Capital Health

Our Health: A Community Health Assessment Survey

Prepared For:

Chebucto West Community Health Board & Capital Health

Chebucto West Community Health Board

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Executive Summary

OVERVIEW

This report presents the findings of *Our Health: A Community Health Assessment Survey* for the Chebucto West Community Health Board (CHB). The purpose of the study is to obtain a baseline of local, reproducible, and comparable quantitative data on the health status and health behaviors of individuals residing within the Chebucto West CHB.

The information from this report will be used by the Chebucto West CHB, the Capital District Health Authority (CDHA), and the IWK Health Centre (IWK) to support the development of the community health plan, as well as to guide program and business planning and policy development within the CDHA, IWK and the Chebucto West CHB.

METHODOLOGY

A total of 404 residents (aged 15 years or older) from the Chebucto West CHB completed *Our Health: A Community Health Assessment Survey*. To ensure a representative sample of the Chebucto West CHB population by age and gender, quotas and sample weights were developed and applied to the data.

The questionnaire for *Our Health: A Community Health Assessment Survey* is based on selected questions from the Canadian Community Health Survey (CCHS) Cycle 4.1, 2007 Questionnaire. The questionnaire for this study included the standard core content sections as chosen by CDHA and IWK, as well as five optional content sections from the CCHS: "Food Choices", "Coping With Stress", "Social Support – Availability", "Problems in the Community" and "Satisfaction With Life" as chosen by the Chebucto West CHB.

SUMMARY OF KEY FINDINGS

Key findings of the report are outlined below. Based on the results of this report, further questions for consideration are presented. These questions will guide future research within CDHA, assist in community health plan development, and inform program and business planning and policy development within CDHA and IWK.

Respondent Characteristics and Employment Status

- Respondents tended to be generally representative of the population in terms of gender (males: 47%; females: 53%), age (between 20-64: 77%), marital status (married: 54%) and highest level of education (trade or non-university certificate or diploma: 35%).

- The majority of respondents have insurance coverage for health expenses including prescription medicines (87%), eye glasses/contact lenses (79%) and dental expenses (77%). However, a notable percentage of respondents do not have prescription (13%), eye glasses/contact lenses (21%), or dental insurance (23%).

- Of respondents between the ages of 15 and 75, 71% worked at a job or business during the week prior to survey completion, while 28% did not work. Seniors were more likely to have not worked in the week prior to survey completion.

Health and Well-Being

- In general, the majority of respondents rated their health as *good* (28%), very *good* (46%), or *excellent* (16%). Other highlights regarding the health and well-being of respondents include:
  - Ten percent of respondents rated their general health negatively, that is, *fair or poor*. Respondents with a negative general health rating were generally older, lacked insurance coverage, were without work in the week prior to survey completion or provided negative ratings of their mental or oral health.
  - Five percent of respondents had *fair* or *poor* mental health ratings. When analyzed further, these respondents generally rated their general or oral health negatively.
  - Twelve percent of respondents felt their health is *somewhat* or *much* worse now than it was one year ago. These respondents were generally younger, were permanently unable to work or rated their mental or oral health negatively.
  - Furthermore, 3% of respondents were dissatisfied with their life in general. These respondents tended to have negative mental health ratings.
  - About one-third of respondents (34%) indicated a *somewhat* or *very* weak sense of belonging to their local community. These respondents were generally between the ages of 15-34, did not have a regular medical doctor, or had negative mental health ratings.

Given the above findings it may be of value to identify and explore why some respondents rate their health and well-being negatively:

- Are the negative health ratings related to particular medical diagnoses?
- Are the negative health ratings related to lack of access to health information, services or supports?
- Are the negative health ratings related to broader social and structural determinants (e.g., low socioeconomic position or inadequate housing)?
- What are the implications of a weak sense of belonging for health?

- About two-thirds of respondents (65%) experienced some level of day-to-day stress and 70% experienced stress at work. The most important contributor to day-to-day stress was commonly identified as respondents' work situation (27%).
  - Respondents who reported daily stress were more likely to be female, under 65 years of age, to have worked in the week prior to survey completion, to have negative mental or oral health ratings, or have prescription insurance coverage.
  - Respondents who reported stress at work were more likely to be 20-64 or have negative mental or oral health ratings.

- However, 91% of respondents feel equipped to handle stressful events including unexpected and difficult problems and 98% feel equipped to handle the day-to-day demands of life.

> Given the above findings it may be of value to investigate the relationship between day-to-day stress and health status and work stress and health status.

- Sixty-four percent of respondents have made changes to improve their health in the past 12 months. As well, 76% of all respondents feel they should make future health improvements. Of respondents who indicated that they should make changes to improve their physical health:
  - 73% intend to improve their health in the next year, most notably by increasing exercise/sports/physical activity (68%).
  - 51% face barriers in making improvements. Adults and seniors were more likely to feel they face barriers. As well, respondents who faced barriers generally rated their oral health negatively, were without work in the week prior to survey completion or were without prescription insurance coverage. The most notable barriers faced included a lack of will power/ self discipline (39%) and work schedule (17%).

> Given the above findings, it may be of value to support those facing barriers to improve their health, including motivational support and health supports in the workplace.

Physical Activity and Body Mass Index

While the majority of respondents within Chebucto West CHB rated their health and well-being positively, obesity, high levels of physical inactivity and the prevalence of particular chronic conditions were evident.

- Forty-two percent of respondents were physically inactive, while 29% were moderately active and 29% were regularly active. Walking for exercise (78%) was the most common activity reported.
  - Physical inactivity tended to increase with age. As well, respondents with negative mental health ratings were most likely to be inactive.
  - Physical activity was related to the prevalence of arthritis, high blood pressure, and heart disease, whereby physically inactive respondents were more likely to have these conditions when compared to regularly active respondents.

Given the above findings, it may be of value to identify and explore the underlying factors related to these findings in order to increase physical activity levels, achieve healthy weights and decrease prevalence of chronic diseases. Some questions to consider in relation to physical inactivity include:

- Are community members aware of the link between physical inactivity and health?
- What are the factors that can change intention to be physically active into an increase in physical activity?
- Are current programs and supports accessible and effective?
- How can workplaces encourage and support increased levels of physical activity?
- What are the contextual or environmental factors that may promote or facilitate physical activity (e.g., built environment, motivational support)?

- Sixty-five percent of respondents aged 18 years or older, excluding pregnant females, were classified as overweight or obese, while 34% were of normal weight and 1% were underweight.
  - Respondents who were overweight or obese tended to be over 19 years of age, male or provide negative ratings of oral health.
  - Of those that were overweight or obese, 23% thought that their weight was *just about right*.

Some questions to consider in relation to overweight and obesity include:

- Why is there a gap between BMI score and self-perceived weight status?
- Is BMI the most effective method to measure weight in relation to health?
- What are the contextual or environmental factors that may promote or facilitate healthy weights (e.g., increased awareness of relationship with chronic conditions, access to healthy food, social support)?

Healthy Eating

- Sixty-five percent of respondents did not meet Canada's Food Guide daily requirements for fruit and vegetable servings, while 35% met or exceeded the daily requirements.

- Food security has been a concern for at least 1% of respondents at some point over the past 12 months.

Given the known relationship between healthy eating and health, further research efforts to identify and explore factors related to fruit and vegetable consumption may be of value.

- Are community members aware of the relationship between fruit and vegetable consumption and health?
- Are fruits and vegetables available and accessible to all population segments in their daily life environment?
- How can community members be encouraged and supported to consume more fruits and vegetables?

Sexual Health

- Of respondents between the ages of 15 and 49, most (90%) have had sexual intercourse at least once in their lifetime. Of these respondents:
  - 90% have had sexual intercourse in the past 12 months.
  - 8% have ever been diagnosed with a sexually transmitted disease (STD).
  - 26% used a condom the last time they had sexual intercourse. However, condom use was more common among single respondents (60%) compared to those who were living common-law (22%) or married (11%).

In *Our Health: A Community Health Assessment Survey*, only 15-24 year olds were asked if they used birth control while condom use was asked to 15-49 year olds who were sexually active. People of different age categories, health status and relationship status select varying protection methods. As such, several questions arose from this research:

- Do those who are sexually active and who do not use a condom use other forms of birth control methods (oral contraceptive, IUDs, birth control needles etc)?
- Do those that choose not to use a condom understand the risks associated with the contraction of an STD?
- Do those who want to use birth control and STD prevention methods have easy access to these?

Smoking and Alcohol Use

- Two in ten respondents (20%) currently smoke, with 78% being daily smokers.
  - Of current smokers, almost two-thirds (62%) indicated a serious consideration to quit within the next six months, and 43% have stopped smoking for at least 24 hours in the past 12 months because of a desire to quit.

The above finding suggests it may be of value to explore how those considering quitting smoking can be supported to do so.

- Are particular quit smoking programs more effective than others and for which group of individuals?
- What other effective strategies can be applied to increase the quit smoking rates?

- The majority of respondents (86%) have had a drink of alcohol in the past 12 months and of those, 16% consume alcohol once a week, while 32% consume alcohol at least two or more times a week.
- Furthermore, 10% consume 5 or more drinks at least once a week.
    - Respondents who report having 5 or more alcoholic beverages at least once a week were more likely to be male, under 65 years of age, and lack prescription insurance coverage or access to a regular medical doctor.

> Given the link between binge drinking and health, further research to identify and analyze underlying contributing factors to binge drinking may be of value.
>
> - Are those that engage in binge drinking aware of the health issues associated with this practice?
> - What motivating factors would encourage binge drinkers to change their drinking patterns?
> - Are alcohol support programs available and accessible to all?

Problem Gambling

- Over the past 12 months, just over one-quarter of respondents (27%) have bet or spent money on instant win, scratch or daily lottery tickets, while 9% have played VLTs and 1% participated in Internet or arcade gambling.
    - Of these respondents, about seven in ten (72%) spent $100 or less on all gambling activities over the past 12 months and 98% felt that gambling has *never* caused them any health problems, including stress or anxiety.

Health Care Services: Access and Use

- Almost all respondents have access to the various health care services they may require:
    - 97% of respondents have a regular medical doctor.
    - Two in ten respondents (20%) have received some type of community-based care within the past 12 months, which was generally perceived to be of *good* (39%) or *excellent* (53%) quality.
    - About two in ten respondents (22%) have seen or talked to a health professional about their emotional or mental health in the past 12 months, most often a family doctor/general practitioner (52%).

> Family doctors/general practitioners emerged as the "go-to" source for a variety of health care needs, not only for routine or on-going care but also for emotional or mental health care. Given the known expertise and time commitment required to adequately address emotional and mental health needs, one question for consideration is:
>
> - Are family doctors/general practitioners adequately supported to meet the volume and needs of patients with emotional or mental health needs?

- In the past 12 months, 42% of respondents required a visit to a medical specialist. Of these respondents, almost two in ten (18%) experienced difficulty getting specialist care, with long wait times being the most common difficulty experienced (87%). The likelihood of requiring a visit to a medical specialist was more prevalent among females, those with a regular medical doctor, those that did not work in the week prior to survey completion, or those who have negative mental or oral health ratings.

- In the past 12 months, 54% of respondents required health information or advice, with the most common professional contacted being a doctor's office (88%).

- In the past 12 months, 40% of respondents required routine or on-going care for themselves or a family member.

- The use of and need for home care services was relatively uncommon among respondents 18 years of age or older, with 4% having received home care services in the past 12 months and 2% indicating there was a time in the past 12 months that they needed home care services but did not receive them.

> Given the above findings, some questions to consider are:
> - How can difficulties accessing specialist care be alleviated?
> - Will the introduction of 811 telecare service impact accessing family physician offices for health information or advice?

Chronic Conditions

- About two-thirds of respondents (65%) reported having at least one chronic health condition. Respondents with at least one chronic health condition tended to be older, and female.
    - The most common conditions were muscle/joint related conditions (back problems: 27%; arthritis: 21%), cardiovascular conditions (high blood pressure: 19%; heart disease: 5%; stroke: <1%), and migraine headaches (17%).

> Some questions to consider given these findings include:
> - Are those with chronic disease being optimally managed?
> - What interventions are most effective at reducing the prevalence of chronic disease?

Oral Health

- 91% of respondents rated their oral health positively (*good*, *very good* or *excellent*), while 8% rated their oral health as *fair* or *poor*.

- Respondents who had negative oral health ratings were more likely to have negative mental health ratings or have no insurance coverage.

- Serious oral health problems tended to be uncommon, with the most common problems experienced in the past month being tooth sensitivity (30%).

Health Screenings – General

- For the most part, respondents have engaged in various protective general health screenings at least once in their lifetime, with many having done so within the past year:
  - 96% of respondents have had at least one eye examination in their lifetime, and 49% had one within the past 12 months.
  - About seven in ten respondents (69%) have ever had a flu shot and 45% had one within the past 12 months.
  - Almost all respondents (97%) have had at least one blood pressure check in their lifetime and 83% had one within the past 12 months.

- Colorectal cancer screenings tended to be less common:
  - Of respondents 35 years of age or older, 22% have ever had a fecal occult blood test and 5% had one within the past 12 months. A similar percentage (26%) have ever had a colonoscopy or sigmoidoscopy and 5% had one within the past 12 months.

Health Screenings – Female

- Overall, most female respondents have engaged in various protective health screenings at least once in their lifetime, with a moderate number having done so within the past year.
  - Of female respondents aged 18 years or older, 96% have ever had a pap smear test and 53% had one within the past 12 months.
  - Of females aged 35 years or older, 78% have ever had a mammogram and 46% had one within the past 12 months.
  - Of female respondents aged 18 years or older, 83% have ever had a breast examination by a doctor or other health professional and 44% had one within the past 12 months.

- Generally, there is a perception among respondents who do not engage in these screenings regularly that they are not necessary.

Health Screenings – Male

- Generally, many male respondents aged 35 years or older have engaged in protective health screenings at least once in their lifetime, with a fairly low number doing so within the past year. Of these respondents:
  - 50% have ever had a prostate specific antigen blood test and 37% had one within the past 12 months. Furthermore, 60% have ever had a digital rectal exam and 24% had one within the past 12 months.

While lifetime screenings for most tests/examinations were favorable, past year screenings tended to be less common. It may be of value to explore the following questions:

- How close are we to meeting the recommended screening guidelines for particular diseases?
- Are people aware of the recommended screening guidelines for particular diseases?
- What effective interventions can be applied to increase screening rates where applicable?

1.0 Overview

In recent decades, population health has become the primary ideology for public health systems in Canada[1]. As defined by the Federal/Provincial/Territorial Advisory Committee on Population Health (1994), population health refers to "the health of a population as measured by health status indicators and as influenced by social, economic, and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services[2].

The population health approach aims to improve the health status of the population by addressing the interrelated factors that determine health status, including:

- Income and Social Status;
- Social Support Networks;
- Education and Literacy;
- Employment/Working Conditions;
- Social Environments;
- Physical Environments;
- Personal Health Practices and Coping Skills;
- Healthy Child Development;
- Biology and Genetic Endowment;
- Health Services;
- Gender; and
- Culture.

Key elements of the approach include focusing on the health of populations, addressing the determinants of health and their interactions, basing decisions on evidence, increasing upstream investments, applying multiple strategies, collaborating across sectors and levels, and employing mechanisms for public involvement[3]. Through the use of a population health approach, health care professionals develop a thorough understanding of health care issues within the population and can therefore establish priorities and strategies and develop effective health plans, including programs and services to improve the health and well-being of the population.

The Capital District Health Authority (CDHA) is the largest health district in Nova Scotia and provides core health services to over 395,000 people, or approximately 40% of the provincial population. There are seven CHBs within CDHA - Halifax (H), Dartmouth (D), Cobequid (C), Chebucto West (CW), Eastern Shore – Musquodoboit (ES-M), Southeastern (SE) and West Hants – Uniacke (WH-U). Each CHB is composed of 15 volunteer community members who are responsible for consulting with community residents, groups and organizations to identify the priority health issues in their community and develop strategies which work to improve the health of their community. The CHBs also work with CDHA and the IWK Health Centre (IWK) in district health planning.

Under the District Health Authorities Act (34), CHBs are required to develop community health plans and to assess community health needs. CDHA and IWK, working with the CHBs, is tasked with improving the health of individuals and

[1] Source: Nova Scotia Department of Health, Public Health Services, Who We Are, What We Do, July 2002.
[2] Source: Nova Scotia Department of Health, Public Health Services, Who We Are, What We Do, July 2002.
[3] Source: Nova Scotia Department of Health, Healthy People, Healthy Communities: Using the Population Approach, July 2002.

communities by providing education and promotion and access to effective, quality healthcare services. To support this mandate, CDHA and IWK must first measure health status indicators and assess the health of its' citizens through initiatives such as a community health assessment. Specifically, the information collected through *Our Health: A Community Health Assessment Survey* will be used to inform the development of a new community health plan for the CHBs and guide business planning within CDHA and IWK.

This report presents the findings of *"Our Health: A Community Health Assessment Survey"* for the Chebucto West CHB in cooperation with the IWK. The purpose of this study is to establish a baseline of local, reproducible and comparable quantitative data. Specifically, the objectives of the survey are to:

- Provide baseline information that reflects the unique health status of each CHB;
- Identify possibilities for disease, injury prevention, health promotion and health protection opportunities;
- Raise public awareness of local health/illness issues and learn about the existing expectations of the health care system;
- Guide health related research, policy, program development and evaluation at the community and district level(s); and
- Increase community participation in health planning.

The results of this survey will describe the unique health status, health behaviors and other health determinants among residents of the Chebucto West CHB. The information will be used by the Chebucto West CHB, CDHA and IWK to support the development of the community health plan, as well as to guide program and business planning and policy development within the CDHA, IWK and the Chebucto West CHB.

2.0 Methodology[4]

2.1 Sample Selection

A total of 404 residents (aged 15 years or older) from the Chebucto West CHB completed the Community Health Assessment survey. Based on a population size of 71,336 (www.gov.ns.ca/finance/communitycounts), this sample size results in a margin of error of ±4.86% at the 95% confidence level or 19 times out of 20[5].

To ensure a representative sample of the Chebucto West CHB population by age and gender, quotas and sample weights were developed and applied to the data.

2.2 Questionnaire Design

The questionnaire for *"Our Health: A Community Health Assessment Survey"* is based on selected questions from the Canadian Community Health Survey (CCHS) Cycle 4.1, 2007 Questionnaire.

The CCHS is a national cross-sectional survey on issues of personal health and well-being, and is administered by Statistics Canada, in consultation with Health Canada, the Canadian Institute for Health Information, provincial ministries of health, and sub-provincial District Health Authorities in Canada[6]. The purpose of the CCHS is to provide current information on health status, factors that affect health, and access to health care services[7]. The CCHS is organized into sections that address core content and optional content.

For "*Our Health: A Community Health Assessment Survey"*, questions were selected from the CCHS to reflect the strategic plans of the CHBs, IWK and CDHA, and to reflect provincial strategies. Core content sections were asked of all respondents across each CHB, whereas optional content sections were selected by each CHB based upon specific areas of interest.

The questionnaire for this study included the core content sections as chosen by CDHA and IWK, as well as five optional content sections from the CCHS: "Food Choices", "Coping With Stress", "Social Support – Availability", "Problems in the Community" and "Satisfaction With Life", as chosen by the Chebucto West CHB. Following final questionnaire review and approval, a pretest was conducted as a quality control procedure to confirm survey length, and to ensure clarity of survey questions and instructions, an effective and efficient flow of information, and that the desired information was being obtained.

[4] Throughout this report, differences between segments are only noted if they are statistically significant.
[5] When results are based on a sample of the entire population, the margin of error is a measure of how *precise* the results are. More specifically, it is a range in which the true population value is estimated to be. For example, if the margin of error is ±5% and the research indicates that 60% of respondents exercise once a week, this means that the true value in the population is between 55% and 65%.
[6] Source: Nova Scotia Department of Health, Canadian Community Health Survey 3.1, Summary Report to the District Health Authorities, December 2007.
[7] Source: Nova Scotia Department of Health, Nova Scotia's Health Care System: Use, Access and Satisfaction, February 2005.

2.3 DATA COLLECTION AND ANALYSIS

Data collection for this survey was conducted via telephone from May 14th to June 22nd, 2009 using a Computer-Assisted Telephone Interviewing (CATI) System. The sampling frame included all households within the Chebucto West CHB and the sampling unit was the adult household member, aged 15 years or older, with the next birthday (a method used to randomly select an individual within the household). Each questionnaire took approximately 35-40 minutes to administer.

Results are presented throughout this report for the Chebucto West CHB. Furthermore, results for key questions are presented for the Capital District Health Authority, with comparisons made where appropriate. Cross tabulations and segmentations by demographic characteristics (age and gender) and other variables of interest have been conducted and appear throughout this report where the information adds insight.

To identify differences between segments, statistical tests of significance have been completed at the 95% confidence level. Essentially, when comparing two values obtained from different populations, a statistical test will guide us to be confident that any apparent difference between the values is *statistically real* or *significant*[8]. **Throughout this report, differences between segments are noted only if they are statistically significant**. Where this occurs, we can say that we are 95% confident that the difference between the values in question exists in the population and is not simply due to uncontrollable sampling error. It is important to note that the term *significant* is used to denote *statistically significant* differences, and is not synonymous with *important*.

A combination of text, data tables and data figures are used throughout this report to present survey results. Along with percentages, N's are presented, where N refers to the total number of respondents who were asked the question. Questions where more than one response could be indicated are referred to as multiple response questions, and are noted throughout the report. For multiple response questions, percentages may sum to greater than 100%. Throughout this report, main occupations and industries are coded according to Statistics Canada's standard National Occupation Classification System (NOC)[9] and North American Industry Classification System (NAICS)[10]. Furthermore, the actual questions that were read to respondents appear throughout the report in *italics* to provide clarity and assist with ease of reading.

Though the overall sample size provides an acceptable margin of error, the format of the survey resulted in low sample sizes in specific sections of the study. **Instances where sample sizes are less than 30 are noted throughout this report in red bold footnotes, and in these cases, findings should be interpreted with caution**.

[8] What may seem to be a difference between percentages may simply be the result of sampling error or the margin of error associated with the sample size, and not a real or significant difference in the population.
[9] For more information please visit http://www.statcan.gc.ca/subjects-sujets/standard-norme/naics-scian/2007/list-liste-eng.htm
[10] For more information please visit http://www.statcan.gc.ca/subjects-sujets/standard-norme/soc-cnp/2006/noc2006-cnp2006-menu-eng.htm

3.0 Demographics[11]

3.1 Respondent Characteristics

As shown below, respondents were a fairly equal mix of males (47%) and females (53%). Just over three-quarters of respondents were between the ages of 20 and 64 (77%), while a similar percentage (74%) resided in a single-detached dwelling. Just over one-half of respondents (54%) were married and one-quarter (25%) were single.

Demographic characteristics for CDHA are also presented. As shown below, Chebucto West generally mirrored the district as a whole in terms of demographic characteristics.

Table 1: Demographics

	Chebucto West	***CDHA***
	% (N=404)	***% (N=2,819)***
Gender		
Male	46.5	47.5
Female	53.5	52.5
Age		
Youth (15-19 years)	6.9	7.2
Adult 1 (20-34 years)	23.3	21.7
Adult 2 (35-64 years)	53.3	54.9
Seniors (65+ years)	16.6	16.1
Marital Status		
Married	54.2	53.4
Single, never married	24.7	25.5
Living common-law	7.4	7.5
Divorced	6.8	5.8
Widowed	4.7	5.2
Separated	1.9	2.3
Refused	0.2	0.2
Type of Dwelling		
Single-detached	74.4	72.5
Low-rise apartment (less than 5 stories)	9.4	10.7
Duplex	5.8	5.8
High-rise apartment (5 stories or more)	3.3	3.2
Other	5.1	7.6
Don't know/Refused	-	0.1

Do you consider yourself to be heterosexual, homosexual, or bisexual?

Of respondents between the ages of 18 and 59 years (N=286), most (98%) considered themselves to be heterosexual, followed by homosexual (1%), and bisexual (1%). One respondent refused to provide a response concerning his/her sexual orientation.

[11] Throughout this report, differences between segments are only noted if they are statistically significant.

The following questions detail the education history of respondents aged 18 years or older (N=385).

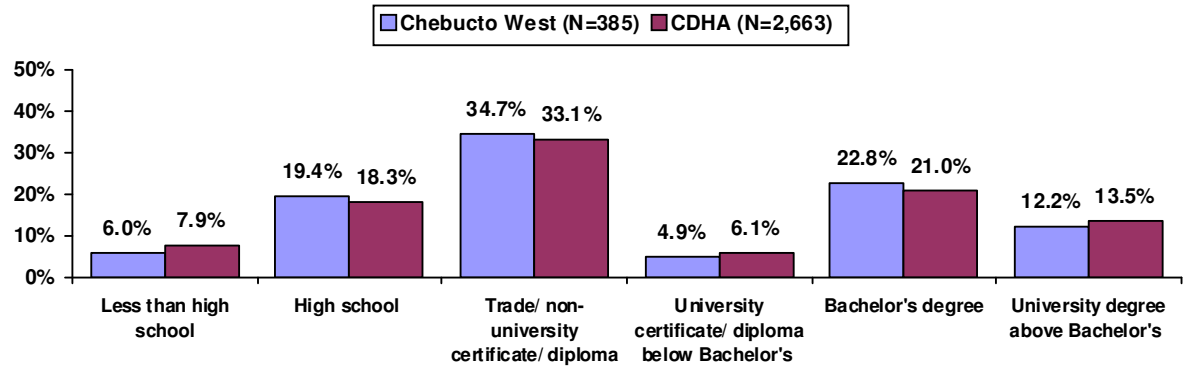
Did you graduate from high school (secondary school)? What is the highest grade of elementary or high school you have ever completed? Have you received any other education that could be counted towards a degree, certificate or diploma from an educational institution?

Of respondents aged 18 years or older (N=385), 90% have graduated from high school, similar to CDHA as a whole (88%). Of those respondents who have not (N=38), 49% have completed Grades 11 or 12, but did not graduate, while 39% have Grades 9-10 and 12% have Grade 8 or lower.

Furthermore, of respondents aged 18 years or older, 71% have received other education that could be counted towards a degree, certificate, or diploma from an educational institution.

In terms of highest level of education, respondents most commonly have a trade or non-university certificate or diploma (35%), a Bachelor's degree (23%) or high school (19%).

Figure 1: **Highest Level of Education - Respondent –*Of respondents 18 years of age or older*-**



Are you currently attending a school, college or university? Are you enrolled as a full-time student or part-time student?

Of respondents aged 18 years or older (N=390), 8% were attending a school, college, or university at the time of the survey, similar to the district results (10%). Of these respondents (N=29), most (n=23) were attending on a full-time basis, with the remainder (n=6) attending part-time[12].

[12] **Sample size is less than 30; findings should be interpreted with caution.**

3.2 SOCIO-DEMOGRAPHIC CHARACTERISTICS

In what country were you born? Were you born a Canadian citizen?

Almost all respondents were born in Canada (92%) and were born Canadian citizens (93%).

People living in Canada come from many different cultural and racial backgrounds. Are you…..? What language do you speak most often at home?

Almost all respondents (95%) were white and English (98%), by far, was the language spoken most often at home.

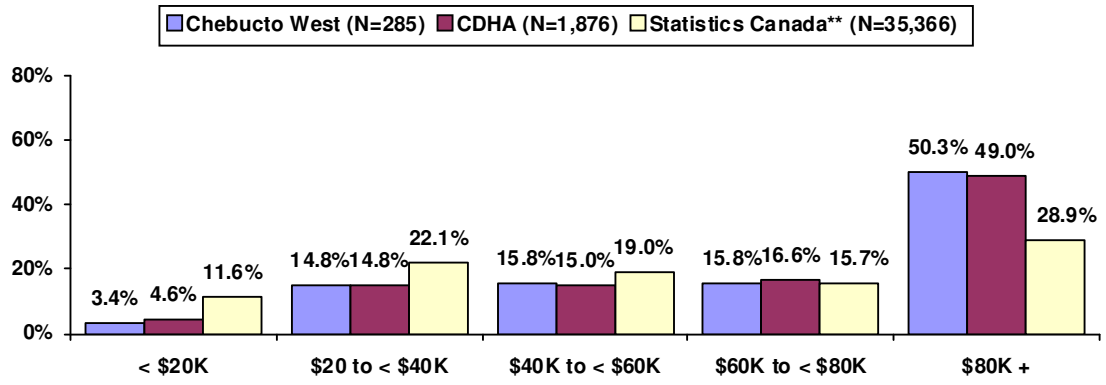
3.3 HOUSEHOLD INCOME AND INSURANCE COVERAGE

What is your best estimate of the total income, before taxes and deductions, of all household members, from all sources in the past 12 months?

