2026

# Nova Scotia Population Health Report

NOVA SCOTIA

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Nova Scotia Population Health Report 2026
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# Table of Contents

# Executive Summary

In this population health profile, Nova Scotia's Department of Health and Wellness (DHW) presents an overview of the collective health of Nova Scotians, including diseases and conditions, health behaviours, underlying contributing factors and emerging challenges to health such as climate change. The 2026 report is an update to the 2015 report and provides key information for monitoring patterns in Nova Scotians' health and wellbeing to inform population health priorities. It also identifies Nova Scotians with higher needs who may require more support or targeted approaches to improve their health. The 2026 Nova Scotia Population Health Report is a companion to the Nova Scotia Health Authority's report "Community Health Snapshot: Key Determinants Of Population Health And Health Care Utilization In Nova Scotian Communities" which describes health status at the community level and the Community Health Boards recently released Community Health Plan. Together, these reports provide key information to support discussions among provincial and municipal governments, health and social systems, community organizations, economic development partners and citizens on creating healthier, safer and sustainable communities across Nova Scotia. We all have a role to play in improving the health outcomes of Nova Scotians.

Since the 2015 DHW report, Nova Scotia's population has grown to over one million people, with increasing diversity in the demographics of the population. The province faces unique challenges in protecting the health of the changing population, especially compared with Canada overall: Nova Scotia has a higher percentage of older adults (65 years and older) and a higher percentage living in low-income households. Economic security has a key role in creating a longer and healthier life: the number of years that someone will live in full health from birth differs for high and low income Nova Scotians. Those living in lower income neighbourhoods live 10 fewer years than those living in higher income neighbourhoods. This report demonstrates how economic challenges can affect all aspects of health and wellbeing. For example, in 2022, one in five Nova Scotians reported avoiding dental care in the past 12 months because of cost.

Strong social connections are key to wellbeing and there are multiple pockets of Nova Scotians who report feeling a strong sense of belonging. Belonging was highest among Nova Scotians 65 years and older and those in the Eastern and Western zones, which are predominantly rural. Mental health is another important aspect of wellbeing. In 2022, 50% of Nova Scotians reported having excellent or very good mental health, which was slightly lower than the 54% among Canadians overall.

A major public health success highlighted in the 2026 report is the decrease in tobacco use among Nova Scotians 12 years and older. In this report, 15% of Nova Scotians identified as current smokers, a decrease from 22% in the 2015 report. Nova Scotians are also taking other steps to protect their future health. Approximately three in five Nova Scotians reported engaging in recommended levels of physical activity each week, which was higher than among Canadians overall.

Chronic diseases that are leading causes of disability and death, and are often preventable, including arthritis, heart disease, and cancer, were unfortunately common among Nova Scotians. These chronic diseases were more widespread among Nova Scotians with lower household incomes and Nova Scotians age 65 and older. In the past two decades, while cancer death rates decreased, cancer remained the province's leading cause of death. Notably, cancer incidence rates increased among females during this period and decreased among males.

This population health profile was created to inform all Nova Scotians about the health of Nova Scotians and to contribute to conversations - among individuals, communities, businesses, and governments - about the importance of working together to build a healthier Nova Scotia. By understanding our province's health and the factors that influence health, and through working together, we can build social connections and create meaningful change for our province and its communities now and in the future.

# Glossary

Adults are individuals age 18 years and older.

Age-standardized rate is a rate adjusted to account for differences in age between populations, making it easier to compare rates. (Source)

Annualized refers to a measure for a one-year period, where data from multiple years are averaged to get a yearly value.

Females are individuals assigned female sex at birth; Males are individuals assigned male sex at birth. (Source)

Health adjusted life expectancy (HALE) is the expected number of years an individual will live in good health at birth. It accounts for both the length of life and quality of life by considering current health conditions and death rates. (Source)

Household income quintiles are a way of dividing households into five equal groups based on income. Each group represents 20% of the households, with the lowest quintile having the lowest 20% of household incomes and the highest quintile having the top 20% of household incomes.

Immigrants are people who are, or who have ever been, landed immigrants or permanent residents. Such persons have been granted the right to live in Canada permanently by immigration authorities. Immigrants who have become Canadian citizens are in this category. (Source)

Incidence is the rate of a new disease or event occurring in a population over a period of time.

Infant refers to a child that is younger than one year. (Source)

LGBTQ+ are individuals self-identifying as “gay or lesbian”, “bisexual or pansexual”, “sexual orientation, not elsewhere classified” in the Canadian Community Health Survey. (Source)

Live birth is the birth of a baby that shows signs of life, such as breathing, a heartbeat, or movement, regardless of how long the pregnancy lasted. (Source)

Lone parent families are families containing only one parent with their child(ren). (Source)

Median age of the population is the age at which exactly half the population is older and exactly half the population is younger. (Source)

Men+ refers to gender and includes men (and/or boys) and some non-binary persons; Women+ refers to gender and includes women (and/or girls) and some non-binary persons. (Source)

Prevalence refers to the total number of cases of a particular condition or disease in a population at a specific time. It is a percentage.

Rate is the frequency of a new event (e.g., cases of a disease, deaths) per 1 000 people (or 100 000 people) in a given time frame.

Visible minority is based on the Employment Equity Act definition, which is "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour." It is self-identified. (Source)

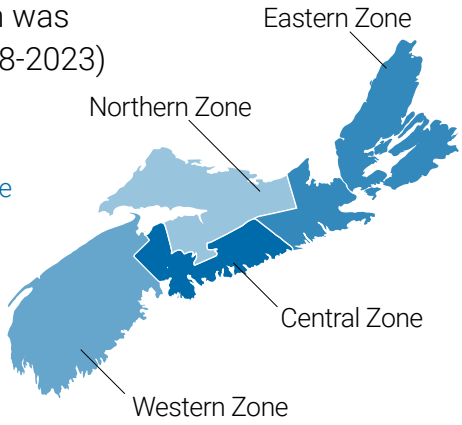
# Population of Nova Scotia

In 2024, the population of Nova Scotia was estimated to be[1]

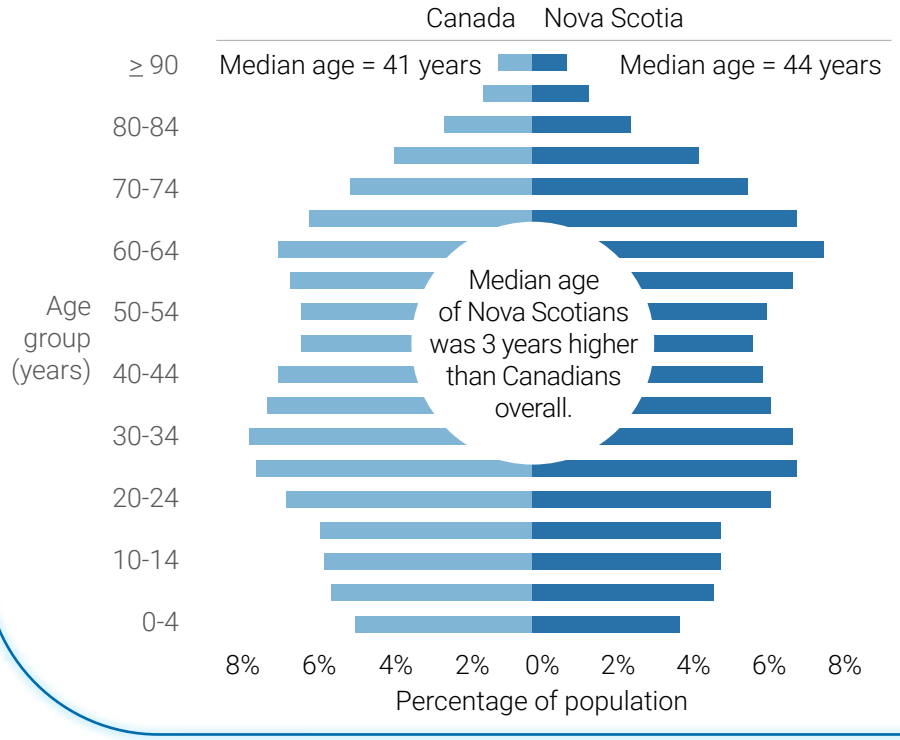
**1 076 374** This represented 3% of the Canadian population.

Since 2018, population growth was highest in Central Zone.[2] (2018-2023)

| Zone | % of NS population, 2023 | Population growth since 2018 |
|---|---|---|
| Central | 49 | 14% |
| Eastern | 16 | 8% |
| Northern | 15 | 6% |
| Western | 20 | 6% |




Nova Scotia and Canadian Population, 5-year age groups, 2023[1]




Population by:

### Gender[1] (2024)

Women+ **50.5%**

Men+ **49.5%**

### Immigrants[3] (2021)

| | |
|---|---|
| Nova Scotia: | 8% |
| Canada: | 23% |

### Visible Minorities[3] (2021)

| | |
|---|---|
| Nova Scotia: | 10% |
| Canada: | 27% |

### Acadian[3] (2021)

| | |
|---|---|
| Nova Scotia: | 5% |
| Canada: | 0.8% |

### African Nova Scotian[3] (2021)

0.4% Identify as African Nova Scotian

### LGBTQ+[4] (2021)

| | |
|---|---|
| Nova Scotia: | 6% |
| Canada: | 4% |

### Lone Parent Families[3] (2021)

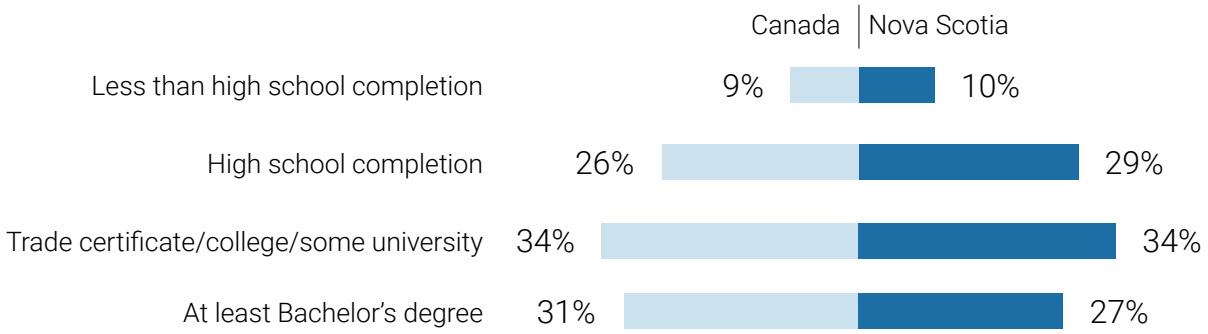
| | |
|---|---|
| Nova Scotia: | 17% |
| Canada: | 16% |

**Data Sources:** [1]Statistics Canada, Annual Demographic Estimates, 2023 and 2024. Table:17-10-0005-01 [2]Statistics Canada, Annual Demographic Estimates: Subprovincial Areas, 2018-2023. Table: 17-10-0157-01 [3]Statistics Canada 2021 Census of the Population [4]Statistics Canada, Canadian Community Health Survey (CCHS), 2021. Nova Scotia Department of Health and Wellness analysis. **Note:** Ethnic or cultural origin is self-identified in the Census and refers to the ethnic or cultural origins of a person's ancestors.

# Educational Attainment and Income

## Highest Educational Attainment

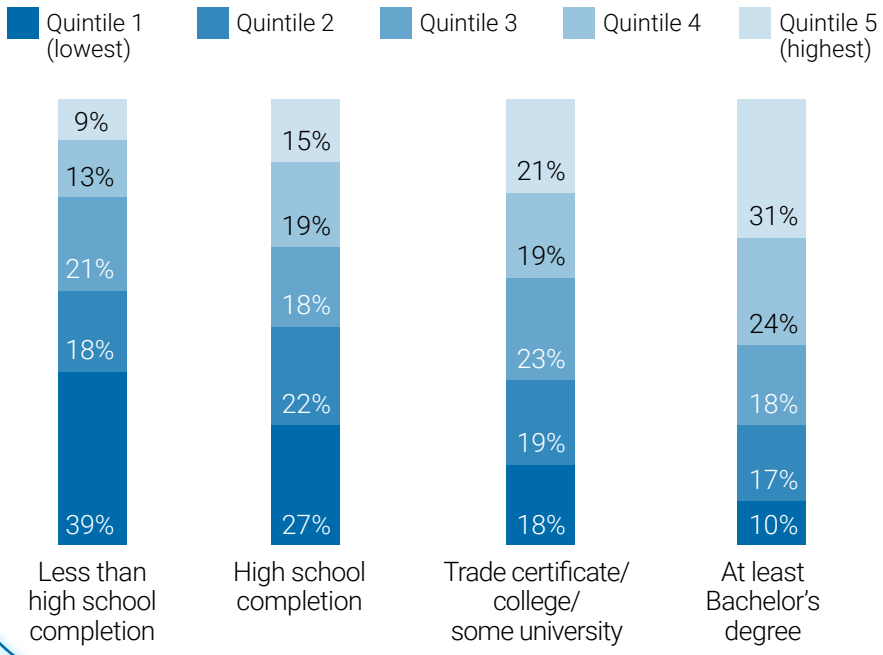
In 2022, the percentage of Nova Scotian adults with at least a Bachelor's degree (27%) was lower than among Canadians overall (31%).




The percentage of females with at least a Bachelor's degree (30%) was higher than males (23%).

## Income and Educational Attainment

Percentage of Nova Scotians in each income quintile, by education attainment




Approximately 2 in 5 Nova Scotian adults with less than a high school education were in the lowest household income quintile.

