.2%).
- For the GSJ region, it is estimated that 438 older individuals (or, 1.3% of those aged 65+) speak French most often at home, and 1,993 (5.9%) report French as their mother tongue. This is compared to 250 older adults (less than 1%) who indicate French as their language of preference for Medicare correspondence.

### **Demographic Characteristics**

- The older Francophone population in GSJ has an age and sex distribution similar to Moncton and the Rest of NB. However, there are some notable demographic differences:
- Older Francophones in GSJ have fewer two-adult households when compared to other language and area subgroups.
- Nearly 20% of older Francophone GSJ residents have lived in their Forward Sortation Area (FSA) for less than five years, compared to 13% of Anglophone GSJ residents.

### **Socioeconomic Measures**

- Compared to older Anglophones in NB, the older Francophone populations in both GSJ and Moncton have a higher percentage of individuals in both the highest and lowest income quintiles, and fewer in the middle-income range. In GSJ, 23% of older Francophones live in neighbourhoods within the highest income quintile, compared to only 18% of Anglophones.

### **Chronic Disease Measures**

- The prevalence of hypertension is lower among older Francophones in the GSJ (66%) and Moncton (65%) regions compared to their Anglophone counterparts (72% and 67%, respectively). However, Francophones in GSJ have greater incidence of new diagnoses (3%) for hypertension and diabetes compared to all other language and area groups.
- In 2018, 18% of older Francophones in GSJ had a recorded case of mental illness, compared to 15% of Anglophones in GSJ. This pattern is similar to other regions, where older Francophones also experience more cases of mental illness than their Anglophone counterparts.

## Health Outcomes

- In NB, overall hospitalization rates have steadily declined. However, older Francophones in GSJ have experienced substantial variability in their hospitalization rates, seeing both increases and decreases over time.
- As of 2022, the rate of hospitalization in GSJ was 30 per 100 persons for Francophones and 28 per 100 persons for Anglophones. Francophones in Moncton have a lower 2022 rate of hospitalization than either GSJ group, at 23 per 100 persons.
- Between 2015 and 2021, just over 20% of visits by older individuals to the Médisanté clinic were made by patients who indicated that they preferred French as their language for Medicare correspondence. However, after adjusting the data to account for sampling methods (i.e., applying scaling factors), the estimated number of visits by individuals whose first language is French would exceed the total number of clinic visits.
- The number of emergency department visits per person steadily declined from 2017-2023 for all language and area subgroups, including older Francophones in GSJ – though, rates for older Francophones in the Rest of NB remained the highest (roughly 60 visits per 100 persons).
- Average emergency department wait-times are the longest for Anglophones in GSJ (164 minutes), whereas Francophones in GSJ spend substantially less time waiting (89 minutes).
- The rate of prescriptions per capita for older Francophones in the Rest of NB are higher than for other language and area subgroups. As of 2021, older Francophones in the Rest of NB had a rate of 11.4 prescriptions per capita, whereas other groups ranged from 6.5 (Francophone Moncton) to 8.3 (Francophone GSJ).

## Key Takeaways

These findings offer key insights into the specific needs of older Francophones in GSJ while highlighting potential gaps in the healthcare system. For instance, the study indicates that records of 'preferred language for Medicare correspondence' may underestimate the number of older Francophones in NB, considering a much higher proportion have a French mother tongue. While mother tongue does not necessarily indicate language preference, this discrepancy is important to consider when planning for health service delivery in French.

Demand for the Médisanté clinic is also likely underestimated when considering only visits from individuals who prefer French for Medicare correspondence. Scaling the data to reflect the number of individuals with French as their mother tongue suggests that approximately 17,537 visits could have occurred during the study period – more than the total number of visits we observed. This suggests that if demand for healthcare services fully aligned with the number of people who speak French as their first language, the clinic would need to increase its capacity.

The migration patterns of older Francophones may also be important to consider when planning for healthcare service delivery in French, as a relatively high proportion of older Francophones in GSJ have lived in the same FSA for less than five years. This could suggest a possible influx of older Francophones to GSJ – a group that may face barriers in accessing health and social services – or it may indicate a change in residence, which can disrupt social and cultural connections, as well as familiarity with local services. Study results suggest that a significant portion of older Francophones in GSJ – those living in the lowest income quintile – may face economic disadvantages that could affect their well-being. Older Francophones in GSJ are also less likely to live in a household with two adults, which may indicate both financial instability and a greater risk of loneliness and social isolation.

Health challenges among older Francophones in GSJ – such as their higher rates of new diagnoses for diabetes and hypertension – further emphasize the need for accessible healthcare free from language barriers. As recently as 2022, the hospitalization rate for older Francophones in GSJ was slightly higher than for their Anglophone counterparts, suggesting they may require more healthcare services on a per capita basis. Given the importance of effective communication for navigating the healthcare system, understanding diagnoses and following treatment instructions, identifying the challenges and needs of older Francophone residents in GSJ is a key step in supporting equitable healthcare access for this population.

## Introduction

Linguistic minority groups around the world face health inequalities due to language barriers. However, little research has been conducted on the experience of official language minorities in Canada (Delisle & Marmen, 2003). English and French are the two recognized official languages in Canada, but the use of English is predominant in all provinces except Quebec. Francophones represent around 22.8% of Canada's population; however, this proportion reaches 31.8% in New Brunswick (NB), the only officially bilingual province in Canada (Statistics Canada [StatCan], 2017a).

Language barriers impact the delivery of health services and health outcomes through reduced quality of care and patient safety.<sup>2</sup> When patients and healthcare providers speak the same language, this can lead to more accurate patient assessment, appropriate examinations, diagnosis and prescribed treatment (Smedley et al., 2002). Meanwhile, language barriers can negatively impact chronic disease management, such as through difficulty reporting symptoms. Difficulties in communication can also adversely affect end-of-life care, pain management, common out-of-hospital safety and readmissions for the same health problem, and they can prolong hospital length of stay (Bowen & De Moissac, 2019).

Research by Bouchard et al. (2012) finds that chronic diseases are more common in Francophones than in Anglophones, according to Canadian population health survey data. Regional analyses of health measures, split by linguistic group, show that Francophones residing in some northern Ontario communities are more vulnerable when compared with Francophones in the rest of Canada (Gauthier et al., 2015). In aging Francophone communities, language barriers could expose these individuals to greater health risks than those faced by the general population.

Older Francophone adults may be particularly vulnerable to negative impacts of language barriers, as second language fluency may decline as individuals age (Ivanova et al., 2016). Older adults typically require additional health and support services, and as such, there is substantial interest in the experiences and outcomes of older Francophones living in majority English-speaking areas who require access to such services (Institute of Medicine, 2008).

New Brunswickers have the right to receive healthcare in the official language of their choice, but practical challenges remain in accessing these services in French for Francophones living in majority Anglophone areas of NB (Government of Canada, 2024). Addressing the existing knowledge gap in relation to the experience of official language minorities living in majority-language communities is important for determining the potential demand for French language health services and how to meet that demand most efficiently.

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<sup>2</sup> Quality of care is defined as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes consistent with current professional knowledge." Patient safety refers to the reduction and mitigation of unsafe acts and increased use of best practices leading to optimal patient outcome (The World Health Organization, 2009).

Unfortunately, there is no widely available indicator of language preference being recorded in the various information systems in use in NB. As such, the composition of the population that would prefer service in French, particularly in majority Anglophone areas, is not well known. The approach we take in this report is to use language of preference for Medicare correspondence as indicated in the provincial Medicare system (information available in the Citizen Data at NB-IRDT) and consider several adjustments to this status based on area-level data on language fluency obtained using two different linguistic measures taken from the 2021 Census of Canada.

The objective of this report is to characterize the older (65+) Francophone population living in the Greater Saint John (GSJ) region of NB.

Using current data sets held at NB-IRDT, this study compares various health and sociodemographic measures between older Francophone and Anglophone New Brunswickers living in GSJ (an urban English-majority community) as well as older Francophone and Anglophone residents living in Moncton (an urban French-majority city) and the Rest of NB.<sup>3</sup>

It looks at these populations' health status, health service use, social services receipt, household composition, neighbourhood socioeconomic profile and in-home care and nursing home status – to contribute to a better understanding of the older Francophone community, its use of health services and potential gaps in healthcare services provided in French.

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<sup>3</sup> "Rest of NB" includes all Forward Sortation Areas (FSAs) fully outside the Saint John and Moncton Census Metropolitan Areas (CMAs) as classified by the first three digits of the areas' postal codes.

## Data and Methodology

In this section, we provide an overview of the data used for this analysis. We then divide the methodology into two parts. The first part defines language and area using Medicare information contained in the Citizen Data. The second part explains the methodology for several demographic, socioeconomic and health measures obtained using the Medicare definition of preferred language. All counts presented throughout this report are randomly rounded to base 5 to protect the confidentiality of personal information.

### Data Sources

The analysis for this report was conducted using several data sets available through the trusted research environment at NB-IRDT. This report uses the same data sets as the previous, more general profile of Francophones living in GSJ (Balzer et al., 2023), with the addition of the Emergency Department Data and extended data ranges, which vary by data set. Table 1 summarizes the data sets used throughout this report.

**Table 1: NB-IRDT Data Sets Used to Conduct Analysis**

<b>Data Set</b>	<b>Information Available</b>	<b>Year Range</b>
<b>Citizen Data</b>	Demographics of NB population, particularly Francophone Saint John	2015-2022
<b>Social Assistance Data</b>	Indicators for recipients of social assistance	2015-2019
<b>Long-Term Care Data (Home Care Program Data)*</b>	Indicators for participants in the NB Home Care Program	2015-2018
<b>CCDSS (multiple data sets)**</b>	Indicators for individuals with various chronic conditions	2015-2018
<b>NB Cancer Data</b>	Indicators for individuals with cancer	2015-2020
<b>Discharge Abstract Data</b>	Health factors such as number of hospital admissions and number of days per admission	2015-2022
<b>NB Physician Billing</b>	Health factors such as number of physician visits	2015-2020
<b>Horizon and Vitalité Emergency Department Data</b>	Health factors such as number of visits to emergency departments and length of wait time per visit	2017-2023

\* The Long-Term Care Data includes information on services provided through NB's Long-Term Care program, including home care program services. Because this study focuses on the home care services within the Long-Term Care data set, these data are also referred to as home care program data.

\*\* The specific Canadian Chronic Disease Surveillance System (CCDSS) data sets used for analysis include CCDSS Acute Myocardial Infarction, Asthma, Chronic Obstructive Pulmonary Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Hypertension, Ischemic Heart Disease, Mental Illness, Mood and Anxiety Disorders, Schizophrenia and Stroke.

It should be noted that the Citizen Data at NB-IRDT contains demographic and geographic information on all NB residents who register for Medicare in NB. Any reference in this report to the Citizen Data means the data are obtained from Medicare registration records.

## Language and Area

This study defines language using the Citizen Data and corresponding definitions from the 2021 Census, described below. Geographic area is also defined using the Citizen Data. Scaling factors were computed for the 65+ population and are used to generate predictions of the incidence of Francophone characteristics and health service use on the assumption that these proportions reflect the number of individuals who would prefer health services in French.

### Language Definitions

This report uses three definitions of language – one from the Citizen Data along with two from the 2021 Census:

- Preferred language for Medicare correspondence (Citizen Data)<sup>4</sup>
- Language spoken most often at home (2021 Census)
- Mother tongue (2021 Census)

Francophone and Anglophone individuals are distinguished using a language variable in the Citizen Data that indicates whether an individual prefers their Medicare correspondence in English or French. We use this variable to indicate Francophone individuals in NB. This is the only indicator of language preference available at the level of the individual. Since language preference for Medicare correspondence is not necessarily indicative of a person's language fluency or preference for spoken communication, we also utilize area-level statistics on two indicators of language preference from the 2021 Census of Canada: language spoken most often at home and mother tongue.

This study compares population counts distinguishing Francophone and Anglophone individuals using preferred language of Medicare correspondence taken from Citizen Data, with corresponding population counts computed using 2021 Census definitions of language to scale reported values based on the assumption that Census estimates more accurately reflect an individual's language preference. Select results compare Francophone population counts using each of the three definitions.

### Area Definitions

Geographic areas are defined in the Citizen Data to approximate 2021 Census areas. 2021 Census records and associated data are available at the level of the Census Metropolitan Area

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<sup>4</sup> As a general note, the language for Medicare correspondence does not indicate the language in which a person receives healthcare/health services. Rather, it indicates the language of their Medicare card and how they receive its associated information.

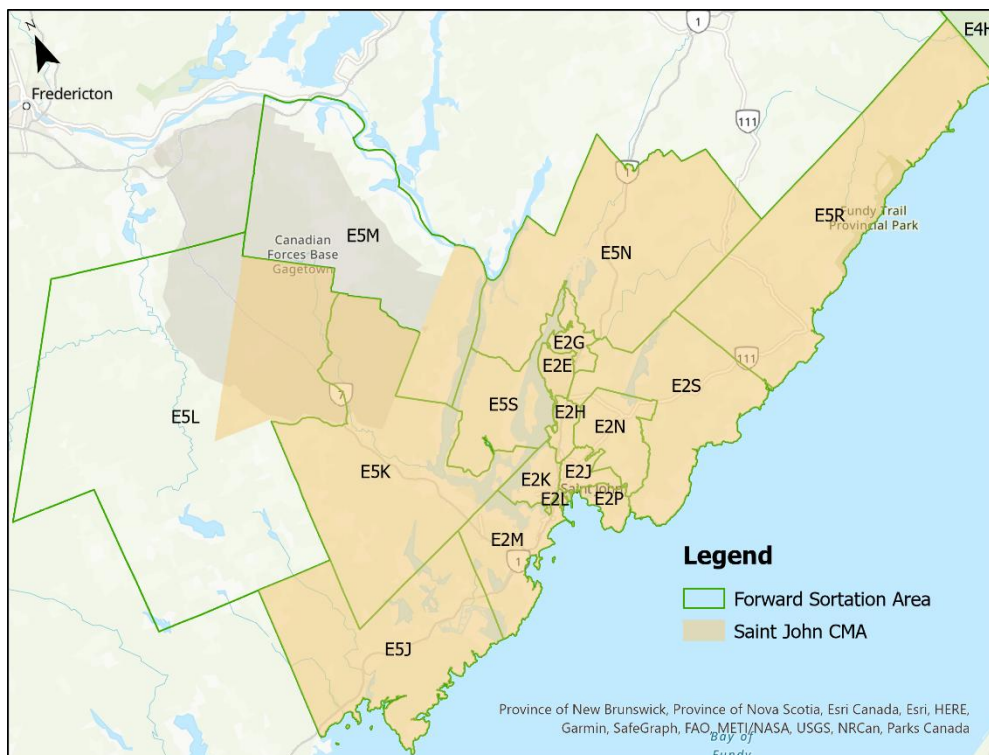
(CMA)<sup>5</sup> while Citizen Data records use Forward Sortation Areas (FSAs), which are determined by the first three digits of a postal code. Due to differences in how Statistics Canada defines CMAs and how Canada Post assigns postal codes, there is not a complete mapping of FSA to CMA. Thus, each FSA in NB is assigned to one of three geographic areas defined as follows:

- **GSJ:** Within Saint John CMA
- **Moncton:** Within or partially within Moncton CMA
- **Rest of NB**

The Within Moncton CMA area contains the FSAs fully within Moncton CMA (e.g., E1J in Figure 2). The Partially Within Moncton CMA area contains the FSAs partially within Moncton (e.g., E4J in Figure 2).

However, if we similarly separate the Within Saint John CMA and Partially Within Saint John CMA groups, we may observe low counts in the descriptive statistics. Such results are not releasable. Therefore, we have combined those two groups and report the resulting area as 'Saint John CMA.' The Rest of NB area contains all other FSAs in NB.

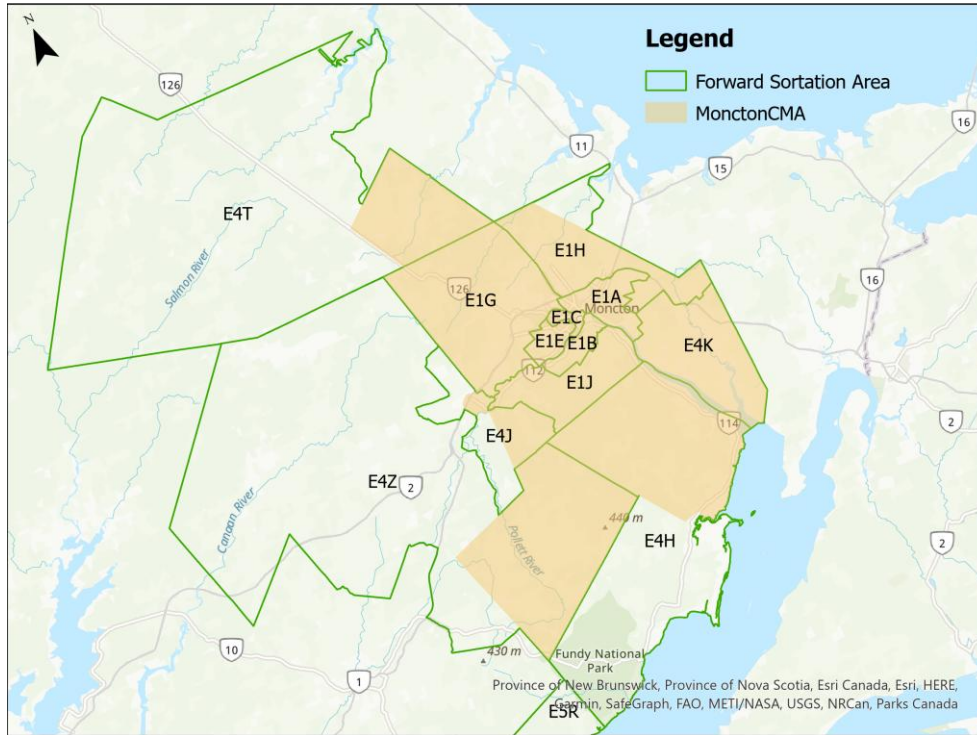
**Figure 1: Forward Sortation Areas (green polygons) Within or Partially Within the Saint John CMA (orange polygon)**



<sup>5</sup> By definition, a CMA must have a total population of at least 100,000, of which at least 50,000 or more live in the core.



**Figure 2: Forward Sortation Areas (green polygons) Within or Partially Within the Moncton CMA (orange polygon)**



### Scaling Factors

Francophone population counts differ between the Citizen Data definition and the two 2021 Census definitions of language, both for NB overall and specifically for GSJ. One way to account for these differences in population is to apply scaling factors to some of our results.

These scaling factors are calculated by using the Citizen Data definition of preferred language for Medicare correspondence as a baseline (denominator) and then determining how different each language proportion is in comparison to its corresponding baseline for the 65+ population.

This means the Citizen Data definition of language has a scaling factor of 1, and the 2021 Census definitions of language have scaling factors based on the division of the proportion of the Francophone population using one Census language definition by the proportion of the Francophone population using the Citizen Data language definition.

We developed Francophone scaling factors for language spoken most often at home and mother tongue. These factors allow results to be scaled to approximate the 2021 Census-defined language populations to reduce the underestimation of language populations that occurs when using preferred language for Medicare correspondence in the Citizen Data. The results presented in this report use the Citizen Data-provided preferred language for Medicare correspondence as the language definition unless otherwise specified.