Generally, Chebucto West respondents had household incomes consistent with what was found at the district level. One-half of respondents (50%) had an annual household income of $80,000 or more. Conversely, nearly two in ten respondents (18%) reported an annual household income under $40,000.

Due to the high number of respondents who did not answer the household income question (29%), 2006 Statistic Canada's 'Income Distribution by Households' statistics have been included in Figure 2 for comparison purposes. As shown, compared to Statistic Canada's results (29%), Chebucto West (50%) and CDHA (49%) had a higher percentage of respondents in the *$80,000 or more* household income category.

Figure 2: **Annual Household Income***



*29% of respondents did not provide a response to this question.
**Source: http://www.gov.ns.ca/finance/communitycounts/

As stated previously, approximately one-third of respondents did not answer the household income question. Furthermore, those who did provide a response tended to fall on the higher side of the scale. As a result, further analysis was conducted to determine who did not answer this question. This analysis determined that non-respondents to this question were more likely than respondents to be:

- From the *younger* (youth) age category;
- To not have eye glasses/contact lenses or dental insurance; and
- To have *not worked* in the week prior to data collection.

These factors tend to reflect indicators of lower income, suggesting that those who did not respond to the income question were from the lower household income categories.

It is critical to note, however, that while there was a high level of non-response to the household income question and responses to this question were skewed towards higher income, *non-response to all other survey questions were nearly non-existent.* In other words, *those who did not respond to the household income question did respond to all other survey questions.* Therefore, it was concluded that non-response to the household income question did not impact the results of this research.

What was the main source of income?

Of respondents who provided information on all sources of household income in the past 12 months (N=388), wages and salaries were the most commonly reported main source of income (73%), followed distantly by dividends and interest (6%) and benefits from Canada or Quebec pension plan (5%).

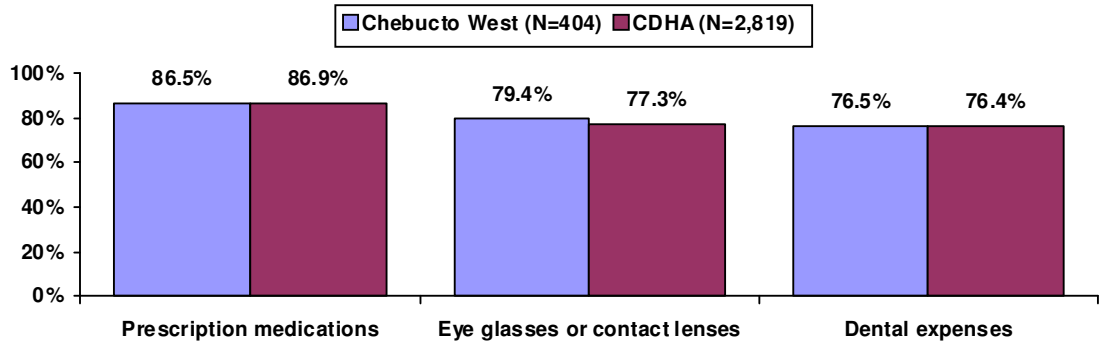
Do you have insurance that covers all or part of: The cost of your prescription medicines? The costs of eyeglasses or contact lenses? Your dental expenses?

A notable percentage of respondents did not have prescription medication insurance (13%), eye glasses or contact lenses insurance (17%), or dental insurance (22%). However, similar to what was found at the district level, the majority of respondents from Chebucto West had private, government, or employer-paid insurance coverage that covers the cost of prescription medicines (87%), eyeglasses or contact lenses (79%), and dental expenses (77%).

When analyzed by household income category, it was found that households with an annual household income of $40,000 or more were more likely than respondents with an annual household income of less than $40,000 to have:

- Prescription insurance (92% and 75%, respectively);
- Eye glasses/contact lenses insurance (86% and 56%, respectively); and
- Dental insurance (83% and 57%, respectively).

Figure 3: **Insurance Coverage**



Is it: A government sponsored plan? An employer sponsored plan? A private plan? Other?

Of respondents who reported having each type of insurance coverage, the majority indicated that the plan was employer-sponsored.

- *Prescription insurance* (N=350): 59% employer-sponsored, 26% government sponsored, and 13% private;
- *Eye glasses/contact lenses insurance* (N=321): 65% employer-sponsored, 17% government sponsored, and 15% private; and
- *Dental insurance* (N=309): 67% employer-sponsored, 18% government sponsored, and 13% private.

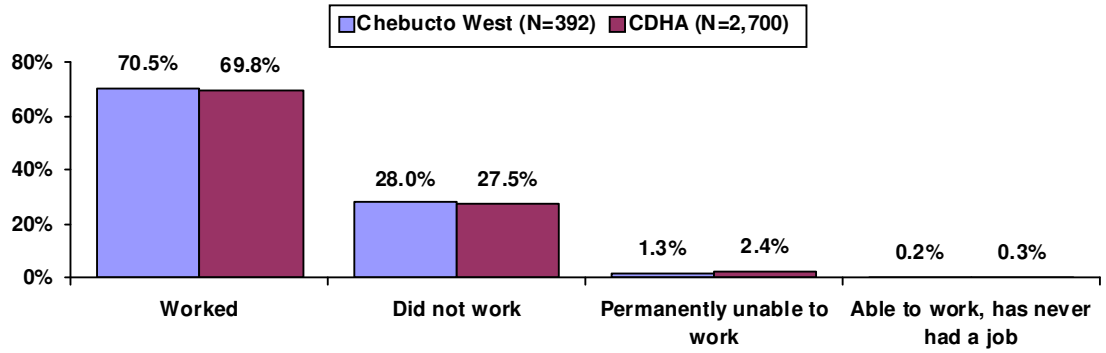
4.0 Employment Status[13]

To determine employment status, respondents aged 15 to 75 were asked a series of questions about their current employment experiences.

Last week, did you work at a job or business? Please include part-time jobs, seasonal work, contract work, self-employment, baby sitting, and any other paid work, regardless of the number of hours worked.

About seven in ten respondents between the ages of 15 and 75 (71%) worked during the week prior to survey completion, while 28% did not work. 1% of respondents aged 15 to 75 were permanently unable to work during the week prior to survey completion and <1% were able to work but have never had a job.

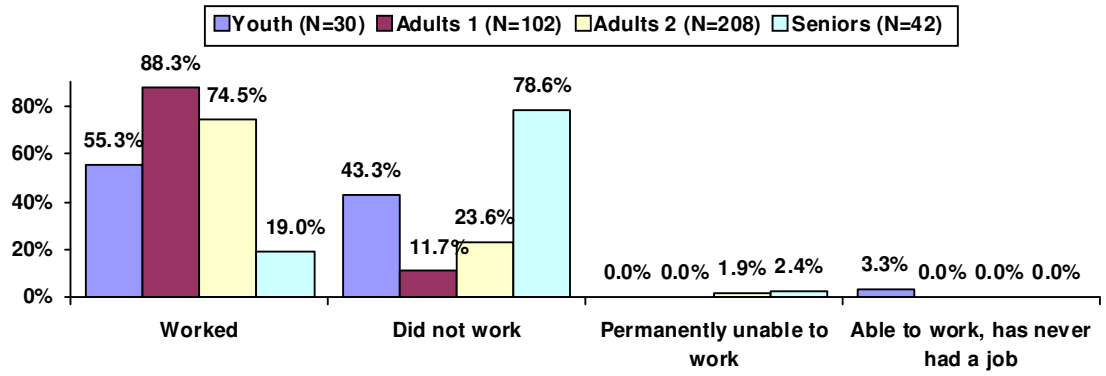
Figure 4: **Employment Status During the Past Week –*Of respondents between the ages of 15 and 75-***



[13] Throughout this report, differences between segments are only noted if they are statistically significant.

As shown below, adults 1 (88%) were most likely to have worked in the week prior to survey completion, followed by adults 2 (75%), youth (55%) and seniors (19%)[14]. No differences were found between males and females in terms of employment status.

Figure 5: **Employment Status During the Past Week by Age Category –*Of respondents between the ages of 15 and 75-***



Respondents between the ages of 15 and 75 who worked during the week prior to survey completion (N=269) were asked a series of questions about their employment during that week.

Last week, did you have a job or business from which you were absent? Did you have more than one job or business last week? About how many hours a week do you usually work at your other job(s), including unpaid hours?

Of respondents between the ages of 15 and 75 who worked during the week prior to survey completion (N=269), 9% were absent from work during that week and 11% had more than one job or business during that week. Of those (N=29), most worked 20+ hours in this other job (n=9), while an equal number work 10 hours or less in this other job (5 hours or less: n=4; 6-10 hours: n=5), and four respondents work 11-19 hours. Eight respondents were unsure or refused to provide a response[15].

[14] For the purpose of analysis, respondents were divided into four age categories: Youth (aged 15-19 years), Adults 1 (aged 20-34 years), Adults 2 (aged 35-64 years) and Seniors (aged 65+ years).
[15] **Sample size is less than 30; findings should be interpreted with caution.**

Are you an employee or self-employed? What kind of business, industry or service is this? What kind of work are you doing?

As shown below, most respondents were employed by someone else (86%). A wide range of industries and occupations were identified, with the most common industry being *health care and social assistance*[16] (21%) and the most common occupations being *general office clerks*, *registered nurses* or *retail salespersons and sales clerks* (4% each).

Table 2: Profile of Current Employment

	Chebucto West	***CDHA***
	% (N=269)	***% (N=1,883)***
Employee	85.6	86.6
Self-employed	14.0	13.0
Working in a family business without pay	-	0.1
Don't know/Refused	0.4	0.3
Top Five Industries		
Health care and social assistance	20.6	15.4
Public administration	12.9	13.5
Retail trade	9.9	9.4
Information and cultural industries	6.6	4.7
Educational services	6.3	7.7
Top Five Occupations		
General office clerks	4.4	3.7
Retail salespersons and sales clerks	4.1	3.8
Registered nurses	4.0	3.0
Retail trade managers	3.3	2.0
Information systems analysts and consultants	2.5	1.2

In the past 4 weeks, did you do anything to find work?

Of respondents between the ages of 15 and 75 who have not worked at job or business in the past 12 months, excluding respondents who were permanently unable to work (N=108), 11% reported that they have looked for work over the past 4 weeks, lower than the finding for the district overall (17%).

[16] This is an industry category based on Statistics Canada's standard 2-digit North American Industry Classification System. For more details on occupations that are included in this industry please refer to: http://www.statcan.gc.ca/subjects-sujets/standard-norme/naics-scian/2007/list-liste-eng.htm

5.0 Health and Well-Being[17]

An overview of the health and well-being of residents of the Chebucto West CHB is provided below. Specifically, this section covers topics such as general health and well-being, stress, and changes made to improve health.

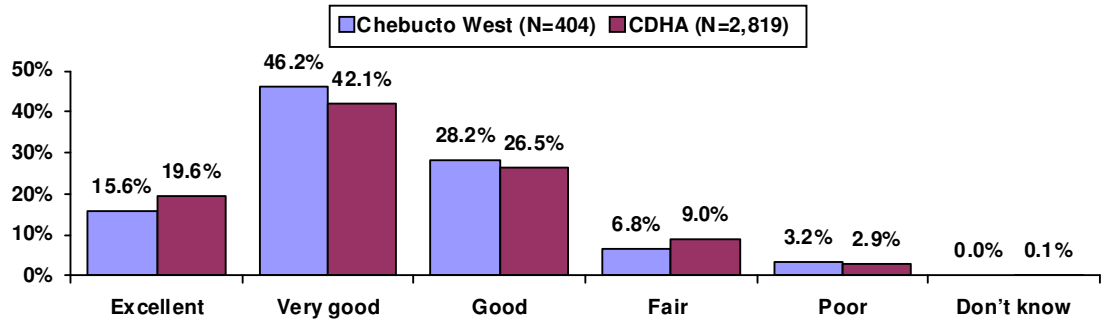
5.1 General Health and Sense of Belonging

General Health and Satisfaction with Life

In general, would you say your health is "excellent", "very good", "good", "fair", or "poor"?

The majority rated their health as *good* (28%), *very good* (46%), or *excellent* (16%), while one in ten respondents rated their health as negative (7% *fair;* 3% *poor*).

Figure 6: Self-Reported Health Status



Certain segments of respondents were more likely to rate their health negatively (that is, *fair* or *poor*):

- Seniors (20%) were more likely than adults (adults 2: 10%; adults 1: 7%) and youth (0%) to report *fair* or *poor* health;
- Respondents who rated their mental health (45%) and oral health (34%) negatively were more likely to rate their general health negatively when compared to those who rated mental and oral health positively (8% and 8%, respectively);
- Respondents with a regular medical doctor (10%) were more likely to have negative general health ratings than those without a regular medical doctor (0%);
- *Fair* or *poor* ratings were more likely from those without eyeglasses/contact lenses (18%), or dental (21%) insurance compared to their counterparts with these types of insurance (8% and 7%, respectively); and
- Respondents without work in the week prior to survey completion (15%) were more likely to provide *fair* or *poor* health ratings compared to those who worked (6%).

No differences were found, however, by gender or having prescription insurance.

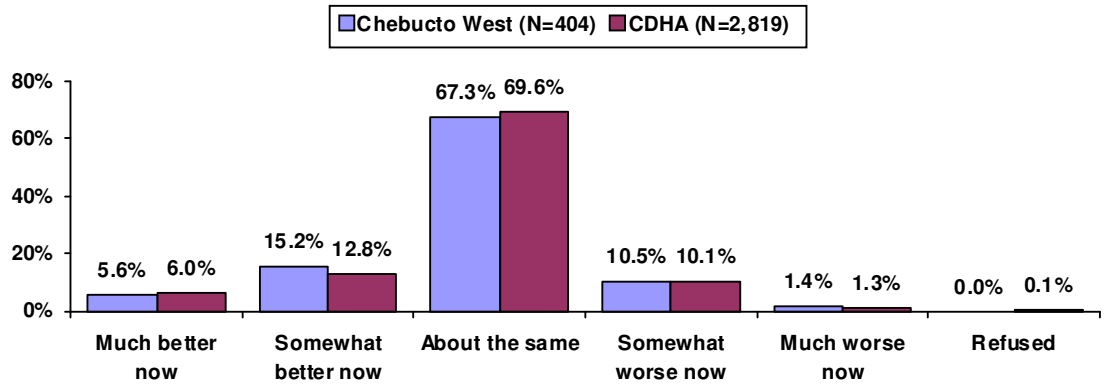
[17] Throughout this report, differences between segments are only noted if they are statistically significant.

Compared to one year ago, how would you say your health is now? Would you say it is "much better now than one year ago", "somewhat better now than one year ago", "about the same as one year ago", "somewhat worse now than one year ago", or "much worse now than one year ago"?

Respondents were asked to compare their current health to their health one year ago. As shown below, just over two-thirds (67%) felt their health has stayed *about the same* over the past year, about one in ten respondents felt their health is worse now (*somewhat* worse: 11%; *much* worse: 1%) and 21% felt their health is *much* better or *somewhat* better now than it was one year ago.

Respondents were asked to compare their current health to their health one year ago. As shown below, just over one in ten respondents felt their health is worse than it was one year ago (*somewhat* worse: 11%; *much* worse: 1%) while, 67% of respondents felt their health has stayed *about the same* over the past year and 21% felt it is *much* better or *somewhat* better now.

Figure 7: **Self-Reported Health Status as Compared to One Year Ago**



Certain segments of respondents were more likely to feel their health is *somewhat* or *much* worse than one year ago:

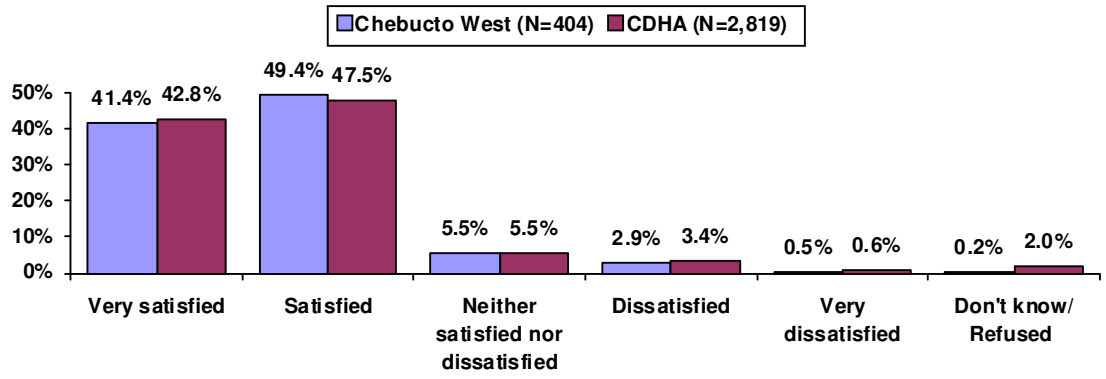
- Youth (21%) were more likely than adults (adults 1: 11%; adults 2: 10%) to say their health is worse now than it was one year ago;
- Respondents who rated their mental health (40%) and oral health (31%) negatively were more likely to feel their health has gotten worse when compared to those who provided positive ratings of mental health (11%) and oral health (11%); and
- Respondents who were permanently unable to work in the week prior to survey completion (19%) were more likely to feel their health is worse compared to those who worked (9%).

No differences were found by gender, having a regular medical doctor or having eye glasses/contact lenses or dental insurance coverage.

Overall, how satisfied are you with your life in general?

The majority of respondents were satisfied with their life in general (41% *very* satisfied, 49% satisfied), however, three percent of respondents were dissatisfied (3% dissatisfied, <1% *very* dissatisfied).

Figure 8: Satisfaction with Life in General



Respondents who rated their mental health (11%) negatively were more likely to be dissatisfied with their life when compared to those who rated their mental health positively (0%). No differences were found by age, gender, oral health, employment status, having a regular medical doctor, or having insurance coverage.

Now I'd like to ask about your satisfaction with various aspects of your life. For each question, please tell me whether you are "very satisfied", "satisfied", "neither satisfied nor dissatisfied", "dissatisfied" or "very dissatisfied"……

As shown in Table 3, the majority of respondents were satisfied with their housing (61% *very* satisfied; 34% satisfied) and neighborhood (55% *very* satisfied; 40% satisfied).

Table 3: Satisfaction with Various Aspects of Life (N=404)

	Very satisfied	***Satisfied***	***Neither satisfied nor dissatisfied***	***Dissatisfied***	***Very dissatisfied***	***DK/ Ref***
	%	**%**	**%**	**%**	**%**	**%**
With your housing	61.3	33.8	2.6	1.8	0.2	0.2
With your neighborhood	54.7	39.7	4.2	0.7	0.5	0.2

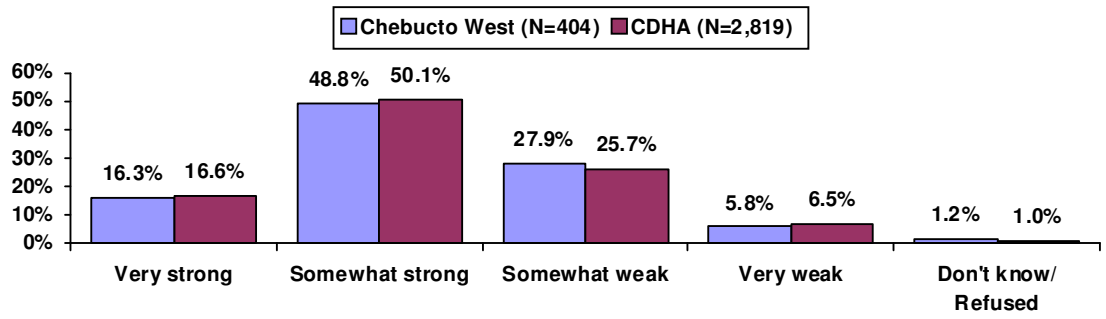
Sense of Belonging

To gauge the well-being of residents of the Chebucto West CHB, respondents were asked about their sense of belonging to their local communities and their level of social support.

How would you describe your sense of belonging to your local community? Would you say it is "very strong", "somewhat strong", "somewhat weak", or "very weak"?

Sixty-five percent of respondents felt a strong sense of belonging to their local community (49% *somewhat* strong, 16% *very* strong), while, 34% of respondents indicated a *somewhat* or *very* weak sense of belonging.

Figure 9: **Sense of Belonging to Local Community**



Certain segments of respondents were more likely to have a *somewhat* or *very* weak sense of belonging to their local community:

- Adults 1 (43%) and youth (47%) were more likely than adults 2 (29%) and seniors (27%) to have a weak sense of belonging to their local community;
- Those who rated their mental health negatively (55%) compared to those who had positive mental health ratings (33%) were more likely to have a weak sense of belonging to their local community; and
- Those without a regular medical doctor (57%) were more likely to have negative mental health ratings than their counterparts (33%).

No differences were found by gender, oral health, employment status or having insurance coverage.

About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?

On average, respondents reported having nine close friends or relatives that they feel at ease with. Most commonly, respondents identified seven to ten (28%) or five to six (24%) of these individuals.

Sometimes people look for companionship, assistance, and other types of support. How often is each of the following kinds of support available to you if you need it? Would you say "none of the time", "a little of the time", "some of the time", "most of the time", or "all of the time"…

To assess the availability of various types of social support, respondents were asked to identify how often certain types of social support are available to them.

A notable percentage of respondents reported that some forms of social support were only available *some* of the time at best, including someone to have a good time with (16%), someone to help you if you were confined to a bed (20%), and someone to give you advice in a crisis (15%).

As shown below, various types of social support were available to the majority of respondents, either *most* of the time or *all* of the time, with the most common being:

- Someone who shows you love and affection (70% *all* of the time; 21% *most* of the time);
- Someone to take you to the doctor if you needed it (68% *all* of the time; 23% *most* of the time); and
- Someone you can count on to listen to you when you need to talk (63% *all* of the time; 26% *most* of the time).

Table 4: Availability of Various Types of Social Support (N=404)

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	DK/Ref
	%	%	%	%	%	%
Someone who shows you love and affection	0.8	1.0	6.8	21.0	69.7	0.6
Someone to take you to the doctor if you needed it	1.9	1.2	6.6	22.5	67.5	0.2
Someone you can count on to listen to you when you need to talk	0.2	1.3	9.5	25.6	62.6	0.7
Someone to give you advice in a crisis	2.1	2.1	10.9	28.2	55.3	1.4
Someone to have a good time with	1.4	2.1	12.6	28.8	54.3	0.7
Someone to help you if you were confined to bed	4.7	4.0	11.6	23.7	53.2	2.9

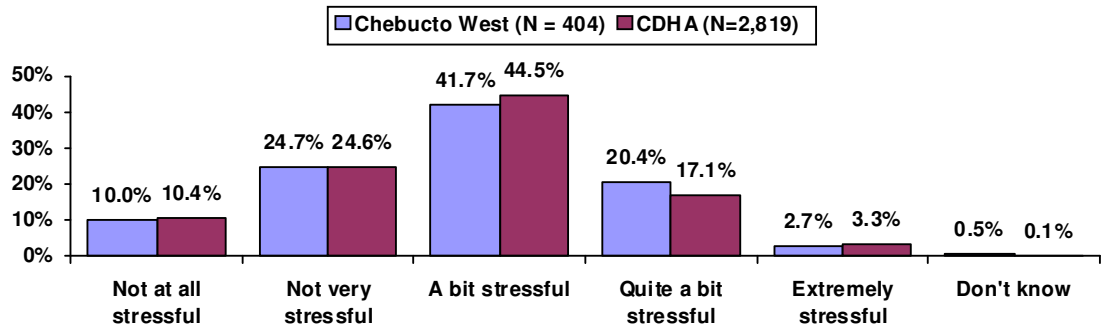
5.2 STRESS

An important factor contributing to overall health and well-being is stress. The health and well-being of an individual can ultimately be affected by the amount of stress one faces. To assess the impact of stress on general health and well-being, respondents were asked several questions to determine their current stress levels, in daily life, and at work, as well as their ability to handle stressful events.

Thinking about the amount of stress in your life, would you say that most days are "not at all stressful", "not very stressful", "a bit stressful", "quite a bit stressful" or "extremely stressful"?

As shown in Figure 10, the majority of respondents reported that most days were *a bit* stressful (42%), *quite a bit* stressful (20%), or *extremely* stressful (3%).

Figure 10: Amount of Stress in Daily Life



Certain segments of respondents were more likely than their counterparts to have rated their daily life as *a bit*, *quite a bit*, or *extremely* stressful:

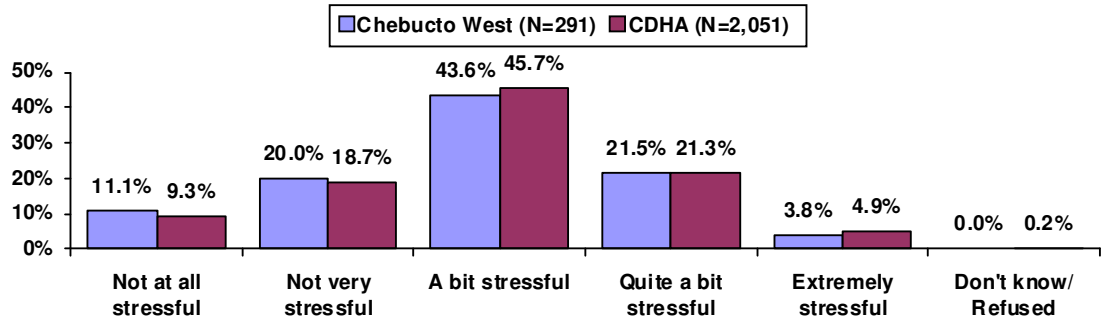
- Younger respondents (youth: 74%, adults 1: 66%; adults 2: 70%) compared to seniors (41%);
- Females (69%) compared to males (60%);
- Respondents with negative mental (90%) and oral (78%) health ratings compared to their counterparts (63 and 64% respectively); and
- Those who worked in the week prior to survey completion (70%) compared to those that did not work (55%).

No differences were found by oral health, insurance coverage, or likelihood of having a regular medical doctor.

Thinking about your main job or business in the past 12 months, would you say that most days at work are "not at all stressful", "not very stressful", "a bit stressful", "quite a bit stressful" or "extremely stressful"?

Overall, the majority of respondents between the ages of 15 and 75 who worked at a job or business in the past 12 months (N=291) reported that most days at work were *a bit* stressful (44%), *quite a bit* stressful (22%), or *extremely* stressful (4%).

Figure 11: **Amount of Stress at Work –*Of respondents between the ages of 15 and 75 who have worked at a job or business in the past 12 months-***



The following groups of respondents were more likely than their counterparts to have rated their work life as *a bit*, *quite a bit*, or *extremely* stressful:

- Adults (adults 2: 72%; adults 1: 69%) compared to youth (58%) and seniors (25%)[18]; and
- Those who rated their mental (100%) or oral (84%) health negatively compared to those who rated them positively (68% and 68% respectively).

