A photograph of two young children with brown hair, seen from behind, sitting on a mossy log in a sun-dappled forest. They are wearing blue hooded jackets and carrying backpacks, one green and one blue. The forest floor is covered in green moss and ferns, with tall, thin tree trunks in the background.

***Leeds, Grenville & Lanark  
District Health Unit***

***2019-22 Strategic Plan:  
Information on the Health  
of the Population in  
Leeds, Grenville & Lanark***

# Introduction

## WHAT IS CONTAINED IN THIS DOCUMENT

- This document has been produced as a supporting population health information report to the *Leeds, Grenville & Lanark District Health Unit Strategic Plan 2019—2022*. The purpose of the document is to provide a situational assessment that informs the population health goals presented in the strategic plan. The population-level information presented here helps to provide a baseline snapshot about the health and health-related behaviours of the residents of Leeds, Grenville and Lanark, and includes indicators related to health equity, healthy infants and children, healthy youth, healthy communities, and infectious diseases.
- This link will take you to the [Leeds, Grenville & Lanark District Health Unit Strategic Plan 2019—2022](#)

## WHAT IS HEALTH INEQUITY AND INEQUALITY

- Inequality and inequity are two different concepts and are well defined here<sup>1</sup>: *“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.

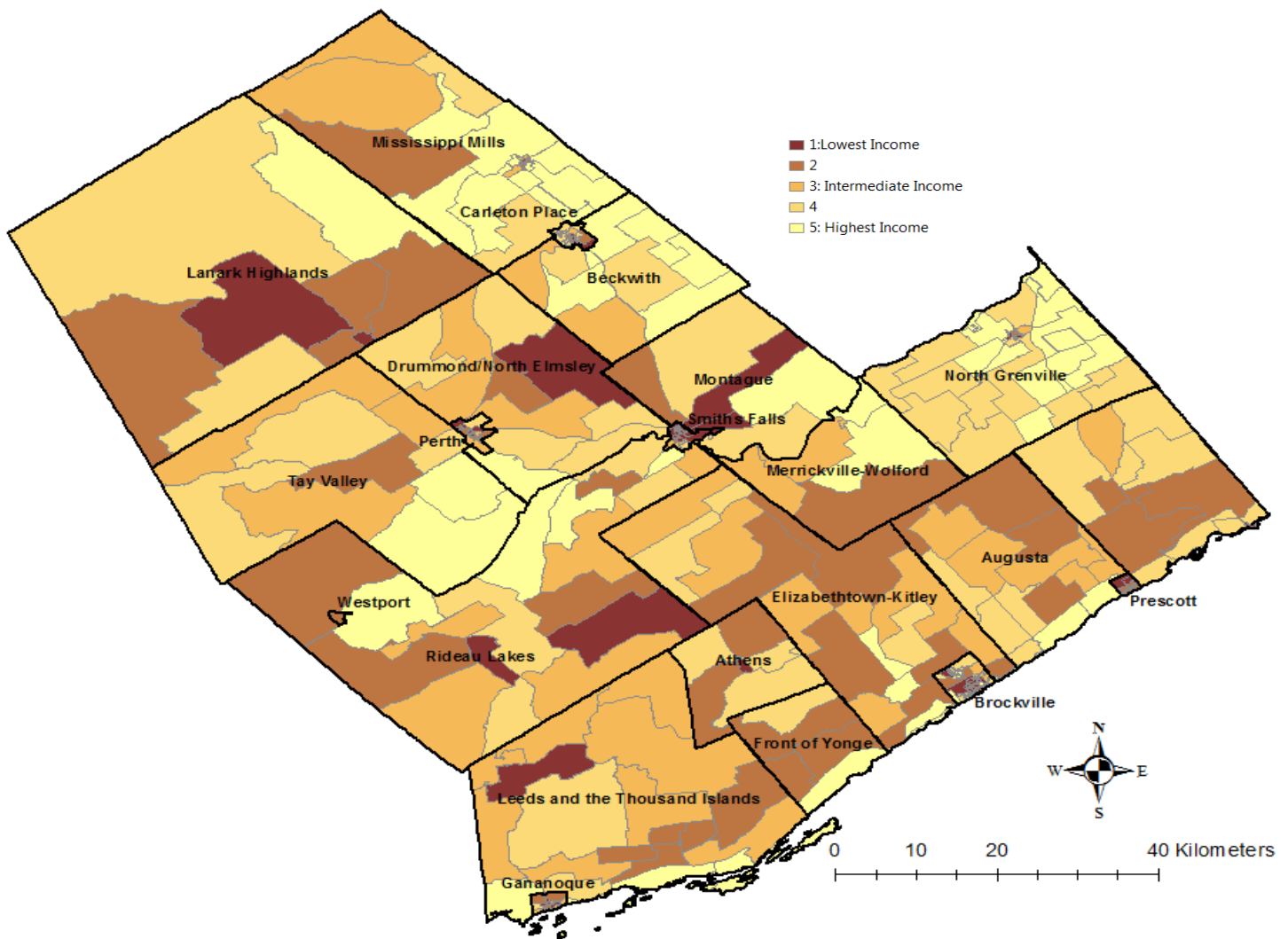
## NOTES:

1. Summary Measures of Socioeconomic Inequalities in Health. Toronto: Ontario Agency for Health Protection and Promotion (Public Health Ontario), 2013

# Health Equity

## KEY POINTS: INCOME STATUS BY NEIGHBOURHOOD

- The income variable below is 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.
- The highest income neighbourhoods tend to cluster in the municipalities to the north and east of the Leeds, Grenville & Lanark (LGL) territory that border the Ottawa region. As well, there is clustering of high income neighbourhoods along the St. Lawrence River shoreline and just to the south of Perth in the Municipalities of Tay Valley and Rideau Lakes. Lower income category neighbourhoods tend to cluster around the larger population centres.



## NOTES:

- The analysis presented above was originally included in the *Leeds, Grenville & Lanark Community Health Profile* that 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. The full profile can be found here: <https://healthunit.org/about/health-statistics-reports/>

# Health Equity

## KEY POINTS: HEALTH INEQUALITY RELATED TO INCOME

- 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, physical inactivity, certain chronic diseases, and self-reported poor physical and mental health were all higher among individuals with low income.

Indicator		
<u>Low Income &gt; High Income</u>	<u>High Income &gt; Low Income</u>	<u>No Difference</u>
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		

## NOTES:

- The analysis presented above was originally included in the *Leeds, Grenville & Lanark Community Health Profile* that 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. The full profile can be found here: <https://healthunit.org/about/health-statistics-reports/>

# Health Equity

## KEY POINTS: HEALTH INEQUALITY RELATED TO GENDER

- Women were more likely than men to be physically inactive, food insecure, report moderate to extreme life and work stress, have a diagnosed mood or anxiety disorder, 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, smoking cigarettes, be injured in the past 12-months and be diagnosed with either diabetes and/or heart disease.

Indicator		
<u>Women &gt; Men</u>	<u>Men &gt; Women</u>	<u>No Difference</u>
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		

## NOTES:

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# Health Equity

## KEY POINTS: HEALTH INEQUALITY RELATED TO URBAN/RURAL LIVING

- Urban residents were more likely than rural residents to not have dental insurance, smoke cigarettes, be diagnosed with an anxiety and/or mood disorder, be diagnosed with diabetes and/or heart disease, not have a mammogram for women, report high levels of life and work stress, poor physical health, and be food insecure.
- Rural residents were more likely than urban residents to drink alcohol above low risk drinking guidelines, use marijuana, not have a PAP test for women, and be injured from a fall.

Indicator		
<u>Urban &gt; Rural</u>	<u>Rural &gt; Urban</u>	<u>No Difference</u>
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		

## NOTES:

- The analysis presented above was originally included in the *Leeds, Grenville & Lanark Community Health Profile* that 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. The full profile can be found here: <https://healthunit.org/about/health-statistics-reports/>

# Health Equity

## KEY POINTS: HEALTH INEQUALITY RELATED TO AGE

- Older residents in LGL were more likely than younger residents 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.
- Younger residents 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.

Indicator		
<u>Older &gt; Younger</u>	<u>Younger &gt; Older</u>	<u>No Difference</u>
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		

## NOTES:

- The analysis presented above was originally included in the *Leeds, Grenville & Lanark Community Health Profile* that 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. The full profile can be found here: <https://healthunit.org/about/health-statistics-reports/>

# Health Equity

## KEY POINTS: SHELTER COST OF LIVING STRESS

- About 23% of the all households in LGL report spending 30% or more of monthly household income on shelter costs.
- Higher proportions of households in Smiths Falls and Prescott report spending 30% or more of monthly household income on shelter costs.
- Lower proportions of households in Augusta and Beckwith report spending 30% or more of monthly household income on shelter costs.

Municipality	Spending >30% of income on shelter costs (%)
Smiths Falls	33.6
Prescott	32.8
Perth	31.2
Brockville	31.1
Gananoque	29.0
Carleton Place	26.0
Merrickville-Wolford	25.6
Westport	23.3
UCLG	23.1
LGLDHU	23.1
Lanark County	23.1
Lanark Highlands	22.1
Edwardsburgh/Cardinal	21.6
Rideau Lakes	20.8
Montague	20.3
Mississippi Mills	19.7
Tay Valley	18.9
North Grenville	18.6
Leeds and the Thousand Islands	18.4
Elizabethtown-Kitley	17.9
Athens	16.6
Drummond/North Elmsley	16.6
Front of Yonge	16.4
Beckwith	14.2
Augusta	13.8

## NOTES:

- The 'Shelter-cost-to-income ratio' refers to the proportion of average total monthly income of a household which is spent on shelter costs including: mortgage, utilities, taxes, municipal services, and home maintenance and up-keep. Spending more than 30% of monthly household income on housing can be considered to be an indicator of potential household financial stress.

# Health Equity

## KEY POINTS: HOUSEHOLD INCOME AND LOW INCOME STATUS

- Higher proportions of the population living below the low income measure after-tax (LIM-AT) are associated with lower overall median household income.
- Higher proportions of households in Prescott, Smiths Falls and Brockville report living below the low income measure after-tax measure than those in Beckwith, North Grenville and Augusta.

Municipality	Median HH Income (\$)	LIM-AT (%)
Prescott	42624	25.9
Smiths Falls	43813	24.7
Brockville	46473	20.9
Westport	45483	18.8
Perth	46966	18.2
Gananoque	49536	16.4
Lanark Highlands	59502	16.2
Edwardsburgh/Cardinal	62405	12.3
Montague	65621	12.1
Carleton Place	62560	12.0
Rideau Lakes	63264	11.8
Merrickville-Wolford	63795	11.3
Tay Valley	68181	11.2
Front of Yonge	64811	10.9
Athens	63648	10.5
Elizabethtown-Kitley	68873	10.1
Mississippi Mills	72540	9.4
Drummond/North Elmsley	70229	9.1
Leeds and the Thousand Islands	67152	8.7
Augusta	69212	7.6
North Grenville	77279	7.1
Beckwith	86202	4.9
UCLG	60569	13.0
Lanark County	63058	12.8

## NOTES:

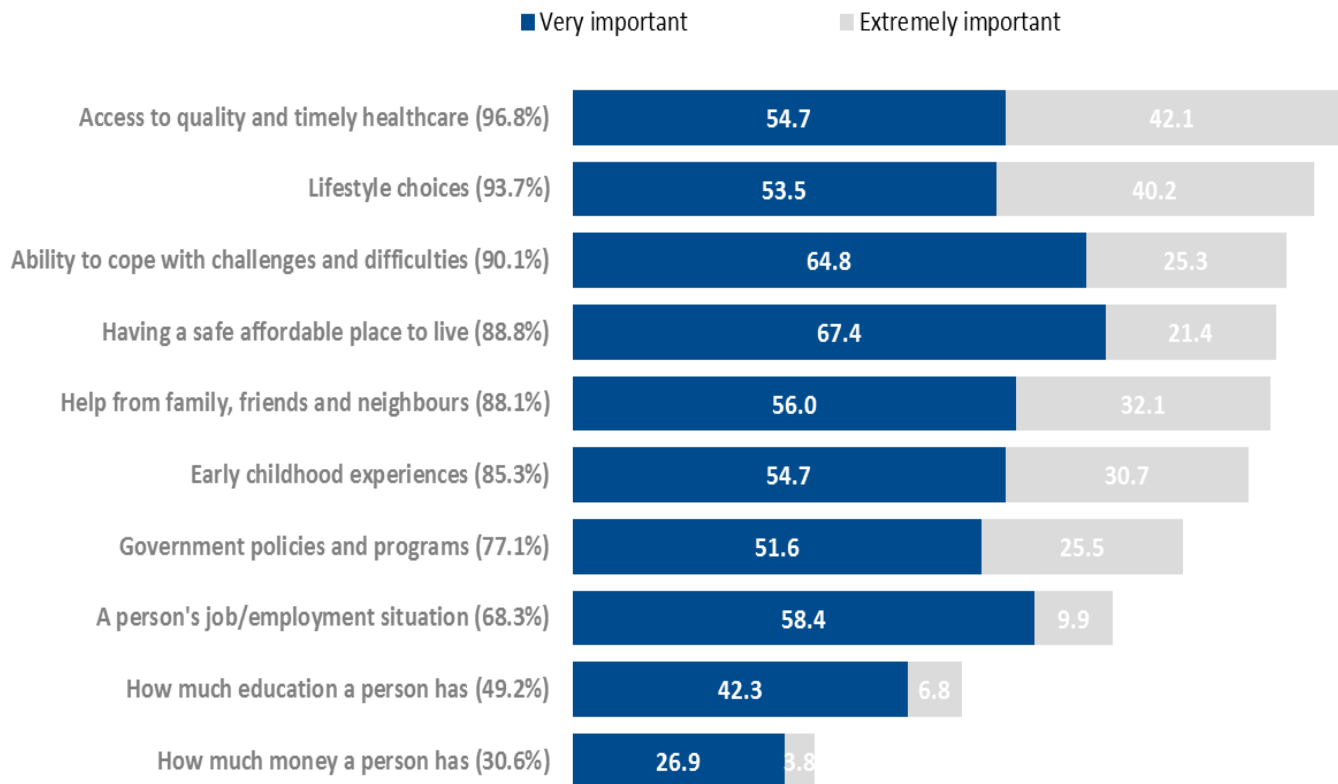
- The low income measure after tax (LIM-AT) refers to a fixed percentage (50%) of median adjusted after-tax household income. The household after-tax income is adjusted by an equivalence scale to take economies of scale into account. This adjustment for differences in household sizes reflects the fact that a household's needs increase, but at a decreasing rate, as the number of members increases.

# Health Equity

## KEY POINTS: SOCIAL DETERMINANTS OF HEALTH SURVEY (SDOH)

- Access to quality and timely healthcare is rated as the top SDOH factor as being very or extremely important in helping make a person healthy at about 97% overall by survey respondents aged 18+ years in LGL.
- Lifestyle choices, ability to cope, safe and affordable housing and social networks all scored in the top 5 SDOH factors as being very or extremely important in helping make a person healthy by LGL survey respondents.
- How much money a person has was rated as the bottom SDOH factor as being very or extremely important in helping make a person healthy at about 31% overall by survey respondents aged 18+ years in LGL .

## Percentage of adults aged 18+ years who rated 10 social determinants of health factors as very or extremely important in helping make a person healthy, LGLDHU, 2013



Source: RRFSS 2013. LGLDHU data.

## NOTES:

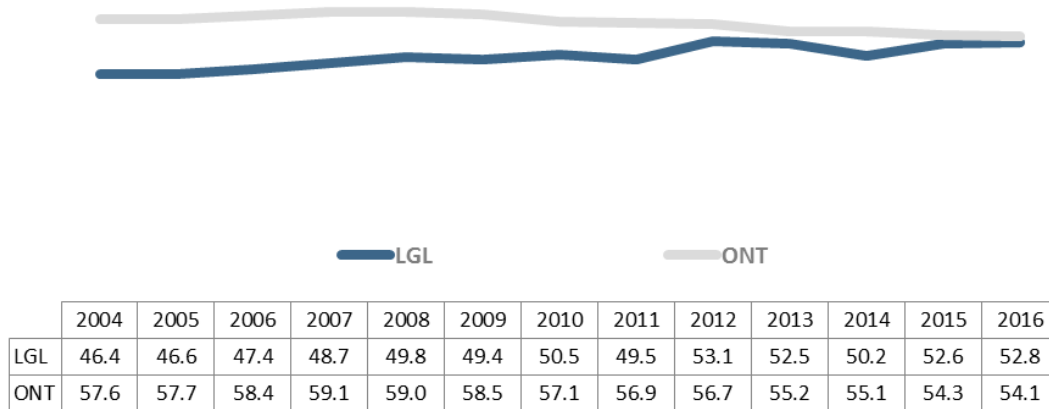
- In this survey, LGL adults aged 18+ years were asked to rate how important (not at all, not very, somewhat, very, or extremely) they felt 10 factors related to the Social Determinants of Health were in helping make a person healthy. The survey defined “healthy” as “a person’s physical and mental health, being free from disease and pain, and being satisfied with life”.

# Healthy Infants and Children

## KEY POINTS: PERINATAL & REPRODUCTIVE HEALTH—PREGNANCY RATE

- The pregnancy rate for women of reproductive age (15—49 years) in Ontario overall has been decreasing slightly since 2004. The pregnancy rate for women of reproductive age in LGL has been increasing steadily since 2004 and is now similar to that of Ontario overall.

### Pregnancy rates per 1000 women aged 15-49 years, LGLDHU & Ontario, 2004-16



Source: Birth & Therapeutic abortion data 2003-2016. IntelliHEALTH, Ontario MOHLTC. Extracted Oct 1, 2018.

