

SDHU Population Health Profile

Summary Report

Sudbury & District Health Unit
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Introduction

As part of its requirements under the Ontario Public Health Standards (OPHS), the Sudbury & District Health Unit (SDHU) provides the public and partner stakeholders information on health status, health behaviours, preventive health practices, health care utilization, and demographic indicators¹. Additionally, the SDHU is committed to providing public health programs and services that are evidence-informed and responsive to the needs and emerging issues of our communities.

The *SDHU Population Health Profile* provides valuable information about the local context, and is one of the many sources of evidence that inform effective public health practice. The *SDHU Population Health Profile* is useful to help address issues that are important and relevant to foster healthy communities, and to provide equal opportunities for all.

The *SDHU Population Health Profile: Summary Report* highlights the key findings on population level indicators of health from the *SDHU Population Health Profile*, available online at www.sdhu.com. The *SDHU Population Health Profile* provides data on the following:

- Self-rated health and self-rated mental health
- Mortality – reported as avoidable mortality and potential years of life lost
- Health care utilization – reported through rates of, emergency room visits and hospitalizations
- Cardiovascular disease
- Cancer
- Health behaviours and risks – including information on smoking, alcohol use, obesity, physical activity, nutrition, and food insecurity

The *SDHU Population Health Profile* presents health status data for residents living in the geographic area served by the SDHU, which includes Greater Sudbury, and the districts of Sudbury and Manitoulin. The SDHU serves an area of approximately 46,550 square kilometres in northeastern Ontario. It is the fourth largest health unit catchment area in Ontario. For more details see: www.sdhu.com.

Where possible, local rates presented in the *SDHU Population Health Profile* are compared with those reported for northeastern Ontario and Ontario as a whole. While this summary report highlights key findings, the comprehensive online report provides further context and detail on age, sex, and geography for all of the indicators. Unless otherwise indicated, rates are standardized using the 2006 Canadian population.

¹ OPHS, MOHLTC, 2008

While data are currently available on the above-noted topics, additional data on communicable diseases, injuries, and other topics relevant to public health in our communities will be added to the *SDHU Population Health Profile* in the future.

The SDHU works hard to understand health and what keeps us healthy. We know that our health is influenced by many factors—genetics, individual lifestyles and behaviours, and the physical, social, and economic environments in which we live. In the 2013 report, *Opportunity for All* (available at www.sdhu.com), we looked at select health outcomes (such as how long we live, our risk of injury, etc.) and their relationship with socioeconomic factors in our most populated community, the City of Greater Sudbury. We asked: Do we all have the same opportunity for health? The answer was no. While this current report presents what we know about the health status of the population in the SDHU area, it does not explore the relationship between various socio-economic factors and health. Work is currently underway on a separate report which will help to further understand these interactions and further inform our actions to foster health equity.

Self-rated Health and Self-rated Mental Health

One simple measure of health is self-rated health. This is measured by asking individuals to describe their health using one of the following categories: excellent, very good, good, fair or poor.

- In 2013–2014, survey results indicated that 60% of individuals aged 12 and older in the SDHU area rated their health as either “excellent” or “very good”, while 28% rated their health as “good”, and 12% rated their health as either “fair” or “poor”.
- The proportion of the population that rated their health as “excellent” or “very good” in the SDHU area has been consistently similar to that reported in northeastern Ontario and Ontario overall.
- Between 2005 and 2013–2014, the proportion of the population that rated their health as “excellent” or “very good” in the SDHU area has not varied significantly.

In addition to self-rated health, self-rated mental health is also an important measure. Individuals were asked to describe their mental health using the same categories as the self-rated health.

- In 2013–2014, survey results indicated that 71% of individuals aged 12 and older in the SDHU area rated their health as either “excellent” or “very good”, while 22% rated their health as “good”, and 8% rated their health as either “fair” or “poor”.
- In 2013–2014, the proportion of the population that rated their mental health as “excellent” or “very good” in the SDHU area has been consistently similar to that reported in northeastern Ontario and Ontario overall.
- Between 2007/08 and 2013/14, the proportion of the population that rated their mental health as “excellent” or “very good” in the SDHU area has not varied significantly.

Mortality

Avoidable Mortality

Avoidable mortality refers to deaths among persons less than 75 years of age from either a treatable or preventable cause.

