

5. Central West LHIN

Key Findings

Top three priority risk factor population estimates by sex (see Table 5.1 below):

Females:

Physical Activity

Alcohol—current consumption

Excess body weight

Males:

Alcohol—current consumption

Physical Activity

Excess body weight

Risk factor summary

Alcohol—current consumption

Priority areas:

- Females: areas northwards of Caledon and Bolton and a few areas in Brampton
- Males: areas in the northwestern part of the LHIN, south and east of Shelburne, surrounding Orangeville and along the eastern boundary of the LHIN, and areas to the south of Rexdale-Etobicoke
- Adolescent females: areas south of Shelburne and around Orangeville, Caledon and Bolton
- Adolescent males: areas northwest of Shelburne, around Orangeville and Caledon, and some areas in Rexdale-Etobicoke

Alcohol—consumption exceeding cancer prevention recommendations

Priority areas:

- Females: areas in the northern half of the LHIN surrounding Orangeville and north of Shelburne
- Males: most areas in the northern half of the LHIN (northwards of Caledon)

Excess body weight

Priority areas:

- Females: areas throughout Rexdale-Etobicoke and Brampton, and north of Shelburne
- Males: areas scattered across most of the LHIN, with the exception of the southern tip of the LHIN

Inadequate vegetable and fruit consumption

Priority areas:

- Females: few areas across the LHIN mostly located in Brampton
- Adolescent females: one area in Rexdale-Etobicoke

Physical activity

Priority areas:

- Females: most areas south of Bolton, including most parts of Rexdale-Etobicoke and Brampton
- Males: many areas throughout Brampton and some areas towards the northeast of Rexdale-Etobicoke
- Adolescent females: many areas throughout Brampton and some parts of Rexdale-Etobicoke
- Adolescent males: one area in Brampton

Sedentary behaviour

Priority areas:

• Females: two areas in Brampton

Smoking—current_status

Priority areas:

- Females: many areas in the northern half of the LHIN and some areas in Brampton
- Males: some areas in Rexdale-Etobicoke and Brampton
- Adolescent males: a few areas towards the south of Rexdale-Ftobicoke

Smoking—ever-smoked status

Priority areas:

- Females: most areas in the northern half of the LHIN
- Males: many areas in the northern half of the LHIN

Introduction

This section describes the estimated local prevalence of risk factors across the LHIN compared to the Ontario prevalence estimates from 2000 to 2014. These comparisons are always relative to Ontario with respect to the level of statistical evidence for the underlying prevalence estimate and often the number of areas meeting specific criteria are presented in parentheses (e.g., n=40). Risk factor maps are presented for females and males age 12 and older, and for adolescent females and adolescent males ages 12 to 18 inclusive. Throughout the text, the terms "area(s)" and "local" refer to the 2006 census dissemination areas (see the <u>Data and Methods</u> section, page 3).

Exclusions

As discussed in the <u>Interpretation</u> section (page 7), maps are shown only for risk factor estimates in the LHIN where one or more local estimates were higher than Ontario (or lower than Ontario for physical activity). Therefore, the risk factor maps not displayed for Central West LHIN include:

- excess body weight among adolescents for females and males;
- inadequate vegetable and fruit consumption among males and adolescent males; and
- sedentary behaviour among males, adolescent females and adolescent males.

Notes

Risk factor prevalence could not be estimated for several areas in the Central West LHIN (e.g., suppressed census populations or institutionalized populations), which are shown as "insufficient data" on the maps. See <u>Appendix C</u> for a full list of areas in the insufficient data category.

Priority population estimates

Priority population estimates may be helpful in prioritizing health promotion and planning efforts for potential populations affected by certain modifiable risk factors. Table 5.1 (page 170) presents the estimated priority populations for each risk factor by sex and age group in the Central West LHIN. Priority populations are defined as those living in areas with a higher risk factor prevalence (or lower prevalence for physical activity) than Ontario. These estimates were produced by summing the population from all higher (or lower for physical activity) prevalence small areas (2006 dissemination areas) after taking into account the risk factor prevalence of each area. For example, if among females 100 areas had a higher prevalence of current alcohol consumption than Ontario, the female 2006 census populations in each of these areas were multiplied by the prevalence of current alcohol consumption for each area and then summed across the 100 areas to produce an estimate of the female "priority population." These calculations are intended to provide a measure to prioritize the risk factors rather than a population estimate.

According to the Methods (page 4) and Interpretation (page 7) sections, these higher prevalence areas had strong statistical evidence of elevated prevalence compared to Ontario (posterior probabilities \geq 80%). An exception is physical activity, which had strong statistical evidence of lower prevalence estimates than Ontario (posterior probabilities \leq 20%). Therefore, the population estimates for each risk factor are likely undercounted because areas with less statistical certainty (posterior probabilities < 80% and physical activity posterior probabilities > 20%) are not included in the priority population estimates.

Table 5.1 Estimated priority populations among higher prevalence** dissemination areas compared to Ontario by risk factor, sex and age group, Central West Local Health Integration Network (LHIN), using 2006 census populations

Risk factor	Female priority population*†	% of female population in the LHIN [†] (n=311,300)	Male priority population*†	% of male population in the LHIN [†] (n=299,150)	Adolescent female priority population*‡	% of adolescent female population in the LHIN [‡] (n=36,660)	Adolescent male priority population* [‡]	% of adolescent male population in the LHIN [‡] (n=39,320)
Alcohol—current consumption	24,620	8%	24,840	8%	370	1%	580	1%
Alcohol—consumption exceeding cancer prevention recommendations	910	0%	2,690	1%	NM	_	NM	_
Excess body weight	18,590	6%	12,400	4%	NE	_	NE	_
Inadequate fruit and vegetable consumption	8,190	3%	NE	_	30	0%	NE	_
Physical activity**	34,170	11%	19,940	7%	2,640	7%	70	0%
Sedentary behaviour	540	0%	NE	_	NE	_	NE	_
Smoking—current status	6,410	2%	3,180	1%	NE	_	0	0%
Smoking—ever-smoked status	14,830	5%	10,110	3%	NM	_	NM	_

NE = no estimates within the "higher" prevalence categories; NM = not modelled * Estimates rounded to multiples of 10

^{**} For physical activity, priority populations are those living in areas with a lower risk factor prevalence compared to Ontario

[†] Population age 12 and older

[‡]Population ages 12 to 18

[—] Value not applicable

Alcohol—current consumption

People age 12 and older

An estimated 70% of females and 79% of males in Ontario reported current alcohol consumption.

