Leeds, Grenville & Lanark District HEALTH UNIT
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Leeds, Grenville & Lanark Community Health Profile: Healthy Living, Chronic Diseases and Injury

Executive Summary

Contents:

The focus of this report is to provide population level information about the health-related behaviours of the residents of Leeds, Grenville and Lanark (LGL), and the prevalence of associated chronic diseases and injury. These behaviours include: keeping physically fit, eating healthy foods, maintaining physical and mental health, maintaining oral health, managing life stress, and many others. These, in turn, can influence the risks for injuries, infections and chronic diseases.

This report also presents health-related behaviours through the lens of health equity. The residents of LGL have differing opportunities to be healthy; at times due to their socio-economic situation. There is consistent evidence that people with the lowest incomes bear a heavier burden of illness and mortality[1,2].

The report also explores the extent to which gender, age and urban/rural living are associated with health-related behaviours.

Report data was collected from 2506 LGL residents aged 12+ years between 2009 and 2014 using combined cycles of the Canadian Community Health Survey (CCHS)[3].

The results presented in the report indicate that individuals in the lowest income group were markedly different from individuals in the highest income group for 15 of the health indicators examined. Diagnoses of chronic diseases, smoking cigarettes, a weak sense of community belonging, a lack of dental insurance, food insecurity, and self-reported poor physical and mental health were all higher among individuals with low income.

Women were more likely than men to be physically inactive, food insecure, report moderate to extreme life and work stress, and be injured due to a fall in the past 12-months. Men were more likely than women to report drinking in excess of low risk drinking guidelines, use of marijuana, smoke cigarettes, be injured in the past 12-months and be diagnosed with either diabetes and/or heart disease.

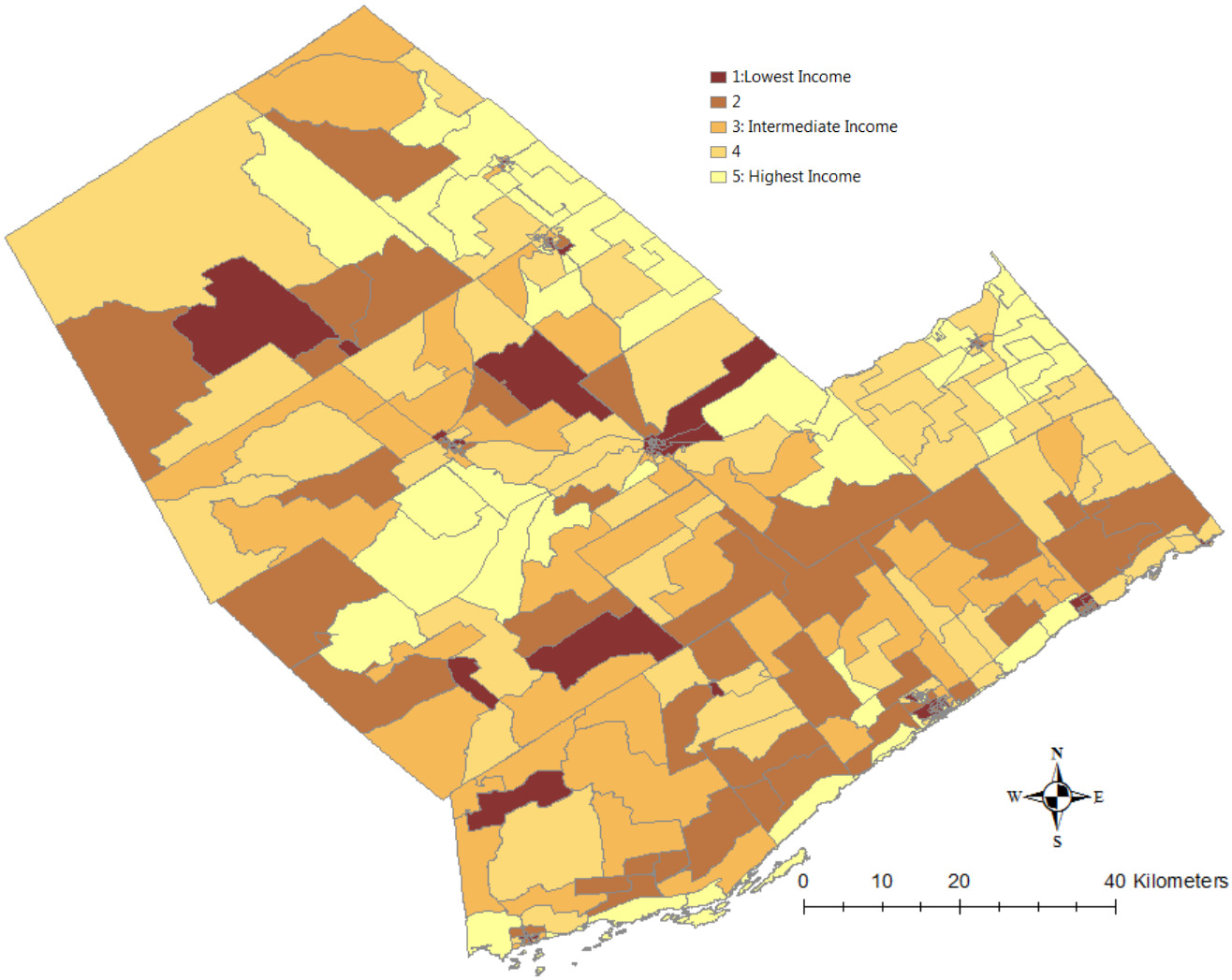
Younger residents of LGL were more likely than older residents to report drinking in excess of low risk drinking guidelines, use of marijuana, be food insecure, have a weak sense of community belonging, and have suffered from an injury in the past 12-months. Older residents were more likely to report being physically inactive, not have dental insurance, smoke cigarettes, be diagnosed with a chronic disease such as diabetes, high blood pressure or heart disease, be injured from a fall in the past 12-months, and report fair or poor physical and mental health.

Defining Income Categories for the Analysis

Income was provided as a variable in the CCHS database. The income variable was in Dissemination Area or DA format. The DA is a geographic measure created by Statistics Canada that represents a geographic area containing between 400 and 700 persons. The size of the DA can vary geographically depending upon the population density. An urban DA may only be a couple of city blocks in size, whereas a DA in a rural area may be hundreds of square kilometers in size. Mapping income by DA is the best measure we have to represent an actual neighbourhood. Figure 1 below represents income divided into five groups by DA for each neighbourhood in LGL (Please see the appendix for the five income groups by municipality).

The five income groups were then collapsed to provide three income groups to increase the sample size in each. The groups represent the lowest ($0—$39,999), intermediate ($40,000—$79,999) and highest ($80,000+) income categorizations used for comparison purposes in the analysis. The number of individuals in each income group varied slightly for each variable analyzed as some of the individuals surveyed did not answer all survey questions.

Figure 1: Income groups in LGL by Dissemination Area which is a proxy for neighbourhood.



Defining the Data Used in this Report

Inequity and Inequality

Inequality and inequity are two different concepts and are well defined here[4]: "*The World Health Organization (WHO) defines a health inequality as any difference in the distribution of health status or health determinants between different population groups. Health inequalities can be attributed to free choice, biological variations, the physical environment, and factors beyond the control of the individuals concerned. For example, differences in physical capabilities between elderly and younger people in the population would be considered an inequality. In contrast, inequity is an ethical concept which reflects principles of social justice. Health inequities are defined as inequalities in which the outcome is unnecessary and avoidable as well as unjust and unfair. For example, differences in health care accessibility between socio-economic groups may be interpreted as an inequality as well as an inequity, while some differences in physical capabilities between elderly and younger people would not be considered an inequity as it is unavoidable. In general, differences due to biological variations, fully informed decisions to participate in higher risk behaviours, and chance are not considered inequities. Many would describe health inequalities across socioeconomic groups as unjust because they often reflect an unfair distribution of the social determinants of health.*"

"*Health inequalities can be measured quantitatively while health inequities cannot. This is because identifying health inequities requires the use of judgment regarding the social justice of an inequality, which may depend on the causes of the inequality and the context of the local community. Better understanding of the causes and context of health inequalities can also help PHUs to better target interventions and advocate for necessary changes.*" This report will focus on quantitative measures of health inequalities. Identifying inequalities is a first and important step in the identification of inequities.

Canadian Community Health Survey (CCHS)

Data from the CCHS combined cycles 2009–2014 provided the individual-level health information, for example: household income, alcohol use, smoking status, age, geography, etc. The CCHS is a national self reported survey of the Canadian population aged 12 and over at the health unit level. The CCHS makes use of a complex stratified and cluster sampling design to achieve representativeness. Excluded from the CCHS sampling frame are individuals living on Native Reserves and on Crown Lands, institutional residents, full-time members of the Canadian Forces, and residents of certain remote regions[5].

Summary of Health Inequality Related to Income

The analysis presented in this report determined that some income, gender, age group and urban/rural health inequalities appear to exist within the Leeds, Grenville & Lanark District Health Unit's geographic boundaries (Tables 1, 2, 3 & 4).

Table 1: The following self-reported indicators were associated with income.

Indicator		
Low Income > High Income	**High Income > Low Income**	**No Difference**
Diagnosis of an anxiety disorder	Alcohol use above low risk drinking guidelines	Not having a flu shot in past 2-years
Diagnosis of asthma	Never having a mammogram	Less than 5 servings of daily fruit & vegetables
Self-reported weak sense of community belonging	Never having a PAP test	Injury in past 12-months
Not having dental insurance		Injury due to fall in past 12-months
Diagnosis of diabetes		Self rated moderate to extreme life stress
Not taking folic acid supplementation before last pregnancy		Marijuana use in past 12-months
Food insecurity		Self rated moderate to extreme work stress
Self rated fair to poor health		
Diagnosis of heart disease		
Diagnosis of high blood pressure		
Self rated fair to poor mental health		
Diagnosis of a mood disorder		
Physical Inactivity		
Not having a regular medical doctor		
Daily or occasional smoking		

Summary of Inequality Related to Gender

Table 2: The following self-reported indicators were associated with gender.

Indicator		
Women > Men	**Men > Women**	**No Difference**
Physical Inactivity	Alcohol use above low risk drinking guidelines	Not having dental insurance
Diagnosis of an anxiety disorder	Not having a flu shot in past 2-years	Diagnosis of high blood pressure
Diagnosis of asthma	Less than 5 servings of daily fruit & vegetables	Self rated fair to poor mental health
Self-reported weak sense of community belonging	Marijuana use in past 12-months	
Food insecurity	Not having a regular medical doctor	
Self rated fair to poor health	Daily or occasional smoking	
Injury due to fall in past 12-months	Diagnosis of diabetes	
Self rated moderate to extreme life stress	Diagnosis of heart disease	
Diagnosis of a mood disorder	Injury in past 12-months	
Self rated moderate to extreme work stress		

Summary of Inequality Related to Urban/Rural Living

Table 3: The following self-reported indicators were associated with urban/rural living.

Indicator		
Urban > Rural	**Rural > Urban**	**No Difference**
Not having dental insurance	Alcohol use above low risk drinking guidelines	Not having a flu shot in past 2-years
Not taking folic acid supplementation before last pregnancy	Marijuana use in past 12-months	Less than 5 servings of daily fruit & vegetables
Never having a mammogram	Never having a PAP test	Diagnosis of high blood pressure
Daily or occasional smoking	Injury due to fall in past 12-months	Physical Inactivity
Diagnosis of an anxiety disorder		Not having a regular medical doctor
Self-reported weak sense of community belonging		Diagnosis of asthma
Diagnosis of diabetes		Injury in past 12-months
Food insecurity		
Self rated fair to poor health		
Diagnosis of heart disease		
Self rated moderate to extreme life stress		
Self rated fair to poor mental health		
Diagnosis of a mood disorder		
Self rated moderate to extreme work stress		

Summary of Inequality Related to Age

Table 4: The following self-reported indicators were associated age based on the trend by age group.

Indicator		
Older > Younger	**Younger > Older**	**No Difference**
Not having dental insurance	Alcohol use above low risk drinking guidelines	Less than 5 servings of daily fruit & vegetables
Diagnosis of high blood pressure	Self-reported weak sense of community belonging	Diagnosis of an anxiety disorder
Physical Inactivity	Not taking folic acid supplementation before last pregnancy	Self rated moderate to extreme life stress
Not having a regular medical doctor	Food insecurity	
Self rated moderate to extreme work stress	Not having a flu shot in past 2-years	
Daily or occasional smoking	Marijuana use in past 12-months	
Diagnosis of diabetes	Never having a mammogram	
Self rated fair to poor health	Never having a PAP test	
Diagnosis of heart disease	Diagnosis of asthma	
Injury due to fall in past 12-months	Injury in past 12-months	
Self rated fair to poor mental health		
Diagnosis of a mood disorder		

Glossary of Indicators

Alcohol use: Survey respondents were asked the average number of drinks consumed per day during the week prior to the interview. This variable was then calculated to determine if drinking behaviour was above low risk drinking guidelines set out by the Centre for Addiction and Mental Health (CAMH)[6].

Anxiety disorder: Survey respondent were asked if they had been diagnosed with a phobia, obsessive-compulsive disorder or panic disorder by a health care professional, and if the diagnosis was expected to last for at least 6-months or had already lasted for 6-months or more.

Asthma: Survey respondent were asked if they had been diagnosed with asthma by a health care professional, and if the diagnosis was expected to last for at least 6-months or had already lasted for 6-months or more.

Community Belonging: This question dealt with aspects of social relationships and social well being. The respondent was asked to rate their sense of community belonging between very strong and very weak. The response categories of somewhat to very weak were combined to demonstrate a weak sense of community belonging.

Dental Insurance: Survey respondents were asked if they had insurance that covered all or part of the cost of dental expenses. This could include government sponsored, employer sponsored or private plans.

Diabetes: Survey respondents were asked if they had been diagnosed with diabetes by a health care professional, and if the diagnosis was expected to last for at least 6-months or had already lasted for 6-months or more. Excludes pre-diabetes responses.

Flu Shot: Survey respondents were asked if they had ever had a flu shot and, if so, when the last one was. For the purposes of this report the interest was whether a respondent had a flu shot in the past 2-years. This question was part of a series around the use of health care services.

Folic Acid Supplementation: This question was for recent mothers. Respondents were asked if they had taken a vitamin supplement containing folic acid prior to their last pregnancy and before they knew they were pregnant.

Food Insecurity: This variable was based on a set of 18 questions and described the food security situation of the household in the previous 12 months. It captured three kinds of situations: 1- Food secure: No, or one, indication of difficulty with income-related food access. 2- Moderately food insecure: Indication of compromise in quality and/or quantity of food consumed. 3- Severely food insecure: Indication of reduced food intake and disrupted eating patterns. The response categories of moderate and severe were combined to demonstrate food insecurity.

Fruit & Vegetable Consumption: This question classified the respondent based on the total number of times per day he/she ate fruits and vegetables but not the amount consumed. This indicator was used as a proxy for a healthy diet, which is related to the risk for chronic disease.

Health—Self Rated: This question dealt with health status. The respondent was asked to rate their health on a 5-point scale as being between excellent to poor. The response categories of fair and poor were combined to demonstrate poor self-rated health.

Glossary of Indicators (continued)

Heart Disease: Survey respondent were asked if they had been diagnosed with heart disease by a health care professional, and if the diagnosis was expected to last for at least 6-months or had already lasted for 6-months or more.

High Blood Pressure: Survey respondent were asked if they had been diagnosed with high blood pressure by a health care professional, and if the diagnosis was expected to last for at least 6-months or had already lasted for 6 -months or more.

Injury: Survey respondents asked if they had sustained an injury in the past 12-months which was serious enough to limit their normal activities the day after the injury occurred.

Injury From a Fall: Survey respondents asked if they had sustained an injury in the past 12-months which was serious enough to limit their normal activities the day after the injury occurred and if the injury was the result of a fall.

Life Stress: This question dealt with the amount of perceived stress in a person's life. The respondent was asked to rate their life stress on a 5-point scale as being between not at all stressful and extremely stressful. The response categories of quite a bit and extreme were combined to demonstrate life stress.

Mammogram: Female survey respondents aged 45+ years were asked if they had ever had a mammogram (breast x-ray).

Marijuana Use: Survey respondents were asked if they had tried or used marijuana, cannabis or hashish in the 12 -months prior to the survey.

Mental Health: This question dealt with mental health status. The respondent was asked to rate their mental health on a 5-point scale as being between excellent to poor. The response categories of fair and poor were combined to demonstrate poor mental health.

Mood disorder: Survey respondents were asked if they had been diagnosed with depression, bipolar, mania or dysthymia by a health care professional, and if the diagnosis was expected to last for at least 6-months or had already lasted for 6-months or more.

PAP Test: Female survey respondents aged 25+ years were asked if they had ever had a PAP smear test.

Physical Activity: This variable classified respondents according to their pattern or regularity of leisure time physical activity lasting more than 15-minutes. The variable used physical activity not related to work. The variable categorized respondents as being "active", "moderately active" or "inactive based on their calculated total daily energy expenditure values.

Regular MD: Survey respondents were asked if they had a regular medical doctor that they would go to when they were sick or needed advice about their health.

Smoking status: Survey respondents were asked if they currently smoke daily, occasionally or not at all. Both daily and occasionally constituted smoking for the purposes of this report.

Work Stress: This question dealt with the amount of perceived stress in a person's work life. The respondent was asked to rate their work stress on a 5-point scale as being between not at all stressful and extremely stressful. The response categories of quite a bit and extreme were combined to demonstrate work stress.

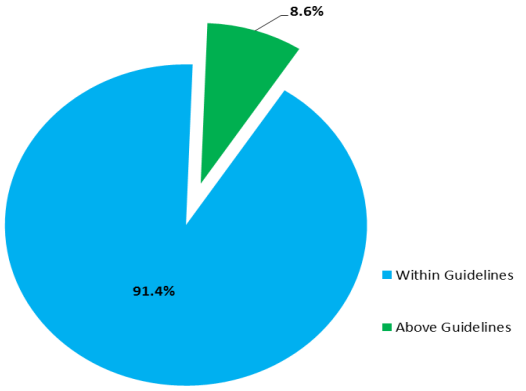
Healthy Living Indicators

Alcohol Use Above Low Risk Drinking Guidelines

- 91.4% of the overall population in LGL that consumes alcohol reported drinking within the low risk drinking guidelines. 8.6% of the overall population reported having exceeded low risk drinking guidelines in the week prior to the survey (Figure 1).
- 8.2% within the lowest income group compared to 9.5% within the highest income group reported having exceeded low risk drinking guidelines (Figure 2).
- Men were more likely than women to report having exceeded low risk drinking guidelines in all income groups. However, women in the highest income group were more likely to engage in high risk alcohol use than women in the lowest income group (Figure 3).
- A higher proportion of individuals in the 12-24 and 25-44 year age group were more likely to report having exceeded low risk drinking guidelines (11.0%) than those in older age groups (6.8% - 7.4%) (Figure 4).
- Individuals living in rural settings were more likely to report exceeding low risk drinking guidelines than those in urban settings (10.2% vs. 6.9%).