## Additional Characteristics of Interest

This section describes how several measures from the Citizen Data were obtained, using its definitions of language and area throughout.

Demographic characteristics include age, sex, household composition, health council (for GSJ only), immigrant status and duration of residence.

Socioeconomic measures include neighbourhood income quintiles, social assistance and in-home care. Nursing home residence is inferred based on postal code, facility open/close date and older individuals' location of residence.

Chronic disease measures include prevalence and average years since diagnosis for several chronic diseases.

Other health care measures include hospital admissions, emergency department admissions, days in hospital per admission, wait-time in emergency departments before being visited, physician visits, per capita cancer incidence and per capita prescription rate.

### Demographic Characteristics

The Citizen Data is used to calculate several demographic characteristics for the older Francophone population in GSJ, which are then compared to the following sub-populations of older (65+) NB residents:

- Francophone Rest of NB
- Francophone Moncton
- Anglophone GSJ
- Anglophone Rest of NB
- Anglophone Moncton

Demographic characteristics include population by area, language, age, sex, household composition, immigrant status and duration of residence. These are each determined based on individuals with an active Medicare status as of December 31, 2023, in the Citizen Data.

Sex is determined using Medicare information from the Citizen Data and includes male and female variables. Individuals with unknown sex are excluded to protect the confidentiality of those individuals due to small sample sizes associated with the category.

Age is calculated as of December 31, 2023, and is split into five age groups: 65-69, 70-74, 75-79, 80-84 and 85+, where sample sizes allow.

Three household composition categories are specified: Two Adults, Single Person Household and Other. Household composition is determined using a household contact ID variable within the Citizen Data that groups individuals who are part of the same household at a given point in time.

However, the relationships between household members are not specified, and this limits what we can determine regarding household composition. For each household, the number of adults is determined based on each individual's age on December 31, 2023. The households are then categorized based on the number of adults.

Three immigrant status categories are also specified: Citizen or Long-Term Resident, Permanent Resident and Other. These are based on the citizen status variable in the Citizen Data, which has six categories. Individuals with unknown citizen status are either classified as Citizen or Long-Term Resident if they have at least ten years of active Medicare eligibility in the Citizen Data, or they are classified as Other if they have less than ten years of active Medicare eligibility (Table 2).

**Table 2: Immigrant Status Classifications Based on Citizen Status in the Citizen Data**

<b>Immigrant Status</b>	<b>Citizen Status in Citizen Data</b>
<b>Citizen or Long-Term Resident</b>	Citizen Dual Citizen Status Indian Unknown, but with at least ten years of active Medicare eligibility
<b>Permanent Resident</b>	Landed Immigrant
<b>Other</b>	Permit Unknown, but with less than ten years of active Medicare eligibility

Duration of residence is determined based on whether an individual has lived at the same FSA for at least five years. The FSA they were living at on December 31, 2023, is taken as their residence.

**Socioeconomic Measures**

The Citizen Data, Social Assistance Data and Home Care Program Data at NB-IRDT are used to determine socioeconomic measures, which include income quintile and the number of people receiving support from New Brunswick Social Assistance.

Income quintiles are estimated for individuals based on geocoding output from their postal code. Geocoding is performed through the Statistics Canada Postal Code Conversion File (PCCF+) program (StatCan, 2017b).

Individuals are considered recipients of New Brunswick Social Assistance if they have at least one record in the Social Assistance Data for Transitional Assistance or Extended Benefits at any point over the 2015-2019 period, as well as active Medicare eligibility in the Citizen Data on July 1 of

the given year (e.g., recipients of support from New Brunswick Social Assistance in 2015 with Medicare eligibility on July 1, 2015).

### **In-Home and Nursing Home Care**

The number of people living in nursing homes is determined by using a variable in the Citizen Data that shows whether an individual lives in a nursing home.<sup>6</sup> The most recent update of the Citizen Data is used to determine the outcome; therefore, December 31<sup>st</sup>, 2023, is the reference date for the variable.

Individuals are counted as receiving in-home care if they have an Open status in the Home Care Program Data during the 2015-2018 period as well as Active Medicare eligibility in the Citizen Data on July 1 of the given year (e.g., in-home care recipients in 2015 with Medicare eligibility on July 1, 2015).

An additional language variable is also included that specifies the language of service for individuals receiving in-home care. Individuals in the Home Care Program Data receiving in-home care require personal support and physical, social and mental health services.<sup>7</sup> Such individuals are incapable of functioning independently in a healthy manner and require assistance at home to do so. A description of home care and nursing care sources, recipients and services can be found in the Appendix ([Table A1](#)).

### **Chronic Disease Measures**

The Citizen Data is used alongside several CCDSS data sets and the NB Cancer Data to construct chronic disease measures in NB from 2015-2018. The chronic diseases included in this analysis are acute myocardial infarction, asthma, chronic obstructive pulmonary disease (COPD), dementia, diabetes, epilepsy, heart failure, hypertension, ischemic heart disease, mental illness, mood and anxiety disorders, schizophrenia, stroke and cancer. The chronic disease measures include prevalence rates and average years since diagnosis.

Broader age categories are used for chronic disease measures, as well as for other health measures, such as hospital admissions and physician visits. For most chronic diseases, the first diagnosis date is kept for each individual. The diagnosis is assumed to remain with these individuals for the rest of their lives, so these individuals will be present in the chronic disease data each year after diagnosis. For example, an individual diagnosed with diabetes in 2013 would be present in the chronic disease data for 2015-2018 unless they died prior to 2018.

An individual may have multiple chronic diseases, each represented by a separate record in the analysis per year. Individuals are included for each year between 2015-2018 that they were present with the chronic disease. There are two exceptions for using first diagnosis date: mental illness and mood and anxiety disorders.

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<sup>6</sup> Details on nursing home care are available through the Government of New Brunswick (GNB) [online](#) (see GNB, n.d.b).

<sup>7</sup> Details on long-term home care are also available [online](#) through GNB (see GNB, n.d.a).

The mental illness and mood and anxiety disorders conditions are treated differently due to different case definitions (Public Health Agency of Canada, 2021). These two conditions are present in the chronic disease data only in the years when an individual had a hospitalization or physician visit for that condition. For example, if someone required a hospitalization in 2016 and 2018 for mood and anxiety disorders, they would show up in the chronic disease data in 2016 and 2018 but not 2017. Mood and anxiety disorders fall under the mental illness category; thus, each instance is also counted as a mental illness condition.<sup>8</sup>

Prevalence rates are calculated by dividing the number of individuals with a specific chronic disease in a given year and subgroup (e.g., Francophone GSJ) by the total population of that year and subgroup. Average years since diagnosis are calculated from the total years since diagnosis for a given chronic disease in a given year within a particular subgroup divided by the number of people with that chronic disease in that year and subgroup.

### **Hospital Admissions and Days in Hospital per Admission**

The Discharge Abstract Data is used for 2015-2022 alongside the Citizen Data over the same period to determine number of hospital admissions and days in hospital per admission. Hospital admissions are included in the analysis if they occurred in NB for individuals aged 65+ between January 1, 2015, and December 31, 2022. The number of hospital admissions and total days in hospital are then calculated for each individual for each year.

### **Physician Visits**

The NB Physician Billing data set for 2015-2020, combined with records from the Citizen Data from the same years, is employed to assess the number of physician visits. The Médisanté clinic in Saint John is specified in our analysis due to its focus as a clinic that provides health care to the Francophone community in the GSJ area.<sup>9</sup> Therefore, physician visits are categorized into three groups: Médisanté, Other known clinic establishments and Clinics with an unknown establishment identifier.

The number of physician visits each year is calculated based on the number of days in a given year an individual had at least one physician visit. Multiple visits within a single day are consolidated into one physician visit to reflect scenarios where an individual returns on the same day for follow-up services (e.g., prescription pickups).

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<sup>8</sup> Details on mental health classifications are available through the [CCDSS online data tool](#) (Public Health Agency of Canada, 2021) and [ICD-10 codes presented online](#) (World Health Organization, 2019).

<sup>9</sup> Information on the Médisanté clinic in is available [online](#) through Horizon Health Network (2025).

# Results

This section begins with a presentation of results by summarizing the 65+ population size by language and area, where language is presented according to preferred language of correspondence for Medicare as indicated in Citizen Data.

## Language and Area

### Language Definitions

The Citizen Data includes a 'language of preference' variable indicating whether an individual prefers to receive Medicare correspondence in English or French. All NB residents registering for Medicare are required to select a preferred language.

According to this definition, as of December 31, 2023, 78.8% of New Brunswickers are considered Anglophone, while 21.2% are considered Francophone (see Table 3). The other two language definitions – language spoken most often at home and mother tongue – are sourced from the 2021 Census (StatCan, 2022).

The different years of reference (2023 for the Citizen Data versus 2021 for the Census) are among several factors contributing to the discrepancy between language counts for Citizen Data-based results and Census-based results for the NB population aged 65+.

Census results exclude individuals who selected both English and French as their language spoken most often at home or as their mother tongue – to avoid double counting them. Individuals who selected non-official languages (i.e., neither English nor French) in these categories are also excluded from 2021 Census-based results.

**Table 3: New Brunswick Population (65+) based on 2023 Citizen Data and 2021 Census Definitions of Language Preference**

Language	Preferred Medicare Language	Language Spoken Most Often at Home	Mother Tongue
Anglophone	169,590	115,385	104,605
Francophone	45,670	51,795	59,940
<b>Total</b>	<b>215,260</b>	<b>167,180</b>	<b>164,545</b>

*Note: The total counts from the "language spoken most often at home" and "mother tongue" columns, both sourced from the Statistics Canada 2021 Census, differ because individuals in the "English and French" and "Non-Official Languages" categories are excluded.*

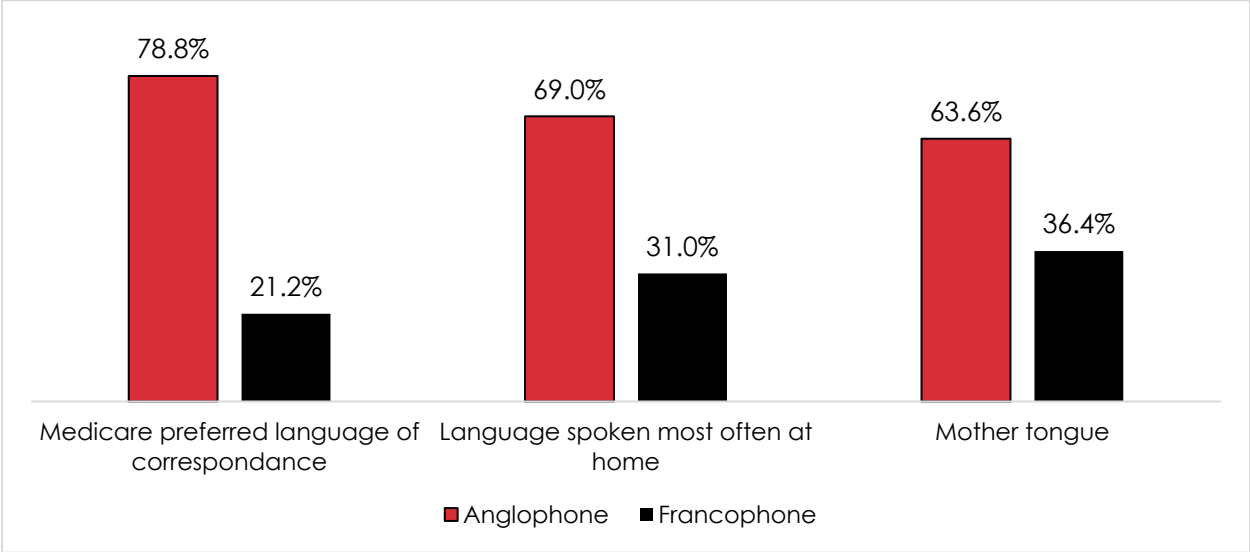
Statistics Canada releases yearly population estimates (StatCan, 2024) that allow for a comparison between their NB population counts of people over the age of 65 and counts from the Citizen Data. The gap between Statistics Canada and the Citizen Data is not as wide as the totals presented Table 3 when using 2023 data from both sources. The Statistics Canada count

for older (65+) New Brunswickers in 2023 is 192, 236, which is closer to the 215, 260 count obtained through the Citizen Data (see [Table A2](#) in the Appendix).

Differences in population counts based on Statistics Canada and NB-IRDT data resources are not unique to this study. Similar discrepancies are also observed in NB-IRDT's *NB Population and Demographic Counts* research series (NB-IRDT, n.d.; see, for example, Beykzadeh et al., 2024). Factors contributing to these differences include Statistics Canada's use of July 1 as the reference date for annual estimates, compared to December 31 in the Citizen Data, and potential rounding differences in age reporting. These elements may account for discrepancies observed in Table 3.

Figure 3 shows that there is more than a 15 percentage point difference in the estimated proportion of Francophones in the 65+ NB populations, depending on the data source used. The Citizen Data, based on preferred language for Medicare correspondence, reports 21.2% as Francophone, while the 2021 Statistics Canada Census, using mother tongue, indicates 36.4%. This suggests that the Citizen Data may underestimate the proportion of Francophones in NB compared to the mother tongue measure; however, it is important to note that mother tongue does not necessarily reflect current language preference.

**Figure 3: NB Population (65+) Identified as Anglophone or Francophone Using 2023 Citizen Data and 2021 Census Definitions of Language Preference**



Within the general NB population (which includes all ages, not just older adults aged 65+), the proportion of Francophones is 27.5%, according to 2021 Census data showing language spoken most often at home. According to the preferred language for Medicare correspondence definition in the Citizen Data, the proportion of Francophones for the overall population (i.e., all ages) is 18% as of December 31, 2023.

Since both the Citizen Data definition and language spoken most often at home definition show lower proportions of Francophones in the overall population than for the 65+ population in NB, the implication is that younger people are less likely to be Francophone.

**Population by Area**

The FSAs in NB are categorized into three geographic areas:

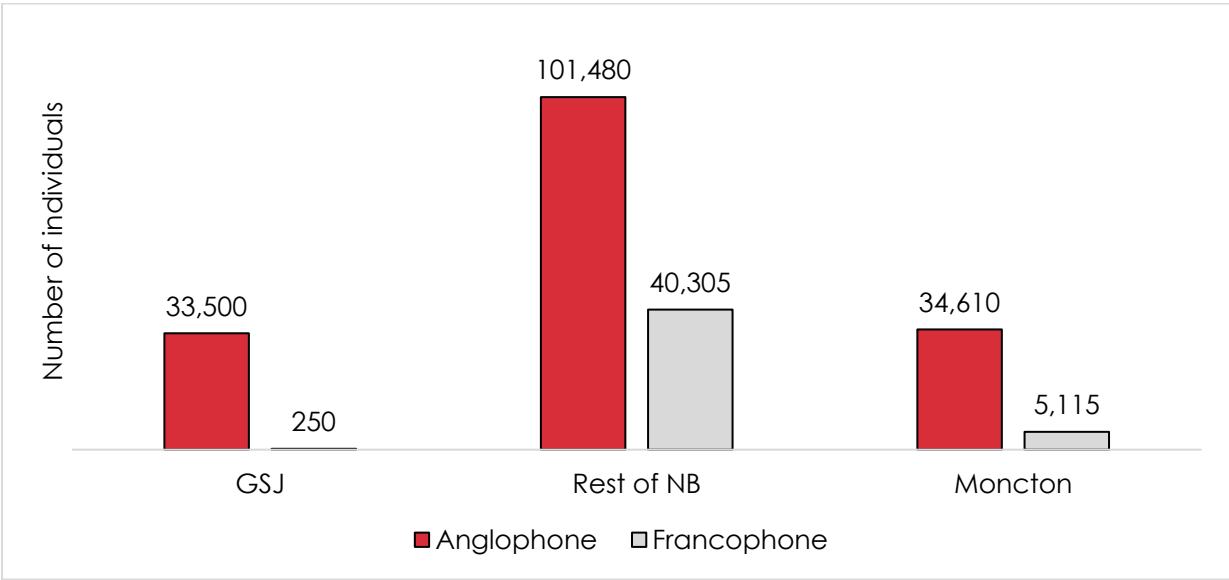
- Greater Saint John (GSJ)
- Moncton (includes areas partially within Moncton CMA)
- Rest of NB

The 65+ adult populations of Saint John and Moncton are similar in number, with 33,750 individuals in the GSJ region and 39,725 individuals in the Moncton CMA (Figure 4).

There are 250 Francophone individuals within GSJ (less than 1% of the GSJ population) and 5,115 Francophone individuals within Moncton (12.9% of the Moncton population).

*To reiterate, these numbers are based on individuals' preferred language of Medicare correspondence, as indicated in the Citizen Data – meaning their chosen language is the language in which they receive medical information.*

**Figure 4: NB Population (65+) Identified as Anglophone or Francophone (by Medicare Definition) over Three Geographic Areas (2023)**

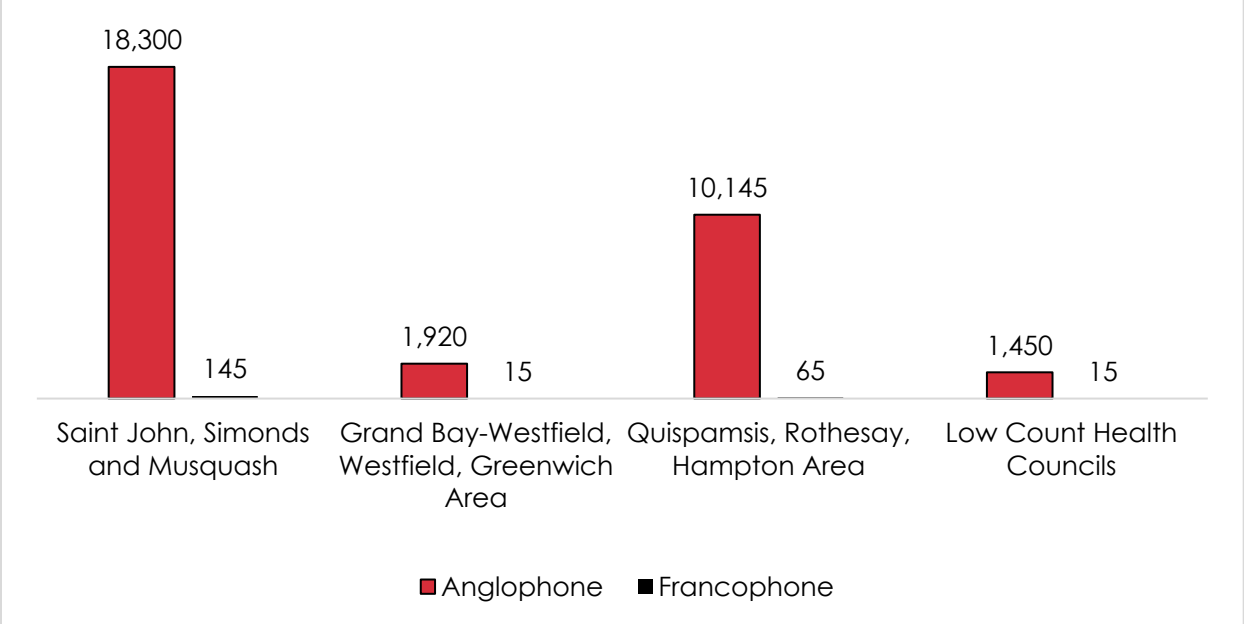


The GSJ area, which has a total of 33,750 individuals aged 65+, is broken down and presented according to health council grouping in Figure 5. Of the four groupings presented, the most populous region is Saint John - Simonds and Musquash, which has a total of 18,445 individuals



aged 65+, of whom fewer than 1% are Francophone. For privacy reasons, health council areas with low counts have been combined<sup>10</sup> under the classification 'Low Count Health Councils.'

