

**Lunenburg County Community Health
Board**

Community Profile Update

November 2006

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Community Profile – 2006, Lunenburg County

The following summary is a highlight of the Health Status of Lunenburg County (or Nova Scotia when local data is not available).

Demographics

Population Size:

South Shore Health has a population size of approximately 60,507. Lunenburg County comprises about 81% of that total while Queens County represents the other 19%.

	Total	Male	Female
Lunenburg	48,768	24,427	24,341
Queens County	11,739	5,773	5,966

(Source: Community Counts, 2004 data)

Over the eight years between 1996 and 2004, the population size remained stable in Lunenburg County. This trend was in keeping with the overall population size of the province. (Community Counts, 1996 – 2004 data)

Age Distribution:

Lunenburg County has a significantly higher “older” population compared to provincial and national rates.

Population by Age, Reported in Percentages - 2001

	Lunenburg County	Queens County	NS	Canada
0-19	22.4%	22%	25%	25.9%
20-44	31.8	31.3	35.7	36.8
45-64	28.2	28.5	25.4	24.3
65+	17.7	18.1	14.0	12.9

(Community Counts 2001)

Population Estimates by Age - 2004

	Lunenburg County	NS
0-19	20.0	23.5
20-44	31.8	35.3
45-64	31.0	27.3
65+	18.0	14.1

(Community Counts 2004)

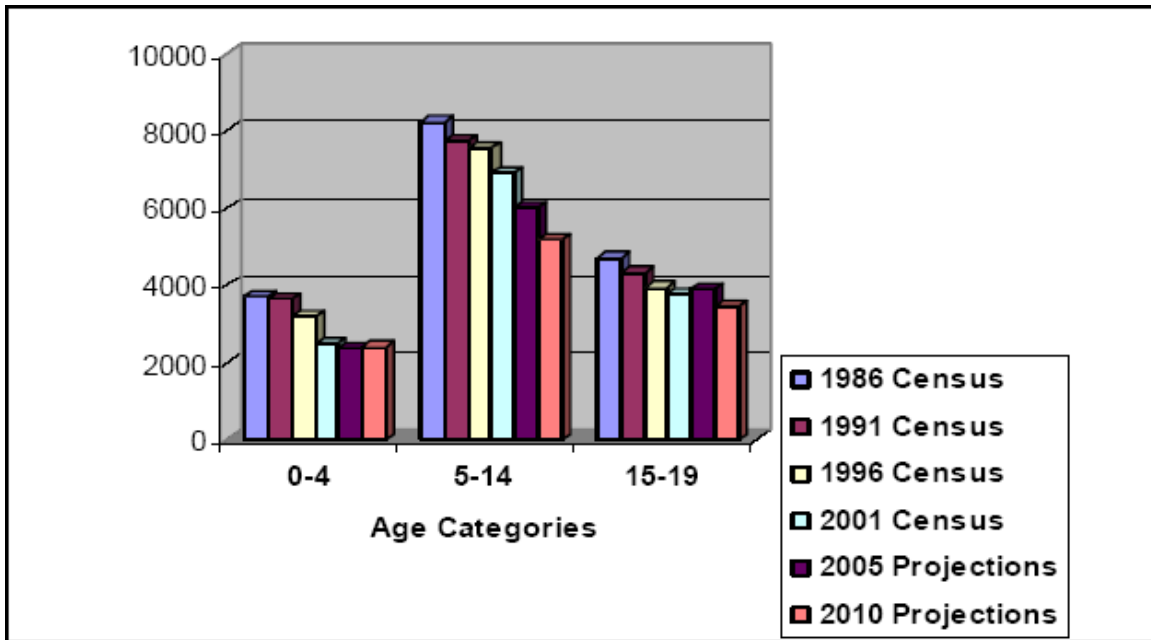
Population Trends by Age Category, Lunenburg and Queens Counties

“Population forecasts to the years 2010 show decreasing numbers of children and child bearing populations up until the age of 45 onward in Lunenburg and Queens Counties. There is a distinct shift to increasing numbers in our senior population in all age categories.” (South Shore Health Annual Report Card, 2004-2005)

More than 700 people turn 65 in Nova Scotia each month. The population of seniors in Nova Scotia will double within the next two decades. In some of our rural towns, seniors already account for more than 30 percent of the population.

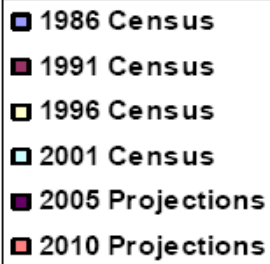
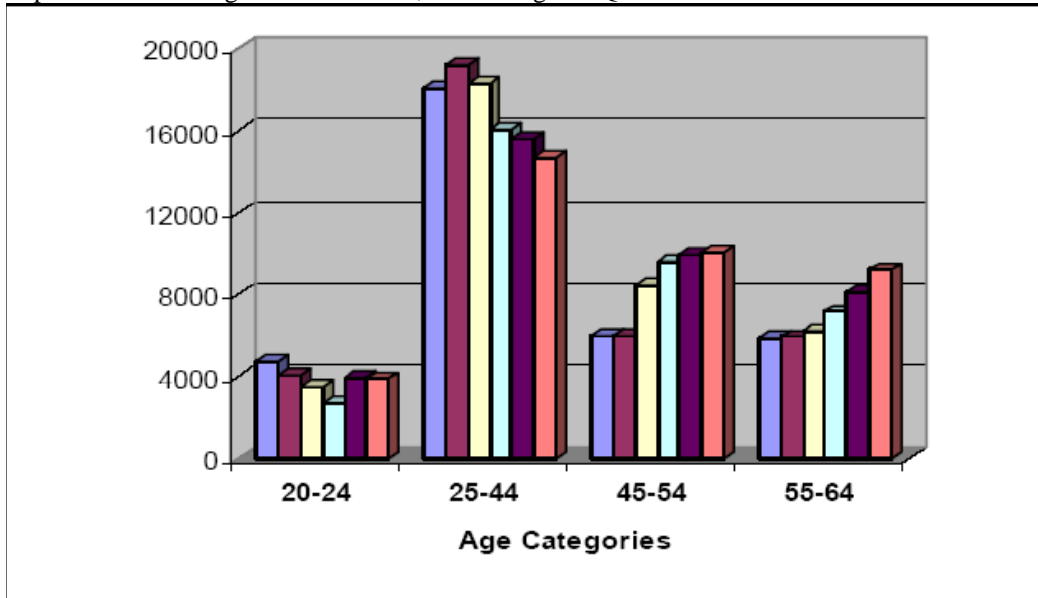
“Individuals aged 85 and over are the fastest growing segment of the overall senior population.” (Shaping our Future, Sept. 2003)