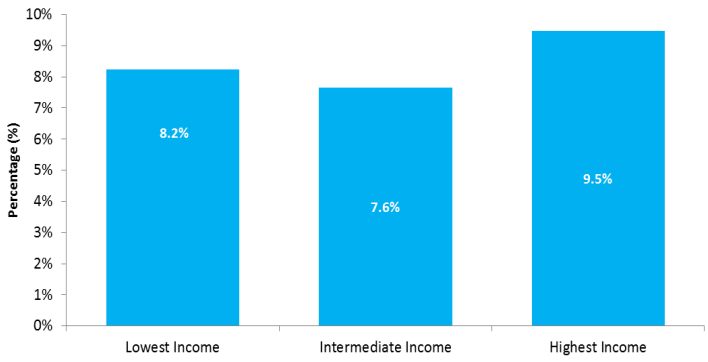
Reports of exceeding low risk drinking guidelines were more common among men than women, among individuals in younger age groups and among those living in rural rather than urban settings.

Figure 1: Population distribution of individuals reporting having exceeded low risk drinking guidelines in LGL.



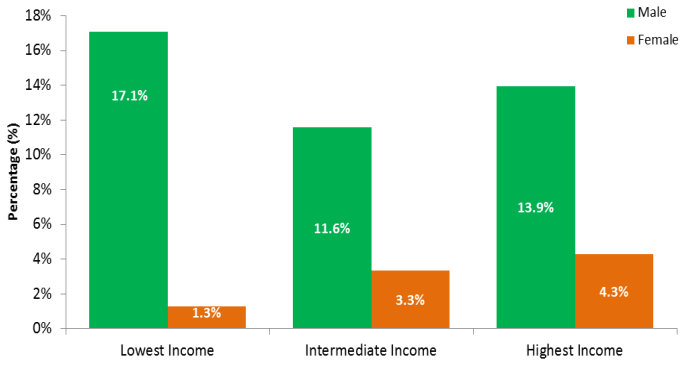
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 2: Reporting having exceeded low risk drinking guidelines within each income group in LGL.



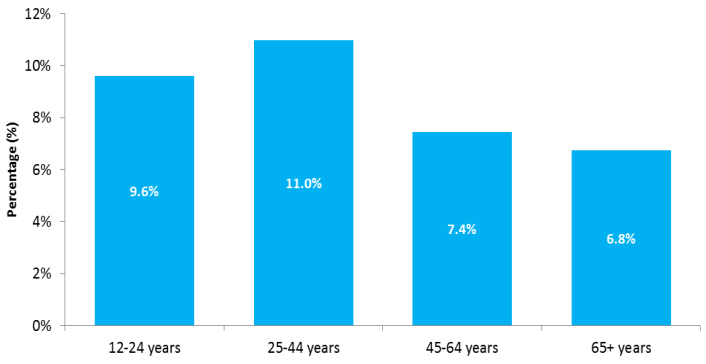
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 3: Reporting having exceeded low risk drinking guidelines by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 4: Reporting having exceeded low risk drinking guidelines by age group in LGL.



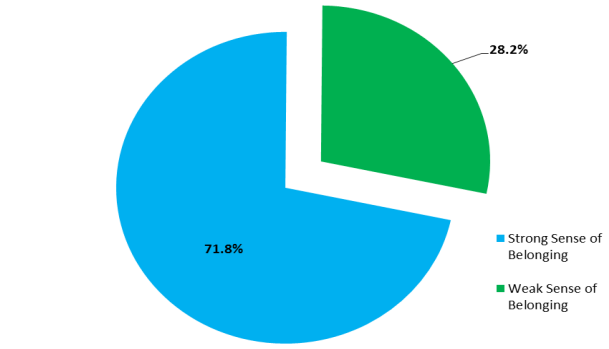
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Community Belonging

- 71.8% of the overall population in LGL reported having a somewhat strong to very strong sense of community belonging. 28.2% of the overall population reported having a somewhat weak to very weak sense of community belonging (Figure 5).
- 31.9% within the lowest income group compared to 23.4% within the highest income group reported having a somewhat to very weak sense of community belonging (Figure 6).
- Women were more likely than men to report having a somewhat to very weak sense of community belonging in the lowest and highest income groups (Figure 7).
- A higher proportion of individuals in the 25-44 year age group (32.9%) reported having a somewhat to very weak sense of community belonging than those in the 65+ year age group (22.3%) (Figure 8).
- A higher proportion of individuals living in urban settings reported having a somewhat to very weak sense of community belonging than those in rural settings (28.9% vs. 26.3%).

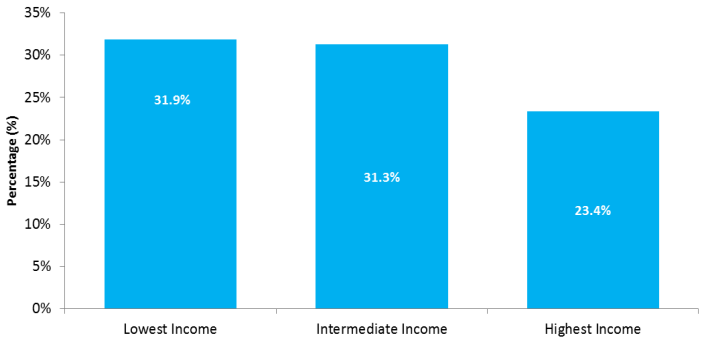
A higher proportion of individuals within the lowest income group reported having a somewhat to very weak sense of community belonging than individuals within the highest income group. A somewhat to very weak sense of community belonging was more common for younger populations and those living in urban rather than rural settings.

Figure 5: Population distribution of individuals reporting having a weak sense of community belonging in LGL.



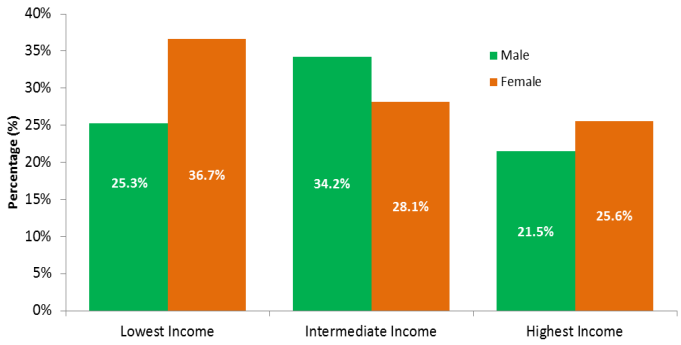
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 6: Reporting having a weak sense of community belonging within each income group in LGL.



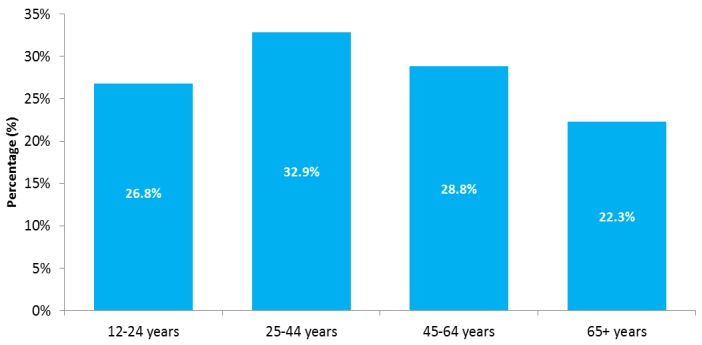
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 7: Reporting having a weak sense of community belonging by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 8: Reporting having a weak sense of community belonging by age group in LGL.



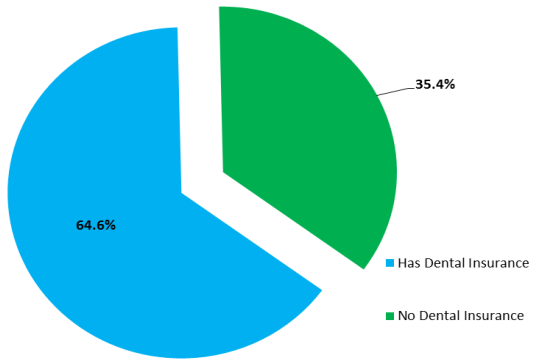
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Dental Insurance

- 64.6% of the overall population in LGL reported having dental insurance. 35.4% of the overall population in LGL reported not having dental insurance (Figure 9).
- 65.1% of individuals within the lowest income group compared to 15.7% within the highest income group reported not having dental insurance (Figure 10).
- Men and women had an equal likelihood of reporting not having dental insurance in all income groups (Figure 11).
- A higher proportion of individuals in the 65+ year age group (55.5%) reported not having dental insurance than those in younger age groups (26.9% - 32.6%) (Figure 12).
- A higher proportion of individuals living in urban settings reported not having dental insurance than those in rural settings (39.8% vs. 32.6%).

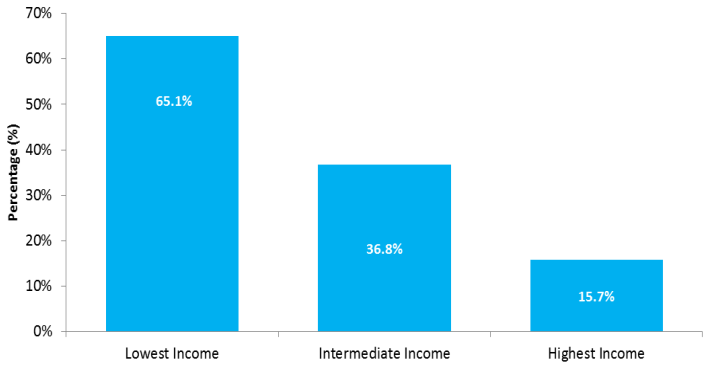
A higher proportion of individuals within the lowest income group reported not having dental insurance than individuals within the highest income group. Reports of not having dental insurance were higher among individuals in older age groups and those living in urban compared to rural settings.

Figure 9: Population distribution of individuals reporting not having dental insurance in LGL.



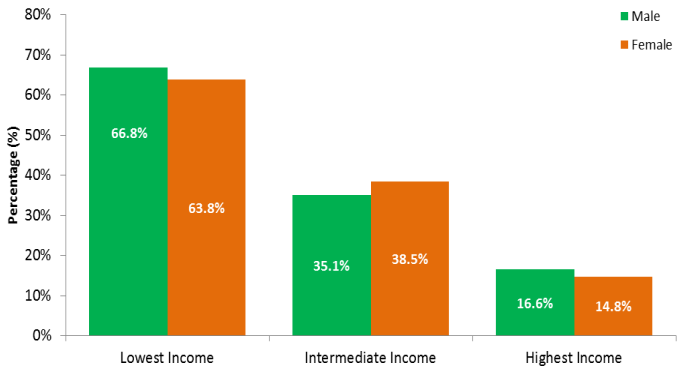
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 10: Reporting not having dental insurance within each income group in LGL.



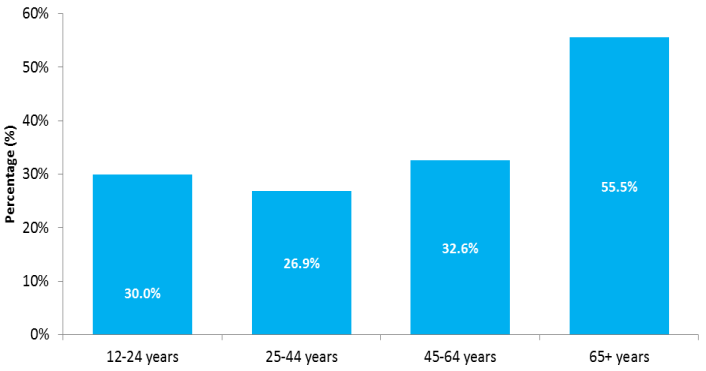
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 11: Reporting not having dental insurance by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 12: Reporting not having dental insurance by age group in LGL.



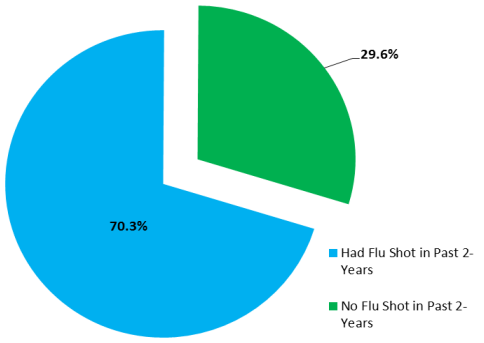
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Flu Shot (Past 2-Years)

- 70.3% of the overall population in LGL reported having a flu shot in the past 2-years. 29.7% of the overall population reported not having a flu shot in past 2-years (Figure 13).
- 26.3% within the lowest income group compared to 29.6% within the highest income group reported not having a flu shot in the past 2-years (Figure 14).
- Men were more likely than women to report not having a flu shot in the past 2-years in all income groups (Figure 15).
- A lower proportion of individuals in the 65+ year age group reported not having a flu shot in the past 2-years (8.9%) than those in the younger age groups (27.2% - 47.2%) (Figure 16).
- Similar proportions of individuals living in rural and urban settings reported not having a flu shot in past 2-years (30.5% vs. 29.9%).

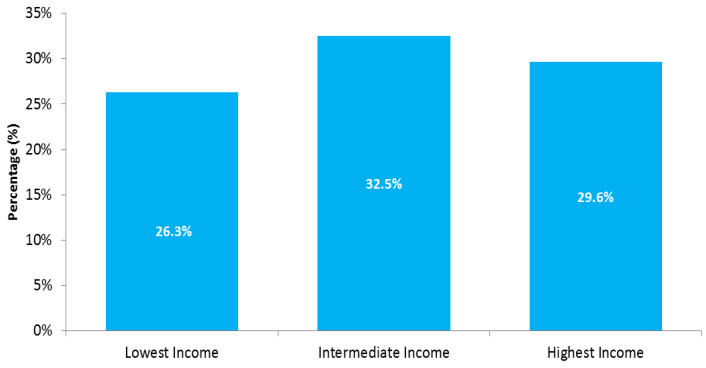
Similar proportions of individuals within all income groups reported not having a flu shot in past 2-years. Reports of not having a flu shot in past 2-years were more common among men. Reports of not having a flu shot in the past 2-years were higher for younger age groups and similar among individuals living in urban and rural settings.

Figure 13: Population distribution of individuals reporting not having a flu shot in LGL.



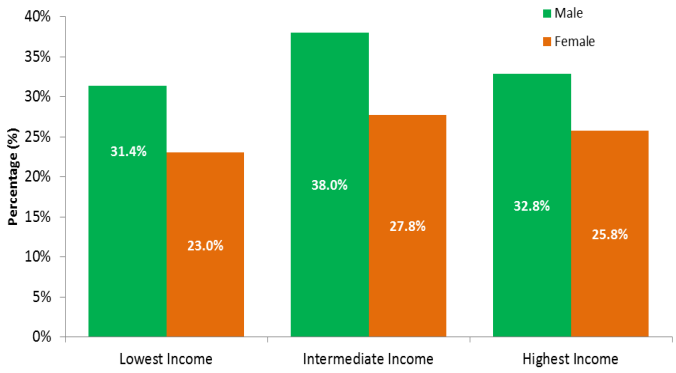
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 14: Reporting not having a flu shot within each income group in LGL.



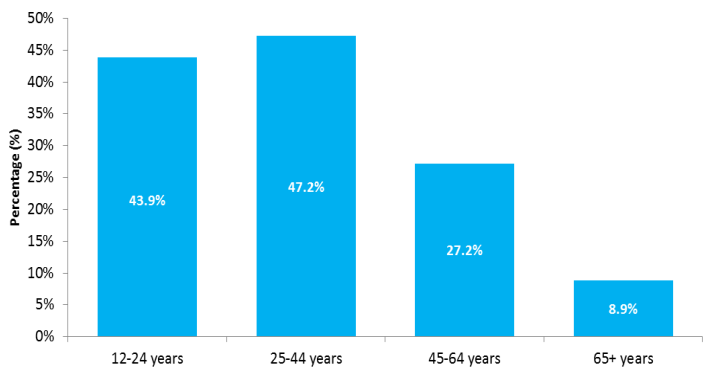
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 15: Reporting not having a flu shot by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 16: Reporting not having a flu shot by age group in LGL.



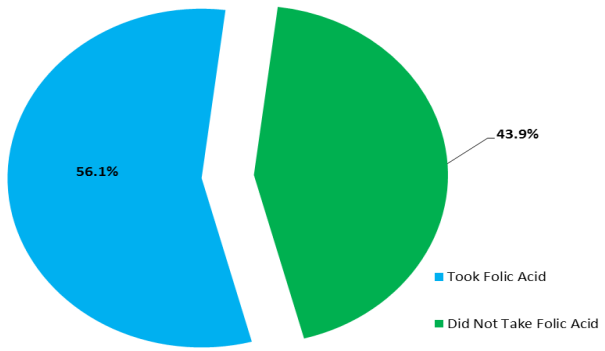
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Folic Acid Supplementation

- 56.1% of the overall female population aged 18 to 44 years in LGL reported taking folic acid before their last pregnancy. 43.9% of the overall female population reported not taking folic acid before their last pregnancy (Figure 17).
- 64.2% within the lowest income group compared to 39.9% within the highest income group reported not taking folic acid before their last pregnancy (Figure 18).
- A higher proportion of individuals in the 18-24 year age group (85.6%) reported not taking folic acid supplementation before their last pregnancy than those in the 25-44 year age group (40.2%) (Figure 19).
- A higher proportion of individuals living in urban settings reported not taking folic acid before their last pregnancy than those in rural settings (47.2% vs. 40.9%).

