

Our Health in Renfrew County and District

Issue #9 – December 2002

Health Indicators Update



**Renfrew County and District Health Unit
7 International Drive, Pembroke, ON
www.rcdhu.com**

“Promoting healthy people in a healthy environment”

TABLE OF CONTENTS

Introduction	5
Health Status	6
Self-rated health	6
Body Mass Index (Canadian Standard)	7
Body Mass Index (International Standard)	8
Arthritis and rheumatism	8
High blood pressure	9
Functional health	10
Two-week disability days	11
Activity limitation	12
Disability-free life expectancy at birth	13
Determinants of Health	14
Smoking	14
Smoking initiation	15
Exposure to second-hand smoke	16
Leisure-time physical activity	17
Dietary practices	18
Life stress	18
Health System Performance	20
Contact with health professionals	20
Influenza Immunization	20
Summary	22
References	24

LIST OF FIGURES

Health Status	
Figure 1: Percentage of the population rating their health as “very good” or “excellent”	6
Figure 2: Percentage of Population (20 - 64 yrs of age) with body mass Index > 27	7
Figure 3: Percentage of population with arthritis / rheumatism	9
Figure 4: Percentage of the population with high blood pressure	10
Figure 5: Percentage of the population with moderate or severe functional health problems	11
Figure 6: Disability-free life expectancy at birth (in years)	13
Determinants of Health	
Figure 7: Percentage of the female population that smokes daily	14
Figure 8: Percentage of current smokers who started smoking when they were 14 or younger	15
Figure 9: Percentage of non-smoking males that are exposed to second-hand smoke	16
Figure 10: Percentage of the population that is moderately or more active	17
Figure 11: Percentage of the population that experienced high life stress	19
Health System	
Figure 12: Percentage of the population that had a flu shot in the previous 12 months	21

LIST OF TABLES

Health Status	
Table 1: Percentage of the population “overweight” or “obese” according to international standards	8
Table 2: Percentage of population with arthritis / rheumatism	9
Table 3: Percentage of population with high blood pressure	10
Table 4: Percentage of the population with moderate or severe functional health problems	11
Table 5: Percentage of population reporting one or more disability days in the previous two weeks	12
Table 6: Percentage of population with an activity limitation	12
Table 7: Disability-free life expectancy at birth (years)	13
Determinants of Health	
Table 8: Percentage of the population that smokes daily	14
Table 9: Percentage of current smokers who started smoking when they were 14 or younger	15
Table 10: Percentage of the non-smoking population that is exposed to second-hand smoke	16
Table 11: Percentage of the population that is moderately or more active during leisure time	17
Table 12: Percentage of the population that consumed fruit and vegetables fewer than 5 times daily	18
Table 13: Percentage of the population that experienced high life stress	19
Health System	
Table 14: Percentage of the population that had contact with a doctor in the previous 12 months	20
Table 15: Percentage of the population that had a flu shot in the previous 12 months	21

INTRODUCTION

How many people of various ages make up our community? Where and how do we live? How healthy are we? What are our major health problems? Are we making any progress in addressing these problems? These are some of the questions we seek to answer by reviewing and reporting on community health status in the Renfrew County and District Health Unit.

To attempt to answer these and other similar questions, the following types of information are regularly reviewed:

- ◆ **Demographics** - collected by Statistics Canada every five years in the national census – describe age structure and geographic distribution as well population growth or decline
- ◆ **Health outcomes** - measurements of health, disease and death in our community
- ◆ **Determinants of health** - include a wide variety of factors known to influence health such as income, education, working conditions, health behaviours etc.

The current report reviews new information on health outcomes and determinants of health. It is the latest in a series of reports that began in 1993. Earlier reports in the series are available on our website at www.rcdhu.com. Some of the findings from earlier reports include higher rates of overall mortality and premature death in our community relative to Ontario, lower income and education levels relative to Ontario, earlier age of smoking initiation and higher rates exposure to second-hand smoke.

The main source of new information presented here is the Canadian Community Health Survey, a new national survey conducted by Statistics Canada. This survey was conducted in 2000/2001 and included interviews with close to 900 residents of Renfrew County and District. It will be repeated every two years thus providing ongoing information on a wide variety of health indicators. Results from the Canadian Community Health Survey are posted on the Statistics Canada web site (1).

Statistics Canada has recently introduced the concept of a “peer group” to their analysis of data on health indicators whereby communities are grouped with other communities with which they share key socioeconomic attributes such as demographic structure, unemployment, ethnicity and income inequality. Since these attributes are also key determinants of health, the Peer Group is a useful group with which to compare our community’s health indicator results. Canada has been divided into 10 peer groups. Renfrew County and District has been placed in Peer Group G with 20 other health units including three from Ontario (Huron, Perth and Northwestern) and several from Saskatchewan, Manitoba and Alberta. In the summary that follows, results for Peer Group G will be presented for comparison purposes, along with data for Canada and Ontario.

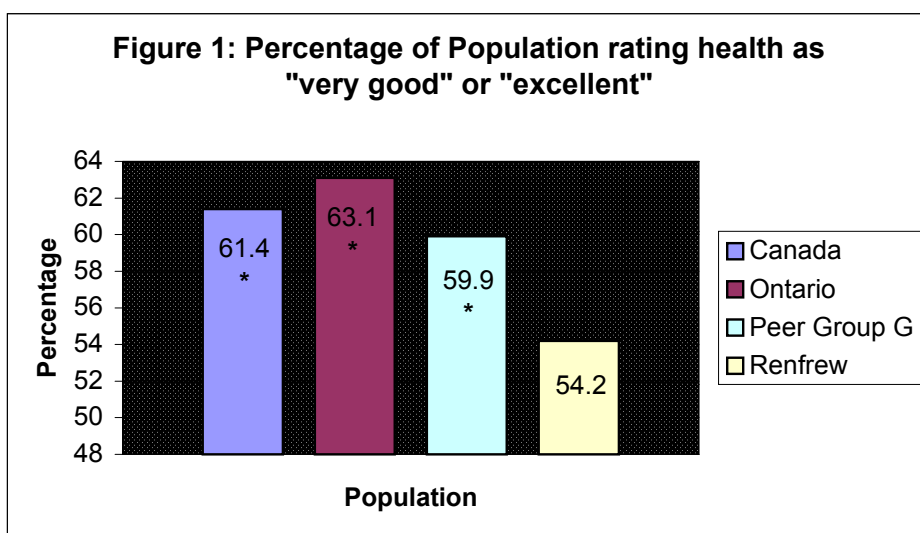
The population referred to in this report in most cases is the population 12 years of age and older. (Exceptions will be noted where they occur.) Please note that within the body of this report, percentage values will be expressed as the nearest full percentage for ease of reading. Accompanying graphs and tables will be based on slightly more precise estimates rounded to one decimal place.

