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CANADIAN COMMUNITY HEALTH SURVEY (CCHS) 2003 UPDATE

The Health and Emergency Medical Services Committee recommends the adoption of the recommendation contained in the following report, February 28, 2006, from the Commissioner of Community Services, Housing and Health Services:

1. RECOMMENDATIONS

It is recommended that:

1. Committee and Council receive this report for information.

2. PURPOSE

The purpose of this report is to introduce the Canadian Community Health Survey (CCHS) data to Regional Council, and to outline how the Health Services Department has used these data for program planning and research purposes.

3. BACKGROUND

The CCHS is a cross-sectional health survey that has been conducted biennially since September 2000 by Statistics Canada. Each collection cycle is comprised of two distinct surveys: a health region-level survey in the first year with approximately 130,000 respondents, followed by a provincial-level survey on a specific topic in the second year with approximately 30,000 respondents (Statistics Canada, 2003). This report will focus on data collected in 2003, as the data for 2003 became available in January of 2005. Data from 2005 will not be available until July 2006.

York Region Health Services Department uses the CCHS data in several ways. One of the most important ways is to monitor the health status of York Region residents on an ongoing basis. The Ministry of Health and Long-Term Care (MOHLTC) recently released a report on the health status of residents of the Central Local Health Integration Network (LHIN); thus, it is essential to deliver a similar analysis tailored to York Region residents. In addition, the data are used regularly to support regional projects such as Vision 2026 and the Human Services Planning Coalition (HSPC), and to inform program planning.

3.1 Respondent and Survey Characteristics

The purpose of the CCHS is to provide information on disease prevalence, determinants of health, and the demographic, social, economic, environmental and occupational factors that affect health (Statistics Canada, 2005). In 2003, data from 133 health regions across

Canada were included. The survey is a 45-minute, computer-assisted telephone interview (CATI), and participation is voluntary. There were 135,573 respondents aged 12 and older across Canada in 2003, including 40,507 respondents in Ontario and 1,682 respondents in York Region (Tremblay et al, 2005). The CCHS covers 98% of the Canadian population, but excludes institutionalized populations, Canadian Armed Forces personnel, those living on Indian Reserves and Crown Lands and residents of selected remote areas (Tremblay et al, 2005). Respondents were asked questions common to all health regions across Canada on topics such as height and weight, fruit and vegetable consumption, chronic conditions and injuries, physical activity, tobacco use, and many others (Statistics Canada, 2005).

4. ANALYSIS AND OPTIONS

4.1 Socio-demographic Characteristics of York Region CCHS Respondents

Tables 1-3 illustrate selected socio-demographic characteristics of the survey respondents. The demographic data presented here may differ from that used by the Planning and Development Services Department, as the sample is from the CCHS and not from the Census population estimates.

As shown in Table 1, a total of 1,682 respondents over age 12 completed the survey. Of those surveyed, 49.5% were male and 50.5% were female. Four age categories were used to group respondents; the category with the largest percentage of respondents (46.2 %) was adults aged 20-44, while the category with the smallest percentage of respondents was that of seniors aged 65+ (10.6%).

Table 1
Percentage of CCHS Respondents by Age Category and Sex,
York Region, 2003, Aged 12+, n=1,682

Age Category	Male %	Female %	Row Total %
12-19	7.2	6.7	13.9
20-44	22.9	23.3	46.2
45-64	14.5	14.7	29.2
65+	4.8	5.8	10.6
Column Total	49.5	50.5	100.0

Table 2 outlines that of those surveyed, the language most commonly spoken at home was English (72.4%).

Table 2
Top 5 Home Languages* Among CCHS Respondents, York Region, 2003,
Aged 12+, n=1,682 **

Language	Respondents %
English	72.4
Chinese	6.4
Other †	6.2
Italian	2.4
Russian	2.1

* Language spoken most frequently in the respondent's home

** Note: 3.4% of respondents did not state their home language

† The category of "Other" is used for languages other than the more common Aboriginal, Asian and European languages spoken in Canada.

