

SDHU Population Health Profile

Executive Summary

Sudbury & District Health Unit
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Measuring the health status of the population is one of the first steps towards improving it. By understanding our health, we are better able to work together to provide equitable opportunities for health for everyone.

The SDHU Population Health Profile provides health unit staff, community partners and stakeholders, government decision-makers, students, and members of the community with timely access to key indicators of population health, using the most recent data available

Under the Ontario Public Health Standards (OPHS), all the boards of health are required to report regularly on the health of the population.

Topics

- Self-rated health and self-rated mental health
- Mortality – including rates of avoidable mortality and leading causes of death
- Health care utilization – including rates of emergency department visits and hospitalization for all causes
- Cardiovascular disease – including rates of hospitalization for ischemic heart disease, stroke, and other heart and circulatory conditions
- Cancer – including rates of new cases of a various types of cancers
- Health behaviours and risks – including rates of self-reported behaviours related to smoking, alcohol, physical activity and other risk factors

* Future additions to the *SDHU Population Health Profile* will include sections on communicable diseases, injuries, mental health, reproductive outcomes, and other non-communicable diseases such as asthma and diabetes.

Highlights

- In general, our population is healthy. In fact, the majority of individuals aged 12 years and older in the SDHU area rated their health as “excellent” or “very good”, which is a reliable indicator of actual health status.
- For many indicators, the results are consistent with trends reported in Ontario and elsewhere. The two leading causes of death in our area and in Ontario are ischemic heart disease (heart attacks) and lung cancer.
- Rates of avoidable mortality, cardiovascular disease and cancers are higher among males than females, and in general increase with age.
- Reported rates of physical activity, fruit and vegetable intake and self-rated mental health are similar to those seen in Northeastern Ontario and Ontario overall.
- In general, there was little change over time in the rates of many population health indicators, with some notable exceptions (such as a decline in age-standardized rate of ischemic heart disease over the past 10 years).

Provincial and regional differences

- Rates of cardiovascular diseases and certain types of cancer, including lung cancer, are higher in both the Health Unit's area and northeastern Ontario than in Ontario overall. This is likely in large part due to higher local rates of smoking, heavy drinking and obesity, among other risk factors.
- Rates of hospitalization and emergency department visits overall are lower in the Health Unit's area than in the rest of the northeastern Ontario, but higher than the provincial rate.

Applicability of the findings

The information in this report can:

1. Help us recognize the key population health issues affecting our communities.
2. Help identify groups of people who have higher counts or rates of a particular disease or condition.
3. Allow us to measure changes in the health of our population over time.
4. Inform the development or evaluation of policies and programs to address a specific health issue.
5. Help initiate further dialogue to better understand how to best support health.

Age standardization

Most of the results presented here have been age-standardized, which means we have taken into account changes and differences in age structure so that we can compare rates over time and between different geographic areas.

What does this report NOT tell us?

Health results from much more than a person's physical capabilities, or the absence of disease or illness. Health is a resource for everyday life, one that better enables an individual or group to realize aspirations and satisfy their needs, or change or cope with their environment. This is in line with the World Health Organization (WHO) definition of health (World Health Organization, 1984).

Also, an individual's health is the result of a complex interaction between many biological, behavioural, environmental, social and economic factors – known as the determinants of health and not just their health behaviours or access to the health care system. Importantly, the broad health determinants are not experienced equally by all members of our community. For example, those with adequate incomes, stable employment and supportive social networks tend to have more control over the conditions that influence their lives, as well as greater access to opportunities for health. Further, the lack of health equity within a community can have important impacts upon the health of the community overall.

This report does not attempt to describe the broad definition of health or explore the complex causes of illness and the relationship between socioeconomic factors and health. Further work is ongoing, and will be the subject of separate analysis, building on previous work from the SDHU's 2013 *Opportunities for All* (www.sdhu.com) report.

The indicators of population health presented in the *SDHU Population Health Profile* (www.sdhu.com) are a relatively simple summary of the complex picture of the health of our communities.



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