

# COMMUNITY HEALTH PROFILE

## RENFREW COUNTY AND DISTRICT

Selected socio-economic and health indicators

RENFREW COUNTY AND DISTRICT HEALTH UNIT, MARCH 2016

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This report updates and expands on information presented in the Environmental Scan section of Renfrew County and District Health Unit's [Strategic Plan](#).

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## Renfrew County and District Community Health Profile

### EXECUTIVE SUMMARY

The purpose of this report is to provide a brief overview of the socio-economic and health status of residents served by the Renfrew County and District Health Unit. It is intended to inform the work of Health Unit staff, community partners, government decision-makers and community members as we work to address local health issues and improve health.

**Population size, growth, age and fertility:** Just over 105,000 people live in Renfrew County and District. The area is characterized by a large rural population (almost half) and a relatively low population density. A higher proportion of the population is over age 45 compared to Ontario. The population is aging and growing slowly. The fertility rate has increased in recent years to 50 live births per 1,000 females age 15 to 49, and is higher than Ontario.

**Culture and language:** Prominent cultural groups are German and Polish. A small proportion of the population (2%) belong to a visible minority and only 5% are immigrants. About 2% are registered or treaty Indians and almost 8% claim Aboriginal identity. The population is predominantly English-speaking.

**Income:** Median incomes are lower than Ontario as a whole. However, the prevalence of low income is lower than Ontario (12% vs. 14%).

**Employment and education:** Employment indicators such as labour force participation rate, unemployment rate, and full-time vs. part-time work are similar to those for Ontario. A smaller proportion of the population age 15 and over has a post-secondary certificate, diploma or degree.

**Life expectancy:** Life expectancy for females (82.8 years) is significantly lower than Ontario. Life expectancy for males (79 years) is similar to Ontario.

**Availability of physicians:** There are more general family physicians per 100,000 population than Ontario, but there are fewer specialist physicians.

**Well-being:** The proportion of the population that perceive their health and their mental health as very good or excellent is similar to Ontario. However, the proportion that perceives that most days are quite a bit or extremely stressful (29%) is significantly higher than Ontario.

**Reportable infectious diseases:** Incidence rates of selected reportable infectious diseases are comparable to or lower than Ontario.

**Health risk factors:** Rates of high alcohol intake, smoking and obesity among adults are higher than Ontario. Other health risk factors such as overweight, vegetable and fruit consumption 4 or fewer times per day, and physical inactivity during leisure time are comparable to Ontario. The prevalence of these risk factors is concerning in both jurisdictions.

**Causes of death:** The leading causes of death are cancers, circulatory diseases, respiratory diseases and injuries. Mortality rates are similar to Ontario except for circulatory diseases, which is higher.

## INTRODUCTION

Renfrew County and District is the geographic area for which Renfrew County and District Health Unit provides public health programs and services. The Ontario Public Health Standards<sup>1</sup> requires health units to assess and report on the health of local populations, so that local public health practice can address current and evolving health issues.

How healthy are the people who live in Renfrew County and District? The purpose of this report is to provide a brief overview of the socio-economic and health status of residents served by the Renfrew County and District Health Unit. It is intended to inform the work of Health Unit staff, community partners, government decision-makers and community members as we work to address local health issues and improve health. It updates and expands on information presented in the Environmental Scan section of Renfrew County and District Health Unit's Strategic Plan.<sup>2</sup>

It should be stated that the health and well-being of individuals and communities is determined by complex interactions between social and economic factors, the physical environment and individual behaviours.<sup>1</sup> [Health inequities](#) result when people are disadvantaged by the conditions in which they live, work and play. However, an exploration of the relationships between these determinants and health status is beyond the scope of this report.

Renfrew County and District is located in the Ottawa Valley in eastern Ontario, Canada. It comprises the County of Renfrew, the Township of South Algonquin and most of Algonquin Provincial Park. There are 19 municipalities. The total land area including Algonquin Provincial Park is 14,980 square kilometres.<sup>3</sup> The populated area (the County of Renfrew and the Township of South Algonquin) is 8,518 square kilometres and has a population density of 11.5 persons per square kilometre. Almost half (48%) of the population live in rural areas compared with 20% in Ontario.

A glossary is provided at the end of this report. The terms included in the glossary are hyperlinked for users of the electronic report, and appear underlined and in blue for users of the print version.

