

# Population Health 2008/09

Population Health involves looking beyond the individual patients/clients using services offered through the Colchester East Hants Health Authority (CEHHA) and considering the needs of the entire population that may be served.

The Canadian Council on Health Services Accreditation (CCHSA) highlights the following key elements of a population approach:

- placing more importance on health and wellness
- being aware of the factors that affect health (determinants of health), and of the health status and health needs of the population when planning and allocating resources
- empowering and involving the broader community in planning and decision-making
- working toward collaborative service provision across the continuum of health services
- using evidence-based decision information about health outcomes to make decisions

 **Linked to CEHHA Strategic Directions 2.0: Health Promotion and 3.0: Communication & Community Relationships** *These directions are supported through strategies that encourage a focus on “upstream planning” and the determinants of health*

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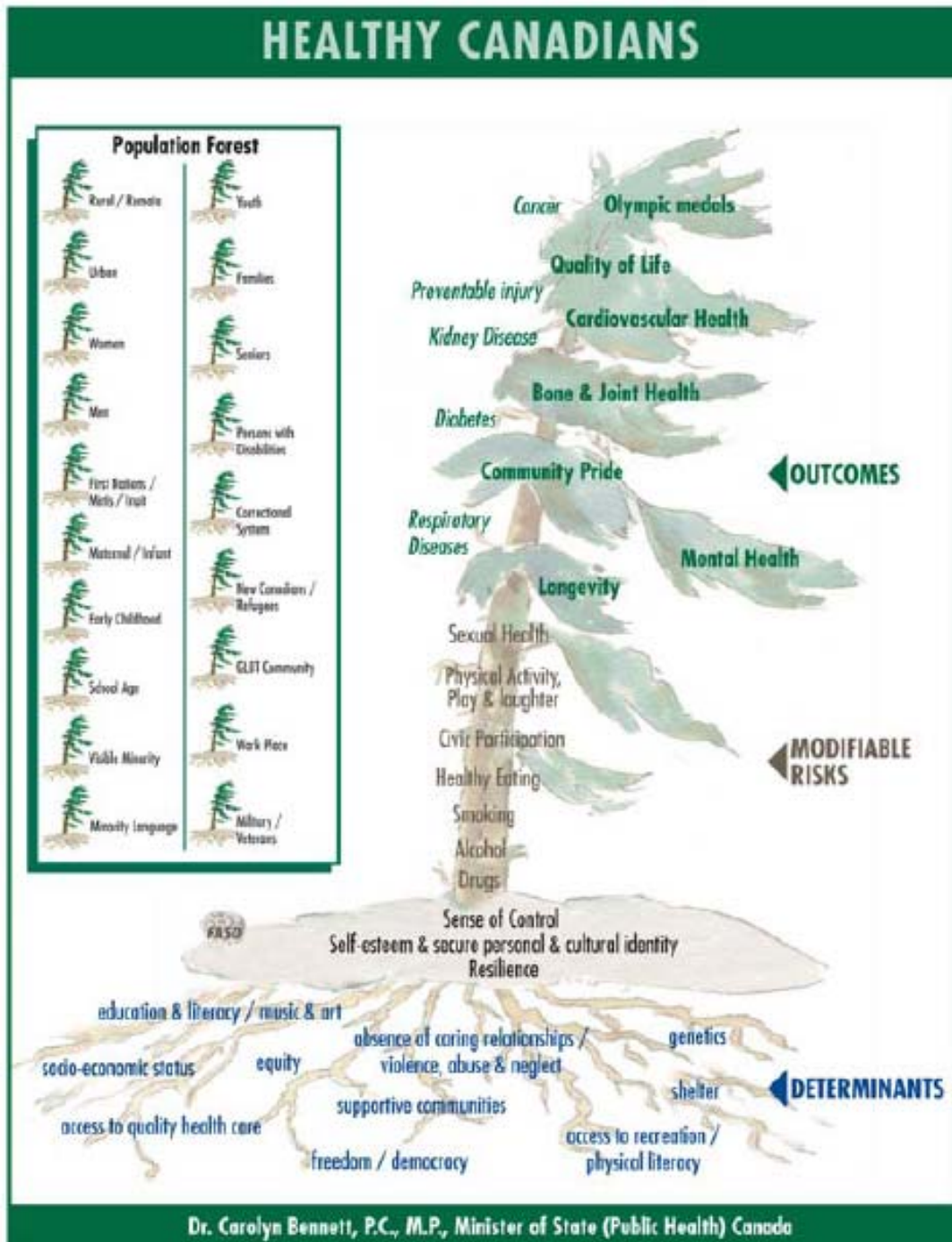
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“Good health doesn’t happen; it is created in our homes, communities, schools and workplaces, through organizational actions and supportive policies that contribute to healthy social and physical environments and influence choices we make as individuals”.  
 – The Honourable Carolyn Bennett, Minister of State (Public Health) Government of Canada, The Honourable Theresa Oswald, Minister of Healthy Living, Government of Manitoba.

The diagram below is a population health framework from the Public Health Agency of Canada. It shows the relationship between determinants of health, modifiable risks and health outcomes.



Source: Public Health Agency of Canada, 2005



## Table of Contents

Table of Contents.....	5
Summary.....	7
Population Characteristics .....	11
Determinants.....	15
Education and Literacy.....	15
Employment .....	17
Income .....	19
Food Insecurity.....	20
Housing / Shelter.....	21
Physical Environment.....	22
Access to Quality Health Care Services .....	22
Social and Psychological Determinants .....	33
Mental Health and Emotional Well-Being.....	38
Crime.....	38
Modifiable Risk Factors.....	41
Smoking .....	41
Exposure to Environmental Tobacco Smoke .....	42
Alternative Tobacco Products .....	44
Alcohol Consumption .....	45
Cannabis and Other Illicit Drug Use.....	47
Gambling.....	50
Youth Sexuality .....	51
Healthy Eating and Breastfeeding.....	52
Physical Activity .....	57
Outcomes - Current Health Status .....	61
Overweight and Obesity.....	61
Health Conditions.....	62
Mental Health .....	65
Injuries.....	69
Other Hospitalizations .....	71
Functional Health .....	72
Self-Perceived Health Status .....	72
Life Expectancy and Disability-Free Life Expectancy .....	73
References.....	75



## Summary

The socioeconomic determinants of health such as education, employment, and social supports influence the health of the community both by affecting healthy lifestyle choices (the “modifiable risk factors”) and by impacting directly on physical and mental health. The modifiable risk factors are those health behaviours that individuals and families may be able to control in order to improve their health outcomes, but they are strongly influenced by the physical and social environment, and are not simply a matter of knowledge or willpower. Health outcomes including acute and chronic illness, injury, disability and life expectancy are affected on the individual and community level by the complex interaction of all of these preceding factors.

The current Colchester East Hants Health Authority (CEHHA) population of 73,521 (59.2% of whom live in rural areas) will grow 0.9% to more than 74,183 people in 2016. During this time the number of people 19 or younger will decrease by 18.7% and the number of people 65 and older will increase by 35.5%.

## Determinants of Health

7.4% of people aged 20 and over in CEHHA have achieved the equivalent of a high school education or greater (NS 77.1, CAN 80.0), and 16.6% have some university level education (NS 22.2, CAN 24.6). However, just over half of Nova Scotians scored at a well-functioning level on prose and document literacy, slightly better than Canadians overall. Fewer than half of Nova Scotians (slightly fewer than Canadians overall) scored at the desired threshold on numeracy.

The CEHHA unemployment rate (2001) was 7.8% of the labour force aged 15+ (NS 9.1, CAN 6.6). CEHHA median family income (\$53,584) is relatively low (NS 5,412, CAN 63,866). According to current definitions, 8.5% of households in Colchester East Hants experience low income (NS 10.3, CAN 11.6), and 7.6% of Zone 3 (Colchester, East Hants, and Cumberland) households reported some evidence of concerns about having enough money to eat properly (NS 7.7%, CAN 5.1).

CEHHA has the lowest ratio of acute care beds; the lowest rate of nursing home beds, and a long waitlist resulting in very high numbers of patients awaiting an alternate level of care in hospital beds; the lowest proportion of Registered Nurses; second lowest General Practitioners, and second-lowest proportion of medical Specialists per population in the province. However, in 2007, 96.4% of Zone 3 residents report having a regular doctor (NS 94.1, CAN 84.8), up from 94.9 in 2005.

In 2005, 58.5% of Zone 3 women aged 50 to 69 reported having a routine screening mammography in the last two years (NS 49.9, CAN 50.8), up notably from 49.9% in 2003. In 2005, 83.6% women aged 18 to 69 reported having a Pap screen test in the last three years (NS 81.1, CAN 72.7), up from 82.1% in 2003. In 2007, 38.7% of those aged 12 and over reported having a flu immunization in the past year (NS 39.4, CAN 30.4), slightly fewer than in 2005 (40.3).

83.0% of all Zone 3 residents reported having high social support (NS 85.1) in 2001. In 2007, 64.4% of those aged 12 and over described their sense of belonging to their local community as very strong or somewhat strong (NS 68.0, CAN 62.0), down from 70.6% in 2005. In 2007, 14.8% of those aged 15 and over reported “quite a lot” of life stress (NS 18.9, CAN 22.4), down from 17.6% in 2005. 51.7% of people 12 and over report having moderate self-esteem and 33.3% report having high self esteem (NS 47.0 / 37.9).

The rate of violent crimes was higher in Nova Scotia than in Canada as a whole; in 2006 and 2007 Nova Scotia had higher than Canadian rates of attempted murder, physical assaults or threats, and sexual assaults.

## **Modifiable Risk Factors**

23.1% of Zone 3 residents aged 12 and over were daily or occasional smokers in 2007 (NS 24.4, CAN 21.9), down from 25.0% in 2005. The rate is very high among the 20-34 age group, with 46.6% - about half! – smoking daily or occasionally (NS 37.1, CAN 29.2). 8.7% of non-smokers reported exposure to second hand smoke in the home on most days (NS 7.3, CAN 7.4), 9.9% in private vehicles in the last month (NS 11.4, CAN 8.3), and 6.8% in public places in the last month (NS 9.7, CAN 11.1). The latter was down significantly from 12.1% in 2005. In 2007, 66.0% aged 12 and over reported that smokers were asked to refrain from smoking in the house (NS 69.5, CAN 67.0), up from 61.5% in 2005. 4.3% used alternative tobacco products in 2003 (NS 4.4, CAN 5.0). Canada-wide, the rate is highest in the 20 to 24 age group at 9.3%.

In 2007, 30.8% of Zone 3 residents report having five or more alcoholic drinks in one sitting at least once a month in the last year (NS 28.6, CAN 21.8), up from 25.8% in 2005. The rate was highest in the 20-34 age group, with 53.4% reporting (NS 46.7, CAN 34.3), especially among males (73.4% versus NS 53.5, CAN 44.2). 43.7% of Nova Scotians report using any illicit drug, including cannabis, in their lifetimes, and 14.5% report using them in the past year. 19.9% of these (or about 2.9% of the total population) also reported some harm related to their drug use. 2.3% used an illicit drug other than cannabis in the past year.

715 CEHHA residents were treated in Northern Region Community Based Services during the period April 2007 through March 2008, and 85 CEHHA residents were treated in Capital Region Community Based Services. 178 CEHHA residents were treated in Northern Region Addiction Services' inpatient Withdrawal Management, Addiction Education and Relapse Prevention Programs, and 36 CEHHA residents were treated in Capital Region inpatient programs.

1.0% of CEHHA, Cumberland Health Authority and Pictou County Health Authority residents aged 19 and over were found to be problem gamblers (NS 2.1). Another 5.3% were found to be gamblers at risk of problems (NS 4.8).

38.0% of grade 9, 10, and 12 students in the Northern Region reported having sexual intercourse in the last year (NS 35.2). Of these, 28.8% reported that they had had unplanned sex under the influence of alcohol or drugs (NS 33.2). Just 65.3% reported that they had used a condom during their last sexual intercourse (NS 60.6).

In 2007, 35.5% of Zone 3 residents reported consuming fruits or vegetables at least 5 times per day (NS 33.0, CAN 41.3), up from 30.3% in 2003. In 2005, 83.0% of CEHHA females aged 15 to 55 who had given birth in the last 5 years reported that they breastfed or tried to breastfeed their last baby, even if only for a short time (NS 75.1), up from 69.0% in 2003 (NS 76.1). 32.3% breastfed exclusively for four month (NS 36.5).

In 2007, 48.7% reported being regularly active or moderately active (NS 47.6, CAN 49.0), up from 43.7% in 2005.

## Outcomes – Current Health Status

In 2007, 59.6% of Zone 3 residents reported a BMI in the overweight or obese categories (NS 55.2, CAN 48.5), up very slightly from 59.3% in 2005. However, it is likely that actual overweight and obesity rates are under-represented by about 10% due to self-reporting.

In 2007, a very high 23.5% of the Zone 3 population reported being diagnosed with high blood pressure (NS 19.0, CAN 15.9), up from 20.0% in 2005. 6.0% reported a diagnosis of diabetes (NS 6.8, CAN 5.8), down from 7.7% in 2005. 8.0% of CEHHA reported diagnosis of heart disease in 2003 (NS 7.0, CAN 5.0). In 2007, 26.5% of Zone 3 residents 12 and over report having been diagnosed as having arthritis or rheumatism (NS 23.0, CAN 15.0), about the same as 2005 (26.7%). The rate was 62.0% among seniors 65 and older (NS 51.9, CAN 45.9) in 2005, up from 55.2% in 2003

13.2% of CEHHA residents reported a diagnosis of chronic lung disease (NS 12.8, CAN 10.5). As of March 2009, the PRIISME Chronic Obstructive Pulmonary Disease (COPD) program has seen 170 patients at community clinics; most were found to be smokers (58%). In 2007, 8.6% of Zone 3 residents reported a diagnosis of asthma (NS 10.8, CAN 8.0), up slightly from 2005 (8.2%).

In 2007, 69.2% of Zone 3 residents reported very good or excellent self-perceived mental health (NS 71.4, CAN 72.7), about the same as in 2005 (69.0%). In 2005, 6.6% of CEHHA residents were deemed likely to have suffered from depression (NS 7.8, CAN 5.2). In CEHHA in 2007, 5.2% of hospital separations were for mental health (NS 4.2%). 9.2% reported contact with a health professional about mental health issues in the past twelve months (NS 7.9, CAN 8.2). The age standardized rate per 100,000 people who dies from suicide is highly variable, but was 6.7 in Colchester County and 8.3 in Hants County for the last year available (NS 8.4).

The most common external cause of injuries in CEHHA was related to falls resulting in fractures. 13.9% of Zone 3 residents reported injuries causing limitations of normal activities in 2005 (NS 15.5, CAN 13.4), up from 12.8% in 2003. In 2007, 15.9% of people aged 12 and over reported pain or discomfort that prevents activities (NS 14.2, CAN 11.8). In 2007, 43.9% percent of those aged 12 and over report being limited in selected activities (home, school, work and other) because of a physical condition, mental condition, or health problem which has lasted or is expected to last six months or longer (NS 38.6, CAN 31.2), up from 42.8% in 2005. Among seniors the value was 65.6% (NS 66.5, CAN 52.8) in 2005, up from 48.4% in 2003. Residents of Colchester East Hants and Cumberland can expect lives as long as those of other Nova Scotians, and less than a year shorter than other Canadians. However, they can expect to live with at least one activity limitation about three years sooner than other Canadians.

In 2007, 56.2% of Zone 3 residents reported very good or excellent self-perceived health (NS 57.1, CAN 59.6), up from 53.9% in 2005. Among seniors the value was 41.3% in 2005 (NS 36.5, CAN 39.5).

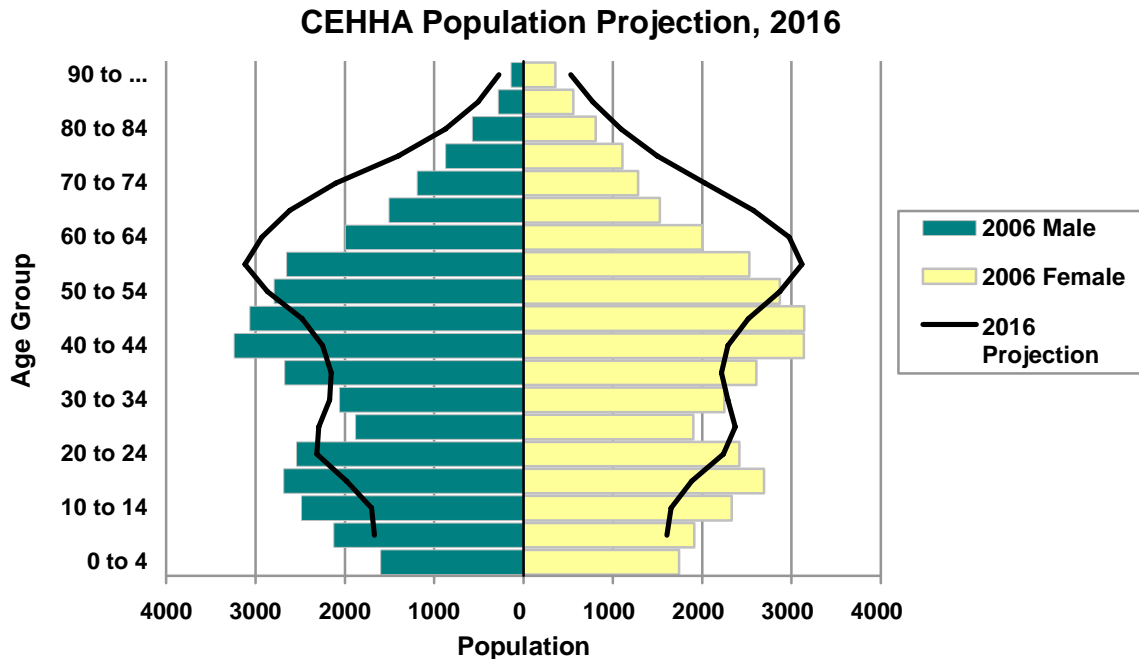


## Population Characteristics

### Key Messages

Approximately 73,521 people live within Colchester East Hants Health Authority. By 2016, this number is expected to increase by 0.9% to more than 74,183 people.

The graph below shows the distribution of females and males by age. The solid bars represent the current 2004 population while the solid line shows how the population will look in 2016.



Source: Statistics Canada Census 2001 Projections, as cited by Nova Scotia Department of Health

### Key Messages

The population is aging. By 2016 the number of children and youth aged 19 or younger will decrease by 18.7% and the number of seniors 65 and older will increase by 35.5%.

- Currently about 23.9% of residents are children and youth and 13.9% of residents are seniors.
- By 2016, the proportion aged 19 and under will decrease to 19.5%, and the proportion aged 65 and older will increase to 18.6%.
- By about 2017 there will be as many seniors as children and youth for the first time.

Source: Statistics Canada Census 2001 Projections, as cited by Nova Scotia Department of Health

## Key Messages



- Rural Canadians are less healthy in several key areas than their urban counterparts with higher rates of overweight, fair to poor self-reported health, arthritis and rheumatism, injuries including motor vehicle related injuries, and mortality (Canadian Institute for Health Information, 2006).
  - Education, employment, and income are lower in many of our rural areas, and access to health services can be a challenge.
- 59.2% of Zone 3 residents live in rural areas, higher than the NS rate of 44.4% and much higher the overall Canadian rate of 20.4%

Source: Census 2001, Statistics Canada

## CEHHA Programs, Services, and Activities



The **Hants North Primary Health Care Development initiative** will coordinate and support services in the rural areas surrounding Noel, Kennetcook, and Upper Rawdon.

- Through the development of the Hants North Primary Health Care Community Liaison Committee the initiative will engage in communication, capacity and partnership building to benefit the health and well-being of Hants North residents by working with community members, the Community Health Board Coordinator and CEHHA programs to assess needs and develop action plans for services.
- It will join the three health centres in those communities into one “community of practice” with coordinated community based primary health care services utilizing a multi-disciplinary team approach.
- It will coordinate the provision of community based Physiotherapy and Occupational Therapy services, Chronic Obstructive Pulmonary Disease clinics, nutritionists, the Diabetes clinic, foot care services, the Seniors Clinic, community supports available by referral through central Mental Health intake, and Addictions Services.
- It will develop action plans to roll out a chronic disease self-management program and coordinate with other programs and services, and to coordinate health promotion, prevention and education information sessions as a “Wellness Series.”
- Primary Health Care is working with the school administration and the school board to enhance services to the school.

CEHHA is fortunate to partner with five Community Health Boards (CHBs) which serve as the eyes, ears and voices of our communities. The volunteer organizations, made up of everyday citizens of all ages and walks of life, who share a commitment to improving the health of our communities.

CHBs are responsible to:

- Collect information on local health needs and services
- Encourage participation in local health planning
- Identify factors that influence health
- Help educate the public about health and the health care system
- Develop yearly community health plans which set priorities and advise the health authority on ways to improve health and health services
- Identify ways to make the communities healthier
- Participate in the allocation of community health grants

Throughout this document the CHBs' recommendations related to each of the determinants of health are highlighted, as are the grants they have provided to community groups in the last fiscal year:

The following acronyms will be used:

- Truro & Area CHB (TA)
- South Colchester CHB (SC)
- North Shore Area CHB (NSA)
- Along the Shore CHB (ATS)
- East Hants CHB (EH)

#### Community Health Boards' Recommendations and CEHHA Response 2008/09

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Participate in research to study past and existing public transportation. (TA)</li></ul> | <p>The Continuing Care Strategy has identified transportation as a major issue and will develop a transportation strategy in years 4 through 10 of its rollout.</p> <p>The VON CEH Branch Director has presented to the CHBs about the VON's Volunteer Transportation program and is seeking more volunteers in the community to expand the program.</p> |
|--|--|

#### Community Health Board Wellness Grants 2008/09

- **On the Road to Health** - The main goal is to continue provision of needed member affordable transportation to the residents of East Hants. (EH)

Colchester East Hants Health Authority is committed to improving the health of all citizens through the efficient use of resources and collaboration with our partners. Therefore, it is important to have an understanding of the health of our population. Here we focus on 3 key areas: (1) Determinants (2) Modifiable Risks (3) Outcomes. Where possible, comparisons are made with Nova Scotia and Canada as a whole.



## Determinants

The determinants of health involve factors that can directly impact on health status or strongly influence individual behaviours that have impacts on health. The most fundamental determinants of health behaviours and health status involve socioeconomic status, the physical environment, and the nature and extent of social and health supports in the communities in which people live and work.