HEALTH STATUS

Many indicators are used to track health status. These include: self-rated health, health conditions such as arthritis and high blood pressure, body mass index, and measures of human functioning such as disability days and activity limitation. Death rates and premature death rates are also generally included in this category but these have been addressed elsewhere in a recent review by the Renfrew County and District Health Unit (2) and will not be included in this report.

Self-Rated Health

Respondents to the Canadian Community Health Survey were asked to rate their health as falling into one of the following four categories: excellent, very good, good, fair or poor. The proportion of Renfrew County and District (RCD) residents who perceive their health to be very good or excellent is significantly lower than the corresponding group in Peer Group G, Ontario or Canada. As shown below in Figure 1, only 54% of RCD residents (light yellow bar) perceive their health to be very good or excellent as compared with 60% of Peer Group G residents, 61% of Canadians and 63 % of Ontarians. Conversely, 18% of RCD residents perceive their health to be fair or poor, compared with 12% in Peer Group G, Ontario and Canada.



** significantly different from RCD at 95% level*

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

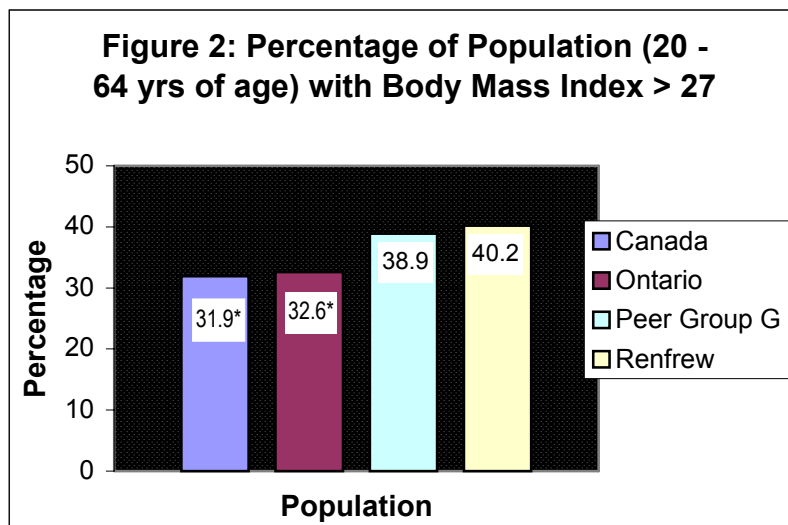
In Perspective – Since we last reported on this indicator in 1996 (3), the proportion of the population reporting that their health is very good or excellent has declined in RCD (from 58 to 54 percent) and increased among Ontarians (from 60 to 63 per cent).

Body Mass Index (Canadian Standard)

Rates of illness and premature death are higher among underweight and overweight or obese people therefore body weight is an important contributor to health status. The Body Mass Index is a measurement of body fat in relation to lean body mass and is calculated by dividing one's weight in kilograms by one's height in metres squared (m^2). The resultant two digit number gives an indication of whether or not a person is at a “healthy” weight.

The Canadian standard for Body Mass Index includes four categories, “underweight” (BMI <20), “Acceptable weight”(BMI 20 –24.9), “Some Excess Weight” (BMI 25-27) and “overweight” (BMI >27).

As shown below in Figure 2, the percentage of Renfrew County and District residents that have a BMI > 27 is 40, as compared with 39 for Peer Group G, 33 for Ontario and 32 for Canada.



* significantly different from RCD at the 95% level

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

In perspective: The proportion of the RCD population that is overweight (BMI > 27) has risen from 32% in 1990 (4), to 40% in the current study. The corresponding rise in the Ontario population has been from 24% to 33%. In part this is a function of the aging of our population. Median age has increased during this period by about four years from about 34 years to about 38 years in both RCD and Ontario. Food consumption patterns are also partly to blame; national data show that in the past decade, rates of consumption of soft drinks, sugar, and fast food have increased as have portion sizes (5,6).

Body Mass Index (International Standard)

According to the international standard for Body Mass Index (BMI), individuals are considered “obese” if they are at a BMI > 30 and “overweight” if they are at a BMI 25-29. The proportion of the Renfrew County and District population with a BMI > 30 is 21% as compared with 19% for Peer Group G, 15% for Ontario and 15% for Canada.

The proportion of the population that is overweight or obese according to the international standard is 56% in RCD, 55% in Peer Group G, 48% in Ontario and 47% in Canada. More men than women are overweight or obese, as also shown in Table 3 below.

Table 1: Percentage of the Population Overweight or Obese according to International Standards

	OVERWEIGHT BMI 25 - 29			OBESE BMI > 30			Overweight or Obese BMI > 25		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Canada	39.6	25.3	32.5	16*	13.9	14.9*	55.6	39.2	47.4
Ontario	39.8	25.9	32.9	16.6	13.9	15.3*	56.4	39.8	48.2
PeerGroup G	42.5	27.8	35.4	21.8	16.9	19.4	64.3	44.9	54.8
Renfrew	39.9	29.0	34.4	22.8	19.7	21.2	62.7	48.7	55.6

* significantly different from RCD at the 95% level

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

Arthritis and Rheumatism

Significantly more Renfrew County and District residents report that they have arthritis or rheumatism than their counterparts in Peer Group G, Ontario and Canada, as shown below in Table 2. Twenty-three per cent of RCD residents suffer from arthritis or rheumatism as compared with only 18% of the population in Peer Group G, 17% of Ontarians and 15 % of Canadians.