## DEMOGRAPHIC AND SOCIO-ECONOMIC INDICATORS

### POPULATION SIZE AND GROWTH

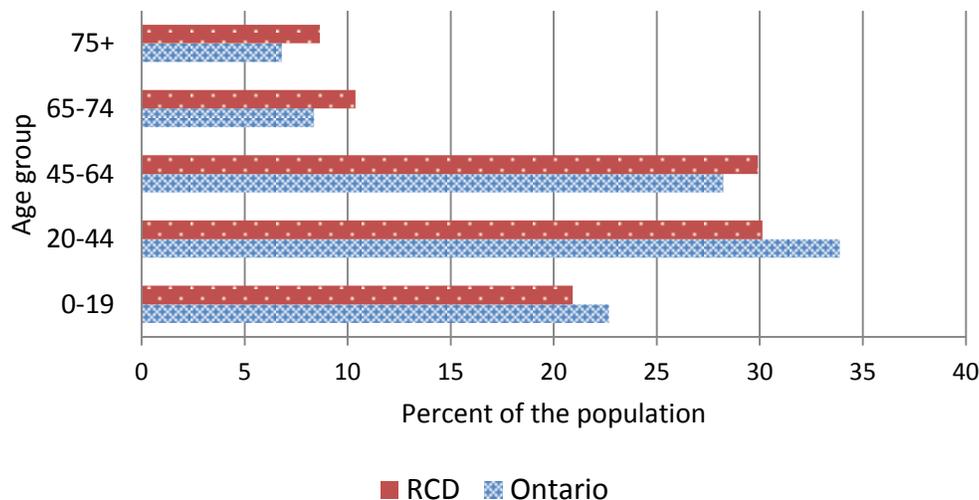
The population of Renfrew County and District is estimated at 105,344 (2013).<sup>4</sup> This represents a 1.4% increase from 2008.<sup>4</sup> The rate of growth has been lower than in Ontario as a whole, which increased by 5.1% over the same time period. The population in Renfrew County is projected to continue to grow slowly until 2036 to over 109,000 and then decline slightly over the following five years.<sup>5 a</sup>

### POPULATION AGE AND GENDER

In 2011, the [median](#) age of the population in Renfrew County and District was 44.1 years. This was 3 ½ years older than the provincial median of 40.6 years.<sup>6</sup>

Figure 1 shows how the population in Renfrew County and District and Ontario is distributed among five age groups. Renfrew County and District has a higher proportion of the population in the three older age groups and a lower proportion in the two younger age groups compared to Ontario.

**Figure 1: Age distribution of the population, Renfrew County and District (RCD) and Ontario, 2013**



**Source:** Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO.

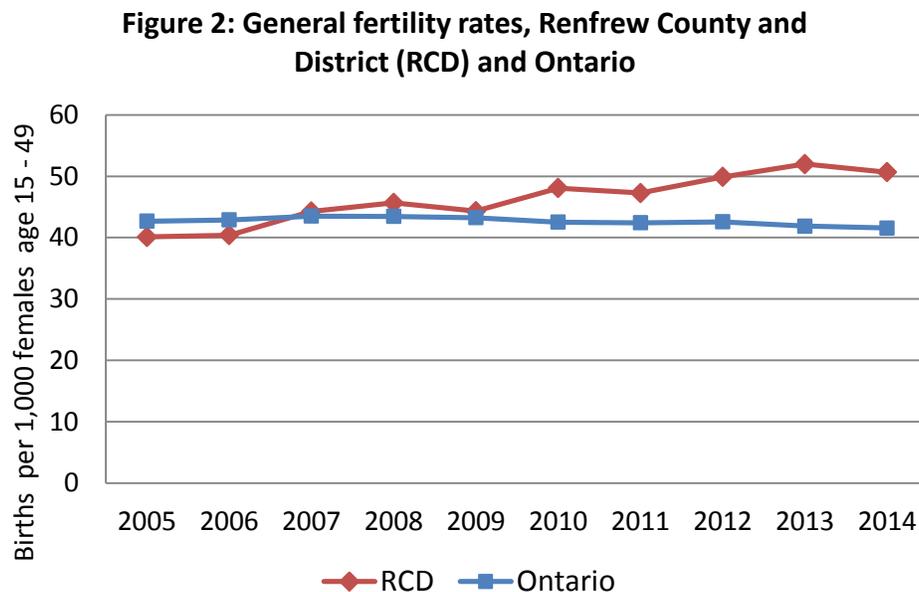
a Population projections are updated every year by the Ontario Ministry of Finance. They are developed using a standard methodology in which assumptions for population change reflect recent trends in all streams of migration and the continuing evolution of long-term fertility and mortality patterns in each census division. Therefore they provide a reasonable prediction if current trends continue.

In Renfrew County and District the proportion of the population comprised of seniors age 65 and over was 19% in 2013 (19,740 individuals), up from 17% in 2008. This is projected to increase further to 33% (35,982 individuals) by 2041. The proportion of the population comprised of children and youth age 0 to 19 was 21% in 2013 (20,530 individuals), down from 23% in 2008. This is projected to decline further to 18% (19,405 individuals) by 2041.<sup>5,7</sup>

There are slightly more males than females in Renfrew County and District (50.3% vs. 49.7%) while in Ontario as a whole there are slightly less males than females (49.1% vs. 50.9%).

