

Health Behaviours and Lifestyle Practices in Southwestern Ontario:

Results from the Canadian Community
Health Survey (2000/2001)

August 2004



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Any views expressed within this report are those of the authors and do not necessarily reflect the position of the Ministry of Health and Long-Term Care.

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Executive Summary

Ontarians value their health and want to know how to improve it. This report summarizes information on a number of health behaviours and lifestyle practices related to health issues important to the residents of Southwestern Ontario (SWO). Specifically, this report summarizes information from the Canadian Community Health Survey, Cycle 1.1, for the nine Public Health Unit (PHU) and three District Health Council (DHC) areas in SWO, the SWO region overall, and the Province of Ontario as a whole.

The goal of this report is to provide educators, researchers, service providers, planners, and policy makers with much needed information on chronic diseases, health care utilization, cancer prevention and screening, health behaviours (including diet and physical activity), alcohol use, smoking and tobacco use, general health (overall health, stress, dental visits, flu shots), sexual health practices, and child and maternal health.

Key findings of the report by chapter follow.

Chronic Diseases

- In Ontario, a significantly higher proportion of individuals 12 to 19 years of age (12.2%) reported having asthma than individuals 20 to 44 years of age (8.7%), 45 to 64 years of age (7.5%), and 65 years of age and older (7.0%). Similar results were found in SWO, with the exception that there was no difference between the 12 to 19 and 20 to 44 year age groups.
- The proportion of individuals reporting arthritis was significantly higher in the PHU area of Lambton (22.6%) and the DHC area of Essex Kent Lambton (19.8%) than the proportion in Ontario (16.7%).
- The proportion of individuals reporting back problems differed by age. In SWO, 5.7% of individuals 12 to 19 years of age reported back problems. This increased to 18.0% among those 20 to 44 years of age, and then to 25.5% among those 45 to 64 years of age. Finally, the proportion reporting back problems among those 65 years of age and older was 23.8%. Significantly more individuals 45 or more years of age reported back problems than either individuals 12 to 19 years of age or those 20 to 44 years of age. A similar pattern was observed in Ontario.

- A significantly higher proportion of SWO females (76.6%) reported using pain relievers compared to males (65.9%).
- In SWO, significantly more females than males reported restricted activities at home (22.9% and 18.9%, respectively).

Health Care Utilization

- The PHU areas of Oxford (96.7%), Elgin-St. Thomas (96.6%), and Perth (94.2%), and the DHC area of Grey Bruce Huron Perth (93.9%) had significantly higher proportions of residents reporting having a regular medical doctor compared to Ontario (90.9%).
- The proportion of residents who had consulted a general practitioner in the previous year was significantly higher in Windsor-Essex (83.9%) and significantly lower in Huron (74.2%) and Grey Bruce Huron Perth (77.4%), compared to Ontario (80.8%). In SWO, the proportion of those 65 years of age and older (91.1%) with a physician consultation was significantly higher than the proportions in all other age groups.
- Perth residents (8.4%) reported significantly lower unmet health care need than Ontario residents (12.2%), while Windsor-Essex (18.5%) and Essex Kent Lambton DHC area (16.4%) residents reported significantly higher unmet need than Ontario residents. Among those that reported an unmet need in SWO, the largest proportion reported that the need was not met because the waiting time was too long (31.2%). Other reasons included the service was not available at the time required (18.9%), the respondent felt that the care would be inadequate (18.0%), service was not available in the area (12.0%), and the respondent didn't get around to it or didn't bother going to get service (10.1%). These proportions were similar in Ontario.

Cancer Screening

- The proportion of women who ever had a Pap smear was significantly higher than Ontario (86.9%) in the PHU areas of Grey Bruce (91.5%), Huron (92.4%), Elgin-St. Thomas (92.0%), and Chatham-Kent (91.7%), and the DHC areas of Grey Bruce Huron Perth (90.4%) and Thames Valley (90.0%). Of women who ever had a Pap smear, the proportion of women screened in the last three years were significantly lower in Windsor-Essex (73.6%), Essex Kent Lambton (74.9%) and Grey Bruce Huron Perth (74.2%) than that in Ontario (79.7%).
- The proportions of women 50 to 69 years of age who ever had a mammogram in the PHU areas of Huron (95.9%) and Lambton (94.2%), as well as the DHC area of Essex Kent Lambton (91.9%) were significantly higher than the proportion in Ontario (86.2%).

- The proportion of men 40 years of age and older who ever had a PSA blood test was significantly higher in Windsor-Essex (53.5%) and the Essex Kent Lambton DHC area (52.4%) compared to Ontario (45.1%).

Health Behaviours

- Huron (57.0%), Chatham-Kent (54.6%), Grey Bruce (54.7%), Elgin-St. Thomas (53.9%), and Windsor-Essex (52.7%) had significantly higher proportions of respondents whose BMI was overweight/obese compared to Ontario (47.7%).
- Perth (44.9%) had a significantly higher proportion of residents who reported consumption of five or more fruits and vegetables per day than Ontario (37.5%). Oxford (30.1%), Elgin-St. Thomas (31.5%), Windsor-Essex (33.4%), and the Essex Kent Lambton DHC area (33.3%) all had significantly lower proportions than Ontario.
- Huron (66.0%), Middlesex-London (61.3%), and the Thames Valley DHC area (59.9%) had significantly higher proportions of residents classified as regularly physically active compared to Ontario (56.2%), while Perth (49.4%) had a significantly lower proportion of residents who were regularly active compared to Ontario, and to Huron.

General Health

- 62.8% of SWO residents rated their health as excellent/very good. This proportion was not significantly different from that in Ontario (63.3%).
- While Grey Bruce (20.8%), Perth (17.3%), and the Grey Bruce Huron Perth DHC area (20.9%) all had significantly smaller proportions of residents who reported that most days were quite a bit/extremely stressful compared to Ontario (25.7%), Middlesex-London (30.0%) had a greater percentage.
- In SWO, the percentage of those who had visited a dentist less than one year ago tended to decrease with increasing age. The proportion decreased significantly from 12 to 19 years of age (84.6%), to 20 to 44 (70.8%) and 45 to 64 years of age (69.7%), with a further significant decrease at 65 years of age and older (51.7%). Results were similar for Ontario.
- 80.9% of SWO residents 65 years of age and older ever had a flu shot. Among individuals who had ever had a flu shot, 86.2% of SWO residents 65 years of age and older had one less than one year ago.

Tobacco Use

- Elgin-St. Thomas (24.9%), Chatham-Kent (25.0%), and the Essex Kent Lambton DHC area (23.1%) all had significantly higher proportions of daily smokers than Ontario (20.1%).
- Chatham-Kent (33.1%), Windsor-Essex (32.6%), Lambton (31.7%), Elgin-St. Thomas (31.3%), and the Essex Kent Lambton DHC area (32.5%) had significantly higher proportions of non-smokers exposed to environmental tobacco smoke (ETS) on most days than Ontario (24.9%).
- Among non-smokers who were exposed to second-hand smoke on most days, the proportion that was exposed to ETS at home was significantly higher in Chatham-Kent (49.2%) than Ontario (38.8%).

Alcohol Use

- In SWO, 77.0% of respondents reported having had an alcoholic drink in the past 12 months (current drinkers). The proportions of respondents who were current drinkers in Oxford (79.8%), Chatham-Kent (78.8%), and Grey Bruce Huron Perth (78.7%) were significantly higher than that in Ontario (75.4%). A significantly higher proportion of the population 20 to 44 years of age in the Grey Bruce Huron Perth area (90.0%) reported they were current drinkers compared to Ontario (83.0%).
- A significantly higher proportion of SWO residents (5.3%) reported that they had been passengers in a car with a driver who had too much to drink, compared to Ontario residents (4.0%). Also, Windsor-Essex (6.2%), Chatham-Kent (8.3%), Lambton (6.9%), and the Essex Kent Lambton DHC area (6.7%) all had significantly higher proportions of residents who reported that they been passengers in a car with a driver who had too much to drink, compared to Ontario.

Sexual Health Practices

- In SWO, 34.0% of youth, 15 to 19 years of age, reported having ever had sexual intercourse. This was not significantly different from the proportion in Ontario (33.2%). A significantly higher proportion of youth, 15 to 19 years of age, in Lambton (50.1%) reported having ever had sexual intercourse as compared to Ontario.

Child and Maternal Health

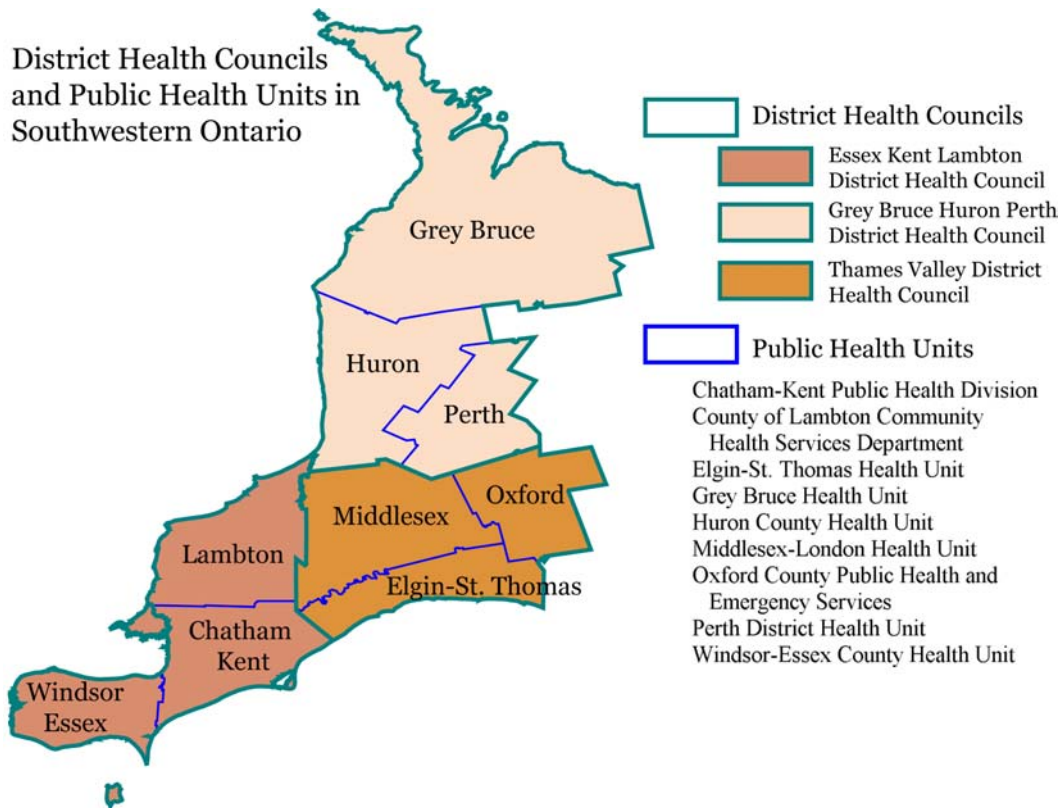
- 77.1% of SWO women who had given birth in the previous five years breastfed their last child. Further, women in Perth (93.3%) were significantly more likely to have breastfed their last child than women in Ontario (80.5%), while women in Windsor-Essex (60.4%) and Essex Kent Lambton (67.3%) were significantly less likely to have breastfed.
- In SWO, 40.3% of women took a vitamin supplement containing folic acid before their last pregnancy, a significantly lower proportion than that in Ontario (52.2%). The proportion of women who took folic acid before their last pregnancy was significantly lower in Middlesex-London (34.5%), Thames Valley (35.9%), Windsor-Essex (36.1%), and Essex Kent Lambton (40.0%) compared to Ontario.
- A significantly higher proportion of women in SWO (20.5%) and in Chatham-Kent (31.3%) smoked during their last pregnancy compared to Ontario (14.0%).

Introduction

Introduction

Ontarians value their health and want to know how to improve it. In his February 24, 2004 address to the Economic Club of Toronto, The Honourable George Smitherman, Ontario Minister of Health and Long-Term Care, stated one of the key priorities for the new government will be “making Ontarians healthier – a priority that will be measured by the rates of physical activity, smoking and obesity” (para. 32).

This report presents data on physical activity, smoking, and obesity as well as a number of other health behaviours and practices for the nine Public Health Unit (PHU) and three District Health Council (DHC) areas in Southwestern Ontario (SWO), the region of SWO as a whole, and the Province of Ontario. For a map of SWO, see below.



The numbers in this report were obtained from the Canadian Community Health Survey (CCHS), a survey designed to answer the question “How healthy are Canadians?” (Statistics Canada, n.d.). The CCHS was created to help health care organizations and academics “plan, implement and evaluate programs to improve the health and the efficiency of health services” (Statistics Canada, n.d., para. 5).

In addition, the CCHS was designed to provide information at the PHU level. In SWO, there are nine PHUs that provide services to 10 counties/municipalities. As the names of some of the PHUs are somewhat lengthy, for ease of reading, in this report the names were shortened. The counties/municipalities served by each PHU and the names used in this report are shown in Table 1.0.

Table 1.0 Geographic Groups in Southwestern Ontario

Public Health Unit	Name of Region in Report	Corresponding County / Municipality	Corresponding District Health Council
Chatham-Kent Public Health Division	Chatham-Kent	Municipality of Chatham-Kent	Essex Kent Lambton DHC
County of Lambton Community Health Services Department	Lambton	Lambton County	Essex Kent Lambton DHC
Windsor-Essex County Health Unit	Windsor-Essex	Essex County	Essex Kent Lambton DHC
Grey Bruce Health Unit	Grey Bruce	Bruce County, Grey County	Grey Bruce Huron Perth DHC
Huron County Health Unit	Huron	Huron County	Grey Bruce Huron Perth DHC
Perth District Health Unit	Perth	Perth County	Grey Bruce Huron Perth DHC
Elgin-St. Thomas Health Unit	Elgin-St. Thomas	Elgin County	Thames Valley DHC
Middlesex-London Health Unit	Middlesex-London	Middlesex County	Thames Valley DHC
Oxford County Public Health and Emergency Services	Oxford	Oxford County	Thames Valley DHC

This report represents a unique collaborative effort, coordinated by the Southwest Region Health Information Partnership (SRHIP), among the nine PHUs, the three DHCs and the Health Intelligence Unit (SRHIP) in SWO.

Health Behaviours and Lifestyle Practices in Southwestern Ontario

It is important to point out that this report is not all-inclusive. Indicators were selected by the Southwest Region Health Status Working Group in order to monitor the progress of the public health goals summarized in the Mandatory Health Programs and Services Guidelines (Ministry of Health, 1997). In addition, information thought to be vital for evidence-based health care planning was included.

The intent of this report is to provide educators, researchers, service providers, planners and policy makers with much needed information to ensure that Ontarians are the healthiest Canadians, a goal put forth by the new Ontario government (Smitherman, 2004 April).

References

Ministry of Health. (1997). *Mandatory health programs and services guidelines*. Toronto, ON: Queen's Printer for Ontario.

Smitherman, G. (2004, February). *Transforming health care in Ontario*. Speech presented at the Economic Club of Toronto. Retrieved May 7, 2004, from http://www.health.gov.on.ca/english/media/speeches/archives/sp_04/sp_022404.html

Smitherman, G. (2004, April). *Presentation to the Empire Club*. Retrieved May 7, 2004, from http://www.health.gov.on.ca/english/media/speeches/archives/sp_04/sp_041304.html

Statistics Canada. (n.d.). *Canadian Community Health Survey*. Retrieved May 7, 2004, from <http://www.statcan.ca/english/sdds/3226.htm>

Methods¹

Background

This report is based on data obtained from the Canadian Community Health Survey (CCHS). The CCHS is a health survey conducted by Statistics Canada that provides regular and timely cross-sectional estimates of health determinants, health status, and health system utilization for 136 health regions across the country. In Ontario, the health regions correspond to PHU areas.

The survey is conducted in two year cycles with each cycle comprising two distinct surveys: a large sample survey in the first year designed to provide estimates at the health region level, and a smaller focused survey in the second year that provides estimates at the provincial level. The large sample survey consists of two components: a common questionnaire with topics identified as high priority that is used in all health regions, and a questionnaire containing optional modules chosen by each individual health region. The present report is based on data from the first cycle (Cycle 1.1) of the 2000/2001 CCHS, conducted between September 2000 and November 2001.

Target Population

The target population of the CCHS includes residents 12 years of age and older living in private households. Excluded from the sample are those living in institutions, on Indian Reserves and Crown Lands, full-time members of the Canadian Armed Forces, and residents of certain remote regions.

Sampling

Cycle 1.1 of the CCHS used three sampling frames to select the sample of households. The majority came from a multistage stratified cluster design in which the dwelling was the final sampling unit.

In the majority of households, one person 12 years of age or older was randomly selected for the survey and asked to supply basic demographic information on all residents of the dwelling. Either one or two members of the household were then selected for a more in-depth interview. Questionnaires were completed using both face-to-face and telephone interviews. In order to ensure adequate representation of individuals 12 to 19 years of age and 65 years of age and older, these age groups were over-sampled.

¹ This section is predominantly drawn from the Canadian Community Health Survey Cycle 1.1 (2000/2001), Public Use Microdata File Documentation, Statistics Canada, 2002.

Weighting

The theory behind estimation in a probability sample such as the CCHS is that each person in the sample "represents" several other people not in the sample. Each respondent is therefore assigned a sampling weight that corresponds to the number of people represented by each survey respondent. These weights must be used to derive estimates for the survey. In each geographic area, the number of respondents was weighted to represent the total population of that area. Table 2.0 shows the number of individuals sampled in each geographic area as well as the associated population sizes.

Table 2.0 Sample Size and Population by Area, Ages 12+

Geographic Area	Sample	Population
Chatham-Kent	1,036	93,445
Lambton	837	108,811
Windsor-Essex	1,216	324,756
Essex Kent Lambton	3,089	527,012
Grey Bruce	820	133,720
Huron	501	51,211
Perth	694	62,847
Grey Bruce Huron Perth	2015	247,777
Elgin-St. Thomas	708	69,966
Middlesex-London	1,243	348,789
Oxford	686	85,976
Thames Valley	2,637	504,732
Southwestern Ontario	7,741	1,279,521
Ontario	37,681	9,877,291

Note: these figures are from the sample included in the CCHS Ontario Share File.

Sample Survey Error

The estimates derived from this survey are based on a sample of individuals; thus, different figures might have been obtained if the questions had been asked of the total population. The difference

between the estimates obtained from the sample and the results from a complete count of the population under similar conditions is called the sampling error of the estimate.

The standard deviation of an estimate is used to measure the potential size of survey sampling errors. However, because of the large variety of estimates that can be produced from a survey, the standard deviation of an estimate is usually expressed relative to the estimate to which it refers. This measure, known as the coefficient of variation (CV) of an estimate, is obtained by dividing the standard deviation of the estimate by the estimate itself and is expressed as a percentage of the estimate.

Because of the complex cluster sampling strategy used in the CCHS, a design effect was introduced into the sample. A design effect is a numeric expression that measures how inefficient the survey design is, relative to a simple random sample. A technique known as bootstrapping was used to calculate coefficients of variation and confidence intervals (CIs) for the survey estimates. This method involves repeatedly sub-sampling the initial sample using a set of bootstrap weights. Statistics Canada developed a bootstrap program for SPSS (Statistical Package for Social Sciences) with associated bootstrap weights for the CCHS Ontario Share File. This program was also used to calculate the 95% CIs in this report.

Proxy Interviews

In cases where the selected respondent was not present for an extended period of time or was unable to complete the interview (e.g. a language barrier), another knowledgeable member of the household answered the survey questions on his/her behalf. This was known as a proxy interview. In total, 6.3% of all interviews were completed by proxy, with the rate varying between 2% and 23% across the health regions.

Due to the sensitive nature of many of the survey questions, not all of the questions could be asked of proxy respondents. Some questions were therefore skipped when completed by proxies, and as a result information was missing for the individuals represented in those surveys. To fill in the missing responses, values were imputed using the “nearest neighbour” imputation method. Data from a “non-proxy respondent” with similar characteristics was used as a donor and information from that record was copied to the record with missing data. In cases where data quality could not be improved through imputation, responses were left coded as missing. This method was only used to fill in the proxy interviews and was not used for cases of total or partial non-responses obtained in non-proxy interviews.

The following modules were entirely imputed for proxy interviews: blood pressure, dental visits, eye examinations, contact with mental health professionals, alcohol dependence, driving under influence, social support, depression, suicide thoughts and attempts, sexual behaviours, and fruit and vegetable

consumption. The following modules were partially imputed: Pap smear test, PSA test, mammography, flu shots, breast examinations, breast self-examinations, and height and weight.

The following modules which were skipped during a proxy interview were not imputed: physical check-up, smoking cessation aids, general health, self-esteem, mastery, spirituality, mood, distress, work stress, physical activities, sedentary activities, use of protective equipment, changes made to improve health, breastfeeding, and patient satisfaction.

All proxy responses were included in the data analyzed in this report.

Data Analysis and Interpretation

Data for the nine PHU areas, the three DHC areas, SWO, and Ontario are presented in the report. Results are based on data from the Ontario Share File, which includes only those respondents who agreed to share the data collected from the National CCHS with the Ontario Health Regions. Data are presented for the total population as well as by gender and age groups, when applicable. For most variables, the age groups used are 12 to 19 years of age, 20 to 44 years of age, 45 to 64 years of age and 65 years of age and older.

The percentages in this report are based on all individuals who were eligible to respond to a particular question, including those who refused, didn't know, or were not able to provide an answer (not stated). In addition, the data are not age-standardized. Therefore, results that differ by area may be due to the different age compositions of each geographic area. Table 3.0 shows the age structure of the areas included in the report based on figures from the 2001 Census. Of note is that all areas in SWO have a higher proportion of residents 65 years of age and older than Ontario, with Grey Bruce and Huron having the largest percentages.

Table 3.0 Proportion of Population by Age Group, 2001

Geographic Area	Total #	Age Group				
		0-11* (%)	12-19 (%)	20-44 (%)	45-64 (%)	65+ (%)
Chatham-Kent	107,705	15.3	12.1	33.5	24.1	15.1
Lambton	126,970	14.6	12.0	31.6	26.0	15.8
Windsor-Essex	374,975	16.1	10.9	37.7	22.6	12.8
Essex Kent Lambton	609,650	15.6	11.3	35.7	23.6	13.8
Grey Bruce	152,965	13.9	12.0	28.8	27.6	17.7
Huron	59,700	15.7	12.3	29.9	24.7	17.4
Perth	73,675	16.5	12.2	34.0	22.8	14.6
Grey Bruce Huron Perth	286,340	14.9	12.1	30.4	25.7	16.9
Elgin-St. Thomas	81,555	16.9	11.9	33.9	23.7	13.7
Middlesex-London	403,185	15.5	11.0	37.3	23.2	13.0
Oxford	99,270	16.4	11.6	34.0	22.9	15.0
Thames Valley	584,010	15.8	11.2	36.3	23.2	13.5
Southwestern Ontario	1,480,000	15.6	11.4	34.9	23.9	14.3
Ontario	11,410,050	15.5	10.8	37.1	23.7	12.9

Source: 2001 Census, Statistics Canada.

*Note that 0-11 year olds were not included in the CCHS sample.

Report Format

Each chapter begins with a brief introduction of key concepts and, where applicable, the Mandatory Health Programs and Services Guidelines (MHPSG) that apply. The MHPSG outline the minimum standards for public health programs and services targeted at prevention of disease, health promotion and health protection (Ministry of Health, 1997).

For each indicator, the CCHS question is presented, followed by notes that apply to the indicator and the findings. Key findings are then described, based on the steps for analysis outlined below. Percentages that are referred to in the text are rounded to one decimal place. To highlight particular findings, a number of bar charts are included in each chapter. Results in the bar charts are rounded to the nearest whole number and are presented with error bars representing 95% confidence limits.

Tests for statistical significance of differences are not included; instead, differences between estimates are considered “statistically significant” if the confidence intervals of the two estimates do not overlap.

In order to ensure consistency and minimize the number of multiple comparisons made when analyzing the variables, certain procedures were followed when reviewing the data. Where applicable, overall SWO and Ontario proportions were compared. Each PHU and DHC proportion was compared to the corresponding Ontario proportion. Across SWO, the range between the PHU areas was explored. When no significant differences were found between these geographic areas, results were not reported in the text. Gender and age group comparisons were done at the DHC and higher geographic levels only.

Detailed data tables for all the variables discussed in the chapters are located in the Appendix. Each table includes the point estimates as well as the associated 95% CIs. CVs are calculated for all estimates, and the rules established by Statistics Canada for reporting estimates based on the size of the CV were followed. Estimates with a CV between 16.6% and 33.3% are highlighted in yellow in the tables and must be interpreted with caution. Data based on fewer than 10 survey respondents or with a CV greater than 33.3% are suppressed due to extreme sampling variability and are noted with an asterisk (“*”).

Limitations

The data upon which this report is based are self-reported (i.e. based on answers provided by the survey respondents rather than more objective medical or administrative health records). These data may therefore be subject to inaccurate recall and, to a lesser extent, the provision of false information when the questions were sensitive in nature.

Because institutional residents were not included in the CCHS sample, findings for particular groups (e.g. those 65 years of age and older) might not accurately reflect the situation for all those in that particular age group in the total population.

References

Ministry of Health. (1997). *Mandatory health programs and services guidelines*. Toronto, ON: Queen's Printer for Ontario.

Chapter One – Chronic Diseases

Introduction

This chapter discusses some common chronic diseases and indicators associated with the burden of these illnesses. Included are self-reports of asthma, arthritis, and back problems, as diagnosed by a health professional. Also analyzed are the use of pain relievers and sleeping pills, and three mental health-related issues (probability of self-reported depression, use of anti-depressants, and contact with a mental health provider). In addition, this section of the report examines restriction of activities as an indicator of the prevalence of longer-term disability within the population.



Chronic diseases pose considerable human and economic burden due to their relatively high prevalence and long duration. The broad public health goal is to increase the length and quality of life by reducing the mortality, morbidity, and disability associated with chronic diseases, injuries, and substance abuse (Ministry of Health, 1997).

According to the Canadian Lung Association (n.d.), asthma is one of the most prevalent chronic conditions in Canada and it is estimated that approximately 500 Canadians die each year as a result of this disease.

Mental disorders are among the most burdensome disease categories for a number of reasons, including the early age of onset, high prevalence, chronicity and high level of impairment (WHO International Consortium in Psychiatric Epidemiology, 2000).

Back pain and arthritis also pose considerable problems to the population. In many countries chronic low back pain is the most common cause of long-term disability in middle age (Badley, Rasooly, & Webster, 1994). Compared to people with other chronic conditions, those with arthritis experienced more pain, activity restrictions and long-term disability and were more likely to need help with daily activities (Health Canada, 2003). In addition, those with arthritis reported worse self-rated health and more disrupted sleep and depression, and more frequently reported contact with health care professionals in the previous year (Health Canada, 2003).

Health Behaviours and Lifestyle Practices in Southwestern Ontario

Approximately 12% of the Canadian population have some form of disability (Statistics Canada, 2003). Statistics Canada has adopted the World Health Organization definition of disability as a limitation of daily activities resulting from physical, mental or health problems (Statistics Canada, 2002).

Asthma

Question

Do you have asthma?

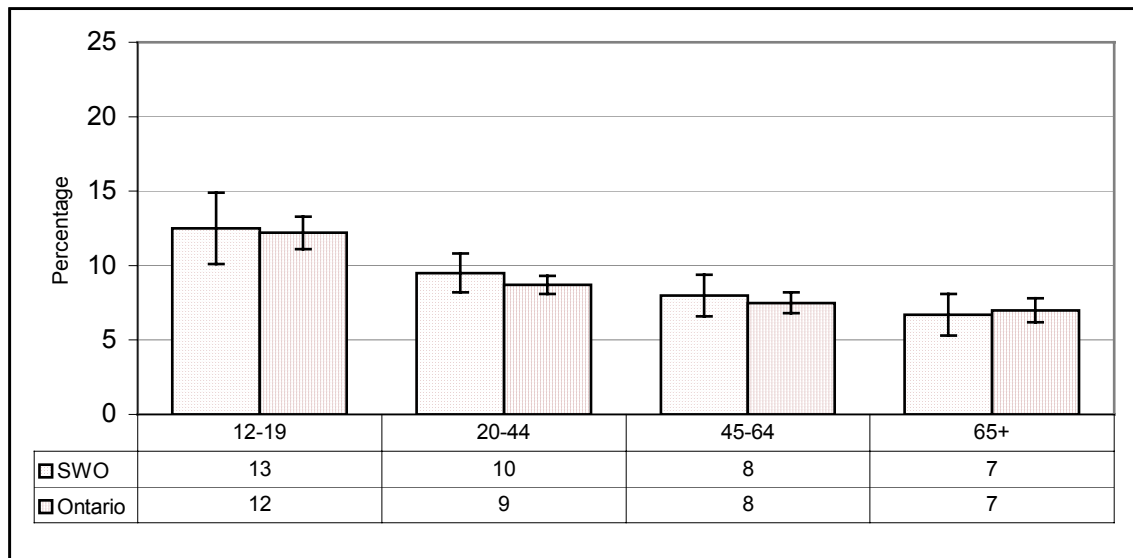
Notes

This question refers only to asthma that is a long-term condition that has lasted or is expected to last 6 months or more, and that has been diagnosed by a health professional.

Key Findings

- In all of SWO, 9.0% (± 0.8) of the population reported having asthma. This proportion was not significantly different from Ontario [8.6% (± 0.4)].
- In SWO, a significantly higher percentage of females [11.1% (± 1.4)] reported having asthma than males [7.0% (± 1.2)]. This pattern was repeated in Ontario.
- In Ontario, a significantly higher proportion of individuals 12 to 19 years of age [12.2% (± 1.1)] reported having asthma than individuals 20 to 44 years of age [8.7% (± 0.6)], 45 to 64 years of age [7.5% (± 0.7)], and 65 years of age and older [7.0% (± 0.8)], see Figure 1.1. Similar results were found in SWO, with the exception that there was no significant difference between the 12 to 19 and 20 to 44 year age groups.

Figure 1.1 Asthma by Age Group, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

Arthritis

Question

Do you have arthritis or rheumatism?

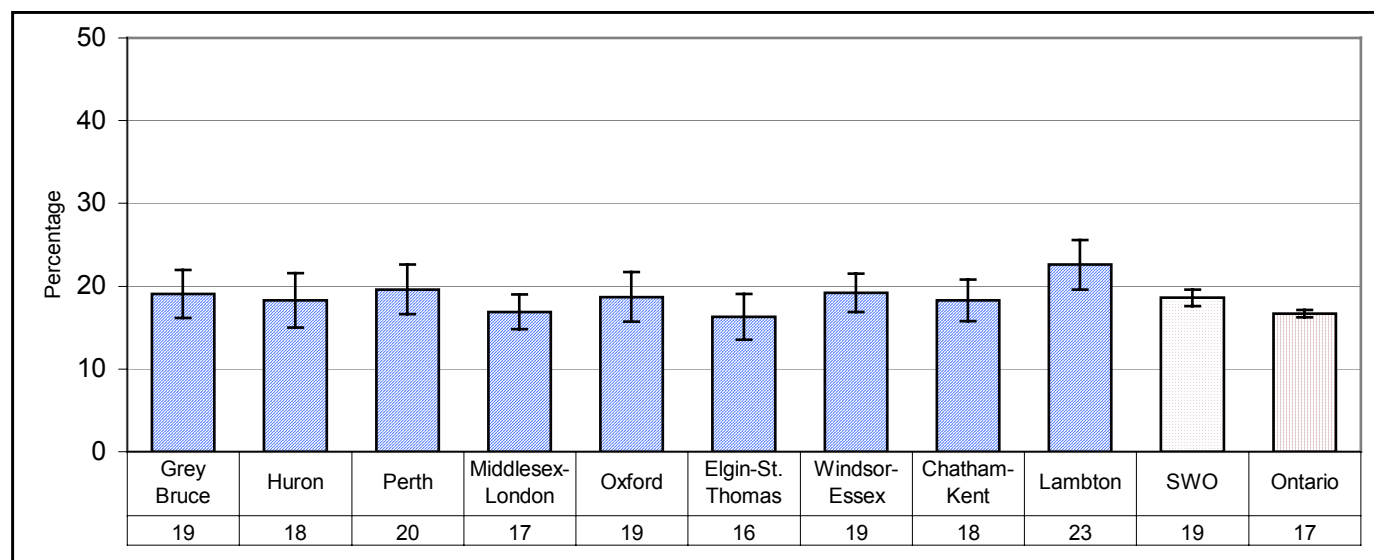
Notes

This question refers only to arthritis/rheumatism that is a long-term condition that has lasted or is expected to last 6 months or more, and that has been diagnosed by a health professional.

Key Findings

- A significantly higher proportion of SWO residents [18.6% (± 1.0)] reported having arthritis/rheumatism than Ontario residents [16.7% (± 0.5)].
- As shown in Figure 1.2, a significantly higher proportion of residents of Lambton [22.6% (± 3.0)] reported having arthritis/rheumatism than Ontario residents. In addition, a significantly higher proportion of individuals residing in the Essex Kent Lambton DHC area [19.8% (± 1.6)] reported having this condition than that in Ontario.

