

11. Champlain LHIN

Key Findings

Top three priority risk factor population estimates by sex (see Table 11.1 below):

<u>Females</u>

Alcohol—current consumption Smoking—ever-smoked status Excess body weight

<u>Males</u>

Alcohol—current consumption Smoking—ever-smoked status Inadequate vegetable and fruit consumption

Risk factor summary

Alcohol—current consumption

Priority areas:

- Females: areas throughout the LHIN
- Males: areas in the central (e.g., Ottawa, Carleton Place), eastern (Cornwall, Casselman) and northwestern (e.g., Deep River, Petawawa) parts of the LHIN
- Adolescent females and adolescent males: areas dispersed throughout the LHIN and in all towns and cities

Alcohol—consumption exceeding cancer prevention recommendations

Priority areas:

- Females: areas throughout the central (e.g., Carleton Place) part of the LHIN and in Ottawa
- Males: areas throughout the western (e.g. Deep River to Almonte) and southeastern (e.g., Cornwall) parts of the LHIN and in Ottawa

Excess body weight:

Priority areas:

- Females and males: areas throughout the eastern and western parts of the LHIN
- Adolescent females: areas throughout the eastern and western parts of the LHIN

Inadequate vegetable and fruit consumption

Priority areas:

- Females: areas in the western part of the LHIN and in parts of Cornwall
- Males: areas in the western and southeastern parts of the LHIN

Physical Activity

Priority areas:

- Females: areas in Cornwall and Ottawa
- Males: areas near Renfrew and Hawkesbury and in Cornwall and Ottawa

Sedentary behaviour:

Priority areas:

- Females: Cornwall and Ottawa
- Males: few areas in Cornwall and Ottawa

Smoking—current status:

Priority areas:

- Females: areas in the eastern and western parts of the LHIN, and areas in Cornwall and innortheast Ottawa
- Males: areas in western and eastern parts of the LHIN, and in parts of Cornwall and central Ottawa
- Adolescent females: areas in the western part of the LHIN and around Casselman and in parts of Ottawa
- Adolescent males: areas in the western and eastern parts of the LHIN and in Ottawa

Smoking—ever-smoked status:

Priority areas:

- Females: many parts of the LHIN including areas in Cornwall and Ottawa
- Males: areas in the western and eastern parts of the LHIN, in Cornwall and clustered in Ottawa

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 Champlain LHIN include:

- excess body weight (overweight/obese) among adolescent males;
- inadequate vegetable and fruit consumption among adolescents for females and males;
- physical activity among adolescent males and adolescent females; and,
- sedentary behaviour among adolescents for females and males.

Notes

Risk factor prevalence could not be estimated for several areas in the Champlain LHIN (e.g., suppressed census populations or institutionalized populations), which are shown as "insufficient data" on the maps. These areas include part of the Akwesasne Territory (Akwesasne 59) and the Algonquins of Pikwakanagan First Nations. Additionally, areas with unavailable population data are shown as "insufficient data." 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 11.1 (page 374) presents the estimated priority populations for each risk factor by sex and age group in the Champlain 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 <u>Methods</u> (page 4) and <u>Interpretation</u> (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 11.1 Estimated priority populations among higher prevalence^{**} dissemination areas compared to Ontario by risk factor, sex and age group, Champlain Local Health Integration Network (LHIN), using 2006 census populations

Risk factor	Female priority population*†	% of female population in the LHIN ⁺ (n=509,870)	Male priority population*†	% of male population in the LHIN ⁺ (n=475,800)	Adolescent female priority population**	% of adolescent female population in the LHIN [‡] (n=53,100)	Adolescent males priority population* [‡]	% of adolescent male population in the LHIN [‡] (n=55,240)
Alcohol—current consumption	313,780	62%	166,440	35%	10,680	20%	9,120	17%
Alcohol—consumption exceeding cancer prevention recommendations	12,610	2%	12,590	3%	NM		NM	_
Excess body weight	69,020	14%	73,690	15%	2,720	5%	NE	—
Inadequate vegetable and fruit consumption	29,300	6%	76,970	16%	NE	_	NE	_
Physical activity	5,560	1%	3,050	1%	NP	—	NP	—
Sedentary behaviour	20,070	4%	15,330	3%	NE		NE	
Smoking—current status	33,760	7%	22,650	5%	880	2%	1,180	2%
Smoking—ever-smoked status	191,110	37%	119,660	25%	NM		NM	

NE = no estimates within the "higher" prevalence categories**; NM = not modelled; NP = census population estimates not available

* 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

Across the Champlain LHIN, more areas had a higher prevalence than the Ontario average for females (n=1,446; Figure 11.1) compared to males (n=687; Figure 11.2). Higher prevalence areas for females were located throughout most of the LHIN, in Deep River, Petawawa, Pembroke, Renfrew, Arnprior, Almonte, Carleton Place, Rockland and Casselman. These areas were also common in Cornwall and Ottawa. Among males, areas with a higher prevalence than Ontario were typically located in the eastern (e.g., Ottawa, Cornwall, Rockland and Casselman), central (e.g., Carleton Place, Almonte and Renfrew) and northwestern (e.g., Petawawa and Deep River) parts of the LHIN.

Lower prevalence than Ontario

The few areas that had lower prevalence of current alcohol consumption than Ontario for females (n=11; Figure 11.1) were located in parts of Ottawa, Cornwall and along the western boundary of the LHIN. The lower prevalence areas for males (n=54; Figure 11.2) were located mainly in Ottawa and Cornwall.