## FERTILITY

The general fertility rate is the number of live births per 1,000 women age 15 to 49 in the population for a given year. Figure 2 shows that general fertility rates in Renfrew County and District increased between 2005 and 2014, from 40 to 50 live births per 1,000 and were higher than Ontario from 2010 to 2014. Fertility rates in Ontario decreased from a high of 43.5/1,000 in 2007 to under 42/1,000 in 2013 and 2014.



**Source:** Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO.

## CULTURE AND LANGUAGE

The 2011 Census and the 2011 National Household Survey provide the following information about culture and language in Renfrew County and District.

The main ethnic origins identified by Renfrew County and District residents were: Canadian (33%), Irish (32%), English (27%), French (25%), Scottish (24%), German (23%) and Polish (10%). Persons may report more than one ethnic origin.<sup>8</sup>

Two percent of Renfrew County and District residents (1,970 persons) belonged to a [visible minority](#) compared with 26% in Ontario. Just over 5% of residents were [immigrants](#) (5,145 persons) compared with 28.5% in Ontario. Of these residents, 45% immigrated before 1971.<sup>8</sup>

The Algonquins of Pikwàkanagàn First Nation is situated on the shores of the Bonnechere River and Golden Lake and has an estimated population of 440 (2013). About 2.1% of Renfrew County and District residents (2,075 persons) had [Registered or Treaty Indian](#) status and 7.6% (7,610 persons) claimed [Aboriginal identity](#).<sup>7</sup> Of those with Aboriginal identity, 56% were First Nations/North American Indian and 37% were Métis. The rest reported multiple Aboriginal identities.<sup>8</sup>

Eighty-eight percent of persons identified English as their only language, while 0.2% spoke French only, and 11.8% were bilingual.<sup>9</sup> These figures are consistent with the Ontario rates of 86%, 0.3% and 11% respectively. The next most popular languages spoken in Renfrew County and District were German (1,105 persons) and Polish (1000 persons).<sup>9</sup>

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## INCOME

Research indicates that income and social status are profound determinants of health. Social and economic circumstances affect health throughout life, and health status improves at each step up the income and social ladder.<sup>10</sup>

The 2011 National Household Survey provides data regarding income and employment. As presented in Table 1, [median](#) incomes for households in Renfrew County and District in 2010 were slightly lower than in Ontario as a whole. Despite this, the prevalence of low income based on the [after-tax low income measure](#) was lower in Renfrew County and District than in Ontario, both for individuals of all ages and for individuals under age 18.

**Table 1: Income, Renfrew County and District (RCD) and Ontario, 2010**

	RCD	Ontario
Median after-tax income – all households	\$54,074	\$58,717
Median after-tax income – one person households	\$26,905	\$30,363
Median after-tax income – two or more person households	\$65,074	\$71,178
Households with after-tax income under \$20,000	11.8%	11.7%
Households with after-tax income \$80,000 and over	39.0%	54.1%
Low income* – all individuals	11.7%	13.9%
Low income* – individuals under 18 years of age	13.3%	17.3%

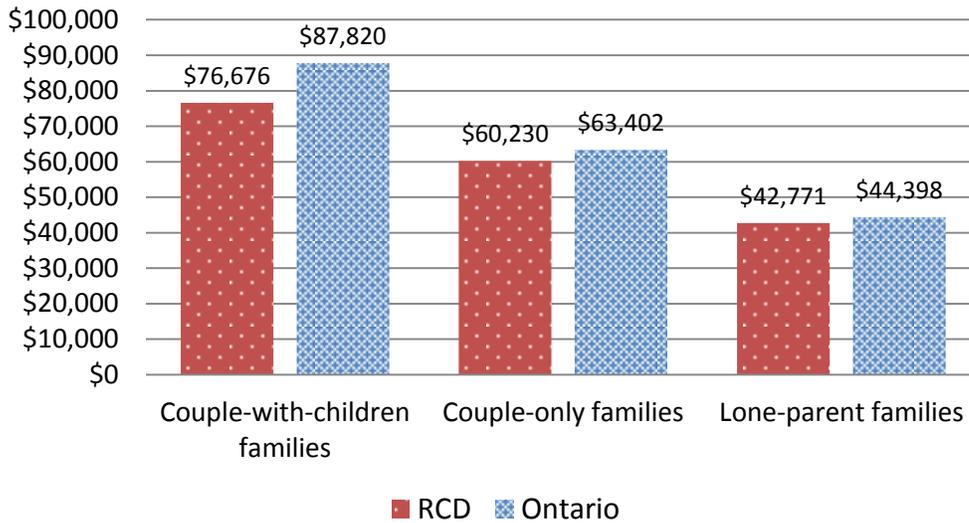
\*Based on the [after-tax low income measure](#)

**Source:** Statistics Canada, 2011 National Household Survey, “Renfrew County and District Health Unit, Ontario (Code 3557) (table). National Household Survey (NHS) Profile”, Catalogue no. 99-004-XWE. Ottawa. Released September 11, 2013. Available at: <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/index.cfm?Lang=E> (accessed December 18, 2015).