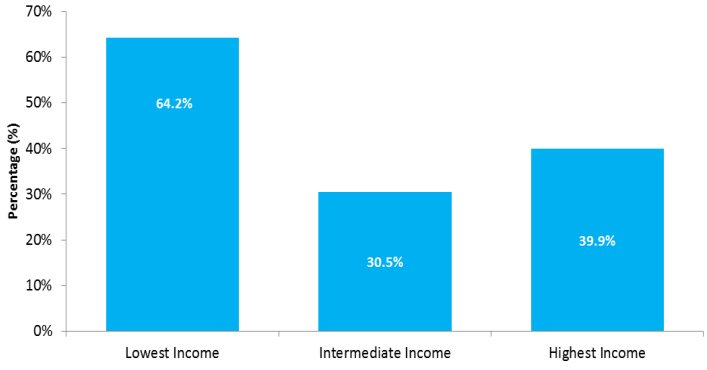
A higher proportion of women within the lowest income group reported not taking folic acid than individuals within the highest income group. Reports of not taking folic acid were higher in the youngest age group. Reports of not taking folic acid were higher among individuals living in urban compared to rural settings.

Figure 17: Population distribution of women reporting not taking folic acid in LGL.



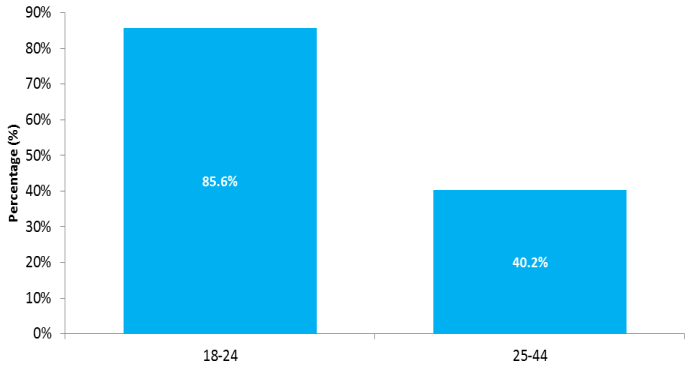
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 18: Reporting not taking folic acid within each income group in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 19: Reporting not taking folic acid by age group in LGL.



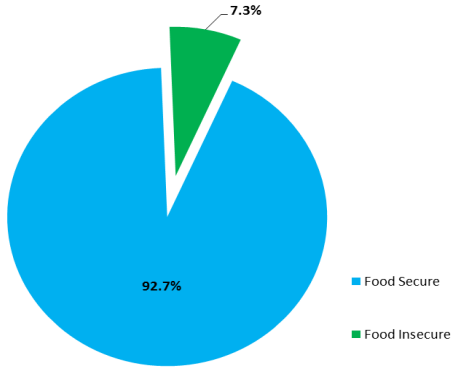
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Food Insecurity

- 92.7% of the overall population in LGL reported being food secure. 7.3% of the population reported being food insecure (Figure 20).
- 19.2% within the lowest income group compared to 0.8% within the highest income group reported being food insecure (Figure 21).
- Women were more likely than men to report being food insecure in the lowest and intermediate income groups (Figure 22).
- A lower proportion of individuals in the 65+ year age group reported being food insecure (2.2%) than those in the younger age groups (10.5% - 7.6%) (Figure 23).
- A higher proportion of individuals living in urban settings reported being food insecure than those in rural settings (8.3% vs. 6.2%).

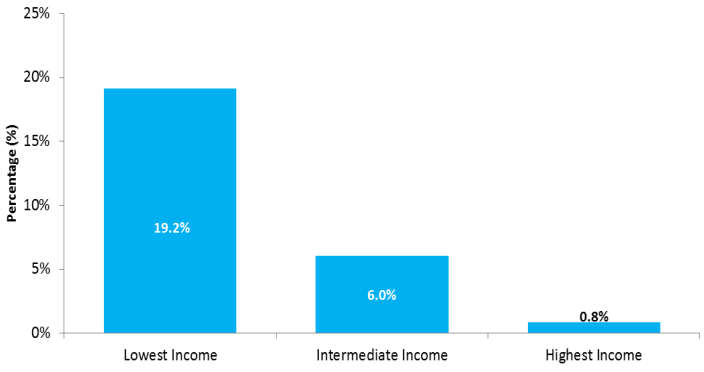
A higher proportion of individuals within the lowest income group reported being food insecure than individuals in the highest income group. Reports of being food insecure were more common among younger age groups and among women than men. Reports of being food insecure were higher among individuals living in urban compared to rural settings.

Figure 20: Population distribution of individuals reporting food insecurity in LGL.



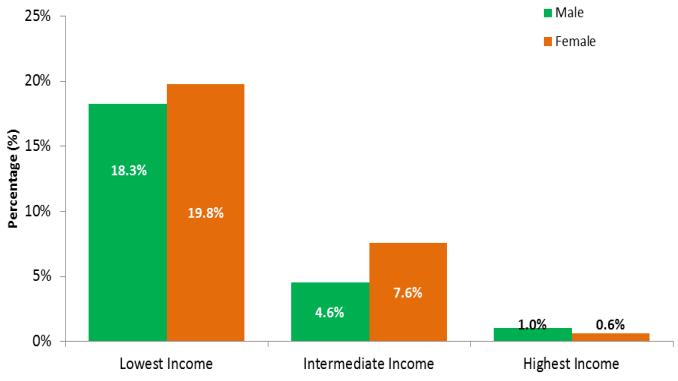
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 21: Reporting food insecurity within each income group in LGL.



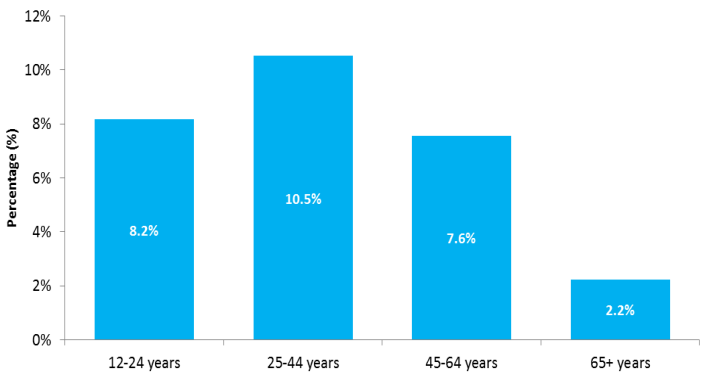
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 22: Reporting food insecurity by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 23: Reporting food insecurity by age group in LGL.



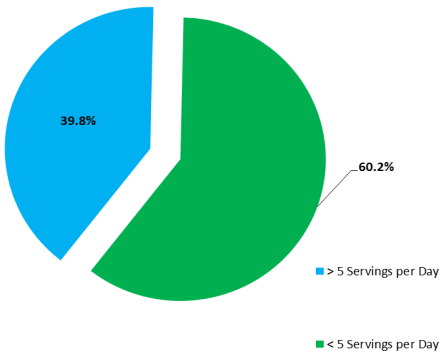
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Fruit & Vegetable Consumption (< 5 Servings per Day)

- 39.8% of the overall population in LGL reported eating 5 servings or more of fruit and vegetables daily. 60.2% of the overall population reported eating less than 5 servings of fruit and vegetables daily (Figure 24).
- 61.3% within the lowest income group and 60.0% within the highest income group reported eating less than 5 servings of fruit and vegetables daily (Figure 25).
- Men were more likely than women to report eating less than 5 servings of fruit and vegetables daily in all income groups (Figure 26).
- Similar proportions of individuals in the two youngest age groups reported eating less than 5 servings of fruit and vegetables daily. The proportion was highest in the 45-64 year age group (64.8%) and lowest in the 65+ year age group (51.5%) (Figure 27).
- Similar proportions of individuals living in urban and rural settings reported eating less than 5 servings of fruit and vegetables daily (60.4% vs. 59.8%).

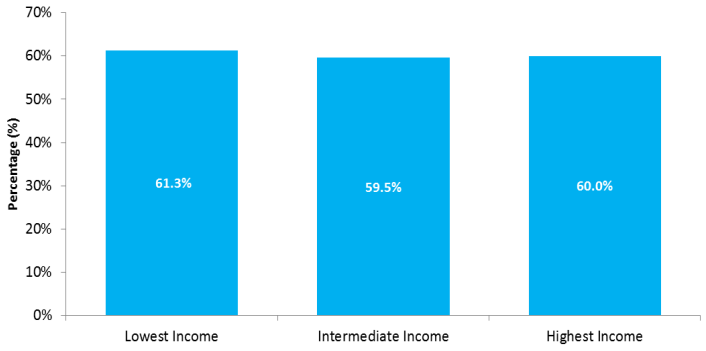
Similar proportions of individuals within all income groups reported eating less than 5 servings of fruit and vegetables daily. Reports of low fruit and vegetable consumption were more common among men than women and among the 45-64 year age group.

Figure 24: Population distribution of individuals reporting eating < 5 servings of fruit and vegetables daily in LGL.



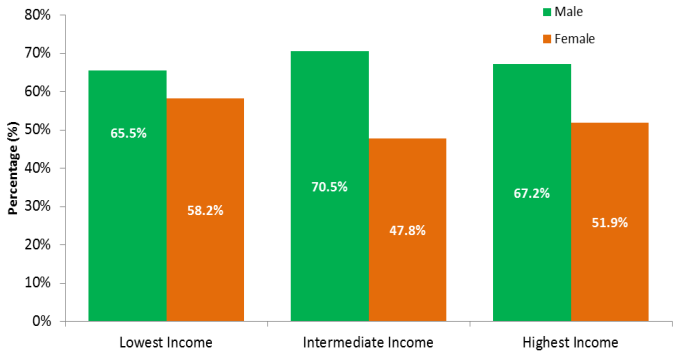
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 25: Reporting eating < 5 servings of fruit and vegetables daily within each income group in LGL.



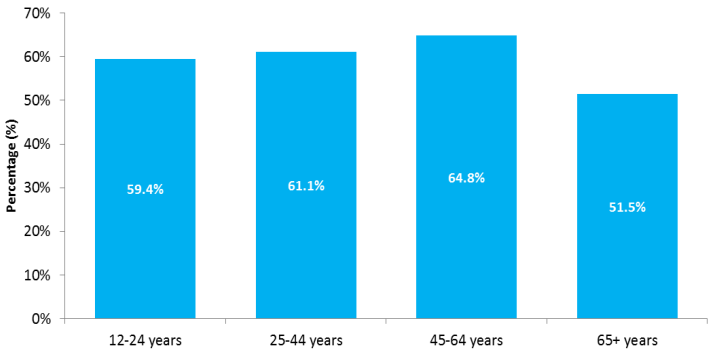
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 26: Reporting eating < 5 servings of fruit and vegetables daily by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 27: Reporting eating < 5 servings of fruit and vegetables daily by age group in LGL.



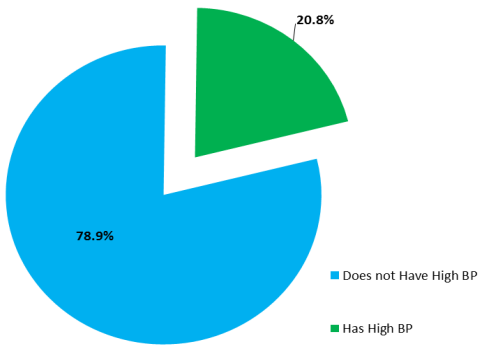
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

High Blood Pressure Diagnosis

- 78.9% of the overall population in LGL self-reported having a diagnosis of normal blood pressure. 20.8% of the overall population self-reported a diagnosis of high blood pressure (Figure 28).
- 30.0% within the lowest income group compared to 16.3% within the highest income group self-reported a diagnosis of high blood pressure (Figure 29).
- Having a diagnosis of high blood pressure was higher among men in the lowest income group than women and the reverse was seen for the intermediate income group (Figure 30).
- A higher proportion of individuals in the 65+ year age group (45.6%) reported a diagnosis of high blood pressure than those in younger age groups (2.2% - 23.1%) (Figure 31).
- A slightly higher proportion of individuals living in urban settings reported a diagnosis of high blood pressure than those in rural settings (22.0% vs. 19.7%).

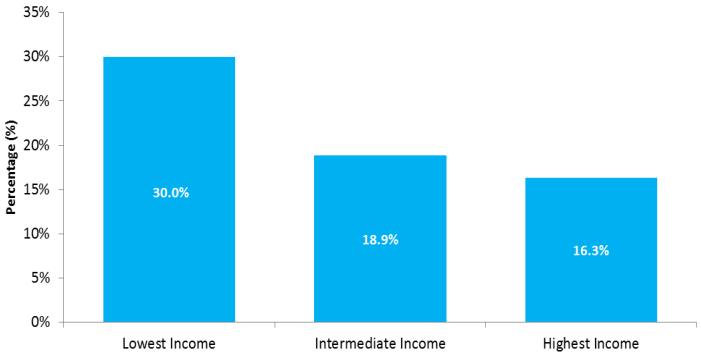
A higher proportion of individuals within the lowest income group reported having a diagnosis of high blood pressure than individuals within the highest income group. Reports of high blood pressure were higher in older age groups and similar for those living in urban compared to rural settings.

Figure 28: Population distribution of individuals reporting high blood pressure in LGL.



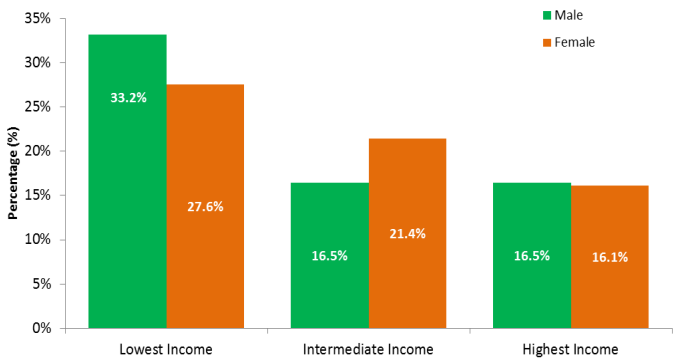
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 29: Reporting having high blood pressure within each income group in LGL.



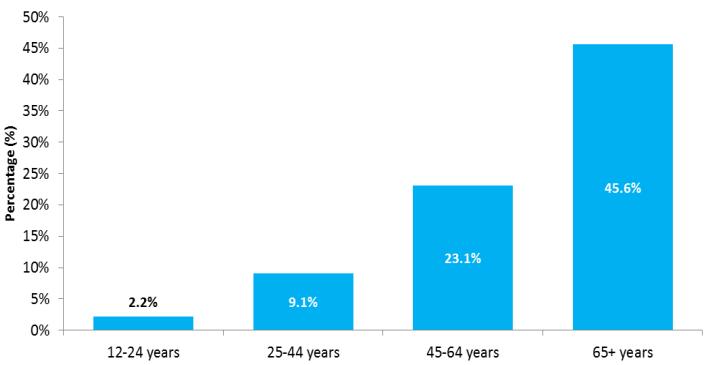
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 30: Reporting having high blood pressure by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 31: Reporting high blood pressure by age group in LGL.



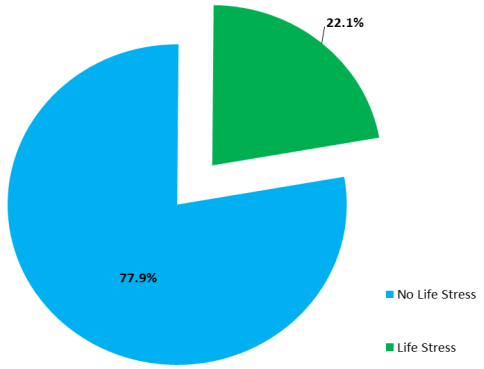
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Life Stress (Self Rated)

- 77.9% of the overall population in LGL self-reported little to no life stress. 22.1% of the overall population self-reported quite a bit or extreme life stress (Figure 32).
- 31.5% within the highest income group compared to 38.7% within the intermediate income group and 33.9% within the lowest income group self-reported a quite a bit to extreme life stress (Figure 33).
- Men were more likely to self report quite a bit or extreme life stress than women in all income groups (Figure 34).
- Quite a bit to extreme life stress increased with age group (18.4% - 28.7%) until dropping off at the 65+ year age group (11.4%) (Figure 35).
- A slightly higher proportion of individuals living in urban settings reported having quite a bit or extreme life stress than those in rural settings (23.6% vs. 21.2%).

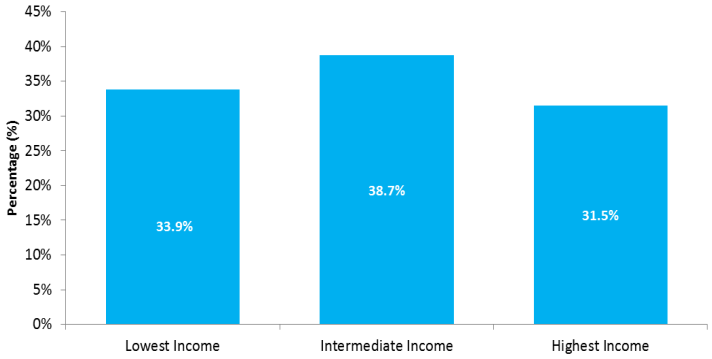
A higher proportion of individuals in the intermediate income group reported quite a bit or extreme life stress. Reports of life stress were more common among men than women. Reports of quite a bit to extreme life stress increased with age and then decreased in the 65+ year age group. Higher proportions of individuals living in urban settings reported quite a bit to extreme life stress.

Figure 32: Population distribution of individuals reporting quite a bit or extreme life stress in LGL.



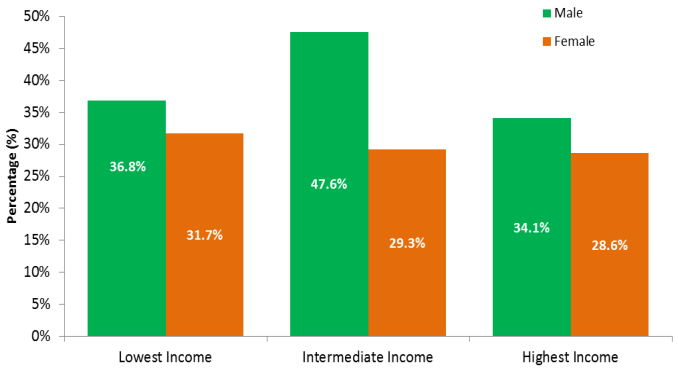
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 33: Reporting quite a bit or extreme life stress within each income group in LGL.



