



Capital Health

Our Health: A Community Health Assessment Survey

Prepared For:

**Dartmouth Community Health Board
& Capital Health**



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Executive Summary

OVERVIEW

This report presents the findings of *Our Health: A Community Health Assessment Survey* for the Dartmouth 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 Dartmouth CHB.

The information from this report will be used by the Dartmouth 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 Dartmouth CHB.

METHODOLOGY

A total of 400 residents (aged 15 years or older) from the Dartmouth CHB completed the *Our Health: A Community Health Assessment Survey*. To ensure a representative sample of the Dartmouth 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 six optional content sections from the CCHS: "Sedentary Activities", "Food Choices", "Coping With Stress", "Social Support – Availability", "Restriction of Activities", and "Problems in the Community" as chosen by Dartmouth 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 were a fairly equal mix of males (47%) and females (53%). About half were between the ages of 35 and 64 (54%) and married (51%), with the most commonly reported level of education being a trade or non-university certificate or diploma (33%).
- The majority of respondents had insurance coverage for health expenses including prescription medicines (89%), eye glasses/contact lenses (78%), and dental expenses (81%). However, a notable percentage of respondents did not have prescription insurance (10%), eye glasses/contact lenses insurance (19%), or dental insurance (20%).



- Of respondents between the ages of 15 and 75, 71% worked at a job or business during the week prior to survey completion, while 27% 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* (27%), *very good* (37%), or *excellent* (23%). Other highlights regarding the health and well-being of respondents include:
 - Fourteen percent of respondents rated their general health negatively, that is, *fair or poor*. Respondents with a negative general health rating were generally older, had a regular medical doctor or provided negative ratings of their mental or oral health.
 - Six percent of respondents had *fair or poor* mental health ratings. When analyzed further, these respondents generally rated their general or oral health negatively or were permanently unable to work.
 - Fourteen percent of respondents felt their health is *somewhat* or *much* worse now than it was one year ago. These respondents generally were older, were permanently unable to work or rated their mental or oral health negatively.
 - Furthermore, 6% of respondents were dissatisfied with their life in general. These respondents tended to have had negative mental health ratings.
 - One-third of respondents (33%) indicated a *somewhat* or *very* weak sense of belonging to their local community. These respondents were generally between the ages of 20-34, lacked a regular medical doctor or insurance or had negative mental or oral 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 74% experienced stress at work. The most important contributor to day-to-day stress was commonly identified as respondents' work situation (25%).
 - Respondents who reported day-to-day stress were more likely to be between the ages of 20-64, to have worked in the week prior to survey completion, have a regular medical doctor or have prescription or eye glasses/contact lenses insurance coverage.
 - Respondents who reported stress at work were more likely to be 20-64, or have a regular medical doctor.



- However, 91% of respondents feel equipped to handle stressful events including unexpected and difficult problems and 95% 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 as well as work stress and health status.

- Sixty-four percent of respondents have made changes to improve their health in the past 12 months. As well, 72% of all respondents feel they should make future health improvements. Of respondents who indicated that they should make changes to improve their physical health:
 - 69% intend to improve their health in the next year, most notably by increasing exercise/sports/physical activity (66%).
 - 46% 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 mental or oral health negatively, have worked in the week prior to survey completion, lack prescription insurance coverage or have a regular medical doctor. The most notable barriers faced included a lack of will power/ self discipline (45%) and work schedule (18%).

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 the Dartmouth CHB rated their health and well-being positively, obesity, high levels of physical inactivity and the prevalence of particular chronic conditions were evident.

- Forty-seven percent of respondents were physically inactive, while 27% were moderately active and 26% were regularly active. Walking for exercise (81%) was the most common activity reported.
 - Physical activity was related to the prevalence of arthritis, high blood pressure, and diabetes, whereby physically inactive respondents were more likely to have these conditions when compared to regularly active respondents.
 - Respondents with negative mental or oral health ratings, or lack a regular medical doctor were most likely to be inactive.



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-one percent of respondents aged 18 years or older, excluding pregnant females, were classified as overweight or obese, while 39% were of normal weight and 1% was underweight.
 - Respondents who were overweight or obese tended to be over 20 years of age, male, have a regular medical doctor or provide negative oral health ratings.
 - 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 2% 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 (86%) have had sexual intercourse at least once in their lifetime. Of these respondents:
 - 92% have had sexual intercourse in the past 12 months.
 - 12% have ever been diagnosed with a sexually transmitted disease (STD).
 - 30% used a condom the last time they had sexual intercourse. However, condom use was more common among single respondents (68%) compared to those who were living common-law (16%) or married (13%).

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 (21%) currently smoke, with 83% being daily smokers.
 - Of current smokers, almost two-thirds (62%) indicated a serious consideration to quit within the next six months, and 50% 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 (83%) have had a drink of alcohol in the past 12 months and of those, 16% consume a drink of alcohol once a week, while 26% consume alcohol at least two or more times a week.
- Furthermore, 7% of respondents who had a drink of alcohol in the past 12 months 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, or lack 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 (30%) have bet or spent money on instant win, scratch or daily lottery tickets, while 10% have played VLTs and 1% participated in Internet or arcade gambling.
 - Of these respondents, seven in ten (70%) spent \$100 or less on all gambling activities over the past 12 months and 94% 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.
 - Seventeen percent of respondents have received some type of community-based care within the past 12 months, which was generally perceived to be of *good* (46%) or *excellent* (42%) quality.
 - Two in ten respondents (20%) 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 (61%).

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 one-quarter (30%) experienced difficulty getting specialist care, with long wait times being the most common difficulty experienced (87%).
- In the past 12 months, 59% of respondents required health information or advice, with the most common professional contacted being a doctor's office (87%).
- In the past 12 months, 43% 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 6% 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

- Two-thirds of respondents (65%) reported having at least one of the various chronic health conditions.
 - The most common conditions were muscle/joint related conditions (back problems: 28%; arthritis: 26%), cardiovascular conditions (high blood pressure: 23%; heart disease: 6%; stroke: 1%), migraine headaches (18%), mood disorders (12%) bowel disorders (10%), asthma (9%) and diabetes (8%).

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

- 87% of respondents rated their oral health positively (*good, very good or excellent*), while 12% rated their oral health as *fair or poor*.
- Respondents who had negative oral health ratings were more likely to have negative mental health ratings, lack a regular medical doctor or lack insurance coverage.
- Serious oral health problems tended to be uncommon, with the most common problems experienced in the past month being tooth sensitivity (32%).



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 52% had one in the past 12 months.
 - About seven in ten respondents (72%) have ever had a flu shot and 48% had one in the past 12 months.
 - Almost all respondents (96%) have had at least one blood pressure check in their lifetime and 85% had one in the past 12 months.
- Colorectal cancer screenings tended to be less common:
 - Of respondents 35 years of age or older, 27% have ever had a fecal occult blood test and 7% had one within the past year. A similar percentage (30%) has ever had a colonoscopy or sigmoidoscopy and 6% had one within the past year.

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, 97% have ever had a pap smear test and 60% had one less than one year ago.
 - Of females aged 35 years or older, 83% have ever had a mammogram and 56% had one within the past year.
 - Of female respondents aged 18 years or older, 82% have ever had a breast examination by a doctor or other health professional and 51% had one less than one year ago.
- 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:
 - 54% have ever had a prostate specific antigen blood test and 38% had one less than one year ago. Furthermore, 60% have ever had a digital rectal exam and 27% had one less than one year ago.

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 Canada¹. 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 involvement³. 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 (ESM), Southeastern (SE) and West Hants – Uniacke (WH-U). Each CHB is composed of up to 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.

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.



Under the District Health Authorities Act (34), CHBs are required to develop community health plans and to assess community health needs. CDHA and the IWK, working with the CHBs, is tasked with improving the health of individuals and communities by providing education and promotion and access to effective, quality healthcare services. To support this mandate, CDHA must first assess the health of its' citizens through initiatives such as the *Our Health: A Community Health Assessment Survey*. Specifically, the information collected through the *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 Dartmouth 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 Dartmouth CHB. The information will be used by the Dartmouth CHB, IWK and CDHA to support the development of the community health plan and to guide program planning and policy development within these organizations.



2.0 Methodology⁴

2.1 SAMPLE SELECTION

A total of 400 residents (aged 15 years or older) from the Dartmouth CHB completed the *Our Health: A Community Health Assessment Survey*. Based on a population size of 57,369 (www.gov.ns.ca/finance/communitycounts), this sample size results in a margin of error of $\pm 4.88\%$ at the 95% confidence level or 19 times out of 20⁵.

To ensure a representative sample of the Dartmouth 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 Canada⁶. The purpose of the CCHS is to provide current information on health status, factors that affect health, and access to health care services⁷. 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, as well as six optional content sections from the CCHS: "Sedentary Activities", "Restriction of Activities", "Food Choices", "Coping With Stress", "Social Support – Availability", and "Problems in the Community", as chosen by the Dartmouth 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 $\pm 5\%$ 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 Dartmouth 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 Dartmouth 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/naics-scian/2007/list-liste-eng.htm>



3.0 Demographics¹¹

3.1 RESPONDENT CHARACTERISTICS

As shown below, respondents were a fairly equal mix of males (47%) and females (54%). About one-half of respondents were between the ages of 35 and 64 (54%) and married (51%), while 65% resided in a single-detached dwelling.

Demographic characteristics for CDHA are also presented. As shown below, Dartmouth respondents were fairly similar to the district as a whole in terms of gender, age and marital status. However, Dartmouth respondents were less likely to reside in a single-detached dwelling (65%) and more likely to reside in a low-rise apartment (17%).

Table 1: Demographics

	Dartmouth % (N=400)	CDHA % (N=2,819)
Gender		
Male	46.5	47.5
Female	53.5	52.5
Age		
Youth (15-19 years)	6.3	7.2
Adult 1 (20-34 years)	22.3	21.7
Adult 2 (35-64 years)	54.3	54.9
Seniors (65+ years)	17.3	16.1
Marital Status		
Married	50.6	53.4
Single, never married	23.8	25.5
Living common-law	9.8	7.5
Divorced	5.8	5.8
Widowed	6.6	5.2
Separated	2.9	2.3
Other	0.2	-
Refused	0.2	0.2
Type of Dwelling		
Single-detached	64.7	72.5
Low-rise apartment (less than 5 stories)	16.7	10.7
Duplex	8.4	5.8
High-rise apartment (5 stories or more)	3.2	3.2
Double	2.6	2.5
Row or terrace	2.3	2.0
Other	1.7	3.2
Don't know/Refused	0.2	0.1

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

Of respondents between the ages of 18 and 59 years (N=290), most (95%) considered themselves to be heterosexual, followed by homosexual (3%), and bisexual (1%). One percent of respondents expressed uncertainty regarding their 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=383).

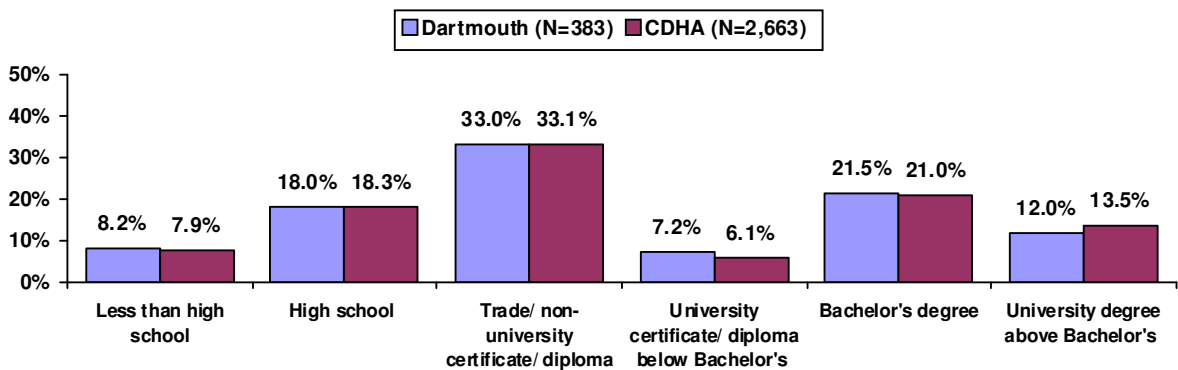
Did you graduate from high school (secondary school)? What is the highest grade of elementary or high school you have ever completed? Have you received any other education that could be counted towards a degree, certificate or diploma from an educational institution?

Of respondents aged 18 years or older (N=383), 87% graduated from high school, similar to CDHA as a whole (88%). Of those respondents who have not (N=52), 43% have Grades 11 or 12, but did not graduate, 47% have Grades 9-10 and 8% have Grade 8 or lower.

Furthermore, of all respondents aged 18 years or older, 74% 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, most commonly have a trade or non-university certificate or diploma was most commonly completed (33%), a Bachelor's degree (22%) or high school (18%).

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=383), 9% were attending a school, college, or university at the time of the survey, similar to the district results (10%). Of these respondents (N=34), 61% were attending on a full-time basis, with 37% attending part-time and 3% were unsure of their status.



3.2 SOCIO-DEMOGRAPHIC CHARACTERISTICS

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

Almost all respondents were born in Canada (94%) and were born Canadian citizens (95%).

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 (96%) were white and English was the language (99%) spoken most often at home.

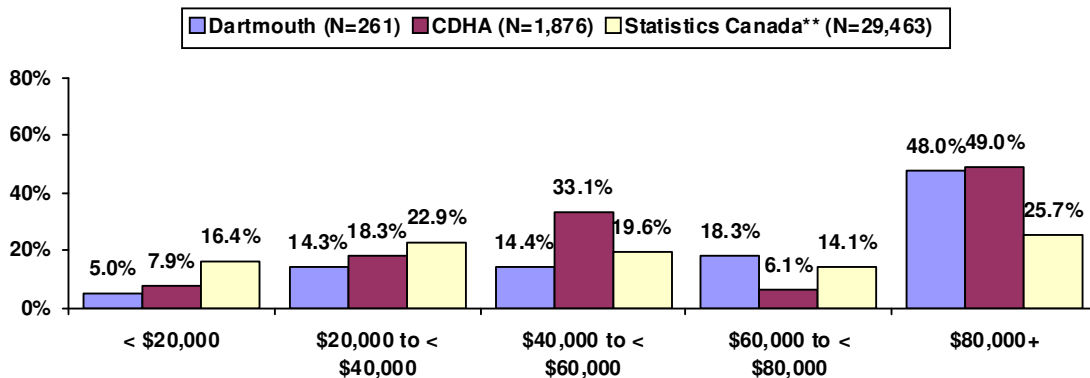
3.3 INCOME AND INSURANCE COVERAGE

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, Dartmouth CHB respondents had household incomes consistent with what was found at the district level. Almost one-half of respondents (48%) had an annual household income of \$80,000 or more.

Due to the high number of respondents who did not answer the household income question (35%), 2006 Statistics Canada's 'Income Distribution by Households' statistics have been included in Figure 2 for comparison purposes. As shown, compared to Statistics Canada's results (26%), Dartmouth (48%) and CDHA (49%) had a higher percentage of respondents in the \$80,000 or more income category.

Figure 2: Annual Household Income *



*35% of respondents did not provide a response to this question.

**Source: <http://www.gov.ns.ca/finance/communitycounts/>



As stated previously, over 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 be female; 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.

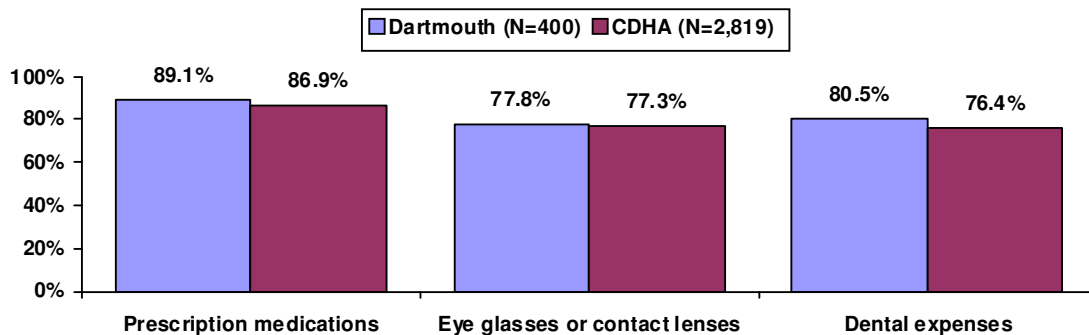
What was the main source of income?

Of respondents who provided information on all sources of household income in the past 12 months (N=383), wages and salaries were the most commonly reported main source of income (73%), followed distantly by benefits from the Canada or Quebec pension plan (9%), and retirement pensions, superannuation and annuities (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?

Similar to what was found at the district level, a notable percentage of respondents did not have prescription medication insurance (10%), eyeglasses/contact lenses insurance (19%) or dental insurance (20%). However, the majority of respondents had private, government, or employer-paid insurance coverage that covers the cost of prescription medicines (89%), eyeglasses/contact lenses (78%), and dental expenses (81%).

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=356): 63% employer-sponsored, 26% government sponsored, and 8% private;
- *Eye glasses/contact lenses insurance* (N=311): 66% employer-sponsored, 21% government sponsored, and 10% private; and
- *Dental insurance* (N=322): 68% employer-sponsored, 20% government sponsored, and 9% private.



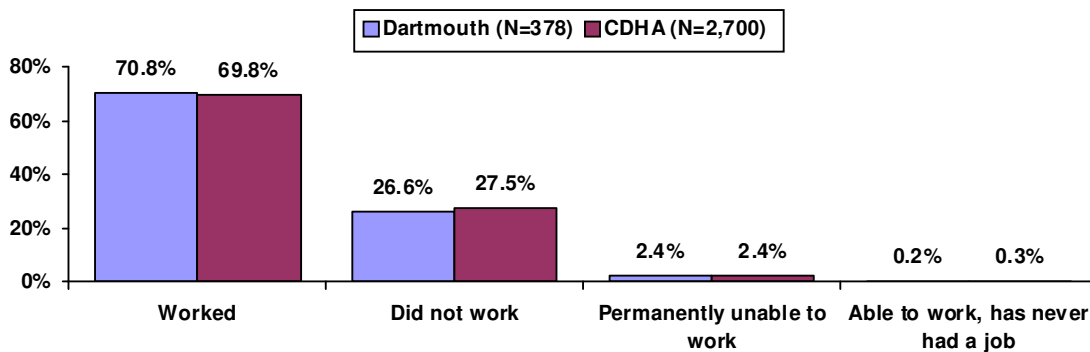
4.0 Employment Status¹²

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.

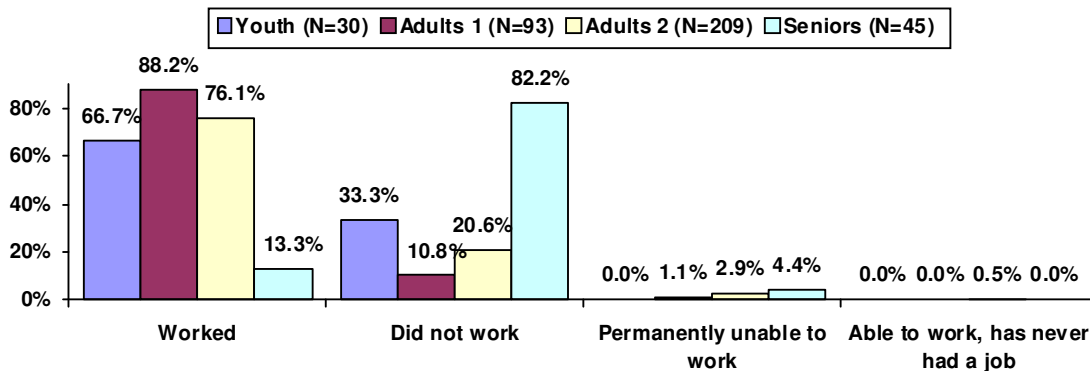
Approximately seven in ten respondents between the ages of 15 and 75 (71%) worked during the week prior to survey completion, while 27% did not work. 2% of respondents aged 15 to 75 were permanently unable to work during the week prior to survey completion, and <1% were able to work but have never had a job.

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



As shown below, youth (67%) and adults (adults 1: 88%; adults 2: 76%) were more likely than seniors (13%) to have worked in the week prior to survey completion. No differences were found when analyzed by gender.

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=268) were asked a series of questions about their employment during that week.

¹² Throughout this report, differences between segments are only noted if they are statistically significant.



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=268), 12% were absent from work during that week, and 6% had more than one job or business during that week. Of those who had more than one job (N=16), most worked 20 hours or less in this other job (5 hours or less: n=3; 6-10 hours: n=5; 11-15 hours: n=1; 16-19 hours: n=1), while three worked 20 or more hours¹³.

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 (88%). A wide range of industries and occupations were identified, with the most common industry being *public administration* (16%) and the most common occupation being *retail salespersons and sales clerks* (6%).

Table 2: Profile of Current Employment

	Dartmouth	CDHA
	% (N=267)	% (N=1,883)
Employee	88.1	86.6
Self-employed	11.2	13.0
Working in a family business without pay	0.4	0.1
Don't know/Refused	0.4	0.3
Top Five Industries		
Public administration	15.6	13.5
Health care and social assistance ¹⁴	12.6	15.4
Retail trade	10.2	9.4
Educational services	6.7	7.7
Transportation and warehousing	6.6	5.1
Top Five Occupations		
Retail salespersons and sales clerks	6.0	3.8
Administrative clerks	3.0	2.3
Customer service information and related clerks	3.0	1.8
Registered nurses	2.9	3.0
Secondary school teachers	2.5	2.2

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=101), 11% have looked for work over the past 4 weeks. This percentage is lower than the finding for the district overall (17%).

¹³ Sample size is less than 30; findings should be interpreted with caution.

¹⁴For more details on titles 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-Being¹⁵

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

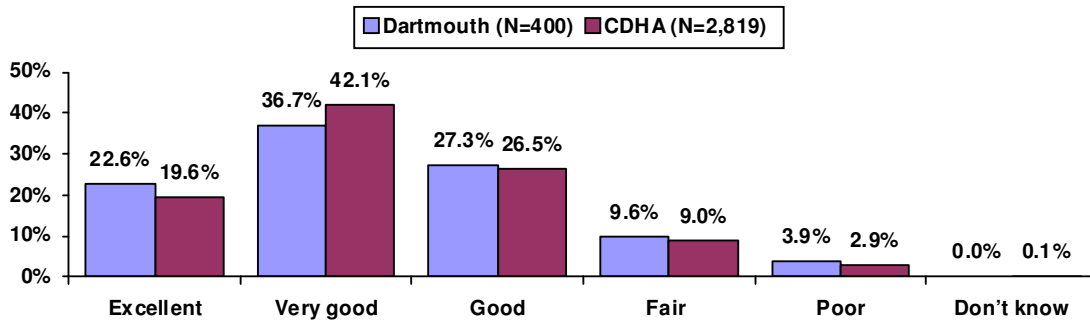
5.1 GENERAL HEALTH AND SENSE OF BELONGING

General Health and Satisfaction with Life

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

14% of respondents rated their health negatively (10% *fair*, 4% *poor*), while the majority of respondents rated their health as *good* (27%), *very good* (37%), or *excellent* (23%).

Figure 6: Self-Reported Health Status



The likelihood of reporting *fair* or *poor* health increased with age. Seniors (22%) were more likely to report *fair* or *poor* health when compared to adults (adults 2: 14%; adults 1: 10%) and youth (4%)¹⁶. No differences were found, however, when comparing males and females.

