



Capital Health

Our Health: A Community Health Assessment Survey

Prepared For:

**Southeastern 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 Southeastern 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 Southeastern CHB.

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

METHODOLOGY

A total of 403 residents (aged 15 years or older) from the Southeastern CHB completed *Our Health: A Community Health Assessment Survey*. To ensure a representative sample of the Southeastern CHB population by age and gender, quotas and sample weights were developed and applied to the data.

The questionnaire for the Southeastern *Our Health: A Community Health Assessment Survey* is based on selected questions from the Canadian Community Health Survey (CCHS) Cycle 4.1, 2007 Questionnaire. The questionnaire for this study included the standard core content sections as chosen by CDHA and IWK, as well as five optional content sections from the CCHS: "Restriction of Activities", "Coping With Stress", "Social Support – Availability", "Voluntary Organizations", and "Problems in the Community", as chosen by the Southeastern 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 (48%) and females (52%). The majority were between the ages of 35 and 64 (60%) and married (59%), with the most commonly reported level of education being a trade or non-university certificate or diploma (35%).
- The majority of respondents had insurance coverage for health expenses including prescription medicines (89%), eye glasses/contact lenses (82%), and dental expenses (81%). However, a notable percentage of respondents did not have prescription insurance (9%), eye glasses/contact lenses insurance (14%), or dental insurance (18%).



- Of respondents between the ages of 15 and 75, 71% worked at a job or business during the week prior to survey completion, while 25% 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* (24%), *very good* (44%), or *excellent* (20%). Other highlights regarding the health and well-being of respondents include:
 - Thirteen percent of respondents rated their general health negatively, that is, *fair or poor*. Respondents with a negative general health rating were generally older, lacked insurance coverage, were without work in the week prior to survey completion or provided negative ratings of their mental or oral health.
 - Five percent of respondents had *fair or poor* mental health ratings. When analyzed further, these respondents generally rated their general health negatively, did not have dental insurance, or were without work in the week prior to survey completion.
 - Ten percent of respondents felt their health is *somewhat or much* worse now than it was one year ago. These respondents generally were older, were without work in the week prior to survey completion, or rated their general, mental or oral health negatively.
 - Furthermore, 5% of respondents were dissatisfied with their life in general. These respondents tended to be without a regular medical doctor.
 - Almost one-third of respondents (31%) indicated a *somewhat or very* weak sense of belonging to their local community. These respondents were generally without work in the week prior to survey completion.

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?

- Two-thirds of respondents (67%) experienced some level of day-to-day stress and 71% experienced stress at work. The most important contributor to day-to-day stress was commonly identified as respondents' work situation (29%).
 - However, 91% of respondents feel equipped to handle stressful events including unexpected and difficult problems and 92% feel equipped to handle the day-to-day demands of life.
 - Respondents who reported daily stress were more likely to be under 65 years of age, to have worked in the week prior to survey completion, or to have negative mental health ratings.



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-seven percent of respondents have made changes to improve their health in the past 12 months. As well, 71% of all respondents feel they should make future health improvements. Of respondents who indicated that they should make changes to improve their physical health:
 - 71% intend to improve their health in the next year, most notably by increasing exercise/sports/physical activity (58%).
 - 42% faced barriers in making improvements, and barriers tended to be more common among those 25 or older or those who rated their general health negatively. The most notable barriers faced were a lack of will power/self discipline (48%) 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 Southeastern CHB rated their health and well-being positively, obesity, high levels of physical inactivity and the prevalence of particular chronic conditions were evident.

- Thirty-nine percent of respondents were physically inactive, while 28% were moderately active and 33% were regularly active. Walking for exercise (86%) was the most common activity reported.
 - Respondents with negative general health ratings were more likely to be physically inactive compared to those with positive general health ratings.
 - Physical activity was related to the prevalence of arthritis, diabetes, and high blood pressure, whereby physically inactive respondents were more likely to have these conditions when compared to regularly active respondents.

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

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



- Sixty-eight percent of respondents aged 18 years or older, excluding pregnant females, were classified as overweight or obese, while 31% were of normal weight and 1% were underweight.
 - Overweight/obesity tended to be more common among male respondents.
 - Of those that were overweight or obese, 27% 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-three percent of respondents did not meet Canada's Food Guide daily requirements for fruit and vegetable servings, while 37% met or exceeded the daily requirements.
- Food security has been a concern for at least 1% of respondents at some point over the past 12 months.

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

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

Sexual Health

- Of respondents between the ages of 15 and 49, most (91%) have had sexual intercourse at least once in their lifetime. Of these respondents:
 - 92% have had sexual intercourse in the past 12 months.
 - 10% have ever been diagnosed with a sexually transmitted disease (STD).
 - 29% used a condom the last time they had sexual intercourse. However, condom use was more common among single respondents (58%) compared to those who were living common-law (33%) 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 (20%) currently smoke, with 86% being daily smokers.
 - Of current smokers, 71% indicated a serious consideration to quit within the next six months, and 52% 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 (80%) have had a drink of alcohol in the past 12 months and of those, 15% consume alcohol once a week, while 28% consume alcohol at least two or more times a week.
- Furthermore, 9% 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 males, under 65 years of age, or without 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, almost three in ten respondents (29%) have bet or spent money on instant win, scratch or daily lottery tickets, while 8% have played VLTs and <1% participated in Internet or arcade gambling.
 - Of these respondents, 66% spent \$100 or less on all gambling activities over the past 12 months and 97% 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.
 - 16% of respondents have received some type of community-based care within the past 12 months, which was generally perceived to be of *good* (47%) or *excellent* (38%) quality.
 - Almost two in ten respondents (18%) 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 (53%).

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, 51% of respondents required health information or advice, with the most common professional contacted being a doctor's office (78%).
- In the past 12 months, 44% of respondents required a visit to a medical specialist. Of these respondents, 22% experienced difficulty getting specialist care, with long wait times being the most common difficulty experienced (78%). The likelihood of requiring a visit to a medical specialist was more prevalent among those with a regular medical doctor or those who rated their general or mental health negatively.
- In the past 12 months, 42% of respondents required routine or on-going care for themselves or a family member. Of respondents who required routine or on-going care in the past 12 months, 19% experienced difficulty getting the care needed.
- The use of and need for home care services was relatively uncommon among respondents 18 years of age or older, with 5% 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, routine or on-going care be alleviated?
- Will the introduction of 811 telecare service impact accessing family physician offices for health information or advice?

Chronic Conditions

- Almost two-thirds of respondents (64%) reported having at least one of the various chronic health conditions measured in *Our Health: A Community Health Assessment Survey*. Respondents with at least one chronic health condition tended to be seniors.
 - The most common chronic conditions were muscle/joint related conditions (back problems: 25%; arthritis: 22%), cardiovascular conditions (high blood pressure: 20%; heart disease: 5%; stroke: <1%), migraine headaches (17%), and diabetes (11%).

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

- 89% of respondents rated their oral health positively (*good, very good or excellent*), while 10% rated their oral health as *fair or poor*.
- Respondents who had negative oral health ratings were more likely to be seniors, and without insurance coverage.
- Serious oral health problems tended to be uncommon, with the most common problems experienced in the past month being tooth sensitivity (34%).

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 50% had one in the past 12 months.
 - About two-thirds of respondents (68%) have ever had a flu shot and 43% had one in the past 12 months.
 - Almost all respondents (96%) have had at least one blood pressure check in their lifetime and 83% had one in the past 12 months.
- Colorectal cancer screenings tended to be less common:
 - Of respondents 35 years of age or older, 23% have ever had a fecal occult blood test and 6% had one within the past 12 months. A higher percentage (26%) have ever had a colonoscopy or sigmoidoscopy and 3% had one within the past 12 months.



Health Screenings – Female

- Overall, most female respondents have engaged in various protective health screenings at least once in their lifetime, with a moderate number having done so within the past year.
 - Of female respondents aged 18 years or older, 95% have ever had a pap smear test and 56% had one in the past twelve months.
 - Of females aged 35 years or older, 81% have ever had a mammogram and 46% had one within the past twelve months.
 - Of female respondents aged 18 years or older, 76% have ever had a breast examination by a doctor or other health professional and 49% had one within the past twelve months.

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

Health Screenings – Male

- Generally, many male respondents aged 35 years or older have engaged in protective health screenings at least once in their lifetime, with a fairly low number doing so within the past year. Of these respondents:
 - 54% have ever had a prostate specific antigen blood test and 35% had one less than one year ago. Furthermore, 62% 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 FPT 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, Dartmouth, Cobequid, Chebucto West, Eastern Shore Musquodoboit, Southeastern and West Hants - Uniacke. Each CHB is composed of 15 volunteer community members who are responsible for consulting with community residents, groups and organizations to identify the priority health issues in their community and develop strategies which work to improve the health of their community. The CHBs also work with CDHA and the IWK Health Centre (IWK) in district health planning.

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

¹ Source: Nova Scotia Department of Health, Public Health Services, Who We Are, What We Do, July 2002.

² Source: Nova Scotia Department of Health, Public Health Services, Who We Are, What We Do, July 2002.

³ Source: Nova Scotia Department of Health, Healthy People, Healthy Communities: Using the Population Approach, July 2002.



communities by providing education and promotion and access to effective, quality healthcare services. To support this mandate, CDHA and IWK must first assess the health of its' citizens through initiatives such as the community health assessment. 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 Southeastern CHB. 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 of residents of the Southeastern CHB. The information will be used by the Southeastern CHB, CDHA and IWK to support the development of the community health plan and to help guide program planning and policy development within these organizations.

2.0 Methodology⁴

2.1 SAMPLE SELECTION

A total of 403 residents (aged 15 years or older) from the Southeastern CHB completed the *Our Health: A Community Health Assessment Survey*. Based on a population size of 34,201 (www.gov.ns.ca/finance/communitycounts), this sample size results in a margin of error of $\pm 4.85\%$ at the 95% confidence level or 19 times out of 20⁵.

To ensure a representative sample of the Southeastern 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, CDHA, and IWK, 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. This may be an indicator of priorities and areas of interest for future research at the CHB level.

The questionnaire for this study included the core content sections as chosen by CDHA and IWK, as well as five optional content sections from the CCHS: "Restriction of Activities", "Coping With Stress", "Social Support – Availability", "Voluntary Organizations", and "Problems in the Community", as chosen by the Southeastern 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 Southeastern 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 Southeastern 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 the North American Industry Classification System (NAICS)¹⁰. Furthermore, the actual questions that were read to respondents appear throughout the report in *italics* to provide clarity and assist with ease of reading.

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

⁸ What may seem to be a difference between percentages may simply be the result of sampling error or the margin of error associated with the sample size, and not a real or significant difference in the population.

⁹ For more information please visit <http://www.statcan.gc.ca/subjects-sujets/standard-norme/naics-scian/2007/list-liste-eng.htm>

¹⁰ For more information please visit <http://www.statcan.gc.ca/subjects-sujets/standard-norme/soc-cnp/2006/noc2006-cnp2006-menu-eng.htm>

3.0 Demographics¹¹

3.1 RESPONDENT CHARACTERISTICS

As shown below, respondents were a fairly equal mix of males (48%) and females (52%). Almost two-thirds of respondents were between the ages of 35 and 64 (60%) and married (59%), while 81% resided in a single-detached dwelling.

Demographic characteristics for CDHA are also presented. As shown below, Southeastern respondents were more likely than the district as a whole to be married (59% and 53%, respectively) and to reside in a single-detached dwelling (81% and 73%, respectively). However, they were less likely to be seniors (10% and 16%, respectively).

Table 1: Demographics

	Southeastern	CDHA
	% (N=403)	% (N=2,819)
Gender		
Male	47.9	47.5
Female	52.1	52.5
Age		
Youth (15-19 years)	9.9	7.2
Adult 1 (20-34 years)	20.1	21.7
Adult 2 (35-64 years)	59.5	54.9
Seniors (65+ years)	10.4	16.1
Marital Status		
Married	59.0	53.4
Single, never married	23.7	25.5
Living common-law	6.0	7.5
Divorced	5.3	5.8
Widowed	4.4	5.2
Separated	1.5	2.3
Refused	0.2	0.2
Type of Dwelling		
Single-detached	81.0	72.5
Duplex	9.0	5.8
Double	3.5	2.5
Low-rise apartment (less than 5 stories)	2.5	10.7
Other	3.7	8.4
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=315), most (97%) considered themselves to be heterosexual, followed by homosexual (1%), and bisexual (1%). Two percent of respondents were unsure of their sexual orientation or refused to provide a response.

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).

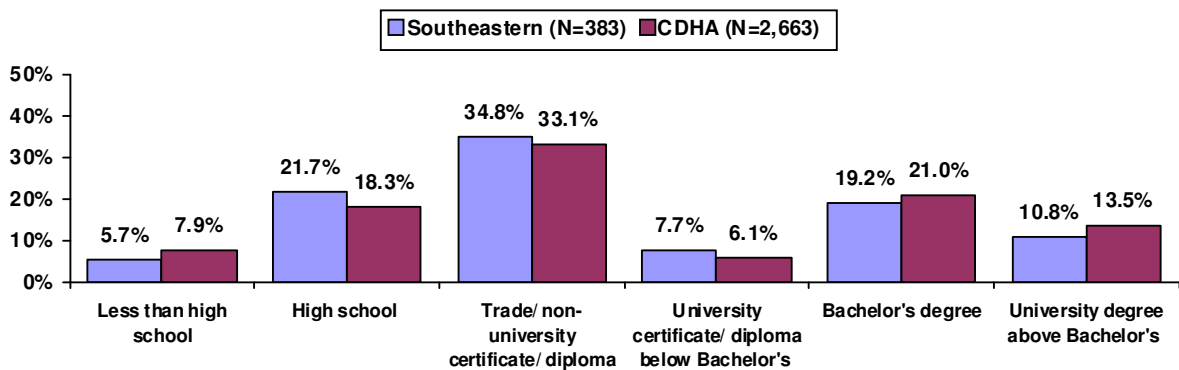
Did you graduate from high school (secondary school)? What is the highest grade of elementary or high school you have ever completed? Have you received any other education that could be counted towards a degree, certificate or diploma from an educational institution?

Of respondents aged 18 years or older, 91% have graduated from high school, similar to CDHA as a whole (88%). Of those respondents who have not (N=33), 56% have Grades 11 or 12, but did not graduate, while 32% have Grades 9-10 and 12% have Grade 8 or lower.

Furthermore, of respondents aged 18 years or older, 73% have received other education that could be counted towards a degree, certificate, or diploma from an educational institution.

In terms of highest level of education, respondents most commonly completed a trade or non-university certificate or diploma (35%), followed distantly by high school (22%) or a Bachelor's degree (19%).

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



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

Of respondents aged 18 years or older (N=383), 13% were attending a school, college, or university at the time of the survey, similar to the district result (10%). Of these respondents (N=49), 49% were attending on a full-time basis, with the remainder (51%) attending part-time.

3.2 SOCIO-DEMOGRAPHIC CHARACTERISTICS

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

Almost all respondents were born in Canada (95%) and were born Canadian citizens (96%).

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

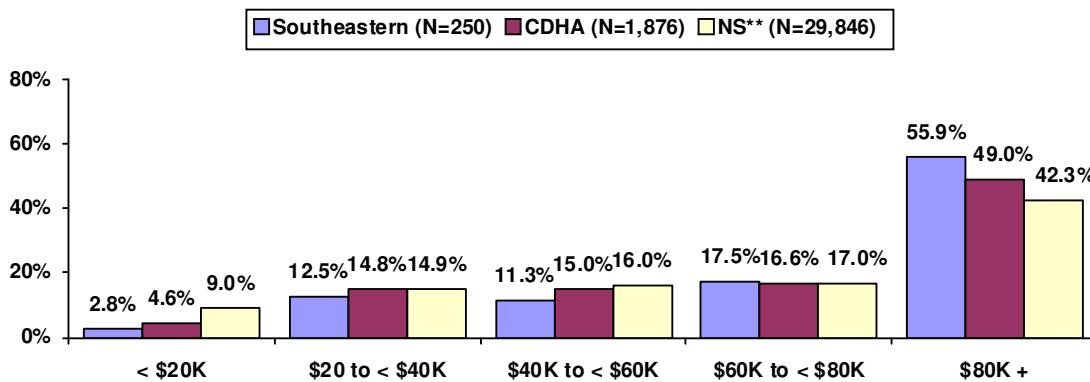
Almost all respondents (98%) were white and English (98%), by far, was the language spoken most often at home.

3.3 HOUSEHOLD INCOME AND INSURANCE COVERAGE

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

Generally, Southeastern respondents had household incomes that were higher than what was found at the district level. More specifically, over one-half (56%) had an annual household income of \$80,000 or more, higher than the district result of 49%. Conversely, 15% reported an annual household income under \$40,000. Of note, 38% of respondents did not provide a response to this question.

Figure 2: Annual Household Income*



*38% of respondents did not answer this question.

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



As stated previously, almost four in ten respondents did not answer the household income question. Furthermore, those who did provide a response tended to fall on the higher end 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 have experienced some level of *food insecurity* over the past year¹²;
- To have *not worked* in the week prior to data collection; and
- *Lacking eyeglasses/contact lenses and dental insurance.*

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 was 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=384), wages and salaries were the most commonly reported main source of income (80%), followed distantly by benefits from the Canada or Quebec pension plan (4%), and income from dividends and interest (3%).

¹² Food insecurity: Includes the categories of "sometimes" and "often" did not have enough to eat.

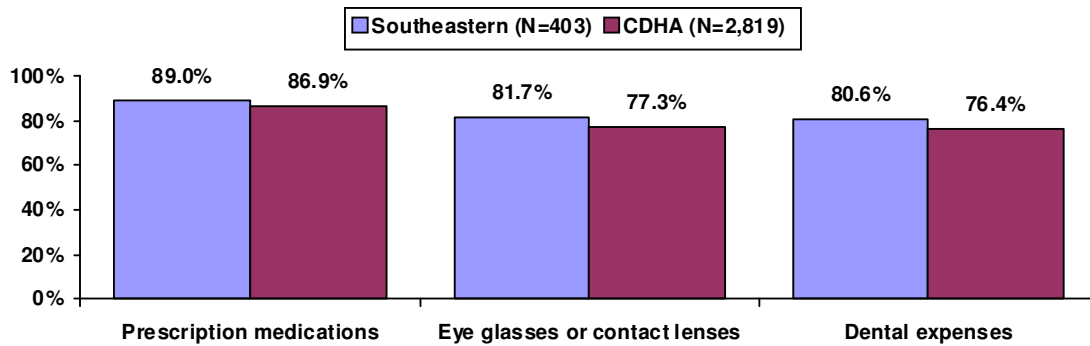


Do you have insurance that covers all or part of: The cost of your prescription medicines? The costs of eyeglasses or contact lenses? Your dental expenses?

As shown in Figure 3, the majority of respondents had private, government, or employer-paid insurance coverage that covers the cost of prescription medicines (89%), eyeglasses or contact lenses (82%), and dental expenses (81%). However, a notable percentage did not have prescription insurance (9%), eye glasses/contact lenses insurance (14%), or dental insurance (18%).

Findings were generally similar to what was found at the district level, however, the likelihood of having eyeglasses/contact lenses insurance was higher in this CHB.

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=359): 65% employer-sponsored, 22% government sponsored, and 10% private;
- Eye glasses/contact lenses insurance (N=329): 70% employer-sponsored, 20% government sponsored, and 10% private; and
- Dental insurance (N=325): 69% employer-sponsored, 19% government sponsored, and 11% private.

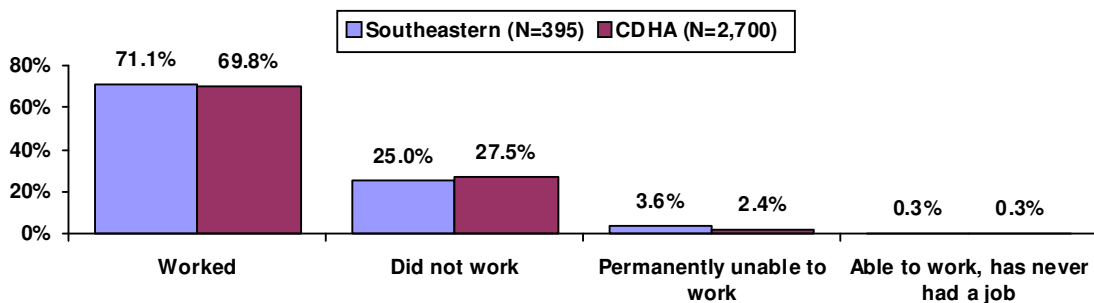
4.0 Employment Status¹³

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.

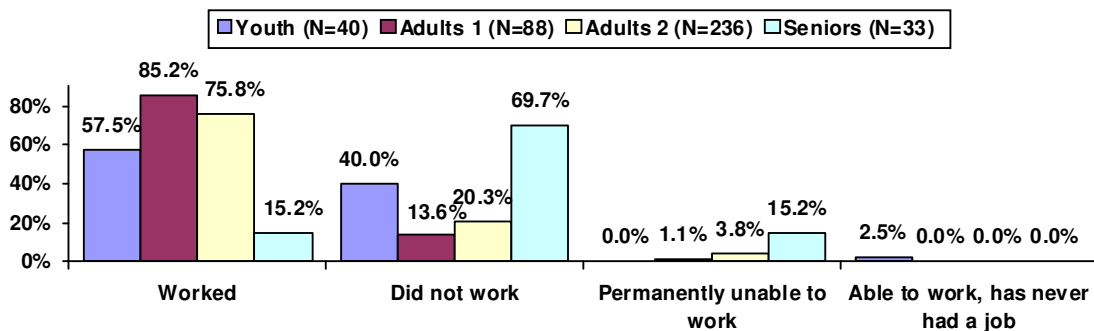
Seventy-one percent of respondents between the ages of 15 and 75 worked during the week prior to survey completion, while 25% did not work. A minority of respondents aged 15 to 75 were permanently unable to work during the week prior to survey completion (4%) or were able to work but have never had a job (<1%).

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



As shown below, adults 1 (85%) and adults 2 (76%) were most likely to have worked in the week prior to survey completion, followed by youth (58%). Indeed, respondents from all of these age categories were more likely than seniors (15%) to have worked¹⁴. No differences were found between males and females in terms of employment status.

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



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

¹⁴ For the purpose of analysis, respondents were divided into four age categories: Youth (aged 15-19 years), Adults 1 (aged 20-34 years), Adults 2 (aged 35-64 years) and Seniors (aged 65+ years).

Respondents between the ages of 15 and 75 who worked during the week prior to survey completion (N=281) were asked a series of questions about their employment during that week.