Higher prevalence than Ontario

For females (n=119; Figure 5.1) and males (n=109; Figure 5.2), most areas with a higher prevalence of current alcohol consumption than the Ontario average were located in the northern half of the LHIN, extensively around Orangeville and Shelburne. For females, additional areas were located near Caledon and Bolton. For males, additional areas were located towards the south of the Rexdale-Etobicoke area.

Lower prevalence than Ontario

For females (n=484; Figure 5.1) and males (n=555; Figure 5.2), areas that had a lower prevalence of current alcohol consumption than Ontario were located in the southern tip of the LHIN, including most areas in Rexdale-Etobicoke and Brampton.

Adolescents

Among the adolescent populations in Ontario, approximately 40% of females and males reported current alcohol consumption.

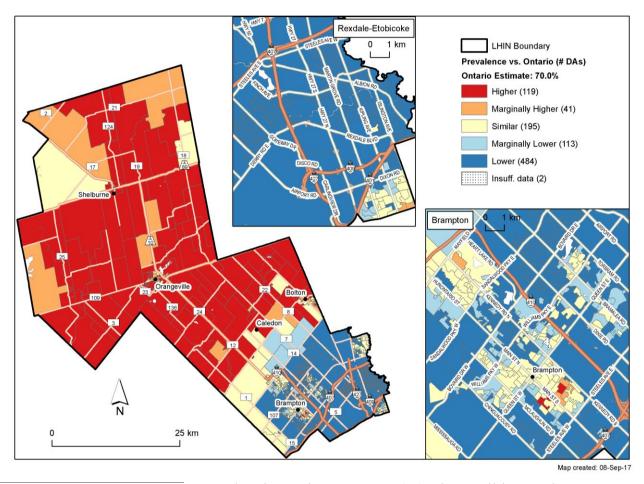
Higher prevalence than Ontario

For adolescent females (n=31; Figure 5.3), areas with a higher prevalence of current alcohol consumption than the Ontario average tended to be located towards the northwest part of the LHIN, surrounding Shelburne and Orangeville, with some additional areas near Caledon and Bolton. For adolescent males (n=39; Figure 5.4), higher prevalence areas were located in the northern half of the LHIN surrounding Shelburne, in Orangeville and in some areas south of Orangeville. Additional areas for adolescent males were located towards the south of Rexdale-Etobicoke.

Lower prevalence than Ontario

For adolescent females (n=630; Figure 5.3) and adolescent males (n=633; Figure 5.4), most areas across the LHIN had a lower prevalence of current alcohol consumption than Ontario. For both sexes, the majority of lower prevalence areas were located toward the southern tip of the LHIN, including most parts of Rexdale-Etobicoke and Brampton.

Figure 5.1 Current alcohol consumption among females (age 12 and older), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence		
Category	% (range)		
Overal	63.2		
Higher	77.0 (73.9, 83.1)		
Marginally Higher	74.0 (72.7, 76.4)		
Similar	68.6 (64.9, 73.5)		
Marginally Lower	65.1 (59.5, 67.0)		
Lower	56.2 (40.0, 65.8)		

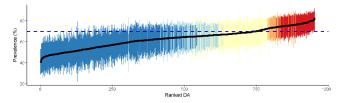
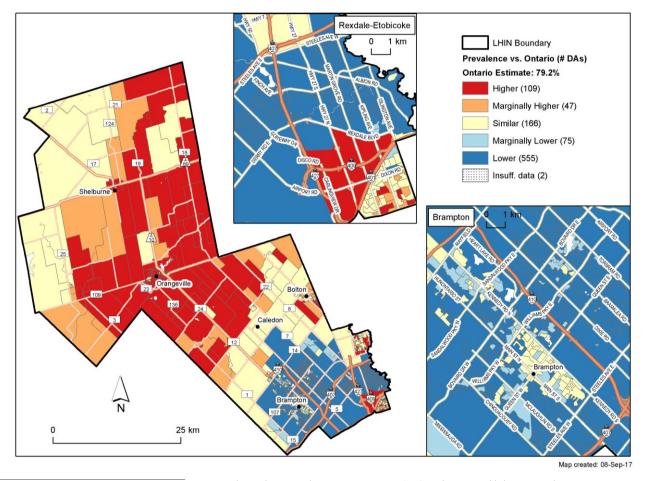


Figure 5.2 Current alcohol consumption among males (age 12 and older), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Catagoni	Mean prevalence		
Category	% (range)		
Overall	74.5		
Higher	84.0 (81.7, 87.6)		
Marginally Higher	81.7 (80.8, 82.7)		
Similar	78.8 (74.5, 81.3)		
Marginally Lower	75.3 (71.6, 76.9)		
Lower	70.6 (49.4, 76.1)		

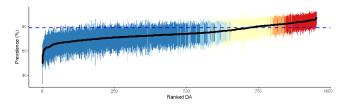
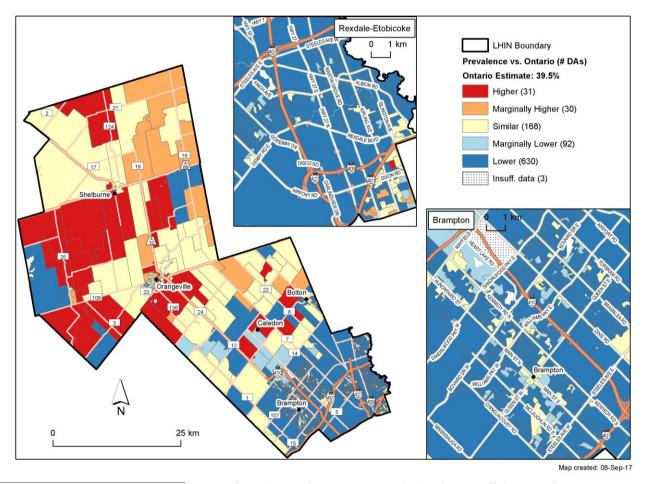