**Figure 5: Counts of GSJ Population (65+) Identified as Anglophone or Francophone (by Medicare Definition) by Health Council (2023)**



The proportions of older (65+) adults identified as Francophone in Greater Saint John, Moncton and the Rest of NB differ depending on which definition of language preference is used (Figure 6).

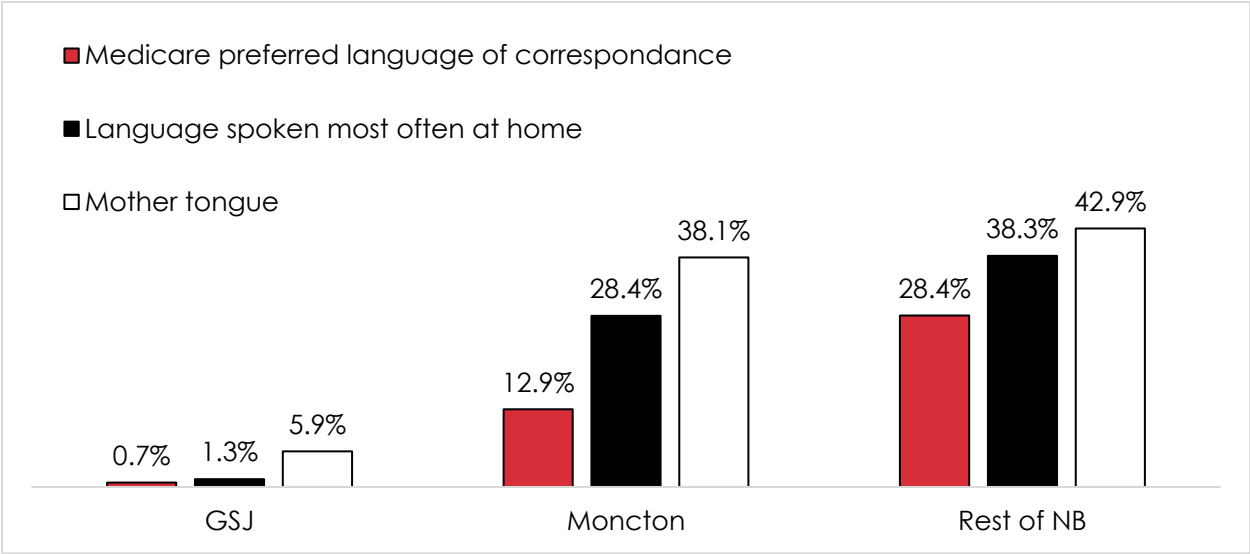
The largest difference in the proportion of Francophones according to definition is observed for GSJ: the proportion increases from 0.7% when using the Citizen Data definition (i.e., preferred language for Medicare correspondence) to 5.9% when using the 2021 Census mother tongue definition. The mother tongue definition yields a result more than five times higher than the Citizen Data definition.

The proportion of Francophone adults in Moncton is larger than in GSJ, ranging from 12.9% (Citizen Data) to 38.1% (mother tongue), depending on which definition is used. This range of proportions for Moncton (i.e., about 25 percentage points) is larger than for the Rest of NB, which ranges from 28.4% to 42.9% (approximately 14 percentage points) depending on the definition of language used.

The greatest proportion of Francophones lives in the Rest of NB – according to all language definitions.

<sup>10</sup> The GSJ health councils combined due to low counts are Sussex, Norton, Sussex Corner Area and St. George, Grand Manan, Blacks Harbour Area.

**Figure 6: Proportion of Individuals Identified as Francophone (65+) in Three Geographic Areas Using 2023 Citizen Data and 2021 Census Definitions of Language Preference**



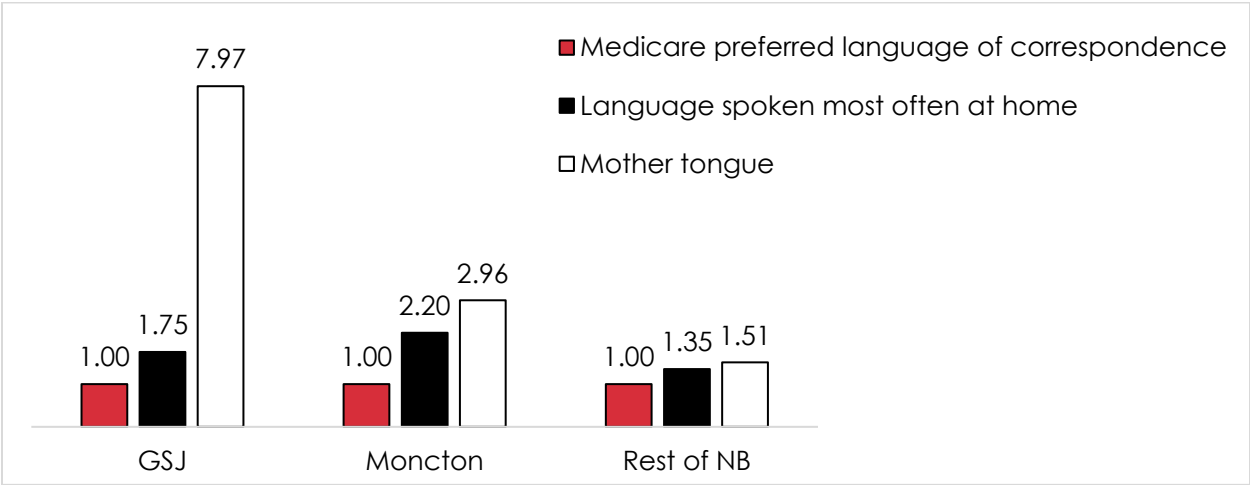
**Scaling Factors**

Scaling factors are calculated to account for differences in Francophone population counts in NB based on definitions of language taken from the Citizen Data and the 2021 Census.

Figure 7 shows the scaling factors from GSJ, Moncton and the Rest of NB. The mother tongue scaling factor for GSJ (7.97) is significantly higher than any of the other scaling factors, including both the language spoken most often at home scaling factor for GSJ (1.75) and the mother tongue scaling factor for the Rest of NB (1.51).

This implies that there are significantly more adults in GSJ who report French as a mother tongue but have selected English as their preferred language of correspondence for Medicare, as indicated in Citizen Data – by nearly a factor of eight.

**Figure 7: Scaling Factors for Francophone Population (65+) in NB by Area and Language Definition Using 2023 Citizen Data and 2021 Census Definitions of Language Preference (Baseline: Medicare Preferred Language)**



Estimates of the Francophone GSJ population are derived using the scaling factors presented in Table 4. In contrast to the 250 individuals who preferred French for Medicare correspondence in the Citizen Data, the 2021 Census estimates 1,993 individuals (5.90% of the GSJ population) reporting French as their mother tongue.

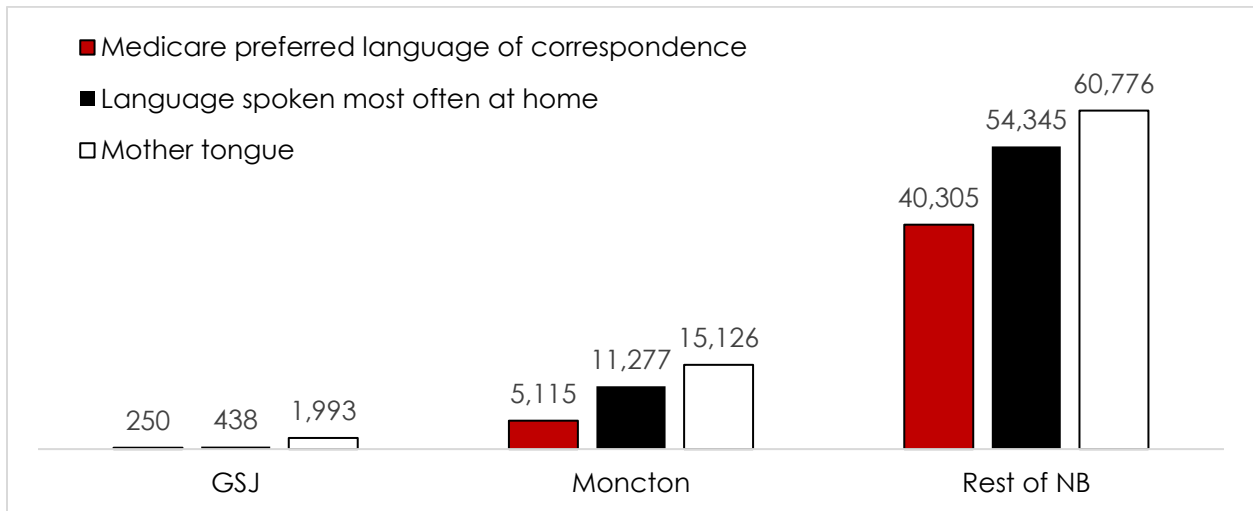
**Table 4: Estimates of the Francophone GSJ Population (65+) Using Scaling Factors (2023 Citizen Data and 2021 Census Definitions of Language Preference)**

Language Definition	Scaling Factor	Francophone GSJ Population	% of GSJ Population
Medicare preferred language of correspondence	1.00	250	0.74%
Language spoken most often at home	1.75	438	1.30%
Mother tongue	7.97	1,993	5.90%

Figure 8 illustrates how language definitions impact the estimated number of Francophones by area. The scaling factors are most similar in the Rest of NB; yet, it has the largest observed range in estimated Francophones (40,305 to 60,776) due to the volume of Francophones in the province.

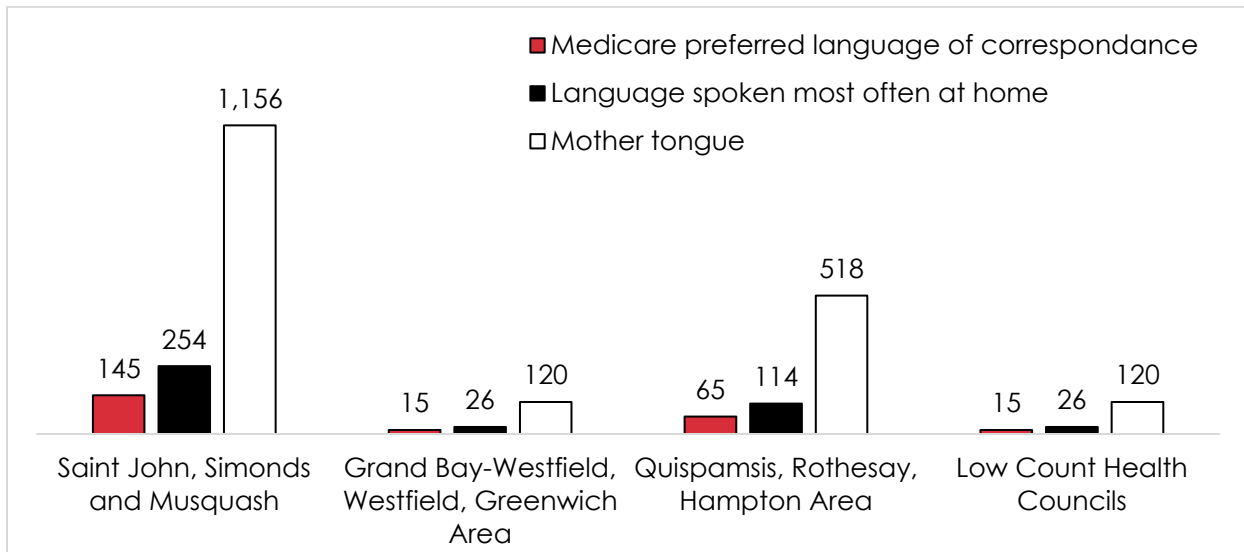
Moncton has the highest scaling factor for language spoken most often at home, resulting in an estimated 11,277 Francophone residents (28.4% of Moncton's population), compared to 5,115 Francophones (12.9%) based on Medicare correspondence language preference in the Citizen Data. Using the mother tongue definition, Moncton has the highest proportion of Francophones by region (38.07%).

**Figure 8: Estimated Number of the Francophone Population (65+) in NB Using 2023 Citizen Data and 2021 Census Definitions of Language Preference**



The scaling factors are applied to a geographic breakdown of the GSJ area by health council in Figure 9. According to the Citizen Data (preferred language for Medicare correspondence), Saint John, Simonds and Musquash have the highest number of Francophones among GSJ health councils, totaling 145 (0.43% of the GSJ population). However, when we instead apply scaling factors to estimate the number of Francophones based on the mother tongue definition, there are as many as 1,156 individuals that would be defined as Francophone (3.42% of the GSJ population).

**Figure 9: Estimated Number of the Francophone GSJ Population (65+) by Health Council Using 2023 Citizen Data and 2021 Census Definitions of Language Preference**



## Additional Characteristics of Interest

Results in this section are obtained using preferred language for Medicare correspondence, taken from the Citizen Data. These results include demographic characteristics, socioeconomic measures, nursing home and in-home care measures, chronic disease measures, hospital admissions, days in hospital per admission, emergency department admissions, emergency department wait-times, physician visits, cancer incidence and prescription rates.

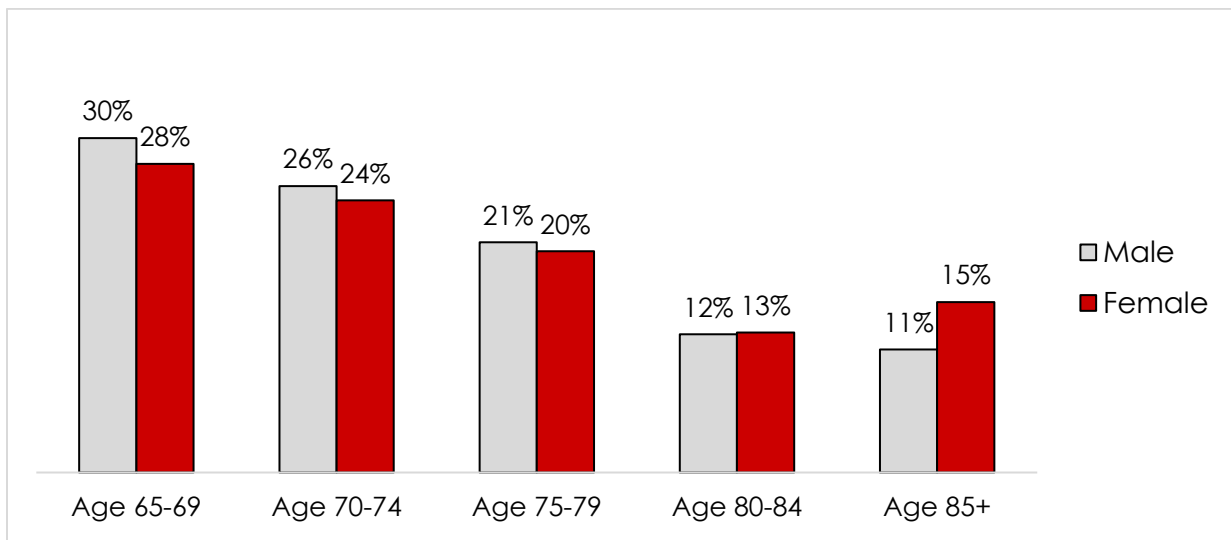
### Demographic Characteristics

The demographic characteristics of the NB 65+ adult population measured include age, sex, household composition, immigrant status and duration of residence.

The population distribution between sexes is relatively even for most age groups, with the largest exception being the 85+ age group, with a 4 percentage point difference between males and females (Figure 10).

The 65-69 age group has the largest share of the 65+ population in NB for both sexes, with 28% and 30% of the female and male population, respectively. The corresponding data for Figure 10 can be accessed in the Appendix ([Table A3](#)).

**Figure 10: Percentage of Francophone NB Population (65+) by Age Group and Sex (2023)**

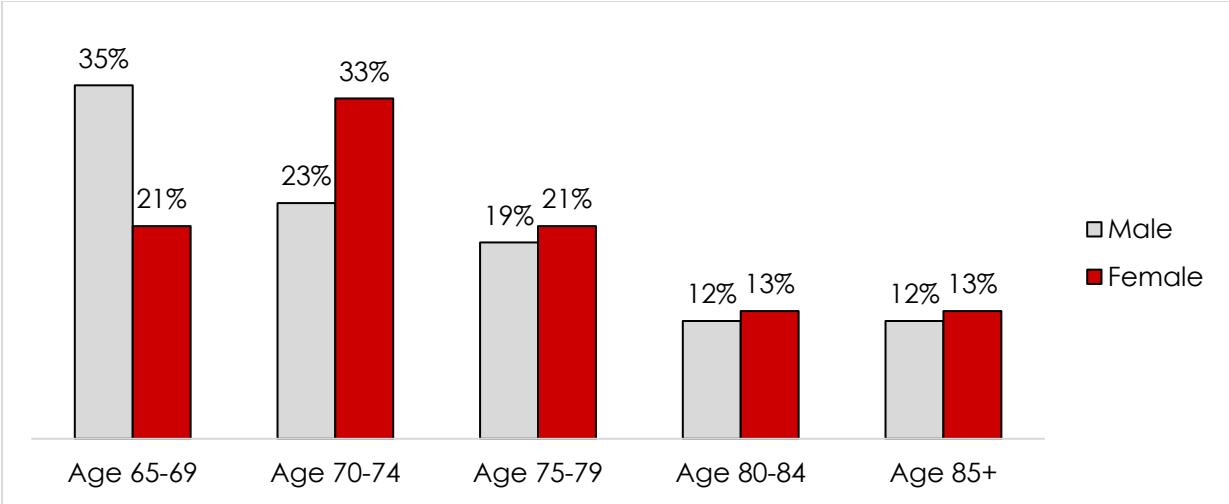


When examining only 65+ Francophone individuals in GSJ, there is more variation in differences of age distribution by sex than in the total population. However, this subgroup has smaller sample sizes, which are more greatly affected by random rounding when calculating proportions (Figure 11).

For men in GSJ, the age category with the greatest Francophone population is still those aged 65-69 (35%), whereas for women it is ages 70-74 (33%). The gap between the percentage of

women versus men in the 85+ age category (1 percentage point) is narrower than for the total population (4 percentage points). However, there are greater sex differences in the younger age categories, such as ages 65-69 and 70-74. The corresponding data for Figure 11 can be found in the Appendix ([Table A3](#)).