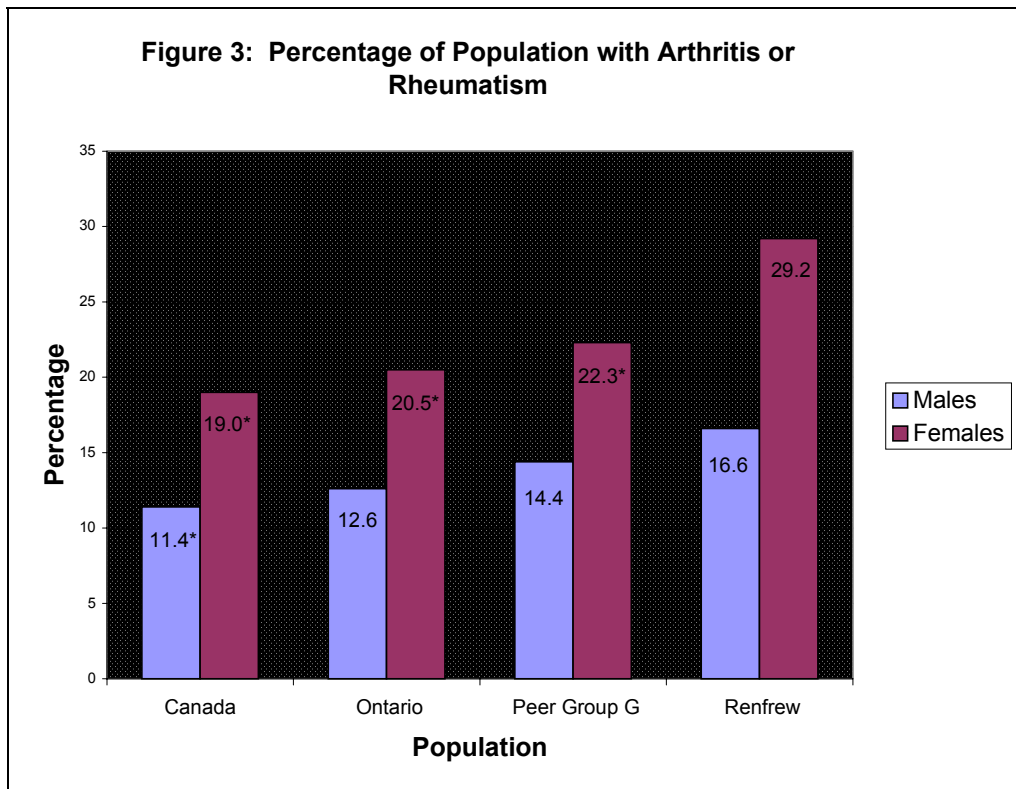
Arthritis and rheumatism are more common in women than in men. This is also shown below in Figure 2. For example, in RCD, 29 % of females surveyed suffer from the disease, as compared with only 17% of males. Also noteworthy from Table 2, is the difference in the experience of arthritis / rheumatism between women in RCD and Canadian women as a whole (29% vs 19%)

Table 2: Percentage of population with Arthritis / Rheumatism

	Total	Females	Males
Canada	15.2*	19.0*	11.4*
Ontario	16.6*	20.5*	12.6
Peer Group G	18.3*	22.3*	14.4
Renfrew	23.1	29.2	16.6

**significantly different from RCD at the 95% level*

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01



**significantly different from RCD at the 95% level*

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

High Blood Pressure

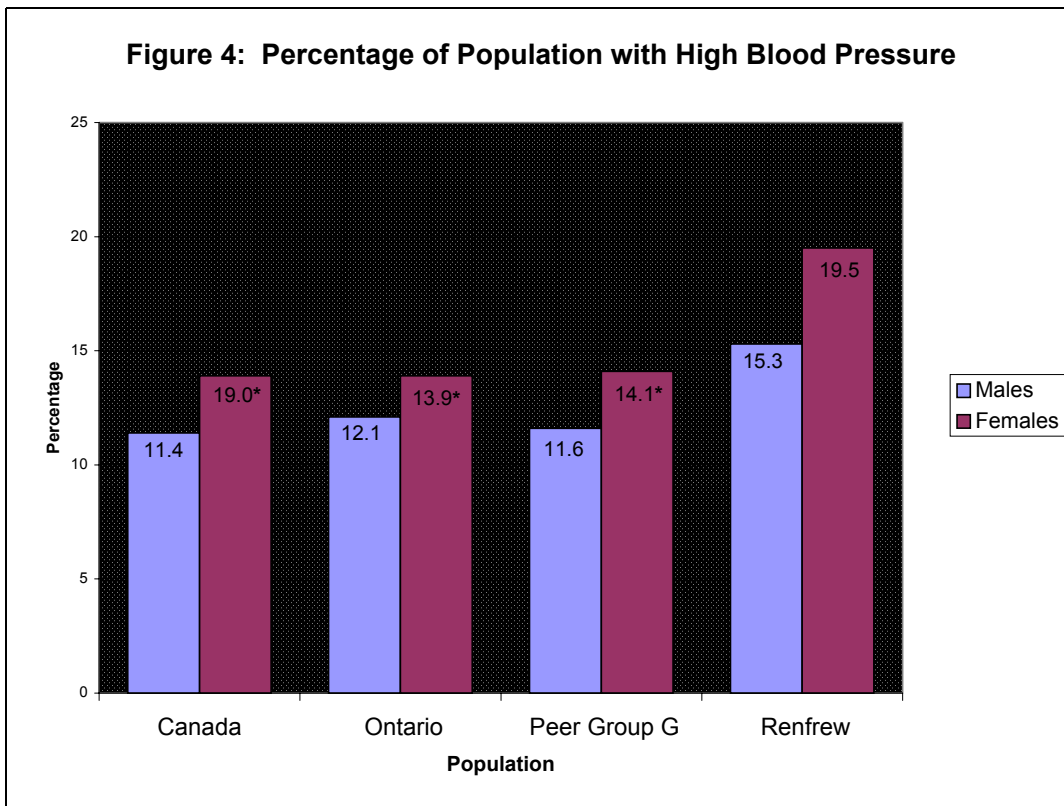
This indicator reflects the proportion of the population aged 12 and over who reported that they had been diagnosed by a health professional as having high blood pressure. Based on the findings of the Canadian Community Health Survey, high blood pressure is more prevalent among residents of Renfrew County and District than in comparison groups. As shown below in Table 3, roughly 3% more males in RCD and roughly 6% more females have high blood pressure than their counterparts in Ontario.