Adolescents

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

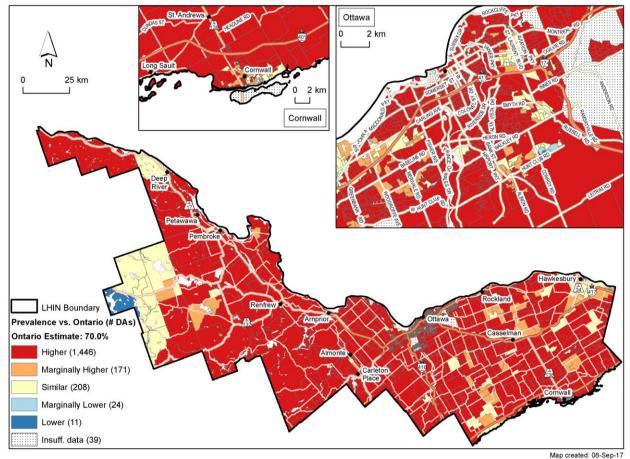
Higher prevalence than Ontario

The number of areas with a higher prevalence of current alcohol consumption than Ontario was higher for adolescent females (n=795; Figure 11.3) compared to adolescent males (n=636; Figure 11.4). For both sexes, higher prevalence areas were located in the central part of the LHIN near Renfrew, the eastern part near Casselman, and in Ottawa and Cornwall. For adolescent females, higher prevalence areas were more common in the southwestern and southeastern parts of the LHIN.

Lower prevalence than Ontario

Areas with a lower prevalence of current alcohol consumption for adolescent females (n=156; Figure 11.3) and adolescent males (n=220; Figure 11.4) were found throughout the LHIN, including many areas in Cornwall and Ottawa. Lower prevalence areas were more common in Cornwall for adolescent males than for adolescent females.

Figure 11.1 Current alcohol consumption among females (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)





Category	Mean prevalence % (range)		
Overall	77.3		
Higher	79.0 (73.3, 88.4)		
Marginally Higher	74.0 (72.3, 76.5)		
Similar	70.6 (66.1, 73.2)		
Marginally Lower	65.6 (63.5, 67.2)		
Lower	61.8 (56.7, 65.1)		

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Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

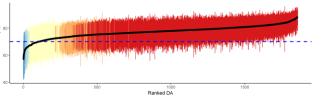
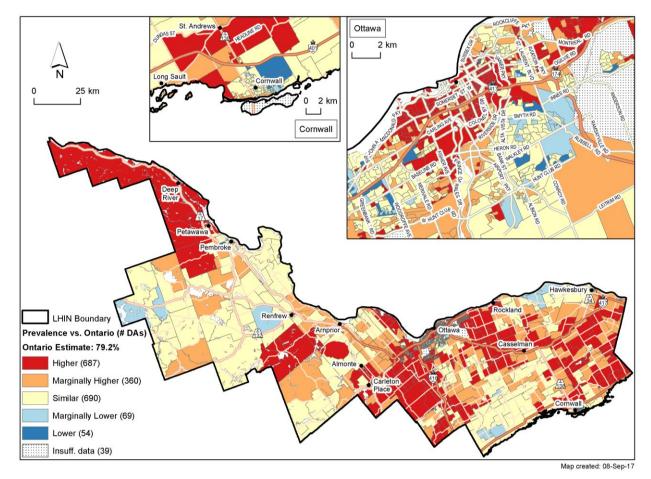


Figure 11.2 Current alcohol consumption among males (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	81.2
Higher	84.1 (81.5, 89.4)
Marginally Higher	81.7 (80.7, 83.7)
Similar	79.2 (75.3, 81.6)
Marginally Lower	75.9 (73.9, 77.4)
Lower	73.1 (64.5, 75.8)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

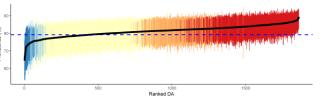
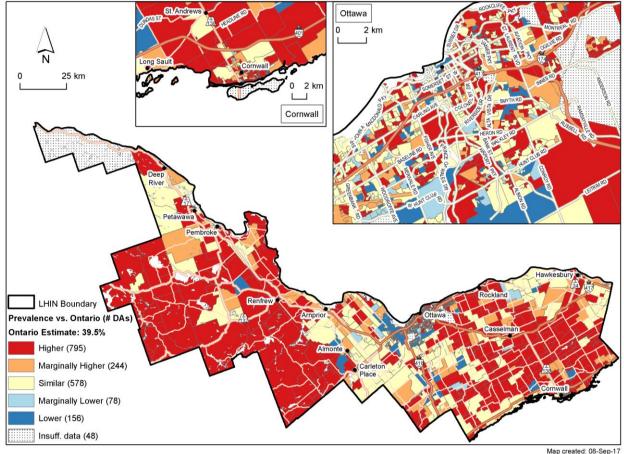
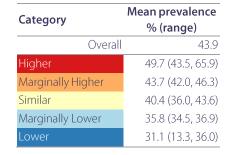


Figure 11.3 Current alcohol consumption among adolescent females (ages 12 to 18), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)





Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

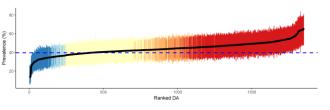
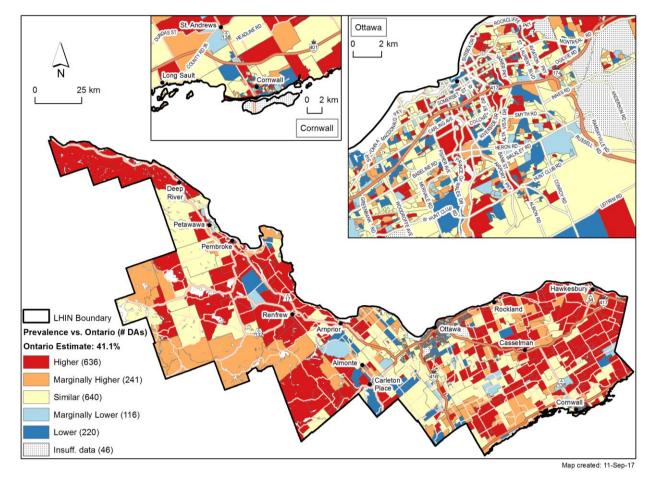
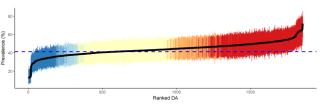


