

## **Leeds, Grenville & Lanark Population Health Report on Reproductive Outcomes, Infectious and Chronic Diseases, and Injuries**

### **Introduction:**

The objectives of this report are to provide population level data as part of the Results Based Accountability approach to identify the health needs of the population, and prioritize which ones will be a focus for Health Unit programs and services. This report is a companion document to the report "[Information on the Health of the Population in Leeds, Grenville and Lanark](#)" that focused on health equity, health status, and healthy living.

Statistical information on specific risk factors and diseases of public health importance are included. Local and provincial comparisons are made using crude, age specific and age standardized rates and trends. Tables, figures and brief highlights of the information are presented. Crude rates are the actual rates of an event calculated by dividing the number of events (e.g. deaths) by the total population in a specified year. Crude rates can be misleading if comparisons are being made across different populations or over time. Age standardization adjusts for the differences in population structure due to age and is an artificial rate that allows for comparisons over time and place. The population of Ontario overall is much younger than that of Leeds, Grenville & Lanark so age standardized rates are used when making comparisons between both jurisdictions.

Data from the following sources were analyzed in the production of this report:

- Canadian Community Health Survey (CCHS): The CCHS is a cross-sectional survey that collects information related to population health status, health care utilization and health.
- Cancer Care Ontario (CCO): CCO collects data from facilities, patients, and health system partners for research, health system management, cancer surveillance, and cancer research.
- National Ambulatory Care Reporting System (NACRS): NACRS contains data on hospital emergency and ambulatory care visits and visits to day surgery and outpatient clinics.
- Ontario Office of the Registrar General (ORG): The ORG is responsible for registering all births and deaths that occur in Ontario and to Ontario residents out of province.
- Better Outcomes and Registry Network (BORN): BORN collects, interprets and shares data about pregnancy, birth and childhood in Ontario.
- Integrated Public Health Information System (iPHIS): iPHIS is used for recording all reportable communicable diseases for provincial surveillance at the level of the public health unit.

## **Prevalence of selected self-reported chronic conditions (CCHS):**

The age standardized rates for all self-reported chronic conditions were higher for LGLDHU than Ontario overall except for high blood pressure and diabetes (Table 1). The prevalence of COPD was over two times higher in LGLDHU compared to Ontario overall (Figure 1).

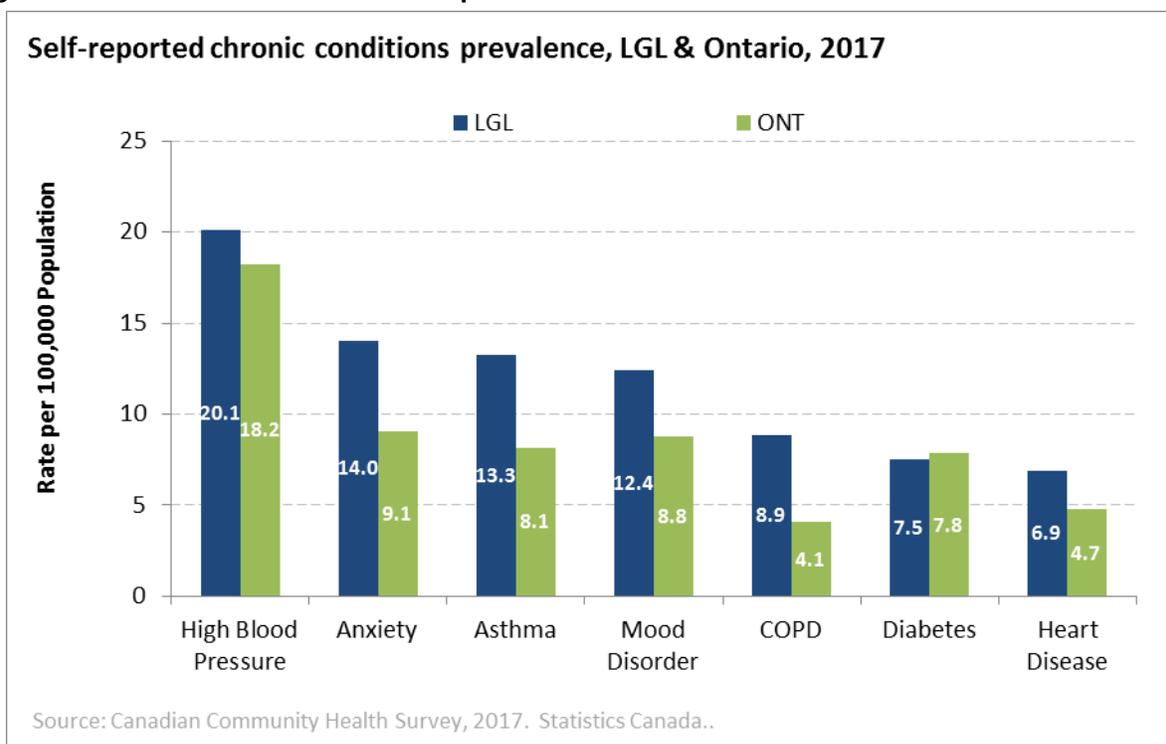
**Table 1: Rates of selected self-reported chronic conditions (2017).**

Condition	Chronic Conditions					
	Prevalence (%)		Crude Rate/100,000 Population		Age Standardized Rate/100,000 Population	
	LGL	ONT	LGL	ONT	LGL	ONT
High Blood Pressure	20.1	18.2	20149	18236	14267	14927
Anxiety	14.0*	9.1	14039	9066	13555	7653
Asthma	13.3	8.1	13265	8140	11516	6885
Mood Disorder	12.4	8.8	12412	8768	11805	7355
COPD	8.9	4.1	8860	4060	4374	2150
Diabetes	7.5	7.8	7501	7831	4839	6402
Heart Disease	6.9	4.7	6892	4745	5346	3791

Source: Canadian Community Health Survey 2017. Statistics Canada.

**Note:** \*Anxiety disorder variable higher than previously reported as the question in CCHS now includes: phobias, OCD and panic attacks.

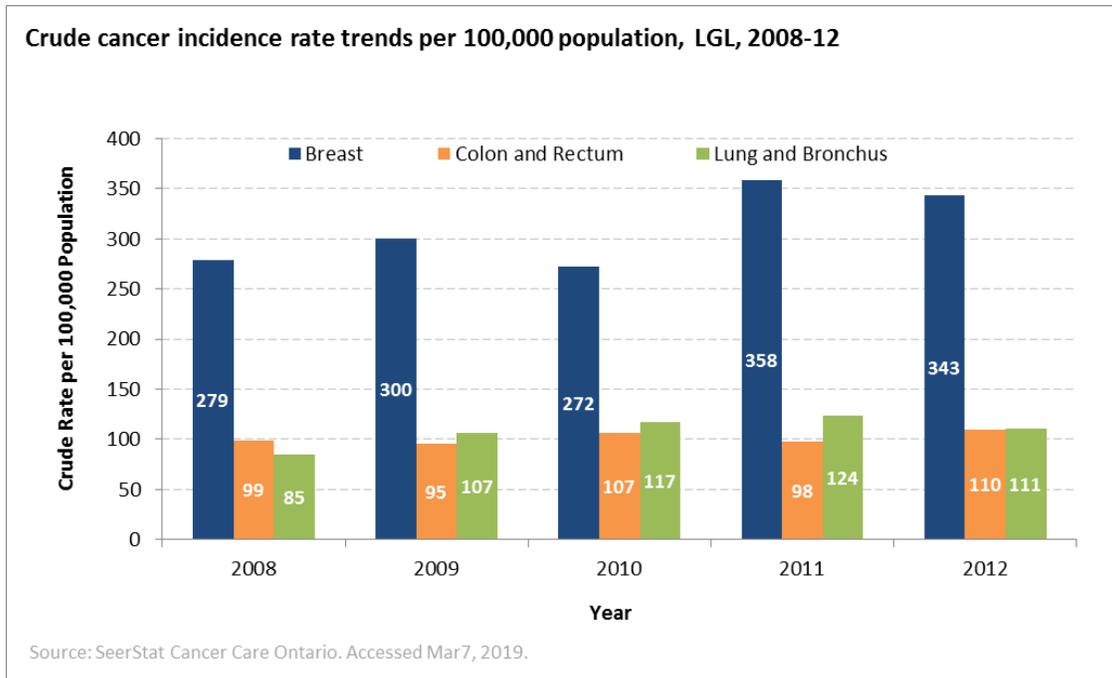
**Figure 1: Prevalence of selected self-reported chronic conditions.**



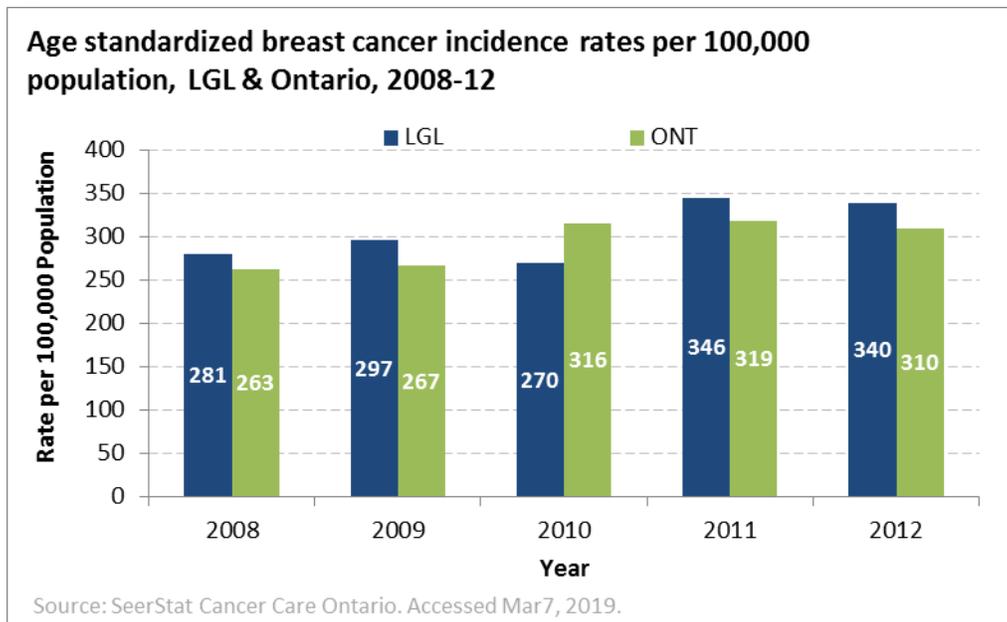
**Incidence & mortality due to selected cancers (CCO and ORG):**

The crude incidence rate trends for breast cancer and lung cancer were upwards for LGLDHU between 2008 and 2012. The trend for colorectal cancer was flat (Figure 2). The age standardized incidence trends for breast cancer were upwards for LGLDHU and Ontario overall during the same time period (Figure 3).

