



MEASURING SUSTAINABLE DEVELOPMENT

APPLICATION OF THE GENUINE PROGRESS INDEX TO NOVA SCOTIA

DEVELOPING A COMMUNITY
GENUINE PROGRESS INDEX:
MATERIALS FOR
COMMUNITY DEVELOPMENT PLANNERS

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PROGRESS REPORT TO THE
CANADIAN POPULATION HEALTH INITIATIVE
RESEARCH PROGRAMS

Prepared by Leonard Poetschke, Acting Director, Community GPI
September 30, 2003

1. Research

Completed during this six-month reporting period

Pressing forward the research agenda, completing preparation and transfer of the data, and completing assembly of the infrastructure to carry this process forward have been the prime emphasis of the project activities over the past six months. The formal research papers intended for publication and the reports on community health indicators that have been presented to community groups, local agencies and interest groups are noted below and attached in appendices. These papers mark a highly positive start to the process of mining the data for fundamental research on community health and determinants of health at the community level, for research that can assist in practical health policy development and program improvement, and for information that can help mobilize effective community action to improve population health and wellbeing and community health.

Brief notes on the papers and reports that have so far been developed using results from the CPHI-funded GPI Community Health Indicators survey are presented in Appendix 1. Report summaries, PowerPoint presentations made to community groups, and samples of full reports are appended in additional appendices as noted below and in the table of contents above.

- The full, completed GPI Community Health Indicators database¹ is now available on site to university researchers and community groups, interest groups and agencies in both Glace Bay (through UCCB) and Kings County (Acadia University). Data access is through newly created local Societies in each region responsible to work with the community and to administer the data access guidelines and ethical use procedures. The new data access guidelines, developed for this project under a separate CPHI grant administered by co-principal investigator, Dr. George Kephart, director of the Population Health Research Unit at Dalhousie University, were described in our previous report to CPHI. It is our hope that these data access guidelines will serve CPHI as well as universities and communities throughout Canada as a template for community-based health research. The guidelines are now actively being used in this project.
- An in-depth research paper on **Unpaid Caregiving and Health** has been prepared by Dr. Deborah Kiceniuk, Population Health Research Unit, Dalhousie University, Adrian MacKenzie, and Dr. Andrew Harvey. Dr. Kiceniuk's work was conducted under supervision of Dr. George Kephart, director, PHRU, and co-principal investigator in this CPHI project. The draft of a shorter article-length version of this paper, titled *Communities in Profile: A*

¹ "Cleaning" the GPI Community Health Indicators survey Food Diary data is still in progress for scheduled completion in November, 2003. This is the last remaining section of the survey data still to be cleaned. All other data are now available for researcher's use, and are being analyzed.

Comparison of Caregiving in Two Rural Nova Scotia Communities, which will be submitted for publication in *The Canadian Journal of Aging* is also attached; along with an accompanying bibliography; appendices containing charts, tables, and data sets; and PowerPoint slides which were presented to community groups and caregiver associations in both Glace Bay and Kings County. (These documents are attached as Appendix 2)

- In-depth research paper on **time use, health and stress**, prepared by Dr. Andrew Harvey, Director, Time Use Research Program, St. Mary's University, and colleagues, to be submitted for publication, along with an abstract of the paper, titled: *The Tale of Two Communities: Time Use Survey Results from GPI Atlantic's Community Survey*. (Both documents attached as Appendix 3.)
- In-depth research paper titled *Discouraged Workers' Health and Well-Being*, correlating results from the employment and health outcomes sections of the GPI Community Health Indicators survey, prepared by Dr. Andrew Harvey, St. Mary's University. The paper and abstract will also be submitted for publication. (Both documents attached as Appendix 4.)
- Summary report and PowerPoint presentation on **Peace and Security** in Glace Bay and Kings County with comparisons between the two communities, prepared by Dr. Peter MacIntyre, UCCB. These results and the PowerPoint slides have been presented to community groups, including representatives of victim services agencies, police services, and others, in both communities. A representative of Justice Canada attended the Glace Bay meetings, and the results were also presented at a press conference and well reported on CBC-Radio, and in both *The Chronicle-Herald* and *The Cape Breton Post*. (Summary, PowerPoint, and article from *The Cape Breton Post* are attached as Appendix 5.)
- Report and PowerPoint presentation on **Tobacco and Health** by Dr. Peter MacIntyre and Marcie Smith, UCCB, for both Glace Bay and Kings County with comparisons. To date, three presentations of the Glace Bay results have been made to Glace Bay community groups, including community health boards, public health officials, addictions counsellors, local doctors, school representatives, and others. (Summary and PowerPoint attached as Appendix 6.)
- Report on **Youth and Teenage Smoking in Kings County** by Dr. Glyn Bissix and Liesel Carlsson, Acadia University, presented to community groups, health and school officials, and community health board representatives in Wolfville, October 14, 2003. (Summary and full report attached as Appendix 7.)
- Introduction and PowerPoint presentation on **Core Values and Health**, entitled *Core Values as Potential Mediator between Health and Employment A Comparison of Glace Bay and Kings County*. This PowerPoint presentation summarizes key results from responses to the "Core Values" section of the GPI Community Health Indicators survey. (Attached as Appendix 8.)
- UCCB researchers, with professional assistance, have designed an excellent **GPI Glace Bay web site** to provide user-friendly community access to analysis, reports, and activities

