



Capital Health

Our Health: A Community Health Assessment Survey

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Executive Summary

OVERVIEW

This report presents the findings of *Our Health: A Community Health Assessment Survey* for the Capital District Health Authority (CDHA) and the IWK Health Centre (IWK). 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 district.

The information from this report will be used to support the development of community health plans within the district, as well as to guide program and business planning and policy development within the CDHA and IWK.

METHODOLOGY

A total of 2,819 residents (aged 15 years or older) from the Capital District Health Authority completed *Our Health: A Community Health Assessment Survey* (Halifax CHB: 401; Dartmouth CHB: 400; Cobequid CHB: 406; Chebucto West CHB: 404; Eastern Shore Musquodoboit CHB: 402; Southeastern CHB: 403; West Hants - Uniacke CHB: 403). To ensure a representative sample of the CDHA population by age and gender, quotas and sample weights were developed and applied to the data.

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

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.

Respondent Characteristics and Employment Status

- Respondents were a fairly equal mix of males (48%) and females (52%). Just over one-half were between the ages of 35 and 64 (55%) and married (53%), with the most commonly reported level of education being a trade or non-university certificate or diploma (33%).
- The majority of respondents had insurance coverage for health expenses including prescription medicines (87%), eye glasses/contact lenses (77%) and dental expenses (76%). However, a notable percentage of respondents did not have prescription (11%), eye glasses/contact lenses (19%), or dental insurance (22%).
- Of respondents between the ages of 15 and 75, 70% worked at a job or business during the week prior to survey completion, while 28% did not work. Female respondents and seniors were more likely to have not worked in the week prior to survey completion.



Health and Well-Being

- In general, the majority of respondents rated their health as *good* (27%), *very good* (42%), or *excellent* (20%). This was generally the finding across the CHBs, however, respondents from West Hants-Uniacke were less likely than overall district respondents to report *good* to *excellent* health (82%). Other highlights regarding the health and well-being of respondents include:
 - Twelve percent of respondents rated their general health negatively, that is, *fair* or *poor*. Respondents with a negative general health rating were generally older, had a lower household income, 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 insurance coverage or did not work in the week prior to survey completion.
 - Eleven percent of respondents felt their health is *somewhat* or *much* worse now than it was one year ago. These respondents generally had a lower household income, lacked insurance coverage, were without work in the week prior to survey completion or rated their general health, mental health or oral health negatively.
 - Furthermore, 4% of respondents were dissatisfied with their life in general. These respondents tended to be from the lowest income category or had negative general or mental health ratings.
 - Approximately one-third of respondents (32%) indicated a *somewhat* or *very weak* sense of belonging to their local community. These respondents were generally between the ages of 20-34, from the lower income categories, did not have a regular medical doctor or insurance coverage, or rated mental or oral health negatively.

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

- About two-thirds of respondents (65%) experienced some level of day-to-day stress and 72% experienced stress at work. The most important contributor to day-to-day stress was commonly identified as respondents' work situation (27%).
 - However, 90% of respondents feel equipped to handle stressful events including unexpected and difficult problems and 95% feel equipped to handle the day-to-day demands of life.



- 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 general, mental or oral 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-four percent of respondents have made changes to improve their health in the past 12 months. As well, 73% of all respondents feel they should make future health improvements. Of respondents who indicated that they should make changes to improve their physical health:
 - 69% intend to improve their health in the next year, most notably by increasing exercise/sports/physical activity (65%).
 - 49% face barriers in making improvements. Youth and seniors were more likely to feel they face barriers. As well, respondents who faced barriers were generally from lower income categories or rated their general health negatively. The most notable barriers faced included a lack of will power/ self discipline (42%) and work schedule (20%).

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

- Forty-four percent of respondents were physically inactive, while 28% were moderately active and 29% were regularly active. Walking for exercise (81%) was the most common activity reported.
 - Physical inactivity tended to increase with age. As well, females, respondents with annual household incomes of \$60,000 or less, and respondents who rated their general or mental health negatively were most likely to be inactive.
 - Physical activity was related to the prevalence of arthritis, back problems, high blood pressure, heart disease, and diabetes, whereby physically inactive respondents were more likely to have these conditions when compared to regularly active respondents.
 - Of the 73% of all respondents who indicated that they should make changes to improve their physical health, 65% noted they intend to improve their health in the next year by increasing exercise/sports/physical activity.



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-two percent of respondents aged 18 years or older, excluding pregnant females, were classified as overweight or obese, while 37% were of normal weight and 2% were underweight.
 - Respondents who were overweight or obese tended to be over 35 years of age, male, without work in the week prior to survey completion and provide negative ratings of mental and general health.
 - Of those that were overweight or obese, 24% 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-two percent of respondents did not meet Canada's Food Guide daily requirements for fruit and vegetable servings, while 38% met or exceeded the daily requirements.
 - Fruit and vegetable consumption was found to be related to various other positive health practices, including smoking status and physical activity, whereby non-smokers and more active respondents were more likely to consume the recommended servings compared to their counterparts.
 - Furthermore, consumption was related to household income, as lower household income respondents were more likely to fall below the recommended servings compared to their higher income counterparts.



- Food security has been a concern for at least 2% of respondents at some point over the past 12 months.

Given the identified positive relationship between healthy eating, other positive health practices, and health status, 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?

