Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"

Health Inequities in Renfrew County and District
Report Summary

Why a report on health inequities?

All people in Renfrew County and District should have the opportunity to be as healthy as possible. But health is influenced by a variety of factors, ranging from genetics and behaviours to the physical, social, and economic environments in which we live.

The environments in which we live are often beyond our control as individuals. Some of us are fortunate enough to grow up in a family with a stable income, a house in a good neighbourhood, many opportunities such as post-secondary education, and easy access to services when we need them. These people are more likely to live a long, healthy life. Some of us live less healthy and shorter lives because we are affected by low income, less education, poor housing, less access to healthy food, and/or other disadvantages.

When differences in health are systematic, avoidable and unfair and have the potential to be changed or decreased by social action, they are called health inequities. There are many things that local, provincial and national organizations can do together to reduce health inequities, improving the chances that everyone can achieve lasting good health.

> *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, socioeconomic status or other socially determined circumstances.*

Public health units in Ontario are mandated to play a role in improving health equity. An important step in this process is to use local information about population health to describe the existence and impact of health inequities. The *Health Inequities in Renfrew County and District* report was developed to inform local discussion and action on addressing health inequities in Renfrew County and District.

What we did

This analysis divided Renfrew County and District into 164 small geographic areas. These are the smallest unit of geography for which Statistics Canada provides data from the Census, and each contains about 400 to 700 people. Each area was placed into one of three groups: least deprived, neutral, or most deprived. Areas were placed in one of these groups based on the following information from the Census about the people living there: education, employment, income, marital status, single parenthood, and the proportion of people living alone.

Next, information about health was examined in relation to where people lived. This included health risk factors, maternal health indicators, measures of health service utilization, and death rates.

The method used in this report to identify health differences between the least deprived and most deprived areas is called the Deprivation Index. The **material** Deprivation Index uses information about education, employment and income. The **social** Deprivation Index uses information about marital status, single parenthood, and the proportion of people living alone. The **combined** Deprivation Index uses all six pieces of information.

What we found

Of the 53 health indicators examined, 23 are shown in the report because of noteworthy differences in health between the least deprived and most deprived areas. The table below shows these differences based on the combined Deprivation Index. The column on the right shows the relative risk, or the magnitude of the difference between the most deprived and least deprived areas. Relative risk is only reported where the difference between most and least deprived areas is statistically significant.

Differences in Health between the Least Deprived and Most Deprived Areas by Combined Deprivation Index

HEALTH INDICATOR	Least Deprived	Most Deprived	Relative Risk
Health Risk Factors			
1. Proportion who are current cigarette smokers	23.7%	34.9%	--
2. Proportion exposed to second-hand smoke	11.6%	20.1%	--
3. Proportion who exceeded the Low Risk Alcohol Drinking Guidelines (LRADG)	56.4%	42.7%	--
4. Proportion physically inactive during leisure time	36.7%	57.9%	**1.5**
Maternal Health			
5. Proportion taking folic acid supplement prior to, and during pregnancy	36.3%	27.3%	**1.3***
6. Proportion who smoked cigarettes during pregnancy	14.8%	20.6%	**1.4**
7. Proportion who used alcohol during pregnancy	2.3%	3.6%	--
8. Proportion who used drugs during pregnancy	2.1%	6.2%	**2.9**
9. Proportion with a mental illness prior to pregnancy (mother or parenting partner)	17.7%	26.5%	**1.5**
10. Proportion with a mental health concern during pregnancy	22.2%	31.5%	**1.4**

HEALTH INDICATOR	Least Deprived	Most Deprived	Relative Risk
11. Proportion of new mothers intending to exclusively breastfeed	84.2%	75.8%	--
12. Proportion exclusively breastfeeding at 2 months postpartum	44.4%	32.7%	--
Health Service Utilization			
13. Proportion who visited a dentist in the past 2 years	76.7%	58.9%	--
14. Rate of all-cause hospitalizations per 1,000 population	44.4	134.9	**3.0**
15. Rate of emergency department (ED) visits for injuries per 1,000 population	98.2	249.0	**2.5**
16. Rate of ED visits for injuries caused by falls (65 years and older) per 1,000 population	40.1	129.6	**3.2**
17. Rate of all-cause ED visits per 1,000 population	556.2	1479.7	**2.6**
Mortality			
18. Rate of all-cause Potential Years of Life Lost (PYLL) per 1,000 population	25.0	82.4	**3.2**
19. Rate of cancer PYLL per 1,000 population	9.3	19.9	**2.1**
20. Rate of cardiovascular disease PYLL per 1,000 population	2.5	16.1	**6.4**
21. Rate of all-cause mortality per 1,000 population	2.9	13.2	**4.5**
22. Rate of cancer mortality per 1,000 population	0.9	3.2	**3.5**
23. Rate of cardiovascular disease mortality per 1,000 population	0.7	4.2	**6.0**

***Note:** For indicator 5 only, the relative risk is reported as the number of times higher the risk for the health indicator is within the **least** deprived areas compared to the risk within the **most** deprived areas (i.e. the reverse interpretation is used for all other indicators).

What it means

Health Risk Factors

Factors such as smoking, exposure to second-hand smoke, and physical inactivity during leisure time, are more prevalent in the most deprived areas. The difference between the least and most deprived areas was statistically significant for physical inactivity only. In contrast, drinking in excess of the Low Risk Alcohol Drinking Guidelines appears to be higher in the least deprived areas.

Maternal Health
The analysis in this report provides strong evidence that pregnant women living in most deprived areas are at a disadvantage. They are more likely to smoke cigarettes, use drugs, experience a mental health concern, and less likely to take folic acid supplements than pregnant women in the least deprived areas.

Health Service Utilization
Health service utilization was also higher for people living in the most deprived areas. Hospitalization rates and emergency department (ED) visit rates were 2.5 to 3.2 times higher in the most deprived areas compared to the least deprived areas. The report examined hospitalizations and ED visits due to all causes, as well as ED visits for injuries, and ED visits for injuries caused by falls among people age 65 and older.

Mortality
Premature death (potential years of life lost) was 2.1 times higher for cancer and 6.4 times higher for cardiovascular disease in the most deprived areas compared to the least deprived areas. The death rate for cancer was 3.5 times higher, and the death rate for cardiovascular disease was 6 times higher in the most deprived areas compared to the least deprived areas.

For most of the health service utilization and mortality indicators, there was a step-wise difference between the least deprived, neutral and most deprived areas. People in the least deprived areas were healthier than those in the neutral areas, who were healthier than those in the most deprived areas.

It is clear that differences in health in Renfrew County and District are related to social and material circumstances. Health inequities exist in Renfrew County and District. This knowledge provides a compelling case for action to reduce health inequities.

What next?

The next step is to develop strategies to reduce health inequities. The health unit and community partners can work in collaboration with people experiencing health inequities to:

- Have discussions about the local impact of health inequities and establish effective strategies for reducing health inequities
- Modify and orient programs and services to meet the unique needs of disadvantaged groups
- Analyse, develop and advance policies that improve social and economic conditions and support health.

Reference: Renfrew County and District Health Unit. *Health Inequities in Renfrew County and District*. Pembroke, ON; 2018.