**Figure 11: Percentage of Francophone GSJ Population (65+) by Age Group and Sex (2023)**

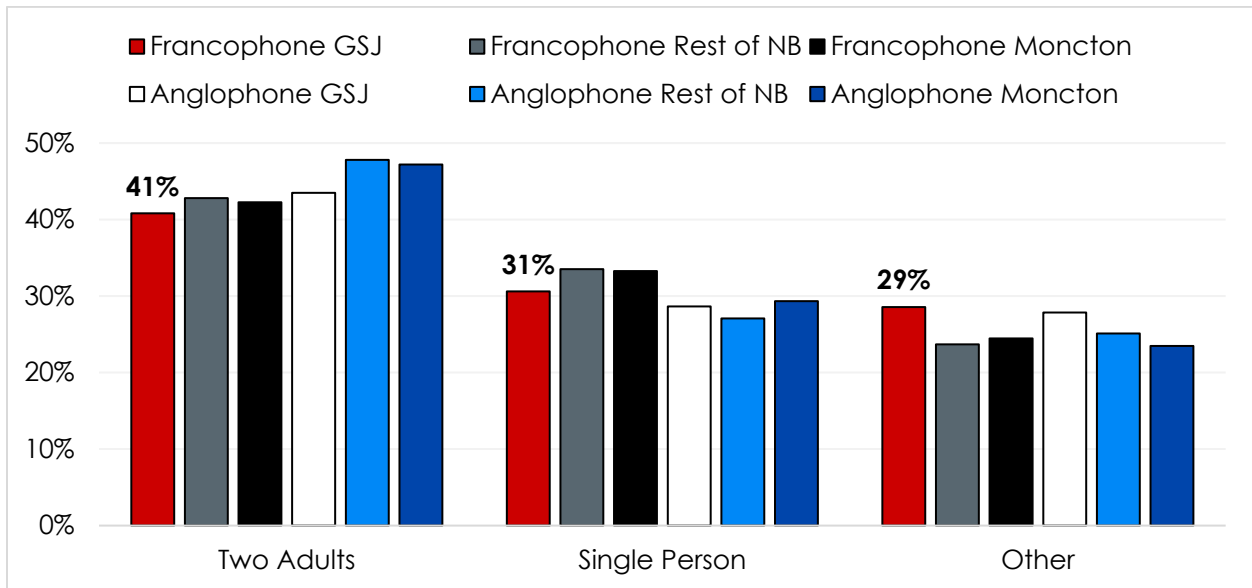


Francophone residents of GSJ have a lower proportion of two adult households (41%) than other geographic and language subgroups (Figure 12). That is, they are more likely to be living alone, according to results from the Citizen Data.

Individuals in the Other household composition group can include individuals living in assisted living facilities or living in a household with more than two adults (e.g., living with extended family members).

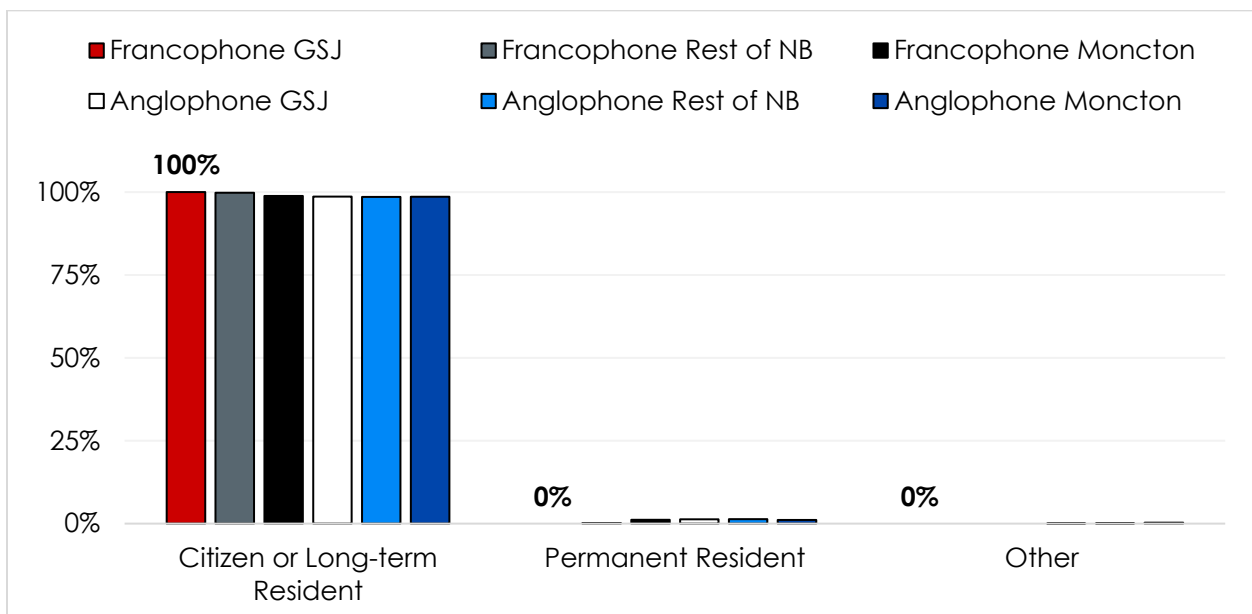
Nearly half of Anglophones from the Rest of NB (48%) and Anglophones living in Moncton (47%) have a two-adult household composition, which is 5 percentage points greater than Francophones in the same regions and more than 4 percentage points greater than the proportion of Anglophones with two-adult households in the GSJ region (43%). The corresponding data for Figure 12 can be found in the Appendix ([Table A4](#)).

**Figure 12: Proportion of NB Population (65+) by Household Composition, Language and Area (2023)**



With respect to immigrant status (Figure 13), all 65+ Francophones living in GSJ and in the Rest of NB are citizens or long-term residents, compared to 99% of 65+ Francophones living in Moncton and 65+ Anglophones living in the three geographic areas. Only 1% of the NB population aged 65+ are permanent residents. The corresponding data for Figure 13 can be found in the Appendix ([Table A5](#)).

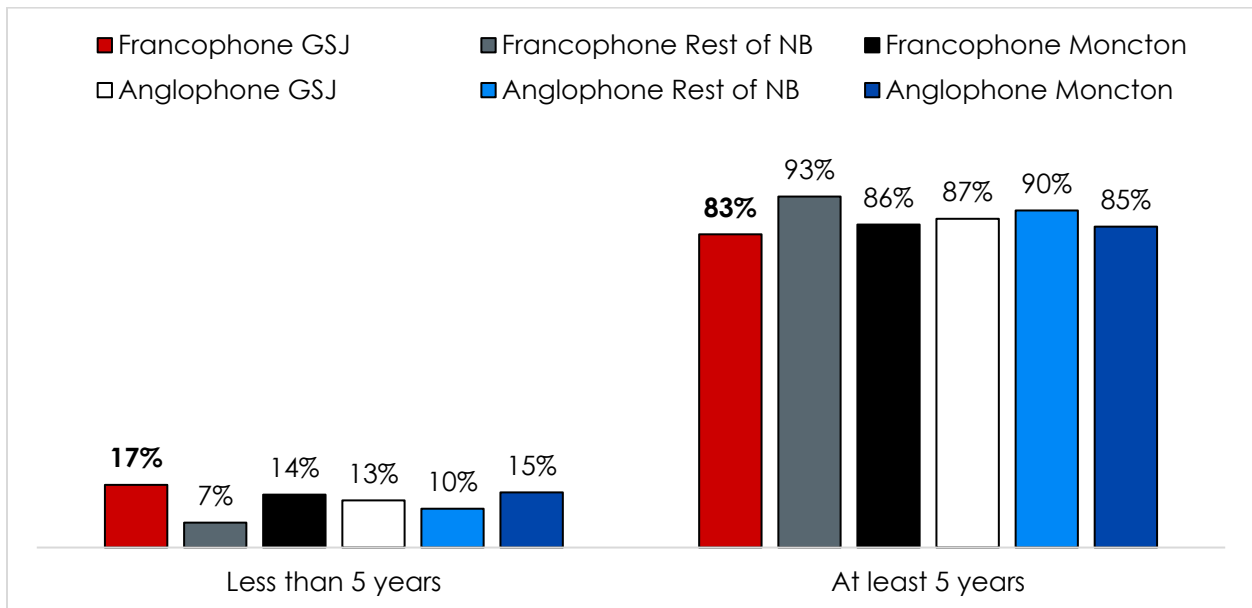
**Figure 13: Proportion of NB Population (65+) by Immigrant Status, Language and Area (2023)**



The length of time individuals resided in the same general area is assessed using the FSA of their home address in Figure 14.

The percentage of 65+ Francophone residents of GSJ who have lived at the same FSA for less than five years (17%) is the largest among all geographic and language subgroups. This suggests there have been more recent moves to, or within, GSJ from older Francophone individuals who might be more likely to experience challenges accessing social and health services. The corresponding data for Figure 14 can be found in the Appendix ([Table A6](#)).

**Figure 14: Proportion of NB Population (65+) by Duration of Residence in a Single FSA, Language and Area (2023)**



### Socioeconomic Measures

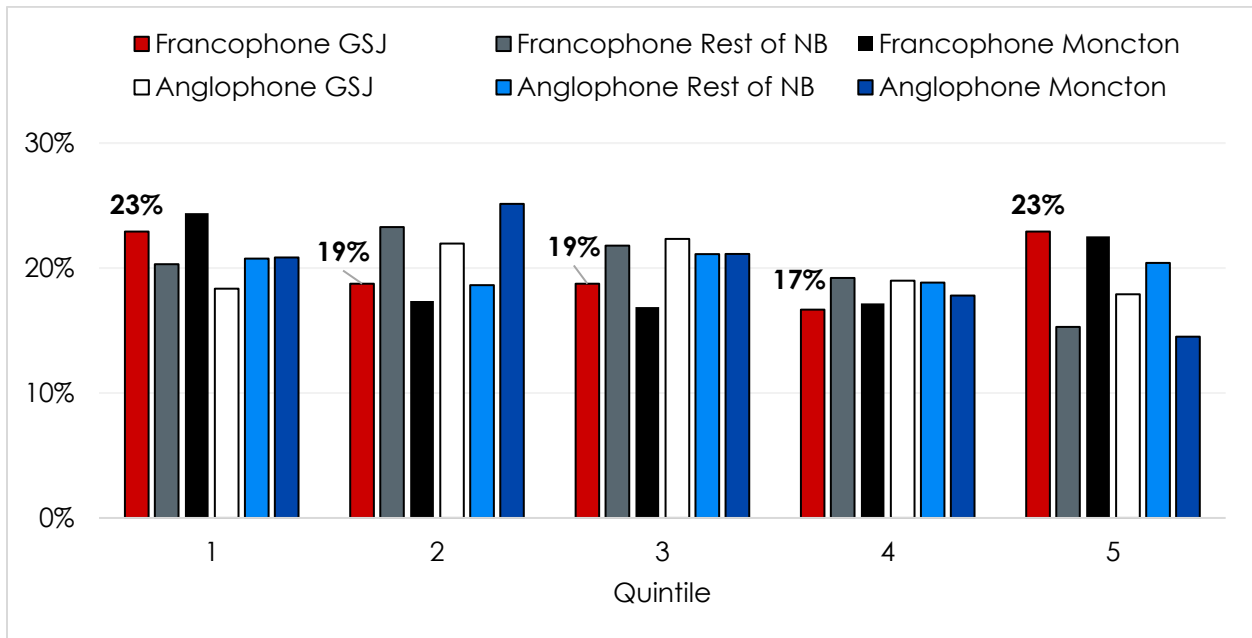
Two key socioeconomic measures are captured in this report: neighbourhood income quintiles and the number of individuals receiving New Brunswick Social Assistance.

Figure 15 shows the distribution of the 65+ NB population by area-level income quintile among geographic and language subgroups, with 5 being the highest quintile.<sup>11</sup> Francophones in GSJ have a greater proportion of individuals living in areas within the lowest and highest income quintiles compared to the middle three quintiles. A similar pattern is also observed among Francophones living in Moncton. The corresponding data for Figure 15 can be found in the Appendix ([Table A7](#)).

<sup>11</sup> Income quintiles are computed based on the NB population as of 2016. Because of demographic changes since then, the income quintiles for the NB population in this study deviate by small amounts from an even quintile distribution.



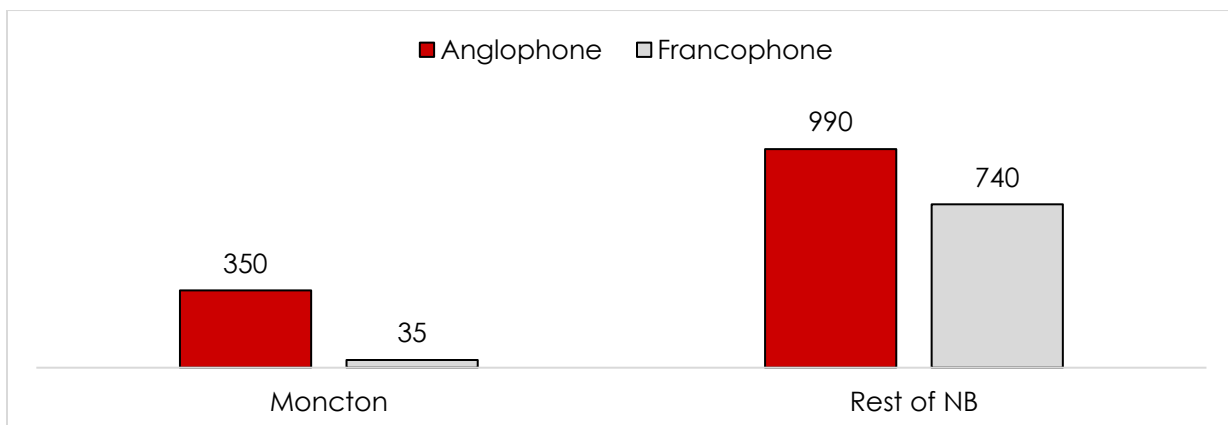
**Figure 15: Proportion of NB Population (65+) by Area-Level Income Quintile, Language and Area (2023)**



Between 2015 and 2019, more than 2,000 individuals in NB received support from New Brunswick Social Assistance at least once (Figure 16). In both Moncton and the Rest of NB, there were more instances of Anglophones than Francophones receiving social assistance; however, it should be noted that there are more Anglophones living in each of these regions. The results for GSJ are not reported due to low cell counts.

It should also be noted that at 65 years of age, individuals become eligible for federal benefits such as Old Age Security (OAS) and Guaranteed Income Supplement (GIS), and because those benefits are higher than New Brunswick Social Assistance, people tend to receive income support federally beginning at age 65. Those that are not eligible for federal income support may continue to receive support from New Brunswick Social Assistance.

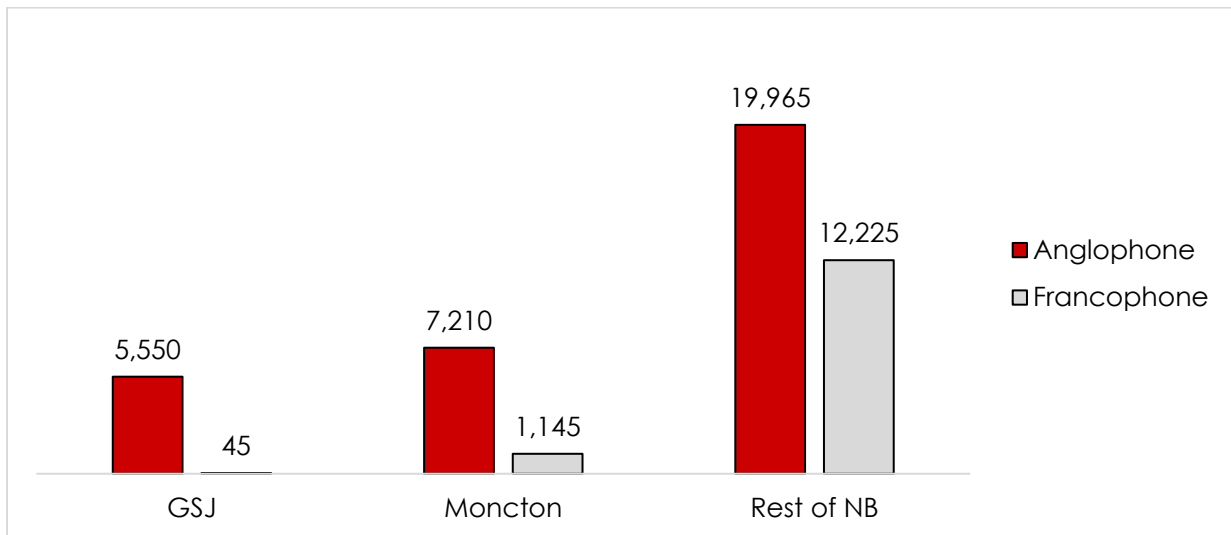
**Figure 16: Number of NB Population (65+) That Received Social Assistance by Language and Area (2015-2019)**



## In-Home and Nursing Home Care

While more Anglophones than Francophones received in-home care across the three regions observed, the number of 65+ Francophones in GSJ receiving in-home care (Figure 17) is especially small: 45 individuals total over the 2015-2018 period.

**Figure 17: Number of Individuals (65+) Receiving In-Home Care by Area and Language (2015-2018)**



When using scaling factors (Table 5), the estimated number of Francophones in GSJ receiving in-home care ranges from 45 to 359.

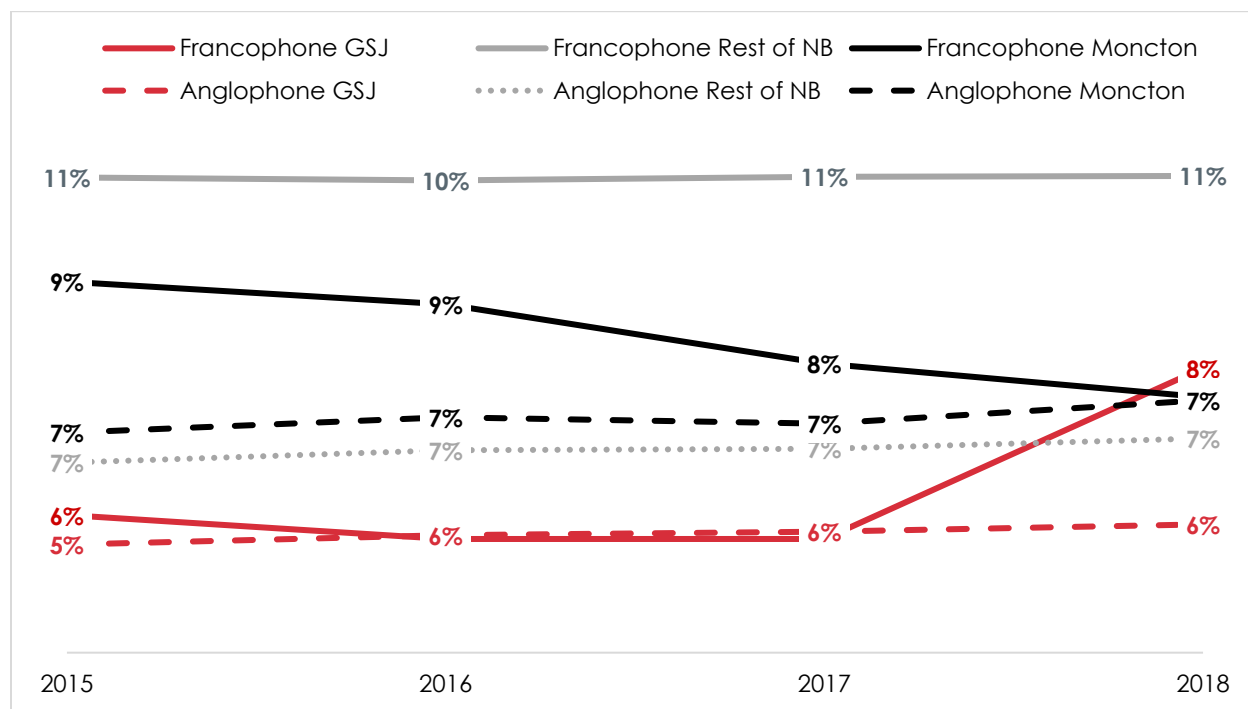
**Table 5: Estimates of Francophone GSJ Individuals 65+ Receiving In-Home Care Using Scaling Factors (2023 Citizen Data and 2021 Census Definitions of Language Preference)**

Language Definition	Scaling Factor	Francophone GSJ In-Home Care Recipients	% Francophone GSJ In-Home Care Recipients
Preferred language of Medicare correspondence	1.00	45	0.13%
Language spoken most often at home	1.75	79	0.23%
Mother tongue	7.97	359	1.06%

The proportion of individuals receiving in-home care is smallest for both Anglophones and Francophones in the GSJ region from 2015 to 2017; but in 2018, there was a 2 percentage point increase among Francophone GSJ residents (Figure 18).

