LHIN 10

South East

10. South East LHIN

Key Findings

Top three priority risk factor population estimates by sex (see Table 10.1 below):

Females

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

Males

Smoking—ever-smoked status
Excess body weight
Inadequate vegetable and fruit consumption

Risk factor summary

Alcohol—current consumption

Priority areas:

- Females: southwestern (e.g., Belleville, Picton) and eastern (e.g., Perth, Smith Falls, Prescott) parts of the LHIN
- Males: areas around Brighton Kingston, Gananoque and Perth
- Adolescent females: northwestern (e.g. Bancroft), southwestern (e.g., Picton, Belleville), central (e.g., Kingston) and eastern (e.g., Perth, Merrickville and Prescott) parts of the LHIN
- Adolescent males: northwestern (e.g., Bancroft), southwestern (e.g., Picton, Belleville), central (Kingston and surrounding areas) and eastern (e.g., Westport, Brockville and Prescott) parts of the LHIN

Alcohol—consumption exceeding cancer prevention recommendations

Priority areas:

- Females: southwestern and eastern parts of the LHIN, with some areas north of Belleville
- Males: areas throughout the LHIN

Excess body weight

Priority areas:

- Females: many areas across the LHIN except around Kingston and Gananoque
- Males: similar pattern to females with additional areas in the eastern part of the LHIN
- Adolescent females: most areas in the western (e.g., west of Napanee), southwestern (e.g. Picton) and central (e.g., north of Kingston and Napanee) parts of the LHIN

Inadequate vegetable and fruit consumption

Priority areas:

- Females: northwestern (e.g. surrounding Bancroft) and northeastern (e.g. surrounding Brockville and Prescott) parts of the LHIN
- Males: areas across northwestern, central and eastern parts of the LHIN

Physical activity

Priority areas:

- Females: very few areas located near Bancroft, Belleville, Deseronto and in Kingston
- Males: very few areas dispersed north of Deseronto, near Picton, south of Napanee and east of Gananoque

Sedentary behaviour

Priority areas:

- Females: areas in the southwestern tip of the LHIN (e.g., near Belleville and Picton), around Westport and in Kingston
- Males: very few areas scattered across the LHIN

Smoking—current status

Priority areas:

- Females: areas in the western (e.g., Belleville), southern (e.g., Picton), central northern (e.g., north of Napanee) and eastern (e.g., Smiths Falls) parts of the LHIN
- Males: western (e.g. Trenton) and eastern (e.g., Brockville) parts of the LHIN, areas north of Napanee and around Bancroft
- Adolescent females: many parts of the LHIN
- Adolescent males: some parts of the LHIN around Bancroft and Brockville

Smoking—ever-smoked status

Priority areas:

- Females: most parts of the LHIN
- Males: similar pattern to females, but fewer areas near Picton and north of Kingston

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 Data and Methods section, page 3).

Exclusions

As discussed in the Interpretation 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 South East LHIN include:

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

Notes

Risk factor prevalence could not be estimated for several areas in the South East LHIN (e.g., suppressed census populations or institutionalized populations), which are shown as "insufficient data" on the maps. These areas include the Tyendinaga Mohawk Territory. Additionally, areas with unavailable population data are shown as "insufficient data." See Appendix C 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 10.1 (page 340) presents the estimated priority populations for each risk factor by sex and age group in the South East 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 ≥ 80%). An exception is physical activity, which had strong statistical evidence of lower prevalence estimates than Ontario (posterior probabilities ≤ 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 10.1 Estimated priority populations among higher prevalence** dissemination areas compared to Ontario by risk factor, sex and age group, South East Local Health Integration Network (LHIN), using 2006 census populations

Risk factor	Female priority population*†	% of female population in the LHIN† (n= 210,560)	Male priority population*†	% of male population in the LHIN† (n= 196,620)	Adolescent female priority population*‡	% of adolescent female population in the LHIN‡ (n= 21,070)	Adolescent male priority population*‡	% of adolescent male population in the LHIN‡ (n= 22,380)
Alcohol—current consumption	83,410	40%	33,620	17%	3,010	14%	5,590	25%
Alcohol—consumption exceeding cancer prevention recommendations	7,180	3%	16,370	8%	NM	—	NM	—
Excess body weight	67,610	32%	67,830	35%	2,220	11%	NE	—
Inadequate vegetable and fruit consumption	16,220	8%	58,610	30%	NE	—	NE	—
Physical activity**	860	0%	730	0%	NP	—	NP	—
Sedentary behaviour	25,690	12%	21,680	11%	NE	—	NE	—
Smoking—current status	28,840	14%	20,540	10%	520	2%	1,370	6%
Smoking—ever-smoked status	114,440	54%	99,190	50%	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 South East LHIN, areas with a higher prevalence of current alcohol consumption than the Ontario average were more common among females (n=415; Figure 10.1) compared to males (n=159; Figure 10.2). For both sexes, higher prevalence areas occurred in the southwestern (e.g., around Brighton), south-central (e.g., Napanee) and eastern (e.g., Kingston, Gananoque, Smith Falls and Prescott) parts of the LHIN. Among females, additional areas of higher prevalence occurred in the northern (e.g., west and east of Bancroft) and eastern (e.g., Smiths Falls, Prescott) parts of the LHIN.

Lower prevalence than Ontario

There were fewer areas that had a lower prevalence of current alcohol consumption than the Ontario average for females (n=17; Figure 10.1) compared to males (n=65; Figure 10.2). For both sexes, areas of lower prevalence generally occurred in the western part of the LHIN. Among males, most of these areas were located around Belleville. Lower prevalence areas for females occurred near Bancroft, north of Belleville and near Kingston.

Adolescents

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

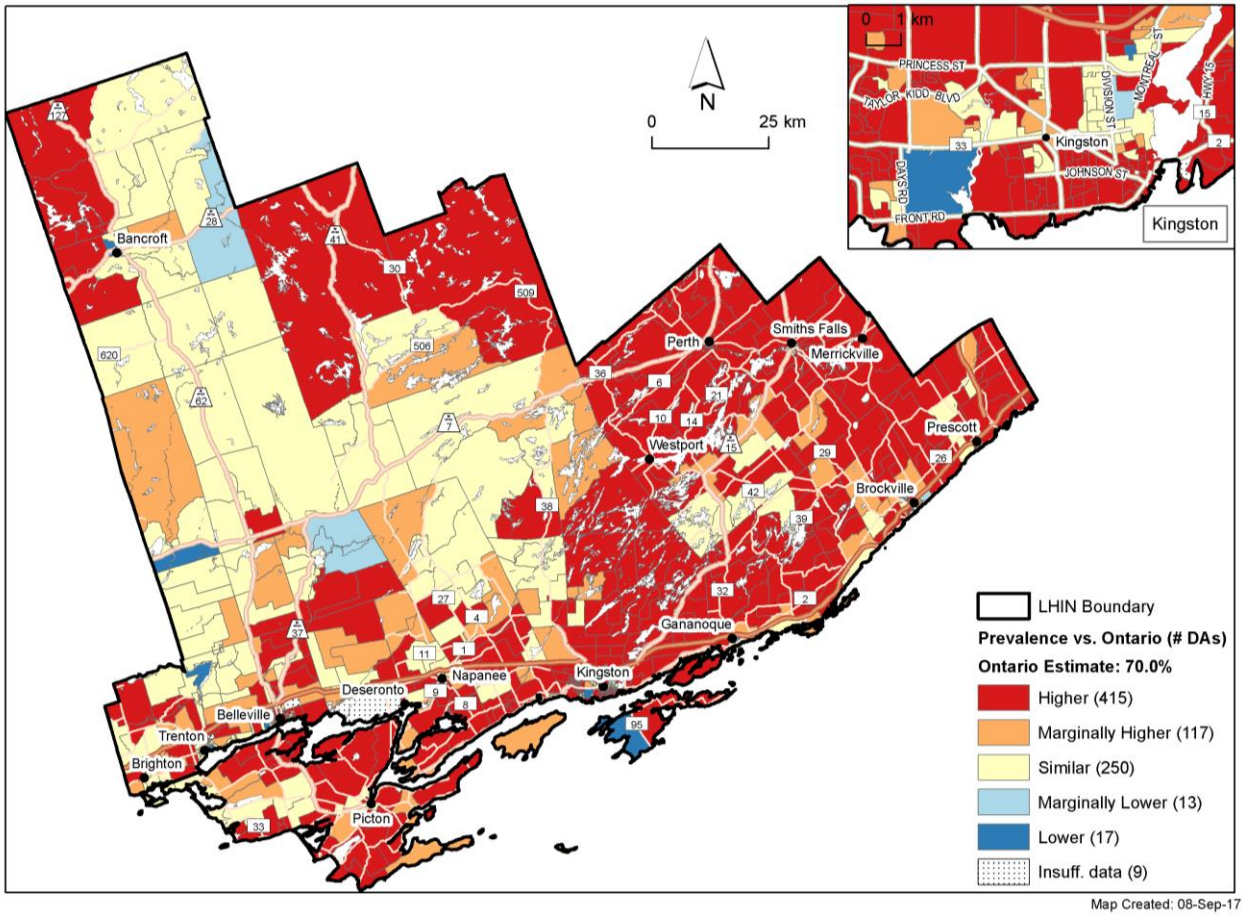
Higher prevalence than Ontario

Areas with a higher prevalence of current alcohol consumption than Ontario were less common among adolescent females (n=250; Figure 10.3) compared to adolescent males (n=413; Figure 10.4). For both sexes, areas of higher prevalence occurred in the northwest (e.g., Bancroft), southwest (e.g., Picton, Belleville), central (Kingston and surrounding areas) and the eastern parts of the LHIN (e.g., Brockville, Smiths Falls, Westport). But, the patterns differed between adolescent females and adolescent males. For example, for adolescent males, higher prevalence areas were located in the northern-most parts of the LHIN (i.e., north of Napanee).

Lower prevalence than Ontario

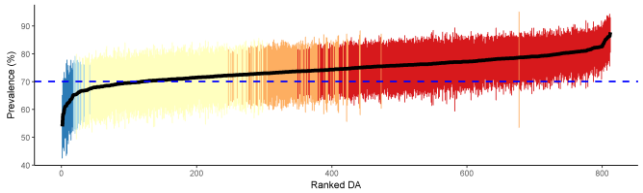
Areas with a lower prevalence of current alcohol consumption than the Ontario average were more common among adolescent females (n=78; Figure 10.3) compared to adolescent males (n=41; Figure 10.4). For adolescent females and adolescent males, areas of lower prevalence were dispersed across the LHIN.

Figure 10.1 Current alcohol consumption among females (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



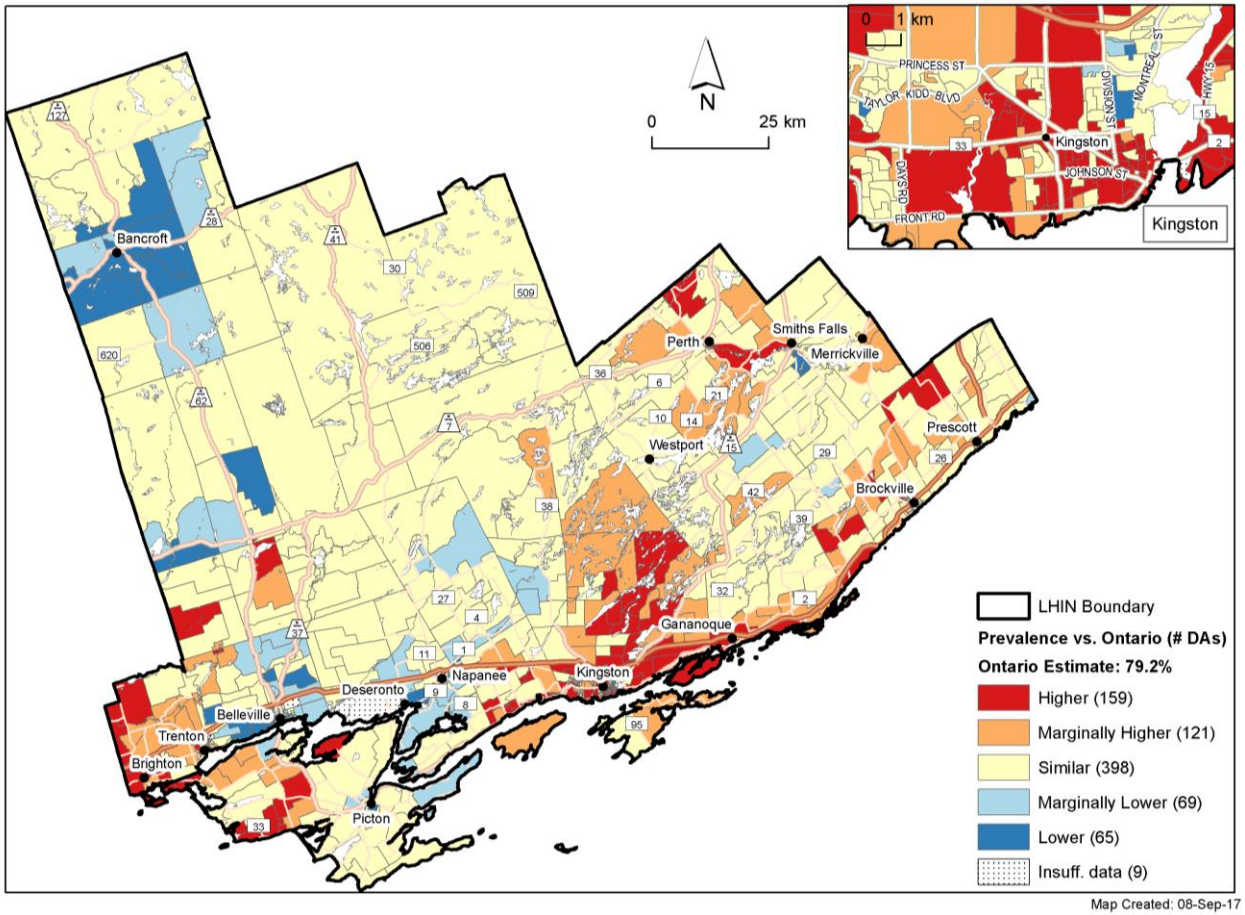
Category	Mean prevalence % (range)
Overall	74.4
Higher	77.8 (73.7, 87.8)
Marginally Higher	73.6 (72.3, 78.7)
Similar	70.5 (65.5, 73.1)
Marginally Lower	66.1 (65.2, 67.5)
Lower	61.6 (53.9, 65.1)