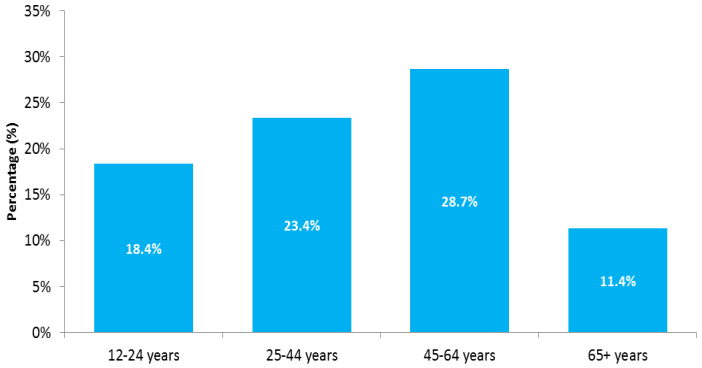
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 34: Reporting quite a bit or extreme life stress by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 35: Reporting quite a bit or extreme life stress by age group in LGL.



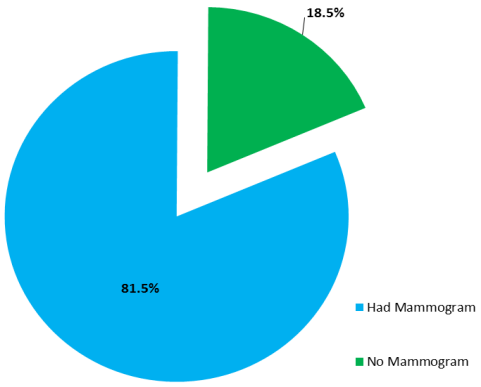
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Mammogram

- 81.5% of the overall population of women aged 45+ years in LGL reported ever having a mammogram. 18.5% of women aged 45+ years reported never having a mammogram (Figure 36).
- 15.1% within the lowest income group compared to 34.4% within the highest income group reported never having a mammogram (Figure 37).
- A higher proportion of women in the 45-64 year age group (22.2%) reported never having a mammogram than those in the 65+ year age group (12.1%) (Figure 38).
- A higher proportion of individuals living in rural settings reported never having a mammogram than those living in urban settings (23.9% vs. 14.6%).

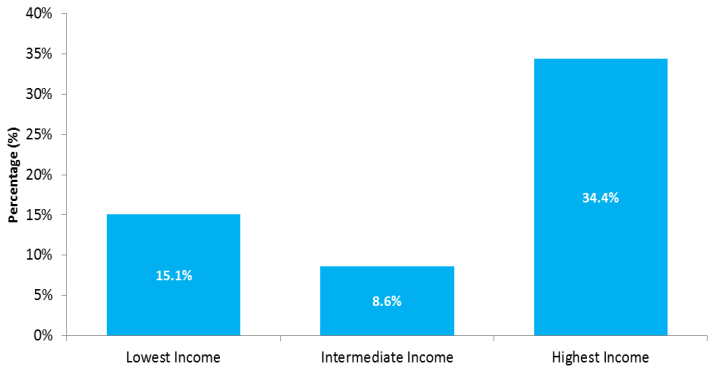
A higher proportion of women within the highest income group reported never having had a mammogram than individuals within the intermediate and lowest income groups. Reports of never having a mammogram were higher among women in the younger age group and those living in rural compared to urban settings.

Figure 36: Population distribution of women reporting never having a mammogram in LGL.



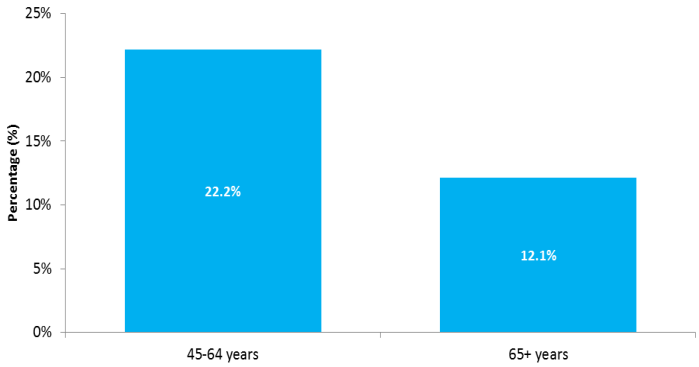
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 37: Reporting never having a mammogram within each income group in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 38: Reporting never having a mammogram by age group in LGL.



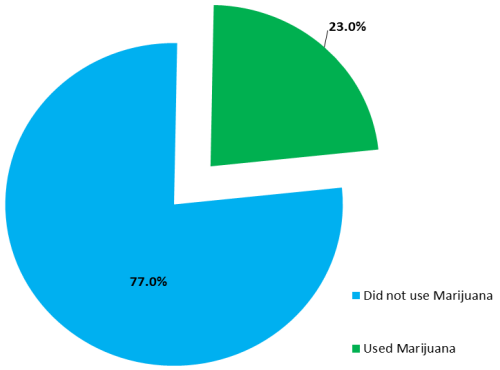
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Marijuana Use

- 77.0% of the overall population in LGL reported not using marijuana in the past 12-months. 23.0% of the overall population reported having used marijuana in the past 12-months (Figure 39).
- 28.3% of individuals within the intermediate income group compared to 19.4% within the lowest income group and 22.0% within the highest income group reported having used marijuana in the past 12-months (Figure 40).
- Men were more likely to report using marijuana in the past 12-months than women in all income groups (Figure 41).
- A higher proportion of individuals in the 12-24 year age group (48.1%) reported having used marijuana in the past 12-months than other age groups (15.9% - 20.0%) (Figure 42).
- A higher proportion of individuals living in rural settings reported having used marijuana in the past 12-months than those living in urban settings (25.4% vs. 20.4%).

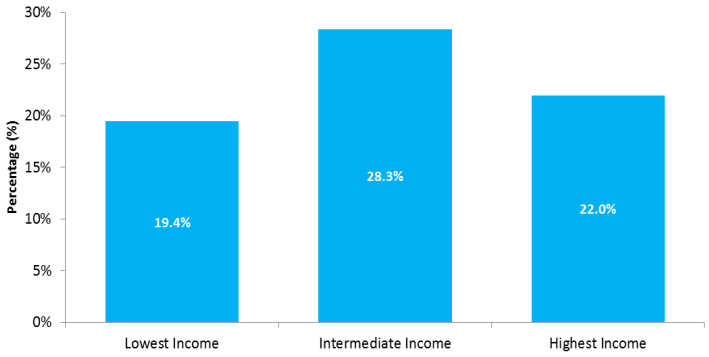
Almost one in four people reported marijuana use in the past 12-months. Marijuana use was reported in all age groups with the highest use reported in the youngest age group. Reports of marijuana use were more common among men than women. A higher proportion of individuals living in rural than urban settings reported marijuana use.

Figure 39: Population distribution of individuals reporting marijuana use in LGL.



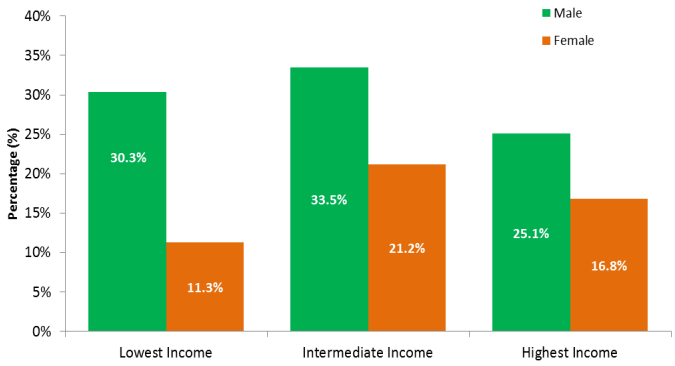
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 40: Reporting marijuana use within each income group in LGL.



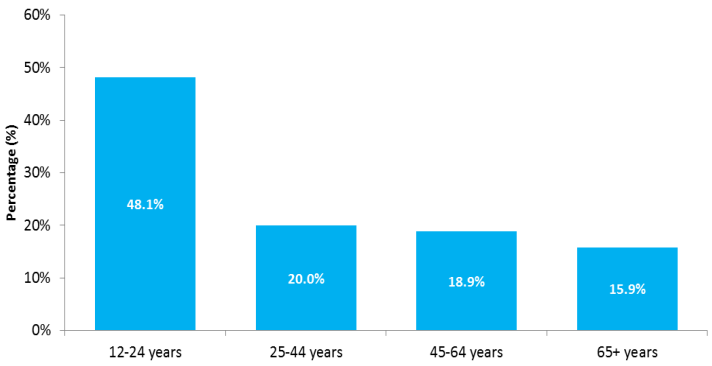
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 41: Reporting marijuana use by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 42: Reporting marijuana use by age group in LGL.



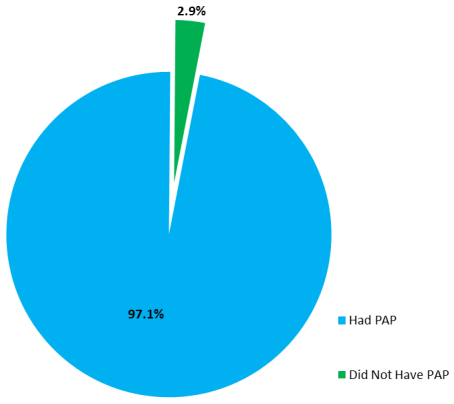
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

PAP Test

- 97.1% of women aged 25+ years in LGL reported having a PAP test. 2.9% of women overall reported not ever having had a PAP test (Figure 43).
- 2.9% within the lowest income group compared to 4.6% within the highest income group reported not ever having had a PAP test (Figure 44).
- A higher proportion of women in the 65+ year age group (8.0%) reported not ever having had a PAP test than those the younger age groups (0.3% - 1.8%) (Figure 45).
- A higher proportion of individuals living in rural settings were more likely to report not ever having had a PAP test than those in urban settings (4.5% vs. 1.9%).

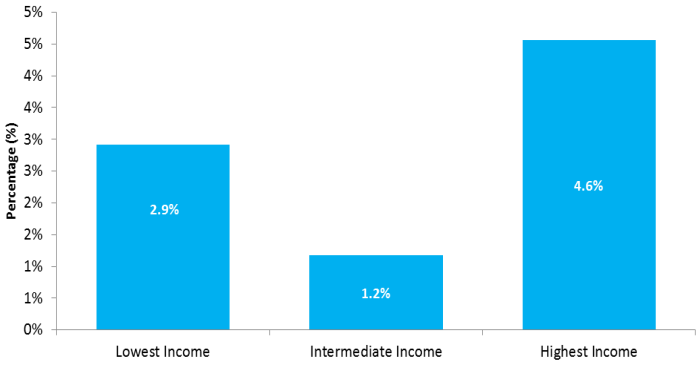
A higher proportion of women within the highest income group reported not ever having had a PAP test than those in the lowest income group. Reports of not ever having had a PAP test were highest in the 65+ year age group. Reports of not ever having had a PAP test were higher among women living in rural compared to urban settings.

Figure 43: Population distribution of women reporting not ever having had a PAP test in LGL.



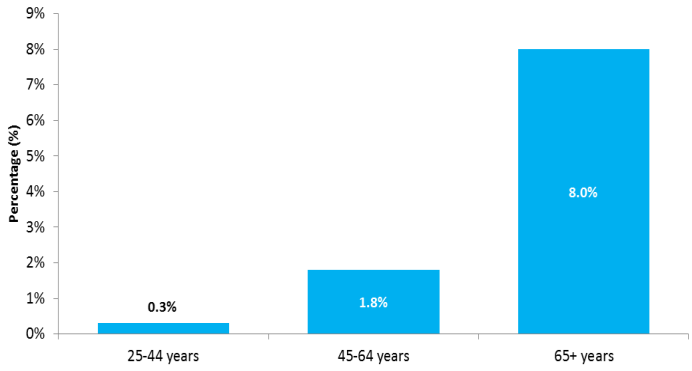
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 44: Reporting not ever having had a PAP test within each income group in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 45: Reporting not ever having had a PAP test by age group in LGL.



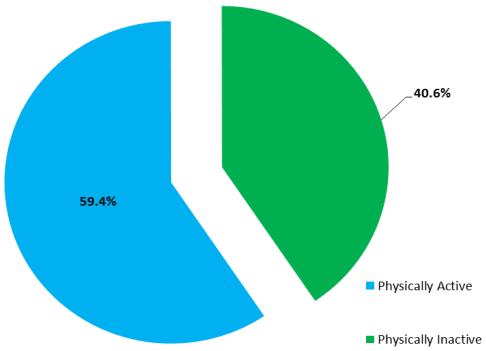
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Physical Inactivity

- 59.4% of the overall population in LGL reported being physically active during their leisure time. 40.6% of the overall population reported being physically inactive during their leisure time (Figure 46).
- 50.5% within the lowest income group compared to 33.3% within the highest income group reported being physically inactive (Figure 47).
- Women were more likely than men to report being physically inactive in both the intermediate and highest income groups (Figure 48).
- Physical inactivity increased with age. A higher proportion of individuals in the 65+ year age group (49.0%) reported being physically inactive than the younger age groups (20.0% - 39.2%) (Figure 49).
- A similar proportion of individuals living in urban and rural settings reported being physically inactive (40.8% vs. 40.6%).

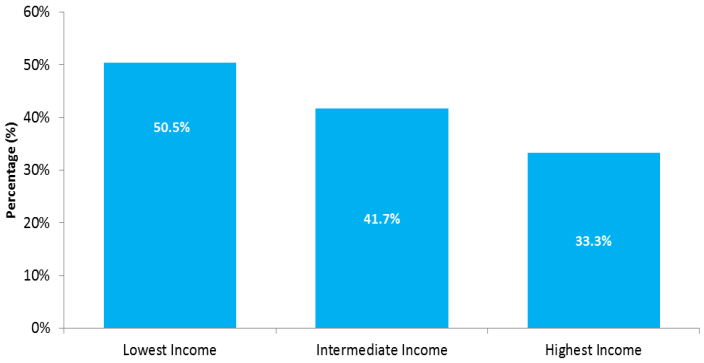
A higher proportion of individuals in the lowest income group reported being physically inactive than individuals in the highest income group. Reports of physical inactivity increased with age and were highest in the 65+ year age group. Women in both the intermediate and highest income groups were more likely to report being physically inactive compared to men.

Figure 46: Population distribution of individuals reporting being physically inactive in LGL.



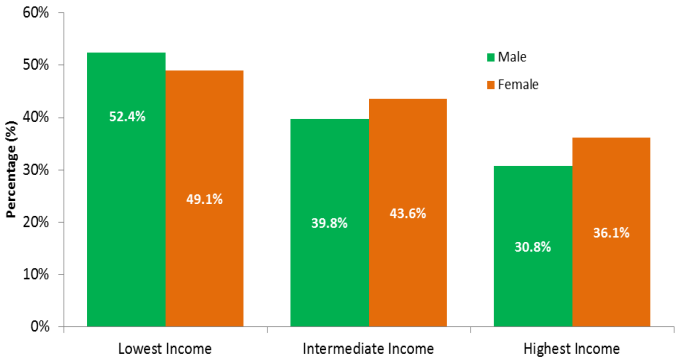
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 47: Reporting being physically inactive within each income group in LGL.



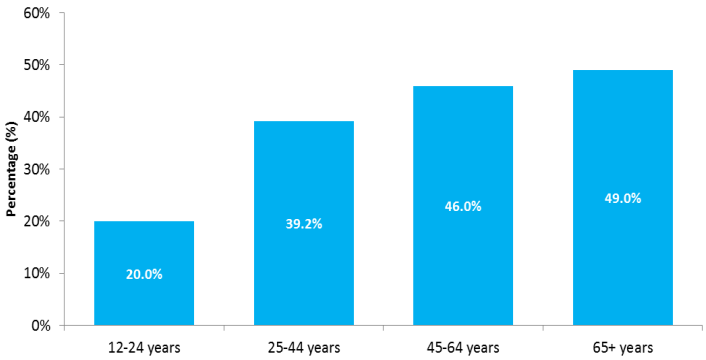
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 48: Reporting being physically inactive by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 49: Reporting being physically inactive by age group in LGL.



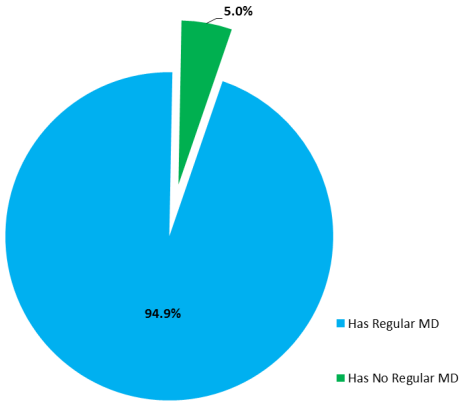
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Regular Medical Doctor

- 94.9% of the overall population in LGL reported having a regular medical doctor. 5.1% of the overall population reported not having a regular medical doctor (Figure 50)
- 6.4% within the lowest income group compared to 3.2% within the highest income group reported not having a regular medical doctor (Figure 51).
- Men were more likely than women in all income groups to report not having a regular medical doctor (Figure 52).
- A higher proportion of individuals in the 12-24 and 25-44 year age groups (6.1% and 6.2%) reported not having a regular medical doctor than other age groups (3.1% - 4.7%) (Figure 53).
- A similar proportion of individuals living in urban and rural settings reported not having a regular medical doctor (5.7% vs. 4.1%).

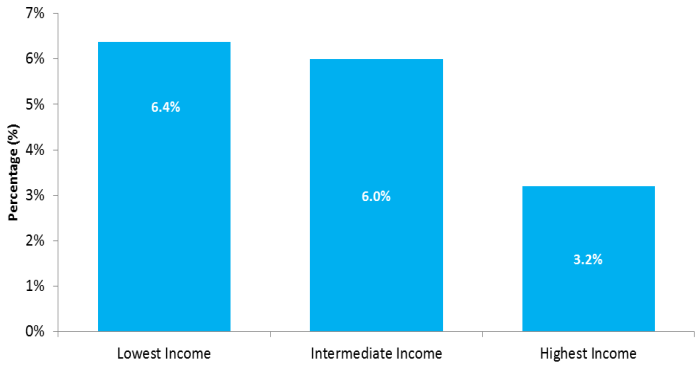
A higher proportion of individuals within the lowest income group reported not having a regular medical doctor than individuals within the highest income group. Reports of not having a regular medical doctor were higher among younger age groups, and among men than women.

Figure 50: Population distribution of individuals reporting not having a regular medical doctor in LGL.



