

ON THE MARGINS: UNDERSTANDING AND IMPROVING BLACK WOMEN'S HEALTH  
IN RURAL AND REMOTE NOVA SCOTIA COMMUNITIES  
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PREPARED BY: AYODELE KASUMU

## INTRODUCTION

This study examined the health status, health care delivery, and health services utilization among Black women residing in rural and remote regions of Nova Scotia. Particularly, it investigates the health status of Black Nova Scotia women living around the south and west shores of the province from Liverpool to Annapolis Royal with a view to understanding their health situation and service utilization. It also aims to proffer policy recommendations for improvement and formulation of specific plans for community empowerment and knowledge translation.

Although Black people have lived in these communities for centuries, comprising one of the largest indigenous visible minority communities in the country, they remain socially, economically and politically marginalized: many are unemployed or under-employed and live in poverty; most have limited access to appropriate social, economic, and health services; and are under-represented in health care delivery, in health research, and in the design and implementation of health policies. Like their urban counterparts, African Nova Scotians living in the rural and remote regions of Nova Scotia encounter serious cultural barriers to appropriate health care, but in contrast to urban Blacks, their situation is compounded by geographic location. Even when they have the financial and social resources to access health services, they may not find culturally sensitive providers, programmes, and/or facilities available within a reasonable distance

While Black people have been identified to be disadvantaged in health care delivery and also face numerous barriers to health services utilization, Black women have been identified to face higher risk of marginalisation because of their double minority status of being black and female. Although very few studies have attempted to examine the determinants of Black women's health status in Canada in general and Nova Scotia in particular, research from the United States population reveal that certain health conditions affect Black women disproportionately. These conditions include diabetes mellitus, cardiovascular diseases (e.g. hypertension and stroke), cancer, HIV/AIDS, lupus, sickle cell disorder, and sarcoidosis (Enang, 2002).

## METHODS

Through an innovative program of research conducted over three years, this study resulted in a rich combination of quantitative and qualitative data, community action, health services program and policy development, and cross-disciplinary analysis of the intersecting

inequities that compromise the health status and health care service utilization of African Nova Scotia women, their families, and their communities.

The project utilized a mixed methodology of quantitative, qualitative, and participatory action research (PAR). Because each methodology has specific strengths, produces specific kinds of information, and creates specific relationships among investigators, utilization of a mixed methodology will not only produce much needed insight into the health of African Canadian women and their families, but also triangulation of research methodologies and research perspectives will increase the rigour of the research process as well as the significance and validity of the research findings (Kirk and Miller, 1986; Mays and Pope, 2000).

Using theoretical or purposive sampling combined with snowball sampling, the study interviewed a sample of 237 Black women in the communities. Theoretical or purposeful sampling involves the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyzes his data, deciding what data to collect next and where to find them, in order to develop the theory as it emerges. This process of data collection is controlled by the emerging theory, whether substantive or formal and further corroborated by the use of the PAR methodology. On the other hand, snowball sampling may simply be defined as a sampling technique for finding research subjects. One subject gives the researcher the name of another subject, who in turn provides the name of a third, and so on (Vogt, 1999). Although snowball sampling contradicts many of the assumptions underpinning conventional notions of random sampling, it has a number of advantages for sampling populations such as the deprived, the socially stigmatised or marginalised hence its utilization in this study. While the theoretical or purposive sampling ensured that a multiplicity of perspectives and experiences were captured in the interviews and focus groups, snowball sampling identified exceptional or idiosyncratic perspectives (Kidd and Parshall, 2000; Mays and Pope, 2000).

In the project, it was important that members of the black communities were involved in identifying research questions and identifying key issues. The project coordinator, in collaboration with the Research Team and an On-site Supervisor initiated the PAR aspect of the project by hiring three Black women based in the communities i.e. Shelburne County, Yarmouth County, and Digby and Annapolis County, to serve as Community Research Facilitators. Each facilitator possessed a high degree of motivation and close ties with the community. They were all trained in the PAR paradigm, focus group facilitation, and interview techniques to equip them with the necessary requirements to gather objective information about the needs and experiences of Black women, families and communities. The facilitators were also trained in basic IT skills and furnished with computing equipments and Internet services to enable them acquire and disseminate health information to their communities.

After their training, facilitators were then encouraged to develop contacts within the rural and remote communities. The communities were divided into three areas as follows:

**Area A – Digby and Annapolis County.** This area included the following communities: Weymouth, Weymouth Falls, Weymouth Mills, Ohio, Digby, Marshalltown, Conway, Jordantown, Smithcove, Plympton, Acaciaville, Southville, Danvers, Hasset, Riverdale, Hilltown, Annapolis Royal, Lequille, Grandville, Bridge town, and Inglewood.

**Area B – Yarmouth County.** This area included the following communities: Yarmouth South, Greenville, South Ohio, Yarmouth Central, Hebron, and Yarmouth North.

**Area C – Shelburne County.** This area included the following communities: Shelburne, Birchtown, Liverpool, Sandy Point, Jordan Falls, East Green Harbor, Lockport and Barrington.

In total, 237 Black women were interviewed for the study based on the population of Black families in the communities:

Area A – Digby and Annapolis County: 97 women

Area B – Yarmouth County: 63 women

Area C – Shelburne County: 77 women

This report provides a brief description of the measures utilized in the quantitative aspect of the project followed by a brief summary of the quantitative analysis.

## MEASURES

### *Demographic Items*

Age was classified into 7 (seven) categories (under 18, 18 – 24, 25 – 34, 35 – 44, 45 – 54, 55 – 64, and 65 years and above). Yearly household and personal income were classified into 9 (nine) categories (less than \$15,000, \$15,000 but less than \$25,000, \$25,000 but less than \$35,000, \$35,000 but less than \$45,000, \$45,000 but less than \$55,000, \$55,000 but less than \$65,000, \$65,000 but less than \$75,000, \$75,000 but less than \$85,000, and \$85,000 and above). Research experience reveals that individuals are reluctant to report their yearly household and personal income, especially when the interviewer/facilitator is a member of the community. Therefore, we asked these variables categorically to increase the likelihood of response. To capture marital status or otherwise of respondents, we asked if they were living with a spouse or partner as at the time of conducting the interview in order to encompass common law unions. We also examined the family size of each of the Black women interviewed by asking to know if they had children, number of children, and ages of the children. In addition, we asked if the respondents work outside of the home and if the status of employment was full-time, part-time, or seasonal.

### *Health Issues*

The study examined the current health status and health history of the respondents and also delved into the environmental factors that affect the health status of Black Nova Scotia

women. Generally, discussions and ideas on health issues focus almost entirely on disease treatment. Being healthy is usually seen as the absence of a disease and this therefore dictates health expenditure and concerns. However, the definition of health goes beyond disease as opined by the World Health Organization which defined “health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO website at <http://www.who.int>). With this view of health in mind at the onset, the project examined factors that are assumed to influence the physical, mental and social well-being of Black women in the study communities and not just diseases and ailments. The lists of health conditions and socio-economic factors that were investigated in the quantitative aspect of the survey were actually generated based on issues that were raised during community consultations (initial contact with community members prior to the interview phase of the project) as part of the PAR process.

The quantitative aspect of the questionnaire was divided into three sections. The first section assessed the health status of respondents by asking specifically if they had, or ever had, health issues or conditions pertaining to the following:

Seizures	Appendix
Stress	Lupus
High Blood Pressure	Multiple Sclerosis
Breast Cancer	Colds
Diabetes	Gall Bladder
Asthma	Jaundice
Stress on the Heart	Endometriosis
Depression	Vaginal Infections
Hopelessness	Dysplasia
Allergies	Rashes
Back Problem	Menopause
Scleroderma	Cancer (non-specific)
Chest Infections	Psychological Problems
Hair Loss	Rheumatoid Arthritis
Gangrene	Sickle Cell Anaemia
Osteoporosis	Worry over the children
Epilepsy	Premenstrual Syndrome (PMS)
High Cholesterol	Abuse
Stomach Problems	Aging
Poor Diet	Carpal Tunnel
Arthritis	Heart Disease
Tension	Others

The second section of the quantitative aspect of the questionnaire explored the external factors that impact the health status, health care delivery, and health service utilization of Black Nova Scotia women. Particularly, it investigated the factors in the communities that would need to change or improve in order for the overall health of women and families in the communities to get better. Respondents were asked to rate a list of factors according to level of importance on a scale of 1 to 5 where 1 indicates “very important”, 2 – “important”, 3 –

“somewhat important”, 4 – “not very important”, and 5 – “not important at all”. The responses were then scored to determine the most important factors as indicated by the respondents with “very important” taking a score of 5, “important” a score of 4, “somewhat important” a score of 3, “not very important” a score of 2, and “not important at all” a score of 1. The factors were rated based on their total overall score. The factors considered include:

- A Black Community Health Centre with links to medical educators and health resources
- A Black Women's Centre with services
- Black doctors
- Black health professionals
- A Black dental hygienist
- A Black lawyer
- More Black politicians and town counsellors
- Black police
- A Black day care with Black workers for Black children
- Professional Black role models such as school board members, teachers, and counsellors
- Black teachers to teach Black history
- More images of Black women in literature, publications, television
- More adequate hospital services in your area
- Health care close to home so you don't have to travel
- Weekend access to hospital care
- Hospital services that provide specialized medical tests such as catscans and ultrasound
- Shorter wait times for tests and appointments
- Department of Health office
- Adequate housing
- Adequate, reliable transportation
- Free or affordable medication
- Affordable dental care
- Access to health insurance over and above MSI
- More money for food
- Childcare services
- Foot care services
- Chiropractic care services
- Maternity care services for new mothers
- VON nurses
- A Child Development Centre
- A Dietary Centre
- A Diabetic Clinic
- Healthy lifestyle services - fitness facilities
- A Bingo facility
- Community support to help with care giving
- Buddy systems and other support services
- Healthy lifestyle information
- Information on how to cook healthy food on a budget
- Access to more education
- Computer training
- Good information about how to access health care resources through the internet
- Knowing what supports/resources/services are available in the community

More educational information about illness and medication  
 More educational information about menopause  
 Help to sort out medical issues and info about treatments and medication  
 Help with knowing what questions to ask the doctor

Finally, the third section of this aspect sought to investigate and evaluate the impact of other factors (social, economic, cultural, environment and political barriers) that may influence the health status of black women in the communities. Respondents were asked if they have ever suffered or been affected by various problems or circumstances. The problems investigated are as follows:

Bad or infected teeth  
 Needing medic-alert bracelet  
 Poor diet  
 Eating for comfort  
 Working conditions which can cause health problems  
 Environmental conditions which can cause health problems  
 Chemicals air pollutants  
 Water pollutants  
 Financial problems  
 Not enough money  
 Not having money for medication  
 Bills which cause worry and depression  
 Insufficient medical coverage  
 Bed sick and can't make a living  
 Stress which blocks ability to get good care  
 Stress from lack of education  
 Stress from being knocked down  
 Struggle wears you down  
 Sadness  
 Loneliness  
 Feeling guilty  
 The effects of racism  
 Social status  
 Past experience which colours your future  
 Spiritual health problems  
 Troubled marriage  
 Alcoholism  
 Substance Abuse  
 Physical abuse  
 Verbal abuse  
 Emotional abuse  
 Sexual abuse  
 Financial abuse  
 Putting yourself down which could cause depression  
 Low self esteem

## QUANTITATIVE ANALYSIS

Descriptive statistics were used to generate a profile of the total sample and each community sample based on demographic information collected from the respondents. Most of the demographic variables are presented categorically for ease of understanding and comparison. In addition, health status measurements are presented for the total sample and communities using descriptive statistical analysis.

### *Demographic Statistics*

The characteristics of a population have been considered in health literature to have an inevitable impact on the health status of individuals and families. A population's demographic characteristics can affect various aspects of health including the use and delivery of health care services, mortality and morbidity rates, and social support and coping mechanisms. In the case of poverty, unemployment, stress, and violence, the influence on health is direct, negative and often shocking for a community. Other indicators like age, family composition, birth rate, and level of education have a more indirect influence on health (FPTACPH, 1999).

This section describes the demographic characteristics of the total study sample as well as those of the different community areas. Since this study examined the health status, health care delivery, and health services utilization among Black women residing in rural and remote regions of Nova Scotia, the respondents had to be at least 18 years old to qualify for participation in the research.

Table 1 Age Group	Total Sample		Digby Area		Yarmouth Area		Shelburne Area	
	# of Women	% of Women	# of Women	% of Women	# of Women	% of Women	# of Women	% of Women
Under 18	0	0	0	0	0	0	0	0
18 – 24	14	6	4	4	9	14	1	1
25 – 34	31	13	11	11	9	14	11	14
35 – 44	51	22	19	20	16	25	16	21
45 – 54	54	23	23	24	11	17	20	26
55 – 64	32	14	12	12	6	10	14	18
65+	53	22	26	27	12	19	15	19
No Response	2	1	2	2	0	0	0	0
<b>Total</b>	<b>237</b>	<b>100</b>	<b>97</b>	<b>100</b>	<b>63</b>	<b>100</b>	<b>77</b>	<b>100</b>

Of the total sample of 237 Black women interviewed in all the communities, 14 women (6 per cent) were between the ages of 18 and 24 years old while 31 women (13 per cent) were between the ages of 25 and 31 years old. Also 51 women (22 per cent) were between the ages of 35 and 44 years old. 54 women (23 per cent) and 32 women (14 per cent) fell between the ages of 45 and 54 years old, and 55 and 64 years old respectively. Of the remaining 55 women, 53 women (22 per cent) were 65 years and over while 2 women (1 per

cent of the total sample) did not disclose their ages (Table 1). The analysis also reveal that about 60 per cent of the total women interviewed (139 women) were 45 years old and above while the highest frequency (54 women or 23 per cent) were between the ages of 45 and 54 years old.

Analysis of Black women interviewed in the Digby Area revealed that 63 per cent (61 women) of the community sample were 45 years old and above. Of the remaining 37 per cent, 20 per cent (19 women) were between the ages of 35 and 44 years old while 11 per cent (11 women) were between the ages of 25 and 34 years old. Just 4 per cent of the community sample (4 women) were between the ages of 18 and 24 years old. In addition, 64 per cent (49 women) of the community sample in Shelburne Area were 45 years old and above, and 21 per cent (16 women) were between the ages of 35 and 44 years old. 14 per cent (11 women) were between the ages of 25 and 34, and only 1 per cent (1 woman) was between ages 18 and 24 years old. However, only 46 per cent (29 women) of the sample in Yarmouth Area were 45 years old and above and of the remaining 54 per cent, 25 per cent (16 women) were between the ages of 35 and 44 years old. 14 per cent (9 women) were between the ages of 25 and 34 years old, and the same for women between the ages of 18 and 24 years old.

Marital status and family composition are also relevant as determinants of healthy living. This can be linked to access to social support, support for behavioural change, and informal care. Social support is important for good health in several ways. A low level of social support is an important risk factor for numerous health problems, including depression and suicide, as well as a range of physical health conditions and even early death. Conversely, a high level of support can be an important coping mechanism for individuals when problems arise. As well, there are implications of marital status and family composition for family violence and everyday stress.

A review of the marital status of the survey reveals that about half of the total sample (51 per cent or 122 women) interviewed were living with a partner (the survey did not differentiate the sample into married couples, common law or temporarily separated). While 58 per cent (45 women) and 56 per cent (35 women) were living with a partner in the Shelburne and Yarmouth Areas respectively, only 43 per cent (42 women) were living with a partner or significant other in the Digby Area. In addition, a total of 206 women out of the 237 women interviewed (87 per cent) had children. While 89 of the 97 women (92 per cent) interviewed in Digby Area and 71 of the 77 women (92 per cent) interviewed in Shelburne Area reported having children, only 46 of the 63 women (73 per cent) interviewed in Yarmouth Area had children. Of the 206 women in the total sample with children, 46 women had just one child, 61 women had two children and 38 women had three children. Just 2 women in the total sample have more than ten Children (Table 2). The average number of children per woman in the total sample was 2.7. The average number of children was 2.5 in both Yarmouth and Shelburne Areas and 3.0 in the Digby Area.



<b>Table 2.</b>	<b>Number of Children</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10 or more</b>
<b>Total Sample</b>	<b>Number of Women</b>	46	61	38	18	15	10	7	4	5	2
<b>Digby</b>	<b>Number of Women</b>	16	24	23	6	9	0	6	3	1	1
<b>Yarmouth</b>	<b>Number of Women</b>	10	12	5	7	5	3	0	1	2	1
<b>Shelburne</b>	<b>Number of Women</b>	20	25	10	5	1	7	1	0	2	0

Examining the proportion of women that were involved with jobs outside of the home revealed that 109 women (46 per cent) of the total sample interviewed were employed outside of the home. Of these women, 59 women were employed full-time, 32 women were working part-time while the remaining 18 women were involved with seasonal jobs outside the home. In the Digby Area, 42 of the 97 women interviewed (43 per cent) were working outside of the home of which 20 women were employed full-time and 11 women apiece were working part-time and seasonal. For the Yarmouth Area, 28 of the 63 women interviewed (44 per cent) were working outside of the home, of which 17 women were employed full-time. Of the remaining 11 women, 8 women were working part-time and the remaining 3 women were involved with seasonal employment. Also, 39 of the 77 women interviewed in the Shelburne Area (51 per cent) were working outside the home. 22 of these women were employed full-time, 13 were working part-time and the remaining 4 women were involved with seasonal jobs outside the home.

Another important demographic feature of the population that the survey sought to capture was the level of income of women and families in the communities. Socioeconomic status usually measured by income, education, or occupation influences health in virtually every society. It is one of the most powerful predictors of health and usually more powerful than genetics and narcotics or smoking. It influences the morbidity rate of individuals. Numerous studies have consistently shown that a person's place in the social order strongly affects health and longevity. Unfortunately, this vital information was not disclosed by some of the respondents, hence the relatively high frequency of no responses encountered with the income questions. However, the study recorded 85 per cent response rate for the average annual personal income and 63 per cent for the average annual household income which were assumed as instrument for the survey sample. Because annual family income rather than annual personal income plays a more important role in the socio-economic status of women in the society, more emphasis is placed on the annual household income in the following analysis.