Preventable causes are causes of death that can be avoided by prevention efforts, such as lifestyle changes like reducing smoking or excessive alcohol consumption, or by public health interventions, such as vaccinations and injury prevention programs. The social determinants of health – the social and economic factors that shape the conditions in which people are born, grow up, live and work – also impact health outcomes, including mortality. For more details please see the *Opportunity for All* report at www.sdhu.com.

Treatable causes are those causes of deaths that progress from illnesses or conditions that could have been avoided or delayed by screening, early detection, and appropriate treatment.

- In the SDHU area, there were 573 avoidable deaths in 2011.
- The avoidable mortality rate in the SDHU area was 243 deaths per 100,000 population in 2011.
- The SDHU area rate has consistently been similar to the northeastern Ontario rate and higher than the rate for Ontario.
- The SDHU area avoidable mortality rate decreased from 2002 to 2011.

Potential Years of Life Lost from Avoidable Causes

Potential years of life lost (PYLLs) is a measure of premature death (younger than 75 years of age). PYLLs are calculated by adding up, for each death, how many years the deceased would have needed to live to reach the age of 75. Example: a person dying at the age of 70 would add 5 PYLLs to the total.

Thus, the number of PYLLs can increase both by increasing the overall number of deaths before age 75, but also by having the same number of deaths but at earlier ages.

- In 2011, SDHU area residents lost 12,303 years of potential life due to death from avoidable causes before the age of 75.
- The rate of potential years of life lost (PYLLs) in the SDHU area was 5,968 PYLLs per 100,000 population in 2011.
- The rate in the SDHU area has generally been similar to the rate in northeastern Ontario, and both the SDHU area and northeastern Ontario have had a consistently higher rate than the Ontario rate.
- In general, in the SDHU area, the rate has decreased from 2002 to 2011, with fluctuations from year to year.

Leading Causes of Death

This section looks at the most common causes of death in the SDHU area. They are mostly related to chronic diseases, which is consistent with causes of death in all developed nations. It also looks at which diseases result in more deaths before the age of 75, or causing the most “years of life lost”.

The data are presented in two different ways: 1) with different types of cancers shown separately, and 2) with all cancers grouped as a single category.

Leading Causes of Death

- The two most common causes of death in the SDHU area between 2002 and 2011 have been ischemic heart disease (heart attack) and lung cancer, with ischemic heart disease causing 19% of deaths and lung cancer causing 9% of deaths.
- Between 2002 and 2011, on average, 329 people died of ischemic heart disease and 157 people died of lung cancer each year in the SDHU area.
- The percentage of deaths from both ischemic heart disease and lung cancer in the SDHU area is higher than the percentage of deaths by these diseases in Ontario.

Leading Causes of Potential Years of Life Lost (PYLL)

- Between 2002 and 2011, ischemic heart disease (heart attack), lung cancer, and suicide resulted in the largest number of potential years of life lost (PYLLs) in the SDHU area.
- Ischemic heart disease caused 12% of PYLLs, lung cancer caused 9% of PYLLs, and suicide accounted for 6% of PYLLs.
- On average, between 2002 and 2011, early death from ischemic heart disease resulted in 1,453 PYLLs, lung cancer resulted in 1,073 PYLLs, and suicide accounted for 754 PYLLs each year.
- The percentage of PYLLs caused by ischemic heart disease, lung cancer, and suicide in the SDHU area is higher than in Ontario overall.

Leading Causes of Death (All Cancers Combined)

- When all cancers are grouped together, it is by far the most common cause of death in the SDHU area. Between 2002 and 2011, 31% of local deaths were due to cancer. Ischemic heart disease (heart attack) caused 19% of deaths.
- Between 2002 and 2011, on average, 527 people died of cancer and 329 people died of ischemic heart disease each year.
- The percentage of deaths from ischemic heart disease is higher in the SDHU area than it is in Ontario.

Leading Causes of Potential Years of Life Lost (All Cancers Combined)

- The most common causes of potential years of life lost (PYLLs) in the SDHU area between 2002 and 2011 was cancer, which accounted for 31% of PYLLs. Ischemic heart disease (heart attack) caused 12% of PYLLs during that period.
- On average, between 2002 and 2011, cancer resulted in 3,743 PYLLS each year.
- The percentage of PYLLs from cancer in the SDHU area is lower than in Ontario overall.

