Monitor Introduction

This RRFSS Monitor describes the knowledge and knowledge seeking behaviours of Waterloo Region adults aged 18 and older when using personal services (i.e. manicure/pedicure, waxing, piercings, tattooing, etc.). The purpose of the Personal Service Setting Knowledge and Behaviour module is to determine the proportion of adults who are aware of the public health unit’s responsibility for personal service setting concerns, as well as the proportion of adults who ask about inspection results or cleaning processes for invasive or non-invasive procedures. Personal Service Setting inspection results are now available online at the Region of Waterloo Public Health through Check it! We inspect it.

From January to December of 2013 (cycles 13 through 15), 1,213 adults were asked about who they would contact if they had concerns about a personal service setting, and if they asked about inspection results or cleaning practices when receiving services. Estimates are presented with 95% confidence intervals (CI) and appear in the following format: (CI: XX.X–XX.X).

Fast Facts

- Only 24.0% (CI: 21.4–26.5) of Waterloo Region adults knew to contact Region of Waterloo Public Health about concerns pertaining to personal service settings
- Less than 1 in 20 adults who receive a non-invasive personal service procedure asked to see the inspection records of the business (4.5% (CI: 2.7–6.3))
- 9.2% (CI: 7.0–11.4) of adults who received an invasive personal service procedure asked to see the inspection records of the business

Less than a quarter of Waterloo Region adults are aware that Public Health deals with personal service setting concerns

In 2013, less than a quarter of Waterloo Region adults, 24.0% (CI: 21.4–26.5), knew to contact Region of Waterloo Public Health if they had a concern about a place that provides personal services such as manicures, pedicures, facials, piercings or tattoos.
significant differences existed by age, sex and education

A greater proportion of females than males knew to contact public health about any concerns they had with a place that provides personal services (27.0% (CI: 23.5-30.5) vs 19.7% (CI: 15.9-23.5) respectively).

As well, adults aged 45 to 64 were most aware that they should contact public health about any concerns they had with a place that provides personal services (Figure 1).

Figure 1: Per cent of adults aged 18 years and older who knew to contact public health with any concerns about a personal service setting, by age group, Waterloo Region, 2013

The proportion of adults who knew to contact public health with any concerns about a personal service setting was significantly lower for adults whose highest level of education was high school compared to adults whose highest level was a post-secondary degree (Table 1).

x,y,z ...Represent statistically significant differences between two proportions (%) with a p-value of less than 0.05, e.g., two proportions with an "x" next to them are statistically different from each other. An “F” denotes unacceptable sampling variability, and estimates or conclusions based on these data will be unreliable and most likely invalid.
Table 1: Per cent of adults aged 18 years and older who knew to contact public health with any concerns about a personal service setting, by education level, Waterloo Region, 2013

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Per cent (CI)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>15.4% (CI: 10.9-19.9)</td>
<td>x</td>
</tr>
<tr>
<td>High School Diploma</td>
<td>31.6% (CI: 21.0-42.2)</td>
<td>E</td>
</tr>
<tr>
<td>Some Post-Secondary</td>
<td>30.0% (CI: 26.3-33.7)</td>
<td>x</td>
</tr>
<tr>
<td>Post-Secondary Degree</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

x, y, z ...Represent statistically significant differences between two proportions (%) with a p-value of less than 0.05, e.g., two proportions with an “x” next to them are statistically different from each other. The superscript “E” denotes high sampling variability, and estimates must be interpreted with caution. An “F” denotes unacceptable sampling variability, and estimates or conclusions based on these data will be unreliable and most likely invalid.

Significant differences existed by household income, marital status and immigration status

In 2013, a significantly larger proportion of adults aged 18 years and older with a household income of $100,000 or more knew to contact public health about any concerns they had with a place that provides personal services in comparison to adults with a household income of $40,000 or less or adults who declined to provide their household income (Figure 2).