Table 3: Percentage of population with High Blood Pressure

	Total	Females	Males
Canada	12.6*	13.9*	11.4
Ontario	13.0*	13.9*	12.1
Peer Group G	12.8*	14.1*	11.6
Renfrew	17.4	19.5	15.3

**significantly different from RDC at the 95% level*

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01



**significantly different from RCD at the 95% level*

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

Functional Health

Measures of overall functional health are based on eight dimensions of functioning related to physical health and capacities: hearing, seeing, communicating, mobility, dexterity, pain, cognition and emotion. Based on these measures, a greater proportion of Renfrew County and District residents than their counterparts in Canada, Ontario or Peer Group G report moderate to severe functional health problems. As shown below in Table 4 and Figure 5, 23% of RCD residents surveyed report moderate or severe functional health problems compared with only 19% of Canadians. The difference is more pronounced among women: 25% of RCD women report moderate or severe functional health problems versus only 20%

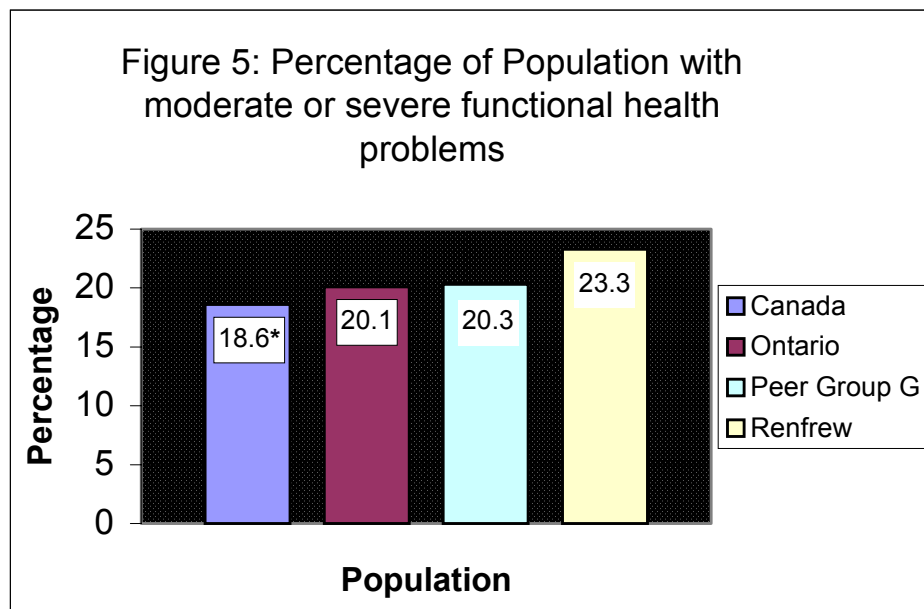
of Canadian women. Conversely, only 72% of women in RCD report very good or perfect functional health as compared with 79% of their Canadian counterparts.

Table 4: Percentage of the population reporting moderate or severe functional health problems

	Total	Females	Males
Canada	18.6*	20.2	17.0
Ontario	20.1	21.7	18.5
Peer Group G	20.3	21.4	19.1
Renfrew	23.3	25.1	21.4

**significantly different from RCD at the 95% level*

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01



**significantly different from RCD at the 95% level*

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

Two-week disability days

This indicator reflects the portion of the population who stayed in bed or cut down on normal activities because of illness or injury, on one or more days in the two weeks prior to the survey.

A greater proportion of Renfrew County and District residents (19%) report one or more disability days in the previous two weeks than their counterparts in Peer Group G (17%), Ontario (16%) and Canada (16%), as shown below in Table 5.

Women are more likely than men to report one or more disability days, as shown in Table 5. For example, in RCD, 24 percent of women report one or more disability days, as compared with only 14 percent of males. Also noteworthy from Table 5, is the difference between women in RCD and Canadian women as a whole (24% vs 19% respectively reporting one or more disability days in the previous two weeks).

Table 5: Percentage of population reporting one or more disability days in the previous two weeks

	Total	Females	Males
Canada	16.2	18.6	13.6
Ontario	16.4	18.8	13.8
Peer Group G	17.4	21.1	13.7
Renfrew	19.2	23.9	14.2

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

Activity Limitation

For the purposes of the Canadian Community Health Survey, respondents have an activity limitation if they report having a disability or being limited in certain activities on a continuing basis (at least 6 months) because of a physical condition, mental condition, or health problem. As shown below in Table 6, 28% of Renfrew County and District residents report an activity limitation as compared with only 23% of Canadians. The 5% difference between RCD residents and Canadians holds for both males and females.

Table 6: Percentage of population with an activity limitation

	Total	Females	Males
Canada	22.9*	25.1	20.7*
Ontario	23.3*	25.3	21.2
Peer Group G	25.1	26.9	23.3
Renfrew	28.3	30.1	26.4

**significantly different from RCD at the 95% level*

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

Disability-free life expectancy at birth

Disability-free life expectancy at birth is the number of years a person would be expected to live free of any activity limitation, starting from birth, on the basis of the mortality and morbidity statistics for a given observation period.

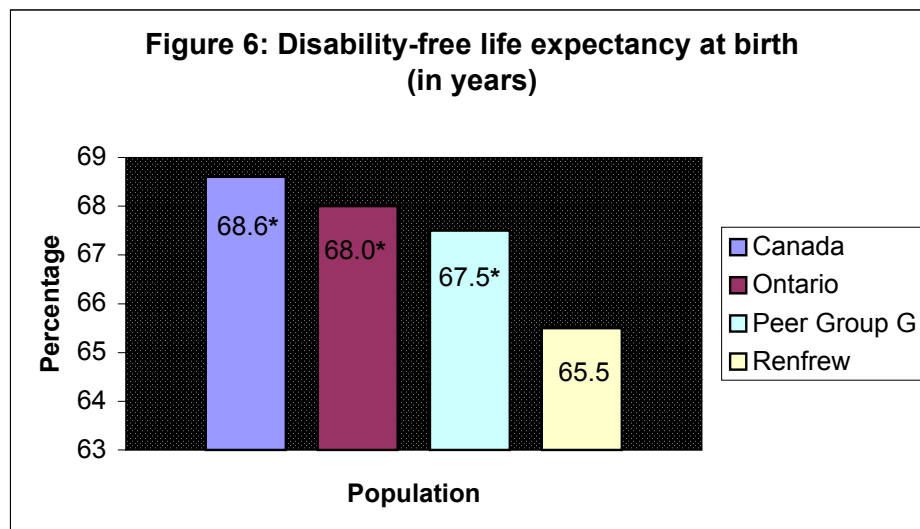
As shown in Table 7 and Figure 6 below, disability-free life expectancy for Renfrew County and District residents is lower than for our counterparts in Canada, Ontario, and Peer Group G. A woman in RCD can expect to live disability-free for three years less than her Canadian counterpart, whereas for a man in RCD, the difference is four years.

