

2010 Understanding Our Health Final Survey Report

Guysborough Antigonish Strait Health Authority



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Executive Summary

OVERVIEW

This report presents the findings of the Guysborough Antigonish Strait Health Authority (GASHA) *2010 Understanding Our Health Survey*. Five years following the completion of the *2005 Understanding Our Health Survey*, the purpose of this survey is to gather community/household health status data and further track the health status and health behaviors of individuals residing within the district.

The information from this report will be used to inform and support the development of new community health plans within the district.

METHODOLOGY

A total of 1,121 residents (aged 15 years or older) from the Guysborough Antigonish Strait Health Authority completed *the Understanding Our Health Survey* (Antigonish Town and County CHB: 375; Guysborough County CHB: 370; Strait Richmond CHB: 376). The sampling frame was generated using a pure *random digit dialing* (RDD) methodology (directory-listed and non-listed residential numbers) and included all households in GASHA with telephone service. The sampling unit was defined as a household member, 15 years of age or older, with the next birthday¹. To ensure this random sample was representative of the district population by age and gender, quotas and sample weights were developed and applied to the data. The use of a random, representative sample allows for a high level of confidence that the results of this study can be generalized to the GASHA population.

The questionnaire for the *Understanding Our Health Survey* was developed by the Guysborough Antigonish Strait Health Authority and MarketQuest Research, and is based on selected questions from the 2008 Canadian Community Health Survey (CCHS) Questionnaire that were chosen by the Guysborough Antigonish Strait Health Authority.

SUMMARY OF KEY FINDINGS

Findings which differ from CHB findings or have changed from the 2005 study are identified where applicable.

Respondent Characteristics

- The majority of respondents had insurance coverage for health expenses. However, a notable percentage of respondents did not have or were unsure if they had prescription (20%), eyeglass/contact lens (31%), dental (37%) or hospital (40%) insurance.
 - Compared to 2005, the percentage of respondents who indicated having prescription or eyeglass/contact lens insurance has increased.
 - Insurance coverage was higher for the district as compared to Guysborough County, but lower when compared to Antigonish Town and County.

¹ A method commonly used to randomly select a household member.

Health and Well-Being

- The most important contributor to day-to-day stress was commonly identified as respondents' work situation (23%), financial situation (14%) or school (8%).
- Almost three-quarters of respondents (72%) feel there are some changes they should make to improve their physical health, higher than what was found in 2005 (67%). Of these respondents (N=802), 47% face barriers in making improvements to their physical health, most notably lack of will power/self discipline (27%) and work schedule (22%).
- The most important factors identified by respondents in helping them to become physically active include affordable recreation facilities (78%), information on physical activity, health and well-being (75%), access to paths, trails and green spaces (74%), and affordable recreation programs (74%).
 - Compared to GASHA as a whole, Guysborough County respondents were less likely to identify access to paths, trails and green spaces as important, while Strait Richmond respondents were more likely to identify the use of technology as important.

Physical Activity and Body Mass Index

- The percentage of those moderately or regularly active (56%) has increased by five percentage points since 2005 (51%). Walking for exercise (81%) and gardening or yard work (73%) were the most common activities reported.
 - Physical activity was related to the prevalence of arthritis/rheumatism, back problems, high blood pressure and heart disease, whereby physically inactive respondents were more likely to have these conditions when compared to regularly active respondents.
- About two-thirds of respondents (68%) aged 18 years or older, excluding pregnant females, were classified as overweight or obese.
 - Compared to GASHA, overweight and obesity rates were higher in the Guysborough County CHB (74%).
 - Of those that were overweight or obese (N=688), 27% thought that their weight was *just about right*.
 - Body mass index was related to the prevalence of asthma, diabetes, arthritis/rheumatism, back problems, high blood pressure and heart disease, whereby obese respondents were more likely to have these conditions when compared to normal weight respondents.

Healthy Eating

- About six in ten respondents (61%) did not meet Canada's Food Guide daily requirements for fruit and vegetable servings, while 39% met or exceeded the daily requirements².
 - The percentage of those meeting consumption requirements (39%) has decreased by nine percentage points since 2005 (48%).
 - Compared to GASHA, consumption requirements were higher in Antigonish Town and County (46%), but lower in Strait Richmond (33%).
- Food security has been a concern for at least 9% of respondents over the past 12 months.

Smoking Behavior

- Eighteen percent of respondents currently smoke, lower than the smoking rate in 2005 (22%). Of current smokers (N=201):
 - The majority (64%) purchase their cigarettes from a small grocery/corner store.
 - 69% indicated a serious consideration to quit within the next six months, and 53% have stopped smoking for at least 24 hours in the past 12 months because of a desire to quit.
- The use of smoking cessation aids among current and past year smokers (N=259) was relatively low (nicotine patch: 12%; Nicorettes: 12%; medication: 12%).
- Eight in ten respondents (80%) have restrictions against smoking inside their home, a notable increase since 2005 (72%).

Alcohol Use

- The majority of respondents (76%) have had a drink of alcohol within the past 12 months, classifying them as current drinkers, while 18% of respondents were identified as former drinkers.
 - Of current drinkers (N=852), 71% were identified as regular drinkers³ and 54% indicated they consumed 5 or more alcoholic beverages on at least one occasion over the past 12 months (29% at least once a month).
 - Of those who consumed 5 or more alcoholic beverages on one occasion at least once a month over the past 12 months (N=249), a minority exhibited at least one symptom of alcohol dependence, the

² The CCHS questions for this survey were based on previous Canada Food Guide recommendations of 5 to 10 servings per day, as this is still an acceptable guideline to assess fruit and vegetable consumption in the population. **However, in reading the results, it is important to note that the current minimum number of servings is often higher than 5, therefore the findings presented in this section should be interpreted with caution.** For example, the percentage of those meeting the daily requirements may be overestimated and the percentage of those who do not meet daily requirements may be underestimated.

³ Regular drinkers are defined as those respondents who have had alcoholic beverages at least once a month in the past 12 months. Source: Statistics Canada, Canadian Community Health Survey (CCHS) Cycle 2.1 Derived Variable (DV) Specifications.

most common being drinking more alcohol than usual to get the same effect (14%).

- Of former drinkers (N=199), 27% regularly consumed more than 12 drinks a week.

Illicit Drug Use

- Approximately four in ten respondents (41%) have ever used or tried marijuana, cannabis, or hashish (8% just once; 33% more than once).
 - Of these respondents (N=451), 28% have used within the past 12 months.
 - Of those who have used in the past 12 months (N=127), approximately one-half (51%) use less than once a month, while 15% use everyday.

Problem Gambling

- Over the past 12 months, 61% of respondents have bet or spent money on instant win, scratch or daily lottery tickets, while 11% have played VLTs inside a casino, 9% have played VLTs outside a casino, and 2% participated in Internet or arcade gambling. Of these respondents (N=723):
 - 74% spent \$100 or less on all gambling activities over the past 12 months.
 - 7% have used alcohol or drugs while gambling at least once over the past 12 months.
 - At least 94% felt that gambling has *never* caused them any problems over the past 12 months, including stress or anxiety, betting or spending more money than intended, or feeling as if they have a gambling problem.
 - Compared to GASHA, Strait Richmond respondents were more likely to have bet or spent more money than intended or have had feelings of a gambling problem over the past 12 months.

Health Care Services: Access and Use

- The large majority of respondents (94%) have a regular medical doctor, lower than the 2005 finding of 97%.
 - Compared to GASHA, Antigonish Town and County respondents were more likely to have a regular medical doctor.
- 12% of respondents have seen or talked to a health professional about their emotional or mental health in the past 12 months. These respondents (N=130) most often consulted a family doctor/general practitioner (45%).
- 38% of respondents required a visit to a medical specialist within the past 12 months. Of these respondents (N=422), 15% experienced difficulty getting the specialist care they needed.
 - Compared to GASHA, Guysborough County respondents were less likely to have experienced difficulty in getting specialist care.
- One-half of respondents (50%) required health information or advice for themselves or a family member within the past 12 months. These respondents (N=559) most often consulted a doctor's office (79%).

- Of respondents aged 18 years or older (N=1,049), a very small minority (1%) felt there was a time within the past 12 months that they needed home care services but did not receive them.

Chronic Conditions

- Just over three-quarters of respondents (77%) reported having at least one chronic health condition.
 - The most common conditions were muscle/joint related conditions (arthritis/rheumatism: 31%; back problems: 25%), high blood pressure (24%) and allergies other than food allergies (31%).
 - Compared to 2005, prevalence rates decreased for food allergies (6% in 2010; 9% in 2005), ulcers (2% in 2010; 4% in 2005) and cancer (1% in 2010; 3% in 2005).
 - Compared to 2005, prevalence rates increased for thyroid conditions (11% in 2010; 8% in 2005) and bowel disorders (6% in 2010; 4% in 2005).
 - The prevalence rate of arthritis/rheumatism for the district (31%) was lower than the rate for the Antigonish Town and County CHB (25%) but higher than the rate for the Strait Richmond CHB (36%).

Oral Health

- 73% of respondents usually visit the dentist at least once a year for check-ups (higher than Guysborough County: 63%; lower than Antigonish Town and County: 81%), with 45% doing so more than once a year.

Health Screenings – Female

- Of female respondents aged 18 years or older (N=555), 95% have ever had a pap smear test, and of these respondents (N=530), 48% had one in the past 12 months.
- Of female respondents aged 35 years or older (N=449), 76% have ever had a mammogram, a notable increase since 2005 (65%). Of these respondents (N=342), 50% had one in the past 12 months.
- Of female respondents aged 18 years or older (N=555), 77% have ever had a breast examination, and of these respondents (N=429), 52% 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.

Maternal Experiences

- Of female respondents between the ages of 15 and 55 who have given birth in the past 5 years (N=52), most (83%) breastfed or tried to breastfeed their last baby, an increase since 2005 (71%).

Health Screenings – Male

- Of male respondents aged 35 years or older (N=435), 62% have ever had a prostate specific antigen blood test, a notable increase since 2005 (53%). Of these respondents (N=268), 65% had one in the past 12 months.
- Of male respondents aged 35 years or older (N=435), 62% have ever had a digital rectal exam, a notable increase since 2005 (52%). Of these respondents (N=269), 40% had one in the past 12 months, while 15% had one 5 or more years ago.

1.0 Overview

In recent decades, population health has become the primary ideology for public health systems in Canada⁴. 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”⁵.

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 involvement⁶. 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.

GASHA serves approximately 44,815 residents and has three Community Health Boards (CHBs): Antigonish Town and County, Guysborough County, and Strait Richmond. Each CHB is composed of 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 closely with GASHA in district health planning.

Under the District Health Authorities Act (34), CHBs are required to develop community health plans and to assess community health needs. GASHA, working with the CHBs, is tasked with improving the health of individuals and communities by providing health education and health promotion, as well as access to effective,

⁴ Source: Nova Scotia Department of Health, Public Health Services, Who We Are, What We Do, July 2002.

⁵ Source: Nova Scotia Department of Health, Public Health Services, Who We Are, What We Do, July 2002.

⁶ Source: Nova Scotia Department of Health, Healthy People, Healthy Communities: Using the Population Approach, July 2002.

quality health-care services. In order to achieve this mandate, GASHA must use health status indicators to assess the needs of the community through initiatives such as the 2005 and 2010 *Understanding Our Health Survey*.

This report presents the findings of the Guysborough Antigonish Strait 2010 *Understanding Our Health Survey*. The purpose of this survey is to gather community and household health status data and further track the health status and health behaviors of individuals residing within the district. Specifically the objectives include:

- Providing baseline information that reflects the unique health status of each CHB area and comparing to 2005 data where possible;
- Identifying possibilities for disease, injury prevention, health promotion and health protection opportunities;
- Raising public awareness of local health/illness issues and learning about the existing expectations of the health care system;
- Guiding health related research, policy, program development and evaluation at the community and district level(s); and
- Increasing community participation in health planning.

The information collected through the 2010 *Understanding Our Health Survey* will be used to inform the development of new health plans for the CHBs. As well, comparisons will be made to the 2005 *Understanding Our Health Survey* where possible, and this data will be used to assess and determine if there have been changes in the health of the surveyed population. Furthermore, if possible, this data will relate identified changes to community initiatives that were implemented after the 2005 survey.

2.0 Methodology⁷

2.1 SAMPLE SELECTION

A random sample of 1,121 residents (aged 15 years or older) from the Guysborough Antigonish Strait Health Authority completed *the 2010 Understanding Our Health Survey*. Based on a population size of 37,662 (www.gov.ns.ca/finance/communitycounts), this sample size results in a margin of error of $\pm 2.9\%$ at the 95% confidence level or 19 times out of 20⁸.

Table 1: Sampling Design

Strata	Population Size	Sample Size	Margin of Error* (%)
Guysborough Antigonish Strait Health Authority (GASHA)	37,662	1,121	± 2.9
Antigonish Town and County (ATC)	15,525	375	± 5.0
Guysborough County (GC)	7,898	370	± 5.0
Strait Richmond (SR)	14,239	376	± 5.0

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

The sampling frame was generated using a pure *random digit dialing* (RDD) methodology (directory-listed and non-listed residential numbers) and included all households in GASHA with telephone service. The sampling unit was a household member, aged 15 years or older, with the next birthday (a method used to randomly select an individual within the household). To ensure this random sample was representative of the district population by age and gender, quotas and sample weights were developed and applied to the data.

The use of a random, representative sample allows for a high level of confidence that the results of this study can be generalized to the GASHA population.

2.2 QUESTIONNAIRE DESIGN

The questionnaire for *the 2010 Understanding Our Health Survey* is based on selected questions from the Canadian Community Health Survey (CCHS) 2008 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 Canada⁹. The purpose of the CCHS is to provide current information on health status, factors that affect health, and access to health care services¹⁰. The CCHS is organized into sections that address core content and optional content.

⁷ Throughout this report, differences between segments are only noted if they are statistically significant.

⁸ 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%.

⁹ Source: Nova Scotia Department of Health, Canadian Community Health Survey 3.1, Summary Report to the District Health Authorities, December 2007.

¹⁰ Source: Nova Scotia Department of Health, Nova Scotia's Health Care System: Use, Access and Satisfaction, February 2005.

For *Our Health: A Community Health Assessment Survey*, questions were selected from the CCHS to reflect the strategic plans of the CHBs and GASHA, and to reflect provincial strategies.

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 18th, 2010 using a Computer-Assisted Telephone Interviewing (CATI) System. Each questionnaire took approximately 27 minutes to administer.

Results are presented throughout this report for findings at the overall district level. For key findings, results are presented for each CHB within GASHA to allow for comparison with the district results. Furthermore, where possible, district results are compared to those from the *2005 Understanding Our Health Survey* as well as to the most recent national and provincial data available¹¹. 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 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*¹². **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* or *clinically significant*.

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)¹³ and North American Industry

¹¹ All national and provincial data is based on the 2007 CCHS unless otherwise indicated.

¹² 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.

¹³ For more information please visit <http://www.statcan.gc.ca/subjects-sujets/standard-norme/naics-scian/2007/list-liste-eng.htm>

Classification System (NAICS)¹⁴. 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.**

¹⁴ For more information please visit <http://www.statcan.gc.ca/subjects-sujets/standard-norme/naics-scian/2007/list-liste-eng.htm>

3.0 Demographics¹⁵

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 (57%), with an average age of 50 years.

Table 2: Demographics

	GASHA
	% (N=1,121)
Gender	
Male	48.4
Female	51.6
Age	
Youth (15-19 years)	6.4
Adult 1 (20-34 years)	14.6
Adult 2 (35-64 years)	57.0
Seniors (65+ years)	21.9

3.2 SOCIO-DEMOGRAPHIC CHARACTERISTICS

*People living in Canada come from many different cultural and racial backgrounds. Are you.....?
In what languages can you conduct a conversation?*

Almost all respondents (97%) were white, with 3% of Aboriginal descent¹⁶. All respondents were able to conduct a conversation in English (100%), while 21% were able to speak French¹⁷.

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

¹⁶ Multiple responses allowed.

¹⁷ Multiple responses allowed.

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, almost two-thirds of respondents from the district (62%) had annual household incomes of at least \$40,000 per year, with just over one-quarter (27%) having household incomes of \$80,000 per year or more.

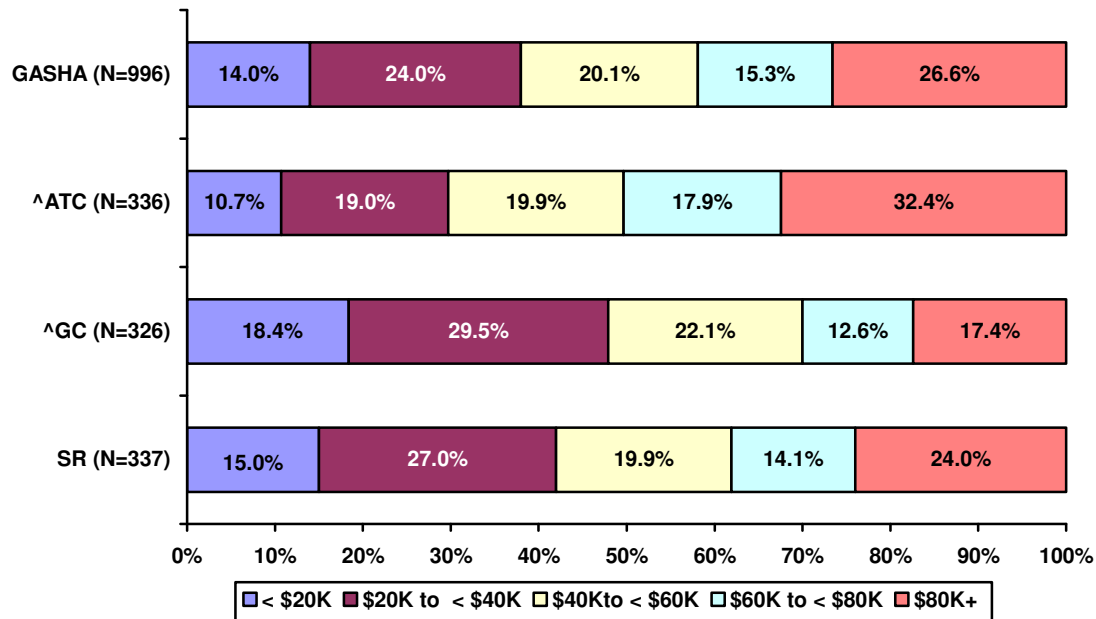
Compared to GASHA as a whole:

- Antigonish Town and County (32%) had more respondents with an annual household income of \$80,000 or more; and
- Guysborough County (17%) had fewer respondents with an annual household income of \$80,000 or more.

When comparing the CHBs to each other:

- Antigonish Town and County respondents were most likely to have annual household incomes of \$80,000 or more (32%), followed by Strait Richmond respondents (24%) and Guysborough County respondents (17%).

Figure 1: Annual Household Income^o



[^] Significant difference between particular CHB and GASHA.

^o 11% of respondents did not provide a response to this question.

Of note, 11% of respondents did not provide a response to the household income question. However, while there was a certain degree of non-response to the household income question, *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.

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? Hospital charges for a private or semi-private room?

As shown in Table 3, the majority of respondents had private, government, or employer-paid insurance coverage that covers the cost of prescription medicines (80%), eyeglasses or contact lenses (69%), dental expenses (63%), and hospital charges for a private or semi-private room (60%). However, a notable percentage of respondents did not have or were unsure if they have prescription (20%), eyeglass/contact lens (31%), dental (37%), or hospital insurance (40%).

Compared to 2005, the percentage of respondents from GASHA who indicated having prescription or eyeglass/contact lens insurance increased. Similarly, compared to the country as a whole, respondents from GASHA were more likely to have prescription insurance, eyeglass/contact lens insurance and dental insurance.

Compared to GASHA as a whole:

- Antigonish Town and County respondents were more likely to have each kind of insurance; and
- Guysborough County respondents were less likely to have each kind of insurance.

When comparing the CHBs to each other:

- Antigonish Town and County respondents were most likely to have eyeglass/contact lens insurance and dental insurance, followed by Strait Richmond respondents and Guysborough County respondents; and
- Antigonish Town and County respondents were more likely to have prescription and hospital insurance than respondents from the remaining CHBs.

Table 3: Insurance Coverage

	N	Prescription medicines	Eyeglasses/ contact lenses	Dental expenses	Hospital charges for a private or semi-private room
		%	%	%	%
GASHA	1,121	79.8	68.7	63.3	59.8
ATC	375	^84.5	^77.1	^70.9	^66.4
GC	370	^73.8	^56.6	^50.2	^52.4
SR	376	78.3	66.3	61.6	58.5
GASHA 2005	1,119	*75.0	*64.0	60.0	58.0
Canada	-	74.1	63.4	56.8	-

* Significant difference between 2005 and 2010 data.

^ Significant difference between particular CHB and GASHA.

When analyzed by household income category, the likelihood of having different forms of insurance increased as household income increased. Specifically:

- Respondents with household incomes of \$60,000 or more were most likely to have prescription insurance, followed by respondents with household incomes of \$40,000 to less than \$60,000, and incomes of less than \$40,000.
- Respondents with household incomes of \$60,000 or more were most likely to have dental insurance, followed by respondents with household incomes of \$40,000 to less than \$60,000, and incomes of less than \$40,000.
- Respondents with annual household incomes of \$60,000 or more were most likely to have eyeglass/contact lens insurance, followed by respondents from all other income categories.
- Respondents with annual household incomes of \$60,000 or more were most likely to have hospital insurance, followed by respondents from all other income categories.

Table 4: Insurance Coverage by Household Income Category

	< \$20K	\$20K to < \$40K	\$40K to < \$60K	\$60K to < \$80K	\$80K+
	% (N=140)	% (N=239)	% (N=200)	% (N=152)	% (N=265)
Prescription medicines	65.1	68.1	81.7	89.4	90.2
Eyeglasses/contact lenses	34.9	49.1	73.4	88.1	89.3
Dental expenses	31.4	38.2	66.0	81.8	89.3
Hospital charges for a private or semi-private room	25.4	41.6	66.6	75.4	81.7

4.0 Health and Well-Being¹⁸

An overview of the health and well-being of GASHA residents is provided below.

4.1 STRESS

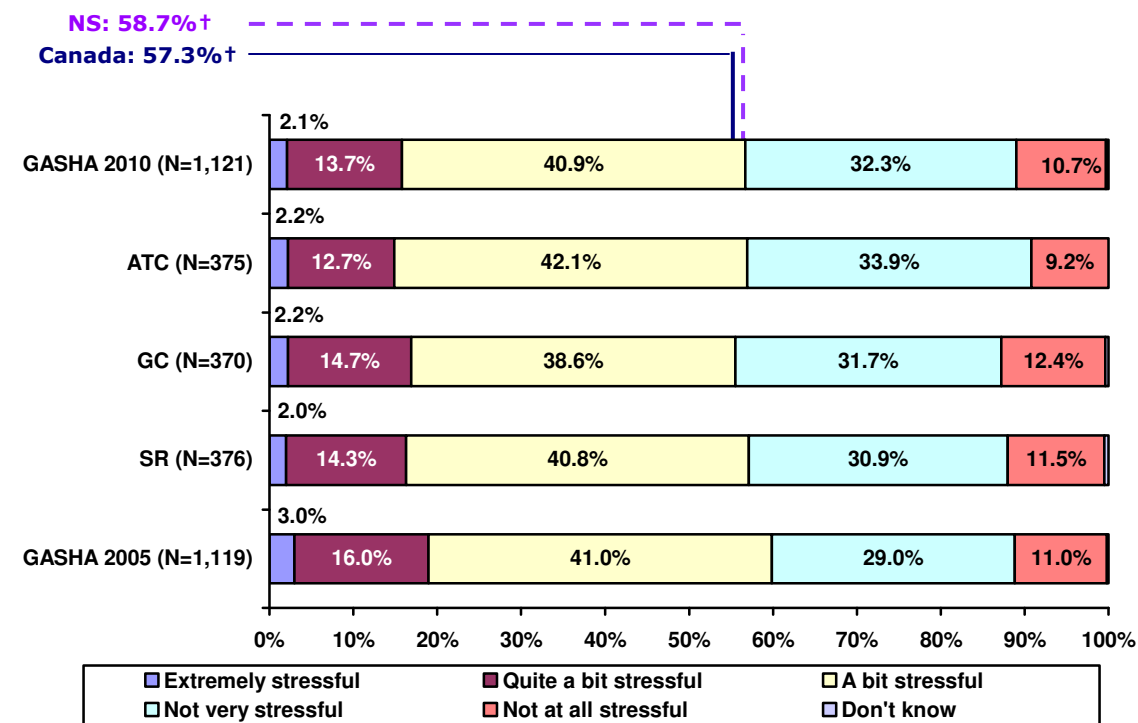
An important factor contributing to overall health and well-being is stress. The health and well-being of an individual can ultimately be affected by the amount of stress one faces. To assess the impact of stress on general health and well-being, respondents were asked several questions to determine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

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 2, the majority of respondents reported that most days are *a bit stressful* (41%), *quite a bit stressful* (14%), or *extremely stressful* (2%), similar to 2005 findings. Females (60%) were more likely than males (53%) to feel that most days are at least a bit stressful. The same holds true for adults (adults 1: 57%; adults 2: 64%) as compared to seniors (38%)¹⁹.

The percentage of those in GASHA who reported that daily life was at least a bit stressful (57%) was similar to percentages for the province (59%) and the country (57%). No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 2: Amount of Stress in Daily Life



¹⁸ Throughout this report, differences between segments are only noted if they are statistically significant.

¹⁹ 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).

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 (23%), followed by their financial situation (14%) and school (8%).

Compared to the district as a whole, Guysborough County respondents were less likely to identify time pressures as a contributor to daily stress levels.

When comparing the CHBs to each other:

- Antigonish Town and County respondents were more likely to identify school as a contributor to daily stress when compared to respondents from the other CHBs; and
- Antigonish Town and County and Strait Richmond respondents were more likely to identify time pressures as a contributor to daily stress when compared to respondents from Guysborough County.

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

	SR	GC	ATC	GASHA
	% (N=376)	% (N=370)	% (N=375)	% (N=1,121)
Own work situation	19.7	22.4	26.6	23.1
Financial situation	14.3	13.4	13.6	13.8
School	5.8	7.0	11.5	8.4
Health of family members	5.8	6.1	6.7	6.2
Own physical health problem or condition	5.2	6.5	4.4	5.2
Time pressures/not enough time	6.1	^1.0	5.8	4.9
Caring for own children	3.9	3.1	4.2	3.9
Personal relationships	3.5	4.1	2.9	3.4
No stress	4.9	5.9	-	3.1
Other personal or family responsibilities	2.3	4.1	2.1	2.6
Employment status	2.4	1.7	3.3	2.6
Other	13.1	10.8	9.7	11.1
Don't know/Refused	12.9	13.9	9.2	11.6

^ Significant difference between particular CHB and GASHA.