Approximately 1 in 3 Nova Scotian adults with at least a Bachelor's degree were in the highest household income quintile.

**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2022 Nova Scotia Department of Health and Wellness analysis **Notes:** Educational attainment was the highest educational attainment reported by respondents age ≥ 18 years in 2022. Highest educational attainment by annual household income is among respondents age ≥ 18 years in 2022. **Household income quintile** is a way of dividing a households into five equal groups based on income. Each group represents 20% of the households, with the lowest quintile having the lowest 20% of household incomes and the highest quintile having the top 20% of household incomes. Results for analysis across subgroups may not sum to 100% because of rounding.

# Unemployment and Income

## Unemployment[1]

In 2023, 33 600 Nova Scotian adults were unemployed, corresponding to an unemployment rate of 6%. This was higher than the 5% unemployment rate in Canada.

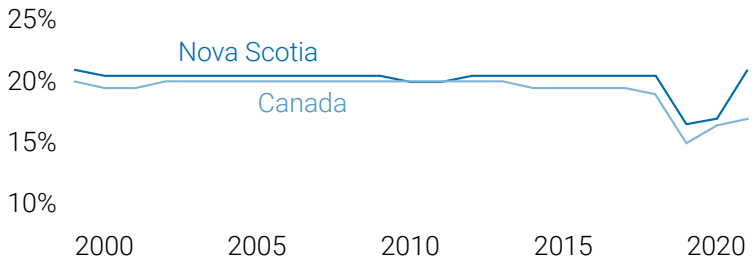
## Living in low income[2]

From 2000 to 2022, the percentage of Nova Scotians living in low-income was higher than in Canada.

### Trends Over Time

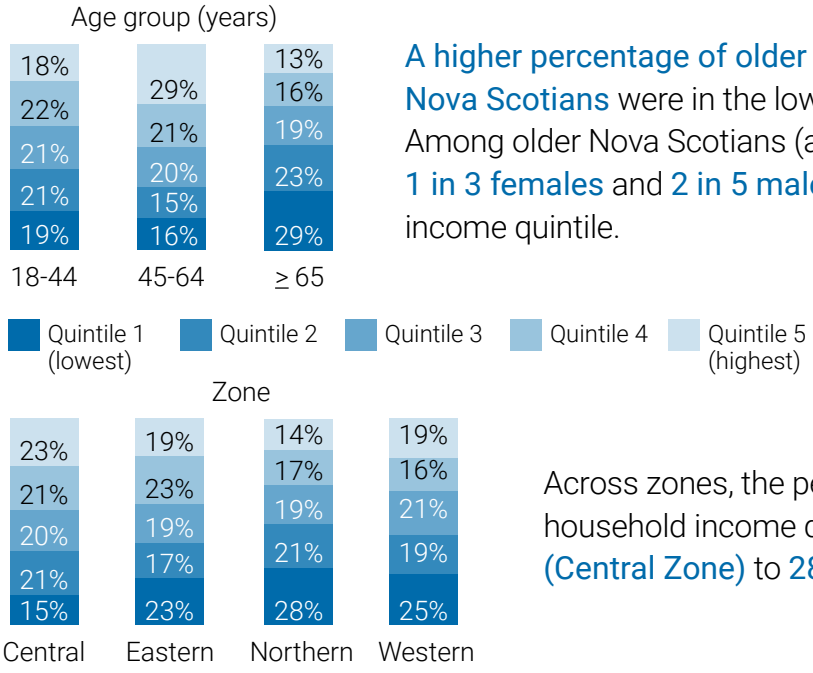
In 2022, 20% of Nova Scotians were living in low income. This was higher than the 17% among Canadians overall.

Percentage of individuals living in low income, 2000-2022




## Household income[3]

Percentage of Nova Scotians in each household income quintile, 2022




A higher percentage of older Nova Scotians than younger Nova Scotians were in the lowest household income quintile. Among older Nova Scotians (age ≥ 65 years), approximately 1 in 3 females and 2 in 5 males were in the lowest household income quintile.

Across zones, the percentage living in the lowest household income quintile ranged from 15% (Central Zone) to 28% (Northern Zone).

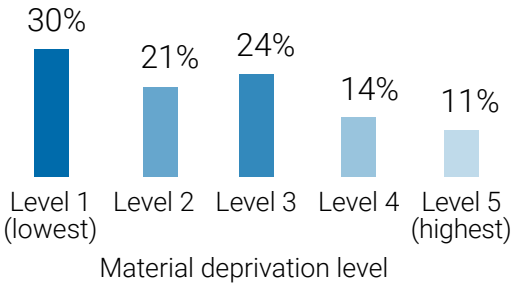
**Data Sources**: [1]Statistics Canada, Labour Force Survey, 2023. Table: 14-10-0023-01; [2]Statistics Canada, Annual Income Estimates for Census Families and Individuals, 2000-2022. Table:11-10-0018-01; [3]Statistics Canada, Canadian Community Health Survey (CCHS), 2022 Nova Scotia Department of Health and Wellness analysis. **Notes:** Household income is among CCHS respondents age ≥ 18 years. Results for analysis across subgroups may not sum to 100% because of rounding.

# Material Deprivation and Housing Affordability

## Material Deprivation[1]

Material deprivation refers to a lack of basic necessities or resources, like food, housing, or clothing, that are needed for an acceptable standard of living.

Approximately 1 in 10 Nova Scotians were living in communities with the highest material deprivation (level 5).




## Housing Affordability

In 2021, among all private households in Nova Scotia, 33% were renting their home, whereas 67% owned their home.[2]

The average monthly shelter cost per household was.[2]

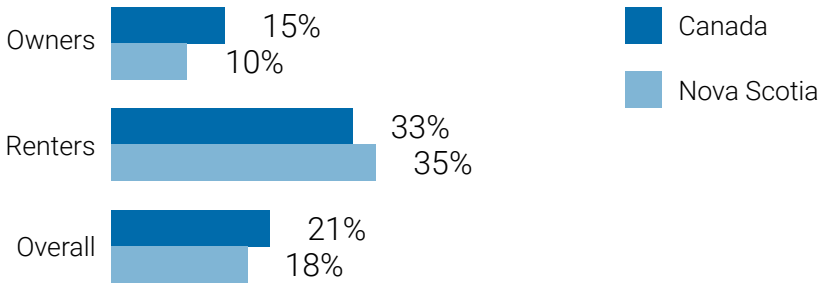
**$1 083**
for renters

**$1 070**
for owners

### Lack of Affordable Housing

Affordable housing is defined as having shelter costs less than 30% of the total before-tax household income.

Overall, 18% of private households in Nova Scotia did not have affordable housing. This was comparable to the percentage in Canada (21%). 35% of renters and 10% of owners in Nova Scotia did not have affordable housing.[2]




**Data Sources:** [1]Material deprivation is a community level measure from Nova Scotia Deprivation Index, based on median individual income, unemployment, and highest educational attainment; [2] Statistics Canada 2021 Census of the Population. **Note**: When calculating housing affordability, only owner and tenant households with household total income greater than zero, in non-farm, non-reserve private dwellings were included.

# Births and Life Expectancy

## Live Births[1]

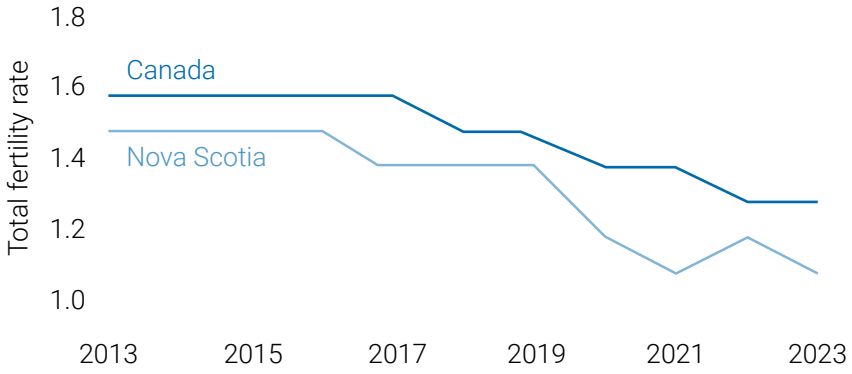
In 2023, there were 7 323 live births in Nova Scotia, for a birth rate of 7 live births per 1 000. This was lower than the rate in Canada (9 live births per 1 000).

## Fertility[2]

The total fertility rate (TFR) estimates the average number of live births a female will have throughout her lifetime.

### Trends Over Time

The TFR decreased from 2013 to 2023. It was estimated that females in Nova Scotia in 2023 would have, on average, 1.1 live births in their lifetime. This was lower than the TFR of 1.3 in Canada overall.




## Life Expectancy[3]

The life expectancy at birth is the number of years that a person would be expected to live from birth.

Life expectancy in Nova Scotia was 80 years, which was lower than the life expectancy of 82 years in Canada overall.

### Sex

Life expectancy in NS was higher in females than in males.

**83** years in females

**78** years in males

**Data Sources:** [1]Statistics Canada, Vital Statistics, 2013-2023. Table: 13-10-0422-01 [2]Statistics Canada , Vital Statistics 2013-2023. Table: 13-10-0418-01 [3]Statistics Canada, Vital Statistics, 2021-2023. Table: 13-10-0114-01 **Note:** Life expectancy was calculated using a three-year (2021-2023) life table with TFR, total fertility rate.

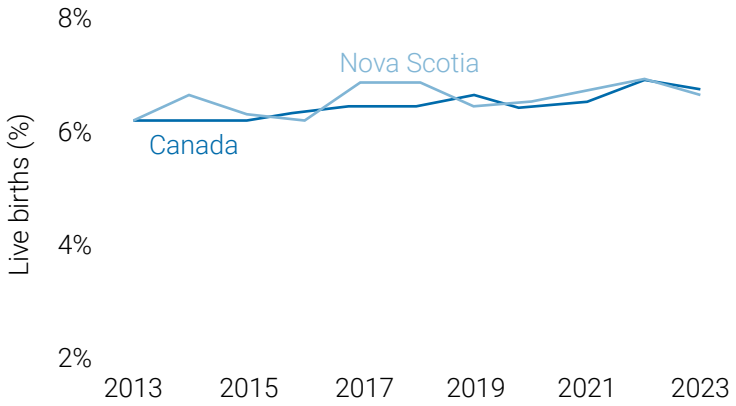
# Birth and Early Years Outcomes

## Low Birth Weight[1]

Low birth weight is defined as birth weight less than 2 500 grams or 5.5 pounds.

### Trends Over Time

From 2013-2023, the percentage of live births with low birthweight remained relatively stable. In 2023, 7% of live births in Nova Scotia were low birth weight, the same as in Canada overall.




## Exclusive Breastfeeding[2]

Exclusive breastfeeding refers to an infant receiving only breast milk, without any additional liquid or solid food.

In 2021 and 2022, 36% of Nova Scotian females who gave birth in the past 5 years reported exclusive breastfeeding for at least 6 months.

This was comparable to the 35% of females who gave birth in the past 5 years in Canada who reported this.

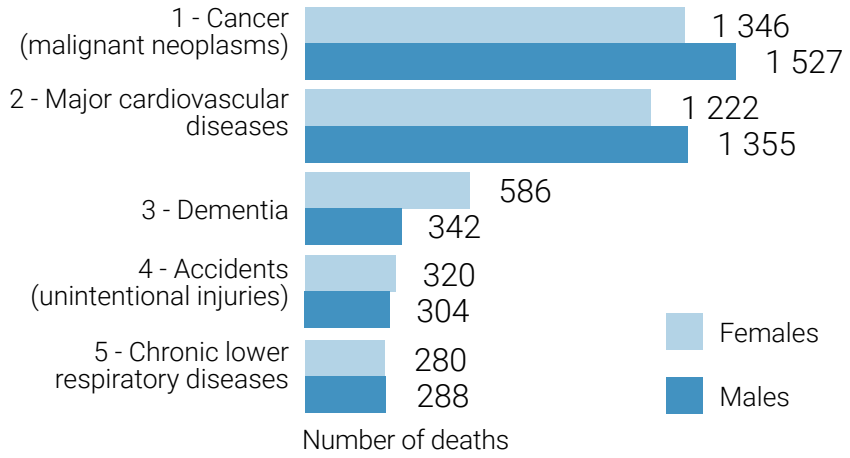
**Data Sources:** [1]Statistics Canada, Vital Statistics, 2013-2023. Table: 13-10-0422-01 [2]Statistics Canada, Canadian Community Health Survey (CCHS), 2021-2022 Nova Scotia Department of Health and Wellness analysis. **Note:** The exclusive breastfeeding measure is an annualized percentage of Nova Scotians age 15-55 years in 2021-2022, identifying as female at their birth, who gave birth in the past 5 years and reported having exclusively breastfed for at least 6 months.

# Deaths

In 2022, there were 11 345 deaths.[1] In 2022, the age-standardized death rate in Nova Scotia was 8 deaths per 1 000. This was higher than the rate in Canada (7 deaths per 1 000).

