



GOVERNMENT OF BERMUDA
Ministry of Health

Department of Health

HEALTH SURVEY OF ADULTS & CHILDREN IN BERMUDA



2006



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Published by:

Government of Bermuda, Ministry of Health, Department of Health, Health Promotion Office
P.O. Box HM 1195, Hamilton HM EX, Bermuda
Tel: 278-6500 • Fax: 296-3221 • Email: healthpromotion@gov.bm

First published August 2007
Revised September 2007

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Kindly reference as:

Department of Health (2007) Health Survey of Adults and Children in Bermuda 2006.
Government of Bermuda.

Revision notes

September 2007 revised Table 10.1 and associated reports

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Executive Summary

The Health Promotion Office in collaboration with the Department of Statistics conducted a national health survey of adults aged 18 and over and children aged 0 to 10 in Bermuda in the year 2006. A representative sample of 1,648 adults and 343 children were surveyed. This report presents the main findings of the study.

Overall, the 2006 findings demonstrate some improvements in adult health status since the last survey in 1999. However, important areas of deterioration were identified. Significant areas where adult health behaviours have seen an improvement include smoking, asthma, cancer screening and self-assessment of general health. Areas where we need to address deterioration in adult health include the incidence of obesity, diabetes and risk factors for heart disease. The findings for children indicated a good health status overall, although the incidence of obesity is a significant cause for concern. This is the first survey of children available in Bermuda.

The survey results will be used to drive policies and programmes in the coming years and to contribute to the achievement of a healthier population via the National Health Promotion Strategy, Well Bermuda.

ADULT RESULTS HIGHLIGHTS

- 12% rated their **overall health** as fair or poor – improvement from 29% in 1999.
- Overall, only 2% said they didn't have at least one person who they thought of as a **personal doctor** or health care provider.
- 81% said they'd had a **general check-up** in the previous year. Women were more likely to have done so (86%) than men (75%).
- 9% reported currently having **asthma** – improvement from 17% in 1999. Little difference by education level, but were more likely to be:
 - Women (12%) than men (6%)
 - Aged 18-34 (14%)
- 13% reported having **diabetes** – increase from 9% in 1999. The prevalence of diabetes was similar between men and women, but it was more common among:
 - Persons aged over 65 (23%)
 - Blacks (16%) than whites (8%)
 - Persons with secondary education or less (17%)
 - Persons in households with income less than \$50,000 (20%)
- 89% had their **blood pressure** checked in the previous year – no change from 1999 (89%).
- 25% had high blood pressure – increase from 7% in 1999. Little difference between men and women, but they were more likely to be:
 - Aged 55-64 (37%) or over 65 (46%)
 - Black (30%)
 - With secondary education or less (31%)
 - In households with income less than \$50,000 (39%)
- 82% had **cholesterol** checked in the previous year.

- 34% had high cholesterol – increase from 7.9% in 1999. Little difference by gender or race, but they were more likely to be:
 - Aged 55-64 (45%) or over 65 (43%)
 - With secondary education or less (42%)
 - In households with income less than \$50,000 (42%)

- 64% of adults were **overweight or obese** (40% and 24%, respectively) – increase from 57% in 1999 (33% overweight and 24% obese). Men were more likely to be overweight (48%) than obese (20%) compared to women (33% and 28%). Overweight and obesity was most common among:
 - Aged 55-64 (69%)
 - Blacks (73%)
 - With secondary education or less (69%)
 - In households with income less than \$50,000 (67%)

- 46% of adults described themselves as overweight – no direct comparison from 1999, but 46% were trying to lose weight then. There was little difference by education level or income, but those more likely to describe themselves as overweight were:
 - Women (53%)
 - Persons aged 35-64 (51%)

- 18% reported eating at least 3 servings of **fruit** per day, and 24% reported eating less than 1 serving per day. There was little difference by age, but fruit eaters tended to be:
 - Women (21%)
 - Asian/other (21%)
 - With post-secondary education or higher (19%)
 - In middle-income households (22%)

- 17% reported eating at least 3 servings of **vegetables** per day; only 7% reported eating less than 1 serving per day. People in low-income households were least likely to eat 3 servings per day (10%). Vegetable eaters tended to be:
 - Women (21%)
 - Aged over 65 (20%)
 - Asian or other (28%)
 - With post-secondary education or higher (20%)

- 12.7% reported eating **fast food** meals three times per week or more, and 7% reported eating fast food daily. People in high-income households most likely to avoid fast foods altogether (36%). There was little difference by gender or education, but fast food eaters tended to be:
 - Aged 18-34 (25%)
 - Asian or other (19%)

- 77% reported eating **breakfast** 5-7 days per week; only 5% reported eating breakfast less than once per week. There was little difference by race, education or income, but breakfast eaters tended to be:
 - Women (81%)
 - Aged over 65 (88%)
 - In one-person or adult couple households (80%)

- 18% were **sedentary** (did less than 10 minutes of moderate physical activity per day). They were more likely to be:
 - Black (22%) or Asian or other (27%)
 - In one person households (23%)
 - With secondary education or less (24%)
 - In households with income less than \$50,000 (24%)

- 30% did vigorous **activity** at least 3 times per week, with 10% of those doing so 5 times per week. Persons engaged in vigorous activity at least 3 times per week tended to be:
 - Aged 18-34 (47%)
 - With post-secondary education or higher (35%)
 - In households with income above \$100,000 (36%)
- 72% watched **TV** for 2 hours or more per day – small increase from 68% in 1999.
- 13% were current **smokers** – decrease from 22% in 1999. Persons aged over 65 years were least likely to smoke (7%). There was little difference by education, but current smokers were more likely to be:
 - Men (17%)
 - White (16%)
 - In single parent households (17%)
 - In households with income less than \$50,000 (19%)
- 24% reported binge **drinking** (5 or more drinks on a single occasion) – little difference from 23% in 1999. Little difference by race, education or income, but they were more likely to be:
 - Men (32%)
 - Aged 18-34 (42%)
- 49% of adults had been tested for **HIV** in their lifetime – no change from 48% in 1999. There was little difference by gender, but they tended to be:
 - Aged 18-34 (67%)
 - Asian or other (59%)
 - Single parents (70%)
 - With post-secondary education or higher (54%)
 - In high-income households (56%)
- 92% of women over 40 reported having had a **mammogram** at some time, and 86% did so in the past year. The women least likely to have had a mammogram in the past year were
 - Aged 65+ (81%)
 - Asian and other (74%)
- 96% of all women reported having had a **pap test**, and 75% did so in the past year. The women least likely to have had a pap test in the past year were
 - Aged 55-64 (73%) and 65+ (47%)
 - In one person households (63%)
 - With secondary education or lower (64%)
 - In low-income households (64%)
- 77% of men over 40 reported having had a prostate specific antigen (**PSA**) test. The men least likely to have had a PSA test were
 - Asian and other (54%)
 - In one person households (71%).
- 79% of men over 40 reported having had a digital rectal exam (**DRE**). Race, education and income made little difference, but it was less common in men aged 40-54 (69%)
- 8% of adults reported having been **abused by an intimate partner** (hit, slapped, pushed, kicked or physically hurt). They were least likely to come from high-income households (5%). There was little difference by race or education level but they were more likely to be
 - Women (10%) than men (7%)
 - Aged 18-34 (15%)
 - Single parents (16%)

- 15% of adults reported having **emotional support** only sometimes or rarely – no change from 14% in 1999. People in high-income households were least likely to report this (9%) and there was little difference by gender or age, but they tended to be:
 - Black (18%) or Asian or other (27%)
 - With secondary education or less (18%)
- 4% of adults reported being **dissatisfied or very dissatisfied** with life. They tended to be:
 - Aged 18-34 (6%)
 - In one person households (7%)
 - With secondary education or less (6%)
 - In low-income households (8%)
- 11% of adults described themselves as having a **disability** that limited their daily activities. Asians (and others) were least likely to report disability (7%). There was little difference by gender, but they tended to be:
 - Aged 55-64 (13%) or over 65 (14%)
 - In households with income less than \$50,000 (18%)
- 85% always used a **seatbelt** when driving in a car. There was little difference by gender, race, education or income, but the group least likely to always wear a seatbelt were aged 18-34 (80%).

CHILD RESULTS HIGHLIGHTS

- 24% of children were **overweight or obese**. Little difference by parental education level, but more common among:
 - Girls (28%)
 - 5-10 year olds (36%)
 - Blacks (29%)
 - Children in households with income less than \$50,000 (33%)
- Parental obesity predicted obesity in boys but not in girls.
- 44% of children watched more than 1 hour of **TV** per day, but this increased with age. 18% watched 2 or more hours, and these tended to be:
 - Aged 5-10 (25%)
 - Black (22%)
 - Children in households with income less than \$50,000 (29%)
- 95% of children eat **breakfast** every day of the week. Children in low-income households were most likely to eat breakfast daily (100%), but there were no other differences by demographic groups.
- The 4 most prevalent **medical problems** reported in children were asthma (22%), eczema (17%), ear infections (16%) and respiratory allergies (9%).
- The most prevalent **disabilities** were learning disability (5%), developmental delay (4%) and stuttering or stammering (3%).
- **Psychosocial difficulties** were not widely reported, but the most prevalent were behavioural problems in 2-3 year olds (14%) and social skills difficulties in 4-10 year olds (10%).

- The type of **healthcare facility** usually visited by children was: paediatrician (80%), general practitioner (9%), clinic or health centre (7%) and hospital or other (4%). There was little difference by demographic characteristics but:
 - Those who visited primarily a clinic tended to be black (9%), low-income (15%), and with parents of lower education (12%).
 - Those who visited the hospital primarily tended to be from households with income between \$50,000 and \$100,000 (7%).
- 82% of children had had a **well-child check-up** in the previous year. There was little difference by race or household type, but they were more likely to be:
 - Boys (86%)
 - Aged under 2 years (92%)
 - Children in middle-income households (87%)
 - Children of parents with post-secondary or higher education (84%)
- 93% of children were reported to have received all recommended **immunizations** for their age. There was little difference by the demographic characteristics.
- 84% of children had had no (76%) or only one (17%) visit to the **emergency room**. Only 6% had had 2 or more visits, with little difference by gender, age, household type or parental education. Children with 2 or more visits tended to be:
 - White & other (10%)
 - From middle-income households (9%)
- 40% of children had never visited a **dentist**, 56% had done so in the previous year. Only 7% of 5-10 year olds had never visited a dentist, and most (88%) had visited a dentist in the previous 12 months. Children who had never visited a dentist were most likely to be:
 - Boys (45%)
 - White & other (44%)
 - From two-parent and extended families (43%)
 - From high-income households (45%)
- 81% of children always used an age appropriate **car seat or seatbelt** when travelling in a car. Only 4% never used one. Children more likely to never use a seat belt were:
 - Aged 5-10 years (8%)
 - Black (5%)
 - Of parents with secondary education or less (7%)

Introduction

The Department of Health's mission is to promote and protect the physical, psychological and social well being of the community to enable the island's residents to realise their optimum quality of life. Measurement of the population's health status is essential in assessing the size of this undertaking and the specific areas where resources should be directed.

The basic epidemiological characteristics of Bermuda are well documented: the island has a population of 62,059, of which 52% is female and 48% male and it has a growth rate 0.7%, with 6% of the population aged less than 5 years and 11% aged 65 years or older¹. Bermuda enjoys a relatively good health status. It has a stable birth rate, infant mortality has declined steadily since the 1950's, and life expectancy at birth has increased from 64.85 years in 1950 to 77.67 years in 2000. In 2005, circulatory diseases accounted for 36% of all deaths, and neoplasms (cancers) accounted for 25%². Bermuda's population exhibits some health disparities but these are limited to small pockets of the population³.

Population health surveys provide essential additional information on the health status, attitudes and behaviours of a community with which Government and community health agencies can use to establish baselines, develop policy and services, and monitor trends and outcomes. They are vital to understand, anticipate and address the health needs and characteristics of a community.

The last health survey conducted in Bermuda took place in 2001 and focused exclusively on middle and secondary school students⁴. Before that, in 1999 a population health survey was conducted that focused on adults⁵. The population aged 0 to 10 years has never been surveyed systematically.

In this context, the Department of Health, in collaboration with the Department of Statistics, conducted a population survey into the health status, attitudes and behaviours of the island's residents. The 2006 Health Survey focused on adults aged 18 and over and children from birth to the age of 10. This report presents the findings of the study.

The Health Promotion Office of the Department of Health was responsible for planning, funding, managing and reporting the study. The data collection was contracted out to a private research organisation, Research Innovations. The data analysis was conducted and drafted by the Department of Statistics with input from the Epidemiology and Surveillance Unit of the Department of Health.

Methodology

Sampling

A sample of 1,650 households was determined. This sample represents approximately 6% of the current household population of around 28,000 units. The 2000 Census found 8,795 children in the 0 to 10 age group living in Bermuda. This represented just over 14 percent of the entire island population, with 4,409 (50.1%) boys and 4,386 (49.9%) girls. On this basis, it was estimated that approximately 15% of sampled households would have children aged 0-10. Therefore, it was estimated that the total sample would include information about 247 children.

The sample of households was determined using random digit dialling, as follows: all prefixes for the land line telephones were listed and the remaining four digits were randomly generated. The prefixes for land lines cover the entire island, thus ensuring the representative nature of the sample. This method ensured inclusion of listed and unlisted telephone numbers (approximately 25% of residential numbers are unlisted.) Less than 2% of households are without landlines in Bermuda and use only an internet phone or cellular phone as their residential line. This created a very small bias in the data collection and is a factor to take into consideration. It should also be taken into consideration that other small groups (e.g. the homeless, the institutionalized population, and students overseas) have also been excluded from the data collection process. A list of 11,523 numbers was generated, assuming that approximately 80% of numbers would be ineligible (e.g. businesses numbers, not functioning).

Data Collection and Processing

The survey was conducted by telephone interview. This methodology was chosen because it is more economical than face-to-face interviews and obtains better response rates than postal surveys.

Interviewees were asked to report on a number of health issues. Self assessment by respondents has proven to be of significant value for health professionals particularly in predicting mortality. Studies have shown that the risk associated with poor self-rated health is actually higher than the risks associated with poor health status assessments by a physician.

The survey had two parts: one about adults and one about children aged 0-10. For each interview, a head of household was asked questions pertaining to themselves and the youngest child in the house aged 0-10. Interviews took approximately 15 to 25 minutes and were conducted by professional interviewers trained in the application of the questionnaires.

The data were collected between 30 January and 15 March 2006. Most calls were made between 6:00 p.m. and 9:30 p.m. on weekdays, 10:00 a.m. to 9:30p.m. on Saturdays, and 3:00 p.m. to 9:30 p.m. on Sundays. Up to 10% of interviews took place during the daytime to account for those engaged in shift work. Legitimate numbers that were unanswered were called back up to eight times.

Data were collected on paper and were manually coded and input into an SPSS database. Data were input by a dedicated clerk and were subject to quality control protocols.

The data collection was conducted by Research Innovations. Research Innovations was responsible for pre-testing the questionnaires, training interviewers, sampling, data collection, data entry, and quality control.

Questionnaires

The survey used questions from standardised tools for population-based health surveys to allow for international comparisons and benchmarks. For adults the Behaviour Risk Factor Surveillance System questionnaire (BRFSS) 2005, developed by the US Centres for Disease Control and Prevention (CDC), was used. For children the National Health Interview Survey (NHIS) questionnaire 2002 was used, also developed by the CDC. The NHIS questionnaire was also used in Canada in 2002. Some minor modifications were made to both questionnaires to make the tools relevant to the local population; changes were limited to omitting selected questions (e.g. on gun control) and adding others from previous BRFSS questionnaires and other standardised instruments (e.g. fast food, immunizations). The topics covered were:

Adult Questionnaire:

- Health status
- Health related quality of life
- Health care access
- Diabetes
- Hypertension
- Cholesterol
- Cardiovascular disease
- Asthma
- Tobacco use
- Alcohol consumption
- Personal demographics
- Seatbelts
- Disability
- Nutrition
- Physical activity
- Sexual behaviour
- HIV/AIDS
- Violence
- Emotional support & life satisfaction
- Women's health
- Men's health
- Social demographics
- Identification of child subject

Child Questionnaire

- Demographics
- Health status
- Mental health
- Health care utilization
- Dental care
- Nutrition

Analysis

The data were weighted by sex. Cross tabulations were derived for all variables by the main demographic characteristics and by selected variables of specific relevance in some instances. Test statistics were run on selected variables using chi-square for non-parametric data and t-test for significance of difference between means for parametric data. Statistical significance was tested at the 0.5 level. This report does not include test statistics, but these can be made available on request.

Sample

Response Rate

Table 1.1 details the breakdown of responses. A total sample of 1,652 adults and 343 children was achieved. This represents 88% of all eligible households contacted, and 95% of interviewed households with children aged 0-10.

As anticipated, a large proportion of numbers generated by the random digit dialling process were ineligible. Only 18% of numbers generated resulted in actual contact (i.e. the phone being answered), and of these, 1.6% were business numbers and therefore ineligible. Therefore, 1,884 numbers (16%) were eligible for inclusion in the survey, out of the complete sample of 11,523 numbers. Of these, 1,652 (88%) agreed to take part in the study, and of these 360 (22%) were households with children aged 0 – 10 years; 343 (95%) agreed to be interviewed about the youngest child in the household.

Table 1.1: Breakdown of Responses

Eligible Calls (Residential)		
Number of interviews	1,648	87.5%
Number of declines	236	12.5%
Total eligible	1884	100.0%
Reason for Declining		
Refusal	161	68.2%
Too long: termination	75	31.7%
Total declines	236	100.0%
Child Sample		
Number of interviews	343	95.3%
Number of declines	17	4.7%
Total children	360	100.0%
Total Calls Made		
Residential calls answered	1,884	16.3%
Office number	184	1.6%
Ineligible numbers	9,455	82.1%
Total calls	11,523	100.0%

Sample Characteristics

The 1,648 adult respondents in the 2006 Bermuda Health Survey included 587 men and 1,061 women age 18 years and older. Most of the respondents were aged 35 to 64 years, and the sample was comparable to Bermuda's population in terms of race, with 54% describing themselves as Black and 42% as White. Eighty-eight percent of the adult sample had education of secondary level or above, 73% were employed, and the majority of the households were in the \$50,000 to \$100,000 per year income bracket. A minority of households were composed of lone individuals or unrelated persons, most households were composed of a familial arrangement of some sort, and 56% of adult respondents were married. Seventy-nine percent of adult respondents were Bermudian. Table 2.1 presents the distribution of the respondent sample by the demographic variables collected. Please note that the tables present weighted data representative of the Bermuda population.

Table 2.1 Adult Demographic

		Gender				Age group							
		Male		Female		18-34		35-54		55-64		65 +	
		N	%	N	%	N	%	N	%	N	%	N	%
Gender	Male	779	100.0	0	0.0	92	11.8	352	45.1	155	19.9	180	23.2
	Female	0	0.0	869	100.0	131	15.1	392	45.1	158	18.2	188	21.6
Age group	18-34	92	41.1	131	58.9	223	100.0	0	0.0	0	0.0	0	0.0
	35-54	352	47.3	392	52.7	0	0.0	744	100.0	0	0.0	0	0.0
	55-64	155	49.6	158	50.4	0	0.0	0	0.0	313	100.0	0	0.0
	65 +	180	49.0	188	51.0	0	0.0	0	0.0	0	0.0	368	100.0
Race	Black	405	46.1	473	53.9	111	12.6	384	43.7	173	19.7	211	24.0
	White	338	48.7	357	51.3	97	13.9	322	46.2	131	18.8	147	21.1
	Asian & Others	36	56.3	28	43.7	16	24.4	30	47.7	9	14.0	9	14.0
	Not Stated	0	0.0	11	100.0	0	0.0	8	76.9	1	7.7	2	15.4
Household Type	One person	187	47.6	206	52.4	55	13.9	128	32.7	73	18.7	137	34.8
	Adult couple	208	54.9	171	45.1	42	11.0	118	31.0	106	27.9	114	30.1
	Two parents	332	46.9	375	53.1	92	13.1	405	57.3	116	16.4	94	13.3
	Single parent	50	30.2	116	69.8	34	20.2	93	55.9	17	10.1	23	13.7
Highest Education	Secondary or less	333	49.7	337	50.3	57	8.5	217	32.4	149	22.2	247	36.9
	Post Secondary & higher	446	45.6	532	54.4	166	17.0	527	53.9	164	16.8	121	12.4
Household Income	\$50,000 or less	147	40.8	214	59.2	33	9.2	105	29.1	65	18.0	158	43.7
	\$50,001 to \$100,000	265	47.2	296	52.8	96	17.1	288	51.3	104	18.5	73	13.1
	\$100,001 & over	366	50.5	359	49.5	93	12.8	351	48.4	144	19.9	137	18.9

Table 2.1 Adult Demographic - Continued

		Race							
		Black		White		Asian & Others		Not Stated	
		N	%	N	%	N	%	N	%
Gender	Male	405	52.0	338	43.4	36	4.6	0	0.0
	Female	473	54.5	357	41.1	28	3.2	11	1.2
Age group	18-34	111	49.7	97	43.4	16	7.0	0	0.0
	35-54	384	51.6	322	43.2	30	4.1	8	1.1
	55-64	173	55.2	131	41.7	9	2.8	1	0.3
	65 +	211	57.3	147	39.9	9	2.4	2	0.4
Race	Black	878	100.0	0	0.0	0	0.0	0	0.0
	White	0	0.0	696	100.0	0	0.0	0	0.0
	Asian & Others	0	0.0	0	0.0	64	100.0	0	0.0
	Not Stated	0	0.0	0	0.0	0	0.0	11	100.0
Household Type	One person	218	55.5	157	39.9	12	3.1	6	1.5
	Adult couple	176	46.5	188	49.6	13	3.5	2	0.4
	Two parents	369	52.2	309	43.7	28	3.9	2	0.2
	Single parent	115	68.8	40	24.0	10	6.2	2	1.0
Highest Education	Secondary or less	431	64.2	220	32.8	18	2.7	2	0.2
	Post Secondary & higher	447	45.8	476	48.7	45	4.6	9	0.9
Household Income	\$50,000 or less	226	62.6	114	31.6	20	5.6	1	0.2
	\$50,001 to \$100,000	324	57.6	222	39.5	14	2.4	2	0.4
	\$100,001 & over	328	45.3	360	49.6	30	4.1	7	1.0

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Table 2.1 Adult Demographic - Continued

		Household Type							
		One person		Adult couple		Two parents		Single parent	
		N	%	N	%	N	%	N	%
Gender	Male	187	24.1	208	26.8	332	42.7	50	6.5
	Female	206	23.8	171	19.7	375	43.2	116	13.4
Age group	18-34	55	24.6	42	18.8	92	41.4	34	15.2
	35-54	128	17.3	118	15.8	405	54.4	93	12.5
	55-64	73	23.5	106	34.0	116	37.1	17	5.4
	65 +	137	37.2	114	31.0	94	25.6	23	6.2
Race	Black	218	24.9	176	20.1	369	42.0	115	13.1
	White	157	22.6	188	27.1	309	44.5	40	5.8
	Asian & Others	12	19.4	13	20.7	28	43.5	10	16.4
	Not Stated	6	53.8	2	15.4	2	15.4	2	15.4
Household Type	One person	394	100.0	0	0.0	0	0.0	0	0.0
	Adult couple	0	0.0	380	100.0	0	0.0	0	0.0
	Two parents	0	0.0	0	0.0	707	100.0	0	0.0
	Single parent	0	0.0	0	0.0	0	0.0	167	100.0
Highest Education	Secondary or less	179	26.8	167	25.0	254	37.9	69	10.4
	Post Secondary & higher	214	21.9	213	21.7	453	46.4	97	10.0
Household Income	\$50,000 or less	149	41.4	70	19.5	84	23.2	58	16.0
	\$50,001 to \$100,000	133	23.7	125	22.4	245	43.7	58	10.3
	\$100,001 & over	112	15.4	184	25.4	378	52.1	51	7.1

Table 2.1 Adult Demographic - Continued

		Highest Education				Household Income					
		Secondary or less		Post Secondary & higher		\$50,000 or less		\$100,000 to \$100,000		\$100,001 & over	
		N	%	N	%	N	%	N	%	N	%
Gender	Male	333	42.8	446	57.2	147	18.9	265	34.1	366	47.0
	Female	337	38.8	532	61.2	214	24.6	296	34.1	359	41.3
Age group	18-34	57	25.5	166	74.5	33	14.9	96	43.2	93	41.8
	35-54	217	29.2	527	70.8	105	14.1	288	38.7	351	47.2
	55-64	149	47.6	164	52.4	65	20.8	104	33.2	144	46.0
	65 +	247	67.2	121	32.8	158	42.9	73	20.0	137	37.2
Race	Black	431	49.0	447	51.0	226	25.7	324	36.9	328	37.4
	White	220	31.6	476	68.4	114	16.4	222	31.9	360	51.7
	Asian & Others	18	28.7	45	71.3	20	31.9	14	21.5	30	46.6
	Not Stated	2	15.4	9	84.6	1	7.7	2	23.1	7	69.2
Household Type	One person	179	45.6	214	54.4	149	37.9	133	33.7	112	28.4
	Adult couple	167	44.0	213	56.0	70	18.5	125	33.0	184	48.5
	Two parents	254	35.9	453	64.1	84	11.9	245	34.7	378	53.5
	Single parent	69	41.6	97	58.4	58	34.6	58	34.6	51	30.8
Highest Education	Secondary or less	671	100.0	0	0.0	231	34.4	203	30.2	237	35.4
	Post Secondary & higher	0	0.0	977	100.0	130	13.4	359	36.8	488	49.9
Household Income	\$50,000 or less	231	63.9	130	36.1	361	100.0	0	0.0	0	0.0
	\$50,001 to \$100,000	203	36.1	359	63.9	0	0.0	562	100.0	0	0.0
	\$100,001 & over	237	32.7	488	67.3	0	0.0	0	0.0	725	100.0

Adult Results

Health Status

General Health

Respondents were asked to comment generally on their level of health. (Table 3.1) Overall, 87.8% reported to be in excellent, very good or good health, and only 12.2% rated their health as fair or poor. The figure for fair or poor health represents a significant improvement over the 29% reported in 1999, and compares favourably with the 9% reported in the 2003 Adult Literacy and Life Skills Survey⁶.

Age, race, education, household income and employment status all had an impact on the reported health status. Respondents who were most likely to report having fair or poor health were those who earned less than \$50,000 annually (22.7%), those whose level of education was secondary and lower (17.6%) and adults aged 65 years and older (22.5%).

