LHIN 2

South West

2. South West LHIN

Key Findings

Top three priority risk factor population estimates by sex (see Table 2.1 below):

Females

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

Males

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

Risk factor summary

Alcohol—current consumption

Priority areas:

- Females: areas in the northern half of the LHIN, north of Hanover, and areas in the southern part in London and Woodstock and west of St. Mary's
- Males: areas throughout London and Woodstock, and additional areas scattered throughout the LHIN
- Adolescent females: areas across the LHIN, including London, Woodstock and Owen Sound
- Adolescent males: areas across the LHIN, including most of Owen Sound and some areas in Woodstock and London

Alcohol—consumption exceeding cancer prevention recommendations

Priority areas:

- Females: London and many areas south of Owen Sound and Thornbury
- Males: most of the northern half of the LHIN, including Owen Sound, and many areas of the southern half, including most of Woodstock and some areas in London

Excess body weight

Priority areas:

- Females: many areas across the northern and southern halves of the LHIN, including Owen Sound, Woodstock and many parts of London
- Males: many areas across the northern and southern halves of the LHIN, including Woodstock, and many parts towards the east of London
- Adolescent females: areas in the northern half of the LHIN, particularly near the northern tip, and a few areas near the southern boundary of the LHIN

Inadequate vegetable and fruit consumption

Priority areas:

- Females: many areas in and east of London, southeast of London and in Woodstock and Owen Sound
- Males: most areas towards the southern end of the LHIN, many areas in the central part of the LHIN, in London, Owen Sound and Woodstock, and many areas towards the southeast of London
- Adolescent females: areas southeast of London and in Woodstock
- Adolescent males: areas south and west of London

Physical activity

Priority areas:

- Females: some areas dispersed throughout the LHIN, and some parts of Woodstock and London
- Males: many areas in the central part of the LHIN to the eastern boundary, between Chesley and St. Mary's; many areas in Woodstock and some parts of London
- Adolescent males: many areas in the central part of the LHIN to the eastern boundary, between Hanover and Stratford, and areas throughout Woodstock and surrounding Ingersoll

Sedentary behaviour

Priority areas:

- Females: some areas in London and areas located in the northern tip of the LHIN (Wiarton to Tobermory)
- Males: very few areas

Smoking—current status

Priority areas:

- Females: parts of Owen Sound, areas towards the east of Hanover and south of Wingham, eastern London and multiple areas scattered along the southern part of the LHIN
- Males: areas in Owen Sound, Woodstock, London and many areas south of London along the southern boundary of the LHIN
- Adolescent females: areas scattered throughout the LHIN, and a few parts of Woodstock and London
- Adolescent males: many areas scattered across the central and southern parts of the LHIN, with multiple areas throughout London, Owen Sound and Woodstock

Smoking—ever-smoked status

Priority areas:

- Females: most areas across the LHIN, including most parts of London, Owen Sound and Woodstock
- Males: most areas across the LHIN, including most parts of Owen Sound and Woodstock, and many areas in London

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 West LHIN include:

- excess body weight among adolescent males;
- physical activity among adolescent females; and
- sedentary behaviour among adolescent females and adolescent males.

Notes

Risk factor prevalence could not be estimated for several areas in the South West LHIN (e.g., suppressed census populations or institutionalized populations), which are shown as "insufficient data" on the maps. These areas include the Cape Croker (and their hunting grounds), Chief's Point, Chippewa of the Thames, Munsee-Delaware, Neyaashiinigming, Oneida and Saugeen (and their hunting grounds) First Nations. Additionally, areas with unavailable population data are shown as "insufficient data." See Appendix C for a complete 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 2.1 (page 66) presents the estimated priority populations for each risk factor by sex and age group in the South 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 ≥ 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 2.1 Estimated priority populations among higher prevalence** dissemination areas compared to Ontario by risk factor, sex and age group, South West Local Health Integration Network (LHIN), using 2006 census populations

Risk factor	Female priority population*†	% of female population in the LHIN† (n=398,060)	Male priority population*†	% of male population in the LHIN† (n=374,320)	Adolescent female priority population*‡	% of adolescent female population in the LHIN‡ (n=43,310)	Adolescent male priority population*‡	% of adolescent male population in the LHIN‡ (n=45,250)
Alcohol—current consumption	138,820	35%	72,590	19%	8,780	20%	7,750	17%
Alcohol—consumption exceeding cancer prevention recommendations	3,940	1%	20,530	5%	NM	—	NM	—
Excess body weight	96,690	24%	95,450	26%	300	1%	NE	—
Inadequate vegetable and fruit consumption	64,800	16%	106,460	28%	1,470	3%	2,620	6%
Physical activity**	6,470	2%	17,310	5%	NP	—	1,920	4%
Sedentary behaviour	10,730	3%	2,360	1%	NE	—	NE	—
Smoking—current status	33,260	8%	29,180	8%	260	1%	1,670	4%
Smoking—ever-smoked status	153,070	38%	150,820	40%	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

There were more areas with a higher prevalence of current alcohol consumption than the Ontario average among females (n=643; Figure 2.1), compared to males (n=318; Figure 2.2). For both sexes, these areas were dispersed throughout the LHIN, as well as in London and Woodstock. For females, additional areas were located throughout most of the northern part of the LHIN, particularly north of Hanover and in the southern part of the LHIN near Ingersoll, Woodstock, St. Mary's Stratford, Exeter, Zurich and Seaforth.

Lower prevalence than Ontario

Areas with a lower prevalence of current alcohol consumption than the Ontario average among females (n=68; Figure 2.1) and males (n=67; Figure 2.2) were relatively uncommon in the South West LHIN. For both sexes, these areas tended to be located south of Listowel and along the southern boundary of the LHIN (i.e., south of Ingersoll).

Adolescents

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

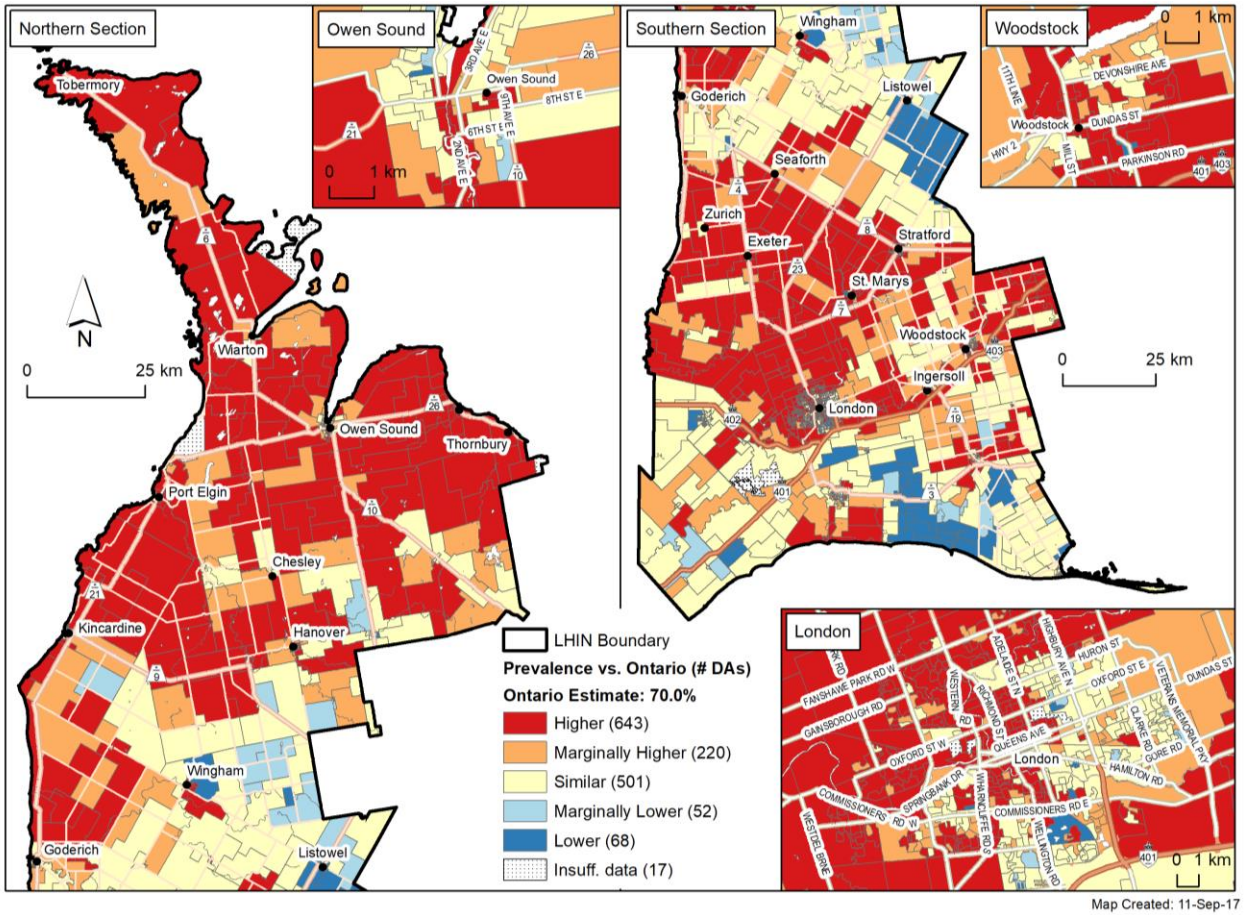
Higher prevalence than Ontario

For adolescent females (n=648; Figure 2.3) and adolescent males (n=543; Figure 2.4), areas with a higher prevalence of current alcohol consumption than the Ontario average were distributed throughout the LHIN, and including areas throughout Owen Sound, Woodstock and London. For adolescent females, there was a far greater number of higher prevalence areas throughout London, compared to adolescent males, but fewer higher prevalence areas throughout the northern part of the LHIN.