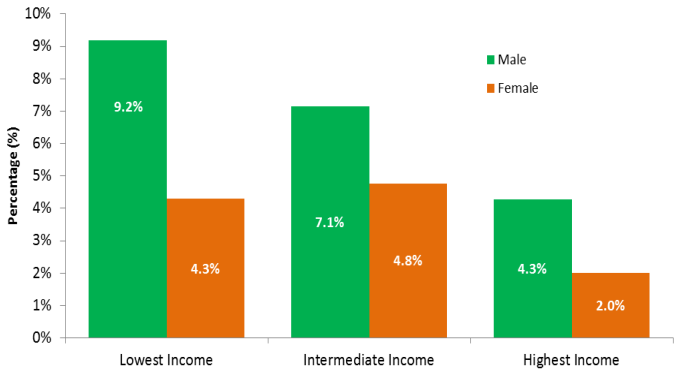
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 51: Reporting not having a regular medical doctor within each income group in LGL.



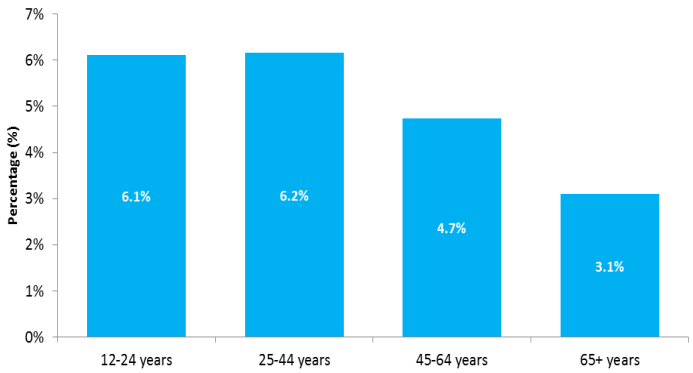
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 52: Reporting not having a regular medical doctor by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 53: Reporting not having a regular medical doctor by age group in LGL.



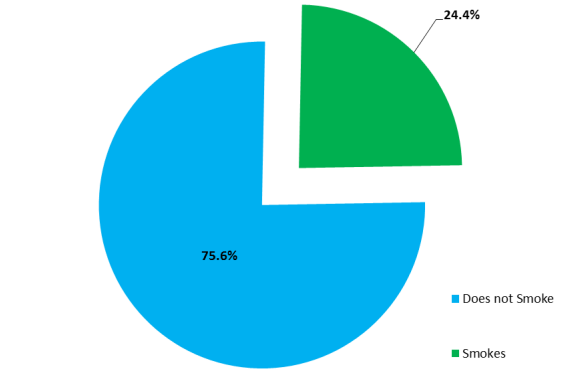
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Smoking Cigarettes

- 75.6% of the overall population in LGL reported currently being a non-smoker. 24.4% of the overall population reported currently smoking cigarettes (Figure 54).
- 37.8% within the lowest income group compared to 15.5% within the highest income group reporting being a current cigarette smoker (Figure 55).
- Men were more likely than women to report being a current cigarette smoker in all income groups (Figure 56).
- A higher proportion of individuals in the 25-44 year age group (33.2%) and the 45-64 year age group (28.9%) reported being a current cigarette smoker than both the younger and older age groups (17.0% - 11.5%) (Figure 57).
- A higher proportion of individuals living in urban settings were more likely to report being a current cigarette smoker than those in rural settings (28.2% vs. 20.0%).

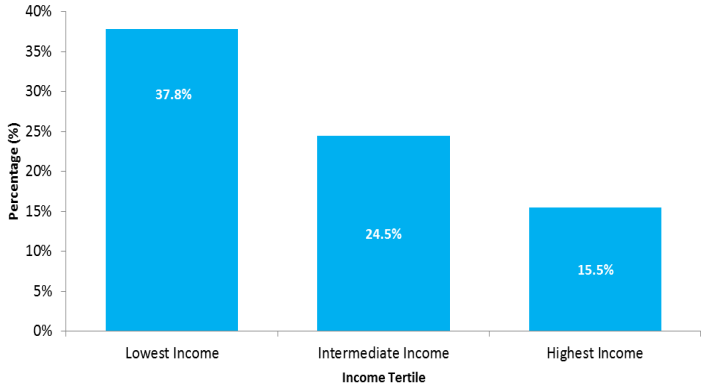
A higher proportion of individuals within the lowest income group reported being a current cigarette smoker than individuals within the highest income group. Reports of being a current cigarette smoker were more common among men than women, and among individuals living in urban compared to rural settings.

Figure 54: Population distribution of individuals reporting being a current cigarette smoker in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 55: Reporting being a current cigarette smoker within each income group in LGL.

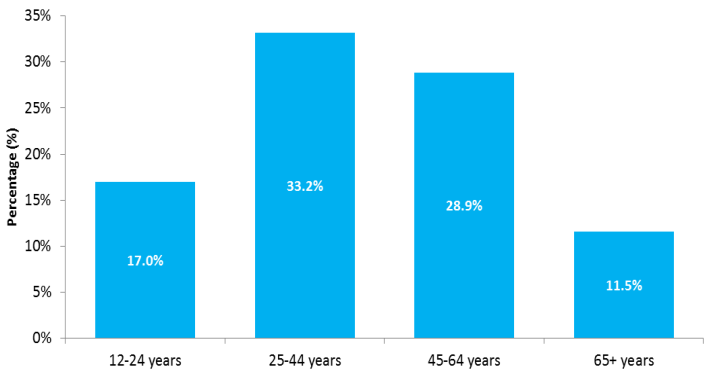


Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 56: Reporting being a current cigarette smoker by income group and gender in LGL.

Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 57: Reporting being a current cigarette smoker by age group in LGL.



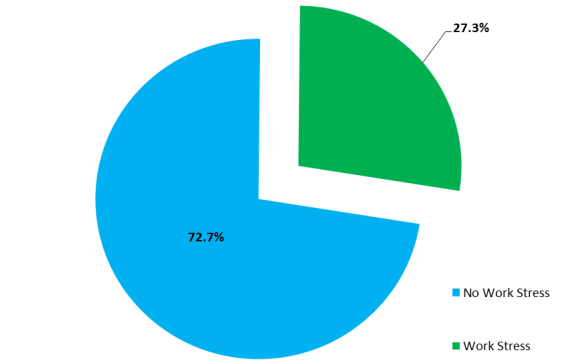
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Work Stress (Self Rated)

- 72.7% of the overall population in LGL reported little to no work stress. 27.3% of the overall population reported having quite a bit or extreme work stress (Figure 58).
- A similar proportion of individuals within all income groups reported quite a bit or extreme work stress (Figure 59).
- Reporting quite a bit or extreme work stress was higher for women than men in the lowest and intermediate income groups (Figure 60).
- A higher proportion of individuals in the 45-64 year age group (33.2%) reported having quite a bit to extreme work stress than other age groups (15.2% - 26.5%) (Figure 61).
- A higher proportion of individuals living in urban settings reported quite a bit or extreme work stress than those in rural settings (31.7% vs. 27.3%).

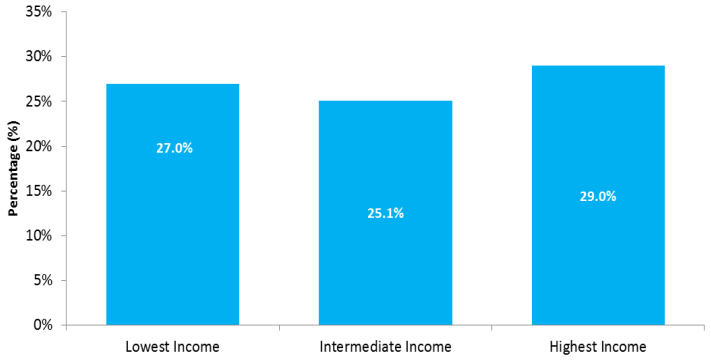
Reporting quite a bit or extreme work stress was similar within all income groups. More women than men reported quite a bit to extreme work stress in the lowest and intermediate income groups. Reports of quite a bit to extreme work stress was highest in the 45-64 year age groups. Higher proportions of individuals reporting work stress lived in urban settings.

Figure 58: Population distribution of individuals reporting quite a bit or extreme work stress in LGL.



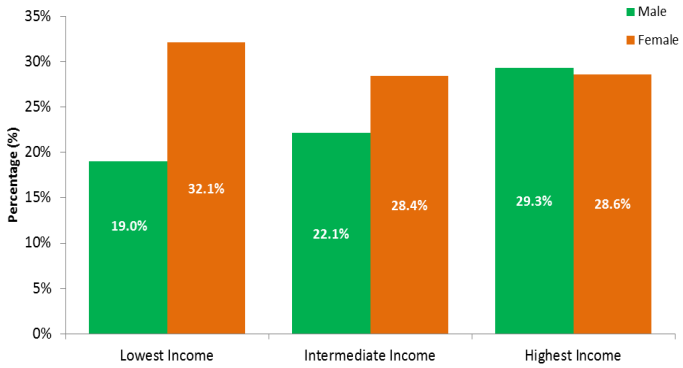
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 59: Reporting quite a bit or extreme work stress within each income group in LGL.



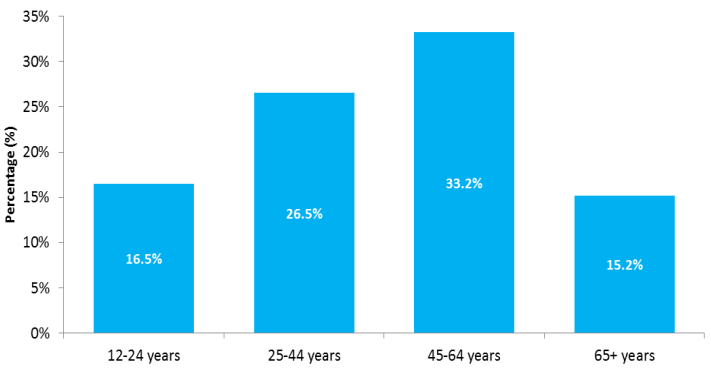
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 60: Reporting quite a bit or extreme work stress by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 61: Reporting quite a bit or extreme work stress by age group in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

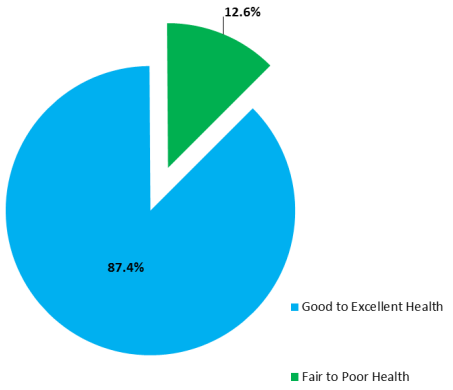
Indicators of Health, Chronic Diseases and Injury

Health (Self Rated)

- 87.4% of the overall population in LGL reported having good to excellent health. 12.6% of the overall population reported fair to poor health (Figure 62).
- 24.8% within the lowest income group compared to 5.2% within the highest income group reported fair to poor health (Figure 63).
- Women were more likely than men to report fair to poor health in all income groups (Figure 64).
- A higher proportion of individuals in the 45-64 (14.2%) and 65+ (18.9%) year age groups reported fair to poor health than other age groups (7.4% - 8.3%) (Figure 65).
- A higher proportion of individuals living in urban settings reported fair to poor health than those in rural settings (13.5% vs. 11.6%).

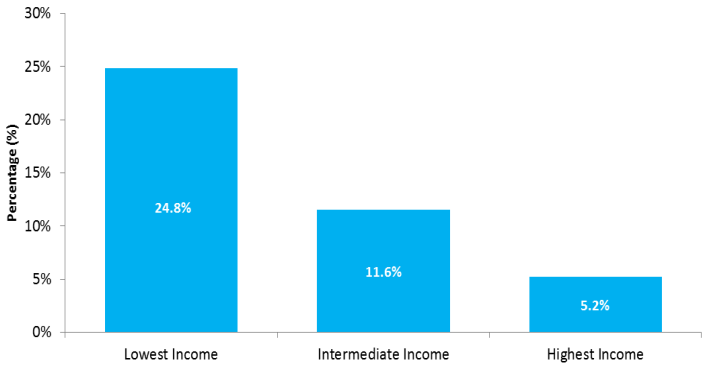
A higher proportion of individuals within the lowest income group reported having fair to poor health than individuals within the highest income group. Reports of fair to poor health were more common in older age groups and more common among women than men.

Figure 62: Population distribution of individuals reporting fair to poor health in LGL.



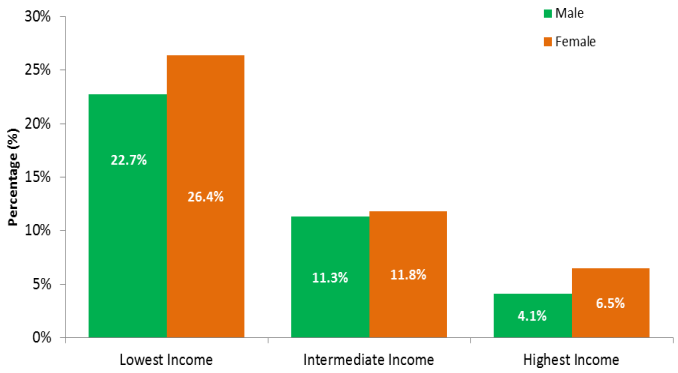
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 63: Reporting having fair to poor health within each income group in LGL.



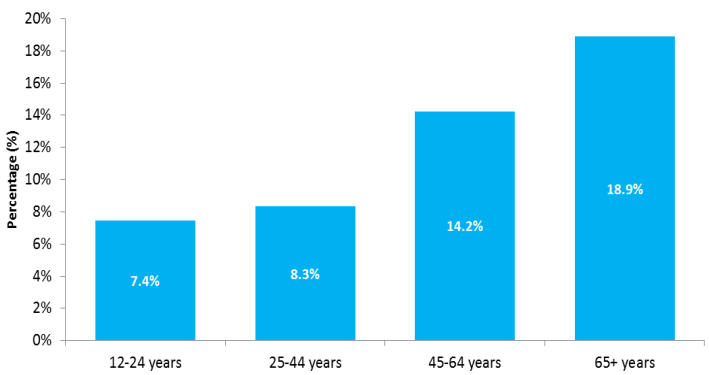
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 64: Reporting having fair to poor health by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 65: Reporting fair to poor health by age group in LGL.



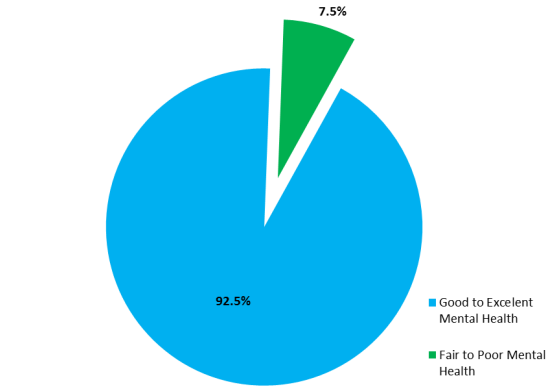
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Mental Health (Self Rated)

- 92.5% of the overall population in LGL reported their mental health as being good to excellent. 7.5% of the overall population reported having fair to poor mental health (Figure 66).
- 10.7% of individuals within the lowest income group compared to 7.0% within the highest income group reported fair to poor mental health (Figure 67).
- More men than women in the lowest income group reported fair to poor mental health. This was reversed in the intermediate income group and there was no difference in the highest group (Figure 68).
- A higher proportion of individuals in the 25-44 and 45-64 year age groups (9.0% and 9.1%) reported fair to poor mental health than other age groups (3.0% - 5.9%) (Figure 69).
- A higher proportion of individuals living in urban settings reported having fair to poor mental health than those in rural settings (8.4% vs. 6.4%).

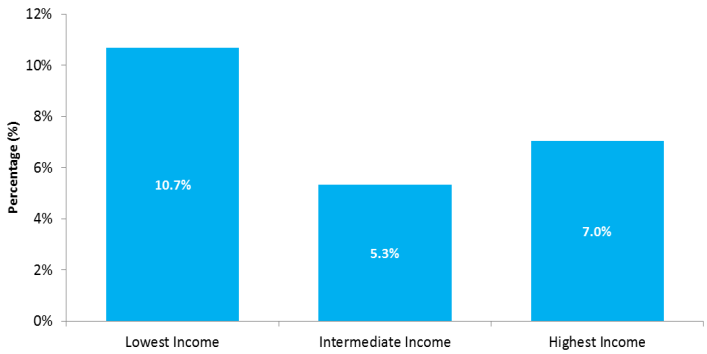
A higher proportion of individuals within the lowest income group reported having fair to poor mental health than the highest income group. Higher proportions of individuals in the 25-64 year age groups reported having fair to poor mental health. Higher proportions of individuals living in urban than rural settings reported fair to poor mental health.

Figure 66: Population distribution of individuals reporting fair to poor mental health in LGL.



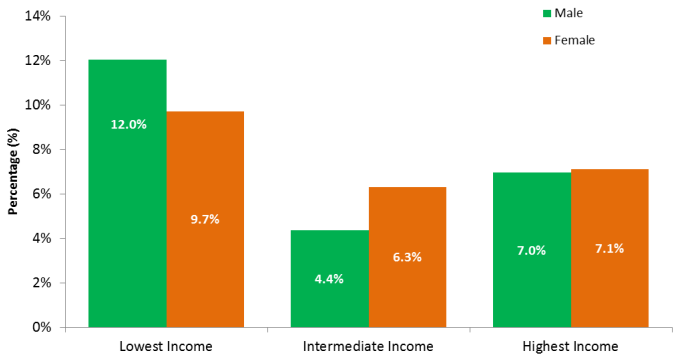
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 67: Reporting fair to poor mental health within each income group in LGL.



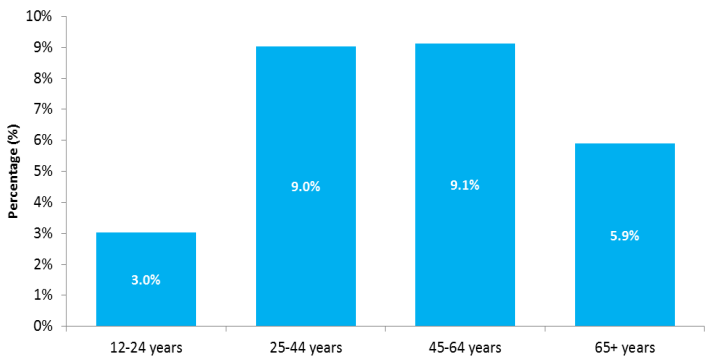
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 68: Reporting fair to poor mental health by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 69: Reporting fair to poor mental health by age group in LGL.