connected with the GPI Community Health Indicators survey for Glace Bay. Limits to access of raw data on the web site are imposed by concerns of confidentiality but community groups and other users can access considerable aggregated data on the web site. A 21-page summary of the website contents, the web site home page providing direct access to the site, and samples of web-based reporting on two topics (Glace Bay resident responses on core values and responses to the open-ended questions) are provided in Appendix 9.

- Summaries of the key issues addressed in Appendices 10, 11, and 12 are given below, in the sections of this report which describe the community consultation and empowerment process, and the formation of special non-profit societies in both communities dedicated to sustaining and carrying on the community health indicators.

Analysis of results initiated to date and planned – expected to be completed over the period to February 2004²

- Impacts of employment characteristics; unemployment; and underemployment on health in Kings County and Glace Bay, analysis currently being prepared at Acadia University. Results to be presented to community groups in Kings County, November 14, 2003, and in Glace Bay in November, 2003.
- Natural resource health: The impact of land use and agriculture on Kings County, prepared by Jennifer Scott, GPI Atlantic: to be presented to community groups including farmers in Wolfville, November 15, 2003.
- Planned: Four reports on health status and health outcomes for Glace Bay
- Planned: Analysis of volunteer activity and its impacts on population and community health in Kings County and Glace Bay.
- Ecological footprint analysis for Kings County (begun) and Glace Bay (anticipated), including partial analysis of food diaries, as soon as data cleaning of food diaries is completed (anticipated).
- The Kings County Community Health Boards and Annapolis Valley Health Foundation have scheduled meetings in the coming weeks to organize a major analysis of the Kings County GPI Community Health Indicators results to assess health status, health outcomes, and health determinants in Kings County.

As noted in earlier reports, the community health indicators database that we now have in Kings County and Glace Bay affords unparalleled opportunities for analysis of the determinants of health at the community level, beyond anything that has existed in Canada to date. Here we have a survey that links health status and health outcomes to a wide range of determinants, including

² The longer period of data collection in Kings County, and delays in the full transfer of the data to Kings delayed the start of Kings County data analysis, as indicated in previous reports to CPHI. Thus, the Glace Bay data analysis has been several months ahead of the Kings County analysis. The data problems have now been resolved and work is now well underway to analyze the results from the Kings County community health indicators.

employment characteristics, income, social supports, voluntary activity, time use, security and safety, environmental factors, and more. Questions on all these and other factors are asked in the same questionnaire, allowing correlations and linkages among these factors in ways that have not hitherto been possible from disparate data sets.

As well, Statistics Canada data do not penetrate to the level of community. So the data provide a remarkable opportunity for communities to learn about themselves – their strengths and weaknesses – and to understand what they need to build on their strengths and overcome their weaknesses in order to improve their health and wellbeing. The large sample size of the survey – 3,600 surveys in the two communities – allows analysis of results by gender, age and other characteristics without compromising statistical integrity. Because the two target communities have such different socio-demographic characteristics, the results should also shed light, over time, on what makes some communities healthier than others.

Challenges faced and met during this current reporting period

In general, the issues and challenges around data entry, data cleaning, data access procedures, and confidentiality that were referenced in our previous reports to CPHI, have all been resolved during this reporting period. The emphasis during this current reporting period, therefore, has been on research, analysis of results, preparation of reports, presenting results to community groups and local health and municipal officials, and on putting in place the infrastructure needed to sustain and expand the community health indicators in the future to ensure their ongoing use to improve population health and community wellbeing. To this end, apart from the research papers, three of which are currently being prepared for submission to scholarly journals, the data analysis and reports completed and under way to date have tended to focus on subject matter of direct interest to community groups in Glace Bay and Kings County.