Lower prevalence than Ontario

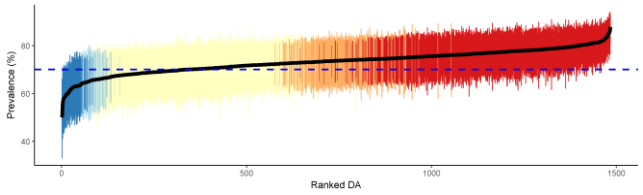
For adolescent females (n=84; Figure 2.3) and adolescent males (n=153; Figure 2.4), areas with a lower prevalence of current alcohol consumption than the Ontario average were scattered throughout the LHIN. For adolescent females, these areas were located in Owen Sound, Woodstock and London. For adolescent males, there was a far greater number of lower prevalence areas in and around London, compared to adolescent females.

Figure 2.1 Current alcohol consumption among females (age 12 and older), 2000–2014, South West LHIN by 2006 dissemination area (DA)



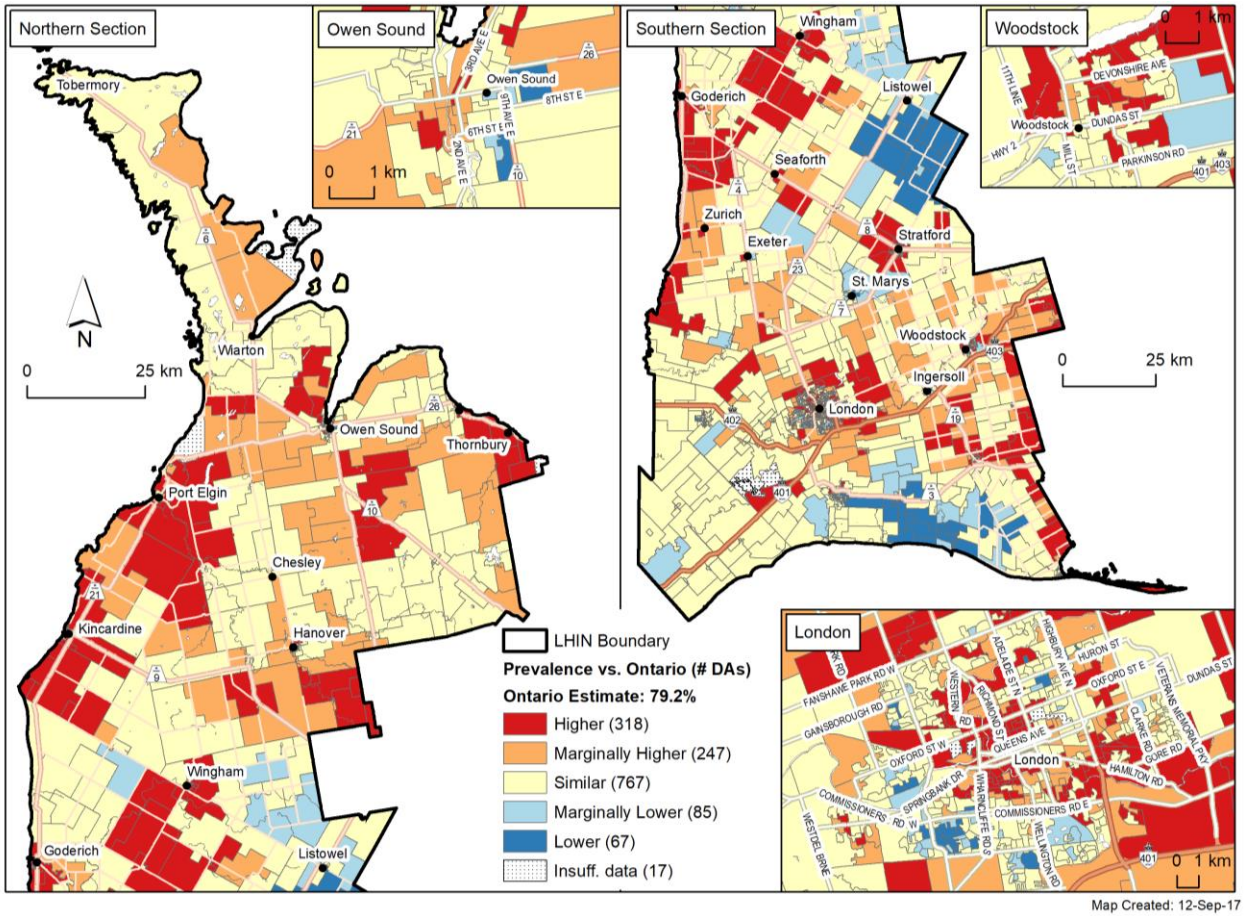
Category	Mean prevalence % (range)
Overall	73.3
Higher	77.4 (72.9, 87.9)
Marginally Higher	73.6 (72.3, 76.1)
Similar	70.2 (65.6, 74.0)
Marginally Lower	65.8 (64.1, 67.6)
Lower	62.0 (50.0, 66.6)

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



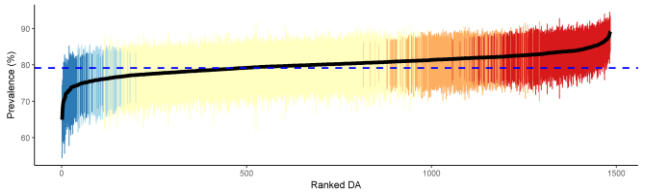
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.2 Current alcohol consumption among males (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination areas (DA)



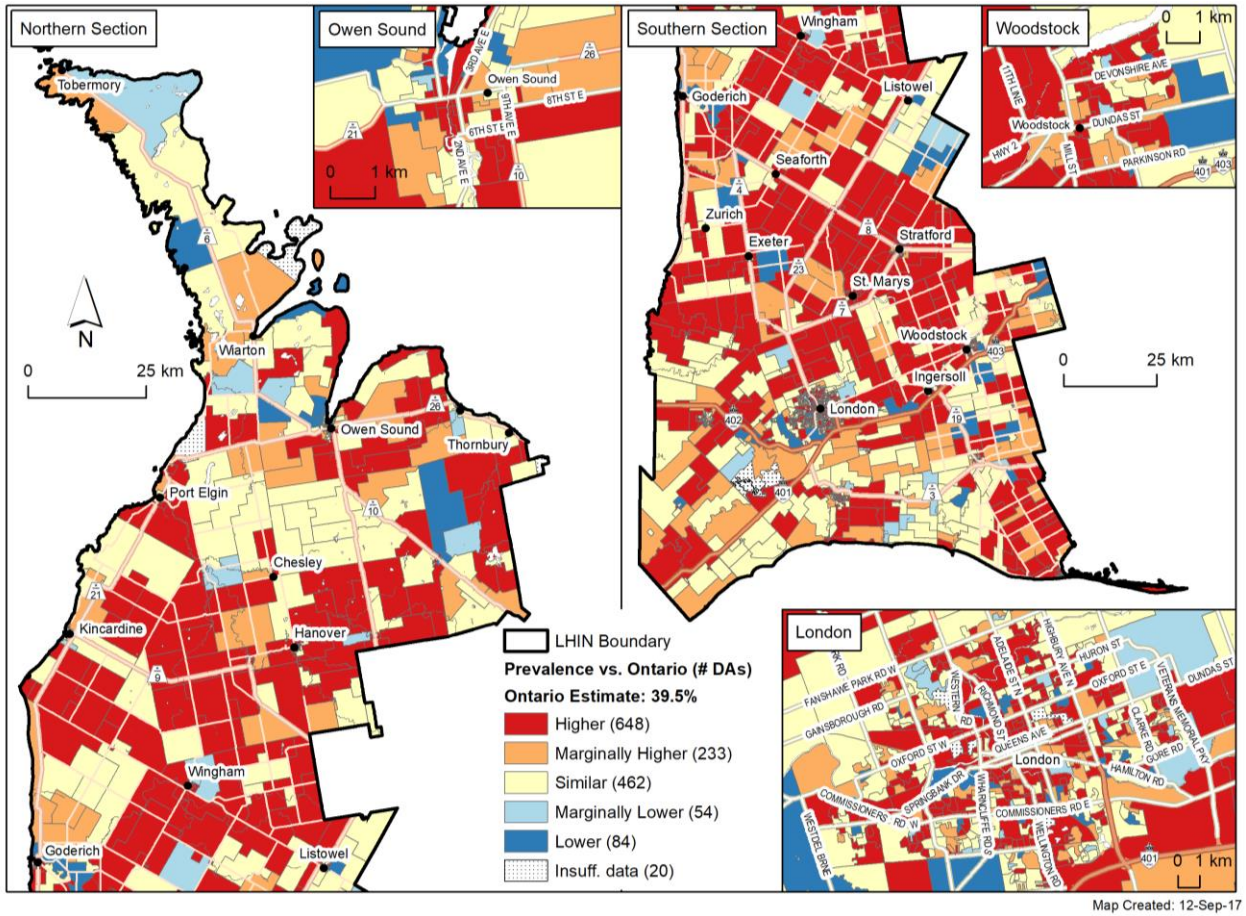
Category	Mean prevalence % (range)
Overall	80.1
Higher	83.6 (81.6, 89.2)
Marginally Higher	81.6 (80.6, 82.9)
Similar	79.2 (76.1, 81.8)
Marginally Lower	76.0 (74.5, 77.2)
Lower	73.6 (65.0, 76.1)

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



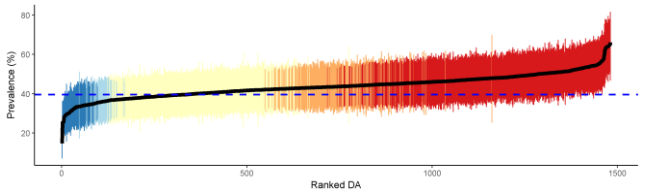
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.3 Current alcohol consumption among adolescent females (ages 12 to 18), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



