



Capital Health

Our Health: A Community Health Assessment Survey

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Community Health Boards
& Capital Health**

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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%?



1.0 Overview

In recent decades, population health has become the primary ideology for public health systems in Canada¹. As defined by the Federal/Provincial/Territorial Advisory Committee on Population Health (1994), population health refers to "the health of a population as measured by health status indicators and as influenced by social, economic, and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services"².

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

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

Key elements of the approach include focusing on the health of populations, addressing the determinants of health and their interactions, basing decisions on evidence, increasing upstream investments, applying multiple strategies, collaborating across sectors and levels, and employing mechanisms for public involvement³. Through the use of a population health approach, health care professionals develop a thorough understanding of health care issues within the population and can therefore establish priorities and strategies and develop effective health plans, including programs and services to improve the health and well-being of the population.

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

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

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

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



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

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

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

The results of this survey will describe the unique health status, health behaviors and other health determinants among residents of the Capital District Health Authority. The information will be used by CDHA and IWK to support the development of community health plans for each CHB and to guide program planning and policy development within these organizations.

2.0 Methodology⁴

2.1 SAMPLE SELECTION

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*. Based on a population size of 329,022 (www.gov.ns.ca/finance/communitycounts), this sample size results in a margin of error of $\pm 1.84\%$ at the 95% confidence level or 19 times out of 20⁵.

Table 1: Sampling Design

Strata	Population Size	Sample Size	Margin of Error* (%)
Capital District Health Authority (CDHA)	329,022	2,819	± 1.84
Halifax (H)	64,361	401	± 4.88
Dartmouth (D)	57,369	400	± 4.88
Cobequid (C)	66,575	406	± 4.85
Chebucto West (CW)	71,336	404	± 4.86
Eastern Shore Musquodoboit (ESM)	17,938	402	± 4.83
Southeastern (SE)	34,201	403	± 4.85
West Hants-Uniacke (WH-U)	17,242	403	± 4.82

*At the 95% confidence level or 19 times out of 20.

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

2.2 QUESTIONNAIRE DESIGN

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

The CCHS is a national cross-sectional survey on issues of personal health and well-being, and is administered by Statistics Canada, in consultation with Health Canada, the Canadian Institute for Health Information, provincial ministries of health, and sub-provincial District Health Authorities in Canada⁶. The purpose of the CCHS is to provide current information on health status, factors that affect health, and access to health care services⁷. The CCHS is organized into sections that address core content and optional content.

For *Our Health: A Community Health Assessment Survey*, questions were selected from the CCHS to reflect the strategic plans of the CHBs, IWK and CDHA, and to reflect provincial strategies. Core content sections were asked of all respondents

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.



across each CHB, whereas optional content sections were selected by each CHB based upon specific areas of interest.

The questionnaire for this study included the core content sections as chosen by CDHA and IWK.

The following optional content sections were chosen by the CHBs, with bolded sections chosen with more frequency (by at least 4 of the 7 CHBs). This may be an indicator of priorities and areas of interest for future research at the CHB level.

	Sum	SE	H	ESM	WH-U	CW	C	D
Problems in the Community	5/7	X	X			X	X	X
Voluntary Organizations - Participation	3/7	X	X				X	
Restriction of Activities	3/7	X			X			X
Food Choices	6/7		X	X	X	X	X	X
Sedentary Activities	3/7				X		X	X
Use of Protective Equipment	2/7			X			X	
Sun Safety Behaviours	2/7			X	X			
Satisfaction with Life	4/7		X	X		X	X	
Stress – Coping with Stress	6/7	X	X		X	X	X	X
Illicit Drug Use	0							
Social Support - Availability	6/7	X	X		X	X	X	X
Spiritual Values	1/7		X					
Home Safety	2/7			X			X	

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.

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 CDHA 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 core content findings at the overall district level. For key findings, results are presented for each CHB within CDHA to allow for comparison with the district results. For this report, comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only. Furthermore, where possible, district results are compared to those at the provincial and national levels⁸. District results are only compared to the most recent national and provincial data available. In some cases where 2007 data was unavailable, 2005 data was used. These instances have been noted throughout the report. Cross tabulations and segmentations by demographic characteristics (age, gender, and income) and other

⁸ All national and provincial data is based on the 2007 CCHS unless otherwise indicated.



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*⁹.

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)¹⁰ and North American Industry Classification System (NAICS)¹¹. 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.**

⁹ 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.

¹⁰ For more information please visit <http://www.statcan.gc.ca/subjects-sujets/standard-norme/naics-scian/2007/list-liste-eng.htm>

¹¹ For more information please visit <http://www.statcan.gc.ca/subjects-sujets/standard-norme/naics-scian/2007/list-liste-eng.htm>



3.0 Demographics¹²

3.1 RESPONDENT CHARACTERISTICS

As shown below, respondents were a fairly equal mix of males (48%) and females (52%). Just over one-half of respondents were between the ages of 35 and 64 (55%) and married (53%), while 73% resided in a single-detached dwelling.

Table 2: Demographics

	CDHA
	% (N=2,819)
Gender	
Male	47.5
Female	52.5
Age	
Youth (15-19 years)	7.2
Adult 1 (20-34 years)	21.7
Adult 2 (35-64 years)	54.9
Seniors (65+ years)	16.1
Marital Status	
Married	53.4
Single, never married	25.5
Living common-law	7.5
Divorced	5.8
Widowed	5.2
Separated	2.3
Refused	0.2
Type of Dwelling	
Single-detached	72.5
Duplex	5.8
Low-rise apartment (less than 5 stories)	10.7
Double	2.5
Mobile home	1.8
Other	7.7
Don't know/Refused	0.1

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

Of respondents between the ages of 18 and 59 years (N=2,091), most (96%) considered themselves to be heterosexual, followed very distantly by homosexual (2%), and bisexual (1%). One percent of respondents were unsure of their sexual orientation.

¹² 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=2,700).

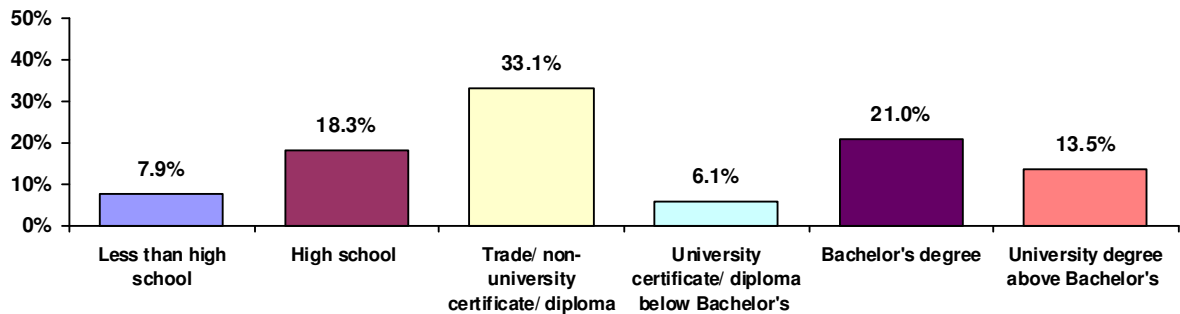
Did you graduate from high school (secondary school)? What is the highest grade of elementary or high school you have ever completed? Have you received any other education that could be counted towards a degree, certificate or diploma from an educational institution?

Of respondents aged 18 years or older (N=2,700), 88% have graduated from high school. Of those respondents who have not (N=326), 43% have Grades 11 or 12 but did not graduate, 42% have Grades 9-10, and 14% have Grade 8 or lower.

Furthermore, of respondents aged 18 years or older, 74% have received other education that could be counted towards a degree, certificate, or diploma from an educational institution.

In terms of highest level of education, respondents most commonly have a trade or non-university certificate or diploma (33%), a Bachelor's degree (21%) or high school (18%).

Figure 1: Highest Level of Education - Respondent -Of respondents 18 years of age or older- (N=2,663)



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=2,700), 10% were attending a school, college, or university at the time of the survey. Of these respondents (N=265), 66% were attending on a full-time basis, with 34% attending part-time and <1% unsure.



3.2 SOCIO-DEMOGRAPHIC CHARACTERISTICS

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

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

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

Almost all respondents (96%) were white and English (98%), by far, was the language spoken most often at home.

3.3 HOUSEHOLD INCOME AND INSURANCE COVERAGE

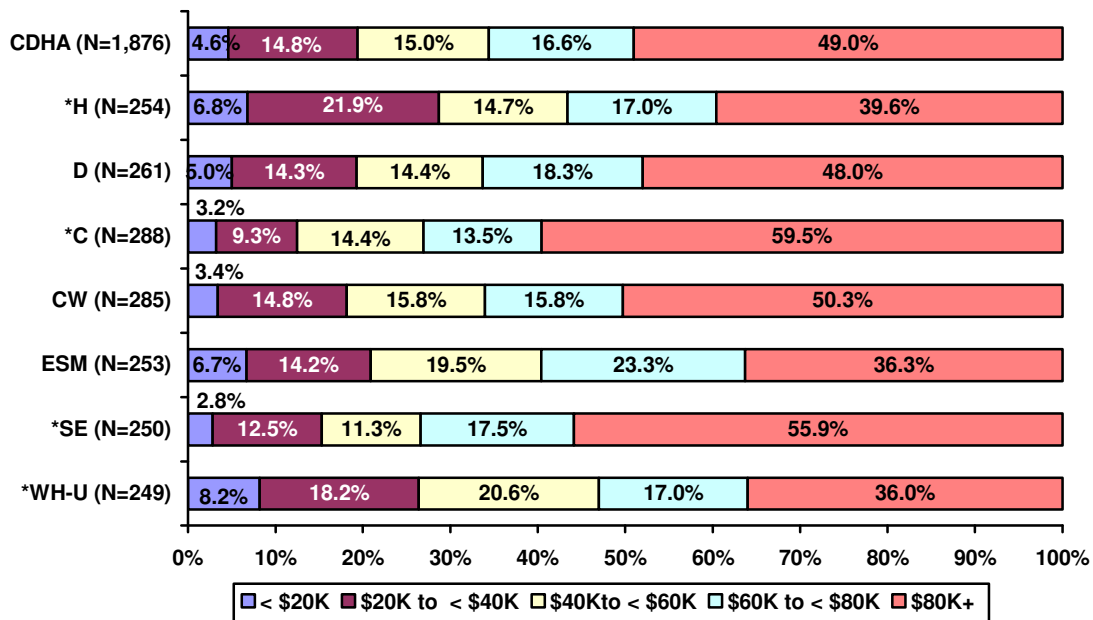
What is your best estimate of the total income, before taxes and deductions, of all household members, from all sources in the past 12 months?

As shown below, the majority of respondents from the district (81%) had annual household incomes of at least \$40,000 per year, with two-thirds (66%) having household incomes of \$60,000 per year or more. Of note, 33% of respondents did not provide a response to this question.

Compared to the district as a whole:

- Halifax (29%) and West Hants-Uniacke (26%) had more respondents with an annual household income less than \$40,000 per year; and
- Cobequid (60%) and Southeastern (56%) had more respondents with an annual household income of \$80,000 or more.

Figure 2: Annual Household Income^o Δ



* Significant difference between particular CHB and CDHA.

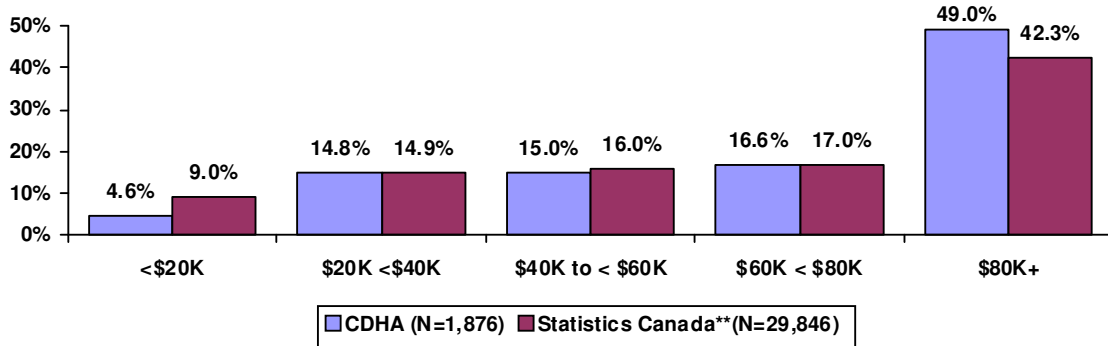
^o 34% of respondents did not provide a response to this question.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



Due to the high number of respondents who did not answer the household income question (33%), 2006 Statistics Canada's 'Income Distribution by Households' statistics have been included in Figure 3 for comparison purposes. As shown, CDHA had a higher percentage of respondents in the \$80,000 or more income category.

Figure 3: Annual Household Income Comparison*



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

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

- From the *younger* (youth) or *older* (seniors) age categories;
- To have *not worked* in the week prior to data collection;
- To be *less educated* (more non-respondents with less than high school education and fewer with a university education; and
- *Lacking insurance* (prescription, eyeglasses/contact lenses, or dental).

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=2,705), wages and salaries were the most commonly reported main source of income (74%), followed distantly by benefits from the Canada or Quebec pension plan (6%), dividends and interest (4%), and income from self-employment (4%).



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 Table 3, the majority of respondents had private, government, or employer-paid insurance coverage that covers the cost of prescription medicines (87%), eyeglasses or contact lenses (77%), and dental expenses (76%). However, a notable percentage of respondents did not have medical insurance (11%), eyeglasses/contact lenses insurance (19%), or dental insurance (22%).

When analyzed by household income category:

- Respondents with household incomes of less than \$40,000 (less than \$20,000: 74%; \$20,000 to less than \$40,000: 75%) were less likely than all other income categories (\$40,000 to less than \$60,000: 90%; \$60,000 to less than \$80,000: 88%; \$80,000 or more: 94%) to have prescription insurance.
- Respondents with annual household incomes under \$40,000 (less than \$20,000: 45%; \$20,000 to less than \$40,000: 55%) were less likely than those with household incomes of \$40,000 or more (\$40,000 to less than \$60,000: 81%; \$60,000 to less than \$80,000: 81%; \$80,000 or more: 90%) to have eye glasses/contact lenses insurance.
- Respondents with annual household incomes under \$40,000 (less than \$20,000: 41%; \$20,000 to less than \$40,000: 48%) were less likely than all other income categories (\$40,000 to less than \$60,000: 76%; \$60,000 to less than \$80,000: 81%; \$80,000 or more: 92%) to have dental insurance.

In comparison to the district as a whole:

- West Hants-Uniacke (83%) and Halifax (81%) respondents were less likely to have insurance coverage for prescription medicines.
- Cobequid respondents (83%) were more likely to have eye glasses/contact lenses insurance, while West Hants-Uniacke respondents (67%) were less likely to have this insurance.
- Furthermore, respondents from West Hants-Uniacke (63%) and Halifax (69%) were less likely to have dental insurance, while Dartmouth (81%), Southeastern (81%) and Cobequid respondents (83%) were more likely.

Table 3: Insurance Coverage Δ

	N	Prescription Medicines	Eye glasses/ contact lenses	Dental expenses
		%	%	%
CDHA	2,819	86.9	77.3	76.4
Halifax	401	*80.5	71.0	*68.8
Dartmouth	400	89.1	77.8	*80.5
Cobequid	406	91.9	*82.7	*82.6
Chebucto West	404	86.5	79.4	76.5
Eastern Shore Musquodoboit	402	86.4	71.9	71.4
Southeastern	403	89.0	81.7	*80.6
West Hants-Uniacke	403	*82.7	*67.2	*63.2
Canada	-	74.1	63.4	56.8

* Significant difference between particular CHB and CDHA.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



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

Of respondents who reported having each type of insurance coverage, approximately two-thirds indicated that the plan was employer-sponsored:

- *Prescription insurance* (N=2,450): 63% employer-sponsored, 24% government sponsored, and 11% private;
- *Eye glasses/contact lenses insurance* (N=2,180): 67% employer-sponsored, 18% government sponsored, and 12% private; and
- *Dental insurance* (N=2,153): 69% employer-sponsored, 17% government sponsored, and 11% private.



4.0 Employment Status¹³

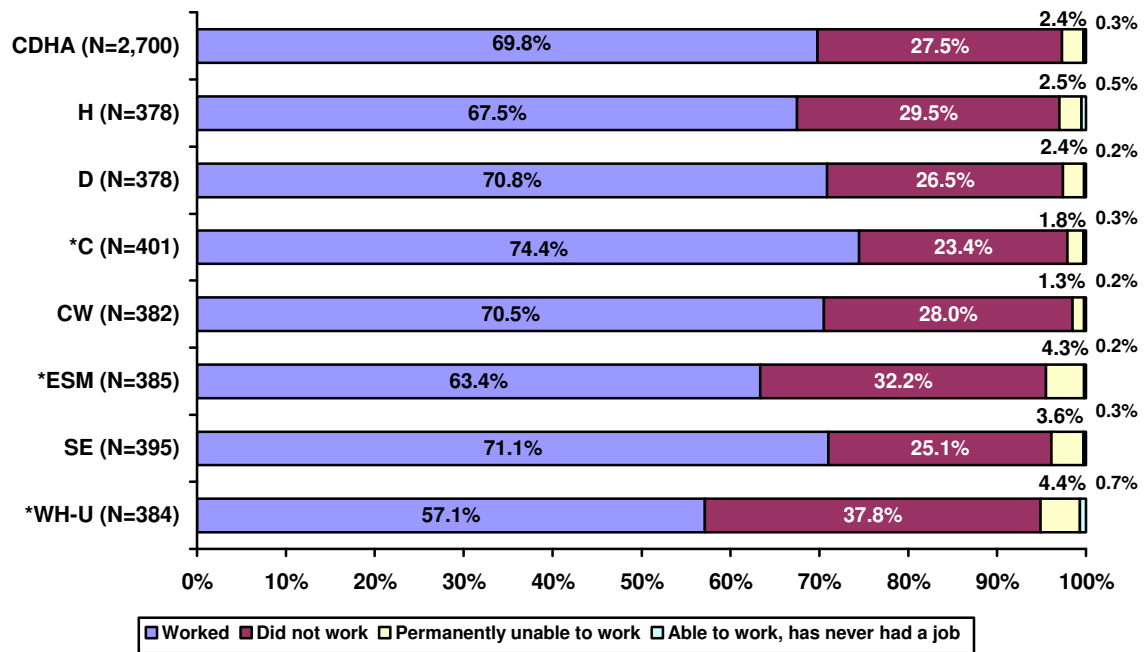
To determine employment status, respondents aged 15 to 75 were asked a series of questions about their current employment experiences.

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

Seven in ten respondents between the ages of 15 and 75 (70%) worked during the week prior to survey completion, while 28% did not work. Two percent of respondents aged 15 to 75 were permanently unable to work during the week prior to survey completion, and <1% were able to work but have never had a job.

Compared to district findings, the percentage of those not working in the week prior to survey completion was higher in West Hants-Uniacke (38%) and Eastern Shore Musquodoboit (32%), however, it was lower in Cobequid (23%).

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



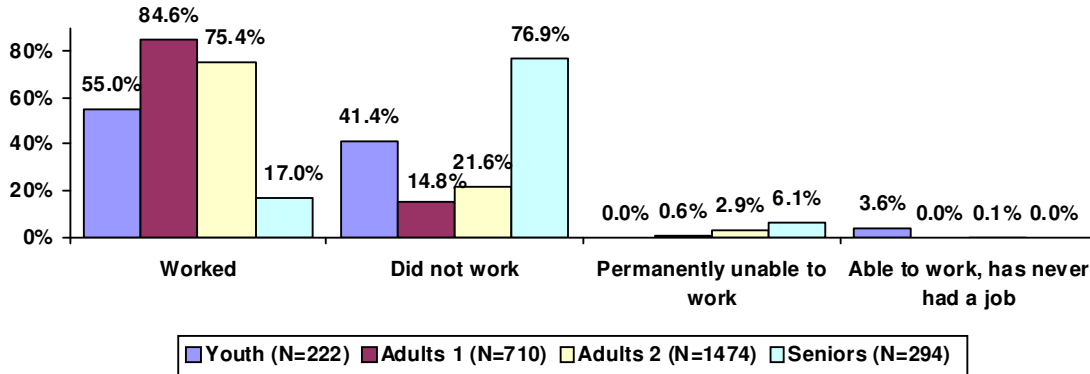
* Significant difference between particular CHB and CDHA.
Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

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



As shown below, youth (55%) and adults (adults 1: 85%, adults 2: 75%) were more likely than seniors (17%) to have worked in the week prior to survey completion¹⁴. Furthermore males (73%) were more likely than females (66%) to have worked during that week.

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



Respondents between the ages of 15 and 75 who worked during the week prior to survey completion (N=1,883) 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=1,883), 10% were absent from work, and 10% had more than one job or business during that week. Of those who worked at more than one job (N=193), most worked 15 hours or less in the other job (5 hours or less: 19%; 6-10 hours: 25%; 11-19 hours: 16%; 20 or more hours: 20%).

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).



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 (87%) and 13% were self-employed. A wide range of occupations and industries were provided, with the most common industries being *health care and social assistance*¹⁵ (15%) and *public administration* (14%), and the most common occupations being *retail salespersons and sales clerks* (4%) and *general office clerks* (4%).

Table 4: Profile of Current Employment

	CDHA % (N=1,883)
Job Classification	
Employee	86.6
Self-employed	13.0
Working in a family business without pay	0.1
Don't know/Refused	0.3
Top Five Industries	
Health care and social assistance	15.4
Public administration	13.5
Retail trade	9.4
Educational services	7.7
Professional, scientific and technical services	6.1
Top Five Occupations	
Retail salespersons and sales clerks	3.8
General office clerks	3.7
Registered nurses	3.0
Occupations unique to the armed forces	2.5
Administrative clerks	2.3

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 a job or business in the past 12 months, excluding respondents who were permanently unable to work (N=752), 17% reported that they have looked for work over the past 4 weeks.

¹⁵ For 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 Capital Health District is provided below. Specifically, this section covers topics such as general health and well-being, stress, and changes made to improve health.

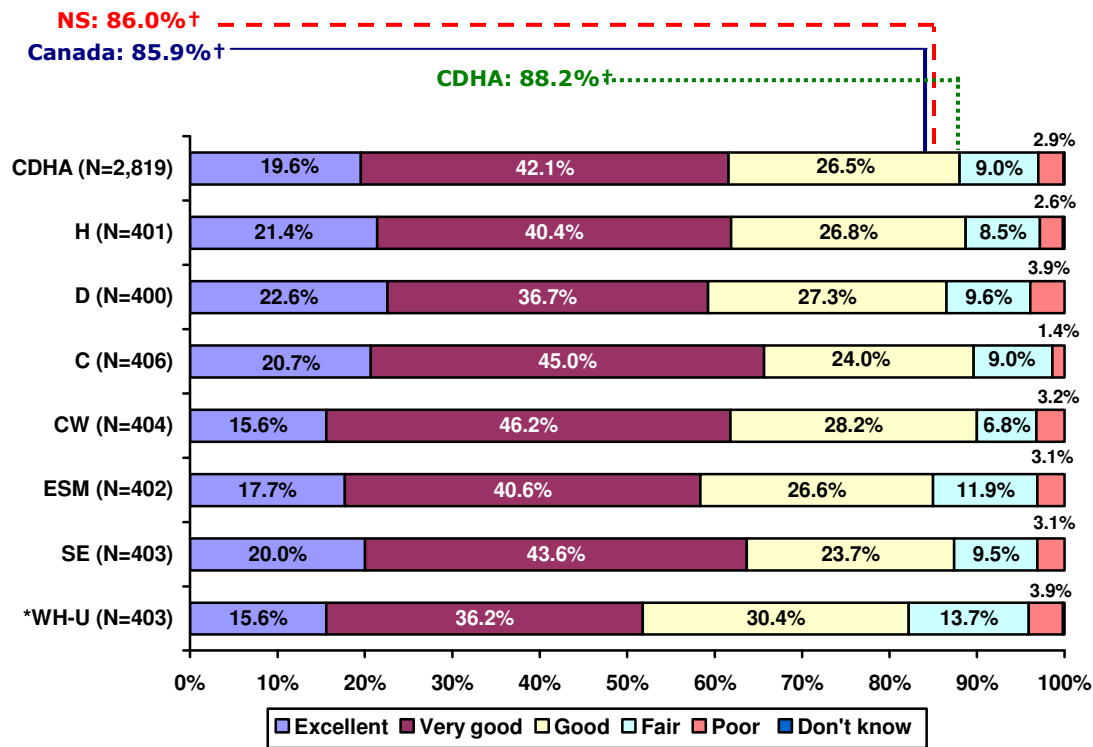
5.1 GENERAL HEALTH AND SENSE OF BELONGING

General Health and Satisfaction with Life

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

The majority of respondents rated their health as *good* (27%), *very good* (42%), or *excellent* (20%), while approximately one in ten respondents rated their health as negative (9% *fair*; 3% *poor*). 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%).

Figure 6: Self-Reported Health Status Δ



* Significant difference between particular CHB and CDHA.

† Percentages combine *good*, *very good*, and *excellent*.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

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



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

- The likelihood of reporting *fair* or *poor* health increased with age. Older respondents (adults 2: 12%; seniors: 24%) were more likely than younger respondents (adults 1: 6%; youth: 3%) to report *fair* or *poor* health;
- Respondents from the lower household income categories (less than \$40,000: 28%) were more likely to provide negative ratings compared to higher income respondents (\$40,000 or more: 10%);
- Respondents who rated their mental health (48%) and oral health (36%) negatively were more likely to rate their health negatively when compared to those who rated mental and oral health positively (10% and 9%, respectively);
- *Fair* or *poor* ratings were more likely from those without prescription (16%), eyeglasses/contact lenses (20%), or dental (23%) insurance compared to their counterparts with these types of insurance (11%, 10% and 9%, respectively); and
- Respondents without work in the week prior to survey completion (17%) were more likely to provide *fair* or *poor* health ratings compared to those who worked (7%).

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

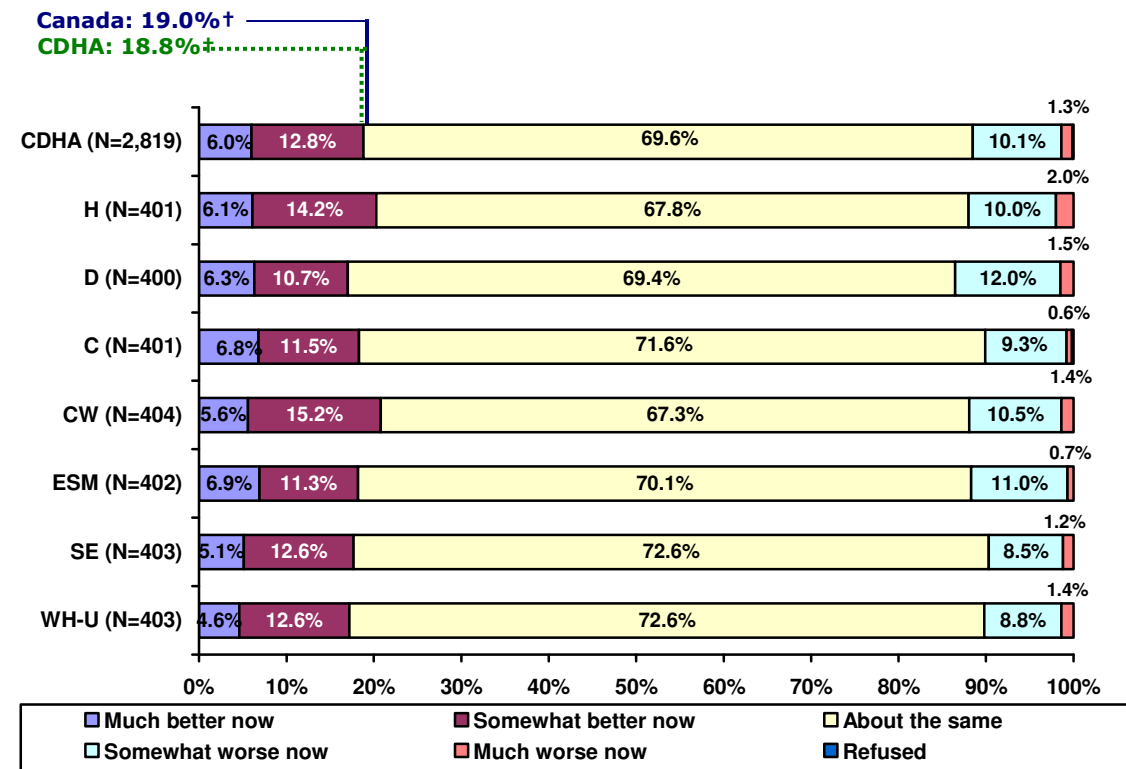


Compared to one year ago, how would you say your health is now? Would you say it is "much better now than one year ago", "somewhat better now than one year ago", "about the same as one year ago", "somewhat worse now than one year ago", or "much worse now than one year ago"?

Respondents were asked to compare their current health to their health one year ago. As shown below, 70% of respondents felt their health has stayed *about the same* over the past year, 19% felt it is *much* better or *somewhat* better now, and about one in ten respondents felt their health is worse than it was one year ago (*somewhat* worse: 10%; *much* worse: 1%). Results were similar among the CHBs.

The percentage of those who felt their health has improved¹⁷ over the past year (19%) was similar to what was found at the national level (19%)¹⁸.

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



† Percentages combine somewhat better and much better.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

¹⁷ Improved: Includes the categories of "somewhat better" and "much better".

¹⁸ Provincial data on self-reported health status was unavailable.



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

- Respondents from lower household income categories (less than \$40,000: 17%) were more likely to feel their health is worse compared to higher household income respondents (\$40,000 or more: 9%);
- Respondents who rated their general health (41%), mental health (40%) and oral health (27%) negatively were more likely to feel their health has gotten worse when compared to those who provided positive ratings of general health (8%), mental health (10%) and oral health (10%);
- Comparisons were more likely to be worse from those without prescription (17%), eyeglasses/contact lenses (15%), or dental (16%) insurance compared to their counterparts with insurance (11%, 10% and 10%, respectively); and
- Respondents without work in the week prior to survey completion (15%) were more likely to feel their health is worse compared to those who worked (9%).

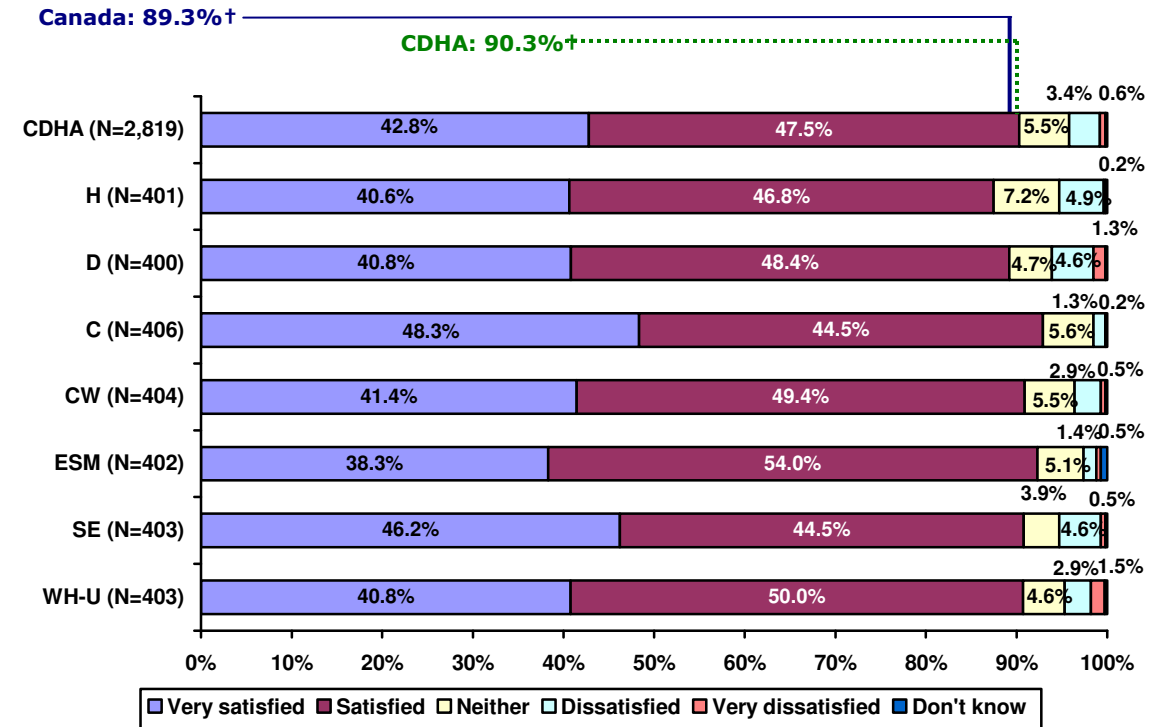
No differences were found by age, gender, or having a regular medical doctor.