4.2 CHANGES MADE TO IMPROVE HEALTH

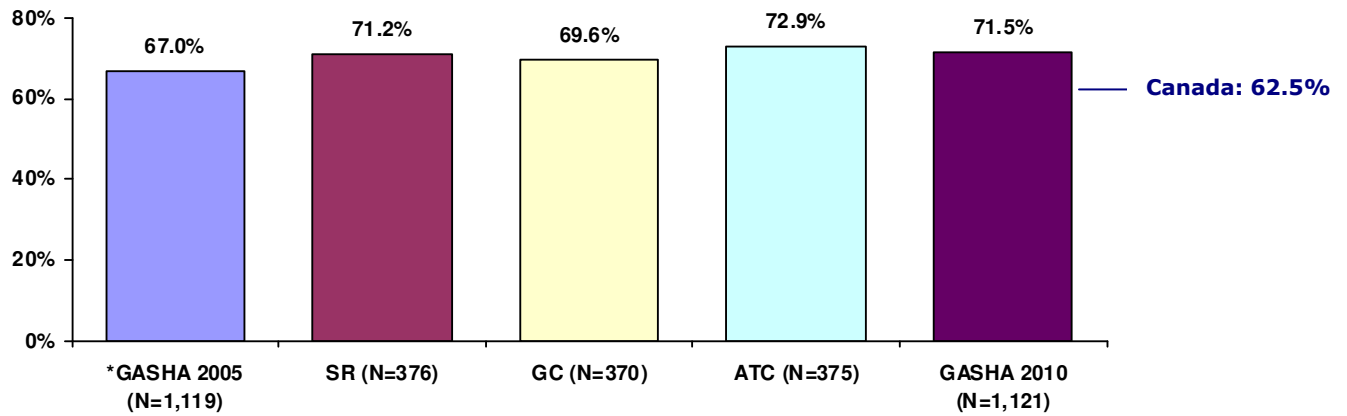
Respondents were asked several questions to determine changes made to improve health in the past year, personal barriers to health improvement, and factors important to becoming physically active.

Do you think there is anything you should do to improve your physical health?

Almost three-quarters of respondents (72%) indicated there are some changes they should make to improve their physical health, higher than what was found in 2005 (67%), and also higher than national findings (63%)²⁰. Youth (68%), adults 1 (78%), and adults 2 (76%) were more likely to feel they should make such changes when compared to seniors (55%)²¹. However, findings did not differ when analyzed by gender.

Furthermore, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 3: Percentage of Respondents Who Feel They Should Make Changes to Their Physical Health



* Significant difference between 2005 and 2010 data.

²⁰ Provincial data on feelings of making physical health changes was unavailable.

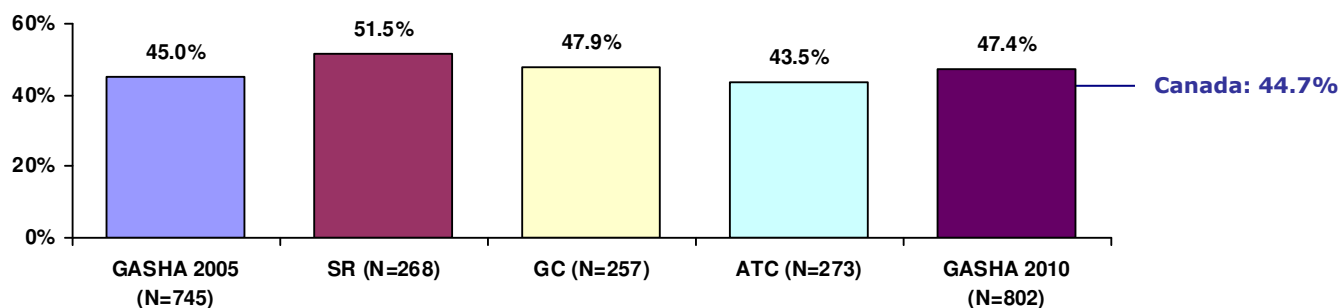
²¹ For the purpose of analysis, respondents were divided into four age categories: Youth (aged 15-19 years), Adults 1 (aged 20-34 years), Adults 2 (aged 35-64 years) and Seniors (aged 65+ years).

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, 47% reported facing barriers in making improvements, similar to the 2005 findings (45%) and national findings (45%)²². No differences were found when analyzed by age²³ or gender.

Furthermore, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 4: Percentage of Respondents Who Reported Facing Barriers in Improving Their Physical Health -Of respondents who reported that they should make changes to improve their physical health-



The most common barriers mentioned by respondents who reported facing barriers (N=380) were lack of will power/ self discipline (27%) and work schedule (22%).

Compared to the district as a whole, Guysborough County respondents were less likely to identify time constraints as a barrier to physical health improvements.

Similarly, when comparing the CHBs to each other, Antigonish Town and County and Strait Richmond respondents were more likely to identify time pressures as a contributor to daily stress when compared to respondents from Guysborough County.

Table 6: 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-

	SR % (N=138)	GC % (N=123)	ATC % (N=119)	GASHA % (N=380)
Lack of will power/self discipline	24.8	28.5	28.4	26.9
Work schedule	21.7	23.2	21.8	22.1
Time constraints	18.2	^6.5	14.5	14.4
Family responsibilities	12.4	14.0	16.3	14.2
Physical condition	12.5	13.2	13.3	12.9
Disability/health problem	11.2	6.8	8.4	9.2
Too costly/financial restraints	6.1	3.0	7.4	6.0
Not available in area	4.4	5.1	1.6	3.4
Weather	3.3	3.7	2.4	3.0
Other	6.9	13.8	4.9	7.6
Don't know	0.6	-	-	0.2

*Multiple responses allowed.

^ Significant difference between particular CHB and GASHA.

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

²³ 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).

To further assess physical health barriers, respondents indicated the importance of various factors in helping them become physically active. These factors encompassed the areas of affordability, and increased information, services and access.

Respondents felt that *affordable recreation facilities* would be most important in helping them to become physically active (78%). This was followed by *information on physical activity, health and well-being* (75%), *access to paths, trails and green spaces* (74%), and *affordable recreation programs* (74%).

Youth, adults 1, and adults 2 were more likely than seniors to feel the following factors were important²⁴:

- *Affordable recreation facilities* (93%, 92% and 78%, respectively, compared to 56%);
- *Access to paths, trails and green spaces* (85%, 85% and 75%, respectively, compared to 55%);
- *Affordable recreation programs* (84%, 89% and 74%, respectively, compared to 56%);
- *Specific instruction or coaching* (83%, 69% and 63%, respectively, compared to 49%); and
- *Convenient transportation to activities* (80%, 60% and 56%, respectively, compared to 43%).

Furthermore, females were more likely than males to indicate that the following factors are important:

- *Affordable recreation facilities* (80% and 72%, respectively);
- *Information on physical activity, health and well-being* (76% and 71%, respectively);
- *Affordable recreation programs* (76% and 69%, respectively); and
- *Specific instruction or coaching* (68% and 55%, respectively).

Compared to GASHA as a whole:

- Guysborough County respondents were less likely to identify *access to paths, trails and green spaces* as important; and
- Strait Richmond respondents were more likely to identify the *use of technology* as important in helping them to become physically active.

When comparing the CHBs to each other:

- Antigonish Town and County respondents were more likely than respondents from Guysborough County to identify *access to paths, trails and green spaces* as important; and
- Strait Richmond respondents were more likely than Antigonish Town and County respondents to identify the *use of technology* as important in helping them to become physically active.

Compared to findings from the Nova Scotia 2010 Recreation and Physical Fitness Syndicated Survey (Ipsos Reid), GASHA respondents were less likely to indicate that *access to paths, trails and green spaces*, *information on physical activity, health and well-being* and *convenient transportation to activities* were important in helping them to become physically active. However, they were more likely to feel that the *use of technology* is important.

²⁴ 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).

Table 7: Importance of the Following Factors in Helping Respondents Become Physically Active²⁵

		Very important	Somewhat important	Not important	Don't know/ Refused
		%	%	%	%
Affordable recreation facilities	GASHA (N=1,121)	51.8	25.9	22.0	0.3
	ATC (N=375)	50.1	29.1	20.5	0.2
	GC (N=370)	55.2	20.3	24.1	0.5
	SR (N=376)	51.8	25.4	22.6	0.3
	NS	-	-	-	-
	Canada	-	-	-	-
Information on physical activity, health and well-being	GASHA (N=1,121)	37.7	36.8	24.9	0.7
	ATC (N=375)	37.8	37.6	24.1	0.5
	GC (N=370)	37.0	35.9	26.4	0.8
	SR (N=376)	37.9	36.3	24.9	0.8
	NS	78.0	-	-	-
	Canada	78.0	-	-	-
Access to paths, trails and green spaces	GASHA (N=1,121)	46.1	27.8	25.6	0.5
	ATC (N=375)	47.8	28.9	23.0	0.2
	GC (N=370)	^40.2	^28.2	31.4	0.3
	SR (N=376)	47.5	26.4	25.3	0.8
	NS	81.0	-	-	-
	Canada	85.0	-	-	-
Affordable recreation programs	GASHA (N=1,121)	49.4	24.4	26.0	0.3
	ATC (N=375)	49.7	24.9	25.2	0.3
	GC (N=370)	46.1	22.9	30.7	0.3
	SR (N=376)	50.9	24.6	24.3	0.3
	NS	-	-	-	-
	Canada	-	-	-	-
Services to link up individuals with common recreational interests	GASHA (N=1,121)	31.4	40.0	27.8	0.9
	ATC (N=375)	27.9	41.7	30.1	0.2
	GC (N=370)	33.8	35.2	29.3	1.7
	SR (N=376)	33.9	40.7	24.4	1.0
	NS	72.0	-	-	-
	Canada	70.0	-	-	-
Convenient transportation to activities	GASHA (N=1,121)	32.3	24.1	43.3	0.3
	ATC (N=375)	30.0	24.5	45.6	-
	GC (N=370)	30.9	26.8	41.8	0.5
	SR (N=376)	35.7	22.2	41.7	0.5
	NS	61.0	-	-	-
	Canada	64.0	-	-	-
Specific instruction or coaching	GASHA (N=1,121)	29.9	33.0	36.1	1.0
	ATC (N=375)	26.8	35.2	37.8	0.2
	GC (N=370)	28.1	31.2	39.4	1.3
	SR (N=376)	34.4	31.7	32.4	1.5
	NS	63.0	-	-	-
	Canada	63.0	-	-	-
Use of technology to keep track of progress	GASHA (N=1,121)	16.7	29.8	52.3	1.2
	ATC (N=375)	13.3	27.4	58.3	1.0
	GC (N=370)	20.4	26.5	51.3	1.8
	SR (N=376)	^18.4	^34.2	46.3	1.0
	NS	42.0	-	-	-
	Canada	39.0	-	-	-

^ Significant difference between particular CHB and GASHA.

²⁵ Provincial and national data taken from the Nova Scotia 2010 Recreation and Physical Fitness Syndicated Survey (Ipsos Reid).

5.0 Physical Activity and Body Mass Index²⁶

5.1 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 health²⁷.

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 categories²⁸:

- 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)

²⁶ Throughout this report, differences between segments are only noted if they are statistically significant.

²⁷ Source: Nova Scotia Department of Health, Physical Activity in Nova Scotia, October 2006.

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

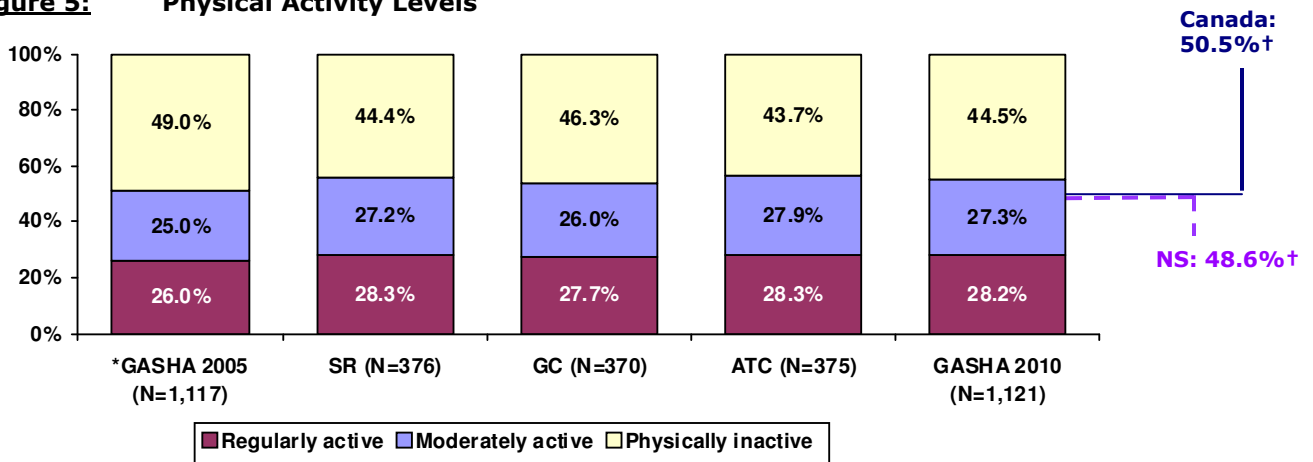
Have you done any of the following in the past 3 months: walking for exercise, gardening or yard work, swimming, bicycling, popular or social dance/dancing, home exercises, ice hockey, ice skating, in-line skating/rollerblading, jogging/running, golfing, exercise class/aerobics, downhill skiing/snowboarding,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

Forty-five percent of respondents were physically inactive, while 27% were moderately active and 28% were regularly active. The most common physical activities included walking for exercise (81%), gardening or yard work (73%) and home exercises (45%)²⁹.

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Of note, the percentage of respondents who were moderately or regularly active in 2010 (56%) increased by almost five percentage points since 2005 (51%). Furthermore, a higher percentage of respondents were moderately or regularly active in GASHA (56%) when compared to the province and country (49% and 51%, respectively).

Figure 5: Physical Activity Levels



*Significant difference between 2005 and 2010 data.

† Percentages combine moderately active and regularly active.

When asked to comment on the physical activity levels and general body mass index results, Public Health Services feels the data wasn't really a surprise.³⁰ Although there seems to be an increase in the number of respondents that classify themselves as being moderately or regularly active; the data there are still some BMI issues within the District that suggest further investigations may be required to identify the root cause of the health status within these communities.³¹ A few fitness centers have recently been opened in these rural communities but generally speaking, there's a lack of formal recreational opportunities in these areas. For those that choose to walk do so and face the elements, fear of being hit by a car given lack of sidewalks in rural areas, and animal attacks.³²

²⁹ Multiple responses allowed.

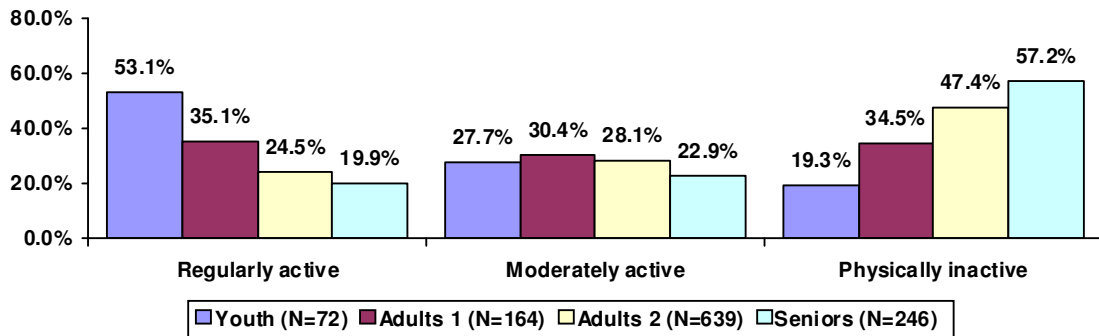
³⁰ Personal Communication with Public Health Services- Aug 2010

³¹ Personal Communication with Public Health Services- Aug 2010

³² Personal Communication with Public Health Services- Aug 2010

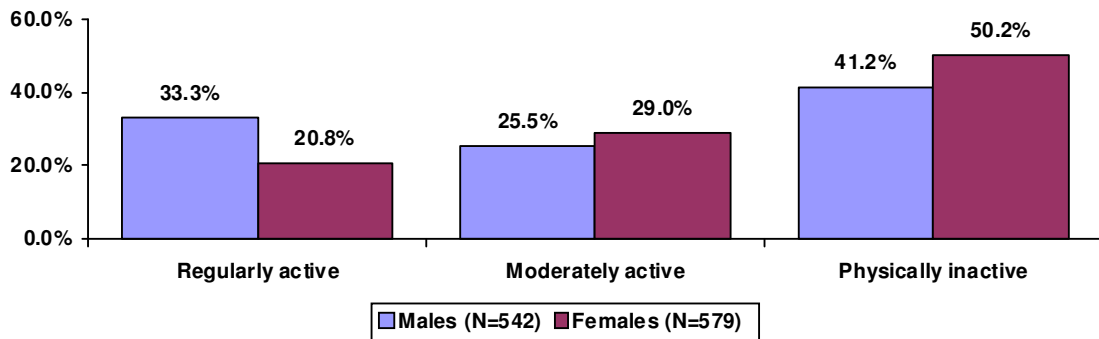
By age, activity levels were highest among youth and tended to decline with age. Youth (53%) were most likely to be regularly active followed by adults 1 (35%), adults 2 (25%) and seniors (20%). Conversely, seniors (57%) were the most physically inactive, followed by adults 2 (47%), adults 1 (35%) and youth (19%).

Figure 6: Physical Activity Levels by Age Category³³



Richmond County and Guysborough County have the oldest populations in NS, so age groups should be taken into consideration when reviewing the data for these CHBs. Senior populations are generally less active, and potentially more susceptible to chronic health conditions, as well as the distances between rural communities could have effected to overall physical activities levels show in the results.³⁴

Figure 7: Physical Activity Levels by Gender



By gender, physical activity was higher among males as compared to females. More specifically, males (33%) were more likely than females (21%) to be regularly active. Conversely, females (50%) were more likely than males (41%) to be physically inactive.

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

³³ 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).

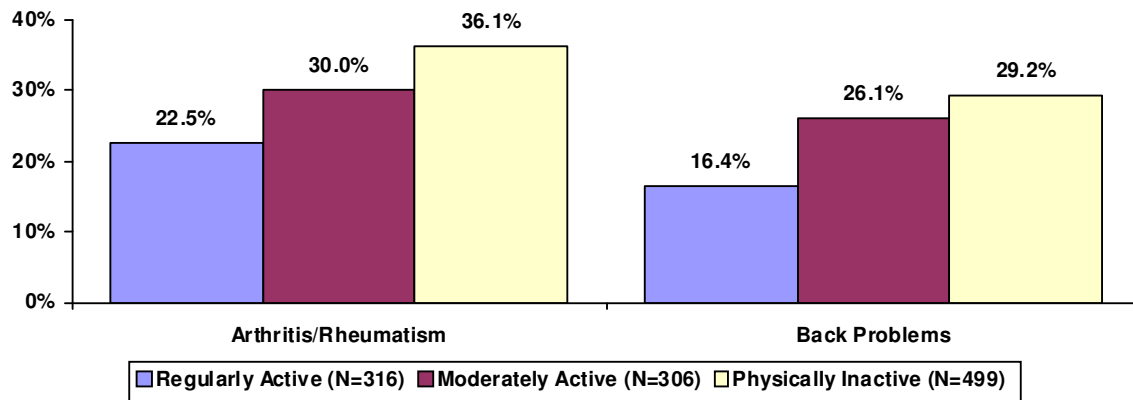
³⁴ Personal Communication with Public Health Services- Aug 2010

activity and certain chronic conditions, including asthma, muscle/joint conditions, diabetes, heart disease and high blood pressure³⁵.

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

- Respondents who were physically inactive (36%) or moderately active (30%) were more likely to have arthritis/rheumatism compared to respondents who were regularly active (23%).
- Respondents who were physically inactive (29%) or moderately active (26%) were more likely to have back problems compared to respondents who were regularly active (16%).

Figure 8: Prevalence of Muscle/Joint Conditions by Physical Activity Levels

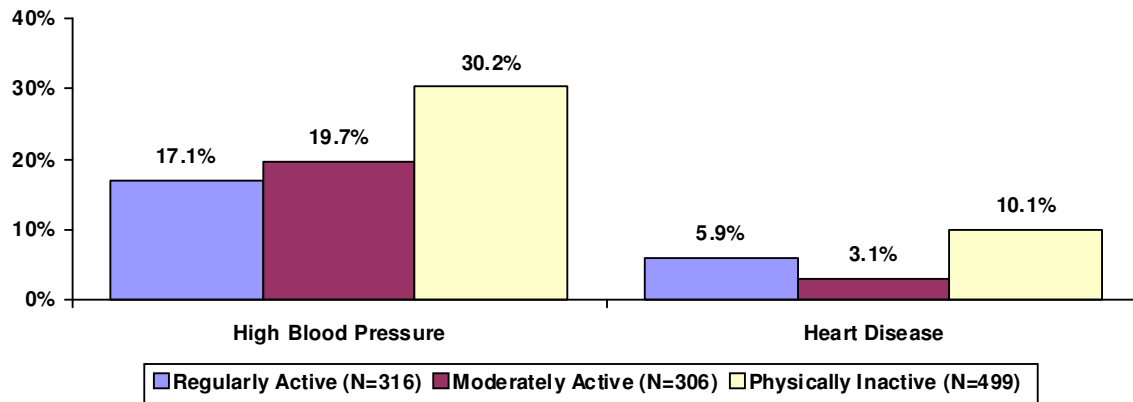


This study also found relationships between physical activity and certain cardiovascular conditions. More specifically:

- Respondents who were physically inactive (30%) were more likely to have high blood pressure than respondents who were moderately active (20%) or regularly active (17%).
- Respondents who were physically inactive (10%) were more likely to have heart disease than respondents who were moderately active (3%) or regularly active (6%).

³⁵ Source: Nova Scotia Department of Health, Physical Activity in Nova Scotia, October 2006.

Figure 9: 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 or diabetes.

5.2 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 weight³⁶.

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 categories³⁷:

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

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

About two-thirds of respondents aged 18 years or older (68%), excluding pregnant females, were classified as overweight or obese, while 31% were of normal weight and 1% were underweight. At the district level, overweight and obesity rates (68%) remain unchanged from 2005 findings (69%), but are higher than rates for the province (58%) and the country (51%).

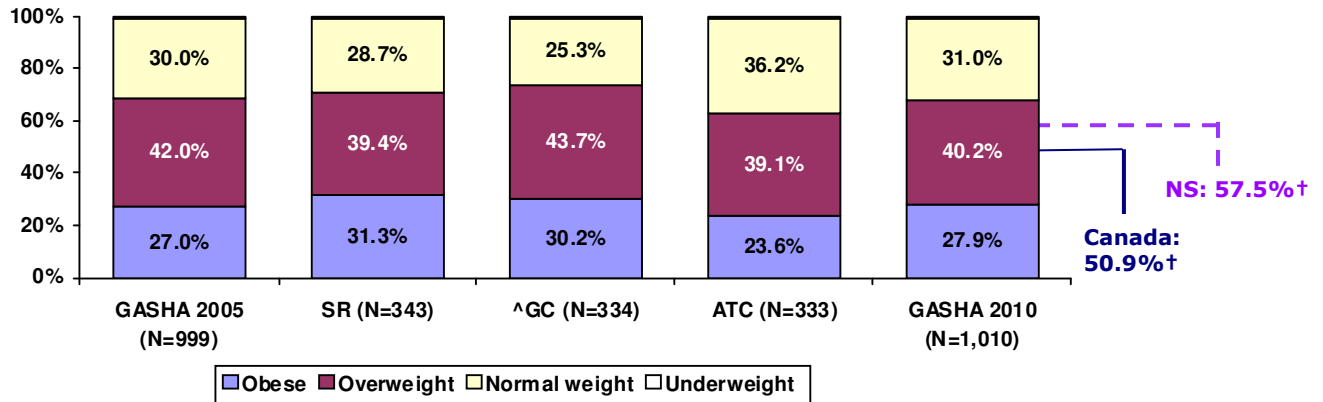
Compared to GASHA (68%), overweight and obesity rates were higher in the Guysborough County CHB (74%). Among the CHBs specifically, overweight and

³⁶ Source: Centers for Disease Control and Prevention, www.cdc.gov.

³⁷ Source: Centers for Disease Control and Prevention, www.cdc.gov.

obesity rates were higher in Guysborough County (74%) and Strait Richmond (71%) when compared to Antigonish Town and County (63%).

Figure 10: BMI Classifications –Of respondents aged 18 years or older, excluding pregnant females-

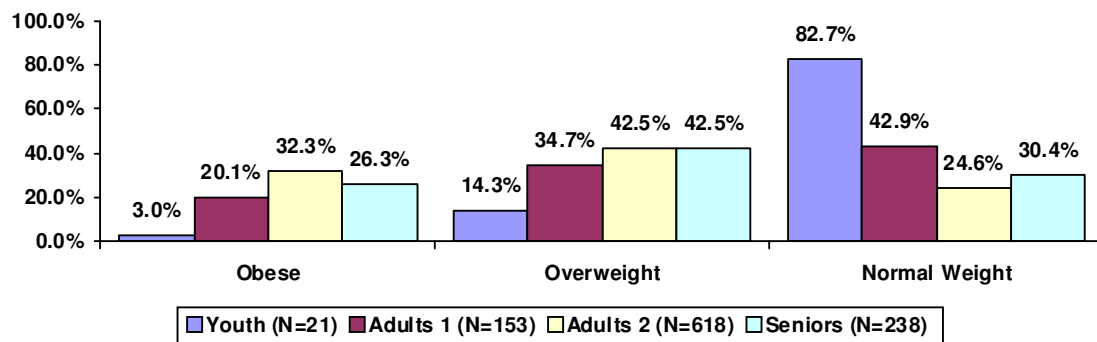


^ Significant difference between particular CHB and GASHA.

† Percentages combine overweight and obese.

BMI classifications differed based on age. Youth (83%) were more likely to be of normal weight as compared to adults 1 (43%), adults 2 (25%), and seniors (30%). Conversely, seniors (69%), adults 2 (75%) and adults 1 (55%) were more likely to be overweight or obese as compared to youth (17%).