Figure 5.3 Current alcohol consumption among adolescent females (ages 12 to 18), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence		
	% (range)		
Overall	33.2		
Higher	47.7 (44.4, 52.8)		
Marginally Higher	43.5 (42.3, 45.1)		
Similar	39.1 (35.3, 42.9)		
Marginally Lower	35.3 (33.1, 37.0)		
Lower	30.2 (8.4, 35.4)		

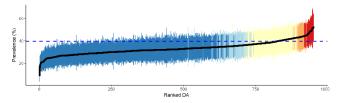
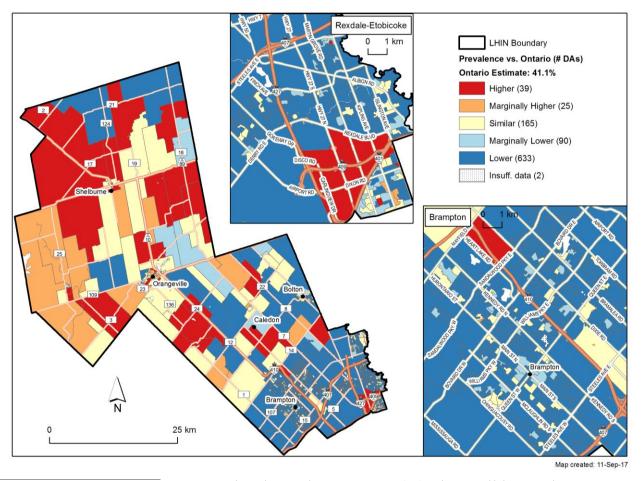
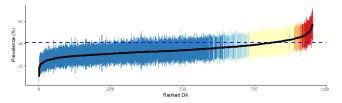


Figure 5.4 Current alcohol consumption among adolescent males (ages 12 to 18), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	34.6
Higher	49.6 (45.6, 57.8)
Marginally Higher	45.2 (43.5, 47.0)
Similar	40.8 (37.3, 44.8)
Marginally Lower	37.1 (33.9, 38.3)
Lower	31.3 (10.5, 37.0)



Alcohol—consumption exceeding cancer prevention recommendations

People age 12 and older

Almost 7% of the female population in Ontario drank alcohol in excess of the recommended limits for cancer prevention. Among males, the Ontario prevalence of exceeding the recommended limits was 8.5%.

Higher prevalence than Ontario

For females (n=35; Figure 5.5) and males (n=91; Figure 5.6), areas with a higher prevalence than Ontario of alcohol consumption in excess of the recommended limits for cancer prevention were located in the northern half of the LHIN. For females, many areas were located near Orangeville, northeast of Orangeville and north of Shelburne. For males, almost all areas in the northern half of the LHIN had a higher prevalence.

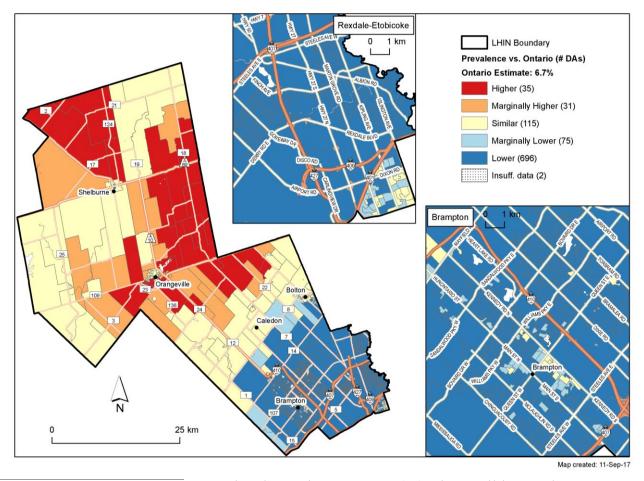
Lower prevalence than Ontario

For females (n=696; Figure 5.5) and males (n=694; Figure 5.6), areas with a lower prevalence than the Ontario average of alcohol consumption in excess of the recommended limits for cancer prevention were located exclusively in the southern tip of the LHIN, including almost all areas in Rexdale-Etobicoke area and Brampton.

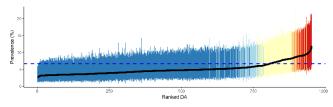
Adolescents

The area-based prevalence of exceeding cancer prevention recommendations was not estimated for adolescent populations.

Figure 5.5 Alcohol consumption exceeding cancer prevention recommendations among females (age 12 and older), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)

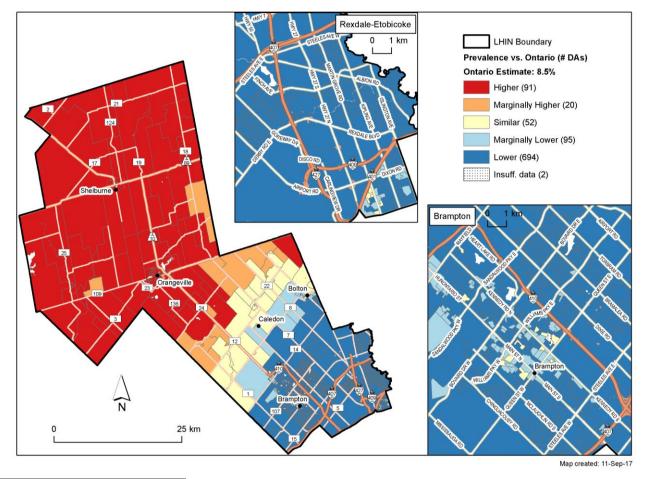


Category	Mean prevalence % (range)		
Overall	5.0		
Higher	9.7 (8.8, 11.9)		
Marginally Higher	8.8 (8.2, 9.5)		
Similar	7.1 (5.9, 8.6)		
Marginally Lower	5.6 (5.0, 6.1)		
Lower	4.2 (2.6, 5.6)		

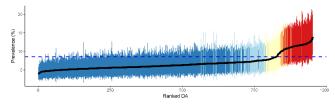


Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

Figure 5.6 Alcohol consumption exceeding cancer prevention recommendations among males (age 12 and older), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence		
Category	% (range)		
Overall	6.8		
Higher	11.7 (10.3, 13.9)		
Marginally Higher	10.5 (9.9, 11.7)		
Similar	8.4 (7.6, 9.9)		
Marginally Lower	7.3 (6.6, 7.8)		
Lower	5.9 (3.8, 7.5)		



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

Excess body weight

People age 12 and older

The estimated Ontario prevalence of excess body weight (overweight or obese) was 41% among females and 56% among males.