Figure 1.2 Arthritis, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- Within SWO, Elgin-St. Thomas [16.3% (± 2.8)] had the lowest proportion of individuals reporting arthritis/rheumatism, while Lambton had the highest. This difference was statistically significant.
- In SWO, a significantly higher percentage of females [22.6% (± 1.5)] reported having arthritis/rheumatism than males [14.5% (± 1.2)]. This pattern was repeated among Ontario residents.
- A significantly higher proportion of males living in the Essex Kent Lambton DHC area [16.0% (± 2.2)] reported having arthritis than males in Ontario [12.7% (± 0.6)].
- The proportion of individuals reporting arthritis increased with age in both SWO and Ontario. In SWO, 1.4% (± 0.8) of individuals 12 to 19 years of age reported having arthritis. This increased to 8.0% (± 1.1) among those 20 to 44 years of age, to 26.5% (± 2.4) among those 45 to 64 years of age, and peaked at 49.6% (± 3.3) among individuals 65 years of age and older. These age differences were statistically significant.

Back Problems

Question

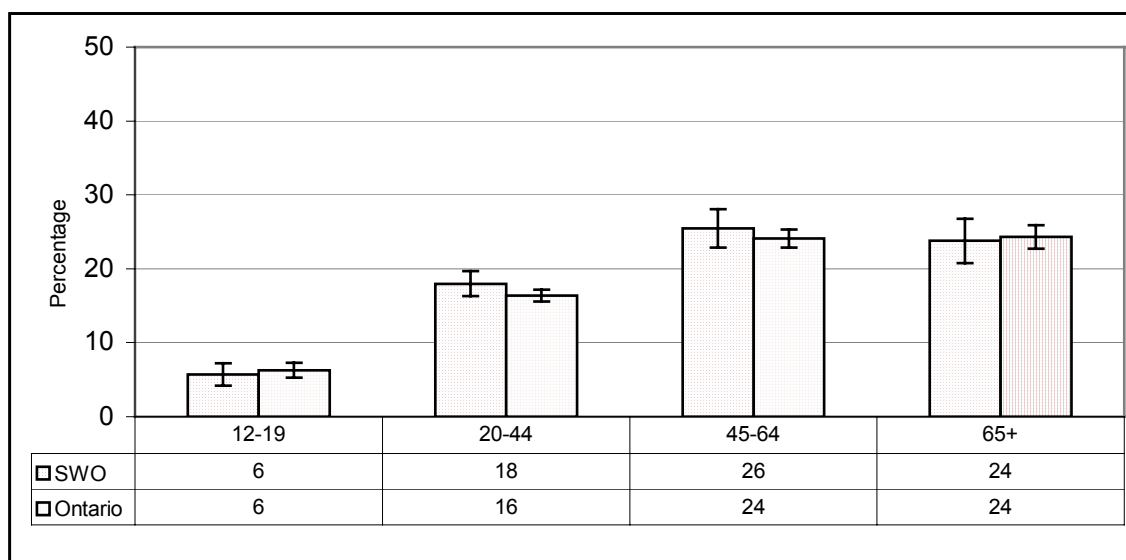
Do you have back problems, excluding fibromyalgia and arthritis?

Notes

This question refers only to back problems that are a long-term condition that has lasted or is expected to last 6 months or more, and that has been diagnosed by a health professional.

Key Findings

- In SWO, 19.3% (± 1.2) of respondents reported back problems. This proportion was not significantly different from that of Ontario [18.4% (± 0.6)].
- There was no significant difference in the proportion of males and females reporting back problems in both SWO and Ontario.
- The proportion of individuals reporting back problems differed by age, see Figure 1.3. In SWO, 5.7% (± 1.5) of individuals 12 to 19 years of age reported back problems. This increased to 18.0% (± 1.7) among those 20 to 44 years of age, and then to 25.5% (± 2.6) among those 45 to 64 years of age. Finally, the proportion reporting back problems among those 65 years of age and older was 23.8% (± 3.0). Significantly more individuals 45 or more years of age reported back problems than either individuals 12 to 19 years of age or those 20 to 44 years of age. A similar pattern was observed in Ontario.

Figure 1.3 Back Problems by Age Group, SWO & Ontario

Data source: CCHS Cycle 1.1 (2000/2001)

Pain Reliever Use

Question

In the past month, did you take pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?

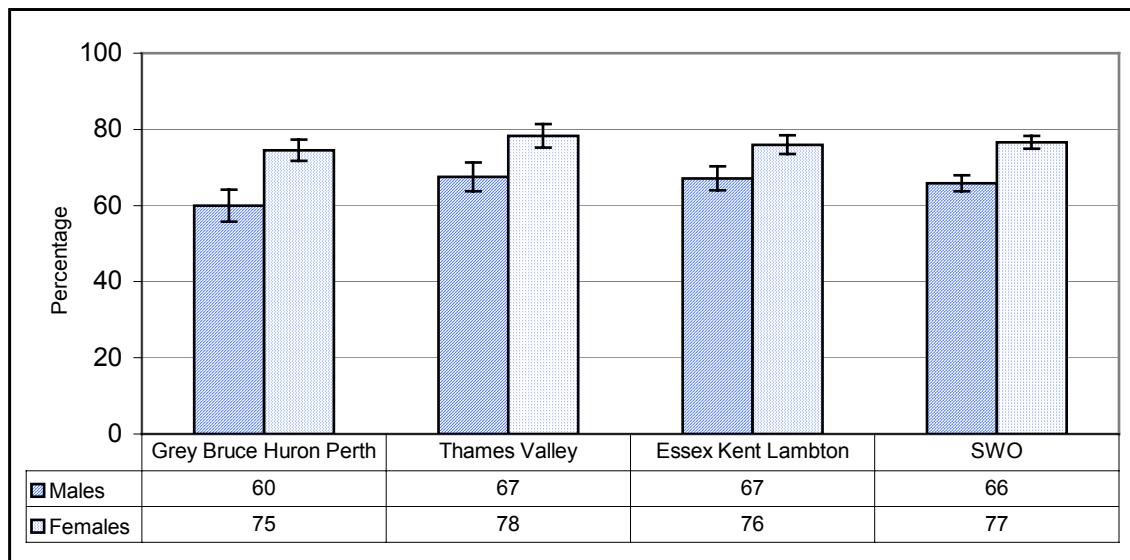
Notes

This question was part of the optional content and was not completed by all Ontario residents. Therefore, the provincial average is not available.

Key Findings

- In SWO, 71.3% (± 1.2) of respondents reported using pain relievers.
- Across SWO, use of pain relievers was lowest in Perth [65.1% (± 3.5)] and highest in Oxford [76.4% (± 4.5)]. This difference was statistically significant.
- As shown in Figure 1.4, a significantly higher proportion of SWO females [76.6% (± 1.7)] reported using pain relievers compared to males [65.9% (± 2.1)].
- The proportion of respondents reporting use of pain relievers was not significantly different for those 12 to 54 years of age and those 55 or more years of age.

Figure 1.4 Pain Reliever Use by Gender, DHC Area & SWO



Data source: CCHS Cycle 1.1 (2000/2001)

Use of Sleeping Pills

Question

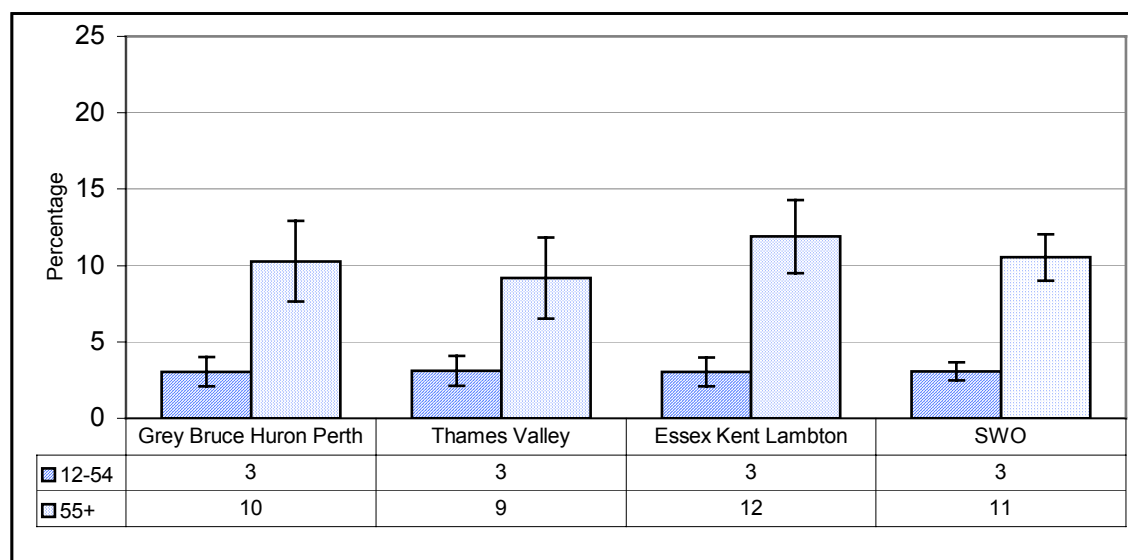
In the past month, did you take sleeping pills?

Notes

This question was part of the optional content and was not completed by all Ontario residents. Therefore the provincial average is not available.

Key Findings

- 5.0% (± 0.6) of the population of SWO reported using sleeping pills in the past month.
- Females [6.1% (± 0.8)] in SWO were significantly more likely than males [3.9% (± 0.9)] to report sleeping pill use in the past month.
- In SWO, individuals 55 or more years of age [10.5% (± 1.5)] had significantly higher reported use of sleeping pills than individuals 12 to 54 years of age [3.1% (± 0.6)], see Figure 1.5.

Figure 1.5 Use of Sleeping Pills by Age Group, DHC Area & SWO

Data source: CCHS Cycle 1.1 (2000/2001)

Restriction of Activities

Question

Does a long-term physical condition or mental condition or health problem reduce the amount or the kind of activity you can do at home?

Notes

Long-term was clarified by the interviewer as a condition that is likely to last or has already lasted six months or more.

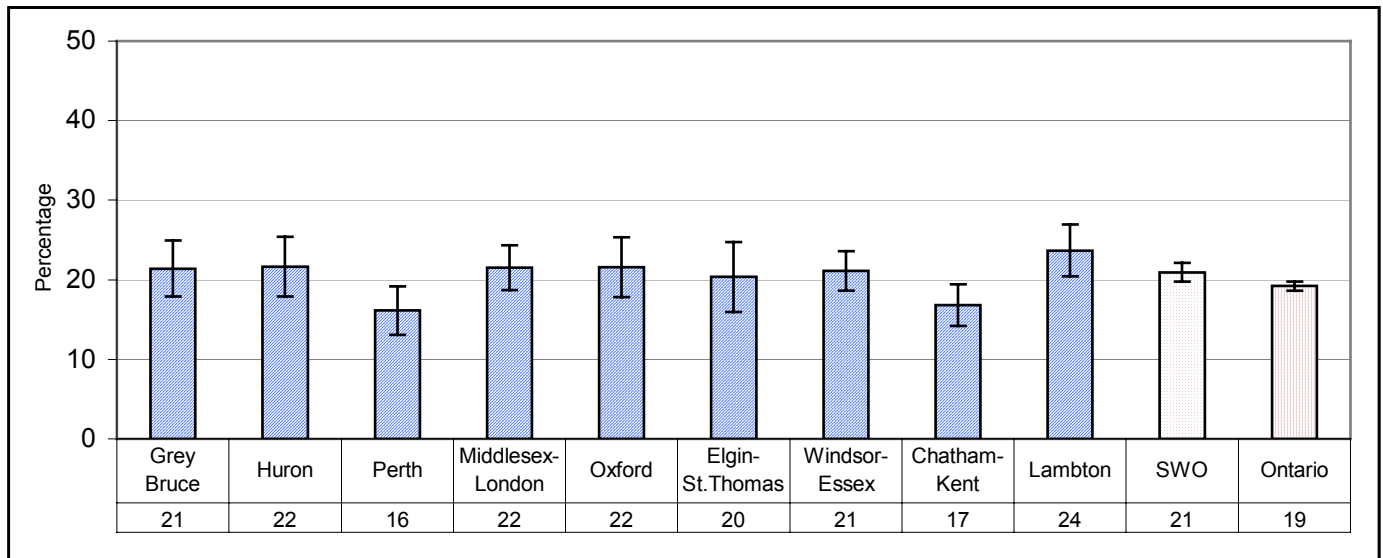
The responses to this question were ‘sometimes’, ‘often’, ‘never’, and ‘don’t know’.

The categories ‘sometimes’ and ‘often’ were combined for this analysis.

Key Findings

- There was no significant difference between the proportion of SWO [20.9% (± 1.2)] and Ontario [19.2% (± 0.6)] residents reporting sometimes/often having reduced activities at home.
- Lambton [23.7% (± 3.3)] had a significantly higher proportion of respondents reporting reduced activities at home than Ontario.
- As shown in Figure 1.6, Chatham-Kent [16.8% (± 2.6)] had the lowest proportion of respondents reporting reduced activities at home, while Lambton had the highest. The difference between these proportions was statistically significant.

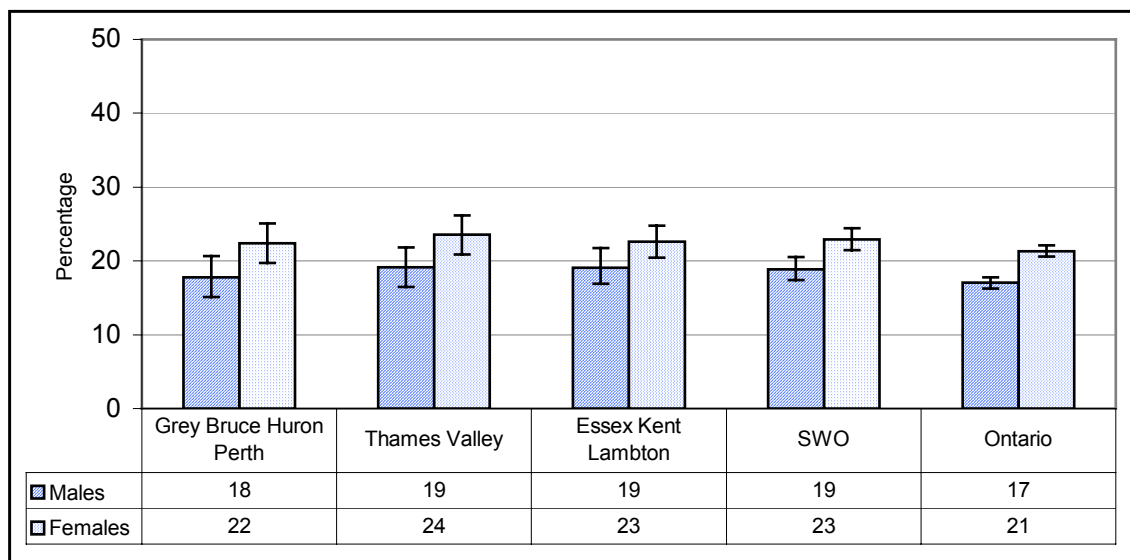
Figure 1.6 Restriction of Activities at Home, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- A significantly higher proportion of females than males reported restricted activities at home in both SWO and Ontario, see Figure 1.7. In SWO, 22.9% (± 1.5) of females reported restrictions while 18.9% (± 1.7) of males reported the same.

Figure 1.7 Restriction of Activities at Home by Gender, DHC Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- Among SWO residents 65 years of age and older, 41.8% (± 3.3) had a restriction in activities at home.

Restriction of Activities – Needs Help With at Least One Task

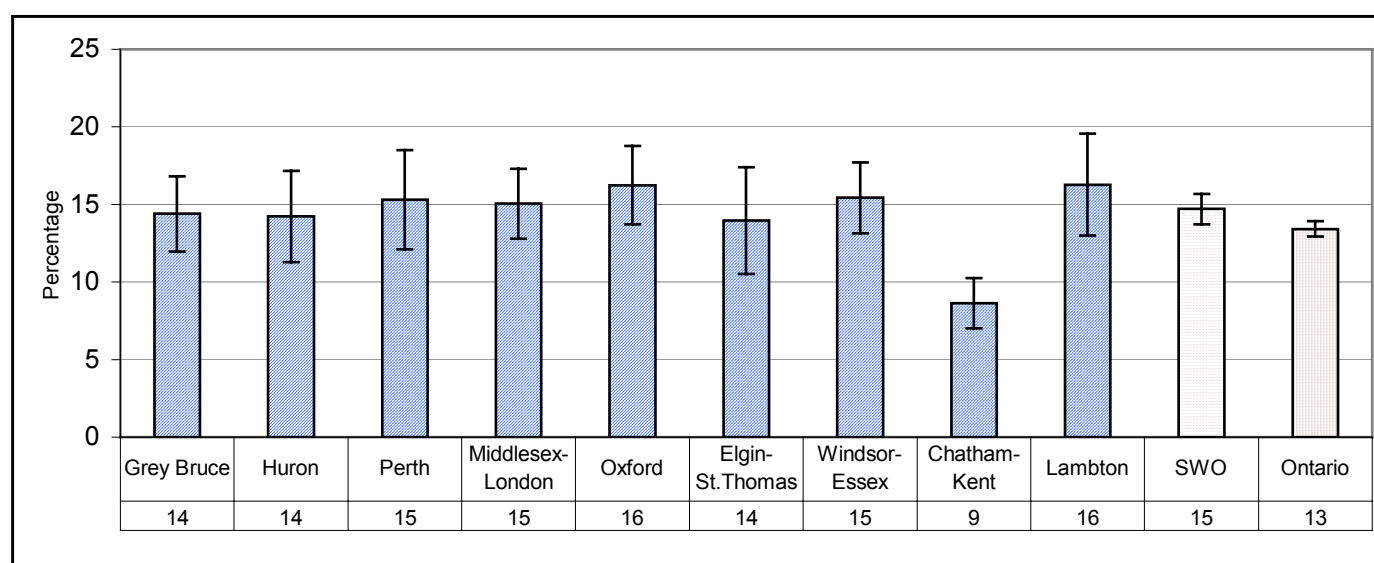
Question

This is a derived variable that relates to questions asked about need for assistance with activities such as preparing a meal, shopping, housework, heavy household chores, personal care, and moving about inside the house.

Key Findings

- 14.7% (± 1.0) of SWO residents and 13.4% (± 0.5) of Ontario residents reported needing help with at least one task. This difference was not statistically significant.
- Chatham-Kent [8.6% (± 1.6)] had a significantly lower proportion of respondents needing help with at least one task compared to SWO and Ontario, see Figure 1.8.

Figure 1.8 Restriction of Activities: Needs Help With At Least One Task, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- In SWO, Lambton [16.3% (± 3.3)] had the highest proportion of residents needing help with at least one task, and this was significantly different from that of Chatham-Kent.
- A significantly lower proportion of SWO males [10.4% (± 1.3)] reported needing help with at least one task compared to females [18.9% (± 1.5)]. The same relationship was found for Ontario males [9.4% (± 0.6)] and females [17.3% (± 0.7)].
- In SWO, 38.9% (± 3.5) of respondents 65 years of age and older needed help with at least one task.

Probability of Depression

Question

This is a derived variable based on questions on depression. Specifically, the probability of caseness was assigned based on the DPSADSR (derived depression scale, short form score) score. This score is based on a subset of items from the Composite International Diagnostic Interview (CIDI).

Notes

Categories from the DPSADSR are: 0 probability, 0.05 probability, 0.25 probability, 0.50 probability, 0.80 probability and 0.90 probability.

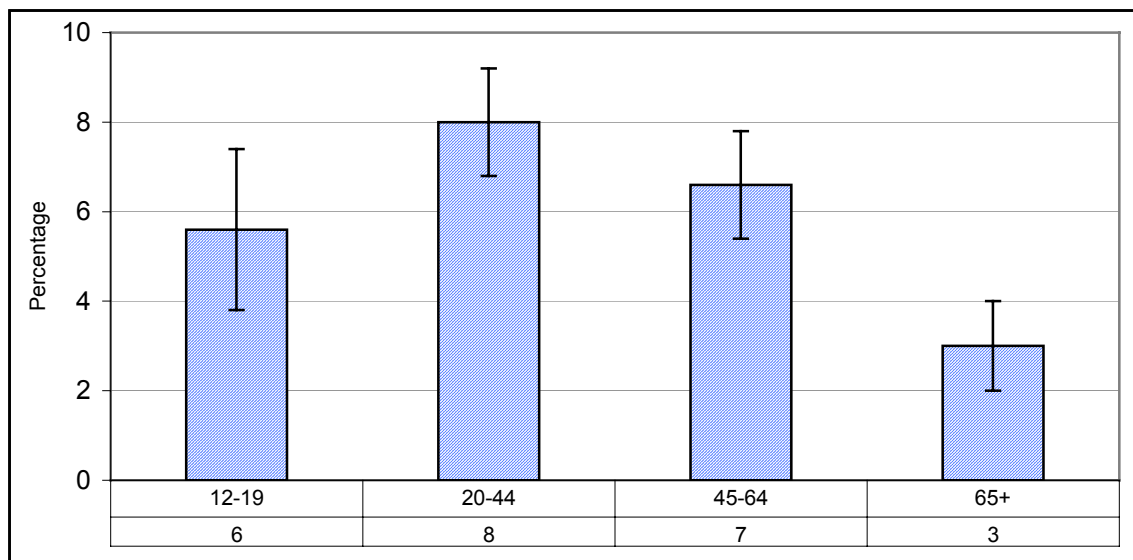
For this analysis, the category 0.90 probability was termed “probable” depression.

This question was part of the optional content in the survey and was not completed by all Ontario residents. Therefore, the provincial average is not available.

Key Findings

- In SWO, 6.5% (± 0.7) of respondents were classified as having probable depression.
- A significantly lower proportion of SWO males [4.0% (± 0.8)] than females [9.0% (± 1.2)] had probable depression.
- In SWO, a significantly lower proportion of respondents 65 years of age and older [3.0% (± 1.0)] had probable depression than individuals 20 to 44 years of age [8.0% (± 1.2)] or individuals 45 to 64 years of age [6.6% (± 1.2)]. The proportion of individuals 12 to 19 years of age [5.6% (± 1.8)] with probable depression was similar to the proportion reported among those 65 or more years of age, see Figure 1.9.

Figure 1.9 Probable Depression by Age Group, SWO



Data source: CCHS Cycle 1.1 (2000/2001)

Use of Anti-Depressants

Question

In the past month, did you take anti-depressants such as Prozac, Paxil or Effexor?

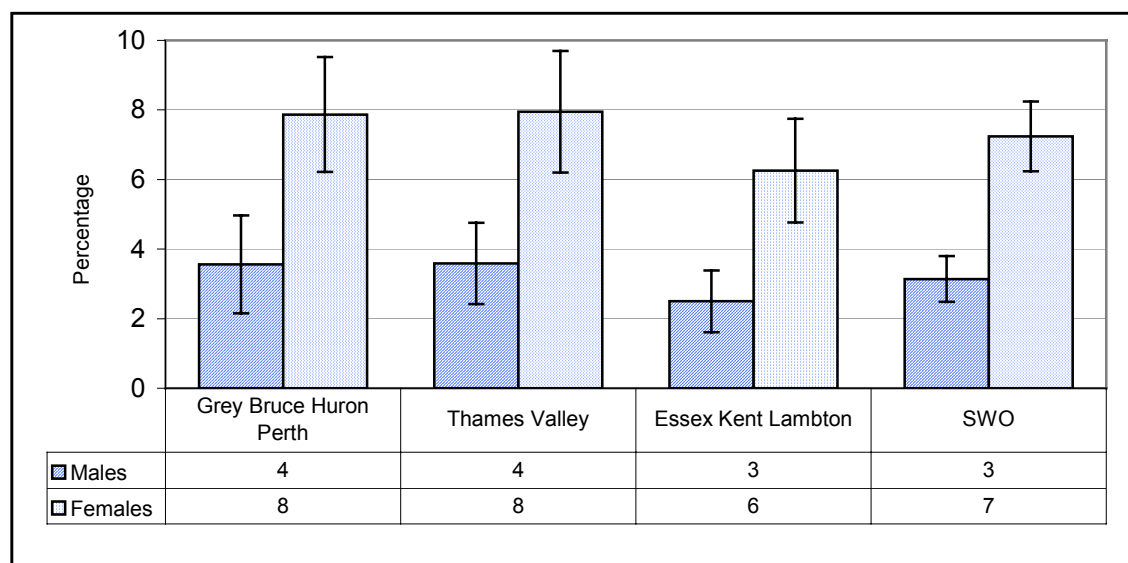
Notes

This question was part of the optional content and was not completed by all Ontario residents. Therefore the provincial average is not available.

Key Findings

- In SWO, 5.2% (± 0.6) of residents reported the use of anti-depressants in the previous month.
- A significantly higher proportion of females than males reported taking anti-depressants within the past month, see Figure 1.10. In SWO, 7.2% (± 1.0) of females and 3.1% (± 0.7) of males had used anti-depressants in the previous month.

Figure 1.10 Use of Anti-Depressants by Gender, DHC Area & SWO



Data source: CCHS Cycle 1.1 (2000/2001)

Contact With Health Professionals About Emotional/Mental Health

Question

In the past 12 months, that is from – date one year ago –to yesterday, have you seen, or talked on the telephone, to a health professional about your emotional or mental health?

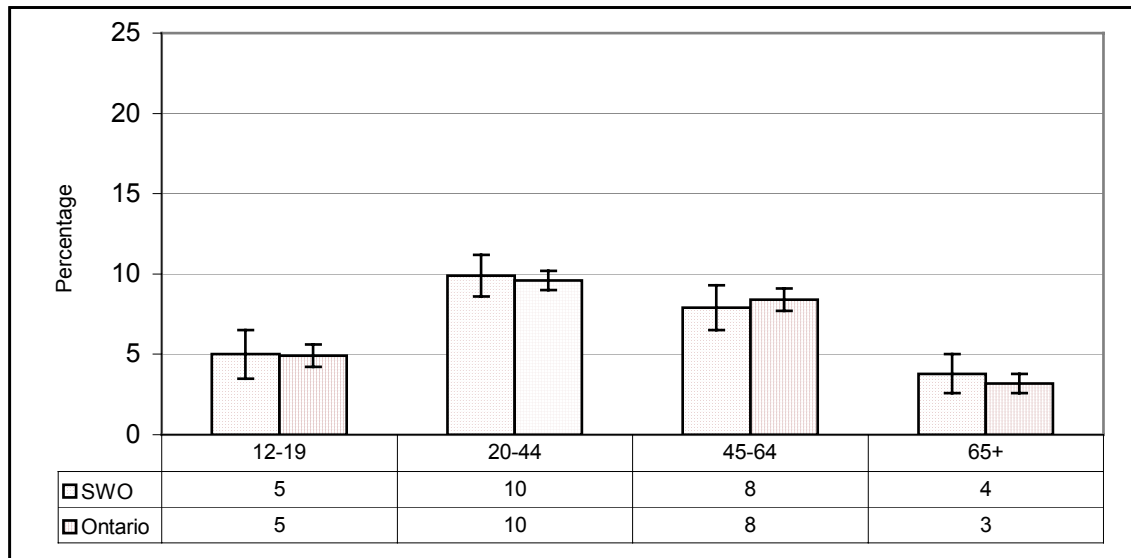
Key Findings

- In SWO, 7.8% (± 0.7) of respondents had contacted a health professional about their emotional/mental health in the last year. This was not significantly different from the proportion in Ontario [7.8% (± 0.4)].

Health Behaviours and Lifestyle Practices in Southwestern Ontario

- A significantly smaller proportion of residents of Elgin-St. Thomas [5.6% (± 1.8)] contacted a health professional about their emotional/mental health than residents of Ontario.
- In SWO, Elgin-St. Thomas had the lowest proportion of individuals who had contacted a health professional, while Middlesex-London [9.3% (± 1.5)] had the highest. This difference was statistically significant.
- In SWO, significantly fewer males [5.1% (± 0.9)] than females [10.4% (± 1.1)] contacted a health professional. This pattern was repeated in Ontario.
- As shown in Figure 1.11, a significantly lower proportion of SWO residents 65 years of age and older [3.8% (± 1.2)] had contacted a health professional about their emotional/mental health than individuals 20 to 44 years of age [9.9% (± 1.3)] or individuals 45 to 64 years of age [7.9% (± 1.4)]. The proportion of individuals 12 to 19 years of age [5.0% (± 1.5)] who had contacted a health professional was similar to the proportion reported among those 65 years of age and older. A similar pattern was found in Ontario, except the proportion of those 65 years of age and older [3.2% (± 0.6)] with such contact was significantly lower than for all other age groups, including those 12 to 19 years of age [4.9% (± 0.7)].

Figure 1.11 Contact With Health Professionals About Emotional/Mental Health by Age Group, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

References

- Badley, E. M., Rasooly, I., & Webster, G. K. (1994). Relative importance of musculoskeletal disorders as a cause of chronic health problems, disability, and health care utilization: Findings from the 1990 Ontario Health Survey. *Journal of Rheumatology*, *21*, 505–514.
- Canadian Lung Association. (n.d.). *Your lungs: What is asthma?* Retrieved February 16, 2004, from http://www.on.lung.ca/your_lungs/asthmaintro.html
- Health Canada. (2003). *Arthritis in Canada. An ongoing challenge*. Retrieved February 16, 2004, from http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/ac/ac_1e.html
- Ministry of Health. (1997). *Mandatory health programs and services guidelines*. Toronto, ON: Queen's Printer for Ontario.
- Statistics Canada. (2002). *Changes between the 1991 Health and Activity Limitation Survey (HALS) and the 2001 Participation and Activity Limitation Survey (PALS)*. Retrieved March 10, 2004, from <http://www.statcan.ca/english/freepub/89-578-XIE/89-578-XIE02001.pdf>
- Statistics Canada. (2003). *A profile of disability in Canada, 2001*. Retrieved March 10, 2004, from <http://www.statcan.ca/english/freepub/89-577-XIE>
- WHO International Consortium in Psychiatric Epidemiology. (2000). Cross-national comparisons of the prevalences and correlates of mental disorders. *Bulletin of the World Health Organization*, *78*(4), 413-26.

Chapter Two – Health Care Utilization

Introduction

This chapter focuses on questions regarding access to and usage of health practitioner services by SWO and Ontario residents. The chapter includes a discussion of self-reported access to a regular medical doctor, consultations with primary care practitioners, consultations with any health professional, and the proportion of individuals reporting an unmet health care need.



Access to a regular medical doctor has been linked to enhanced patient and physician satisfaction, improved opportunities for prevention and early intervention, reduced use of hospital and emergency services, better patient adherence to treatment, and improved health status (Gill & Mainous, 1998; Nutting, Goodwin, Flocke, Zyzanski, & Stange, 2003; Sanmartin, Houle, Berthelot, & White, 2001). This access to a regular source of care or continuity of care is the factor that distinguishes primary care from episodic disease intervention. According to the 2001 Statistics Canada Health Services Access Survey, approximately 88% of Canadians and 94% of Ontario residents over the age of 15 had a regular family physician (Sanmartin et al., 2001) and there is evidence that this proportion has declined in recent years.

Use of general and other health practitioners reflects aspects of health status and self-care activities, as well as local access and the availability of practitioners (Spasoff, 1999). Therefore, geographic differences in practitioner visits should be considered within the context of existing supply. There are currently no guidelines on patient utilization of physician services. In 1979, the Canadian Task Force on the Periodic Health Examination (now the Canadian Task Force on Preventive Health Care) recommended that the annual physical examination be abandoned in favour of periodic assessment using specific evidence-based procedures, including blood pressure testing, Pap smears, breast examinations, etc. They further recommended that the frequency of examination should relate to the clinical guidelines for the test which could be administered as part of a routine physician visit (Beaulieu et al., 1999; Federal, Provincial & Territorial Advisory Committee on Population Health, 1999; Han, 1997). Despite the shift away from annual physical examinations, the clinical guidelines for testing reflect a need for periodic physician visits to allow for disease prevention, early detection, and treatment. The Canadian Task Force on Preventive Health Care (2003) reports that over 90% of Canadians see their family doctor at least once every five years and 75% see their physician annually.

Health Behaviours and Lifestyle Practices in Southwestern Ontario

Beyond consultations with general practitioners there are a myriad of other health professionals who participate in patient care. The general practitioner is the most commonly used, however, other professionals including specialists, optometrists, nurses, dentists, chiropractors, physiotherapists, psychologists, social workers, speech therapists, audiologists, occupational therapists, and so on, help to maintain the individual's health.

Unmet need, or individuals reporting a health care need that was not met, is an emerging indicator reflecting access to health care services. In the era of health care reform, it is expected that access to some services has been reduced and that the prevalence of a self-reported unmet need has increased (Federal, Provincial & Territorial Advisory Committee on Population Health, 1999). It should be noted that this indicator reflects perceived unmet need and may not reflect actual medical need.