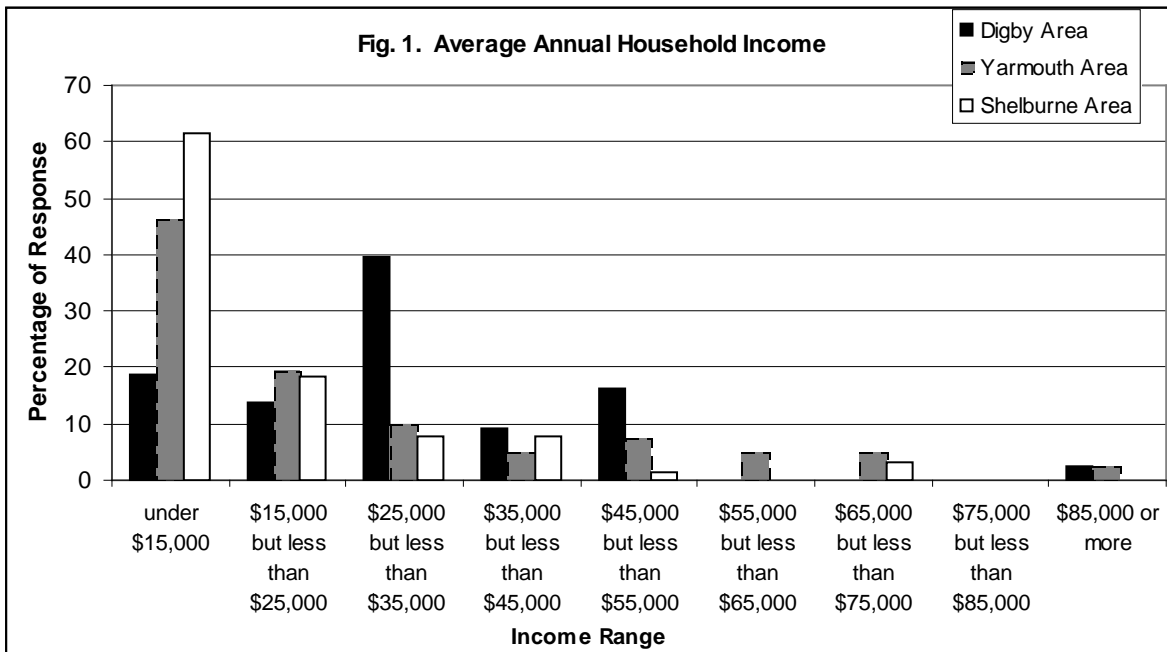
Of all the 237 women examined, 146 women or 62 per cent earned less than \$15,000 in average annual personal income while 67 women or 28 per cent earned less than \$15,000 in

annual household income (Tables 3 and 4 below). As a proportion of Black women that responded to the income question, a significant 72 per cent (146 women out of 202 women) earned less than \$15,000 in average annual personal income and 45 per cent (67 women out of 149 women) earned less than \$15,000 in average annual household income. These statistics reveal that a considerable proportion of black families in these communities are very low income earners. As mentioned above, income remains an important measure and integral determinant of socio-economic status of individuals and families and there is a strong relationship between income, other health determinants, and health status. This has a significant effect on the health status, health care delivery, and health services utilization amongst the Black women in the study.

<b>Table 3</b> <b>Average Annual Personal Income</b>	<b>Total Sample</b>		<b>Digby Area</b>		<b>Yarmouth Area</b>		<b>Shelburne Area</b>	
	<b># of Women</b>	<b>% of Women</b>	<b># of Women</b>	<b>% of Women</b>	<b># of Women</b>	<b>% of Women</b>	<b># of Women</b>	<b>% of Women</b>
under \$15,000	146	62	58	60	32	51	56	73
\$15,000 but less than \$25,000	30	13	17	18	8	13	5	6
\$25,000 but less than \$35,000	18	8	10	10	5	8	3	4
\$35,000 but less than \$45,000	5	2	1	1	1	2	3	4
\$45,000 but less than \$55,000	1	0	1	1	0	0	0	0
\$55,000 but less than \$65,000	2	1	1	1	1	2	0	0
\$65,000 but less than \$75,000	0	0	0	0	0	0	0	0
\$75,000 but less than \$85,000	0	0	0	0	0	0	0	0
\$85,000 or more	0	0	0	0	0	0	0	0
No Response	35	15	9	9	16	25	10	13
<b>Total</b>	<b>237</b>	<b>100</b>	<b>97</b>	<b>100</b>	<b>63</b>	<b>100</b>	<b>77</b>	<b>100</b>

In the Digby Area, 19 per cent of the women that disclosed their level of income (8 women out of 43 women) earned less than \$15,000 in average annual household income while 14 per cent (6 women) earned between \$15,000 and \$25,000 in annual household income (Fig. 1). A considerable proportion of women in the Digby earned between \$25,000 and \$35,000 in annual household income (40 per cent or 17 women out of 43 women). In addition, 9 per cent (4 women) and 16 per cent (7 women) earned between \$35,000 and \$45,000, and between \$45,000 and \$55,000 in annual household income respectively. Although none of the women that responded to the household income question earned between \$55,000 and \$85,000 in annual household income, 1 woman (2 per cent) earned more than \$85,000 in annual household income.

Table 4 Average Annual Household Income	Total Sample		Digby Area		Yarmouth Area		Shelburne Area	
	# of Women	% of Women	# of Women	% of Women	# of Women	% of Women	# of Women	% of Women
under \$15,000	67	28	8	8	19	30	40	52
\$15,000 but less than \$25,000	26	11	6	6	8	13	12	16
\$25,000 but less than \$35,000	26	11	17	18	4	6	5	6
\$35,000 but less than \$45,000	11	5	4	4	2	3	5	6
\$45,000 but less than \$55,000	11	5	7	7	3	5	1	1
\$55,000 but less than \$65,000	2	1	0	0	2	3	0	0
\$65,000 but less than \$75,000	4	2	0	0	2	3	2	3
\$75,000 but less than \$85,000	0	0	0	0	0	0	0	0
\$85,000 or more	2	1	1	1	1	2	0	0
No Response	88	37	54	56	22	35	12	16
<b>Total</b>	<b>237</b>	<b>100</b>	<b>97</b>	<b>100</b>	<b>63</b>	<b>100</b>	<b>77</b>	<b>100</b>



A review of annual household income in the Yarmouth Area disclose that 46 per cent (19 women out of 41 women) of the women that responded to the question earned less than \$15,000 in annual household income and 20 per cent (8 women) earned between \$15,000 and \$25,000. Also, 10 per cent (4 women) earned between \$25,000 and \$35,000, and 5 per cent (2 women) earned between \$35,000 and \$45,000 in annual household income. Whereas 7 per cent (3 women) earned between \$45,000 and \$55,000, 5 per cent (2 women) apiece earned between \$55,000 and \$65,000, and between \$65,000 and \$75,000. None of the women earned between \$75,000 and \$85,000 but only 1 woman (2 per cent) earned above \$85,000 in annual household income.

Shelburne Area presents a more shocking situation with over 60 per cent (40 women out of 65 women) of the women that responded to the question on household income earning less than \$15,000 in average annual household income. 18 per cent (12 women) earned between \$15,000 and \$25,000 in annual household income and 8 per cent (5 women) apiece earned between \$25,000 and \$35,000, and between \$35,000 and \$45,000. Only 2 per cent (1 woman) earned between \$45,000 and \$55,000. While 3 per cent (2 women) earned between \$65,000 and \$75,000 in annual household income, none of the women earned between \$55,000 and \$65,000, and above \$75,000 annual household income.

The income analysis above reveal that while most of the Black women in these communities were very low income earners, particular note should be taken of the Shelburne Area where over 60 per cent of the women earned less than \$15,000 in annual household income and over 80 per cent of the women that responded earned less than \$15,000 in annual personal income. In terms of the correlation between income and health status of individuals, this factor is expected to have a significant impact on the health status of Black women in these communities

### *Health Issues and Concerns*

As explained above, the study examined the incidence of various diseases and health concerns in the communities by asking the Black women if they had or ever had some specific health problems (list of health problems provided above). Of all the health problems examined, “Worry over the Children” was the most common concern of the 237 Black women examined. Out of the 237 women, 180 women or 76 per cent answered in the affirmative to currently suffering or have suffered from “worry over the Children”. Closely following “Worry over the Children” in terms of frequency of affirmative responses were “Cold” and “Stress”. While 176 women or 74 per cent responded positively to currently suffering or have suffered from “Cold”, 172 women or 73 per cent responded positively to going through or have gone through “Stress”. Conversely, only 5 women or about 2 per cent of the total sample of women interviewed responded positively to currently suffering or have suffered from “Gangrene” or “Brain Tumor”. Fig. 2 below shows the most common health problems experienced by Black Nova Scotia women in these communities as revealed by the sampled women (A list of all the health problems in order of importance in the total sample is provided as Appendix 1).

A review of the Digby Area revealed that “worry over the children” was also the number one health concern experienced by Black women in the area. Of all the 97 women interviewed in this area, 77 women or 79 per cent were suffering or have suffered from “Worry over the children”. 73 women or 75 per cent answered in the affirmative to suffering or have suffered from “Stress” and “Cold”. However, none of the respondents have ever suffered from “Dysplasia”. Fig. 3 below shows the most common health concerns of Black women in the Digby Area as revealed by the sampled women (A list of the health problems in order of importance is also provided as Appendix 2).