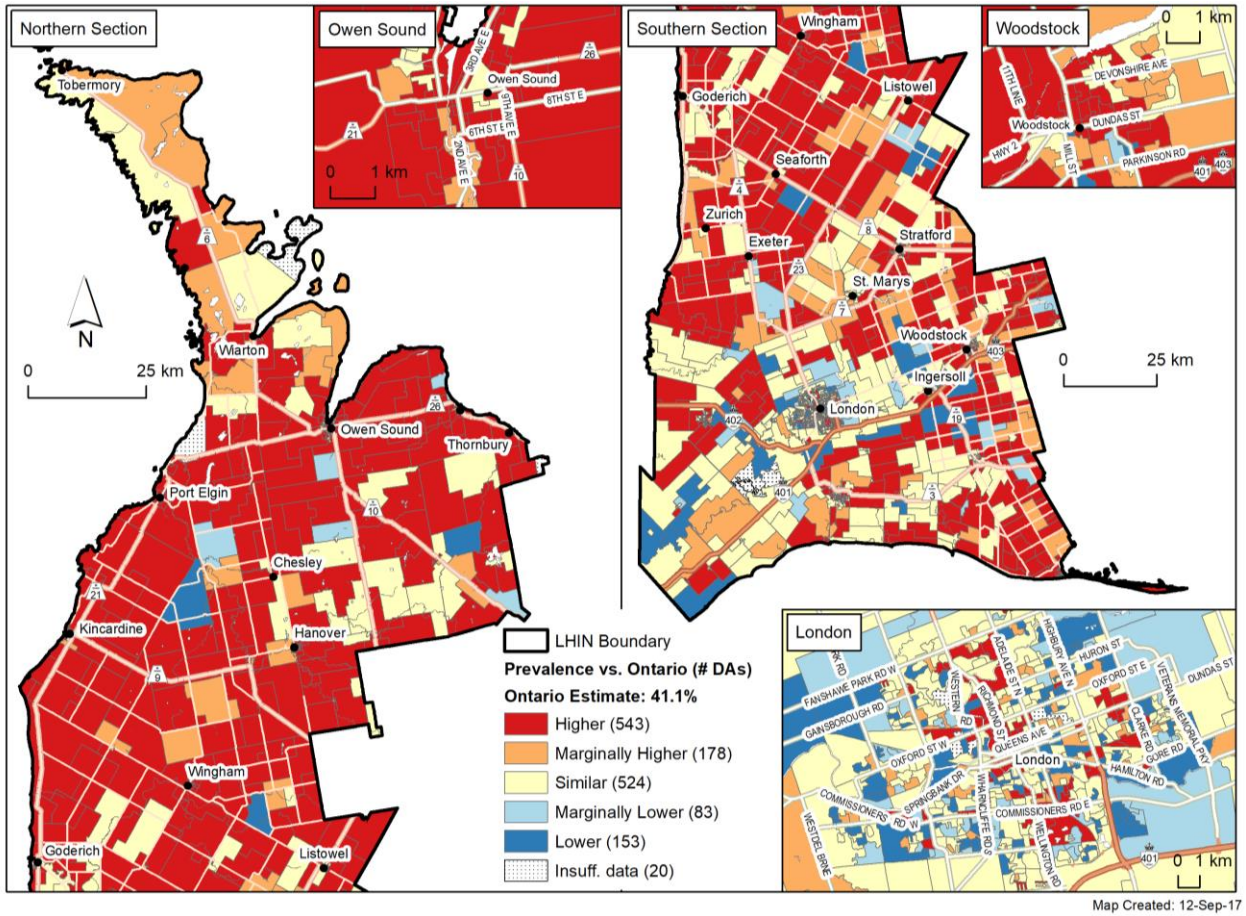
Category	Mean prevalence % (range)
Overall	43.8
Higher	48.7 (43.4, 66.2)
Marginally Higher	43.6 (42.1, 48.0)
Similar	40.0 (36.4, 43.9)
Marginally Lower	35.9 (33.6, 37.4)
Lower	32.2 (14.7, 35.6)

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



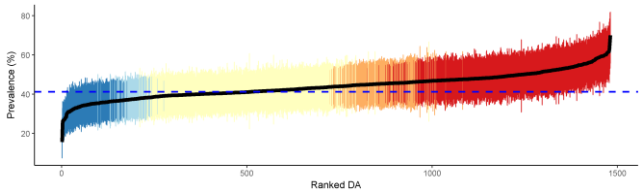
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.4 Current alcohol consumption among adolescent males (ages 12 to 18), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	44.2
Higher	50.6 (44.9, 70.0)
Marginally Higher	45.2 (43.7, 47.6)
Similar	41.2 (37.9, 46.7)
Marginally Lower	37.5 (35.4, 39.1)
Lower	34.0 (15.6, 37.1)

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.

Alcohol: 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

Higher prevalence than the Ontario average of alcohol consumption in excess of the recommended limits for cancer prevention was far less common among females (n=146; Figure 2.5) compared to males (n=671; Figure 2.6). For females, these areas were located southeast of Owen Sound, west of Hanover, near Kincardine, near Goderich and throughout parts of London. For males, these areas were located throughout the northern and southern parts of the LHIN, including most areas in Owen Sound and Woodstock, and eastern London.

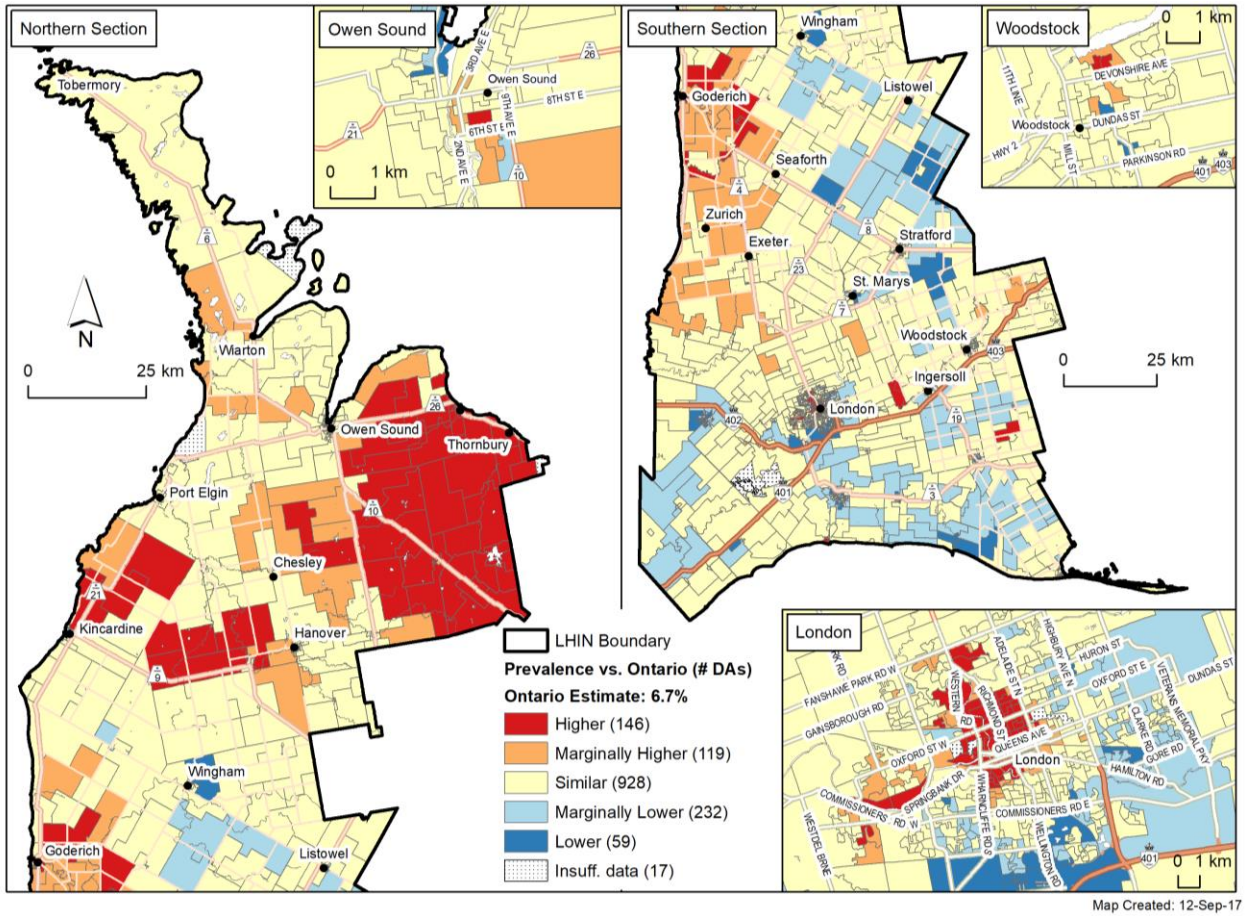
Lower prevalence than Ontario

There were more areas with a lower prevalence for females (n=59; Figure 2.5) than males (n=7; Figure 2.6). For females, the majority of these areas were located in the southern half of the LHIN (e.g., south of Wingham). Among males, the few areas with a lower prevalence tended to be located in London.

Adolescents

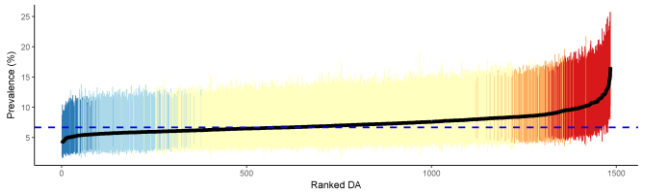
The area-based prevalence of exceeding recommended limits for cancer prevention was not estimated for adolescent populations.

