

Nova Scotia Health Profile 2015



A Letter from the CPHO



It is my pleasure to introduce Nova Scotia's first population health profile. This profile is the result of many hours of analysis and discussion by staff in the Department of Health and Wellness and our health authorities. I offer them a tremendous thank you for this work.

The profile is intended to provide a snapshot, rather than a complete picture, of the overall health of Nova Scotians and key factors that determine our collective well-being. Its aim is to stimulate discussion about our health in communities, homes and workplaces across the province. It uses creative infographics to convey our population's health status. The indicators and data are highlights from numerous credible sources of health information.

As we embark on a significant transformation of Nova Scotia's health system, it is critical that appropriate attention is given to the prevention of disease and injury, along with the provision of high quality health care. Increased understanding of the root causes of poor health and the development of social, economic and physical environments that better support our collective well-being are critical to the long-term sustainability of our province.

Creating healthy communities is a role shared across society. I encourage individuals, families, communities and community organizations, businesses and corporations, public institutions, and all levels of government to read Nova Scotia's population health profile. Then I encourage everyone to ask, "What role can I play to help improve the health of Nova Scotians?"

A stylized, handwritten signature in black ink, appearing to read 'R Strang'.

Dr. Robert Strang
Chief Public Health Officer

Some things to consider when using the information in the Nova Scotia Health Profile

What is a health profile?

A health profile is a collection of statistics that provide an overview of the health of a population. A health profile typically includes both determinants of health (the things that make us healthy or unhealthy) and health status (how healthy or unhealthy we are) indicators.

What is the purpose of the Nova Scotia Health Profile?

The Nova Scotia Health Profile aims to:

- Describe a broad range of population health characteristics in Nova Scotia
- Stimulate discussions around population health and determinants of health in Nova Scotia
- Contribute to Public Health planning and decision making
- Provide direction for future health profile reporting

How were the indicators selected for the Nova Scotia Health Profile?

In 2011, a network comprised of members from the Department of Health and Wellness and each health authority was created to connect individuals and groups doing work related to health profiles. This network led the development of a set of core indicators for Public Health profile reporting at the health authority or provincial level. First, an extensive list of indicators was drafted by considering the experience of other jurisdictions and the concepts of population health and health equity. These indicators were subsequently ranked by the network (and additional members of the Public Health system) against criteria such as data availability, relevance, validity, and whether indicators were understandable and actionable. The resulting core indicators were recommended by the network as the 'minimum' set of indicators to be included in health profiles across the province.

What indicators are included in the Nova Scotia Health Profile?

The Nova Scotia Health Profile is focused on the core set of indicators. The indicators are organized into three sections: Who We Are, How Healthy Are We, and What Affects Our Health. Each section includes a broad range of topics relevant to Public Health. However, each individual topic (e.g. Healthy Eating) is only represented by a single or small number of indicators (e.g. consumption of fruit and vegetables).

Some things to consider when using the information in the Nova Scotia Health Profile

Where does the indicator data come from?

The indicator data in the Nova Scotia Health Profile comes from a number of different sources such as the Canadian Community Health Survey, the Canadian Census, and specific provincial programs. The year and source of the indicator data are identified on each of the profile pages. Priority was given to data sources where reporting the data by factors such as age, sex, geography (health authorities), income, and education was possible.

Why does indicator data from different sources differ from what is presented in the profile?

There are several reasons why the statistics presented in the health profile may differ from similar statistics generated from other data sources. Data that was collected using different methodology will yield different results. This is particularly true for data that has been self-reported versus data that has been objectively measured (e.g. physical activity levels or height and weight). With national surveys (e.g. Canadian Community Health Survey), there can be slight differences in the datasets used for analyses at the national and provincial levels.

Why are the statistics presented in the profile a few years old?

The statistics presented in the health profile were based on the most current data available at the time that the data was analyzed. The data sources used in the health profile are routinely updated, therefore for some indicators, new data may have become available before the release of the profile. However, population health issues change slowly over time and big changes are not usually observed from one release to the next.

How are statistics impacted by a small sample?

Statistics calculated from a small sample are less likely to represent a true finding. Many of the statistics presented in the health profile are generated from the Canadian Community Health Survey data. Because the number of Nova Scotians who are sampled for this survey is small, the data for Nova Scotia is combined over two years. However, there are some indicators where the sample remains too small to reliably report the findings by age, sex, education, income, or health authority.

Some things to consider when using the information in the Nova Scotia Health Profile

What does statistical significance mean?

A statistically significant result is one that is not likely due to chance. When results are not statistically significant, the possibility of the result being due to chance cannot be ruled out. In the profile, comparisons are made across age, sex, education, and income groups. Only statistically significant results are shown for these comparisons.

What is an age-standardized rate?

An age-standardized rate is a rate that has been adjusted to remove the effect of age so that groups (e.g. males and females, health authorities) with different age distributions can be compared. When interpreting age-standardized rates, the focus should be on the trend (e.g. Nova Scotia higher than Canada) rather than the value of the rate.

What are income quintiles?

Income quintiles refer to data on income that has been divided into five equally sized groups. In the profile, comparisons for a given indicator are made across these income groups.

Nova Scotia In Numbers

Indicator	Description	Current Estimate	Year	Source
Citizenship	Proportion of the population who are Canadian citizens	97.6%	2011	Stats Can (National Household Survey)
Immigration	Proportion of the population who are immigrants	5.3%	2011	Stats Can (National Household Survey)
Visible Minorities	Proportion of the population who report being visible minorities	5.2%	2011	Stats Can (National Household Survey)
Aboriginal Identity	Proportion of the population who report being an Aboriginal person	3.7%	2011	Stats Can (National Household Survey)
Population Growth	Percent population increase between 2001 and 2011	1.5%	2011	NS Community Counts (modeled from Stats Can)
Lone-Parent Families	Proportion of families who are lone parent families	17.3%	2011	Stats Can (Census short form)
Births	Total number of births	8862	2011	Stats Can (CANSIM table 102-4509)
Birth Rate	Number of live births per 1,000 population	9.3	2011	Stats Can (CANSIM table 102-4505)
Life Expectancy at Birth	The number of years a person would be expected to live, starting at birth if the age and sex-specific mortality rates for a given observation period were held constant over his/her life span	80.1 years	2007-2009	Stats Can (CANSIM table 102-0512)
Deaths	Total number of deaths	8532	2011	Stats Can (CANSIM table 102-0552)
Unemployment Rate	The number of unemployed persons (ages ≥ 15) as a percentage of the labour force (people who are currently employed and people who are unemployed but were available to work in the reference week and had looked for work in the past 4 weeks)	9.0%	2012	Stats Can (CANSIM table 109-5324)
Low Income	Proportion of families classified as low income based on 'after-tax low income cut-offs (1992 base)'	7.0%	2011	Stats Can (CANSIM table 109-5324)
Educational Attainment	Population (ages 25-64) with no certificate, diploma, or degree	14.6%	2011	Stats Can (National Household Survey)

Nova Scotia In Numbers

Indicator	Description	Current Estimate	Year	Source
Arthritis	Population (ages ≥14) who reported that they have been diagnosed by a health professional as having arthritis	22.7%	2011-2012	CCHS
Self-reported Health Status	Population (ages ≥12) who perceived their own health status as being excellent or very good	57.8%	2011-2012	CCHS
Self-reported Mental Health Status	Population (ages ≥12) who perceived their own mental health status as being excellent or very good	72.3%	2011-2012	CCHS
Heart Disease	Population (ages ≥12) who reported that they have been diagnosed by a health professional as having heart disease	5.8%	2011-2012	CCHS
Respiratory Diseases	Population (ages ≥12) who reported being diagnosed by a health professional with asthma, or aged ≥35 who reported being diagnosed by a health professional with chronic bronchitis, emphysema, or chronic obstructive pulmonary disease	13.0%	2011-2012	CCHS
Life Stress	Population (ages ≥15) who perceived that most days in their life were quite a bit or extremely stressful	18.1%	2011-2012	CCHS
Deaths from Injury	Proportion of deaths (based on ICD-10 Cause of Death codes) classified as injuries	6.0%	2011	Stats Can (CANSIM table 102-0552)
High Blood Pressure	Population (ages ≥12) who reported that they have been diagnosed by a health professional as having high blood pressure	22.9%	2011-2012	CCHS
Health-Adjusted Life Expectancy at Birth	The expected number of years that an individual will live in full health	67 years (M) 69 years (F)	2005-2007	Stats Can
Low Birth Weight	Percent of all live births with birth weight less than 2,500 grams	6.0%	2007-2011	Stats Can (CANSIM table 102-4005)
Infant Mortality	The number of deaths of children < one year of age per 1,000 live births in the same year	4.9	2011	Stats Can (CANSIM table 102-0504)
Overweight or Obese	Population (ages ≥18) classified as overweight or obese based on Body Mass Index	61.2%	2011-2012	CCHS
Diabetes Prevalence	Population aged ≥20 with diabetes (type 1 and type 2)	9.9%	2008-2009	Diabetes Care Program of NS

Nova Scotia In Numbers

Indicator	Description	Current Estimate	Year	Source
Cancer Incidence	Age-standardized rate per 100,000 of new cases of invasive cancers per year	487.8 (M) 406.2 (F)	2012	Cancer Care NS
Cancer Mortality	Age-standardized rate per 100,000 of invasive cancer deaths per year	215.5 (M) 160.7 (F)	2011	Cancer Care NS
Hepatitis C	Crude rate of hepatitis C cases per 100,000 population	30.4	2013	NS Department of Health & Wellness

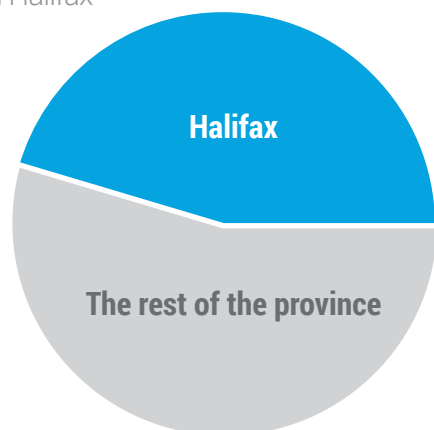
Nova Scotia In Numbers

Indicator	Description	Current Estimate	Year	Source
Exclusive Breastfeeding	Percent of females (ages 15-55 and had a baby in the last 5 years) who reported exclusive breastfeeding (infant receives only breast milk, without any additional liquid (even water) or solid food) for the first 6 months	22.2%	2011-2012	CCHS
Fruit and Vegetable Consumption	Population (ages ≥ 12) who reported consumption of fruits and vegetables ≥ 5 times per day (usual intake). The indicator does not take into account the amount consumed.	34.0%	2011-2012	CCHS
Heavy Drinking	Population (ages ≥ 12) who reported having 5 or more drinks on one occasion, at least once a month in the past year	28.1%	2011-2012	CCHS
Sense of Belonging	Population (ages ≥ 12) who reported their sense of belonging to their local community as being very strong or somewhat strong	71.0%	2011-2012	CCHS
Smoking	Population (ages ≥ 12) who reported smoking cigarettes every day or occasionally. Includes former daily smokers who now smoke occasionally. Does not take into account the number of cigarettes smoked.	22.3%	2011-2012	CCHS
Self-reported Physical Activity	Based on responses to questions about the nature, frequency and duration of participation in leisure-time physical activity. Average daily energy expenditure is calculated and respondents (ages ≥ 12) are classified as active or moderately active.	53.7%	2011-2012	CCHS
Housing Affordability	Proportion of the population that spend 30% or more of total household income on shelter costs. Shelter costs include electricity, heat, water and other municipal services, monthly mortgage payments, property taxes, condominium fees, and rent.	22.0%	2011	Stats Can (National Household Survey)

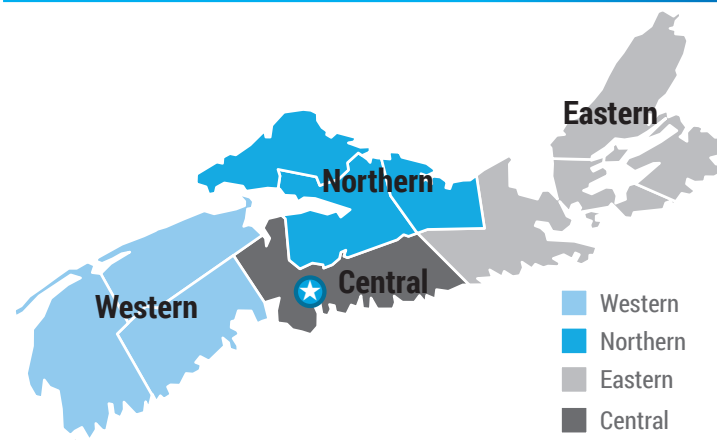
Nova Scotia Health Authorities

Nova Scotia is Canada's second smallest province (land area: 52,939 square kilometres) and is home to approximately 921,725 people.