## NOTES:

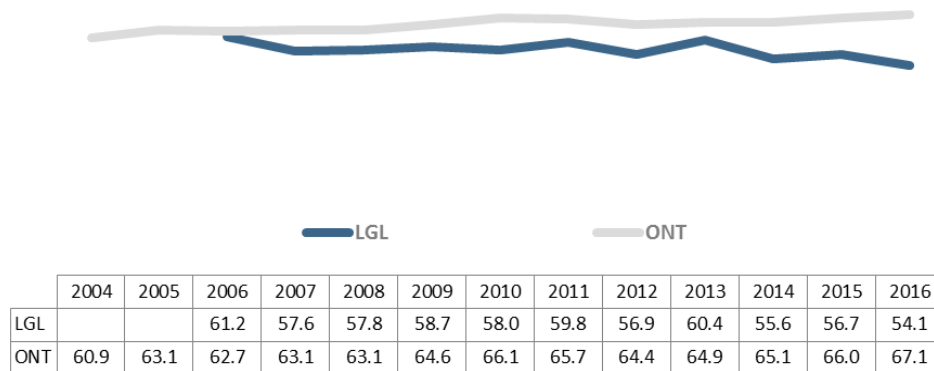
- The pregnancy rate is the ratio of the number of pregnancies (live births, still births, therapeutic abortions) during a calendar year per 1,000 females of the population aged between 15 and 49 years. The pregnancy rate focusses on mothers only and controls for age distribution.

# Healthy Infants and Children

## KEY POINTS: PERINATAL & REPRODUCTIVE HEALTH—LOW BIRTH WEIGHT & PRETERM BIRTHS

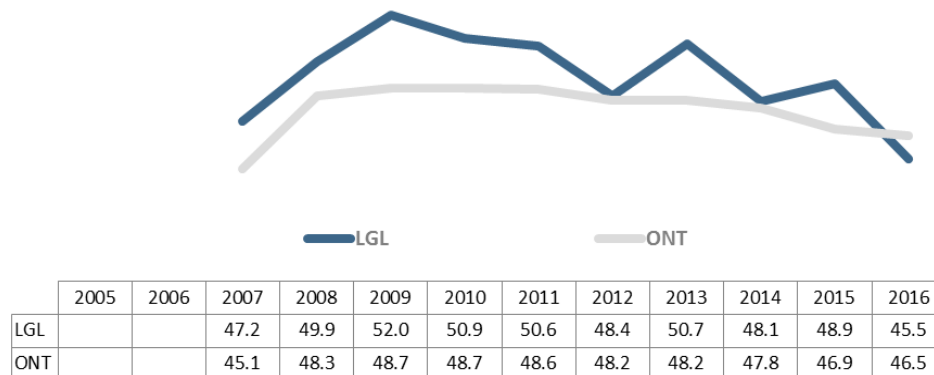
- Rates for low birthweight live births have been trending upwards in Ontario overall since 2004 but have trended downwards in LGL during this same timeframe.
- The overall trends for rates of premature births in both Ontario overall and LGL have been downward since 2009.

### Low birthweight rates per 1000 live births, LGLDHU & Ontario, 2004-16



Source: Birth & Therapeutic abortion data 2003-2016. IntelliHEALTH, Ontario MOHLTC. Extracted Oct 1, 2018.

### Premature birth rates between 22 and 35 weeks per 1000 live births, LGLDHU & Ontario, 2005-16



Source: Birth & Therapeutic abortion data 2003-2016. IntelliHEALTH, Ontario MOHLTC. Extracted Oct 1, 2018.

## NOTES:

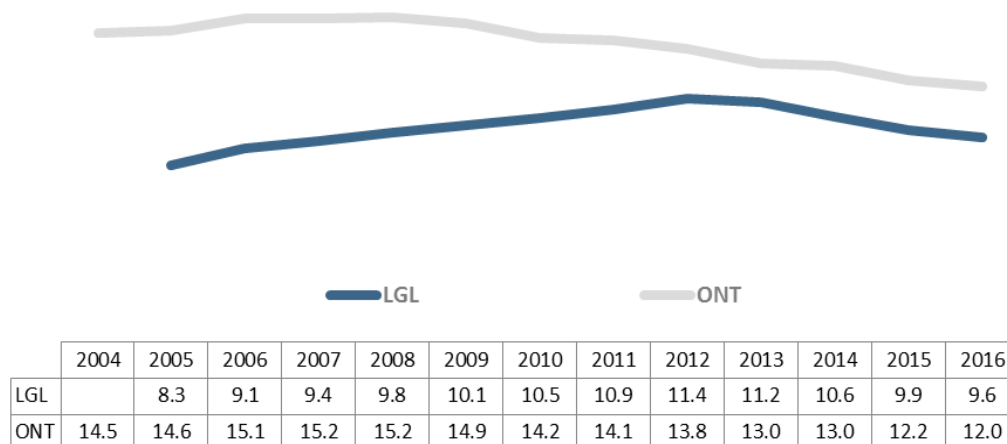
- Birth weights are the weight of an infant at the time of delivery and are measured within the first hour of life for live births. Birth weight categories are defined as follows: Low birth weight: live birth weighing between 1501 grams and 2499 grams, Very low birth weight: live birth weighing 1500 grams or less.
- Preterm births are defined as the ratio of live births with a gestational age of less than 37 weeks per total live births for women aged 15 to 49 years.

# Healthy Infants and Children

## KEY POINTS: PERINATAL & REPRODUCTIVE HEALTH—THERAPUTIC ABORTIONS

- The trend for rates of therapeutic abortions in Ontario overall has been downwards since 2007 and downwards in LGL since 2012.
- Teen therapeutic abortion rates have been downwards in Ontario overall since 2007 and LGL since 2010.

### Therapeutic abortion rates per 1000 women aged 15-49 years, LGLDHU & Ontario, 2004-16



Source: Birth & Therapeutic abortion data 2003-2016. IntelliHEALTH, Ontario MOHLTC. Extracted Oct 1, 2018.

### Therapeutic abortion rates per 1000 teenaged women aged 15-19 years, LGLDHU & Ontario, 2004-16



Source: Birth & Therapeutic abortion data 2003-2016. IntelliHEALTH, Ontario MOHLTC. Extracted Oct 1, 2018.

## NOTES:

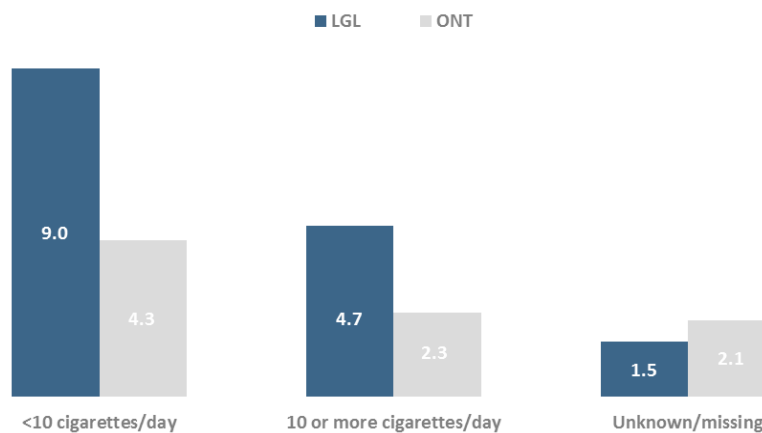
- Therapeutic abortion is a term used to describe a deliberate termination of a pregnancy. This termination is not a result of miscarriages or spontaneous abortions. The therapeutic abortion rate is the ratio of therapeutic abortions per thousand women aged 15 to 49 years (15 to 19 years for teens).

# Healthy Infants and Children

## KEY POINTS: DRUG & ALCOHOL USE DURING PREGNANCY

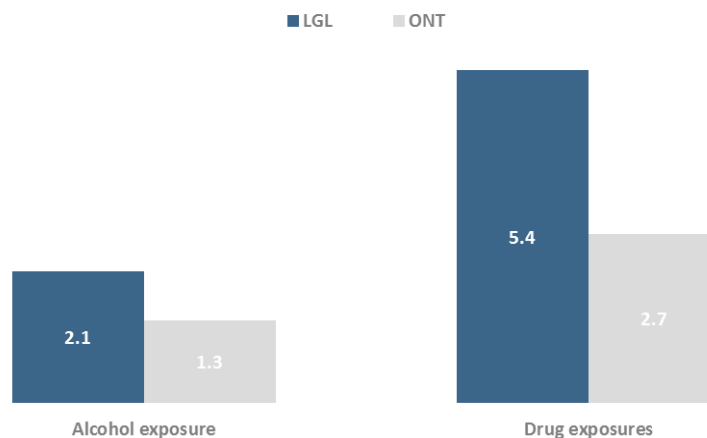
- About 14% of women in LGL report smoking during pregnancy. The majority of women who smoke report smoking less than ten cigarettes per day.
- About 2% of women in LGL report drinking alcohol during pregnancy. Alcohol use ranges from one drink per month to binge drinking.
- About 5.5% of women in LGL report some drug use during pregnancy. Cannabis was the most common reported drug used.

**Percentage of women who reported using tobacco at time of birth, LGLDHU & Ontario overall, 2017**



Source: BORN Ontario, 2018

**Percentage of women who reported using alcohol and other drugs including: cannabis, cocaine and other opioids during pregnancy, LGLDHU & Ontario overall, 2017**



Source: BORN Ontario, 2018

## NOTES:

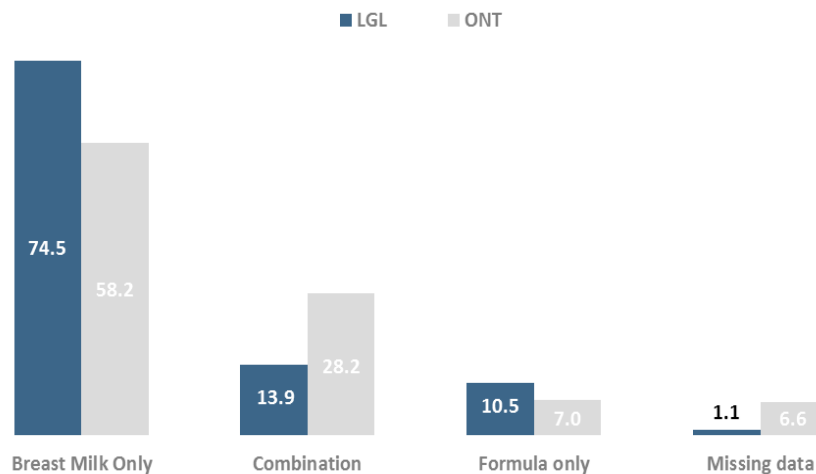
- The following indicators of tobacco, drug and alcohol use were created by dividing the number of women who smoked or took one or more drugs and substances or drank alcohol during pregnancy expressed as a percentage of the total number of women who had live or still births in 2017.

# Healthy Infants and Children

## KEY POINTS: INFANT FEEDING STATUS

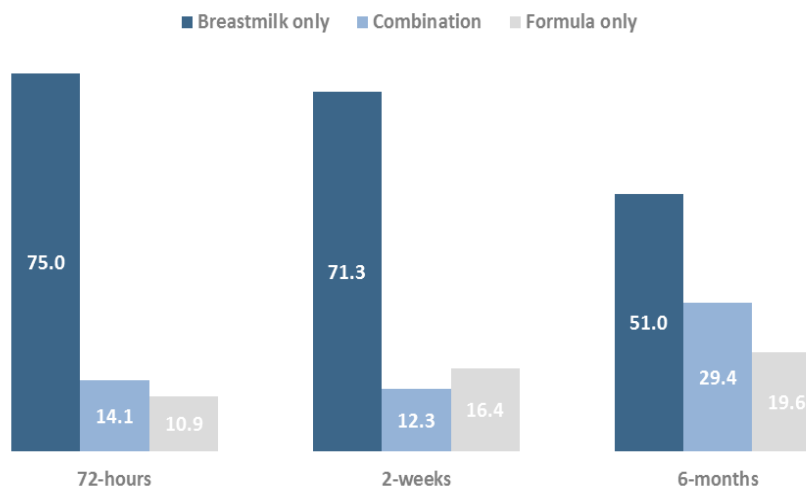
- About 75% of mothers in LGL report exclusive breastfeeding at 72-hours post-partum compared to about 58% in Ontario overall.
- Exclusive breastfeeding declines to about 51% at six months post-partum in LGL.

**Infant feeding status percentage at time of discharge, LGLDHU & Ontario overall, 2017**



Source: BORN Ontario, 2018

**Infant feeding status percentage at time of discharge, 2-weeks & 6-months, LGLDHU, 2017**



Source: LGLDHU Infant Feeding Survey, 2017

## NOTES:

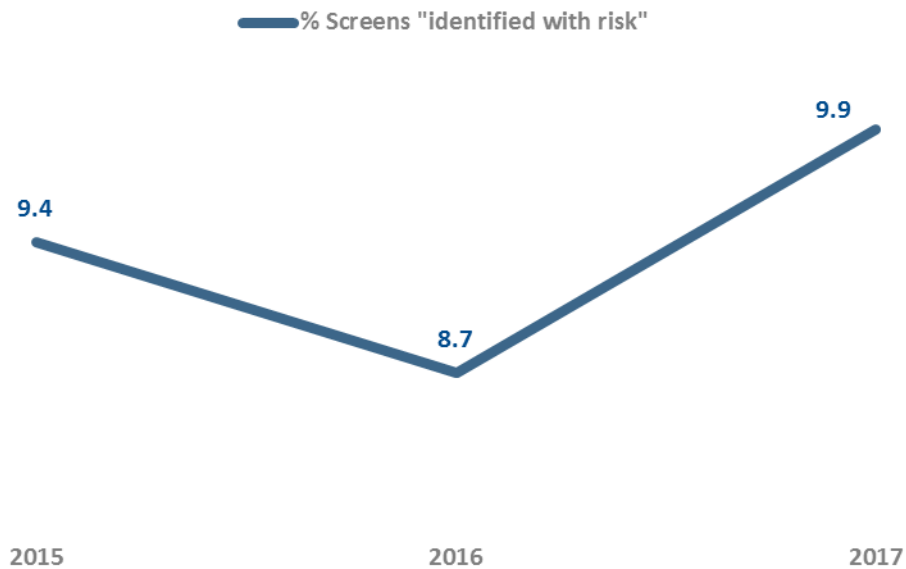
- Slight discrepancies between the BORN and LGLDHU Infant Feeding Survey are an artifact of the differing survey methodologies.

# Healthy Infants and Children

## KEY POINTS: HEALTHY BABIES—HEALTHY CHILDREN (HBHC) ASSESSMENTS

- About 10% of HBHC assessments received were confirmed to be identified with risk in 2017 in LGL.
- The trend since 2015 has been quite variable year-over-year.

### Percentage of Healthy Babies - Healthy Children screens that were identified with risk, LGLDHU, 2015- 17



Source: HBHC database. LGLDHU data.

## NOTES:

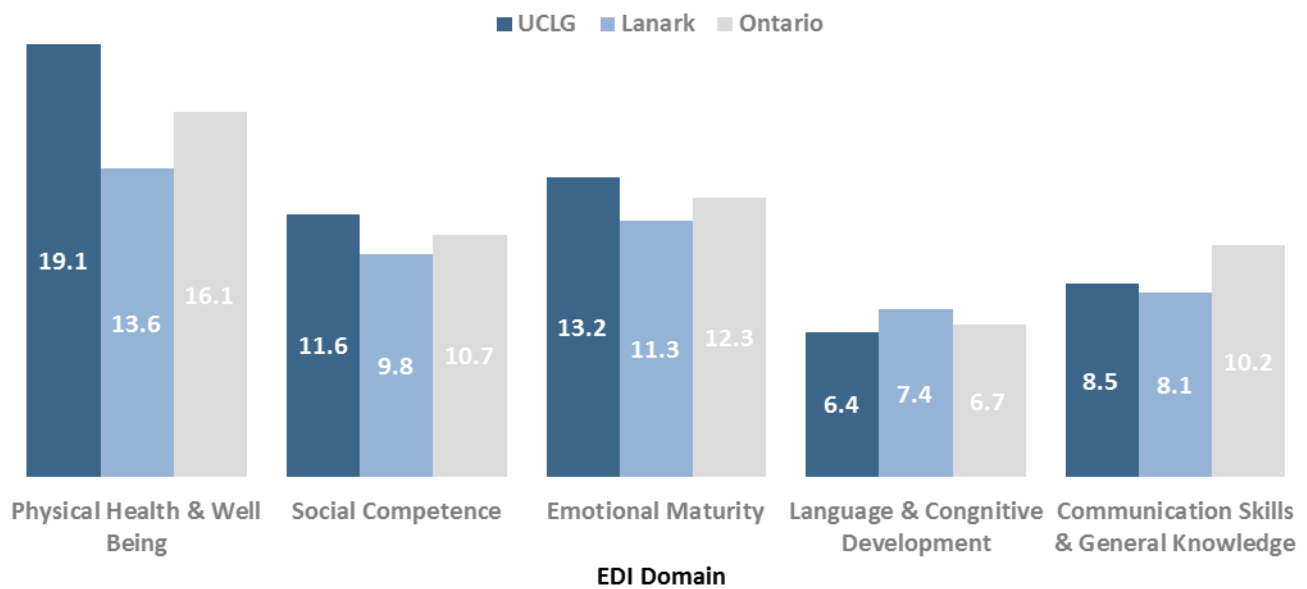
- Assessments “identified with risk” identifies vulnerable families that would most benefit from targeted interventions during the time between pregnancy and a child’s transition to school.

# Healthy Infants and Children

## KEY POINTS: EARLY DEVELOPMENT INSTRUMENT

- The two highest vulnerability categories in terms of developmental expectations for kindergarten-aged children in LGL are *Physical Health & Well Being* and *Emotional Maturity*.

