# Opportunity for All





### The Path to Health Equity

## **City of Greater Sudbury**

This document presents a summary of findings from the *Opportunity for All: The Path to Health Equity* Report, and highlights findings specific to Ward 11 in the City of Greater Sudbury. Other ward profiles are also available.

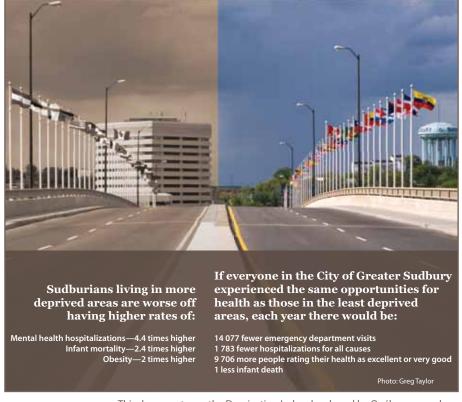
At the Sudbury & District Health Unit, we work hard to understand health and what keeps us healthy. We know that our health is influenced by many factors—genetics, individual lifestyles and behaviours, and the physical, social, and economic environments in which we live. To help paint a clearer picture of health in the City of Greater Sudbury, we looked at health outcomes (such as how long we live, our risk of injury) and their relationship with our social and economic environments. As part of a recent analysis of local health data we asked:

Do we ALL have the same opportunity for health?

The answer is "No."

## **Analysis**

Areas across the City of Greater Sudbury were grouped according to their social and economic characteristics (e.g. household income, employment, education) and classified as most or least deprived. We then looked at health outcomes (e.g. self-rated health, emergency department visits, obesity) experienced by residents in these areas. We asked whether people experienced better or worse health outcomes depending on whether they lived in an area that was worse or better off socially and economically (i.e. most or least deprived).



This document uses the Deprivation Index developed by Québec researchers to measure the social and economic status of areas. As such, the terms "most deprived" and "least deprived" are used to label areas. These terms do not adequately capture the resilience, strengths, and opportunities for health that also exist across the City of Greater Sudbury.

Rather, they are derived from the Index used in the analysis.

## Results

Our analysis revealed significant differences in 15 health outcomes when we compared the most and least deprived areas across the City of Greater Sudbury.

Among the differences, residents of the City of Greater Sudbury's most deprived areas have higher rates of:

- emergency department visits due to all causes, 1.7 times higher
- infant mortality (the percentage of infants who die before age 1), 2.4 times higher
- premature mortality (the percentage of residents who die before age 75), 1.9 times higher
- obesity, 2.0 times higher

Complete descriptions of the methods, results, and interpretation can be found in the report, *Opportunity for All: The Path to Health Equity*. The report and other ward profiles are available at www.sdhu.com.

### What do these results mean?

Our analysis revealed a significant relationship between the social and economic conditions where Greater Sudbury residents live and 15 important health outcomes. The differences in health that we see between residents of most and least deprived areas can be viewed as lost opportunities for health. For example, if everyone in the City of Greater Sudbury had the same opportunities for health as those living in its least deprived areas, 9 706 more people in the City would rate their health as excellent or very good.

#### More opportunities for health!

If everyone in the City of Greater Sudbury had the same opportunities for health as those living in its least deprived areas, each year in the City there would be:

- 14 077 fewer emergency department visits for all causes
- 1 less infant who dies before age 1
- 131 fewer residents who die before age 75
- 11 231 fewer people who are obese

## Why is this information important?

You can start thinking, talking, and asking your own questions.

It is startling to see that there are real health differences in Greater Sudbury based on an area's social and economic characteristics. It can motivate you to ask questions such as, "Are these differences acceptable?" "Why do they exist?" and "What can I do to make a difference?" The good news is that the more we talk about health equity, the less hidden it is and the more we can figure out our own role in making things better.

#### We know that these differences in health are NOT inevitable!

This local data demonstrates that not all residents of the City of Greater Sudbury have the same opportunities for health. It also highlights that we have examples of working together to "buffer" and reduce health inequities. The Sudbury & District Health Unit will use this information to guide activities to serve residents and support greater opportunities for health across our community. With informed and creative action, no one in our community needs to be at risk of poor health solely due to their social and economic environments. Together we can build a community in which there is *Opportunity for All*.