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

The majority of respondents were satisfied (43% very satisfied; 48% satisfied) with their life in general, while four percent were dissatisfied (3% dissatisfied; <1% very dissatisfied). This finding was similar to the national findings and across CHBs¹⁹.

Figure 8: Satisfaction with Life in General Δ



† Percentages combine extremely stressful, quite a bit stressful and a bit stressful.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

Certain segments of respondents were more likely to be dissatisfied or *very dissatisfied* with their life in general:

- Respondents from the lowest household income category (less than \$20,000: 6%) were more likely to be dissatisfied compared to all other income categories (\$20,000 or more: <1%); and
- Respondents who rated their general health (3%) or mental health (7%) negatively were more likely to be dissatisfied with life when compared to those who rated these aspects positively (<1% for general and mental health).

No differences were found by age, gender, oral health ratings, insurance coverage, likelihood of having a regular medical doctor, or employment status.

¹⁹ Provincial data on satisfaction with life was unavailable.



Sense of Belonging

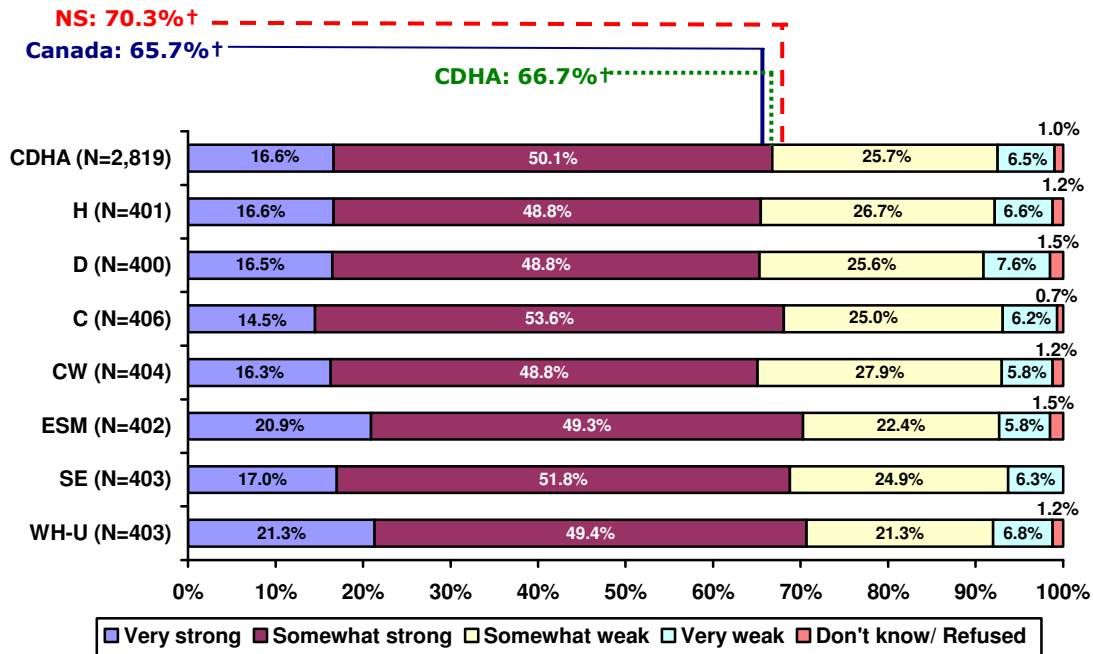
To gauge the well-being of residents of the Capital District Health Authority, respondents were asked about their sense of belonging to their local community.

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"?

The majority (67%) of respondents felt a strong sense of belonging to their local community (50% strong, 17% very strong), however approximately one-third of respondents (32%) indicated a *somewhat* or *very weak* sense of belonging. In general, respondents in each CHB reported similar results to the district overall.

As shown in Figure 9, the percentage of those reporting a *somewhat* or *very strong* sense of belonging for CDHA (67%) was similar to what was found nationally (66%) and provincially (70%).

Figure 9: Sense of Belonging to Local Community Δ



† Percentages combine *somewhat strong* and *very strong*.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



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

- Adults 1 (44%) compared to youth (34%), adults 2 (30%) and seniors (20%);
- Respondents from lower household income categories (less than \$20,000: 45%) compared to those from higher income categories (\$20,000 or more: 35%);
- Those who rated their mental health (49%) and oral health (44%) negatively compared to those who rated these aspects positively (31% for mental and oral health);
- Those without a regular medical doctor (56%) compared to those who have one (31%); and
- Those without prescription (40%) or eyeglasses/contact lenses (37%) insurance compared to their counterparts with insurance (31% each).

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

5.2 STRESS

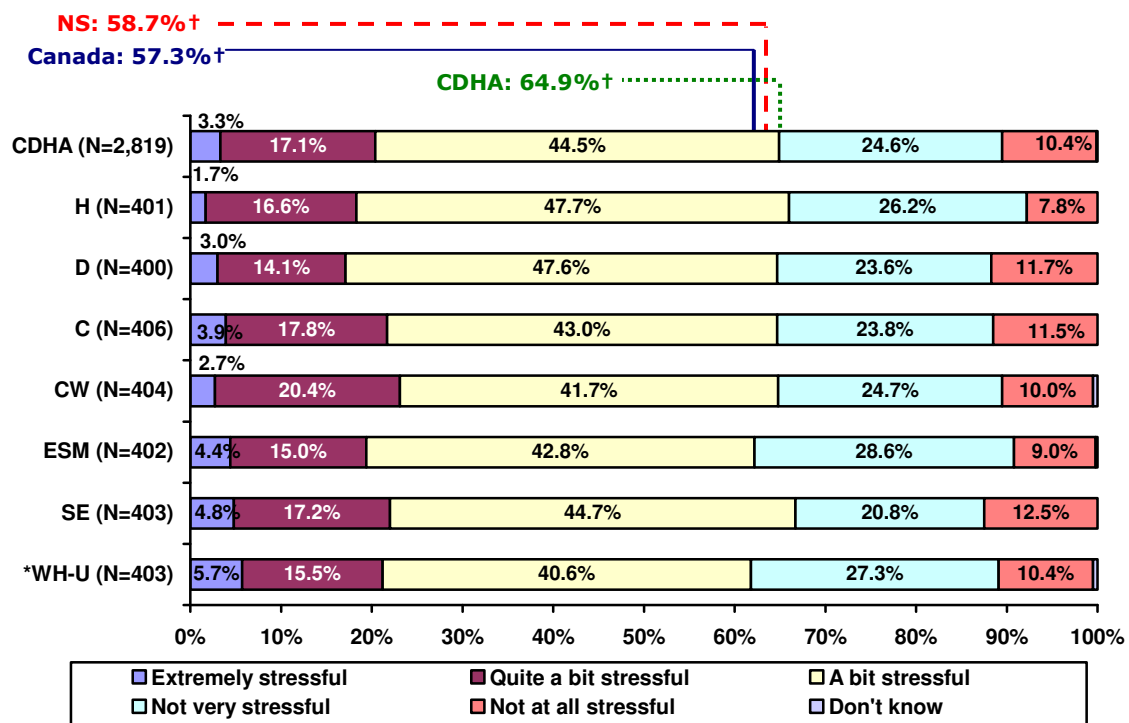
An important factor contributing to overall health and well-being is stress. The health and well-being of an individual can ultimately be affected by the amount of stress one faces. To assess the impact of stress on general health and well-being, respondents were asked several questions to determine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

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

As shown in Figure 10, the majority of respondents reported that most days are *a bit stressful* (45%), *quite a bit stressful* (17%), or *extremely stressful* (3%). This was generally the result at the CHB level, however, compared to the district (3%), respondents in West Hants-Uniacke (6%) were more likely to perceive their daily life as *extremely stressful*.

Compared to the country (57%) the percentage of those in CDHA who reported that daily life was at least a bit stressful (65%) was higher.

Figure 10: Amount of Stress in Daily Life Δ



* Significant difference between particular CHB and CDHA.

† Percentages combine a bit stressful, quite a bit stressful, and extremely stressful.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



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

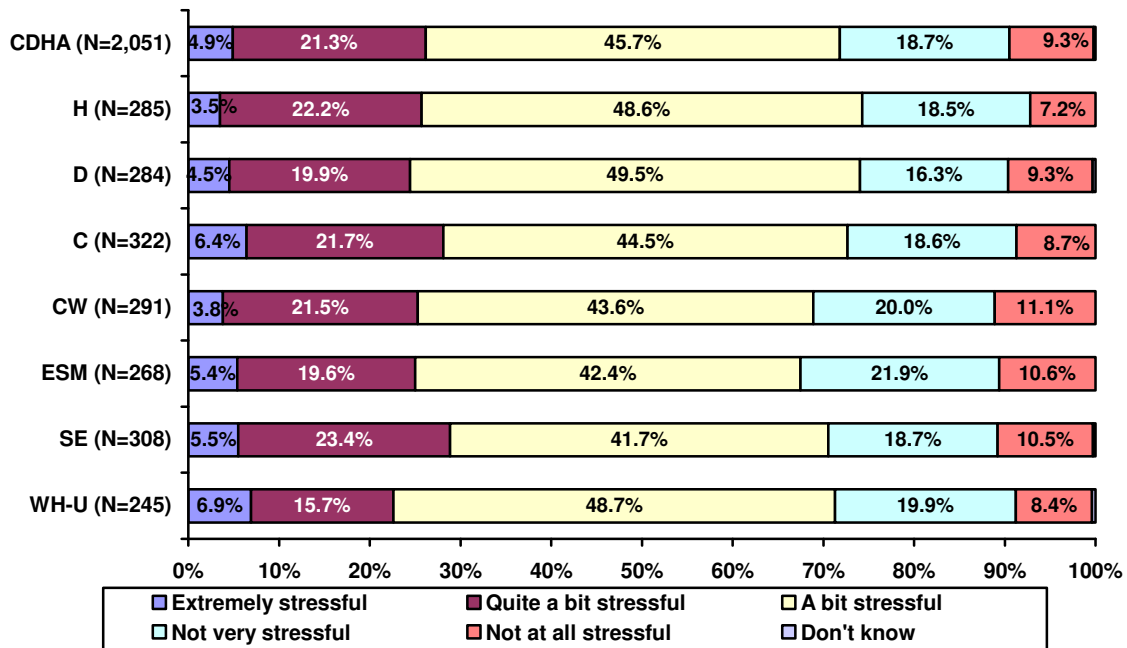
- Younger respondents (youth: 66%, adults 1: 68%; adults 2: 70%) compared to seniors (43%);
- Those who rated general health (73%), mental health (85%) and oral health (77%) negatively compared to those who rated these aspects positively (64% each); and
- Those who worked in the week prior to survey completion (71%) compared to those who did not work (54%).

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

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

Overall, the majority of respondents between the ages of 15 and 75 who worked at a job or business in the past 12 months (N=2,051) reported that most days at work are *a bit* stressful (46%), *quite a bit* stressful (21%), or *extremely* stressful (5%). Across the CHBs, the percentage of respondents who reported feeling this way was similar to the district.

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



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



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

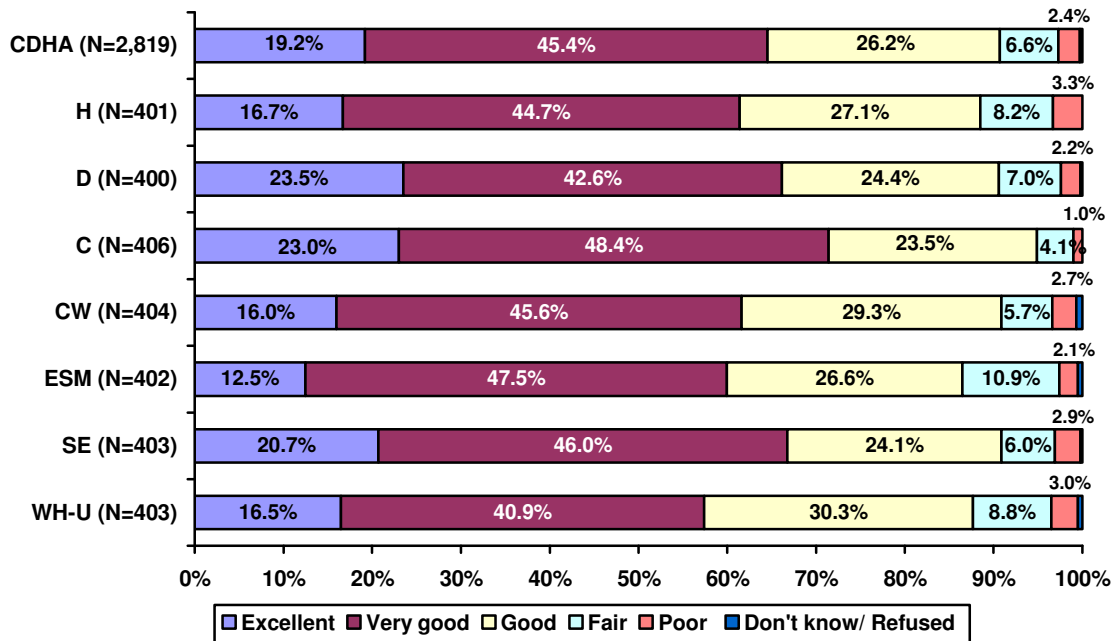
- Adults (adults 2: 76%; adults 1: 72%) compared to youth (55%) and seniors (38%);
- Respondents with annual household incomes of \$80,000 or more (78%) compared to the lower income categories (less than \$80,000: 65%); and
- Those who rated their mental health (85%) negatively compared to those who rated it positively (71%).

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

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 feel equipped to handle unexpected and difficult problems that arise, for example, a family or personal crisis. More specifically, 26% rated their ability to handle these problems as *good*, 45% as *very good* and 19% as *excellent*, while the remainder rated their ability to handle unexpected and difficult problems negatively (7% *fair*; 2% *poor*). Ability to handle unexpected and difficult problems did not differ when analyzed by age, gender or CHB.

Figure 12: Ability to Handle Unexpected and Difficult Problems Δ



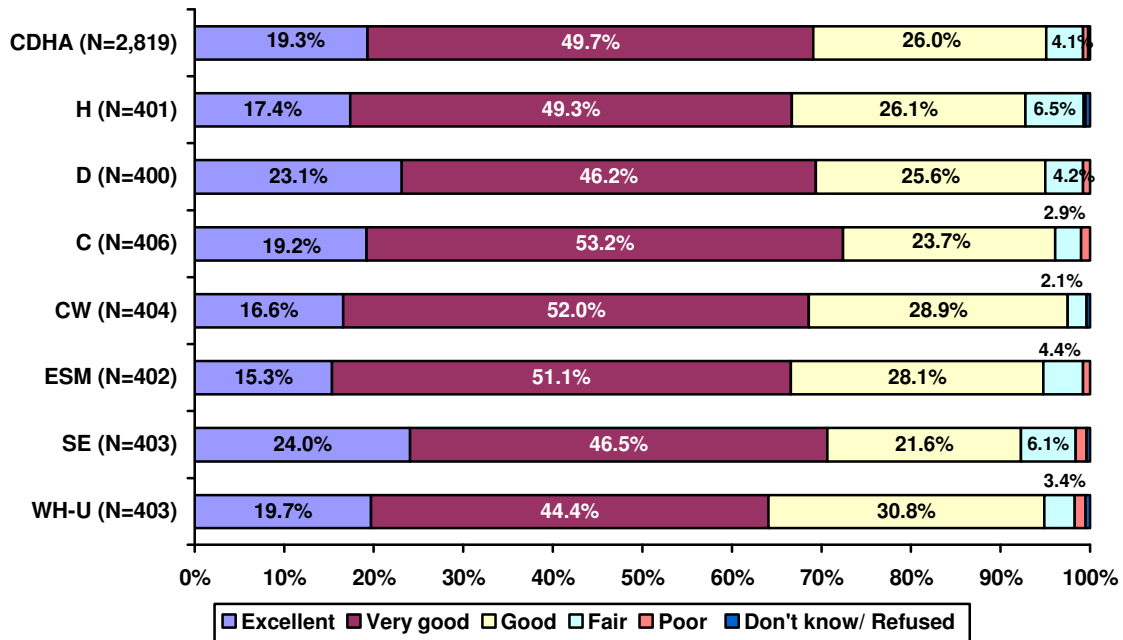
Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



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

The majority of respondents felt equipped to handle these life demands. More specifically, 26% rated their ability to handle these problems as *good*, 50% as *very good* and 19% as *excellent*. However, 5% of respondents rated their ability to handle the day-to-day demands of life, for example, handling work, family and volunteer responsibilities as *fair* (4%) or *poor* (<1%). Results generally did not differ when analyzed by age, gender or CHB.

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



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



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

When asked to identify the most important factor contributing to feelings of day-to-day stress, respondents most commonly mentioned their own work situation (27%), followed by their financial situation (11%) and time pressures (8%).

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

	CDHA
	% (N=2,819)
Own work situation	26.7
Financial situation	11.2
Time pressures/not enough time	7.7
Caring for own children	6.0
Personal relationships	5.5
School	5.4
Health of family members	4.9
Own physical health problem or condition	4.5
Other personal or family responsibilities	4.0
No stress	2.8
Personal and family safety	1.8
Employment status	1.5
Other	9.1
Don't know/Refused	8.8



5.3 CHANGES MADE TO IMPROVE HEALTH

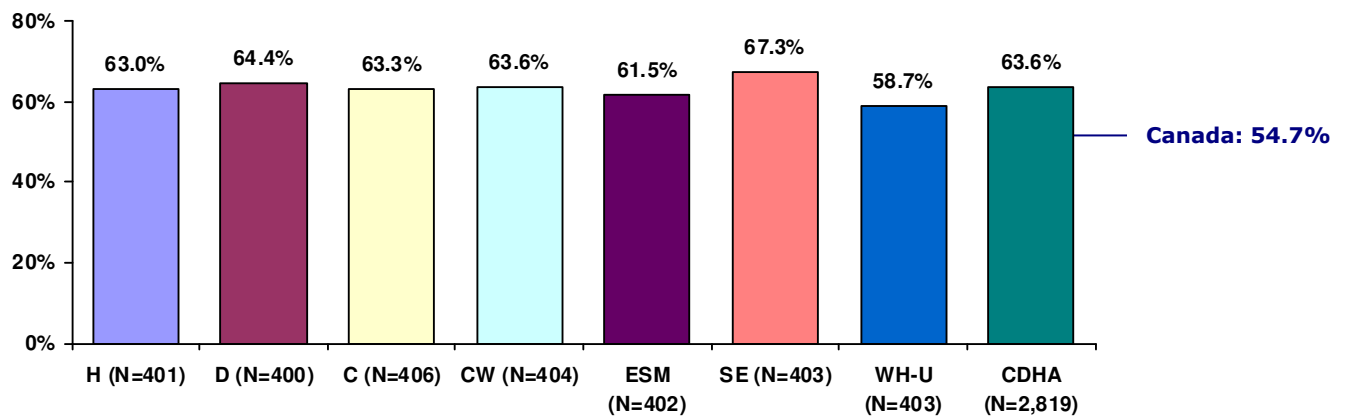
Respondents were asked several questions to determine changes made to improve health in the past year, personal barriers to health improvement, and intentions to make changes in the upcoming year.

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

As shown in Figure 14, almost two-thirds of respondents (64%) made changes to improve their health in the past 12 months, higher than what was found nationally (55%)²⁰.

Youth (74%), adults 1 (68%) and adults 2 (64%) were more likely than seniors (49%) to have made changes to improve their health over the past 12 months. Females (66%) were also more likely than males (60%) to have made changes. Results were similar, however, across the CHBs.

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



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

²⁰ Provincial data on changes to improve health was unavailable.



Of those respondents who have made changes to improve their health in the past 12 months (N=1,792), the most common changes were increasing exercise/sports/physical activity (42%), changing diet/eating habits (26%) and losing weight (18%).

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-

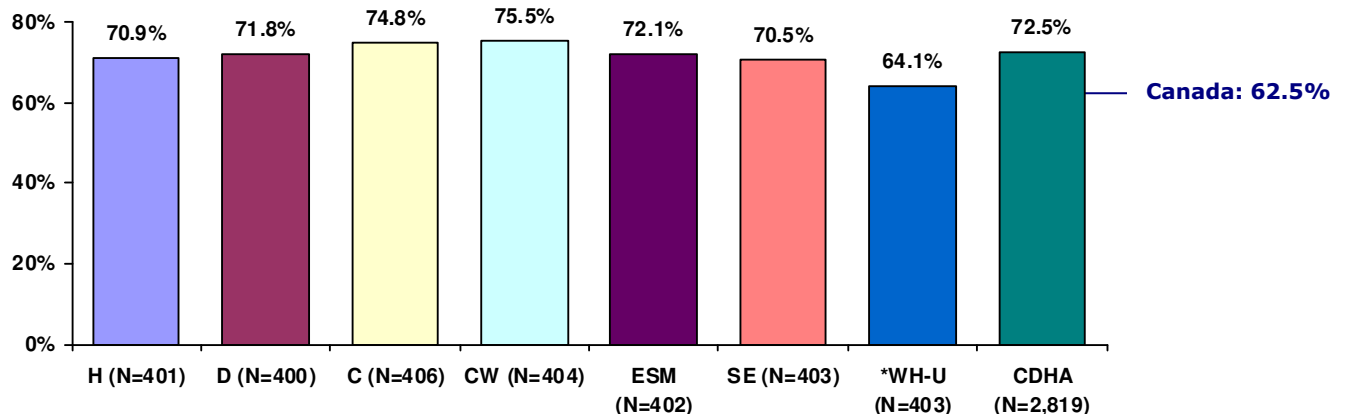
	CDHA
	% (N=1,792)
Increased exercise/sports/physical activity	41.6
Changed diet/eating habits	25.6
Lost weight	17.6
Quit smoking/reduced amount smoked	5.7
Received medical treatment	4.3
Took vitamins	1.3
Reduced stress level	1.2
Other	2.6

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

Almost three-quarters of respondents (73%) indicated there are some changes they should make to improve their physical health, again higher than what was found nationally (63%)²¹. Youth (74%), adults 1 (77%), and adults 2 (75%) were more likely than seniors (55%) to feel there are some changes they should make to improve their physical health. Findings did not differ when analyzed by gender.

Furthermore, findings were generally similar across the CHBs, however respondents from West Hants-Uniacke (64%) were less likely than those in the district as a whole (73%) to feel they should make changes.

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



* Significant difference between particular CHB and CDHA.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

²¹ Provincial data on feelings of making physical health changes was unavailable.



Of those respondents who indicated that they should make changes to improve their physical health (N=2,044), the most commonly reported changes were starting/increasing exercise/sports/physical activity (45%) and changing diet/improving eating habits (22%).

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-

	CDHA
	% (N=2,044)
Start/Increase exercise/sports/physical activity	45.3
Change diet/improve eating habits	22.4
Lose weight	12.8
Quit smoking/reduce amount smoked	12.1
Get more rest/sleep	1.4
Reduce stress level	1.3
Other	3.8
Don't know/Refused	0.8



Respondents who indicated that they should make changes to improve their physical health (N=2,044) 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, 49% reported facing barriers in making improvements, similar to the national findings (45%)²².

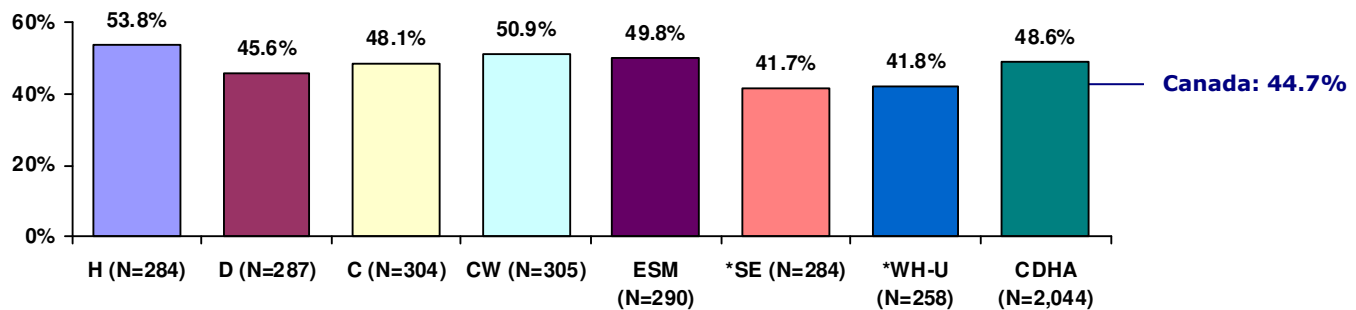
Certain segments of respondents were more likely to face barriers:

- Youth and seniors (61% each) were most likely to report facing barriers, more so than adults 2 (50%) and adults 1 (46%);
- Lower household income respondents (less than \$40,000: 60%) were more likely to face barriers compared to their higher income counterparts (\$40,000 or more: 50%); and
- Those who rated their general health negatively (57%) were more likely to face barriers compared to those who provided positive ratings (47%).

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

By CHB, respondents in West Hants-Uniacke (42%) were less likely to face barriers than respondents at the district level (49%).

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



* Significant difference between particular CHB and CDHA.
 Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

²² Provincial data on barriers to physical health improvements was unavailable.



The most common barriers mentioned by respondents who reported facing barriers (N=993) were lack of will power/ self discipline (42%) and work schedule (20%).

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-

	CDHA
	% (N=993)
Lack of will power/self discipline	41.6
Work schedule	19.8
Family responsibilities	8.7
Disability/health problem	7.9
Lack of time	7.6
Physical condition	6.4
Too costly/financial restraints	6.0
Too stressed	3.2
Weather	1.5
School/homework	1.3
Not available in area	1.3
Addiction to drugs/alcohol	1.2
Other	6.5
Don't know	0.3

*Multiple responses allowed.

When analyzed by age, youth (13%), adults 1 (21%), and adults 2 (23%) were more likely than seniors (3%) to identify their work schedule as a barrier to change. As well, seniors were more likely than all other age categories to identify disability/health problems (17%) or physical condition (18%) as barriers. Furthermore, youth (16%) were more likely than all other age categories (adults 1: 1%; adults 2: 0%; seniors: 0%) to report school/homework as a barrier.

When analyzed by gender, males were more likely than females to report lack of will power/self discipline (45% and 38%, respectively) and work schedule (24% and 16%, respectively) as barriers.

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=64)	% (N=294)	% (N=549)	% (N=86)
Lack of will power/self discipline	49.5	39.5	41.4	43.6
Work schedule	12.8	20.7	22.7	2.9
Disability/health problem	2.2	4.8	8.9	16.6
Lack of time	4.1	7.5	8.5	5.4
Family responsibilities	-	11.5	9.4	0.4
Physical condition	2.9	4.6	5.9	18.0
Too stressed	1.1	3.6	3.7	-
Too costly/financial restraints	2.8	8.1	5.6	4.3
Weather	0.5	1.5	1.0	6.1
School/homework	16.0	0.9	-	-
Other	17.0	8.6	8.2	7.2
Don't know	-	0.5	0.2	-

*Multiple responses allowed.

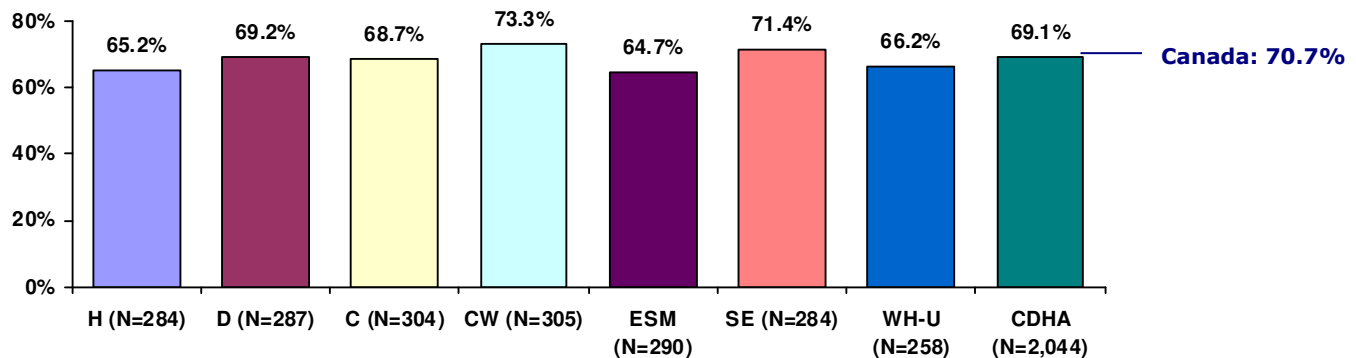


Is there anything you intend to do to improve your physical health in the next year? What do you intend to do?

Of respondents who indicated that they should make changes to improve their physical health (N=2,044), just over two-thirds (69%) intend to improve their physical health in the next year, similar to the national finding (71%)²³.

Adults 2 and adults 1 (70% and 74%, respectively) were most likely to indicate a desire to make changes, more so than youth and seniors (64% and 60%, respectively). Females were also more likely than males to feel this way (72% and 66%, respectively). Findings at the CHB level generally mirrored the district result.

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



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

Most commonly, those who intend to improve their physical health in the next year intend to start or increase exercise/sports/physical activity (65%), followed by changing diet/improving eating habits (23%) and losing weight (17%).

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-

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

*Multiple responses allowed.

²³ Provincial data on intentions to make physical health changes was unavailable.



6.0 Physical Activity and Body Mass Index²⁴

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 health²⁵.

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 categories²⁶:

- 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)

²⁴ Throughout this report, differences between segments are only noted if they are statistically significant.

²⁵ Source: Nova Scotia Department of Health, Physical Activity in Nova Scotia, October 2006.

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

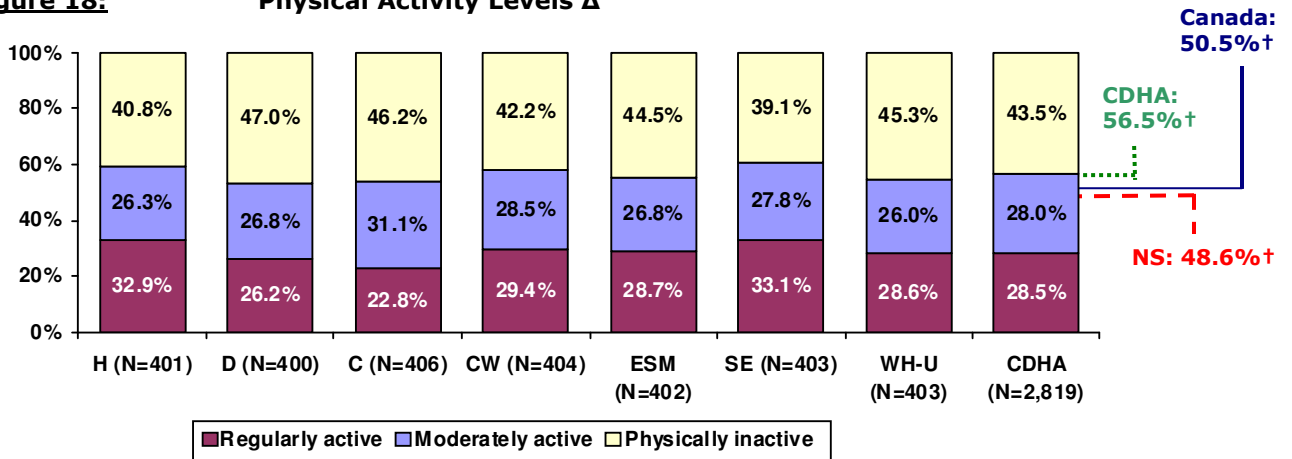


Have you done any of the following in the past 3 months: walking for exercise, gardening or yard work, swimming, bicycling, popular or social dance/dancing, home exercises, ice hockey, ice skating, in-line skating/rollerblading, jogging/running, golfing, exercise class/aerobics, downhill skiing/snowboarding,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

Forty-four percent of respondents were physically inactive, while 28% were moderately active and 29% were regularly active. The most common physical activities included walking for exercise (81%), gardening or yard work (66%) and home exercises (50%)²⁷.