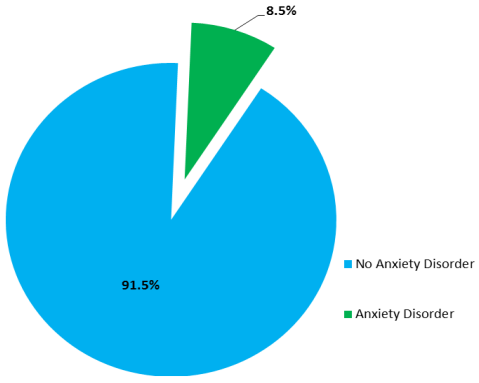
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Anxiety Disorder Diagnosis

- 91.5% of the overall population in LGL reported not being diagnosed with an anxiety disorder. 8.5% of the overall population reported being diagnosed with an anxiety disorder (Figure 70).
- 12.4% within the lowest income group compared to 5.8% within the highest income group reported being diagnosed with an anxiety disorder (Figure 71).
- While both women and men reported a diagnosis of anxiety disorder, a higher proportion of women than men reported a diagnosis of an anxiety disorder in all income groups (Figure 72).
- A higher proportion of individuals in the 45-64 year age group (10.9%) reported being diagnosed with an anxiety disorder than other age groups (5.2% - 7.6%) (Figure 73).
- A higher proportion of individuals living in urban settings reported being diagnosed with an anxiety disorder than those in rural settings (9.9% vs. 6.6%).

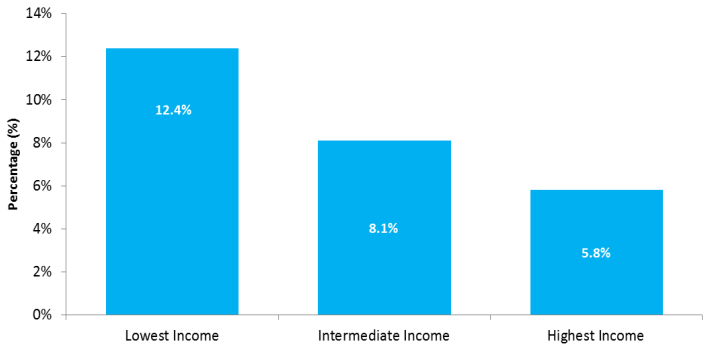
A higher proportion of individuals within the lowest income group reported being diagnosed with an anxiety disorder than individuals within the highest income group. Reports of anxiety disorders were most common in the 45-64 year age group. Reports of anxiety disorder were more common among women than men and among individuals living in urban settings.

Figure 70: Population distribution of individuals reporting being diagnoses with an anxiety disorder in LGL.



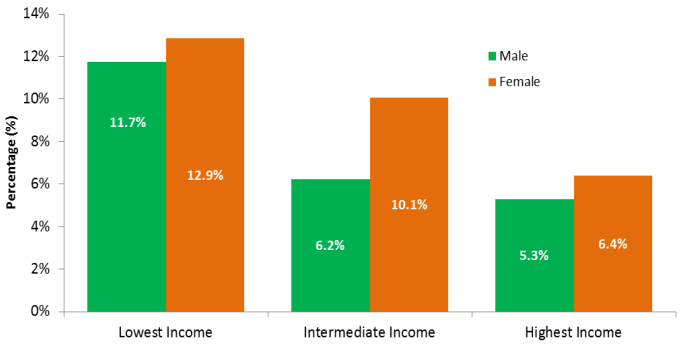
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 71: Reporting being diagnosed with an anxiety disorder within each income group in LGL.



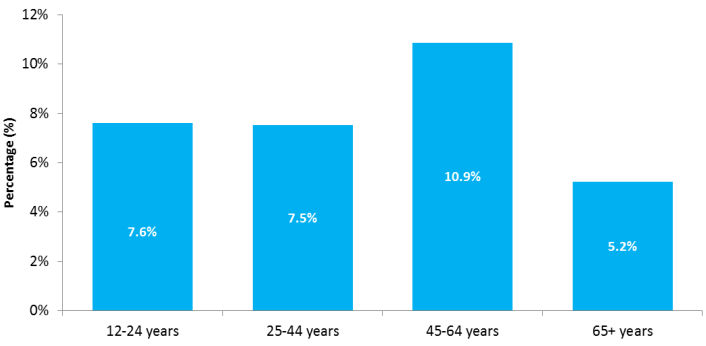
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 72: Reporting being diagnosed with an anxiety disorder by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 73: Reporting being diagnosed with an anxiety disorder by age group in LGL.



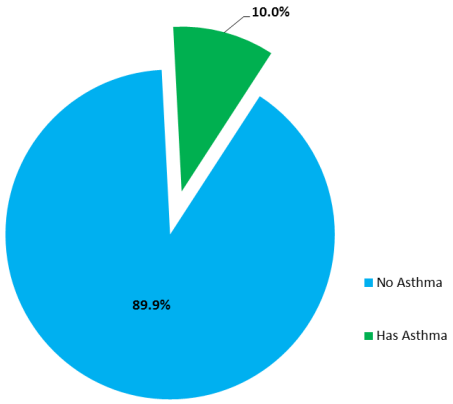
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Asthma Diagnosis

- 89.9% of the overall population in LGL reported not being diagnosed with asthma. 10.1% of the overall population reported being diagnosed with asthma (Figure 74).
- 11.5% within the lowest income group compared to 9.2% within the highest income group reported being diagnosed with asthma (Figure 75).
- Women were more likely than men to report being diagnosed with asthma in all income groups (Figure 76).
- A higher proportion of individuals in the 12-24 (12.5%) and the 25-44 (11.8%) year age groups reported being diagnosed with asthma than the older age groups (8.3% - 8.9%) (Figure 77).
- A similar proportion of individuals living in urban and rural settings reported being diagnosed with asthma (10.4% vs. 9.7%).

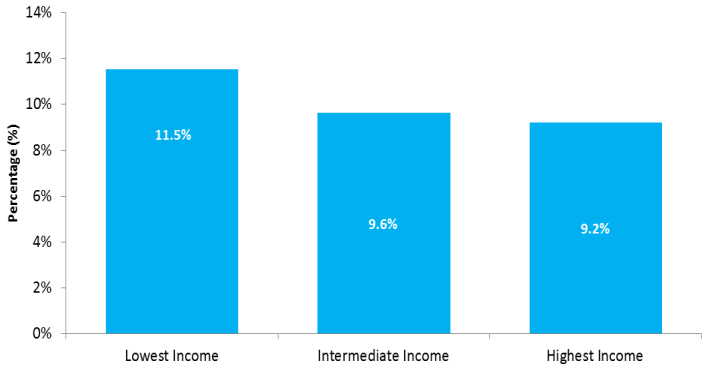
A slightly higher proportion of individuals within the highest income group reported being diagnosed with asthma than individuals within the lowest income group. A diagnosis of asthma was most common in the youngest age group. Reports of asthma were more common among women than men.

Figure 74: Population distribution of individuals reporting being diagnosed with asthma in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 75: Reporting being diagnosed with asthma within each income group in LGL.

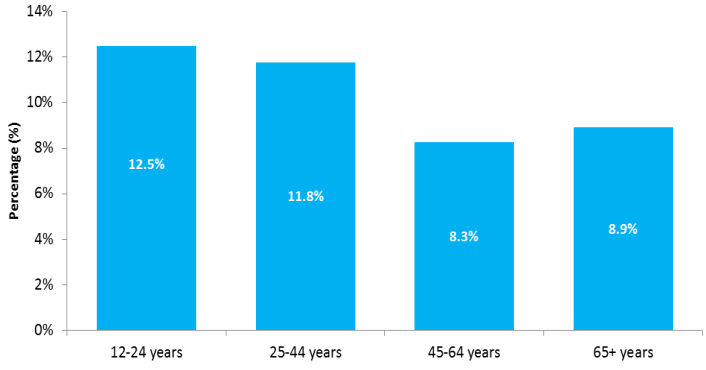


Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 76: Reporting being diagnosed with asthma by income group and gender in LGL.

Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 77: Reporting being diagnosed with asthma by age group in LGL.



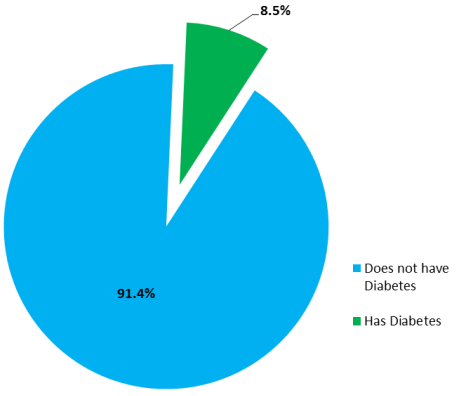
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Diabetes Diagnosis

- 91.4% of the overall population in LGL reported not being diagnosed with diabetes. 8.6% of the overall population reported being diagnosed with diabetes (Figure 78).
- 12.1% within the lowest income group compared to 4.9% within the highest income group reported being diagnosed with diabetes (Figure 79).
- Men were more likely than women to report being diagnosed with diabetes in all income groups (Figure 80).
- A higher proportion of individuals in the 45-64 (11.0%) and 65+ (16.6%) year age groups reported being diagnosed with diabetes than the younger age groups (0.5% - 3.1%) (Figure 81).
- A higher proportion of individuals living in urban settings reported being diagnosed with diabetes than those in rural settings (9.2% vs. 7.9%).

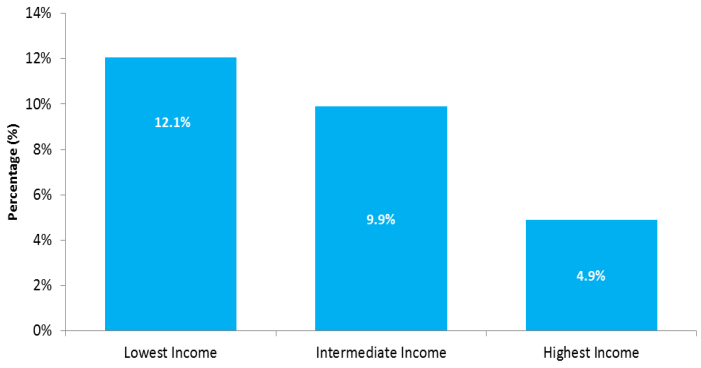
A higher proportion of individuals within the lowest income group reported being diagnosed with diabetes than individuals in the highest income group. Reports of a diabetes diagnosis were more common in older age groups. Reports of diabetes were more common among men than women, and among individuals living in urban compared to rural settings.

Figure 78: Population distribution of individuals reporting having diabetes in LGL.



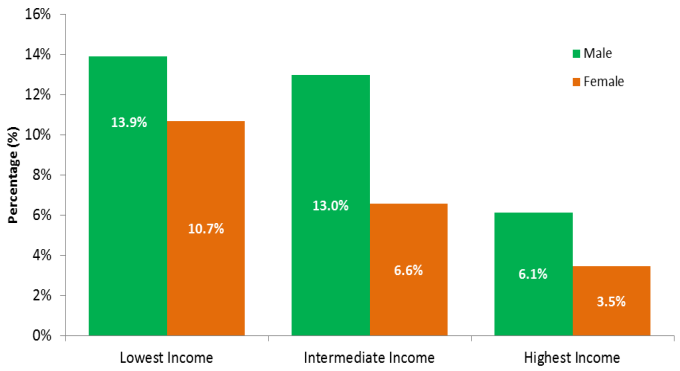
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 79: Reporting having diabetes within each income group in LGL.



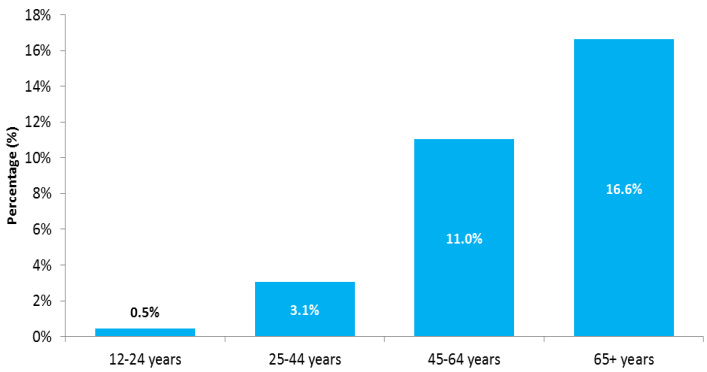
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 80: Reporting having diabetes by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 81: Reporting having diabetes by age group in LGL.



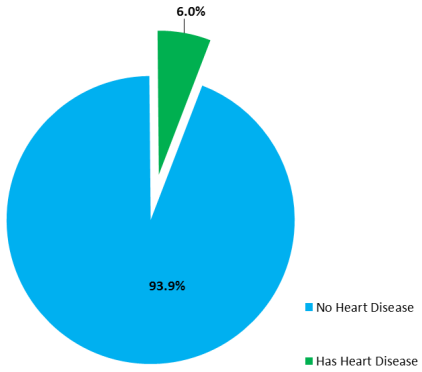
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Heart Disease Diagnosis

- 93.9% of the overall population in LGL reported not being diagnosed with heart disease. 6.1% of the overall population reported a diagnosis of heart disease (Figure 82).
- 10.6% within the lowest income group compared to 3.5% within the highest income group reported being diagnosed with heart disease (Figure 83).
- Men were more likely than women to report being diagnosed with heart disease in all but the highest income group (Figure 84).
- A higher proportion of individuals in the 65+year age group (18.7%) reported a diagnosis of heart disease than other age groups (0.4% - 4.4%) (Figure 85).
- A higher proportion of individuals living in urban settings reported being diagnosed with heart disease than those in rural settings (7.0% vs. 4.8%).

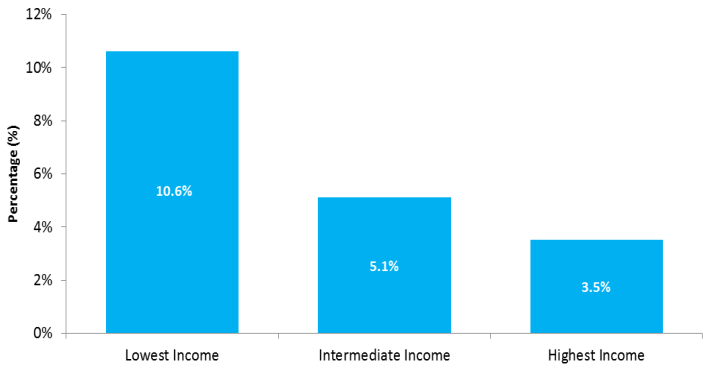
A higher proportion of individuals within the lowest income group reported being diagnosed with heart disease than individuals in the highest income group. Reports of having heart disease were more common among men than women, older age groups and among individuals living in urban compared to rural settings.

Figure 82: Population distribution of individuals reporting being diagnosed with heart disease in LGL.



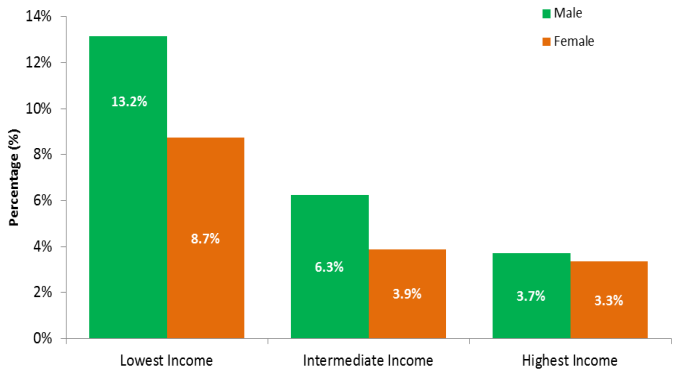
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 83: Reporting being diagnosed with heart disease within each income group in LGL.



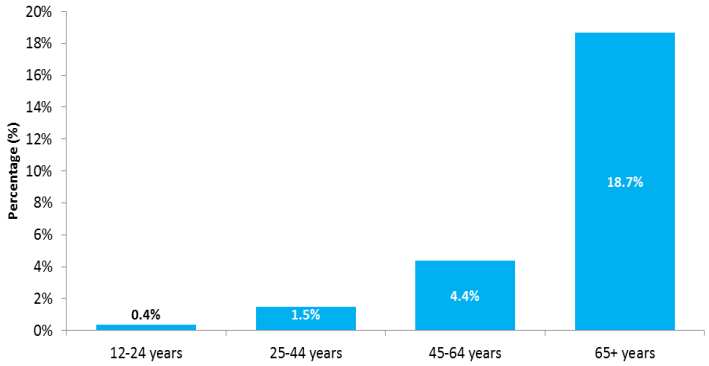
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 84: Reporting being diagnosed with heart disease by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 85: Reporting being diagnosed with heart disease by age group in LGL.



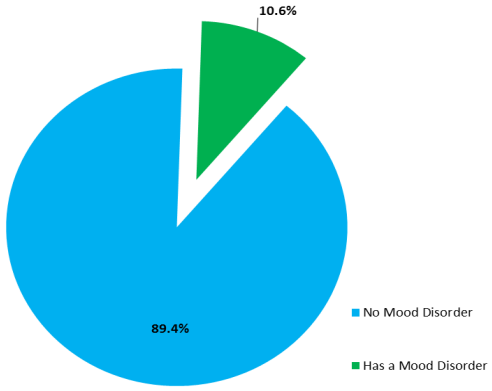
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Mood Disorder Diagnosis (Depression & Bipolar)

- 89.4% of the overall population in LGL reported not being diagnosed with a mood disorder. 10.6% of the overall population reported being diagnosed with a mood disorder (Figure 86).
- 20.2% within the lowest income group compared to 5.4% within the highest income group reported being diagnosed with a mood disorder (Figure 87).
- Women were more likely than men to report being diagnosed with a mood disorder in all income groups (Figure 88).
- A higher proportion of individuals in the 45-64 year age group (15.0%) reported being diagnosed with a mood disorder than other age groups (6.6% - 9.6%) (Figure 89).
- A higher proportion of individuals living in urban settings were more likely to report being diagnosed with a mood disorder than those in rural settings (13.2% vs. 7.2%).