Figure 11: BMI Classifications by Age Category^{38,39} –Excluding respondents classified as underweight-

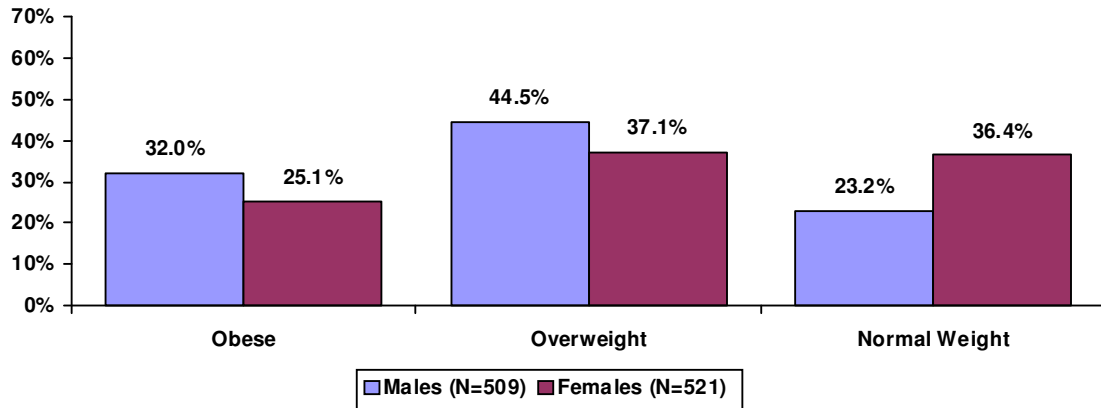


BMI classifications also differed based on gender. Females (36%) were more likely to be of normal weight as compared to males (23%). Conversely, males (77%) were more likely than females (62%) to be overweight or obese.

³⁸ 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).

³⁹ **Sample size for youth is less than 30; findings should be interpreted with caution.**

Figure 12: BMI Classifications by Gender -Excluding respondents classified as underweight-



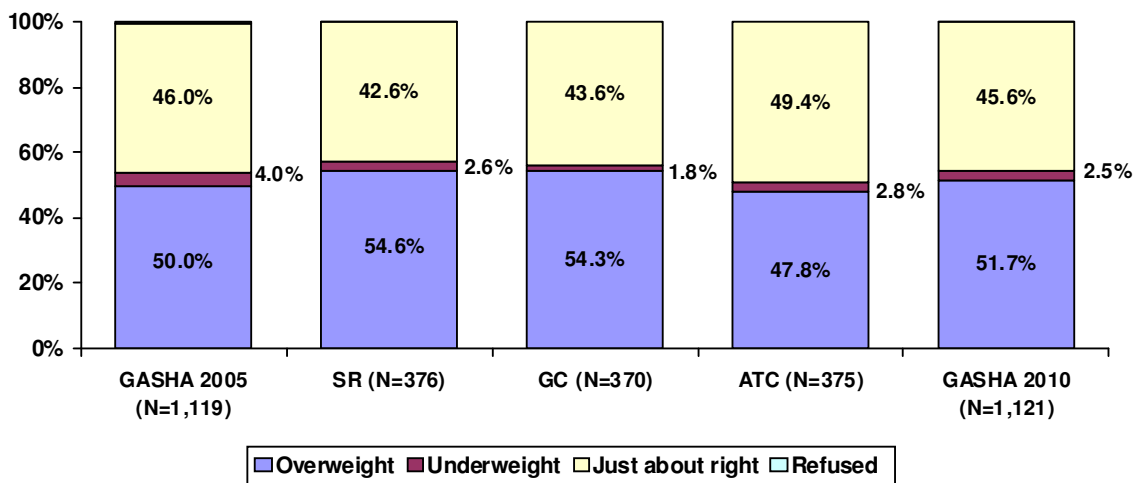
Do you consider yourself overweight, underweight, or just about right?

Interestingly, when asked what they thought about their own weight, 46% of respondents thought that it was just about right, while 52% perceived themselves as being overweight. This trend is consistent with 2005 findings. Furthermore, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Adults 2 (63%) were most likely to perceive themselves as overweight, followed by seniors (51%), adults 1 (40%) and youth (15%)⁴⁰. Furthermore, females (59%) were more likely than males (49%) to perceive themselves this way.

Of those respondents who were defined by the BMI as overweight or obese (N=688), 27% thought that their weight was just about right.

Figure 13: Self-Perception of Own Weight

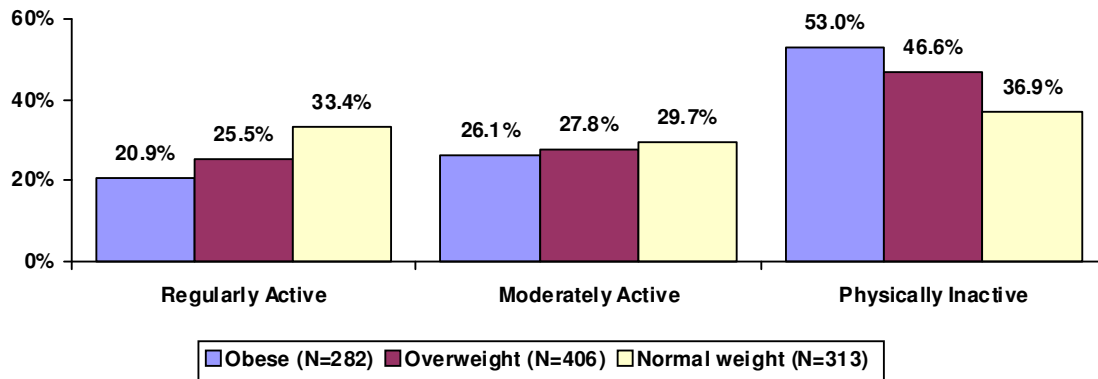


† Percentage is for overweight.

⁴⁰ 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).

Supporting the relationship between physical activity and BMI, respondents who were obese (53%) or overweight (47%) were more likely to be physically inactive than respondents who were of normal weight (37%).

Figure 14: Physical Activity Levels by BMI Classifications -Excluding respondents classified as underweight-

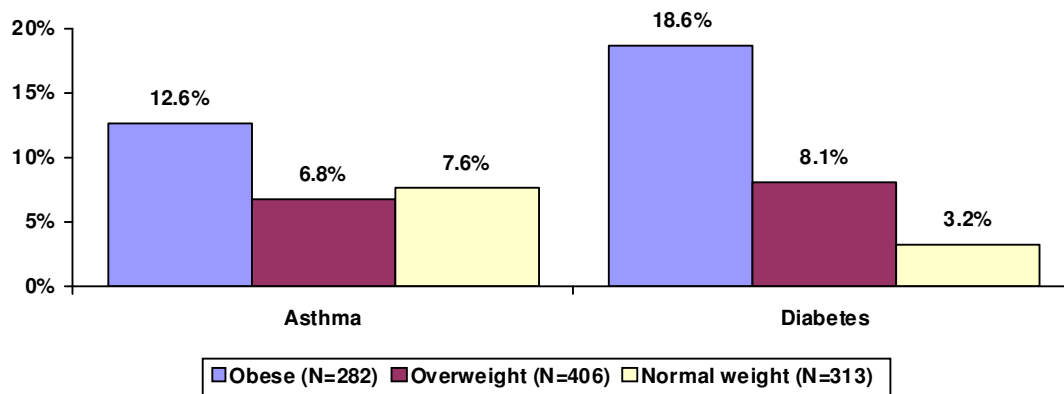


Body Mass Index and Health

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

- Respondents who were obese (13%) were more likely to have asthma than respondents who were overweight (7%) or of normal weight (8%).
- Respondents who were obese (19%) were most likely to have diabetes, followed by respondents who were overweight (8%) or of normal weight (3%).

Figure 15: Prevalence of Asthma and Diabetes by BMI Classifications -Excluding respondents classified as underweight-

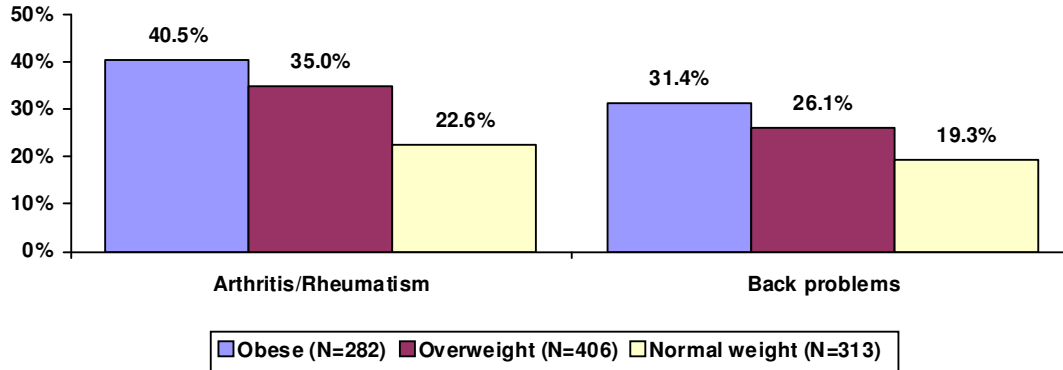


BMI classifications were also related to the prevalence of muscle/joint conditions:

- Respondents who were obese (41%) or overweight (35%) were more likely to have arthritis/rheumatism than respondents who were of normal weight (23%).

- Respondents who were obese (31%) or overweight (26%) were more likely to have back problems than respondents who were of normal weight (19%).

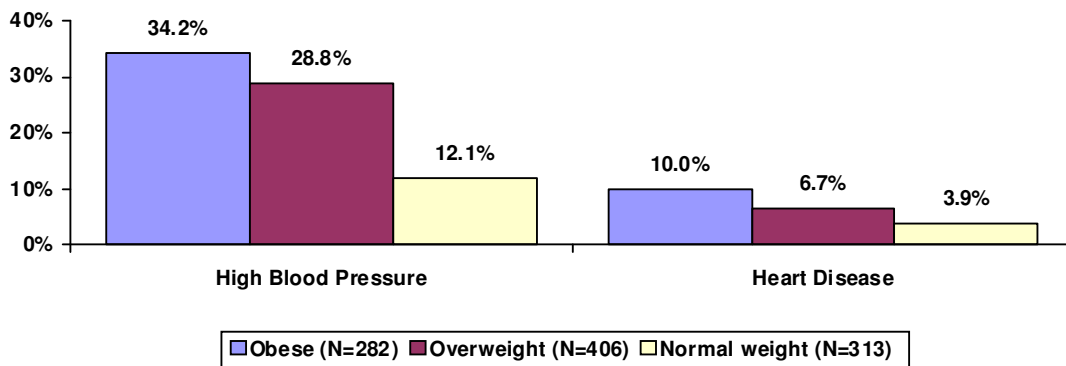
Figure 16: Prevalence of Muscle/Joint Conditions by BMI Classifications - Excluding respondents classified as underweight-



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%) or overweight (29%) were more likely to have high blood pressure than respondents who were of normal weight (12%).
- Similarly, respondents who were obese (10%) were more likely to have heart disease compared to respondents who were of normal weight (4%).

Figure 17: Prevalence of High Blood Pressure and Heart Disease by BMI Classifications -Excluding respondents classified as underweight-



The results presented here helps to identifying specific health issues facing these community members. For example the information around exercise and healthy eating is a starting point in terms of identifying what local issues we need to be tackled at the population level. A suggested future action is to engage in a local community asset mapping process. Asset mapping would give us opportunity to take collective action on this data by planning more strategically around programs and services. By using this data community partners could be brought together to reduce duplication, and increase innovation around support around successful program and service delivery within these communities.

6.0 Healthy Eating⁴¹

6.1 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 conditions⁴².

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 categories⁴³:

- 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

Canada's Food Guide recommends choosing a variety of vegetables and fruits as part of a healthy diet. Prior to 2007 Canada's Food Guide recommended 5 to 10 servings of vegetables and fruits per day for the population. Since the new version was developed the guidelines are more specific for age and gender (i.e. women age 19 to 50 require 7 to 8 servings, male teens age 14 to 18 require 8 servings). It is important to note that the current minimum # of recommended servings is often higher than 5 so even less of the respondents would meet their requirements.

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 (61%) did not meet the daily requirement of fruit and vegetable consumption. The remaining 39% met or exceeded the daily requirement, a decrease of nine percentage points since 2005. Consumption rates for GASHA were slightly higher than the provincial rate (35%), but lower than the national rate (44%).

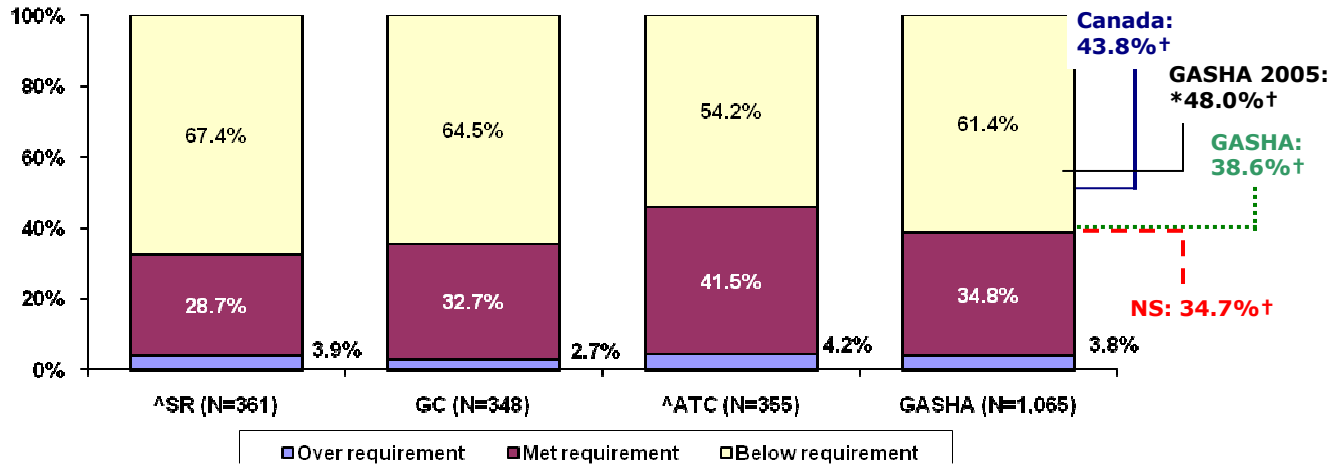
Compared to GASHA, consumption rates were higher in the Antigonish Town and County CHB (46%) but lower in the Strait Richmond CHB (33%). Among the CHBs specifically, consumption rates were higher in Antigonish Town and County (46%) when compared to the remaining CHBs (GC: 35%; SR: 33%).

⁴¹ Throughout this report, differences between segments are only noted if they are statistically significant.

⁴² Source: Nova Scotia Department of Health, Fruit and Vegetable Consumption in Nova Scotia, September 2004.

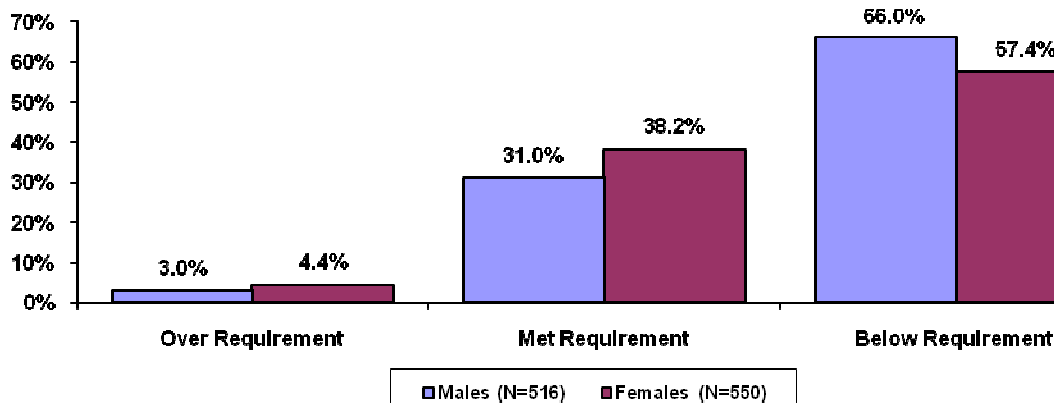
⁴³ Source: Nova Scotia Department of Health, Fruit and Vegetable Consumption in Nova Scotia, September 2004.

Figure 18: Fruit and Vegetable Consumption



With regards to gender, females (43%) were more likely than males (34%) to consume the daily requirements of fruit and vegetables.

Figure 19: Fruit and Vegetable Consumption by Gender

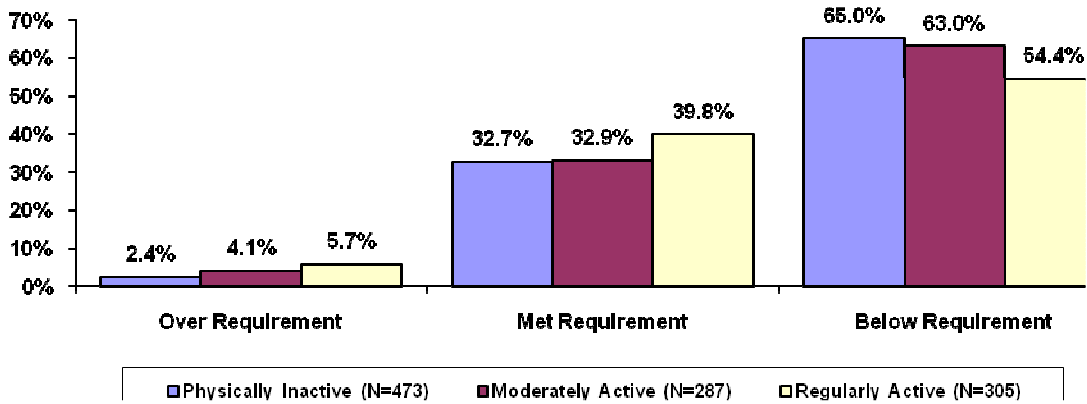


However, no differences were found in consumption levels when analyzed by age or household income category.

There appears to be a relationship between fruit and vegetable consumption and other aspects of a healthy lifestyle. Respondents who were physically inactive (65%) or moderately active (63%) were more likely than respondents who were regularly active (54%) to fall below the recommended⁴⁴ daily servings of fruit and vegetables.

⁴⁴ Recommended: Includes the categories of "met requirement" and "over requirement".

Figure 20: Fruit and Vegetable Consumption by Physical Activity Levels



No differences were found in consumption levels by smoking status.

6.2 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%)⁴⁵, almost all respondents (99%) felt they and others in their household always had enough to eat. More specifically, 82% had enough of the kinds of foods they wanted (lower than the national result of 86%), while the remaining 17% had enough food, but not always the kind of food they wanted. As well, 1% of respondents felt they or others did not have enough to eat, either sometimes or often.

Respondents from the older age categories (seniors: 89%; adults 2: 83%) were more likely than their younger counterparts (adults 1: 75%; youth: 73%) to feel they always had enough of the kinds of food they wanted. Furthermore, males were more likely than females to feel this way (85% and 80%, respectively).

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Table 8: Assessment of Household Food Consumption Over the Past 12 Months

	SR % (N=376)	GC % (N=370)	ATC % (N=375)	GASHA % (N=1,121)	Canada %
You and others always had enough of the kinds of food you wanted to eat	80.6	81.8	83.2	81.9	85.8
You and others had enough to eat, but not always the	17.3	16.9	15.7	16.6	9.3

⁴⁵ Provincial data on household food consumption was unavailable.

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kinds of food you wanted					
Sometimes you and others did not have enough to eat	2.1	0.8	0.7	1.2	1.2
Often, you and others did not have enough to eat	-	0.5	0.4	0.3	0.4
Don't know/Refused	-	-	-	-	3.4

In terms of household income, respondents with annual household incomes of \$20,000 or more were more likely than respondents from the lowest income category to feel that they and others always had enough of the food they wanted.

Conversely, respondents from the lowest income category more likely than respondents from all other income categories to feel they had enough to eat, but not always the kind of food they wanted.

Table 9: 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=140)	% (N=239)	% (N=200)	% (N=152)	% (N=265)
You and others always had enough of the kinds of food you wanted to eat	63.6	79.5	82.2	88.0	90.6
You and others had enough to eat, but not always the kinds of food you wanted	29.5	18.2	16.9	12.0	9.4
Sometimes you and others did not have enough to eat	6.0	2.4	-	-	-
Often, you and others did not have enough to eat	0.9	-	0.9	-	-

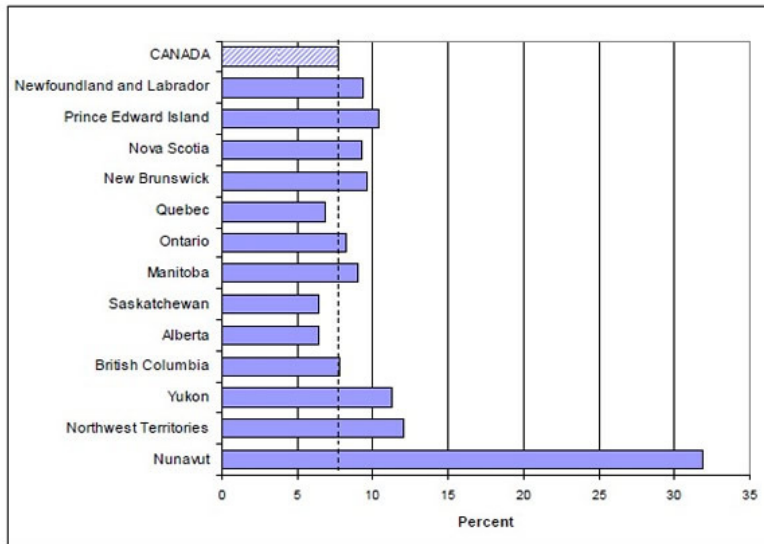
Now I'm going to read several statements that might be used to describe the food situation for a household. Please tell me if the statement was "often", "sometimes", or "never" true for you and others in your household in the past 12 months.

As shown in Table 10, 10% of respondents in GASHA worried that *food will run out before they can buy more* and 9% *couldn't afford to eat balanced meals*, either sometimes or often. According to the 2007-2008, Canadian Community Health Survey 7.7% of households, experienced food insecurity⁴⁶. About 5.1% experienced moderate food insecurity, and 2.7% experienced the severe level.⁴⁷ The chart below offers a national comparison of food insecurity levels.

⁴⁶ Canadian Community Health Survey, 2007-2008.

⁴⁷ Canadian Community Health Survey, 2007-2008.

Percentage of households with food insecurity, by province/territory, Canada, 2007–2008.



Source: Canadian Community Health Survey, 2007–2008.

In terms of household income category, respondents with household incomes of less than \$20,000 were more likely than respondents from all other income categories to indicate they often or sometimes experience food situation difficulties.

Table 10: Assessment of Household Food Situation over the Past 12 Months

	GASHA % (N=1,121)			
	Often	Sometimes	Never	DK
You and others worried that food would run out before you got money to buy more	2.1	8.0	89.7	0.1
You and others just couldn't afford to eat balanced meals	2.1	7.3	90.6	-

7.0 Smoking⁴⁸

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

Staff within Addiction Services felt the numbers presented in this report were not surprising. In addition, this specific information supports our current programming and will hopefully contribute to future program development will generate local discussions with our partners.⁴⁹

7.1 SMOKING STATUS

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

About two in ten respondents (18%) currently smoke, lower than the smoking rate found in 2005 (22%) as well as findings at the provincial (25%) and national (23%) levels.

Rates of smoking were highest among the younger age categories. More specifically, smoking rates were higher among adults 1 (23%) and adults 2 (21%) as compared to youth (8%) and seniors (10%)⁵⁰. Furthermore, smoking rates were higher among males (21%) as compared to females (16%).

No differences were found when comparing the district to the CHBs. However, Guysborough County (22%) had a higher smoking rate when compared to Antigonish Town and County (16%). The higher smoking rate (22%) in Guysborough County as compared to the overall GASHA rate (18%) could be partly attributed to the rural setting of Guysborough County as a barrier to health services and the services and programs provided locally by Addiction Services⁵¹

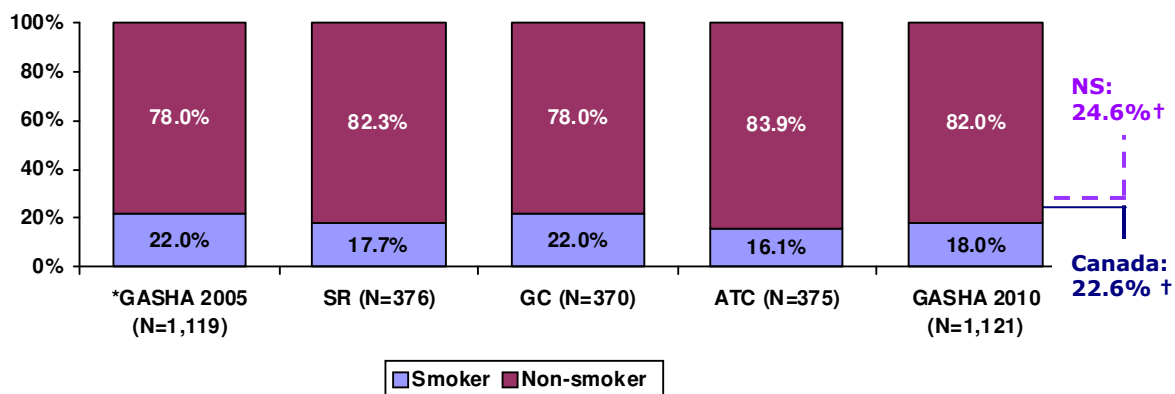
⁴⁸ Throughout this report, differences between segments are only noted if they are statistically significant.

⁴⁹ Personal Communication with Addiction Services Staff Aug 2010.

⁵⁰ 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).

⁵¹ Personal Communication with Addiction Services Staff Aug 2010.

Figure 21: Current Smoking Status



* Significant difference between 2005 and 2010 data.
† Percentages are for smoker.

Where do you usually get your cigarettes?

Current smokers (N=201) were asked to identify where they obtain their cigarettes. The majority (64%) purchased from a small grocery/corner store. No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Table 11: Places Where Cigarettes are Obtained* -Of respondents who currently smoke daily or occasionally -

	SR % (N=67)	GC % (N=81)	ATC % (N=60)	GASHA % (N=201)
Buy from small grocery/corner store	63.4	57.0	68.6	63.7
Buy from supermarket	8.3	20.6	14.0	13.5
Buy from gas station	5.6	6.1	9.9	7.3
Given them by friend or someone else	9.4	2.4	3.0	5.2
Buy from other store	6.0	3.5	4.5	4.8
First Nations communities	7.3	2.1	-	3.3
Other	-	2.7	-	0.7
Don't know	-	5.6	-	1.4

*Multiple responses allowed.