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

Of respondents between the ages of 15 and 75 who worked during the week prior to survey completion (N=281), 9% were absent from work during that week and 11% had more than one job or business during that week. Of those who had more than one job (N=30), most worked 15 hours or less in this other job (5 hours or less: 20%; 6-10 hours: 23%; 11-15 hours: 13%) or 20 or more hours (26%).

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 (92%), higher than the district finding of 87%. A wide range of industries and occupations were identified, with the most common industry being *public administration* (19%), and the most common occupation being *general office clerks* (7%).

Table 2: Profile of Current Employment

	Southeastern	CDHA
	% (N=281)	% (N=1,883)
Employee	92.3	86.6
Self-employed	7.7	13.0
Working in a family business without pay	-	0.1
Don't know/Refused	-	0.3
Top Five Industries		
Public administration	18.9	13.5
Health care and social assistance ¹⁵	13.6	15.4
Retail trade	12.6	9.4
Finance and insurance	6.0	5.4
Educational services	5.5	7.7
Top Five Occupations		
General office clerks	7.0	3.7
Occupations unique to the armed forces	5.1	2.5
Retail salespersons and sales clerks	4.7	3.8
Cashiers	2.6	1.1
Registered nurses	2.5	3.0

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=100), 19% have looked for work over the past 4 weeks. This percentage similar to the finding for the district overall (17%).

¹⁵For 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-Being¹⁶

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

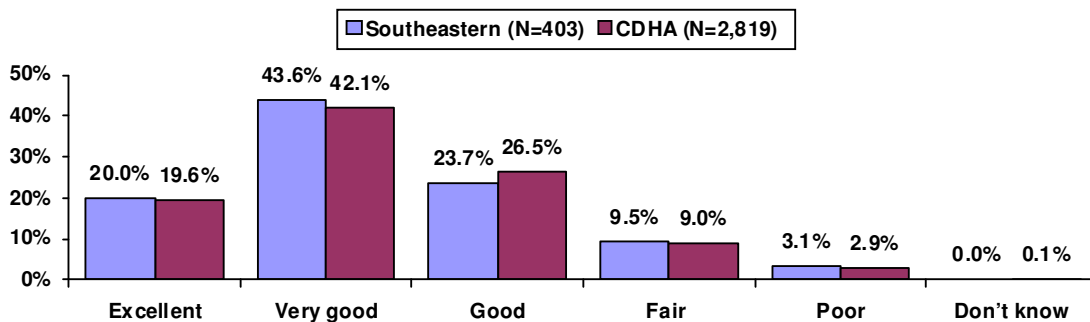
5.1 GENERAL HEALTH AND SENSE OF BELONGING

General Health and Satisfaction With Life

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

In general, the majority rated their health as *good* (24%), *very good* (44%), or *excellent* (20%), while just over one in ten respondents had negative health ratings (10% *fair*; 3% *poor*).

Figure 6: Self-Reported Health Status



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

- *Fair* or *poor* ratings were more likely from seniors (29%) compared to adults 2 (13%), adults 1 (7%) and youth (5%);
- Negative ratings were more likely from respondents who rated their mental health (74%)¹⁷ and oral health (37%) negatively compared to those who rated mental and oral health positively (9% and 10%, respectively);
- *Fair* or *poor* ratings were more likely from those without eyeglasses/contact lenses (22%) or dental (24%) insurance compared to their counterparts with these types of insurance (10% each); and
- Negative ratings were more likely from respondents without work in the week prior to survey completion (20%) compared to those who worked (6%).

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

¹⁶ Throughout this report, differences between segments are only noted if they are statistically significant.

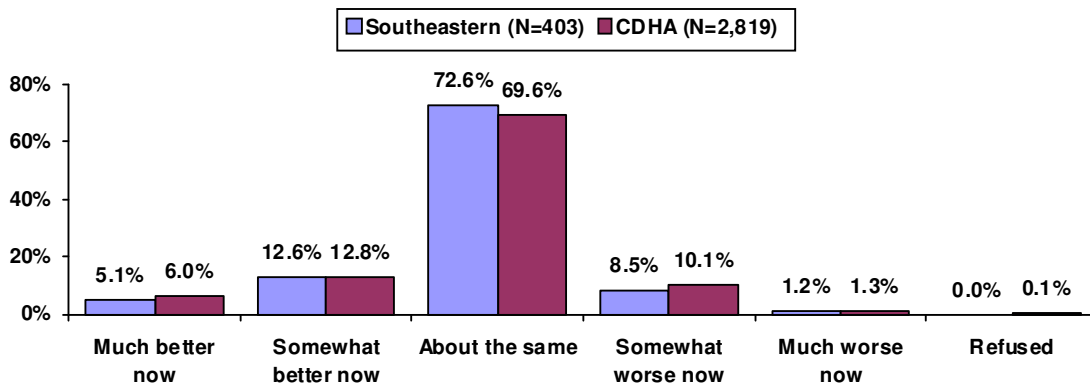
¹⁷ Within this segmentation, the sample size for a negative mental health rating is less than 30; findings should be interpreted with caution.



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, almost three-quarters (73%) felt their health has stayed *about the same*, while 10% felt their health is worse than it was one year ago (*somewhat worse*: 9%; *much worse*: 1%) and 18% considered their health better (*much better*: 5%; *somewhat better*: 13%) than it was one year ago.

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



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

- Seniors (26%) compared to adults 2 (10%), adults 1 (4%) and youth (8%).
- Respondents who rated their general health (41%), mental health (50%)¹⁸ and oral health (29%) negatively compared to those who provided positive ratings of general health (5%), mental health (8%) and oral health (8%); and
- Respondents without work in the week prior to survey completion (14%) compared to those who worked (6%).

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

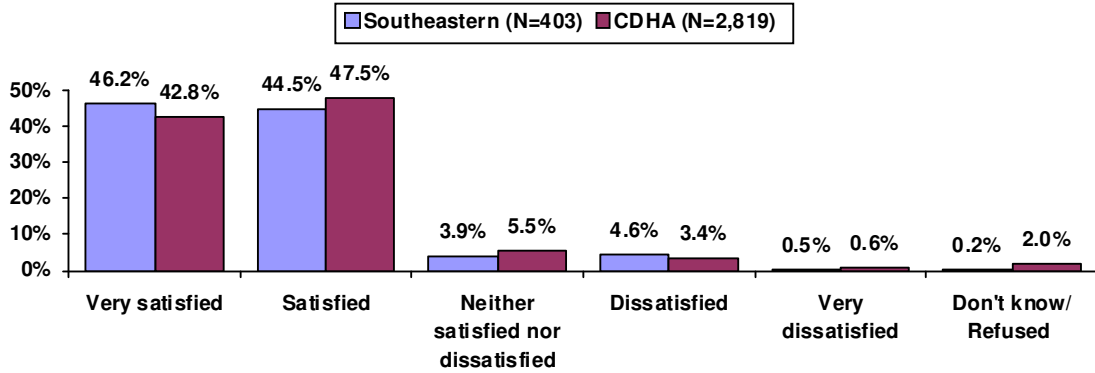
¹⁸ Within this segmentation, the sample size for a negative mental health rating is less than 30; findings should be interpreted with caution.



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

The majority of respondents were satisfied with their life in general (46% very satisfied, 45% satisfied), while five percent were dissatisfied (5% dissatisfied; 1% very dissatisfied).

Figure 8: Satisfaction With Life in General



Those without a regular medical doctor were more likely to be dissatisfied or *very dissatisfied* with their life in general (7%) compared to those with a regular medical doctor (<1%).

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

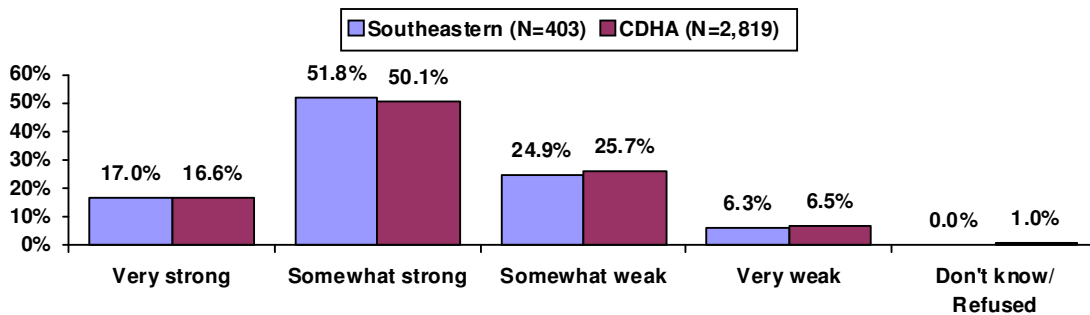
Sense of Belonging

To gauge the well-being of residents of the Southeastern CHB, respondents were asked about their sense of belonging to their local community, their level of involvement in volunteer activities, 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"?

Fifty-two percent of respondents reported a *somewhat* strong sense of belonging to their local community and 17% reported a *very* strong sense of belonging, while almost one-third of respondents (31%) indicated a weak sense of belonging (25% *somewhat* weak; 6% *very* weak).

Figure 9: Sense of Belonging to Local Community



A *somewhat* or *very* weak sense of belonging to the local community was more common among respondents who worked in the week prior to survey completion (36%) compared to respondents who did not work (21%).

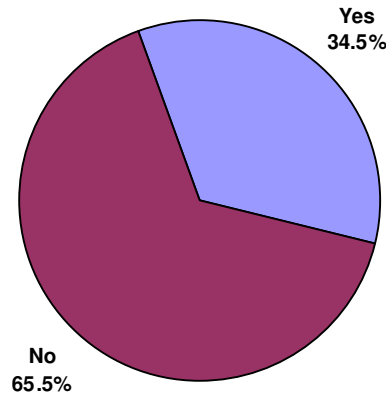
No differences were found by age, gender, general health ratings, mental health ratings, oral health ratings, having a regular medical doctor, or insurance coverage.



Are you a member of any voluntary organizations or associations? How often did you participate in meetings or activities of these groups in the past 12 months?

Almost two-thirds of respondents (65%) were not involved in voluntary organizations or associations, while 35% were volunteers. Volunteerism did not differ based on gender, however, youth (57%) were more likely than adults 1 (21%), adults 2 (35%) and seniors (36%) to be involved in voluntary activities.

Figure 10: Percentage of Respondents Involved in Voluntary Organizations or Associations (N=403)



Of those respondents who were involved in voluntary organizations or associations (N=139), 53% participated in meetings or activities at least once a week over the past 12 months, while 31% participated at least once a month, 14% participated at least 3 or 4 times a year or less, and 1% were unsure or refused to provide a response.

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.

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 you can count on to listen to you when you need to talk (61% *all* of the time; 29% *most* of the time);
- Someone who shows you love and affection (69% *all* of the time; 20% *most* of the time); and
- Someone to take you to the doctor if you needed it (69% *all* of the time; 19% *most* of the time).

However, 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 (16%), someone to have a good time with (14%), and someone to give you advice in a crisis (13%).

Table 3: Availability of Various Types of Social Support (N=403)

	<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	1.2	1.7	7.9	19.8	68.8	0.7
Someone to take you to the doctor if you needed it	2.4	1.4	7.1	19.1	69.0	1.0
Someone you can count on to listen to you when you need to talk	1.4	0.7	6.7	28.8	61.4	1.0
Someone to give you advice in a crisis	1.7	1.0	12.2	26.0	57.7	1.5
Someone to have a good time with	1.7	1.5	12.9	32.1	50.9	1.0
Someone to help you if you were confined to bed	3.1	2.5	13.7	24.9	54.0	1.7

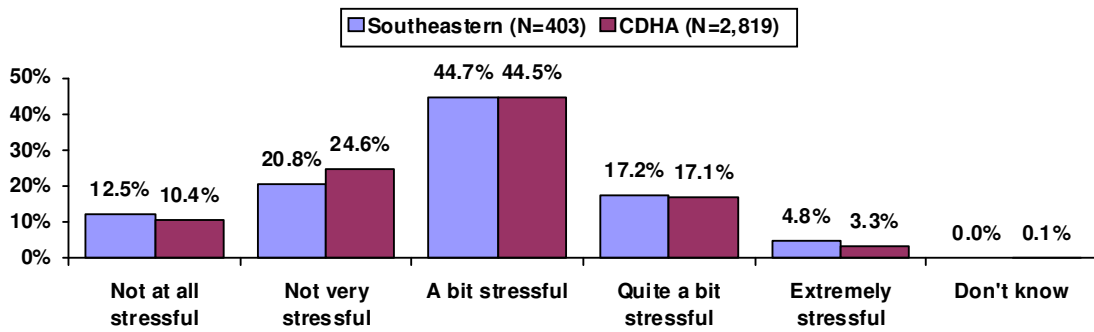
5.2 STRESS

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 11, the majority of respondents reported that most days are *a bit stressful* (45%), *quite a bit stressful* (17%), or *extremely stressful* (5%).

Figure 11: Amount of Stress in Daily Life



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

- Youth (65%) and adults (adults 1: 70%; adults 2: 70%) compared to seniors (43%);
- Those who rated mental health negatively (90%) compared to those who rated it positively (65%)¹⁹; and
- Those who worked in the week prior to survey completion (73%) compared to those who did not work (49%).

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

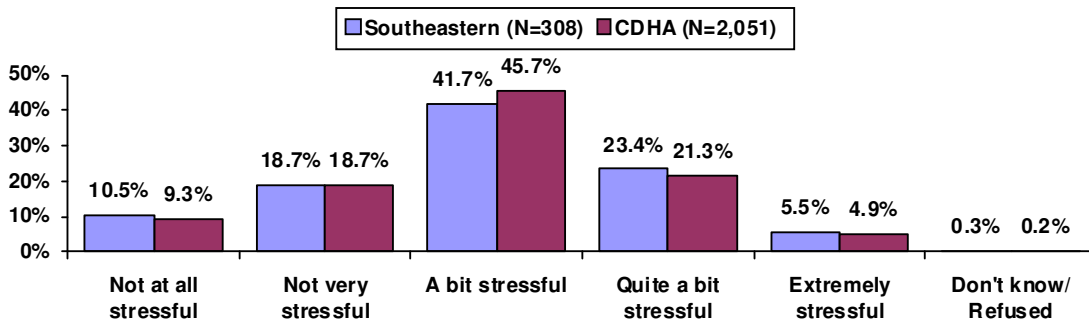
¹⁹ Within this segmentation, the sample size for a negative mental health rating is less than 30; findings should be interpreted with caution.



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=308) reported that most days at work are *a bit stressful* (42%), *quite a bit stressful* (23%), or *extremely stressful* (6%). Job stress did not differ by age or gender.

Figure 12: 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-



Adults 2 (76%) were more likely than youth (52%) and seniors (43%) to have rated their work life as *a bit*, *quite a bit*, or *extremely stressful*²⁰.

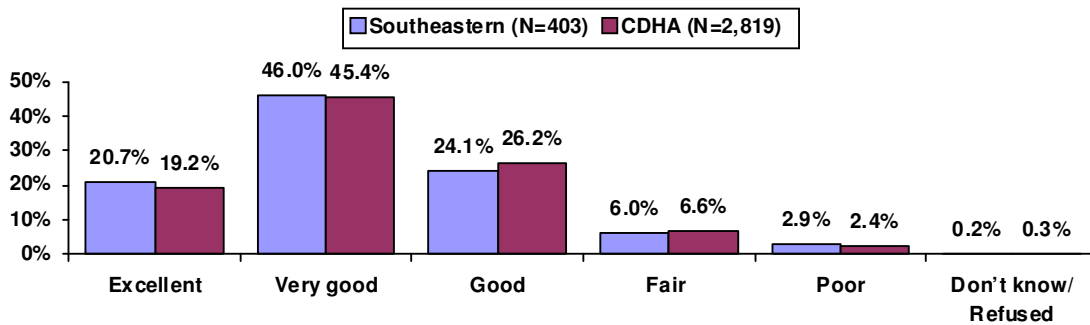
In contrast, no differences were found by gender, general health ratings, mental health ratings, oral health ratings, or, having a regular medical doctor.

²⁰ Within this age segmentation, the sample sizes for youth and seniors are less than 30; therefore, findings should be interpreted with caution.

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

The majority of respondents indicated they feel equipped to handle unexpected and difficult problems that arise, for example, a family or personal crisis. More specifically, 24% rated their ability to handle these problems as *good*, 46% as *very good* and 21% as *excellent*. However, almost one in ten respondents rated their ability to handle unexpected and difficult problems negatively (6% *fair*; 3% *poor*). Findings did not differ when analyzed by age or gender.

Figure 13: Ability to Handle Unexpected and Difficult Problems

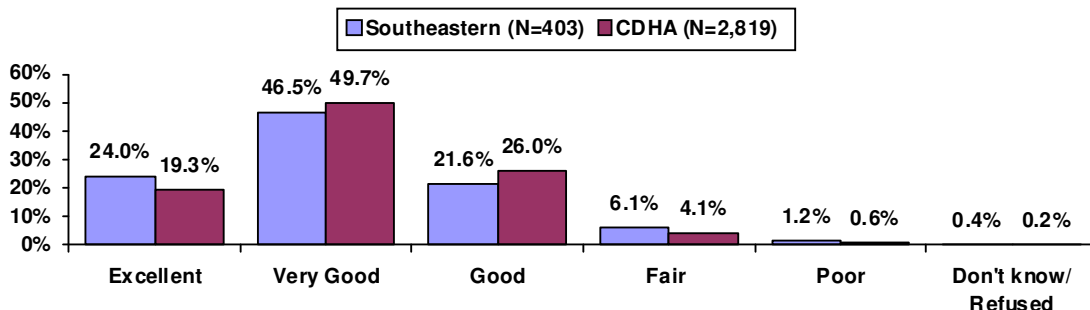


In general, how would you rate your ability to handle the day-to-day demands in your life? Would you say your ability is "excellent", "very good", "good", "fair", or "poor"?

The majority of respondents felt equipped to handle the day-to-day demands of life, for example, handling work, family and volunteer responsibilities. More specifically, 22% rated their ability to handle these problems as *good*, 47% as *very good* and 24% as *excellent*. However, 7% of respondents rated their ability to handle these life demands as *fair* (6%) or *poor* (1%). The percentage of those who rated their ability to handle these problems as *good* to *excellent* was lower in this CHB (92%) than for the district as a whole (95%).

Findings did not differ when analyzed by age or gender.

Figure 14: 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 (29%), followed distantly by time pressures (8%) and their own financial situation (8%).

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

	<i>Southeastern</i>	<i>CDHA</i>
	% (N=403)	% (N=2,819)
Own work situation	29.1	26.7
Time pressures/not enough time	8.4	7.7
Financial situation	8.2	11.2
Caring for own children	6.9	6.0
School	5.7	5.4
Personal relationships	5.0	5.5
Health of family members	4.4	4.9
Other personal or family responsibilities	4.4	4.0
Own physical health problem or condition	4.1	4.5
Personal and family safety	4.0	1.8
No stress	2.0	2.8
Other	9.9	10.6
Don't know/Refused	7.9	8.8

Coping With Stress

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

The most common method used to cope with stress was to try to solve the problem, with 73% of respondents using this method *often*. Other methods used *often* by respondents included trying to look on the bright side of things (69%) and trying to relax by doing something enjoyable (61%).

However, a notable percentage of respondents used unhealthy coping methods *often* such as wishing the situation would go away (35%), trying to feel better by eating more than usual (9%), blaming yourself (8%), avoiding being with people (7%), sleeping more than usual (6%), and trying to feel better by smoking more than usual (6%).

Table 5: Methods Used to Deal With Stress (N=403)

	Often	Sometimes	Rarely	Never	DK/Ref
	%	%	%	%	%
Try to solve the problem	73.2	21.4	1.5	2.2	1.7
Try to look on the bright side of things	68.8	24.3	1.8	4.0	1.2
Try to relax by doing something enjoyable	60.9	30.6	3.4	3.7	1.4
Talk to others	47.1	37.6	5.8	8.1	1.4
Wish the situation would go away or somehow be finished	35.2	35.0	10.7	16.4	2.7
Jog or do other exercise	28.4	29.8	8.9	31.2	1.6
Pray or seek spiritual help	18.7	22.1	11.7	46.3	1.2
Try to feel better by eating more or less than usual	9.3	29.0	13.5	46.7	1.4
Blame yourself	7.5	33.8	16.6	40.4	1.7
Avoid being with people	6.7	25.5	14.6	52.2	1.0
Sleep more than usual	5.7	17.9	18.0	57.5	1.0
Try to feel better by smoking more cigarettes than usual	5.7	6.7	2.3	83.8	1.4
Try to feel better by using drugs or medication	1.7	5.1	3.4	89.1	1.2
Try to feel better by drinking alcohol	0.8	8.1	8.5	81.4	1.2

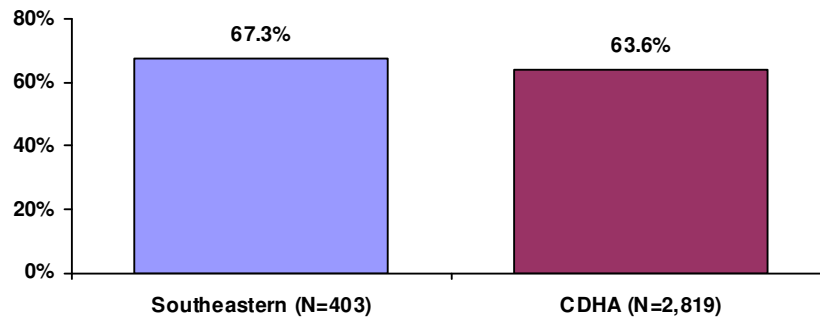
5.3 CHANGES MADE TO IMPROVE HEALTH

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 15, two-thirds of respondents (67%) made changes to improve their health in the past 12 months. No differences were found when analyzed by age or gender.

Figure 15: 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=271), the most common changes were increasing exercise/sports/physical activity (46%), changing diet/eating habits (20%) and losing weight (17%).