Higher prevalence than Ontario

For females, most areas with a higher prevalence of excess body weight (n=126; Figure 5.7) than the Ontario average were located in the Rexdale-Etobicoke area and Brampton. For males (n=74; Figure 5.8), higher prevalence areas were dispersed across most of LHIN, but were less common in the southern tip of the LHIN in parts of Rexdale-Etobicoke and Brampton.

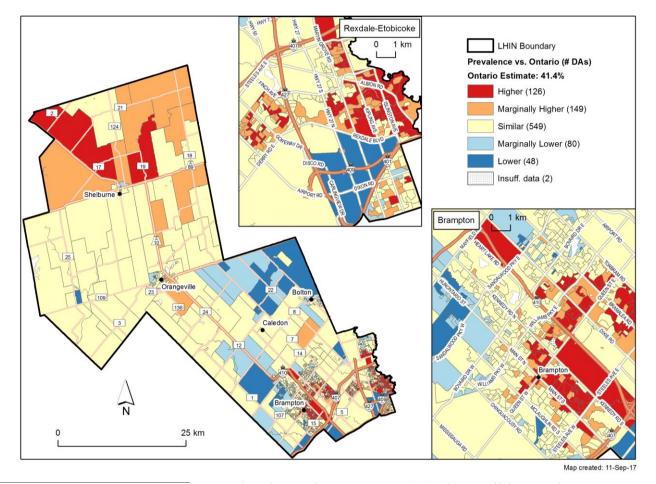
Lower prevalence than Ontario

For females (n=48; Figure 5.7) and males (n=199; Figure 5.8), areas with a lower prevalence of excess body weight than the Ontario average were located in the southern part of the LHIN. For females, lower prevalence areas were located southeast and northwest of Brampton, towards the south of Rexdale-Etobicoke and north of Bolton. For males, lower prevalence areas were located throughout most of Rexdale-Etobicoke and many areas of Brampton.

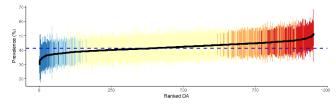
Adolescents

Among Ontario adolescents, an estimated 15% of females and 25% of males were overweight or obese. In the Central West LHIN, there were no areas with a higher prevalence of excess body weight than the Ontario average for adolescents, which is why those maps are not shown.

Figure 5.7 Excess body weight (overweight/obese) among females (age 12 and older), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)

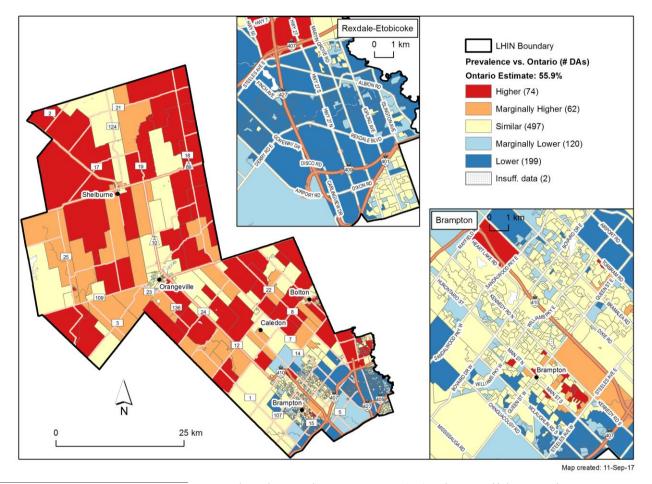


Catagoni	Mean prevalence		
Category	% (range)		
Overal	1 42.2		
Higher	47.0 (44.9, 51.7)		
Marginally Higher	44.9 (43.5, 47.7)		
Similar	41.5 (38.0, 45.0)		
Marginally Lower	38.0 (36.5, 39.3)		
Lower	35.8 (29.7, 38.1)		

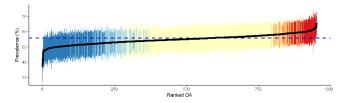


Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

Figure 5.8 Excess body weight (overweight/obese) among males (age 12 and older), 2000–2014, Hamilton Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overal	l 54.9
Higher	60.3 (58.5, 65.6)
Marginally Higher	58.8 (57.8, 61.4)
Similar	55.7 (53.0, 59.4)
Marginally Lower	53.0 (51.0, 54.3)
Lower	50.7 (36.9, 53.7)



Inadequate vegetable and fruit consumption

People age 12 and older

Inadequate consumption of vegetables and fruits was common across Ontario, with approximately 63% of females and 77% of males reporting inadequate consumption.

Higher prevalence than Ontario

For females, there were few areas with a higher prevalence of inadequate vegetable and fruit consumption (n=20; Figure 5.9) than the Ontario average and these were primarily located throughout Brampton. In the Central West LHIN, there were no higher prevalence areas for males, which is why that map is not shown.

Lower prevalence than Ontario

For females, areas with adequate consumption of vegetables and fruit (i.e., low prevalence) (n=135; Figure 5.9) were located throughout the central part of the LHIN, in many areas south of Shelburne and surrounding Orangeville, and areas north of Caledon and Bolton. Some additional areas were located in northern Brampton.

Adolescents

More than two thirds of the adolescent Ontario population had inadequate vegetable and fruit consumption, at approximately 68% for females and 74% for males.