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



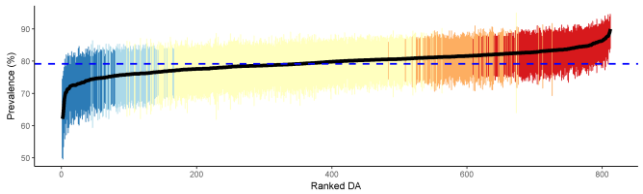
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 10.2 Current alcohol consumption among males (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



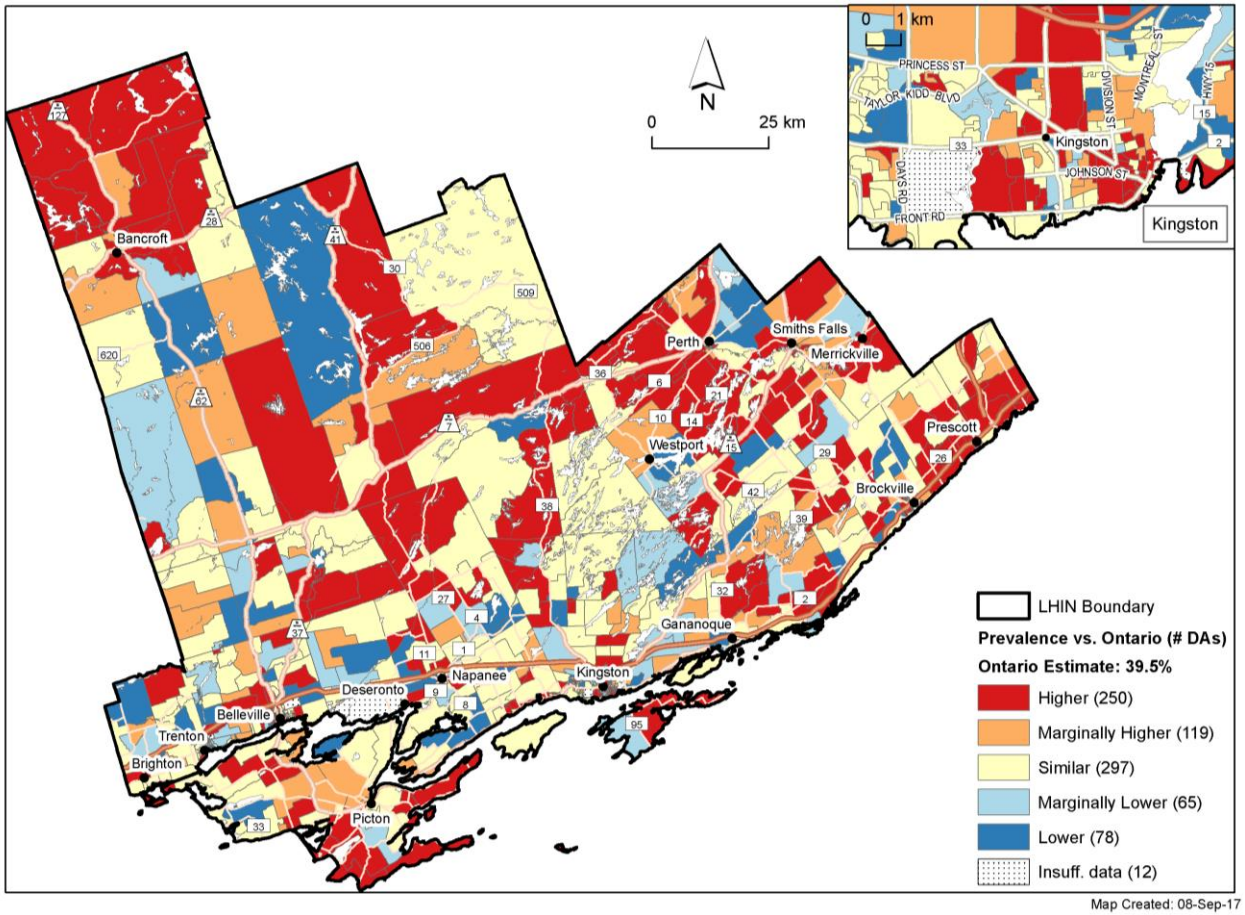
Category	Mean prevalence % (range)
Overall	79.6
Higher	83.9 (81.7, 90.0)
Marginally Higher	81.6 (80.6, 83.4)
Similar	79.0 (75.9, 82.5)
Marginally Lower	75.9 (74.4, 77.1)
Lower	73.0 (62.1, 75.5)

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



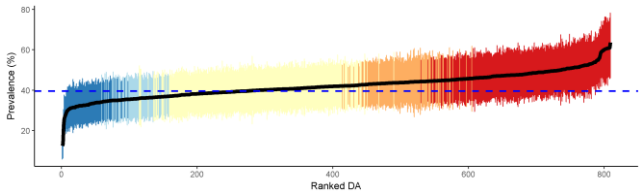
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 10.3 Current alcohol consumption among adolescent females (ages 12 to 18), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



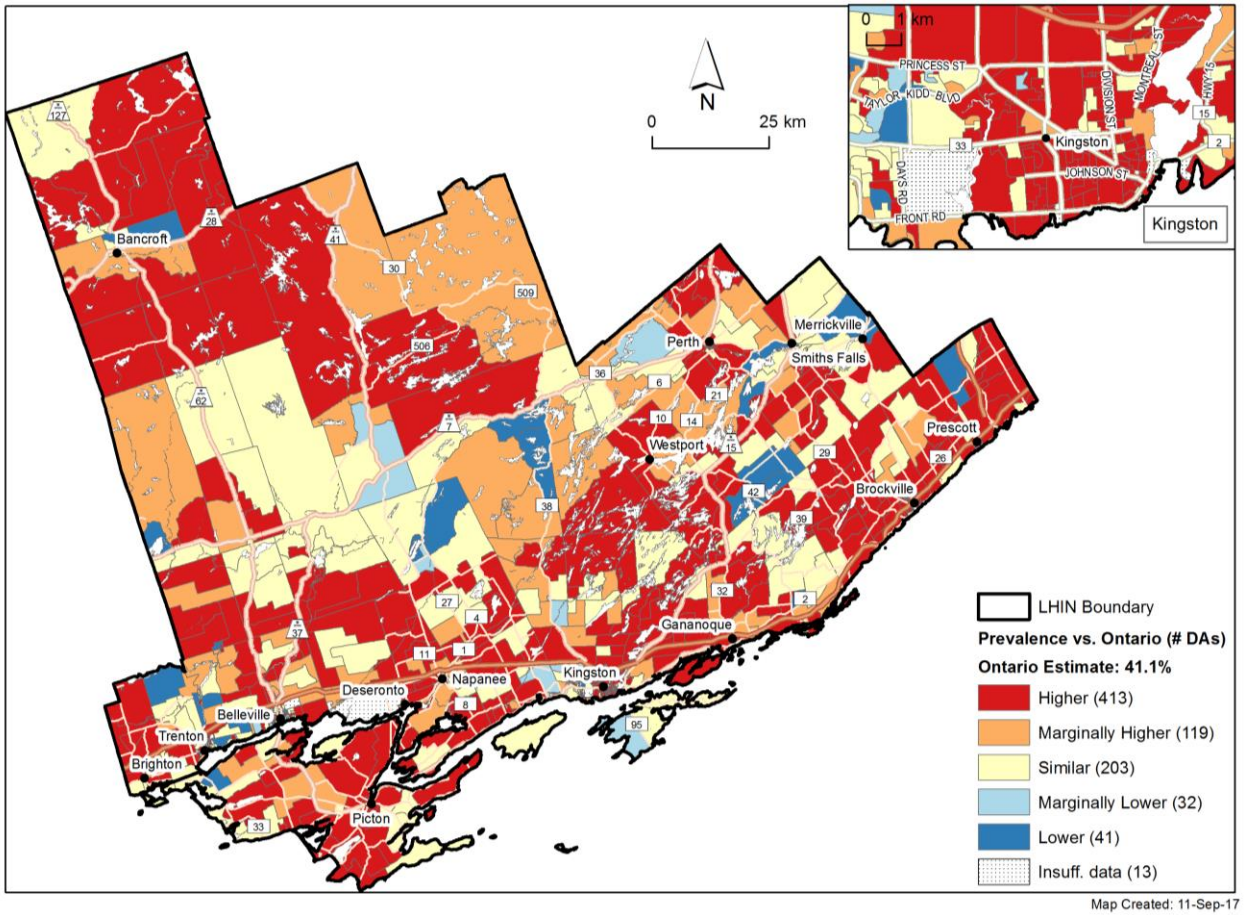
Category	Mean prevalence % (range)
Overall	42.2
Higher	49.1 (44.3, 63.6)
Marginally Higher	43.8 (42.1, 45.8)
Similar	39.9 (36.0, 43.7)
Marginally Lower	35.8 (34.1, 37.0)
Lower	32.2 (12.5, 35.5)

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



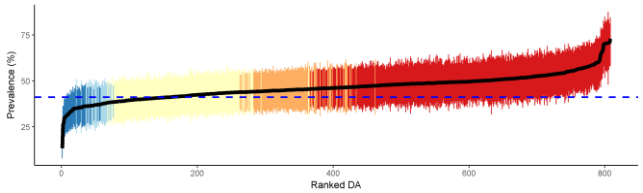
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 10.4 Current alcohol consumption among adolescent males (ages 12 to 18), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	46.4
Higher	51.2 (45.6, 73.0)
Marginally Higher	45.1 (43.9, 47.4)
Similar	41.6 (38.1, 45.5)
Marginally Lower	37.2 (35.1, 38.5)
Lower	33.6 (13.3, 37.2)

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



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.

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, areas with a higher prevalence than the Ontario average of alcohol consumption in excess of the recommended limits for cancer prevention (n=268; Figure 10.5) occurred mainly in the southwestern (e.g., Picton) and eastern (e.g., Perth, Merrickville and Prescott) parts of the LHIN. Higher prevalence areas were much more common for males (n=562; Figure 10.6) than females and occurred in most parts of the LHIN.