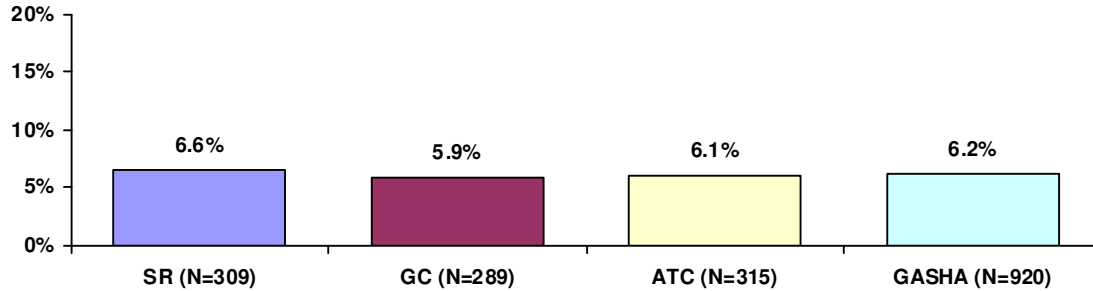
Have you smoked within the past 12 months?

Of those who are not current smokers (N=920), 6% indicated that they have smoked within the past 12 months, with males more likely than females to have been a past year smoker (7% and 4%, respectively). The same holds true for younger respondents (youth: 13%; adults 1: 13%) as compared to their older counterparts (adults 2: 4%; seniors: 1%)⁵².

⁵² 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).

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 22: Smoked Within the Past 12 Months –Of respondents who do not currently smoke daily or occasionally-



7.2 STAGES OF CHANGE

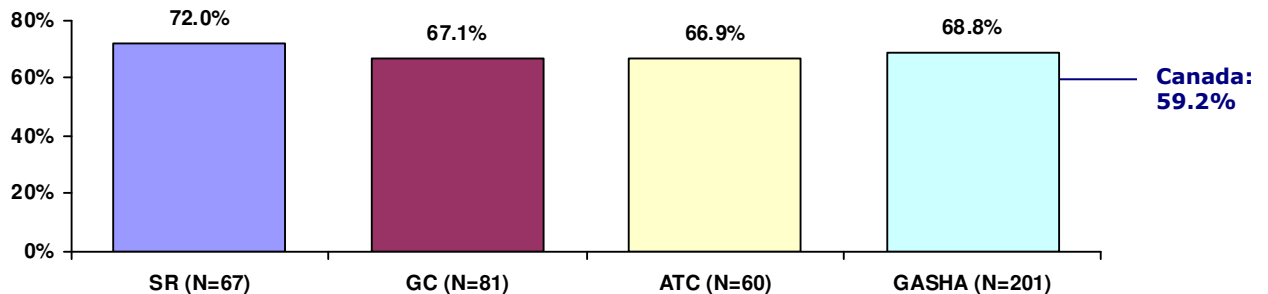
Current smokers (N=201) were also asked about any previous or future attempts to quit smoking.

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

Sixty-nine percent of respondents indicated a serious consideration to quit smoking within the next six months, a finding higher than what was found nationally (59%)⁵³. No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Of respondents who intend to quit (N=139), 49% indicated a serious desire to quit within the next 30 days.

Figure 23: Considering Quitting within the Next Six Months –Of respondents who currently smoke daily or occasionally-



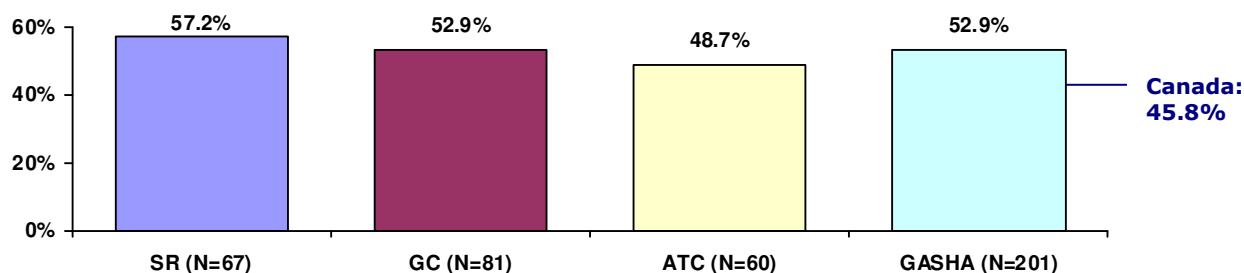
In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit? How many times?

⁵³ Provincial data on considerations to quit smoking was unavailable.

Of current smokers (N=201), just over one-half (53%) have stopped smoking for at least 24 hours in the past 12 months because of a desire to quit smoking, a finding similar at the national level (46%)⁵⁴. No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Of these respondents (N=107), 26% stopped once, 22% stopped twice, 18% stopped three times and 29% stopped at least four times.

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



7.3 SMOKING CESSATION AIDS

Current smokers (N=201) as well as current non-smokers who have smoked in the past 12 months (N=58) were asked about their use of various smoking cessation aids.

In the past 12 months, did you try a nicotine patch to quit smoking? Did you try Nicorettes or other nicotine gum or candy to quit smoking? Did you try medication such as Champix, Zyban, Prolev or Wellbutrin to quit smoking?

Approximately one in ten of these respondents have tried the nicotine patch (12%), Nicorettes or other gum or candy (12%) or medication (12%) within the past 12 months to help them quit smoking.

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Table 12: Use of Smoking Cessation Aids –Of respondents who currently smoke or have smoked in the past 12 months-

	N	Nicotine Patch	Nicorettes	Medication
		%	%	%
GASHA	259	11.7	12.1	12.1
ATC	80	12.1	11.0	9.2
GC	98	12.8	18.8	10.9
SR	87	10.7	9.0	15.9

How useful was that in helping you quit?

Respondents who tried a nicotine patch to quit smoking (N=30) were relatively split when indicating the usefulness of this smoking cessation aid. Approximately one-half felt it was useful (48%), while the remaining one-half (52%) felt it was not useful.

⁵⁴ Provincial data on attempts to quit smoking was unavailable.

Of respondents who tried Nicorettes or other nicotine gum or candy to quit smoking (N=31), just over one-half (57%) felt it was useful in helping them quit, while the remaining 43% felt it was not useful.

Of those who tried medication such as Champix, Zyban, Prolev or Wellbutrin to quit smoking (N=31), almost three-quarters (72%) felt it was useful in helping them quit, while the remaining 28% felt it was not useful.

Table 13: Usefulness of Smoking Cessation Aids in Helping Respondents in Quitting Smoking –Of respondents who have used smoking cessation aids in the past 12 months-

	GASHA		
	Nicotine Patch	Nicorettes	Medication
	% (N=30)	% (N=31)	% (N=31)
Very useful	10.7	15.2	44.3
Somewhat useful	37.1	41.9	27.4
Not very useful	13.1	3.5	10.9
Not useful at all	39.1	39.4	17.5

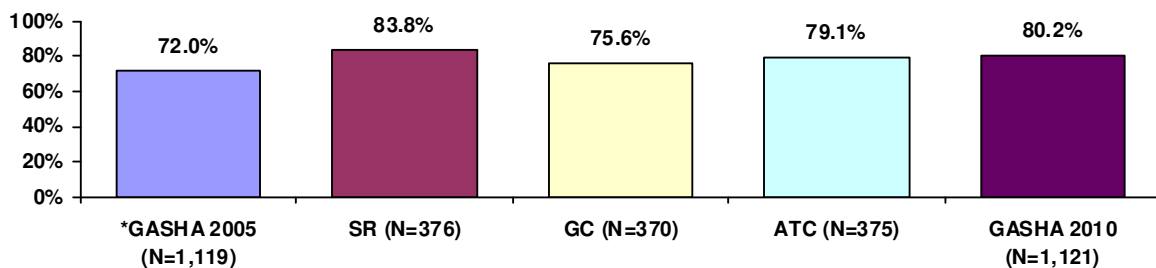
7.4 EXPOSURE TO SECOND HAND SMOKE

Are there any restrictions against smoking cigarettes in your home?

Eight in ten respondents (80%) reported that there are restrictions against smoking in their home, a notable increase since 2005 (72%).

No differences were found when comparing the district to the CHBs. However, Strait Richmond respondents were more likely than Guysborough County respondents to have such restrictions in place (84% and 76%, respectively).

Figure 25: Percentage of Respondents With Household Smoking Restrictions



* Significant difference between 2005 and 2010 data.

How is smoking restricted in your home?

The most common way smoking was restricted among respondents who have restrictions in place (N=899) was by asking smokers to refrain from smoking in the home (97%), followed distantly by restricting smoking in the presence of children (3%), allowing smoking in certain rooms only (3%), and other mentions (1%)⁵⁵.

⁵⁵ Multiple responses allowed.

Several significant tobacco reduction strategies have been put in place within the last five years, and although additional research would be needed to confirm the relationship between the results and local programming it should be noted that the increased rate of people restricting smoking in their homes (from 72% in 2005 to 80% in 2010) could be partially attributed to any and all of them. For example, the Smoke Free Around Me campaign (smokefreearoundme.ca) and the Tobacco Control Strategy along with the Smoke-Free Places Act along with Nicotine Support Groups, were put in place during this timeframe⁵⁶.

Future research opportunities could look into new methods of providing Nicotine Support Groups to more rural areas and investigating the local social determinants of health and smoking. Specifically a research question that could be addressed with these results is to compare age with the place purchased.⁵⁷

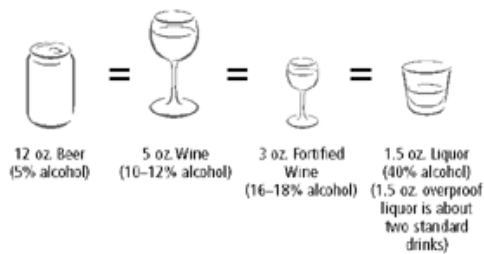
⁵⁶ Personal Communication with Addiction Services Staff Aug 2010.

⁵⁷ Personal Communication with Addiction Services Staff Aug 2010.

8.0 Alcohol Use⁵⁸

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.

One Standard Drink = 13.6 g of alcohol



5 oz/142 mL of wine (12% alcohol)

- 1.5 oz/43 mL of spirits (40% alcohol)
- 12 oz/341 mL of regular strength beer (5% alcohol).

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 (76%) have had a drink of alcohol in the past 12 months, classifying them as a *current drinker*.

Alcohol consumption over the past 12 months was highest among the middle age categories. More specifically, consumption was higher among adults 1 (86%) and adults 2 (77%) as compared to seniors (65%)⁵⁹. No differences were found between males and females.

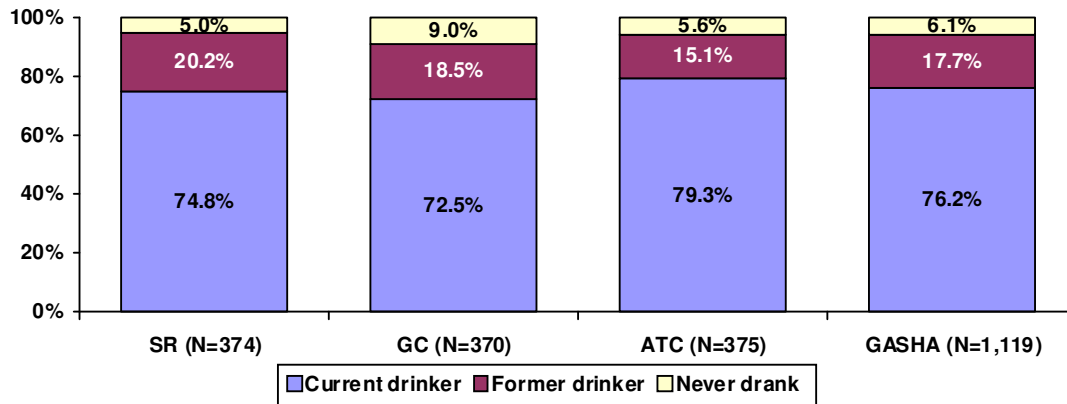
Of remaining respondents, 18% have consumed alcoholic beverages in the past, excluding the past 12 months, classifying them as *former drinkers*. A minority (6%) have never consumed alcoholic beverages.

No differences were found when comparing the district to the CHBs. However, past year alcohol consumption was higher in Antigonish Town and County (79%) when compared to Guysborough County (73%).

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

⁵⁹ 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).

Figure 26: Type of Drinker - Lifetime



After reviewing the data found within this report, Addiction Services within Guysborough Antigonish Strait Health Authority believe the data reflects the professional experiences and the other resources used by staff. In fact, the Canadian Addiction Survey – Nova Scotia Report (October 2007) found that 75.8% of Nova Scotians ages 15+ had consumed at least one drink within 12 months of the survey, more specifically this report shows that 76% of GASHA residents ages 15+ have had a drink in the last 12 months.⁶⁰

8.1 ALCOHOL USE DURING THE PAST 12 MONTHS

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

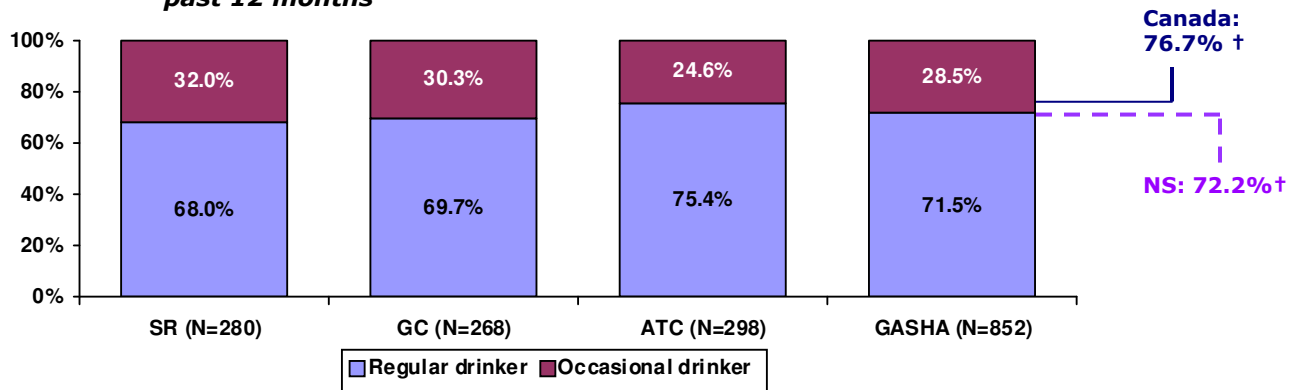
Of those respondents who have had one or more drinks of alcohol in the past 12 months (N=852), approximately seven in ten (72%) were regular drinkers, while the remaining 28% were occasional drinkers⁶¹. This result was generally similar to that found for the province (72%), but slightly lower than what was found for the country (77%).

No differences were found when comparing the district to the CHBs. However, Antigonish Town and County respondents were more likely than Strait Richmond respondents to be classified as regular drinkers (75% and 68%, respectively).

⁶⁰ Personal Communication with Addiction Services Staff August 2010

⁶¹ 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.

Figure 27: Type of Drinker –Of respondents who have consumed alcohol over the past 12 months-

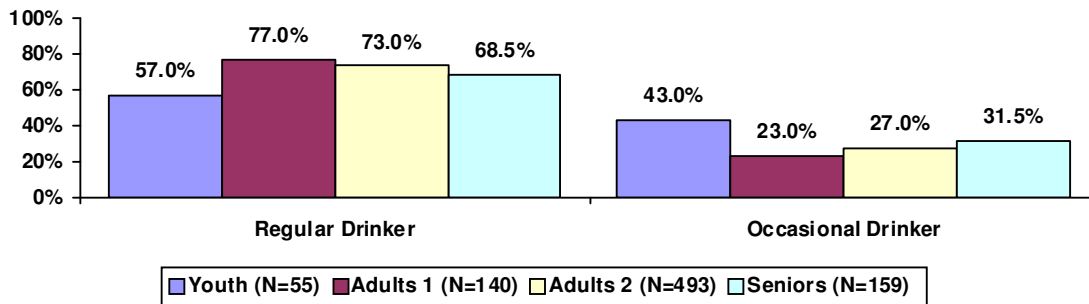


† Percentages are for regular drinker.

The fact that 57% of people 15-18 who were surveyed reported drinking within the last 12 months is significant and will be used to support current programming and contribute to the development of our prevention initiatives. Specifically, Addictions Services will be able to use the data found from this survey in our day-to-day work in the community and with clients. Schools and community groups could also benefit from this information with their programming.⁶²

When analyzed by gender, it was found that males (81%) were more likely to be classified as regular drinkers as compared to females (63%). Furthermore, the likelihood of being classified as a regular drinker was higher among adults (adults 1: 77%; adults 2: 73%) as compared to youth (57%).

Figure 28: Type of Drinker by Age Category⁶³ –Of respondents who have consumed alcohol over the past 12 months-



With regard to frequency of consumption, 28% of those who consumed alcohol over the past 12 months did so less than once a month, 19% did so 2 to 3 times a month, 15% did so once a week, 17% did so 2 to 3 times a week and 8% did so at least 4 to 6 times a week.

⁶² Personal Communication with Addiction Services Staff August 2010

⁶³ 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).

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Table 14: Frequency of Alcoholic Beverage Consumption –Of respondents who consumed alcohol over the past 12 months-

	SR	GC	ATC	GASHA
	% (N=282)	% (N=268)	% (N=298)	% (N=855)
Less than once a month	31.8	30.3	24.6	28.4
Once a month	11.0	13.6	10.9	11.5
2 to 3 times a month	17.9	16.1	21.8	19.2
Once a week	13.5	16.2	16.4	15.3
2 to 3 times a week	17.8	16.4	16.9	17.1
4 to 6 times a week	1.9	2.9	4.2	3.1
Everyday	5.3	4.6	5.2	5.1
Don't know	0.7	-	-	0.3

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=855) were also asked to identify the frequency with which they consumed 5 or more alcoholic beverages on one occasion. Almost one-half (46%) indicated they never engaged in this practice, while 29% did so at least once a month.

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Table 15: Frequency of Consuming 5 or More Alcoholic Beverages on One Occasion –Of respondents who consumed alcohol over the past 12 months-

	SR	GC	ATC	GASHA
	% (N=282)	% (N=268)	% (N=298)	% (N=855)
Never	47.3	44.8	44.6	45.7
Less than once a month	22.7	27.1	25.6	24.8
Once a month	12.4	13.4	10.1	11.6
2 to 3 times a month	10.2	7.1	11.5	10.2
Once a week	3.0	6.3	5.6	4.8
More than once a week	4.3	1.3	1.7	2.6
Don't know/Refused	-	-	0.9	0.4

8.2 ALCOHOL DEPENDENCE

To assess the level of alcohol dependence in GASHA, respondents who have consumed 5 or more drinks on one occasion at least once a month over the past 12 months (N=249) were asked to indicate whether they have experienced various thoughts, urges or behaviors related to alcohol. These thoughts, urges or behaviors represent symptoms of alcohol dependence.

In the past 12 months....Have you had any emotional or psychological problems because of alcohol use, such as feeling uninterested in things, depressed, or suspicious of people? Have you had such a strong desire or urge to drink that you could not resist it or could not think of anything else? Did you ever find that you had to drink more alcohol than usual to get the same effect or the same amount of alcohol had less effect on you than usual? Did you ever have a period when you stopped, cut down, or went without alcohol and then experienced problems like fatigue, headaches, diarrhea, the shakes, or emotional problems? Did you ever have a period of several days or more when you spent so much time drinking alcohol or recovering from the effects that you had little time for anything else? Did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your use of alcohol?

As shown in Table 16, the prevalence of alcohol dependence symptoms was generally low. The most common symptom was drinking more alcohol than usual to get the same effect (14%).

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Table 16: Respondents Exhibiting Symptoms of Alcohol Dependence Over the Past 12 Months –Of respondents who consumed 5 or more drinks on one occasion at least once a month-

	SR	GC	ATC	GASHA
	% (N=85)	% (N=75)	% (N=86)	% (N=249)
Experienced emotional or psychological problems because of alcohol use	5.1	1.2	1.7	2.9
Had a strong desire or urge to drink alcohol and couldn't resist it or think of anything else	6.2	4.8	-	3.3
Drank more alcohol than usual to get the same effect	17.9	13.6	9.9	13.7
Experienced physical or emotional problems when stopping or cutting down on alcohol use	3.7	9.0	4.5	5.1
Spent so much time drinking alcohol or recovering from effects to have time for anything else	7.7	7.4	6.5	7.1
Gave up or greatly reduced important activities for a month or longer because of alcohol use	3.7	3.6	1.1	2.6

Respondents who have exhibited at least one symptom of alcohol dependence over the past 12 months (N=53) were asked to indicate, on a scale of 0 to 10, the level of interference that alcohol has had on their daily activities and responsibilities in the past 12 months. A score of 0 indicated "No Interference" while a score of 10 indicated "Very Severe Interference". Based on their responses, respondents were classified into one of two categories⁶⁴:

- No significant alcohol interference in the past 12 months: No scores of 4 to 10
- Significant alcohol interference in the past 12 months: At least one score of 4 to 10

Using a scale of 0 to 10 where 0 means "No Interference" and 10 means "Very Severe Interference", please tell me what number best describes how much your use of alcohol interfered with each of the following activities during the past 12 months: Your ability to attend school? Your ability to work a job? Your ability to form and maintain close relationships with people? Your social life?

Mean scores on the alcohol interference scale were low, ranging from 0.7 for ability to attend school to 1.1 for the ability to form and maintain close relationships with other people and for their social life.

Table 17: Mean Scores on Alcohol Interference Scale –Of respondents who consumed 5 or more drinks on one occasion at least once a month-

	Mean Rating (Out of 10)
Ability to attend school	0.7
Ability to work at a job	0.8
Ability to form and maintain close relationships with other people	1.1
Your social life	1.1
Overall Rating	1.1

Of respondents who have exhibited at least one symptom of alcohol dependence over the past 12 months (N=53), approximately one quarter (26%) have experienced significant interference of alcohol on their normal routine, occupational or academic functioning, or social activities or relationships in the past 12 months.

No differences were found in the likelihood of experiencing significant alcohol interference when analyzed by age^{65,66} or gender⁶⁷.

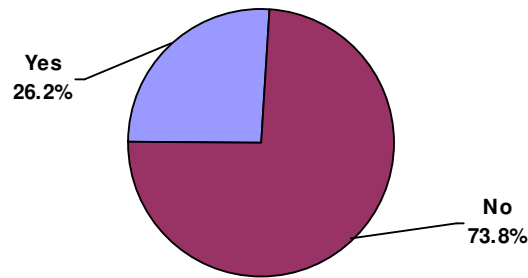
⁶⁴ Source: Statistics Canada, Canadian Community Health Survey (CCHS) Cycle 2.1 Derived Variable (DV) Specifications.

⁶⁵ 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).

⁶⁶ **Sample sizes for all age categories are less than 30; findings should be interpreted with caution.**

⁶⁷ **Sample size for females is less than 30; findings should be interpreted with caution.**

Figure 29: Respondents Experiencing Significant Alcohol Interference (N=53)



8.3 FORMER DRINKERS

Have you ever had any alcoholic beverages? Did you ever regularly drink more than 12 drinks a week? Why did you reduce or quit drinking altogether?

As previously stated, 18% of respondents (N=199) were classified as former drinkers, that is, they have consumed alcoholic beverages in the past, excluding the past 12 months. These respondents were asked a series of questions about their former consumption habits.

Approximately one-quarter of these former drinkers (27%) regularly consumed more than 12 drinks a week, with these respondents more likely to be males as compared to females (51% and 7%, respectively). No differences were found by age^{68,69}. Most commonly, these respondents (N=53) reduced or quit drinking altogether because it affected their physical health (23%), they were drinking too much (22%), had a life change (19%), or interference with family or home life (12%)⁷⁰.

Based on this and other reports and experiences, Addictions Services suggests a review the way we advertise alcohol and the events and functions that allow the NSLC and alcohol companies to advertise. The district may consider which events are supposed to be family friendly and the messages we're sending to those who attend these events but are underage. As well it may prove beneficial to examine the need for multiple retail locations, as the more accessible the product is the easier it is for people to purchase and consume.⁷¹

Helpful further research or investigation may look at the socio-economic factors among those that are drinking.⁷²

⁶⁸ 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).

⁶⁹ **Sample sizes for youth and adults 1 are less than 30; findings should be interpreted with caution.**

⁷⁰ Multiple responses allowed.

⁷¹ Personal Communication with Addiction Services Staff August 2010

⁷² Personal Communication with Addiction Services Staff August 2010

9.0 Illicit Drug Use⁷³

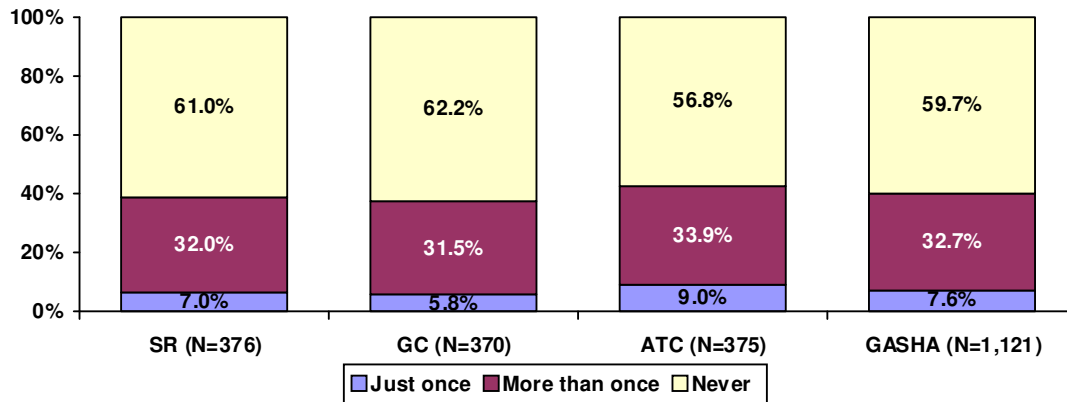
To assess the use of common illicit drugs, respondents were asked about their use of marijuana, cannabis, or hashish.

Have you EVER used or tried marijuana, cannabis, or hashish?

Approximately four in ten respondents (41%) have ever used or tried marijuana, cannabis or hashish (8% just once, 33% more than once). Males (49%) were more likely than females (31%) to have ever used or tried one of these drugs. The same holds true for youth (42%), adults 1 (59%) and adults 2 (46%) as compared to seniors (7%)⁷⁴.