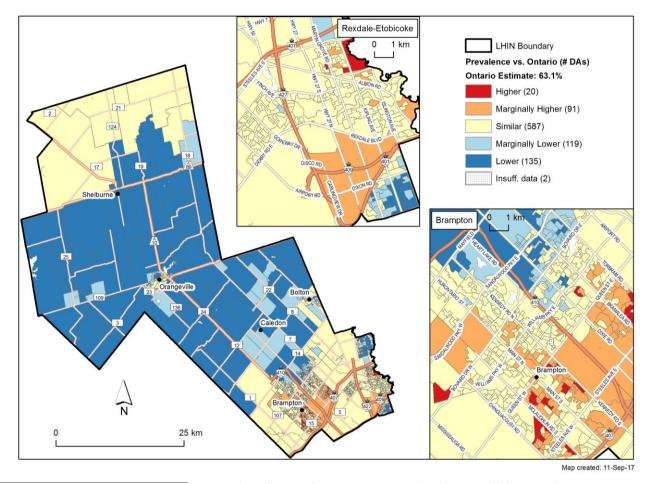
Higher prevalence than Ontario

For adolescent females (n=1; Figure 5.10), there was one area with a higher prevalence of inadequate vegetable and fruit consumption than Ontario, located in the Rexdale-Etobicoke area. No areas with a higher prevalence than Ontario were detected for adolescent males. Therefore that map is not shown.

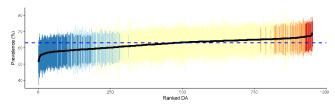
Lower prevalence than Ontario

For adolescent females (n=4; Figure 5.10), areas with adequate consumption of vegetables and fruit (i.e., low prevalence), were primarily located southeast of Orangeville.

Figure 5.9 Inadequate vegetable and fruit consumption among females (age 12 and older), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)

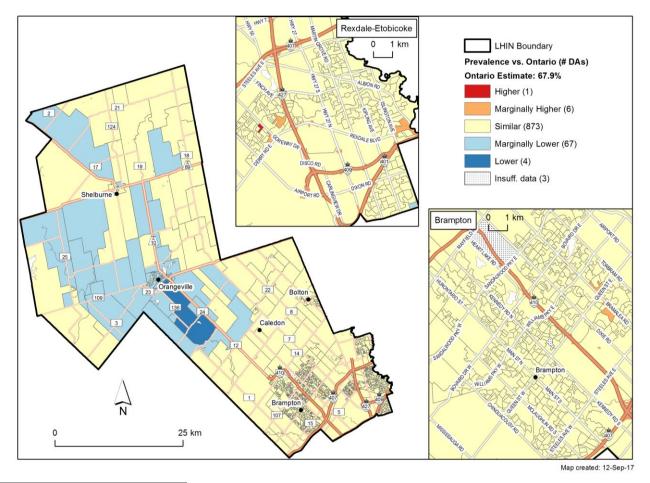


Category	Mean prevalence % (range)
Overall	62.4
Higher	67.4 (66.6, 69.0)
Marginally Higher	66.1 (64.9, 67.8)
Similar	63.4 (58.7, 66.3)
Marginally Lower	59.5 (57.8, 61.0)
Lower	57.6 (51.1, 59.5)

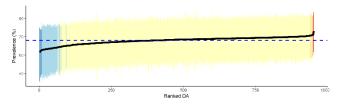


Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

Figure 5.10 Inadequate vegetable and fruit consumption among adolescent females (ages 12 to 18), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)		
Overall	67.9		
Higher	73.0 (73.0, 73.0)		
Marginally Higher	70.9 (70.6, 71.2)		
Similar	68.3 (63.6, 71.1)		
Marginally Lower	63.6 (61.7, 65.1)		
Lower	62.0 (61.5, 62.6)		



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

Physical activity

Because physical activity reduces cancer risk, lower prevalence estimates of this risk factor are of interest. The colour scheme of the maps was inverted so that the "lower than Ontario" estimates are displayed in red.

People age 12 and older

Most of the Ontario population was not physically active, with approximately one in five (23%) females and one in three (30%) males being physically active.

Lower prevalence than Ontario

For females (n=586; Figure 5.11) and males (n=253; Figure 5.12) areas with a lower prevalence of physical activity than Ontario were located towards the southern tip of the LHIN. For both sexes, these areas were located throughout most of Brampton, and along the eastern boundary of the LHIN. For males, some additional lower prevalence areas were located in Rexdale-Etobicoke. For females, most areas in Rexdale-Etobicoke and many areas south of Bolton were of lower prevalence.

Higher prevalence than Ontario

For females (n=66; Figure 5.11) and males (n=54; Figure 5.12), most areas with a higher prevalence of physical activity than the Ontario average were located towards the northern tip of the LHIN, north of Caledon. For females, most areas north of Orangeville were of higher prevalence, in addition to a few areas southeast of Orangeville and towards the south of Rexdale-Etobicoke. For males, higher prevalence areas tended to cluster throughout the northern half of the LHIN surrounding Orangeville and east of Shelburne.

Adolescents

Adolescents were more physically active than adults, with approximately 40% of adolescent females and 57% of adolescent males being active.

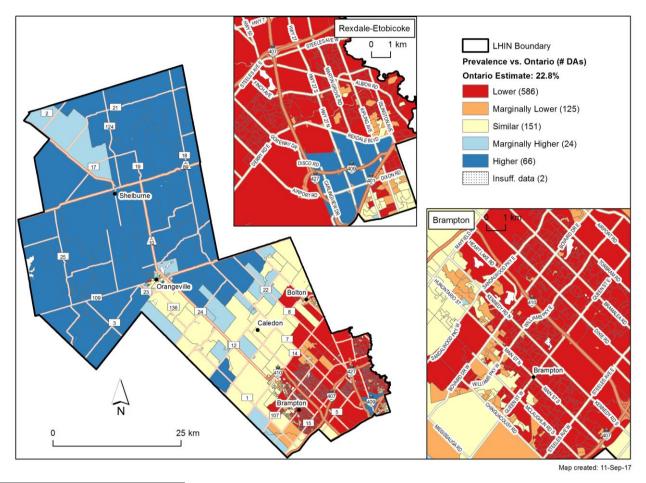
Lower prevalence than Ontario

For adolescent females (n=158; Figure 5.13), areas with a lower prevalence of physical activity than the Ontario average were located in most areas of Brampton and in some parts of Rexdale-Etobicoke. There was one area with a lower prevalence of physical activity than Ontario for adolescent males, located in Brampton (Figure 5.14).