Table 3.1: State of general health

		General health in the previous 30 days					
		Excellent, Very Good or Good Health		Fair or Poor Health		Total	
		N	%	N	%	N	%
Gender:	Total	1,435	87.8%	198	12.2%	1,633	100.0%
	Men	686	88.8%	86	11.2%	772	100.0%
	Women	749	87.0%	112	13.0%	861	100.0%
Age	18-34	202	91.4%	19	8.6%	221	100.0%
	35-54	684	92.6%	55	7.4%	739	100.0%
	55-64	267	86.2%	43	13.8%	310	100.0%
	65 +	281	77.5%	82	22.5%	363	100.0%
Race	Black	747	85.5%	127	14.5%	874	100.0%
	White	625	90.5%	66	9.5%	690	100.0%
	Asian & Others	55	91.0%	5	9.0%	60	100.0%
	Not Stated	8	90.9%	1	9.1%	9	100.0%
Household	One person	335	85.5%	57	14.5%	391	100.0%
	Adult couple	335	88.7%	43	11.3%	377	100.0%
	Two parents	624	89.1%	77	10.9%	701	100.0%
	Single parent	141	86.7%	22	13.3%	162	100.0%
Education	Secondary and Lower	550	82.4%	118	17.6%	667	100.0%
	Technical and Higher	875	91.9%	77	8.1%	952	100.0%
	Not Stated	11	76.3%	3	23.7%	14	100.0%
Income	\$50,000 & Under	277	77.3%	81	22.7%	358	100.0%
	\$50,001 to \$100,000	510	91.3%	49	8.7%	559	100.0%
	\$100,001 & Above	419	94.7%	23	5.3%	443	100.0%
	Not Stated	229	83.5%	45	16.5%	274	100.0%

Physical Health

Respondents were asked the number of days their physical health was not good in the previous 30 days. Responses were broken up into three categories for analysis: 0 to 1 day; 2 to 9 days; and 10 or more days. (Table 3.2)

Overall, 73.5% reported that they had, at most, one day of poor physical health, 17.6% reported two to seven days, and 8.9% reported ten or more days. There were no significant differences in responses between racial groups. Men had fewer days of poor physical health than women; more women reported 2 to 9 days (19.9%) and 10 or more days (9.7%) of poor physical health, compared to men (15.0% and 8.0%, respectively).

There was a direct relationship between poor physical health and age. As age increased, so did the number of days respondents reported having poor physical health. Only 4.5% of respondents aged 18-34, 6.3% of respondents age 35 to 54, and 8.6% of respondents aged 55-64 years experienced 10 or more days of poor physical health; while 17.2% of those aged 65 years and older had.

Poor health was also related to education and income. In terms of education, 12.1% of adults with secondary education or less reported 10 or more days of poor physical health, compared to 6.7% of adults with technical or higher education and in terms of income, 17.8% of those with household incomes of \$50,000 or less reported 10 or more days of poor physical health which was higher than any other income bracket.

Table 3.2: Number of days with poor physical health

		Number of days in past 30 days that physical health was not good							
		0-1 Days		2-9 Days		10 or more Days		Total	
		N	Row %	N	%	N	Row %	N	Row %
Gender:	Total	1,212	73.5%	290	17.6%	147	8.9%	1,648	100.0%
	Men	600	77.0%	117	15.0%	62	8.0%	779	100.0%
	Women	612	70.4%	173	19.9%	84	9.7%	869	100.0%
Age	18-34	151	67.7%	62	27.8%	10	4.5%	223	100.0%
	35-54	565	75.9%	133	17.8%	47	6.3%	744	100.0%
	55-64	231	73.7%	56	17.7%	27	8.6%	313	100.0%
	65 +	265	72.0%	40	10.8%	63	17.2%	368	100.0%
Race	Black	648	73.8%	145	16.5%	85	9.7%	878	100.0%
	White	507	72.9%	129	18.6%	59	8.5%	696	100.0%
	Asian & Others	48	75.4%	13	20.7%	2	3.9%	64	100.0%
	Not Stated	8	76.9%	2	23.1%	0	0.0%	11	100.0%
Type of Household	One person	290	73.7%	63	15.9%	41	10.4%	394	100.0%
	Adult couple	297	78.3%	51	13.4%	31	8.3%	380	100.0%
	Two parents	502	71.1%	150	21.2%	55	7.7%	707	100.0%
	Single parent	122	73.2%	26	15.8%	18	11.0%	167	100.0%
Education	Secondary and Lower	479	71.4%	110	16.5%	81	12.1%	671	100.0%
	Technical and Higher	721	75.0%	176	18.3%	65	6.7%	962	100.0%
	Not Stated	12	75.5%	3	19.2%	1	5.3%	15	100.0%
Income	\$50,000 & Under	239	66.1%	58	16.1%	64	17.8%	361	100.0%
	\$50,001 to \$100,000	422	75.2%	101	18.0%	39	6.9%	562	100.0%
	\$100,001 & Above	344	77.0%	88	19.7%	15	3.3%	446	100.0%
	Not Stated	207	74.3%	42	15.2%	29	10.5%	279	100.0%

Mental Health

Respondents were asked the number of days their mental health was not good in the previous 30 days. (Table 3.3) Overall, 78.4% indicated they had, at most, one day of poor mental health, 13.5% reported 2 to 9 days, and 8.0% reported 10 or more days of poor mental health during the past 30 days.

Women were more likely to report more days of poor mental health than men, with 10.2% of women reporting 10 days or more, compared with 5.6% of men. Younger adults (11.3%) and single parents (15.0%) were more likely to report 10 or more days of poor mental health. The groups least likely to report 10 or more days of poor mental health were men (5.6%), adults aged 55-64 years (6.2%), adults aged 65 years and older (6.5%) and people in households with incomes above \$100,000 per year (6.3%). However, there was little difference observed by race or education.

Table 3.3: Number of days with poor mental health

		Number of days in past 30 days that mental health was not good							
		0-1 Days		2-9 Days		10 or more Days		Total	
		Count	%	Count	%	Count	%	Count	%
Gender	Total	1,293	78.4%	223	13.5%	132	8.0%	1,648	100.0%
	Men	642	82.5%	93	11.9%	44	5.6%	779	100.0%
	Women	650	74.8%	130	15.0%	88	10.2%	869	100.0%
Age	18-34	164	73.8%	33	14.9%	25	11.3%	223	100.0%
	35-54	558	75.0%	122	16.5%	64	8.6%	744	100.0%
	55-64	259	82.7%	35	11.0%	20	6.2%	313	100.0%
	65 +	311	84.6%	33	8.9%	24	6.5%	368	100.0%
Race	Black	696	79.2%	108	12.4%	74	8.4%	878	100.0%
	White	538	77.4%	104	14.9%	54	7.7%	696	100.0%
	Asian & Others	50	79.3%	9	13.5%	5	7.2%	64	100.0%
	Not Stated	8	76.9%	2	23.1%	0	0.0%	11	100.0%
Type of Household	One person	311	79.0%	54	13.7%	29	7.3%	394	100.0%
	Adult couple	308	81.2%	45	11.9%	26	6.9%	380	100.0%
	Two parents	556	78.6%	100	14.1%	51	7.2%	707	100.0%
	Single parent	118	70.5%	24	14.5%	25	15.0%	167	100.0%
Education	Secondary and Lower	519	77.4%	92	13.7%	60	9.0%	671	100.0%
	Technical and Higher	765	79.5%	126	13.1%	71	7.4%	962	100.0%
	Not Stated	9	59.6%	5	35.1%	1	5.3%	15	100.0%
Income	\$50,000 & Under	274	76.0%	56	15.6%	30	8.4%	361	100.0%
	\$50,001 to \$100,000	421	75.0%	90	16.1%	50	8.9%	562	100.0%
	\$100,001 & Above	362	81.2%	55	12.4%	28	6.3%	446	100.0%
	Not Stated	234	84.1%	21	7.6%	23	8.4%	279	100.0%

Physical and Mental Health

Respondents were asked how many days poor physical or mental health kept them from doing their usual activities in the previous 30 days. (Table 3.4) Of the 249 (15.1%) participants who reported at least one day of poor physical or mental health, 21.4% said they'd been kept from their usual activities for 10 or more days, 22.9% said this happened at most once, and 55.8% reported 2-9 days of inability to conduct usual activities.

Age was found to be associated with an increase in the number of days unable to conduct usual activities, with older age groups reporting greater difficulty. Adults aged 33-54 years were more likely to be kept from activities for 0-1 days (30.7%), compared to other age groups, and adults aged 65 years and older were more likely to report 10 or more days of impairment (45.0%).

Single parents were more likely to report 10 or more days of impairment (32.7%) than adults in other household types. Income also appears to be associated with the degree of impairment; adults in high-income households were more likely to be kept from activities for only 0-1 day (33.0%), while those in low-income households were more likely to be impaired for 10 days or more (31.5%).

Table 3.4: Number of days that poor health prevented usual activities in previous 30 days

		Number of days poor physical and mental health kept you from usual activities							
		0-1 Days		2-9 Days		10 or more Days		Total	
		N	%	N	%	N	%	N	%
Gender	Total	57	22.9%	139	55.8%	53	21.4%	249	100.0%
	Men	23	23.0%	54	55.4%	21	21.6%	98	100.0%
	Women	34	22.8%	84	56.0%	32	21.2%	151	100.0%
Age	18-34	8	19.4%	28	69.3%	5	11.3%	41	100.0%
	35-54	37	30.7%	64	52.7%	20	16.7%	121	100.0%
	55-64	7	14.4%	31	62.6%	11	23.1%	49	100.0%
	65 +	5	12.7%	16	42.3%	17	45.0%	38	100.0%
Race	Black	24	19.3%	72	56.9%	30	23.8%	126	100.0%
	White	28	24.7%	64	56.3%	22	19.0%	113	100.0%
	Asian & Others	3	42.0%	2	34.8%	2	23.2%	7	100.0%
	Not Stated	2	66.7%	1	33.3%	0	.0%	2	100.0%
Type of Household	One person	11	18.0%	38	63.6%	11	18.4%	60	100.0%
	Adult couple	10	21.0%	24	52.3%	12	26.7%	46	100.0%
	Two parents	31	28.2%	61	54.2%	20	17.7%	112	100.0%
	Single parent	5	16.0%	16	51.3%	10	32.7%	31	100.0%
Education	Secondary and Lower	17	17.9%	53	57.3%	23	24.8%	93	100.0%
	Technical and Higher	39	25.8%	83	54.5%	30	19.7%	153	100.0%
	Not Stated	1	27.6%	2	72.4%	0	.0%	3	100.0%
Income	\$50,000 & Under	7	10.6%	39	57.9%	21	31.5%	67	100.0%
	\$50,001 to \$100,000	22	25.8%	52	60.9%	11	13.2%	86	100.0%
	\$100,001 & Above	22	33.0%	34	51.9%	10	15.2%	66	100.0%
	Not Stated	6	19.7%	13	44.8%	11	35.6%	30	100.0%

Health Care Access

Personal health care provider

Respondents were asked if they had at least one person who they thought of as a personal doctor or health care provider. (Table 4.1) Only 1.9% said they did not have a health care provider, 66.2% said they had one provider and 31.9% said they had more than one.

Women were more likely to have more than one person they considered as a personal health care provider (36.7%) compared to men (26.7%). Men were more likely to have no provider at all (2.9%) than women (0.9%), as were adults aged 18-34 years (3.7%), adults of Asian or other race (7.5%) and single parents (4.2%).

Table 4.1: Adult access to a health care provider

		Do you have a personal doctor or health care provider							
		Yes, only one		Yes, more than one		No		Total	
		N	%	N	%	N	%	N	%
Gender:	Total	1,089	66.2%	526	31.9%	31	1.9%	1,645	100.0%
	Men	547	70.4%	207	26.7%	23	2.9%	776	100.0%
	Women	542	62.4%	319	36.7%	8	0.9%	869	100.0%
Age	18-34	151	67.8%	63	28.5%	8	3.7%	223	100.0%
	35-54	508	68.3%	220	29.5%	16	2.2%	744	100.0%
	55-64	201	64.3%	108	34.6%	3	1.1%	312	100.0%
	65 +	229	62.5%	135	36.7%	3	0.8%	367	100.0%
Race	Black	555	63.3%	308	35.2%	13	1.5%	877	100.0%
	White	475	68.5%	206	29.7%	13	1.8%	694	100.0%
	Asian & Others	50	78.0%	9	14.5%	5	7.5%	64	100.0%
	Not Stated	9	84.6%	2	15.4%	0	0.0%	11	100.0%
Type of Household	One person	270	68.6%	110	27.8%	14	3.5%	394	100.0%
	Adult couple	243	64.2%	132	34.9%	3	0.9%	378	100.0%
	Two parents	474	67.2%	225	31.9%	6	0.9%	706	100.0%
	Single parent	102	61.2%	58	34.6%	7	4.2%	167	100.0%
Education	Secondary and Lower	457	68.4%	205	30.7%	6	1.0%	669	100.0%
	Technical and Higher	623	64.8%	314	32.6%	24	2.5%	961	100.0%
	Not Stated	9	56.3%	7	43.7%	0	0.0%	15	100.0%
Income	\$50,000 & Under	233	64.7%	120	33.3%	7	2.0%	361	100.0%
	\$50,001 to \$100,000	359	64.0%	192	34.3%	10	1.8%	561	100.0%
	\$100,001 & Above	303	67.8%	137	30.6%	7	1.6%	446	100.0%
	Not Stated	194	70.0%	77	27.6%	7	2.4%	278	100.0%

General physical exam

Respondents were asked how long it had been since they last visited a doctor for a routine check-up or physical exam. (Table 4.2) Overall, 80.7% reported having done so within the past year, 18.3% said they'd had a physical more than one year ago, and only 1.1% did not report ever having a routine check-up.

Women were more likely to visit a doctor within the past year (86.0%) than men (74.8%). Adults aged 55-64 years and adults aged 65 years and older were more likely to have had a check-up in the previous year (84.5% and 88.9%, respectively) than other age groups. People in the Asian and other racial group were the most likely to have not had a routine check-up (4.2%). Household type, education and income did not have a substantial impact on access to a routine check-up.

Table 4.2: Adult access to a general physical exam

		The last time you visited a doctor for a routine check-up or general physical exam							
		Within the past year		More than a year ago		Never or Unknown		Total	
		N	%	N	%	N	%	N	%
Gender:	Total	1,330	80.7%	301	18.3%	17	1.1%	1,648	100.0%
	Men	583	74.8%	187	24.0%	9	1.2%	779	100.0%
	Women	747	86.0%	114	13.1%	8	0.9%	869	100.0%
Age	18-34	169	76.0%	50	22.4%	3	1.6%	223	100.0%
	35-54	568	76.4%	171	23.0%	4	0.6%	744	100.0%
	55-64	265	84.5%	46	14.5%	3	0.9%	313	100.0%
	65 +	327	88.9%	34	9.3%	7	1.8%	368	100.0%
Race	Black	714	81.3%	152	17.3%	12	1.4%	878	100.0%
	White	560	80.5%	133	19.1%	3	0.4%	696	100.0%
	Asian & Others	48	75.6%	13	20.2%	3	4.2%	64	100.0%
	Not Stated	7	69.2%	3	30.8%	0	0.0%	11	100.0%
Type of Household	One person	291	73.9%	95	24.1%	8	2.1%	394	100.0%
	Adult couple	330	86.9%	48	12.7%	1	0.3%	380	100.0%
	Two parents	573	81.0%	129	18.3%	5	0.7%	707	100.0%
	Single parent	135	81.0%	29	17.2%	3	1.8%	167	100.0%
Education	Secondary and Lower	557	83.0%	107	16.0%	6	0.9%	671	100.0%
	Technical and Higher	761	79.1%	190	19.7%	11	1.2%	962	100.0%
	Not Stated	12	75.5%	4	24.5%	0	0.0%	15	100.0%
Income	\$50,000 & Under	303	84.0%	55	15.3%	2	0.7%	361	100.0%
	\$50,001 to \$100,000	436	77.6%	117	20.9%	9	1.5%	562	100.0%
	\$100,001 & Above	358	80.3%	88	19.7%	0	0.0%	446	100.0%
	Not Stated	232	83.2%	40	14.4%	6	2.3%	279	100.0%

Asthma

Respondents were asked if they had ever had asthma and if they currently had it. (Table 5.1) Overall, 13.1% said they had asthma at some time and 9.3% said they currently had asthma. The proportion of adults with asthma has decreased from the 16.9% reported by respondents in 1999.

More women currently have asthma than men (11.9% compared to 6.4%). Age was also associated with asthma prevalence, with 13.7% of young adults aged 18 to 34 years having asthma, which is higher than all other age groups. No substantive differences were found between other demographic groups.

Table 5.1: Adult prevalence of asthma

		Adult prevalence of asthma			
		Ever had asthma		Currently have asthma	
		N	%	N	%
Gender	Total	213	13.1%	151	9.3%
	Men	80	10.3%	49	6.4%
	Women	134	15.5%	102	11.9%
Age	18-34	41	18.8%	30	13.7%
	35-54	95	12.9%	66	8.9%
	55-64	45	14.5%	27	8.8%
	65 +	32	8.8%	29	7.9%
Race	Black	127	14.6%	82	9.4%
	White	77	11.2%	63	9.1%
	Asian & Others	7	11.8%	5	8.3%
	Not Stated	2	15.4%	2	15.4%
Type of Household	One person	49	12.5%	33	8.4%
	Adult couple	49	13.1%	33	8.8%
	Two parents	95	13.5%	69	9.8%
	Single parent	21	12.5%	17	10.2%
Education	Secondary and Lower	80	12.0%	62	9.3%
	Technical and Higher	133	13.9%	89	9.3%
	NS	1	5.3%	1	..
Income	\$50,000 & Under	45	12.5%	37	10.4%
	\$50,001 to \$100,000	75	13.4%	46	8.3%
	\$100,001 & Above	65	14.8%	44	9.5%
	NS	28	10.3%	24	..

Diabetes

Respondents were asked if a doctor had ever told them that they had diabetes. (Table 6.1) Excluding gestational diabetes and pre-diabetes, 12.7% reported having the disease. This is an increase from 1999 when 8.8% of adults reported having Type 1 or Type 2 diabetes.

The incidence was similar between men and women; however prevalence of diabetes increased with age, with 18.3% of adults aged 55-64 years and 23.4% of adults aged 65 years and older reporting that they had diabetes. Diabetes was found to be twice as high among Blacks (15.9%) than Whites (8.2%), and was also higher among respondents with secondary education or less (17.0%) than among those with higher education (9.1%). Prevalence was found to decrease as household income increased, with 20.2% of those in households earning \$50,000 or less reporting diabetes, compared with only 6.0% of adults with household incomes over \$100,000.

Table 6.1: Incidence of diabetes in adults

		Do you have Diabetes					
		Yes		No		Total	
		N	%	N	%	N	%
Gender:	Total	209	12.7%	1,439	87.3%	1,647	100.0%
	Men	96	12.3%	683	87.7%	779	100.0%
	Women	113	13.0%	755	87.0%	868	100.0%
Age	18-34	7	3.0%	215	97.0%	222	100.0%
	35-54	58	7.8%	686	92.2%	744	100.0%
	55-64	57	18.3%	256	81.7%	313	100.0%
	65 +	86	23.4%	282	76.6%	368	100.0%
Race	Black	140	15.9%	738	84.1%	877	100.0%
	White	57	8.2%	638	91.8%	696	100.0%
	Asian & Others	7	10.6%	57	89.4%	64	100.0%
	Not Stated	5	46.2%	6	53.8%	11	100.0%
Type of Household	One person	65	16.5%	329	83.5%	394	100.0%
	Adult couple	55	14.4%	325	85.6%	380	100.0%
	Two parents	64	9.1%	643	90.9%	707	100.0%
	Single parent	25	14.9%	141	85.1%	166	100.0%
Education	Secondary and Lower	114	17.0%	557	83.0%	671	100.0%
	Technical and Higher	88	9.1%	873	90.9%	961	100.0%
	NS	7	45.7%	8	54.3%	15	100.0%
Income	\$50,000 & Under	73	20.2%	288	79.8%	361	100.0%
	\$50,001 to \$100,000	64	11.4%	497	88.6%	561	100.0%
	\$100,001 & Above	27	6.0%	419	94.0%	446	100.0%
	NS	45	16.1%	234	83.9%	279	100.0%

Hypertension Awareness

Respondents were asked when they last had their blood pressure taken by a health professional, whether they had ever been told by a health professional they had high blood pressure, and whether they were currently taking medication prescribed for high blood pressure. (Table 7.1)

Overall, 88.6% of respondents said they'd had their blood pressure taken in the previous year, indicating no change from 88% in 1999. A further 10.7% said they'd had their blood pressure taken more than one year ago, and only 0.7% said never or were not sure. Women (91.9%) were more likely than men (85.0%) to have had their blood pressure checked in the previous year, and adults aged 65 and older were more likely than any other group (95.1%) to have done so.

Of respondents who had their blood pressure measured, 25.3% said they had high blood pressure. This represents over a three-fold increase from the 7.3% reported in 1999. There was little difference found between men and women, but people with high blood pressure were more likely to be adults aged 55-64 years (37.2%) and 65 years and older (45.5%). High blood pressure was more common among Blacks (29.5%) than Whites (20.4%) or Asians (18.9%). It was also more common among lower socio-economic groups, with 31.2% of those with secondary or less education reporting high blood pressure compared to 20.6% of those with technical or higher education, and 38.7% of adults in households with income less than \$50,000, compared to adults from middle income (23.2%) and well-to-do (16.9%) households.

Table 7.1: Blood pressure outcomes for adults

		Blood pressure outcomes for adults							
		Blood pressure measured in past year		Have been told they have high blood pressure		Currently taking medication to control blood pressure		Have high blood pressure and not taking medication	
		N	%	N	%	N	%	N	%
Gender	Total	1,458	88.6%	416	25.3%	313	76.3%	97	23.7%
	Men	660	85.0%	179	23.1%	127	71.6%	50	28.4%
	Women	799	91.9%	237	27.3%	186	79.9%	47	20.1%
Age	18-34	182	81.6%	16	7.4%	4	24.2%	12	75.8%
	35-54	639	86.0%	116	15.7%	64	55.8%	51	44.2%
	55-64	288	92.2%	117	37.2%	96	83.1%	20	16.9%
	65 +	350	95.1%	167	45.5%	149	91.0%	15	9.0%
Race	Black	782	89.1%	258	29.5%	210	82.4%	45	17.6%
	White	613	88.3%	141	20.4%	92	66.3%	47	33.7%
	Asian & Others	57	91.3%	12	18.9%	8	76.0%	3	24.0%
	Not Stated	6	53.8%	5	46.2%	2	50.0%	2	50.0%
Type of Household	One person	315	80.2%	114	29.1%	94	81.8%	21	18.2%
	Adult couple	353	93.1%	118	31.0%	93	90.3%	23	19.7%
	Two parents	642	91.0%	143	20.4%	100	70.7%	41	29.3%
	Single parent	147	88.0%	39	23.7%	25	67.7%	12	32.3%
Education	Secondary and Lower	609	90.8%	209	31.2%	172	83.4%	34	16.6%
	Technical and Higher	840	87.6%	197	20.6%	142	69.3%	63	30.7%
	Not Stated	9	59.6%	10	64.9%
Income	\$50,000 & Under	328	90.8%	140	38.7%	114	83.2%	23	16.8%
	\$50,001 to \$100,000	475	84.8%	130	23.2%	92	71.3%	37	28.7%
	\$100,001 & Above	404	90.5%	146	16.9%	107	74.3%	37	25.7%
	Not Stated	251	90.5%	71	25.7%

Of those reporting high blood pressure, 76.3% said they were taking medication for their condition. Adults aged 55 years and over were more likely to take blood pressure medication with 83.1% of adults aged 55-64 years and 91.0% of adults aged 65 years and older currently taking blood pressure medication. More women with high blood pressure took blood pressure medicine than men (79.9% compared to 71.6%). Overall, 23.7% of adults with high blood pressure were not currently taking medication.

Cholesterol Awareness

Respondents were asked if they had ever had their blood cholesterol checked, if so how long ago and if they had ever been told by a health professional that they had high blood cholesterol. (Table 8.1)

Overall, only 11.5% had never had their blood cholesterol checked, and these were more likely to be young adults aged 18-34 years (28.6%), adults of Asian and other races (20.1%), adults in one-person households (15.9%) and those in middle-income households (14.9%). The vast majority of adults reported having had their blood cholesterol checked within the previous year (81.6%) or two (11.8%). These figures were similar in 1999.

In 2006 33.6% of respondents who'd had their cholesterol checked indicated that their blood cholesterol was high. This represents a dramatic increase from 7.9% of adults having high blood cholesterol in 1999. There were no substantive differences in the incidence of high blood cholesterol between the races or genders. However, older adults aged 55-64 years and 65 years and older were more likely to report high cholesterol (45.0% and 43.4%, respectively) than younger age groups. The prevalence of high blood cholesterol was also higher for adults with lower levels of education (42.4%), compared to those with post-secondary or higher education (27.1%); the incidence remained high nonetheless. The prevalence of high blood cholesterol also increased as household income decreased, with 42.1% of adults in the poorest households reporting high cholesterol, while only 34.0% of those in middle income and 28.2% of those in high-income households did so.

Table 8.1 Adult blood cholesterol outcomes

		Adult blood cholesterol outcomes					
		Never had blood cholesterol checked		Blood cholesterol checked in previous 2 years		Have high cholesterol	
		N	%	N	%	N	%
Gender	Total	186	11.5%	1351	93.4%	475	33.6%
	Men	90	11.9%	624	91.4%	216	32.7%
	Women	96	11.2%	728	95.2%	259	34.3%
Age	18-34	62	28.6%	137	88.0%	20	13.4%
	35-54	92	12.6%	594	91.8%	179	28.0%
	55-64	13	4.1%	290	96.7%	132	45.0%
	65 +	20	5.6%	330	96.0%	144	43.4%
Race	Black	99	11.5%	736	94.9%	262	34.6%
	White	75	10.9%	570	92.4%	202	33.4%
	Asian & Others	12	20.1%	38	85.6%	9	21.5%
	Not Stated	1	7.7%	7	75.0%	2	16.7%
Type of Household	One person	61	15.9%	305	91.1%	111	34.6%
	Adult couple	30	8.1%	335	95.7%	127	36.5%
	Two parents	76	11.0%	580	93.9%	193	31.8%
	Single parent	18	11.3%	130	91.1%	43	31.0%
Education	Secondary and Lower	77	11.7%	562	95.6%	242	42.4%
	Technical and Higher	108	11.5%	777	92.1%	225	27.1%
	Not Stated	1	5.3%	13	85.3%	8	63.1%
Income	\$50,000 & Under	40	11.4%	304	96.1%	131	42.1%
	\$50,001 to \$100,000	83	14.9%	452	93.6%	163	34.0%
	\$100,001 & Above	38	8.7%	370	92.1%	111	28.2%
	Not Stated	25	9.2%	225	91.9%	70	30.3%

Cardiovascular Disease Prevalence

Respondents were asked if they had ever been told by a health professional that they'd had a heart attack, coronary heart disease or a stroke. (Table 9.1) Overall, 3.6% of respondents had a heart attack, 3% had coronary heart disease, and 1.4% had a stroke at some time in their life.