Across the CHBs, the percentage of respondents classified as moderately or regularly active generally mirrored the district result. Of note however, a higher percentage of respondents were moderately or regularly active in CDHA (57%) compared to the province and country (49% and 51%, respectively).

Figure 18: Physical Activity Levels Δ



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

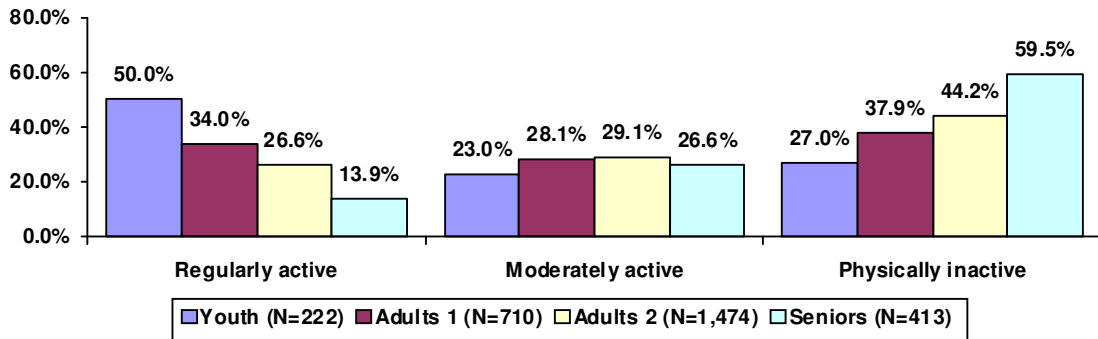
† Percentages combine moderately active and regularly active.

²⁷ Multiple responses allowed.



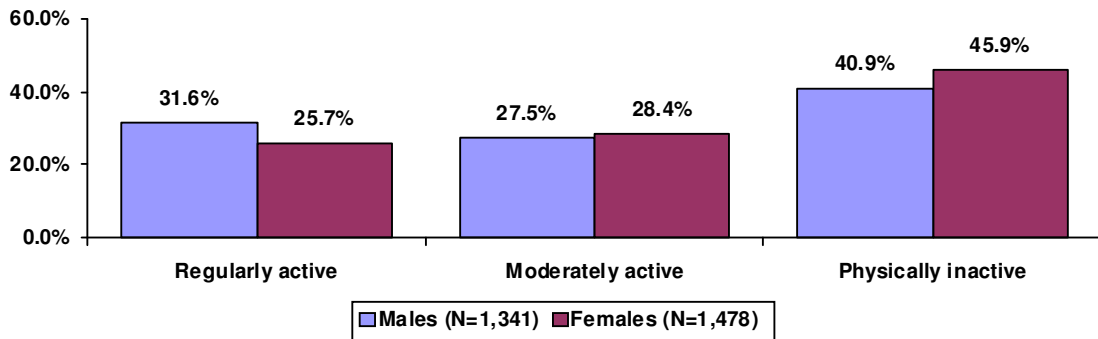
By age, activity levels were highest among youth and tended to decline with age. Youth (50%) were most likely to be regularly active followed by adults 1 (34%), adults 2 (27%) and seniors (14%). Conversely, seniors (60%) were the most physically inactive, followed by adults 2 (44%), adults 1 (38%) and youth (27%).

Figure 19: Physical Activity Levels by Age Category



By gender, physical activity was higher among males as compared to females. More specifically, males (32%) were more likely than females (26%) to be regularly active. Conversely, females (46%) were more likely than males (41%) to be physically inactive.

Figure 20: Physical Activity Levels by Gender



Furthermore, physical inactivity was more common among:

- Respondents with annual household incomes of less than \$60,000 (55%) compared to those with higher incomes (\$60,000 or more: 39%); and
- Respondents who rated their general (67%), mental (56%) and oral (53%) health negatively compared to their counterparts (40%, 43% and 42%, respectively).

No differences were found by employment status, having a regular medical doctor or having insurance coverage



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

Respondents were asked further questions about any walking or bicycling they may do to and from work or school. Overall, use of these modes of transportation was low. Eighteen percent of respondents reported walking to and from work or school and 3% bicycled.

In total, however, walking still remained a popular form of physical activity, with 84% of all respondents walking either for exercise or as a mode of transportation. Results were generally similar across the CHBs, however, compared to the district, the percentage of those who walked was lower in West Hants-Uniacke.

- Halifax– 87%
- Dartmouth – 83%
- Cobequid – 84%
- Chebucto West – 81%
- Eastern Shore Musquodoboit – 82%
- Southeastern – 88%
- West Hants-Uniacke – 78%

Indeed, walking in some capacity tended to be more common among the younger age groups and declined as age increased. More specifically, youth (89%) and adults 1 (89%) were more likely than adults 2 (83%) and seniors (74%) to report walking. Furthermore, females (86%) were more likely than males (81%) to have walked in some capacity.

A smaller percentage (20%) used bicycling as a form of exercise or as a mode of transportation. Results were generally similar across the CHBs, however, compared to the district, the percentage of those who bicycled was also lower in West Hants-Uniacke.

- Halifax– 23%
- Dartmouth – 18%
- Cobequid – 18%
- Chebucto West – 24%
- Eastern Shore Musquodoboit – 17%
- Southeastern – 16%
- West Hants-Uniacke – 15%

Indeed, bicycling in some capacity tended to be more common among the younger age groups and declined as age increased. More specifically, youth (43%) were most likely to have bicycled in some capacity, followed by adults 2 (24%), adults 1 (18%), and seniors (6%). Furthermore, bicycling tended to be more common among males (25%) as compared to females (15%).



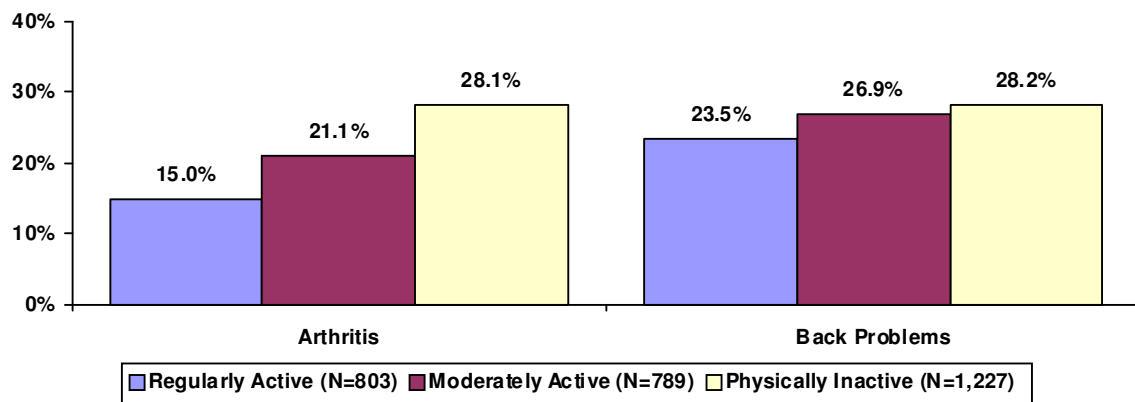
Physical Activity and Health

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 pressure²⁸.

This study also found relationships between physical activity and muscle/joint conditions. More specifically:

- Respondents who were physically inactive (28%) were most likely to have arthritis, followed by respondents who were moderately active (21%) or regularly active (15%).
- Respondents who were physically inactive (28%) were more likely to have back problems compared to respondents who were regularly active (24%).

Figure 21: Prevalence of Muscle/Joint Conditions by Physical Activity Levels



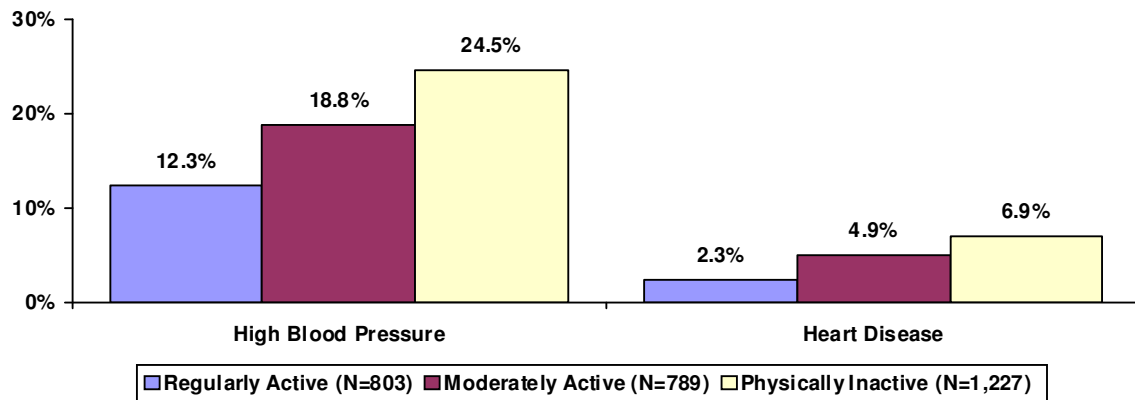
²⁸ Source: Nova Scotia Department of Health, Physical Activity in Nova Scotia, October 2006.



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

- Respondents who were physically inactive (25%) were most likely to have high blood pressure, followed by respondents who were moderately active (19%) or regularly active (12%).
- Respondents who were physically inactive (7%) or moderately active (5%) were more likely to report having heart disease compared to respondents who were regularly active (2%).

Figure 22: Prevalence of Specific Cardiovascular Conditions by Physical Activity Levels



In terms of other chronic conditions, no relationships were found between physical activity levels and asthma. However, physical activity was related to diabetes, whereby respondents who were physically inactive (11%) were most likely to have diabetes, followed by respondents who were moderately active (8%) or regularly active (4%).



6.2 BODY MASS INDEX

Closely related to physical activity levels is the body mass index (BMI). Individuals who have a high body mass index and are considered obese are at a higher risk of developing heart disease, asthma, arthritis, and high blood pressure among other problems. While there are many interrelated factors that contribute to obesity, regular physical activity is considered to be an important part of maintaining a healthy body weight²⁹.

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 categories³⁰:

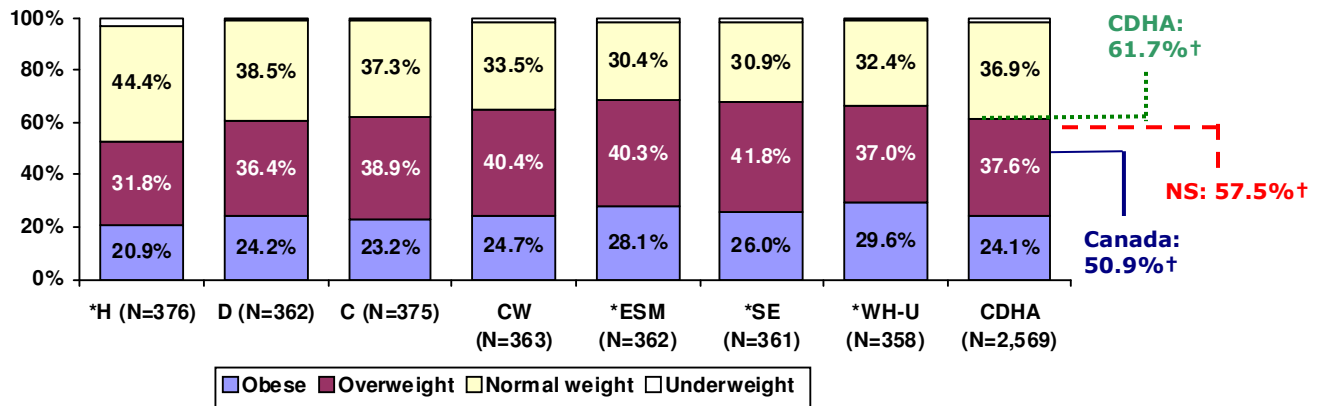
- Underweight: BMI less than 18.5
- Normal: BMI between 18.5 and 24.9
- Overweight: BMI between 25.0 and 29.9
- Obese: BMI of 30.0 or greater

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

About six in ten respondents aged 18 years or older (62%), excluding pregnant females, were classified as overweight or obese, while 37% were of normal weight and 2% were underweight. At the district level, overweight and obesity rates were higher than rates for the country (51%).

Compared to the district, overweight and obesity rates were higher in the West Hants-Uniacke (67%), Southeastern (68%) and Eastern Shore Musquodoboit (68%) CHBs, however, lower rates were found in the Halifax CHB (53%).

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



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.
† Percentages combine overweight and obese.

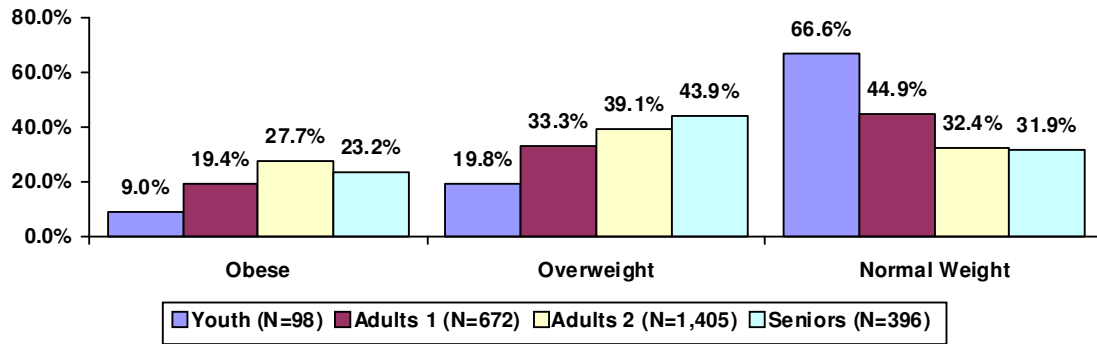
²⁹ Source: Centers for Disease Control and Prevention, www.cdc.gov.

³⁰ Source: Centers for Disease Control and Prevention, www.cdc.gov.



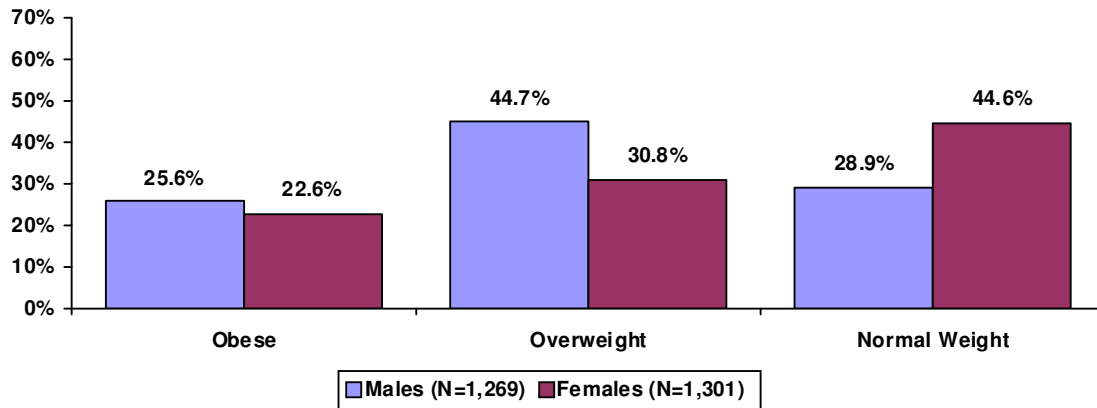
BMI classifications differed based on age. Youth (66%) were more likely to be of normal weight as compared to adults 1 (45%), adults 2 (32%), and seniors (32%). Conversely, seniors (67%) and adults 2 (67%) were more likely to be overweight or obese as compared to adults 1 (53%) and youth (29%).

Figure 24: BMI Classifications by Age Category –Excluding respondents classified as underweight-



BMI classifications also differed based on gender. Females (45%) were more likely to be of normal weight as compared to males (29%). Conversely, males (70%) were more likely than females (53%) to be overweight or obese.

Figure 25: BMI Classifications by Gender -Excluding respondents classified as underweight-



Furthermore, overweight/obesity was more common among:

- Respondents without work in the week prior to survey completion (67%) compared to those who worked (60%);
- Respondents with prescription (63%) and eye glasses/contact lenses (64%) insurance compared to those without these types of insurance (54% and 57%, respectively);
- Respondents who rated their general (74%) and mental (70%) health negatively compared to those with positive general health ratings (60% and 61%, respectively).

No differences were found by likelihood of having dental insurance coverage, oral health or employment status.



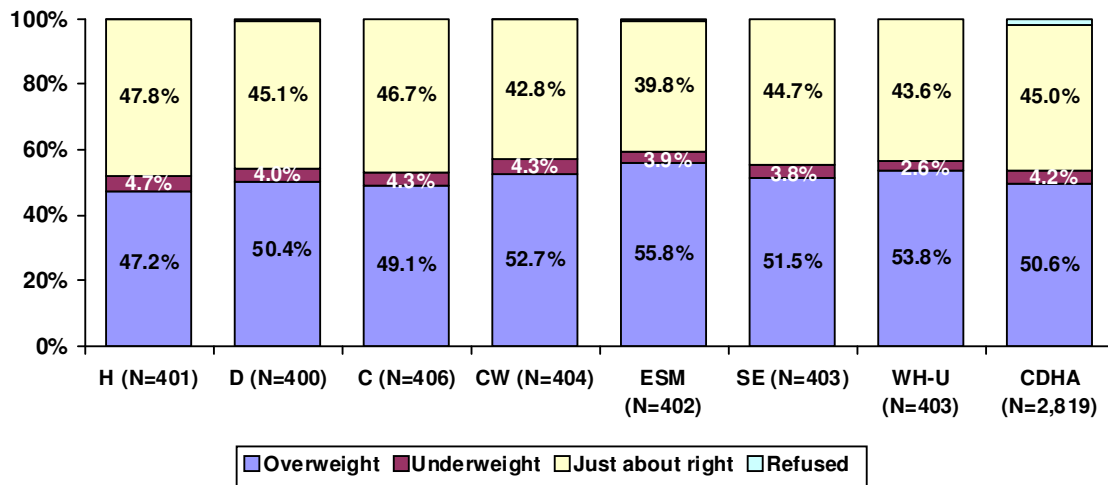
Do you consider yourself overweight, underweight, or just about right?

Interestingly, when asked what they thought about their own weight, 45% of respondents thought that it was just about right, while 51% perceived themselves as being overweight. This trend was similar across the CHBs.

Seniors (59%) and adults 2 (59%) were more likely than adults 1 (39%) and youth (18%) to perceive themselves as overweight. Furthermore, females (54%) were more likely than males (47%) to feel this way.

Of those respondents who were defined by the BMI as overweight or obese (N=1,586), 24% thought that their weight was just about right.

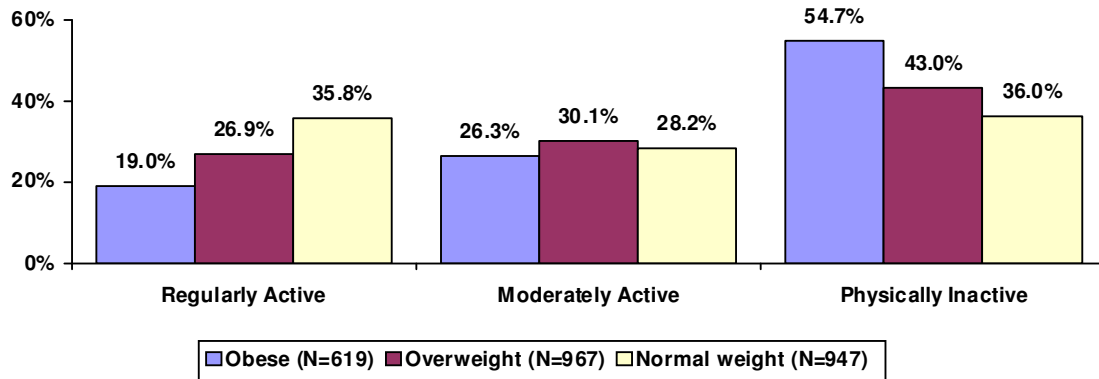
Figure 26: Self-Perception of Own Weight





Supporting the relationship between physical activity and BMI, respondents who were obese (55%) were most likely to be physically inactive, followed by those who were overweight (43%) or of normal weight (36%).

Figure 27: Physical Activity Levels by BMI Classifications -Excluding respondents classified as underweight-

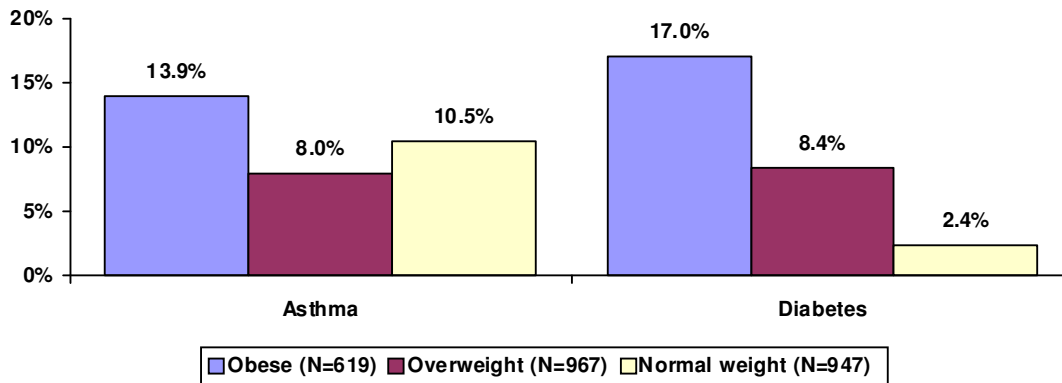


Body Mass Index and Health

BMI classifications were related to the prevalence of asthma and diabetes:

- Respondents who were obese (14%) were more likely to have asthma than respondents who were overweight (8%) or of normal weight (11%).
- Respondents who were obese (17%) were most likely to have diabetes, followed by respondents who were overweight (8%) or of normal weight (2%).

Figure 28: Prevalence of Asthma and Diabetes by BMI Classifications -Excluding respondents classified as underweight-

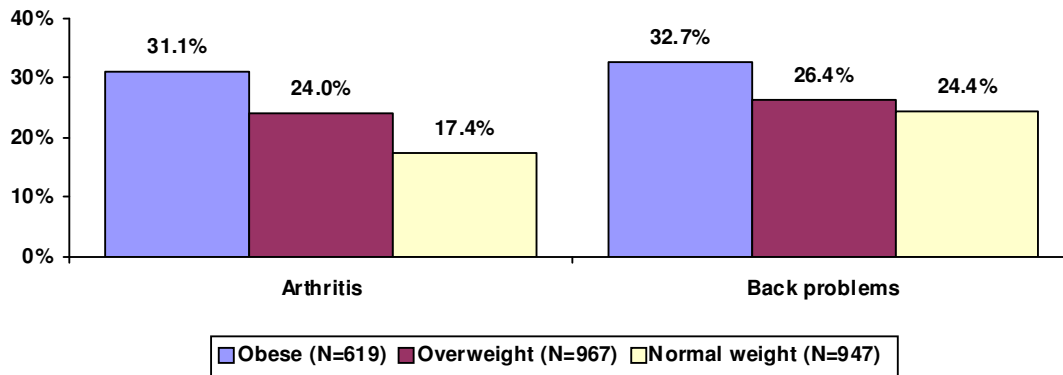




BMI classifications were also related to the prevalence of muscle/joint conditions:

- Respondents who were obese (31%) were most likely to have arthritis, followed by respondents who were overweight (24%) or of normal weight (17%).
- Respondents who were obese (33%) were more likely to have back problems than respondents who were overweight (26%) or of normal weight (24%).

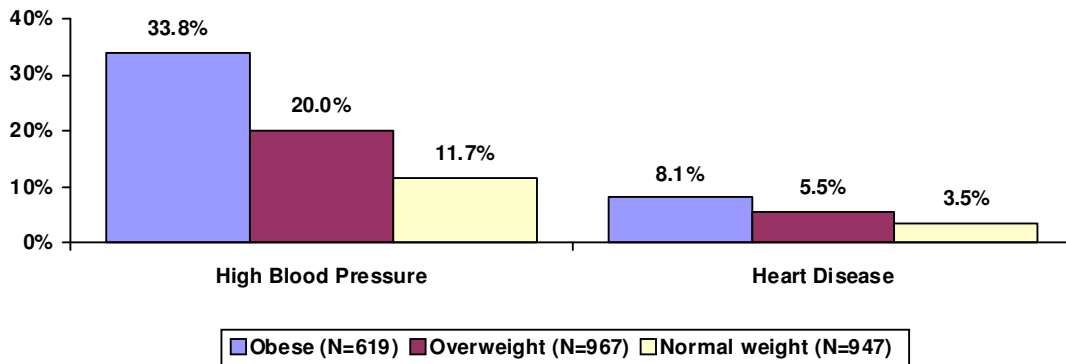
Figure 29: Prevalence of Muscle/Joint Conditions by BMI Classifications - Excluding respondents classified as underweight-



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 (34%) were most likely to have high blood pressure, followed by respondents who were overweight (20%) and respondents who were of normal weight (12%).
- Similarly, respondents who were obese (8%) were most likely to have heart disease, followed by respondents who were overweight (6%) and respondents who were of normal weight (4%).

Figure 30: Prevalence of High Blood Pressure and Heart Disease by BMI Classifications -Excluding respondents classified as underweight-





7.0 Healthy Eating³¹

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 conditions³².

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 categories³³:

- 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

³¹ Throughout this report, differences between segments are only noted if they are statistically significant.

³² Source: Nova Scotia Department of Health, Fruit and Vegetable Consumption in Nova Scotia, September 2004.

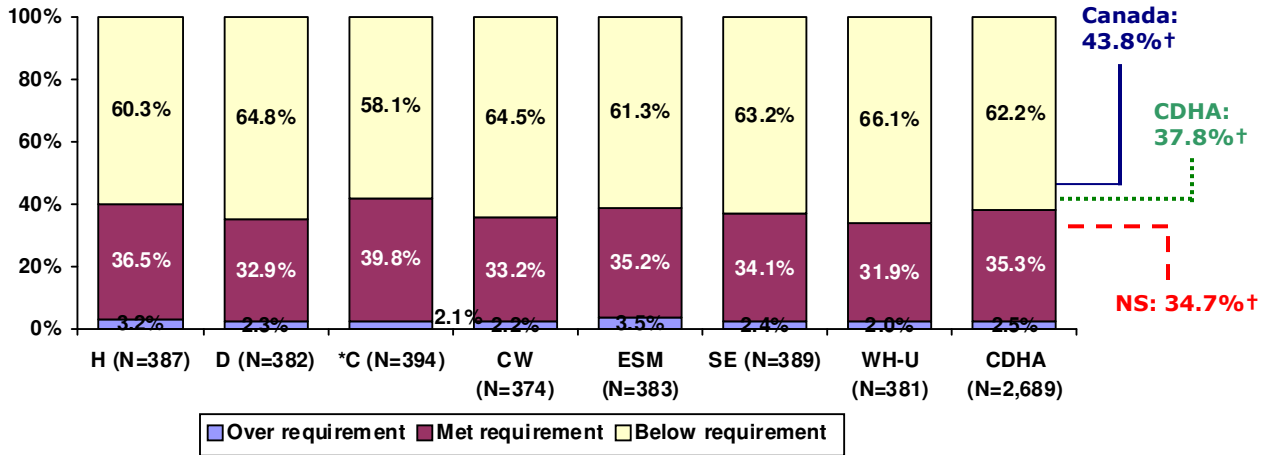
³³ Source: Nova Scotia Department of Health, Fruit and Vegetable Consumption in Nova Scotia, September 2004.



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?

About six in ten respondents (62%) did not meet the daily requirement of fruit and vegetable consumption, while the remaining 38% met or exceeded the daily requirement.

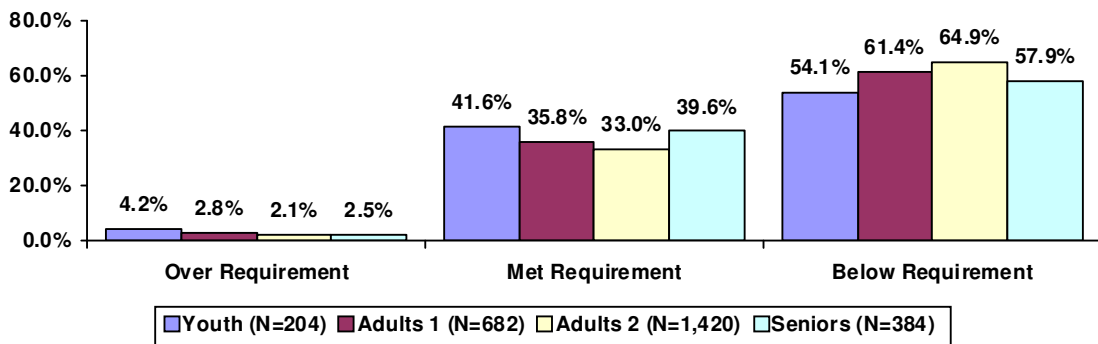
Figure 31: Fruit and Vegetable Consumption Δ



* Significant difference between particular CHB and CDHA.
† Percentages combine met requirement and over requirement.
Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

Adults 2 (65%) and adults 1 (61%) were more likely than youth (54%) and seniors (58%) to not meet consumption requirements of fruit and vegetables.

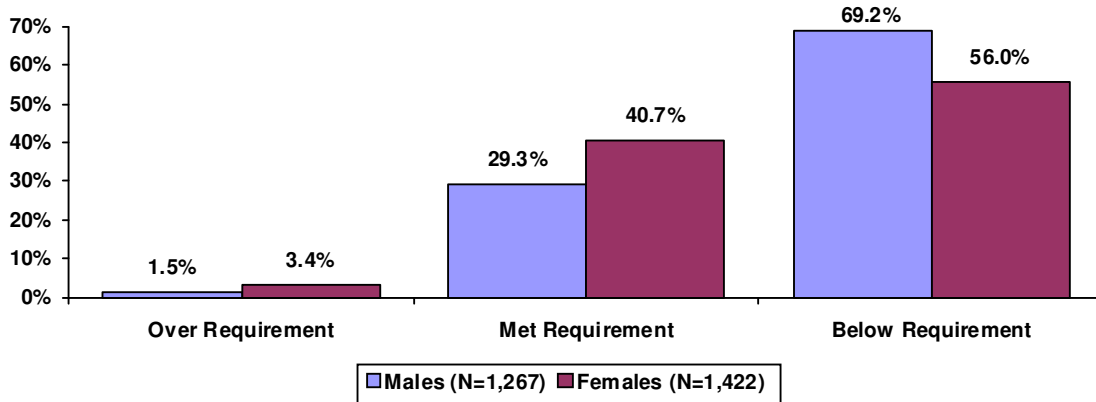
Figure 32: Fruit and Vegetable Consumption by Age Category





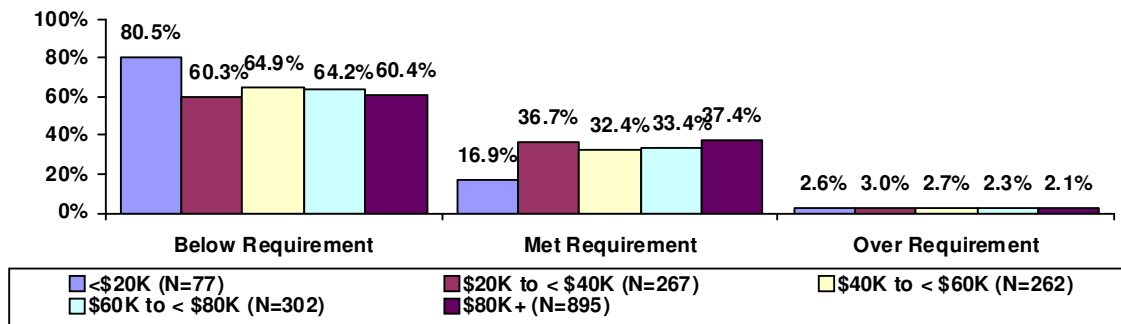
Furthermore, males (69%) were more likely than females (56%) to not meet consumption requirements of fruit and vegetables.