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

- Respondents who rated their mental (54%) and oral (39%) health negatively were more likely to rate their general health negatively when compared to those who rated mental and oral health positively (11% and 10%, respectively);
- Those with a regular medical doctor compared to those without one (14% and 0%, respectively);
- *Fair* or *poor* ratings were more likely from those without prescription (23%), eyeglasses/contact lenses (25%), or dental (27%) insurance compared to their counterparts with these types of insurance (13%, 11% and 10%, respectively); and

¹⁵ Throughout this report, differences between segments are only noted if they are statistically significant.

¹⁶ 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).



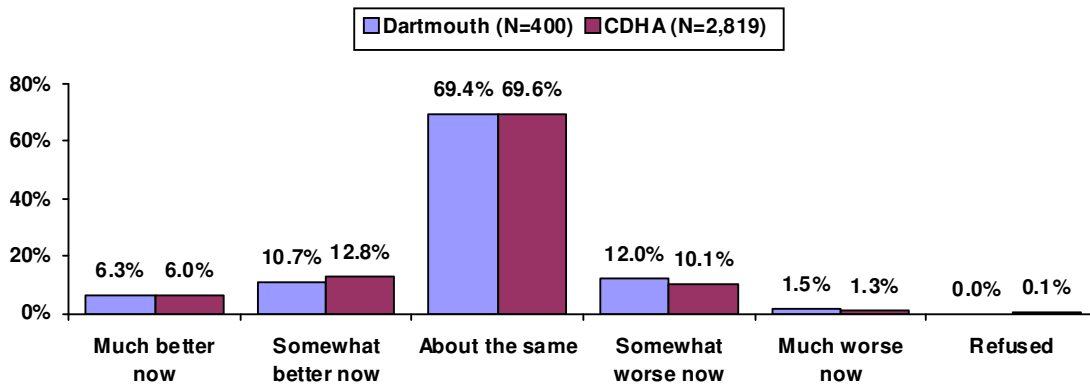
- Respondents without work in the week prior to survey completion (20%) were more likely to provide *fair* or *poor* health ratings compared to those who worked (8%).

No differences were found, however, by gender.

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, over one in ten respondents felt their health is worse than it was one year ago (*somewhat* worse: 12%; *much* worse: 2%), while 69% felt their health has stayed *about the same* over the past year and 17% felt it is *much* or *somewhat* better now. Self-reported health status did not differ by gender or age.

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:

- Adults (adults 1: 17%; adults 2: 13%) and seniors (14%) were more likely to feel their health has declined in the past year compared to youth (7%);
- Respondents who rated their mental (54%) and oral (33%) health negatively were more likely to feel their health has gotten worse when compared to those who provided positive ratings of mental (11%) and oral (10%) health; and
- Respondents who were permanently unable to work in the week prior to survey completion (44%) were more likely to feel their health is worse compared to those who worked (11%) and those that did not work (16%) in the week prior to survey completion and those that were able to work, but never had a job (0%).

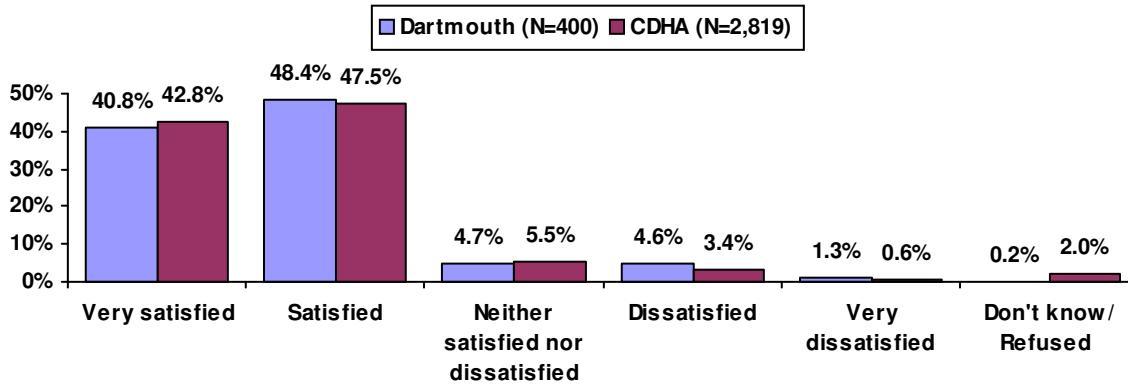
No differences were found by gender, having a regular medical doctor or having insurance coverage.



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

Six percent of respondents were dissatisfied with their life in general (5% dissatisfied; 1% very dissatisfied), however, the majority of respondents were satisfied with their life in general (41% very satisfied, 48% satisfied). This finding did not differ based on age or gender.

Figure 8: Satisfaction with Life in General



Respondents who rated their mental health (13%) negatively were more likely to be dissatisfied with their life when compared to those who rated these aspects positively (<1%). No differences were found by age, gender, oral health, having a regular medical doctor, employment status or having insurance coverage.



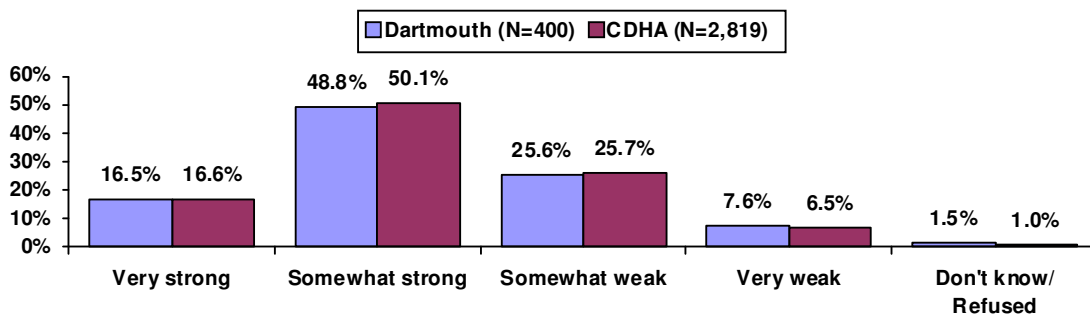
Sense of Belonging

To gauge the well-being of residents of the Dartmouth CHB, respondents were asked about their sense of belonging to their local community 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"?

Of note, 33% of respondents indicated a *somewhat* or *very weak* sense of belonging to their local community, while 65% felt a strong sense of belonging (49% *somewhat* strong; 17% *very strong*).

Figure 9: Sense of Belonging to Local Community



Sense of belonging to the local community tended to increase with age. More specifically, seniors (85%) were most likely to feel a *somewhat* or *very strong* sense of belonging to their local community, followed by adults 2 (67%), youth (68%), and adults 1 (47%). Sense of belonging did not differ by gender.

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

- Adults 1 (52%) were more likely than adults 2 (31%), youth (28%) and seniors (15%) to have a weak sense of belonging to their local community;
- Those who rated their mental (58%) and oral (45%) health negatively compared to those who rated these aspects positively (32% and 32%, respectively) were more likely to have a weak sense of belonging to their local community; and
- Those without a regular medical doctor (50%) compared to those with a regular medical doctor (33%).

No differences were found by gender, 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 identified having eight close friends or relatives that they feel at ease with.



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 help you if you were confined to bed (23%), someone to have a good time with (19%), and someone to give you advice in a crisis (18%).

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; 17% *most* of the time);
- Someone to take you to the doctor if you needed it (64% *all* of the time; 23% *most* of the time); and
- Someone you can count on to listen to you when you need to talk (61% *all* of the time; 26% *most* of the time).

Table 3: Availability of Various Types of Social Support (N=400)

	<i>None of the time</i>	<i>A little of the time</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>	<i>DK/Ref</i>
	%	%	%	%	%	%
Someone who shows you love and affection	3.0	2.0	7.0	17.4	70.1	0.4
Someone to take you to the doctor if you needed it	2.0	2.5	7.8	23.1	64.1	0.5
Someone you can count on to listen to you when you need to talk	1.0	1.2	10.7	25.8	60.9	0.4
Someone to give you advice in a crisis	2.0	2.4	13.7	27.6	53.9	0.5
Someone to have a good time with	1.5	2.6	14.7	28.9	52.0	0.2
Someone to help you if you were confined to bed	6.2	3.3	13.0	25.3	49.6	2.6

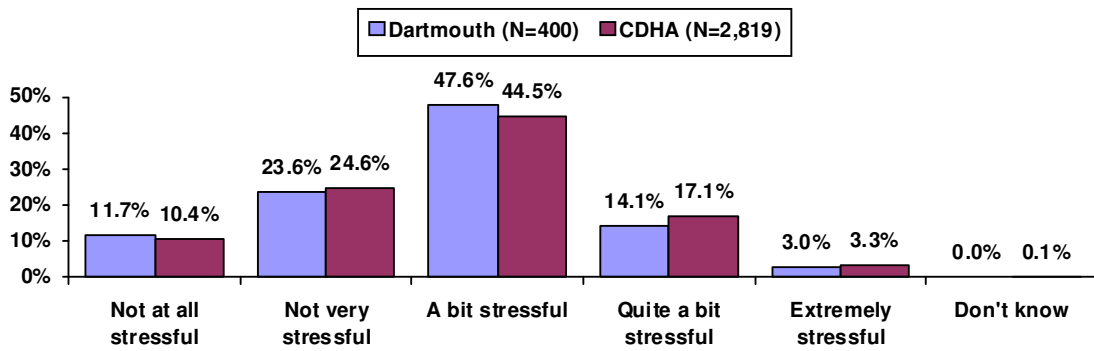
5.2 STRESS

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 are *a bit stressful* (48%), *quite a bit stressful* (14%), or *extremely stressful* (3%).

Figure 10: Amount of Stress in Daily Life



Adults 1 (23%) and adults 2 (21%) were most likely to report that most days were *quite a bit* or *extremely* stressful, more so than seniors (4%) or youth (0%). No differences were found in daily stress levels when analyzed by gender.

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:

- Adults (adults 1: 76%; adults 2: 69%) compared to youth (56%) and seniors (40%);
- Those with negative mental (83%) and oral (80%) health ratings compared to those with positive ratings (64% and 63%, respectively);
- Respondents with a regular medical doctor (65%) compared to those without a regular medical doctor (50%);
- More likely to be with prescription (80%) or eyeglasses/contact lenses (75 insurance compared to their counterparts without insurance (64% and 62%, respectively); and
- Those who worked in the week prior to survey completion (71%) compared to those that did not work (54%).

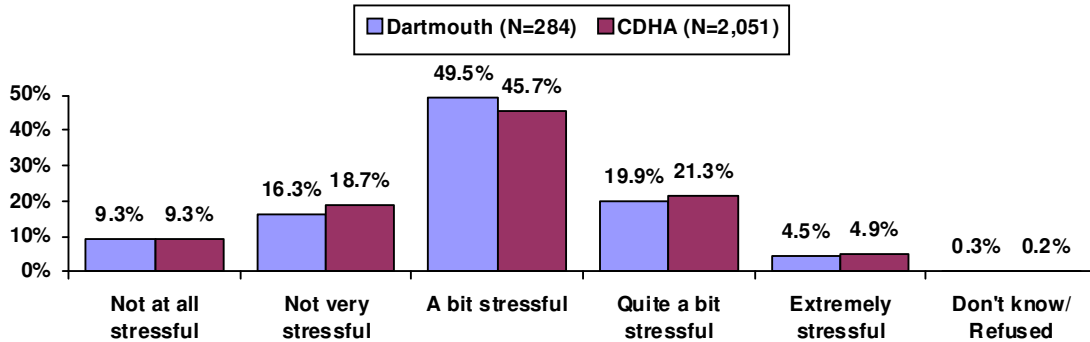
No differences were found by gender, general health or having dental or oral insurance coverage.



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=284) reported that most days at work were a bit stressful (50%), quite a bit stressful (20%), or extremely stressful (5%).

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-



Job stress did not differ by gender, however differences were found to exist by age. More specifically, of those who have worked in the past 12 months, seniors (40%) and youth (26%) were more likely than adults (adults 1: 5%; adults 2: 9%) to indicate that most days are *not at all* stressful¹⁷.

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: 77%; adults 1: 80%) compared to youth (36%) and seniors (20%); and
- Those who have a regular medical doctor (75%) compared to those without a regular medical doctor (55%).

No differences were found by gender, mental, general or oral health ratings.

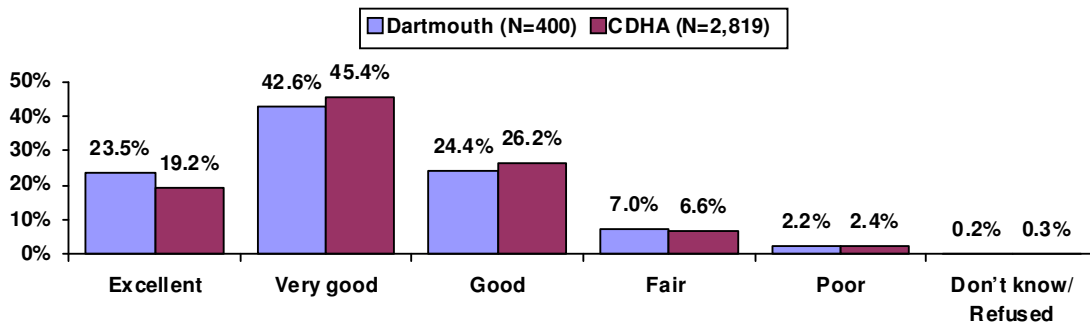
¹⁷ Within this age segmentation, the sample sizes for seniors and youth are less than 30; therefore, findings should be interpreted with caution.



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"?

Nearly one ten respondents (9%) rated their ability to handle unexpected and difficult problems negatively (7% fair, 2% poor), while the remainder indicated they feel equipped to handle unexpected and difficult problems that arise, for example, a family or personal crisis. More specifically, 24% rated their ability to handle these problems as good, 43% as very good and 24% as excellent. Findings did not differ when analyzed by age or gender.

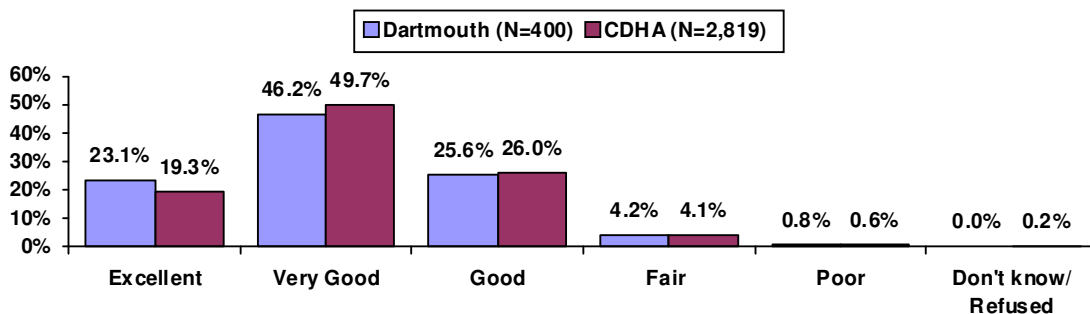
Figure 12: Ability to Handle Unexpected and Difficult Problems



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 these life demands, for example handling work, family and volunteer responsibilities. More specifically, 26% rated their ability to handle these problems as good, 46% as very good and 23% as excellent. However, 5% of respondents rated their ability to handle day-to-day demands of life, as fair (4%) or poor (1%). 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 (25%), followed distantly by their financial situation (12%).

Table 4: Most Important Factor Contributing to Day-to-Day Stress

	<i>Dartmouth</i>	<i>CDHA</i>
	<i>% (N=400)</i>	<i>% (N=2,819)</i>
Own work situation	24.9	26.7
Financial situation	11.5	11.2
Time pressures/not enough time	6.9	7.7
Caring for own children	6.8	6.0
Health of family members	5.6	4.9
School	5.2	5.4
Own physical health problem or condition	5.2	4.5
Personal relationships	4.5	5.5
Other personal or family responsibilities	4.4	4.0
No stress	3.4	2.8
Personal and family safety	2.2	1.8
Own emotional or mental health problem	2.0	1.4
Other	8.3	9.0
Don't know/Refused	9.0	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 73% of respondents using this method *often*. Other methods used *often* included trying to look on the bright side of things (71%) and trying to relax by doing something enjoyable (60%).

A notable percentage of respondents used unhealthy coping methods *often*, such as wishing the situation would go away (33%), blaming yourself (10%), avoiding being with people (8%), sleeping more than usual (8%), and trying to feel better by eating more or less than usual (6%).

Table 5: Methods Used to Deal with Stress (N=400)

	Often	Sometimes	Rarely	Never	DK/Ref
	%	%	%	%	%
Try to solve the problem	73.2	19.5	2.7	3.5	1.2
Try to look on the bright side of things	71.2	23.3	2.0	3.0	0.4
Try to relax by doing something enjoyable	60.4	32.8	3.4	3.0	0.5
Talk to others	49.1	34.9	8.0	7.6	0.5
Wish the situation would go away or somehow be finished	33.0	37.9	11.9	16.8	0.5
Jog or do other exercise	28.9	33.1	8.9	28.9	0.2
Pray or seek spiritual help	20.9	17.2	14.9	46.5	0.4
Blame yourself	9.9	34.4	18.0	37.5	0.2
Avoid being with people	7.7	24.0	20.5	47.3	0.5
Sleep more than usual	7.7	16.7	20.4	54.5	0.8
Try to feel better by eating more or less than usual	6.4	24.6	14.5	54.3	0.2
Try to feel better by smoking more cigarettes than usual	5.0	4.9	3.3	86.5	0.2
Try to feel better by using drugs or medication	2.7	5.0	6.2	85.4	0.3
Try to feel better by drinking alcohol	1.3	7.7	12.6	78.3	0.2



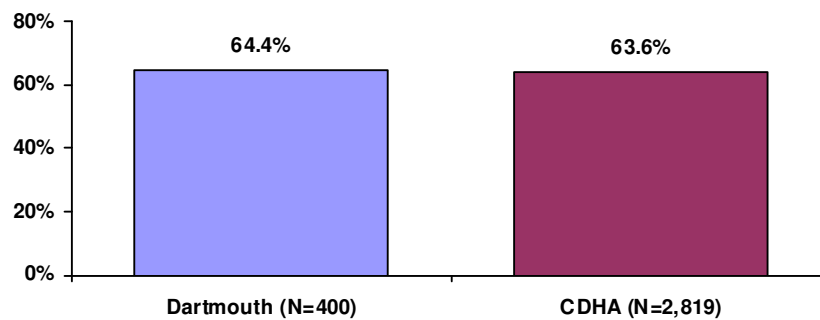
5.3 CHANGES MADE TO IMPROVE HEALTH

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, 64% made changes to improve their health in the past 12 months. No differences were found when analyzed by age or gender.

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=258), the most common changes were increasing exercise/sports/physical activity (46%), changing diet/eating habits (18%), and losing weight (16%).

Table 6: 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-

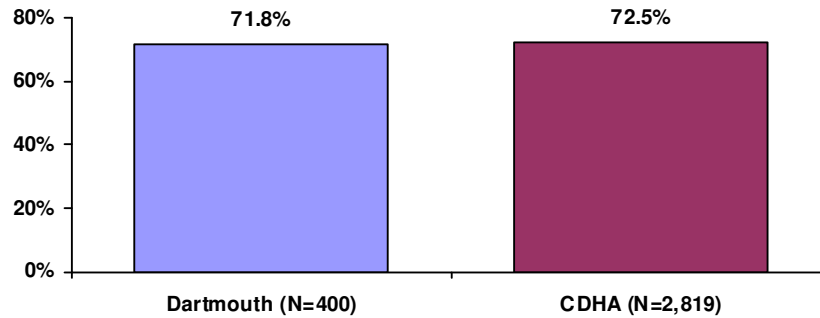
	Dartmouth	CDHA
	% (N=258)	% (N=1,792)
Increased exercise/sports/physical activity	45.5	41.6
Changed diet/eating habits	17.7	25.6
Lost weight	15.9	17.6
Quit smoking/reduced amount smoked	8.6	5.7
Received medical treatment	7.2	4.3
Other	4.6	4.9
Don't know	0.5	0.2



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

Almost three-quarters of respondents (72%) indicated there are some changes they should make to improve their physical health. When segmented by age, adults (adults 1: 79%; adults 2: 75%) were more likely than seniors (54%) to feel they should make changes. Youth were consistent with the average at 68%. 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=287), the most commonly reported changes were starting/increasing exercise/sports/physical activity (45%) and changing diet/improving eating habits (24%).

Table 7: Changes that Should be Made to Improve Physical Health -Of respondents who reported that they should make changes to improve their physical health-

	Dartmouth	CDHA
	% (N=287)	% (N=2,044)
Start/Increase exercise/sports/physical activity	44.5	45.3
Change diet/improve eating habits	23.5	22.4
Lose weight	15.7	12.8
Quit smoking/reduce amount smoked	11.4	12.1
Other	4.1	6.5
Don't know	0.7	0.8



Respondents who indicated that they should make changes to improve their physical health (N=287) 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?

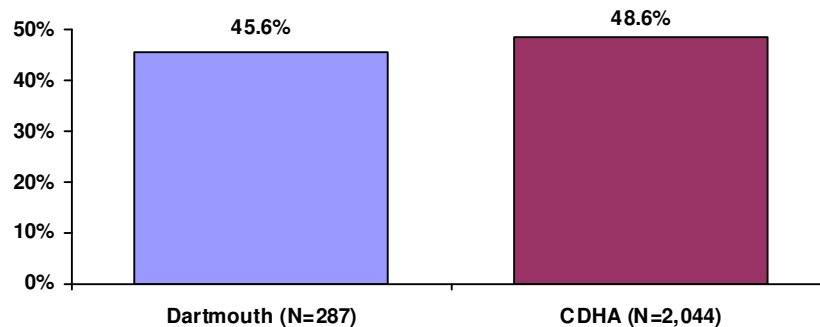
Of respondents who indicated that they should make changes to improve their physical health, 46% reported facing barriers in making improvements. Findings did not differ when analyzed by age or gender.

Certain segments of respondents were likely to face barriers:

- Adults (adults 1: 49%; adults 2: 48%) and seniors (22%) were more likely to report facing barriers compared to youth (60%);
- Those who rated their mental (53%) and oral (57%) health negatively were more likely to face barriers compared to those who provided positive ratings (45% and 44%, respectively); and
- Respondents who have a regular medical doctor (46%) were more likely than their counterparts without a regular medical doctor (33%) to report facing barriers.

No differences were found when analyzed by gender, eye glasses/contact lenses or dental insurance.

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 who reported facing barriers (N=131) were lack of will power/ self discipline (45%) and their work schedule (18%).

Table 8: 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-

	Dartmouth	CDHA
	% (N=131)	% (N=993)
Lack of will power/self discipline	44.9	41.6
Work schedule	17.5	19.8
Lack of time	8.4	7.6
Physical condition	6.0	6.4
Disability/health problem	6.0	7.9
Too costly/financial restraints	5.4	6.0
Too stressed	3.8	3.2
School/homework	1.7	1.3
Family responsibilities	1.5	8.7
Addition to drugs/alcohol	1.5	1.2
Other	10.7	9.2
Don't know	0.7	0.3

*Multiple responses allowed.

No differences were found when analyzed by age category¹⁸.