Regular Medical Doctor

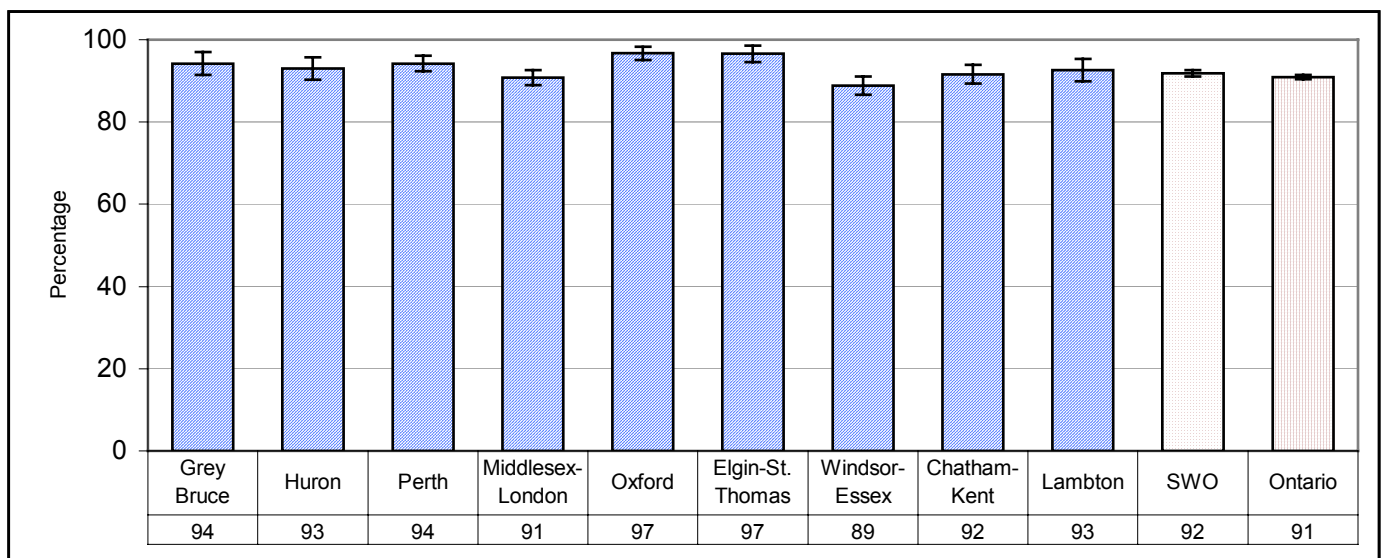
Question

Do you have a regular medical doctor?

Key Findings

- There was no significant difference in the proportion of SWO residents [91.8% (± 0.8)] reporting a regular medical doctor compared to Ontario residents [90.9% (± 0.5)].
- Oxford [96.7% (± 1.6)], Elgin-St. Thomas [96.6% (± 2.0)], and Perth [94.2% (± 1.9)] had significantly higher proportions of residents reporting having a regular medical doctor compared to Ontario, see Figure 2.1. Grey Bruce Huron Perth DHC area residents [93.9% (± 1.6)] were also significantly more likely to have a regular medical doctor compared to Ontario.

Figure 2.1 Regular Medical Doctor, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- Within SWO, Oxford had the highest proportion of residents with a regular medical doctor and Windsor-Essex [88.9% (± 2.2)] had the lowest proportion. The difference between these areas was statistically significant.
- A significantly higher percentage of SWO [94.3 (± 1.0)] and Ontario [93.5% (± 0.5)] females compared to males [89.3% (± 1.4) and 88.1% (± 0.7), respectively] had a regular medical doctor.
- A significantly higher proportion of males in Grey Bruce Huron Perth [92.7% (± 2.0)] reported having a regular doctor compared to the Ontario proportion.
- The proportion of Ontario residents with a regular medical doctor increased with age, with the exception of individuals 20 to 44 years of age [86.9% (± 0.8)], who had a significantly lower proportion with a regular medical doctor than all other age groups [12-19 years of age: 91.6% (± 1.1), 45-64: 94.2% (± 0.6), 65+: 96.5% (± 0.6)]. In both SWO [96.8% (± 1.4)] and Ontario, individuals 65 years of age and older were significantly more likely to have a regular medical doctor than those in the other age groups.

Consultations with a General Practitioner

Question

In the past 12 months, how many times have you seen or talked on the telephone about your physical, emotional or mental health with a family doctor or general practitioner?

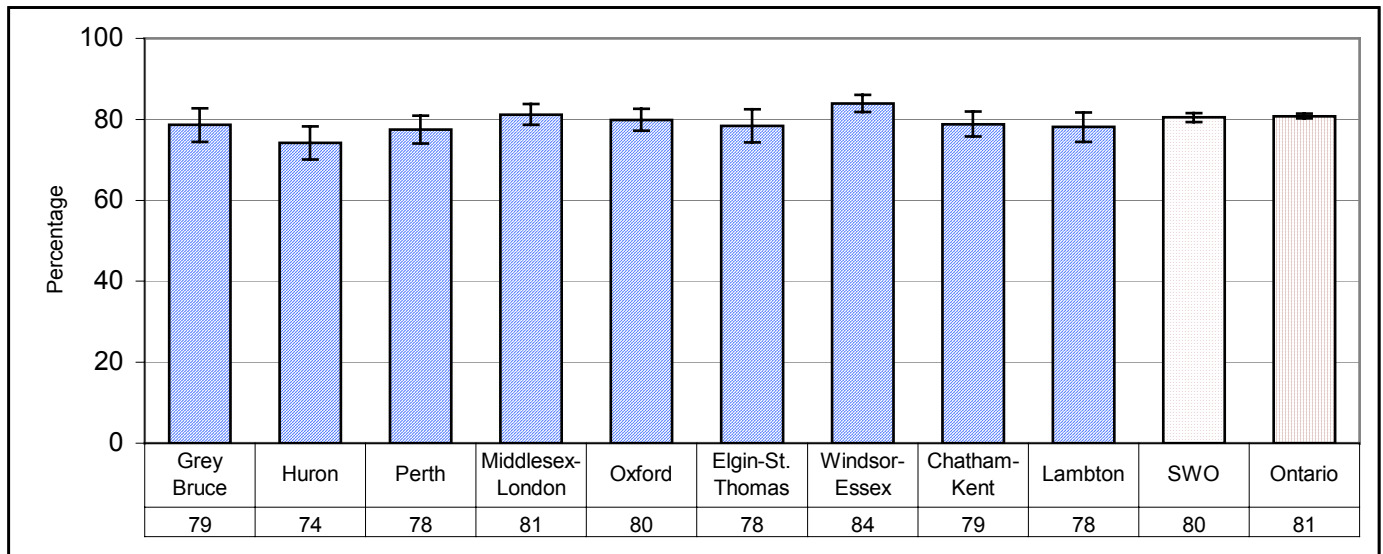
Notes

Refers to individuals who had one or more consultations with a doctor in the past 12 months.

Key Findings

- 80.5% (± 1.1) of SWO residents had consulted with a general practitioner (GP) in the previous year. This proportion was not significantly different from that in Ontario [80.8% (± 0.6)].
- As shown in Figure 2.2, the proportion of residents who had consulted a GP in the previous year was significantly higher in Windsor-Essex [83.9% (± 2.1)] and significantly lower in Huron [74.2% (± 4.1)] and Grey Bruce Huron Perth [77.4% (± 2.5)], compared to Ontario.
- Within SWO, Huron had the lowest proportion of residents who had consulted a GP and Windsor-Essex had the highest, and this difference was statistically significant.
- Significantly higher proportions of females in SWO [84.8% (± 1.4)] and Ontario [85.6% (± 0.7)] reported a consultation with a GP in the past year compared to males [76.0% (± 1.9) and 75.7% (± 1.0), respectively].

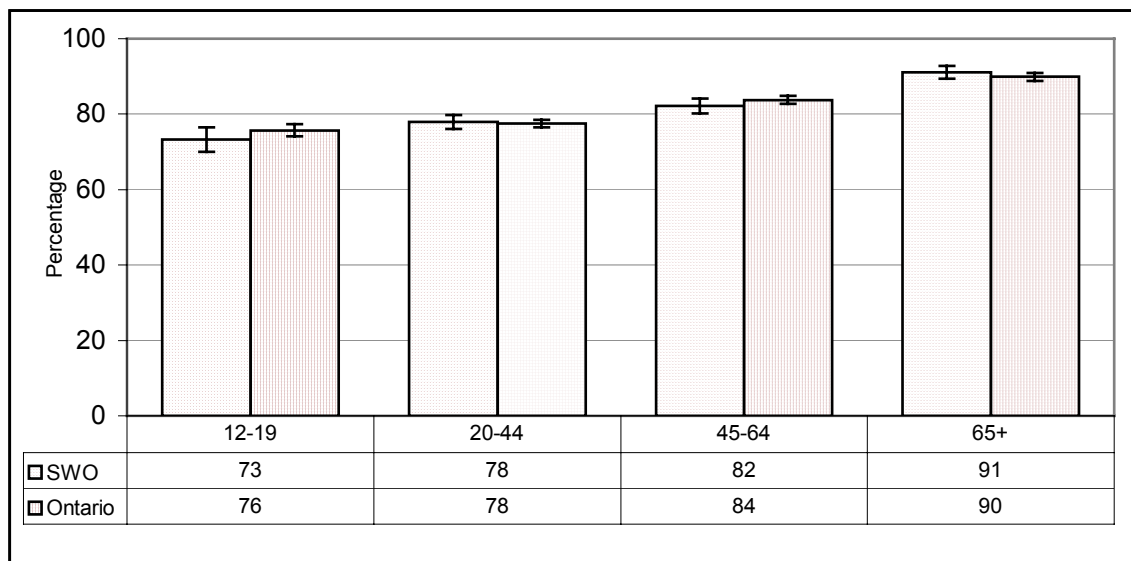
Figure 2.2 Consulted a GP in the Past Year, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- The proportion with a GP consultation in the past year increased with age in both SWO and Ontario, as shown in Figure 2.3. In SWO, the proportion of those 65 years of age and older [91.1% (± 1.7)] with a physician consultation was significantly higher than the proportion for all other age groups, and the proportion among those 45 to 64 years of age [82.2% (± 2.0)] was significantly higher than for those 12 to 19 [73.2% (± 3.3)] and 20 to 44 [77.9% (± 1.9)] years of age.

Figure 2.3 Consulted a GP in the Past Year by Age Group, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- Grey Bruce Huron Perth [78.9% (± 3.6)] had a significantly smaller proportion of residents 45 to 64 years of age who had consulted a GP than Ontario residents [83.8% (± 1.0)] in this age category.

Consultations With Any Health Professional

Question

In the past 12 months, how many times have you seen or talked on the telephone, about your physical, emotional or mental health with: a family doctor or general practitioner? an eye specialist? any other medical doctor? a nurse for care or advice? a dentist or orthodontist? a chiropractor? a physiotherapist? a social worker or counsellor? a psychologist? a speech, audiology or occupational therapist?

Notes

Refers to individuals who reported one or more consultations in the past 12 months with any of the listed practitioners.

Key Findings

- 94.8% (± 0.7) of SWO residents had consulted a health professional in the previous year. This proportion was not significantly different from that in Ontario [94.9% (± 0.3)].
- A significantly greater percentage of SWO and Ontario females [96.8% (± 0.8) and 96.9% (± 0.5), respectively] compared to males [92.7% (± 1.4) and 92.9% (± 0.5)] consulted any health professional.
- Individuals 20 to 44 years of age in both SWO and Ontario [93.8% (± 1.3) and 93.4% (± 0.6), respectively] had the lowest reported use and individuals 65 years of age and older in both areas had the highest reported use [96.8% (± 1.2) and 97.2% (± 0.5)]. This difference was statistically significant.

Unmet Health Care Need

Question

During the past 12 months, was there ever a time when you felt that you needed health care but you didn't receive it? Thinking of the most recent time why didn't you get care?

Key Findings

- A significantly higher proportion of SWO residents [14.3% (± 1.1)] reported an unmet health care need than did Ontario residents [12.2% (± 0.5)].

- Perth [8.4% (± 2.5)] had significantly lower unmet need than Ontario, while Windsor-Essex [18.5% (± 2.9)] and the Essex Kent Lambton DHC area [16.4% (± 2.0)] had significantly higher unmet need compared to Ontario.
- Within SWO, Windsor-Essex residents reported the highest unmet need and Perth residents reported the lowest. This difference was statistically significant.
- The proportion of Ontario females [13.9% (± 0.7)] reporting an unmet need was significantly higher than the proportion of Ontario males [10.4% (± 0.7)].
- The reported unmet need for SWO males [12.8% (± 1.5)] was significantly higher than that for Ontario males.
- A significantly higher proportion of Essex Kent Lambton males [14.0% (± 2.6)] and females [18.7% (± 2.4)] reported an unmet health care need compared to the proportions in Ontario.
- Respondents 12 to 54 years of age in both SWO [15.3% (± 1.3)] and Ontario [13.2% (± 0.6)] were significantly more likely to report an unmet need than respondents 55 years of age and older in SWO [11.4% (± 1.8)] and Ontario [9.1% (± 0.8)].
- Essex Kent Lambton had a significantly higher proportion of residents 12 to 54 years of age [17.2% (± 2.2)] and those 55 years of age and older [14.1% (± 3.2)] who reported an unmet need compared to Ontario residents in the corresponding age categories.
- Among those that reported an unmet need in SWO, the largest proportion reported that the need was not met because the waiting time was too long [31.2% (± 4.0)]. Other reasons included the service was not available at the time required [18.9% (± 3.3)], the respondent felt that the care would be inadequate [18.0% (± 3.0)], service was not available in the area [12.0% (± 2.7)], and the respondent didn't get around to it or didn't bother going to get service [10.1% (± 2.6)]. These proportions were similar in Ontario.

References

- Beaulieu, M. D., Hudon, E., Roberge, D., Pineault, R., Forte, D., & Légaré, J. (1999). Practice guidelines for clinical prevention: Do patients, physicians and experts share common ground? *Canadian Medical Association Journal*, *161*(5), 519-23.
- Canadian Task Force on Preventive Health Care. (2003). *Evidence-based prevention: Canadian Task Force on Preventive Health Care*. Retrieved December 8, 2003, from http://www.ctfphc.org/Reports/CTF_Fact_Sheet_Jun03.pdf
- Federal, Provincial and Territorial Advisory Committee on Population Health. (1999). *Statistical report on the health of Canadians*. Ottawa, ON: Minister of Public Works and Government Services Canada.
- Gill, J. M., & Mainous, A. G. (1998). The role of provider continuity in preventing hospitalizations. *Archives of Family Medicine*, *7*, 352-357.
- Han, P. (1997). Historical changes in the objectives of the periodic health examination. *Annals of Internal Medicine*, *127*(10), 910-917.
- Nutting, P. A., Goodwin, M. A., Flocke, S. A., Zyzanski, S. J., & Stange, K. C. (2003). Continuity of primary care: To whom does it matter and when? *Annals of Family Medicine*, *1*(3), 149-155.
- Sanmartin, C., Houle, C., Berthelot, J. M., & White, K. (2002). *Access to health care services in Canada, 2001*. Retrieved September 2, 2003, from <http://www.statcan.ca/english/freepub/82-575-XIE/free.htm>
- Spasoff, R. A. (1999). *Epidemiologic methods for health policy*. Oxford: Oxford University Press.

Chapter Three – Cancer Screening

Introduction

This chapter examines cancer prevention, specifically the proportion of individuals who have received particular types of cancer screening. Four types of screening are presented: Papanicolaou (Pap) smears, clinical breast examinations, mammography, and prostate specific antigen (PSA) blood testing.



Cervical cancer is estimated to be the twelfth most frequently diagnosed cancer among Canadian women. Although no randomized controlled studies have been conducted to determine the efficacy of Pap smears, it is believed that recent declines in morbidity and mortality are due to widespread Pap smear screening (Health Canada, 2004a; Slaughter, Pinfeld, & Laupacis, 2002).

There are currently two sets of recommendations in Ontario for the frequency of Pap smear screening. First, the Canadian Task Force on Preventive Health Care recommends that annual screening be performed on women following initiation of sexual activity or at age eighteen. After two normal Pap smears are received, screening would take place every three years to age sixty-nine. Those women who are considered high risk (i.e., early sexual activity [<18 years], multiple partners, smokers, low socioeconomic status) should receive more frequent screening (Morrison, 1994; Zoorob, Anderson, Cefalu, & Sidani, 2001). The second set of recommendations comes from the Ontario Cervical Screening Program, and recommends that screening be conducted on women of all ages who are or ever have been sexually active. Once three normal Pap tests have been taken one year apart, screening should be continued every two years. If there have been four normal Pap tests in the previous ten years, screening may be discontinued after the age of seventy (Cancer Care Ontario, 1996).

PHUs have been required under the MHPSPG “to reduce mortality from cervical cancer by increasing early detection” (Ministry of Health, 1997). Specifically, PHUs strive “to reduce the mortality from cervical cancer by 50% by 2005, to increase the proportion of women screened according to the guidelines of the Ontario Cervical Screening Collaborative Group to 85%, and to increase the proportion of ever-screened to 95% by the year 2010” (Ministry of Health, 1997).

In women, breast cancer is the most frequently diagnosed type of cancer and the second leading cause of cancer death (National Cancer Institute of Canada, 2003). Early detection involving clinical breast examinations and mammography, and appropriate treatment can reduce breast cancer mortality (Health Canada, 2004b). According to the MHPSG, PHUs are to increase to 70% the proportion of women aged 50 to 69 who receive mammograms through the Ontario Breast Screening Program by the year 2010 (Ministry of Health, 1997).

In men, prostate cancer is the most frequently diagnosed type of cancer and the third leading cause of cancer death (Ellison, Stokes, Gibbons, Lindsay, Levy, & Morrison, 2000; National Cancer Institute of Canada, 2003). There has been much controversy with regard to the prostate specific antigen blood test (PSA test), revolving around issues including the lack of randomized controlled trials evaluating the effectiveness of the PSA test, the cost/benefit ratio of the test, poor specificity of the test, and adverse reactions to treatment (Ellison, et al., 2000; Feightner, 1994; Slaughter et al., 2002). As a result of these factors, the Canadian Task Force on Preventive Health Care concluded that there is “insufficient evidence to include prostate specific antigen screening in the periodic health examination of men over 50 years of age” (Feightner, 1994; Zoorob et al., 2001). If physicians do offer PSA testing, patients should be fully informed about the risks and benefits associated with the test and should provide informed consent for such testing (Feightner, 1994; Slaughter et al., 2002).

Pap Smears

Question

Have you ever had a Pap smear test?

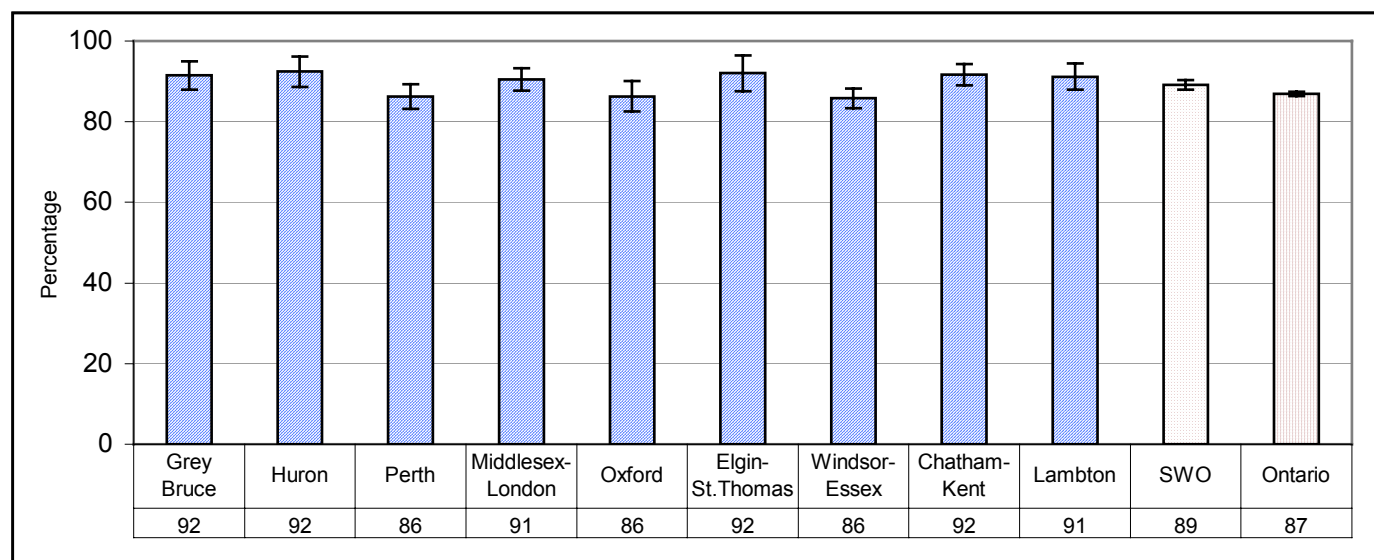
Notes

This question was asked only of women 18 years of age and older.

The proportions include women who have had a hysterectomy.

Key Findings

- The proportion of SWO women [89.2% (± 1.3)] who ever had a Pap smear was significantly higher than that in Ontario [86.9% ($\pm 0.9\%$)].
- The proportion of women who ever had a Pap smear was significantly higher than Ontario in the PHU areas of Grey Bruce [91.5% (± 3.6)], Huron [92.4% (± 4.0)], Elgin-St. Thomas [92.0% (± 3.7)], and Chatham-Kent [91.7% (± 3.1)], see Figure 3.1, and the DHC areas of Grey Bruce Huron Perth [90.4% (± 2.3)] and Thames Valley [90.0% (± 2.1)].

Figure 3.1 Women 18+ Who Ever Had a Pap Smear, PHU Area, SWO & Ontario

Data source: CCHS Cycle 1.1 (2000/2001)

- The proportion of women 45 to 64 years of age who ever had a Pap smear in both SWO [93.8% (± 2.0)] and Ontario [92.7% (± 1.3)] was significantly higher than the proportions screened among women 18 to 44 years of age [88.1% (± 1.9)] and 85.3% (± 1.2), respectively] and those 65 years of age and older [84.8% (± 3.2)] and 81.4% (± 2.2), respectively].
- Grey Bruce Huron Perth had a significantly higher proportion of women 18 to 44 years of age [91.4% (± 3.8)] who ever had a Pap smear than Ontario.

Question

When was the last time (you had a Pap smear test)?

Notes

This question was asked only of women 18 years of age and older.

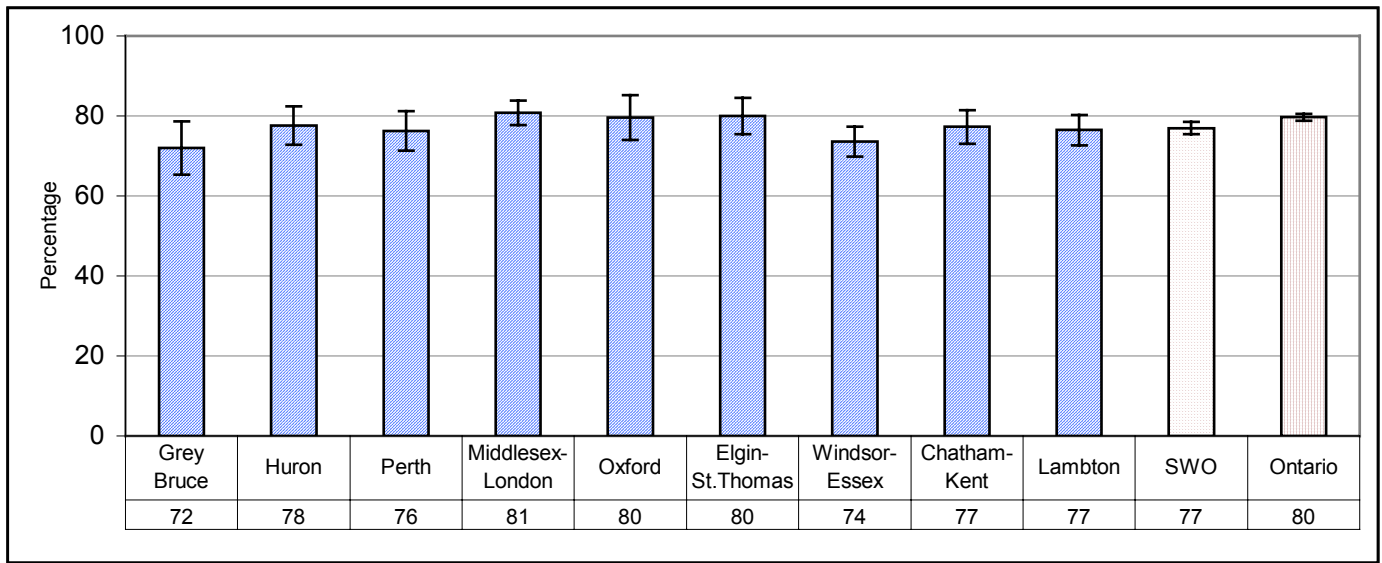
The proportions include women who have had a hysterectomy and exclude those who have never had a Pap smear.

Questions on Pap smears in the CCHS reflect guidelines created by the Canadian Task Force on Preventive Health Care; thus, this analysis will reflect the recommended screening frequency outlined by this group of three years.

Key Findings

- Among SWO women 18 years of age and older, 77.0% (± 1.5) of those who ever had a Pap smear had one within the last three years. This proportion was significantly lower than that in Ontario [79.7% (± 0.9)], as shown in Figure 3.2.

Figure 3.2 Women 18+ Who Have Had a Pap Smear Within the Last Three Years, PHU Area, SWO & Ontario

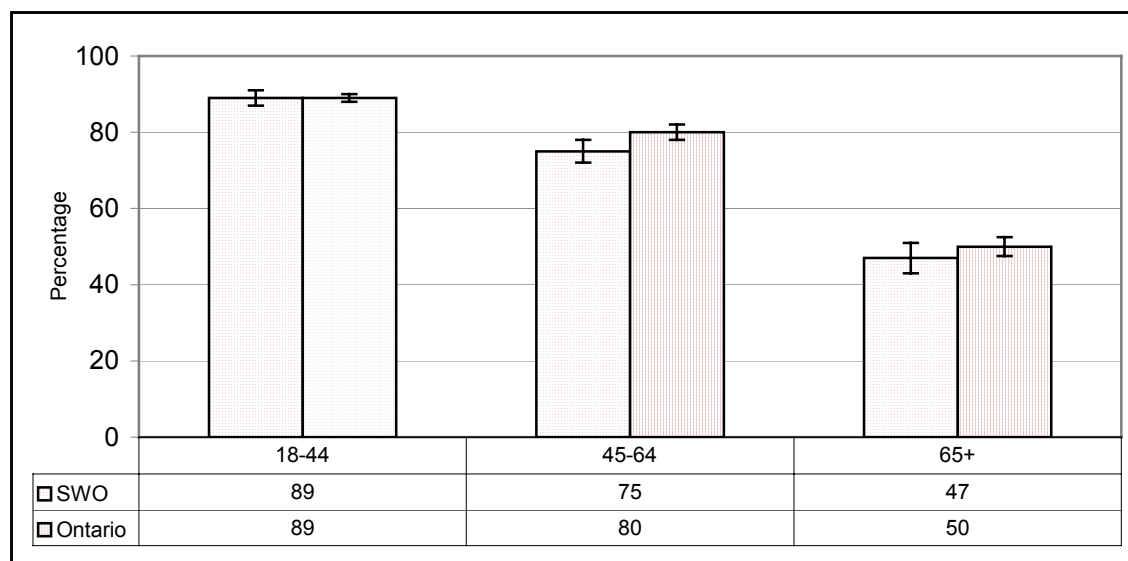


Data source: CCHS Cycle 1.1 (2000/2001)

Note: This reflects only the proportion of women who ever had a Pap smear.

- The proportions of women screened in the last three years in Windsor-Essex [73.6% (± 3.8)], Essex Kent Lambton [74.9% (± 2.6)], and Grey Bruce Huron Perth [74.2% (± 4.0)] were significantly lower than that in Ontario.
- As shown in Figure 3.3, the proportion of women who had a Pap smear in the last three years decreased as age increased in SWO, with those 18 to 44 years of age [89.2% (± 2.0)] significantly more likely to have been screened within this time period than those 45 to 64 years of age [74.8% (± 3.1)] and 65 years of age and older [47.2% (± 4.2)]. A similar pattern was seen in Ontario.

Figure 3.3 Women 18+ Who Have Had a Pap Smear Within the Last Three Years by Age Group, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

Note: This reflects only the proportion of women who ever had a Pap smear.

- Women 45 to 64 years of age within SWO were significantly less likely to have had a Pap smear in the last three years compared to Ontario women of this age [80.1% (± 1.6)].
- Grey Bruce Huron Perth had a significantly smaller proportion of women 65 years of age and older [38.8% (± 7.5)] who had a Pap smear within the last three years than Ontario women of this age [49.9% (± 2.5)].
- Thames Valley had a significantly greater proportion of women 18 to 44 years of age [93.1% (± 2.7)] who had a Pap smear within the last three years compared to Ontario [88.9% (± 1.1)].

Clinical Breast Examinations

Question

Other than a mammogram, have you ever had your breasts examined for lumps, (tumours, cysts) by a doctor or other health professional?

Notes

This question was asked only of women 18 years of age and older.

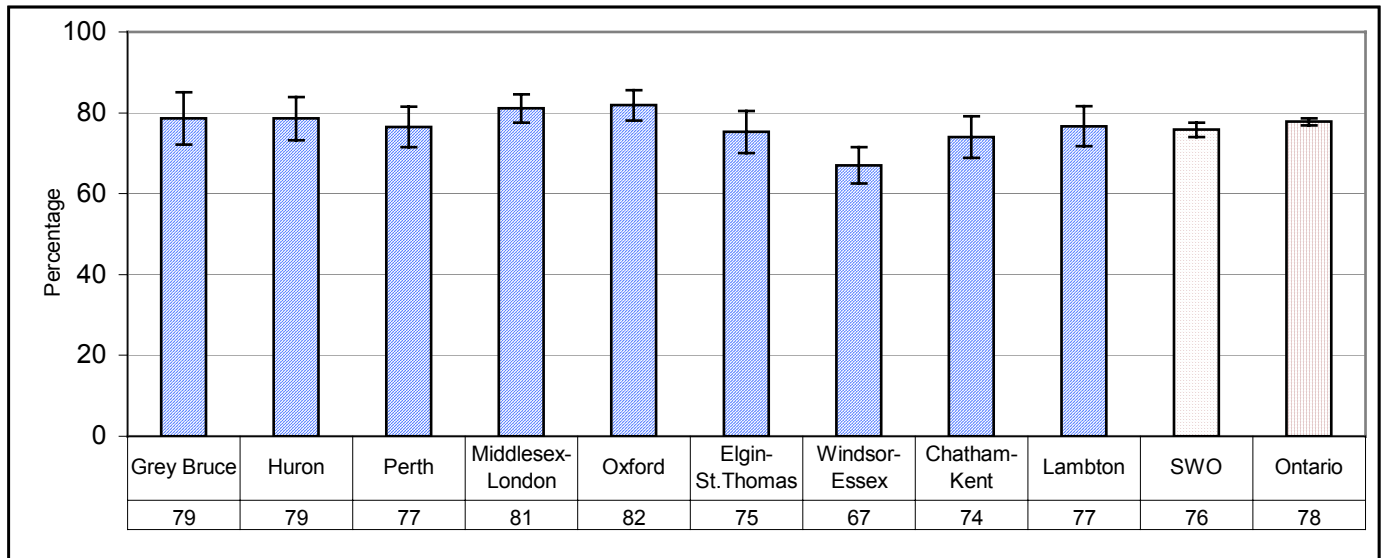
Key Findings

- The proportion of women who ever had their breasts examined by a health professional was not significantly different between SWO [75.8% (± 1.8)] and Ontario [77.8% (± 0.9)].

Health Behaviours and Lifestyle Practices in Southwestern Ontario

- The proportion of women who ever had their breasts examined by a health professional was significantly lower in Windsor-Essex [67.0% (± 4.5)], see Figure 3.4, and the Essex Kent Lambton DHC area [70.3% (± 3.2)], compared to the Ontario proportion.

Figure 3.4 Women 18+ Who Ever Had Their Breasts Examined by a Health Professional, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- Within SWO, Oxford [81.9% (± 3.8)] had the highest proportion of clinical breast examinations, while Windsor-Essex had the lowest proportion. The difference between these proportions was statistically significant.
- The proportion of women 45 to 64 years of age who ever had a clinical breast examination in both SWO and Ontario [83.7% (± 3.0) and 85.7% (± 1.4), respectively] was significantly higher than the proportion of women 18 to 44 years of age [70.8% (± 2.6) and 73.6% (± 1.3), respectively], and 65 years of age and older [76.5% (± 3.6) and 76.9% (± 2.2), respectively].
- Thames Valley had a significantly greater proportion of women 65 years of age and older [87.4% (± 4.0)] who ever had a clinical breast examination compared to Ontario.
- The proportion of Essex Kent Lambton women 18 to 44 years of age [65.4% (± 4.4)] who ever had a clinical breast examination was significantly smaller than the proportion of Ontario women in this age group.

Question

When was the last time (you had a clinical breast examination)?

Notes

This question was asked only of women 18 years of age and older who ever had their breasts examined by a health professional.