Population Trend: Ages 0-19 Years, Lunenburg and Queens Counties



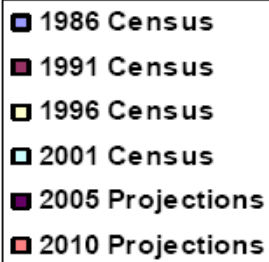
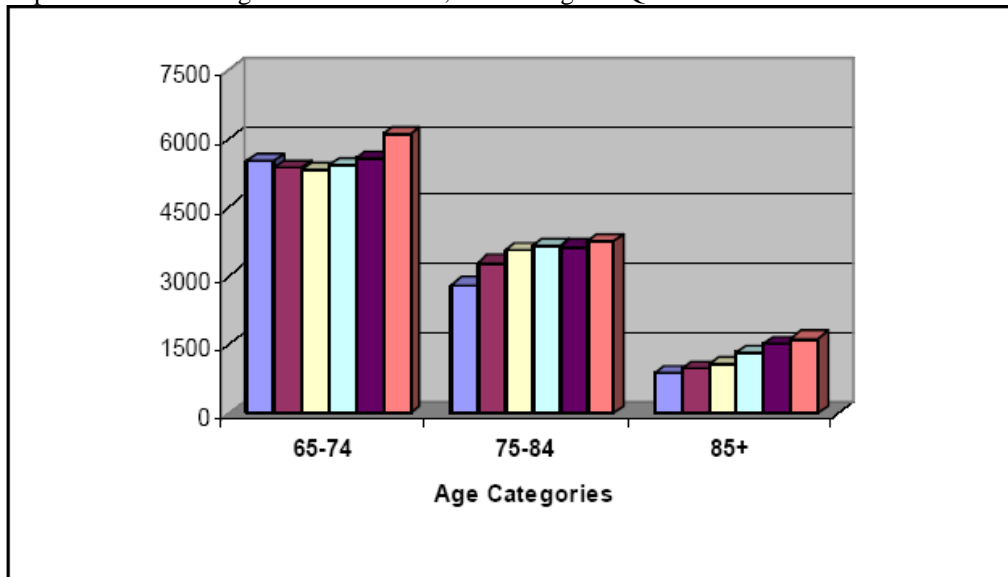
Source: South Shore Health Annual Report Card 2004-2005

Population Trend: Ages 20 – 64 Years, Lunenburg and Queens Counties



Source: South Shore Health Annual Report Card 2004-2005

Population Trend – Ages 65 – 85+ Years, Lunenburg and Queens Counties



Source: South Shore Health Annual Report Card 2004-2005

Family Characteristics:

In Nova Scotia, family structure has shifted from the traditional larger married families to smaller married families and an increase in both common-law and lone-parent families.

A similar trend has taken place in Lunenburg County:

- From 1996 - 2001, for Lunenburg County, total census families increased by 7.2%.
- Married families declined by 1.5% while common law families increased 50.4%.
- **The number of lone-parent families increased 38.0%.**
- Lone female parent families were 10% of all families while lone male parents were 3% of all families.

Characteristics of Families, 2001

	Lunenburg	NS
# of families	14,800	262,905
# of married couple	10,995 (74%)	188,805 (72%)
# of common law	1,945 (13%)	29,965 (11%)
# of lone parent - female	1,455 (10%)	36,695 (14%)
# of lone parent - male	405 (3%)	7440 (3%)

(Statistics Canada, 2001 Census)

Population Density:

Lunenburg County's population is comparable to the Province overall in terms of population density. Lunenburg County is significantly more densely populated than Queens County.

	Queens	Lunenburg	NS
Area (square kilometers)	2,392.36	2,907.95	52,917.43
Population	11,739	48,768	936,960
Population Density	4.9	16.8	17.7

(Statistics Canada, 2001 Census)

Education/Literacy**Educational Attainment**

Education is related to employment and income which are important indicators of the health of a community. Those with higher literacy proficiency, for example, have a greater chance of being employed.

70% of Canadian jobs require college-level skills. As the Table below indicates, only **45.2%** of adults in Lunenburg County have achieved this level of education. Even so, residents of the County compare favorably to the province as a whole, with more education on average than other residents of the province.

Level of Educational Attainment, Lunenburg and Queens Counties

	Less Than High School	High School Graduate	Some Post Secondary	Post Secondary and University Graduates
Lunenburg Co	37.4	9.7	7.7	45.2
Queens County	42.7	11	8	38.4
Nova Scotia	38.5	10	7.8	43.8

(Rates are percentages of regional populations)

(Community Counts, 2001 Census)

Literacy

Literacy is defined as the "ability to use printed information to function in society, at work and in the family".