Francophones from the Rest of NB consistently have the highest percentage of residents receiving in-home care from 2015-2018, while Francophones from the Moncton region have observed steady declines in the proportion of residents receiving in-home care. The corresponding data for Figure 18 can be found in the Appendix ([Table A8](#))

**Figure 18: Proportion of NB Population (65+) Receiving In-Home Care by Language and Area (2015-2018)**



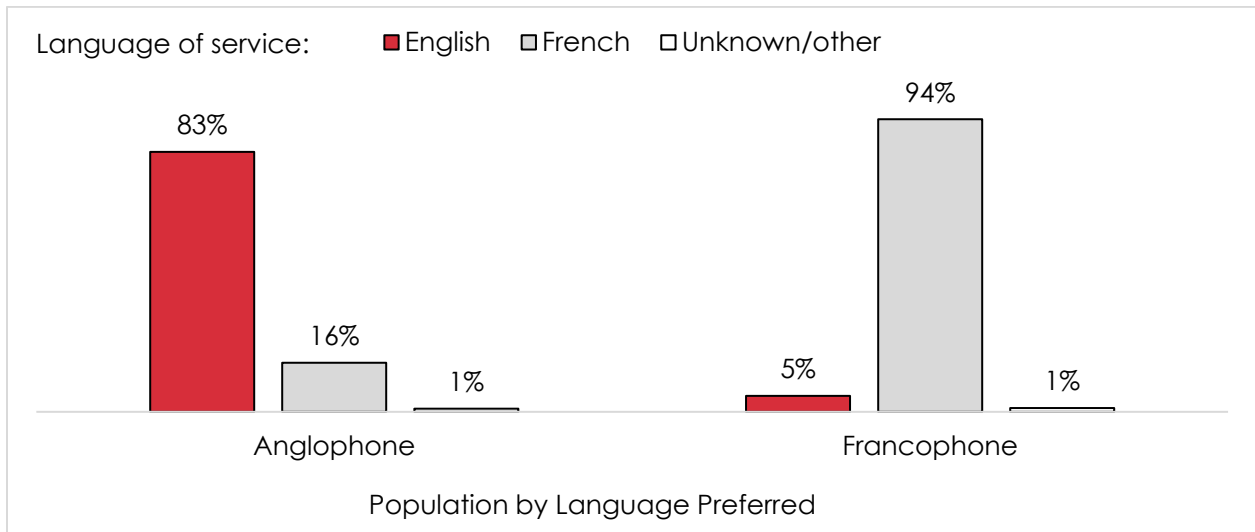
Individuals receiving in-home care in G SJ may have indicated French as their preferred language for Medicare correspondence but may receive in-home care services in English, or vice versa.

Figure 19 shows that for the province of NB, a high proportion of individuals indicating English as their preferred language for Medicare correspondence receive their care in English, while an even higher proportion of those that indicated French receive it in French.

We derived additional information on language of service from the Home Care Program Data. Yet, while Home Care Program Data records are also available for G SJ Francophones, the number of Francophone G SJ residents receiving in-home care is small (n=10), and drawing conclusions from such limited data is difficult.

A possible explanation for the low counts among G SJ Francophones could be the reluctance to go to other cities where they may be offered services in French; instead, they stay in Saint John and receive services in English. The corresponding data and additional data for 2015-2018 in NB and G SJ can be found in the Appendix ([Table A9](#) and [Table A10](#)).

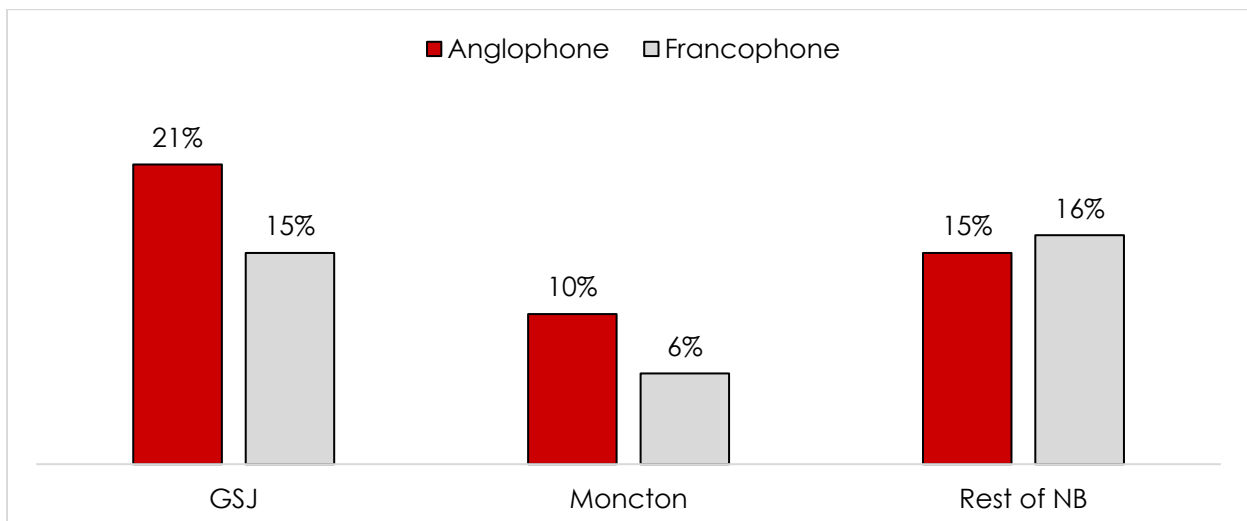
**Figure 19: Proportion of NB Population (65+) Receiving In-Home Care by Language of Service and Preferred Language (2018)**



The proportion of individuals 65+ in nursing homes by region and language is shown in Figure 20. Anglophones living in GSJ have the greatest proportion of their population living in nursing homes (21%). This is 6 percentage points higher than the proportion of GSJ Francophones living in nursing homes (15%).

In Moncton, the proportion of Anglophones in nursing homes is 4 percentage points higher than the proportion of Francophones. Meanwhile, Francophones have a greater proportion of their population in nursing homes in the Rest of NB (16%) compared to those in both GSJ (15%) and the Moncton region (6%). The corresponding data for Figure 20 can be found in the Appendix ([Table A11](#)).

**Figure 20: Proportion of NB Population (65+) Living in Nursing Homes by Language and Area (2022)**



## Chronic Disease Measures

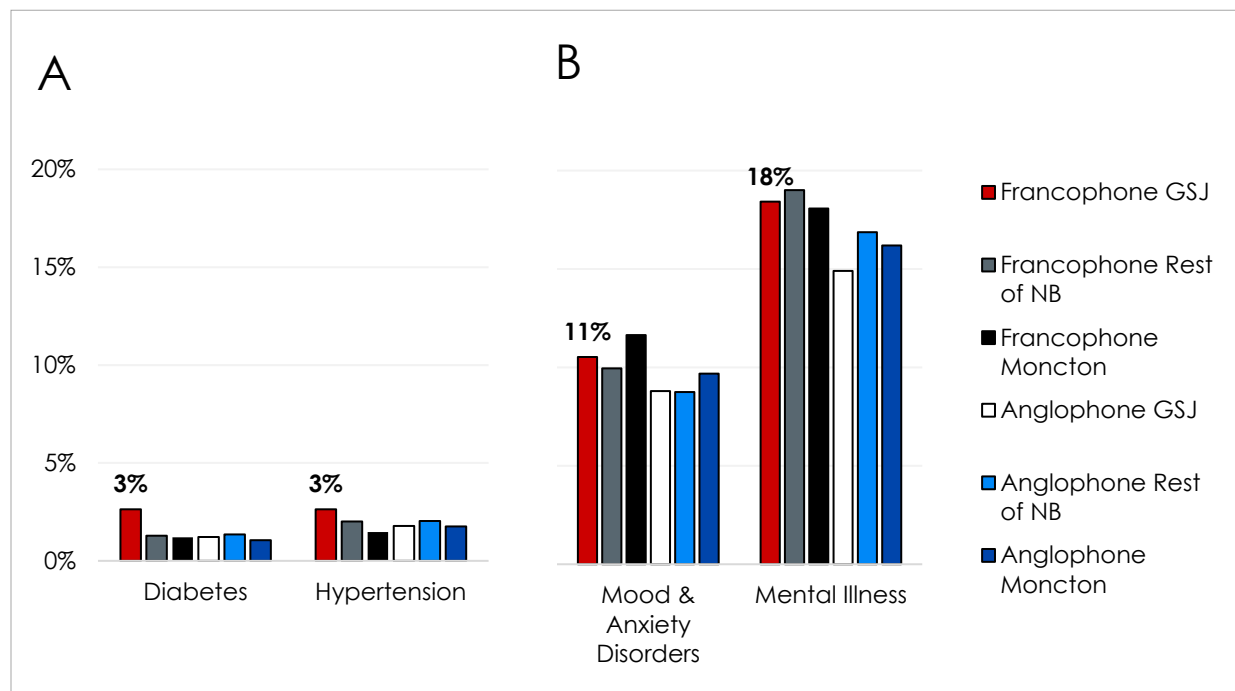
The primary chronic disease measures examined in this report are prevalence rates of new diagnoses, prevalence of hypertension and average years since diagnosis. The year 2018 is the focus of the analysis.

Figure 21 below shows the incidence of newly diagnosed chronic conditions by language and area among the 65+ population in NB in 2018 for the four most common conditions: diabetes, hypertension, mood and anxiety disorders and mental illness.

Mental illness and mood and anxiety disorders (Figure 21B) are shown separately from diabetes and hypertension (Figure 21A) because their diagnosis status can change over time. If a mental illness or mood and anxiety disorder is recognized in any given year, the condition is classified as reported for that year. Once an individual is diagnosed with diabetes or hypertension, their diagnosis status remains fixed. With mental illness and mood and anxiety disorders, however, individuals may be diagnosed in one year, but the conditions may be unreported the next. The presence of a diagnosis of mental illness or mood and anxiety disorder in the year 2018 may not necessarily be new but is rather considered as reported for the year of interest.

Francophone GSJ residents have the highest new incidence (3%) of diabetes and hypertension diagnoses compared to the other language and area subgroups. In general, the Francophone populations for the three areas have greater prevalence of active mental illness and mood and anxiety disorders than their Anglophone counterparts from the same regions. The corresponding data for Figure 21 can be found in the Appendix ([Table A12](#)).

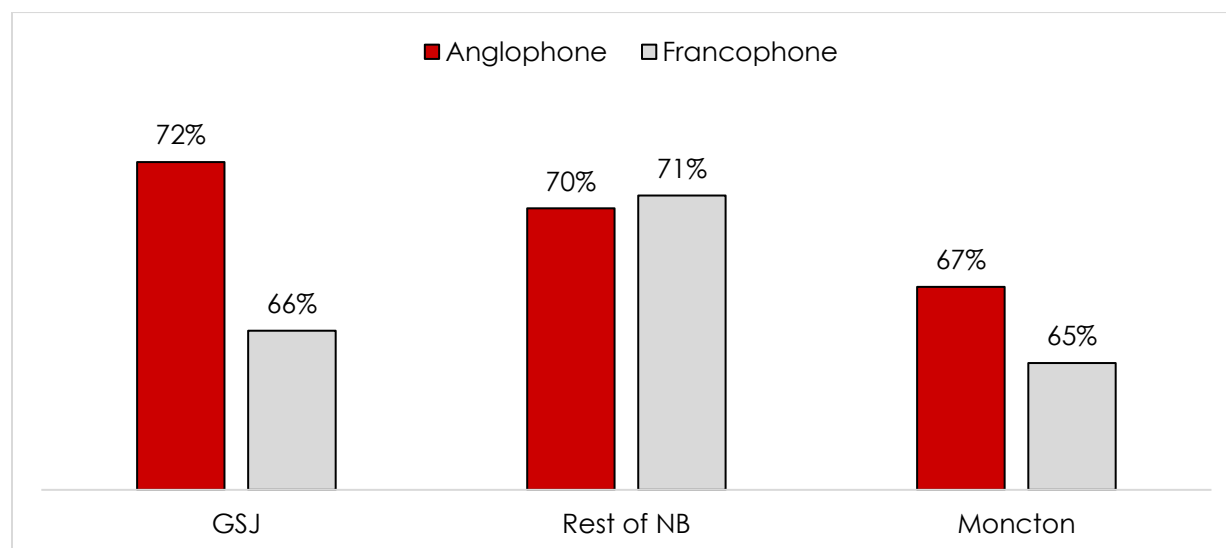
**Figure 21: Incidence Rates of New Diagnoses (A) and Prevalence Rates of Reported Diagnoses (B) of the Four Most Prevalent Chronic Diseases in NB Population (65+) by Language and Area (2018)**



To re-iterate, the diagnoses for mental illness and mood and anxiety disorders in Figure 21B are not necessarily new in 2018; rather, they present cases reported in 2018 that were potentially identified in the past.

Figure 22 shows the prevalence of hypertension in the 65+ population by area and language. For the Rest of NB, the prevalence of hypertension for Francophones and Anglophones is within 1 percentage point. However, there are large observed differences in the prevalence of hypertension between Anglophones and Francophones in the GSJ and Moncton regions. Anglophones in GSJ have the highest prevalence of hypertension (72%), and Francophones in Moncton have the lowest (65%). The corresponding data for Figure 22 can be found in the Appendix (Table A13).

**Figure 22: Prevalence Rates of Hypertension among the NB Population (65+) by Language and Area (2018)**

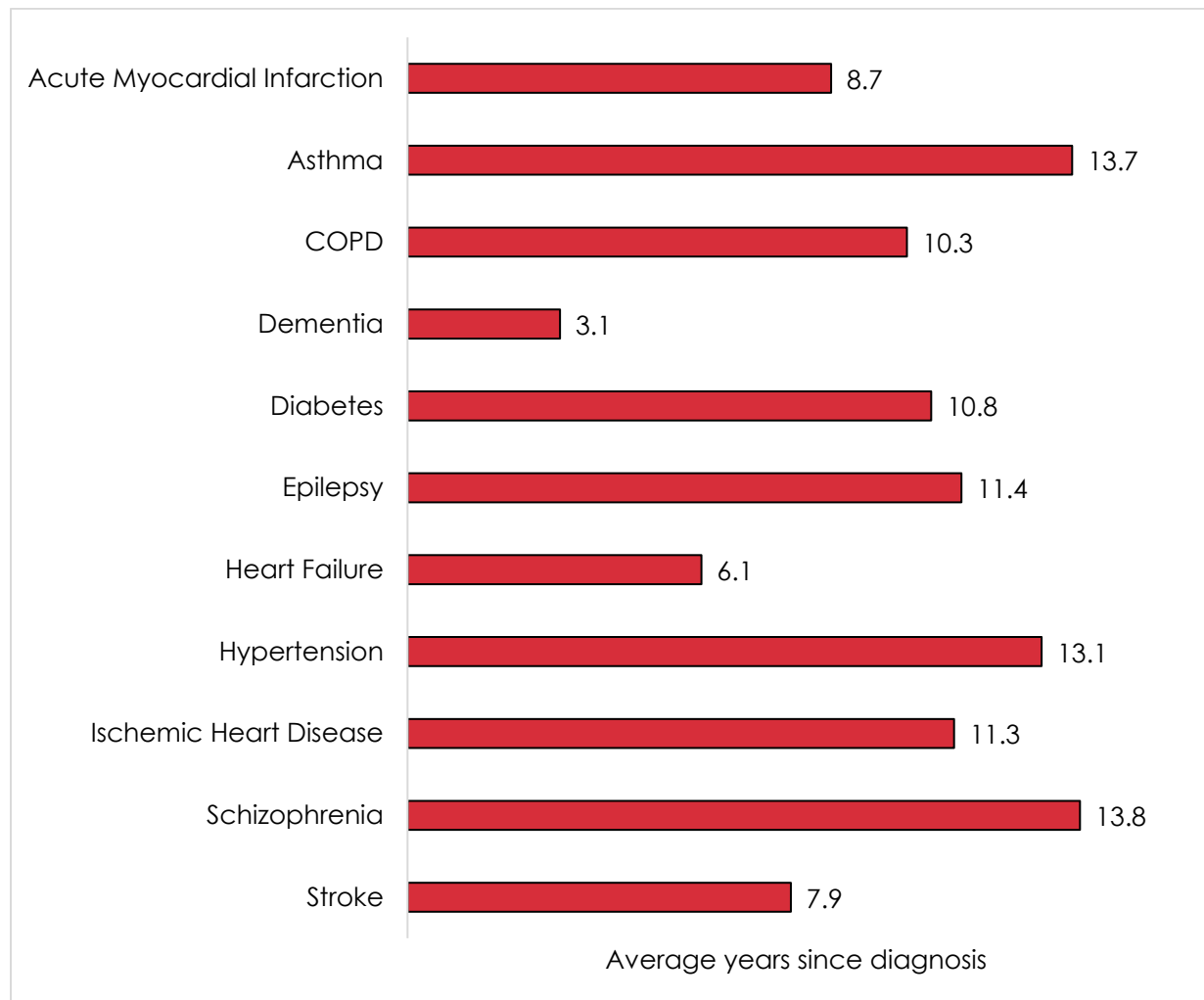


The average number of years since diagnosis for the NB population is determined for all chronic diseases, excluding mental illnesses and mood and anxiety disorders, in Figure 23.

Schizophrenia and asthma have the highest average number of years since diagnosis, at 13.8 and 13.7 years, respectively. Dementia has the lowest average number of years since diagnosis (3.1 years).

Due to limits imposed by years of available data, the earliest possible diagnosis year for an individual is 1995. Therefore, the data could fail to capture diagnoses prior to data collection, meaning the average number of years since diagnosis is at least as many years as estimated in Figure 23.