Figure 2.5 Alcohol consumption exceeding cancer prevention recommendations among females (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



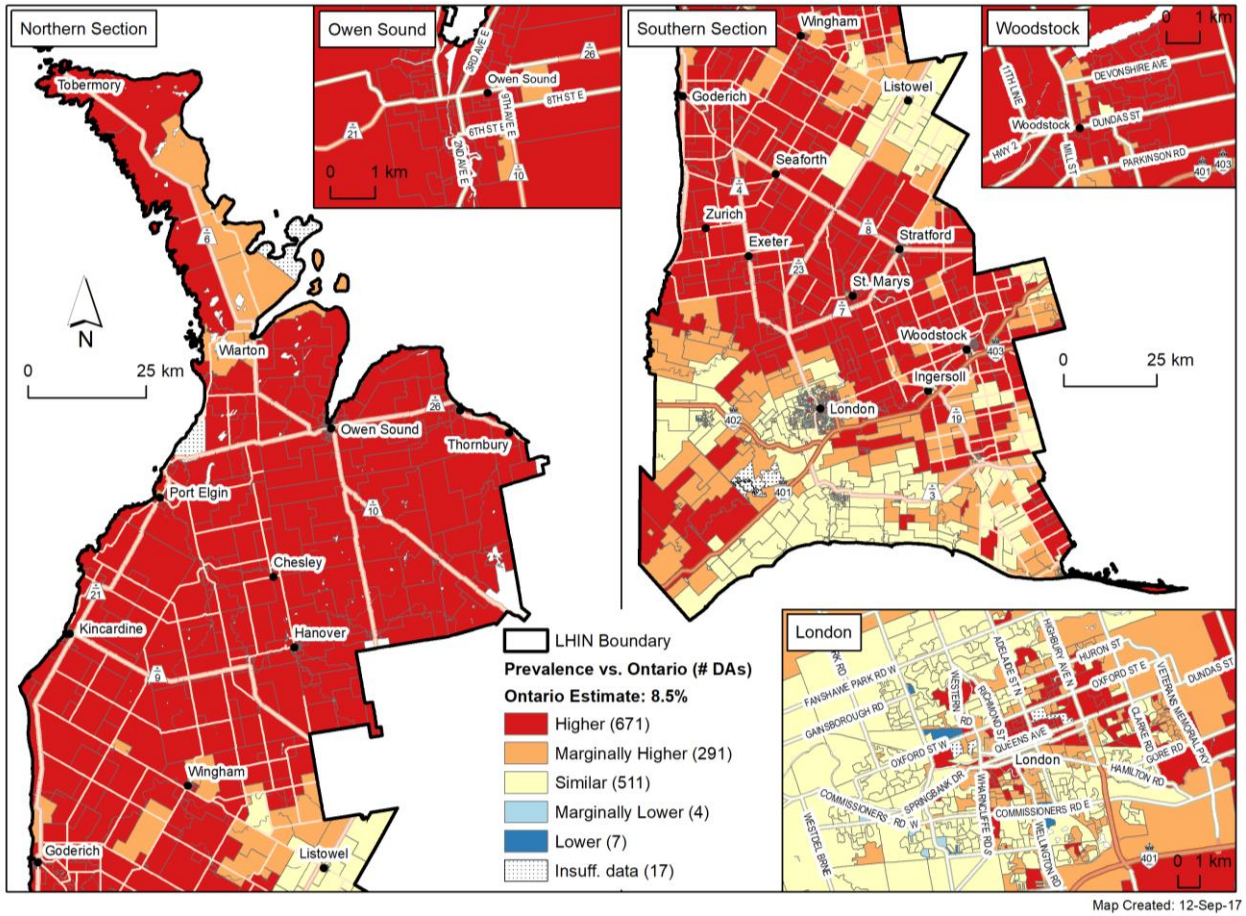
Category	Mean prevalence % (range)
Overall	7.3
Higher	10.5 (8.7, 16.7)
Marginally Higher	8.7 (8.0, 10.3)
Similar	7.1 (5.8, 8.7)
Marginally Lower	5.8 (5.1, 6.2)
Lower	5.1 (4.0, 5.7)

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



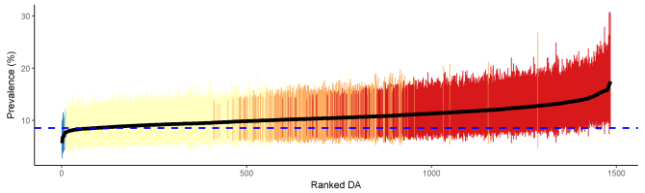
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.6 Alcohol consumption exceeding cancer prevention recommendations among males (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	10.8
Higher	12.2 (10.1, 17.5)
Marginally Higher	10.3 (9.6, 12.8)
Similar	9.2 (7.8, 10.8)
Marginally Lower	7.6 (7.5, 7.8)
Lower	6.7 (5.7, 7.2)

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.

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 (n=775; Figure 2.7) and males (n=630; Figure 2.8), there were many areas with a higher prevalence of excess body weight than the Ontario average throughout the LHIN, including areas throughout Woodstock and in the eastern parts of London. There were more areas with a higher prevalence located throughout Owen Sound for females than for males.

Lower prevalence than Ontario

For both sexes, areas with a lower prevalence of excess body weight than the Ontario average (females: n=88; Figure 2.7; males: n=64; Figure 2.8) tended to be located in London (all parts except those in the east).

Adolescents

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

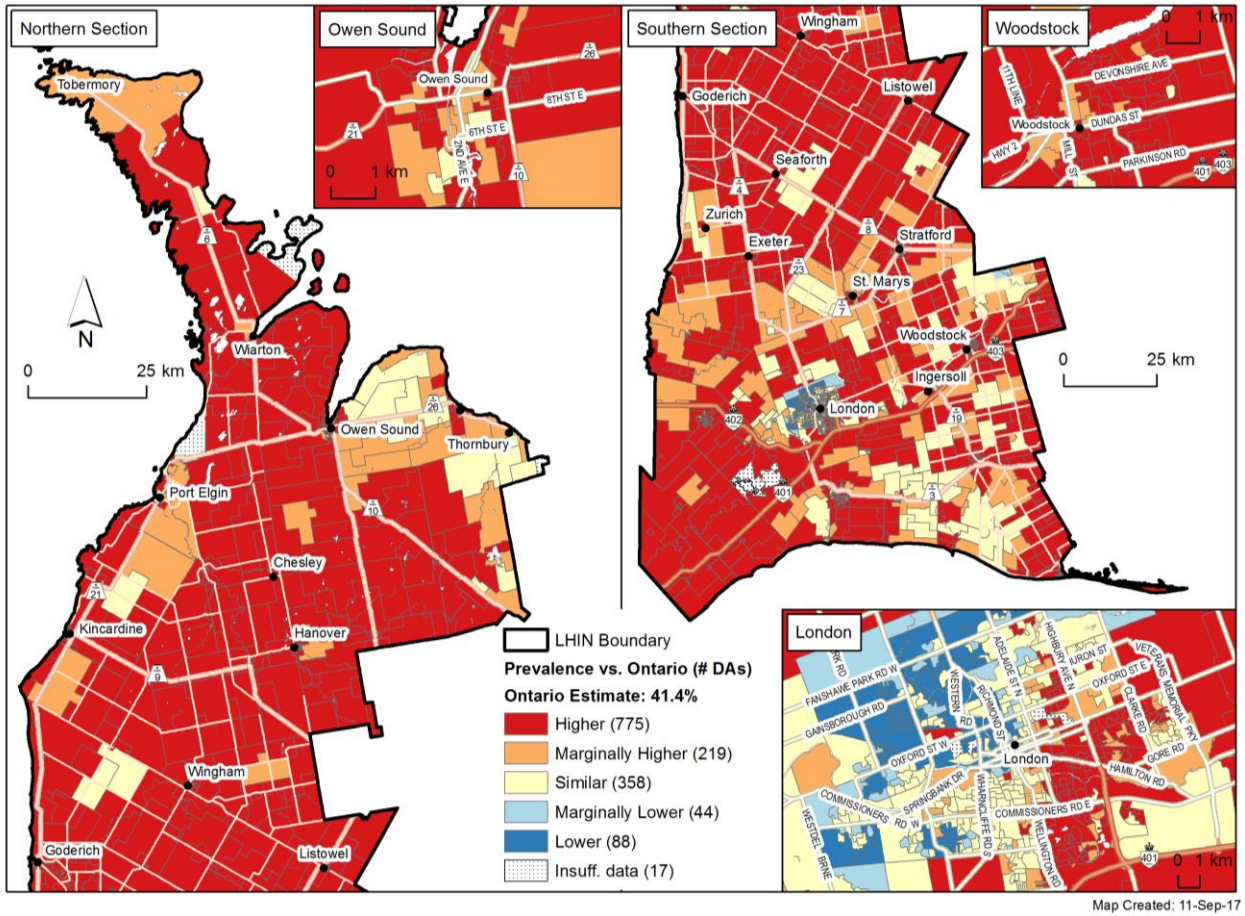
Higher prevalence than Ontario

For adolescent females (n=51; Figure 2.9), areas with a higher prevalence of excess body weight than the Ontario average tended to be located in the northern tip of the LHIN, northwest of Owen Sound. There were no higher prevalence areas detected for adolescent males, which is why that map is not shown.