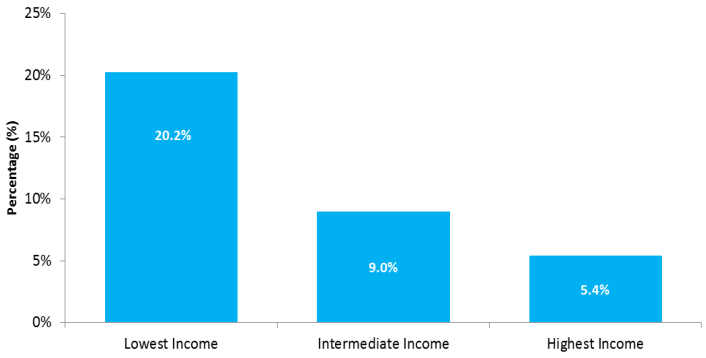
A higher proportion of individuals within the lowest income group reported being diagnosed with a mood disorder than individuals in the highest income group. Reports of mood disorders were most common in the 45-64 year age group. Reports of being diagnosed with a mood disorder were more common among women than men and among individuals living in urban compared to rural settings.

Figure 86: Population distribution of individuals reporting being diagnosed with a mood disorder in LGL.



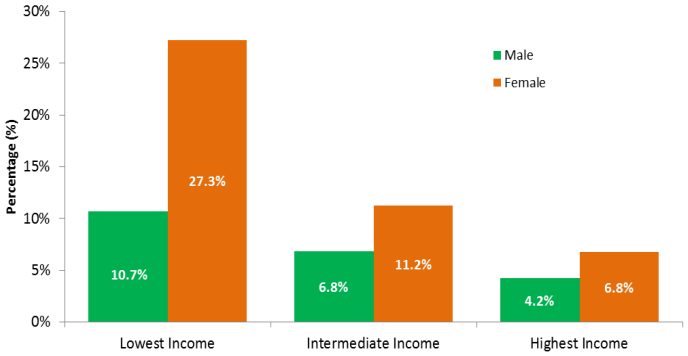
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 87: Reporting being diagnosed with a mood disorder within each income group in LGL.



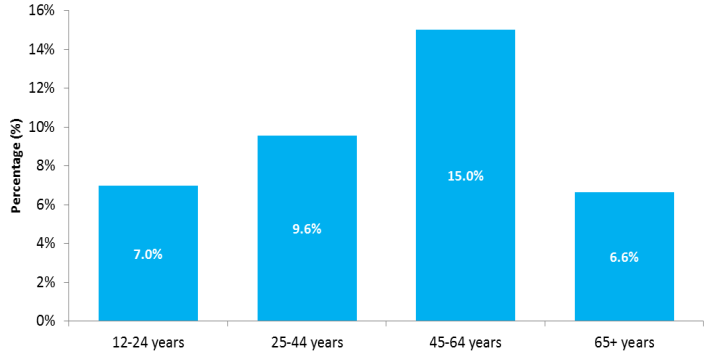
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 88: Reporting being diagnosed with a mood disorder by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 89: Reporting being diagnosed with a mood disorder by age group in LGL.



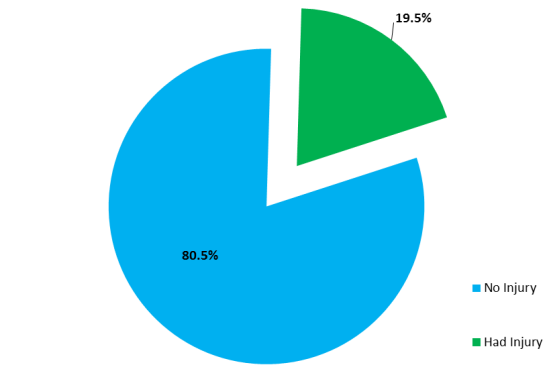
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Injury in Past 12-Months

- 80.5% of the overall population in LGL reported not being injured in the past 12-months. 19.5% of the overall population reported being injured in the past 12-months (Figure 90).
- 20.0% within the lowest income group compared to 21.4% within the highest income group reported being injured in past 12-months (Figure 91).
- Men were more likely than women to report being injured in past 12-months in all income groups (Figure 92).
- A higher proportion of individuals in the 12-24 year age group (31.8%) reported being injured in the past 12-months than other age groups (11.8% - 21.2%) (Figure 93).
- A similar proportion of individuals living in urban and rural settings reported being injured in the past 12-months (19.3% vs. 18.8%).

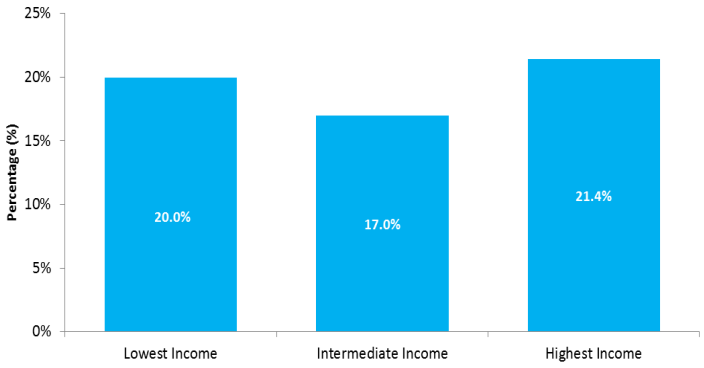
Similar proportions of individuals within all income groups reported being injured in past 12-months. Reports of being injured in the past 12-months were most common in the youngest age group and decreased with age. Reports of being injured in past 12-months were more common among men than women.

Figure 90: Population distribution of individuals reporting being injured in past 12-months in LGL.



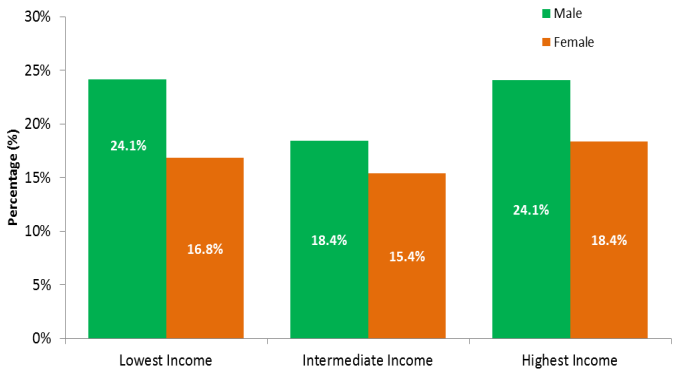
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 91: Reporting being injured in past 12-months within each income group in LGL.



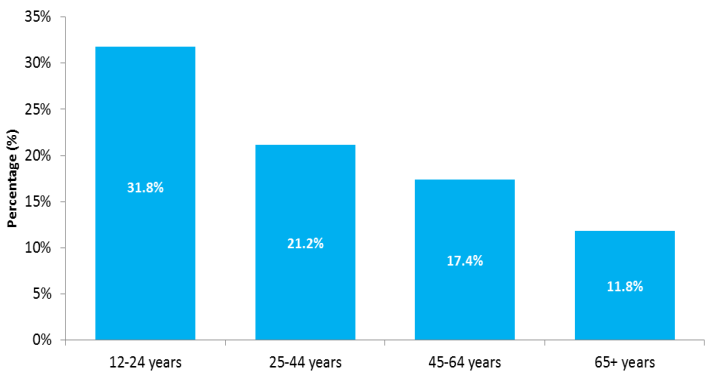
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 92: Reporting being injured in past 12-months by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 93: Reporting being injured in past 12-months by age group in LGL.



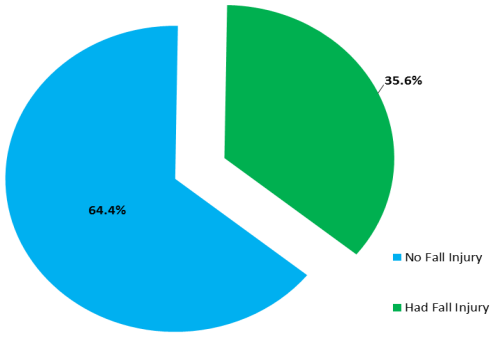
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Injury From to a Fall in Past 12-Months

- 64.4% of the overall population in LGL reported not being injured due to a fall in the past 12-months. 35.6% of the overall population reported being injured due to a fall in the past 12-months (Figure 94).
- 42.1% within the intermediate income group compared to 31.7% within the highest and 35.0% in the lowest income groups reported being injured due to a fall in past 12-months (Figure 95).
- Women were more likely to report an injury due to a fall in the past-months than men in the intermediate and high income groups (Figure 96).
- A higher proportion of individuals in the 65+year age group (62.3%) and the 12-24 year age group (45.5%) reported being injured from a fall in the past 12-months than other age groups (25.5% - 25.7%) (Figure 97).
- A slightly higher proportion of individuals living in rural settings reported having sustained an injury due to a fall in the past 12-months than those in urban settings (36.1% vs. 33.8%).

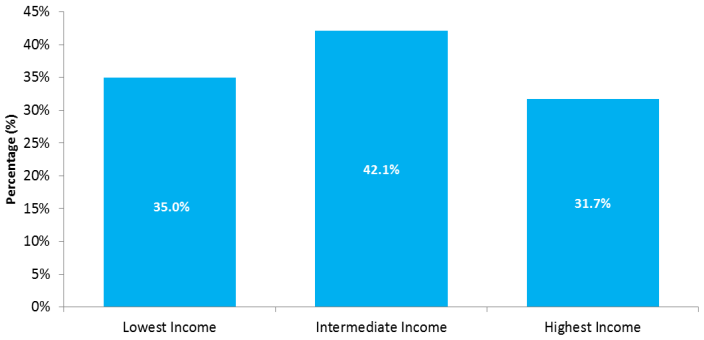
A greater proportion of individuals within the intermediate income group reported being injured due to a fall in the past 12-months compared to the lowest and highest income groups. Reports of being injured due to a fall in the past 12-months was most common in both the oldest and youngest age groups. Reports of being injured due to a fall were more common among women than men.

Figure 94: Population distribution of individuals reporting being injured from a fall in past 12-months in LGL.



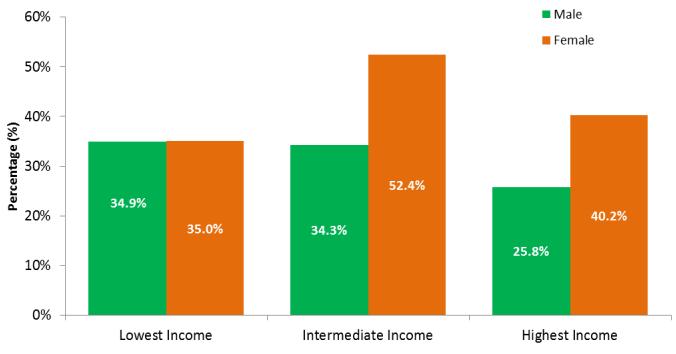
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 95: Reporting being injured from a fall in past 12-months within each income group in LGL.



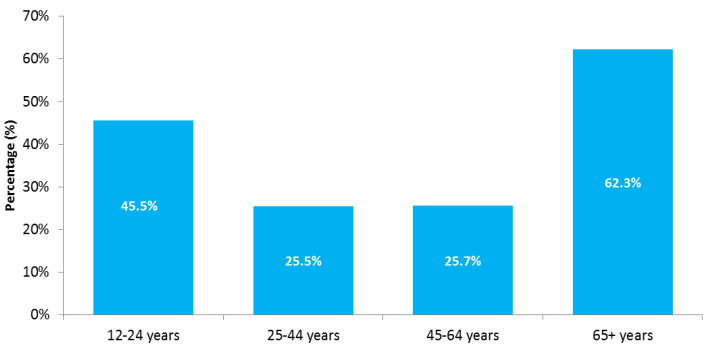
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Figure 96: Reporting being injured from a fall in past 12-months by income group and gender in LGL.



Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

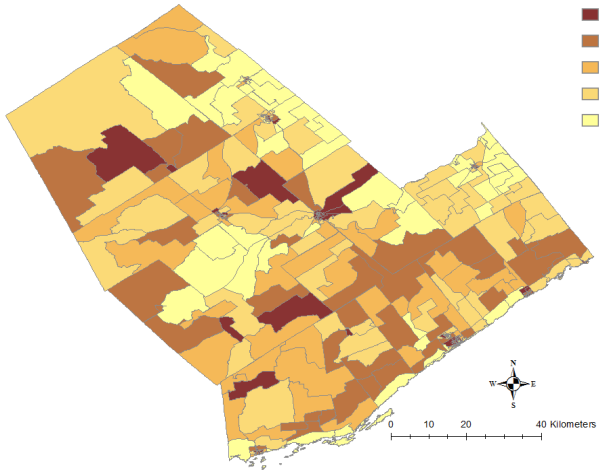
Figure 97: Reporting being injured from a fall in past 12-months by age group in LGL.



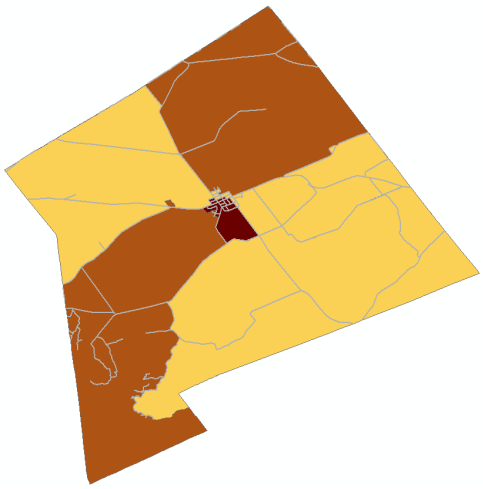
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Appendix 1: Mapping LGL Municipalities by Income Group