There are no statistics available specifically for residents of Lunenburg County – the following apply to residents of the entire province.

- **39%** of Nova Scotians have difficult reading, writing and understanding written information
- **50%** have poor numeracy skills
- **80%** of seniors in Nova Scotia have literacy skills that do not allow them to cope with the demands of everyday work
- **50%** of the people living in poverty in Nova Scotia have low literacy levels. They are 2.5 times more likely to receive social assistance.

(Source: ABC Canada, 2005)

The Social Cost of Low Literacy:

A **1%** gain in the average literacy/numeracy skill level in Canada would create a permanent increase of **1.5%** per capita in GDP, equal to **\$18.4 billion a year**. (Source: Organization for Economic Cooperation and Development, Stats Canada, 2004)

Employment

Unemployment Rates

Employment is an important indicator when looking at the health of a community. In 2001, Lunenburg County had a lower unemployment rate than the province overall, though a higher rate than Canada. Rates of unemployment were similar for men and women in the County.

Unemployment by County, 2001

	Unemployment Rates	Male	Female
Lunenburg Co.	9.5	9.4	9.6
Queens County	11.3	9.3	13.9
Nova Scotia	10.9	11.3	10.4
Canada	7.4	7.6	7.2

(Statistics Canada, 2001 Census)

Annual statistics on employment are collected by the Nova Scotia Department of Finance for “economic regions”. The South Shore Economic Region represents – Lunenburg, Queens, Shelburne, Yarmouth and Digby counties.

Unemployment on the South Shore, 2005

	Unemployment Rates
South Shore	10.8
Nova Scotia	7.4
Canada	6.8

(NS Department of Finance, August 2005)

Nova Scotia has a higher unemployment rate than the national average, and there continues to be inter-provincial out-migration related to employment opportunities in other provinces (*Nova Scotia Labor Market Review, Nova Scotia Dept. of Education, 2006, p. 8*). The province of Alberta, with unemployment of only 3.9%, continues to draw Nova Scotians looking for work.

Income

Income and social status are more important than any other single factor affecting our health. People at each step on the income scale are healthier than the people on the step below.

Average income in Lunenburg County in 2001 was slightly higher than the provincial average in that year. More significant, however, is the trend in earnings based on gender.

Variations in Income Due to Gender

Women in Lunenburg County have significantly lower income than in the province as a whole. There is also a greater disparity between the earnings of men and women in Lunenburg County than in Nova Scotia overall.

Average Income for Individuals, 2001

	Ind. Income	Female	Male
Lunenburg County	24,960	16,869	31,696
Queens County	24,170	14,823	31,299
Nova Scotia	26,632	20,338	32,328

(Statistics Canada, 2001 Census)

Variations in Income Due to Community of Residence

There are also significant variations in income depending on community of residence within Lunenburg County. The table below shows difference in income levels for families living in town areas compared with rural areas.

Median Income per Family, Selected Communities, 2001

	Median Income for Families
Town of Bridgewater	\$44,639
New Germany	\$35,507
Broad Cove	\$35,024
New Ross	\$35,242
Town of Lunenburg	\$44,295
Nova Scotia	\$46,523
Canada	\$55,016

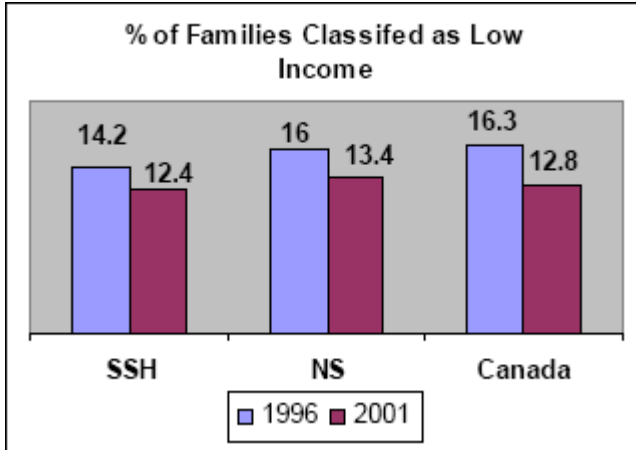
(Community County)

Average Income for Families

As indicated above, the number of lone-parent families increased by 38% in Lunenburg County between 1996 and 2001. This is significant, as the majority of lone-parent families are headed by women, and women tend to have lower incomes.

- Average income of lone-parent families in 2001: \$28,303
- Average income of families headed by a couple: \$53,719

On a positive note, however, for the South Shore as a whole, there were fewer families in the low income bracket in 2001 than five years earlier in 1996, as indicated in the table below.



Source: South Shore Health Annual Report Card 2004-2005

Healthy Childhood Development

Breastfeeding

Rates of breastfeeding in Lunenburg County are lower than the provincial rates and significantly lower than breastfeeding rates in other parts of Canada.

In 2004-2005, **59.9%** of women who gave birth on the South Shore were breastfeeding their babies when they left hospital to go home. In comparison, across Nova Scotia, **68%** of women were breastfeeding their babies at time of discharge. (South Shore Annual Report Card, 2004-2005).

In comparison to other provinces, however, Nova Scotia has **one of the lowest rates of breastfeeding. In Nova Scotia, only 22% of four-month-old babies are breastfed.** (Canadian Community Health Survey, 2003)

Birth Weights

Low birth weights (under 2,500 grams) are an indicator for increase risk of developmental problems. Low birth weights are more prevalent in mothers who are unhealthy or are living in poor economic circumstances. The chart below represents the percentage of low birth weights in South Shore Health.