### Education and Literacy

#### Key Messages

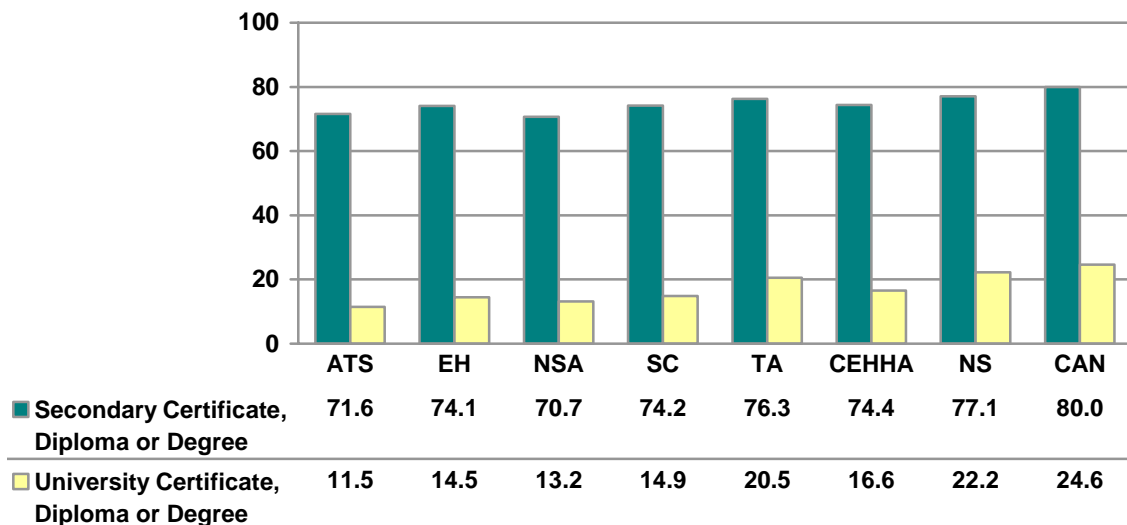
“Health status improves with level of education” (Public Health Agency of Canada, 2005). Education improves people’s knowledge, literacy, and problem solving skills, access to better jobs and higher income, and ability to make healthy life choices for themselves and their families.



- 74.4% of people aged 20 and over in Colchester East Hants Health Authority have achieved at least a secondary (high school level) certificate, diploma, or degree (NS 77.1, CAN 80.0)
- 16.6% have completed a university level certificate, diploma, or degree (NS 22.2, CAN 24.6)

These data were collected during the 2006 Census differently from previous years, so cannot be compared to the 2001 results.

#### Educational Attainment



Source: Statistics Canada Census 2006, as cited in Nova Scotia Community Counts

<b>CHB Legend:</b>	ATS	Along-the-Shore Community Health Board
	EH	East Hants Community Health Board
	NSA	North Shore Area Community Health Board
	SC	South Colchester Community Health Board
	TA	Truro & Area Community Health Board

The Census education data includes residents in all age groups, including seniors who often began working at an early age without completing secondary school. High school completion rates are much higher among current youth, but still leave room for improvement:

- The graduation rate as a percentage of Grade 12 enrolment in the Cobequid and Nova Families of schools (schools within CEHHA) was 86.3% (NS 88.2%)
- The withdrawal (“drop-out”) rate for senior high schools was 9.2% in 2006/07 (NS 6.8%)

**Source: Nova Scotia Department of Education, 2008**

### Key Messages

Literacy is closely related to healthy living (Public Health Agency of Canada, 2003):

- Low literacy skills can impair one’s ability to find health information and access services
- People with limited literacy skills tend to suffer more stress, have lower self confidence, feel isolated, and have fewer resources to cope with stress.
- Inability to read or understand instructions can result in medication errors, improper nutrition for babies and adults alike, and injuries to improper use of equipment.
- Low literacy can limit employment and income.

The International Adult Literacy and Skills Survey (IALSS) measured Canadian knowledge and skills in four domains:

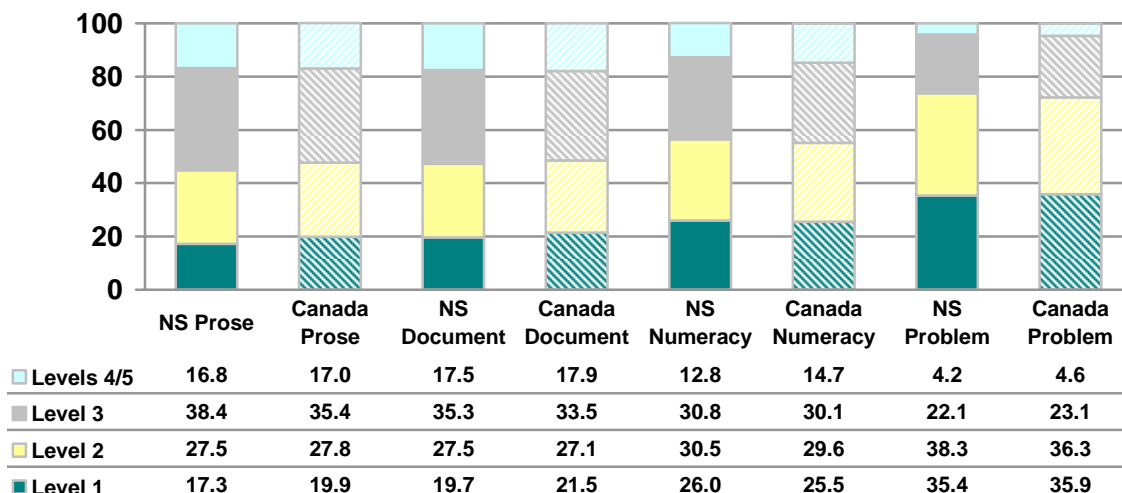
- Prose literacy - the ability to understand information in text-only formats.
- Document literacy - the ability to locate and use information contained in various mixed format documents including forms, tables, maps, etc.
- Numeracy - the ability to use math in a variety of contexts
- Problem solving - “goal-directed thinking and action in situations for which no routine solutions exist...based on planning and reasoning” (Barr-Telford et al, 2005).

Level 1 performance indicates limited abilities to locate, understand and use information, or to do simple, one-step numerical operations. Level 4/5 (or Level 4 for problem solving) performance indicates an ability to understand complex representations, as well as abstract and formal statistical ideas. For the prose, document, and numeracy scales, Level 3 is considered the threshold for effective functioning in our society.

- With 55.2%, just over half of Nova Scotians scored at the desired threshold of Level 3 or above on prose (CAN 52.4)
- Just over half (52.8%) of Nova Scotians scored at the desired threshold of Level 3 or above on documents (CAN 51.4)
- Fewer than half (43.6%) of Nova Scotians scored at the desired threshold of Level 3 or above on numeracy (CAN 44.8)
- Both Nova Scotians and Canadian fared worse in the problem solving tasks, with over a third achieving only the lowest level of proficiency.

**Source: Barr-Telford et al, 2005**

### Proficiency in Prose, Document Reading, Numeracy, and Problem-Solving, Nova Scotia and Canada



Source: Barr-Telford et al, 2005

#### CEHHA Programs, Services, and Activities

CEHHA has become the only location in Atlantic Canada to offer the international award-winning **Alphabet Soup** program developed in Winnipeg.

- This program promotes literacy in families with pre-school children while developing an understanding of basic healthy-eating concepts.
- Two nutritionists from the District will also be trainers for the province.

#### Community Health Board Wellness Grants 2008/09

- **Computer & Training Skills for Men** - The goal of the CATS project is to remove barriers for men in Colchester County in order for them to become better educated in technology and essential skills, thus increasing their employability, academics and positive influence in their homes and communities. (TA)

#### Employment

As noted above, education can improve a person’s ability to find gainful employment and increase opportunities to earn higher incomes. “Paid work provides not only money, but also a sense of identity and purpose, social contacts and opportunities for personal growth” (Public Health Agency of Canada, 2005).

#### Key Messages

“Unemployed people have a reduced life expectancy and suffer significantly more health problems than people who have a job” (Public Health Agency of Canada, 2005).



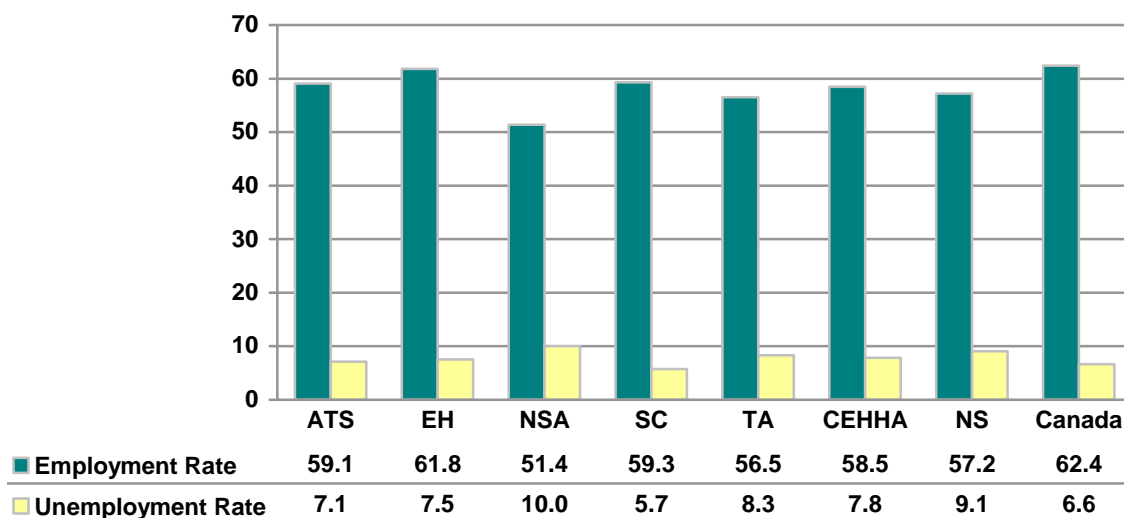
The employment rate is simply the proportion of working age people (in the labour force or not) who have jobs. It gives us an indication of the ability of a community to employ its residents and a high employment rate generally predicts a high standard of living.

The unemployment rate, on the other hand, is the proportion of the labour force (people who have jobs or are actively seeking jobs), who are unable to find work at a given time. It does not include people without jobs who are not looking for jobs or who have given up on looking for jobs because they felt none were available.

- The CEHHA employment rate (2001) was 58.5% of all people aged 15+ (NS 57.2, CAN 62.4)
- The CEHHA unemployment rate (2001) was 7.8% of the labour force aged 15+ (NS 9.1, CAN 6.6)

**Source: Statistics Canada Census 2006, as cited in Nova Scotia Community Counts**

### Employment and Unemployment Rates



**Source: Statistics Canada Census 2006, as cited in Nova Scotia Community Counts**

Decision latitude at work is the degree of control workers have over their work circumstances, as indicated by their agreement with the CCHS statement "Your job allowed you freedom to decide how you did your job" and "You had a lot to say about what happened in your job." (Statistics Canada, 2003)

### Key Messages



"People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities" (Public Health Agency of Canada, 2005).

- 47.7% of workers in Statistics Canada's "Zone 3" (Colchester East Hants plus Cumberland) report having high decision latitude at work, while 46.0% report having low or medium decision latitude at work (NS 51.4 / 41.8).

**Source: Statistics Canada, Canadian Community Health Survey 2000/01**

### Community Health Boards' Recommendations and CEHHA Response 2008/09

- The District Health Authority's (DHA's) Youth Health Coordinator position should be re-established to work with schools / School Board to improve career counselling services (NSA)
  - As one of the District's largest employers, DHA should provide job shadowing opportunities in DHA programs / facilities to foster interest in career options. (NSA)
- Guidance provides career counselling in the schools; it is important that the District continue to work in partnership. The East Hants Resource Centre facility manager handles the youth health services coordination role.
- CEHHA hosts job shadowing opportunities and tours to student groups, and provides a variety of opportunities for student placement, residency placement and internships. Our Human Resources staff also participate in a number of career days and employment promotion events.

### Income

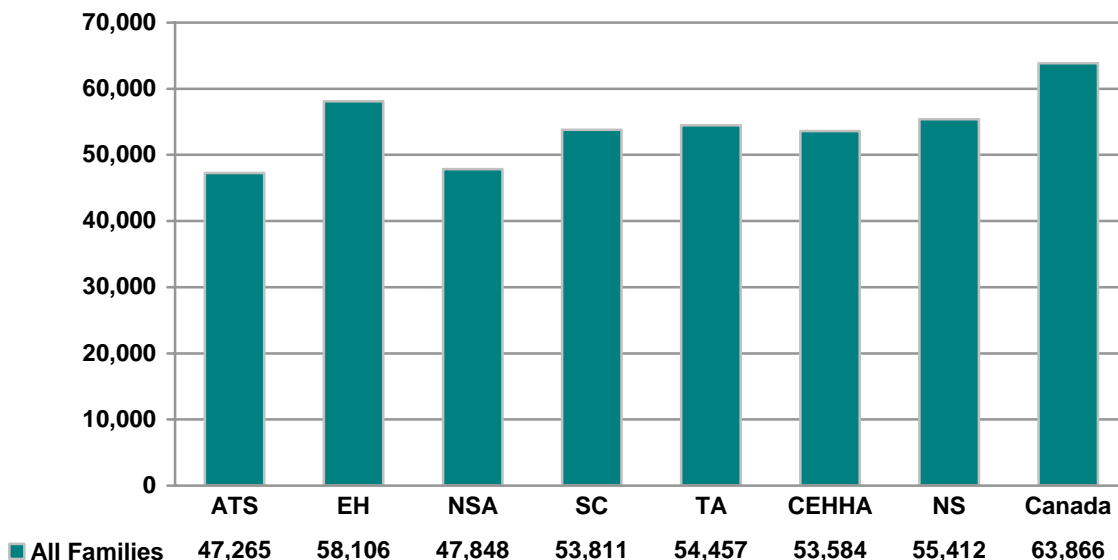
#### Key Messages

- Health status is higher with successively higher incomes.
- High income enables us to afford better food and shelter, which influences health.
- Even more importantly, "higher income and status generally results in more control and discretion" (Public Health Agency of Canada, 2005).



Income has a direct impact on health "through pathways that involve the immune and hormonal systems" (Public Health Agency of Canada, 2005). Lack of control over life circumstances, feeling poor relative to others, and the resulting stress have an effect on health that is much greater than the "obvious" explanations of smoking, drinking, obesity, poor environments, and lack of recreational opportunities (Scientific American, 2005).

**Median Family Income**



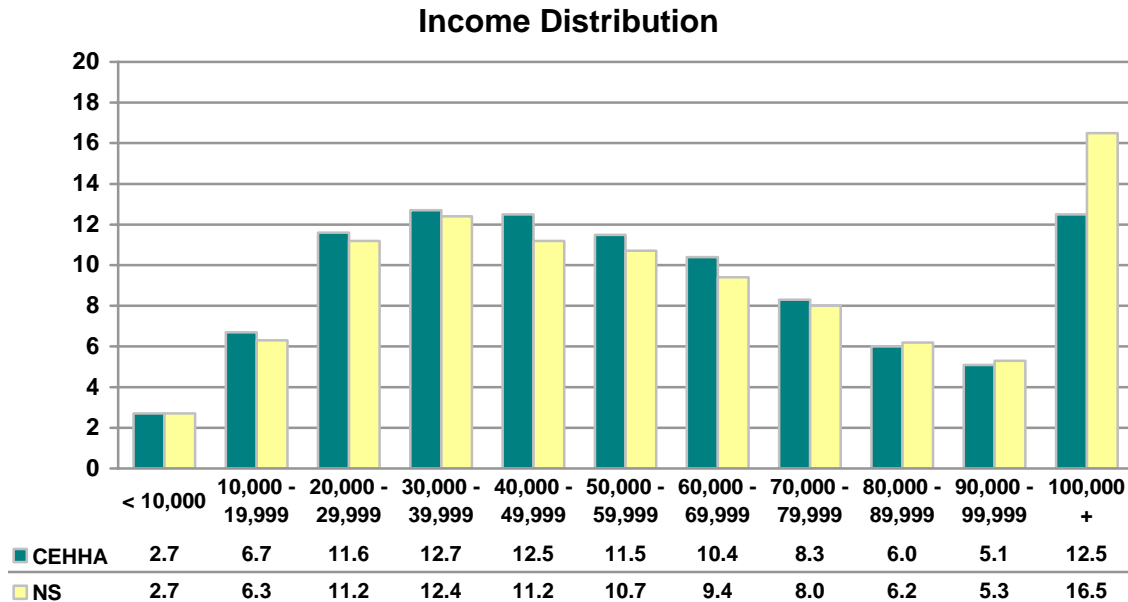
Source: Statistics Canada Census 2006, as cited in Nova Scotia Community Counts

- Median Family Income – CEHHA \$53,584 (NS 55,412, CAN 63,866)

Source: Statistics Canada Census 2006, as cited in Nova Scotia Community Counts

Median family income does not explicitly reflect the amount of poverty. Over 20% of CEHHA families earn less than \$30,000 per year. This distribution is similar to the provincial distribution.

Source: Statistics Canada Census 2006, as cited in Nova Scotia Community Counts



Source: Statistics Canada Census 2006, as cited in Nova Scotia Community Counts

Low income is the estimated level of income at which families will need to spend 20% more than the average Canadian percentage of gross income on food, clothing, and shelter. This varies by family size, and size and rural-urban nature of area of residence. According to this definition:

- 8.5% of families in Colchester East Hants experience low income (NS 10.3, CAN 11.6)

Source: Statistics Canada Census 2006, as cited in Nova Scotia Community Counts

## Food Insecurity

### Key Messages

- Food insecurity involves anxiety about running out of food or having to compromise on food quality, or actual reduction in food intake and experience of hunger by adults or children.



- The proportion of Zone 3 households that reported some evidence of concerns about having enough money to eat properly was 7.6% (NS 7.7%, CAN 5.1)

**Source: Statistics Canada, Canadian Community Health Survey 2005**

### CEHHA Programs, Services, and Activities

CEHHA's **Public Health Nutritionists** work within the framework of the Nova Scotia Healthy Eating Strategy, which has food security as one of its four priority areas. They support school-breakfast programs and linkages to community resources around access to safe, affordable, nutritious foods for young and old.

## Housing / Shelter

### Key Messages

Housing has myriad influences on our health via physical factors, social and economic factors, access to employment, services, and even transportation, and our sense of psychological well-being.



The ability to afford proper housing is also influenced by income. Housing affordability is an important determinant of health because it relates to our physical environment, protection from the weather, proper sanitation, and ability to get sufficient sleep. Furthermore when people spend more than 30% of their income on shelter costs such as rent or mortgage, municipal water, heating, taxes and fees, it is likely to affect their ability to afford food, clothing, and transportations costs.

- 45.4% of Zone 3 renters and 13.4% of Zone 3 owners spend more than 30% of their 2000 income on shelter costs (NS 45.4/13.6, CAN 39.4/16.0)

**Source: Statistics Canada, Census 2001**


The type of home and its age may also impact on its condition, heating, accessibility, and other factors that can influence health. People who have inadequate housing or are homeless are at higher risk for chronic conditions, and homelessness shortens life expectancy significantly (Public Health Agency of Canada, 2004b). Inadequate housing affects safety, sanitation, mould / moisture, respiratory illness, heat / cold, fire hazard, food security, and potential victimhood to crime. A sense of shame, a large impact on our sense of control and meaning, and social isolation combine to creature constant "sub-clinical" stress, depression and anxiety that impair functioning just like a physical impairment (Dunn et al, 2008).

### CEHHA Programs, Services, and Activities

Colchester East Hants Health Authority does not provide housing services. However, it has and continues to advocate for better housing for Seniors through its work on the **Continuing Care Strategy**. Mental Health services **partners** with the **Department of Community Services, the Housing Authority, and the Canadian Mental Health Association** to place clients in residential settings.

## Physical Environment

### Key Messages



“The physical environment is an important determinant of health. At certain levels of exposure, contaminants in our air, water, food and soil can cause a variety of adverse health effects, including cancer, birth defects, respiratory illness and gastrointestinal ailments.” (Public Health Agency of Canada, 2004)

### CEHHA Programs, Services, and Activities

Colchester Regional Hospital is the site of a **Water Testing Lab** for bacteria. Testing kits can be picked up at the Accounts Payable office inside the hospital’s main entrance, and brought back to the 2nd floor laboratory with the accompanying paper work.

### Community Health Boards’ Recommendations and CEHHA Response 2008/09

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>Disseminate information regarding the DHA’s water testing services and ensure sufficient resources are in place to meet potential increased demand. (NSA)</li></ul> | Notified CHBs of Department of Environment and Labour public “Water of Life” workshops on water safety. CHB Coordinator attended and sent out a summary of the meeting contents and “Understanding Chemical Quality” (3) handbooks have been distributed to CHB members. |
| <ul style="list-style-type: none"><li>Recommend to government to make well water testing more affordable. (SC)</li></ul>  | CEHHA has recommended to the Department of Environment & Labour that testing be made more affordable.  |

## Access to Quality Health Care Services

Access to sufficient effective health promotion, illness prevention, and treatment services is another determinant of individual and community health. Promoting the continued health of the well population, identifying targeted promotion activities for the at-risk population, and preventing complications of established illness can help to keep the population healthy and alleviate much pressure on the acute care sector. Acute and chronic illness treatment services are essential for those who become injured or ill.

- In April 2008 CEHHA had by far the lowest ratio of acute care beds per population at 1.7 beds per 1,000 persons (NS 2.9). With the conversion of 17 beds to Alternative Level of Care beds, the ratio is now even lower at 1.4 beds per 1000 population.
- With 304 nursing home beds CEHHA still has the lowest rate, at 63 per 1000 population 75+ of any district (NS 93), despite the recent opening of Wynn Park Villa in Truro.

**Sources: Nova Scotia Department of Health, Continuing Care Branch, Directory: Nursing Homes and Homes for the Aged, 2009  
Nova Scotia Department of Health, Statistics Canada Census Projections, as cited by Information Management Services, IS4 Branch, 2008b**

The district's Long Term Care beds are in the following facilities:

Facility	Location	Licensed / Approved Beds	Respite Beds
<b>Nursing Homes</b>			
Cedarstone Enhanced Care	Truro	124	2
The Mira	Truro	89	1
Willow Lodge	Tatamagouche	51	0
Wynn Park Villa (NEW)	Truro	35 DoH + 5 VAC	0
<b>Residential Care Facilities</b>			
Karlaine Place	Truro	8	0
Maplewood Manor	Tatamagouche	7	0
The Willows Special Care Manor	Shubenacadie	8	0
Townsvie Estates	Truro	85	0
Wynn Park Villa	Truro	20	0
<b>Community Based Options</b>			
Linda's Special Care Home	Truro	1	0
Mitchell's Rest Home	Upper Nine Mile River	3	0
Serenity Lodge Level A	Enfield	3	0
Serenity Lodge Level B	Enfield	3	0

**Community Health Boards' Recommendations and CEHHA Response 2008/09**

- Strongly recommend to government the need for more nursing home beds. (SC)

CEHHA advocated for increased licensed nursing home beds for our residents. CEHHA received 213 new beds (see below).
- Continue to work with Department of Health and Continuing Care to increase placements and other resources for people requiring continuing care. (NSA)

CEHHA has been working extensively with the Department of Health, with the VON, and with existing Long Term Care facilities to find solutions to place residents requiring care. It has also continued to submit proposals to the Department of Health for enhanced community supports.