[Median](#) incomes for three family types are presented in Figure 3. For couple-with-children families (12,245 families), the median after-tax income in Renfrew County and District was 14%

lower than in Ontario as a whole. Median after tax incomes for couple-only families (13,570 families) and lone-parent families (3,500 families) in Renfrew County and District were similar to those in Ontario.

**Figure 3: Median after-tax income by family type, Renfrew County and District (RCD) and Ontario, 2010**



**Source:** Statistics Canada, 2011 National Household Survey, "Renfrew County and District Health Unit, Ontario (Code 3557) (table). National Household Survey (NHS) Profile", Catalogue no. 99-004-XWE. Ottawa. Released September 11, 2013. Available at: <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/index.cfm?Lang=E> (accessed December 18, 2015).

## EMPLOYMENT

Employment and working conditions are important determinants of health. Job security is associated with better health, well-being and job satisfaction. Unemployment is associated with an increased risk of premature death.<sup>10</sup>

Measures of employment in Renfrew County and District and Ontario are shown in Table 2. Labour force participation rate, employment rate, number of weeks worked in the past year and full-time vs. part-time work reported in 2011 through the National Household Survey were similar in Renfrew County and District and Ontario. Median commuting duration was five minutes shorter in Renfrew County and District.

**Table 2: Employment, Renfrew County and District (RCD) and Ontario, 2010**

	RCD	Ontario
Labour force status May 1 to May 7, 2011 (total population age 15 and over in RCD: 83,785)		
Participation rate (# working/actively looking in RCD: 52,450)	62.6%	65.5%
Employment rate (# working in RCD: 48,325)	57.7%	60.1%
Unemployment rate (# actively looking in RCD: 4,130)	7.9%	8.3%
Number of weeks worked in 2010 (at all jobs held, even if only for a few hours)		
1 to 13 weeks	4.3%	5.2%
14 to 26 weeks	8.3%	7.8%
27 to 39 weeks	6.1%	6.0%
40 to 48 weeks	13.8%	14.7%
49 to 52 weeks	67.5%	66.3%
Full-time and part-time weeks worked in 2010 (Mostly full-time – 30 hours or more – or mostly part-time. If worked both part-time and full-time, reported for job worked the most weeks.)		
Worked full-time	75.2%	75.3 %
Worked part-time	20.2%	19%
Did not work	4.6%	5.6%
Median commuting duration	15.6 minutes	20.8 minutes

**Source:** Statistics Canada, 2011 National Household Survey, “Renfrew County and District Health Unit, Ontario (Code 3557) (table). National Household Survey (NHS) Profile”, Catalogue no. 99-004-XWE. Ottawa. Released September 11, 2013. Available at: <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/index.cfm?Lang=E> (accessed January 13, 2016).

## EDUCATION

Education increases opportunities for income and job security, and provides people with a sense of control over life circumstances. Higher levels of education and literacy is associated with longer life expectancy, lower infant mortality, decreased risk of injury and higher use of preventive health services.<sup>11</sup>

The highest level of education completed by persons age 15 and over in Renfrew County and District and Ontario is shown in Table 3. A slightly higher proportion of the population in Renfrew County and District had a high school certificate as their highest level of education (31%) compared to Ontario (27%). Correspondingly, a somewhat smaller proportion in Renfrew County and District had a post-secondary certificate, diploma or degree (47%) compared to Ontario (55%).

**Table 3: Highest level of education, Renfrew County and District (RCD) and Ontario, 2011**

	RCD	Ontario
No certificate; diploma or degree	22%	19%
High school certificate or equivalent	31%	27%
Post-secondary certificate, diploma or degree	47%	55%
• Apprenticeship or trades certificate or diploma	10%	7%
• College; CEGEP, other non-university certificate or diploma	23%	20%
• University certificate or diploma below bachelor level	2%	4%
• Bachelor's degree	8%	14%
• University certificate, diploma or degree above bachelor level	4%	9%

Total Population aged 15 years and over by highest certificate, diploma or degree

**Source:** Statistics Canada, 2011 National Household Survey, "Renfrew County and District Health Unit, Ontario (Code 3557) (table). National Household Survey (NHS) Profile," Catalogue no. 99-004-XWE. Ottawa. Released September 11, 2013. Available at: <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/index.cfm?Lang=E> (accessed December 18, 2015).

## HEALTH INDICATORS

Health indicators are measures that provide information about population health and/or health system performance. They can be reported regularly and tracked over time. This report shows the most recently available information only.