“Cold” was the most common health problem in the Yarmouth Area as revealed by the 63 Black women interviewed in the area. 47 women or 75 per cent of the 63 women interviewed responded positively to suffering or have suffered from “Cold”. “Worry over the children” and “Stress” were the next most common health concerns in the area with 43 women or 68 per cent and 41 women or 65 per cent responding positively to suffering or have suffered from “Worry over the children” and “Stress” respectively. On the other hand, “Fibromyalgia” and “Gangrene” were the least common health concerns in the area with none of the women interviewed ever suffering from “Fibromyalgia” and 2 women (3 per cent) suffering or have suffered from “Gangrene”. The most common health problems in the Yarmouth Area are shown in Fig. 4 below (The list of health issues in order of importance is provided as Appendix 3).

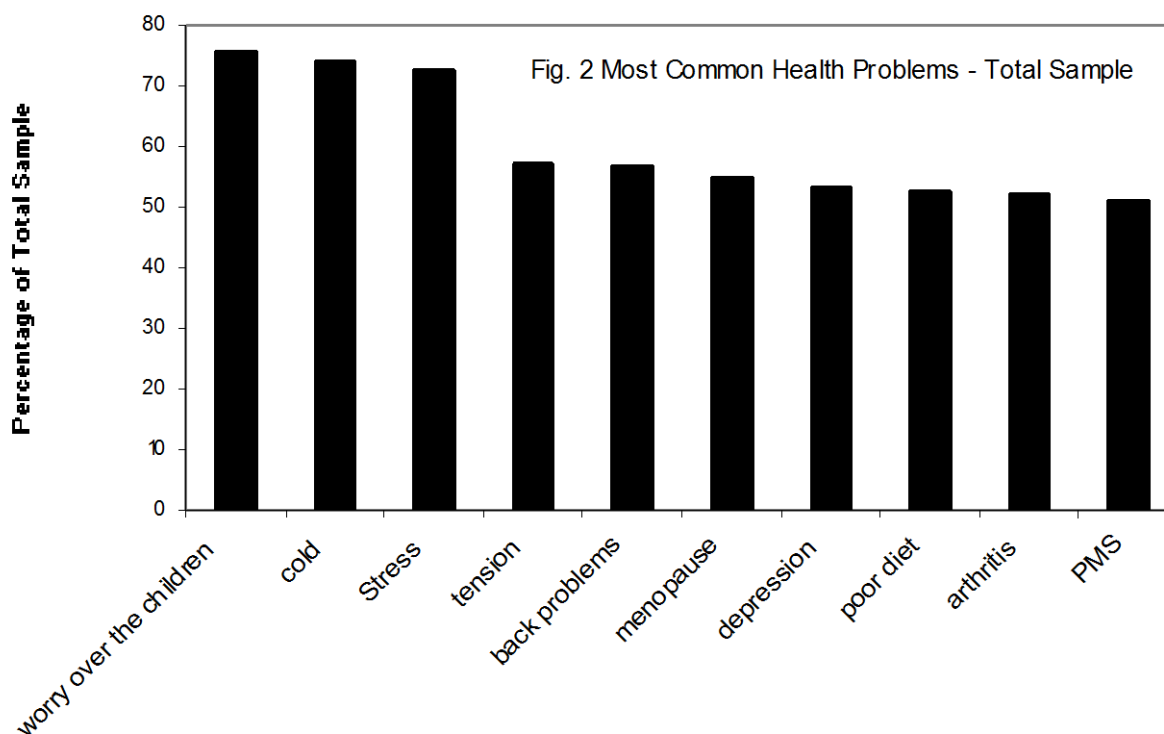


Fig.3 Most Common Health Problems - Digby Area

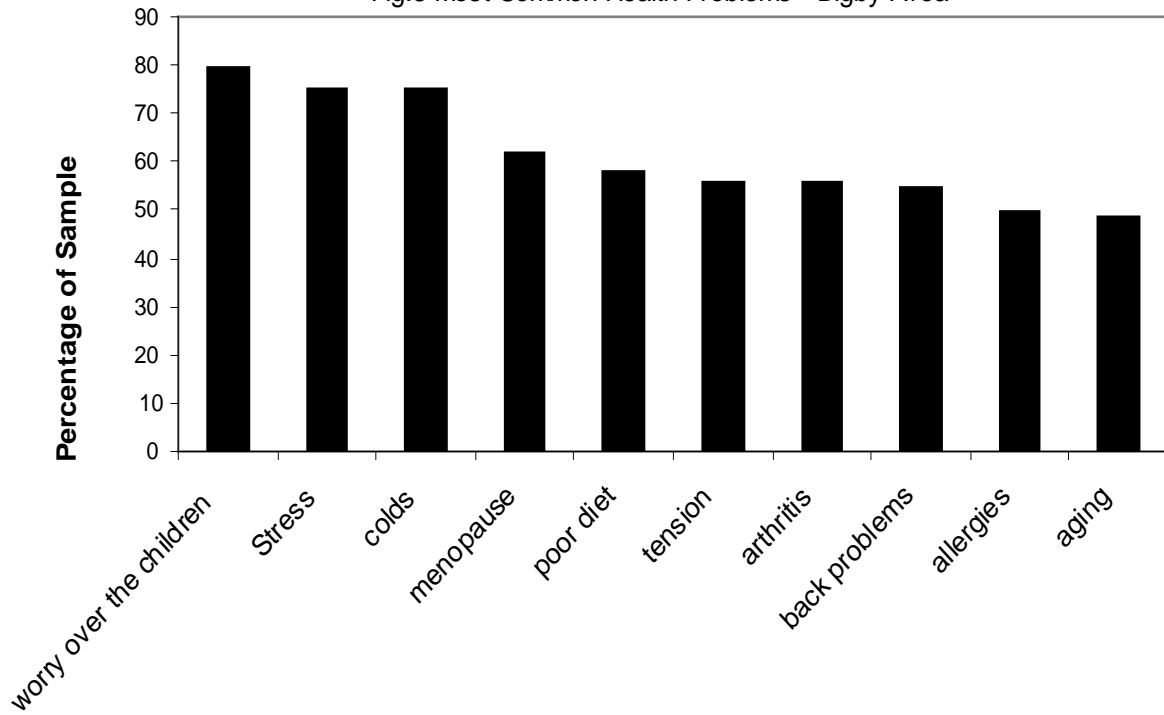
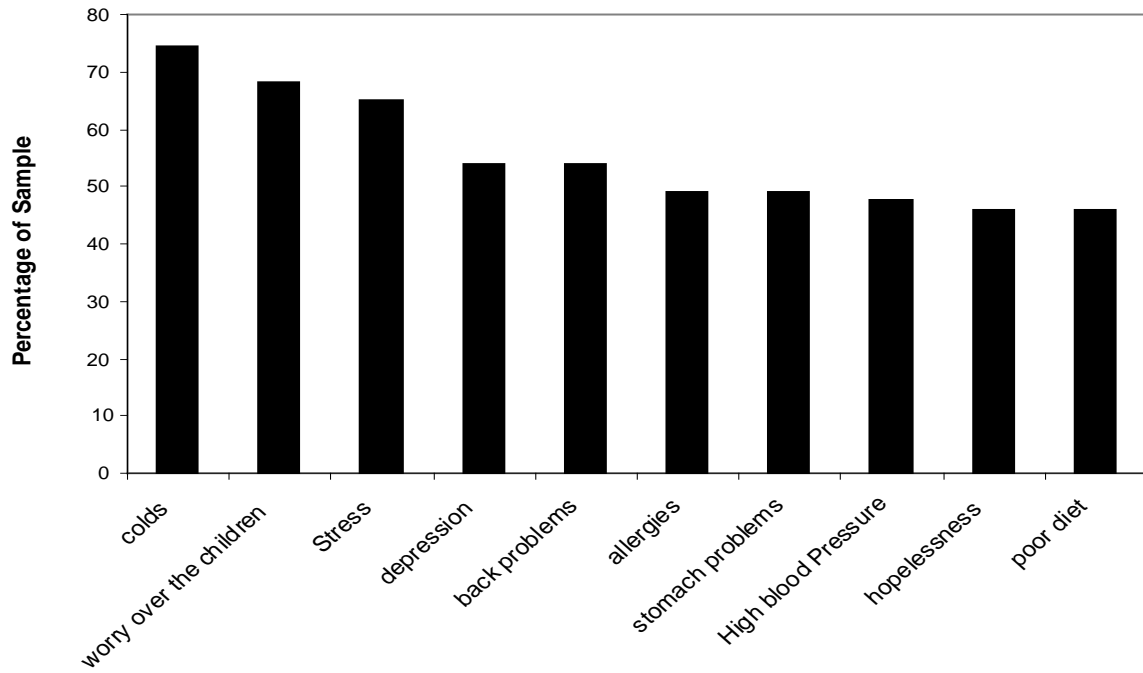
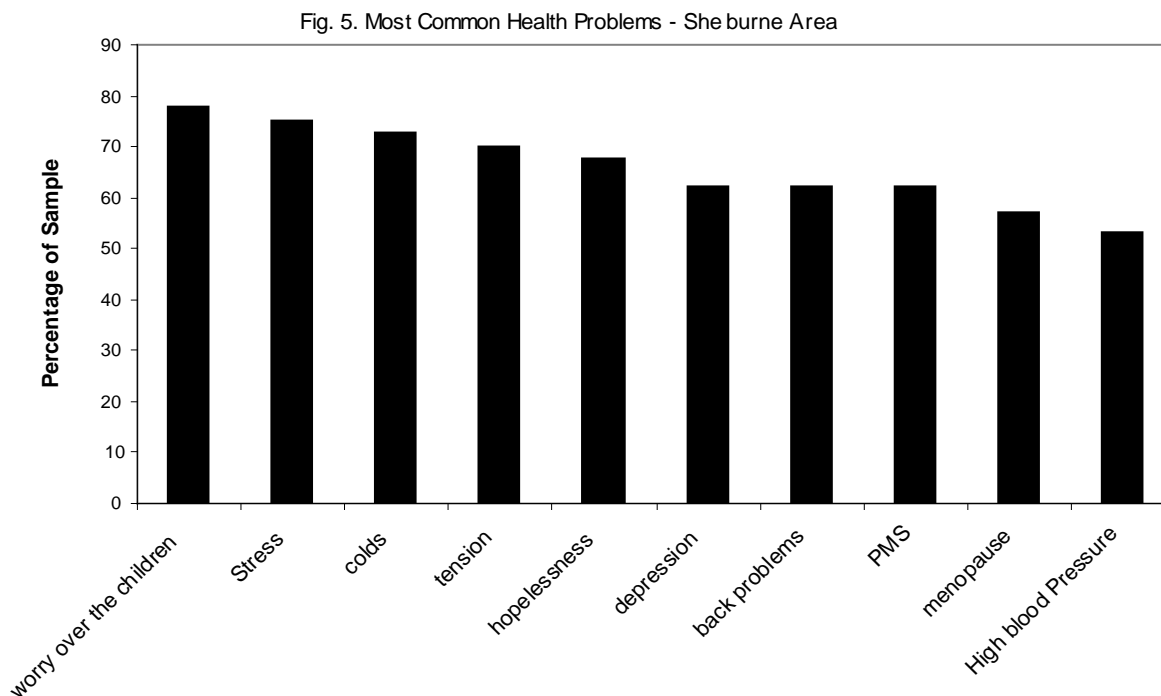