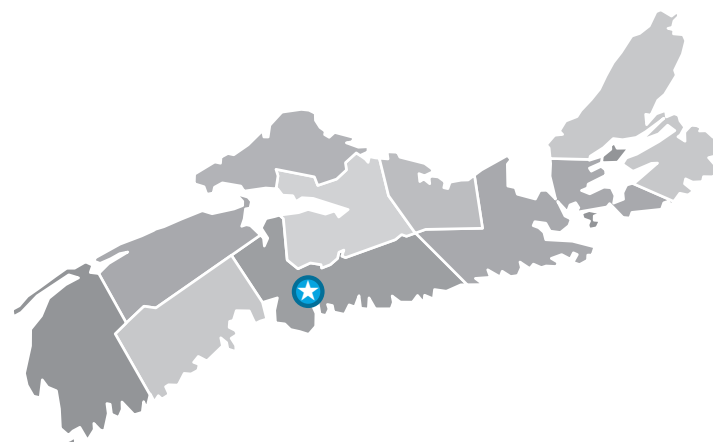
★ The capital of Nova Scotia is Halifax. 42.3% of the province's population reside in Halifax



Provincial Health Authority & Management Zones, 2015



District Health Authorities, 2000-2014



Between 2000 and 2014, Nova Scotia's health system was divided into 9 District Health Authorities (DHAs) and the IWK Health Centre.

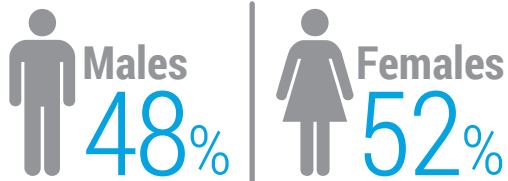
In 2015, the DHA Structure was reorganized into two health authorities, one for the province (comprised of four management zones) and one for the IWK.

Given the recent nature of the change in health system boundaries, indicator data presented in the "Across the Province" section throughout the health profile reflect the former DHA structure.

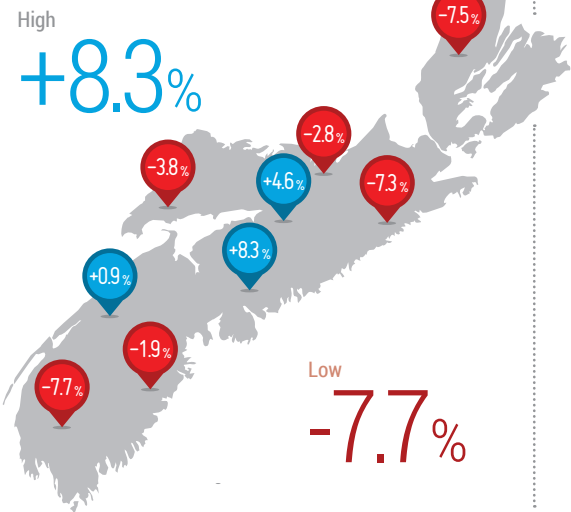
Population of Nova Scotia

Population By:

By Sex



Population Growth¹ Across Nova Scotia (2001-2011)

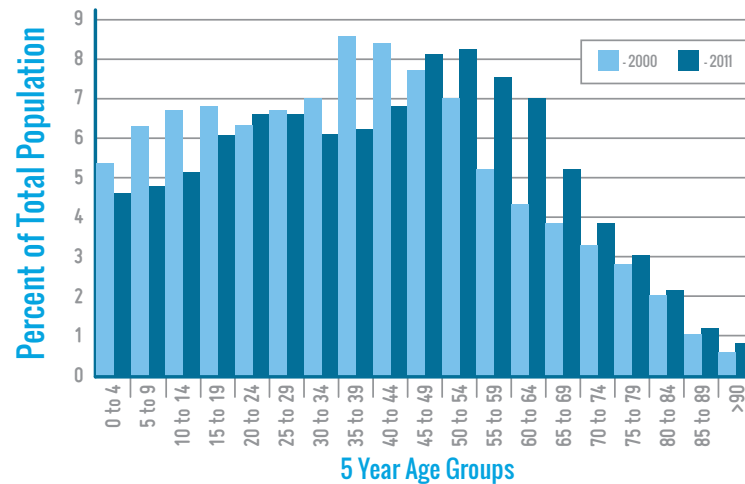


In 2011 the population of Nova Scotia was approximately

921,725

This is a 1.5% increase since 2001.¹

NS Population by 5-year Age Groups 2011



Lone Parent Families³:

17% of families in Nova Scotia are lone-parent families.

Population By:

Citizenship



Immigration



Visible Minorities



Aboriginal Identity



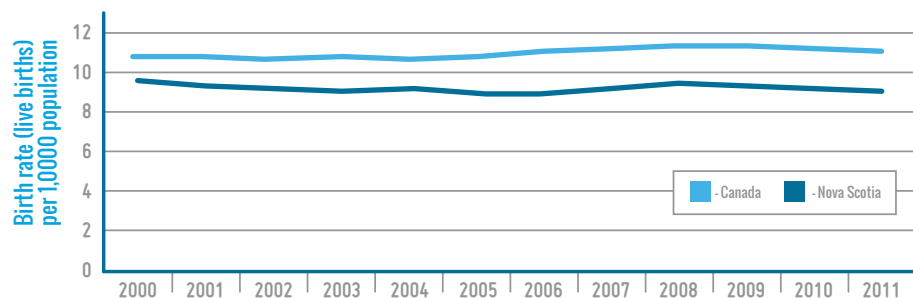
Footnotes: (1) Nova Scotia Community Counts, <http://www.novascotia.ca/finance/communitycounts/default.asp> (2) July 1, 2011 Population Estimates from Canadian Census (3) 2011 Canadian Census (NHS), accessed Nova Scotia Community Counts, <http://www.novascotia.ca/finance/communitycounts/default.asp>.

Nova Scotia Vital Statistics

Births

 **9,000** births per year

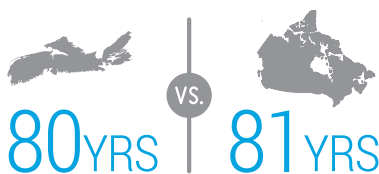
Birth Rate (live births) per 1,000 Population



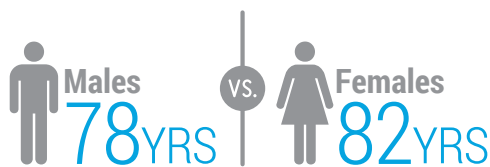
Life Expectancy at Birth

The number of years that a person would be expected to live, starting at birth if the age and sex-specific mortality rates for a given observation period (e.g. calendar year) were held constant over his/her life span.

Compared to Canada



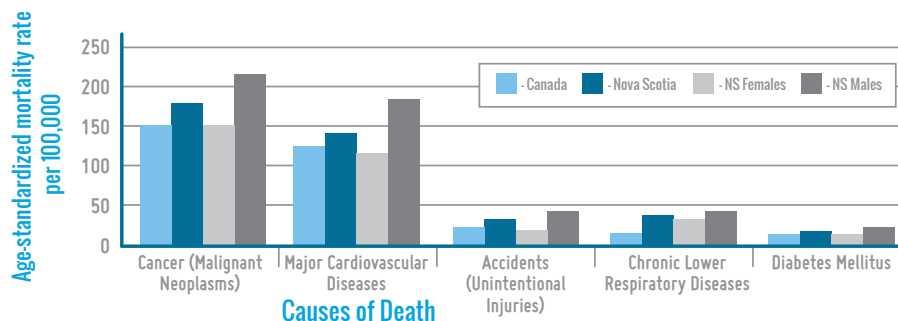
By Sex



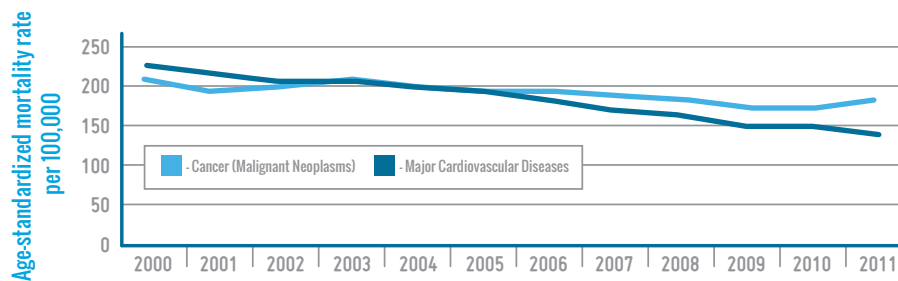
Deaths³

 **8,325** deaths per year

Leading Causes of Deaths



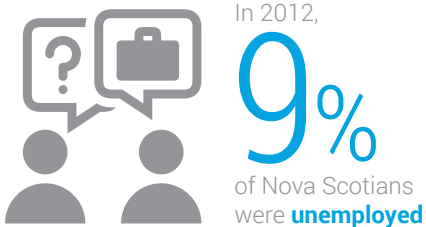
Cancer and CVD Mortality Over Time



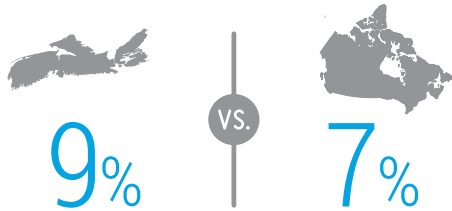
Footnotes: (1) Statistics Canada, Canadian Vital Statistics, Birth Database and Demography Division (population estimates), CANSIM table 102-4505 (2) Statistics Canada, Canadian Vital Statistics, Birth and Death Databases and population estimates, CANSIM table 102-0512 (3) Statistics Canada, Canadian Vital Statistics, Birth and Death Databases and Appendix II of the publication "Mortality Summary List of Causes", CANSIM table 102-0552

Socioeconomics Status

Unemployment Rate (15+yrs)



Compared to Canada



Across the province the unemployment rate ranged from

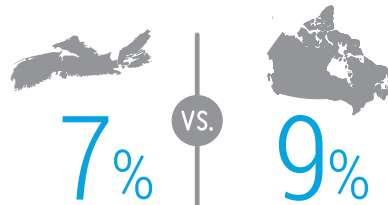
6.3% to 14.7%
in 2012

Indicator Source: Statistics Canada, Labour Force Survey, CANSIM table 109-5324
Indicator Description: The number of unemployed persons (ages 15+) as a percentage of the labour force (people who are currently employed and people who are unemployed but were available to work in the reference week and had looked for work in the past 4 weeks). The Labour Force Survey excludes residents of Indian Reserves, the Yukon, Northwest Territories and Nunavut, inmates of institutions and full-time members of the Armed Forces.