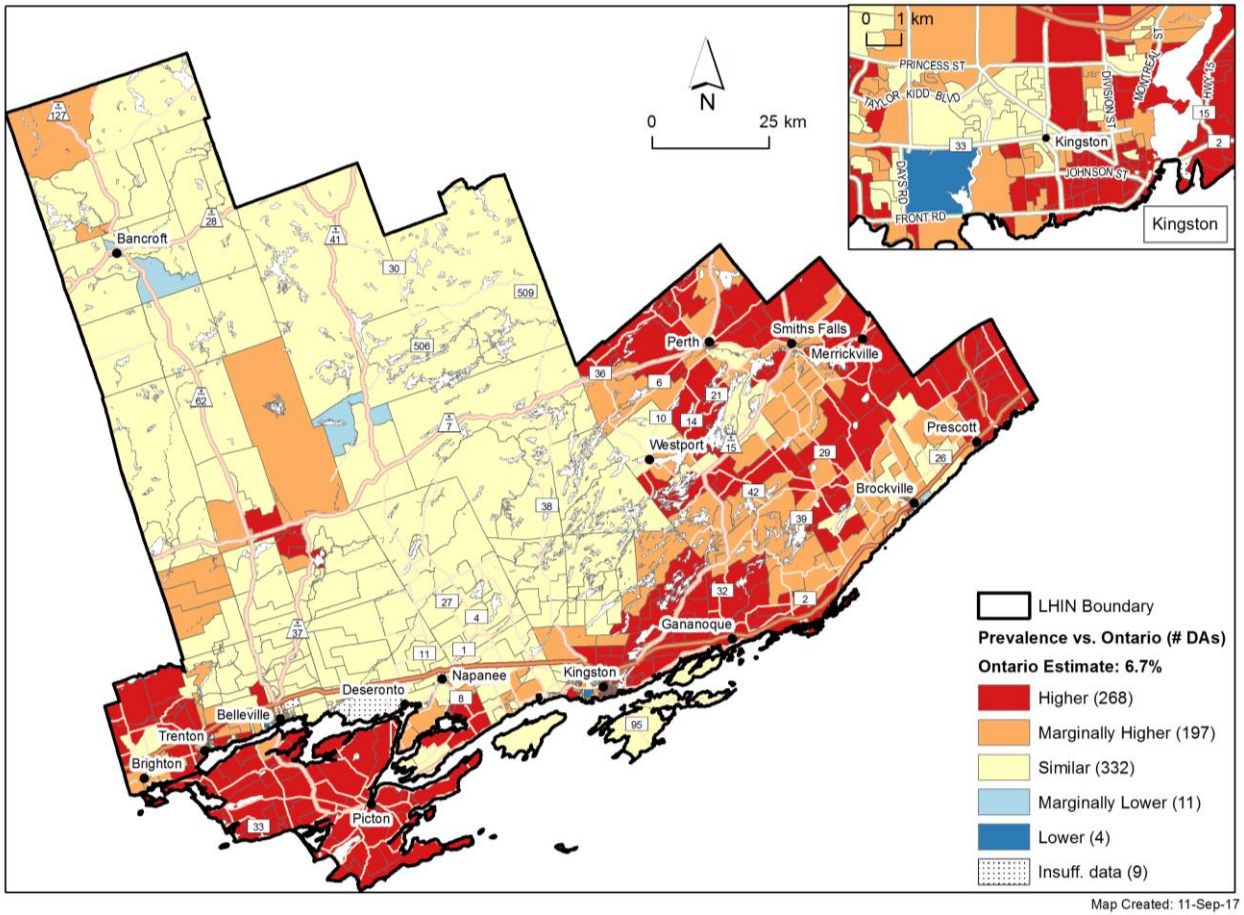
Lower prevalence than Ontario

For females (n=4; Figure 10.5) and males (n=1; Figure 10.6), areas with a lower prevalence than Ontario of alcohol consumption in excess of the recommended limits for cancer prevention were uncommon in the South East LHIN.

Adolescents

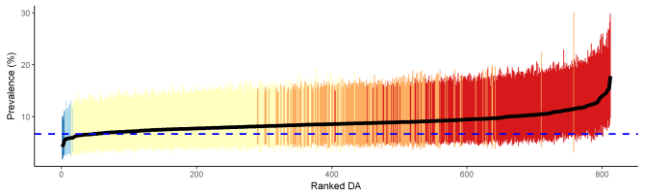
The area-based prevalence of exceeding cancer prevention recommendations was not estimated for adolescent populations.

Figure 10.5 Alcohol consumption exceeding cancer prevention recommendations among females (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



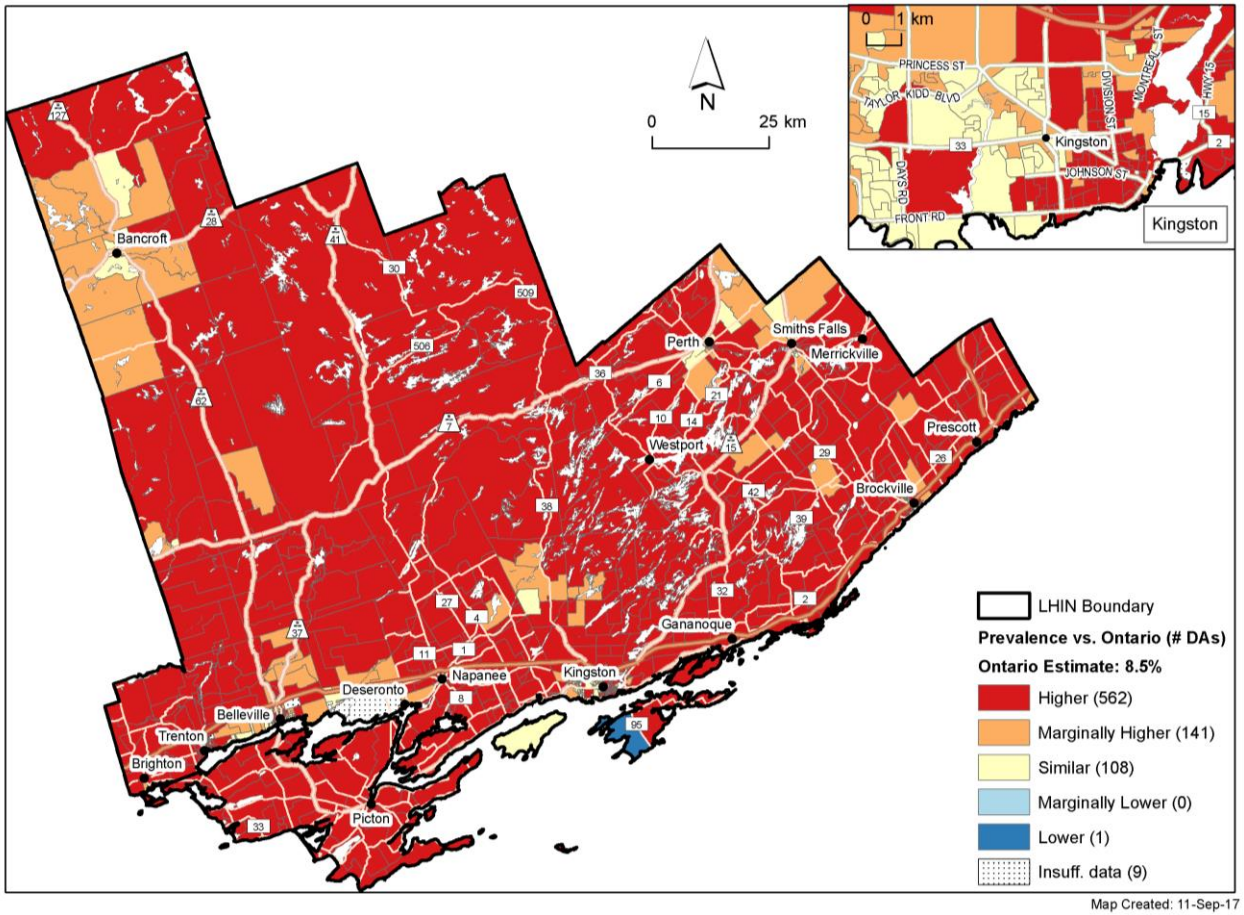
Category	Mean prevalence % (range)
Overall	8.8
Higher	10.5 (8.6, 17.8)
Marginally Higher	8.8 (8.1, 11.5)
Similar	7.6 (5.9, 8.8)
Marginally Lower	5.8 (5.6, 6.0)
Lower	4.7 (4.2, 5.4)

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



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.

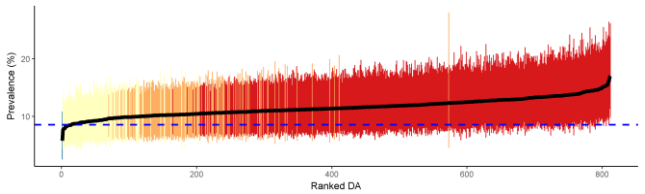
Figure 10.6 Alcohol consumption exceeding cancer prevention recommendations among males (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	11.5
Higher	12.3 (10.3, 17.0)
Marginally Higher	10.4 (9.6, 12.3)
Similar	9.3 (7.7, 10.5)
Marginally Lower	N/A
Lower	5.8 (5.8, 5.8)

N/A = no estimates in the category

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



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) among females was 41% and among males was 56%.

Higher prevalence than Ontario

For males and females, areas with a higher prevalence of excess body weight were prominent across the LHIN with fairly similar patterns for both sexes. Higher prevalence areas were more common for females (n=529; Figure 10.7) compared to males (n=444; Figure 10.8), particularly in Kingston. However, higher prevalence areas were more common for males in the eastern part of the LHIN.

Lower prevalence than Ontario

There were more areas with a higher prevalence of excess body weight than Ontario for females (n=25; Figure 10.7) compared to males (n=45; Figure 10.8). For both sexes, these areas were located in and around Kingston.

Adolescents

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

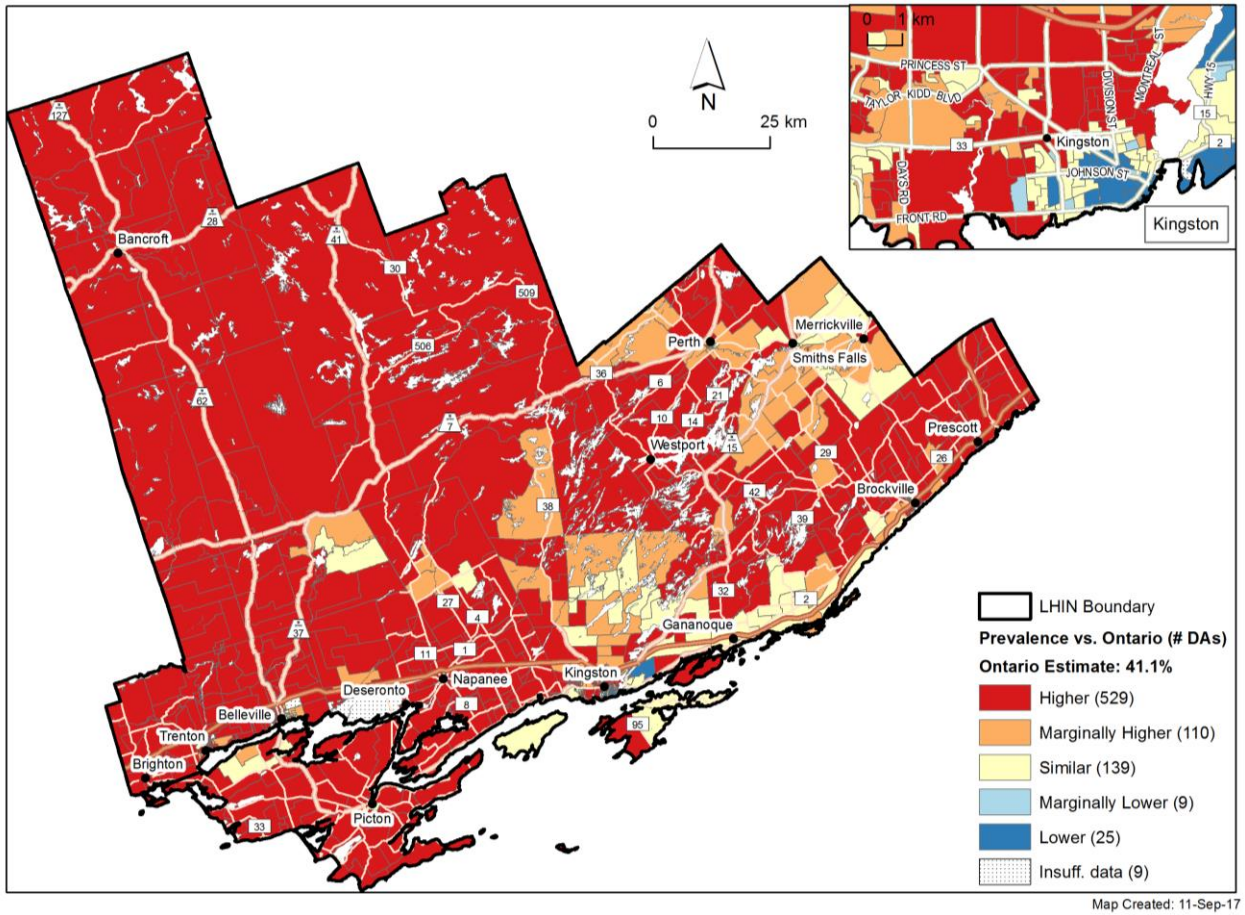
Higher prevalence than Ontario

For adolescent females (n=393; Figure 10.9), areas with a higher prevalence of excess body weight than the Ontario average were common in the western (e.g., west of Napanee), southwestern (e.g. south of Deseronto) and central (e.g., north of Kingston) parts of the LHIN. Areas of higher prevalence were also located in the eastern part of the LHIN (e.g. north east of Kingston). In the South East LHIN, no areas with a higher prevalence than Ontario for adolescent males were identified, which is why that map is not shown.

Lower prevalence than Ontario

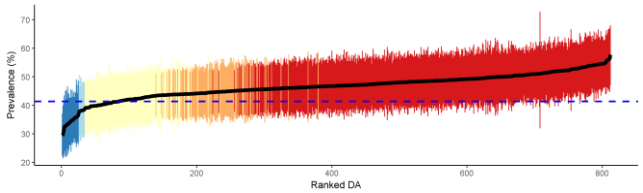
Across the LHIN, no areas with a lower prevalence of excess body weight than Ontario were detected for adolescent females (Figure 10.9).