Respondents who had suffered a heart attack were more likely to be adults aged 65 years and older (10.7%), than younger age groups and men (6.0%) were more likely to have suffered a heart attack than women (1.4%). Residents of one person or adult couple households were slightly more likely to have had a heart attack (5.2%) than those in two-parent (2.0%) and single parent (2.6%) households; this may be related to age. Respondents in lower socio-economic groups reported having had a heart attack slightly more often; 5.8% of those with secondary education or less responded positively, compared with 2.0% of those with technical or higher education and 5.9% of people in low income households said they'd had a heart attack, compared to 2.9% in middle and high income households.

Table 9.1 Cardiovascular disease prevalence among adults

		Cardiovascular disease prevalence among adults					
		Ever had a heart attack		Ever had coronary heart disease		Ever had a stroke	
		N	%	N	%	N	%
Gender	Total	59	3.6%	49	3.0%	24	1.4%
	Men	46	6.0%	33	4.3%	11	1.4%
	Women	12	1.4%	16	1.8%	13	1.5%
Age	18-34	0	0.0%	0	0.0%	0	0.0%
	35-54	8	1.0%	4	0.6%	5	0.7%
	55-64	12	3.7%	13	4.1%	8	2.4%
	65 +	39	10.7%	32	8.6%	11	2.9%
Race	Black	33	3.7%	29	3.3%	12	1.4%
	White	24	3.4%	18	2.7%	12	1.7%
	Asian & Others	2	3.4%	1	1.3%	0	0.0%
	Not Stated	0	0.0%	1	7.7%	0	0.0%
Type of Household	One person	20	5.2%	14	3.5%	11	2.8%
	Adult couple	20	5.2%	12	3.2%	6	1.5%
	Two parents	14	2.0%	15	2.1%	4	0.5%
	Single parent	4	2.6%	7	4.2%	3	2.0%
Education	Secondary and Lower	39	5.8%	37	5.5%	14	2.1%
	Technical and Higher	20	2.0%	12	1.2%	10	1.0%
Income	\$50,000 & Under	21	5.9%	20	5.6%	10	2.7%
	\$50,001 to \$100,000	16	2.9%	12	2.2%	7	1.2%
	\$100,001 & Above	21	2.9%	16	2.3%	7	1.0%

Coronary heart disease was more commonly reported among adults aged 65 years and older (8.6%) than younger age groups. Men (4.3%) were slightly more likely than women (1.8%) to have had coronary heart disease. Respondents with lower education and income reported coronary heart disease slightly more often; 5.5% of those with secondary education or less reported coronary heart disease compared with 1.2% of those with technical or higher education and 5.6% of people in low income households reported coronary heart disease compared to 2.2% in middle income and 2.3% in high income households. There were no differences in the reporting of coronary heart disease by family type or race. Lastly, the incidence of stroke was very low at 1.4%, but it was more commonly reported among older adults aged over 55 years.

Overweight and Obesity

Respondents were asked their body weight and height. These self-reports and the respondents gender were used to calculate the Body Mass Index, a population measure which uses the ratio of weight to height to indicate whether persons are underweight, of healthy body weight, overweight or obese. (Table 10.1)

The majority (64.0%) of the respondents who provided their height and weight were above normal body weight, with 40.0% being overweight, and a further 24.0% being obese. This represents an increase from 1999 when the proportion of overweight and obese respondents was 57%. Only 36.0% of adults reported healthy body weight. Very few persons were underweight.

Men and women were more likely to be overweight (47.5% and 33.0%, respectively) than obese (20.1% and 27.6% respectively) but men were more likely to be overweight than women; while women were more likely than men to be obese. The incidence of overweight and obesity was highest among the middle aged. Young adults aged 18 to 34 years (45.0%) and adults aged 65 years and older (38.4%) were most likely to report normal weight, compared to adults aged 35 to 54 years (34.3%) and older adults aged 55-64 years (30.8%). There were similarly stark differences for racial groups, with only 26.8% of Blacks reporting normal weight, while 45.6% of Whites and 57.6% of Asian and other races did so. More Blacks were overweight or obese (73.2%) than any other demographic category.

Table 10.1 Body Mass Index for adults

		BMI Category							
		Normal Weight		Overweight		Obese		Total	
		N	%	N	%	N	%	N	%
Gender	Total	567	36.0%	630	40.0%	379	24.0%	1576	100.0%
	Men	246	32.4%	360	47.5%	153	20.1%	758	100.0%
	Women	322	39.3%	270	33.0%	226	27.6%	818	100.0%
Age	18-34	96	45.0%	71	33.3%	46	21.7%	212	100.0%
	35-54	244	34.3%	294	41.3%	173	24.4%	712	100.0%
	55-64	91	30.8%	123	41.4%	83	27.9%	297	100.0%
	65 +	136	38.4%	142	40.0%	77	21.6%	355	100.0%
Race	Black	224	26.8%	343	41.0%	269	32.2%	835	100.0%
	White	308	45.6%	266	39.4%	101	15.0%	675	100.0%
	Asian & Others	34	57.6%	18	30.4%	7	12.0%	59	100.0%
	Not Stated	2	25.0%	3	50.0%	2	25.0%	7	100.0%
Type of Household	One person	154	41.8%	132	35.7%	83	22.4%	369	100.0%
	Adult couple	140	38.1%	157	42.6%	71	19.3%	368	100.0%
	Two parents	212	31.1%	278	40.9%	191	28.0%	681	100.0%
	Single parent	60	38.2%	63	40.2%	34	21.7%	157	100.0%
Education	Secondary and Lower	199	31.0%	257	40.2%	184	28.8%	640	100.0%
	Technical and Higher	368	39.6%	371	39.9%	190	20.5%	928	100.0%
	Not Stated	1	10.8%	2	28.4%	5	60.8%	8	100.0%
Income	\$50,000 & Under	117	33.3%	135	38.4%	99	28.3%	350	100.0%
	\$50,001 to \$100,000	187	34.7%	216	40.3%	134	25.0%	537	100.0%
	\$100,001 & Above	179	40.8%	185	42.2%	75	17.0%	439	100.0%
	Not Stated	85	34.1%	94	37.5%	71	28.4%	249	100.0%

Income and education were also associated to obesity. Adults with secondary education or less and adults from low income households reported the highest incidence of obesity (28.8%).

Conversely, adults in households with incomes over \$100,000 had among the lowest incidence of obesity (17.0%).

Respondents were also asked to describe whether they considered themselves to be underweight, normal weight or overweight. (Table 10.2) Adults aged 35-64 years were most likely to describe themselves as overweight (45.5%), which is consistent with the BMI findings. There is no direct comparison from the 1999 Adult Wellness Survey, but at that time 46% of adults said they were trying to lose weight, which indicates a consistency between the two time points.

In 2006 there was little difference between Blacks (49.3%) or Whites (42.9%) or educational levels (44.2% and 46.5%) in the extent to which respondents described themselves as overweight. However, in contrast to the BMI findings, women were more likely to describe themselves as overweight (53.1%) than men (37.1%), and adults from poorer households were slightly less likely to describe themselves as overweight (43.4%) than adults from middle income (47.6%) or high income (46.0%) households.

Table 10.2 Self-assessment of weight by adults

		Adult response to 'how would you describe your weight?'							
		Underweight		Normal weight		Overweight		Total	
		N	%	N	%	N	%	N	%
Gender:	Total	65	3.9%	833	50.5%	750	45.5%	1,648	100.0%
	Men	28	3.6%	462	59.3%	289	37.1%	779	100.0%
	Women	37	4.2%	371	42.7%	461	53.1%	869	100.0%
Age	18-34	12	5.5%	128	57.4%	83	37.2%	223	100.0%
	35-54	23	3.1%	349	46.9%	372	50.0%	744	100.0%
	55-64	13	4.3%	139	44.3%	161	51.5%	313	100.0%
	65 +	16	4.5%	217	59.0%	134	36.5%	368	100.0%
Race	Black	33	3.7%	412	46.9%	433	49.3%	878	100.0%
	White	29	4.2%	368	52.9%	298	42.9%	696	100.0%
	Asian & Others	0	0.0%	49	76.5%	15	23.5%	64	100.0%
	Not Stated	2	23.1%	4	38.5%	4	38.5%	11	100.0%
Type of Household	One person	29	7.3%	225	57.3%	140	35.5%	394	100.0%
	Adult couple	11	2.8%	202	53.3%	167	43.9%	380	100.0%
	Two parents	20	2.9%	315	44.5%	372	52.6%	707	100.0%
	Single parent	4	2.3%	90	54.2%	73	43.5%	167	100.0%
Education	Secondary and Lower	25	3.7%	349	52.1%	296	44.2%	671	100.0%
	Technical and Higher	34	3.6%	480	49.9%	447	46.5%	962	100.0%
	Not Stated	5	35.1%	3	21.2%	7	43.7%	15	100.0%
Income	\$50,000 & Under	14	3.9%	190	52.7%	157	43.4%	361	100.0%
	\$50,001 to \$100,000	20	3.5%	275	48.9%	267	47.6%	562	100.0%
	\$100,001 & Above	15	3.4%	226	50.6%	205	46.0%	446	100.0%
	Not Stated	16	5.6%	142	50.9%	121	43.5%	279	100.0%

Nutrition

Fruit Consumption

Respondents were asked how many servings of fruit they usually eat. Responses were grouped into three categories: less than one serving per day, one to two servings per day, three or more servings per day. (Table 11.1)

The largest proportion (58.5%) reported that they ate one to two servings of fruit per day and 17.6% reported eating more than three servings per day. However, 23.8% said they eat less than one serving of fruit per day. Women were more likely to eat one to two servings per day (59.6%) and three or more servings per day (21.0%) than men (57.3% and 13.8%, respectively). Men were more likely to eat less than one serving of fruit per day (28.9%) than any other demographic category.

Differences between racial groups were observed, with more Whites eating one to two servings per day than Blacks (63.0% compared to 54.5%), and more Blacks eating less than one serving per day (27.4%) compared to whites (20.3%). With respect to age and household income there were no distinct patterns; however, respondents with higher education (19.3%) were more likely to eat three or more servings of fruit than those with less education (15.1%).

Table 11.1 Number of fruit servings consumed by adults

		Number of fruit servings consumed by adults							
		Less than one serving per day		One to two servings per day		Three or more servings per day		Total	
		N	%	N	%	N	%	N	%
Gender:	Total	385	23.8%	946	58.5%	285	17.6%	1,616	100.0%
	Men	219	28.9%	434	57.3%	105	13.8%	758	100.0%
	Women	166	19.4%	512	59.6%	180	21.0%	858	100.0%
Age	18-34	47	21.3%	136	61.7%	38	17.0%	221	100.0%
	35-54	189	25.9%	409	56.1%	132	18.0%	729	100.0%
	55-64	74	24.0%	180	58.6%	53	17.3%	308	100.0%
	65 +	75	21.0%	220	61.5%	63	17.5%	358	100.0%
Race	Black	235	27.4%	468	54.5%	155	18.1%	858	100.0%
	White	140	20.3%	433	63.0%	115	16.7%	688	100.0%
	Asian & Others	9	13.5%	42	65.8%	13	20.7%	64	100.0%
	Not Stated	2	25.0%	3	50.0%	2	25.0%	7	100.0%
Type of Household	One person	90	23.5%	219	57.2%	74	19.4%	382	100.0%
	Adult couple	85	22.7%	226	60.4%	63	16.9%	374	100.0%
	Two parents	166	23.9%	413	59.5%	115	16.6%	694	100.0%
	Single parent	45	27.3%	87	53.1%	32	19.6%	165	100.0%
Education	Secondary and Lower	180	27.5%	375	57.4%	99	15.1%	653	100.0%
	Technical and Higher	205	21.5%	564	59.2%	184	19.3%	953	100.0%
	Not Stated	1	8.2%	6	62.3%	3	29.6%	10	100.0%
Income	\$50,000 & Under	93	26.4%	214	60.7%	46	12.9%	352	100.0%
	\$50,001 to \$100,000	118	21.4%	313	56.7%	121	22.0%	553	100.0%
	\$100,001 & Above	114	25.5%	268	60.0%	64	14.4%	446	100.0%
	Not Stated	60	22.7%	151	57.1%	54	20.3%	264	100.0%

Vegetable Consumption

Respondents were asked how many servings of vegetables they usually eat. Responses were grouped into three categories: less than one serving per day, one to two servings per day, three or more servings per day. (Table 11.2)

The largest proportion (76.1%) reported that they ate one to two servings of vegetables per day, and 17.2% reported eating more than three servings per day. Only 6.7% said they eat less than one serving of vegetables per day. Men were more likely to eat one to two servings per day (80.4%) than women (72.2%) but women were more likely to eat three or more servings per day (21.3%) than men (12.7%).

Vegetable consumption increased with age, with young adults aged 18-34 years more likely to eat less than one serving of vegetables per day (8.5%) than adults aged 65 years and older (4.6%). Small differences between racial groups were also observed, with more Whites eating three or more servings of vegetables per day than Blacks (18.7% compared to 15.3%), and more Blacks eating less than one serving per day (7.3%) compared to Whites (5.5%). Adults with higher education and those from middle income households were more likely to eat three or more servings of vegetables per day (20.0% and 19.8%, respectively) than those with less education and household income \$50,000 or less (13.2% and 10.1%, respectively).

Table 11.2 Number of vegetable servings consumed by adults

		Number of vegetable servings consumed by adults							
		Less than one serving per day		One to two servings per day		Three or more servings per day		Total	
		N	%	N	%	N	%	N	%
Gender	Total	109	6.7%	1,244	76.1%	282	17.2%	1,634	100.0%
	Men	53	6.9%	621	80.4%	98	12.7%	772	100.0%
	Women	56	6.5%	622	72.2%	183	21.3%	862	100.0%
Age	18-34	19	8.5%	168	75.7%	35	15.8%	222	100.0%
	35-54	54	7.3%	556	75.4%	127	17.3%	737	100.0%
	55-64	19	6.2%	248	79.3%	45	14.5%	313	100.0%
	65 +	17	4.6%	272	75.0%	74	20.4%	362	100.0%
Race	Black	63	7.3%	675	77.5%	133	15.3%	872	100.0%
	White	38	5.5%	525	75.8%	130	18.7%	692	100.0%
	Asian & Others	5	8.0%	41	64.5%	17	27.5%	64	100.0%
	Not Stated	2	37.5%	2	37.5%	2	25.0%	7	100.0%
Type of Household	One person	33	8.5%	288	74.6%	65	16.9%	386	100.0%
	Adult couple	18	4.8%	290	76.9%	69	18.4%	377	100.0%
	Two parents	48	6.8%	540	76.8%	116	16.5%	704	100.0%
	Single parent	11	6.3%	126	75.6%	30	18.0%	166	100.0%
Education	Secondary and Lower	45	6.7%	533	80.1%	88	13.2%	665	100.0%
	Technical and Higher	63	6.6%	704	73.4%	192	20.0%	959	100.0%
	Not Stated	1	8.2%	7	67.3%	2	24.5%	10	100.0%
Income	\$50,000 & Under	31	8.6%	290	81.3%	36	10.1%	357	100.0%
	\$50,001 to \$100,000	34	6.1%	415	74.1%	111	19.8%	561	100.0%
	\$100,001 & Above	24	5.3%	347	77.7%	76	17.0%	446	100.0%
	Not Stated	20	7.5%	191	70.8%	59	21.7%	270	100.0%

Fast Food Consumption

Respondents were asked how often they ate fast food meals such as hamburgers, fried chicken, hot dogs and french fries. Responses were grouped into the categories three times per week or more, once or twice per week, fortnightly or less, or never. (Table 11.3)

Overall, 12.7% of respondents reported eating fast food meals three times per week or more. Men were more likely to do so (16.3%) than women (9.6%). Young adults aged 18 to 34 years were more likely to eat fast food more than three times per week (25.3%) than any other demographic group. Older adults aged 55-64 years and 65 years and older reported the lowest consumption of fast food (34.4% and 50.9%, respectively ate fast food only fortnightly or never).

Only 6.5% of all participants reported having more than one fast food meal per day, but no one reported eating fast food three or more times per day.

Table 11.3 Frequency of fast food consumption by adults

		Frequency of fast food consumption by adults							
		3x p/week or more		1-2x p/week		Fortnightly or less		Never	
		N	%	N	%	N	%	N	%
Gender	Total	207	12.7%	939	57.8%	141	8.7%	338	20.8%
	Men	125	16.3%	425	55.4%	54	7.1%	163	21.3%
	Women	82	9.6%	514	60.0%	87	10.1%	174	20.3%
Age	18-34	56	25.3%	143	64.6%	11	4.7%	12	5.4%
	35-54	107	14.5%	462	62.7%	49	6.6%	120	16.2%
	55-64	29	9.4%	172	56.1%	35	11.4%	71	23.0%
	65 +	15	4.1%	162	45.0%	47	13.2%	135	37.7%
Race	Black	116	13.5%	521	60.5%	64	7.4%	160	18.6%
	White	78	11.2%	385	55.5%	71	10.3%	159	23.0%
	Asian & Others	12	18.7%	31	50.1%	5	8.1%	15	23.1%
	Not Stated	1	11.1%	2	22.2%	1	11.1%	4	55.6%
Type of Household	One person	49	12.9%	208	54.4%	35	9.1%	90	23.6%
	Adult couple	43	11.5%	195	51.9%	47	12.4%	91	24.2%
	Two parents	87	12.3%	432	61.6%	54	7.7%	129	18.4%
	Single parent	28	16.7%	103	62.9%	6	3.8%	27	16.6%
Education	Secondary and Lower	82	12.5%	376	57.1%	65	9.8%	136	20.6%
	Technical and Higher	124	13.0%	558	58.5%	76	7.9%	197	20.7%
	Not Stated	1	7.6%	5	42.4%	1	7.6%	5	42.4%
Income	\$50,000 & Under	47	13.3%	199	56.2%	37	10.5%	71	20.0%
	\$50,001 to \$100,000	85	15.3%	345	62.3%	42	7.5%	83	14.9%
	\$100,001 & Above	53	11.9%	271	60.7%	35	7.9%	87	19.4%
	Not Stated	22	8.0%	124	45.9%	27	9.9%	97	36.1%

Breakfast Consumption

Respondents were asked to how often they eat breakfast. The responses were placed into four categories: less than once per week, once to twice per week, three to four times per week, and five to seven times a week. (Table 11.4)

Overall, 77.3% reported eating breakfast five to seven times per week. Only 4.7% reported that they ate breakfast less than once a week. Women were more likely to have breakfast almost every day of the week than men (81.2% compared to 73.0%). Conversely, men were more likely to have breakfast less than once a week (6.1%) compared to women (3.4%).

Young adults were less likely to eat breakfast (6.2%) than older age groups, and adults aged 65 years and older were more likely to eat breakfast almost daily (87.7%) than any other demographic group. A larger proportion of Whites reported that they ate breakfast most days of the week (79.3%) compared to Blacks (75.8%). Adults in single-parent households were more likely to eat breakfast less than once per week than any other group (7.4%).

Table 11.4 Frequency of breakfast consumption by adults

		Frequency of breakfast consumption by adults									
		Less than once per week		Once to twice per week		Three to four times per week		Five to seven times per week		Total	
		N	%	N	%	N	%	N	%	N	%
Gender:	Total	77	4.7%	157	9.5%	139	8.5%	1,270	77.3%	1,643	100.0%
	Men	48	6.1%	90	11.6%	72	9.2%	568	73.0%	778	100.0%
	Women	29	3.4%	66	7.7%	67	7.8%	702	81.2%	865	100.0%
Age	18-34	14	6.2%	29	13.2%	23	10.5%	156	70.2%	223	100.0%
	35-54	37	5.0%	80	10.7%	84	11.3%	541	72.9%	742	100.0%
	55-64	15	4.9%	26	8.4%	19	6.1%	252	80.6%	313	100.0%
	65 +	11	3.0%	21	5.9%	12	3.4%	321	87.7%	366	100.0%
Race	Black	40	4.5%	89	10.1%	84	9.6%	665	75.8%	877	100.0%
	White	36	5.2%	59	8.5%	49	7.0%	551	79.3%	694	100.0%
	Asian & Others	1	1.3%	9	14.3%	6	9.3%	48	75.1%	64	100.0%
	Not Stated	1	11.1%	0	0.0%	0	0.0%	7	88.9%	7	100.0%
Type of Household	One person	16	4.2%	34	8.7%	29	7.4%	310	79.7%	389	100.0%
	Adult couple	21	5.4%	33	8.6%	22	5.8%	304	80.2%	380	100.0%
	Two parents	28	4.0%	73	10.3%	65	9.3%	540	76.5%	706	100.0%
	Single parent	12	7.4%	18	10.6%	21	12.8%	115	69.2%	167	100.0%
Education	Secondary & Lower	35	5.2%	63	9.4%	55	8.3%	516	77.0%	670	100.0%
	Technical and Higher	42	4.4%	93	9.6%	83	8.7%	744	77.3%	962	100.0%
	NS	0	0.0%	1	7.6%	0	0.0%	10	92.4%	11	100.0%
Income	\$50,000 & Under	18	4.9%	35	9.7%	35	9.8%	272	75.5%	360	100.0%
	\$50,001 to \$100,000	27	4.9%	59	10.4%	50	9.0%	424	75.7%	561	100.0%
	\$100,001 & Above	20	4.4%	47	10.5%	38	8.6%	342	76.6%	446	100.0%
	NS	13	4.6%	16	5.9%	15	5.4%	232	84.1%	276	100.0%

Exercise and Physical Activity

Respondents were asked about the amount and frequency of moderate and vigorous activity they engaged in on a weekly basis. (Tables 12.1 and 12.2) Moderate activities were described as “causing small increases in breathing or heart rate, such as brisk walking, bicycling, vacuuming or gardening”, and vigorous activities were described as those causing “large increases in breathing or heart rate, such as running, aerobics or heavy yard work”. Respondents were also asked to describe their overall activities level during a normal week. (Table 12.3)

Sedentary Behaviour

Overall, 17.6% of adult respondents could be described as sedentary, reporting that they did not engage in moderate physical activities for even ten minutes at a time during a typical week. Men were more likely to report sedentary behaviour (19.5%) than women (15.8%), as did older age groups, with 21.4% of adults aged 65 years and older reporting less than weekly moderate activity. Blacks (21.7%) and Asian and other races (27.3%) were considerably more likely than Whites (11.4%) to be sedentary, and adults in one person households were more likely (23.1%) than those in other household types. Sedentary behaviour was greater in those with lower education and income; adults with secondary education or less (23.6%) were more likely to report less than moderate activity in a week than those with higher education (13.4%); and adults in low income households were more likely to report less than moderate activity in a week (23.8%) than adults in middle income (13.6%) or high income (14.1%) households.

Table 12.1 Engagement in moderate physical activity for at least 10 minutes at a time

		Adults in moderate physical activity for at least 10 minutes at a time					
		At least once per week		Less than once per week (sedentary)		Total	
		N	%	N	%	N	%
Gender	Total	1,345	82.4%	286	17.6%	1,631	100.0%
	Men	625	80.5%	151	19.5%	776	100.0%
	Women	720	84.2%	135	15.8%	855	100.0%
Age	18-34	187	84.8%	34	15.2%	221	100.0%
	35-54	620	84.3%	116	15.7%	736	100.0%
	55-64	251	81.0%	59	19.0%	310	100.0%
	65 +	287	78.6%	78	21.4%	365	100.0%
Race	Black	682	78.3%	189	21.7%	871	100.0%
	White	611	88.6%	79	11.4%	690	100.0%
	Asian & Others	46	72.7%	17	27.3%	63	100.0%
	Not Stated	6	77.8%	2	22.2%	7	100.0%
Type of Household	One person	298	76.9%	90	23.1%	387	100.0%
	Adult couple	320	85.0%	56	15.0%	377	100.0%
	Two parents	592	84.1%	112	15.9%	704	100.0%
	Single parent	135	83.2%	27	16.8%	162	100.0%
Education	Secondary and Lower	508	76.4%	157	23.6%	665	100.0%
	Technical and Higher	829	86.6%	129	13.4%	958	100.0%
	NS	8	90.2%	1	9.8%	8	100.0%
Income	\$50,000 & Under	273	76.2%	85	23.8%	358	100.0%
	\$50,001 to \$100,000	481	86.4%	76	13.6%	557	100.0%
	\$100,001 & Above	381	85.9%	63	14.1%	444	100.0%
	NS	210	76.9%	63	23.1%	272	100.0%

Moderate and Vigorous Activity

With respect to moderate physical activity, 27.3% did 30 minutes of physical activity at least three times per week, and a further 37.9% did so at least five times per week. Only 19.5% did at least 30 minutes of vigorous physical activities three times per week, and 9.5% did so five or more times per week. Men were more likely to spend 30 minutes engaged in vigorous physical activity for 5 times per week than women, (11.5% compared to 7.7%). Younger adults tend to be engaged in vigorous activities for 3 or more times per week (31.5%) while adults aged 65 years and older were more likely to be engaged in moderate physical activity 5 times per week (42.8%). Adults in households with technical or higher education tend to spend 30 minutes or more in vigorous physical activity for 3 times and 5 times per week, (24.0% and 10.7% respectively).

Table 12.2 Frequency and Duration of Moderate and Vigorous physical activity

		Moderate Physical Activity for 30 minutes				Vigorous Physical Activity for 30 minutes			
		3 times per week		5 times per week		3 times per week		5 times per week	
		N	%	N	%	N	%	N	%
Gender	Total	367	27.3	509	37.9	263	19.5	127	9.5
	Men	165	26.3	235	37.6	123	19.7	72	11.5
	Women	202	28.1	274	38.1	139	19.3	56	7.7
Age	18-34	51	27.1	60	32.0	59	31.5	29	15.2
	35-54	172	27.8	239	38.5	156	25.1	74	12.0
	55-64	82	32.7	88	35.1	33	13.2	12	4.7
	65 +	61	21.4	123	42.8	15	5.2	13	4.4
Race	Black	189	27.7	242	35.4	138	20.3	77	11.3
	White	166	27.2	252	41.2	114	18.6	51	8.3
	Asian & Others	8	18.1	14	30.7	10	22.8	0	0.0
	Not Stated	3	57.1	2	28.6	0	0.0	0	0.0
Type of Household	One person	87	29.1	105	35.4	52	17.6	33	11.0
	Adult couple	76	23.9	137	42.9	58	18.2	26	8.2
	Two parents	168	28.3	219	36.9	124	21.0	58	9.8
	Single parent	36	26.6	48	35.6	28	20.7	10	7.7
Education	Secondary and Lower	124	24.3	203	39.9	64	12.6	39	7.6
	Technical and Higher	240	29.0	305	36.8	199	24.0	89	10.7
	Not Stated	3	39.2	2	21.6	0	0.0	0	0.0
Income	\$50,000 & Under	78	28.6	91	33.5	32	11.7	18	6.8
	\$50,001 to \$100,000	156	32.4	171	35.6	104	21.6	61	12.7
	\$100,001 & Above	97	25.3	139	36.5	99	26.0	37	9.6
	Not Stated	37	17.4	107	51.3	28	13.1	11	5.1

Normal Everyday Activity

Respondents were asked to describe the type of activity they did mostly during an ordinary week in terms of sitting, standing, walking or physically demanding work. (Table 12.3) Overall, 62.4% reported that they were mostly sitting or standing, 25.1% said they did mostly walking, and 9.3% said they did mostly heavy labour or physically demanding work. During an ordinary week, women were more likely to report mostly sitting or standing than men (70.0% compared to 55.1%) while men tended to be engaged in mostly heavy labour or physical demanding work (15.2% compared to 3.2%). Adults in single parent households reported the highest percentage of mostly sitting or standing (73.4%) and adults in households with secondary or less education had the highest percentage of mostly heavy labour or physical demanding work (14.7%).