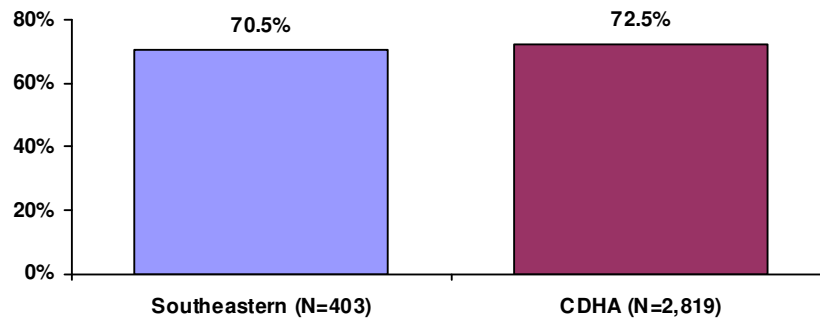
Table 6: Changes Made to Improve Health in the Past 12 Months –Of respondents who have made changes to improve their health in the past 12 months-

	Southeastern	CDHA
	% (N=271)	% (N=1,792)
Increased exercise/sports/physical activity	46.0	41.6
Changed diet/eating habits	20.1	25.6
Lost weight	16.8	17.6
Quit smoking/reduced amount smoked	6.9	5.7
Received medical treatment	4.7	4.3
Took vitamins	2.2	1.3
Other	3.3	3.8

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

About seven in ten respondents (71%) indicated there are some changes they should make to improve their physical health. Youth (83%) were more likely than seniors (59%) to feel they should make changes. The percentage of adults (adults 1: 73%; adults 2: 70%) who felt this way was consistent with the average. Findings did not differ when analyzed by gender.

Figure 16: 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=284), the most commonly reported changes were starting/increasing exercise/sports/physical activity (42%) and changing diet/improving eating habits (25%).

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-

	Southeastern	CDHA
	% (N=284)	% (N=2,044)
Start/Increase exercise/sports/physical activity	41.8	45.3
Change diet/improve eating habits	24.9	22.4
Quit smoking/reduce amount smoked	13.6	12.1
Lose weight	13.1	12.8
Receive medical treatment	2.4	0.9
Other	4.1	5.6
Don't know	-	0.8

Respondents who indicated that they should make changes to improve their physical health (N=284) were asked about barriers to physical health improvement and ways to improve their physical health in the next year.

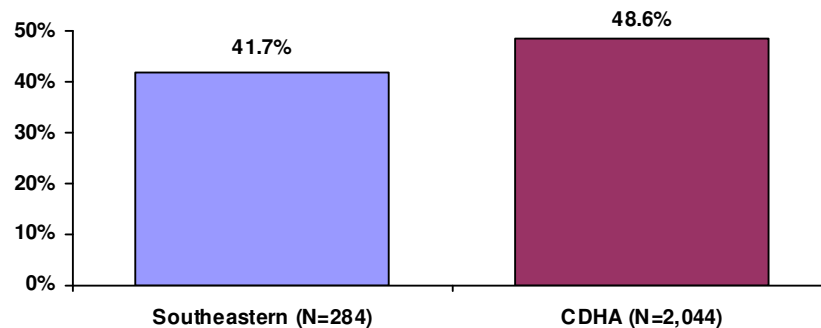
Is there anything stopping you from making this improvement? What is that?

Of respondents who indicated that they should make changes to improve their physical health, 42% faced barriers in making improvements, lower than the district finding of 49%.

Seniors (53%), adults 2 (44%) and adults 1 (44%) were more likely than youth (18%) to face barriers. Barriers were also more common among those who rated their general health negatively (56%) compared to those who provided positive ratings (39%).

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

Figure 17: 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 barrier mentioned by respondents who reported facing barriers (N=119) was a lack of will power/ self discipline (48%).

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-

	<i>Southeastern</i>	<i>CDHA</i>
	<i>% (N=119)</i>	<i>% (N=993)</i>
Lack of will power/self discipline	48.2	41.6
Work schedule	17.5	19.8
Family responsibilities	12.1	8.7
Too costly/financial restraints	6.7	6.0
Disability/health problem	5.8	7.9
Physical condition	5.2	6.4
Too stressed	5.0	3.2
Lack of time	4.1	7.6
Other	5.8	11.7
Don't know	-	0.3

*Multiple responses allowed.



By age, seniors (84%) were more likely than adults (adults 2: 45%; adults 1: 40%) to identify lack of will power/self-discipline as a barrier to physical health improvements²¹.

**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=6)	% (N=29)	% (N=72)	% (N=13)
Lack of will power/self discipline	50.0	39.6	45.1	84.1
Work schedule	16.7	19.8	19.1	-
Disability/health problem	-	10.4	5.5	-
Lack of time	16.7	-	5.5	-
Family responsibilities	-	19.0	12.4	-
Physical condition	-	7.8	5.5	-
Too stressed	16.7	7.0	4.1	-
Too costly/financial restraints	-	3.5	8.3	7.9
Weather	-	-	-	-
School/homework	16.7	-	-	-
Other	-	3.5	18.2	7.9
Don't know	-	-	-	-

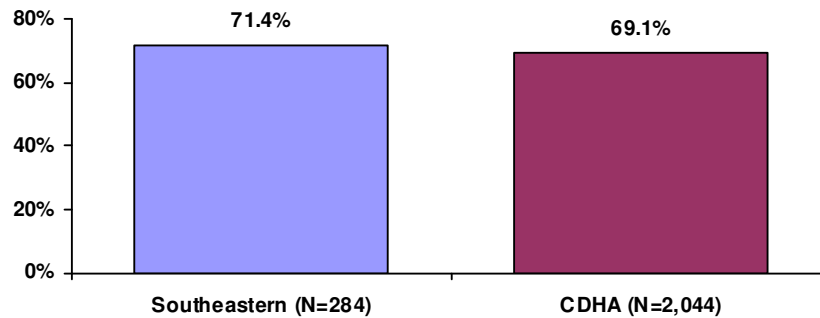
*Multiple responses allowed.

²¹ Within this age segmentation, the sample sizes for youth, adults 1 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=284), 71% intend to improve their physical health in the next year. No differences were found when analyzed by age, however, females (79%) were more likely than males (64%) to have intentions to improve their health within the next year.

Figure 18: 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 (58%).

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-

	<i>Southeastern</i>	<i>CDHA</i>
	<i>% (N=203)</i>	<i>% (N=1,413)</i>
Start/Increase exercise/sports/physical activity	58.3	64.7
Change diet/improve eating habits	23.7	22.5
Lose weight	17.1	17.0
Quit smoking/reduce amount smoked	12.3	9.5
Receive medical treatment	3.3	2.6
Other	4.6	6.9
Don't know/Refused	-	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 reported most often as being very serious in their local community included loss of respect by young people toward the elders (35%), young people getting in trouble with the law because of vandalism or theft (28%) and illegal drug use (19%).

Table 11: Seriousness of Various Issues Facing the Community Today (N=403)

	<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	13.2	13.7	33.1	35.4	4.7
Young people getting in trouble with the law because of vandalism or theft	13.4	12.0	40.5	27.7	6.3
Illegal drug use	16.7	15.7	39.0	18.9	9.7
Alcohol abuse	20.2	19.8	37.4	11.4	11.1
Public fights and disturbances	32.4	25.2	25.1	11.4	5.9
Sexual abuse of children	34.5	20.1	14.3	9.6	21.6
Suicide among young people	36.4	27.7	12.4	7.3	16.1
Negligence of children by their parents	33.8	23.5	22.9	6.9	12.8
Physical or verbal violence between husband and wife	29.8	22.3	20.5	5.8	21.7

6.0 Physical Activity and Body Mass Index²²

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 health²³.

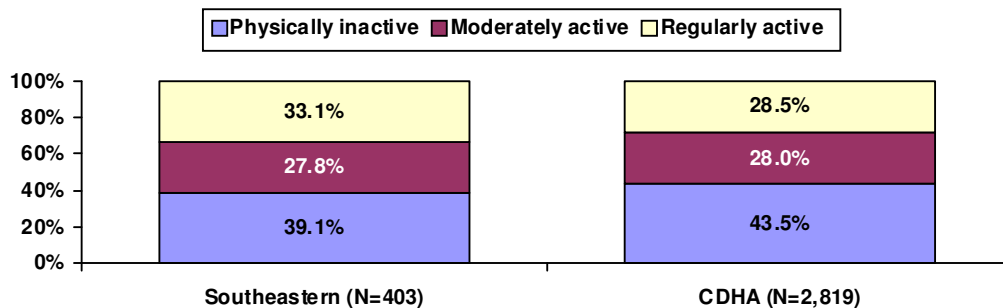
The physical activity index was derived from a series of questions asking respondents what types of activities they have participated in over the past 3 months, the number of times they have participated, and how long they participated in the activities in question. Based on their responses, individuals were categorized into one of three categories²⁴:

- 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)
- 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?

Thirty-nine percent of respondents were physically inactive, while 28% were moderately active and 33% were regularly active. The most common physical activities included walking for exercise (86%) and gardening or yard work (71%)²⁵.

Figure 19: Physical Activity Levels



²² Throughout this report, differences between segments are only noted if they are statistically significant.

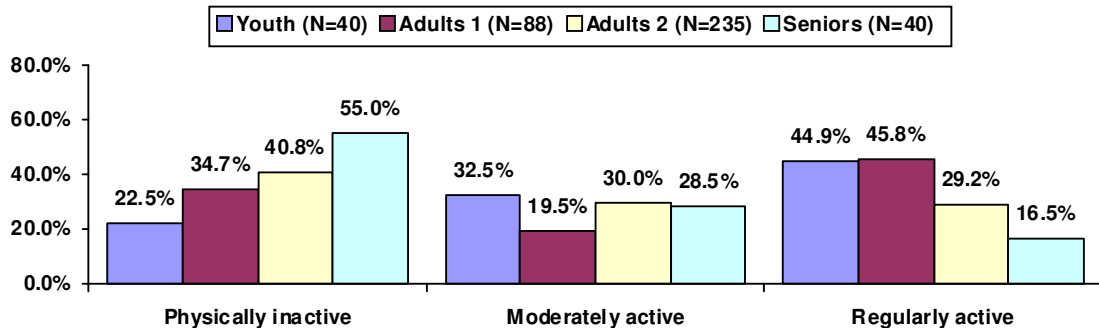
²³ Source: Nova Scotia Department of Health, Physical Activity in Nova Scotia, October 2006.

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

²⁵ 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 (45%) and adults 1 (46%) were most likely to be regularly active followed by adults 2 (29%) and seniors (17%). Conversely, seniors (55%) were more likely to be physically inactive compared to adults 1 (35%) and youth (23%).

Figure 20: Physical Activity Levels by Age Category



Furthermore, physical inactivity was more common among respondents who rated their general health negatively (65%) compared to those with positive general health ratings (35%).

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, the use of these modes of transportation was low. Fifteen percent of respondents reported walking to and from work or school, and 2% bicycled.

In total, however, walking still remained a popular form of physical activity, with 88% of all respondents walking either for exercise or as a mode of transportation. Indeed, walking in some capacity tended to be more common among the younger age groups and declined as age increased. More specifically, youth (98%) were more likely than seniors (79%) to walk. The percentage of adults who walked was consistent with the average (adults 1: 92%; adults 2: 86%). No differences were found in the percentage of males and females who walked.

Sixteen percent of respondents 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 (35%) and adults 1 (23%) were more likely than adults 2 (13%) and seniors (3%) to bicycle. Furthermore, bicycling tended to be more common among males (21%) when compared to females (12%).

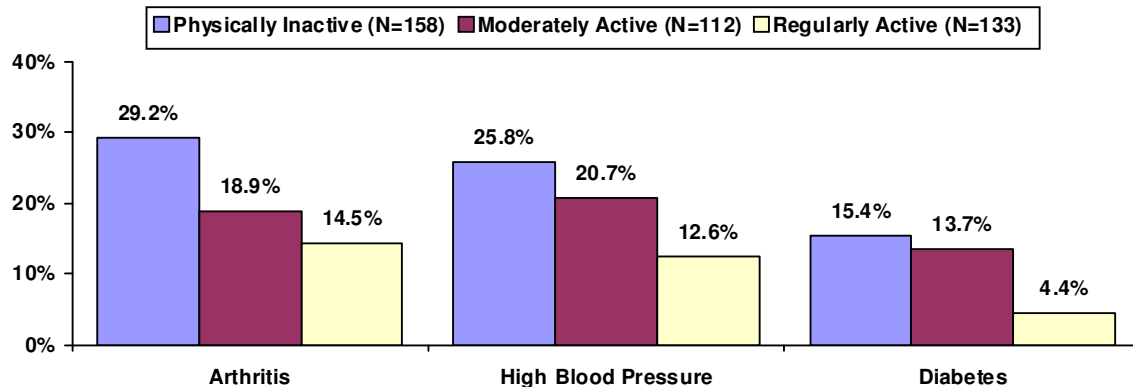
Physical Activity and Health

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 pressure²⁶.

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

- Arthritis was more common among respondents who were physically inactive (29%) compared to respondents who were regularly active (15%).
- High blood pressure was more common among respondents who were physically inactive (26%) compared to respondents who were regularly active (13%).
- Diabetes was more common among respondents who were physically inactive (15%) or moderately active (14%) compared to respondents who were regularly active (4%).

Figure 21: 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.

Restriction of Activities

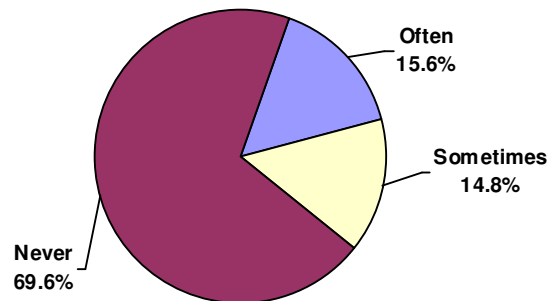
As another assessment of physical activity, respondents were asked about any current activity limitations they may face as a result of a long-term health condition or problem. Long-term conditions are defined by the CCHS as conditions that have already lasted or are expected to last six months or more.

²⁶ Source: Nova Scotia Department of Health, Physical Activity in Nova Scotia, October 2006.

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

As shown in Figure 22, 30% of respondents *often* or *sometimes* experience difficulty hearing, seeing, communicating, learning, walking, climbing stairs, bending, or doing any other similar activity.

Figure 22: Percentage of Respondents Experiencing Difficulty Hearing, Seeing, Communicating, Learning, Walking, Climbing Stairs, Bending or Doing Any Other Similar Activity (N=403)



Seniors (71%) were most likely to report that they *often* or *sometimes* experience difficulty with these activities, followed by adults 2 (31%). Indeed, respondents from these age groups were more likely to experience difficulty than adults 1 (17%) and youth (18%). No differences were found by gender.

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 (25%) or other activities such as transportation or leisure (22%).

Table 12: Percentage of Respondents Who Experience Difficulty in Various Activities as a Result of a Long-Term Condition or Health Problem (N=403)

	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>	<i>DK/Ref</i>
	%	%	%	%
At home	9.3	15.6	74.9	0.2
At school	1.0	1.9	93.0	4.1
At work	4.9	9.0	83.2	2.9
In other activities, for example, transportation or leisure	9.8	11.9	77.8	0.5

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 (24%) or ageing (20%).

Table 13: Cause of the Condition -Of respondents who experience difficulty in various activities as a result of a long-term condition or health problem-

	% (N=144)
Disease or illness	24.0
Ageing	20.2
Existed from birth or genetic	14.0
Accident at work	10.9
Other type of accident	6.9
Motor vehicle accident	6.3
Work conditions	5.4
Emotional or mental health problem	3.4
Accident at home	2.8
Other	4.0
Don't know/Refused	2.0

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 needed help with included everyday housework (7%) and getting to appointments/running errands (5%).

Table 14: Percentage of Respondents Needing Help (N=403)

	%
With doing everyday housework	7.4
With getting to appointments and running errands such as shopping for groceries	5.4
When preparing meals	4.1
With moving about inside the house	3.4
With personal care such as washing, dressing, eating, or taking medication	2.4
With looking after personal finances such as making bank transactions or paying bills	1.5

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 weight²⁷.

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 categories²⁸:

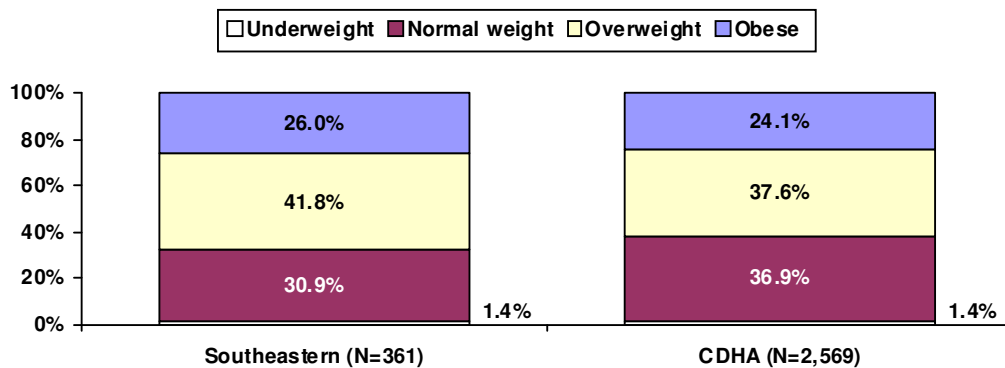
- Underweight: BMI less than 18.5
- Normal: BMI between 18.5 and 24.9
- Overweight: BMI between 25.0 and 29.9
- Obese: BMI of 30.0 or greater

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

About two-thirds of respondents aged 18 years or older (68%), excluding pregnant females, were classified as overweight or obese, while 31% were of normal weight and 1% were underweight.

As shown in Figure 23, the overweight/obesity rate was higher for this CHB compared to the district as a whole (68% and 62%, respectively).

Figure 23: BMI Classifications –Of respondents aged 18 years or older, excluding pregnant females-

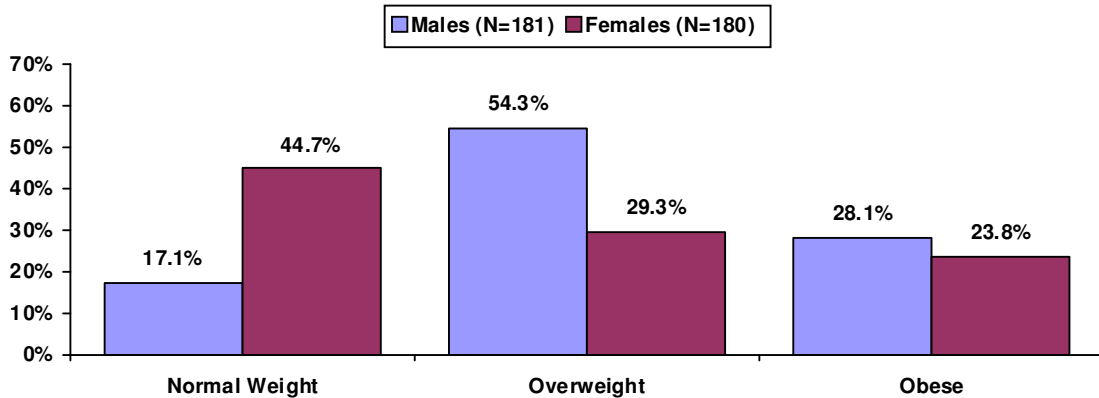


²⁷ Source: Centers for Disease Control and Prevention, www.cdc.gov.

²⁸ Source: Centers for Disease Control and Prevention, www.cdc.gov.

BMI classifications did not differ by age, however, differences were found to exist by gender. Females (45%) were more likely to be of normal weight as compared to males (17%). Conversely, males (54%) were more likely than females (29%) to be overweight.

Figure 24: BMI Classifications by Gender -Excluding respondents classified as underweight-



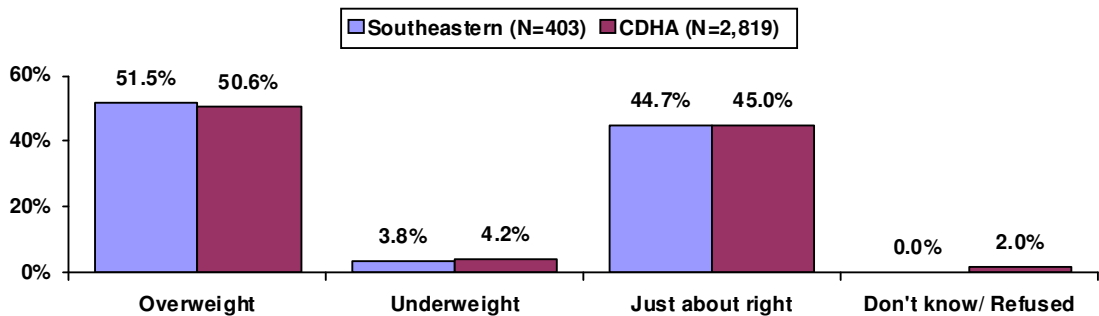
In contrast, overweight/obesity rates did not differ by employment status, general health ratings, having a regular medical doctor, or insurance coverage.

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

When asked what they thought about their own weight, 52% perceived themselves as being overweight, while 45% of respondents thought that it was just about right.

Of respondents who were defined by the BMI as being overweight or obese (N=245), most (71%) felt they were overweight, while 27% thought their weight was just about right.

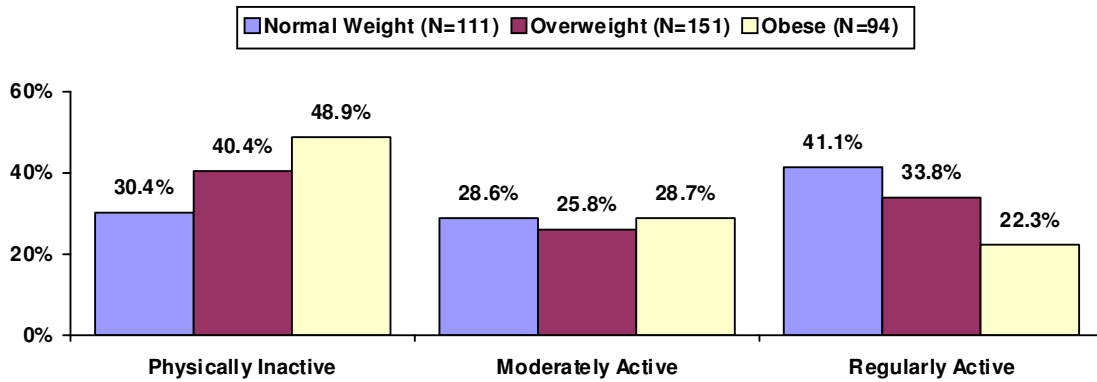
Figure 25: Self-Perception of Own Weight





Supporting the relationship between physical activity and BMI, respondents who were obese were more likely to be physically inactive (49%) compared to those who were of normal weight (30%). Conversely, respondents who were of normal weight were more likely to be regularly active (41%) compared to respondents who were obese (22%).