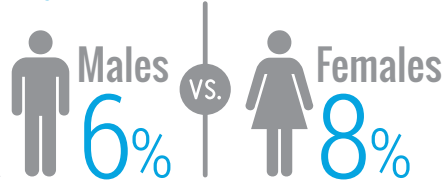
Low Income

In 2011,
approximately
64,000
People (7%)
in Nova Scotia
were living in
low income

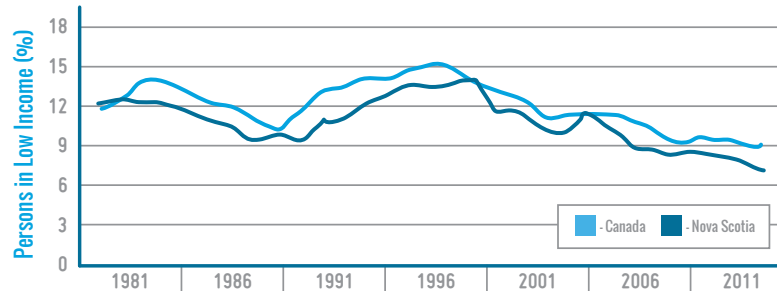
Compared to Canada



By Sex

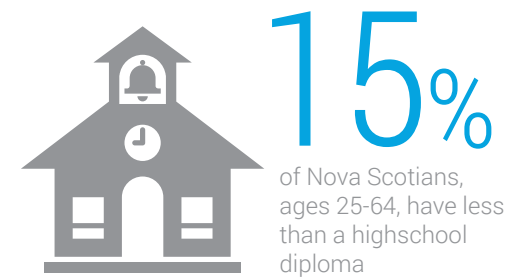


Persons in Low Income (%), 1981-2011

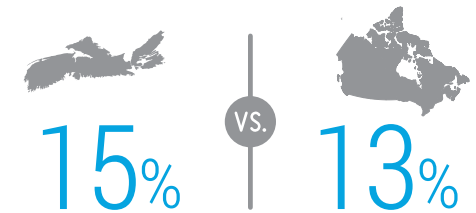


Indicator Source: Statistics Canada, CANSIM table 202-0802 (Survey of Consumer Finances, Survey of Labour and Income Dynamics)
Indicator Description: After-tax low income cut-offs (1992 base) were selected on the basis that individuals and families with incomes below these limits usually spent 63.6% or more of their income on food, shelter and clothing. Low income cut-offs were differentiated by community size of residence and family size.

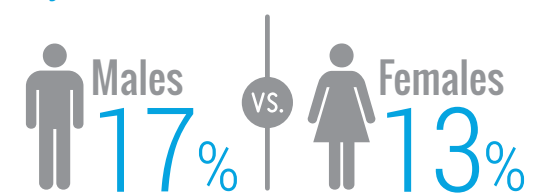
Educational Attainment



Compared to Canada



By Sex

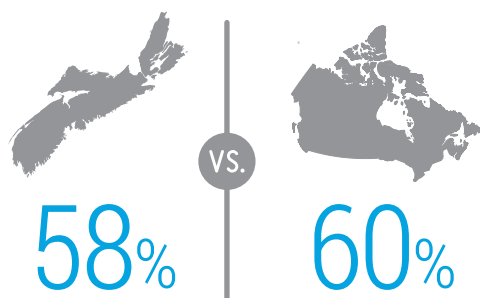


Indicator Source: Nova Scotia Community counts, data modeled from Statistics Canada 2011 National Household Survey
Indicator Description: %, ages 25-64, with no certificate, diploma, or degree.

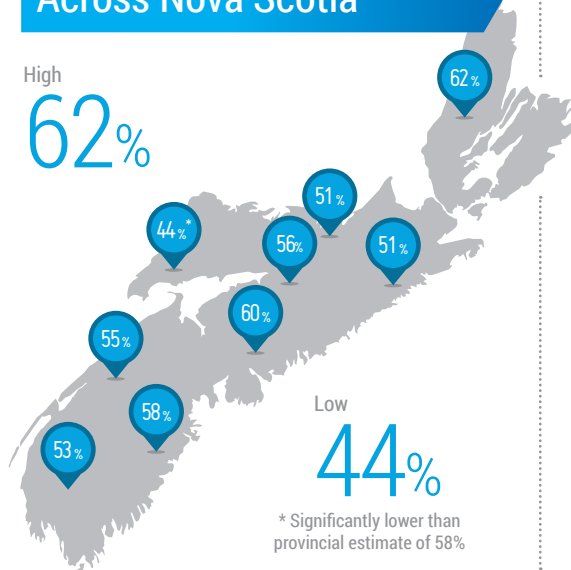
Self-Reported Health Status

(Excellent or Very Good)

Compared to Canada



Across Nova Scotia



In Nova Scotia

58%

report their health status as excellent or very good.

⌚ There were no significant differences between 2007 and 2012

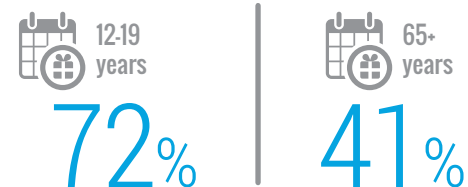
Perceived health is an indicator of overall health status that encompasses physical, mental and social well-being as well as the absence of disease or injury.¹

Self-Reported Health Status By Income:

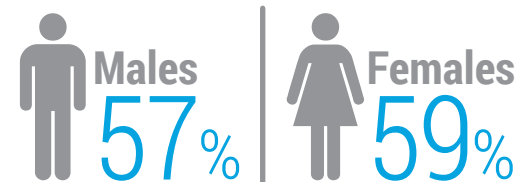


Self-Reported Health Status By:

Age



By Sex



Education



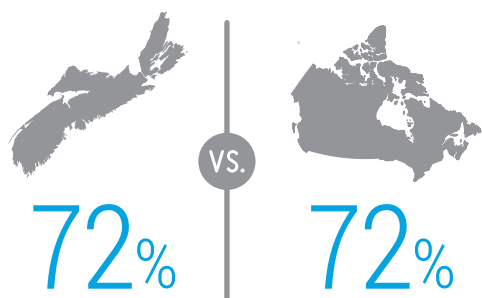
INDICATOR SOURCE: Canadian Community Health Survey (Provincial 'Share' file for NS), 2007-2012. Unless otherwise indicated, statistics presented are for 2011 and 2012 combined years.

INDICATOR DESCRIPTION: Population aged 12 and over who reported perceiving their own health status as being excellent or very good¹

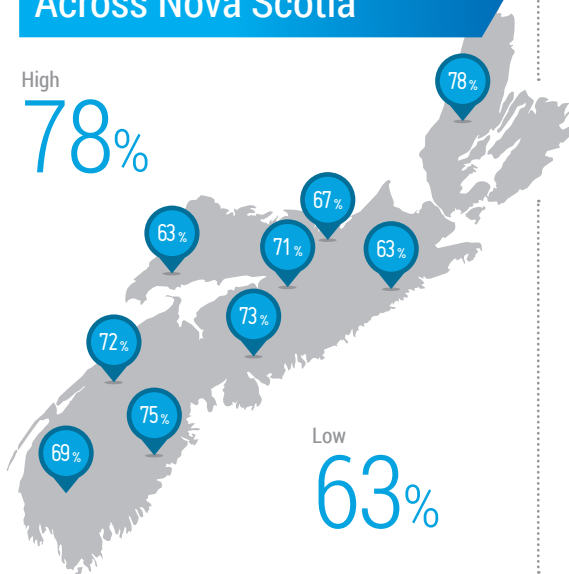
Footnotes: (1) Statistics Canada, Health Indicators: Definitions and data sources, <http://www.statcan.gc.ca/pub/82-221-x/2013001/def/def1-eng.htm>

Self-Reported Mental Health Status (Excellent or Very Good)

Compared to Canada



Across Nova Scotia



In Nova Scotia

72% report their mental health status as **excellent** or **very good**.

⌚ There were no significant differences between 2007 and 2012

Measuring self-reported mental health provides an indication of the population suffering from some form of **mental disorder, mental or emotional problems, or distress**, not necessarily reflected in self-reported (physical) health.¹

Presented here is the population who perceive their mental health status as **excellent** or **very good**.

Self-Reported Mental Health Status By Income:



81%



60%

Self-Reported Mental Health Status By:

Age

▮ There were no significant differences in self-reported mental health status by age groups.

By Sex

▮ There were no significant differences in self-reported mental health status by sex.

Education



75%



62%

INDICATOR SOURCE: Canadian Community Health Survey (Provincial 'Share' file for NS), 2007-2012. Unless otherwise indicated, statistics presented are for 2011 and 2012 combined years.

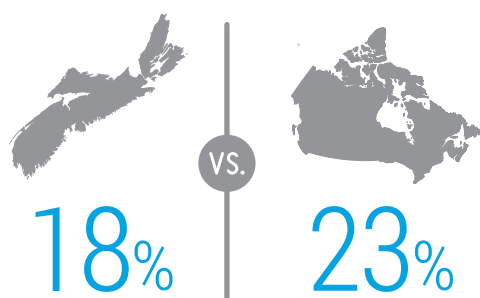
INDICATOR DESCRIPTION: Population aged 12 and over who reported perceiving their own mental health status as being "excellent or very good".

Footnotes: (1) Statistics Canada, Health Indicators: Definitions and data sources, <http://www.statcan.gc.ca/pub/82-221-x/2013001/def/def1-eng.htm#wb>

Life Stress

(most days quite a bit or extremely stressful)

Compared to Canada



Across Nova Scotia

Statistics not presented due to insufficient sample in greater than four DHAs



18%
Nova Scotians
perceive that most
days are quite a bit or
extremely stressful.

There were no significant differences between 2007 and 2012

Negative health consequences associated with stress include; heart disease, stroke, high blood pressure, as well as immune and circulatory complications. Stress can also impact behaviours such as smoking, alcohol consumption, and eating habits.¹

Perceived Life Stress By Income:

There were no significant differences in perceived life stress by income quintiles.

Perceived Life Stress By:

Age



26%



10%

By Sex

There were no significant differences in perceived life stress by sex.

Education



Post-Secondary Degree

20%



Less Than High School Graduation

16%

INDICATOR SOURCE: Canadian Community Health Survey (Provincial 'Share' file for NS), 2007-2012. Unless otherwise indicated, statistics presented are for 2011 and 2012 combined years.

INDICATOR DESCRIPTION: Population aged 15 and over who reported perceiving that most days in their life were quite a bit or extremely stressful¹.

Footnotes: (1) Statistics Canada, Health Indicators: Definitions and data sources, <http://www.statcan.gc.ca/pub/82-221-x/2013001/def/def1-eng.htm#wb>

Birth Outcomes

Low Birth Weight (<2,500 grams)

Each year in Nova Scotia approximately

6% of babies
(~520 babies)

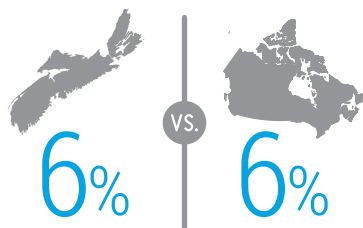
are born with a **low birth weight**.