Figure 10.7 Excess body weight (overweight/obese) among females (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



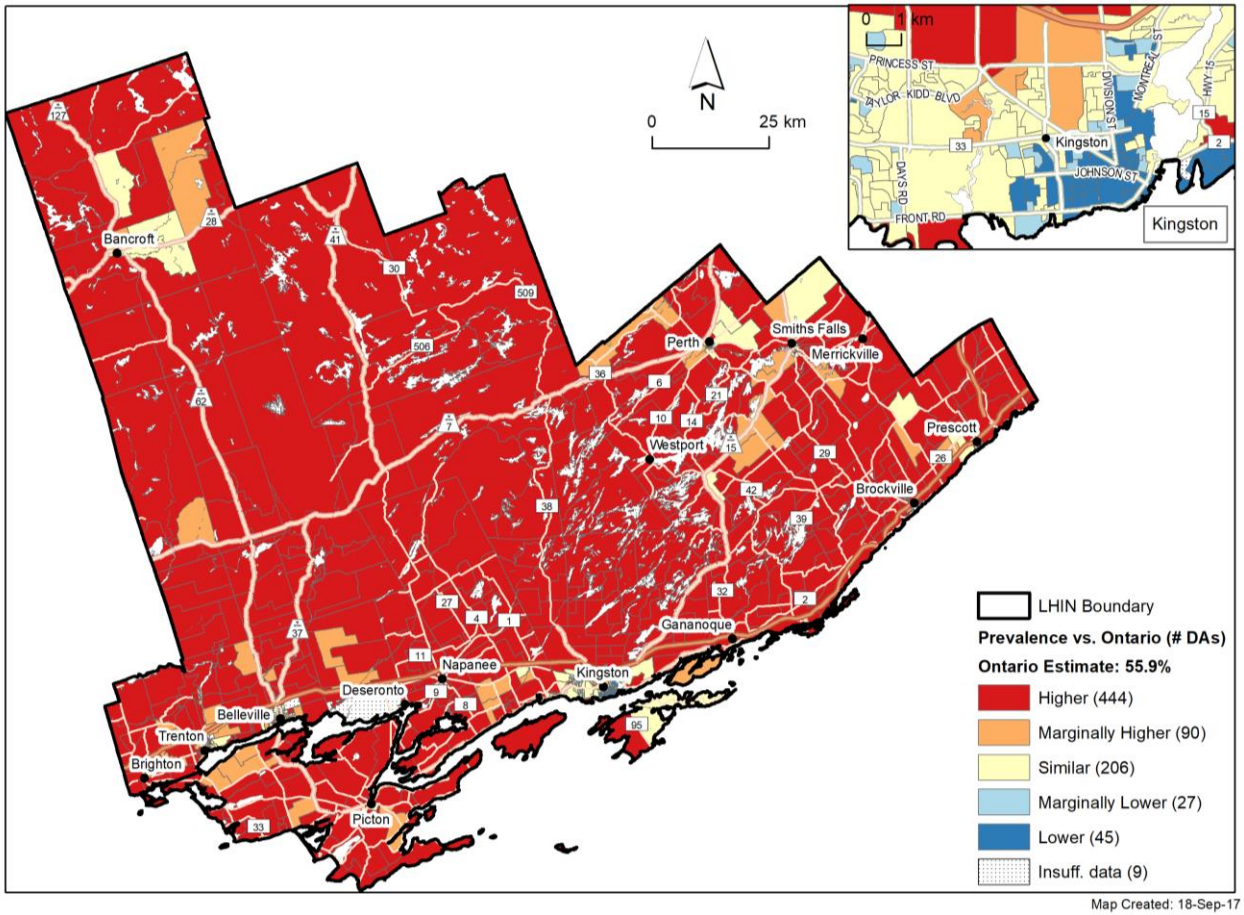
Category	Mean prevalence % (range)
Overall	46.6
Higher	49.0 (44.6, 57.7)
Marginally Higher	44.7 (43.4, 46.6)
Similar	42.0 (39.1, 44.8)
Marginally Lower	38.2 (37.9, 38.6)
Lower	34.0 (29.5, 36.6)

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



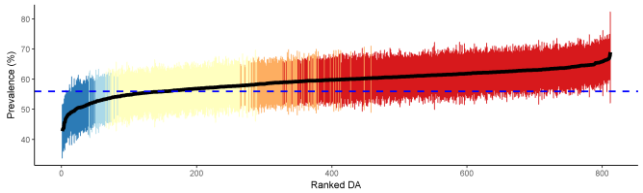
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 10.8 Excess body weight (overweight/obese) among males (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



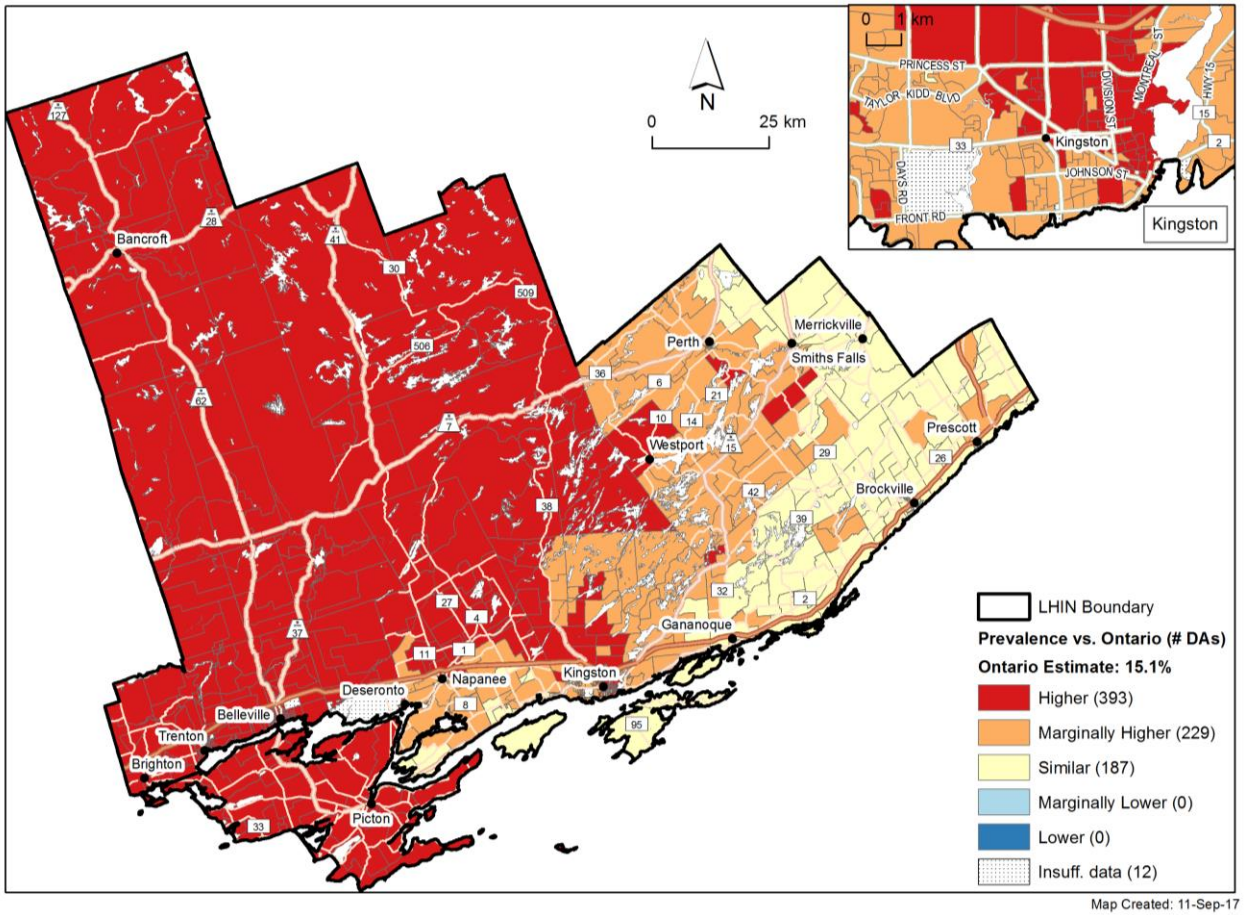
Category	Mean prevalence % (range)
Overall	59.2
Higher	62.0 (59.0, 68.9)
Marginally Higher	58.9 (57.9, 60.3)
Similar	56.3 (53.4, 58.3)
Marginally Lower	53.0 (51.9, 54.2)
Lower	49.5 (42.8, 52.4)

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



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.

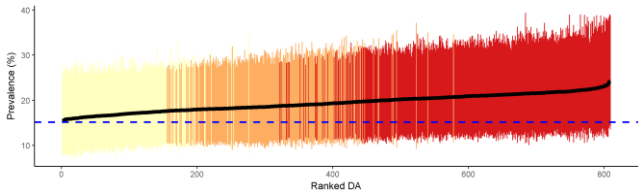
Figure 10.9 Excess body weight (overweight/obese) among adolescent females (ages 12 to 18), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	19.4
Higher	21.0 (18.7, 24.3)
Marginally Higher	18.7 (17.6, 20.7)
Similar	16.9 (15.4, 18.4)
Marginally Lower	N/A
Lower	N/A

N/A = no estimates in the category

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



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.

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

Across the LHIN, fewer areas had a higher prevalence of inadequate vegetable and fruit consumption than the Ontario average for females (n=92; Figure 10.10) compared to males (n=303; Figure 10.11). For both sexes, higher prevalence areas were located in the northwestern (e.g. surrounding Bancroft) and northeastern (e.g. surrounding Brockville and Prescott) tips of the LHIN. Among males, areas of higher prevalence were also located throughout the central part of the LHIN, and a few areas in the southwest (e.g. south of Deseronto).

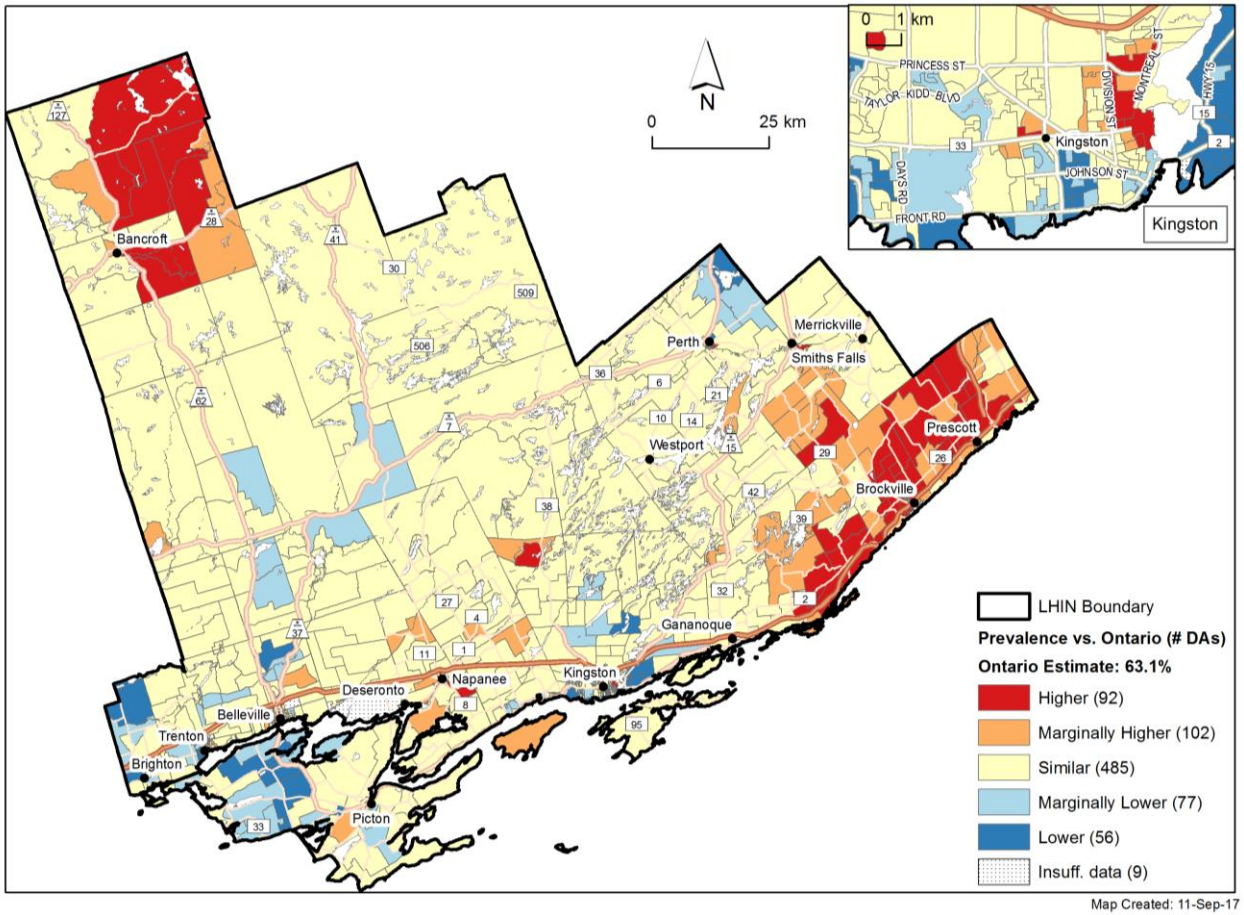
Lower prevalence than Ontario

Areas of adequate consumption (lower prevalence than the Ontario average) were more common among females (n=56; Figure 10.10) compared to males (n=22; Figure 10.11). For both sexes, lower prevalence areas occurred around Belleville and in Kingston. Among females, additional areas were located south of Belleville and north of Perth.