Health Care Utilization

Health care utilization is a measure of the use of health services including emergency department visits and hospital admissions. Rates of emergency room visits and hospitalizations are an indicator of how common a disease or injuries are within an area. People who do not seek medical attention for their disease or injury are not captured by this indicator.

Emergency Department Visits

Typically, the need to visit the emergency department occurs when there is an illness (physical or mental) or injury. Note that geographic areas with fewer walk-in clinics could have higher rates of emergency department visits, as patients go to the emergency department for non-emergency care.

- In the SDHU area, there were 103,436 emergency department visits in 2013.
- In 2013, the emergency department visit rate for the SDHU area was 511 visits per 1,000 population.
- The rate of emergency department visits in the SDHU area is much lower than the rate for northeastern Ontario and has been only slightly higher than the overall Ontario rate.
- The emergency department visit rate in the SDHU area has remained stable between 2004 and 2013.

Hospitalizations

Hospitalizations include persons admitted to hospital for illness (physical or mental), injury, or diagnostic procedure. The numbers and rates of hospitalization include healthy newborn infants born at the hospital.

- In the SDHU area, there were 21,174 hospitalizations in 2013.
- In 2013, the hospitalization rate in the SDHU area was 99 per 1,000 population.
- The rate of hospitalization in the SDHU area has been consistently lower than that of northeastern Ontario, yet both the SDHU area and northeastern Ontario rates are higher than the rate for Ontario.
- Between 2004 and 2013, the hospitalization rate in the SDHU area decreased.

Cardiovascular Disease

Cardiovascular disease refers to many different diseases of the circulatory system including the heart and blood vessels². Diseases of the blood vessels may impact other organs (brain, kidneys) or areas of the body (extremities). Individuals can reduce their risks of cardiovascular disease by being active, eating well, reducing alcohol consumption, and living smoke-free. High blood pressure increases the risk of all other cardiovascular diseases and is often modifiable with lifestyle changes.

Hypertension

Hypertension is a chronic condition of consistently high blood pressure over a long period of time. Blood pressure is the force of blood inside the walls of blood vessels. High blood pressure is usually defined as a systolic blood pressure (top number) at 140 mmHg or higher and/or a diastolic blood pressure (bottom number) at 90 mmHg or higher.

- In 2013–2014, survey results indicated that prevalence rate of hypertension was 20% in the SDHU area.
- The prevalence rate of hypertension in the SDHU area has consistently been similar to that reported in northeastern Ontario, and in Ontario overall.
- Between 2005 and 2013–2014, the rate of hypertension in the SDHU area has not varied significantly.

Ischemic Heart Disease

Ischemia is defined as a shortage of oxygen rich blood flow to organs and tissues in the body. This type of heart disease includes angina (chest pain) and myocardial infarction or ‘heart attack’ (complete blockage of blood vessels of the heart).

- In the SDHU area, there were 1,135 hospitalizations due to ischemic heart disease in 2013.
- In 2013, the rate of hospitalization due to ischemic heart disease in the SDHU area was 468 hospitalizations per 100,000 population.
- The rate of hospitalization due to ischemic heart disease in the SDHU area has consistently been lower than the rate in northeastern Ontario, while the rate in both the SDHU area and northeastern Ontario have consistently been higher than that of Ontario.
- Between 2004 and 2013, the rate of hospitalization due to ischemic heart disease in the SDHU area has decreased.

² Public Health Agency of Canada, 2015. www.phac-aspc.gc.ca/cd-mc/cvd-mcv

Stroke (Cerebrovascular Disease)

A stroke refers to a problem of circulation (blockage) in the blood vessels of the brain. Sometimes the stroke involves a partial blockage causing temporary effects, or a complete blockage with long-term effects. Vessels in the brain may also burst causing long-term effects.

- In the SDHU area, there were 333 hospitalizations due to stroke in 2013.
- In 2013, the rate of hospitalization due to stroke in the SDHU area was 139 hospitalizations per 100,000 population.
- The rate of hospitalization due to stroke in the SDHU area has been generally similar to that in northeastern Ontario, while the rates in both areas have consistently been higher than the rate in Ontario.
- Between 2004 and 2013, the rate of hospitalization due to stroke in the SDHU area has generally decreased.