Fig.4 Most Common Health Problems - Yarmouth Area





“Worry over the Children”, “Stress” and “Cold” were the three most common health concerns in the Shelburne Area with 60 women or 78 per cent, 58 women or 75 per cent, and 56 women or 73 per cent of the 77 sampled women respectively responding positively to suffering or have suffered from these problems. While just 1 woman each answered in the affirmative to suffering or have suffered from “Lupus” and “Multiple Sclerosis”, 2 women each were suffering or had suffered from “Brain Tumor” and “Gangrene”. Fig. 5 shows the most common health problems in the Shelburne area (The full list of problems in order of importance is provided as Appendix 4).

### *External Factors*

This section of the survey investigated external factors that impact the health status, health care delivery, and health service utilization of Black women in Nova Scotia. As mentioned above, the respondents were asked of factors that would need to change in their communities for their health status to improve. These factors were then scored on a scale of 1 to 5 based on their level of importance. The most important factors that would need to change in the communities, in order of importance, for the overall health of the women and families to improve are listed below (Table 5). Some of the most important factors are “Affordable dental care” and “Free or affordable medication”. Other factors mentioned by the respondents as very important include: “Adequate housing”; “Health care close to home so you don’t have to travel”; and “Access to health insurance over and above MSI”.

<b>Table 5: Factors That Need To Change In The Communities – Total Sample</b>	<b>Score</b>
Affordable dental care	1159
Free or affordable medication	1159
Adequate housing	1158
Health care close to home so you don't have to travel	1158
Access to health insurance over and above MSI	1158
Shorter wait times for tests and appointments	1156
Hospital services that provide specialized medical tests such as catscans and ultrasound	1152
More educational information about illness and medication	1150
Weekend access to hospital care	1150
A Black Community Health Centre with links to medical educators and health resources	1149
More adequate hospital services in your area	1149
More money for food	1144
Help to sort out medical issues and info about treatments and medication	1144
Knowing what supports/resources/services are available in the community	1142
Help with knowing what questions to ask the doctor	1142

<b>Table 6: Factors That Need To Change In The Communities - Digby Area</b>	<b>Score</b>
A Diabetic Clinic	472
Free or affordable medication	471
Affordable dental care	471
Access to health insurance over and above MSI	471
Adequate housing	469
Weekend access to hospital care	469
Hospital services that provide specialized medical tests such as catscans and ultrasound	468
Shorter wait times for tests and appointments	468
A Black Community Health Centre with links to medical educators and health resources	468
Help to sort out medical issues and info about treatments and medication	468
Community support to help with caregiving	468
More adequate hospital services in your area	467
Health care close to home so you don't have to travel	467
Adequate, reliable transportation	467
More educational information about illness and medication	467



<b>Table 7: Factors That Need To Change In The Communities - Yarmouth Area</b>	<b>Score</b>
Black teachers to teach Black history	311
Health care close to home so you don't have to travel	308
Shorter wait times for tests and appointments	307
A Black Community Health Centre with links to medical educators and health resources	306
More educational information about illness and medication	305
Adequate housing	305
Access to more education	304
Affordable dental care	304
Hospital services that provide specialized medical tests such as catscans and ultrasound	304
Free or affordable medication	303
More adequate hospital services in your area	302
Access to health insurance over and above MSI	302
Help to sort out medical issues and info about treatments and medication	301
Help with knowing what questions to ask the doctor	301
Weekend access to hospital care	300

<b>Table 8: Factors That Need To Change In The Communities - Shelburne Area</b>	<b>Score</b>
Free or affordable medication	385
Access to health insurance over and above MSI	385
Adequate housing	384
Affordable dental care	384
Health care close to home so you don't have to travel	383
Weekend access to hospital care	381
Shorter wait times for tests and appointments	381
Hospital services that provide specialized medical tests such as catscans and ultrasound	380
More adequate hospital services in your area	380
More money for food	380
Maternity care services for new mothers	380
Knowing what supports/resources/services are available in the community	379
More educational information about illness and medication	378
A Child Development Centre	378
Adequate, reliable transportation	377

A review of the different communities reveal that the most important factors that need to change in the Digby Area as disclosed by the women interviewed include: “A diabetic clinic”; “Free or affordable medication”; “Affordable dental care”; “Access to health insurance over and above MSI”; and “Adequate housing” (Table 6). In the Yarmouth Area, the most important factors were “Black teachers to teach Black history”, “Health care close to home so you don’t have to travel”, “Shorter wait times for tests and appointments”, “A Black community health centre with links to medical educators and health resources”, and “More educational information about illness and medication” (Table 7). In The Shelburne Area, some of the most important factors in order of importance were “Free or affordable medication”, “Access to health insurance over and above MSI”, “Adequate housing”, “Affordable dental care”, and “Health care close to home so you don’t have to travel” (Table 8). A complete list of the factors in order of importance for the total sample, Digby, Yarmouth, and Shelburne are provided as Appendix 5, Appendix 6, Appendix 7, and Appendix 8 respectively.

### *Socio-Economic Factors*

This section investigated the impact of some other factors: social; economic; cultural; environment; and political barriers that may influence the health status of black women in the communities. Respondents were asked if they have ever suffered or been affected by various problems or circumstances (list provided on page 6). An analysis of the total sample revealed that “not having enough money” was the most important socio-economic factor affecting Black women in the communities studied. 86 per cent of the total sample (204 women) indicated that they have been affected by this economic problem. This is not surprising considering the fact that about 72 per cent of the women that disclosed their annual personal income earned less than \$15,000 and 45 per cent earned less than \$15,000 in annual household income (see income analysis above). Also, 78 per cent of the sample inferred that they have undergone some form of “Sadness”. Other socio-economic factors that have affected these communities include: “Financial problems”; “Bills which cause worry and depression”; “struggle wears you down”; and “The effects of racism”. Below are a few of the socio-economic problems experienced in the communities with respective percentage of positive responses (Fig. 6).

As expected, “Not having enough money” also topped the list of socio-economic factors affecting the health of Black women in the Digby Area with 86 per cent of the women sampled (83 women) indicating to have experienced this problem. 82 per cent (80 women) have suffered from “Sadness” and 73 per cent (71 women) have experienced “Financial problems”. “Loneliness” was another factor that stood out in this area with 66 per cent of the sample from this area (64 women) identified with suffering from this problem and 64 per cent (62 women) have had problems with “Bills which cause worry and depression” (Fig. 7).