Lower prevalence than Ontario

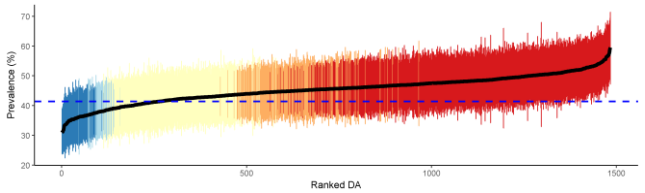
There were no areas with a lower prevalence of excess body weight than the Ontario average for adolescent females.

Figure 2.7 Excess body weight (overweight/obese) among females (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



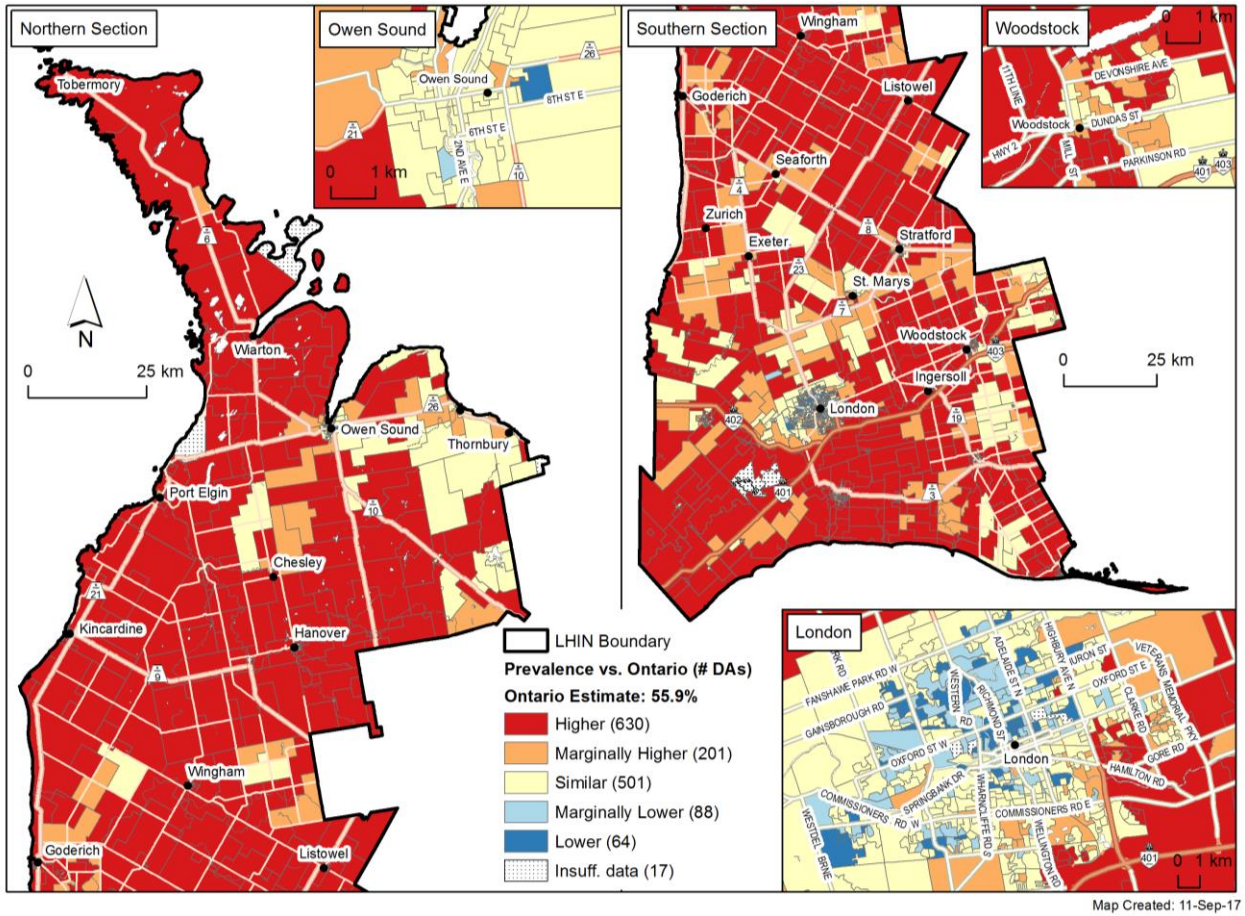
Category	Mean prevalence % (range)
Overall	45.4
Higher	48.8 (44.5, 59.5)
Marginally Higher	44.9 (43.3, 47.2)
Similar	41.8 (38.2, 44.7)
Marginally Lower	38.1 (36.2, 39.5)
Lower	35.7 (30.9, 38.2)

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



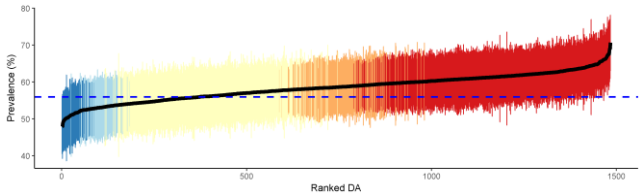
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.8 Excess body weight (overweight/obese) among males (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



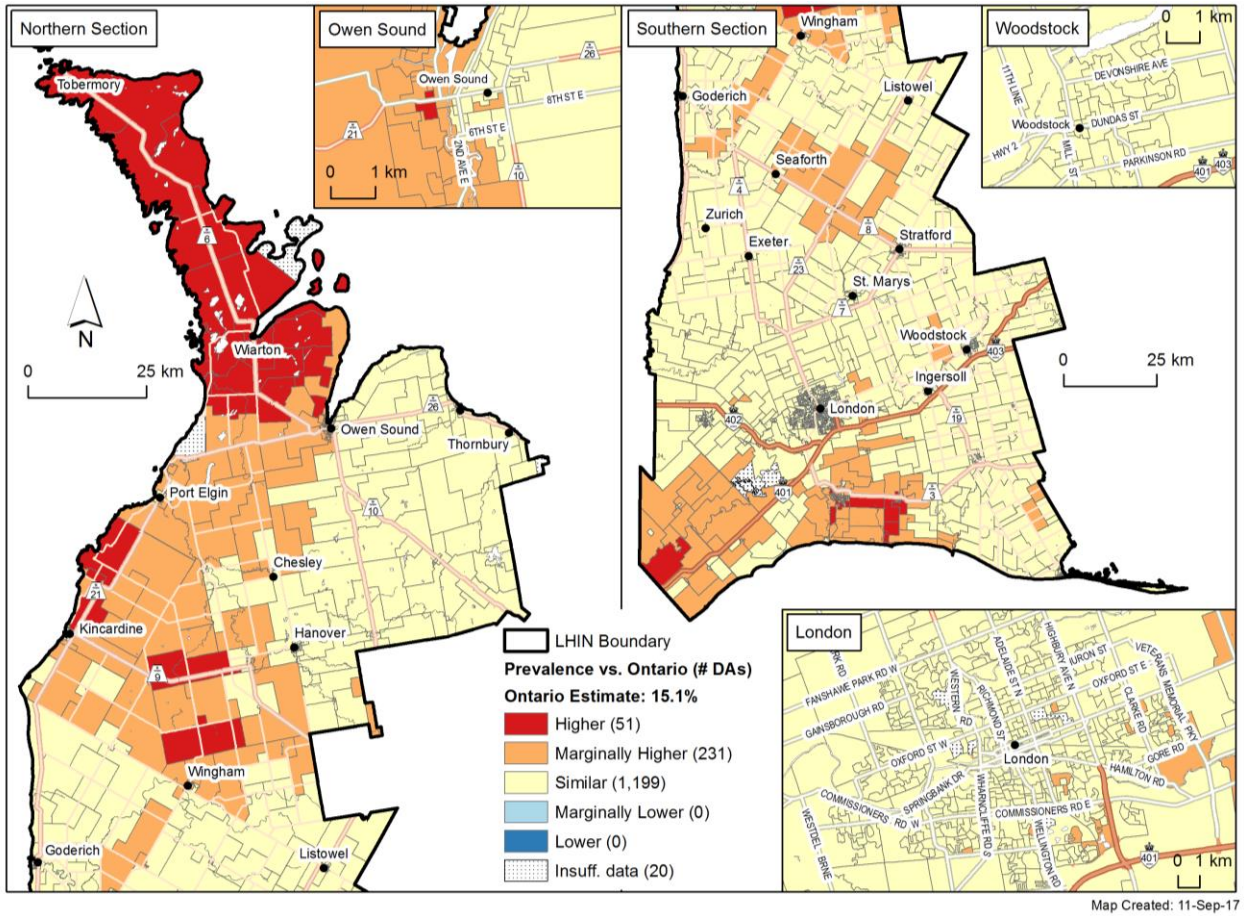
Category	Mean prevalence % (range)
Overall	58.4
Higher	61.7 (58.9, 70.7)
Marginally Higher	58.7 (57.7, 60.1)
Similar	56.1 (53.2, 58.6)
Marginally Lower	53.1 (51.1, 54.1)
Lower	51.2 (47.9, 52.8)

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.

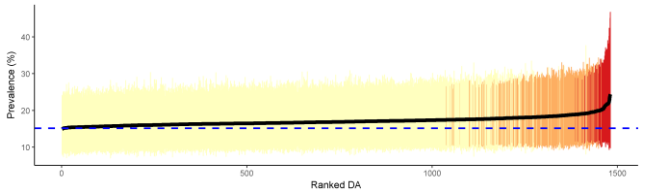
Figure 2.9 Excess body weight (overweight/obese) among adolescent females (ages 12 to 18), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	17.1
Higher	20.6 (18.9, 24.4)
Marginally Higher	18.4 (17.5, 20.2)
Similar	16.7 (14.9, 19.2)
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

For females, most areas with a higher prevalence of inadequate vegetable and fruit consumption than the Ontario average (n=333; Figure 2.10) were located in the southern half of the LHIN, in and southeast of London and in Woodstock, but with a few additional areas in Owen Sound and near Hanover. For males, higher prevalence areas (n=531; Figure 2.11) were located in the central part of the LHIN near Hanover, Wingham and Listowel, as well as towards the southern boundary of the LHIN, predominantly in and south of London and Woodstock. A few higher prevalent areas were also detected in Owen Sound.