Figure 33: Fruit and Vegetable Consumption by Gender



When analyzed by household income, respondents with an annual household income under \$20,000 (81%) were more likely than respondents from all other income categories (range from 60% to 65%) to fall below the daily requirement for fruit and vegetables. Furthermore, respondents with an annual household income under \$20,000 (17%) were less likely to meet the daily requirement when compared to all other income categories (ranged from 32% to 37%).

Figure 34: Fruit and Vegetable Consumption by Household Income Category



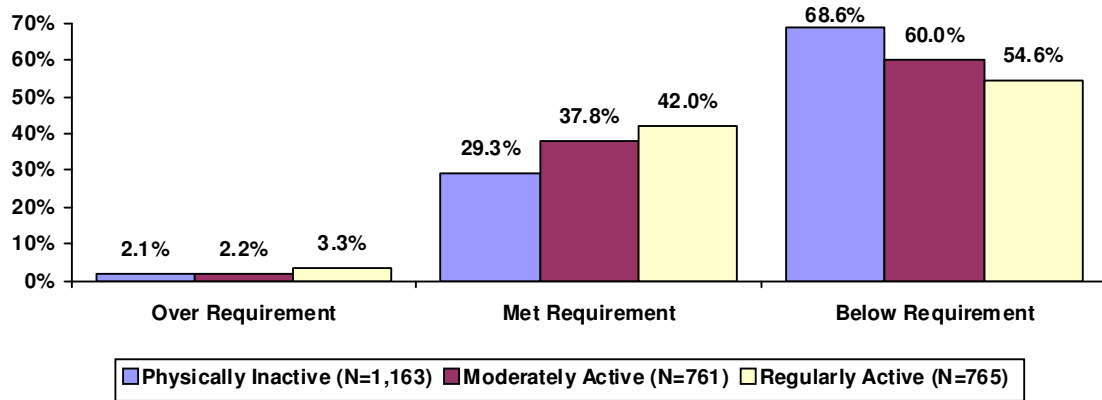
There appears to be a relationship between fruit and vegetable consumption and other aspects of a healthy lifestyle. Smokers (69%) were more likely than non-smokers (57%) to not consume the recommended³⁴ daily servings of fruit and vegetables.

³⁴ Recommended: Includes the categories of "met requirement" and "over requirement".



Furthermore, respondents who were physically inactive (69%) were most likely to not consume the recommended³⁵ daily servings of fruit and vegetables, followed by respondents who were moderately active (60%) and regularly active (55%).

Figure 35: Fruit and Vegetable Consumption by Physical Activity Levels



Similarly, those who rated their general health negatively (69%) were more likely to fall below fruit and vegetable requirements compared to those with positive general health ratings (61%).

³⁵ 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.

Similar to national findings (95%)³⁶, almost all respondents (98%) felt they and others in their household always had enough to eat. More specifically, 80% had enough of the kinds of foods they wanted (lower than the national result of 86%), while the remaining 18% had enough food, but not always the kind of food they wanted. As well, 2% of respondents felt they or others did not have enough to eat.

Table 11: Assessment of Household Food Consumption Over the Past 12 Months

	CDHA	Canada
	% (N=2,819)	%
You and others always had enough of the kinds of food you wanted to eat	80.3	85.8
You and others had enough to eat, but not always the kinds of food you wanted	17.7	9.3
Sometimes you and others did not have enough to eat	1.3	1.2
Often, you and others did not have enough to eat	0.5	0.4
Don't know/Refused	0.2	3.4

In terms of household income, respondents with an annual household income of less than \$40,000 were less likely than respondents from the higher income categories (\$40,000 or more) to feel that they and others always had enough of the kinds of food they wanted.

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

	< \$20K	\$20K to < \$40K	\$40K to < \$60K	\$60K to < \$80K	\$80K+
	% (N=86)	% (N=277)	% (N=282)	% (N=311)	% (N=919)
You and others always had enough of the kinds of food you wanted to eat	62.8	69.3	78.4	81.0	86.5
You and others had enough to eat, but not always the kinds of food you wanted	27.9	25.6	20.6	18.3	12.9
Sometimes you and others did not have enough to eat	5.8	3.6	0.4	0.6	0.2
Often, you and others did not have enough to eat	3.5	1.4	0.7	-	-
Don't know	-	-	-	-	0.3

³⁶ Provincial data on household food consumption was unavailable.



In contrast, no differences in food security were found by age, gender, income, insurance coverage, mental, oral or general health, having a regular medical doctor or employment status.

Table 13: Assessment of Household Food Consumption over the Past 12 Months by Age Category

	Youth	Adults 1	Adults 2	Seniors
	% (N=222)	% (N=710)	% (N=1474)	% (N=413)
You and others always had enough of the kinds of food you wanted to eat	69.2	74.0	83.3	86.6
You and others had enough to eat, but not always the kinds of food you wanted	30.1	22.3	14.9	13.3
Sometimes you and others did not have enough to eat	0.7	2.9	0.9	0.1
Often, you and others did not have enough to eat	-	0.3	0.8	-

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 14, 9% of respondents worried that *food will run about before they can buy more*, 7% *ran out of food before they could buy more* and 9% *couldn't afford to eat balanced meals*.

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 91% for *the worry that food would run out before there was money to buy more* and *the inability to afford to eat balanced meals* to 93% for *the inability to make food last until money was available to purchase more*.

Table 14: Assessment of Household Food Situation over the Past 12 Months

	CDHA % (N=2,819)			
	Often	Sometimes	Never	DK
You and others worried that food would run out before you got money to buy more	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	1.6	5.3	92.9	0.3
You and others just couldn't afford to eat balanced meals	2.8	6.5	90.6	0.1



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

Respondents with children in the household were also asked about the food situation for these children. As shown in Table 15, 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 87% for the inability to afford to feed children balanced meals to 94% for a reliance on low-cost food to feed children. However, 1-3% of respondents did experience difficulty feeding their children *sometimes* or *often*.

Analysis was conducted on those respondents who answered *don't know* for the categories presented in Table 15. No differences were found when analyzed by age, gender or household income category.

Table 15: Assessment of Food Situation over the Past 12 Months for Households with Children

	CDHA				
	N	%			DK/ Ref
		Often	Sometimes	Never	
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	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	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	2,361	0.1	0.9	88.3	10.7



8.0 Sexual Health³⁷

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.

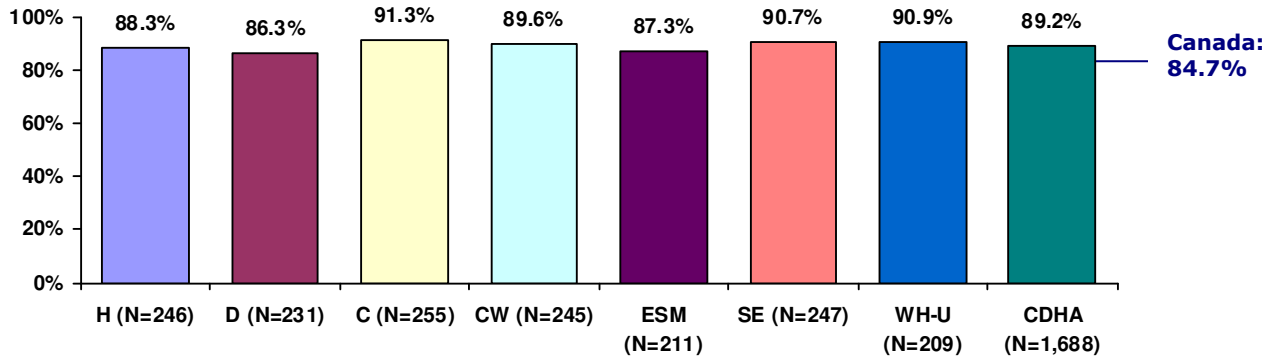
8.1 SEXUAL ACTIVITY

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

Approximately nine in ten respondents aged 15 to 49 years (89%) have had sexual intercourse at least once in their lifetime, similar to the national percentage (85%)³⁸. Sexual activity did not differ by gender or among CHB.

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 36: Percentage of Respondents Who Have Ever Had Sexual Intercourse Δ -Of respondents between the ages of 15 and 49-



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

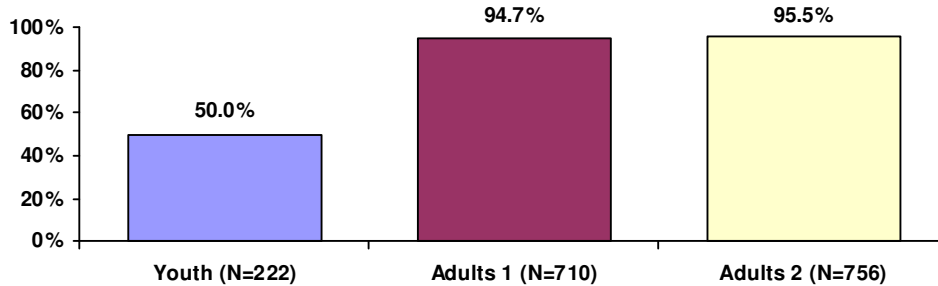
³⁷ Throughout this report, differences between segments are only noted if they are statistically significant.

³⁸ Provincial data on lifetime sexual activity was unavailable.



Of respondents aged 15 to 49 years, adults 2 (96%) and adults 1 (95%) were more likely than youth (50%) to have ever had sexual intercourse.

Figure 37: Percentage of Respondents Who Have Ever Had Sexual Intercourse by Age Category -Of respondents between the ages of 15 and 49-



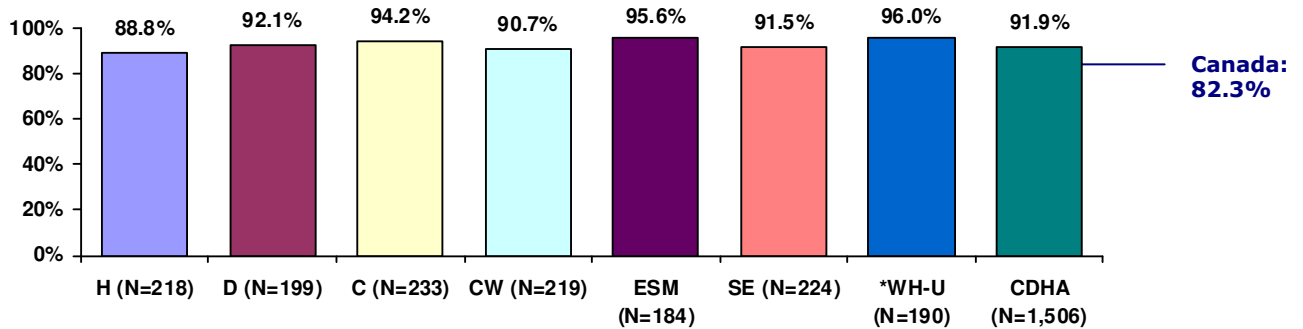
In the past 12 months, have you had sexual intercourse? With how many different partners?

Of those respondents between the ages of 15 and 49 who have ever had sexual intercourse (N=1,506), the majority (92%) reported having sexual intercourse in the past 12 months, again similar to the national percentage (82%)³⁹. No differences were found in past year sexual activity when analyzed by age or gender.

Results were also generally similar at the CHB level, however, respondents from West Hants-Uniacke (96%) were more likely to report past year sexual activity when compared to the district (92%).

Of those respondents who have had sexual intercourse in the past 12 months (N=1,383), 90% have had one partner during this time period, while 5% have had two partners, and 6% have had three or more partners.

Figure 38: Sexual Activity in the Past 12 Months Δ -Of respondents between the ages of 15 and 49 who have ever had sexual intercourse-



* Significant difference between particular CHB and CDHA.
Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

³⁹ Provincial data on past year sexual activity was unavailable.



8.2 SEXUALLY TRANSMITTED DISEASES AND BIRTH CONTROL

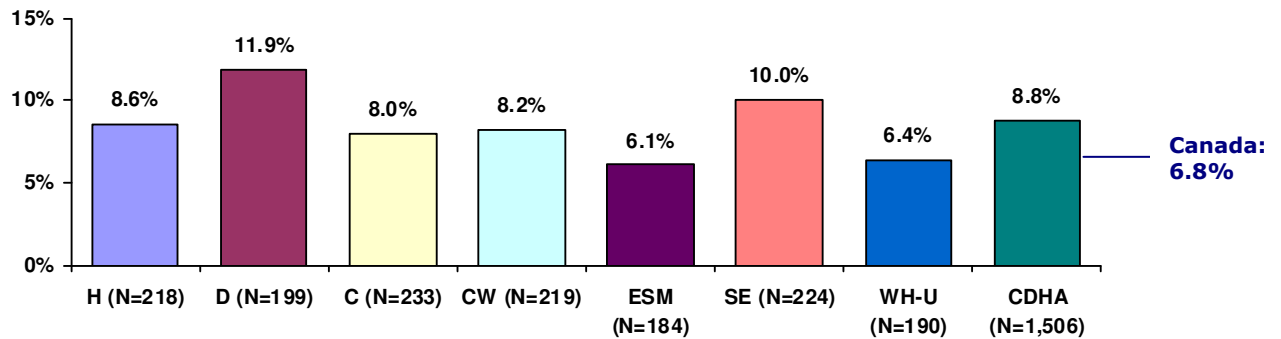
Protecting Against Sexually Transmitted Diseases

Have you ever been diagnosed with a sexually transmitted disease?

Of respondents aged 15 to 49 years who have ever had sexual intercourse (N=1,506), 9% have been diagnosed with a sexually transmitted disease, generally similar to the national result of 7%⁴⁰.

Of respondents aged 15 to 49 years who have ever had sexual intercourse, adults 2 (11%) were more likely than youth (3%) to have ever been diagnosed with a sexually transmitted disease. Diagnosis for adults 1 (8%) was consistent with the average. Diagnosis of a sexually transmitted disease was also more common for females (11%) as compared to males (7%). No differences were found by household income category, insurance coverage, or likelihood of having a regular medical doctor. Despite some variation, CHB results were generally similar to the district finding.

Figure 39: Percentage of Respondents Ever Diagnosed With a Sexually Transmitted Disease Δ –Of respondents between the ages of 15 and 49 who have ever had sexual intercourse–



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

⁴⁰ Provincial data on the prevalence of sexually transmitted diseases was unavailable.



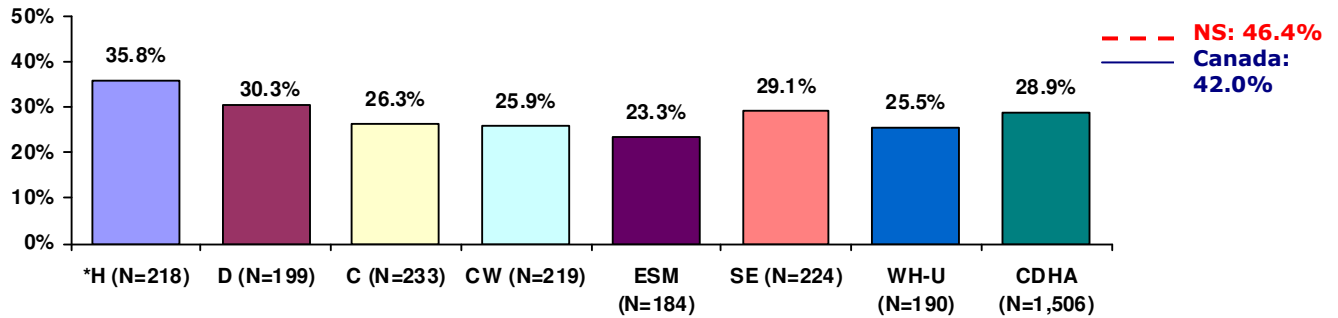
Did you use a condom the last time you had sexual intercourse?

About three in ten respondents (29%) 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. Condom use was higher at the national (42%) and provincial (46%) levels.

Of those respondents aged 15 to 49 years who have ever had sexual intercourse, youth (77%) were most likely to have used a condom the last time they had sexual intercourse, followed by adults 1 (35%) and adults 2 (16%). Furthermore, single respondents (61%) were more likely to engage in condom use compared to those who were living common-law (20%) or married (13%).

From a CHB perspective, condom use among respondents from Halifax (36%) was higher than what was found at the district level (29%).

Figure 40: Percentage of Respondents Who Used a Condom the Last Time They Had Sexual Intercourse Δ -Of respondents between the ages of 15 and 49 who have ever had sexual intercourse-



* Significant difference between particular CHB and CDHA.
 Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

Birth Control Attitudes and Behaviors

Respondents between the ages of 15 and 24 who have ever had sexual intercourse (N=241) 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 (93% of males, 96% of females) agreed⁴¹ that it is important to avoid pregnancy right now.

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

The majority of respondents between the ages of 15 and 24 who have ever had sexual intercourse (84%) reported using birth control in the past 12 months. Use of birth control in the past 12 months did not differ by age or gender.

⁴¹ Agreed: Includes the categories of "strongly agree" and "agree".



9.0 Smoking and Alcohol Use⁴²

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.

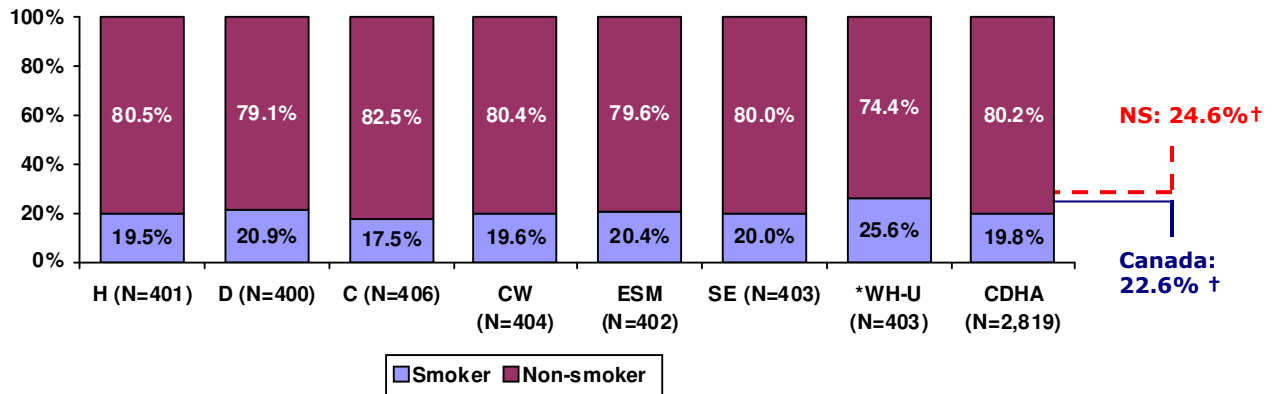
9.1 SMOKING STATUS

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

Two in ten respondents (20%) currently smoke, lower than smoking rates at the provincial (25%) levels. Of those respondents who currently smoke (N=557), 79% were daily smokers, while the remaining 21% were occasional smokers.

Rates of smoking were highest among the middle age categories. More specifically, adults 1 (24%) and adults 2 (21%) were more likely than youth (15%) and seniors (11%) to currently smoke. Furthermore, smoking rates were higher among males (23%) as compared to females (17%). Smoking rates were generally similar at the CHB level, with the exception of West Hants-Uniacke (26%), which had a higher smoking rate than what was found at the district level (20%).

Figure 41: Current Smoking Status Δ



* Significant difference between particular CHB and CDHA.

† Percentages are for smoker.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

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=439), 25% smoked less than 10 cigarettes per day, 45% smoked between 10 and 19 cigarettes per day, and 29% smoked 20 or more cigarettes per day. On average, daily smokers smoked 14 cigarettes per day.

⁴² Throughout this report, differences between segments are only noted if they are statistically significant.



Of occasional smokers (N=118), the majority (83%) smoked less than 5 cigarettes per day, 9% smoked 6 to 9 cigarettes per day and 8% smoked 10 or more cigarettes per day. On average, occasional smokers smoked 4 cigarettes per day.

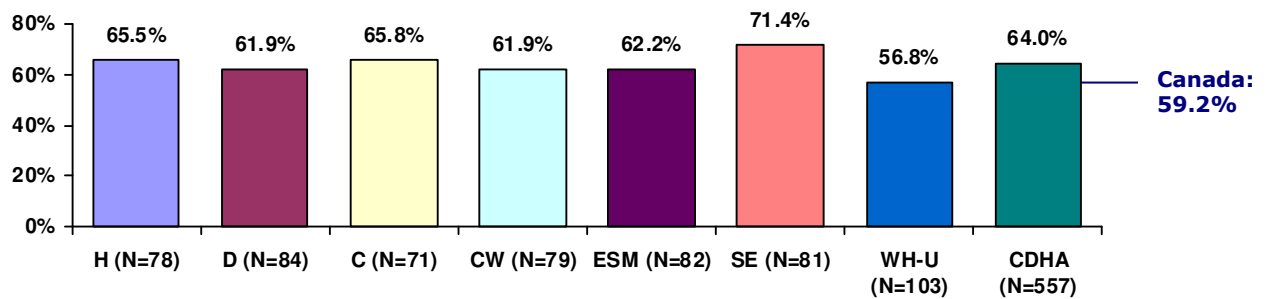
9.2 STAGES OF CHANGE

Current daily and occasional smokers (N=557) were also asked about any previous or future attempts to quit smoking.

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

Sixty-four percent of respondents indicated a serious consideration to quit smoking within the next six months, a finding similar to national data (59%) and across the CHBs⁴³, while thirty-two percent of respondents do not have intentions of quitting. Of respondents who intend to quit (N=356), 46% indicated a serious desire to quit within the next 30 days.

Figure 42: Considering Quitting within the Next Six Months Δ -Of respondents who currently smoke daily or occasionally-



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

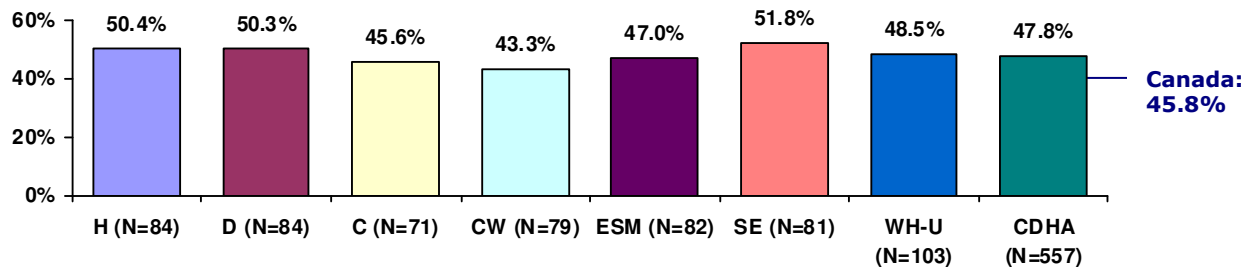
⁴³ Provincial data on considerations to quit smoking was unavailable.



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=557), almost one-half (48%) have stopped smoking for at least 24 hours in the past 12 months because of a desire to quit smoking, a finding mirrored at the national (46%) and CHB levels⁴⁴. Of these respondents (N=266), 27% stopped once, 21% stopped twice, 17% stopped three times and 29% stopped at least four times.

Figure 43: Percentage of Respondents Who Stopped Smoking for at Least 24 Hours in the Past 12 Months Δ -Of respondents who currently smoke daily or occasionally-



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

9.3 ALCOHOL USE

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

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

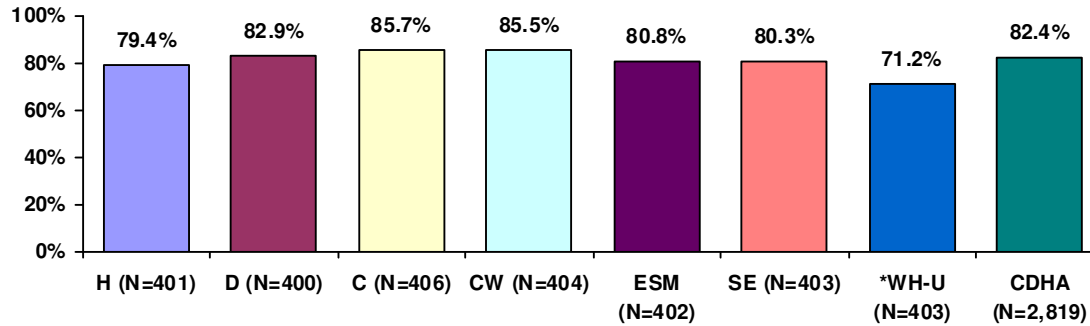
The majority of respondents (82%) have had a drink of alcohol in the past 12 months, a finding generally similar at the CHB level, with the exception of West Hants-Uniacke (71%), where past year alcohol consumption was lower. In addition, 67% of those under the legal drinking age (15-18) have had at least one drink of alcohol in the past 12 months.

⁴⁴ Provincial data on attempts to quit smoking was unavailable.



As with smoking, alcohol consumption over the past 12 months was highest among the middle age categories. More specifically, adults 1 (90%) and adults 2 (83%) were more likely than youth (73%) and seniors (70%) to have consumed alcohol over the past 12 months. Furthermore, past year alcohol consumption was higher among males (84%) as compared to females (81%).

Figure 44: Alcohol Consumption over the Past 12 Months Δ



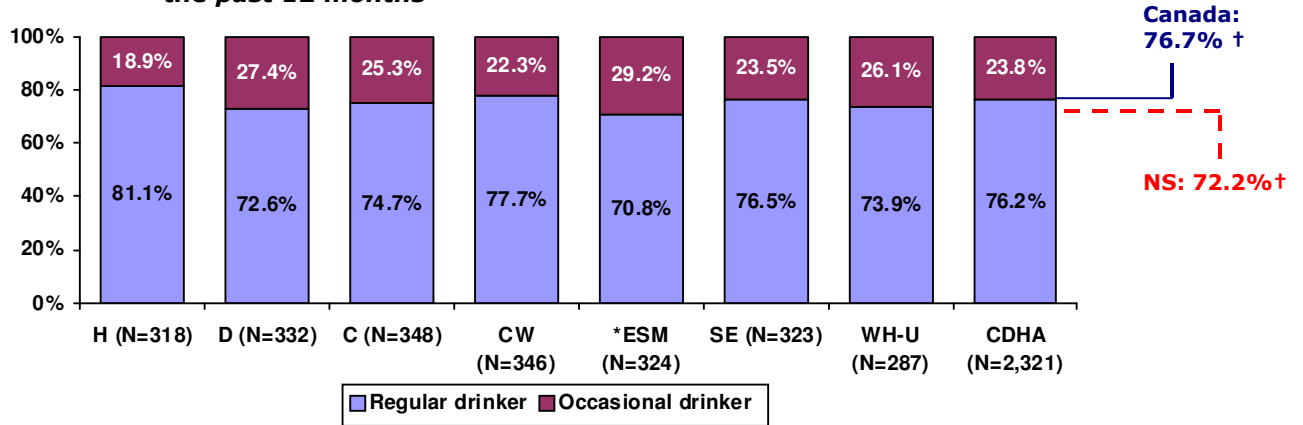
* Significant difference between particular CHB and CDHA.
 Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



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

Of those respondents who have had one or more drinks of alcohol in the past 12 months (N=2,321), approximately three-quarters (76%) were regular drinkers, while the remaining 24% were occasional drinkers⁴⁵. This result was generally similar to those found for the province (72%) and the country (77%). Similar results were also found across most CHBs, however, respondents in Eastern Shore Musquodoboit (71%) were less likely to be classified as regular drinkers.

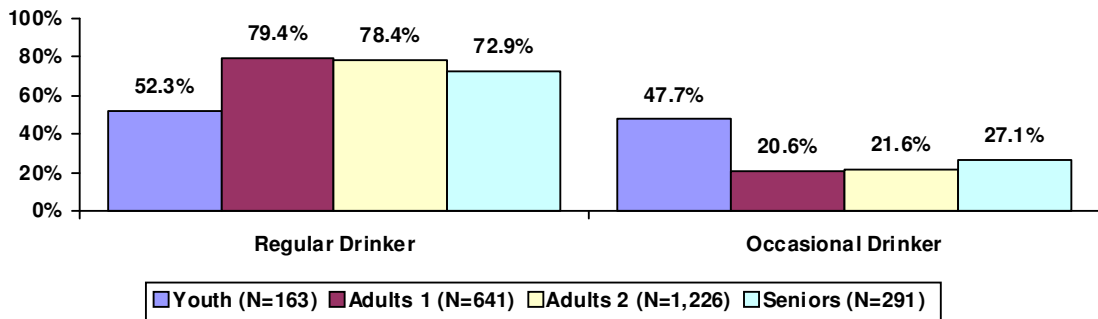
Figure 45: Type of Drinker Δ -Of respondents who have consumed alcohol over the past 12 months-



* Significant difference between particular CHB and CDHA.
 † Percentages are for regular drinker.
 Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

When analyzed by gender, it was found that males (85%) were more likely than females (68%) to be classified as regular drinkers. Furthermore, the likelihood of being classified as a regular drinker was highest among older respondents. More specifically, adults 1 (79%), adults 2 (78%) and seniors (73%) were more likely than youth (52%) to be classified as regular drinkers.

Figure 46: Type of Drinker by Age Category -Of respondents who have consumed alcohol over the past 12 months-



⁴⁵ Regular drinkers are defined as those respondents who have had alcoholic beverages at least once a month in the past 12 months. Occasional drinkers have had alcoholic beverages less frequently in the past 12 months. Source: Statistics Canada, Canadian Community Health Survey (CCHS) Cycle 2.1 Derived Variable (DV) Specifications.



With regard to frequency of consumption, 16% of those who consumed alcohol over the past 12 months did so once a week, 20% did so 2 to 3 times a week and 10% did so at least 4 to 6 times a week.

Table 16: Frequency of Alcoholic Beverage Consumption –Of respondents who consumed alcohol over the past 12 months-

	CDHA
	% (N=2,321)
Less than once a month	23.8
Once a month	11.7
2 to 3 times a month	19.0
Once a week	16.3
2 to 3 times a week	19.5
4 to 6 times a week	5.0
Everyday	4.7
Don't know	0.1

How often in the past 12 months have you had 5 or more drinks on one occasion?

Respondents who consumed alcohol over the past 12 months (N=2,321) were also asked to identify the frequency with which they consumed 5 or more alcoholic beverages on one occasion. Almost one-half (45%) indicated they never engaged in this practice, while 28% did so at least once a month, similar to the provincial result (29%).

Table 17: Frequency of Consuming 5 or More Alcoholic Beverages on One Occasion –Of respondents who consumed alcohol over the past 12 months-

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



By gender, males (15%) were more likely than females (3%) to report drinking 5 or more drinks once a week or more often. In contrast, females (57%) were more likely than males (32%) to *never* consume 5 or more drinks on one occasion.

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

	Males	Females
	% (N=1,130)	% (N=1,191)
Never	32.3	56.6
Less than once a month	27.4	26.1
Once a month	11.9	9.2
2 to 3 times a month	13.4	4.5
Once a week	8.8	1.7
More than once a week	5.8	1.7
Don't know/Refused	0.4	0.3

Seniors (80%) were more likely to *never* consume 5 or more drinks on one occasion compared to all other age categories (youth: 38%; adults 1: 27%; adults 2: 47%). Alcohol use among youth may be of particular concern as many young drinkers report consuming 5 or more drinks in one sitting once per month and many of these youth are under the legal drinking age.

Table 19: 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=162)	% (N=642)	% (N=1,228)	% (N=292)
Never	38.3	26.8	46.7	79.5
Less than once a month	29.0	32.4	27.3	10.6
Once a month	12.0	15.6	9.4	3.4
2 to 3 times a month	10.5	13.4	8.0	1.0
Once a week	4.9	7.5	4.5	3.1
More than once a week	4.3	4.4	3.6	2.4
Don't know/Refused	-	-	0.6	-

Furthermore, those without a regular medical doctor (19%) were more likely to have consumed 5 or more alcoholic beverages *at least once a week* compared to those with a regular medical doctor (8%), and those without insurance were more likely to do the same compared to their counterparts with insurance:

- Prescription insurance: 16% and 8%, respectively;
- Eyeglasses/contact lenses insurance: 12% and 8%, respectively; and
- Dental insurance: 11% and 8%, respectively.

As well, those with negative mental (15%) and oral (13%) health were more likely than their counterparts (9% and 8%, respectively) to have consumed 5 or more alcoholic beverages on one occasion.

No differences were found by household income category, physical health or employment status.