Figure 2: Per cent of adults aged 18 years and older who knew to contact public health with any concerns about a personal service setting, by household income, Waterloo Region, 2013

<table>
<thead>
<tr>
<th>Household income</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't know/Refused</td>
<td>16.8 x</td>
</tr>
<tr>
<td>Less than $40,000</td>
<td>20.8 y</td>
</tr>
<tr>
<td>$40,000-$69,999</td>
<td>26.3</td>
</tr>
<tr>
<td>$70,000-$99,999</td>
<td>22.7</td>
</tr>
<tr>
<td>$100,000 or more</td>
<td>33.3 x, y</td>
</tr>
</tbody>
</table>

x, y, z ...Represent statistically significant differences between two proportions (%) with a p-value of less than 0.05, e.g., two proportions with an “x” next to them are statistically different from each other.
Significantly more adults aged 18 years and older who are married or in a common-law relationship knew to contact public health with any concerns about a place that provides personal services than adults who are divorced, single or widowed (25.5% (CI: 22.3-28.6) vs 20.0% (CI: 15.8-24.3) respectively).

Additionally, adults who were born in Canada were significantly more likely to know to contact public health about any concerns they may have with a place that provides personal services than adults who have immigrated to Canada (26.9% (CI: 23.8-29.9) vs 14.4% (CI: 10.0-18.9) respectively).

No significant differences existed by geography.

One in five adults asked about cleaning and disinfection processes when receiving non-invasive personal services

A non-invasive personal service procedure includes manicures, pedicures, waxing and facial treatments. Less than 1 in 20 adults who received a non-invasive procedure asked to see the inspection results for the business where they received the procedure (4.5%E (CI: 2.7-6.3)). Whereas, 20.9% (CI: 17.3-24.5) of adults who received a non-invasive personal service procedure asked about their cleaning and disinfection processes.

No significant differences existed by age group, sex, education level, household income, marital status, geography or immigration status for adults who received non-invasive personal service procedures asking about inspection reports.

Adults aged 45 to 64 who received a non-invasive personal service procedure were most likely to ask about the cleaning and disinfection processes (Table 2).

Table 2: Per cent of adults aged 18 years and older who asked about cleaning and disinfecting processes when receiving non-invasive personal service procedures, by age group, Waterloo Region, 2013

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Per Cent (and 95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 24</td>
<td>F (19.6%CI: 13.2-25.9)</td>
</tr>
<tr>
<td>25 to 44</td>
<td>25.0% (CI: 21.7-28.6)</td>
</tr>
<tr>
<td>45 to 64</td>
<td>24.8% (CI: 20.0-30.7)</td>
</tr>
<tr>
<td>65+</td>
<td>13.7%E (CI: 7.9-19.4)</td>
</tr>
</tbody>
</table>

x,y,z ...Represent statistically significant differences between two proportions (%) with a p-value of less than 0.05, e.g., two proportions with an "x" next to them are statistically different from each other. The superscript “E” denotes high sampling variability, and estimates must be interpreted with caution. An "F" denotes unacceptable sampling variability, and estimates or conclusions based on these data will be unreliable and most likely invalid.

No significant differences existed by sex, education level, household income, marital status, geography or immigration status for adults who received non-invasive personal service procedures asking about cleaning and disinfection processes.
Over a quarter of adults who receive an invasive personal service procedure asked about cleaning and disinfection processes

An invasive personal service procedure includes permanent make-up, acupuncture, electrolysis, piercing (ears or body), tattoos and extreme body modifications. Less than 1 in 10 adults who received an invasive procedure asked to see the inspection results for the business where they received the procedure (9.2% (CI: 7.0-11.4)).

No significant differences existed by age group, sex, education level, household income, marital status, geography or immigration status for adults who received invasive personal service procedures asking about inspection reports.

Over a quarter of adults who received an invasive procedure asked about their cleaning and disinfection processes (26.8% (CI: 23.3-30.2)).

Significant differences existed by age group

In 2013, more adults aged 18 to 24 and adults aged 25 to 44 asked about cleaning and disinfecting processes while receiving invasive personal service procedures than adults aged 65 or older (Table 3).