The CEHHA also launched the new Seniors Clinic (see below), which helps our seniors avoid unnecessary admissions to hospital or too early a placement in LTC facilities.

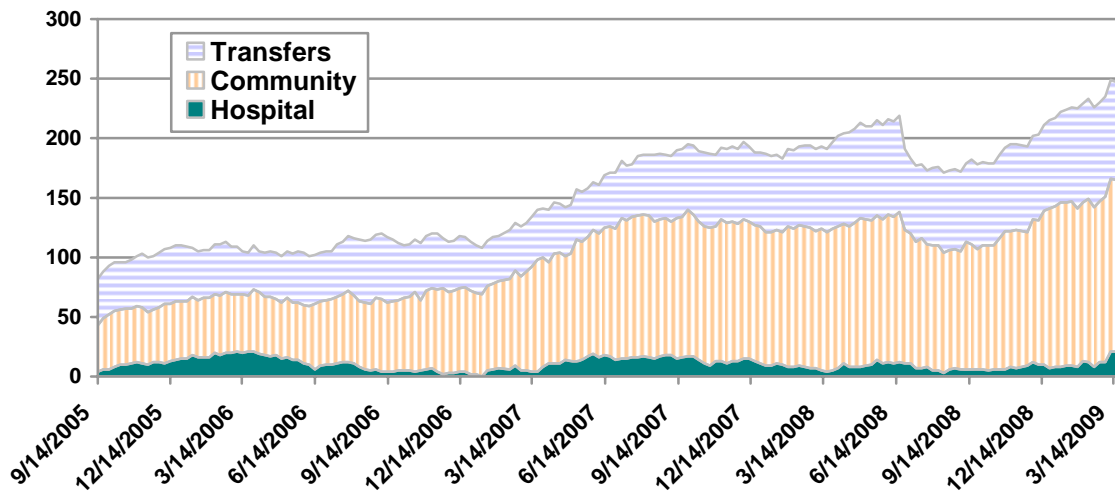
The Minister of Health's February 2007 announcement of 213 new nursing home beds for the District by 2010 will bring CEHHA into line with the overall provincial rate. The facilities will be open and operational by 2010 in the following locations:

Location	Beds	Operator	Completion Date
Between Plains Road and Paleo Drive, Debert	36 beds	Shannex	May 2009
Carter Road, Brookfield	36 beds	Shannex	September 2009
Highway # 2 near Catherine Drive, Enfield	71 beds	Scotia	March 2010
Willow Lodge, Tatamagouche	10 beds	Willow Lodge	March 2010
Pictou Road, Bible Hill	60 beds	Shannex	March 2010

In the meantime, patients who have been assessed for Long Term Care (LTC) placement must wait for extended periods of time in the community or in Colchester Regional Hospital.

- According to the DoH's SEASCAPE database, there were 143 clients waiting in community for LTC placement as of March 25 2009 and 18 waiting in hospital for a total of 161 new clients waiting for placement. These numbers include approved clients as well as those pending approvals.
- In addition, there were 82 clients waiting in LTC facilities in other districts for transfer to preferred facilities in this district.
- The overall wait list numbers have steadily grown and more than tripled since September 2005, and are near their highest level yet.

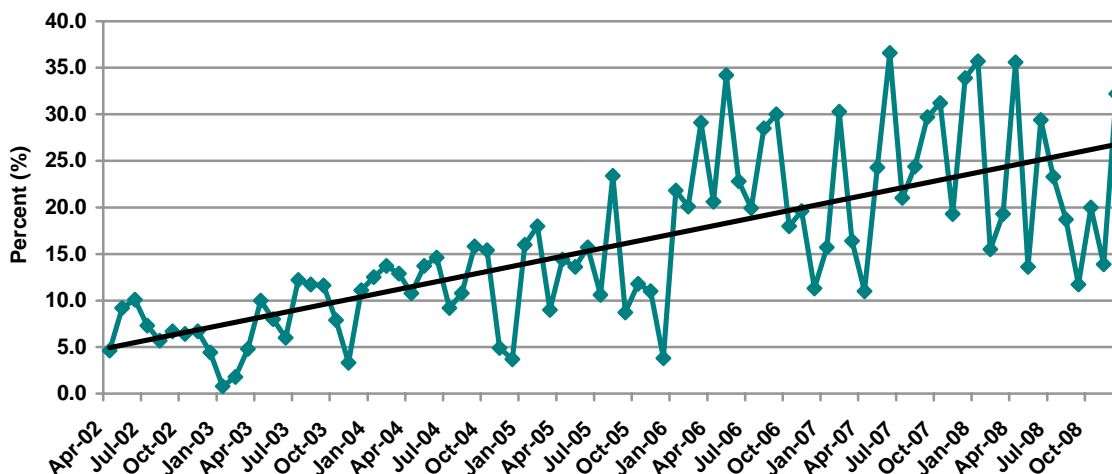
**Long Term Care Waitlist September 2005 to March 2009**



**Source: NS Department of Health SEASCAPE Database, 2009**

- As the LTC wait list has increased, the average monthly percentage of inpatient days used by patients awaiting an alternate level of care ("ALC Days") has more than quintupled in the past five years, from less than 5% in April 2002 to over 25%, and as high as 36.6%, in 2006 through 2008.
- It levelled off and even declined in Summer and Fall 2008 with the opening of Wynn Park Villa, but increased again and remained very high at 32.2 in December 2008.

ALC Days as Percent of Total Patient Days by Month, CEHHA



Source: CEHHA Discharge Abstract Database, 2009

In response to these growing pressures, the district has recently created an Alternative Level of Care Unit with 17 beds for placing and treating patients who are in process for Continuing Care Placement, or who require a certain degree of acute treatment but who do not necessarily require hospitalization on a medical or surgical unit.

### CEHHA Programs, Services, and Activities

Colchester Regional Hospital's **Alternative Level of Care (ALC) Unit** has 17 beds supported by Continuing Care Assistants (CCAs) who have been employed to provide enhanced care for the clients. Programming for the ALC population, supported by volunteers, includes:

- Daily group exercises at 11:00 a.m. (weekdays)
- Daily meals at dining tables in the Patient Lounge
- A weekly games night
- Weekly dog and cat visits
- Weekly hair care available



### Community Health Boards' Recommendations and CEHHA Response 2008/09

- Provide resources for more occupational therapists, physiotherapists, dietitians, etc. to provide out of hospital care for seniors. (SC)

Home Occupational Therapy services are now available for clients 65 years of age and older residing in their home in the CEHHA district through the Seniors Clinic.

The District continues to lobby government intensely for increased outpatient and community based resources for rehabilitation, restoration and convalescence.

- Provide resources for occupational therapy and physiotherapy services in rural areas. (SC)

New in-home Occupational Therapy and enhanced in-home physiotherapy services are now available to any part of the district through Rehabilitation Services.



## CEHHA Programs, Services, and Activities



The CEHHA **Seniors Clinic** is a team of health care professionals dedicated to the health, safety and well being of seniors in Colchester East Hants.

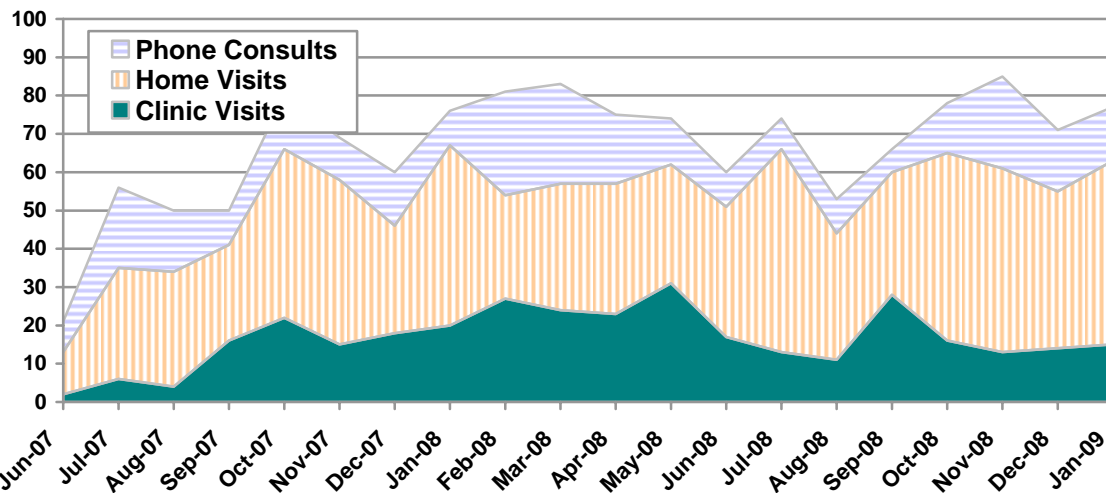
- The team consists of a Physician Consultant in Geriatrics, Geriatric Consult Nurse, Occupational Therapist, Pharmacist, Seniors Clinic Manager, and Administrative Office Manager. It specializes in the unique health care needs of seniors and its goal is to work with physicians, other health care providers, partners and agencies in the community to optimize seniors' quality of life, to promote health, safety and independence.
- The clinic also engages in community development efforts. It has organized an awareness day focusing on elder abuse, participated in a Seniors Health fair in Milford, and hosted "Lunch and Learn" sessions for staff.
- The clinic operates Monday-Friday from 9 a.m. – 4 p.m. on the 3rd floor of the Colchester Regional Hospital Annex Building.

- Between the launch date (June 18 2007) and mid-February 2009 the Seniors Clinic had a total of 661 referrals.

**Source: CEHHA Seniors Clinic Statistics, 2009b**

- As of January 31 2009, Seniors Clinic staff had conducted 720 visits to clients' homes, 284 telephone consultations, and 335 on-site clinic visits

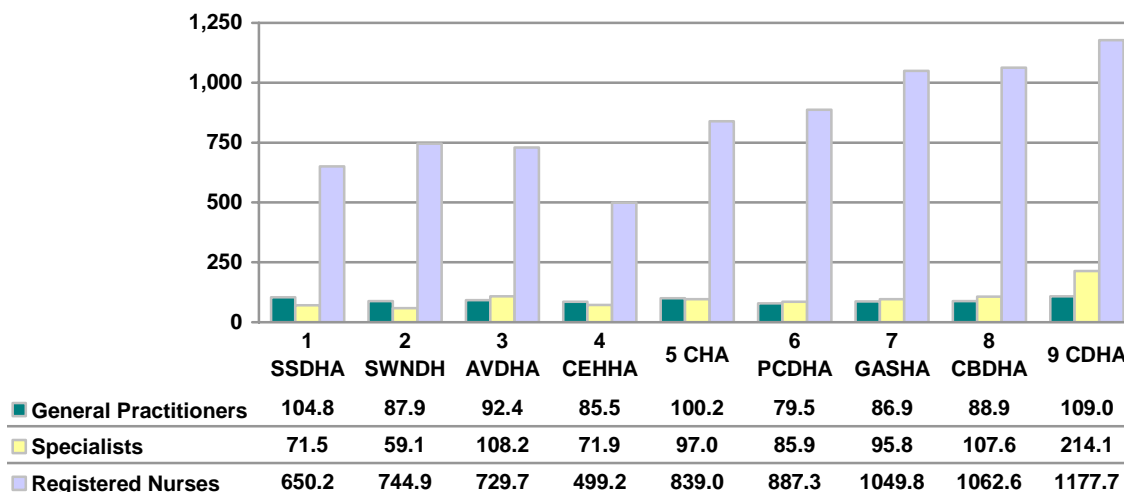
**Seniors Clinic Visits and Consults June 2007 to Feb 2009**



**Source: CEHHA Meditech Outpatient Location Statistics, 2009c**

- Colchester East Hants has the lowest proportion of Registered Nurses, second lowest General Practitioners, and the second lowest proportion of medical Specialists per population.

**Health Care Professionals per 100,000 Population**



**Sources:** Nova Scotia Department of Health, PHReD (Physicians Database), 2008  
 Nova Scotia Department of Health, Registered Nurses Database, 2007  
 Nova Scotia Department of Health, Statistics Canada Census Projections as cited by Information Management Services, IS4 Branch, 2008b

- In 2007, 96.4% of Zone 3 residents report having a regular doctor (NS 94.1, CAN 84.8), up from 94.9 in 2005
- In 2007, 84.2% reported contact with a doctor in the past year (NS 82.6, CAN 78.6), down from 85.4% in 2005

**Source:** Statistics Canada, Canadian Community Health Survey 2007

- In 2005, 54.0% reported seeing a dental professional in the past year (NS 60.0, CAN 63.7)

**Source:** Statistics Canada, Canadian Community Health Survey 2005

**Community Health Boards' Recommendations and CEHHA Response 2008/09**

- The NSACHB ask that a task group consisting of DHA members, DOH staff and the community physicians with CHB representative meet immediately to begin a process bring in new doctors. (NSA)
 

Physician recruitment is an ongoing effort. The CEO and the Chief of Staff continue to work with the physicians in Tatamagouche to address the remaining gaps. A Physician Working Group has been established and is meeting regularly to address the key issues of the physicians practicing in our district.

A Physician Engagement Strategy and Physician Resource Plan are being developed to help improve relationships and communications between physicians and the District.

## Community Health Boards' Recommendations and CEHHA Response 2008/09

- Explore ways to reduce physician's caseloads, improve utilization of physician time (e.g. support the Nurse Practitioner role), and alternative funding strategies to encourage physician recruitment. (NSA)
- CEHHA requires funding for additional positions, as well as agreement from physicians to take on the supervision of the nurse practitioners. CEHHA is continuing to advocate for increased resources including funding for community health nurse and nurse practitioner positions.

## Key Messages

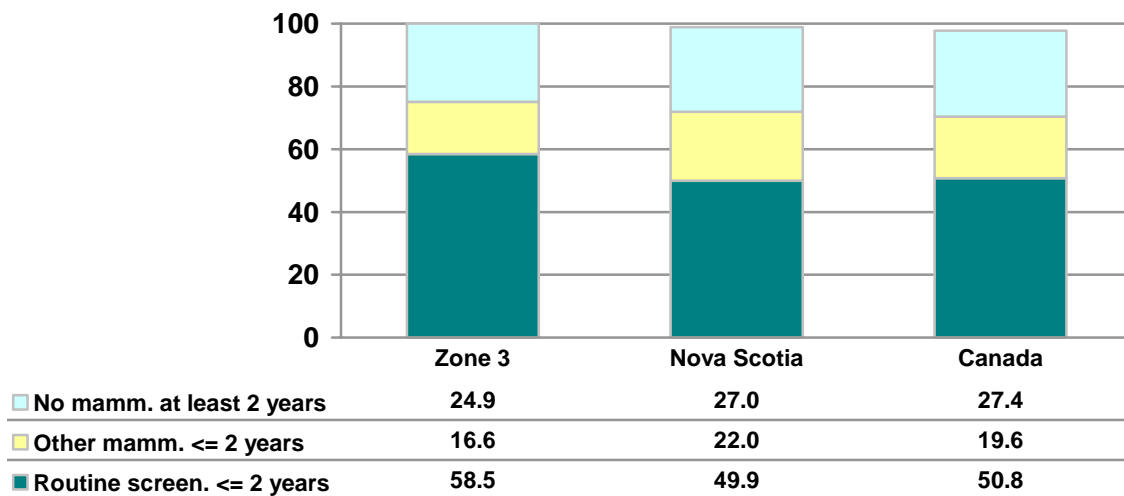


Nova Scotia Breast Screening Program guidelines recommend annual screening for women between the ages of 40-49 and screening every two years for women over the age of 50.

- In 2005, 58.5% of Zone 3 women aged 50 to 69 reported having a routine screening mammography in the last two years (NS 49.9, CAN 50.8), up from 49.9% in 2003.

Source: Statistics Canada, Canadian Community Health Survey 2005

### Women Aged 50 to 69 Reporting Routine or Other Screening Mammography



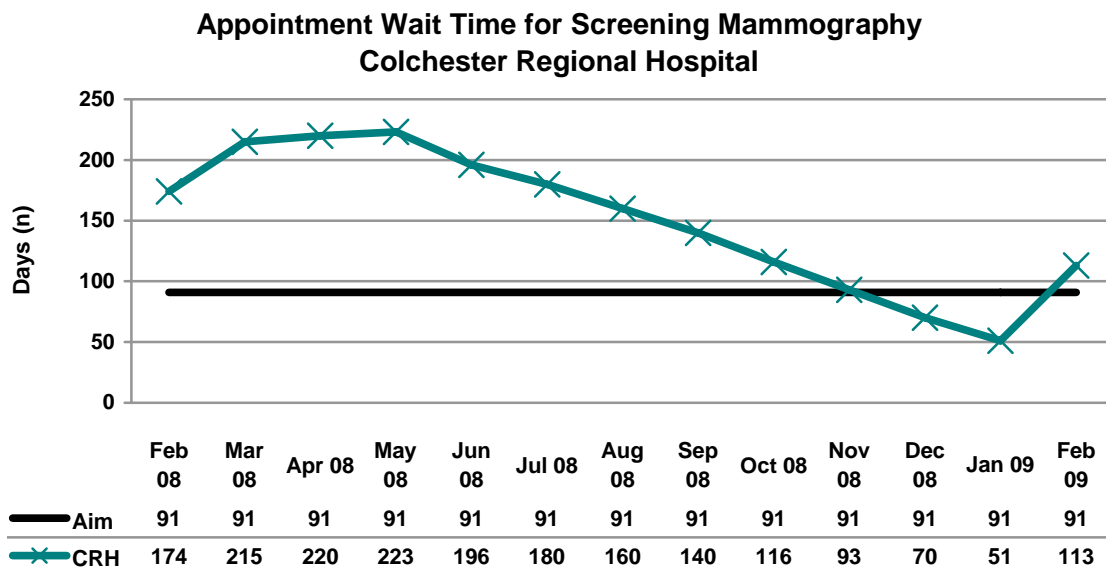
Source: Statistics Canada, Canadian Community Health Survey 2005

## CEHHA Programs, Services, and Activities

Regular **screening mammography**, diagnostic mammography to evaluate patients with abnormal clinical findings (including an abnormal screening mammogram), and urgent mammography are offered at Colchester Regional Hospital.

**Mobile Breast Screening** is also available from April through mid-December; a van carrying the latest medical technologies for breast cancer detection travels throughout the area bringing mammography services to women in the communities where they live.

Wait times for mammography at Colchester Regional Hospital are estimated by determining the number of days until the next day with three available appointments, after allowing room for any unbooked requests.



**Source: CEHHA Appointment Wait Time Data**

- Monthly projected wait times for regular screening mammography ranged from 51 to 223 days, averaging 150 days and meeting the 91-day target in two of 13 months from February 2008 through February 2009
- Projected waits for diagnostic mammography ranged from two to 23 days during the same period, averaging 10 days and meeting the target of 14 days in ten of the 12 months
- Projected waits for urgent mammography ranged from one to 16 days, averaging four days and meeting the target of seven days in ten of the 13 months

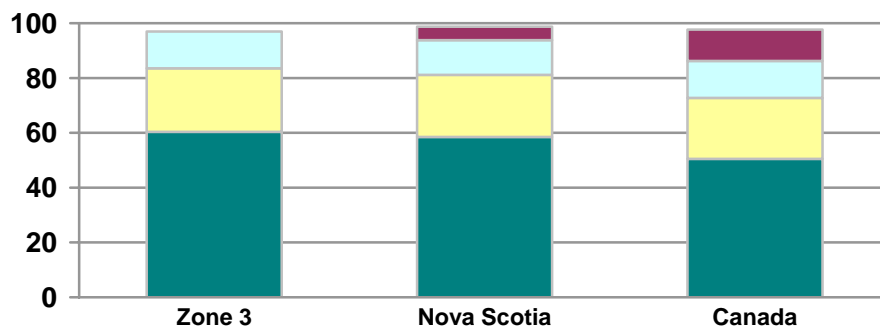
**Source: CEHHA Appointment Wait Time Data**

#### Key Messages

- Cancer Care Nova Scotia's Cervical Cancer Prevention Program (CCPP) recommends that women should start having a regular Pap test within three years of becoming sexually active or when they reach the age of 21.
- If Pap test results are normal (negative or clear) three years in a row, women should continue to have Pap tests every two years until age 75.



## Women Aged 18 to 69 Reporting Time of Last Pap Smear Test



	Zone 3	Nova Scotia	Canada
■ Never had Pap smear	N/A	4.9	11.5
■ Pap smear > 3 Years	13.4	12.7	13.5
■ Pap smear 1 to < 3 Years	23.2	22.6	22.2
■ Pap smear < 1 Year	60.4	58.5	50.5

Source: Statistics Canada, Canadian Community Health Survey 2005

- In 2005, 83.6% of Zone 3 women aged 18 to 69 reported having a Pap screen test in the last three years (NS 81.1, CAN 72.7), up from 82.1% in 2003.

Source: Statistics Canada, Canadian Community Health Survey 2005

The CCHS data are based on self-reporting by women 18 to 69. Data on all women 15 and over, published from the Provincial Cytology Colposcopy Registry of the Nova Scotia Cervical Cancer Prevention Program, show that:

- 68.6% of CEHHA women 15 and over had one or more screens during the three year period ending in 2005 (NS 66.1, CAN N/A)
- CEHHA's participation rate increased more than any other district's during the period 2001 to 2005 and was the highest in the province in 2005.

Source: Cancer Care Nova Scotia, 2006

### CEHHA Programs, Services, and Activities

As part of a women's health initiative for our communities supported by **Primary Health Care**, CEHHA offers **Women's Health Clinics** monthly at Colchester Regional Hospital. Community Clinics are also being planned. Services include Pap screening, blood pressure testing, and education on breast self-examination.

### Key Messages

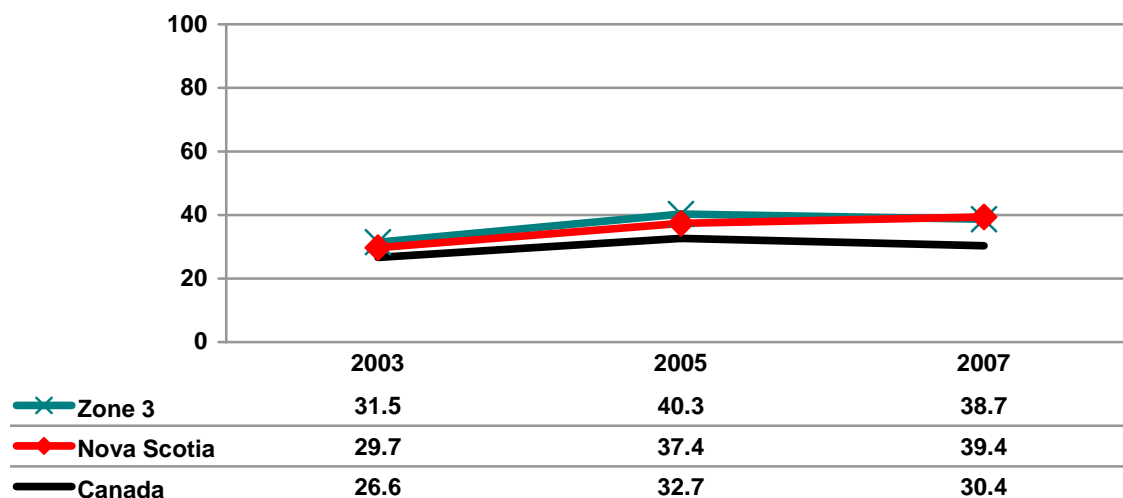
- Immunization protects families and communities from vaccine-preventable diseases. It is also one of the easiest ways to be protected from potentially life-threatening diseases such as meningitis and chicken pox.
- Thanks to advancements in medical research, vaccines are more effective and extremely safe.