Lower prevalence than Ontario

Areas with a lower prevalence of inadequate consumption were more common among females (n=181; Figure 2.10) than males (n=24; Figure 2.11). For females, these areas were located in the northern half of the LHIN, particularly near Port Elgin and Kincardine, and in the southern half of the LHIN near Goderich, Seaforth, Exeter, St. Mary's and Stratford. Several lower prevalence areas were also located towards northwestern London. For males, lower prevalence areas were located in northern London, with a few additional areas scattered throughout the northern part of the LHIN.

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.

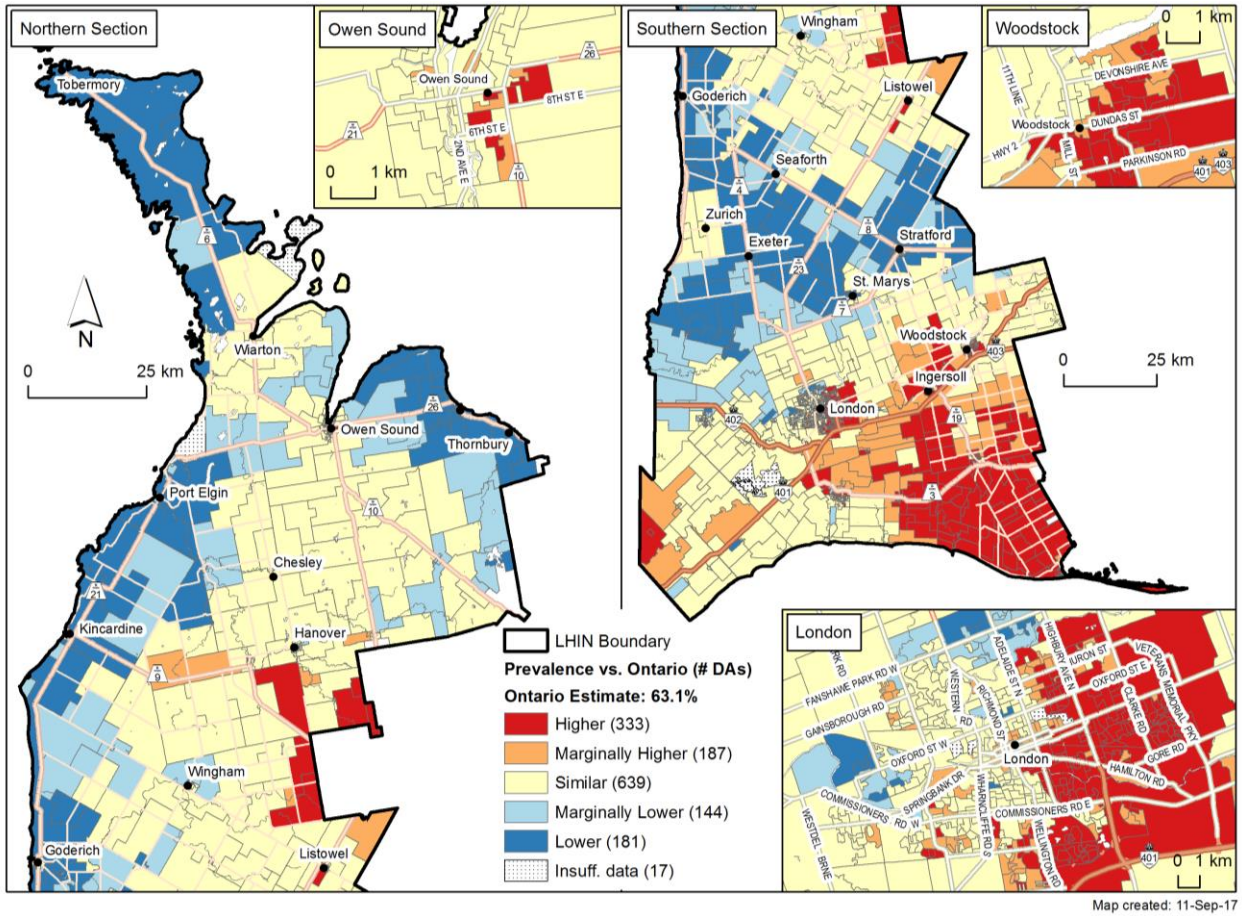
Higher prevalence than Ontario

Areas with a higher prevalence of inadequate vegetable and fruit consumption than the Ontario average were relatively uncommon in the South West LHIN for adolescent females (n=61; Figure 2.12) and adolescent males (n=109; Figure 2.13) For adolescent females, these areas were located south of Ingersoll, but for adolescent males these areas were located south and west of London.

Lower prevalence than Ontario

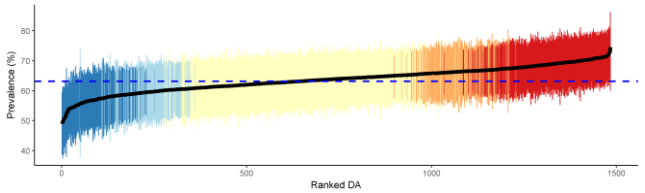
There were very few areas with a lower prevalence of inadequate vegetable and fruit consumption for adolescent females (n=16; Figure 2.12) and adolescent males (n=2; Figure 2.13). For adolescent females, many of these areas were located near Port Elgin.

Figure 2.10 Inadequate vegetable and fruit consumption among females (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



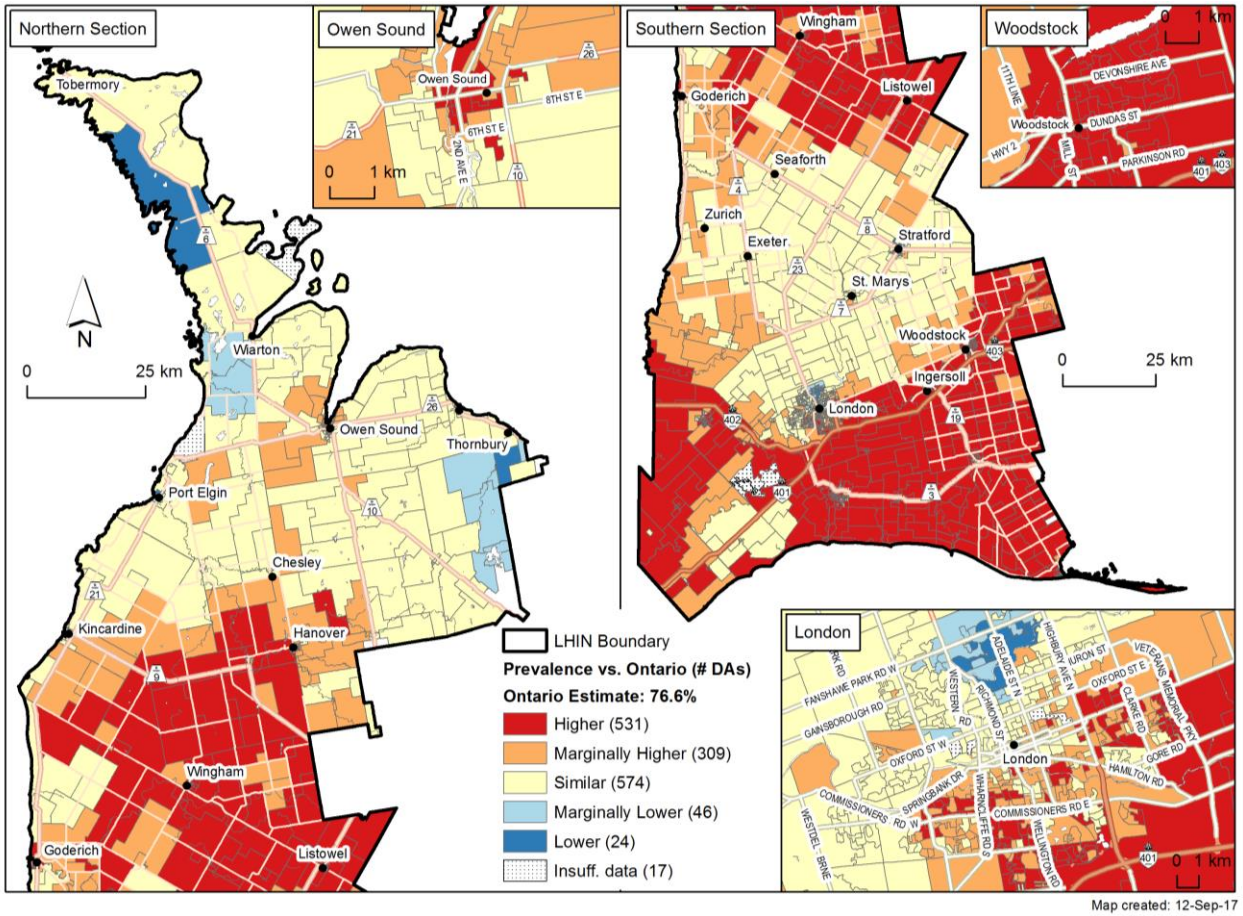
Category	Mean prevalence % (range)
Overall	63.7
Higher	68.9 (66.1, 74.6)
Marginally Higher	66.2 (65.0, 67.6)
Similar	63.1 (60.1, 66.3)
Marginally Lower	59.6 (55.7, 60.9)
Lower	56.5 (48.9, 59.7)