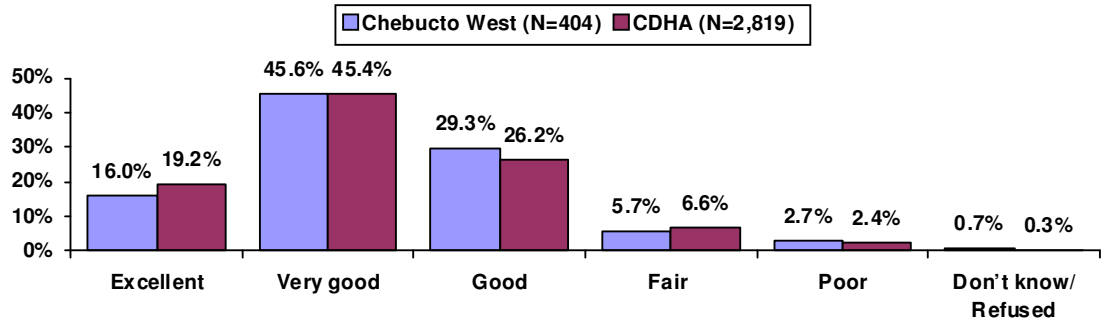
No differences were found by gender, having insurance coverage, or likelihood of having a regular medical doctor.

[18] **Within this age segmentation, the sample sizes for seniors and youth are less than 30; therefore, findings should be interpreted with caution.**

In general, how would you rate your ability to handle unexpected and difficult problems? Would you say your ability is "excellent", "very good", "good", "fair", or "poor"?

The majority of respondents indicated they feel equipped to handle unexpected and difficult problems that arise, for example, a family or personal crisis. More specifically, 29% rated their ability to handle these problems as *good*, 46% as *very good* and 16% as *excellent*. However, nine percent of respondents rated their ability to handle unexpected and difficult problems negatively (6% *fair*, 3% *poor*). Findings did not differ when analyzed by age or gender.

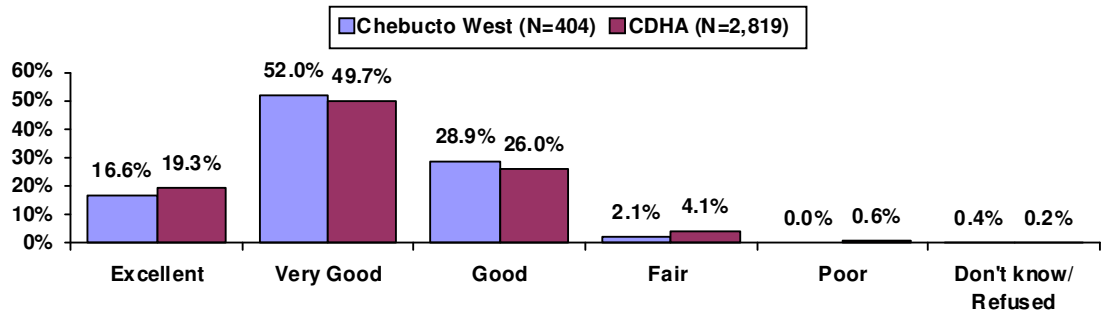
Figure 12: Ability to Handle Unexpected and Difficult Problems



In general, how would you rate your ability to handle the day-to-day demands in your life? Would you say your ability is "excellent", "very good", "good", "fair", or "poor"?

The majority of respondents felt equipped to handle the day-to-day demands of life, for example, handling work, family and volunteer responsibilities. More specifically, 29% rated their ability to handle these problems as *good*, 52% as *very good* and 17% as *excellent*. However, two percent of respondents rated their ability to handle these life demands as *fair*. Again, findings did not differ when analyzed by age or gender.

Figure 13: Ability to Handle the Day-to-Day Demands of Life



Thinking about the stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have?

When asked to identify the most important factor contributing to feelings of day-to-day stress, respondents most commonly mentioned their own work situation (27%), followed distantly by their financial situation (10%), caring for their own children (7%), and time pressures (7%).

Table 5: Most Important Factor Contributing to Day-to-Day Stress

	Chebucto West	***CDHA***
	% (N=404)	***% (N=2,819)***
Own work situation	26.8	26.7
Financial situation	9.8	11.2
Caring for own children	7.1	6.0
Time pressures/not enough time	6.9	7.7
School	6.2	5.4
Health of family members	6.1	4.9
Personal relationships	6.1	5.5
Own physical health problem or condition	3.5	4.5
Other personal or family responsibilities	3.3	4.0
No stress	3.3	2.8
Other	7.0	12.4
Don't know/Refused	8.9	8.8

Coping With Stress

People have different ways of dealing with stress. Thinking about the ways you deal with stress, please tell me how often you do each of the following. Would you say "often", "sometimes", "rarely" or "never"……

The most common method used to cope with stress was to try to solve the problem, with 75% of respondents reporting that they use this method *often*. Other methods used *often* by respondents included trying to look on the bright side of things (73%), trying to relax by doing something enjoyable (63%), and talking to others (48%).

A notable percentage of respondents used unhealthy coping methods *often* such as wishing the situation would go away (36%), blaming yourself (11%), avoiding being with people (7%), sleeping more than usual (5%), and trying to feel better by smoking more cigarettes than usual (5%).

Table 6: Methods Used to Deal with Stress (N=404)

	Often	*Sometimes*	*Rarely*	*Never*	*DK/Ref*
	%	%	%	%	%
Try to solve the problem	75.4	17.6	1.2	4.4	1.4
Try to look on the bright side of things	73.0	21.5	2.5	2.1	0.9
Try to relax by doing something enjoyable	63.3	26.5	3.4	5.3	1.4
Talk to others	47.9	35.8	8.3	7.4	0.7
Wish the situation would go away or somehow be finished	35.8	32.2	10.7	19.7	1.6
Jog or do other exercise	25.9	29.5	11.6	32.1	0.9
Pray or seek spiritual help	20.7	17.8	12.3	48.4	0.4
Blame yourself	11.1	32.1	16.3	39.9	0.7
Try to feel better by eating more or less than usual	11.0	24.8	11.9	51.7	0.7
Avoid being with people	6.9	28.0	18.5	46.1	0.5
Sleep more than usual	5.2	16.5	18.9	58.3	1.2
Try to feel better by smoking more cigarettes than usual	5.2	6.5	1.5	86.7	0.4
Try to feel better by using drugs or medication	3.5	3.9	5.5	86.7	0.4
Try to feel better by drinking alcohol	1.0	9.9	11.4	77.2	0.4

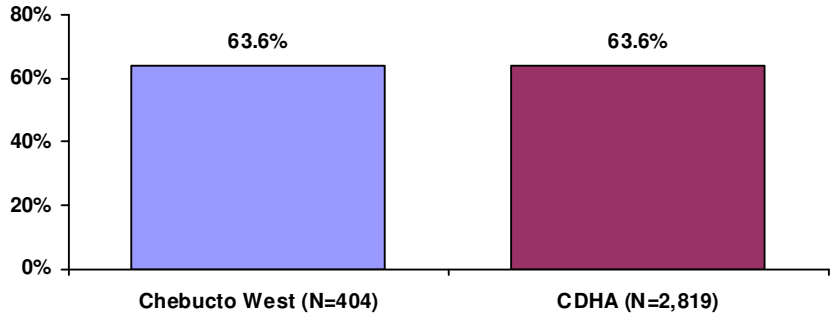
5.3 CHANGES MADE TO IMPROVE HEALTH

Respondents were asked several questions to determine changes made to improve health in the past year, personal barriers to health improvement, and intentions to make changes in the upcoming year.

In the past 12 months, did you do anything to improve your health? What is the single most important change you have made?

As shown in Figure 14, almost two-thirds of respondents (64%) made changes to improve their health in the past 12 months. Females (69%) were more likely than males (58%) to have made changes to improve their health over the past 12 months. When analyzed by age, youth (72%), adults 1 (68%), and adults 2 (67%) were more likely than seniors (43%) to report that they had made changes to improve their health in the past 12 months.

Figure 14: Percentage of Respondents Who Made Changes to Improve Health in Past 12 Months



Of those respondents who have made changes to improve their health in the past 12 months (N=257), the most common changes were increasing exercise/sports/physical activity (37%), changing diet/eating habits (34%) and losing weight (16%).

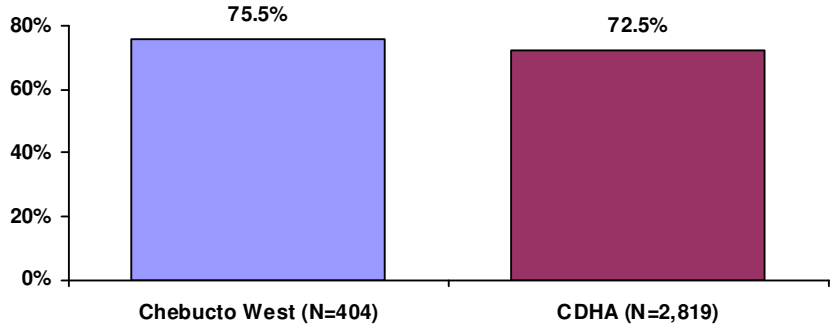
Table 7: Changes Made to Improve Health in the Past 12 Months –*Of respondents who have made changes to improve their health in the past 12 months*-

	Chebucto West	*CDHA*
	% (N=257)	*% (N=1,792)*
Increased exercise/sports/physical activity	37.0	41.6
Changed diet/eating habits	33.7	25.6
Lost weight	16.3	17.6
Quit smoking/reduced amount smoked	4.8	5.7
Received medical treatment	4.2	4.3
Other	4.1	5.1

Do you think there is [anything/anything else] you should do to improve your physical health? What is the most important thing?

Approximately three-quarters of respondents (76%) indicated there are some changes they should make to improve their physical health. Youth (87%), adults 1 (80%) and adults 2 (79%) were more likely than seniors (53%) to feel they should make changes to improve their physical health. Findings did not differ when analyzed by gender.

Figure 15: **Percentage of Respondents Who Feel They Should Make Changes to Their Physical Health**



Of those respondents who indicated that they should make changes to improve their physical health (N=305), the most commonly reported change was starting/increasing exercise/sports/physical activity (48%).

Table 8: **Changes that Should be Made to Improve Physical Health *-Of respondents who reported that they should make changes to improve their physical health-***

	Chebucto West	***CDHA***
	% (N=305)	***% (N=2,044)***
Start/Increase exercise/sports/physical activity	47.7	45.3
Change diet/improve eating habits	19.0	22.4
Lose weight	13.4	12.8
Quit smoking/reduce amount smoked	12.0	12.1
Get more rest/sleep	1.7	1.4
Reduce stress level	1.6	1.3
Other	3.6	3.8
Don't know	0.9	0.8

Respondents who indicated that they should make changes to improve their physical health (N=305) were asked about barriers to physical health improvement and ways to improve their physical health in the next year.

Is there anything stopping you from making this improvement? What is that?

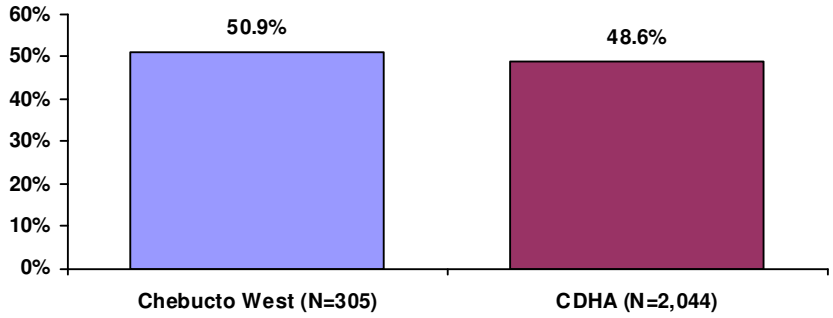
Of respondents who indicated that they should make changes to improve their physical health, 51% reported facing barriers in making improvements.

Certain segments of respondents were likely to face barriers:

- Adults (adults 1: 52%; adults 2: 53%) and seniors (49%) were more likely to report facing barriers compared to youth (34%);
- Those who rated their oral health negatively (71%) were more likely to face barriers compared to those who provided positive ratings (49%);
- Those that did not work (59%) in the week prior to survey completion were more likely to face barriers than those who did work (48%); and
- Those without prescription insurance (66%) were more likely than those without prescription insurance (49%) to report facing barriers.

No differences were found when analyzed by gender, mental health, eye glasses/contact lenses or dental insurance coverage, or having a regular medical doctor.

Figure 16: **Percentage of Respondents Who Reported Facing Barriers in Improving Their Physical Health -*Of respondents who reported that they should make changes to improve their physical health*-**



The most common barriers mentioned by respondents were lack of will power/ self discipline (39%) and their work schedule (17%).

Table 9: Barriers to Making Improvements in Physical Health* -*Of respondents who reported that they should make changes to improve their physical health but faced barriers in making improvements*-

	Chebucto West	*CDHA*
	% (N=155)	*% (N=993)*
Lack of will power/self discipline	39.0	41.6
Work schedule	16.8	19.8
Family responsibilities	12.0	8.7
Lack of time	10.3	7.6
Disability/health problem	8.8	7.9
Physical condition	6.3	6.4
Too costly/financial restraints	6.2	6.0
Weather	2.5	1.5
Too stressed	2.1	3.2
Other	5.9	10.2
Don't know	-	0.3

**Multiple responses allowed.*

When analyzed by age, seniors (36%) were more likely than respondents from all other age categories to mention disability/health problem (adults 2: 4%; adults 1: 0%; youth: 0%)[19].

Table 10: Barriers to Making Improvements in Physical Health by Age Category* -*Of respondents who reported that they should make changes to improve their physical health but faced barriers in making improvements*-

	Youth	*Adults 1*	*Adults 2*	*Seniors*
	% (N=9)	*% (N=43)*	*% (N=87)*	*% (N=16)*
Lack of will power/self discipline	35.6	28.4	46.6	28.5
Work schedule	14.4	26.2	15.5	-
Disability/health problem	10.6	2.9	10.0	17.0
Lack of time	-	10.2	11.1	12.1
Family responsibilities	-	20.5	11.2	-
Physical condition	-	-	4.4	36.4
Too stressed	-	5.1	1.1	-
Too costly/financial restraints	-	6.1	7.7	-
Weather	-	4.5	1.1	6.1
School/homework	25.0	-	-	-
Other	28.9	10.9	6.7	6.1
Don't know	-	-	-	-

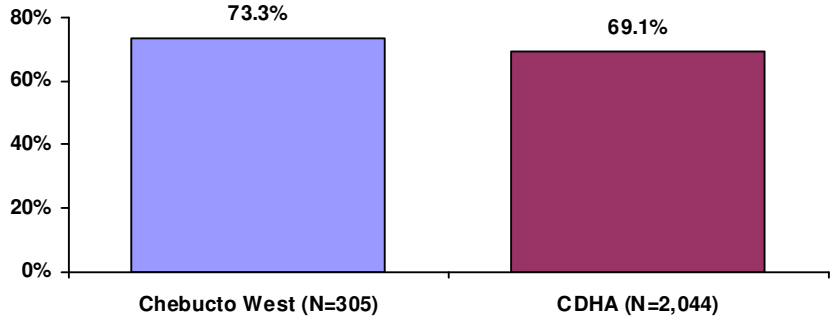
**Multiple responses allowed.*

[19] Within this age segmentation, the sample sizes for youth and seniors are less than 30; therefore findings should be interpreted with caution.

Is there anything you intend to do to improve your physical health in the next year? What do you intend to do?

Of respondents who indicated that they should make changes to improve their physical health (N=305), almost three-quarters (73%) indicated that they intend to improve their physical health in the next year. No differences were found when analyzed by age or gender.

Figure 17: **Percentage of Respondents Who Intend to Improve Their Physical Health in the Next Year -*Of respondents who reported that they should make changes to improve their physical health*-**



Most commonly, respondents who intend to improve their physical health in the next year intend to start or increase exercise/sports/physical activity (68%), followed distantly by changing diet/improving eating habits (23%) and losing weight (18%).

Table 11: **Ways to Improve Physical Health in the Next Year* -*Of respondents who reported that they should make changes to improve their physical health and intend to improve their physical health in the next year*-**

	Chebucto West	***CDHA***
	% (N=223)	***% (N=1,413)***
Start/Increase exercise/sports/physical activity	67.5	64.7
Change diet/improve eating habits	22.8	22.5
Lose weight	18.2	17.0
Quit smoking/reduce amount smoked	7.2	9.5
Receive medical treatment	3.5	2.6
Reduce stress level	2.3	1.8
Other	5.5	5.1
Don't know/Refused	0.4	0.5

**Multiple responses allowed.*

5.4 PROBLEMS IN THE COMMUNITY

To assess the seriousness of various problems in the community, respondents were asked to rate the seriousness of a series of problems.

Now I would like to read a series of statements about your community. For each one, please tell me if it is "not at all a serious problem", "not too serious a problem", "a somewhat serious problem", or "a very serious problem" in your community today.

As shown in Table 12, the problems that respondents reported most often as being *very* serious in their local communities included loss of respect by young people toward the elders (26%), illegal drug use (20%), young people getting in trouble with the law (19%), and alcohol abuse (16%).

Table 12: Seriousness of Various Issues Facing the Community Today

	Not at all serious	***Not too serious***	***Somewhat serious***	***Very serious***	***DK/Ref***
	%	**%**	**%**	**%**	**%**
Loss of respect by young people toward the elders	18.3	15.6	33.4	25.9	6.8
Illegal drug use	26.4	16.3	28.1	19.5	9.6
Young people getting in trouble with the law because of vandalism or theft	21.4	17.1	38.3	18.7	4.4
Alcohol abuse	23.1	19.0	30.9	16.4	10.6
Sexual abuse of children	41.3	17.5	12.5	7.4	21.2
Negligence of children by their parents	38.8	19.9	18.3	6.7	16.3
Public fights and disturbances	45.6	21.3	19.1	6.6	7.4
Suicide among young people	38.3	21.9	15.9	6.1	17.7
Physical or verbal violence between husband and wife	35.0	15.7	19.9	6.1	23.2

6.0 Physical Activity and Body Mass Index[20]

6.1 PHYSICAL ACTIVITY

Physical Activity Index

As defined by the CCHS, being physically active means having an average daily expenditure of 3.0 or more kilocalories per kilogram of bodyweight (KKD). Those who are regularly active and expend at least 3.0 KKDs per day are the most likely to achieve good cardiovascular health[21].

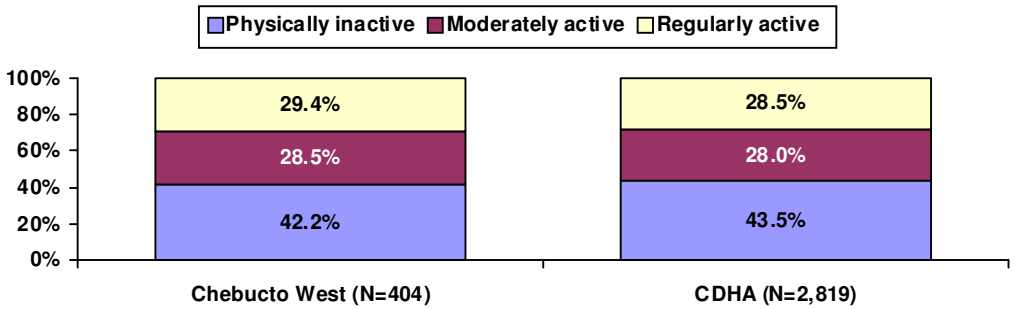
The physical activity index was derived from a series of questions asking respondents what types of activities they have participated in over the past 3 months, the number of times they have participated, and how long they participated in the activities in question. Based on their responses, individuals were categorized into one of three categories[22]:

- Physically inactive: Less than 1.5 KKDs per day (or less than 15 minutes of exercise per day)
- Moderately active: Between 1.5 and 2.9 KKDs per day (or between 15 and 29 minutes of exercise per day)
- Regularly active: 3.0 KKDs or more per day (or 30 or more minutes of exercise per day)

Have you done any of the following in the past 3 months: walking for exercise, gardening or yard work, swimming, bicycling, popular or social dance/dancing, home exercises, ice hockey, ice skating, in-line skating/rollerblading, jogging/running, golfing, exercise class/aerobics, downhill skiing/snowboarding, bowling, baseball/softball, tennis, weight training, fishing, volleyball, basketball, soccer, or any other?

Forty-two percent of respondents were physically inactive, while 29% were moderately active and 29% were regularly active. The most common physical activities included walking for exercise (78%) and gardening or yard work (69%)[23].

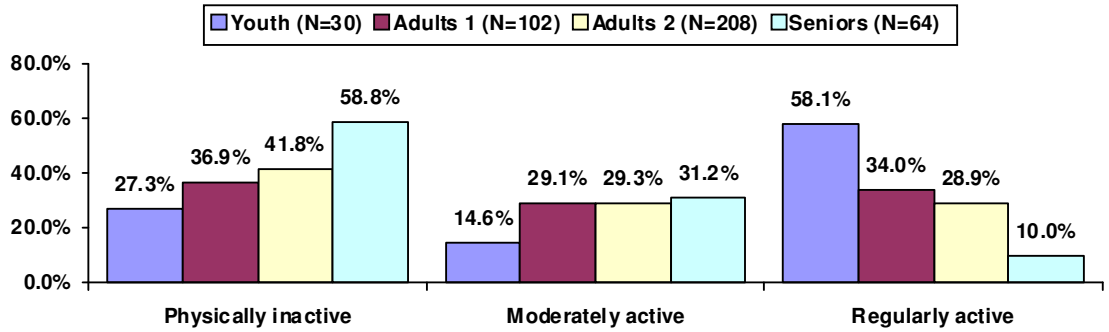
Figure 18: Physical Activity Levels



[20] Throughout this report, differences between segments are only noted if they are statistically significant.
[21] Source: Nova Scotia Department of Health, Physical Activity in Nova Scotia, October 2006.
[22] Source: Nova Scotia Department of Health, Physical Activity in Nova Scotia, October 2006.
[23] Multiple responses allowed.

Generally, physical activity levels tended to be similar among males and females. Conversely, activity levels were highest among youth and tended to decline with age. Youth (58%) were more likely than adults (adults 1: 34%; adults 2 29%) and seniors (10%) to be regularly active. Conversely, seniors (59%) were more likely than respondents from all other age categories (adults 2: 42%; adults 1: 37%; youth: 27%) to be physically inactive.

Figure 19: Physical Activity Levels by Age Category



Furthermore, respondents who rated their mental health (60%) negatively were more likely than those who rated their mental health positively (40%) to be physically inactive. No differences were identified when analyzed by mental health, oral health, having a regular medical doctor, having insurance coverage, or employment status.

Was there any [other] time in the past 3 months when you walked to and from work or school? Was there any [other] time in the past 3 months when you bicycled to and from work or school?

Respondents were asked further questions about any walking or bicycling they may do to and from work or school. Overall, use of these modes of transportation was low. Twelve percent of respondents reported walking to and from work or school, and 2% bicycled.

In total, however, walking still remained a popular form of physical activity, with 81% of all respondents walking either for exercise or as a mode of transportation. Indeed, walking in some capacity tended to be more common among the younger age groups and declined as age increased. More specifically, youth (88%), adults 1 (87%) and adults 2 (80%) were more likely than seniors (69%) to walk. No differences were found in the percentage of males and females who walked.

A smaller percentage (24%) used bicycling as a form of exercise or as a mode of transportation. Indeed, bicycling in some capacity tended to be more common among the younger age groups and declined as age increased. More specifically, youth (50%) were more likely than adults (adults 1: 22%; adults 2: 26%) and seniors (6%) to bicycle. No differences were found in the percentage of males and females who biked.

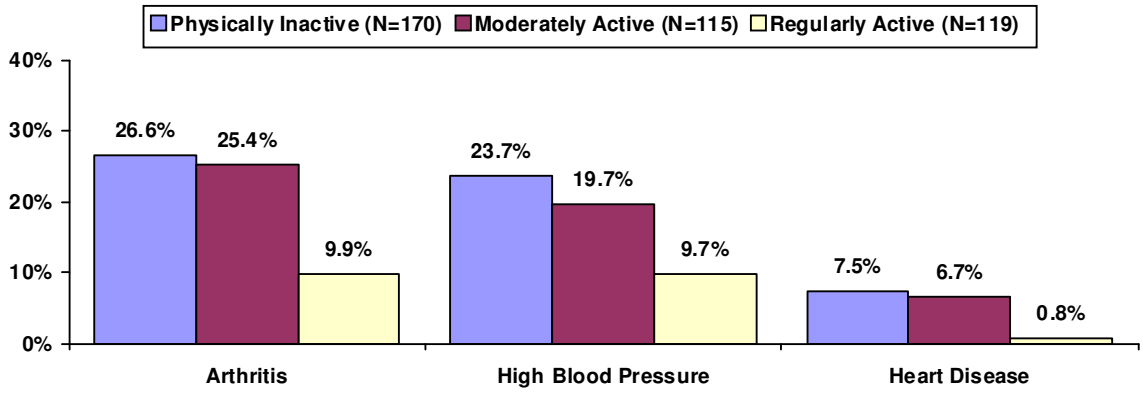
Physical Activity and Health

As stated previously, regular physical activity is critical to maintaining good cardiovascular health. Past research has indicated a relationship between physical activity and certain chronic conditions, including asthma, muscle/joint conditions, diabetes, heart disease and high blood pressure[24].

This study also found relationships between physical activity and certain chronic conditions. More specifically:

- Respondents who were physically inactive (27%) or moderately active (25%) were more likely to have arthritis than respondents who were regularly active (10%);
- Similarly, respondents who were physically inactive (24%) or moderately active (20%) were more likely to have high blood pressure compared to respondents who were regularly active (10%); and
- Respondents who were physically inactive (8%) or moderately active (7%) were more likely to report having heart disease compared to respondents who were regularly active (1%).

Figure 20: Prevalence of Arthritis, High Blood Pressure, and Heart Disease by Physical Activity Levels



No relationships were found between physical activity levels and other chronic conditions such as asthma, back problems or diabetes.

[24] Source: Nova Scotia Department of Health, Physical Activity in Nova Scotia, October 2006.

6.2 BODY MASS INDEX

Closely related to physical activity levels is the body mass index (BMI). Individuals who have a high body mass index and are considered obese are at a higher risk of developing heart disease, asthma, arthritis, and high blood pressure among other problems. While there are many interrelated factors that contribute to obesity, regular physical activity is considered to be an important part of maintaining a healthy body weight[25].

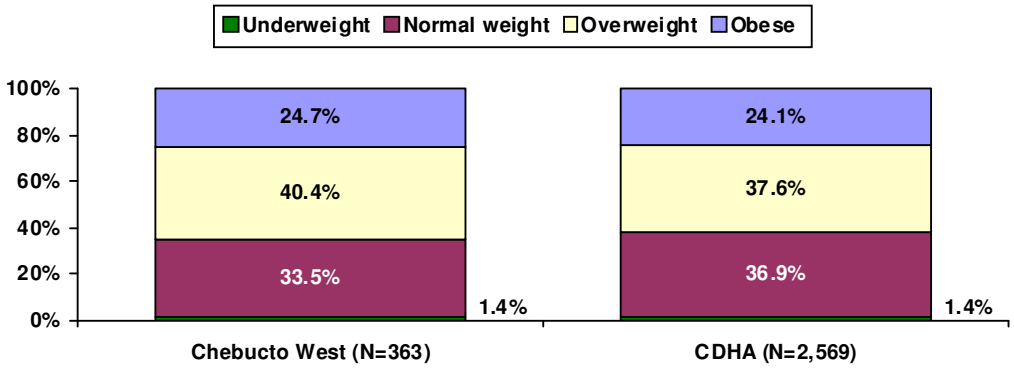
BMI was calculated for respondents aged 18 years or older (excluding pregnant females) based on self-reported height and weight, using the formula weight (kg)/height (m^2). Based on their BMI score, respondents were placed into one of four weight categories[26]:

- Underweight: BMI less than 18.5;
- Normal: BMI between 18.5 and 24.9;
- Overweight: BMI between 25.0 and 29.9; and
- Obese: BMI of 30.0 or greater.

How tall are you without shoes on? How much do you weigh?

Approximately two-thirds of respondents aged 18 years or older (65%), excluding pregnant females, were classified as overweight or obese, while 34% were of normal weight and 1% were underweight.