Figure 11.4 Current alcohol consumption among adolescent males (ages 12 to 18), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Mean prevalence % (range)		
44.0		
51.2 (45.1, 72.0)		
45.3 (43.7, 48.4)		
41.6 (38.0, 45.2)		
37.5 (35.8, 38.8)		
31.9 (12.2, 37.5)		

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



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=422; Figure 11.5), areas with a higher prevalence than the Ontario average of alcohol consumption in excess of cancer prevention recommendations occurred mainly in the central part of the LHIN, around Almonte and Carleton Place, and in Ottawa. For males (n=421; Figure 11.6), many higher prevalence areas were located in the western half of the LHIN (e.g., Deep River, Petawawa, Pembroke, Renfrew, Arnprior, Almonte and Carleton Place). Areas of higher prevalence for males were also identified in Ottawa and in and around Cornwall.

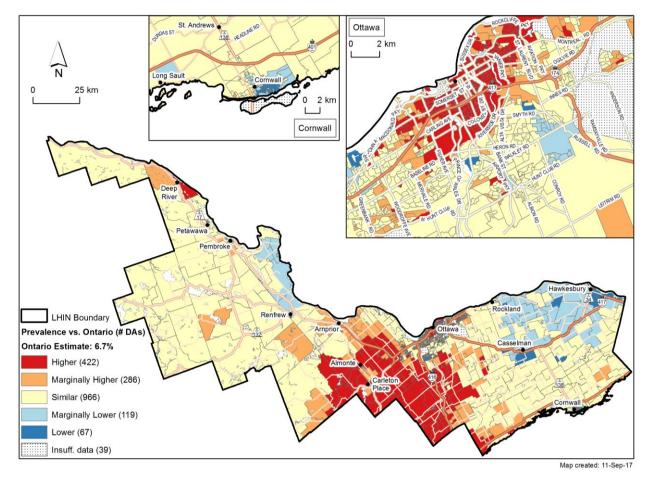
Lower prevalence than Ontario

Few areas had a lower prevalence of alcohol consumption in excess of cancer prevention recommendations than Ontario for females (n=67; Figure 11.5) and males (n=43; Figure 11.6). For both sexes, these areas occurred mainly in and around Ottawa and, for females, in the eastern parts of the LHIN (e.g., around Casselman and Hawkesbury).

Adolescents

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

Figure 11.5 Alcohol consumption exceeding cancer prevention recommendations among females (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



 Mean prevalence % (range)

 Overall
 8.3

 Higher
 11.3 (8.7, 19.5)

 Marginally Higher
 8.8 (8.0, 10.8)

 Similar
 7.4 (6.0, 9.3)

 Marginally Lower
 5.8 (5.3, 6.2)

 Lower
 5.0 (3.5, 5.5)
 Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

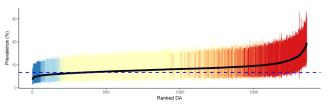
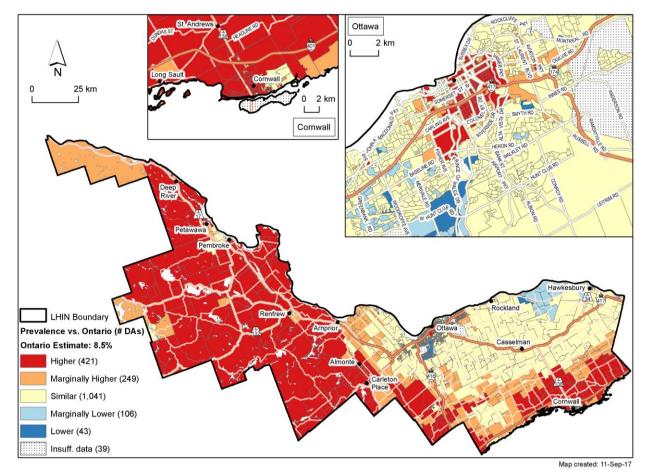
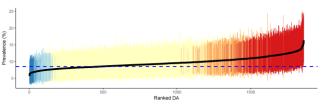


Figure 11.6 Alcohol consumption exceeding cancer prevention recommendations among males (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)		
Overall	9.6		
Higher	11.9 (9.9, 16.3)		
Marginally Higher	10.4 (9.6, 12.2)		
Similar	8.9 (7.5, 10.9)		
Marginally Lower	7.4 (6.9, 7.8)		
Lower	6.8 (5.7, 7.3)		

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



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

Areas with a higher prevalence of excess body weight than the Ontario average for females (n=548; Figure 11.7) were located in the eastern and western parts of the Champlain LHIN (e.g., Petawawa, Pembroke, Renfrew, Arnprior, Almonte, Hawkesbury and Casselman). Higher prevalence areas were also found in parts of Cornwall and Ottawa. For males, there were fewer areas with a higher prevalence of excess body weight than Ontario (n=488; Figure 11.8) compared to females. These areas were also located in the eastern and western parts of the LHIN but were less common in Cornwall and Ottawa compared to females.

Lower prevalence than Ontario

Several areas had prevalence estimates lower than Ontario for females (n=451; Figure 11.7) and males (n=528; Figure 11.8). These areas were located mainly in the central part of the LHIN, particularly in Ottawa.

Adolescents

Among Ontario adolescents, an estimated 15% of females and 25% of males were overweight or obese.