Low birth weight impacts infant health, development, and survival.

Low birth weight infants are at increased risk for cerebral palsy, visual problems, learning disabilities and respiratory problems.¹

Compared to Canada



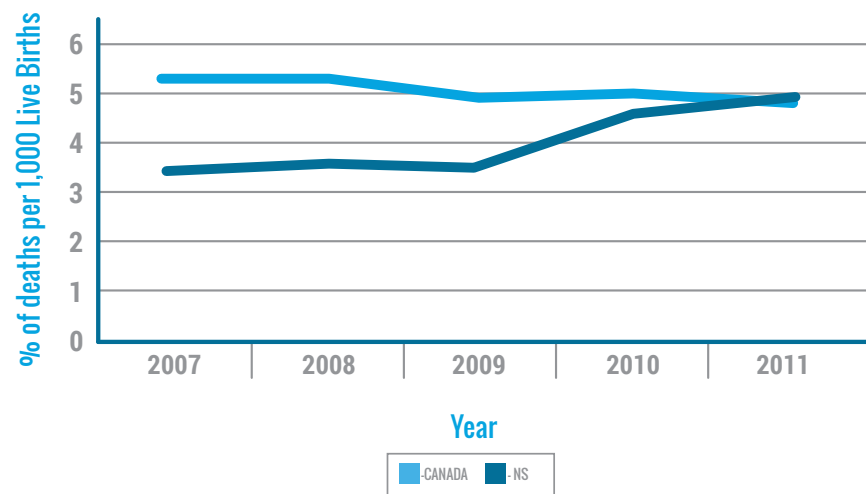
The proportion of low birth weight babies is the same for Canada and Nova Scotia (6%).

Infant Mortality

In 2011 there were approximately

43 infant deaths | (5 per 1,000 live births) in Nova Scotia

Compared to Canada



INDICATOR SOURCE: Statistics Canada, Cansim table: 102-4005, 2007-2011

INDICATOR DESCRIPTION: % of all live births with birth weight less than 2,500 grams.

Footnotes: (1) http://www5.statcan.gc.ca/access_acces/alternative_alternatif.action?lang&loc=4225887-eng.pdf

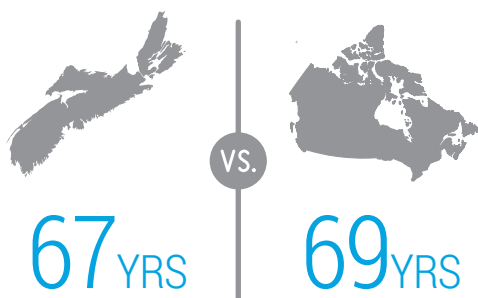
INDICATOR SOURCE: Statistics Canada, Cansim table: 102-0504

INDICATOR DESCRIPTION: The infant mortality rate is calculated as the number of deaths of children less than one year of age per 1,000 live births in the same year.

Health-Adjusted Life Expectancy at Birth

Males

Compared to Canada



By Income

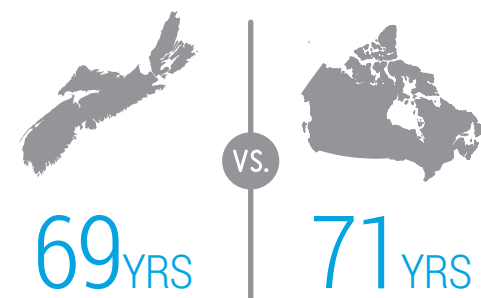


Health-adjusted life expectancy is the **expected number of years** that an individual will live in **full health**.

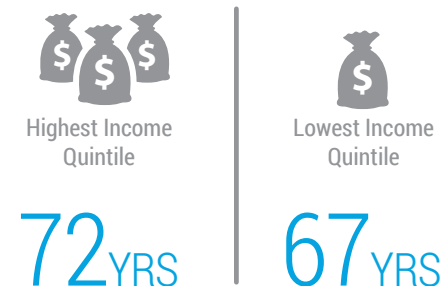
It encompasses quality of life by considering current morbidity and mortality conditions.¹

Females

Compared to Canada



By Income



INDICATOR SOURCE: Statistics Canada, Cansim table: 102-0122, 2005-2007

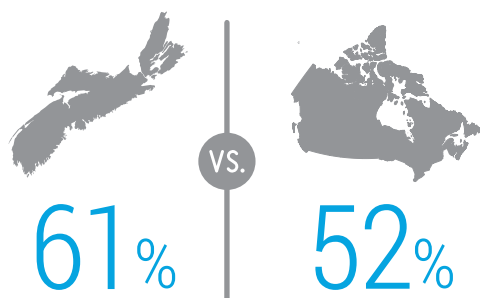
INDICATOR DESCRIPTION: Health-adjusted life expectancy uses the Health Utility Index (HUI) to weigh years lived in good health higher than years lived in poor health.

Footnotes: (1) Statistics Canada, Health Indicators: Definitions and data sources, <http://www.statcan.gc.ca/pub/82-221-x/2013001/def/def1-eng.htm#wb>

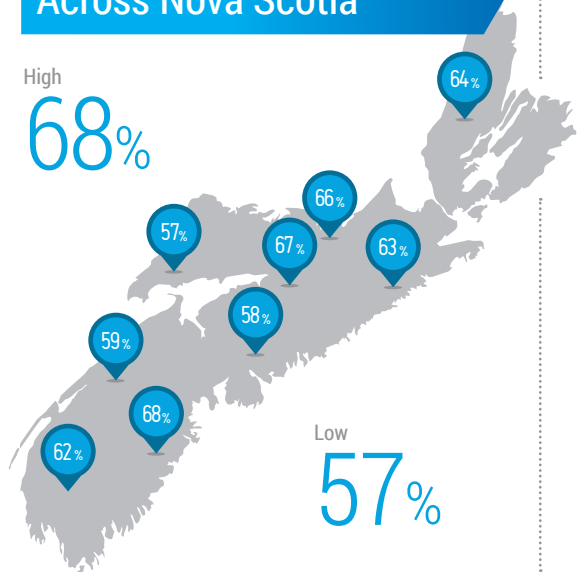
Overweight or Obese

(All classes)

Compared to Canada



Across Nova Scotia



61% of the Nova Scotia population is overweight or obese*.



*Information on height and weight are self-reported.

⌚ There were no significant differences between 2007 and 2012

The World Health Organization and Health Canada use the following BMI categories to classify body weight based on health risk¹.

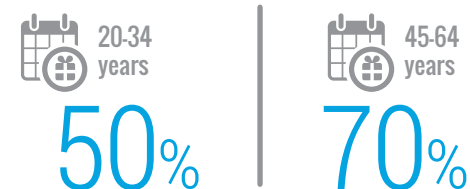
- Underweight = increased health risk
- Normal weight = least health risk
- Overweight = increased health risk
- Obese class I = high health risk
- Obese class II = very high health risk
- Obese class III = extremely high health risk

Overweight or Obese By Income:

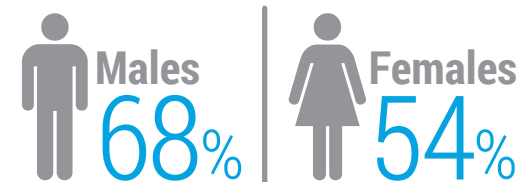
▮ There were no significant differences in overweight or obese by income.

Overweight or Obese By:

Age



By Sex



Education

▮ There were no significant differences in overweight or obese by education.

INDICATOR SOURCE: Canadian Community Health Survey (Provincial 'Share' file for NS), 2007-2012. Unless otherwise indicated, statistics presented are for 2011 and 2012 combined years

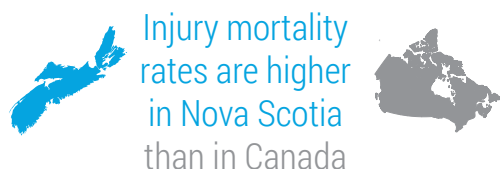
INDICATOR DESCRIPTION: BMI is calculated as: weight in kilograms divided by height in metres squared. Underweight=<18.5; Normal weight = 18.5 to 24.9 (normal weight); Overweight = 25.0 to 29.9; Obese-Class I=30.0 to 34.9; Obese-Class II=35.0 to 39.9; Obese - Class III= ≥ 40. It is calculated for the population aged 18 and over, excluding pregnant females and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

Footnotes: (1) Statistics Canada, Health Indicators: Definitions and data sources, <http://www.statcan.gc.ca/pub/82-221-x/2013001/def/def1-eng.htm#wb>

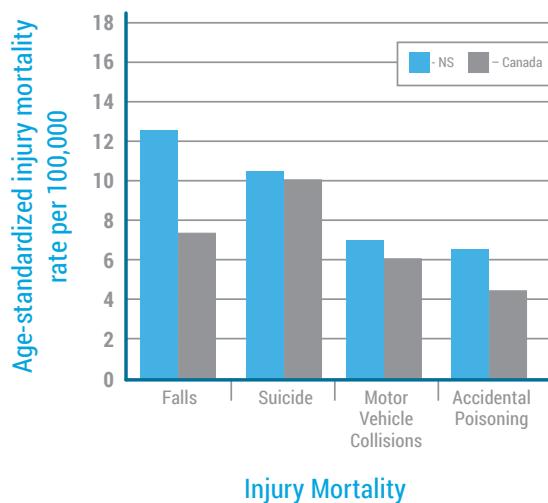
Deaths From Injury

Injury Mortality:

Compared to Canada



Deaths from Injury in NS & Canada, 2011



In 2011,

6%



of deaths in Nova Scotia were due to unintentional injuries or suicide.

⌚ There were no significant differences between 2007 and 2012

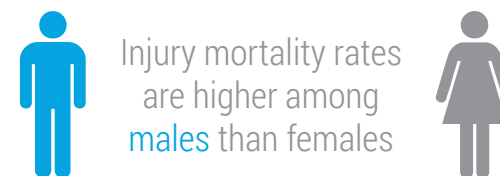
Causes of Injury Deaths:

Between 2007 and 2011 in Nova Scotia the leading causes of injury death were: falls, suicide, motor vehicle collisions, and accidental poisoning.

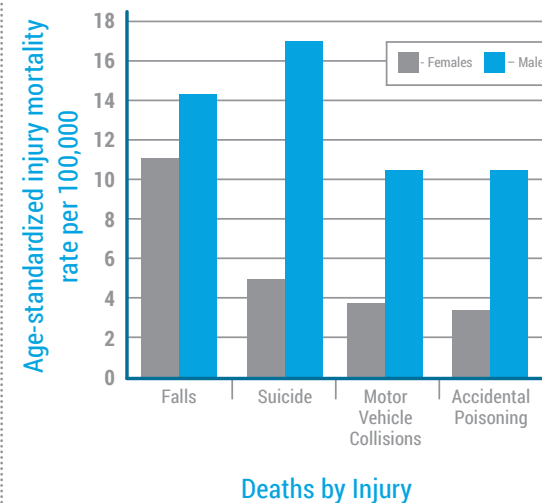
In 2011, the number one cause of injury deaths among males was suicide and among females was falls.