Table 12.3 Adults' Normal Everyday Activity

		Adults' Normal Everyday Activity					
		Mostly sitting or standing		Mostly walking		Mostly heavy labour or physically demanding work	
		N	%	N	%	N	%
Gender	Total	609	62.4	245	25.1	91	9.3
	Men	273	55.1	125	25.1	76	15.2
	Women	336	70.0	120	25.1	16	3.2
Age	18-34	110	65.1	38	22.8	17	10.1
	35-54	324	66.2	104	21.3	52	10.6
	55-64	95	57.6	50	30.1	12	7.1
	65 +	80	52.5	53	34.6	11	6.9
Race	Black	293	59.9	126	25.7	53	10.8
	White	287	65.2	106	24.2	38	8.7
	Asian & Others	28	62.2	13	28.9	0	0.0
	Not Stated	2	66.7	0	0.0	0	0.0
Type of Household	One person	143	66.9	40	18.7	23	10.9
	Adult couple	142	60.8	63	26.9	22	9.6
	Two parents	254	58.5	124	28.5	42	9.7
	Single parent	69	73.4	19	19.8	3	3.7
Education	Secondary and Lower	167	52.1	93	29.1	47	14.7
	Technical and Higher	443	67.4	152	23.2	44	6.8
Income	\$50,000 & Under	81	62.7	31	23.8	15	11.5
	\$50,001 to \$100,000	215	62.5	74	21.4	48	13.9
	\$100,001 & Above	313	62.3	141	28.0	28	5.6

Television Viewing

Respondents were asked how much time they spent watching television on a daily basis. (Table 12.4) Overall, 72.4% of adults watched more than two hours of television daily, which represents a small increase from 68% in 1999. The majority of adults (68.3%) reported watching two to five hours of television per day; 27.6% watched less than two hours, and only 4.1% watched more than five hours of television daily.

Women were more likely to watch less than two hours daily (29.9%) than men (25.4%). Conversely, men were slightly more likely to watch more than five hours of television daily (5.2%) than women (2.8%). There were no substantive differences between age groups, but racial differences did emerge. Blacks were the top television watchers, with 6.5% watching more than five hours daily, the highest of any demographic group. Adults in two-parent households were more likely to watch less than 2 hours of television daily (31.3%) than other household types. Those in one person households were more likely to watch 2-5 hours (72.3%) or more than 5 hours daily (6.3%). Television watching was higher in lower socio-economic groups. Adults who watched less than two hours daily were more likely to have post-secondary or higher education (29.9%) compared to those with less education (22.9%) and adults in high income households were more likely to watch less than two hours daily (29.7%) than other income groups. Conversely, adults with lower education and those in low income households were more likely to watch more than five hours daily (5.6% and 5.5%, respectively) than adults with higher education and those in high income households (3.3% and 3.7%, respectively).

Table 12.4 Hours of television watched daily by adults

		Amount of time spent watching television daily by adults					
		Less than 2 hours		2 – 5 hours		More than 5 hours	
		N	%	N	%	N	%
Gender	Total	261	27.6%	646	68.3%	38	4.1%
	Men	122	25.4%	333	69.3%	25	5.2%
	Women	139	29.9%	313	67.3%	13	2.8%
Age	18-34	44	26.7%	114	69.2%	7	4.1%
	35-54	133	27.7%	329	68.9%	16	3.4%
	55-64	46	28.6%	108	66.9%	7	4.5%
	65 +	39	27.3%	95	67.1%	8	5.6%
Race	Black	112	23.9%	325	69.6%	31	6.5%
	White	133	30.4%	297	68.0%	7	1.6%
	Asian & Others	17	42.6%	22	55.3%	1	2.0%
	Not Stated	0	.0%	2	100.0%	0	.0%
Type of Household	One person	44	21.4%	148	72.3%	13	6.3%
	Adult couple	60	26.6%	156	69.4%	9	4.0%
	Two parents	133	31.3%	278	65.7%	12	2.9%
	Single parent	24	25.9%	64	69.6%	4	4.5%
Education	Secondary and Lower	70	22.9%	219	71.5%	17	5.6%
	Technical and Higher	190	29.8%	427	66.9%	21	3.3%
	Not Stated	1	100.0%	0	.0%	0	.0%
Income	\$50,000 & Under	32	25.2%	87	69.2%	7	5.5%
	\$50,001 to \$100,000	87	25.7%	238	70.3%	14	4.0%
	\$100,001 & Above	94	31.1%	200	66.6%	7	2.2%
	Not Stated	49	27.2%	120	66.8%	11	6.1%

Tobacco Use

Respondents were asked about cigarette smoking history and habits. (Table 13.1) Smoking was defined as smoking at least 100 cigarettes in a lifetime and current smoking was defined as smoking some days or everyday during the past 30 days.

Overall, 13.4% of respondents reported smoking daily (8%) or some days (5.4%) at the time of the survey, which represents a decrease from 1999 when 22% of adults said they were current smokers. In 2006, 24.8% of respondents were former smokers and 61.5% said they had never smoked. Men were more likely to be current smokers (16.7%) than women (10.4%), and women were more likely to have never smoked (70.7%) than men (51.3%). While adults aged 65 years and older were least likely to be smokers (7.4%) there was little difference between other age groups; however, middle aged adults were slightly more likely to smoke daily. Young adults aged 18 to 34 years were more likely to have never smoked (70.8%) than other age groups.

Blacks were less likely to be current smokers (11.2%) than Whites (16.5%). Blacks were also more likely to have never smoked than Whites (70.6% compared to 49.1%). Whites were considerably more likely to smoke daily (10.7%) compared to Blacks (5.9%). Smoking was more common among those with lower education and income. Adults with secondary or less education were more likely to be current smokers (15.7%) than adults with technical and higher education (11.8%) and low-income households had more adults who smoked (19.2%) than middle income (12.9%) and high-income (11.8%) households.

Table 13.1 Cigarette smoking by adults

		Cigarette smoking by adults							
		Current smoker (daily)		Current smoker (some days)		Former smoker		Never smoked	
		N	%	N	%	N	%	N	%
Gender	Total	130	8.0%	88	5.4%	403	24.8%	1,002	61.5%
	Men	77	10.0%	52	6.7%	243	31.6%	394	51.3%
	Women	53	6.2%	36	4.2%	161	18.7%	608	70.7%
Age	18-34	17	7.9%	14	6.5%	32	14.8%	155	70.8%
	35-54	70	9.5%	45	6.1%	156	21.3%	461	62.9%
	55-64	29	9.3%	16	5.1%	105	33.8%	160	51.5%
	65 +	14	3.9%	13	3.5%	110	30.1%	226	61.7%
Race	Black	51	5.9%	46	5.3%	157	18.1%	613	70.6%
	White	74	10.7%	40	5.8%	233	33.8%	339	49.1%
	Asian & Others	6	9.1%	2	3.5%	13	20.9%	41	66.5%
	Not Stated	0	0.0%	0	0.0%	0	0.0%	10	100.0%
Type of Household	One person	37	9.4%	21	5.4%	86	21.9%	245	62.7%
	Adult couple	32	8.6%	20	5.4%	110	29.1%	213	56.7%
	Two parents	44	6.4%	35	5.0%	180	25.8%	435	62.5%
	Single parent	17	10.2%	11	6.9%	27	16.5%	109	66.3%
Education	Secondary and Lower	60	9.0%	45	6.7%	176	26.4%	385	57.6%
	Technical and Higher	69	7.3%	43	4.5%	225	23.8%	606	64.1%
	Not Stated	1	8.6%	0	0.0%	3	17.2%	11	74.2%
Income	\$50,000 & Under	44	12.3%	25	6.9%	70	19.5%	219	61.1%
	\$50,001 to \$100,000	38	6.9%	33	6.0%	130	23.4%	350	63.1%
	\$100,001 & Above	31	6.9%	22	4.9%	134	30.3%	254	57.6%
	Not Stated	17	6.4%	8	3.0%	70	25.5%	178	65.2%

Respondents were also asked about attempts to quit smoking. (Table 13.2) Overall, 54.6% of smokers reported that they had tried to quit for a day or more during the past year. Women were more likely to have quit smoking for at least one day (64.7%) than men (47.9%), and adults with secondary education or less were more likely to try to quit (61.3%) than those with higher education (48.5%). Adults living in two-parent households (63.7%) were more likely to stop smoking for one day or longer than adults in other household types.

Table 13.2 Adults who stopped smoking for at least one day

		During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?			
		Yes		No	
		N	%	N	%
Gender	Total	114	54.6%	95	45.4%
	Male	60	47.9%	65	52.1%
	Female	54	64.7%	29	35.3%
Age	18-34	19	63.0%	11	37.0%
	35-54	56	50.2%	56	49.8%
	55-64	26	57.1%	19	42.9%
	65 +	13	60.6%	9	39.4%
Race	Black	55	58.9%	38	41.1%
	White	55	51.6%	52	48.4%
	Asian & Others	3	44.7%	4	55.3%
	Not Stated	0	0.0%	0	0.0%
Type of Household	One person	26	45.3%	31	54.7%
	Adult couple	25	52.0%	23	48.0%
	Two parents	48	63.7%	28	36.3%
	Single parent	15	53.6%	13	46.4%
Education	Secondary or less	61	61.3%	39	38.7%
	Post Secondary & higher	53	48.5%	56	51.5%
Household Income	\$50,000 or less	36	56.3%	28	43.7%
	\$50,001 to \$100,000	38	55.1%	31	44.9%
	\$100,001 & over	40	52.8%	36	47.2%

Alcohol Consumption

Respondents were asked about whether they drank alcoholic beverages and, if so, how much and how often in the previous thirty days. They were also asked on how many times they may have consumed more than five alcoholic drinks at a single occasion. (Table 14.1) One drink was defined as being equivalent to a 12-ounce beer, a 5-ounce glass of wine or a drink with one shot of liquor.

Overall, in the past month, 53.2% of respondents had at least one drink of alcohol and 46.8% did not drink any alcohol. This represents a decline from 1999, when 61.6% of survey respondents said they drank. Of those who reported that they drank alcoholic beverages 12.1% had only one or two drinks on each occasion and 41.1% had more than three drinks on the days that they drank.

Women were less likely to drink alcohol (53.9%) than men (38.9%). Women were also less likely than men to drink more than three drinks on average (31.9% compared to 51.5%).

Drinking decreased with age. Adults aged 65 years and older were most likely to abstain (61.6%) and least likely to have more than three drinks on a single occasion (31.2%), compared to young adults aged 18-34, of whom only 36.8% did not drink and 44% drank more than three drinks on average.

Whites were least likely to abstain (26.2%) than other racial groups. They were also more likely to drink three or more drinks on average (62.4%) than Blacks (24.6%) or Asian/Other (41.2%).

Adults with secondary education or less were more likely to abstain (61.4%) than those with technical or higher education (36.3%) and adults from low-income households were more likely to abstain (60.9%) than adults in middle-income (47.9%) or high-income households (26.6%).

Drinking five or more drinks on any single occasion was defined as binge drinking. Overall, 23.6% of adults reported at least one instance of binge drinking in the previous month, which has remained constant from 23% in 1999.

Binge drinking was more common among men (32.3%) than women (13.5%) and among young adults aged 18-34 (41.6%) than older age groups. There were no significant differences between Blacks and Whites or by education or household income.

Table 14.1 Adult alcohol consumption in previous 30 days

		Adult alcohol consumption in previous 30 days							
		No drinks		One to two drinks per occasion		Three or more drinks per occasion		Five or more drinks on at least one occasion	
		N	%	N	%	N	%	N	%
Gender	Total	768	46.8%	198	12.1%	674	41.1%	202	23.6%
	Men	301	38.9%	74	9.6%	398	51.5%	149	32.3%
	Women	467	53.9%	124	14.3%	276	31.9%	53	13.5%
Age	18-34	81	36.8%	42	19.2%	97	44.0%	58	41.6%
	35-54	309	41.7%	99	13.4%	333	44.9%	112	26.5%
	55-64	151	48.6%	30	9.6%	130	41.7%	23	14.9%
	65 +	226	61.6%	26	7.2%	115	31.2%	8	6.1%
Race	Black	545	62.4%	114	13.0%	215	24.6%	74	23.2%
	White	181	26.2%	79	11.4%	432	62.4%	123	24.3%
	Asian & Others	33	52.0%	4	6.7%	26	41.2%	5	16.9%
	Not Stated	9	84.6%	1	7.7%	1	7.7%	0	0.0%
Type of Household	One person	210	53.9%	37	9.5%	143	36.6%	58	33.3%
	Adult couple	155	41.0%	38	10.2%	184	48.8%	49	22.4%
	Two parents	319	45.3%	99	14.0%	287	40.7%	74	19.6%
	Single parent	83	49.6%	24	14.3%	60	36.1%	21	24.8%
Education	Secondary and Lower	408	61.4%	73	11.0%	184	27.6%	53	20.9%
	Technical and Higher	348	36.3%	123	12.8%	489	51.0%	148	24.7%
	Not Stated	12	75.5%	2	15.9%	1	8.6%	1	35.1%
Income	\$50,000 & Under	220	60.9%	37	10.3%	104	28.9%	33	24.7%
	\$50,001 to \$100,000	268	47.9%	77	13.8%	214	38.3%	74	26.0%
	\$100,001 & Above	118	26.6%	56	12.5%	272	60.9%	75	23.0%
	Not Stated	162	59.2%	28	10.1%	84	30.7%	21	18.0%

Sexual Behaviour

Respondents were asked about their sexual behaviours. Specifically, they were asked the number of persons with whom they'd had sexual intercourse in the previous 12 months and whether they had used a condom. (Tables 15.1 and 15.2) Overall, 27.2% said they had not had sexual intercourse with anyone in the past year, 67.2% reported that they had only one sexual partner, and 5.6% said they'd had sexual intercourse with more than one person in the past year. Having more than one sexual partner was more commonly reported by men (8.2%) than by women (3.3%); by young adults aged 18-34 (15.4%) than by older age groups; and by adults from one-person households (13.7%) and single-parent households (12.4%) than by those in adult couple (1.4%) and two-parent (1.8%) households. There were no substantive differences with respect to multiple sexual partners by race, education or income level.

Table 15.1 Number of sexual partners in the past year

		Number of sexual partners in the past year							
		None		One		More than one		Total	
		N	%	N	%	N	%	N	%
Gender	Total	438	27.2%	1,081	67.2%	90	5.6%	1,610	100.0%
	Men	154	20.3%	541	71.5%	62	8.2%	758	100.0%
	Women	284	33.4%	540	63.4%	28	3.3%	852	100.0%
Age	18-34	19	8.4%	168	76.2%	34	15.4%	221	100.0%
	35-54	102	14.0%	591	81.1%	36	4.9%	728	100.0%
	55-64	79	26.3%	210	70.2%	10	3.5%	300	100.0%
	65 +	239	66.2%	112	31.0%	10	2.8%	361	100.0%
Race	Black	259	30.1%	549	63.9%	51	5.9%	859	100.0%
	White	164	24.0%	485	71.0%	34	5.0%	683	100.0%
	Asian & Others	15	24.3%	41	67.8%	5	7.9%	61	100.0%
	Not Stated	1	12.5%	6	87.5%	0	0.0%	7	100.0%
Type of Household	One person	197	51.8%	130	34.4%	52	13.7%	379	100.0%
	Adult couple	76	20.7%	287	77.9%	5	1.4%	369	100.0%
	Two parents	93	13.3%	593	84.9%	13	1.8%	699	100.0%
	Single parent	71	44.2%	70	43.4%	20	12.4%	161	100.0%
Education	Secondary and Lower	252	38.4%	377	57.4%	28	4.2%	657	100.0%
	Technical and Higher	177	18.8%	703	74.6%	62	6.6%	942	100.0%
	Not Stated	9	84.4%	2	15.6%	0	0.0%	11	100.0%
Income	\$50,000 & Under	169	47.7%	162	45.7%	24	6.7%	355	100.0%
	\$50,001 to \$100,000	111	20.0%	403	72.8%	40	7.2%	554	100.0%
	\$100,001 & Above	36	8.2%	385	87.1%	21	4.8%	442	100.0%
	Not Stated	122	47.1%	131	50.7%	6	2.2%	259	100.0%

Condom use

Participants who reported having had at least one sexual partner in the previous 12 months were asked whether a condom had been used the last time they had sex and, if so, whether it was used to prevent pregnancy, disease, both or another reason. (Table 15.2)

Of all sexually active respondents, only 16.7% reported that they had used a condom in their last sexual intercourse. Men were more likely to report condom use (18.7%) than women (14.5%), as were young adults aged 18-34 (28.8%). Asian & other races were more likely than Blacks or Whites to report condom use (24.1%), as were adults in one person households (41.6%) and in single parent households (30.9%). Adults in high income households were less likely to report condom use than any other demographic category (9.1%).

Of all condom users, 51.5% reported doing so to prevent both pregnancy and diseases. Younger respondents were more likely to use condoms to prevent pregnancy (31.1%) while older persons tended to use condoms to prevent diseases (28.8%). Pregnancy prevention was quoted as the reason more often by adults with higher education (32.0%) and high-income (50.2%) than by those with less education and lower income, for whom disease prevention was the more common reason of the two (26.2% and 27.2%, respectively).

Of the 90 respondents who reported having more than one sexual partner in the past year, 65.2% reported having used a condom the last time they had sex.

Table 15.2 Use of Condom by Adults

		Used a condom last time had sexual intercourse		Reasons for using a condom							
				To prevent pregnancy		To prevent diseases		For both of these reasons		For some other reason	
		N	%	N	%	N	%	N	%	N	%
Gender:	Total	192	16.7%	55	29.6%	29	15.7%	96	51.5%	6	3.2%
	Men	111	18.7%	33	30.5%	19	17.1%	54	50.0%	3	2.4%
	Women	80	14.5%	22	28.4%	11	13.7%	42	53.7%	3	4.2%
Age	18-34	58	28.8%	17	31.1%	2	4.0%	35	64.9%	0	0.0%
	35-54	91	14.7%	31	33.6%	17	18.7%	43	46.8%	1	0.9%
	55-64	27	12.6%	6	24.1%	5	21.3%	11	44.9%	2	9.7%
	65 +	16	13.9%	1	8.9%	4	28.8%	7	44.5%	3	17.8%
Race	Black	102	17.4%	18	17.8%	19	19.2%	59	58.7%	4	4.3%
	White	77	15.1%	35	47.0%	9	12.1%	29	38.7%	2	2.2%
	Asian & Others	11	24.1%	2	22.8%	1	8.7%	6	68.5%	0	0.0%
	Not Stated	2	28.6%	0	0.0%	0	0.0%	2	100.0%	0	0.0%
Type of Household	One person	73	41.6%	8	11.2%	16	22.1%	47	65.6%	1	1.1%
	Adult couple	28	9.6%	14	52.2%	4	13.7%	5	18.5%	4	15.6%
	Two parents	64	10.7%	33	52.2%	5	7.3%	25	39.2%	1	1.3%
	Single parent	27	30.9%	0	0.0%	5	20.7%	20	79.3%	0	0.0%
Education	Secondary & Lower	56	14.2%	13	23.8%	14	26.2%	25	46.0%	2	4.0%
	Technical and Higher	136	18.0%	42	32.0%	15	11.3%	71	53.8%	4	2.9%
Income	\$50,000 & Under	41	22.7%	5	12.9%	11	27.1%	21	53.7%	2	6.2%
	\$50,001 to \$100,000	91	20.9%	18	21.0%	11	12.5%	55	64.0%	2	2.5%
	\$100,001 & Above	37	9.1%	19	50.2%	6	15.0%	13	34.9%	0	0.0%
	Not Stated	23	17.6%	13	56.2%	2	9.0%	7	29.2%	1	5.6%

HIV/AIDS

Respondents were asked if they had ever been tested for HIV. (Table 16.1) Overall, 49.1% said they had been tested at some time, which represents no real change from 48% in 1999. There were no substantive differences between men and women, but young adults aged 18-34 were more likely to have been tested (66.2%) than any other demographic category. Asian and other races were more likely to have been tested (59.1%) than Blacks (50%) or Whites (46.7%), and more people with technical and higher education were tested (53.6%) than those with less education (40.8%). Adults in high income households were more likely to have had an HIV test (56.2%) than those from middle and low income (47.4% and 44.7%, respectively).

Table 16.1 Adults tested for HIV

		Adults tested for HIV							
		Yes		No		Unsure or Refused		Total	
		N	%	N	%	N	%	N	%
Gender	Total	646	49.1%	635	48.2%	36	2.7%	1,318	100.0%
	Men	307	48.9%	308	49.2%	12	1.9%	626	100.0%
	Women	340	49.2%	328	47.4%	24	3.4%	691	100.0%
Age	18-34	147	66.2%	70	31.5%	5	2.3%	223	100.0%
	35-54	399	54.1%	325	44.0%	14	1.8%	738	100.0%
	55-64	94	30.6%	198	64.3%	16	5.1%	308	100.0%
	65 +	5	10.8%	42	86.5%	1	2.7%	49	100.0%
Race	Black	348	50.0%	331	47.6%	17	2.4%	696	100.0%
	White	262	46.7%	280	49.9%	19	3.4%	562	100.0%
	Asian & Others	32	59.1%	22	40.9%	0	0.0%	55	100.0%
	Not Stated	3	66.7%	2	33.3%	0	0.0%	5	100.0%
Type of Household	One person	112	42.3%	144	54.2%	9	3.4%	265	100.0%
	Adult couple	104	37.2%	171	61.1%	5	1.6%	279	100.0%
	Two parents	330	52.5%	280	44.6%	19	3.0%	628	100.0%
	Single parent	101	70.1%	40	27.7%	3	2.3%	144	100.0%
Education	Secondary and Lower	186	40.8%	259	56.9%	10	2.2%	455	100.0%
	Technical and Higher	461	53.6%	374	43.5%	25	2.9%	859	100.0%
	Not Stated	0	0.0%	3	78.4%	1	21.6%	4	100.0%
Income	\$50,000 & Under	99	44.7%	115	51.9%	8	3.4%	221	100.0%
	\$50,001 to \$100,000	238	47.4%	250	49.8%	14	2.8%	503	100.0%
	\$100,001 & Above	236	56.2%	175	41.6%	9	2.2%	420	100.0%
	Not Stated	73	42.3%	95	55.1%	5	2.7%	173	100.0%

To explore the extent to which adults engaged in behaviours that can put them at increased risk for contracting HIV, respondents were asked to indicate whether a number of statements applied to them. The statements were: “you have used intravenous drugs in the past year”; “you have been treated for a sexually transmitted disease or venereal disease in the past year”; “you have given or received money or drugs in exchange for sex in the past year”; “you have had anal sex without a condom in the past year”. To encourage greater disclosure, respondents were not asked to state which of these activities they had engaged in, but to simply state whether *any* applied to them. (Table 16.2)

Overall, 3.3% had engaged in any of the listed HIV high risk behaviours. Young adults aged 18 to 34 years were more likely to have engaged in these behaviours (9.4%) than any other demographic category, and accounted for nearly half of all respondents who replied positively. Adults in one person and single parent households were more likely to report engaging in high risk behaviour (4.9% and 5.3%, respectively) than those in adult couple or two-parent households (2.3% & 2.7%, respectively). Adults in low income households were also more likely to report engaging in high risk behaviours (6.9%) compared to those in middle (3.7%) and high income households (1.6%). There were no substantive differences by gender or education and the number of cases in some racial categories were too small to be representative.

Table 16.2 Adults engaging in high-risk behaviours for HIV transmission

		Adults engaging in high risk behaviours for HIV					
		Yes		No		Refused / Not stated	
		N	%	N	%	N	%
Gender	Total	44	3.3%	1267	96.1%	8	0.6%
	Men	20	3.2%	606	96.4%	4	0.5%
	Women	24	3.4%	660	95.8%	5	0.6%
Age	18-34	21	9.4%	199	89.9%	3	0.9%
	35-54	21	2.8%	715	96.7%	4	0.4%
	55-64	1	0.3%	306	99.0%	4	0.8%
	65 +	1	2.8%	46	97.2%	2	0.1%
Race	Black	26	3.8%	665	95.6%	5	0.6%
	White	15	2.6%	545	96.8%	5	0.7%
	Asian & Others	3	4.8%	52	95.2%	2	0.1%
	Not Stated	0	0.0%	5	100.0%	2	0.1%
Type of Household	One person	13	4.9%	248	93.5%	6	1.7%
	Adult couple	6	2.3%	273	97.7%	2	0.1%
	Two parents	17	2.7%	611	97.2%	2	0.1%
	Single parent	8	5.3%	134	93.0%	3	1.3%
Education	Secondary and Lower	17	3.8%	437	96.0%	2	0.3%
	Technical and Higher	26	3.0%	829	96.2%	7	0.7%
Income	\$50,000 & Under	15	6.9%	205	92.7%	2	0.5%
	\$50,001 to \$100,000	19	3.7%	478	95.3%	6	1.0%
	\$100,001 & Above	10	1.6%	583	98.1%	2	0.3%

Women's Health

Mammogram

All women aged 40 years and over were asked if they had ever had a mammogram, an x-ray of each breast to check for breast cancer. (Table 17.1)

Overall, 91.9% of women over 40 had a mammogram at some time in their lives. In the 55-64 year age group 100% had done so. There were no other substantive demographic differences in terms of ever having a mammogram.

Of all women who had a mammogram, 86.1% said they had done so within the past year, a further 8.8% had a mammogram one to two years ago, and only 5.0% had their mammogram more than two years prior. Women aged over 65 years were less likely to have had a mammogram within the past year (80.5%) compared to younger women, and women of Asian and other races were least likely to have had a mammogram within the past year than any other demographic group (73.7%). Women of lower socio-economic standing were less likely to have had a mammogram in the previous year, with 81.8% of those with lower education having done so, compared to 89.8% of women with technical or higher education; 83.3% of low-income women had their mammogram in the previous year, compared to 86.2% of middle-income women and 89.7% of high-income women.