Key Findings

- Of SWO women who ever had a clinical breast examination, 61.4% (± 1.9) had one within the last year. This proportion was not significantly different from that in Ontario [63.7% (± 1.1)].
- Ontario women 65 years of age and older [57.6% (± 2.5)] were significantly less likely to have been screened in the last year compared to women in the other age groups [18-44: 63.8% (± 1.7), 45-64: 66.7% (± 1.9)].
- Thames Valley women 45 to 64 years of age [57.4% (± 5.6)] were significantly less likely to have had an examination in the last year compared to Ontario women of this age.

Mammography**Question**

Have you ever had a mammogram, that is a breast x-ray?

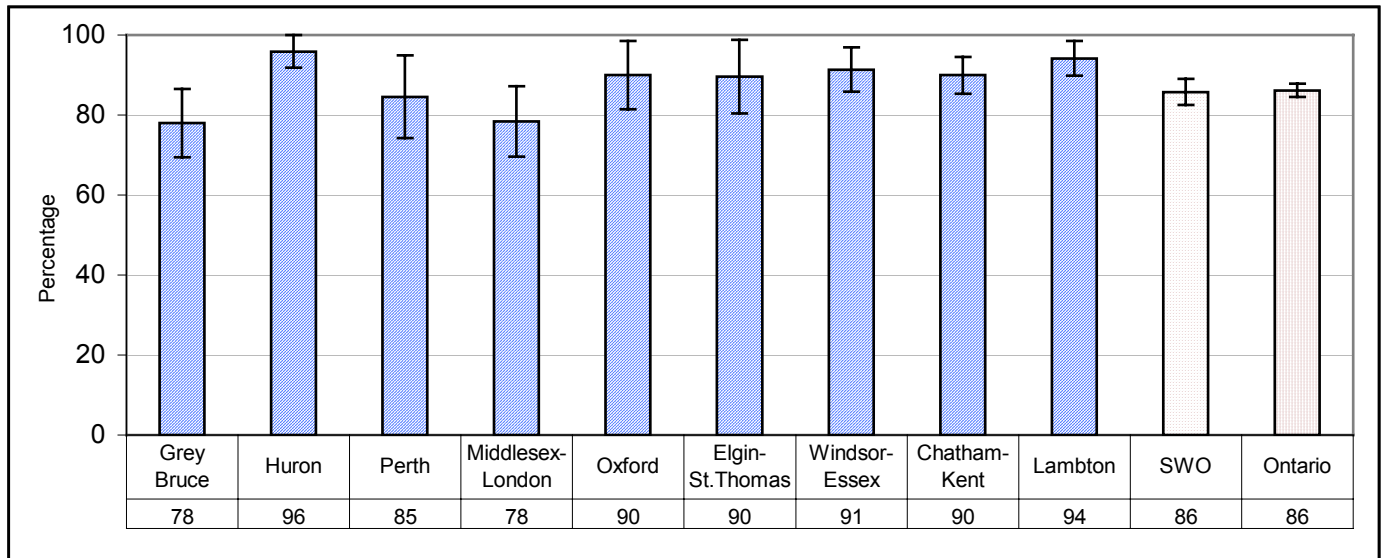
Notes

This question was asked only of women 35 years of age and older; however, this analysis focuses on women 50 to 69 years of age to reflect the age group indicated in the MHPSG (Ministry of Health, 1997), and in recommendations made by the Canadian Task Force on Preventive Health Care (Morrison, 1994).

Key Findings

- There was no significant difference in the proportion of women 50 to 69 years of age who ever had a mammogram in SWO [85.8% (± 3.3)] and Ontario [86.2% (± 1.6)].
- The proportions of women 50 to 69 years of age who ever had a mammogram in Huron [95.9% (± 4.1)] and Lambton [94.2% (± 4.4)] were significantly higher than the proportion in Ontario, as shown in Figure 3.5. The proportion of women who ever had a mammogram in the Essex Kent Lambton DHC area [91.9% (± 3.4)] was significantly higher than the Ontario proportion.

Figure 3.5 Women 50-69 Who Ever Had a Mammogram, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- Within SWO, Huron had the highest proportion of women ever screened, while Grey Bruce [78.0% (± 8.6)] had the lowest proportion, and the difference between these proportions was statistically significant.

Question

When was the last time (you had a mammogram)?

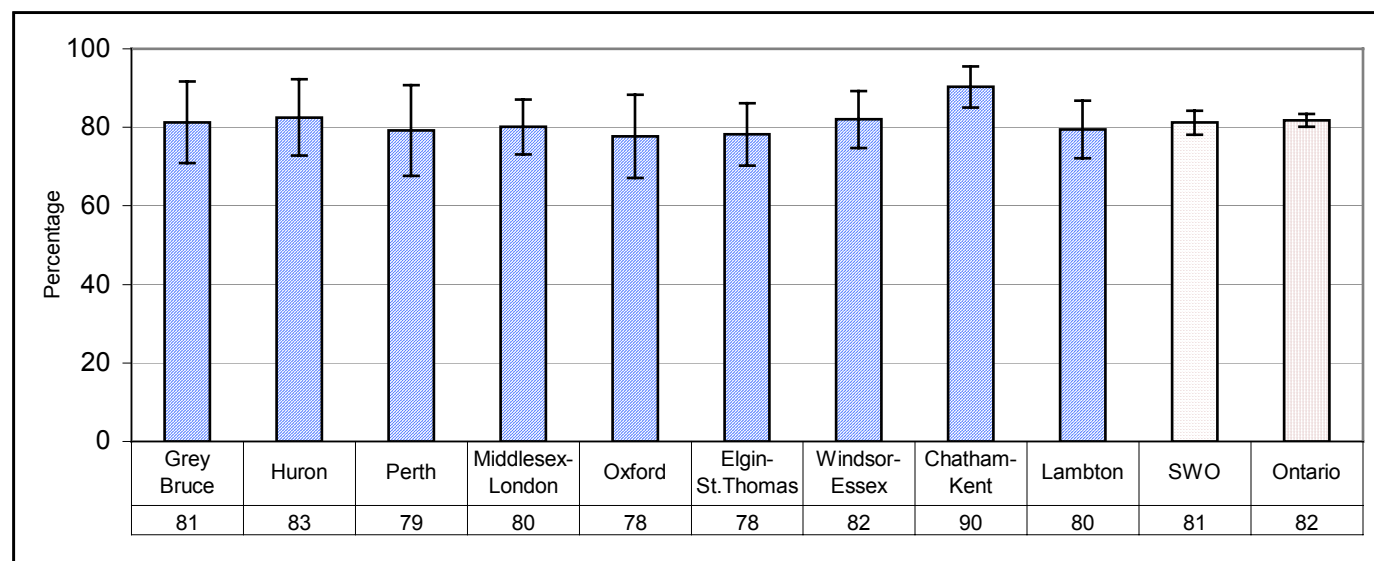
Notes

This question was asked only of women 35 years of age who had ever had a mammogram; however, this analysis focuses on women 50 to 69 years of age.

Key Findings

- 81.2% (± 3.1) of SWO women who ever had a mammogram had one within the last two years. This was not significantly different from Ontario [81.8% (± 1.7)].
- Chatham-Kent [90.3% (± 5.3)] had a significantly higher proportion of women screened within the last two years compared to Ontario, as seen in Figure 3.6.

Figure 3.6 Women 50-69 Who Have Had a Mammogram Within the Last Two Years, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

Note: This reflects only the proportion of women 50 to 69 who ever had a mammogram.

Prostate Specific Antigen (PSA) Blood Testing

Question

Have you ever had a prostate specific antigen test for prostate cancer, that is a PSA blood test?

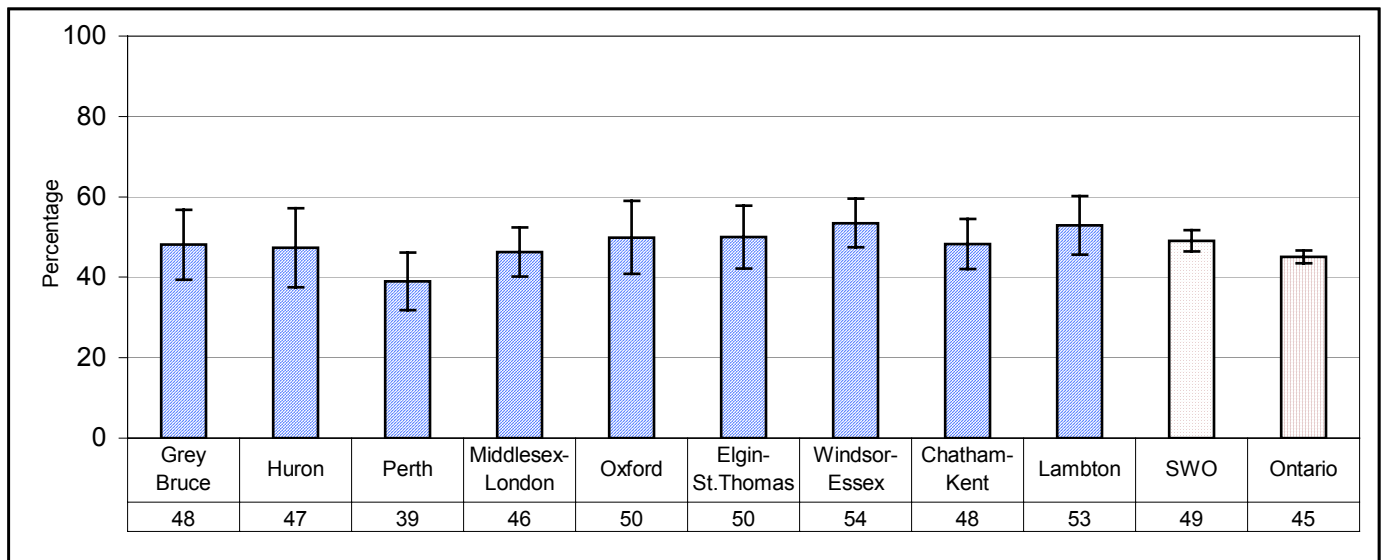
Notes

This question was asked only of men 40 years of age and older.

Key Findings

- The proportion of men 40 years of age and older who ever had a PSA blood test was not significantly different between SWO [49.1% (± 2.7)] and Ontario [45.1% (± 1.6)].
- The proportion of men 40 years of age and older who ever had a PSA blood test was significantly higher in Windsor-Essex [53.5% (± 6.0)], see Figure 3.7, and the Essex Kent Lambton DHC area [52.4% (± 4.0)] compared to Ontario.

Figure 3.7 Men 40+ Who Ever Had a PSA Blood Test, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- The highest proportion of men 40 years of age and older who ever had a PSA blood test was in Windsor-Essex, while the lowest was in Perth [39.0% (± 7.1)], and the difference between these proportions was statistically significant.

Question

When was the last time (you had a PSA blood test)?

Notes

This question was asked only of men 40 years of age and older who ever had a PSA blood test.

Key Findings

- Of men in SWO who ever had a PSA blood test, 64.0% (± 3.7) had one within the last year, and this was not significantly different from the proportion in Ontario [61.9% (± 1.9)].
- The proportion of men having this test within the last year in Lambton [74.2% (± 9.0)] was significantly higher than the proportion in Ontario.

References

- Cancer Care Ontario. (1996). *1996 Ontario cervical screening guidelines*. Retrieved January 7, 2004, from http://www.cancercare.on.ca/prevention_120.htm
- Ellison, L. F., Stokes, J., Gibbons, L., Lindsay, J., Levy, I., & Morrison, H. (2000). *Monograph series on aging-related diseases: X. Prostate cancer*. Retrieved January 29, 2004, from http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/cdic-mcc/19-1/b_e.html
- Feightner, J. W. (1994). *Screening for prostate cancer*. Retrieved November 18, 2003, from <http://www.ctfphc.org>
- Health Canada. (2004a). *Cervical cancer in Canada*. Retrieved January 29, 2004, from http://www.hc-sc.gc.ca/english/iyh/diseases/cervical_cancer.html
- Health Canada. (2004b). *Reducing the risk of breast cancer*. Retrieved January 29, 2004, from http://www.hc-sc.gc.ca/english/iyh/diseases/breast_cancer.html
- Ministry of Health. (1997). *Mandatory health programs and services guidelines*. Toronto, ON: Queen's Printer for Ontario.
- Morrison, B. J. (1994). *Screening for cervical cancer*. Retrieved November 18, 2003, from <http://www.ctfphc.org>
- National Cancer Institute of Canada. (2003). *Canadian cancer statistics 2003*. Toronto, ON: Author.
- Slaughter, P. M., Pinfold, S. P., & Laupacis, A. (2002). *Prostate-specific antigen (PSA) screening in asymptomatic men*. Retrieved October 21, 2003, from [http://www.ices.on.ca/webbuild/site/ices-internet-upload/file_collection/Prostate-specific%20Antigen%20\(PSA\)%20screening%20in%20asymptomatic%20men.pdf](http://www.ices.on.ca/webbuild/site/ices-internet-upload/file_collection/Prostate-specific%20Antigen%20(PSA)%20screening%20in%20asymptomatic%20men.pdf)
- Zoorob, R., Anderson, R., Cefalu, C., & Sidani, M. (2001). *Cancer screening guidelines*. Retrieved January 29, 2004, from <http://www.aafp.org/afp/20010315/1101.html>

Chapter Four – Health Behaviours

Introduction

Lifestyle behaviours have a critical influence on the health of individuals and the community as a whole. In this chapter, health behaviours such as body weight, nutrition factors such as fruit and vegetable consumption and food insecurity, as well as physical activity are discussed. Health behaviours related to tobacco and alcohol use are discussed in separate chapters.



There is a relationship between body weight and health risks. Being overweight and obese increases the risk of developing Type 2 diabetes mellitus, high blood pressure, osteoarthritis, cardiovascular disease, high cholesterol levels, obstructive sleep apnea, and some cancers (Health Canada, 2003). Katzmarzyk and Ardern (2004) estimate that the proportion of Canadian adults aged 20 to 64 years who are overweight and obese has increased from 31.6% in 1985 to 47.4% in 2000. Birmingham et al. (2004) estimate that the direct cost of obesity in Canada is over \$1.8 billion per year, making it an important public health concern. In Ontario, the public health goal is to slow the decrease in the proportion of adults (aged 20 to 64 years) with healthy weight status by the year 2010 to help reduce the mortality from ischemic heart diseases and stroke and to reduce the morbidity from diabetes and hypertension (Ministry of Health, 1997).

Body Mass Index (BMI) is an index of an individual's weight-to-height (kilograms/metres squared) and is closely associated with overall body fat. BMI is not applicable for children and adolescents, pregnant and breastfeeding women, athletes and muscular individuals, and the very tall or very short. The acceptable weight range is slightly higher than the international standard categories for adults 65 years and older and black populations (Health Canada, 2003). Of note is that some researchers have reported that the health risks associated with BMI differ by sex, with increased risks starting at 23.8 for females and 25.0 for males (Semenciw et al., 1988).

A person's perception of their body weight may affect their satisfaction with themselves and their attempt to lose weight through calorie-reduced diets and/or physical activity. Women are less likely than men to consider their weight "about right", even when they are not overweight. Women are also more likely than men to be classified as underweight, attempt to reduce their weight, and have anorexia nervosa (Green et al., 1997; Lindberg & Hjern, 2003).

Fruit and vegetable consumption is used as an indicator of good food habits, since fruits and vegetables are key sources of vitamins and minerals and provide necessary fiber in the diet. Fruits and vegetables

assist in provision of phytochemicals and antioxidants, which play roles in preventing and controlling diseases. Daily consumption of appropriate quantities of fruits and vegetables could prevent noncommunicable diseases such as cardiovascular diseases and some cancers (World Health Organization, 2003). Canada's Food Guide recommends 5 to 10 servings of fruits and vegetables per day (Health Canada, 2002), and recent media campaigns have been encouraging Canadians to eat this recommended amount. The corresponding public health goal is to "increase to 75 percent the proportion of the population age four and older consuming five or more servings of vegetables and fruit daily by year 2010" (Ministry of Health, 1997).

Food insecurity is defined as the inability to acquire appropriate foods in a socially acceptable way, or limited or uncertain access to foods of sufficient quality or quantity to sustain a healthy and active life. Poverty and food insecurity are associated with lower food expenditures, low fruit and vegetable consumption, and lower-quality diets (Drewnowski & Specter, 2004). Rainville & Brink (1998) found that approximately 10.2% of the Canadian population lived in households that experienced food insecurity within the past year.

It has long been recognized that physical activity, even in modest amounts, improves health and quality of life. In fact, physical activity provides many health benefits including reduced risk of developing conditions such as coronary heart disease, diabetes, obesity, some cancers, osteoporosis, injuries, stress and depression (Brownson et al., 1998; Bouchard, Shepard, & Stevens, 1994). It is estimated that about 35% of deaths from coronary heart disease can be attributed to physical inactivity (Brownson et al., 1998).

The MHPSG goals related to physical activity are (Ministry of Health, 1997):

- To increase to 40% the proportion of all adults who include at least 30 minutes of accumulated, moderate physical activity on most if not all days of the week by the year 2010.
- To increase to 60% the proportion of youth who include at least 30 minutes of accumulated, moderate physical activity on most if not all days of the week by the year 2010.
- To increase the proportion of children who are active.

Body Mass Index

Question

Body Mass Index (BMI) was calculated from the weight and height reported by CCHS survey respondents. The formula for this calculation is weight (kg) divided by height squared (metres).

Notes

The current international standards, which have been adopted in Canada, classify BMI into categories: ‘underweight’ (BMI < 18.5), ‘acceptable weight’ (18.5-24.9), ‘overweight’ (25.0-29.9), and ‘obese’ (≥30).

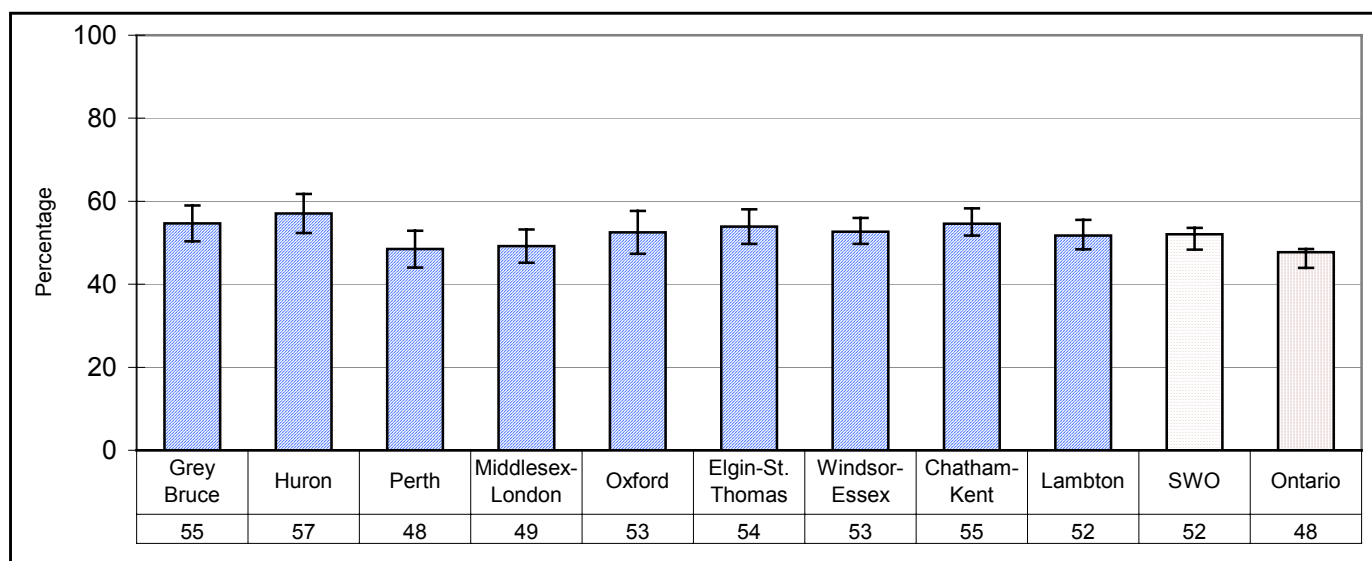
This classification only applies to those 18 years of age and older, excluding pregnant and lactating women.

The categories ‘overweight’ and ‘obese’ were combined for this analysis.

Key Findings

- A significantly higher proportion of SWO residents [52.0% (±1.6)] were classified as overweight/obese compared to Ontario [47.7% (±0.8)].
- As shown in Figure 4.1, Huron [57.0% (±4.7)], Grey Bruce [54.7% (±4.3)], Chatham-Kent [54.6% (±3.7)], Elgin-St. Thomas [53.9% (±4.2)], and Windsor-Essex [52.7% (±3.3)] had significantly higher proportions of respondents whose BMI was overweight/obese compared to Ontario.

Figure 4.1 Overweight/Obese, 18+, PHU Area, SWO & Ontario

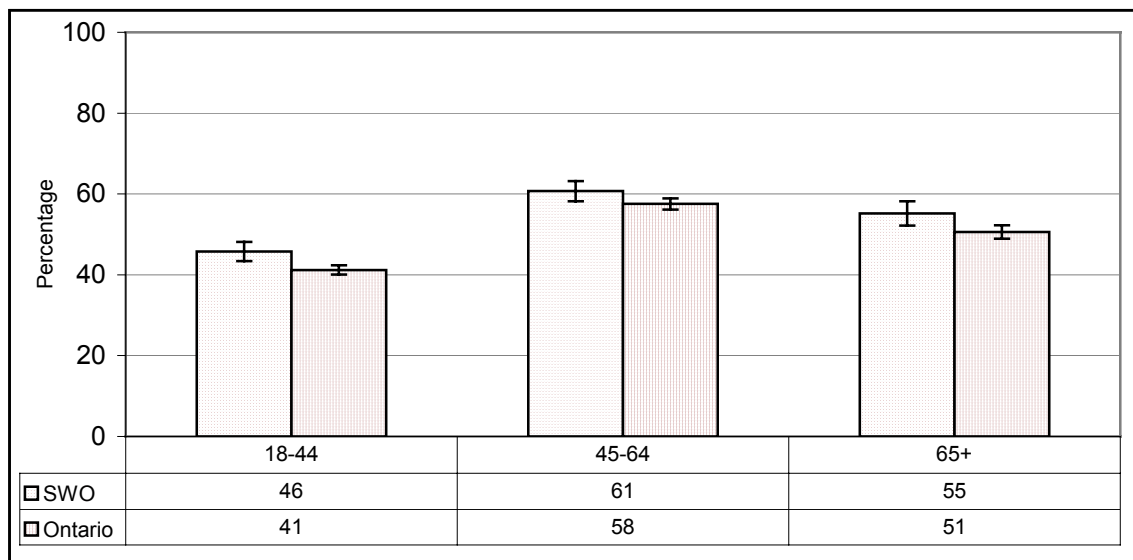


Data source: CCHS Cycle 1.1 (2000/2001)

- The DHC areas of Grey Bruce Huron Perth [53.6% (±2.8)] and Essex Kent Lambton [52.8% (±2.3)] also had higher proportions of overweight/obese respondents compared to Ontario.

- A significantly higher proportion of males in SWO [59.9% (± 2.2)] and Ontario [55.1% (± 1.2)] had a BMI classified as overweight/obese compared to females in SWO [44.2% (± 2.0)] and Ontario [40.5% (± 1.1)].
- The proportions of males classified as overweight/obese were higher in SWO, Essex Kent Lambton [59.7% (± 3.2)] and Grey Bruce Huron Perth [62.7% (± 3.5)] than in Ontario. Essex Kent Lambton [46.0% (± 3.3)] also had a higher proportion of overweight and obese females than Ontario.
- In Ontario, the proportion of overweight/obese adults was significantly higher among those 45 to 64 years of age [57.5% (± 1.4)] than for those 18 to 44 years of age [41.2% (± 1.2)] and 65 years of age and older [50.6% (± 1.7)], as shown in Figure 4.2.

Figure 4.2 Overweight/Obese by Age Group, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- The proportion of overweight/obese respondents 18 to 44 years of age was higher in both SWO [45.8% (± 2.4)], and Grey Bruce Huron Perth [48.0% (± 3.9)], than Ontario.
- The proportion of overweight/obese respondents 65 years of age and over was higher in Essex Kent Lambton [59.1% (± 4.7)] than in Ontario.

Perception of Body Weight

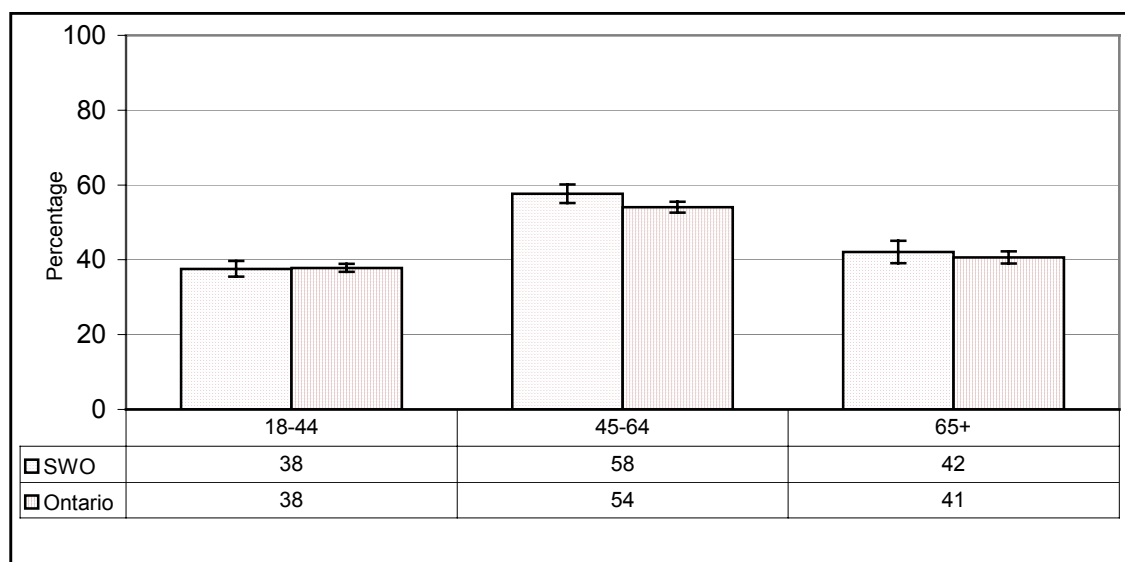
Question

Do you consider yourself overweight, underweight, or just about right?

Key Findings

- 44.6% (± 1.5) of SWO adults considered themselves to be overweight, and this proportion was not significantly different from Ontario [43.3% (± 0.8)].
- The proportion of residents who considered themselves overweight was higher in Grey Bruce [48.4% (± 3.8)] than in Ontario, even though the actual proportion of overweight and obese adults, as measured by BMI, was significantly higher in several of the other PHU areas (see previous section).
- Grey Bruce and Oxford [48.4% (± 4.9)] had the largest proportion of respondents who considered themselves overweight, while Perth [38.2% (± 5.0)] had the smallest proportion. These differences were statistically significant.
- A significantly higher proportion of females in SWO [50.9% (± 1.9)] and Ontario [48.7% (± 1.1)] considered themselves overweight than males in SWO [38.2% (± 2.1)] and Ontario [37.7% (± 1.1)].
- In SWO, the proportion of respondents who considered themselves overweight was significantly higher for those 45 to 64 years of age [57.7% (± 2.5)] than those 18 to 44 years of age [37.6% (± 2.1)], and those 65 years of age and older [42.1% (± 3.0)], as shown in Figure 4.3. Similar results were found in Ontario.

Figure 4.3 Perception of Self as Overweight by Age Group, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

Fruit and Vegetable Consumption

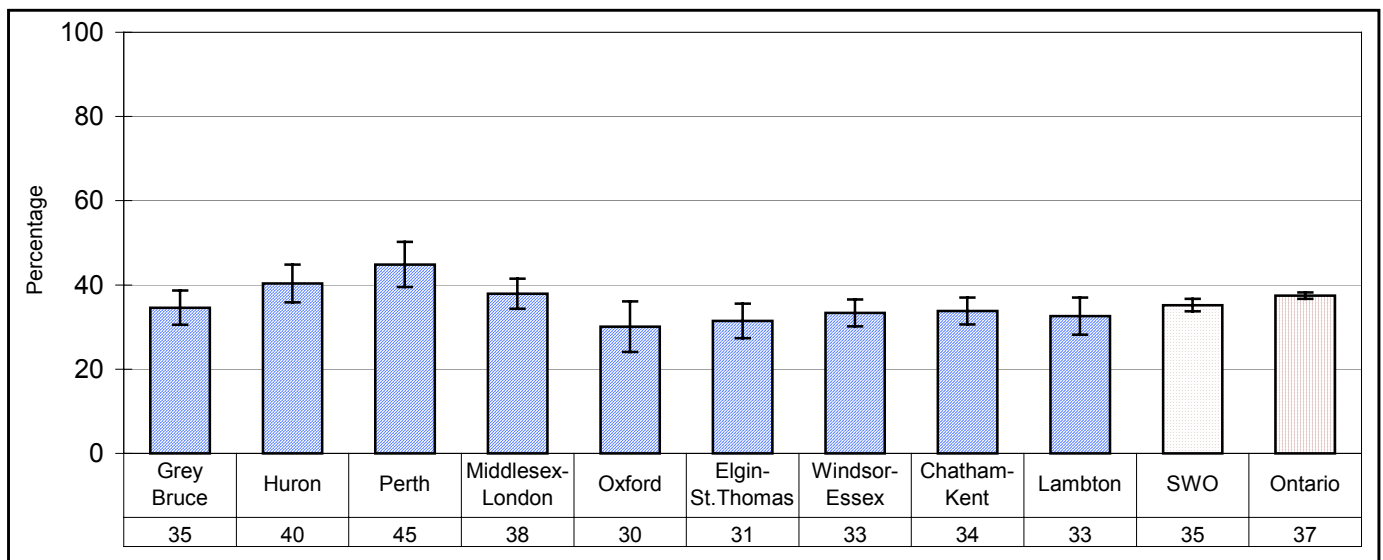
Question

This variable is derived from responses to various questions regarding the frequency/quantity and variety of fruits and vegetables consumed by respondents.

Key Findings

- 35.2% (± 1.5) of SWO residents reported consuming five or more servings of fruits and vegetables per day. This was not significantly different from the proportion in Ontario [37.5% (± 0.8)].
- Perth [44.9% (± 5.4)] had a significantly higher proportion of residents who reported consumption of five or more fruits and vegetables per day than Ontario, see Figure 4.4. Oxford [30.1% (± 6.0)], Elgin-St. Thomas [31.5% (± 4.1)], Windsor-Essex [33.4% (± 3.2)], and the Essex Kent Lambton DHC area [33.3% (± 2.2)] all had lower proportions than Ontario.

Figure 4.4 Fruit and Vegetable Consumption of Five or More Servings Daily, PHU Area, SWO & Ontario

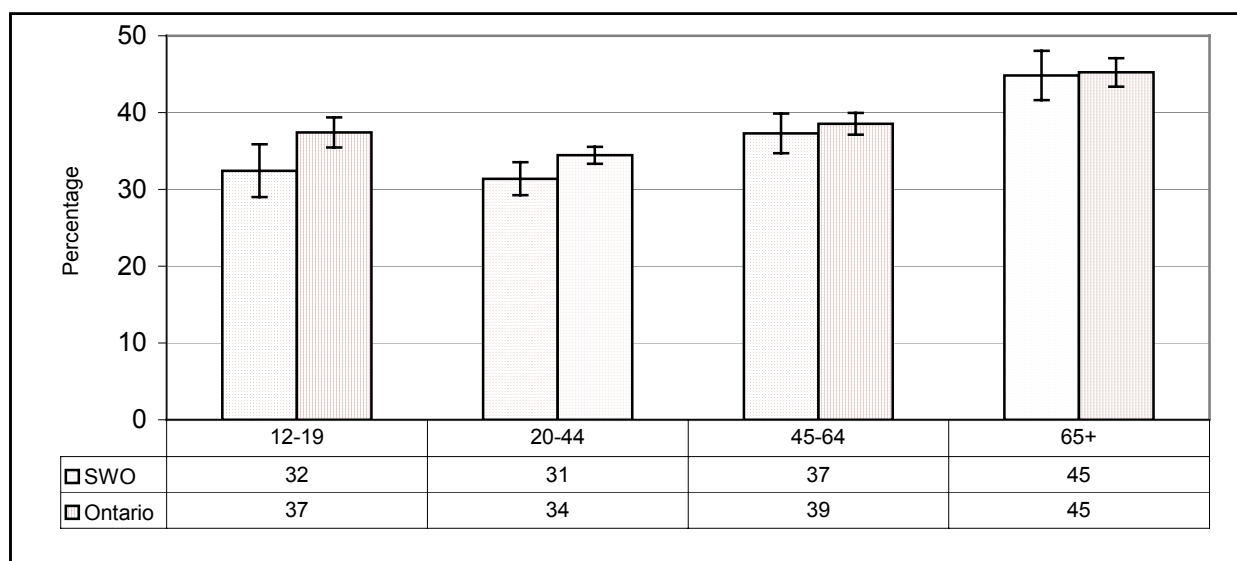


Data source: CCHS Cycle 1.1 (2000/2001)

- Within SWO, Oxford had the lowest reported consumption of five or more servings, and the difference between this proportion and that in Perth was statistically significant.
- In SWO, 41.0% (± 1.9) of females consumed five or more servings of fruits and vegetables daily compared to 29.2% (± 1.9) of males, and this difference was statistically significant. A significantly smaller proportion of SWO males consumed this quantity compared to Ontario males [32.3% (± 1.0)].