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 30: Percentage of Respondents Who Have Ever Used or Tried Marijuana, Cannabis, or Hashish



The rate of people who have ever tried cannabis in GASHA is about 41% which is about the same as the rate for Nova Scotia (43.4%) according to the Canadian Addictions Survey –Nova Scotia report from 2007. The rate of past year usage for GASHA was 28%, with the Nova Scotia rate being 14.4% (Canadian Addictions Survey – Nova Scotia report, 2007). This is much higher than the provincial number, though not a surprise to Addiction Services with GASHA. Staff within Addiction Services hopes to use this data for youth programming and prevention initiatives, and to further support current programming that we have locally. It is also hoped this data will generate discussion amongst partners, care providers and the community in general. Ideally it can also be used in clinical meetings with parents and youth⁷⁵

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

⁷⁴ 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).

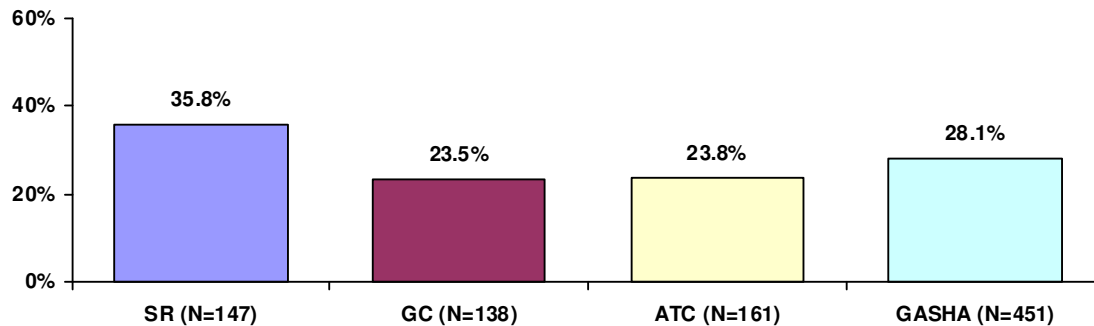
⁷⁵ Personal Communication with Addiction Services Staff August 2010

In the past 12 months, have you used marijuana, cannabis, or hashish?

Of respondents who have ever used marijuana, cannabis, or hashish (N=451), 28% have used in the past 12 months. Past year usage did not differ for males and females. However, youth (72%) were more likely to report past year usage as compared to adults 1 (35%), adults 2 (19%) and seniors (21%)^{76,77}.

No differences were found when comparing the district to the CHBs. However, past year usage was higher in Strait Richmond (36%) when compared to the other CHBs (GC: 24%; ATC: 24%).

Figure 31: Percentage of Respondents Who Have Used or Tried Marijuana, Cannabis, or Hashish in the Past 12 Months



In the past 12 months, how often have you used marijuana, cannabis or hashish?

Of respondents who have used marijuana, cannabis, or hashish in the past 12 months, the majority used infrequently (51% less than once a month, 16% 1-3 times a month). Of note, 15% reported using it everyday and 11% used it more than once a week. Everyday use was more likely among adults 2 (29%) as compared to youth (0%)^{78,79}.

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Table 18: Frequency of Marijuana, Cannabis or Hashish Use –Of respondents who used these drugs over the past 12 months-

	SR	GC	ATC	GASHA
	% (N=53)	% (N=32)	% (N=38)	% (N=127)
Less than once a month	51.7	46.4	52.0	50.9
1 to 3 times a month	14.4	20.4	16.3	16.1
Once a week	-	16.2	10.8	6.6
More than once a week	14.8	8.4	7.6	11.1

⁷⁶ 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).

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

⁷⁸ 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).

⁷⁹ **Sample sizes for youth and seniors are less than 30; findings should be interpreted with caution.**

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Everyday	19.1	8.7	13.3	15.3
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10.0 Problem Gambling⁸⁰

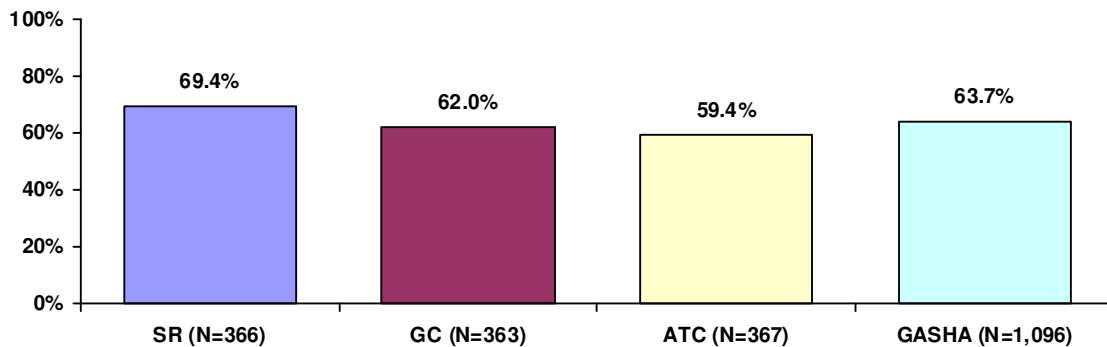
To determine the relationship between gambling and health, respondents were asked a series of questions about their gambling activities and experiences. People have different definitions of gambling. They may bet money and gamble on many different things, including buying lottery tickets, playing bingo, 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, 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?

Almost two-thirds of respondents (64%) have participated in at least one of the above mentioned gambling activities (instant win/scratch/daily lottery tickets; VLT play; Internet gambling) in the past 12 months.

No differences were found when comparing the district to the CHBs, however gambling participation was higher in Strait Richmond (69%) when compared to the other CHBs (GC: 62%; ATC: 59%).

Figure 32: Percentage of Respondents Who Have Participated in at Least One Gambling Activity Over the Past 12 Months



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

Table 19 presents the frequency of participation for each activity. As indicated below, the large majority of respondents never participate in VLT play inside a casino (88%) or outside a casino (90%) and never participate in Internet or arcade gambling (96%).

Instant win, scratch or daily lottery tickets were more common, with 61% of respondents playing at least once within the past 12 months (19% between 1 and 5 times a year, 10% about once a month, 11% about once a week).

No differences were found in gambling participation rates by gender or household income category. However, as might be expected, rates were higher among adults (adults 1: 71%; adults 2: 69%) and seniors (61%) as compared to youth (27%)⁸¹.

Table 19: Frequency of Participation in Instant Win, Scratch, or Daily Lottery Tickets, VLT Play, or Internet/Arcade Gambling Over the Past 12 Months

	GASHA (N=1,121)			
	Instant win/ scratch/ daily lottery tickets	VLTs outside of casinos	VLTs at a casino	Internet or arcade gambling
	%	%	%	%
Daily	0.3	0.1	-	0.1
Between 2 to 6 times a week	5.7	0.5	0.1	0.3
About once a week	10.5	1.2	0.2	0.4
Between 2 to 3 times a month	8.2	0.9	0.2	0.1
About once a month	10.4	1.1	0.5	0.3
Between 6 and 11 times a year	6.6	0.8	0.4	0.2
Between 1 and 5 times a year	19.2	4.2	9.3	0.8
Never	38.6	89.8	88.4	96.4
Don't know/Refused	0.5	1.5	1.0	1.4

⁸¹ 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).

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=723), over one-half (58%) spent \$50 or less on all gambling activities, while 16% spent between \$51 and \$100 and 11% spent between \$101 and \$250.

No differences were found when comparing the district to the CHBs, however Strait Richmond respondents (45%) were more likely than respondents from Guysborough County (36%) to spend at least \$50 on gambling activities over the past 12 months.

Table 20: 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-

	SR	GC	ATC	GASHA
	% (N=264)	% (N=232)	% (N=226)	% (N=723)
Between \$1 and \$50	53.9	61.2	61.7	58.4
Between \$51 and \$100	17.2	13.7	15.0	15.6
Between \$101 and \$250	10.7	12.2	11.8	11.4
Between \$251 and \$500	9.2	5.8	5.5	7.1
Between \$501 and \$1,000	4.8	2.6	2.8	3.6
More than \$1,000	2.8	1.6	2.4	2.4
Don't know/Refused	1.4	2.9	0.8	1.5

By gender, males (48%) were more likely than females (33%) to have spent at least \$50 on gambling activities over the past 12 months. As well, females (65%) were more likely than males (51%) to have spent \$50 or less.

Table 21: 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-

	Males	Females
	% (N=364)	% (N=371)
Between \$1 and \$50	50.7	65.3
Between \$51 and \$100	18.0	12.9
Between \$101 and \$250	13.8	9.2
Between \$251 and \$500	8.8	5.3
Between \$501 and \$1,000	4.5	3.2
More than \$1,000	2.6	2.6
Don't know/Refused	1.6	1.4

When analyzed by age category, adults 1 (42%), adults 2 (41%) and seniors (42%) were more likely to have spent more than \$50 on gambling activities over the past 12 months when compared to youth (17%)⁸².

Table 22: Amount Spent (Excluding Winnings) on All Gambling Activities over the Past 12 Months by Age Category⁸³ –Of respondents who participated in various gambling activities over the past 12 months-

	Youth	Adults 1	Adults 2	Seniors
	% (N=21)	% (N=117)	% (N=444)	% (N=153)
Between \$1 and \$50	83.0	57.0	57.6	56.9
Between \$51 and \$100	11.3	22.4	13.9	15.0
Between \$101 and \$250	5.8	13.6	10.0	14.9
Between \$251 and \$500	-	4.5	7.6	8.5
Between \$501 and \$1,000	-	1.6	5.4	1.6
More than \$1,000	-	-	3.8	1.5
Don't know/Refused	-	1.0	1.7	1.6

When analyzed by household income category, respondents with annual household incomes of less than \$20,000 were more likely to have spent \$50 or less on gambling activities over the past 12 months compared to those with higher household incomes. Conversely, respondents with household incomes of \$40,000 or more were more likely to have spent more than \$50 compared to those from the lowest income category.

Table 23: 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=84)	% (N=162)	% (N=133)	% (N=115)	% (N=174)
Between \$1 and \$50	74.3	59.0	55.6	59.2	48.7
Between \$51 and \$100	11.7	10.1	20.8	17.3	19.3
Between \$101 and \$250	9.4	9.6	11.9	9.5	15.2
Between \$251 and \$500	1.3	12.9	6.1	5.6	7.1
Between \$501 and \$1,000	0.9	2.8	2.3	4.9	7.0
More than \$1,000	-	3.8	2.9	3.1	1.7
Don't know	2.5	1.7	0.4	0.5	1.0

⁸² Sample size for youth is less than 30, therefore, findings should be interpreted with caution.

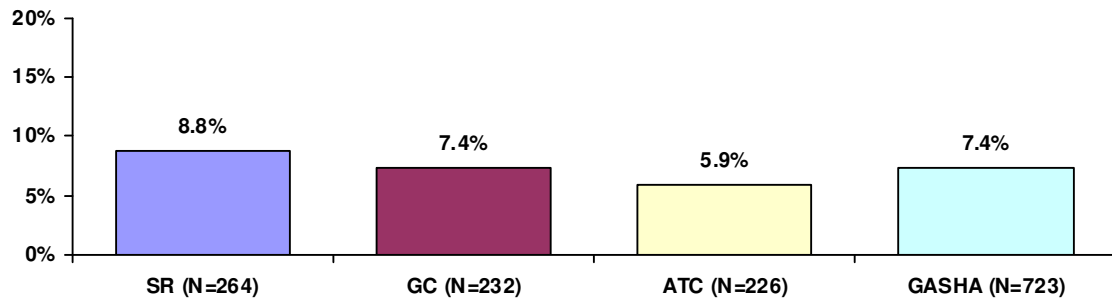
⁸³ For the purpose of analysis, respondents were divided into four age categories: Youth (aged 15-19 years), Adults 1 (aged 20-34 years), Adults 2 (aged 35-64 years) and Seniors (aged 65+ years).

In the past 12 months, have you used alcohol or drugs while gambling?

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=723), 7% have used alcohol or drugs at least once while gambling. Males (8%) were more likely than females (5%) to have engaged in this practice. The same holds true for adults 1 (19%) as compared to adults 2 (5%) and seniors (1%)^{84,85}.

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 33: Used Alcohol or Drugs While Gambling –Of respondents who participated in various gambling activities over the past 12 months -



⁸⁴ 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).

⁸⁵ **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? Have you bet or spent more money than you wanted to on gambling? Have you felt that you might have a problem with gambling? 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=723), almost all felt that gambling has *never* caused them problems, such as stress or anxiety (99%), betting or spending more money than intended (94%) and feeling as if they have a gambling problem (98%). However, it is important to note that 6% sometimes bet or spend more money than intended.

Compared to GASHA as a whole, Strait Richmond respondents were more likely to have bet or spent more money than intended or have had feelings of a gambling problem over the past 12 months.

Similarly, when comparing the CHBs to each other, respondents from Antigonish Town and County and Guysborough County were less likely than Strait Richmond respondents to have *bet or spent more money than intended* or have *had feelings of a gambling problem over the past 12 months*.

Table 24: Frequency of Health Problems Caused by Gambling Over the Past 12 Months -Of respondents who participated in various gambling activities over the past 12 months-

		Never	Sometimes	Most of the time	Almost always
		%	%	%	%
Health problems including stress and anxiety	GASHA (N=723)	98.5	1.5	-	-
	ATC (N=226)	98.9	1.1	-	-
	GC (N=232)	100.0	-	-	-
	SR (N=264)	97.4	2.6	-	-
Betting or spending more money than intended	GASHA (N=723)	94.0	5.3	0.4	0.3
	ATC (N=226)	96.3	3.7	-	-
	GC (N=232)	96.8	3.2	-	-
	SR (N=264)	^90.4	7.8	1.1	0.7
Feelings of having a gambling problem	GASHA (N=723)	98.3	1.2	-	0.6
	ATC (N=226)	100.0	-	-	-
	GC (N=232)	99.6	0.4	-	-
	SR (N=264)	^96.0	2.6	-	1.4

^ Significant difference between particular CHB and GASHA.

11.0 Health Care Services: Access and Use⁸⁶

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 services⁸⁷ is provided below.

11.1 HEALTH CARE UTILIZATION

Contact With Various Health Care Professionals

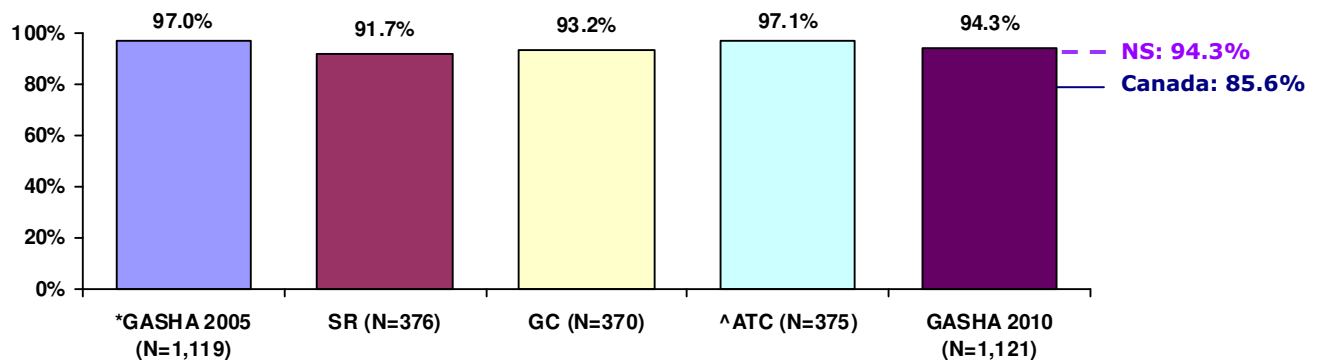
Do you have a regular medical doctor?

The majority of respondents (94%) did have a regular medical doctor, consistent with the province as a whole (94%), but lower than the 2005 finding (97%) and higher than the national finding (86%). Six percent of respondents did not have a regular medical doctor at the time of the survey completion. Seniors (98%) were more likely to have a regular medical doctor compared to adults 2 (94%), adults 1 (91%), and youth (93%)⁸⁸. Likelihood of having a regular medical doctor did not differ by gender or household income category.

Compared to GASHA as a whole (94%), Antigonish Town and County respondents (97%) were more likely to have a regular medical doctor.

Similarly, when comparing the CHBs to each other, respondents from Antigonish Town and County (97%) were more likely than respondents from the other CHBs to have a regular medical doctor (GC: 93%; SR: 92%).

Figure 34: Percentage of Respondents with a Regular Medical Doctor



* Significant difference between 2005 and 2010 data.

^ Significant difference between particular CHB and GASHA.

⁸⁶ Throughout this report, differences between segments are only noted if they are statistically significant.

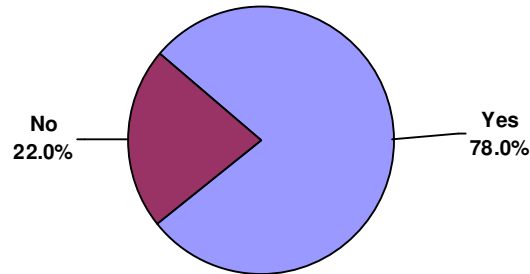
⁸⁷ Only respondents aged 18 years or older were asked about home care services.

⁸⁸ 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).

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 (N=64), just over three-quarters (78%) have a place to go when they are sick or need advice about their health.

Figure 35: 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- (N=64)



What kind of place do you go to most often?

The places frequented most often by these respondents include an appointment clinic (39%) and doctor's office (20%).

Table 25: Places Frequented Most Often* –Of respondents who have a place to go when they are sick or need health advice-

	GASHA
	% (N=50)
Appointment clinic	38.9
Doctor's office	19.6
Hospital outpatient clinic	12.6
Walk-in clinic	10.1
Community health centre/CLSC	9.8
Hospital emergency room	5.5
Other	3.6

*Multiple responses allowed.

Consultations about Mental Health

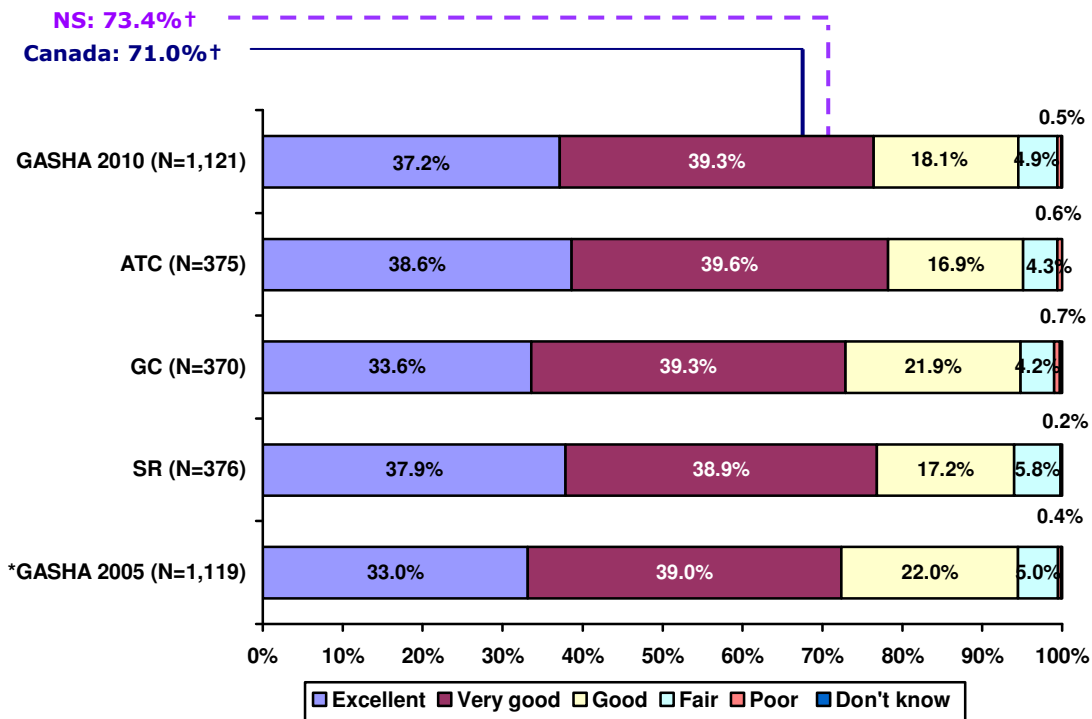
In general, would you say your mental health is "excellent", "very good", "good", "fair", or "poor"?

The majority of respondents rated their mental health as *good* (18%), *very good* (39%), or *excellent* (37%), while 6% rated their mental health negatively (5% *fair*; 1% *poor*). This assessment generally did not differ based on age⁸⁹ or gender.

The percentage of those who rated their mental health as *very good* or *excellent* (77%) was higher than provincial and national findings (73% and 71%, respectively). It was also higher than what was found in 2005 (72%).

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 36: Self-Reported Mental Health Status



† Percentages combine very good and excellent.
* Significant difference between 2005 and 2010 data.

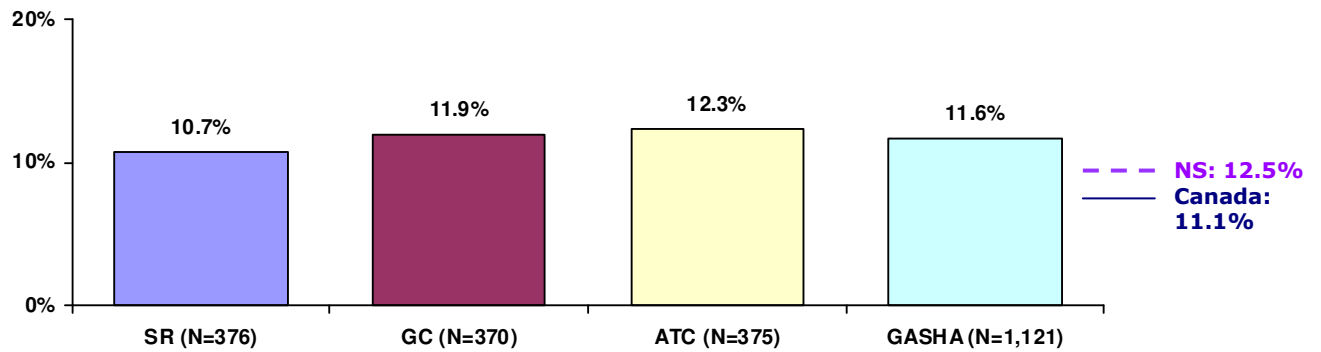
⁸⁹ For the purpose of analysis, respondents were divided into four age categories: Youth (aged 15-19 years), Adults 1 (aged 20-34 years), Adults 2 (aged 35-64 years) and Seniors (aged 65+ years).

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

Twelve percent of respondents have seen or talked to a health professional about their emotional or mental health within the past 12 months, similar to national (11%) and provincial (13%) results. The likelihood of talking to a health professional about emotional or mental health was higher for youth (18%), adults 1 (20%) and adults 2 (11%) when compared to seniors (5%)⁹⁰. The same holds true for females (15%) as compared to males (8%). No differences were found by household income category.

Furthermore, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 37: Percentage of Respondents Who Contacted a Health Professional about Emotional/Mental Health within the Past 12 Months



⁹⁰ 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).

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=130) did so an average of 8 times during the year. Almost one-half of these respondents (45%) saw or talked to a family doctor or general practitioner, followed distantly by a psychologist (26%), psychiatrist (25%) or a social worker or counselor (18%).

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

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

	SR	GC	ATC	GASHA
	% (N=40)	% (N=44)	% (N=46)	% (N=130)
Family doctor/general practitioner	43.1	39.4	48.5	44.6
Psychologist	17.2	20.7	35.6	26.0
Psychiatrist	28.2	20.6	25.0	25.2
Social worker/counselor	21.5	15.9	16.2	18.0
Nurse	2.8	11.3	6.5	6.3
Other	6.9	-	5.2	4.7
Don't know/Refused	2.6	2.3	-	1.4

*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).

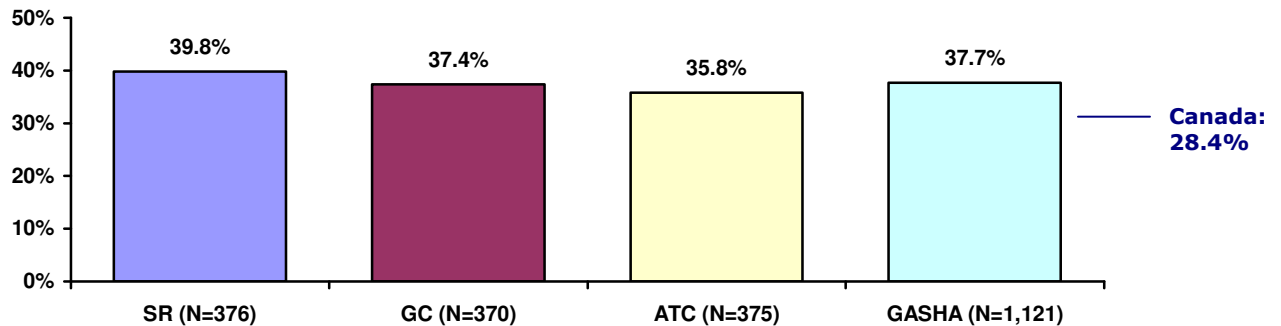
In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation?

Thirty-eight percent of respondents required a visit to a medical specialist within the past 12 months, higher than what was found nationally (28%)⁹¹.

No differences were found when analyzed by age⁹², gender or household income category.

Furthermore, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 38: Percentage of Respondents Who Required a Visit to a Medical Specialist within the Past 12 Months



⁹¹ Provincial data on specialist care was unavailable.

⁹² 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).

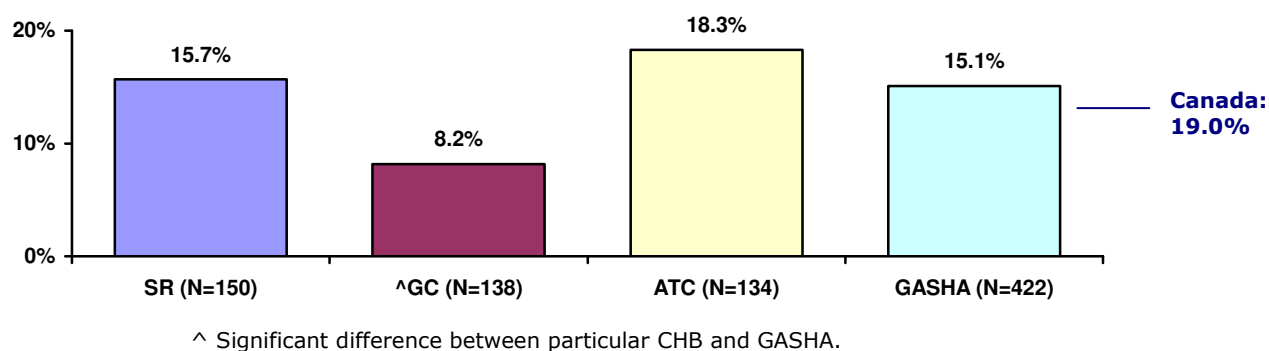
In the past 12 months, did you ever experience any difficulties getting the specialist care you needed for a diagnosis or consultation?