### LIFE EXPECTANCY

Life expectancy is an estimate of the average number of years a person is expected to live based on mortality statistics for a given observation period. It is a widely used indicator of the health of a population. However, it measures quantity rather than quality of life.

Life expectancy at birth and at age 65 in Renfrew County and District and Ontario are shown in Table 4. Life expectancy at birth for females in Renfrew County and District was significantly lower than in Ontario as a whole for 2007 – 2009.

**Table 4: Life expectancy, Renfrew County and District (RCD) and Ontario, 2007 - 2009**

	RCD	Ontario
Life expectancy at birth		
Females	82.8↓	83.6
Males	79.0	79.2
Life expectancy at age 65		
Females	21.5	21.7
Males	18.3	18.7

↓ The difference between RCD and Ontario is statistically significant.

**Source:** Statistics Canada, "CANSIM Table 102-4307 Life expectancy, at birth and at age 65, by sex, three-year average, Canada, provinces, territories, health regions and peer groups". Available at <http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1024307&&pattern=&stByVal=1&p1=1&p2=-1&tabMode=dataTable&csid> (accessed January 13, 2016).

## AVAILABILITY OF PHYSICIANS

Table 5 shows that the proportion of residents who had access to a regular medical doctor in Renfrew County and District was essentially the same as Ontario, at almost 92%. The number of family physicians per 100,000 persons in Renfrew County and District was slightly higher than in Ontario as a whole, but there were fewer specialist physicians.

**Table 5: Availability of physicians, Renfrew County and District and Ontario**

	RCD	Ontario
Regular medical doctor* (2013/14)	91.5%	91.8%
General/family physicians per 100,000 population (2011/12)	101	95
Specialist physicians per 100,000 population (2011/12)	35	99

\*Population age 12 and over who reported that they have a regular medical doctor

### Sources:

**Regular doctor:** Statistics Canada, "CANSIM Table 105-0502 Health indicator profile, two year period estimates, by age group and sex, Canada, provinces, territories, health regions (2013 boundaries) and peer groups, occasional". Available at <http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1050502&&pattern=&stByVal=1&p1=1&p2=-1&tabMode=dataTable&csid> (accessed January 13, 2016).

**Physicians per 100,000:** Statistics Canada, "Renfrew County and District Health Unit Health Profile". Catalogue no. 82-228-XWE. Ottawa. Released December 12, 2013. <http://www12.statcan.gc.ca/health-sante/82-228/index.cfm?Lang=E> (accessed December 17, 2015).

## WELL-BEING

The 2013/14 Canadian Community Health Survey collected information on measures related to overall well-being. As shown in Table 6, a significantly larger proportion of the population in Renfrew County and District felt their lives were quite a bit or extremely stressful compared to Ontario.

**Table 6: Well-being, Renfrew County and District and Ontario, 2013/14**

	RCD	Ontario
<a href="#">Perceived health</a> , very good or excellent	55.1%	59.5%
<a href="#">Perceived mental health</a> , very good or excellent	71.9%	70.7%
<a href="#">Perceived life stress</a> , quite a lot	28.8%↑	22.9%

↑ The difference between RCD and Ontario is statistically significant.

**Source:** Statistics Canada, "CANSIM Table 105-0502 Health indicator profile, two year period estimates, by age group and sex, Canada, provinces, territories, health regions (2013 boundaries) and peer groups, occasional". Available at <http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1050502&&pattern=&stByVal=1&p1=1&p2=-1&tabMode=dataTable&csid> (accessed January 13, 2016).

## REPORTABLE INFECTIOUS DISEASES

Over 70 infectious diseases are reportable to the local Medical Officer of Health under the Health Protection and Promotion Act, [Regulation 559/91](#). Prompt reporting enables the public health unit to complete timely follow-up with the affected individuals and their contacts, and implement measures to prevent further transmission.

Table 7 shows incidence rates for some of the more common reportable diseases. In 2013, Renfrew County and District experienced lower incidence rates for some diseases compared to Ontario as a whole.

Because of the under-reporting of reportable diseases, all incidence rates shown are lower than the true incidence. Under-reporting varies from disease to disease due to factors such as disease awareness, medical care-seeking behaviours, availability of health care, methods of laboratory testing, reporting behaviours, clinical practice, and severity of illness.<sup>10</sup>

**Table 7: Incidence rates of infectious diseases, Renfrew County and District (RCD), Ontario and mainly rural health units, 2013**

