

**Cardiovascular Disease
Risk Factors:
A Community Health Status
Report for Middlesex-London**



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Executive Summary

Three important modifiable risk factors for heart disease are smoking, physical inactivity and unhealthy eating. The Good Hearted Living Middlesex-London Heart Health Program launched in 1998 encouraged residents of the City of London and Middlesex County to:

- Be Smoke Free,
- Exercise Daily and
- Eat Healthy.

The overall goal of the Good Hearted Living Program was to decrease the incidence of heart disease among London and Middlesex County residents by raising the awareness of specific heart disease risk factors and by promoting and supporting heart-healthy behaviours. This provincial initiative was originally intended as a five-year project. However, recently it received extended funding to March 2008.

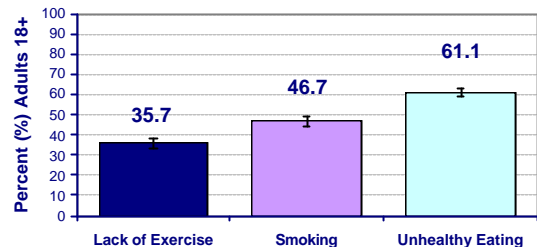
A community health status report was undertaken to measure the impact on population level changes in knowledge and behaviours related to heart disease in London and Middlesex County. This report used local data from the Rapid Risk Factor Surveillance System (RRFSS) and the Canadian Community Health Survey (CCHS) to assess the progress on Program objectives as of 2003.



Risk Factor Awareness...

Over three-quarters (77.2% ± 2.0%) of the adult population of London and Middlesex County identified at least one of three risk factors for heart disease targeted by the Program: smoking, lack of exercise and unhealthy eating. Lack of exercise, the most seldom identified, was selected by only a third of residents (Figure 1). Overall, only one tenth of residents (10% ± 1.3%) identified all three risk factors, as contributing to heart disease.

Figure 1: Overall Awareness of Risk Factors Middlesex London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 1-21

Risk factor awareness varied by age. Those over 65 years old were the least likely to identify any of the three main causes of heart disease. Individuals with university or college education were more likely to report all three causes of heart disease (12.9% ± 2.1%) compared to those who did not finish high school (3.3% ± 2.2%).

Awareness of smoking as a risk factor was the same for residents of the City of London as for those of Middlesex County. However, residents of London were more likely to identify unhealthy eating (63.2% ± 2.6%) and lack of exercise (37.1% ± 2.5%) as risk factors for heart disease compared to Middlesex County (unhealthy eating 55.4% ± 4.5% and lack of exercise 31.4% ± 4.2%).

Be Smoke Free...

Nearly half of those over 18 years old in London and Middlesex County reported having never smoked (47.4% ± 2.1%). Still, almost one quarter of adults were current smokers (23.7% ± 1.8%). Rates were higher in males (25.6% ± 2.7%) than in females (22% ± 2.4). A lower proportion of youth aged 12 to 19 years old smokers were most likely to identify smoking as a risk factor for heart disease (70.7% ± 4.2%) compared to 46.6% (± 4.1%) of former smokers and 35.2% (± 3.1%) of those who have never smoked.

Current smokers were less likely to consider unhealthy eating (47.5% ± 4.7%) and lack of exercise (22.1% ± 3.9%) as risk factors for heart disease compared to non-smokers.

Exercise Daily...

Close to half of all London and Middlesex County residents 12 years and older were physically active (24.1% \pm 2.7%) or moderately active (21.8% \pm 2.3%). Males were more physically active or moderately active (50% \pm 3.4%) than females (43% \pm 3.4%). Physical activity was lower in older age groups. The most active London-Middlesex residents were those ages 12 to 19 years with 61% (\pm 9.2%) being active or moderately active.

Over 80% of London-Middlesex residents were aware of the area's walking trails and bicycle paths. Just over half of all residents reported using the trails in the past 12 months (54.7% \pm 2.4%). A greater proportion of City of London residents (59.7% \pm 2.8%) used the trails compared to residents of Middlesex County (41.9% \pm 4.6%).

Eat Healthy...

The recommended daily consumption of fruits (2-4 servings) and vegetables (3-5 servings) is part of a healthy diet and helps prevent symptoms of heart disease. In London-Middlesex consumption of these recommended amounts was more common in women (40.2% \pm 3.0%) than men (24.4% \pm 2.8%) and was higher in older age groups (46.3%, \pm 6.5% for men and women over 65).

One third of adults between 20 and 64 years were considered overweight by Canadian Body Mass Index (BMI) Standards (33.2% \pm 2.3%). Adult men (40.8% \pm 3.4%) were more likely to be overweight than were women (25.5% \pm 3.1%). However, no differences in awareness of unhealthy eating or lack of exercise were observed for those overweight (BMI > 27) compared to those with healthy weight (BMI 20-24.9) or some excess weight (BMI 25-27). Similarly, residents who were overweight were as likely to consume the daily recommended amounts of fruits and vegetables (31.5% \pm 3.8) as those with healthy weight status (32.7% \pm 3.4%) or some excess weight (35.1% \pm 5.2%).

Overall, 43% (\pm 3.4%) of residents reported that they had heard or read something about Eat Smart!, Ontario's Healthy Restaurant Program. However, only 12% had eaten at a designated restaurant.

Progress on Good Hearted Living Objectives

In 1998 the Good Hearted Living Program set local objectives for London-Middlesex. The following assesses the progress made by the Program as of March 2003:

Achieved

- ✓ Less than 31% of males over 15 will be smokers
- ✓ Less than 23% of females over 15 will be smokers
- ✓ Increased awareness of walking trails

Progress

- Less than 16% of youth (12-19) will be smokers
- At least 53% of males over 15 will exercise regularly
- At least 59% of youth will participate in daily physical activity
- Increased awareness of Eatsmart! Restaurant Program
- Increased awareness and knowledge of risk factors for heart disease

Work Needed

- ▲ At least 48% of females over 15 will exercise regularly
- ▲ Less than 30% of adult males will be overweight (BMI > 27)
- ▲ Less than 23% of adult females will be overweight (BMI > 27)

Introduction

The Good Hearted Living Program, Middlesex-London Heart Health Program was launched in 1998 to promote heart health and healthy living. The overall goal of the Program was to decrease the incidence of heart disease among London and Middlesex County residents by raising the awareness of heart disease risk factors and by promoting and supporting heart healthy behaviours.

Certain behaviours or risk factors increase the likelihood of developing heart disease. Three important modifiable risk factors for heart disease are smoking, physical inactivity, and unhealthy eating (Heart & Stroke Foundation, 2000). Through community action teams the Good Hearted Living Partners implemented a series of programs to encourage residents of Middlesex-London to be smoke-free, exercise daily, eat lower fat foods and maintain a healthy weight.

This community health status report was undertaken to measure the population level changes in knowledge and behaviours related to heart disease in the City of London and Middlesex County throughout the duration of the Good Hearted Living Program. It is meant to be both a tool for assessing the progress made by the Program over the past five years and an instrument for identifying the areas that need improvement in order to plan future initiatives related to heart health.

This report is organized in eight sections and addresses the following:

- Risk Factor Awareness
- Adult Smoking
- Youth Smoking / Access to Tobacco by Minors
- Smoke-free Places
- Physical Activity
- Healthy Eating
- Healthy Weights
- Multiple Risk Factors

Each section includes a snap shot of “Key Findings” followed by a review of indicators related to heart disease analyzed by demographic characteristics. Each progress indicator was considered by: age group, sex, household income level, education level, and region (City of London or Middlesex County). Local data from the Rapid Risk Factor Surveillance System (RRFSS 2001/02), the Canadian Community Healthy Survey (CCHS 2000/01) and the National Population Health

Survey (1996/97) were used to measure population levels of awareness and behaviour. A “Summary of Progress” considers these levels and assesses the progress made relative to the program objectives. “Data and Methods” and “Definitions” are included at the end of each section. Complete data tables for all indicators can be found in the appendices.

Objectives

To measure the impact of changes in knowledge and behaviours related to heart disease for Middlesex-London, the report compared local health status information with established program objectives outlined below which were set by both the local Good Hearted Living Program and the Mandatory Health Programs and Services Guidelines of the Ontario Ministry of Health and Long Term Care and the Ontario Heart Health Program (Mandatory Guidelines, 1997).

Local Heart Health Behavioural Objectives

By March 2003:

- less than 31% of males over 15 will be smokers
- less than 23% of females over 15 will be smokers
- less than 16% of youth (12 – 19) will be smokers
- less than 30% of adult males will be overweight (have a BMI over 27)
- less than 23% of adult females will be overweight (have a BMI over 27)
- at least 53% of males over 15 will exercise regularly
- at least 48% of females over 15 will exercise regularly
- at least 59% of youth will participate in daily physical activity

Local Heart Health Knowledge-based Objective

By March 2003 there will be an:

- increased awareness of the Eat Smart! Restaurant Program
- increased awareness and knowledge of risk factors for heart disease among residents
- increased number of residents aware of area walking trails and bicycle paths

Ontario Mandatory Health Programs and Services Guidelines

- Reduce the proportion of 12 – 19 year-olds who smoke daily to 10% by the year 2005
- Reduce proportion of adult women and men who smoke daily to 15% by the year 2005.
- Increase proportion of smoke-free public places & workplaces to 100% by the year 2005.
- Increase the proportion of smoke-free homes by the year 2010.
- Increase to 75%, the proportion of the population age four and older consuming 5+ servings of vegetables & fruits daily by the year 2010.
- Slow the decrease in the proportion of adults ages 20-64 with healthy weight status (BMI 20-27) by the year 2010.

Methods

All data for 2001 and January through September 2002 are from the Rapid Risk Factor Surveillance System (RRFSS) conducted for the Middlesex-London Health Unit (MLHU) by the Institute of Social Research, York University. Data were collected in a series of twenty-one waves of a monthly telephone survey. Households were chosen randomly from all households with telephones in Middlesex-London and respondents 18 years and older were systematically selected from each household for the adult that had the next birthday in the household. Once an individual was identified as the person with the next birthday in the household, every effort was made to complete the interview with the appropriate respondent. Although on average 5 calls were made to a single household in order to complete the interview with the designated respondents in this survey, up to 9 contacts was standard practice.

The sample was weighted to account for each respondent's probability of being selected within households of different sizes. Designated respondents who refused to respond to individual questions within each of the sections were excluded prior to calculating proportions provided the refusal category represented less than 5% of the total respondents. Non-responders for descriptive or demographic variables were excluded in each individual table prior to calculation of percentages. However, non-responses to individual questions were included in the calculation of the proportion of respondents who did not answer if non-response to individual questions was larger than 5%. Difference in proportions were considered statistically significant at $p < 0.05$. All weighted proportions were provided with 95% confidence intervals. Bar charts include error bars illustrating 95% confidence intervals.

This report also included data collected from September 2000 to November 2001 from the first cycle of the Canadian Community Health Survey (CCHS). The survey collected information by telephone from individuals aged 12 and older, in the Middlesex-London Health Unit area. The target population of the CCHS included household residents aged 12 and older but excluded Indian Reserves, Canadian Forces Bases and some remote areas.

Data from the second cycle (1996/97) of the National Population Health Survey (NPHS) was also included in this health status report where it was indicated. Similar to the CCHS, the NPHS collected information by telephone from individuals in the Middlesex-London Health Unit area and the target population included household residents aged 12 and older but excluded Indian Reserves, Canadian Forces Bases and some remote areas.

Each population level progress indicator is presented with a confidence interval. Confidence intervals represent the distribution within which the true score would occur 95% of the time and the degree of variability associated with a rate. Wide confidence intervals indicate high variability. If the confidence intervals between two estimates overlap, then the two estimates were not considered to differ from each other at a statistically significant level and the difference between the two scores could have occurred by chance. When the confidence intervals did not overlap then the scores are considered to be truly different from each other 19 out of 20 times. Suppression of data occurred when the number of responses that fell into a certain category was less than 30. These numbers were suppressed because the variance of estimates based on groups of less than 30 people can be large, resulting in unreliable estimates.

References

Heart & Stroke Foundation. The changing face of heart disease and stroke in Canada. 2000.

Mandatory Health Programs and Services Guidelines. Queen's Printer for Ontario. December 1997. [www.gov.on.ca/MOH/english/pub/pubhealth/manprog/manprog.html]

Chapter 1 – Risk Factor Awareness

Key Findings

In Middlesex-London:

- 3 out of 4 adults in Middlesex-London identified at least one risk factor associated with heart disease
- Awareness of nutrition as a risk factor for heart disease is greater than for smoking or exercise
- Less than half of the population identified smoking and lack of exercise as risk factors for heart disease
- Lower awareness of risk factors among those age 65 and older
- Higher awareness of risk factors in those with higher education
- No differences in risk factor awareness between men and women

Background

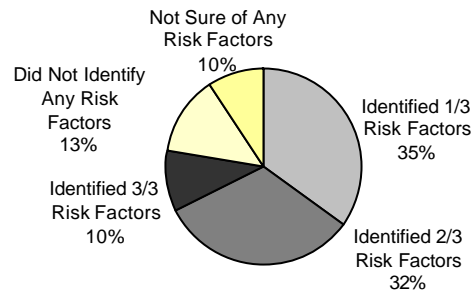
The Good Hearted Living Program aimed to increase awareness and knowledge of risk factors for heart disease in the population. The adult population's ability to identify three modifiable risk factors (smoking, inactivity and unhealthy eating) was examined. Unhealthy eating as a risk factor for heart disease included poor diet (not eating properly, overeating, and poor choice of food) as well as eating too many fatty foods and foods high in cholesterol. Lack of exercise as a risk factor for heart disease included lack of exercise and being overweight or obese. Smoking as a risk factor for heart disease included smoking and tobacco use.

Heart Disease Risk Factor Awareness: Overall Awareness

Over three-quarters (77.2% ± 2.0%) of the adult population surveyed were able to correctly identify at least one of the three risk factors associated with heart disease (Figure 1.1). Just over a third (35.0% ± 2.0%) identified only one of the three risk factors, 32.5% (± 2.0%) identified two of the three risk factors and only 10.0% identified the three risk heart disease factors of unhealthy eating, smoking and lack of exercise.

Figure 1.1: Proportion of Adults who Identified Unhealthy Eating Smoking and/or Lack of Exercise as Risk Factors for Heart Disease

Adults 18+, Middlesex-London Health Unit, 2001/02



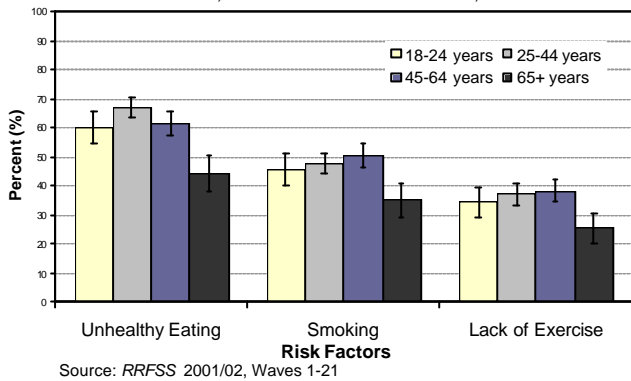
Source: RRFSS 2001/02, Waves 1-21

Heart Disease Risk Factor Awareness: Smoking

Smoking contributes to and significantly increases the incidence of all major forms of heart disease. Smokers have a 70% greater chance of dying from heart disease than non-smokers. Stopping smoking reduces the risk to an individual of smoking-related cardiovascular disease by approximately 50% within one year, and to the same level as someone who has never smoked within five years.

Less than half of residents of the City of London and Middlesex County identified smoking as a risk factor for heart disease (46.7% ± 2.2%). There was little difference in the proportion of women (44.1 ± 3.0%) that reported smoking as a risk factor for heart disease compared to men (49.6 ± 3.3%). There were significant differences by age groups. Awareness of smoking as a risk factor for heart disease was significantly lower for those aged 65 years and older (35.1%, ± 5.9) as compared to those aged 25 to 44 years (47.7% ± 3.6%) and those 45 to 64 years (50.7% ± 4.0%) (Figure 1.2). No differences in the awareness of smoking as a risk factor for heart disease were observed between education level and income levels.

Figure 1.2: Awareness of Targeted Risk Factors for Heart Disease by Age Group
Adults 18+, Middlesex-London Health Unit, 2001/02

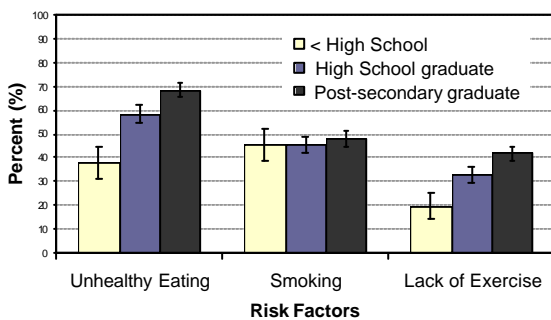


Heart Disease Risk Factor Awareness: Unhealthy Eating

Overall, unhealthy eating, which included poor diet (not eating properly, overeating, and poor choice of food), was considered a risk factor by 61.1% ($\pm 2.2\%$) of those aged 18 and over. A greater proportion of those in the age group 25 to 44 years recognized nutrition as a risk factor (67.1% $\pm 3.5\%$) than those in the age group 65 years and older (44.2% $\pm 6.3\%$) (Figure 1.2).

When considering level of education, the highest proportion of individuals surveyed who considered unhealthy eating as a risk factor for heart disease were those with post secondary education. Of those with post secondary education, just under 70% reported unhealthy eating to be a risk factor for heart disease as compared to 38% of those who did not complete high school (Figure 1.3).

Figure 1.3: Awareness of Targeted Risk Factors for Heart Disease by Level of Education
Adults 18+, Middlesex-London Health Unit, 2001/02

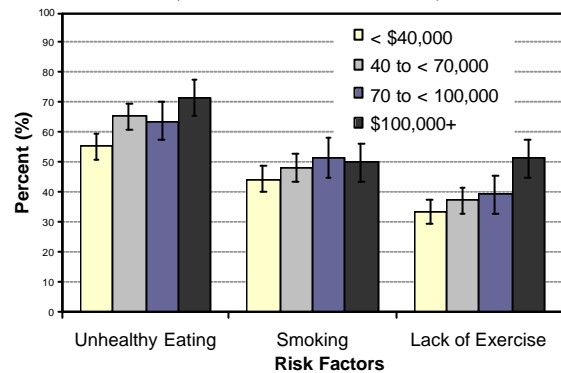


Heart Disease Risk Factor Awareness: Lack of Exercise

Approximately one-third or residents reported that lack of exercise was a main cause of heart disease (35.7% ± 2.1). There were no differences between males and females in the proportion reporting lack of exercise as a risk factor for heart disease. Awareness of lack of exercise as risk factor was lower for those in the age group 65 years and older as compared to younger age groups. Only 25.4% ($\pm 5.4\%$) of those aged 65 years and older reporting lack of exercise as a main cause of heart disease (Figure 1.2). Level of education was positively associated with awareness of lack of exercise as a risk factor for heart disease; 41% with a post secondary education reported lack of exercise as a main cause of heart disease whereas only 19% with high school identified exercise as a risk factor (Figure 1.3).

Awareness of lack of exercise as a risk factor for heart disease varied by income groups. Respondents with the highest incomes (greater than \$100,000) were most likely to report lack of exercise as a risk factor for heart disease at 51.3% ($\pm 6.5\%$), compared to those earning less than \$40,000 where only 33.2% ($\pm 4.0\%$) identified lack of exercise as a risk factor for heart disease (Figure 1.4).

Figure 1.4: Awareness of Targeted Risk Factors for Heart Disease by Level of Household Income
Adults 18+, Middlesex-London Health Unit, 2001/02



Risk factor awareness levels for smoking, unhealthy eating and lack of exercise were similar for the City of London and Middlesex County. However, small differences were found in the proportion of residents aware of unhealthy eating and lack of exercise as risk factors for heart disease between these groups. Residents of the City of London were more likely to identify unhealthy eating as a risk factor (63.2% $\pm 2.6\%$) as compared to Middlesex County residents (55.4% $\pm 4.5\%$). No differences were seen between the

two regions in the awareness of smoking or exercise as risk factors of heart disease were observed.

Summary of Progress

Objective: Increased awareness and knowledge of risk factors for heart disease among residents by March 2003.

Assessment: **Progress**

Evaluation shows that 77% ($\pm 2.0\%$) of residents can identify at least 1 of 3 risk factors of heart disease: unhealthy eating, lack of exercise or smoking. Lack of exercise, the most seldom identified, was only selected by a 36% ($\pm 2.1\%$) of residents surveyed.

Data that measured the awareness of risk factors for heart disease among the residents of the City of London and Middlesex County was not available prior to the launch of the Good Hearted Living Program. Therefore it is not possible to fully assess the progress made by the Program related to the local objective to increase awareness and knowledge of risk factors for heart disease. However, over three-quarters of respondents were able to correctly identify one of the three risk factors of heart disease. Yet, the comparison between risk factors shows that there is considerable room for improvement to be made in the awareness of lack of exercise as a risk factor for heart disease. These results could now serve as baseline information for future evaluations and as indications of areas of where additional focus may be warranted.

Data and Methods

All twenty-one waves included questions related to heart disease risk factor awareness. The unweighted sample consisted of 1921 respondents from London and Middlesex County. Non-responses to individual questions were included in the calculation of the proportion of respondents who did not select the given risk factor. Bar charts include error bars illustrating 95% confidence intervals. Detailed tables for Chapter 1 are located in Appendix A: Heart Disease Risk Factor Tables (Source: RRFSS 2001/02, Waves 1-21).

Definitions

Awareness of risk factors for heart disease:

Respondents volunteered responses to the question: "In your opinion, what are the main causes of heart disease?"

- Smoking as a risk factor for heart disease included smoking or tobacco.
- Unhealthy eating as a risk factor for heart disease included poor diet (not eating properly, overeating, and poor choice of food) as well as eating too many fatty foods and foods high in cholesterol.
- Lack of exercise as a risk factor for heart disease included questions about lack of exercise and being overweight/obese.

Chapter 2 – Smoking Behaviour

Key Findings

In Middlesex-London:

- Smoking rates have declined in the past 10 years
- 1 in 5 adults smoke daily in London and Middlesex County
- A higher proportion of women than men reported having never smoked
- The rate of smoking is twice as high in adults who did not finish high school as compared to those with a post secondary education

Background

Cigarette smoking is a leading cause of preventable illness, estimated to cause 12,000 deaths in Ontario each year (www.cctc.ca). Smoking contributes to and significantly increases the incidence of all major forms of heart disease including cardiovascular disease. Smokers have a 70% greater chance of dying from heart disease than non-smokers.

The impact of tobacco use costs Ontario billions of dollars in health care costs. It has been demonstrated that a decline in the prevalence of smoking by just one percent could save Canada more than 50 million dollars in health care costs (www.cctc.ca).

The Province of Ontario has an objective to reduce the proportion of adults who smoke daily to 15% by the year 2005 and to reduce the proportion of youth (12 – 19 year olds) that smoke daily to 10% by the year 2005 (Mandatory Guidelines, 1997).

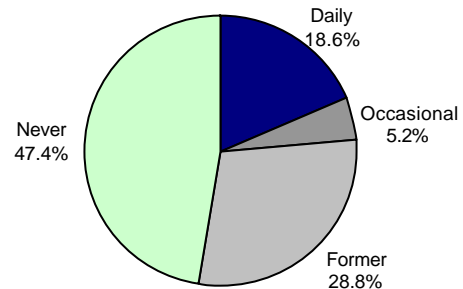
In 1998, the Good Hearted Living Program of Middlesex-London set local, five-year objectives. The objectives were that by March 2003, less than 31% of males and less than 23% of females over the age of 15 would smoke in the City of London and Middlesex County. These objectives were based on what was known at the time about the prevalence of daily smokers in Middlesex-London according to the Ontario Health Survey, 1990. Results reported in this section pertain to the adult population (age 18 and older). Youth smoking behaviour is discussed in the next section.

Smoking Prevalence

In 2001/02, less than one quarter (23.7% \pm 1.8%) of adults aged 18 years and older in London and Middlesex County were current smokers. Close to twenty percent smoked daily (18.6% \pm 1.7%) and an additional 5.2% (\pm 0.9%) smoked occasionally. Former smokers were slightly more common (28.8% \pm 2.0%) than current smokers and nearly half of all adults (47.4% \pm 2.1%) reported that they had never smoked (Figure 2.1).