Table 17.1 Mammogram take-up by women aged 40 years and over

		Mammogram take-up by women aged 40 years and over									
		Ever		In past 12 months		More than 1 year but less than 2 years		More than 2 years ago		Total population	
		N	%	N	%	N	%	N	%	N	%
Total		601	91.9%	518	86.1%	53	8.8%	31	5.0%	654	100.0%
Age	40-54	275	88.9%	242	87.6%	29	10.7%	5	1.8%	310	100.0%
	55-64	157	100.0%	141	89.6%	11	6.8%	6	3.6%	157	100.0%
	65 +	169	90.0%	135	80.5%	13	7.8%	20	11.7%	188	100.0%
Race	Black	342	91.7%	295	85.7%	34	10.0%	15	4.3%	373	100.0%
	White	240	92.7%	210	87.7%	18	7.5%	11	4.8%	259	100.0%
	Asian & Others	16	90.5%	11	73.7%	1	5.3%	3	21.1%	17	100.0%
	Not Stated	3	66.7%	2	75.0%	0	.0%	1	25.0%	5	100.0%
Type of Household	One person	155	91.7%	133	85.7%	10	6.3%	13	7.9%	169	100.0%
	Adult couple	132	97.6%	115	87.6%	8	6.2%	8	6.2%	135	100.0%
	Two parents	239	90.1%	207	86.3%	26	10.9%	7	2.7%	265	100.0%
	Single parent	75	88.5%	63	83.7%	9	12.0%	4	4.4%	85	100.0%
Education	Secondary & Lower	265	90.3%	218	81.8%	30	11.4%	18	6.8%	294	100.0%
	Technical and Higher	329	93.1%	296	89.8%	23	7.0%	11	3.2%	354	100.0%
	Not Stated	7	100.0%	5	75.0%	0	.0%	2	25.0%	7	100.0%
Income	\$50,000 & Under	167	91.9%	139	83.3%	16	9.8%	11	6.9%	182	100.0%
	\$50,001 to \$100,000	191	91.0%	164	86.2%	18	9.5%	8	4.4%	210	100.0%
	\$100,001 & Above	117	89.9%	106	89.7%	10	8.3%	3	2.1%	130	100.0%
	Not Stated	126	95.1%	109	86.4%	9	7.1%	8	6.4%	133	100.0%

Pap Test

All women were asked if they had ever had a Pap test to check for cancer of the cervix (Table 17.2). Overall, 96.4% of women said they'd had a pap test, and only 3.6% said they had never had one. The racial group Asian and other were the group least likely to have ever had a pap test (82.4%) compared to any other demographic category. No other notable differences were noted between demographic groups.

Women aged 18-39 years (85.2%) and 40-54 years (83.9%) were more likely to have had a pap test within the past year than women aged 55-64 years (72.9%) and women over 65 (47.3%). There were no substantive differences between the races but women with lower education (63.8%) and low household income (63.5%) were less likely to have had a pap test within the past year compared to women with more education (81.9%) and women in middle-income (78.4%) and high-income (87.7%) households.

Table 17.2 Pap test take-up by demographic groups

		Pap test take-up by all women								Total population	
		Ever		In past 12 months		More than 1 year but less than 2 years		More than 2 years ago			
		N	%	N	%	N	%	N	%		
Total		826	96.4%	613	74.7%	85	10.4%	122	14.9%	858	100.0%
Age	18-39	202	97.6%	170	85.2%	24	11.9%	6	2.9%	207	100.0%
	40-54	301	97.3%	251	83.9%	29	9.6%	20	6.6%	309	100.0%
	55-64	154	98.9%	112	72.9%	14	9.0%	28	18.0%	156	100.0%
	65 +	170	91.2%	79	47.3%	19	11.3%	68	41.4%	186	100.0%
Race	Black	454	96.9%	331	73.9%	52	11.5%	65	14.6%	468	100.0%
	White	343	96.8%	258	75.4%	34	9.8%	51	14.9%	355	100.0%
	Asian & Others	23	82.4%	18	78.6%	0	.0%	5	21.4%	28	100.0%
	Not Stated	7	100.0%	6	87.5%	0	.0%	1	12.5%	7	100.0%
Type of Household	One person	183	91.1%	114	63.2%	21	11.8%	45	25.0%	201	100.0%
	Adult couple	164	97.1%	116	71.4%	16	10.1%	31	18.5%	169	100.0%
	Two parents	365	98.2%	295	80.9%	36	9.9%	33	9.1%	372	100.0%
	Single parent	114	98.6%	88	78.1%	11	10.2%	13	11.7%	115	100.0%
Education	Secondary & Lower	321	95.6%	202	63.8%	38	11.9%	77	24.2%	336	100.0%
	Technical and Higher	500	97.0%	407	81.9%	48	9.6%	43	8.6%	515	100.0%
	Not Stated	6	87.5%	3	57.1%	0	.0%	3	42.9%	7	100.0%
Income	\$50,000 & Under	202	95.0%	127	63.5%	25	12.7%	47	23.7%	213	100.0%
	\$50,001 to \$100,000	287	97.5%	223	78.4%	32	11.2%	29	10.3%	294	100.0%
	\$100,001 & Above	192	96.3%	169	87.7%	14	7.2%	10	5.2%	199	100.0%
	Not Stated	146	96.2%	94	65.7%	14	9.7%	35	24.6%	152	100.0%

Men's Health

Prostate-Specific Antigen test

All men aged 40 years and older were asked whether they had ever been screened for prostate cancer with a prostate-specific antigen (PSA) test. (Table 18.1)

Overall, 76.6% of the respondents reported that they'd had a PSA test. Testing tended to increase as men grew older, with 83.3% of men 65 years and older having had a PSA test. Men of Asian and other race (53.8%) and those in single-parent households (57.1%) were least likely to have been tested. Although income did not make a difference, men with secondary education or lower were more likely to have had a PSA test (80.1%) than men with higher education (73.1%).

A high proportion of men (77.9%) had a PSA test within the previous year. White men were slightly more likely to have been tested within the previous year (80.3%) than other races. Men in adult couple or two-parent households were more likely to have had a PSA test in the previous year (81.3% and 81.7%, respectively), than men from one-person or single-parent households (66.7% in each). Men in low-income households were substantially less likely to have had a PSA test (70.4%) than men in middle-income (80.0%) or high-income (82.5%) households.

Table 18.1 Prostate-specific antigen (PSA) test take-up by men aged 40 years over

		Prostate-specific antigen (PSA) take-up by demographic groups								Total population	
		Ever		In past 12 months		More than 1 year but less than 2 years		More than 2 years ago			
		N	%	N	%	N	%	N	%		
Total		438	76.6%	342	77.9%	65	14.8%	32	7.2%	572	100.0%
Age	40-54	170	68.1%	125	73.4%	32	18.8%	13	7.7%	249	100.0%
	55-64	122	82.9%	98	80.4%	21	17.4%	2	2.2%	147	100.0%
	65 +	146	83.3%	119	81.1%	12	8.1%	16	10.8%	175	100.0%
Race	Black	242	79.1%	184	76.4%	36	14.8%	21	8.7%	305	100.0%
	White	187	75.0%	151	80.3%	29	15.5%	8	4.2%	249	100.0%
	Asian & Others	9	53.8%	7	71.4%	0	0.0%	3	28.6%	17	100.0%
	Not Stated	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	.0%
Type of Household	One person	92	71.1%	61	66.7%	16	17.4%	15	15.9%	129	100.0%
	Adult couple	142	82.9%	115	81.3%	23	15.9%	4	2.8%	171	100.0%
	Two parents	187	77.0%	154	81.7%	25	13.4%	9	4.9%	243	100.0%
	Single parent	16	57.1%	11	66.7%	1	8.3%	4	25.0%	28	100.0%
Education	Secondary & Lower	219	80.1%	171	77.7%	29	13.3%	20	9.0%	273	100.0%
	Technical and Higher	216	73.1%	170	78.5%	35	16.0%	12	5.4%	296	100.0%
	Not Stated	3	100.0%	1	50.0%	1	50.0%	0	0.0%	3	100.0%
Income	\$50,000 & Under	94	76.3%	66	70.4%	16	16.9%	11	12.6%	123	100.0%
	\$50,001 to \$100,000	139	75.0%	111	80.0%	21	15.2%	7	4.8%	186	100.0%
	\$100,001 & Above	135	77.9%	113	82.5%	19	13.6%	5	3.9%	174	100.0%
	Not Stated	69	77.6%	52	75.0%	9	13.5%	8	11.5%	89	100.0%

Digital Rectal Exam

A digital rectal exam (DRE) is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Men 40 years and over were asked whether they had ever had a DRE and how long ago. (Table 18.2)

Overall, 79.1% of the men surveyed confirmed that they'd had a DRE, and of those, 78.8% had done so within the past year. Testing was highest among 55-64 year old men, with 88.6% having been tested at some time, compared to only 69.1% of men aged 40-54 years. Men in adult couple households (86.3%) were more likely to have had a DRE at some time, while men in one-person (72.2%) and single-parent households (61.9%) were less likely to have done so. However, of all single-parent men who'd had a DRE, 84.6% had done so in the previous year. Men with secondary education or lower were more likely to have had a DRE at some time (81.6%) than men with higher education (76.7%); however, men from low-income households were less likely to have had a DRE (73.9%) than men from middle (81.0%) or high-income (82.0%) households.

Table 18.2 Digital rectal exam take-up by men aged 40 years over

		Digital rectal exam (DRE) take-up, men age 40 years and over by Demographics									
		Ever		In past 12 months		More than 1 year but less than 2 years		More than 2 years ago		Total population	
		N	%	N	%	N	%	N	%	N	%
Total		458	79.1%	356	78.8%	57	12.6%	39	8.5%	519	100.0%
Age	40-54	175	69.1%	121	70.5%	31	17.8%	20	11.6%	253	100.0%
	55-64	134	88.6%	111	84.0%	16	12.0%	5	4.0%	151	100.0%
	65 +	149	85.5%	123	83.8%	11	7.2%	13	9.0%	174	100.0%
Race	Black	246	80.8%	192	78.4%	31	12.4%	23	9.1%	304	100.0%
	White	206	79.9%	159	80.0%	27	13.3%	14	6.6%	257	100.0%
	Asian & Others	7	38.5%	4	60.0%	0	0.0%	2	40.0%	17	100.0%
	Not Stated	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	.0%
Type of Household	One person	93	72.2%	62	69.1%	12	13.2%	16	17.7%	129	100.0%
	Adult couple	150	86.3%	121	82.0%	19	12.6%	8	5.4%	174	100.0%
	Two parents	196	79.6%	157	80.3%	25	12.9%	13	6.8%	247	100.0%
	Single parent	17	61.9%	15	84.6%	1	7.7%	1	7.7%	28	100.0%
Education	Secondary & Lower	224	81.6%	173	78.8%	25	11.5%	21	9.6%	275	100.0%
	Technical and Higher	231	76.7%	182	79.2%	31	13.3%	17	7.5%	301	100.0%
	Not Stated	3	100.0%	1	50.0%	1	50.0%	0	0.0%	3	100.0%
Income	\$50,000 & Under	90	73.9%	66	73.5%	13	14.7%	11	11.7%	122	100.0%
	\$50,001 to \$100,000	153	81.0%	117	77.2%	21	14.0%	14	8.8%	188	100.0%
	\$100,001 & Above	145	82.0%	121	86.7%	12	8.6%	6	4.9%	177	100.0%
	Not Stated	70	76.8%	52	73.6%	11	15.1%	9	11.4%	92	100.0%

Violence

Respondents were asked if they had ever been hit, slapped, pushed, kicked or physically hurt by an intimate partner, and if so, how long ago. (Table 19.1) Overall, 8.4% of respondents said they had been physically abused in this way by an intimate partner at some time. Of these, 6.1% said it had happened in the past month, and 16.8% said it had been within the past year; the majority (76.3%) said it had occurred more than one year ago.

Both men and women reported incidents of physical abuse, but overall women were more likely to report incidents of abuse (10%) than men (6.5%). Young adults aged 18-34 years were more likely to report abuse (15.2%) than any other age group and single parent adults were more likely to report abuse than any other demographic group (16.3%). There were no notable differences by race or education, but adults in high-income households were less likely to report that they had been abused (5%), than those from middle-income (11.5%) and low income (11.0%) households.

Men were more likely than women to report abuse occurring in the past month (9.1% compared to 4.3%) and abuse occurring in the past year (20.5% compared to 14.5%). Women were more likely to report abuse occurring over a year ago (81.2%) than men (68.2%). Respondents in adult couple households were more likely to report abuse occurring within the past month (13.6%) than any other demographic category, while those in single-parent households reported the lowest incidence of abuse occurring in the past month (2.8%)

Table 19.1 Self-reports on being physically abused by an intimate partner

		Self-reports on being physically abused by an intimate partner							
		Physically abused at some time		Physically abused in the past month		Physically abused in the past year		Physically abused more than one year ago	
		N	%	N	%	N	%	N	%
Gender	Total	136	8.4%	9	6.1%	26	16.8%	118	76.3%
	Men	50	6.5%	5	9.1%	12	20.5%	40	68.2%
	Women	86	10.0%	4	4.3%	14	14.5%	78	81.2%
Age	18-34	34	15.2%	3	7.1%	9	25.1%	25	67.8%
	35-54	69	9.4%	3	4.3%	12	16.1%	60	79.5%
	55-64	14	4.6%	1	6.7%	4	21.5%	13	65.2%
	65 +	19	5.3%	2	10.0%	0	0.0%	19	90.0%
Race	Black	82	9.4%	5	5.5%	16	17.6%	72	76.9%
	White	48	7.0%	4	7.9%	6	11.8%	42	77.9%
	Asian & Others	5	8.5%	0	0.0%	3	54.7%	2	45.3%
	Not Stated	1	12.5%	0	0.0%	0	0.0%	1	100.0%
Type of Household	One person	44	11.4%	2	4.5%	7	15.3%	37	77.4%
	Adult couple	22	5.9%	3	13.6%	3	10.4%	19	76.0%
	Two parents	43	6.1%	3	5.7%	11	22.0%	37	72.3%
	Single parent	27	16.3%	1	2.8%	5	15.6%	24	81.7%
Education	Secondary and Lower	60	8.9%	2	3.8%	9	13.7%	54	82.5%
	Technical and Higher	75	7.8%	7	8.0%	17	19.5%	62	71.0%
	Not Stated	2	21.4%	0	0.0%	0	0.0%	2	100.0%
Income	\$50,000 & Under	40	11.0%	1	2.0%	4	10.4%	36	87.7%
	\$50,001 to \$100,000	64	11.5%	5	7.1%	12	16.8%	54	74.3%
	\$100,001 & Above	22	5.0%	1	4.7%	9	33.6%	17	61.7%
	Not Stated	10	3.8%	2	17.2%	0	0.0%	10	82.8%

Seatbelts

Respondents were asked how often they use a seatbelt when driving or as a passenger in the front seat of a motorised vehicle. (Table 20.1) Overall, adults reported a high degree of compliance with the law. In total, 84.8% of all adults reported that they always used a seatbelt, and 8.9% said they almost always did; 3.1% adults reported that they use a seat belt sometimes and 2.0% said seldom or never. The level of compliance was similar between the sexes and races. Respondents within the 18-34 year age group had the lowest level of compliance by age category, with 79.8% saying that they always wear a seat belt. By type of household, 79.1% of persons in one person households reported wearing a seat belt, the lowest among all demographic categories. There were slight increases in seatbelt use as education and household income increased.

Of the 2% of respondents who seldom or never used seatbelts, men (2.4%) were slightly more likely not to wear a seatbelt than women (1.8%) and young adults aged 18-34 years were more likely than any other demographic group to seldom or never wear a seatbelt (4.1%). Blacks (2.8%) were more likely than whites (1.2%) to wear a seat belt only seldom or never. Household income did not appear related, but adults with lower education were more likely to go without a seatbelt than those with higher education (3.2% compared to 1.3%).

Table 20.1 Adult Seatbelt compliance

		How often do you use a seat belt when driving or as a passenger in the front seat of a motor vehicle?											
		Always		Almost always		Sometimes		Seldom		Never		motor vehicle	
		N	%	N	%	N	%	N	%	N	%	N	%
	Total	1392	84.8	147	8.9	51	3.1	17	1.0	17	1.0	18	1.1
Gender	Male	638	82.4	77	9.9	36	4.6	9	1.2	9	1.2	5	0.7
	Female	754	87.0	70	8.0	15	1.7	7	0.9	7	0.9	13	1.5
Age	18-34	178	79.8	23	10.1	9	4.0	5	2.4	4	1.7	4	1.9
	35-54	643	86.9	63	8.6	19	2.6	7	0.9	6	0.8	2	0.3
	55-64	267	85.3	30	9.7	10	3.2	2	0.8	2	0.7	1	0.3
	65 +	305	83.3	30	8.2	13	3.4	2	0.6	5	1.4	11	3.0
Race	Black	730	83.3	81	9.2	33	3.8	12	1.3	13	1.5	8	0.9
	White	603	86.9	60	8.6	15	2.1	5	0.7	3	0.5	8	1.1
	Asian & Others	52	82.8	5	8.2	3	4.8	0	0.0	0	0.0	3	4.3
	Not Stated	7	90.0	1	10.0	0	0.0	0	0.0	0	0.0	0	0.0
Type of Household	One person	307	79.1	51	13.1	13	3.3	1	0.3	6	1.6	10	2.5
	Adult couple	337	88.8	25	6.5	10	2.6	3	0.9	1	0.3	3	0.8
	Two parents	611	86.6	53	7.5	24	3.4	9	1.2	7	1.0	2	0.2
	Single parent	136	81.4	18	10.7	3	2.1	3	2.0	2	1.5	4	2.4
Education	Secondary or less	557	83.3	59	8.9	20	3.0	10	1.5	11	1.7	11	1.7
	Post Secondary & higher	835	85.9	87	9.0	31	3.1	7	0.7	6	0.6	7	0.7
Income	\$50,000 or less	297	82.6	39	10.9	9	2.4	3	1.0	2	0.5	10	2.7
	\$50,001 to \$100,000	472	84.4	52	9.4	20	3.6	6	1.1	7	1.2	2	0.3
	\$100,001 & over	623	86.2	55	7.6	22	3.0	7	1.0	8	1.2	7	1.0

Emotional Support

Respondents were asked how often they receive the social and emotional support they need. (Table 21.1) Overall, 82.9% reported they either always or usually receive the support needed, 14.9% of respondents said they receive support sometimes or rarely and 2.2% said they never receive the support when needed. Men (3.0%), respondents aged over 65 years (3.8%), adults in one person households (3.9%), respondents with lower level of education (3.3%), and respondents in low income households (3.0%) were the most likely to report not receiving the support needed. Respondents in households with \$100,000 or higher (90.9%) reported receiving the highest level of social and emotional support as needed.

Table 21.1 Adult Social and Emotional Support

		Adults' Social and Emotional Support					
		Always or Usually		Sometimes or Rarely		Never	
		N	%	N	%	N	%
Gender	Total	1343	82.9%	241	14.9%	36	2.2%
	Men	614	80.7%	125	16.4%	23	3.0%
	Women	729	84.9%	116	13.6%	13	1.5%
Age	18-34	184	85.0%	27	12.5%	5	2.5%
	35-54	611	83.1%	115	15.6%	9	1.2%
	55-64	254	82.5%	46	14.9%	8	2.5%
	65 +	294	81.5%	53	14.7%	14	3.8%
Race	Black	683	79.2%	156	18.1%	23	2.6%
	White	610	88.6%	67	9.7%	12	1.7%
	Asian & Others	44	71.6%	16	27.1%	1	1.3%
	Not Stated	6	87.5%	1	12.5%	0	0.0%
Type of Household	One person	302	78.6%	67	17.4%	15	3.9%
	Adult couple	318	86.3%	40	10.9%	10	2.7%
	Two parents	588	83.9%	105	14.9%	8	1.1%
	Single parent	135	81.6%	28	16.6%	3	1.8%
Education	Secondary and Lower	518	78.8%	118	18.0%	21	3.3%
	Technical and Higher	818	85.8%	121	12.7%	13	1.4%
	Not stated	7	76.7%	1	14.4%	1	8.9%
Income	\$50,000 & Under	283	79.8%	61	17.1%	11	3.0%
	\$50,001 to \$100,000	444	79.8%	101	18.2%	11	2.0%
	\$100,001 & Above	402	90.9%	39	8.8%	1	0.3%
	Not stated	214	80.2%	40	15.0%	13	4.7%

Quality of Life

Respondents were asked how satisfied they were with their life in general. (Table 22.1) Overall, 96.2% of all respondents reported being very satisfied (46.9%) or satisfied (49.3%) with life, while 3.8% reported being dissatisfied or very dissatisfied.

While gender and education did not appear to be related to satisfaction with life, satisfaction increased with age, with adults aged 65 years and over more likely to be very satisfied (56.6%) than other age groups. Whites were also more likely to be very satisfied with life (54.7%) than Blacks (41.3%) or Asian/other races (36.2%). Respondents in adult couple households also reported a higher level of satisfaction (54.2%) than other household types, and respondents in high-income households reported the greatest level of satisfaction with life overall (98.6%), with 56.6% saying they were very satisfied, and 42% that they were satisfied.

There were some differences in the level of dissatisfaction among demographic groups. Young adults aged 18-34 were more likely to be dissatisfied or very dissatisfied (5.7%) than other age groups and adults in one person households were substantially more likely to be dissatisfied (7.4%) than adults in other household types. Respondents from low-income households were also more dissatisfied with life (7.5%), than those in middle (3.3%) or high-income (1.5%) households.

Table 22.1 Adult Level of satisfaction with life

		Adults' satisfaction with life					
		Very satisfied		Satisfied		Dissatisfied or Very dissatisfied	
		N	%	N	%	N	%
Gender	Total	757	46.9%	796	49.3%	61	3.8%
	Men	345	45.6%	377	49.8%	35	4.6%
	Women	412	48.0%	419	48.9%	27	3.1%
Age	18-34	93	43.0%	111	51.3%	12	5.7%
	35-54	321	43.6%	390	52.9%	25	3.5%
	55-64	141	46.4%	151	49.6%	12	4.0%
	65 +	201	56.6%	144	40.5%	10	3.0%
Race	Black	357	41.3%	465	53.8%	43	5.0%
	White	373	54.7%	292	42.9%	16	2.4%
	Asian & Others	22	36.2%	37	61.1%	2	2.7%
	Not Stated	5	75.0%	2	25.0%	0	0.0%
Type of Household	One person	144	37.6%	211	55.0%	28	7.4%
	Adult couple	198	54.2%	159	43.6%	7	2.2%
	Two parents	344	49.3%	338	48.4%	17	2.3%
	Single parent	71	42.7%	87	52.4%	8	4.9%
Education	Secondary and Lower	301	46.0%	318	48.6%	36	5.5%
	Technical and Higher	452	47.6%	475	50.0%	23	2.4%
	Not stated	4	41.1%	3	35.6%	2	23.3%
Income	\$50,000 & Under	149	42.3%	177	50.2%	26	7.5%
	\$50,001 to \$100,000	223	40.6%	309	56.1%	18	3.3%
	\$100,001 & Above	249	56.6%	184	42.0%	6	1.5%
	Not stated	136	50.0%	126	46.4%	10	3.6%

Disability

The World Health Organization's International Classification of Impairments, Disabilities, and Handicaps defines disability as "any restriction (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being." Impairment is defined as "any loss or abnormality of psychological, physiological, or anatomical structure or function."⁷ The Population and Household Census 2000 found that 2,832 people or 6.5% of the working-age population (16 to 64 years old) had a disability that prevented or limited their ability to work at a job, business or attend schooling.

Respondents were asked if they were limited in any way in any activities because of physical, mental or emotional problems. (Table 23.1) Overall, 10.7% of respondents reported having a limiting condition or disability. Women were more likely than men to report being disabled (11.6% compared to 9.8%), as were older adults; 13.0% of those aged 55-64 years, and 14.2% of those aged over 65 years reported disability compared to only 4.8% of adults aged 18-34 years. Adults in one person (12.7%) and single parent households (12.9%) were more likely to report disability than adults in other household types. Lastly, respondents from lower socio-economic groups were more likely to report disability; 12.3% of those with lower education did so, compared to 9.3% of adults with technical or higher education and 18.0% of adults in low-income households reported disability, the highest among all demographic groupings.

Table 23.1 Adult Disability due to Physical, Mental or Emotional Problem

		Adults' self-reported disability			
		Yes		No	
		N	%	N	%
Gender	Total	176	10.7%	1460	89.3%
	Men	76	9.8%	697	90.2%
	Women	100	11.6%	763	88.4%
Age	18-34	11	4.8%	210	95.2%
	35-54	73	9.8%	668	90.2%
	55-64	40	13.0%	269	87.0%
	65 +	52	14.2%	313	85.8%
Race	Black	90	10.2%	787	89.8%
	White	81	11.8%	606	88.2%
	Asian & Others	4	6.7%	59	93.3%
	Not Stated	1	10.0%	7	90.0%
Type of Household	One person	49	12.7%	339	87.3%
	Adult couple	36	9.4%	344	90.6%
	Two parents	68	9.7%	633	90.3%
	Single parent	21	12.9%	145	87.1%
Education	Secondary and Lower	83	12.3%	586	87.7%
	Technical and Higher	89	9.3%	867	90.7%
	Not stated	4	36.8%	7	63.2%
Income	\$50,000 & Under	65	18.0%	295	82.0%
	\$50,001 to \$100,000	46	8.2%	512	91.8%
	\$100,001 & Above	42	9.5%	399	90.5%
	Not stated	23	8.3%	253	91.7%

Child Results

This section details the results about children aged 0-10 years. At the end of the adult portion of the survey, participants were asked if there were any children aged 10 years or less in the household. If so, a number of questions were asked about the youngest child in the household. The following sections provide a profile of the health status of children in Bermuda.

To recap, 360 respondents indicated that there was an eligible child in the household, and 343 (95.3%) agreed to answer questions about the child's health. Overall, 87.8% indicated that they were the parent of the child (biological, adopted or step parent), 7.3% said they were the grandparent, and the remaining 4.9% were adults with a caring role for the child. For simplicity, the results refer to the adult respondent as the "parent" as shorthand for "parent or guardian" throughout this report.

Weight

*Body Mass Index (BMI)**

Parents were asked to provide their children's height and weight. The height and weight were used along with the age and gender of the child to calculate the Body Mass Index⁸ (BMI), which classifies children into four categories: underweight, normal weight, overweight and obese. (Table 24.1) Using BMI, 70.7% of children were classified in the normal body weight range. The remaining 29.3% were not at their optimum body weight, with 5.5% of children measuring as underweight, while 3.5% were overweight and 20.3% measured as obese.