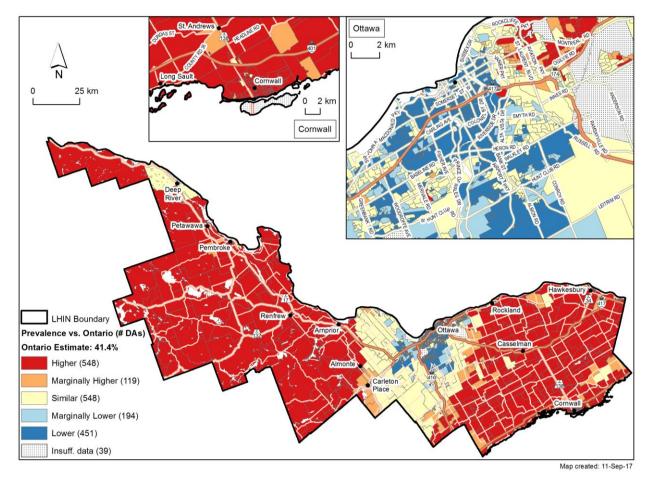
Higher prevalence than Ontario

In the Champlain LHIN, most areas with a higher prevalence of excess body weight (overweight or obese) compared to Ontario for adolescent females (n=442; Figure 11.9) were located towards the eastern and western tips of the LHIN, and in Cornwall. In the Champlain LHIN, no areas with a higher prevalence than Ontario were detected among adolescent males, which is why that map is not shown.

Lower prevalence than Ontario

Across the LHIN, there were no areas with lower prevalence estimates than Ontario for adolescents (Figure 11.9).

Figure 11.7 Excess body weight (overweight/obese) among females (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Mean prevalence
% (range)Overall41.9Higher49.2 (44.9, 58.7)Marginally Higher44.9 (43.6, 47.3)Similar41.2 (37.8, 45.1)Marginally Lower38.0 (36.0, 39.3)Lower34.6 (25.3, 38.2)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

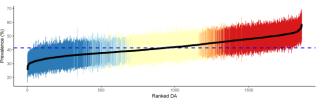
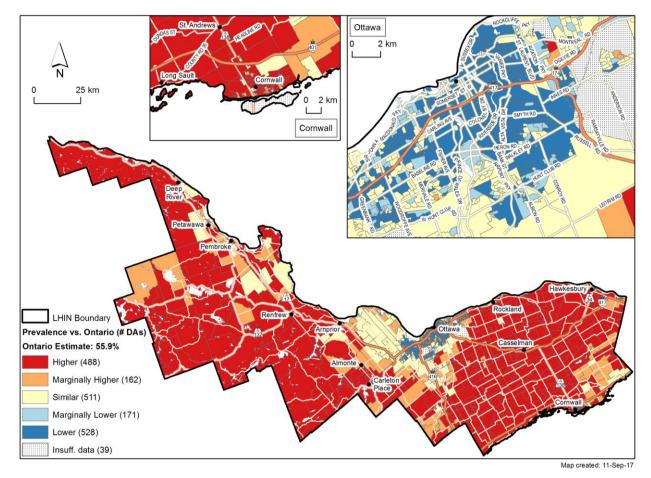


Figure 11.8 Excess body weight (overweight/obese) among males (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	55.3
Higher	61.3 (58.4, 67.2)
Marginally Higher	58.8 (57.6, 61.3)
Similar	55.7 (53.0, 58.8)
Marginally Lower	52.8 (51.2, 54.0)
Lower	49.1 (38.7, 53.7)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

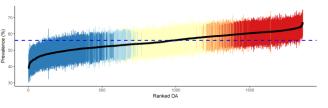
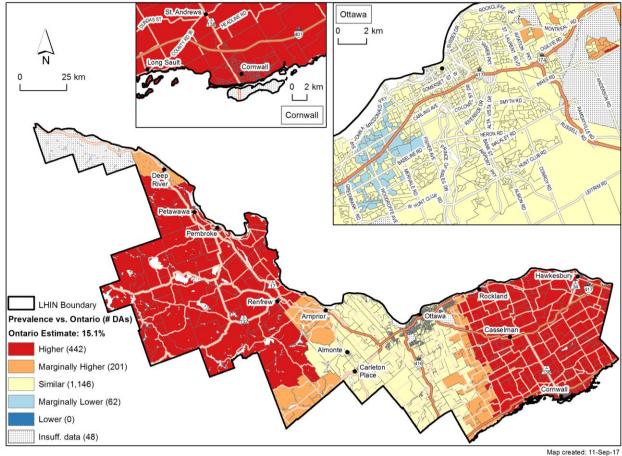


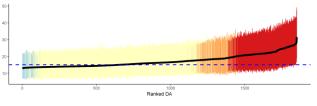
Figure 11.9 Excess body weight (overweight/obese) among adolescent females (ages 12 to 18), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



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Category	Mean prevalence % (range)
Overal	II 17.3
Higher	22.6 (18.7, 31.6)
Marginally Higher	18.6 (17.4, 20.3)
Similar	15.3 (13.4, 19.1)
Marginally Lower	13.4 (13.0, 13.7)
Lower	N/A
N/A = no estimates ir	the category

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



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

Among females, areas with a higher prevalence of inadequate vegetable and fruit consumption than the Ontario average (n=173; Figure 11.10) were mainly located in the western part of the LHIN, in Renfrew and around Petawawa and Pembroke. In the eastern part of the LHIN, these areas occurred in and around Cornwall. Compared to females, more areas had a higher prevalence than Ontario for males (n=405; Figure 11.11). These areas occurred throughout the western and southeastern parts of the LHIN, in almost all areas in and around Cornwall.