Age of Mother	Percentage of Low Birth Weights
Under 20	5.15%
20-34	5.10%
35 and Over	8.80%

(South Shore district Health Authority, Shaping Our Future, 2003)

Culture

Ethnoculture

Approximately 500 residents of the County identify themselves as being of Aboriginal descent. This represents just one percent of the county's population, a smaller proportion than in Queens County or the province as a whole. Lunenburg County contains one native reserve, the Gold River Community.

Residents of Aboriginal Identify, South Shore, 2001

	Total Respondents	Aboriginal Identity	%
Lunenburg County	47,005	500	1
Queens County	11,585	480	4
Nova Scotia	897,570	17,010	2

(Statistics Canada Census Data, 2001)

Visible Minorities, South Shore, 2001

	Total Respondents	Visible Minority	%
Lunenburg County	47,010	435	1
Queens County	11,585	235	2
Nova Scotia	897,570	35,425	4

(Statistics Canada Census Data, 2001)

Lunenburg County has a lower rate of identified visibly minorities then Nova Scotia overall. Visible minorities include: Chinese, South Asian, Black, Filipino, Latin American, Southeast Asian, Arab, West Asian, Korean, and Japanese.

Language

Lunenburg County is primarily an English speaking population.

	English Only	French Only	English & French	Other
Lunenburg County	45,855 (97.5%)	480 (1%)	35 (<0.1%)	640 (1.4%)
Queens County	11,380 (98.2%)	55 (0.5%)	15 (0.1%)	135 (1.2%)
Nova Scotia	832,655 (92.7%)	34,025 (4%)	2,560 (0.3%)	28,330 (3%)

(Statistics Canada Census Data, 2001)

Health Status

Lunenburg County has fewer births and more deaths per thousand than Nova Scotia as a whole. In spite of this trend, however, population has remained relatively stable in the County, indicating a net increase in immigration.

In 2004, there were three still births in Lunenburg County.

Rates of Births and Deaths, Lunenburg and Queens Counties, 2004

	Live Births(*)	Still Births (**)	Deaths (*)	Deaths Under 1 Year (**)
Queens County	85 (7.2)	0 (0)	159 (13.5)	0 (0)
Lunenburg County	350 (7.2)	3 (8.6)	508 (10.4)	2 (5.7)
Nova Scotia	8,638 (9.2)	76 (8.8)	8,168 (8.7)	38 (4.4)

(* per 1,000 estimated population)

(** per 1,000 births)

(Service Nova Scotia and Municipal Relations, Nova Scotia Annual Report: Vital Statistics 2004)

Housing/Physical Environment

Housing

	% Residents Requiring Repairs to Homes	% Residents with Rent Stress	% Residents with Mortgage Stress
Lunenburg Co.	11.7	49.9	12.8
NS	10.8	45.5	13.6
Canada	8.2	39.6	16

Source: Statistics Canada 2001

Approximately 11.7% of Lunenburg County homeowners reported their homes were in need of major repair as of the 2001 Census. This rate is marginally higher than the provincial average.

In order to have adequate finances for nutritious food, clothing, bills, transportation, etc. it is recommended that no more than 30% of a household income is spent on housing. "Rental Stress" and "Mortgage Stress" are defined as spending more than 30% of income on housing.

The above table shows that more residents of Lunenburg County experienced rental stress in 2001 than in the province as a whole. However, in mortgage stress, County residents fared slightly better than in Nova Scotia overall.

Water Quality

Approximately, 46% of Nova Scotia homes draw their water from private wells. Wells can be contaminated through human causes such as the use for chemicals, problems with septic systems, farm run-offs, road salt, etc. Wells can also be contaminated through natural causes (Coastal Communities Network & Atlantic Health Promotion Research Centre, Dalhousie University, 2003).

South Shore Health is located in an area where wells are susceptible to high levels of arsenic which pose a health risk if ingested in large concentrations.

Chlorinated water is susceptible to high concentrations of Trihalomethanes (THMs) which is a product of chlorine reacting with organic material in the water. Mahone Bay in Lunenburg County and Liverpool in Queens County have reported consistently high levels of THMs.

Chronic Disease

Chronic Diseases account for nearly three quarters of all deaths in Nova Scotia.

Cancer

Cancer is the second most common cause of death in Nova Scotia and the South Shore. The cancer rates on the South Shore are high but correspond to provincial averages with the exception of Colorectal Cancer. There is a significantly higher portion of both men and women on the South Shore developing this form of cancer compared to the rest of the province.

Females	Breast	Colorectal	Lung	All Sites
South Shore	102.8	76.6	41.9	358.7
Nova Scotia	102.4	53.6	49.9	373.3

(rates per 100,000)

(Nova Scotia Department of Health Annual Statistical Report, 2004-2005)

Males	Prostate	Colorectal	Lung	All Sites
South Shore	157.2	109.7	72.7	572.7
Nova Scotia	141.7	77.9	84.8	520.9

(rates per 100,000)

(Nova Scotia Department of Health Annual Statistical Report, 2004-2005)

Deaths (from all cancers)	Female	Male
South Shore	152.4	234.6
Nova Scotia	159.6	240.4

(rates per 100,000)

(Nova Scotia Department of Health Annual Statistical Report, 2004-2005)

Diabetes

According to the Nova Scotia Diabetes Centre (2005), South Shore Health had the highest referral rates of newly diagnosed individuals with diabetes in 2003-2005. At a rate of 7.7 per 1,000, South Shore Health exceeds the provincial rate of 4.8 as well as being higher than all other District Health Authorities.