Disease	RCD	Ontario	Mainly Rural HUs*
Campylobacter	18.8↓	29.2	49.6
Males	22.1	33.2	61.8
Females	16.0	25.3	37.2
Chlamydia	289.8	292.3	232.9
Males	225.1	228.0	178.5
Females	361.3	358.7	290.5
Giardiasis	6.9	10.6	4.1
Males	5.0↓	12.7	3.0
Females	9.0	8.6	5.2
Gonorrhoea	9.4↓	38.2	8.0
Males	8.4↓	48.4	7.5
Females	10.9↓	28.4	8.6
Hepatitis C	17.0↓	29.5	16.9
Males	16.6↓	37.1	20.4
Females	17.6	22.2	13.3
Influenza (2012/13)	65.5	81.3	92.6
Males	73.4	81.6	91.6
Females	60.1	80.8	94.8
Salmonella	19.3	19.6	25.2
Males	16.7	19.5	24.0
Females	22.3	19.7	26.4

Age-standardized incidence rates (number of confirmed cases per 100,000 population)

↓ The difference between Renfrew County and District and Ontario is statistically significant.

\*The mainly rural health units in Ontario are Grey-Bruce, Huron County, Perth District and Renfrew County and District

**Source:** Public Health Ontario. Snapshots: 2013. Toronto, ON: Ontario Agency for Health Protection and Promotion; Last updated January 5, 2015 [cited January 5, 2016]. Available from:

<http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Reportable-Burdensome-Infectious-Disease-Incidence.aspx> (accessed December 18, 2015).

## HEALTH RISK FACTORS

Table 8 shows the prevalence of selected risk factors and conditions that increase risk of poor health. Alcohol intake exceeding the Low Risk Alcohol Drinking Guidelines, current smoking and obesity among adults were elevated in Renfrew County and District compared to Ontario in 2013/14. This pattern was observed in the group of four mainly rural health units as well. Although the differences between Renfrew County and District and Ontario were not statistically significant for overweight, vegetable and fruit consumption 4 or fewer times per day, and physical inactivity during leisure time, the high prevalence of these risk factors is concerning in both jurisdictions.

**Table 8: Proportion of the population reporting selected risk factors, Renfrew County and District and Ontario, 2013/14**

	RCD	Ontario	Mainly Rural HUs*
<a href="#">Alcohol intake</a> exceeding Low Risk Alcohol Drinking Guidelines, age 19+	56.9%↑	45.3%	54.0%
Underage drinking (ages 12 – 18)	36.5%	31.0%	34.6%
<a href="#">Current smoking</a> , age 19+ (daily and occasional)	23.6%↑	14.4%	21.4%
Overweight, age 18+ ( <a href="#">Body Mass Index</a> 25 to 29.99)	34.3%	33.8%	32.9%
Obese, age 18+ ( <a href="#">Body Mass Index</a> 30 and higher)	26.2%↑	18.4%	26.8%
Combined overweight and obesity, age 12 to 17	39.2%	25.5%	36.2%
<a href="#">Vegetable and fruit consumption</a> 4 or fewer times per day, age 12+	66.8%	61.1%	60.3%
<a href="#">Physical inactivity</a> during leisure time, age 12+	45.6%	45.3%	43.5%

↑ The difference between RCD and Ontario is statistically significant.

Rates are age-standardized where applicable

\*The mainly rural health units in Ontario are Grey-Bruce, Huron County, Perth District and Renfrew County and District

**Source:** Public Health Ontario. Snapshots: 2011/12 Toronto, ON: Ontario Agency for Health Protection and Promotion; Last updated November 20, 2013 [cited December 16, 2015]. Available at <https://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/default.aspx> (accessed January 4, 2016).

## CAUSES OF DEATH

There were 928 deaths in Renfrew County and District in 2011. Table 9 shows mortality rates for the top four causes of death: cancers, circulatory diseases, respiratory diseases and injuries. These causes accounted for 75% of deaths.

The differences in [age-standardized](#) mortality rates between Renfrew County and District and Ontario were not statistically significant except for circulatory diseases (both sexes combined), which was significantly higher in 2011.

Circulatory diseases, also called cardiovascular diseases, include ischemic heart diseases (reduced blood supply to the heart), cerebrovascular diseases (reduced blood supply to the brain) and stroke (blockage of blood flow or rupture of an artery to the brain).

The most common causes of cancer death in Canada are lung, colorectal, breast and pancreatic cancer. There are over 200 types of cancer. It is expected that one in four Canadians will die of cancer.<sup>13</sup>

Unintentional injuries include motor vehicle crashes, falls, burns, drownings, etc. Intentional injuries include suicide/self-harm and assault.