- A smaller proportion of Essex Kent Lambton females [38.0% (± 3.1)] consumed five or more servings per day than Ontario females [42.5% (± 1.1)].
- In SWO, 32.4% (± 3.4) of respondents 12 to 19 years of age and 31.4% (± 2.2) of respondents 20 to 44 years of age consumed five or more servings of fruits and vegetables per day. From this point, fruit and vegetable consumption increased with age, with 37.3% (± 2.6) of respondents 45 to 64 years of age and 44.8% (± 3.2) of respondents 65 years of age and older reporting five or more servings daily, as seen in Figure 4.5. A similar pattern was found in Ontario.

Figure 4.5 Fruit and Vegetable Consumption of Five or More Servings Daily by Age Group, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- A smaller proportion of Thames Valley residents 12 to 19 years of age [26.0% (± 5.5)] consumed five or more servings per day than Ontario residents in this age group [37.4% (± 2.0)].
- A smaller proportion of Essex Kent Lambton respondents 20 to 44 years of age [28.2% (± 3.0)] reported consuming five or more servings of fruits and vegetables daily compared to Ontario respondents [34.5% (± 1.1)].

Food Insecurity

Question

In the past 12 months, how often did you or anyone else in your household not have enough to eat because of lack of money?

Notes

The possible responses to this question were ‘often’, ‘sometimes’, ‘never’, ‘not stated’, and ‘refused’. The categories ‘often’ and ‘sometimes’ were combined for this analysis.

Key Findings

- The proportion of individuals living in households where there was ‘often’ or ‘sometimes’ not enough to eat in the past year in SWO [6.7% (± 0.8)] was not significantly different from the proportion in Ontario [6.8% (± 0.5)].
- A significantly higher proportion of Ontario females [7.6% (± 0.6)] reported food insecurity than males [5.9% (± 0.6)].

Food Quality Insecurity

Question

In the past 12 months, how often did you or anyone else in your household not eat the quality or variety of foods that you wanted to eat because of a lack of money?

Notes

The possible responses to this question were ‘often’, ‘sometimes’, ‘never’, ‘not stated’, and ‘refused’. The categories ‘often’ and ‘sometimes’ were combined for this analysis.

Key Findings

- The proportions of residents reporting ‘often’ or ‘sometimes’ experiencing food quality insecurity were not significantly different in SWO [10.0% (± 1.1)] and Ontario [11.2% (± 0.5)].
- The proportions of Chatham-Kent [8.3% (± 2.2)], Perth [7.6% (± 2.3)], Grey Bruce Huron Perth [8.4% (± 1.5)], and Oxford [6.3% (± 2.8)] residents reporting food quality insecurity were significantly lower than that in Ontario.
- A significantly higher proportion of Ontario females [12.4% (± 0.7)] reported food quality insecurity than males [9.9% (± 0.7)].
- Both the Grey Bruce Huron Perth [9.2% (± 2.0)] and Thames Valley [9.4% (± 2.2)] DHC areas had smaller proportions of females who reported food quality insecurity compared to Ontario females.
- Grey Bruce Huron Perth [4.3% (± 1.6)] had a smaller proportion of respondents 55 years of age and older who reported food quality insecurity compared to Ontario respondents of this age [7.1% (± 0.7)].

Physical Activity Frequency

Question

Physical activity frequency is a measure of the average monthly frequency of physical activity lasting more than 15 minutes.

Notes

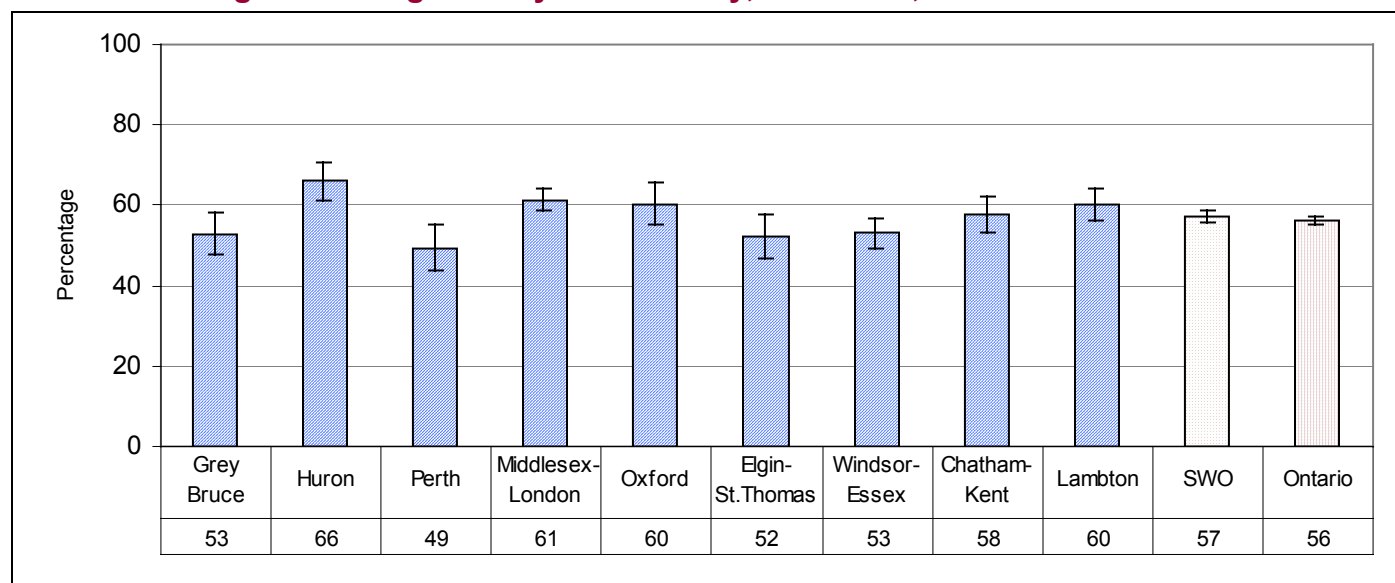
Respondents were classified into three categories: ‘regular’ (12 or more times per month), ‘occasional’ (4 to 11 times per month), and ‘infrequent’ (0 to 3 times per month).

The analysis focuses on those who were regularly physically active.

Key Findings

- 57.0% (± 1.5) of SWO residents and 56.2% (± 0.8) of Ontario residents were classified as regularly physically active. There was no significant difference between these two proportions.
- Huron [66.0% (± 4.6)], Middlesex-London [61.3% (± 2.8)], and the Thames Valley DHC area [59.9% (± 2.2)] all had significantly higher proportions of regular physical activity compared to Ontario, as shown in Figure 4.6. Perth [49.4% (± 5.7)] had a significantly lower proportion of persons who were regularly active compared to Ontario.

Figure 4.6 Regular Physical Activity, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- Within SWO, Huron had the highest proportion of residents who were regularly physically active and Perth had the lowest. This difference was statistically significant.
- Thames Valley [61.2% (± 3.1)] had a significantly greater proportion of females who were classified as regularly physically active than Ontario [56.9% (± 1.1)].

- In SWO [68.5% (± 3.9)] and Ontario [64.6% (± 1.9)], those 12 to 19 years of age were significantly more likely to be classified as regularly physically active compared to all other age groups.
- The Thames Valley DHC area [61.3% (± 3.7)] had a significantly higher proportion of persons in the 20 to 44 year age group classified as regularly physically active compared to Ontario [56.3% (± 1.2)].
- The Grey Bruce Huron Perth DHC area [38.6% (± 6.0)] had a significantly lower proportion of persons 65 years of age and older considered regularly physically active compared to Ontario [49.6% (± 1.9)].

Physical Activity Level

Question

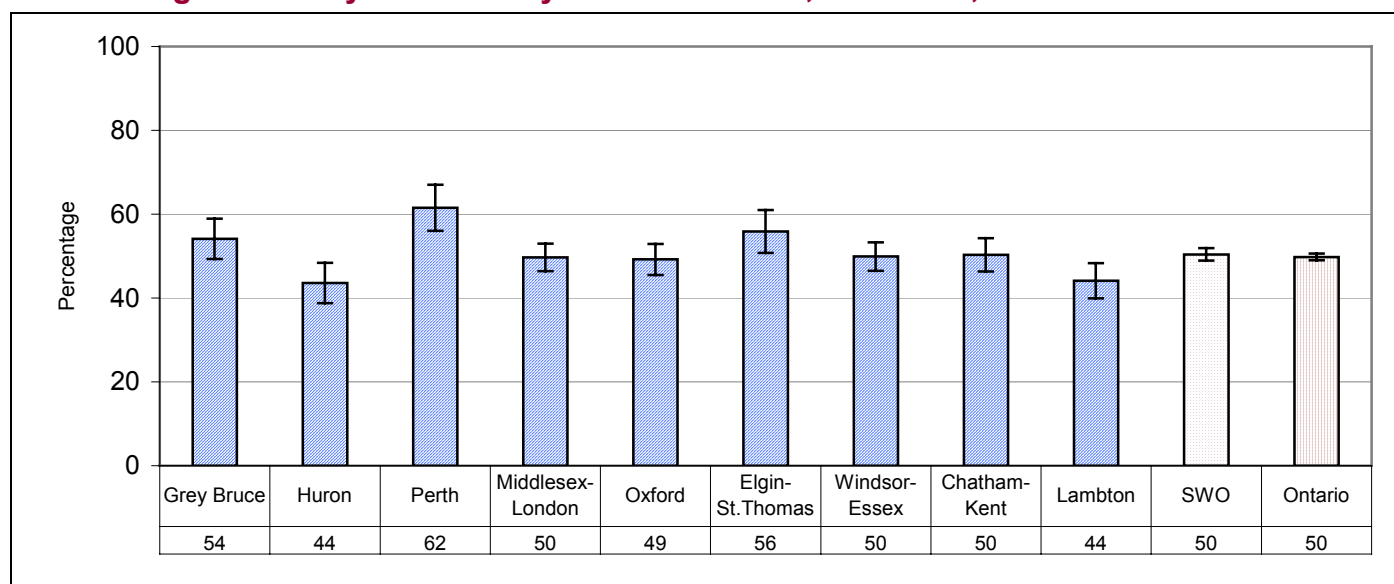
Physical activity level refers to intensity of physical activity. The Physical Activity Index is a measure that takes the energy expenditure values (the number of kcal/kg/day of energy expenditure) estimated from participants' leisure activities and categorizes them into three categories: 'active' (those who average 3.0+ kcal/kg/day of energy expenditure, approximately the amount of exercise that is required for cardiovascular health benefit), 'moderate' (those who averaged 1.5-2.9 kcal/kg/day, and might experience some health benefits but little cardiovascular benefit), and 'inactive' (those with an energy expenditure below 1.5 kcal/kg/day.).

The analysis focuses on those who were physically inactive.

Key Findings

- 50.4% (± 1.5) of SWO residents and 49.8% (± 0.8) of Ontario residents were classified as physically inactive. This difference was not statistically significant.
- Both Huron [43.6% (± 4.8)] and Lambton [44.1% (± 4.2)] had significantly lower proportions of inactive persons compared to Ontario, while Perth [61.5% (± 5.5)] and Elgin-St. Thomas [55.9% (± 5.1)] had significantly higher proportions of inactive persons than Ontario, see Figure 4.7.

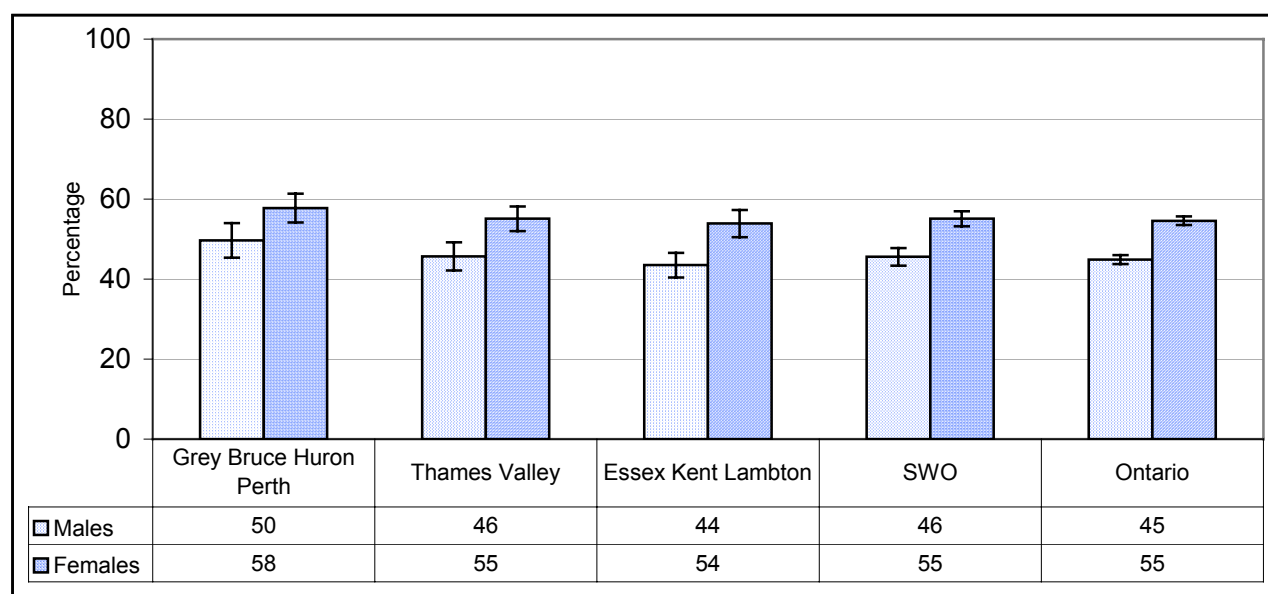
Figure 4.7 Physical Activity Index – Inactive, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- A significantly higher proportion of SWO [55.1% (±1.9)] and Ontario [54.6% (±1.1)] females were physically inactive compared to males in these areas [45.6 (±2.2) and 44.9% (±1.1), respectively], as shown in Figure 4.8.

Figure 4.8 Physical Activity Index – Inactive by Gender, DHC Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

Health Behaviours and Lifestyle Practices in Southwestern Ontario

- The 12 to 19 year age group was the least inactive, with only 29.7% (± 3.6) of SWO residents and 28.7% (± 1.7) of Ontario residents in this age group reporting being inactive.
- In the Grey Bruce Huron Perth DHC area [64.8% (± 5.3)], there was a significantly higher proportion of inactive persons in the 65 years and older age group compared to Ontario [56.3% (± 1.9)].

References

- Birmingham, C. L., Muller, J. L., Palepu, A., Spinelli, J. J., & Anis, A. H. (1999). The cost of obesity in Canada. *Canadian Medical Association Journal*, *160*(4), 483-488.
- Brownson, R., et al. (1998). Physical inactivity. In: R. Brownson, P. Remington, & J. Davies (Eds). *Chronic disease epidemiology and control, 2nd edition* (pp. 191-214). Washington, DC: American Public Health Association.
- Bouchard, C., Shepard, R. J., & Stephens, T. (Eds). (1994). *Physical activity, fitness, and health: International proceedings and consensus statement*. Champaign, Ill: Human Kinetics Publishers.
- Drewnowski A., & Specter S. E. (2004). Poverty and obesity: The role of energy density and energy costs. *American Journal of Clinical Nutrition*, *79*(1), 6-16.
- Green, K. L., Camerson, R., Polivy, J., Cooper, K., Liu, L., Leiter, L., & Heatherton, T. (1997). Weight dissatisfaction and weight loss attempts among Canadian adults. *Canadian Medical Association Journal*, *157*(1 suppl), S17-S25.
- Health Canada. (2002). *Canada's food guide to healthy eating for people four years and over*. Retrieved March 12, 2004, from http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/food_guide_rainbow_e.html
- Health Canada. (2003). *Canadian guidelines for body weight classification in adults*. Ottawa, ON: Author.
- Katzmarzyk, P. T., & Ardern, C. I. (2004). Overweight and obesity mortality trends in Canada, 1985-2000. *Canadian Journal of Public Health*, *95*(1), 16-21.
- Lindberg, L., & Hjern, A. (2003). Risk factors for anorexia nervosa: A national cohort study. *International Journal of Eating Disorders*, *34*(4), 397-408.
- Ministry of Health. (1997). *Mandatory health programs and services guidelines*. Toronto, ON: Queen's Printer for Ontario.
- Rainville, B., & Brink, S. (2001). *Food insecurity in Canada, 1998 -1999*. Retrieved March 12, 2004, from <http://www.hrdc.gc.ca/sp-ps/arb-dgra/publications/research/2001docs/R-01-2/R-01-2E.pdf>

- Semenciw, R. M., Morrison, H. I., Mao, Y., Johansen, J., Davies, J. W., & Wigle, D. T. (1988). Major risk factors for cardiovascular disease mortality in adults: Results from the Nutrition Canada Survey cohort. *International Journal of Epidemiology*, 17(2), 317-324.
- World Health Organization. (2003). *Fruit, vegetables and NCD prevention*. Retrieved March 12, 2004, from http://www.who.int/hpr/NPH/fruit_and_vegetables/fruit_vegetables_fs.pdf

Chapter Five – General Health

Introduction

This chapter will explore general measures of health, including self-rated health status, stress, dental health, and influenza vaccinations.

Self-rated health has been shown to be a reliable and valid measure of functional ability, the presence or absence of illness, as well as psychological well-being (Shields & Shooshtari, 2001). It has also been demonstrated that self-perceived health is a good predictor of mortality (Bailis, Segall, & Chipperfield, 2003; Burstrom & Fredlund, 2001; Kawada, 2003; Shields & Shooshtari). As a result, many health surveys include a global evaluation of one's own health (Shields & Shooshtari).



Stress is a normal part of day-to-day life and many strategies exist for coping with stress. Resources including financial security and social support can mitigate the impact of stress (Shields, 2004). However, persistently high stress levels can be overwhelming and can lead to a variety of health problems, both physical and emotional (Canadian Mental Health Association, n.d.; Shields).

Dental health is an important component of one's overall health status and regular checkups to maintain proper oral health are recommended. It has been suggested that although dental health doesn't have as high a profile as other health issues, dental disease can affect psychological, social and functional health status (Millar & Locker, 1999). The public health goal relating to dental health is to reduce the prevalence of dental diseases in children and youth (Ministry of Health, 1997).

Influenza (the flu) is a respiratory infection caused by the influenza virus. Various strains of the virus spread throughout the world causing outbreaks each year. In Canada, flu season usually runs from November to April and an estimated 10 to 25% of Canadians may get the flu each year (Health Canada, 2003). Groups at high risk for complications from the flu include very young children, people over 65, and people with pre-existing medical conditions (Health Canada, 2003).

The most effective protection against the flu is to be vaccinated each year. A new vaccine is developed every year in anticipation of the particular strains that will be circulating that year. The flu vaccine has been made available to all Ontario residents at no direct cost since 2000, and each fall the government launches public education campaigns to encourage all residents to take advantage of the universal influenza vaccination program (Ministry of Health and Long-Term Care, 2003). The corresponding public health goal is to achieve 70 percent coverage for annual influenza vaccination for persons age 65 years and older and persons with high-risk conditions (Ministry of Health, 1997).

Self-Rated Health

Question

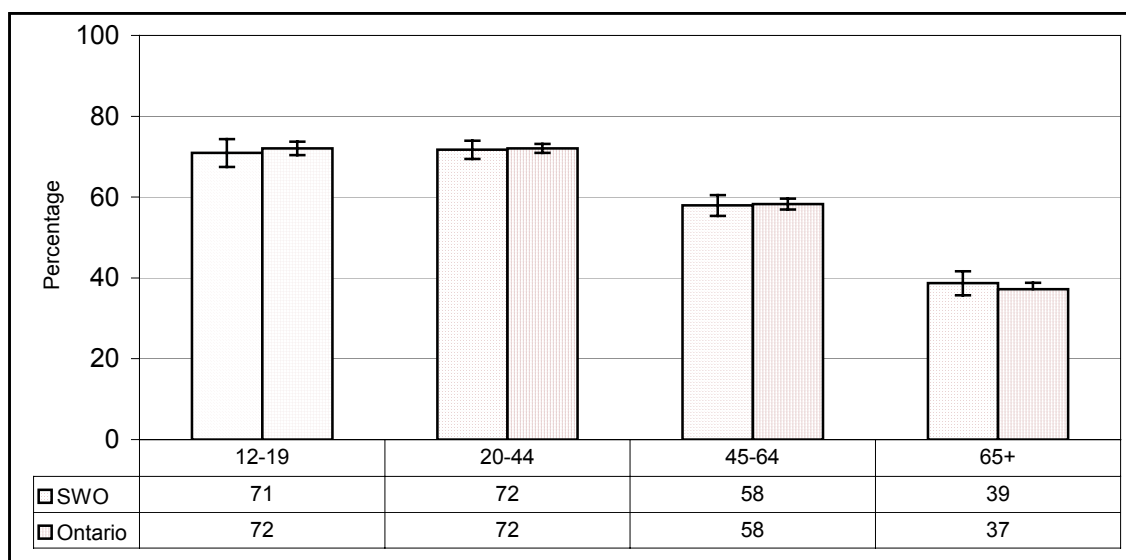
In general, would you say your/his/her health is: ‘excellent’, ‘very good’, ‘good’, ‘fair’, ‘poor’?

Notes

The categories ‘excellent’ and ‘very good’ were combined for this analysis.

Key Findings

- 62.8% (± 1.4) of SWO residents rated their health as excellent/very good. This proportion was not significantly different from that in Ontario [63.3% (± 0.7)].
- In Ontario, males [64.7% (± 1.0)] were significantly more likely to report their health as excellent/very good compared to females [61.9% (± 1.0)].
- Essex Kent Lambton [57.1% (± 3.1)] had a significantly smaller proportion of female residents who rated their health as excellent/very good compared to Ontario females.
- As seen in Figure 5.1, in SWO there was no significant difference between the proportion of residents 12 to 19 [70.9% (± 3.5)] and 20 to 44 [71.7% (± 2.3)] years of age who rated their health as excellent/very good. However, the percentage of residents who rated their health as excellent/very good decreased significantly with age from the 45 to 64 years age group [57.9% (± 2.6)] onwards. A similar pattern was found in Ontario.

Figure 5.1 Excellent/Very Good Self-Rated Health by Age Group, SWO & Ontario

Data source: CCHS Cycle 1.1 (2000/2001)

- Thames Valley [44.9% (± 4.9)] had a significantly larger proportion of those 65 years of age and older who rated their health as excellent/very good compared to Ontario [37.2% (± 1.6)].

Life Stress

Question

Thinking about the amount of stress in your/his/her life, would you say that most days are: ‘not at all stressful’, ‘not very stressful’, ‘a bit stressful’, ‘quite a bit stressful’, ‘extremely stressful’?

Notes

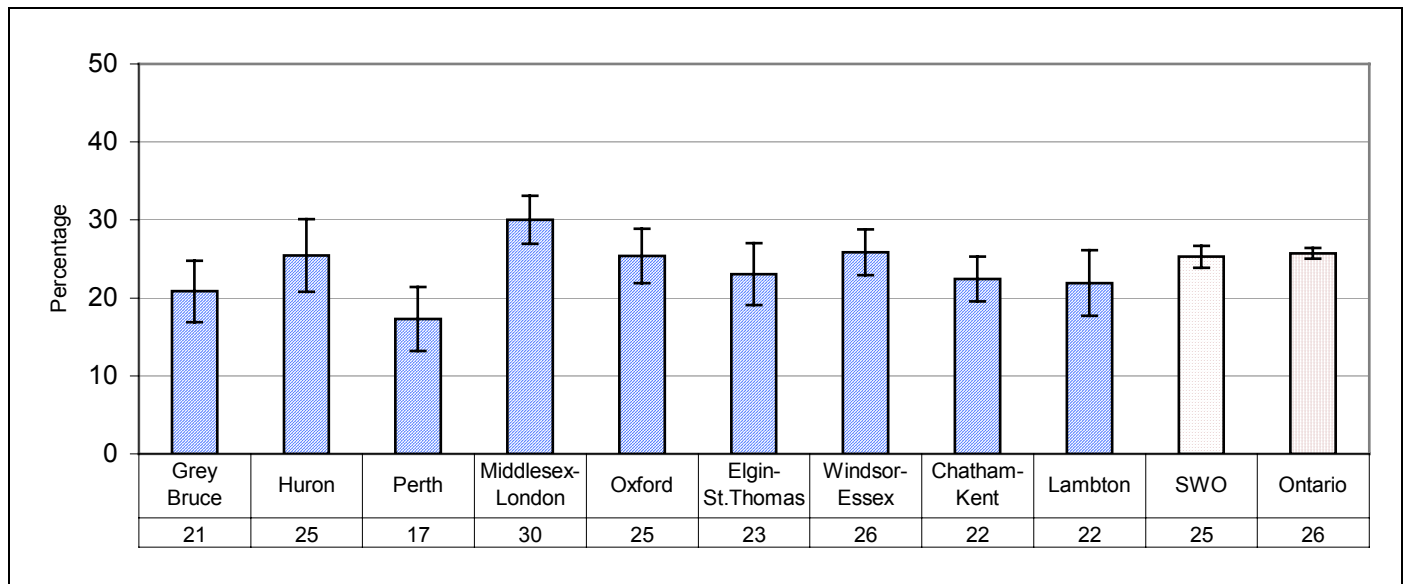
This question was asked only of those 18 years of age and older.

The categories ‘quite a bit stressful’ and ‘extremely stressful’ were combined for this analysis.

Key Findings

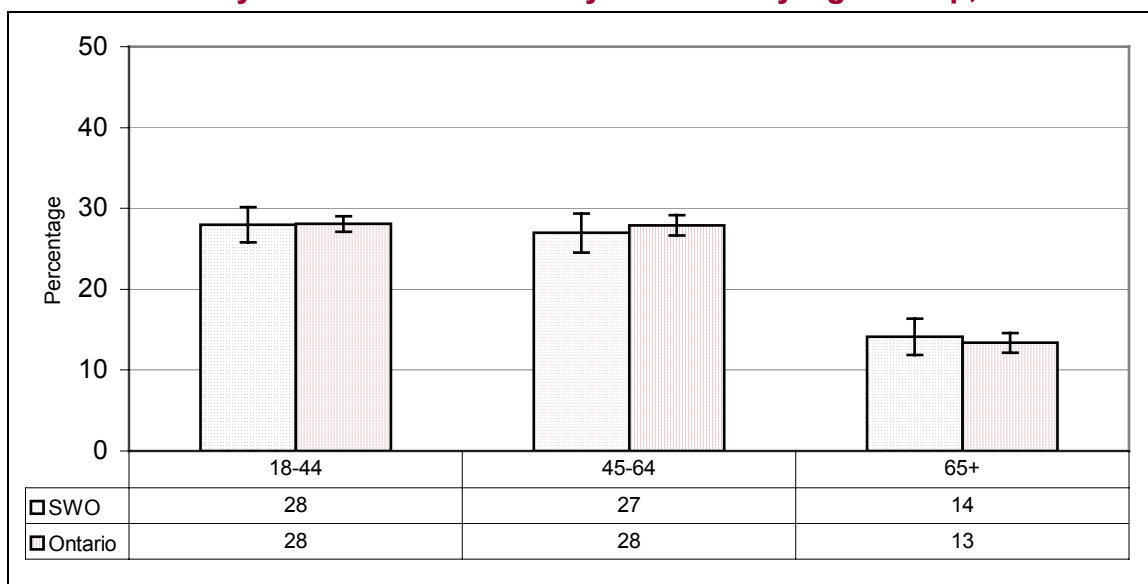
- In SWO, 25.3% (± 1.4) of residents reported that most days were quite a bit/extremely stressful. This proportion was not significantly different from that in Ontario [25.7% (± 0.7)].
- Grey Bruce [20.8% (± 3.9)], Perth [17.3% (± 4.1)], and the Grey Bruce Huron Perth DHC area [20.9% (± 2.6)] all had significantly smaller proportions of residents who reported that most days were quite a bit/extremely stressful compared to Ontario. Middlesex-London [30.0% (± 3.1)] had a greater percentage of residents who reported that most days were quite a bit/extremely stressful compared to Ontario residents, see Figure 5.2. These differences were all statistically significant.

Figure 5.2 Most Days Quite a Bit/Extremely Stressful, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- Within SWO, Middlesex-London had the largest proportion of residents who reported that most days were quite a bit/extremely stressful and Perth had the smallest proportion. This difference was statistically significant.
- Ontario females [26.9% (±0.9)] were significantly more likely to report that most of their days were quite a bit/extremely stressful compared to Ontario males [24.5% (±1.0)].
- Grey Bruce Huron Perth, when compared to Ontario, had a significantly smaller proportion of males [19.8% (±3.3)] and females [22.1% (±3.6)] who reported that most days were quite a bit/extremely stressful.
- As shown in Figure 5.3, in SWO, the percentage of those who reported that most days were quite a bit/extremely stressful was significantly lower for those 65 years of age and older [14.1% (±2.2)] compared to those 18 to 44 [28.0% (±2.2)] and 45 to 64 [27.0% (±2.4)] years of age. Similar results were found for Ontario.
- Grey Bruce Huron Perth [21.3% (±3.7)] had a significantly smaller proportion of respondents 45 to 64 years of age who reported that most days were quite a bit/extremely stressful compared to Ontario [27.9% (±1.3)].

Figure 5.3 Most Days Quite a Bit/Extremely Stressful by Age Group, SWO & Ontario

Data source: CCHS Cycle 1.1 (2000/2001)

Dental Visits

Question

When was the last time that you went to a dentist?

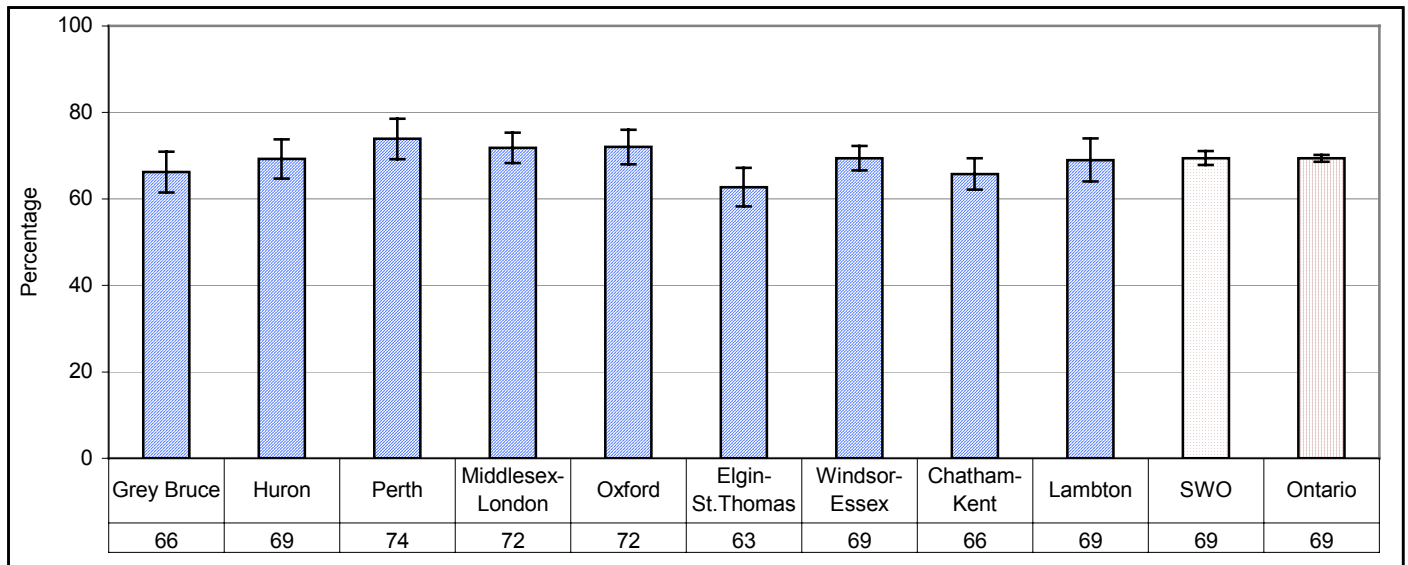
Notes

Response categories were ‘less than 1 year ago’, ‘1 year to less than 2 years ago’, ‘2 years to less than 3 years ago’, ‘3 years to less than 4 years ago’, ‘4 years to less than 5 years ago’, ‘5 or more years ago’, ‘never’, ‘don’t know’, and ‘refuse’.

Key Findings

- There was no significant difference between the proportion of SWO [69.4% (± 1.6)] and Ontario [69.4% (± 0.8)] residents who had visited a dentist less than one year ago.
- Elgin-St. Thomas [62.7% (± 4.5)] had a significantly smaller percentage of residents who had visited a dentist less than one year ago compared to Ontario, see Figure 5.4.
- Within SWO, Elgin-St. Thomas had the smallest proportion of residents who had visited a dentist less than one year ago while Perth [73.9% (± 4.7)] had the largest proportion. This difference was statistically significant.
- In Ontario, females [71.5% (± 1.0)] were significantly more likely to have visited a dentist less than one year ago than males [67.2% (± 1.1)].