Cancer³

All cancers involve cells that grow abnormally and may spread throughout the body. There are many different types of cancers, and the causes of each type can be different. Certain risk factors, such as smoking, can increase risks for many different types of cancer. In general, the risk of developing cancer increases with age⁴. About one in three people in Canada are expected to develop cancer in their lifetime.

All Cancers⁵

- In the SDHU area, there was a total of 1,180 new cases of cancer in 2009.
- In 2009, the cancer rate in the SDHU area was 430 new cases per 100,000 population.
- The rate of cancer in the SDHU area has been similar to that of northeastern Ontario, while rates in both areas have been consistently higher than the rate of cancer in Ontario overall.
- Between 2000 and 2009, the rate of cancer in the SDHU area has generally remained stable.

Breast Cancer

Breast cancer is defined as abnormal cell growth, most often in the ducts or lobules of breast tissue. Most commonly found in women, it can develop in the breast tissue of men. One in nine women in Canada are expected to develop breast cancer in their lifetime⁴.

- In the SDHU area, there were 154 cases of breast cancer in females in 2009.
- In 2009, the rate of female breast cancer in the SDHU area was 108 cases per 100,000 females.
- The annual breast cancer rate in SDHU area and northeastern Ontario females have been similar and are generally lower than the breast cancer rate in Ontario females.
- There was no clear trend in breast cancer rates in SDHU area females between the years of 2000 and 2009.

³ Rates are age-standardized using the 1991 Canadian Population

⁴ Public Health Agency of Canada, 2015. www.phac-aspc.gc.ca/cd-mc/cancer

⁵ Except non-melanoma skin cancers, which are not tracked by cancer registries in Canada.

Cervical Cancer

Cervical cancer is an abnormal, malignant cell growth in the cervix (the passageway between the vagina and the uterus). The main risk factor for cervical cancer is the sexually transmitted human papilloma virus (HPV) that infects the cervix⁴. HPV vaccines are available to protect against the most common HPV types that are linked to cervical cancer. Screening for cervical cancer is available in Ontario.

Rates of cervical cancer are too low to provide reliable estimates by age or by geographic area below the health unit level. Also, cervical cancer mortality rates are too low to be reliably reported.

- In the SDHU area, there were 6 new cases of cervical cancer in 2009.
- In 2009, the rate of cervical cancer in the SDHU area was 6 new cases per 100,000 females.
- The annual rate of new cervical cancer cases in the SDHU area has generally been slightly higher than that of northeastern Ontario, and the rates in both the SDHU area and northeastern Ontario have consistently been higher than the Ontario rate.
- Between 2000 and 2009, the cervical cancer rate in the SDHU area has remained fairly stable.

Colorectal Cancer

Colorectal cancer is the growth of abnormal cells inside the colon or rectum. This type of cancer is more common in men than women, and more common as people age. Screening for colorectal cancer saves lives.

- In the SDHU area, there were 136 new cases of colorectal cancer in 2009.
- In 2009, the rate of colorectal cancer in the SDHU area was 49 new cases per 100,000 population.
- The annual colorectal cancer rate in the SDHU area has been similar to northeastern Ontario, yet in general, both the rates in the SDHU area and northeastern Ontario have been consistently higher than that in Ontario.
- Between 2000 and 2009, colorectal cancer rates in the SDHU area have generally decreased.

Lung Cancer

Lung cancer is the growth of abnormal cells in the lungs as tumours. There are many risk factors, but the most common cause for lung cancer is smoking.

- In the SDHU area, there were 202 new cases of lung cancer in 2009.
- In 2009, the lung cancer rate in the SDHU area was 72 new cases per 100,000 population.
- The lung cancer rate in the SDHU area is generally similar to that in northeastern Ontario, and the rates in both the SDHU area and northeastern Ontario are consistently higher than that of Ontario.
- Between 2000 and 2009, the rate of lung cancer in the SDHU area was fairly stable.

Melanoma

Melanoma is an abnormal growth of the cells of the skin that produce melanin (colour). It is the least common but most serious of all of the skin cancers. There are many risk factors for melanoma, however the most common risk is exposure to ultraviolet rays from the sun or tanning beds.

Rates of melanoma are too low to provide reliable estimates by age or by geographic area below the health unit level. Also, melanoma mortality rates are too low to be reliably reported.