- In 2007, 38.7% of Zone 3 residents 12 and over reported having a flu immunization in the past year (NS 39.4, CAN 30.4), slightly fewer than in 2005 (40.3)

Source: Statistics Canada, Canadian Community Health Survey 2005 and 2007

**Persons Aged 12 and Over who Received Flu Immunizations in the Past Year**



Source: Statistics Canada, Canadian Community Health Survey 2003, 2005, 2007

### CEHHA Programs, Services, and Activities

The goal of the CEHHA **Public Health Services' Communicable Disease Prevention and Control Program** is to reduce, or where possible, eliminate communicable disease. The province provides publicly funded vaccines to all Nova Scotians according to the Nova Scotia immunization schedule.

### Community Health Boards' Recommendations and CEHHA Response 2008/09

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• X-ray in the Resource Centre, Elmsdale. To support our efforts and be willing to offer the East Hants residents something that is not here presently. (EH)</li> </ul> | <p>Community Health staff facilitated dialog with the EHRC Site Manager, the Director Ambulatory Care and the Manager Diagnostic Imaging to discuss the feasibility of making a business case to government.</p> <p>The province will require a clear indication of need based on evidence as well as a detailed cost analysis through the annual Business Planning process in order to consider sustained funding.</p> |
| <ul style="list-style-type: none"> <li>• Build on the success of the Gynaecological Cancer Screening Program by bringing DHA Well Women's Clinic to our communities. (NSA)</li> </ul>                          | <p>We are looking at the possibility of holding Well Women's Clinics in Tatamagouche.</p>   |



### Community Health Boards' Recommendations and CEHHA Response 2008/09

<ul style="list-style-type: none"> <li>Consider allocation of funding for outreach services that are identified as lacking in communities, such as pap smears, mammograms, and flu immunization. (SC)</li> </ul>	<p>Public Health Services held a new flu immunization clinic in Lower Truro based on a request from the CHB. We will evaluate it to see if the numbers warrant continuing it.</p>
<ul style="list-style-type: none"> <li>Promote semi annual prostate examinations (NSA)</li> </ul>	<p>CEHHA will consider prostate exam promotion as part of its ongoing health communications in reports to the community, newsletters, etc.</p>
<ul style="list-style-type: none"> <li>Provide resources for blood collection in rural areas. (SC)</li> </ul>	<p>CEHHA is not able to expand outreach blood collection service into additional areas at this time. CEHHA currently provides blood collection services in Bass River, Noel, and the East Hants Resource Centre, in addition to the Colchester Regional Hospital and LFMH sites.</p>

It is becoming increasingly clear that easy access to information about and transportation to the existing health services, community supports, and fitness centres are challenges. If residents do not know about a service, do not know how to access it, or are not able to travel to the service location, the service cannot help them.

### Community Health Boards' Recommendations and CEHHA Response 2008/09

<ul style="list-style-type: none"> <li>Provide user-friendly, accessible version of the DHA service directory (environmental scan). (NSA)</li> </ul>	<p>Community Health staff in the portfolio are currently developing a plan to better coordinate communications including existing service information such as the environmental scan and program brochures, etc. for example:</p>
	<ul style="list-style-type: none"> <li>Developing a brochure which will highlight Community Health Services and contact information, along with information about Chronic Disease Prevention (i.e. Key messages).</li> <li>Monthly health promotion campaign calendar is now online to highlight health promotion / chronic disease prevention campaigns and events</li> <li>Through a Community paper partnership, various articles are being submitted by Community Health programs to the Weekly Press in Enfield. The articles address a variety of health / health related topics and highlights services available through CEHHA.</li> </ul>



### Community Health Boards' Recommendations and CEHHA Response 2008/09

<ul style="list-style-type: none"> <li>• Provide resources and contact information for staff that could provide educational sessions to seniors and caregivers about the programs and services available to them. (SC)</li> </ul>	<p>We recently arranged for VON to meet with all CHBs, and Seniors Clinic staff have given numerous presentations in the community. Other Community Health and Continuing Care staff are available for presentations as the CHBs agendas allow.</p>
<ul style="list-style-type: none"> <li>• Ensure the LFMH renovation project is implemented through all phases including the primary care clinical services phase...this resource is one of the cornerstones to the community's growth and development. (The NSACHB is a member of the LFMH Patient Care QI Committee where the operational aspects of LFMH are discussed, noting always how the community can be best serviced). (NSA)</li> </ul>	<p>A detailed proposal for the LFMH based on feedback received in past stakeholder consultations has been approved by the Department of Health.</p> <p>The renovation is currently in the design phase. Once finalized, the project will go to tender. It is anticipated that the renovations will be completed by Fall 2009.</p>
<ul style="list-style-type: none"> <li>• Increase efforts to distribute mental health information and provide additional mental health staff to serve the needs of our communities. (NSA)</li> </ul>	<p>Consultation with physicians, staff and community stakeholders will continue to be a key component in the development.</p> <p>A successful community mental health worker proposal was submitted with Primary Health Care and will be filled in late Winter 2009.</p> <p>Mental Health Services submitted six additional New &amp; Expanded Program Proposals and will continue to advocate for increased resources and look for opportunities to enhance services with current resources.</p>



### Social and Psychological Determinants

Another fundamental determinant of health is the nature and extent of family, social, and health supports available to a person at home or in their community.

#### Key Messages

Lack of social connections, secure attachments, and caring relationships that provide support are linked with higher rates of depression, cardiovascular disease, chronic disability, and early death (Colman et al, 2003).



The CCHS measured the level of perceived social support reported by population aged 12 and over, based on their responses to four questions about having someone to confide in, someone they can count on in a crisis, someone they can count on for advice, and someone who makes them feel loved and cared for. (Statistics Canada, 2000/1)

- 83.0% of all Zone 3 residents report having high social support (NS 85.1)

**Source: Statistics Canada, Canadian Community Health Survey 2000/1**

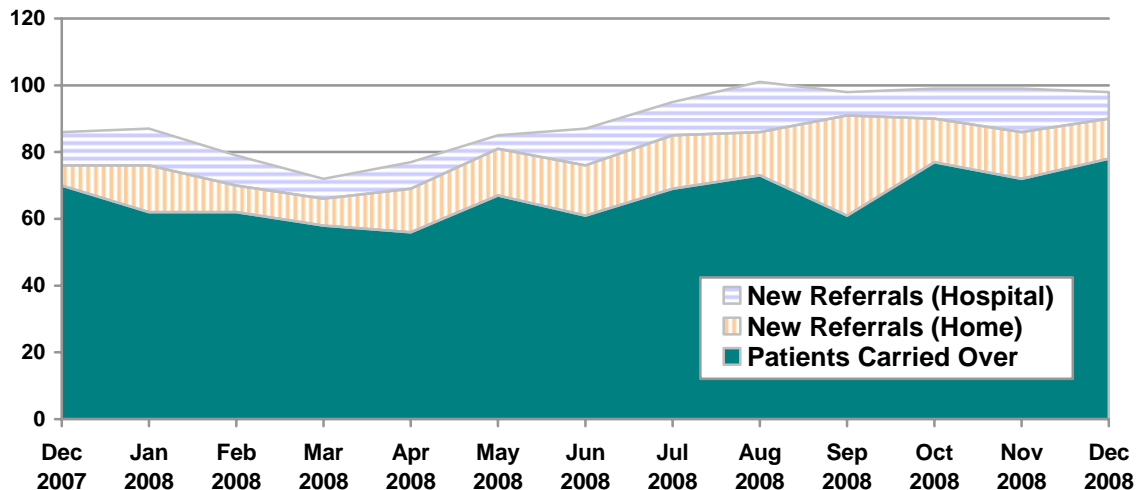
## CEHHA Programs, Services, and Activities

The **Palliative Care Program** is fulfilling extremely special needs - supporting and assisting patients and families living with a life threatening illness. More than 160 patients of all ages and their families benefit from the program each year and more than 80 families are receiving care and support at any given time.

- The program involves consultation nurses who spend their time both in hospital and in our communities. These nurses work as part of a team that includes a palliative care consult physician, pharmacist, social worker, home care workers, volunteer coordinator, VON & pastoral care. The team meets weekly to develop care plans and ensure appropriate services are in place.
- The goal of the program is to provide a combination of physical, psychological, spiritual and social care to individuals in their homes, in hospital and long term care facilities. Consult nurses strive to provide expert level support to home care nurses and caregivers including pain and symptom management. For those whose needs are too great to be met at home, staff work to facilitate a smooth transition from home to hospital.
- After the death of their loved one, our bereavement program follows families through phone contact. A service of remembrance is also held each year for families who have lost loved ones.

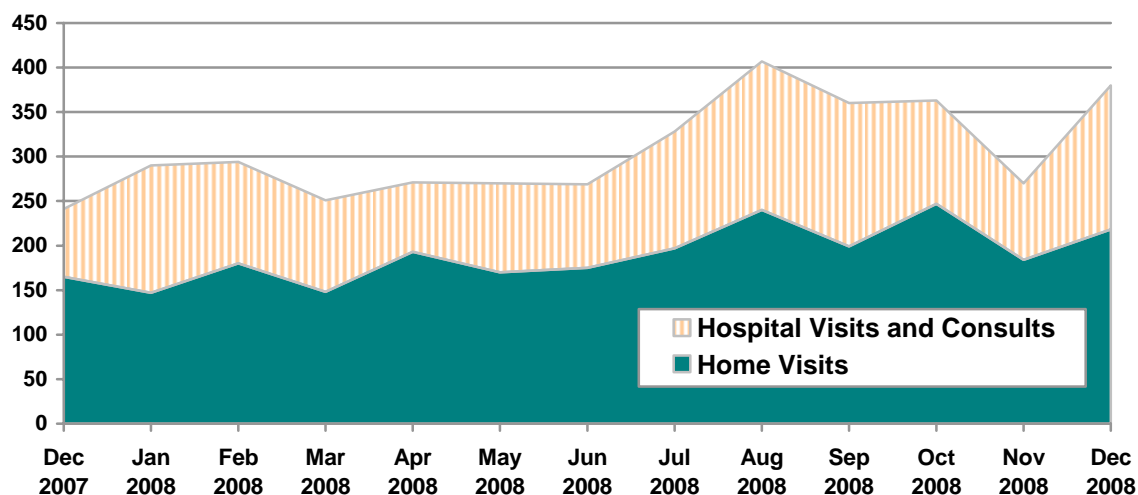
- Palliative Care volumes are rising. During each month of the period May 2007 to May 2008, CEHHA's Palliative Care program carried over and average of 67 patients from previous months, added 14 new referrals from home, and added nine new referrals from hospital, for a total average monthly caseload of 89 patients.
- Palliative Care staff averaged 189 visits to homes monthly and 118 visits to hospital monthly.

**Palliative Care Carryovers and New Referrals**



Source: CEHHA Palliative Care Statistics, 2009d

### Palliative Care Home and Hospital Visits



Source: CEHHA Palliative Care Statistics, 2009d

### Community Health Board Wellness Grants 2008/09

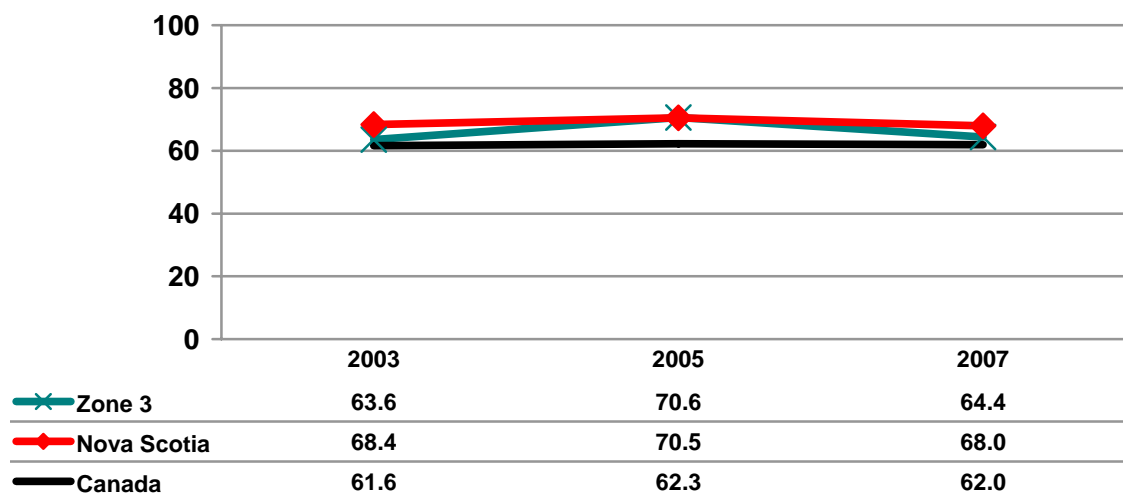
- Grief Relief** - The Colchester East Hants Community Hospice Society is piloting a Grief Relief program in the community to assist individuals & families with the natural grieving process by way of a community support group with a focus on spousal grief and a walking group. (ATS, EH, SC, TA)
- 29.8% of CEHHA residents 65 and over live alone (NS 29.3, CAN 28.1)

Source: Statistics Canada Census 2006, as cited in Nova Scotia Community Counts

Social capital - the networks, relationships, and customs in our individual and community environments - is a critical factor in our health (Seymour, 2003). There is a strong association between a sense of community belonging and our physical and mental health (Statistics Canada, 2005).

- In 2007, 64.4% of Zone 3 residents 12 and over described their sense of belonging to their local community as very strong or somewhat strong (NS 68.0, CAN 62.0), down from 70.6% in 2005.

### Persons Aged 12 and Over Reporting Somewhat or Very Strong Sense of Community Belonging



Source: Statistics Canada, Canadian Community Health Survey 2003, 2005, 2007

The dependency ratio is the ratio of children aged 0 – 14 combined with older adults 65 and over, to the number of working age persons 15 – 64 in a given population. It represents the potential impact of social and/or economic dependence as well as demands on family and health service resources (Statistics Canada, 2005). The higher the ratio, the fewer working age adults there are to support children and seniors. Using the latest 2001 Census population projections provided by the Department of Health:

- The dependency ratio in CEHHA is calculated as 43.8 dependents per 100 people of working age in 2006 (NS 43.4)
- The ratio will increase to 47.3 by 2016 (NS 48.5)

Source: Statistics Canada Census 2001 Projections, Nova Scotia Department of Health

#### CEHHA Programs, Services, and Activities

The **Public Health Services Family Health Program** team consists of Public Health Nurses, Community Home Visitors, Nutritionists, Dental Hygienists and Administrative Support. Programs and Services include:

- **Prenatal Education Classes** – Free group or one-on-one sessions facilitated by public health nurses year round for expectant mothers and support person(s).
- **Postnatal Follow-up** - Telephone contact by a public health nurse to all new mothers following hospital discharge. Home visits offered based on assessed need.
- **Enhanced Home Visiting Program** - Ongoing support through home visiting by a public health nurse and/or public health community home visitor to select families with children ages 0-3.
- **Babies Best Start** - Weekly drop-in session with a public health nurse at Maggie's Place for families of infants 0-12 months. Information / support on topics including breastfeeding and infant feeding, healthy eating, parenting, infant care and safety.
- **Child Health / Wellness Clinics** - Clinics are held in Elmsdale weekly and in Tatamagouche monthly for routine childhood immunizations, dental screening and one-on-one consultation with a public health nurse and/or dental hygienist.

### Community Health Board Wellness Grants 2008/09

- **Body and Mind Youth Night** - To provide recreational, social and educational opportunities for children, youth and adults in the communities from Masstown to Economy. (ATS)
- **Story Telling Circle** - This project is to build relationships in the community, increase socialization, record history and to increase literacy. (ATS)
- **Another Slice of Life Theatre Company** - The program will provide a theatre group the opportunity to meet on a regular basis to allow people with mental or physical challenges to showcase their acting and writing abilities. (NSA)
- **Family Creativity Camp** - A holistic program designed to support families and nurture healthy child development and explore concerns about the environment and celebrate our connection with nature. (NSA)
- **Senior's Sing Along** - This program offers 6 afternoons of fun, singing, musical entertainment and socialization to the seniors of the area. (SC)
- **Sensory / Motor Leadership Project** - The main goal of the STAR Project is to provide children with special needs with the skills and support necessary to have successful experience in community inclusive activities, and to provide volunteer students with the opportunity to interact and support children with special needs while developing their own skills. (TA)

All of the preceding factors can influence a person's sense of control over their life circumstances, and the attendant stress can have serious implications for one's health. One specific example is elevated glucose levels in the blood due to stress that results in health risks for diabetics (Colman et al., 2003).

### Key Messages

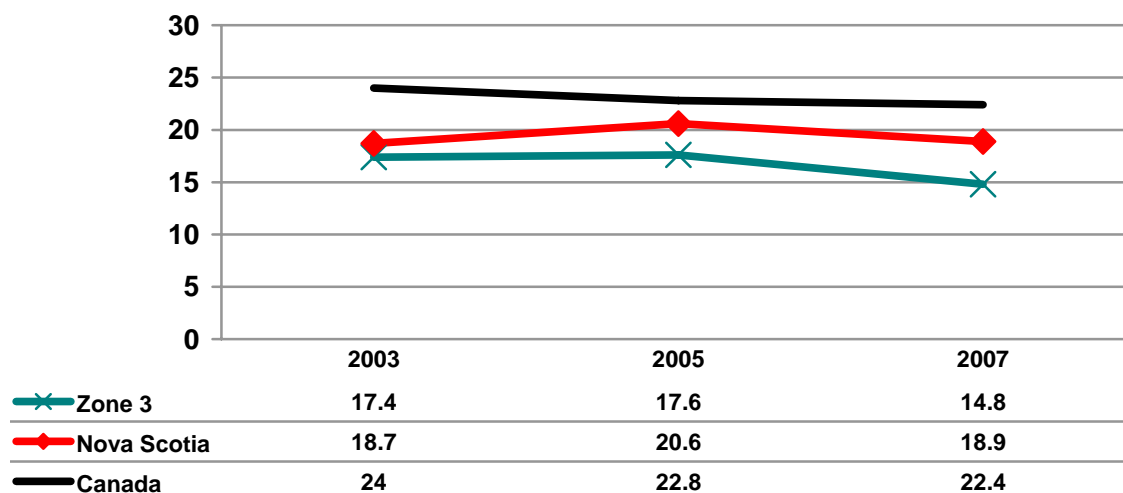
Chronic stress can lead to impaired memory, increased risk of depression, decreased immune response, increased blood pressure and risk of heart disease, and effects on other body systems through hormonal pathways (Seymour, 2003; Scientific American, 2005).



- In 2007, 14.8% of Zone 3 residents 15 and over reported "quite a lot" of life stress (NS 18.9, CAN 22.4), down from 17.6% in 2005

**Source: Statistics Canada, Canadian Community Health Survey 2005, 2007**

## Persons Aged 15 and Over Reporting "Quite a Lot" of Life Stress



Source: Statistics Canada, Canadian Community Health Survey 2003, 2005, 2007

Another internal factor that has a complex relationship with mental and physical health is self-esteem, or level of perceived self-worth and competence, which can impact emotional well-being as well as behavioural factors (Colman et al., 2003).

- 51.7% of people 12 and over in Colchester East Hants report having moderate self-esteem and 33.3% report having high self esteem (NS 47.0 / 37.9)

Source: Statistics Canada, Canadian Community Health Survey 2003

## Mental Health and Emotional Well-Being

Many of the modifiable risk factors are strongly influenced by mental health status. People who show lower levels of emotional-being or who are chronic users of mental health services show higher rates of a range of physical illnesses and greater mortality. There are many reasons for this including social exclusion and the stigma of mental illness, and higher rates of obesity or malnutrition, physical inactivity, smoking, and substance abuse among various groups of people with mental health problems (Seymour, 2003).

## Crime

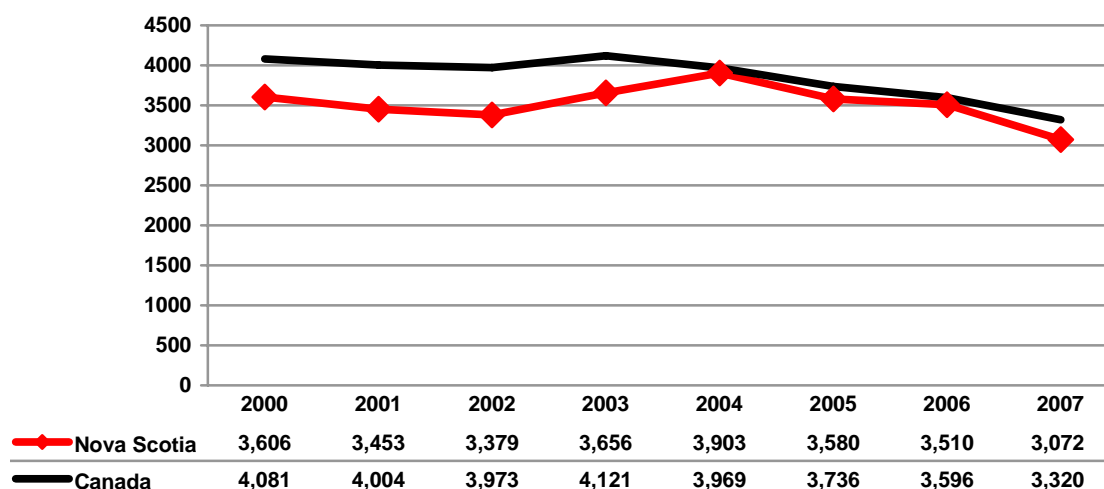
### Key Messages

Health and crime have many of the same socioeconomic determinants: poverty, inadequate or poor parenting, family violence, substance abuse, poor schooling, unemployment, and social exclusion (Raphael, 2004). As such, the health of a community is reflected in crime, and vice versa.