Of respondents who required a visit to a medical specialist within the past 12 months (N=422), 15% experienced difficulty getting the specialist care they needed, similar to the national result (19%)⁹³.

Compared to GASHA as a whole (15%), Guysborough County respondents (8%) were less likely to have experienced difficulty in getting specialist care.

Similarly, when comparing the CHBs to each other, respondents from Antigonish Town and County (18%) were more likely than respondents from Guysborough County (8%) to have experienced difficulty in getting specialist care.

Figure 39: Percentage of Respondents Who Experienced Difficulty Getting Specialist Care –Of respondents who required a visit to a medical specialist within the past 12 months-



What type of difficulties did you experience?

Most commonly, those who experienced difficulty (N=64) waited too long between booking the appointment and visiting the specialist (46%) or had difficulty getting an appointment (36%).

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

	GASHA
	% (N=64)
Waited too long between booking appointment and visit	46.0
Difficulty getting an appointment	35.7
Difficulty getting a referral	13.4
No specialists in the area	10.8
Waited too long to see the doctor	10.6
Issues in contacting specialist	8.9
Still waiting for visit	4.4
Appointment cancelled or deferred by specialist	4.0
Transportation problems	3.4
Other	8.8

*Multiple responses allowed.

⁹³ Provincial data on difficulties accessing specialist care was unavailable.

Experiences Getting Health Information and Advice

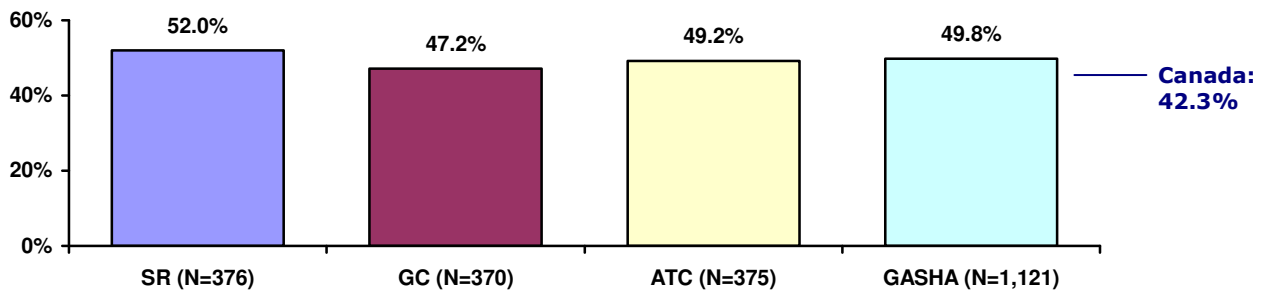
In the past 12 months, have you required health information or advice for yourself or a family member?

One-half of respondents (50%) required health information or advice for themselves or a family member within the past 12 months, higher than the national finding (42%)⁹⁴.

Adults 2 (57%) and adults 1 (50%) were more likely than seniors (40%) and youth (37%) to have required such advice⁹⁵. The same holds true for females (56%) as compared to males (45%). Furthermore, those with annual household incomes of \$40,000 or more (\$40,000 to less than \$60,000: 57%; \$60,000 to less than \$80,000: 55%; \$80,000 or more: 55%) were more likely to have required such advice than those with lower household incomes (\$20,000 to less than \$40,000: 45%; less than \$20,000: 39%).

However, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 40: Percentage of Respondents Who Required Health Information or Advice for Themselves or a Family Member within the Past 12 Months



⁹⁴ Provincial data on requiring health information or advice was unavailable.

⁹⁵ 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).

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 (79%). Other less commonly contacted health care providers included a hospital emergency room (17%) and a walk-in clinic (10%).

Compared to the district as a whole (10%), Antigonish Town and County respondents were more likely to contact a walk-in clinic for health information and advice (16%), while Strait Richmond respondents were less likely (4%).

Similarly, Antigonish Town and County respondents (16%) were more likely to contact a walk-in clinic for health information and advice when compared to respondents from the other CHBs (GC: 7%; SR: 4%).

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

	SR	GC	ATC	GASHA
	% (N=195)	% (N=175)	% (N=185)	% (N=559)
Doctor's office	75.8	78.0	82.5	78.9
Hospital emergency room	15.2	10.8	21.2	16.8
Walk-in clinic	4.1	7.3	16.4	9.7
Other hospital service	7.0	11.8	7.9	8.3
Telephone help-line	7.3	6.4	9.5	8.0
Community health centre/CLSC	8.6	7.4	3.7	6.4
Internet	8.3	2.8	5.7	6.2
Family/friends	5.3	0.7	2.4	3.2
Pharmacist/pharmacy	3.5	1.1	1.0	2.0
Other	5.5	7.4	5.9	5.9
Don't know/Refused	1.1	0.5	-	0.5

*Multiple responses allowed.

11.3 HOME CARE SERVICES

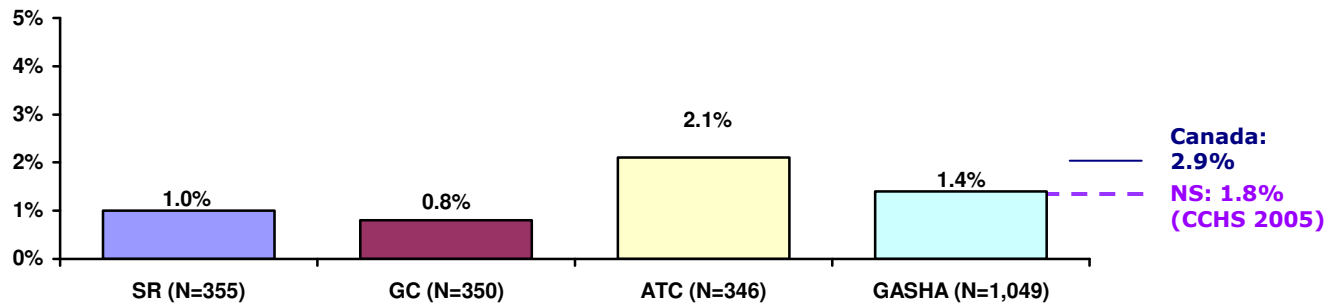
Respondents aged 18 years or older (N=1,049) were asked about home care services. Home care services are health care, homemaker or other support services received at home, which may be received due to a health problem or condition that affects daily activities. Home care services commonly include nursing care, personal care, or help with bathing, housework, meal preparation, meal delivery and respite care.

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=1,049), 1% 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.

No differences were found when analyzed by household income category, age⁹⁶ or gender. Similarly, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 41: Percentage of Respondents Who Felt They Needed Home Care Services in the Past 12 Months But Did Not Receive Them –Of respondents aged 18 years or older-



⁹⁶ 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).

Thinking of the most recent time, why didn't you get these services? Again, thinking of the most recent time, what was the type of home care that was needed? Where did you try to get this home care service?

Respondents who felt they needed home care services in the past 12 months but did not receive them (N=15) did not receive these services because of cost issues (n=3), didn't get around to it/didn't bother (n=2), didn't know where to go/call (n=1), services were not available in the time required (n=1), waiting time was too long (n=1), were unsure (n=2), or some other reason (n=7)⁹⁷.

Of respondents who felt they needed home care services in the past 12 months but did not receive them (N=15), housework (n=11) and personal care (n=6) were the most common types of services needed. Many of these respondents (n=6) tried to get this service from a government sponsored program, while many (n=5) never actually followed through and requested the service⁹⁸.

⁹⁷ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

⁹⁸ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

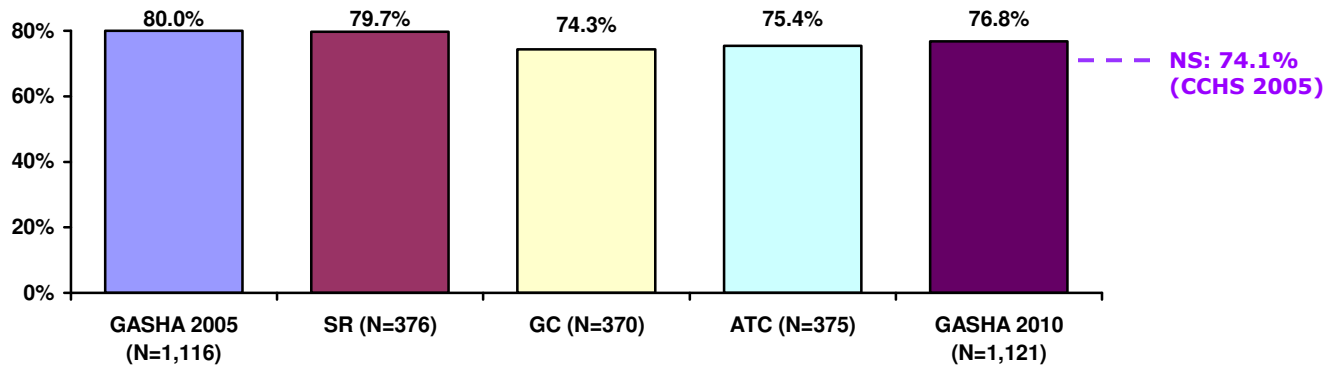
12.0 Chronic Conditions⁹⁹

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

Just over three-quarters of respondents (77%) reported having at least one chronic health condition, similar to the 2005 result (80%) and the provincial result (74%)¹⁰⁰.

Furthermore, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 42: Percentage of Respondents with at Least One of Various Chronic Health Conditions

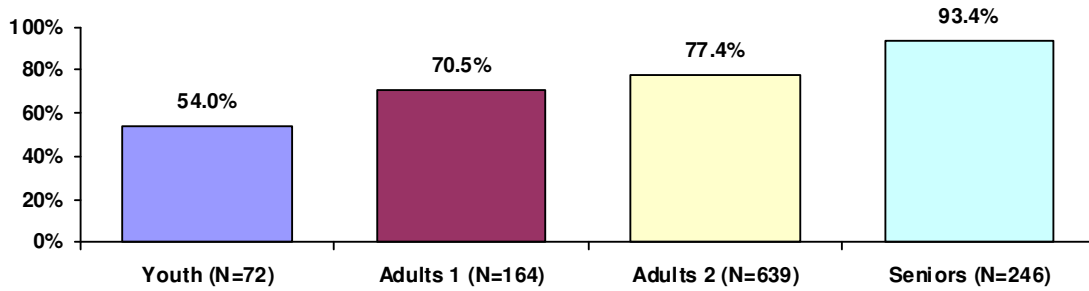


⁹⁹ Throughout this report, differences between segments are only noted if they are statistically significant.

¹⁰⁰ National data on the prevalence of chronic conditions was unavailable.

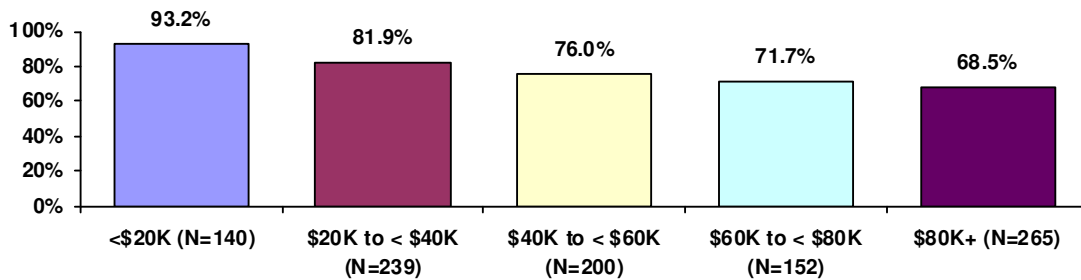
Females were more likely than males to have at least one chronic condition (83% and 74%, respectively). Furthermore, the prevalence of chronic conditions increased with age. Seniors (93%) were most likely to have at least one chronic condition, followed by adults (adults 2: 77%; adults 1: 71%), and youth (54%).

Figure 43: Percentage of Respondents with at Least One of Various Chronic Conditions by Age Category¹⁰¹



As shown in Figure 44, the prevalence of chronic conditions tended to be higher as household income decreased. Respondents with household incomes of less than \$20,000 were most likely to have at least one chronic condition, followed by respondents from the income categories of \$20,000 to less than \$60,000 and \$60,000 or more.

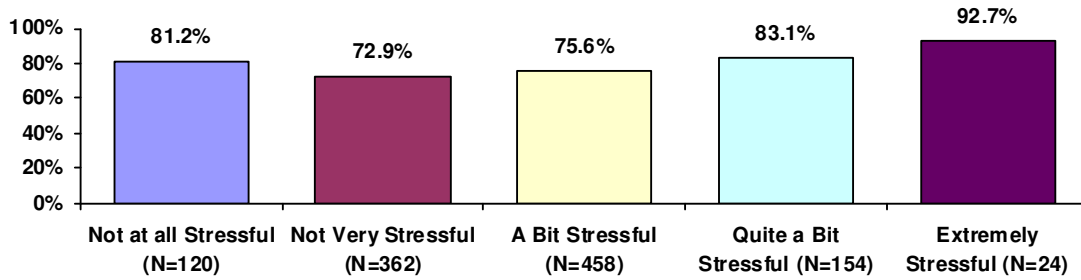
Figure 44: Percentage of Respondents with at Least One of Various Chronic Conditions by Household Income Category



¹⁰¹ 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).

In terms of daily stress levels, respondents who reported their daily lives as extremely stressful (93%) were more likely to have at least one chronic condition compared to respondents who reported their daily lives as not very stressful (73%).

Figure 45: Percentage of Respondents with at Least One of Various Chronic Conditions by Day-to-Day Stress Level¹⁰²



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

¹⁰² Sample size for extremely stressful is less than 30; findings should be interpreted with caution.

12.1 ALLERGIES

Do you have food allergies? Do you have any other allergies? Do you suffer from multiple chemical sensitivities?

Six percent of respondents reported having food allergies, while about three in ten (31%) had other allergies. A small minority of respondents (3%) reported having multiple chemical sensitivities, which is defined as adverse physical reactions to low levels of common chemicals in the environment. These findings are consistent with 2005, with the exception of food allergies, for which prevalence decreased in 2010.

However, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Table 29: Percentage of Respondents with Allergies

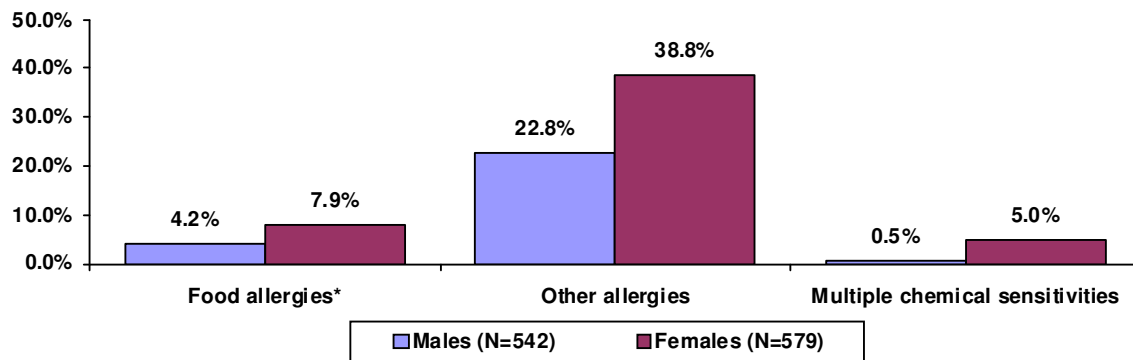
	N	Food allergies	Other allergies	Multiple chemical sensitivities
		%	%	%
GASHA	1,121	6.1	31.1	2.8
ATC	375	5.0	32.2	1.5
GC	370	8.6	27.8	3.7
SR	376	5.9	31.6	3.6
GASHA 2005	1,119	*9.0	29.0	4.0

* Significant difference between 2005 and 2010.

The likelihood of having various allergies differed based on gender. Females were more likely than males to report having all allergies specified above:

- Food allergies (8% and 4%, respectively);
- Other allergies (39% and 23%, respectively); and
- Multiple chemical sensitivities (5% and 1%, respectively).

Figure 46: Prevalence of Allergies by Gender



Furthermore, adults 1 (41%) were more likely to have other allergies than adults 2 (31%) and seniors (26%)¹⁰³.

¹⁰³ 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).

12.2 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 (9%) reported having asthma, similar to the provincial (11%) and national (9%) prevalence rates. Of those respondents who reported having asthma (N=99), 45% have had asthma symptoms or attacks in the past 12 months and 74% 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), while asthma and chronic bronchitis rates were consistent with 2005 findings.

When comparing the district to the CHBs, no differences were found among any of the respiratory conditions. This was similar when comparing the CHBs to each other, with the exception of chronic bronchitis, where the prevalence was higher in Guysborough County (6%) when compared to Strait Richmond (3%).

Table 30: Percentage of Respondents with Respiratory Conditions

	N	Asthma	Chronic bronchitis	COPD ^o	Emphysema ^o
		%	%	%	%
GASHA	1,121	8.8	4.3	2.0	0.9
ATC	375	7.8	4.5	1.6	1.0
GC	370	12.0	6.4	1.5	0.8
SR	376	8.2	2.9	2.6	0.9
GASHA 2005	1,119	8.0	3.0	-	-
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 (GASHA: N=901; Antigonish Town and County: N=287; Guysborough County: N=311; Strait Richmond: N=310).

No differences were found in the prevalence of respiratory conditions when analyzed by age¹⁰⁴ or gender.

¹⁰⁴ 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).

12.3 MUSCLE/JOINT CONDITIONS

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

Approximately one-third of respondents reported having arthritis/rheumatism (31%), while one-quarter (25%) reported back problems and a minority (3%) reported fibromyalgia, all consistent with 2005 findings. Arthritis/rheumatism prevalence in GASHA was higher than that found at the provincial and national levels (23% and 21%, respectively), while the prevalence of back problems was slightly higher than the national rate (21%).

When comparing the district to the CHBs, no differences were found among any of the muscle/joint conditions, with the exception of arthritis/rheumatism (31%), where prevalence was higher in Strait Richmond (36%) and lower in Antigonish Town and County (25%).

Similarly, when comparing the CHBs to each other, no differences were found among any of the muscle/joint conditions, with the exception of arthritis/rheumatism, where the prevalence was higher in Guysborough County (32%) and Strait Richmond (36%) when compared to Antigonish Town and County (25%).

Table 31: Percentage of Respondents with Muscle/Joint Conditions

	N	Arthritis/ Rheumatism	Back problems	Fibromyalgia
		%	%	%
GASHA	1,121	30.6	24.8	2.8
ATC	375	^24.8	23.6	2.5
GC	370	31.6	24.0	2.6
SR	376	^36.4	26.5	3.2
GASHA 2005	1,119	31.0	26.0	2.0
NS	-	23.1	-	-
Canada	-	20.5	21.1	-

^ Significant difference between particular CHB and GASHA.

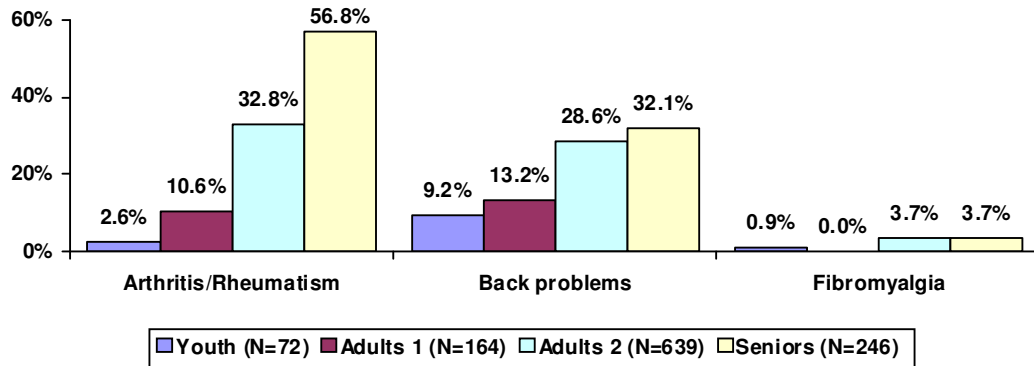
While no differences were found in the prevalence of back problems by gender, females were more likely than males to report having arthritis/rheumatism (36% and 30%, respectively) and fibromyalgia (5% and 1%, respectively).

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

- Arthritis/rheumatism was most prevalent in seniors (57%), followed by adults 2 (33%), adults 1 (11%) and youth (3%); and
- Seniors (32%) and adults 2 (29%) were more likely to have back problems as compared to adults 1 (13%) and youth (9%).

No age differences were found regarding the prevalence of fibromyalgia.

Figure 47: Prevalence of Muscle/Joint Conditions by Age Category¹⁰⁵



¹⁰⁵ 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).

12.4 CARDIOVASCULAR CONDITIONS

Do you have high blood pressure? In the past month, have you taken any medicine for high blood pressure? Do you have heart disease? Have you EVER had a hear attack? Do you currently have angina? Do you currently have congestive heart failure? Do you suffer from the effects of a stroke?

Approximately one-quarter of respondents (24%) reported having high blood pressure, similar to 2005 (24%), but slightly higher than provincial and national prevalence rates (19% and 21%, respectively).

Of those who currently have high blood pressure (N=265), the large majority (92%) have taken medication for this condition within the past month.

Seven percent of respondents reported having heart disease (generally similar to 6% provincially and 7% nationally), while 5% have ever had a heart attack, 4% currently have angina, 1% have congestive heart failure, and 1% have suffered from the effects of a stroke (similar to 2% nationally). The prevalence rates for these cardiovascular conditions have not changed since 2005.

No differences were found when comparing the district to the CHBs. This trend was similar across the CHBs, with the exception of high blood pressure, where prevalence was higher in Guysborough County (28%) when compared to Antigonish Town and County (20%).

Table 32: Percentage of Respondents with Various Cardiovascular Conditions

	N	High blood pressure	Heart disease	Heart attack	Angina	Congestive heart failure	Stroke
		%	%	%	%	%	%
GASHA	1,121	23.6	7.0	4.6	4.1	1.2	1.1
ATC	375	19.8	6.4	4.0	4.7	1.2	1.2
GC	370	28.4	5.9	3.6	4.0	0.5	0.5
SR	376	25.2	8.2	5.9	3.4	1.6	1.3
GASHA 2005	1,119	24.0	6.0	4.0	5.0	1.0	1.0
NS	-	19.0	6.1	-	-	-	-
Canada	-	20.5	6.5	-	-	-	1.5

The likelihood of having specific cardiovascular conditions was greater for males than for females:

- Heart disease (10% and 6%, respectively); and
- Heart attack (8% and 3%, respectively).

Furthermore, specific cardiovascular conditions tended to increase with age:

- High blood pressure was most prevalent in seniors (48%), followed by adults 2 (25%), adults 1 (5%) and youth (1%);
- Seniors (17%) were more likely to have heart disease than adults 2 (7%), adults 1 (0%) and youth (3%);
- Seniors (14%) were more likely to have ever had a heart attack than adults 2 (4%), adults 1 (0%) and youth (2%); and
- Seniors (8%) were more likely to have angina than adults 2 (3%), adults 1 (4%) and youth (0%).

Table 33: Prevalence of Cardiovascular Conditions by Age Category¹⁰⁶

	<i>N</i>	<i>High blood pressure</i>	<i>Heart disease</i>	<i>Heart attack</i>	<i>Angina</i>	<i>Congestive heart failure</i>	<i>Stroke</i>
		<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>
Youth	72	0.9	3.1	1.7	-	-	-
Adults 1	164	5.3	-	-	4.3	-	0.4
Adults 2	639	25.2	6.5	3.7	3.4	1.7	0.9
Seniors	246	47.5	17.0	13.7	7.8	1.9	2.6

¹⁰⁶ 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).

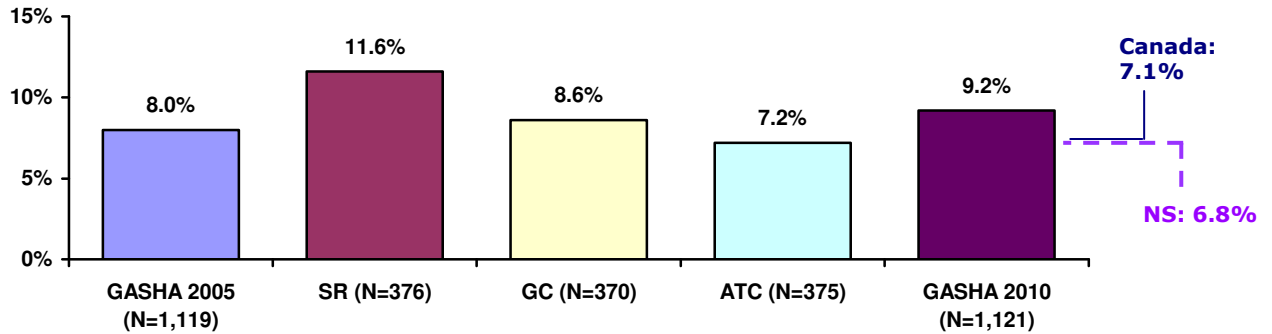
12.5 DIABETES

Do you have diabetes?

Nine percent of respondents reported having diabetes, similar to 2005 findings (8%), as well as provincial and national findings (7% each). The prevalence of diabetes increased with age, with seniors (19%) most likely to report having diabetes, followed by adults 2 (10%). Indeed, respondents from these age categories were more likely than adults 1 (3%), and youth (0%) to report having the condition¹⁰⁷. Prevalence did not differ by gender.

Similarly, no differences were found when comparing the district to the CHBs. However, among the CHBs, diabetes was more prevalent in Strait Richmond (12%) when compared to Antigonish Town and County (7%).

Figure 48: Percentage of Respondents with Diabetes



How old were you when this was first diagnosed? Were you pregnant when you were first diagnosed with diabetes? Other than during your pregnancy, has a health professional ever told you that you have diabetes? 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=103) were asked several questions about their history with the condition. The average age of diagnosis was 47 years. Of respondents who reported having diabetes, four were pregnant at the time of diagnosis. Just over one-half (54%) reported taking pills within the past month to control their blood sugar, and 31% currently take insulin for their diabetes. Respondents who currently take insulin (N=32) most often reported having the condition for less than one month (34%) or one year or more (59%) before starting on insulin.

¹⁰⁷ 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).