- In the SDHU area, there were 31 new cases of melanoma in 2009.
- In 2009, the rate of melanoma⁶ in the SDHU area was 12 new cases per 100,000 population.
- Melanoma rates were similar in the SDHU area, northeastern Ontario, and Ontario.
- Between 2000 and 2009, melanoma rates remained stable.

Prostate Cancer

Prostate cancer is abnormal cell growth causing a tumour in the prostate (a gland below the bladder in men). It is the most common cancer in Canadian men. There are many different risk factors that may increase the chances of developing this type of cancer. In the SDHU area, there were 135 new cases of prostate cancer in 2009.

- In 2009, the rate of prostate cancer was 103 cases per 100,000 men.
- The rate of prostate cancer in the SDHU area has generally been lower than that of northeastern Ontario, and the rates in both the SDHU area and northeastern Ontario have generally been lower than that of Ontario.
- In general, the rate of prostate cancer in the SDHU area has decreased between 2000 and 2009.

⁶ Due to small numbers, the rates reported for the SDHU area should be interpreted with caution.

Health Behaviours and Risks

Smoking

For the purpose of monitoring trends in smoking, a person can be classified based on their “smoking status”. “Current smokers” are people who currently smoke cigarettes, even just occasionally. “Former smokers” are people who are currently non-smokers but did smoke cigarettes at one time. “Never smokers” are people who have completely abstained from smoking cigarettes in their lifetime. Here we present summary rates of adult “current smokers” and youth “never smokers.”

Adult Current Smokers

- In 2013–2014, survey results indicated that the prevalence rate of current smokers was 25% in the SDHU area adults.
- The prevalence rate of current smokers in SDHU area adults has consistently been similar to that reported in northeastern Ontario, but higher than Ontario overall.
- Between 2005 and 2013–2014, the rate of current smokers in the SDHU area has not varied significantly.

Youth Never Smokers⁷

A youth never smokers is defined here as a person aged 12 to 19 years who has never smoked a whole cigarette in their lifetime.

- In 2013–2014, survey results indicated that 76% of youth in the SDHU area had never smoked a whole cigarette.
- The prevalence rate of youth who have never smoked a whole cigarette in the SDHU area has consistently been similar to that reported in northeastern Ontario, but in general, lower than Ontario overall.
- Between 2005 and 2013–2014, the rate of youth who have never smoked a whole cigarette in the SDHU area has not varied significantly.

Exposure to Environmental Tobacco Smoke at Home

Exposure to environmental tobacco smoke, also known as second-hand smoke, can be harmful to health. Here we present rates of non-smokers aged 12 years and over who were regularly (every day or almost every day) exposed to tobacco smoke in their home.

- In 2013–2014, survey results indicated that the prevalence rate of exposure to environmental tobacco smoke at home was 4% in the SDHU area.
- The prevalence rate of exposure to environmental tobacco smoke at home in the SDHU area has consistently been similar to that reported in northeastern Ontario, and Ontario overall since 2009–2010.

⁷ Rates are not age-standardized

- Between 2005 and 2013–2014, the rate of exposure to environmental tobacco smoke at home in the SDHU area has declined over the years.

Exposure to Environmental Tobacco Smoke in Public Places

Exposure to environmental tobacco smoke, also known as second-hand smoke, can be harmful to health. Here we present rates of non-smokers aged 12 years and over who were regularly (every day or almost every day) exposed to tobacco smoke in public places such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys, etc.

- In 2013–2014, survey results indicated that the prevalence rate of exposure to environmental tobacco smoke in public places was 14% in the SDHU area.
- The prevalence rate of exposure to environmental tobacco smoke in public places in the SDHU area has consistently been similar to that reported in northeastern Ontario, and Ontario overall.
- Between 2005 and 2013–2014, the rate of exposure to environmental tobacco smoke in public places in the SDHU area has not changed significantly over the years.

Exposure to Environmental Tobacco Smoke in a Vehicle

Exposure to environmental tobacco smoke, also known as second-hand smoke, can be harmful to health. Here we present rates of non-smokers aged 12 years and over who were regularly (every day or almost every day) exposed to tobacco smoke in a car or other private vehicle.