Adolescents

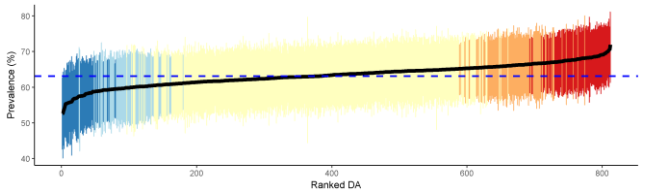
More than two thirds of the adolescent Ontario population had inadequate vegetable and fruit consumption at approximately 68% for females and 74% for males. In the South East LHIN, there were no areas with a higher prevalence than the Ontario average for adolescents, which is why those maps are not shown.

Figure 10.10 Inadequate vegetable and fruit consumption among females (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



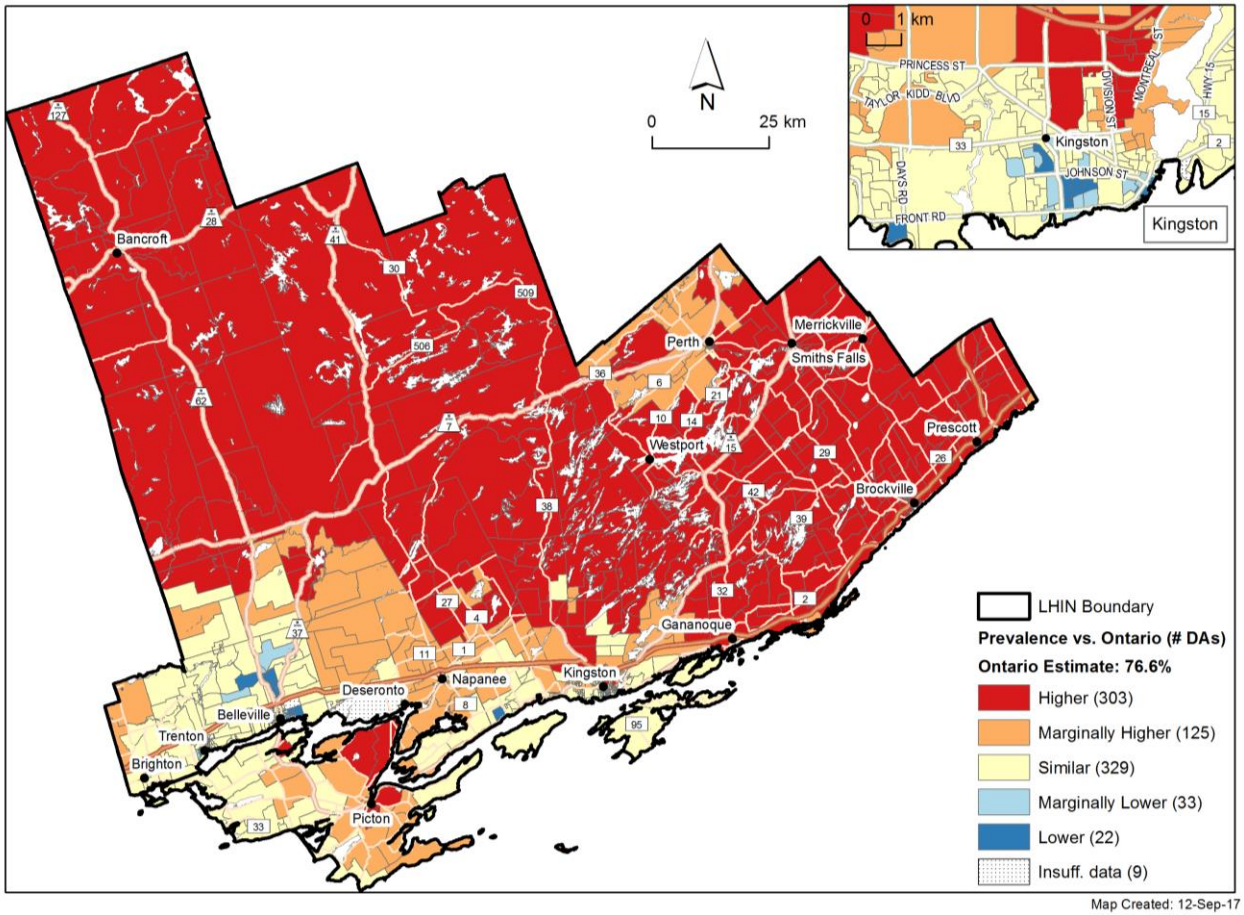
Category	Mean prevalence % (range)
Overall	63.4
Higher	68.0 (66.5, 71.9)
Marginally Higher	66.2 (65.2, 68.2)
Similar	63.1 (59.8, 66.0)
Marginally Lower	59.8 (57.5, 61.2)
Lower	57.2 (52.6, 59.5)

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



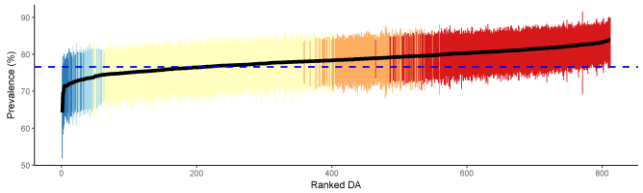
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 10.11 Inadequate vegetable and fruit consumption among males (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	78.4
Higher	81.1 (79.0, 83.9)
Marginally Higher	78.8 (78.1, 79.9)
Similar	76.6 (73.7, 78.4)
Marginally Lower	73.5 (72.1, 74.5)
Lower	71.6 (64.3, 73.2)

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



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 both sexes, areas with a lower prevalence of physical activity than their respective Ontario averages were not very common in the South East LHIN. For females (n=14; Figure 10.12), these areas were located near Bancroft, Belleville, Deseronto and Kingston. For males (n=13; Figure 10.13), these areas were scattered north of Deseronto, near Picton, south of Napanee and east of Gananoque.

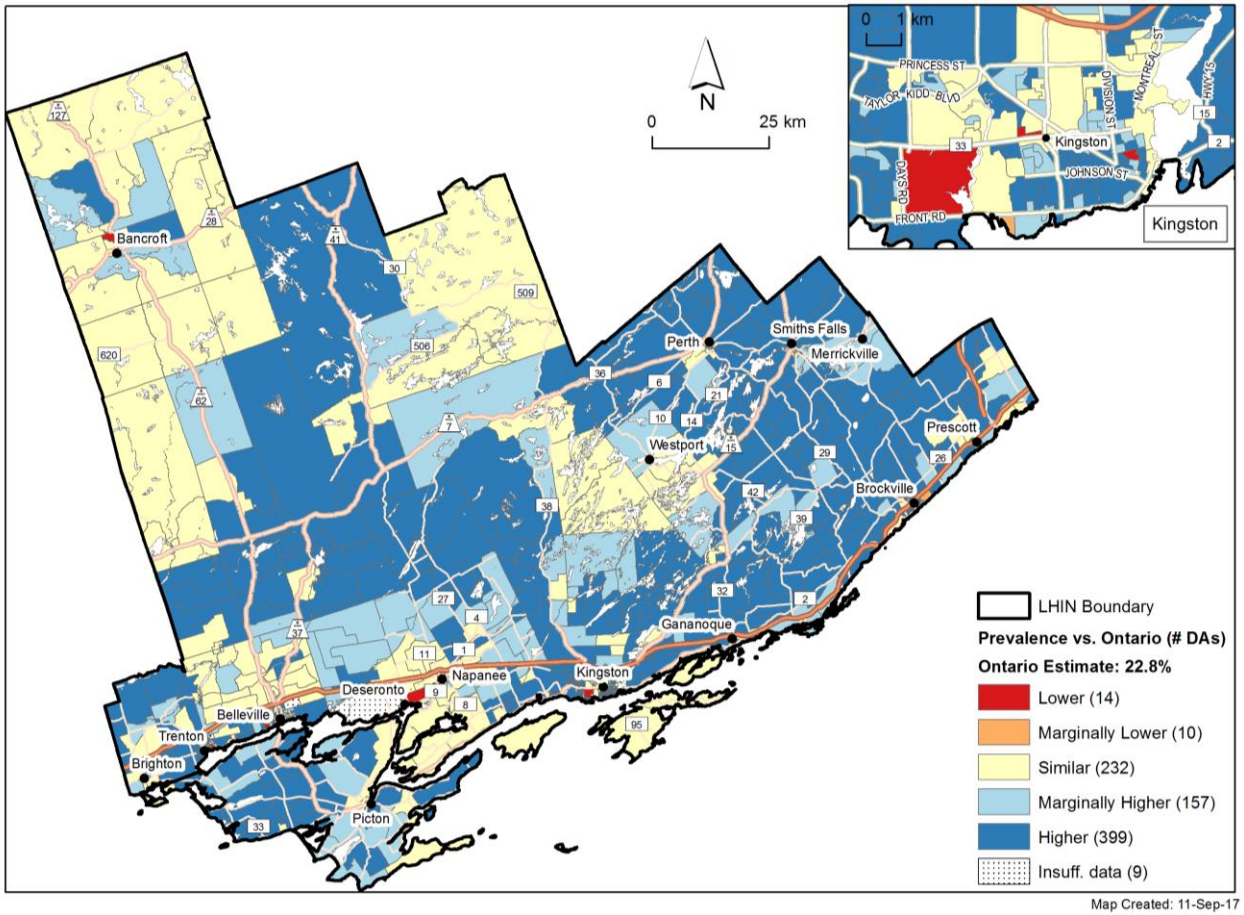
Higher prevalence than Ontario

Areas with a higher prevalence of physical activity than Ontario were common for females (n=399; Figure 10.12) and occurred throughout the LHIN. Among males (n=210; Figure 10.13), higher prevalence areas were less common and were typically located around Belleville, Kingston and the eastern part of the LHIN (e.g. around Perth).

Adolescents

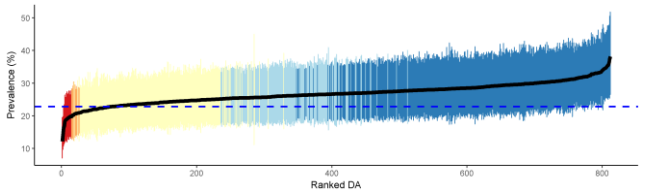
Adolescents were more physically active than adults, with approximately 40% of adolescent females and 57% of adolescent males being active. In the South East LHIN, there were no areas with a lower prevalence than Ontario for adolescents, which is why those maps are not shown.

Figure 10.12 Physical activity among females (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



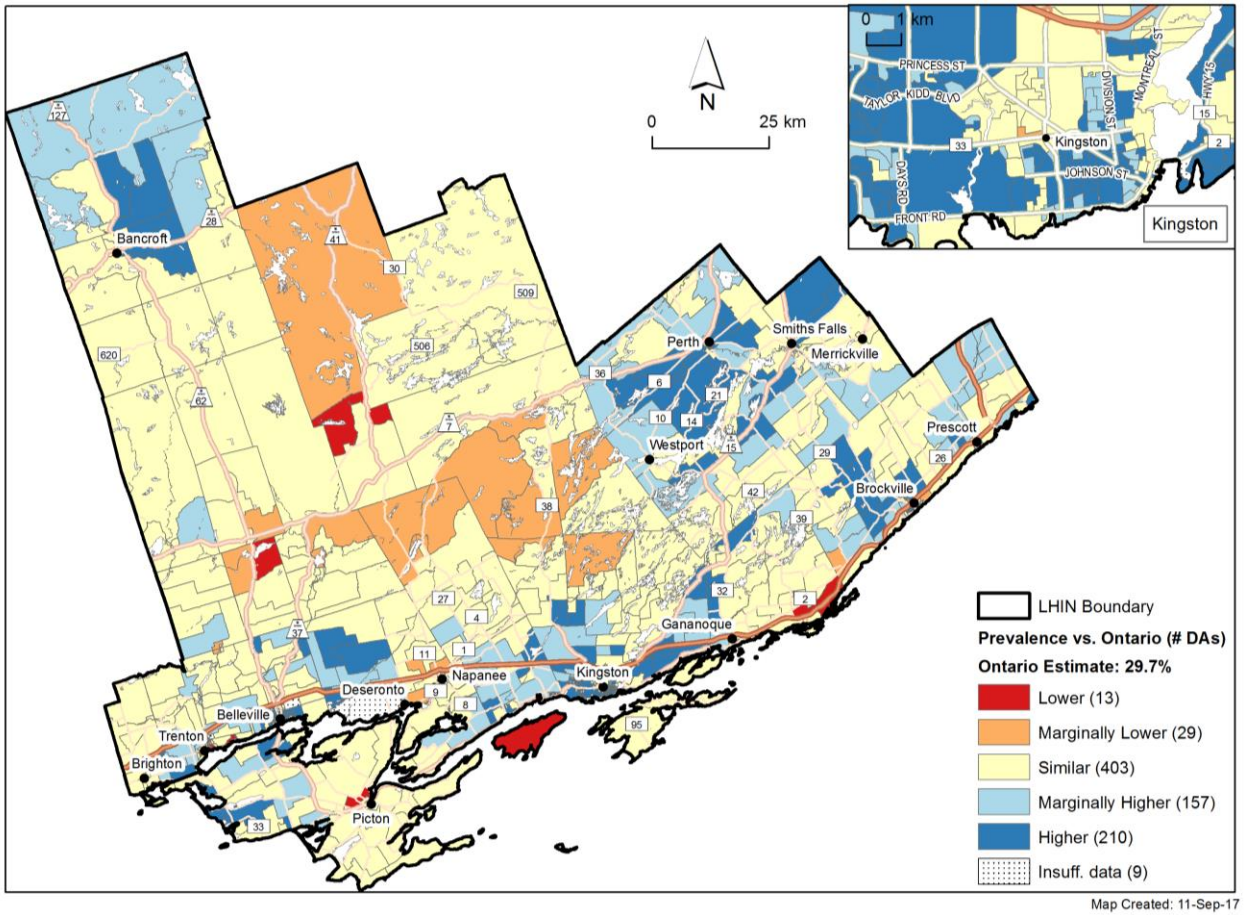
Category	Mean prevalence % (range)
Overall	26.7
Lower	18.0 (12.2, 19.8)
Marginally Lower	20.5 (19.8, 20.9)
Similar	23.8 (20.5, 26.1)
Marginally Higher	26.1 (25.2, 27.7)
Higher	29.2 (26.2, 38.2)