**Figure 2: Crude incidence rate trends for selected cancers.**

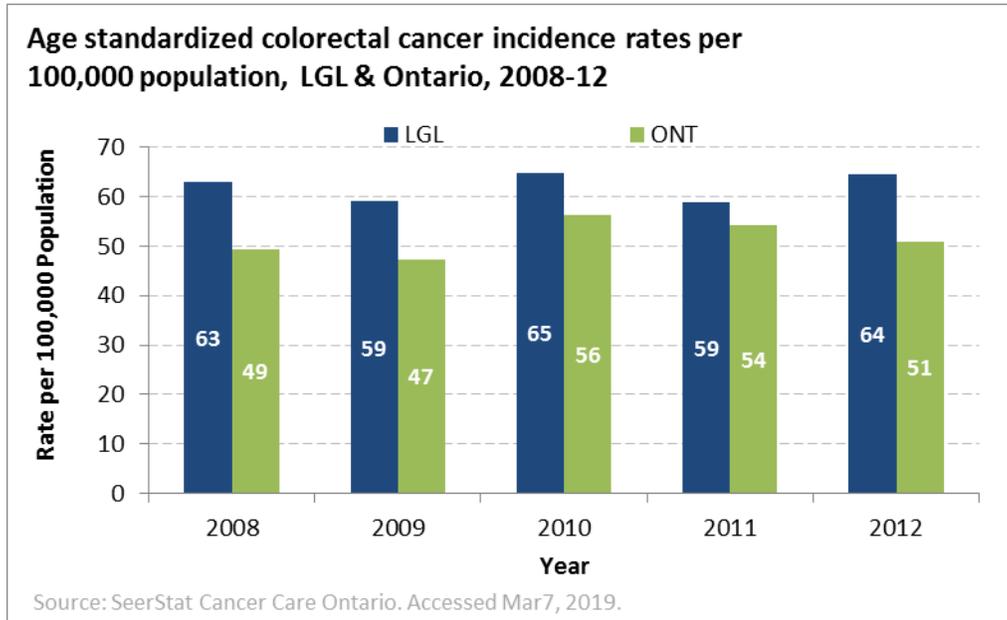


**Figure 3: Age standardized breast cancer incidence for LGLDHU and Ontario overall.**

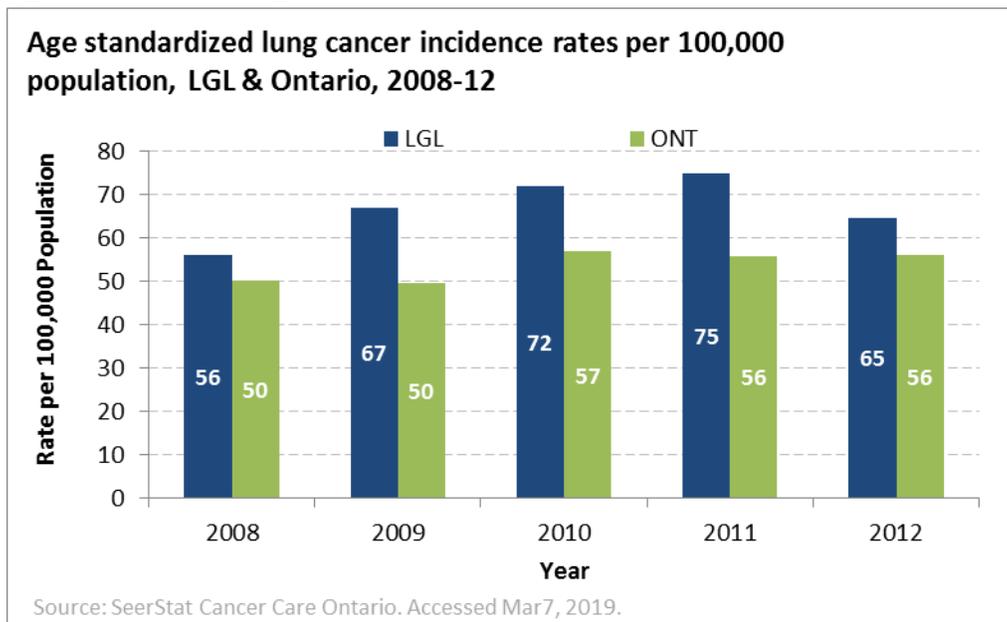


The age standardized incidence trend for colorectal cancer was variable but steady for both LGLDHU and Ontario, but higher overall for LGLDHU between 2008 and 2012 (Figure 4). The age standardized incidence trend for lung cancer was upwards and higher for LGLDHU compared to Ontario during the same time period (Figure 5).

**Figure 4: Age standardized colorectal cancer incidence for LGLDHU and Ontario overall.**

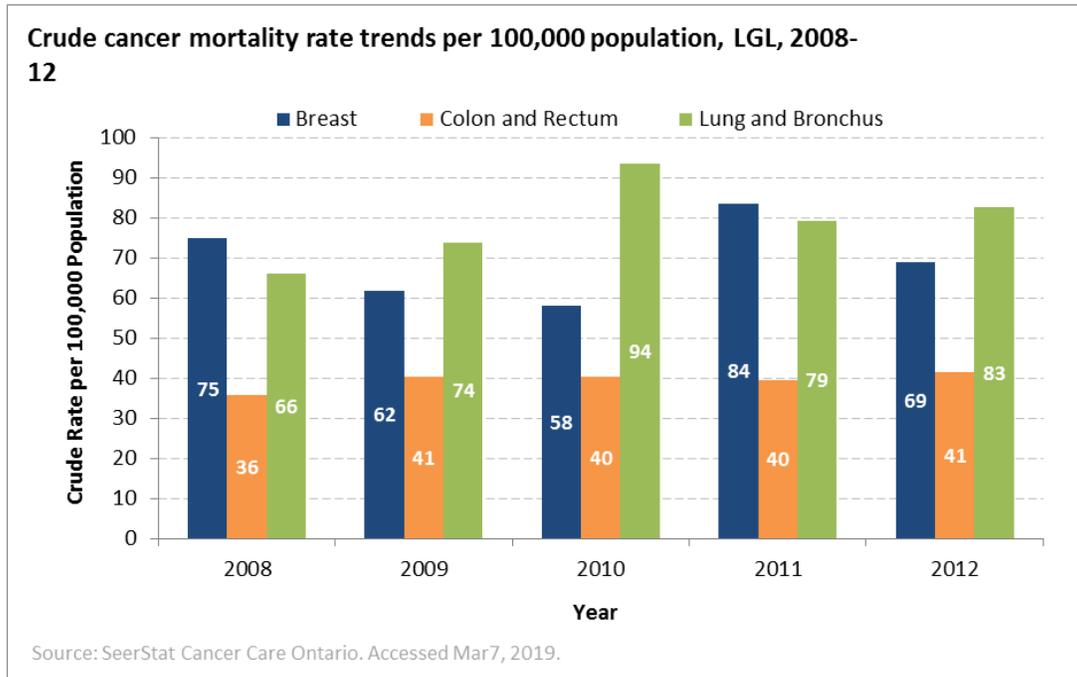


**Figure 5: Age standardized lung cancer incidence for LGLDHU and Ontario overall.**

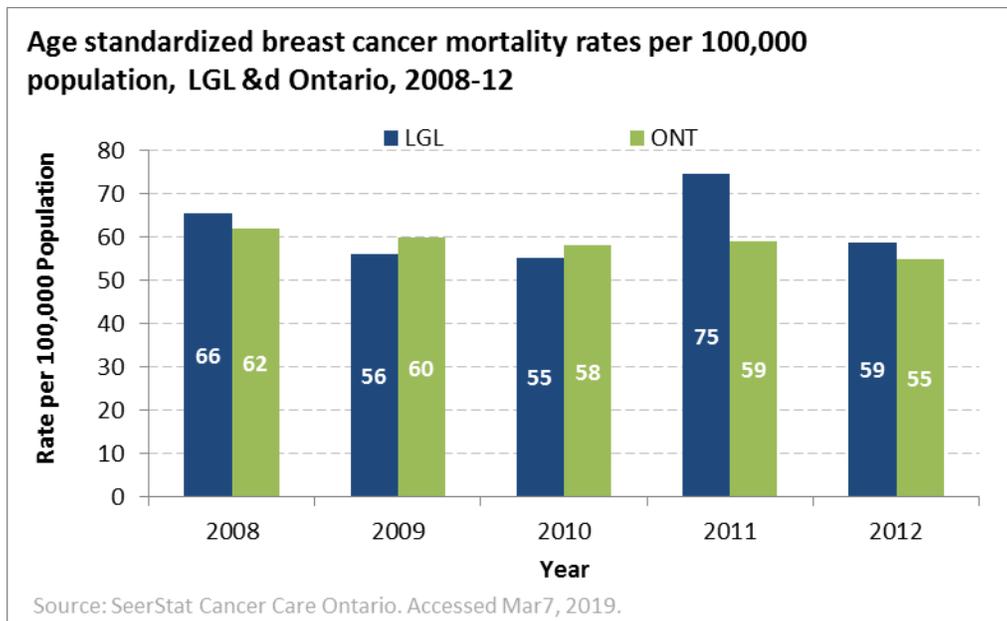


The crude mortality rate trend for breast cancer was variable but steady overall. The trend for colorectal cancer was lower than both breast and lung cancer and steady. The trend for lung cancer was upwards between 2008 and 2012 (Figure 6). The age standardized mortality rate trends for breast cancer were variable but steady for LGLDHU and Ontario overall during the same time period, with similar rates reported for both (Figure 7).

**Figure 6: Crude mortality rate trends for selected cancers.**

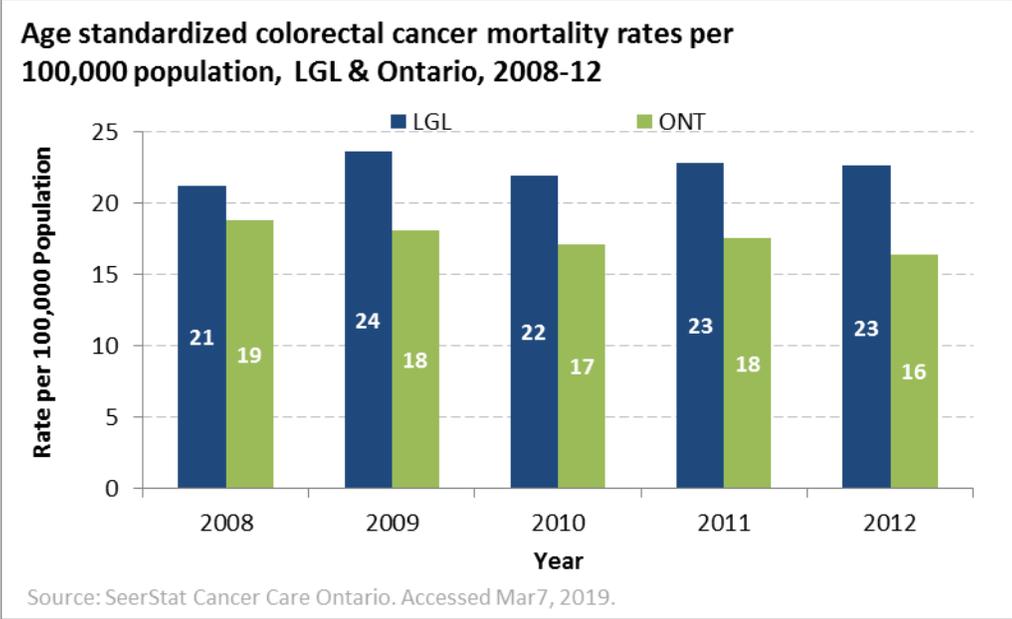


**Figure 7: Age standardized breast cancer mortality for LGLDHU and Ontario overall.**

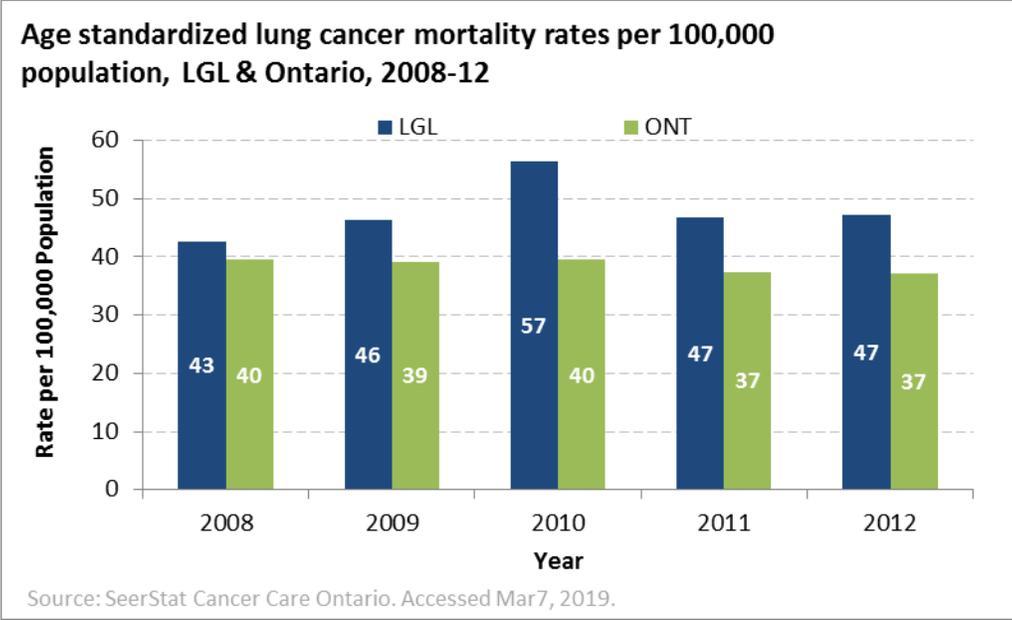


The age standardized mortality trend for colorectal cancer was higher and steady for LGLDHU compared to Ontario overall between 2008 and 2012. The trend was downwards for Ontario during the same timeframe (Figure 8). The age standardized mortality trend for lung cancer was upwards and higher for LGLDHU compared to Ontario between 2008 and 2012 (Figure 9).

**Figure 8: Age standardized colorectal cancer mortality for LGLDHU and Ontario overall.**



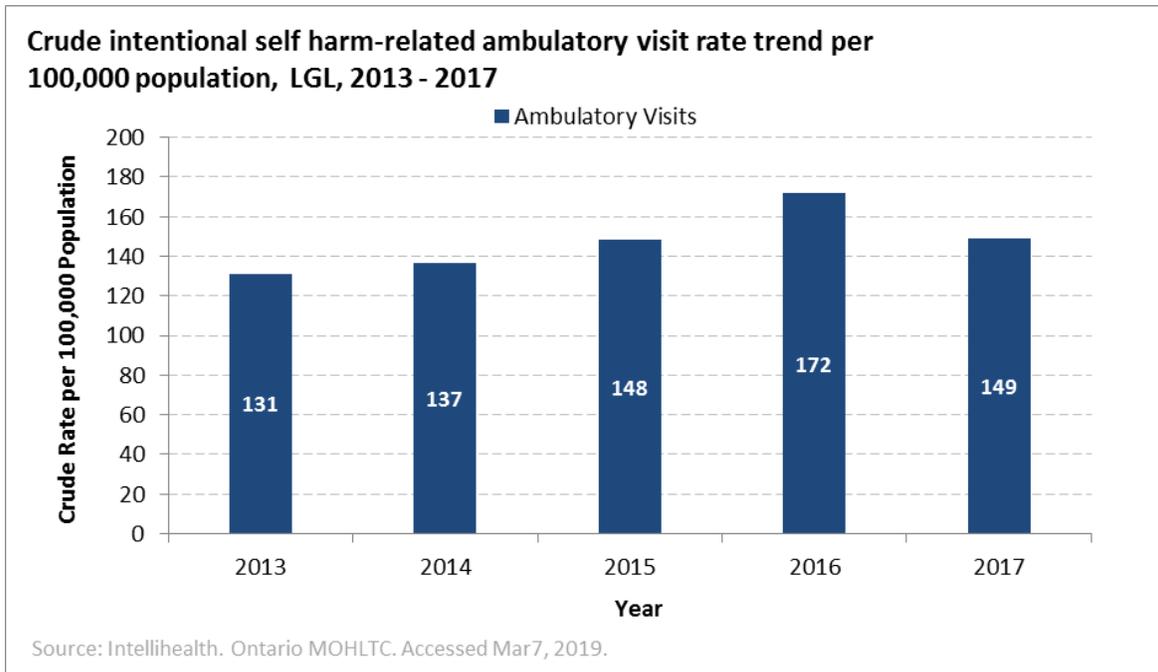
**Figure 9: Age standardized lung cancer mortality for LGLDHU and Ontario overall.**



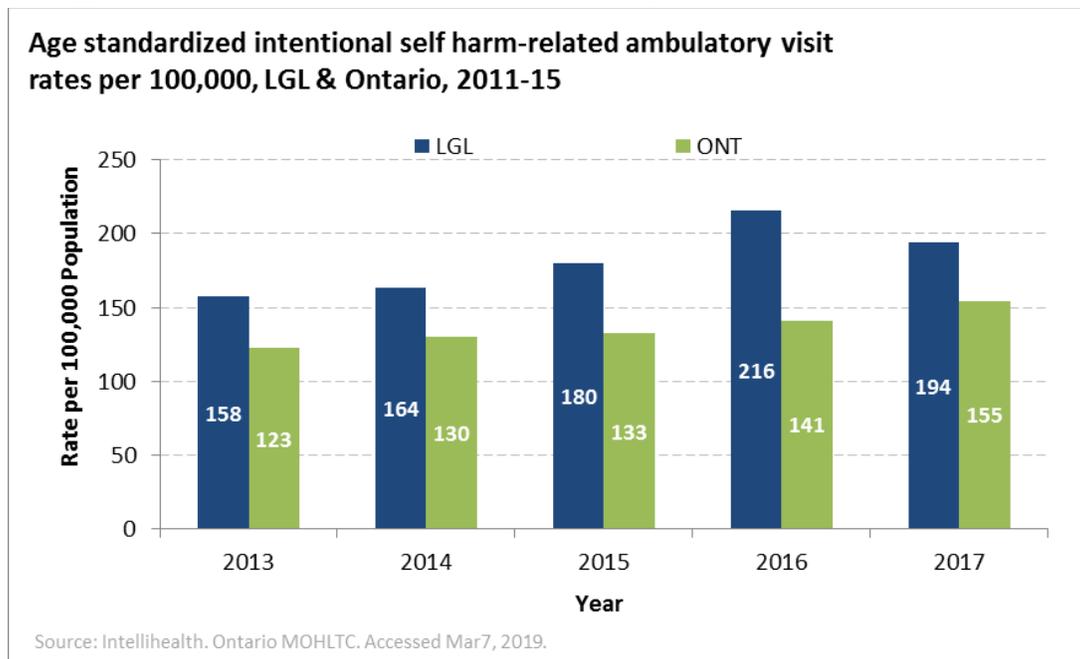
## **Incidence & mortality due to intentional self-harm (NACRS & ORG):**

The crude incidence rate trend for intentional self-harm-related ambulatory visits was upwards in LGLDHU between 2013 and 2017 (Figure 10). The age standardized incidence trend for intentional self-harm was higher in LGLDHU compared to Ontario overall and upwards during the same time period for both LGLDHU and Ontario overall (Figure 11).

**Figure 10: Crude incidence rate trend for intentional self-harm related ambulatory visits.**

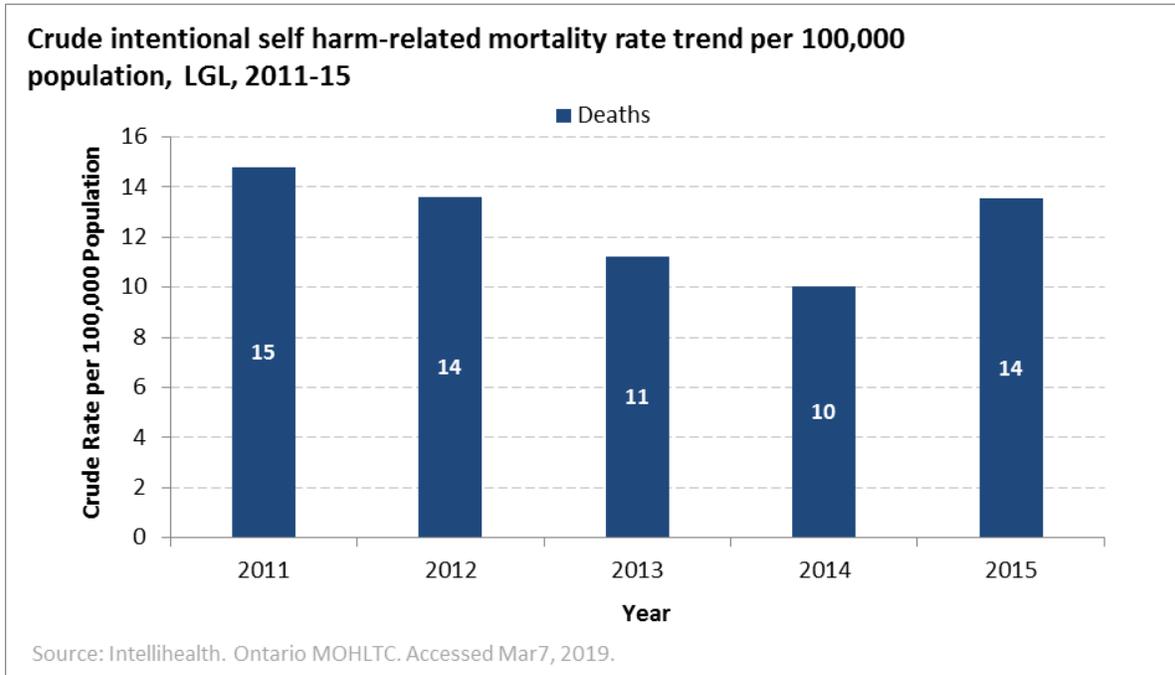


**Figure 11: Age standardized self-harm related ambulatory visits for LGLDHU and Ontario overall.**

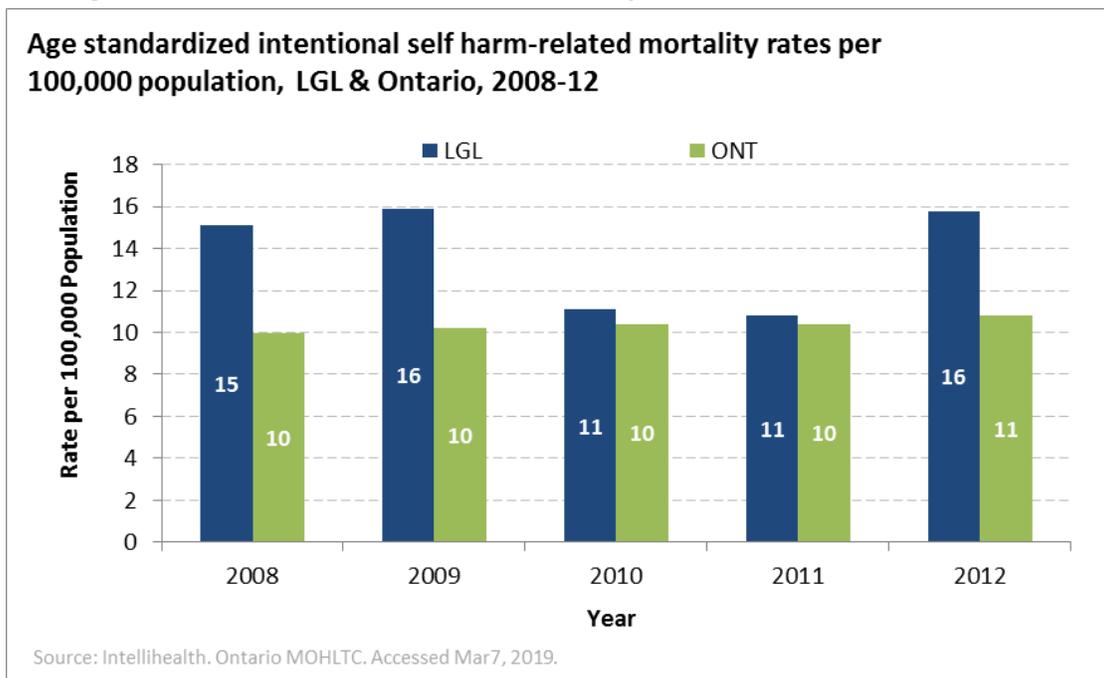


The crude incidence rate trend for intentional self-harm-related mortality was variable in LGLDHU between 2011 and 2015 (Figure 12). The age standardized mortality rate trend for intentional self-harm was higher in LGLDHU compared to Ontario overall but variable during the same time period for LGLDHU and steady for Ontario overall (Figure 13).

**Figure 12: Crude mortality rate trend for intentional self-harm related injuries.**



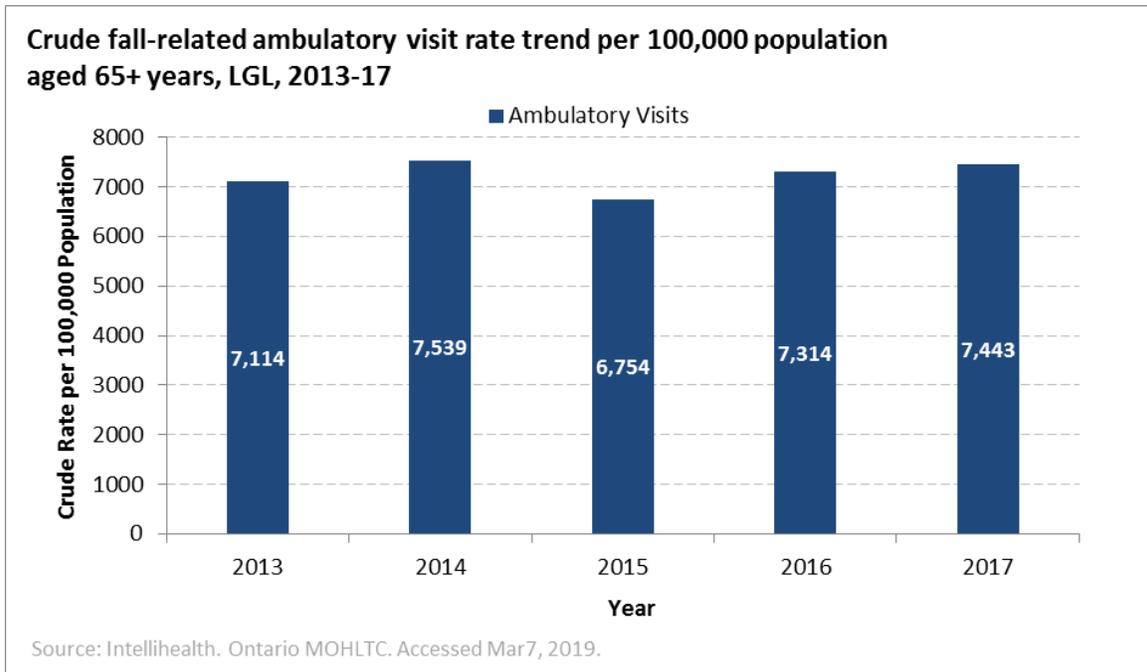
**Figure 13: Age standardized self-harm related mortality rates for LGLDHU and Ontario overall.**



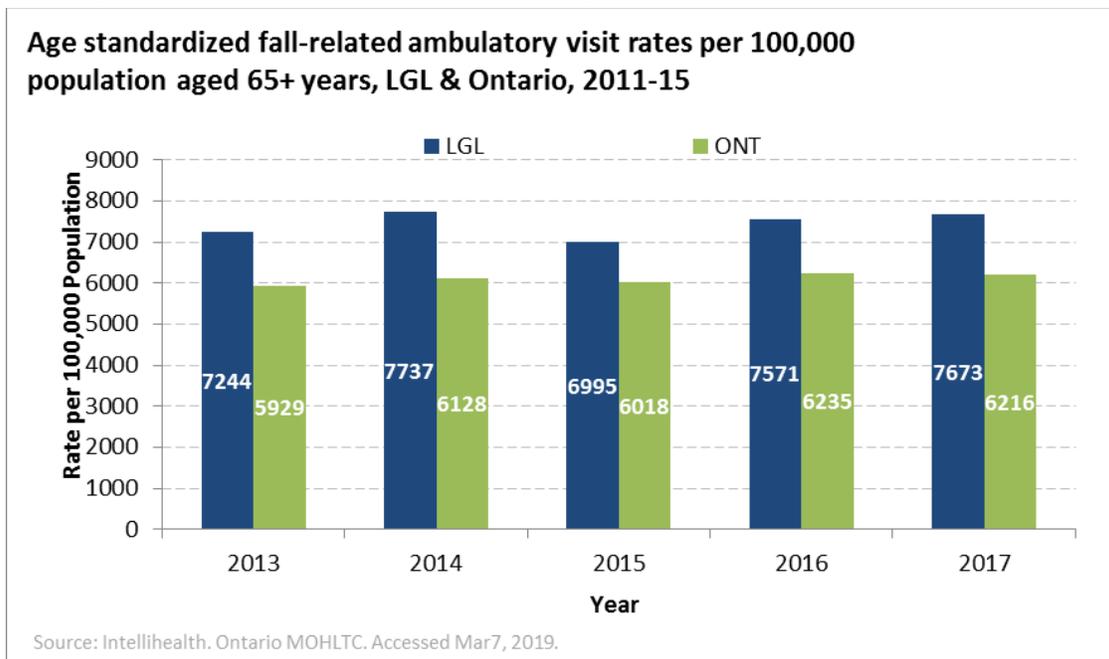
## **Incidence & mortality due to falls in population aged 65+ years (NACRS & ORG):**

The crude incidence rate trend for fall-related ambulatory visits in the population aged 65+ years was steady in LGLDHU between 2013 and 2017 (Figure 14). The age standardized incidence trend for fall-related ambulatory visits was higher in LGLDHU compared to Ontario overall but steady during the same time period for both LGLDHU and Ontario overall (Figure 15).

**Figure 14: Crude incidence rate trend for fall-related ambulatory visits.**

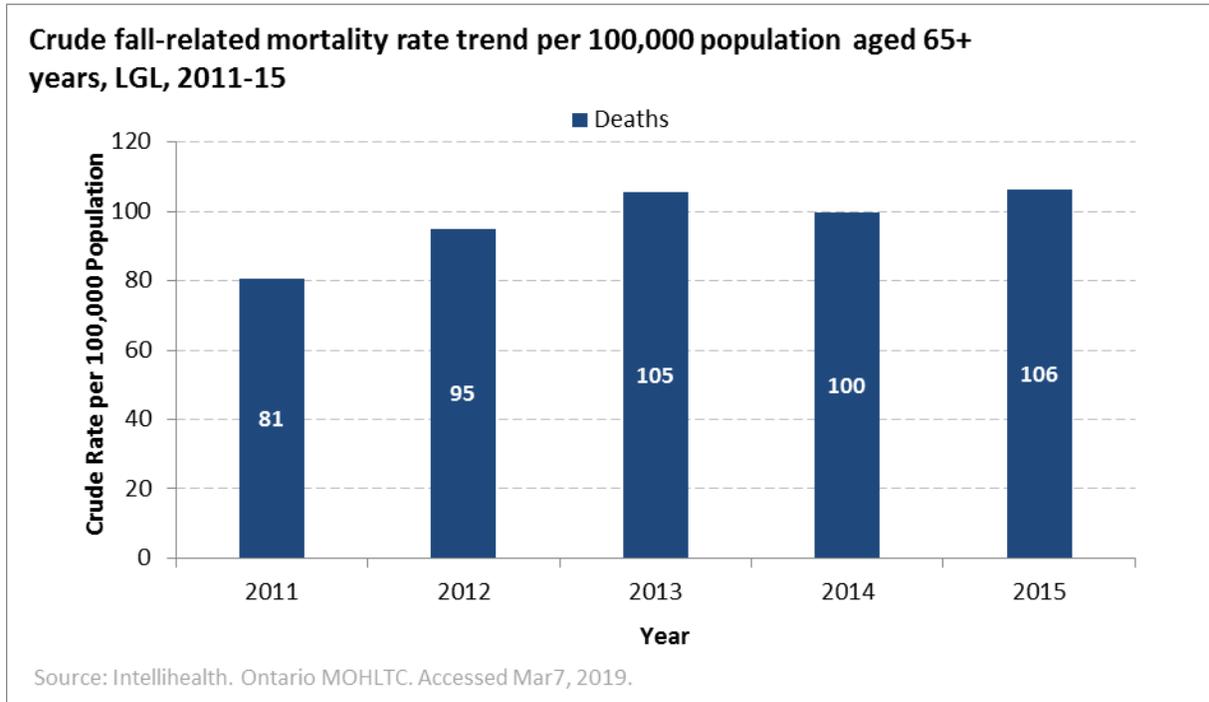


**Figure 15: Age standardized fall-related ambulatory visits for LGLDHU and Ontario overall.**

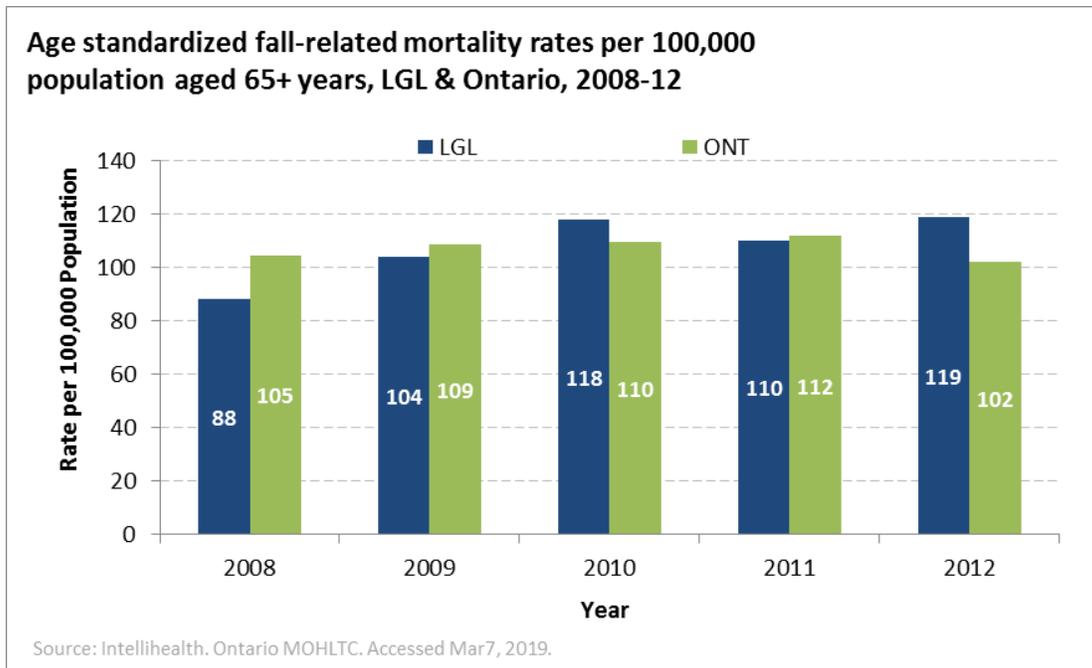


The crude incidence rate trend for fall-related mortality was upwards in LGLDHU between 2011 and 2015 in the population aged 65+ years (Figure 16). The age standardized mortality rate trend for falls was similar in LGLDHU compared to Ontario overall but upwards during the same time period for LGLDHU and steady for Ontario overall (Figure 17).

**Figure 16: Crude fall-related mortality rate trend.**



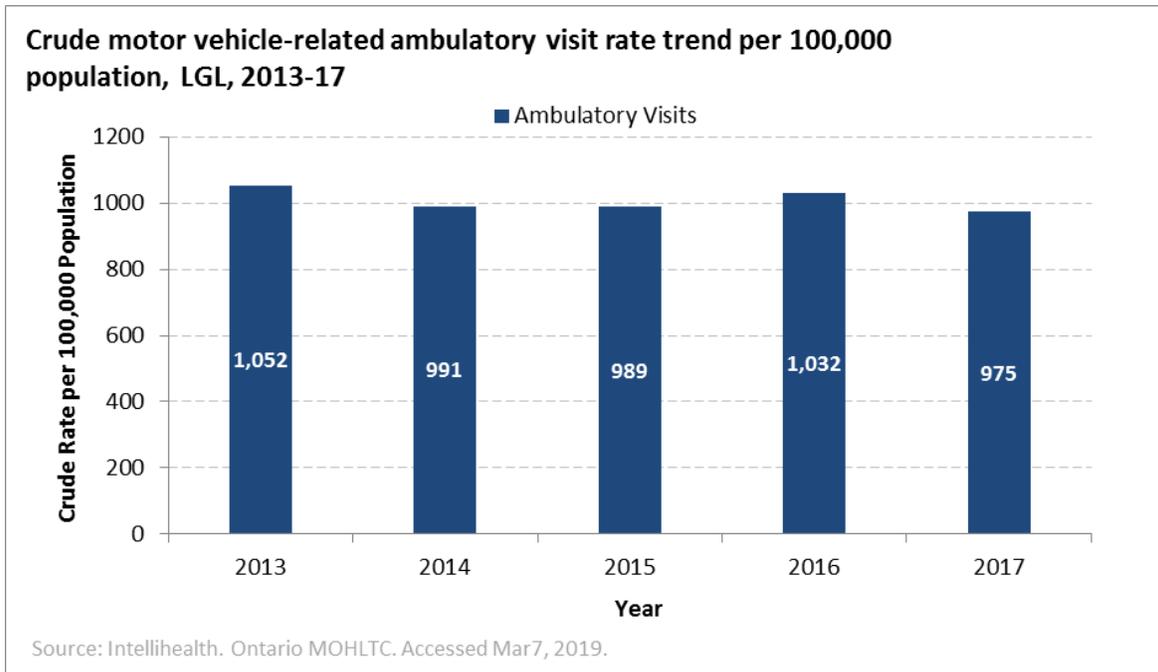
**Figure 17: Age standardized fall-related mortality rates for LGLDHU and Ontario overall.**



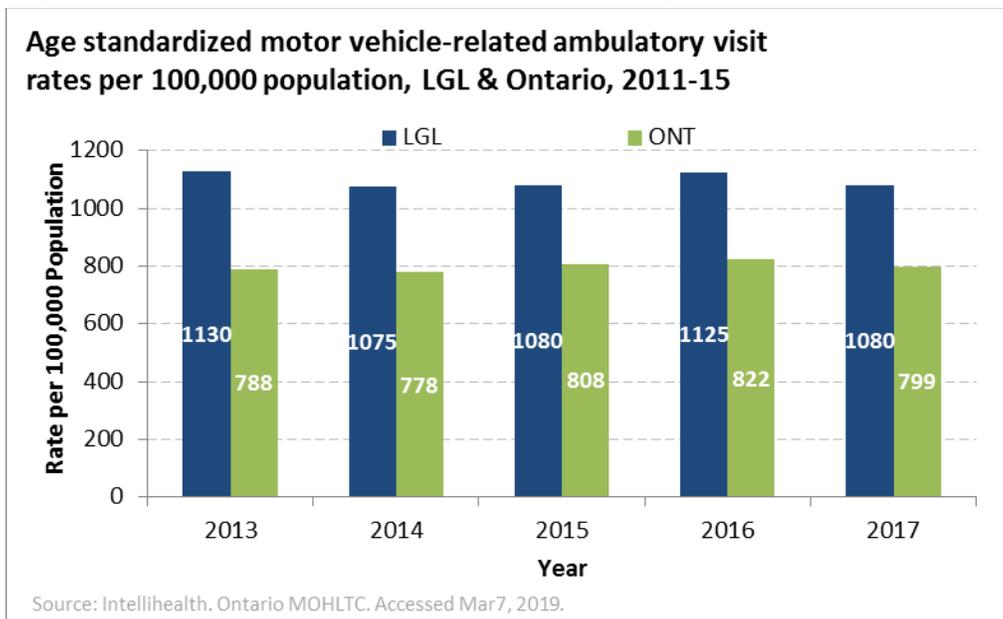
## **Incidence & mortality due to motor vehicle accidents (NACRS & ORG):**

The crude incidence rate trend for motor vehicle-related ambulatory visits was slightly downwards in LGLDHU between 2013 and 2017 (Figure 18). The age standardized incidence trends for motor vehicle-related ambulatory visits were higher in LGLDHU compared to Ontario overall but steady during the same time period for both LGLDHU and Ontario overall (Figure 19).

**Figure 18: Crude incidence rate trend for motor vehicle-related ambulatory visits.**

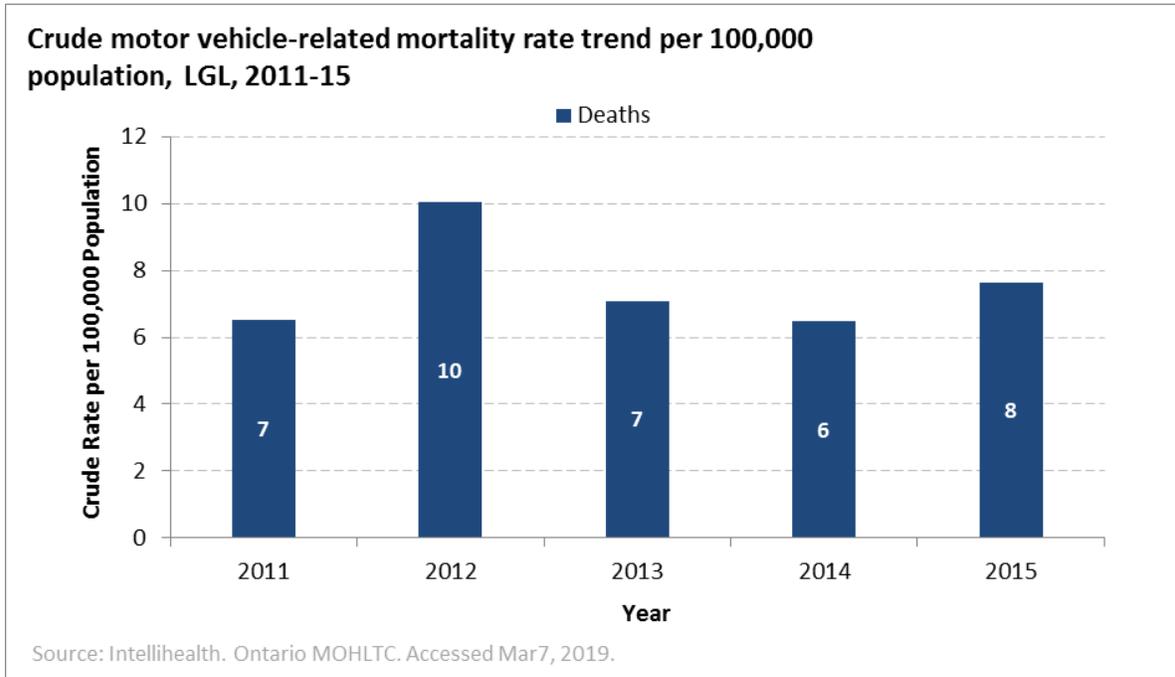


**Figure 19: Age standardized motor vehicle-related ambulatory visits for LGLDHU & Ontario.**

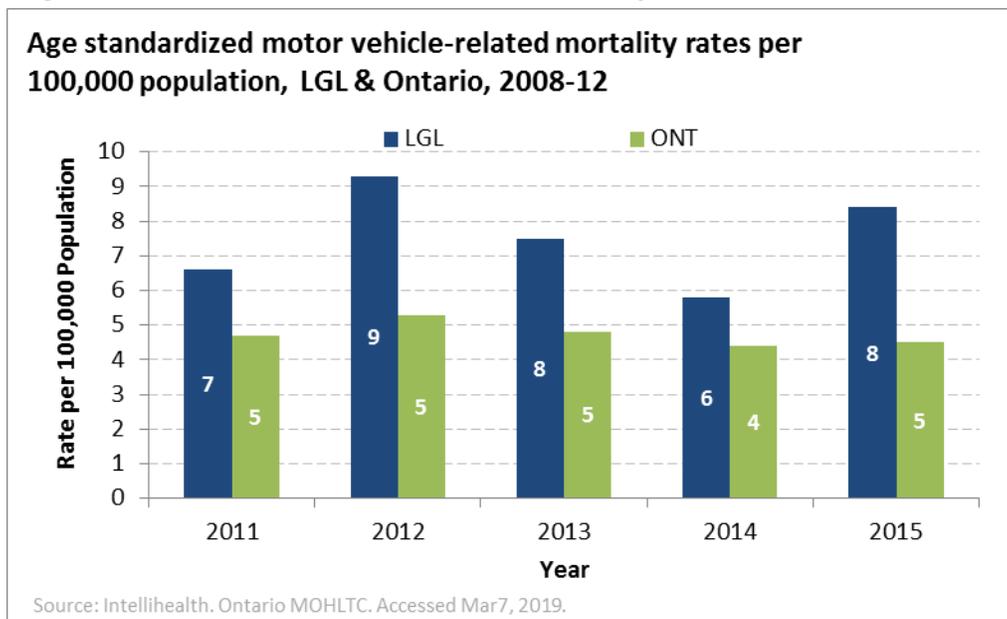


The crude incidence rate trend for motor vehicle-related mortality was variable but steady in LGLDHU between 2011 and 2015 (Figure 20). The age standardized motor vehicle-related mortality rate trend was higher and variable in LGLDHU compared to Ontario overall and steady for Ontario during the same time period (Figure 21).

**Figure 20: Crude motor vehicle-related mortality rate trend.**



**Figure 21: Age standardized motor vehicle-related mortality rates for LGLDHU & Ontario overall.**



## **Incidence preterm births & low birth weight (BORN):**

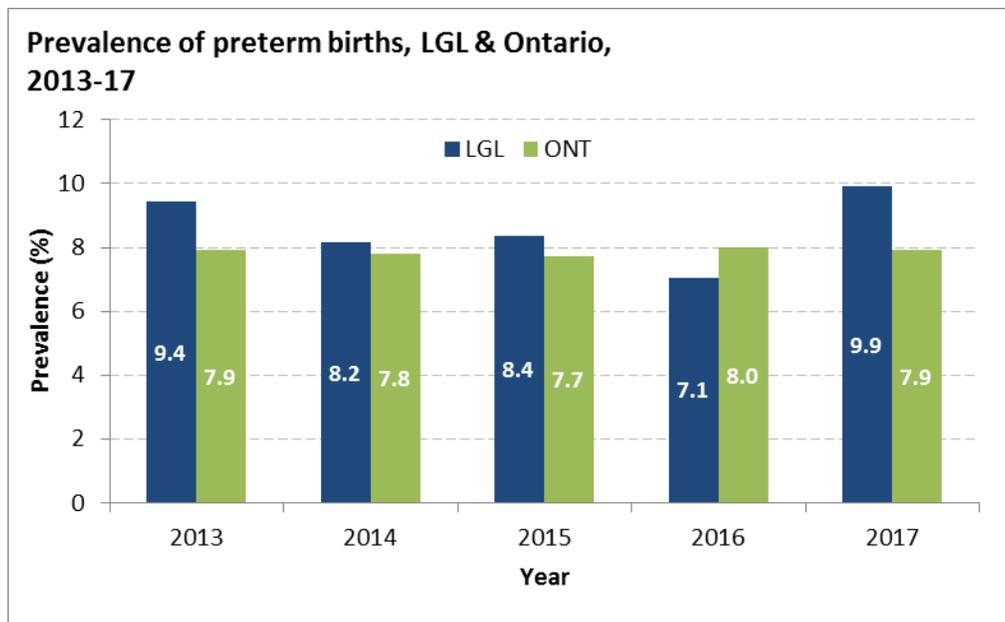
Preterm births are defined as those occurring prior to 37 weeks gestation. The prevalence of preterm births in LGLDHU was higher than Ontario overall between 2013 and 2017 except for 2016 (Table 2). The trend for preterm births was steady but variable in LGLDHU and steady for Ontario overall (Figure 22).

**Table 2: Prevalence of preterm births in LGLDHU and Ontario overall.**

Preterm Births				
	Prevalence (%)		Rate/1000 Births	
	LGL		ONT	
2013	9.4	94.5	7.9	79.1
2014	8.2	81.7	7.8	77.9
2015	8.4	83.7	7.7	77.3
2016	7.1	70.6	8.0	80.0
2017	9.9	99.1	7.9	79.1

Source: Birth data. BORN Ontario 2013-2017.

**Figure 22: Preterm birth trends for LGLDHU & Ontario overall.**



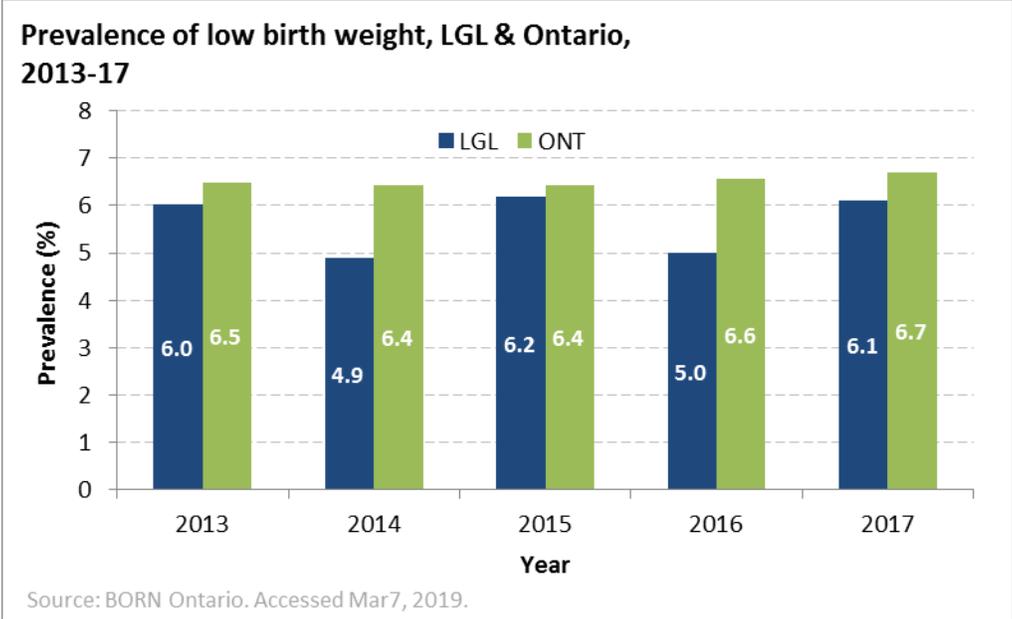
Low birthweight data combines both low and very low birthweights. Low birthweight is defined as a baby weighing between 1500g – 2499g at time of birth. Very low birthweight is defined as a baby weighing 1499g or less at time of birth. The prevalence of low birthweight births in LGLDHU was lower than Ontario overall between 2013 and 2017 (Table 3). The trend for low birthweight births was steady but variable in LGLDHU and slightly upwards for Ontario overall (Figure 23).

**Table 3: Prevalence of low birthweight births in LGLDHU and Ontario overall.**

Low Birth Weight				
	Prevalence (%)		Rate/1000 Births	
	LGL		ONT	
2013	6.0	60.2	6.5	64.7
2014	4.9	48.9	6.4	64.2
2015	6.2	61.9	6.4	64.2
2016	5.0	50.1	6.6	65.7
2017	6.1	61.1	6.7	67.0

Source: Birthweight data. BORN Ontario 2013-2017.

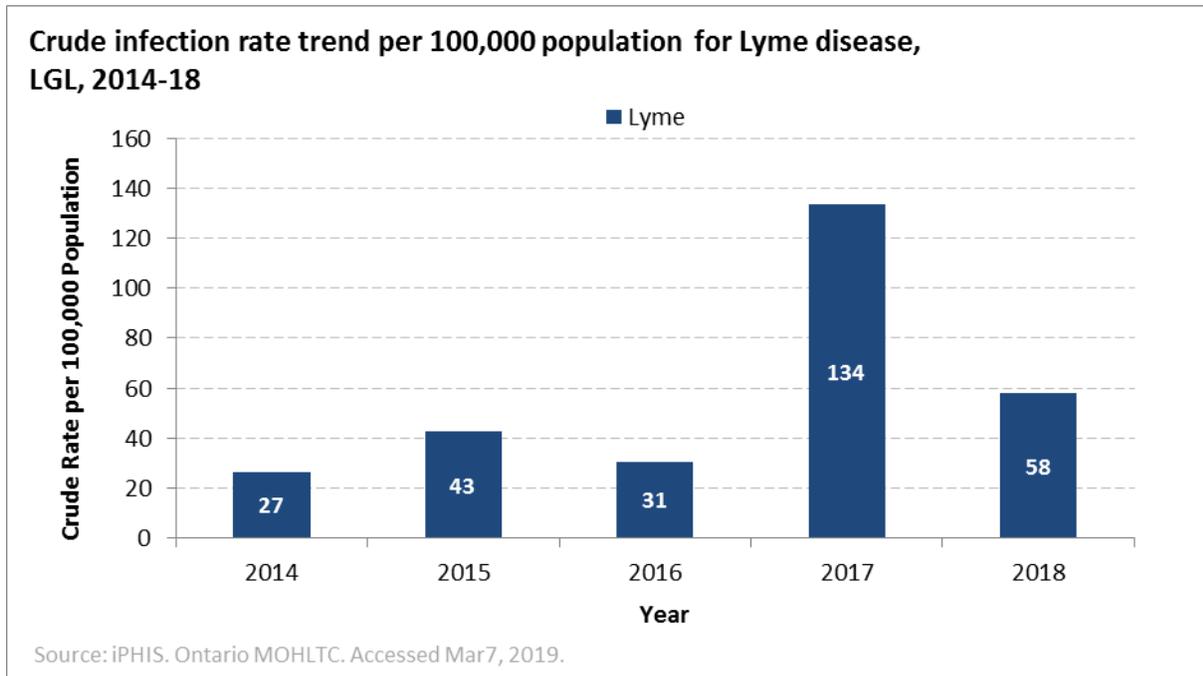
**Figure 23: Low birthweight birth trends for LGLDHU & Ontario overall.**



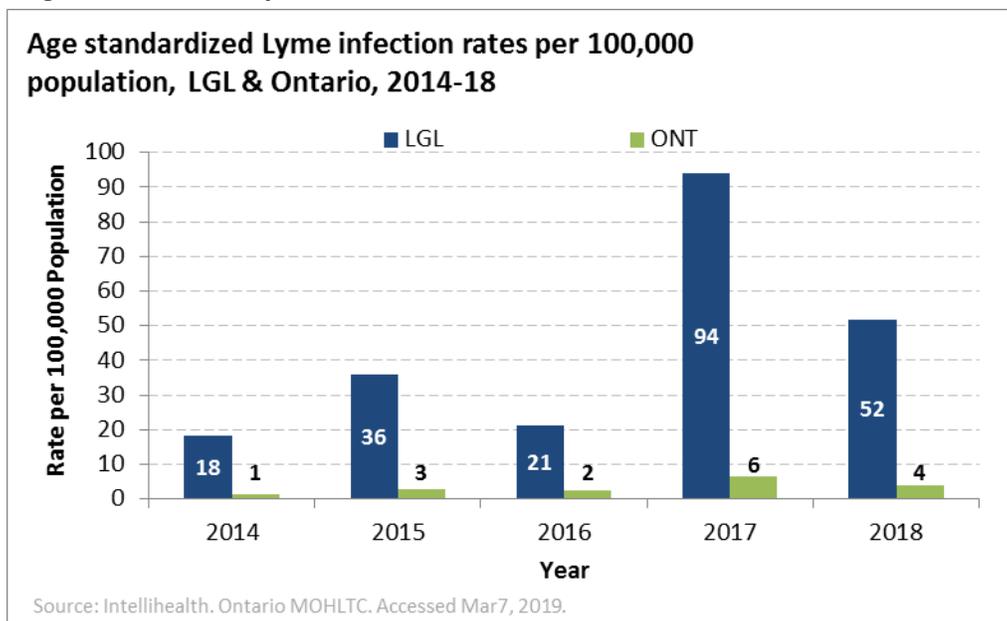
### Incidence of selected reportable diseases (iPHIS):

The crude incidence rate trend for Lyme disease infections has been upwards in LGLDHU since 2014 (Figure 24). The age standardized incidence rate trends for Lyme disease infections were higher in LGLDHU compared to Ontario overall and increasing during the same time period for both LGLDHU and Ontario overall (Figure 25).

**Figure 24: Crude incidence rate trend for Lyme disease infections.**

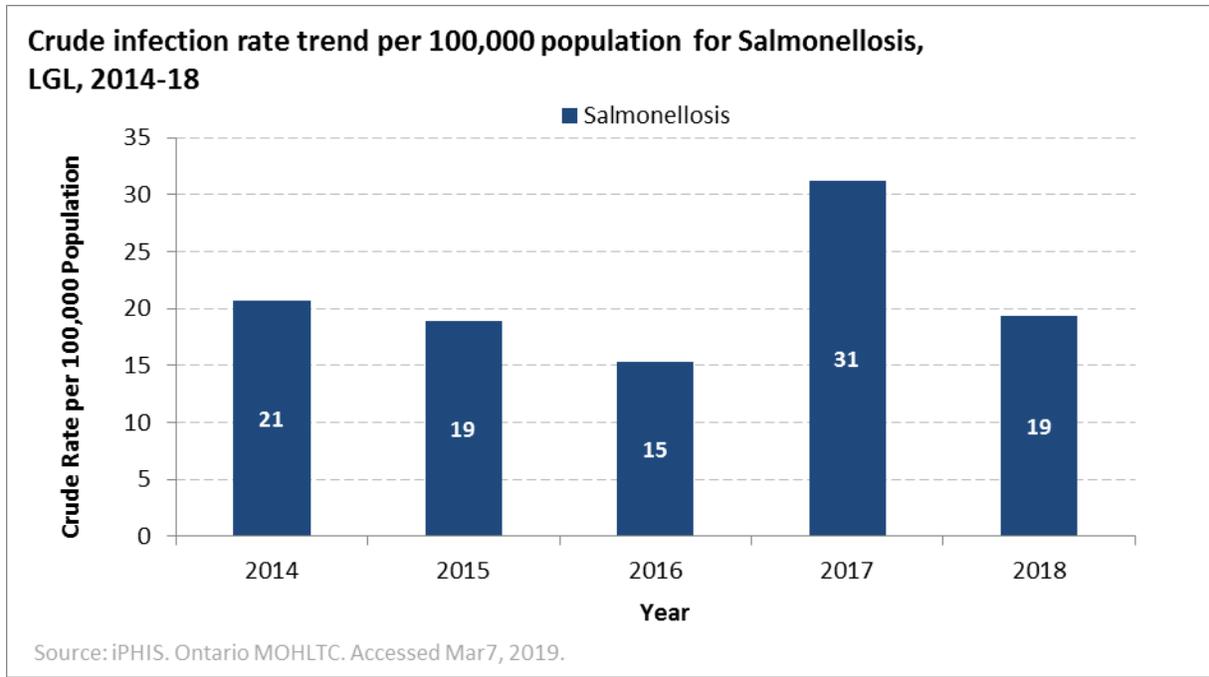


**Figure 25: Age standardized Lyme disease infection incidence rates for LGLDHU & Ontario overall.**

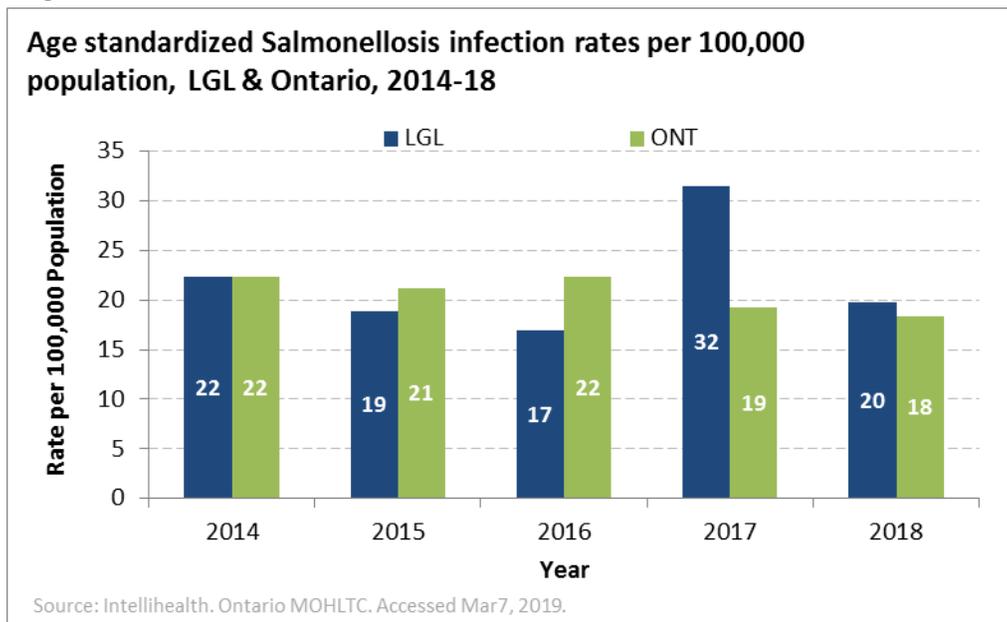


The crude incidence rate trend for Salmonellosis infections has been variable in LGLDHU since 2014 (Figure 26). The age standardized incidence rate trends for Salmonellosis infections were similar in LGLDHU compared to Ontario overall between 2014 and 2018 (Figure 27).

**Figure 26: Crude incidence rate trend for Salmonellosis infections.**

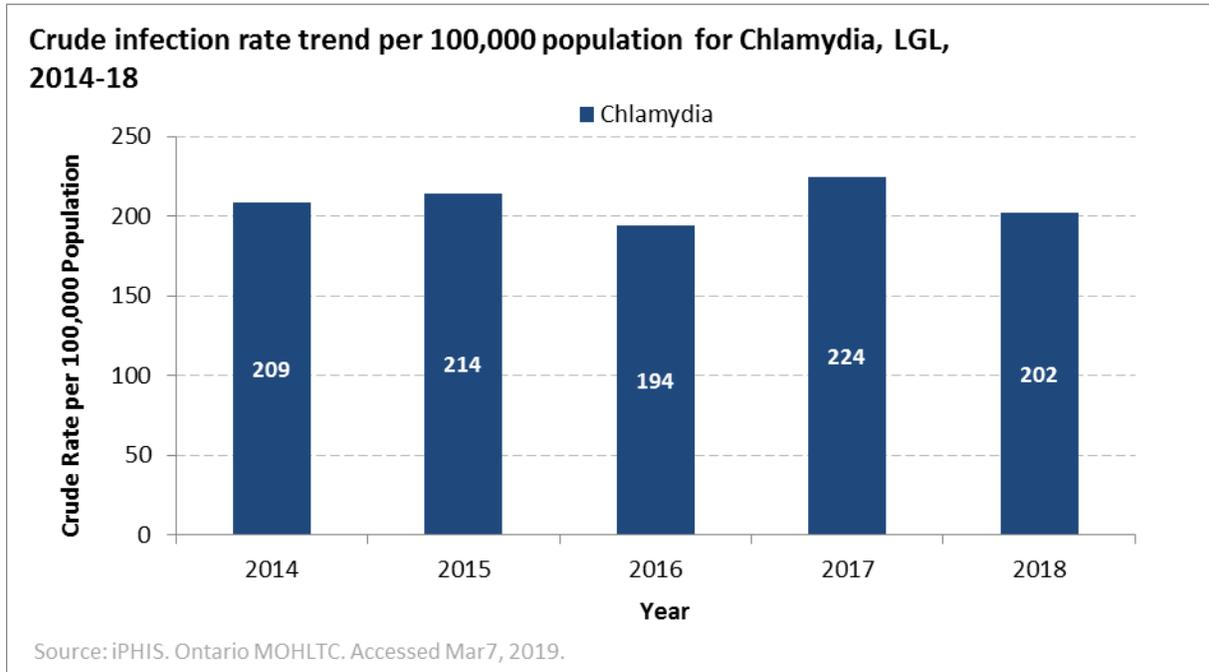


**Figure 27: Age standardized Salmonellosis infection incidence rates for LGLDHU & Ontario overall.**

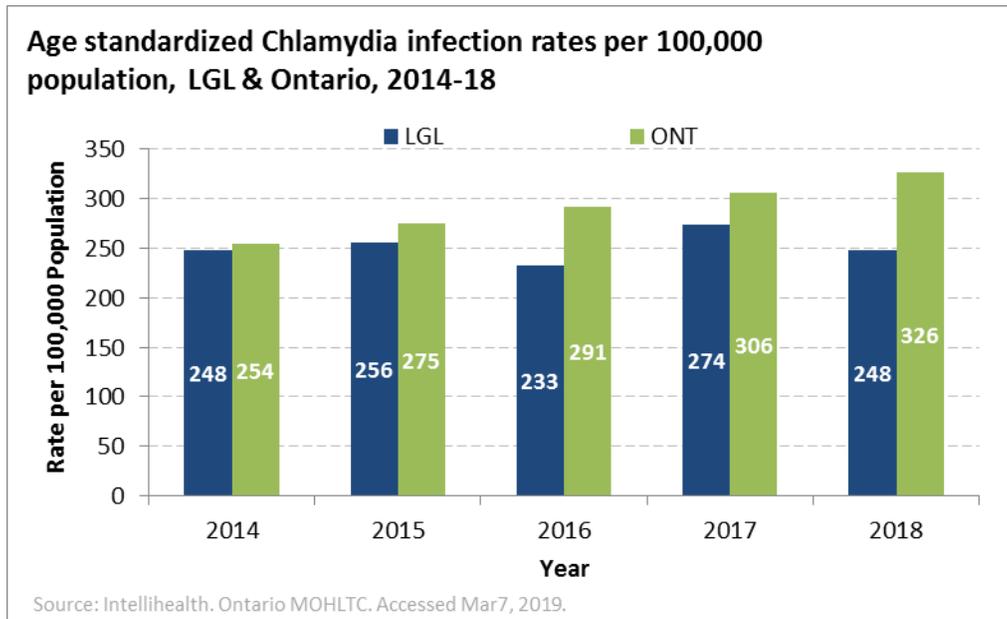


The crude incidence rate trend for Chlamydia infections has been steady in LGLDHU since 2014 (Figure 28). The age standardized incidence rate trends for Chlamydia infections were lower and steady in LGLDHU compared to Ontario overall where they were higher than LGLDHU and increasing between 2014 and 2018 (Figure 29).

**Figure 28: Crude incidence rate trend for Chlamydia infections.**

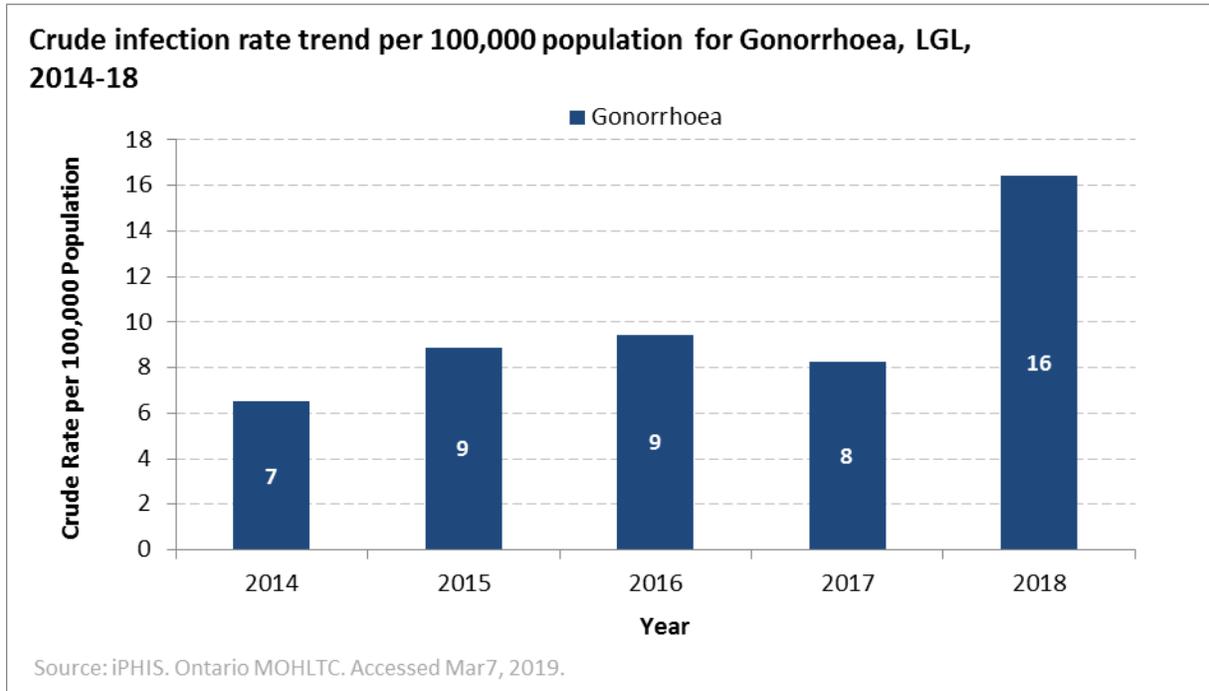


**Figure 29: Age standardized Chlamydia infection incidence rates for LGLDHU & Ontario overall.**



The crude incidence rate trend for Gonorrhoea infections has been increasing in LGLDHU since 2014 (Figure 30). The age standardized incidence rate trends for Gonorrhoea infections were lower but slightly increasing in LGLDHU compared to Ontario overall where they were higher than LGLDHU and increasing between 2014 and 2018 (Figure 31).

**Figure 30: Crude incidence rate trend for Gonorrhoea infections.**



**Figure 31: Age standardized Gonorrhoea infection incidence rates for LGLDHU & Ontario overall.**