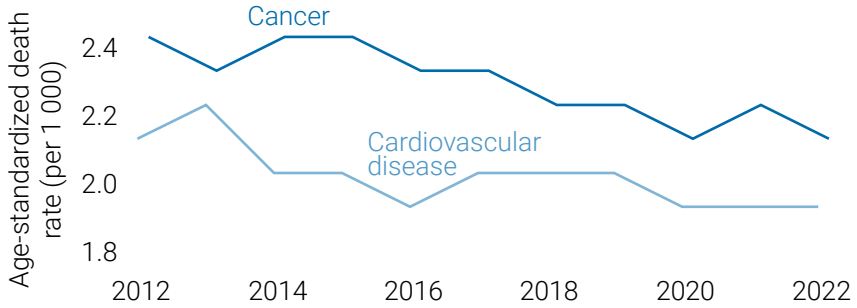
## Leading Causes of Death[1]

Cancer was the leading cause of death in Nova Scotia in 2022.




### Trends Over Time

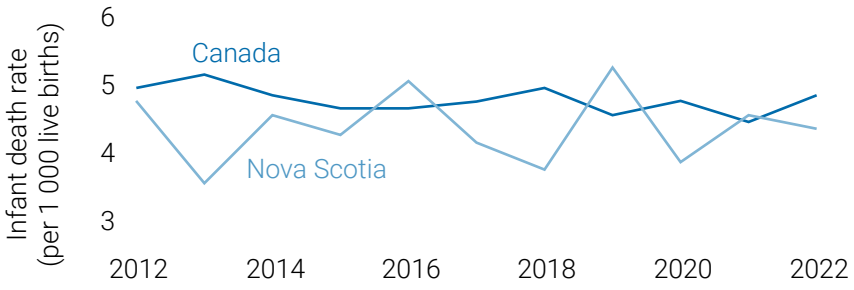
From 2012 to 2022, death rates for cancer and cardiovascular disease decreased overall.[1]




## Infant Deaths[2]

Infant death is the death of a child under one year of age. There were 33 infant deaths in Nova Scotia in 2022.

From 2012 to 2022, the infant death rate in Nova Scotia each year ranged from 3 to 5 deaths per 1 000 live births.




**Data Sources:** [1]Statistics Canada, Vital Statistics and Annual Demographic Estimates, 2012-2022. Table: 13-10-0800-01. [2]Statistics Canada, Vital Statistics, 2012-2022. Table: 13-10-0713-01 **Notes:** Causes of death were classified using ICD-10 cause of death codes. All rates presented on this page are age-standardized death rates.

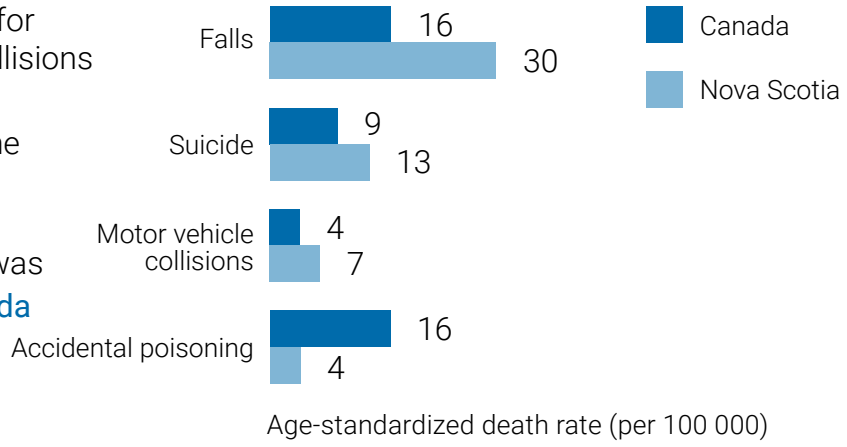
# Deaths from Injury

## Leading Causes of Injury Deaths

In 2022, the leading causes of death from injury in Nova Scotia were falls, suicide, motor vehicle collisions, and accidental poisoning.

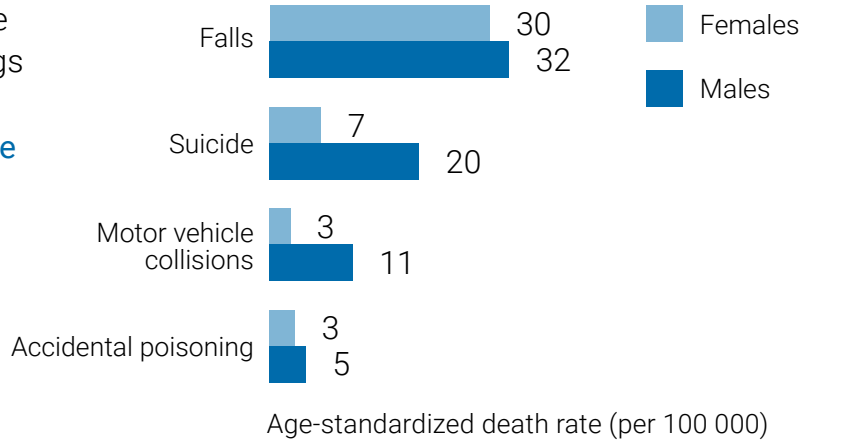
The age-standardized death rates for falls, suicide, and motor vehicle collisions were higher in Nova Scotia than in Canada overall. These causes alone resulted in 668 deaths in 2022.

The rate for accidental poisoning was lower in Nova Scotia than in Canada overall.




## Injury Deaths by Sex

The rates for suicide, motor vehicle collisions and accidental poisonings were lower in females than males. The rates for falls were comparable among females and males.



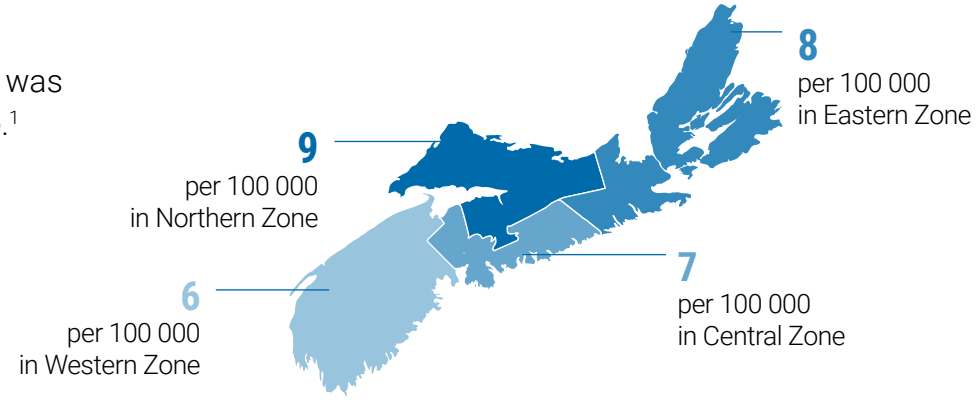

**Data Source:** Statistics Canada, Vital Statistics and Annual Demographic Estimates., 2022. Table: 13-10-0800-01 **Notes:** Causes of death are classified based on ICD-10 Cause of Death codes. Age-standardized death rates are calculated using the 2011 population of Canada as the standard population. All rates presented on this page are age-standardized death rates.

# Opioid Deaths

In 2023, there were 73 opioid deaths in Nova Scotia (7 per 100 000).
This was lower than the rate in Canada (21 per 100 000).[1]

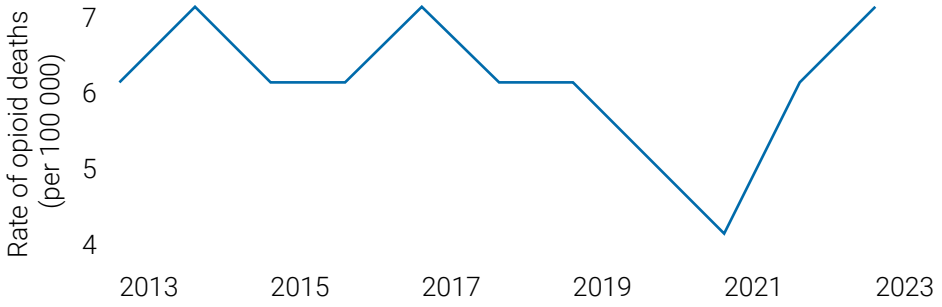
## Health Zones

The rate of opioid deaths was highest in Northern Zone.[1]




### Trends Over Time

The rate of opioid deaths fluctuated from 2013 to 2023, with the highest rate in 2023.[1]




## Sex

Opioid deaths were lower among females than males.[1]

**3** deaths per 100 000 in females

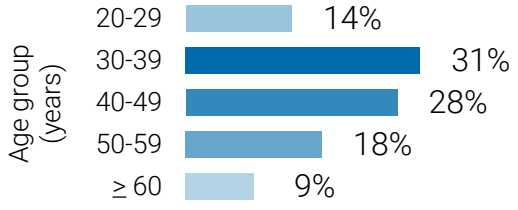
**11** deaths per 100 000 in males

90% of opioid deaths were reported as accidental (65 deaths).
10% of opioid deaths were reported as suicides (7 deaths).

## Age

Approximately 2 in 3 accidental opioid related deaths were among individuals 30-49 years.[2]

Percentage of all accidental opioid deaths by age group (years)




**Data Sources:** [1]Open Data Nova Scotia, Numbers and rates of substance-related fatalities in Nova Scotia, 2013-2023 [2]Public Health Agency of Canada, Opioid- and Stimulant-related Harms in Canada, 2023.

# Health-Adjusted Life Expectancy at Birth (HALE)

HALE is the expected number of years an individual will live in full health at birth.

## Sex

Among females, HALE in Nova Scotia was 70 years, the same as in Canada overall.

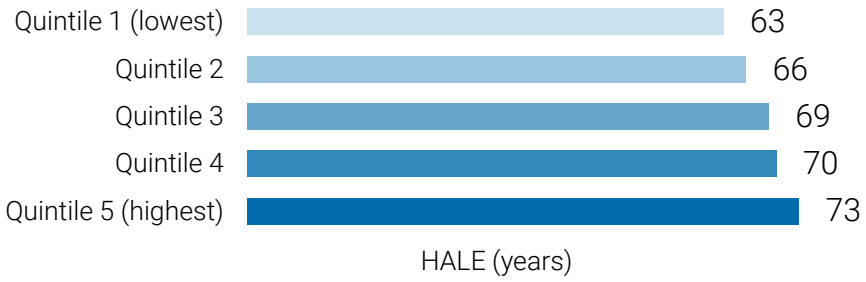
Among males, HALE in Nova Scotia was 66 years, which was lower than the HALE of 69 years in Canada overall.

**70** years among females

**66** years among males

## Household Income

HALE was highest among individuals in the highest income neighbourhoods (73 years) and lowest among those in the lowest income neighbourhoods (63 years).




Among females, HALE ranged from 65 years (lowest household income) to 75 years (highest household income).

Among males, HALE ranged from 61 years (lowest household income) to 70 years (highest household income).

**Data Source:** Statistics Canada, Vital Statistics, 2015-2017. Table: 13-10-0370-01 **Notes:** The calculation of life expectancy is based on three consecutive years (2015-2017) of death data and population estimates. HALE by income was reported by area; dissemination areas were assigned to an income quintile based on household income before tax from the 2016 Census.

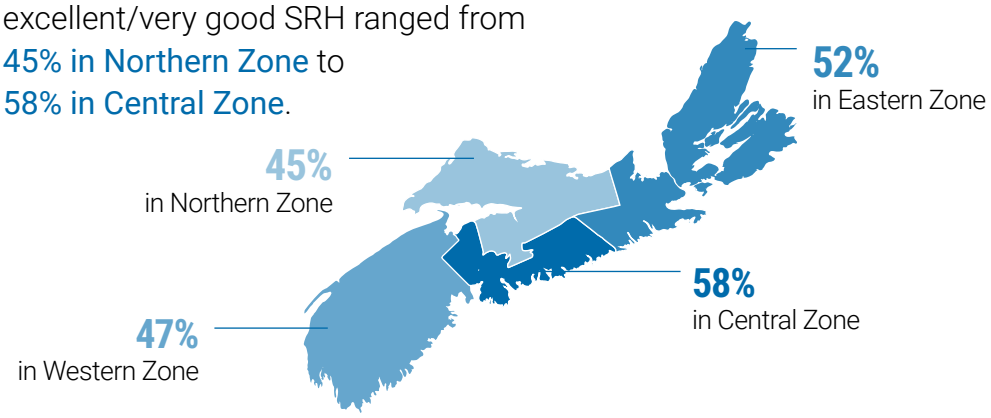
# Self-Rated Health (SRH)

SRH measures overall self-rated health status, capturing physical, mental, and social well-being and the absence of disease or injury.

In 2022, 53% of Nova Scotians age ≥ 12 years reported excellent or very good SRH. This was comparable to the 55% among Canadians overall.

## Health Zones

The percentage of Nova Scotians reporting excellent/very good SRH ranged from 45% in Northern Zone to 58% in Central Zone.




## Sex

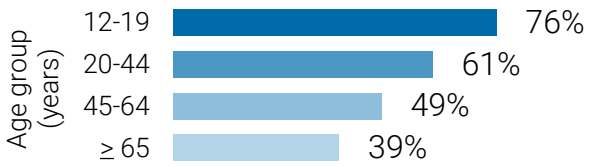
A comparable percentage of females and males reported excellent/very good SRH.

**52%** of females

**54%** of males

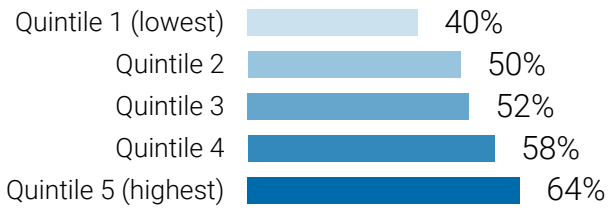
## Age

The percentage reporting excellent/very good SRH was highest in Nova Scotians age 12-19 years (76%) and lowest in Nova Scotians age ≥ 65 years (39%).