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



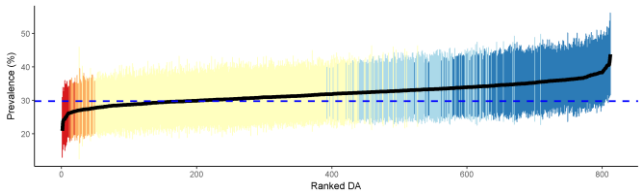
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 10.13 Physical activity among males (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	32.1
Lower	24.9 (20.9, 26.7)
Marginally Lower	27.1 (26.3, 27.8)
Similar	30.3 (27.1, 33.2)
Marginally Higher	33.2 (31.9, 35.5)
Higher	35.7 (33.1, 43.8)

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



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

The number of areas with a higher prevalence of sedentary behaviour than the Ontario average was similar among females (n=159; Figure 10.14) and males (n=147; Figure 10.15) in the South East LHIN. For females, areas of higher prevalence were concentrated in the southwest (e.g., near Belleville and Picton) and south of Westport. Higher prevalence areas for males were located around Belleville, Brockville and in Kingston.

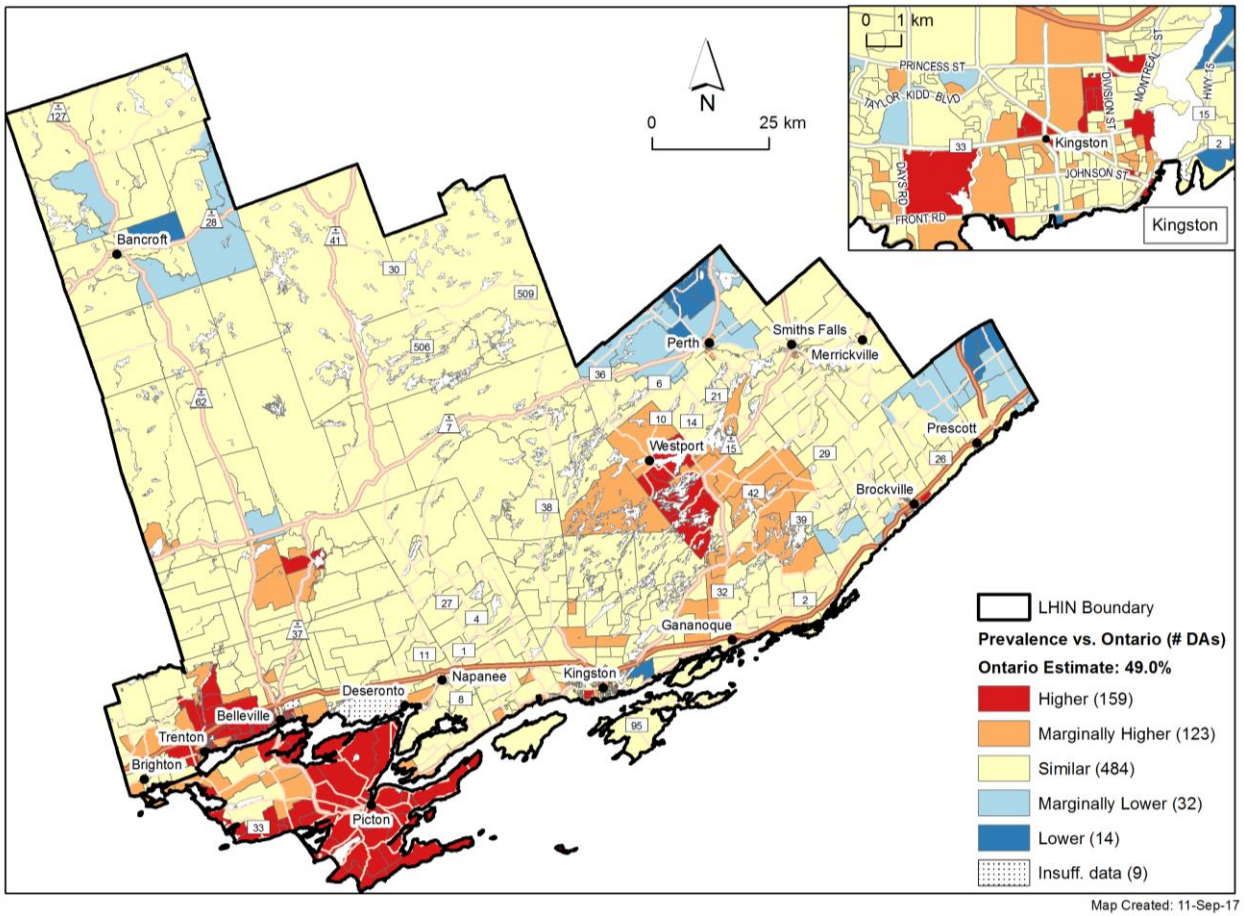
Lower prevalence than Ontario

Overall, areas with a lower prevalence of sedentary behaviour than Ontario were not common across the LHIN. For females (n=14; Figure 10.14), these areas were located around Bancroft, Perth, Prescott and in Kingston. Fewer areas of lower prevalence were evident for males (n=3; Figure 10.15); these areas were located south of Bancroft and south of the intersection of Highway 7 and Highway 37.

Adolescents

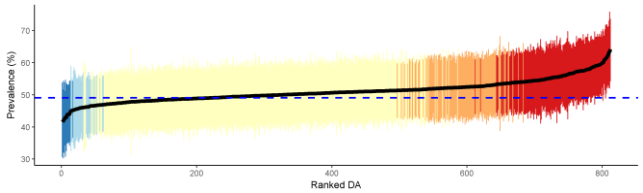
More than half of the Ontario adolescent population reported sedentary behaviour during leisure time, at approximately 55% for females and 60% for males. In the South East LHIN, there were no areas with a higher prevalence than Ontario among adolescents, which is why those maps are not shown.

Figure 10.14 Sedentary behaviour among females (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



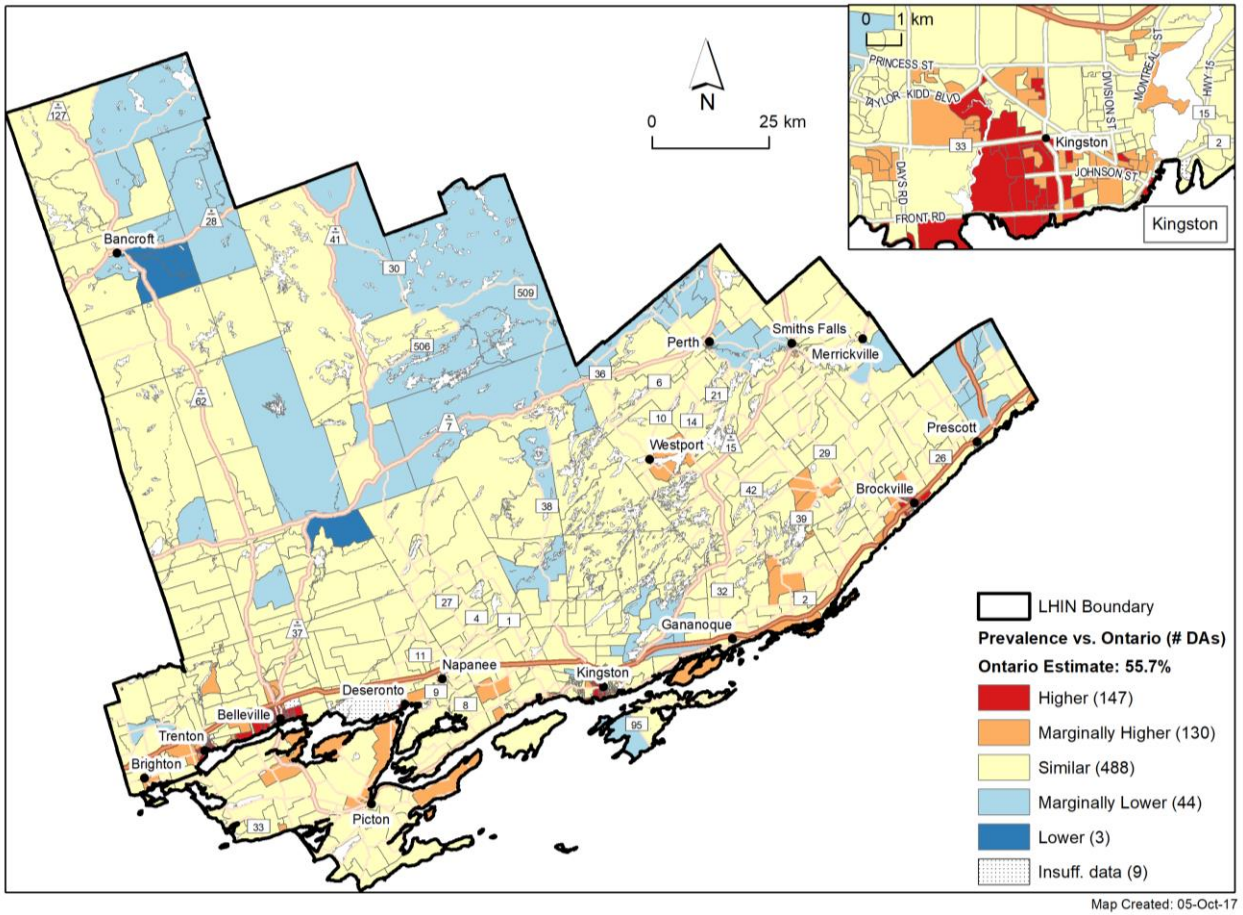
Category	Mean prevalence % (range)
Overall	51.0
Higher	56.2 (52.6, 64.2)
Marginally Higher	52.4 (51.3, 54.0)
Similar	49.6 (46.0, 52.3)
Marginally Lower	46.0 (44.9, 46.9)
Lower	43.3 (41.5, 45.2)

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



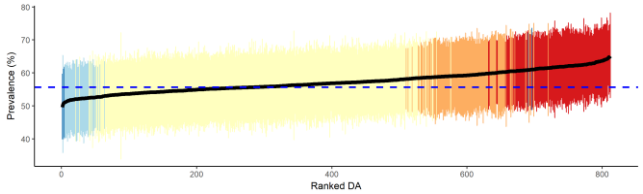
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 10.15 Sedentary behaviour among males (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	57.3
Higher	62.0 (59.9, 65.1)
Marginally Higher	59.4 (58.2, 61.5)
Similar	55.8 (52.1, 59.0)
Marginally Lower	52.1 (50.4, 53.1)
Lower	50.5 (49.7, 51.0)

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



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

In the South East LHIN, there were more areas with a higher prevalence of current smoking than the Ontario average for females (n=449; Figure 10.16) compared to males (n=273; Figure 10.17). For both sexes, areas of higher prevalence were generally found in the western and eastern parts of the LHIN. Areas of higher prevalence for females were also found in the southern (e.g., south of Napanee and near Picton) and central northern (e.g., north of Napanee) parts of the LHIN.

Lower prevalence than Ontario

There were fewer areas with a lower prevalence of current smoking than the Ontario average for females (n=30; Figure 10.16) compared to males (n=58; Figure 10.17). For females, lower prevalence areas were detected west of Picton, in and around Kingston, and south of Gananoque. Among males, areas of lower prevalence were also located in and around Kingston, and near Perth.