### Percentage of children in senior kindergarten who did not meet developmental expectations at school entry by county and Ontario overall, LGLDHU, 2014-15



Source: Early Development Instrument (EDI), UCLG & Lanark Counties 2014/2015

## NOTES:

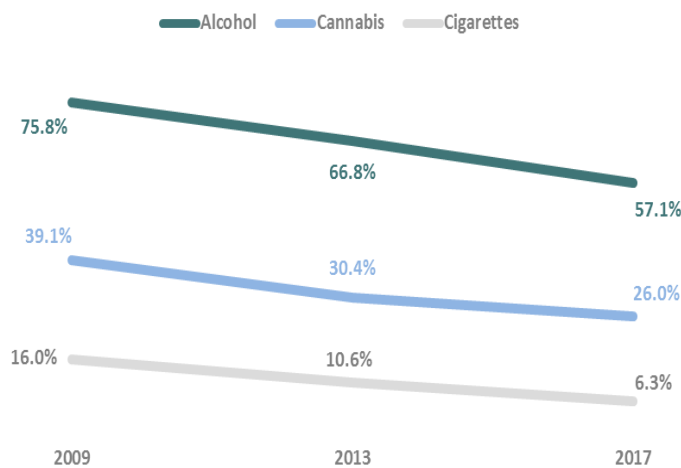
- The Early Development Instrument (EDI) measures a child's ability to meet age-appropriate expectations at school entry.

# Healthy Youth

## KEY POINTS: RECREATIONAL DRUG USE AMONG HIGH SCHOOL STUDENTS

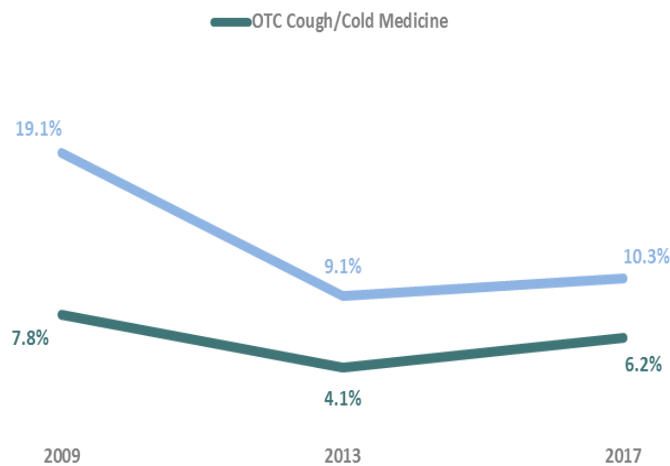
- The trends for the use of cigarettes, cannabis and alcohol by students in grades 9 to 12 have been downwards in LGL since 2009.
- The trends for the non-medicinal use of over-the-counter (OTC) cough medicine and opioid pain relievers by students in grades 9 to 12 have been downwards in LGL since 2009.

Drug use trends for students in grades 9 to 12, LGLDHU, 2009-17



Source: OSDUHS 2009, 2013, 2017 CAMH. LGLDHU data.

Drug use trends for students in grades 9 to 12, LGLDHU, 2009-17



Source: OSDUHS 2009, 2013, 2017 CAMH. LGLDHU data.

## NOTES:

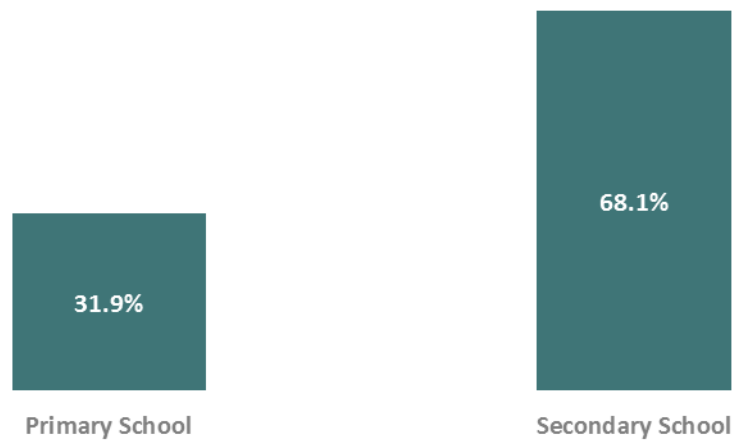
- The use of all of the drugs presented on this page was stated as being for recreational purposes and not drugs prescribed by a doctor or nurse practitioner for medical reasons.

# Healthy Youth

## KEY POINTS: RECREATIONAL DRUG USE AMONG HIGH SCHOOL STUDENTS

- The majority of students who reported using cannabis, report first trying it in secondary school.
- About a third of students report first trying cannabis in primary school.

### Percentage of students in grades 9 to 12 who reported when they first tried cannabis, LGLDHU, 2017



Source: OSDHUS 2017, CAMH, LGLDHU Data.

## NOTES:

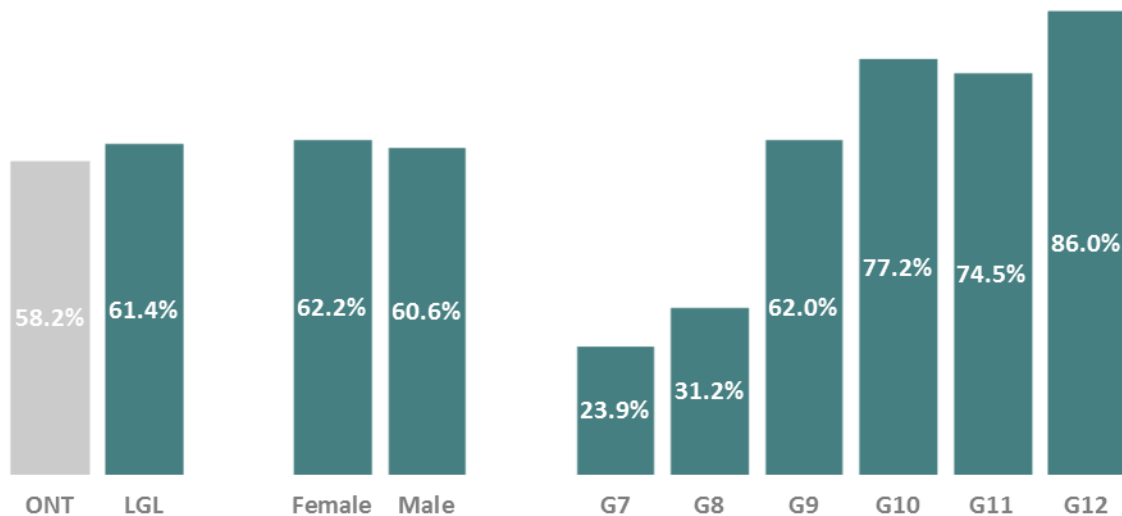
- About 10% of grade 9 to 12 students in LGL who do not currently use cannabis said that they would consider trying cannabis if it were legalized.

# Healthy Youth

## KEY POINTS: ALCOHOL USE AMONG STUDENTS

- About 61% of primary and secondary school students report using alcohol in the past 12-months.
- The trend for alcohol use is associated with age.
- Similar proportions of males and females report using alcohol.

### Percentage of students who reported that they consumed alcohol in the past 12-months overall and by sex and grade, LGLDHU, 2009



Source: Ontario Student Drug Use and Health Survey, CAMH 2009

## NOTES:

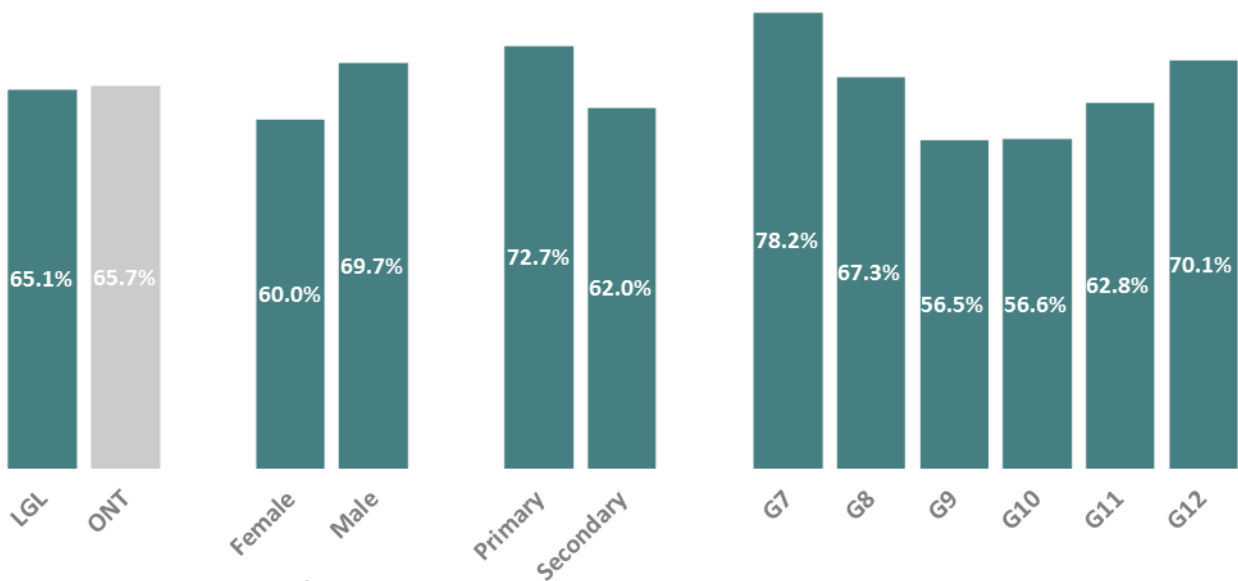
- Estimates excludes students who reported only having a few sips of alcohol but includes those who drank only on special occasions.

# Healthy Youth

## KEY POINTS: PHYSICAL HEALTH AMONG STUDENTS

- About 65% of LGL students self-rate their physical health as being very good to excellent.
- More males self-rate their physical health as being very good to excellent than females.
- Higher proportions of primary school students tend to self-rate their physical health as being very good to excellent than secondary school students.

### Percentage of students who reported "very good to excellent" self-rated physical health overall and by sex and grade, LGLDHU, 2013



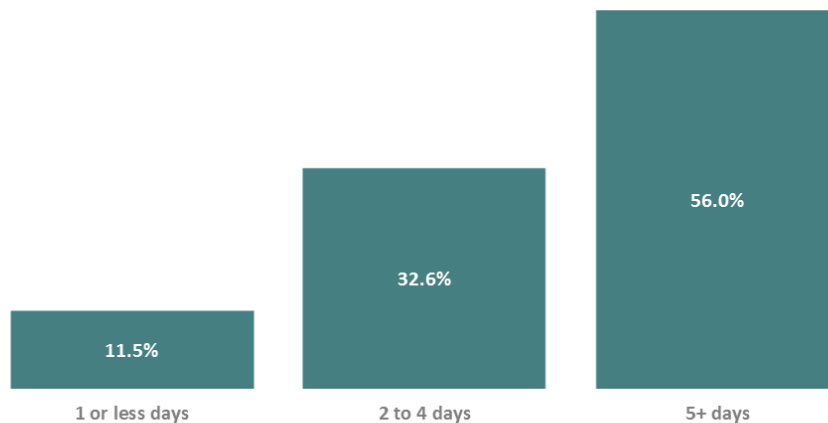
Source: OSDUHS 2013, CAMH. LGLDHU data.

# Healthy Youth

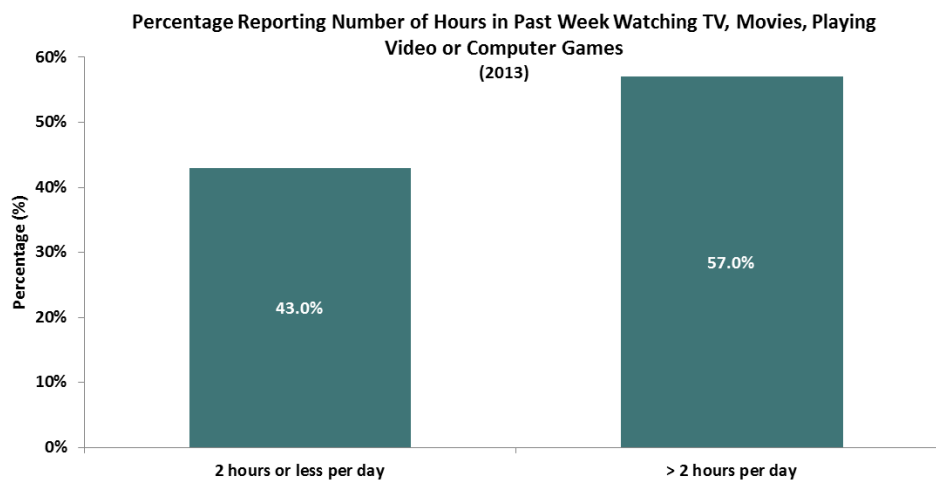
## KEY POINTS: PHYSICAL ACTIVITY AMONG STUDENTS

- About 56% of LGL students report that they are physically active for at least 60-minutes a day for 5 or more days per week.
- About 12% of students report that they are physically active for 60-minutes per day for 1 or fewer days per week.
- A total of 57% of students report that they spend 2 or more hours per day watching TV, gaming, watching videos.

**Percentage of students reporting number of days in past week physically active for at least 60-minutes, LGLDHU, 2013**



Source: OSDUHS 2013, CAMH. LGLDHU data.



Source: Ontario Student Drug Use and Health Survey, CAMH 2013

## NOTES:

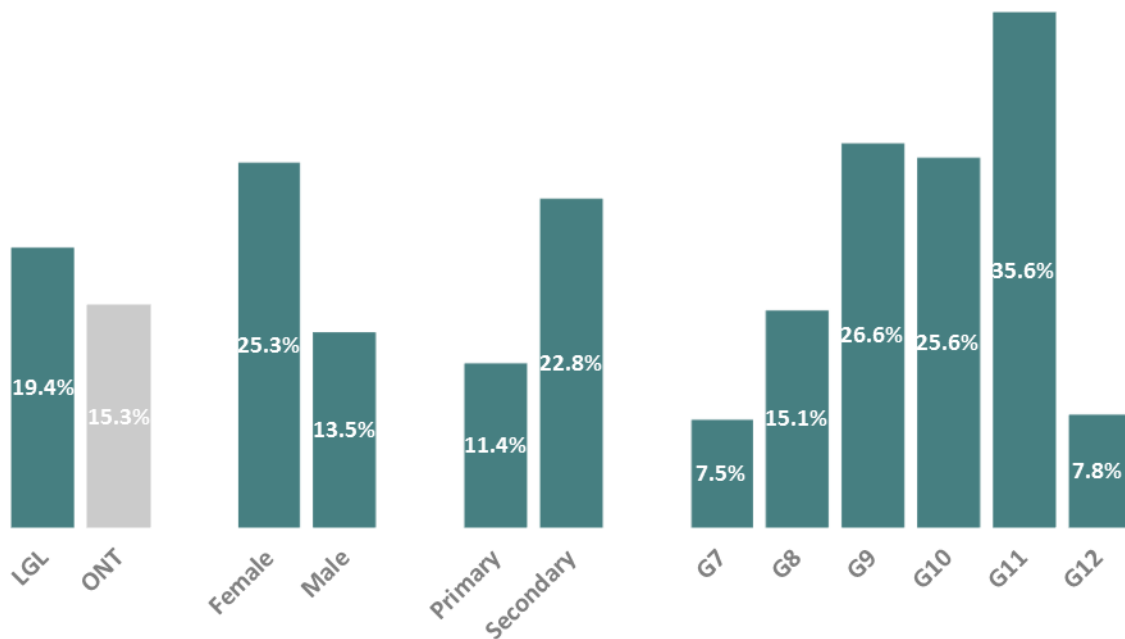
- In Canada, an accumulation of at least 60-minutes of moderate to vigorous physical activity per day is recommended for children and youth.
- Screen time of 2 hours or less per day is recommended. Screen time also includes texting, Skype, social media, etc.

# Healthy Youth

## KEY POINTS: YOUTH MENTAL HEALTH

- About 19% of LGL students self-rate that their mental health is fair to poor.
- Female and secondary school students report higher proportions of fair to poor mental health.

### Percentage of students who self-reported "fair to poor" mental health overall and by sex and grade, LGLDHU, 2013



Source: OSDUHS 2013, CAMH. LGLDHU data.

## NOTES:

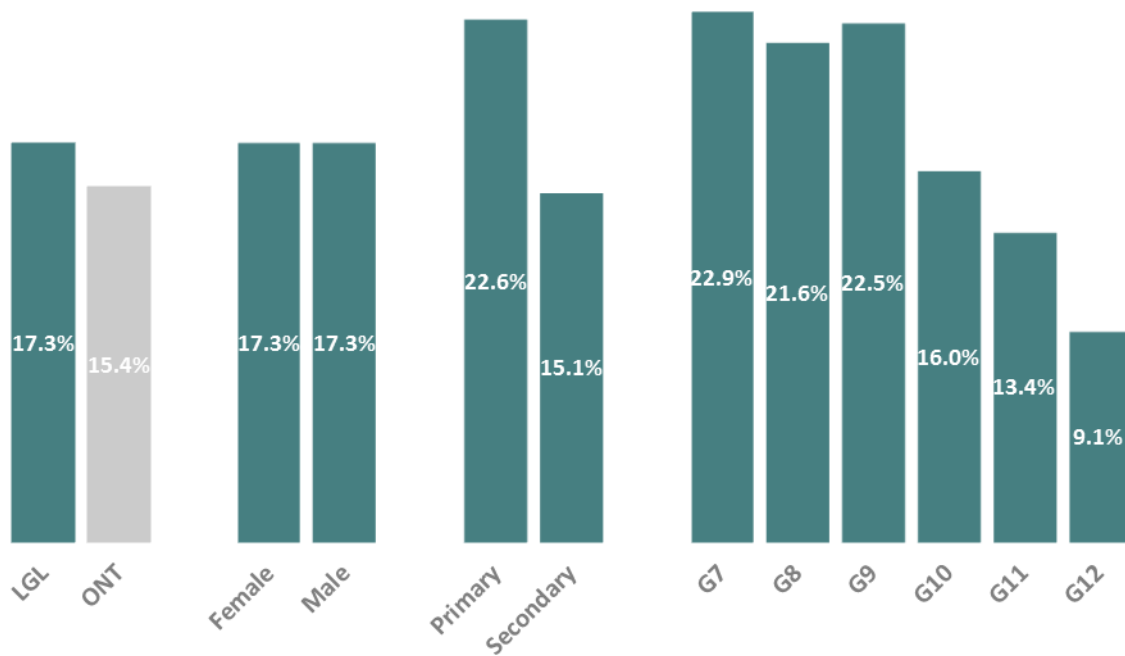
- Questions asking respondents to self-rate their health have been shown to be reliable and valid measures and predictors of emotional well-being among adolescents.

# Healthy Youth

## KEY POINTS: FEELING SAFE AT SCHOOL

- About 17% of LGL students report that they do not feel safe at their school.
- The highest proportions of students reporting not feeling safe at school are in primary schools.

### Percentage of students who reported that they did not feel safe at school overall and by sex and grade, LGLDHU, 2013



Source: OSDUHS 2013, CAMH. LGLDHU data.

## NOTES:

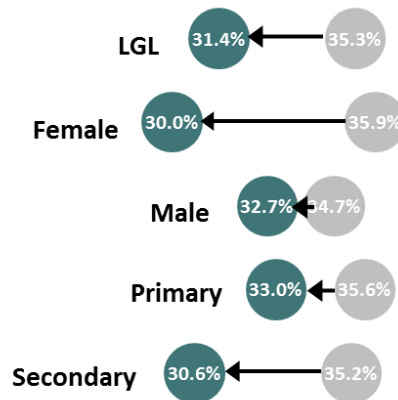
- This question asked students if they were worried whether someone would harm or threaten them or take something from them.

# Healthy Youth

## KEY POINTS: BULLYING

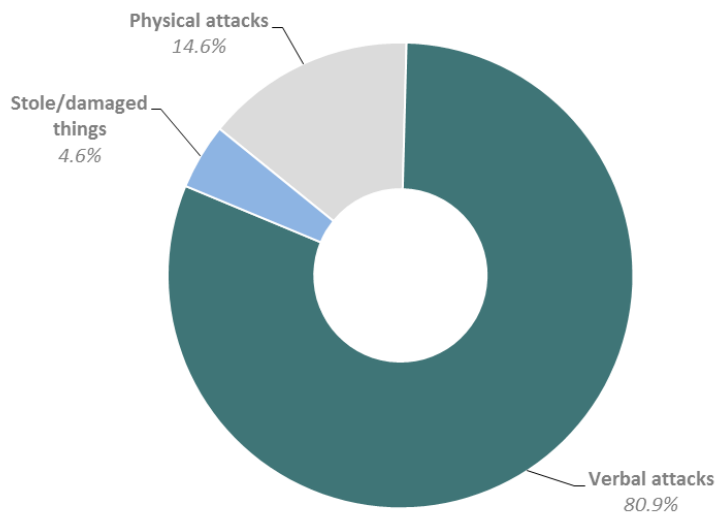
- The overall trend in bullying behaviour is downward. However, about one in three students still report being bullied in LGL.
- The most common way students are bullied is through verbal attacks at about 81% followed by physical attacks at about 15%.

**Trend in bullying behaviour, LGLDHU, 2009 & 2013. Arrow indicated direction of trend**



Source: OSDUHS 2009 & 2013, CAMH. LGLDHU data.

**Percentage of types of bullying reported by students, LGLDHU, 2013**



Source: OSDUHS 2013 CAMH. LGLDHU data.

## NOTES:

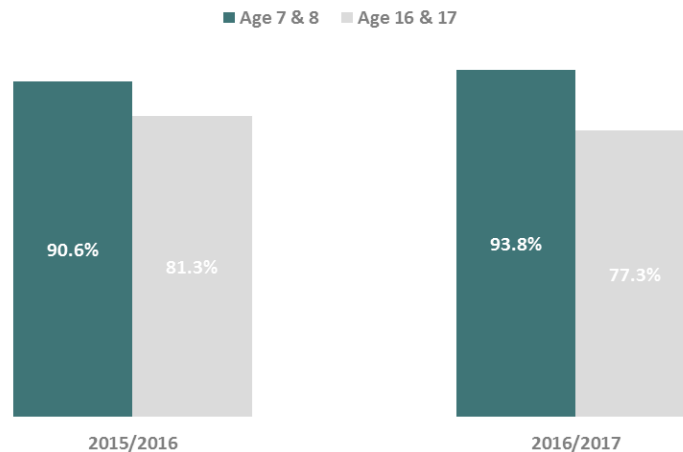
- Bullying is defined as when one or more people tease, hurt or upset a weaker person on purpose repeatedly. It also includes deliberately leaving someone out on things on purpose.

# Healthy Youth

## KEY POINTS: STUDENT IMMUNIZATION

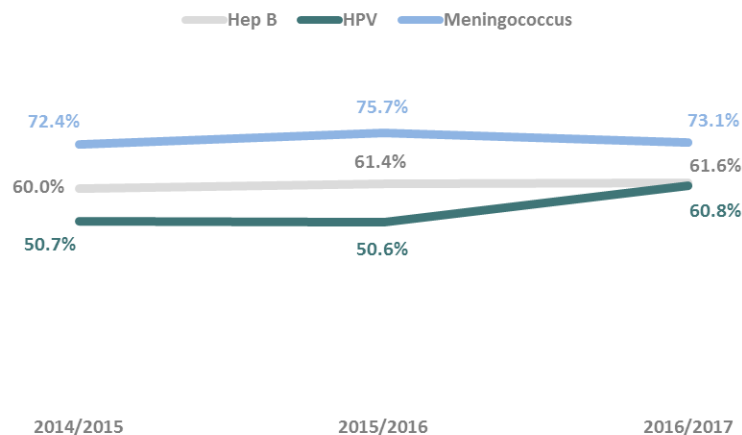
- The percentage of 7 and 8 year olds in compliance with ISPA increased about 3% from 2015/2016 to 2016/2017 school years.
- The percentage of 16 and 17 year olds in compliance with ISPA decreased about 4% from 2015/2016 to 2016/2017 school years.
- The percentage of school-aged children completing HPV, Hepatitis B and Meningococcus vaccinations have been consistent or have increased from 2014 to 2017.

**Percentage of students who were in compliance with the Immunization of Student Pupils Act (ISPA) by age group, LGLDHU, 2015-17**



Source: LGL Databases 2015-17

**Percentage of school aged children who completed immunizations by school year, LGLDHU, 2014-17**



Source: LGLDHU databases 2014-17

## NOTES:

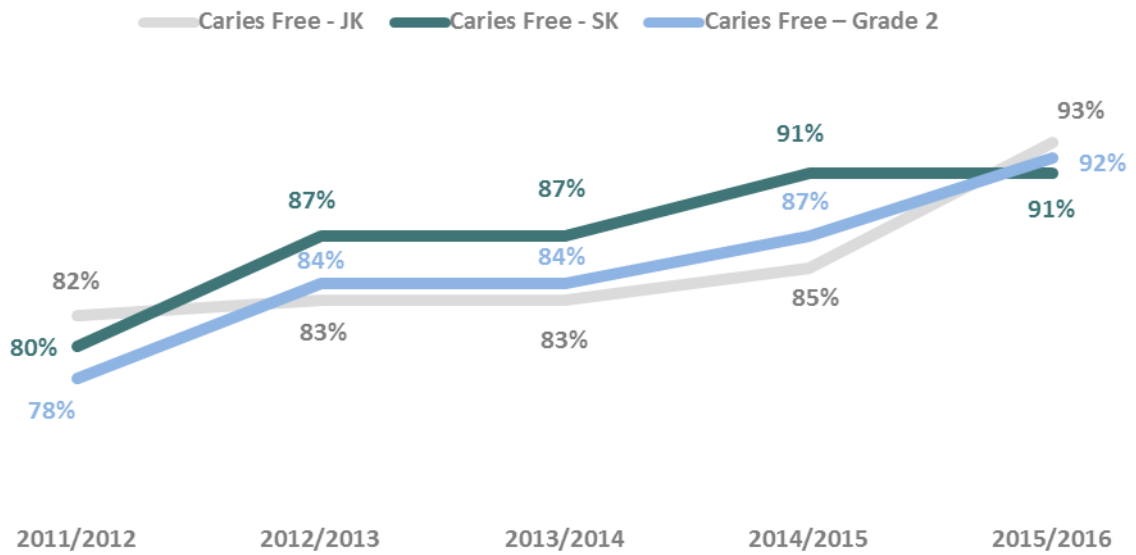
- ISPA is the Immunization of School Pupils Act.

# Healthy Youth

## KEY POINTS: CARIES-FREE DENTAL EXAMS

- The percentage of caries-free Junior Kindergarten, Senior Kindergarten and Grade 2 students in LGL has increased from about 80% in 2012 to about 90% in 2016.

### Percentage of children in JK, SK and Grade 2 who were declared caries free by school year, LGLDHU, 2011-16



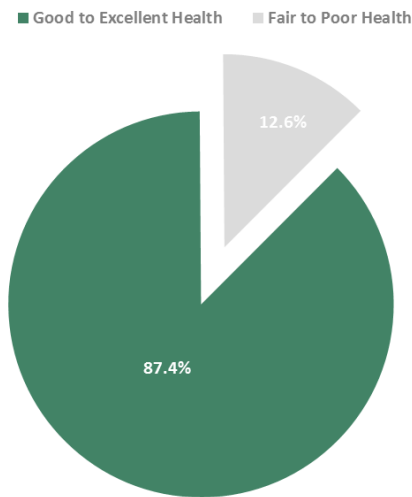
Source: LGLDHU databases 2011-17

# Healthy Communities

## KEY POINTS: PHYSICAL HEALTH

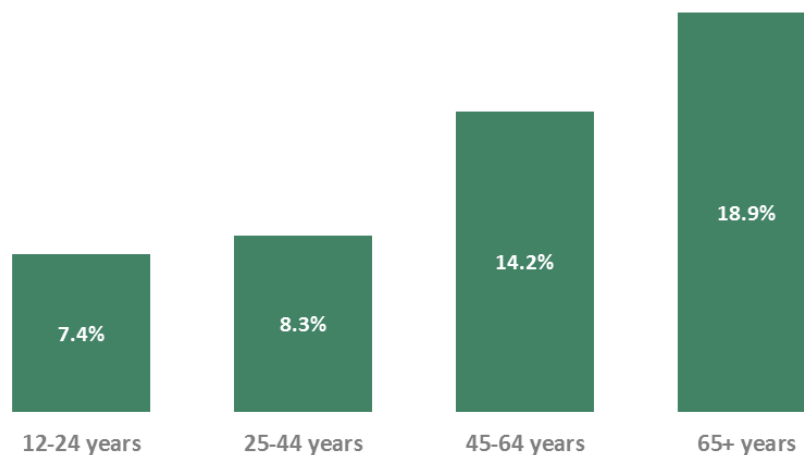
- About 87% of the overall population of LGL self-report having good to excellent overall health. About 13% of the population self-report fair to poor overall health.
- Self-reporting of higher proportions of fair to poor overall health is more common in older age groups.

**Percentage of population self-reporting having fair to poor health, LGLDHU, 2009-14**



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

**Percentage of population self-reporting having fair to poor health by age group, LGLDHU, 2009-14**



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

## NOTES:

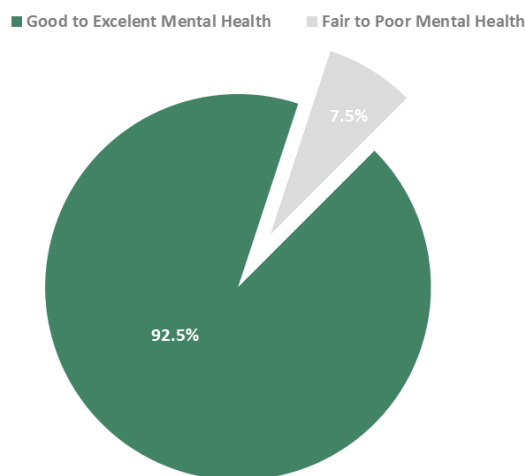
- This question dealt with overall health status. The respondent was asked to rate their health on a 5-point scale as being between excellent to poor. The response categories of fair and poor were combined to demonstrate poor self-rated health.

# Healthy Communities

## KEY POINTS: MENTAL HEALTH

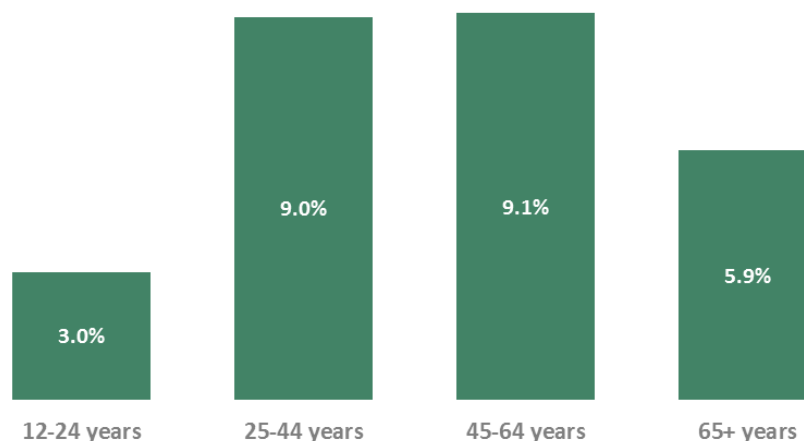
- About 93% of the overall population of LGL self-report having good to excellent mental health. About 8% of the population self-report fair to poor mental health.
- Higher proportions in the 25 to 64-year age groups self-report fair to poor mental health more often than other age groups.

**Percentage of population self-reporting having fair to poor mental health, LGLDHU, 2009-14**



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

**Percentage of population self-reporting having fair to poor mental health by age group, LGLDHU, 2009-14**



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

## NOTES:

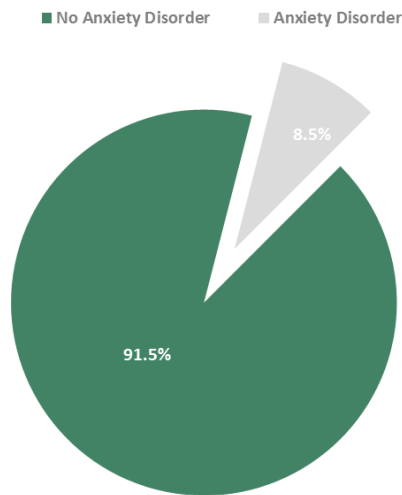
- This question dealt with mental health status. The respondent was asked to rate their mental health on a 5-point scale as being between excellent to poor. The response categories of fair and poor were combined to demonstrate poor self-rated mental health.

# Healthy Communities

## KEY POINTS: ANXIETY DISORDER DIAGNOSIS

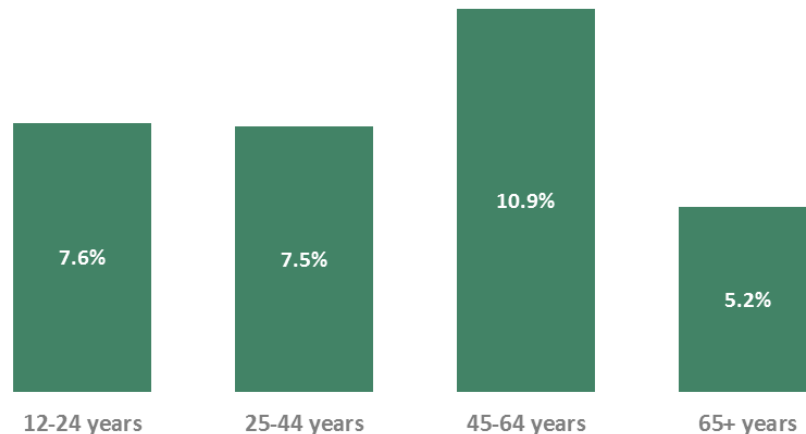
- About 92% of the overall population of LGL report not being diagnosed with an anxiety disorder. About 8% of the population report being diagnosed with an anxiety disorder.
- Higher proportions in the 45 to 64-year age group report being diagnosed with an anxiety disorder more often than other age groups.

**Percentage of population self-reporting having been diagnosed with an anxiety disorder, LGLDHU, 2009-14**



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

**Percentage of population self-reporting having been diagnosed with an anxiety disorder by age group, LGLDHU, 2009-14**



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

## NOTES:

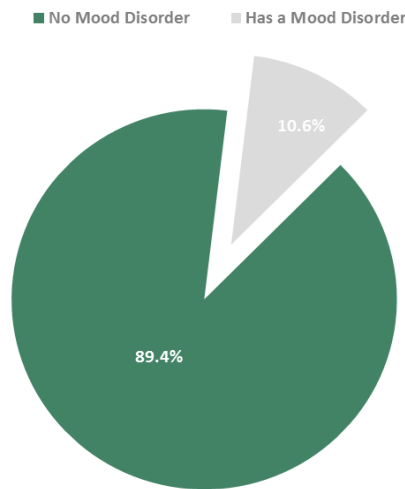
- Survey respondent were asked if they had been diagnosed with a phobia, obsessive-compulsive disorder or panic disorder by a health care professional, and if the diagnosis was expected to last for at least 6-months or had already lasted for 6-months or more.

# Healthy Communities

## KEY POINTS: MOOD DISORDER DIAGNOSIS

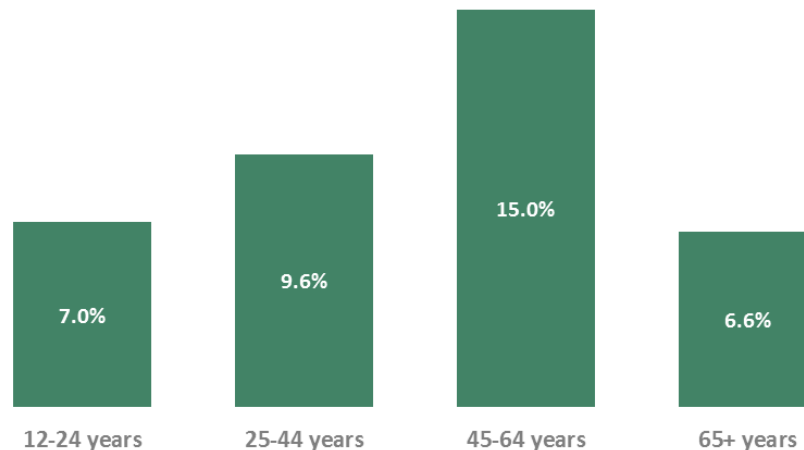
- About 89% of the overall population of LGL report not being diagnosed with a mood disorder. About 11% of the population report being diagnosed with a mood disorder.
- Higher proportions in the 45 to 64-year age group report being diagnosed with a mood disorder more often than other age groups.

Percentage of population self-reporting having been diagnosed with a mood disorder (depression/bi-polar), LGLDHU, 2009-14



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

Percentage of population self-reporting having been diagnosed with a mood disorder (depression/bi-polar) by age group, LGLDHU, 2009-14



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

## NOTES:

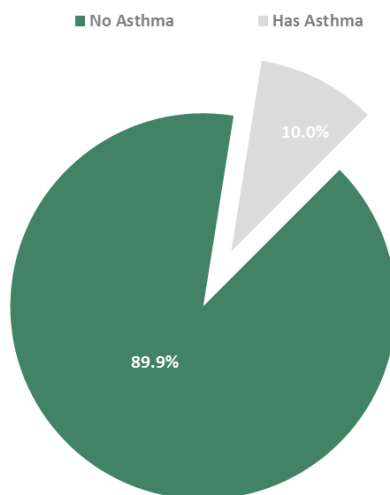
- Survey respondents were asked if they had been diagnosed with depression, bipolar, mania or dysthymia by a health care professional, and if the diagnosis was expected to last for at least 6-months or had already lasted for 6-months or more.

# Healthy Communities

## KEY POINTS: ASTHMA DIAGNOSIS

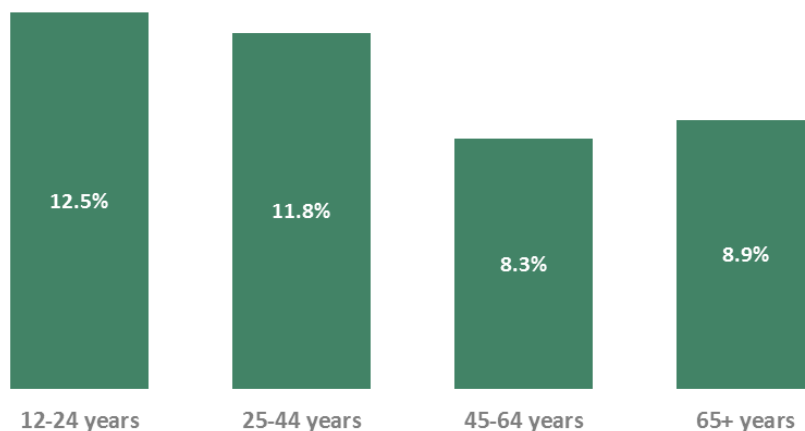
- About 90% of the overall population of LGL report not being diagnosed with asthma. About 10% of the population report being diagnosed with asthma.
- Higher proportions in the 12 to 44-year age groups report being diagnosed with asthma more often than older age groups.

**Percentage of population self-reporting having been diagnosed with asthma, LGLDHU, 2009-14**



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

**Percentage of population self-reporting having been diagnosed with asthma by age group, LGLDHU, 2009-14**



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

## NOTES:

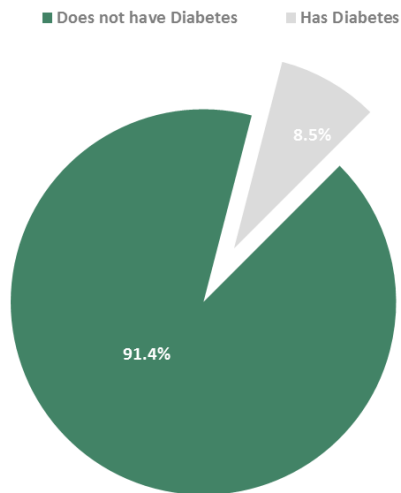
- Survey respondents were asked if they had been diagnosed with asthma by a health care professional, and if the diagnosis was expected to last for at least 6-months or had already lasted for 6-months or more.

# Healthy Communities

## KEY POINTS: DIABETES DIAGNOSIS

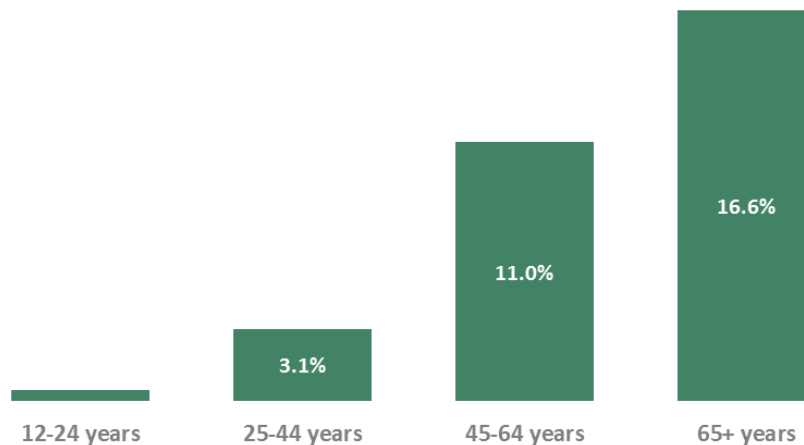
- About 91% of the overall population of LGL report not being diagnosed with diabetes. About 9% of the population report being diagnosed with diabetes.
- Higher proportions in the older age groups report being diagnosed with diabetes more often than younger age groups.

**Percentage of population self-reporting having been diagnosed with diabetes, LGLDHU, 2009-14**



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

**Percentage of population self-reporting having been diagnosed with diabetes by age group, LGLDHU, 2009-14**



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

## NOTES:

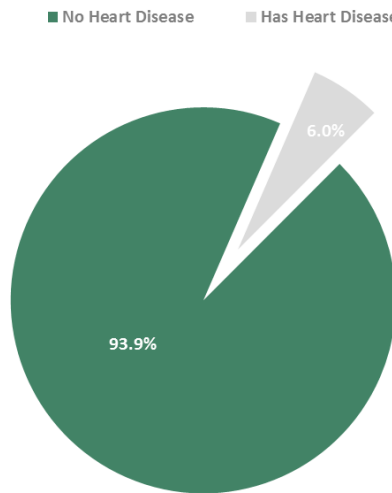
- Survey respondents were asked if they had been diagnosed with diabetes by a health care professional, and if the diagnosis was expected to last for at least 6-months or had already lasted for 6-months or more. Excludes pre-diabetes responses.

# Healthy Communities

## KEY POINTS: HEART DISEASE DIAGNOSIS

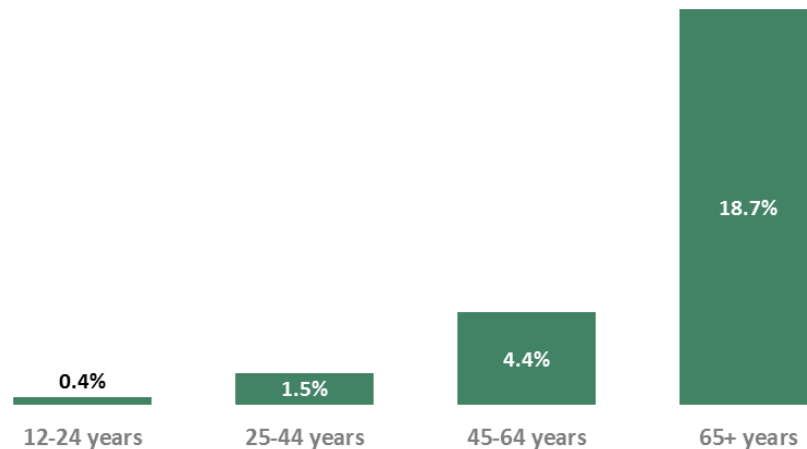
- About 94% of the overall population of LGL report not being diagnosed with heart disease. About 6% of the population report being diagnosed with heart disease.
- Higher proportions in the oldest age group report being diagnosed with heart disease more often than younger age groups.

**Percentage of population self-reporting having been diagnosed with heart disease, LGLDHU, 2009-14**



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

**Percentage of population self-reporting having been diagnosed with heart disease by age group, LGLDHU, 2009-14**



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

## NOTES:

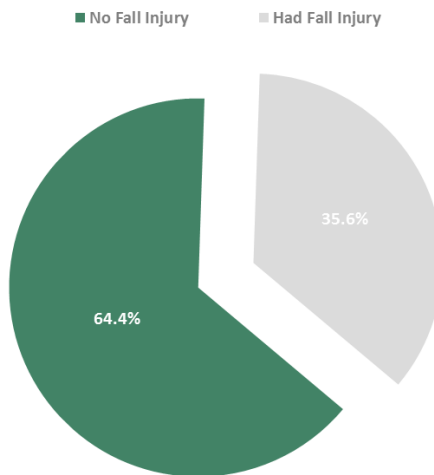
- Survey respondent were asked if they had been diagnosed with heart disease by a health care professional, and if the diagnosis was expected to last for at least 6-months or had already lasted for 6-months or more.

# Healthy Communities

## KEY POINTS: FALL-RELATED INJURY

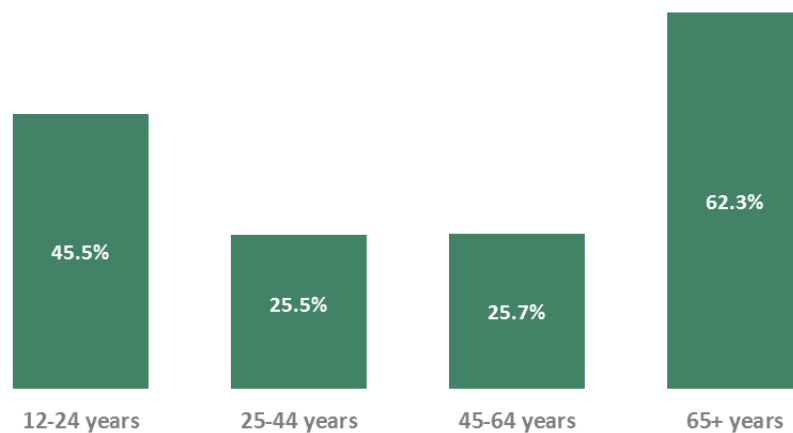
- About 64% of the overall population of LGL report not being injured due to a fall. About 36% of the population report being injured due to a fall.
- Higher proportions of the population in both the youngest and oldest age groups report being injured due to a fall.

Percentage of population self-reporting having been injured in a fall in the past year, LGLDHU, 2009-14



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

Percentage of population self-reporting having been injured from a fall in the past year by age group, LGLDHU, 2009-14



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

## NOTES:

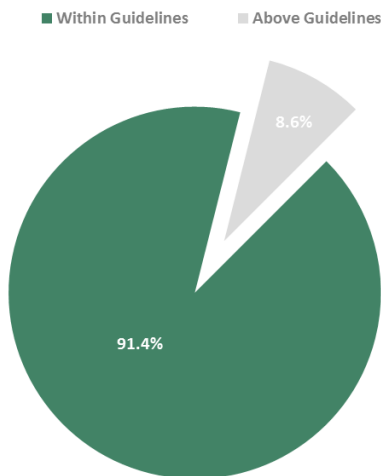
- Survey respondents asked if they had sustained an injury in the past 12-months which was serious enough to limit their normal activities the day after the injury occurred and if the injury was the result of a fall.

# Healthy Communities

## KEY POINTS: ALCOHOL USE ABOVE LOW RISK DRINKING GUIDELINES

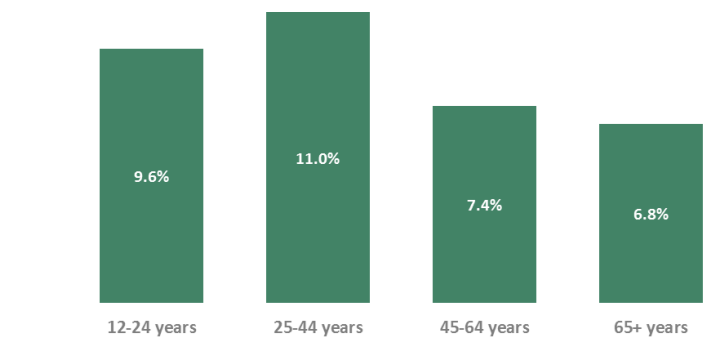
- About 91% of the overall population of LGL report not drinking above low risk drinking guidelines. About 9% of the population report drinking above low risk drinking guidelines.
- Higher proportions in the younger age groups report drinking in excess of low risk drinking guidelines.
- Income does not appear to affect drinking in excess of low risk drinking guidelines.
- Men are more likely than women to report exceeding low risk drinking guidelines. However, women in the highest income group are more likely to engage in high risk alcohol use.

Percentage of population self-reporting having consumed alcohol above low risk drinking guidelines, LGLDHU, 2009-14



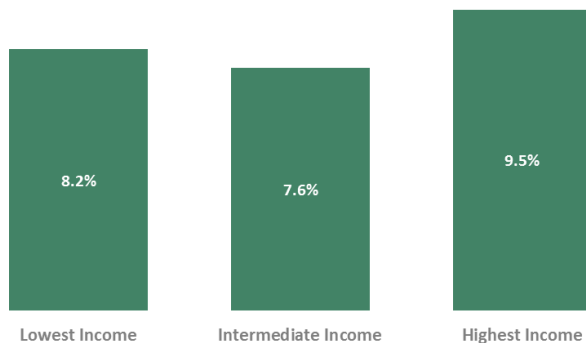
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of population self-reporting having consumed alcohol above low risk drinking guidelines, LGLDHU, 2009-14



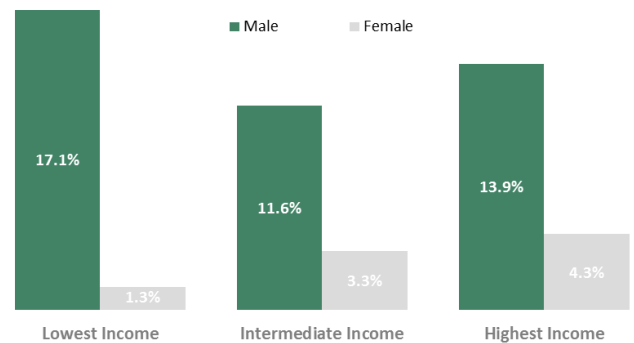
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of population self-reporting having consumed alcohol above low risk drinking guidelines by income category, LGLDHU, 2009-14



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

Percentage of population self-reporting having consumed alcohol above low risk drinking guidelines by sex and income category, LGLDHU, 2009-14



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

## NOTES:

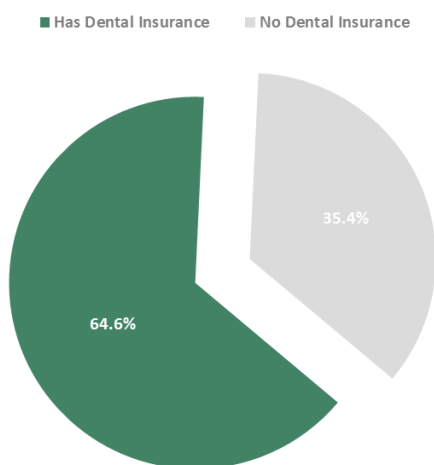
- Survey respondents were asked the average number of drinks consumed per day during the week prior to the interview. This variable was then calculated to determine if drinking behaviour was above low risk drinking guidelines set out by the Centre for Addiction and Mental Health (CAMH).

# Healthy Communities

## KEY POINTS: DENTAL INSURANCE

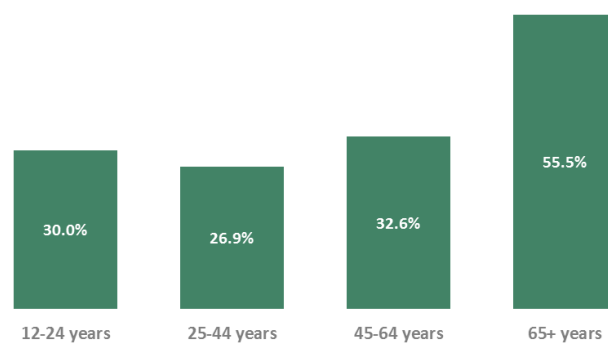
- About 65% of the overall population of LGL report having dental insurance. About 35% of the population report not having dental insurance.
- Higher proportions in the oldest age group report not having dental insurance.
- About 65% in the lowest income group compared to about 16% in the highest income group report not having dental insurance.
- Men and women have an equal likelihood of not having dental insurance in all income groups.

Percentage of population self-reporting having dental insurance, LGLDHU, 2009-14



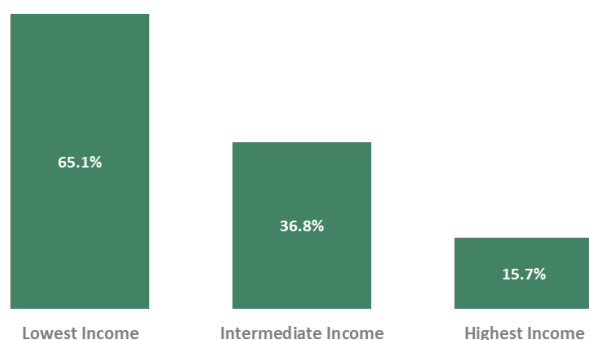
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of population self-reporting having dental insurance, LGLDHU, 2009-14



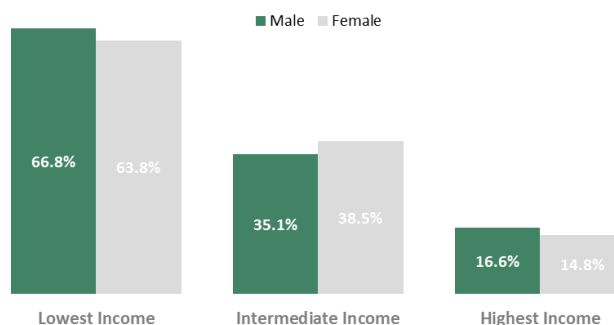
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of population self-reporting having dental insurance by income category, LGLDHU, 2009-14



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

Percentage of population self-reporting having dental insurance by sex and income category, LGLDHU, 2009-14



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

## NOTES:

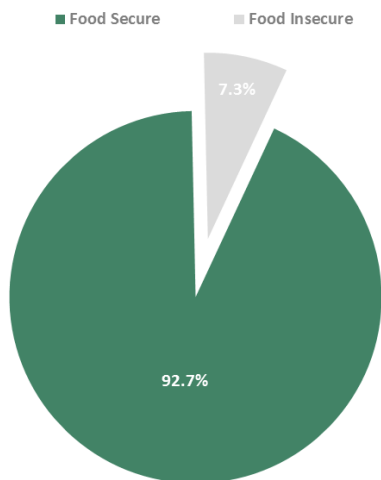
- Survey respondents were asked if they had insurance that covered all or part of the cost of dental expenses. This could include government sponsored, employer sponsored or private plans.

# Healthy Communities

## KEY POINTS: FOOD INSECURITY

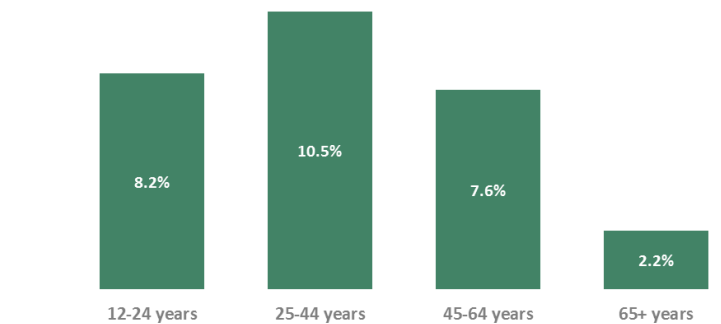
- About 93% of the overall population of LGL report being food secure. About 7% of the population report being food insecure.
- Higher proportions in the youngest age groups report being food insecure.
- About 19% in the lowest income group compared to about 1% in the highest income group report being food insecure.
- Women are more likely than men to report being food insecure.

Percentage of households reporting moderate to severe food insecurity in past 12-months, LGLDHU, 2009-14



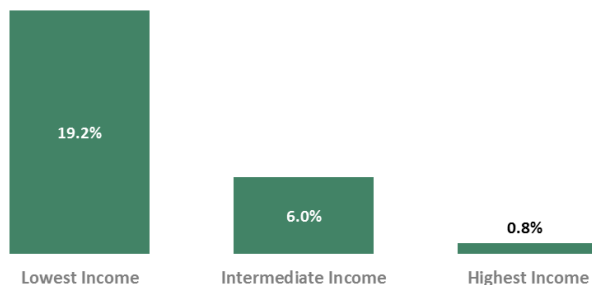
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of households reporting moderate to severe food insecurity in past 12-months by age group, LGLDHU, 2009-14



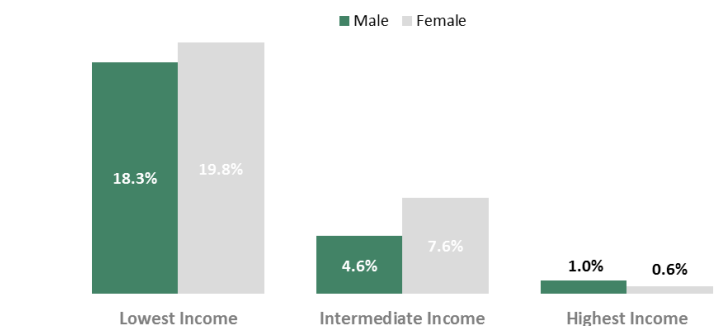
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of households reporting moderate to severe food insecurity in past 12-months by income category, LGLDHU, 2009-14



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

Percentage of households reporting moderate to severe food insecurity in past 12-months by sex and income category, LGLDHU, 2009-14



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

## NOTES:

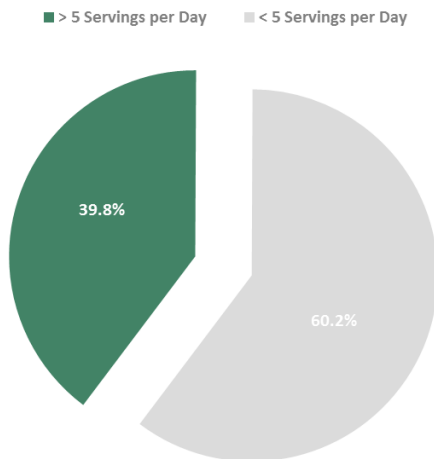
- This variable was based on a set of 18 questions and described the food security situation of the household in the previous 12 months. It captured three kinds of situations: 1- Food secure: No, or one, indication of difficulty with income-related food access. 2- Moderately food insecure: Indication 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.

# Healthy Communities

## KEY POINTS: DAILY FRUIT & VEGETABLE CONSUMPTION

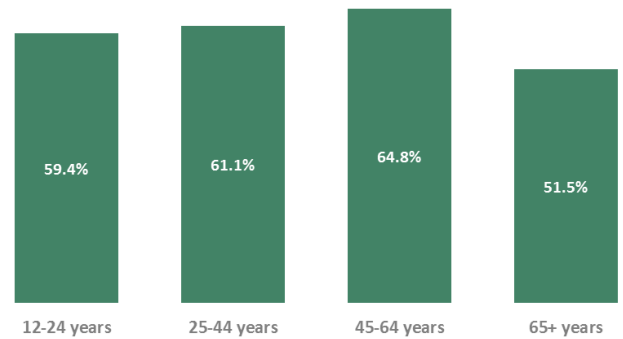
- About 40% of the overall population of LGL report eating 5 or more servings of fruits or vegetables daily. About 60% of the population report eating less than 5 servings of fruits or vegetables daily.
- Similar proportions in all age groups report eating less than 5 servings of fruits or vegetables daily. However, the oldest age group report consuming more daily fruits and vegetables than all other age groups.
- Similar proportions in all income groups report eating less than 5 servings of fruits or vegetables daily.
- Men are more likely than women to report eating less than 5 servings of fruits or vegetables daily.

Percentage of population self-reporting having consumed less than 5 daily servings of fruit or vegetables, LGLDHU, 2009-14



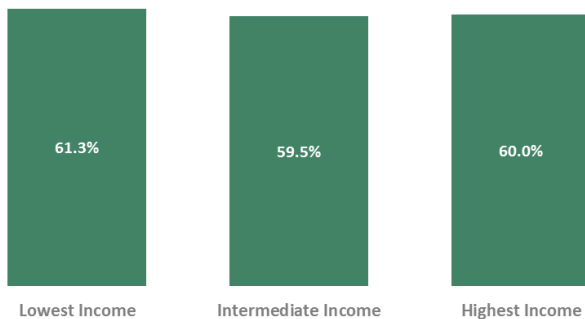
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of population self-reporting having consumed less than 5 daily servings of fruit or vegetables by age group, LGLDHU, 2009-14



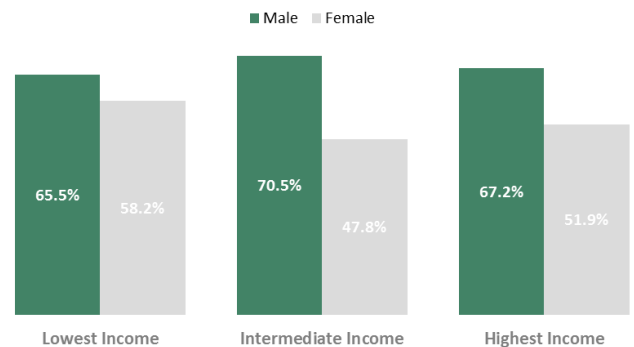
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of population self-reporting having consumed less than 5 daily servings of fruit or vegetables by income category, LGLDHU, 2009-14



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

Percentage of population self-reporting having consumed less than 5 daily servings of fruit or vegetables by sex and income category, LGLDHU, 2009-14



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

## NOTES:

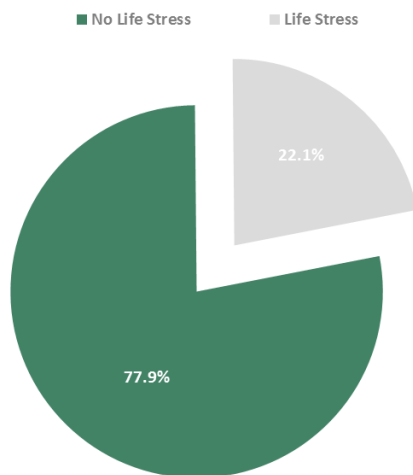
- This question classified the respondent based on the total number of times per day he/she ate fruits and vegetables but not the amount consumed. This indicator was used as a proxy for a healthy diet, which is related to the risk for chronic disease.

# Healthy Communities

## KEY POINTS: SELF-RATED LIFE STRESS

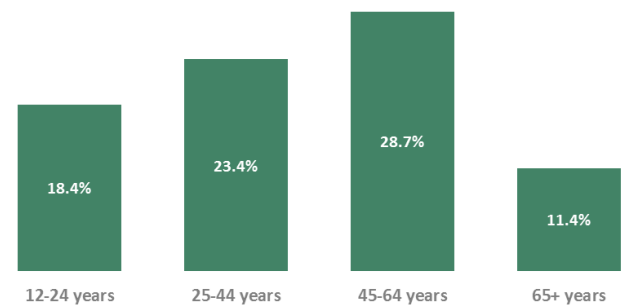
- About 78% of the overall population of LGL self report little to no life stress. About 22% of the population self report quite a bit or extreme life stress.
- Quit a bit or extreme life stress increased with age group until dropping off after the age of 65+ years.
- Similar proportions in all income groups self report quite a bit or extreme life stress.
- Women are more likely than men to self report quite a bit or extreme life stress across all income groups except for the lowest income group.

Percentage of population self-reporting having quite a bit to extreme life stress, LGLDHU, 2009-14



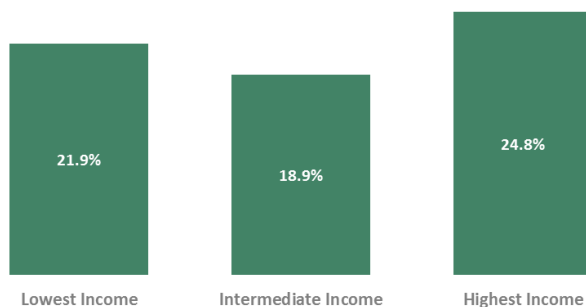
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of population self-reporting having quite a bit to extreme life stress by age group, LGLDHU, 2009-14



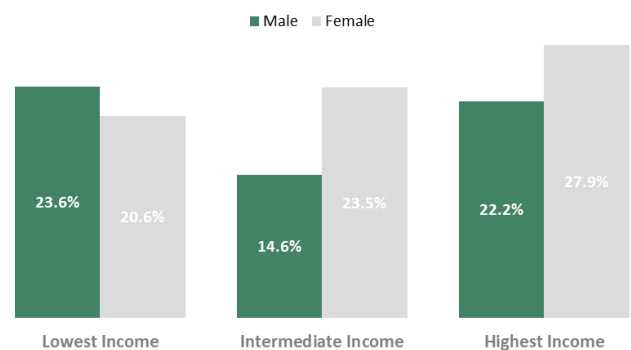
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of population self-reporting having quite a bit to extreme life stress by income category, LGLDHU, 2009-14



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

Percentage of population self-reporting having quite a bit to extreme life stress by sex and income category, LGLDHU, 2009-14



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

## NOTES:

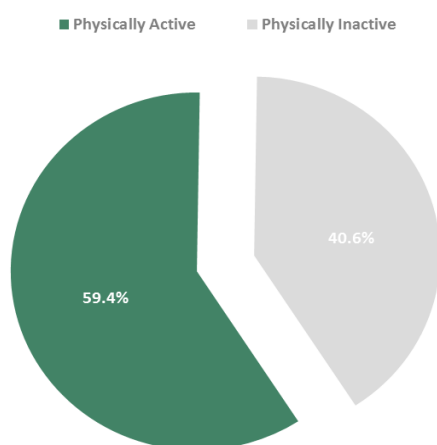
- This question dealt with the amount of perceived stress in a person's life. The respondent was asked to rate their life stress on a 5-point scale as being between not at all stressful and extremely stressful. The response categories of quite a bit and extreme were combined to demonstrate life stress.

# Healthy Communities

## KEY POINTS: PHYSICAL INACTIVITY

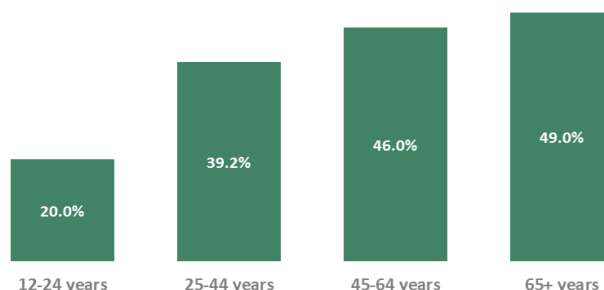
- About 60% of the overall population of LGL report being physically active during their leisure time. About 40% of the population report being physically inactive during their leisure time.
- Physical inactivity increases with age. A higher proportion of individuals in the 65+ age group report being physically inactive than those in younger age groups.
- About 51% of respondents in the lowest income group report being physically inactive compared to about 33% in the highest income group.
- Women are more likely than men to report being physically inactive in both the intermediate and highest income groups.

Percentage of population self-reporting physical inactivity during leisure time, LGLDHU, 2009-14



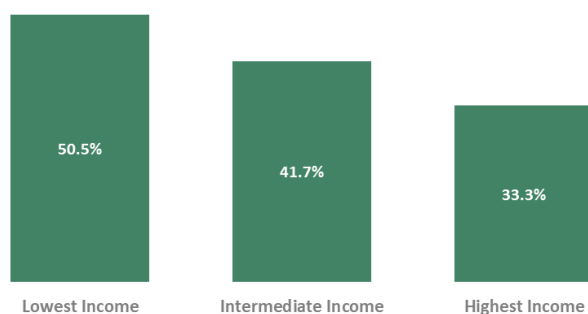
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of population self-reporting physical inactivity during leisure time by age group, LGLDHU, 2009-14



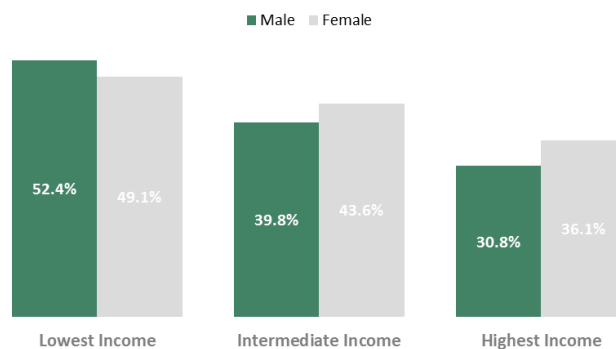
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of population self-reporting physical inactivity during leisure time by income category, LGLDHU, 2009-14



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

Percentage of population self-reporting physical inactivity during leisure time by sex and income category, LGLDHU, 2009-14



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

## NOTES:

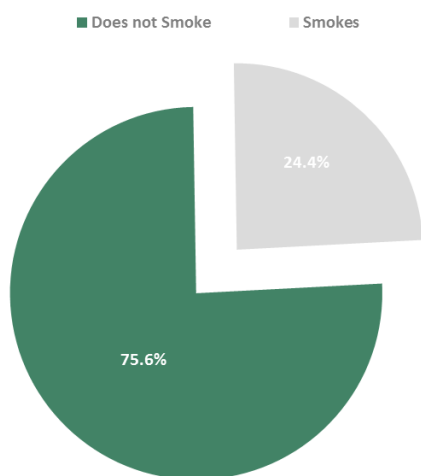
- This variable classified respondents according to their pattern or regularity of leisure time physical activity lasting more than 15-minutes. The variable used physical activity not related to work. The variable categorized respondents as being “active”, “moderately active” or “inactive based on their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

# Healthy Communities

## KEY POINTS: CIGARETTE SMOKING

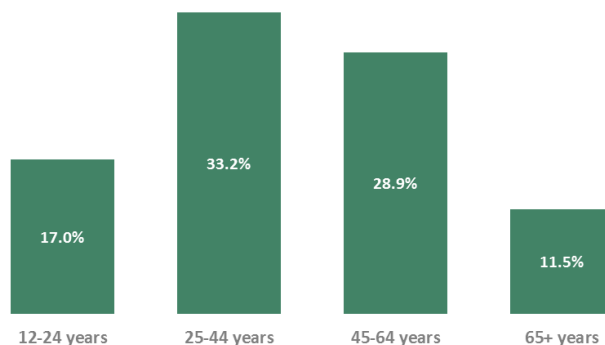
- About 76% of the overall population of LGL report currently being a non-smoker. About 24% of the population report currently smoking cigarettes.
- Higher proportions of individuals in the 25 to 44 and 45 to 64 year age groups report being a current cigarette smoker.
- About 38% of respondents in the lowest income group report being a current cigarette smoker compared to about 16% in the highest income group.
- Men are more likely than women to report being a current cigarette smoker across all income groups.

Percentage of population self-reporting being a current smoker, LGLDHU, 2009-14



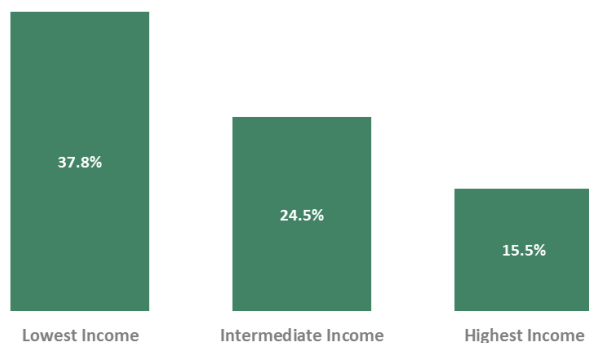
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of population reporting being a current smoker during leisure time by age group, LGLDHU, 2009-14



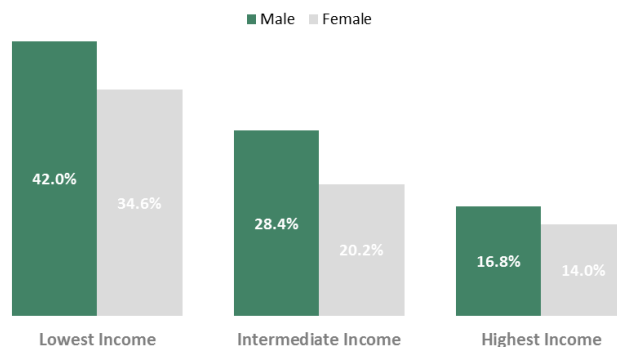
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of population reporting being a current smoker by income category, LGLDHU, 2009-14



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

Percentage of population reporting being a current smoker by sex and income category, LGLDHU, 2009-14



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

## NOTES:

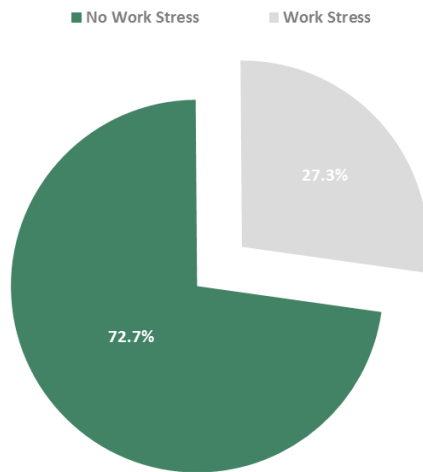
- Survey respondents were asked if they currently smoke daily, occasionally or not at all. Both daily and occasionally constituted smoking for the purposes of this report.

# Healthy Communities

## KEY POINTS: WORK STRESS

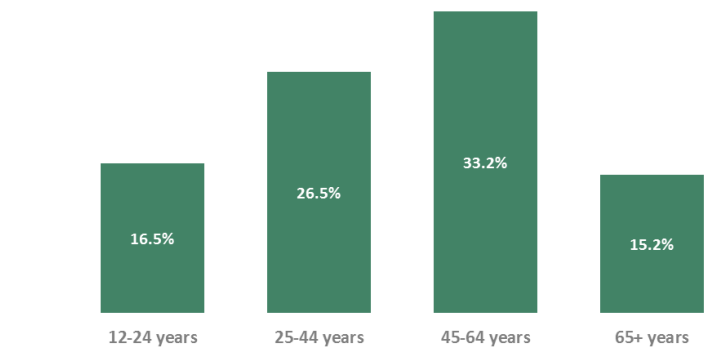
- About 73% of the overall population of LGL self-report little to no work stress. About 27% of the population self-report having quite a bit to extreme amounts of work stress.
- Higher proportions of individuals in the 45 to 64 year age group self-report having quite a bit to extreme work stress compared to other age groups.
- A similar proportion in all income groups self-report quite a bit to extreme amounts of work stress.
- Women were more likely to report quite a bit to extreme amounts of work stress than men in both the lowest and intermediate income groups.

Percentage of population self-reporting having quite a bit to extreme work stress, LGLDHU, 2009-14



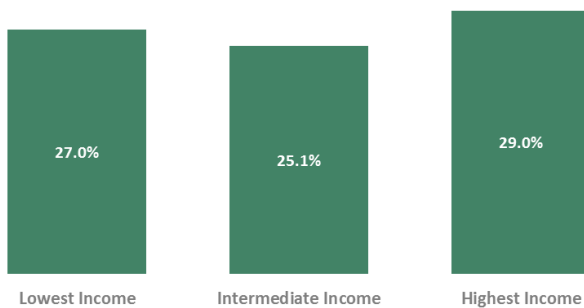
Sources: Canadian Community Health Survey (CCHS) 2009-2014, Statistics Canada. Census of Canada (2011), Statistics Canada.

Percentage of population self-reporting having quite a bit to extreme work stress by age group, LGLDHU, 2009-14



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

Percentage of population self-reporting having quite a bit to extreme work stress by income category, LGLDHU, 2009-14



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

Percentage of population self-reporting having quite a bit to extreme work stress by sex and income category, LGLDHU, 2009-14



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

## NOTES:

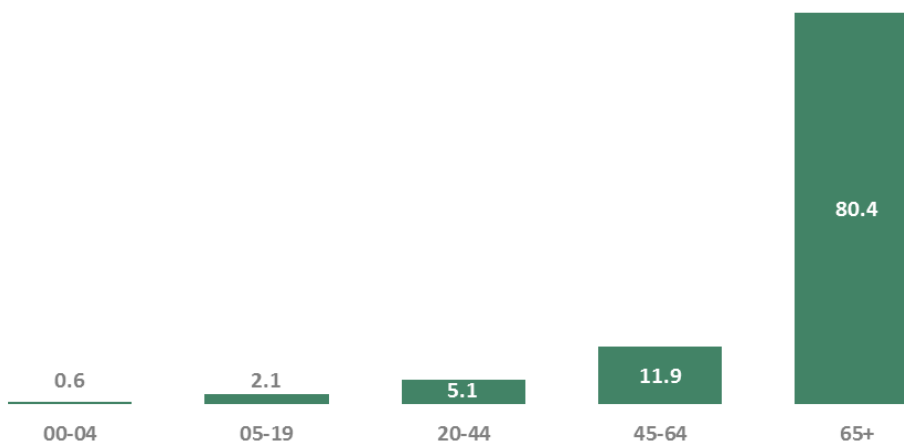
- This question dealt with the amount of perceived stress in a person's work life. The respondent was asked to rate their work stress on a 5-point scale as being between not at all stressful and extremely stressful. The response categories of quite a bit and extreme were combined to demonstrate work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

# Healthy Communities

## KEY POINTS: FALL-RELATED INJURY

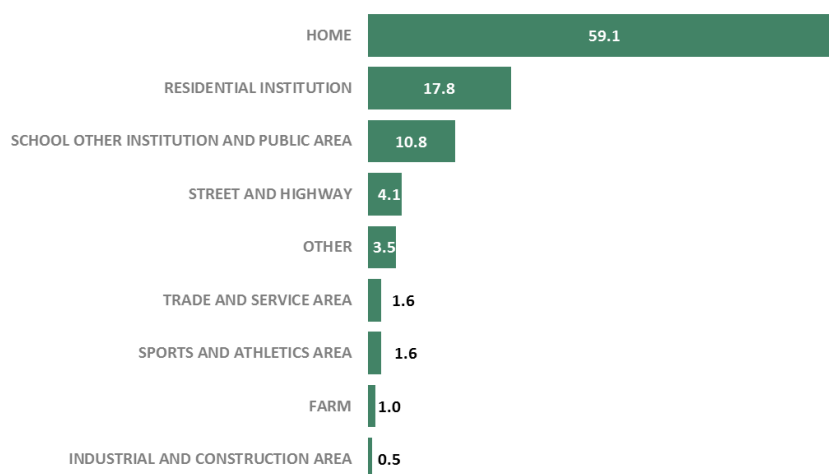
- About 80% of falls that require a hospital admission occur in the oldest age group.
- About 59% of falls requiring a hospital admission occur in the home followed by about 18% that occur in an assisted living or long-term care facility.

**Percentage of fall-related hospital admissions by age group, LGLDHU, 2014**



Source: Intellihealth, Ontario MOHLTC 2003-2014. Accessed Feb 20, 2016

**Percentage of fall-related injuries that resulted in a hospital admission by location of where the fall occurred, LGLDHU, 2014**



Source: Intellihealth, Ontario MOHLTC 2014. Accessed Feb 20, 2016

## NOTES:

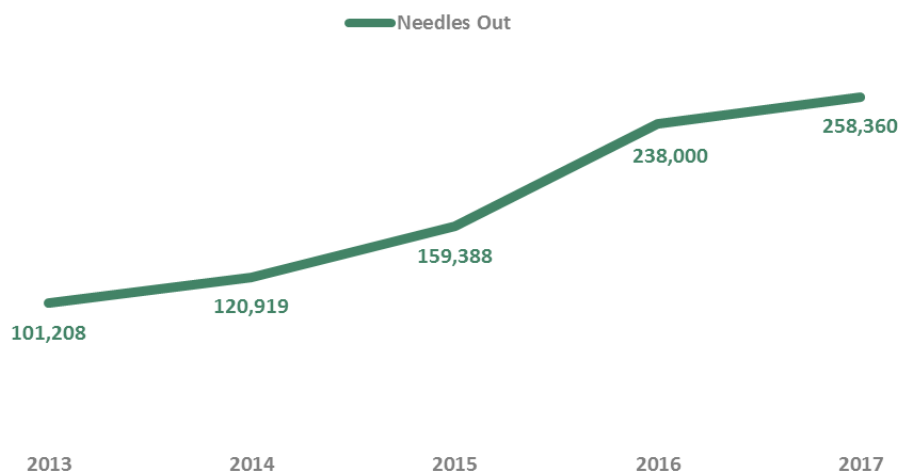
- Data supplied from provincial hospital admission databases for residents of LGL (Discharge Abstract Database).

# Healthy Communities

## KEY POINTS: HARM REDUCTION—NEEDLE EXCHANGE

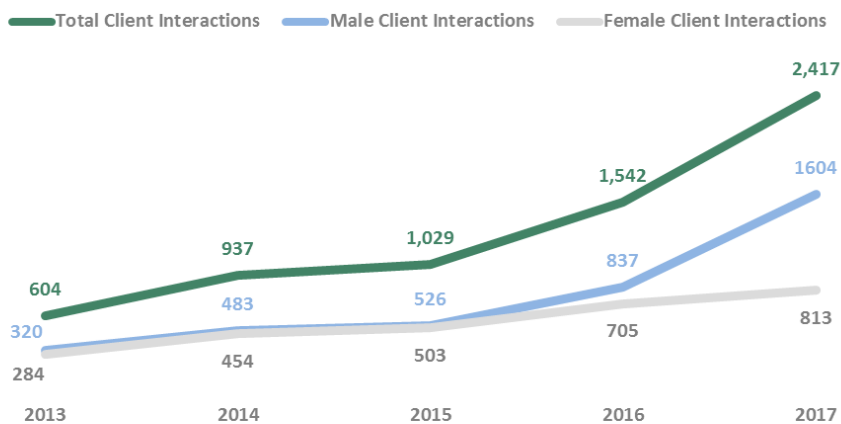
- About a quarter million needles were provided to needle exchange clients by the Health Unit in 2017. This is more than 2.5 times the number provided in 2013.
- The number of client interactions for the needle exchange program has increased about 4-fold since 2013. The largest increase has occurred in the male population.

**Number of needles provided by health unit to Smart Works clients, LGLDHU, 2013-17**



Source: LGLDHU databases 2014-17

**Number of client interactions for the Smart Works program with health unit by sex, LGLDHU, 2013-17**



Source: LGLDHU databases 2014-17

## NOTES:

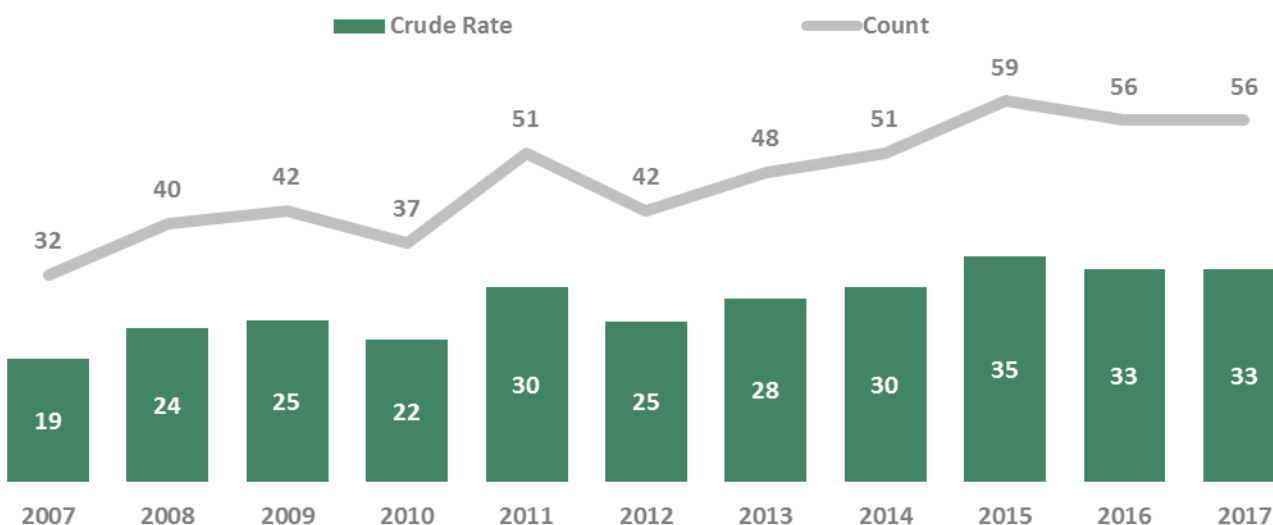
- Data supplied from internal health unit Smart Works databases. Smart Works is a program that works in our communities to limit the harm associated with drug use.

# Healthy Communities

## KEY POINTS: HARM REDUCTION—OPIOIDS

- The trend of both counts and the crude rate per 100,000 population for emergency department visits related to narcotics has been increasing in LGL since 2007.

### Count and crude rate per 100,000 population of narcotic-related emergency department visits, LGLDHU, 2007-17



Source: Intellihealth Ontario, MOHLTC, extracted Feb 08, 2018

## NOTES:

- Data supplied from provincial hospital emergency department visit databases for residents of LGL (National Ambulatory Care Database).

# Healthy Communities

## KEY POINTS: FOOD & WATER INSPECTIONS

- The Health Unit does inspections for food preparation facilities on a yearly basis. In 2017 a total of 2204 premises were inspected across LGL to ensure adherence to provincial regulations.
- Inspections related to public beaches, drinking water systems, spas and swimming pools are also carried out annually across LGL.

Type	Count	Total Inspections
High risk (3 inspections per year)	280	840
Moderate risk (2 inspections per year)	513	1026
Low risk (1 inspection per year)	338	338
<b>Total</b>	<b>1131</b>	<b>2204</b>

Type	Count
Small drinking water systems	471
Swimming pools (year round)	15
Swimming pools (seasonal)	54
Spa (year round)	5
Spa (seasonal)	6
Unregulated water facility (seasonal)	10
Unregulated water facility (year round)	1
Public beaches	22

## NOTES:

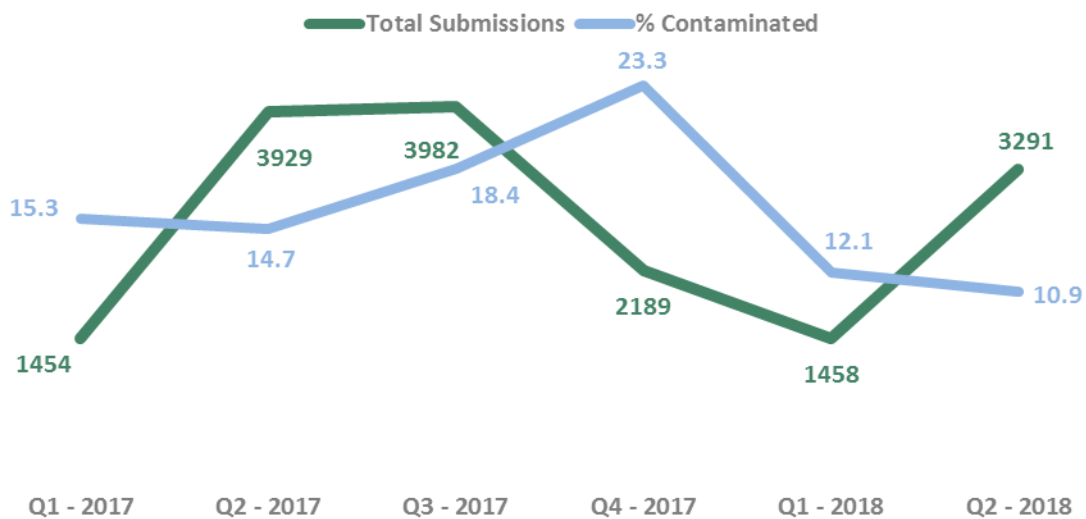
- Data supplied from LGLDHU Community Health Protection databases.

# Healthy Communities

## KEY POINTS: WATER TESTING FOR PRIVATE WELLS

- The Health Unit provides water testing for privately owned wells to the public. In 2017, just under 12,000 water samples were submitted for testing.
- In 2017, water testing done by the Health Unit determined that about 18% of submitted samples showed contamination from bacterial pathogens rendering the water unsafe to use domestically.

**Seasonal trends in well water testing submissions and percentage of total submissions that tested positive for contamination, LGLDHU, 2017-18**



Source: WTISEN database, LGLDHU data.

## NOTES:

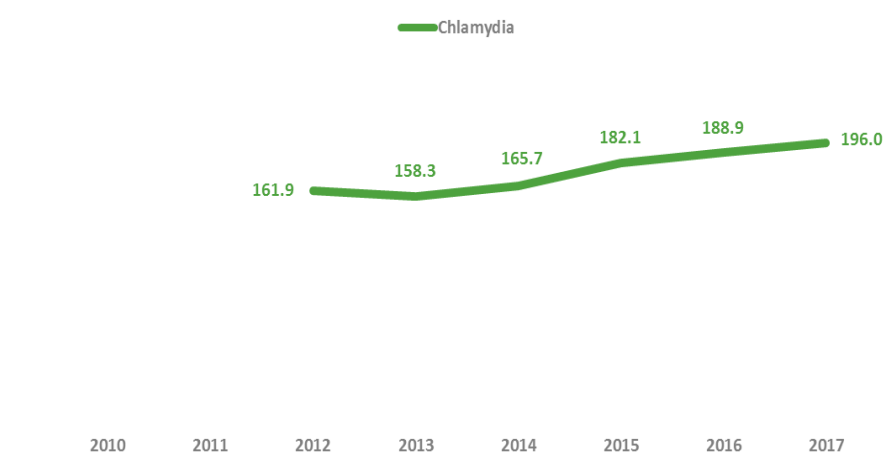
- Data supplied from LGLDHU Community Health Protection databases.