Table 24.1 Children's Body Mass Index by Demographics

		Under weight		Normal weight		Over weight		Obese		Total	
		N	%	N	%	N	%	N	%	N	%
	Total	14	5.5	181	70.7	9	3.5	52	20.3	256	100
Gender	Boy	12	9.4	90	70.9	3	2.4	22	17.3	127	100
	Girl	2	1.6	91	70.5	6	4.7	30	23.3	129	100
Age group	0 - 35 months	3	3.1	83	86.5	2	2.1	8	8.3	96	100
	3 - 4 years	1	2.3	33	76.7	0	0.0	9	20.9	43	100
	5 - 10 years	10	8.5	65	55.6	7	6.0	35	29.9	117	100
Race	Black	6	4.1	98	67.1	6	4.1	36	24.7	146	100
	White & other	8	7.3	83	75.5	3	2.7	16	14.5	110	100
Household Type	Single parent	4	10.0	26	65.0	2	5.0	8	20.0	40	100
	Two parent & Extended family	10	4.6	155	71.8	7	3.2	44	20.4	216	100
Income	\$50,000 or less	1	3.3	19	63.3	2	6.7	8	26.7	30	100
	\$50,001 to \$100,000	9	10.1	58	65.2	2	2.2	20	22.5	89	100
	\$100,001 & over	4	2.9	104	75.9	5	3.6	24	17.5	137	100
Highest Education	Secondary or less	3	5.0	41	68.3	3	5.0	13	21.7	60	100
	Post Secondary & higher	11	5.6	140	71.4	6	3.1	39	19.9	196	100

Girls were more likely than boys to be overweight or obese, with 28.0% of girls were found to exceed normal weight compared to 19.7% of boys. Overall, the incidence of overweight and

* The Body mass index, or BMI, is a measure of body fat based on a person's height and weight. The index classifies individuals into four general categories: underweight, normal weight, overweight and obese. For children BMI is age and sex specific. BMI is a reliable indicator of body fatness and is the recommended standard for population-based measures (Mei et al., 2002 – see References).

obesity increased with age, with 10.4% of children aged under 35 months, 20.9% of children aged 3-4 years and 35.9% of 5-10 year olds measuring above normal weight. Black children were more likely to be above normal body weight (28.8%) than white children (17.2%), and children in low income households were also more likely to measure in the overweight or obese range (33.4%) than children in middle income (24.7%) or high income (21.2%) households. It is noteworthy that the proportions in the middle and high income households are also high overall. (Table 23.1)

Children's BMI was compared to the BMI of their parents. (Tables 24.2 and 24.3) The relationship was not found to be statistically significant when considering the sample of boys and girls together.

Table 24.2 Comparison of parents' and children's Body Mass Index (BMI)

Parent BMI	Child BMI					
	Normal or Underweight		Overweight or Obese		Total	
	N	%	N	%	N	%
Underweight	76	39.0%	15	24.6%	91	35.5%
Normal	68	34.9%	25	41.0%	93	36.3%
Overweight or Obese	51	26.2%	21	34.4%	72	28.1%
Total	195	100.0%	61	100.0%	256	100.0%

However, when the sex of the child is considered, a significant relationship was found between parents' and boys' BMI. Boys were more likely to be overweight or obese if their parent was also overweight or obese, with 20.6% of boys of such parents having a normal BMI, while 36.0% were obese. This relationship is not observed for girls, where 32.3% had normal weight and 33.3% were overweight or obese.

Table 24.3 Comparison of parents' and children's Body Mass Index by gender of child

Parent BMI	Child BMI							
	Boy				Girl			
	Normal or Underweight		Overweight or Obese		Normal or Underweight		Overweight or Obese	
	N	%	N	%	N	%	N	%
Underweight	45	44.1%	4	16.0%	31	33.3%	11	30.6%
Normal	36	35.3%	12	48.0%	32	34.4%	13	36.1%
Overweight or obese	21	20.6%	9	36.0%	30	32.3%	12	33.3%
Total	102	100.0%	25	100.0%	93	100.0%	36	100.0%

Parental opinion of child's weight

Parents were also asked to give a personal assessment of their child's weight. (Table 24.4) Overall 87.5% of parents thought their child was within the normal range. Only 9.6% described their child as being above normal weight, while 2.9% felt their child was underweight. Girls were slightly more likely to be thought of as overweight than boys (11% compared to 8.2%), and as children grew older, their parents were more likely to consider them as being above normal weight. Black children were twice as likely to be described as overweight than white & other race children (12.3% compared to 6.1%).

Although household income did not seem to impact on parental perception of child's weight, family type and education level did have an impact. Single parents and parents with secondary education or less were more likely to see their children as overweight (14.3% and 12.8%, respective), than parents in two-parent households and those with higher education (8.7% and 8.6%, respectively).

Table 24.4 Parental assessment of child's weight

		Underweight		Normal weight		Overweight		Total	
		N	%	N	%	N	%	N	%
	Total	10	2.9	300	87.5	33	9.6	343	100
Gender	Boy	4	2.4	152	89.4	14	8.2	170	100
	Girl	6	3.5	148	85.5	19	11.0	173	100
Age group	0 - 35 months	2	1.8	108	94.7	4	3.5	114	100
	3 - 4 years	2	3.2	53	85.5	7	11.3	62	100
	5-10 years	6	3.6	139	83.2	22	13.2	167	100
Race	Black	4	2.1	167	85.6	24	12.3	195	100
	White & other	6	4.1	133	89.9	9	6.1	148	100
Household Type	Single parent	2	3.6	46	82.1	8	14.3	56	100
	Two parent & Extended family	8	2.8	254	88.5	25	8.7	287	100
Income	\$50,000 or less	0	0.0	43	89.6	5	10.4	48	100
	\$50,001 to \$100,000	6	5.1	100	85.5	11	9.4	117	100
	\$100,001 & over	4	2.2	157	88.2	17	9.6	178	100
Highest Education	Secondary or less	3	3.5	72	83.7	11	12.8	86	100
	Post Secondary & higher	7	2.7	228	88.7	22	8.6	257	100

Television Viewing

Parents were asked to estimate the number of hours their child watched television on an average day, including weekends. (Table 25.1) Overall, 56% of children were reported to watch less than one hour daily, 26.2% watched 1 to 2 hours, and 17.8% watched more than 2 hours.

There were no substantive differences between boys and girls, but older children were likely to watch more television. Considering 5-10 year olds, only 37.7% watched less than one hour daily, while 24.6% watched more than 2 hours of television per day.

Overall, Black children were more likely to watch more than 2 hours daily (21.5%) than white and other race children (12.8%), and children in low-income households were more likely to watch more than 2 hours daily (29.2%) than any other demographic category.

There were no substantive differences by family type, but parents with lower education reported slightly more television watching in their children than parents with higher education (20.9% versus 16.7% watched more than 2 hours daily).

Table 25.1 Hours of television watched daily by children

		1 hr or less		More than 1 hr & Less than to 2 hrs		More than 2 hrs		Total	
		N	%	N	%	N	%	%	N
	Total	192	56.0	90	26.2	61	17.8	343	100
Gender	Boy	96	56.5	42	24.7	32	18.8	170	100
	Girl	96	55.5	48	27.7	29	16.8	173	100
Age	0 - 35 months	97	85.1	7	6.1	10	8.8	114	100
	3 - 4 years	32	51.6	20	32.3	10	16.1	62	100
	5-10 years	63	37.7	63	37.7	41	24.6	167	100
Race	Black	102	52.3	51	26.2	42	21.5	195	100
	White & other	90	60.8	39	26.4	19	12.8	148	100
Household Type	Single parent	29	51.8	16	28.6	11	19.6	56	100
	Two parent & Extended famil	163	56.8	74	25.8	50	17.4	287	100
Income	\$50,000 or less	22	45.8	12	25.0	14	29.2	48	100
	\$50,001 to \$100,000	62	53.0	33	28.2	22	18.8	117	100
	\$100,001 & over	108	60.7	45	25.3	25	14.0	178	100
Education	Secondary or less	42	48.8	26	30.2	18	20.9	86	100
	Post Secondary & higher	150	58.4	64	24.9	43	16.7	257	100

The relationship between television watching and children's BMI was explored. (Table 25.2) Children who watched less than 1 hour of television daily appear more likely to be of normal weight (62.1%) than overweight or obese (50.8%); and children who watched more than two hours of television daily were more likely to be overweight or obese (21.3%) than of normal weight (14.9%). However, this relationship was not found to be statistically significant.

Table 25.2 Hours of television watched daily by children by Body Weight

Number of hours of TV watching	Under to Normal Weight		Overweight to Obese		Total	
	N	%	N	%	N	%
Under 1 hour	12	62.1	31	50.8	152	59.4
1 to 2 hours	45	23.1	17	27.9	62	24.2
Over 2 hours	29	14.9	13	21.3	42	16.4
Total	195	100.0	61	100.0	256	100.0
Average time	1.7		1.9		1.8	

Breakfast

Parents were asked how often their child had breakfast or something to eat in the morning. (Table 26.1) Overall, 95.3% of children were reported to have breakfast every day of the week; only 4.7% of all children surveyed had breakfast less than seven days per week.

Black children were slightly less likely to eat breakfast daily (93.8%) than white & other race children (97.3%); and 100% of children in low-income households were reported to have breakfast every day, compared to 94.9% of those from middle-income and 94.4% of those from high-income households. There were no other substantive differences between other demographic categories.

Table 26.1 Breakfast eating habits of children

		Breakfast eating habits of children			
		Every day		Less than 7 days	
		N	%	N	%
Gender	Total	327	95.3%	16	4.7%
	Boy	161	94.7%	9	5.3%
	Girl	166	96.0%	7	4.0%
Age	0-35 months	111	97.4%	3	2.6%
	3-4 years	59	95.2%	3	4.8%
	5-10 years	157	94.0%	10	6.0%
Race	Black	183	93.8%	12	6.2%
	White & other	144	97.3%	4	2.7%
Household Type	Single parent	53	94.6%	3	5.4%
	Two parent & extended family	274	95.5%	13	4.5%
Highest Education	Secondary or less	82	95.3%	4	4.7%
	Post Secondary & higher	245	95.3%	12	4.7%
Income	\$50,000 or less	48	100.0%	0	0.0%
	\$50,001 to \$100,000	111	94.9%	6	5.1%
	\$100,001 & over	168	94.4%	10	5.6%

Medical Problems

Parents were asked to indicate whether their child had experienced specified medical problems during the previous 12 months. For some conditions, current status was explored further. (Table 27.1) The most prevalent medical problems reported for children aged 0-10 years were asthma (22.1%), eczema (16.7%), ear infections (15.5%), and respiratory allergies (9.1%).

Asthma

Overall, 22.1% of children had been told by a physician at some time that they had asthma. Of these, 65 (82.3%) were reported to still have asthma which equates to 19.2% of all children sampled. Overall, 11.5% of children had an asthma attack in the previous 12 months (60% of the 65 children with current asthma) and 6.5% of the full sample had visited an emergency unit due to their asthma (33.8% of children with current asthma). Asthma was similarly common among boys and girls (23.5% and 20.8%, respectively). The prevalence of asthma increased as children grew older, with children aged 5-10 years being more likely to currently have asthma (26.2%), to have had an asthma attack in the previous 12 months (16.3%), and to have visited an emergency unit as a consequence (9.0%), compared with younger children. Black children were more likely to have asthma currently (23.2%) compared to white & other race children (13.8%), as were children in single-parent households (25.0%), those with lower parental education (23.5%), and those from middle-income households (24.1%).

Table 27.1 Children aged 0-10 years with Selected Medical Conditions

		Ever had asthma		Currently with asthma		Asthma attack in last 12 months		Emergency visit for asthma		Respiratory allergy		Eczema		Ear infections	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Total		75	22.1%	65	19.2%	39	11.5%	22	6.5%	31	9.1%	57	16.7%	53	15.5%
Gender	Boy	39	23.5%	35	21.1%	19	11.4%	10	6.0%	16	9.5%	26	15.4%	28	16.6%
	Girl	36	20.8%	30	17.3%	20	11.6%	12	6.9%	15	8.7%	31	17.9%	25	14.5%
Age	0-35 months	15	13.4%	13	11.6%	7	6.3%	4	3.6%	5	4.4%	17	14.9%	5	4.4%
	3-4 years	16	26.2%	16	26.2%	5	8.2%	3	4.9%	5	8.1%	12	19.4%	13	21.0%
	5-10 years	44	26.5%	36	21.7%	27	16.3%	15	9.0%	21	12.7%	28	16.9%	35	21.1%
Race	Black	52	26.8%	45	23.2%	30	15.5%	16	8.2%	20	10.3%	38	19.5%	28	14.4%
	White & other	23	15.9%	20	13.8%	9	6.2%	6	4.1%	11	7.5%	19	12.9%	25	17.0%
Type of Household	Single parent	14	25.0%	14	25.0%	10	17.9%	7	12.5%	3	5.4%	16	28.6%	11	19.6%
	Two parent & extended	61	21.6%	51	18.0%	29	10.2%	15	5.3%	28	9.8%	41	14.3%	42	14.7%
Education	Secondary or less	24	28.2%	20	23.5%	12	14.1%	8	9.4%	8	9.3%	13	15.1%	12	14.0%
	Post sec. & higher	51	20.1%	45	17.7%	27	10.6%	14	5.5%	23	9.0%	44	17.2%	41	16.0%
Income	\$50,000 or less	13	27.7%	9	19.1%	5	10.6%	3	6.4%	4	8.3%	8	16.7%	8	16.7%
	\$50,001 to \$100,000	30	25.9%	28	24.1%	19	16.4%	12	10.3%	11	9.5%	22	19.0%	23	19.8%
	\$100,001 & over	32	18.2%	28	15.9%	15	8.5%	7	4.0%	16	9.0%	27	15.2%	22	12.4%

Eczema

Overall, 16.7% of children had been told by a doctor or health professional that they had eczema or some kind of skin allergy during the previous 12 months. Children aged 3-4 years were more likely to have had eczema (19.4%) than younger (14.9%) or older (16.9%) children. The condition was substantially more common among black (19.5%) than white and other race (12.9%) children. Children from single-parent families were twice as likely to have eczema (28.6%) than children from two-parent and extended families. Lastly, children in middle-income households were more likely (19.0%) to have the condition than those from low-income (16.7%) or high-income (15.2%) households.

Ear infections

Overall, 15.5% of children were reported to have had three or more ear infections verified by a health professional in the previous 12 months. The difference between boys and girls was minimal (16.6% and 14.5% respectively). Ear infections were more commonly reported in children over 3 years of age (21.0%), than in children under 35 months (4.4%). Slightly more white & other race children (17.0%) reported having three or more ear infections, than black children (14.4%), but children in single-parent families were more likely to have had ear infections (19.6%) than those from two-parent and extended families (14.7%). Children in middle-income households were more likely to have had ear infections (19.8%) than children in low-income (16.7%) and high-income (12.4%) households.

Respiratory allergies

Overall, 9.1% of children had been told by a doctor or health professional that they had a respiratory allergy during the previous 12 months. Children aged 5-10 years were more likely to have received this diagnosis (12.7%) than younger children; and those from two-parent and extended families were more likely to have respiratory allergies (9.8%) than children from single-parent families (5.4%).

Other health conditions

There were under a dozen cases of reported seizures, severe headaches, attention deficit disorder, repeated diarrhoea and anaemia among children. These have not been broken down as the number of cases is too small.

Disability

Parents were asked whether their child had any disability, impairment or health problem that required them to use special equipment, such as a brace, a wheelchair, or a hearing aid, or that limited their ability to crawl, walk, run or play. (Table 28.1) The most prevalent disabilities reported were learning disability (5.1%), developmental delay (4.1%), stuttering or stammering (3.4%), impairment that required the use of special equipment (1.5%), and impairment that limited mobility (1.5%).

More boys than girls were reported to have a learning disability (7.3% versus 3.1%) and stuttering (6.6% versus 0.8%). A larger proportion of girls had impairment that required the use of special equipment (2.9% versus 0%) and impairment that limited crawling, walking, running or playing (2.3% versus 0.6%).

A diagnosis of developmental delay was more commonly reported for 3-4 year olds (8.1%) than for younger (2.6%) or older (3.6%) children. Stuttering and stammering were markedly more common among children aged under 3 years (28.6%) than among 3-4 year olds (3.3%) or 5-10 year olds (2.4%).

Differences between racial groups could be observed for learning disability and stammering, with 6.3% of Black children reported to have a learning disability compared to 3.6% of White & other race children and 4.8% of Black children had problems with stuttering or stammering compared to 1.8% of White & other race children. (Table 27.1)

Table 28.1 Most common disabilities reported for 0-10 year olds

Selected Disabilities of children aged 0-10 years by Demographic Characteristics

		Developmental delay		Stuttering or Stammering		Impairment that requires the Use of Special equipment		Impairment that Limits Mobility		Learning Disability	
		N	%	N	%	N	%	N	%	N	%
	Total	14	4.1	8	3.4	5	1.5	5	1.5	12	5.1
Gender	Boy	8	4.7	7	6.6	0	0.0	1	0.6	8	7.3
	Girl	6	3.5	1	0.8	5	2.9	4	2.3	4	3.1
Age group	0 - 35 months	3	2.6	2	28.6	1	0.9	0	0.0	0	0.0
	3 - 4 years	5	8.1	2	3.3	1	1.6	1	1.6	3	5.2
	5-10 years	6	3.6	4	2.4	3	1.8	4	2.4	9	5.5
Race	Black	7	4.1	6	4.8	2	1.2	3	1.8	8	6.3
	White & other	7	4.1	2	1.8	3	1.8	2	1.2	4	3.6
Type of Household	Single parent	2	3.6	0	0.0	0	0.0	0	0.0	2	4.7
	Two parent & Extended family	12	4.2	8	4.2	5	1.7	5	1.8	10	5.2
Income	\$50,000 or less	1	2.1	1	2.8	0	0.0	0	0.0	2	5.6
	\$50,001 to \$100,000	6	5.2	3	3.4	3	2.6	4	3.4	2	2.3
	\$100,001 & over	7	3.9	4	3.7	2	1.1	1	0.6	8	7.0
Education	Secondary or less	4	4.7	2	3.2	3	3.5	3	3.5	4	6.3
	Post Secondary & higher	10	3.9	6	3.5	2	0.8	2	0.8	8	4.6

Health Status and Medical Conditions

All parents were asked to indicate whether their child's health was overall better, the same or worse at the time of the survey compared to 12 months prior. (Table 29.1) Most parents indicated that their child's health was about the same (76.5%), but this question was more relevant for children who were reported to have had medical problems. Overall, there were no reports of children's health deteriorating. Children who were more likely to have seen improvements in their health were those with respiratory allergies (41.9%), ear infections (37.7%) and digestive allergies (35.3%).

Table 29.1 Current health status by medical condition of 0-10 year olds

Number of Responses and Percentage of Children aged 0-10 years by Health Status and Medical Conditions

	Better		About the same		Total
	N	%	N	%	N
Attention Deficit Disorder or ADHD	2	**	6	**	8
Ever had asthma	22	29.3	52	69.3	75
Still has Asthma	18	27.7	45	69.2	65
Episode fo asthma in last 12 months	11	28.2	27	69.2	39
Visit emergency for asthma in last 12 mths.	6	27.3	16	72.7	22
High fever	45	25.3	131	73.6	178
Respiratory allergy	13	41.9	18	58.1	31
Digestive allergy	6	**	11	**	17
Eczema	18	31.6	38	66.7	57
Repeated diarrhea or colitis	1	**	7	**	8
Anemia	2	**	4	**	6
Ear infections (three or more)	20	37.7	33	62.3	53
Seizures	4	**	8	**	12
Severe headaches (3 years or older)	2	**	8	**	11

* Percentages not reported for conditions with less than 20 cases in total

School Days Missed Due to Illness or Injury

Parents were asked whether their child had missed any days of day-care or school because of illness or injury in the previous year. (Table 30.1) Overall, 13.9% of children were not enrolled in any day-care or school setting at the time of the survey, and the majority of these (28.6%) were less than 3 years old. Nevertheless, 25.4% of all children surveyed were reported to have missed no days of day-care or school, 25.7% had missed only one or two days, and 34.9% had missed three or more days of school due to illness or injury.

Children who missed no days of day-care or school were more likely to come from single parent households (35.2%) than from two-parent and extended family households (23.6%). They were also more likely to be Black (29.4%) than White and other race (21.4%), and more likely to come from lower income households (31.9%) than from middle (25.2%) or high income (23.9%) households.

There was little difference in school days lost between levels of parental education, but some differences could be observed between girls and boys, with girls being more likely than boys to miss 1 to 2 days of school (31.4% compared to 19.9%). However, there was little difference between girls and boys who missed 3 or more days of school (35.5% and 34.3%, respectively).

Table 30.1 Number of school days missed by 0-10 year olds due to illness or injury

Children Health and Number of Days Missed School by Demographic Characteristics

		None		1-2 days		3 or more days		Did not attend		Total	
		N	%	N	%	N	%	N	%	N	%
	Total	86	25.4	87	25.7	118	34.9	47	13.9	338	100
Gender	Boy	47	28.3	33	19.9	57	34.3	29	17.5	166	100
	Girl	39	22.7	54	31.4	61	35.5	18	10.5	172	100
Age group	0 - 35 months	26	23.2	24	21.4	30	26.8	32	28.6	112	100
	3 - 4 years	12	19.7	14	23.0	29	47.5	6	9.8	61	100
	5-10 years	48	29.1	49	29.7	59	35.8	9	5.5	165	100
Race	Black	50	29.4	47	27.6	56	32.9	17	10.0	170	100
	White & other	36	21.4	40	23.8	62	36.9	30	17.9	168	100
Type of Household	Single parent	19	35.2	14	25.9	19	35.2	2	3.7	54	100
	Two parent & Extended family	67	23.6	73	25.7	99	34.9	45	15.8	284	100
Income	\$50,000 or less	15	31.9	11	23.4	17	36.2	4	8.5	47	100
	\$50,001 to \$100,000	29	25.2	37	32.2	37	32.2	12	10.4	115	100
	\$100,001 & over	42	23.9	39	22.2	64	36.4	31	17.6	176	100
Education	Secondary or less	20	23.5	20	23.5	31	36.5	14	16.5	85	100
	Post Secondary & higher	66	26.1	67	26.5	87	34.4	33	13.0	253	100

Psychosocial Health

To assess children's psychosocial health, parents of 2-10 year olds were asked four to six questions adapted from the Strengths and Difficulties Questionnaire⁹. The questions were age and sex specific, and covered broad areas of child mental health. Parents were asked to rate each behaviour as 'not true', 'sometimes true' or 'often true'. For simplicity, only the 'often true' responses are reported. (Tables 31.1 and 31.2)

Children aged 2-3 years

There were 64 children aged 2 to 3 years in the sample; information on psychosocial health was obtained of 59 children. Their parents were asked if, during the past two months, their child had been uncooperative, if a boy, or had temper tantrums, if a girl. Overall, 13.6% of parents said their children had exhibited these behaviours often, but girls were more likely to do so (19.0%) than boys (10.5%); however, given the small numbers these data must be treated with caution. Black children appear more likely to display these behaviours (17.2%) than white and other race children (10.0%). All instances were among children in two-parent and extended families (14.8%).

Parents were asked if, during the past two months, their child had trouble getting to sleep, if a boy, or had been nervous or high-strung, if a girl. Overall, only 4 children (6.8%) were reported to have had this difficulty, and the numbers are too small to observe demographic differences. Nevertheless, it appears more common among black than white/other children, and all instances of this difficulty were among children from two-parent and extended families, households where parents had post-secondary education or higher and children from high-income households.

All parents were asked if, during the past two months, their child (boy or girl) had speech problems. Overall, only 5 children (8.5%) were reported to have this difficulty. Boys were more likely (10.5%) than girls (4.8%) to have speech problems and they were more commonly reported among white and other race children (13.3%) than among black children (3.4%).

All parents were asked if, during the past two months, their child (boy or girl) had been unhappy, sad or depressed, but there were no parents reporting this as 'often true' of their child.

Table 31.1 Psychosocial health of boys and girls aged 2-3 years

		Total	Uncooperative or Tantrums		Trouble sleeping or Nervous/high strung		Speech problems	
		N	n	%*	n	%*	n	%*
Total		59	8	13.6%	4	6.8%	5	8.5%
Gender	Boy	38	4	10.5%	3	7.9%	4	10.5%
	Girl	21	4	19.0%	1	4.8%	1	4.8%
Race	Black	29	5	17.2%	3	10.3%	1	3.4%
	White & other	30	3	10.0%	1	3.3%	4	13.3%
Type of Household	Single parent	5	0	-	0	-	1	-
	Two parent & extended	54	8	14.8%	4	7.4%	4	7.4%
Highest Education	Secondary or less	16	3	-	0	-	3	-
	Post-secondary & higher	43	5	11.6%	4	9.3%	2	4.7%
Income	\$50,000 or less	6	0	-	0	-	2	-
	\$50,001 to \$100,000	16	2	-	0	-	1	-
	\$100,001 & over	37	6	16.2%	4	10.8%	2	5.4%

* Percentages only reported if sub-sample Total N≥20

Children aged 4-10 years

There were 196 children aged 4 to 10 years in the sample. Their parents were asked if in the previous six months their child had difficulties with behaviour, emotions, concentration or being able to get along with other children; the questions were the same for boys and girls.

Parents were asked if their child had been well behaved and usually did what adults requested. Overall, 6 parents (3.1%) said this was 'not true' of their child. Given the small numbers, patterns in the findings must be treated tentatively. Nevertheless, poor behaviour was more commonly reported in boys (4.9%) than in girls (1.8%).

Parents were asked if their child had many worries or often seemed worried. Overall, 5.7% of parents said this was 'often true' of their child. Again the numbers are very small but it can be said that the difficulty was more commonly reported among children in single-parent families (10.0%) than those from two-parent and extended families (4.5%). Worrying was more common among children whose parents had lower education (7.8%) and among children from high-income households (7.3%).

Parents were also asked if their child had been often unhappy, depressed or tearful. Overall, only 5 parents (2.6%) said this was 'often true' of their child, with boys more likely to have been depressed (3.7%) than girls (1.8%). White and other race children were more likely to have been depressed (4.0%) than black children (1.7%), as were children in single-parent families (5.0%) compared to those from two-parent and extended families (1.9%).

Parents were asked if their child got along better with adults than with other children. This was the most commonly reported psychosocial problem, with 10.3% of parents saying that this was 'often true' of their children. Children in two-parent and extended families were more likely to report this difficulty (11.0%) compared to those in single-parent families (7.5%). Children whose parents had lower education were more likely to exhibit this behaviour (13.7%) than any demographic category, although children in high-income households were less likely to report this behavioural problem (8.5%).