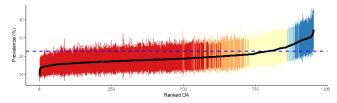
Higher prevalence than Ontario

There were very few areas with a higher prevalence of physical activity than Ontario for adolescents. For adolescent females (n=7; Figure 5.13), these areas were located in the northern tip of the LHIN. For adolescent males (n=1; Figure 5.14), there was only one area, located in Rexdale-Etobicoke.

Figure 5.11 Physical activity among females (age 12 and older), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)

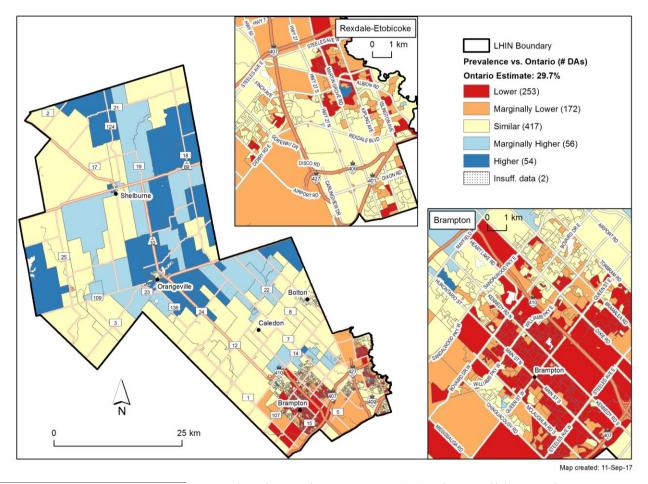


Category	Mean prevalence % (range)
Overall	19.6
Lower	17.3 (9.4, 20.1)
Marginally Lower	20.0 (18.7, 21.0)
Similar	22.7 (20.2, 25.7)
Marginally Higher	26.2 (25.2, 27.8)
Higher	29.3 (26.2, 34.5)

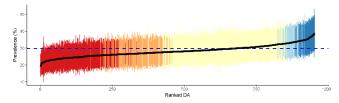


Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

Figure 5.12 Physical activity among males (age 12 and older), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)

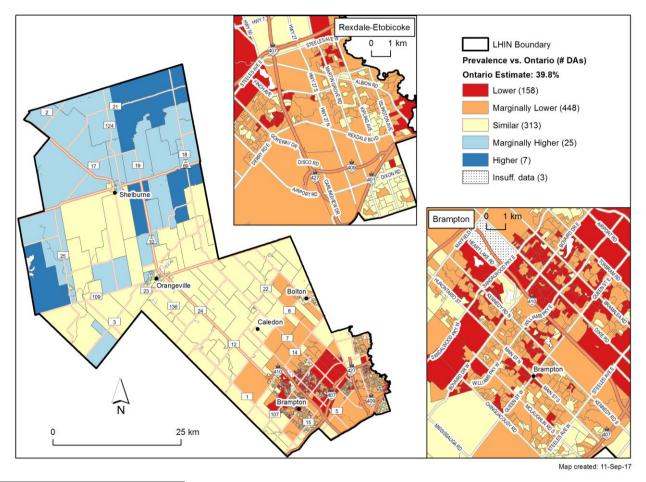


Category	Mean prevalence % (range)
Overall	28.2
Lower	24.4 (19.0, 26.7)
Marginally Lower	26.8 (25.3, 27.8)
Similar	29.5 (26.7, 33.6)
Marginally Higher	33.3 (32.2, 34.9)
Higher	35.6 (33.6, 38.6)

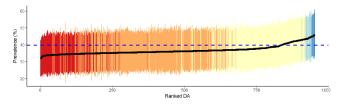


Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

Figure 5.13 Physical activity among adolescent females (ages 12 to 18), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)

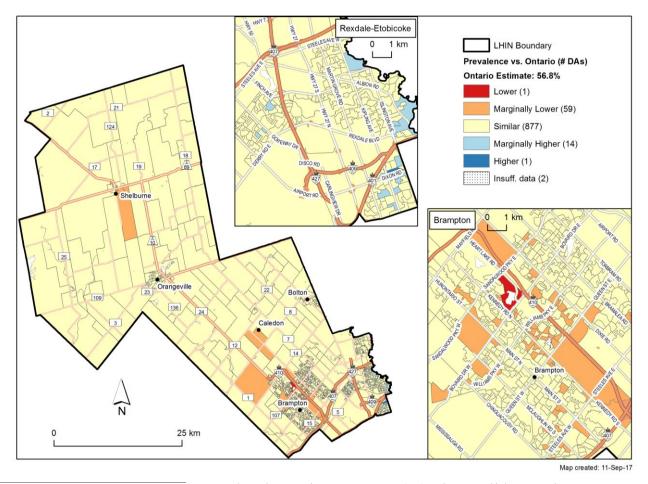


Category	Mean prevalence % (range)
Overall	36.8
Lower	34.3 (31.7, 35.7)
Marginally Lower	35.7 (34.0, 37.1)
Similar	38.7 (35.7, 43.7)
Marginally Higher	44.2 (43.0, 45.2)
Higher	45.5 (44.9, 46.1)

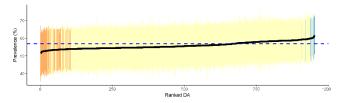


Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

Figure 5.14 Physical activity among adolescent males (ages 12 to 18), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence
	% (range)
Overal	J 55.9
Lower	51.6 (51.6, 51.6)
Marginally Lower	53.1 (51.5, 53.9)
Similar	56.0 (53.0, 60.2)
Marginally Higher	60.2 (59.3, 61.3)
Higher	61.6 (61.6, 61.6)



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

Sedentary behaviour

People age 12 and older

Approximately half of the Ontario population reported sedentary behaviour during leisure time (females, 49%; males, 56%).