## Household Income

The percentage reporting excellent/very good SRH ranged from 40% (lowest household income) to 64% (highest household income).




## Education

The percentage with excellent/very good SRH was highest among those with at least a bachelor's degree (62%).

**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2022 Nova Scotia Department of Health and Wellness analysis.
**Note:** The percentage of persons age ≥ 12 years in 2022 who responded, "very good" or "excellent" to the question "In general, how is your health?"

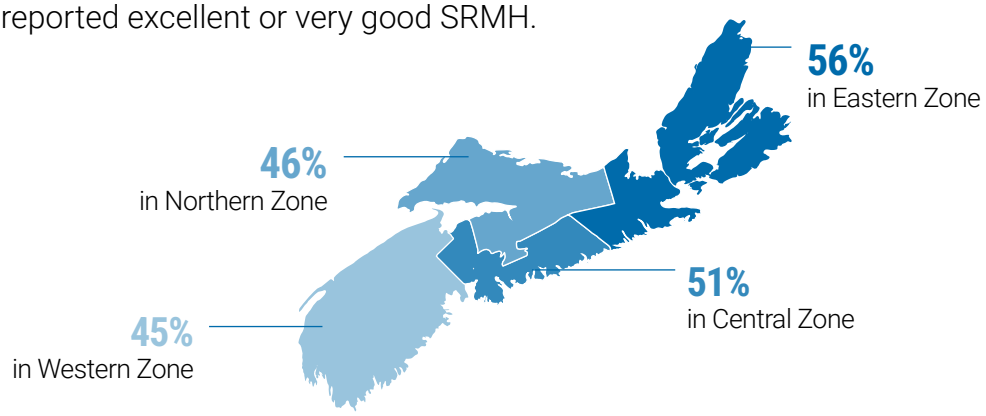
# Self-Rated Mental Health (SRMH)

SRMH can be used to measure the mental health of the population and may indicate risk for adverse mental health outcomes.

In 2022, 50% of Nova Scotians age ≥ 12 years had excellent or very good SRMH. This was lower than the 54% among Canadians overall.

## Health Zones

Across zones, approximately half of Nova Scotians reported excellent or very good SRMH.




## Sex

A lower percentage of females than males reported excellent/very good SRMH.

43% of females

57% of males

## Age

The percentage reporting excellent/very good SRMH ranged from 44% (age 20-44 years) to 56% (age 12-19 years).


## Household Income

The percentage reporting excellent/very good SRMH ranged from 43% (lowest household income) to 58% (highest household income).


## Education

Across all education levels, approximately 1 in 2 Nova Scotians rated their mental health as excellent or very good.

**Data Sources:** Statistics Canada, Canadian Community Health Survey (CCHS), 2022 Nova Scotia Department of Health and Wellness analysis.
**Note:** The percentage of persons age ≥ 12 years in 2022 who responded, "very good" or "excellent" to the question "In general, how is your mental health?"

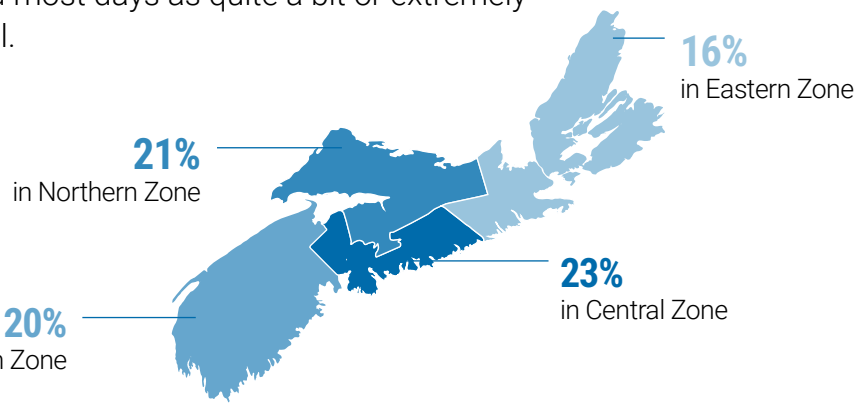
# Self-Rated Life Stress

Self-rated life stress measures perceived amount of life stress on most days.

In 2022, 21% of Nova Scotians age ≥ 12 years reported most days as quite a bit or extremely stressful. This was comparable to the 22% among Canadians overall.

## Health Zones

Across zones, approximately 1 in 5 Nova Scotians reported most days as quite a bit or extremely stressful.




## Sex

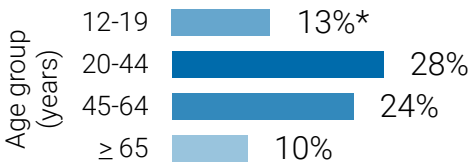
A higher percentage of females than males reported most days as quite a bit or extremely stressful.

**24%** of females

**17%** of males

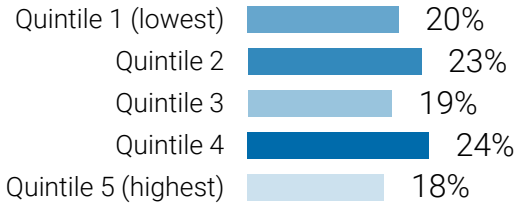
## Age

The percentage reporting most days as quite a bit or extremely stressful was highest among those age 20-44 years (28%) and lowest among those age ≥ 65 years (10%).




## Household Income

Across all income quintiles, approximately 1 in 5 Nova Scotians reported most days as quite a bit or extremely stressful.*




## Education

The percentage reporting most days as quite a bit or extremely stressful ranged from 15% (less than high school) to 29% (at least Bachelor's degree).

**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2022 Nova Scotia Department of Health and Wellness analysis **Notes:** The percentage of persons age ≥ 12 years in 2022 who responded, "quite a bit stressful" or "extremely stressful" to the question "Thinking about the amount of stress in your life, how would you describe most of your days?". * Sample sizes for quintiles were small (including all household income quintiles) and may not fully represent the larger group the survey is intended to represent.

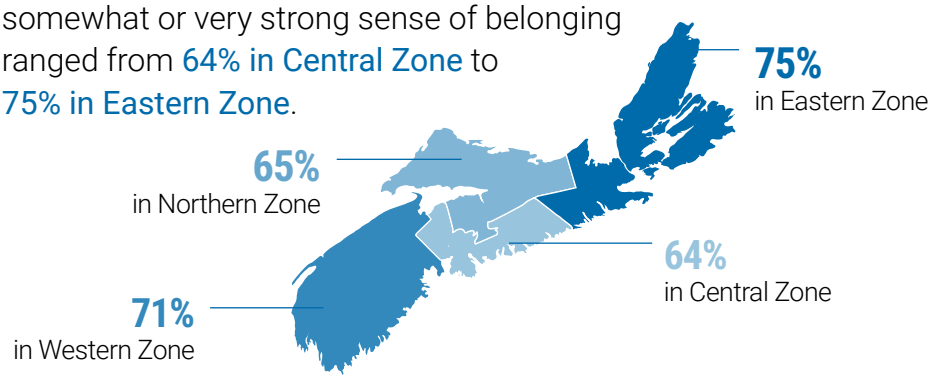
# Sense of Belonging

Sense of belonging occurs when people perceive that they are valued, needed, or important to others. This may reduce loneliness. Sense of belonging was self-reported.

In 2022, 68% of Nova Scotians age ≥ 12 years reported a somewhat strong or very strong sense of belonging. This was comparable to the 63% among Canadians overall.

## Health Zones

The percentage of Nova Scotians reporting a somewhat or very strong sense of belonging ranged from 64% in Central Zone to 75% in Eastern Zone.




## Sex

A comparable percentage of females and males reported a somewhat or very strong sense of belonging.

**68%** of females

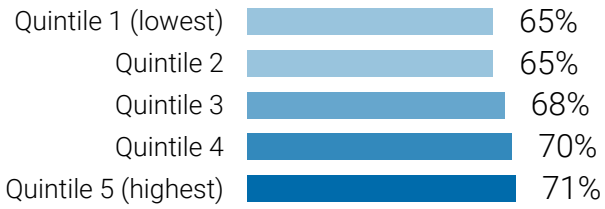
**67%** of males

## Age

The percentage reporting a somewhat or very strong sense of belonging ranged from 65% (age 20-44 years and age 45-64 years) to 75% (age ≥ 65 years).


## Household Income

The percentage reporting a somewhat or very strong sense of belonging ranged from 65% (first and second household income) to 71% (highest household income).




## Education

Across all education levels, approximately 2 in 3 Nova Scotians reported a somewhat or very strong sense of belonging.

**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2022 Nova Scotia Department of Health and Wellness analysis **Note:** The percentage of persons age ≥ 12 years in 2022 who responded, "very strong" or "somewhat strong" to the question "How would you describe your sense of belonging to your local community"?

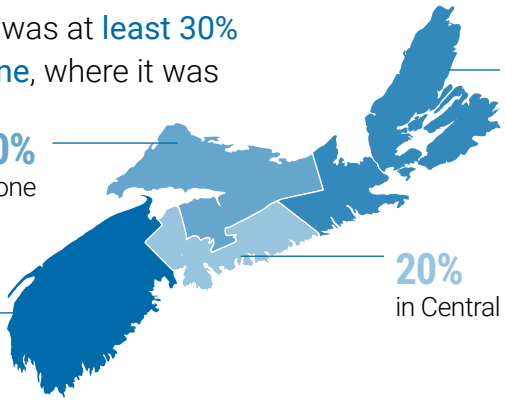
# Arthritis

Arthritis causes joint pain, swelling, and stiffness and is a leading cause of disability. Arthritis prevalence was based on self-report.

26% of Nova Scotians age ≥ 12 years reported arthritis. This was higher than the 19% among Canadians overall.

## Health Zones

Arthritis prevalence was at least 30% in all but Central Zone, where it was lower (20%).




## Sex

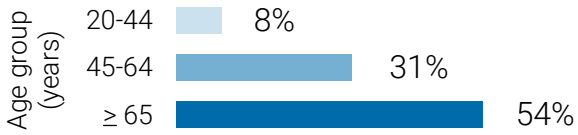
Arthritis prevalence was higher among females than males.

**29%** of females

**23%** of males

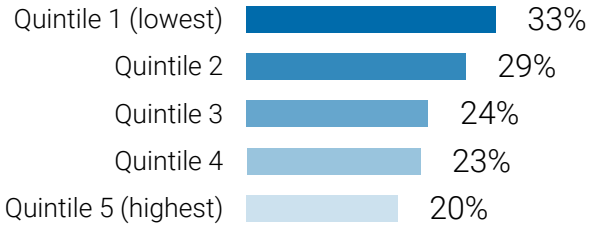
## Age

Arthritis prevalence increased with higher age. 1 in 2 Nova Scotians age ≥ 65 years reported arthritis.




## Household Income

Arthritis prevalence ranged from 20% (highest household income) to 33% (lowest household income).




## Education

Arthritis prevalence was lowest among Nova Scotians with at least a Bachelor's degree (17%).

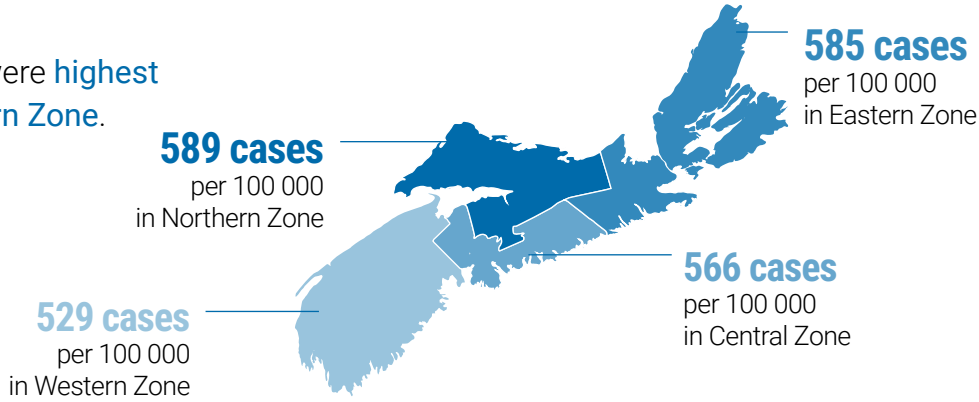
**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2019-2022 Nova Scotia Department of Health and Wellness analysis. **Notes:** Annualized percentage of persons age ≥ 12 years in 2019 to 2022 who responded "yes" to "Do you have arthritis?" Age-specific prevalence for age 12-19 years were suppressed because of small sample size.

# Cancer Incidence

In 2019, there were 6 993 new cases of cancer in Nova Scotia. The age-standardized incidence rate was 566 new cases per 100 000. This was comparable to the rate for Canada overall (554 new cases per 100 000).