Deaths from Injury By:

By Sex



Deaths from Injury for Males and Females, 2011



INDICATOR SOURCE: Statistics Canada, Cansim Table 102-0552, 2007-2011

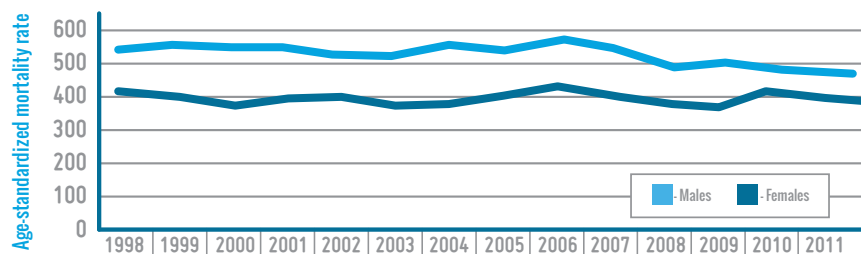
INDICATOR DESCRIPTION: Causes of death are classified based on ICD-10 Cause of Death codes. Age-standardized mortality rates are calculated using the 1991 population of Canada as the standard population.

Cancer

Incidence

 **~5,900** new cases per year¹
*Between 2008 and 2012

Age-standardized incidence rates for all invasive cancers¹



Compared to Canada² (Data from 2010)



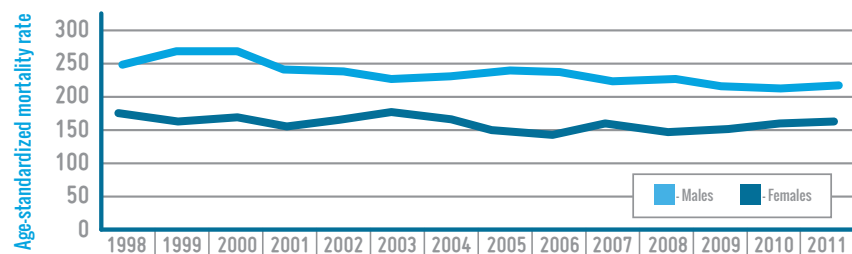
Most common cancer cases¹:



Mortality

 **~2,500** deaths per year¹
*Between 2007 and 2011

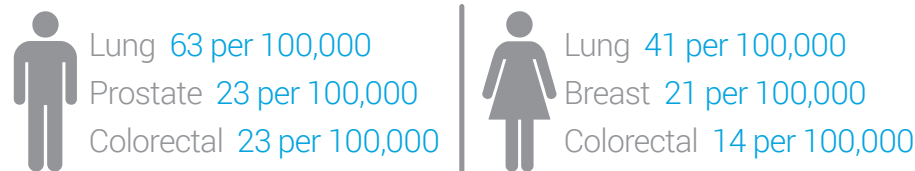
Age-standardized mortality for all invasive cancers¹



Compared to Canada³ (Data from 2011)



Most common cancer deaths¹:

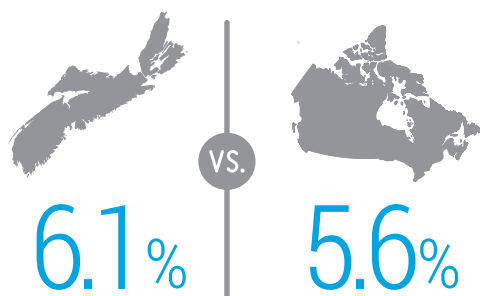


INDICATOR SOURCE: ¹Cancer Care NS, 1998-2012, ²Statistics Canada, Cansim Table:103-0553, ³Statistics Canada, Cansim Table:102-0552 **INDICATOR DESCRIPTION:** Incidence refers to the number of new cases of invasive cancer diagnosed within a specified time period. Incidence rates are the number of new cases per 100,000 population in a specified time period. Mortality refers to the number of deaths from invasive cancer within a specified time period. Mortality rates are the number of deaths per 100,000 population in a specified time period. Age-standardized rates account for differences in age distribution and are used to compare rates over time or between groups (e.g. sexes).

Diabetes

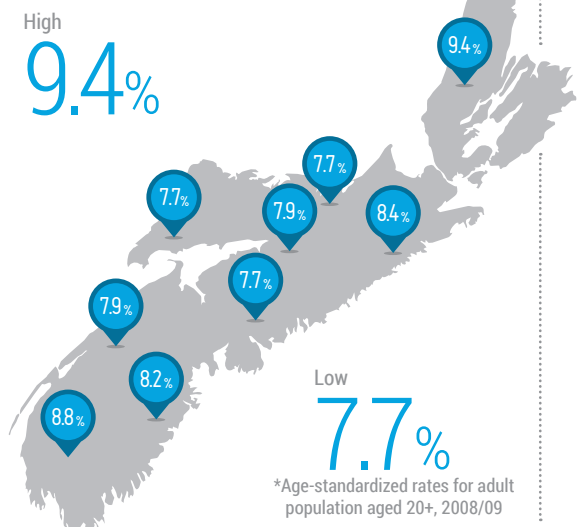
(type 1 and type 2 diabetes)

Compared to Canada³



*Comparison with Canada represents prevalence rate for all ages

Across Nova Scotia²

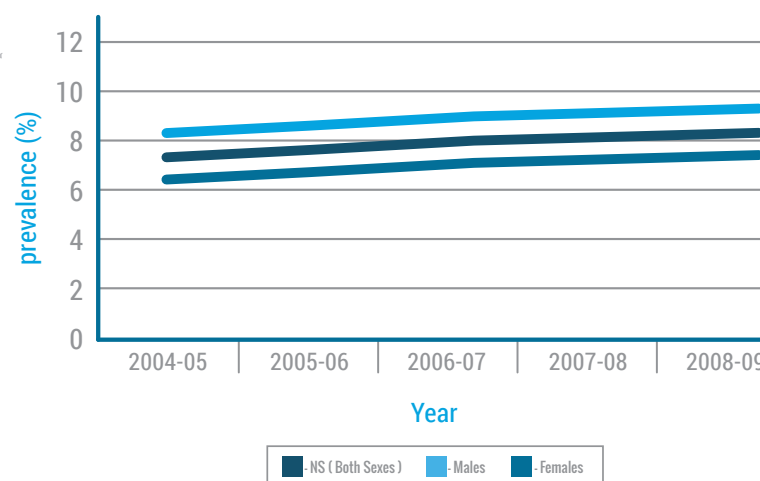


In Nova Scotia approximately



77,000 adults ages 20+ have diabetes.¹

Age-standardized diabetes for NS²



Diabetes By:

Age



5%



26%

By Sex



Males

9.0%



Females

7.3%

*Age-standardized prevalence for adult population aged 20+, 2008-09

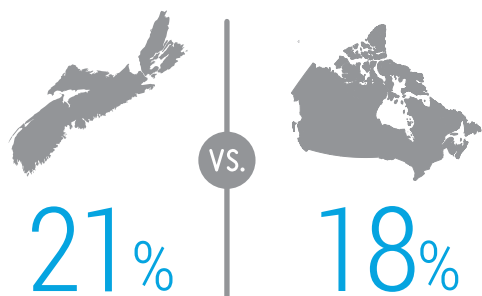


When comparing different groups (e.g. males/females, DHAs, years) age standardized rates are used. When interpreting age-standardized rates the focus should be on the trend (e.g. NS higher than Canada) rather than the value of the rate.

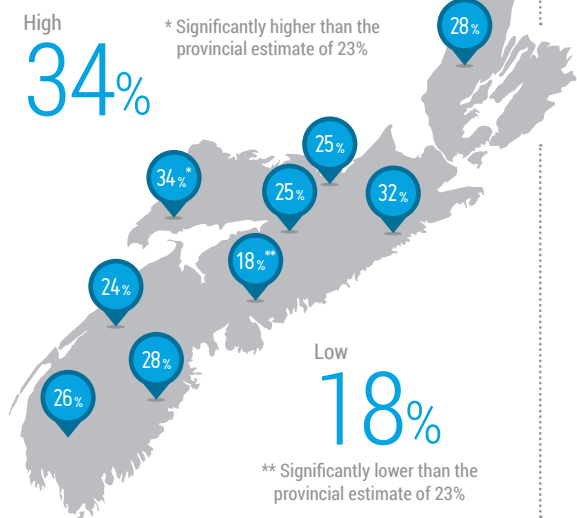
INDICATOR SOURCE: Nova Scotia Diabetes Statistics Report, 2011, Diabetes Care Program of Nova Scotia: <http://diabetescare.nshealth.ca/reports-statistics/statistics/canadian-chronic-disease-surveillance-system-diabetes/ns-diabetes-stat>.
²Derived using the Canadian Chronic Disease Surveillance System, v2010, Diabetes Care Program NS. ³Diabetes in Canada: Facts and figures from a public health perspective: <http://www.phac-aspc.gc.ca/cd-mc/publications/diabetes-diabete/facts-figures-faits-chiffres-2011/chap1-eng.php#Pre0> **INDICATOR DESCRIPTION:** Diabetes prevalence is the proportion of the population living with the disease at a given point in time. With the exception of the comparison with Canada, the prevalence estimates above are for the population ages 20+. The prevalence estimates for the comparison with Canada are for the population one year and older. Age-standardization is to the 1991 Canadian population.

High Blood Pressure

Compared to Canada



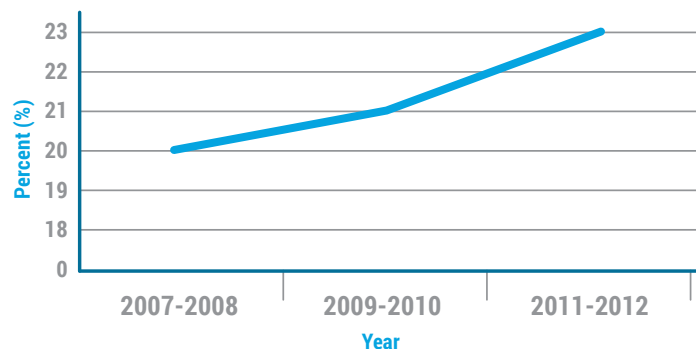
Across Nova Scotia



23% of Nova Scotians report that they have been diagnosed by a health professional with **high blood pressure**.



Proportion of Nova Scotians that reported high blood pressure



High Blood Pressure By Income:



High Blood Pressure By:

Age



By Sex

There were no significant differences in high blood pressure by sex.

Education



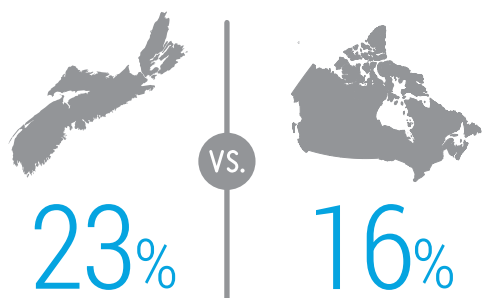
INDICATOR SOURCE: Canadian Community Health Survey (Provincial 'Share' file for NS), 2007-2012. Unless otherwise indicated, statistics presented are for 2011 and 2012 combined years

INDICATOR DESCRIPTION: Population aged 12 and over who report that they have been diagnosed by a health professional as having high blood pressure¹.