This focus, presenting results that respond directly to expressed community needs and interests, has helped to build community understanding of the potential of community health indicators to inform policy, promote change, and improve community wellbeing. In particular, we have seen the importance of the *process* of communicating the results as a means to enlist the community participation that is essential to the long-term and expanding success of this project, well beyond its CPHI-funded phase.

The emphasis on use of the material for local interest was therefore necessary, both to honour the promise made to the communities in obtaining support for participation in the survey, and to help build their capacity for expanding community use. With this infrastructure now in place, the way is open for broader use of the data for academic analysis and support for government policy development without compromising community access.

2. Infrastructure Development

In sum, the major challenge that we face, as we approach the completion stage of this CPHI-funded project, is to ensure that these community health indicators are not a one-shot deal, but

are incorporated into the structure and fabric of the two communities for the long term. For that reason, we have focussed on sustainability, empowerment, and creating local structures that will own and maintain the reporting mechanisms.

The critical infrastructure to support extensive use of the survey data, and to set up and manage the process of measuring genuine progress in improving population and community health over time, is now in place in both Glace Bay and Kings County. The rich and unparalleled community database is stored and can be accessed at the libraries of both UCCB and Acadia University (as well as at the Population Health Research Unit at Dalhousie University). Each university has an organized and highly competent cohort of university staff and researchers, who are committed to using the data for analysis for academic research, student education, and, as the highest priority, to initiate and respond to requests for analysis of the data on issues of priority and concern to the respective communities.

Community access to this unique resource is through the newly created GPI Glace Bay and GPI Kings County societies. These societies of citizens include, as a permanent member of their board, the Professor-in-Charge of the university group – Dr. Peter MacIntyre at UCCB, for Glace Bay, and Dr. Glyn Bissix at Acadia University, for Kings County. These non-profit societies, both registered under the Companies Act of Nova Scotia, were set up during this reporting period, and are now up and running, with active Boards of Directors in place. Both societies have scheduled fall general meetings to build membership and develop the critical lines of communication to the communities, interest groups, and agencies in their respective regions.

The societies have signed formal agreements with the universities and with GPI Atlantic. The agreements identify society responsibilities to administer the guidelines for research; to assist community groups to work with the universities in generating analysis; and to incorporate genuine progress measures into their planning and actions for improving community health and wellbeing. The history of community involvement in developing this project, in shaping the questionnaire, and in a wide range of other activities leading up to the present organization and current activity, is set out in Appendix 10.

The Kings County effort, and this project as a whole, was initiated by the Nova Scotia Citizens for Community Development Society under the direction of Leonard Poetschke, and leadership of the Kings GPI Society has been very ably taken by Richard Hennigar, a local Kings County farmer, who has been a very strong supporter and organizer of the project since its inception. The Acadia University research effort is directed by Dr. Glyn Bissix. Other society directors and active participants are listed in Appendix 11. A part-time organizing and community engagement position has been created and is being filled by Lila Hope-Simpson, who is also director of Smoke-Free Kings.

In Glace Bay, leadership of this work has been under the direction of Dr. Peter MacIntyre of UCCB, who is also a Glace Bay resident whose family includes several generations of coal-miners, and Stacey Lewis, executive director of the Cape Breton Wellness Centre, who has organized the community engagement process. Both Dr. MacIntyre and Ms Lewis are co-investigators in the CPHI program, and have the unique capacity to wear their research-academic-investigative and community-based hats with equal ease. Other directors and active

participants are listed in Appendix 12, a detailed 32-page document that also includes an account of community workshops held in Glace Bay during the current CPHI reporting period.

3. Policy Engagement

With the formation of the two Societies in Glace Bay and Kings County, the infrastructure is now in place to facilitate policy initiatives on the part of community groups, agencies, and interest groups. Initiatives for change have been arising as more community groups are gradually exposed to the analysis being undertaken. This has already been happening. For example, two meetings in Glace Bay to analyse and discuss the tobacco results from the GPI Community Health Indicators survey produced an initiative to approach local school principals and school boards to initiate and strengthen school-based smoking prevention programs, including the adoption of school-based curricula that are available but were not being used. It should be noted that, while such action seems obvious, Canadian communities have never before had tobacco use data available at the local and community level. So the shock and immediacy of seeing local results, including high levels of teenage smoking, has an impact that national and provincial averages cannot possibly have.