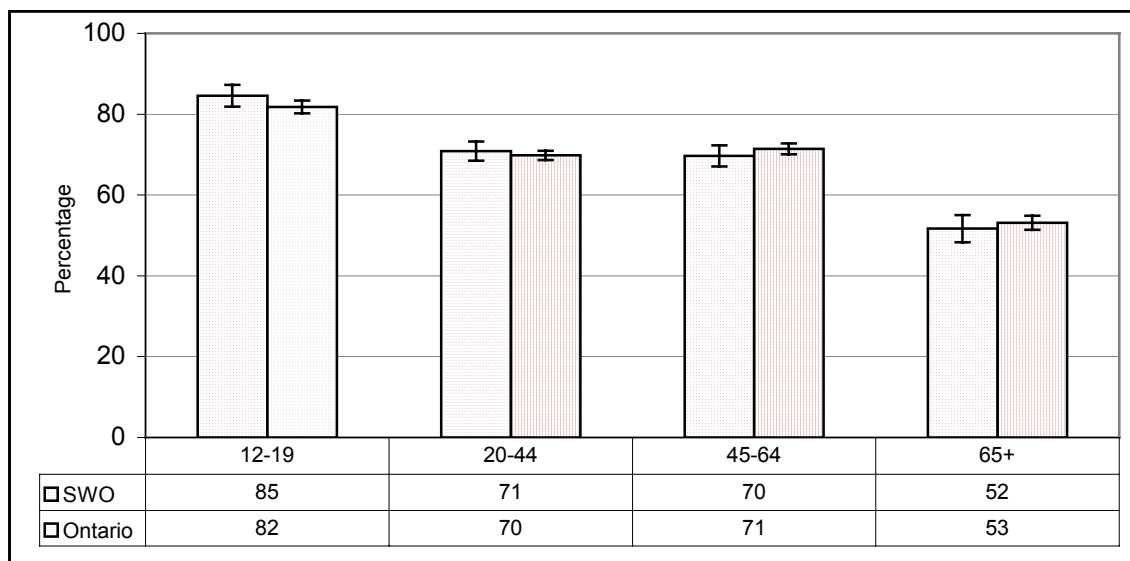
Figure 5.4 Visited a Dentist Less Than One Year ago, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- In SWO, the percentage of those who had visited a dentist less than one year ago tended to decrease with increasing age, as shown in Figure 5.5. The proportion decreased significantly from 12 to 19 years of age [84.6% (± 2.7)], to 20 to 44 [70.8% (± 2.4)] and 45 to 64 years of age [69.7% (± 2.6)], with a further significant decrease at 65 years of age and older [51.7% (± 3.4)]. Results were similar for Ontario.

Figure 5.5 Visited a Dentist Less Than One Year ago by Age Group, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

Note: This reflects only the proportion of respondents who have ever visited a dentist.

Question

Why haven't you been to a dentist in the past 3 years?

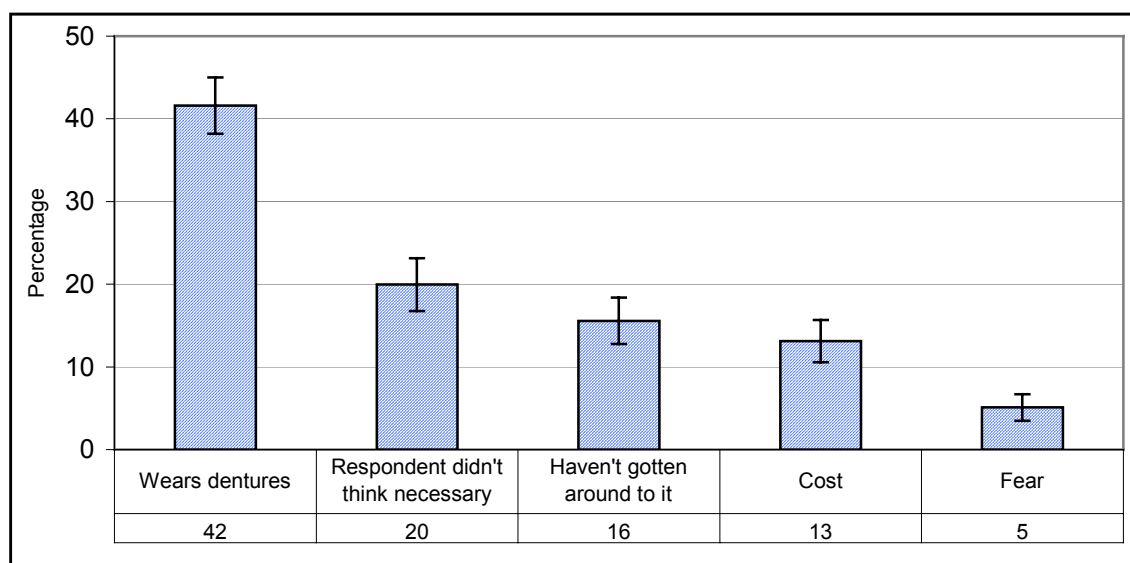
Notes

Only those who had never visited a dentist or had visited a dentist more than three years ago were included in the analysis.

Key Findings

- The most common reason for not having visited a dentist in the past three years was because the respondent wore dentures, and a significantly higher proportion of SWO respondents [41.6% (± 3.4)] gave this reason than Ontario respondents [36.4% (± 1.6)]. In SWO, the next most common reasons for not having visited a dentist included that the respondent didn't think it was necessary [20.0% (± 3.2)], hadn't gotten around to it [15.6% (± 2.8)], felt that it was too costly [13.1% (± 2.6)], or was afraid to go to the dentist [5.1% (± 1.6)], see Figure 5.6.

Figure 5.6 Reasons Didn't Visit a Dentist in Past Three Years, SWO



Data source: CCHS Cycle 1.1 (2000/2001)

Note: This reflects only the proportion of respondents who had never visited a dentist or who had visited one more than three years ago.

- Grey Bruce Huron Perth [49.3% (± 6.7)] had a significantly larger proportion of residents who hadn't visited a dentist in the past three years because they wore dentures compared to Ontario.

Flu Shots

Question

Have you ever had a flu shot?

Notes

This indicator is only analyzed for those 65 years of age and older.

Key Findings

- 80.9% (± 2.6) of SWO residents 65 years of age and older ever had a flu shot. This was not significantly different from the proportion in Ontario [81.4% (± 1.4)].
- There was no significant difference between the proportion of males and females 65 years of age and older who ever had a flu shot.

Question

When did you have your last flu shot?

Notes

This question is asked only of those who indicated they ever had a flu shot.

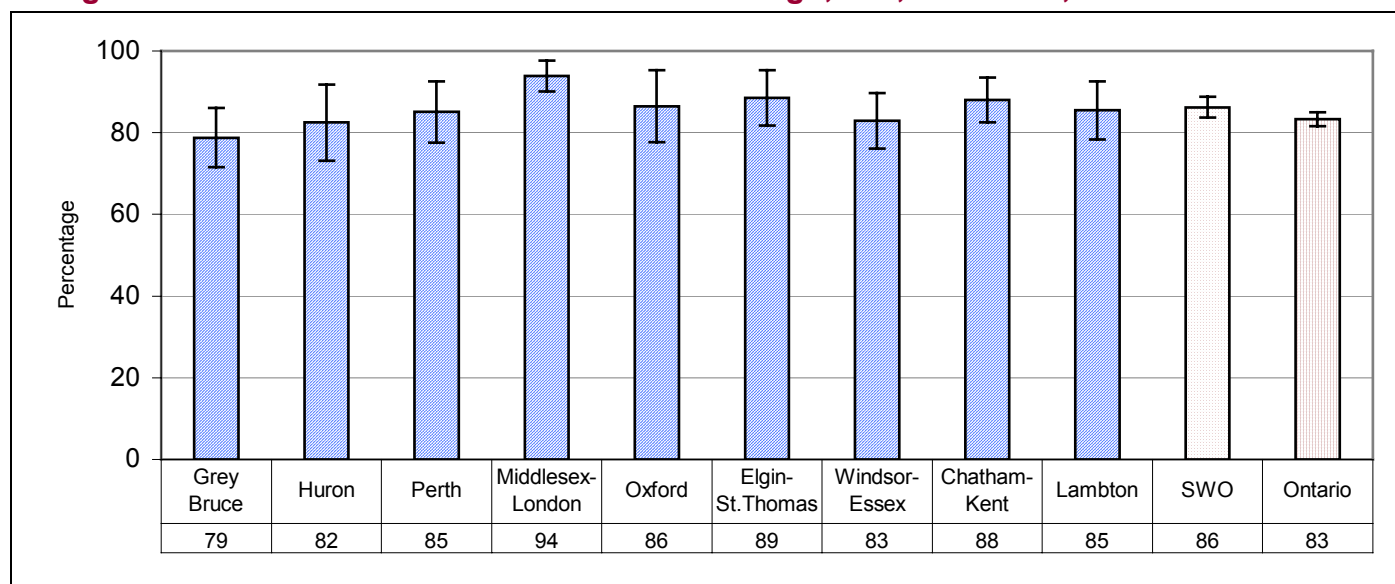
This indicator is only analyzed for those 65 years of age and older.

Response categories were 'less than 1 year ago', '1 year to less than 2 years ago', and '2 years ago or more'.

Key Findings

- 86.2% (± 2.5) of SWO residents 65 years of age and older who ever had a flu shot had one less than one year ago. This proportion was not significantly different from that in Ontario [83.3% (± 1.7)].
- Grey Bruce [78.8% (± 7.3)] had the smallest proportion of residents 65 years of age and older who ever had a flu shot and had one less than one year ago, while Middlesex-London [93.8% (± 3.8)] had the greatest proportion, as shown in Figure 5.7. This difference was statistically significant.
- Middlesex-London and Thames Valley [91.6% (± 3.2)] had significantly greater proportions of residents 65 years of age and older who ever had a flu shot and who had one less than one year ago compared to Ontario.
- Both SWO [89.7% (± 2.8)] and Ontario [85.6% (± 2.0)] had significantly greater proportions of females 65 years of age and older who had flu shots less than one year ago compared to males [81.5% (± 4.2) and 80.4% (± 2.8), respectively].

Figure 5.7 Had a Flu Shot Less Than One Year Ago, 65+, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

Note: This reflects only the proportion of respondents who ever had a flu shot.

- Thames Valley [93.5% (±3.3)] had a significantly larger proportion of females 65 years of age and older who had a flu shot less than one year ago compared to Ontario.

References

- Bailis, D., Segall, A., & Chipperfield, J. (2003). Two views of self-rated general health status. *Social Science and Medicine*, 56, 203-217.
- Burstrom, B., & Fredlund, P. (2002). Self rated health: Is it a good predictor of subsequent mortality among adults in lower as well as in higher social classes? *Journal of Epidemiology and Community Health*, 55, 836-840.
- Canadian Mental Health Association. (n.d.). *Stress sense*. Retrieved January 8, 2004, from http://www.toronto.cmha.ca/stresssense/stress_facts.asp
- Health Canada. (2003). *It's your health, The flu*. Retrieved January 8, 2004, from <http://www.hc-sc.gc.ca/english/iyh/diseases/flu.html>
- Kawada, T. (2003). Self-rated health and life prognosis. *Archives of Medical Research*, 56, 343-347.
- Millar, W. J., & Locker, D. (1999). Dental insurance and use of dental services. *Health Reports*, 11(1), 55-67.
- Ministry of Health. (1997). *Mandatory health programs and services guidelines*. Toronto: Queen's Printer for Ontario.
- Ministry of Health and Long-Term Care. (2003, October 29). *Ontario Government offers free flu shots to all residents*. Retrieved January 8, 2004, from http://ogov.newswire.ca/ontario/GPOE/2003/10/29/c6064.html?lmatch=&lang=_e.html
- Shields, M. (2004). Stress, health and the benefit of social support. *Health Reports*, 15(1), 9-38.
- Shields, M., & Shooshtari S. (2001). Determinants of self-perceived health. *Health Reports*, 13(1), 35-52.

Chapter Six – Tobacco Use

Introduction

This chapter will report a number of tobacco use indicators, including daily smoking status, frequent exposure to environmental tobacco smoke (ETS) at home and in public places, and smoking cessation.

For many years now, tobacco use has been considered the single most significant cause of preventable morbidity and mortality in Canada. Cancer Care Ontario (2002) estimates that approximately 30% of all cancer deaths in Ontario men and 17% of all cancer deaths in Ontario women that occurred between 1994 and 1998 were related to cigarette smoking. Smoking also causes about 16% of all ischaemic heart disease deaths and 76% of chronic obstructive pulmonary disease deaths (Cancer Care Ontario, 2002). In addition to nicotine addiction, lung cancer, emphysema, and heart disease, smoking causes a wide range of other diseases and disorders as well as several pathophysiologic effects.



Of additional concern is ETS or “second-hand smoke”, which consists of the smoke from the burning end of a cigarette, as well as the smoke exhaled by the smoker. ETS is an important source of exposure to toxic gases and particulate matter in indoor air. Otherwise healthy non-smokers exposed to ETS may exhibit health effects similar to those of smokers including heart disease, cancer, and respiratory diseases (Canadian Council for Tobacco Control, 2003). Despite an increasing number of restrictions on smoking in workplaces, public places and households, exposure to ETS continues to be a major public health concern in Ontario, especially for infants and children at home.

Since tobacco use is a major health concern, several sections of the MHPSG and related PHU programs and activities are devoted to smoking cessation, preventing individuals from starting to smoke, enforcing the Tobacco Control Act, and reducing the public's exposure to ETS. Specific tobacco related behavioural and policy objectives of the MHPSG are as follows (Ministry of Health, 1997):

- To reduce the proportion of 12-to-19 year-olds who smoke daily to 10 percent by the year 2005.
- To reduce the proportion of adult women and men who smoke daily to 15 percent by the year 2005.

- To increase the proportion of smoke-free public places and workplaces to 100 percent by the year 2005.
- To reduce tobacco vendor non-compliance with sale of tobacco to minors legislation to 10 percent by the year 2000.
- To increase the proportion of smoke-free homes by the year 2010.

Daily Smoking Status

Questions

Smoking status was derived from four questions in the CCHS:

- In your lifetime, have you smoked a total of 100 or more cigarettes (about 4 packs)?
- Have you ever smoked a whole cigarette?
- Have you ever smoked cigarettes daily?
- At the present time do you smoke cigarettes daily, occasionally or not at all?

Notes

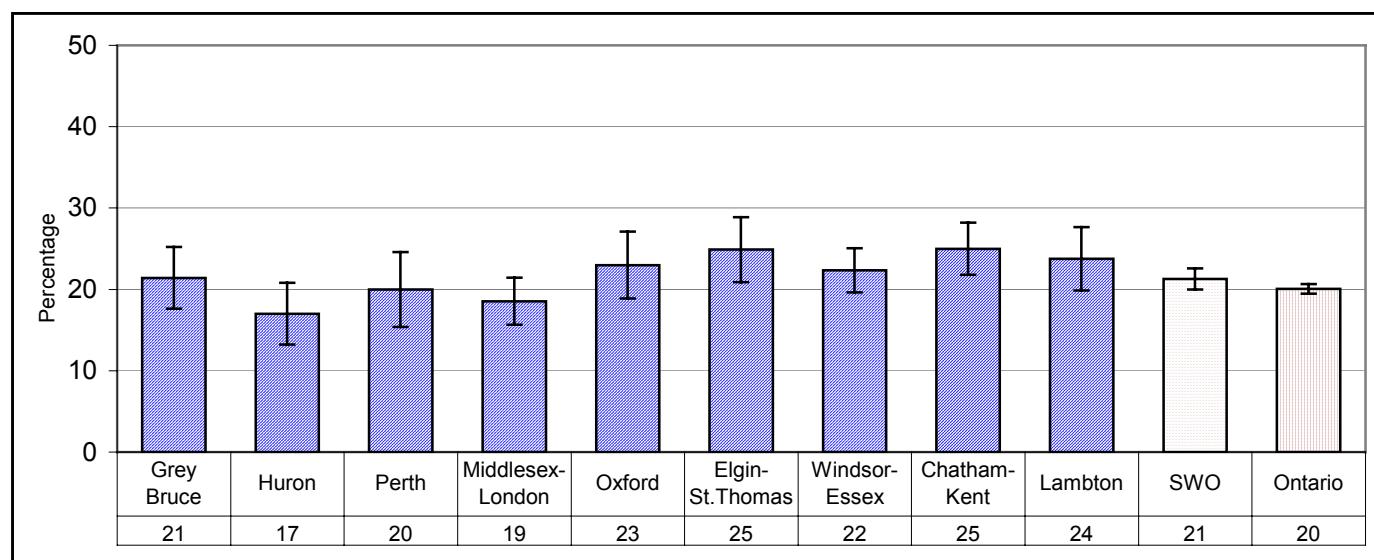
Responses to these questions were combined to derive four smoking status indicators: daily smokers, occasional smokers, former smokers, and those who never smoked.

The analysis focuses on daily smokers.

Key Findings

- 21.3% (± 1.3) of SWO residents were daily smokers. This proportion was not significantly different from that in Ontario [20.1% (± 2.0)].
- Within SWO, Huron [16.9% (± 3.8)] had the lowest proportion of daily smokers and Chatham-Kent [25.0% (± 3.2)] had the highest, as shown in Figure 6.1. This difference was statistically significant.

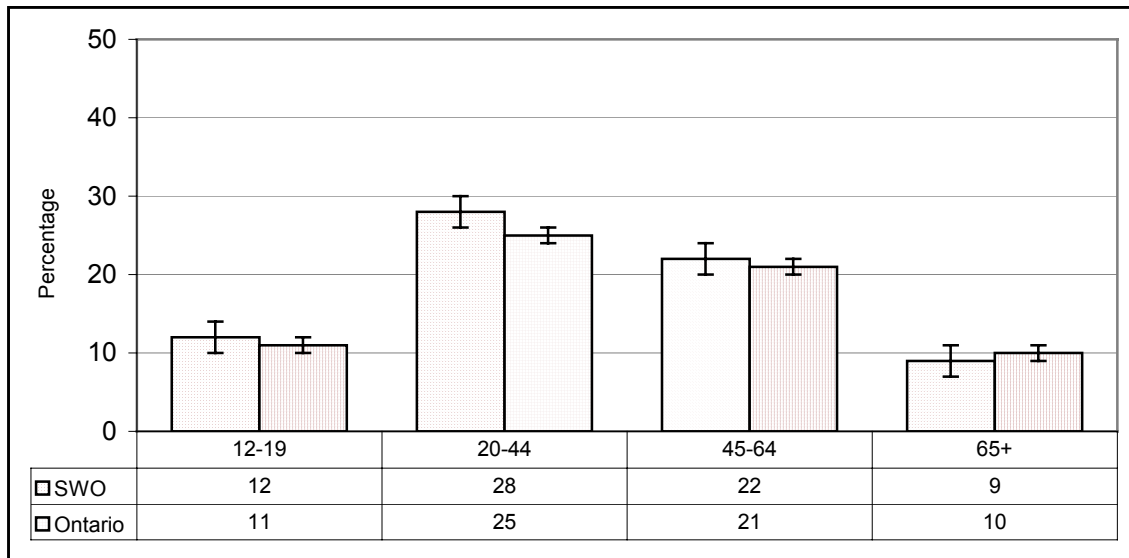
Figure 6.1 Daily Smoking Status, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- Elgin-St. Thomas [24.9% (± 4.0)], Chatham-Kent, and the Essex Kent Lambton DHC area [23.1% (± 2.0)] all had significantly higher proportions of daily smokers than Ontario.
- SWO males [23.6% (± 1.9)] were significantly more likely to be daily smokers than females [19.1% (± 1.6)]. This gender difference was also seen in Ontario [22.6% (± 0.9) and 17.6% (± 0.8), respectively].
- Essex Kent Lambton [21.3% (± 2.6)] had a significantly greater proportion of female daily smokers compared to Ontario.
- In SWO, those 20 to 44 years of age [27.8% (± 2.2)] were significantly more likely to be daily smokers than those 12 to 19 years of age [12.3% (± 2.5)], 45 to 64 years of age [22.1% (± 2.2)], and 65 years of age and older [9.3% (± 1.8)]. The same pattern was seen in Ontario, see Figure 6.2.

Figure 6.2 Daily Smoking Status by Age Group, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- In SWO and Ontario, respondents 12 to 19 years of age and 65 years of age and older were significantly less likely to be daily smokers than those in the other two age groups.

Environmental Tobacco Smoke (ETS)

Frequent Exposure to ETS

Question

In the past month, were you exposed to second-hand smoke on most days?

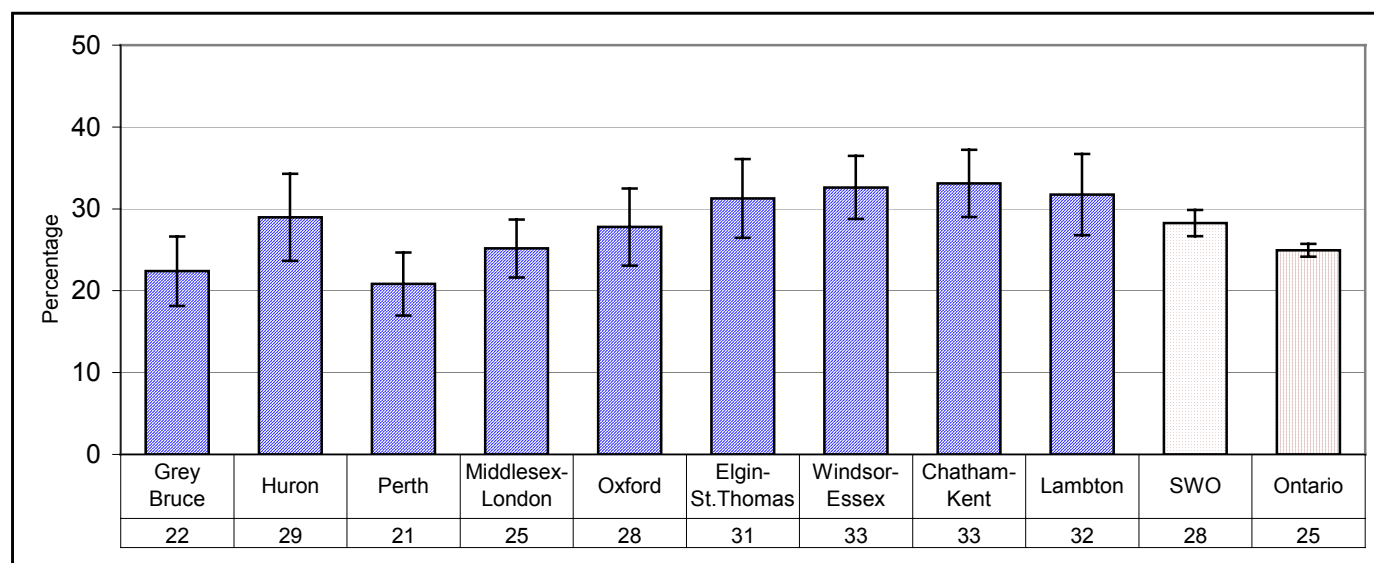
Notes

This question was asked of non-smokers only.

Key Findings

- The proportion of non-smokers exposed to ETS on most days in SWO [28.3% (± 1.6)] was significantly higher than the proportion in Ontario [24.9% (± 0.8)].
- The proportion of respondents frequently exposed to ETS on most days ranged from 20.8% (± 3.9) in Perth to 33.1% (± 4.1) in Chatham-Kent, as shown in Figure 6.3. This difference was statistically significant.

Figure 6.3 Non-Smokers Exposed to ETS on Most Days in the Last Month, PHU Area, SWO & Ontario

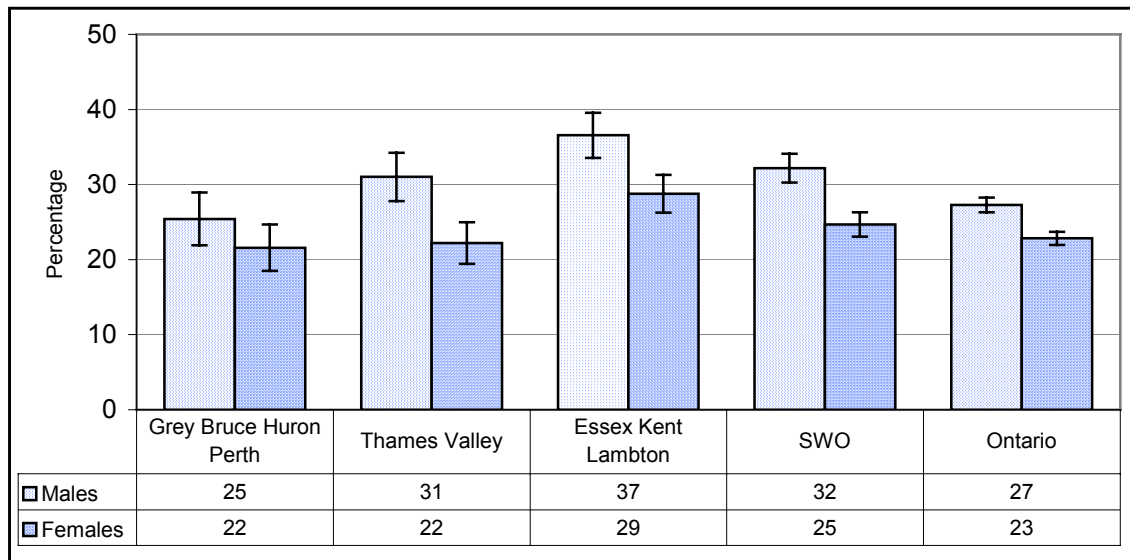


Data source: CCHS Cycle 1.1 (2000/2001)

Note: This reflects only the proportion of non-smokers.

- Chatham-Kent, Windsor-Essex [32.6% (± 3.9)], Lambton [31.7% (± 5.0)], Elgin-St. Thomas [31.3% (± 4.8)], and the Essex Kent Lambton DHC area [32.5% (± 2.7)] had significantly higher proportions of non-smokers exposed to ETS on most days than Ontario.
- Significantly higher proportions of male non-smokers than female non-smokers were exposed to ETS on most days in both SWO [32.2% (± 2.3) and 24.7% (± 2.0), respectively] and Ontario [27.3% (± 1.1) and 22.8% (± 1.0), respectively].
- SWO and the Essex Kent Lambton DHC area [36.6% (± 4.0)] had significantly higher exposure of male non-smokers to ETS than Ontario, see Figure 6.4.

Figure 6.4 Non-Smokers Exposed to ETS on Most Days in the Last Month by Gender, DHC Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

Note: This reflects only the proportion of non-smokers.

- Essex Kent Lambton [28.8% (±3.5)] had a significantly higher proportion of frequently exposed female non-smokers than Ontario.
- Exposure to ETS decreased with age, with Ontario [11.7% (±1.2)] and SWO [12.9% (±2.9)] non-smokers 65 years of age and older significantly less exposed than other age groups.
- Both SWO [32.3% (±2.7)] and the Essex Kent Lambton DHC area [37.4% (±4.8)] had significantly higher proportions of non-smokers in the 20 to 44 year age group exposed to ETS on most days than Ontario [27.9% (±1.3)].
- Both SWO [27.5% (±2.7)] and Essex Kent Lambton [33.0% (±4.4)] had significantly higher proportions of non-smokers in the 45 to 64 year age group exposed to ETS on most days than Ontario [23.2% (±1.3)].

Frequent Exposure to ETS at Home

Question

In the past month, were you exposed to second-hand smoke at home?

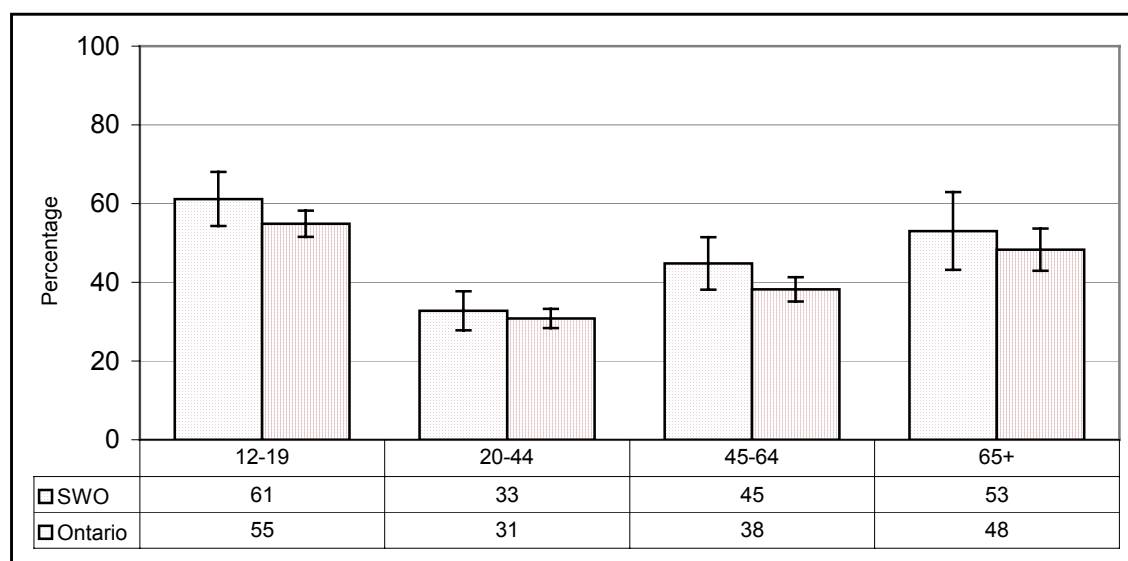
Notes

This question was asked only of nonsmokers who were exposed to second-hand smoke on most days.

Key Findings

- Of non-smokers who were frequently exposed to ETS, the proportion exposed at home in SWO [43.4% (± 3.8)] was not significantly different from the proportion in Ontario [38.8% (± 1.7)].
- Among non-smokers who were exposed to second-hand smoke on most days, the proportion who were exposed to ETS at home was significantly higher in Chatham-Kent [49.2% (± 8.3)] than in Ontario.
- A significantly higher proportion of Ontario female non-smokers [43.0% (± 2.4)] than male non-smokers [34.9% (± 2.2)] who were exposed to ETS on most days were exposed in their homes.
- As shown in Figure 6.5, the proportion of non-smokers 12 to 19 years of age exposed to ETS on most days who were exposed in their homes in Ontario [54.9% (± 3.4)] and in SWO [61.2% (± 6.9)] was significantly higher than the proportion in the age groups 20 to 44 and 45 to 64 years. Further, the proportion of non-smokers 20 to 44 years of age exposed to ETS on most days who were exposed in their homes in Ontario [30.8% (± 2.5)] and SWO [32.8% (± 5.0)] was significantly lower than that of the other three age groups.

Figure 6.5 Non-Smokers Frequently Exposed to ETS at Home by Age Group, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

Note: This reflects only the proportion of non-smokers who were exposed to ETS on most days.

Frequent Exposure to ETS in Public Places

Question

In the past month, were you exposed to second-hand smoke in public places (bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?

Notes

This question was asked only of nonsmokers who were exposed to second-hand smoke on most days.

Key Findings

- 70.5% (± 3.3) of SWO non-smokers who reported being exposed to second-hand smoke on most days were exposed to ETS in a public place. This proportion was not significantly different from that in Ontario [73.0% (± 1.6)].
- The proportion of Ontario non-smokers 65 years of age and older [61.0% (± 5.5)] frequently exposed to ETS who were exposed in a public place was significantly lower than the proportion among those 20 to 44 [77.9% (± 2.3)] and 45 to 64 [72.6% (± 2.9)] years of age.
- The proportion of Ontario non-smokers 20 to 44 years of age [77.9% (± 2.3)] exposed to ETS on most days who were exposed in a public place was significantly higher than that of the other three age groups.
- The proportion of non-smokers 12 to 19 years of age exposed to ETS on most days who were exposed in a public place in the Grey Bruce Huron Perth DHC area [44.0% (± 14.2)] was significantly lower than in Ontario [66.8% (± 3.2)].

Smoking Cessation

Question

Have you tried quitting smoking in the past 12 months?