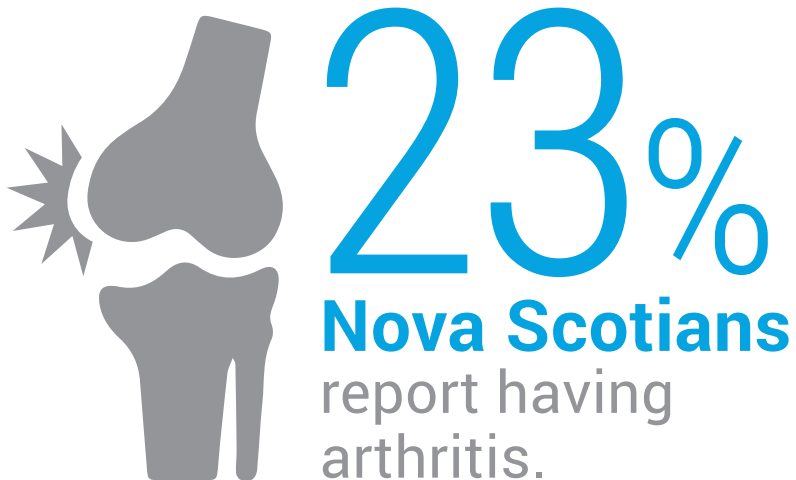
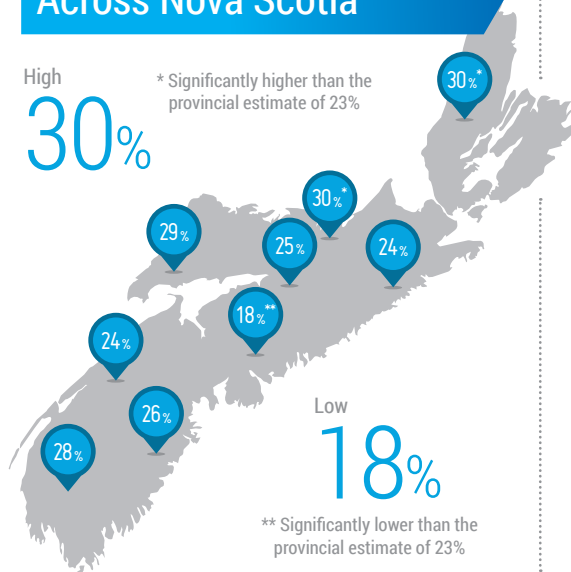
Footnotes: (1) Statistics Canada, Health Indicators: Definitions and data sources, <http://www.statcan.gc.ca/pub/82-221-x/2013001/def/def1-eng.htm#wb>

Arthritis

Compared to Canada



Across Nova Scotia



⌚ There were no significant differences between 2007 and 2012

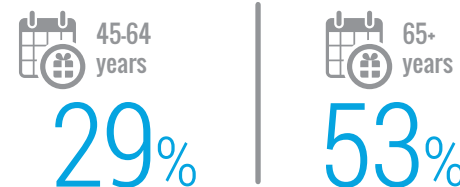
Joint pain, swelling, and stiffness caused by arthritis can have negative impacts on activities of daily living and quality of life.

Arthritis By Income:



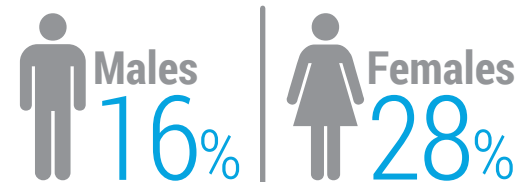
Arthritis By:

Age

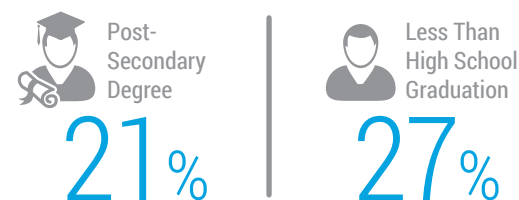


Statistics are not presented for younger age groups due to insufficient sample with arthritis.

By Sex



Education

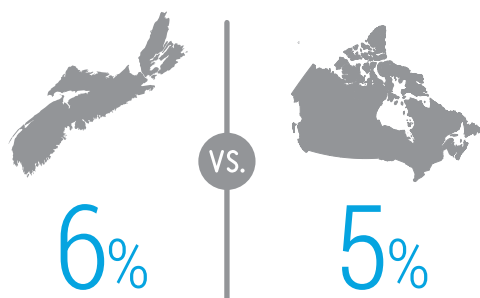


INDICATOR SOURCE: Canadian Community Health Survey (Provincial 'Share' file for NS), 2007-2012. Unless otherwise indicated, statistics presented are for 2011 and 2012 combined years

INDICATOR DESCRIPTION: Population aged 14 and over who reported that they have been diagnosed by a health professional as having arthritis. Arthritis includes both rheumatoid arthritis and osteoarthritis, but excludes fibromyalgia¹. **Footnotes:** (1) Statistics Canada, Health Indicators: Definitions and data sources, <http://www.statcan.gc.ca/pub/82-221-x/2013001/def/def1-eng.htm>

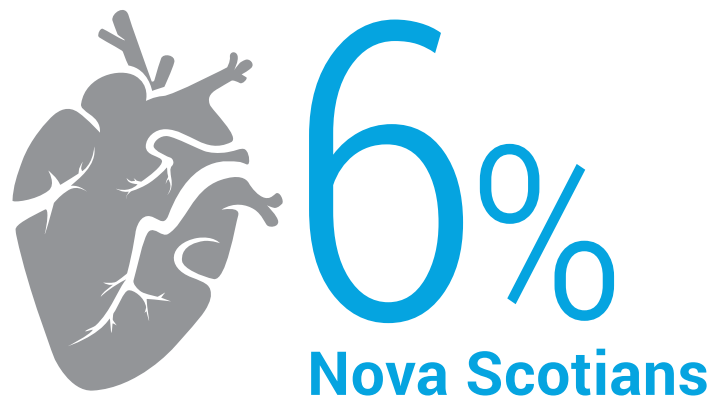
Heart Disease

Compared to Canada



Across Nova Scotia

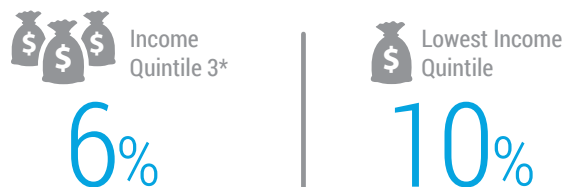
Statistics not presented due to insufficient sample in greater than four DHAs



report having been diagnosed by a health professional with heart disease.

There were no significant differences between 2007 and 2012

Heart Disease By Income:



*Statistics are not presented for higher income quintiles due to insufficient sample with heart disease.

Heart Disease By:

Age



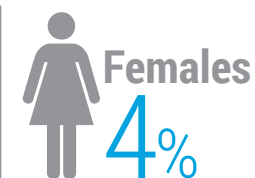
6%



19%

Statistics are not presented for younger age groups due to insufficient sample with heart disease.

By Sex



Education



5%

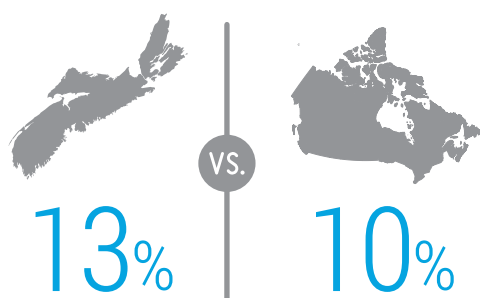


8%

Respiratory Disease

(Asthma, Chronic Bronchitis, Emphysema, COPD)

Compared to Canada



Across Nova Scotia

Statistics not presented due to insufficient sample in greater than four DHAs

13%

Nova Scotians

report having been diagnosed by a health professional with respiratory disease.

There were no significant differences between 2007 and 2012

Respiratory Disease By Income:

Income Quintile 4*

13%

Lowest Income Quintile

19%

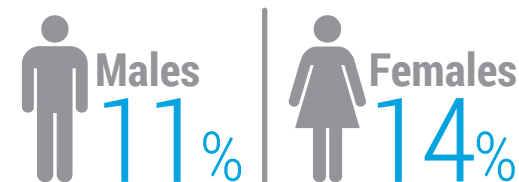
*Statistics are not presented for higher income quintiles due to insufficient sample with respiratory diseases.

Respiratory Disease By:

Age

There were no significant differences in respiratory diseases by age groups.

By Sex



Education



INDICATOR SOURCE: Canadian Community Health Survey (Provincial 'Share' file for NS), 2007-2012. Unless otherwise indicated, statistics presented are for 2011 and 2012 combined years.

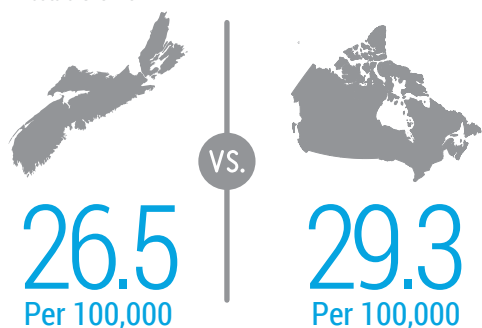
INDICATOR DESCRIPTION: The prevalence of respiratory diseases is derived from the Canadian Community Health Survey by the Department of Health and Wellness. It represents the population: Aged 12 and over who reported being diagnosed by a health professional with asthma or Aged 35 and over who reported being diagnosed by a health professional with chronic bronchitis, emphysema, or chronic obstructive pulmonary disease.

Hepatitis C

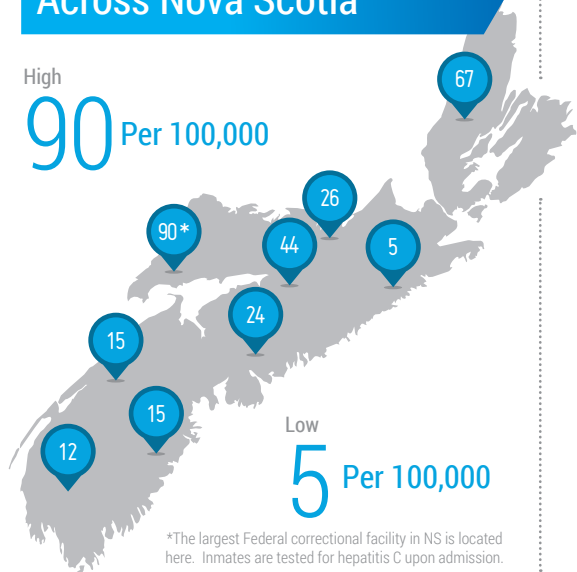
(new cases per year)

Compared to Canada*

* data are for 2012



Across Nova Scotia



*The largest Federal correctional facility in NS is located here. Inmates are tested for hepatitis C upon admission.

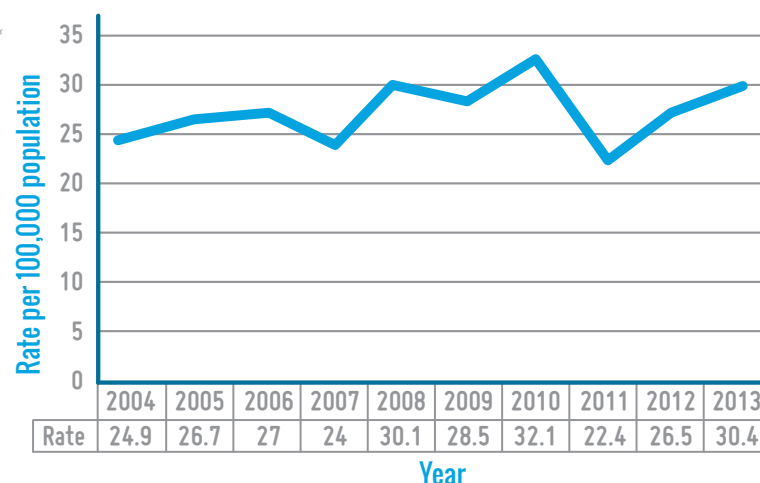
In 2013, **286**

cases of hepatitis C were reported in Nova Scotia
(Incidence rate of 30.4/100,000 population).



Hepatitis C is a chronic liver disease caused by the hepatitis C virus (HCV). The hepatitis C virus (HCV) is spread through contact with infected blood.