Table 9: 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=12)	% (N=36)	% (N=75)	% (N=8)
Lack of will power/self discipline	40.7	47.9	42.3	63.2
Work schedule	20.0	11.8	21.6	-
Disability/health problem	-	8.6	5.1	12.0
Lack of time	9.7	8.6	9.0	-
Family responsibilities	-	-	2.6	-
Physical condition	9.7	-	7.7	12.0
Too stressed	-	5.9	3.8	-
Too costly/financial restraints	-	11.2	3.9	-
Weather	-	-	1.3	12.8
School/homework	10.3	2.7	-	-
Other	9.7	8.7	13.0	-
Don't know	-	-	1.3	-

*Multiple responses allowed.

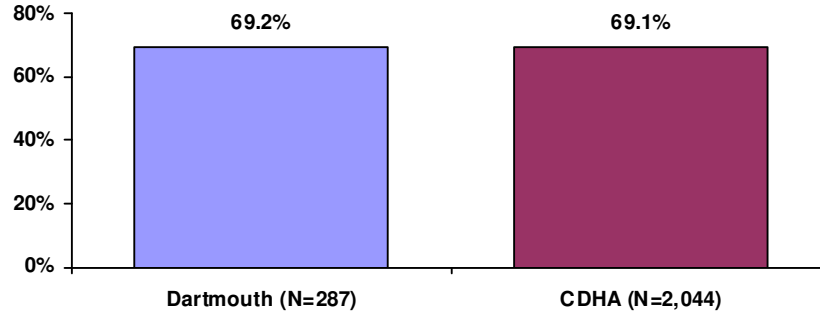
¹⁸ Within this age segmentation, the sample sizes for youth and seniors are less than 30; therefore, findings should be interpreted with caution.



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=287), 69% intended 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 (66%), followed distantly by changing diet/improving eating habits (23%) and losing weight (15%).

Table 10: 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-

	Dartmouth % (N=199)	CDHA % (N=1,413)
Start/Increase exercise/sports/physical activity	65.7	64.7
Change diet/improve eating habits	23.0	22.5
Lose weight	14.7	17.0
Quit smoking/reduce amount smoked	9.9	9.5
Receive medical treatment	2.0	2.6
Other	7.9	6.9
Don't know/Refused	0.6	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 that may be present.

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 11, the problems that respondents most often reported as being very serious in their local community included loss of respect by young people toward the elders (36%), young people getting in trouble with the law because of vandalism or theft (29%), and illegal drug use (26%).

Table 11: Seriousness of Various Issues Facing the Community Today

	<i>Not at all serious</i>	<i>Not too serious</i>	<i>Somewhat serious</i>	<i>Very serious</i>	<i>DK/Ref</i>
	%	%	%	%	%
Loss of respect by young people toward the elders	16.6	10.4	31.3	36.1	5.5
Young people getting in trouble with the law because of vandalism or theft	17.6	13.5	34.4	29.1	5.4
Illegal drug use	22.3	12.4	30.8	26.4	8.1
Alcohol abuse	22.2	15.7	31.0	19.9	11.1
Public fights and disturbances	28.3	19.3	29.8	16.6	5.9
Negligence of children by their parents	29.4	16.2	24.0	15.6	14.8
Sexual abuse of children	33.3	16.5	16.4	14.8	18.9
Physical or verbal violence between husband and wife	29.9	16.8	24.2	12.2	17.0
Suicide among young people	33.3	20.6	21.0	9.7	15.3



6.0 Physical Activity and Body Mass Index¹⁹

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 KKD per day are the most likely to achieve good cardiovascular health²⁰.

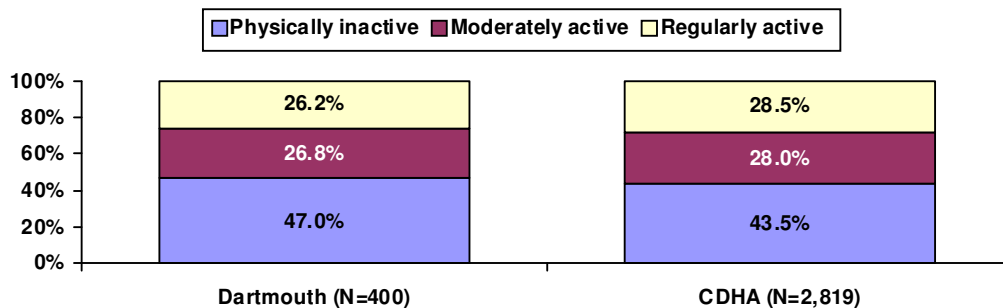
The physical activity index was derived from a series of questions asking respondents what types of activities they have participated in over the past 3 months, the number of times they have participated, and how long they participated in the activities in question. Based on their responses, individuals were categorized into one of three categories²¹:

- Physically inactive: Less than 1.5 KKD per day (or less than 15 minutes of exercise per day);
- Moderately active: Between 1.5 and 2.9 KKD per day (or between 15 and 29 minutes of exercise per day); and
- Regularly active: 3.0 KKD 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-seven percent of respondents were physically inactive, while 27% were moderately active and 26% were regularly active. The most common physical activities included walking for exercise (81%) and gardening or yard work (62%)²².

Figure 18: Physical Activity Levels



¹⁹ Throughout this report, differences between segments are only noted if they are statistically significant.

²⁰ Source: Nova Scotia Department of Health, Physical Activity in Nova Scotia, October 2006.

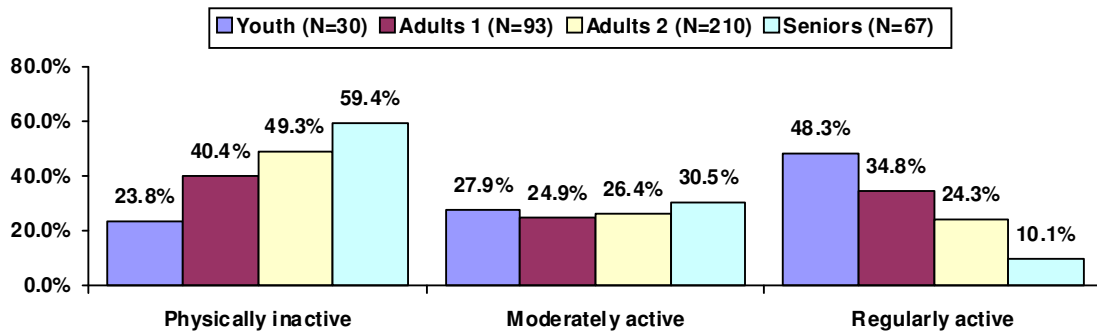
²¹ Source: Nova Scotia Department of Health, Physical Activity in Nova Scotia, October 2006.

²² Multiple responses allowed.



Generally, physical activity levels tended to be similar among males and females. In contrast, activity levels were highest among youth and tended to decline with age. Youth (38%) were more likely than adults 2 (24%) and seniors (10%) to be regularly active. Conversely, seniors (59%) were more likely than adults 1 (40%) and youth (24%) to be physically inactive. Adults 2 were consistent with the average (49%).

Figure 19: Physical Activity Levels by Age Category



Furthermore,

- Respondents who rated their mental (58%) and oral (59%) health negatively were more likely those who rated their mental and oral health positively (46% and 45%, respectively) to be physically inactive; and
- Those that did not have a regular medical doctor (58%) compared to those that did have a regular medical doctor (47%).

No differences were identified when analyzed by employment status or having insurance coverage.

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. Seventeen percent of respondents reported using walking to and from work or school and 3% bicycled.

In total, however, walking still remained a popular form of physical activity, with 83% 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. More specifically, adults 1 (92%) were more likely than adults 2 (83%) and seniors (71%) to walk. The percentage of youth who walked was consistent with the average (80%). No differences were found in the percentage of males and females who walked.

A smaller percentage (18%) 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 (32%), adults 1 (24%), and adults 2 (17%) were more likely than seniors



(6%) to bicycle. Furthermore, bicycling tended to be more common among males (26%) as compared to females (11%).

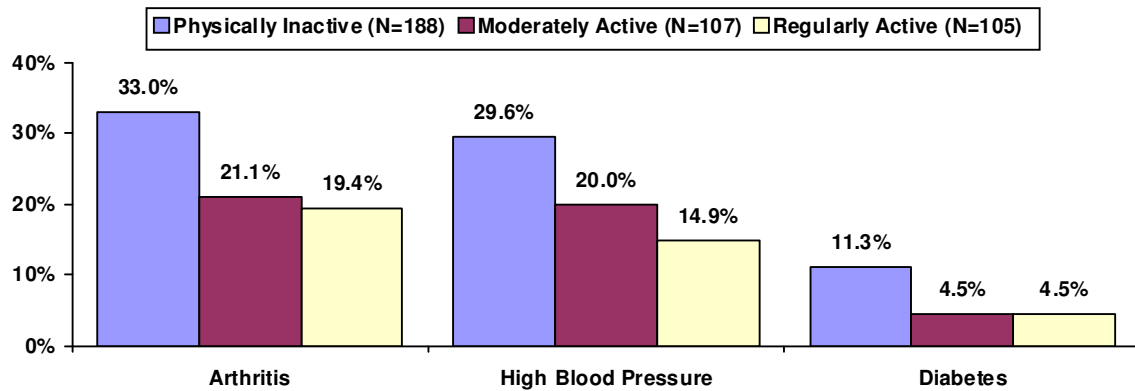
Physical Activity and Health

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 pressure²³.

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

- Respondents who were physically inactive (33%) were more likely to have arthritis than respondents who were moderately active (21%) or regularly active (20%);
- Respondents who were physically inactive (30%) were more likely to have high blood pressure compared to respondents who were regularly active (15%); and
- Respondents who were physically inactive (11%) were more likely to have diabetes than respondents who were moderately active (5%) or regularly active (5%).

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



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

²³ Source: Nova Scotia Department of Health, Physical Activity in Nova Scotia, October 2006.



Sedentary Activities

Respondents from Dartmouth were also asked about sedentary activities over the past 3 months. Sedentary activities are defined as activities not at work or school.

In a typical week in the past 3 months, how much time did you usually spend...

As shown in Table 12, the most common sedentary activity among respondents was watching television/videos, with 19% doing so more than 20 hours a week. This was followed by computer use, with 11% doing so more than 20 hours a week.

Table 12: Amount of Time Spent Participating in Various Sedentary Activities (N=400)

	None	< 1 hour	1-2 hours	3-5 hours	6-10 hours	11-14 hours	15-20 hours	> 20 hours	DK/Ref
	%	%	%	%	%	%	%	%	%
On a computer	16.3	4.5	19.7	19.2	17.6	7.1	4.5	10.9	0.2
Watching television/videos	1.8	1.4	8.2	20.8	23.7	12.1	12.6	19.1	0.4
Reading	9.4	7.2	17.9	20.1	23.4	7.6	5.1	8.7	0.5
Playing video games*	46.9	7.7	12.2	4.1	4.1	16.6	-	8.3	-

*Only respondents 19 years of age or younger were asked about video games (N=30).

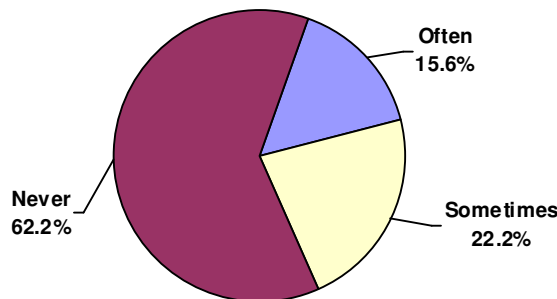
Restriction of Activities

As another assessment of physical activity, respondents were asked about any current activity limitations they may face as a result of a long-term health condition or problem. Long-term conditions are defined by the CCHS as conditions that have already lasted or are expected to last six months or more.

Do you have any difficulty hearing, seeing, communicating, learning, walking, climbing stairs, bending, or doing any other similar activities?

As shown in Figure 21, 38% of respondents *often* or *sometimes* experience difficulty hearing, seeing, communicating, learning, walking, climbing stairs, bending, or doing any other similar activity.

Figure 21: Percentage of Respondents Experiencing Difficulty Hearing, Seeing, Communicating, Learning, Walking, Climbing Stairs, Bending or Doing Any Other Similar Activity (N=400)





Seniors (47%) and adults 2 (41%) were most likely to report that they *often* or *sometimes* experience difficulty with these activities. Indeed, respondents from these age groups were more likely to experience difficulty than adults 1 (28%) and youth (16%). No differences were found between males and females.

Please tell me if a long-term physical condition or mental condition or health problem "often", "sometimes", or "never" reduces the amount or kind of activity that you can do at home, at school, at work, or in other activities, for example, transportation or leisure?

As shown below, the most common activities that respondents *often* or *sometimes* experienced difficulty with included activities at home (30%) or other activities such as transportation or leisure (27%).

Table 13: Percentage of Respondents Who Experience Difficulty in Various Activities as a Result of a Long-Term Condition or Health Problem (N=400)

	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>	<i>DK/Ref</i>
	%	%	%	%
At home	10.2	19.9	69.7	0.2
At school	1.7	3.8	88.4	5.6
At work	6.6	9.4	81.8	2.2
In other activities, for example, transportation or leisure	9.7	17.6	71.7	0.9

Which of the following is the best description of the cause of this condition?

Respondents who experienced difficulties in activities most commonly identified the cause of the condition as disease/illness (31%) or ageing (20%).

Table 14: Cause of the Condition -Of respondents who experience difficulty in various activities as a result of a long-term condition or health problem-

	% (N=184)
Disease or illness	30.8
Ageing	19.6
Accident at work	7.4
Existed from birth or genetic	7.0
Other type of accident	5.0
Work conditions	4.7
Motor vehicle accident	3.8
Emotional or mental health problem	3.8
Accident at home	3.7
Other	6.3
Don't know/Refused	8.0



Because of any physical condition or mental condition or health problem, do you need the help of another person: When preparing meals? With getting to appointments and running errands such as shopping for groceries? With doing everyday housework? With personal care such as washing, dressing, eating, or taking medication? With moving about inside the house? With looking after your personal finances such as making bank transactions or paying bills?

The most common activities that respondents reported needing help with included everyday housework (8%) and getting to appointments/running errands (6%).

Table 15: Percentage of Respondents Needing Help (N=400)

	%
With doing everyday housework	8.2
With getting to appointments and running errands such as shopping for groceries	6.4
When preparing meals	3.0
With moving about inside the house	2.9
With looking after personal finances such as making bank transactions or paying bills	2.9
With personal care such as washing, dressing, eating, or taking medication	1.4



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 weight²⁴.

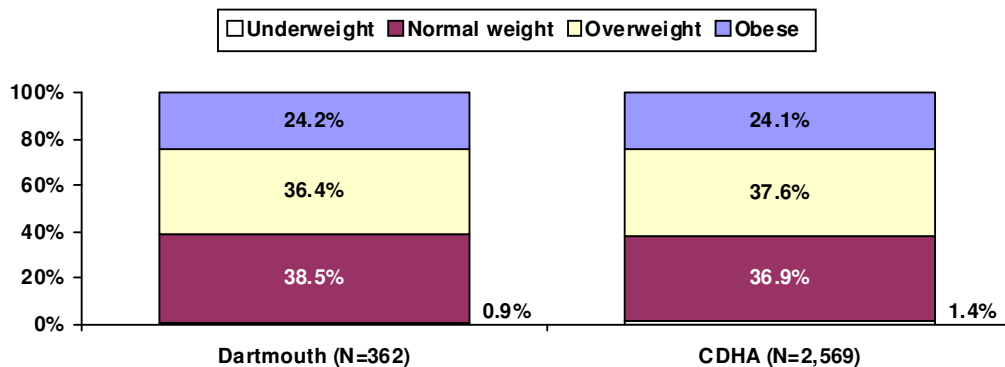
BMI was calculated for respondents aged 18 years or older (excluding pregnant females) based on self-reported height and weight, using the formula weight (kg)/height (m²). Based on their BMI score, respondents were placed into one of four weight categories²⁵:

- 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?

Six in ten respondents aged 18 years or older (61%), excluding pregnant females, were classified as overweight or obese, while 39% were of normal weight and 1% were underweight.

Figure 22: BMI Classifications –Of respondents aged 18 years or older, excluding pregnant females-



Furthermore,

- Adults (adults 1: 55%; adults 2: 61%) and seniors (71%) were more likely than youth (34%) to be overweight or obese;
- Males (67%) were more likely than females (55%) to be overweight or obese;
- Respondents with negative oral (71%) or general (70%) health ratings compared to those with positive health ratings (59% and 59%, respectively); and
- Those that did have a regular medical doctor (61%) were more likely than those without a regular medical doctor (50%) to be overweight or obese.

²⁴ Source: Centers for Disease Control and Prevention, www.cdc.gov.

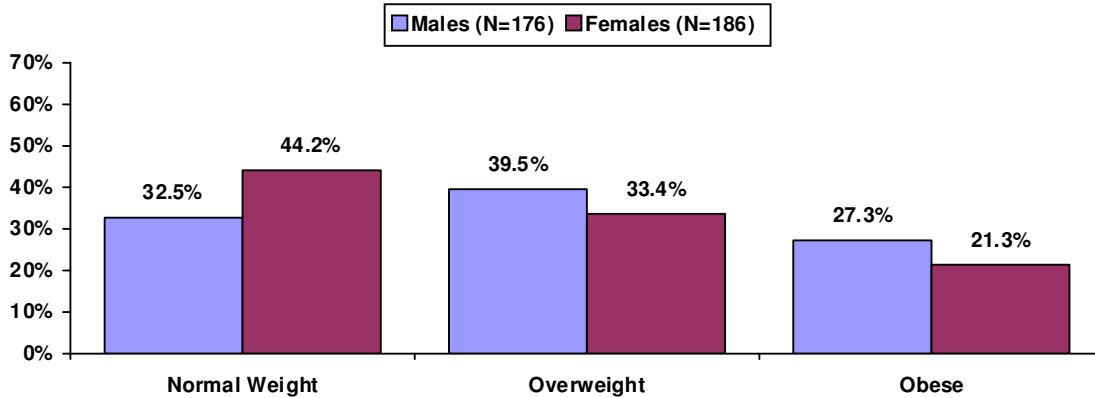
²⁵ Source: Centers for Disease Control and Prevention, www.cdc.gov.



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

BMI classifications generally did not differ by age. However, females (44%) were more likely to be of normal weight as compared to males (33%). Conversely, males (67%) were more likely than females (55%) to be overweight or obese.

Figure 23: BMI Classifications by Gender -Excluding respondents classified as underweight-

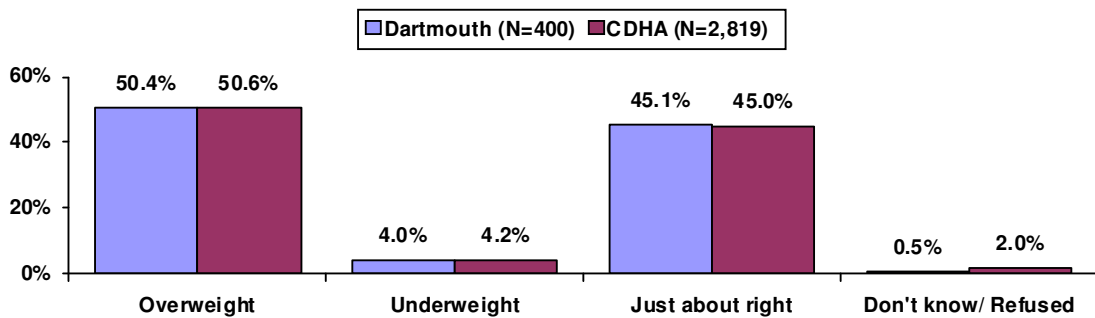


Do you consider yourself overweight, underweight, or just about right?

Interestingly, when asked what they thought about their own weight, 45% of respondents thought that it was *just about right*, while 50% perceived themselves as being overweight.

Of those respondents who were defined by the BMI as overweight or obese (N=220), approximately one-quarter (34%) thought that their weight was *just about right*.

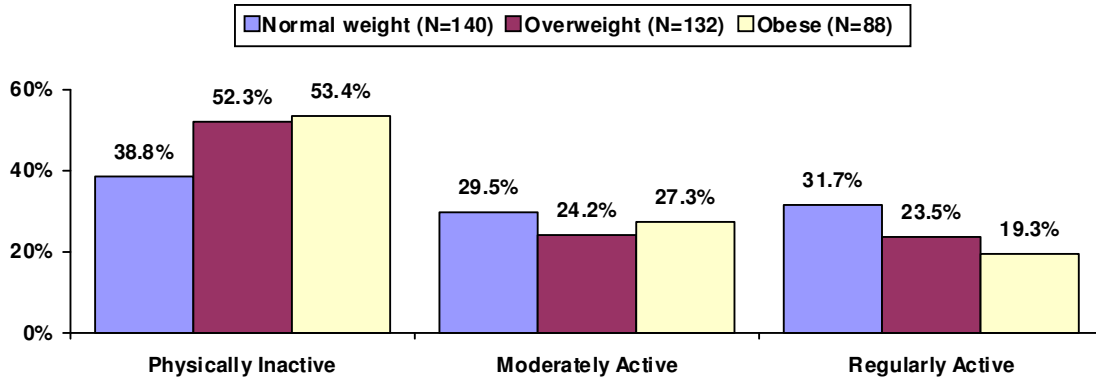
Figure 24: Self-Perception of Own Weight





Supporting the relationship between physical activity and BMI, respondents who were obese (53%) or overweight (52%) were more likely to be physically inactive than those who were of normal weight (39%).

Figure 25: Physical Activity Levels by BMI Classifications -Excluding respondents classified as underweight-

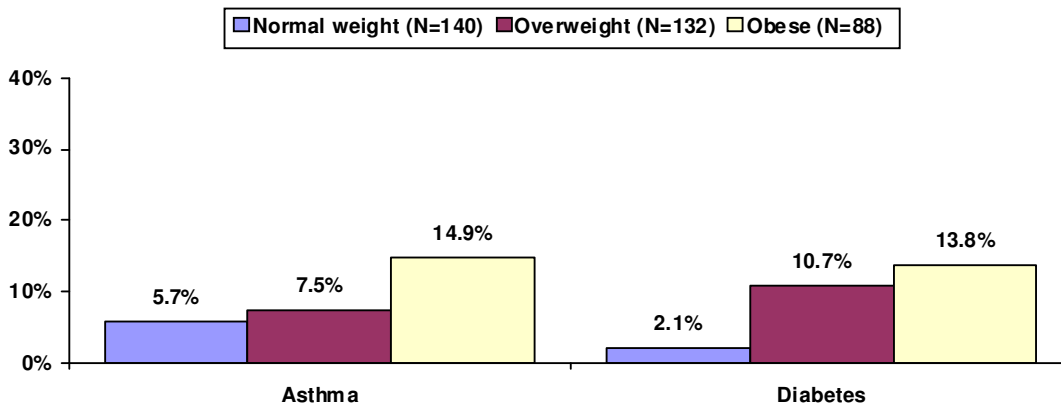


Body Mass Index and Health

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

- Respondents who were obese (15%) were more likely to have asthma than respondents who were overweight (8%) and respondents who were of normal weight (6%); and
- Respondents who were obese (14%) or overweight (11%) were more likely to have diabetes than respondents who were of normal weight (2%).