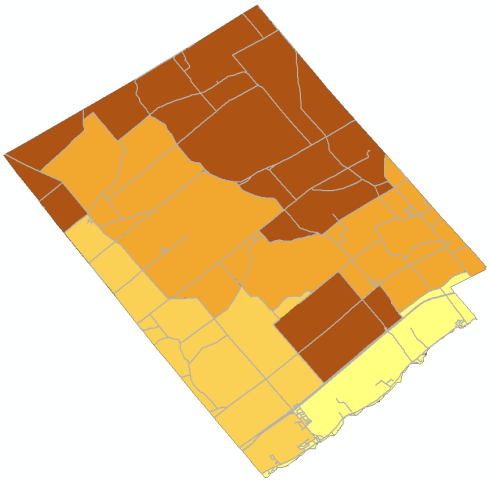
Leeds, Grenville & Lanark



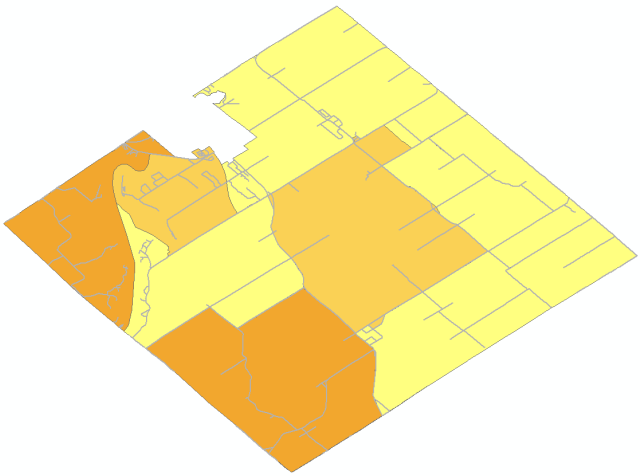
Athens



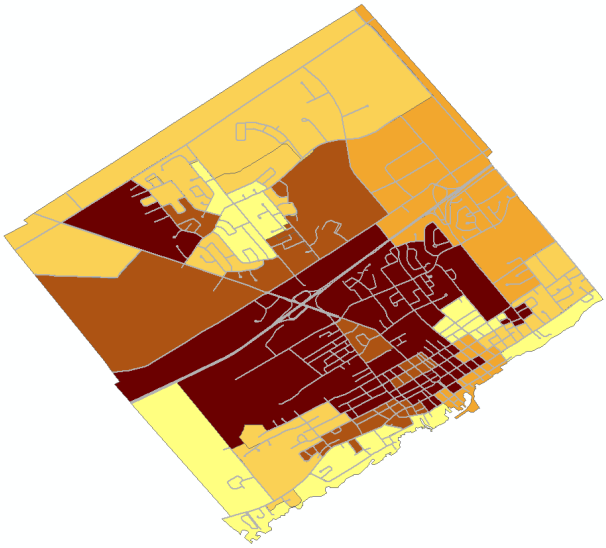
Augusta



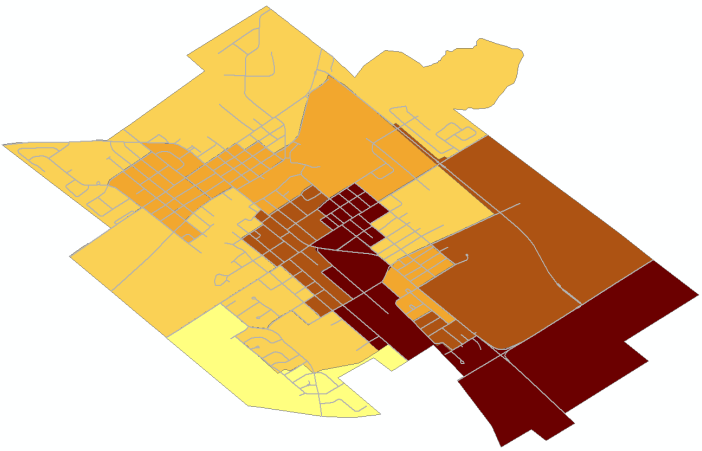
Beckwith



Brockville

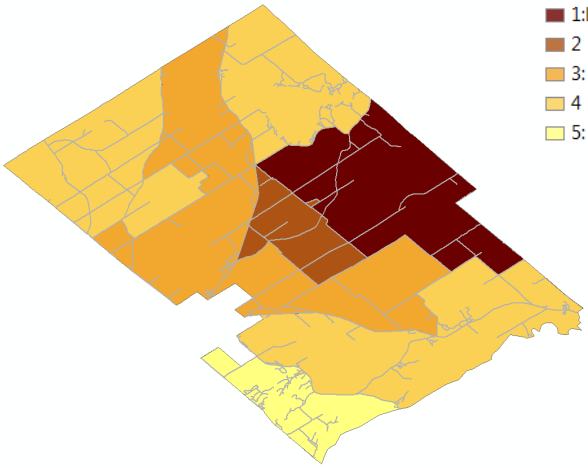


Carleton Place

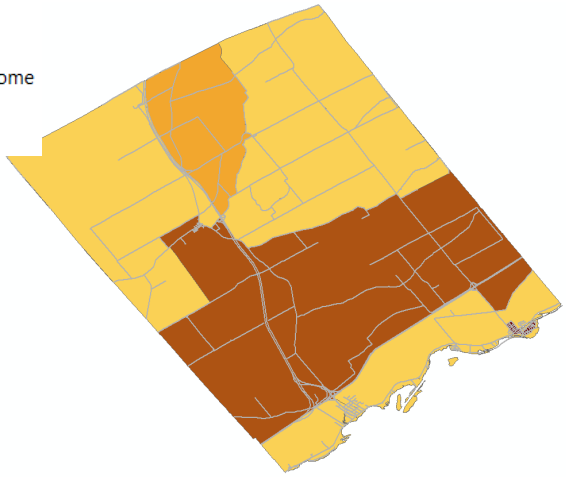


Appendix 1: Mapping LGL Municipalities by Income Group

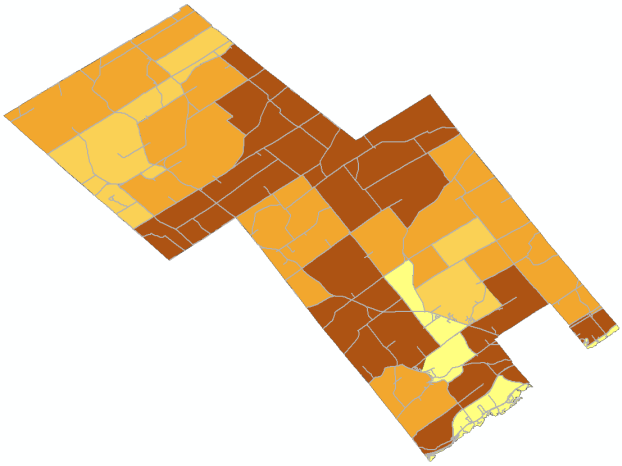
Drummond/North Elmsley



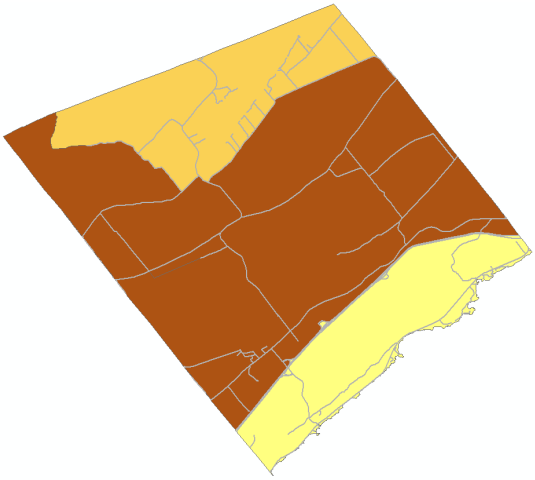
Edwardsburg/Cardinal



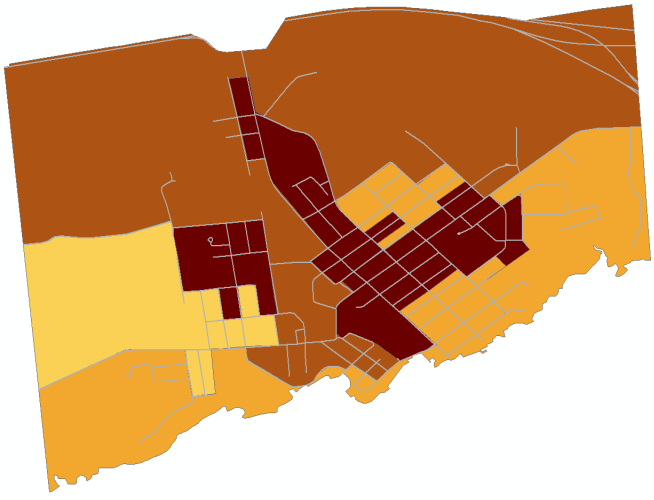
Elizabethtown-Kitley



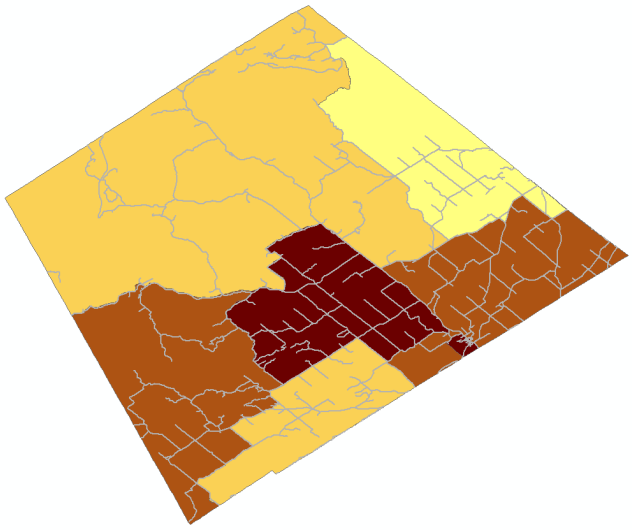
Front of Yonge



Gananoque

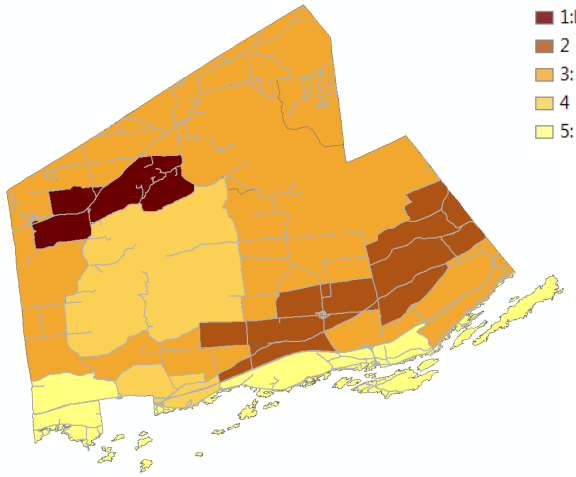


Lanark Highlands

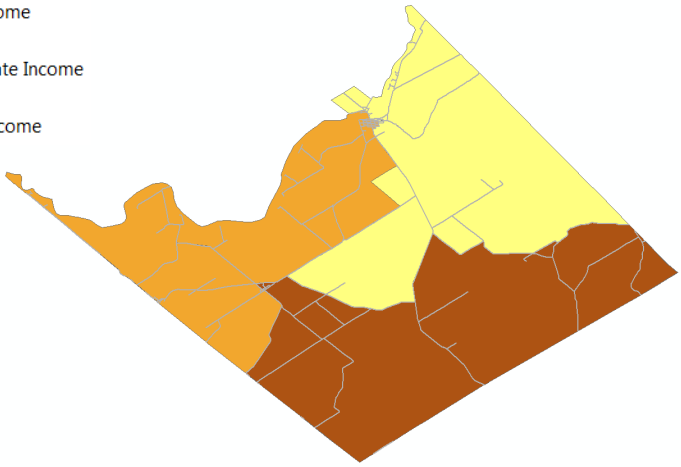


Appendix 1: Mapping LGL Municipalities by Income Group

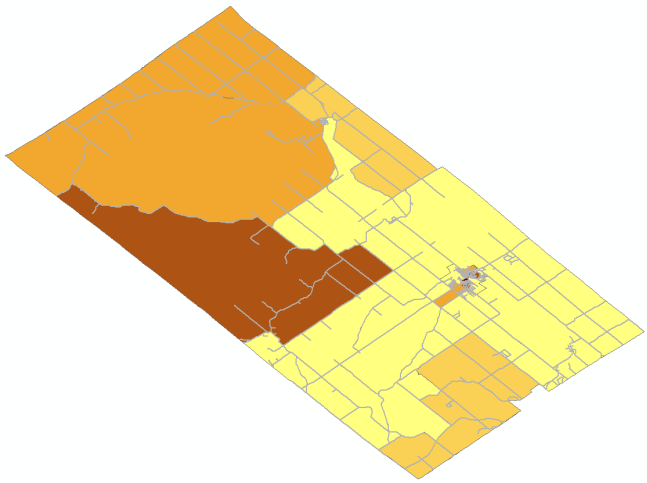
Leeds & the Thousand Islands



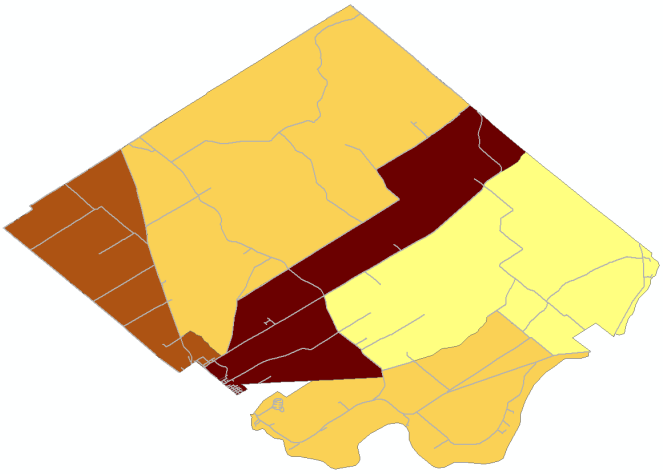
Merrickville/Wolford



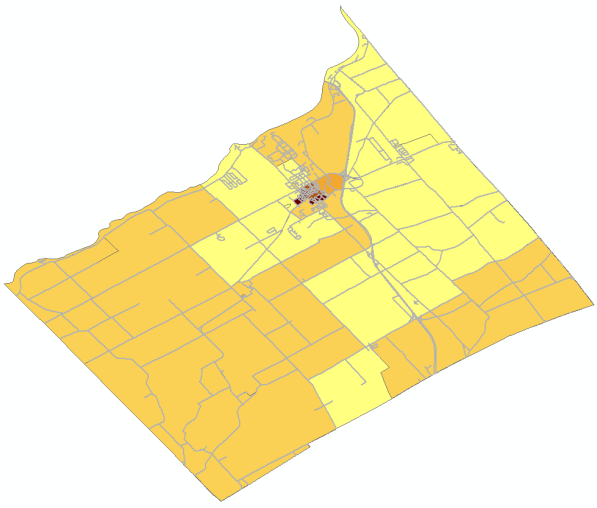
Mississippi Mills



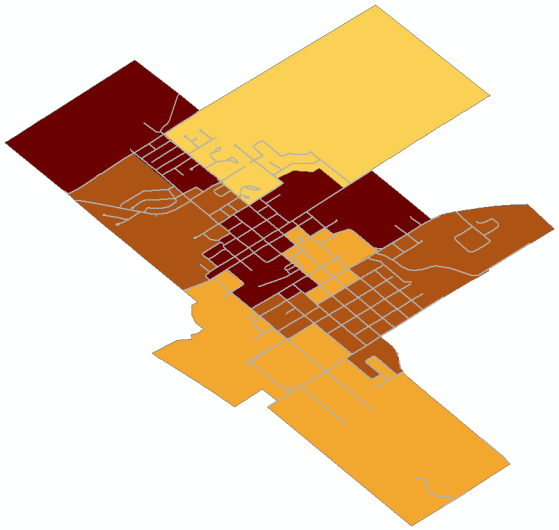
Montague



North Grenville

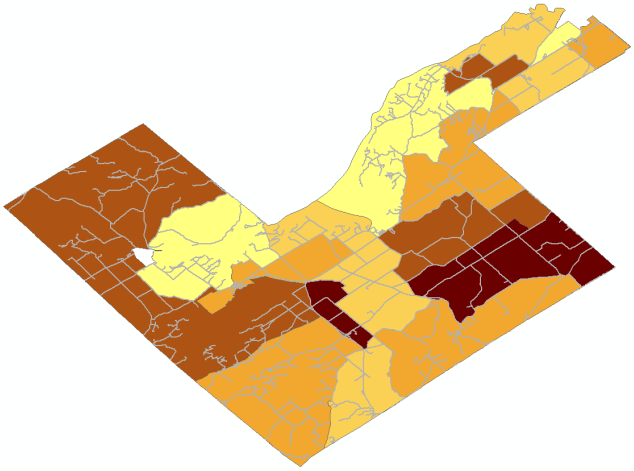


Perth

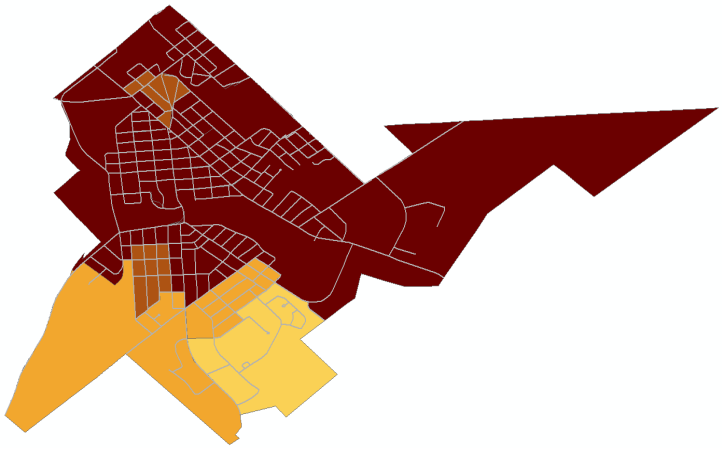


Appendix 1: Mapping LGL Municipalities by Income Group

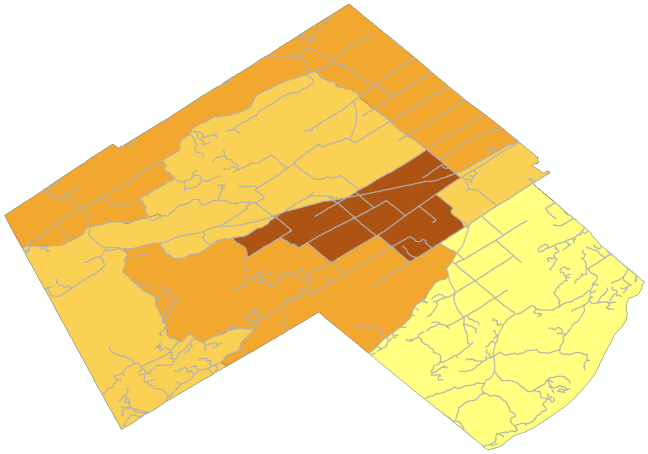
Rideau Lakes



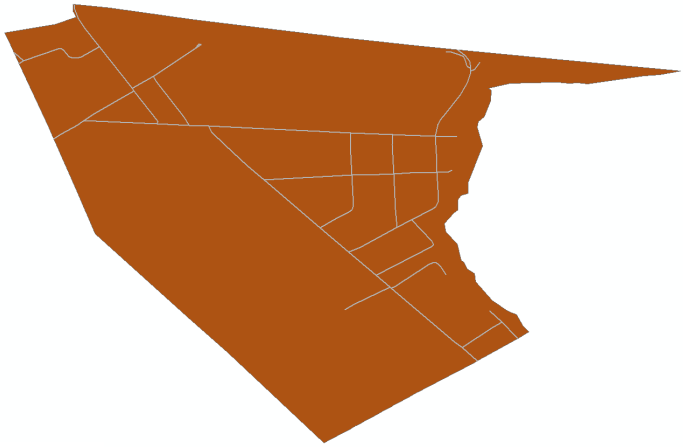
Smiths Falls



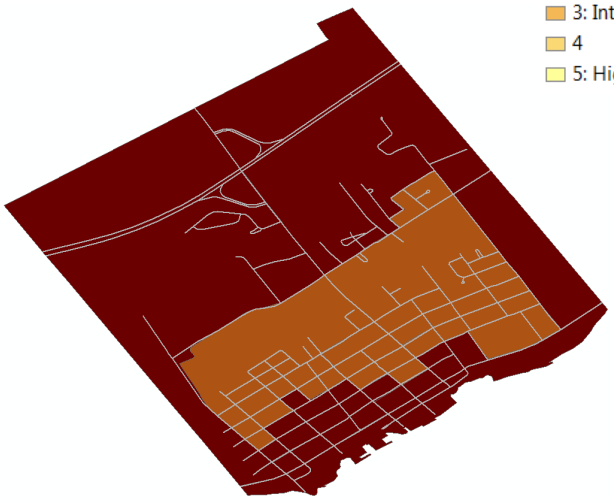
Tay Valley



Westport



Prescott



- 1:Lowest Income
- 2
- 3: Intermediate Income
- 4
- 5: Highest Income

Data Methodology & Limitations

In order to gain a larger sample size for analysis, five years of CCHS data were combined (2009-2014). This process is known as creating an artificial population as it involves combining different population surveyed at different times into one population for analysis purposes. The process gives a better sample for analysis and should yield estimates that are of higher quality than would one single cycle of the CCHS alone. The survey questions were the same over the five year period. However, it should not be assumed that the resulting estimates would necessarily represent the same population as the characteristics of the population may have evolved over time[7].

A pooled data approach was taken to combine and adjust the sample weights by averaging them by the number of CCHS cycles combined. This process resulted in a rescaling of the sample weights to match the larger sample population.

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1. Trends in Income-Related Health Inequalities in Canada. Canadian Institute for Health Information, 2015. https://www.cihi.ca/en/factors-influencing-health/health-inequalities/trends-in-income-related-health-inequalities-in
2. Bambra, C., Gibson, M., Sowden, A., et al. Tackling the wider social determinants of health and health inequalities: evidence from systematic reviews. *Journal of Epidemiology and Community Health* 64 (2010): 284-291
3. Thomas, S. Combining cycles of the Canadian Community Health Survey. Ottawa: Statistics Canada, 2006
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7. Thomas, S., and B. Wannell. Combining Cycles of the Canadian Community Health Survey: Methodological Insights. *Health Reports* 20 (1) Statistics Canada Catalogue no. 82-003-XPE (2009)

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The Leeds, Grenville & Lanark District Health Unit offers a wide range of services to promote healthy living, healthy growth and development, prevent illness and injury and control communicable diseases in the community. Services are available to individuals and groups of all ages in a variety of places . A referral is not needed for any service. We publish and update health-related information on our web-site on a continual basis.

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For more information about this report please contact the Epidemiologist at The Leeds, Grenville and Lanark District Health Unit, at 345-5685 or 1-800-660-5853.