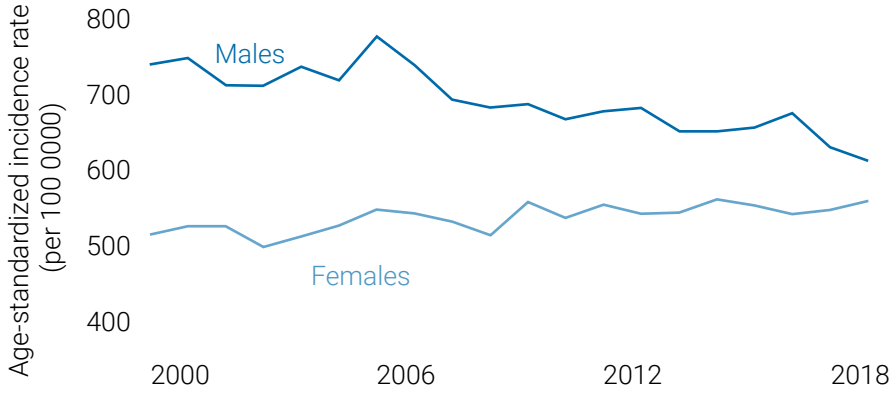
## Health Zones

In 2019, overall rates were highest in Northern and Eastern Zone.




### Trends Over Time

From 2000 to 2019, the rate for cancer increased among females but decreased among males.




## Sex

Most commonly diagnosed cancers in 2019, by sex (rate).

**Females**

Breast: 139 per 100 000
Lung: 85 per 100 000
Colorectal: 63 per 100 000

**Males**

Prostate: 109 per 100 000
Lung : 84 per 100 000
Colorectal: 74 per 100 000

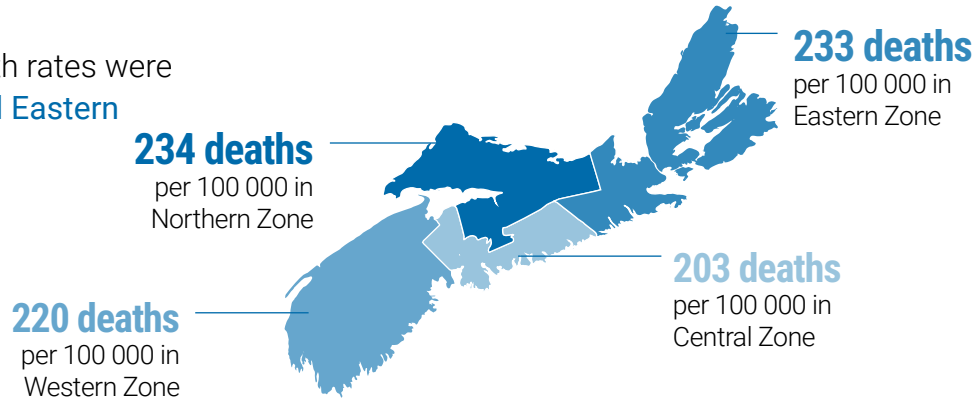
**Data Sources:** Nova Scotia Health, Cancer Care Program - Registry and Analytics and Statistics Canada Number and rates of new cases of primary cancer, by cancer type, age group and sex. **Notes:** NS counts and rates in this report differ from those published by Statistics Canada; also, methods for calculating Canadian rates differ from those for NS rates. These differences are described in this report's methods section. All rates presented on this page are age-standardized incidence rates.

# Cancer Deaths

In 2019, there were 2 804 cancer deaths in Nova Scotia. This was an age-standardized death rate of 219 deaths per 100 000. This was comparable to the 2019 death rate for Canada overall (214 deaths per 100 000).

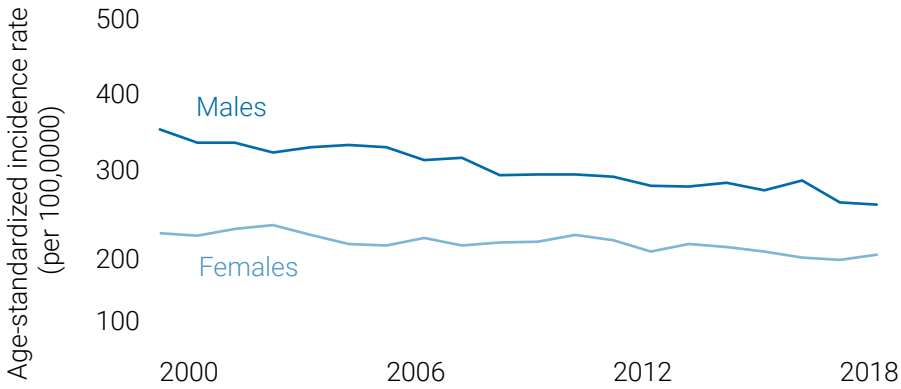
## Health Zones

In 2019, the overall death rates were highest in Northern and Eastern Zone.




### Trends Over Time

From 2000 to 2019, the death rate for cancer decreased among females and males.




## Sex

Most common cancer deaths in 2019, by sex (rate).

### Females

Lung: 45 per 100 000
Breast: 31 per 100 000
Colorectal: 23 per 100 000

### Males

Lung: 63 per 100 000
Colorectal: 37 per 100 000
Prostate: 27 per 100 000

**Data Sources:** Nova Scotia Health, Cancer Care Program - Registry and Analytics and Statistics Canada Deaths and mortality rate (age standardization using 2011 population), by selected grouped causes. **Notes:** Nova Scotia counts and rates in this report differ from those published by Statistics Canada; also, methods for calculating Canadian rates differ from those for Nova Scotia rates. These differences are described in this report's methods section. All rates presented on this page are age-standardized death rates.

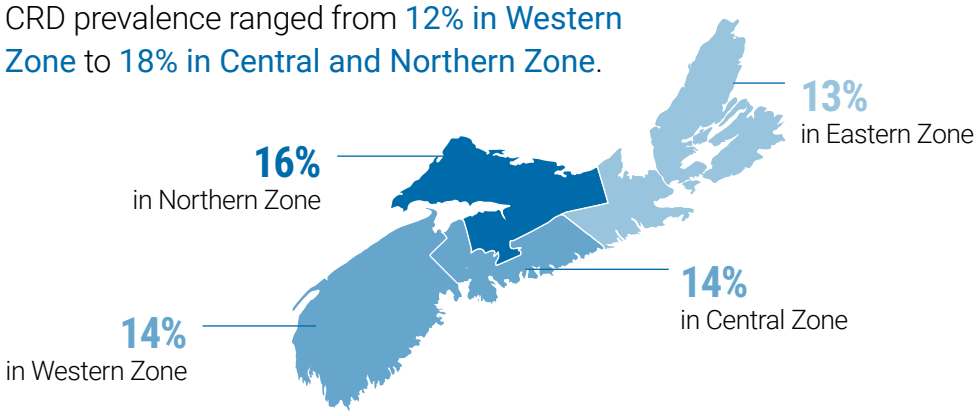
# Chronic Respiratory Disease (CRD)

CRD are chronic diseases that affect the lungs and airways (i.e. asthma, chronic obstructive pulmonary disease, chronic bronchitis, and emphysema). CRD prevalence was based on self-report.

14% of Nova Scotians age ≥ 12 years self-reported at least one CRD. This was higher than the 10% among Canadians overall.

## Health Zones

CRD prevalence ranged from 12% in Western Zone to 18% in Central and Northern Zone.




## Sex

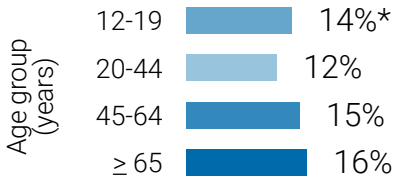
CRD prevalence was comparable among females and males.

**16%** of females

**13%** of males

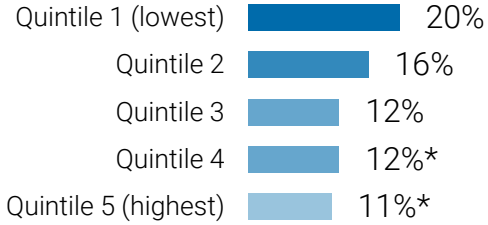
## Age

CRD prevalence ranged from 12% (age 20-44 years) to 16% (age ≥ 65 years).




## Household Income

CRD prevalence ranged from 11% (highest household income) to 20% (lowest household income).




## Education

CRD prevalence was lowest among Nova Scotians with at least at a Bachelor's degree (7%).

**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2019-2020 Nova Scotia Department of Health and Wellness analysis. **Notes:** The percentage of persons age ≥ 12 years in 2019-2020 who responded "yes" to "Do you have asthma" and/or "Do you have chronic bronchitis, emphysema or chronic obstructive pulmonary disease?" *Sample size for these groups were small and may not fully represent the larger group the survey is intended to represent.

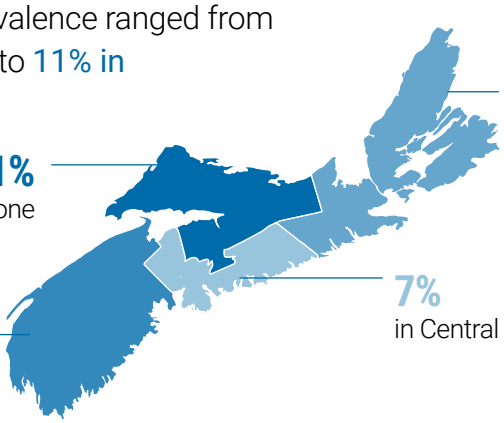
# Diabetes, Type 2

Type 2 diabetes is a condition in which the body makes insulin but cannot use it properly. Key risk factors include higher age, physical inactivity, high blood pressure, and being overweight or obese. Type 2 diabetes prevalence was based on self-report.

9% of Nova Scotians age ≥ 12 years reported type 2 diabetes. This was higher than the 7% among Canadians overall.

## Health Zones

Type 2 diabetes prevalence ranged from 7% in Central Zone to 11% in Northern Zone.




## Sex

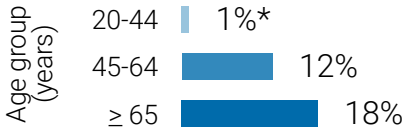
Type 2 diabetes prevalence was comparable among females and males.

**8%** of females

**9%** of males

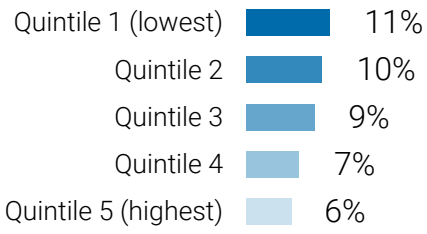
## Age

Type 2 diabetes prevalence increased with higher age. Approximately 1 in 5 Nova Scotians age ≥ 65 years reported type 2 diabetes.




## Household Income

Type 2 diabetes prevalence ranged from 6% (highest household income) to 11% (lowest household income).




## Education

Type 2 diabetes prevalence was lowest among Nova Scotians with at least a Bachelor's degree (4%) and was higher among those with less than a Bachelor's degree (≥ 9%).

**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2019-2022 Nova Scotia Department of Health and Wellness analysis. **Notes:** Annualized percentage of persons age ≥ 12 years in 2019-2022 who responded "yes" to the question "Do you have diabetes?" and were categorized as type 2 using an algorithm developed to identify for type 2 diabetes in CCHS. *Sample size for this group was small and may not fully represent the larger group the survey is intended to represent.

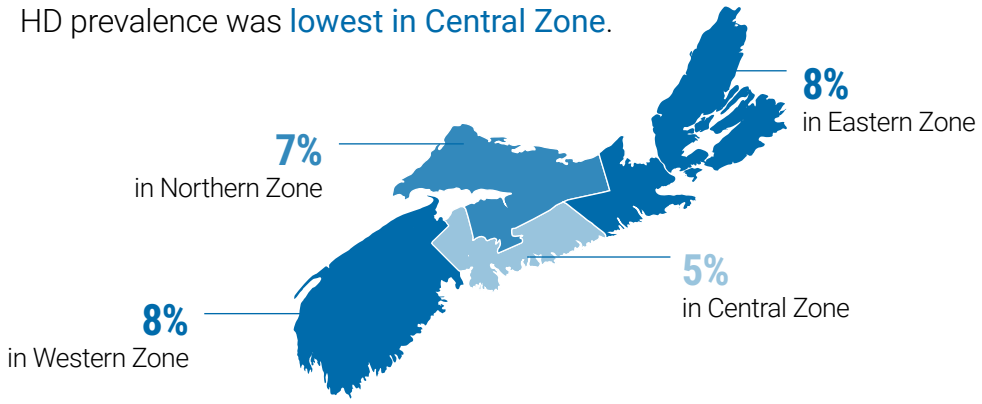
# Heart Disease (HD)

HD is a range of conditions that affect the heart and blood vessels. Key risk factors for HD are high blood pressure, high cholesterol, and smoking. HD prevalence was self-reported.

6% of Nova Scotians age ≥ 12 years reported HD. This was higher than the 5% among Canadians overall.

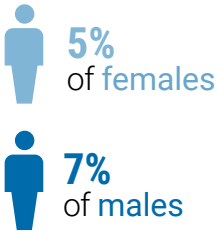
## Health Zones

HD prevalence was lowest in Central Zone.



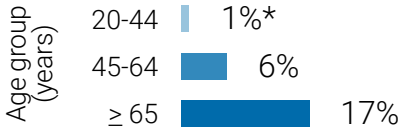

## Sex

HD prevalence was lower among females than males.



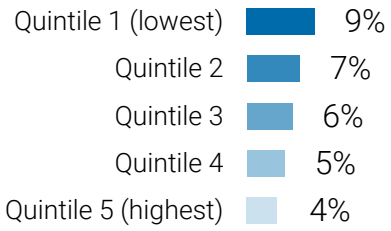

## Age

HD prevalence was highest among Nova Scotians age ≥ 65 years (17%).




## Household Income

HD prevalence ranged from 4% (highest household income) to 9% (lowest household income).