10.0 Problem Gambling⁴⁶

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 Table 20, 26% of respondents from the district 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. Across the CHBs, participation in these gambling activities was similar to district findings.

Table 20: Participation in Various Gambling Activities over the Past 12 Months Δ

	N	Instant win/ scratch/ daily lottery tickets	VLTs	Internet/ arcade gambling
		%	%	%
CDHA	2,819	26.3	7.8	1.0
Halifax	401	22.7	6.7	1.1
Dartmouth	400	30.2	9.5	0.5
Cobequid	406	22.9	6.8	1.8
Chebucto West	404	26.5	9.0	1.0
Eastern Shore Musquodoboit	402	30.0	5.2	1.5
Southeastern	403	28.8	8.1	0.2
West Hants-Uniacke	403	29.2	8.0	0.5

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

When analyzed by age and gender, differences were found regarding the purchase of instant win/scratch/daily lottery tickets. More specifically, females (30%) were more likely than males (22%) to have purchased these tickets over the past 12 months. Furthermore, purchase tended to be highest among adults (adults 1: 32%; adults 2: 28%) and declined for seniors (22%) and youth (6%).

In terms of VLT play, adults 1 (9%), adults 2 (9%) and seniors (6%) were more likely than youth (2%) to have played over the past 12 months. Participation in VLT play did not differ by gender or household income category.

Furthermore, participation in Internet or arcade gambling did not differ by age, gender, or household income category.

⁴⁶ Throughout this report, differences between segments are only noted if they are statistically significant.



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

Table 21 presents the frequency of participation in instant win/scratch/daily lottery tickets and VLT play among those who participated in these activities. As indicated, the majority of play for all activities was about once a month or less frequently.

Table 21: Frequency of Participation in Instant Win, Scratch, or Daily Lottery Tickets or VLT Play –Of respondents who participated in these activities over the past 12 months-

	CDHA		
	Instant Win/ Scratch/ Daily Lottery Tickets	VLTs outside of casinos	VLTs at a casino
	% (N=740)	% (N=221)	% (N=221)
Daily	1.0	-	-
About 2 to 6 times a week	8.4	5.5	0.6
About once a week	16.4	5.0	2.9
Between 2 to 3 times a month	12.9	6.9	1.2
About once a month	20.2	11.5	3.9
Between 6 and 11 times a year	10.3	7.8	4.3
Between 1 and 5 times a year	29.6	42.0	45.9
Never	-	10.6	39.7
Don't know/Refused	1.0	10.7	1.4

Of the 29 respondents who participated in Internet or arcade gambling over the past 12 months, six reported playing once a week or more frequently, three reported 2 to 3 times a month, four reported about once a month, and 14 reported less frequently than once a month⁴⁷.

⁴⁷ Sample sizes for Internet/arcade gambling are less than 30; findings should be interpreted with caution.



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

Of respondents who played either instant win, scratch or daily lottery tickets, VLTs or Internet or arcade gambling at least once over the past 12 months (N=853), just over one-half (53%) spent \$50 or less on all gambling activities, while 17% spent between \$51 and \$100 and 15% spent between \$101 and \$250.

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

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

By gender, males (21%) were more likely than females (10%) to have spent over \$250 on gambling activities over the past 12 months. As well, females (60%) were more likely than males (44%) to have spent \$50 or less.

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

	Male	Female
	% (N=363)	% (N=489)
Between \$1 and \$50	43.5	59.9
Between \$51 and \$100	17.9	16.2
Between \$101 and \$250	16.8	13.3
Between \$251 and \$500	10.5	5.9
Between \$501 and \$1,000	5.5	1.8
More than \$1,000	5.0	1.8



When analyzed by age category, adults 1 (62%) were more likely than adults 2 (48%) and seniors (50%) to spend \$50 or less on gambling activities over the past 12 months⁴⁸.

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

	Youth	Adults 1	Adults 2	Seniors
	% (N=19)	% (N=249)	% (N=476)	% (N=109)
Between \$1 and \$50	63.2	62.2	48.1	49.5
Between \$51 and \$100	15.8	16.5	17.0	18.3
Between \$101 and \$250	10.5	11.2	17.4	12.8
Between \$251 and \$500	5.3	4.4	9.5	9.2
Between \$501 and \$1,000	-	3.6	4.0	0.9
More than \$1,000	-	1.6	3.4	6.4

When analyzed by household income category, respondents with an annual household income of \$40,000 to less than \$60,000 (61%) were more likely than those with household incomes of less than \$20,000 (39%) to spend \$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 Household Income Category –Of respondents who participated in various gambling activities over the past 12 months-

	< \$20K	\$20K to < \$40K	\$40K to < \$60K	\$60K to < \$80K	>\$80K
	% (N=33)	% (N=90)	% (N=84)	% (N=105)	% (N=290)
Between \$1 and \$50	39.4	52.2	60.7	55.2	49.3
Between \$51 and \$100	15.2	12.2	11.9	10.5	19.7
Between \$101 and \$250	33.3	15.6	16.7	11.4	15.9
Between \$251 and \$500	9.1	7.8	4.8	13.3	8.6
Between \$501 and \$1,000	3.0	5.6	2.4	4.8	2.8
More than \$1,000	-	4.4	3.6	4.8	3.4
Don't know	-	2.2	-	-	0.3

No differences were found in the amount spent when analyzed by mental health ratings or employment status.

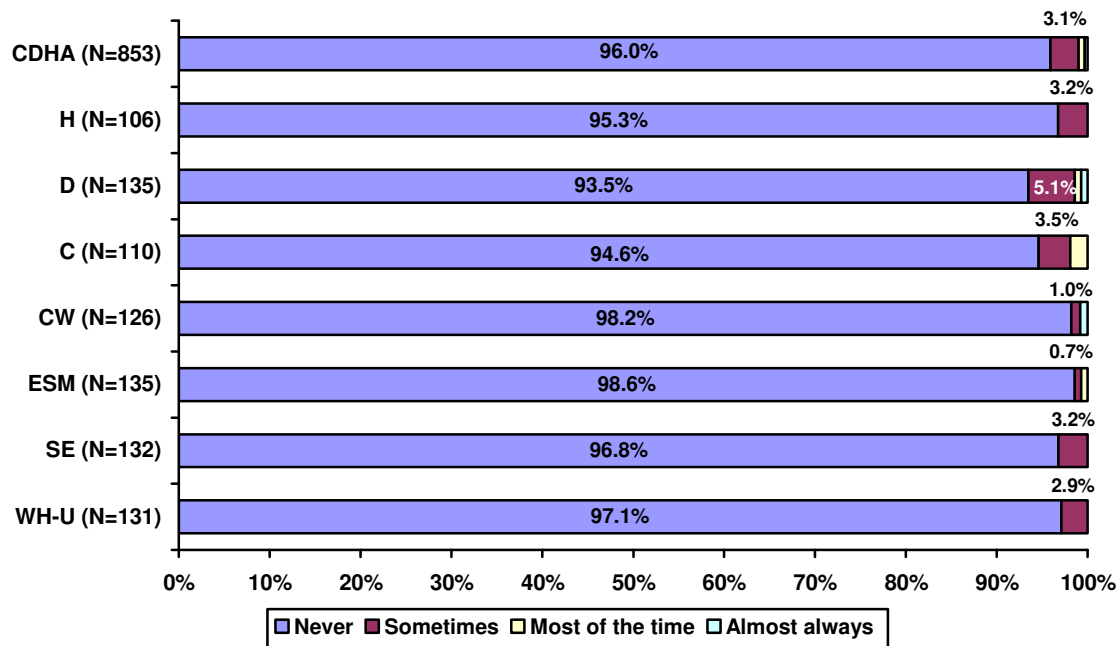
⁴⁸ Within this age segmentation, the sample size for youth is less than 30, therefore, findings should be interpreted with caution.



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

Of respondents who played either instant win, scratch or daily lottery tickets, VLTs or Internet or arcade gambling at least once over the past 12 months (N=853), 96% felt that gambling has *never* caused them health problems, such as stress or anxiety. However, 4% have experienced health issues related to gambling activities. This finding was generally similar across the CHBs.

Figure 47: Frequency of Health Problems Caused by Gambling Over the Past 12 Months Δ -Of respondents who participated in various gambling activities over the past 12 months-



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



11.0 Health Care Services: Access and Use⁴⁹

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 services⁵⁰ is provided below.

11.1 HEALTH CARE UTILIZATION

Contact With Various Health Care Professionals

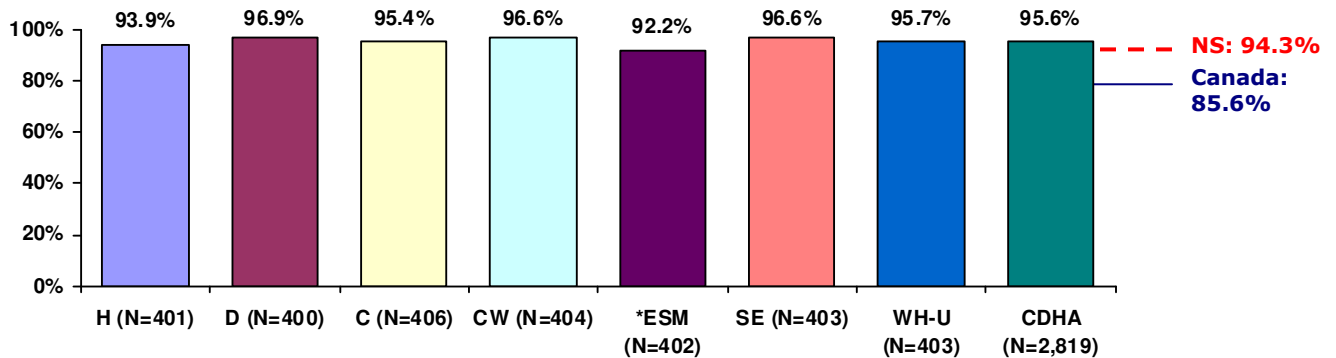
Do you have a regular medical doctor?

The majority of respondents (96%) did have a regular medical doctor. This is similar to the province as a whole (94%), but higher than the national finding (86%). However, four percent of respondents did not have a regular medical doctor at the time of the survey completion. Seniors (99%) and adults 2 (97%) were more likely than adults 1 (92%) and youth (93%) to have a regular medical doctor. This also holds true for females (98%) as compared to males (93%).

Likelihood of having a regular medical doctor did not differ by household income category, mental or general health ratings, or employment status. However, respondents who had prescription insurance were more likely to have a regular medical doctor than those without this type of insurance (96% and 91%, respectively). No differences were found when analyzed by other types of insurance coverage.

Though most respondents in each CHB had a regular medical doctor, the percentage was lower in Eastern Shore Musquodoboit (92%) compared to the overall district result (96%).

Figure 48: Percentage of Respondents with a Regular Medical Doctor Δ



* Significant difference between particular CHB and CDHA.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

⁴⁹ Throughout this report, differences between segments are only noted if they are statistically significant.

⁵⁰ Only respondents aged 18 years or older were asked about home care services.



Why do you not have a regular medical doctor?

Of respondents who do not have a regular medical doctor (N=122), the most common reason for this was not trying to contact one (33%).

Table 26: Reasons for Not Having a Regular Medical Doctor* –Of respondents who do not have a regular medical doctor-

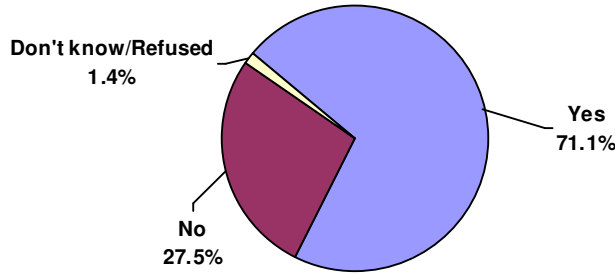
	CDHA % (N=122)
Have not tried to contact one	32.6
Had a medical doctor who left or retired	15.5
Doesn't see it as necessary/see whoever is available	14.4
Just moved	11.1
See military doctors	6.7
Medical doctors in area not taking new patients	6.1
No medical doctors available in area	5.9
Can't find one	4.3
Other	4.7
Don't know/Refused	6.0

*Multiple responses allowed.

Do you have a place to go when you are sick or need advice about your health?

Of respondents who do not have a regular medical doctor or did not provide a response (N=124), almost three-quarters (71%) have a place to go when they are sick or need advice about their health.

Figure 49: Percentage of Respondents with a Place to Go When they are Sick or Need Health Advice –Of respondents who do not have a regular medical doctor or did not provide a response- (N=124)





What kind of place do you go to most often?

The places frequented most often by these respondents include a walk-in clinic (40%) and doctor's office (21%).

Table 27: Places Frequented Most Often* –Of respondents who have a place to go when they are sick or need health advice-

	CDHA
	% (N=88)
Walk-in clinic	39.8
Doctor's office	21.2
Hospital emergency room	9.6
Hospital outpatient clinic	6.7
Community health centre/CLSC	6.3
Appointment clinic	3.2
Other	11.7
Don't know/Refused	1.5

*Multiple responses allowed.



Community-Based Care

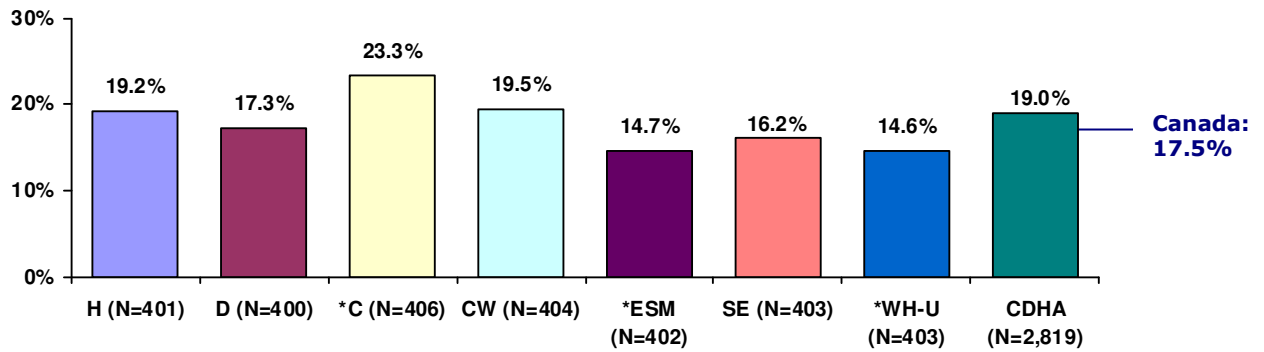
Community-based care includes any health care received outside of a hospital or doctor’s office, including home nursing care, home-based counseling or therapy, personal care, and community walk-in clinics.

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

About two in ten respondents (19%) have received some type of community-based care within the past 12 months, similar to the national finding (18%)⁵¹. The likelihood of receiving community-based care was higher for youth (21%), adults 1 (25%) and adults 2 (18%) when compared to seniors (11%). The same holds true for females (23%) as compared to males (15%).

At the CHB level, results were similar for the most part, but receipt of community-based care was lower in West Hants-Uniacke and Eastern Shore Musquodoboit (15% each) and higher in Cobequid (23%).

Figure 50: Percentage of Respondents Who Received Community-Based Care within the Past 12 Months Δ



* Significant difference between particular CHB and CDHA.
Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

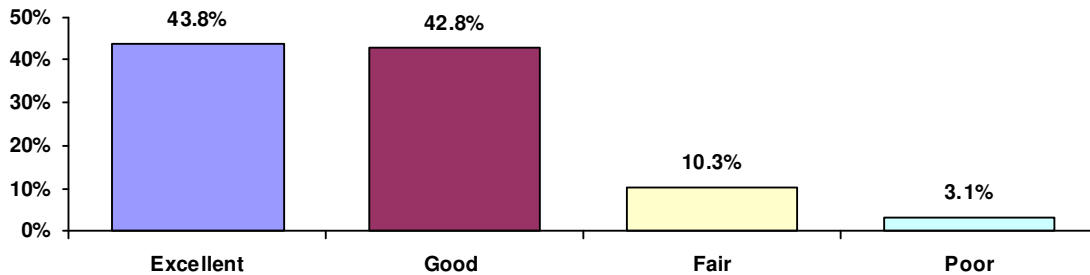
⁵¹ Provincial data on community-based care was unavailable.



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

Of respondents who received community-based care over the past 12 months (N=535), the majority perceived the quality of care they received to be *good* (43%) or *excellent* (44%), while 13% perceived it as *fair* or *poor*.

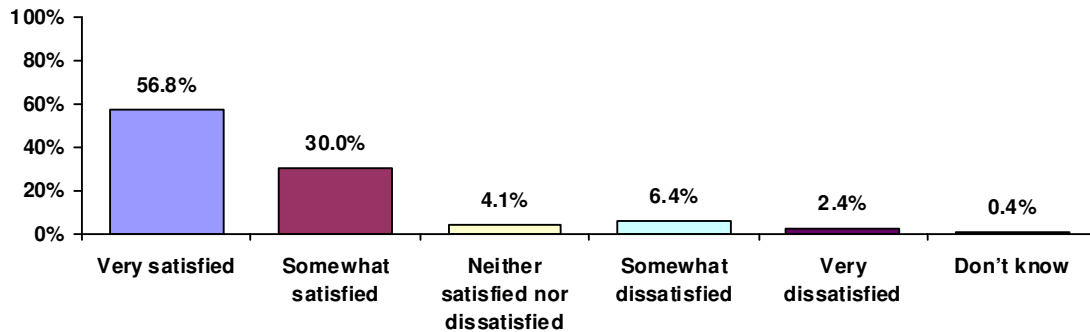
Figure 51: Perceived Quality of Community-Based Care –Of respondents who have received community-based care over the past 12 months- (N=535)



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

Furthermore, the majority of respondents were *somewhat* (30%) or *very* satisfied (57%) with the community-based care they received, while 8% were dissatisfied (6% *somewhat* dissatisfied, 2% *very* dissatisfied).

Figure 52: Satisfaction with Community-Based Care –Of respondents who have received community based care over the past 12 months- (N=535)





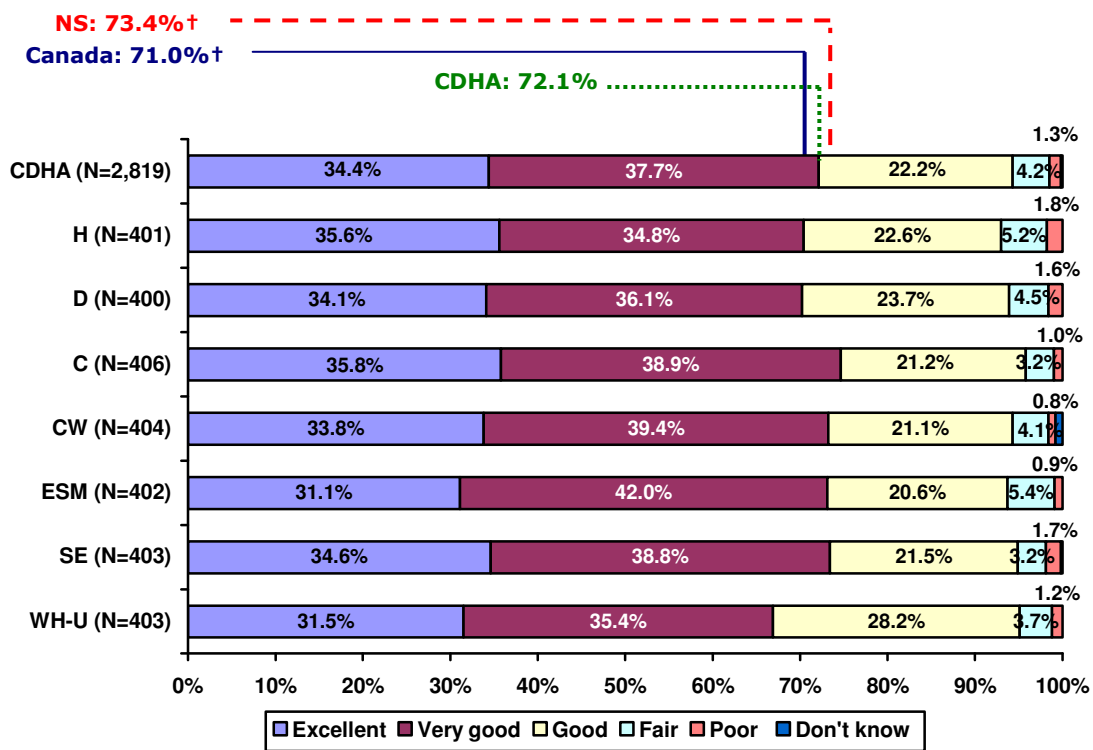
Consultations about Mental Health

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

The majority of respondents rated their mental health as *good* (22%), *very good* (38%), or *excellent* (34%), while five percent of respondents rated their mental health negatively (4% *fair*; 1% *poor*). This assessment generally did not differ based on CHB.

The percentage of those who rated their mental health as *very good* or *excellent* (72%) was similar to provincial and national findings (73% and 71%, respectively).

Figure 53: Self-Reported Mental Health Status Δ





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

- Respondents who rated their general (22%) or oral (14%) health negatively were more likely to rate their mental health similarly when compared to their counterparts (3% and 5%, respectively);
- *Fair* or *poor* ratings were more likely from those without prescription (9%), eyeglasses/contact lenses (9%), or dental (8%) insurance compared to their counterparts with insurance (5%, 5% and 3%, respectively); and
- Respondents without work in the week prior to survey completion were more likely to provide negative ratings (8% compared to 4% who worked).

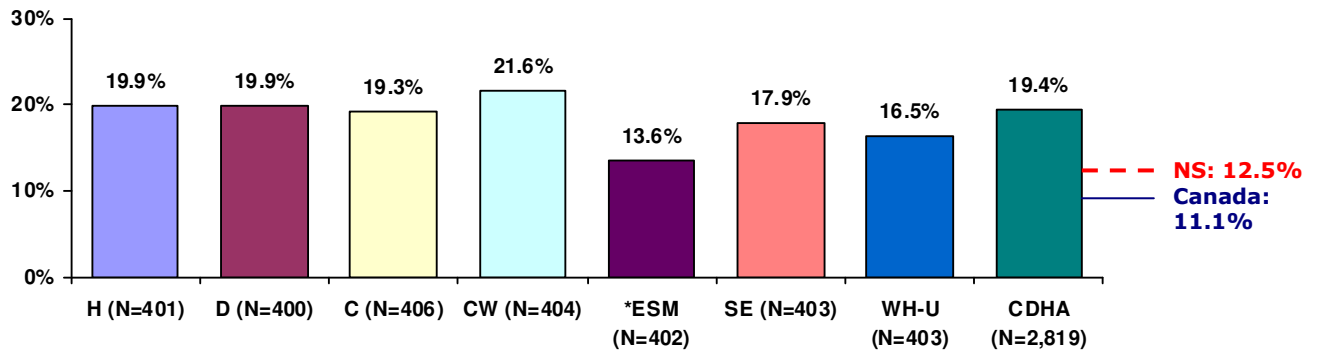
No differences were found, however, by age, gender, household income category or likelihood of having a regular medical doctor.

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

Approximately two in ten respondents (19%) have seen or talked to a health professional about their emotional or mental health within the past 12 months, higher than national (11%) and provincial (13%) results. The likelihood of talking to a health professional about emotional or mental health was higher for youth (21%), adults 1 (22%) and adults 2 (21%) when compared to seniors (10%). The same holds true for females (24%) as compared to males (15%).

Results generally mirrored the overall trend at the CHB level, with the exception of Eastern Shore Musquodoboit (14%) where contact with an emotional/mental health professional was lower.

Figure 54: Percentage of Respondents Who Contacted a Health Professional about Emotional/Mental Health within the Past 12 Months Δ



* Significant difference between particular CHB and CDHA.
Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



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=547) did so an average of 5 times during the year. Just over one-half of these respondents (55%) saw or talked to a family doctor or general practitioner, followed distantly by a psychologist (23%), psychiatrist (18%) or a social worker or counselor (12%).

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

	CDHA % (N=547)
Family doctor/general practitioner	55.1
Psychologist	22.9
Psychiatrist	18.0
Social worker/counselor	12.4
Nurse	3.4
Other	5.1
Don't know/Refused	0.6

*Multiple responses allowed.

As shown below, use of a family doctor/general practitioner increased with age (youth: 35%; adults 1: 57%; adults 2: 56%; seniors: 68%). As well, youth (21%) and adults 1 (18%) were more likely than adults 2 (10%) and seniors (2%) to contact a social worker/counselor for their mental health related concerns.

Table 29: Types of Health Care Providers Contacted by Age Category* –Of respondents who contacted a health professional about emotional/mental health over the past 12 months-

	Youth % (N=47)	Adults 1 % (N=154)	Adults 2 % (N=306)	Seniors % (N=40)
Family doctor/general practitioner	34.9	56.9	55.5	68.1
Psychiatrist	23.4	15.5	18.7	16.2
Psychologist	29.1	22.3	23.7	11.5
Social worker/counselor	20.8	17.6	10.0	1.8
Nurse	4.0	3.6	2.4	9.9
Other	3.0	6.2	4.8	4.8

*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-one percent of respondents required a visit to a medical specialist within the past 12 months, higher than what was found nationally (28%)⁵².

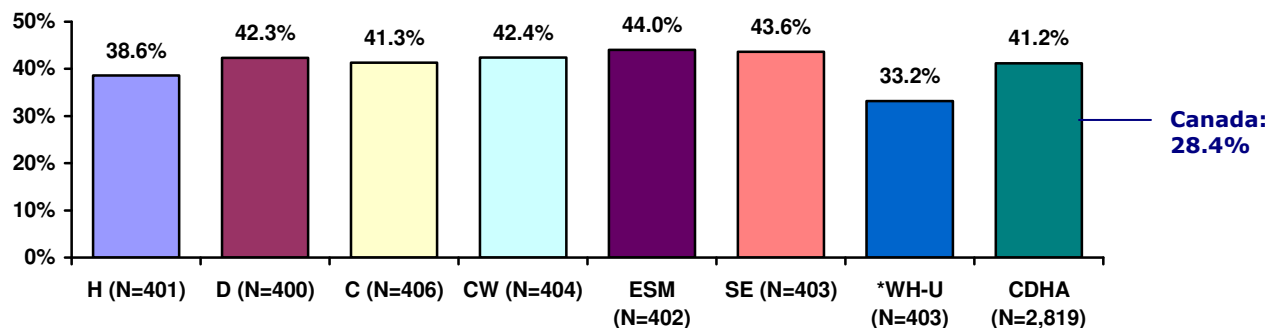
Older respondents (seniors: 53%; adults 2: 42%) were more likely than younger respondents (adults 1: 34%; youth: 35%) to have required a visit to a medical specialist within the past 12 months. The same holds true for:

- Females as compared to males (45% and 37%, respectively);
- Respondents with a regular medical doctor compared to those without a doctor (42% and 18%, respectively); and
- Respondents who rated their general health negatively compared to those who rated it positively (64% and 38%, respectively).

No differences were found when analyzed by household income category, or insurance coverage.

Results generally mirrored the overall trend at the CHB level, with the exception of West Hants-Uniacke (33%), where the percentage of those who required a medical specialist visit was lower.

Figure 55: Percentage of Respondents Who Required a Visit to a Medical Specialist within the Past 12 Months Δ



* Significant difference between particular CHB and CDHA.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

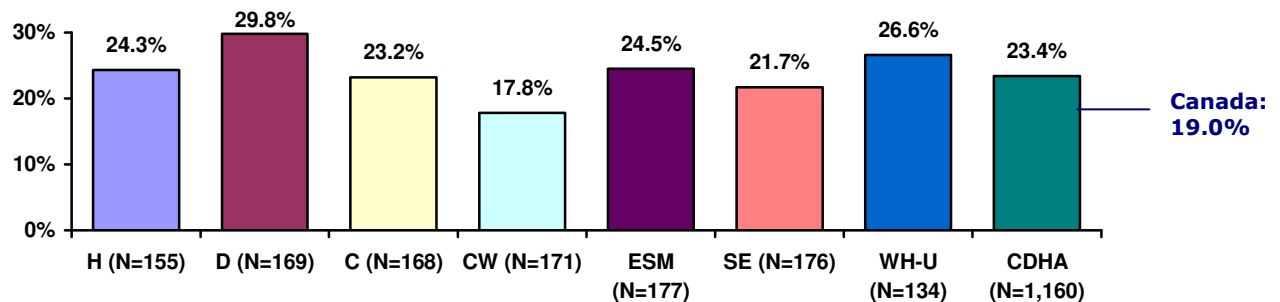
⁵² Provincial data on specialist care was unavailable.



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=1,160), almost one-quarter (23%) experienced difficulty getting the specialist care they needed, similar to the national result (19%)⁵³. This was also the general trend at the CHB level.

Figure 56: Percentage of Respondents Who Experienced Difficulty Getting Specialist Care Δ –Of respondents who required a visit to a medical specialist within the past 12 months-



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

What type of difficulties did you experience?

Most commonly, those who experienced difficulty (N=272) waited too long between booking the appointment and visiting the specialist (56%), had difficulty getting an appointment (37%), or waited too long to see the doctor (27%).

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

	CDHA % (N=272)
Waited too long between booking appointment and visit	56.0
Difficulty getting an appointment	36.6
Waited too long to see the doctor	27.3
Difficulty getting a referral	8.5
Still waiting for visit	7.5
Appointment cancelled or deferred by specialist	5.5
No specialists in the area	4.9
Transportation problems	1.5
Other	14.4
Don't know	0.3

*Multiple responses allowed.

⁵³ Provincial data on difficulties accessing specialist care was unavailable.



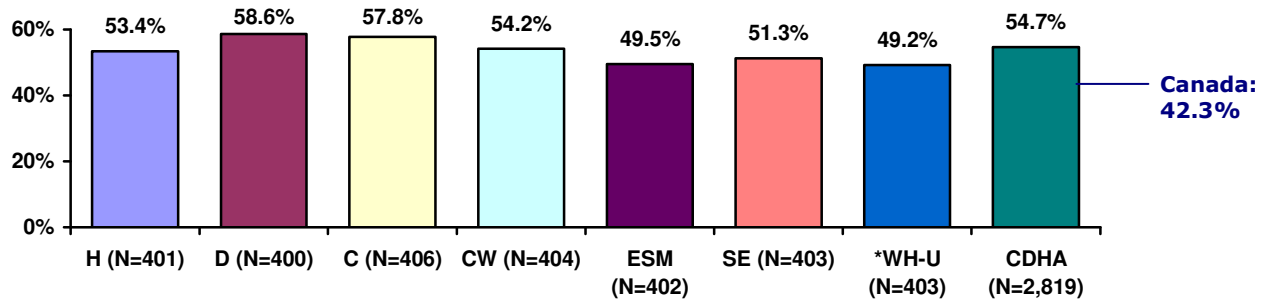
Experiences Getting Routine Care, Health Information and Advice

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

Just over one-half of respondents (55%) required health information or advice for themselves or a family member within the past 12 months, higher than the national finding (42%)⁵⁴. Seniors (50%), adults 2 (58%), and adults 1 (56%) were more likely than youth (37%) to have required such advice. The same holds true for females (59%) as compared to males (50%).

The overall district result was generally replicated across the CHBs, however, those who required health information or advice for themselves or a family member was lower in West Hants-Uniacke (49%).

Figure 57: Percentage of Respondents Who Required Health Information or Advice for Themselves or a Family Member within the Past 12 Months Δ



* Significant difference between particular CHB and CDHA.
Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

⁵⁴ Provincial data on requiring health information or advice was unavailable.



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 (85%). Other less commonly contacted health care providers included a hospital emergency room (16%), walk-in clinic (15%), or other hospital service (11%).

Table 31: Types of Health Care Providers Contacted* –Of respondents who required health information or advice for themselves or a family member over the past 12 months-

	CDHA % (N=1,543)
Doctor's office	85.1
Hospital emergency room	16.0
Walk-in clinic	14.7
Other hospital service	10.8
Community health centre/CLSC	8.2
Internet	7.9
Family/friends	2.8
Telephone help-line	2.7
Pharmacist/pharmacy	2.5
Other	2.5
Don't know/Refused	0.4

*Multiple responses allowed.

As shown below, adults 1 (83%) and adults 2 (86%) and seniors (90%) were more likely than youth (70%) to contact a doctor's office for health information or advice, while seniors (11%) and adults 2 (12%) were more likely than youth (4%) to contact another hospital service. Furthermore, youth (16%) were more likely than adults (adults 1: 8%; adults 2: 8%) and seniors (9%) to contact a community health centre.