Table 7: Disability-free life expectancy at birth (years)

	Total	Females	Males
Canada	68.6*	70.2*	66.9*
Ontario	68.0*	69.4*	66.6*
Peer Group G	67.5*	69.1*	66.1*
Renfrew	65.5	66.8	62.8

**significantly different from RCD at the 95% level*

Data sources: Statistics Canada, Canadian Vital Statistics, Birth and Death Databases, Demography Division (population estimates), and the 1996 Census (20% sample)



**significantly different from RCD at the 95% level*

Data sources: Statistics Canada, Canadian Vital Statistics, Birth and Death Databases, Demography Division (population estimates), and the 1996 Census (20% sample)

DETERMINANTS OF HEALTH

Determinants of health are social, economic and environmental factors outside the health care system which play roles in our individual and collective well-being. Such factors include our living and working conditions, income, education, support from family and friends, individual behaviours such as smoking and physical activity, and environmental factors such as air pollution. Determinants of health presented below include health behaviours, life stress and exposure to second-hand smoke. For recent data on socioeconomic indicators in Renfrew County and District, please see our 1999 report (7).

Smoking

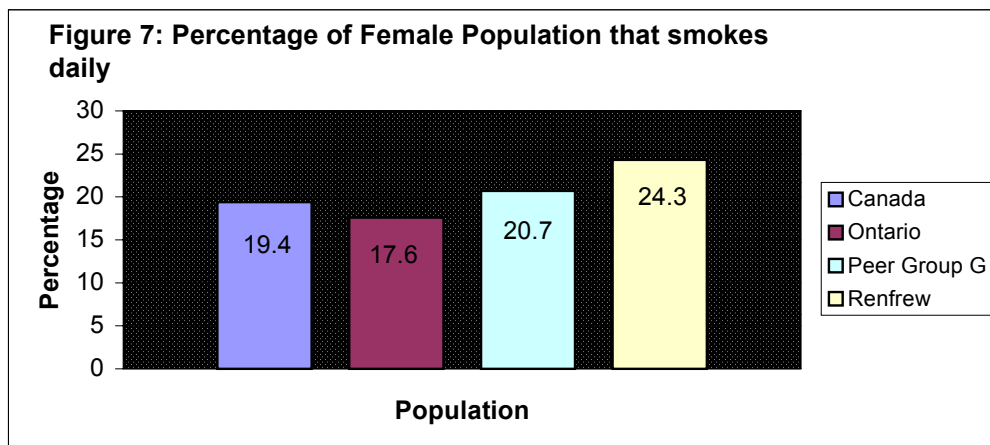
Smoking is the leading cause of preventable death in our community. Each year in Renfrew County and District more than 150 people die from smoking. The Chief Medical Officer of Health for Ontario has identified tobacco-related diseases as our province’s number one public health problem, referring to the death toll due to tobacco-use as “staggering”.

About one-quarter of people in RCD smoke daily according to the Canadian Community Health Survey compared with only 22%, 20% and 23% in Canada, Ontario and Peer Group G respectively (see Table 8 below for details). Males and females in RCD are equally likely to be daily smokers. This is quite different from other populations. In Canada, Ontario and Peer Group G, females are less likely to smoke as shown below in Figure 7.

Table 8: Percentage of Population that smokes daily

	Males	Females	Total
Canada	23.5	19.4	21.5
Ontario	22.7	17.6	20.1
Peer Group G	24.5	20.7	22.6
Renfrew	23.7	24.3	24.0

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01



Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

In Perspective: In 1990, 25% of RCD residents over 12 reported smoking daily (4). Unfortunately there has been little change in this indicator. According to the Canadian Community Health Survey, 24% of RCD residents now smoke daily. The proportion of males who smoke daily has declined from 27% to 24%; the proportion of women in our population who smoke has increased slightly.

Smoking initiation

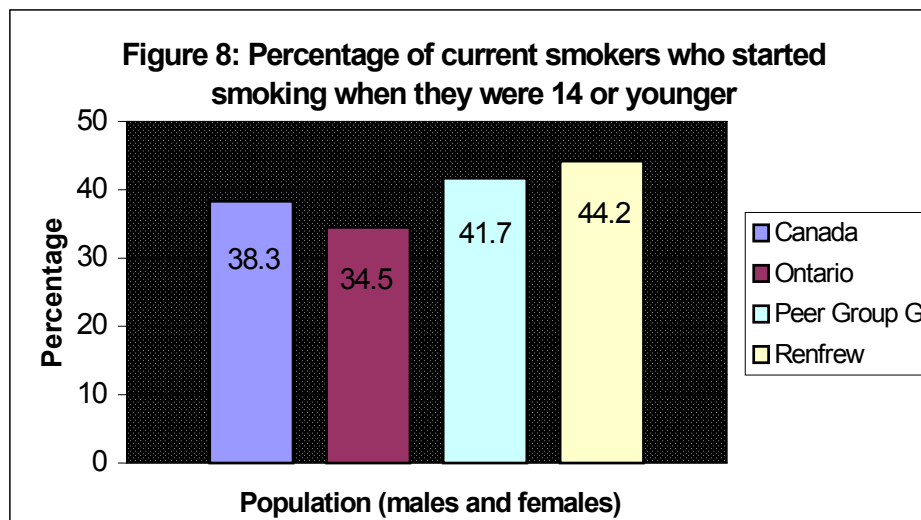
This indicator refers to the age at which respondents began to smoke. As shown below in Table 9 and Figure 8, a greater proportion of Renfrew County and District smokers started smoking at younger than 14 years of age than smokers in Canada, Ontario or Peer Group G. (44% as compared with 38%, 35% and 42% respectively.) Particularly noteworthy is the fact, that almost half of all male smokers in RCD started at younger than 14, compared with 38% of male smokers in Ontario.

Table 9: Percentage of Current Smokers who started smoking at Age 14 or younger

	Total	Females	Males
Canada	38.3	35.2	40.9
Ontario	34.5	30.9	37.5*
Peer Group G	41.7	36.4	44.7
Renfrew	44.2	40.0	48.6

*significantly different from RCD at the 95% level

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01



Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

In Perspective: In 1990, the proportion of smokers who began to smoke when they were less than 18 years of age was 73% in RCD and 63% in Ontario (4). Although the definition of “early initiation” has changed somewhat in the current study, it is clear that early initiation is still a problem in RCD.