Figure 21: **BMI Classifications –*Of respondents aged 18 years or older, excluding pregnant females-***

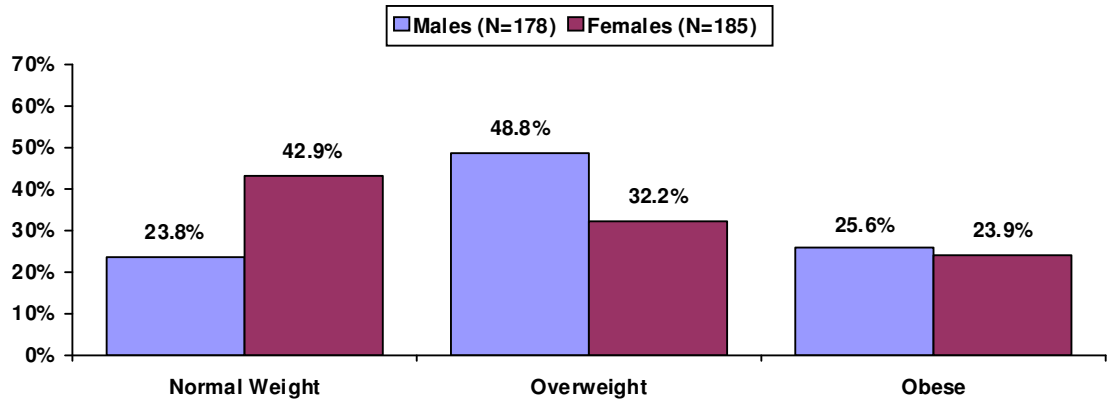


BMI classifications differed based on age. Youth (83%) were more likely to be of normal weight as compared with adults 1 (38%), adults 2 (29%), and seniors (34%)[27].

[25] Source: Centers for Disease Control and Prevention, www.cdc.gov.
[26] Source: Centers for Disease Control and Prevention, www.cdc.gov.
[27] Within this age segmentation, the sample size for youth is less than 30; therefore findings should be interpreted with caution.

BMI classifications also differed based on gender. Females (43%) were more likely to be of normal weight as compared to males (24%). Conversely, males (49%) were more likely than females (32%) to be overweight.

Figure 22: BMI Classifications by Gender -*Excluding respondents classified as underweight*-



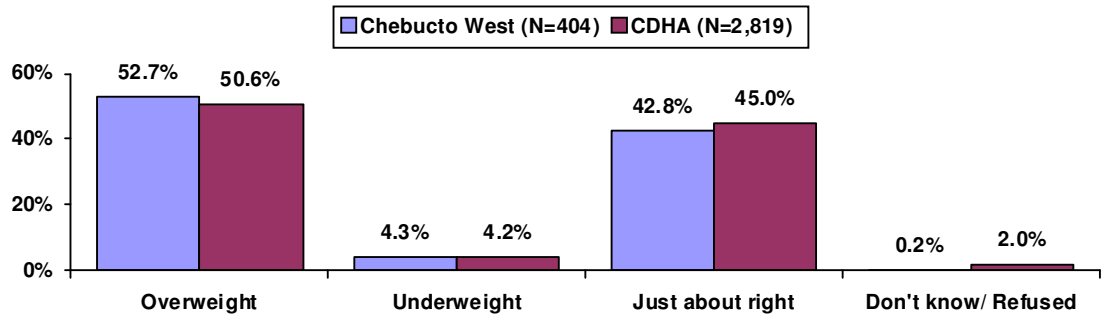
Furthermore, respondents with negative oral health ratings (76%) were more likely to be overweight or obese compared to their counterparts (64%). No differences were found by mental health ratings, insurance coverage, or employment status.

Do you consider yourself overweight, underweight, or just about right?

Interestingly, when asked what they thought about their own weight, 43% of respondents thought that it was just about right, while 53% perceived themselves as being overweight.

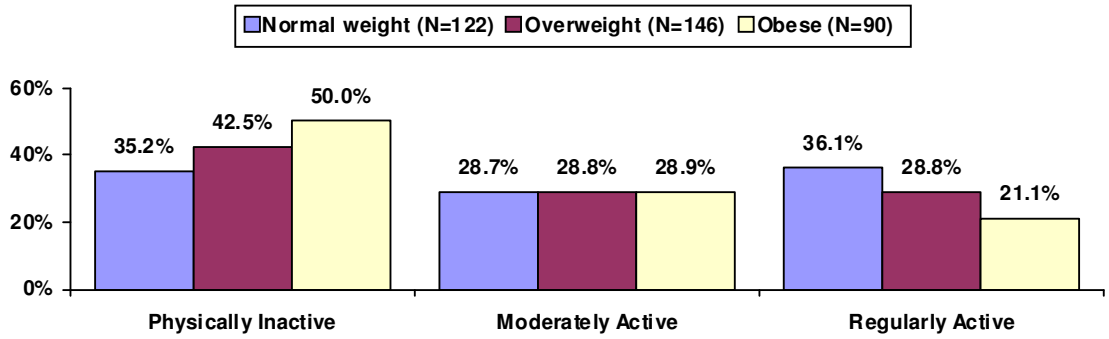
Of those respondents who were defined by the BMI as being overweight or obese (N=236) almost one-quarter (23%) thought that their weight was *just about right*.

Figure 23: Self-Perception of Own Weight



Supporting the relationship between physical activity and BMI, respondents who were obese (50%) were more likely to be physically inactive than those who were of normal weight (35%). Conversely, those who were of normal weight (36%) were more likely to be regularly active than those who were obese (21%).

Figure 24: Physical Activity Levels by BMI Classifications -*Excluding respondents classified as underweight*-

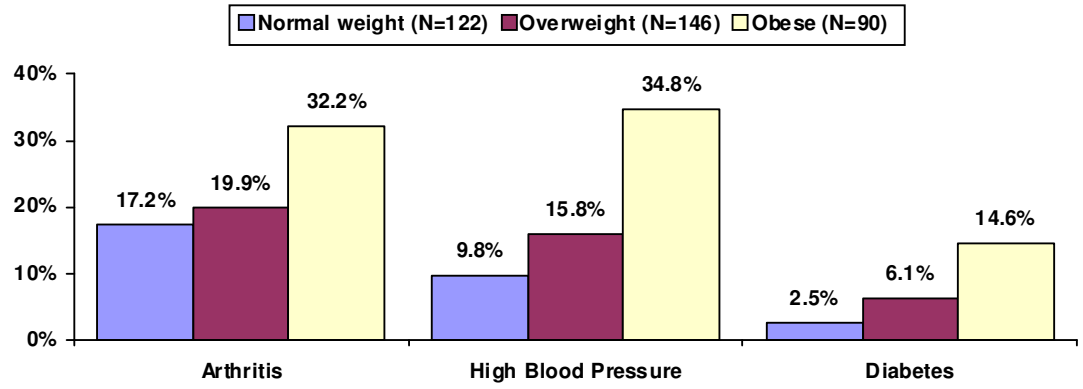


Body Mass Index and Health

BMI classifications were related to the prevalence of several chronic conditions:

- Respondents who were obese (32%) were more likely to have arthritis than respondents who were overweight (20%) or of normal weight (17%);
- Respondents who were obese (35%) were more likely to have high blood pressure than respondents who were overweight (16%) or of normal weight (10%); and
- Respondents who were obese (15%) were more likely to have diabetes than respondents who were overweight (6%) or of normal weight (3%).

Figure 25: Prevalence of Arthritis, High Blood Pressure and Diabetes by BMI Classifications -*Excluding respondents classified as underweight*-



No relationship was found between BMI classifications and asthma, back problems, or heart disease.

7.0 Healthy Eating[28]

7.1 Fruit and Vegetable Consumption

According to "Canada's Food Guide for Healthy Eating", 5-10 servings of fruit and vegetables are recommended per day to maintain a healthy diet. Furthermore, consuming the recommended daily servings of fruit and vegetables can help in preventing certain chronic conditions such as cancer and cardiovascular conditions[29].

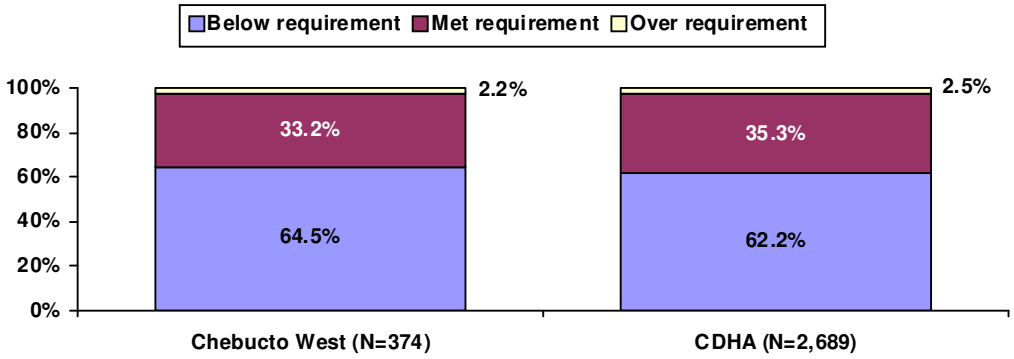
To determine daily fruit and vegetable consumption, respondents were asked to indicate the number of daily servings they consume of fruit juice, fruit, green salad, potatoes, carrots, and other vegetables. Based on their responses, individuals were categorized into one of three categories[30]:

- Below requirement: Consumed less than 5 servings per day;
- Met requirement: Consumed between 5 and 10 servings per day; and
- Over requirement: Consumed more than 10 servings per day.

How often do you usually drink fruit juices such as orange, grapefruit, or tomato? Not counting juice, how often do you usually eat fruit? How often do you usually eat green salad? How often do you usually eat potatoes? How often do you usually eat carrots? Not counting carrots, potatoes, or salad, how many servings of other vegetables do you usually eat?

Approximately two-thirds of respondents (65%) did not meet Canada's Food Guide daily requirements for fruit and vegetable servings, while the remaining 35% met or exceeded the daily requirements.

Figure 26: Fruit and Vegetable Consumption



[28] Throughout this report, differences between segments are only noted if they are statistically significant.
[29] Source: Nova Scotia Department of Health, Fruit and Vegetable Consumption in Nova Scotia, September 2004.
[30] Source: Nova Scotia Department of Health, Fruit and Vegetable Consumption in Nova Scotia, September 2004.

Furthermore, no relationships were found between fruit and vegetable consumption and aspects of age, gender[31] or healthy lifestyle, including smoking status and physical activity level.

7.2 FOOD SECURITY

Which of the following statements best describes the food eaten in your household in the past 12 months?

As another assessment of eating behavior, respondents were asked to identify the statement that best describes the food eaten in their household over the past 12 months.

As shown in Table 13, almost all respondents (99%) felt they and others in their household always had enough to eat – 83% felt they had enough of the kinds of foods they wanted, while the remaining 15% felt they had enough food, but not always the kind of food they wanted. One percent of respondents felt they or others did not have enough to eat.

Table 13: Assessment of Household Food Consumption Over the Past 12 Months

	Chebucto West	***CDHA***
	% (N=404)	***% (N=2,819)***
You and others always had enough of the kinds of food you wanted to eat	83.2	80.3
You and others had enough to eat, but not always the kinds of food you wanted	15.3	17.7
Sometimes you and others did not have enough to eat	1.2	1.3
Often, you and others did not have enough to eat	0.2	0.5
Don't know	-	0.2

31

[31] Within this income segmentation, the sample size for less than $20,000 is less than 30, therefore, findings should be interpreted with caution.

However, seniors (88%) and adults 2 (87%) were more likely than adults 1 (75%) to feel they and others always had enough of the kinds of foods they wanted over the past 12 months[32].

Table 14: Assessment of Household Food Consumption Over the Past 12 Months by Age Category

	Youth	Adults 1	Adults 2	Seniors
	% (N=30)	% (N=102)	% (N=208)	% (N=64)
You and others always had enough of the kinds of food you wanted to eat	76.1	74.5	87.0	88.3
You and others had enough to eat, but not always the kinds of food you wanted	23.9	22.7	11.6	11.7
Sometimes you and others did not have enough to eat	-	2.9	0.9	-
Often, you and others did not have enough to eat	-	-	0.5	-

Now I'm going to read several statements that might be used to describe the food situation for a household. Please tell me if the statement was "often", "sometimes", or "never" true for you and others in your household in the past 12 months.

At least 6% of respondents *have* experienced some type of food situation difficulty in their household over the past 12 months, while the majority of respondents did not experience any food situation difficulties in their household over the past 12 months. More specifically, the percentage of respondents who *never* experienced such difficulties ranged from 91% for the worrying that food would run out before money was available to buy more *and* the inability to afford to eat balanced meals to 94% for the inability to make food last until there was money available to purchase more.

Table 15: Assessment of Household Food Situation Over the Past 12 Months

	Chebucto West % (N=404)				CDHA % (N=2,819)			
	Often	Sometimes	Never	DK	Often	Sometimes	Never	DK
You and others worried that food would run out before you got money to buy more	1.3	7.7	91.0	-	1.7	7.2	91.1	**
The food that you and others bought just didn't last, and there wasn't any money to get more	1.4	4.7	93.7	0.2	1.6	5.3	92.9	0.3
You and others just couldn't afford to eat balanced meals	3.3	5.3	91.4	-	2.8	6.5	90.6	**

[32] **Within this age segmentation, the sample size for youth is less than 30, therefore, findings should be interpreted with caution.**

Now I'm going to read several statements that might be used to describe the food situation for households with children. Please tell me if the statement was "often", "sometimes", or "never" true for you and others in your household in the past 12 months.

Respondents with children in the household were also asked about the food situation involving the children. As shown in Table 16, the majority of respondents did not experience any difficulties in their household over the past 12 months. More specifically, the percentage of respondents who responded *never* ranged from 86% for the inability to afford to feed children balanced meals *and* children not eating enough to 93% for a reliance on low-cost food to feed children. However, at least 5% of respondents *have* experienced some type of food situation difficulty for the children in their household over the past 12 months.

Table 16: Assessment of Food Situation Over the Past 12 Months for Households with Children

	Chebucto West					CDHA				
		%					%			
	N	Often	Sometimes	Never	DK/ Ref	N	Often	Sometimes	Never	DK/ Ref
You and other adults relied on only a few kinds of low-cost food to feed your child(ren) because you were running out of money to buy food	240	0.4	4.5	92.7	2.4	1,763	0.3	3.1	94.0	2.6
You and other adults couldn't feed your child(ren) a balanced meal because you couldn't afford it	336	-	1.7	85.6	12.6	2,358	0.4	1.6	87.4	10.6
Child(ren) was/were not eating enough because you and other adults just couldn't afford enough food	340	-	0.9	86.3	12.8	2,361	0.1	0.9	88.3	10.7

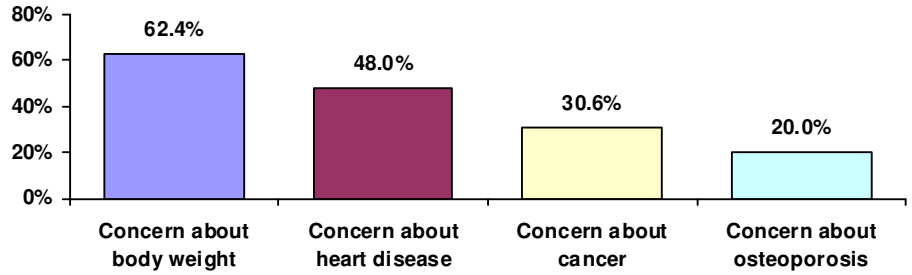
7.3 FOOD CHOICES

Respondents from Chebucto West were also asked a series of questions about motivations for choosing the foods they eat.

Do you choose certain foods or avoid others because of……..

As shown below, the most common reason for choosing or avoiding certain foods was concerns about body weight (62%), followed by concerns about heart disease (48%).

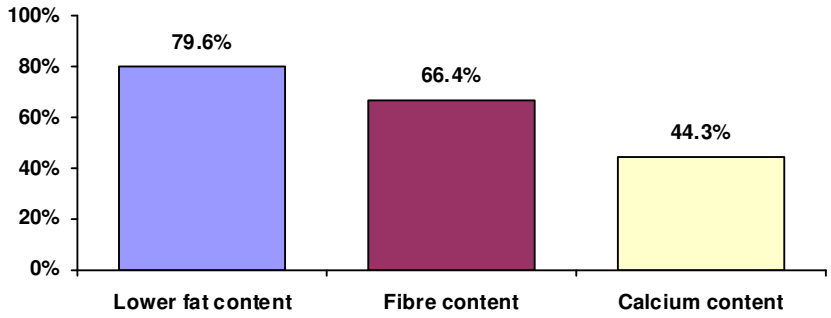
Figure 27: Reasons for Choosing Certain Foods or Avoiding Others (N=404)



Do you choose certain foods because of……..

Lower fat content was identified as the most common reason for *choosing* certain foods (80%), followed by fibre content at 66% and calcium content at 44%.

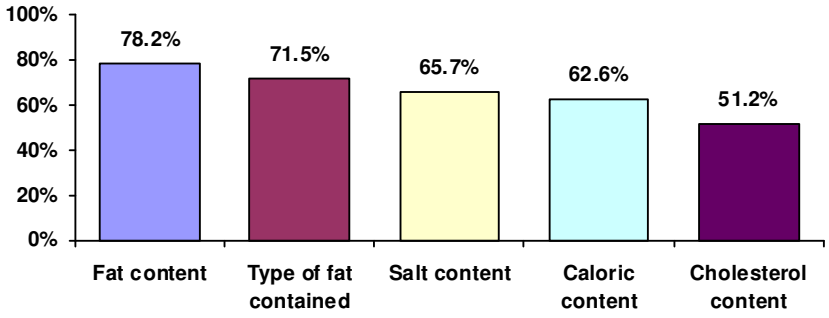
Figure 28: Reasons for Choosing Certain Foods (N=404)



Do you avoid certain foods because of……..

Fat content was also identified as the most common reason for *avoiding* certain foods (78%). Other popular reasons for avoiding certain foods included the type of fat contained (72%), salt (66%), caloric (63%) and cholesterol content (51%).

Figure 29: **Reasons for Avoiding Certain Foods (N=404)**



8.0 Sexual Health[33]

Respondents between the ages of 15 and 49 were asked a series of questions to assess sexual health behaviors and practices. The sections that follow detail respondents' experiences with sexual activity and assess attitudes and behaviors towards birth control and protection against sexually transmitted diseases.

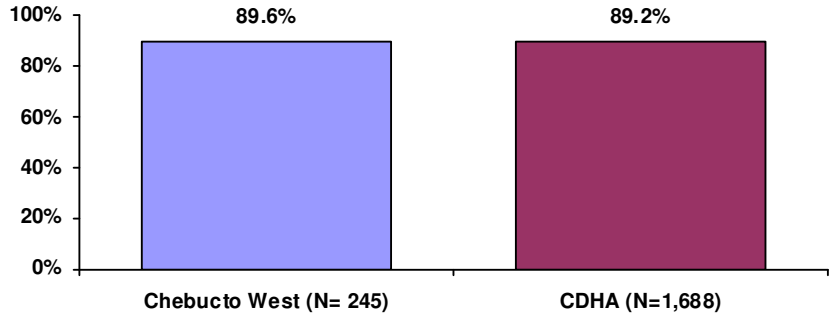
8.1 Sexual Activity

Have you ever had sexual intercourse? How old were you the first time?

Nine in ten respondents aged 15 to 49 years (90%) have had sexual intercourse at least once in their lifetime.

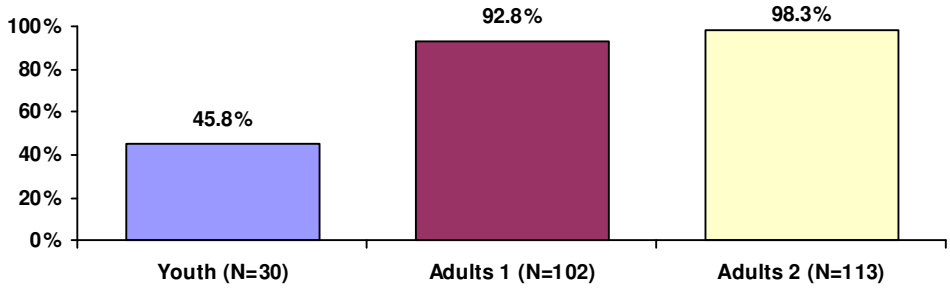
On average, respondents between the ages of 15 and 49 who have ever had sexual intercourse were 17 years old at the time of their first experience.

Figure 30: **Percentage of Respondents Who Have Ever Had Sexual Intercourse -*Of respondents between the ages of 15 and 49-***



Of respondents aged 15 to 49 years, adults 2 (98%) and adults 1 (93%) were more likely than youth (46%) to have ever had sexual intercourse. Lifetime sexual activity did not differ by gender.

Figure 31: **Percentage of Respondents Who Have Ever Had Sexual Intercourse by Age Category -*Of respondents between the ages of 15 and 49-***



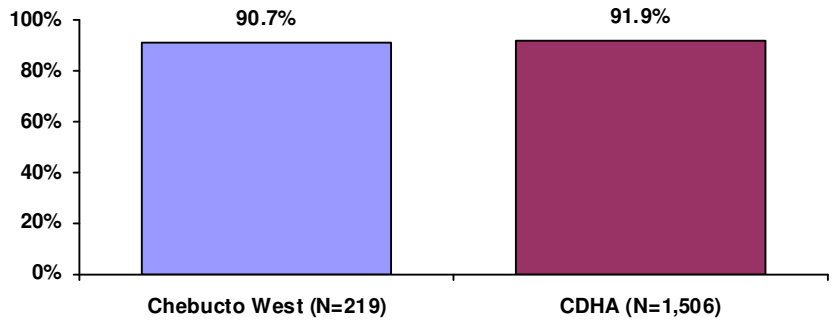
[33] Throughout this report, differences between segments are only noted if they are statistically significant.

In the past 12 months, have you had sexual intercourse? With how many different partners?

Of those respondents between the ages of 15 and 49 who have ever had sexual intercourse (N=219), most (91%) reported having sexual intercourse in the past 12 months. No differences were found in past year sexual activity when analyzed by age or gender.

Of those respondents who have had sexual intercourse in the past 12 months (N=199), 90% have had one partner during this time period, while 3% have had two partners, and 6% have had three or more partners.

Figure 32: **Sexual Activity in the Past 12 Months –*Of respondents between the ages of 15 and 49 who have ever had sexual intercourse-***



8.2 Sexually Transmitted Diseases and Birth Control

Protecting Against Sexually Transmitted Diseases

Have you ever been diagnosed with a sexually transmitted disease? Did you use a condom the last time you had sexual intercourse?

Of respondents aged 15 to 49 years who have ever had sexual intercourse (N=219), 8% have ever been diagnosed with a sexually transmitted disease, similar to the district level (9%). Diagnosis of a sexually transmitted disease did not differ by age or gender.

One-quarter of respondents aged 15 to 49 years who have ever had sexual intercourse (26%) protected themselves against sexually transmitted diseases by using a condom the last time they had sexual intercourse, again similar to the district (29%). Condom use did not differ by gender, but tended to decrease with age. More specifically, of those respondents aged 15 to 49 years who have ever had sexual intercourse, youth (84%) were most likely to have used a condom the last time they had sexual intercourse, followed by adults 1 (35%) and adults 2 (11%)[34]. Furthermore, single respondents (60%) were more likely to engage in condom use compared to those who were living common-law (22%) or married (11%).

[34] **Within this age segmentation, the sample size for youth is less than 30, therefore, findings should be interpreted with caution.**

Birth Control Attitudes and Behaviors

Respondents between the ages of 15 and 24 who have ever had sexual intercourse (N=29) were asked about their attitudes and behaviors regarding birth control.

I am going to read you a statement about pregnancy. Please tell me if you "strongly agree", "agree", "neither agree nor disagree", "disagree", or "strongly disagree". It is important for me to avoid getting [my partner] pregnant right now.

Almost all respondents between the ages of 15 and 24 who have ever had sexual intercourse (13 out of 15 males, 13 out of 13 females) agreed[35] that it is important to avoid pregnancy right now[36].

In the past 12 months, did you and your partner usually use birth control?

Most respondents between the ages of 15 and 24 who have ever had sexual intercourse (n=26) reported using birth control in the past 12 months[37]. The use of birth control did not differ by age or gender.

[35] Agreed: Includes the categories of "strongly agree" and "agree".
[36] **Sample size is less than 30; findings should be interpreted with caution.**
[37] **Sample sizes by gender are less than 30; findings should be interpreted with caution.**

9.0 Smoking and Alcohol Use[38]

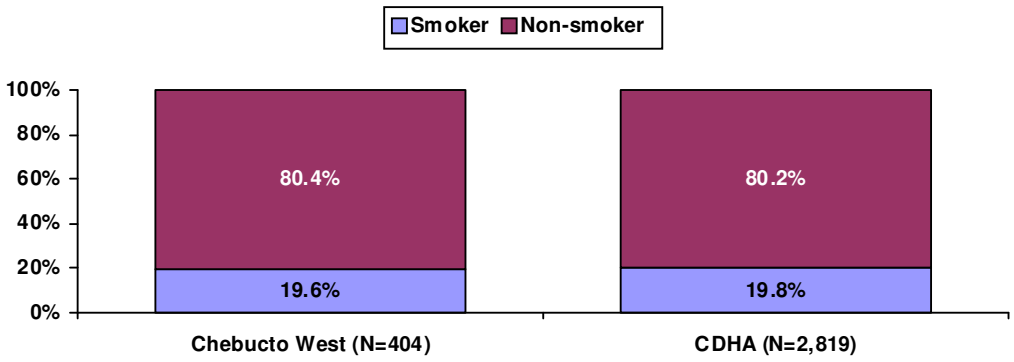
Decades of health research have clearly established smoking and alcohol use as detrimental to an individual's health. The sections that follow provide an overview of current smoking status, attempts to quit smoking, and alcohol use.

9.1 Smoking Status

At the present time, do you smoke cigarettes daily, occasionally, or not at all?

Two in ten respondents (20%) reported that they currently smoke. Smoking status generally did not differ when analyzed by age or gender. Of those respondents who smoke (N=79), 78% were daily smokers, while the remaining 22% were occasional smokers.

Figure 33: Current Smoking Status



How many cigarettes do you smoke each day? On the days that you smoke, how many cigarettes do you usually smoke?

Of those respondents who were daily smokers (N=62), 58% smoked less than 15 cigarettes per day, 27% smoked between 15 and 24 cigarettes per day, and 13% smoked 25 or more cigarettes per day. On average, daily smokers smoked 13 cigarettes per day.

Of occasional smokers (N=17), most (n=16) smoked less than 10 cigarettes per day and smoked an average of 4 cigarettes per day[39].

[38] Throughout this report, differences between segments are only noted if they are statistically significant.
[39] Sample sizes are less than 30; findings should be interpreted with caution.

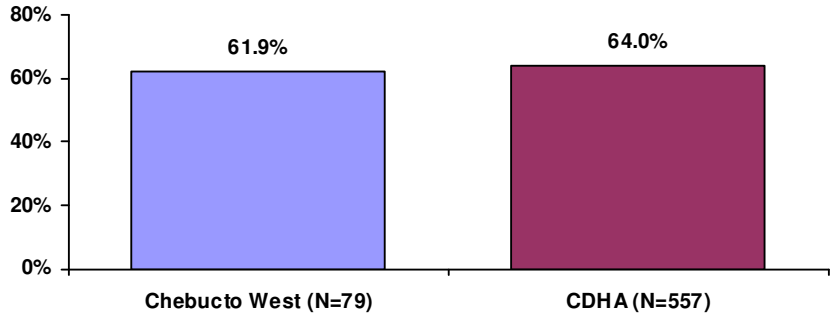
9.2 STAGES OF CHANGE

Current daily and occasional smokers (N=79) were also asked about any previous or future attempts to quit smoking.

Are you seriously considering quitting smoking within the next six months? Are you seriously considering quitting within the next 30 days?

Sixty-two percent of respondents did indicate they are seriously considering quitting within the next six months. Of respondents who are considering quitting (N=49), one-half (50%) indicated a serious desire to quit within the next 30 days. However, 38% indicated that they do not have intentions of quitting smoking.