Figure 2.1: Middlesex-London Resident Smoking Status

Adults 18+, Middlesex-London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 1-21

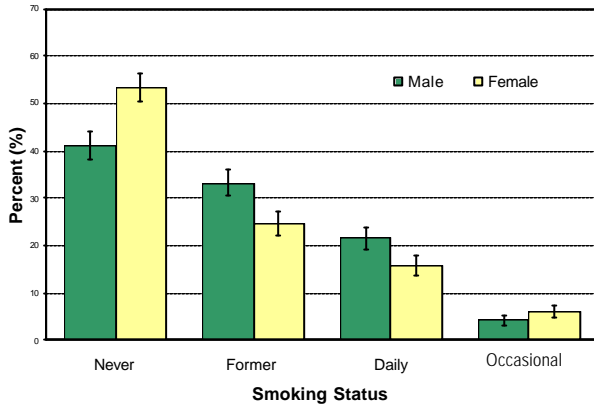
Socio-Demographic Differences

Slightly more people living outside the City of London but within Middlesex County were daily or occasional smokers. One quarter (25.0% \pm 3.7%) of those living in Middlesex County were current smokers with 18.6% (\pm 3.3%) of the population reporting that they smoked daily and 6.4% (\pm 2.1%) reporting to be occasional smokers. In comparison, 23.0 (\pm 2.1%) living within the City of London were current smokers, 18.4% (\pm 1.9%) smoking daily and 4.7% (\pm 1.1%) smoking occasionally.

There was a difference between the proportion of smokers by sex and age. More males than females smoke. Twenty-six percent of males were current smokers, smoking either daily (21.5% \pm 2.5%) or occasionally (4.2% \pm 1.2%). In comparison, 22% (\pm 2.4%) of females were classified as current smokers with 15.9% (\pm 2.2%) of females smoking daily and 6.1% (\pm 1.4%) smoking occasionally. A significantly

higher percentage of women than men (53.3% vs. 41.0%) reported never having smoked (Figure 2.2).

Figure 2.2: Smoking Status by Gender
Adults 18+, Middlesex-London Health Unit, 2001/02

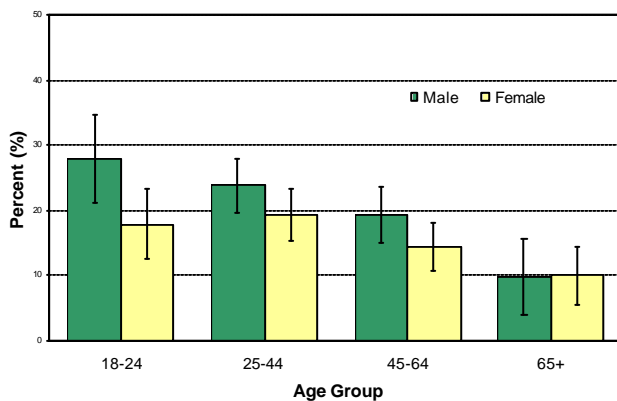


Source: RRFSS 2001, Waves 1-21

When considering age, the highest proportion of current smokers was found among those aged 18-24 (30.3% ± 4.7%) and 25-44 (28.3% ± 3.1%); similarly this age group reported the highest percentage of daily smokers (22.6% ± 4.3%, 21.7% ± 2.9%). In comparison, the proportion of current smokers for those aged 45-64 and 65 years and older was lower at 20.0% (± 3.1%) and 12.3% (± 4.5%) respectively with a significant difference existing between the youngest and oldest age groups. For each group, approximately one-fifth of current smokers reported that they smoked only occasionally.

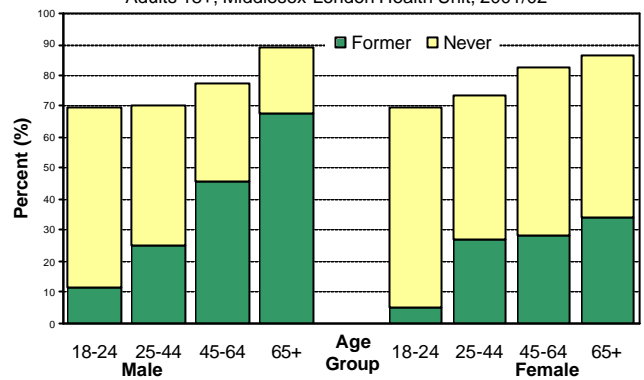
Within each age group, the proportion of non-smokers is similar for both males and females. However, in the older age groups, there was a significantly greater proportion of former smokers in males than in females (Figure 2.4).

Figure 2.3: Daily Smokers by Gender and Age Group
Adults 18+, Middlesex-London Health Unit, 2001/02



Source: RRFSS 2001, Waves 1-21

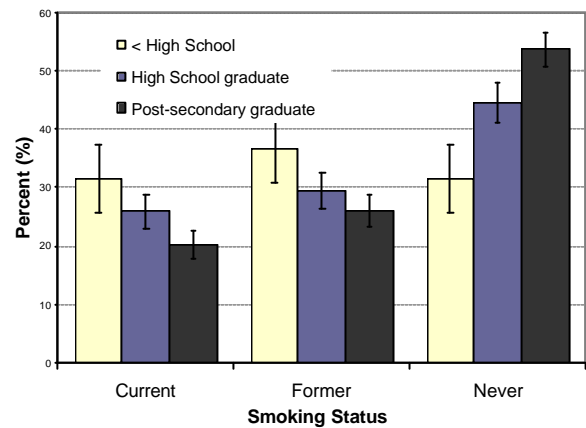
Figure 2.4: Former and Never Smokers by Gender and Age Group
Adults 18+, Middlesex-London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 1-21

Smoking status also varies by education and income groups. An inverse relationship appears to exist between the level of education and likelihood of being either a current or former smoker. Those with a post secondary education were significantly less likely to be smokers than those with less education. Only 20.3% (± 2.4%) of post-secondary graduates were smokers, compared to 31.6% (± 5.8%) of adults who did not finish high school.

Figure 2.5: Smoking Status by Level of Education
Adults 18+, Middlesex-London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 1-21

Few differences in smoking status were observed by household income. The lowest rate of current smokers, when considering household income, was reported for those with annual incomes between \$50,000 to \$100,000. Respondents with income levels greater than \$100,000 had the highest incidence of being current smokers (25.5% ± 5.6%).

Readiness to Quit

Readiness to quit smoking (contemplation) is one of the first steps in the stages of change model. People in this stage represent the potential target group for smoking cessation courses or cessation aids. Three quarters of current daily or occasional smokers expressed a desire to quit smoking in the future. Nearly 1 in every 5 smokers reported that they wanted to quit within 30 days of the interview. An additional 46.1 % ($\pm 4.4\%$) of smokers reported that they planned to quit within 6 months and 8.7% ($\pm 2.5\%$) wanted to quit but were not sure when they would quit. Another 4% ($3.7\% \pm 1.7\%$) of smokers were unsure whether they would quit or not.

Summary of Progress

Local Objective: Less than 31% of males over 15 years will be smokers by March 2003

Assessment: **✓ Achieved**

*Partial evaluation shows that only **25.6%** ($\pm 2.7\%$) of males 18 years and older are smokers.*

Local Objective: Less than 23% of females over 15 years will be smokers by March 2003

Assessment: **✓ Achieved**

*Partial evaluation shows that only **22%** ($\pm 2.4\%$) of females 18 years and older are smokers.*

Provincial Objective: Reduce the proportion of adult women and men who smoke daily to 15% by the year 2005

Assessment: **✓ Achievable**

*Evaluation shows that **15.9%** ($\pm 2.2\%$) women and **21.5%** ($\pm 2.5\%$) of men 18+ smoke daily.*

The results above are encouraging in that they appear to be consistent with the Good Hearted Living objectives for London and Middlesex County with the reported proportions of current smokers for males and females of 25.6% and 22% being lower than the corresponding target objectives of 31% and 23%. However, the population data that is currently available does not include anyone between the ages of 15 to 19, therefore a direct comparison to the objectives cannot be made.

There is still a substantial gap between the proposed provincial target rates and the current rates for men (20%) in London and Middlesex County. However for women of Middlesex-London, whose current daily smoking rate is 14.5%, this target has been met.

Data and Methods

An unweighted sample consisting of 2110 respondents from London and Middlesex County was used for the evaluation of smoking behaviour. The sample was weighted to account for each respondent's probability of being selected within households of different sizes. All twenty-one waves included questions related to smoking status. Those that did not respond to any individual question were excluded prior to calculating proportions provided the non-response category represented less than 5% of the total respondents. Difference in proportions were considered statistically significant at $p < 0.05$. Bar charts include error bars illustrating 95% confidence intervals. All weighted proportions were provided with 95% confidence intervals.

Appendix B: Smoking Behaviour includes tables of smoking status by selected demographic variables (gender, age, education, household income, region and language spoken at home).

Definitions

Smoking - Current smokers - Respondents who were smoking at the time of the interview, and included daily smokers and occasional smokers (also known as non-daily smokers). Smoking status was determined from the response to the question: "Currently do you smoke cigarettes everyday, some days, or not at all". This question was asked only to those who indicated that they had smoked at least 100 cigarettes in their lifetime.

Smoking - Daily smokers - Respondents who reported smoking at least one cigarette per day for each of the 30 days preceding the survey.

Smoking - Occasional smokers - Respondents who reported smoking at least one cigarette during the past 30 days preceding the survey, but not every day.

Smoking - Former smokers - Respondents who were not smoking at the time of the interview but answered "Yes" to the question "Have you smoked at least 100 cigarettes in your life?".

Smoking - Never smokers - Respondents who were not smoking at the time of the interview and answered “No” to the question “Have you smoked at least 100 cigarettes in your life?”

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Chapter 3 – Youth Smoking / Access to Tobacco by Minors

Key Findings

In Middlesex-London:

- Proportion of daily smokers among youth has decreased.
- Nine out of 10 youth between the ages of 12 and 14 report never smoking.
- Approximately 10% of youth (12-19) smoke daily.
- Half of residents do not know a person in Ontario has to be 19 years old to buy cigarettes.
- 4 out of 5 adults think that stores that ignore the law and sell tobacco to minors should no longer be allowed to sell tobacco

Background

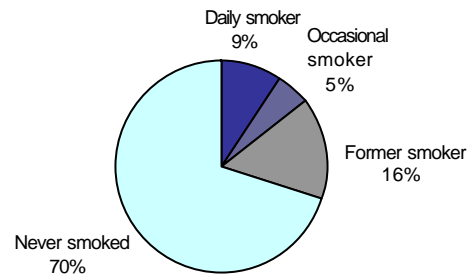
Despite the fact that the proportion of Canadians who smoke daily is decreasing, adolescents aged 15 to 19 years of age have been shown to be smoking at an increasing rate. In 2000 about 25% of Canadian youth reported smoking, compared to only 21% in 1990 (Health Canada, 2000). It has been reported that the smoking habit tends to begin during the teenage years; earlier initiation of smoking has been associated with heavier smoking and results in an earlier onset of health related conditions (Ontario Tobacco Research Unit, 2002).

The Province of Ontario has an objective to reduce the proportion of youth (12 – 19 year olds) that smoke daily to 10% by the year 2005. In addition to media campaigns to discourage youth from smoking, limiting their access to cigarettes has also been part of the strategy. Increasing public awareness of the legal age at which tobacco products can be purchased contributes to limiting youth access to tobacco.

Youth Smoking

In 2000/01, 14.2% ($\pm 6.1\%$) of Middlesex-London youth (12-19 years) were either daily or occasional smokers (Figure 3.1).

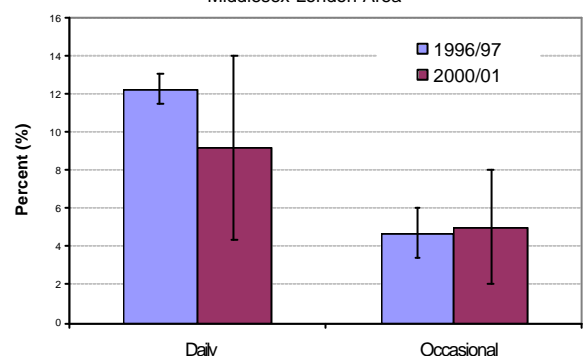
Figure 3.1: Youth Smoking Status
Ages 12-19, CCHS 2000/01, Middlesex-London Area



Source: CCHS 2000/01

This represents a slight improvement from 1996/97 when 17% ($\pm 1.5\%$) of youth in this area were reported to be daily or occasional smokers (Figure 3.2). There was no significant change in the proportion of youth reporting occasional smoking however there was a decrease in daily smokers. Fewer than 10% of youth (12-19 year olds) smoked daily in 2000/01 compared to 12.3% of whom smoked daily in 1996/97, resulting in an overall decrease in youth smoking (Figures 3.2).

Figure 3.2: Youth Smoking Status
Ages 12-19, NPHS 1996/97 and CCHS 2000/01, Middlesex-London Area

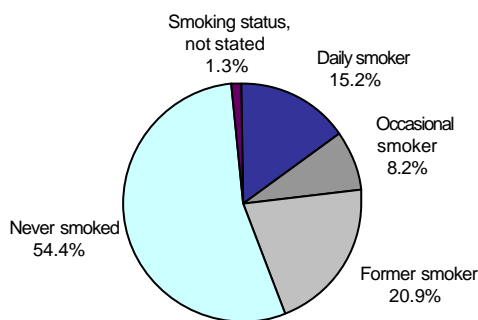


Source: NPHS 1996/97 and CCHS 2000/01

The vast majority of Middlesex-London youth between the ages of 12 and 14 reported having never smoked ($92.6\% \pm 7.0\%$). These results are consistent with the fact that most smokers begin smoking between the ages of 15 and 19 years of age (Ontario Tobacco Research Unit, 2002). For the youth ages 15 through

19 residing in Middlesex-London in 2000/01, 15.2% ($\pm 7.3\%$) were current daily smokers, another 8.2% ($\pm 5.0\%$) were occasional smokers, 20.9% did not smoke currently but reported that they had smoked at least 100 cigarettes in their lifetime and 54.4% reported never having smoked (Figure 3.3). The percentage of current smokers in this age group for 2000 is similar to that reported for 1996, and there was no significant change in the proportion of youth (15-19 years old) who were daily smokers compared to 1996/97 (NPHS, Statistics Canada, 1996/1997).

Figure 3.3: Youth Smoking Status
Ages 15-19, CCHS 2000/01, Middlesex-London Area



Source: CCHS 2000/01

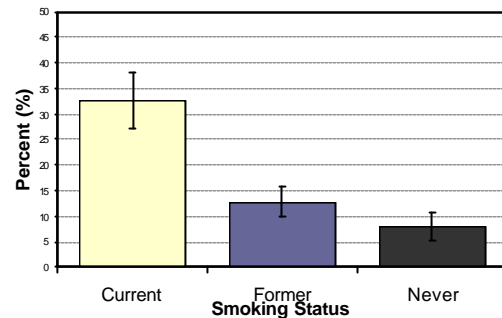
Access to Tobacco by Minors

In Ontario a person has to be 19 years of age before he or she can legally be sold tobacco products in Ontario. Only 44.3% ($\pm 2.8\%$) of adults in London and Middlesex County answered correctly when asked what age a person has to be before he or she can be sold tobacco products in Ontario. Many (42.3% $\pm 2.8\%$) thought that a person could be 18 or younger, an additional 6.5% ($\pm 1.4\%$) did not know and some (6.9% $\pm 1.4\%$) thought that a person had to be older than 19 years of age before he or she can legally be sold tobacco products.

Public health units play a major role in limiting minors' access to tobacco by raising awareness in the general population and ensuring that retailers are abiding by this law. Nearly four out of five adults (79.5% $\pm 2.3\%$) think that stores that ignore the law and sell tobacco to minors should no longer be allowed to sell tobacco. A greater percentage of residents who have never smoked (82.8% $\pm 3.2\%$) think that selling tobacco should be barred in stores that sell to minors than do either daily or occasional smokers (73.5% $\pm 5.0\%$). However, former smokers (79.5% $\pm 4.3\%$) expressed this same sentiment.

Only 16.3% ($\pm 2.1\%$) of residents reported being asked by a young person to buy them cigarettes; of these the vast majority (94.3%) reported that they did not buy them cigarettes. Current smokers were more likely to buy cigarettes for persons younger than 19 years when asked (Figure 3.4).

Figure 3.4: Proportion of Adults asked to buy cigarettes for minors, by Smoking Status
Adults 18+, Middlesex-London Health Unit, 2001



Source: RRFSS 2000/01, Waves 1-12

Summary of Progress

Local Objectives: Less than 16% of youth (age 12 – 19) will be smokers by March 2003.

Assessment: **Progress.**

Evaluation shows that **14%** ($\pm 6.1\%$) of youth (aged 12-19) are smokers.

Provincial Objective: Reduce the proportion of 12 – 19 year-olds who smoke daily to 10% by the year 2005

Assessment: **✓ Achievable.**

Evaluation shows that **9.2%** ($\pm 4.8\%$) of youth (12-19 year olds) are smoking daily. However, there is still room for improvement among those aged 15 to 19 years with more than 15% smoking daily.

The Province of Ontario has an objective to reduce the proportion of youth (12 – 19 year olds) that smoke daily to 10% by the year 2005. Recent results from the Canadian Community Health Survey for 2000-2001 show that this objective in the Middlesex-London area is being met; fewer than 10% (9.2%) of youth reported smoking daily. However, there is still room for improvement among those aged 15 to 19 years with more than 15% reported as daily smokers.

Data and Methods

Youth smoking rates were calculated using the 2000/01 Canadian Community Health Survey (CCHS) and the 1996/97 National Population Health Survey (NPHS). The rates were retrieved from CANSIIM II, web interface and weighted to represent the Middlesex-London area population. Ninety-five percent confidence intervals are included with the estimates. Similar questions on the 1996/97 National Population Health Survey were asked in the 2000/01 CCHS survey and therefore considered comparable. When calculating proportions the “don’t know” responses were left in as a separate category.

All other proportions were calculated using the RRFSS data. The unweighted sample consisted of 1170 respondents from London and Middlesex County. Twelve waves (1-12) included questions related to access to tobacco by minors. Those that did not respond to any individual question were excluded prior to calculating proportions provided the non-response category represented less than 5% of the total respondents. Bar charts include error bars illustrating 95% confidence intervals.

Appendix C: Access to Tobacco by Minors contains the summary tables on youth smoking retrieved from CANSIM II: CCHS Data Source (2000/01), NPHS (1996/97) as well as RRFSS (2001/02) data regarding access to tobacco by minors.

Definitions

Smoking - Current smokers - Respondents who were smoking at the time of the interview, and included daily smokers and occasional smokers (also known as non-daily smokers). Smoking status was determined from the response to the question: “Currently do you smoke cigarettes everyday, some days, or not at all”. This question was asked only to those who indicated that they had smoked at least 100 cigarettes in their lifetime.

Smoking - Daily smokers - Respondents who reported smoking at least one cigarette per day for each of the 30 days preceding the survey.

Smoking - Occasional smokers - Respondents who reported smoking at least one cigarette during the past 30 days preceding the survey, but not every day.

Smoking - Former smokers - Respondents who were not smoking at the time of the interview but

answered “Yes” to the question “Have you smoked at least 100 cigarettes in your life?”.

Smoking - Never smokers - Respondents who were not smoking at the time of the interview but answered “No” to the question “Have you smoked at least 100 cigarettes in your life?”.

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Chapter 4 – Smoke-free Places

Key Findings

In Middlesex-London:

- Public support for smoke-free restaurants increased when provisions in the existing City of London by-law required that all restaurants be 100% smoke-free as of January 1, 2002
- The main predictor of support for smoke-free public places is smoking status. Support for smoke-free facilities (bars, bingo halls, bowling alleys and restaurants) is twice as high with non-smokers and former smokers than with current smokers
- The majority of adults support smoke-free bowling alleys (76%), bingo halls (68%), and bars (63%)
- There are more smoke-free vehicles (71%) than homes (63%)

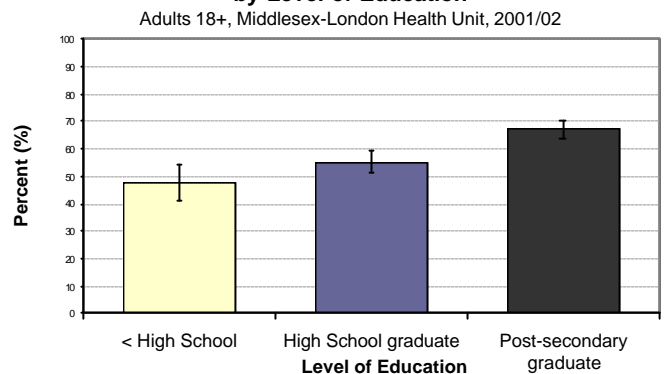
Background

Exposure to environmental tobacco smoke or “second hand smoke” is associated with a number of diseases including heart disease, respiratory problems, and cancer (Ontario Tobacco Research Unit, 2002). Middlesex-London has taken a lead in moving towards 100% smoke-free places. All municipal buildings, health care facilities, theaters and common areas of apartment buildings are 100% smoke-free; the result of the passing of provincial and municipal legislation in the early 1990s. As of January 2002, all restaurants in the City of London were made 100% smoke-free as a result of provisions in the Smoking Control By-law, PH-8. All public places and all workplaces (bars, bingo parlours and billiard halls) will be 100% smoke-free by July 1, 2003 when the new by-laws come into force in London. Middlesex County is currently progressing towards the finalization of similar by-law restrictions. The result will put Middlesex-London closer to meeting the 2005 objective of increasing the proportion of smoke-free public places and workplaces to 100% by the year 2005 and to increase the proportion of smoke-free homes by the year 2010.

Smoke-free Homes

Just under two-thirds of Middlesex-London residents live in smoke-free homes ($62.8\% \pm 2.5\%$) and $60.1\% (\pm 2.3\%)$ of all households reported being smoke-free. Middlesex-London residents with post graduate education are more likely to live in smoke-free homes ($70.2\% \pm 3.3\%$) compared to those residents not having finished high school ($50.7\% \pm 8.1\%$) (Figure 4.1). Differences in the proportion of residents who live in smoke-free homes is also associated with income; residents with incomes of more than \$50,000 being more likely to live in smoke-free homes. However there were no differences between the City of London or Middlesex County, age group or gender.

Figure 4.1: Residents Living in Smoke-free Homes by Level of Education



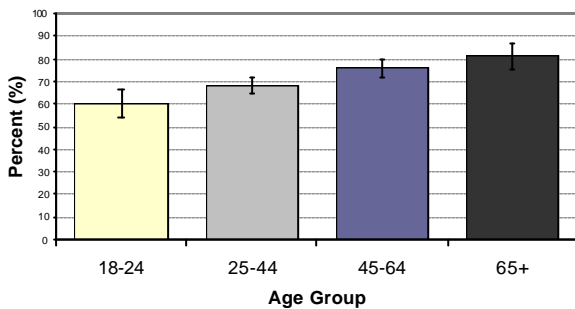
Residents with post graduate education are also more likely to have strict rules of no smoking allowed for visitors ($67.6\% \pm 3.2\%$) compared to residents who did not finish high school ($47.0\% \pm 6.5\%$).

Smoke-free Vehicles

Nearly three-quarters ($71.3\% \pm 2.3\%$) of drivers in the City of London and County of Middlesex do not allow smoking in their vehicles. This is higher than the proportion that do not allow smoking in their homes. A lower proportion of younger drivers (ages 18-24) of Middlesex-London drive smoke-free vehicles ($60.6\% \pm 6.3\%$) compared to drivers aged 25-44 years ($68.3\% \pm 3.8\%$), 45-64 years ($74.9\% \pm 3.8\%$) and 65 years and older ($80.6\% \pm 5.5\%$). Residents who have not completed high school are less likely ($56.7 \pm 8.0\%$) than those with at post secondary education ($78.3\% \pm 3.0\%$) to have smoke-free vehicles. Males and

females were just as likely to have smoke-free vehicles, as were residents living London compared to those living in Middlesex County.

Figure 4.2: Resident Drivers of Smoke-free Cars by Age Group
Adults 18+, Middlesex-London Health Unit Area, 2001/02



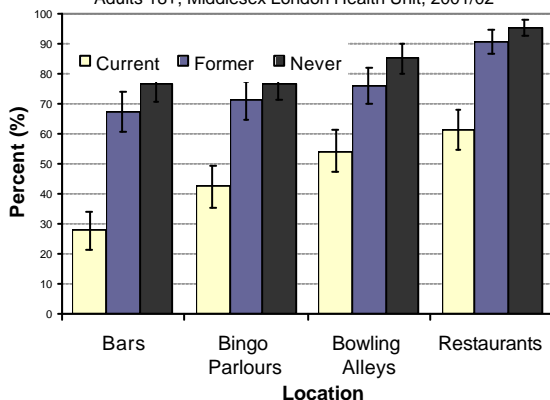
Source: RRFSS 2001/02, Waves 5-21

Smoke-free Public Places

The main predictor of support for smoke-free public places is smoking status. Support for smoke-free facilities (bars, bingo halls, bowling alleys and restaurants) is twice as high with non-smokers and former smokers than with current smokers. However, while most current smokers are supportive of smoke-free restaurants and bowling alleys (restaurants 61.5% and bowling alleys 54.4%) fewer are supportive of smoke-free bingo halls and bars (bingo halls 42.4% and bars 27.7%) (Figure 4.3).