Table 31.2 Psychosocial health of children aged 4-10 years

		Not well behaved		Many worries		Unhappy, depressed or tearful		Gets along better with adults than with children		Poor attention span	
		N	%	N	%	N	%	N	%	N	%
Gender	Total	6	3.1%	11	5.7%	5	2.6%	20	10.3%	9	4.7%
	Boy	4	4.9%	4	4.9%	3	3.7%	9	11.0%	4	4.9%
	Girl	2	1.8%	7	6.3%	2	1.8%	11	9.8%	5	4.5%
Race	Black	4	3.4%	6	5.0%	2	1.7%	12	10.1%	7	5.9%
	White & other	2	2.7%	5	6.7%	3	4.0%	8	10.7%	2	2.7%
Family Type	Single parent	1	2.5%	4	10.0%	2	5.0%	3	7.5%	1	2.6%
	Two parent & extended	5	3.2%	7	4.5%	3	1.9%	17	11.0%	8	5.2%
Parental Education	Secondary or less	1	2.0%	4	7.8%	1	2.0%	7	13.7%	3	5.9%
	Post-secondary & higher	5	3.5%	7	4.9%	4	2.8%	13	9.1%	6	4.2%
Income	\$50,000 or less	1	3.2%	1	3.2%	1	3.2%	4	12.9%	2	6.5%
	\$50,001 to \$100,000	3	3.7%	4	4.9%	2	2.5%	9	11.1%	4	5.0%
	\$100,001 & over	2	2.4%	6	7.3%	2	2.4%	7	8.5%	3	3.7%

Parents were asked if their child had a good attention span. Overall, 4.7% of parents reported attention difficulties in their children. There were no substantive differences observed by gender but black children were more likely to have attention difficulties (5.9%) than white and other race children (2.7%). Children in two-parent and extended families (5.2%) were more likely to display this difficulty than children in single-parent families (2.6%).

After covering the specific psychosocial health areas above, parents were asked if their child had overall difficulties with emotions, concentration, behaviour or being able to get along with other children. Of the 196 4-10 year olds in the sample, only 1 parent (0.5%) said their child had 'severe difficulties' in this area overall, although a further 3 parents (1.6%) said their child had 'definite difficulties'. Therefore, at most only 2.1% of children were reported to have 'definite or severe' difficulties with emotions, concentration, behaviour or being able to get along with other children.

Health Care Access & Utilization

Type of Health Care Facility

Parents were asked to indicate the type of healthcare facility to which they usually took their child when sick or when advice was needed about the child's health. (Table 32.1) The majority of parents said they normally took their child to a paediatrician (80.2%), while a smaller proportion took their child to a general practitioner (GP) (8.6%) or a clinic or health centre (7.4%). Only 3.8% of parents took their child to a hospital emergency room or another place when sick.

Children aged 0 to 23 months were more likely to go to a paediatrician (90.4%) than other age groups, and children aged 5-10 years were more likely to go to a GP (13.9%) than other age groups. Clinic users were more likely to be Black (9.4%), from low-income households (14.9%) and have parents with lower educational levels (11.8%). Parents with post-secondary education or higher were more likely to take their child to a paediatrician (83%) than parents with secondary education or less (71.8%). Hospital and other facility users were more likely to be from two-parent and extended family homes, and from middle-income households, but there were very few parents utilizing these other facilities for routine care.

Table 32.1 Type of health care facility utilised by children

Type of Health Care Facilities usually visited by Children ages 0-10 years When Sick by Demographic Characteristics

		Clinic or Health centre		Paediatrician's office		General Practitioner's (GP) office		Hospital Emergency or Other places		Total	
		N	%	N	%	N	%	N	%	N	%
Total		25	7.4	271	80.2	29	8.6	13	3.8	338	100
Gender	Boy	12	7.3	130	78.8	16	9.7	7	4.2	165	100
	Girl	13	7.5	141	81.5	13	7.5	6	3.5	173	100
Child Age	0 - 35 months	6	5.3	103	90.4	1	0.9	4	3.5	114	100
	3 - 4 years	5	8.5	47	79.7	5	8.5	2	3.4	59	100
	5-10 years	14	8.5	121	73.3	23	13.9	7	4.2	165	100
Race	Black	18	9.4	150	78.1	18	9.4	6	3.1	192	100
	White & other	7	4.8	121	82.9	11	7.5	7	4.8	146	100
Type of Household	Single parent	4	7.4	44	81.5	5	9.3	1	1.9	54	100
	Two parent & Extended family	21	7.4	227	79.9	24	8.5	12	4.2	284	100
Income	\$50,000 or less	7	14.9	35	74.5	4	8.5	1	2.1	47	100
	\$50,001 to \$100,000	9	7.8	88	76.5	10	8.7	8	7.0	115	100
	\$100,001 & over	9	5.1	148	84.1	15	8.5	4	2.3	176	100
Education	Secondary or less	10	11.8	61	71.8	8	9.4	6	7.1	85	100
	Post Secondary & higher	15	5.9	210	83.0	21	8.3	7	2.8	253	100

* Note that percentages are not reported for hospital and other because of small number of total cases

Well-Child Check-up

Parents were asked if their child had received a well-child check-up in the previous twelve months; that is a general check-up when they were not sick or injured. (Table 32.2) Overall, 81.5% of children had received a well child check-up in the previous year. Boys were more likely to have done so (85.7%) than girls (77.3%). Children aged 0-35 months were more likely to have had a check-up (92%) than children aged 3-4 years (79%) and 5-10 years (75.2%). Socio-economic status was also associated with the likelihood of receiving a well-child check-up, with children of middle-income households (87.1%) and children of parents with post-secondary education or higher (84.3%) more likely to have had one. There were no substantive differences observed by race or family type.

Table 32.2 Children receiving a well-child check-up in the previous year

		Number and Percentage of children 0-10 year, who received a well-child check-up, when not sick or injured during the past 12 months.							
		Yes		No		Not Stated		Total	
		N	%	N	%	N	%	N	%
	Total	277	81.5	50	14.7	12	3.5	340	100
Gender	Boy	144	85.7	17	10.1	6	3.6	168	100
	Girl	133	77.3	33	19.2	6	3.5	172	100
Age	0 - 35 months	104	92.0	8	7.1	1	0.9	113	100
	3 - 4 years	49	79.0	8	12.9	4	6.5	62	100
	5-10 years	124	75.2	34	20.6	7	4.2	165	100
Race	Black	159	82.0	27	13.9	8	4.1	194	100
	White & other	118	80.8	23	15.8	4	2.7	146	100
Type of Household	Single parent	46	83.6	8	14.5	1	1.8	55	100
	Two parent & Extended family	231	81.1	42	14.7	11	3.9	285	100
Income	\$50,000 or less	36	75.0	11	22.9	1	2.1	48	100
	\$50,001 to \$100,000	101	87.1	14	12.1	1	0.9	116	100
	\$100,001 & over	140	79.5	25	14.2	10	5.7	176	100
Education	Secondary or less	63	73.3	19	22.1	4	4.7	86	100
	Post Secondary & higher	214	84.3	31	12.2	8	3.1	254	100

Immunisation

Parents were asked whether in their opinion, their child had received all of the recommended immunisations for their age. (Table 32.3) Overall, 92.9% of parents believed their child's immunisations were up to date. There were no substantive differences observed for the demographic groups, except by family type, where it was reported that children in two-parent or extended families were more likely (93.6%) than children in single parent families (88.9%) to have their immunisations up to date.

Table 32.3 Parent reports of children receiving all recommended immunisations for age

		Number and Percentage of Children aged 0-10 years who received all of the recommended immunizations					
		Yes		No		Total	
		N	%	N	%	N	%
	Total	313	92.9	24	7.1	337	100
Gender	Boy	153	92.2	13	7.8	166	100
	Girl	160	93.6	11	6.4	171	100
Age	0 - 35 months	106	94.6	6	5.4	112	100
	3 - 4 years	57	91.9	5	8.1	62	100
	5-10 years	150	92.0	13	8.0	163	100
Race	Black	175	91.1	17	8.9	192	100
	White & other	138	95.2	7	4.8	145	100
Type of Household	Single parent	48	88.9	6	11.1	54	100
	Two parent & Extended f	265	93.6	18	6.4	283	100
Income	\$50,000 or less	43	91.5	4	8.5	47	100
	\$50,001 to \$100,000	107	92.2	9	7.8	116	100
	\$100,001 & over	163	93.7	11	6.3	174	100
Education	Secondary or less	77	91.7	7	8.3	84	100
	Post Secondary & higher	236	93.3	17	6.7	253	100

Visit to Hospital Emergency Room

Parents were asked how many times, during the previous twelve months, their child had gone to a hospital emergency room concerning their health. (Table 32.4) Overall, 76.4% of parents reported that their child had not had any visits to the emergency room, 17.4% reported that they'd had only one visit, and 6.2% reported two or more visits. Black children were more likely to have gone only once (19.7%) than white and other race children (14.4%); and the latter were more likely to have gone twice or more than black children (9.6% compared to 3.6%). Children in two-parent and extended families were less likely to have gone to the emergency room (77.1%) than children in single parent families (72.7%). However, children from low income households were less likely to have gone to the emergency room (81.3%), than those in higher income households.

Table 32.4 Parent reports of children attending the hospital emergency room in the previous year

Number and Percentage of times children 0-10 years had gone to a hospital emergency room about his/her health during the past 12 months, by Demographic characteristics

		None		Once		2 or more times		Total	
		N	%	N	%	N	%	N	%
	Total	259	76.4	59	17.4	21	6.2	339	100.0
Gender	Boy	127	76.5	28	16.9	11	6.6	166	100.0
	Girl	132	76.3	31	17.9	10	5.8	173	100.0
Age	0 - 35 months	85	75.2	20	17.7	8	7.1	113	100.0
	3 - 4 years	46	75.4	12	19.7	3	4.9	61	100.0
	5- 10 years	128	77.6	27	16.4	10	6.1	165	100.0
Race	Black	148	76.7	38	19.7	7	3.6	193	100.0
	White & other	111	76.0	21	14.4	14	9.6	146	100.0
Household Type	Single parent	40	72.7	11	20.0	4	7.3	55	100.0
	Two parent & Extended family	219	77.1	48	16.9	17	6.0	284	100.0
Income	\$50,000 or less	39	81.3	8	16.7	1	2.1	48	100.0
	\$50,001 to \$100,000	90	77.6	16	13.8	10	8.6	116	100.0
	\$100,001 & over	130	74.3	35	20.0	10	5.7	175	100.0
Education	Secondary or less	66	76.7	15	17.4	5	5.8	86	100.0
	Post Secondary & higher	193	76.3	44	17.4	16	6.3	253	100.0

Dental Care

Parents were asked to indicate about how long it had been since their child last saw a dentist. (Table 33.1) Overall, 40.4% of children were reported to have never seen a dentist at all; however the majority of these (72%) were children aged 0 – 35 months, of whom 88.4% had never seen a dentist. In fact, of all 5 – 10 year olds, only 7.3% had never seen a dentist. The majority of children had seen a dentist in the previous six to twelve months (56%) and 2.1% had done so one to two years prior.

Girls were more likely than boys to have seen a dentist within the past two years (62.6% compared to 53.6%), as were black children (60.6%) compared to their white and other race counterparts (54.8%). Children in single parent families were more likely to have seen a dentist (69.1%) than children in two-parent and extended families (56%), as were children in middle (64.6%) or low income (60.5%) households compared to those in high income households (53.1%). Parental education did not have a substantive effect.

Table 33.1 Parent reports of children being seen by a dentist

Frequency of Visit to the Dentist, Number and Percentage of Children aged 0-10 years by Demographic Characteristics.

		Six months to 1 to 2 years								Total	
		Never		1 year		ago		Not stated		N	%
		N	%	N	%	N	%	N	%		
	Total	137	40.4	190	56.0	7	2.1	5	1.5	339	100
Gender	Boy	76	45.2	85	50.6	5	3.0	2	1.2	168	100
	Girl	61	35.7	105	61.4	2	1.2	3	1.8	171	100
Age group	0 - 35 months	99	88.4	12	10.7	0	0.0	1	0.9	112	100
	3 - 4 years	26	41.9	33	53.2	1	1.6	2	3.2	62	100
	5 – 10 years	12	7.3	145	87.9	6	3.6	2	1.2	165	100
Race	Black	73	37.8	110	57.0	7	3.6	3	1.6	193	100
	White & other	64	43.8	80	54.8	0	0.0	2	1.4	146	100
Type of Household	Single parent	15	27.3	37	67.3	1	1.8	2	3.6	55	100
	Two parent & Extended family	122	43.0	153	53.9	6	2.1	3	1.1	284	100
Income	\$50,000 or less	18	37.5	27	56.3	2	4.2	1	2.1	48	100
	\$50,001 to \$100,000	40	34.5	70	60.3	5	4.3	1	0.9	116	100
	\$100,001 & over	79	45.1	93	53.1	0	0.0	3	1.7	175	100
Education	Secondary or less	33	38.4	51	59.3	0	0.0	2	2.3	86	100
	Post Secondary & higher	104	41.1	139	54.9	7	2.8	3	1.2	253	100

Seatbelts

Parents were asked how often their child travelled by car using a car safety seat or booster seat (if aged up to seven years), or a seat belt (if aged eight years or older). (Table 34.1) Overall, 81.0% of parents said their child was always appropriately buckled up, 14.8% said almost always, sometimes or seldom, and 4.2% said their child never wore a safety belt or car seat of any sort.

Boys were more likely than girls to always wear the appropriate car seat or safety belt (85.5% compared to 76.5%). Children aged 0-35 months were most likely to be appropriately buckled-up (94.6%), and children aged 5-10 years were most likely to never buckle-up (7.9%). White and other race children were more likely (87%) to be buckled up than black children (76.4%), and children from single parent families were more likely to never buckle-up (6.9%) than children from two-parent and extended families (2.3%).

Table 34.1 Frequency of use of age-appropriate car safety seats, booster seats or seat belts

		Children's use of age-appropriate car seats, booster seats and seat belts							
		Always		Sometimes		Never		Total	
		N	%	N	%	N	%	N	%
Gender	Total	273	81.0%	50	14.8%	14	4.2%	337	100.0%
	Boy	142	85.5%	18	10.8%	6	3.6%	166	100.0%
	Girl	131	76.6%	32	18.7%	8	4.7%	171	100.0%
Age	0 - 35 months	106	94.6%	6	5.4%	0	.0%	112	100.0%
	3-4 years	46	75.4%	14	23.0%	1	1.6%	61	100.0%
	5-10 years	121	73.8%	30	18.3%	13	7.9%	164	100.0%
Race	Black	146	76.4%	35	18.3%	10	5.2%	191	100.0%
	White & other	127	87.0%	15	10.3%	4	2.7%	146	100.0%
Type of Household	Single Parent	42	77.8%	9	16.7%	3	5.6%	54	100.0%
	Two parent & Extended family	231	81.6%	41	14.5%	11	3.9%	283	100.0%
Education	Secondary or less	91	78.4%	17	14.7%	8	6.9%	116	100.0%
	Post Secondary & higher	145	82.9%	26	14.9%	4	2.3%	175	100.0%
Income	\$50,000 or less	68	81.9%	13	15.7%	2	2.4%	83	100.0%
	\$50,001 to \$100,000	205	80.7%	37	14.6%	12	4.7%	254	100.0%
	\$100,001 & over	37	80.4%	7	15.2%	2	4.3%	46	100.0%

Discussion

The Health Survey of Adults and Children in Bermuda was conducted in 2006 and represents the first occasion that children aged 0-10 years have been systematically surveyed on their health locally. Adults were last surveyed in 1999. The survey included 1,648 adults and 343 children who were randomly selected from the population. Children and adolescents aged 11 – 17 years were surveyed separately in 2006¹⁰.

Overall, the 2006 findings demonstrate some improvements in adult health status since 1999. However, important areas of deterioration were identified. Significant areas where adult health behaviours have seen an improvement include tobacco use, asthma, cancer screening and self-assessment of general health. Areas where we need to redress apparent deterioration in health status and behaviours include the incidence of obesity, diabetes and risk factors for heart disease. The findings for children indicated a good health status overall, although the incidence of obesity is a significant cause for concern.

Improvements in adult health

The survey found a considerable decrease in the proportion of adults who smoke cigarettes. While in 1999 22% of adults reported smoking daily or some days, in 2006 this figure had gone down to 13%. Smoking remains more prevalent among men, whites and adults in low income households, but considerable strides have clearly been achieved in reducing smoking in Bermuda's population. Notably, the survey took place before the ban on smoking in enclosed public areas became law in April 2006. It is hoped that the new legislation will contribute further to this positive trend. Bermuda compares favourably to the US, where 20.5% of adults are classified as current smokers¹¹.

A decrease in adults who had asthma at the time of the survey was also observed from 1999. At that time 17% of adults reported having asthma. In 2006 this figure had gone down to 9%. This positive trend may be the result of community interventions. In the US 8% of adults have asthma, indicating a comparable prevalence to Bermuda.

Breast cancer is the most common cancer for women in Bermuda¹². The chance of getting breast cancer increases with age, and while there are individual factors that increase the risk of developing breast cancer, early detection remains a key to breast cancer survival. Regular screening via mammograms is recommended for women over 40 to ensure early detection. In 1999 in Bermuda, 77% of women over 40 years of age reported having had a mammogram in the past year; in 2006 that figure was 79%, representing little change. Notably, 87% had had a mammogram in the previous two years. In the US, 75% of women over 40 years of age reported having a mammogram in the previous two years.

A Papanicolaou (Pap) test is a test for cancer of the cervix. Early detection of cervical cancer through Pap tests can dramatically lower the rate of deaths from the disease. In 2006 in Bermuda, 71% of women had had a Pap test in the previous year, compared to 73% in 1999, representing little change overall. However, 81% of women had had a Pap test in the previous two years. In the US, 86% of women over 18 years had a Pap test in the previous three years.

Prostate cancer is the most common type of cancer in men¹³. It is a major concern for older men. Prostate cancer screening tests for signs of the disease as men may be asymptomatic. The two main methods for screening for prostate cancer are the Prostate Specific Antigen (PSA) test and the digital rectal exam (DRE). The 1999 Adult Wellness Survey did not ask about the different screenings, however, 60% of men reported having had some form of prostate cancer screening.

In 2006, over 77% and 79% of men reported having had a PSA or DRE, respectively, indicating very progressive health behaviours in this respect for men.

Lastly, self-assessed perceptions of general health are a helpful indicator of overall wellbeing in a population. In 1999 in Bermuda, 29% of residents reported that their overall health was only fair or poor; however, in 2006 this figure had dropped to 12%, indicating an increase in individuals' perceived well being. This compares favourably with the 9% reported in the 2003 Adult Literacy and Life Skills Survey¹⁴. While this increase did not occur across demographic groups and adults and socio-economically disadvantaged groups continue to report the poorest general health, it can be said that the population as a whole feels that they have a better standard of health today. Bermuda's overall result is comparable to the US, where 15% of the population rates their health as only fair or poor.

Deterioration in adult health

The increase in obesity, diabetes and risk factors for heart disease are of particular concern. The causes and consequences of these conditions are inter-related, and the survey revealed deterioration in lifestyle behaviours associated with these health problems.

Bermuda, like many other countries, has experienced an increase in overweight and obesity in the past decade. Significant contributors to this increase are changes in dietary habits, which now include more energy-dense, nutrient-poor foods with high levels of sugars and saturated fats and global shifts towards increasingly sedentary lifestyles, due to automated transport, technology at home and at work, and more passive leisure pursuits.

Overweight and obesity are among the leading health problems in Bermuda today. In 2006, 64% of the adult population was overweight (40%) or obese (24%). This represents an increase from 1999 when the proportion of overweight and obese adults was 57%. In the US, 66% of the adult population is overweight or obese. Nevertheless, we must treat the Bermuda figure with caution given that body mass index was calculated on the basis of self-reported height and weight.

Overweight and obesity are important contributors to the development of type 2 diabetes. Diabetes is a disabling condition that can cause blindness, kidney failure, circulatory problems and heart disease, and can be fatal. In 2006 13% of adults reported having diabetes, which indicates an increase from 1999 when only 9% of adults reported diabetes. In the US 7% of adults have diabetes.

Diseases of the circulatory system, or heart disease, were the leading cause of death in Bermuda in 2005, accounting for 36% of all deaths. Although an individual's likelihood of developing heart disease is influenced by hereditary factors, preventable risk factors include type 2 diabetes, overweight and obesity, and raised blood cholesterol and hypertension. In 1999 in Bermuda, 7% of adults reported having high blood pressure and 8% reported high cholesterol; by 2006 these figures had risen to 25% and 34%, respectively, indicating a dramatic rise in these problems even though reported screening practices remained constant. The risk of developing heart disease is also affected by lifestyle factors such as physical inactivity, smoking and poor nutrition. In the US, 36% of adults reported having high cholesterol.

A negative shift in the lifestyle behaviours contributing to these health problems is evident from the survey. In terms of diet, only 18% (est.) of adults reported consuming at least three portions of fruits or vegetables per day, compared to 34% in 1999. In the US, 23% of adults consume 5 portions of fruit and vegetables daily.

In terms of physical activity, only 29% did some form of vigorous activity three times per week or more, compared to 59% in 1999; while 72% watched more than two hours of television per day,

compared to 68% in 1999. In the US, 51% of adults do some form of vigorous activity three times per week or more.

These lifestyle behaviours are contributing to the increase in some of Bermuda's main health problems: obesity, diabetes and heart problems; measures are needed urgently to prevent a general worsening in the population's health.

Children's health

As children had not been surveyed in this way in Bermuda, comparisons to earlier benchmarks cannot be made. However, we may compare Bermuda to the United States, where a more extensive National Health Interview Survey was conducted using the same questionnaire in 2004, and some of the results have been published¹⁵.

In the USA, 20% of children aged 0-11 years had received an asthma diagnosis at some time in their lives; in Bermuda that figure for 0-10 year olds was 22%. Further, while in the US cohort, 10% of all children had experienced an asthma attack in the previous 12 months, the corresponding figure for Bermuda's cohort was a comparable 11.5%. In terms of respiratory allergies, however, the Bermuda cohort did appear to fare better; while 20% of US children were reported to have experienced some kind of respiratory allergy, in Bermuda only 9% of children had done so.

In the US cohort, 10% of 3-11 year olds were reported to have had a learning disability. This appears higher than the Bermuda sample, where 5% of 3-10 year olds had reportedly been diagnosed with a learning disability. Similarly, 8% of 3-11 year olds in the US were reported to have Attention Deficit and Hyperactivity Disorder (ADHD), while in Bermuda only 2% of 2-10 year olds had received this diagnosis. It is not possible to comment on whether the lower figures for Bermuda are due to a truly lower incidence, or whether the low numbers are due to less identified need locally. Research in the UK indicates that approximately 5% of school-age children have ADHD. In this context, it is difficult to interpret the results and the only definitive comment can be that further research is needed to truly understand the mental health needs of children in Bermuda.

In terms of number of school days missed due to illness or injury, in the US 27% of children aged 5-11 years were reported to have missed no days of school in the previous 12 months, and 40% reportedly missed 3 or more days. In Bermuda, a comparable 29% of 5-10 year olds had missed no school days in the previous year, while 36% missed three or more days of school. Of greater note is that while in the US only 0.23% of 5-11 year olds were reported not to have attended school at all in the previous year, in Bermuda this figure for 5-10 year olds was 5.5%, which is markedly higher. Although this amounts to only 9 children in the Bermuda survey, it is of concern that such a high proportion did not attend school at all in a school year.

In terms of healthcare access and utilization, the US study found that 10% of 0-4 year olds and 8% of 5-11 year olds had two or more visits to the emergency room in the previous year. In Bermuda 6% of 0-4 year olds and 6% of 5-10 year olds were reported to have attended the hospital emergency room two or more times in the previous year.

In terms of dental care, trends in Bermuda appear slightly favourable compared to the US. In the US study, 47% of 2-4 year olds and 84% of 5-11 year olds had been seen by a dentist in the previous year; while in Bermuda 53% of 3-4 year olds and 88% of 5-10 year olds had seen a dentist in the previous year.

Lastly, the report of the 2004 National Health Interview Survey in the US doesn't list the figures for childhood overweight and obesity, however, the 2004 US National Health and Nutrition Examination Survey (NHANES) found that 14% of 2-5 year olds and 19% of 6-11 year olds were

overweight or obese¹⁶. In Bermuda we found that 21% of 3-4 year olds were obese, and 36% of 5-10 year olds were overweight or obese, indicating a considerably worse situation locally with respect to this issue of global concern.

To conclude

While some improvements in the health of the adult population in Bermuda are clearly evident and these must be celebrated and encouraged, there are a number of areas where considerable deterioration was observed and our attention must be drawn to these. The National Health Promotion Strategy, Well Bermuda¹⁷, addresses these health problems specifically and presents a vision for a healthier Bermuda with clear goals and objectives to work towards as a community. Health promotion has become essential for healthcare systems globally, and is widely regarded as one of the principal tools to halt the increase in lifestyle-related health problems that plague high income countries in particular; Bermuda is committed to advancing health promotion efforts. The vision of the Department of Health is “healthy people in healthy communities” and through continued monitoring of the population’s health and implementation of coordinated interventions we are working actively towards this vision, together with our public health partners.

Appendix 1: Adult Questionnaire for Health Survey 2006

INTERVIEWER'S SCRIPT

HELLO, I am calling for the Department of Health. My name is (name). We are gathering information about the health of Bermuda's residents. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

1. Is this (phone number)?

1. Yes
2. No - Say "Thank you very much, but I seem to have dialled the wrong number. It's possible that your number may be called at a later time". STOP

2. Is this a private residence?

1. Yes
2. No - Say "Thank you very much, but we are only interviewing private residences". STOP

3. Are you a head of this household?

1. Yes
2. No - Say "This portion of the survey deals with heads of households only. May I speak to a head of household?"

When a head of household is on the phone, repeat the Objective of the survey so that the person knows what the survey is about, then read the Introduction.

Introduction:

This survey is very important to the Department of Health and will only take up to 20 minutes of your time. I will not ask for your name, address, or other personal information that can identify you. You can end the interview at any time. Any information you give me will be confidential. If you have any questions, I can provide a telephone number for you to call to get more information.

SECTION 1: HEALTH STATUS

1. Would you say that in general your health is:

- Read:
1. Excellent
 2. Very good
 3. Good
 4. Fair
- Or
5. Poor

- Do not read:
6. Don't know / Not sure
 7. Refused

SECTION 2: HEALTHY DAYS — HEALTH-RELATED QUALITY OF LIFE

2. Now thinking about your physical health, which includes physical illness and injury, for how many

days during the past 30 days was your physical health not good?

1. ___ Number of days
2. Don't know / Not sure
3. Refuse

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

1. ___ Number of days
2. Don't know / Not sure
3. Refused

NOTE: If both questions 2 & 3 are = 0, go to section 3.