**Figure 23: Average Years Since Diagnosis of Chronic Diseases for the NB Population (65+) (Excludes Mental Illness and Mood and Anxiety Disorders) (2018)**

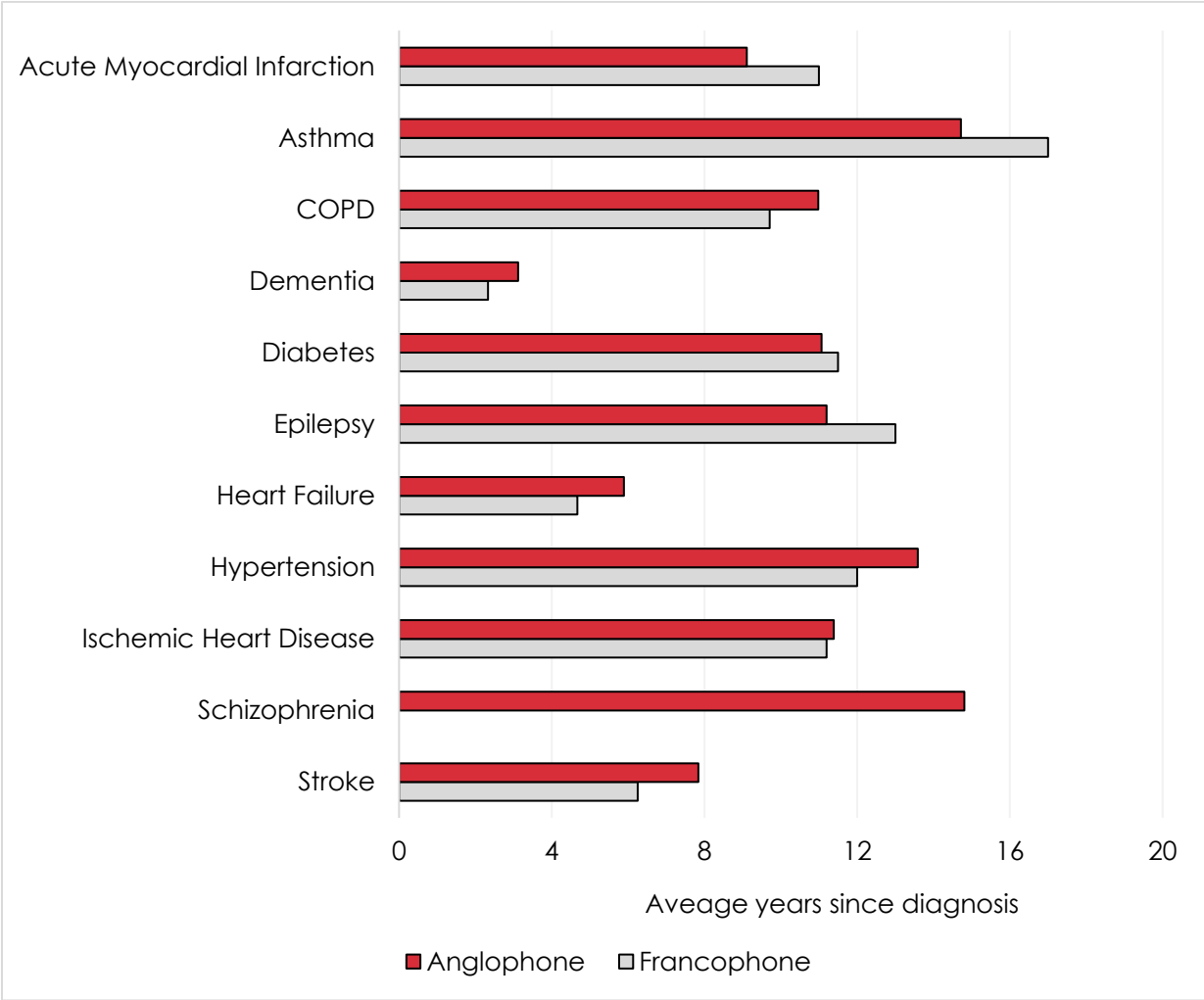


For most chronic conditions, the years since diagnosis are similar between the Francophone and Anglophone GSJ 65+ population (Figure 24).

Asthma and schizophrenia are still the two conditions with the longest average duration since diagnosis, which is consistent with results for NB overall. The largest difference observed between GSJ residents and the overall NB population is for asthma: Francophones from GSJ have an average of 17 years since diagnosis, whereas the average number of years since diagnosis for the NB population 13.7.

There were no cases of schizophrenia among Francophones from GSJ recorded during the study period. The corresponding data for Figure 24 can be found in the Appendix ([Table A14](#)).

**Figure 24: Average Years Since Diagnosis of Chronic Diseases for GSJ Population (65+) by Language (Excludes Mental illness and Mood & Anxiety Disorders) (2018)**



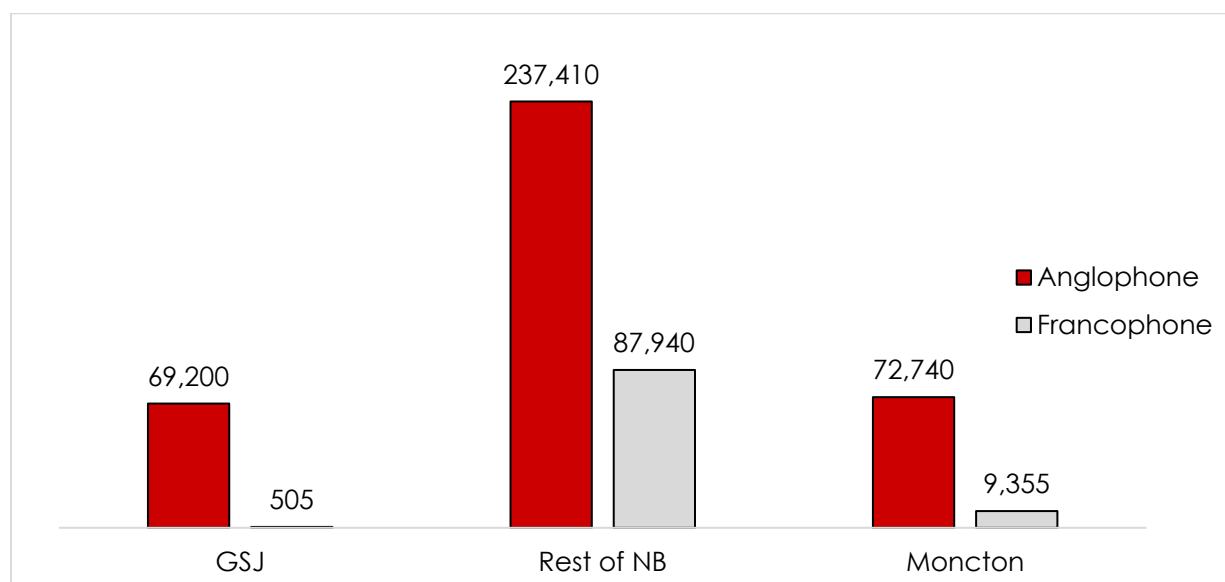
**Hospital Admissions and Days in Hospital per Admission**

The distribution of hospital admissions in the three main geographic areas (Figure 25) is similar to the overall population distribution for both Francophones and Anglophones (Figure 4).

Francophones in GSJ have a cumulative total of 505 hospital admissions over the period 2015-2020.



**Figure 25: Total Hospital Admissions in NB Population (65+) by Language and Area (2015-2020)**



However, if 2021 Census-based scaling factors are used, estimates of Francophone GSJ hospitalizations are as high as 4,026 when using the mother tongue language definition (Table 6).

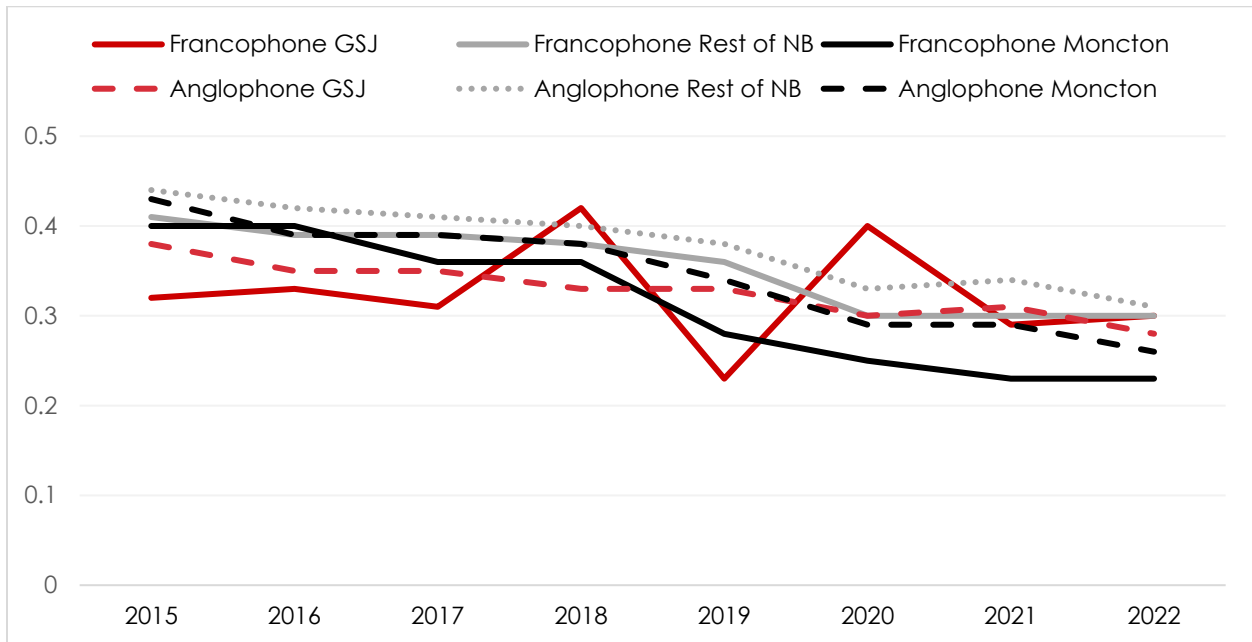
**Table 6: Estimates of Francophone GSJ Hospital Admissions Using Scaling Factors (2023 Citizen Data and 2021 Census Definitions of Language Preference)**

Language Definition	Scaling Factor	Francophone GSJ Hospital Admissions	% Francophone GSJ Hospital Admissions
Medicare preferred language of correspondence	1.00	505	1.50%
Language spoken most often at home	1.75	885	2.62%
Mother tongue	7.97	4,026	11.93%

The rate of hospitalizations per language and geographic area subgroup has consistently declined for all subgroups from 2015-2022 except for the Francophone GSJ population, which has observed more variation over the years as the smallest subgroup (Figure 26).

In more recent years, the Anglophone and Francophone populations in Moncton have had the lowest hospitalization rate per capita since 2021. The corresponding data for Figure 26 can be found in the Appendix ([Table A15](#)).

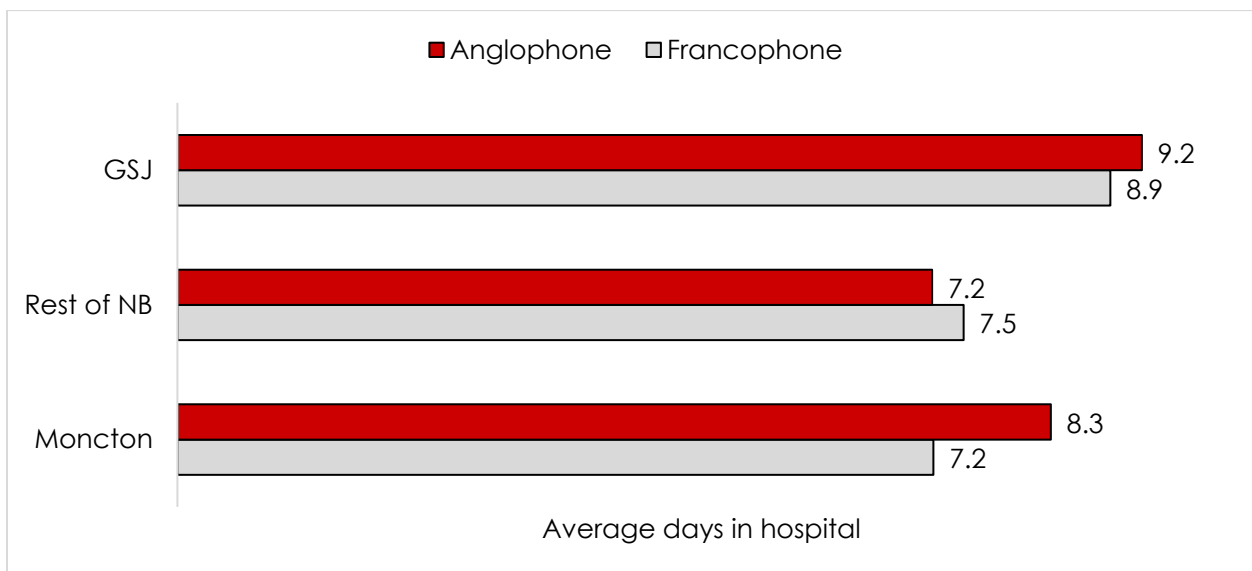
**Figure 26: Hospitalizations per Capita for NB Population (65+) by Language and Area (2015-2022)**



The average number of days in hospital for the 65+ NB population during the 2015-2022 period was highest in the G SJ area – for both Francophones and Anglophones (though, Anglophones were slightly higher) (Figure 27).

In the Moncton area, Anglophones spend on average 1.1 days longer in the hospital than Francophones.

**Figure 27: Average Number of Days in Hospital among Hospital Admissions in NB Population (65+) by Language and Area (2015-2022)**

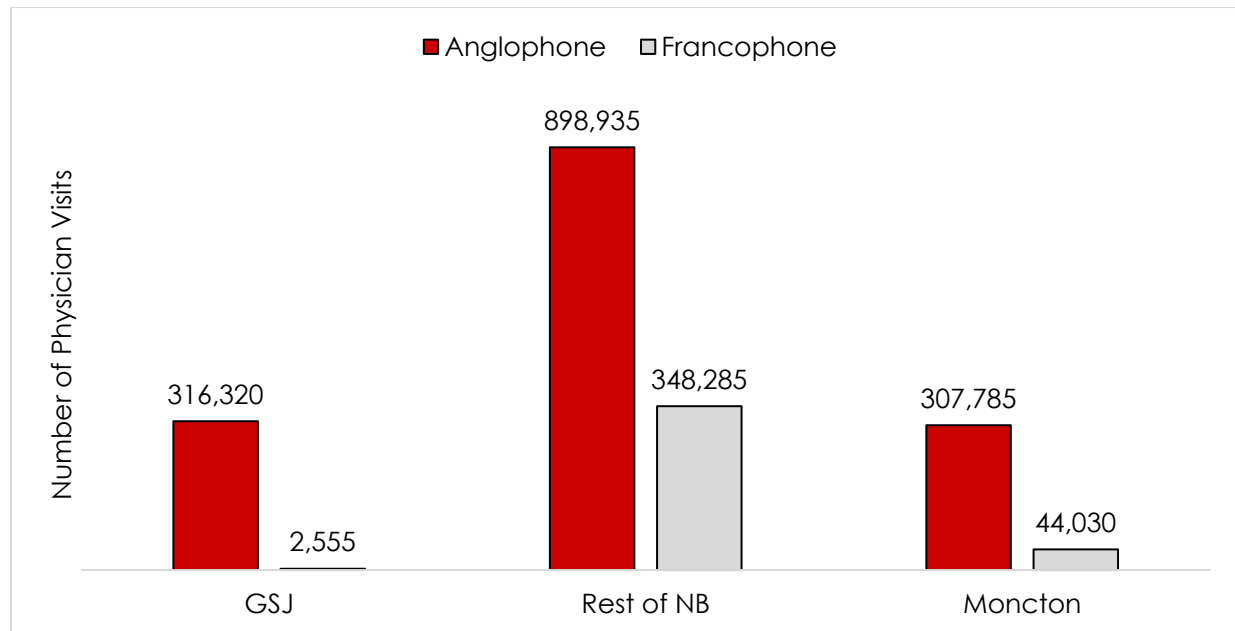


## Physician Visits

Physician visits in GSJ in 2020 were largely made by Anglophones, with just 2,555 physician visits (0.8% of total GSJ physician visits) coming from Francophones (Figure 28).

In contrast, the proportion of Francophone physician visits within Moncton is higher (12.5%), and the proportion of Francophone physician visits for the Rest of NB is even higher (27.9%). The distribution of physician visits follows a distribution similar to the overall population, as shown in [Figure 4](#). The corresponding data and additional years of data from 2015-2020 are available in the Appendix ([Table A16](#)).

**Figure 28: Total Physician Visits in NB Population (65+) by Language and Area (2020)**



Using 2021 Census-based scaling factors, estimates for the number of physician visits in 2020 for Francophones in GSJ are as high as 20,367 (6.4%) for those with a French mother tongue (Table 7).

**Table 7: Estimates of Francophone GSJ Physician Visits in 2020 Using Scaling Factors (2023 Citizen Data and 2021 Census Definitions of Language Preference)**

Language Definition	Scaling Factor	Francophone GSJ Physician Visits	% of GSJ Physician Visits
Medicare preferred language of correspondence	1.00	2,555	0.8%
Language spoken most often at home	1.75	4,475	1.4%
Mother tongue	7.97	20,367	6.4%

The next part of our analysis of physician visits focuses on the Médisanté clinic in Saint John due to its status as a clinic serving the Francophone community in a predominantly Anglophone area of NB.

Two additional establishment groups where physician visits are received are also defined: one for other known establishments and another for unknown establishments where the location of the physician visit is not stated.

The Médisanté clinic received 10,595 total physician visits in GSJ from 2015-2021 (Figure 29), which represents 0.49% of total physician visits in GSJ.