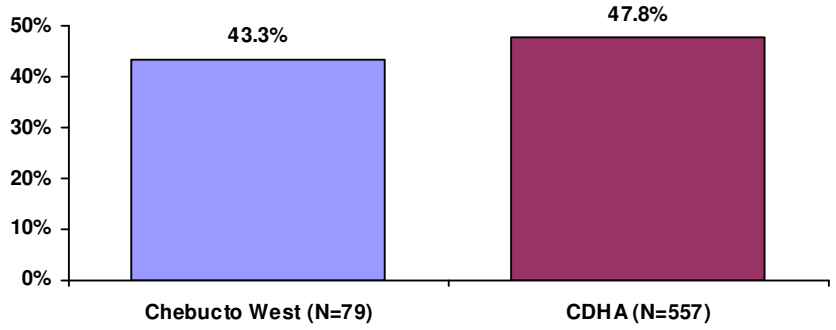
Figure 34: **Considering Quitting Within the Next Six Months –*Of respondents who currently smoke daily or occasionally-***



In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit? How many times?

Of current smokers (N=79), 43% have stopped smoking for at least 24 hours in the past 12 months because of a desire to quit smoking. Of these respondents (N=34), 23% stopped once, 25% stopped twice, 9% stopped three times, 12% stopped four times and 20% stopped at least five times.

Figure 35: **Percentage of Respondents Who Stopped Smoking for at Least 24 Hours in the Past 12 Months –*Of respondents who currently smoke daily or occasionally-***



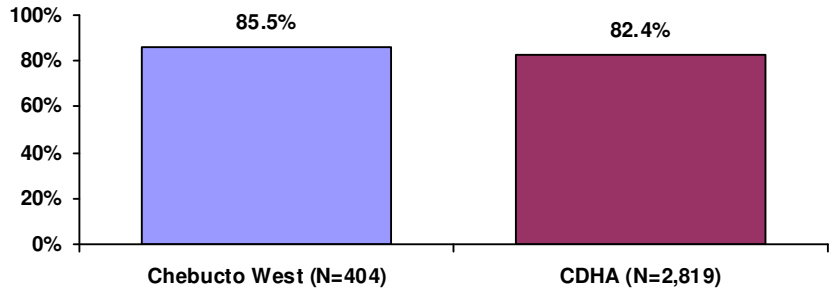
9.3 ALCOHOL USE

To determine the relationship between alcohol use and health, respondents were asked a series of questions about their alcohol consumption. The following section examines the frequency and amount of alcohol consumption among respondents. As defined by the CCHS, the term "drink" refers to a bottle or can of beer, glass of draft, or cooler, a glass of wine, or a straight or mixed drink with one and a half ounces of liquor. Of note, "alcohol consumption over the past 12 months" or "occasional" or "regular" drinking behavior is not synonymous with excessive drinking or over-consumption of alcohol.

During the past 12 months, did you drink any alcoholic beverages?

The majority of respondents (86%) have had a drink of alcohol in the past 12 months. This finding generally did not differ when analyzed by age, however, of importance, 74% of those under the legal drinking age (15-18) have had at least one drink of alcohol in the past 12 months[40]. When analyzed by gender, males (90%) were more likely than females (81%) to have had alcoholic beverages over the past 12 months.

Figure 36: Alcohol Consumption Over the Past 12 Months

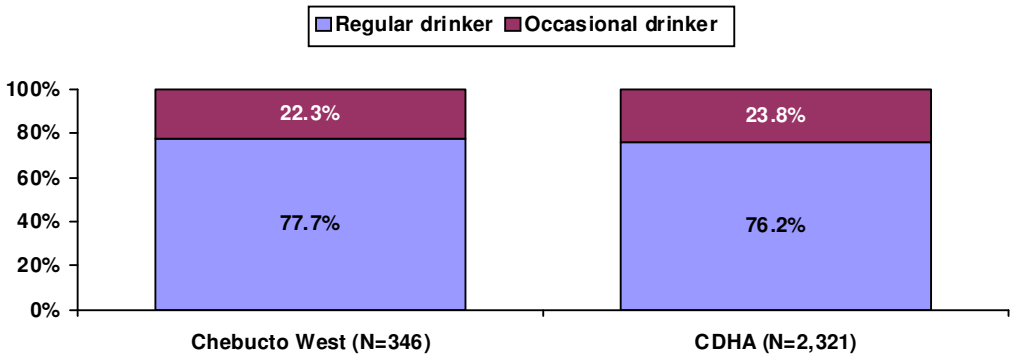


[40] **Within this age segmentation, the sample size for youth is less than 30, therefore, findings should be interpreted with caution.**

During the past 12 months, how often did you drink alcoholic beverages?

Of those respondents who have had a drink of alcohol in the past 12 months (N=346), over three-quarters (78%) were regular drinkers, while the remaining 22% were occasional drinkers[41].

Figure 37: **Type of Drinker –*Of respondents who have consumed alcohol over the past 12 months-***



When analyzed by gender, it was found that males (86%) were more likely than females (70%) to be classified as regular drinkers. Furthermore, the likelihood of being a regular drinker generally increased with age, with seniors (77%), adults 2 (80%) and adults 1 (81%) more likely than youth (53%) to be classified as regular drinkers.

In terms of alcoholic beverage consumption, 22% of those who consumed alcohol over the past 12 months did so less than once a month, 21% did so 2 to 3 times a week, 17% did so 2 to 3 times a month and 16% did so once a week.

Table 17: **Frequency of Alcohol Beverage Consumption –*Of respondents who consumed alcohol over the past 12 months-***

	Chebucto West	***CDHA***
	% (N=346)	***% (N=2,321)***
Less than once a month	22.3	23.8
Once a month	13.4	11.7
2 to 3 times a month	17.0	19.0
Once a week	15.5	16.3
2 to 3 times a week	21.1	19.5
4 to 6 times a week	4.7	5.0
Everyday	6.0	4.7
Don't know	-	0.1

How often in the past 12 months have you had 5 or more drinks on one occasion?
Respondents who consumed alcohol over the past 12 months (N=346) were also asked to identify the frequency with which they consumed 5 or more alcoholic beverages on one occasion. Almost one-half (46%) indicated they never engaged in

[41] Regular drinkers are defined as those respondents who have had alcoholic beverages at least once a month in the past 12 months. Occasional drinkers have had alcoholic beverages less frequently in the past 12 months. Source: Statistics Canada, Canadian Community Health Survey (CCHS) Cycle 2.1 Derived Variable (DV) Specifications.

this practice, while 25% did so less than once a month and 10% did so about once a month.

When analyzed by gender, males (18%) were more likely than females (3%) to report having 5 or more drinks on one occasion once a week or more often. As well, females (57%) were more likely than males (33%) to say that they never consume 5 or more drinks on one occasion.

Table 18: Frequency of Consuming 5 or More Alcoholic Beverages on One Occasion –*Of respondents who consumed alcohol over the past 12 months-*

	Chebucto West	***CDHA***
	% (N=346)	***% (N=2,321)***
Never	45.7	44.8
Less than once a month	25.3	26.7
Once a month	9.8	10.6
2 to 3 times a month	8.5	8.8
Once a week	5.4	5.2
More than once a week	4.7	3.7
Don't know/Refused	0.6	0.3

By gender, males (18%) were more likely than females (3%) to report drinking 5 or more drinks once a week or more often. In contrast, females (57%) were more likely than males (33%) to *never* consume 5 or more drinks on one occasion.

Table 19: Frequency of Consuming 5 or More Alcoholic Beverages on One Occasion by Gender –*Of respondents who consumed alcohol over the past 12 months-*

	Males	***Females***
	% (N=171)	***% (N=175)***
Never	33.3	57.1
Less than once a month	26.9	24.0
Once a month	8.8	10.9
2 to 3 times a month	13.5	4.0
Once a week	10.5	0.6
More than once a week	7.0	2.3
Don't know/Refused	-	1.1

Seniors (75%) were most likely to *never* consume 5 or more drinks on one occasion, followed by adults 2 (46%) and youth (48%). Furthermore, respondents from these age groups were more likely than adults 1 (28%) to *never* consume 5 or more drinks on one occasion. Alcohol use among youth may be of particular concern as many young drinkers report consuming 5 or more drinks in one sitting once per month and many of these youth are under the legal drinking age[42].

Table 20: Frequency of Consuming 5 or More Alcoholic Beverages on One Occasion by Age Category –*Of respondents who consumed alcohol over the past 12 months*-

	Youth	*Adults 1*	*Adults 2*	*Seniors*
	% (N=25)	*% (N=87)*	*% (N=185)*	*% (N=48)*
Never	48.0	27.6	45.9	75.0
Less than once a month	32.0	31.0	27.0	6.3
Once a month	4.0	12.6	10.3	6.3
2 to 3 times a month	4.0	17.2	7.0	-
Once a week	4.0	8.0	3.8	8.3
More than once a week	8.0	3.4	4.9	4.2
Don't know/Refused	-	-	1.1	-

Furthermore,

- Those without a regular medical doctor (25%) were more likely to have consumed 5 or more alcoholic beverages at least once a week compared to those with a regular medical doctor (10%); and
- Those without prescription insurance were more likely to do the same compared to their counterparts with prescription insurance (9%).

No differences were found by eye glasses/contact lenses, or dental insurance coverage or employment status

[42] Sample sizes for Internet/arcade gambling are less than 30; findings should be interpreted with caution.

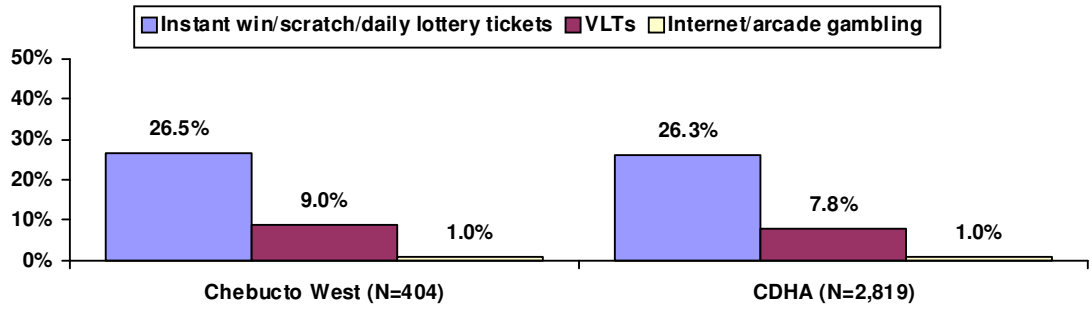
10.0 Problem Gambling[43]

To determine the relationship between gambling and health, respondents were asked a series of questions about their gambling activities and experiences. People have different definitions of gambling. They may bet money and gamble on many different things, including buying lottery tickets, playing bingo, or playing card games with their family or friends. The sections that follow examine the types of gambling activities played and frequency of play among respondents.

In the past 12 months, have you bet or spent money on instant win/scratch tickets or daily lottery tickets (Keno, Pick 3, Encore, Banco, Extra)? In the past 12 months, have you bet or spent money on video lottery terminals (VLTs)? In the past 12 months, have you bet or spent money on Internet or arcade gambling?

Respondents were asked to indicate whether they have participated in certain gambling activities over the past 12 months. As shown in Figure 38, 27% of respondents bet or spent money on instant win, scratch or daily lottery tickets at least once over the past 12 months, while 9% played VLTs and 1% participated in Internet or arcade gambling.

Figure 38: Participation in Various Gambling Activities Over the Past 12 Months



When analyzed by age, differences were found regarding the purchase of instant win/scratch/daily lottery tickets. More specifically, purchase tended to be highest among seniors (22%) and adults (adults 1: 34%; adults 2: 28%) and declined for youth (0%). Purchase of instant win/scratch/daily lottery tickets did not differ by gender.

Participation in other gambling activities did not differ by age or gender.

[43] Throughout this report, differences between segments are only noted if they are statistically significant.

In the past 12 months, how often have you bet or spent money on: Instant win/scratch tickets or daily lottery tickets? VLTs outside of casinos? VLTs at a casino? Internet or arcade gambling?

Table 21 presents the frequency of participation in instant win/scratch/daily lottery tickets and VLT play among those who participated in these activities within the past 12 months. As indicated, almost two-thirds of respondents who play instant win/scratch/daily lottery tickets (61%) do so once a month or less frequently. Most VLT play also tended to occur once a month or less frequently.

Table 21: Frequency of Participation in Instant Win/Scratch/Daily Lottery Tickets and VLT play –*Of respondents who participated in these activities over the past 12 months*-

	Chebucto West			CDHA		
	Instant Win/ Scratch/ Daily Lottery Tickets	VLTs outside a casino	VLTs inside a casino	Instant Win/ Scratch/ Daily Lottery Tickets	VLTs outside a casino	VLTs inside a casino
	% (N=107)	% (N=36)	% (N=36)	% (N=740)	% (N=221)	% (N=221)
Daily	1.8	-	-	1.0	-	-
About 2 to 6 times a week	6.2	2.7	-	8.4	5.5	0.6
About once a week	17.1	7.9	-	16.4	5.0	2.9
Between 2 to 3 times a month	14.3	2.6	-	12.9	6.9	1.2
About once a month	20.8	7.9	5.2	20.2	11.5	3.9
Between 6 and 11 times a year	10.9	8.1	-	10.3	7.8	4.3
Between 1 and 5 times a year	28.8	49.6	52.3	29.6	42.0	45.9
Never	-	13.2	42.4	-	10.6	39.7
Don't know/Refused	-	7.9	-	1.0	10.7	1.4

Of the four respondents who participated in Internet or arcade gambling over the past 12 months, one reported playing 2 to 6 times a week, two reported between 1 and 5 times a year, and one reported once a month[44].

[44] **Sample sizes for Internet/arcade gambling are less than 30; findings should be interpreted with caution.**

In the past 12 months, how much money, not including winnings, did you spend on all of your gambling activities?

Of respondents who played either instant win, scratch or daily lottery tickets, VLTs or Internet or arcade gambling at least once over the past 12 months (N=126), just over one-half (51%) spent $50 or less on all gambling activities, while 21% spent between $51 and $100 and 15% spent between $101 and $250.

Table 22: Amount Spent (Excluding Winnings) on All Gambling Activities Over the Past 12 Months –*Of respondents who participated in various gambling activities over the past 12 months-*

	Chebucto West	***CDHA***
	% (N=126)	***% (N=853)***
Between $1 and $50	50.8	52.9
Between $51 and $100	21.2	16.9
Between $101 and $250	15.0	14.8
Between $251 and $500	4.5	7.9
Between $501 and $1,000	3.8	3.4
More than $1,000	4.0	3.2
Don't know	0.8	0.9

No differences were found between males and females in terms of the amount spent on various gambling activities over the past 12 months.

Table 23: Amount Spent (Excluding Winnings) on All Gambling Activities Over the Past 12 Months by Gender –*Of respondents who participated in various gambling activities over the past 12 months-*

	Male	***Female***
	% (N=57)	***% (N=70)***
Between $1 and $50	42.1	57.1
Between $51 and $100	19.3	22.9
Between $101 and $250	19.3	11.4
Between $251 and $500	7.0	2.9
Between $501 and $1,000	3.5	4.3
More than $1,000	8.8	-
Don't know	-	1.4

Furthermore, no differences were found in past year spending when analyzed by age category[45].

Table 24: Amount Spent (Excluding Winnings) on All Gambling Activities Over the Past 12 Months by Age Category –*Of respondents who participated in various gambling activities over the past 12 months-*

	Youth	*Adults 1*	*Adults 2*	*Seniors*
	% (N=1)	*% (N=37)*	*% (N=68)*	*% (N=20)*
Between $1 and $50	100.0	67.6	45.6	35.0
Between $51 and $100	-	13.5	22.1	30.0
Between $101 and $250	-	10.8	19.1	10.0
Between $251 and $500	-	2.7	1.5	20.0
Between $501 and $1,000	-	2.7	5.9	-
More than $1,000	-	2.7	4.4	5.0
Don't know	-	-	1.5	-

Furthermore,

- Adults (adults 1: 8%; adults 2: 12%) and seniors (25%) were more likely than youth (0%) to have spent $250 or more in the past 12 months on gambling;
- Males (19%) were more likely than females (7%) to have spent more than $250 in the past year on gambling activities;
- Respondents who had positive oral health ratings (14%) were more likely to have spent more than $250 in the past year on gambling activities compared to their counterparts (0%); and
- Respondents who did have a regular medical doctor (13%) were more likely to have spent more than $250 in the past 12 months on gambling activities than those without a regular medical doctor (0%).

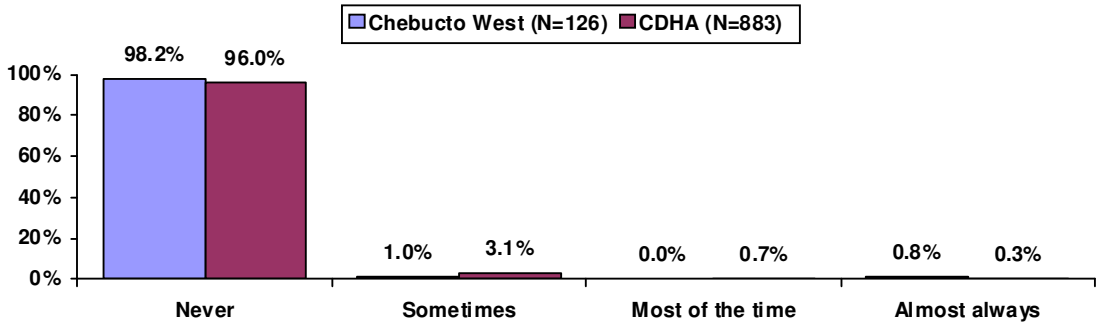
No differences were found in the amount spent by mental health ratings, having insurance coverage or employment status.

[45] **Within this age segmentation, the sample sizes for youth and seniors are less than 30, therefore, findings should be interpreted with caution.**

In the past 12 months, how often has gambling caused you any health problems, including stress or anxiety? Would you say "never", "sometimes", "most of the time" or "almost always"?

Of respondents who have played either instant win, scratch or daily lottery tickets, VLTs or Internet or arcade gambling at least once over the past 12 months (N=126), almost all (98%) felt that gambling has *never* caused them any health problems, such as stress or anxiety, while the remaining 2% have experienced health issues.

Figure 39: **Frequency of Health Problems Caused by Gambling Over the Past 12 Months *-Of respondents who participated in various gambling activities over the past 12 months-***



11.0 Health Care Services: Access and Use[46]

Important to the overall health of a population is adequate access to required health care services. An overview of respondents' experiences using and accessing various health care and home care services[47] is provided below.

11.1 Health Care Utilization

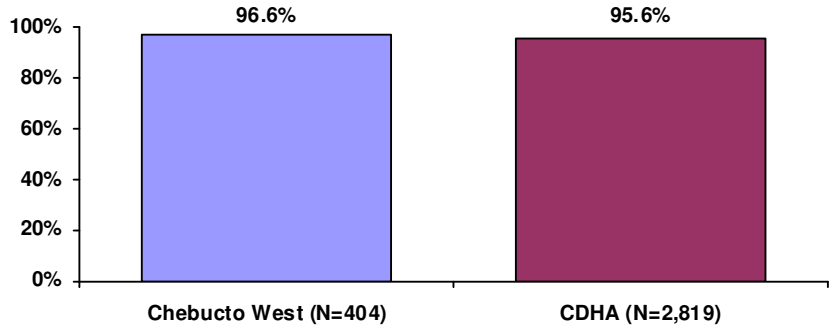
Contact With Various Health Care Professionals

Do you have a regular medical doctor?

Ninety-seven percent did have a regular medical doctor, however, three percent of respondents did not have a regular medical doctor at the time of survey completion. Seniors (100%) were more likely than youth (93%) to have a regular medical doctor. The percentage of adults with a regular medical doctor fell within this range (adults 2: 97%; adults 1: 95%).

Likelihood of having a regular medical doctor did not differ by gender, education, or employment status. However, respondents who had prescription or eye glasses/contact lenses insurance were more likely to have a regular medical doctor than those without these types of insurance.

Figure 40: Percentage of Respondents with a Regular Medical Doctor



Why do you not have a regular medical doctor?

Three percent of respondents do have a regular medical doctor. These respondents (N=14) were asked for the reasons why. The most common reasons included have not tried to contact one (n=6) and not seeing it as necessary/seeing whoever is available (n=3). Other reasons included having just moved (n=2), medical doctors are not taking new patients (n=2), no medical doctors available in the area (n=1), having a medical doctor who left or retired (n=1), and can't find one (n=1)[48].

[46] Throughout this report, differences between segments are only noted if they are statistically significant.
[47] Only respondents aged 18 years or older were asked about home care services.
[48] Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

Do you have a place to go when you are sick or need advice about your health? What kind of place do you go to most often?

Of these 14 respondents who do not have a regular medical doctor, many (n=10) indicated there is a place they go when they are sick or need advice about their health. The places identified most often include a walk-in clinic (n=7), hospital emergency room/outpatient clinic (n=2), a doctor's office (n=1)[49].

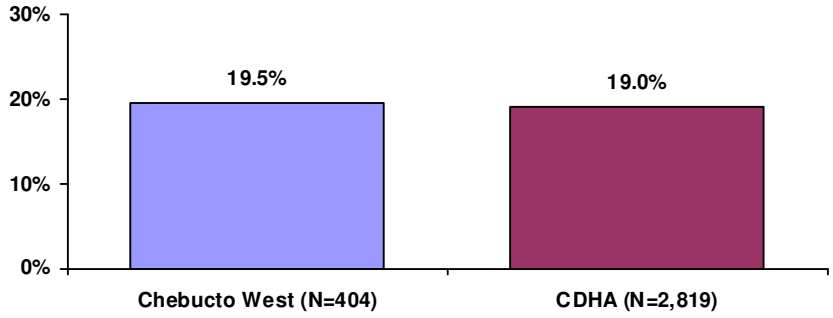
Community-Based Care

Community-based care includes any health care received outside of a hospital or doctor's office, including home nursing care, home-based counseling or therapy, personal care, and community walk-in clinics.

In the past 12 months, have you received any community-based care?

Two in ten respondents (20%) have received some type of community-based care within the past 12 months. Females (25%) were more likely to receive community-based care than males (14%). The likelihood of receiving community-based care did not differ by age.

Figure 41: Percentage of Respondents Who Received Community-Based Care within the Past 12 Months

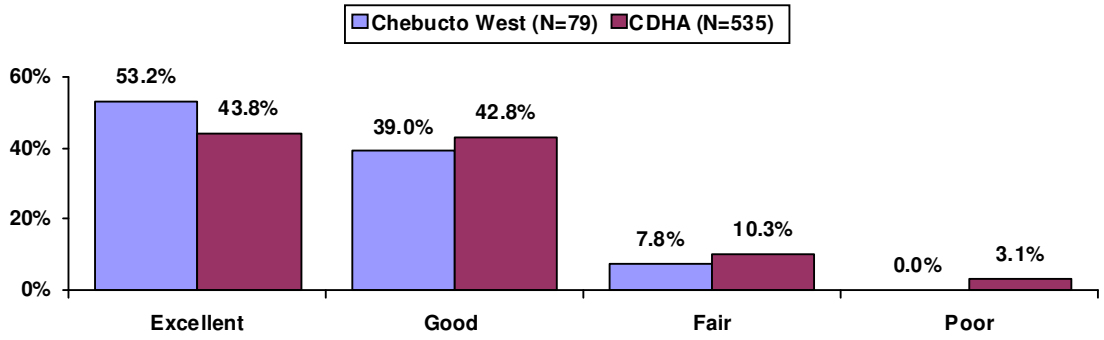


[49] Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

How would you rate the quality of the community-based care you received?

Of respondents who received community-based care over the past 12 months (N=79), the majority perceived the quality of care they received to be *good* (39%) or *excellent* (53%), while 8% perceived it as *fair*.

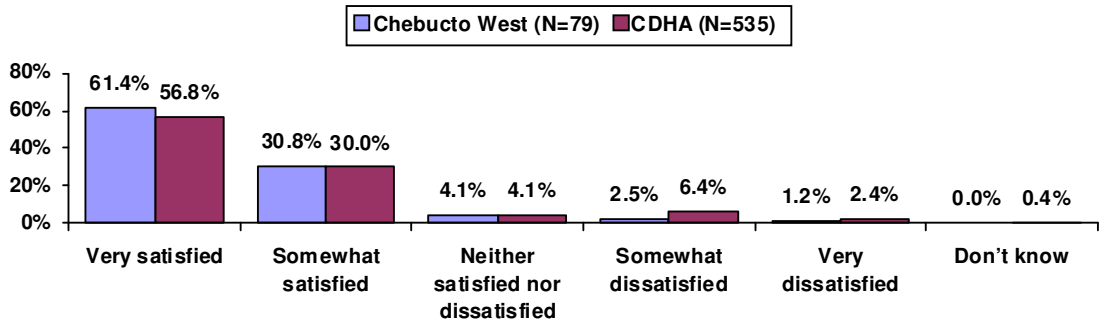
Figure 42: **Perceived Quality of Community-Based Care –*Of respondents who have received community-based care over the past 12 months-***



Overall, how satisfied were you with the way community-based care was provided? Were you "very satisfied", "somewhat satisfied", "neither satisfied nor dissatisfied", "somewhat dissatisfied", or "very dissatisfied"?

Furthermore, the majority were *somewhat* (31%) or *very* satisfied (61%) with the community-based care they received (3% *somewhat* dissatisfied, 1% *very* dissatisfied), while 4% were dissatisfied.

Figure 43: **Satisfaction with Community-Based Care –*Of respondents who have received community based care over the past 12 months-***

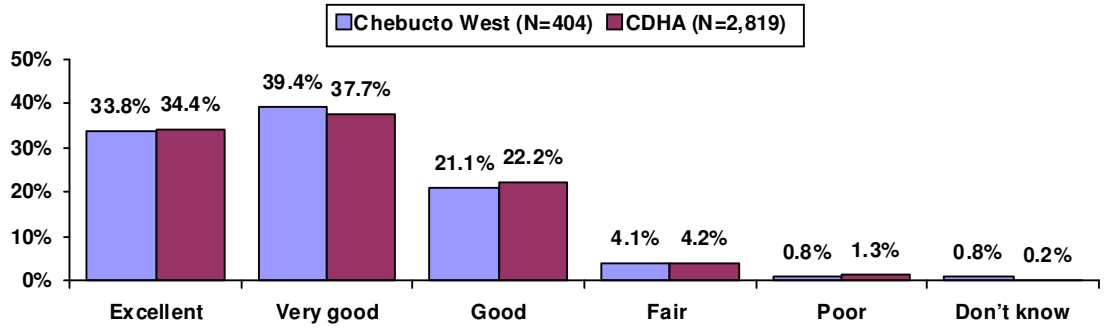


Consultations about Mental Health

In general, would you say your mental health is "excellent", "very good", "good", "fair", or "poor"?

The majority of respondents rated their mental health as *good* (21%), *very good* (39%), or *excellent* (34%). However, five percent of respondents rated their mental health negatively (4% *fair*, 1% *poor*).

Figure 44: Self-Reported Mental Health Status



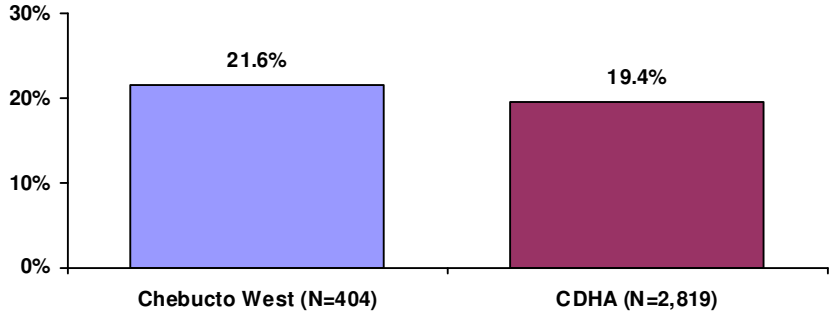
Respondents with negative general (23%) or oral (16%) health ratings were more likely to have *fair* or *poor* mental health ratings compared to those who had positive general (3%) or oral (4%) health ratings. No differences were found by age, gender, having insurance coverage, employment status or likelihood of having a regular medical doctor.