Another concrete example of the practical (and perhaps unanticipated) translation of Community GPI results into action and policy use happened when the Glace Bay peace and security results were presented to community groups, including the local victim services counsellors, and the local police chief. The latter was particularly interested that, in the survey, Glace Bay residents had identified vandalism as an issue of key concern and one of the major problems in their community. He responded that the police generally respond to assaults, thefts, break-ins, and other such crimes, but that vandalism is generally below or not on their radar screen. He was so interested in learning about this community concern that he promised to discuss at the very next meeting of his staff and officers, and to begin to direct resources and attention to this problem, which the community had identified in the GPI survey.

Yet another example of practical translation into action occurred when survey results were presented on unpaid caregiving and health of caregivers. This session brought into the room caregiving groups and associations that rarely or never communicate, share resources, or exchange information. Most of these groups are focussed on their very specific areas of concern and client base, and have little knowledge or information about other groups engaged in similar work, or about stresses and concerns which they share in common with other groups and caregivers. Their shared discussion of the Community GPI caregiving results, with its pertinent information about stresses on caregivers and health outcomes of caregivers, led to a new interaction among the groups, building of mutual supports, and determination to share concerns and resources that had not previously existed among the groups.

Nevertheless, these successes in translating results into action and policy are still ad hoc occurrences rather than a systematic or coordinated process. The new Glace Bay and Kings GPI Societies are now poised to act as lightning rods for such activity, to integrate important initiatives, and to tackle the long term task of expanding and using the Community GPI to strengthen community initiated change and improve wellbeing.

What remains to be done, in addition to basic research, is to enable the communities to identify the most important benchmark indicators that will need to be refreshed over time through more survey work; to identify gaps in the data and expand the indicator set as needed; to set targets and objectives for community wellbeing and for practical, identified improvements (e.g. reducing youth smoking from x% to y% by 2005); and to agree on indicators of success and on data that will be required in the future for periodic measures of genuine progress. The key challenge will be to keep this process moving rapidly enough and effectively enough to sustain the continued enthusiasm and involvement of the community and interest groups and of the community based agencies that contribute to community health and wellbeing. This enthusiasm exists now, but we see our main challenge as maintaining this over the long-term to ensure the sustainability and continuity of this process well beyond this CPHI-funded phase.

4. Dissemination/Knowledge Transfer

Three major academic papers have been prepared by co-investigators in the CPHI project at the Population Health Research Unit at Dalhousie University, and at the Time Use Research Program at St. Mary's University – as specified in the original proposal to CPHI. These will be further refined (drafts are attached in Appendices 2, 3, and 4) and will be submitted for publication. Other scholarly analyses are being planned.

Appendices 11 and 12 outline the organization, activities, workshops, and other community level meetings and discussions that have occurred and are planned in presenting survey results to community groups. Appendix 9 presents the excellent web site set up by UCCB to provide community access to all analysis, as it happens, and to aggregated data that can be provided without breaching confidentiality. We plan to replicate this web site for Kings County. It is anticipated that, over time, these web sites will become the main dissemination and communications tools for new results, and that they will become sources for further community-based research.

We have also experimented with the first releases of data to the media, and held a press conference in conjunction with the presentation of the Glace Bay peace and security data. This was very well received, and the results were prominently reported in two daily newspapers and on the CBC province-wide news broadcasts, as well as on CBC call-in and interview programs. We have been sensitive to the fact that results should generally be reported to key community groups and stakeholders before being more widely disseminated. But the success of this first media effort has encouraged us to continue using the media to spread the results more widely.

The community meetings at which survey results are presented, generally by UCCB and Acadia researchers and co-investigators, have been preceded by advertising, telephone canvas, and distribution of information pamphlets, and they have been followed by dissemination of reports, and now by press conferences. The object is to raise steadily the profile of the community GPI, thereby awakening community interest in Glace Bay and re-awakening the initial strong interest and energy in Kings County, where some of the energy had dissipated during the long stretch

that was required to collect and process the data, and to make ready this comprehensive data base. This is happening.

One quite extraordinary and unanticipated outcome of the community meetings at which survey results are being presented is that they bring together in the same room groups that normally do not have the opportunity to communicate with each other or share information on issues of common concern. The Community GPI results have the effect of initiating dialogue, discussion, and awareness, of prompting the sharing of information. For example, at the community meetings on tobacco use, caregiving, and peace and security, the discussions included a scan of relevant programs and initiatives currently in place, allowing community groups to learn from each other, sometimes for the first time, of services already available, and also to identify gaps and needs. In sum, the survey results themselves end up not being the only thing on the agenda. Rather, they have the important effect of initiating and triggering a wider-ranging dialogue and exchange of information around the area of concern raised by the survey data.