- In 2013–2014, survey results indicated that the prevalence rate of exposure to environmental tobacco smoke in a vehicle was 9% in the SDHU area.
- The prevalence rate of exposure to environmental tobacco smoke in a vehicle in the SDHU area has consistently been similar to that reported in northeastern Ontario, but higher than Ontario overall.
- Between 2005 and 2013–2014, the rate of exposure to environmental tobacco smoke in a vehicle in the SDHU area has not changed significantly over the years.

Alcohol

This report draws information from the Canadian Community Health Survey (CCHS) where alcohol consumption or use means having had a ‘drink’ or “serving” defined as:

- one bottle or can of beer or a glass of draft, or
- one glass of wine or a wine cooler, or
- one drink or cocktail with 1 and a 1/2 ounces of liquor.

Heavy Drinking

Heavy drinking is defined as consuming at least 5 or 4 servings of alcohol (for males and females, respectively) on at least one occasion per month in the previous 12 months. This level of alcohol consumption can have serious health and social consequences.

This definition has changed over the years. Prior to 2013, the threshold was 5 or more servings for both males and females.

Rates of heavy drinking presented in this section are calculated for the population aged 12 and over.

- In 2013–2014, survey results indicated that the prevalence rate of heavy drinking was 24% in the SDHU area.
- The prevalence rate of heavy drinking in the SDHU area has consistently been similar to that reported in northeastern Ontario, but higher than Ontario overall.
- Between 2005 and 2013–2014, the rate of heavy drinking in the SDHU area has not varied significantly.

Exceeding the Low-Risk Alcohol Drinking Guidelines

Canada’s low-risk alcohol drinking guidelines were developed to help Canadians moderate their alcohol consumption and to prevent both immediate and long-term alcohol-related harms. Here, we present rates of individuals aged 19 years and older who reported drinking in excess of these guidelines. This includes:

- males that drank more than 15 drinks per week, or females that drank more than 10 drinks per week, OR
 - males that drank more than 3 drinks per day, or females that drank more than 2 drinks per day, OR
 - males and females with less than 2 non-drinking days a week, OR
 - males or females that drank 5 or more drinks on any one occasion in the previous year.
- In 2013–2014, survey results indicated that the prevalence rate of drinking above the low-risk alcohol drinking guidelines was 36% in the SDHU area.
 - The prevalence rate of drinking above the low-risk alcohol drinking guidelines in the SDHU area has consistently been similar to that reported in northeastern Ontario, but higher than Ontario overall.

- Between 2005 and 2013–2014, the rate of heavy drinking in the SDHU area has not varied significantly.

Youth Alcohol Consumption⁸

In this section, we present rates of reported alcohol use (as defined above) in the previous 12 months among youth aged 12 to 18 years.

- In 2013–2014, survey results indicated that the prevalence rate of alcohol use in youth aged 12 to 18 years was 54% in the SDHU area.
- The prevalence rate of alcohol use in SDHU area youth has consistently been similar to that reported in northeastern Ontario, but higher than Ontario overall.
- Between 2005 and 2013–2014, the rate of alcohol use in SDHU area youth has not varied significantly.

Body Mass Index (Adjusted), Overweight and Obese

A person's body mass index (BMI) is calculated by dividing their weight (in kilograms) by the square of their height (in meters). For adults, aged 18 and over, this score is grouped into the following categories: underweight (BMI <18.5), normal weight (BMI 18.5-24.9), overweight (BMI 25.0-29.9) and obese (BMI ≥ 30.0).

Body mass index scores based on self-reported height and weight are known to under-represent the true rate of overweight/obesity in the community. The rate of obesity presented in this section has been adjusted to correct for this underestimation.

Obesity (Adjusted Body Mass Index)

- In 2013–2014, survey results indicated that the prevalence rate of obesity was 32% in the SDHU area.
- The prevalence rate of obesity in the SDHU area has consistently been similar to that reported in northeastern Ontario, but higher than Ontario overall.
- Between 2005 and 2013–2014, the rate of obesity in the SDHU area has increased significantly.

Physical Activity

How physically active a person is can be measured by the physical activity index (PAI). This index combines information on:

- the activities the person did,
- the amount of time they spent doing those activities,
- how demanding the activities are (measured in “kilo-calories” (kcal) of energy spent per hour), and
- how much the person weighs (in kilograms).