Higher prevalence than Ontario

For females, there were only two areas with a higher prevalence of sedentary behaviour (Figure 5.15) than the Ontario average. These areas were located in Brampton. There were no areas with a higher prevalence of sedentary behaviour than Ontario among males in the Central West LHIN, which is why that map is not shown.

Lower prevalence than Ontario

For females, lower prevalence areas (n=414; Figure 5.15) were located throughout the LHIN, with many areas located in Brampton and Rexdale-Etobicoke, and surrounding Bolton, Caledon, Orangeville and Shelburne.

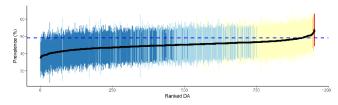
Adolescents

More than half of the Ontario adolescent population reported sedentary behaviour during leisure time, at approximately 55% for females and 60% for males. No areas with a higher prevalence of sedentary behaviour than the Ontario average were identified among adolescents in the Central West LHIN, which is why those maps are not shown.

Figure 5.15 Sedentary behaviour among females (age 12 and older), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence
	% (range)
Overall	45.0
Higher	54.0 (53.9, 54.1)
Marginally Higher	52.1 (51.8, 52.7)
Similar	47.6 (45.4, 52.4)
Marginally Lower	45.4 (41.4, 46.7)
Lower	42.9 (37.2, 45.5)



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

Smoking—current status

People age 12 and older

Current tobacco smoking was reported by 17% of Ontario females and 24% of males.

Higher prevalence than Ontario

For females (n=93; Figure 5.16), areas with a higher prevalence of current smoking than the Ontario average were located near downtown Brampton, and in many areas in the northern tip of the LHIN, surrounding Orangeville and Shelburne. For males (n=32; Figure 5.17), higher prevalence areas were located near downtown Brampton, towards the south of Rexdale-Etobicoke, and in Orangeville.

Lower prevalence than Ontario

Areas with a lower prevalence of current smoking for females (n=411; Figure 5.16) and males (n=232; Figure 5.17) were located towards the southern tip of the LHIN. As well, many areas were located in Brampton, with the exception of many parts near the downtown area, and, for females, many lower prevalence areas were located near Bramalea Road and Queen Street East. Lower prevalence areas for both sexes were located throughout Rexdale-Etobicoke. For males, additional lower prevalence areas were located near Bolton and Caledon.

Adolescents

Approximately 8% of adolescent females and adolescent males in Ontario reported that they currently smoked tobacco.

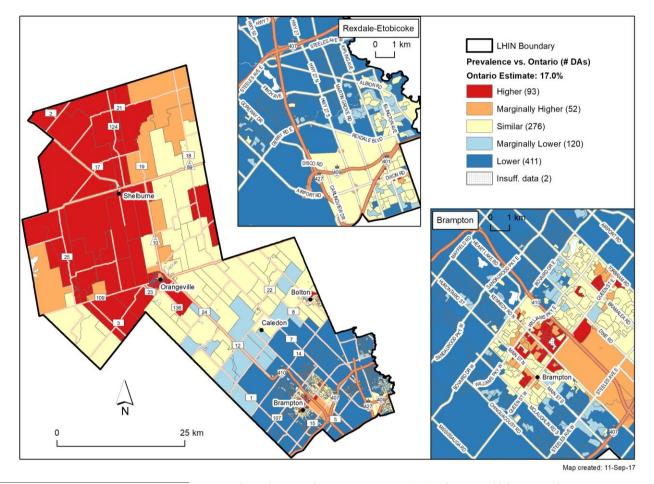
Higher prevalence than Ontario

For adolescent females, no areas with a higher prevalence of current smoking than the Ontario average were identified. For adolescent males (Figure 5.18), there were three higher prevalence areas, located in Rexdale-Etobicoke, south of Rexdale Boulevard, and in Brampton by Heart Lake Road and Sandalwood Parkway.

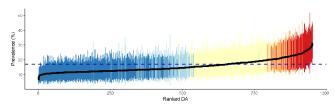
Lower prevalence than Ontario

For adolescent males, areas with a lower prevalence of current smoking (n=213; Figure 5.18) than Ontario were dispersed across the LHIN, with many areas located in parts of Brampton, Rexdale-Etobicoke, near Bolton, Orangeville and along the southern and northern boundaries of the LHIN.

Figure 5.16 Current smoking among females (age 12 and older), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)

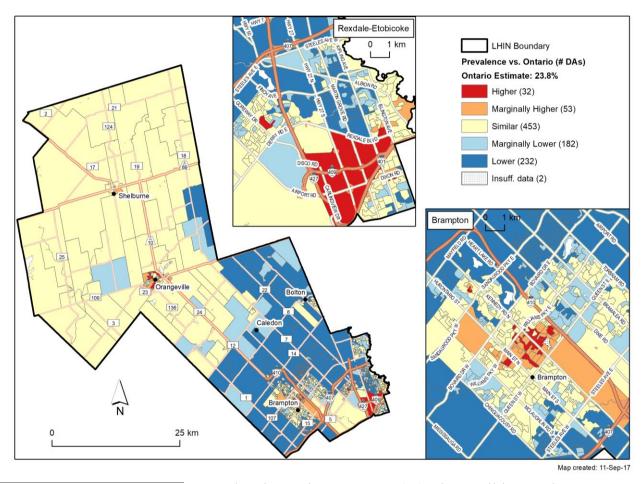


Category	Mean prevalence % (range)
Overall	15.6
Higher	24.4 (20.3, 31.6)
Marginally Higher	21.1 (19.1, 24.5)
Similar	17.4 (14.4, 22.9)
Marginally Lower	14.1 (12.1, 15.3)
Lower	12.2 (6.1, 14.3)