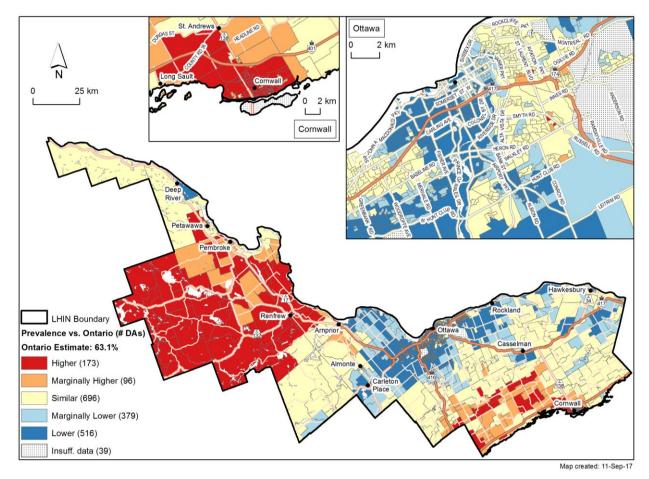
Lower prevalence than Ontario

For females (Figure 11.10), 516 areas had a lower prevalence of inadequate vegetable and fruit consumption than Ontario. These areas were located mainly in the central (e.g., Ottawa) and eastern (e.g., Rockland) parts of the LHIN, especially in Ottawa. Prevalence of adequate consumption (i.e., lower prevalence) was less common for males (n=202; Figure 11.11) than females. For males, most lower prevalence areas were located in Ottawa.

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. In the Champlain LHIN, there were no areas with a higher prevalence than the Ontario average for adolescent females or adolescent males. Therefore those maps are not shown.

Figure 11.10 Inadequate vegetable and fruit consumption among females (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overal	61.0
Higher	68.7 (66.2, 74.1)
Marginally Higher	66.2 (65.2, 67.7)
Similar	62.4 (59.0, 66.0)
Marginally Lower	59.3 (55.3, 60.9)
Lower	56.9 (50.7, 59.9)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

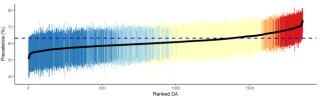
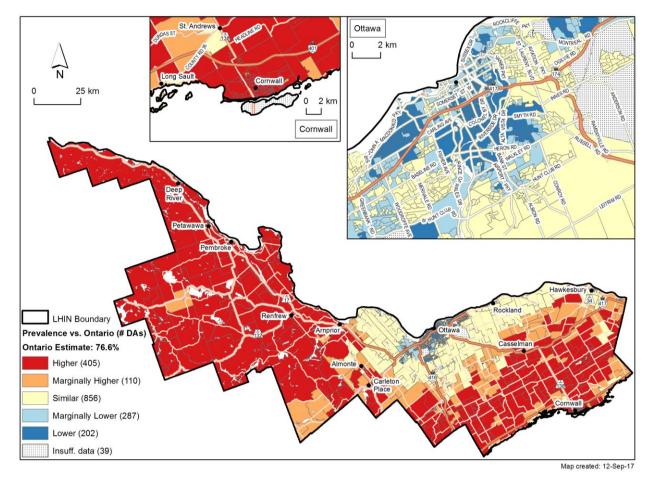
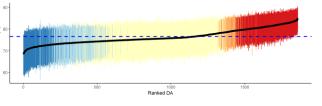


Figure 11.11 Inadequate vegetable and fruit consumption among males (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	76.4
Higher	81.4 (79.1, 85.0)
Marginally Higher	78.9 (78.0, 80.5)
Similar	75.8 (73.3, 78.6)
Marginally Lower	73.7 (71.8, 75.0)
Lower	71.9 (68.4, 73.6)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



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

Across the LHIN, most areas with a lower prevalence of physical activity than the Ontario average for females (n=91; Figure 11.12) were located in Cornwall and Ottawa. For males (n=43; Figure 11.13), lower prevalence areas were located in parts of Ottawa and Cornwall and near Renfrew and Hawkesbury.

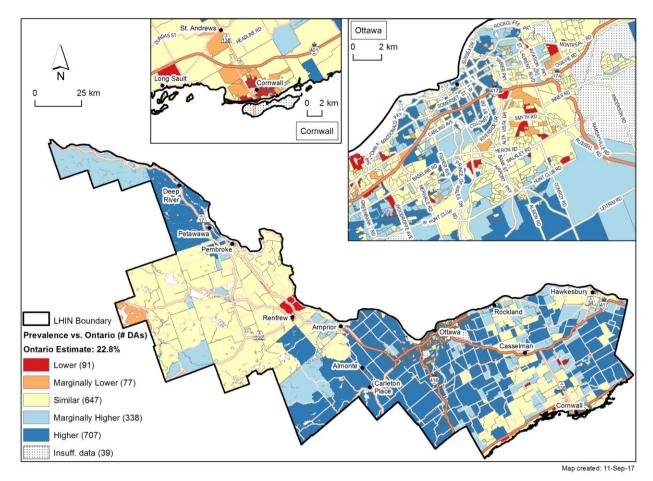
Higher prevalence than Ontario

Overall, areas with a higher prevalence of physical activity than Ontario for females (n=707; Figure 11.12) were located in the central (e.g., Almonte,Carleton Place and Ottawa) and eastern (e.g., south of Hawkesbuy) parts of the LHIN. There were also areas around Deep River and Petawawa. For males (n=782; Figure 11.13), higher prevalence areas were also located in the northwestern (e.g., Deep River and Petawawa) and central (e.g., Almonte, Carleton Place and Ottawa) parts of the LHIN.

Adolescents

Adolescents were more physically active than adults, with approximately 40% of adolescent females and 57% of adolescent males being active. There were no areas with a lower prevalence than Ontario detected for adolescents in the Champlain LHIN, which is why those maps are not shown.