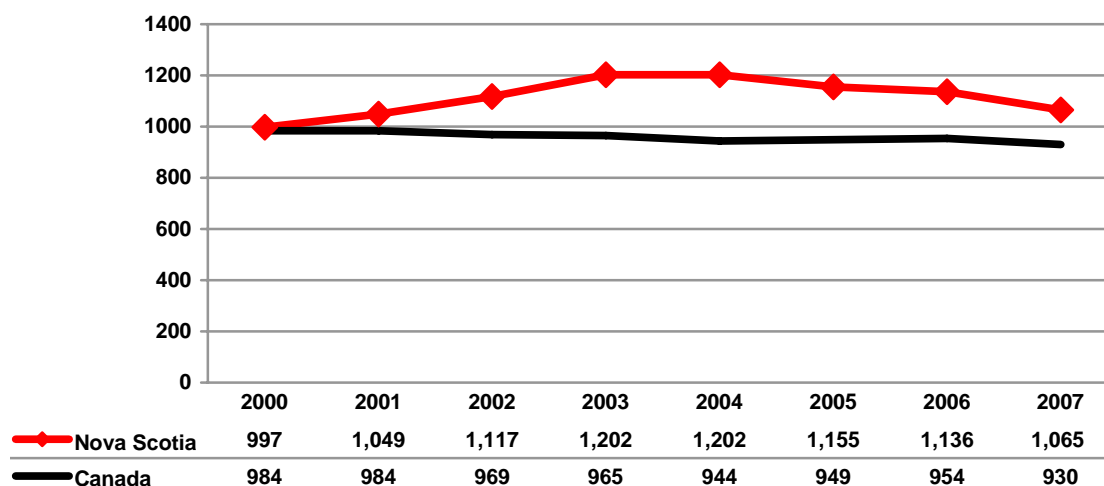
- The rate of property crimes in Nova Scotia during the period 2000 through 2007 was generally slightly lower than the Canadian rate, but the difference decreased over time.
- However, the rate of violent crimes was higher in Nova Scotia than in Canada as a whole.

**Rate of Property Crimes per 100,000 Population**



Source: Statistics Canada (2008)

**Rate of Violent Crimes per 100,000 Population**



Source: Statistics Canada (2008)

- In 2006 and 2007 Nova Scotia had higher than Canadian rates of attempted murder, physical assaults or threats, and sexual assaults.

	Nova Scotia		Canada	
	2006	2007	2006	2007
<b>Homicide</b>	1.7	1.4	1.9	1.8
<b>Attempted murder</b>	3.0	2.7	2.6	2.4
<b>Assaults (level 1 to 3)</b>	918.8	877.7	734.8	718.5
<b>Sexual assault</b>	86.0	75.2	67.9	65.0
<b>Other sexual offences</b>	6.7	6.7	8.6	8.4
<b>Robbery</b>	84.6	63.2	94.1	89.8
<b>Other crimes of violence</b>	34.0	38.1	41.4	43.7

**Source: Statistics Canada, 2008b**

In turn, criminal activity in a community can impact the healthy development of people growing up point the community. Violence has a substantial effect on the community and has lifelong effects on individuals, especially those raised from early childhood in violent settings. It can manifest in low self esteem, anxiety, depression, suicidal thoughts, and post-traumatic stress disorder; physical injury; harmful coping strategies such as addictions, self destructive behaviours like disordered eating and cutting, high risk sexual practices; and stress, related syndromes and all of their associated long term physical effects (Doherty, 2002).

It is not surprising, then, that long-term criminal behaviour itself is associated with troubled childhood experiences and other psychosocial factors. Lack of social connectedness, poor coping skills, parental nurturing / rejection and supervision, hyperactivity, self-esteem, and anxiety have all been shown in various studies to affect both mental well-being and the likelihood of delinquency and criminal acts among youth (Canadian Institute for Health Information, 2008). Adult mental health clients with criminal histories have been found to be more likely than their peers with no criminal history to have “a more pronounced history of mental illness and service use, as well as high rates of substance use, victimization, stressful life events, and unstable relationships” (Canadian Institute for Health Information, 2008). They are also more likely to have low social support and challenges with housing upon discharge from mental health programs (Canadian Institute for Health Information, 2008).

## Modifiable Risk Factors

Modifiable risk factors are those individual behaviours and lifestyle choices that directly impact health outcomes. They are not simply a matter of personal choice; they are strongly influenced by the determinants of health described above. For example, healthy eating is influenced by education through improved nutritional knowledge and through literacy which improves ability to understand food labels. Healthy eating is also influenced by employment, income, and housing via food security; by availability of fresh fruits and vegetables in the community; by culture through traditional food choices; and the concept of “comfort food” tells us that food choices are also influenced by psychosocial factors such as stress and self-esteem.

Health professionals can work with individuals to provide them with the knowledge, tools, and the coping skills to help them in making healthy choices even in challenging circumstances. Public policy that positively influences the determinants of health will provide the enabling conditions for minimizing the risk factors for individuals and for communities.

### Smoking

#### Key Messages

Cigarette smoking directly causes or increases the risk of heart disease, stroke, vascular disease; cancers of the lung, oral cavity, pharynx, larynx, esophagus, pancreas, kidney, bladder, large intestine, and cervix; respiratory diseases, the immune system, gastrointestinal diseases such as ulcers and Crohn’s disease; tooth loss and periodontal disease; and many other health problems (Canadian Council for Tobacco Control, as cited by Nova Scotia Health Promotion, Tobacco Control Unit, 2002).



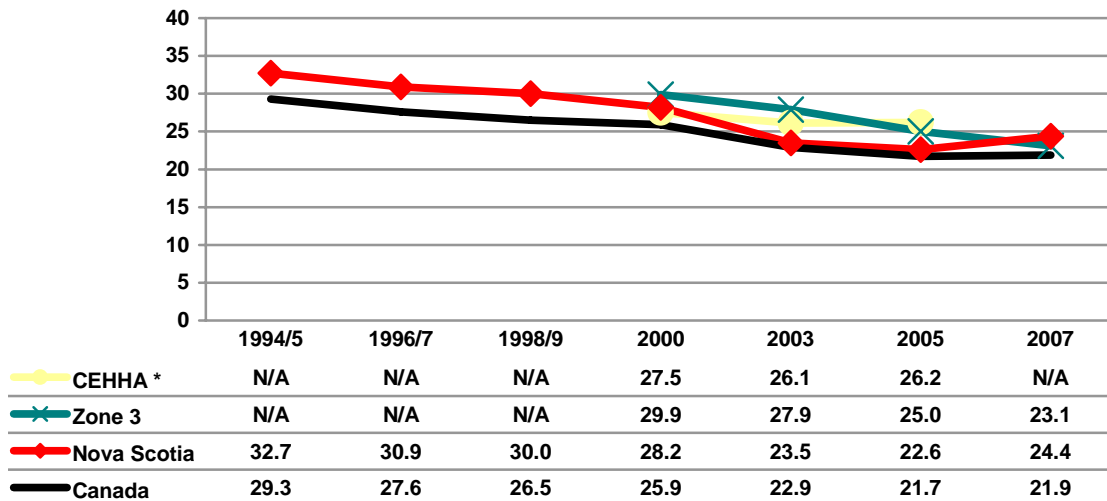
According to GPIAtlantic, an independent non-profit research and education organization:

“Tobacco costs the Nova Scotia health care system an estimated \$180 million a year – 9% of the annual health care budget. Second-hand smoke costs an additional \$21.5 million in direct health care costs. When productivity losses due to premature death, disability, and absenteeism are added to medical costs, smoking costs the Nova Scotia economy more than half a billion dollars a year. In addition, it costs employers about \$268 million more a year to employ a smoker than a non-smoker in lost on-the-job productivity, excess absenteeism, higher life insurance premiums, and smoking area costs.” (Colman, 2002)

- 23.1% of Zone 3 residents 12 and over were daily or occasional smokers in 2007 (NS 24.4, CAN 21.9), down from 25.0% in 2005.
- The rate is very high among the 20-34 age group in Zone 3, with 46.6% - about half! – smoking daily or occasionally (NS 37.1, CAN 29.2)

**Source: Statistics Canada, Canadian Community Health Survey 2005, 2007**

### Current Daily or Occasional Smokers 12 and Over



Source: Statistics Canada, Canadian Community Health Survey 1994/5, 1996/7, 1998/9, 2000, 2003, 2005, 2007

\* NS Department of Health, CCHS Summary Report to the DHAs

The Canadian Tobacco Use Monitoring Survey (CTUMS) was developed to provide Health Canada and its partners with timely, reliable, and continual data on tobacco use and related issues. The survey's primary objective is to track changes in smoking status and amount smoked, especially for 15-24 year-olds, who are most at risk for taking up smoking. (Health Canada, 2005)

- According to the CTUMS, Nova Scotia has gone from having the highest smoking rate among people 15 and over in the country in 2000, at 30.0% (CAN 25%), to being tied for the third lowest in 2007 at 20.4% (CAN 19.2%).
- This is a very positive gain for this province and demonstrates the value of targeted funding for anti-tobacco health promotion efforts, and of strong public policy efforts to create smoke-free places.
- One in five youth and adults are still smokers and rates are still higher among younger smokers. Smoking rates are highest among persons 20-24 years of age, at 29.3% (CAN 25.5%).

Source: Health Canada, Canadian Tobacco Use Monitoring Survey 2000 through 2007

## Exposure to Environmental Tobacco Smoke

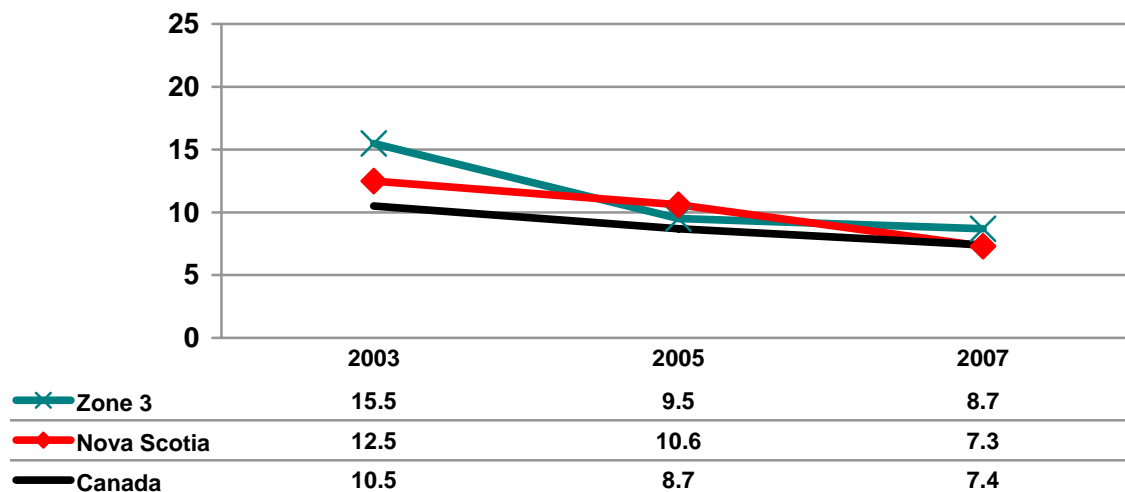
### Key Messages



- Environmental tobacco smoke, or second-hand smoke, rises from burning tobacco products or is exhaled by a smoker.
- People who are exposed to this smoke in places such as the home or a car, even in the next room or with the windows open, are at risk for cancers, respiratory diseases, and cardiovascular disease (Health Canada, 2006b).

- In 2007, 8.7% of Zone 3 non-smokers reported exposure to second hand smoke in the home on most days (NS 7.3, CAN 7.4), down from 9.5% in 2005

### Non-Smokers Aged 12 and Over Exposed to Second-hand Smoke in the Home on Most Days



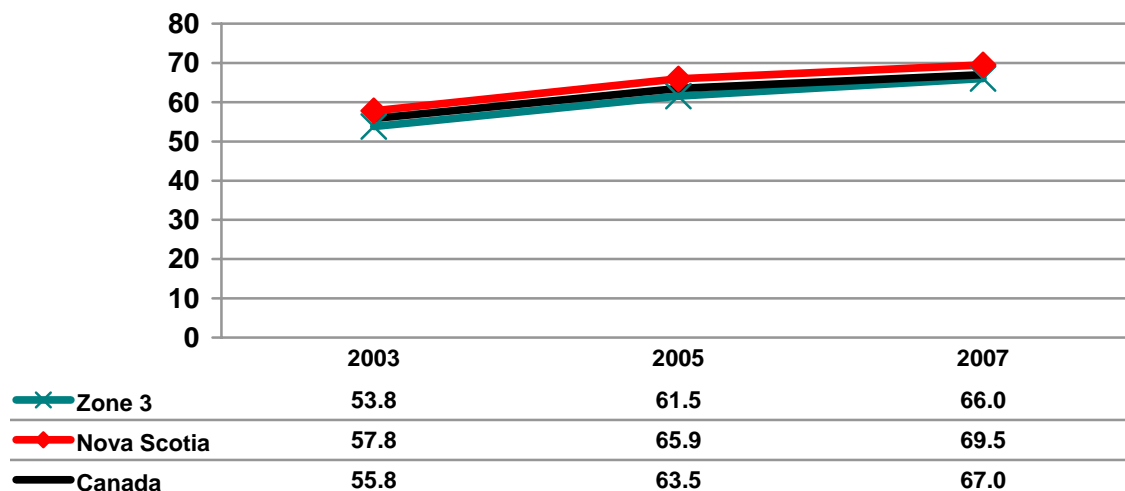
Source: Statistics Canada, Canadian Community Health Survey 2003, 2005, 2007

- In 2007, 9.9% of Zone 3 non-smokers reported exposure to second hand smoke in private vehicles in the last month (NS 11.4, CAN 8.3), up very slightly from 9.5% in 2005
- In 2007, 6.8% of Zone 3 non-smokers reported exposure to second hand smoke in public places in the last month (NS 9.7, CAN 11.1), down significantly from 12.1% in 2005

Source: Statistics Canada, Canadian Community Health Survey 2005, 2007

- In 2007, 66.0% of Zone 3 residents 12 and over reported that smokers were asked to refrain from smoking in the house (NS 69.5, CAN 67.0), up from 61.5% in 2005

### Persons 12 and Over Reporting that Smokers were Asked to Refrain from Smoking in the House



Source: Statistics Canada, Canadian Community Health Survey 2003, 2005, 2007

## Alternative Tobacco Products

Alternative tobacco products included cigars, pipes, snuff and chewing tobacco (Statistics Canada, 2001). They are an emerging issue; while these products have been around for just as long as cigarettes, it is believed that their use is increasing as cigarette smoking decreases, especially among youth.

Statistics Canada only began in 2001 to collect data on the use of alternative tobacco products in the Canadian Community Health Survey. This survey showed that:

- 4.3% of Zone 3 residents used alternative tobacco products (NS 4.4, CAN 5.0)

**Source: Statistics Canada, Canadian Community Health Survey 2001b**

- Canada-wide, the rate is significantly higher among users 15 to 19 at 8.1% and 25-34 at 7.4%, and highest in the 20 to 24 age group at 9.3%.

**Source: Statistics Canada, Canadian Community Health Survey 2001c**

## CEHHA Programs, Services, and Activities

The CEHHA **Tobacco Control Coordinator** has led the District's efforts in eliminating the use of cigarettes and all other tobacco products. The Coordinator's strategy mirrors the provincial strategy, with comprehensive efforts in Pricing and Taxation, Smoke-free Legislation and Policy, Treatment and Cessation, Community-based Programming, Youth Smoking Prevention, Media and Public Awareness, and Monitoring and Evaluation.

## CEHHA Programs, Services, and Activities

The **Tobacco Reduction Strategy Coordinator** has implemented three significant new initiatives to enhance the CEHHA Tobacco Strategy, to be rolled out in Fall 2007:

- **'Teachable Moments'** - to support all CEHHA staff in identifying opportunities to provide brief, consistent, and comprehensive tobacco reduction interventions using simple, standard toolkits
- **Smoking Cessation Information Sessions** - a one stop-shop to improve CEHHA residents' awareness of and access to all available smoking cessation programs and resources.
- **Junior High Programming** – an initiative aimed at preventing tobacco use among Grade 7 students using evidence-based materials supporting curricular guidelines in the upcoming school year.

The provincial Smoke Free Places Act bans all smoking in any indoor workplace, public place, or licensed outdoor restaurant or bar area. It also bans smoking within four meters of a building entrance and bars possession of tobacco products by anyone under the age of 19 (Nova Scotia Department of Health Promotion and Protection, 2006)



## CEHHA Programs, Services, and Activities

The CEHHA **Tobacco Free Policy** is even stronger than the provincial Smoke Free Places Act. It makes all CEHHA facilities and properties 100% tobacco free and also bans alternative tobacco products such as chewing tobacco.

## Alcohol Consumption

### Key Messages

- Alcohol is the most common drug used and causes the most harm to individuals and the community, after nicotine. Alcohol comes in a close second to tobacco in terms of harm and costs, at \$419 million annually (Rehm et al, 2006).
- One in five of the 80% of Nova Scotians who drink experience harm ((Nova Scotia Department of Health Promotion and Protection, 2007).
- Regularly drinking more than two drinks per day can cause liver cirrhosis, heart disease, pancreatitis, stomach ulcers, high blood pressure, impotence in men, menstrual irregularities in women, and several types of cancer including liver, mouth, throat, larynx, and esophagus cancers.
- Heavy drinking can also lead to psychological disorders leading to serious professional, family, financial and legal problems, any of which can affect health (Health Canada, 2005).
- There is no safe amount or type of alcohol at any time during pregnancy; abstinence is the only sure way to prevent a range of health problems called Fetal Alcohol Spectrum Disorder (FASD) (Public Health Agency of Canada, 2005).

Moderate alcohol consumption – two or fewer standard drinks per day, and 9 or fewer per week for women and 14 or fewer per week for men – may be considered low-risk for most adults (Centre for Addiction and Mental Health, 2003).

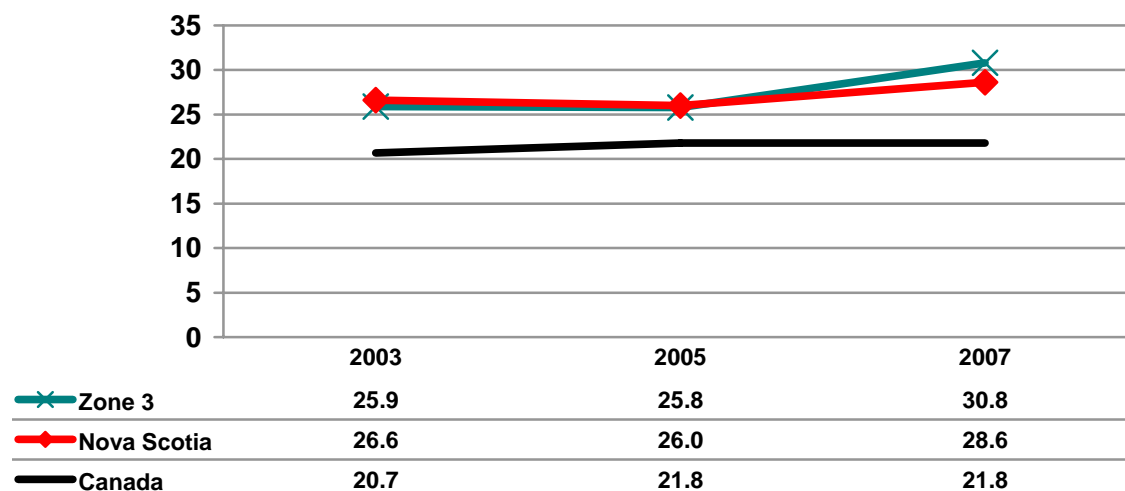
### Key Messages

- Binge drinking (four or more drinks in one sitting for women, and five or more for men) has shorter term health risks, not least of which are alcohol poisoning, motor vehicle crashes, and increased risk-taking behaviour such as unsafe sex.
- In 2007, 30.8% of Zone 3 residents report having five or more alcoholic drinks in one sitting at least once a month in the last year (NS 28.6, CAN 21.8), up from 25.8% in 2005
- The rate was highest in the 20-34 age group in Zone 3, with 53.4% reporting (NS 46.7, CAN 34.3), especially among males (73.4% versus NS 53.5, CAN 44.2)

**Source: Statistics Canada, Canadian Community Health Survey 2005, 2007**



## Persons Aged 12 and Over Reporting Drinking Five or More Drinks in One Sitting at Least Once a Month



Source: Statistics Canada, Canadian Community Health Survey 2003, 2005, 2007

The goal of the Nova Scotia Department of Health Promotion and Protection's "Changing the Culture of Alcohol Use in Nova Scotia: An Alcohol Strategy to Prevent and Reduce the Burden of Alcohol-Related Harm in Nova Scotia", is "to lead a major cultural shift...to prevent and reduce alcohol-related acute and chronic health, social, and economic harm and costs among individuals, families, and communities in Nova Scotia" (Nova Scotia Department of Health Promotion and Protection, 2007).

### CEHHA Programs, Services, and Activities

**Addiction Services'** Prevention and Promotion activities are the best way to truly implement 'up stream' work to prevent harmful use of alcohol and other drugs.

- The Alcohol Task Group has prioritized the two Nova Scotia Alcohol Strategy directions shown to have the most impact in reducing the most harmful patterns of drinking: 1. Healthy Public Policy, and 2. Screening and Early / Brief Intervention.
- Addiction Services is creating tools that will help in the early identification of individuals who are harmfully involved with alcohol.
- Addiction Services will be asking for the support of our communities to help move the strategy forward, and will provide information and evidence on all its activities.

A focus on public policy is one that will require the participation of all members of our communities. Action under this key direction has the potential to have the greatest impact by affecting the largest number of people.

According to best practice research, early identification and subsequent brief intervention (one to four sessions with a trained health professional) has been shown to effectively reduce the types and patterns of drinking that are most harmful. Brief intervention also results in significant cost savings to health organizations since individuals who access service at this early stage will be less likely to not return to the system with more serious and more costly issues; for example liver disease, heart disease, family violence that will involve social services, etc. It is Addictions Services' intention that front line health care workers will be trained in screening techniques to help identify individuals who may be harmfully involved with alcohol.

## Cannabis and Other Illicit Drug Use

### Key Messages

- Cannabis is the most widely used illegal drug and, along with alcohol and tobacco, is one of the top challenges for Addictions Services
  - There are health risks associated cannabis use by individuals. Short-term effects include impaired concentration, short-term memory, and motor skills; some users may experience more serious psychological effects.
  - Regular heavy cannabis use may affect memory, concentration, and motivation; it can also lead to psychological and possibly physical dependence (Canadian Centre on Substance Abuse, 2007). Smoking of marijuana also poses respiratory risks.
- 
- 15.1% of CEHHA residents reported cannabis use in the past year.
  - Cannabis use is most common among younger people, single people, and males and is associated with better self-reported physical health status but poorer mental health status.

**Source: NS Department of Health, 2005**

### Key Messages

Harmful use of drugs has negative impacts on physical health, friendships and social life, home and marriage, work, and financial status.