# Infectious Diseases

## KEY POINTS: SEXUALLY TRANSMITTED INFECTIONS

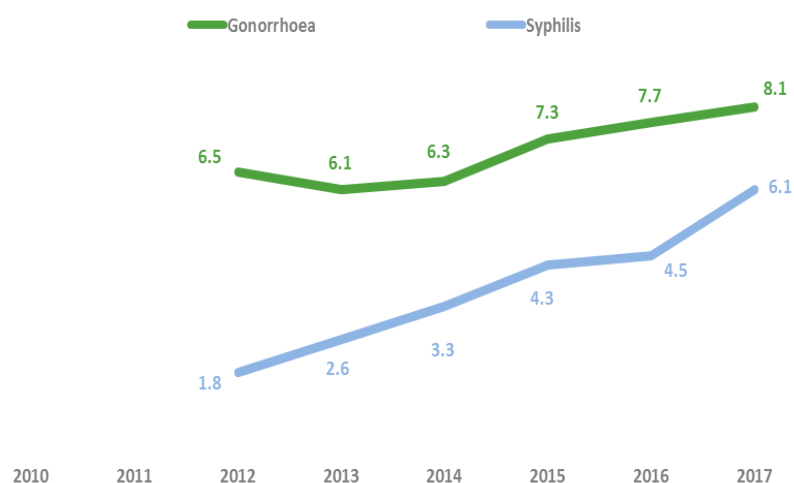
- The trend for rates of diagnosed Chlamydial infections continues to increase in LGL year-over-year.
- The trend for rates of diagnosed Gonorrhoea infections continues to increase in LGL year-over-year.
- The trend for rates of diagnosed Syphilis infections continues to increase in LGL year-over-year.

Smoothed crude infection rate per 100,000 population for Chlamydia, LGLDHU, 2010-17, 3 period moving average



Source: IPHIS, Ontario MOHLTC, Accessed May 10, 2018

Smoothed crude infection rates per 100,000 population for Gonorrhoea and Syphilis, LGLDHU, 2010-17, 3 period moving average



Source: IPHIS, Ontario MOHLTC, Accessed May 10, 2018

## NOTES:

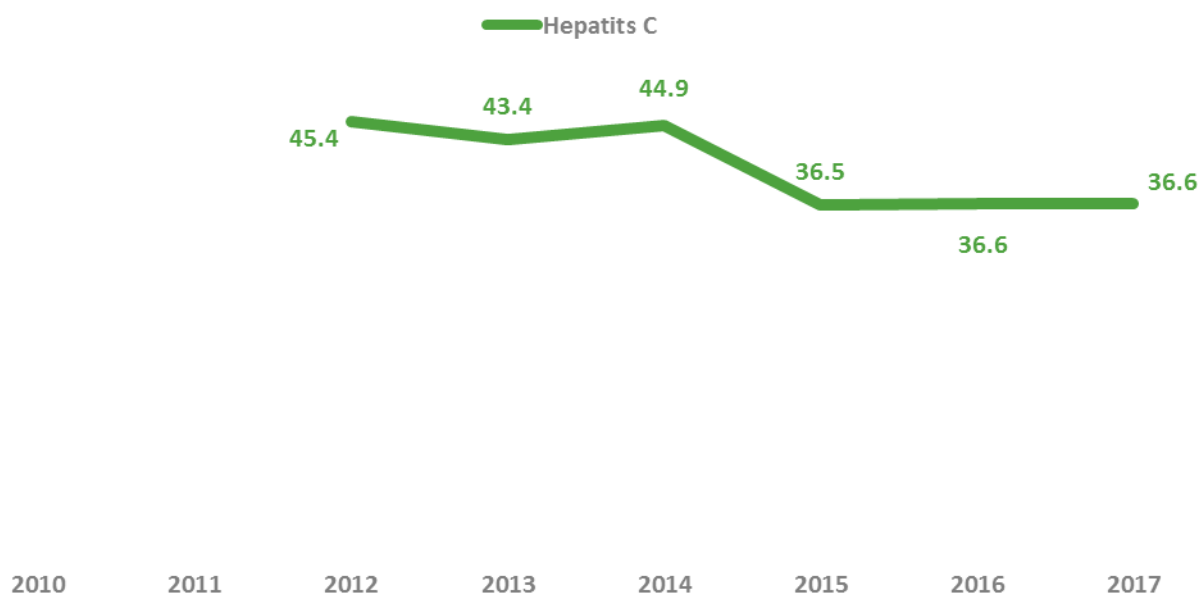
- Rates smoothed to a 3-year moving average to eliminate year-over-year variability in the crude rates.

# Infectious Diseases

## KEY POINTS: SEXUALLY TRANSMITTED INFECTIONS

- The trend for rates of diagnosed Hepatitis C infections continues to decrease in LGL year-over-year.

**Smoothed crude infection rate per 100,000 population for Hepatitis C, LGLDHU, 2010-17, 3 period moving average**



Source: iPHIS, Ontario MOHLTC, Accessed May 10, 2018

## NOTES:

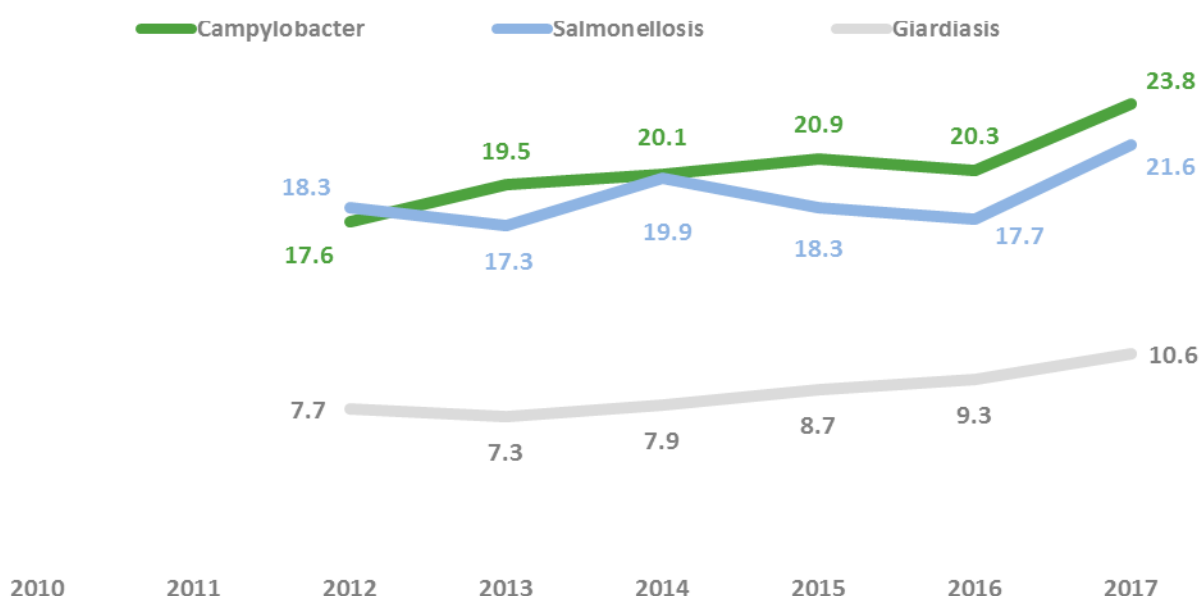
- Rates smoothed to a 3-year moving average to eliminate year-over-year variability in the crude rates.

# Infectious Diseases

## KEY POINTS: ENTERIC INFECTIONS

- The trend for rates of diagnosed Campylobacter infections continues to increase in LGL year-over-year.
- The trend for rates of diagnosed Salmonellosis infections continues to increase in LGL year-over-year.
- The trend for rates of diagnosed Giardiasis infections continues to increase in LGL year-over-year.

### Smoothed crude infection rates per 100,000 population for enteric diseases, LGLDHU, 2010-17, 3 period moving average



Source: iPHIS, Ontario MOHLTC, Accessed May 10, 2018

## NOTES:

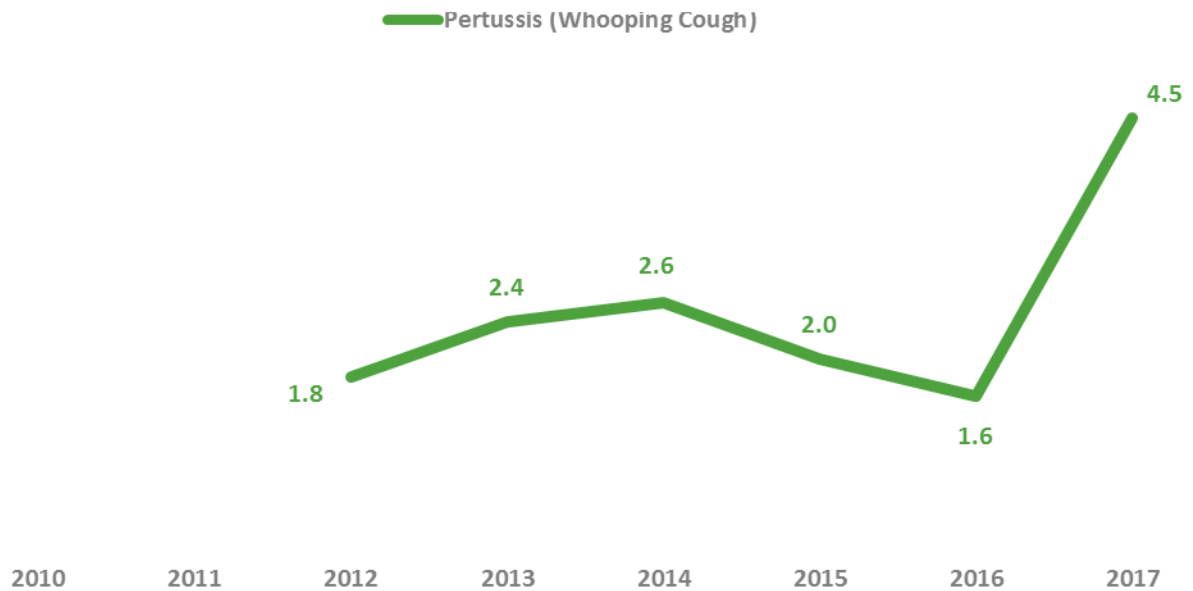
- Rates smoothed to a 3-year moving average to eliminate year-over-year variability in the crude rates.

# Infectious Diseases

## KEY POINTS: PERTUSSIS (WHOOPING COUGH)

- The trend for rates of diagnosed Pertussis infections has been variable in LGL year-over-year.

**Smoothed crude infection rate per 100,000 population for Pertussis (Whooping Cough), LGLDHU, 2010-17, 3 period moving average**



Source: iPHIS, Ontario MOHLTC, Accessed May 10, 2018

## NOTES:

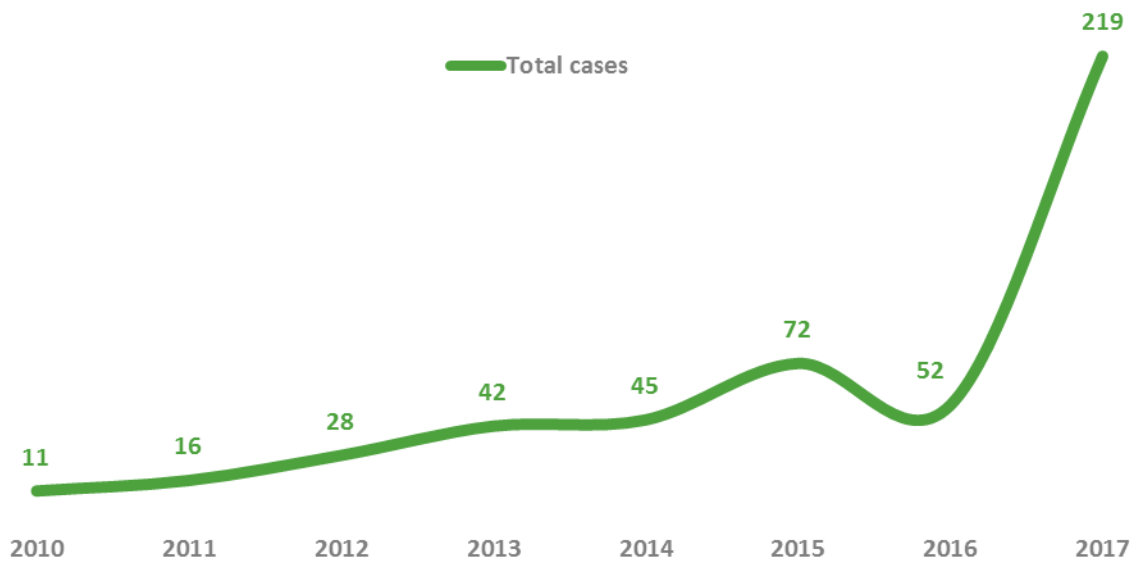
- Rates smoothed to a 3-year moving average to eliminate year-over-year variability in the crude rates.

# Infectious Diseases

## KEY POINTS: LYME DISEASE

- Confirmed and probable cases of Lyme disease have been increasing steadily in LGL since 2010.
- Lyme disease cases more than quadrupled in 2017 over the 2016 total.

### Confirmed and probable Lyme disease diagnoses by year, LGLDHU, 2010-17



Source: IPHIS 2010-2017, Ontario MOHLTC. Accessed Feb 12, 2018

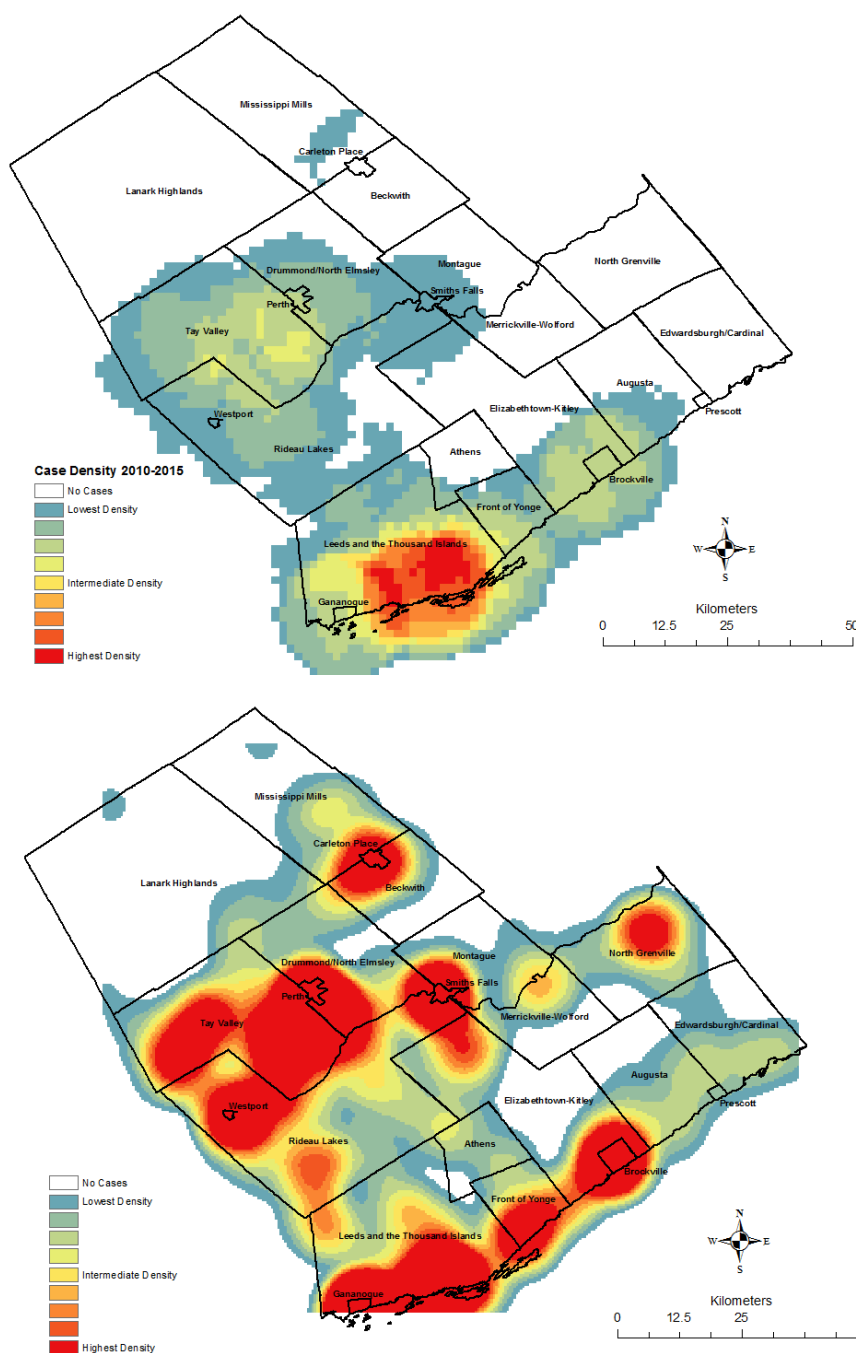
## NOTES:

- Rates smoothed to a 3-year moving average to eliminate year-over-year variability in the crude rates.

# Infectious Diseases

## KEY POINTS: LYME DISEASE

- The geographic distribution of confirmed and probable cases of Lyme disease has been increasing steadily in LGL since 2010.
- The initial geographic concentration of Lyme disease cases was in the south-west areas of LGL in 2010 (top graphic). By 2017 the case distribution has increased to more northern and north-eastern geographic areas in LGL (bottom graphic).



## NOTES:

- About 100 case addresses were not able to be plotted on these maps suggesting that the mapped geographic distribution may be an underreporting of the actual Lyme case distribution.