**Table 9: [Age-standardized](#) mortality rates\* for leading causes of death, Renfrew County and District, Ontario and Mainly Rural Health Units, 2011**

	RCD	Ontario	Mainly Rural HUs**
Cancers	154.5	149.8	144.4
Males	196.4	178.5	176.2
Females	126.5	129.3	120.8
Circulatory Diseases	145.4↑	125.2	143.2
Males	182.5	157.4	183.4
Females	112.9	99.3	110.4
Respiratory Diseases	46.2	40.1	49.1
Males	54.5	50.5	63.1
Females	45.1	33.4	41.7
Unintentional Injuries	30.0	24.0	26.3
Males	44.4	31.2	36.2
Females	14.4	17.6	16.5
Intentional Injuries	16.7	9.2	12.5
Males	26.8	13.6	21.1
Females	6.2	5.0	3.9

\*Age-standardized rates (deaths per 100,000 population)

\*\*The mainly rural health units in Ontario are Grey-Bruce, Huron County, Perth District and Renfrew County and District.

↑ The difference between RCD and Ontario is statistically significant.

**Source:** Public Health Ontario. Snapshots: Chronic disease mortality - age standardized rates 2011. Toronto, ON: Ontario Agency for Health Protection and Promotion; Last updated January 5, 2015. [cited January 4, 2016]. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/default.aspx>

## CONCLUSIONS

This report provides an overview of socio-economic and health indicators for the residents of Renfrew County and District. It paints a picture of a rural, older population that is predominantly English-speaking. Residents are mainly of British and European descent and there is a significant Aboriginal population. Fertility rates are relatively high but there are few recent immigrants, resulting in slow population growth. A smaller proportion of the population has post-secondary education compared to Ontario. Median incomes are lower than Ontario and the proportion of the population with low incomes is about 12%.

The health indicators that were selected for inclusion in the report show that life expectancy is high, over half of the population perceive their health as very good or excellent and over two-thirds perceive their mental health as very good or excellent. However, almost a third (29%) perceives their lives as stressful. Incidence rates of some reportable diseases are lower than Ontario. The high prevalence of chronic disease risk factors such as high alcohol intake, smoking and obesity is concerning. Mortality rates from four major causes of death are similar to Ontario, except that mortality from circulatory diseases is elevated.

As stated in the introduction, the health and well-being of individuals and communities is determined by complex interactions between social and economic factors, the physical environment and individual behaviours. These interactions were not explored in this report. Future reports could examine relationships between determinants of health and health status, and identify population groups that experience [health inequities](#). This would help to identify key health issues and priorities for intervention. Future reports could also seek to answer the question “Are we making any progress?” by examining health indicators over time.

## GLOSSARY

**ABORIGINAL IDENTITY** In the [National Household Survey](#) (2011), Aboriginal identity includes persons who reported being First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who reported Registered or Treaty Indian status (registered under the Indian Act of Canada), and/or those who reported membership in a First Nation or Indian band. Aboriginal peoples of Canada are defined in the [Constitution Act, 1982, section 35 \(2\)](#) as including the Indian, Inuit and Métis peoples of Canada.

**AGE-STANDARDIZED RATES** The number of events of interest (e.g. deaths) per 100,000 people in the population that would occur if the population had the same age distribution as a standard population. In this report the standard population is the 1991 Canadian population. Age-standardization is designed to minimize the effects of differences in age composition when comparing rates for different populations.

**AFTER-TAX LOW INCOME MEASURE** The [after-tax low-income measure \(LIM-AT\)](#) is set at half the median of adjusted household after-tax income. To account for potential economies of scale, the income of households with more than one member is divided by the square root of the size of the household. All household members are considered to share the household income and are attributed the same income status. There are no regional variations to account for prices or cost of living differences: all applicable households in Canada face the same line adjusted for household size.

**ALCOHOL INTAKE EXCEEDING LOW-RISK ALCOHOL DRINKING GUIDELINES** Proportion of the population age 19 and over who reported drinking behaviour that exceeded guideline 1 or 2. Guideline one (long-term risk) provides sex-specific daily and weekly limits for alcohol consumption and recommends at least two non-drinking days every week. Guideline two (short-term risk) provides sex-specific limits for alcohol consumption on special occasions. See [Canada's Low Risk Alcohol Drinking Guidelines](#).

**BODY MASS INDEX (BMI)** BMI is a ratio of weight to height. It is calculated by dividing a person's body weight (in kilograms) by their height (in metres) squared. BMI can be classified into ranges associated with health risk. BMI is calculated for the population aged 18 and over, excluding pregnant females and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres). Health risk classifications according to BMI categories are shown below.