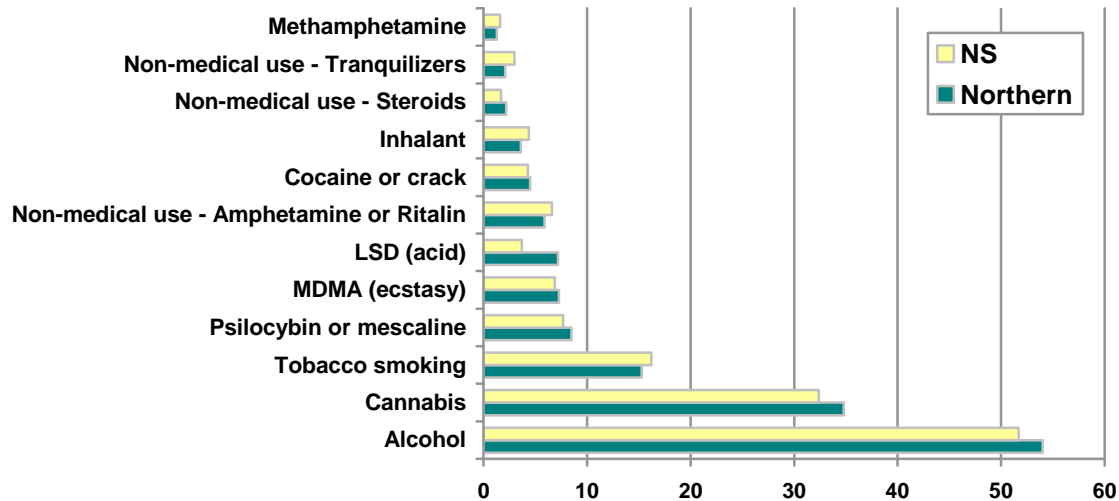
The Canadian Addiction Survey was launched in December 2003 and is one of the most extensive addiction surveys ever conducted in Canada (Values are approximate due to high sampling variability, and do not differ significantly from national rates.) It shows that:

- 43.7% of Nova Scotians report using any illicit drug, including cannabis, in their lifetimes, and 14.5% report using them in the past year.
- 13.4% of Nova Scotians report using any drug other than cannabis during their lifetime and 2.3% did so in the past year.
- Cocaine or crack was used by 7.1% of people in their lifetimes and 1.1% in the last year.
- Most life time drug use other than cannabis involves hallucinogens at 10.6%.
- Ecstasy was used by 3.4% during their lifetimes, speed by 3.2%, and inhalants by 1.1%.
- 19.9% of all people who had reported illicit drug use in the past year (or about 2.9% of the total population) also reported some harm related to their drug use.

**Source: Canadian Centre on Substance Abuse, 2004**

- Similarly, the 2007 Atlantic Student Drug Use Survey (Poulin et al, 2007) showed that among Grades 7, 9, 10 and 12 students in the Northern Region (Colchester East Hants, Cumberland, and Pictou), 37.7% of students report using any illicit drug, including cannabis, in the past year (NS 36.0)

### Student Drug Use (%) in Last 12 Months, Northern Region



Source: Poulin et al, 2007

The Canadian Centre on Substance Abuse examined direct drug-related health care, law enforcement, and prevention and research costs, damages such as those related to traffic accidents, and indirect costs such as productivity losses. It estimated the 2002 cost of substance abuse in Nova Scotia as \$212 million for illegal drugs and \$443 for alcohol (Canadian Centre on Substance Abuse, 2006). These costs are avoidable.

#### CEHHA Programs, Services, and Activities

CEHHA's **Addiction Services** promotes health by providing specialized addiction prevention and treatment services to individuals, families and communities. It provides a range of quality treatment and rehabilitation services to those affected by their own or others' alcohol, drug, and/or gambling problems. Some of the services include:

- Assessment, individual counselling, and group treatment
- Specialized programs for women, adolescents, nicotine, gambling, auricular acupuncture, driving while impaired
- 677 CEHHA residents were treated in Northern Region Community Based Services in New Glasgow, Truro, Elmsdale, Springhill, and Amherst during the period April 2006 through March 2007, and 715 were treated during the period April 2007 through March 2008.
- 85 CEHHA residents were treated in Capital Region Community Based Services during the period April 2007 through March 2008.
- 201 CEHHA residents were treated in Northern Region Addiction Services' Pictou and Springhill Withdrawal Management, Addiction Education and Relapse Prevention Programs during the period April 2006 through March 2007, and 178 were treated during the period April 2007 through March 2008.

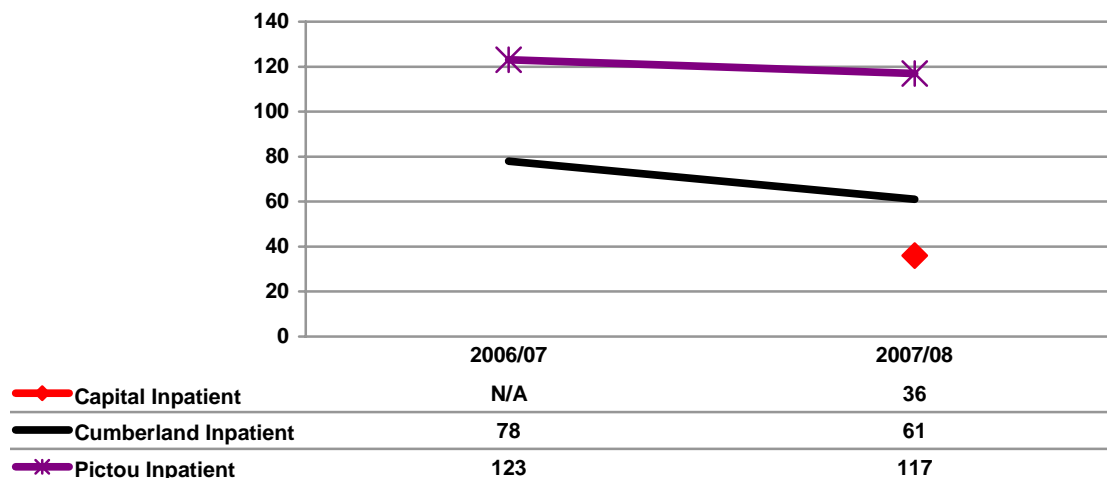
- 36 CEHHA residents were treated in Capital Region inpatient programs during the period April 2007 through March 2008.

### CEHHA Residents Treated in Northern and Capital Community Based Addictions Services



Source: Addictions Services Statistical Information Systems Technology Database

### CEHHA Residents Treated in Northern and Capital Inpatient Addictions Services



Source: Addictions Services Statistical Information Systems Technology Database

### CEHHA Programs, Services, and Activities

**Addiction Services** is also currently in the process of implementing the Community Reinforcement Approach (CRA) across all programs in CEHHA.

- CRA is a best practice that aims to achieve abstinence in clients by examining both positive reinforcements and negative consequences for drinking, and by working with the client's community to help the rewards of sobriety outweigh those of drinking.
- Its integrated components include building clients' motivation to quit drinking, helping clients initiate sobriety, teaching new coping behaviours and involving significant others in the recovery process.



### Key Messages



“Based upon research funded by Health Promotion and Protection, we know that:

- “In Nova Scotia, 90% of adults gamble - that's about 600,000 people.
- “Of these, 35,000 are at risk to develop problems and 15,000 will have serious difficulties.
- “On average, someone struggling with gambling will spend \$6,981 a year, and someone with a problem with VLTs will spend \$14,400 a year.
- “46,600 adults are directly affected by a family member's gambling problem - let alone the thousands of children.
- “Less than 12% of Nova Scotians know about gambling treatment services. As a result, many who are experiencing problems do not get the professional help that they need”

(Nova Scotia Department of Health Promotion and Protection, 2007b)

- 1.0% of CEHHA, Cumberland Health Authority and Pictou County Health Authority residents aged 19 and over were found to be problem gamblers (NS 2.1)
- Another 5.3% were found to be gamblers at risk of problems (NS 4.8)

**Source: Schrans et al, 2004**

In April of 2005 the province launched "A Better Balance: Nova Scotia's First Gaming Strategy". The key directions for the strategy are:

- Address problem gambling more effectively
- Encourage healthy behaviours and choices
- Pursue the development and growth of responsible, entertaining gaming products and venues
- Design models to more effectively use gaming to support communities
- Enhance accountability and informed decision-making by government (Nova Scotia Department of Health Promotion, 2005)

### CEHHA Programs, Services, and Activities



- In CEHHA, the CHBs have taken a social marketing approach through the development of a brochure for older adults: **Wager on Wellness: Alternatives to Gambling for a Healthy Retirement** is the title for a very positive brochure that highlights healthy leisure options for older adults in the CEH area. The brochure also covers information like the gambling risks for older adults, how to reduce the risks, when it may be a problem as well as resource info for when help is needed.
- Also, as part of the Yellow Flag campaign, we offered the **Work Hard, Play Hard training for Peer Helpers and Resident Assistants** at local colleges, regarding how to recognize the signs of harm from alcohol and gambling, and how to help / refer a fellow student.
- This training evaluated very positively and will most likely continue again this year with a stronger focus on role playing to build confidence and referral skills.

## Community Health Boards' Recommendations and CEHHA Response 2008/09

- [Provide] financial support for resources and education about addictions. (TA)

Addiction Services currently houses 4.0 clinical staff, and 0.33 prevention staff in the Truro Community Based office.

The Elmsdale Community Based office houses 2.0 clinical staff, 2.0 community services staff, and 1.0 prevention staff who are available to the whole District.

## Community Health Board Wellness Grants 2008/09

- **Senior's Police Academy** - To provide two educational days to seniors regarding Alzheimers and prescription drug safety, use and abuse. (EH)

## Youth Sexuality

- 38.0% of grade 9, 10, and 12 students in the Northern Region reported having sexual intercourse in the last year (NS 35.2) (**Note:** *Previously reported rates from 2002 included grade 7, so rates are not directly comparable to the new results.*)
- Of these, 28.8% reported that they had had unplanned sex under the influence of alcohol or drugs (NS 33.2)
- Just 65.3% reported that they had used a condom during their last sexual intercourse (NS 60.6)

**Source: Student Drug Use Survey in the Atlantic Provinces 2007**

## CEHHA Programs, Services, and Activities

The **Public Health Services School Health Team** works with students, teachers, parents and the community to promote healthy youth and healthy school environments. The team includes Public Health nurses, dental hygienists, nutritionists, and health educators to provide education and services on many topics, including:

- Healthy sexuality, sexually transmitted infections, and pregnancy
- Tobacco reduction and drugs
- Healthy eating, decision making, and relationships
- Oral health, weekly fluoride mouth rinse program, and vision screening
- Physical activity and Injury prevention
- Allergies and anaphylaxis, communicable disease / monitoring school illness and outbreaks, head lice
- Immunizations
- Community supports
- Public Health Nurses have scheduled school visits in most junior high and high schools to offer confidential one-on-one consultation for students on any of the above issues.

## CEHHA Programs, Services, and Activities

**Youth Health Centre Coordinators** in schools are critical as they provide immediate services to youth which improves access by eliminating the transportation barrier. YHC's offer the following services:

- Clinical services
- Counselling and support
- Navigation of health services for students
- Provide health promotion and health education
- Providing Lunch and Learn opportunities for other program areas to share expertise/service

## Community Health Boards' Recommendations and CEHHA Response 2008/09

- Teen Health Centres in Hants East and Hants North Rural High Schools. We require staff to advise us what programs could be started, if any. We need guidance. (EH)  
A Youth Health Centre has been implemented in the Hants East Rural High School, and is being coordinated by a Clinical Social Worker position.  
This model is supported by the school administration.
- Consider the need and support the implementation of other Youth Health Centres / Clinics including the North Shore Area.  
The district continues to advocate for additional Youth Health Centres as part of the business planning process.

## Community Health Board Wellness Grants 2008/09

- **Extreme Talk / Extreme Talk Magazine** - The program will present interactive and fun workshops, in the schools, facilitated by professionals on topics such as: suicide prevention/intervention, STI's, body image, bullying, peer pressure, substance abuse, stress management, anger management, drinking & driving, and internet addiction. (TA)
- **Knowledge Exchange & Information Sharing Fair** - This is a one day healthy decision making fair for service providers in Colchester-East Hants with emphasis on HIV/AIDS, Hepatitis, co-infections, sexual health and healthy decisions associated with them this event will provide much needed resources and material to students and educators. (TA)

## Healthy Eating and Breastfeeding

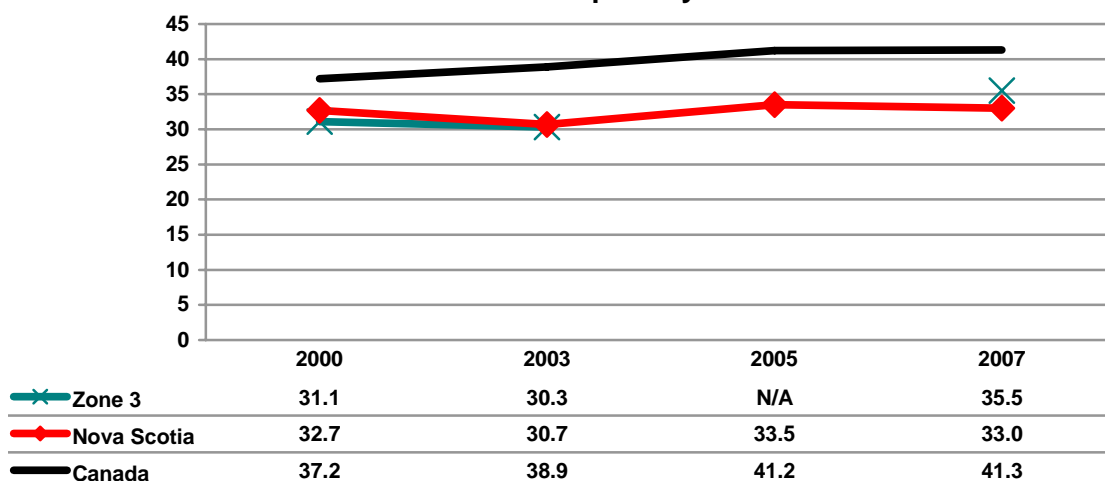
Nutritional knowledge, food security (confidence in ability to afford healthy foods), and coping mechanisms are strongly influenced by education, employment status, and income. All of these factors in turn influence our food choices.

## Key Messages

- The most important influence on body weight is the connection between the energy the body takes in (through the foods eaten and beverages drank) and the energy the body uses (through the activities done) (Public Health Agency of Canada, Physical Activity Unit, 2005).
  - The Canada Food Guide to Healthy Eating recommends 5 to 10 servings of fresh fruits and vegetables each day.
- In 2007, 35.5% of Zone 3 residents reported consuming fruits or vegetable at least 5 times per day (NS 33.0, CAN 41.3), up from 30.3% in 2003



**Persons 12 and Over Consuming Fruits or Vegetables 5 or More Times per Day**



Source: Statistics Canada, Canadian Community Health Survey 2000, 2003, 2005, and 2007

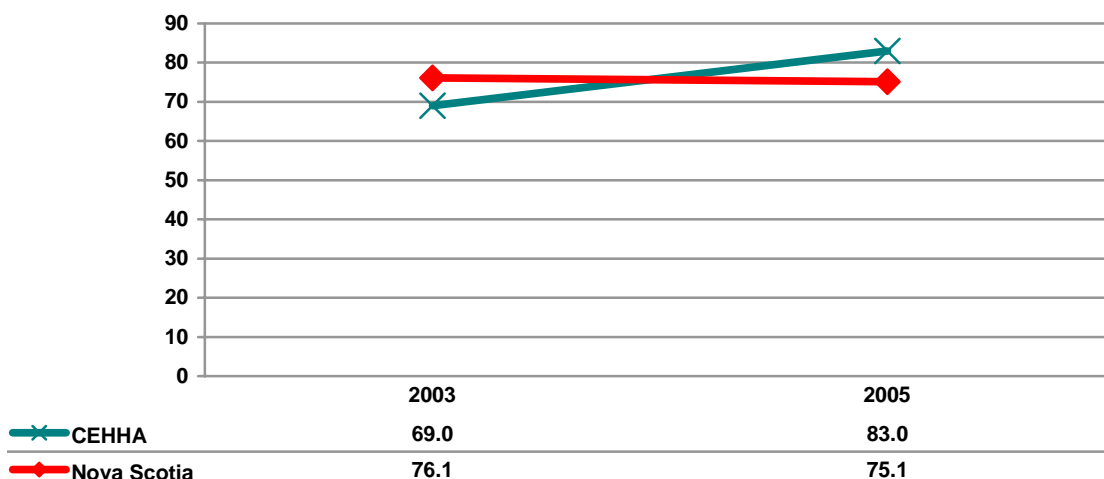
## Key Messages

- Breastfeeding optimal nutritional, immunological, and emotional benefits for the growth and development of infants, and the World Health Organization (WHO) recommends breastfeeding exclusively for the first four to six months of age (Nova Scotia Department of Health, 2007d)
- In 2005, 83.0% of CEHHA females aged 15 to 55, who had given birth in the last 5 years, reported that they breastfed or tried to breastfeed their last baby, even if only for a short time (NS 75.1), up from 69.0% in 2003 (NS 76.1)
- Source: Nova Scotia Department of Health, 2005c and 2007d**
- The Canadian rate in 2003 was 84.5%. (The Canadian rate is provided for reference only as it was calculated with a slightly different methodology.)

Source: Statistics Canada, Canadian Community Health Survey, 2003



### Breastfeeding Initiation Among Women 15-55 who Gave Birth in Last 5 Years

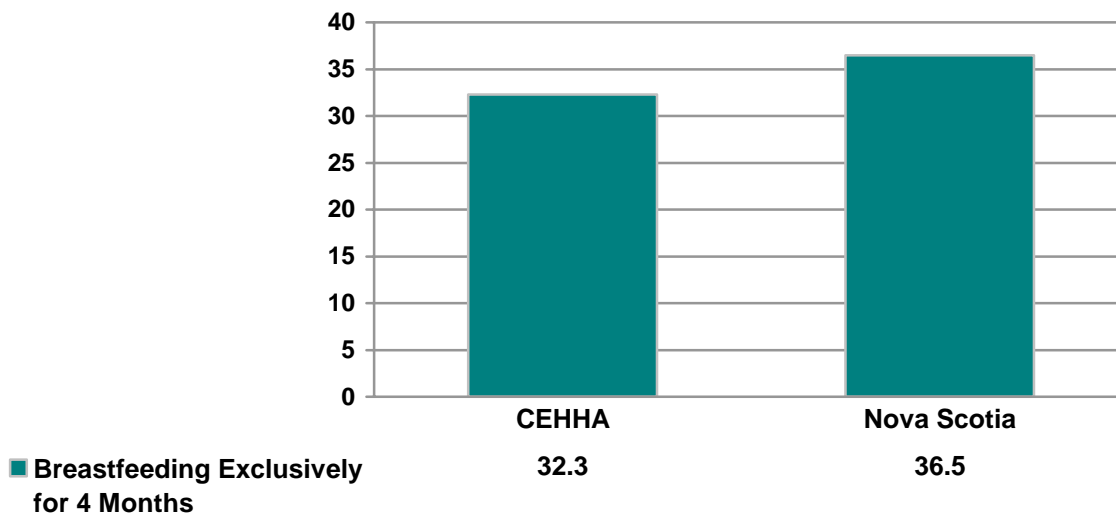


Source: Nova Scotia Department of Health, 2005c and 2007d

As noted above, it is recommended that women exclusively breastfeed their babies for the first four month of their lives.

- In 2005, 32.3% of CEHHA women 15-55 giving birth in the last 5 years exclusively breastfed for four month (NS 36.5)

### Exclusive Breastfeeding for Four Months, 2005

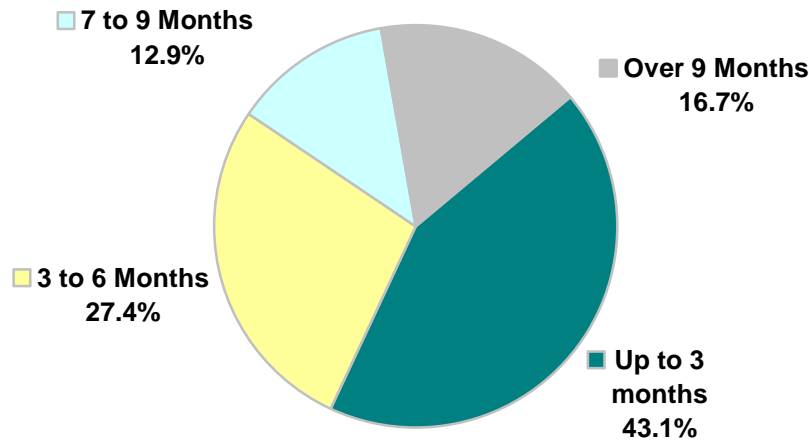


Source: Nova Scotia Department of Health, 2007d

- In 2003, 43.1% of Nova Scotia women breastfed up to three months. Another 27.4% breastfed for between 3 and 6 months, and 12.9% breastfed for 7 to 9 months. Finally 16.7% breastfed for over 9 months.

Source: Nova Scotia Department of Health, 2005c

## Breastfeeding Duration, 2003



Source: Nova Scotia Department of Health, 2005c

### CEHHA Programs, Services, and Activities

CEHHA's **Public Health Nutritionists** work to promote healthy eating by collaborating with community partners to facilitate programs and provide resources. Nutritionists work within the framework of the Nova Scotia Healthy Eating Strategy, in four priority areas:

- **Breastfeeding** - support to Baby-Friendly Initiatives and resources on breastfeeding, and linkages to local public health nurses for breastfeeding support.
- **Children and Youth** - nutritional advice to day cares, to parents at school registration, support to the Health Promoting Schools healthy lifestyles initiatives, training for peer leadership Body Image program, resources/workshops for parents and teachers, and resources for schools and parents to support School Food Policy.
- **Fruit and Vegetable Consumption** - teaching about Canada's Food Guide to Healthy Living, links to local community resources around local produce, and advice for local groups on healthy eating, Farmers Markets, Schools, workplaces, etc.
- **Food Security** - support to school-breakfast programs, and linkages to community resources around access to safe, affordable, nutritious foods for young and old.

### Key Messages

Eating disorders are serious mental health issues that can seriously affect nutritional intake and lead to physical illnesses and death.

- It is estimated that about 3% of women are affected by eating disorders in their lifetimes.
- Between 0.5% and 4% are affected by anorexia nervosa, a resistance to maintain a minimally normal body weight due to an intense fear of becoming fat.
- Between 1% and 4% are affected by bulimia nervosa – repeated binge eating accompanied by “purging” behaviours such as self-induced vomiting, laxative use, or excessive exercise to maintain body weight.



- Finally about 2% of women are affected by binge eating disorder, which involves binge eating without purging and often leads to obesity.