In 2000/2001, 6.1% of people in South Shore Health reported having Diabetes. This is above the Provincial average of 5.2% and well above the National average of 4.1% (Shaping our Future, 2003).

Arthritis

Arthritis is among the top three most common chronic diseases in Canada and has an estimated cost of \$4.4 billion each year. Nova Scotia has the highest rates of Arthritis and Rheumatism in Canada with 23.3% of people being afflicted (The Arthritis Society, 2006).

Cardiovascular Disease

Cardiovascular Disease (heart disease, stroke, atherosclerosis) is the number one cause of death in South Shore Health and Nova Scotia. It accounts for 36% of all deaths each year in the Province. Nova Scotia

rates second for the highest rates of Cardiovascular Disease in the Country (South Shore District Health Authority, Shaping our Future, 2003).

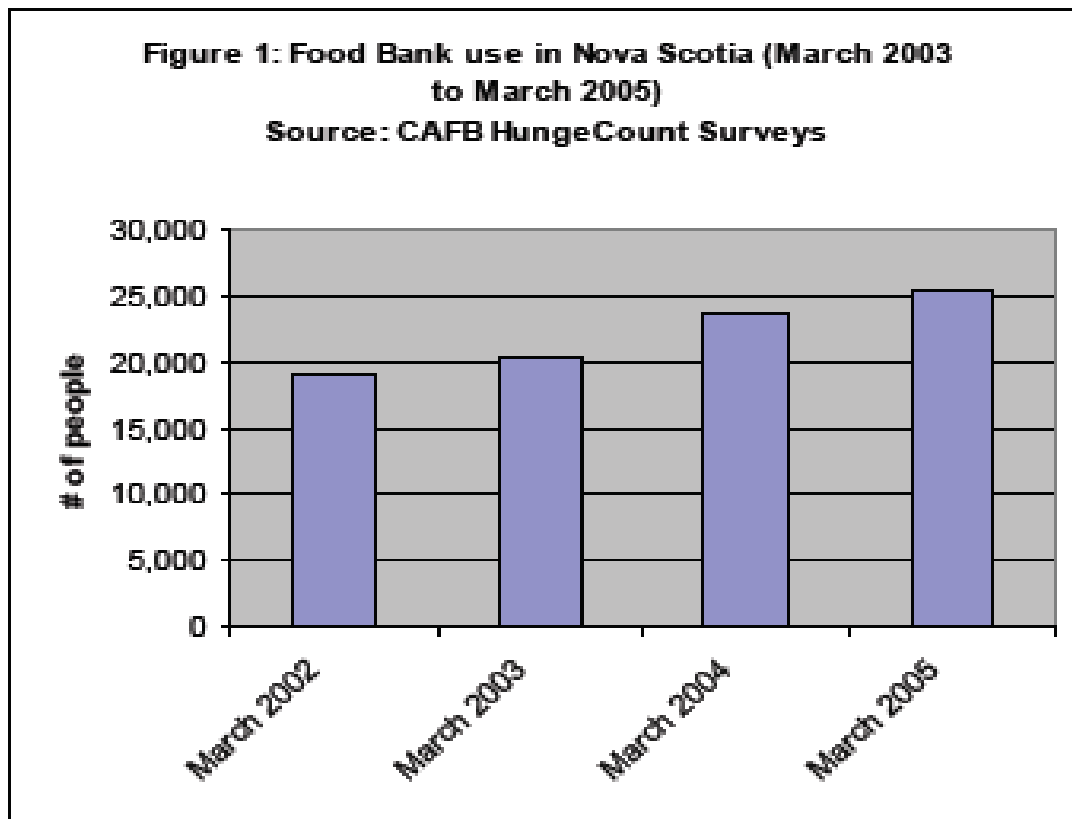
Chest pains was the number one reason why patients presented themselves at the Emergency Room at South Shore Regional during the 2001/2002 fiscal year (South Shore District Health Authority, Health Status and Chronic Disease Profile, 2002).

Food Security

According to the Nova Scotia Nutrition Council, it costs a family of four on the South Shore approximately \$607.92 per month to purchase a nutritious diet. For those receiving income assistance, or for many working at minimum wage jobs, this cost is often out of reach. (Source: Nova Scotia Nutrition Council, 2004/2005)

Information Regarding Food Banks in Nova Scotia

- Total number of people using food banks in March 2005 – 25,453 (does not include people receiving food from shelters, meal programs and drop-in centres)
- This is an increase of 7.6% from 2004
- Percentage of working poor – 7.5% - third largest recipient group
- Percentage of person with disabilities – 11% - second largest recipient group
- Percentage of people on income assistance – 62% - largest recipient group
- Approximately 2/3 of food bank recipients are a combination of single people (31%) and single parents (34%)



Injury Prevention

Across Nova Scotia, the three leading external causes of death due to injury are suicide (14.9/100,000), motor vehicle collisions (13.6) and falls (10.5). (Source: Comprehensive Report on Injuries in Nova Scotia)

South Shore District Health Authority shows mortality rates exceeding the Provincial rates for deaths due to all types of accidents and suicide. Lunenburg County residents show variance rates well above the Nova Scotia averages while in contrast, Queens County residents show death rates well below in all categories. (Source: Nova Scotia Mortality Rate Report, NS Dept. of Health, 2002)

Lunenburg County residents show a variance in deaths due to motor vehicle accidents at 42.2% higher than the provincial rate. Queens County residents are below the provincial rate -23.1%.

According to the Nova Scotia Student Drug Use 2002 Survey, “youth represent the subgroup of the population most at risk of motor vehicle collisions resulting in death or injury. In 2002, 15% and 26% of Nova Scotia students with a drivers license drove a motor vehicle within an hour of having used alcohol or cannabis respectively.