Fig. 6. Most Important Socio-Economic Factors - Total Sample

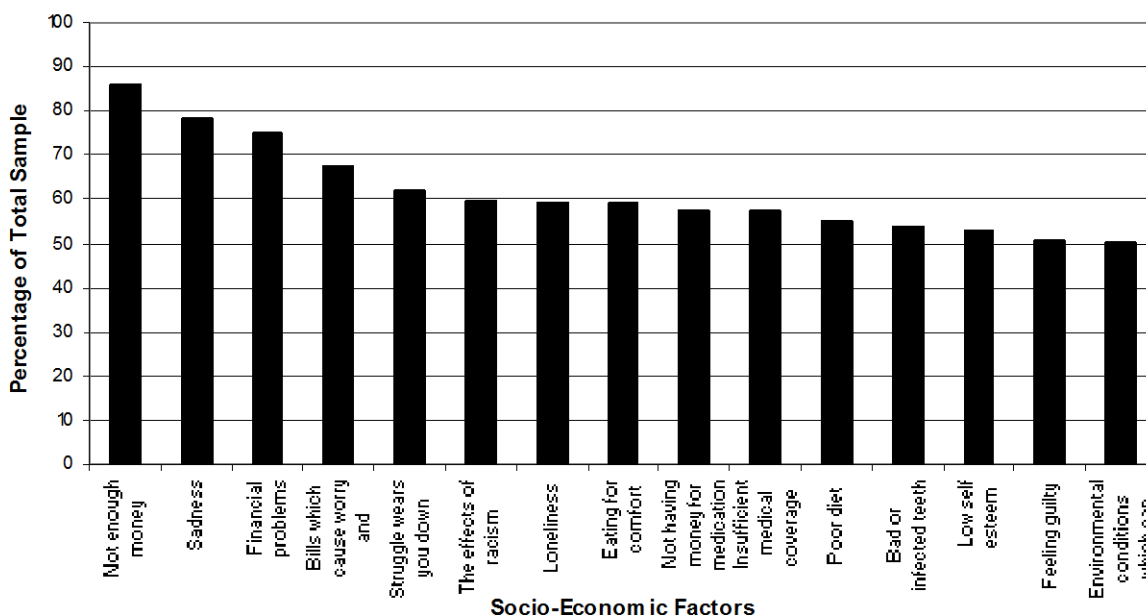
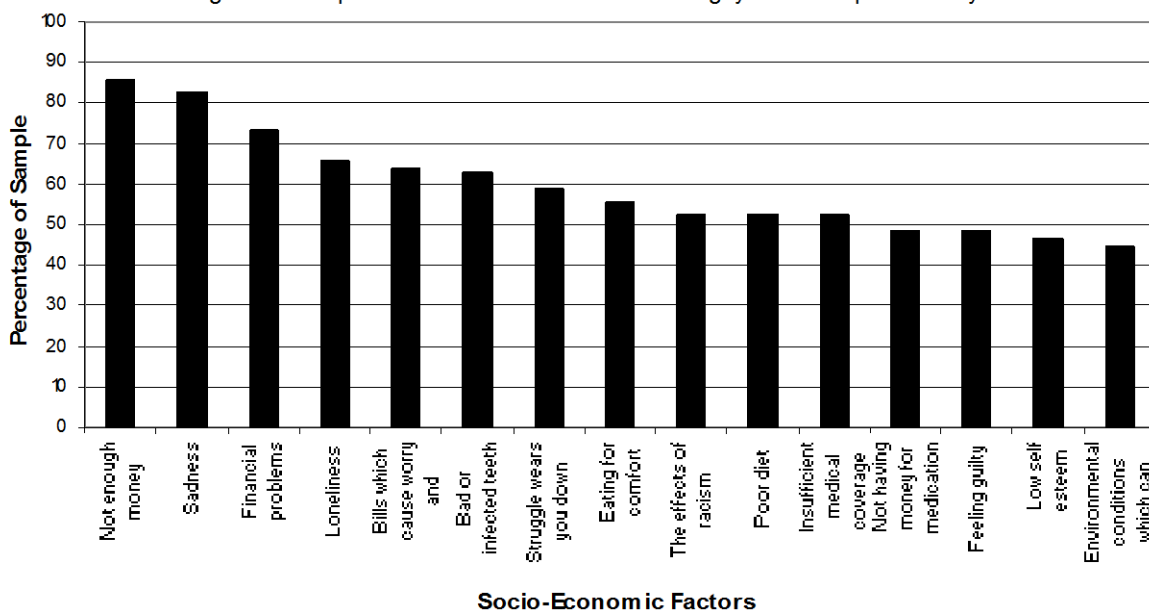
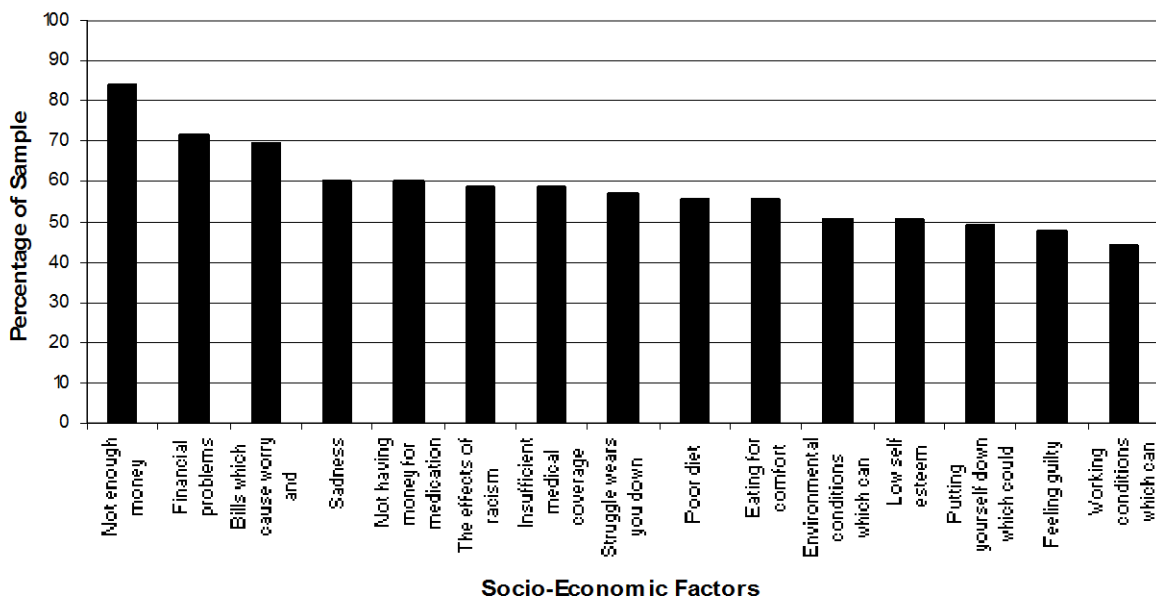


Fig. 7. Most Important Socio-Economic Factors - Digby and Annapolis County



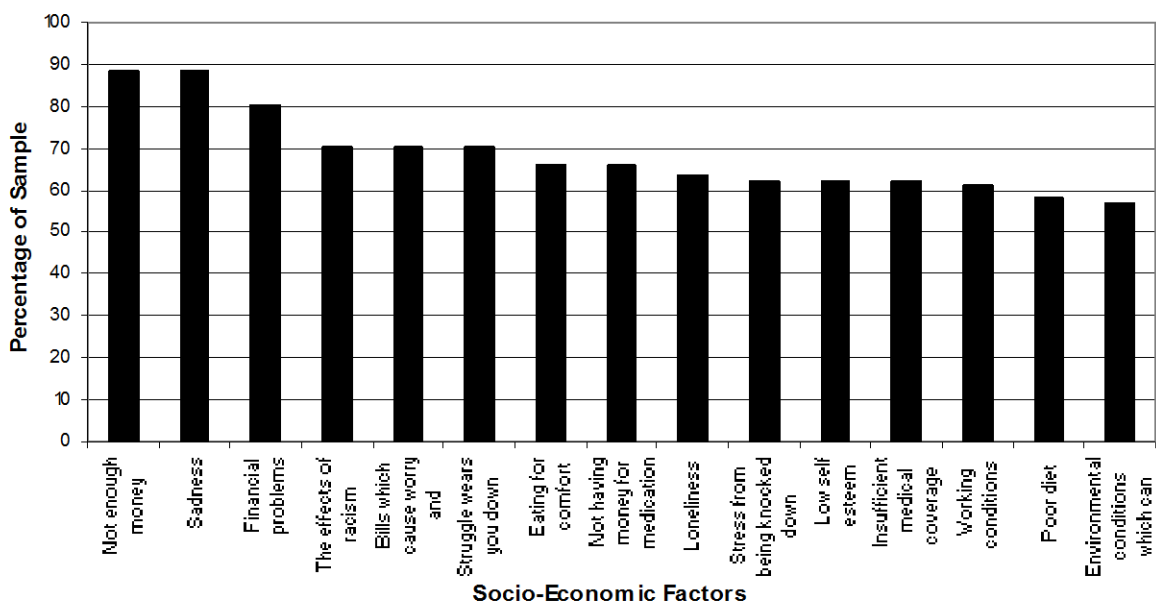
“Not having enough money was also the most important factor in the Yarmouth Area with 84 per cent of the sample (53 women) indicating that they have suffered from the problem. 71 per cent of the women (45 women) have had problems with “Bills which cause worry and depression”. 60 per cent of the sample (38 women) identified “Sadness” and “Not having enough money for medication” as factors affecting their health status (Fig. 8).

Fig. 8. Most Important Socio-Economic Factors - Yarmouth County



In addition, an analysis of the Shelburne Area revealed that 88 per cent of the women interviewed in this area (68 women) responded positively to having had problems with “Not having enough money” and “Sadness”. While 81 per cent of the sample (62 women) have had “Financial problems”, 70 per cent of the women (54 women) have had problems with “The effects of racism”, “Bills which cause worry and depression”, and “Struggle wears you down” (Fig. 9).