Figure 4.3: Support for Smoke-free Places by Smoking Status

Adults 18+, Middlesex London Health Unit, 2001/02



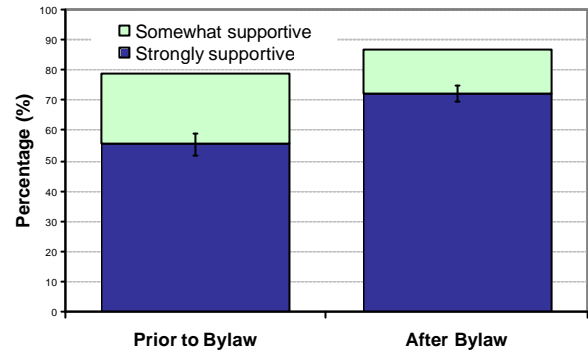
Source: RRFSS 2001/02, Waves 13-21

Smoke-free Restaurants

All restaurants in London were made 100% smoke-free as of January 1, 2002. Support for smoke-free restaurants increased following the implementation of this Smoking Control By-law, PH-8. Prior to January 1, 2002, 78.9% ($\pm 3.5\%$) of residents 18 years or older were supportive of smoke-free restaurants. Following the implementation of the by-law the proportion of residents in support of smoke-free restaurants increased to 86.4% ($\pm 2.9\%$), with 72.1% all residents 'strongly supportive' of the decision to make restaurants 100% smoke-free (Figure 4.4).

Figure 4.4: Support for Smoke-free Restaurant Before and After January 1, 2002 Bylaw

Adults 18+, Middlesex-London Health Unit, 2001/02



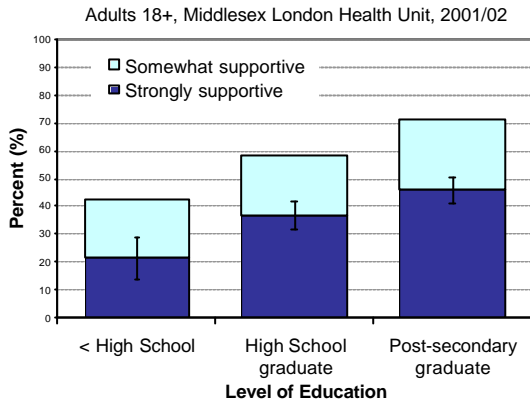
Source: RRFSS 2001/02, Waves 13-21

Smoke-free Bars

Two-thirds of residents (62.6% $\pm 3.2\%$) are either strongly supportive or somewhat supportive of smoke-free bars. Strong support for smoke-free bars is lowest for residents ages 18-24 (27.5% $\pm 6.9\%$) and 25-44 (35.8% $\pm 5.2\%$) as compared to those residents ages 45-64 years (48.6% $\pm 5.8\%$) and 65 years and older (42.4% $\pm 8.7\%$). However, only small differences for overall support (strongly support and somewhat support) for smoke-free bars are observed by age; an indication that while younger residents may not strongly be in favour of smoke-free bars only a small proportion are not supportive of it.

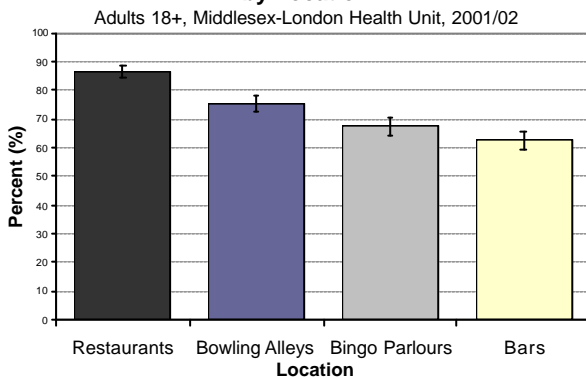
Residents not having finished high school are less likely to support smoke-free bars compared to those residents with post secondary education (Figure 4.5). Support for smoke-free bars increases with level of education where 46% ($\pm 4.7\%$) of residents with post secondary education were strongly in support compared to only 21.4% ($\pm 7.4\%$) of those with less than high school education.

Figure 4.5: Support for Smoke-free Bars by Level of Education



Source: RRFSS 2001/02, Waves 13-21

Figure 4.6: Support for Smoke-Free Public Places by Location



Source: RRFSS 2001/02, Waves 13-21

Smoke-free Bowling Alleys and Bingo Parlours

Three quarters of residents support smoke-free bowling alleys (75.5% ± 2.8%) while just over two-thirds support smoke-free bingo parlours (67.41% ± 3.0%). Support for both smoke-free bowling alleys and bingo parlours increases with level of education. Residents with a post secondary education are more likely to express support for making these facilities smoke-free (bowling, 60.4% ± 9.1%; bingo, 54.3% ± 8.9%) compared to those not having finished high school (bowling, 81.7% ± 4.5%; bingo, 73.7% ± 4.7%).(Figure 4.6). No differences were observed for age or gender in the proportions of residents in support of smoke-free bowling alleys and bingo parlours. Similarly, no differences in support for these facilities going smoke-free was observed for City of London residents compared to those residing in Middlesex County.

Summary of Progress

Provincial Objective: Increase proportion of smoke-free public places & workplaces to 100% by the year 2005.

Assessment: ✓ **Achievable.**

Recent by-law developments will create 100% smoke-free public places and workplaces in the City of London in 2003. Ongoing by-law development continues in the County of Middlesex.

Provincial Objective: Increase the proportion of smoke-free homes by the year 2010.

Assessment: **Work Needed.**

Evaluation shows that **62.8%** (± 2.5%) of Middlesex-London residents live in smoke-free homes. Increases in the proportion of smoke-homes by the year 2010 possible.

Current public health program objectives for Middlesex-London are to increase the proportion of smoke-free public places and workplaces to 100% by the year 2005 and to increase the proportion of smoke-free homes by the year 2010. Recent changes to the by-law addressing smoke-free places will now include bars and other public places in the City of London. With continued work, the attainment of smoke-free public places is achievable by 2005. As with the smoke-free restaurant by-law, residents of Middlesex-London may report increased support for other smoke-free places once the by-laws take effect.

Data and Methods

The evaluation of smoke-free places was evaluated using 2001/02 RRFSS data. The unweighted sample consisted of 1699 respondents from London and Middlesex County. The sixteen waves (waves 5-21) evaluated included questions related to support for smoke-free restaurants, rules about smoking in the home and rules about smoking in cars. Nine waves included questions pertaining to support for other smoke-free public places (bars, bingo parlours and bowling alleys). Those that did not respond to any individual question were excluded prior to calculating proportions provided the non-response category represented less than 5% of the total respondents. Bar charts include error bars illustrating 95% confidence intervals.

Appendix D: Smoke-free Places contains the detailed summary tables for the RRFSS (2001/02) data.

Definitions

Smoking - Current smokers - Respondents who were smoking at the time of the interview, and included daily smokers and occasional smokers (also known as non-daily smokers). Smoking status was determined from the response to the question: “Currently do you smoke cigarettes everyday, some days, or not at all”. This question was asked only to those who indicated that they had smoked at least 100 cigarettes in their lifetime.

Smoking - Daily smokers - Respondents who reported smoking at least one cigarette per day for each of the 30 days preceding the survey.

Smoking - Occasional smokers - Respondents who reported smoking at least one cigarette during the past 30 days preceding the survey, but not every day.

Smoking - Former smokers - Respondents who were not smoking at the time of the interview but answered “Yes” to the question “Have you smoked at least 100 cigarettes in your life?”.

Smoking - Never smokers - Respondents who were not smoking at the time of the interview but answered “No” to the question “Have you smoked at least 100 cigarettes in your life?”.

Smoking - Smoke-free homes - The proportion of smoke-free homes in Middlesex-London was calculated based on the responses provided to the following questions:

- Does anyone in this household smoke regularly inside the home?
- (Yes, No, Don't Know, Refused)
- Which best describes the rules or understandings about not smoking inside the home for visitors: would you say...
 - Not allowed at all
 - Allowed sometimes
 - Allowed in certain areas
 - Allowed except when children present
 - Smokers do whatever they want
 - Don't know
 - Refused

No weighting was used to calculate the proportion of smoke-free homes however weights were applied to calculate the proportion of residents that live in smoke-free homes.

Smoking - Smoke-free vehicles - Only those residents who had driven a motor vehicle in the last 12 months were included in calculating the proportion of smoke-

free vehicles in Middlesex-London. No weighting was used to calculate the proportion of smoke-free vehicles. The proportion of smoke-free vehicles in Middlesex-London was calculated based on the responses provided to the following question.

- Which best describes the rules or understandings about people smoking in the vehicle you drive most...
 - Not allowed at all
 - Allowed sometimes
 - Allowed in certain areas
 - Allowed except when children present
 - Smokers do whatever they want
 - Don't know
 - Refused

References:

Ontario Tobacco Research Unit, Research Update, May 2002.

Chapter 5 – Physical Activity

Key Findings

In Middlesex-London:

- Just under half of Middlesex-London residents are active enough to maintain their health (either physically active or moderately active)
- Inactivity increases with age and is more common among women than men
- Four out of five residents are aware of the walking trails and more than half of all residents reported using the walking trails
- More City of London residents are aware of and use the walking trails than residents living in Middlesex County

Background

Physical activity has been shown to reduce stress, strengthen the heart and lungs, increase energy levels, help to maintain and achieve a healthy body weight, and therefore reduce overall risk of heart disease (ref). Research has also shown that physical inactivity can cause premature death, chronic disease and disability (Heart & Stroke Foundation, 2000).

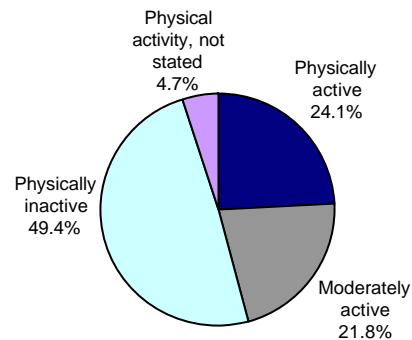
In 1998, the Good Hearted Living Program of the Middlesex-London Health Unit set local, five-year objectives aimed at increasing the proportion of individuals living in Middlesex-London who are physically active. Programs were implemented to increase the level of physical activity such that by March 2003, 53% or more of males over the age of 15 and 48% or more of females were exercising regularly. With the same objective of increasing resident physical activity in mind, a local Heart Health Program objective was also set to increase the number of people aware of trails/bicycle paths.

Physical Activity

In 2000/01, close to one quarter of males and females aged 12 or older in London and Middlesex County were categorized as physically active (24.1% ± 2.7%) and an additional 21.8% (± 2.3%) were moderately active according to the physical activity index. Approximately one-half of the adults in Middlesex-London (49.4%, ± 3.3%) do not get the

recommended amount of regular physical activity to maintain their health and were categorized as physically inactive. (Figure 5.1)

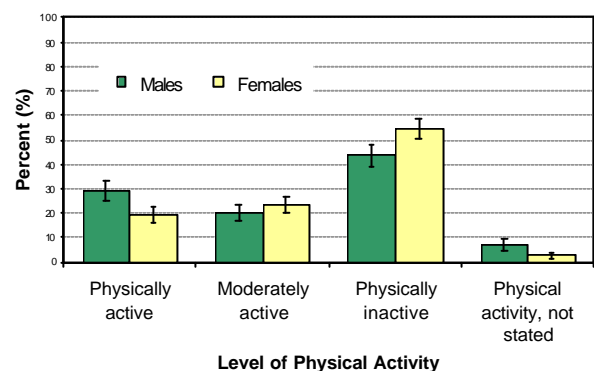
Figure 5.1: Level of Physical Activity
Ages 12+, CCHS 2000/01, Middlesex-London Area



Source: CCHS 2000/01

Differences between the proportion of physically active men and women were observed. A higher proportion of males, ages 12 and older were shown to be physically active (29.2% ± 4.0%) than females (19.2% ± 3.2%). Consequently a significantly higher proportion of females than males (54.9% ± 4.1% vs. 43.6% ± 4.6%) reported physical inactivity (Figure 5.2).

Figure 5.2: Level of Physical Activity by Gender
Ages 12+, CCHS 2000/01, Middlesex-London Area

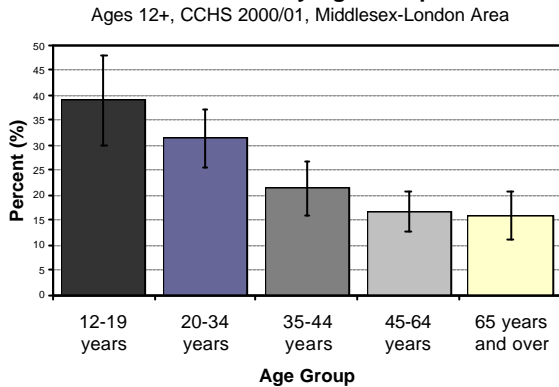


Source: CCHS 2000/01

Physical activity is lower in older age groups. The highest proportion of physically active individuals was found to be among those aged 12-19 (38.9% ± 9.2%) and 20-34 years (31.3% ± 5.7%). In comparison, the proportion of physically active individuals for those aged 35-44, 45-64 and 65 years

and older was lower at 21.4%, 16.7% and 15.9% with a significant difference existing between the youngest and oldest age groups (Figure 5.3). The percentage that was moderately active was similar for all age groups.

Figure 5.3: Proportion of Physically Active Residents by Age Group



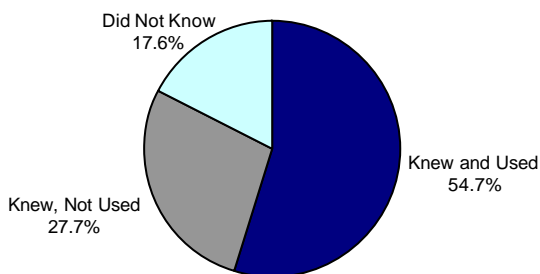
Source: CCHS 2000/01

Walking Trails

In 2001/02, over half (54.7% ± 2.4%) of London and Middlesex County respondents reported using the walking trails. Of the remaining who responded, 27.7% (± 2.1%) reported knowing about the walking trail/bicycle paths but not using them while 17.6% (±1.8%) reported not knowing about the walking trails.

Figure 5.4: Recreational Facilities/Walking Trail Awareness & Use

Adults 18+, Middlesex-London Health Unit, 2001/02



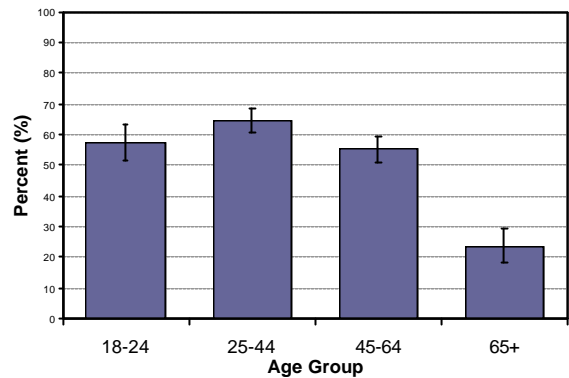
Source: RRFSS 2001/02, Waves 5-21

When considering age, the highest proportion of respondents reporting use of walking trails were those aged 25-44 (64.5% ± 3.8%). The proportion of respondents who used the walking trails for those

aged 18-24 and 45-64 was (57.7%, ± 5.7%) and (55.2% ± 4.2%) respectively. Those aged 65 years or older (23.5%, ± 5.6%) were the least likely to use the recreational facilities/walking trails. (Figure 5.5)

Figure 5.5: Knew about and Used Walking Trails in Past 12 Months by Age Group

Adults 18+, Middlesex-London Health Unit, 2001/02



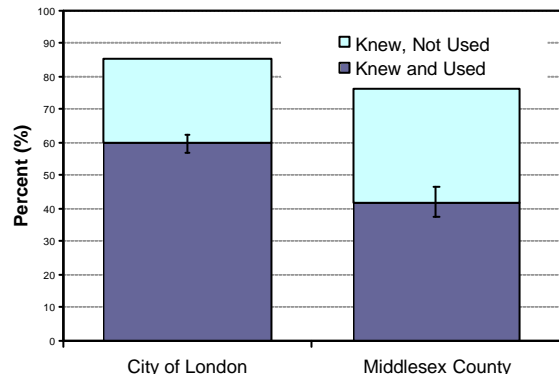
Source: RRFSS 2001/02, Waves 5-21

Socio-Demographic Differences

More people living in the City of London reported knowing about and using the recreational facilities/walking trails. Approximately 3 out of 5 adults (59.7% ± 2.8%) 18 and older from the City of London reported knowing and using the walking trails compared to only 2 of 5 adults (41.9% ± 4.6%) living outside the City of London but within Middlesex County (Figure 5.6).

Figure 5.6: Knew of and Used Walking Trails in past 12 Months by Location

Adults 18+, Middlesex-London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 5-21

The proportion of adults knowing about and using the recreational facilities/walking trails also varied by education and income groups. Among those with a post-secondary education there was a significantly greater proportion aware of the walking trails as compared to those with less education. Two-thirds (65.6% \pm 3.3%) of post secondary graduates reported using the walking trails, compared to 51.4% (\pm 3.8%) who completed high school and 23.7% (\pm 5.8%) who did not finish high school.

Summary of Progress

Local Objective: At least 53% of males over 15 will exercise regularly by March 2003

Assessment: **Progress.**

Evaluation shows that 50% (\pm 3.4%) of males ages 12 and older are physically active or moderately active

Local Objective: At least 48% of females over 15 will exercise regularly by March 2003

Assessment: **Work Needed.**

Evaluation shows that 43% (\pm 3.4%) of females ages 12 and older are physically active or moderately active

Local Objective: At least 59% of youth will participate in daily physical activity by March 2003

Assessment: **Progress.**

Evaluation shows that 61% (\pm 9.2%) of youth (12-19) are physically or moderately active.

Local Objective: Increase the number of residents aware of area walking trails and bicycle paths.

Assessment: **✓ Achieved.**

Evaluation shows 82.4% (\pm 2.4%) of city and county residents are aware of the trails and bicycle paths in London; 54.7% (\pm 2.4%) know and use the walking trails and 27.7% (\pm 2.1%) are aware of the walking trails and bicycle paths in the area.

In 1998, the Good Hearted Living Program of the Middlesex-London Health Unit set local, five-year objectives to increase the level of physical activity and awareness of the walking trails among the residents of Middlesex-London. It was anticipated that by

2003, 53% or more of males over the age of 15 and 48% or more of females would be exercising regularly. Recent results from the Canadian Community Health Survey (2000/01) show that while many of those aged 12 and older residing in the Middlesex-London area are exercising regularly, both males (49.5%) and females (42.5%) have gains to be made before meeting this Good Hearted Living objective.

The local Heart Health Program objective was also to increase the number of people aware of trails/bicycle paths in the London Middlesex region. Over 80% reported knowing about the trails/bicycle paths. Approximately 55% reported also using the trails/recreational facilities in the past 12 months. A larger proportion of those that reported use of the trails was from the City of London compared to those residing in Middlesex County.

Data and Methods

Physical activity level is based on the Physical Activity Index (PAI) data from the Canadian Community Health Survey (CCHS), 2000/01. Rates were retrieved from CANSIM II, web interface and weighted to represent the Middlesex-London area population. Ninety-five percent confidence intervals (95% C.I.) were included. Similar questions in 1996 and 2000 were asked and therefore data can be comparable. "Don't know" responses were left in and represent their own response category.

Walking trail results are from the Rapid Risk Factor Surveillance system (RRFSS), May 2001 through September 2002 (waves 5-21). The unweighted sample consisted of 1682 respondents from London and Middlesex County. The sixteen waves included questions related to awareness and use of walking trails. Those that did not respond to any individual question were excluded prior to calculating proportions provided the non-response category represented less than 5% of the total respondents. Bar charts include error bars illustrating 95% confidence intervals.

Appendix E: Physical Activity contains the summary tables on physical activity retrieved from CANSIM II: CCHS Data Source (2000/01) and RRFSS (2001/02) data.

Definitions

CCHS Physical Activity Index (PAI): calculated based on the type and duration of exercise thus reflecting energy expenditure (EE).

- Physically active - the highest activity level, those who averaged EE of 3.0+kcal/kg/day
- Moderately active - those who averaged EE of 1.5 to 2.9+kcal/kg/day
- Physically inactive - those with an energy expenditure below 1.5 kcal/kg/day

References:

Heart & Stroke Foundation. The changing face of heart disease and stroke in Canada. 2000.

Chapter 6 – Healthy Eating

Key Findings

In Middlesex-London:

- One-third of Middlesex-London residents consume five or more fruits and vegetables per day.
- Recommended intake of fruit and vegetable consumption is more common in women and increases with age.
- 2 in 5 adults know about Eat Smart! the Healthy Restaurant Program.
- Three-quarters of all residents report Eat Smart! Award likely to influence their decision about where to eat.

Background

Proper nutrition is essential to preventing and managing symptoms of heart disease. Fruits and vegetables have no cholesterol and most are low in saturated fat (ref). A daily consumption of vegetables (3-5 servings) and fruits (2-4 servings) has been recommended for healthy eating. The Ontario Mandatory Health Programs and Service Guidelines for Middlesex-London is to increase the proportion of the population age 4 years and older consuming 5 or more servings of vegetables and fruits daily to 75% by the year 2010 (Mandatory Guidelines, 1997).

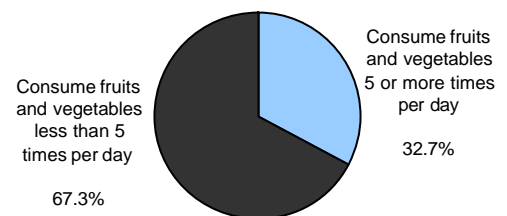
With a large proportion of residents eating in or ordering take-out from a restaurant it is important that nutritious options be made available for those choosing to eat out. Eat Smart! Ontario's Healthy Restaurant Program, is a provincial health promotion program developed in partnership with the Ministry of Health, Heart and Stroke Foundation of Ontario, Canadian Cancer Society, Public Health Units, Heart Health Programs and the Food Service Industry. The program offers and markets an "Award of Excellence" to restaurants that provide nutritious food choices, non-smoking seating and that meet exceptional standards in food safety. The objective of the Eat Smart! Program is to allow people to make healthier choices when dining out. Through social marketing and education, the public is encouraged to choose restaurants that have received the Eat Smart! Award of Excellence. By the spring of 2002, 2.5% (25) of restaurants in the City of London and Middlesex County were participants of the Eat Smart! Program.

Fruit and Vegetable Consumption

Nearly a third (32.7% ± 2.1%) of the Middlesex-London adult population (18 years and older) were consuming vegetables and fruits 5 or more times daily (Figure 6.1) according to the RRFSS.

Figure 6.1: Resident Fruit and Vegetable Consumption

Adults 18+, Middlesex-London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 1-21

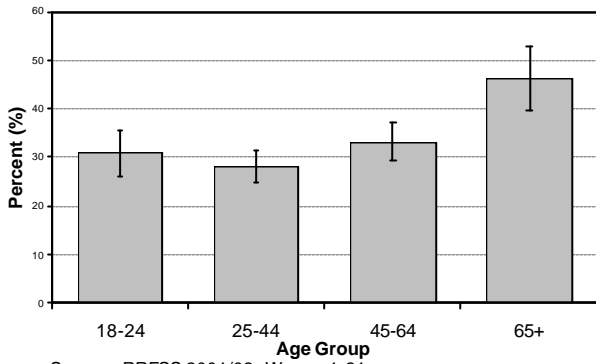
Similar results for Middlesex-London with 38.3% (± 3.5%) percent of the population 12 years or older consuming fruits and vegetables 5 or more times per day were found using the Canadian Community Health Survey. The results of the two surveys are not directly comparable as they include slightly different age groups and time frames. However, both indicate a gap between current levels of fruit and vegetable consumption and the objective to increase to 75% the proportion of the population aged four years and older consuming fruits and vegetables five or more times per day.

Socio-Demographic Differences

More women than men aged 18 years or older reported eating five or more fruits and vegetables 5 or more times per day. Results indicate that 40.2% (± 3.0%) of women compared to only 24.4% (± 2.8%) of men eat fruits and vegetables five or more times per day (Figure 6.2). There is also a difference in fruit and vegetable consumption by age; a significantly larger proportion of individuals 65 years or older reported eating fruits and vegetables five or more times per day (46.3%, ± 6.5%) compared to all other adult age groups.