Figure 26: Physical Activity Levels by BMI Classifications -Excluding respondents classified as underweight-



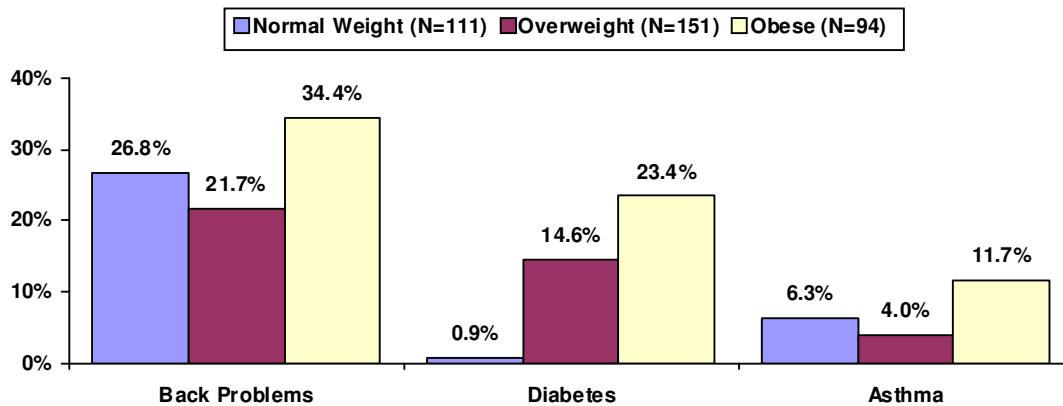


Body Mass Index and Health

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

- Back problems were more prevalent among respondents who were obese (34%) or of normal weight (27%) compared to respondents who were overweight (22%).
- Diabetes was more prevalent among respondents who were obese (23%) or overweight (14%) compared to respondents who were of normal weight (1%).
- Asthma was more prevalent among respondents who were obese (12%) compared to respondents who were overweight (4%).

Figure 27: Prevalence of Back Problems, Diabetes and Asthma by BMI Classifications -Excluding respondents classified as underweight-

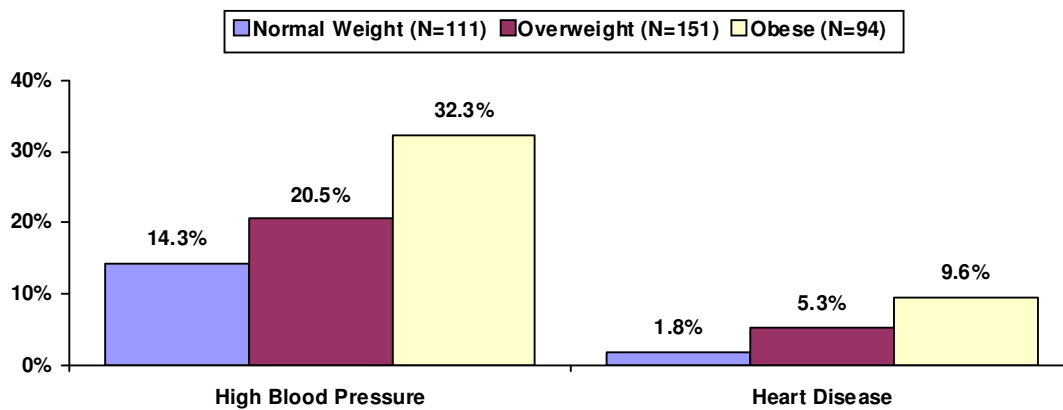




Furthermore, BMI classifications were related to the prevalence of certain cardiovascular conditions:

- The prevalence of high blood pressure increased as BMI score increased, as respondents who were obese were more likely to have high blood pressure (32%) compared to respondents who were overweight (20%) or of normal weight (14%).
- Heart disease was more prevalent among respondents who were obese (10%) compared to respondents who were of normal weight (2%).

Figure 28: Prevalence of High Blood Pressure and Heart Disease by BMI Classifications -Excluding respondents classified as underweight-



No relationship was found between BMI classifications and arthritis.

7.0 Healthy Eating²⁹

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 conditions³⁰.

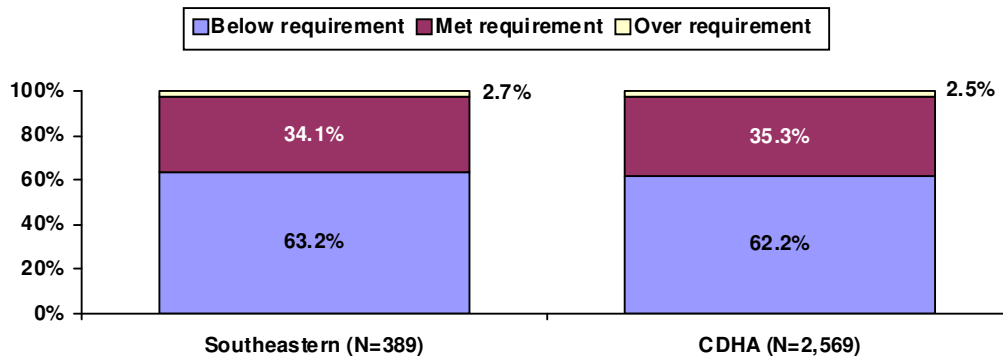
To determine daily fruit and vegetable consumption, respondents were asked to indicate the number of daily servings they consume of fruit juice, fruit, green salad, potatoes, carrots, and other vegetables. Based on their responses, individuals were categorized into one of three categories³¹:

- Below requirement: Consumed less than 5 servings per day
- Met requirement: Consumed between 5 and 10 servings per day
- 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-three percent of respondents did not meet Canada's Food Guide daily requirements for fruit and vegetable servings, while the remaining 37% met or exceeded the daily requirements.

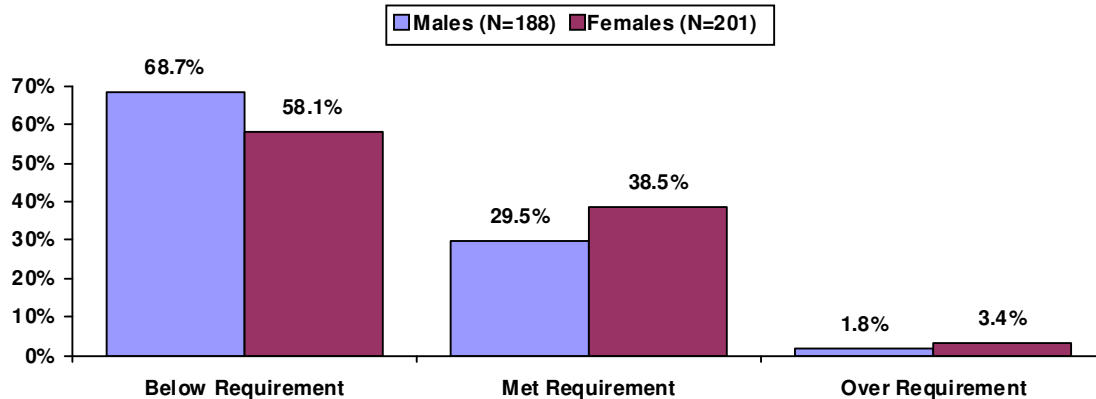
Figure 29: Fruit and Vegetable Consumption



²⁹ Throughout this report, differences between segments are only noted if they are statistically significant.
³⁰ Source: Nova Scotia Department of Health, Fruit and Vegetable Consumption in Nova Scotia, September 2004.
³¹ Source: Nova Scotia Department of Health, Fruit and Vegetable Consumption in Nova Scotia, September 2004.

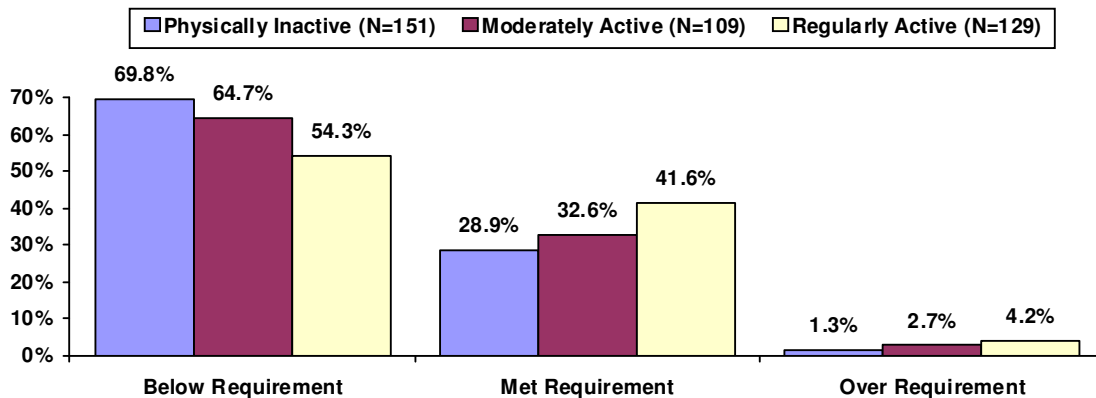
Males (69%) were more likely than females (58%) to not meet the consumption requirements of fruit and vegetables. No differences were found by age.

Figure 30: Fruit and Vegetable Consumption by Gender



There appears to be relationship between fruit and vegetable consumption and other aspects of a healthy lifestyle. For example, respondents who were physically inactive were more likely to not consume the recommended³² daily servings of fruit and vegetables (70%) when compared to respondents who were regularly active (54%).

Figure 31: Fruit and Vegetable Consumption by Physical Activity Levels



In contrast, no differences were found when analyzed by general health ratings or smoking status.

³² Recommended: Includes the categories of "met requirement" and "over requirement".

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 15, 1% of respondents felt they or others did not have enough to eat. However, almost all respondents (99%) felt they and others in their household always had enough to eat – 81% 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.

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

	Southeastern	CDHA
	% (N=403)	% (N=2,819)
You and others always had enough of the kinds of food you wanted to eat	80.6	80.3
You and others had enough to eat, but not always the kinds of food you wanted	18.3	17.7
Sometimes you and others did not have enough to eat	0.5	1.3
Often, you and others did not have enough to eat	0.5	0.5
Don't know	0.0	0.2

Furthermore, respondents without prescription insurance (5%) or eyeglasses/contact lenses (4%) were more likely to experience some level of food insecurity³³ compared to their counterparts with insurance (1% each).

In contrast, no differences were found in assessments of household food consumption when analyzed by employment status, having a regular medical doctor, or age category.

Table 16: Assessment of Household Food Consumption Over the Past 12 Months by Age Category

	Youth	Adults 1	Adults 2	Seniors
	% (N=40)	% (N=88)	% (N=236)	% (N=40)
You and others always had enough of the kinds of food you wanted to eat	80.0	81.8	79.1	87.5
You and others had enough to eat, but not always the kinds of food you wanted	20.0	15.9	20.0	12.5
Sometimes you and others did not have enough to eat	-	1.1	0.4	-
Often, you and others did not have enough to eat	-	1.1	0.4	-

³³ Food insecurity: Includes the categories of "sometimes" and "often" did not have enough to eat.



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.

As shown in Table 17, at least 8% of respondents have experienced some type of food situation difficulty *often* or *sometimes* in their household over the past 12 months.

However, 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 92% for the inability to afford to eat balanced meals to 94% for the inability to make food last until money was available to purchase more.

Table 17: Assessment of Household Food Situation Over the Past 12 Months

	Southeastern % (N=403)				CDHA % (N=2,819)			
	Often	Sometimes	Never	DK	Often	Sometimes	Never	DK
You and others worried that food would run out before you got money to buy more	1.7	4.9	93.4	-	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	0.7	5.3	94.0	-	1.6	5.3	92.9	0.3
You and others just couldn't afford to eat balanced meals	1.5	6.2	92.3	-	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.

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 88% for the inability to afford enough food to 94% for a reliance on low-cost food to feed children.

However, respondents with children in the household were also asked about the food situation involving the children. As shown in Table 18, at least 4% of respondents have experienced some type of food situation difficulty *often* or *sometimes* for the children in their household over the past 12 months.

Table 18: Assessment of Food Situation Over the Past 12 Months for Households With Children

	Southeastern					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	263	-	3.8	93.6	2.6	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	346	0.6	2.0	88.5	8.9	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	348	-	1.7	88.2	10.1	2,361	0.1	0.9	88.3	10.7

8.0 Sexual Health³⁴

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.

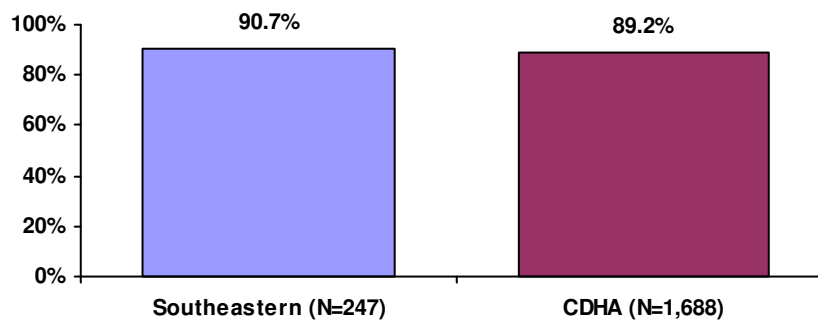
8.1 SEXUAL ACTIVITY

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

About nine in ten respondents aged 15 to 49 years (91%) have had sexual intercourse at least once in their lifetime.

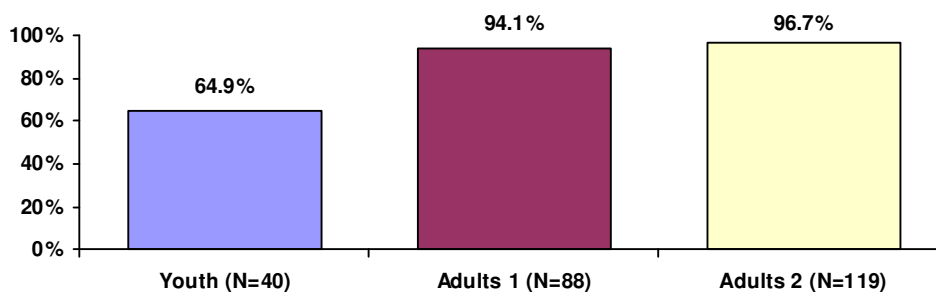
On average, respondents between the ages of 15 and 49 who have ever had sexual intercourse were 17 years old at the time of their first experience.

Figure 32: 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 (97%) and adults 1 (94%) were more likely than youth (65%) to have ever had sexual intercourse. Lifetime sexual activity did not differ by gender.

Figure 33: Percentage of Respondents Who Have Ever Had Sexual Intercourse by Age Category -Of respondents between the ages of 15 and 49-



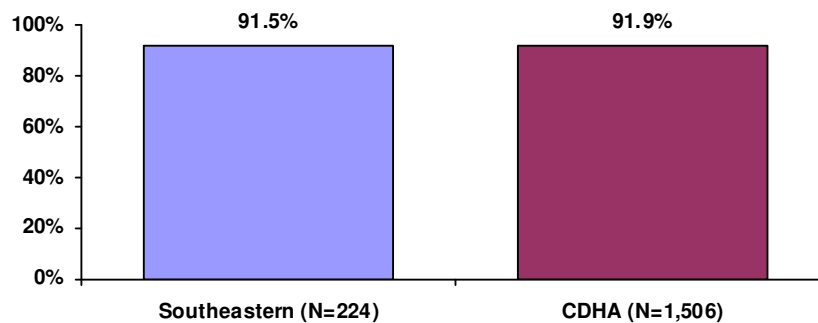
³⁴ Throughout this report, differences between segments are only noted if they are statistically significant.

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=224), 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=205), 91% have had one partner during this time period, while 4% have had two partners and 4% have had three or more partners.

Figure 34: 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=224), 10% have ever been diagnosed with a sexually transmitted disease, similar to the district level (9%). Diagnosis of a sexually transmitted disease did not differ by age, gender, insurance coverage, or having a regular medical doctor.

Twenty-nine percent of respondents aged 15 to 49 years who have ever had sexual intercourse protected themselves against sexually transmitted diseases by using a condom the last time they had sexual intercourse, consistent with the district (29%). Of those respondents aged 15 to 49 years who have ever had sexual intercourse, youth (69%) were more likely than adults 1 (30%) and adults 2 (20%) to have used a condom the last time they had sexual intercourse³⁵. Condom use did not differ by gender, however, single respondents (58%) were more likely to engage in condom use compared to those who were living common-law (33%) or married (13%)³⁶.

³⁵ Within this age segmentation, the sample size for youth is less than 30, therefore, findings should be interpreted with caution.

³⁶ Within this segmentation, the sample size for common-law 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=45) 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 (22 out of 23 males, 18 out of 19 females) agreed³⁷ that it is important to avoid pregnancy right now³⁸.

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 (74%) reported using birth control in the past 12 months. Birth control use did not differ by age or gender.

³⁷ Agreed: Includes the categories of "strongly agree" and "agree".

³⁸ **Sample sizes by gender are less than 30; findings should be interpreted with caution.**

9.0 Smoking and Alcohol Use³⁹

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

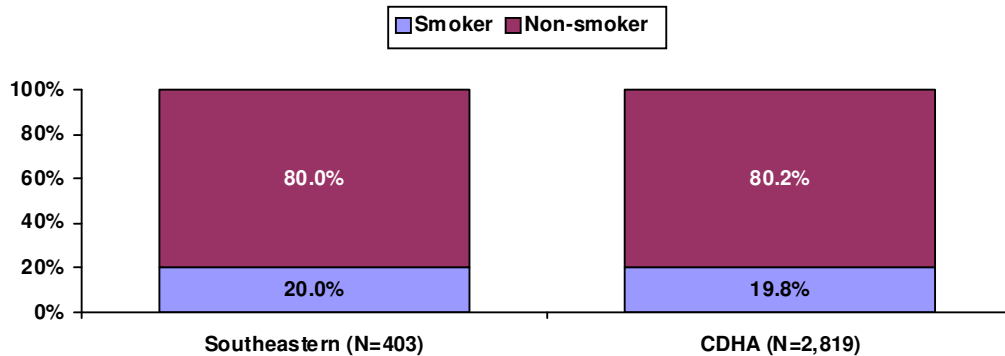
9.1 SMOKING STATUS

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

Two in ten respondents (20%) reported that they currently smoke. Youth (20%), adults 1 (25%), and adults 2 (21%) were more likely than seniors (5%) to currently smoke. Smoking status generally did not differ when analyzed by gender.

Of those respondents who currently smoke (N=81), 86% were daily smokers, while the remaining 14% were occasional smokers.

Figure 35: 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=70), 62% smoked less than 15 cigarettes per day, 24% smoked between 15 and 24 cigarettes per day, and 14% smoked 25 or more cigarettes per day. On average, daily smokers smoked 13 cigarettes per day.

Of occasional smokers (N=11), all (n=11) smoked less than 15 cigarettes per day and smoked an average of 4 cigarettes per day⁴⁰.

³⁹ Throughout this report, differences between segments are only noted if they are statistically significant.

⁴⁰ **Sample sizes are less than 30; findings should be interpreted with caution.**

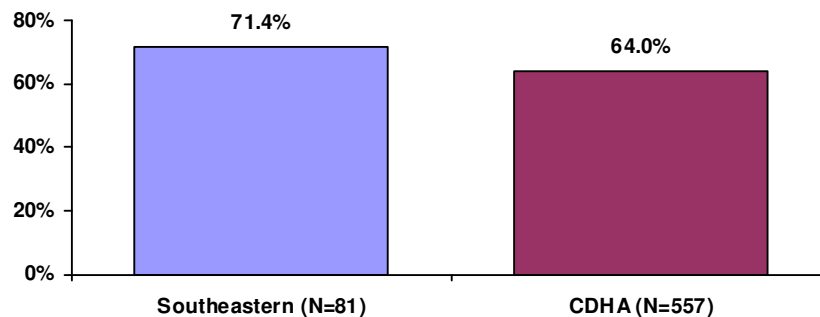
9.2 STAGES OF CHANGE

Current daily and occasional smokers (N=81) 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?

Seventy-one percent of respondents indicated a serious desire to quit smoking within the next six months. Of respondents who intend to quit (N=58), 39% indicated a serious desire to quit within the next 30 days. However, twenty-nine percent of respondents do not have intentions of quitting smoking.

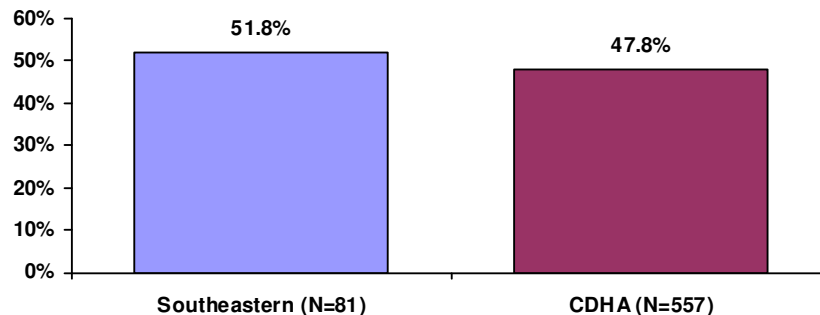
Figure 36: Considering Quitting Within the Next Six Months –Of respondents who currently smoke daily or occasionally-



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=81), just over one-half (52%) 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), 20% stopped once, 22% stopped twice, 19% stopped three times and 39% stopped at least four times.

Figure 37: Percentage of Respondents Who Stopped Smoking for at Least 24 Hours in the Past 12 Months –Of respondents who currently smoke daily or occasionally-



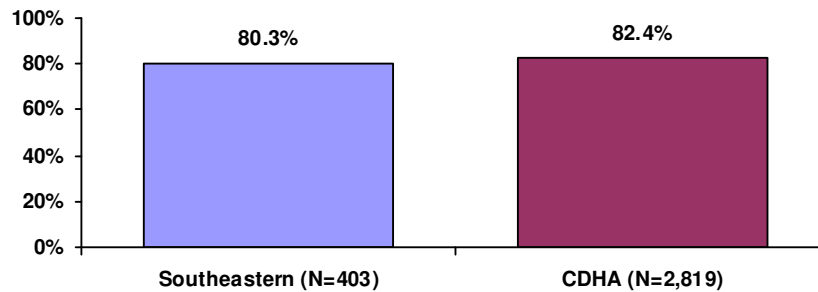
9.3 ALCOHOL USE

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?

Eight in ten respondents (80%) have had a drink of alcohol in the past 12 months. Adults 1 (91%) were more likely than respondents from all other age categories to have had an alcoholic beverage in the past 12 months (youth: 68%; adults 2: 79%; seniors: 76%). In addition, 63% of those under the legal drinking age (15-18) have had at least one drink of alcohol in the past 12 months⁴¹. No differences were found when analyzed by gender.