**Figure 29: Total Number of Physician Visits in GSJ Population (65+) by Establishment Type (2015-2021)**

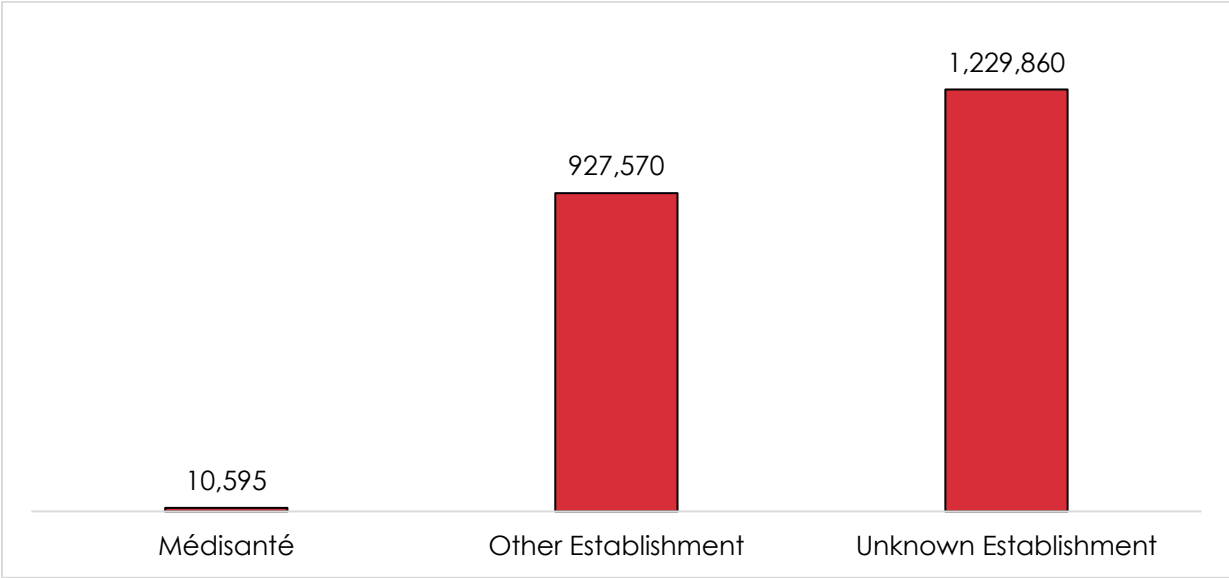
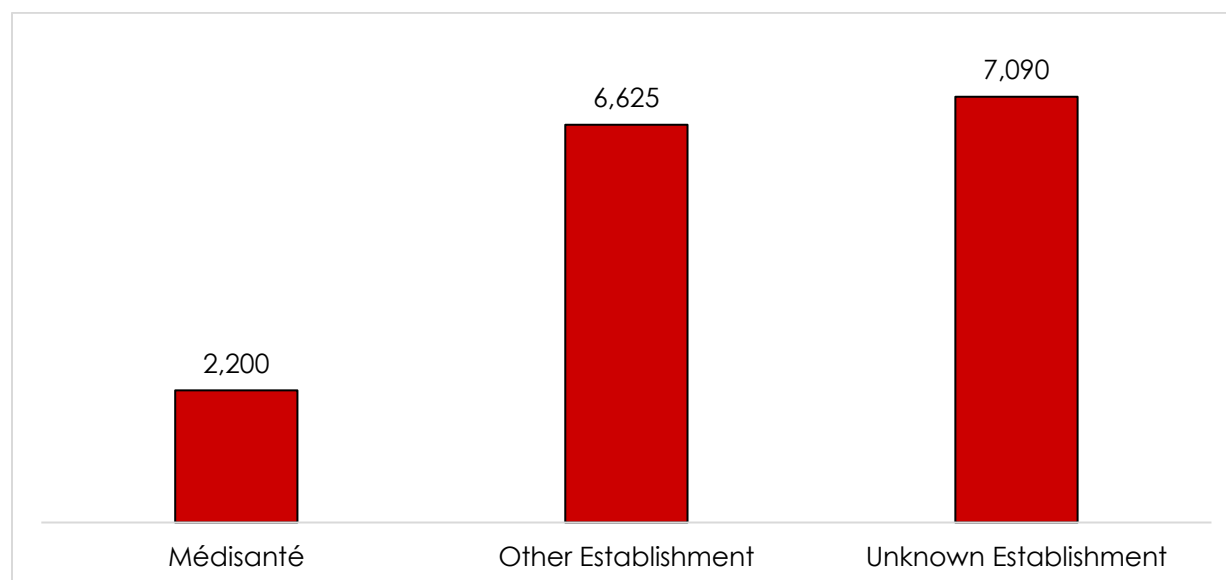


Figure 30 shows the number of physician visits among GSJ Francophones from 2015-2021 by establishment type. The 2,200 Médisanté clinic visits from 2015-2021 account for 13.8% of all physician visits from older Francophones in GSJ during that period.

These Médisanté physician visits from older Francophone patients constitute 20.8% of the 10,595 Médisanté physician visits for all of GSJ. This indicates that nearly 80% of visits to the Médisanté clinic are from individuals who indicated English as their preferred language for Medicare correspondence.

**Figure 30: Total Physician Visits of Francophones (65+) in GSJ to the Médisanté Clinic, Other Medical Establishments or Unknown Establishments (2015-2021)**



If the number of GSJ Médisanté visits from Francophones in GSJ is scaled according to mother tongue, there could be an estimated 17,537 visits over the same period by older Francophones, which is greater than the total number of observed GSJ Médisanté visits (Table 8).

That is, if demand for health services at the clinic reflected the number of people with French as a mother tongue, the estimated number of visits would be greater than the total number of visits made by all individuals. The implication, then, is that the clinic would need to increase its capacity if it was to meet this level of demand.

**Table 8: Estimates of Francophone 65+ GSJ Médisanté Visits Using Scaling Factors (2015-2021)**

Language Definition	Scaling Factor	Francophone GSJ Médisanté Visits	% Francophone GSJ Médisanté Visits
<b>Medicare preferred language of correspondence</b>	1.00	2,200	20.76%
<b>Language spoken most often at home</b>	1.75	3,853	36.37%
<b>Mother tongue</b>	7.97	17,537	165.52%

There is a growing number of Médisanté visits each year, especially for the Anglophone population (Table 9). Between 2015-2021, the number of Médisanté visits from older Anglophones increased by 273.8% (from 725 to 1,985), while older Francophone visits increased by 261.0% (from 205 to 535). That being said, the proportion of physician visits to Médisanté from Francophones has remained relatively stable from 2015-2021, at around 22%.

Note that the discrepancy between preferred language of correspondence and mother tongue is greatest in GSJ. If physician visits could be identified based on the patient's mother tongue, the numbers would likely be higher than what is seen for Francophones in Table 9.

**Table 9: Total 65+ Médisanté Physician Visits by Language (2015-2021)**

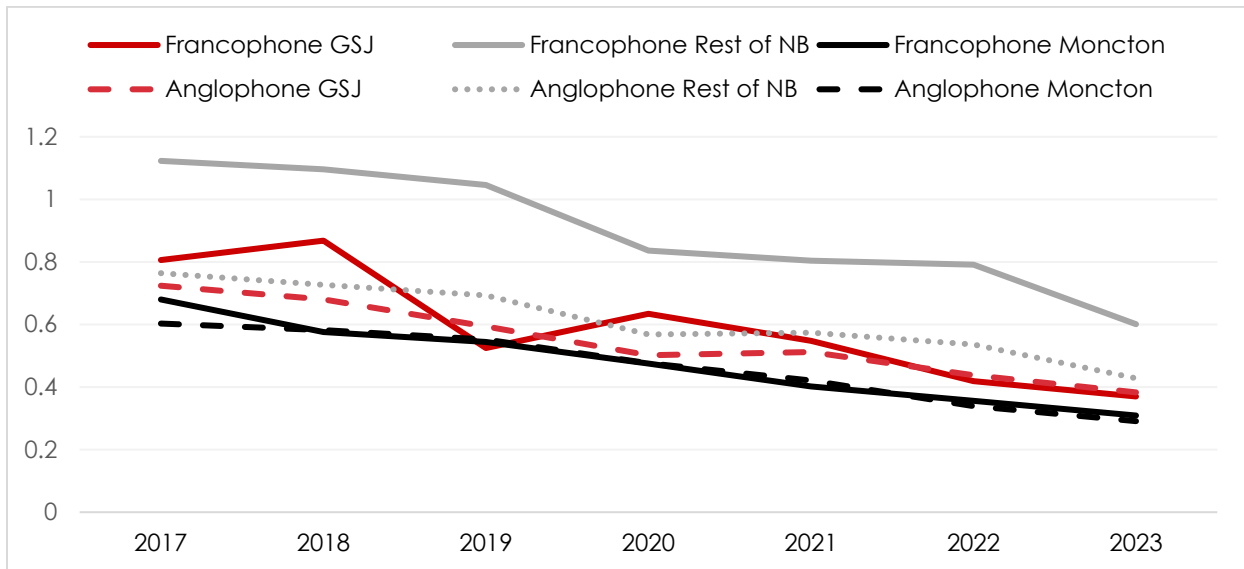
	Anglophone	Francophone	Francophone (%)
<b>2015</b>	725	205	22%
<b>2016</b>	885	255	22%
<b>2017</b>	1015	300	23%
<b>2018</b>	1070	325	23%
<b>2019</b>	1150	280	20%
<b>2020</b>	1745	480	22%
<b>2021</b>	1985	535	21%

#### **Per Capita Emergency Department Visits, Cancer Incidence and Prescription Rates**

Per capita emergency department visits steadily declined for all language and area subgroups from 2017-2023 (Figure 31). Francophones in the Rest of NB have the highest number of emergency department visits per capita for each year observed.

Moncton area residents, both Anglophone and Francophone, have the lowest number of emergency department visits per capita for each year except 2019, when Francophone emergency department visits in GSJ dipped to 0.53 visits per capita. The corresponding data for Figure 31 can be found in the Appendix ([Table A17](#)).

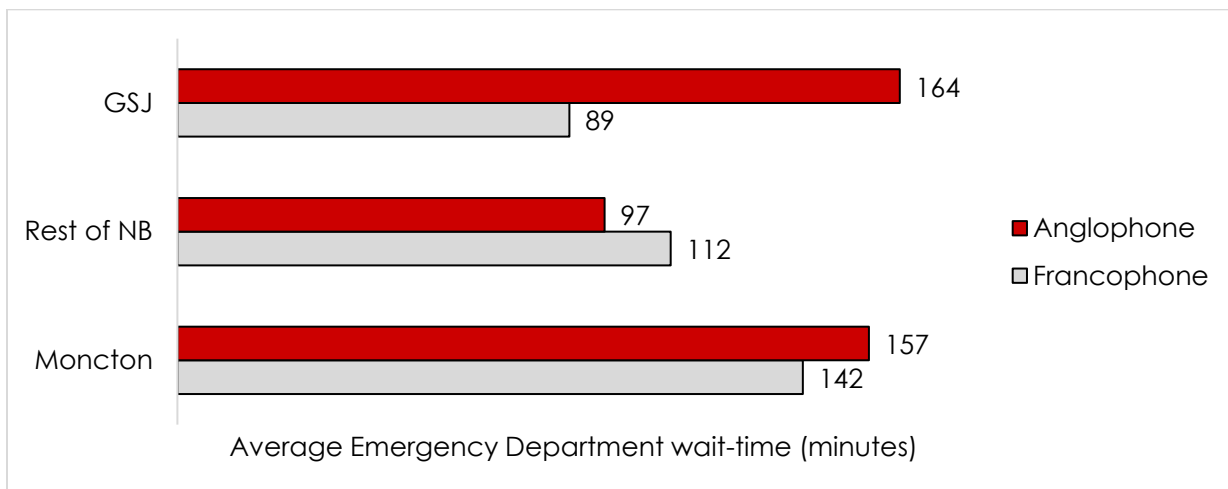
**Figure 31: Per Capita Emergency Department Admission Rate for NB Population (65+) by Language and Area (2017-2023)**



Anglophone GSJ residents have the longest average wait-time in Horizon Health Network emergency departments<sup>12</sup> (164 minutes), whereas Francophone GSJ residents have the shortest (89 minutes), which is over an hour difference between the two language groups (Figure 32).

Anglophones from Moncton also have longer wait-times than Francophones by approximately 15 minutes; however, Francophones in the Rest of NB have average wait-times that are approximately 15 minutes shorter than their Anglophone counterparts.

**Figure 32: Average Emergency Department Wait-Time in Horizon's Emergency Department Waiting Room in Minutes for NB Population (65+) by Language and Area (2017-2023)**

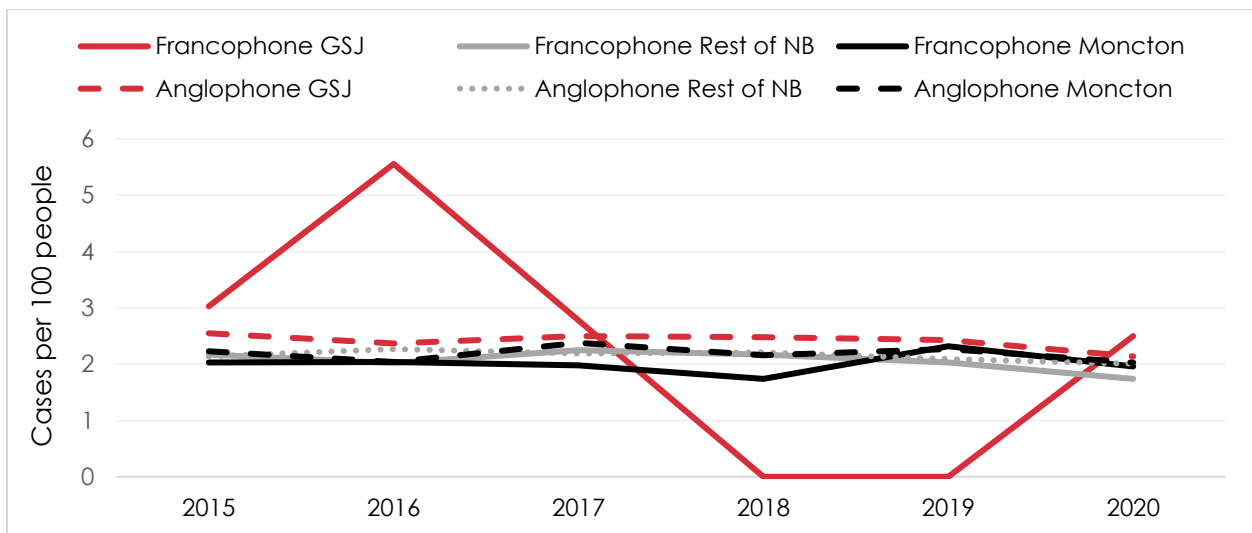


<sup>12</sup> Because the Vitalité Emergency Department Data does not include records of wait-times, we only report on wait-times at Horizon Health Network hospitals.

The new incidence of cancer diagnoses per capita varies highly for the Francophone GSJ population, whereas it remained stable from 2015-2020 for the other language and area subgroups (Figure 33). This variability is likely due to the small sample size of Francophones in GSJ.

In 2016, the rate of new cancers diagnoses reached 5.6 cases per 100 people among Francophone GSJ residents – the highest rate of all groups during the study period. Anglophone GSJ residents had a marginally higher incidence of cancer compared to all residents from Moncton and the Rest of NB, regardless of language group. The corresponding data for Figure 33 can be found in the Appendix ([Table A18](#)).

**Figure 33: Per Capita Cancer Incidence for NB Population (65+) by Language and Area (2015-2020)**

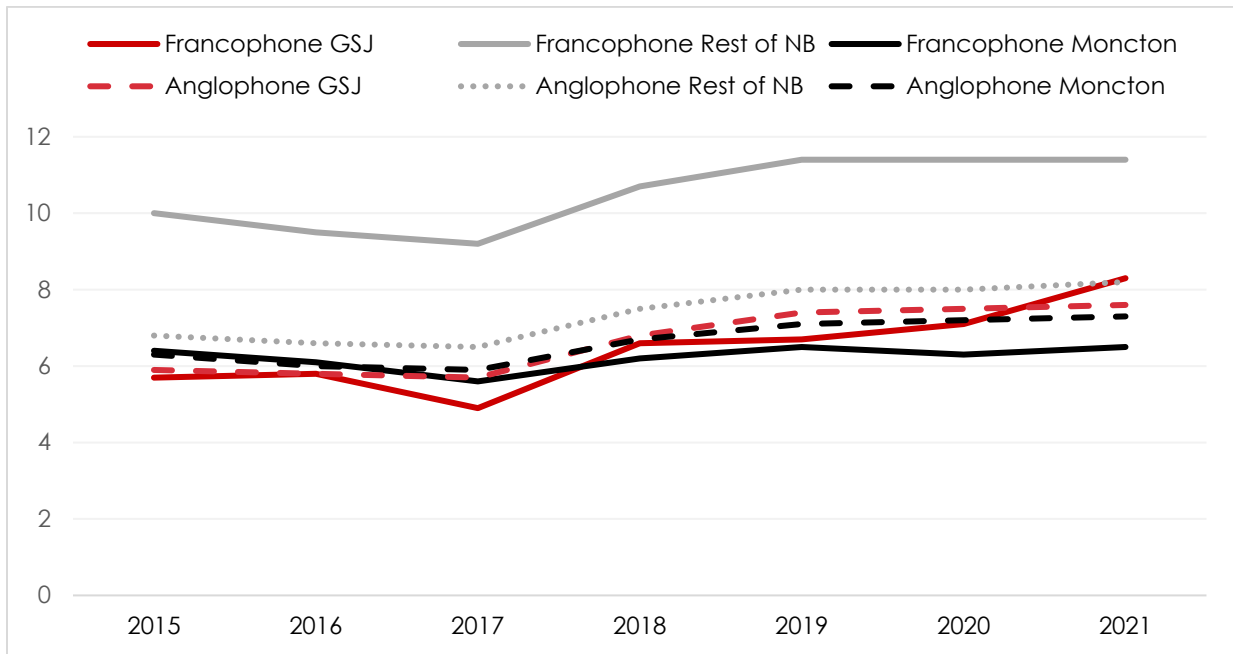


While all geographic and language subgroups have seen an increase in prescription rates per capita since 2017, the prescription rate per capita for Francophone GSJ residents experienced the greatest increase during the study period (Figure 34).

The rate of prescriptions per capita is roughly 3 three prescriptions per capita greater for Francophones from the Rest of NB compared to other geographic and language subgroups. The corresponding data for Figure 34 can be found in the Appendix ([Table A19](#)).



**Figure 34: Per Capita Prescription Rate for NB Population (65+) by Language and Area (2017-2021)**



## Conclusion

This report uses administrative data available through the trusted research environment at NB-IRDT to examine the characteristics and health service use of the Francophone population aged 65+ in Greater Saint John (GSJ). It compares results between official language groups (Anglophone, Francophone) and by geographic area (GSJ, Moncton and the Rest of NB).

Using language preference and geographic area as defined in the Citizen Data, it examines several demographic, socioeconomic and health measures. Some trends emerge to help profile the older Francophone population in GSJ.

Compared to the NB population overall, the older (65+) Francophone GSJ population has:

- A lower proportion of households with two adults.
- A population more likely to be residing in their Forward Sortation Area (FSA) for less than five years.
- A higher proportion of residents in both low-income and high-income neighbourhoods compared to middling-income neighbourhoods.
- A greater incidence of new diagnoses for hypertension and diabetes.
- A lower average emergency department wait-time.

## Discussion

The high proportion of older (65+) Francophone GSJ residents living in neighbourhoods within the lowest income quintile (equal to the proportion in neighbourhoods within the highest income quintile), suggests a high percentage of this population may be facing a level of socioeconomic disadvantage, which can have implications for their health and wellness.

Likewise, the fact that older Francophones in GSJ are relatively less likely to live in a household with two adults may indicate both socioeconomic disadvantage and a greater risk of loneliness and social isolation for this group.

Older Francophones in GSJ face oncoming health challenges, suggesting access to health services will be crucial moving forward. Older Francophones in GSJ have a higher incidence of new diagnoses for diabetes and hypertension compared to other NB subgroups (i.e., geographic and language groups), and growing the region's capacity for care may be required to accommodate this group's specific needs.

Older Francophones make up a relatively small proportion of physician visits in GSJ compared to Anglophones, which is due to them making up a small part of the overall population over the

age of 65. The per capita hospitalization rate for older GSJ Francophones varies from year-to-year, using data available between 2015-2022; though, as recently as 2022, the per-capita hospitalization rate for older GSJ Francophones was slightly higher than the hospitalization rate found for older GSJ Anglophones. Although Francophones make up a smaller proportion of the 65+ population in GSJ relative to Anglophones, they may require more care on a per capita basis.