In summary, this survey identified a clear relationship between positive health practices (physical activity, fruit and vegetable consumption, smoking, and BMI), and the prevalence of chronic conditions. Addressing poor health practices in the broader context may have an impact on the prevalence of related chronic conditions.

Sexual Health

- Of respondents between the ages of 15 and 49, most (89%) have had sexual intercourse at least once in their lifetime. Of these respondents:
 - 92% have had sexual intercourse in the past 12 months.
 - 29% used a condom the last time they had sexual intercourse. Condom use was more common among single respondents (61%) compared to those who were living common-law (20%) or married (13%).
 - 9% have ever been diagnosed with a sexually transmitted disease (STD).

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 79% being daily smokers.
 - Of current smokers, almost two-thirds (64%) indicated a serious consideration to quit within the next six months, and 48% 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 (82%) have had a drink of alcohol in the past 12 months and of those, 16% consume alcohol once a week, while 30% consume alcohol at least two or more times a week.
 - Furthermore, 9% of all respondents who had a drink of alcohol in the past 12 months consume 5 or more drinks at least once a week and 28% said that they engaged in this activity at least once a month.
 - Respondents who report having 5 or more alcoholic beverages at least once a week were more likely to be male, under 65 years of age, and lack insurance coverage or access to a regular medical doctor.

Given the link between binge drinking and health, further research to identify and analyze underlying contributing factors to binge drinking may be of value.

- Are those that engage in binge drinking aware of the health issues associated with this practice?
- What motivating factors would encourage binge drinkers to change their drinking patterns?
- Are alcohol support programs available and accessible to all?

Problem Gambling

- Over the past 12 months, just over one-quarter of respondents (26%) 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, seven in ten (70%) spent \$100 or less on all gambling activities over the past 12 months and 96% 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:
 - 96% of respondents have a regular medical doctor.
 - Two in ten respondents (19%) have received some type of community-based care within the past 12 months, which was generally perceived to be of *good* (43%) or *excellent* (44%) quality.
 - Two in ten respondents (19%) 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 (55%).



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?
- There were some difficulties accessing certain health care services such as specialist care and routine or on-going care. Of particular note is that CDHA patients were referred to medical specialists at a higher rate than the national average (41%, as compared to the national average of 28%).
 - In the past 12 months, 41% of respondents required a visit to a medical specialist. Of these respondents, almost one-quarter (23%) experienced difficulty getting specialist care, with long wait times being the most common difficulty experienced (83%). The likelihood of requiring a visit to a medical specialist was more prevalent among females, those 35 years of age or older, and those who have negative general health ratings.
 - In the past 12 months, 41% 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, 20% experienced difficulty getting the care needed
 - In the past 12 months, 55% of respondents required health information or advice, with the most common professional contacted being a doctor's office (85%).
 - 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:

- What are the contributing factors to this higher than national average rate of referral?
- Will the introduction of 811 telecare service impact accessing family physician offices for health information or advice?
- How can difficulties accessing specialist, routine or on-going care be alleviated?

Chronic Conditions

- Two-thirds of respondents (66%) reported having at least one chronic health condition. Respondents with at least one chronic health condition tended to be females, older respondents, respondents from lower income households, and respondents with higher levels of daily stress.
 - The most common conditions were muscle/joint related conditions (back problems: 27%; arthritis: 22%), cardiovascular conditions (high



blood pressure: 19%; heart disease: 5%; stroke: 1%), migraine headaches (16%), asthma (11%) and mood disorders (10%).

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 one in ten respondents (10%) rated their oral health *fair or poor*.
- Respondents who had negative oral health ratings were more likely to be adults or seniors, male, have an annual household income under \$20,000 or have no regular medical doctor or insurance coverage.
- Serious oral health problems tended to be uncommon, with the most common problems experienced in the past month being tooth sensitivity (33%).

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 seven in ten respondents (69%) have ever had a flu shot and 44% had one in the past 12 months.
 - Almost all respondents (97%) 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 7% had one within the past 12 months. A similar percentage (24%) have ever had a colonoscopy or sigmoidoscopy and 5% had one within the past 12 months.

Health Screenings – Female

- Overall, most female respondents have engaged in various protective health screenings at least once in their lifetime, with a moderate number having done so within the past year.
 - Of female respondents aged 18 years or older, 96% have ever had a pap smear test and 56% had one in the past 12 months.
 - Of females aged 35 years or older, 78% have ever had a mammogram and 49% had one within the past 12 months.
 - Of female respondents aged 18 years or older, 79% have ever had a breast examination by a doctor or other health professional and 46% had one in the past 12 months.



- Generally, there is a perception among female 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 34% had one within the past 12 months. Furthermore, 57% have ever had a digital rectal exam and 23% had one within the past 12 months.

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

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

Maternal Experiences

- Of female respondents aged 15-55 who have given birth in the past 5 years, most (88%) breastfed or tried to breastfeed their last baby. However, 12% consumed at least one drink of alcohol and 9% smoked during their last pregnancy.

With regards to drinking, it is important to note that the questions asked did not distinguish between those respondents who drank before they knew they were pregnant and those that had done so after they became aware of the pregnancy. Several questions surfaced from these findings including:

- Is there a need to increase awareness around the harmful effects of smoking, and alcohol consumption related to a healthy pregnancy?
- What interventions can be put in place to reduce smoking and alcohol consumption during pregnancy to 0%?