Table 32: Types of Health Care Providers Contacted by Age Category* –Of respondents who required health information or advice for themselves or a family member over the past 12 months-

	Youth % (N=83)	Adults 1 % (N=394)	Adults 2 % (N=858)	Seniors % (N=207)
Doctor's office	70.3	82.9	86.4	90.4
Walk-in clinic	17.6	20.0	13.5	8.5
Hospital emergency room	12.2	16.7	15.6	17.8
Community health centre/CLSC	16.1	7.6	7.5	8.7
Other hospital service	3.8	9.9	11.8	11.3
Internet	7.4	8.3	8.2	6.2
Family/friends	6.4	5.2	1.7	1.8
Pharmacist/pharmacy	0.9	3.7	2.2	1.7
Telephone help-line	3.6	3.8	2.1	2.7
Other	7.3	2.7	2.4	0.2

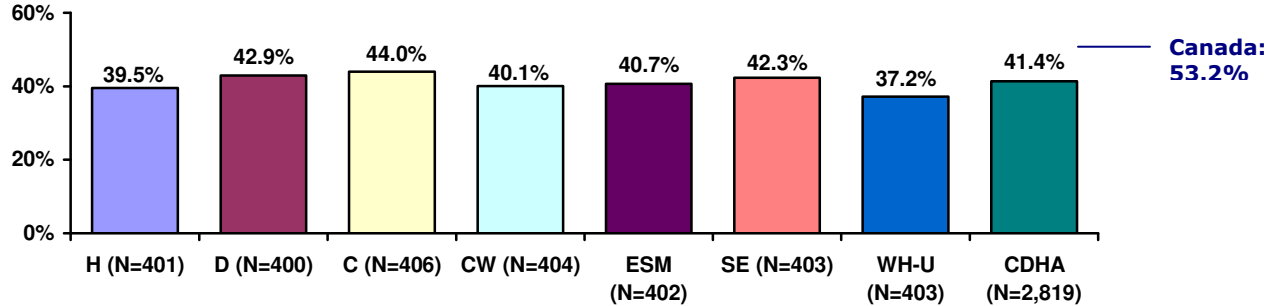
*Multiple responses allowed.



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, 41% of respondents reported needing such care for themselves or a family member within the past 12 months, a finding similar at the CHB level, but lower than the national result (53%)⁵⁵.

Figure 58: Percentage of Respondents Who Required Routine or On-Going Care for Themselves or a Family Member within the Past 12 Months Δ



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

The likelihood of requiring routine or on-going care was related to age and gender. More specifically, seniors (44%), adults 2 (47%), and adults 1 (35%) were more likely than youth (21%) to have required routine or on-going care for themselves or a family member within the past 12 months. The same holds true for females (47%) as compared to males (35%).

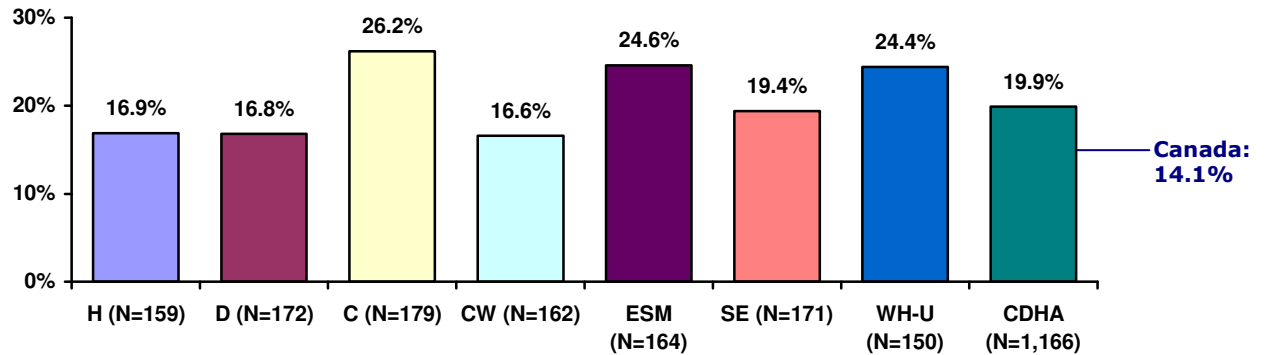
⁵⁵ Provincial data on routine or on-going care was unavailable.



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=1,166), 20% experienced difficulty getting the care they needed, similar to the national finding (14%)⁵⁶. Despite minor variations, results were similar at the CHB level.

Figure 59: Percentage of Respondents Who Experienced Difficulty Getting the Routine or On-Going Care Needed for Themselves or a Family Member Δ –Of respondents who required routine or on-going care for themselves or a family member within the past 12 months-

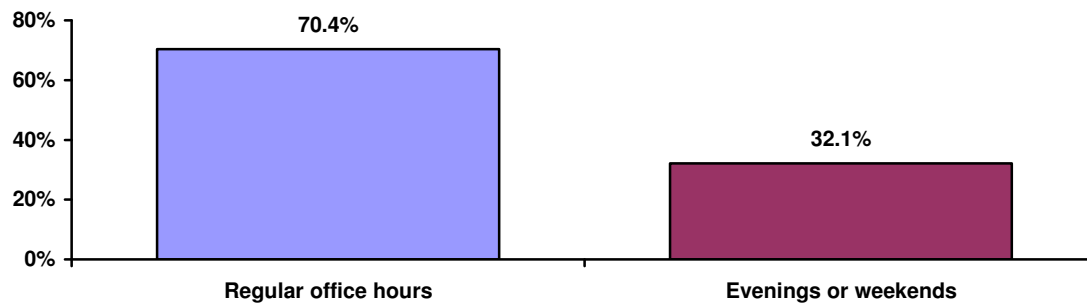


Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

Did you experience any difficulties getting such care during regular office hours (9am-5pm, Monday to Friday)? Did you experience any difficulties getting such care during evenings and weekends (5pm-9pm, Monday to Friday; 9am-5pm, Saturday and Sunday)?

Of respondents who experienced difficulty getting the routine or on-going care needed (N=232), 70% had difficulty during regular office hours, while 32% had difficulty during evenings or weekends.

Figure 60: Time Difficulty Was Experienced –Of respondents who required routine or on-going care for themselves or a family member within the past 12 months but experienced difficulty getting the care needed- (N=232)



⁵⁶ Provincial data on difficulties accessing routine or on-going care was unavailable.



What type of difficulties did you experience?

As shown below, regardless of when the difficulty was experienced, the most common type of difficulties included waiting too long to get an appointment, difficulty getting an appointment or contacting a physician, and the service not being available at the time required.

Table 33: Types of Difficulties Experienced* of respondents who required routine or on-going care for themselves or a family member within the past 12 months but experienced difficulty getting the care needed-

	Regular office hours	Evenings or weekends
	% (N=163)	% (N=74)
Waited too long to get an appointment	45.5	27.5
Difficulty getting an appointment	43.4	25.7
Waited too long to see the doctor	25.9	27.8
Difficulty contacting a physician	16.0	23.6
Service not available at the time required	12.4	25.9
Hard to adequate health care	10.6	-
Service not available in area	5.0	7.0
Cost	2.3	-
Transportation	1.8	-
Did not know where to go	1.5	4.2
Not given proper attention/too rushed	-	7.4
Other	8.5	4.0
Don't know	-	4.5

*Multiple responses allowed.



11.3 HOME CARE SERVICES

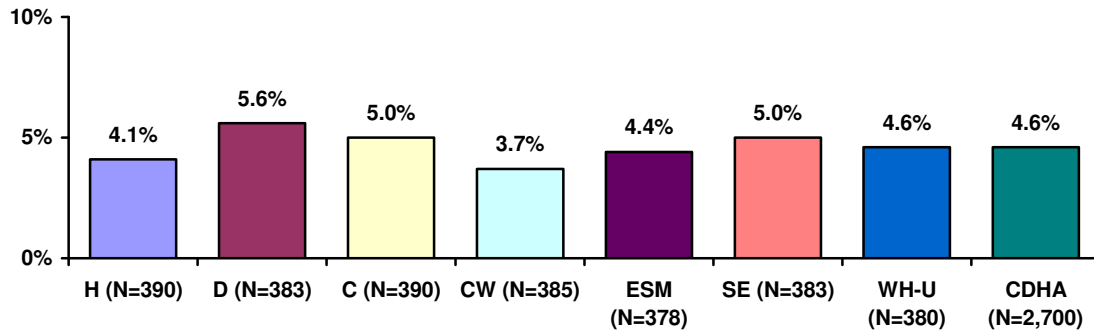
Respondents aged 18 years or older (N=2,700) were asked about their use of home care services in the past 12 months. Home care services are health care, homemaker or other support services received at home, which may be received due to a health problem or condition that affects daily activities. Home care services commonly include nursing care, personal care, or help with bathing, housework, meal preparation, meal delivery and respite care.

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

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

Of respondents aged 18 years or older, seniors (10%) were most likely to have received any home care services in the past 12 months, followed by adults (adults 2: 4% and adults 1: 4%) and youth (0%). Use of home care services did not generally differ between males and females or across CHBs.

Figure 61: Use of Home Care Services in the Past 12 Months Δ –Of respondents aged 18 years or older-



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

Of respondents aged 18 years or older who have received home care services in the past 12 months (N=124), most (70%) have received government subsidized services, and 32% have received private services⁵⁷.

⁵⁷ Multiple responses allowed.



What type of services have you received?

Respondents who have received home care services in the past 12 months (N=124) most often received nursing care (53%), followed distantly by housework (29%) and personal care (20%).

Table 34: Types of Home Care Services Received* –Of respondents who received home care services in the past 12 months-

	CDHA % (N=124)
Nursing care	53.3
Housework	28.6
Personal care	20.4
Other health care services	18.1
Meal preparation or delivery	17.8
Medical equipment or supplies	11.9
Respite care	11.8
Shopping	8.8
Outdoor maintenance	4.7
Other	4.2

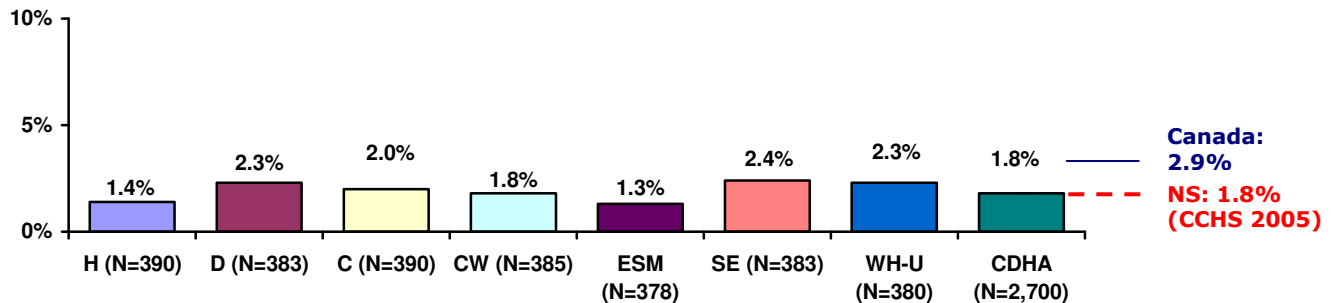
*Multiple responses allowed.

During the past 12 months, was there ever a time when you felt that you needed home care services but didn't receive them?

Of respondents aged 18 years or older (N=2,700), 2% felt there was a time in the past 12 months that they needed home care services but did not receive them, similar to national (3%) and provincial (2%) data.

The need for home care services that were not received generally tended to increase with age, with seniors (4%) more likely than adults 1 (1%) and youth (0%) to feel this way. Adults 2 (2%) were consistent with the average. No differences were found when analyzed by gender or CHB.

Figure 62: Percentage of Respondents Who Felt They Needed Home Care Services in the Past 12 Months But Did Not Receive Them Δ –Of respondents aged 18 years or older-



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



Thinking of the most recent time, why didn't you get these services?

Respondents who felt they needed home care services in the past 12 months but did not receive them (N=50) have not received these services because of cost issues (21%), they are still waiting (16%), and lack of availability in the area (16%).

Table 35: Reasons Home Care Services Were Not Received* –Of respondents who felt they needed home care services in the past 12 months but did not receive them-

	CDHA
	% (N=50)
Cost	20.7
Still waiting	15.9
Not available in the area	15.7
Didn't get around to it, didn't bother	13.6
Waiting time too long	10.7
Didn't qualify/not eligible	9.5
Didn't know where to go/call	6.9
Not available in time required	6.6
Doctor didn't think it was necessary	6.3
Decided not to seek services	4.5
Too busy	2.7
Personal or family responsibilities	2.4
Other	6.1
Don't know	2.3

*Multiple responses allowed.

Again, thinking of the most recent time, what was the type of home care that was needed?

Of respondents who felt they needed home care services in the past 12 months but did not receive them (N=50), personal care (40%) and housework (35%) were the most common types of services needed.

Table 36: Types of Home Care Services Needed* –Of respondents who felt they needed home care services in the past 12 months but did not receive them-

	CDHA
	% (N=50)
Personal care	39.5
Housework	35.2
Meal preparation or delivery	23.5
Respite care	22.4
Nursing care	21.3
Shopping	16.1
Medical equipment or supplies	4.9
Other health care services	1.5
Other	2.4
Don't know	5.2

*Multiple responses allowed.

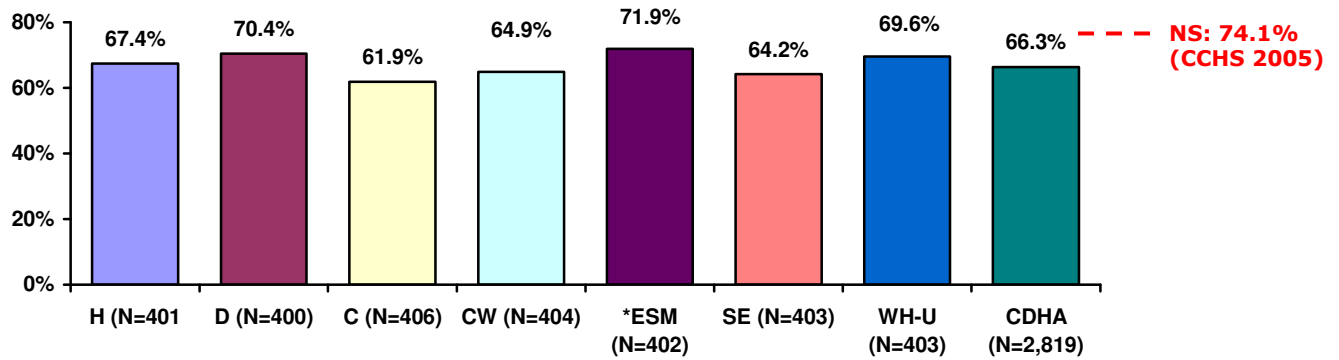


12.0 Chronic Conditions⁵⁸

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

Two-thirds of respondents (66%) reported having at least one chronic health condition, lower than the provincial result (74%)⁵⁹. By CHB, results tended to mirror the overall district result, however, the percentage of those with at least one chronic condition was higher among those in the Eastern Shore Musquodoboit CHB (72%).

Figure 63: Percentage of Respondents with at Least One of Various Chronic Health Conditions Δ



* Significant difference between particular CHB and CDHA.
Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

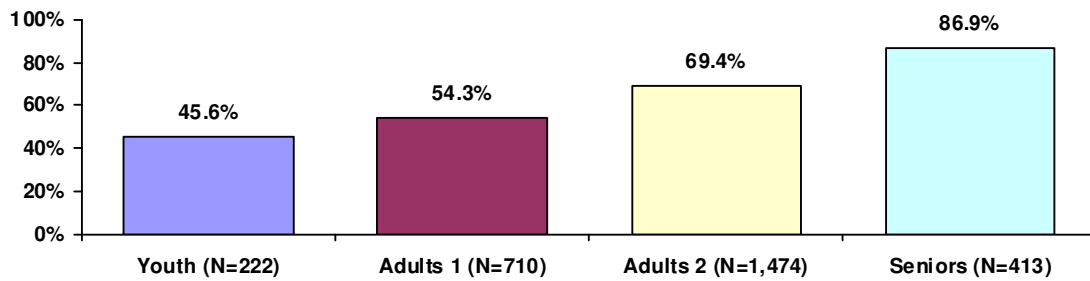
⁵⁸ Throughout this report, differences between segments are only noted if they are statistically significant.

⁵⁹ National data on the prevalence of chronic conditions was unavailable.



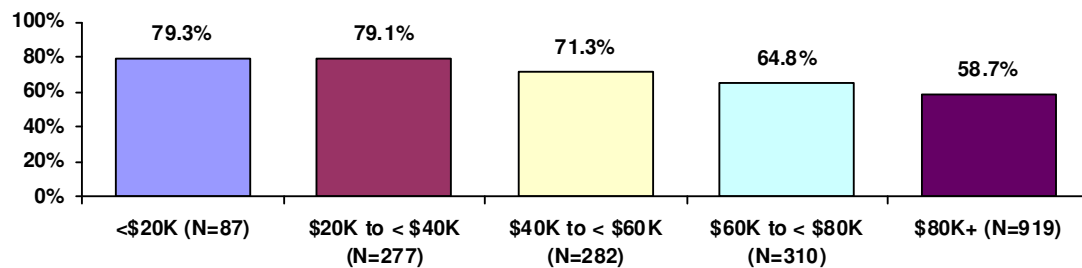
Females were more likely than males to have at least one chronic condition (71% and 61%, respectively). Furthermore, the prevalence of chronic conditions increased with age. Seniors (87%) were most likely to have at least one chronic condition, followed by adults 2 (69%), adults 1 (54%), and youth (46%).

Figure 64: Percentage of Respondents with at Least One of Various Chronic Conditions by Age Category



Prevalence of chronic conditions was higher in respondents with an annual household income under \$40,000 (less than \$20,000: 79%; \$20,000 to less than \$40,000: 79%) as compared to respondents with household incomes of \$60,000 or more (\$60,000 to less than \$80,000: 65%; \$80,000 or more: 59%).

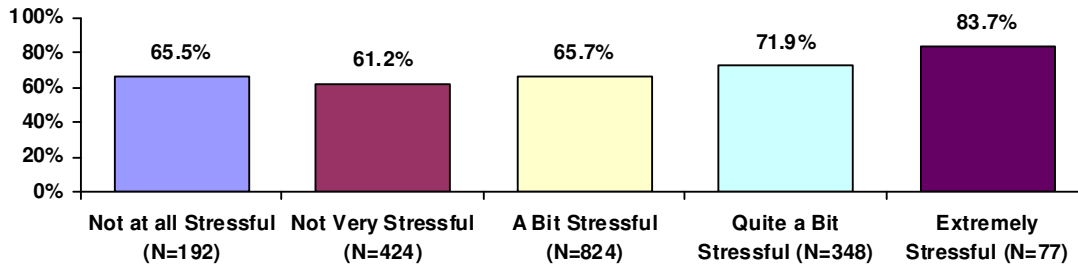
Figure 65: Percentage of Respondents with at Least One of Various Chronic Conditions by Household Income Category





In contrast, the prevalence of chronic conditions tended to increase as level of stress increased.

Figure 66: Percentage of Respondents with at Least One of Various Chronic Conditions by Day-to-Day Stress Level



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

12.1 RESPIRATORY CONDITIONS

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

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

Approximately one in ten respondents (11%) reported having asthma, similar to the province as a whole (11%), but higher than the national prevalence rate (9%). Of those respondents who reported having asthma (N=297), 60% have had asthma symptoms or attacks in the past 12 months and 78% have taken medication for asthma in the past 12 months.

Four 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). Emphysema and COPD prevalence rates generally mirrored the national findings (1% and 2%, respectively).



Across the CHBs, the prevalence of most respiratory conditions was similar to the overall district results. However, compared to CDHA as a whole, respondents from Halifax (15%) had a higher rate of asthma, while the rate was lower in Eastern Shore Musquodoboit (7%).

Table 37: Percentage of Respondents with Respiratory Conditions Δ

	N	Asthma	Chronic bronchitis	COPD ^o	Emphysema ^o
		%	%	%	%
CDHA	2,819	10.5	3.5	2.0	0.7
Halifax	401	*14.8	2.9	1.9	0.3
Dartmouth	400	12.4	4.2	3.3	1.8
Cobequid	406	8.8	2.9	1.3	0.8
Chebucto West	404	9.2	4.0	1.8	0.3
Eastern Shore Musquodoboit	402	*6.9	3.1	1.7	0.5
Southeastern	403	7.5	3.4	2.1	0.3
West Hants-Uniacke	403	10.1	5.1	2.3	0.3
NS	-	10.7	-	-	-
Canada	-	8.5	-	1.8	1.3

^oOnly respondents aged 30 years or older were asked about Emphysema or Chronic Obstructive Pulmonary Disease (CDHA: N=2,239; Halifax: N=293; Dartmouth: N=325; Cobequid: N=336; Chebucto West: 322; Eastern Shore Musquodoboit: 331; Southeastern: 314; West Hants-Uniacke: 332).

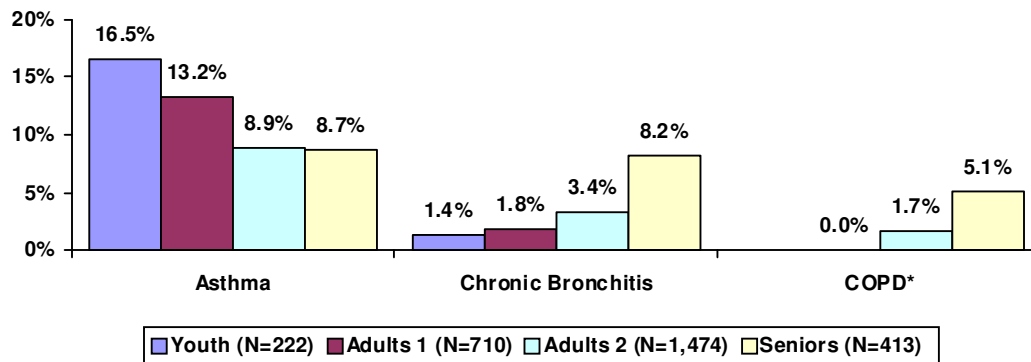
* Significant difference between particular CHB and CDHA.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

The likelihood of having specific respiratory conditions differed by age:

- Youth (17%) and adults 1 (13%) were more likely than adults 2 (9%) and seniors (9%) to have asthma;
- Seniors (8%) were more likely than adults 2 (3%), adults 1 (2%) and youth (1%) to have chronic bronchitis; and
- Of respondents 30 years of age or older, seniors (5%) were more likely than adults 2 (2%) and adults 1 (0%) to have COPD.

Figure 67: Prevalence of Specific Respiratory Conditions by Age Category



*Only respondents aged 30 years or older were asked about COPD.



Furthermore, females were more likely than males to have asthma (13% and 8%, respectively) and chronic bronchitis (5% and 2%, respectively). No differences were found in the prevalence of emphysema or COPD when analyzed by gender.

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 (27%). Arthritis prevalence was generally similar to that found at the provincial and national levels (23% and 21%, respectively).

The prevalence of back problems was similar to the district rate at the CHB level, however, the prevalence of arthritis was higher in West Hants-Uniacke (29%) and Eastern Shore Musquodoboit (28%) compared to the overall prevalence for CDHA.

Table 38: Percentage of Respondents with Muscle/Joint Conditions Δ

	N	Arthritis	Back problems
		%	%
CDHA	2,819	22.4	26.5
Halifax	401	21.1	26.6
Dartmouth	400	26.3	28.2
Cobequid	406	18.9	22.9
Chebucto West	404	21.4	27.1
Eastern Shore Musquodoboit	402	*27.8	30.3
Southeastern	403	21.5	25.2
West Hants-Uniacke	403	*29.2	29.7
NS	-	23.1	-
Canada	-	20.5	21.1

* Significant difference between particular CHB and CDHA.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

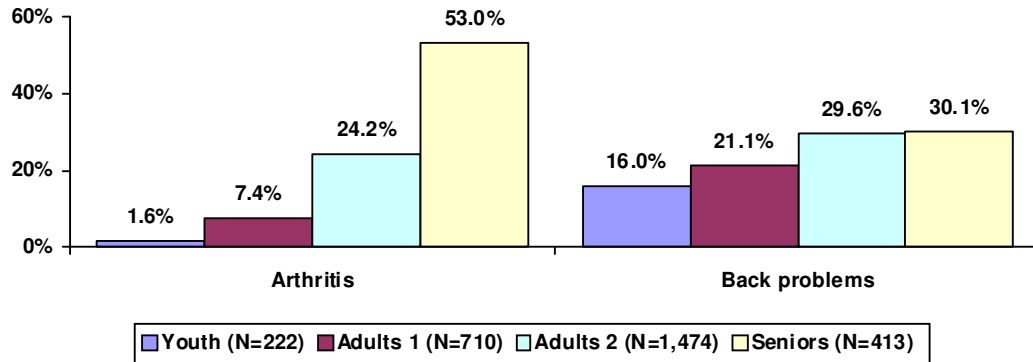
While no differences were found in the prevalence of back problems by gender, females (28%) were more likely than males (17%) to report having arthritis.



The prevalence of muscle/joint conditions differed by age. More specifically:

- Arthritis 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 (7%) and youth (2%); and
- Similarly, seniors (30%) and adults 2 (30%) were more likely to have back problems as compared to adults 1 (21%) and youth (16%).

Figure 68: Prevalence of Muscle/Joint Conditions by Age Category





12.3 CARDIOVASCULAR CONDITIONS

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

Nineteen percent of respondents reported having high blood pressure, similar to provincial and national prevalence rates (19% and 21%, respectively).

Of those who do not currently have high blood pressure (N=2,271), 8% have been diagnosed with high blood pressure in the past, meaning a total of 27% of respondents currently have or have ever had high blood pressure.

Five percent of respondents reported having heart disease (generally similar to 6% provincially and 7% nationally), while 1% of respondents suffered from the effects of a stroke (similar to 2% nationally).

At the CHB level, the prevalence of cardiovascular conditions was similar to district prevalence rates.

Table 39: Percentage of Respondents with Various Cardiovascular Conditions Δ

	N	High blood pressure	Heart disease	Stroke
		%	%	%
CDHA	2,819	19.4	5.0	0.8
Halifax	401	18.1	5.2	0.9
Dartmouth	400	23.1	5.8	1.0
Cobequid	406	16.4	3.2	0.9
Chebucto West	404	18.5	5.3	0.5
Eastern Shore Musquodoboit	402	24.8	6.8	1.4
Southeastern	403	20.0	4.7	0.2
West Hants-Uniacke	403	21.2	6.0	1.9
NS	-	19.0	6.1	-
Canada	-	20.5	6.5	1.5

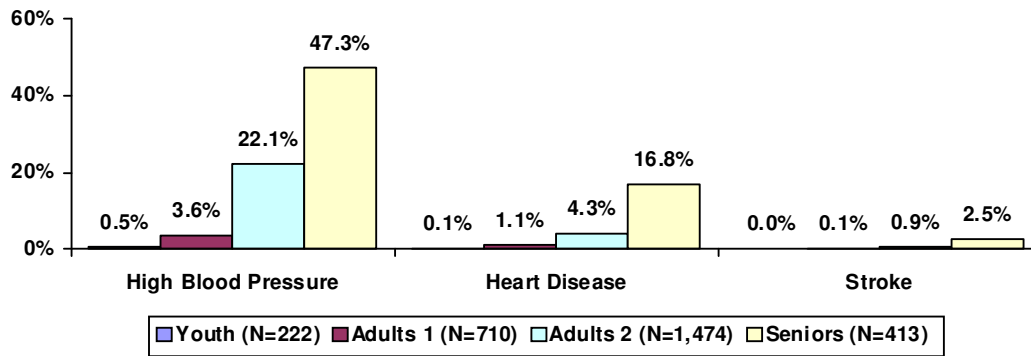
Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



The likelihood of having specific cardiovascular conditions did not differ by gender but tended to increase with age:

- High blood pressure was most prevalent in seniors (47%), followed by adults 2 (22%). Indeed, respondents from these age categories were more likely to have the condition as compared to adults 1 (4%) and youth (1%);
- Seniors (17%) were more likely than adults 2 (4%), adults 1 (1%) and youth (<1%) to report having heart disease; and
- Seniors (3%) were more likely than adults 2 (1%), adults 1 (<1%) and youth (0%) to suffer from the effects of a stroke.

Figure 69: Prevalence of Cardiovascular Conditions by Age Category





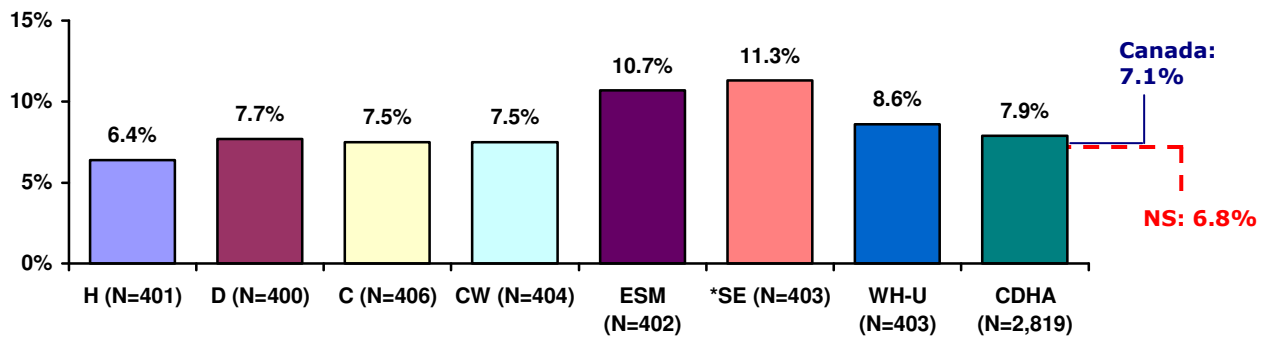
12.4 DIABETES

Do you have diabetes?

Eight percent of respondents reported having diabetes, similar to provincial and national prevalence rates (7% each). Prevalence of diabetes increased with age, with seniors (22%) most likely to report having diabetes, followed by adults 2 (8%), adults 1 (3%), and youth (0%). The prevalence of diabetes did not differ by gender.

The prevalence of diabetes was higher in the Southeastern CHB (11%) compared to the district as a whole. All other CHBs had prevalence rates similar to the district result.

Figure 70: Percentage of Respondents with Diabetes Δ



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

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=224) were asked several questions about their history with the condition. The average age of diagnosis was 49 years. Of respondents who reported having diabetes, nine were pregnant at the time of diagnosis. Approximately two-thirds (68%) reported taking pills within the past month to control their blood sugar, and 29% currently take insulin for their diabetes. Respondents who currently take insulin (N=63) most often reported having the condition for less than one month (41%) or one year or more (59%) before starting on insulin.



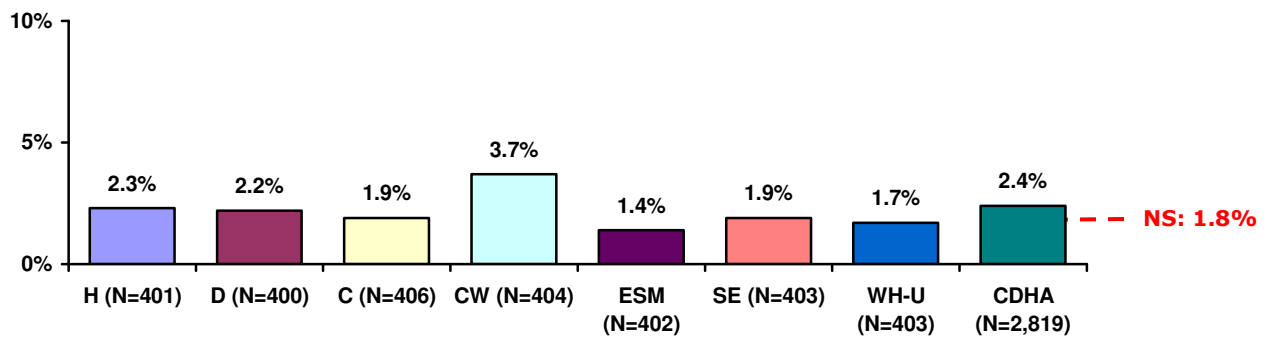
12.5 CANCER

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

Similar to the province as a whole, 2% of respondents currently have cancer⁶⁰. The prevalence of cancer did not differ by gender, however seniors (7%) were more likely than adults 2 (2%), adults 1 (1%) and youth (0%) to currently have cancer. Cancer rates across the CHBs were generally similar to the district result.