At the academic level, several departments at four universities (Acadia, UCCB, Dalhousie, and St. Mary's) are now gearing up to access the data for research, student learning, and student papers. At Acadia University, this semester, we have seen the first full-fledged class project focussed on the GPI Community Health Indicators survey. An environmental science class at Acadia is using the survey results on energy and transportation use, and food consumption to calculate the Kings County ecological footprint, to learn about sustainability, and to develop recommendations on ways that Kings County residents can reduce their impact on the environment. Presentations have been made to the larger Acadia University and UCCB communities, and there is growing interest in the potential of the new database to spawn further research work.

Presentations on the GPI Community Health Indicators work have also been made to several federal-provincial and interdepartmental policy sessions, including meetings of provincial deputy ministers, department directors, and senior officials; and other invitations have been accepted for further presentations. Recent presentations have been to the Atlantic Canada Opportunities Agency and to the provincial inter-departmental committee on community developed (spearheaded by the province's economic development department), which are themselves searching for community-level indicators of development and progress. These sessions are helping to build much better understanding of the work at the senior policy levels, which in turn portends greater support and reinforcement of the strong interest in the community GPI already shown by government agencies working within the communities.

In fact, one of the most remarkable outcomes of this CPHI-funded program is its success in leveraging further support and interest from an ever wider range of government and community groups. Health Canada's Population and Public Health Branch, Atlantic region, recently provided support for an additional set of workshops in Glace Bay, which will be aimed at using the Community GPI results to build and strengthen community capacity. ACOA has asked us to present summaries of the key results and outcomes to a joint meeting of federal and provincial deputy ministers in Nova Scotia. The Nova Scotia Rural Team has asked for a presentation of results to its members. The Federation of Canadian Municipalities has asked the CPHI-investigator team to present its indicator work, results, and methods to the Sustainable

Communities Conference to be held at the Chateau Laurier Hotel in Ottawa on February 4-7, 2004. The work has also been presented to meetings of government and community groups in the other Atlantic provinces – most recently to a symposium sponsored by the University of Prince Edward Island’s Institute of Island Studies. In short, there is a growing interest and demand for information about community-level indicators of wellbeing.

As is clear from these examples, even without any form of marketing and publicity, this CPHI-funded project is becoming increasingly well known. We were recently asked to help the Halifax Inner City Initiative set up its own community indicators project, and we used questions from our Glace Bay and Kings County projects to help that group create its own community survey. We have also learned some hard lessons from our experience in this CPHI project. In particular, we learned which survey questions have not yielded important or highly useful data, and which have yielded the best and most interesting results, and thus we have been able to advise others on reducing the survey size drastically to include only the most important questions. This will allow much quicker and more cost-effective data collection than was the case in our Kings County and Glace Bay surveys. We have also found instances where re-wording the questions would be helpful to provide reduce ambiguity, provide missing information, and improve clarity. In fact, we have recently sought advice from Statistics Canada’s Social Survey Methods Division on such issues of survey re-design. We made some serious mistakes in database design that required the entire database to be re-designed as data were being entered. That, too, is a mistake that does not have to be repeated. We had forgotten to budget for data cleaning, which resulted in a cost overrun, and we now have a good idea of how much time and money that step involves. In short, we are now well placed to provide advice to other communities interested in creating indicators of community health and wellbeing so that they do not need to repeat our own mistakes.

Apart from continuing to energize the academic, government, community, and general public interest that has been created, we still need, in the final stages of the CPHI project, to gather together the lessons learned from this extensive and emerging successful venture. We want to review the methodologies and many other aspects of this project, in such a way that the outcomes will be valuable, not only to Kings County and Glace Bay, but to communities throughout Canada. We want to outline suggestions and procedures for other communities that might wish to use this powerful tool in their own quest to improve population health and community wellbeing. In sum, our two key current goals are (1) to ensure the long-term sustainability of this project in Kings County and Glace Bay; and (2) to ensure that other Canadian communities can use our experience to develop their own indicators of community health and wellbeing. We are more convinced than ever that good local indicators can be a tremendously powerful tool that has very practical policy relevance and utility in empowering communities to act to improve their health and wellbeing. From our experience to date, we have seen that the immediate, local knowledge that these indicators provide can help mobilize communities behind common goals and objectives and spur them to action.