Figure 6.2: Fruit & Vegetable Consumption, 5 or more times/day by Age Group

Adults 18+, Middlesex-London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 1-21

When considering education, income, language spoken at home no differences in the proportion that reported fruit and vegetable consumption of more than five times a day were observed. All groups reported a third of individuals consuming five or more servings of fruits and vegetables per day. Similarly, those living in the City of London and those in Middlesex County also reported similar results; approximately one third in each region reported consumption of five or more servings of fruits and vegetables per day.

Restaurant Eating

A large percentage (86.2% ± 2.4%) of residents reported having eaten at or ordered take-out food from a restaurant, including family style restaurants as well as cafeteria style and fast food restaurants. While no differences between men and women having reported eating out at a restaurant were observed, differences were observed by age. Residents 65 years or older were less likely to eat out or order take-out food from a restaurant (63.3% ± 9.5%) while those aged 18-24 years (94.7% ± 3.6%) were the most likely to have eaten out or ordered take-out from a restaurant in the last year.

Eat Smart! Program: Awareness of Eat Smart! Restaurants

Overall, 43.0% (± 3.4%) of residents reported that they had heard or read something about Eat Smart!, Ontario's Healthy Restaurant Program. More females than males reported hearing about Eat Smart!. A smaller percentage (15.5% ± 2.0%) of residents reported being aware of at least one restaurant in London or Middlesex County that had been given the Eat Smart! Award of Excellence.

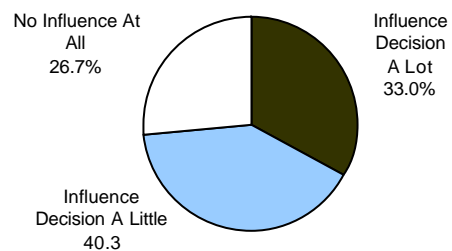
Eat Smart! Program: Potential to Influence Restaurant Selection

Marketing of the Eat Smart! Program by the Middlesex-London Health Unit to the general public began in April 2001. To monitor the impact of the Eat Smart! Program, a series of questions was designed for the Rapid Risk Factor Surveillance System (RRFSS) and collected from September 2001 to May 2002.

Just under three-quarters of all residents reported an Eat Smart! Award would likely influence their decision about where to eat to some extent (Figure 6.3). A third of all respondents (33%, ± 3.2%) felt that an award would influence their decision "a lot" and 40.3% (± 3.4%) reported that an award would influence their decision "a little".

Figure 6.3: Potential of Eat Smart! Award to Influence Restaurant Selection

Adults 18+, Middlesex London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 9-16

The overall potential of the Eat Smart! Award to influence restaurant selection was similar for those with all levels of income, levels of education, and for those living in Middlesex County or residing in the City of London. Similarly, the overall potential of the Eat Smart! Award to influence restaurant selection was similar for all ages, however, those between the

ages of 18-24 were the least likely to indicate it would influence them “a lot”.

Eat Smart! Program: Use of Eat Smart! Restaurant

Approximately 12% of respondents were aware that they had eaten or ordered take-out from an Eat Smart! Designated restaurant in the year previous to the survey. Of those that had eaten at an Eat Smart! Designated restaurant over half (54.2%) reported that the Program had an influence on what was selected from the menu.

Summary of Progress

Local Objective: Increase resident awareness of the Eat Smart! Restaurant Program

Assessment: **Progress.**

Evaluation shows 43% of residents reported knowing about Eat Smart!, Ontario's Healthy Restaurant Program. 86.2% of residents have eaten at or ordered take-out food from a restaurant in the last year. Potential exists to further increase awareness of Eat Smart!.

Provincial Objective: Increase to 75%, the proportion of the population age 4 years and older consuming 5 or more servings of vegetables & fruits daily by the year 2010

Assessment: **Work Needed.**

Partial Evaluation shows that 32.7% (\pm 2.1%) of residents 18 years and older and 38.3% (\pm 3.5%) 12 years and older consume 5 or more servings of fruits and vegetables daily. Results are not directly comparable to the objective; however, a substantial gap appears to exist between the proposed target rate of 75% and the observed rates for residents 18 years and older and 12 years and older.

As of 2000/2001, only a third of Middlesex-London residents reported consuming fruits and vegetables 5 or more times daily. The results are not directly comparable to the objective directed at 75% of those 4 years and older consuming 5 or more fruits and vegetables daily. However, there appears to be a large gap between current consumption rates of fruits and vegetables and the proposed public health objective. A significant proportion of the population must increase consumption to 5 or more fruits and vegetables per day in order to attain the public health healthy eating objective by 2010.

Two out of five Middlesex-London residents reported that they had heard or read something about Eat Smart!, Ontario's Healthy Restaurant Program. At the time of publication only 25 (2.5%) restaurants participated in the Healthy Restaurant Eat Smart! Program. Continued marketing, education and participation of restaurants in the Eat Smart! Program will allow residents more options for healthy eating and increase the proportion of residents who consume the recommended five servings of fruits and vegetables per day.

Data and Methods

Nutritional status was measured using two different surveys, the RRFSS and CCHS.

RRFSS data evaluated the nutritional status of residents 18 years and older from Middlesex- London. The unweighted sample consisted of 1913 respondents from London and Middlesex County. All twenty-one waves included questions related to fruit and vegetable consumption. Only seven waves, waves nine through sixteen included questions related to Eat Smart! Those that did not respond to any individual question were excluded prior to calculating proportions provided the non-response category represented less than 5% of the total respondents.

Fruit and vegetable consumption data for Middlesex-London residents 12 and older was obtained from the CCHS Data source: Statistics Canada, Canadian Community Health Survey, 2000/01. Data was retrieved from CANSIM II, which was weighted to represent Middlesex-London area population and included ninety-five percent confidence intervals (95% C.I.). The “don't know” responses were included.

Appendix F: Healthy Eating contains the summary tables on nutritional status retrieved from RRFSS (2001/02) data and the CANSIM II: CCHS Data Source (2000/01).

Definitions

Nutritional Status - The following questions were used to in the RRFSS 2001/02 survey to estimate the number of fruits and vegetables residents of Middlesex-London consumed daily. The proportion of adults who consume five or more daily servings of fruits and vegetables was calculated.

- How many times per day, week, month do you drink 100% fruit juice such as orange, grapefruit or tomato juice?
- Not counting juice, how many times per day, week, month do you eat fruit?
- How many times a day, week, month do you eat a green salad?
- Not including french fries, fried potatoes or potato chips, how many times per day week or month do you eat potatoes?
- What about carrots? How many times per day, week or month do you eat carrots?
- Not counting carrots, potatoes or green salad, how many times per day week or month do you eat other vegetables?

The CCHS (2000/01) looked at the average number of times per day respondents 12 years and older consumed fruits and vegetables (Statistics Canada, CCHS, 2000/01 health file).

References:

1. Mandatory Health Programs and Services Guidelines. Queen's Printer for Ontario. December 1997.
[www.gov.on.ca/MOH/english/pub/pubhealth/manprog/manprog.html]

Chapter 7 – Healthy Weights

Key Findings

- 1 in 2 adults have a healthy weight status and a Body Mass Index between 20 – 27
- One third of Middlesex-London residents 18 and older are overweight (BMI>27) according to the Canadian BMI standard
- 40.4% of adult males are overweight and have a BMI over 27
- 24.8% of adult females are overweight and have a BMI over 27

Background

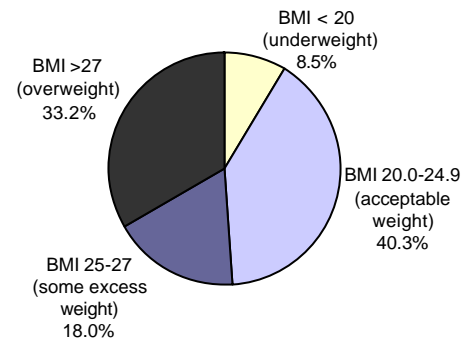
Locally “Good Hearted Living” promotes heart healthy living – which in addition to being physically active, eating lower fat foods and not smoking also includes maintaining a healthy weight. Excess body weight is associated with increased risk of heart disease (Heart & Stroke Foundation, 2000). One of the provincial objectives directed at reducing chronic cardiovascular diseases is to slow the decrease in the proportion of adults with a healthy weight status, those with a Body Mass Index (BMI) between 20 and 27.

The main Public Health objective is to decrease the proportion of adults with a BMI greater than 27, or those considered overweight by the Canadian BMI standard. Research has shown a positive association between being overweight (BMI >27) and the development of heart disease. The Heart Health Program has a mandate to reduce the proportion of male adults aged 20-64 that have a BMI over 27 to 30% and to reduce the proportion of female adults, not pregnant, ages 20-64 that have a BMI over 27 to 23%.

Overweight Prevalence: BMI-Canadian Standard

In 2001-2002, one third (32.9% ± 2.3%) of adults between the ages of 20 and 64 years in London and Middlesex County had a BMI of 27 or greater, and considered overweight by Canadian BMI Standards. A smaller proportion, 18.2% are considered to have “some excess weight” and have a BMI between 25 and 27. The proportion of adults with acceptable weights, those with a BMI between 20 and 24.9, was 40.5% (± 2.4%) (Figure 7.1).

Figure 7.1: Healthy Weight Status: BMI-Canadian Standard
Adults 20-64, Middlesex-London Health Unit, 2001/02

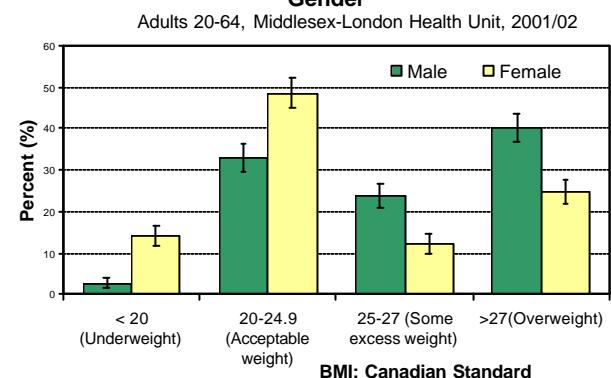


Source: RRFSS 2001/02, Waves 1-21

Socio-Demographic Differences

Differences between the proportion of adults who were overweight (BMI>27) were observed for sex and age. Adult men ages 20 through 64 were more likely to be overweight than women of the same age group with 40.4% (± 3.3%) of men reporting a BMI greater than 27 and only 24.8% (± 3.0%) of women reporting a BMI of greater than 27 (Figure 7.2). Results from the Canadian Community Health Survey for 2000/01 were similar.

Figure 7.2: BMI Status (Canadian Standard) by Gender



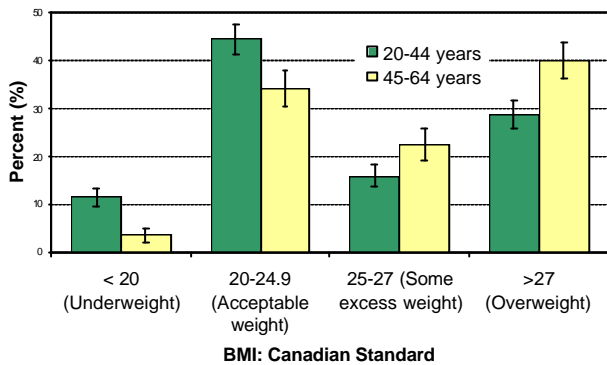
Source: RRFSS 2001/02, Waves 1-21

When comparing by age, individuals 45 through 64 years were more likely to be overweight with 39.9% (± 3.9%) having a reported BMI of greater than 27 compared to 28.6% (± 2.8%) adults ages 20-44. Subsequently, a higher proportion of adults 20-44 (43.3% ± 3.1%) are considered to have an acceptable

weight compared to those individuals older in age (45-64) (Figure 7.3).

Figure 7.3: BMI Status (Canadian Standard) by Age Group

Adults 20-64, Middlesex-London Health Unit, 2001/02



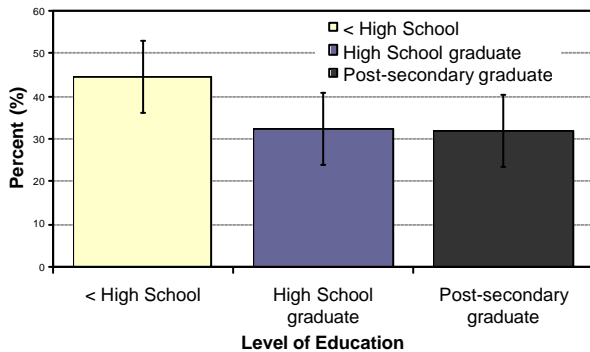
Source: RRFSS 2001/02, Waves 1-21

Overweight status varied also by education. An inverse relationship exists between the level of education and the likelihood of having a BMI > 27, or overweight status. Those with a post secondary education were significantly less likely to be overweight (BMI>27) than those who have less than high school education. Only 31.7% (± 3.1%) of post secondary graduates were overweight, compared to 44.5% (± 8.5%) of adults who did not finish high school (Figure 7.4).

Overweight status also varied with worker status. Similar levels of overweight status were observed for both the employed (32.2%, ± 2.9%) and self-employed groups (31.1% ± 7.3%) (Figure 7.5). Individuals retired from working life were the most likely group to have a BMI >27 and be considered to be overweight (50.3%, ± 10.2%).

Figure 7.4: Overweight status (BMI >27) by Level of Education

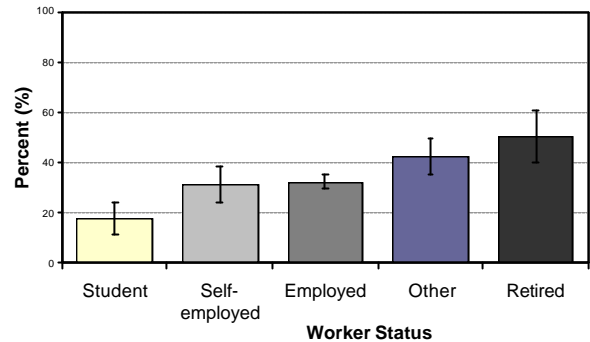
Adults 20-64, Middlesex-London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 1-21

Figure 7.5: Overweight Status (BMI > 27) by Worker Status

Adults 20-64, Middlesex-London Health Unit, 2001/02



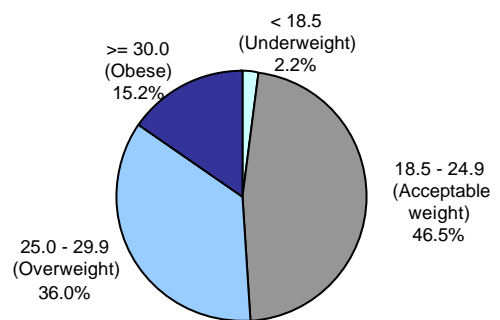
Source: RRFSS 2001/02, Waves 1-21

Obesity Prevalence: BMI-International Standard

International standards for evaluating a person's body mass index, have slightly different criteria for establishing overweight status and obesity among adults. According to the International standards, close to 1 in 2 adults living in the City of London and Middlesex County have an "acceptable weight" while 36.0% are considered "overweight" and 15.2% are considered "obese" (Figure 7.6).

Figure 7.6: Healthy Weight Status: BMI-International Standard

Adults 20-64, Middlesex-London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 1-21

Summary of Progress

Local Objectives: Less than 30% of adult males will be overweight (have a BMI over 27) by March 2003

Assessment: **Work Needed.**

Evaluation shows that 40.8% (\pm 3.4%) of adult males (20-64) are overweight (have a BMI >27).

Local Objective: Less than 23% of adult females will be overweight (have a BMI over 27)

Assessment: **Work Needed.**

Evaluation shows that 25.5% (\pm 3.1%) of adult females (20-64) are overweight (have a BMI >27).

Provincial Objective: Slow the decrease in the proportion of adults ages 20-64 with healthy weight status (BMI 20-27) by the year 2010

Assessment: **Work Needed.**

Evaluation shows that 40.8% (\pm 3.4%) of adult males (20-64) and 25.5% (\pm 3.1%) of adult females (20-64) and have a BMI >27. Results from a decade earlier (1990) show 32% (\pm 6%) of men and 24% (\pm 5%) of women had a BMI >27. Results indicate further efforts are necessary to slow the decrease in the proportion of men with healthy weight status.

Current provincial and public health objectives were to slow the decrease in the proportion of adults with a healthy weight status (BMI between 20-27), which by the Canadian standard were to slow the proportion of adults with “acceptable weight” and those with “some excess weight” by the year 2010. The current percentages with BMI>27 for males and females of 40% and 25% were higher than the corresponding target objectives of 30% and 23% respectively. The results suggest that there is significant room for improvement necessary before reaching the Good Hearted Living Objectives for London and Middlesex County. There remains a gap between the proposed target healthy weight rates in London and Middlesex County and those in the population. This gap is more substantial for adult males.

Data and Methods

The sample was weighted to account for each respondent’s probability of being selected within households of different sizes. Adults between the ages of 20 and 64 and who were not pregnant were included in the analysis of body mass index (BMI). The unweighted sample consisted of 1601

respondents from London and Middlesex County. All twenty-one waves included self-reported questions about weight and height measurements. Due to the self-report nature of data used for calculating both Canadian and International standard BMI estimates, it is possible that the BMI values calculated are potentially an underestimate given the likely possibility of respondents under-reporting weight status and over reporting height status. Those that did not provide responses to any of the individual questions were excluded prior to calculating proportions provided the non-response category represented less than 5% of the total respondents.

Definitions

The Body Mass Index: is a measure of body mass with respect to height and is calculated using body weight in kilograms divided by the square of height in meters (kg/m^2). Both overweight and obesity are defined according to the body mass index for those between the ages 20 and 64. The standards defining normal weight, overweight, and obesity differ for Canada compared to International standards. Canada defines overweight as BMI over 27, 25.0 to 27.0 as some excess weight and normal as 20 to 24.9. The World Health Organization defines obesity as BMI 30 and over and normal weight as 18.5 to 24.9.

Canadian Standards - Body mass index (BMI)- Canadian standard, which relates weight to height, is a common method of determining if an individual’s weight is in a healthy range based on their height. BMI is calculated as follows: weight in kilograms divided by height in meters squared (kg/m^2).

The index is: under 20 (underweight), 20-24.9 (acceptable weight), 25-27.0 (some excess weight) and greater than 27 (overweight). The index is calculated for those aged 20 to 64 excluding pregnant women and persons less than three feet (0.914 meters) tall or greater than 6 feet 11 inches (2.108 metres). Standards are not applicable to athletes, available data does not allow athletes to be evaluated separately.

International Standards - Body mass index (BMI)- International standard, which relates weight to height, is a common method of determining if and individual’s weight is in a healthy range based on their height. BMI is calculated as follows: weight in kilograms divided by height in metres squared.

The index is: under 18.5 (underweight), 18.5-24.9 (acceptable weight), 25-29.9 (overweight) and 30 or

higher (obese). The index is calculated for those aged 20 to 64 excluding pregnant women and persons less than three feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

Appendix G: Healthy Weights contains the summary tables on BMI status (Canadian and International standards) from RRFSS (2001/02) data.

Worker Status - Respondents were asked if they were:

- “Employed for wages”
- “Self-employed”
- “Student”
- “Retired”
- “Other: Out of work, Taking care of family, Unable to work or Other”

References:

1. Heart & Stroke Foundation. The changing face of heart disease and stroke in Canada. 2000.

Chapter 8 – Multiple Risk Factors

Key Findings

In Middlesex-London:

- Just over a third of the Middlesex-London population have two or more of the following risk factors: smoking, being overweight, and unhealthy eating habits
- Less than 6% of residents have all three of the risk factors
- The majority of smokers were aware that smoking is a risk factor for heart disease.
- Healthy weight status does not predict awareness of unhealthy eating as a risk factor for heart disease
- Current smokers were the least likely group to consume of fruits or vegetables five or more times daily

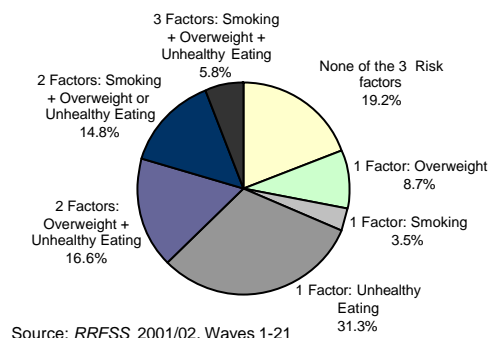
Background

Smoking, being overweight, lack of exercise and poor eating habits have all been shown to increase an individual's risk of heart disease. Individuals with multiple risk factors are at greater risk for developing heart disease. The Good Hearted Living Program launched in 1998 set out to decrease the incidence of heart disease among London and Middlesex County residents by raising the awareness of heart disease risk factors and by promoting heart-healthy behaviours. Targeting resources at decreasing the proportion of residents at greatest risk, residents with multiple risk factors, is a primary objective of the Good Hearted Living Program.

Multiple Risk Factors

Over one-third (37.2% ± 2.2%) of the Middlesex-London population has multiple risk factors for heart disease; including smoking, being overweight, and poor eating habits (Figure 8.1). A small proportion of Middlesex-London's population had all of the selected three risk factors (5.8% ± 1.1%).

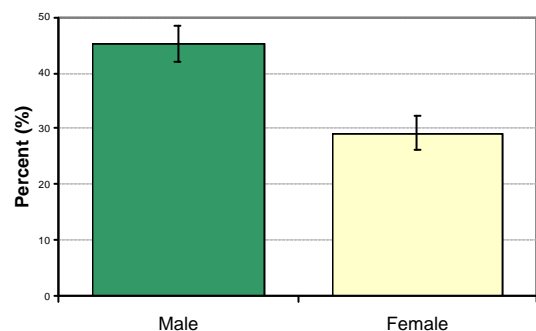
Figure 8.1: Resident Risk Factor Prevalence for: Unhealthy Eating, Smoking and Lack of Exercise
Adults 18+, Middlesex-London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 1-21

Multiple risk factors were most prevalent in males compared to females; 45.3% (± 3.3%) of males 18 and older reported having at least two of the three risk factors (smoking, being overweight and/ or having unhealthy eating habits) compared to only 29.2 (± 3.0%) of women residing in Middlesex-London (Figure 8.2). Residents with a higher level of education were less likely to have multiple risk factors (Figure 8.3). A lower proportion of adults with college of university education reported having two or more risk factors 33.7% (± 3.1%) compared to high school graduates (38.4% ± 3.6%) and residents not having completed high school (50.8% ± 7.1%). Prevalence of multiple risk factors was the same for residents living in the City of London and Middlesex County.

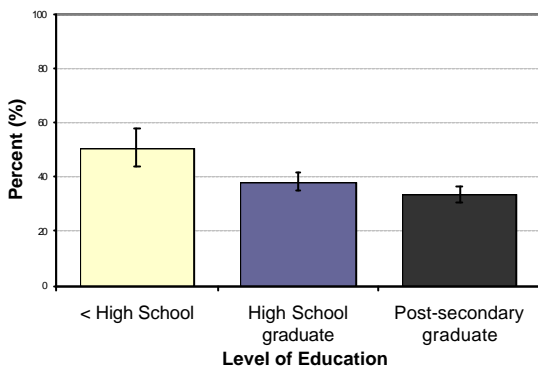
Figure 8.2: Proportion of Residents with 2 or more Targeted Risk Factors by Gender
Adults 18+, Middlesex-London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 1-21

Figure 8.3: Proportion of Residents with 2 or more Targeted Risk Factors by Level of Education

Adults 18+, Middlesex-London Health Unit, 2001/02



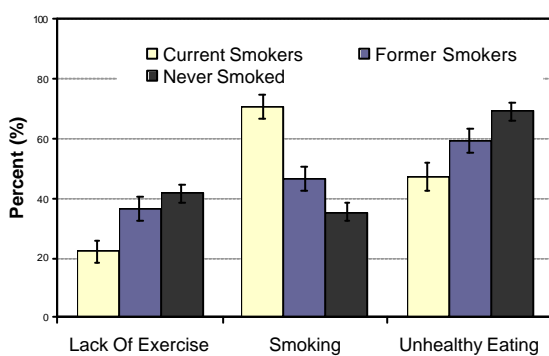
Source: RRFSS 2001/02, Waves 1-21

Smoking Status

Interestingly, current smokers were more likely to identify smoking as a risky behaviour for developing heart disease ($70.7 \pm 4.2\%$) as compared to former smokers ($46.6 \pm 4.1\%$) and those who have never smoked ($35.2 \pm 3.1\%$). This is different than the trend seen for the first two risk factors: lack of exercise and unhealthy eating.