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

1. ___ Number of days
2. Don't know / Not sure
3. Refused

SECTION 3: HEALTH CARE ACCESS

5. Do you have at least one person you think of as your personal doctor or health care provider?

- Please read:
1. Yes, only one
 2. Yes, more than one
 3. No

- Don't read:
4. Don't know / Not sure
 5. Refused

6. About how long has it been since you last visited a doctor for a routine check-up? A routine check-up is a general physical exam, not an exam for a specific injury, illness, or condition.

- Read only if necessary:
1. Within past year (1-12 months ago)
 2. Within past 2 years (1-2 years ago)
 3. Within past 5 years (2-5 years ago)
 4. 5 or more years ago
 5. Don't know / Not sure
 6. Never

- Don't read:
7. Refused

SECTION 4: DIABETES

7. Have you ever been told by a doctor that you have diabetes?

1. Yes
2. Yes, but female told only during pregnancy
3. No
4. No, pre-diabetes or borderline diabetes
5. Don't know / Not sure
6. Refused

If "Yes" and respondent is female, ask: "Was this during a pregnancy?"

If pre-diabetes or borderline diabetes, use response code 4.

SECTION 5: HYPERTENSION AWARENESS

8. When was the last time your blood pressure was measured?

1. Within the past year
2. 1-2 years ago
3. More than 2 years ago
4. Never
5. Don't know / Not sure

9. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

If "Yes" and respondent is female, ask: "Was this during a pregnancy?"

1. Yes
2. Yes, but female told only during pregnancy
[Go to section 6]
3. No *[Go to section 6]*
4. Told borderline high or pre-hypertensive
[Go to section 6]
5. Don't know / Not sure *[Go to section 6]*
6. Refused *[Go to section 6]*

10. Are you currently taking medicine for your high blood pressure?

1. Yes
2. No
3. Don't know / Not sure
4. Refused

SECTION 6: CHOLESTEROL AWARENESS

11. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

1. Yes
2. No *[Go to section 7]*
3. Don't know / Not sure *[Go to section 7]*
4. Refused *[Go to section 7]*

12. About how long has it been since you last had your blood cholesterol checked?

Read only if necessary:

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago

Do not read:

5. Don't know / Not sure
6. Refused

13. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

1. Yes
2. No
3. Don't know / Not sure
4. Refused

SECTION 7: CARDIOVASCULAR DISEASE PREVALENCE

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or "Not sure."

14. Ever told you had a heart attack, also called a myocardial infarction?

1. Yes
2. No
3. Don't know / Not sure
4. Refused

15. Ever told you had angina or coronary heart disease?

1. Yes
2. No
3. Don't know / Not sure
4. Refused

16. Ever told you had a stroke?

1. Yes
2. No
3. Don't know / Not sure
4. Refused

SECTION 8: ASTHMA

17. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

1. Yes
2. No *[Go to section 9]*
3. Don't know / Not sure *[Go to section 9]*
4. Refused *[Go to section 9]*

18. Do you still have asthma?

1. Yes
2. No
3. Don't know / Not sure
4. Refused

SECTION 9: TOBACCO USE

19. Have you smoked at least 100 cigarettes in your entire life? Five packs are about 100 cigarettes.

1. Yes
2. No [*Go to section 10*]
3. Don't know / Not sure [*Go to section 10*]
4. Refused [*Go to section 10*]

20. Do you now smoke cigarettes every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all [*Go to section 10*]
4. Don't know/Not sure [*Go to section 10*]
5. Refused [*Go to section 10*]

21. Over the past 30 days, on average how many cigarettes did you smoke per day?

1. ___ Number of cigarettes per day
2. Don't know / Not sure
3. Refused

22. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1. Yes
2. No
3. Don't know / Not sure
4. Refused

SECTION 10: ALCOHOL CONSUMPTION

23. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage?

1. ___ Days
2. No drinks in past 30 days [*Go to section 11*]
3. Don't know / Not sure
4. Refused

24. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

1. ___ Number of drinks
2. Don't know / Not sure
3. Refused

25. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

1. ___ Number of times
2. None
3. Don't know / Not sure
4. Refused

SECTION 11: PERSONAL DEMOGRAPHICS

26. What is your age?

1. ___ years
2. Don't know / Not sure
3. Refused

27. About how much do you weigh without shoes in pounds?

Round fractions up. If weight is given in kilograms, note on the side.

1. ___ Weight in pounds
2. Don't know / Not sure
3. Refused

28. How would you describe your weight?

Please read:

1. Underweight
2. Normal weight
3. Overweight

Do not read:

4. Don't know / Not sure
5. Refused

29. About how tall are you without shoes in feet and inches?

Round fractions up. If height is given in metres, note on the side.

1. ___ / ___ Height in feet / inches
2. Don't know / Not sure
3. Refused

30. Indicate sex of respondent. Ask only if necessary: Are you...?

1. Male [*Go to section 12*]
2. Female [*If respondent is 45 years old or older, go to section 12*]

31. To your knowledge, are you now pregnant?

1. Yes
2. No
3. Don't know / Not sure
4. Refused

SECTION 12: SEATBELTS

32. How often do you use a seat belt when driving or as a passenger in the front seat of a motor vehicle?

Please read:

1. Always
2. Almost always
3. Sometimes
4. Seldom
5. Never
- OR
6. Never travel in a motor vehicle

Do not read:

7. Don't know / Not Sure
8. Refused

SECTION 13: DISABILITY

33. Are you limited in any way in any activities because of physical, mental, or emotional problems?

1. Yes
2. No
3. Don't know / Not Sure
4. Refused

SECTION 14: NUTRITION

These next questions are about the foods you usually eat. Please tell me how often you eat each one, for example, once a day, twice a week, three times a month, and so on. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

34. How many servings of fruit do you usually eat (do not count fruit juice)? (For example, a portion of fruit at breakfast would be one serving)

1. __ Per day
2. __ Per week
3. __ Per month
4. __ Per year
5. Never
6. Don't know / Not sure
7. Refused

35. How many servings of vegetables do you usually eat? (For example, a serving of vegetables at both lunch and dinner would be two servings.)

1. __ Per day
2. __ Per week
3. __ Per month
4. __ Per year
5. Never
6. Don't know / Not sure
7. Refused

36. How often do you eat fast food meals such as hamburgers, fried chicken, hot dogs, french-fries, milk shakes, soda?

1. __ Per day
2. __ Per week
3. __ Per month
4. __ Per year
5. Never
6. Don't know / Not sure
7. Refused

37. How often do you eat breakfast?

1. __ Per week
2. __ Per month
3. __ Per year
4. Never
5. Don't know / Not sure
6. Refused

SECTION 15: PHYSICAL ACTIVITY

Please read:

The next questions are about physical activity. We are interested in two types of physical activity - vigorous and moderate.

Moderate activities cause small increases in breathing or heart rate, such as brisk walking, bicycling, vacuuming, or gardening. Thinking about the moderate activities you do in a usual week *[if "employed" or "self-employed" fill in "when you are NOT working"]*...

38. How many days per week do you do moderate activities for at least 10 minutes at a time?

1. __ Days per week
2. Do not do any moderate physical activity for at least 10 minutes at a time *[Go to Q40]*
3. Don't know / Not sure *[Go to Q40]*
4. Refused *[Go to Q40]*

39. On days when you do moderate activities, how much total time per day do you spend doing these activities?

1. _:_ Hours and minutes per day
2. Don't know / Not sure
3. Refused

Please read:

Vigorous activities cause large increases in breathing or heart rate, such as running, aerobics or heavy yard work. Now, thinking about the vigorous activities you do in a usual week *[if "employed" or "self-employed" fill in "when you are NOT working"]*.

40. How many days per week do you do vigorous activities for at least 10 minutes at a time?

1. ___ Days per week
2. Do not do any vigorous physical activity for at least 10 minutes at a time [Go to section 16]
3. Don't know / Not sure [Go to section 16]
4. Refused [Go to section 16]

41. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

1. _:___ Hours and minutes per day
2. Don't know / Not sure
3. Refused

42. In an ordinary week day, which of the following best describes what you do? Would you say—

If respondent has multiple jobs, include all jobs.

Please read:

1. Mostly sitting or standing
2. Mostly walking
3. Mostly heavy labour or physically demanding work

Do not read:

4. Don't know / Not sure
5. Refused

43. How many hours of television do you watch on an average day (include weekends)?

1. _:___ Hours and minutes per day
2. Don't know / Not sure
3. Do not watch any television at all
4. Refused

SECTION 16: SEXUAL BEHAVIOUR

These next few questions are about your personal behaviour, and I want to remind you that your answers are confidential.

44. During the past 12 months, with how many people have you had sexual intercourse?

1. ___ Number
2. None [Go to section 17]
3. Don't know / Not sure
4. Refused

45. Was a condom used the last time you had sexual intercourse?

1. Yes
2. No [Go to section 17]
3. Don't know / Not sure [Go to section 17]
4. Refused [Go to section 17]

46. The last time you had sexual intercourse, was the condom used —

Please Read:

1. To prevent pregnancy
 2. To prevent diseases [If necessary, read: like syphilis, gonorrhoea, and AIDS]
 3. For both of these reasons
- Or
4. For some other reason

Do Not Read:

5. Don't know / Not sure
6. Refused

SECTION 17: HIV/AIDS

If respondent is 65 years old or older, go to section 18.

The next few questions are about the national health issue of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

47. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

1. Yes
2. No [Go to Q49]
3. Don't know / Not Sure [Go to Q49]
4. Refused [Go to Q49]

48. Not including blood donations, in what month and year was your last HIV test?

If response is before January 1985, code "Don't know."

- ___ / ___ ___ Code month and year
1. Don't know / Not sure
 2. Refused

49. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

1. Yes
2. No
3. Don't know / Not sure
4. Refused

SECTION 18: VIOLENCE

50. Has an intimate partner EVER hit, slapped, pushed, kicked, or physically hurt you in any way?

1. Yes
2. No *[Go to section 19]*
3. Don't know / Not sure
4. Refused

51. When was the last time an intimate partner hurt you in this way?

- Read only if necessary:*
1. During the past month
 2. 1 to 12 months ago
 3. More than one year ago

- Do not read:*
4. Don't know / Not sure
 5. Refused

SECTION 19: EMOTIONAL SUPPORT AND LIFE SATISFACTION

The next two questions are about emotional support and your satisfaction with life.

52. How often do you get the social and emotional support you need?

- Please read:*
1. Always
 2. Usually
 3. Sometimes
 4. Rarely
- OR**
5. Never

- Do not read:*
6. Don't know / Not sure
 7. Refused

53. In general, how satisfied are you with your life?

- Please read:*
1. Very satisfied
 2. Satisfied
 3. Dissatisfied
 4. Very dissatisfied

- Do not read:*
5. Don't know / Not sure
 6. Refused

SECTION 20: WOMEN'S HEALTH

NOTE: If respondent is male, go to next section.

The next questions are about health checks for women.

54. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

1. Yes
2. No *[Go to Q56]*
3. Don't know / Not sure *[Go to Q56]*
4. Refused *[Go to Q56]*

55. How long has it been since you had your last mammogram?

- Read only if necessary:*
1. Within the past year (less than 12 months ago)
 2. Within the past 2 years (1 to 2 years ago)
 3. Within the past 3 years (2 to 3 years ago)
 4. Within the past 5 years (3 to 5 years ago)
 5. 5 or more years ago

- Do not read:*
6. Don't know / Not sure
 7. Refused

56. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

1. Yes
2. No *[Go to section 22]*
3. Don't know / Not Sure *[Go to section 22]*
4. Refused *[Go to section 22]*

57. How long has it been since you had your last Pap test?

- Read only if necessary:*
1. Within the past year (less than 12 months ago)
 2. Within the past 2 years (1 to 2 years ago)
 3. Within the past 3 years (2 to 3 years ago)
 4. Within the past 5 years (3 to 5 years ago)
 5. 5 or more years ago

- Do not read:*
6. Don't know / Not sure
 7. Refused

SECTION 21: MEN'S HEALTH

If respondent is under 39 years of age, or is female, go to section 22.

The next questions are about health checks for men.

58. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

1. Yes
2. No *[Go to Q60]*
3. Don't Know / Not Sure *[Go to Q60]*
4. Refused *[Go to Q60]*

59. How long has it been since you had your last PSA test?

- Read only if necessary:*
1. Within the past year (less than 12 months ago)
 2. Within the past 2 years (1 to 2 years ago)
 3. Within the past 3 years (2 to 3 years ago)
 4. Within the past 5 years (3 to 5 years ago)
 5. 5 or more years ago

- Do not read:*
6. Don't know
 7. Refused

60. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

1. Yes
2. No *[Go to section 22]*
3. Don't know / Not sure *[Go to section 22]*
4. Refused *[Go to section 22]*

61. How long has it been since your last digital rectal exam?

Read only if necessary:

1. Within the past year (less than 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 3 years (2 to 3 years ago)
4. Within the past 5 years (3 to 5 years ago)
5. 5 or more years ago

Do not read:

6. Don't know / Not sure
7. Refused

SECTION 22: SOCIAL DEMOGRAPHICS

62. What is your marital status?

Read only if necessary:

1. **Married**
 2. **Divorced**
 3. **Widowed**
 4. **Separated**
 5. **Never married**
- Or
6. **A member of an unmarried couple**

Do not read:

7. Don't know / Not sure
8. Refused

63. Which of the following best describes your household:

Please read:

1. **One person** *[Go to Q65]*
 2. **Adult couple** *[Go to Q65]*
 3. **Two parents with children from the same union**
 4. **Two parents with children from different unions**
 5. **Single-parent**
 6. **Extended family**
- OR
7. **Unrelated persons**

Do not read:

8. Don't know / Not sure
9. Refused

64. How many children aged 17 years or younger live in your household?

1. __ Number of children
2. None
3. Refused

65. Are you currently...?

Read:

1. **Employed**
 2. **Self-employed**
 3. **Unemployed but seeking work**
 4. **Homemaker**
 5. **Student**
 6. **Retired**
- Or
7. **Unable to work**

Do not read:

8. Don't know / Not sure
9. Refused

66. What is the highest grade of school you completed?

Read only if necessary:

- 1 **Never attended school or only attended kindergarten**
- 2 **Primary / Middle school**
- 3 **Secondary / Grammar**
- 4 **Technical / Vocational (pre-university)**
- 5 **University – Undergraduate degree**
- 6 **University – Graduate degree or Professional qualification**

Do not read:

7. Don't know / Not sure
- 9 Refused

67. Are you...?

Read:

1. **Bermudian**
 2. **Non-Bermudian (Spouse of Bermudian)**
 3. **Non-Bermudian (Long term Resident)**
- Or
4. **Non-Bermudian**

Do not read:

5. Don't know / Not sure
6. Refused

68. Which one of these groups best describes your race?

Read:

1. **Black**
 2. **White**
 3. **Asian**
 4. **Black & white**
 5. **Black & other**
 6. **White & other**
- Or
7. **Other-please specify** _____

Do not read:

8. Don't know / Not sure
9. Refused

69. What is your total annual household income from all sources?

Read only if necessary:

1. Under \$25,000
2. \$25,001 to \$50,000
3. \$50,001 to \$75,000
4. \$75,001 to \$100,000
5. \$100,001 to \$125,000
6. \$125,001 to \$150,000
7. \$150,001 to \$175,000
8. \$175,001 to \$200,000
9. Over \$201,000

Do not read:

10. Don't know / Not sure
11. Refused

SECTION 23: IDENTIFICATION OF CHILD SUBJECT

If there are no children aged 17 years or less in the household (or refused to say either way), go to Closing Statement.

70. "Previously, you indicated that there [fill in "are/is" X number "child/children"] aged 17 or younger in your household. Is [fill in: "he/she" or "any of them"] aged 10 years or less?

1. Yes
2. No [Go to Closing Statement]
3. Refused

If 'Yes', go to Child Questionnaire

CLOSING STATEMENT

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in Bermuda. Thank you very much for your time and cooperation.

Appendix 2: Child Questionnaire for Health Survey 2006

INTERVIEWER'S SCRIPT

Please think about the YOUNGEST child in your household aged under 10. The following questions are all about the YOUNGEST child.

SECTION 1: DEMOGRAPHICS

1. What is your relationship to the youngest child in the household?

Please read:

1. Parent (biological, adoptive or step)
2. Grandparent
3. Aunt/Uncle
4. Brother/Sister
5. Other relative
6. Legal guardian
7. Foster parent
8. Other non-relative

Do not read:

9. Don't know
10. Refused

2. Is the child a boy or a girl?

1. Boy
2. Girl
3. Refused

NOTE: From this point, refer to the child as "he" or "she", as appropriate.

3. In what month and year was he/she born?

1. ___ / ___ Code month and year
2. Don't know / Not sure
3. Refused

4. How old is he/she now?

1. ___ Years
2. Don't know / Not sure
3. Refused

5. About how much does he/she weigh without shoes, in pounds?

Round fractions up. If weight is given in kilograms, and note on the side.

1. ___ Weight in pounds
2. Don't know / Not sure
3. Refused

6. How would you describe his/her weight?

Please read:

1. Underweight
2. Normal weight
3. Overweight

Do not read:

4. Don't know / Not sure
5. Refused

7. About how tall is he/she without shoes, in feet and inches?

Round fractions up. If height is given in metres, and note on the side.

1. ___ / ___ Height in feet / inches
2. Don't know / Not sure
3. Refused

8. How many hours of television does he/she watch on an average day (include weekends)?

1. ___ Hours and minutes per day
2. Don't know / Not sure
3. Child does not watch any television at all
4. Refused

SECTION 2: CONDITIONS, LIMITATIONS HEALTH STATUS

Please read:

I'm going to read you a list of conditions, please tell me if a doctor or health professional has ever told you that this child had any of these conditions by saying 'yes' or 'no':

NOTE: If child is aged 1 or less go to Q10. If child is aged 2 or more to Q9.

9. Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)?

1. Yes
2. No
3. Don't know
4. Refused

10. Mental retardation?

1. Yes
2. No
3. Don't know
4. Refused

11. Any other developmental delay?

1. Yes
2. No
3. Don't know
4. Refused

12. Down's syndrome

1. Yes
2. No
3. Don't know
4. Refused

13. Cerebral palsy

1. Yes
2. No
3. Don't know
4. Refused

14. Muscular dystrophy

1. Yes
2. No
3. Don't know
4. Refused

15. Cystic fibrosis

1. Yes 2. No
3. Don't know 4. Refused

16. Sickle cell anaemia

1. Yes 2. No
3. Don't know 4. Refused

17. Autism

1. Yes 2. No
3. Don't know 4. Refused

18. Diabetes

1. Yes 2. No
3. Don't know 4. Refused

19. Arthritis

1. Yes 2. No
3. Don't know 4. Refused

20. Congenital heart disease

1. Yes 2. No
3. Don't know 4. Refused

21. Other heart condition

1. Yes 2. No
3. Don't know 4. Refused

22. Has a doctor or other health professional EVER told you that he/she had asthma?

1. Yes
2. No *[Go to Q26]*
3. Don't know *[Go to Q26]*
4. Refused *[Go to Q26]*

23. Does he/she still have asthma?

1. Yes 2. No
3. Don't know 4. Refused

24. During the past 12 months, has he/she had an episode of asthma or an asthma attack?

1. Yes 2. No
3. Don't know 4. Refused

25. During the past 12 months, did he/she have to visit an emergency room because of his/her asthma?

1. Yes 2. No
3. Don't know 4. Refused

26. I'm going to read you another list of conditions, please tell me if a doctor or health professional has ever told you that this child had any of these conditions by saying 'yes' or 'no':

27. Any kind of respiratory allergy?

1. Yes 2. No
3. Don't know 4. Refused

28. Any kind of food or digestive allergy?

1. Yes 2. No
3. Don't know 4. Refused

29. Eczema or any kind of skin allergy?

1. Yes 2. No
3. Don't know 4. Refused

30. Frequent or repeated diarrhoea or colitis?

1. Yes 2. No
3. Don't know 4. Refused

31. Anaemia?

1. Yes 2. No
3. Don't know 4. Refused

32. Three or more ear infections?

1. Yes 2. No
3. Don't know 4. Refused

33. Seizures?

1. Yes 2. No
3. Don't know 4. Refused

NOTE: If child is aged 2 or less, go to Q36. If child is aged 3 or more, continue:

34. Frequent or severe headaches, including migraines?

1. Yes 2. No
3. Don't know 4. Refused

35. Stuttering or stammering?

1. Yes 2. No
3. Don't know 4. Refused

36. Compared with 12 months ago, would you say this child's health is now better, worse or about the same?

1. Better
2. Worse
3. About the same
4. Don't know /Not sure
5. Refused

37. During the past 12 months about how many days did he/she miss day-care or school because of illness or injury?

1. ____ days
2. Child did not go to daycare / preschool / school in the past 12 months
3. Don't know
4. Refused

38. Does he/she have any impairment or health problem that requires him/her to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eye glasses or corrective shoes)?

1. Yes 2. No
3. Don't know 4. Refused

39. Does he/she have any impairment or health problem that limits his/her ability to crawl/walk, run or play?

1. Yes 2. No
3. Don't know 4. Refused

NOTE:

For children aged 1 or less, go to Section 4.

For children aged 2, go to Section 3.

For children aged 3 or more, read:

40. Has a representative from a school or a health professional EVER told you that he/she had a learning disability?

1. Yes 2. No
3. Don't know 4. Refused

SECTION 3: MENTAL HEALTH

NOTE:

For children aged 1 or less, go to Section 4.

For children aged 4 or more, go to Q49.

For children aged 2-3, read:

I am going to read another list of items that describe children. For each item, please tell me if it has been '**Not True**', '**Sometimes True**', or '**Often True**' of this child during the past **2 months**.

NOTE:

For GIRLS aged 2-3 years, go to Q45

For BOYS aged 2-3 years, read:

41. Has been uncooperative?

1. Not true 2. Sometimes true
3. Often true 4. Don't know
5. Refused

42. Has trouble getting to sleep?

1. Not true 2. Sometimes true
3. Often true 4. Don't know
5. Refused

43. Has speech problems

1. Not true 2. Sometimes true
3. Often true 4. Don't know
5. Refused

44. Has been unhappy, sad or depressed?

1. Not true [Go to Section 4]
2. Sometimes true [Go to Section 4]
3. Often true [Go to Section 4]
4. Don't know [Go to Section 4]
5. Refused [Go to Section 4]

NOTE: For GIRLS aged 2-3 years, read:

45. Has temper tantrums or a hot temper?

1. Not true 2. Sometimes true
3. Often true 4. Don't know
5. Refused

46. Has speech problems?

1. Not true 2. Sometimes true
3. Often true 4. Don't know
5. Refused

47. Has been nervous or high-strung?

1. Not true 2. Sometimes true
3. Often true 4. Don't know
5. Refused

48. Has been unhappy, sad or depressed?

1. Not true [Go to Section 4]
2. Sometimes true [Go to Section 4]
3. Often true [Go to Section 4]
4. Don't know [Go to Section 4]
5. Refused [Go to Section 4]

NOTE: For children aged 4-10, read:

49. I am going to read another list of items that describe children. For each item, please tell me if it has been 'Not True**', '**Sometimes True**', or '**Certainly True**' of this child during the past **6 months**.**

50. Is generally well behaved, usually does what adults request

1. Not true 2. Sometimes true
3. Often true 4. Don't know
5. Refused

51. Has many worries, or often seems worried

1. Not true 2. Sometimes true
3. Often true 4. Don't know
5. Refused

52. Is often unhappy, depressed or tearful

1. Not true 2. Sometimes true
3. Often true 4. Don't know
5. Refused

53. Gets along better with adults than with other children

1. Not true 2. Sometimes true
3. Often true 4. Don't know
5. Refused

54. Has good attention span, sees chores or homework through to the end

1. Not true 2. Sometimes true
3. Often true 4. Don't know
5. Refused

55. Overall do you think that he/she has difficulties with the following areas: emotions, concentration, behaviour or being able to get along with other people?

Please read:

1. No
2. Yes, minor difficulties
3. Yes, definite difficulties
4. Yes, severe difficulties

Do not read:

5. Don't know
6. Refused

SECTION 4: HEALTH CARE ACCESS & UTILIZATION

56. Where does this child USUALLY go when he/she is sick or you need advice about his/her health?

Please read:

1. Clinic or health centre
2. Paediatrician's office
3. General Practitioner's (GP) office
4. Hospital emergency room
5. Some other place
6. Goes to more than one place equally
7. Doesn't go anywhere at all

Do not read:

8. Don't know
9. Refused

57. During the past 12 months did he/she receive a **well-child check-up**; that is a general check-up when he/she was not sick or injured?

1. Yes
2. No
3. Don't know
4. Refused

58. During the past 12 months, how many times has he/she gone to a hospital emergency room about his/her health? This includes emergency room admissions that resulted in a hospital admission.)

Read only if necessary:

- | | | |
|----------|----------|---------------|
| a. None | b. Once | c. 2-3 |
| d. 4-5 | e. 6-7 | h. 8-9 |
| i. 10-11 | j. 13-15 | k. 16 or more |

Do not read:

- l. Don't know
- m. Refused

59. In your opinion, has he/she received all of the recommended immunizations for his/her age?

1. Yes
2. No
3. Don't know
4. Refused

SECTION 5: DENTAL CARE

60. About how long has it been since he/she last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. Was it...

Please read:

1. Never
2. Six months or less
3. 6 months to 1 year ago
4. 1 to 2 years ago
5. 2 to 5 years ago
6. More than 5 years ago

Do not read:

7. Don't know
8. Refused

SECTION 6: NUTRITION

61. How often does he/she have breakfast or something to eat in the morning?

1. ___ Per week
2. ___ Per month
3. ___ Per year
4. Never
5. Don't know / Not sure
6. Refused

SECTION 7: SEATBELTS & CAR SEATS

NOTE: If child is aged 7 or younger, go to Q62. If child is aged 8 or more go to Q63.

62. How often does he/she use a car safety seat or a booster seat when travelling by car?

Please read:

1. Always
2. Almost always
3. Sometimes
4. Seldom
5. Never
6. Never, uses seat belt instead
7. Never travels in a car

Do not read:

8. Don't know / Not Sure
9. Refused

If child is aged 8 or older, please read:

63. How often does he/she use a seat belt when travelling in a car?

Please read:

1. Always
 2. Almost always
 3. Sometimes
 4. Seldom
 5. Never
- OR
6. Never travels in a car

Do not read:

7. Don't know / Not Sure
8. Refused

SECTION 8: CHILD'S RACE

64. Which one of these groups would you say best represents his/her race?

Read:

1. **Black**
2. **White**
3. **Asian**
4. **Black & white**
5. **Black & other**
6. **White & other**
7. **Other-please specify**_____

Do not read:

8. Don't know / Not sure
9. Refused

CLOSING STATEMENT

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in Bermuda. Thank you very much for your time and cooperation.

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