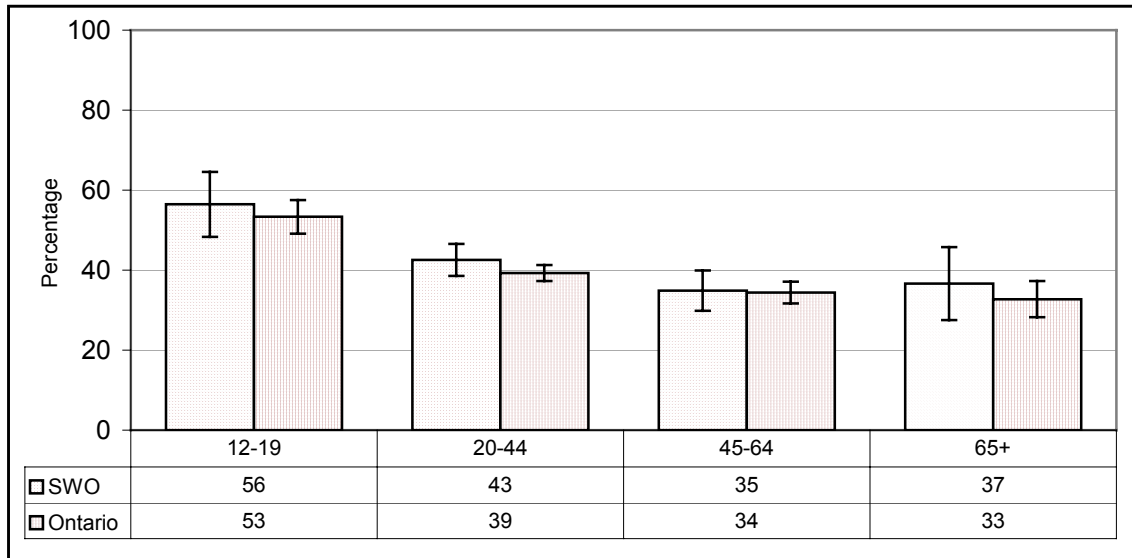
Notes

This question was asked only of current smokers.

Key Findings

- There was no significant difference between the proportion of smokers who tried quitting in the past 12 months in SWO [41.5% (± 2.8)] and Ontario [38.7% (± 1.5)].
- The proportion of smokers who tried to quit in the past 12 months was significantly higher for respondents 12 to 19 years of age in Ontario [53.3% (± 4.2)] and SWO [56.5% (± 8.1)] than for other age groups, as shown in Figure 6.6.

Figure 6.6 Smokers Who Tried to Quit Smoking in the Last 12 Months by Age Group, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

References

Cancer Care Ontario. (2002). *Tobacco or health in Ontario*. Toronto, ON: Cancer Care Ontario.

Canadian Council for Tobacco Control. (2003). *Environmental tobacco smoke: General health effects*. Retrieved December 12, 2003, from <http://www.ncth.ca/ncthweb.nsf/16a7a46a13d27dd4852569ac007ec6f9/e67c6f0202f892bd852569f10050e1c9?OpenDocument>

Ministry of Health. (1997). *Mandatory health programs and services guidelines*. Toronto, ON: Queen's Printer for Ontario.

Chapter Seven – Alcohol Use

Introduction

This chapter focuses on several indicators related to alcohol use in our population. These include the estimated percentage of the population who are current drinkers, are considered heavy drinkers, drink in excess of “low-risk drinking guidelines”, and report they were passengers with a driver who they thought had too much to drink.



Excessive alcohol use can cause not only individual health problems such as physical injuries and chronic illness, but also societal health problems such as difficulties in relationships with family, friends or employers. Public health researchers monitor the frequency and intensity of alcohol use across the general population to help assess the impact this drug has on our health – whether through alcohol-related injuries or high-risk drinking habits. In fact, one of the MHPSG objectives refers to reducing the rate of alcohol and other substance-related injuries or deaths by 20% by the year 2010 (Ministry of Health, 1997). Another objective aims to reduce the percentage of the adult population who drink more than two drinks per day. Drinking more than two alcoholic drinks per day is considered a high-risk drinking behaviour (Centre for Addiction and Mental Health, 2003).

The low-risk drinking guidelines (LRDGs) are weekly consumption recommendations developed for several educational and policy purposes (Neves, Kobus-Matthews, DePape, & Giesbrecht, 1999). The purposes of the LRDGs are to:

- Provide simple, concrete answers to frequently asked questions about low-risk drinking.
- Reinforce the low-risk drinking behaviour of the majority of the general public.
- Help people reduce their alcohol use to a level that no longer poses a high risk to the health or social well-being of themselves or others.

The LRDGs recommend that individuals have no more than two standard drinks on any single day – up to a weekly maximum of 14 standard drinks for men, and 9 standard drinks for women.

In Canada, a standard drink contains 13.6 grams of alcohol, roughly equivalent to:

- 341 ml (12 oz) bottle of beer (5% alcohol).
- 142 ml (5 oz.) glass of table wine (12% alcohol).
- 43 ml (1 ½ oz.) serving of spirits (40% alcohol).

Current Drinking Status

Question

During the past 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?

Notes

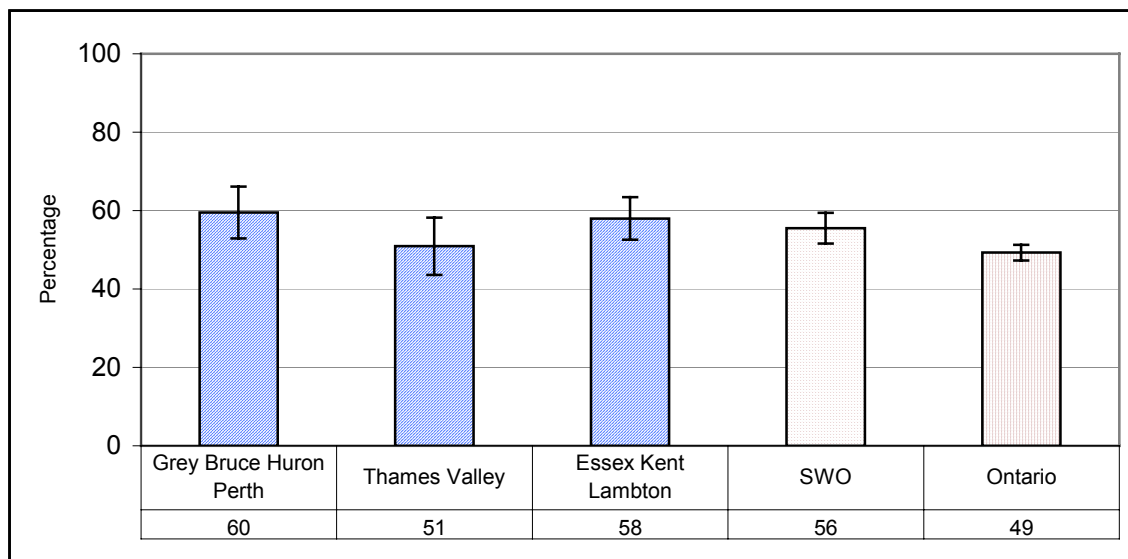
Respondents who answered “yes” to this question are considered “current drinkers”.

Key Findings

- In SWO, 77.0% (± 1.2) of respondents reported having had an alcoholic drink in the past 12 months. This was not significantly different from the proportion in Ontario [75.4% (± 0.7)].
- The proportions of respondents who were current drinkers in Oxford [79.8% (± 3.1)], Chatham-Kent [78.8% (± 2.5)], and Grey Bruce Huron Perth [78.7% (± 2.1)] were significantly higher than that in Ontario.
- A significantly higher proportion of Ontario males [79.3% (± 0.9)] than females [71.6% (± 1.0)] reported that they had a drink in the past 12 months. Similar results were found for SWO males [81.1% (± 1.7)] and females [73.1% (± 1.7)].
- A significantly higher proportion of males in Grey Bruce Huron Perth [83.0% (± 2.6)] reported that they were current drinkers compared to Ontario males.
- A significantly higher proportion of females in Huron [79.5% (± 4.9)] and Oxford [78.1% (± 4.2)] reported that they were current drinkers compared to Ontario females.
- In SWO, those 12 to 19 years of age [55.5% (± 3.9)] were significantly less likely to be current drinkers than those in the other age groups.
- In Ontario, those 20 to 44 years of age [83.0% (± 1.0)] were significantly more likely to be current drinkers, compared to those in the other age groups.

- 49.3% (± 2.0) of Ontarians 12 to 19 years of age reported having had at least one drink in the past year. Compared to Ontario, the proportion of current drinkers in this age group was significantly higher in SWO [55.5% (± 3.9)], and the Grey Bruce Huron Perth [59.5% (± 6.6)] and Essex Kent Lambton [58.0% (± 5.4)] DHC areas, as shown in Figure 7.1.

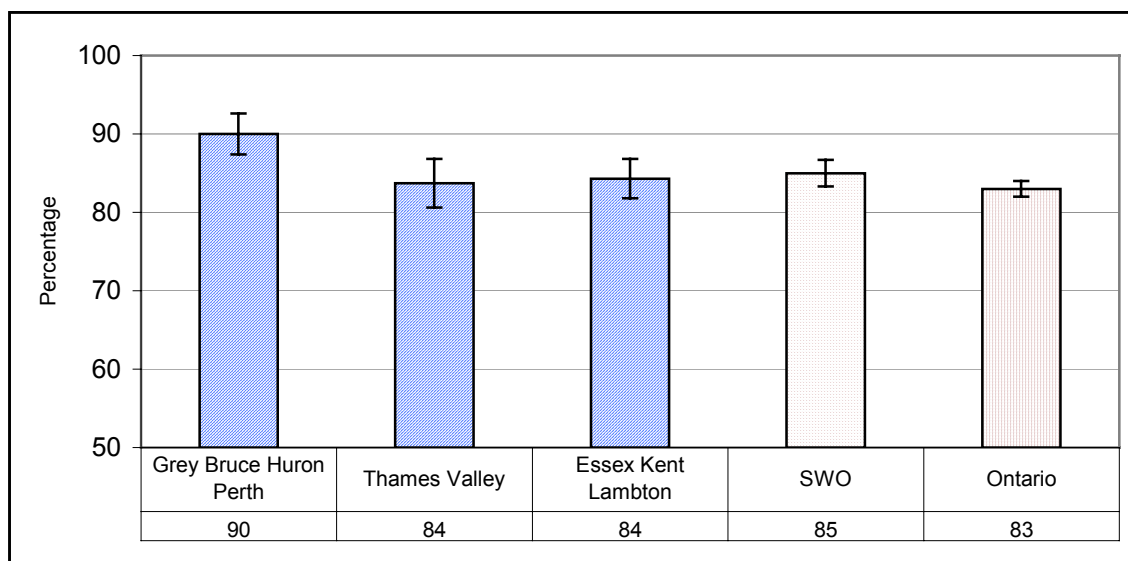
Figure 7.1 Current Drinkers 12-19 Years of Age, DHC Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- A significantly higher proportion of the population 20 to 44 years of age in the Grey Bruce Huron Perth area [90.0% (± 2.6)] reported they were current drinkers compared to Ontario [83.0% (± 1.0)], see Figure 7.2.

Figure 7.2 Current Drinkers 20-44 Years of Age, DHC Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

Regular Heavy Drinking

Question

How often in the past 12 months have you had five or more drinks on one occasion?

Notes

Respondents who answered “yes” to the question related to current drinking status were asked this question regarding heavy drinking.

Respondents were classified into the following categories: ‘never’, ‘< once/month’, ‘once/month’, ‘2-3 times/month’, ‘once/week’, ‘> once/week’, ‘not applicable’, ‘don't know’, ‘refusal’, and ‘not stated’.

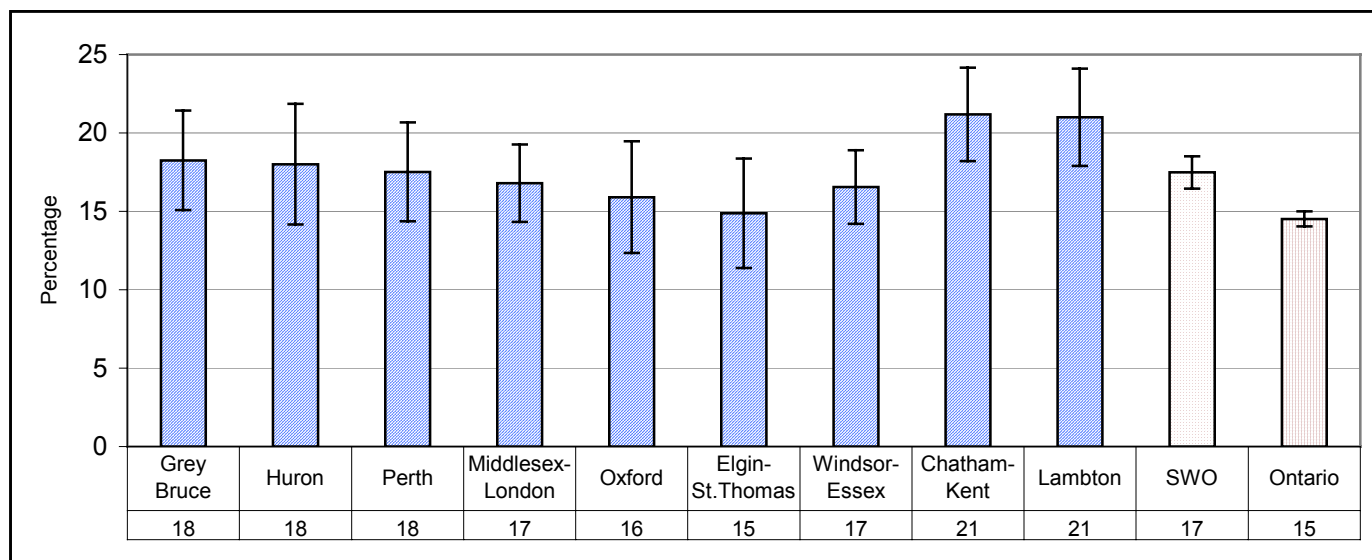
For this analysis, responses were grouped into the following categories, with a focus on the “regular heavy drinking” category:

Grouping	Never	Heavy Drinking	Regular Heavy Drinking
CCHS Responses	never	< once/month	once/month, 2-3 times/month, once/week, > once/week

Key Findings

- Of all SWO residents who were current drinkers, 17.5% (± 1.0) were regular heavy drinkers (i.e. more than 5 drinks on a single occasion at least once per month or more in the past 12 months). This was significantly higher than the proportion in Ontario [14.5% (± 0.5)].
- The proportions of regular heavy drinkers were higher in the PHU areas of Grey Bruce [18.3% (± 3.2)], Chatham-Kent [21.2% (± 3.0)] and Lambton [21.0% (± 3.1)] compared to Ontario, as shown in Figure 7.3. The proportions in the Grey Bruce Huron Perth [18.0% (± 2.1)] and Essex Kent Lambton [18.3% (± 1.7)] DHC areas were also significantly higher than Ontario.

Figure 7.3 Regular Heavy Drinking, PHU Area, SWO & Ontario

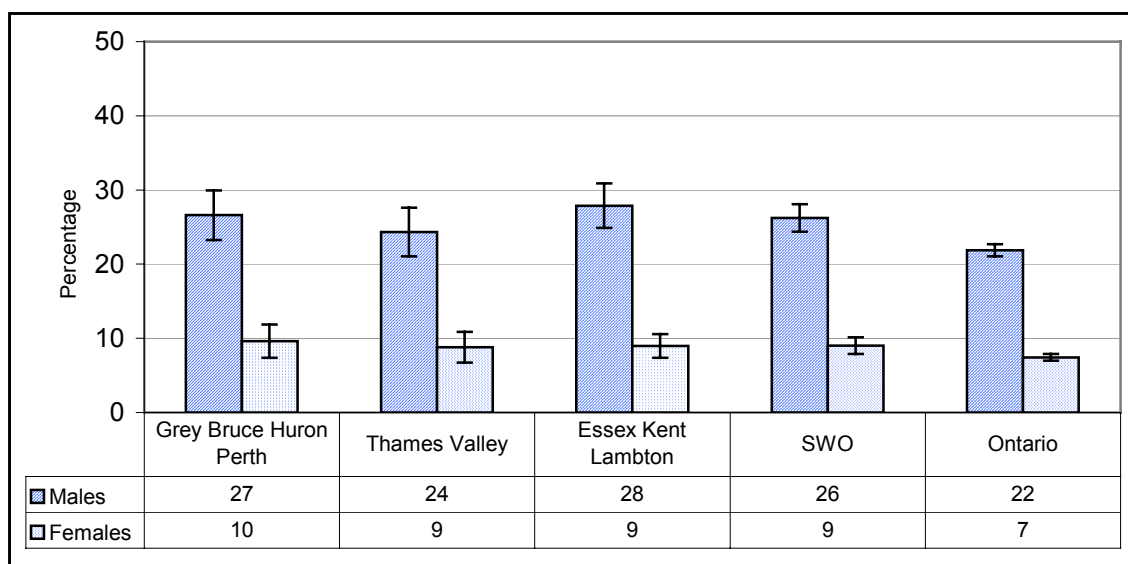


Data source: CCHS Cycle 1.1 (2000/2001)

Note: This reflects only the proportion of current drinkers.

- SWO males [26.2% (± 1.8)] were significantly more likely than females [9.0% (± 1.1)] to report regular heavy drinking. This gender difference was also seen in Ontario [21.9% (± 0.8) and 7.4% (± 0.5) respectively], see Figure 7.4.

Figure 7.4 Regular Heavy Drinking by Gender, DHC Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

Note: This reflects only the proportion of current drinkers.

- Males in SWO and the Grey Bruce Huron Perth [26.6% (± 3.3)] and Essex Kent Lambton [27.9% (± 3.0)] DHC areas were more likely to report regular heavy drinking than males in Ontario.

- In SWO, respondents 20 to 44 years of age [25.6% (± 1.9)] were significantly more likely to be regular heavy drinkers compared to those in the other age groups. Those 65 years of age and older [3.7% (± 1.1)] were significantly less likely to report regular heavy drinking compared to those in the younger age groups. The same pattern was seen in Ontario.
- Grey Bruce Huron Perth [28.7% (± 4.5)], Essex Kent Lambton [26.6% (± 3.1)], and SWO all had a significantly greater proportion of residents 20 to 44 years of age who were regular heavy drinkers compared to Ontario residents in the same age category [20.5% (± 0.9)].

Daily/Weekly Consumption of Alcohol (Low-Risk Drinking Guidelines)

Question

Thinking back over the past week, that is, from (date last week) to yesterday, did you have a drink of beer, wine, liquor or any other alcoholic beverage?

If respondents indicated having a drink in the past week, they were then asked:

Starting with yesterday, that is, (day), how many drinks did you have: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday?

Notes

This question was asked only of respondents who answered “yes” to the question related to current drinking status.

The responses were aggregated to provide an estimate of the number of drinks the respondent had in the past week.

Responses to this question were analyzed according to the Low-Risk Drinking Guidelines (LRDGs).

Responses were grouped into the following categories for analysis, with a focus on the “More than LRDG” category:

Grouping	No Drinks	Within LRDG	More than LRDG
CCHS Responses	0 drinks	Male: ≤ 14 drinks/week Female: ≤ 9 drinks/week	Male: ≥ 15 drinks/week Female: ≥ 10 drinks/week

The following groups of respondents were excluded from analysis of weekly consumption of alcohol, since the LRDGs do not pertain to them:

- Males and females 12-19 years of age.
- Currently pregnant females.
- Females still breastfeeding children.

Key Findings

- A significantly greater proportion of SWO males [9.8% (± 1.3)] than females [4.1% (± 0.9)] 20 years of age and older who were current drinkers drank more than the recommended LRDGs. This was also seen in Ontario [8.6% (± 0.6) and 4.4% (± 0.5) respectively].
- Males 65 years of age and older in SWO [4.6% (± 1.8)] were significantly less likely to drink more than the recommended LRDGs compared to those 20 to 44 years of age [12.3% (± 2.1)]. In Ontario, males 65 years of age and older [5.6% (± 1.3)] were significantly less likely to drink more than the recommended LRDGs than those in all the other age groups.
- A significantly greater proportion of SWO females 20 to 44 years of age [5.4% (± 1.5)] drank more than the recommended LRDGs compared to females 45 to 64 years of age [2.4% (± 1.2)].
- Ontario females 20 to 44 years of age [5.2% (± 0.7)] were significantly more likely to drink more than the LRDGs than females 65 years of age and older [3.5% (± 0.9)].

Drinking and Driving

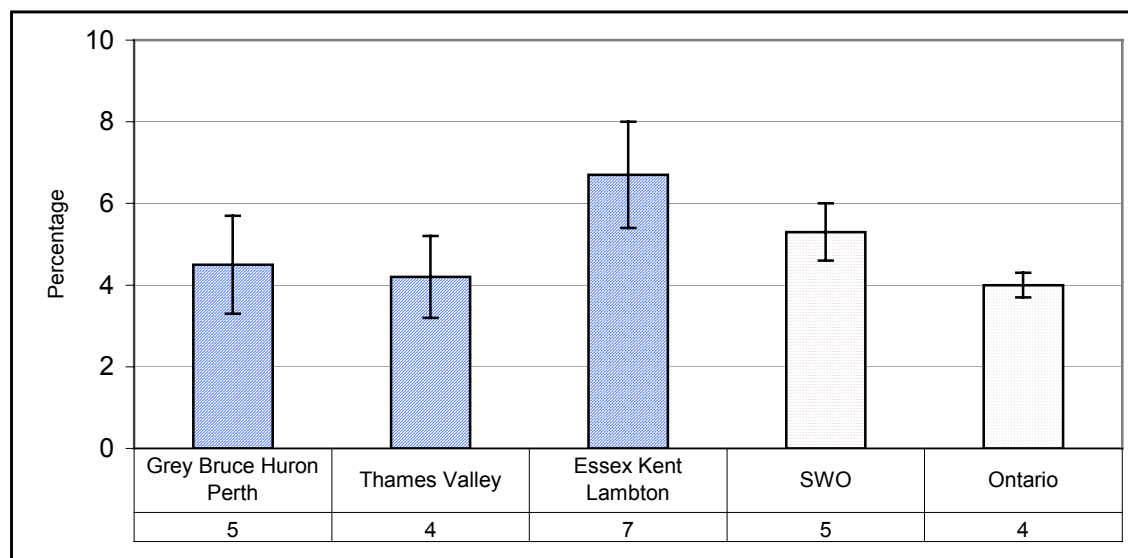
Question

In the past 12 months, have you been a passenger with a driver who had too much to drink?

Key Findings

- A significantly higher proportion of SWO residents [5.3% (± 0.7)] reported that they had been passengers in a car with a driver who had too much to drink, compared to Ontario residents [4.0% (± 0.3)], see Figure 7.5.

Figure 7.5 Passenger With Driver Who Had Too Much to Drink, DHC Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- Windsor-Essex [6.2% (± 1.8)], Chatham-Kent [8.3 (± 2.4)], Lambton [6.9% (± 2.3)], and the Essex Kent Lambton DHC area [6.7% (± 1.3)] all had significantly higher proportions of residents who reported that they had been passengers in a car with a driver who had too much to drink, compared to Ontario.
- Chatham-Kent had the largest proportion of residents who reported that they had been passengers in a car with a driver who had too much to drink and Oxford [3.8% (± 1.7)] had the smallest proportion. This difference was statistically significant.
- In Ontario, males [4.8% (± 0.4)] were significantly more likely than females [3.2% (± 0.3)] to report that they had been passengers in a car with a driver who had too much to drink.
- A significantly greater proportion of Essex Kent Lambton males [8.2% (± 2.0)] and females [5.3% (± 1.5)] reported having been passengers in a car with a driver who had too much to drink than Ontario males and females.
- In Ontario, respondents 12 to 19 [5.3% (± 0.7)] and 20 to 44 [5.5% (± 0.6)] years of age were more likely than those in the older age groups to have been passengers in a car with a driver who had too much to drink. Those 65 years of age and older [1.1% (± 0.4)] were significantly less likely than those in the younger age groups to have been passengers in a car with a driver who had too much to drink.
- Both the Essex Kent Lambton DHC area [10.9% (± 2.6)] and SWO [8.2% (± 1.5)] had a significantly greater proportion of those 20 to 44 years of age who had been passengers in a car with a driver who had too much to drink than that in Ontario.

References

- Centre for Addiction and Mental Health. (2003). *Low-Risk Drinking Guidelines*. Retrieved February 9, 2004, from http://www2.camh.net/mclaughlin/low_risk_drinking_guidelines/low_risk_drinking.html
- Ministry of Health. (1997). *Mandatory health programs and services guidelines*. Toronto, ON: Queen's Printer for Ontario.
- Neves, P., Kobus-Matthews, M., DePape, D., & Giesbrecht, N. (1999). *Progress report on the dissemination of Ontario's Low-Risk Drinking Guidelines*. Retrieved February 9, 2004, from http://www.apolnet.org/actpacks/ap_low.html

Chapter Eight – Sexual Health Practices

Introduction

This chapter provides a picture of sexual health practices in SWO through closely examining three indicators: youth sexual activity, number of sexual partners, and frequency of condom use among those at risk for sexually transmitted infections (STIs). These indicators provide a glimpse into the sexual health practices in the population; however, it is important to understand that the determinants of sexual health are complex and these indicators provide only a limited view. Self-reported responses of this sensitive nature may also be subject to reporting bias, and may not provide an accurate estimate of the underlying rate within the population.



Sexuality is a part of being human and sexual health is an important aspect of overall health and well-being. Safer sexual practices are key to preventing unplanned pregnancies and serious conditions such as sexually transmitted infections including human immunodeficiency virus (HIV) infection, and infertility. In Ontario and SWO, the most commonly reported sexually transmitted infection is genital chlamydia caused by *Chlamydia trachomatis* (Middlesex-London Health Unit, 2000). The majority of people infected with chlamydia have no symptoms but may still spread this infection to others and suffer serious health consequences (Health Canada, 1999).

Health promotion activities focus on encouraging healthy sexual practices and risk reduction through increased access to contraception and increased knowledge and skills to deal with sexual relationships (Health Canada, 2003). Youth sexual activity is of particular importance as decisions about sexual practices that may have longer-term consequences are often made during adolescence. Teen pregnancy is considered a major public health issue. In addition to poorer maternal and infant outcomes, teenage mothers are less likely to complete their education and are more likely to have limited career and economic opportunities that in turn impact on their future health (Hofferth, 1987). In Ontario, the teen pregnancy rates have steadily declined from 44.7 per 1000 females 15 to 19 years of age in 1996 to 33.5 per 1000 females 15 to 19 years of age in 2000 (Ontario Ministry of Health and Long Term Care, 2003a). Delay in the onset of sexual debut or abstinence can prevent unplanned pregnancies and prevent infection from HIV and other STIs (Health Canada 1998). A recent report documented an overall decrease in the proportion of Canadian youth who are sexually active. However they found that those youth that were having sex tended to be sexually active more frequently thus increasing their risk of exposure to STIs (Council of Ministers of Education, Canada, 2003).

Increased risk of transmission of HIV and other STIs is directly associated with having multiple sexual partners (Anderson, 1991). Routine use of condoms is considered important to reduce STI transmission during any form of vaginal, oral or anal intercourse, especially among those at risk for STIs who have been in short-term relationships or have multiple partners. The 2003 Chief Medical Officer of Health Report on “Blood Borne Infections” identified consistent and correct use of latex condoms as an essential personal protective measure that is important in the prevention of sexual transmission of HIV, hepatitis B (HBV), and possibly hepatitis C (HCV) (Ontario Ministry of Health and Long Term Care, 2003b). Furthermore, this report identified that an increase in condom use by those at risk for STIs requires, “not only access to supplies of condoms and information about their use but also a ‘social norming’ of condom use” so that the regular use of condoms during sexual intercourse is expected.

The public health goals relating to this topic are (Ministry of Health, 1997):

- To decrease the rate of pregnancy in women 15-19 years of age to 40 per 1000 population by the year 2005.
- To increase the awareness and knowledge about personal responsibility and life skills required to deal with sexual relationships and behaviours including the impact of alcohol and other drugs.
- To reduce the incidence of and complications from all sexually transmitted diseases (STDs), including genital chlamydia, gonorrhea, syphilis, and human immunodeficiency virus (HIV).

Youth Sexual Activity

Question

Have you ever had sexual intercourse?

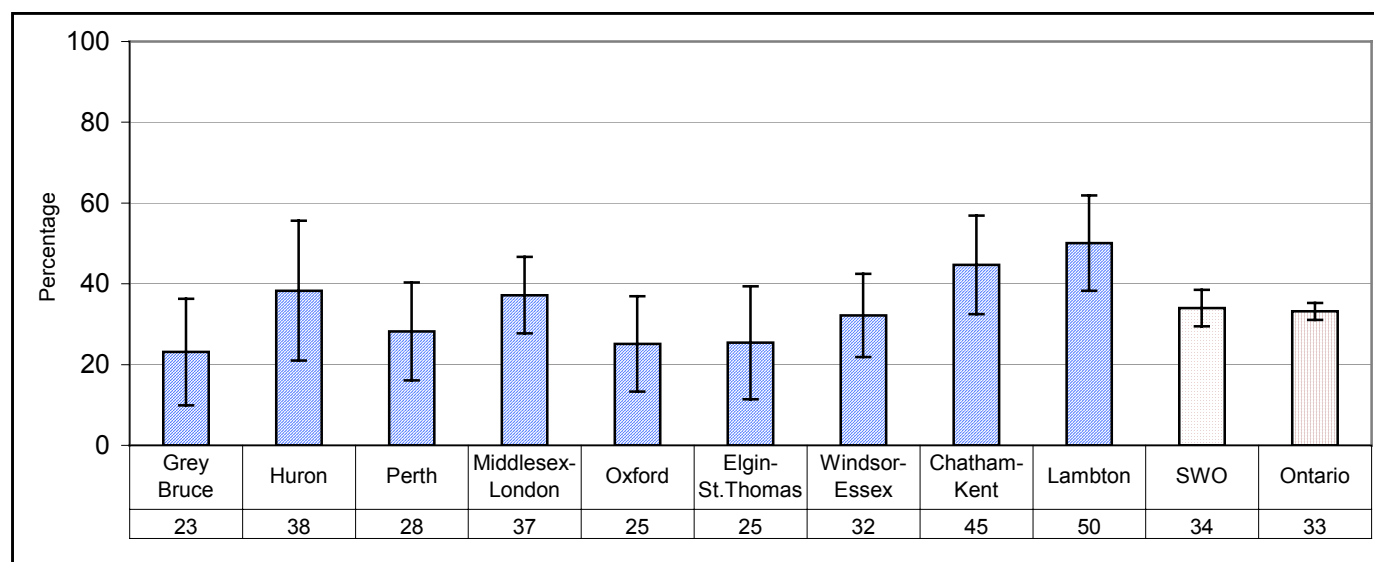
Notes

This analysis includes only respondents 15 to 19 years of age.

The Ontario percentage is based on incomplete health region level data as one out of the 37 regions did not select "Sexual Behaviours" as an optional survey module.

Key Findings

- In SWO, 34.0% (± 4.5) of youth, 15 to 19 years of age, reported having ever had sexual intercourse. This was not significantly different from the proportion in Ontario [33.2% (± 2.1)].
- A significantly higher proportion of youth, 15 to 19 years of age in Lambton [50.1% (± 11.8)] reported having ever had sexual intercourse as compared to Ontario, as shown in Figure 8.1.

Figure 8.1 Youth 15-19 Years of Age Sexual Activity, PHU Area, SWO & Ontario

Data source: CCHS Cycle 1.1 (2000/2001)

- There was no significant difference in the proportion of males and females 15 to 19 years of age that reported having ever had sexual intercourse in both SWO [32.8% (± 5.8) and 35.4% (± 6.3), respectively] and Ontario [32.1% (± 3.1) and 34.4% (± 7.9), respectively].

Number of Sexual Partners

Question

With how many different partners (have you had sexual intercourse)?

Notes

This question was asked only of those persons 15 to 59 years of age.

The analysis focuses on those with two or more sexual partners in the past year.

The Ontario percentage is based on incomplete health region level data as one out of the 37 regions did not select “Sexual Behaviours” as an optional survey module.

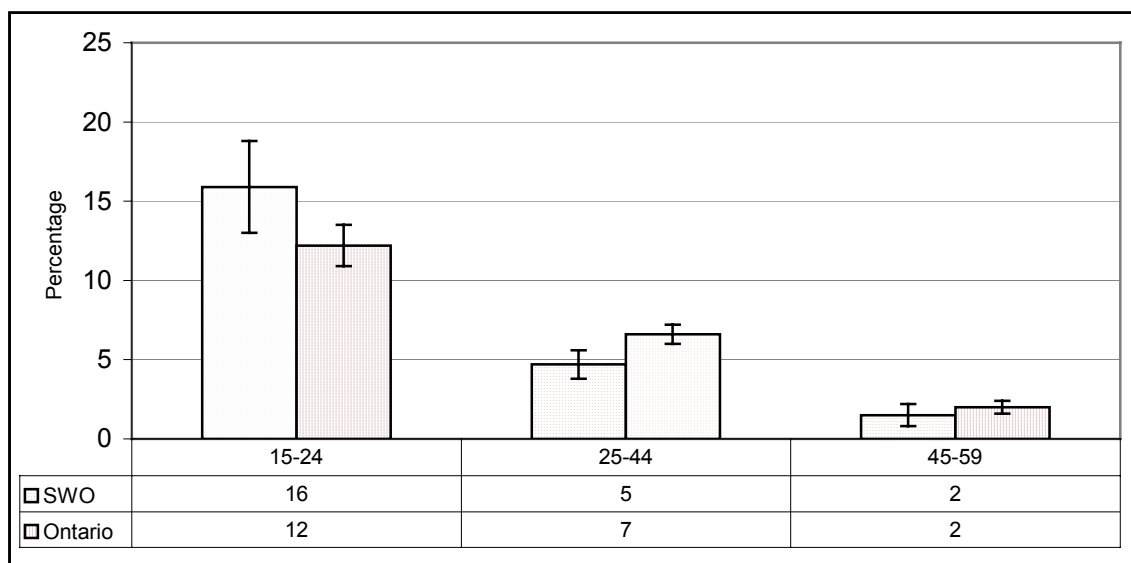
Key Findings

- In SWO, 6.3% (± 0.9) of respondents 15 to 59 years of age reported having had two or more sexual partners during the past year. This was not significantly different from the proportion in Ontario [6.7% (± 0.4)].
- Oxford [3.8% (± 1.6)] and Elgin-St. Thomas [3.9% (± 1.9)] had significantly lower proportions of respondents 15 to 59 years of age that reported having had two or more sexual partners in the past 12 months as compared to Ontario.