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



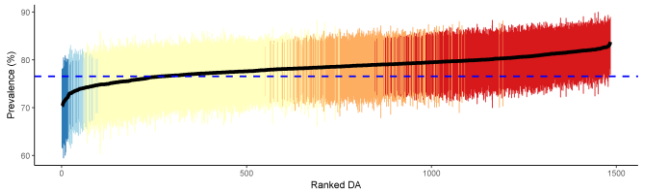
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.11 Inadequate vegetable and fruit consumption among males (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



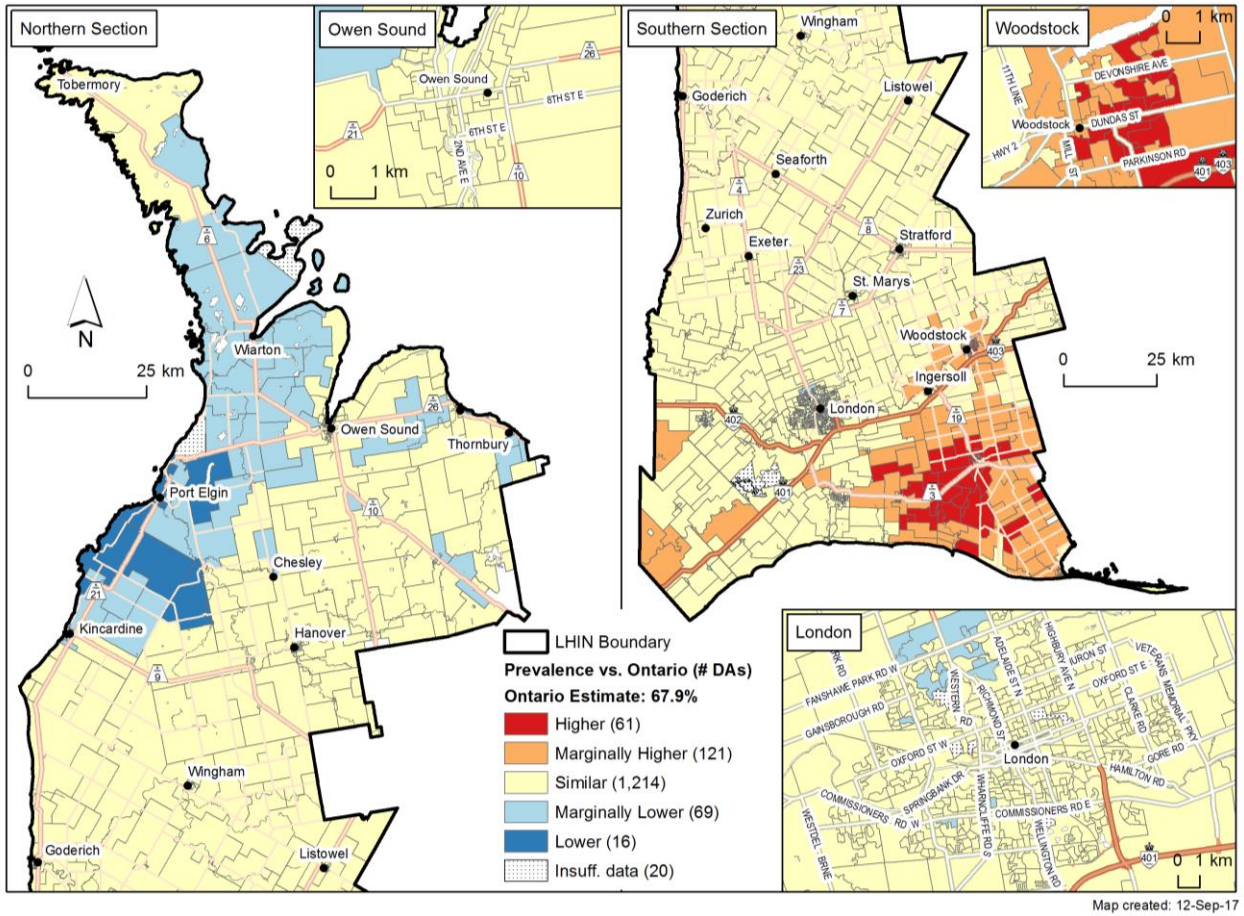
Category	Mean prevalence % (range)
Overall	78.4
Higher	80.7 (79.0, 83.8)
Marginally Higher	78.8 (77.9, 80.3)
Similar	76.8 (74.1, 78.6)
Marginally Lower	73.8 (72.7, 74.7)
Lower	72.0 (70.3, 73.8)

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



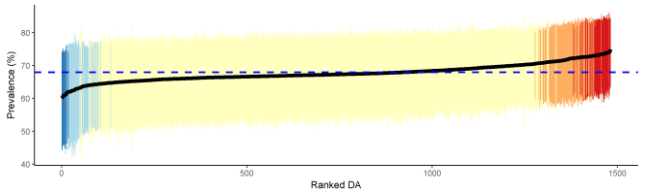
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.12 Inadequate vegetable and fruit consumption among adolescent females (ages 12 to 18), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



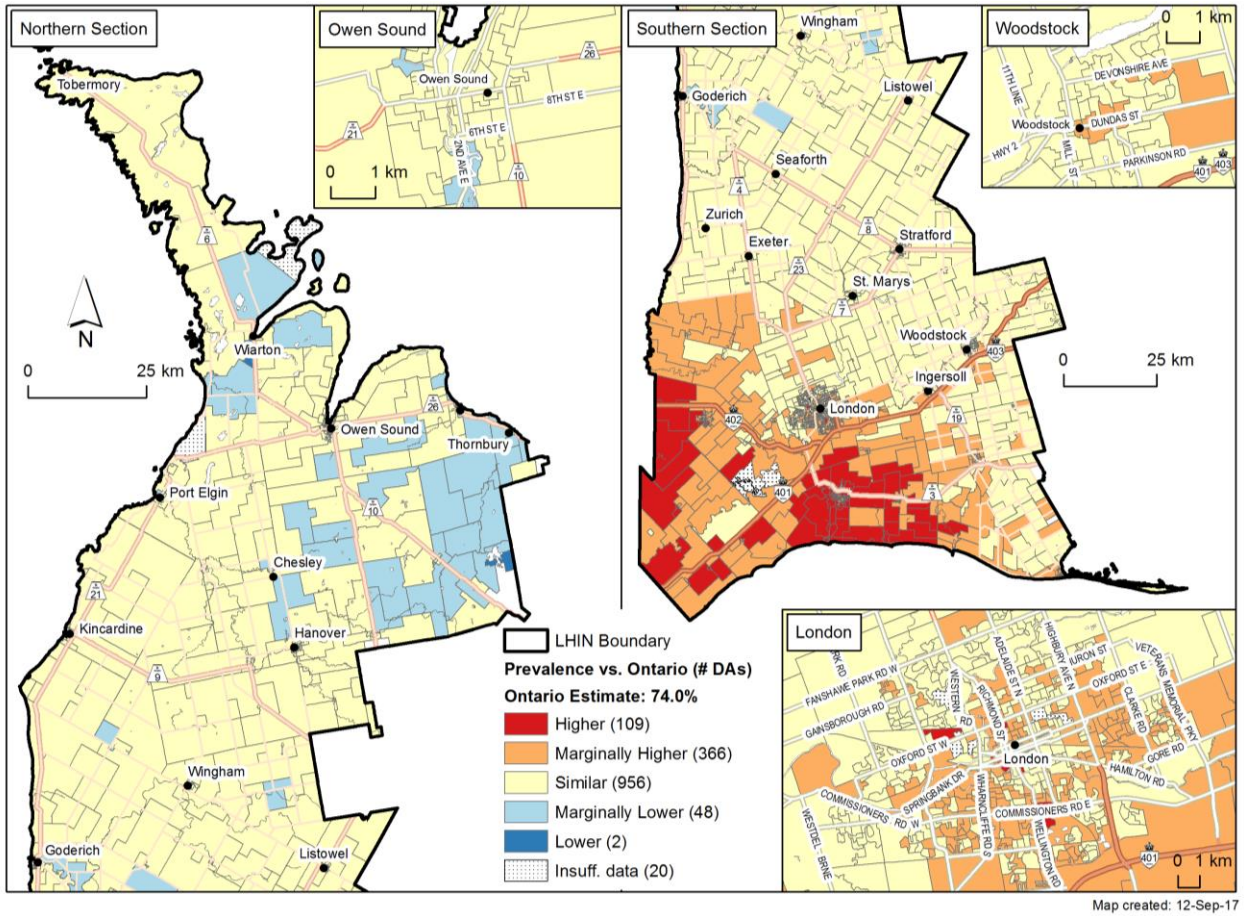
Category	Mean prevalence % (range)
Overall	67.7
Higher	73.2 (72.2, 74.9)
Marginally Higher	71.8 (70.5, 74.1)
Similar	67.3 (63.2, 71.3)
Marginally Lower	63.3 (61.1, 64.7)
Lower	61.1 (60.0, 62.0)

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



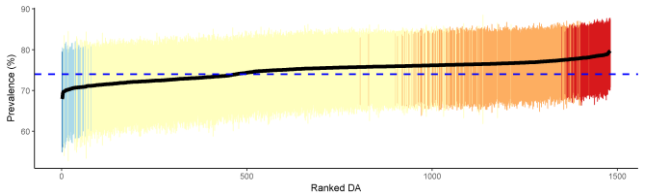
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.13 Inadequate vegetable and fruit consumption among adolescent males (ages 12 to 18), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	75.0
Higher	78.3 (77.5, 79.7)
Marginally Higher	76.7 (75.8, 78.1)
Similar	74.1 (69.8, 76.7)
Marginally Lower	70.4 (68.4, 71.2)
Lower	68.6 (67.9, 69.2)

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

There were fewer areas with a lower prevalence of physical activity than the Ontario average among females (n=106; Figure 2.14), compared to males (n=293; Figure 2.15). For females, these areas were scattered throughout the LHIN, with some clustering in London and Woodstock. For males, most areas were located towards the central part of the LHIN around Hanover, Wingham and Listowel. Additional areas were located in Woodstock and London, and near Ingersoll.