Exposure to second-hand smoke

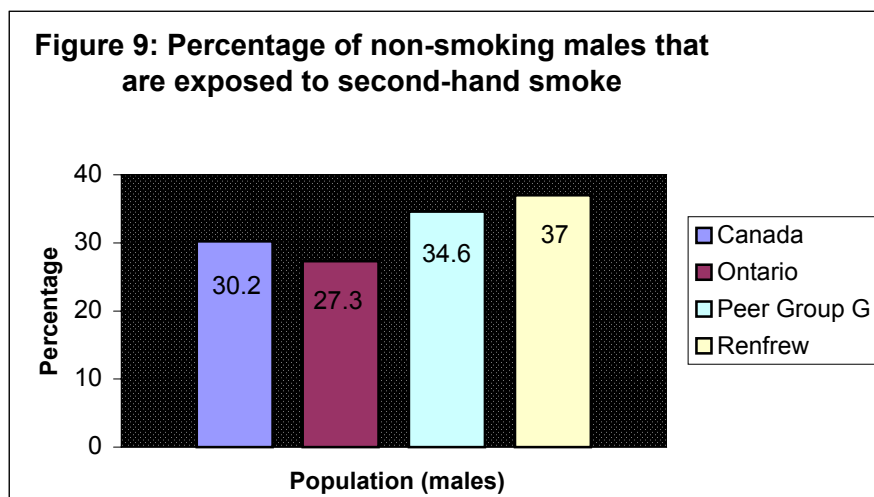
Exposure to second-hand smoke increases the risk of lung cancer and heart disease in non-smokers. It also causes respiratory problems in young children.

As shown in Table 10 below, about one-third of non-smokers over the age of 12 in Renfrew County and District report that they are exposed to second hand smoke most days as compared with one-quarter of non-smokers in Ontario. More male than female non-smokers are exposed to second-hand smoke. As shown in Figure 9 below, the proportion of the male non-smoking population that is exposed to second-hand smoke is 37% in RCD as compared with 27% in Ontario. This difference may be accounted for in part by aggressive bylaws prohibiting smoking in all public places that have been passed recently in a number of large municipalities in Ontario. It is also a function of the fact that more people still smoke in RCD than in other parts of Ontario.

Table 10: Percentage of the non-smoking population 12 years and over that is exposed to second hand smoke

	Total	Females	Males
Canada	27.6	25.3	30.2
Ontario	24.9	22.8	27.3
Peer Group G	30.1	25.9	34.6
Renfrew	31.7	26.7	37.0

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01



Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

Leisure-time physical activity

Physical activity is generally believed to reduce risk of premature death and disease, and contribute to positive mental health and well-being. Leisure-time physical activity is one indicator of physical activity and in the Canadian Community Health Survey it is derived from a series of questions about a respondent's frequency, duration and intensity of exercise during leisure time.

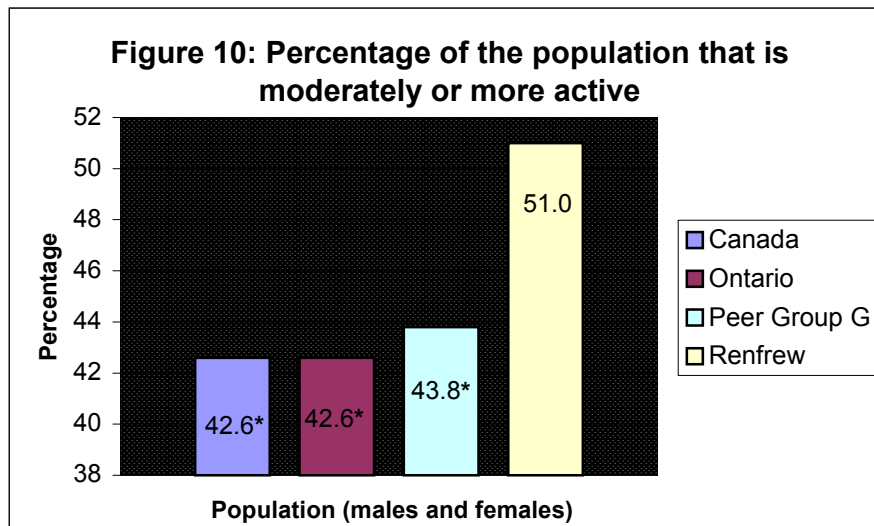
As shown below in Table 11 and Figure 10, Renfrew County and District residents do very well on this indicator. The proportion of the population in RCD that is "moderately or more active" during leisure time is almost 10% greater than the corresponding proportions in Canada, Ontario and Peer Group G. This difference holds for both males and females.

Table 11: Percentage of the population that is moderately or more active during leisure time

	Total	Females	Males
Canada	42.6*	40.5*	44.8*
Ontario	42.6*	40.2*	43.0*
Peer Group G	43.8*	44.4	43.2*
Renfrew	51.0	49.8	52.3

*significantly different from RCD at the 95% level

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01



Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

In Perspective: Data on physical activity were collected during the Ontario Health Survey in 1990 although a different set of questions was used and the results are not comparable. At that time, there was no difference in activity levels between RCD residents and their provincial counterparts (4). Forty-two percent of RCD males and 35% of RCD females at that time reported participating in regular physical activity.

Dietary practices

The Canadian Community Health Survey assessed dietary practices by asking respondents a series of questions about their frequency of consumption of several different fruits and vegetables. A more in-depth study of dietary practices is planned for a forthcoming round of the survey.

Fruit and vegetable consumption is a significant contributor to good health. Abundant scientific literature has confirmed that risks of cancer and heart disease decrease with increasing fruit and vegetable consumption. Five servings per day of fruit and vegetables has been set as a minimum level of consumption for which to aim. Unfortunately, a majority of people in Renfrew County and District falls short of even this minimum level. As shown below in Table 12, 64% of RCD residents consume fruit and vegetables fewer than 5 times daily compared with 62% of Canadians and Ontarians and 66% of Peer Group G residents. Females appear to consume fruit and vegetables more frequently than their male counterparts everywhere.