Adolescents

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

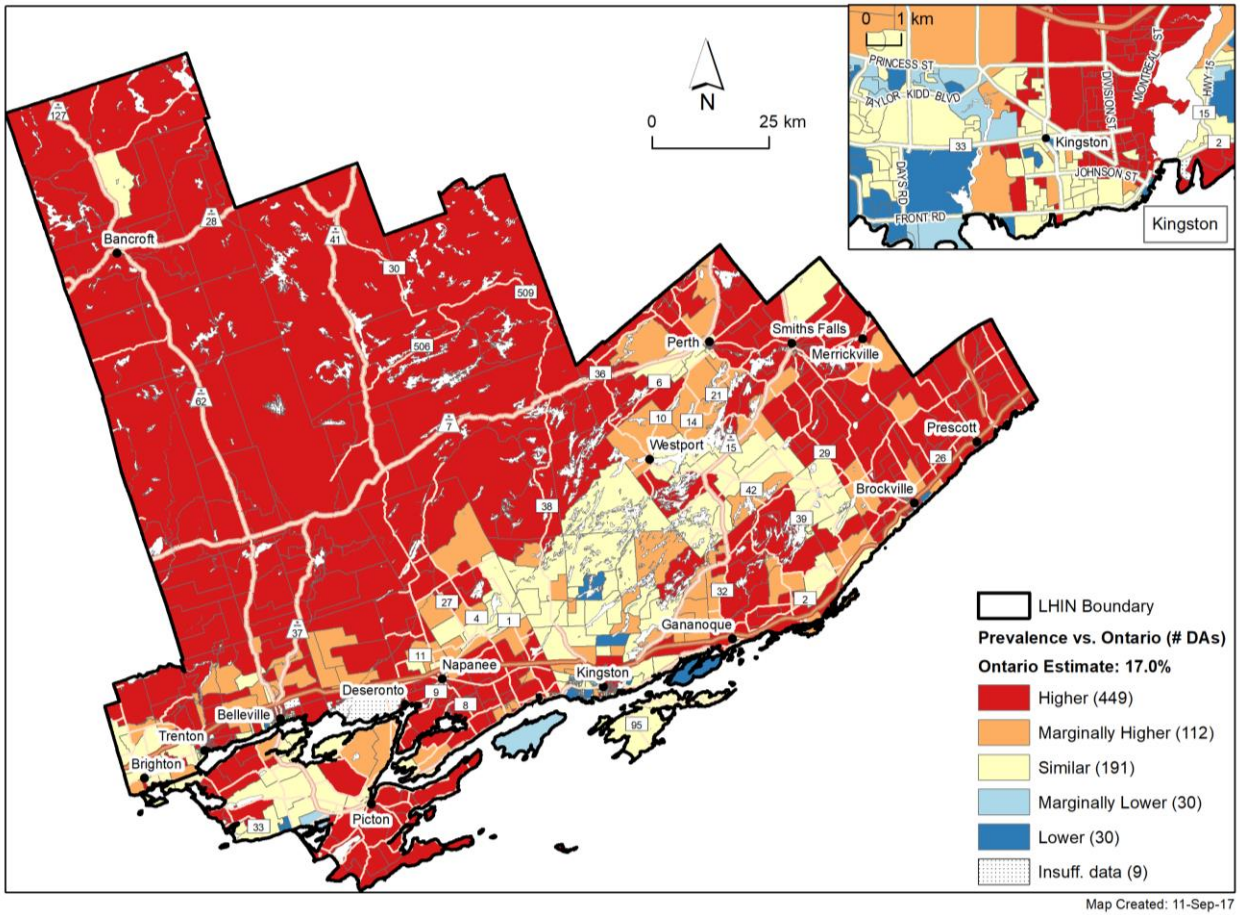
Higher prevalence than Ontario

For adolescent females, areas with a higher prevalence of current smoking (n=156; Figure 10.18) than the Ontario average were located across the western and northern parts of the LHIN. Comparatively, higher prevalence areas for adolescent males (n=384; Figure 10.19) were scattered across all parts of the LHIN.

Lower prevalence than Ontario

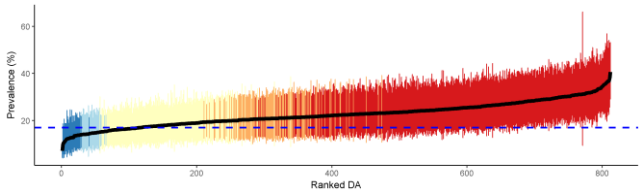
Lower prevalence areas for adolescent females (n=74; Figure 10.18) were located near Kingston and Gananoque. For adolescent males (n=8; Figure 10.19), lower prevalence areas were uncommon.

Figure 10.16 Current smoking among females (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



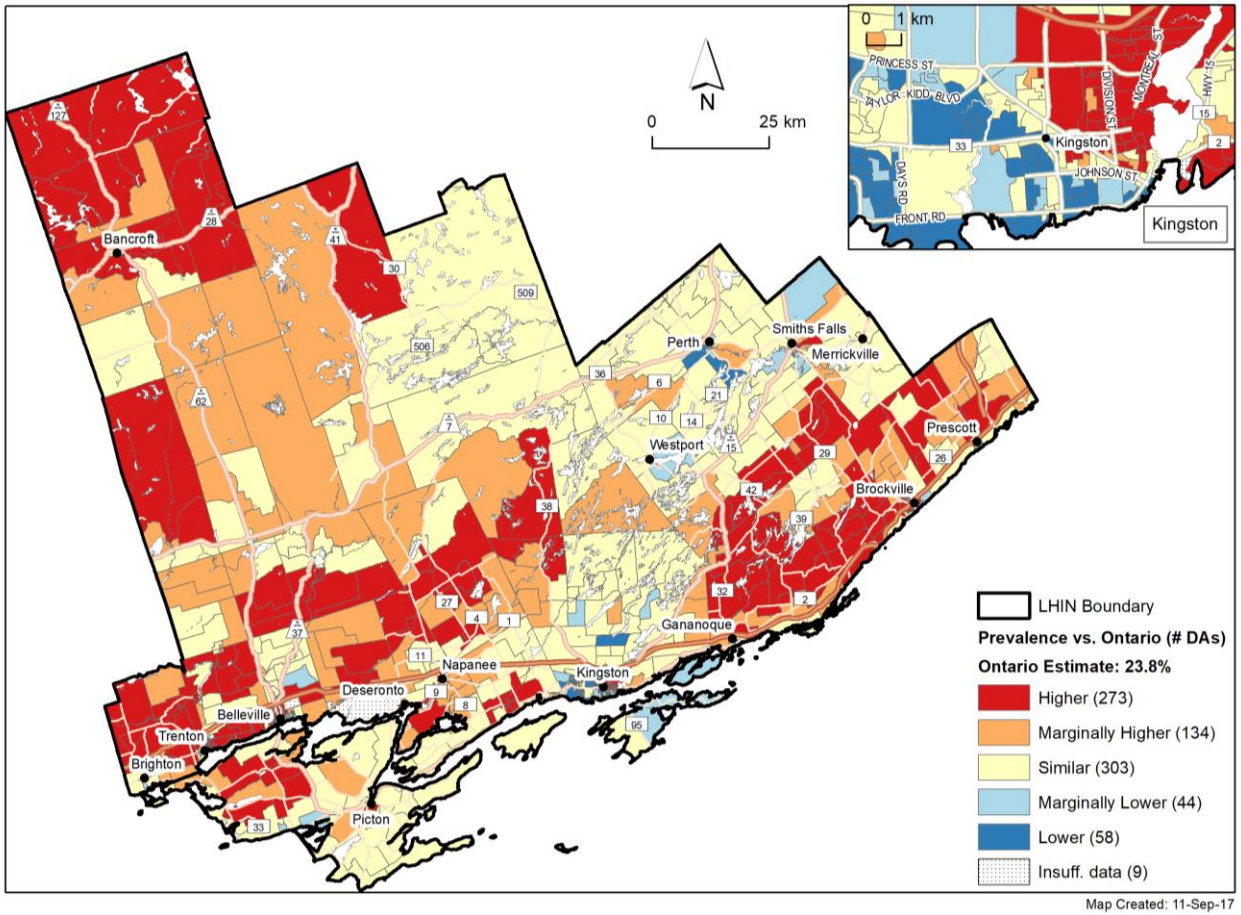
Category	Mean prevalence % (range)
Overall	22.5
Higher	26.1 (20.6, 40.6)
Marginally Higher	20.9 (19.4, 23.2)
Similar	18.0 (15.2, 21.2)
Marginally Lower	14.6 (14.0, 15.5)
Lower	12.6 (7.1, 14.4)

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



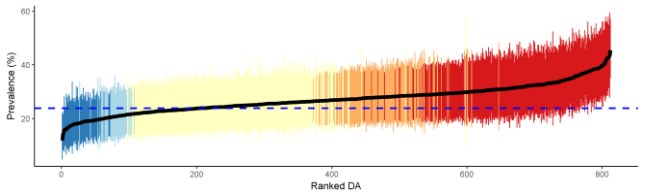
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 10.17 Current smoking among males (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



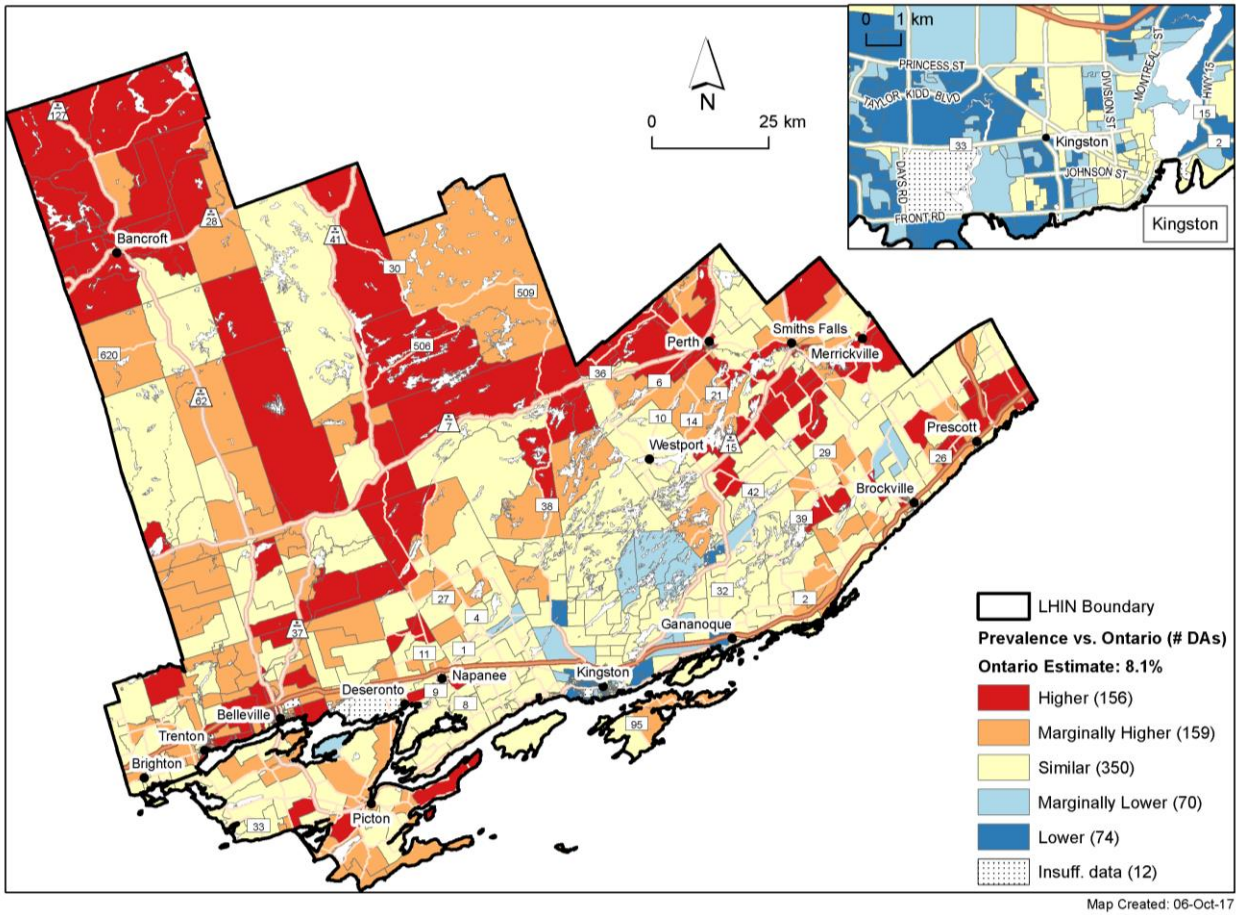
Category	Mean prevalence % (range)
Overall	27.2
Higher	32.6 (27.6, 45.5)
Marginally Higher	28.0 (26.5, 30.9)
Similar	24.6 (21.5, 29.8)
Marginally Lower	20.7 (18.3, 21.8)
Lower	18.2 (11.8, 20.4)

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



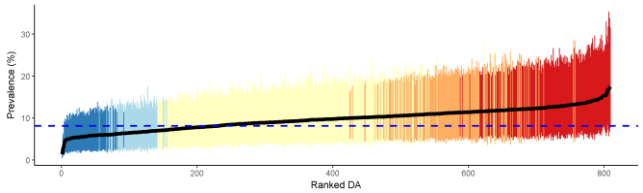
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 10.18 Current smoking among adolescent females (ages 12 to 18), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