Classification	BMI Category (kg/m <sup>2</sup> )	Risk of developing health problems
Underweight	Less than 18.5	Increased
Normal weight	18.5 to 24.99	Least
Overweight	25 to 29.99	Increased
Obese:		
Class I	30 to 34.99	High
Class II	35 to 39.99	Very high
Class III	40 or more	Extremely high

(Health Canada, [Canadian Guidelines for Body Weight Classification in Adults](#))

**CURRENT SMOKING (DAILY OR OCCASIONAL)** the proportion of the population age 19 and over that reported smoking daily or occasionally. Does not take into account the number of cigarettes smoked. (Statistics Canada, [CANSIM Table 105-0502](#))

**HEALTH EQUITY/HEALTH INEQUITY** Health equity means that all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socio-economic status or other socially determined circumstance. (National Collaborating Centre for Determinants of Health, 2013. [Let's Talk: Public health roles for improving health equity.](#)) Health inequities occur as a consequence of differences in opportunity, which result, for example in unequal access to health services, nutritious food or adequate housing. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life. (Public Health Agency of Canada. [Glossary of Terms](#))

**IMMIGRANT** Refers to a person who is or has ever been a landed immigrant/permanent resident. This person has been granted the right to live in Canada permanently by immigration authorities. Some immigrants have resided in Canada for a number of years, while others have arrived recently. Some immigrants are Canadian citizens, while others are not. Most immigrants are born outside Canada, but a small number are born in Canada. In the 2011 National, 'Immigrants' includes immigrants who landed in Canada prior to May 10, 2011. ([National Household Survey](#) 2011).

**MEDIAN** The median is a simple measure of central tendency. To find the median, observations are arranged in order from smallest to largest value. If there is an odd number of observations, the median is the middle value. If there is an even number of observations, the median is the average of the two middle values.

**PERCEIVED HEALTH** Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding. Health means not only the absence of disease or injury but also physical, mental and social well-being. Perceived health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as incipient disease, disease severity, physiological and psychological reserves as well as social and mental function. (Statistics Canada, [CANSIM Table 105-0502](#))

**PERCEIVED HEALTH, VERY GOOD OR EXCELLENT** Proportion of the population aged 12 and over who reported perceiving their own health status as being either excellent or very good. Other options were fair or poor. (Statistics Canada, [CANSIM Table 105-0502](#))

**PERCEIVED LIFE STRESS** Perceived life stress refers to the amount of stress in the person's life, on most days, as perceived by the person or, in the case of proxy response, by the person responding. Stress carries several negative health consequences, including heart disease, stroke, high blood pressure, as well as immune and circulatory complications. Exposure to

stress can also contribute to behaviours such as smoking, over-consumption of alcohol, and less-healthy eating habits. (Statistics Canada, [CANSIM Table 105-0502](#))

**PERCEIVED LIFE STRESS, QUITE A LOT** Proportion of the population aged 15 and over who reported perceiving that most days in their life were quite a bit or extremely stressful. (Statistics Canada, [CANSIM Table 105-0502](#))

**PERCEIVED MENTAL HEALTH** Perceived mental health refers to the perception of a person's mental health in general. Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in perceived health. (Statistics Canada, [CANSIM Table 105-0502](#))

**PERCEIVED MENTAL HEALTH, VERY GOOD OR EXCELLENT** Proportion of the population aged 12 and over who reported perceiving their own mental health status as being excellent or very good (other options were fair or poor). (Statistics Canada, [CANSIM Table 105-0502](#))

**PHYSICAL INACTIVITY DURING LEISURE TIME** Respondents to the Canadian Community Health Survey are classified as active, moderately active or inactive based on an index of average daily physical activity over the past 3 months. For each leisure time physical activity the respondent is engaged in, an average daily energy expenditure is calculated by multiplying the number of times the activity was performed by the average duration of the activity by the energy cost (kilocalories per kilogram of body weight per hour) of the activity. The index is calculated as the sum of the average daily energy expenditures of all activities. Respondents are classified as follows: 3.0 kcal/kg/day or more = physically active; 1.5 to 2.9 kcal/kg/day = moderately active; less than 1.5 kcal/kg/day = inactive. (Statistics Canada, [CANSIM Table 105-0502](#))

**REGISTERED OR TREATY INDIAN** Includes persons who reported being a Registered or Treaty Indian in Question 20 of the 2011 National Household Survey. Registered Indians are persons who are registered under the [Indian Act of Canada](#). Treaty Indians are persons who belong to a First Nation or Indian band that signed a treaty with the Crown. Registered or Treaty Indians are sometimes also called Status Indians.

**VEGETABLE AND FRUIT CONSUMPTION 4 OR LESS TIMES PER DAY** Proportion of the population indicating that they usually consume vegetables and fruits 4 or less times per day. Does not take into account the amount consumed. (Statistics Canada, [CANSIM Table 105-0502](#))

**VISIBLE MINORITY** The [Employment Equity Act](#) defines visible minorities as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.”

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## TECHNICAL NOTES

Where possible, local rates are compared with those reported for Ontario and mainly rural health units. However, it should be noted that data for Ontario and mainly rural health units includes Renfrew County and District. This is less problematic when comparing to Ontario as a whole, as Renfrew County and District represents less than 1% of the Ontario population. However, Renfrew County and District represents just over one quarter of the population in the four mainly rural health units. These health units are Grey-Bruce, Huron County and Perth County as well as Renfrew County and District.