Figure 38: Alcohol Consumption Over the Past 12 Months

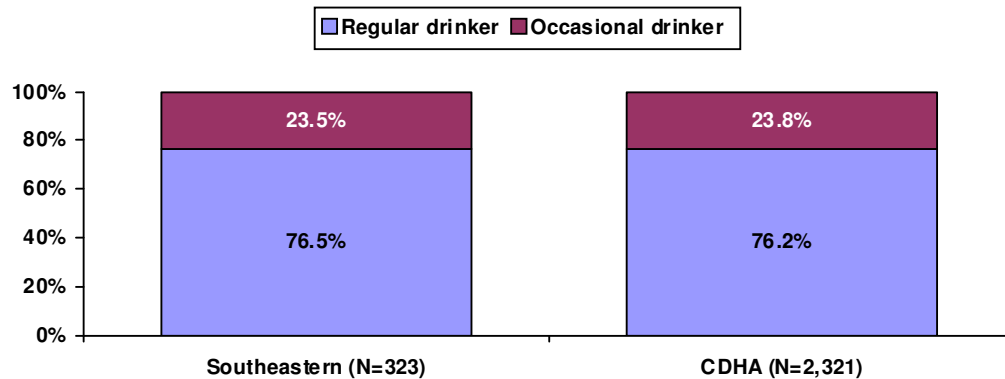


⁴¹ Sample sizes are less than 30; findings should be interpreted with caution.

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=323), 77% were regular drinkers, while the remaining 24% were occasional drinkers⁴².

Figure 39: Type of Drinker –Of respondents who have consumed alcohol over the past 12 months-



When analyzed by gender, it was found that males (85%) were more likely than females (69%) to be classified as regular drinkers. Furthermore, adults 2 (81%) and adults 1 (80%) more likely than youth (60%) and seniors (56%) to be classified as regular drinkers⁴³.

With regard to consumption, 23% of those who consumed alcohol over the past 12 months did so less than once a month, 23% did so 2 to 3 times a month, and 21% did so 2 to 3 times a week.

Table 19: Frequency of Alcoholic Beverage Consumption –Of respondents who consumed alcohol over the past 12 months-

	<i>Southeastern</i>	<i>CDHA</i>
	<i>% (N=324)</i>	<i>% (N=2,321)</i>
Less than once a month	23.4	23.8
Once a month	11.3	11.7
2 to 3 times a month	22.6	19.0
Once a week	14.5	16.3
2 to 3 times a week	20.7	19.5
4 to 6 times a week	4.2	5.0
Everyday	3.0	4.7
Don't know	0.3	0.1

⁴² 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.

⁴³ Within this age segmentation, the sample size for youth is less than 30, therefore, findings should be interpreted with caution.



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=324) were also asked to identify the frequency with which they consumed 5 or more alcoholic beverages on one occasion. As shown in Table 20, almost one-half (40%) indicated they never engaged in this practice, while 34% did so less than once a month.

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

	<i>Southeastern</i>	<i>CDHA</i>
	<i>% (N=324)</i>	<i>% (N=2,321)</i>
Never	40.1	44.8
Less than once a month	33.6	26.7
Once a month	7.6	10.6
2 to 3 times a month	9.2	8.8
Once a week	6.0	5.2
More than once a week	3.4	3.7
Don't know/Refused	-	0.3

By gender, females (48%) were more likely than males (32%) to *never* consume 5 or more drinks on one occasion. In contrast, males (14%) were more likely than females (6%) to consume 5 or more drinks on one occasion at least once a week.

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

	<i>Males</i>	<i>Females</i>
	<i>% (N=163)</i>	<i>% (N=162)</i>
Never	31.9	48.1
Less than once a month	32.5	34.6
Once a month	8.6	6.8
2 to 3 times a month	13.5	4.9
Once a week	8.6	3.7
More than once a week	4.9	1.9



By age, seniors (90%) were more likely than adults 2 (43%), adults 1 (16%) and youth (30%) to *never* consume 5 or more drinks on one occasion. Alcohol use among youth may be of particular concern as many young drinkers report consuming 5 or more drinks in one sitting once per month and many of these youth are under the legal drinking age⁴⁴.

Table 22: 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=27)	% (N=80)	% (N=187)	% (N=31)
Never	29.6	16.3	43.3	90.3
Less than once a month	40.7	43.8	32.6	6.5
Once a month	3.7	8.8	9.1	-
2 to 3 times a month	18.5	17.5	5.3	3.2
Once a week	-	10.0	6.4	-
More than once a week	7.4	3.8	3.2	-

Furthermore, consumption of 5 or more alcoholic beverages *at least once a week* was more common among those without a regular medical doctor (27%) compared to those with a regular medical doctor (9%).

No differences were found by having insurance coverage or employment status.

⁴⁴ Within this age segmentation, the sample size for youth is less than 30, therefore, findings should be interpreted with caution.



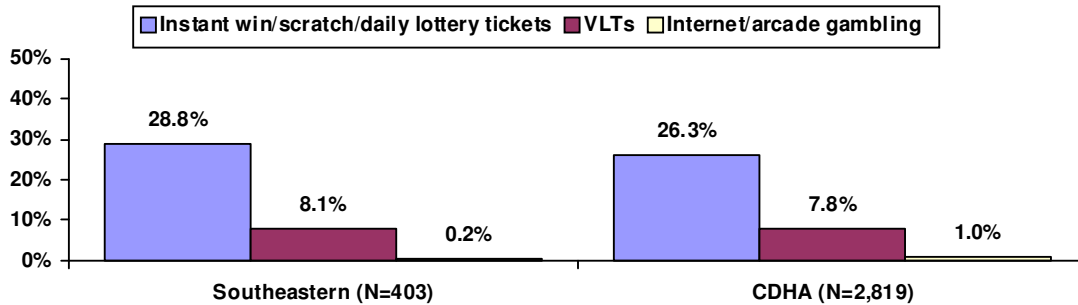
10.0 Problem Gambling⁴⁵

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 40, 29% of respondents bet or spent money on instant win, scratch or daily lottery tickets at least once over the past 12 months, while 8% played VLTs and <1% participated in Internet or arcade gambling.

Figure 40: 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, purchase tended to be higher among adults (adults 1: 37%; adults 2: 30%) as compared to youth (10%). Seniors were consistent with the average at 24%.

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

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

Table 23: 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-

	Southeastern			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=116)	% (N=33)	% (N=33)	% (N=740)	% (N=221)	% (N=221)
Daily	1.6	-	-	1.0	-	-
About 2 to 6 times a week	7.0	14.9	-	8.4	5.5	0.6
About once a week	13.4	2.7	-	16.4	5.0	2.9
Between 2 to 3 times a month	16.3	-	-	12.9	6.9	1.2
About once a month	21.9	3.7	2.8	20.2	11.5	3.9
Between 6 and 11 times a year	10.5	5.9	3.0	10.3	7.8	4.3
Between 1 and 5 times a year	28.3	39.2	51.8	29.6	42.0	45.9
Never	-	21.6	36.3	-	10.6	39.7
Don't know/Refused	0.9	11.9	6.0	1.0	10.7	1.4

The one respondent who participated in Internet or arcade gambling over the past 12 months reported playing between 1 and 5 times a year⁴⁶.

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=132), just over one-half (54%) spent \$50 or less on all gambling activities.

Table 24: 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-

	Southeastern	CDHA
	% (N=132)	% (N=853)
Between \$1 and \$50	53.9	52.9
Between \$51 and \$100	12.1	16.9
Between \$101 and \$250	17.1	14.8
Between \$251 and \$500	9.6	7.9
Between \$501 and \$1,000	3.9	3.4
More than \$1,000	1.7	3.2
Don't know	1.7	0.9

⁴⁶ Sample sizes for Internet/arcade gambling are less than 30; findings should be interpreted with caution.

Of respondents who have played either instant win, scratch or daily lottery tickets, VLTs, or Internet or arcade gambling at least once over the past 12 months (N=132), females tended to spend smaller amounts of money. More specifically, females (62%) were more likely than males (42%) to have spent \$50 or less on gambling activities over the past 12 months.

Table 25: 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=55)	% (N=77)
Between \$1 and \$50	41.8	62.3
Between \$51 and \$100	10.9	13.0
Between \$101 and \$250	25.5	11.7
Between \$251 and \$500	10.9	9.1
Between \$501 and \$1,000	7.3	1.3
More than \$1,000	1.8	1.3
Don't know	1.8	1.3

No differences were found in past year spending when analyzed by age category⁴⁷.

Table 26: 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=5)	% (N=36)	% (N=80)	% (N=11)
Between \$1 and \$50	60.0	61.1	47.5	72.7
Between \$51 and \$100	20.0	11.1	12.5	9.1
Between \$101 and \$250	-	16.7	20.0	9.1
Between \$251 and \$500	-	2.8	13.8	9.1
Between \$501 and \$1,000	-	2.8	5.0	-
More than \$1,000	-	2.8	1.3	-
Don't know	20.0	2.8	-	-

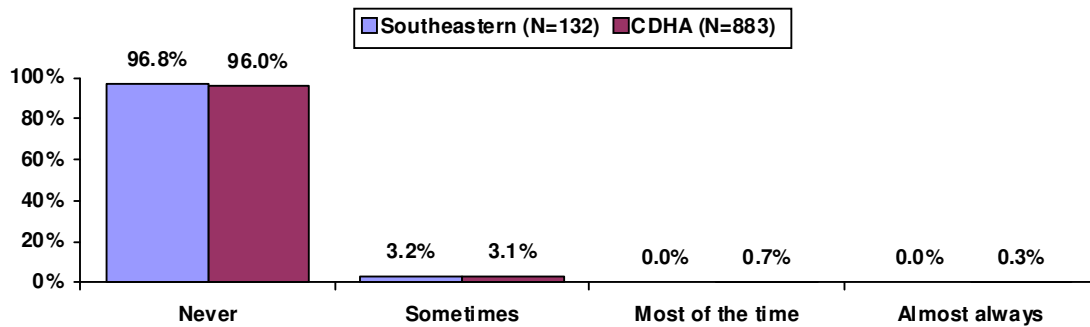
⁴⁷ Within this age segmentation, the sample sizes for youth and seniors are less than 30, therefore, findings should be interpreted with caution.



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

Of respondents who have played either instant win, scratch or daily lottery tickets, VLTs or Internet or arcade gambling at least once over the past 12 months (N=132), 97% felt that gambling has *never* caused them any health problems, such as stress or anxiety, over the past 12 months, while 3% felt that gambling has caused them health problems.

Figure 41: 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 Use⁴⁸

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 services⁴⁹ is provided below.

11.1 HEALTH CARE UTILIZATION

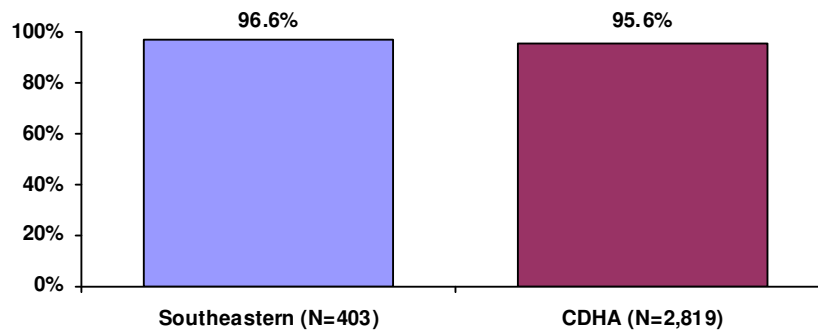
Contact With Various Health Care Professionals

Do you have a regular medical doctor?

Ninety-seven percent of respondents reported that they have a regular medical doctor at the time of the survey completion, while 3% did not. Females (99%) were more likely than males (95%) to have a regular medical doctor. In contrast, the likelihood of having a regular medical doctor did not differ by age category, mental or general health ratings, or employment status.

Respondents with insurance for prescription medicines were more likely to have a regular medical doctor (98%) compared to those without prescription insurance (87%). Likelihood of having a regular medical doctor did not differ by other types of insurance coverage.

Figure 42: 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 (N=14), the most common reasons for this included having a regular medical doctor who left or retired (n=4) and have not tried to contact one (n=4). Other reasons included in the military – we have different doctors (n=2), does not feel the need/will take whoever is available (n=1), and just moved (n=1). One respondent was unsure of why he/she does not have a regular medical doctor⁵⁰.

⁴⁸ Throughout this report, differences between segments are only noted if they are statistically significant.

⁴⁹ Only respondents aged 18 years or older were asked about home care services.

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



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

Of these 14 respondents who do not have a regular medical doctor, one-half (n=7) have a place to go when they are sick or need advice about their health. The places identified most often include a walk-in clinic (n=4), a doctor's office (n=2), or a community health centre/CLSC (n=1)⁵¹.

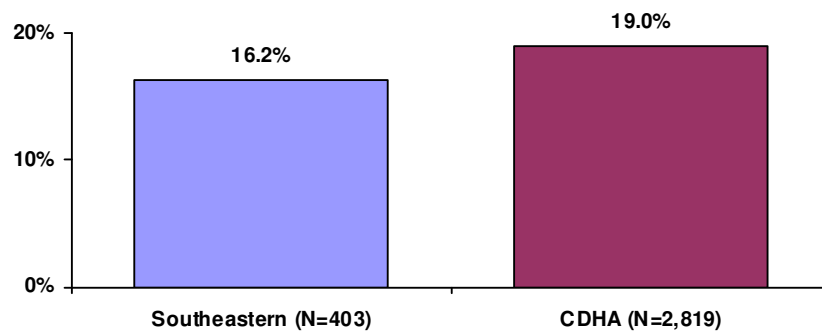
Community-Based Care

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?

Sixteen percent of respondents have received some type of community-based care within the past 12 months. The likelihood of receiving community-based care did not differ by age or gender.

Figure 43: Percentage of Respondents Who Received Community-Based Care Within the Past 12 Months

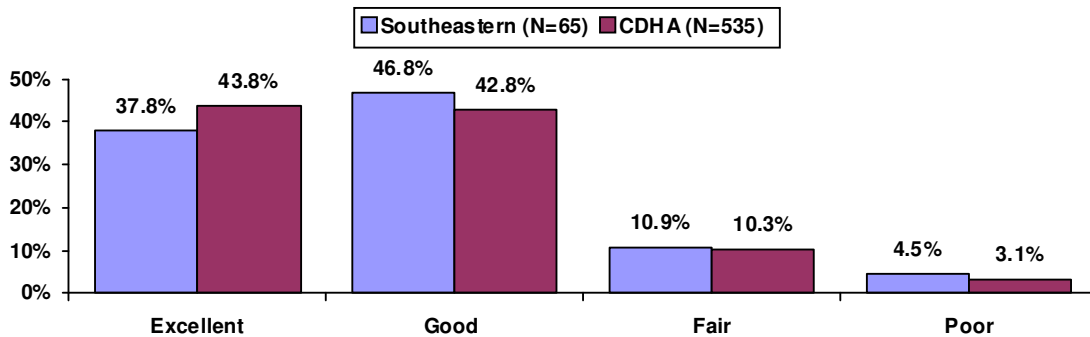


⁵¹ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

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

The majority of respondents who received community-based care over the past 12 months (N=65) perceived the quality of the care they received to be *good* (47%) or *excellent* (38%), while 16% perceived the quality of care they received as *fair* or *poor*.

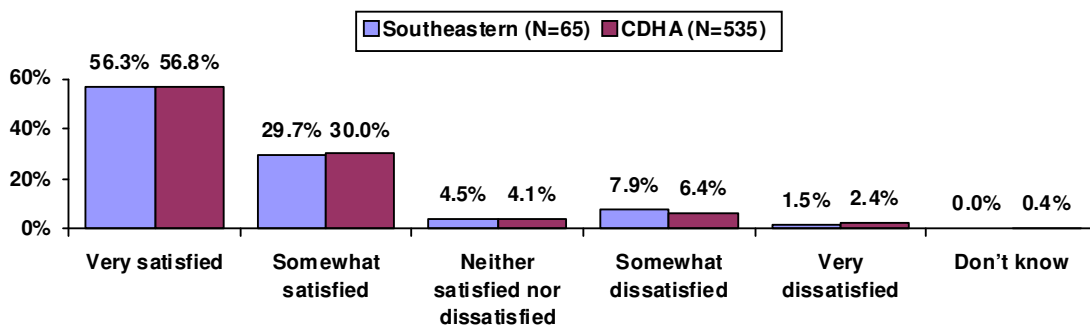
Figure 44: Perceived Quality of Community-Based Care –Of respondents who have received community-based care over the past 12 months-



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, 10% were dissatisfied with the community-based care they received (8% *somewhat* dissatisfied; 2% *very* dissatisfied), while the majority were *somewhat* (30%) or *very* satisfied (56%).

Figure 45: Satisfaction With Community-Based Care –Of respondents who have received community based care over the past 12 months-



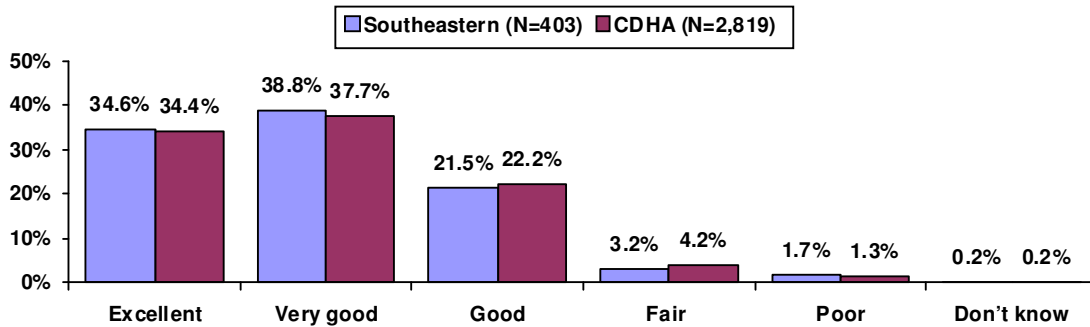


Consultations About Mental Health

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

The majority rated their mental health as *good* (22%), *very good* (39%), or *excellent* (35%), while five percent of respondents rated their mental health negatively (3% *fair*; 2% *poor*).

Figure 46: Self-Reported Mental Health Status



Certain segments of respondents were more likely than their counterparts to rate their mental health as *fair* or *poor*:

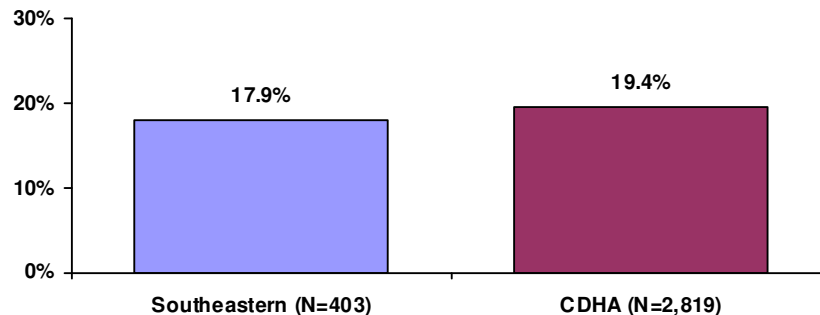
- Respondents who rated their general (28%) or oral (22%) health negatively compared to those who rated health positively (1% and 3%, respectively); and
- Respondents who were permanently unable to work (21%) compared to those who worked (2%) and those that did not work (9%) in the week prior to survey completion.

No differences were found, however, by age, gender, having insurance coverage, or 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?

Eighteen percent of respondents have seen or talked to a health professional about their emotional or mental health within the past 12 months. Females (22%) were more likely than males (14%) to have seen or talked to such a health professional. No differences were found when analyzed by age.

Figure 47: 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=71) did so an average of 5 times during the year. Just over one-half of these respondents (53%) saw or talked to a family doctor or general practitioner, followed distantly by a psychiatrist (20%), social worker or counselor (19%), or a psychologist (16%).

Table 27: Types of Health Care Providers Contacted* –Of respondents who contacted a health professional about emotional/mental health over the past 12 months-

	<i>Southeastern</i>	<i>CDHA</i>
	<i>% (N=71)</i>	<i>% (N=547)</i>
Family doctor/general practitioner	52.8	55.1
Psychiatrist	19.7	18.0
Social worker/counselor	18.5	12.4
Psychologist	16.3	22.9
Nurse	3.1	3.4
Other	9.5	5.1
Don't know/Refused	1.4	0.6

*Multiple responses allowed.



No differences were found by age in terms of the types of health care providers contacted for mental health related concerns⁵².

Table 28: 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=11)	% (N=17)	% (N=39)	% (N=5)
Family doctor/general practitioner	36.5	61.5	55.1	39.6
Psychiatrist	18.3	31.4	17.3	-
Psychologist	27.2	-	20.1	18.7
Social worker/counselor	18.3	25.7	15.1	20.8
Nurse	-	7.1	2.5	-
Other	18.0	5.8	7.4	20.8
Don't know/Refused	-	-	2.5	-

*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?

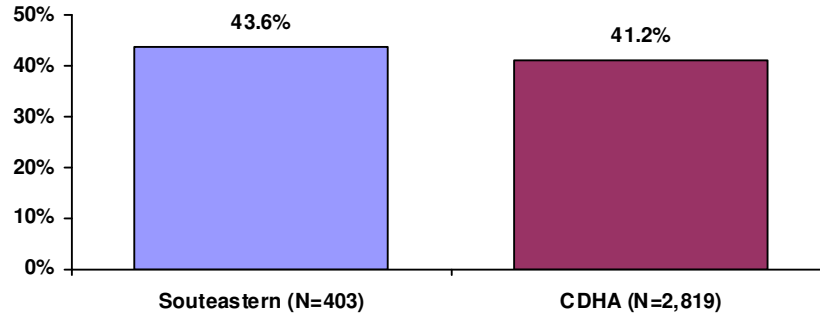
Forty-four percent of respondents required a visit to a medical specialist within the past 12 months. No differences were found when analyzed by age or gender. However, requiring specialist visits tended to be more common among:

- Respondents with a regular medical doctor compared to those without a regular medical doctor (45% and 0%, respectively);
- Respondents who rated their general health negatively compared to those who rated it positively (77% and 39%, respectively); and
- Respondents who rated their mental health negatively compared to those who rated it positively (80% and 42%, respectively).

⁵² 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 employment status or insurance coverage.