Deaths due to suicide were 20% higher in 2002 than the provincial rate for the South Shore District. The rate for Lunenburg County was highest, with a County variance rate of 29.7%. (Source: Health Status and Chronic Disease Profile, SSDHA, 2002)

Health Services

Waiting Times

A survey conducted by Statistics Canada in 2003 and again in 2005 looked at access to three types of care: visits to specialists, non-emergency surgeries, and diagnostic tests. The results for Nova Scotia are shown below, compared to selected provinces as well as Canada overall.

Percentage of Canadians Who Considered Waiting Time for Services Unacceptable

	Specialist Visits	Non-emergency surgeries	Diagnostic Tests
Nova Scotia	29	19	21
Canada	29	17	21

Note: Household population aged 15 and older. Based on population accessing services in the last 12 months.

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

Median Waiting Time for Non-Emergency Surgeries, Selected Provinces

Province	Wait Time in Weeks, 2003	Wait Time in Weeks, 2005
New Brunswick	4.3	4.3
Nova Scotia	4.3*	4.3
Quebec	8.6	4.3*
Ontario	4.3	4.3
Alberta	4.0	4.3*
Canada	4.3	4.3

*Results must be used with caution due to statistical sampling
Household population aged 15 and over. Reported waiting times for services accessed in the last 12 months.

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

Median Waiting Time for Specialist Visits, New Illness or Condition, Selected Provinces

Province	Wait Time in Weeks, 2003	Wait Time in Weeks, 2005
New Brunswick	4.3	4.3
Nova Scotia	4.3	4.0
Quebec	3.0*	3.0
Ontario	4.3	4.3
Alberta	3.0*	4.3*
Canada	4.0	4.3

*Results must be used with caution due to statistical sampling
Household population aged 15 and over. Reported waiting times for services accessed in the last 12 months.

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

Median Waiting Time for Diagnostic Tests, Selected Provinces

Province	Wait Time in Weeks, 2003	Wait Time in Weeks, 2005
New Brunswick	2.0*	3.0*
Nova Scotia	2.0*	2.0*
Quebec	2.0*	2.0*
Ontario	3.0	3.0
Alberta	3.0*	2.0
Canada	3.0	3.0

*Results must be used with caution due to statistical sampling
Household population aged 15 and over. Reported waiting times for services accessed in the last 12 months.

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

Physician Allocation

The table below indicates physicians, including specialists, by District Health Authority as of November 2005. Health care professionals per population is used as an indicator of relative access to the health care system. The number of doctors is highest in the Capital district, reflecting the majority of tertiary care specialists found here. The lowest number of physicians per 10,000 population occurs in the southwest part of the province (Shelburne, Yarmouth, Claire, Digby Counties). **South Shore Health is shown as having between 19 and 30.9 physicians per 10,000 population.**

The figures below are simply a “head count” of physicians, not accounting for part-time practices or other factors affecting availability.

Physicians per 10,000 Population

Physicians Per 10,000 Population	District Health Authority
0 to 14.9	South West, Colchester
15 to 16.9	Pictou
17 to 18.9	Valley, Guysborough/Antigonish
19 to 30.9	South Shore, Cumberland, Cape Breton, Capital

Source: Statistics Canada, Nova Scotia Department of Health, Annual Report 2004/2005

Allocation of Nurses in the Province

Registered Nurses per 10,000 Population

Nurses Per 10,000 Population	District Health Authority
0 to 59.9	Colchester
60 to 79.9	South Shore , South West, Valley, Cumberland, Pictou, Guysborough/Antigonish, Cape Breton
80 to 99.9	
100 to 119.9	Capital

Source: Statistics Canada, Nova Scotia Department of Health, Annual Report 2004/2005

Once again, in the table above, the highest number of registered nurses per capita is found in Capital District. The lowest number occurs in Colchester East Hants (DHA 4). **South Shore Health shows an allocation of nurses in the range of 60 to 79.9 per 10,000 population.**

Mental Health

Mental illness within the population appears to be greatly influenced by socio-economic factors such as income, workplace, physical environment, parental health status, educational achievement, disability, personal coping skills, lifestyle and social support. For example, children with a parent experiencing a mental health problem are more likely to have poor social skills, fewer friends, poorer school performance, participate in fewer organized community activities and consume a greater number of health services. (Source: Health Status and Chronic Disease Profile, South Shore Health, Nov. 2002)

An estimated 15% of the population suffers from the three most common mental illnesses – Mood Disorders, Schizophrenia, and Anxiety Disorders. Of these diagnoses, the largest proportion – almost 10% of the population - suffer from anxiety. (Source: Health Status and Chronic Disease Profile)

Addictions:

Clients Seeking Help – Addictions Services

The table below depicts clients seeking help, and the reason for help sought, from Addictions Services for South Shore Health in 2001.

Utilization of Addictions Services, South Shore Health, 2001

	Substance Abuse	Gambling Only	Substance and Gambling	Other's Dependency	Total
Patients	617	25	40	96	778
Percent	79.3%	3.21%	5.14%	12.34%	100%

Source: Addictions Services Statistical Information System, 2001

Alcohol

Liquor Sales are a reliable indicator of consumption. The level of consumption correlates with the prevalence of alcohol-related problems and in turn the need for intervention. (Source: Shaping Our Future, p. 19)

	Liquor Sales 2001/2002	Per Capita* 2001/2002	Liquor Sales 2004/2005	Per Capita* 2004/2005
Lunenburg	\$16,813,711	\$420	\$18,651,178	\$465
Queens	\$4,424,530	\$449	\$4,640,706	\$471
Nova Scotia	\$391,400,000	\$526	\$439,500,000	\$591

*Ages 15 and over

One in five Nova Scotians who drink alcohol put themselves at risk. A recent report indicates that 74-81 per cent of Nova Scotians drink alcohol. Of these, about 117,000, or one in five drinkers, engage in drinking that creates risks for themselves or others. Heavy drinking means consuming five or more drinks for males and four or more drinks for females, on one occasion, and poses a high risk of health and social problems.