⁸ Rates are not age-standardized

Based on the above, the person is categorized as active, moderately active or inactive, as follows:

- Active: 3.0+kcal/kg/day of energy expenditure on average
- Moderately active: 1.5-2.9 kcal/kg/day of energy expenditure on average
- Inactive: less than 1.5 kcal/kg/day of energy expenditure on average

In this section, we present rates of individuals aged 12 and over who are classified as “active” based on activity they do during their leisure time.

Physical Activity – Active

- In 2013–2014, survey results indicated that 32% of the SDHU population was physically active.
- The prevalence rate of physically active individuals in the SDHU area has been similar to that reported in northeastern Ontario and Ontario overall.
- Between 2005 and 2013–2014, the population rate of physical activity in the SDHU area has not varied significantly.

Nutrition – Fruit and Vegetable Consumption

For each food group, Canada’s Food Guide (2011) provides recommendations on the number of servings that Canadians should eat each day. Here, we present rates of individuals aged 12 and older who reported consuming at least the minimum number of recommended servings of fruits and vegetables for their age and sex which are as follows:

- Children 12-13 years: 6 servings of fruits and vegetables daily;
 - Females 14+ years: 7 servings of fruits and vegetables daily;
 - Males 14-50 years: 8 servings of fruits and vegetables daily;
 - Males 51+ years: 7 servings of fruits and vegetables daily.
- In 2013–2014, survey results indicated that 13% of the SDHU population aged 12 and older were meeting the Canada Food Guide recommended intake of fruits and vegetables.
 - The prevalence rate of the population meeting the recommended intake of fruits and vegetables in the SDHU area has consistently been similar to that reported in northeastern Ontario and Ontario overall.
 - Between 2005 and 2013–2014, the rate of the population meeting the recommended intake of fruits and vegetables in the SDHU area has not varied significantly.

Food Insecurity

Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life⁹. Based on a set of 18 questions, a household's food security status is categorized here as follows:

- Food secure: Little indication of difficulty with income-related food access.
- Moderately food insecure: Indication of compromise in quality and/or quantity of food consumed.
- Severely food insecure: Indication of reduced food intake and disrupted eating patterns.

Below we present rates of individuals aged 12 years and over living in households classified as moderately or severely food insecure within the past 12 months.

- In 2013–2014, survey results indicated that 7% in the SDHU population aged 12 and older lived within a food insecure household.
- The prevalence rate of food insecurity has been similar to that reported in northeastern Ontario and Ontario overall.
- Between 2005 and 2013–2014, the rate of food insecurity in the SDHU area has not varied significantly.

⁹ Agriculture and Agri-food Canada, 2009. *Canada's Action Plan for Food Security*. www.agr.gc.ca/index_e.php?s1=misb&s2=fsec-seca&page=action

Conclusion

This report summarizes approximately ten years of recently available data from a variety of sources used to produce the first installment in a number of chapters of the *Sudbury & District Health Unit Population Health Profile* (www.sdhu.com). As previously mentioned, additional data on communicable diseases, injuries, the relationship between various socio-economic factors and health, and other topics relevant to public health in our communities, will be added to the *SDHU Population Health Profile* in the future. Our findings so far tell us that:

- Over the years, similar proportions of SDHU residents rated their overall health and mental health as very good or excellent when compared to Ontario residents. Utilization rates of health care (ER visits and hospitalizations) have been lower in the SDHU area compared to the northeast, but higher than in the province overall.
- Rates of avoidable mortality and Potential Years of Life Lost (PYLL) in the SDHU area were similar to those in the northeast, but again, higher than in Ontario overall. Also, hospitalization rates for most cardiovascular diseases in the SDHU area were similar to the northeast, but higher than in Ontario.
- While incidence rates (newly diagnosed cases) of lung, colorectal, and cervical cancers were higher in the SDHU area compared to Ontario, melanoma incidence rates were similar compared to the province. Incidence rates of prostate and breast cancer in the SDHU area were lower than in Ontario overall.
- Finally, though rates of fruit and vegetable consumption, physical activity, and food insecurity were similar when compared to the province, the SDHU area had higher rates of smoking and alcohol consumption.

This information will contribute to the evidence for effective public health practice to which the SDHU is committed, and assist our community partners as we work together to ensure healthy communities and equitable opportunities for all.



Sudbury & District

Health Unit

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