Incidence rates of Hepatitis C in Nova Scotia:

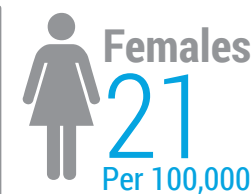
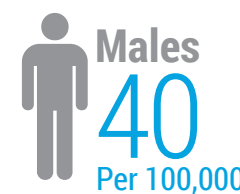


Hepatitis C By:

Age



By Sex



Risk Factors



of hepatitis C cases in Nova Scotia reported using **injection drugs**.

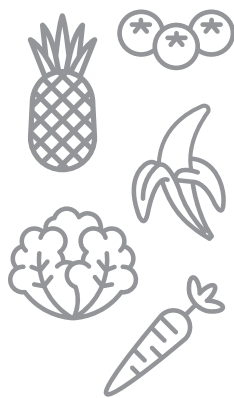
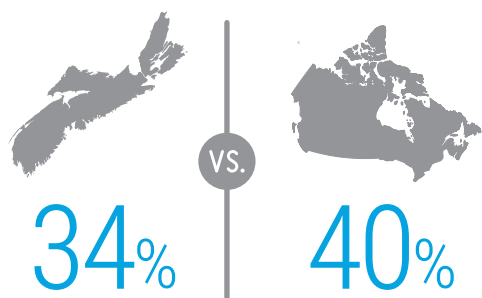
INDICATOR SOURCE: NS data: Application for Notifiable Disease Surveillance, NS Department of Health & Wellness Public Health, 2004-2013, Canadian data: Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada. (2013). Canadian Notifiable Disease Surveillance System Tables, 2009-2011.

INDICATOR DESCRIPTION: Cases of Hepatitis C are classified based on standard case definitions and reported to Public Health as mandated by the provincial Health Protection Act. Only first-time diagnoses of Hepatitis C are counted. Rates are calculated using Statistics Canada population counts.

Fruit & Vegetable Consumption

(5 or more times per day)

Compared to Canada

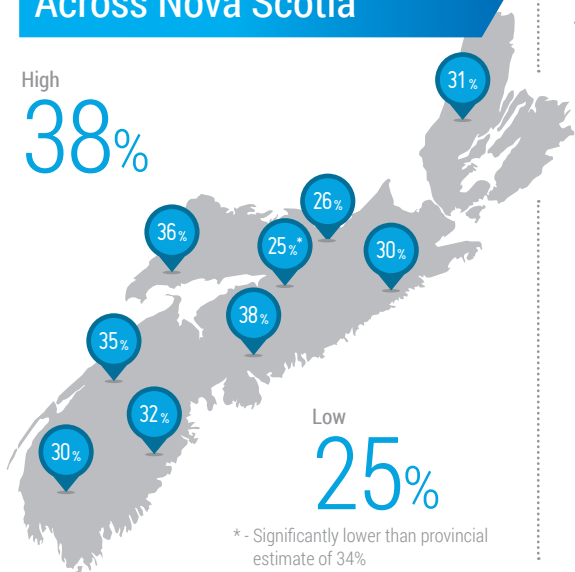


1 out of 3

Nova Scotians (34%) consume fruit and vegetables (5 or more times per day).

⌚ There were no significant differences between 2007 and 2012

Across Nova Scotia



Canada's Food Guide¹ recommends:

More than 5 servings² per day for individuals ages 12+

Fruit & Vegetable Consumption By Income:



38%



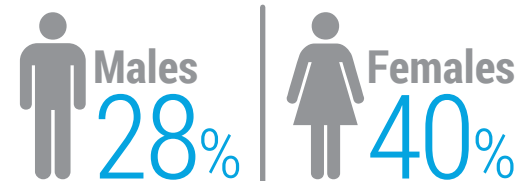
30%

Consumption of Fruits & Vegetables By:

Age

▮ There were no significant differences in fruit and vegetable consumption by age groups.

By Sex



Education



INDICATOR SOURCE: Canadian Community Health Survey (Provincial 'Share' file for NS), 2007-2012. Unless otherwise indicated, statistics presented are for 2011 and 2012 combined years.

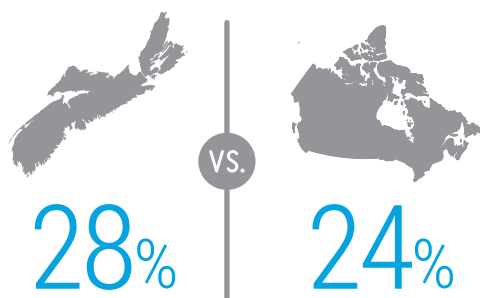
INDICATOR DESCRIPTION: This indicator reflects the proportion of CCHS respondents who reported eating fruits and vegetables ≥ 5 times per day (usual intake). The indicator does not take into account the amount consumed.

Footnotes: (1) Canada's Food Guide: <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php> (2) Canada's Food Guide servings are not equivalent to CCHS indicator times per day.

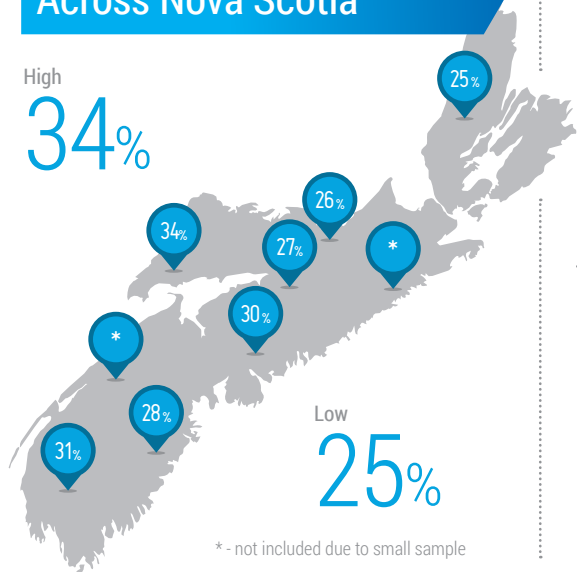
Heavy Drinking

(5 or more drinks on at least 1 occasion per month in the past year)

Compared to Canada



Across Nova Scotia



28%

Nova Scotians report heavy drinking.

⌚ There were no significant differences between 2007 and 2012

Canada's Low-Risk Alcohol Drinking Guidelines¹:

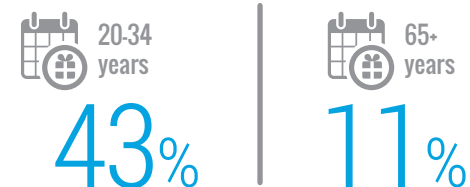
Females 0 to 2 drinks a day, up to 10 drinks per week
Males 0 to 3 drinks a day, up to 15 drinks per week

Heavy Drinking By Income:

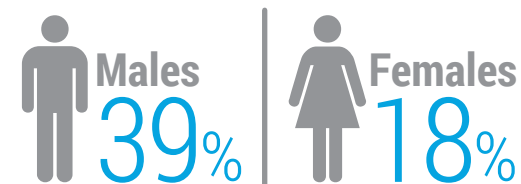
▮▮▮ There were no significant differences in heavy drinking by income levels.

Heavy Drinking By:

Age



By Sex



Education

▮▮▮ There were no significant differences in heavy drinking by education levels.

INDICATOR SOURCE: Canadian Community Health Survey (Provincial 'Share' file for NS), 2007-2012. Unless otherwise indicated, statistics presented are for 2011 and 2012 combined years.

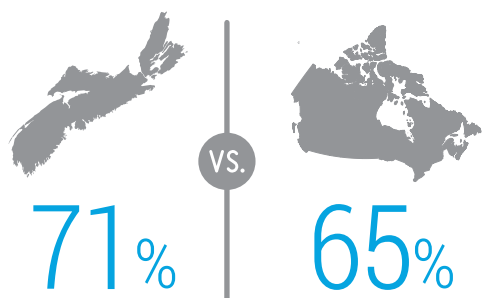
INDICATOR DESCRIPTION: Population aged 12 and over who reported having 5 or more drinks on one occasion, at least once a month in the past year.

Footnotes: (1) Canada's Low-Risk Alcohol Drinking Guidelines: <http://www.novascotia.ca/dhw/additions/alcohol-drinking-guidelines.asp>

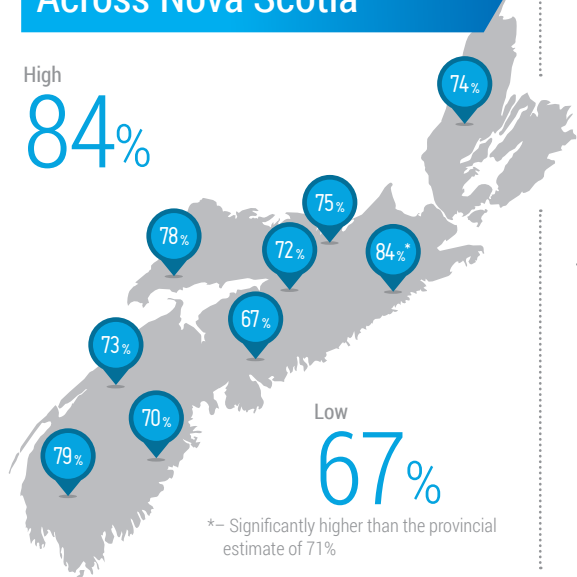
Sense of Belonging

(Somewhat or Very Strong)

Compared to Canada



Across Nova Scotia



71%

Nova Scotians report a sense of belonging to their local community as somewhat or very strong.



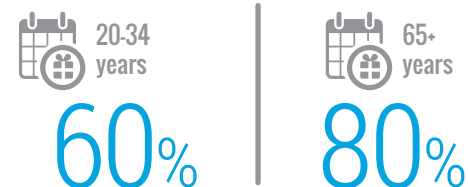
🕒 There were no significant differences between 2007 and 2012

Sense of Belonging By Income:

📊 There were no significant differences in sense of belonging by income levels.

Sense of Belonging By:

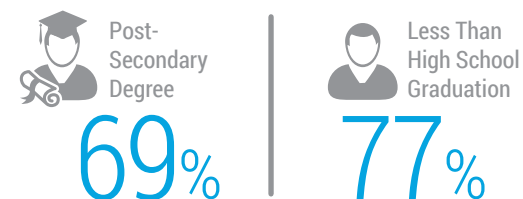
Age



By Sex

📊 There were no significant differences in sense of belonging by sex.

Education

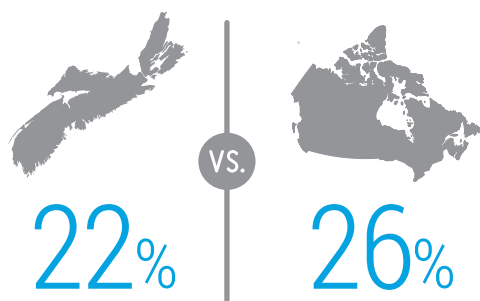



INDICATOR SOURCE: Canadian Community Health Survey (Provincial 'Share' file for NS), 2007-2012. Unless otherwise indicated, statistics presented are for 2011 and 2012 combined years.

INDICATOR DESCRIPTION: Population aged 12 and over who reported their sense of belonging to their local community as being very strong or somewhat strong.

Exclusive Breastfeeding at 6 months

Compared to Canada



 Breastfeeding is important for healthy growth and development and protects against certain infections (gastrointestinal, acute otitis media, respiratory tract), sudden infant death syndrome, and obesity.¹

The rate of exclusive breastfeeding at six months in Nova Scotia is:



 There were no significant differences between 2007 and 2012


Exclusive breastfeeding for the first six months of life is the recommended standard for infants.