In Nova Scotia, the social cost of irresponsible drinking is estimated at \$418,000,000 annually. This cost far exceeds the government revenues generated from liquor sales in the province. (Source: Alcohol Indicators Report, 2005, NS Dept. of Health Promotion)

Gambling

Estimates of Prevalence of Problem Gambling – Western Nova Scotia, 2003

County	At Risk Gamblers	Severe and Moderate Problem Gamblers	Total Gamblers with harmful involvement	Family and Friends Affected	Total Adults Affected Directly or Indirectly by Gambling Problems
Kings	2168	948	3117	9480	12597
Annapolis	822	360	1182	3600	4782
Digby	745	326	1071	3260	4331
Yarmouth	997	436	1433	4360	5793
Shelburne	603	263	867	2630	3497
Queens	448	196	645	1960	2605
Lunenburg	1840	805	2645	8050	10695
Total for Western Nova Scotia	7623	3334	11020	33340	44300

Note that the above figures do not consider children affected by an adult's gambling.

(Source – 2003 prevalence study, Nova Scotia Government, Office of Health Promotion, released August 2004)

Smoking:

Percent of People Who Smoke in Nova Scotia

Age Group	2000	2004	2005	2005- Canada
15-19 years	25%	20%	13%	18%
20-24 years	37%	33%	27%	26%
25+	30%	19%	21%	18%

Source: Canadian Tobacco Use Monitoring Survey, 2005, Health Canada.

Youth and Addictions

In 2002, alcohol, cannabis and tobacco were the drugs most commonly used by adolescent students in Nova Scotia. **About half of students consumed alcohol and more than one third used cannabis** in the 12 months before the survey. (Source: *Nova Scotia Student Drug Use 2002*).

Although the consumption of alcohol decreased between 1998 and 2002 among teens, high-risk alcohol consumption patterns, such as drinking to the point of drunkenness, was reported by 28% of teens in 2002. (Source: *Nova Scotia Student Drug Use 2002*)

Any substance use in the year before the survey, as a percentages of all students, 2002	
Any use of...	% of all students surveyed
Alcohol	51.7
Cannabis	36.5
Mescaline	12.2
Non-medical amphetamines	9.3
Non-medical use of Ritalin	7.5
LSD	5.5
Other illicit drugs	25.4

Source: Health Status and Chronic Disease Profile, SSDHA, 2002

Personal Health Practices

Level of Physical Activity:

% of the Population, Age 12 Years and Older, Active or Moderately Active

	2001	2005
Southwest Region (Zone 1)	64.5	54.1
Nova Scotia	55.1	49.6

Source: Canadian Community Health Survey, 2001, 2005

Percent of Children Achieving Recommended Levels of Activity, Nova Scotia, 2002

	Males	Females
Grade 3	90%	90%
Grade 7	62%	44%
Grade 11	12.6%	6.9%

Source: Shaping Our Future, September 2003, p. 17

Nutrition and Diet:

In Lunenburg County, 62% percent of adults, and 27% of teens were overweight or obese in 2005. These rates are higher than those in the rest of the province or the country overall. Rates of physical activity in teens and adults are low, as are rates of consumption of fruit and vegetables.

Fruit/Vegetable Consumption, Ages 12 Years and Older, 2003

	Below Requirement	Met Requirement	Over Requirement
South Shore Health	75%	23%	N/A
Nova Scotia	66.7%	30.6%	2.7%

Source: Canadian Community Health Survey, 2003

Adult Body Mass Index, Ages 18 and Over, 2005

	% Overweight	% Obese	Total
South Shore Health	37.7	24.8	62.5
Nova Scotia	35.8	20.7	56.5
Canada	33.4	15.5	48.9

Source: Canadian Community Health Survey, 2005

Youth Body Mass Index, Ages 12 – 17, 2005

	% Overweight or Obese
South Shore Health	27.1
Nova Scotia	22.5
Canada	17.9

Source: Canadian Community Health Survey, 2005

Childhood obesity is dramatically increasing. Here are some facts:

- Prevalence of obesity in Canada has tripled in the past decades
- Boys are faring worse nutritionally than girls.
- Children living in low-income families are more likely to be overweight or obese
- Obese and overweight children are much more likely to become obese in adulthood
- Rates of physical activity tend to decrease as children becomes teens.

Source: Breakfast for Learning Report, 2006

Pap Test Screening

South Shore Health compares favorably with the entire province in rates of Pap test screening, as indicated below.