Source: Health Canada, 2002

### Community Health Boards' Recommendations and CEHHA Response 2008/09



- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Request that Public Health Services (i.e. Nutritionists, Dietitians, Health Educators) promote community awareness around nutrition and identify potential partners, forums and target groups to deliver this education. (NSA)</li> </ul> | <p>To help support the implementation of the Healthy Eating Strategy, new Public Health nutrition staff have been hired.</p> <p>Work is being done with the school board around the “Health Promoting Schools” initiative that includes a focus on promoting healthy food choices in this setting.</p> <p>In addition, nutrition staff are identifying &amp; working with partners to implement &amp; promote all aspects of the provincial Healthy Eating strategy in each District.</p> |
| <ul style="list-style-type: none"> <li>• Support requests to CEHHA Public Health Nutritionists and Dietitians to help support the activities of our CHB related to nutrition. (SC)</li> </ul>  | <p>In order to build capacity in the community, Public Health has worked with the CHBs to train Community Food Mentors, volunteers who work with communities to promote healthy food choices.</p> <p>The CHB coordinators will continue to facilitate the invitation of Public Health Nutritionists to attend CHB meetings and to assist with opportunities in the community.</p>   |
| <ul style="list-style-type: none"> <li>• Continue to support staff in delivering programs like ‘Maggie’s Magic Cupboard’. (NSA)</li> </ul>   | <p>CEHHA has become the only location in Atlantic Canada to offer the international award-winning Alphabet Soup program developed in Winnipeg. This program promotes literacy in families with pre-school children while developing an understanding of basic healthy-eating concepts. Two nutritionists from the District will be trainers for the province. Our goal is to offer Alphabet Soup programs in our communities in Spring 2008. SHOULD THIS SAY 2009??</p>                   |



### Community Health Board Wellness Grants 2008/09

- **Great Village Community Kitchen** - To educate regarding the preparation of nutritious, healthy meals while saving time and and money. (ATS)
- **Great Beginnings Cooking Workshop** - This project provides education to pre and post-natal women in the Hants North area to learn how to use a cookbook, prepare nutritious foods and how to purchase nutritious food on a limited budget. (EH)
- **Healthier Communities** - Provide education regarding nutrition and shopping for healthy foods and to provide physical activity opportunities. (EH)

- **Healthy Food and Families** - To improve the quality of life of low income families and single parent families in East Hants through access to healthy, organic food; skills enhancement; the development of community capacity and to access meaningful work opportunities. (EH)
- **Healthy Living Weight Loss Challenge** - Provides education on healthy eating, support for individualized exercise programs and weekly weight recording. (EH)
- **Ravenous for Rhubarb Festival** - This festival encourages healthy eating of locally grown inexpensive foods using traditional recipes and inexpensive ingredients. The festival will also provide recreational, physical activity and social opportunities for all ages. (SC)

## Physical Activity

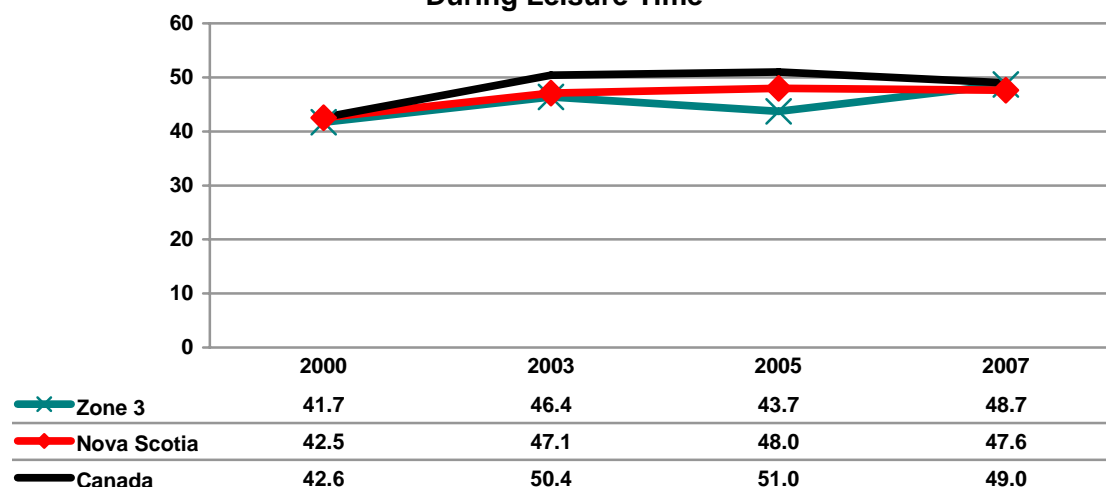
Physical activity is a significant influence on general fitness and resistance to disease and is just as important in adults and seniors as in youth. Inactivity leads to declines in bone strength, muscle strength, heart and lung fitness, and flexibility. Inactivity is as harmful to health as smoking (Public Health Agency of Canada, 2004).

### Key Messages

- Canada's Physical Activity Guide for Adults recommends 60 minutes of light activity or 30 to 60 minutes of moderate activity per day to stay healthy.
  - Activities should include endurance activities, flexibility activities, and strength exercises.
- In 2007, 48.7% of Zone 3 residents reported being regularly active or moderately active (NS 47.6, CAN 49.0), up from 43.7% in 2005



**Persons 12 and Over who are Active or Moderately Active During Leisure Time**



**Source: Statistics Canada, Canadian Community Health Survey 2000, 2003, and 2005**

In Nova Scotia and Canada in general, urban dwellers and people in the highest income groups are significantly more likely than others to report being active or moderately active. Self-reported physical health and mental health indicators such as stress and life

satisfaction are both positively associated with physical activity, and the presence of any chronic condition including depression is associated with lower rates of physical activity.

**Source: Nova Scotia Department of Health CCHS Cycle 3.1—Report 1: Physical Activity in Nova Scotia, October 2006**

There is also a relationship between physical activity and healthy eating: people who are physically active are significantly more likely to report eating 5 to 10 servings of fruits and vegetable a day than those who are not (34.5% of those who are physically active, as opposed to 25.2% of inactive people).

**Source: Nova Scotia Department of Health CCHS Cycle 1.1—Report 6: Fruit and Vegetable Consumption in Nova Scotia, 2004**

- In 2005 the most popular physical activities reported by CEHHA residents 20 and over were walking at 72.2% (NS 73.4), gardening at 61.7% (NS 53.0), home exercises at 28.0% (NS 32.7), popular / social dance at 17.9% (NS 23.7), swimming at 23.9% (NS 21.3), weight training at 10.5% (NS 14.5), bicycling at 10.7% (NS 12.1), running at 9.9% (NS 12.7), aerobics at 9.7% (NS 9.8), bowling at 10.1% (NS 9.0), fishing at 10.4% (NS 8.2%), and golfing at 7.0% (NS 9.4)

**Source: Nova Scotia Department of Health, 2008c**

- In 2005, 36.7% of CEHHA residents spending 1-5 hours per week walking to work or school or doing errands (NS 33.7)
- 12.3% spent less than 1 hour per week (NS 10.4), 11.9% spent 6-10 hours per week (NS 11.7), 4.3% spent 11-20 hours per week (NS 7.4), and 7.7% spent more than 20 hours per week walking to work or school or doing errands (NS 9.9%)
- 27.2% of CEHHA residents spent no time per week walking to work, school, or on errands (NS 27.0)

**Source: Nova Scotia Department of Health, 2008c**

### CEHHA Programs, Services, and Activities

**Daily group exercises** are part of the programming available to patients on the Colchester Regional Hospital's Alternative Level of Care Unit.

**Seniors Maintaining Active Roles Together (SMART)** is a specialized seniors exercise program that is offered by the Victorian Order of Nurses (VON) as part of the CEHHA-funded **Adult Day Program** offered in Brookfield and Tatamagouche for frail, elderly, disable or cognitively impaired adults to meet others in a social setting and take part in activities to stimulate the mind and body. SMART is also led by volunteers in other community settings throughout the District.

The Hants North **Community Health Nurse** coordinates a walking group with community members.

The Mental Health **COMPASS** program includes exercise programs and a reduced rate at a local Wellness Centre.



Various **Public Health Services** programs and the **Health Promotion Coordinator** also incorporate physical activity messages into their work with health providers and the public.

### Community Health Boards' Recommendations and CEHHA Response 2008/09

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Provide staff/resources to support and promote physical activity in our communities. (SC)</li> </ul>  | <p>There are a great number of initiatives and resources dedicated to increasing the physical activity of our youth. "Health Promoting Schools Initiative": Sport Animator positions were created within each School Board to help coordinate and support physical activity initiatives in our schools.</p>  |
| <ul style="list-style-type: none"> <li>• Advise CHBs of other government programs that offer grants for fitness. (SC)</li> </ul>   | <p>Jim Campbell of the Nova Scotia Department of Health Promotion and Protection has presented to CHBs on recreation opportunities, including the South Colchester CHB meeting in February 2008.</p> <p>The CHB Coordinators will continue to facilitate linkages between the CHBs and physical activity / recreation staff.</p>   |
| <ul style="list-style-type: none"> <li>• As one of the largest employers of Truro and area, lead by example and promote workplace wellness by establishing in the new regional hospital a place for employee fitness to encourage DHA staff to participate in physical activity. (SC)</li> </ul> | <p>Opportunities are offered to staff onsite through Organizational Health and Wellness including Mindfulness training, Yoga, Volleyball, Stairway to Health, Casual Dress Down Day Healthy Eating Strategy, and Weight Watchers at Work.</p> <p>Primary Health Care has provided a grant to the Organizational Health Committee to further support the development of activities for staff.</p> |

### Community Health Board Wellness Grants 2008/09

- **Cobequid Interpretive Enhancement** - To assist in a feasibility and business plan for enhancement of displays and expansion of the existing Cobequid Interpretive Centre. (ATS)
- **Rockin' to the 60's** - To increase health and fitness to those over age 55. (EH)
- **Summer Adventures** - To provide children and families with organized, affordable leisure experiences in the summer. (EH)
- **Swimming in Mount Uniacke** - To provide a learn to swim opportunity for the residents of Mount Uniacke. (EH)
- **Body-Mind Awareness in Youth & Adults** - Overall health promotion approach to inspire students and adults, offering yoga and bioenergetics as "tools" to enhance physical, mental and emotional health. (NSA)
- **Communities in Bloom** - This project will address physical, social, and mental health issues by providing opportunities for all community members to engage in activities a wide range including those promoting physical activity. (NSA)

- **Earltown Gets Fit** - This program is promoting physical activity in Earltown to help the community with weight loss, improvement of physical and mental well-being. (NSA)
- **River John Consolidated School Community Health & Swim Program** - The main goal of the project is to increase the opportunity for school-aged children and senior citizens to be physically active while learning an important life skill. (NSA)
- **Bringing Healthy Active Kids Together** - To provide learning opportunities regarding physical activity and nutrition for children of two schools. (SC)
- **Fit for Life** - To provide facility and instruction for physical activity (SC)
- **Get Fit for Active Living (GFAL)** - To provide the GFAL program which includes education, physical activity and program evaluation to local residents. (SC)
- **Midde Stewiacke Yoga (8+10)** - To provide facility and instruction for yoga (SC)
- **Yoga for Life** - To provide facility and instruction for yoga. (SC)
- **Active Family-Healthy Living** - To provide recreational , social and educational opportunities for children, youth and adults in the communities from Debert to Five Islands (TA)
- **Scotia “All Swim” Summer** - The goal of the project is to provide greater opportunity for local population to engage in aquatic activity by subsidizing the cost of participation and by purchase of interactive aquatic recreational equipment. (TA)

## Outcomes - Current Health Status

The health status of our population is considered when we look at areas such as health conditions, human functions, and deaths.

### Overweight and Obesity

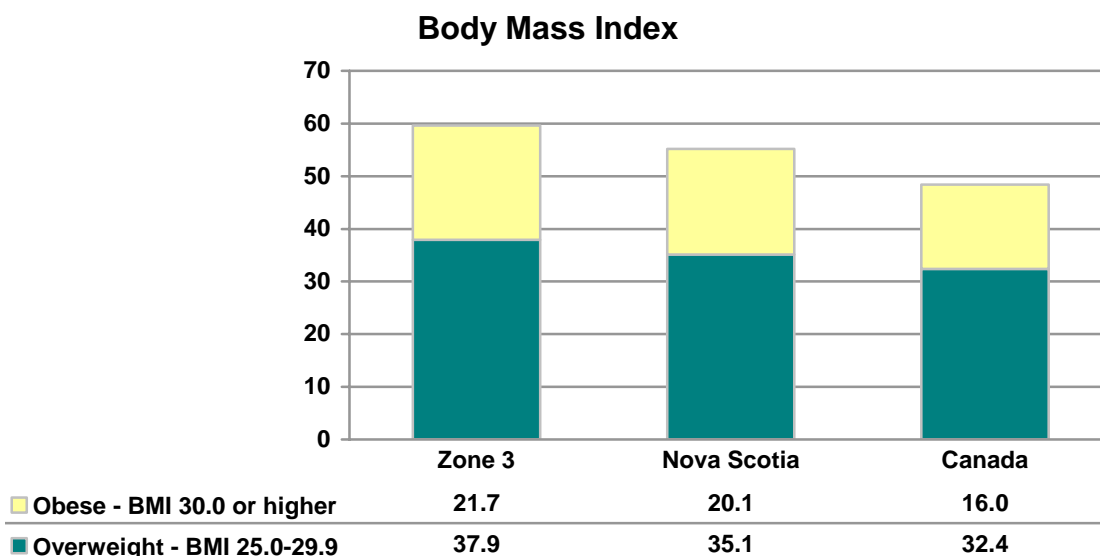
#### Key Messages

- Obesity is now considered to be as damaging to health as smoking, and it is a chronic disease that affects all major bodily systems - heart, lung, muscle and bones.
- Overweight and obese individuals (BMI of 25 and above) are at increased risk for physical ailments such as asthma, sleep apnea, high blood pressure, high blood cholesterol, Type 2 (non-insulin dependent) diabetes, coronary heart disease, congestive heart failure, stroke, arthritis, and some types of cancer such as endometrial, breast, prostate, and colon, as well as many other health problems.
- Psychological disorders such as depression, eating disorders, distorted body image, and low self-esteem are also affected by overweight and obesity (Obesity Care Canada, 2006).



The Body Mass Index (BMI) method relates weight to height to determine healthy ranges of individuals' weight. BMI categories are associated with health risk levels.

- In 2007, 37.9% of Zone 3 residents reported a BMI in the overweight category (NS 35.1, CAN 32.4), up from 36.4% in 2005, and 21.7% reported a BMI in the obese category (NS 20.1, CAN 16.0), down slightly from 22.8% in 2005



Source: Statistics Canada, Canadian Community Health Survey 2007

- In 2007, 59.6% of Zone 3 residents reported a BMI in the overweight or obese categories (NS 55.2, CAN 48.5), up very slightly from 59.3% in 2005

### Persons 18 and Over who are Overweight or Obese (Self-reported)



Source: Statistics Canada, Canadian Community Health Survey 2003, 2005, 2007

- Canada-wide, when residents' height and weight were measured rather than self-reported, the proportion of people who were overweight or obese in 2005 was higher at 59.2%. This is a difference of more than 10 percentage points! (Tjepkema, 2005)
- It is likely that actual overweight and obesity rates in Nova Scotia and Zone 3 are similarly under-represented by self-reporting.

## Health Conditions

Overweight and obesity are influenced by a number of the determinants of health, but the most direct risk factors are nutritional intake and physical activity. In turn, obesity can become another risk factor along with them, and contribute to an individual's likelihood of developing a host of chronic diseases.

### Key Messages

Obesity, smoking, poor nutrition, and lack of physical activity are some of the common risk factors for many chronic diseases.

- In 2007, a very high 23.5% of the Zone 3 population reported being diagnosed with high blood pressure (NS 19.0, CAN 15.9), up from 20.0% in 2005
- Among seniors, the Zone 3 rate increased to 43.0% (NS 47.6, CAN 44.1) in 2005
- In 2007, 6.0% of Zone 3 residents reported a diagnosis of diabetes (NS 6.8, CAN 5.8), down from 7.7% in 2005
- Among seniors, 20.9% reported a diagnosis of diabetes in 2005, up from 16.9% in 2003

Source: Statistics Canada, Canadian Community Health Survey 2003, 2005, 2007



- 8.0% of CEHHA reported diagnosis of heart disease in 2003 (NS 7.0, CAN 5.0)

**Source: Statistics Canada, Canadian Community Health Survey 2003 as cited by Nova Scotia Department of Health, Information Analysis and Reporting**

Chronic Lung Disease includes asthma, chronic bronchitis, emphysema, and chronic obstructive pulmonary disease (COPD).

- 13.2% of CEHHA residents reported a diagnosis of chronic lung disease (NS 12.8, CAN 10.5)

**Source: Statistics Canada, Canadian Community Health Survey 2003 as cited by Nova Scotia Department of Health, Information Analysis and Reporting**

### CEHHA Programs, Services, and Activities

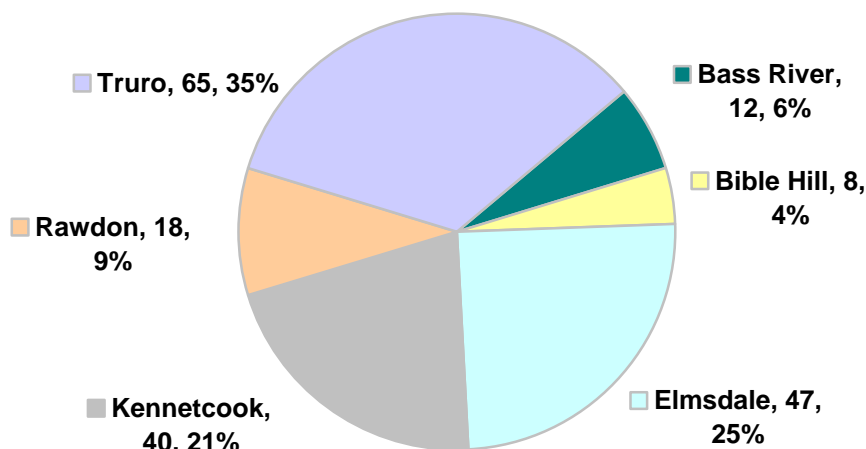
**Respiratory Services, Primary Health Care**, and community partners developed CEHHA's **COPD PRIISME Program** to improve health outcomes for patients with COPD. Through collaboration among multidisciplinary health care professionals the program offers an integrated **chronic disease management approach** by providing:



- **Early screening** of COPD through **spirometry** in family physician offices
- **Education** for patients focusing on **self-management skills** and facilitating referrals to supporting agencies
- **Ongoing consultation, continuing education**, and other initiatives to better equip health care professionals to manage and educate patients with COPD

- As of March 2009, the PRIISME program has seen 170 patients at clinics in Rawdon, Kennetcook, Elmsdale, Truro, Bible Hill, and Bass River.

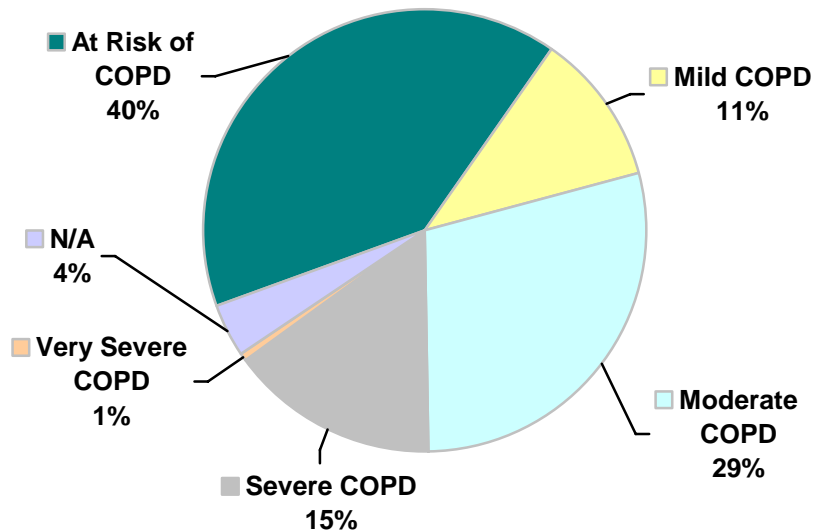
**PRIISME Clients by Community**



**Source: CEHHA COPD PRIISME Program Statistics**

While half of clients were found to be not currently at risk of COPD, they remained in the program to continue to receive counselling for their respiratory problems. Remaining clients had mild to severe COPD or other serious respiratory problems.

### PRIISME Clients by Diagnosis



Source: CEHHA COPD PRIISME Program Statistics

- Most PRIISME clients were found to be smokers (58%)
- 94% of smokers were interested in and counselled on smoking
- 81% of clients were found to use respiratory medications incorrectly

Clients were referred informally to other programs and services such as Addiction Services / Smoking Cessation, Respiratory Therapy, Respiriory, Physiotherapy, and other services such as sleep studies. At one-month follow up, the 129 clients contacted were assessed for smoking status, medication changes, and exercise compliance:

- 9% of patients have quit smoking
- 29% of patients who smoke are more willing to quit
- 22% of patients continue to smoke
- 43% of patients have had medication changes based on recommendations
- 13% of patients have begun to exercise
- 9% of patients using breathing exercises to help control SOB

At six-month follow up, the 54 clients contacted were again assessed for smoking status, medication changes, and exercise compliance:

- 2% of patients have quit (in addition to those at one month)
- 19% of patients are more willing to quit
- 16% of patients are still smoking
- 41% have had medication changes based on recommendations
- 20% of patients have begun to exercise
- 20% of patients are using breathing exercises to help control SOB
- 46% of patients state their condition has improved
- 50% of patients state their condition has remained stable, with no exacerbations

Source: CEHHA COPD PRIISME Program Statistics

- In 2007, 8.6% of Zone 3 residents reported a diagnosis of asthma (NS 10.8, CAN 8.0), up slightly from 2005 (8.2%)
- Among youth 12 to 19 in 2005, the value was 13.6% (NS 15.1, CAN 11.7)

**Source: Statistics Canada, Canadian Community Health Survey 2005, 2007**

- In 2002, the age standardized rate of all cancers for Zone 3 was 422.1 per 100,000 population (NS 437.4), up from the previous value of 413.4

**Source: Statistics Canada, Canadian Cancer Registry Database and Demography Division 2002**

- In 2007, 26.5% of Zone 3 Residents 12 and over report having been diagnosed as having arthritis or rheumatism (NS 23.0, CAN 15.0), about the same as 2005 (26.7%)
- The rate was 62.0% among Zone 3 seniors 65 and older (NS 51.9, CAN 45.9) in 2005, up from 55.2% in 2003

**Source: Statistics Canada, Canadian Community Health Survey 2003, 2005, 2007**

## Mental Health

“Mental health can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2007b).

### Key Messages

- Mental and physical health are intertwined (Health Canada, 2002); mental wellness is foundational to physical health.
- People with mental illnesses can develop associated physical illness (Health Canada, 2002) due to stress and marginalization in society, which affects all of the determinants of health.