Figure 8.4: Awareness of 3 Targeted Risk Factors for Heart Disease by Smoking Status

Adults 18+, Middlesex-London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 1-21

Current smokers were least likely to identify lack of exercise ($22.1 \pm 3.9\%$) or unhealthy eating ($47.5 \pm 4.7\%$) as risk factors for heart disease compared to former smokers and those who have never smoked (Figure 8.4). People who never smoked were more likely to identify lack of exercise ($41.5 \pm 3.2\%$) and unhealthy eating ($69.0 \pm 3.1\%$) as risk factors. Former smokers were somewhere in between with $36.5 \pm 4.0\%$ identifying lack of exercise and $59.4 \pm 4.1\%$ identifying unhealthy eating.

Healthy Weights

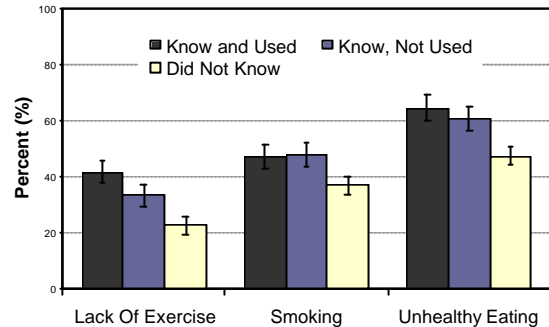
There are no differences by weight status in residents' awareness of unhealthy eating or lack of exercise as risk factors for heart disease. Residents with BMI < 20, considered underweight, did have an increased awareness of smoking as a risk factor for heart disease compared to all other residents ages 20-64.

Reported Walking Trail Use

Residents who reported using the walking trails were more likely to report lack of exercise as a risk factor for heart disease ($41.8\% \pm 3.3\%$) compared to residents who, although aware of the walking trails, did not report using them in the last 12 months ($33.3\% \pm 4.4\%$) and those residents unaware of the walking trails and bicycle paths ($22.7\% \pm 5.3\%$) (Figure 8.5).

Figure 8.5: Awareness of 3 Targeted Risk Factors for Heart Disease by Walking Trail Awareness and Use

Adults 18+, Middlesex London Health Unit Area, 2001/02

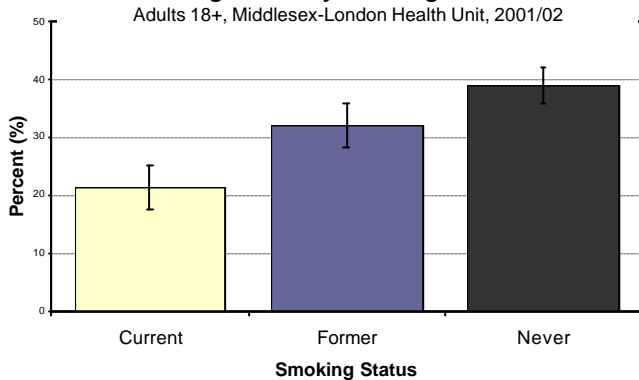


Source: RRFSS 2001/02, Waves 1-21

Residents who reported not knowing about the walking trails and bicycle paths were less likely to report lack of exercise ($22.7\% \pm 5.3\%$), unhealthy eating ($47.5\% \pm 6.4\%$) or smoking ($37.0\% \pm 6.1\%$) as risk factors for heart disease than those that reported knowing about the trails.

Current smokers are the least likely group to report eating five or more servings of fruits or vegetables daily ($21.3\% \pm 3.8\%$) compared to former smokers ($32.0\% \pm 3.9\%$) or adults who reported never smoking ($38.9\% \pm 3.2\%$).

Figure 8.6: Daily Consumption of 5 or more Fruits & Vegetables by Smoking Status



Source: RRFSS 2001/02, Waves 1-21

Data and Methods

All twenty-one waves included questions related to multiple risk factor prevalence. Only those who responded to each of the smoking, unhealthy eating and weight questions were included in the evaluation for multiple risk factors. Those who did not respond to any individual question were excluded prior to calculating proportions provided the non-response category represented less than 5% of the total respondents. All weighted proportions were provided with 95% confidence intervals.

Definitions

Prevalence of Multiple Risk Factors - Smoking: Current smokers were considered to have the “smoking” risk factor.

- Overweight: Residents with a BMI>27 were considered to have the “overweight” risk factor.
- Unhealthy Eating: Residents who consume fewer than 5 servings of fruits & vegetables daily were considered to have the “unhealthy eating” risk factor.

Smoking - Current smokers - Respondents who were smoking at the time of the interview, and included daily smokers and occasional smokers (also known as non-daily smokers). Smoking status was determined from the response to the question: “Currently do you smoke cigarettes everyday, some days, or not at all”. This question was asked only to those who indicated that they had smoked at least 100 cigarettes in their lifetime.

Smoking - Daily smokers - Respondents who reported smoking at least one cigarette per day for each of the 30 days preceding the survey.

Smoking - Occasional smokers - Respondents who reported smoking at least one cigarette during the past 30 days preceding the survey, but not every day.

Smoking - Former smokers - Respondents who were not smoking at the time of the interview but answered “Yes” to the question “Have you smoked at least 100 cigarettes in your life?”.

Smoking - Never smokers - Respondents who were not smoking at the time of the interview but answered “No” to the question “Have you smoked at least 100 cigarettes in your life?”.

Canadian BMI Standards - Body mass index (BMI)- Canadian standard, which relates weight to height, is a common method of determining if an individual’s weight is in a healthy range based on their height. BMI is calculated as follows: weight in kilograms divided in height in meters squared.

The index is: under 20 (underweight), 20-24.9 (acceptable weight), 25-27.0 (some excess weight) and greater than 27 (overweight). The index is calculated for those aged 20 to 64 excluding pregnant women and persons less than three feet (0.914 meters) tall or greater than 6 feet 11 inches (2.108 metres).

Nutritional Status - The following questions were used to estimate the number of fruits and vegetables residents of Middlesex-London consumed daily. The proportion of adults who consume five or more daily servings of fruits and vegetables was calculated.

- How many times per day, week, month do you drink 100% fruit juice such as orange, grapefruit or tomato juice?
- Not counting juice, how many times per day, week, month do you eat fruit?
- How many times a day, week, month do you eat a green salad?
- Not including french fries, fried potatoes or potato chips, how many times per day week or month do you eat potatoes?
- What about carrots? How many times per day, week or month do you eat carrots?
- Not counting carrots, potatoes or green salad, how many times per day week or month do you eat other vegetables?

Awareness of risk factors for heart disease - Respondents were asked “In your opinion, what are the main causes of heart disease?”

- Possible options for responses included “Yes, No, Don’t Know or Refusal”.

- Smoking as a risk factor for heart disease included smoking or tobacco use. Respondents were asked "In your opinion, what are the main causes of heart disease? Smoking/Tobacco use?"
- Unhealthy eating as a risk factor for heart disease included poor diet (not eating properly, overeating, and poor choice of food) as well as eating too many fatty foods and foods high in cholesterol.
- Respondents were asked "In your opinion, what are the main causes of heart disease? Poor Diet (Not Eating Properly, Overeating, Poor choice of food) Too many fatty foods? and Foods High in Cholesterol?"
- Lack of exercise as a risk factor for heart disease included questions about lack of exercise and being overweight/obesity.
- Respondents were asked "In your opinion, what are the main causes of heart disease? Lack of Exercise? Being overweight/obesity?"

Appendix H: Multiple Risk Factors contains the summary tables on prevalence of multiple risk factors (unhealthy eating, smoking, lack of exercise) from the RRFSS (2001/02) dataset.

Summary

This community health status report was undertaken by the Good Hearted Living Program to measure the impact on population level changes in knowledge and behaviours related to heart disease in London and Middlesex County. The Good Hearted Living Middlesex-London Heart Health Program, a provincial initiative, was originally intended as a five-year project. The program has recently been extended to run until March 2008.

Local data from the Rapid Risk Factor Surveillance System (RRFSS) and the Canadian Community Health Survey (CCHS) was used to assess the progress on Good Hearted Living Program objectives. Local objectives as well as those set by the Mandatory Health Programs and Services Guidelines are listed along with prevalence of attitudes and behaviours related to heart disease for the residents of London and Middlesex County. Many of the Program objectives have been achieved; others have not yet been attained but have seen progress since implementation; others require significant gains be made in order that they be achieved by the target date.

Local Heart Health Behavioural Objectives

Local Objective: Less than 31% of males over 15 years will be smokers by March 2003

Assessment: ✓ **Achieved**

*Partial evaluation shows that only **25.6%** ($\pm 2.7%$) of males 18 years and older are smokers.*

Local Objective: Less than 23% of females over 15 years will be smokers by March 2003

Assessment: ✓ **Achieved**

*Partial evaluation shows that only **22%** ($\pm 2.4%$) of females 18 years and older are smokers.*

Local Objective: Less than 16% of youth (age 12 – 19) will be smokers by March 2003.

Assessment: **Progress**.

*Evaluation shows that **14%** ($\pm 6.1%$) of youth (aged 12-19) are smokers.*

Local Objective: At least 53% of males over 15 will exercise regularly by March 2003

Assessment: **Progress**.

*Evaluation shows that **50%** ($\pm 3.4%$) of males ages 12+ are physically active or moderately active*

Local Objective: At least 59% of youth will participate in daily physical activity by March 2003

Assessment: **Progress**.

*Evaluation shows that **61%** ($\pm 9.2%$) of youth (12-19) are physically or moderately active.*

Local Objective: Less than 30% of adult males will be overweight (have a BMI over 27) by March 2003

Assessment: **Work Needed**.

*Evaluation shows that **40.8%** ($\pm 3.4%$) of adult males (20-64) are overweight (have a BMI >27).*

Local Objective: Objective: Less than 23% of adult females will be overweight (have a BMI over 27)

Assessment: **Work Needed**.

*Evaluation shows that **25.5%** ($\pm 3.1%$) of adult females (20-64) are overweight (have a BMI >27).*

Local Objective: At least 48% of females over 15 will exercise regularly by March 2003

Assessment: **Work Needed**.

*Evaluation shows that **43%** ($\pm 3.4%$) of females ages 12+ are physically active or moderately active*

Local Heart Health Knowledge-based Objectives

Local Objective: Increase the number of residents aware of area walking trails and bicycle paths.

Assessment: ✓ **Achieved**.

*Evaluation shows **82.4%** ($\pm 2.4%$) of city and county residents are aware of the trails and bicycle paths in London; 54.7% ($\pm 2.4%$) know and use the walking*

trails and 27.7% (\pm 2.1%) are aware of the walking trails and bicycle paths in the area.

Local Objective: Increase resident awareness of the Eat Smart! Restaurant Program

Assessment: **Progress.**

Evaluation shows **43%** of residents reported knowing about Eat Smart!, Ontario's Healthy Restaurant Program. 86.2% of residents have eaten at or ordered take-out food from a restaurant in the last year. Potential exists to further increase awareness of Eat Smart!.

Local Objective: Increased awareness and knowledge of risk factors for heart disease among residents by March 2003.

Assessment: **Progress**

Evaluation shows that **77%** (\pm 2.0%) of residents can identify at least 1 of 3 risk factors of heart disease: unhealthy eating, lack of exercise or smoking. Lack of exercise, the most seldom identified, was only selected by a **36%** (\pm 2.1%) of residents surveyed

Ontario Mandatory Health Programs and Services Guidelines

Provincial Objective: Reduce the proportion of 12 – 19 year-olds who smoke daily to 10% by the year 2005

Assessment: **✓ Achievable.**

Evaluation shows that 9.2% (\pm 4.8%) of youth (12-19 year olds) are smoking daily. However, there is still room for improvement among those aged 15 to 19 years with more than 15% smoking daily.

Provincial Objective: Reduce the proportion of adult women and men who smoke daily to 15% by the year 2005

Assessment: **✓ Achievable.**

Evaluation shows that **15.9%** (\pm 2.2%) women and **21.5%** (\pm 2.5%) of men 18+ smoke daily.

Provincial Objective: Increase proportion of smoke-free public places & workplaces to 100% by the year 2005.

Assessment: **✓ Achievable.**

Recent by-law developments will create 100% smoke-free public places and workplaces in the City of London in 2003. Ongoing by-law development continues in the County of Middlesex.

Provincial Objective: Increase the proportion of smoke-free homes by the year 2010.

Assessment: **Work Needed.**

Evaluation shows that **62.8%** (\pm 2.5%) of Middlesex-London residents live in smoke-free homes. Increases in the proportion of smoke-homes by the year 2010 possible.

Provincial Objective: Increase to 75%, the proportion of the population age 4 years and older consuming 5 or more servings of vegetables & fruits daily by the year 2010

Assessment: **Work Needed.**

Partial Evaluation shows that 32.7% (\pm 2.1%) of residents 18 years and older and 38.3% (\pm 3.5%) 12 years and older consume 5 or more servings of fruits and vegetables daily. Results are not directly comparable to the objective; however, a substantial gap appears to exist between the proposed target rate of 75% and the observed rates for residents 18 years and older and 12 years and older.

Provincial Objective: Slow the decrease in the proportion of adults ages 20-64 with healthy weight status (BMI 20-27) by the year 2010

Assessment: **Work Needed.**

Evaluation shows that **40.8%** (\pm 3.4%) of adult males (20-64) and **25.5%** (\pm 3.1%) of adult females (20-64) and have a BMI >27. Results from a decade earlier (1990) show 32% (\pm 6%) of men and 24% (\pm 5%) of women had a BMI >27. Results indicate further efforts are necessary to slow the decrease in the proportion of men with healthy weight status.

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Appendix A

Heart Disease Risk Factor							
Source: RRFSS 2001/02, Waves 1-21							
Awareness of Smoking as a Risk Factor for Heart Disease							
Gender	Smoking			Not Chosen			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
Male	447	49.6	3.3	454	50.4	3.3	901
Female	450	44.1	3	570	55.9	3	1020
Total	897	46.7	2.2	1024	53.3	2.2	1921
Age Group	Smoking			Not Chosen			Total
	Count	% within Age Group	95% C.I.	Count	%	95% C.I.	
18-24	141	45.9	5.6	166	54.1	5.6	307
25-44	349	47.7	3.6	382	52.3	3.6	731
45-64	311	50.7	4	303	49.3	4	614
65+	87	35.1	5.9	161	64.9	5.9	248
Total	888	46.7	2.2	1012	53.3	2.2	1900
Income	Smoking			Not Chosen			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
< \$40,000	235	44.3	4.2	295	55.7	4.2	530
40 to < 70,000	215	48.1	4.6	232	51.9	4.6	447
70 to < 100,000	116	51.6	6.5	109	48.4	6.5	225
\$100,000+	113	50	6.5	113	50	6.5	226
Total	679	47.5	2.6	749	52.5	2.6	1428
Education	Smoking			Not Chosen			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
< HS	96	45.5	6.7	115	54.5	6.7	211
HS+	329	45.4	3.6	395	54.6	3.6	724
Post 2nd grad	468	47.9	3.1	509	52.1	3.1	977
Total	893	46.7	2.2	1019	53.3	2.2	1912
Awareness of Unhealthy Eating as a Risk Factor for Heart Disease							
Gender	Unhealthy Eating			Not Chosen			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
Male	531	61.2	3.2	336	38.8	3.2	867
Female	604	61	3	386	39	3	990
Total	1135	61.1	2.2	722	38.9	2.2	1857

Age Group	Unhealthy Eating			Not Chosen			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
18-24	181	60.3	5.5	119	39.7	5.5	300
25-44	471	67.1	3.5	231	32.9	3.5	702
45-64	364	61.5	3.9	228	38.5	3.9	592
65+	107	44.2	6.3	135	55.8	6.3	242
Total	1123	61.2	2.2	713	38.8	2.2	1836

Income	Unhealthy Eating			Not Chosen			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
< \$40,000	286	55.4	4.3	230	44.6	4.3	516
40 to < 70,000	284	65.4	4.5	150	34.6	4.5	434
70 to < 100,000	138	63.6	6.4	79	36.4	6.4	217
\$100,000+	155	71.8	6	61	28.2	6	216
Total	863	62.4	2.6	520	37.6	2.6	1383

Education	Unhealthy Eating			Not Chosen			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
< HS	77	37.6	6.6	128	62.4	6.6	205
HS+	412	58.4	3.6	294	41.6	3.6	706
Post 2nd grad	642	68.4	3	297	31.6	3	939
Total	1131	61.1	2.2	719	38.9	2.2	1850

Awareness of Lack of Exercise as a Risk Factor for Heart Disease

Gender	Lack Of Exercise			Not Chosen			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
Male	309	34.3	3.1	591	65.7	3.1	900
Female	376	36.8	3	645	63.2	3	1021
Total	685	35.7	2.1	1236	64.3	2.1	1921

Age Group	Lack Of Exercise			Not Chosen			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
18-24	106	34.5	5.3	201	65.5	5.3	307
25-44	271	37.1	3.5	460	62.9	3.5	731
45-64	236	38.4	3.8	379	61.6	3.8	615
65+	63	25.4	5.4	185	74.6	5.4	248
Total	676	35.6	2.2	1225	64.4	2.2	1901

Income	Lack Of Exercise			Not Chosen			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
< \$40,000	176	33.2	4	354	66.8	4	530
40 to < 70,000	166	37.1	4.5	282	62.9	4.5	448
70 to < 100,000	88	39.3	6.4	136	60.7	6.4	224
\$100,000+	116	51.3	6.5	110	48.7	6.5	226
Total	546	38.2	2.5	882	61.8	2.5	1428

Education	Lack Of Exercise			Not Chosen			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
< HS	41	19.4	5.3	170	80.6	5.3	211
HS+	237	32.7	3.4	487	67.3	3.4	724
Post 2nd grad	407	41.6	3.1	571	58.4	3.1	978
Total	685	35.8	2.1	1228	64.2	2.1	1913
Risk Factors For Heart Disease							
	Count	%	95% CI				
Identified 1/3	732	35.0	2.0				
Identified 2/3	678	32.5	2.0				
Identified 3/3	209	10.0	1.3				
Did Not Identify Any	271	13.0	1.4				
Not Sure of Any Risk Factors	199	9.5	1.3				
Total	2089	100.0	0.0				

Appendix B

Adult 18+ Smoking						
Source: RRFSS 2001/02, Waves 1-21						
Smoking Status: Current, Former, Never						
	Current			Former		
Gender	Count	%	95% C.I.	Count	%	95% C.I.
Male	258	25.6	2.7	336	33.3	2.9
Female	242	22	2.4	273	24.8	2.5
Total	500	23.7	1.8	609	28.9	1.9
	Never					
Gender	Count	%	95% C.I.	Total		
Male	414	41.1	3	1008		
Female	587	53.3	2.9	1102		
Total	1001	47.4	2.1	2110		
	Current			Former		
Age Group	Count	%	95% C.I.	Count	%	95% C.I.
18-24	110	30.3	4.7	29	8	2.8
25-44	224	28.3	3.1	206	26	3.1
45-64	131	20	3.1	238	36.3	3.7
65+	34	12.3	3.9	130	47.1	5.9
Total	499	23.9	1.8	603	28.9	1.9
	Never					
Age Group	Count	%	95% C.I.	Total		
18-24	224	61.7	5	363		
25-44	362	45.7	3.5	792		
45-64	287	43.8	3.8	656		
65+	112	40.6	5.8	276		
Total	985	47.2	2.1	2087		
	Current			Former		
Education	Count	%	95% C.I.	Count	%	95% C.I.
< HS	78	31.6	5.8	91	36.8	6
HS+	210	25.9	3	240	29.6	3.1
Post 2nd grad	211	20.3	2.4	271	26.1	2.7
Total	499	23.8	1.8	602	28.7	1.9
	Never					
Education	Count	%	95% C.I.	Total		
< HS	78	31.6	5.8	247		
HS+	361	44.5	3.4	811		
Post 2nd grad	557	53.6	3	1039		
Total	996	47.5	2.1	2097		

	Current			Former		
Household Income	Count	%	95% C.I.	Count	%	95% C.I.
< \$50,000	191	24.7	3	224	29	3.2
50 to < 100,000	118	21.9	3.5	162	30.1	3.9
\$100,000+	60	25.5	5.6	65	27.7	5.7
Total	369	23.9	2.1	451	29.2	2.3
	Never					
Household Income	Count	%	95% C.I.	Total		
< \$50,000	357	46.2	3.5	772		
50 to < 100,000	258	48	4.2	538		
\$100,000+	110	46.8	6.4	235		
Total	725	46.9	2.5	1545		
	Current			Former		
Language at Home	Count	%	95% C.I.	Count	%	95% C.I.
English	473	24.1	1.9	586	29.8	2
Other	27	18.8	6.4	22	15.3	5.9
Total	500	23.7	1.8	608	28.8	1.9
	Never					
Language at Home	Count	%	95% C.I.	Total		
English	905	46.1	2.2	1964		
Other	95	66	7.7	144		
Total	1000	47.4	2.1	2108		
	Current			Former		
Region	Count	%	95% C.I.	Count	%	95% C.I.
City of London	350	23.0	2.1	453	29.8	2.3
Middlesex County	133	25	3.7	145	27.2	3.8
Total	483	23.5	1.8	598	29.1	2
	Never					
Region	Count	%	95% C.I.	Total		
City of London	716	47.1	2.5	1519		
Middlesex County	255	47.8	4.2	533		
Total	971	47.3	2.2	2052		

Smoking Status: Daily, Occasional, Former, Never

	Daily			Occasional			
Gender	Count	%	95% C.I.	Count	%	95% C.I.	
Male	217	21.5	2.5	42	4.2	1.2	
Female	175	15.9	2.2	67	6.1	1.4	
Total	392	18.6	1.7	109	5.2	0.9	
	Former			Never			
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Total
Male	336	33.3	2.9	414	41	3	1009
Female	273	24.8	2.5	587	53.3	2.9	1102
Total	609	28.8	1.9	1001	47.4	2.1	2111

	Daily			Occasional			
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	
18-24	82	22.6	4.3	28	7.7	2.7	
25-44	172	21.7	2.9	53	6.7	1.7	
45-64	110	16.8	2.9	21	3.2	1.3	
65+	27	9.8	3.5	7	2.5	1.8	
Total	391	18.7	1.7	109	5.2	1	
	Former			Never			
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Total
18-24	29	8	2.8	224	61.7	5	363
25-44	206	26	3.1	362	45.6	3.5	793
45-64	238	36.3	3.7	287	43.8	3.8	656
65+	130	47.1	5.9	112	40.6	5.8	276
Total	603	28.9	1.9	985	47.2	2.1	2088
	Daily			Occasional			
Education	Count	%	95% C.I.	Count	%	95% C.I.	
< HS	72	29.1	5.7	6	2.4	1.9	
HS+	172	21.2	2.8	38	4.7	1.5	
Post 2nd grad	146	14.1	2.1	65	6.3	1.5	
Total	390	18.6	1.7	109	5.2	1	
	Former			Never			
Education	Count	%	95% C.I.	Count	%	95% C.I.	Total
< HS	91	36.8	6	78	31.6	5.8	247
HS+	240	29.6	3.1	361	44.5	3.4	811
Post 2nd grad	271	26.1	2.7	557	53.6	3	1039
Total	602	28.7	1.9	996	47.5	2.1	2097
	Daily			Occasional			
Household Income	Count	%	95% C.I.	Count	%	95% C.I.	
< \$50,000	151	19.6	2.8	40	5.2	1.6	
50 to < 100,000	95	17.7	3.2	23	4.3	1.7	
\$100,000+	42	17.9	4.9	18	7.7	3.4	
Total	288	18.6	1.9	81	5.2	1.1	
	Former			Never			
Household Income	Count	%	95% C.I.	Count	%	95% C.I.	Total
< \$50,000	224	29	3.2	357	46.2	3.5	772
50 to < 100,000	162	30.1	3.9	258	48	4.2	538
\$100,000+	65	27.7	5.7	110	46.8	6.4	235
Total	451	29.2	2.3	725	46.9	2.5	1545