Breastfeeding duration is an important population health indicator.

Understanding how long babies are breastfed is valuable for Public Health programming and is a requirement for achieving Baby Friendly Initiative² designation.

Currently, the only information source for exclusive breastfeeding at six months in Nova Scotia is the Canadian Community Health Survey (CCHS).

 The sample of Nova Scotians who responded to the breastfeeding questions in this survey is small therefore rates must be interpreted with caution.

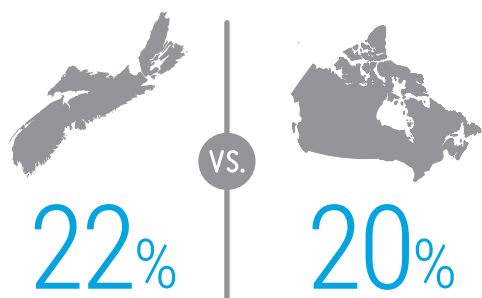
INDICATOR SOURCE: Canadian Community Health Survey (Provincial 'Share' file for NS), 2007-2012. Unless otherwise indicated, statistics presented are for 2011 and 2012 combined years

INDICATOR DESCRIPTION: This indicator is based on information provided by females aged 15 to 55 who had a baby in the last 5 years. Exclusive breastfeeding refers to an infant receiving only breast milk, without any additional liquid (even water) or solid food. **Footnotes:** (1) Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months. A joint statement of Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada. <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php#a4> (2) The Baby Friendly Initiative (BFI) is a worldwide program of the WHO and UNICEF that aims to implement practices that protect, promote and support breastfeeding.

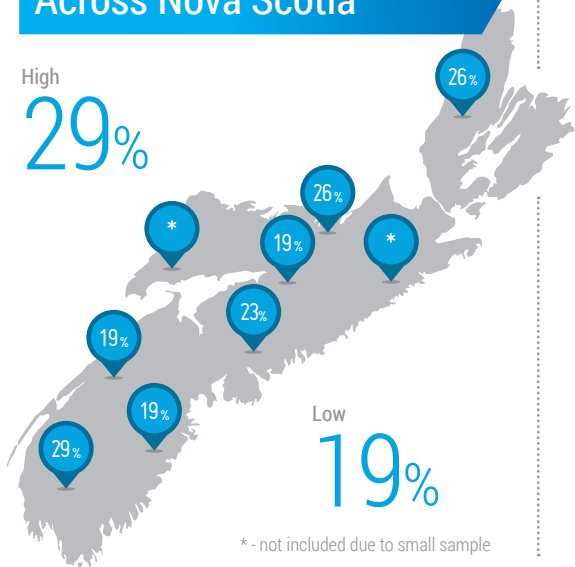
Smoking


(Daily or Occasional)

Compared to Canada



Across Nova Scotia



22% 

of Nova Scotians report daily or occasional smoking.

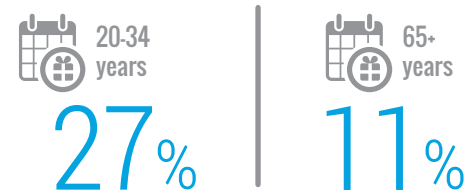
 There were no significant differences between 2007 and 2012

Smoking By Income:




Smoking By:


Age



By Sex

 There were no significant differences in smoking by sex.

Education

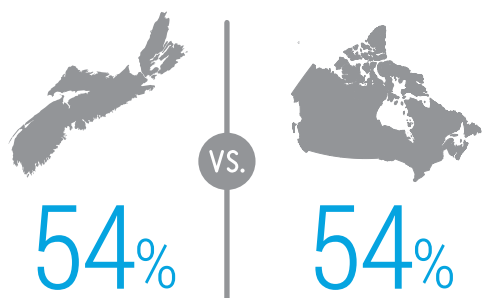
 There were no significant differences in smoking by education levels.

INDICATOR SOURCE: Canadian Community Health Survey (Provincial 'Share' file for NS), 2007-2012. Unless otherwise indicated, statistics presented are for 2011 and 2012 combined years.

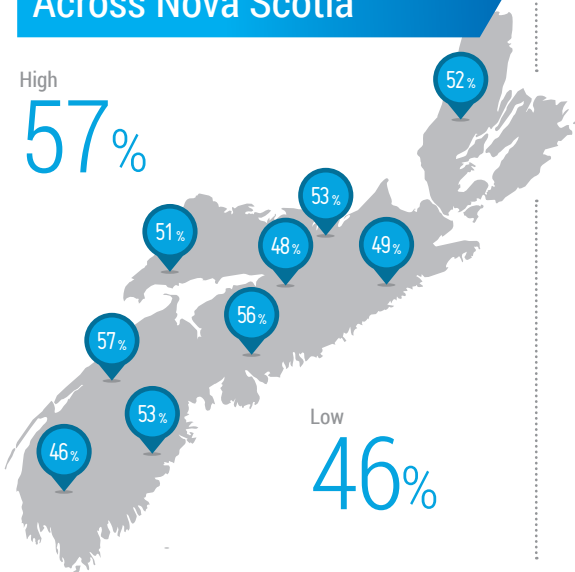
INDICATOR DESCRIPTION: Population aged 12 and over who reported smoking cigarettes every day or occasionally. Includes former daily smokers who now smoke occasionally. Does not take into account the number of cigarettes smoked.

Self-Reported Leisure-Time Physical Activity

Compared to Canada



Across Nova Scotia



54% of Nova Scotians are categorized as active or moderately active based on their self-reported participation in leisure-time physical activity.



⌚ Results in 2011/2012 were significantly higher than in 2007/2008



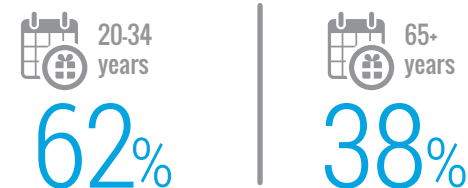
1. Self-reported and measured methods can produce different results¹
2. The estimate presented above does not measure the proportion of the population meeting the Canadian Physical Activity Guidelines. According to data for Canada, 22% of Canadians (ages 18-79) meet the guidelines for moderate-to-vigorous activity. Similar data is not available for Nova Scotia.²

Self-Reported Leisure-Time Physical Activity By Income:

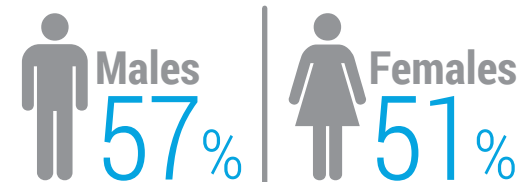


Physical Activity By:

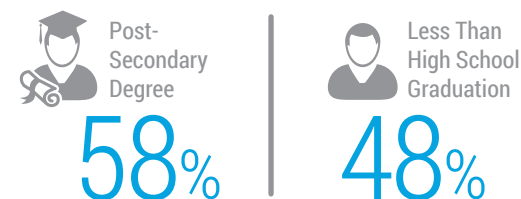
Age



By Sex



Education



INDICATOR SOURCE: Canadian Community Health Survey (Provincial 'Share' file for NS), 2007-2012. Unless otherwise indicated, statistics presented are for 2011 and 2012 combined years.

INDICATOR DESCRIPTION: Based on responses to questions about the nature, frequency and duration of participation in leisure-time physical activity, average daily energy expenditure is calculated and respondents (aged 12 and over) are classified as active or moderately active. **Footnotes: (1)** Statistics Canada Catalogue no. 82-003-X Health Reports Vol.25, no.7, pp 3-11, July 2014 **(2)** Statistics Canada, cansim table 117-0019

Housing Affordability

(Expenditure >30% Household Income on Shelter Costs)



Housing affordability is an indicator to estimate the proportion of the population experiencing financial strain due to shelter costs. Spending more than 30% of household income (particularly among those who rent their home) increases the risk of having inadequate income for necessities such as food, clothing, and transportation.¹

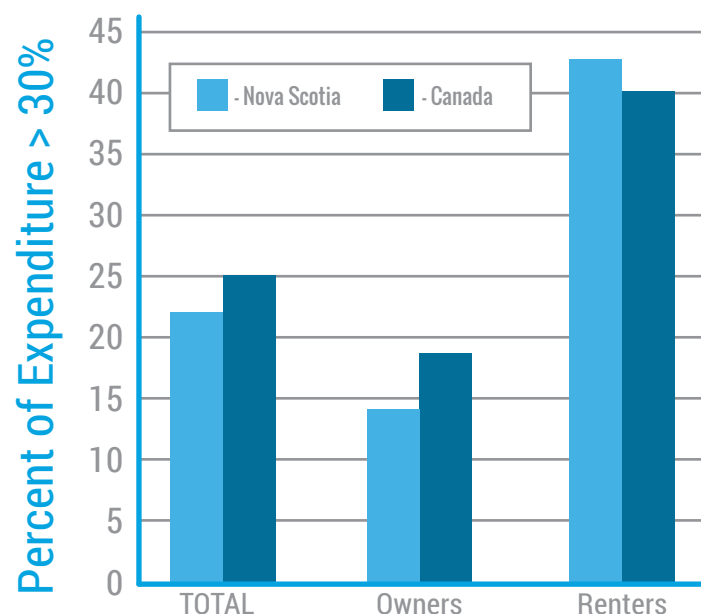
Renters & Owners

Among both renters and owners in Nova Scotia, 22% spend > 30% of household income on shelter costs.

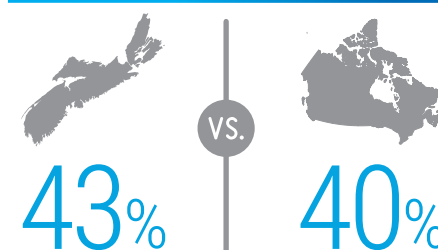
This is lower than the Canadian rate of 25%²

A much larger proportion of renters (43%) spend > 30% of household income on shelter costs than owners (15%).²

Expenditure >30% Household Income on Shelter Costs



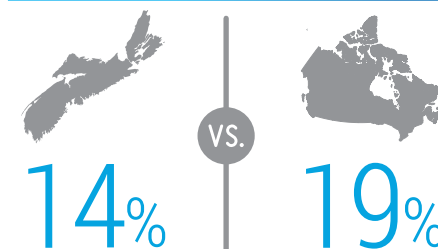
The proportion of **RENTERS** who spend > 30% of household income on shelter costs



The rate of home ownership in Nova Scotia in 2011 was 71%.

This is slightly higher than the Canadian rate of 69%.²

The proportion of **HOME OWNERS** who spend > 30% of household income on shelter costs



RENTERS

monthly shelter costs ~

\$771²

VS.

OWNERS

monthly shelter costs ~

\$876²

INDICATOR SOURCE: Statistics Canada, 2011 Census, National Household Survey (NHS). A comparison with the 2006 Census is not included because the 2006 Census long form estimates and the 2011 NHS estimates represent different populations. In 2006 usual residents in collective dwellings and persons living abroad were included, but they were excluded in 2011. Also, the NHS estimates are derived from a voluntary survey and subject to potentially higher non-response error than the 2006 Census long form estimates. **INDICATOR DESCRIPTION:** Proportion that spend 30% or more of total household income on shelter costs. Shelter costs include electricity, heat, water and other municipal services, monthly mortgage payments, property taxes, condominium fees, and rent. Farm and on-reserve households are not included.

Footnotes: (1) <http://www.statcan.gc.ca/pub/82-229-x/2009001/envir/hax-eng.htm> (2) <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/fogs-spg/Pages/FOG.cfm?lang=E&level=2&GeoCode=12>