## Education

HD prevalence was lowest among those with at least a Bachelor's degree (4%) and higher among those with less than a Bachelor's degree (≥ 6%).

**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2019-2022 Nova Scotia Department of Health and Wellness analysis. **Notes:** Annualized percentage of persons age ≥ 12 years in 2019-2022 who responded "yes" to the question "Do you have heart disease?". Age-specific prevalence for age 12-19 years was suppressed because of small sample size. *Sample size for this group was small and may not fully represent the larger group the survey is intended to represent.

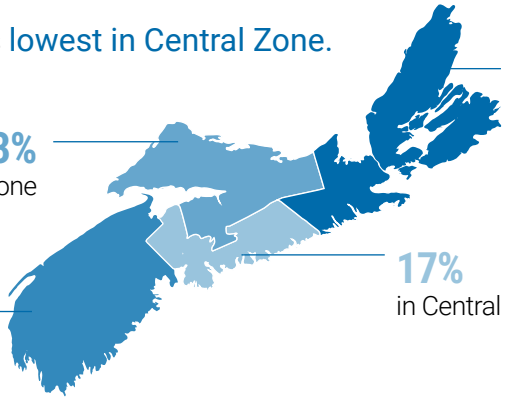
# High Blood Pressure (HBP)

HBP is a disease where the force of the blood pushing against the arteries is consistently too high. As a result, the heart must work harder to pump blood. HBP prevalence was self-reported.

21% of Nova Scotians age ≥ 12 years reported HBP. This was higher than the 18% among Canadians overall.

## Health Zones

HBP prevalence was lowest in Central Zone.




## Sex

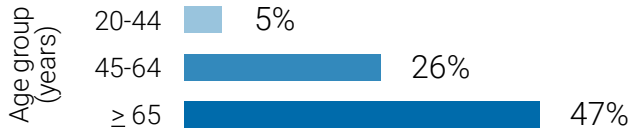
HBP prevalence was comparable among females and males.

21% of females

22% of males

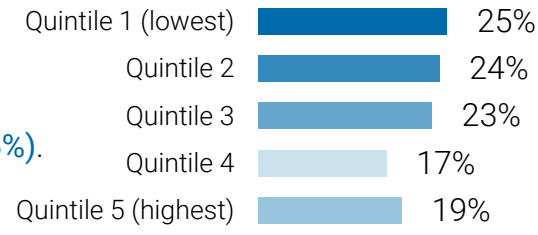
## Age

HBP prevalence was highest among Nova Scotians age ≥ 65 years; approximately half reported HBP.




## Household Income

HBP prevalence was highest among those with the lowest household income (25%).




## Education

HBP prevalence was lowest among Nova Scotians with at least at a Bachelor's degree (15%) and higher among those with less than a Bachelor's degree (≥ 23%).

**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2019-2020 Nova Scotia Department of Health and Wellness analysis. **Notes:** Annualized percentage of persons age ≥ 12 years in 2019-2022 who responded "yes" to the question "Do you have high blood pressure?" Age-specific prevalence for age 12-19 years were suppressed because of small sample size.

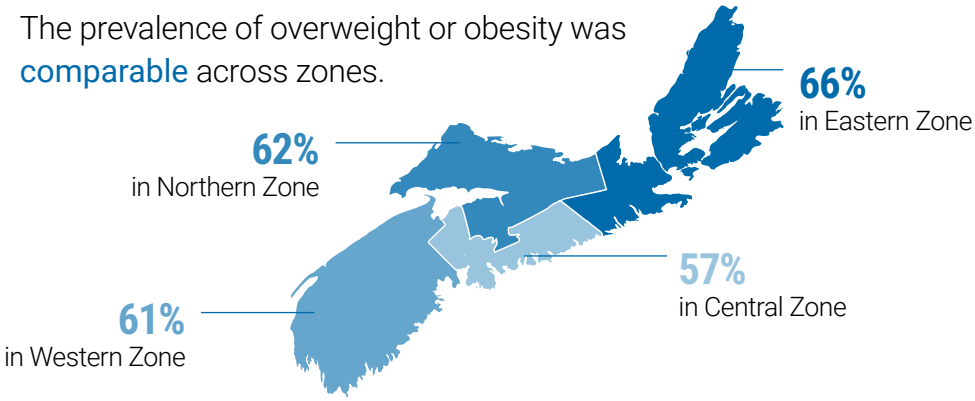
# Overweight or Obese

Overweight or obese is based on body mass index (BMI) which is calculated from self-reported height and weight.

60% of Nova Scotian adults were classified as overweight or obese. This was higher than the 54% among Canadians overall.

## Health Zones

The prevalence of overweight or obesity was comparable across zones.




## Sex

The prevalence of overweight or obesity was lower among females than males.

56% of females

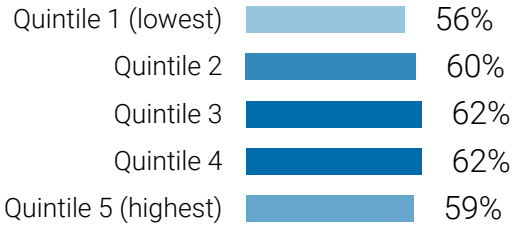
64% of males

## Age

The prevalence of overweight or obesity was lowest in those age 18-44 years (51%) and highest in those age 45-64 years (69%).


## Household Income

The prevalence of overweight or obesity ranged from 56% (household income quintile 1) to 62% (income quintiles 3 and 4).




## Education

The prevalence of overweight or obesity was highest among individuals with trade certificates, college, or some university. (67%)

**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2019-2022 Nova Scotia Department of Health and Wellness analysis **Notes:** Annualized percentage of persons age ≥ 18 years in 2019-2022 who are classified as overweight or obese class I, II, or III. This measure excludes those who are pregnant or age < 18 years. BMI classification was calculated using weight in kilograms/height in metres$^2$.

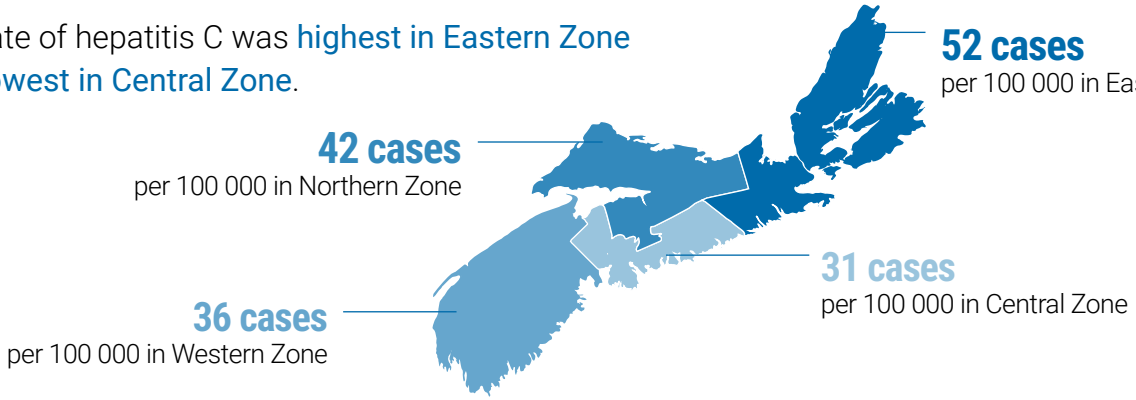
# Hepatitis C

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

In 2023, there were 393 new cases of hepatitis C in Nova Scotia (37 cases per 100 000 population).

## Health Zones

The rate of hepatitis C was highest in Eastern Zone and lowest in Central Zone.




## Sex

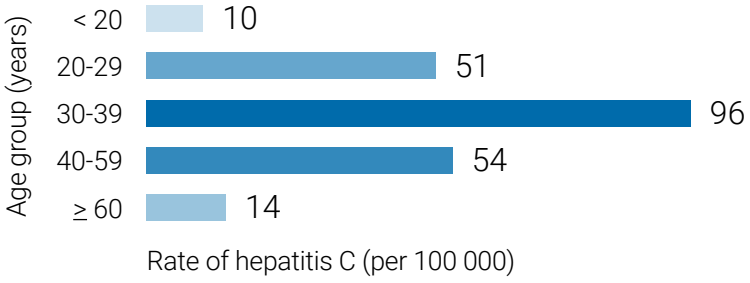
The rate of hepatitis C was higher among males than females.

**29** cases per 100 000 in females

**46** cases per 100 000 in **males**

## Age

In 2023, the rate of hepatitis C was highest among Nova Scotians age 30-39 years.




## Injection Drug Use

**60%** of new hepatitis C cases had used injection drugs.

**42%** of new hepatitis C cases had shared needles or other drug equipment.

**Data Source:** Nova Scotia's public health information system, Panorama. Nova Scotia Department of Health and Wellness analysis. **Note:** Data on risk factors are not mutually exclusive.

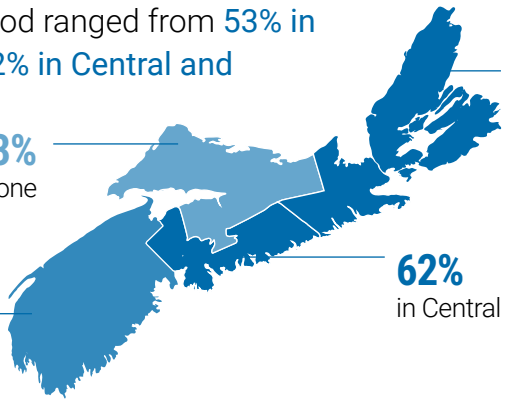
# Oral Health

Oral health is a measure of how individuals perceive their oral health. Oral health was self-rated.

59% of Nova Scotians age ≥ 12 years reported excellent or very good oral health. This was comparable to the 60% among Canadians overall.

## Health Zones

The percentage of Nova Scotians rating oral health as excellent/very good ranged from 53% in Northern Zone to 62% in Central and Eastern Zone.




## Sex

A comparable percentage of females and males rated their oral health as excellent/very good.

**62%** of females

**56%** of males

## Age

The percentage of Nova Scotians rating oral health as excellent/very good ranged from 53% (age ≥ 65 years) to 66% (age 20-44 years).


## Household Income

The percentage of Nova Scotians rating oral health as excellent/very good ranged from 45% (lowest household income) to 70% (highest household income).


## Education

The percentage of Nova Scotians reporting excellent/very good oral health was highest among those with at least a Bachelor's degree (73%).

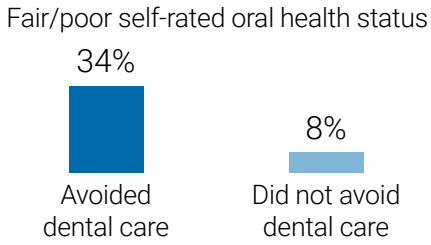
**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2022 Nova Scotia Department of Health and Wellness analysis. **Note:** The percentage of persons age ≥ 12 years in 2022 who answered "very good" or "excellent" to the question "In general, how would you rate the health of your mouth?"

# Avoiding Dental Care Because of Cost

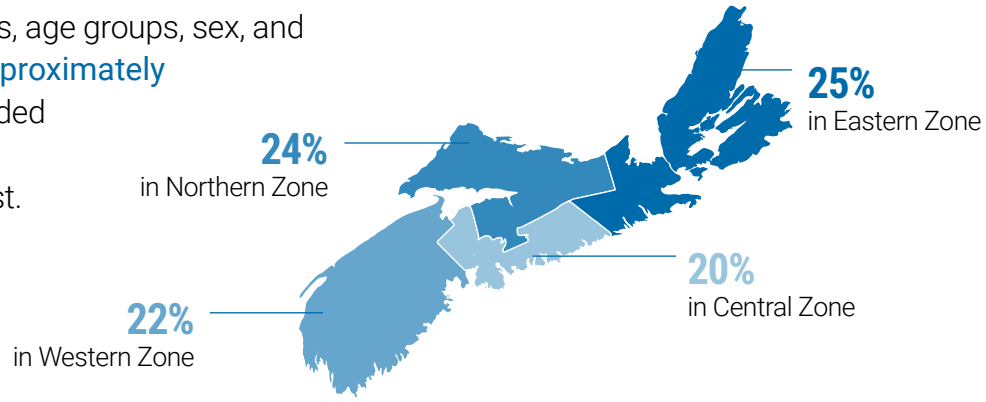
Avoiding or postponing recommended dental care because of cost can contribute to poor oral health. Avoiding dental care because of cost was self-reported.

22% of Nova Scotians age ≥ 12 years reported avoiding dental care in the past 12 months because of cost. This was comparable to the 23% among Canadians overall.

34% of Nova Scotians who avoided dental care because of cost rated their oral health as fair/poor. However, among those who did not avoid dental care due to cost, only 8% rated their oral health as fair/poor.




Across categories of zones, age groups, sex, and educational attainment approximately 1 in 5 Nova Scotians avoided dental care in the past 12 months because of cost.

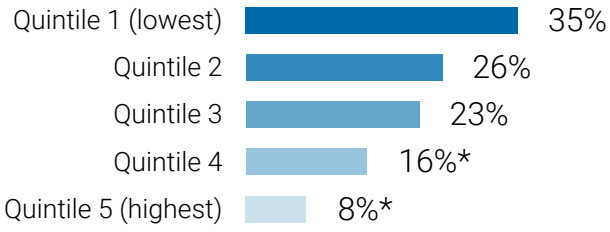



**23%** of females

**21%** of males


## Household Income

The percentage of Nova Scotians avoiding dental care ranged from 8% (highest household income quintile) to 35% (lowest household income quintile).