12.6 CANCER

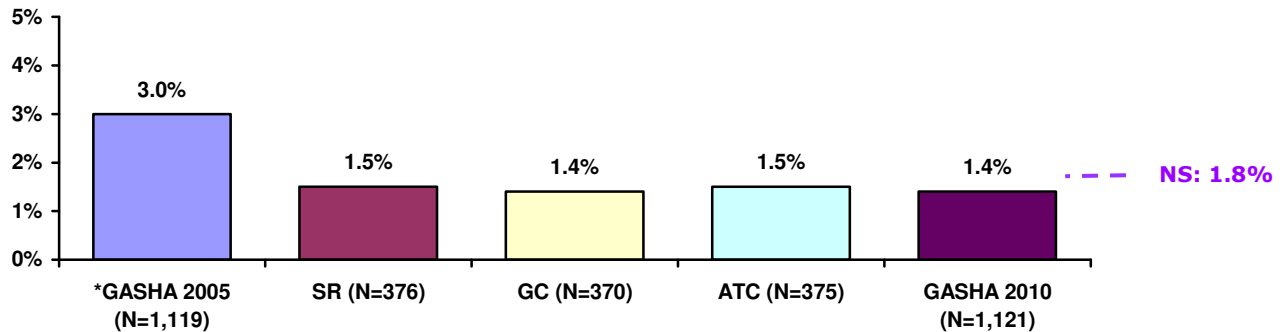
Do you have cancer? What type of cancer do you have? Have you ever been diagnosed with cancer?

Similar to the province as a whole, 1% of respondents currently have cancer¹⁰⁸. Of respondents who have cancer (N=16), the most common cancers were identified as prostate cancer (n=5) and breast cancer (n=4)¹⁰⁹. The prevalence of cancer did not differ by gender, however seniors (4%) were more likely to currently have cancer compared to adults 2 (1%), adults 1 (0%) and youth (0%)¹¹⁰.

The district cancer rate was lower than what was found in 2005 (3%) but consistent with the provincial rate (2%). No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Of those who do not currently have cancer (N=1,105), 7% 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 49: Percentage of Respondents with Cancer



* Significant difference between 2005 and 2010 data.

¹⁰⁸ National data on cancer prevalence was unavailable.

¹⁰⁹ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

¹¹⁰ 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).

12.7 PSYCHOLOGICAL DISORDERS

Do you have a mood disorder such as depression, bipolar disorder, mania, or dysthymia? Do you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or panic disorder? Do you have an eating disorder? Do you have schizophrenia?

Seven percent of respondents reported having an anxiety disorder, while a similar percentage (7%) reported having a mood disorder. A small minority of respondents reported having schizophrenia (<1%) or an eating disorder (<1%). These prevalence rates remain unchanged from 2005.

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Table 34: Percentage of Respondents with Psychological Disorders

	N	Anxiety disorder	Mood disorder	Schizophrenia	Eating disorder
		%	%	%	%
GASHA	1,121	7.1	6.8	0.5	0.4
ATC	375	5.5	6.4	0.9	0.5
GC	370	7.7	7.3	-	0.8
SR	376	8.4	7.1	0.3	-
GASHA 2005	1,119	7.0	6.0	0.2	0.1

The prevalence of mood disorders, schizophrenia, or eating disorders did not differ by age or gender. However, adults 1 (10%) and adults 2 (8%) were more likely than seniors (3%) to report having an anxiety disorder¹¹¹. The same holds true for females (9%) as compared with males (5%).

¹¹¹ 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).

12.8 GASTROINTESTINAL CONDITIONS

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

Two percent of respondents reported having intestinal or stomach ulcers (similar to 4% at the national level, but lower than the 2005 finding of 4%), while a higher percentage (6%) reported having a bowel disorder (similar to the national finding of 5%¹¹², but higher than the 2005 finding of 4%). No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Of those with a bowel disorder (N=66), 69% have Irritable Bowel Syndrome (IBS), while 8% have Crohn's Disease, 8% have Diverticulitis, and 5% have Ulcerative colitis. The remaining respondents have another bowel condition (8%) or were unsure (3%)¹¹³.

Table 35: Percentage of Respondents with Gastrointestinal Disorders

	N	Ulcers	Bowel disorders
		%	%
GASHA	1,121	2.3	5.9
ATC	375	1.2	5.7
GC	370	2.7	7.0
SR	376	3.2	5.6
GASHA 2005	1,119	*4.0	*4.0
Canada	-	3.5	5.1

* Significant difference between 2005 and 2010.

The prevalence of intestinal/stomach ulcers did not differ by age or gender, however, bowel disorders tended to be more common among females (9%) as compared to males (3%). This disorder was also more common among seniors (6%), adults 2 (7%), and adults 1 (6%) as compared to youth (0%)¹¹⁴.

¹¹² Provincial data on gastrointestinal disorders was unavailable.

¹¹³ Multiple responses allowed.

¹¹⁴ 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).

12.9 DEVELOPMENTAL/LEARNING DISORDERS

Do you have autism or any other developmental disorder such as Down’s syndrome, Asperger’s syndrome, or Rett syndrome? Do you have a learning disability? What kind of learning disability do you have?

A small minority of respondents reported having a learning disability (3%) or autism/other developmental disorder (<1%), similar to 2005. Of those respondents who reported having a learning disability (N=28), 15 reported having dyslexia, while six had Attention Deficit Hyperactivity Disorder¹¹⁵.

No differences were found when comparing the district to the CHBs. However, among the CHBs, learning disabilities were more prevalent in Guysborough County (4%) when compared to Antigonish Town and County (1%).

Table 36: Percentage of Respondents with Developmental/Learning Disorders

	N	Learning disability	Autism/other developmental disorder
		%	%
GASHA	1,121	2.5	0.1
ATC	375	1.4	-
GC	370	3.8	0.3
SR	376	2.9	-
GASHA 2005	1,119	4.0	0.3

While the prevalence of autism/other developmental disorder did not differ by age, youth (5%) and adults 1 (4%) were more likely to have a learning disability than seniors (1%)¹¹⁶. Prevalence of both developmental/learning disorders did not differ by gender.

¹¹⁵ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

¹¹⁶ 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).

12.10 EYE CONDITIONS

Do you have cataracts? Do you have glaucoma?

Similar to 2005, almost one in ten respondents (8%) reported having cataracts, while 2% reported having glaucoma.

Furthermore, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Table 37: Percentage of Respondents with Eye Conditions

	N	Cataracts	Glaucoma
		%	%
GASHA	1,121	7.6	1.9
ATC	375	7.9	2.3
GC	370	7.2	2.0
SR	376	7.4	1.4
GASHA 2005	1,055*	8.0	3.0

*In 2005, only respondents aged 18 years or older were asked about eye conditions.

The prevalence of glaucoma did not differ by gender, however, cataracts tended to be more common among females (11%) as compared to males (6%).

The prevalence of eye conditions increased with age. Seniors (25%) were more likely to have cataracts than respondents from all other age categories (adults 2: 5%; adults 1: 0%; youth: 0%). Similarly, seniors (6%) were more likely to have glaucoma than respondents from all other age categories (adults 2: 1%; adults 1: 0%; youth: 0%)¹¹⁷.

¹¹⁷ 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).

12.11 OTHER CHRONIC CONDITIONS

Do you have a thyroid condition? Do you suffer from urinary incontinence? Do you have chronic fatigue syndrome? Do you have epilepsy? Do you have Alzheimer's Disease or any other dementia?

Besides those previously mentioned, the most common other chronic condition among respondents was thyroid conditions (11%; higher than the 2005 finding of 8%). No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Table 38: Percentage of Respondents with Other Chronic Conditions

	N	Thyroid condition	Urinary incontinence	Chronic fatigue syndrome	Epilepsy	Alzheimer's disease/ Dementia ^o
		%	%	%	%	%
GASHA	1,121	11.4	4.4	1.6	1.4	0.1
ATC	375	9.8	4.5	1.5	1.5	-
GC	370	13.3	5.8	1.0	1.0	-
SR	376	12.2	3.7	2.2	1.6	0.2
GASHA 2005	1,119	*8.0	3.0	2.0	1.0	0.2
Canada	-	-	4.5	-	-	0.5

^oOnly respondents aged 18 years or older were asked about Alzheimer's Disease/Dementia (GASHA: N=1,049; Antigonish Town and County: N=346; Guysborough County: N=350; Strait Richmond: N=355).

* Significant difference between 2005 and 2010.

When analyzed by gender, females were more likely than males to report having a thyroid condition (17% and 7%, respectively). No other gender differences were found.

Furthermore, when analyzed by age¹¹⁸:

- Older respondents (seniors: 17%; adults 2: 13%) were more likely to have a thyroid condition than younger respondents (adults 1: 5%; youth: 2%); and
- Seniors (10%), however, were more likely to have urinary incontinence than adults 2 (5%), adults 1 (0%) and youth (0%).

¹¹⁸ 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).

13.0 Oral Health¹¹⁹

Good oral health is good for physical and mental well being for all ages. Medical research that has confirmed there is considerable link between the health of the mouth and the overall health of the body. ¹²⁰ Statistics indicate that poor oral health increases your chances of getting a number of diseases. Researchers have found that people with gum disease are almost twice as likely to suffer from coronary artery disease.¹²¹ While other studies have shown people diagnosed with acute cerebrovascular ischemia were found more likely to have an oral infection when compared to those in the control group.¹²² For children poor oral health, specifically cavities can cause pain, affects school performance due to an increase in absences, difficulty concentrating and significantly impact self esteem.¹²³

Correlations and associations have also been found between poor oral health and many systemic diseases like diabetes, respiratory problems and pre-term births. A little discussed fact is that dental decay is the most common chronic prevalent disease. In terms of chronic diseases, dental decay, periodontal disease and oral cancer are totally preventable. ¹²⁴

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

Do you have one or more of your own teeth? Do you wear dentures or false teeth?

The large majority of respondents (89%) have at least one of their natural teeth, while almost one-third (30%) wear dentures or false teeth.

How often do you brush your teeth?

Of respondents who had at least one of their natural teeth (N=1,001), the majority reported brushing their teeth twice a day (56%) or more than twice a day (29%). The percentage of respondents who brush their teeth at least twice a day (85%) remains unchanged from 2005 (85%).

Similarly, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

¹¹⁹ Throughout this report, differences between segments are only noted if they are statistically significant.

¹²⁰ Personal Communication with Public Health Services Sept 2010

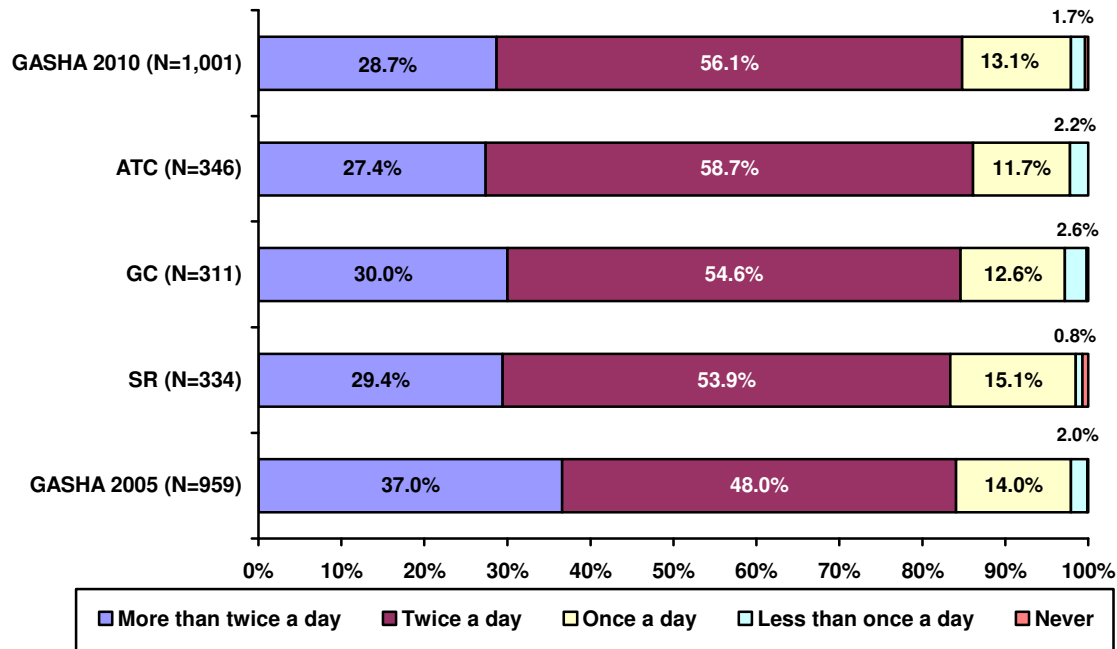
¹²¹ American Academy of Periodontology- Website Accessed Sept 2010

¹²² American Academy of Periodontology- Website Accessed Sept 2010

¹²³ NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION - ORAL HEALTH Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers AT A GLANCE2010

¹²⁴ Personal Communication with Public Health Services Sept 2010

Figure 50: Frequency of Teeth Brushing –Of respondents who have one or more natural teeth-



† Percentages combine more than twice a day and twice a day.

Teeth brushing at least twice a day was more likely among youth (93%) as compared to adults 2 (84%) and seniors (81%)¹²⁵. The same holds true for females (91%) as compared to males (77%).

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?

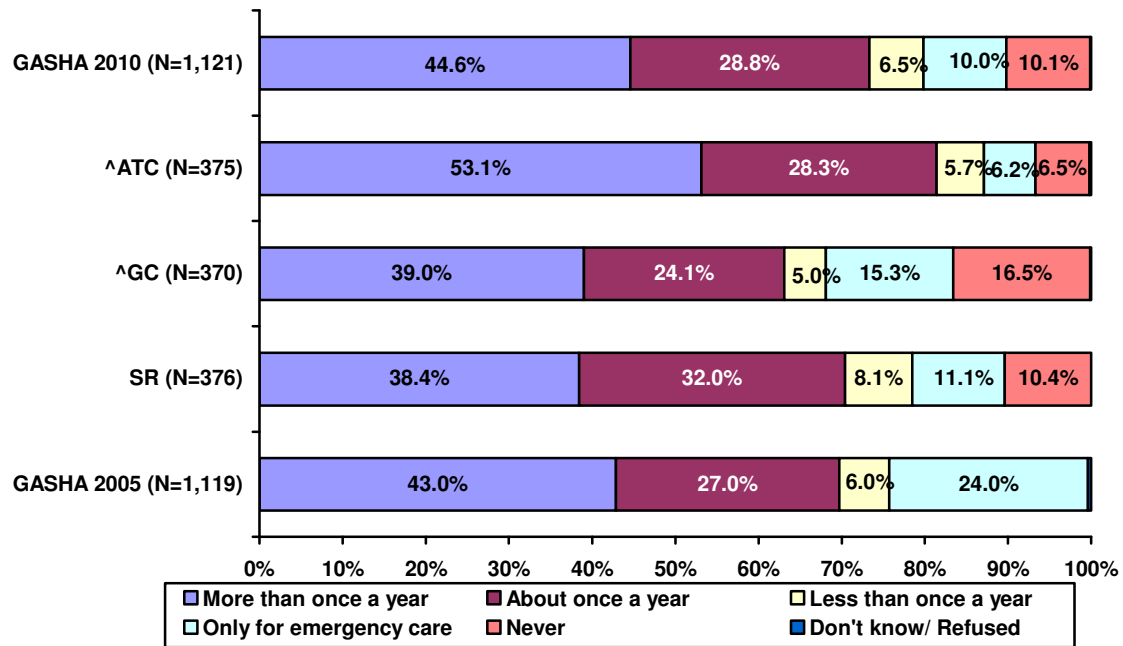
Nearly three-quarters of respondents (73%) usually visit the dentist at least once a year for check-ups, with 45% doing so more than once a year. The percentage of respondents who visit the dentist at least once a year (73%) remains unchanged from 2005 (70%) In contrast, about two in ten respondents never visit the dentist (10%) or do so only for emergency care (10%). Of note, the percentage of respondents from this CHB who visit the dentist only for emergency care (10%) has decreased notably since 2005 (24%).

Compared to GASHA as a whole (73%), respondents from Antigonish Town and County (81%) were more likely to visit the dentist at least once a year for check-ups, while respondents from Guysborough County (63%) were less likely.

Across the CHBs, Antigonish Town and County respondents (81%) were most likely to visit the dentist at least once a year for check-ups, followed by respondents from Strait Richmond (70%) and Guysborough County (63%).

¹²⁵ 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).

Figure 51: Frequency of Dental Visits



† Percentages combine more than once a year and about once a year.
^ Significant difference between particular CHB and GASHA.

Frequency of dental visits did not differ by gender. However, youth (96%) were most likely to visit the dentist at least once a year for check-ups, followed by adults (adults 2: 75%; adults 1: 75%) and seniors (60%)¹²⁶.

Frequency of dental visits was also related to household income, whereby visits increased as income increased. More specifically, respondents with an annual household income of \$40,000 or more (\$40,000 to less than \$60,000: 84%; \$60,000 to less than \$80,000: 76%; \$80,000 or more: 91%) were more likely to visit the dentist at least once a year for check-ups, when compared to respondents with an annual household income of less than \$40,000 (\$20,000 to less than \$40,000: 58%; less than \$20,000: 48%).

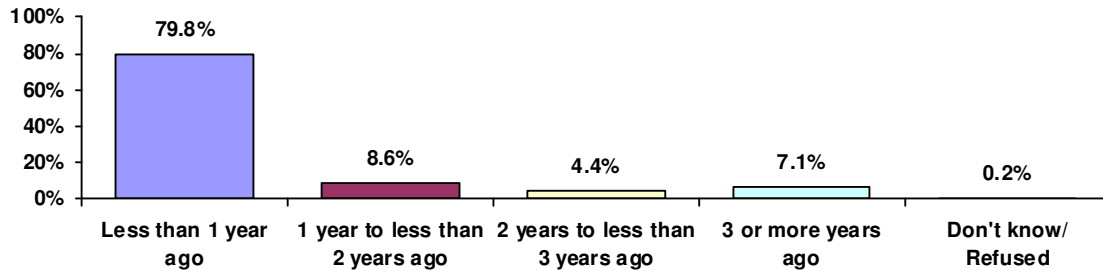
Furthermore, as might be expected, those with dental insurance were more likely than those without such insurance to visit the dentist more than once a year for check-ups (55% and 26%, respectively). In contrast, those without dental insurance were more likely than those with insurance to never visit (18% and 6%, respectively) or visit only for emergency care (19% and 5%, respectively).

When was the last time you went to the dentist?

Of respondents who visit the dentist (N=1,008), 80% reported their last visit to be less than one year ago. Seven percent have not visited the dentist within the past three years.

¹²⁶ 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).

Figure 52: Last Dental Visit –Of respondents who visit the dentist- (N=1,008)



Females (83%) were more likely than males (76%) to have visited the dentist within the past year. This was also the case for youth (96%) as compared to adults 1 (76%), adults 2 (80%) and seniors (75%)¹²⁷.

Furthermore, respondents with an annual household income of \$40,000 or more (\$40,000 to less than \$60,000: 82%; \$60,000 to less than \$80,000: 84%; \$80,000 or more: 90%) were more likely to have visited the dentist within the past year, when compared to respondents with an annual household income of less than \$40,000 (\$20,000 to less than \$40,000: 66%; less than \$20,000: 63%).

When reviewing the data it is important to note that dental care in all the Community Health Board areas decreased notably since the 2005 survey. It is also important to recognize there are numerous dental clinics in the Strait Richmond and Antigonish areas. In comparison, Guysborough does not have a regular dentist but access to one who commutes two days a week. Guysborough is a huge county and residents often seek dental care elsewhere i.e. M.D offices or outpatients that is easily accessible and where pain prescription is not associated with paying a dental service fee or in another community health board or district health authority.

Like many other health care services access to oral health care in rural areas is limited. In fact the following table outlines the accessibility of dentists within GASHA.

Area & Location	Number of Dentists
Richmond County (Arichat & St.Peter's)	2
Port Hawkesbury	6 (all within town limits)
Antigonish-	9 (all within town limits)
Guysborough-	0 A dentist commutes to Canso 2 days/week.

The Canadian Dental Association that reports that the average rural population to rural dentist ratio in Canada in 2007 was 1: 5947 128. In some cases Richmond County and Guysborough GASHA is nearly double this average, particularly outside of Antigonish and Port Hawkesbury.

¹²⁷ 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).

¹²⁸ Canadian Dental Association 2007 Dental Stats Online Accessed Sept 2010

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=184) were asked to identify the reasons why. Most commonly, these respondents wear dentures (55%), or did not think it was necessary (19%).

Table 39: Reasons for Not Visiting the Dentist* –Of respondents who have never visited the dentist or have not visited in the past 3 years-

	GASHA
	% (N=184)
Wear dentures	55.0
I did not think it was necessary	18.8
Cost	9.8
Fear	5.9
Have not gotten around to it	5.6
Not available at time required	2.3
No dental insurance	2.0
Other	5.7
Don't know/Refused	0.6

*Multiple responses allowed.

Although there are programs and services in place to promote oral health within GASHA, there is a new movement across the province to hire a Chief Dental Officer of Health. Which will ensure the additional and continual advocacy for accessible oral health care and campaign to “put the mouth back into the body” with the intention of raising the profile of oral health promotion. One suggestion for local action is to offset the cost of transit services and dental fees by providing bus /transit vouchers for those in need. An interesting local research question is to determine where emergency dental treatment is received.

14.0 Health Screenings - General¹²⁹

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

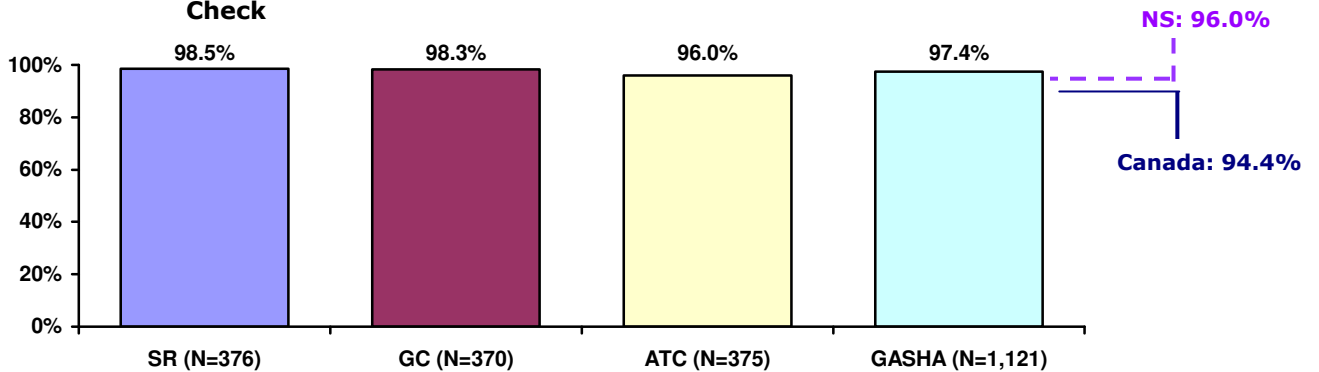
14.1 BLOOD PRESSURE CHECK

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 result (96%) but higher than the national result (94%).

The likelihood of ever having a blood pressure check was highest among seniors (100%) and adults 2 (99%), followed by adults 1 (96%) and youth (84%)¹³⁰. Likelihood of ever having a blood pressure check generally did not differ by gender. Similarly, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 53: Percentage of Respondents Who Have Ever Had a Blood Pressure Check



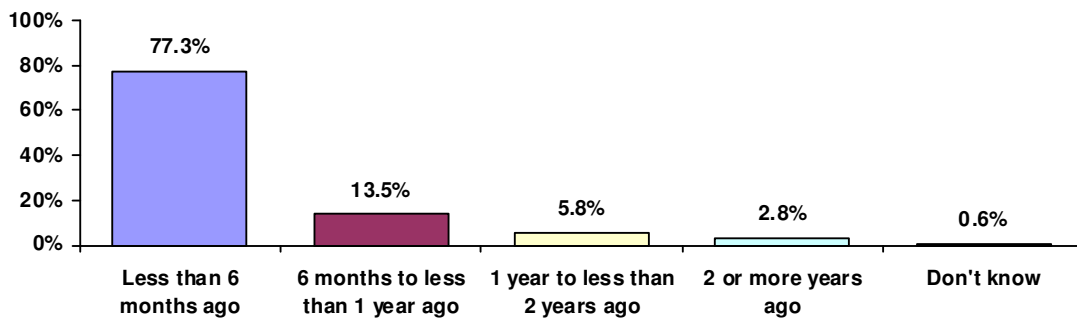
¹²⁹ Throughout this report, differences between segments are only noted if they are statistically significant.

¹³⁰ 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).

When was the last time?

Of respondents who have ever had a blood pressure check, 77% had one within the past six months.

Figure 54: Last Blood Pressure Check –Of respondents who have ever had a blood pressure check- (N=1,092)



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=26) were asked to identify reasons for not having this check. The majority of these respondents (n=17) did not think it was necessary, while two respondents have not gotten around to it, two indicated their doctor felt it was unnecessary and one cited fear. The remaining respondents were unsure (n=3) or identified some other reason (n=2) ¹³¹.

¹³¹ Multiple responses allowed. **Sample size is less than 30; findings should be interpreted with caution.**

14.2 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?

Of respondents 35 years of age or older (N=819), 46% have ever had a fecal occult blood test (FOBT). A smaller percentage (32%) have ever had a colonoscopy/sigmoidoscopy. The FOBT rate was lower at the national level (32%), while the colonoscopy/sigmoidoscopy rate (28%) was similar¹³².

By age, seniors were more likely than adults 2 to have had both of these tests (FOBT: 62% and 41%, respectively; colonoscopy/sigmoidoscopy: 39% and 30%, respectively)¹³³. The likelihood of ever having these colorectal cancer screenings did not differ by gender.

Similarly, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Table 40: Percentage of Respondents Who Have Ever Had a Fecal Occult Blood Test or Colonoscopy/Sigmoidoscopy –Of respondents 35 years of age or older-

	N	FOBT	Colonoscopy/ Sigmoidoscopy
		%	%
GASHA	819	46.3	32.2
ATC	257	46.8	32.9
GC	292	46.6	32.7
SR	280	45.7	31.3
Canada	-	31.8	28.4

* Significant difference between particular CHB and GASHA.

¹³² Provincial data on colorectal cancer screening was unavailable.

¹³³ 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).

When was the last time?

Of respondents aged 35 years or older who have ever had these tests, 54% had an FOBT less than one year ago, while 18% had a colonoscopy within the past year.

Table 41: Last FOBT or Colonoscopy/Sigmoidoscopy –Of respondents 35 years of age or older who have ever had one of these tests-

	GASHA	
	FOBT % (N=379)	Colonoscopy/ Sigmoidoscopy % (N=264)
Less than 1 year ago	53.7	18.0
1 year to less than 2 years ago	22.1	22.8
2 years to less than 3 years ago	7.6	15.7
3 years to less than 5 years ago	5.9	16.9
5 years to less than 10 years ago	5.9	15.0
10 or more years ago	4.3	11.7
Don't know/Refused	0.6	-

Why did you have it?