Figure 26: Prevalence of Asthma and Diabetes by BMI Classifications -Excluding respondents classified as underweight-

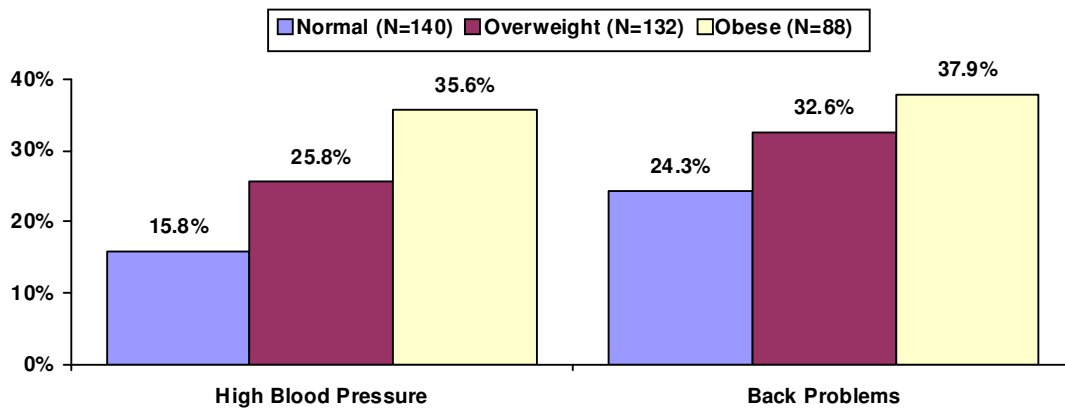




Furthermore, BMI classifications were related to the prevalence of other conditions:

- Respondents who were obese (36%) or overweight (26%) were most likely to have high blood pressure, followed by respondents who were of normal weight (16%); and
- Respondents who were obese (38%) were more likely to have back problems than respondents who were of normal weight (24%).

Figure 27: Prevalence of High Blood Pressure and Back Problems by BMI Classifications -Excluding respondents classified as underweight-



No relationship was found between BMI classifications and arthritis or heart disease.



7.0 Healthy Eating²⁶

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 conditions²⁷.

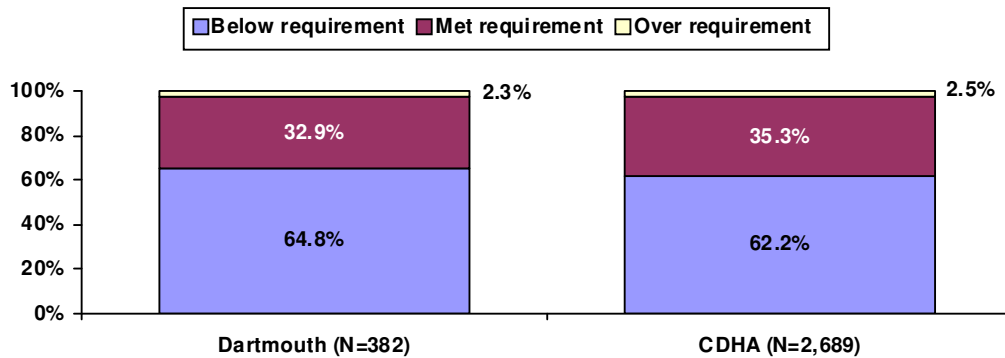
To determine daily fruit and vegetable consumption, respondents were asked to indicate the number of daily servings they consume of fruit juice, fruit, green salad, potatoes, carrots, and other vegetables. Based on their responses, individuals were categorized into one of three categories²⁸:

- 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?

Sixty-five percent of respondents 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 28: Fruit and Vegetable Consumption

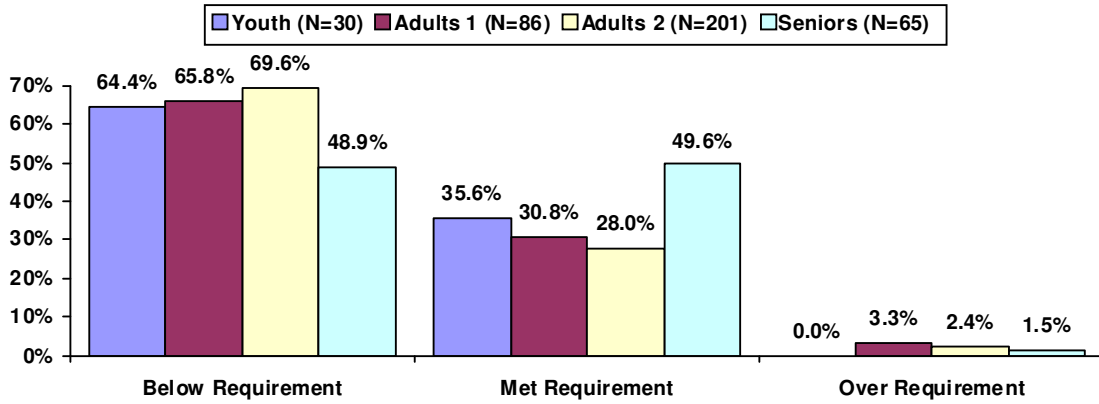


²⁶ Throughout this report, differences between segments are only noted if they are statistically significant.
²⁷ Source: Nova Scotia Department of Health, Fruit and Vegetable Consumption in Nova Scotia, September 2004.
²⁸ Source: Nova Scotia Department of Health, Fruit and Vegetable Consumption in Nova Scotia, September 2004.



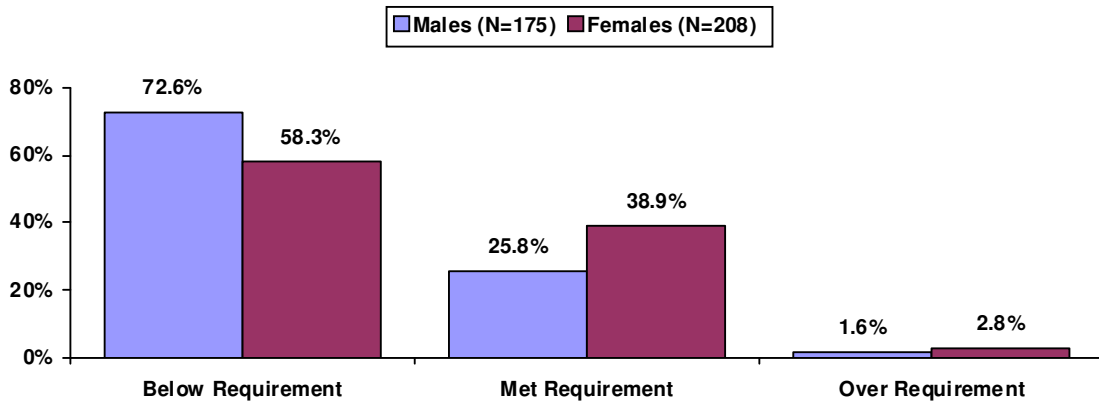
In terms of age, adults (adults 1: 66%; adults 2: 70%) were more likely than seniors (49%) to not meet the consumption requirements of fruit and vegetables. The percentage of youth not meeting the daily requirements was consistent with the average at 64%.

Figure 29: Fruit and Vegetable Consumption by Age Category



Furthermore, males (73%) were more likely than females (58%) to not meet the consumption requirements of fruit and vegetables.

Figure 30: Fruit and Vegetable Consumption by Gender





There appears to be a relationship between fruit and vegetable consumption and other aspects of a healthy lifestyle. For example, smokers were more likely than non-smokers to not consume the recommended²⁹ daily servings of fruit and vegetables (79% and 61%, respectively). No relationship was found between fruit and vegetable consumption and physical activity levels.

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 16, almost all respondents (98%) felt they and others in their household always had enough to eat – 80% felt they had enough of the kinds of foods they wanted, while the remaining 18% felt they had enough food, but not always the kind of food they wanted. Two percent of respondents felt they or others did not have enough to eat.

Table 16: Assessment of Household Food Consumption over the Past 12 Months

	Dartmouth	CDHA
	% (N=400)	% (N=2,819)
You and others always had enough of the kinds of food you wanted to eat	79.8	80.3
You and others had enough to eat, but not always the kinds of food you wanted	18.1	17.7
Sometimes you and others did not have enough to eat	1.7	1.3
Often, you and others did not have enough to eat	0.5	0.5
Don't know	-	0.2

Furthermore, seniors (91%) and adults 2 (81%) were more likely than adults 1 (70%) to feel they and others always had enough of the kinds of foods they wanted over the past 12 months.

Table 17: Assessment of Household Food Consumption over the Past 12 Months by Age Category

	Youth	Adults 1	Adults 2	Seniors
	% (N=30)	% (N=93)	% (N=210)	% (N=67)
You and others always had enough of the kinds of food you wanted to eat	73.3	69.9	81.4	91.0
You and others had enough to eat, but not always the kinds of food you wanted	26.7	29.0	14.8	9.0
Sometimes you and others did not have enough to eat	-	1.1	2.9	2.9
Often, you and others did not have enough to eat	-	-	1.0	1.0

²⁹ Recommended: Includes the categories of "met requirement" and "over requirement".



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 12% 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 difficulty ranged from 88% for the inability to make food last until money was available to purchase more to 90% for the inability to make food last when there was not any money to buy more *as well as* the inability to afford to eat balanced meals.

Table 18: Assessment of Household Food Situation over the Past 12 Months

	Dartmouth % (N=400)				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	2.5	9.3	88.2	-	1.7	7.2	91.1	0.1
The food that you and others bought just didn't last, and there wasn't any money to get more	3.1	6.4	90.2	0.2	1.6	5.3	92.9	0.3
You and others just couldn't afford to eat balanced meals	2.7	7.7	89.6	-	2.8	6.5	90.6	0.1



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 19, at least 4% of respondents *have* experienced some type of food situation difficulty for the children in their household over the past 12 months, while the majority of respondents did not experience any difficulties in their household over the past 12 months. More specifically, the percentage of respondents who *never* experienced difficulty ranged from 86% for the inability to afford to feed children balanced meals to 92% for a reliance on low-cost food to feed children.

Table 19: Assessment of Food Situation over the Past 12 Months for Households with Children

	Dartmouth					CDHA				
	N	%				N	%			
		Often	Sometimes	Never	DK/Ref		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	251	0.4	3.2	91.9	4.6	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	341	0.9	1.8	85.6	11.7	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	342	0.3	1.5	86.6	11.6	2,361	0.1	0.9	88.3	10.7



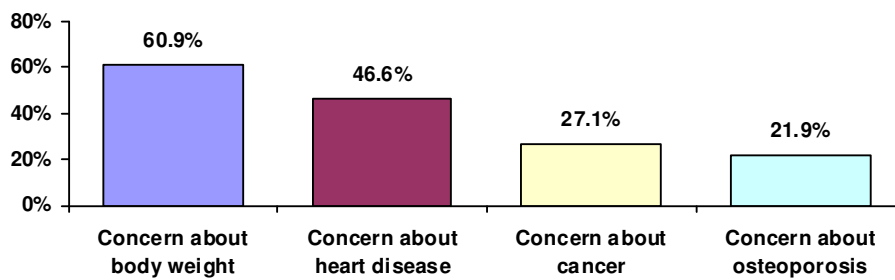
7.3 FOOD CHOICES

Respondents from Dartmouth 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 (61%), followed by concerns about heart disease (47%).

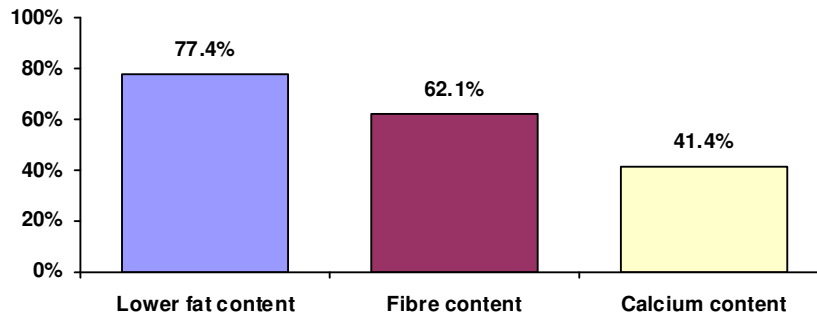
Figure 31: Reasons for Choosing Certain Foods or Avoiding Others (N=400)



Do you choose certain foods because of.....

Lower fat content was identified as the most common reason for *choosing* certain foods (77%), followed by fibre content at 62% and calcium content at 41%.

Figure 32: Reasons for Choosing Certain Foods (N=400)

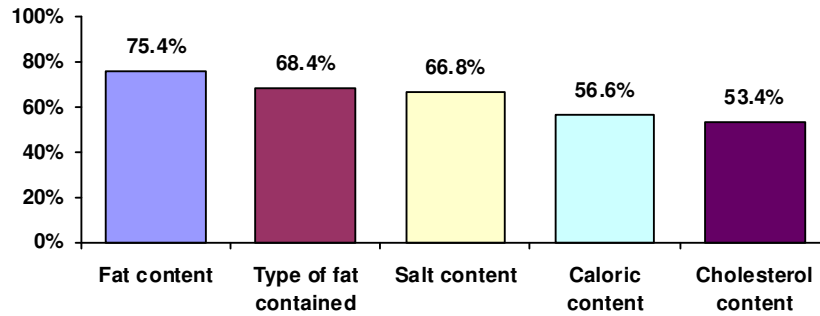




Do you avoid certain foods because of.....

Fat content was also identified as the most common reason for *avoiding* certain foods (75%). Other popular reasons for avoiding certain foods included the type of fat contained (68%), salt (67%), caloric (57%) and cholesterol content (53%).

Figure 33: Reasons for Avoiding Certain Foods (N=400)





8.0 Sexual Health³⁰

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 protecting against sexually transmitted diseases.

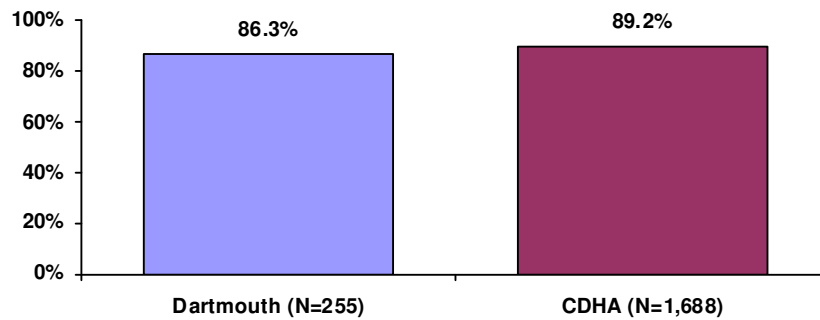
8.1 SEXUAL ACTIVITY

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

Eighty-six percent of respondents aged 15 to 49 years have had sexual intercourse at least once in their lifetime.

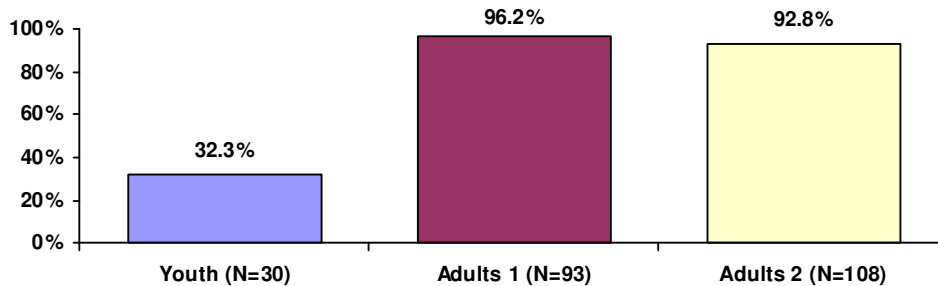
On average, respondents between the ages of 15 and 49 who have ever had sexual intercourse were 17 years old (N=184) at the time of their first experience.

Figure 34: 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 (93%) and adults 1 (96%) were more likely than youth (32%) to have ever had sexual intercourse. Lifetime sexual activity did not differ based on gender.

Figure 35: Percentage of Respondents Who Have Ever Had Sexual Intercourse by Age Category -Of respondents between the ages of 15 and 49-



³⁰ Throughout this report, differences between segments are only noted if they are statistically significant.

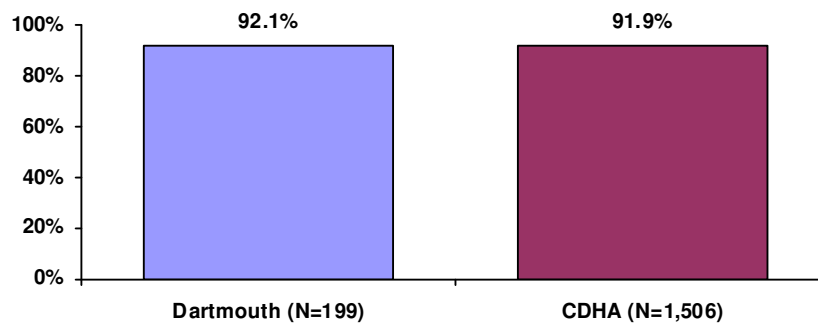


In the past 12 months, have you had sexual intercourse? With how many different partners?

Of those respondents between the ages of 15 and 49 who have ever had sexual intercourse (N=199), the majority (92%) 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=184), 92% have had one partner during this time period, while 3% have had two partners, and 5% have had three or more partners.

Figure 36: 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=199), 12% have ever been diagnosed with a sexually transmitted disease, similar to the district level (9%). Females (17%) were more likely than males (6%) to be diagnosed with a sexually transmitted disease. Diagnosis of a sexually transmitted disease did not differ by age.

Three in ten respondents aged 15 to 49 years who have ever had sexual intercourse (30%) protected themselves against sexually transmitted diseases by using a condom the last time they had sexual intercourse, again similar to the district overall (29%). Youth (87%) were most likely to have used a condom the last time they had sexual intercourse, followed by adults 1 (38%) and adults 2 (18%)³¹. Condom use was also more frequent among males (38%) as compared to females (23%). Furthermore, single respondents (68%) were more likely to engage in condom use compared to those who were living common-law (16%) or married (13%).

³¹ 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 (17 out of 18 males, 11 out of 11 females) agreed³² that it is important to avoid pregnancy right now³³.

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=25) reported using birth control in the past 12 months³⁴. Birth control use did not differ by age or gender.

³² Agreed: Includes the categories of "strongly agree" and "agree".

³³ **Sample sizes by gender are less than 30; findings should be interpreted with caution.**

³⁴ **Sample size is less than 30; findings should be interpreted with caution.**



9.0 Smoking and Alcohol Use³⁵

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.

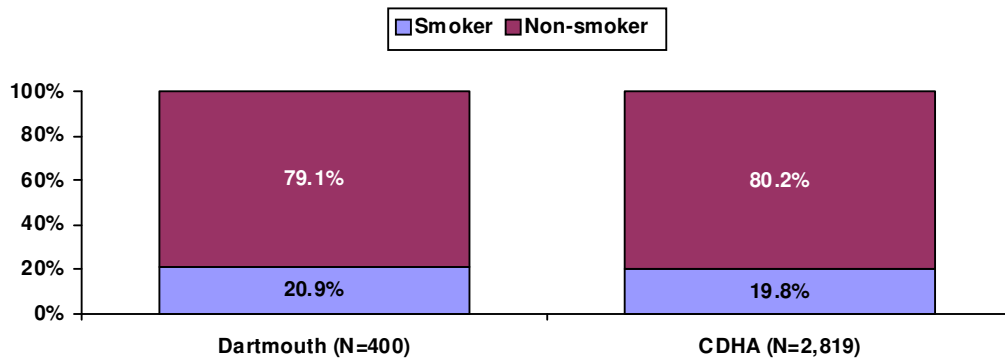
9.1 SMOKING STATUS

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

About two in ten respondents (21%) reported that they currently smoke. Adults (adults 1: 25%; adults 2: 24%) were more likely than seniors (12%) to currently smoke. The percentage of youth smokers was consistent with the average at 12%. Smoking status generally did not differ when analyzed by gender.

Of those respondents who smoke (N=84), 83% were daily smokers, while the remaining 17% were occasional smokers.

Figure 37: 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=69), 50% smoked less than 15 cigarettes per day, 28% smoked between 15 and 24 cigarettes per day, and 20% smoked 25 or more cigarettes per day. On average, daily smokers smoked 15 cigarettes per day.

Of occasional smokers (N=14), all (100%) smoked less than 15 cigarettes per day and smoked an average of 3 cigarettes per day³⁶.

³⁵ Throughout this report, differences between segments are only noted if they are statistically significant.

³⁶ **Sample sizes are less than 30; findings should be interpreted with caution.**



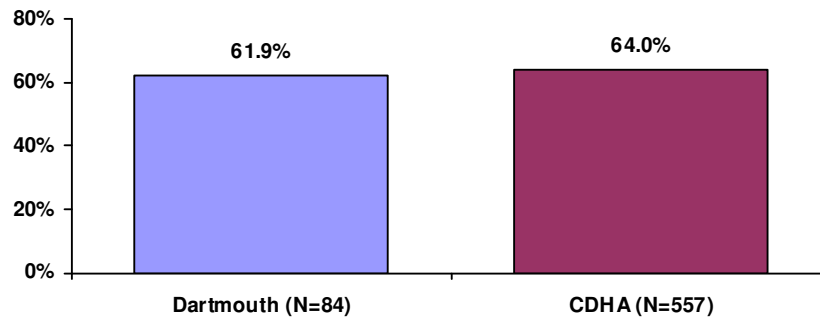
9.2 STAGES OF CHANGE

Current daily and occasional smokers (N=84) 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?

Thirty-eight percent of respondents do not have serious intentions of quitting smoking within the next six months, while 62% indicated a serious desire to quit. Of respondents who intend to quit (N=52), 44% indicated a serious desire to quit within the next 30 days.

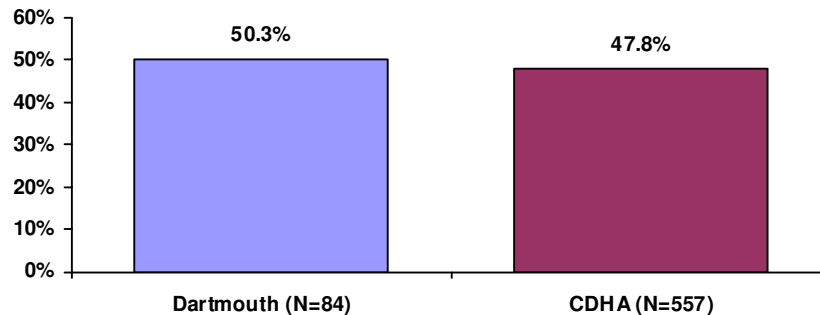
Figure 38: **Considering Quitting within the Next Six Months –Of respondents who currently smoke daily or occasionally-**



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=84), one-half (50%) have stopped smoking for at least 24 hours in the past 12 months because of a desire to quit smoking. Of these respondents (N=42), 43% stopped once, 18% stopped twice, 7% stopped three times and 27% stopped at least four times.

Figure 39: **Percentage of Respondents Who Stopped Smoking for at Least 24 Hours in the Past 12 Months –Of respondents who currently smoke daily or occasionally-**





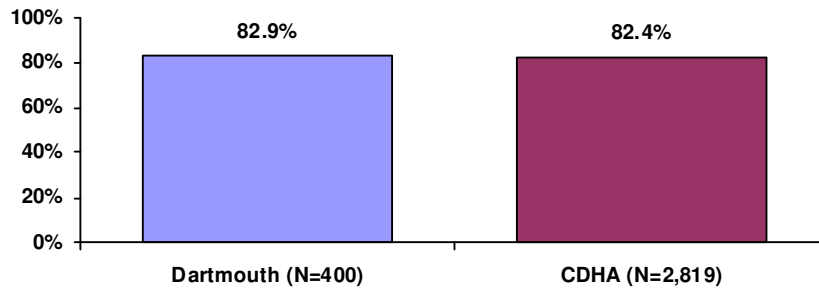
9.3 ALCOHOL USE

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 (83%) have had a drink of alcohol in the past 12 months. Past year alcohol consumption tended to be higher for adults (adults 1: 95%; adults 2: 84%) than for youth (60%) and seniors (71%). Past year alcohol consumption did not differ when analyzed by gender. However, of importance, 50% of those under the legal drinking age (15-18) have had at least one drink of alcohol in the past 12 months³⁷.