When asked their ethnic origin, it was permitted for respondents to provide more than one response to reflect mixed ethnicities as described in Table 3. The most commonly cited ethnic background was "Other" (22.9%). As with home language, the "Other" category represents people not of Aboriginal, Asian or European ethnic origins. After "Other", the next most common ethnic origins were English (18.6%), Italian (16.0%), Scottish (11.6%), and Chinese (11.2%).

Table 3
Top Five Ethnic Origins of CCHS Respondents, York Region, 2003,
Aged 12+, n=1,682†

Ethnic Origin	Respondents %
Other	22.9
English	18.6
Italian	16.0
Scottish	11.6
Chinese	11.2

† Respondents could provide multiple responses.

4.2 Health Status and Lifestyle Behaviours

The CCHS data are used to monitor the health status of York Region residents on an ongoing basis. Table 4 contains key health status and lifestyle indicators and compares York Region residents to residents of the Central LHIN, and to the province of Ontario. It is important to note that the Central LHIN contains much of the population of York Region, but also includes portions of Simcoe County and Northwest Toronto.

Table 4
Health Status and Lifestyle Behaviours of CCHS Respondents in York Region,
Central LHIN and Ontario, 2003, Aged 12+

Indicator (Percentage)	York Region	Central LHIN	Ontario
Number of Respondents	1,682	2,454	40,507
Say their health is excellent, very good or good	89.5	89.2	88.3
Have an activity limitation	19.3	19.3	24.6
Are daily smokers	13.5	13.9	16.8
Are non-smokers exposed to environmental tobacco smoke (ETS) at home	6.4	7.4	9.1
Current drinkers that are heavy drinkers ♦	17.2	16.2	21.2
Are physically inactive †	47.1	49.7	47.1
Consume fruit and vegetables 5+ times/day	40.3	41.2	40.2
Are overweight or obese (Age 18+) ‡	45.2	44.3	48.5
Say they have a lot of life stress (Age 18+) *	25.9	24.3	24.4

♦ A heavy drinker is one who has five or more drinks on a single occasion at least once a month or more (Association of Public Health Epidemiologists of Ontario (APHEO), 2005).

† Based on Physical Activity Index (PAI). PAI is a method for calculating Energy Expenditure (EE) based on type, frequency and duration of physical activity in the previous three-month period (APHEO, 2005).

‡ Based on Body Mass Index (BMI). BMI is calculated as weight in kg/height in m² (Statistics Canada, 2003). Excludes pregnant women and people aged <18.

* Number of respondents aged 18+ who reported that most days in their life were “quite a bit” or “extremely” stressful (APHEO, 2005).

Overall, 89.5% of York Region residents state that their health is excellent, very good or good, which is slightly higher than the Central LHIN and province of Ontario. The proportion of residents reporting an activity limitation is lower than the provincial average (19.3% vs. 24.6%). A slightly higher proportion of York residents state that they have a lot of life stress.

In York Region, obesity is a health issue that programs under the Healthy Lifestyles and Dental, Nutrition and School Services Divisions aim to address. According to CCHS data, almost half of residents are physically inactive (47.1%), and overweight or obese (45.2%). The proportions for consumption of five or more servings of fruit and vegetables per day are similar across York Region, the Central LHIN and Ontario.

Tobacco use and control are also key programs of York Region Public Health’s Healthy Lifestyles and Health Protection Divisions. Thirteen point five percent of York Region residents are daily smokers, over 3% less than the provincial average of 16.8%. Similarly, York Region’s proportion of non-smokers exposed to environmental tobacco smoke at home is lower than the province; 6.4% compared to 9.1%, respectively.

4.3 Chronic Disease Prevalence

Certain lifestyle behaviours are believed to contribute to chronic disease prevalence. When comparing chronic disease prevalence among health regions bordering York Region and the province, there are a few key differences (see Table 5).