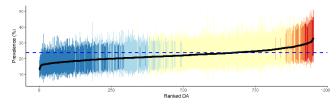


Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

Figure 5.17 Current smoking among males (age 12 and older), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)

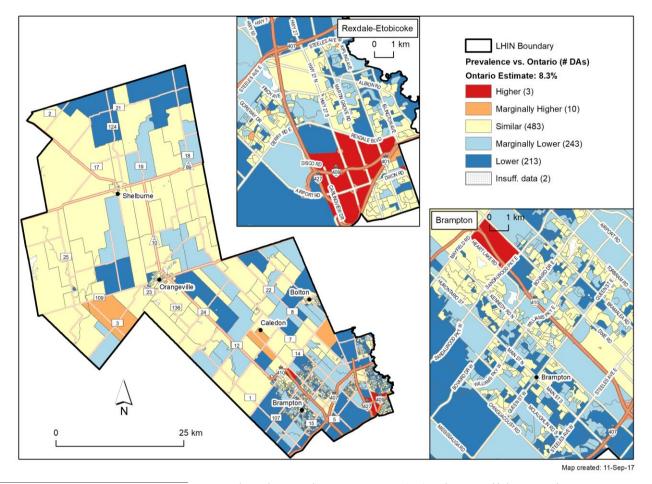


Category	Mean prevalence
	% (range)
Overall	22.3
Higher	30.1 (28.0, 33.3)
Marginally Higher	28.2 (25.9, 31.2)
Similar	23.7 (20.8, 28.4)
Marginally Lower	20.6 (18.5, 22.0)
Lower	18.3 (12.8, 21.0)

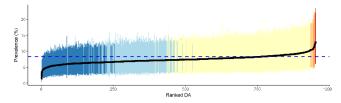


Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

Figure 5.18 Current smoking among adolescent males (ages 12 to 18), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	7.4
Higher	12.6 (12.3, 13.0)
Marginally Higher	11.0 (10.4, 12.0)
Similar	8.2 (7.1, 10.6)
Marginally Lower	6.9 (6.0, 7.4)
Lower	5.9 (1.2, 6.7)



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

Smoking—ever-smoked status

People age 12 and older

Approximately one in two Ontario females and three in five Ontario males reported having ever-smoked.

Higher prevalence than Ontario

For females (n=101; Figure 5.19) and males (n=60; Figure 5.20), areas with a higher prevalence of ever-smoked status than the Ontario average, were located in the northern tip of the LHIN (e.g., north of Caledon). For females, additional areas were located in downtown Brampton.

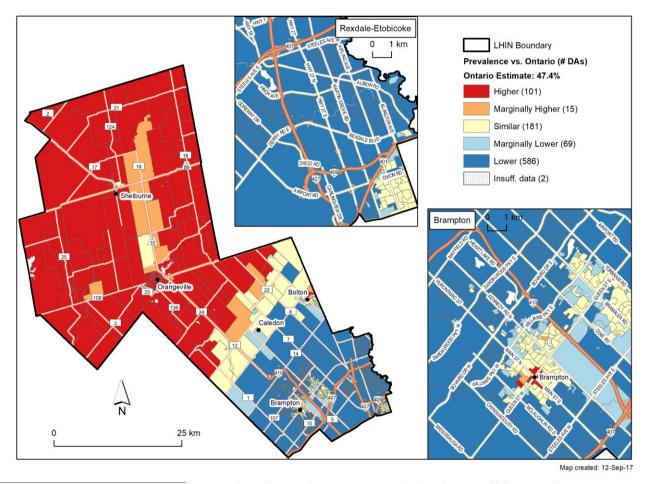
Lower prevalence than Ontario

For females (n=586; Figure 5.19) and males (n=672; Figure 5.20), most areas with a lower prevalence of ever-smoked status than Ontario were located at the southern tip of the LHIN, including most parts of Brampton and Rexdale-Etobicoke, as well as areas north of Brampton. For males, additional areas were located near Bolton.

Adolescents

The area-based prevalence of ever-smoked status was not estimated for adolescent populations.

Figure 5.19 Ever-smoked status among females (age 12 and older), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	40.0
Higher	56.9 (51.5, 64.5)
Marginally Higher	51.6 (49.7, 53.3)
Similar	46.8 (42.4, 51.5)
Marginally Lower	43.1 (39.6, 45.2)
Lower	34.3 (21.7, 43.7)

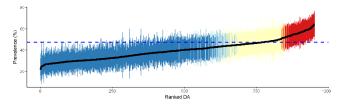
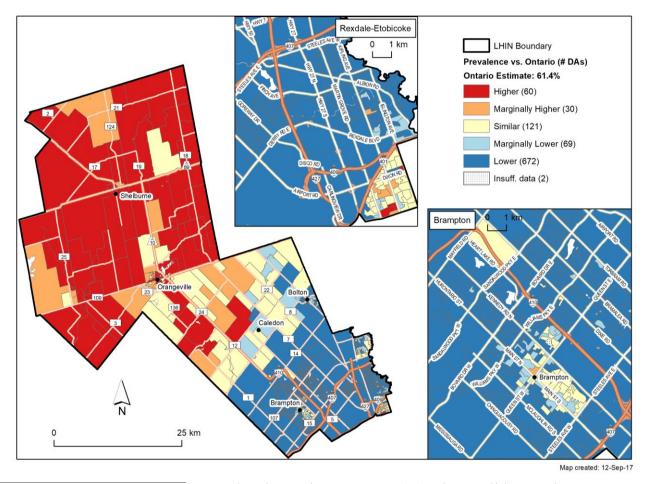
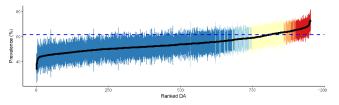


Figure 5.20 Ever-smoked status among males (age 12 and older), 2000–2014, Central West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence
	% (range)
Overall	54.3
Higher	67.0 (64.4, 73.3)
Marginally Higher	64.2 (63.6, 65.3)
Similar	61.2 (57.3, 63.7)
Marginally Lower	57.9 (54.4, 59.1)
Lower	51.1 (33.7, 58.3)



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.