In the past 12 months, have you seen or talked to a health professional about your emotional or mental health?

Twenty-two percent of respondents have seen or talked to a health professional about their emotional or mental health within the past 12 months.

Adults 2 (27%) were more likely than seniors (12%) to have seen or talked to a health professional about their emotional or mental health within the past 12 months. The percentages for youth (27%) and adults 2 (21%) were consistent with the average. Furthermore, females (27%) were more likely than males (16%) to have talked to a health professional about their emotional or mental health within the past 12 months.

Figure 45: Percentage of Respondents Who Contacted a Health Professional about Emotional/Mental Health within the Past 12 Months



How many times? What kind of professional did you see or talk to?

Respondents who saw or talked to a health professional about their emotional or mental health within the past 12 months (N=87) did so an average of 5 times during the year. Approximately one-half of these respondents (52%) saw or talked to a family doctor or general practitioner, followed distantly by a psychologist (27%) or psychiatrist (11%).

Table 25: Types of Health Care Providers Contacted* –*Of respondents who contacted a health professional about emotional/mental health over the past 12 months*-

	Chebucto West	*CDHA*
	% (N=87)	*% (N=547)*
Family doctor/general practitioner	52.4	55.1
Psychologist	26.6	22.9
Psychiatrist	10.6	18.0
Social worker/counselor	8.5	12.1
Nurse	3.7	3.4
Other	6.7	5.1
Don't know/Refused	1.4	0.6

**Multiple responses allowed.*

No differences were found among the four age categories in terms of the types of health care providers contacted.

Table 26: **Types of Health Care Providers Contacted by Age Category* –*Of respondents who contacted a health professional about emotional/mental health over the past 12 months-***

	Youth	Adults 1	Adults 2	Seniors
	% (N=8)	% (N=28)	% (N=44)	% (N=8)
Family doctor/general practitioner	42.3	47.4	55.7	62.0
Psychiatrist	26.8	8.1	8.9	12.7
Psychologist	30.9	29.4	26.6	12.7
Social worker/counselor	15.5	11.6	6.7	-
Nurse	15.5	3.6	-	12.7
Other	-	3.6	11.1	-
Don't know/Refused	-	4.5	-	-

11.2 HEALTH CARE ACCESS

In order to determine service adequacy, respondents were asked several questions regarding their experiences with accessing health care services over the past 12 months.

Access to Medical Specialists

Respondents were first asked about their experiences obtaining health care from a medical specialist such as a cardiologist, allergist, gynecologist or psychiatrist (excluding an optometrist).

In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation?

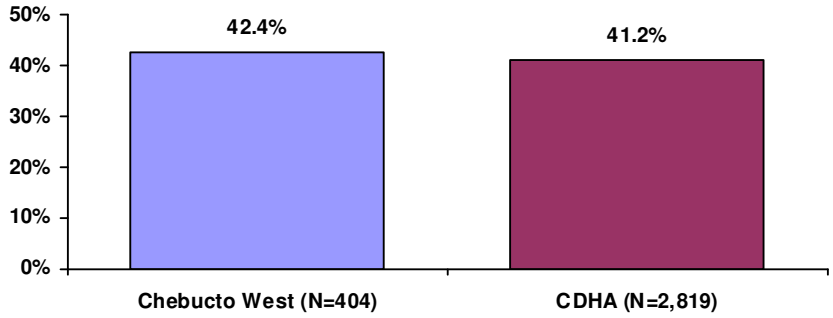
Forty-two percent of respondents required a visit to a medical specialist within the past 12 months.

Respondents who required a visit to a medical specialist within the past 12 months tended to have the following characteristics:

- Females as compared to males (46% and 38%, respectively);
- Those with negative mental (58%) and oral (50%) health ratings compared to respondents with positive mental and oral health ratings (42% and 42%, respectively);
- Those with a regular medical doctor compared to those without a doctor (43%, 40% and 15%, respectively); and
- Those that did not work in the week prior to survey completion compared to those that did work (50% and 39%, respectively).

No differences were found when analyzed by age or insurance coverage.

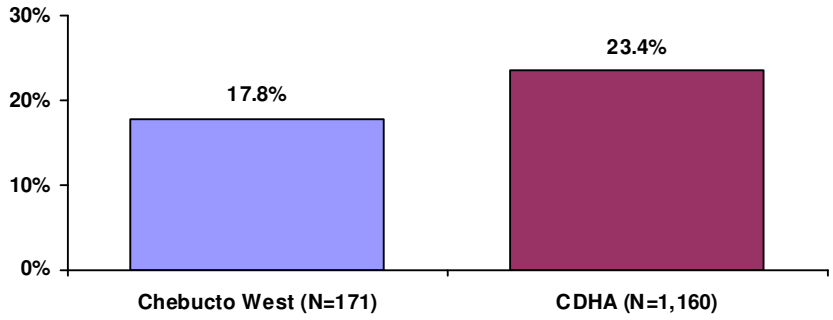
Figure 46: **Percentage of Respondents Who Required a Visit to a Medical Specialist within the Past 12 Months**



In the past 12 months, did you ever experience any difficulties getting the specialist care you needed for a diagnosis or consultation?

Of respondents who required a visit to a medical specialist within the past 12 months (N=171), 18% experienced difficulty getting the specialist care they needed.

Figure 47: **Percentage of Respondents Who Experienced Difficulty Getting Specialist Care –*Of respondents who required a visit to a medical specialist within the past 12 months*-**



What type of difficulties did you experience?

Most commonly, those who experienced difficulty (N=30) waited too long between booking the appointment and visiting the specialist (59%), had difficulty getting an appointment (29%) and waited too long to see the doctor (28%).

Table 27: **Type of Difficulties Experienced* –*Of respondents who required a visit to a medical specialist within the past 12 months and experienced difficulty getting care-***

	Chebucto West	*CDHA*
	% (N=30)	*% (N=272)*
Waited too long between booking appointment and visit	58.6	56.0
Difficulty getting an appointment	29.0	36.6
Waited too long to see the doctor	28.2	27.3
Difficulty getting a referral	12.8	8.5
Still waiting for visit	9.4	7.5
Appointment cancelled or deferred by specialist	6.5	5.5
Unable to leave the house because of a health problem	3.3	0.8
No specialists in the area	3.2	4.9
Personal or family responsibilities	3.1	0.7
Other	9.3	12.1
Don't know	-	0.3

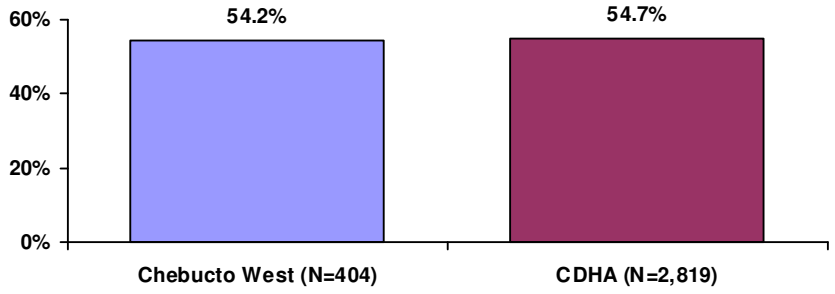
**Multiple responses allowed.*

Experiences Getting Routine Care, Health Information and Advice

In the past 12 months, have you required health information or advice for yourself or a family member?

Over one-half of respondents (54%) required health information or advice for themselves or a family member within the past 12 months.

Figure 48: **Percentage of Respondents Who Required Health Information or Advice for Themselves or a Family Member within the Past 12 Months**



The likelihood of requiring health information and advice was related to age and gender. More specifically, adults (adults 2: 59%; adults 1: 55%) were more likely than youth (32%) to have required health information or advice for themselves or a family member within the past 12 months. The percentage of seniors who required such advice (50%) fell within this range. Furthermore, females (60%) were more likely than males (48%) to have required such advice within the past 12 months.

Who did you contact when you needed health information or advice for yourself or a family member?

By far, the most common health care provider contacted was a doctor's office (88%). Other less commonly contacted health care providers included hospital emergency room (14%), a walk-in clinic (12%), or other hospital service (11%).

Table 28: Types of Health Care Providers Contacted* –*Of respondents who required health information or advice for themselves or a family member over the past 12 months-*

	Chebucto West	***CDHA***
	% (N=219)	***% (N=1,543)***
Doctor's office	88.0	85.1
Hospital emergency room	13.9	16.0
Walk-in clinic	11.8	14.7
Other hospital service	11.4	10.8
Internet	8.6	7.9
Community health centre/CLSC	7.9	8.2
Telephone help-line	3.8	2.7
Pharmacist/pharmacy	2.2	2.5
Family/friends	1.5	2.8
Other	2.4	2.5
Don't know/Refused	-	0.4

**Multiple responses allowed.*

No differences were found among the four age categories in terms of the types of health care providers contacted.

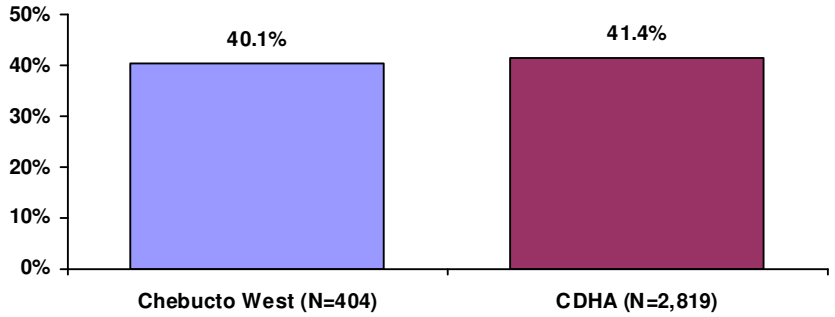
Table 29: Types of Health Care Providers Contacted by Age Category* –*Of respondents who required health information or advice for themselves or a family member over the past 12 months-*

	Youth	***Adults 1***	***Adults 2***	***Seniors***
	% (N=9)	***% (N=56)***	***% (N=122)***	***% (N=32)***
Doctor's office	73.2	92.1	86.6	90.9
Walk-in clinic	23.2	18.1	9.5	6.3
Hospital emergency room	13.4	14.1	13.4	15.7
Community health centre/CLSC	23.2	6.2	7.9	-
Other hospital service	-	11.9	9.5	21.4
Internet	9.8	9.2	9.6	3.1
Family/friends	-	2.2	1.6	-
Pharmacist/pharmacy	-	3.5	2.4	-
Telephone help-line	13.4	5.7	2.4	3.1
Other	-	1.8	2.4	-

In the past 12 months, did you require any routine or ongoing care for yourself or a family member?

In terms of routine or on-going care, 40% of respondents reported needing such care for themselves or a family member within the past 12 months.

Figure 49: **Percentage of Respondents Who Required Routine or On-Going Care for Themselves or a Family Member within the Past 12 Months**

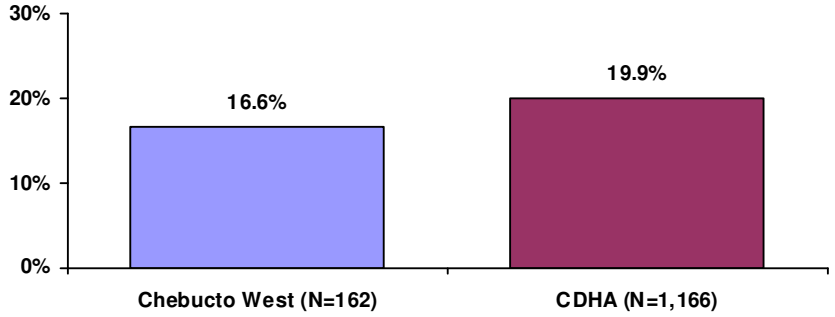


The likelihood of requiring routine or on-going care was related to age. More specifically, seniors (42%) and adults 2 (47%) were more likely than adults 1 (33%) and youth (15%) to have required routine or on-going care for themselves or a family member within the past 12 months. Likelihood did not differ, however, by gender.

In the past 12 months, did you experience any difficulties getting the routine or on-going care you or a family member needed?

Of respondents who required routine or on-going care for themselves or a family member within the past 12 months (N=162), 17% experienced difficulty getting the care they needed.

Figure 50: **Percentage of Respondents Who Experienced Difficulty Getting the Routine or On-Going Care Needed for Themselves or a Family Member *–Of respondents who required routine or on-going care for themselves or a family member within the past 12 months-***



Did you experience any difficulties getting such care during regular office hours (9am-5pm, Monday to Friday)? What type of difficulties did you experience?

Of the 27 respondents who experienced difficulty, 19 indicated that this difficulty was experienced during regular office hours[50]. The most common types of difficulty experienced by these respondents (N=19) included waiting too long to get an appointment (n=10), difficulty getting an appointment (n=9), waiting too long to see the doctor (n=5), and difficulty getting adequate healthcare (n=3)[51].

Did you experience any difficulties getting such care during evenings and weekends (5pm-9pm, Monday to Friday; 9am-5pm, Saturday and Sunday)? What type of difficulties did you experience?

Furthermore, of the 27 respondents who experienced difficulty, 10 indicated that this difficulty was experienced during evenings and weekends[52]. The most common types of difficulty experienced by these respondents (N=10) included unavailability of the service at the time required (n=4), waiting too long to see the doctor (n=3), and difficulty getting an appointment (n=3)[53].

[50]**Sample size is less than 30; findings should be interpreted with caution.**
[51]Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**
[52]**Sample size is less than 30; findings should be interpreted with caution.**
[53]Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

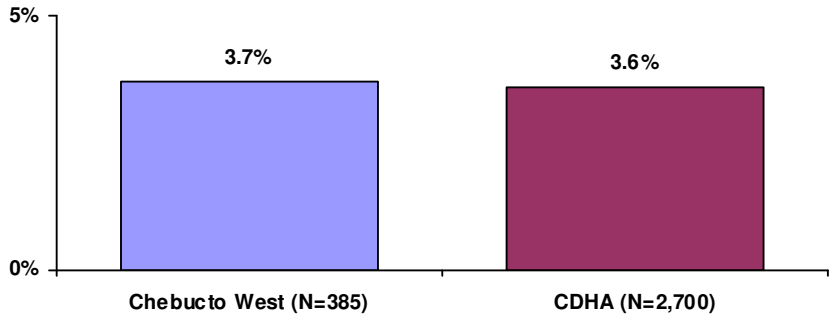
11.3 HOME CARE SERVICES

Respondents aged 18 years or older (N=385) were asked about their use of home care services in the past 12 months. Home care services are health care, homemaker or other support services received at home, which may be received due to a health problem or condition that affects daily activities. Home care services commonly include nursing care, personal care, or help with bathing, housework, meal preparation, meal delivery and respite care.

Have you received any home care services in the past 12 months, with the cost being entirely or partially covered by government? Have you received any home care services in the past 12 months, with the cost not covered by government (for example: care provided by a private agency or by a spouse or friends)?

Four percent of respondents aged 18 years or older have received home care services in the past 12 months. Use of home care services did not differ by age or gender.

Figure 51: **Use of Home Care Services in the Past 12 Months –*Of respondents aged 18 years or older*-**



Of respondents aged 18 years or older who have received home care services in the past 12 months (N=14), most (n=11) have received government subsidized services, while six have received private services[54].

What type of services have you received? Who provided those services?

Respondents who have received home care services in the past 12 months (N=14) reported receiving nursing care (n=10), housework (n=3), personal care (n=2), meal preparation/delivery (n=2), shopping (n=2), or other health care services (n=6)[55].

[54] Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**
[55] Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

During the past 12 months, was there ever a time when you felt that you needed home care services but didn't receive them? Thinking of the most recent time, why didn't you get these services? Again, thinking of the most recent time, what was the type of home care that was needed? Where did you get this home care service?

Of respondents aged 18 years or older (N=385), 2% felt there was a time in the past 12 months that they needed home care services but did not receive them. No differences were found when analyzed by age or gender.

Respondents who felt they needed home care services in the past 12 months but did not receive them (N=7) reported not receiving these services because they didn't get around to it/didn't bother (n=2), cost (n=1), didn't know where to go/call (n=1), decided not to seek services (n=1), doctor did not think it was necessary (n=1) or did not qualify/not eligible for homecare (n=1)[56].

Respondents who felt they needed home care services in the past 12 months but did not receive them (N=7) reported that they were seeking home care services for housework (n=3), personal care (n=2), nursing care (n=1), meal preparation or delivery (n=1), shopping (n=1), or respite care (n=1)[57].

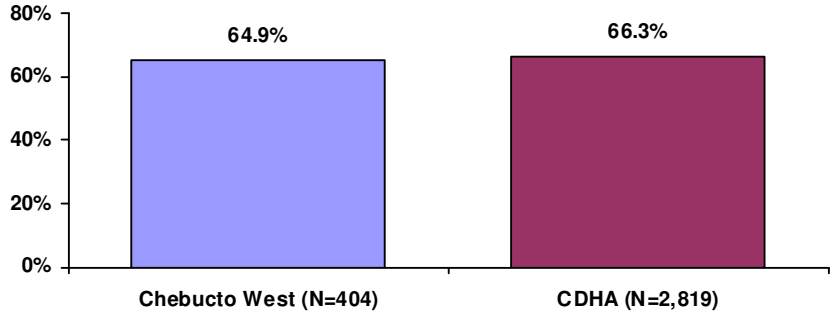
[56] Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**
[57] Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

12.0 Chronic Conditions[58]

Chronic conditions are defined by the CCHS as conditions that have already lasted, or are expected to last six months or more, and have been diagnosed by a health professional. To assess the prevalence of chronic conditions, respondents were asked about certain chronic conditions they may have, including common conditions such as diabetes, migraine headaches, asthma, mood disorders, heart disease, arthritis, and high blood pressure.

About two-thirds of respondents (65%) reported having at least one chronic health condition.

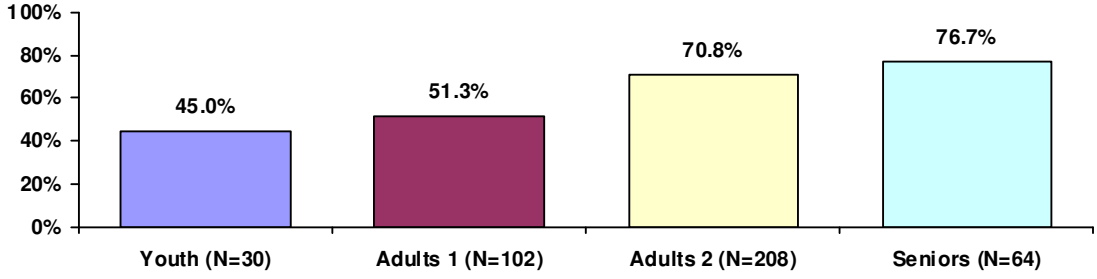
Figure 52: Percentage of Respondents with at Least One of Various Chronic Health Conditions



Females were more likely than males to have at least one chronic condition (71% and 58%, respectively).

Furthermore, the prevalence of chronic conditions increased with age. Seniors (77%) and adults 2 (71%) were more likely to have at least one chronic condition when compared to adults 1 (51%) and youth (45%).

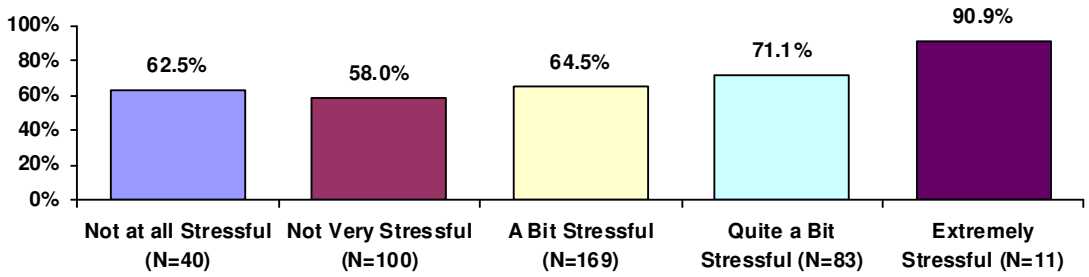
Figure 53: Percentage of Respondents with at Least One of Various Chronic Conditions by Age Category



[58] Throughout this report, differences between segments are only noted if they are statistically significant.

No relationship was found between daily stress levels and the prevalence of chronic conditions.

Figure 54: Percentage of Respondents With at Least One of Various Chronic Conditions by Day-to-Day Stress Level



The prevalence of specific chronic conditions is detailed in the following sections.

12.1 Respiratory Conditions

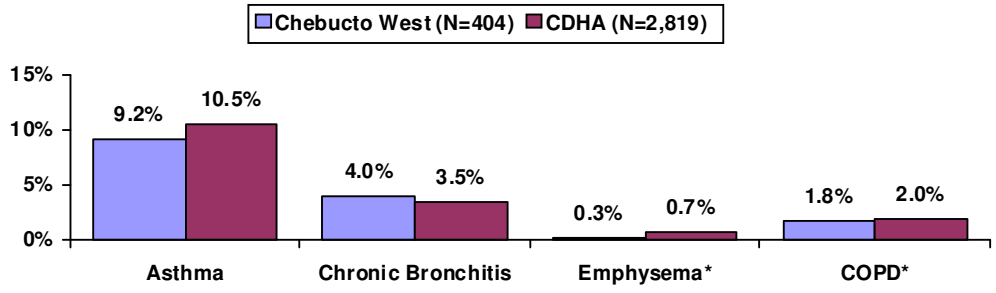
Do you have asthma? Have you had any asthma symptoms or asthma attacks in the past 12 months? In the past 12 months, have you taken any medicine for asthma, such as inhalers, nebulizers, pills, liquids, or injections?

Do you have chronic bronchitis? Do you have emphysema? Do you have chronic obstructive pulmonary disease?

Almost one in ten respondents (9%) reported having asthma, with prevalence more common among females (13%) than males (5%). Prevalence of asthma did not differ by age. Of those respondents who reported having asthma (N=37), 73% have had asthma symptoms or attacks in the past 12 months and 83% have taken medication for asthma in the past 12 months.

Four percent of respondents reported having chronic bronchitis, while 2% of respondents aged 30 years or older had Chronic Obstructive Pulmonary Disease (COPD) and one respondent had emphysema. No differences were found in the prevalence of these respiratory conditions when analyzed by age or gender.

Figure 55: Percentage of Respondents with Respiratory Conditions



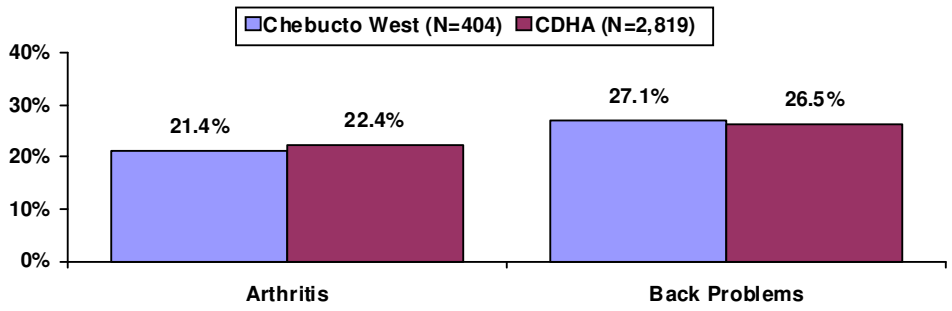
**Only respondents aged 30 years or older were asked about Emphysema or Chronic Obstructive Pulmonary Disease (Chebucto West: N=322; CDHA: N=2,239).*

12.2 MUSCLE/JOINT CONDITIONS

Do you have arthritis, excluding fibromyalgia? Do you have back problems, excluding fibromyalgia or arthritis?

Approximately two in ten respondents reported having arthritis (21%) and just over one-quarter reported having back problems (27%).

Figure 56: Percentage of Respondents with Muscle/Joint Conditions



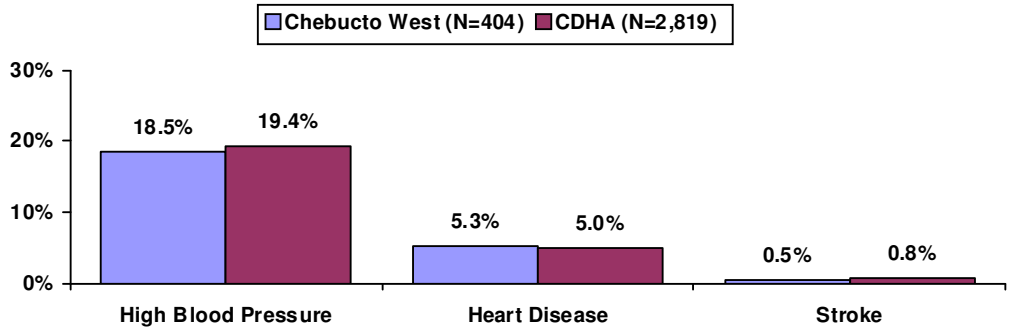
While no differences were found in the prevalence of back problems by age or gender, the prevalence of arthritis differed based on these demographic characteristics. More specifically, arthritis was most prevalent in seniors (46%), followed by adults 2 (22%), adults 1 (11%) and youth (4%). Similarly, females (29%) were more likely than males (13%) to report having the condition.

12.3 CARDIOVASCULAR CONDITIONS

Do you have high blood pressure? Have you ever been diagnosed with high blood pressure? In the past month, have you taken any medicine for high blood pressure? Do you have heart disease? Do you suffer from the effects of a stroke?

Nineteen percent of respondents reported having high blood pressure. Of those who do not currently have high blood pressure (N=328), 7% have been diagnosed with high blood pressure in the past, meaning a total of 26% of respondents currently have or have ever had high blood pressure. Five percent of respondents reported having heart disease, while 1% suffered from the effects of a stroke.

Figure 57: Percentage of Respondents with Various Cardiovascular Conditions



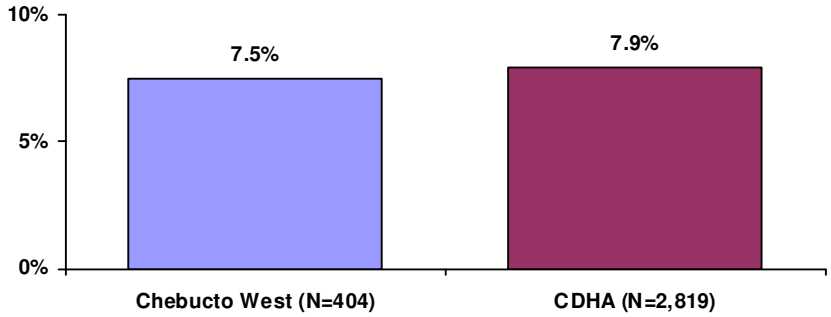
The likelihood of having high blood pressure increased with age. More specifically, high blood pressure was most prevalent in seniors (44%), followed by adults 2 (19%). Indeed, respondents from these age categories were more likely to have the condition as compared to adults 1 (7%) and youth (0%).

12.4 DIABETES

Do you have diabetes?

Eight percent of respondents reported having diabetes. Prevalence of diabetes did not differ based on gender, however, seniors (13%) were more likely than adults 1 (4%) and youth (0%) to report having diabetes. Prevalence among adults 2 (8%) fell within this range.

Figure 58: Percentage of Respondents with Diabetes



How old were you when this was first diagnosed? In the past month, did you take pills to control your blood sugar? Do you currently take insulin for your diabetes? When you were first diagnosed with diabetes, how long was it before you started on insulin?

Respondents who reported having diabetes (N=30) were asked several questions about their history with the condition. The average age of diagnosis was 44 years. Of respondents who reported having diabetes, two were pregnant at the time of diagnosis. Of the 28 respondents who have had diabetes at a time when they were not pregnant, 16 reported taking pills within the past month to control their blood sugar, and 12 currently take insulin for their diabetes. Respondents who currently take insulin (N=12) reported having the condition for less than one month (n=5), or two months or more (n=7) before starting on insulin[59].