Table 12: Percentage of the population that consumed fruit and vegetables fewer than 5 times daily (or 5 servings per day)

	Total	Females	Males
Canada	61.8	56.5	67.2
Ontario	61.5	56.6	66.5
Peer Group G	66.3	60.1	72.4
Renfrew	63.5	58.4	68.9

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

Life Stress

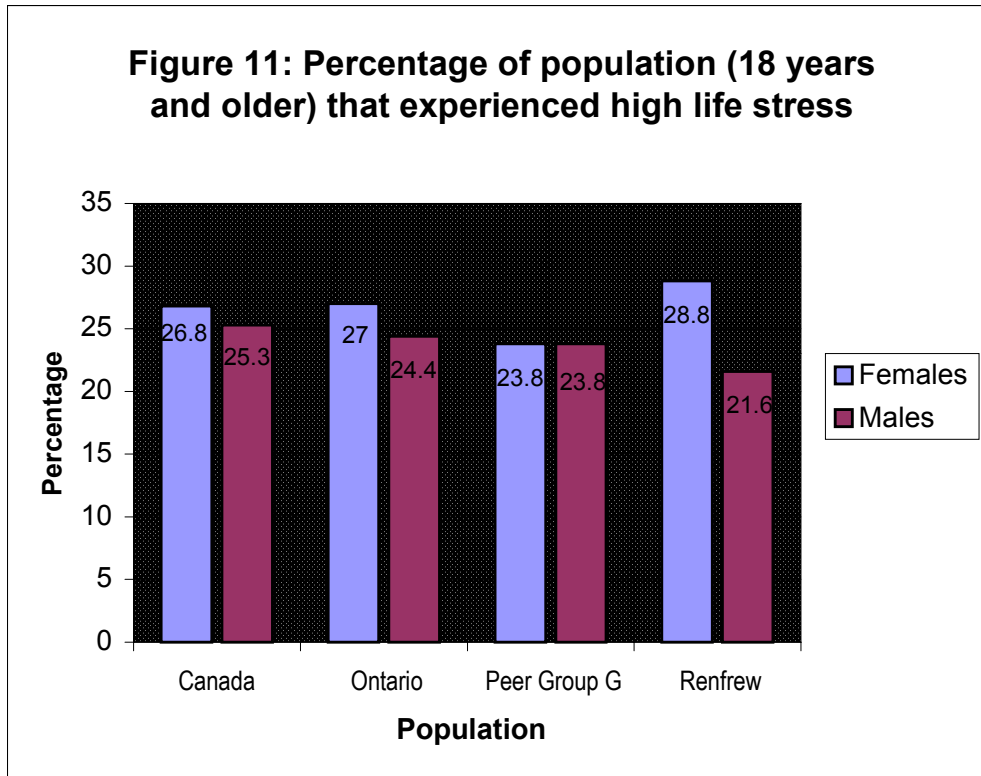
Stress is a major factor contributing to health and disease. High levels of stress can adversely affect immune function and can lead to a variety of health problems including heart disease and cancer.

The Canadian Community Health Survey asked respondents over the age of 18 to report on their level of stress. As shown below in Table 13 and Figure 11, roughly one-quarter of the Renfrew County and District population report high life stress. The proportions of Canadians, Ontarians, and Peer Group G residents experiencing high stress are similar. High stress tends to be reported more by women than by men, and this difference is most noticeable in RCD (29% of women vs. 22% of men).

Table 13: Percentage of the population (18 and over) that experienced high life stress

	Total	Females	Males
Canada	26.1	26.8	25.3
Ontario	25.7	27.0	24.4
Peer Group G	23.8	23.8	23.8
Renfrew	25.3	28.8	21.6

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01



Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

HEALTH SYSTEM PERFORMANCE

This category includes indicators that describe the health system and its performance including contact with health professionals and deaths due to medically-treatable diseases.

Contact with health professionals (doctors)

This indicator measures the portion of the population aged 12 and over who consulted with a medical doctor/pediatrician in the 12 months prior to being interviewed. For the purposes of the Canadian Community Health Survey, "Medical doctor" included family or general practitioners as well as specialists such as surgeons, allergists, orthopedists, gynecologists, or psychiatrists.

As shown below in Table 14, 84% of RCD residents consulted with a doctor in the 12 months prior to their participation in the survey compared with 81% of Canadians, 83% of Ontarians, and 79% of Peer Group G residents. More females than males report contact with doctors in the previous year. Ninety-one percent of females in RCD had contact with a doctor versus 77% of RCD males.

Table 14: Percentage of the population that had contact with a health professional (doctors) in the previous 12 months

	Total	Females	Males
Canada	81.3	87.2	75.2
Ontario	82.9	88.0	77.6
Peer Group G	79.2	85.1*	73.4
Renfrew	83.9	90.8	76.5

*significantly different from RCD at the 95% level

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

Influenza immunization

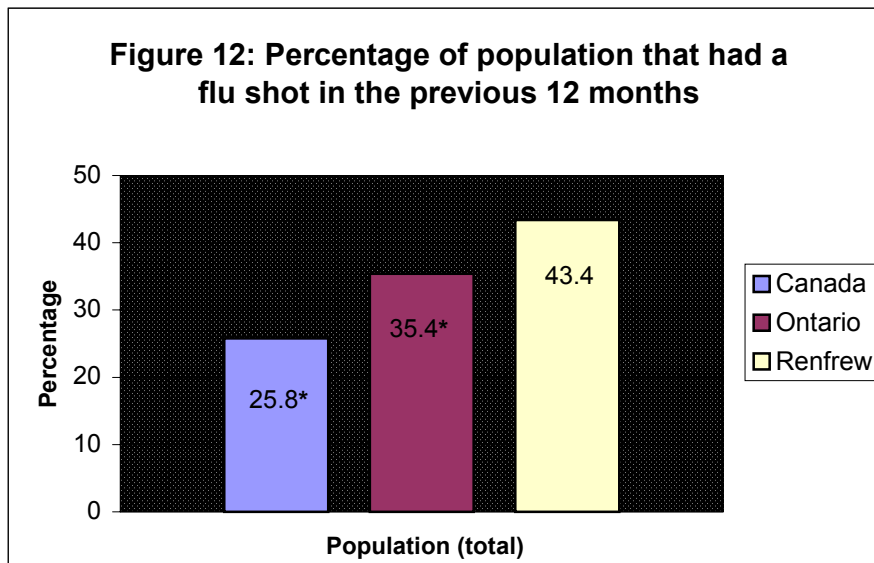
Influenza immunization is recommended by health authorities for vulnerable populations such as the elderly to reduce the chances of complications arising from a bout of influenza that can result in death. In 2000/01, the province of Ontario initiated a mass influenza immunization program that was intended to reduce the pressures on hospital emergency rooms. The program is reflected in the higher proportions of the RCD and Ontario populations (as compared with Canadians) that reported having a flu shot in the 12 months prior to being interviewed. The vaccination program appears to have reached a significantly higher proportion of the population in Renfrew County and District, where, as shown in Table 15 and Figure 12 below, 43% had a flu shot, compared with 35% in the Province of Ontario as a whole. The impact on hospital emergency rooms has not been reported. The impact on influenza/pneumonia death rates (if any) may be able to be determined when vital statistics for this same time period become available in the future.