Figure 11.12 Physical activity among females (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)





Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

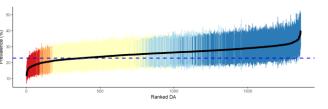
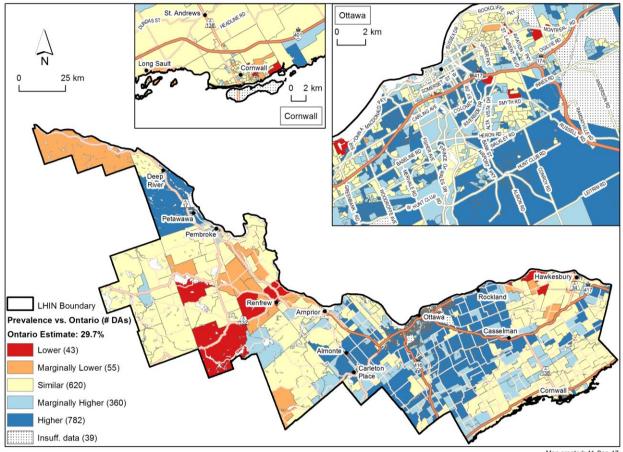


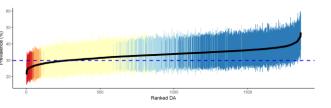
Figure 11.13 Physical activity among males (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



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Category	Mean prevalence % (range)		
Overal			
Lower	25.2 (21.3, 26.5)		
Marginally Lower	27.0 (25.5, 27.9)		
Similar	30.6 (27.4, 33.7)		
Marginally Higher	33.4 (32.0, 35.9)		
Higher	36.4 (33.0, 46.9)		

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



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, 137 areas with a higher prevalence of sedentary behaviour than the Ontario average were identified (Figure 11.14). These areas were located in the northwestern (e.g., around Petawawa and Pembroke) and southeastern (e.g., around Cornwall) parts of the LHIN. For males, areas with a higher prevalence than Ontario were located in parts of Cornwall and Ottawa (n=102; Figure 11.15).

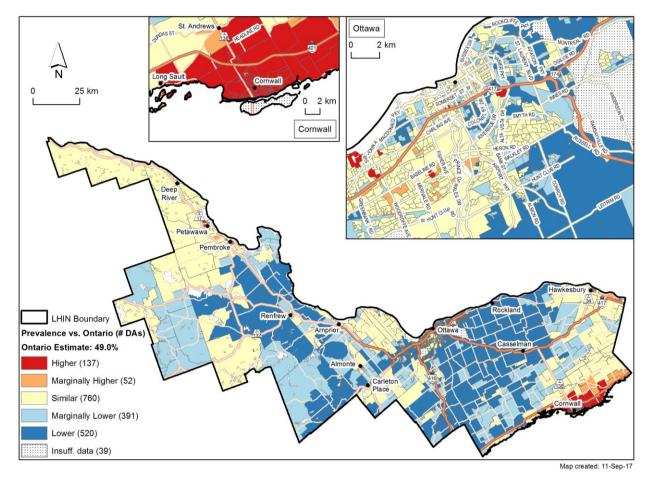
Lower prevalence than Ontario

Overall, more areas with a lower prevalence of sedentary behaviour than the Ontario average were identified for females (n=520; Figure 11.14) compared to males (n=187; Figure 11.15). These lower prevalence areas occurred mainly in the central (e.g., Renfrew, Rockland and Casselman) parts of the LHIN for females. For males, lower prevalence areas were located in the western and eastern parts of the LHIN, near Pembroke, Renfrew, Arnprior, Almonte, Rockland, Casselman and Hawkesbury.

Adolescents

More than half of the Ontario adolescent population reported sedentary behaviour during leisure time, at approximately 55% for females and 60% for males. In the Champlain LHIN, there were no areas with a higher prevalence than Ontario for adolescents, which is why those maps are not shown.

Figure 11.14 Sedentary behaviour among females (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	47.2
Higher	58.9 (52.6, 69.2)
Marginally Higher	52.4 (51.4, 54.5)
Similar	48.2 (45.4, 52.2)
Marginally Lower	45.5 (42.7, 47.0)
Lower	43.2 (37.4, 46.1)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

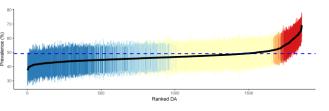
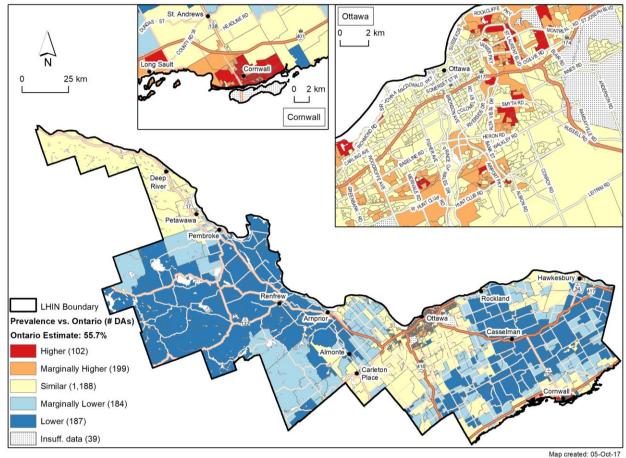


Figure 11.15 Sedentary behaviour among males (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



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Category	Mean prevalence % (range)		
Overall	55.5		
Higher	61.8 (59.6, 66.3)		
Marginally Higher	59.4 (58.1, 61.0)		
Similar	55.9 (50.7, 59.2)		
Marginally Lower	51.8 (48.7, 53.2)		
Lower	49.1 (42.5, 51.5)		

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

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=527; Figure 11.16), areas with a higher prevalence of current smoking than the Ontario average were located throughout the LHIN, around Petawawa, Pembroke, Renfrew, Arnprior, Carleton Place, Casselman and Hawkesbury. Higher prevalence areas were also detected in Cornwall and in northeastern Ottawa. For males (n=284; Figure 11.17), higher prevalence areas were more common in the western (e.g., Petawawa and Pembroke) and eastern (e.g., Casselman and Hawkesbury) parts of the LHIN. Higher prevalence areas for males were also located, in Cornwall, and in parts of Ottawa.