Table 5
Comparison of Prevalence of Chronic Conditions for York Region, Bordering
Health Units and Ontario, 2003, Aged 12+

Indicator (Percentage)	York Region	Simcoe Region	Durham Region	Peel Region	City of Toronto	Ontario
Number of Respondents	1,682	1,386	1,630	2,151	3,107	40,507
Report diabetes diagnosis	3.7	4.5	3.8	3.9	4.9	4.6
Report heart disease diagnosis (Age 30+)	5.9	8.3	5.6	5.0	6.5	7.2
Report high blood pressure diagnosis	12.5	13.9	14.8	12.9	14.9	14.7
Report arthritis/ rheumatism diagnosis	13.5	19.0	18.1	11.7	14.6	17.5
Report asthma diagnosis	7.3	9.7	10.1	9.1	6.5	8.3

Of all the bordering regions and Ontario, York Region residents had the lowest prevalence of diabetes and high blood pressure (3.7% and 12.5%) respectively. York Region has the second lowest prevalence of arthritis/rheumatism (13.5%). Asthma prevalence is 7.3%, and heart disease prevalence is 5.9% in people aged 30 and older.

4.4 Health System Utilization and Satisfaction

To determine whether there have been any changes in patterns of health care use within the health system, an analysis of several indicators was undertaken (see Table 6). Interestingly, there were improvements for all three indicators. The number of people in York Region that have a regular medical doctor increased. Similarly, the number of people that visited a dentist in the past year also increased. Fewer people felt they needed health care but didn't receive it. For 2003, York Region had a higher proportion of respondents than Ontario with a regular medical doctor and that visited a dentist in the past year.

Table 6
York Region and Ontario Residents' Health System Utilization and Satisfaction,
CCHS 2001 and 2003, Age 12+

Indicator (Percentage)	York Region 2001 (Cycle 1.1)	York Region 2003 (Cycle 2.1)	Ontario 2003 (Cycle 2.1)
Number of Respondents	1,642	1,682	40,507
Report they have a regular medical doctor	91.6	94.0	91.8
Report they have visited a dentist/ orthodontist in the past year	73.6	76.4	69.5
Report they needed health care but didn't receive it	12.9	10.2	10.5
Rate the <i>quality</i> of health care services in their community as excellent or good (Age 15+)	NA	72.1	72.2
Rate the <i>availability</i> of health care services in their community as excellent or good (Age 15+)	NA	65.2	61.0

NA: Data not available in 2001.

Measures of health system satisfaction were collected by the CCHS for the first time in 2003. When people aged 15 and older were asked to rate the *quality* of health services in their community, 72.1% rated services as good or excellent. When the same group was asked to rate the *availability* of health care services in their community, 65.2% of people said that it was good or excellent. A higher proportion of York Region residents felt that health care availability was acceptable when compared to all Ontarians. These indicators will be monitored when the 2005 data becomes available.

4.5 Preventive Care

Screening tests to identify disease in its early stages are an important part of preventive care. The Health Services Department offers education programs to residents on the benefits of screening through the Early Detection of Cancer Program. Table 7 details the use of some types of preventive care available, and compares York Region residents with those of the Central LHIN and Ontario.

The proportion of York Region women obtaining preventive care is similar to the Central LHIN and provincial average. However, the proportion of women aged 50-69 that have had a recent mammogram is lower than Ontario and the Central LHIN.

Table 7
Percentage of Population that Use Preventive Care, CCHS Respondents in York Region, Central LHIN and Ontario, 2003

Indicator (Percentage)	York Region	Central LHIN	Ontario
Number of Respondents	1,682	2,454	40,507
Women aged 50-69 that report they have had a mammogram in the past two years	68.4	71.0	70.6
Women aged 18+ that have had a Pap smear test in the past three years	68.5	68.2	69.2
People aged 12+ that have received an influenza vaccination in the past year	30.3	31.7	34.2
People aged 12+ that have had contact with a medical doctor in the past year	83.5	82.5	81.4

Vaccination and regular contact with a medical doctor are key disease prevention strategies. Each fall, the Infectious Diseases Control Division distributes influenza vaccine to doctors and acute and long term care institutions, and conducts free influenza vaccination clinics across the Region. However, the proportion of people obtaining influenza vaccination in York Region is about 4% lower than for Ontario. Conversely, a higher percentage (2.1% more) of York Region residents has seen a medical doctor in the past year than the provincial average.