Of respondents who have ever had an FOBT (N=379), 58% had this test as part of a regular check-up/routine screening and 22% had it to follow-up on a previously detected problem.

Of respondents who have ever had a colonoscopy/sigmoidoscopy (N=264), 56% had this test to follow-up on a previously detected problem, while 23% had it as part of a regular check-up/routine screening.

Table 42: Reason for Last FOBT or Colonoscopy/Sigmoidoscopy* –Of respondents aged 35 years or older who have ever had one of these tests-

	GASHA	
	FOBT % (N=379)	Colonoscopy/ Sigmoidoscopy % (N=264)
Part of regular check-up/routine screening	57.7	23.0
Follow-up of problem	22.0	56.4
Self-test package received through mail	11.9	-
Found blood in stool	1.7	3.6
Family history of colorectal cancer	5.5	18.4
Age	2.1	1.4
Other	3.3	4.6
Don't know	2.1	2.3

*Multiple responses allowed.

15.0 Health Screenings - Female¹³⁴

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.

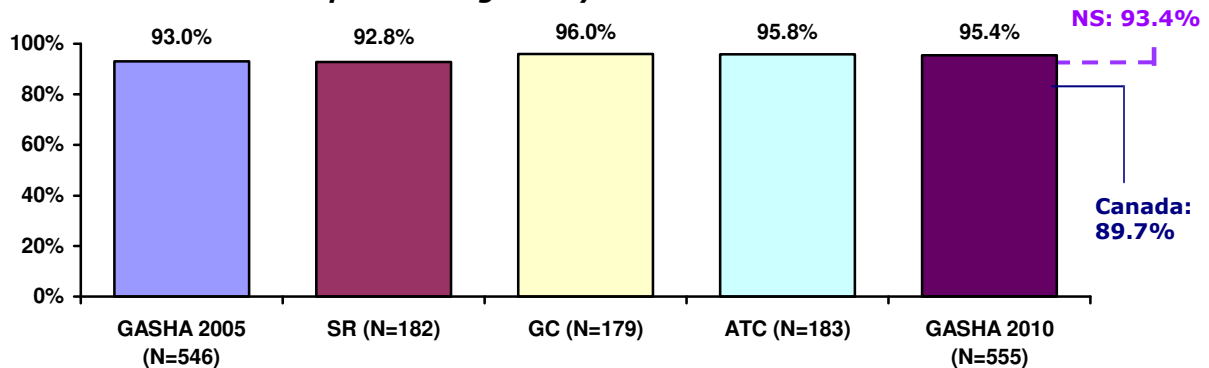
15.1 PAP SMEAR TEST

Have you ever had a pap smear test?

Of female respondents aged 18 years or older (N=555), 95% have ever had a pap smear test, a result that was similar to the 2005 result (93%) and the provincial result (93%), but higher than the national result (90%). No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

The likelihood of ever having a pap smear was higher among older respondents. More specifically, adults 2 (99%) were most likely to have ever had this test, followed by seniors (95%), adults 1 (88%) and youth (33%)^{135,136}.

Figure 55: Percentage of Respondents Who Have Ever Had a Pap Smear Test –Of female respondents aged 18 years or older-



¹³⁴ Throughout this report, differences between segments are only noted if they are statistically significant.

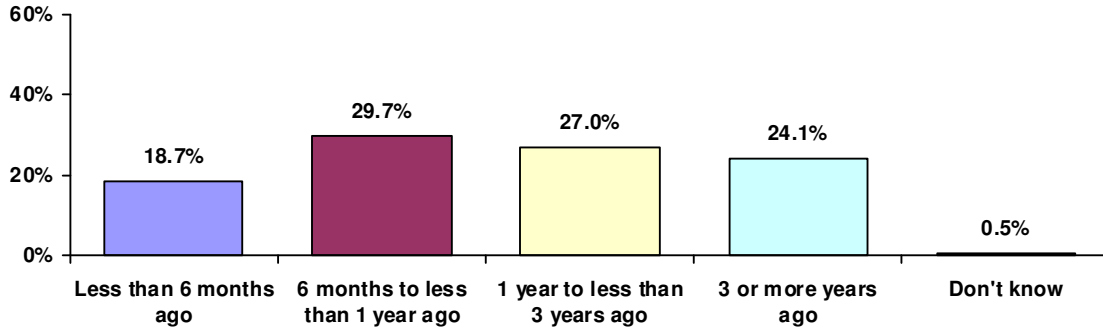
¹³⁵ For the purpose of analysis, respondents were divided into four age categories: Youth (aged 15-19 years), Adults 1 (aged 20-34 years), Adults 2 (aged 35-64 years) and Seniors (aged 65+ years).

¹³⁶ **Sample size for youth is less than 30, therefore, findings should be interpreted with caution.**

When was the last time?

Of female respondents aged 18 years or older who have ever had a pap smear test (N=530), 48% had the test within the past year.

Figure 56: Last Pap Smear Test –Of female respondents aged 18 years or older who have ever had a pap smear test- (N=530)



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=153) reported that they have not gotten around to it (27%), they did not think it was necessary (24%), they had a hysterectomy (23%), or their doctor did not think it was necessary (16%).

Table 43: 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-

	GASHA
	% (N=153)
Have not gotten around to it	27.3
I did not think it was necessary	24.1
Have had a hysterectomy	22.7
My doctor did not think it was necessary	16.2
Fear	5.3
Hate/dislike having one done	3.2
Other	5.5
Don't know/Refused	6.0

*Multiple responses allowed.

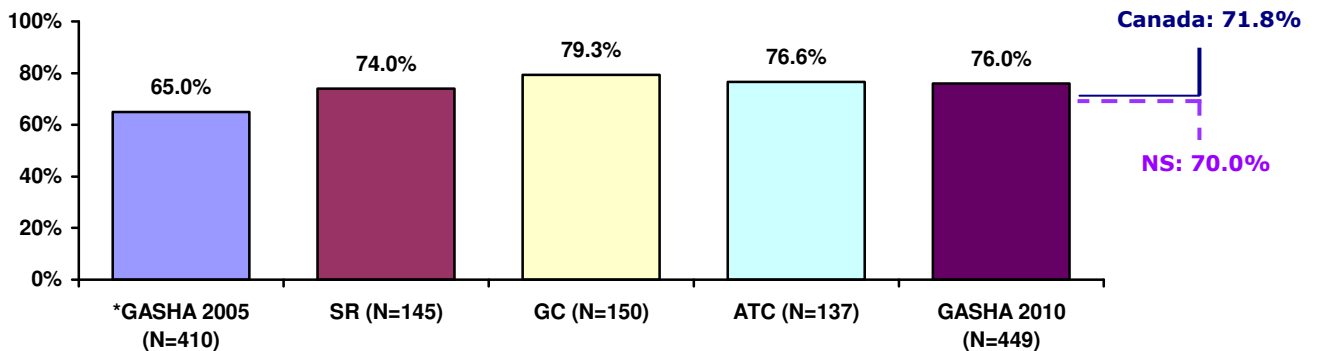
15.2 MAMMOGRAPHY

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=449), just over three-quarters (76%) have ever had a mammogram, an increase of eleven percentage points since 2005. Mammograms were more likely among seniors (90%) as compared to adults 2 (70%)¹³⁷.

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 57: Percentage of Respondents Who Have Ever Had a Mammogram –Of female respondents aged 35 years or older-

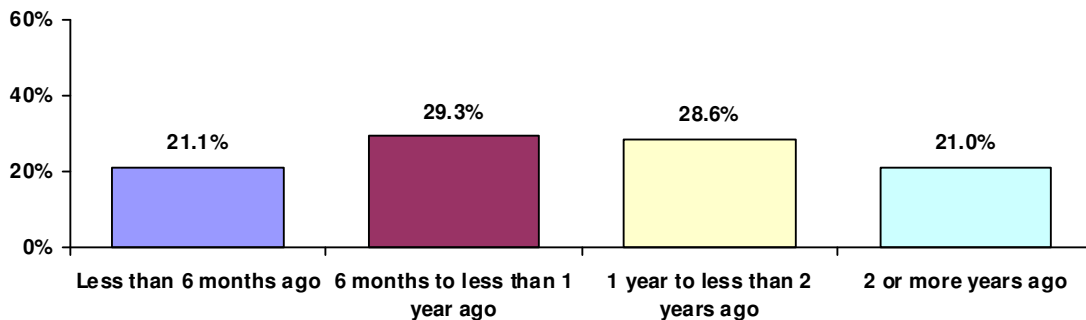


* Significant difference between 2005 and 2010 data.

When was the last time?

Of female respondents aged 35 years or older who have ever had a mammogram (N=342), 50% reported having this screening within the past year.

Figure 58: Last Mammogram –Of female respondents aged 35 years or older who have had a mammogram - (N=342)



¹³⁷ 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).

Why did you have it?

Of female respondents aged 35 years or older who have ever had a mammogram (N=342), 68% had it as part of their regular checkup or routine.

Table 44: Reasons for Having a Mammogram* –Of female respondents aged 35 years or older who have had a mammogram-

	GASHA
	% (N=342)
Part of regular check-up/routine screening	67.6
Age	16.1
Family history of breast cancer	15.0
Previously detected lump	12.0
Breast problem (non-specific)	4.8
Follow-up of breast cancer treatment	2.9
Other	1.7
Don't know/Refused	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=59) were asked to identify reasons for not having one. Most commonly, these respondents did not think it was necessary (30%) or have not gotten around to it (28%).

Table 45: 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-

	GASHA
	% (N=59)
I did not think it was necessary	30.2
Have not gotten around to it	28.2
My doctor did not think it was necessary	19.4
Fear	7.0
Not available at time required	4.0
Not available at all in my area	4.0
Transportation problems	3.8
Other	8.2
Don't know/Refused	5.1

*Multiple responses allowed.

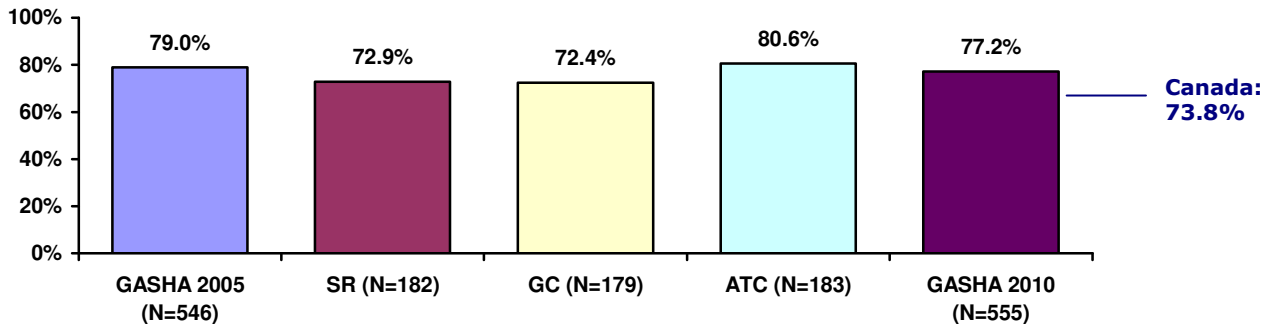
15.3 BREAST EXAMINATIONS

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=555), 77% have ever had a breast examination, a result that did not differ from the 2005 result (79%) or the national result (74%). Similarly, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

The likelihood of ever having a breast examination tended to increase with age. More specifically, seniors (83%) and adults 2 (85%) were most likely to have ever had this exam, followed by adults 1 (51%) and youth (11%)^{138,139}.

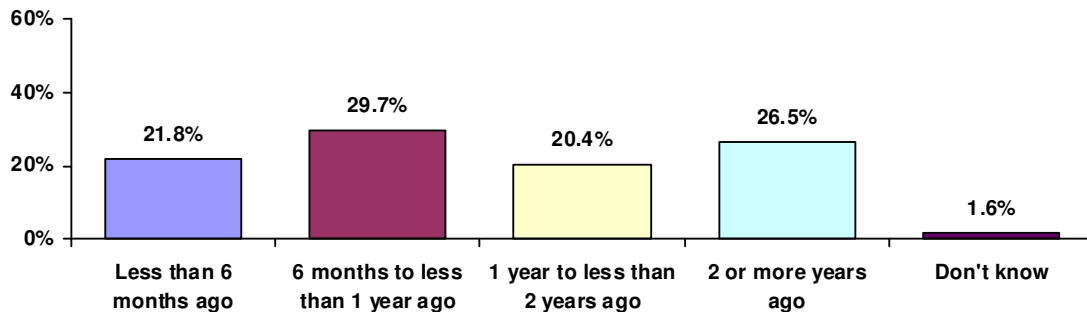
Figure 59: Percentage of Respondents Who Have Ever Had a Breast Examination –Of female respondents aged 18 years or older-



When was the last time?

Of female respondents aged 18 years or older who have ever had a breast examination, 52% reported having an examination within the past year.

Figure 60: Last Breast Examination –Of female respondents aged 18 years or older who have ever had a breast examination - (N=429)



¹³⁸ 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).

¹³⁹ **Sample size for youth is less than 30, therefore, findings should be interpreted with caution.**

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

Most commonly, female respondents aged 18 years or older who have never had a breast examination or have not had one within the past two years (N=239) reported that they did not think it was necessary (49%), they have not gotten around to it (21%), or their doctor did not think it was necessary (15%).

Table 46: 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-

	GASHA
	% (N=239)
I did not think it was necessary	48.9
Have not gotten around to it	21.1
My doctor did not think it was necessary	15.2
Fear	3.2
Does self-examinations	2.7
Age	2.2
Other	8.8
Don't know/Refused	7.4

*Multiple responses allowed.

15.4 MATERNAL EXPERIENCES

Have you given birth in the past 5 years?

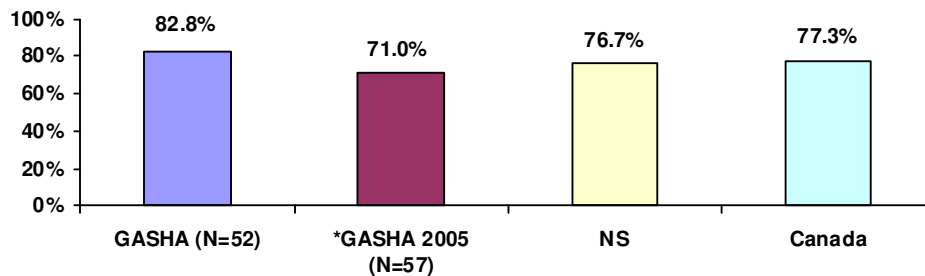
Of female respondents between the ages of 15 and 55 (N=355), 15% have given birth in the past 5 years (consistent with 15% in 2005). Because the lifestyle, nutrition, and environment of the mother can impact healthy infant development¹⁴⁰, these respondents (N=52) were asked about their health practices regarding infant development. **Please note that comparisons with the CHBs cannot be made as a result of small sample sizes.**

Breastfeeding

For your last baby, did you breastfeed or try to breastfeed your baby, even if only for a short time?

Decades of research have shown breastfeeding to be beneficial to the health of infants, by reducing illness and improving cognitive development¹⁴¹. Of respondents between the ages of 15 and 55 who have given birth in the past 5 years (N=52), most (83%) breastfed or tried to breastfeed their last baby. Of note, this rate was higher than the breastfeeding rate from 2005 (71%) as well as those at the provincial and national levels (77% each). Generally speaking, Public Health Services is not surprised that initiation rates are high 82% for GASHA in 2010. The 2009 Public Health Breast Feeding initiation rates is 75% and generally speaking initiation rates are rising. According to The Canadian Maternity Experiences Survey 90% of women plan to breastfeed and 90% actually start breastfeeding¹⁴².

Figure 61: 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-



* Significant difference between 2005 and 2010 data.

How old was your last baby when you first added any other liquids or solid foods to the baby's feeds? What is the main reason you first added other liquids or solid foods? During the time when your last baby was only fed breast milk, did you give the new baby a vitamin supplement containing Vitamin D?

¹⁴⁰ Source: Nova Scotia Department of Health, Canadian Community Health Survey 3.1, Summary Report to the District Health Authorities, December 2007.

¹⁴¹ Source: Health Canada, Perinatal Health Indicators for Canada: A Resource Manual, 2000.

¹⁴² The Canadian Maternity Experiences Survey (Mother's Voices) 2006-2007

Of those who have breastfed (N=43), 97% have added other liquids or solids to the baby's feeds (24% at 6 months; 14% at 4 months; 12% at 7-9 months; 11% at 1-2 weeks). Nationally, 21% of infants were introduced liquids other than breast milk within the first week after birth, by 2 weeks 25% added other liquids added to their diet¹⁴³. In GASHA this rate is 12%. These respondents (N=42) mainly added other liquids or solids because it was time/the baby needed more (27%) and there wasn't enough breast milk (25%). Approximately three-quarters (74%) added a vitamin supplement containing Vitamin D when the baby was only fed breast milk.

Are you still breastfeeding? How long did you breastfeed your last baby? What is the main reason you stopped breastfeeding?

Of those who have breastfed (N=43), 18% currently breastfeed, while the remaining 82% have stopped. Of respondents who no longer breastfeed (N=35), over one-half (56%) reported that they breastfed for at least six months, with the most common reasons for stopping including not enough breast milk (26%), the baby being ready for solid foods (17%), and the child weaning him/herself (14%).

Public Health Services reports that the 6 month breast-feeding rates were as follows Strait Richmond 67%, 50% for Antigonish, 50% in Guys and 59% for the district¹⁴⁴. The national six month breast feeding rate is 54%. While 14% were breast-feeding exclusively at 6 months nationally¹⁴⁵ only 11% were doing so locally.¹⁴⁶

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=9) reported that breastfeeding is unappealing/disgusting (n=2), bottle feeding is easier (n=1), they returned to work/school early (n=1), the mother's medical condition (n=1), or other mentions (n=4)¹⁴⁷.

To shed further light on the barriers to breastfeeding local research offers additional insights into barriers experienced by mothers within GASHA¹⁴⁸ New moms along with healthcare staff and providers identified the following barriers within GASHA;

- lack of afterhours support,
- poor access to and lack of knowledge about existing services
- no support to help them after they leave the hospital,
- inconsistent advice being given and a lack of family supporting

Much work continues to be done to change these rates. Some of the things that have been done locally - -Breast Feeding Initiative committees,

¹⁴³ The Canadian Maternity Experiences Survey (Mother's Voices) 2006-2007

¹⁴⁴ 2009 Annual Report for Public Health Services.

¹⁴⁵ The Canadian Maternity Experiences Survey (Mother's Voices) 2006-2007

¹⁴⁶ 2009 Annual Report for Public Health Services.

¹⁴⁷ **Sample size is less than 30; findings should be interpreted with caution.**

¹⁴⁸ Presented Research by Sinoacch Lukeman June 2010

- GASHA has a variety of policies and suggestions that support breastfeeding ie Twenty-four hour rooming in is encouraged as is -Breastfeeding on demand, as well as suggesting a soother-free hospital stay.
- Educational posters, etc on display throughout the hospital and community sites, and a great deal of print resources available.
- Community Support include Public Health prenatal education, home visiting program, open arms clinic, perinatal clinic,
- websites such as "first6weeks.ca",.
- Continuing Education ie all acute care nurses and Public Health Nurses with the Making a Difference breastfeeding 20 hr course. ¹⁴⁹

¹⁴⁹ Personal Communication with Public Health Services Sept 2010.

16.0 Health Screenings - Male¹⁵⁰

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

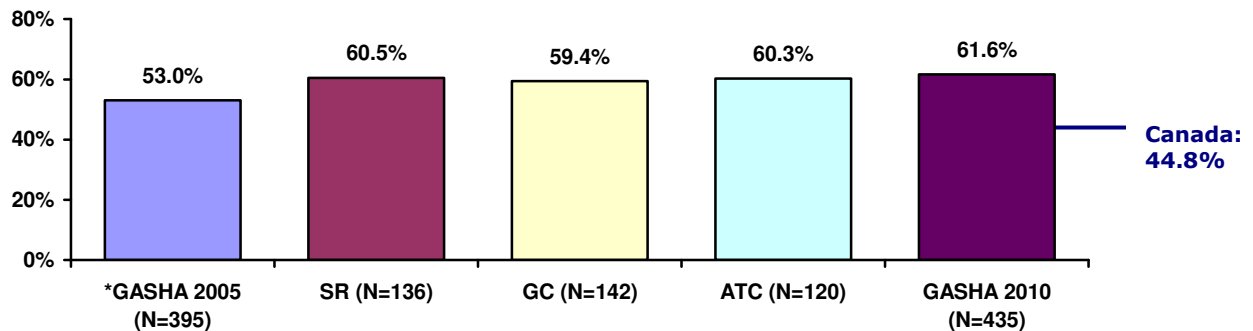
Prostate Specific Antigen (PSA) Blood Test

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=435), 62% have ever had a PSA blood test (higher than the 2005 finding of 53% and the national rate of 45%¹⁵¹), with the test more likely among seniors (80%) as compared to adults 2 (55%)¹⁵².

No differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

Figure 62: Percentage of Respondents Who Have Ever Had a PSA Blood Test –Of male respondents aged 35 years or older-



* Significant difference between 2005 and 2010 data.

¹⁵⁰ Throughout this report, differences between segments are only noted if they are statistically significant.

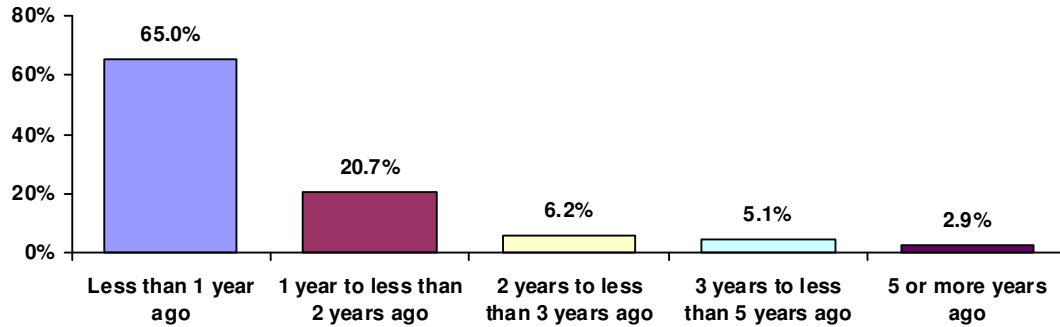
¹⁵¹ Provincial data on the PSA blood test was unavailable.

¹⁵² 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).

When was the last time?

Of those respondents who have ever had a PSA blood test (N=268), 65% reported having the test within the past year.

Figure 63: Last PSA Blood Test –Of male respondents aged 35 years or older who have had a PSA blood test - (N=268)



Why did you have it?

Of those respondents who have ever had a PSA blood test (N=268), the majority reported that they had the test as part of their regular check-up/routine (78%).

Table 47: Reasons for Having a PSA Blood Test* –Of male respondents aged 35 years or older who have had a PSA blood test-

	GASHA
	% (N=268)
Part of regular check-up/screening routine	77.5
Follow-up of problem	14.5
Age	10.4
Family history of prostate cancer	6.1
Other	2.5

*Multiple responses allowed.

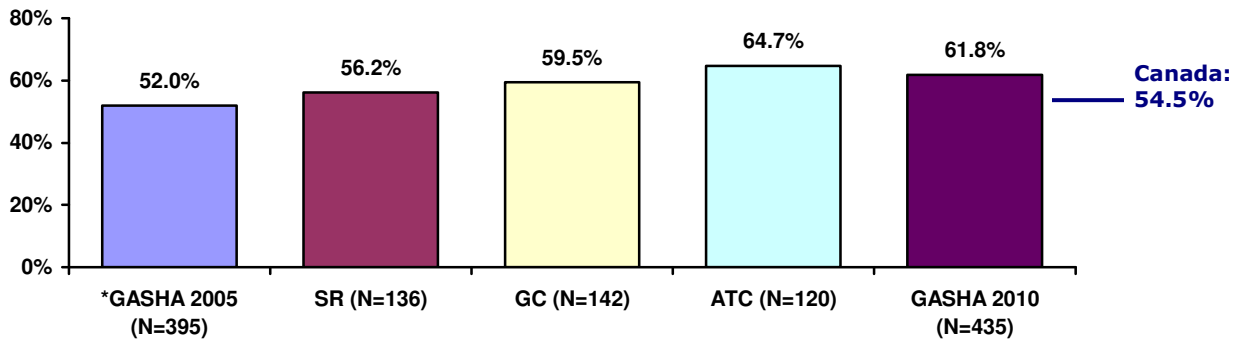
Digital Rectal Exam

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

Six in ten male respondents aged 35 years or older (62%) reported ever having a digital rectal exam, higher than the 2005 result (52%) and the national result (55%)¹⁵³. However, no differences were found when comparing the district to the CHBs or when comparing the CHBs to each other.

By age, seniors (85%) were more likely to have ever had this exam when compared to adults 2 (53%)¹⁵⁴.

Figure 64: Percentage of Respondents Who Have Ever Had a Digital Rectal Exam –Of male respondents aged 35 years or older-

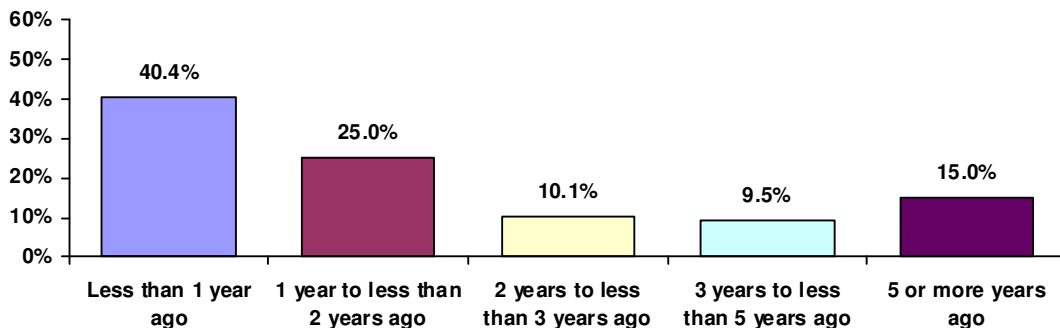


*Significant difference between 2005 and 2010 data.

When was the last time?

Of those respondents who have ever had a digital rectal exam (N=269), 40% reported having this exam within the past year.

Figure 65: Last Digital Rectal Exam –Of male respondents aged 35 years or older who have ever had this test- (N=269)



¹⁵³ Provincial data on the digital rectal exam was unavailable.

¹⁵⁴ 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).