Table 3: Per cent of adults aged 18 years and older who asked about cleaning and disinfecting processes when receiving invasive personal service procedures, by age group, Waterloo Region, 2013

<table>
<thead>
<tr>
<th></th>
<th>18 to 24</th>
<th>25 to 44</th>
<th>45 to 64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>47.7%E</td>
<td>31.6%y</td>
<td>23.9%</td>
<td>19.4%E</td>
</tr>
<tr>
<td></td>
<td>(CI: 27.8-67.5)</td>
<td>(CI: 25.2-38.0)</td>
<td>(CI: 18.9-28.9)</td>
<td>(CI: 13.1-25.6)</td>
</tr>
</tbody>
</table>

x,y,z ...Represent statistically significant differences between two proportions (%) with a p-value of less than 0.05, e.g., two proportions with an "x" next to them are statistically different from each other. The superscript “E” denotes high sampling variability, and estimates must be interpreted with caution.

No differences existed by sex, education level, household income, geography, marital status or immigration status.
About RRFSS survey

Information here is presented from the Rapid Risk Factor Surveillance System (RRFSS). RRFSS is an on-going telephone survey occurring in participating public health units across Ontario. On a monthly basis, a random sample of approximately 100 adults aged 18 and older are interviewed regarding risk behaviours of importance to public health. The survey is conducted by the Institute for Social Research (ISR) at York University, on behalf of Region of Waterloo Public Health. For more information, please visit www.rrfss.on.ca.

Analyzed Questions (Total Weighted Sample = 1220)

- If you wanted to raise concerns about a place that provides personal services, who would you contact?
- Before you had your manicure, pedicure, waxing or facial service, did you ask about inspection reports?
- Before you had your manicure, pedicure, waxing or facial service, did you ask about the process used to clean and disinfect equipment?
- Before you had your permanent make-up, electrolysis, acupuncture, ear piercing, body piercing, tattooing, or extreme body modification service, did you ask about inspection reports?
- Before you had your permanent make-up, electrolysis, acupuncture, ear piercing, body piercing, tattooing, or extreme body modification service, did you ask about the process used to clean and disinfect equipment?

Analyzed Indicators

- Per cent of adults who identify the public health unit as the place to raise concerns regarding personal service settings
- Per cent of adults with previous non-invasive personal service procedure(s) who asked about inspection reports
- Per cent of adults with previous non-invasive personal service procedure(s) who asked about the process used to clean and disinfect equipment
- Per cent of adults with previous invasive personal service procedure(s) who asked about inspection reports
- Per cent of adults with previous invasive personal service procedure(s) who asked about the process used to clean and disinfect equipment

Important definitions and cautions:

- All data were analyzed according to the RRFSS Manual of Operations. The superscript “E” denotes high sampling variability, and estimates must be interpreted with caution. The superscript “F” denotes unacceptable sampling variability, and estimates or
conclusions based on these data will be unreliable and most likely invalid. The sample was weighted to reflect the number of adults in a household.

- A "module" in RRFSS is generally a self-contained group of questions on a specific public health topic. Generally, modules may be added or taken off the RRFSS every 4 month period (cycle) of the on-going survey system.
- Confidence intervals and coefficient of variation were calculated using unweighted sample sizes and weighted estimates.
- Tests of significance were performed and statistically significant differences were determined by p-values less than 0.05.
- The survey was only administered in English, using a random digit dialing methodology and represents the behaviours, attitudes, and beliefs of adults in Waterloo Region.
- Responses which include “don’t know” and “refused” are generally removed from analysis when they represent less than 5% of the sample.

Region of Waterloo Public Health
Epidemiology and Health Analytics Team
99 Regina Street South, Third Floor
Waterloo, Ontario N2J 4V3
Canada

Phone: 519-575-4400
Fax: 519-883-2241
TTY: 519-575-4608
Website: http://chd.region.waterloo.on.ca/
Email: eha@regionofwaterloo.ca

Accessible formats of this document are available upon request. Please call the Coordinator, Marketing and Communications at 519-575-4400 ext. 2244, (TTY 519-575-4608) to request an accessible format.

Internal access to report: DOCS #1645122