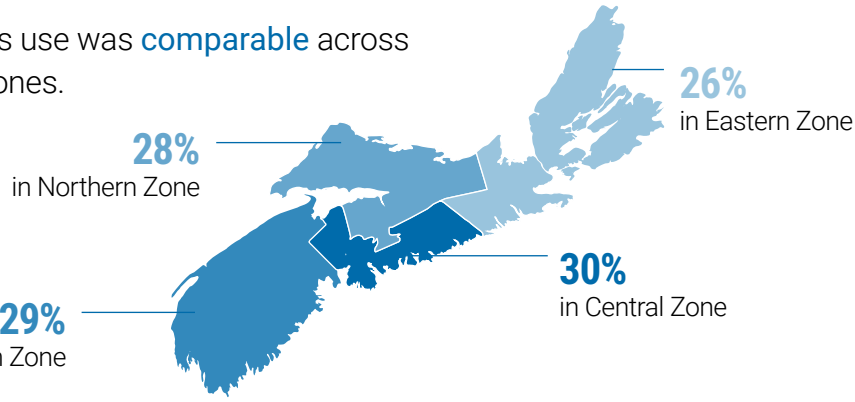

**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2022 Nova Scotia Department of Health and Wellness analysis. **Notes:** The percentage of persons age ≥ 12 years in 2022 who responded "yes" to the question "In the past 12 months, have you avoided going to a dental professional for your dental care due to the cost?". Age-specific prevalence for age 12-19 years was suppressed because of small sample size. *Sample size for these groups was small and may not fully represent the larger group the survey is intended to represent.

# Cannabis Use

29% of Nova Scotians age ≥ 12 years reported using cannabis in the past 12 months. This was higher than the 21% among Canadians overall. Cannabis use was self-reported.

## Health Zones

Cannabis use was comparable across health zones.




## Sex

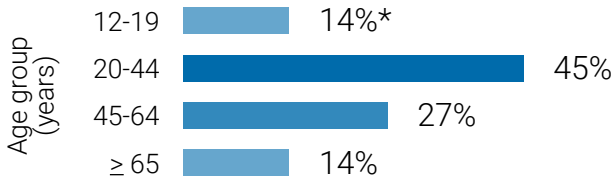
Cannabis use was lower among females than males.

25% of females

32% of males

## Age

Cannabis use was highest among those age 20-44 years (45%).

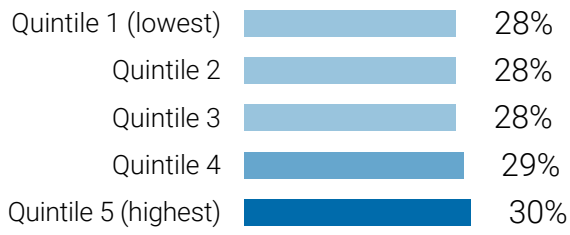



## Education

Cannabis use was lowest in individuals with less than high school completion (16%).

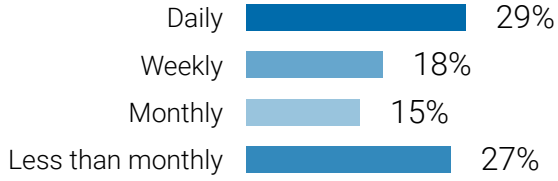
## Household Income

Cannabis use was comparable across all household incomes.




## Frequency of cannabis use

Among those reporting cannabis use in the past 12 months, cannabis was most commonly used daily (29%) and less than monthly (27%).




**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2019-2022 Nova Scotia Department of Health and Wellness analysis. **Notes:** Annualized percentage of persons age ≥ 12 years in 2019-2022 who responded "yes" to the question "Have you used cannabis in the past 12 months?" *Sample size was small and may not fully represent the larger group the survey is intended to represent.

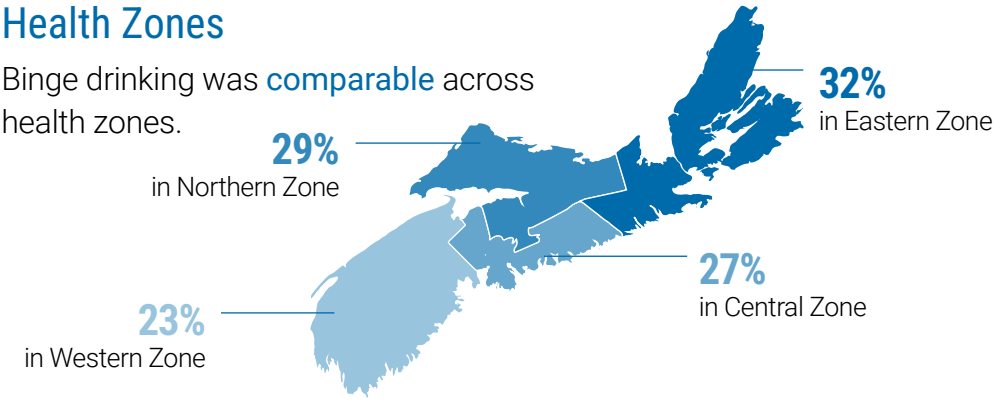
# Binge Drinking

Binge drinking is consuming excessive alcohol in a short period of time. For men, this is having ≥ 5 drinks and for females, ≥ 4 drinks on one occasion ≥ once/month in the past year. Binge drinking was self-reported.

27% of Nova Scotians age ≥ 12 years reported binge drinking. This was higher than the 24% among Canadians overall.

## Health Zones

Binge drinking was comparable across health zones.




## Sex

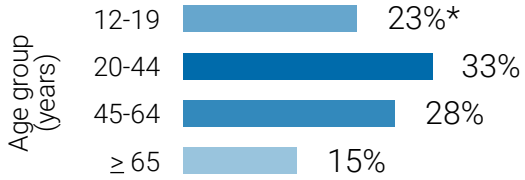
Binge drinking was lower among females than males.

22% of females

32% of males

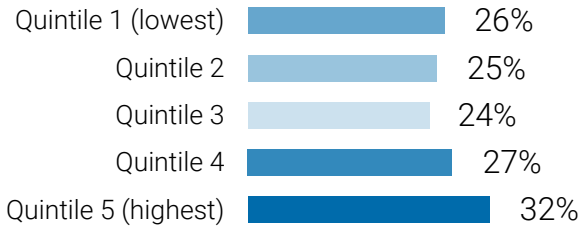
## Age

Binge drinking was lowest among those age ≥ 65 years. Approximately 1 in 3 Nova Scotians age 20-44 years reported binge drinking.




## Household Income

Binge drinking ranged from 24% (household income quintile 3) to 32% (household income quintile 5).




## Education

Binge drinking ranged from 22% (less than high school completion) to 30% (high school completion).

**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2019-2022 Nova Scotia Department of Health and Wellness analysis. **Notes:** Annualized percentage of persons age ≥ 12 years in 2019-2022 who responded with at least "once a month" to the question "How often in the past 12 months have you had [4/5] or more drinks on one occasion?". *Sample size for this group was small and may not fully represent the larger group the survey is intended to represent.

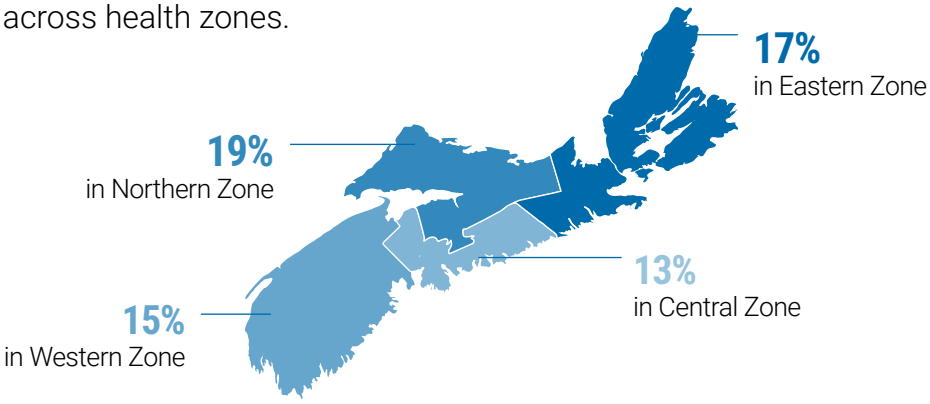
# Current Smoking

Daily and occasional smoking can increase risk of early death and tobacco-related cancers. Smoking status was based on self-report.

15% of Nova Scotians age ≥ 12 years reported they currently smoke. This was higher than the 13% among Canadians overall.

## Health Zones

Current smoking prevalence was comparable across health zones.




## Sex

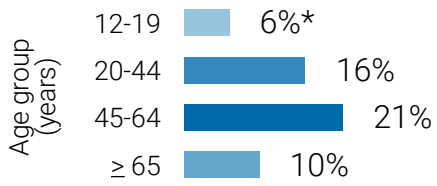
Current smoking prevalence was comparable among females and males.

**14%** of females

**17%** of males

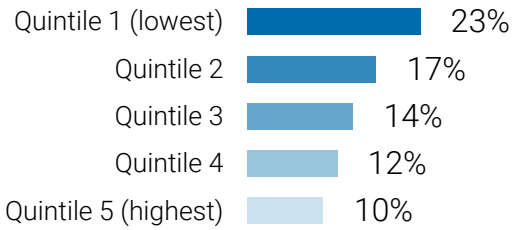
## Age

Current smoking prevalence ranged from 6% (age 12-19 years) to 21% (age 45-64 years).




## Household Income

Current smoking prevalence was highest among those with the lowest household income (23%).




## Education

Current smoking prevalence was lowest among individuals with at least a Bachelor's degree (7%).

**Data source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2019-2022 Nova Scotia Department of Health and Wellness analysis **Notes:** Annualized percentage of persons age ≥ 12 years in 2019-2022 who reported currently smoking, based derived from responses to a series of questions. Current smoking included those who reported occasional tobacco use. This includes self-made cigarettes and excludes e-cigarettes. *Sample size for this group was small and may not fully represent the larger group the survey is intended to represent.

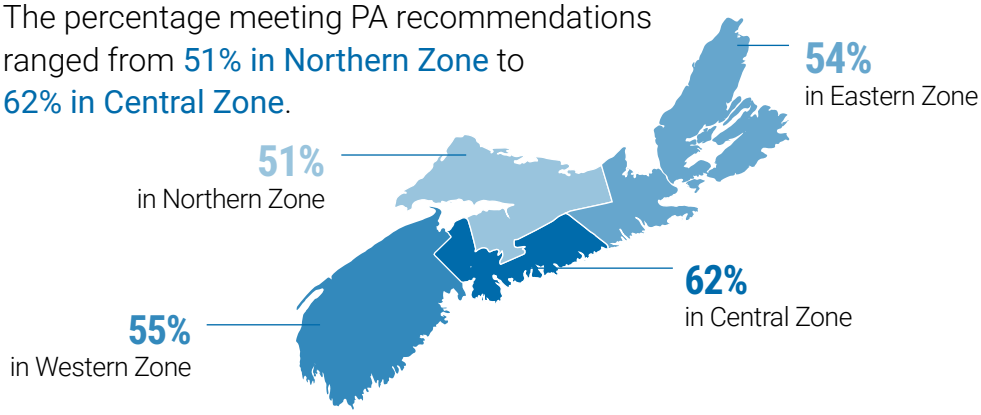
# Physical Activity (PA)

Canada's Physical Activity Guidelines recommend adults engage in ≥ 150 minutes of moderate to vigorous intensity PA each week to experience physical activity's maximum health benefits. PA was based on self-report.

58% of Nova Scotian adults reported meeting PA recommendations. This was higher than the 54% among Canadians overall.

## Health Zones

The percentage meeting PA recommendations ranged from 51% in Northern Zone to 62% in Central Zone.




## Sex

The percentage meeting PA recommendations was comparable among females and males.

**55%** of females

**61%** of males

## Age

The percentage meeting PA recommendations was lowest in those age ≥ 65 years (42%) and highest in those age18-44 years (68%).


## Household Income

The percentage meeting PA recommendations ranged from 49% (lowest household income) to 69% (highest household income).


## Education

The percentage meeting PA recommendations ranged from 40% (less than high school completion) to 71% (at least a Bachelor's degree).

**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2020-2021 Nova Scotia Department of Health and Wellness analysis. **Note:** Annualized percentage of persons age ≥ 18 years in 2020-2021 who reported ≥ 150 minutes of moderate to vigorous intensity physical activity per week derived from responses to a series of questions about their physical activity.

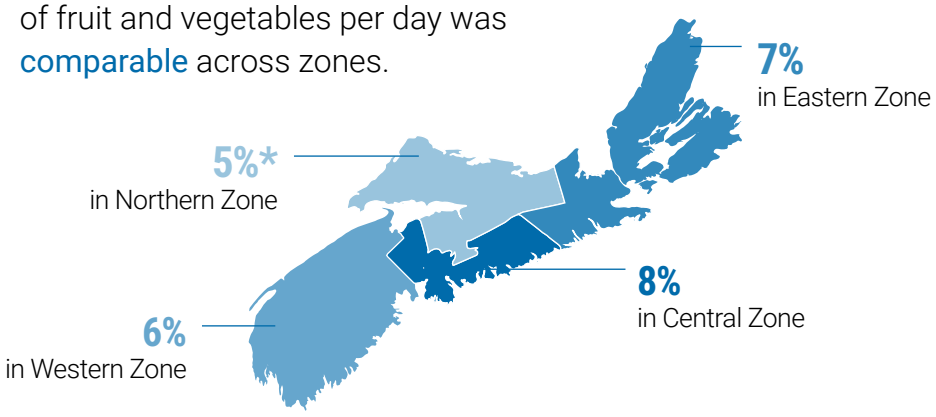
# Fruit and Vegetable Consumption

Canada's Food Guide recommends that teens and adults have ≥ 7 servings of fruits and vegetables each day. Fruit and vegetable consumption was self-reported.