Among the older GSJ population, incorporating 2021 Census data reveals that the proportion indicating French as their mother tongue or as the language spoken most often at home is higher than the proportion that prefers French as their language of Medicare correspondence, as indicated in the Citizen Data.

These findings contribute to a better understanding of the older (65+) Francophone community in Greater Saint John relative to the Rest of NB and to Moncton, a city with a large Francophone community. This report may help inform the Association Régionale de la Communauté Francophone (ARCF) about the use of health services in Saint John and potential gaps in services for older Francophones.

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## Appendix – Additional Tables

**Table A1: Long-Term Care and Nursing Home Care Details**

	Data Source	Service Recipients	Partial List of Services Offered
<b>Nursing Home Data</b>	Citizen Data	Medically stable individuals that require nursing care. Nursing home care is voluntary.	Resident care, resident support, facility maintenance
<b>Home Care Program Data</b>	Long-Term Care Data	Seniors with limited daily functionality in their long-term living situation requiring supplements to their abilities	Personal care (bathing, grooming, feeding), housekeeping, errands

**Table A2: Census and Citizen Data Comparison for NB 65+ Population by Year**

Data Source	2019	2020	2021	2022	2023
<b>Citizen Data</b>	179 000	185 500	191 000	202 500	215 260
<b>Statistics Canada</b>	165 909	172 296	178 652	185 572	192 236

**Table A3: New Brunswick Population (65+) by Medicare Language of Preference, Three Geographic Areas, Age and Sex (2023)**

Language	Age Group	Moncton CMA		Partial Moncton CMA		Rest of NB		Saint John CMA	
		M	F	M	F	M	F	M	F
Anglo- phone	<b>65-69</b>	3 585	3 970	1 045	1 050	14 065	15 095	4 885	5 220
	<b>70-74</b>	3 155	3 645	875	860	12 030	13 370	4 095	4 320
	<b>75-79</b>	2 625	3 120	730	720	9 920	10 820	3 035	3 580
	<b>80-84</b>	1 685	1 970	395	395	5 850	6 890	1 890	2 280
	<b>85+</b>	1 505	2 510	315	455	5 215	8 225	1 580	2 615
Franco- phone	<b>65-69</b>	595	660	75	65	6 195	5 495	45	25
	<b>70-74</b>	560	610	50	60	5 320	4 945	30	40
	<b>75-79</b>	415	480	45	30	4 195	3 870	25	25
	<b>80-84</b>	275	350	25	20	2 475	2 410	15	15
	<b>85+</b>	270	500	15	15	2 300	3 100	15	15

Note: M = Male; F = Female

**Table A4: New Brunswick Population (65+) by Medicare Language of Preference and Household Composition (2023)**

	<b>Moncton CMA</b>	<b>Partial Moncton CMA</b>	<b>Rest of NB</b>	<b>Saint John CMA</b>
<b>Anglophone</b>	<b>27 780</b>	<b>6 830</b>	<b>101 485</b>	<b>33 495</b>
Other	6 485	1 640	25 485	9 330
Single Person Household	8 345	1 805	27 480	9 595
Two adults	12 950	3 385	48 520	14 570
<b>Francophone</b>	<b>4 710</b>	<b>400</b>	<b>40 305</b>	<b>245</b>
Other	1 155	95	9 545	70
Single Person Household	1 575	125	13 510	75
Two adults	1 980	180	17 250	100

**Table A5: New Brunswick Population (65+) by Medicare Language of Preference and Immigration Status (2023)**

	<b>Moncton CMA</b>	<b>Partial Moncton CMA</b>	<b>Rest of NB</b>	<b>Saint John CMA</b>
<b>Anglophone</b>	<b>27 780</b>	<b>6 835</b>	<b>101 475</b>	<b>33 500</b>
Citizen or Long-Term Resident	27 375	6 750	100 010	33 045
Other	95	10	85	20
Permanent Resident	310	75	1 380	435
<b>Francophone</b>	<b>4 710</b>	<b>400</b>	<b>40 310</b>	<b>240</b>
Citizen or Long-Term Resident	4 650	400	40 235	240
Other	0	0	0	0
Permanent Resident	60	0	75	0



**Table A6: New Brunswick Population (65+) by Medicare Language of Preference and the Duration of Residence in a Single FSA (2023)**

	Moncton CMA	Partial Moncton CMA	Rest of NB	Saint John CMA
<b>Anglophone</b>	<b>27 775</b>	<b>6 830</b>	<b>101 480</b>	<b>33 500</b>
Less than 5 years at the same FSA	4 265	805	10 500	4 200
At least 5 years at the same FSA	23 510	6 025	90 980	29 300
<b>Francophone</b>	<b>4 715</b>	<b>400</b>	<b>40 315</b>	<b>240</b>
Less than 5 years at the same FSA	650	70	2 670	40
At least 5 years at the same FSA	4 065	330	37 645	200

Note: FSA = Forward Sortation Area

**Table A7: Population (65+) in NB by Income Quintile (2023)**

	1 (lowest)	2	3	4	5 (highest)	missing
<b>Anglophone</b>	<b>34 425</b>	<b>34 955</b>	<b>36 215</b>	<b>31 635</b>	<b>31 730</b>	<b>625</b>
Moncton CMA	6 620	5 015	6 015	5 285	4 660	185
Partial Moncton CMA	595	3 685	1 295	875	360	20
Rest of NB	21 065	18 900	21 425	19 115	20 715	260
Saint John CMA	6 145	7 355	7 480	6 360	5 995	160
<b>Francophone</b>	<b>9 490</b>	<b>10 315</b>	<b>9 695</b>	<b>8 660</b>	<b>7 370</b>	<b>140</b>
Moncton CMA	1 190	760	790	800	1 100	85
Partial Moncton CMA	60	130	75	80	55	0
Rest of NB	8 185	9 380	8 785	7 740	6 160	55
Saint John CMA	55	45	45	40	55	0

**Table A8: Number of Individuals (65+) Receiving In-Home Care for GSJ, Moncton and the Rest of NB by Language (2015-2018)**

	Anglophone		Francophone	
	In-Home Care	Population	In-Home Care	Population
<b>2015</b>	<b>7 565</b>	<b>117 155</b>	<b>3 180</b>	<b>30 785</b>
Moncton CMA	1 360	18 850	280	2 960
Partial Moncton CMA	295	4 760	10	235
Rest of NB	4 620	70 000	2 880	27 420
Saint John CMA	1 290	23 545	10	170
<b>2016</b>	<b>8 030</b>	<b>121 140</b>	<b>3 280</b>	<b>31 980</b>
Moncton CMA	1 450	19 615	285	3 130
Partial Moncton CMA	320	4 895	10	235
Rest of NB	4 900	72 380	2 975	28 435
Saint John CMA	1 360	24 250	10	180
<b>2017</b>	<b>8 315</b>	<b>125 335</b>	<b>3 415</b>	<b>33 430</b>
Moncton CMA	1 490	20 395	270	3 270
Partial Moncton CMA	325	5 045	10	250
Rest of NB	5 085	74 880	3 125	29 730
Saint John CMA	1 415	25 015	10	180
<b>2018</b>	<b>8 815</b>	<b>129 550</b>	<b>3 540</b>	<b>34 760</b>
Moncton CMA	1 630	21 255	265	3 450
Partial Moncton CMA	340	5 170	15	285
Rest of NB	5 360	77 325	3 245	30 835
Saint John CMA	1 485	25 800	15	190

**Table A9: Individuals (65+) Receiving In-Home Care by Language of Service and Medicare Language Preference (2015-2018)**

Year and Medicare Preferred Language	Language of Service		
	English	French	Unknown or Other
<b>2015</b>	<b>6 550</b>	<b>4 500</b>	<b>215</b>
<b>Anglophone</b>	6 390	1 345	160
<b>Francophone</b>	160	3 155	55
<b>2016</b>	<b>7 020</b>	<b>4 625</b>	<b>175</b>
<b>Anglophone</b>	6 855	1 370	125
<b>Francophone</b>	165	3 255	50
<b>2017</b>	<b>7 320</b>	<b>4 765</b>	<b>150</b>
<b>Anglophone</b>	7 135	1 380	105
<b>Francophone</b>	185	3 385	45
<b>2018</b>	<b>7 740</b>	<b>4 920</b>	<b>135</b>
<b>Anglophone</b>	7 550	1 425	90
<b>Francophone</b>	190	3 495	45

**Table A10: GSJ Individuals (65+) Receiving In-Home Care by Language of Service and Medicare Language Preference (2015-2018)**

Year and Medicare Preferred Language	Language of Service		
	English	French	Unknown or Other
<b>2015</b>	<b>1 250</b>	<b>&lt;10</b>	<b>40</b>
<b>Anglophone</b>	1 245	<10	40
<b>Francophone</b>	<10	0	0
<b>2016</b>	<b>1 335</b>	<b>&lt;10</b>	<b>30</b>
<b>Anglophone</b>	1 330	<10	30
<b>Francophone</b>	<10	0	0
<b>2017</b>	<b>1 390</b>	<b>&lt;10</b>	<b>25</b>
<b>Anglophone</b>	1 385	<10	25
<b>Francophone</b>	<10	0	0
<b>2018</b>	<b>1 455</b>	<b>10</b>	<b>25</b>
<b>Anglophone</b>	1 450	<10	25
<b>Francophone</b>	<10	<10	0

**Table A11: Number of Individuals (65+) in Nursing Homes for GSJ, Moncton and the Rest of NB by Language (2023)**

	In Nursing Home	Total Population
<b>Moncton CMA</b>	<b>3 345</b>	<b>32 485</b>
Anglophone	3 025	27 775
Francophone	320	4 710
<b>Partial Moncton CMA</b>	<b>560</b>	<b>7 230</b>
Anglophone	560	6 830
Francophone	0*	400
<b>Rest of NB</b>	<b>21 165</b>	<b>141 785</b>
Anglophone	14 795	101 475
Francophone	6 370	40 310
<b>Saint John CMA</b>	<b>6 965</b>	<b>33 740</b>
Anglophone	6 930	33 500
Francophone	35	240
<b>Grand Total</b>	<b>32 035</b>	<b>215 240</b>

\*There are no French or bilingual nursing homes in the Partial Moncton CMA.

**Table A12: Prevalence of the Four Most Prevalent Chronic Diseases for Individuals 65+ in NB by Area and Language (2018)**

	Number of incidences				Total Population
	Diabetes	Hypertension	Mental Illness	Mood and Anxiety Disorder	
<b>Anglophone</b>	<b>1 640</b>	<b>2 500</b>	<b>21 170</b>	<b>11 595</b>	<b>129 565</b>
Moncton CMA	230	375	3 575	2 155	21 255
Partial Moncton CMA	50	90	705	405	5 175
Rest of NB	1 045	1 575	13 045	6 765	77 330
Saint John CMA	315	460	3 845	2 270	25 805
<b>Francophone</b>	<b>445</b>	<b>680</b>	<b>6 570</b>	<b>3 525</b>	<b>34 760</b>
Moncton CMA	40	55	625	405	3 450
Partial Moncton CMA	<10	0	50	30	285
Rest of NB	395	620	5 860	3 070	30 835
Saint John CMA	<10	<10	35	20	190
<b>Grand Total</b>	<b>2 085</b>	<b>3 180</b>	<b>27 740</b>	<b>15 120</b>	<b>164 325</b>

**Table A13: Prevalence of Hypertension for Individuals 65+ by Area and Language (2018)**

	Hypertension	Total Population
<b>Anglophone</b>	<b>90 670</b>	<b>129 550</b>
Moncton CMA	14 410	21 255
Partial Moncton CMA	3 395	5 170
Rest of NB	54 310	77 325
Saint John CMA	18 555	25 800
<b>Francophone</b>	<b>24 340</b>	<b>34 760</b>
Moncton CMA	2 245	3 450
Partial Moncton CMA	165	280
Rest of NB	21 805	30 840
Saint John CMA	125	190
<b>Grand Total</b>	<b>115 010</b>	<b>164 310</b>

**Table A14: Average Years Since Diagnosis of Chronic Diseases for NB Population 65+ by Language and Area (Excludes Mental Illness and Mood and Anxiety Disorders) (2018)**

	Moncton CMA		Rest of NB		Saint John CMA	
	Anglo	Franco	Anglo	Franco	Anglo	Franco
<b>Acute Myocardial Infarction</b>	8.71	8.80	8.59	8.71	9.11	11.00
<b>Asthma</b>	13.12	12.49	14.02	12.77	14.72	17.00
<b>COPD*</b>	8.91	8.65	10.47	10.19	10.98	9.71
<b>Dementia</b>	2.87	3.13	3.16	3.33	3.12	2.33
<b>Diabetes</b>	10.81	10.53	10.73	10.55	11.07	11.50
<b>Epilepsy</b>	10.58	10.00	11.12	12.95	11.20	13.00
<b>Heart Failure</b>	5.40	5.97	6.20	6.28	5.89	4.67
<b>Hypertension</b>	13.08	12.21	13.04	12.76	13.59	12.00
<b>Ischemic Heart Disease</b>	10.94	11.16	11.23	11.40	11.39	11.20
<b>Schizophrenia</b>	14.23	12.50	13.15	14.20	14.81	
<b>Stroke</b>	7.50	7.66	8.10	7.71	7.84	6.25

\* COPD: Chronic obstructive pulmonary disease

**Table A15: Hospital Admission per Capita for NB Population 65+ by Language and Area (2015-2022)**

	<b>Moncton CMA</b>	<b>Rest of NB</b>	<b>Saint John CMA</b>
<b>2015</b>			
<b>Anglophone</b>	0.43	0.44	0.38
<b>Francophone</b>	0.40	0.41	0.32
<b>2016</b>			
<b>Anglophone</b>	0.39	0.42	0.35
<b>Francophone</b>	0.40	0.39	0.33
<b>2017</b>			
<b>Anglophone</b>	0.39	0.41	0.35
<b>Francophone</b>	0.36	0.39	0.31
<b>2018</b>			
<b>Anglophone</b>	0.38	0.40	0.33
<b>Francophone</b>	0.36	0.38	0.42
<b>2019</b>			
<b>Anglophone</b>	0.34	0.38	0.33
<b>Francophone</b>	0.28	0.36	0.23
<b>2020</b>			
<b>Anglophone</b>	0.29	0.33	0.30
<b>Francophone</b>	0.25	0.30	0.40
<b>2021</b>			
<b>Anglophone</b>	0.29	0.34	0.31
<b>Francophone</b>	0.23	0.30	0.29
<b>2022</b>			
<b>Anglophone</b>	0.26	0.31	0.28
<b>Francophone</b>	0.23	0.30	0.30

**Table A16: Total Physician Visits for NB Population 65+ by Language and Area (2015-2020)**

	<b>Anglophone</b>	<b>Francophone</b>
<b>2015</b>	<b>1 403 645</b>	<b>366 275</b>
Moncton CMA	239 130	36 770
Partial Moncton CMA	54 490	2 365
Rest of NB	820 155	325 235
Saint John CMA	289 870	1 905
<b>2016</b>	<b>1 443 555</b>	<b>370 705</b>
Moncton CMA	244 790	38 770
Partial Moncton CMA	56 960	2 600
Rest of NB	850 400	327 220
Saint John CMA	291 405	2 115
<b>2017</b>	<b>1 480 205</b>	<b>378 870</b>
Moncton CMA	250 935	39 895
Partial Moncton CMA	56 900	2 685
Rest of NB	874 635	334 190
Saint John CMA	297 735	2 100
<b>2018</b>	<b>1 528 260</b>	<b>388 825</b>
Moncton CMA	259 680	38 315
Partial Moncton CMA	56 915	3 040
Rest of NB	906 200	345 170
Saint John CMA	305 465	2 300
<b>2019</b>	<b>1 559 695</b>	<b>400 755</b>
Moncton CMA	264 860	41 050
Partial Moncton CMA	57 175	3 110
Rest of NB	923 800	354 500
Saint John CMA	313 860	2 095
<b>2020</b>	<b>1 523 040</b>	<b>394 870</b>
Moncton CMA	251 660	40 800
Partial Moncton CMA	56 125	3 230
Rest of NB	898 935	348 285
Saint John CMA	316 320	2 555

**Table A17: Per Capita Emergency Department Admission Rate for NB Population 65+ by Language and Area (2017-2023)**

	Moncton CMA		Rest of NB		Saint John CMA	
	Anglo	Franco	Anglo	Franco	Anglo	Franco
<b>2017</b>	0.603	0.680	0.764	1.123	0.724	0.806
<b>2018</b>	0.582	0.576	0.727	1.096	0.680	0.868
<b>2019</b>	0.552	0.544	0.693	1.046	0.594	0.525
<b>2020</b>	0.476	0.475	0.568	0.836	0.502	0.634
<b>2021</b>	0.421	0.402	0.574	0.804	0.512	0.548
<b>2022</b>	0.339	0.356	0.536	0.791	0.438	0.419
<b>2023</b>	0.291	0.309	0.428	0.601	0.383	0.370

Note: Anglo = Anglophone, Franco = Francophone

**Table A18: Per Capita Cancer Incidence for NB Population 65+ by Language and Area (2015-2020)**

	Moncton CMA	Rest of NB	Saint John CMA
<b>2015</b>			
<b>Anglophone</b>	0.0223	0.0214	0.0255
<b>Francophone</b>	0.0203	0.0217	0.0303
<b>2016</b>			
<b>Anglophone</b>	0.0204	0.0227	0.0237
<b>Francophone</b>	0.0224	0.0202	0.0556
<b>2017</b>			
<b>Anglophone</b>	0.0238	0.0219	0.0250
<b>Francophone</b>	0.0198	0.0225	0.0278
<b>2018</b>			
<b>Anglophone</b>	0.0216	0.0221	0.0248
<b>Francophone</b>	0.0174	0.0217	0.0000
<b>2019</b>			
<b>Anglophone</b>	0.0227	0.0209	0.0243
<b>Francophone</b>	0.0232	0.0203	0.0000
<b>2020</b>			
<b>Anglophone</b>	0.0203	0.0201	0.0214
<b>Francophone</b>	0.0196	0.0174	0.0250



**Table A19: Per Capita Prescription Rate for NB Population 65+ by Language and Area (2015-2021)**

	<b>Moncton CMA</b>	<b>Rest of NB</b>	<b>Saint John CMA</b>
<b>2015</b>			
<b>Anglophone</b>	6.3	6.8	5.9
<b>Francophone</b>	6.4	10.0	5.7
<b>2016</b>			
<b>Anglophone</b>	6.0	6.6	5.8
<b>Francophone</b>	6.1	9.5	5.8
<b>2017</b>			
<b>Anglophone</b>	5.9	6.5	5.7
<b>Francophone</b>	5.6	9.2	4.9
<b>2018</b>			
<b>Anglophone</b>	6.7	7.5	6.8
<b>Francophone</b>	6.2	10.7	6.6
<b>2019</b>			
<b>Anglophone</b>	7.1	8.0	7.4
<b>Francophone</b>	6.5	11.4	6.7
<b>2020</b>			
<b>Anglophone</b>	7.2	8.0	7.5
<b>Francophone</b>	6.3	11.4	7.1
<b>2021</b>			
<b>Anglophone</b>	7.3	8.2	7.6
<b>Francophone</b>	6.5	11.4	8.3