5. Media Coverage

Chronicle Herald, June 23, 2003

Coping with the loss of an industry

Researchers at UCCB, Memorial study impact of coal, cod closures

By Matt Hunt Gardner

Sydney

A team of university researchers is studying how the closure of major industry affects the psychosocial health of communities in Atlantic Canada.

The co-operative effort by the University College of Cape Breton and Memorial University in Saint John's, Nfld., is examining the impact of Devco coal mine closures on Cape Bretoners and that of the cod moratorium on coastal Newfoundlanders.

"We also want to know what are the factors that help communities cope with the loss of an industry," Stacey Lewis, with the Sydney university's Cape Breton Wellness Centre, said recently.

"It's a question of resilience, and what contributes to a community's resilience."

Lon Gein, a Memorial researcher, approached the centre after the Phalen mine closed five years ago. Preparing to study communities dealing with the cod-fishing shutdown, she thought New Waterford would be a good comparison to the Newfoundland towns.

Residents in both areas have been surveyed about their stress level, satisfaction with life, education, financial status and general health. They were also asked how they thought the closures had affected their health, their families' health and their communities' health.

Community leaders were also interviewed.

"We don't want this to be just another study that's going to sit on a shelf, so we've been working all along with organizations in each of the communities that will actually be able to use the data," said Ms. Lewis.

"We're going to work together to understand what the data is actually telling us, and what it's suggesting in terms of action."

There are parallel studies underway in Vietnam, where the forestry industry has nearly collapsed, and in Finland, where people are coping with the decline of agricultural industries.

The Social Sciences and Humanities Research Council of Canada has granted the Canadian project \$658,700 over three years.

In New Waterford, researchers have completed 300 surveys with residents. They've also held five focus groups.

"In Newfoundland they're 10 years into this crisis, and so it's interesting to see what they've gone through there and learn from that," Ms. Lewis said.

"In areas where there's chronic widespread unemployment, people aren't as healthy. ... Job insecurity is a huge factor that affects psychosocial health."

Ms. Lewis said many Islanders held out hope the coal industry would turn around, and the finality of mine closures has hit them hard.

"I get the sense from talking



Matt Hunt Gardner photo

Stacey Lewis of the University College of Cape Breton is part of a team studying the impact of the end of traditional industries in Atlantic Canada.

to people in the focus groups that the community hasn't felt the full brunt of the mine closures yet. The first of the severances are only just beginning to run out. And as more of that hap-

pens, you're going to see a bigger health impact on the community."

The study should be completed within a year or so.

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Cape Breton Post, June 21, 2003

Water quality, town's appearance concern residents

BY TANYA COLLIER MACDONALD
CAPE BRETON POST

GLACE BAY

Residents now have a clearer picture of what they consider to be important issues in the community.

Water quality, town appearance and youth activity top the list of major concerns reported by 1,700 respondents participating in a survey conducted in 2001-02, said Peter MacIntyre, an author of Community-Level Health Indicators in Glace Bay: The GPI Atlantic Survey Methods and Results.

MacIntyre made the presentation during the first annual Cape Breton Health

Research Symposium held at the University College of Cape Breton Friday.

What was interesting, said MacIntyre, was that respondents value family first and wealth last.

Some other findings revealed during the day-long event was that Glace Bay residents consider crime rates to be low in their community and 90 per cent of residents feel they are safe from crime. But, the respondents are concerned about reoccurring vandalism.

MacIntyre reported that tobacco use is highest among those unemployed and community college graduates. Nicotine addiction appears to

be high, he said.

Of the respondents, about 13 per cent are unpaid caregivers who are generally over the age of 45, female and employed and many of them have their own health concerns, said MacIntyre.

"It's the sandwich generation." More adults are taking care of their children while also taking care of ailing parents.

The survey was conducted in combination with a similar study being pursued in King's County.

MacIntyre said a Glace Bay Society has been formed to use the information for future efforts aimed at improving and addressing health issues

in their community. Some goals are to provide the community with data on an ongoing basis and to be an advocate for planning and development in their area. Follow-up surveys to measure progress is also planned.

There is more information that has to be compiled including data on a time-use diary the respondents kept for two days.

Other topics discussed during the symposium, attended by more than 140 people from the academic community, health profession and volunteer sector, included reproductive health, diabetes, cervical screening and autism.

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APPENDICES