Figure 40: Alcohol Consumption over the Past 12 Months



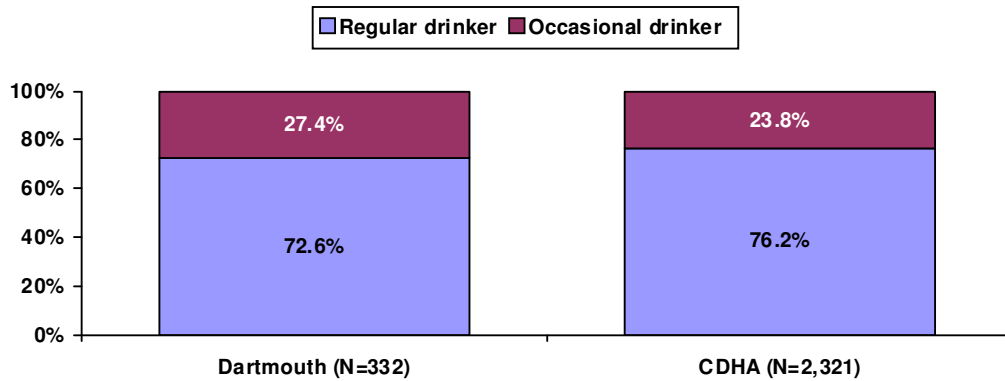
³⁷ Within this age segmentation, the sample size for youth is less than 30, therefore, findings should be interpreted with caution.



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

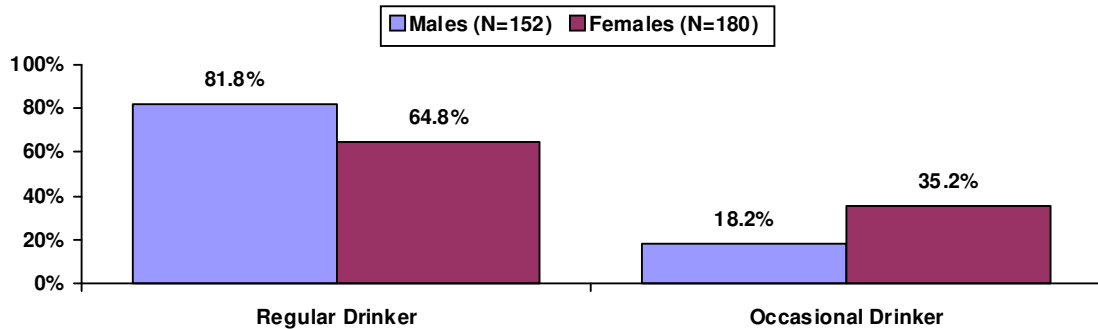
Of those respondents who have had a drink of alcohol in the past 12 months (N=332), almost three-quarters (73%) were regular drinkers, while the remaining 27% were occasional drinkers³⁸.

Figure 41: Type of Drinker –Of respondents who have consumed alcohol over the past 12 months-



When analyzed by gender, it was found that males (82%) were more likely than females (65%) to be classified as regular drinkers. Conversely, females (35%) were more likely than males (18%) to be classified as occasional drinkers. No differences were found by age.

Figure 42: Type of Drinker by Gender -Of respondents who have consumed alcohol over the past 12 months-



³⁸ 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.



With regard to frequency of consumption, 27% of those who consumed alcohol over the past 12 months did so less than once a month, 20% did so 2 to 3 times a month, 18% did so 2 to 3 times a week and 16% did so once a week.

Table 20: Frequency of Alcoholic Beverage Consumption –Of respondents who consumed alcohol over the past 12 months-

	Dartmouth	CDHA
	% (N=332)	% (N=2,321)
Less than once a month	27.4	23.8
Once a month	11.0	11.7
2 to 3 times a month	19.6	19.0
Once a week	15.6	16.3
2 to 3 times a week	17.9	19.5
4 to 6 times a week	3.3	5.0
Everyday	5.2	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=332) were also asked to identify the frequency with which they consumed 5 or more alcoholic beverages on one occasion. Forty-four percent indicated they *never* engaged in this practice, while 31% did so less than once a month.

Table 21: Frequency of Consuming 5 or More Alcoholic Beverages on One Occasion –Of respondents who consumed alcohol over the past 12 months-

	Dartmouth	CDHA
	% (N=332)	% (N=2,321)
Never	44.3	44.8
Less than once a month	30.6	26.7
Once a month	8.9	10.6
2 to 3 times a month	8.7	8.8
Once a week	4.2	5.2
More than once a week	2.9	3.7
Don't know/Refused	0.3	0.3

By gender, males (11%) were more likely than females (5%) to report drinking 5 or more drinks once a week or more often. In contrast, females (54%) were more likely than males (32%) to *never* consume 5 or more drinks on one occasion.

Table 22: 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=152)	% (N=180)
Never	31.6	54.4
Less than once a month	30.9	30.6
Once a month	13.2	5.6
2 to 3 times a month	13.2	5.0
Once a week	5.9	2.8
More than once a week	4.6	1.7
Don't know/Refused	0.7	-



Seniors (79%) were more likely to *never* consume 5 or more drinks on one occasion compared to all other age categories (youth: 41%; adults 1: 28%; adults 2: 44%). 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 age³⁹.

Table 23: 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=17)	% (N=88)	% (N=177)	% (N=48)
Never	41.2	28.4	43.5	79.2
Less than once a month	41.2	37.5	30.5	14.6
Once a month	5.9	15.9	7.3	2.1
2 to 3 times a month	11.8	11.4	9.0	-
Once a week	-	4.5	5.1	2.1
More than once a week	-	2.3	4.0	2.1
Don't know/Refused	-	-	0.6	-

Furthermore,

- Adults (adults 1: 8%; adults 2: 9%) were more likely than youth (0%) to consume 5 or more alcoholic beverages at least once a week; and
- Those without a regular medical doctor (30%) were more likely to have consumed 5 or more alcoholic beverages at least once a week compared to those with a regular medical doctor (7%).

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

³⁹ Within this age segmentation, the sample size for youth is less than 30, therefore, findings should be interpreted with caution.



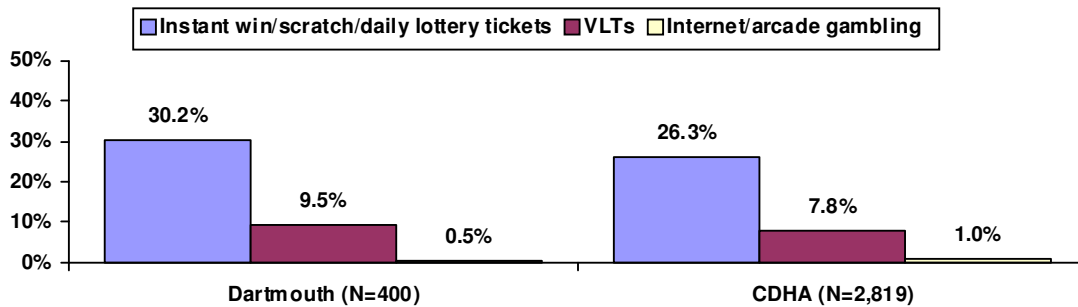
10.0 Problem Gambling⁴⁰

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 43, 30% of respondents bet or spent money on instant win, scratch or daily lottery tickets at least once over the past 12 months, while 10% played VLTs and 1% participated in internet or arcade gambling.

Figure 43: Participation in Various Gambling Activities over the Past 12 Months



When analyzed by gender no differences were found regarding the purchase of instant win/scratch/daily lottery tickets. However, in terms of age, purchase tended to be higher among adults (adults 1: 38%; adults 2: 33%) as compared to seniors (20%) and youth (8%).

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

⁴⁰ 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 24 presents the frequency of participation in instant win, scratch, or daily lottery tickets among those who purchased them in the past 12 months. As indicated, 59% of respondents who play these tickets do so once a month or less frequently. Most VLT play also tended to occur once a month or less frequently.

Table 24: 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-

	Dartmouth			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=121)	% (N=38)	% (N=38)	% (N=740)	% (N=221)	% (N=221)
Daily	1.0	-	-	1.0	-	-
About 2 to 6 times a week	12.0	10.6	10.2	8.4	5.5	0.6
About once a week	16.2	-	-	16.4	5.0	2.9
Between 2 to 3 times a month	10.6	7.6	3.1	12.9	6.9	1.2
About once a month	20.5	10.7	5.7	20.2	11.5	3.9
Between 6 and 11 times a year	5.8	10.7	8.1	10.3	7.8	4.3
Between 1 and 5 times a year	32.2	34.9	46.7	29.6	42.0	45.9
Never	-	10.2	26.3	-	10.6	39.7
Don't know/Refused	1.6	15.3	-	1.0	10.7	1.4

Of the two respondents who participated in Internet or arcade gambling over the past 12 months, one reported playing about once a month and one reported 1 to 5 times a year⁴¹.

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=135), over one-half (55%) spent \$50 or less on all gambling activities.

Table 25: 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-

	Dartmouth	CDHA
	% (N=135)	% (N=853)
Between \$1 and \$50	54.7	52.9
Between \$51 and \$100	15.5	16.9
Between \$101 and \$250	13.5	14.8
Between \$251 and \$500	12.4	7.9
Between \$501 and \$1,000	1.6	3.4
More than \$1,000	2.3	3.2
Don't know	-	0.9

⁴¹ Sample sizes for Internet/arcade gambling are less than 30; findings should be interpreted with caution.



By gender, males (25%) were more likely than females (10%) to have spent at least \$250 on gambling activities over the past 12 months.

Table 26: 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=78)
Between \$1 and \$50	42.1	64.1
Between \$51 and \$100	19.3	12.8
Between \$101 and \$250	14.0	12.8
Between \$251 and \$500	21.1	6.4
Between \$501 and \$1,000	1.8	1.3
More than \$1,000	1.8	2.6

When analyzed by age category, youth (100%) were more likely than adults 2 (48%) to spend \$50 or less on gambling activities in the past year⁴².

Table 27: 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=4)	% (N=35)	% (N=80)	% (N=15)
Between \$1 and \$50	100.0	65.7	47.5	60.0
Between \$51 and \$100	-	14.3	17.5	13.3
Between \$101 and \$250	-	8.6	16.3	13.3
Between \$251 and \$500	-	5.7	16.3	6.7
Between \$501 and \$1,000	-	2.9	1.3	-
More than \$1,000	-	2.9	1.3	6.7

Furthermore,

- Adults (adults 1: 12%; adults 2: 19%) and seniors (13%) were more likely than youth (0%) to spend \$250 or more on gambling activities in the past 12 months;
- Males (25%) were more likely than females (10%) to report such behavior;
- Respondents who had negative oral health ratings (24%) were more likely to spend \$250 or more in the past year on gambling activities than their counterparts (15%); and
- Respondents who did not have a regular medical doctor (33%) were more likely to spend \$250 or more in the past 12 months on gambling activities than those with a regular medical doctor (16%); and

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

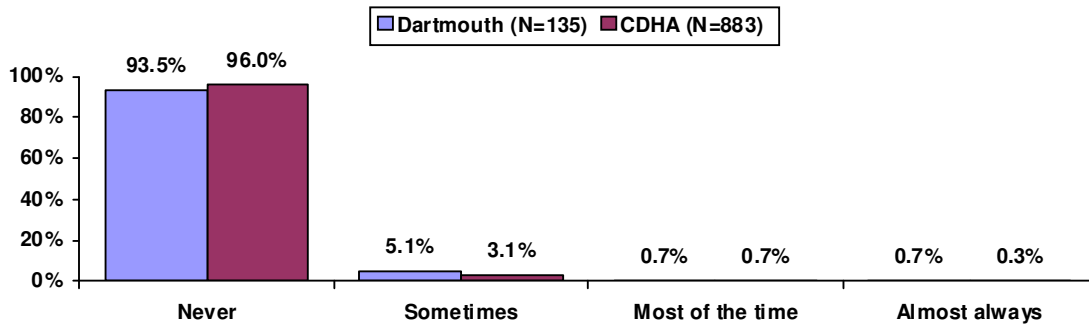
⁴² Within this age segmentation, the sample sizes for youth and seniors are less than 30, therefore, findings should be interpreted with caution.



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 played either instant win, scratch or daily lottery tickets, VLTs or Internet or arcade gambling at least once over the past 12 months (N=135), almost all (94%) felt that gambling has *never* caused them any health problems, such as stress or anxiety, while the remaining 6% have experienced health issues.

Figure 44: 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 Use⁴³

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 services⁴⁴ is provided below.

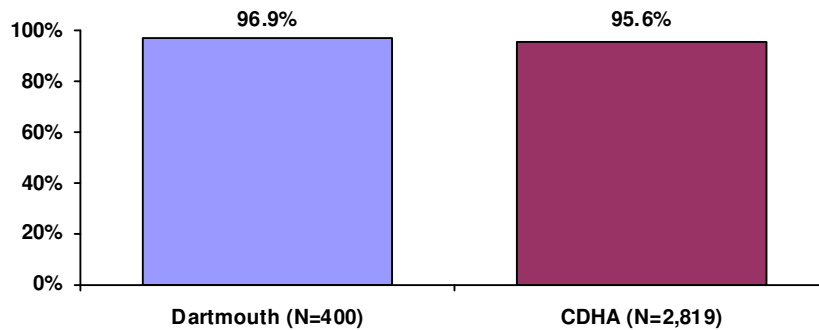
11.1 HEALTH CARE UTILIZATION

Contact With Various Health Care Professionals

Do you have a regular medical doctor?

The majority of respondents (97%) did have a regular medical doctor. However, three percent of respondents did not have a regular medical doctor at the time of the survey completion. Females (100%) were more likely than males (94%) to have a regular medical doctor. In contrast, likelihood of having a regular medical doctor generally did not differ by age, education, employment status, or insurance coverage.

Figure 45: Percentage of Respondents with a Regular Medical Doctor



Why do you not have a regular medical doctor?

Of respondents who do not have a regular medical doctor or did not provide a response (N=12), the most common reasons included have not tried to contact one (n=6), had a medical doctor who left or retired (n=2), and in the military (n=2). Other reasons included, no medical doctors in the area (n=1), medical doctors are not taking new patients (n=1), and don't like doctors/didn't like the one I had (n=1)⁴⁵.

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

⁴⁴ Only respondents aged 18 years or older were asked about home care services.

⁴⁵ 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 the 12 respondents who do not have a regular medical doctor, most (n=8) have a place to go when they are sick or need advice about their health. The places identified most often include a doctor's office (n=3), a hospital emergency room (n=2), walk-in clinic (n=1) and other mentions (n=2)⁴⁶.

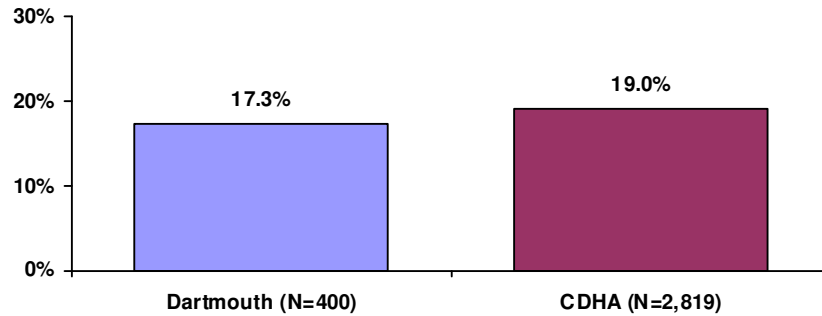
Community-Based Care

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?

Seventeen percent of respondents have received some type of community-based care within the past 12 months. Females (22%) were more likely than males (12%) to have received some type of community-based care within the last 12 months. The likelihood of receiving community-based care did not differ by age.

Figure 46: Percentage of Respondents Who Received Community-Based Care within the Past 12 Months



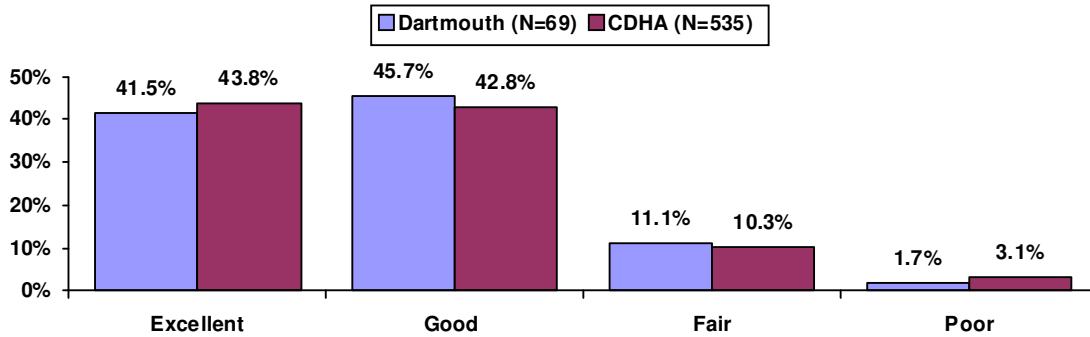
⁴⁶ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**



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=69), the majority perceived the quality of care they received to be *good* (46%) or *excellent* (42%), while 13% perceived it as *fair* or *poor*.

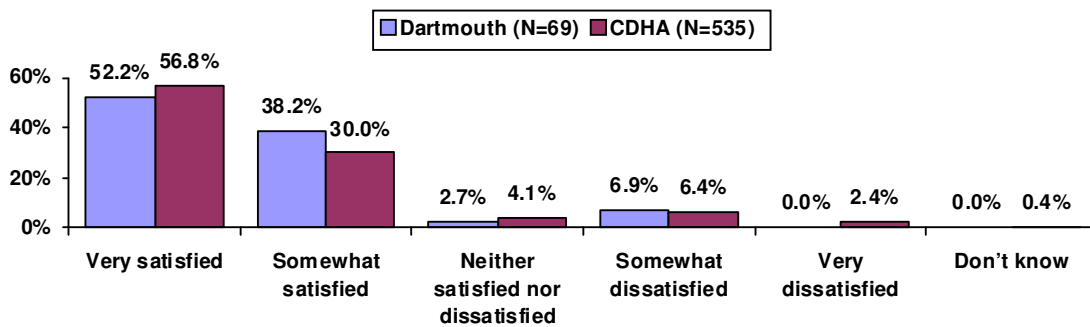
Figure 47: Perceived Quality of Community-Based Care –Of respondents who have received community-based care over the past 12 months-



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 of respondents were *somewhat* (38%) or *very* satisfied (52%) with the community-based care they received, while 7% were dissatisfied (7% *somewhat* dissatisfied, 0% *very* dissatisfied).

Figure 48: Satisfaction with Community-Based Care –Of respondents who have received community based care over the past 12 months-



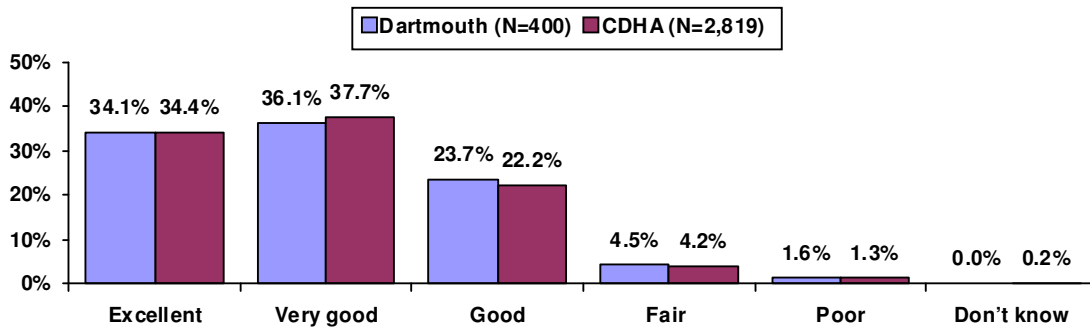


Consultations about Mental Health

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* (24%), *very good* (36%), or *excellent* (34%), while six percent rated their mental health negatively (5% *fair*, 2% *poor*). This assessment did not differ by gender or age.

Figure 49: Self-Reported Mental Health Status



Certain segments of respondents were more likely to rate their mental health negatively:

- Respondents with negative physical (24%) and oral (16%) health ratings were more likely to have *fair* or *poor* mental health ratings compared to those who had positive physical (3%) and oral (5%) health ratings; and
- Respondents who were permanently unable to work (33%) were more likely than those who worked (4%) and those who did not work (9%) in the week prior to survey completion to provide negative mental health ratings.

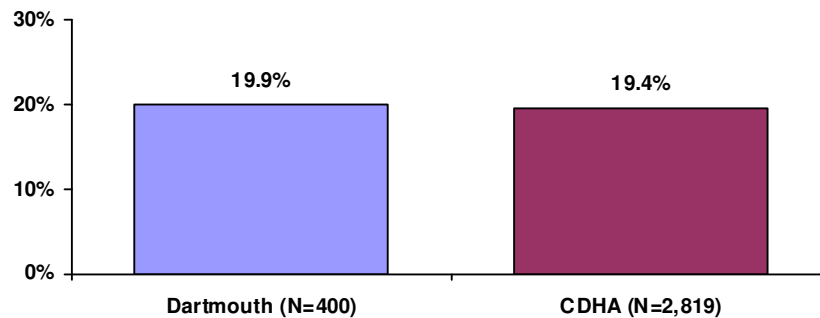
No differences were found, by age, gender, having insurance coverage or likelihood of having a regular medical doctor.



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

Two in ten respondents (20%) have seen or talked to a health professional about their emotional or mental health within the past 12 months. Adults (adults 1: 23%; adults 2: 22%) were more likely than seniors (7%) to have seen or talked to a health professional about their emotional or mental health within the past 12 months. Youth were consistent with the average at 20%. Furthermore, females (24%) were more likely than males (15%) to have seen or talked to this type of health professional.

Figure 50: 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=79) did so an average of 4 times during the year. About six in ten of these respondents (61%) saw or talked to a family doctor or general practitioner, followed distantly by a psychologist (25%), psychiatrist (15%) or a social worker or counselor (10%).

Table 28: Types of Health Care Providers Contacted* -Of respondents who contacted a health professional about emotional/mental health over the past 12 months-

	Dartmouth	CDHA
	% (N=79)	% (N=547)
Family doctor/general practitioner	60.6	55.1
Psychologist	25.4	22.9
Psychiatrist	15.4	18.0
Social worker/counselor	9.7	12.4
Nurse	5.4	3.4
Other	3.7	5.1
Don't know/Refused	-	0.6

*Multiple responses allowed.



As shown below, youth (42%) were more likely than adults 2 (6%) to contact a social worker/counselor for their mental health related concerns⁴⁷.

Table 29: 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=6)	% (N=22)	% (N=47)	% (N=5)
Family doctor/general practitioner	38.9	66.3	62.8	40.0
Psychiatrist	19.4	19.5	12.4	20.0
Psychologist	20.8	20.5	28.8	20.0
Social worker/counselor	41.7	10.7	6.2	-
Nurse	-	10.7	2.0	-
Other	-	4.4	2.1	20.0

*Multiple responses allowed.