Fig. 9. Most Important Socio-Economic Factors - Shelburne County



Complete lists of the socio-economic factors investigated in the communities with their respective percentage of positive responses are provided as Appendix 9 (Total sample), Appendix 10 (Digby Area), Appendix 11 (Yarmouth Area), and Appendix 12 (Shelburne Area).

## APPENDICES

## APPENDIX 1 (Total Sample)

S/N	Health Issue or Concern	Percentage of Sample with Positive Responses – Total Sample
1	worry over the children	76
2	colds	74
3	Stress	73
4	tension	57
5	back problems	57
6	menopause	55
7	depression	54
8	poor diet	53
9	arthritis	52
10	PMS	51
11	High blood Pressure	48
12	allergies	48
13	hopelessness	46
14	bladder infections	45
15	aging	40
16	stomach problems	40
17	vaginal infections	38
18	high cholesterol	35
19	rashes	33
20	chest infections	32
21	rheumatoid arthritis	30
22	asthma	29
23	diabetes	28
24	hair loss	24
25	abuse	23
26	stress on the heart	22
27	gall bladder	22
28	appendix	18
29	carpal tunnel	16
30	Thyroid	14
31	Osteoporosis	12
32	heart disease	12
33	cancer (non-specific)	12
34	psychological problems	10
35	Endometriosis	9
36	Jaundice	7
37	Dysplasia	6
38	Seizures	6
39	breast cancer	5
40	Fibromyalgia	5

**APPENDIX 1 (Contd.)**

<b>S/N</b>	<b>Health Issue or Concern</b>	<b>Percentage of Sample with Positive Responses – Total Sample</b>
41	lupus	4
42	epilepsy	4
43	sickle cell anemia	4
44	scleroderma	4
45	amputation	4
46	multiple sclerosis	3
47	gangrene	2
48	brain tumor	2

**APPENDIX 2 (Digby Area)**

<b>S/N</b>	<b>Health Issue or Concern</b>	<b>Percentage of Sample - Digby</b>
1	worry over the children	79
2	Stress	75
3	Colds	75
4	Menopause	62
5	poor diet	58
6	Tension	56
7	Arthritis	56
8	back problems	55
9	allergies	49
10	aging	48
11	depression	46
12	PMS	46
13	vaginal infections	45
14	bladder infections	44
15	High blood Pressure	44
16	rashes	41
17	high cholesterol	34
18	stomach problems	31
19	hopelessness	30
20	chest infections	29
21	abuse	29
22	hair loss	26
23	diabetes	26
24	rheumatoid arthritis	25
25	asthma	24
26	stress on the heart	23
27	gall bladder	21
28	carpal tunnel	15
29	appendix	14
30	heart disease	12
31	thyroid	12
32	endometriosis	7
33	osteoporosis	7
34	jaundice	7
35	cancer (non-specific)	5
36	psychological problems	4
37	Seizures	4
38	fibromyalgia	3
39	sickle cell anemia	3
40	breast cancer	2
41	epilepsy	2
42	scleroderma	1
43	gangrene	1
44	multiple sclerosis	1
45	amputation	1
46	lupus	1
47	brain tumor	1
48	dysplasia	0



**APPENDIX 3 (Yarmouth Area)**

<b>S/N</b>	<b>Health Issue or Concern</b>	<b>Percentage of Sample - Yarmouth</b>
1	colds	75
2	worry over the children	68
3	Stress	65
4	depression	54
5	back problems	54
6	allergies	49
7	stomach problems	49
8	High blood Pressure	48
9	hopelessness	46
10	poor diet	46
11	arthritis	46
12	PMS	44
13	tension	44
14	bladder infections	43
15	menopause	41
16	vaginal infections	38
17	asthma	37
18	rheumatoid arthritis	32
19	high cholesterol	29
20	chest infections	29
21	aging	27
22	diabetes	25
23	cancer (non-specific)	22
24	rashes	22
25	stress on the heart	19
26	gall bladder	17
27	psychological problems	17
28	hair loss	17
29	osteoporosis	16
30	carpal tunnel	16
31	appendix	16
32	abuse	14
33	lupus	13
34	thyroid	13
35	endometriosis	11
36	breast cancer	10
37	heart disease	10
38	dysplasia	8
39	Seizures	8
40	scleroderma	6
41	epilepsy	6
42	multiple sclerosis	6
43	amputation	6
44	sickle cell anemia	5
45	jaundice	3
46	brain tumor	3
47	gangrene	3
48	fibromyalgia	0

**APPENDIX 4 (Shelburne Area)**

<b>S/N</b>	<b>Health Issue or Concern</b>	<b>Percentage of Sample - Shelburne</b>
1	worry over the children	78
2	Stress	75
3	colds	73
4	tension	70
5	hopelessness	68
6	depression	62
7	back problems	62
8	PMS	62
9	menopause	57
10	High blood Pressure	53
11	arthritis	53
12	poor diet	52
13	bladder infections	47
14	allergies	44
15	stomach problems	43
16	high cholesterol	40
17	chest infections	40
18	aging	39
19	rheumatoid arthritis	35
20	diabetes	32
21	rashes	31
22	asthma	30
23	gall bladder	29
24	vaginal infections	29
25	hair loss	27
26	stress on the heart	25
27	appendix	23
28	abuse	23
29	carpal tunnel	18
30	thyroid	17
31	osteoporosis	16
32	heart disease	14
33	dysplasia	13
34	cancer (non-specific)	12
35	fibromyalgia	10
36	jaundice	10
37	endometriosis	10
38	psychological problems	10
39	Seizures	8
40	breast cancer	6
41	scleroderma	5
42	epilepsy	5
43	amputation	5
44	sickle cell anemia	4
45	brain tumor	3
46	gangrene	3
47	lupus	1
48	multiple sclerosis	1

**APPENDIX 5**

<b>S/N</b>	<b>Factors That Need To Change In The Communities – Total Sample</b>	<b>Score</b>
1	Affordable dental care	1159
2	Free or affordable medication	1159
3	Adequate housing	1158
4	Health care close to home so you don't have to travel	1158
5	Access to health insurance over and above MSI	1158
6	Shorter wait times for tests and appointments	1156
7	Hospital services that provide specialized medical tests such as catscans and ultrasound	1152
8	More educational information about illness and medication	1150
9	Weekend access to hospital care	1150
10	A Black Community Health Centre with links to medical educators and health resources	1149
11	More adequate hospital services in your area	1149
12	More money for food	1144
13	Help to sort out medical issues and info about treatments and medication	1144
14	Knowing what supports/resources/services are available in the community	1142
15	Help with knowing what questions to ask the doctor	1142
16	Access to more education	1141
17	Maternity care services for new mothers	1140
18	A Diabetic Clinic	1139
19	Adequate, reliable transportation	1138
20	Community support to help with caregiving	1132
21	A Black Women's Centre with services	1130
22	Black teachers to teach Black history	1130
23	Professional Black role models such as school board members, teachers, and counselors	1129
24	A Child Development Centre	1128
25	VON nurses	1128
26	More Black politicians and town counselors	1122
27	Childcare services	1116
28	Black health professionals	1113
29	A Black lawyer	1113
30	Department of Health office	1107
31	Information on how to cook healthy food on a budget	1106
32	Black doctors	1105
33	Healthy lifestyle information	1104
34	Buddy systems and other support services	1102
35	A Dietary Centre	1102
36	More educational information about menopause	1091
37	Healthy lifestyle services - fitness facilities	1082
38	Black police	1081
39	Computer training	1079
40	A Black dental hygienist	1078
41	Foot care services	1076
42	Good information about how to access health care resources through the internet	1070
43	More images of Black women in literature, publications, television	1070
44	Chiropractic care services	1054
45	A Black day care with Black workers for Black children	940
46	A Bingo facility	606

**APPENDIX 6**

<b>S/N</b>	<b>Factors That Need To Change In The Communities - Digby Area</b>	<b>Score</b>
1	A Diabetic Clinic	472
2	Free or affordable medication	471
3	Affordable dental care	471
4	Access to health insurance over and above MSI	471
5	Adequate housing	469
6	Weekend access to hospital care	469
7	Hospital services that provide specialized medical tests such as catscans and ultrasound	468
8	Shorter wait times for tests and appointments	468
9	A Black Community Health Centre with links to medical educators and health resources	468
10	Help to sort out medical issues and info about treatments and medication	468
11	Community support to help with caregiving	468
12	More adequate hospital services in your area	467
13	Health care close to home so you don't have to travel	467
14	Adequate, reliable transportation	467
15	More educational information about illness and medication	467
16	Help with knowing what questions to ask the doctor	467
17	Maternity care services for new mothers	466
18	A Child Development Centre	466
19	Professional Black role models such as school board members, teachers, and counselors	466
20	Knowing what supports/resources/services are available in the community	466
21	More money for food	465
22	Access to more education	464
23	More Black politicians and town counselors	464
24	A Dietary Centre	463
25	VON nurses	463
26	A Black Women's Centre with services	462
27	Childcare services	462
28	Information on how to cook healthy food on a budget	460
29	Black health professionals	459
30	A Black lawyer	458
31	Healthy lifestyle information	458
32	Black teachers to teach Black history	457
33	Buddy systems and other support services	457
34	Black doctors	455
35	More educational information about menopause	452
36	Good information about how to access health care resources through the internet	452
37	More images of Black women in literature, publications, television	452
38	Foot care services	450
39	Chiropractic care services	450
40	Department of Health office	449
41	Computer training	448
42	Healthy lifestyle services - fitness facilities	445
43	A Black dental hygienist	441
44	Black police	439
45	A Black day care with Black workers for Black children	418
46	A Bingo facility	299