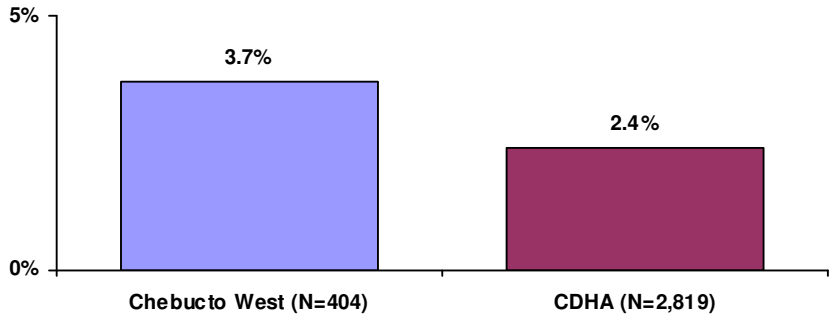
12.5 CANCER

Do you have cancer? Have you ever been diagnosed with cancer?

Four percent of respondents currently have cancer. Seniors (12%) were more likely to currently have cancer than adults 1 (1%) and youth (0%). Prevalence among adults 2 (3%) fell within this range. The prevalence of cancer was not related to gender.

Of those who do not have cancer (N=389), 6% have ever been diagnosed with cancer, leading to a total of 10% of respondents who currently have or have ever had some form of cancer.

Figure 59: Percentage of Respondents with Cancer



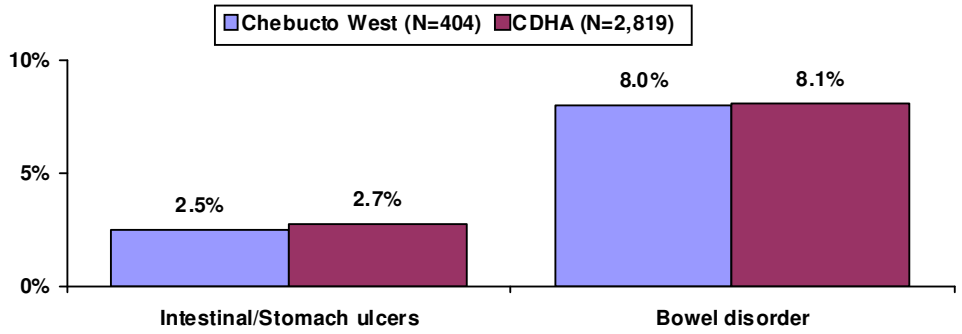
[59] **Sample sizes are less than 30; findings should be interpreted with caution.**

12.6 GASTROINTESTINAL CONDITIONS

Do you have intestinal or stomach ulcers? Do you have a bowel disorder such as Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome (IBS) or bowel incontinence? What kind of bowel disease do you have?

Three percent of respondents reported having intestinal or stomach ulcers, while a higher percentage (8%) reported having a bowel disorder. Of those with a bowel disorder (N=32), 63% have Irritable Bowel Syndrome (IBS), 9% have Crohn's Disease, and 7% have Ulcerative colitis. The remaining respondents have another bowel condition (15%) or were unsure (7%).

Figure 60: Percentage of Respondents with Gastrointestinal Disorders



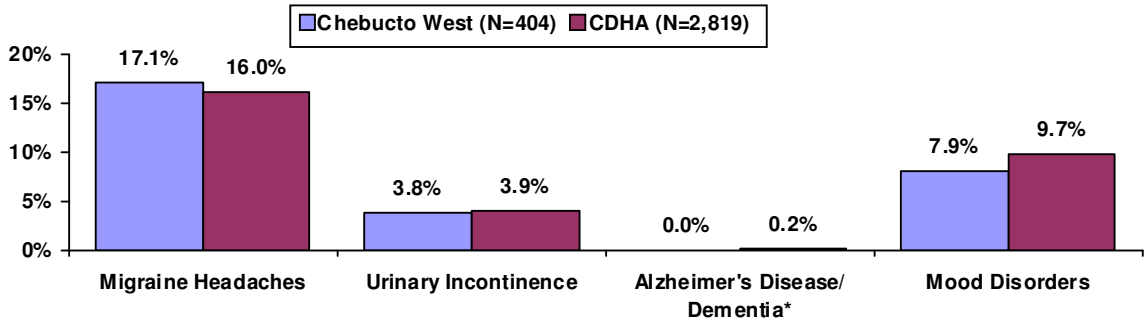
The prevalence of gastrointestinal conditions did not differ by age or gender.

12.7 OTHER CHRONIC CONDITIONS

Do you have migraine headaches? Do you suffer from urinary incontinence? Do you have Alzheimer's Disease or any other dementia? Do you have a mood disorder such as depression, bipolar disorder, mania or dysthymia?

Besides those previously mentioned, other common chronic conditions among respondents included migraine headaches (17%) and mood disorders (8%).

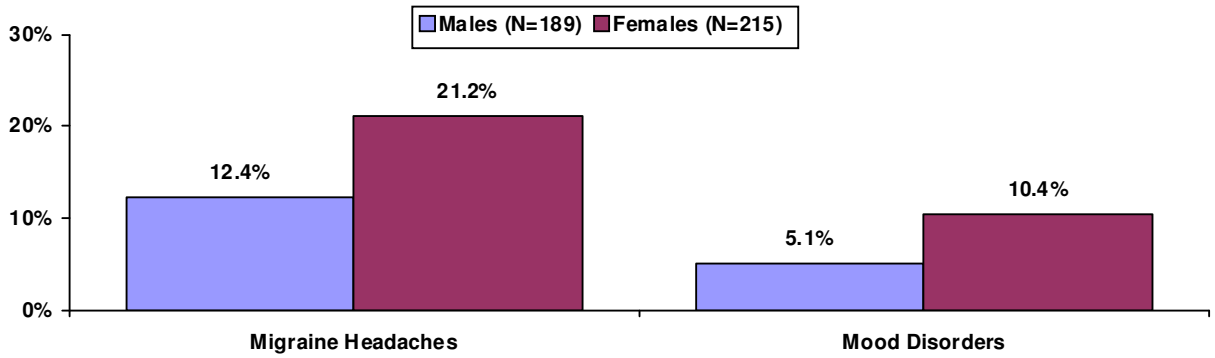
Figure 61: Percentage of Respondents with Other Chronic Conditions



**Only respondents aged 18 years or older were asked about Alzheimer's Disease/Dementia (Chebucto West: N=385; CDHA: N=2,700).*

As shown in Figure 62, females were more likely than males to report having migraine headaches (21% and 12%, respectively) and mood disorders (10% and 5%, respectively).

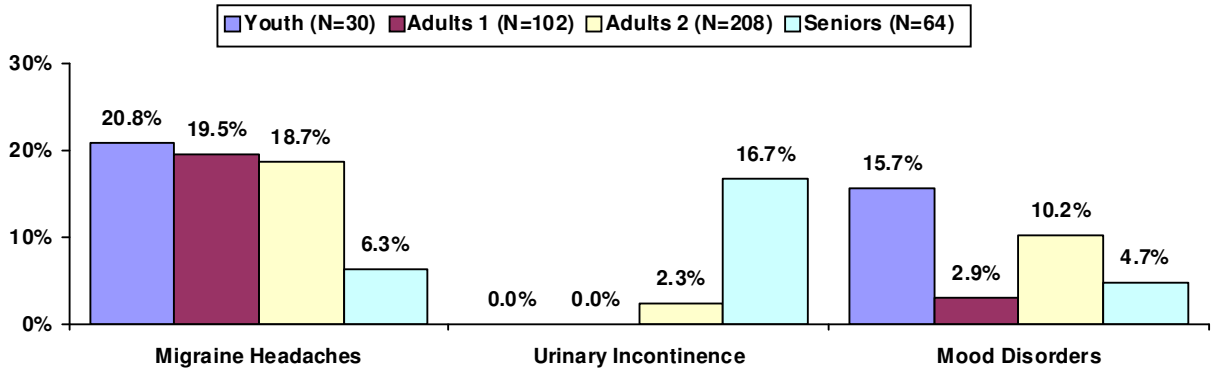
Figure 62: Prevalence of Migraine Headaches and Mood Disorders by Gender



Furthermore, when analyzed by age:

- Youth (21%), adults 1 (20%) and adults 2 (19%) were more likely than seniors (6%) to report having migraine headaches.
- Seniors (17%) were more likely than adults 2 (2%), adults 1 (0%) and youth (0%) to report having urinary incontinence.
- Youth (16%) were more likely than adults 1 (3%) and seniors (5%) to report having a mood disorder. Prevalence for adults 2 (10%) fell within this range.

Figure 63: Prevalence of Migraine Headaches, Urinary Incontinence, and Mood Disorders by Age Category



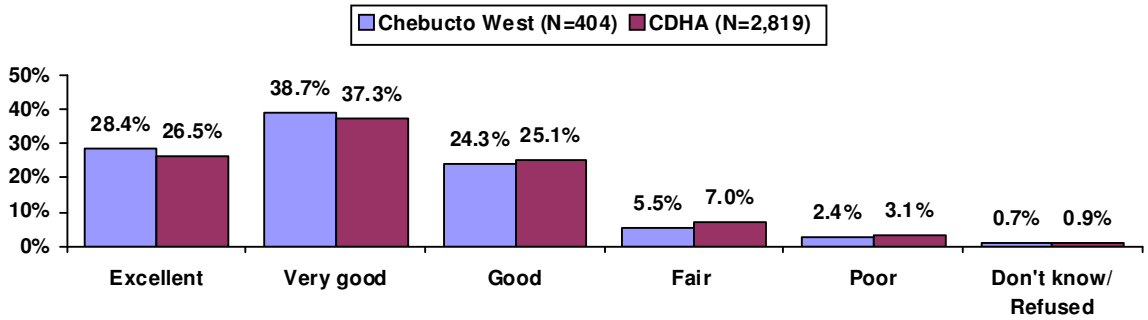
13.0 Oral Health[60]

This section of the report documents the oral health of survey respondents. refers to the health of the teeth and mouth.

In general, would you say the health of your teeth and mouth is "excellent", "very good", "good", "fair", or "poor"?

Twenty-four percent report their oral health as being *good*, 39% as *very good*, and 28% as *excellent*, while, 8% rated their oral health negatively (6% *fair*, 2% *poor*).

Figure 64: Self-Reported Oral Health



Self-perceptions of oral health did not differ when analyzed by age or gender.

Table 30: Self Reported Oral Health by Age Category

	Youth	*Adults 1*	*Adults 2*	*Seniors*
	% (N=30)	*% (N=102)*	*% (N=208)*	*% (N=64)*
Excellent	31.5	23.6	30.2	28.6
Very Good	41.6	48.2	36.8	28.6
Good	23.9	22.4	23.3	30.6
Fair	3.1	3.6	6.9	4.7
Poor	-	2.2	2.3	4.5
Don't know/Refused	-	-	0.5	3.0

[60] Throughout this report, differences between segments are only noted if they are statistically significant.

Furthermore,

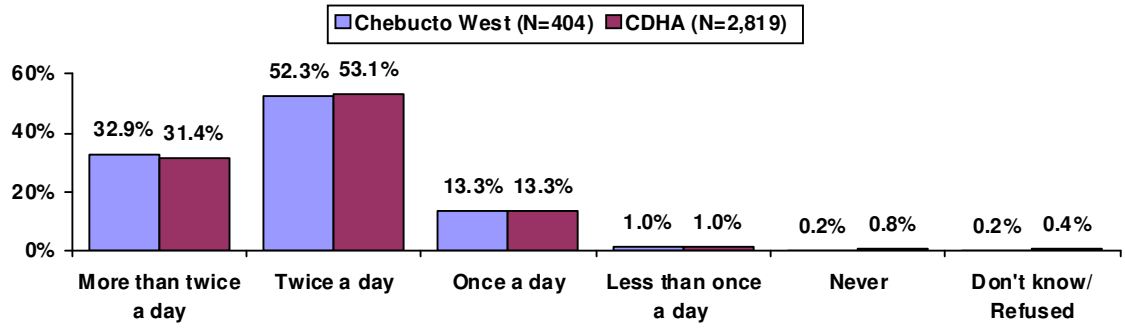
- Respondents who had negative mental health ratings (25%) were more likely than those with positive mental health ratings (7%) to have *fair* or *poor* oral health ratings; and
- Those without insurance were more likely to provide negative ratings compared to their counterparts with insurance:
  - Prescription insurance: 18% and 7%, respectively;
  - Eyeglasses/contact lenses insurance: 13% and 7%, respectively; and
  - Dental insurance: 14% and 6%, respectively).

No differences were found by age, gender, having a regular medical doctor, or employment status.

How often do you brush your teeth?

As shown in Figure 65, the majority of respondents reported brushing their teeth twice a day (52%) or more than twice a day (33%).

Figure 65: Frequency of Teeth Brushing

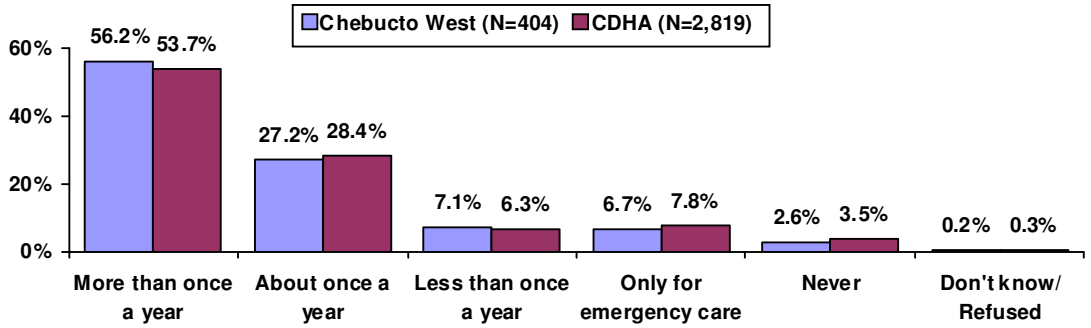


Frequency of teeth brushing did not differ by age; however, females (91%) were more likely than males (78%) to brush their teeth at least twice a day.

Do you usually visit the dentist more than once a year for check-ups, about once a year for check-ups, less than once a year for check-ups, or only for emergency care?

Eighty-three percent of respondents reported that they usually visit the dentist at least once a year for check-ups, with 56% do so more than once a year. However, three percent of respondents reported never visiting the dentist or do so only for emergency care (7%).

Figure 66: Frequency of Dental Visits

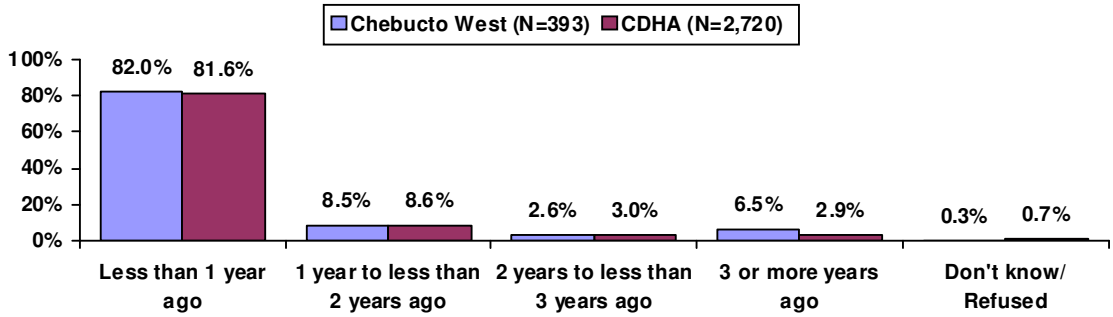


Frequency of dental visits did not differ by gender. However, when analyzed by age, it was found that youth (97%), adults 1 (87%), and adults 2 (84%) were more likely than seniors (69%) to visit the dentist at least once a year for check-ups.

When was the last time you went to the dentist?

Of respondents who visit the dentist (N=393), 82% reported their last visit to be less than one year ago. Seven percent have not visited the dentist within the past three years.

Figure 67: Last Dental Visit *–Of respondents who visit the dentist-*



What are the reasons you have not been to a dentist [in the past 3 years]?

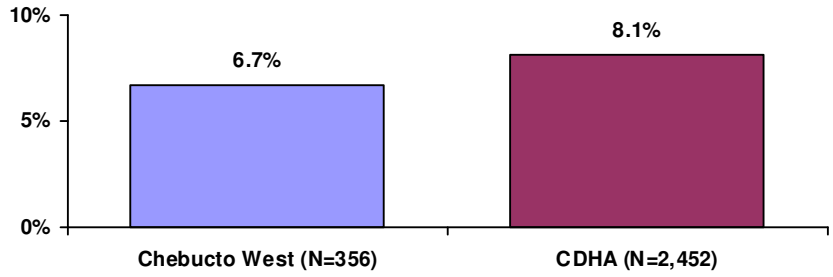
Respondents who never visit the dentist (N=11) or have not visited within the past three years (N=25) were asked to identify reasons for not visiting the dentist. Most commonly, these respondents wear dentures (34%), did not think it was necessary (31%), have cost issues (20%), have not gotten around to it (17%), have transportation problems (5%) or were afraid (5%)[61].

[61] Multiple responses allowed.

In the past 12 months, have you had any teeth removed by a dentist?

Respondents who visited the dentist within the past two years (N=356) were asked if they have had any teeth removed within the past 12 months. As shown in Figure 68, 7% of these respondents have had at least one tooth removed.

Figure 68: Teeth Removal in the Past 12 Months –*Of respondents who have visited the dentist within the past 2 years*-

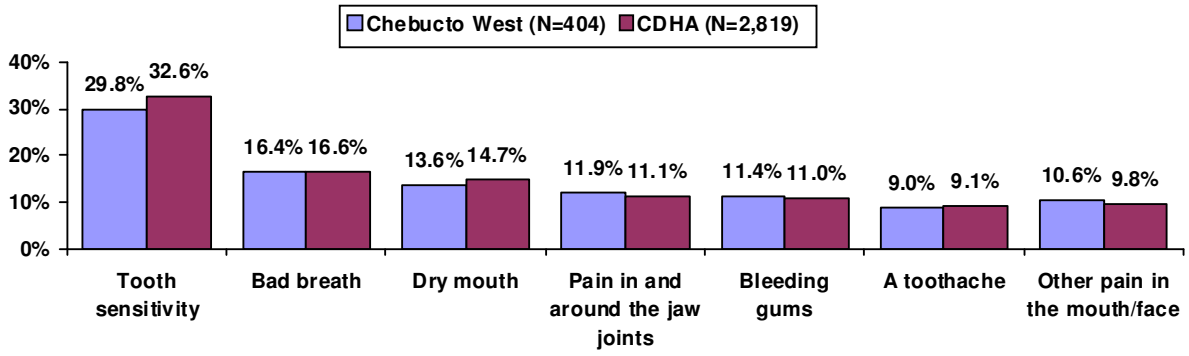


All respondents were asked if they have experienced various oral health problems in the past month.

In the past month have you had any of the following: Pain in and around the jaw joints? Other pain in the mouth or face? Bleeding gums? Dry mouth? Bad breath? A toothache? Tooth sensitivity to hot or cold food or drinks?

As shown in Figure 69, the most common oral health problem among respondents in the past month was tooth sensitivity to hot or cold food or drinks (30%).

Figure 69: Percentage of Respondents Experiencing Various Oral Health Problems in the Past Month



14.0 Health Screenings - General[62]

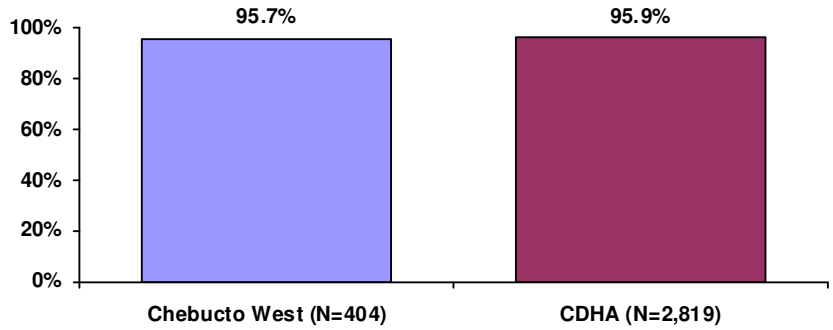
To assess the health behaviors of Chebucto West residents, respondents were asked if they have engaged in various protective health practices, including eye examinations, flu shots, blood pressure checks and colorectal cancer screenings.

14.1 Eye Examinations

Have you ever had an eye examination?

Ninety-six percent of respondents have had at least one eye examination in their lifetime. The likelihood of having an eye examination differed by age, with seniors (100%), adults 2 (97%) and adults 1 (95%) more likely than youth (83%) to report ever having an eye exam. Furthermore, females (98%) were more likely than males (93%) to have ever had this examination.

Figure 70: Percentage of Respondents Who Have Ever Had an Eye Examination



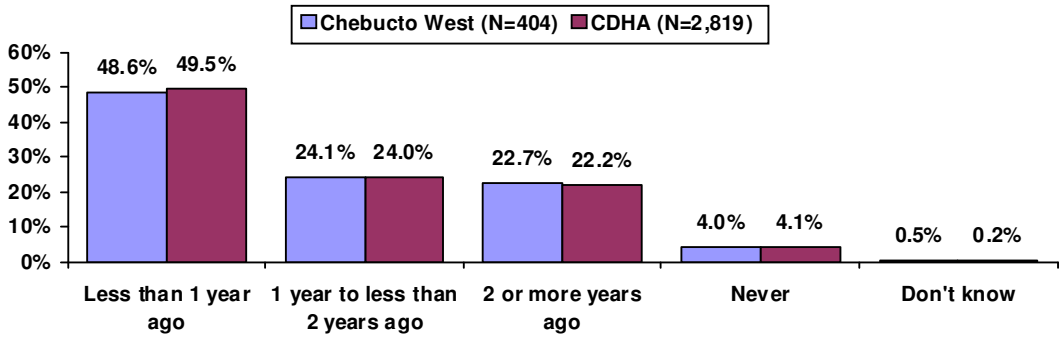
[62] Throughout this report, differences between segments are only noted if they are statistically significant.

When did you last have an eye examination?

In terms of frequency of these examinations, 4% have never had an eye examination, 23% had their last one 2 or more years ago and 49% had their last eye exam within the past 12 months.

No differences were found in past year examination when analyzed by age, however females (55%) were more likely than males (42%) to have had an eye exam within the past 12 months.

Figure 71: Last Eye Examination



What are the reasons you have not had an eye examination [in the past 2 years]?

Respondents who have never had an eye examination (N=16) or have not had one within the past two years (N=92) were asked to identify reasons for this. Most commonly, these respondents did not think it was necessary (61%) or have not gotten around to it (27%).

Table 31: Reasons for Not Having an Eye Examination* –*Of respondents who have never had an eye exam or have not had one in the past 2 years-*

	Chebucto West	***CDHA***
	% (N=108)	***% (N=741)***
I did not think it was necessary	60.9	61.1
Have not gotten around to it	27.4	25.4
My doctor did not think it was necessary	8.7	4.8
Cost	5.3	7.7
Visit within medical insurance deadlines	2.7	1.9
Other	6.7	4.4
Don't know/Refused	4.1	3.0

**Multiple responses allowed.*

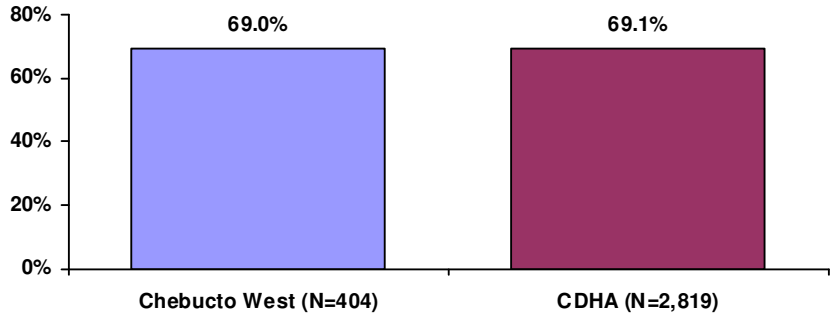
14.2 FLU SHOTS

Have you ever had a flu shot?

Three in ten (31%) respondents have never had a flu shot.

The likelihood of ever having a flu shot was higher for seniors (90%) and youth (85%) as compared to adults 1 (67%) and adults 2 (62%), however, it did not differ based on gender.

Figure 72: Percentage of Respondents Who Have Ever Had a Flu Shot

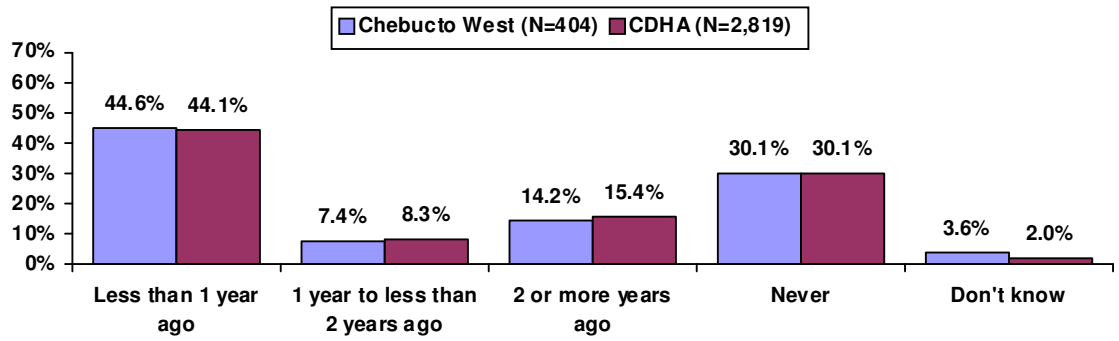


When did you have your last flu shot?

In terms of frequency of flu shot, 30% have never had one, 14% had their last one 2 or more years ago and 45% of all respondents had a flu shot within the past year.

Past year flu shots tended to be more common among females (52%) as compared to males (36%). Furthermore, seniors (77%) were more likely than adults 2 (39%), adults 1 (35%) and youth (47%) to have had a flu shot within the past year.

Figure 73: Last Flu Shot

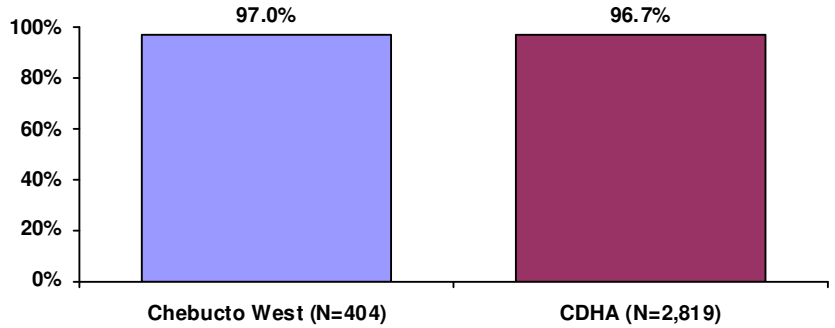


14.3 BLOOD PRESSURE CHECK

Have you ever had your blood pressure taken?

Three percent of respondents have never had their blood pressure checked, while 97% of respondents have had at least one blood pressure check in their lifetime. The likelihood of ever having a blood pressure check generally increased with age, whereby seniors (100%), adults 2 (100%) and adults 1 (95%) were more likely than youth (80%) to have ever had this check. Likelihood of ever having a blood pressure check did not differ by gender.

Figure 74: Percentage of Respondents Who Have Ever Had a Blood Pressure Check

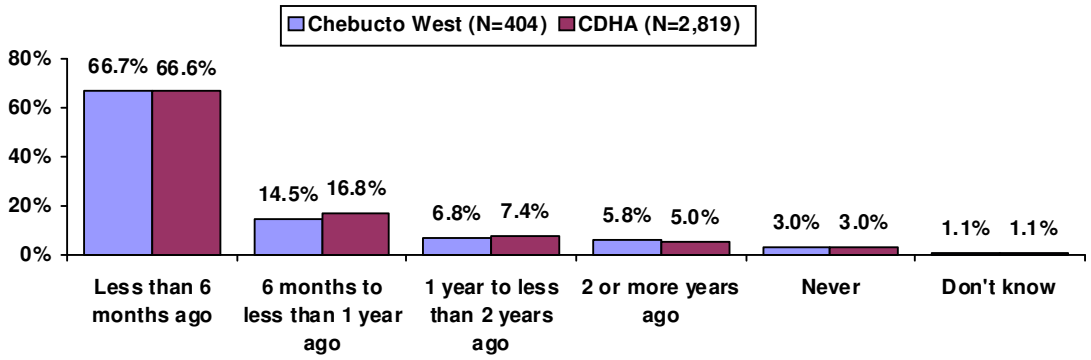


When was the last time?