Health Behaviours and Lifestyle Practices in Southwestern Ontario

- Within SWO, the proportion of the population 15 to 59 years of age that reported having had two or more sexual partners in the past 12 months was lowest in Oxford and highest in Middlesex-London [7.5% (± 2.0)]. The difference between these two areas was statistically significant.
- In SWO there was a significantly higher proportion of males [7.6% (± 1.4)] that reported having had two or more sexual partners in the past 12 months as compared to females [5.0% (± 1.1)]. This pattern was the same for Ontario males [9.1% (± 0.7)] and females [4.3% (± 0.5)].
- As shown in Figure 8.2, within SWO the proportion of those who reported having had two or more sexual partners in the past 12 months decreased significantly with age. There was a higher proportion among those 15 to 24 years of age [15.9% (± 2.9)], as compared to those 25 to 44 years of age [4.7% (± 0.9)], and an even smaller proportion among those 45 to 59 years of age [1.5% (± 0.7)]. A similar pattern was found in Ontario.

Figure 8.2 Two or More Sexual Partners in the Past 12 Months by Age Group, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- The proportion of those 25 to 44 years of age that reported having had two or more sexual partners was significantly lower in SWO [4.7% (± 0.9)] than in Ontario [6.6% (± 0.6)].

Condom Use Among Those at Risk for STIs

Question

For those relationships that lasted less than a year, how often did you use a condom in the past 12 months?

Notes

This question was asked only of a subset of “at-risk” individuals, specifically those 15 to 59 years of age who were:

- Married or living in a common-law relationship but reported having had more than one partner, and one of these relationships lasted less than 12 months, or
- Single and had at least one new partner in the past 12 months.

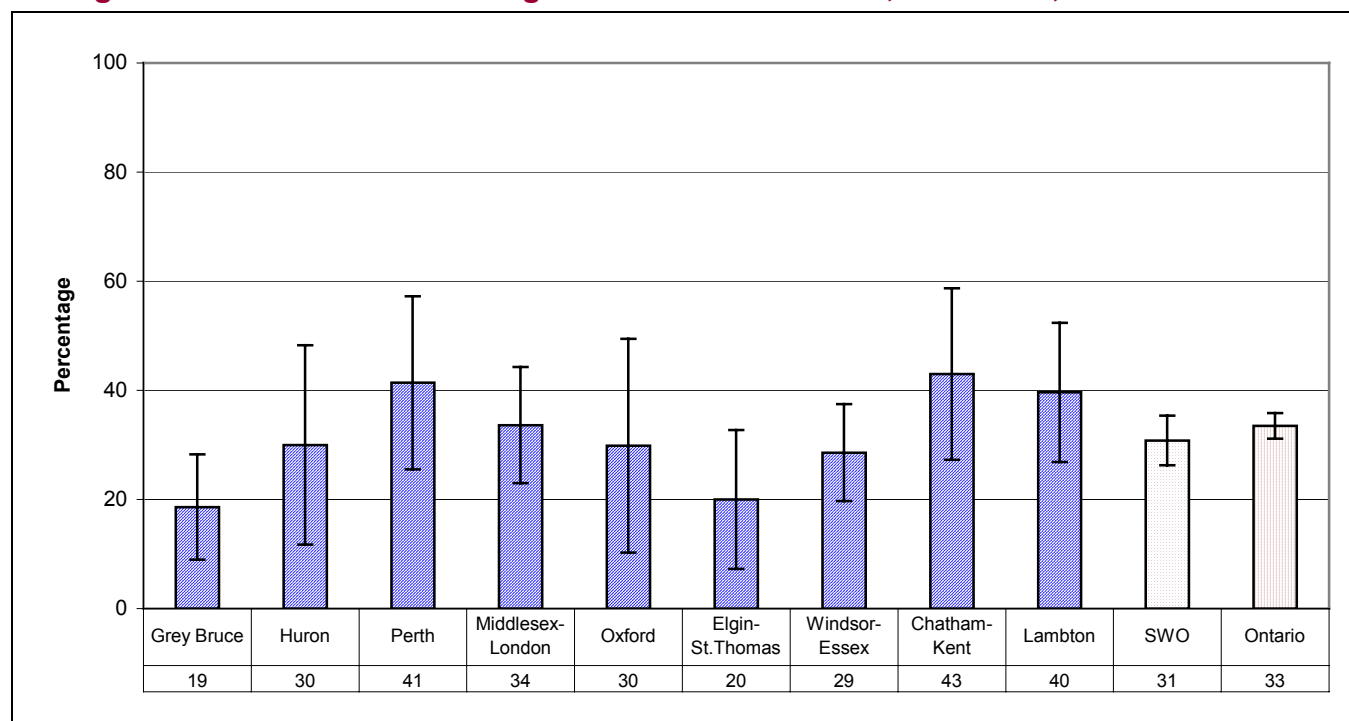
The analysis focuses on those who reported always using a condom.

The Ontario percentage is based on incomplete health region level data as one out of the 37 regions did not select “Sexual Behaviours” as an optional survey module.

Key Findings

- In SWO, 30.8% (± 4.6) of the population 15 to 59 years of age at risk for STIs reported always using a condom in the past 12 months. This was not significantly different from the proportion in Ontario [33.5% (± 2.4)].
- Grey Bruce [18.6% (± 9.7)] had a significantly lower proportion of the population 15 to 59 years of age at risk for STIs that reported always using a condom in the past 12 months compared with Ontario, as shown in Figure 8.3.

Figure 8.3 Condom Use Among Those at Risk for STIs, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

Note: This figure applies only to a subset of respondents; see the Notes section for this variable for details.

- In SWO there was no significant difference in the proportion of males [32.7% (± 6.5)] 15 to 59 years of age at risk for STIs that reported always using a condom in the past 12 months as compared to females [28.2% (± 6.3)]. This was not the same pattern in Ontario, where the proportion of males [37.0% (± 3.0)] reporting condom use was significantly higher than the proportion of females [28.3% (± 3.5)].
- Grey Bruce Huron Perth [21.5% (± 10.2)] had a significantly smaller proportion of males reporting condom use compared to Ontario males.

References

- Anderson, R. M. (1991). The transmission dynamics of sexually transmitted diseases: The behavioral component. In: J. N. Wasserheit, S. O. Aral, & K. K. Homes. (Eds.) *Research issues in human behavior and sexually transmitted diseases in the AIDS era* (pp. 309-330). Washington, DC: American Society for Microbiology.
- Council of Ministers of Education, Canada. (2003). *Canadian youth, sexual health and hiv/aids study*. Retrieved May 12, 2004, from <http://www.cmec.ca/publications/aids/>
- Health Canada. (1998, April). *Oral contraceptive and condom use. STD Epi Update*. Retrieved May 12, 2004, from http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/epiu-aepi/std-mts/std511_e.htm
- Health Canada. (1999). *Measuring up - a health surveillance update on Canadian children and youth*. Ottawa, ON: Minister of Public Works and Government Services Canada.
- Health Canada. (2003). *Canadian guidelines for sexual health education*. Ottawa, ON: Minister of Public Works and Government Services Canada.
- Hofferth, S. L. (1987). Social and economic consequences of teenage childbearing. In: S. L. Hofferth, & C. D. Hayes (Eds.). *Risking the future: Adolescent sexuality, pregnancy and childbearing* (pp 2:123-44). Washington, DC: National Academy Press.
- Middlesex-London Health Unit. (2000). *Communicable disease report for Middlesex-London: 1990-1998*. London, ON: Author
- Ministry of Health. (1997). *Mandatory health programs and services guidelines*. Toronto, ON: Queen's Printer for Ontario.
- Ontario Ministry of Health and Long Term Care. (2003a). *Abortion data and pregnancy rates 1996-2000*. HELPS (Health Planning System) Release: September 2003.
- Ontario Ministry of Health and Long Term Care. (2003b). *2003 Chief Medical Officer of Health report - blood-borne infections*. Toronto, ON: Queens Printer for Ontario.

Chapter Nine – Child and Maternal Health

Introduction

This chapter will review various health practices that are recommended to protect and promote the health of families before and during pregnancy and during early childhood. One goal of public health is to promote the health of children and youth by increasing the proportion of infants who are breastfed for six months. A second public health goal is to support healthy pregnancies and thereby reduce the rate of low weight births and the prevalence of neural tube defects. Boards of Health are required to provide programs that include information on folic acid supplementation before conception and in early pregnancy, adequate nutrition and optimal weight gain in pregnancy, smoking cessation, the reduced exposure to second-hand smoke, physical activity, alcohol and other substance use avoidance, stress reduction and stress management, the benefits of support systems, access to prenatal care, and the early recognition and appropriate response to pre-term labour (Ministry of Health, 1997).



Health Canada (2004) and the World Health Organization (2001) recommend exclusive breastfeeding for the first six months after birth. At about six months of age, infants should be introduced to solid foods with continued breastfeeding for two years or longer. Breastfeeding provides the nutrition, growth factors, and immunological components necessary for healthy term infants. Also, breastfeeding is linked to reduced rates of gastrointestinal, respiratory, and inner ear infections. It has also been associated with enhanced cognitive development. Women who breastfeed have reduced postpartum bleeding, delayed menses, and reduced risk of ovarian cancer (Dzakpasu & Trouton, 1998). The public health goal for breastfeeding is to increase to 50% the percentage of infants breastfed up to six months by the year 2010 (Ministry of Health, 1997).

Health Canada (1999) recommends that, in addition to eating a healthy diet, women use a daily supplement containing 0.4 mg of folic acid starting before conception and continuing through the first several weeks of pregnancy. It is estimated that folic acid supplementation can prevent 50% to 70% of neural tube defects (Feinleib et al, 2001; Wong et al., 1999). Other factors associated with increased risk for neural tube defects include family history, maternal insulin dependent diabetes, use of anticonvulsant therapy, obesity, and low maternal vitamin B12 status (Health Canada, 2002).

Maternal smoking during pregnancy is one of the most clearly established preventable risk factors associated with low birth weight. Smoking contributes to low weight births through an increase in the incidence of intrauterine growth retardation and pre-term births. There is also research supporting the association between exposure to second-hand smoke and low weight births (Perinatal Education Program of Eastern Ontario, 1998).

Although it is most beneficial for the health of infants for parents to stop smoking before or during pregnancy, there is evidence that there are benefits to the child if they quit after delivery as well. Exposing infants and young children to the effects of tobacco smoke is linked with increased incidence of acute lower respiratory illness, asthma, acute and chronic middle ear disease, and sudden infant death syndrome (Strachan & Cook, 1997, 1998a, 1998b; Cook & Strachan, 1997, 1999). The Joint Working Group on the Nutrition for Healthy Term Infants (Canadian Pediatric Society, Dietitians of Canada, & Health Canada, 1998) recommends that lactating women stop or reduce smoking.

The heavy use of alcohol during pregnancy is related to the development of Fetal Alcohol Spectrum Disorder, pre-term birth, and low weight birth. The effects of alcohol on perinatal health are probably dose-related, however the exact dose required to produce an effect on the fetus is unknown (Perinatal Education Program of Eastern Ontario, 1998). For this reason, women should avoid alcohol during pregnancy.

Alcohol consumed by a lactating woman is transferred to her milk and is thus consumed by the infant. Studies indicate that the consumption of alcohol slightly reduces milk supply and may affect the infant's acceptance of breastmilk (Mennella, 2001). The Joint Working Group on the Nutrition for Healthy Term Infants (Canadian Pediatric Society, Dietitians of Canada, & Health Canada, 1998) recommends that lactating women limit their intake of alcohol.

Prevalence of Breastfeeding

Question

For your last baby, did you breastfeed or try to breastfeed your child, even if only for a short time?

Notes

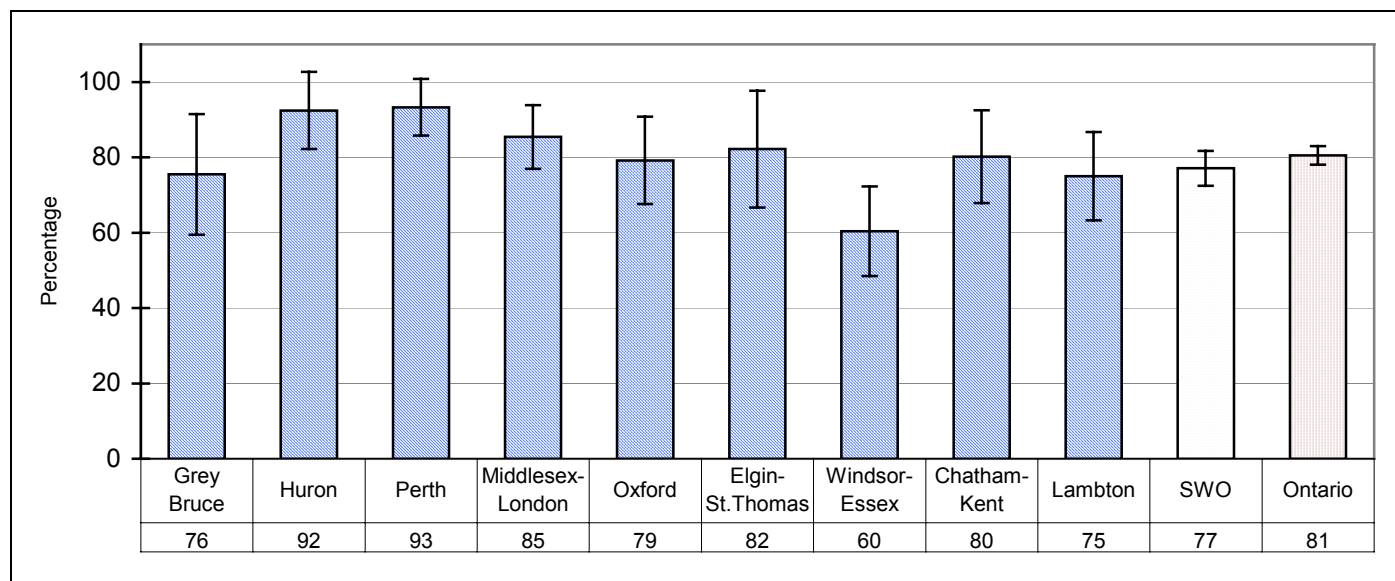
This question was asked only of women who had delivered a child within the last five years.

Key Findings

- 77.1% (± 4.7) of SWO women who had given birth in the previous five years breastfed their last child. This was not significantly different from the proportion in Ontario [80.5% (± 2.5)].

- Women in Perth [93.3% (± 7.5)] were significantly more likely to have breastfed their last child than women in Ontario, while women in Windsor-Essex [60.4% (± 11.9)] and Essex Kent Lambton [67.3% (± 8.0)] were significantly less likely to have breastfed, as shown in Figure 9.1.

Figure 9.1 Women Who Breastfed or Tried to Breastfeed Last Child, PHU Area, SWO & Ontario



Data source: CCHS Cycle 1.1 (2000/2001)

- Within SWO, Perth had the highest percentage of women who breastfed and Windsor-Essex had the lowest. This difference was statistically significant.

Duration of Breastfeeding

Question

How long did you breastfeed your last child?

Notes

This question was asked only of women who had breastfed their last child, even if only for a short time.

Key Findings

- 33.0% (± 6.2) of women in SWO and 34.9% (± 3.4) of women in Ontario who initiated breastfeeding continued for the recommended duration of six months. This difference was not statistically significant.
- In SWO, 27.4% (± 6.3) of women who initiated breastfeeding continued for eight weeks or less, while 39.6% (± 6.5) breastfed for between nine weeks and six months. These proportions are similar to those in Ontario [28.2% (± 3.1) and 36.9% (± 3.5), respectively].

Discontinuation of Breastfeeding

Question

What was the main reason you stopped breastfeeding your child?

Notes

This question was asked only of women who had breastfed their last child, even if only for a short time, and had stopped breastfeeding at the time of the interview.

Due to the small number of responses per category, results are presented for Ontario only.

Key Findings

- In Ontario, 20.5% (± 2.9) of women who stopped breastfeeding stated it was due to not having enough milk. The next most prevalent reasons for stopping breastfeeding included the child weaning him/herself [19.9% (± 2.8)], returning to work/school [16.6% (± 2.5)], and planning to stop at this time [14.2% (± 2.3)]. An additional 7.9% (± 1.9) of women stopped breastfeeding because of inconvenience or fatigue, 5.2% (± 1.3) because of sore nipples, engorged breasts, or mastitis, 4.9% (± 1.3) because of difficulty with breastfeeding technique, 3.9% (± 1.5) because of illness, 3.8% (± 1.1) because of advice from their doctor, and only 2.8% (± 1.1) because they found formula feeding preferable.

Use of Folic Acid Supplementation

Question

Did you take a vitamin supplement containing folic acid before your last pregnancy, that is, before you found out that you were pregnant?

Notes

This question was asked only of women who had delivered a child within the last five years.

Key Findings

- In SWO, 40.3% (± 5.6) of women took a vitamin supplement containing folic acid before their last pregnancy, a significantly lower proportion than that in Ontario [52.2% (± 2.8)].
- The proportion of women who took folic acid before their last pregnancy was significantly lower in Middlesex-London [34.5% (± 12.0)], Thames Valley [35.9% (± 9.4)], Windsor-Essex [36.1% (± 11.2)], and Essex Kent Lambton [40.0% (± 7.7)] compared to Ontario.

Tobacco Use During Pregnancy

Question

Did you smoke during your last pregnancy?

Notes

This question was asked only of women who had delivered a child within the last five years.

Key Findings

- A significantly higher proportion of women in SWO [20.5% (± 4.6)] smoked during their last pregnancy compared to Ontario [14.0% (± 1.8)].
- Chatham-Kent [31.3% (± 13.2)] had a significantly higher proportion of women who smoked during their last pregnancy compared to Ontario.

Exposure to Environmental Tobacco Smoke

Question

Did anyone regularly smoke in your presence during or after the pregnancy (about six months after)?

Notes

This question was asked only of women who had delivered a child within the last five years.

This question includes those who smoked during or after their pregnancy.

Key Findings

- 25.1% (± 5.7) of SWO women and 18.7% (± 2.0) of Ontario women were exposed to environmental tobacco smoke during or after their pregnancy. This difference was not statistically significant.

Tobacco Use During Breastfeeding

Question

Did you smoke when you were breastfeeding (your last baby)?

Notes

This question was asked only of women who had delivered a child within the last five years.

Key Findings

- In SWO, 17.1% (± 5.0) of women who breastfed their last child smoked while breastfeeding. This was not significantly different from Ontario [10.7% (± 1.8)].
- Chatham-Kent [26.8% (± 12.3)] had a significantly higher proportion of women who smoked while breastfeeding, compared to Ontario.

Alcohol Use During Pregnancy

Question

Did you drink any alcohol during your last pregnancy?

Notes

This question was asked only of women who had delivered a child within the last five years.

Key Findings

- In SWO, 8.8% (± 3.0) of women who gave birth in the previous five years drank alcohol during their last pregnancy. This was not significantly different from the proportion in Ontario [10.0% (± 1.5)].

Alcohol Use During Breastfeeding

Question

Did you drink any alcohol while you were breastfeeding (your last baby)?

Notes

This question was asked only of women who had delivered a child within the last five years.

Key Findings

- 17.7% (± 4.7) of women in SWO and 18.1% (± 2.3) of women in Ontario reported alcohol use while breastfeeding their last baby. This difference was not statistically significant.

References

- Canadian Pediatric Society, Dietitians of Canada, & Health Canada. (1998). *Nutrition for healthy term infants: Statement of the Joint Working Group*. Ottawa, ON: Minister of Public Works and Government Services.
- Cook, D. G., & Strachan, D. P. (1999). Health effects of passive smoking-10: Summary of effects of parental smoking on the respiratory health of children and implications for research. *Thorax*, 54(4), 357-366.
- Cook, D. G., & Strachan, D. P. (1997). Health effects of passive smoking-3: Parental smoking and prevalence of respiratory symptoms and asthma in school age children. *Thorax*, 52(12), 1081-1094.
- Dzakpasu, S., & Trouton, K. (1998). *Breastfeeding*. Ottawa, ON: The Canadian Perinatal Surveillance System, Health Canada.
- Feinleib, M., Beresford, S. A., Bowman, B. A., Mills, J. L., Rader, J. I., Selhub, J., & Yetley, E. A. (2001). Folate fortification for the prevention of birth defects: Case study. *American Journal of Epidemiology*, 154(12), S60-S69.
- Health Canada. (2004). *Exclusive breastfeeding duration: 2004 Health Canada recommendation (draft)*. Ottawa, ON: author. Retrieved May 10, 2004, from http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/infant_feeding_recommendations_ebf_e.pdf
- Health Canada. (2002). *Congenital anomalies in Canada - A perinatal health report, 2002*. Ottawa, ON: Minister of Public Works and Government Services Canada.
- Health Canada. (1999). *Nutrition for a healthy pregnancy: National guidelines for the childbearing years*. Ottawa, ON: author.
- Mennella, J. (2001). Alcohol's effect on lactation. *Alcohol Research & Health*, 25(3), 230-234.
- Ministry of Health. (1997). *Mandatory health programs and services guidelines*. Toronto, ON: Queen's Printer for Ontario.
- Perinatal Education Program of Eastern Ontario. (1998). *Prevention of low birth weight in Canada: Literature review and strategies, 2nd ed.* Toronto, ON: Best Start Resource Centre.

- Strachan, D. P., & Cook, D. G. (1997). Health effects of passive smoking-1: Parental smoking and lower respiratory illness in infancy and early childhood. *Thorax*, 52(10), 905-914.
- Strachan, D. P., & Cook, D. G. (1998a). Health effects of passive smoking-4: Parental smoking, middle ear disease and adenotonsillectomy in children. *Thorax*, 53(1), 50-56.
- Strachan, D. P., & Cook, D. G. (1998b). Health effects of passive smoking-6: Parental smoking and childhood asthma: Longitudinal and case-control studies. *Thorax*, 53(3), 204-212.
- World Health Organization. (2001). *Global strategy for infant and young child feeding, the optimal duration of exclusive breastfeeding*. Retrieved May 10, 2004, from http://www.who.int/gb/EB_WHA/PDF/WHA54/ea542.pdf
- Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M. L., Ahmann, E., & DiVito-Thomas, P. A. (1999). *Whaley & Wong's nursing care of infants and children (6th ed.)*. Toronto, ON: Mosby.

Conclusions

Health behaviours and lifestyle practices have been linked to a number of diseases. For example, as stated in “The Changing Face of Heart Disease and Stroke in Canada, 2000, “the high prevalence rate of the major risk factors – smoking, physical inactivity, high blood pressure, dyslipidemias, obesity, and diabetes – continues to contribute to the epidemic of heart disease and stroke in Canada” (Heart and Stroke Foundation of Canada, 2000). The present report has summarized information on a number of health behaviours and lifestyle practices related to health issues important to the residents of SWO.

Specifically, this report summarized self-reported information from the Canadian Community Health Survey, Cycle 1.1 on:

- Chronic diseases.
- Health care utilization.
- Cancer prevention and screening.
- Health behaviours (including diet and physical activity).
- General health (overall health, stress, dental visits, flu shots).
- Alcohol use.
- Smoking and tobacco use.
- Sexual health.
- Child and maternal health.

SWO was found to differ significantly from Ontario as a whole on some key health indicators. A few examples include:

- Less folic acid supplementation prior to pregnancy – only 40% of women took folic acid before their last pregnancy (essential for the healthy development of a baby’s spine, brain and skull during the early weeks of pregnancy) compared to 52% in Ontario.
- Greater exposure to second-hand smoke – 28% of non-smokers reported being exposed to environmental tobacco smoke most days as compared to 25% in Ontario.
- More unmet health care needs – 14% had an unmet health care need compared to 12% in Ontario.

In addition, there was found to be variation within SWO on a number of indicators. For example, the proportion of those who were regularly physically active in Huron (66.0%) was significantly higher than the proportion of respondents reporting regular physical activity in Perth (49.4%). Compared to the proportion of regularly physically active respondents in Ontario (56.2%), Huron, Middlesex-London (61.3%), and the Thames Valley DHC area (59.9%) all had significantly higher proportions, while Perth had a significantly lower proportion of respondents who were regularly physically active.

Although the reasons underlying these differences remain unclear and further study is needed, educators, researchers, service providers, planners and policy makers can use this information to develop, implement and evaluate programs and policies that are best suited to each community.

In his April 8, 2004 address to the Empire Club in Toronto, the Minister of Health and Long-Term Care stated, “Ladies and gentlemen, it’s time for a revolution. A revolution in which we take back control of our own health” (para. 31). “I’m talking about infusing a healthy culture in all areas of community life – in our families, in our schools, and in our workplaces” (para. 38). “Walk that extra block. Take the stairs, if you smoke, smoke less, have some fruit instead of a chocolate bar. We have to take control of our own health” (para. 40) (Smitherman, 2004).

The findings presented in this report echo these comments. Although, many people have embraced a healthier lifestyle, this report also shows that there could be further improvements.

It is the hope of the authors of this report that report readers will take up the challenge put forth by the Minister, and that Ontarians will truly become the healthiest Canadians.

References

Heart and Stroke Foundation of Canada. (2000). *The changing face of heart disease and stroke in Canada 2000*. Retrieved May 13, 2004, from <http://www.hc-sc.gc.ca/hpb/lcdc/bcrdd/hdsc2000/index.html>

Smitherman, G. (2004, April). *Presentation to the Empire Club*. Retrieved May 7, 2004, from http://www.health.gov.on.ca/english/media/speeches/archives/sp_04/sp_041304.html

Appendix

Detailed data tables for all the variables discussed in the report are provided in the attached CD in Excel format. Each table includes the point estimates (rounded to one decimal place) as well as the associated 95% confidence interval. Coefficients of variation (CV) are calculated for all estimates, and the rules established by Statistics Canada for reporting estimates based on the size of the CV were followed. Estimates with a CV between 16.6% and 33.3% are highlighted in yellow in the tables and must be interpreted with caution. Data based on fewer than 10 survey respondents or with a CV greater than 33.3% are suppressed due to extreme sampling variability and are noted with an asterisk (“*”).

Data are provided for the variables indicated in Table 4.0. Point estimates are provided for each of the nine PHU and three DHC areas, SWO as a whole, and all of Ontario for each response category. Information is also presented by gender and age where applicable and possible.

Table 4.0: Report Variables

Chapter	CCHS Question	Variable Name in Data File
Chronic Diseases	Do you have asthma?	CCCA_31
	Do you have arthritis or rheumatism?	CCCA_51
	Do you have back problems, excluding fibromyalgia and arthritis?	CCCA_61
	In the past month, did you take pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?	DRGA_1A
	In the past month, did you take sleeping pills?	DRGA_1P
	Does a long-term physical condition or mental condition or health problem reduce the amount or the kind of activity you can do at home?	RACA_2A
	Restriction in Activities – Needs help with at least one task (variable derived from a number of questions)	RACAF6
	Probability of Depression (variable derived from a number of questions)	DPSADPP
	In the past month, did you take anti-depressants such as Prozac, Paxil or Effexor?	DRGA_1D
	In the past 12 months, that is from – date one year ago – to yesterday, have you seen, or talked on the telephone, to a health professional about your emotional or mental health?	CMHA_01K

Chapter	CCHS Question	Variable Name in Data File
Health Care Utilization	<p>Do you have a regular medical doctor?</p> <p>In the past 12 months, how many times have you seen or talked on the telephone about your physical, emotional or mental health with: a family doctor or general practitioner?</p> <p>In the past 12 months, how many times have you seen or talked on the telephone, about your physical, emotional or mental health with a... Family doctor or general practitioner? Eye specialist? Any other medical doctor? Nurse? Dentist or orthodontist? Chiropractor? Physiotherapist? Social worker or counsellor? Psychologist? Speech, audiology or occupational therapist?</p> <p>During the past 12 months, was there ever a time when you felt that you needed health care but you didn't receive it? Thinking of the most recent time why didn't you get care?</p>	<p>TWDA_5</p> <p>HCUA_02A</p> <p>HCUAFHPC</p> <p>HCUA_06 and HCUA_07a-n</p>
Cancer Screening	<p>Have you ever had a Pap smear test? When was the last time?</p> <p>Other than a mammogram, have you ever had your breasts examined for lumps, (tumours, cysts) by a doctor or other health professional? When was the last time?</p> <p>Have you ever had a mammogram, that is a breast x-ray? When was the last time?</p> <p>Have you ever had a prostate specific antigen test for prostate cancer, that is a PSA blood test? When was the last time?</p>	<p>PAPA_020 and PAPA_022</p> <p>BRXA_110 and BRXA_112</p> <p>MAMA_30 and MAMA_32</p> <p>PSAA_170 and PSAA_172</p>

Chapter	CCHS Question	Variable Name in Data File
Health Behaviors	<p>Body Mass Index (derived variable, calculated from the weight and height reported by CCHS survey respondents.</p> <p>Do you consider yourself overweight, underweight, or just about right?</p> <p>Fruit and Vegetable Consumption (derived variable, calculated from various questions regarding the frequency/quantity and variety of fruits and vegetables).</p> <p>In the past 12 months, how often did you or anyone else in your household not have enough to eat because of lack of money?</p> <p>In the past 12 months, how often did you or anyone else in your household not eat the quality or variety of foods that you wanted to eat because of a lack of money?</p> <p>Physical Activity Frequency (derived variable, a measure of the average monthly frequency of physical activity lasting more than 15 minutes.</p> <p>Physical Activity Level (derived variable, a measure that categorizes estimated energy expenditure values)</p>	<p>HWTA_2 HWTA_3</p> <p>HWTA_4</p> <p>FVCAGTOT</p> <p>FINA_2</p> <p>FINA_3</p> <p>PACADFM</p> <p>PACADPAI</p>
General Health	<p>In general, would you say your/his/her health is: ‘excellent’, ‘very good’, ‘good’, ‘fair’, ‘poor’?</p> <p>Thinking about the amount of stress in your/his/her life, would you say that most days are: ‘not at all stressful’, ‘not very stressful’, ‘a bit stressful’, ‘quite a bit stressful’, ‘extremely stressful’?</p> <p>When was the last time that you went to a dentist?</p> <p>Why haven’t you been to a dentist in the past 3 years?</p> <p>Have you ever had a flu shot?</p> <p>When did you have your last flu shot?</p>	<p>GENA_01</p> <p>GENA_07</p> <p>DENA_132</p> <p>DENA_36a to 36m</p> <p>FLUA_160</p> <p>FLUA_162</p>

Chapter	CCHS Question	Variable Name in Data File
Smoking	<p>Smoking Status (derived variable)</p> <p>In the past month, were you exposed to second-hand smoke on most days?</p> <p>In the past month, were you exposed to second-hand smoke at home?</p> <p>In the past month, were you exposed to second-hand smoke in public places (bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?</p> <p>Have you tried quitting smoking in the past 12 months?</p>	<p>SMKADSTY</p> <p>ETSA_1</p> <p>ETSA_2A</p> <p>ETSA_2C</p> <p>SCAA_5</p>
Alcohol	<p>During the past 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?</p> <p>How often in the past 12 months have you had 5 or more drinks on one occasion?</p> <p>Thinking back over the past week, that is, from (date last week) to yesterday, did you have a drink of beer, wine, liquor or any other alcoholic beverage? If respondents indicated having a drink in the past week, they were then asked:</p> <p>Starting with yesterday, that is, (day), how many drinks did you have: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday?</p> <p>In the past 12 months, have you been a passenger with a driver who had too much to drink?</p>	<p>ALCA_1</p> <p>ALCA_3</p> <p>ALCADWKY</p> <p>DUIA_1</p>
Sexual Health	<p>Have you ever had sexual intercourse?</p> <p>With how many different partners?</p> <p>For those relationships that lasted less than a year, how often did you use a condom in the past 12 months?</p>	<p>SXBA_1</p> <p>SXBA_4</p> <p>SXBA_7</p>

Chapter	CCHS Question	Variable Name in Data File
Maternal and Child Health	For your last baby, did you breastfeed or try to breastfeed your child, even if only for a short time?	BRFA_02
	How long did you breastfeed your last child?	BRFA_04
	What was the main reason you stopped breastfeeding your child?	BRFA_05
	Did you take a vitamin supplement containing folic acid before your last pregnancy, that is, before you found out that you were pregnant?	BRFA_01B
	Did you smoke during your last pregnancy?	BRFA_10
	Did anyone regularly smoke in your presence during or after the pregnancy (about six months after)?	BRFA_14
	Did you smoke when you were breast-feeding (your last baby)?	BRFA_12
	Did you drink any alcohol during your last pregnancy?	BRFA_20
	Did you drink any alcohol while you were breastfeeding (your last baby)?	BRFA_22