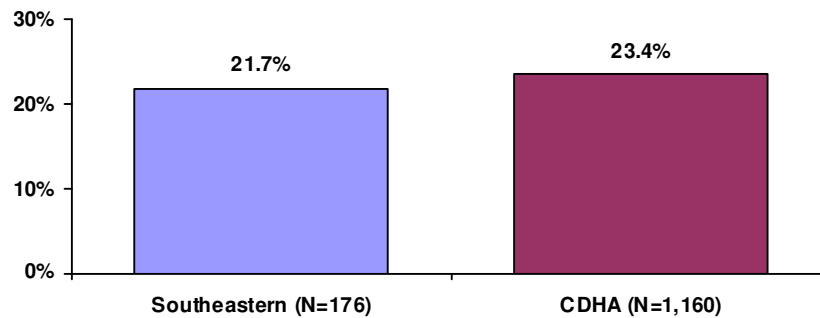
Figure 48: Percentage of Respondents Who Required a Visit to a Medical Specialist Within the Past 12 Months



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=176), 22% experienced difficulty getting the specialist care they needed.

Figure 49: 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=38) waited too long between booking the appointment and visiting the specialist (49%) and had difficulty getting an appointment (46%).

Table 29: Type of Difficulties Experienced* –Of respondents who required a visit to a medical specialist within the past 12 months and experienced difficulty getting care-

	Southeastern	CDHA
	% (N=38)	% (N=272)
Waited too long between booking appointment and visit	49.1	56.0
Difficulty getting an appointment	45.9	36.6
Waited too long to see the doctor	28.5	27.3
Difficulty getting a referral	10.5	8.5
Still waiting for visit	8.4	7.5
No specialists in the area	7.8	4.9
Appointment cancelled or deferred by specialist	5.2	5.5
Other	7.6	15.9
Don't know	-	0.3

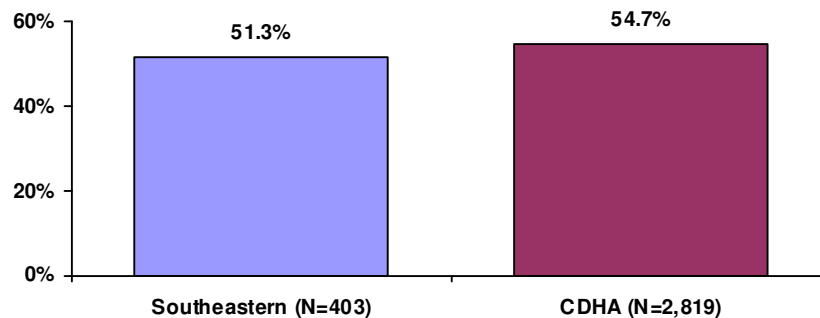
*Multiple responses allowed.

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?

Approximately one-half of respondents (51%) required health information or advice for themselves or a family member within the past 12 months. No differences were found when analyzed by age, however, females (57%) were more likely than males (46%) to have required such advice.

Figure 50: 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 (78%). Other less commonly contacted health care providers included a hospital emergency room (19%), a walk-in clinic (13%), or other hospital service (10%).

Compared to the district, Southeastern respondents were more likely to contact doctor's offices (81% and 75%, respectively).

Table 30: 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-

	Southeastern	CDHA
	% (N=207)	% (N=1,543)
Doctor's office	78.4	85.1
Hospital emergency room	18.7	16.0
Walk-in clinic	13.2	14.7
Other hospital service	9.5	10.8
Internet	8.8	7.9
Community health centre/CLSC	7.4	8.2
Family/friends	5.1	2.8
Pharmacist/pharmacy	4.6	2.5
Telephone help-line	3.3	2.7
Other	3.5	2.5
Don't know/Refused	0.6	0.4

*Multiple responses allowed.

No differences were found by age in terms of the types of health care providers contacted for health information or advice⁵³.

Table 31: 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=16)	% (N=42)	% (N=132)	% (N=16)
Doctor's office	81.3	66.7	79.2	100.0
Walk-in clinic	12.5	20.5	11.8	6.1
Hospital emergency room	6.4	14.7	20.0	30.7
Community health centre/CLSC	12.5	15.8	5.0	-
Other hospital service	-	7.1	11.1	12.3
Internet	6.4	17.6	7.4	-
Family/friends	6.2	18.1	1.5	-
Pharmacist/pharmacy	6.2	11.0	2.2	5.5
Telephone help-line	6.2	2.4	3.0	5.5
Other	6.2	7.6	2.2	-
Don't know	-	2.9	-	-

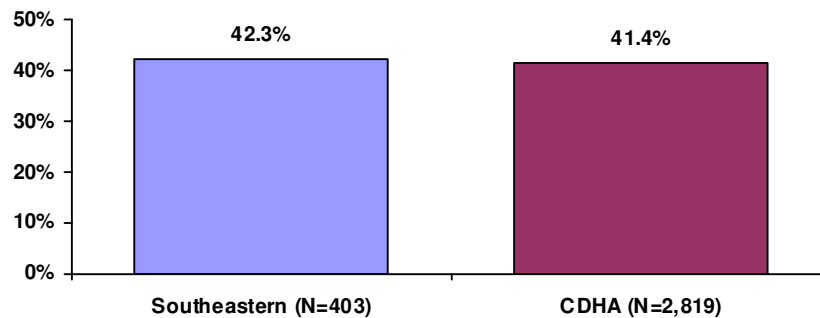
*Multiple responses allowed.

⁵³ 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, 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, almost one-half of respondents (42%) reported needing such care for themselves or a family member within the past 12 months.

Figure 51: Percentage of Respondents Who Required Routine or On-Going Care for Themselves or a Family Member Within the Past 12 Months

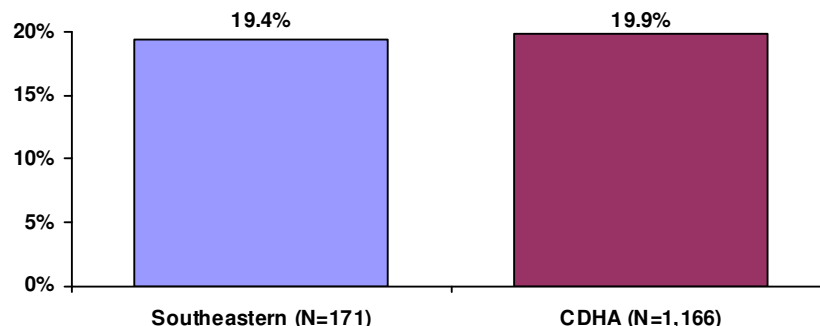


The likelihood of requiring routine or on-going care did not differ by gender, however, differences were found to exist by age. More specifically, seniors (48%), and adults 2 (47%) were more likely than youth (20%) to have required routine or on-going care for themselves or a family member within the past 12 months. The percentage of adults 1 who required such care was consistent with the average at 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=171), approximately two in ten (19%) experienced difficulty getting the care they needed.

Figure 52: 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=33), 73% indicated that this difficulty was experienced during regular office hours. The most common types of difficulty experienced by these respondents (N=24) included waiting too long to get an appointment (n=11), difficulty getting an appointment (n=11), waiting too long to see the doctor (n=9), difficulty contacting a physician (n=6), service not available in the area/at the time required (n=4), and other mentions (n=3)⁵⁴.

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=33), 18% indicated that this difficulty was experienced during evenings and weekends. The most common types of difficulty experienced by these respondents (N=6) included difficulty contacting a physician (n=2), waiting too long to get an appointment (n=2), waiting too long to see the doctor (n=2), and the unavailability of the service at the time required (n=1). Two respondents were unsure of what difficulties they experienced⁵⁵.

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.

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

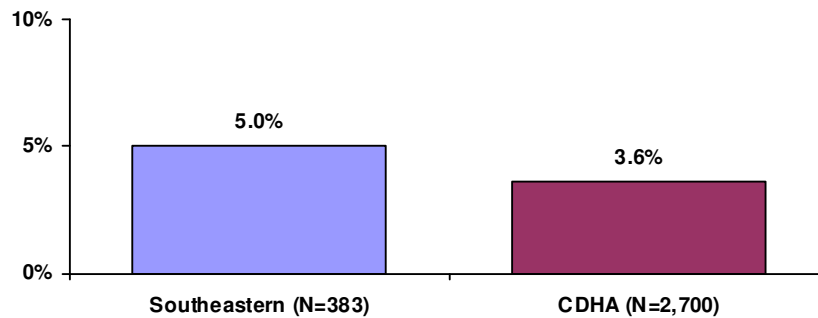
⁵⁵Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**



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)?

Five percent of respondents aged 18 years or older have received home care services in the past 12 months. The likelihood of receiving home care services did not differ when analyzed by age or gender.

Figure 53: 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=19), most (n=14) have received government subsidized services, while eight have received private services⁵⁶.

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

Respondents who have received home care services in the past 12 months (N=19) reported receiving nursing care (n=12), housework (n=9), meal preparation or delivery (n=4), medical equipment or supplies (n=3), shopping (n=3), personal care (n=2), or other health care services (n=6)⁵⁷.

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 not receiving these services because they were still waiting (n=3), not available in the area (n=2), their doctor did not think it was necessary (n=1), not available in the time required (n=1), cost (n=1), or didn't get around to it (n=1)⁵⁸.

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

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

⁵⁸ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**



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 meal preparation or delivery (n=3), nursing care (n=2), housework (n=2), respite care (n=2), or medical equipment/supplies (n=1)⁵⁹.

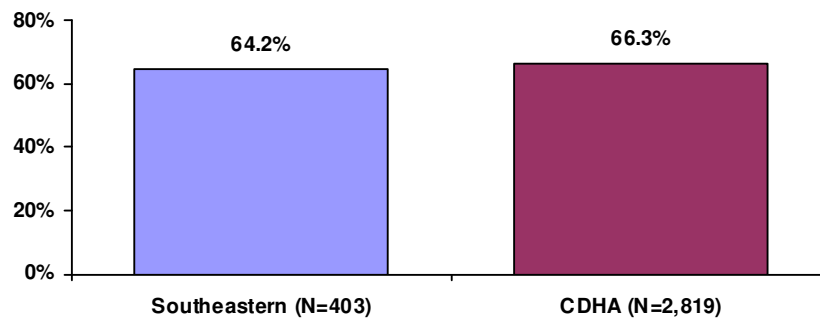
⁵⁹ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

12.0 Chronic Conditions⁶⁰

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, mood disorders, asthma, heart disease, arthritis, and high blood pressure.

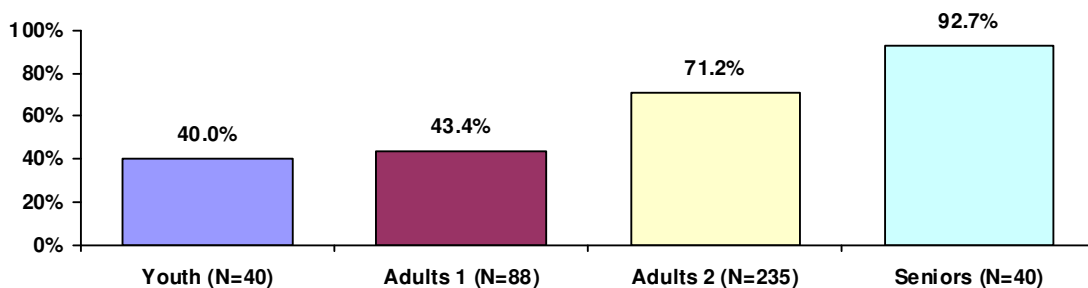
Almost two-thirds of respondents (64%) reported having at least one chronic health condition.

Figure 54: Percentage of Respondents With at Least One of Various Chronic Health Conditions



The prevalence of chronic conditions did not differ by gender, however it did increase with age. Chronic conditions were most common among seniors (93%), followed by adults 2 (71%). Indeed, respondents from these age categories were more likely than adults 1 (43%) and youth (40%) to have at least one chronic condition.

Figure 55: Percentage of Respondents With at Least One of Various Chronic Conditions by Age Category

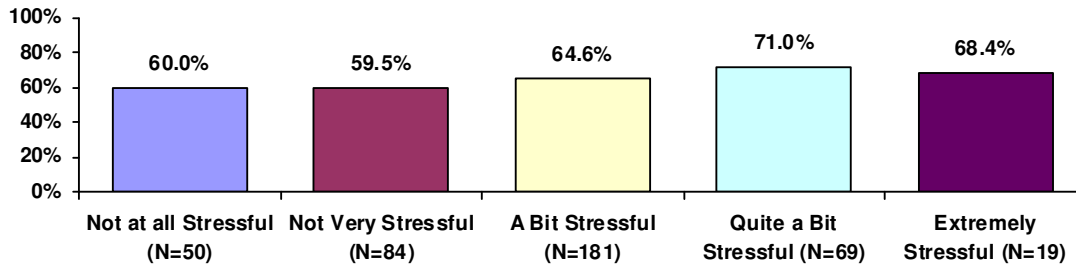


⁶⁰ Throughout this report, differences between segments are only noted if they are statistically significant.



Furthermore, the prevalence of chronic conditions did not differ by self-reported day-to-day stress levels⁶¹.

Figure 56: 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.

⁶¹ Within this segmentation, the sample size for extremely stressful is less than 30, therefore, findings should be interpreted with caution.

12.1 RESPIRATORY CONDITIONS

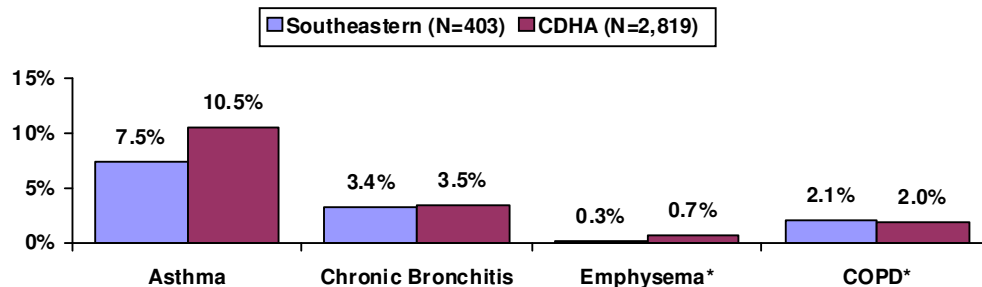
Do you have asthma? Have you had any asthma symptoms or asthma attacks in the past 12 months? In the past 12 months, have you taken any medicine for asthma, such as inhalers, nebulizers, pills, liquids, or injections?

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

Eight percent of respondents reported having asthma, with prevalence more common among females (11%) as compared to males (4%). Prevalence did not differ by age category. Of those respondents who reported having asthma (N=30), 46% have had asthma symptoms or attacks in the past 12 months and 80% have taken medication for asthma in the past 12 months.

Three percent of respondents reported having chronic bronchitis, while <1% of respondents aged 30 years or older reported having emphysema and 2% reported having Chronic Obstructive Pulmonary Disease (COPD). Of those aged 30 years or older, COPD was more common among seniors (9%) compared to adults 2 (1%). No respondents in the adult 1 age category reported having this respiratory condition. Prevalence of the other respiratory conditions did not differ when analyzed by age or gender.

Figure 57: Percentage of Respondents With Respiratory Conditions



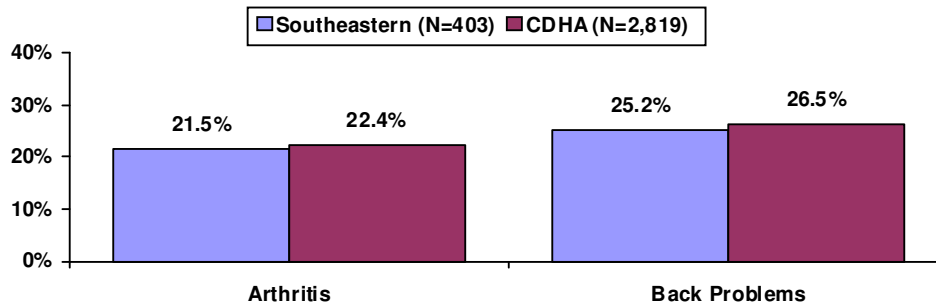
*Only respondents aged 30 years or older were asked about Emphysema or Chronic Obstructive Pulmonary Disease (Southeastern: N=314; CDHA: N=2,239).

12.2 MUSCLE/JOINT CONDITIONS

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

Approximately one-quarter of respondents reported having arthritis (22%) or back problems (25%).

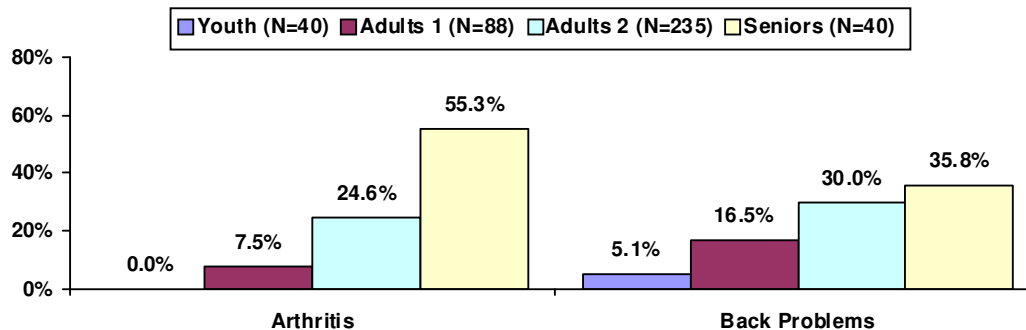
Figure 58: Percentage of Respondents With Muscle/Joint Conditions



The likelihood of having muscle/joint conditions increased with age:

- Arthritis was most prevalent in seniors (55%), followed by adults 2 (25%). Indeed, respondents from these age categories were more likely to have the condition as compared to adults 1 (8%) and youth (0%).
- Back problems were most prevalent in seniors (36%) and adults 2 (30%). Indeed, respondents from these age categories were most likely to have the condition, followed by adults 1 (17%) and youth (5%).

Figure 59: Prevalence of Muscle/Joint Conditions by Age Category



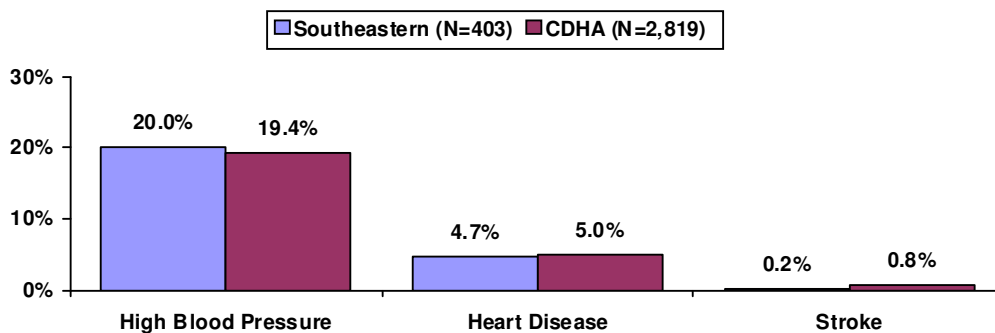
While no differences were found in the prevalence of back problems by gender, females (26%) were more likely than males (16%) to report having arthritis.

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 percent of respondents reported having high blood pressure. Of those who do not currently have high blood pressure (N=322), 6% have been diagnosed with high blood pressure in the past, meaning a total of 26% of respondents currently have or have ever had high blood pressure. Five percent of respondents reported having heart disease, while <1% of respondents suffered from the effects of a stroke.

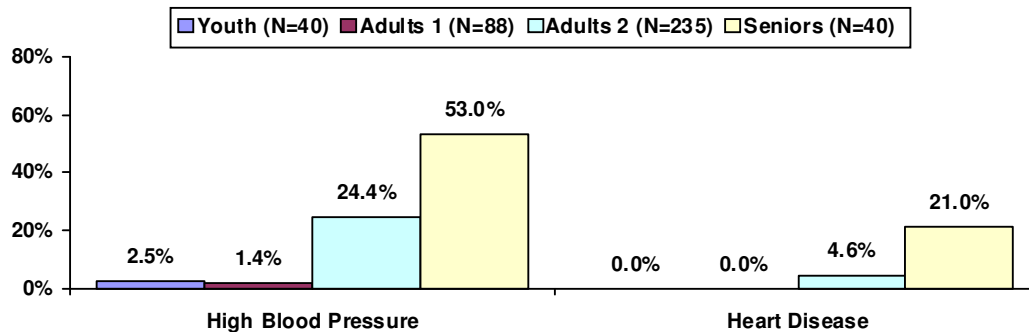
Figure 60: Percentage of Respondents With Various Cardiovascular Conditions



The likelihood of having specific cardiovascular conditions increased with age:

- High blood pressure was most prevalent in seniors (53%), followed by adults 2 (24%). Indeed, respondents from these age categories were more likely to have the condition as compared to adults 1 (1%) and youth (3%).
- Heart disease was more common among seniors (21%) compared to adults 2 (5%), adults 1 (0%), and youth (0%).

Figure 61: Prevalence of Specific Cardiovascular Conditions by Age Category



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

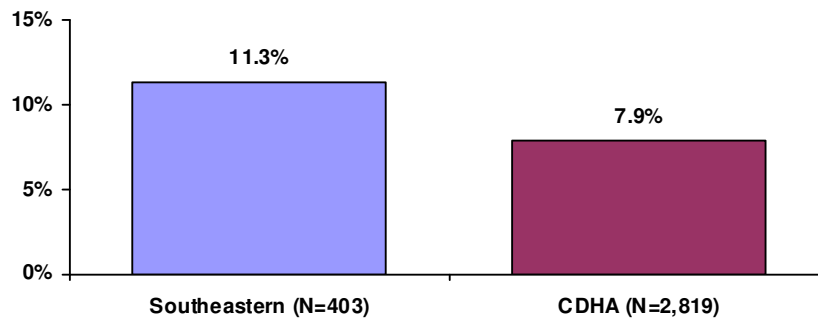


12.4 DIABETES

Do you have diabetes?

Eleven percent of respondents reported having diabetes, higher than the district finding of 8%. Seniors were most likely to have diabetes (38%), followed by adults 2 (12%). Indeed, respondents from these age categories were more likely than adults 1 (3%) and youth (0%) to report having the condition. Prevalence of diabetes was also more common among males (15%) as compared to females (8%).

Figure 62: 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=46) were asked several questions about their history with the condition. The average age of diagnosis was 47 years. Of respondents who reported having diabetes, none were pregnant at the time of diagnosis. Two-thirds (66%) reported taking pills within the past month to control their blood sugar, and 24% currently take insulin for their diabetes. Respondents who currently take insulin (N=11) reported having the condition for one year or more (n=7) or less than one month (n=4) before starting on insulin⁶².