7% of Nova Scotians age ≥ 12 years reported having ≥ 7 servings of fruits and vegetables per day. This was lower than the 8% among Canadians overall.

## Health Zones

The percentage consuming ≥ 7 servings of fruit and vegetables per day was comparable across zones.




## Sex

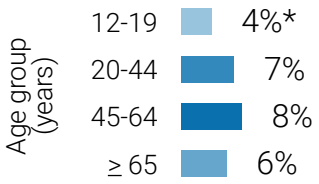
The percentage consuming ≥ 7 servings of fruit and vegetables per day was comparable among females and males.

**8%** of females

**6%** of males

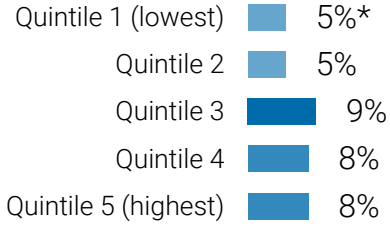
## Age

The percentage consuming ≥ 7 servings of fruit and vegetables per day was comparable across age groups.




## Household Income

The percentage consuming ≥ 7 servings of fruit and vegetables per day was comparable across all household incomes.




## Education

The percentage consuming ≥ 7 servings of fruit and vegetables per day was highest among individuals with at least a Bachelor's degree (11%).

**Data Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2019-2021 Nova Scotia Department of Health and Wellness analysis **Notes:** Annualized percentage of persons age ≥ 12 years in 2019-2021 who reported consuming fruits and vegetables ≥ 7 times per day derived from responses to a series of questions about fruit and vegetable consumption answered by direct respondents only. *Sample sizes were small and may not fully represent the larger group the survey is intended to represent.

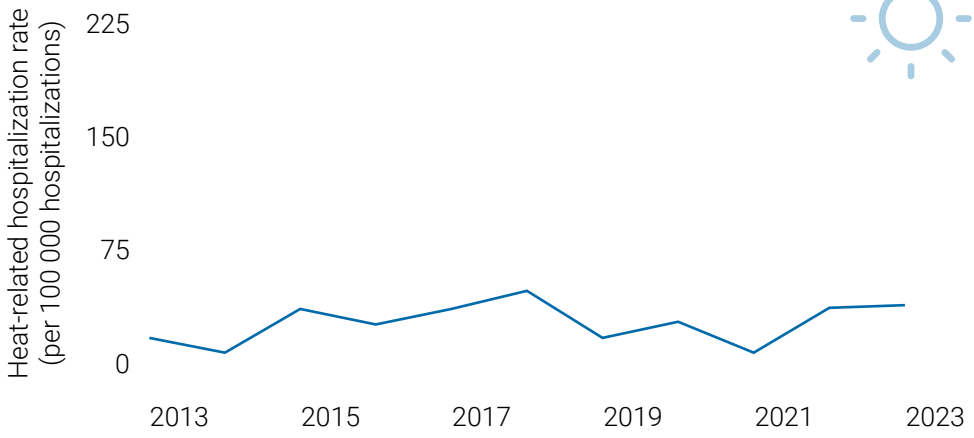
# Extreme Temperatures and Human Health

Heat and cold hospitalizations typically represent the most critical extreme temperature cases requiring inpatient care. These hospitalizations demonstrate that the effects of climate change are impacting personal health and healthcare systems. Climate change has a bigger impact on vulnerable populations. These groups include, but are not limited to, older adults, Indigenous people, people with disabilities, and people living in low-income.

## Heat

Climate projections suggest that extreme heat will become more common in Nova Scotia.[1]

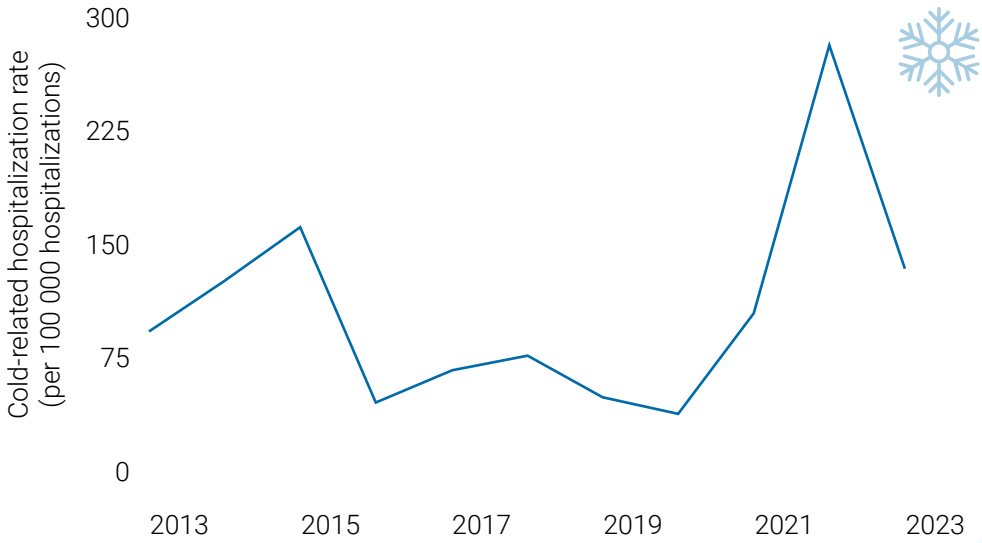
From 2013 to 2023, heat-related hospitalization rates varied yearly, ranging from 0 to 42 hospitalizations per 100 000 hospitalizations[1,2].




## Cold

Climate projections suggest that Nova Scotia will have fewer days with extreme cold and an increase in precipitation (snow and rain) in the winter and spring.[1] This can increase risk of flooding.

From 2013 to 2023, cold-related hospitalization rates varied yearly, ranging from 31 to 275 cold-related per 100 000 hospitalizations.[1,2]




**Data Sources:** [1]NS Climate Change Projections (CMIP5) | Open Data | Nova Scotia; [2]Discharge Abstract Database from Nova Scotia's acute care facilities Nova Scotia Department of Health and Wellness analysis. **Notes:** Heat waves occur when there are three or more consecutive days above the 90th percentile baseline temperature. Cold waves occur when there are three or more consecutive days below the 10th percentile baseline temperature. Vulnerable populations include seniors, Indigenous peoples, people living in low-income, people with low literacy levels, transient populations, people with disabilities, people who are medically dependent, children and youth, women, and new immigrants and cultural minorities.

# Methods

This section describes the selection of indicators, data sources, analyses, and interpretation of results.

Selection of indicators: Nova Scotia's DHW Public Health Branch led the creation of this 2026 report, which is an update of the 2015 report. Indicators in the 2015 report were selected through consultation with public health and clinical partners. Updated data were available for most indicators reported in 2015 and are included. Additionally, DHW added select indicators of emerging public health issues and priorities in Nova Scotia since 2015.

Data sources and analysis: Indicators were obtained through abstraction and analyses of multiple data sources. For abstracted data, report pages presenting indicators include links to the data source where further information on methods is available. Abstracted data were from published Statistics Canada or Open Nova Scotia data. For data analyzed for this report, details on the data source and analytic methods are described in the table below. DHW conducted abstraction and analyses from July 2024 to January 2026, using the most recent data available; years of data and age groups used for indicators differ across the report because of varying data availability. For some characteristics, categories presented in the 2026 report differ from the 2015 report because of changes in disease patterns or data collection methods across time. Definitions of indicators are provided in text and/or footnotes of the report.

The 2011 Canadian Census population was the standard population for age-standardized incidence and mortality rates. Sex and gender were defined using the terminology in the original data source. Zone level results were based on the Statistics Canada definition of Nova Scotia's health management zones; for the years of data analyzed, the geographic boundaries for the Statistics Canada definition differ slightly from the Nova Scotia Health Authority definition.

## Data Analyzed for 2026 Population Health Report

### Cancer Data

Nova Scotia Health, Cancer Care Program – Registry and Analytics conducted all analyses of Nova Scotia specific cancer counts and rates. Canadian incidence and mortality rates (which do not contain data from Quebec) were abstracted from Statistics Canada. Counts and rates for Nova Scotia and Canada are for all age groups and represent the underlying population. Incident cancer was newly diagnosed invasive cancer in the time period of interest, identified with International Classification of Diseases for Oncology 3rd edition, 2nd revision (ICD-0-3); cancer deaths were those for which cancer, identified with ICD-0-3, was the underlying cause of death. The denominator for annual rates were the census counts for the respective population during the same year as the numerator. Statistics Canada reports Nova Scotia-specific counts and rates that are lower than those in this report for at least two reasons. First, Nova Scotia results in this report include multiple primaries whereas Statistics Canada counts a single case per person; second, annual estimates from Statistics Canada site are based on a static file and do not reflect ongoing updates to provincial cancer registrations.

### Canadian Community Health Survey (CCHS)

DHW calculated a range of health characteristics using combined 2019 to 2022 CCHS data. CCHS is a telephone and internet administered cross-sectional survey of individuals age ≥ 12 years and is designed to provide population health estimates representative of Canada, provinces, and territories for persons age ≥ 12 years. For each measure, annualized percentages and 95% confidence interval (CI) were calculated using data for all years that the characteristic was measured, with exceptions on the following pages: educational attainment and household income page and self-rated physical and mental health, stress, and sense of belonging were calculated using 2022 data only. For each indicator, the denominator of percentages includes respondents who did not respond to the question about the characteristic and therefore the percentage (prevalence) with the characteristic may be underestimated. All characteristics measured in the CCHS are self-reported. During the CCHS interview, the section on chronic diseases begins with a statement asking respondents to report conditions based on health care provider diagnosis; some questions about each chronic disease do not refer to health care provider diagnosis and therefore condition status reported may not be limited to those diagnosed by a health care provider.

CCHS Continued: For each indicator, results on the page are based on the same age groups and definition. Analyses were conducted for overall population (Nova Scotia and Canada) and for Nova Scotia, stratified by age, provincial health management zone, sex, annual household income (quintiles), and highest educational attainment. Percentages were calculated for all ages for which data were collected except for results on the educational attainment and household income page which were limited to adults (respondents age ≥ 18 years). Annual household income, calculated by Statistics Canada, was from respondents' income tax returns for the previous year; results were imputed for those who did not consent to release of income information.

Sampling and bootstrap weights were applied in all CCHS analyses. Statistics Canada's release guidelines, based on sample size and coefficient of variation, were used to identify results to be suppressed or released with caution (noted in the footnotes as "Sample size for these groups were small and may not fully represent the larger group the survey is intended to represent"). CCHS methods, including sampling frame, are described elsewhere.

### Climate-Related Health Data

DHW calculated cold- and heat-related hospitalizations for 2013 to 2023 using the Discharge Abstract Database (DAD). Heat and cold-related exposure events based on International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada (ICD-10-CA): excessive natural heat (ICD-10 X30) and excessive cold (ICD-10 X31). For each temperature related outcome, hospitalization rates were calculated during the period where excessive exposure was most likely, defined in the NS Climate Change Projections data. For each year, the numerator of the rate was number of hospitalizations related to temperature event and denominator was number of all-cause hospitalizations during the year. For Nova Scotia, DAD contains hospital discharges from most acute inpatient hospitals.

### Hepatitis C Data

DHW calculated hepatitis C incidence rates using data from Panorama, Nova Scotia's public health information system of reportable diseases and immunizations. The prevalence of each risk factor was calculated among all those with hepatitis C and the denominator included cases with missing risk factor data (completeness of risk factor range=60 to 80%).

### Material Deprivation Data

NS Material Deprivation Index was calculated for Nova Scotia using 2021 Canadian Census data. Material deprivation was calculated using the following census characteristics and age groups: median individual income (≥ 15 years), count of unemployed individuals (25-64 years), and count of individuals with high school diploma (≥ 20 years). The index was derived as follows: community-level age-standardized (indirect) rate ratios calculated using the Nova Scotia 2021 population as the standard population (communities definition: NS Department of Finance Community Counts); rate ratios for characteristics with skewed distribution across communities were normalized. For each characteristic and community combination, scores - based on weighted rate ratios - were calculated, ranked in order of deprivation magnitude across communities based on magnitude, and then classified into quintiles representing level of deprivation (Mikiko Terashima, Nova Scotia Deprivation Index Constructive Guide, 2015). For this report, DHW calculated percentage of the Nova Scotia population in each quintile for material deprivation.

Interpretation of results: Differences in percentages and rates (e.g., between Nova Scotia and Canada; by subgroups) were assessed in two ways. First, for measures with variance estimates (95% CI for HALE, all CCHS measures; margin of error for life expectancy), measures were interpreted as different if CIs did not overlap. Several measures in this report were derived from a count of the entire population and therefore variance calculations are not indicated; in this case (or when variance estimates were unavailable), measures were interpreted as different when the relative percentage difference between two estimates was ≥ 10%. Tests for trends were not conducted for the report's analysis. Trends across time were interpreted as different (e.g., increasing) if interpretation of differences were described in a published report or through communication with an official representative from the data source. Results from analyses conducted by DHW are available on request.


NOVA SCOTIA