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?

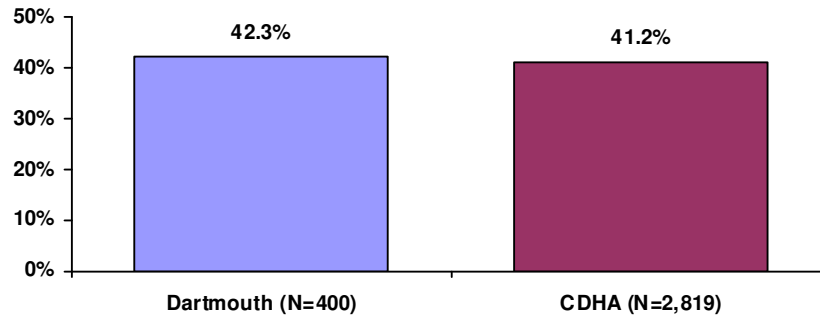
Forty-two percent of respondents required a visit to a medical specialist within the past 12 months. Seniors (57%) were more likely than adults 2 (42%), adults 1 (39%) and youth (24%) to have visited a medical specialist within the past 12 months. No differences were found when analyzed by gender.

⁴⁷ Within this age segmentation, the sample sizes for youth, adults 1, and seniors are less than 30; therefore findings should be interpreted with caution.



No differences were found when analyzed by age, gender, mental or oral health ratings, having a regular medical doctor, employment status or having insurance coverage

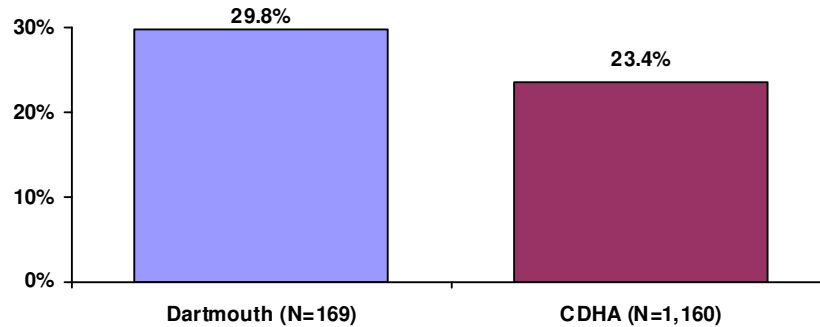
Figure 51: Percentage of Respondents Who Required a Visit to a Medical Specialist within the Past 12 Months



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=169), three in ten (30%) experienced difficulty getting the specialist care they needed.

Figure 52: 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=50) waited too long between booking the appointment and visiting the specialist (69%), had difficulty getting an appointment (33%) and waited too long to see the doctor (18%).

Table 30: Type of Difficulties Experienced* –Of respondents who required a visit to a medical specialist within the past 12 months and experienced difficulty getting care-

	Dartmouth	CDHA
	% (N=50)	% (N=272)
Waited too long between booking appointment and visit	68.8	56.0
Difficulty getting an appointment	33.0	36.6
Waited too long to see the doctor	17.9	27.3
Still waiting for visit	6.1	7.5
Difficulty getting a referral	3.8	8.5
Appointment cancelled or deferred by specialist	3.8	5.5
Difficulty getting diagnosis/wrong diagnosis	3.8	3.4
No specialists in the area	2.3	4.9
Other	13.7	10.2
Don't know	-	0.3

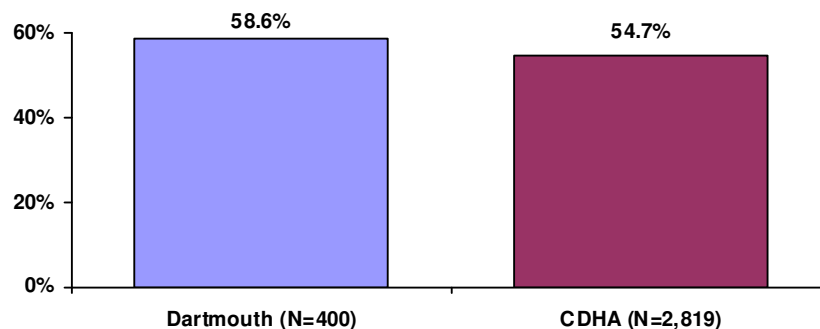
*Multiple responses allowed.

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?

Fifty-nine percent of respondents required health information or advice for themselves or a family member within the past 12 months. Seniors (60%), adults 2 (62%), and adults 1 (58%) were more likely than youth (36%) to have required such advice within the past 12 months. The same holds true for females (64%) as compared to males (53%).

Figure 53: Percentage of Respondents Who Required Health Information or Advice for Themselves or a Family Member 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 (87%). Other less commonly contacted health care providers included a hospital emergency room (14%), other hospital service (12%) and a walk-in clinic (10%).

Table 31: 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-

	Dartmouth	CDHA
	% (N=235)	% (N=1,543)
Doctor's office	86.9	85.1
Hospital emergency room	14.1	16.0
Other hospital service	12.0	10.8
Walk-in clinic	10.4	14.7
Internet	8.4	7.9
Community health centre/CLSC	5.5	8.2
Telephone health line	3.4	2.7
Family/friends	2.2	2.8
Pharmacist/pharmacy	2.1	2.5
Other	1.3	2.5
Don't know/Refused	0.9	0.4

*Multiple responses allowed.

As shown below, seniors (98%), adults 2 (88%) and adults 1 (81%) were more likely than youth (65%) to contact a doctor's office for health information or advice⁴⁸.

Table 32: 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=11)	% (N=54)	% (N=130)	% (N=40)
Doctor's office	65.1	80.8	88.1	97.5
Walk-in clinic	-	14.9	12.6	-
Hospital emergency room	10.8	19.6	14.9	4.9
Community health centre/CLSC	-	5.7	7.5	-
Other hospital service	10.8	15.7	12.8	4.9
Internet	-	11.4	9.0	5.0
Family/friends	11.6	3.9	1.5	-
Pharmacist/pharmacy	-	3.9	2.2	-
Telephone help-line	-	7.4	2.3	2.3
Other	23.2	4.0	3.6	-

*Multiple responses allowed.

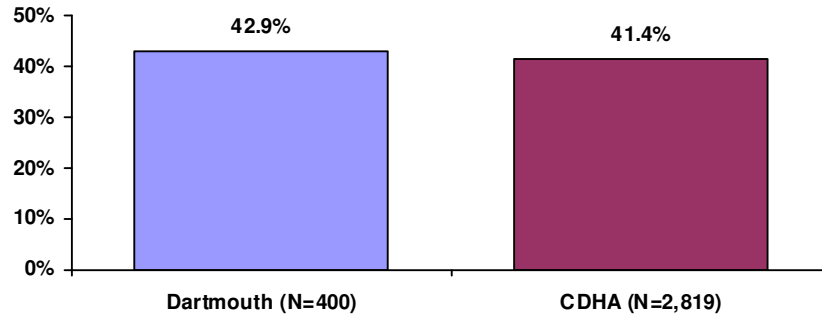
⁴⁸ Within this age segmentation, the sample size for youth is less than 30; therefore findings should be interpreted with caution.



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

In terms of routine or on-going care, 43% of respondents reported needing such care for themselves or a family member within the past 12 months.

Figure 54: Percentage of Respondents Who Required Routine or On-Going Care for Themselves or a Family Member within the Past 12 Months

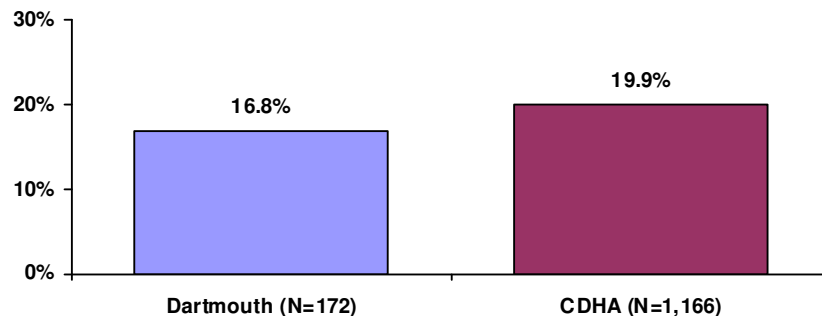


The likelihood of requiring routine or on-going care was related to age and gender. More specifically, seniors (45%), adults 2 (49%), and adults 1 (36%) were more likely than youth (16%) to have required routine or on-going care for themselves or a family member within the past 12 months. The same holds true for females (48%) as compared to males (38%).

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=172), 17% experienced difficulty getting the care they needed.

Figure 55: 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 respondents who experienced difficulty (N=29), 66% indicated that this difficulty was experienced during regular office hours⁴⁹. The most common types of difficulty experienced by these respondents (N=19) included waiting too long to get an appointment (n=8), difficulty getting an appointment (n=7), difficulty getting adequate healthcare (n=3), waited too long to see a doctor (n=3), difficulty contacting a physician (n=3), and service not available at the time required (n=2)⁵⁰.

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 respondents who experienced difficulty (N=29), 21% indicated that this difficulty was experienced during evenings and weekends⁵¹. The most common types of difficulty experienced by these respondents (N=6) included waiting too long to see the doctor (n=3), difficulty getting an appointment (n=2), waiting too long to get an appointment (n=2), and service not available at the time required (n=2)⁵².

11.3 HOME CARE SERVICES

Respondents aged 18 years or older (N=383) 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.

⁴⁹ **Sample size is less than 30; findings should be interpreted with caution.**

⁵⁰ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

⁵¹ **Sample size is less than 30; findings should be interpreted with caution.**

⁵² Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

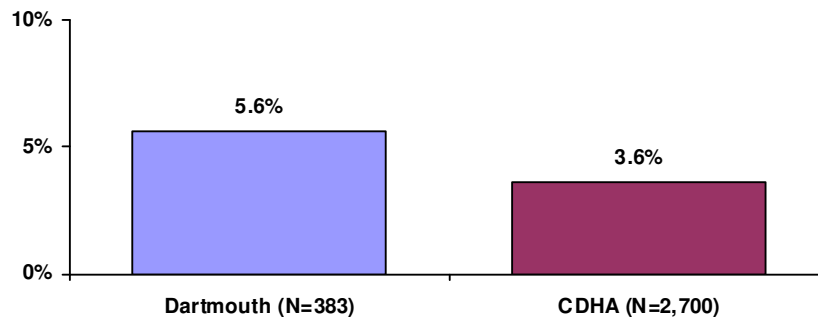


Have you received any home care services in the past 12 months, with the cost being entirely or partially covered by government? Have you received any home care services in the past 12 months, with the cost not covered by government (for example: care provided by a private agency or by a spouse or friends)?

Six percent of respondents aged 18 years or older have received home care services in the past 12 months.

Of respondents aged 18 years or older, seniors (13%) were more likely than adults 2 (5%) and adults 1 (2%) to have received any home care services in the past 12 months. No youth required the use of home care services during this time. Use of home care services did not differ between males and females.

Figure 56: 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=21), most (n=16) have received government subsidized services, while nine have received private services⁵³.

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

Respondents who have received home care services in the past 12 months (N=21) reported receiving nursing care (n=13), personal care (n=7), housework (n=5), respite care (n=4), meal preparation or delivery (n=3), medical equipment/supplies (n=2), shopping (n=1) and outdoor maintenance (n=1)⁵⁴.

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=383), 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=9) reported still waiting for homecare (n=2), cost (n=2), waiting time too long (n=2), not available in the area (n=2), did not qualify (n=1),

⁵³ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

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



too busy (n=1), didn't get around to it (n=1), didn't know where to go (n=1), not available in the time required (n=1) and personal or family responsibilities (n=1)⁵⁵.

Respondents who felt they needed home care services in the past 12 months but did not receive them (N=9) reported that they were seeking home care services for personal care (n=4), housework (n=3), meal preparation or delivery (n=3), respite care (n=3), shopping (n=2), nursing care (n=2), or medical equipment or supplies (n=1)⁵⁶.

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

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

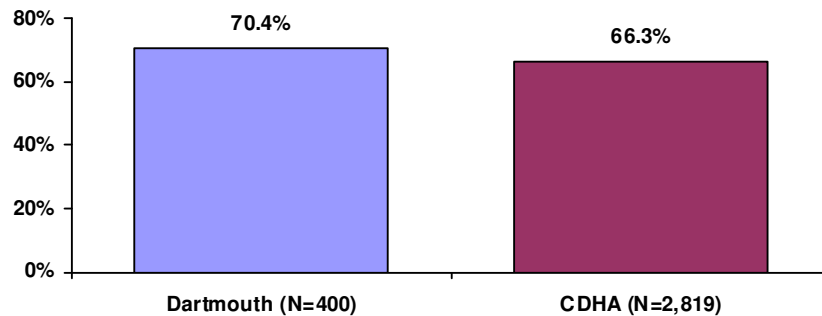


12.0 Chronic Conditions⁵⁷

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.

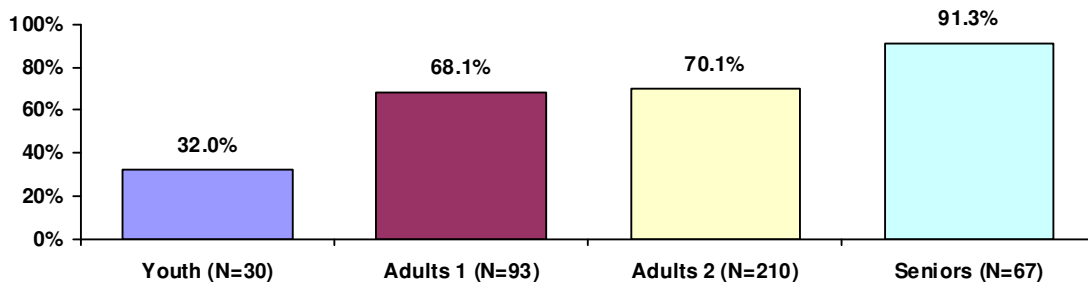
Seven in ten respondents (70%) reported having at least one chronic health condition.

Figure 57: Percentage of Respondents with at Least One of Various Chronic Health Conditions



The prevalence of chronic conditions did not differ by gender. However, prevalence generally tended to increase with age. Seniors (91%) were most likely to have at least one chronic condition, followed by adults (adults 2: 70%; adults 1: 68%) and youth (32%).

Figure 58: Percentage of Respondents with at Least One of Various Chronic Conditions by Age Category

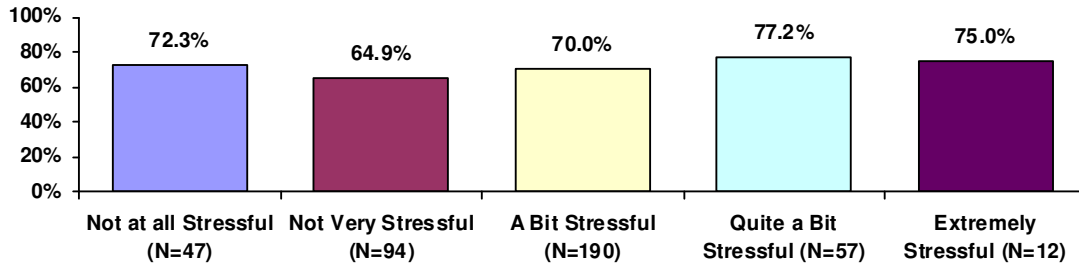


⁵⁷ Throughout this report, differences between segments are only noted if they are statistically significant.



Prevalence of chronic conditions did not differ by day-to-day stress level⁵⁸.

Figure 59: 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?

Twelve percent of respondents reported having asthma. Of those respondents who reported having asthma (N=50), 58% have had asthma symptoms or attacks in the past 12 months and 78% have taken medication for asthma in the past 12 months. When analyzed by age, youth (24%) and adults 1 (18%) were more likely than adults 2 (9%) to have asthma. Seniors were consistent with the average at 10%.

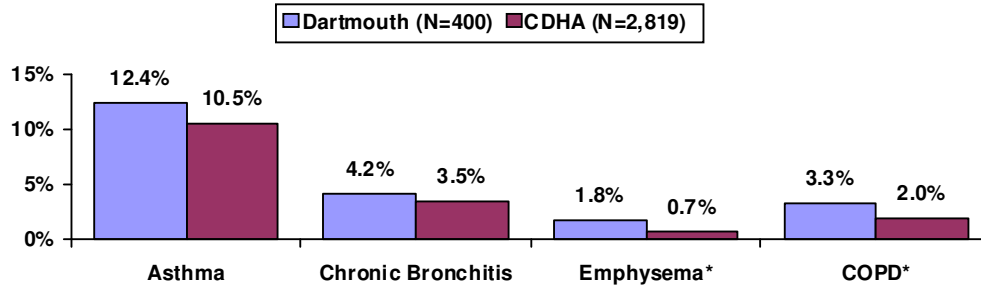
Four percent of respondents reported having chronic bronchitis, with prevalence more common among seniors (10%) and adults 2 (5%) as compared to adults 1 (0%) and youth (0%).

⁵⁸ Within this segmentation, the sample size for extremely stressful is less than 30, therefore, findings should be interpreted with caution.



Of respondents aged 30 years or older, 3% reported having Chronic Obstructive Pulmonary Disease (COPD) and 2% reported having emphysema. Of those aged 30 years or older, seniors (9%) were more likely than adults 2 (2%) and adults 1 (0%) to report having COPD.

Figure 60: Percentage of Respondents with Respiratory Conditions



*Only respondents aged 30 years or older were asked about Emphysema or Chronic Obstructive Pulmonary Disease (Dartmouth: N=325; CDHA: N=2,239).

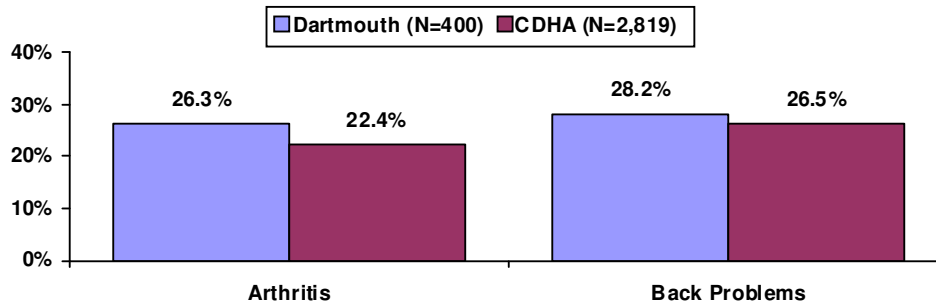
No differences were found in the prevalence of these respiratory conditions when analyzed by gender.

12.2 MUSCLE/JOINT CONDITIONS

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

Just over one-quarter of respondents reported having arthritis (26%) or back problems (28%).

Figure 61: Percentage of Respondents with Muscle/Joint Conditions

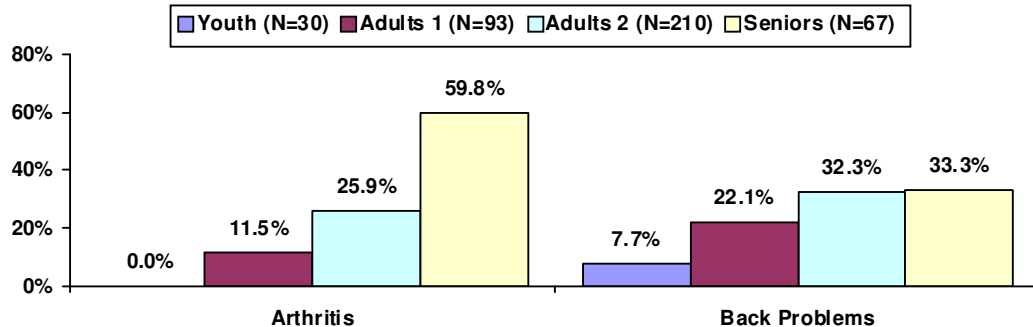




The prevalence of muscle/joint conditions tended to increase with age. More specifically:

- Arthritis was most prevalent in seniors (60%), followed by adults 2 (26%), adults 1 (12%) and youth (0%); and
- Seniors (33%) and adults 2 (32%) were more likely than youth (8%) to report having back problems.

Figure 62: Prevalence of Muscle/Joint Conditions by Age Category



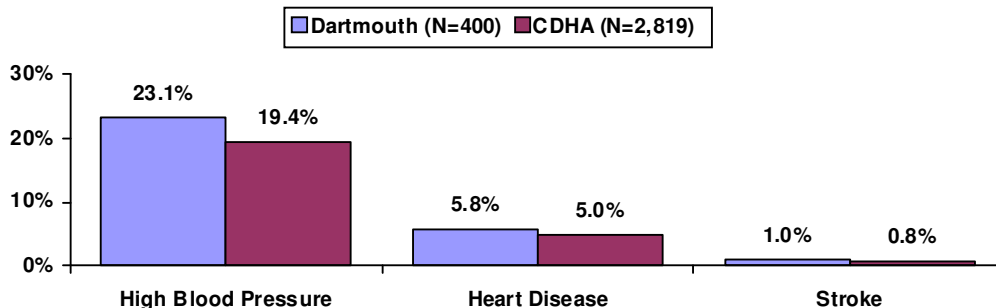
While no differences were found in the prevalence of back problems by gender, females (33%) were more likely than males (19%) to report having arthritis.

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?

Twenty-three percent of respondents reported having high blood pressure. Of those who do not currently have high blood pressure (N=307), 9% have been diagnosed with high blood pressure in the past. In total, 32% of respondents currently have or have ever had high blood pressure. Six percent of respondents reported having heart disease, while 1% of respondents suffered from the effects of a stroke.

Figure 63: Percentage of Respondents with Various Cardiovascular Conditions

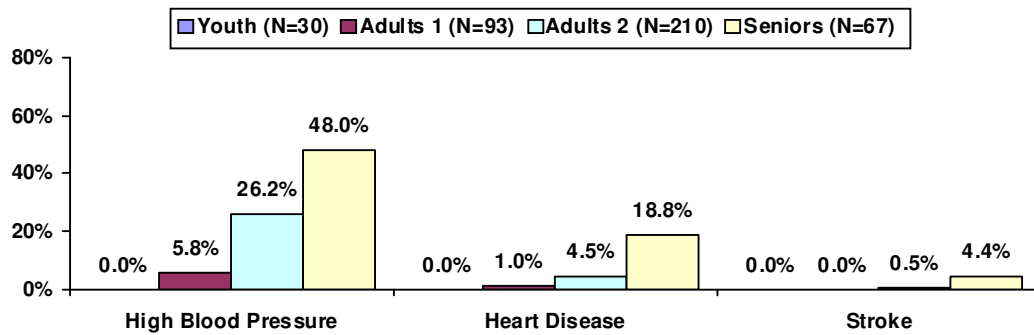




There likelihood of having specific cardiovascular conditions did not differ by gender. However, it increased with age:

- High blood pressure was most prevalent in seniors (48%), followed by adults 2 (26%). Indeed, respondents from these age categories were more likely to have the condition as compared to adults 1 (6%) and youth (0%);
- Seniors (19%) were more likely than all other age groups (adults 2: 5%; adults 1: 1% and youth: 0%) to report having heart disease; and
- Seniors (4%) were more likely than adults 2 (1%) and adults 1 (0%) to suffer from the effects of a stroke.