Of those who do not have cancer (N=2,752), 6% have ever been diagnosed with cancer, leading to a total of 8% of respondents who currently have or have ever had some form of cancer.

Figure 71: Percentage of Respondents with Cancer Δ



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

⁶⁰ National data on cancer prevalence was unavailable.



12.6 GASTROINTESTINAL CONDITIONS

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

Three percent of respondents reported having intestinal or stomach ulcers (similar to 4% at the national level), while a higher percentage (8%) reported having a bowel disorder (higher than the national finding of 5%⁶¹). The prevalence of gastrointestinal conditions at the CHB level generally followed the district results.

Of those with a bowel disorder (N=227), 62% have Irritable Bowel Syndrome (IBS), while 10% have Crohn's Disease, 6% have Ulcerative colitis, 5% have Diverticulitis and 3% have bowel incontinence. The remaining respondents have another bowel condition (9%) or were unsure (4%).

Table 40: Percentage of Respondents with Gastrointestinal Disorders Δ

	N	Ulcers	Bowel disorders
		%	%
CDHA	2,819	2.7	8.1
Halifax	401	2.8	6.3
Dartmouth	400	2.0	9.6
Cobequid	406	2.3	8.5
Chebucto West	404	2.5	8.0
Eastern Shore Musquodoboit	402	3.2	9.3
Southeastern	403	4.0	6.3
West Hants-Uniacke	403	3.4	10.0
Canada	-	3.5	5.1

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

The prevalence of intestinal/stomach ulcers did not differ by gender, however, bowel disorders tended to be more common among females (10%) as compared to males (6%).

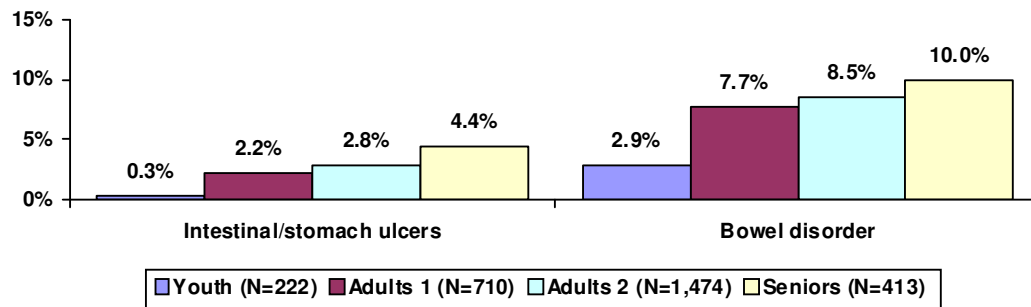
⁶¹ Provincial data on gastrointestinal disorders was unavailable.



By age, the prevalence of gastrointestinal conditions increased. More specifically:

- Seniors (4%), adults 2 (3%), and adults 1 (2%) were more likely to have intestinal/stomach ulcers when compared to youth (<1%); and
- Similarly, seniors (10%), adults 2 (9%), and adults 1 (8%) were more likely to have a bowel disorder when compared to youth (3%).

Figure 72: Prevalence of Gastrointestinal Conditions by Age Category



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 chronic conditions among respondents were migraine headaches (16%) and mood disorders (10%). Results were generally similar at the CHB level.

Table 41: Percentage of Respondents with Other Chronic Conditions Δ

	N	Migraine headaches	Mood disorders	Urinary incontinence	Alzheimer's disease/ Dementia ^o
		%	%	%	%
CDHA	2,819	16.0	9.7	3.9	0.2
Halifax	401	14.6	11.4	5.0	0.2
Dartmouth	400	17.9	11.5	3.2	0.3
Cobequid	406	15.1	8.7	4.6	-
Chebucto West	404	17.1	7.9	3.8	-
Eastern Shore Musquodoboit	402	14.5	9.1	3.3	0.2
Southeastern	403	17.2	9.4	2.6	0.5
West Hants-Uniacke	403	14.4	10.0	3.9	0.3
Canada	-	10.0	7.3	4.5	0.5

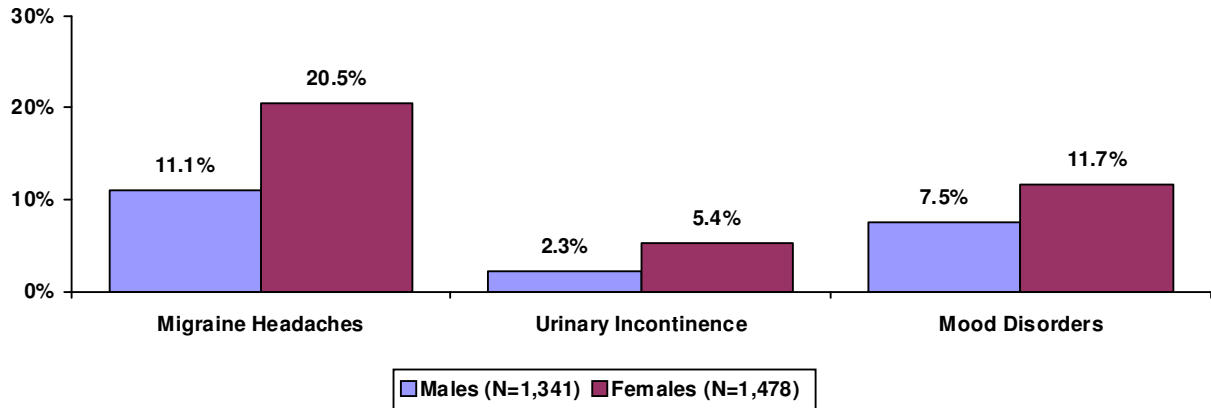
^oOnly respondents aged 18 years or older were asked about Alzheimer's Disease/Dementia (CDHA: N=2,700; Halifax: N=390; Dartmouth: N=383; Cobequid: N=390; Chebucto West: 385; Eastern Shore Musquodoboit: 378; Southeastern: N=383; West Hants-Uniacke: N=380).

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



As shown in Figure 73, females were more likely than males to report having migraine headaches (21% and 11%, respectively), urinary incontinence (5% and 2%, respectively) and mood disorders (12% and 8%, respectively).

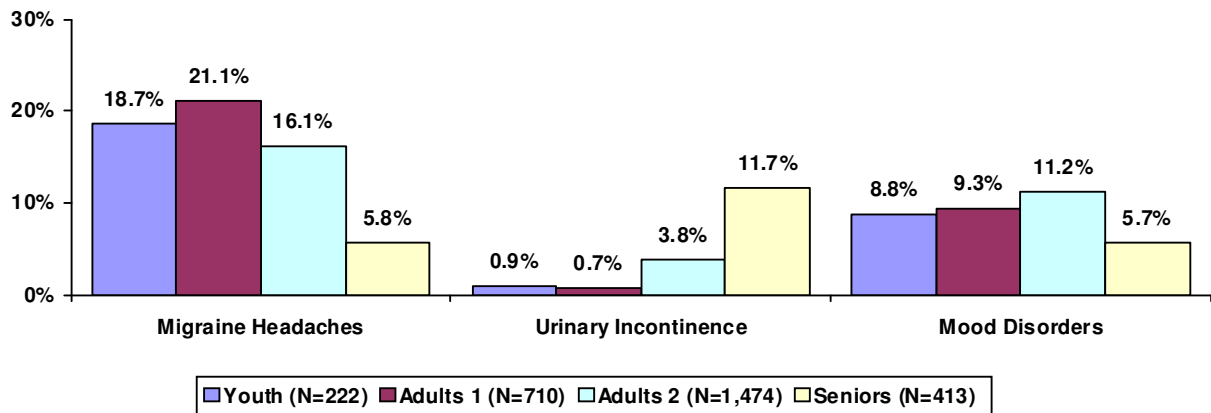
Figure 73: Prevalence of Migraine Headaches, Urinary Incontinence and Mood Disorders by Gender



Furthermore, when analyzed by age:

- Youth (19%), adults 1 (21%) and adults 2 (16%) were more likely than seniors (6%) to have migraine headaches;
- Similarly, youth (9%), adults 1 (9%) and adults 2 (11%) were more likely than seniors (6%) to have mood disorders; and
- Seniors (12%), however, were more likely than adults 2 (4%), adults 1 (1%) and youth (1%) to have urinary incontinence.

Figure 74: Prevalence of Migraine Headaches, Urinary Incontinence and Mood Disorders by Age Category





13.0 Oral Health⁶²

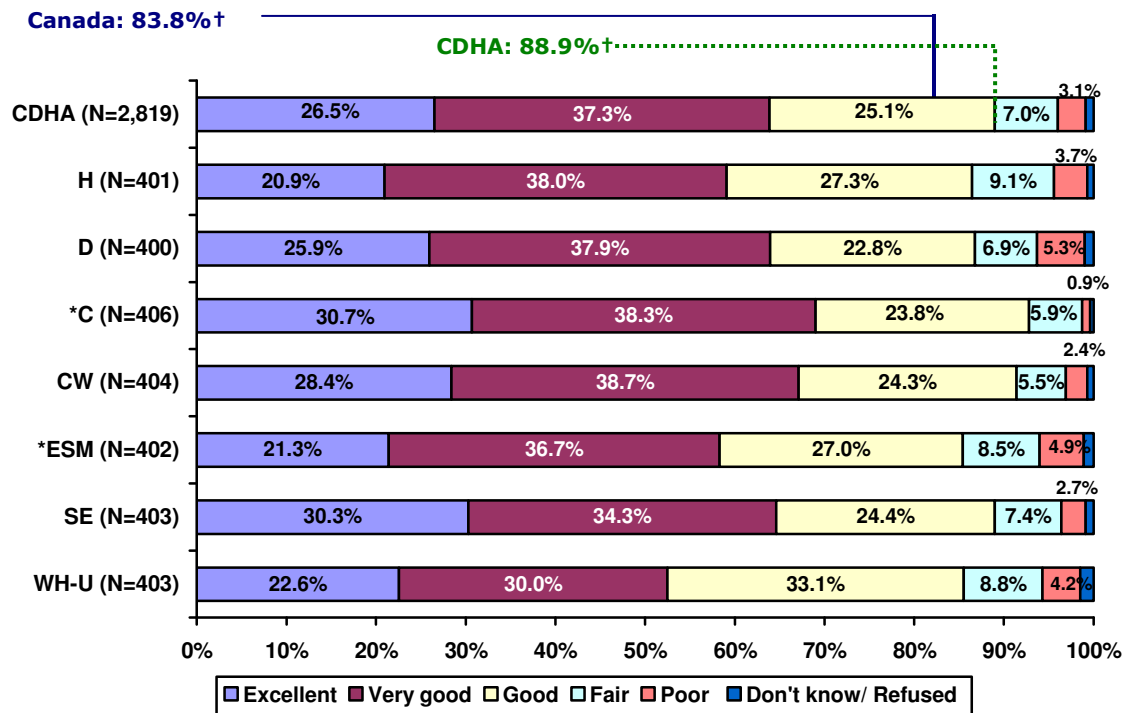
This section of the report documents the oral health of survey respondents. Oral health refers to the health of the teeth and mouth.

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

25% reported their oral health as being *good*, 37% as *very good*, and 27% as *excellent*, while one in ten respondents rated their oral health negatively (7% *fair*; 3% *poor*). The percentage of respondents in CDHA who reported their oral health to be *good* to *excellent* was similar to the national level (89% and 84%, respectively)⁶³.

Compared to CDHA as a whole, the percentage of those reporting *good* to *excellent* oral health was higher among those in Eastern Shore Musquodoboit (85%) and lower in Cobequid (93%).

Figure 75: Self-Reported Oral Health Δ



* Significant difference between particular CHB and CDHA.
 † Percentages combine *good*, *very good*, and *excellent*.
 Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

⁶² Throughout this report, differences between segments are only noted if they are statistically significant.
⁶³ Provincial data on oral health ratings was unavailable.



Self-perceptions of oral health tended to differ when analyzed by age and gender. More specifically, males (13%) were more likely than females (8%) to report their oral health as *fair* or *poor*. Furthermore, seniors (13%), adults 2 (11%) and adults 1 (10%) were more likely than youth (4%) to report their oral health as being *fair* or *poor*.

Table 42: Self Reported Oral Health by Age Category

	Youth	Adults 1	Adults 2	Seniors
	% (N=222)	% (N=710)	% (N=1,474)	% (N=413)
Excellent	26.4	27.3	28.3	18.4
Very Good	46.8	38.9	36.4	32.8
Good	23.4	24.0	24.3	31.1
Fair	2.8	7.3	7.2	8.5
Poor	0.7	2.5	3.3	4.8
Don't know/Refused	-	-	0.4	4.6

When analyzed by household income category, respondents with an annual household income of less than \$20,000 (30%) were most likely to report their oral health as *fair* or *poor* when compared to respondents with household incomes of \$20,000 or more (\$20,000 to less than \$40,000: 20%; \$40,000 to less than \$60,000: 11%; \$60,000 to less than \$80,000: 11%; \$80,000 or more: 5%).

Table 43: Self Reported Oral Health by Household Income Category

	< \$20K	\$20K to < \$40K	\$40K to < \$60K	\$60K to < \$80K	\$80K+
	% (N=88)	% (N=277)	% (N=283)	% (N=312)	% (N=920)
Excellent	13.6	16.2	25.4	19.9	34.1
Very Good	26.1	28.5	37.5	43.3	40.1
Good	28.4	33.9	25.1	25.6	20.4
Fair	13.6	9.0	7.8	8.0	4.7
Poor	15.9	10.8	3.5	2.9	0.4
Don't know/Refused	2.2	1.4	0.7	0.3	0.2

Furthermore, those without a regular medical doctor (16%) were more likely to provide *fair* to *poor* oral health ratings compared to those with a regular medical doctor (10%), and those without insurance were more likely to provide negative ratings compared to their counterparts with insurance:

- Prescription insurance: 25% and 8%, respectively;
- Eyeglasses/contact lenses insurance: 20% and 8%, respectively; and
- Dental insurance: 20% and 7%, respectively).

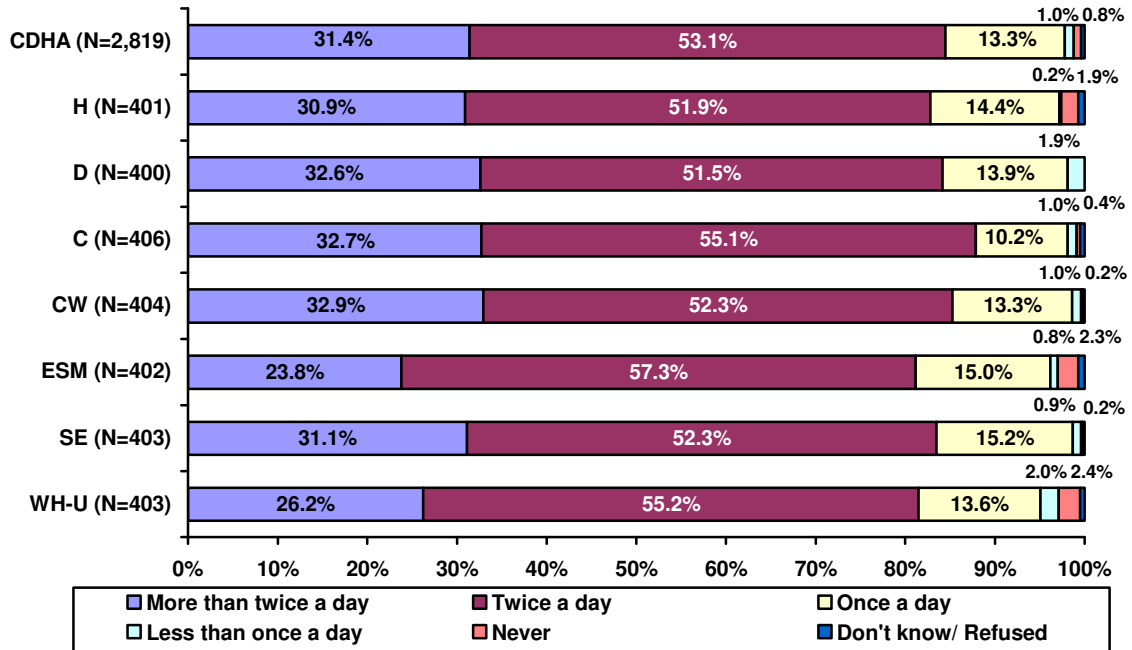
No differences were found when analyzed by employment status.



How often do you brush your teeth?

As shown in Figure 76, the majority of respondents reported brushing their teeth twice a day (53%) or more than twice a day (31%). This general result was similar at the CHB level.

Figure 76: Frequency of Teeth Brushing Δ



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

Frequency of teeth brushing did not differ by gender, however, youth (86%), adults 1 (89%), and adults 2 (84%) were more likely than seniors (78%) to brush their teeth at least twice a day.

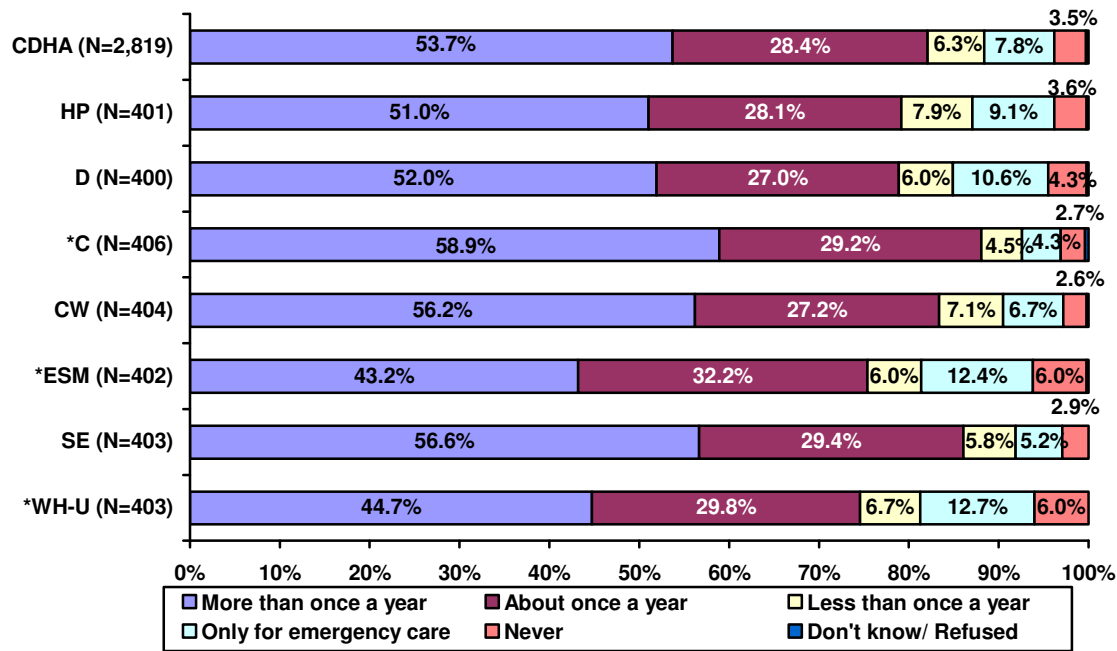


Do you usually visit the dentist more than once a year for check-ups, about once a year for check-ups, less than once a year for check-ups, or only for emergency care?

Eighty-two percent of respondents usually visit the dentist at least once a year for check-ups, with 54% doing so more than once a year. In contrast, about one in ten respondents never visit the dentist (4%) or do so only for emergency care (8%).

Compared to CDHA as a whole, respondents from Eastern Shore Musquodoboit and West Hants-Uniacke were less likely to visit the dentist at least once a year (75% each), while respondents from Cobequid were more likely (88%).

Figure 77: Frequency of Dental Visits Δ



* Significant difference between particular CHB and CDHA.
Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

Females were more likely than males to visit the dentist at least once a year for check-ups (84% and 80%, respectively). Furthermore, youth (97%) were most likely to visit the dentist at least once a year for check-ups, followed by adults (adults 2: 85% and adults 1: 80%) and seniors (68%).

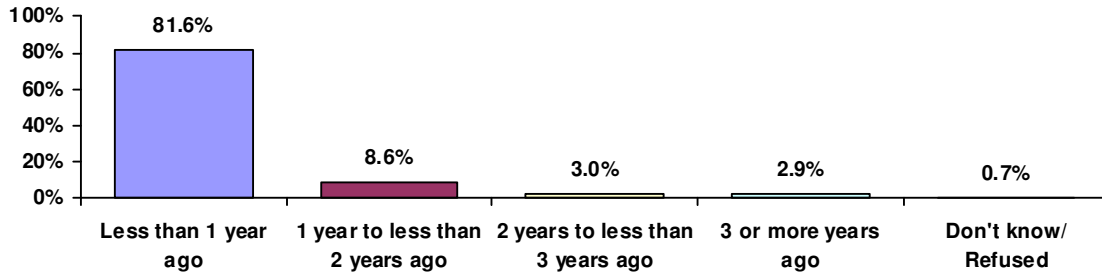
Furthermore, frequency of dental visits was related to household income, whereby visits increased as income increased. More specifically, respondents with an annual household income of \$80,000 or more (92%) were most likely to visit the dentist at least once a year for check-ups, followed by respondents with an annual household income of \$40,000 to less than \$80,000 (\$60,000 to less than \$80,000: 85%; \$40,000 to less than \$60,000: 82%) and respondents with an annual household income of less than \$40,000 (\$20,000 to less than \$40,000: 59%; less than \$20,000: 47%).



When was the last time you went to the dentist?

Of respondents who visit the dentist (N=2,720), 82% reported their last visit to be less than one year ago. Three percent have not visited the dentist within the past three years.

Figure 78: Last Dental Visit –Of respondents who visit the dentist- (N=2,720)



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

Respondents who never visit the dentist or have not visited within the past three years (N=267) were asked to identify the reasons why. Most commonly, these respondents wear dentures (39%), had cost issues (26%), or did not think it was necessary (20%).

Table 44: Reasons for Not Visiting the Dentist* –Of respondents who have never visited the dentist or have not visited in the past 3 years-

	CDHA % (N=267)
Wear dentures	38.5
Cost	25.7
I did not think it was necessary	19.8
Have not gotten around to it	11.8
Fear	7.3
Didn't like the dentist/have to find a new dentist	3.4
Other	8.6
Don't know/Refused	0.9

*Multiple responses allowed.

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

Respondents who visited the dentist within the past two years (N=2,452) were asked if they have had any teeth removed within the past 12 months. At the district level, 8% of these respondents have had at least one tooth removed.



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 Table 45, the most common oral health problem among respondents in the past month was tooth sensitivity to hot or cold food or drinks (33%). Compared to the district findings, the prevalence of almost all oral health problems was similar at the CHB level, with the exception of toothaches, which were higher among respondents from Halifax (13%).

Table 45: Percentage of Respondents Experiencing Various Oral Health Problems in the Past Month Δ

	N	Tooth sensitivity	Bad breath	Dry mouth	Bleeding gums	Pain in/around jaw joints	Toothache	Other pain in mouth/face
		%	%	%	%	%	%	%
CDHA	2,819	32.6	16.6	14.7	11.1	11.0	9.1	9.8
Halifax	401	35.9	13.2	14.2	12.4	11.3	*12.6	10.5
Dartmouth	400	31.6	17.8	16.7	10.7	12.3	7.3	11.0
Cobequid	406	33.9	19.6	14.6	10.2	9.1	7.8	7.4
Chebucto West	404	29.8	16.4	13.6	11.4	11.9	9.0	10.6
Eastern Shore Musquodoboit	402	27.8	17.6	15.2	11.9	10.2	9.0	12.2
Southeastern	403	34.2	15.8	15.0	10.0	10.9	8.6	9.1
West Hants- Uniacke	403	32.1	16.1	13.4	11.8	10.4	8.4	9.5

* Significant difference between particular CHB and CDHA.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.



14.0 Health Screenings - General⁶⁴

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

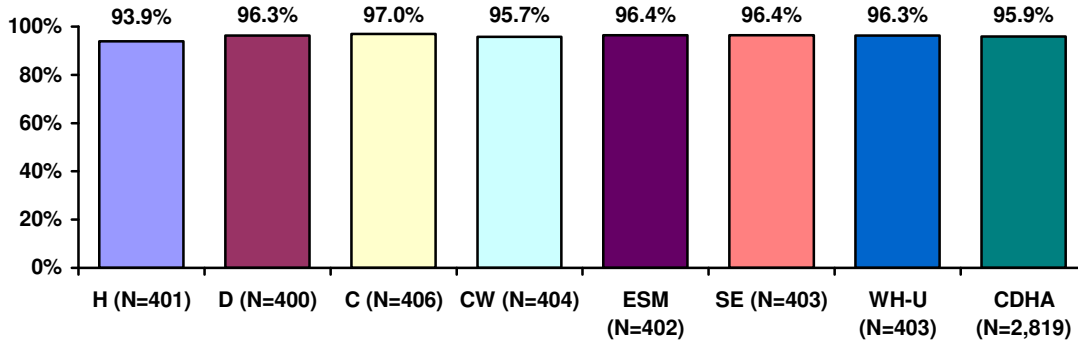
14.1 EYE EXAMINATIONS

Have you ever had an eye examination?

Ninety-six percent of respondents have had at least one eye examination in their lifetime.

Likelihood of ever having an eye examination tended to increase with age, with seniors (100%) most likely to have had an eye exam, followed by adults 2 (97%), adults 1 (93%) and youth (89%). Females (98%) were also more likely than males (94%) to have ever had this examination. At the CHB level, the rates of eye examinations were similar to the district result.

Figure 79: Percentage of Respondents Who Have Ever Had an Eye Examination ^Δ



^Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

⁶⁴ Throughout this report, differences between segments are only noted if they are statistically significant.

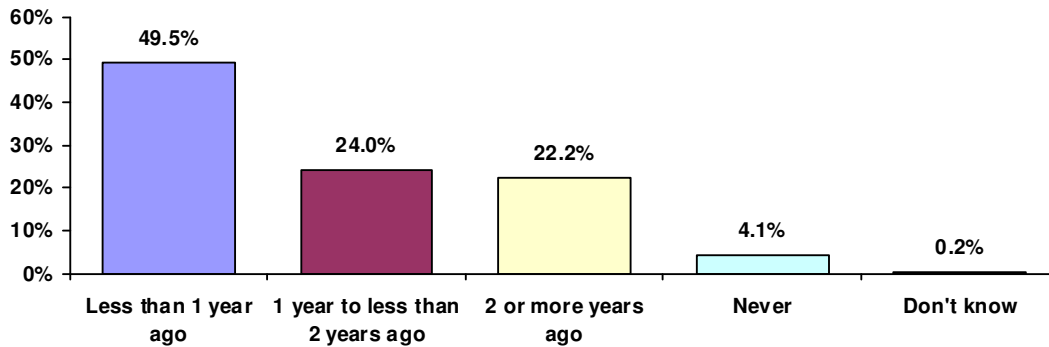


When did you last have an eye examination?

In terms of frequency of these examinations, 4% have never had an eye examination, 22% had their last eye exam 2 or more years ago, and one-half (50%) had an exam within the past year.

Past year eye examinations tended to be more common among females (54%) as compared to males (45%). When analyzed by age, seniors (66%) were more likely than adults (adults 1: 44%; adults 2: 49%) and youth (42%) to have had an eye exam within the past year.

Figure 80: Last Eye Examination (N=2,819)



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

Respondents who have never had an eye examination or have not had one within the past two years (N=741) were asked to identify reasons for this. Most commonly, these respondents did not think it was necessary (61%) or have not gotten around to it (25%).

Table 46: 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-

	CDHA % (N=741)
I did not think it was necessary	61.1
Have not gotten around to it	25.4
Cost	7.7
My doctor did not think it was necessary	4.8
Visit within medical insurance deadlines	1.9
Lack of medical insurance	0.7
Did not know where to go/uninformed	0.5
Personal or family responsibilities	0.4
Other	4.4
Don't know/Refused	3.0

*Multiple responses allowed.



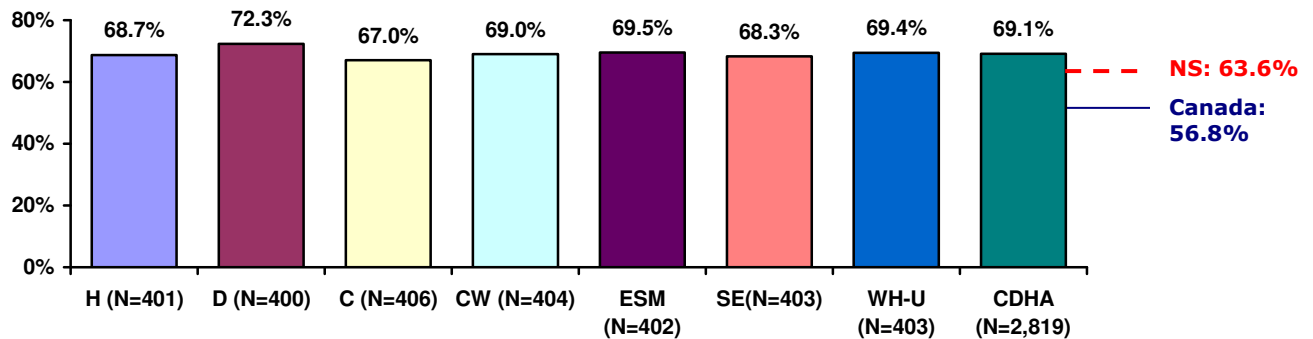
14.2 FLU SHOTS

Have you ever had a flu shot?

Just over two-thirds of respondents (69%) have ever had a flu shot, higher than the provincial (64%) and national (57%) results.

Seniors (89%) were more likely than adults 2 (66%), adults 1 (64%), and youth (69%) to have ever had this shot. Furthermore, females (73%) were more likely than males (65%) to have ever had a flu shot. Findings did not differ at the CHB level.

Figure 81: Percentage of Respondents Who Have Ever Had a Flu Shot Δ



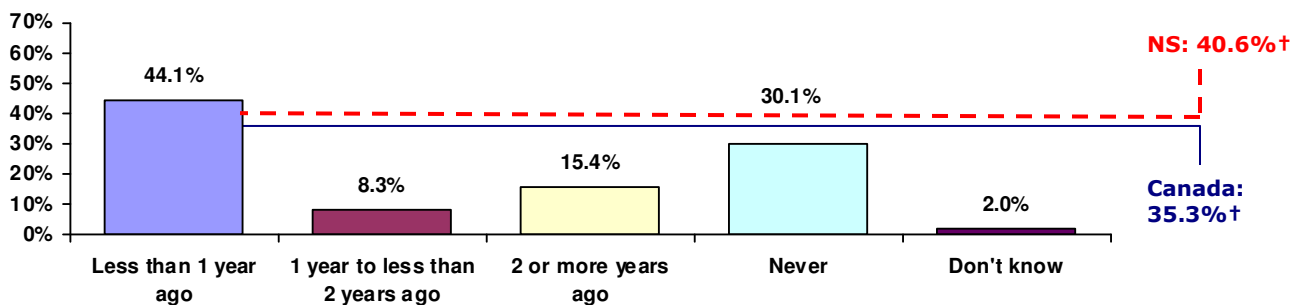
Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

When did you have your last flu shot?

In terms of frequency of the flu shot, 44% of all CDHA respondents had this shot within the past year.

Past year flu shots tended to be more common among females (49%) as compared to males (38%). Furthermore, seniors (80%) were most likely to have had a flu shot within the past year compared to adults (adults 2: 43%; adults 1: 30%) and youth (31%).

Figure 82: Last Flu Shot (N=2,819)



† Percentage is for less than one year ago.