⁶² Sample sizes are less than 30; findings should be interpreted with caution.

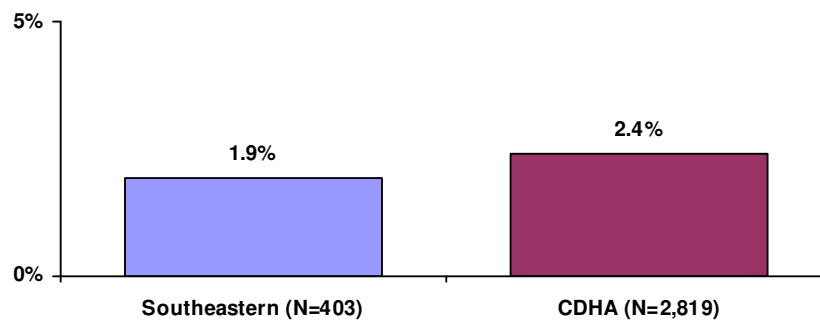
12.5 CANCER

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

Two percent of respondents currently have cancer. The prevalence of cancer was more common among seniors (10%) as compared to all other age categories (adults 2: 2%; adults 1: 0%; youth 0%), however, it did not differ by gender.

Of those who do not have cancer (N=395), 4% have ever been diagnosed with cancer, leading to a total of 6% of respondents who currently have or have ever had some form of cancer.

Figure 63: Percentage of Respondents With Cancer

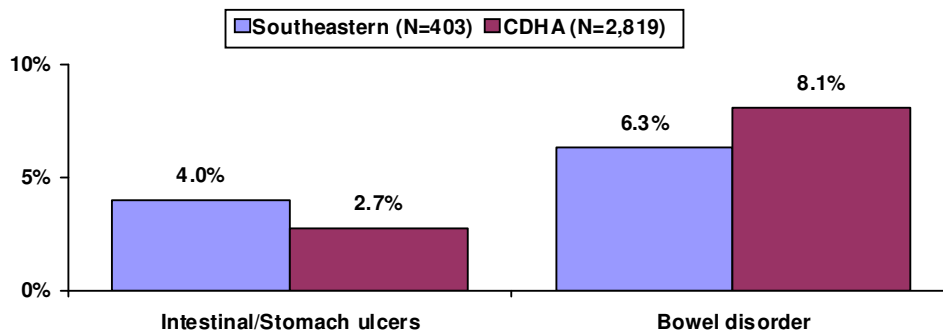


12.6 GASTROINTESTINAL CONDITIONS

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?

Four percent of respondents reported having intestinal or stomach ulcers, while a similar percentage (6%) reported having a bowel disorder. Of the 25 respondents with a bowel disorder, 17 have Irritable Bowel Syndrome (IBS), while 4 have Ulcerative Colitis. The remaining respondents have another bowel condition (n=3) or were unsure (n=1).

Figure 64: Percentage of Respondents With Gastrointestinal Disorders



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

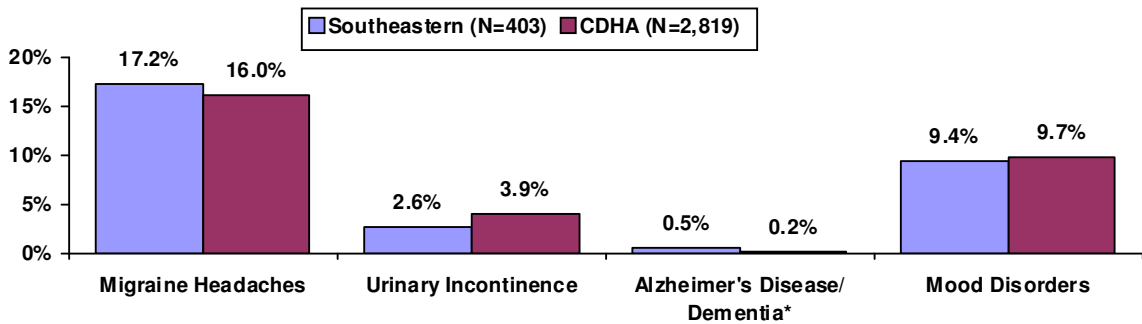


12.7 OTHER CHRONIC CONDITIONS

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

Besides those previously mentioned, other common chronic conditions among respondents included migraine headaches (17%) and mood disorders (9%).

Figure 65: Percentage of Respondents With Other Chronic Conditions



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

In terms of gender, females were more likely than males to have migraine headaches (24% and 10%, respectively). The prevalence of urinary incontinence, Alzheimer's Disease/dementia, or mood disorders did not differ by gender.

When analyzed by age, urinary incontinence was more common among seniors (10%) compared to adults 2 (3%) and adults 1 (0%). Youth were consistent with the average at 3%. The prevalence of migraine headaches, Alzheimer's Disease/dementia, or mood disorders did not differ by age.

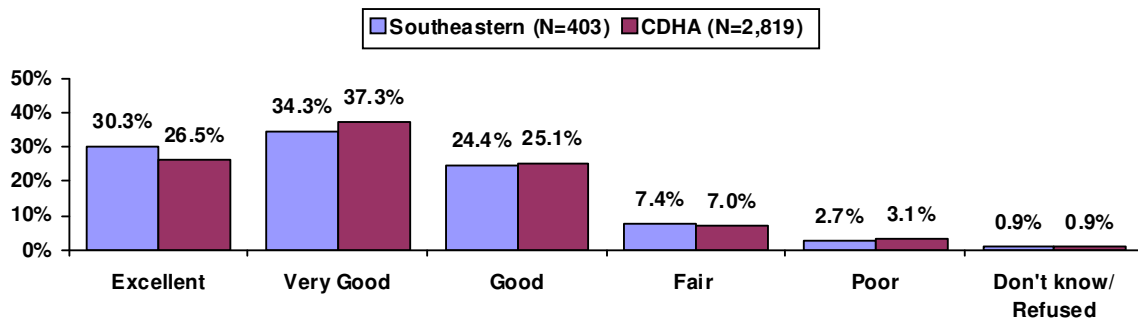
13.0 Oral Health⁶³

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"?

Twenty-four percent of respondents reported their oral health as being *good*, 34% as *very good*, and 30% as *excellent*, while one in ten respondents rated their oral health negatively (7% *fair*; 3% *poor*).

Figure 66: Self-Reported Oral Health



Self-perceptions of oral health did not differ when analyzed by gender, however, *fair* or *poor* ratings were more common among seniors (20%) compared to adults 1 (7%) and youth (0%).

Table 32: Self Reported Oral Health by Age Category

	Youth	Adults 1	Adults 2	Seniors
	% (N=40)	% (N=88)	% (N=236)	% (N=41)
Excellent	42.3	34.1	29.6	14.2
Very Good	30.1	36.9	35.9	23.7
Good	27.6	21.7	22.5	38.3
Fair	-	6.1	8.3	12.0
Poor	-	1.1	2.9	7.3
Don't know/Refused	-	-	0.8	4.5

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

Furthermore, those who did not work during the reference week (16%) were more likely to provide *fair* to *poor* oral health ratings compared to those who did work (7%), and those without insurance were more likely to provide negative ratings compared to their counterparts with insurance:

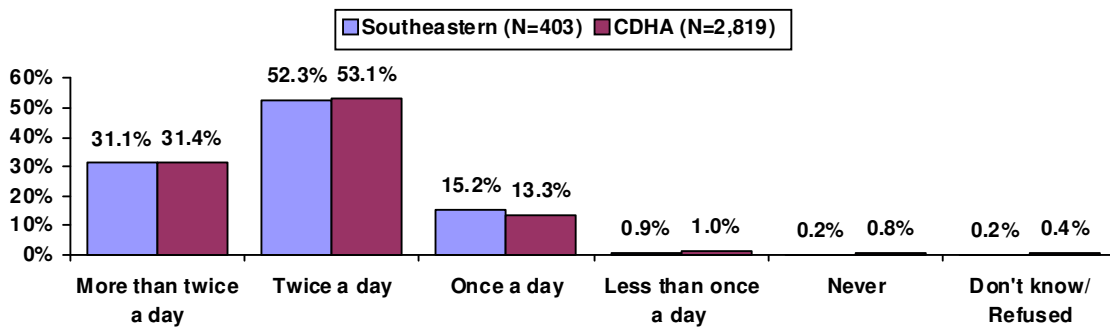
- Prescription insurance: 34% and 8%, respectively;
- Eyeglasses/contact lenses insurance: 24% and 8%, respectively; and
- Dental insurance: 26% and 7%, respectively).

No differences were found when analyzed by having a regular medical doctor.

How often do you brush your teeth?

As shown in Figure 67, the majority of respondents reported brushing their teeth twice a day (52%) or more than twice a day (31%).

Figure 67: Frequency of Teeth Brushing

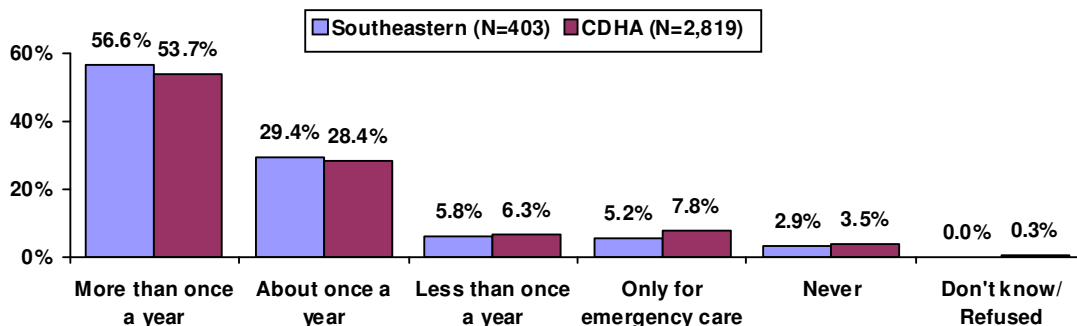


Frequency of teeth brushing did not differ by age, however, females (90%) were more likely than males (77%) to brush their teeth at least twice a day.

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 (86%) usually visit the dentist at least once a year for check-ups, with 57% doing so more than once a year. Three percent of respondents reported never visiting the dentist.

Figure 68: Frequency of Dental Visits

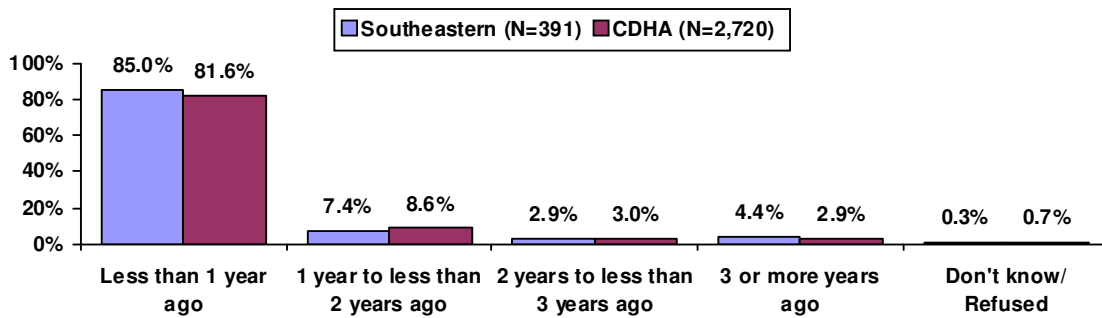


Frequency of dental visits did not differ by gender. However, when analyzed by age, youth (100%) were more likely than adults 1 (84%), adults 2 (85%), and seniors (81%) to visit the dentist at least once a year for check-ups.

When was the last time you went to the dentist?

Of respondents who visit the dentist (N=391), 85% reported their last visit to be less than one year ago. Five percent have not visited the dentist within the past three years.

Figure 69: Last Dental Visit –Of respondents who visit the dentist-



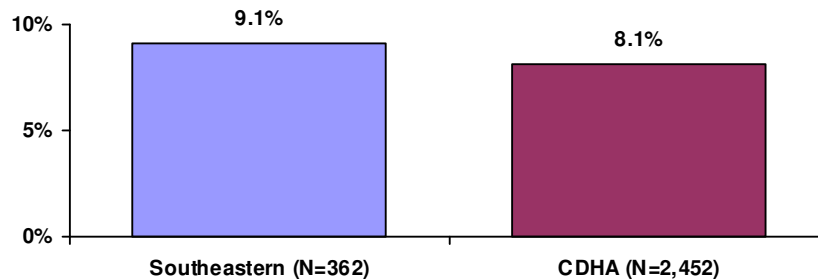
What are the reasons you have not been to a dentist [in the past 3 years]?

Respondents who never visit the dentist (N=12) or have not visited within the past three years (N=17) were asked to identify reasons for not visiting the dentist. Most commonly, these respondents wear dentures (n=14), have cost issues (n=6), did not think it was necessary (n=5), or were afraid (n=3)⁶⁴.

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=362) were asked if they have had any teeth removed within the past 12 months. As shown in Figure 70, 9% of these respondents have had at least one tooth removed.

Figure 70: Teeth Removal in the Past 12 Months –Of respondents who have visited the dentist within the past 2 years-



⁶⁴ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

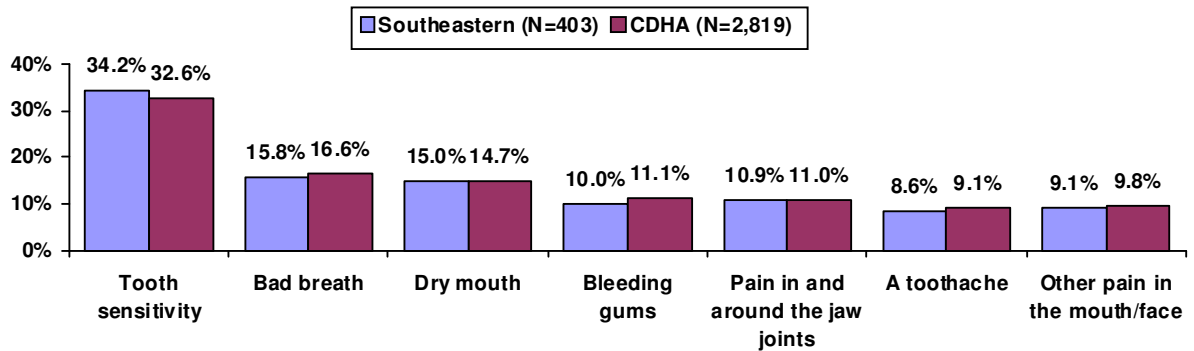


All respondents were asked if they have experienced various oral health problems in the past month.

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 71, the most common oral health problem among respondents in the past month was tooth sensitivity to hot or cold food or drinks (34%).

Figure 71: Percentage of Respondents Experiencing Various Oral Health Problems in the Past Month



14.0 Health Screenings - General⁶⁵

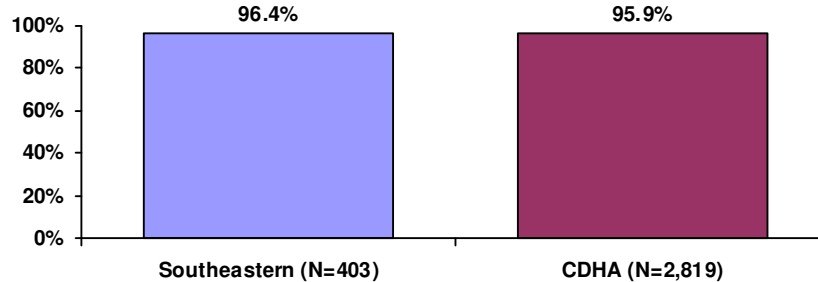
To assess the health behaviors of Southeastern residents, respondents were asked if they have engaged in various protective health practices, including eye examinations, flu shots, blood pressure checks and colorectal cancer screenings.

14.1 EYE EXAMINATIONS

Have you ever had an eye examination?

Four percent of respondents have *never* had an eye examination in their lifetime, while the majority (96%) have had *at least one* examination. Seniors (100%) and adults 2 (98%) were more likely than youth (90%) to have ever had this examination. Adults 1 were consistent with the average at 94%. Having an eye examination did not differ by gender.

Figure 72: Percentage of Respondents Who Have Ever Had an Eye Examination

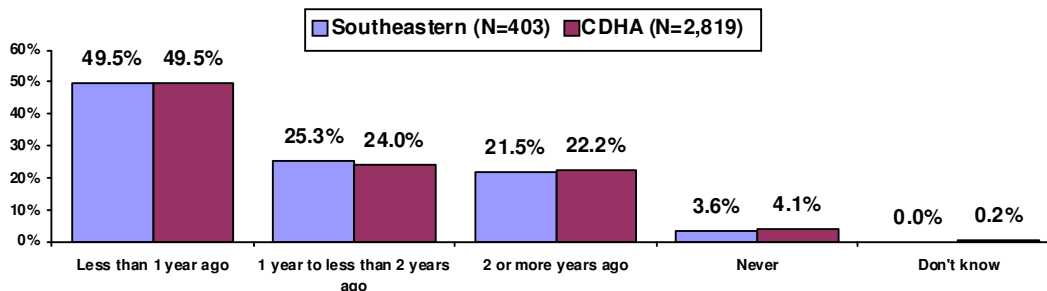


When did you last have an eye examination?

In terms of frequency, one-half of all respondents (50%) had an eye exam within the past year.

No differences were found in past year examination when analyzed by gender, however seniors (70%) were more likely than adults 2 (51%) and adults 1 (53%) to have had an eye exam within the past year. Youth were consistent with the average (53%).

Figure 73: Last Eye Examination



⁶⁵ Throughout this report, differences between segments are only noted if they are statistically significant.



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=86) were asked to identify reasons for this. Most commonly, these respondents did not think it was necessary (63%) or have not gotten around to it (32%).

Table 33: 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-

	Southeastern	CDHA
	% (N=101)	% (N=741)
I did not think it was necessary	62.7	61.1
Have not gotten around to it	31.6	25.4
Cost	7.8	7.7
My doctor did not think it was necessary	4.1	4.8
Other	5.8	7.9
Don't know/Refused	1.0	3.0

*Multiple responses allowed.

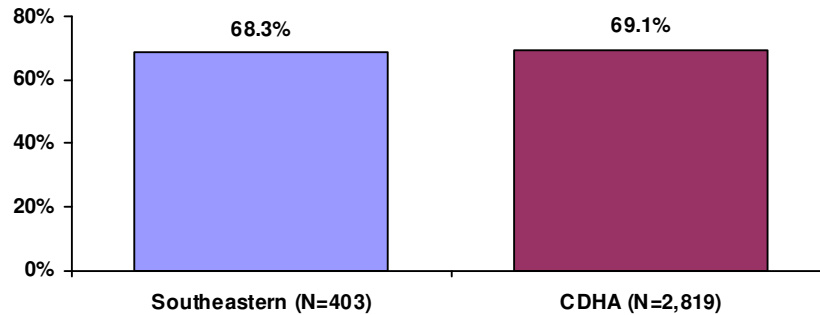
14.2 FLU SHOTS

Have you ever had a flu shot?

Approximately one-third of respondents (31%) have *never* had a flu shot, while 68% have had *at least one* flu shot in their lifetime.

The likelihood of ever having a flu shot was higher among seniors (91%) compared to respondents from all other age categories (adults 2: 67%; adults 1: 63%; youth: 67%). No differences were found by gender.

Figure 74: Percentage of Respondents Who Have Ever Had a Flu Shot

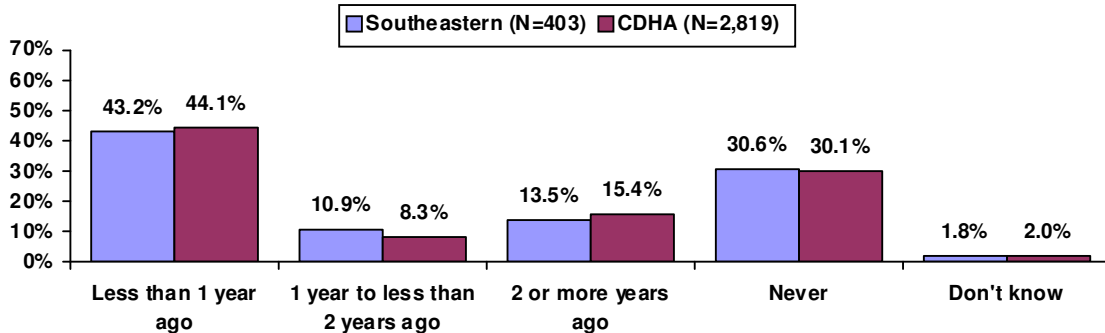


When did you have your last flu shot?

In terms of frequency, 43% of all respondents had this shot within the past year.

Past year flu shots did not differ by gender. In contrast, seniors (81%) were more likely than adults 2 (44%), adults 1 (33%) and youth (28%) to have had a flu shot within the past year.

Figure 75: Last Flu Shot

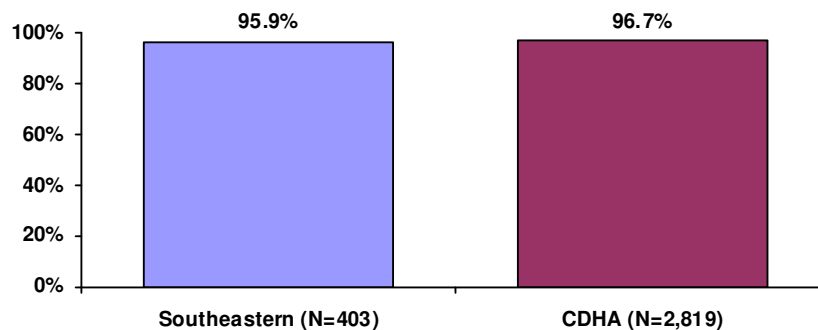


14.3 Blood Pressure Check

Have you ever had your blood pressure taken?

Four percent of respondents have *never* had a blood pressure check in their lifetime, while the majority (96%) have had *at least one* of these checks. Seniors (100%), adults 2 (99%), and adults 1 (93%) were more likely than youth (80%) to have ever had this check. Likelihood of ever having a blood pressure check did not differ by gender.