Figure 64: Prevalence of Cardiovascular Conditions by Age Category

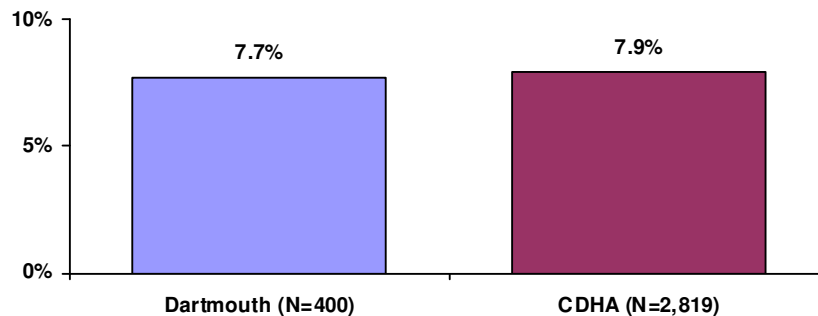


12.4 DIABETES

Do you have diabetes?

Eight percent of respondents reported having diabetes. Seniors (16%) and adults 2 (9%) were more likely than adults 1 (2%) and youth (0%) to have diabetes. Prevalence of diabetes did not differ by gender.

Figure 65: 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=31) were asked several questions about their history with the condition. The average age of diagnosis was 48 years. Of respondents who reported having diabetes, two were pregnant at the time of diagnosis. Over three-quarters (78%) reported taking pills within the past month to



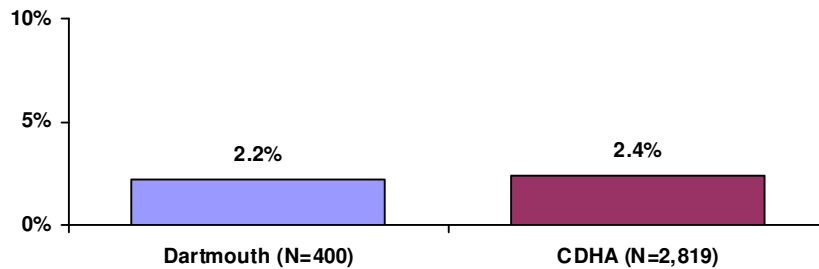
control their blood sugar, and 29% currently take insulin for their diabetes. Respondents who currently take insulin (N=9) reported having the condition for one year or more (n=6) before starting on insulin⁵⁹.

12.5 CANCER

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

Two percent of respondents currently have cancer. The prevalence of cancer did not differ by age or gender. Of those who do not have cancer (N=391), 6% have ever been diagnosed with cancer, leading to a total of 8% of respondents who currently have or have ever had some form of cancer.

Figure 66: Percentage of Respondents With Cancer

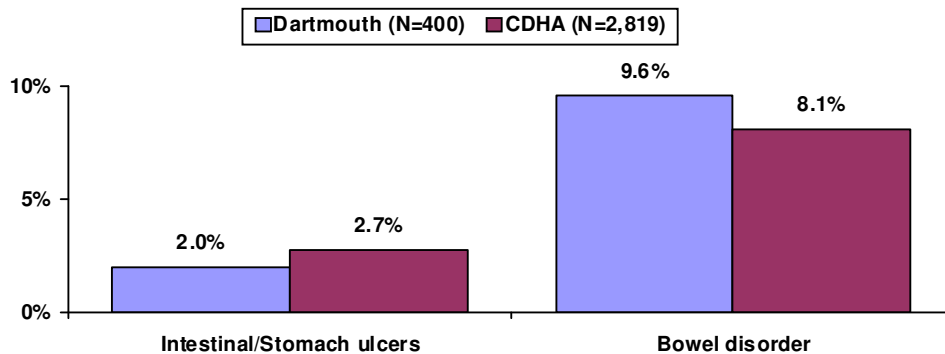


12.6 GASTROINTESTINAL CONDITIONS

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?

Two percent of respondents reported having intestinal or stomach ulcers, while a higher percentage (10%) reported having a bowel disorder. Of those with a bowel disorder (N=38), 49% have Irritable Bowel Syndrome (IBS), while 18% have Crohn's Disease, 8% have Ulcerative colitis and 5% have Diverticulitis. The remaining respondents have another bowel condition (15%) or were unsure (5%).

Figure 67: Percentage of Respondents with Gastrointestinal Disorders



The prevalence of intestinal/stomach ulcers did not differ by age or gender. Bowel disorders were equally common among males and females, however, in terms of

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



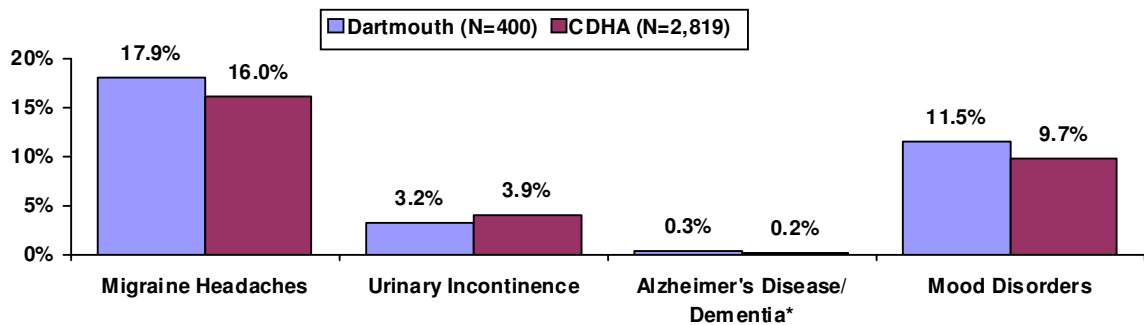
age, they were more common among seniors (18%) when compared to adults 2 (9%), adults 1 (9%) and youth (0%).

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 (18%) and mood disorders (12%).

Figure 68: Percentage of Respondents with Other Chronic Conditions



*Only respondents aged 18 years or older were asked about Alzheimer's Disease/Dementia (Dartmouth: N=383; CDHA: N=2,700).

Females were more likely than males to report having migraine headaches (22% and 14%, respectively). However, gender differences were not found for other chronic conditions.

In terms of age:

- Adults 1 (34%) were more likely than respondents from all other age categories (youth: 4%; adults 2: 16%; seniors: 9%) to report having migraine headaches; and
- Seniors (9%) were more likely than adults 2 (3%) and adults 1 (0%) to report having urinary incontinence. No youth reported having this condition.



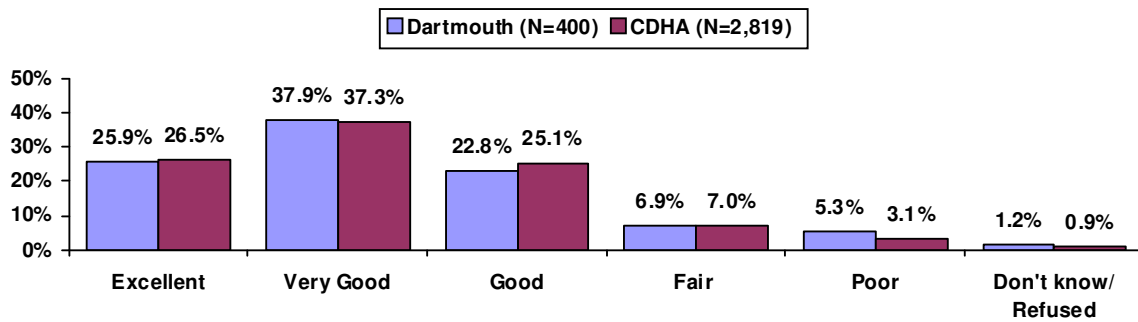
13.0 Oral Health⁶⁰

This section of the report documents the oral health of survey respondents. Oral health 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"?

23% reported their oral health as being *good*, 38% as *very good*, and 26% as *excellent*, while over one in ten respondents rated their oral health negatively (7% *fair*; 5% *poor*).

Figure 69: Self-Reported Oral Health



Self-perceptions of oral health tended to differ when analyzed by age and gender. More specifically, youth (0%) were less likely than respondents from all other age categories (adults 1: 17%; adults 2: 13%; seniors: 17%) to report their oral health as *fair to poor*.

Table 33: Self Reported Oral Health by Age Category

	Youth	Adults 1	Adults 2	Seniors
	% (N=30)	% (N=93)	% (N=210)	% (N=67)
Excellent	23.8	24.2	29.2	19.0
Very Good	51.9	40.8	34.6	37.6
Good	20.2	22.7	22.1	27.4
Fair	-	7.1	9.1	2.8
Poor	-	5.8	5.0	6.0
Don't know/Refused	-	-	1.4	7.3

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



Furthermore,

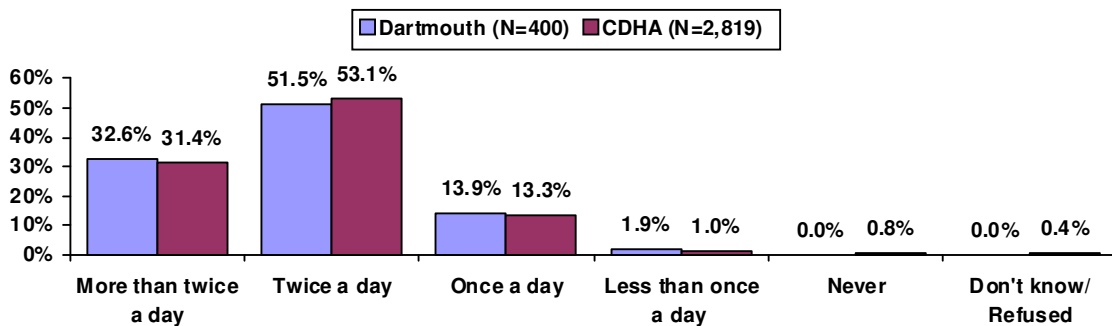
- Respondents who had negative mental health ratings (33%) were more likely than those with positive mental health ratings (11%) to have *fair* or *poor* oral health ratings;
- Those without a regular medical doctor (25%) were more likely to provide *fair* to *poor* oral health ratings compared to those with a regular medical doctor (12%); and
- Those without insurance were more likely to provide negative ratings compared to their counterparts with insurance:
 - Prescription insurance: 39% and 10%, respectively;
 - Eyeglasses/contact lenses insurance: 26% and 8%, respectively; and
 - Dental insurance: 27% and 9%, respectively.

No differences were found by age, gender, oral health or employment status.

How often do you brush your teeth?

As shown in Figure 70, the majority of respondents reported brushing their teeth twice a day (52%) or more than twice a day (33%).

Figure 70: Frequency of Teeth Brushing



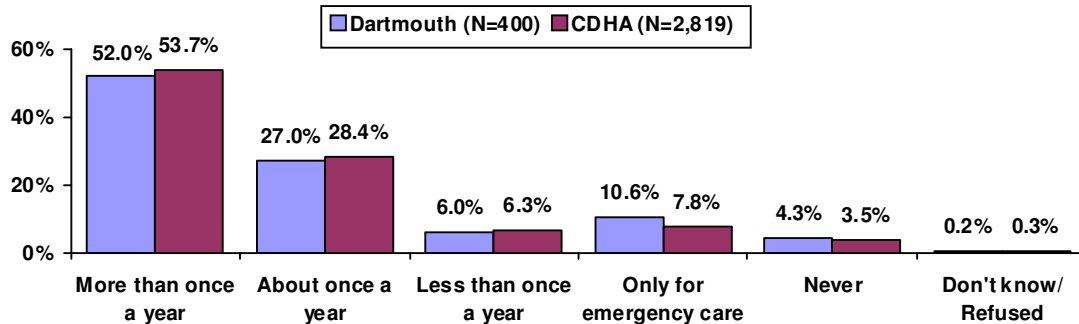
Frequency of teeth brushing did not differ by age, however, females (91%) were more likely than males (77%) to brush their teeth at least twice a day.



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?

The majority of respondents (79%) reported that they usually visit the dentist at least once a year for check-ups, with 52% doing so more than once a year. Eleven percent of respondents reported visiting the dentist only for emergency care, while 4% never visit the dentist.

Figure 71: Frequency of Dental Visits

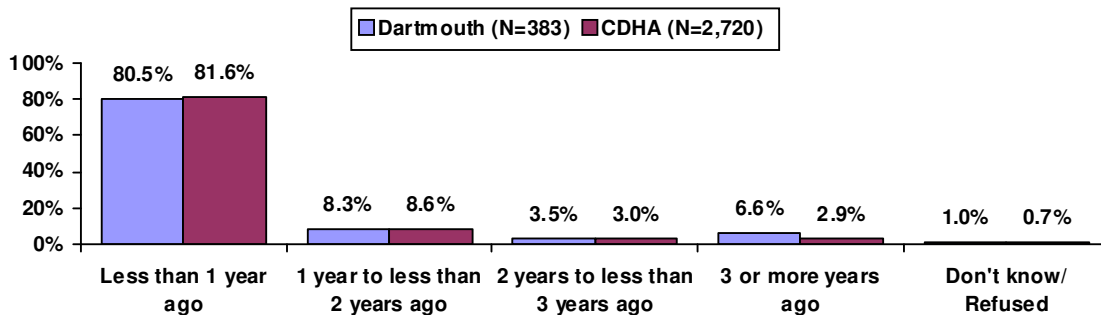


Frequency of dental visits did not differ by gender. However, when analyzed by age, it was found that youth (100%) were more likely than adults 1 (76%), adults 2 (82%) and seniors (64%) to visit the dentist at least once a year for check-ups.

When was the last time you went to the dentist?

Of respondents who visit the dentist (N=383), 7% have not visited the dentist within the past three years, higher than CDHA as a whole (3%), while 81% reported their last visit to be less than one year ago.

Figure 72: 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]?

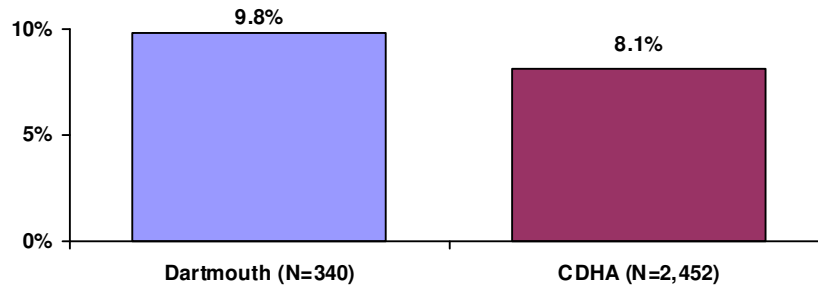
Respondents who never visit the dentist (N=17) or have not visited within the past three years (N=26) were asked to identify reasons for not visiting the dentist. Most commonly, these respondents wear dentures (35%), have cost issues (30%), have not gotten around to it (13%), were afraid (11%), or did not think it was necessary (9%).



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=340) were asked if they have had any teeth removed within the past 12 months. As shown in Figure 73, 10% of these respondents have had at least one tooth removed.

Figure 73: Teeth Removal in the Past 12 Months –Of respondents who have visited the dentist within the past 2 years-

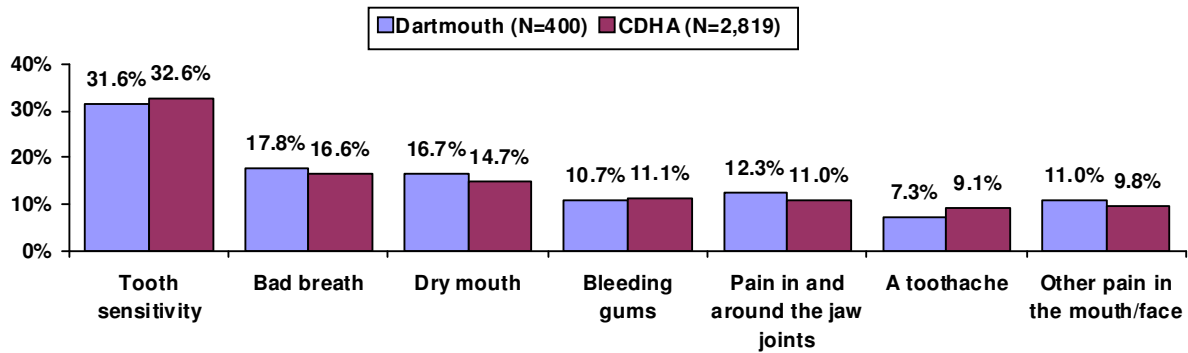


All respondents were asked if they have experienced various oral health problems in the past month.

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 74, the most common oral health problem among respondents in the past month was tooth sensitivity to hot or cold food or drinks (32%).

Figure 74: Percentage of Respondents Experiencing Various Oral Health Problems in the Past Month





14.0 Health Screenings - General⁶¹

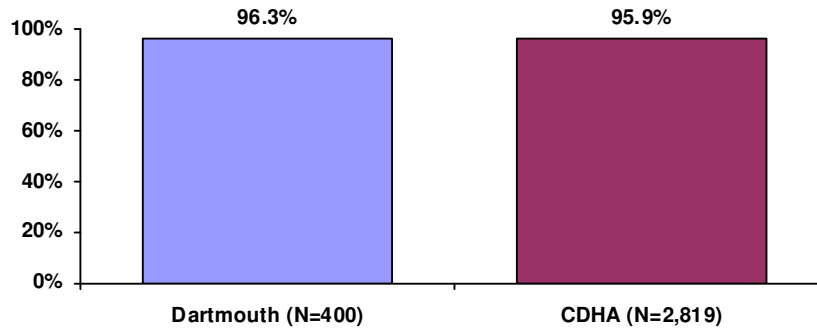
To assess the health behaviors of Dartmouth residents, respondents were asked if they have engaged in various protective health practices, including eye examinations, flu shots, blood pressure checks and colorectal cancer screenings.

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. Older respondents (seniors: 100%; adults 2: 98%) were more likely than younger respondents (adults 1: 93%; youth: 88%) to have had an eye exam. However, likelihood of an eye exam did not differ by gender.

Figure 75: Percentage of Respondents Who Have Ever Had an Eye Examination



⁶¹ Throughout this report, differences between segments are only noted if they are statistically significant.

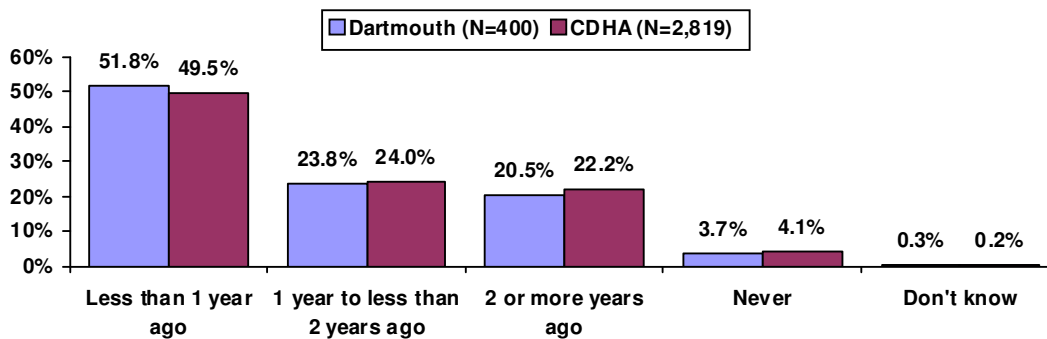


When did you last have an eye examination?

In terms of frequency of these examinations, 4% have never had an eye examination, 7% have had their last eye examination 2 or more years ago and approximately one-half of all respondents (52%) had an eye exam within the past year.

Past year eye examinations tended to be more common among females (57%) as compared to males (46%). When analyzed by age, seniors (72%) were more likely than adults (adults 1: 46%; adults 2: 50%) and youth (40%) to have had an eye exam within the past year.

Figure 76: 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=15) or have not had one within the past two years (N=82) were asked to identify reasons for this. Most commonly, these respondents did not think it was necessary (62%) or have not gotten around to it (24%).

Table 34: 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-

	Dartmouth % (N=97)	CDHA % (N=741)
I did not think it was necessary	62.4	61.1
Have not gotten around to it	24.0	25.4
Cost	12.2	7.7
My doctor did not think it was necessary	2.0	4.8
Other	6.1	7.0
Don't know/Refused	-	3.0

*Multiple responses allowed.



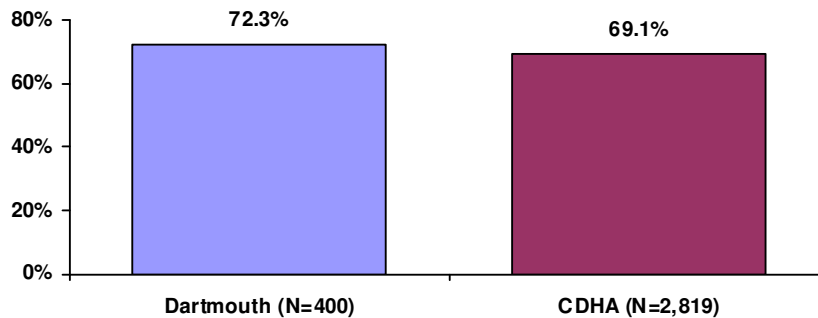
14.2 FLU SHOTS

Have you ever had a flu shot?

Almost three in ten of respondents (28%) have never had a flu shot.

The likelihood of ever having a flu shot increased with age, whereby seniors (90%) were more likely than respondents from every other age group (adults 2: 68%; adults 1: 70%; and youth: 68%) to have ever had a flu shot. Furthermore, females (80%) were more likely than males (64%) to have ever had this shot.

Figure 77: Percentage of Respondents Who Have Ever Had a Flu Shot

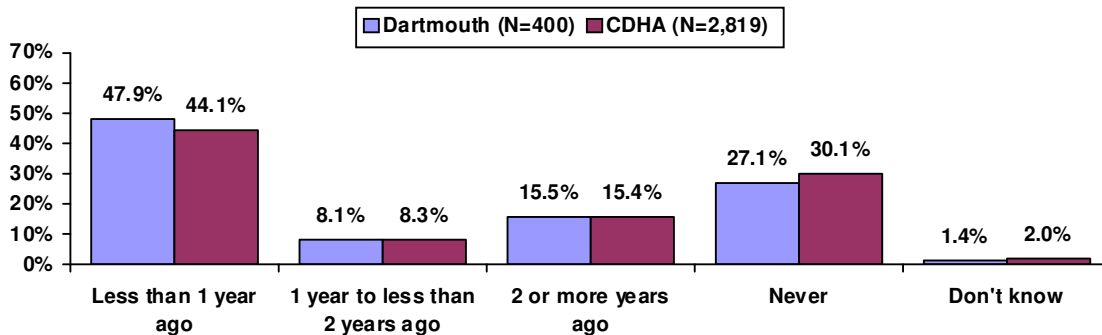


When did you have your last flu shot?

In terms of frequency of the flu shot, 27% have never had a flu shot, 16% have had their last one 2 or more years ago, and 48% of all respondents had this shot within the past year.

Past year flu shots tended to be more common among females (55%) as compared to males (40%). Furthermore, seniors (84%) were most likely to have had a flu shot within the past year compared to adults (adults 2: 44%; adults 1: 37%) and youth (27%).