## What can you do?

Just as every community has challenges to overcome, each also exhibits great resilience, strengths, and opportunities for health. These actions span community interests from economic development to food security, health care access to housing. The actions that will have the most impact in each ward, and across the City of Greater Sudbury, will be best informed by our collective knowledge and experience.

Keep the conversation going in your community. For example,

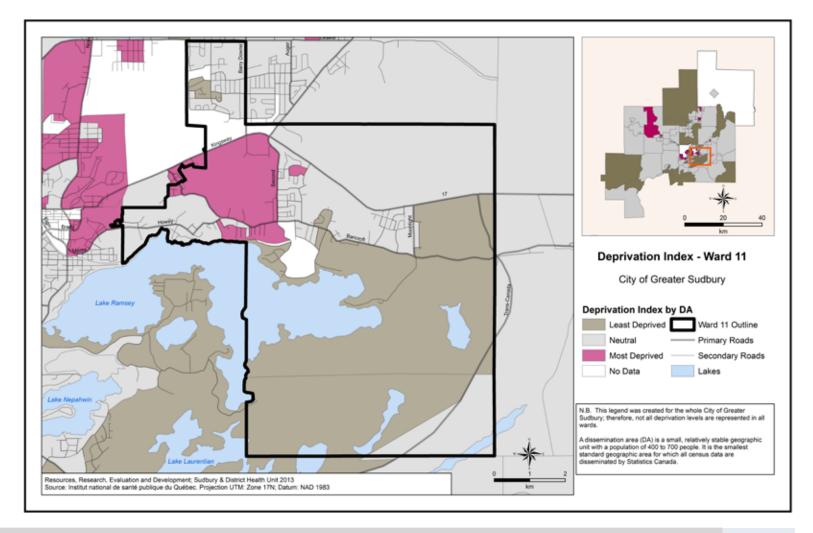
- Share this information with local Community Action Networks to consider as they plan their own activities and events.
- Use this information to advocate for local and provincial policies and programs to improve the social and economic conditions where you live.
- Ask about the potential health impacts of new policies and programs in the City of Greater Sudbury.
   Will they create or reduce opportunities for health in our communities?

## Opportunity for All

## Ward 11

## The Path to Health Equity

The following map identifies the areas of least, neutral, and most deprivation within Ward 11 in the City of Greater Sudbury. The map does not represent rates of particular health outcomes within the area or the health status of individual residents. For example, the overall rate of premature mortality (i.e. dying before age 75) in the City of Greater Sudbury's most deprived areas is nearly twice as high as in the City's least deprived areas. However, not every geographic area that is categorized as "most deprived" will have the same rate of premature mortality, nor will every resident within those most deprived areas.



#### Based on the 2006 census data:

- Ward 11 has 8% (12 003) of Greater Sudbury's population
- Ward 11 has 11% (2 819) of all Greater Sudbury residents who live in most deprived areas
- Overall, 23% (2 819) of all Ward 11 residents live in a most deprived area

N.B. It is important to note that not all City of Greater Sudbury ward boundaries correspond with Statistics Canada dissemination area boundaries. The above population percentages are, therefore, an ESTIMATE based on best available data.

The table below presents the findings for each of the wards located within the City of Greater Sudbury.

	% of the overall population of the City of Greater Sudbury	% of all residents within the most deprived areas who live within each ward	% of residents in each ward who live in a most deprived area
Ward 1	8%	11%	22%
Ward 2	8%	3%	7%
Ward 3	8%	13%	28%
Ward 4	8%	16%	31%
Ward 5	7%	9%	19%
Ward 6	9%	2%	4%
Ward 7	8%	7%	14%
Ward 8	7%	2%	5%
Ward 9	9%	0%	0%
Ward 10	10%	6%	9%
Ward 11	8%	11%	23%
Ward 12	9%	21%	36%

## Visit www.sdhu.com to:

**READ** the complete report *Opportunity for All: The Path to Health Equity* 

LEARN more about the conditions that impact Opportunity for All

FIND OUT about existing Health Unit and community efforts to create Opportunity for All

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For an accessible version of this document, please visit:

 $\frac{https://www.sdhu.com/resources/research-statistics/health-statistics/opportunity-path-health-equity-highlights/ward-profiles-city-greater-sudbury$ 

#### **Information Resource Centre**

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