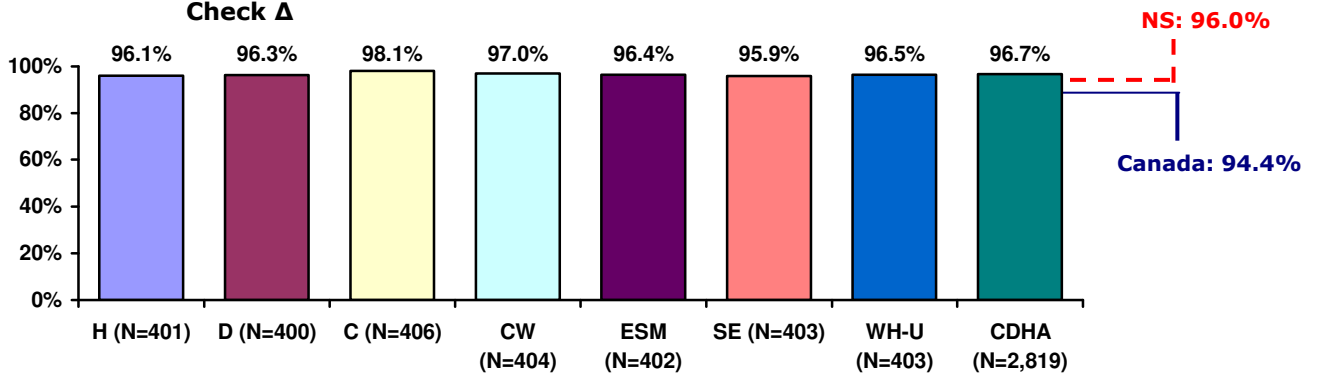
14.3 BLOOD PRESSURE CHECK

Have you ever had your blood pressure taken?

Ninety-seven percent of respondents have had at least one blood pressure check in their lifetime, similar to the provincial (96%) and national (94%) result.

The likelihood of ever having a blood pressure check was higher among seniors (100%), adults 2 (99%), and adults 1 (95%) as compared to youth (81%). Likelihood of ever having a blood pressure check generally did not differ by gender or CHB.

Figure 83: Percentage of Respondents Who Have Ever Had a Blood Pressure Check Δ



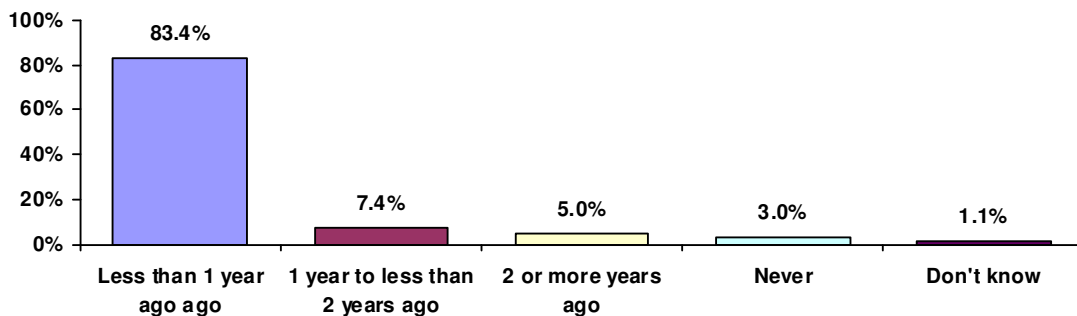
Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

When was the last time?

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

When analyzed by age, seniors (87%) and adults 2 (70%) were more likely than youth (46%) and adults 1 (53%) to have had this check within the past year. No differences were found between males and females.

Figure 84: Last Blood Pressure Check (N=2,819)





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=133) were asked to identify reasons for not having this check. Most commonly, these respondents did not think it was necessary (70%) or they have not gotten around to it (20%).

Table 47: Reasons for Not Having a Blood Pressure Check* –Of respondents who have never had a blood pressure check or have not had one in the past 2 years-

	CDHA
	% (N=133)
I did not think it was necessary	70.3
Have not gotten around to it	20.2
My doctor did not think it was necessary	9.2
Haven't seen a doctor	5.3
Other	3.9
Don't know/Refused	1.6

*Multiple responses allowed.



14.4 COLORECTAL CANCER SCREENINGS

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

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

Of respondents 35 years of age or older (N=1,887), 23% have ever had a fecal occult blood test (FOBT). A similar percentage (24%) have ever had a colonoscopy/sigmoidoscopy. The FOBT rate was higher at the national level (32%)⁶⁵.

By age, seniors were more likely than adults 2 to have had both of these tests (FOBT: 34% and 20%, respectively; colonoscopy/sigmoidoscopy: 36% and 21%, respectively). The likelihood of ever having an FOBT was higher among males (26%) as compared to females (21%), however, likelihood of a colonoscopy/sigmoidoscopy did not differ by gender.

Compared to CDHA as a whole, colonoscopy/sigmoidoscopy rates were lower in Cobequid (17%) but higher in Dartmouth (30%). FOBT rates at the CHB level, however, did not differ from the district rate.

Of respondents who have ever had both of these tests (N=189), 30% indicated the colonoscopy/sigmoidoscopy was a follow-up based on the result of an FOBT.

Table 48: Percentage of Respondents Who Have Ever Had a Fecal Occult Blood Test or Colonoscopy/Sigmoidoscopy Δ -Of respondents 35 years of age or older-

	N	FOBT	Colonoscopy/ Sigmoidoscopy
		%	%
CDHA	1,887	23.1	23.9
Halifax	232	23.5	21.5
Dartmouth	277	27.2	*29.7
Cobequid	282	20.7	*16.8
Chebucto West	272	22.2	25.8
Eastern Shore Musquodoboit	297	22.8	26.2
Southeastern	275	22.9	25.8
West Hants-Uniacke	294	21.7	25.8
Canada	-	31.8	28.4

* Significant difference between particular CHB and CDHA.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

⁶⁵ Provincial data on colorectal cancer screening was unavailable.

*When was the last time?*

In terms of frequency, the percentage of respondents aged 35 years or older who had these tests within the past year was low (FOBT: 7%; colonoscopy/sigmoidoscopy: 5%).

Past year FOBT screening was higher among males (8%) than among females (5%). Past year colonoscopy/sigmoidoscopy screening did not differ by gender.

Furthermore, seniors (FOBT: 10%; colonoscopy/sigmoidoscopy: 8%) were more likely than adults 2 (FOBT: 6%; colonoscopy/sigmoidoscopy: 4%) to have had both of these screenings within the past year.

Table 49: Last FOBT or Colonoscopy/Sigmoidoscopy –Of respondents 35 years of age or older-

	CDHA (N=1,887)	
	FOBT %	Colonoscopy/Sigmoidoscopy %
Less than 1 year ago	6.5	5.1
1 year to less than 2 years ago	4.2	3.4
2 years to less than 3 years ago	2.7	3.4
3 years to less than 5 years ago	2.3	4.3
5 years to less than 10 years ago	3.0	4.0
10 or more years ago	3.9	3.4
Never	75.1	75.7
Don't know/Refused	2.4	0.7

Why did you have it?

Of respondents who have ever had an FOBT (N=436), 46% had this test as part of a regular check-up/routine screening and 36% had it to follow-up on a previously detected problem.

Of respondents who have ever had a colonoscopy/sigmoidoscopy (N=451), 51% had this test to follow-up on a previously detected problem, while 28% had it as part of a regular check-up/routine screening.

Table 50: Reason for Last FOBT or Colonoscopy/Sigmoidoscopy* –Of respondents aged 35 years or older who have ever had one of these tests-

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

*Multiple responses allowed.



15.0 Health Screenings - Female⁶⁶

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.

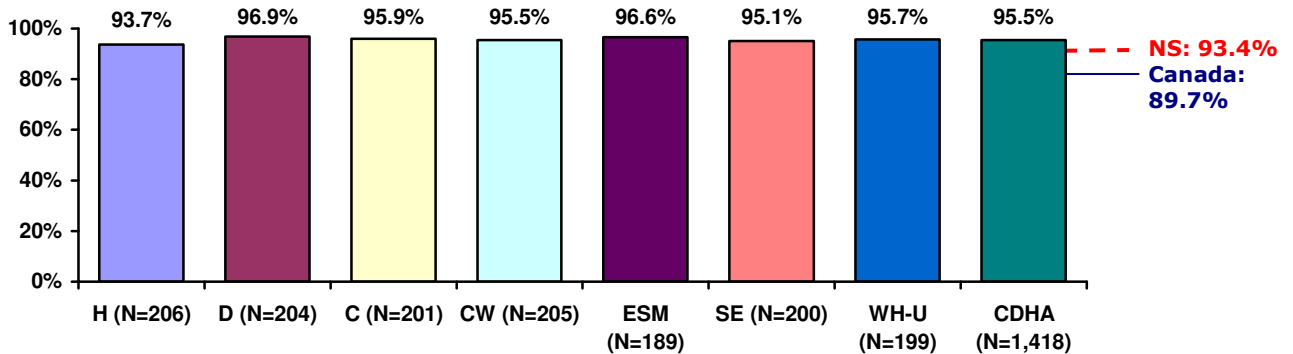
15.1 PAP SMEAR TEST

Have you ever had a Pap smear test?

Of female respondents aged 18 years or older (N=1,418), 96% have ever had a pap smear test, a result that did not differ at the CHB level or provincial level (93%), but was higher than the national result (90%).

The likelihood of ever having a pap smear was higher among older respondents. More specifically, seniors (96%), adults 2 (99%), and adults 1 (94%) were more likely than youth (53%) to have ever had this test.

Figure 85: Percentage of Respondents Who Have Ever Had a Pap Smear Test Δ -Of female respondents aged 18 years or older-



Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

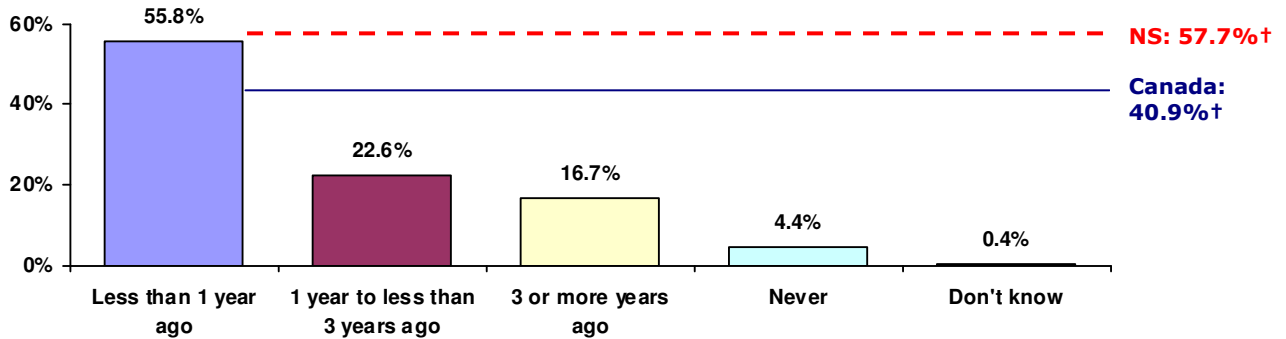
⁶⁶ Throughout this report, differences between segments are only noted if they are statistically significant.



When was the last time?

In terms of frequency of the pap smear, 56% of all female respondents aged 18 years or older had the test within the past year, similar to the provincial (58%) and national (41%) result. When analyzed by age, youth (42%) and adults 1 (36%) were more likely than adults 2 (25%) and seniors (7%) to have had the test within the last year.

Figure 86: Last Pap Smear Test –Of female respondents aged 18 years or older- (N=1,418)



† Percentage is for less than one year ago.

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 or have not had one within the past three years (N=300) reported that they did not think it was necessary (28%), they have had a hysterectomy (25%), their doctor did not think it was necessary (25%), or they have not gotten around to it (21%).

Table 51: 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-

	CDHA % (N=300)
I did not think it was necessary	27.6
Have had a hysterectomy	24.5
My doctor did not think it was necessary	24.5
Have not gotten around to it	21.1
Did not know where to go/uninformed	2.3
Hate/dislike having one done	1.9
Fear	1.8
Need to find a new doctor	1.5
Other	2.9
Don't know/Refused	4.1

*Multiple responses allowed.

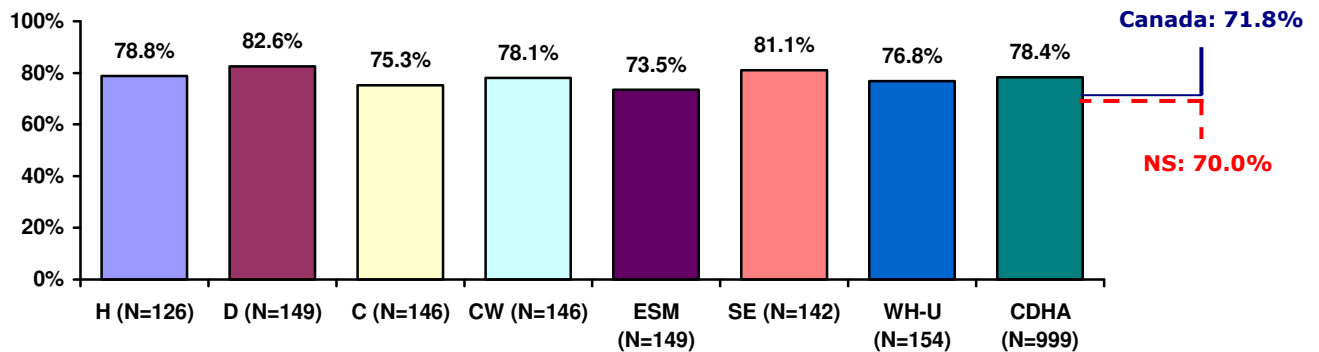


15.2 MAMMOGRAPHY

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

Of female respondents aged 35 years or older (N=999), just over three-quarters (78%) have ever had a mammogram, with seniors (92%) more likely than adults 2 (74%) to have ever had one. CHB results were similar to the provincial (70%), national (72%) and overall district result.

Figure 87: Percentage of Respondents Who Have Ever Had a Mammogram Δ –Of female respondents aged 35 years or older-

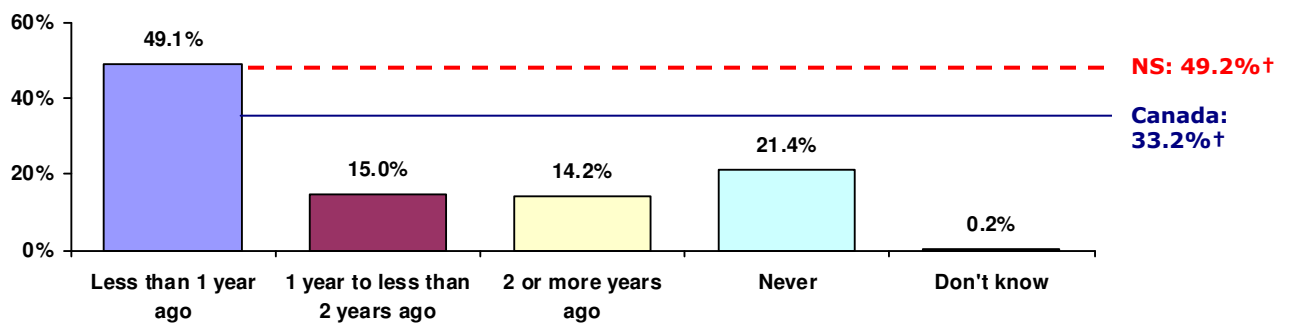


Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

When was the last time?

In terms of frequency, 49% of all female respondents aged 35 years or older reported having a mammogram within the past year (consistent with the provincial result: 49%, but higher than the national result: 33%). By age, adults 2 (26%) were more likely than seniors (16%) to have had the exam in the past year.

Figure 88: Last Mammogram –Of female respondents aged 35 years or older- (N=999)



† Percentage is for less than one year ago.



Why did you have it?

Of those respondents who have ever had a mammogram (N=784), 63% had it as part of their regular checkup or routine, while 23% had it as a result of their age.

Table 52: Reasons for Having a Mammogram* –Of female respondents aged 35 years or older who have had a mammogram-

	CDHA
	% (N=784)
Part of regular check-up/routine screening	63.3
Age	22.7
Family history of breast cancer	13.9
Previously detected lump	7.2
Breast problem (non-specific)	3.6
Follow-up of breast cancer treatment	3.0
Other	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=108) were asked to identify reasons for not having one. Most commonly, these respondents have not gotten around to it (42%) or did not think it was necessary (39%).

Table 53: Reasons for Not Having a Mammogram* –Of female respondents between the ages of 50 and 69 who have never had a mammogram or have not had one in the past 2 years-

	CDHA
	% (N=108)
Have not gotten around to it	42.4
I did not think it was necessary	39.4
My doctor did not think it was necessary	15.1
Fear	10.9
Unable to leave the house because of a health problem	2.3
Waiting time was too long	2.3
Personal or family responsibilities	1.8
Other	8.8
Don't know/Refused	2.0

*Multiple responses allowed.



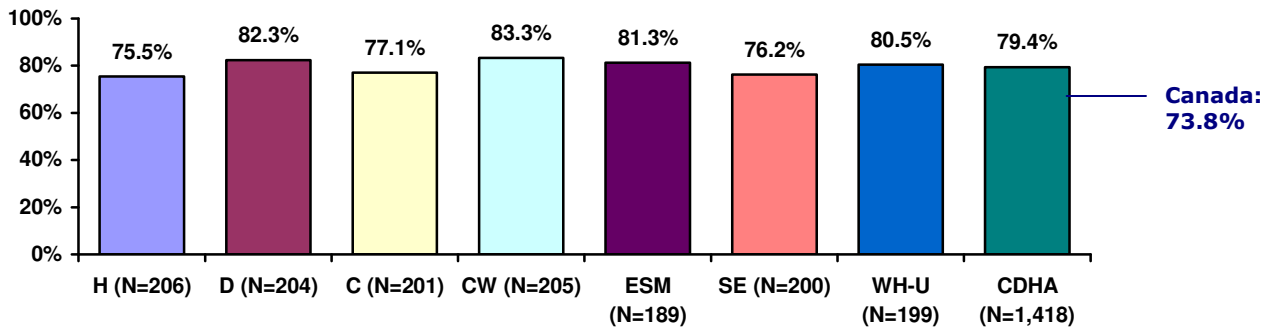
15.3 BREAST EXAMINATIONS

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=1,418), 79% have ever had a breast examination, a result that did not differ at the CHB level but was higher than the national result (74%).

The likelihood of ever having a breast examination tended to increase with age. More specifically, seniors (81%) and adults 2 (87%) were most likely to have ever had this exam, followed by adults 1 (71%) and youth (21%).

Figure 89: Percentage of Respondents Who Have Ever Had a Breast Examination
Δ -Of female respondents aged 18 years or older-

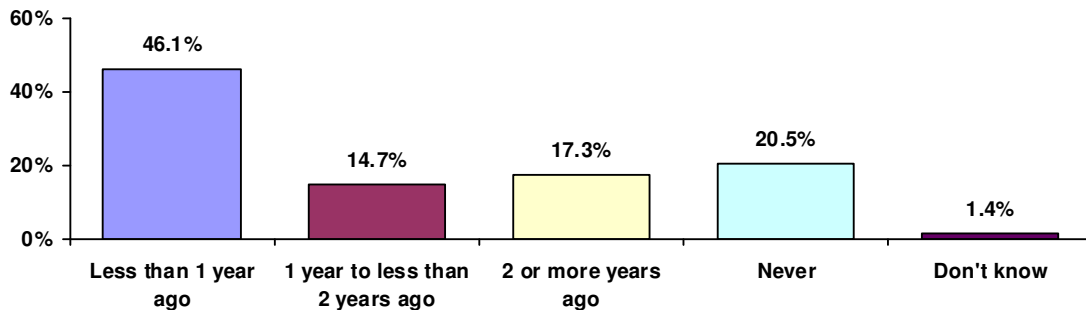


Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

When was the last time?

In terms of frequency, 46% of female respondents aged 18 years or older reported having a breast examination within the past year. Adults (adults 2: 53%; adults 1 (47%) were more likely than youth (16%) and seniors (30%) to have had this exam within the past year.

Figure 90: Last Breast Examination -Of female respondents aged 18 years or older- (N=1,418)





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 or have not had one within the past two years (N=536) reported that they did not think it was necessary (45%), they have not gotten around to it (23%), or their doctor did not think it was necessary (22%).

Table 54: 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-

	CDHA
	% (N=536)
I did not think it was necessary	45.3
Have not gotten around to it	23.0
My doctor did not think it was necessary	22.0
Does self-examinations	6.6
Never brought up or offered	2.8
Fear	2.2
Has regular mammogram	2.0
Not available at time required	1.2
Did not know where to go/uninformed	0.8
Cost	0.3
Other	5.9
Don't know/Refused	5.7

*Multiple responses allowed.

15.4 MATERNAL EXPERIENCES

Have you given birth in the past 5 years?

Of female respondents between the ages of 15 and 55 (N=1,053), 14% have given birth in the past 5 years. Because the lifestyle, nutrition, and environment of the mother can impact healthy infant development⁶⁷, these respondents (N=147) were asked about their health practices regarding infant development.

Smoking, Alcohol, and Pregnancy

Smoking or drinking alcohol during pregnancy has been shown to be detrimental to the health of developing infants, leading to various health problems including premature delivery, low birth weight, and fetal alcohol syndrome⁶⁸.

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

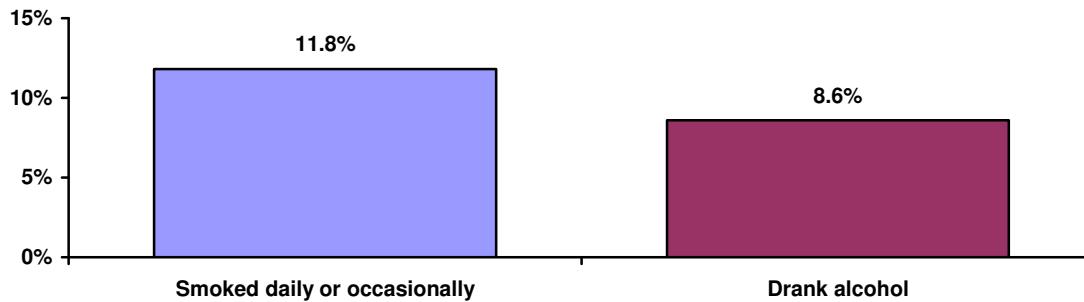
⁶⁸ Source: Nova Scotia Department of Health, Canadian Community Health Survey 3.1, Summary Report to the District Health Authorities, December 2007.



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

Approximately one in ten respondents between the ages of 15 and 55 who have given birth in the past 5 years smoked daily or occasionally during their last pregnancy (12%) or have had at least one drink of alcohol during their last pregnancy (9%). For the purposes of this study, the questions did not distinguish between respondents who smoke or drank before knowing they were pregnant and respondents who did so after becoming aware of the pregnancy.

Figure 91: Percentage of Respondents Who Smoked or Drank Alcohol During Their Last Pregnancy – Of female respondents between the ages of 15 and 55 who gave birth in the past 5 years - (N=147)



Among the CHBs⁶⁹, the number of respondents who smoked or drank alcohol was low.

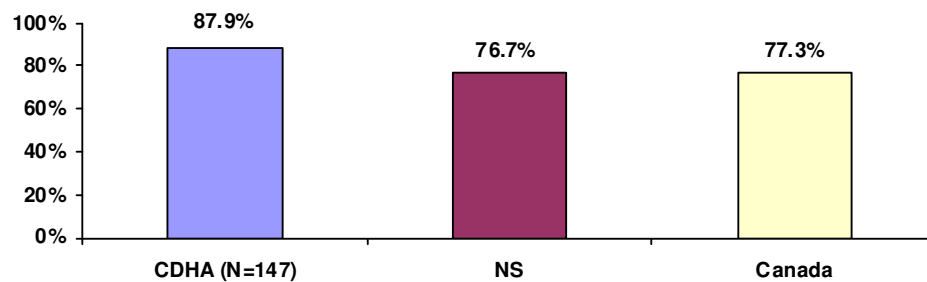
⁶⁹ Sample sizes for each CHB are less than 30; findings should be interpreted with caution.

Breastfeeding

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

Decades of research have shown breastfeeding to be beneficial to the health of infants, by reducing illness and improving cognitive development⁷⁰. Of respondents between the ages of 15 and 55 who have given birth in the past 5 years (N=147), most (88%) breastfed or tried to breastfeed their last baby. Of note, this rate was higher than breastfeeding rates at the provincial and national levels (77% each).

Figure 92: Percentage of Respondents Who Breastfed or Tried to Breastfeed Their Last Baby –Of female respondents between the ages of 15 and 55 who gave birth in the past 5 years-



Among the CHBs⁷¹, the number of respondents who breastfed or tried to breastfeed was high.

Of those who have breastfed (N=129), 17% currently breastfeed, while the remaining 83% have stopped. Of respondents who no longer breastfeed (N=107), just over one-half (53%) reported that they breastfed for at least six months, with the most common reasons for stopping including not enough breast milk (19%), the baby being ready for solid foods (18%), and difficulty with techniques (10%).

What is the main reason why you did not breastfeed?

Those respondents between the ages of 15 and 55 who have given birth in the past 5 years but did not breastfeed or try to breastfeed their last baby (N=18) reported that bottle feeding is easier (n=3), breastfeeding is unappealing/disgusting (n=2), they returned to work/school early (n=2), it was the result of a c-section (n=1), the mother's medical condition (n=1), other mentions (n=7), or they were unsure (n=1)⁷².

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

⁷¹ **Sample sizes for each CHB are less than 30; findings should be interpreted with caution.**

⁷² **Sample size is less than 30; findings should be interpreted with caution.**

16.0 Health Screenings - Male⁷³

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.

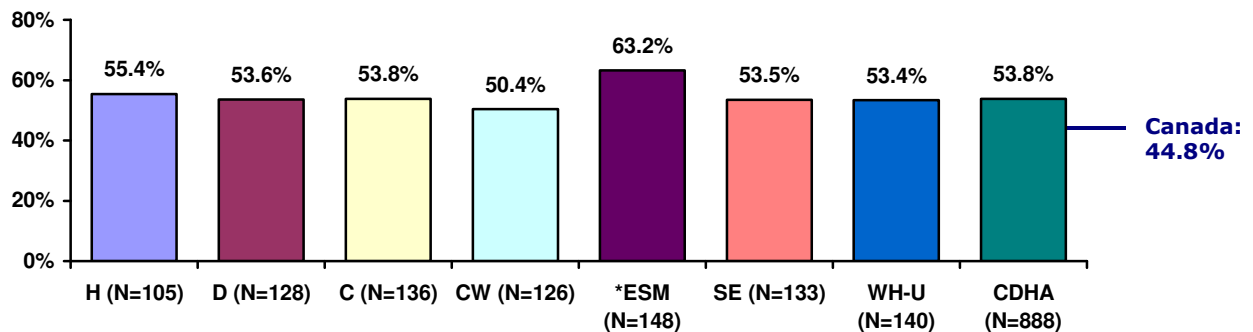
16.1 PROSTATE CANCER SCREENING

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=888), 54% have ever had a PSA blood test (higher than the national rate of 45%⁷⁴), with seniors (80%) more likely than adults 2 (47%) to have ever had one. From a CHB perspective, the likelihood of ever having a PSA blood test was generally similar to the district result, with the exception of Eastern Shore Musquodoboit (63%), where likelihood was higher.

Figure 93: Percentage of Respondents Who Have Ever Had a PSA Blood Test Δ –Of male respondents aged 35 years or older-



* Significant difference between particular CHB and CDHA.

Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

⁷³ Throughout this report, differences between segments are only noted if they are statistically significant.

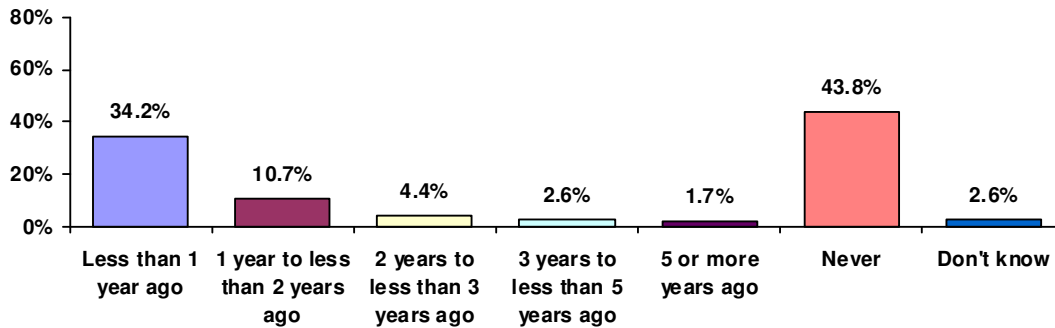
⁷⁴ Provincial data on the PSA blood test was unavailable.



When was the last time?

In terms of frequency, 34% of male respondents aged 35 years or older reported having a PSA blood test within the past year, with seniors (57%) more likely than adults 2 (29%) to report past year screening.

Figure 94: Last PSA Blood Test –Of male respondents aged 35 years or older- (N=888)



Why did you have it?

Of those respondents who have ever had a PSA blood test (N=478), the majority reported that they had the test as part of their regular check-up/ routine (73%), followed distantly by age (19%).

Table 55: Reasons for Having a PSA Blood Test* –Of male respondents aged 35 years or older who have had a PSA blood test-

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

*Multiple responses allowed.

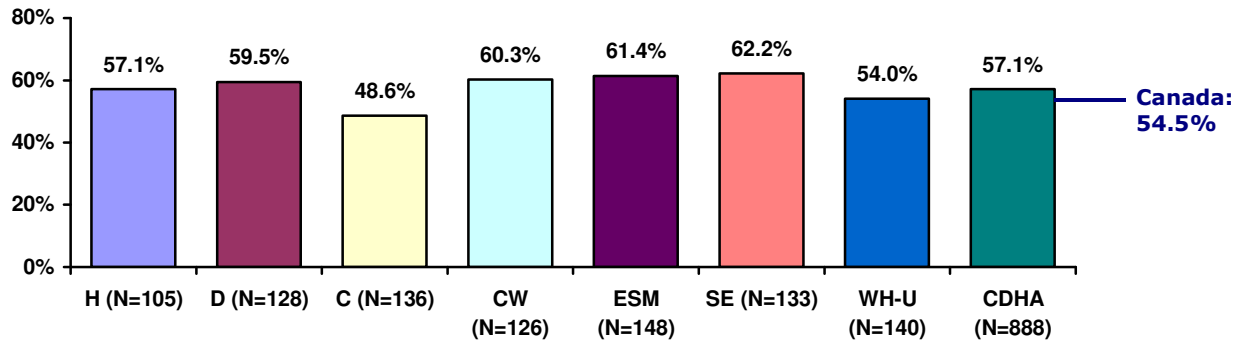


Digital Rectal Exam

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

Over one-half of male respondents aged 35 years or older (57%) reported ever having a digital rectal exam, a result that generally did not differ at the CHB level but was higher than the national (55%) result⁷⁵. By age, seniors (80%) were more likely than adults 2 (52%) to have ever had this exam.

Figure 95: Percentage of Respondents Who Have Ever Had a Digital Rectal Exam
Δ -Of male respondents aged 35 years or older-

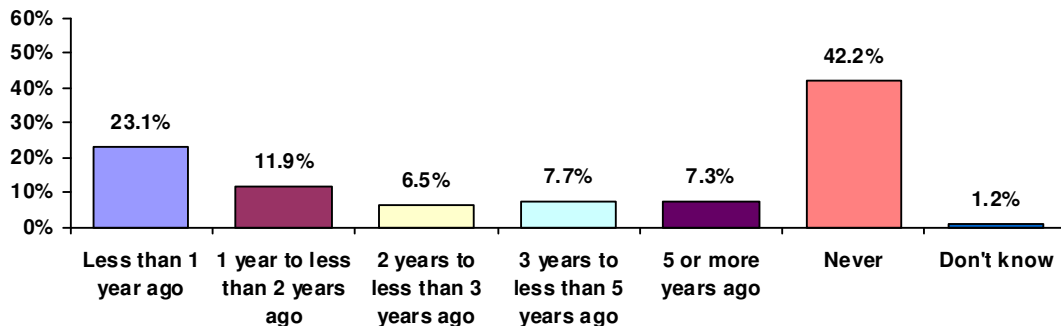


Δ Comparisons cannot be made between CHBs as statistical significance tests have not been completed. The CHB data is presented for informational value only.

When was the last time?

In terms of frequency, 23% of all male respondents aged 35 years or older reported having a digital rectal exam within the past year, with seniors (39%) more likely than adults 2 (19%) to report past year examination.

Figure 96: Last Digital Rectal Exam -Of male respondents aged 35 years or older-
(N=888)



⁷⁵ Provincial data on the digital rectal exam was unavailable.