Lower prevalence than Ontario

Areas with a lower prevalence of current smoking than the Ontario average for females (n=389; Figure 11.16) tended to be located towards the central part of the LHIN, in and around Ottawa. For males, lower prevalence areas (n=644; Figure 11.17) were more common than for females, and were also located in and around Ottawa.

Adolescents

Approximately 8% of adolescent females and adolescent males reported smoking tobacco.

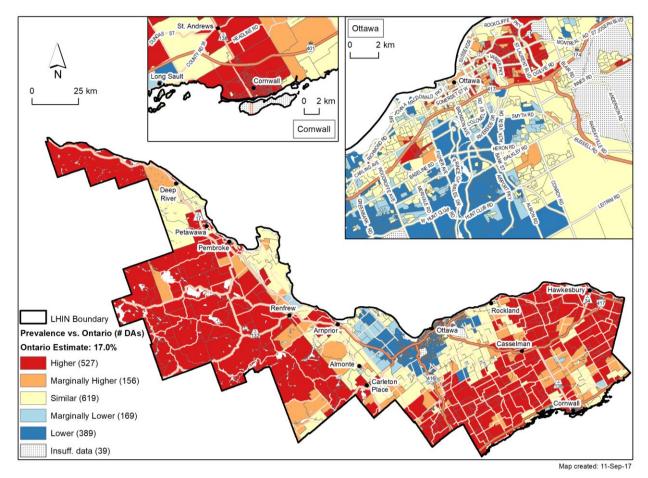
Higher prevalence than Ontario

For adolescent females (n=244; Figure 11.18), areas with a higher prevalence of current smoking than Ontario were located in the western (i.e., west of Carleton Place), and in eastern parts of the LHIN, near Casselman and Hawkesbury, and in Ottawa. For adolescent males (n=327; Figure 11.19), higher prevalence areas occurred in the western parts of the LHIN near Deep River, Petawawa, Renfrew and Almonte and in many of the eastern parts of the LHIN around Hawkesbury, Casselman and Cornwall. Several areas of Ottawa had a higher prevalence for female and male adolescents, but the patterns were dissimilar.

Lower prevalence than Ontario

Most areas with a lower prevalence of current smoking than the Ontario average for adolescent females (n=67; Figure 11.18) were mostly located in Ottawa. Lower prevalence areas for adolescent males (n=119; Figure 11.19) were located in the central part of Champlain LHIN, including Ottawa.

Figure 11.16 Current smoking among females (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



CategoryMean prevalence
% (range)Overall18.6Higher25.8 (20.8, 44.4)Marginally Higher20.9 (19.0, 23.0)Similar17.4 (14.6, 21.3)Marginally Lower14.4 (12.3, 15.5)Lower11.4 (6.2, 14.4)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

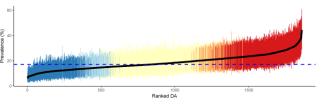
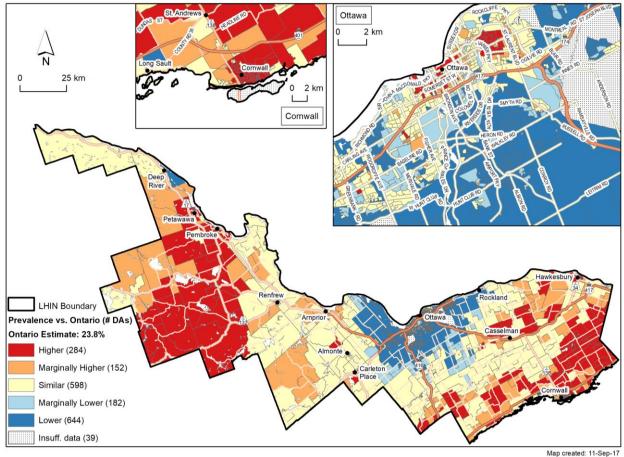


Figure 11.17 Current smoking among males (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence
	% (range)
Overall	23.2
Higher	33.2 (27.9, 52.3)
Marginally Higher	28.1 (26.2, 31.0)
Similar	24.2 (20.8, 28.8)
Marginally Lower	20.4 (18.4, 22.0)
Lower	17.4 (10.3, 20.5)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

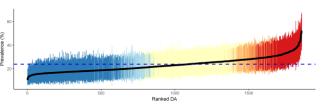
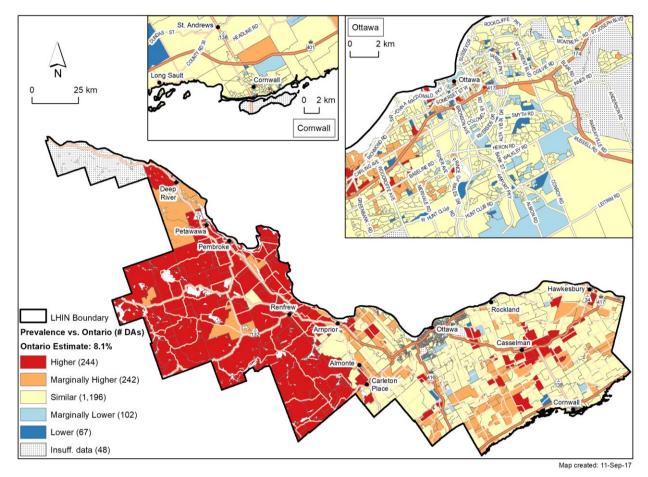