In terms of frequency, 3% have never had their blood pressure checked, 6% have had theirs checked 2 or more years ago and 83% of all respondents had a blood pressure check within the past year.

The frequency of blood pressure checks tended to increase with age, as seniors (97%) were most likely to have had this check within the past year, followed by adults (adults 2: 86%; adults 1: 78%) and youth (57%). No differences were found among males and females.

Figure 75: Last Blood Pressure Check



What are the reasons you have not had your blood pressure taken [in the past 2 years]?

Respondents 25 years of age or older who have never had a blood pressure check or have not had one within the past two years (N=22) were asked to identify reasons for not having this check. Most commonly, these respondents did not think it was necessary (n=15), they have not gotten around to it (n=6), their doctor did not think it was necessary (n=2), or they have not seen a doctor (n=2)[63].

14.4 COLORECTAL CANCER SCREENINGS

Respondents aged 35 years or older were asked about various colorectal screening exams, including the Fecal Occult Blood Test (FOBT) and a colonoscopy/sigmoidoscopy. An FOBT checks for blood in the stool, whereby a stick is used to smear a small bowel movement sample on a special card. A colonoscopy or sigmoidoscopy is a test where a tube is inserted into the rectum to check for early signs of cancer and other health problems.

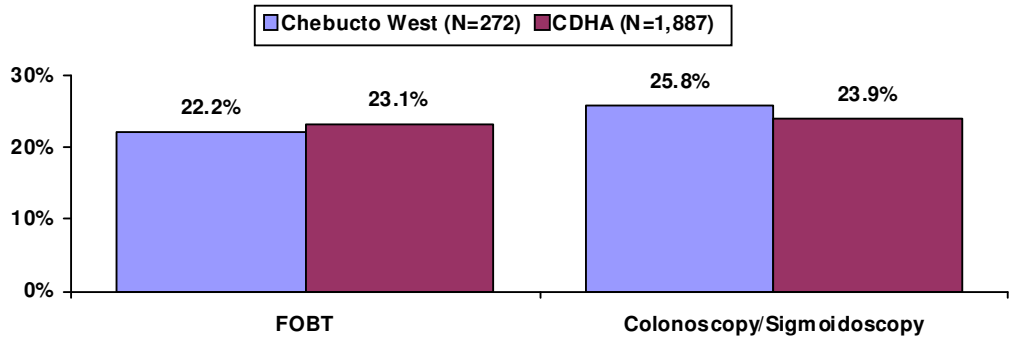
Have you ever had an FOBT (fecal occult blood test)? Have you ever had a colonoscopy or sigmoidoscopy? Was the colonoscopy or sigmoidoscopy a follow-up of the result of an FOBT?

Of respondents 35 years of age or older (N=272), 22% have ever had a fecal occult blood test (FOBT). A higher percentage (26%) has ever had a colonoscopy/ sigmoidoscopy, higher than what was found at the district level (24%).

In terms of age, seniors were more likely than adults 2 to have had both of these tests (FOBT: 34% and 19%, respectively; colonoscopy/sigmoidoscopy: 44% and 20%, respectively). The likelihood of colorectal cancer screening did not differ based on gender.

Of the 28 respondents who have ever had both of these tests, nine indicated the colonoscopy/sigmoidoscopy was a follow-up based on the result of an FOBT.

Figure 76: Percentage of Respondents Who Have Ever Had a Fecal Occult Blood Test or Colonoscopy/Sigmoidoscopy –*Of respondents 35 years of age or older*-



[63] Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

When was the last time?

In terms of frequency, the percentage of all respondents aged 35 years or older who had these tests within the past year was low (FOBT: 5%; colonoscopy/ sigmoidoscopy: 5%).

In terms of gender, males (8%) were more likely than females (2%) to have had an FOBT in the past year, however, past year screening for a colonoscopy/sigmoidoscopy did not differ in the past year. Furthermore, past year examination for colorectal cancer screenings did not differ by age category.

Table 32: Last FOBT or Colonoscopy/Sigmoidoscopy –*Of respondents 35 years of age or older-*

	Chebucto West (N=272)		*CDHA (N=1,887)*	
	FOBT %	***Colonoscopy/ Sigmoidoscopy %***	***FOBT %***	***Colonoscopy/ Sigmoidoscopy %***
Less than 1 year ago	4.9	5.3	6.5	5.1
1 year to less than 2 years ago	3.9	2.9	4.2	3.4
2 years to less than 3 years ago	1.4	3.6	2.7	3.4
3 years to less than 5 years ago	3.8	4.9	2.3	4.3
5 years to less than 10 years ago	3.2	4.5	3.0	4.0
10 or more years ago	4.2	3.5	3.9	3.4
Never	76.4	73.9	75.1	75.7
Don't know	2.2	1.5	2.4	0.7

Why did you have it?

Of respondents who have ever had an FOBT (N=60), 43% had it to follow-up on a previously detected problem and 36% had this test as part of a regular check-up/routine screening.

Of respondents who have ever had a colonoscopy/sigmoidoscopy (N=70), 51% had this test to follow-up on a previously detected problem, while 21% had it because of a family history of colorectal cancer, and 16% had this test as part of a regular check-up/routine screening.

Table 33: Reason for Last FOBT or Colonoscopy/Sigmoidoscopy* –*Of respondents aged 35 years or older who have ever had one of these tests-*

	Chebucto West		*CDHA*	
	FOBT % (N=60)	***Colonoscopy/ Sigmoidoscopy % (N=70)***	***FOBT % (N=436)***	***Colonoscopy/ Sigmoidoscopy % (N=451)***
Follow-up of problem	43.1	50.7	35.5	50.8
Part of regular check-up/routine screening	36.3	16.2	46.1	28.4
Family history of colorectal cancer	4.7	20.9	4.4	17.9
Found blood in stool	3.3	5.5	2.2	3.6
Part of a health promotion/study	3.1	-	2.6	-
Requirement for work	1.6	-	1.6	-
Age	1.6	2.7	5.4	4.1
Other	-	4.1	1.7	1.3
Don't know	7.8	4.0	6.7	2.6

**Multiple responses allowed.*

15.0 Health Screenings - Female[64]

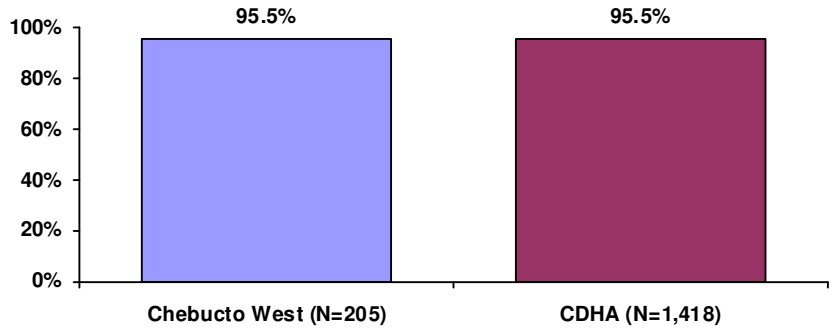
To assess the health behaviors of females, female respondents aged 18 years or older were asked if they have engaged in various protective health practices, including pap smears, mammograms (for female respondents aged 35 years or older), and breast examinations. In addition, female respondents between the ages of 15 and 55 years who have given birth in the past 5 years were asked about their health practices regarding healthy infant development.

15.1 Pap Smear Test

Have you ever had a pap smear test?

Of female respondents aged 18 years or older (N=205), 96% have ever had a pap smear test. The likelihood of ever having a pap smear tended to increase with age. More specifically, of female respondents aged 18 years or older, adults 2 (100%) and seniors (95%) were more likely than youth (75%) to have ever had this test[65]. The percentage of adults 1 who have ever had this test was consistent with the average (89%)

Figure 77: Percentage of Respondents Who Have Ever Had a Pap Smear Test –*Of female respondents aged 18 years or older-*



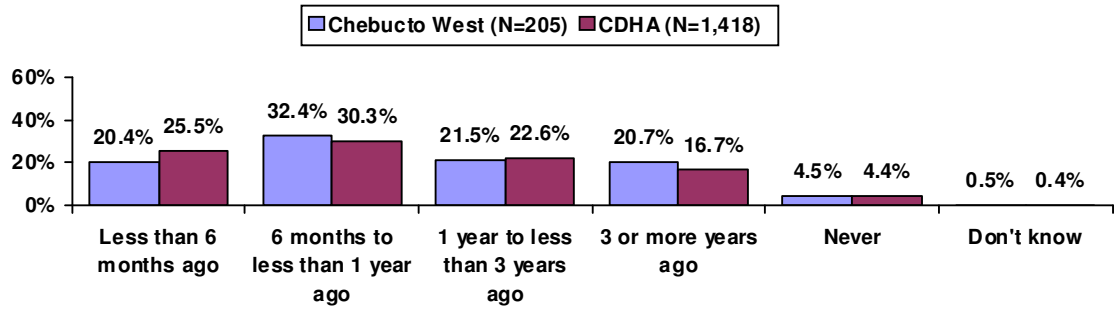
[64] Throughout this report, differences between segments are only noted if they are statistically significant.
[65] **Within this age segmentation, the sample size for youth is less than 30, therefore, findings should be interpreted with caution.**

When was the last time?

In terms of frequency of the pap smear, 5% have never had a pap smear test, 21% have had their last one 3 or more years ago and 53% of all female respondents aged 18 years or older had the test within the past year.

Youth (80%), adults 1 (69%) and adults 2 (53%) were more likely than seniors (24%) to have had a pap smear within the past year.

Figure 78: Last Pap Smear Test –*Of female respondents aged 18 years or older-*



What are the reasons you have not had a pap smear test [in the past 3 years]?

Most commonly, female respondents aged 18 years or older who have never had a pap smear test (N=9) or have not had one within the past three years (N=43) reported that their doctor did not think it was necessary (29%), they have had a hysterectomy (29%), they have not gotten around to it (25%) or they did not think it was necessary (19%).

Table 34: Reasons for Not Having a Pap Smear Test* –*Of female respondents aged 18 years or older who have never had a pap smear test or have not had one in the past 3 years-*

	Chebucto West	*CDHA*
	% (N=52)	*% (N=300)*
My doctor did not think it was necessary	29.0	24.5
Have had a hysterectomy	28.8	24.5
Have not gotten around to it	25.3	21.1
I did not think it was necessary	19.1	27.6
Did not know where to go/uninformed	3.8	2.3
Transportation problems	1.9	0.6
Need to find a new doctor	1.9	1.5
Other	1.9	2.3
Don't know/Refused	3.8	4.1

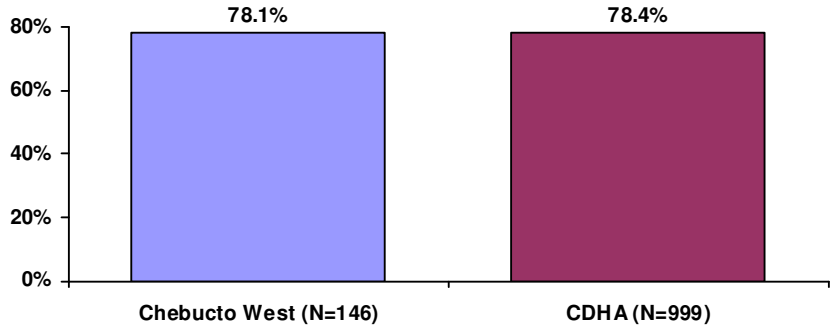
**Multiple responses allowed.*

15.2 MAMMOGRAPHY

Have you ever had a mammogram, that is, a breast x-ray? Why did you have it? When was the last time you had a mammogram?

Of female respondents aged 35 years or older (N=146), 78% have ever had a mammogram, with seniors (95%) more likely than adults 2 (73%) to have ever had this test.

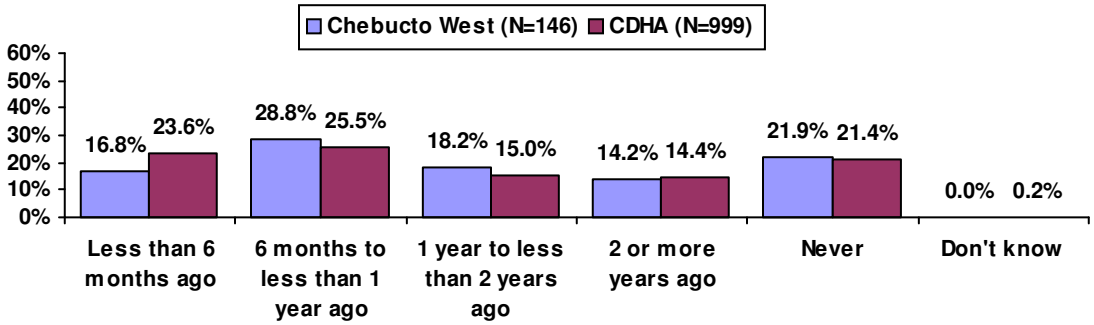
Figure 79: Percentage of Respondents Who Have Ever Had a Mammogram –*Of female respondents aged 35 years or older-*



When was the last time?

In terms of frequency, 22% have never had a mammogram, 14% had their last one 2 or more years ago and 46% of all female respondents aged 35 years or older reported having a mammogram within the past year, with no differences in terms of age.

Figure 80: Last Mammogram –*Of female respondents aged 35 years or older-*



Why did you have it?

Of those respondents who have ever had a mammogram (N=114), 62% had it as part of their regular checkup or routine.

Table 35: Reasons for Having a Mammogram* –*Of female respondents aged 35 years or older who have had a mammogram-*

	Chebucto West	***CDHA***
	% (N=114)	***% (N=784)***
Part of regular check-up/routine screening	62.4	63.3
Family history of breast cancer	15.5	13.9
Age	14.6	22.7
Previously detected lump	7.7	7.2
Breast problem (non-specific)	3.4	3.6
Follow-up of breast cancer treatment	0.9	3.0
Other	2.7	1.5
Don't know	0.9	0.4

**Multiple responses allowed.*

What are the reasons you have not had a mammogram [in the past 2 years]?

Respondents between the ages of 50 and 69 who have never had a mammogram or have not had one within the past two years (N=17) were asked to identify reasons for not having one. Most commonly, these respondents did not think it was necessary (n=10) or have not gotten around to it (n=8). Less common reasons included doctor did not think it was necessary (n=2), fear (n=2) and personal or family responsibilities (n=1)[66].

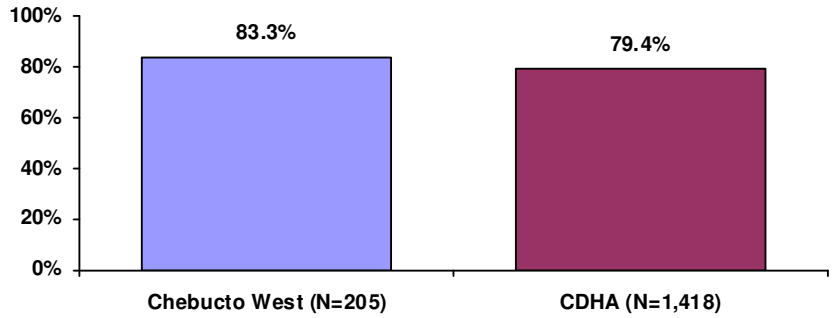
[66] Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

15.3 BREAST EXAMINATIONS

Other than a mammogram, have you ever had your breasts examined for lumps (tumors, cysts) by a doctor or other health professional?

Of respondents aged 18 years or older (N=205), 83% have ever had a breast examination. The likelihood of ever having a breast examination tended to increase with age. More specifically, of female respondents aged 18 years or older, seniors (89%) and adults 2 (90%) were most likely to have ever had this exam, followed by adults 1 (71%) and youth (25%)[67].

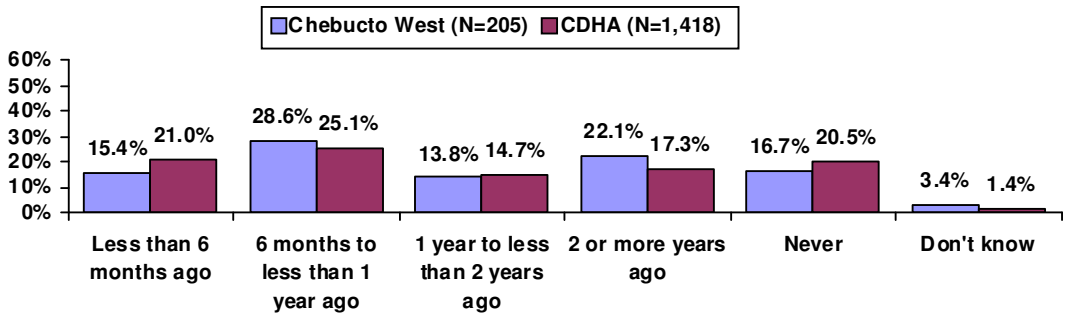
Figure 81: Percentage of Respondents Who Have Ever Had a Breast Examination *–Of female respondents aged 18 years or older-*



When was the last time?

In terms of frequency, 17% have never had a breast examination, 22% have had their last one 2 or more years ago and 44% of all female respondents aged 18 years or older reported having a breast examination within the past year. Adults (adults 2: 53%; adults 1: 42%) were more likely than seniors (22%) to have had this exam within the past year.

Figure 82: Last Breast Examination *–Of female respondents aged 18 years or older-*



[67] **Within this age segmentation, the sample size for youth is less than 30, therefore, findings should be interpreted with caution.**

What are the reasons you have not had a breast examination [in the past 2 years]?

Most commonly, female respondents aged 18 years or older who have never had a breast examination (N=34) or have not had one within the past two years (N=45) reported that they did not think it was necessary (44%), their doctor did not think it was necessary (24%), or they have not gotten around to it (18%).

Table 36: Reasons for Not Having a Breast Examination* –*Of female respondents aged 18 years or older who have never had a breast examination or have not had one in the past 2 years-*

	Chebucto West	*CDHA*
	% (N=79)	*% (N=536)*
I did not think it was necessary	43.7	45.3
My doctor did not think it was necessary	23.9	22.0
Have not gotten around to it	17.6	23.0
Does self-examinations	6.2	6.6
Has regular mammogram	1.3	2.0
Not available in my area	1.2	0.4
Did not know where to go/uninformed	1.2	0.8
Fear	1.2	2.2
Never brought up or offered	1.2	2.8
Not available at time required	1.2	1.2
Other	8.6	5.5
Don't know/Refused	7.5	5.7

**Multiple responses allowed*.

15.4 MATERNAL EXPERIENCES

Have you given birth in the past 5 years?

Sixteen percent of female respondents between the ages of 15 and 55 have given birth in the past 5 years. Because the lifestyle, nutrition, and environment of the mother can impact healthy infant development[68], these respondents (N=24) were asked about their health practices regarding infant development. **Within this section, sample sizes are less than 30, therefore, findings should be interpreted with caution.**

Smoking, Alcohol, and Pregnancy

Smoking or drinking alcohol during pregnancy has been shown to be detrimental to the health of developing infants, leading to various health problems including premature delivery, low birth weight, and fetal alcohol syndrome[69].

During your last pregnancy, did you smoke daily, occasionally, or not at all? Did you drink any alcohol during your last pregnancy?

One respondent between the ages of 15 and 55 who has given birth in the past 5 years smoked occasionally during their last pregnancy (n=1), or drank alcohol during their last pregnancy (n=2)[70].

[68] Source: Nova Scotia Department of Health, Canadian Community Health Survey 3.1, Summary Report to the District Health Authorities, December 2007.
[69] Source: Nova Scotia Department of Health, Canadian Community Health Survey 3.1, Summary Report to the District Health Authorities, December 2007.
[70] Sample sizes are less than 30; findings should be interpreted with caution.

Breastfeeding

For your last baby, did you breastfeed or try to breastfeed your baby, even if only for a short time? Are you still breastfeeding? How long did you breastfeed your last baby? What is the main reason you stopped breastfeeding?

Decades of research have shown breastfeeding to be beneficial to the health of infants, by reducing illness and improving cognitive development[71]. Of respondents between the ages of 15 and 55 who have given birth in the past 5 years, all (n=24) breastfed or tried to breastfeed their last baby[72].

Of those who have breastfed (n=24), two currently breastfeed, while the remaining 22 have stopped. Of these 22 respondents who no longer breastfeed, fourteen reported that they breastfed for at least six months, with the most common reasons for stopping included not enough breast milk (n=4), the baby was ready for solid food (n=4), returned to school/work (n=4), and the child weaned him/herself (n=4)[73].

[71] Source: Health Canada, Perinatal Health Indicators for Canada: A Resource Manual, 2000.
[72] **Sample size is less than 30; findings should be interpreted with caution.**
[73] **Sample sizes are less than 30; findings should be interpreted with caution.**

16.0 Health Screenings - Male[74]

To assess health practices in protecting against prostate cancer, male respondents aged 35 years or older were asked about various prostate cancer screening techniques, including the prostate specific antigen (PSA) blood test and the digital rectal exam.

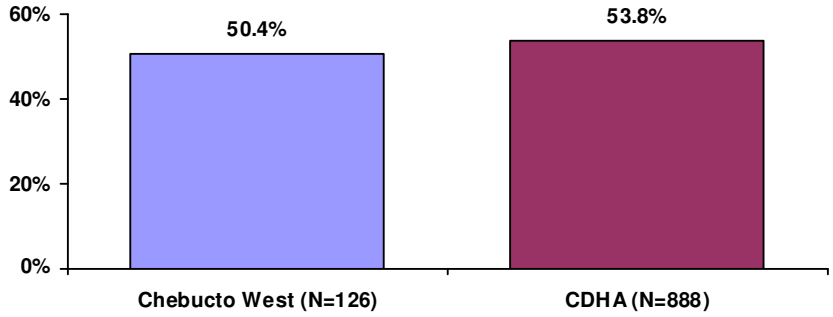
16.1 Prostate Cancer Screening

Prostate Specific Antigen (PSA) Blood Test

Have you ever had a prostate specific antigen test for prostate cancer, that is, a PSA blood test?

Of male respondents aged 35 years or older (N=126), 50% have ever had a PSA blood test, with seniors (83%) more likely than adults 2 (41%) to have ever had this test[75].

Figure 83: Percentage of Respondents Who Have Ever Had a PSA Blood Test –*Of male respondents aged 35 years or older-*

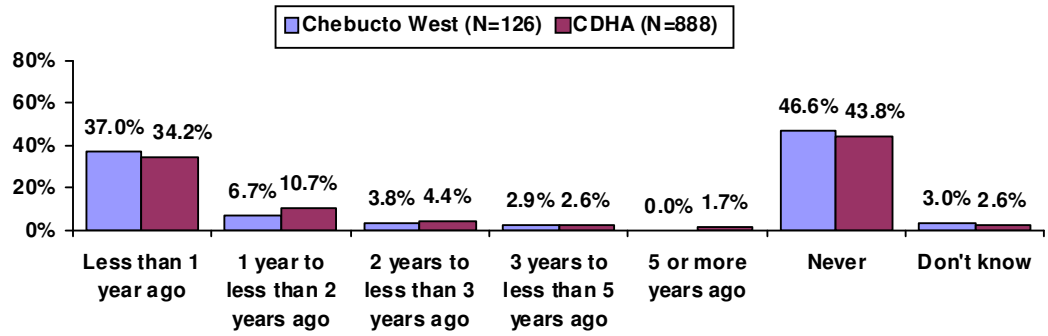


[74] Throughout this report, differences between segments are only noted if they are statistically significant.
[75] **Within this age segmentation, the sample size for seniors is less than 30, therefore, findings should be interpreted with caution.**

When was the last time?

In terms of frequency, 47% have never had a PSA blood test, 3% have had their last one 3 or more years ago and 37% of all male respondents aged 35 years or older reported having a PSA blood test within the past year, with seniors (57%) more likely than adults 2 (31%) to report past year screening.

Figure 84: Last PSA Blood Test –*Of male respondents aged 35 years or older-*



Why did you have it?

Of those respondents who have ever had a PSA blood test (N=63), the majority reported that they had the test as part of their regular check-up/ routine (63%), followed distantly by age (23%).

Table 37: Reasons for Having a PSA Blood Test* –*Of male respondents aged 35 years or older who have had a PSA blood test-*

	Chebucto West	*CDHA*
	% (N=63)	*% (N=478)*
Part of regular check-up/screening routine	63.0	73.1
Age	22.5	18.6
Family history of prostate cancer	8.9	6.3
Follow up of a problem	7.3	12.5
Other	10.1	1.7
Don't know	-	0.5

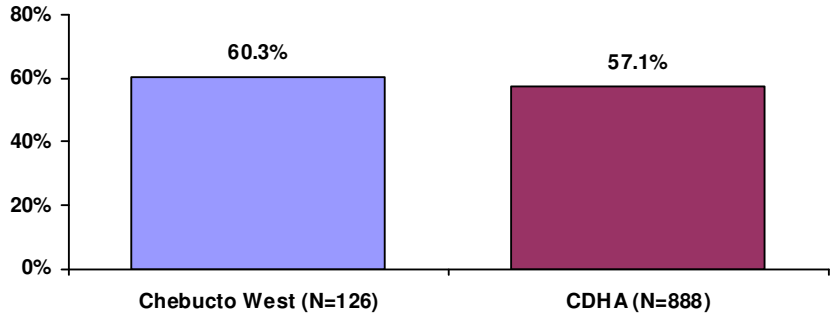
**Multiple responses allowed.*

Digital Rectal Exam

A digital rectal exam is an exam in which a gloved finger is inserted into the rectum in order to feel the prostate gland. Have you ever had this exam?

A majority of male respondents aged 35 years or older (60%) reported ever having a digital rectal exam, with seniors (87%) more likely than adults 2 (53%) to have ever had this test[76].

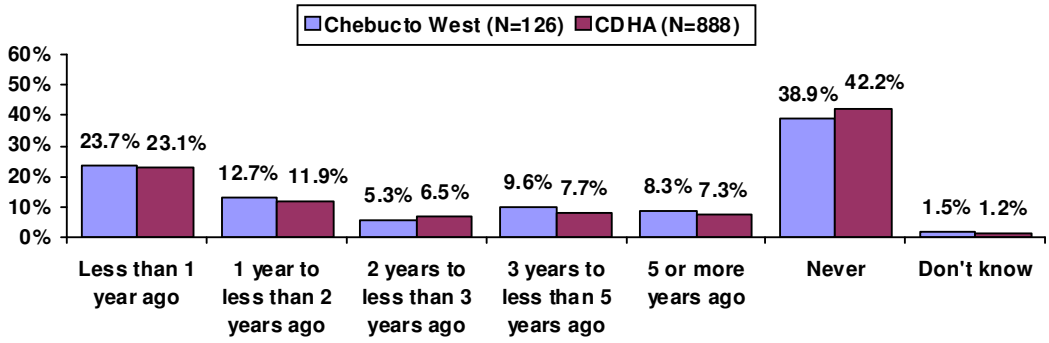
Figure 85: Percentage of Respondents Who Have Ever Had a Digital Rectal Exam *–Of male respondents aged 35 years or older-*



When was the last time?

In terms of frequency, 39% have never had a digital rectal exam, 18% have had their last one 3 or more years ago and 24% of all male respondents aged 35 years or older reported having a digital rectal exam within the past year, with seniors (39%) more likely than adults 2 (19%) to report past year examination.

Figure 86: Last Digital Rectal Exam *–Of male respondents aged 35 years or older-*



[76] **Within this age segmentation, the sample size for seniors is less than 30, therefore, findings should be interpreted with caution.**