Figure 78: Last Flu Shot



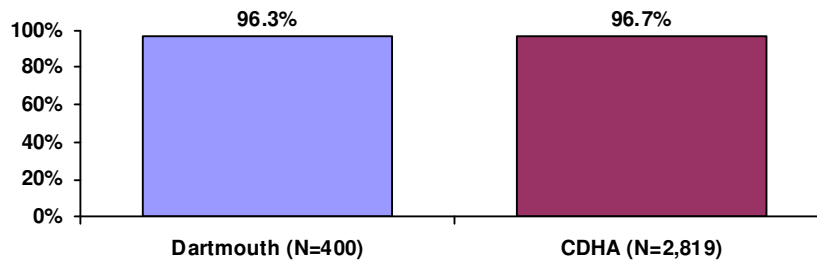


14.3 BLOOD PRESSURE CHECK

Have you ever had your blood pressure taken?

Ninety-six percent of respondents have had at least one blood pressure check in their lifetime. In terms of age, seniors (100%), adults 2 (99%), and adults 1 (96%) were more likely than youth (72%) to have ever had this check. The same holds true for females (98%) as compared to males (94%).

Figure 79: Percentage of Respondents Who Have Ever Had a Blood Pressure Check

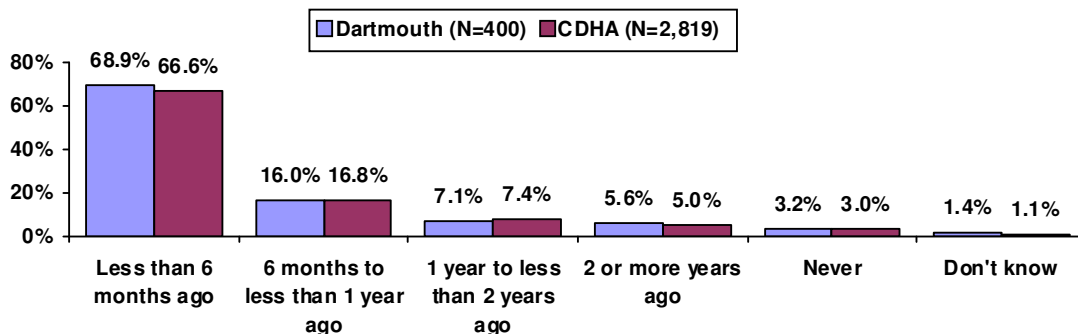


When was the last time?

In terms of frequency, 3% have never had their blood pressure checked, 6% have had their last one 2 or more years ago, and 85% of all respondents had a blood pressure check within the past year.

When analyzed by age, seniors (81%) and adults 2 (71%) were more likely than youth (41%) to have had this check within the past year. No differences were found by gender.

Figure 80: 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=13), have not gotten around to it (n=5), haven't seen a doctor (n=1), their doctor did not think it was necessary (n=1), had cost issues (n=1), had



personal or family responsibilities (n=1), or other mentions (n=2)⁶².

14.4 COLORECTAL CANCER SCREENINGS

Respondents aged 35 years or older were also 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.

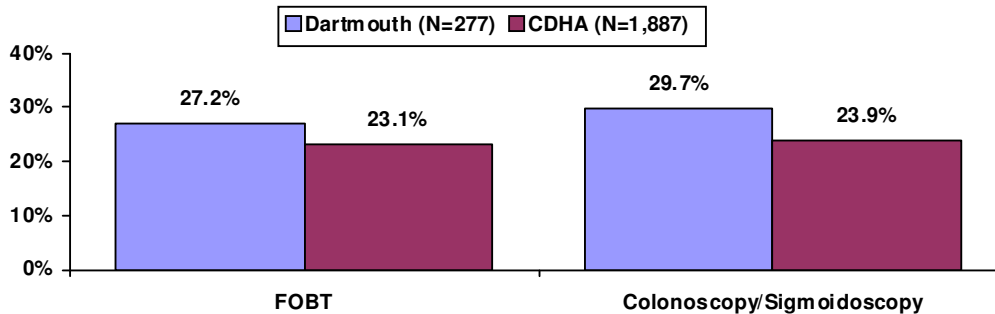
Have you ever had an FOBT (fecal occult blood test)? Have you ever had a colonoscopy or sigmoidoscopy? Was the colonoscopy or sigmoidoscopy a follow-up of the result of an FOBT?

Of respondents 35 years of age or older (N=277), 27% have ever had a fecal occult blood test (FOBT). A higher percentage (30%) have 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: 38% and 24%, respectively; colonoscopy/sigmoidoscopy: 44% and 25%, respectively). The likelihood of colorectal cancer screening did not differ based on gender.

Of respondents who have ever had both of these tests (N=40), 20% indicated the colonoscopy/sigmoidoscopy was a follow-up based on the result of an FOBT.

Figure 81: Percentage of Respondents Who Have Ever Had a Fecal Occult Blood Test or Colonoscopy/Sigmoidoscopy –Of respondents 35 years of age or older-



⁶² 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: 7%; colonoscopy/sigmoidoscopy: 6%).

For past year screening of both of these tests, no differences were found when analyzed by age or gender.

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

	Dartmouth (N=277)		CDHA (N=1,887)	
	FOBT %	Colonoscopy/Sigmoidoscopy %	FOBT %	Colonoscopy/Sigmoidoscopy %
Less than 1 year ago	6.6	5.9	6.5	21.3
1 year to less than 2 years ago	5.2	6.3	4.2	14.4
2 years to less than 3 years ago	3.1	3.9	2.7	14.2
3 years to less than 5 years ago	2.5	4.9	2.3	17.8
5 years to less than 10 years ago	4.5	4.5	3.0	16.6
10 or more years ago	4.6	3.8	3.9	14.3
Never	70.7	70.0	75.1	75.7
Don't know/Refused	2.8	0.7	75.1	1.3

Why did you have it?

Of respondents who have ever had an FOBT (N=75), 51% had this test as part of a regular check-up/routine screening and 34% had it to follow-up on a previously detected problem.

Of respondents who have ever had a colonoscopy/sigmoidoscopy (N=82), 50% had this test to follow-up on a previously detected problem, while 30% had it as part of a regular check-up/routine screening and 20% had it because of a family history of colorectal cancer.

Table 36: Reason for Last FOBT or Colonoscopy/Sigmoidoscopy* –Of respondents aged 35 years or older who have ever had one of these tests-

	Dartmouth		CDHA	
	FOBT % (N=75)	Colonoscopy/Sigmoidoscopy % (N=82)	FOBT % (N=436)	Colonoscopy/Sigmoidoscopy % (N=451)
Part of regular check-up/routine screening	51.0	30.2	46.1	28.4
Follow-up of problem	33.5	49.6	35.5	50.8
Found blood in stool	-	-	2.2	3.6
Family history of colorectal cancer	2.6	20.3	4.4	17.9
Requirement for work	1.3	-	1.6	-
Age	9.1	5.7	5.4	4.1
Part of a health promotion/study	3.9	-	2.6	-
Other	1.3	-	1.7	1.3
Don't know	5.0	2.3	6.7	2.6

*Multiple responses allowed.



15.0 Health Screenings - Female⁶³

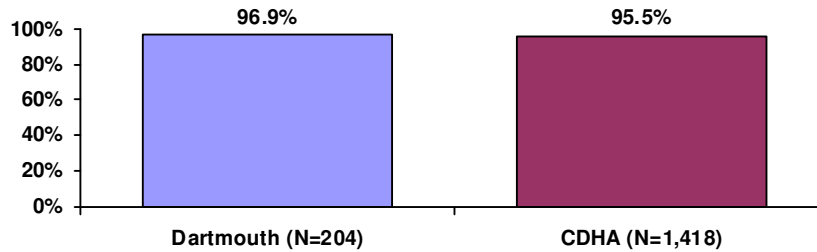
To assess the health behaviors of females, female respondents aged 18 years or older were asked if they have engaged in various protective health practices, including pap smears, mammograms (for female respondents aged 35 years or older), and breast examinations. In addition, female respondents between 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=204), 97% have ever had a pap smear test. Pap smears tended to be more common among respondents from the older age categories. More specifically, seniors (95%), adults 2 (100%), and adults 1 (98%) were more likely than youth (50%) to have ever had this test⁶⁴.

Figure 82: Percentage of Respondents Who Have Ever Had a Pap Smear Test –Of female respondents aged 18 years or older-



⁶³ Throughout this report, differences between segments are only noted if they are statistically significant.

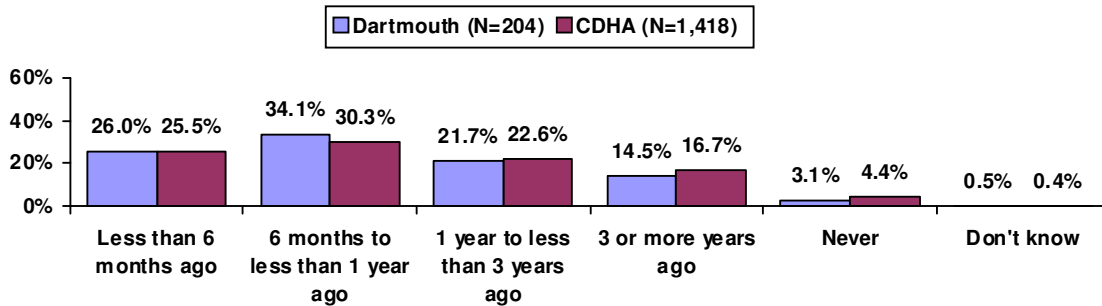
⁶⁴ **Within this age segmentation, the sample size for youth is less than 30, therefore, findings should be interpreted with caution.**



When was the last time?

In terms of frequency of the pap smear, 3% of female respondents aged 18 years or older have never had a pap smear test, 15% had their last pap smear 3 or more years ago, and 60% had the test within the past year. When analyzed by age, adults (adults 1: 78%; adults 2: 65%) were more likely than seniors (26%) to have had a pap smear test within the last year.

Figure 83: 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=6) or have not had one within the past three years (N=30) reported that their doctor did not think it was necessary (45%), they did not think it was necessary (26%), they have had a hysterectomy (19%), or they have not gotten around to it (14%).

A higher percentage of respondents in the Dartmouth CHB reported that their doctor did not think a pap smear was necessary (45%) when compared to the district finding (25%).

Table 37: 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-

	Dartmouth % (N=36)	CDHA % (N=300)
My doctor did not think it was necessary	44.5	24.5
I did not think it was necessary	25.5	27.6
Have had a hysterectomy	19.1	24.5
Have not gotten around to it	14.1	21.1
Personal or family responsibilities	5.5	0.9
Did not know where to go/uninformed	2.8	2.3
Other	-	7.2
Don't know/Refused	2.7	4.1

*Multiple responses allowed.

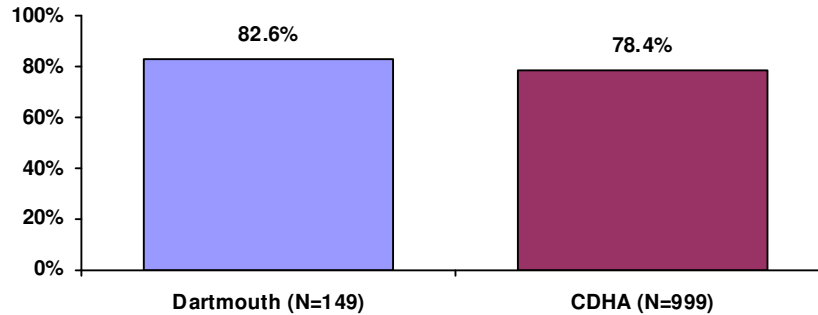


15.2 MAMMOGRAPHY

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=149), over three-quarters (83%) have ever had a mammogram, with no differences found by age.

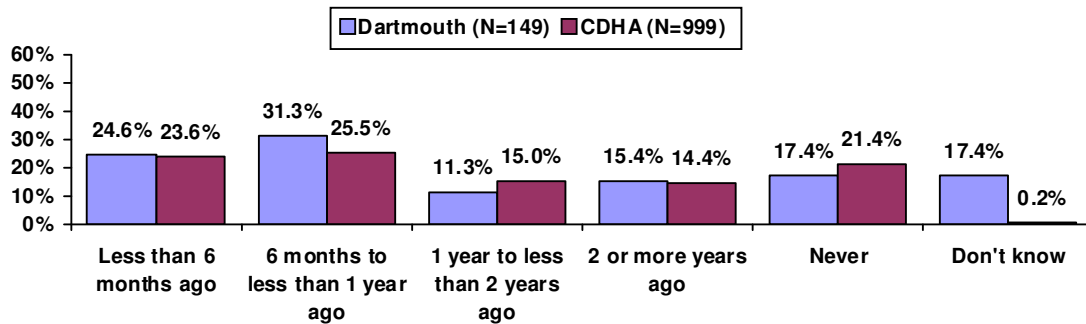
Figure 84: Percentage of Respondents Who Have Ever Had a Mammogram –Of female respondents aged 35 years or older-



When was the last time?

In terms of frequency, 17% of female respondents aged 35 years or older have never had a mammogram, 9% had their last one 2 or more years ago, and 56% 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 85: 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=123), 61% had it as part of their regular checkup or routine, while 27% had it as a result of their age.

Table 38: Reasons for Having a Mammogram* –Of female respondents aged 35 years or older who have had a mammogram-

	Dartmouth	CDHA
	% (N=123)	% (N=784)
Part of regular check-up/routine screening	61.3	63.3
Age	26.6	22.7
Family history of breast cancer	14.5	13.9
Previously detected lump	10.5	7.2
Follow-up of breast cancer treatment	4.9	3.0
Breast problem (non-specific)	4.0	3.6
Other	0.8	1.5
Don't know	-	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=11) were asked to identify reasons for not having one. Overall, these respondents reported they have not gotten around to it (n=3), their doctor did not think it was necessary (n=3), they did not think it was necessary (n=2), fear (n=2), and other mentions⁶⁵.

⁶⁵ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

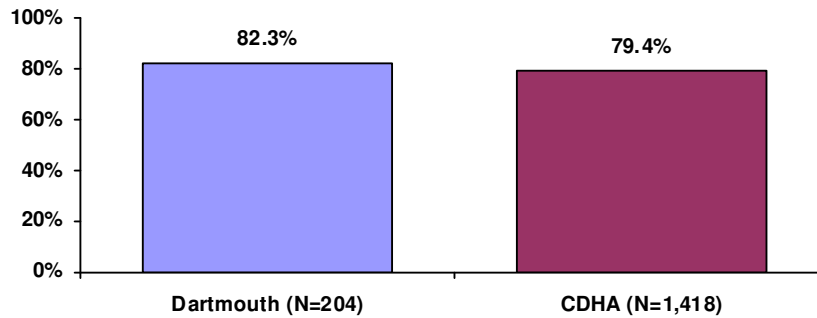


15.3 BREAST EXAMINATIONS

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

Of respondents aged 18 years or older (N=204), 82% have ever had a breast examination. The likelihood of ever having a breast examination tended to be more common among respondents from the older age categories. More specifically, seniors (74%), adults 2 (88%), and adults 1 (84%) were more likely than youth (17%) to have ever had this examination⁶⁶.

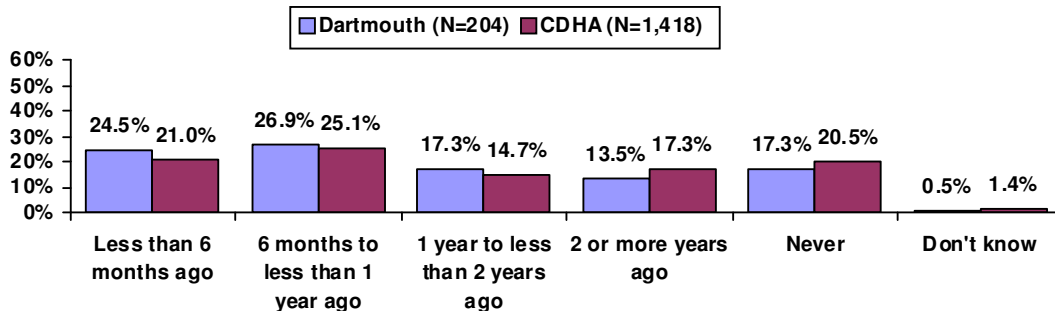
Figure 86: Percentage of Respondents Who Have Ever Had a Breast Examination –Of female respondents aged 18 years or older-



When was the last time?

In terms of frequency, 17% of female respondents aged 18 years or older have never had a breast examination, 14% have had their last one 2 or more years ago, and 51% reported having a breast examination within the past year. Adults 2 (59%) and adults 1 (54%) were more likely than youth (14%) and seniors (31%) to have had this exam within the past year.

Figure 87: Last Breast Examination –Of female respondents aged 18 years or older-



⁶⁶ 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=35) or have not had one within the past two years (N=28) reported that they did not think it was necessary (37%), their doctor did not think it was necessary (28%) or they have not gotten around to it (24%).

Table 39: 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-

	Dartmouth	CDHA
	% (N=63)	% (N=536)
I did not think it was necessary	36.9	45.3
My doctor did not think it was necessary	28.4	22.0
Have not gotten around to it	23.5	23.0
Does self-examinations	12.6	6.6
Never brought up or offered	4.7	2.8
Has regular mammogram	3.2	2.0
Other	6.3	8.1
Don't know/Refused	1.6	5.7

*Multiple responses allowed.

15.4 MATERNAL EXPERIENCES

Have you given birth in the past 5 years?

Fifteen 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 development⁶⁷, these respondents (N=22) 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 syndrome⁶⁸.

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

Five of the 22 respondents between the ages of 15 and 55 who have given birth in the past 5 years smoked daily during their last pregnancy, while two drank alcohol during their last pregnancy⁶⁹.

⁶⁷ Source: Nova Scotia Department of Health, Canadian Community Health Survey 3.1, Summary Report to the District Health Authorities, December 2007.

⁶⁸ Source: Nova Scotia Department of Health, Canadian Community Health Survey 3.1, Summary Report to the District Health Authorities, December 2007.

⁶⁹ **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 development⁷⁰. Of respondents between the ages of 15 and 55 who have given birth in the past 5 years (N=22), most (n=19) breastfed or tried to breastfeed their last baby⁷¹.

Of those who have breastfed (n=19), three currently breastfeed, while the remaining 16 have stopped. Of these 16 respondents who no longer breastfeed, all breastfed for less than six months, with the most common reasons for stopping including not enough breast milk (n=6), difficulty with techniques (n=3), the baby was ready for solid food (n=2), the child weaned themselves (n=2) and the inconvenience/fatigue associated with breastfeeding (n=2)⁷².

What is the main reason why you did not breastfeed?

Those respondents between the ages of 15 and 55 who have given birth in the past 5 years but did not breastfeed or try to breastfeed their last baby (N=3) reported that it was because bottle feeding is easier (n=1), chose not to/not comfortable with it (n=1), or other mentions (n=1)⁷³.

⁷⁰ Source: Health Canada, Perinatal Health Indicators for Canada: A Resource Manual, 2000.

⁷¹ **Sample size is less than 30; findings should be interpreted with caution.**

⁷² **Sample sizes are less than 30; findings should be interpreted with caution.**

⁷³ **Sample size is less than 30; findings should be interpreted with caution.**



16.0 Health Screenings - Male⁷⁴

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.

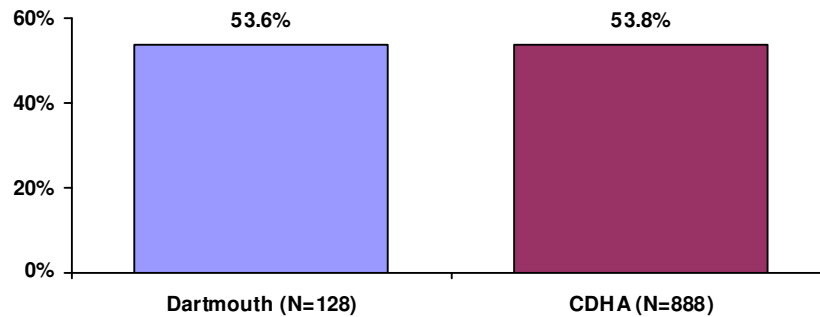
16.1 PROSTATE CANCER SCREENING

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=128), 54% have ever had a PSA blood test, with seniors (80%) more likely than adults 2 (46%) to have ever had the test.

Figure 88: Percentage of Respondents Who Have Ever Had a PSA Blood Test –Of male respondents aged 35 years or older-



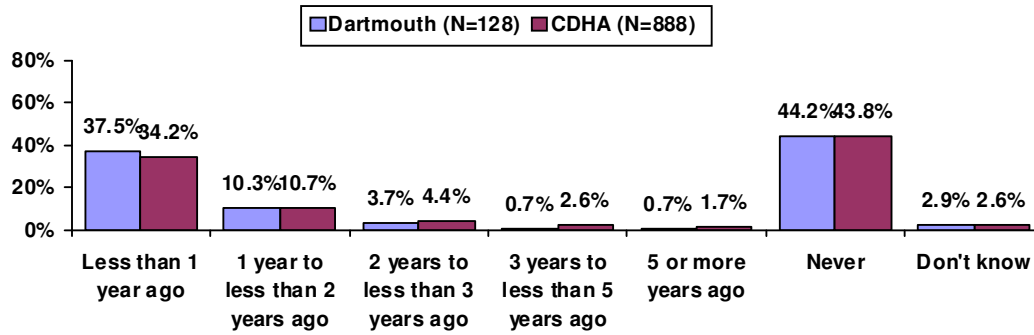
⁷⁴ Throughout this report, differences between segments are only noted if they are statistically significant.



When was the last time?

In terms of frequency, 44% of males aged 35 years or older have never had a PSA blood test, 2% have had their last one 3 or more years ago and 38% reported having a PSA blood test within the past year, with seniors (55%) more likely than adults 2 (32%) to report past year screening

Figure 89: 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=69), the majority reported that they had the test as part of their regular check-up/ routine (69%).

Table 40: Reasons for Having a PSA Blood Test* –Of male respondents aged 35 years or older who have had a PSA blood test-

	Dartmouth	CDHA
	% (N=69)	% (N=478)
Part of regular check-up/screening routine	68.5	73.1
Age	13.7	18.6
Family history of prostate cancer	12.4	6.3
Follow up of problem	15.0	12.5
Other	-	1.7
Don't know	-	0.5

*Multiple responses allowed.

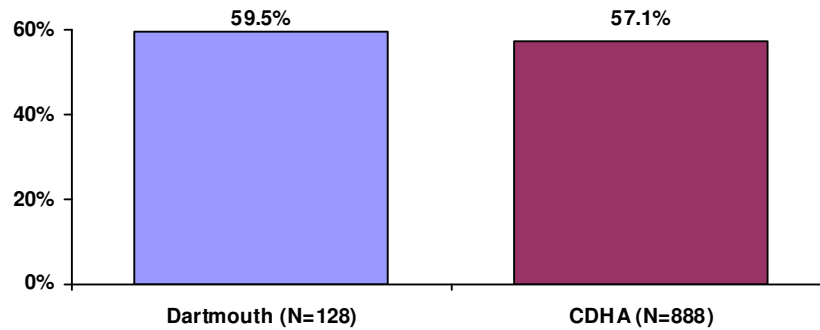


Digital Rectal Exam

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?

Six out of ten male respondents aged 35 years or older (60%) reported ever having a digital rectal exam, with seniors (80%) more likely than adults 2 (54%) to have ever had the exam.

Figure 90: 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, 41% of males aged 35 years or older have never had a digital rectal exam, 12% have had their last exam 3 or more years ago, and 27% reported having a digital rectal exam within the past year, with seniors (52%) more likely than adults 2 (20%) to report past year examination.

Figure 91: Last Digital Rectal Exam –Of male respondents aged 35 years or older-