Figure 11.18 Current smoking among adolescent females (ages 12 to 18), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overal	9.6
Higher	14.0 (11.2, 23.4)
Marginally Higher	11.2 (9.8, 13.2)
Similar	8.8 (7.0, 11.5)
Marginally Lower	6.7 (6.0, 7.2)
Lower	5.2 (1.8, 6.4)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

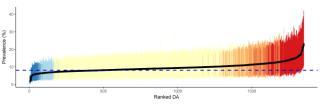
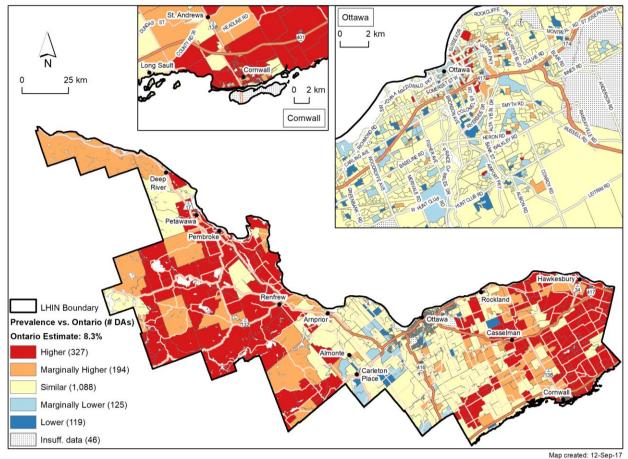


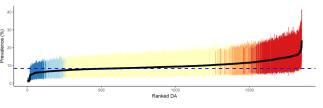
Figure 11.19 Current smoking among adolescent males (ages 12 to 18), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)





Category	Mean prevalence % (range)
Overal	I 9.6
Higher	13.9 (11.3, 24.0)
Marginally Higher	11.1 (10.1, 13.0)
Similar	8.9 (7.1, 11.2)
Marginally Lower	6.9 (6.3, 7.4)
Lower	5.2 (1.2,6.7)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



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

Across the LHIN, most areas had a higher prevalence of ever-smoked status than the Ontario average, for females (n=1,245; Figure 11.20) and males (n=722; Figure 11.21). The location of these areas was generally similar for females and males, except in the central (e.g., surrounding Ottawa) part of the LHIN.In Ottawa, areas with a higher prevalence of ever-smokers than Ontario were more common for females than males.

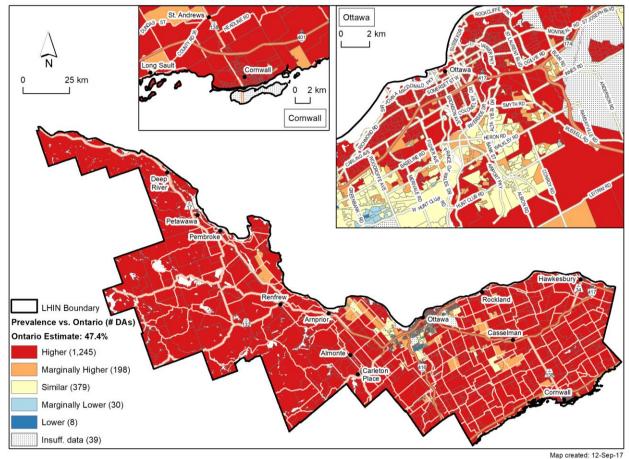
Lower prevalence than Ontario

For females (n=8; Figure 11.20) and males (n=158; Figure 11.21), areas with a lower prevalence of ever-smoking status than Ontario tended to occur in the central part of the LHIN, and for males, particularly in parts of Ottawa.

Adolescents

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

Figure 11.20 Ever-smoked status among females (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)





Category	Mean prevalence
	% (range)
Overall	55.0
Higher	58.0 (50.8, 68.8)
Marginally Higher	51.8 (49.3, 54.2)
Similar	48.0 (43.0, 52.2)
Marginally Lower	43.1 (41.1, 44.2)
Lower	40.5 (38.0, 42.2)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

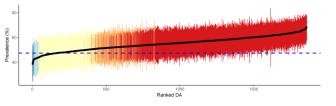
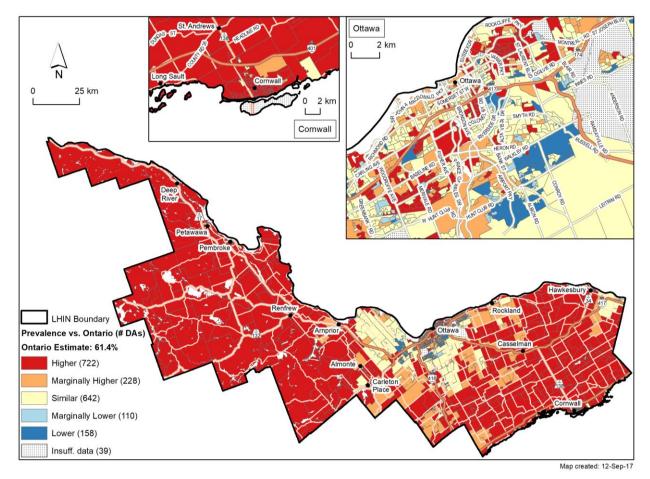


Figure 11.21 Ever-smoked status among males (age 12 and older), 2000–2014, Champlain Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	63.9
Higher	68.6 (64.2, 81.4)
Marginally Higher	64.4 (63.2, 66.2)
Similar	61.5 (57.3, 64.5)
Marginally Lower	57.9 (55.3, 59.2)
Lower	55.2 (45.9, 58.3)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals