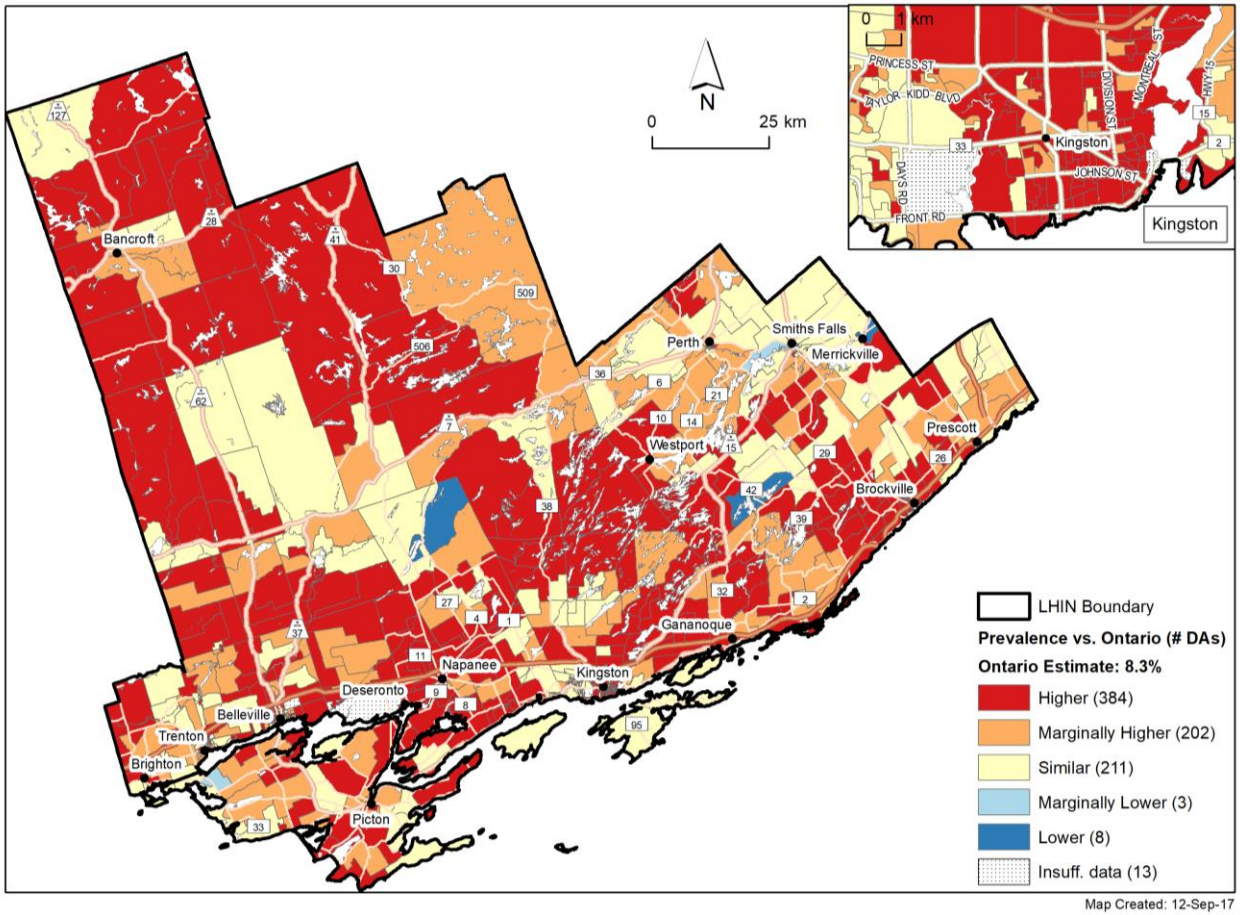
Category	Mean prevalence % (range)
Overall	9.7
Higher	13.0 (11.3, 17.5)
Marginally Higher	11.2 (10.0, 13.2)
Similar	9.0 (7.0, 11.8)
Marginally Lower	6.6 (5.9, 7.1)
Lower	5.5 (1.4, 6.4)

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



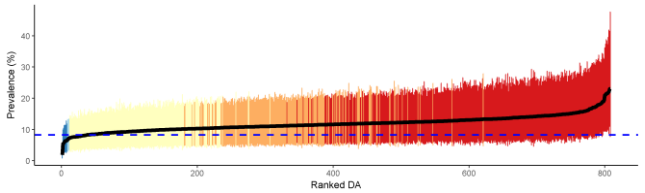
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 10.19 Current smoking among adolescent males (ages 12 to 18), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	11.9
Higher	13.7 (11.2, 23.0)
Marginally Higher	11.2 (10.2, 13.3)
Similar	9.4 (7.4, 11.1)
Marginally Lower	7.0 (6.9, 7.3)
Lower	5.5 (1.9, 6.5)

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



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

Areas with a higher prevalence of ever-smokers than the Ontario average were common across the South East LHIN for females (n=746; Figure 10.20) and males (n=592, Figure 10.21). For males, fewer higher prevalence areas occurred in and north of Kingston.

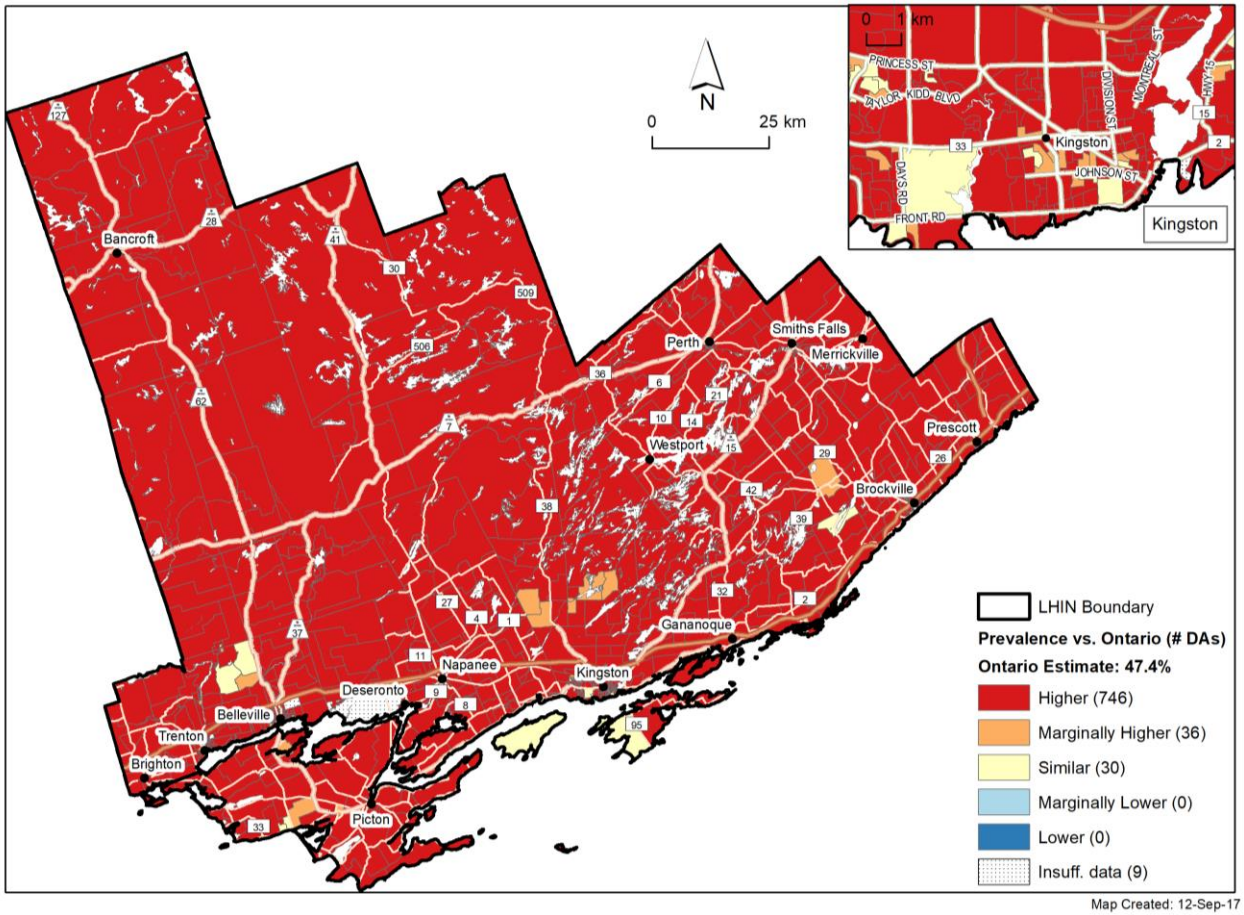
Lower prevalence than Ontario

No lower prevalence areas were detected for females (Figure 10.20) and few were detected for males (n=6; Figure 10.21).

Adolescents

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

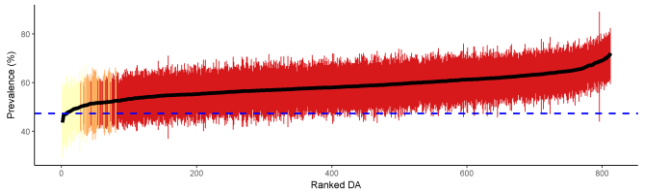
Figure 10.20 Ever-smoked status among females (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	58.4
Higher	59.2 (51.4, 72.2)
Marginally Higher	51.5 (50.1, 52.6)
Similar	48.4 (43.7, 50.7)
Marginally Lower	N/A
Lower	N/A

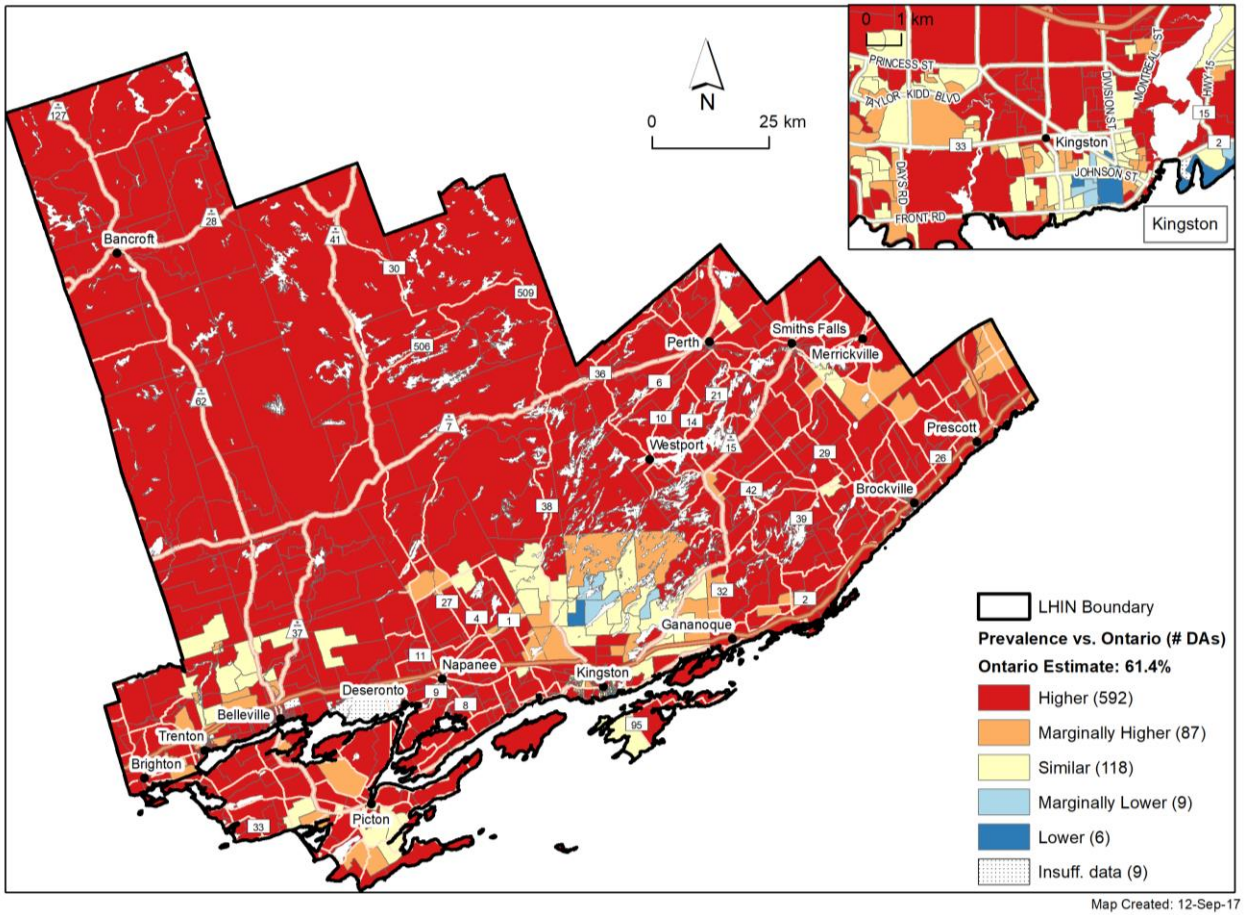
N/A = no estimates in the category

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



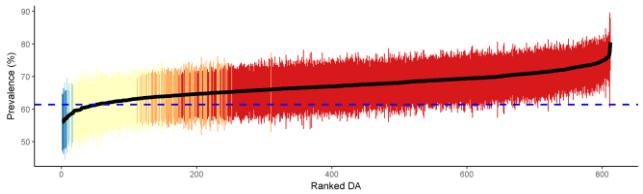
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 10.21 Ever-smoked status among males (age 12 and older), 2000–2014, South East Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	67.1
Higher	68.7 (64.2, 80.5)
Marginally Higher	64.4 (63.2, 66.0)
Similar	61.9 (58.3, 64.1)
Marginally Lower	58.0 (56.9, 58.8)
Lower	56.6 (56.0, 57.1)

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



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.