4.6 Data Strengths and Limitations

The CCHS is a very rich, comprehensive data set yielded by a well-designed and reliably administered survey. The survey is the only population health survey that allows health region-level comparisons of health data across Canada. Data are available to the Health Services Department free of charge.

One of the limitations of the CCHS is that it takes approximately 12 months for Statistics Canada to collect, analyze and release the data to the MOHLTC, and several additional months for the MOHLTC to format the data for the Ontario health units, so it is not as timely a data source as the Rapid Risk Factor Surveillance System (RRFSS), which releases data two months after they are collected. RRFSS not only provides data on behavioural risk factors but also asks questions related to knowledge and awareness of health-related conditions and events. This information can be used to direct policy initiatives, plan and target programs and assist with evidence-based decision making. RRFSS addresses geographic, time-related and content data gaps from the CCHS. While the information collected through CCHS is valuable, the CCHS does not allow for analysis at the local level due to sample size restrictions and information is not collected in a timely manner. Through the flexibility of RRFSS, a variety of information gaps can be addressed at the local, regional or provincial level. Thus, RRFSS is a better source for tracking emerging health issues, particularly at a local level.

In addition, the Region only receives data from CCHS respondents who wish to share their results at the Regional level, so some of the available cases are omitted if respondents choose not to share data in this way. Similar to RRFSS, the data are obtained by self-report, which may over or underestimate the true existence of a behaviour or disease.

4.7 How the Health Services Department Uses CCHS Data

There are a variety of concrete ways that the Health Services Department has used CCHS data over the past four years. One of these is to estimate health behaviour and disease prevalence and incidence in the York Region population and to monitor disease trends. For instance, CCHS data were used to calculate the proportion of the population that has heart disease for this report.

Another use of CCHS data is to inform research, program development and planning under the *Mandatory Health Programs and Services Guidelines* set out by the MOHLTC. For example, the data were used to determine the number of people in the Region who are overweight or obese. Subsequently, this information provided the basis for an obesity strategy.

The Health Information and Planning (HIP) Branch also utilized CCHS data extensively in 2001 to develop the York Region Health Status Report, entitled “A Measure of Health”. The report was a comprehensive examination of the health status of York Region residents, from chronic disease prevalence, to the physical and social environment for the years 1999-2002. The CCHS data was a major source of data for chronic disease prevalence.

Finally, the CCHS data have been used on an as required basis to answer health-related statistics requests from the media, such as the percentage of the female population who have had a Pap smear.

4.8 Relationship to Vision 2026

The results of this report relate directly to the Vision 2026 goal of Responding to the Needs of Our Residents, and more specifically, to the action area of promoting wellness.

5. FINANCIAL IMPLICATIONS

There are no financial implications as data from the CCHS are available to all health units without cost from Statistics Canada or the MOHLTC.

6. LOCAL MUNICIPAL IMPACT

Analysis of the CCHS data provides important information as to where the Health Services Department should invest its health promotion efforts to improve programs and services for all York Region residents.

7. CONCLUSION

The CCHS provides data on a biennial basis at the health region level. While the data have many strengths and some limitations, the Health Services Department has used and reported on them since 2001 to determine the prevalence of lifestyle behaviours and diseases, for research and program planning, to examine health system utilization and satisfaction, and to respond to internal and external requests for health data.

York Region has a diverse population of residents. Almost half of residents are physically inactive and overweight or obese. The proportion of women in the Region aged 50-69 receiving a mammogram is lower than Ontario and the Central LHIN, as is the proportion of people receiving influenza vaccination. A slightly higher proportion of York Region residents report having high levels of stress in their lives compared to the provincial average. However, the prevalence of several chronic diseases is lower than in Ontario and most bordering regions. Fewer residents are daily smokers, heavy drinkers or have activity limitations than their provincial counterparts.

Data on preventive care, lifestyle, health status and health services satisfaction will continue to be monitored in the future. While there are some areas for improvement, overall, York Region is a healthy community.

The Senior Management Group has reviewed this report.