Mental illness influences risk factors like smoking, lack of physical activity, eating, and stress. It is not just “in the head”; depression affects hormones, brain chemistry, and the immune system. Infections, diabetes, and substance use can affect the brain, and chronic disease can cause trauma, life difficulties and changes, pain, stigma, and loss of social support. Mental illness can cause individuals to fail to seek help, to have problems adhering to health advice, and impairs problem solving and communication to health providers (Prince et al, 2007). In turn, “mental illnesses affect and are affected by chronic conditions such as cancer, heart and cardiovascular diseases, diabetes and HIV/AIDS” (World Health Organization, 2007); people with chronic conditions often experience severe anxiety or depression.

The World Health Organization has estimated that, of all non-communicable diseases, neuropsychiatric disorders accounted for 28% of years life lost to disability and early death in 2005. Mood disorders and substance and alcohol use disorders are the largest categories of mental illnesses contributing to years of life lost (Prince et al, 2007).

## Key Messages

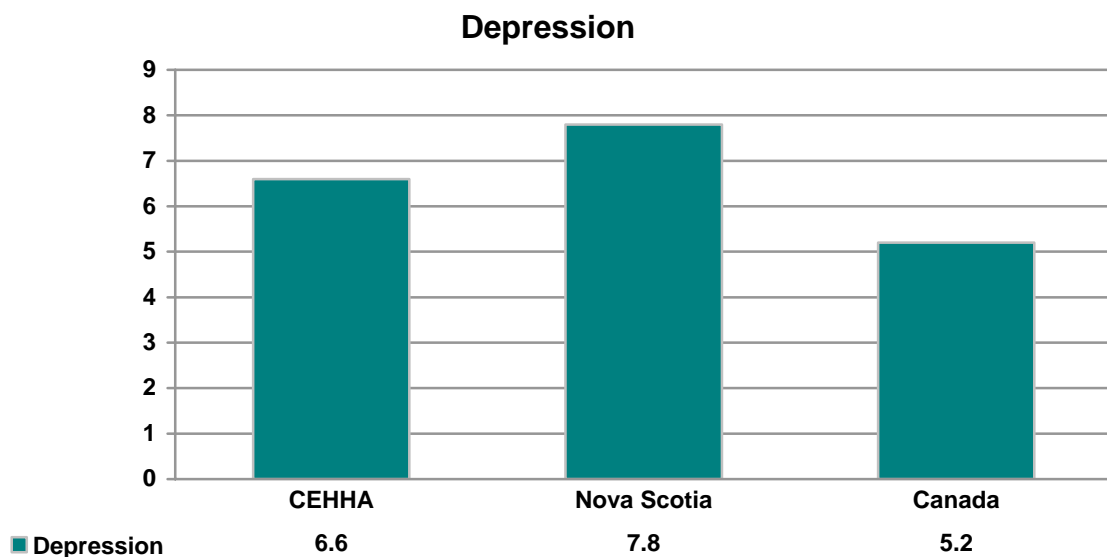
- Mental illnesses are a leading cause of disability in developed countries (Health Canada, 2002) and their economic burden in Canada is ranked third in terms of direct health care costs (Health Canada, 1998).
- Mental illnesses affect people from all walks of life, and studies have estimated that about 20% of Canadians will experience a mental illness in a given one-year period (Health Canada, 2002).



This lines up fairly well with CCHS data on self-reported mental health:

- In 2007, 69.2% of Zone 3 residents reported very good or excellent self-perceived mental health (NS 71.4, CAN 72.7), about the same as in 2005 (69.0%)

**Source: Statistics Canada, Canadian Community Health Survey 2005, 2007**



**Source: Nova Scotia Department of Health, 2007c**

A Nova Scotia report on data tabulated from the 2005 CCHS measured the proportion of people likely to be diagnosed with a major depressive episode according to their responses to a number of questions.

- In 2005, 6.6% of CEHHA residents were deemed likely to have suffered from depression (NS 7.8, CAN 5.2)
- Provincially, the rates were highest in the 20-44 age group (10.3%) and lowest in the 65+ age group (3.2%)
- Depression was found to be highest among those with low income, but did not vary education level
- Significantly higher among people who report fair or poor general health
- Higher among smokers and former smokers, and among drinkers and former drinkers
- Higher in people who reported stress, lack of a sense of community belonging, and general dissatisfaction with life

**Source: Nova Scotia Department of Health, 2007c**

Mental Health disorders can lead to hospitalization, with “3.8% of all admissions in general hospitals...due to anxiety disorders, bipolar disorders, schizophrenia, major depression, personality disorders, eating disorders, and suicidal behaviour” (Health Canada, 2002) nationwide.

- In CEHHA in 2007/08, 5.2% of hospital separations were for mental health disorders (NS 4.2)

**Source: CEHHA Discharge Abstract Database, 2009**

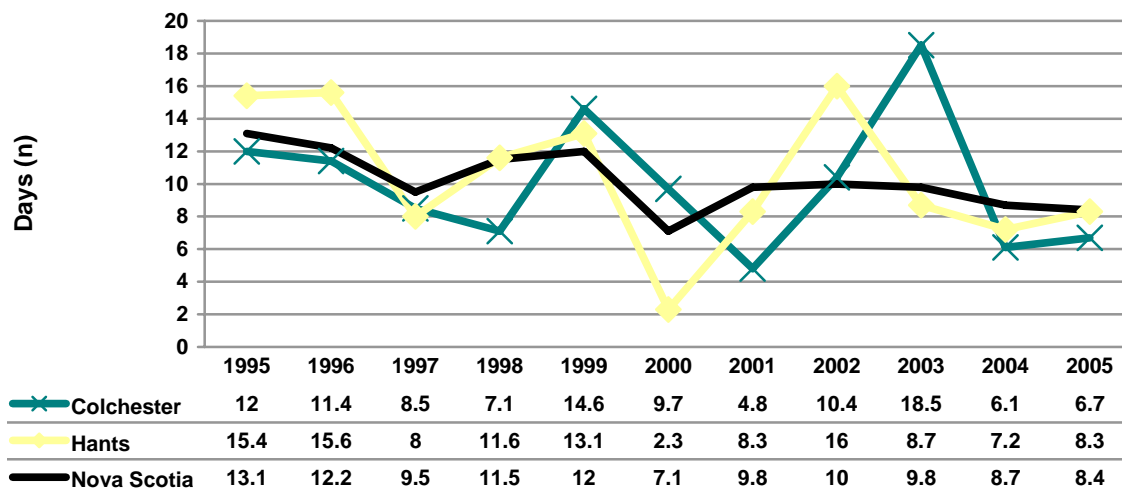
Contacts with other parts of the health system for mental health concerns are also common. For example, significant numbers of CEHHA residents contact a private psychiatrist, Mental Health outpatient services, a General Practitioner, or a Paediatrician (Dalhousie University, 2005).

- 9.2% reported contact with a health professional about mental health issues in the past twelve months (NS 7.9, CAN 8.2)

**Source: Statistics Canada, Canadian Community Health Survey 2005**

- The age standardized rate per 100,000 people who dies from suicide is highly variable, but was 6.7 in Colchester County and 8.3 in Hants County for the last year available (NS 8.4)

**Age Standardized Mortality Rate per 100,000 Population Due to Suicide Colchester and Hants Counties, 1995 to 2005**



**Source: NS Department of Health, 2007b**

### CEHHA Programs, Services, and Activities

CEHHA’s **Mental Health Services** includes a number of program areas that identify and treat or manage mental health conditions.

- In addition to the inpatient adult Psychiatry unit there are **Adult Outpatient** services, and the Adult Community Supports program known as **Community Psychosocial Rehabilitation and Support Service (COMPASS)**. There are also Outpatient

services for **Child, Adolescent and Families (CAF)** and a Community Supports service for children and youth called **Family First**. There is also an **Autism** service. Finally, CEHHA has the emergency **Mental Health Crisis Team**.

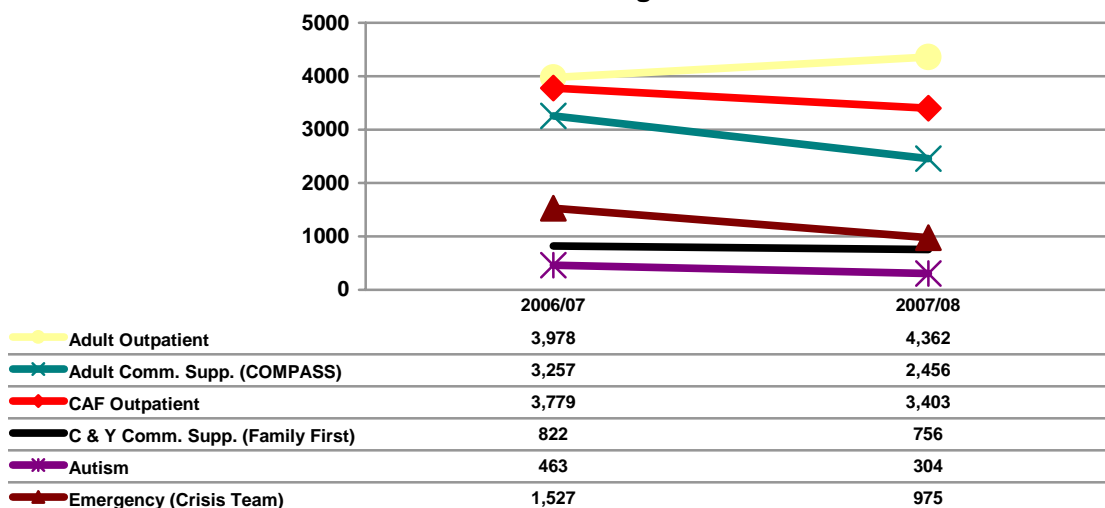
- CEHHA also **supports and provides consultation services** to the school- and home-based early intervention / prevention program BEST as well as the Department of Community Services' Wood Street Centre, a secure care facility for youth.

- In fiscal 2007/08, there were 186 admissions to the CRH inpatient adult Psychiatry unit, which had an average occupancy rate of 78.7%. Admissions were up from 162 in 2006/07.

**Source: CEHHA Discharge Abstract Database, 2009**

The various outpatient program volumes are measured in “events”, which may be assessment appointments, regular visits, telephone triage, or telephone visits.

**CEHHA Mental Health Program "Events"**



**Source: CEHHA Mental Health Services, Mental Health Outpatient Information System**

### CEHHA Programs, Services, and Activities




**Mental Health Services** has introduced new initiatives in order to manage its volumes and provide timely information and treatment to clients and residents of the district.

- A triage **nurse role** has been created to determine and prioritize clients' needs. **Community Wide Scheduling**, a module of the NSHIS information system, has been adopted to improve the ability of clinicians to schedule and manage their caseloads, improving access for clients.
- A new series of **information sessions** have been implemented for all residents referred to Mental Health services. These sessions provide many residents who do not need formal treatments with health information they can use to manage their lives in the community. These sessions can also inform potential clients of the services available.

## Injuries

In addition to chronic illnesses, injury is another public health issue that can be minimized through prevention efforts.

### Key Messages



Most injuries are both predictable and preventable; efforts to reduce their frequency must manage personal risks and create safer environments (Nova Scotia Health Promotion, 2004).

### CEHHA Programs, Services, and Activities

CEHHA's **Public Health Services injury prevention areas of focus** include:

- **Safe Homes** – Safe choices at home can prevent many childhood injuries.
- **Safe Travel** – Choose safe routes to walk and wheel. Make car and booster seat safety two priorities for your family.
- **Safe Play** - Choose to make your home playground safe by applying some of the many safe play tips (e.g. always go feet first down a slide)

Our partners include parents and staff in day cares, municipal offices, family resource centers, community services, and early childhood training centers. The approach to injury prevention includes public awareness campaigns, staff training, education on child health and safety, parent and community presentations, and childcare worker training

Traumatic injuries are those that are the result of a transfer in energy. They do not include other types of injuries such as poisonings, etc. This indicator contributes to an understanding of the adequacy and effectiveness of injury prevention efforts (Statistics Canada, 2005).

- The age-standardized rate of hospitalizations due to traumatic injuries was 546 Zone 3 residents per 100,000 population (NS 478, CAN N/A) in 2004, up from 535 in 2003 (Note: trauma did not necessarily occur in Zone 3).

**Source: Canadian Institute for Health Information, National Trauma Registry**

- In the years 2005 through 2007, the most common traumatic injuries in Nova Scotia residents were fractures of the hip, and the most common external causes were falls due to slipping / tripping on a level surface.
- During this period an average of 946 hip fractures per year was present on admission to Nova Scotia hospitals or occurred in hospital.

**Source: CEHHA Discharge Abstract Database**

- In 2006, the age standardized rate of hip fracture hospitalization among persons 65 and older was 529 for Zone 3 (NS 481, CAN N/A)

**Source: Canadian Institute for Health Information, Hospital Morbidity Database 2006**

This measure is based on the number of cases admitted to hospital, and may include readmissions.

The “Preventing Fall-Related Injuries among Older Nova Scotians” Strategic Framework highlights five high level strategic goals and objectives aimed at improving provincial Leadership, Infrastructure and Partnership; Awareness and Understanding; Education; Supportive Environments; and Knowledge Development and Transfer around seniors’ falls. The “Falls Assessment Framework” defines factors related to falls and fall risk, and provides practical action plan templates for staff in existing programs to use for each risk factor. It gives recommendations for program development, sample assessment tools and interventions, and development of a risk management plan.

### CEHHA Programs, Services, and Activities



- A draft District-wide **Falls Policy** and decision-tree has been prepared and will be forwarded to the District Quality Improvement Committees for review and revision in Spring 2008.
- **Falls Prevention** work around communications and public education will be coordinated with other public awareness work in the district.
- Several CEHHA **staff are members of Preventing Falls Together (PFT)**, commonly referred to as “the Falls Coalition”, is a community-based group that works to build the capacity of organizations working with seniors to make falls prevention a part of their policies, programs and activities. It is a project of Community Links, a provincial association serving rural seniors and volunteers throughout Nova Scotia. PFT is funded by the Nova Scotia Department of Health Promotion and Protection (HP&P), and is an integral part of Nova Scotia's Injury Prevention Strategy.

Hip fractures can occur due to environmental hazards or to potentially inappropriate psychotropic medications for the elderly, and other various reasons. Hip fractures can cause injury or death, and can have a major impact on independence and quality of life (Statistics Canada, 2005). According to the NS Provincial Osteoporosis Committee, many people “are admitted to hospital or to nursing homes after a hip fracture, and almost 20 per cent of hip fracture victims die within one year (NS Department of Health, 2002b).

### Key Messages



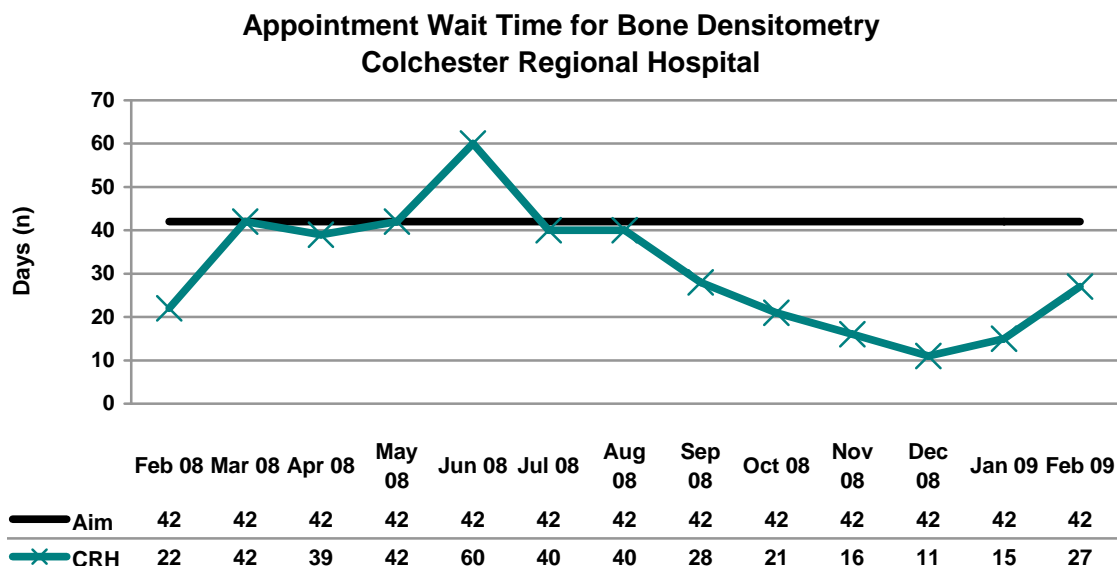
A major cause of hip fractures and other fractures is osteoporosis. It is a common metabolic bone disease related to aging that leads to decreased bone mass, weakened bones, and increased risk of breaks. Osteoporosis affects 30 per cent of women over the age of 50 and about 12 per cent of men (NS Department of Health, 2002b).

### CEHHA Programs, Services, and Activities

**Bone densitometry**, which measures bone density, is available at the Colchester Regional Hospital. It is the best way to detect osteoporosis (NS Department of Health, 2002b).

Wait times for bone densitometry at Colchester Regional Hospital are estimated by determining the number of days until the next with three available appointments (after allowing room for any unbooked requests). Wait times vary from month to month.

- Projected wait times for bone densitometry ranged from 11 to 60 days during the period from February 2008 through February 2009, averaging 31 days and meeting the six-week target in 12 of the 13 weeks



Source: CEHHA Appointment Wait Time Data

- The percentage of Zone 3 residents who report injuries causing limitations of normal activities was 13.9% in 2005 (NS 15.5, CAN 13.4), up from 12.8% in 2003
- Among youth the rate was 28.2% (NS 28.2, CAN 24.0), up from 23.3% in the previous year

Source: Statistics Canada, Canadian Community Health Survey 2003 and 2005

## Other Hospitalizations

Statistics related to the use of hospital services are another way to understand the health of our population. The top three reasons people were admitted to our district hospitals (excluding newborns) over the past 4 fiscal years are largely related to chronic disease:

	2005/06	2006/07	2007/08	2008/09 Q1-Q2
<b>CRH</b>	Gallstones (non obstructive)	Palliative Care	Palliative Care	Palliative Care
	Pneumonia	Gallstones (non obstructive)	Congestive Heart Failure	Acute Myocardial Infarction
	Convalescence following surgery	Congestive Heart Failure	Acute Myocardial Infarction	Chronic Obstructive Pulmonary Disease
<b>LFMH</b>	Palliative Care	Palliative Care	Congestive Heart Failure	Chronic Obstructive Pulmonary Disease
	Pneumonia	Other Chest Pain	Palliative Care	Palliative Care
	Unstable Angina	Unstable Angina	Non-infective Gastroenteritis and Colitis	Urinary Tract Infection

**Source: Colchester Regional Hospital, Discharge Abstract Database**

## Functional Health

- In 2000, 25.1% of Zone 3 residents reported moderate or severe functional health problems based on the Health Utility Index dimensions of vision, hearing, speech, mobility, dexterity, feelings, cognition and pain (NS 21.3, CAN 18.6)
- The NS and Canada rates remained about the same in 2003 and 2005; data were not available for Zone 3 in those years
- The rate was 38.1% among Zone 3 seniors 65 and older (NS 41.5, CAN 34.2)
- This rate decreased to 31.9 for NS and 28.7 for Canada by 2005; data are not available for Zone 3

**Source: Statistics Canada, Canadian Community Health Survey 2000, 2003, and 2005**

- In 2007, 43.9% percent of the Zone 3 population aged 12 and over report being limited in selected activities (home, school, work and other) because of a physical condition, mental condition, or health problem which has lasted or is expected to last six months or longer (NS 38.6, CAN 31.2), up from 42.8% in 2005
- Among seniors the value was 65.6% (NS 66.5, CAN 52.8) in 2005, up from 48.4% in 2003

**Source: Statistics Canada, Canadian Community Health Survey 2003, 2005, 2007**

- In 2007, 15.9% percent of the Zone 3 population aged 12 and over reported pain or discomfort that prevents activities (NS 14.2, CAN 11.8)

**Source: Statistics Canada, Canadian Community Health Survey 2007**

## Self-Perceived Health Status

- In 2007, 56.2% of Zone 3 residents reported very good or excellent self-perceived health (NS 57.1, CAN 59.6), up from 53.9% in 2005
- Among seniors the value was 41.3% in 2005 (NS 36.5, CAN 39.5)

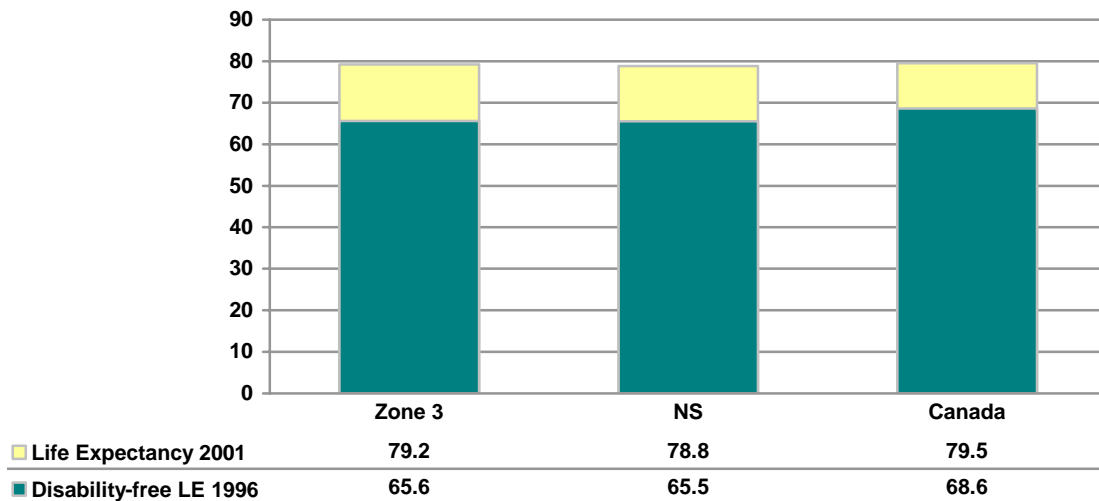
Source: Statistics Canada, Canadian Community Health Survey 2005, 2007

## Life Expectancy and Disability-Free Life Expectancy

Life expectancy is a measure that projects how long a person would live based on mortality statistics for a given time period. Disability-free life expectancy incorporates quality of life measures by looking at years free of activity limitation (Statistics Canada, 2005).

- Residents of Colchester East Hants and Cumberland can expect lives as long as those of other Nova Scotians, and less than a year shorter than other Canadians.
- However, they can expect to live with at least one activity limitation about three years sooner than other Canadians.

**Life Expectancy and Disability-free Life Expectancy**



Source: Statistics Canada and Canadian Institute for Health Informatics, 1996 and 2001

- Males live five fewer years than females in Zone 3.
- Males in Zone 3 and Nova Scotia in general can be expected to live with at least one activity limitation 2.9 years longer than other Canadian males
- In general females can be expected to live with at least one activity limitation for more than a year longer than their male counterparts.
- The difference between Zone 3 females and other Canadian females is less pronounced than in males, at about 2.4 years.

Source: Statistics Canada and Canadian Institute for Health Informatics, 1996 and 2001



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