	Daily			Occasional			
Language at Home	Count	%	95% C.I.	Count	%	95% C.I.	
English	372	18.9	1.7	101	5.1	1	
Other	20	13.9	5.7	7	4.9	3.5	
Total	392	18.6	1.7	108	5.1	0.9	
	Former			Never			
Language at Home	Count	%	95% C.I.	Count	%	95% C.I.	Total
English	586	29.8	2	905	46.1	2.2	1964
Other	22	15.3	5.9	95	66	7.7	144
Total	608	28.8	1.9	1000	47.4	2.1	2108
	Daily			Occasional			
Region	Count	%	95% C.I.	Count	%	95% C.I.	
City of London	279	18.4	1.9	71	4.7	1.1	
Middlesex County	99	18.6	3.3	34	6.4	2.1	
Total	378	18.4	1.7	105	5.1	1	
	Former			Never			
Region	Count	%	95% C.I.	Count	%	95% C.I.	Total
City of London	453	29.8	2.3	716	47.1	2.5	1519
Middlesex County	145	27.2	3.8	255	47.8	4.2	533
Total	598	29.1	2	971	47.3	2.2	2052
Smoking Status	Count	%	95% CI				
Daily	392	18.6	1.7				
Occasional	109	5.2	0.9				
Former	609	28.8	1.9				
Never	1001	47.4	2.1				
Total	2111	100.0					
Smoking Status	Count	%	95% CI				
Current	500	23.7	1.8				
Former	610	28.9	1.9				
Never	1001	47.4	2.1				
	Daily			Occasional			
Gender	Age Group	Count	%	95% CI	Count	%	95% CI
Male	18-24	48	27.9	6.7	...	...	...
	25-44	98	23.7	4.1	...	...	...
	45-64	60	19.2	4.4	...	...	...
	65+	10	9.7	5.7	...	...	...
Female	18-24	34	17.8	5.4	24	2.3	2.1
	25-44	73	19.3	4.0	28	6.1	2.4
	45-64	49	14.3	3.7	10	3.5	2.0
	65+	17	9.9	4.5	6	1.0	1.5

Gender	Age Group	Former			Never		
		Count	%	95% CI	Count	%	95% CI
Male	18-24	20	11.6	4.8	100	58.1	7.4
	25-44	103	24.9	4.2	187	45.3	4.8
	45-64	142	45.5	5.5	99	31.7	5.2
	65+	70	68.0	9.0	22	21.4	7.9
Female	18-24	9	4.7	3.0	124	64.9	6.8
	25-44	103	27.2	4.5	175	46.2	5.0
	45-64	96	28.1	4.8	187	54.7	5.3
	65+	59	34.3	7.1	90	52.3	7.5

Gender	Age Group	Total	
Male	18-24	172	
	25-44	413	
	45-64	312	
	65+	103	
Female	18-24	191	
	25-44	379	
	45-64	342	
	65+	172	
Readiness to Quit			
	Count	%	95% CI
currently not thinking of quitting	122	24.5	3.8
considering quitting	231	46.1	4.4
committed to quitting	85	17.0	3.3
Going to quit not sure when	44	8.7	2.5
Don't know	19	3.7	1.7
Total	500	100.0	

Appendix C

Youth Smoking			
Sources: RRFSS 2001/02, Waves 1-12 & CCHS 1996/7 - 2000/01			
Youth Smoking Status			
2000/01			
Both sexes (15-19)	Count	%	95% CI
Daily smoker	4,136	15.2	7.3
Occasional smoker	2,243	8.2	5
Former smoker	5,715	20.9	9.4
Never smoked	14834	54.4	11.6
Smoking status, not stated	F	F	F
Youth Smoking Status			
1996/1997			
Both sexes (15-19)	Count	%	95% CI
Daily smoker	138505	18.4	1.9
Occasional smoker	45656	6.1	1.2
Former smoker	139558	18.6	2
Never smoked	426360	56.7	2.5
Youth Smoking Status			
2000/01			
Both sexes 12-19 years	Count	%	95% CI
Daily smoker	4,136	9.2	4.8
Occasional smoker	2,243	5	3
Former smoker	7,030	15.6	6.7
Never smoked	31,220	69.4	8.6
Smoking status, not stated	F	F	F
Youth Smoking Status			
1996/1997			
Both sexes 12-19 years	Count	%	95% CI
Current daily or occasional smoker	203034	17	1.5
Daily smoker	146950	12.3	1.3
Occasional smoker	56085	4.7	0.8
Former smoker	195542	16.4	1.6
Never smoked	792619	66.3	2

In the last six months, has a young person, under 19 years of age, asked you to GIVE them cigarettes?						
	Yes			No		
Gender	Count	%	95% C.I.	Count	%	95% C.I.
Male	117	21	3.4	441	79	3.4
Female	74	12.1	2.6	537	87.7	2.6
Total	191	16.3	2.1	978	83.6	2.1
Don't know						
Gender	Count	%	95% C.I.	Total		
Male				558		
Female	...	...	...	612		
Total	...	...	...	1170		
In the last six months, has a young person, under 19 years of age, asked you to GIVE them cigarettes?						
	Yes			No		
Age Group	Count	%	95% C.I.	Count	%	95% C.I.
18-24	62	34.4	6.9	118	65.6	6.9
25-44	84	18.1	3.5	380	81.9	3.5
45-64	39	10.6	3.1	329	89.4	3.1
65+	6	3.8	3	150	95.5	3.2
Total	191	16.3	2.1	977	83.6	2.1
Don't know						
Age Group	Count	%	95% C.I.	Total		
18-24				180		
25-44				464		
45-64				368		
65+	...	...	...	157		
Total	...	...	...	1169		
In the last six months, has a young person, under 19 years of age, asked you to GIVE them cigarettes?						
	Yes			No		
Education	Count	%	95% C.I.	Count	%	95% C.I.
< HS	20	16.1	6.5	103	83.1	6.6
HS+	97	22	3.9	344	78	3.9
Post 2nd grad	75	12.5	2.6	524	87.5	2.6
Total	192	16.5	2.1	971	83.4	2.1
Don't know						
Education	Count	%	95% C.I.	Total		
< HS	...	...	...	124		
HS+				441		
Post 2nd grad				599		
Total	...	...	...	1164		

In the last six months, has a young person, under 19 years of age, asked you to GIVE them cigarettes?						
	Yes			No		
Income	Count	%	95% C.I.	Count	%	95% C.I.
< \$50,000	90	21.8	4	321	77.9	4
50 to < 100,000	41	13.8	3.9	256	86.2	3.9
\$100,000+	22	16.9	6.4	108	83.1	6.4
Total	153	18.2	2.6	685	81.6	2.6
Don't know						
Income	Count	%	95% C.I.	Total		
< \$50,000	...	...	...	412		
50 to < 100,000				297		
\$100,000+				130		
Total	...	...	...	839		

In the last six months, has a young person, under 19 years of age, asked you to GIVE them cigarettes?						
	Yes			No		
Language	Count	%	95% C.I.	Count	%	95% C.I.
English	177	16.2	2.2	912	83.7	2.2
Other	15	18.5	8.5	66	81.5	8.5
Total	192	16.4	2.1	978	83.5	2.1
Don't know						
Language	Count	%	95% C.I.	Total		
English	...	...	...	1090		
Other				81		
Total	...	...	...	1171		

In the last six months, has a young person, under 19 years of age, asked you to GIVE them cigarettes?						
	Yes			No		
Region	Count	%	95% C.I.	Count	%	95% C.I.
City of London	143	17	2.5	696	83	2.5
Middlesex County	38	13.1	3.9	252	86.6	3.9
Total	181	16	2.1	948	83.9	2.1
Don't know						
Region	Count	%	95% C.I.	Total		
City of London				839		
Middlesex County	...	...	...	291		
Total	...	...	...	1130		

In the last six months, has a young person, under 19 years of age, asked you to GIVE them cigarettes?						
	Yes			No		
SFHOME	Count	%	95% C.I.	Count	%	95% C.I.
Smoke Free Home	83	36.7	6.3	143	63.3	6.3
Smoking in Home	99	11.7	2.2	747	88.2	2.2
Total	182	17	2.2	890	82.9	2.3
Don't know						
SFHOME	Count	%	95% C.I.	Total		
Smoke Free Home				226		
Smoking in Home	...	...	...	847		
Total	...	...	...	1073		
Did you give them the cigarettes?						
	Yes			No		
Gender	Count	%	95% C.I.	Count	%	95% C.I.
Male	8	6.8	4.6	106	90.6	5.3
Female	7	9.3	6.6	68	90.7	6.6
Total	15	7.8	3.8	174	90.6	4.1
Don't know						
Gender	Count	%	95% C.I.	Total		
Male	...	...	...	117		
Female				75		
Total	...	...	...	192		
Can you tell me the age that a person has to be before he or she buys tobacco products in Ontario?						
< 19 years	496	42.3	2.8			
19 years	518	44.3	2.8			
> 19 years	80	6.9	1.4			
Don't know	77	6.5	1.4			
Total	1170	100.0				

Appendix D

Smoke-Free Places										
Source: RRFSS 2001/02, Waves 5-21										
Completely Smoke-Free Homes										
	Completely SF			Some Smoking Allowed			Smoking Allowed			
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Count	%	95% C.I.	Total
Male	451	58.6	3.5	171	22.2	2.9	147	19.1	2.8	769
Female	570	61.3	3.1	212	22.8	2.7	148	15.9	2.4	930
Total	1021	60.1	2.3	383	22.5	2	295	17.4	1.8	1699
Completely Smoke-Free Homes										
	Completely SF			Some Smoking Allowed			Smoking Allowed			
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Count	%	95% C.I.	Total
18-24	123	55.9	6.6	46	20.9	5.4	51	23.2	5.6	220
25-44	382	58.7	3.8	136	20.9	3.1	133	20.4	3.1	651
45-64	329	62.9	4.1	110	21	3.5	84	16.1	3.1	523
65+	169	59.5	5.7	89	31.3	5.4	26	9.2	3.4	284
Total	1003	59.8	2.3	381	22.7	2	294	17.5	1.8	1678
Completely Smoke-Free Homes										
	Completely SF			Some Smoking Allowed			Smoking Allowed			Total
Education	Count	%	95% C.I.	Count	%	95% C.I.	Count	%	95% C.I.	Count
< High School	108	47.6	6.5	56	24.7	5.6	63	27.8	5.8	227
High School graduate	353	55.2	3.9	163	25.5	3.4	123	19.2	3.1	639
Post-secondary graduate	551	67.3	3.2	160	19.5	2.7	108	13.2	2.3	819
Total	1012	60.1	2.3	379	22.5	2	294	17.4	1.8	1685
Completely Smoke-Free Homes										
	Completely SF			Some Smoking Allowed			Smoking Allowed			Total
Income	Count	%	95% C.I.	Count	%	95% C.I.	Count	%	95% C.I.	Total
< \$50,000	407	55.6	3.6	183	25	3.1	142	19.4	2.9	732
50 to < 100,000	256	65.6	4.7	77	19.7	3.9	57	14.6	3.5	390
\$100,000+	108	71.1	7.2	19	12.5	5.3	25	16.4	5.9	152
Total	771	60.5	2.7	279	21.9	2.3	224	17.6	2.1	1274

Completely Smoke-Free Homes										
	Completely SF			Some Smoking Allowed			Smoking Allowed			
Language spoken at home	Count	%	95% C.I.	Count	%	95% C.I.	Count	%	95% C.I.	Total
English	948	59.7	2.4	357	22.5	2.1	283	17.8	1.9	1588
Other	71	66.4	8.9	24	22.4	7.9	12	11.2	6	107
Total	1019	60.1	2.3	381	22.5	2	295	17.4	1.8	1695
Completely Smoke-Free Homes										
	Completely SF			Some Smoking Allowed			Smoking Allowed			
Region	Count	%	95% C.I.	Count	%	95% C.I.	Count	%	95% C.I.	Total
City of London	749	60.4	2.7	275	22.2	2.3	217	17.5	2.1	1241
Middlesex County	250	59.1	4.7	101	23.9	4.1	72	17	3.6	423
Total	999	60	2.4	376	22.6	2	289	17.4	1.8	1664
Rules About Smoking For Visitors										
	No Smoking Allowed			Smoking Allowed			Don't know			
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Count	%	95% C.I.	Total
Male	454	58.7	3.5	315	40.8	3.5	...	...	...	773
Female	580	62	3.1	350	37.4	3.1	5	0.5	0.5	935
Total	1034	60.5	2.3	665	38.9	2.3	9	0.5	0.3	1708
Rules About Smoking For Visitors										
	No Smoking Allowed			Smoking Allowed			Don't know			
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Count	%	95% C.I.	Total
18-24	126	57	6.5	94	42.5	6.5	...	...	...	221
25-44	388	59.5	3.8	263	40.3	3.8	...	...	...	652
45-64	332	63	4.1	191	36.2	4.1	...	...	...	527
65+	170	59.2	5.7	114	39.7	5.7	...	...	...	287
Total	1016	60.2	2.3	662	39.2	2.3	9	0.5	0.3	1687
Rules About Smoking For Visitors										
	No Smoking Allowed			Smoking Allowed			Don't know			
Education	Count	%	95% C.I.	Count	%	95% C.I.	Count	%	95% C.I.	Total
< HS	108	47	6.5	119	51.7	6.5	...	...	...	230
HS+	360	56.3	3.8	279	43.6	3.8	...	...	...	640
Post 2nd grad	557	67.6	3.2	262	31.8	3.2	5	0.6	0.5	824
Total	1025	60.5	2.3	660	39	2.3	9	0.5	0.3	1694

Rules About Smoking For Visitors										
Income	No Smoking Allowed			Smoking Allowed			Don't know			Total
	Count	%	95% C.I.	Count	%	95% C.I.	Count	%	95% C.I.	
< \$50,000	414	56.3	3.6	318	43.3	3.6	...	...	...	735
50 to < 100,000	258	66	4.7	132	33.8	4.7	...	...	...	391
\$100,000+	108	70.1	7.2	44	28.6	7.1	...	...	...	154
Total	780	60.9	2.7	494	38.6	2.7	6	0.5	0.4	1280

Rules About Smoking For Visitors										
Language	No Smoking Allowed			Smoking Allowed			Don't know			Total
	Count	%	95% C.I.	Count	%	95% C.I.	Count	%	95% C.I.	
English	960	60.1	2.4	628	39.3	2.4	9	0.6	0.4	1597
Other	72	67.3	8.9	35	32.7	8.9	...	...	...	107
Total	1032	60.6	2.3	663	38.9	2.3	9	0.5	0.3	1704

Rules About Smoking For Visitors										
City of London vs Middlesex County	No Smoking Allowed			Smoking Allowed			Don't know			Total
	Count	%	95% C.I.	Count	%	95% C.I.	Count	%	95% C.I.	
City of London	759	60.8	2.7	482	38.6	2.7	7	0.6	0.4	1248
2	253	59.5	4.7	170	40	4.7	...	...	...	425
Total	1012	60.5	2.3	652	39	2.3	9	0.5	0.3	1673

Rules About Smoking In Cars							
Gender	No Smoking Allowed			Smoking Allowed			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
Male	502	68.3	3.4	233	31.7	3.4	735
Female	541	74.3	3.2	187	25.7	3.2	728
Total	1043	71.3	2.3	420	28.7	2.3	1463

Rules About Smoking In Cars							
Age Group	No Smoking Allowed			Smoking Allowed			Total Count
	Count	%	95% C.I.	Count	%	95% C.I.	
18-24	138	60.3	6.3	91	39.7	6.3	229
25-44	384	68.2	3.8	179	31.8	3.8	563
45-64	377	75.9	3.8	120	24.1	3.8	497
65+	129	81.1	6.1	30	18.9	6.1	159
Total	1028	71	2.3	420	29	2.3	1448

Rules About Smoking In Cars							
	No Smoking Allowed			Smoking Allowed			
Education	Count	%	95% C.I.	Count	%	95% C.I.	Total
< HS	84	56.8	8	64	43.2	8	148
HS+	369	65.7	3.9	193	34.3	3.9	562
Post 2nd grad	586	78.3	3	162	21.7	3	748
Total	1039	71.3	2.3	419	28.7	2.3	1458

Rules About Smoking In Cars							
	No Smoking Allowed			Smoking Allowed			
Income	Count	%	95% C.I.	Count	%	95% C.I.	Total
< \$50,000	351	68.2	4	164	31.8	4	515
50 to < 100,000	293	72.5	4.4	111	27.5	4.4	404
\$100,000+	144	75.8	6.1	46	24.2	6.1	190
Total	788	71.1	2.7	321	28.9	2.7	1109

Rules About Smoking In Cars							
	No Smoking Allowed			Smoking Allowed			
Language	Count	%	95% C.I.	Count	%	95% C.I.	Total
English	967	70.5	2.4	405	29.5	2.4	1372
Other	75	83.3	7.7	15	16.7	7.7	90
Total	1042	71.3	2.3	420	28.7	2.3	1462

Rules About Smoking In Cars							
	No Smoking Allowed			Smoking Allowed			
Region	Count	%	95% C.I.	Count	%	95% C.I.	Total
City of London	746	71.7	2.7	294	28.3	2.7	1040
Middlesex County	274	69.4	4.5	121	30.6	4.5	395
Total	1020	71.1	2.3	415	28.9	2.3	1435

How supportive are you of the by-law making restaurants smoke-free?							
	Strongly supportive			Somewhat supportive			Not very supportive
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Count
Male	293	68.6	4.4	59	13.8	3.3	24
Female	363	75.2	3.9	71	14.7	3.2	18
Total	656	72.1	2.9	130	14.3	2.3	42
	Not at all supportive			Don't know			
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Total
Male	42	9.8	2.8	9	2.1	1.4	427
Female	24	5	1.9	7	1.4	1	483
Total	66	7.3	1.7	16	1.8	0.9	910

How supportive are you of the by-law making restaurants smoke-free?							
	Strongly supportive			Somewhat supportive			Not very supportive
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Count
18-24	106	66.3	7.3	32	20	6.2	7
25-44	223	67.8	5	56	17	4.1	22
45-64	224	78.3	4.8	28	9.8	3.4	7
65+	96	76.8	7.4	12	9.6	5.2	5
Total	649	72.1	2.9	128	14.2	2.3	41
	Not at all supportive			Don't know			
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Total
18-24	14	8.8	4.4	...	...	...	160
25-44	24	7.3	2.8	4	1.2	1.2	329
45-64	21	7.3	3	6	2.1	1.7	286
65+	6	4.8	3.7	6	4.8	3.7	125
Total	65	7.2	1.7	17	1.9	0.9	900
How supportive are you of the by-law making restaurants smoke-free?							
	Strongly supportive			Somewhat supportive			Not very supportive
Education	Count	%	95% C.I.	Count	%	95% C.I.	Count
< HS	70	60.3	8.9	24	20.7	7.4	5
HS+	245	69.6	4.8	50	14.2	3.6	16
Post 2nd grad	337	77.5	3.9	56	12.9	3.2	20
Total	652	72.2	2.9	130	14.4	2.3	41
	Not at all supportive			Don't know			
Education	Count	%	95% C.I.	Count	%	95% C.I.	Total
< HS	12	10.3	5.5	5	4.3	3.7	116
HS+	33	9.4	3	8	2.3	1.6	352
Post 2nd grad	20	4.6	2	...	...	...	435
Total	65	7.2	1.7	15	1.7	0.8	903
How supportive are you of the by-law making restaurants smoke-free?							
	Strongly supportive			Somewhat supportive			Not very supportive
Income	Count	%	95% C.I.	Count	%	95% C.I.	Count
< \$50,000	249	70.1	4.8	70	19.7	4.1	14
50 to < 100,000	175	74.5	5.6	29	12.3	4.2	12
\$100,000+	76	75.2	8.4	12	11.9	6.3	7
Total	500	72.4	3.3	111	16.1	2.7	33
	Not at all supportive			Don't know			
Income	Count	%	95% C.I.	Count	%	95% C.I.	Total
< \$50,000	14	3.9	2	8	2.3	1.6	355
50 to < 100,000	17	7.2	3.3	...	...	...	235
\$100,000+	6	5.9	4.6	...	...	...	101
Total	37	5.4	1.7	10	1.4	0.9	691

How supportive are you of the by-law making restaurants smoke-free?							
	Strongly supportive			Somewhat supportive			Not very supportive
Language	Count	%	95% C.I.	Count	%	95% C.I.	Count
English	610	71.9	3	122	14.4	2.4	41
Other	44	72.1	11.3	8	13.1	8.5	...
Total	654	71.9	2.9	130	14.3	2.3	43
	Not at all supportive			Don't know			
Language	Count	%	95% C.I.	Count	%	95% C.I.	Total
English	62	7.3	1.8	13	1.5	0.8	848
Other	...	...	...	...	...	...	61
Total	66	7.3	1.7	16	1.8	0.9	909

How supportive are you of the by-law making restaurants smoke-free?							
	Strongly supportive			Somewhat supportive			Not very supportive
Region	Count	%	95% C.I.	Count	%	95% C.I.	Count
City of London	477	71.8	3.4	95	14.3	2.7	32
Middlesex County	167	73.2	5.7	34	14.9	4.6	9
Total	644	72.2	2.9	129	14.5	2.3	41
	Not at all supportive			Don't know			
Region	Count	%	95% C.I.	Count	%	95% C.I.	Total
City of London	49	7.4	2	11	1.7	1	664
Middlesex County	15	6.6	3.2	...	...	...	228
Total	64	7.2	1.7	14	1.6	0.8	892

How supportive are you of the by-law making restaurants smoke-free?							
	Strongly supportive			Somewhat supportive			Not very supportive
BYLAW	Count	%	95% C.I.	Count	%	95% C.I.	Count
Prior to Bylaw	425	55.5	3.5	179	23.4	3	59
After Bylaw	656	72.1	2.9	130	14.3	2.3	42
Total	1081	64.5	2.3	309	18.4	1.9	101
	Not at all supportive			Don't know			Refused
BYLAW	Count	%	95% C.I.	Count	%	95% C.I.	Count
Prior to Bylaw	86	11.2	2.2	15	2	1	...
After Bylaw	66	7.3	1.7	16	1.8	0.9	...
Total	152	9.1	1.4	31	1.8	0.6	...

How supportive are you for smoke-free bars?							
	Strongly supportive			Somewhat supportive			Not very supportive
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Count
Male	168	39.3	4.6	84	19.7	3.8	46
Female	189	39	4.3	129	26.7	3.9	61
Total	357	39.2	3.2	213	23.4	2.7	107

	Not at all supportive			Don't know			Refused
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Count
Male	113	26.5	4.2	16	3.7	1.8	...
Female	69	14.3	3.1	35	7.2	2.3	...
Total	182	20	2.6	51	5.6	1.5	...
How supportive are you for smoke-free bars?							
	Strongly supportive			Somewhat supportive			Not very supportive
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Count
18-24	44	27.5	6.9	45	28.1	7	30
25-44	118	35.8	5.2	90	27.3	4.8	41
45-64	139	48.6	5.8	50	17.5	4.4	27
65+	53	42.4	8.7	25	20	7	7
Total	354	39.3	3.2	210	23.3	2.8	105
	Not at all supportive			Don't know			Refused
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Count
18-24	41	25.6	6.8	...	...	...	...
25-44	78	23.6	4.6	3	0.9	1	...
45-64	45	15.7	4.2	24	8.4	3.2	...
65+	16	12.8	5.9	24	19.2	6.9	...
Total	180	20	2.6	51	5.7	1.5	...
How supportive are you for smoke-free bars?							
	Strongly supportive			Somewhat supportive			Not very supportive
Education	Count	%	95% C.I.	Count	%	95% C.I.	Count
< High School	25	21.4	7.4	25	21.4	7.4	...
High School graduate	130	37	5.1	75	21.4	4.3	50
Post-secondary graduate	200	46	4.7	111	25.5	4.1	53
Total	355	39.3	3.2	211	23.4	2.8	107
	Not at all supportive			Don't know			Refused
Education	Count	%	95% C.I.	Count	%	95% C.I.	Count
< HS	46	39.3	8.9	17	14.5	6.4	...
HS+	76	21.7	4.3	20	5.7	2.4	...
Post 2nd grad	58	13.3	3.2	12	2.8	1.6	...
Total	180	19.9	2.6	49	5.4	1.5	...

How supportive are you for smoke-free bars?							
	Strongly supportive			Somewhat supportive			Not very supportive
Income	Count	%	95% C.I.	Count	%	+95% C.I.	Count
< \$50,000	131	36.9	5	93	26.2	4.6	47
50 to < 100,000	103	43.6	6.3	53	22.5	5.3	29
\$100,000+	41	40.6	9.6	24	23.8	8.3	14
Total	275	39.7	3.6	170	24.6	3.2	90
	Not at all supportive			Don't know			Refused
Income	Count	%	95% C.I.	Count	%	95% C.I.	Count
< \$50,000	64	18	4	20	5.6	2.4	...
50 to < 100,000	42	17.8	4.9	8	3.4	2.3	...
\$100,000+	22	21.8	8.1	...	...	...	...
Total	128	18.5	2.9	28	4	1.5	...

How supportive are you for smoke-free bars?							
	Strongly supportive			Somewhat supportive			Not very supportive
Language	Count	%	95% C.I.	Count	%	95% C.I.	Count
English	321	37.9	3.3	208	24.6	2.9	98
Other	36	60	12.4	5	8.3	7	8
Total	357	39.4	3.2	213	23.5	2.8	106
	Not at all supportive			Don't know			Refused
Language	Count	%	95% C.I.	Count	%	95% C.I.	Count
English	173	20.4	2.7	46	5.4	1.5	...
Other	7	11.7	8.1	4	6.7	6.3	...
Total	180	19.8	2.6	50	5.5	1.5	...

How supportive are you for smoke-free bars?							
	Strongly supportive			Somewhat supportive			Not very supportive
Region	Count	%	95% C.I.	Count	%	95% C.I.	Count
City of London	259	38.9	3.7	155	23.3	3.2	82
Middlesex County	91	39.6	6.3	54	23.5	5.5	23
Total	350	39.1	3.2	209	23.4	2.8	105
	Not at all supportive			Don't know			Refused
Region	Count	%	95% C.I.	Count	%	95% C.I.	Count
City of London	133	20	3	35	5.3	1.7	...
Middlesex County	46	20	5.2	16	7	3.3	...
Total	179	20	2.6	51	5.7	1.5	...

How supportive are you of the by-law making restaurants smoke-free?							
	Strongly supportive			Somewhat supportive			Not very supportive
BYLAW	Count	%	95% C.I.	Count	%	95% C.I.	Count
Prior to Bylaw	425	55.5	3.5	179	23.4	3	59
After Bylaw	656	72.1	2.9	130	14.3	2.3	42
Total	1081	64.5	2.3	309	18.4	1.9	101
	Not at all supportive			Don't know			Refused
BYLAW	Count	%	95% C.I.	Count	%	95% C.I.	Count
Prior to Bylaw	86	11.2	2.2	15	2	1	...
After Bylaw	66	7.3	1.7	16	1.8	0.9	...
Total	152	9.1	1.4	31	1.8	0.6	...
What about bingo parlours?							
	Strongly supportive			Somewhat supportive			Not very supportive
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Count
Male	190	44.5	4.7	78	18.3	3.7	35
Female	258	53.4	4.4	88	18.2	3.4	37
Total	448	49.2	3.2	166	18.2	2.5	72
	Not at all supportive			Don't know			Refused
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Count
Male	72	16.9	3.6	52	12.2	3.1	...
Female	38	7.9	2.4	61	12.6	3	...
Total	110	12.1	2.1	113	12.4	2.1	...
What about bingo parlours?							
	Strongly supportive			Somewhat supportive			Not very supportive
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Count
18-24	58	36	7.4	41	25.5	6.7	33
25-44	143	43.6	5.4	79	24.1	4.6	21
45-64	167	58.2	5.7	35	12.2	3.8	14
65+	78	62.4	8.5	9	7.2	4.5	4
Total	446	49.5	3.3	164	18.2	2.5	72
	Not at all supportive			Don't know			Refused
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Count
18-24	22	13.7	5.3	7	4.3	3.1	...
25-44	49	14.9	3.9	36	11	3.4	...
45-64	31	10.8	3.6	39	13.6	4	...
65+	7	5.6	4	27	21.6	7.2	...
Total	109	12.1	2.1	109	12.1	2.1	...

What about bingo parlours?							
	Strongly supportive			Somewhat supportive			Not very supportive
Education	Count	%	95% C.I.	Count	%	95% C.I.	Count
< HS	45	38.8	8.9	18	15.5	6.6	5
HS+	171	48.7	5.2	55	15.7	3.8	41
Post 2nd grad	230	52.6	4.7	92	21.1	3.8	26
Total	446	49.3	3.3	165	18.3	2.5	72
	Not at all supportive			Don't know			Refused
Education	Count	%	95% C.I.	Count	%	95% C.I.	Count
< HS	26	22.4	7.6	22	19	7.1	...
HS+	48	13.7	3.6	36	10.3	3.2	...
Post 2nd grad	36	8.2	2.6	52	11.9	3	...
Total	110	12.2	2.1	110	12.2	2.1	...

What about bingo parlours?							
	Strongly supportive			Somewhat supportive			Not very supportive
Income	Count	%	95% C.I.	Count	%	95% C.I.	Count
< \$50,000	170	48	5.2	75	21.2	4.3	30
50 to < 100,000	128	54.5	6.4	35	14.9	4.6	16
\$100,000+	45	44.1	9.6	26	25.5	8.5	12
Total	343	49.6	3.7	136	19.7	3	58
	Not at all supportive			Don't know			Refused
Income	Count	%	95% C.I.	Count	%	95% C.I.	Count
< \$50,000	40	11.3	3.3	39	11	3.3	...
50 to < 100,000	30	12.8	4.3	25	10.6	3.9	...
\$100,000+	14	13.7	6.7	5	4.9	4.2	...
Total	84	12.2	2.4	69	10	2.2	...

What about bingo parlours?							
	Strongly supportive			Somewhat supportive			Not very supportive
Language	Count	%	95% C.I.	Count	%	95% C.I.	Count
English	420	49.6	3.4	155	18.3	2.6	65
Other	28	46.7	12.6	10	16.7	9.4	7
Total	448	49.4	3.3	165	18.2	2.5	72
	Not at all supportive			Don't know			Refused
Language	Count	%	95% C.I.	Count	%	95% C.I.	Count
English	106	12.5	2.2	100	11.8	2.2	...
Other	...	...	...	11	18.3	9.8	...
Total	110	12.1	2.1	111	12.2	2.1	...

What about bingo parlours?							
	Strongly supportive			Somewhat supportive			Not very supportive
Region	Count	%	95% C.I.	Count	%	95% C.I.	Count
City of London	322	48.4	3.8	128	19.2	3	56
Middlesex County	119	52	6.5	36	15.7	4.7	14
Total	441	49.3	3.3	164	18.3	2.5	70
	Not at all supportive			Don't know			Refused
Region	Count	%	95% C.I.	Count	%	95% C.I.	Count
City of London	78	11.7	2.4	80	12	2.5	...
Middlesex County	30	13.1	4.4	30	13.1	4.4	...
Total	108	12.1	2.1	110	12.3	2.2	...
And smoke-free bowling alleys?							
	Strongly supportive			Somewhat supportive			Not very supportive
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Count
Male	230	53.7	4.7	70	16.4	3.5	33
Female	297	61.5	4.3	91	18.8	3.5	20
Total	527	57.8	3.2	161	17.7	2.5	53
	Not at all supportive			Don't know			Refused
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Count
Male	65	15.2	3.4	30	7	2.4	...
Female	20	4.1	1.8	54	11.2	2.8	...
Total	85	9.3	1.9	84	9.2	1.9	...
And smoke-free bowling alleys?							
	Strongly supportive			Somewhat supportive			Not very supportive
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Count
18-24	75	46.9	7.7	44	27.5	6.9	21
25-44	177	54	5.4	73	22.3	4.5	20
45-64	191	66.8	5.5	36	12.6	3.8	6
65+	79	63.2	8.5	6	4.8	3.7	6
Total	522	58.1	3.2	159	17.7	2.5	53
	Not at all supportive			Don't know			Refused
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Count
18-24	18	11.3	4.9	...	...	...	...
25-44	38	11.6	3.5	20	6.1	2.6	...
45-64	20	7	3	32	11.2	3.7	...
65+	8	6.4	4.3	26	20.8	7.1	...
Total	84	9.3	1.9	80	8.9	1.9	...

And smoke-free bowling alleys?							
	Strongly supportive			Somewhat supportive			Not very supportive
Education	Count	%	95% C.I.	Count	%	95% C.I.	Count
< HS	59	50.9	9.1	11	9.5	5.3	6
HS+	190	54	5.2	66	18.8	4.1	26
Post 2nd grad	273	62.5	4.5	84	19.2	3.7	21
Total	522	57.7	3.2	161	17.8	2.5	53
	Not at all supportive			Don't know			Refused
Education	Count	%	95% C.I.	Count	%	95% C.I.	Count
< HS	17	14.7	6.4	23	19.8	7.3	...
HS+	39	11.1	3.3	31	8.8	3	...
Post 2nd grad	29	6.6	2.3	29	6.6	2.3	...
Total	85	9.4	1.9	83	9.2	1.9	...
And smoke-free bowling alleys?							
	Strongly supportive			Somewhat supportive			Not very supportive
Income	Count	%	95% C.I.	Count	%	95% C.I.	Count
< \$50,000	200	56.5	5.2	84	23.7	4.4	23
50 to < 100,000	151	64.5	6.1	32	13.7	4.4	10
\$100,000+	62	60.8	9.5	18	17.6	7.4	...
Total	413	59.9	3.7	134	19.4	3	39
	Not at all supportive			Don't know			Refused
Income	Count	%	95% C.I.	Count	%	95% C.I.	Count
< \$50,000	24	6.8	2.6	23	6.5	2.6	...
50 to < 100,000	15	6.4	3.1	25	10.7	4	...
\$100,000+	14	13.7	6.7	...	...	...	...
Total	53	7.7	2	50	7.2	1.9	...
And smoke-free bowling alleys?							
	Strongly supportive			Somewhat supportive			Not very supportive
Language	Count	%	95% C.I.	Count	%	95% C.I.	Count
English	497	58.7	3.3	149	17.6	2.6	48
Other	28	45.9	12.5	12	19.7	10	5
Total	525	57.8	3.2	161	17.7	2.5	53
	Not at all supportive			Don't know			Refused
Language	Count	%	95% C.I.	Count	%	95% C.I.	Count
English	82	9.7	2	70	8.3	1.9	...
Other	...	...	...	13	21.3	10.3	...
Total	85	9.4	1.9	83	9.1	1.9	...

And smoke-free bowling alleys?							
	Strongly supportive			Somewhat supportive			Not very supportive
Region	Count	%	95% C.I.	Count	%	95% C.I.	Count
City of London	387	58.2	3.7	122	18.3	2.9	37
Middlesex County	133	58.1	6.4	35	15.3	4.7	16
Total	520	58.2	3.2	157	17.6	2.5	53
	Not at all supportive			Don't know			Refused
Region	Count	%	95% C.I.	Count	%	95% C.I.	Count
City of London	61	9.2	2.2	57	8.6	2.1	...
Middlesex County	22	9.6	3.8	23	10	3.9	...
Total	83	9.3	1.9	80	8.9	1.9	...

Appendix E

Physical Activity						
Source: CCHS 2000/01, RRFSS 2001/02, Waves 5-21						
Leisure-time physical activity		Total, 12 years and over				
		Both sexes	Males	Females		
Physically active	Percent	24.1	29.2	19.2		
	95% CI	2.7	4	3.2		
Moderately active	Percent	21.8	20.3	23.3		
	95% CI	2.3	3.4	3.4		
Physically inactive	Percent	49.4	43.6	54.9		
	95% CI	3.3	4.6	4.1		
Physical activity, not stated	Percent	4.7	6.9E	2.6E		
Know Of and Used Trails In Past 12 Months						
		Know and Used		Know, Not Used		
Education	Count	%	95% C.I.	Count	%	95% C.I.
< HS	49	23.7	5.8	90	43.5	6.8
HS+	341	51.4	3.8	184	27.7	3.4
Post 2nd grad	532	65.6	3.3	192	23.7	2.9
Total	922	54.8	2.4	466	27.7	2.1
Did Not Know						
Education	Count	%	95% C.I.	Total		
< HS	68	32.9	6.4	207		
HS+	139	20.9	3.1	664		
Post 2nd grad	87	10.7	2.1	811		
Total	294	17.5	1.8	1682		
Know Of and Used Trails In Past 12 Months						
		Know and Used		Know, Not Used		
Gender	Count	%	95% C.I.	Count	%	95% C.I.
Male	463	57.3	3.4	232	28.7	3.1
Female	462	52.3	3.3	237	26.8	2.9
Total	925	54.7	2.4	469	27.7	2.1
Did Not Know						
Gender	Count	%	95% C.I.	Total		
Male	113	14	2.4	808		
Female	184	20.8	2.7	883		
Total	297	17.6	1.8	1691		

Know Of and Used Trails In Past 12 Months						
	Know and Used			Know, Not Used		
Age Group	Count	%	95% C.I.	Count	%	95% C.I.
18-24	166	57.6	5.7	56	19.4	4.6
25-44	401	64.6	3.8	138	22.2	3.3
45-64	299	55.3	4.2	167	30.9	3.9
65+	53	23.7	5.6	104	46.4	6.5
Total	919	54.9	2.4	465	27.8	2.1
Did Not Know						
Age Group	Count	%	95% C.I.	Total		
18-24	66	22.9	4.9	288		
25-44	82	13.2	2.7	621		
45-64	75	13.9	2.9	541		
65+	67	29.9	6	224		
Total	290	17.3	1.8	1674		
Know Of and Used Trails In Past 12 Months						
	Know and Used			Know, Not Used		
Education	Count	%	95% C.I.	Count	%	95% C.I.
< HS	49	23.7	5.8	90	43.5	6.8
HS+	341	51.4	3.8	184	27.7	3.4
Post 2nd grad	532	65.6	3.3	192	23.7	2.9
Total	922	54.8	2.4	466	27.7	2.1
Did Not Know						
Education	Count	%	95% C.I.	Total		
< HS	68	32.9	6.4	207		
HS+	139	20.9	3.1	664		
Post 2nd grad	87	10.7	2.1	811		
Total	294	17.5	1.8	1682		
Know Of and Used Trails In Past 12 Months						
	Know and Used			Know, Not Used		
Income	Count	%	95% C.I.	Count	%	95% C.I.
< \$50,000	311	49.1	3.9	171	27	3.5
50 to < 100,000	277	64.9	4.5	111	26	4.2
\$100,000+	134	70.2	6.5	50	26.2	6.2
Total	722	57.7	2.7	332	26.5	2.4
Did Not Know						
Income	Count	%	95% C.I.	Total		
< \$50,000	152	24	3.3	634		
50 to < 100,000	39	9.1	2.7	427		
\$100,000+	7	3.7	2.7	191		
Total	198	15.8	2	1252		

Know Of and Used Trails In Past 12 Months						
Language spoken at home	Know and Used			Know, Not Used		
	Count	%	95% C.I.	Count	%	95% C.I.
English	885	56.1	2.4	455	28.9	2.2
Other	40	35.7	8.9	13	11.6	5.9
Total	925	54.8	2.4	468	27.7	2.1
Did Not Know						
Language spoken at home	Count	%	95% C.I.	Total		
English	237	15	1.8	1577		
Other	59	52.7	9.2	112		
Total	296	17.5	1.8	1689		

Know Of and Used Trails In Past 12 Months						
Region	Knew and Used			Knew, Not Used		
	Count	%	95% C.I.	Count	%	95% C.I.
City of London	727	59.7	2.8	314	25.8	2.5
Middlesex County	185	41.9	4.6	153	34.6	4.4
Total	912	54.9	2.4	467	28.1	2.2
Did Not Know						
Region	Count	%	95% C.I.	Total		
City of London	177	14.5	2	1218		
Middlesex County	104	23.5	4	442		
Total	281	16.9	1.8	1660		

CCHS 2000/01 Middlesex-London Public Health Unit, Ontario Peer group I 3544

Age		Physically active		Moderately active	
		%	95% CI	%	95% CI
12-19 years	Both sexes	38.9	9.2	22.1	7.1
	Males	43.4	12.7	20.5E	9.6
	Females	34.1E	11.3	23.7E	9.3
20-34 years	Both sexes	31.3	5.7	19.3	5.2
	Males	38	10	16.7E	6.8
	Females	24.9	6.1	21.7E	7.2
35-44 years	Both sexes	21.4	5.4	24.8	4.8
	Males	23.0E	8.9	22.6E	9.9
	Females	19.7E	7.9	27.2	6.6
45-64 years	Both sexes	16.7	4.1	23.5	5.4
	Males	21.8	6.5	21.8E	7.6
	Females	12.0E	5.1	25.1	7.3
65 years and over	Both sexes	15.9	4.9	18.4	6.8
	Males	23.3E	8.4	19.6E	8.6
	Females	10.6E	5.2	17.5E	8.1

Age		Physically inactive		Physical activity, not stated	
		%	95% CI	%	95% CI
12-19 years	Both sexes	30.1	7.3	9.0E	5.3
	Males	23.3E	9.8	12.7E	7.7
	Females	37.1	10.1	F	F
20-34 years	Both sexes	43.8	7.2	5.7E	3.6
	Males	34.5	10.6	F	F
	Females	52.6	9.2	F	F
35-44 years	Both sexes	49.4	6.2	F	F
	Males	49.4	10	F	F
	Females	49.4	9.6	F	F
45-64 years	Both sexes	56.7	6.5	F	F
	Males	53.1	8.9	F	F
	Females	60.1	7.4	F	F
65 years and over	Both sexes	62.9	7.2	F	F
	Males	52.7	9.7	F	F
	Females	70.3	8.4	F	F

Appendix F

Healthy Eating							
Source: CCHS 2000/01, RRFSS 2001/02, Waves 1-21							
Have you eaten at or ordered take-out food from an Eatsmart! Designated Restaurant in the past 12 months?							
	Yes			No			
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Count
Male	35	39.3	10.1	54	60.7	10.1	89
Female	60	34.9	7.1	112	65.1	7.1	172
Total	95	36.4	5.8	166	63.6	5.8	261
Have you eaten at or ordered take-out food from an Eatsmart! Designated Restaurant in the past 12 months?							
	Yes			No			
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Total
18-24	...	...	...	...	...	...	...
25-44	40	38.1	9.3	65	61.9	9.3	105
45-64	30	34.5	10	57	65.5	10	87
65+	6	18.8	13.5	26	81.3	13.5	32
Total	94	36.3	5.9	165	63.7	5.9	259
Have you eaten at or ordered take-out food from an Eatsmart! Designated Restaurant in the past 12 months?							
	Yes			No			
Education	Count	%	95% C.I.	Count	%	95% C.I.	Total
< HS	...	...	...	...	...	...	...
HS+	33	30.3	8.6	76	69.7	8.6	109
Post 2nd grad	60	46.9	8.6	68	53.1	8.6	128
Total	95	36.5	5.9	165	63.5	5.9	260
Have you eaten at or ordered take-out food from an Eatsmart! Designated Restaurant in the past 12 months?							
	Yes			No			
Income	Count	%	95% C.I.	Count	%	95% C.I.	Total
< \$50,000	39	37.5	9.3	65	62.5	9.3	104
50 to < 100,000	26	38.2	11.5	42	61.8	11.5	68
\$100,000+	...	...	...	...	...	...	...
Total	74	37.8	6.8	122	62.2	6.8	196

Have you eaten at or ordered take-out food from an Eatsmart! Designated Restaurant in the past 12 months?

Language at Home	Yes			No			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
English	93	37.1	6	158	62.9	6	251
Other	...	...	...	...	...	...	...
Total	96	36.6	5.8	166	63.4	5.8	262

Have you eaten at or ordered take-out food from an Eatsmart! Designated Restaurant in the past 12 months?

Region	Yes			No			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
City of London	67	35.4	6.8	122	64.6	6.8	189
Middlesex County	26	38.8	11.7	41	61.2	11.7	67
Total	93	36.3	5.9	163	63.7	5.9	256

Would you say the following reasons are very important, somewhat important, or not at all important why you ate at an Eatsmart! Designated Restaurant?

First, Eatsmart! Restaurants have an exceptional standard of Food Safety and Food Handling Practices.

Gender	Important			Not at all important			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
Male	25	71.4	15	10	28.6	15	35
Female	54	88.5	8	7	11.5	8	61
Total	79	82.3	7.6	17	17.7	7.6	96

In the past year, have you eaten at OR ordered take-out food from a restaurant, including family style restaurants as well as cafeteria style and fast food restaurants?

Gender	No			Yes			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
Male	46	11.9	3.2	339	88.1	3.2	385
Female	65	15.6	3.5	353	84.4	3.5	418
Total	111	13.8	2.4	692	86.2	2.4	803

In the past year, have you eaten at OR ordered take-out food from a restaurant, including family style restaurants as well as cafeteria style and fast food restaurants?

Age Group	No			Yes			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
18-24	8	5.3	3.6	143	94.7	3.6	151
25-44	19	6.4	2.8	279	93.6	2.8	298
45-64	46	18.5	4.8	202	81.5	4.8	248
65+	36	36.7	9.5	62	63.3	9.5	98
Total	109	13.7	2.4	686	86.3	2.4	795

In the past year, have you eaten at OR ordered take-out food from a restaurant, including family style restaurants as well as cafeteria style and fast food restaurants?							
	No			Yes			
Education	Count	%	95% C.I.	Count	%	95% C.I.	Total
< HS	33	33	9.2	67	67	9.2	100
HS+	42	12.9	3.6	284	87.1	3.6	326
Post 2nd grad	34	9.1	2.9	339	90.9	2.9	373
Total	109	13.6	2.4	690	86.4	2.4	799
In the past year, have you eaten at OR ordered take-out food from a restaurant, including family style restaurants as well as cafeteria style and fast food restaurants?							
	No			Yes			
Income	Count	%	95% C.I.	Count	%	95% C.I.	Total
< \$50,000	45	14.2	3.8	273	85.8	3.8	318
50 to < 100,000	14	7.3	3.7	179	92.7	3.7	193
\$100,000+	7	8.2	5.8	78	91.8	5.8	85
Total	66	11.1	2.5	530	88.9	2.5	596
In the past year, have you eaten at OR ordered take-out food from a restaurant, including family style restaurants as well as cafeteria style and fast food restaurants?							
	No			Yes			
Language at Home	Count	%	95% C.I.	Count	%	95% C.I.	Total
English	95	12.9	2.4	643	87.1	2.4	738
Other	15	23.4	10.4	49	76.6	10.4	64
Total	110	13.7	2.4	692	86.3	2.4	802
In the past year, have you eaten at OR ordered take-out food from a restaurant, including family style restaurants as well as cafeteria style and fast food restaurants?							
	No			Yes			
Region	Count	%	95% C.I.	Count	%	95% C.I.	Total
City of London	78	13.8	2.8	487	86.2	2.8	565
Middlesex County	31	13.7	4.5	195	86.3	4.5	226
Total	109	13.8	2.4	682	86.2	2.4	791
Many restaurants have been given an Award of Excellence a special designation for exceptional food safety and food handling.							
Are you aware of any restaurants in your community that have been given this award?							
	No			Yes			
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Total
Male	310	83.3	3.8	62	16.7	3.8	372
Female	341	84.4	3.5	63	15.6	3.5	404
Total	651	83.9	2.6	125	16.1	2.6	776

Many restaurants have been given an Award of Excellence a special designation for exceptional food safety and food handling.
 Are you aware of any restaurants in your community that have been given this award?

Age Group	No			Yes			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
18-24	128	87.1	5.4	19	12.9	5.4	147
25-44	235	82.2	4.4	51	17.8	4.4	286
45-64	198	81.8	4.9	44	18.2	4.9	242
65+	83	89.2	6.3	10	10.8	6.3	93
Total	644	83.9	2.6	124	16.1	2.6	768

Many restaurants have been given an Award of Excellence a special designation for exceptional food safety and food handling.
 Are you aware of any restaurants in your community that have been given this award?

Education	No			Yes			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
< HS	82	84.5	7.2	15	15.5	7.2	97
HS+	269	85.4	3.9	46	14.6	3.9	315
Post 2nd grad	297	82.5	3.9	63	17.5	3.9	360
Total	648	83.9	2.6	124	16.1	2.6	772

Many restaurants have been given an Award of Excellence a special designation for exceptional food safety and food handling.
 Are you aware of any restaurants in your community that have been given this award?

Income	No			Yes			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
< \$50,000	244	80.3	4.5	60	19.7	4.5	304
50 to < 100,000	160	86	5	26	14	5	186
\$100,000+	71	86.6	7.4	11	13.4	7.4	82
Total	475	83	3.1	97	17	3.1	572

Many restaurants have been given an Award of Excellence a special designation for exceptional food safety and food handling.
 Are you aware of any restaurants in your community that have been given this award?

Language at Home	No			Yes			Total
	Count	%	95% C.I.	Count	%	95% C.I.	
English	612	85.5	2.6	104	14.5	2.6	716
Other	38	64.4	12.2	21	35.6	12.2	59
Total	650	83.9	2.6	125	16.1	2.6	775

Many restaurants have been given an Award of Excellence a special designation for exceptional food safety and food handling.							
Are you aware of any restaurants in your community that have been given this award?							
	No			Yes			
Region	Count	%	95% C.I.	Count	%	95% C.I.	Total
City of London	458	84.2	3.1	86	15.8	3.1	544
Middlesex County	183	82.8	5	38	17.2	5	221
Total	641	83.8	2.6	124	16.2	2.6	765
How much does/would this award influence your decision about which restaurant you select?							
Would you say it would influence your decision about where you eat a lot, a little or not at all?							
	A Lot			A little			
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Total
Male	104	28.3	4.6	153	41.6	5	257
Female	150	37.3	4.7	158	39.3	4.8	308
Total	254	33	3.3	311	40.4	3.5	565
	Not at all						
Gender	Count	%	95% C.I.	Total			
Male	111	30.2	4.7	368			
Female	94	23.4	4.1	402			
Total	205	26.6	3.1	770			
How much does/would this award influence your decision about which restaurant you select?							
Would you say it would influence your decision about where you eat a lot, a little or not at all?							
	A Lot			A little			
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Total
18-24	34	22.5	6.7	78	51.7	8	112
25-44	95	32.5	5.4	120	41.1	5.6	215
45-64	90	38	6.2	90	38	6.2	180
65+	35	41.7	10.5	20	23.8	9.1	55
Total	254	33.2	3.3	308	40.3	3.5	562
	Not at all						
Age Group	Count	%	95% C.I.	Total			
18-24	39	25.8	7	151			
25-44	77	26.4	5.1	292			
45-64	57	24.1	5.4	237			
65+	29	34.5	10.2	84			
Total	202	26.4	3.1	764			

How much does/would this award influence your decision about which restaurant you select?						
Would you say it would influence your decision about where you eat a lot, a little or not at all?						
	A Lot			A little		
Education	Count	%	95% C.I.	Count	%	95% C.I.
< HS	32	38.1	10.4	20	23.8	9.1
HS+	106	33.3	5.2	129	40.6	5.4
Post 2 nd grad	116	31.8	4.8	160	43.8	5.1
Total	254	33.1	3.3	309	40.3	3.5
Not at all						
Education	Count	%	95% C.I.	Total		
< HS	32	38.1	10.4	84		
HS+	83	26.1	4.8	318		
Post 2 nd grad	89	24.4	4.4	365		
Total	204	26.6	3.1	767		
How much does/would this award influence your decision about which restaurant you select?						
Would you say it would influence your decision about where you eat a lot, a little or not at all?						
	A Lot			A little		
Income	Count	%	95% C.I.	Count	%	95% C.I.
< \$50,000	105	34.7	5.4	125	41.3	5.5
50 to < 100,000	64	34.2	6.8	76	40.6	7
\$100,000+	24	28.6	9.7	37	44	10.6
Total	193	33.6	3.9	238	41.5	4
Not at all						
Income	Count	%	95% C.I.	Total		
< \$50,000	73	24.1	4.8	303		
50 to < 100,000	47	25.1	6.2	187		
\$100,000+	23	27.4	9.5	84		
Total	143	24.9	3.5	574		

How much does/would this award influence your decision about which restaurant you select?							
Would you say it would influence your decision about where you eat a lot, a little or not at all?							
Language at Home	A Lot			A little			
English	Count	%	95% C.I.	Count	%	95% C.I.	
Other	236	33.1	3.5	287	40.3	3.6	
Total	18	32.1	12.2	23	41.1	12.9	
	254	33.1	3.3	310	40.4	3.5	
Language at Home	Not at all						
English	Count	%	95% C.I.	Total			
Other	189	26.5	3.2	712			
Total	15	26.8	11.6	56			
How much does/would this award influence your decision about which restaurant you select?							
Would you say it would influence your decision about where you eat a lot, a little or not at all?							
Region	A Lot			A little			
City of London	Count	%	95% C.I.	Count	%	95% C.I.	
Middlesex County	174	32.2	3.9	232	43	4.2	
Total	75	34.6	6.3	75	34.6	6.3	
	249	32.9	3.3	307	40.6	3.5	
Region	Not at all						
City of London	Count	%	95% C.I.	Total			
Middlesex County	134	24.8	3.6	540			
Total	67	30.9	6.1	217			
	201	26.6	3.1	757			
Daily Fruit & Vegetable Consumption							
Gender	5 or more times/day			less than 5 times/day			Total
Male	Count	%	95% C.I.	Count	%	95% C.I.	
Female	223	24.4	2.8	691	75.6	2.8	914
Total	402	40.2	3	597	59.8	3	999
	625	32.7	2.1	1288	67.3	2.1	1913

Daily Fruit & Vegetable Consumption							
	5 or more times/day			less than 5 times/day			
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Total
18-24	104	30.8	4.9	234	69.2	4.9	338
25-44	203	28.1	3.3	519	71.9	3.3	722
45-64	200	33.2	3.8	403	66.8	3.8	603
65+	106	46.3	6.5	123	53.7	6.5	229
Total	613	32.4	2.1	1279	67.6	2.1	1892

Daily Fruit & Vegetable Consumption							
	5 or more times/day			less than 5 times			
Education	Count	%	95% C.I.	Count	%	95% C.I.	Total
< HS	56	27.1	6.1	151	72.9	6.1	207
HS+	223	30.5	3.3	509	69.5	3.3	732
Post 2nd grad	342	35.5	3	621	64.5	3	963
Total	621	32.6	2.1	1281	67.4	2.1	1902

Daily Fruit & Vegetable Consumption							
	5 or more times/day			less than 5 times			
Income	Count	%	95% C.I.	Count	%	95% C.I.	Total
< \$50,000	218	31.1	3.4	483	68.9	3.4	701
50 to < 100,000	164	33	4.1	333	67	4.1	497
\$100,000+	74	33.9	6.3	144	66.1	6.3	218
Total	456	32.2	2.4	960	67.8	2.4	1416

Daily Fruit & Vegetable Consumption							
	5 or more times/day			less than 5 times			
Language at Home	Count	%	95% C.I.	Count	%	95% C.I.	Total
English	581	32.6	2.2	1202	67.4	2.2	1783
Other	44	34.4	8.2	84	65.6	8.2	128
Total	625	32.7	2.1	1286	67.3	2.1	1911

Daily Fruit & Vegetable Consumption							
	5 or more times/day			less than 5 times			
Region	Count	%	95% C.I.	Count	%	95% C.I.	Total
City of London	444	32.1	2.5	941	67.9	2.5	1385
Middlesex County	167	34.9	4.3	311	65.1	4.3	478
Total	611	32.8	2.1	1252	67.2	2.1	1863

Appendix G

Healthy Weights							
Source: RRFSS 2001/02, Waves 1-21							
Body Mass Index (BMI)-Canadian Standards, Adults 20-64							
body mass index	< 20 (underweight)	20.0-24.9 (acceptable weight)	25-27 (some excess weight)	>27 (overweight)	Total		
Count	132	627	280	517	1556		
%	8.5	40.3	18.0	33.2	100.0		
95% CI	1.4	2.4	1.9	2.3			
Body Mass Index (BMI)-Canadian Standards, Adults 20-64							
	< 20 (underweight)			20-24.9 (acceptable weight)			
Gender	Count	%	95%CI	Count	%	95%CI	
Male	20	2.6	1.1	256	32.8	3.3	
Female	112	14.5	2.5	371	47.9	3.5	
Total	132	8.5	1.4	627	40.3	2.4	
	25-27 (some excess weight)			>27 (overweight)			
Gender	Count	%	95%CI	Count	%	95%CI	Total
Male	186	23.8	3.0	319	40.8	3.4	781
Female	94	12.1	2.3	198	25.5	3.1	775
Total	280	18.0	1.9	517	33.2	2.3	1556
Body Mass Index (BMI)-Canadian Standards, Adults 20-64							
	< 20 (underweight)			20-24.9(acceptable weight)			
Age Group	Count	%	95%CI	Count	%	95%CI	
20-44	105	10.8	2.0	420	43.3	3.1	
45-64	27	4.6	1.7	207	35.3	3.9	
Total	132	8.5	1.4	627	40.3	2.4	
	25-27 (some excess weight)			>27 (overweight)			
Age Group	Count	%	95%CI	Count	%	95%CI	Total
20-44	152	15.7	2.3	292	30.1	2.9	969
45-64	128	21.8	3.3	225	38.3	3.9	587
Total	280	18.0	1.9	517	33.2	2.3	1556

Body Mass Index (BMI)-Canadian Standards, Adults 20-64							
	< 20 (underweight)			20-24.9 (acceptable weight)			
Education	Count	%	95%CI	Count	%	95%CI	
< HS	7	5.0	3.6	51	36.7	8.0	
HS+	42	7.8	2.3	223	41.6	4.2	
Post 2nd grad	83	9.4	1.9	352	40.0	3.2	
Total	132	8.5	1.4	626	40.3	2.4	
	25-27 (some excess weight)			>27 (overweight)			
Education	Count	%	95%CI	Count	%	95%CI	Total
< HS	20	14.4	5.8	61	43.9	8.3	139
HS+	93	17.4	3.2	178	33.2	4.0	536
Post 2nd grad	167	19.0	2.6	278	31.6	3.1	880
Total	280	18.0	1.9	517	33.2	2.3	1555
Body Mass Index (BMI)-Canadian Standards, Adults 20-64							
	< 20 (underweight)			20-24.9 (acceptable weight)			
Income	Count	%	95%CI	Count	%	95%CI	
< \$50,000	71	11.0	2.4	265	41.0	3.8	
50 to < 100,000	23	5.4	2.1	161	37.5	4.6	
\$100,000+	8	4.8	3.3	74	44.6	7.6	
Total	100	8.2	1.5	500	40.3	2.7	
	25-27 (some excess weight)			>27 (overweight)			
Income	Count	%	95%CI	Count	%	95%CI	Total
< \$50,000	107	16.5	2.9	204	31.5	3.6	647
50 to < 100,000	90	21.0	3.9	155	36.1	4.5	429
\$100,000+	31	18.7	5.9	53	31.9	7.1	166
Total	228	18.4	2.2	412	33.2	2.6	1242
Body Mass Index (BMI)-Canadian Standards, Adults 20-64							
	< 20 (underweight)			20-24.9 (acceptable weight)			
Region	Count	%	95%CI	Count	%	95%CI	
City of London	103	9.0	1.7	450	39.4	2.8	
Middlesex County	24	6.4	2.5	151	40.2	5.0	
Total	127	8.4	1.4	601	39.6	2.4	
	25-27 (some excess weight)			>27 (overweight)			
Region	Count	%	95%CI	Count	%	95%CI	Total
City of London	210	18.4	2.2	378	33.1	2.7	1141
Middlesex County	66	17.6	3.9	135	35.9	4.8	376
Total	276	18.2	1.9	513	33.8	2.3	1571

Body Mass Index (BMI)-Canadian Standards, Adults 20-64							
	< 20 (underweight)			20-24.9 (acceptable weight)			
worker status	Count	%	95%CI	Count	%	95%CI	
employed	77	7.5	1.6	421	41.2	3.0	
self-employed	9	5.7	3.6	63	40.5	7.7	
student	30	20.9	6.6	68	47.1	8.1	
retired	4	4.5	4.2	23	25.1	8.8	
other	12	6.9	3.7	73	40.4	7.1	
Total	132	8.3	1.4	649	40.6	2.4	
	25-27 (some excess weight)			>27 (overweight)			
worker status	Count	%	95%CI	Count	%	95%CI	Total
employed	196	19.1	2.4	329	32.2	2.9	1023
self-employed	35	22.7	6.6	48	31.1	7.3	156
student	21	14.4	5.7	26	17.6	6.2	145
retired	19	20.1	8.1	47	50.3	10.2	93
other	19	10.6	4.5	77	42.1	7.2	182
Total	290	18.1	1.9	527	33.0	2.3	1598
Body Mass Index (BMI)-International Standards, Adults 20-64							
	body mass index				Total		
	< 18.5 (underweight)	18.5 - 24.9 (acceptable weight)	25.0 - 29.9 (overweight)	>= 30.0 (obese)			
Count	35	724	560	237	1556		
%	2.2	46.5	36.0	15.2	100		
95% CI	0.7	2.5	2.4	1.8	0.0		
Body Mass Index (BMI)-International Standards, Adults 20-64							
	body mass index						
	< 18.5 (underweight)			18.5 - 24.9 (acceptable weight)			
Gender	Count	%	95% CI	Count	%	95% CI	
Male	3	0.4	0.4	273	35.0	3.3	
Female	32	4.1	1.4	451	58.2	3.5	
Total	35	2.2	0.7	724	46.5	2.5	
	body mass index						
	25.0 - 29.9 (overweight)			>= 30.0 (obese)			
Gender	Count	%	95% CI	Count	%	95% CI	Total
Male	380	48.7	3.5	125	16.0	2.6	781
Female	180	23.2	3.0	112	14.5	2.5	775
Total	560	36.0	2.4	237	15.2	1.8	1556

Body Mass Index (BMI)-International Standards, Adults 20-64							
body mass index							
< 18.5 (underweight)							
18.5 - 24.9 (acceptable weight)							
Age Group	Count	%	95% CI	Count	%	95% CI	
20-44	30	3.1	1.1	495	51.1	3.1	
45-64	5	0.9	0.7	229	39.0	3.9	
Total	35	2.2	0.7	724	46.5	2.5	
body mass index							
25.0 - 29.9 (overweight)							
>= 30.0 (obese)							
Age Group	Count	%	95% CI	Count	%	95% CI	Total
20-44	312	32.2	2.9	132	13.6	2.2	969
45-64	248	42.2	4.0	105	17.9	3.1	587
Total	560	36.0	2.4	237	15.2	1.8	1556
Body Mass Index (BMI)-International Standards, Adults 20-64							
body mass index							
< 18.5 (underweight)							
18.5 - 24.9 (acceptable weight)							
Education	Count	%	95% CI	Count	%	95% CI	
< HS	...	...	...	55	39.6	8.1	
HS+	13	2.4	1.3	252	47.0	4.2	
Post 2nd grad	19	2.2	1.0	416	47.3	3.3	
Total	35	2.3	0.7	723	46.5	2.5	
body mass index							
25.0 - 29.9 (overweight)							
>= 30.0 (obese)							
Education	Count	%	95% CI	Count	%	95% CI	Total
< HS	52	37.4	8.0	29	20.9	6.8	139
HS+	184	34.3	4.0	87	16.2	3.1	536
Post 2nd grad	324	36.8	3.2	121	13.8	2.3	880
Total	560	36.0	2.4	237	15.2	1.8	1555
Body Mass Index (BMI)-International Standards, Adults 20-64							
body mass index							
< 18.5 (underweight)							
18.5 - 24.9 (acceptable weight)							
Income	Count	%	95% CI	Count	%	95% CI	
< \$50,000	23	3.6	1.4	313	48.4	3.9	
50 to < 100,000	5	1.2	1.0	179	41.7	4.7	
\$100,000+	...	...	...	82	49.4	7.6	
Total	28	2.3	0.8	574	46.2	2.8	
body mass index							
25.0 - 29.9 (overweight)							
>= 30.0 (obese)							
Income	Count	%	95% CI	Count	%	95% CI	Total
< \$50,000	202	31.2	3.6	109	16.8	2.9	647
50 to < 100,000	182	42.4	4.7	63	14.7	3.3	429
\$100,000+	61	36.7	7.3	23	13.9	5.3	166
Total	445	35.8	2.7	195	15.7	2.0	1242

Appendix H

Multiple Risk Factors							
Source: RRFSS 2001/02, Waves 1-21							
	No Risk factors			1 - Overweight			
Gender	Count	%	95% C.I.	Count	%	95% C.I.	
Male	115	12.8	2.2	63	7	1.7	
Female	231	25.6	2.8	94	10.4	2	
Total	346	19.2	1.8	157	8.7	1.3	
	2 - Smoking + Overweight			2 - Overweight + Unhealthy Eating			
Gender	Count	%	95% C.I.	Count	%	95% C.I.	
Male	22	2.5	1	195	21.8	2.7	
Female	7	0.8	0.6	104	11.5	2.1	
Total	29	1.6	0.6	299	16.6	1.7	
	1 - Smoking			1 - Unhealthy Eating			
Gender	Count	%	95% C.I.	Count	%	95% C.I.	
Male	19	2.1	0.9	293	32.7	3.1	
Female	44	4.9	1.4	270	29.9	3	
Total	63	3.5	0.8	563	31.3	2.1	
	2 - Smoking + Unhealthy Eating			3 Smoking + Overweight + Unhealthy Eating			
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Total
Male	115	12.8	2.2	74	8.3	1.8	896
Female	122	13.5	2.2	31	3.4	1.2	903
Total	237	13.2	1.6	105	5.8	1.1	1799
	None/Single Risk Factor			Multiple Risk Factors			
Gender	Count	%	95% C.I.	Count	%	95% C.I.	Total
Male	489	54.7	3.3	405	45.3	3.3	894
Female	639	70.8	3	264	29.2	3	903
Total	1128	62.8	2.2	669	37.2	2.2	1797
	None/Single Risk Factor			Multiple Risk Factors			
Age Group	Count	%	95% C.I.	Count	%	95% C.I.	Total
18-24	219	67.6	5.1	105	32.4	5.1	324
25-44	400	58.3	3.7	286	41.7	3.7	686
45-64	335	60.3	4.1	221	39.7	4.1	556
65+	158	73.8	5.9	56	26.2	5.9	214
Total	1112	62.5	2.2	668	37.5	2.2	1780

	None/Single Risk Factor			Multiple Risk Factors			
Education	Count	%	95% C.I.	Count	%	95% C.I.	Total
< HS	93	49.2	7.1	96	50.8	7.1	189
HS+	426	61.6	3.6	265	38.4	3.6	691
Post 2nd grad	603	66.3	3.1	306	33.7	3.1	909
Total	1122	62.7	2.2	667	37.3	2.2	1789

	None/Single Risk Factor			Multiple Risk Factors			
Income	Count	%	95% C.I.	Count	%	95% C.I.	Total
< \$50,000	411	62.4	3.7	248	37.6	3.7	659
50 to < 100,000	295	61.7	4.4	183	38.3	4.4	478
\$100,000+	128	59.8	6.6	86	40.2	6.6	214
Total	834	61.7	2.6	517	38.3	2.6	1351

	None/Single Risk Factor			Multiple Risk Factors			
Language spoken at home	Count	%	95% C.I.	Count	%	95% C.I.	Total
English	1043	62.1	2.3	637	37.9	2.3	1680
Other	84	72.4	8.1	32	27.6	8.1	116
Total	1127	62.8	2.2	669	37.2	2.2	1796

	None/Single Risk Factor			Multiple Risk Factors			
Region	Count	%	95% C.I.	Count	%	95% C.I.	Total
City of London	819	63	2.6	481	37	2.6	1300
Middlesex County	274	61	4.5	175	39	4.5	449
Total	1093	62.5	2.3	656	37.5	2.3	1749

RF Awareness	Lack Of Exercise			Not Chosen			
Smoking status	Count	%	95% C.I.	Count	%	95% C.I.	Total
Current Smokers	98	22.1	3.9	345	77.9	3.9	443
Former Smokers	205	36.5	4	357	63.5	4	562
Never Smoked	377	41.5	3.2	532	58.5	3.2	909
Total	680	35.5	2.1	1234	64.5	2.1	1914

RF Awareness	Smoking			Not Chosen			
Smoking status	Count	%	95% C.I.	Count	%	95% C.I.	Total
Current	313	70.7	4.2	130	29.3	4.2	443
Former	262	46.6	4.1	300	53.4	4.1	562
Never	320	35.2	3.1	589	64.8	3.1	909
Total	895	46.8	2.2	1019	53.2	2.2	1914

RF Awareness	Unhealthy Eating			Not Chosen			
Smoking status	Count	%	95% C.I.	Count	%	95% C.I.	Total
Current	206	47.5	4.7	228	52.5	4.7	434
Former	323	59.4	4.1	221	40.6	4.1	544
Never	602	69	3.1	270	31	3.1	872
Total	1131	61.1	2.2	719	38.9	2.2	1850
RF Awareness	Unhealthy Eating			Not Chosen			
Know Of and Used Trails In Past 12 Months	Count	%	95% C.I.	Count	%	95% C.I.	Total
Know and Used	543	64.6	3.2	297	35.4	3.2	840
Know, Not Used	253	60.8	4.7	163	39.2	4.7	416
Did Not Know	112	47.5	6.4	124	52.5	6.4	236
Total	908	60.9	2.5	584	39.1	2.5	1492
RF Awareness	Smoking			Not Chosen			
Know Of and Used Trails In Past 12 Months	Count	%	95% C.I.	Count	%	95% C.I.	Total
Know and Used	414	47.2	3.3	463	52.8	3.3	877
Know, Not Used	207	47.8	4.7	226	52.2	4.7	433
Did Not Know	88	37	6.1	150	63	6.1	238
Total	709	45.8	2.5	839	54.2	2.5	1548
RF Awareness	Lack Of Exercise			Not Chosen			
Know Of and Used Trails In Past 12 Months	Count	%	95% C.I.	Count	%	95% C.I.	Total
Know and Used	367	41.8	3.3	511	58.2	3.3	878
Know, Not Used	144	33.3	4.4	289	66.7	4.4	433
Did Not Know	54	22.7	5.3	184	77.3	5.3	238
Total	565	36.5	2.4	984	63.5	2.4	1549
RF Awareness	Lack Of Exercise			Not Chosen			
BMI Status	Count	%	95% C.I.	Count	%	95% C.I.	Total
< 20 (underweight)	54	35.3	7.6	99	64.7	7.6	153
20-25 (acceptable weight)	270	36.5	3.5	470	63.5	3.5	740
25-27 (excess weight)	110	32.4	5	229	67.6	5	339
>27(overweight)	219	37.8	3.9	360	62.2	3.9	579
Total	653	36.1	2.2	1158	63.9	2.2	1811

RF Awareness	Smoking			Not Chosen			
BMI Status	Count	%	95% C.I.	Count	%	95% C.I.	Total
< 20 (underweight)	86	56.2	7.9	67	43.8	7.9	153
20-25 (acceptable weight)	341	46.1	3.6	399	53.9	3.6	740
25-27 (excess weight)	155	45.7	5.3	184	54.3	5.3	339
>27(overweight)	271	46.9	4.1	307	53.1	4.1	578
Total	853	47.1	2.3	957	52.9	2.3	1810
	Unhealthy Eating			Not Chosen			
BMI Status	Count	%	95% C.I.	Count	%	95% C.I.	Total
< 20 (underweight)	84	55.6	7.9	67	44.4	7.9	151
20-25 (acceptable weight)	448	62.9	3.5	264	37.1	3.5	712
25-27 (excess weight)	200	61.3	5.3	126	38.7	5.3	326
>27(overweight)	346	61.9	4	213	38.1	4	559
Total	1078	61.7	2.3	670	38.3	2.3	1748
Nutrition	5 or more times/day			less than 5 times			
Smoking status	Count	%	95% C.I.	Count	%	95% C.I.	Total
Current	96	21.3	3.8	354	78.7	3.8	450
Former	177	32	3.9	376	68	3.9	553
Never	352	38.9	3.2	554	61.1	3.2	906
Total	625	32.7	2.1	1284	67.3	2.1	1909
Healthy Weight	< 20 (underweight)			20-25 (acceptable weight)			
Smoking Status	Count	%	95% C.I.	Count	%	95% C.I.	Total
Daily	44	11.8	3.3	154	41.2	5	5
Occ.	12	11.3	6	52	49.1	9.5	9.5
Former	24	4.2	1.6	200	34.8	3.9	3.9
Never	90	9.7	1.9	399	43.1	3.2	3.2
Total	170	8.6	1.2	805	40.7	2.2	2.2
Healthy Weight	25-27 (overweight)			>27(overweight)			
Smoking Status	Count	%	95% C.I.	Count	%	95% C.I.	Total
Daily	57	15.2	3.6	119	31.8	4.7	374
Occ.	15	14.2	6.6	27	25.5	8.3	106
Former	122	21.3	3.3	228	39.7	4	574
Never	170	18.4	2.5	266	28.8	2.9	925
Total	364	18.4	1.7	640	32.3	2.1	1979

Know of and Used Trails In Past 12 Months	Know and Used			Know, Not Used		
Body mass index II	Count	%	95% C.I.	Count	%	95% C.I.
< 20 (underweight)	68	50.7	8.5	29	21.6	7
20-25 (acceptable weight)	383	59.7	3.8	169	26.3	3.4
25-27 (overweight)	173	59.2	5.6	67	22.9	4.8
>27(obese)	264	50.9	4.3	168	32.4	4
Total	888	56	2.4	433	27.3	2.2
Know of and Used Trails In Past 12 Months	Did Not Know					
Body mass index II	Count	%	95% C.I.	Total		
< 20 (underweight)	37	27.6	7.6	134		
20-25 (acceptable weight)	90	14	2.7	642		
25-27 (overweight)	52	17.8	4.4	292		
>27(obese)	87	16.8	3.2	519		
Total	266	16.8	1.8	1587		
Know of and Used Trails In Past 12 Months	Know and Used			Know, Not Used		
Times per day eat f & v	Count	%	95% C.I.	Count	%	95% C.I.
5 or more times/day	313	61.5	4.2	134	26.3	3.8
less than 5 times	537	53.5	3.1	283	28.2	2.8
Total	850	56.2	2.5	417	27.6	2.3
Know of and Used Trails In Past 12 Months	Did Not Know					
Times per day eat f & v	Count	%	95% C.I.	Total		
5 or more times/day	62	12.2	2.8	509		
less than 5 times	183	18.2	2.4	1003		
Total	245	16.2	1.9	1512		