Table 15: Percentage of the population that had a flu shot in the previous 12 months

	Total	Females	Males
Canada	25.8*	29.1*	22.4*
Ontario	35.4*	39.0*	31.5*
Peer Group G	N/A	N/A	N/A
Renfrew	43.4	46.9	39.7

**significantly different from RCD at the 95% level*

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01



**significantly different from RCD at the 95% level*

Data source: Statistics Canada, Canadian Community Health Survey, 2000/01

SUMMARY

This report is the latest in a series produced by the Renfrew County and District Health Unit. The series profiles health status in the communities served by the RCDHU which include the County of Renfrew, City of Pembroke and Township of South Algonquin, Ontario.

The current report is based primarily on data collected and analyzed by Statistics Canada as part of its Canadian Community Health Survey, the first cycle of which was completed in 2000/2001. Complete results are posted on the Statistics Canada website (1).

Presented in this report are selected indicators for the Renfrew County and District population, some of which have been reported on before and some of which are new.

Key findings are as follows:

Health Status

Health status is generally not as good among residents of Renfrew County and District as in residents of Ontario, Canada or Peer Group G. (Peer group G is a group of about 20 health areas from across Canada with which RCD shares several similar sociodemographic characteristics).

- ◆ The proportion of RCD residents who perceive their health to be very good or excellent is lower than the corresponding group in Peer Group G, Ontario or Canada. In RCD the proportion is 54% whereas in Peer Group G, Ontario and Canada it is 60% or greater.
- ◆ Forty percent of RCD residents are overweight according to the Canadian standard (Body Mass Index greater than 27). This proportion is up from 32% in 1990. As was the case in 1990, more RCD residents are overweight than their Canadian or Ontario counterparts. This is partly due to increasing average age of the population, but food consumption also plays a role: in particular, portion sizes, and consumption of sugar, soft drinks and fast food have all increased in the past decade.
- ◆ According to international standards, 56% of RCD residents are overweight or obese. The problem is worse among males: 63% fall into the overweight or obese category as compared with 49% of RCD females. The proportions of both the Canadian and Ontario populations that are overweight or obese by international standards are significantly lower at 47% and 48% respectively.
- ◆ More RCD residents report that they have arthritis or rheumatism than their counterparts in Peer Group G, Ontario or Canada. (23% vs. 18%, 17% and 15% respectively). More women than men have arthritis. In RCD, 29% of females surveyed suffered from the disease as compared with 17% of RCD males and 19% of Canadian females.
- ◆ High blood pressure appears to be more prevalent among RCD residents than in comparison groups. The proportions of males and females in RCD with high blood

pressure were 17% and 29 % respectively, as compared with 13% and 21% for Ontario males and females.

- ◆ A greater proportion of RCD residents than provincial or Canadian counterparts reported one or more disability days in the previous two weeks.
- ◆ Five percent more males and females in RCD have an activity limitation than their Canadian counterparts. (28% vs. 23%)
- ◆ Disability-free life expectancy is lower in RCD than in Canada or Ontario. A woman in RCD can expect to live disability-free for three years less than her Canadian counterpart, whereas for a man in RCD the difference is four years.

Determinants of Health

Smoking, physical activity, diet and stress are all known to affect health outcomes.

- ◆ One-quarter of RCD residents still smoke daily, slightly more than the proportions of Canadians and Ontarians that smoke daily. Men and women are equally likely to be smokers in RCD, whereas elsewhere, fewer women than men smoke.
- ◆ Forty-four percent of smokers in RCD started young (14 years of age or younger) as compared with 35% in Ontario and 38% in Canada.
- ◆ One-third of non-smokers in RCD are exposed to second-hand smoke most days, compared with one-quarter of non-smokers in Ontario.
- ◆ The proportion of the population in RCD that is moderately or more active during leisure time is almost 10% greater than the corresponding proportions in Canada and Ontario.
- ◆ Two-thirds of RCD residents fall short of consuming the recommended number of servings of fruit and vegetables for good health (5 servings). The proportions of Canadians and Ontarians who also fall short of five per day are slightly lower.
- ◆ One-quarter of RCD residents experience high life stress, with women being more likely to fall into this category . Males in RCD are slightly less likely than their Canadian and Ontario counterparts to report high life stress while the opposite is true for RCD females.

Health System Performance

Two indicators of health system performance are included in the current report: contact with doctors and influenza immunization.

- ◆ RCD residents report more contact with doctors than their counterparts in either Canada, Ontario or peer Group G.
- ◆ More RCD residents had a flu shot in the previous twelve months than counterparts in Ontario or Canada.

REFERENCES

- (1) Statistics Canada. *Health Indicators*.
(<http://www.statcan.ca/english/freepub/82-221-XIE/00502/toc.htm> and
<http://www.statcan.ca:80/english/freepub/82-221-XIE/01002/toc.htm>)
- (2) Renfrew County and District Health Unit. *Community Health Status Report, Issue #7*:
December 2000. <http://www.rcdhu.com/pubs/health-status.htm>
- (3) Renfrew County and District Health Unit. *Community Health Status Report, Issue #5*:
July 1996. <http://www.rcdhu.com/pubs/health-status.htm>
- (4) Renfrew County and District Health Unit. *Community Health Status Report, Issue #4*:
July 1995. <http://www.rcdhu.com/pubs/health-status.htm>
- (5) Marion Nestle and Michael F. Jacobson. Centre for Science in the Public Interest.
Halting the Obesity Epidemic: A Public health Policy Approach: March, 2000.
<http://www.cspinet.org/reports/obesity.pdf>
- (6) Economic Research service, USDA 2002
<http://www.ers.usda.gov/briefing/sugar/Data/data.htm>)
- (7) Renfrew County and District Health Unit. *Community Health Status Report, Issue #6*:
February 1999 <http://www.rcdhu.com/pubs/health-status.htm>