Percentage of women of screened annually, aged 15+

	SSDHA	Nova Scotia
2000	44.5%	42.2%
2001	44.0%	42.5%
2002	43.3%	42.5%
2003	43.5%	41.7%
2004	45.0%	41.8%

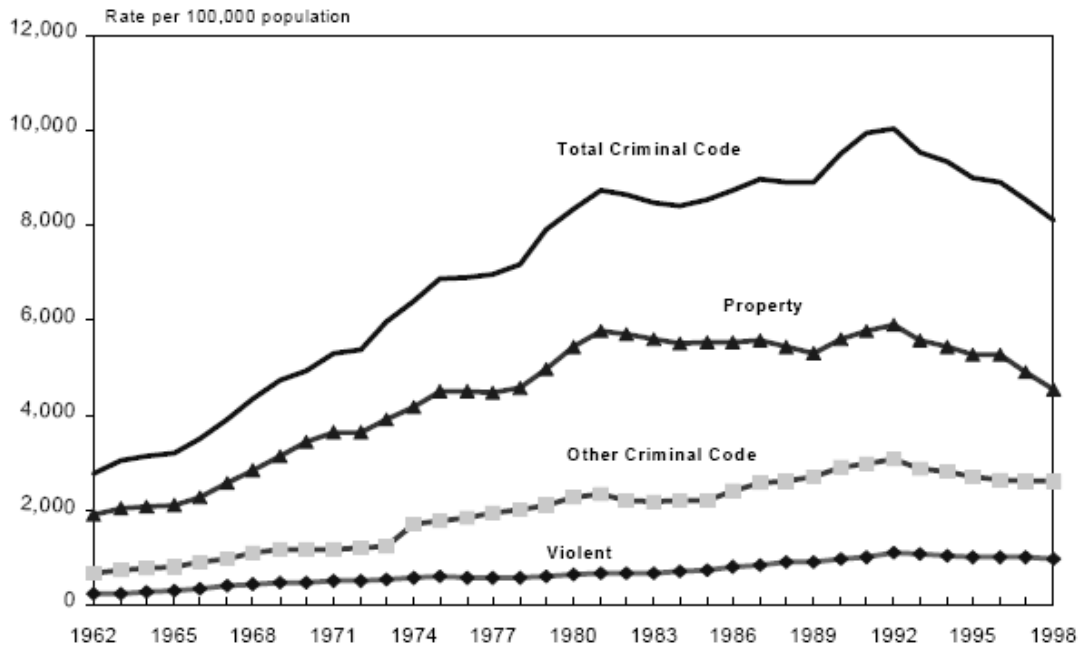
(Canadian Cancer Prevention Program, 2005)

Youth Sexual Health

Teen age pregnancy rates among women aged 15-19 years old are approximately 2.5% in the South Shore Health (South Shore District Health, *A New Direction: Enhancing our Community*, 2003). These rates are slightly below the Provincial average.

Crime and Violence

Crime Rates* by Major Category, Canada, 1962-98



(Source – Stats Canada, A Graphical Overview of Crime, 1998)

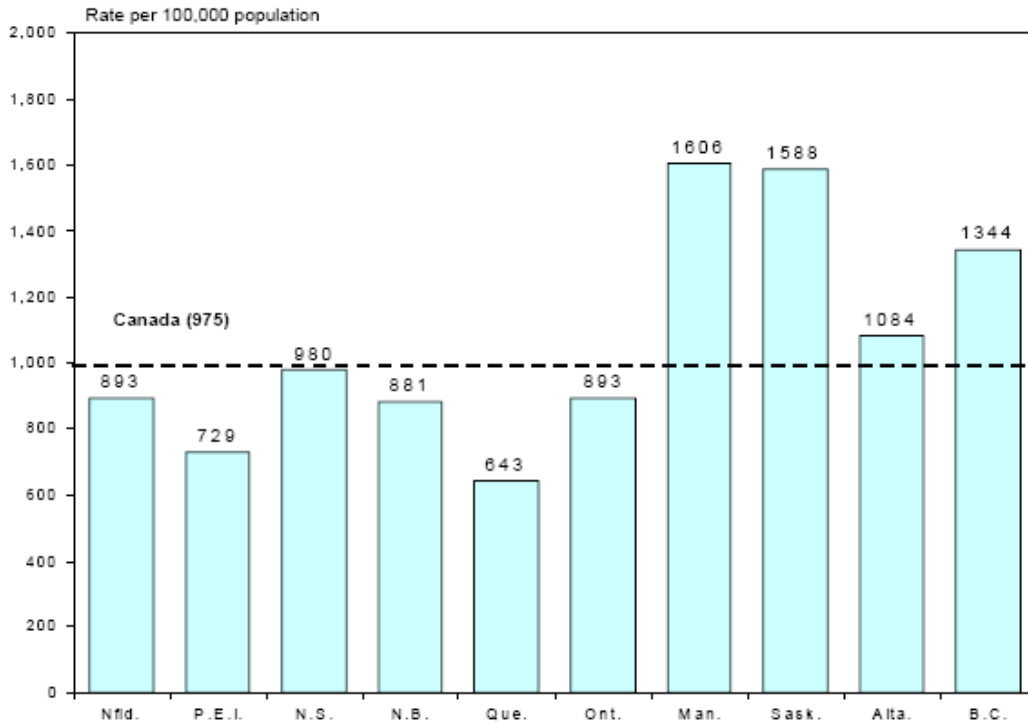
In Canada overall, crime rates rose steadily through the 60's, 70's, and 80's, peaking in the early 90's. Since then, the rates in all areas of reported crime have been steadily decreasing.

Between 1991 and 2000, rates of crime reported by police fell 26%, or an average of 2% per year. Property crime fell 34% over this nine-year period, and other Criminal Code offences such as mischief and disturbing the peace decreased by 17%.

The downward trend in violent crime began in 1993, two years later than the drop in property crime. From 1993 to 2000, the overall rate of violent crime dropped by 9%.

Reductions in the rate of property crime are partly attributed to a shift in demographics, with a marked decrease in the population aged 15 to 24 years. Males in this age group have the highest rate of committing this type of offence.

Violent Crime, Canada and the Provinces, 1998



(Source – Stats Canada, A Graphical Overview of Crime, 1998)

Property Crime, Canada and the Provinces, 1998