**APPENDIX 7**

<b>S/N</b>	<b>Factors That Need To Change In The Communities - Yarmouth Area</b>	<b>Score</b>
1	Black teachers to teach Black history	311
2	Health care close to home so you don't have to travel	308
3	Shorter wait times for tests and appointments	307
4	A Black Community Health Centre with links to medical educators and health resources	306
5	More educational information about illness and medication	305
6	Adequate housing	305
7	Access to more education	304
8	Affordable dental care	304
9	Hospital services that provide specialized medical tests such as catscans and ultrasound	304
10	Free or affordable medication	303
11	More adequate hospital services in your area	302
12	Access to health insurance over and above MSI	302
13	Help to sort out medical issues and info about treatments and medication	301
14	Help with knowing what questions to ask the doctor	301
15	Weekend access to hospital care	300
16	More money for food	299
17	Knowing what supports/resources/services are available in the community	297
18	Black doctors	297
19	Black health professionals	297
20	A Diabetic Clinic	296
21	A Black Women's Centre with services	296
22	VON nurses	296
23	Maternity care services for new mothers	294
24	Adequate, reliable transportation	294
25	A Black lawyer	293
26	Professional Black role models such as school board members, teachers, and counselors	293
27	Department of Health office	291
28	More images of Black women in literature, publications, television	290
29	Community support to help with caregiving	289
30	A Dietary Centre	288
31	A Black dental hygienist	286
32	More educational information about menopause	286
33	Information on how to cook healthy food on a budget	285
34	More Black politicians and town counselors	285
35	Healthy lifestyle information	285
36	A Child Development Centre	284
37	Buddy systems and other support services	282
38	Childcare services	281
39	Computer training	281
40	Black police	278
41	Foot care services	277
42	Healthy lifestyle services - fitness facilities	277
43	Good information about how to access health care resources through the internet	275
44	A Black day care with Black workers for Black children	263
45	Chiropractic care services	257
46	A Bingo facility	129

**APPENDIX 8**

<b>S/N</b>	<b>Factors That Need To Change In The Communities - Shelburne Area</b>	<b>Score</b>
1	Free or affordable medication	385
2	Access to health insurance over and above MSI	385
3	Adequate housing	384
4	Affordable dental care	384
5	Health care close to home so you don't have to travel	383
6	Weekend access to hospital care	381
7	Shorter wait times for tests and appointments	381
8	Hospital services that provide specialized medical tests such as catscans and ultrasound	380
9	More adequate hospital services in your area	380
10	More money for food	380
11	Maternity care services for new mothers	380
12	Knowing what supports/resources/services are available in the community	379
13	More educational information about illness and medication	378
14	A Child Development Centre	378
15	Adequate, reliable transportation	377
16	A Black Community Health Centre with links to medical educators and health resources	375
17	Help to sort out medical issues and info about treatments and medication	375
18	Community support to help with caregiving	375
19	Help with knowing what questions to ask the doctor	374
20	Access to more education	373
21	Childcare services	373
22	More Black politicians and town counselors	373
23	A Black Women's Centre with services	372
24	A Diabetic Clinic	371
25	Professional Black role models such as school board members, teachers, and counselors	370
26	VON nurses	369
27	Department of Health office	367
28	Black police	364
29	Buddy systems and other support services	363
30	A Black lawyer	362
31	Black teachers to teach Black history	362
32	Information on how to cook healthy food on a budget	361
33	Healthy lifestyle information	361
34	Healthy lifestyle services - fitness facilities	360
35	Black health professionals	357
36	More educational information about menopause	353
37	Black doctors	353
38	A Black dental hygienist	351
39	A Dietary Centre	351
40	Computer training	350
41	Foot care services	349
42	Chiropractic care services	347
43	Good information about how to access health care resources through the internet	343
44	More images of Black women in literature, publications, television	328
45	A Black day care with Black workers for Black children	259
46	A Bingo facility	178

**APPENDIX 9 (Total Sample)**

<b>S/N</b>	<b>Socio-Economic Factors</b>	<b>Percentage of Total Sample</b>
1	Not enough money	86
2	Sadness	78
3	Financial problems	75
4	Bills which cause worry and depression	68
5	Struggle wears you down	62
6	The effects of racism	60
7	Loneliness	59
8	Eating for comfort	59
9	Not having money for medication	57
10	Insufficient medical coverage	57
11	Poor diet	55
12	Bad or infected teeth	54
13	Low self esteem	53
14	Feeling guilty	51
15	Environmental conditions which can cause health problems	50
16	Stress from being knocked down	49
17	Working conditions which can cause health problems	49
18	Putting yourself down which could cause depression	46
19	Past experience which colours your future	45
20	Chemicals air pollutants	43
21	Emotional abuse	39
22	Stress from lack of education	39
23	Social status	38
24	Verbal abuse	37
25	Water pollutants	35
26	Financial abuse	33
27	Stress which blocks ability to get good care	28
28	Troubled marriage	23
29	Physical abuse	21
30	Spiritual health problems	17
31	Bed sick and can't make a living	17
32	Sexual abuse	16
33	Needing medic-alert bracelet	16
34	Alcoholism	12
35	Substance Abuse	11

**APPENDIX 10 (Digby Area)**

<b>S/N</b>	<b>Socio-Economic Factors</b>	<b>Percentage of Sample Digby Area</b>
1	Not enough money	86
2	Sadness	82
3	Financial problems	73
4	Loneliness	66
5	Bills which cause worry and depression	64
6	Bad or infected teeth	63
7	Struggle wears you down	59
8	Eating for comfort	56
9	The effects of racism	53
10	Poor diet	53
11	Insufficient medical coverage	53
12	Not having money for medication	48
13	Feeling guilty	48
14	Low self esteem	46
15	Environmental conditions which can cause health problems	44
16	Stress from being knocked down	44
17	Past experience which colours your future	42
18	Working conditions which can cause health problems	42
19	Verbal abuse	39
20	Financial abuse	38
21	Emotional abuse	38
22	Chemicals air pollutants	37
23	Stress from lack of education	35
24	Putting yourself down which could cause depression	34
25	Water pollutants	30
26	Social status	27
27	Troubled marriage	26
28	Physical abuse	26
29	Stress which blocks ability to get good care	19
30	Substance Abuse	15
31	Sexual abuse	14
32	Needing medic-alert bracelet	13
33	Spiritual health problems	12
34	Alcoholism	7
35	Bed sick and can't make a living	6



**APPENDIX 11 (Yarmouth Area)**

<b>S/N</b>	<b>Socio-Economic Factors</b>	<b>Percentage of Sample Yarmouth Area</b>
1	Not enough money	84
2	Financial problems	71
3	Bills which cause worry and depression	70
4	Sadness	60
5	Not having money for medication	60
6	The effects of racism	59
7	Insufficient medical coverage	59
8	Struggle wears you down	57
9	Poor diet	56
10	Eating for comfort	56
11	Environmental conditions which can cause health problems	51
12	Low self esteem	51
13	Putting yourself down which could cause depression	49
14	Feeling guilty	48
15	Working conditions which can cause health problems	44
16	Loneliness	44
17	Past experience which colours your future	44
18	Bad or infected teeth	41
19	Stress from being knocked down	40
20	Social status	40
21	Chemicals air pollutants	38
22	Stress from lack of education	35
23	Water pollutants	33
24	Stress which blocks ability to get good care	32
25	Emotional abuse	30
26	Financial abuse	29
27	Verbal abuse	22
28	Spiritual health problems	17
29	Bed sick and can't make a living	16
30	Troubled marriage	13
31	Sexual abuse	13
32	Needing medic-alert bracelet	13
33	Alcoholism	11
34	Physical abuse	8
35	Substance Abuse	3

**APPENDIX 12 (Shelburne Area)**

<b>S/N</b>	<b>Socio-Economic Factors</b>	<b>Percentage of Sample Shelburne Area</b>
1	Not enough money	88
2	Sadness	88
3	Financial problems	81
4	The effects of racism	70
5	Bills which cause worry and depression	70
6	Struggle wears you down	70
7	Eating for comfort	66
8	Not having money for medication	66
9	Loneliness	64
10	Stress from being knocked down	62
11	Low self esteem	62
12	Insufficient medical coverage	62
13	Working conditions which can cause health problems	61
14	Poor diet	58
15	Environmental conditions which can cause health problems	57
16	Putting yourself down which could cause depression	57
17	Feeling guilty	56
18	Chemicals air pollutants	53
19	Bad or infected teeth	53
20	Social status	52
21	Past experience which colours your future	49
22	Emotional abuse	48
23	Stress from lack of education	47
24	Verbal abuse	45
25	Water pollutants	43
26	Stress which blocks ability to get good care	38
27	Bed sick and can't make a living	31
28	Financial abuse	30
29	Troubled marriage	29
30	Physical abuse	25
31	Spiritual health problems	22
32	Needing medic-alert bracelet	21
33	Sexual abuse	21
34	Alcoholism	18
35	Substance Abuse	10

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