Figure 76: Percentage of Respondents Who Have Ever Had a Blood Pressure Check



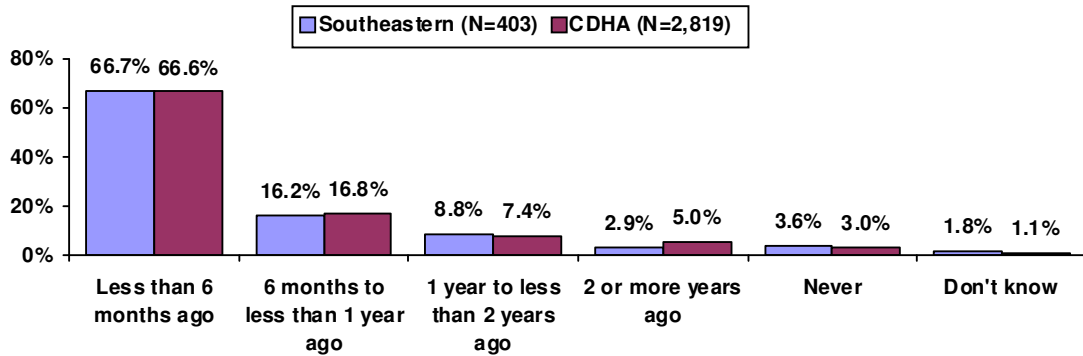


When was the last time?

In terms of frequency, 83% of all respondents had a blood pressure check within the past year.

Females (87%) were more likely than males (79%) to have had a past year blood pressure check. Furthermore, past year blood pressure checks tended to increase with age, as seniors (100%) were most likely to have had this check within the past year, followed by adults 2 (86%), adults 1 (77%) and youth (60%).

Figure 77: 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=16) were asked to identify reasons for not having this check. Most commonly, these respondents did not think it was necessary (n=12), they have not gotten around to it (n=4), they haven't seen a doctor (n=1), or were unsure (n=1)⁶⁶.

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

14.4 COLORECTAL CANCER SCREENINGS

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

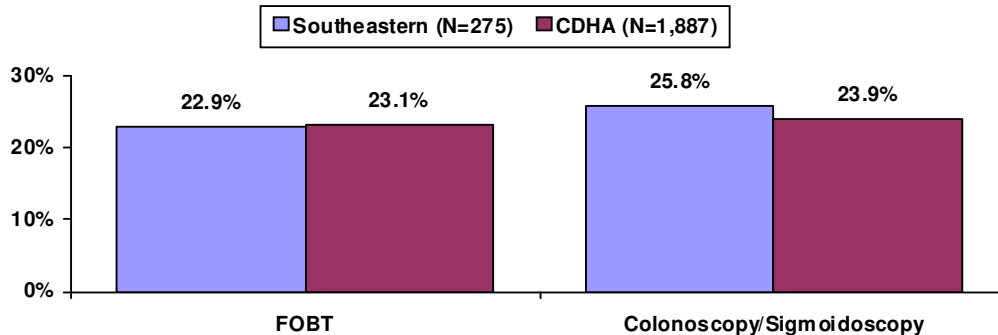
Have you ever had an FOBT (fecal occult blood test)? Have you ever had a colonoscopy or sigmoidoscopy? Was the colonoscopy or sigmoidoscopy a follow-up of the result of an FOBT?

Of respondents 35 years of age or older (N=275), 77% have *never* had a fecal occult blood test (FOBT), while 23% have had *at least one*. A similar percentage (74%) have *never* had a colonoscopy/sigmoidoscopy, while 26% have had *at least one*

By age, seniors (41%) were more likely than adults 2 (20%) to have had an FOBT. The same holds true for males (29%) as compared to females (18%). Likelihood of a colonoscopy/sigmoidoscopy did not differ by age or gender.

Of respondents who have ever had both of these tests (N=33), 42% indicated the colonoscopy/sigmoidoscopy was a follow-up based on the result of an FOBT.

Figure 78: Percentage of Respondents Who Have Ever Had a Fecal Occult Blood Test or Colonoscopy/Sigmoidoscopy –Of respondents 35 years of age or older-



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: 6%; colonoscopy/sigmoidoscopy: 3%).

Past year examination for colorectal cancer screening did not differ by age or gender.

Table 34: Last FOBT or Colonoscopy/Sigmoidoscopy –Of respondents 35 years of age or older-

	Southeastern (N=275)		CDHA (N=1,887)	
	FOBT %	Colonoscopy/Sigmoidoscopy %	FOBT %	Colonoscopy/Sigmoidoscopy %
Less than 1 year ago	6.0	3.2	6.5	5.1
1 year to less than 2 years ago	5.2	5.6	4.2	3.4
2 years to less than 3 years ago	3.5	4.2	2.7	3.4
3 years to less than 5 years ago	2.1	3.6	2.3	4.3
5 years to less than 10 years ago	2.9	3.9	3.0	4.0
10 or more years ago	2.8	5.3	3.9	3.4
Never	76.8	73.9	75.1	75.7
Don't know	0.7	0.4	2.4	0.7

Why did you have it?

Of respondents who have ever had an FOBT (N=63), 46% had this test as part of a regular check-up/routine screening and 42% had it to follow-up on a previously detected problem.

Of respondents who have ever had a colonoscopy/sigmoidoscopy (N=71), 38% had it as part of a regular check-up/routine screening, while 37% had this test to follow-up on a previously detected problem.

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

	Southeastern		CDHA	
	FOBT % (N=63)	Colonoscopy/Sigmoidoscopy % (N=71)	FOBT % (N=436)	Colonoscopy/Sigmoidoscopy % (N=451)
Part of regular check-up/routine screening	45.8	37.9	46.1	28.4
Follow-up of problem	42.2	37.3	35.5	50.8
Family history of colorectal cancer	7.8	23.5	4.4	17.9
Age	7.7	4.1	5.4	4.1
Other	3.0	1.4	8.1	4.9
Don't know	3.0	5.3	6.7	2.6

*Multiple responses allowed.

15.0 Health Screenings - Female⁶⁷

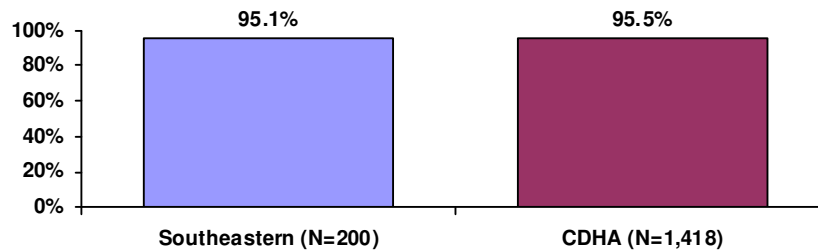
To assess the health behaviors of females, female respondents aged 18 years or older were asked if they have engaged in various protective health practices, including pap smears, mammograms (for female respondents aged 35 years or older), and breast examinations. In addition, female respondents between 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=200), 5% have *never* had a pap smear test, while 95% have had *at least one* pap smear test. The likelihood of ever having a pap smear tended to increase with age. More specifically, seniors (100%), adults 2 (98%), and adults 1 (96%) were more likely than youth (55%) to have ever had this test⁶⁸.

Figure 79: Percentage of Respondents Who Have Ever Had a Pap Smear Test –Of female respondents aged 18 years or older-



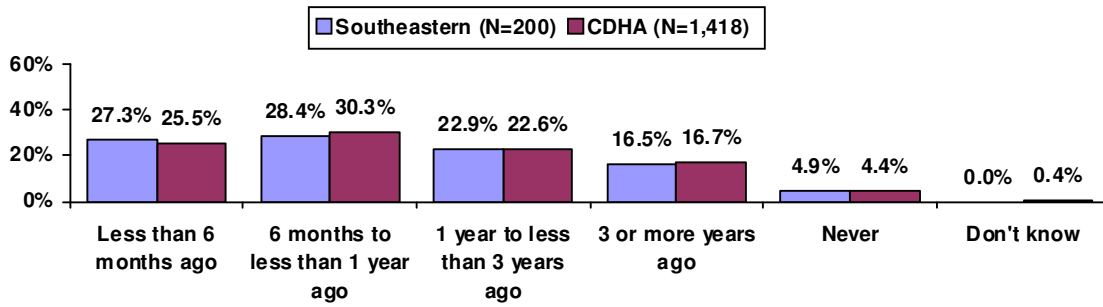
⁶⁷ Throughout this report, differences between segments are only noted if they are statistically significant.

⁶⁸ Within this age segmentation, the sample sizes for seniors and youth are less than 30, therefore, findings should be interpreted with caution.

When was the last time?

In terms of frequency, 56% of all female respondents aged 18 years or older had the test within the past year. Adults 1 (81%) and adults 2 (53%) were more likely than seniors (27%) to have had a pap smear within the past year. Youth were consistent with the average at 36%⁶⁹.

Figure 80: 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=10) or have not had one within the past three years (N=33) have had a hysterectomy (35%) or did not think a pap smear was necessary (28%).

Table 36: 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-

	<i>Southeastern</i>	<i>CDHA</i>
	<i>% (N=43)</i>	<i>% (N=300)</i>
Have had a hysterectomy	34.9	24.5
I did not think it was necessary	27.9	27.6
Have not gotten around to it	18.5	21.1
My doctor did not think it was necessary	16.3	24.5
Hate/dislike having one done	4.7	1.9
Fear	2.3	1.8
Unable to leave the house because of a health problem	2.3	0.2
Other	-	6.5
Don't know/Refused	2.3	4.1

*Multiple responses allowed.

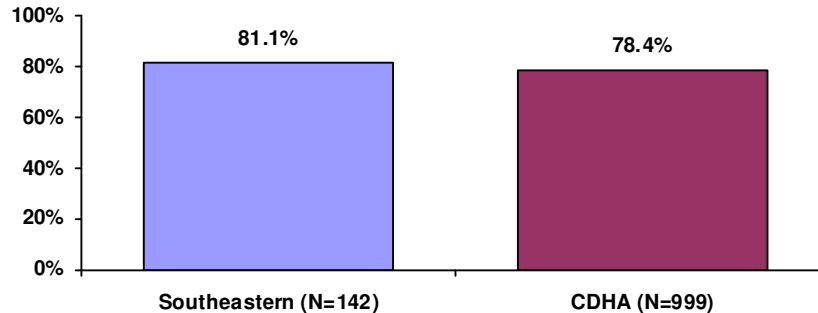
⁶⁹ Within this age segmentation, the sample sizes for seniors and youth are less than 30, therefore, findings should be interpreted with caution.

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=142), 19% have *never* had a mammogram, while 81% have had *at least one*. No differences were found by age.

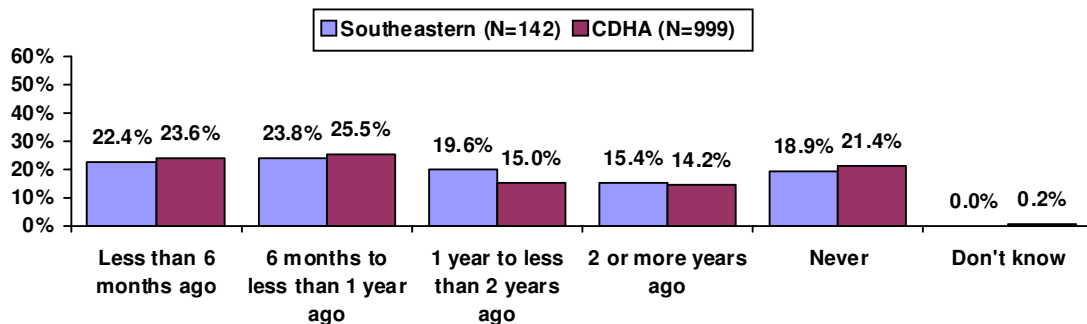
Figure 81: Percentage of Respondents Who Have Ever Had a Mammogram –Of female respondents aged 35 years or older-



When was the last time?

In terms of frequency, 46% of all female respondents aged 35 years or older reported having a mammogram within the past year, with no differences in terms of age.

Figure 82: 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=115), 60% had it as part of their regular checkup or routine, while 28% had it as a result of their age.

Table 37: Reasons for Having a Mammogram* –Of female respondents aged 35 years or older who have had a mammogram-

	Southeastern	CDHA
	% (N=115)	% (N=784)
Part of regular check-up/routine screening	59.5	63.3
Age	27.6	22.7
Family history of breast cancer	16.4	13.9
Previously detected lump	10.3	7.2
Breast problem (non-specific)	3.4	3.6
Follow-up of breast cancer treatment	1.7	3.0
Other	0.9	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=20) were asked to identify reasons for not having one. Most commonly, these respondents have not gotten around to it (n=9), they were afraid (n=4), they did not think it was necessary (n=4), their doctor did not think it was necessary (n=3), the waiting time was too long (n=1), or they were unsure (n=1)⁷⁰.

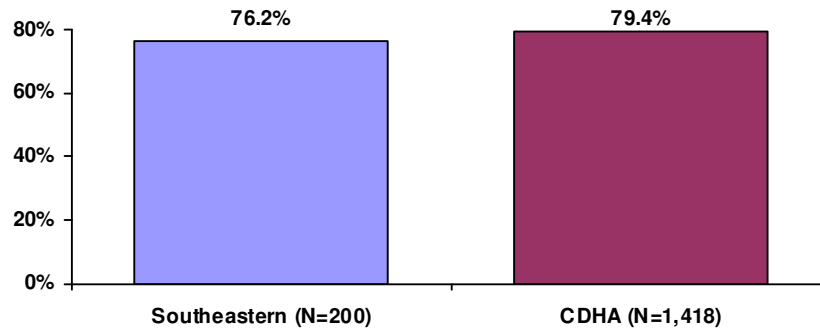
⁷⁰ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

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=200), 24% have *never* had a breast examination, while 76% have had *at least one* examination. Seniors (73%), adults 2 (86%), and adults 1 (68%) were more likely than youth (10%) to have ever had this exam⁷¹.

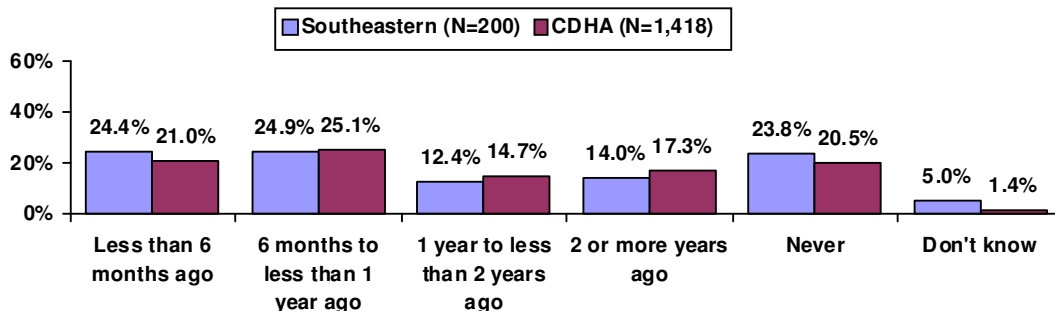
Figure 83: Percentage of Respondents Who Have Ever Had a Breast Examination –Of female respondents aged 18 years or older-



When was the last time?

In terms of frequency, 49% of all female respondents aged 18 years or older reported having a breast examination within the past year, with seniors (36%), adults 2 (56%) and adults 1 (49%) more likely than youth (0%) to report past year testing⁷².

Figure 84: Last Breast Examination –Of female respondents aged 18 years or older-



⁷¹ Within this age segmentation, the sample sizes for seniors and youth are less than 30, therefore, findings should be interpreted with caution.

⁷² Within this age segmentation, the sample sizes for seniors and youth are 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=48) or have not had one within the past two years (N=27) reported that they did not think it was necessary (49%), they have not gotten around to it (29%), or their doctor did not think it was necessary (24%).

Table 38: 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-

	Southeastern	CDHA
	% (N=75)	% (N=536)
I did not think it was necessary	48.6	45.3
Have not gotten around to it	28.9	23.0
My doctor did not think it was necessary	23.7	22.0
Has regular mammogram	3.9	2.0
Does self-examinations	2.6	6.6
Fear	2.6	2.2
Other	3.9	9.8
Don't know/Refused	6.6	5.7

*Multiple responses allowed.

15.4 MATERNAL EXPERIENCES

Have you given birth in the past 5 years?

Nine 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 development⁷³, these respondents (N=15) 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 as sample sizes are too small to draw conclusions about health practices during pregnancy.**

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 syndrome⁷⁴.

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

One respondent between the ages of 15 and 55 who gave birth in the past 5 years smoked daily during her last pregnancy, while one respondent was unsure if she drank alcohol during her last pregnancy⁷⁵. For the purposes of this study, the questions did not distinguish between respondents who smoke or drank before

⁷³ Source: Nova Scotia Department of Health, Canadian Community Health Survey 3.1, Summary Report to the District Health Authorities, December 2007.

⁷⁴ Source: Nova Scotia Department of Health, Canadian Community Health Survey 3.1, Summary Report to the District Health Authorities, December 2007.

⁷⁵ **Sample sizes are less than 30; findings should be interpreted with caution.**



knowing they were pregnant and respondents who did so after becoming aware of the pregnancy.

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 development⁷⁶. Of respondents between the ages of 15 and 55 who have given birth in the past 5 years (N=15), most (n=14) breastfed or tried to breastfeed their last baby⁷⁷.

Of those who have breastfed (n=14), two currently breastfeed, while the remaining 12 have stopped. Of the 12 respondents who no longer breastfeed, six breastfed for at least six months, with the most common reasons for stopping including the baby being ready for solid food (n=3), the baby weaning itself (n=2), not enough breast milk (n=1), difficulty with techniques (n=1), the mother's medical condition (n=1), stopped at the time planned (n=1), inconvenience/fatigue from breastfeeding (n=1), or other mentions (n=2)⁷⁸.

What is the main reason why you did not breastfeed?

The one respondent between the ages of 15 and 55 who gave birth in the past 5 years but did not breastfeed or try to breastfeed her last baby reported that bottle feeding is easier⁷⁹.

⁷⁶ Source: Health Canada, Perinatal Health Indicators for Canada: A Resource Manual, 2000.

⁷⁷ **Sample size is less than 30; findings should be interpreted with caution.**

⁷⁸ **Sample sizes are less than 30; findings should be interpreted with caution.**

⁷⁹ **Sample size is less than 30; findings should be interpreted with caution.**

16.0 Health Screenings - Male⁸⁰

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.

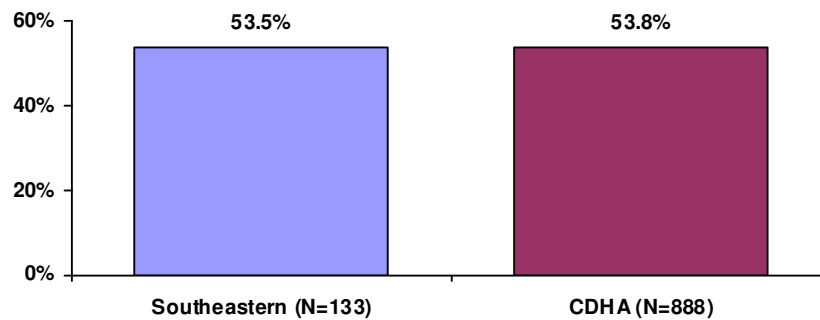
16.1 PROSTATE CANCER SCREENING

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=133), 46% have never had a PSA blood test, while 54% have had *at least one*. No differences were found by age.

Figure 85: Percentage of Respondents Who Have Ever Had a PSA Blood Test –Of male respondents aged 35 years or older-

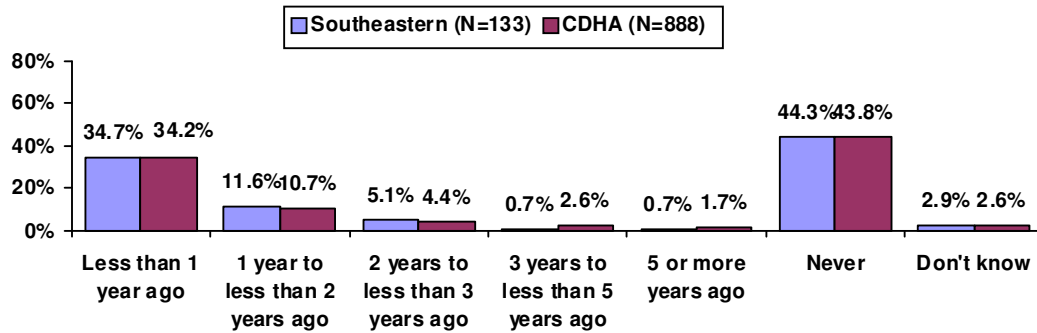


⁸⁰ Throughout this report, differences between segments are only noted if they are statistically significant.

When was the last time?

In terms of frequency, 35% of all male respondents aged 35 years or older reported having a PSA blood test within the past year, with seniors (61%) more likely than adults 2 (31%) to report past year screening⁸¹.

Figure 86: 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=71), the majority had the test as part of their regular check-up/ routine (76%).

Table 39: Reasons for Having a PSA Blood Test* –Of male respondents aged 35 years or older who have had a PSA blood test-

	<i>Southeastern</i>	<i>CDHA</i>
	<i>% (N=71)</i>	<i>% (N=478)</i>
Part of regular check-up/screening routine	75.7	73.1
Age	20.2	18.6
Follow-up of problem	18.6	12.5
Family history of prostate cancer	5.4	6.3
Other	2.7	1.7
Don't know	-	0.5

*Multiple responses allowed.

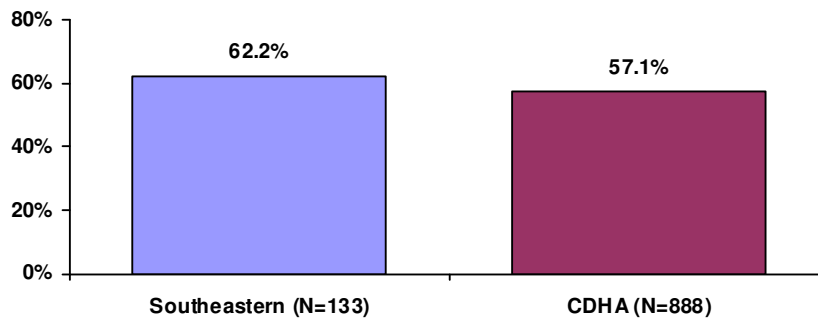
⁸¹ Within this age segmentation, the sample size for seniors is less than 30; therefore findings should be interpreted with caution.

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?

Thirty-eight percent of male respondents aged 35 years or older have *never* had a digital rectal exam, while 62% have had *at least one*. Seniors (85%) were more likely than adults 2 (59%) to have had this exam.

Figure 87: 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, 27% of all male respondents aged 35 years or older reported having a digital rectal exam within the past year, with no differences found by age.

Figure 88: Last Digital Rectal Exam –Of male respondents aged 35 years or older-