Higher prevalence than Ontario

For females (n=289; Figure 2.14), areas with a higher prevalence of physical activity than the Ontario average were located in the northern and southern halves of the LHIN, particularly around Owen Sound, Port Elgin, Thornbury, Chesley, Kincardine, Exeter and St. Mary's. Additional areas were located in London and southeast of London. For males (n=154; Figure 2.15), these areas were located near Wiarton and Thornbury, in Owen Sound and London, and scattered throughout the most southern half of the LHIN.

Adolescents

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

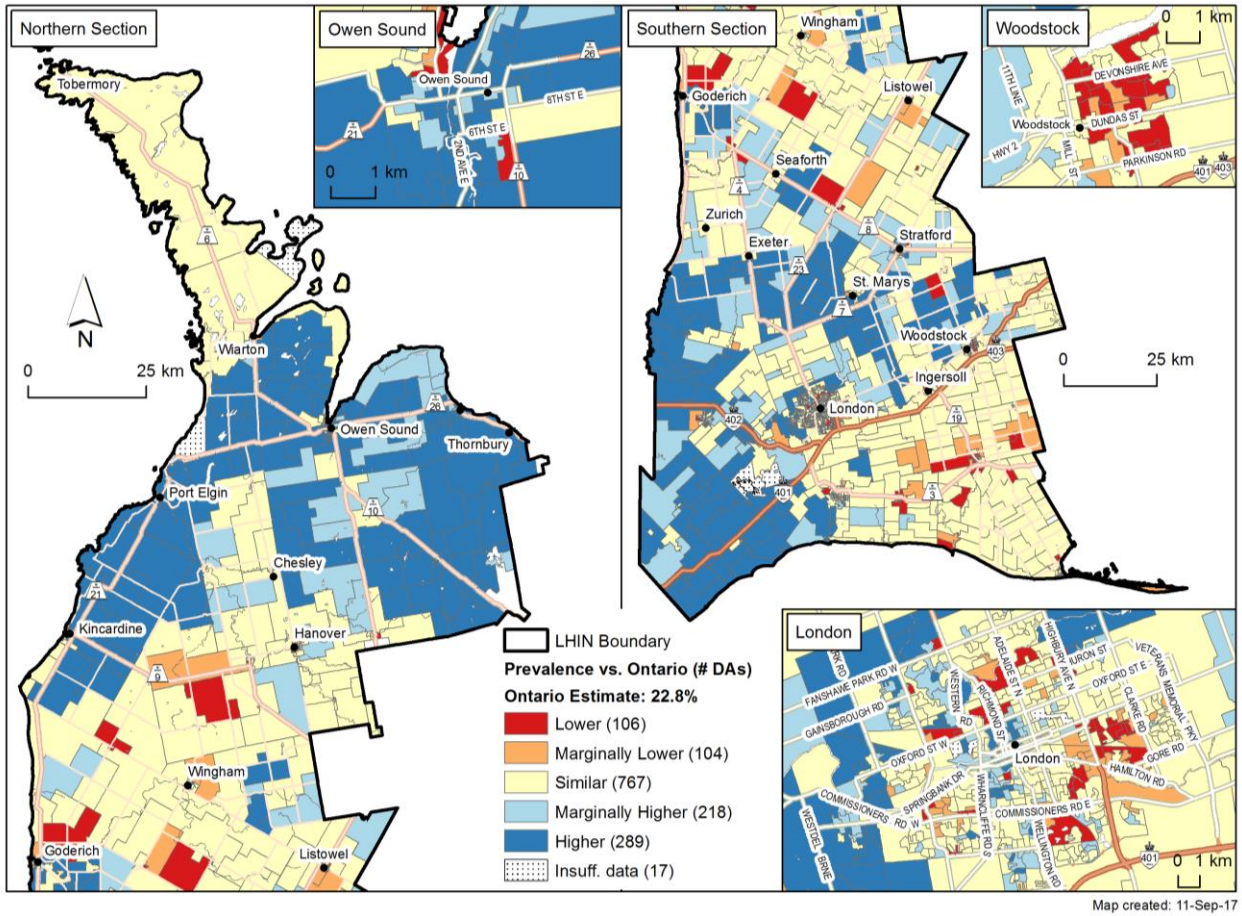
Lower prevalence than Ontario

Across the South West LHIN, there were no areas with a lower prevalence of physical activity than the Ontario average for adolescent females, which is why that map is not shown. For adolescent males (n=120; Figure 2.16), most of the lower prevalence areas were located in the central part of the LHIN, along its eastern boundary, between Hanover and Stratford. Additional areas were located throughout Woodstock and surrounding Ingersoll.

Higher prevalence than Ontario

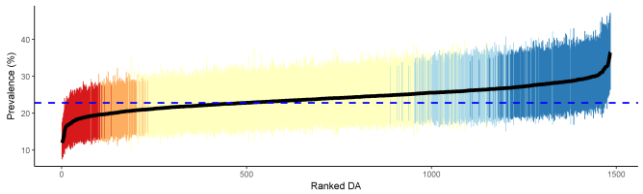
Among adolescent males (Figure 2.16), only one area of higher prevalence was detected southwest of London.

Figure 2.14 Physical activity among females (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



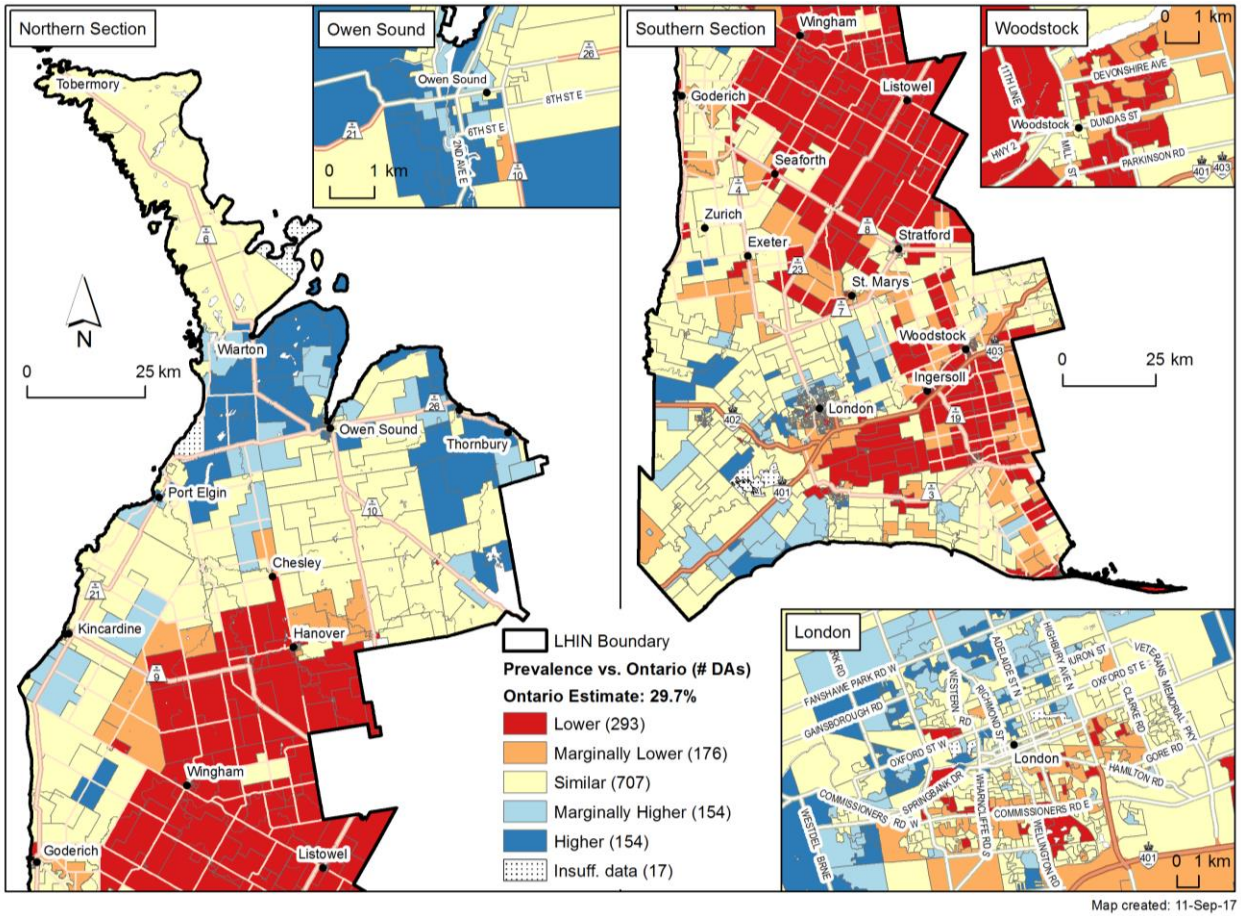
Category	Mean prevalence % (range)
Overall	24.2
Lower	18.1 (12.0, 20.0)
Marginally Lower	20.3 (19.2, 21.1)
Similar	23.3 (20.6, 26.4)
Marginally Higher	26.1 (24.9, 28.7)
Higher	28.6 (26.2, 36.5)

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



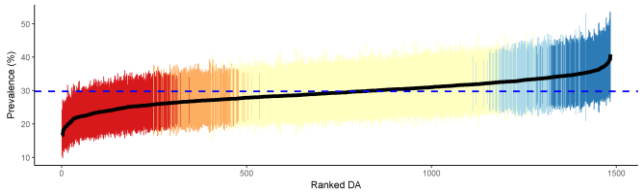
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.15 Physical activity among males (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



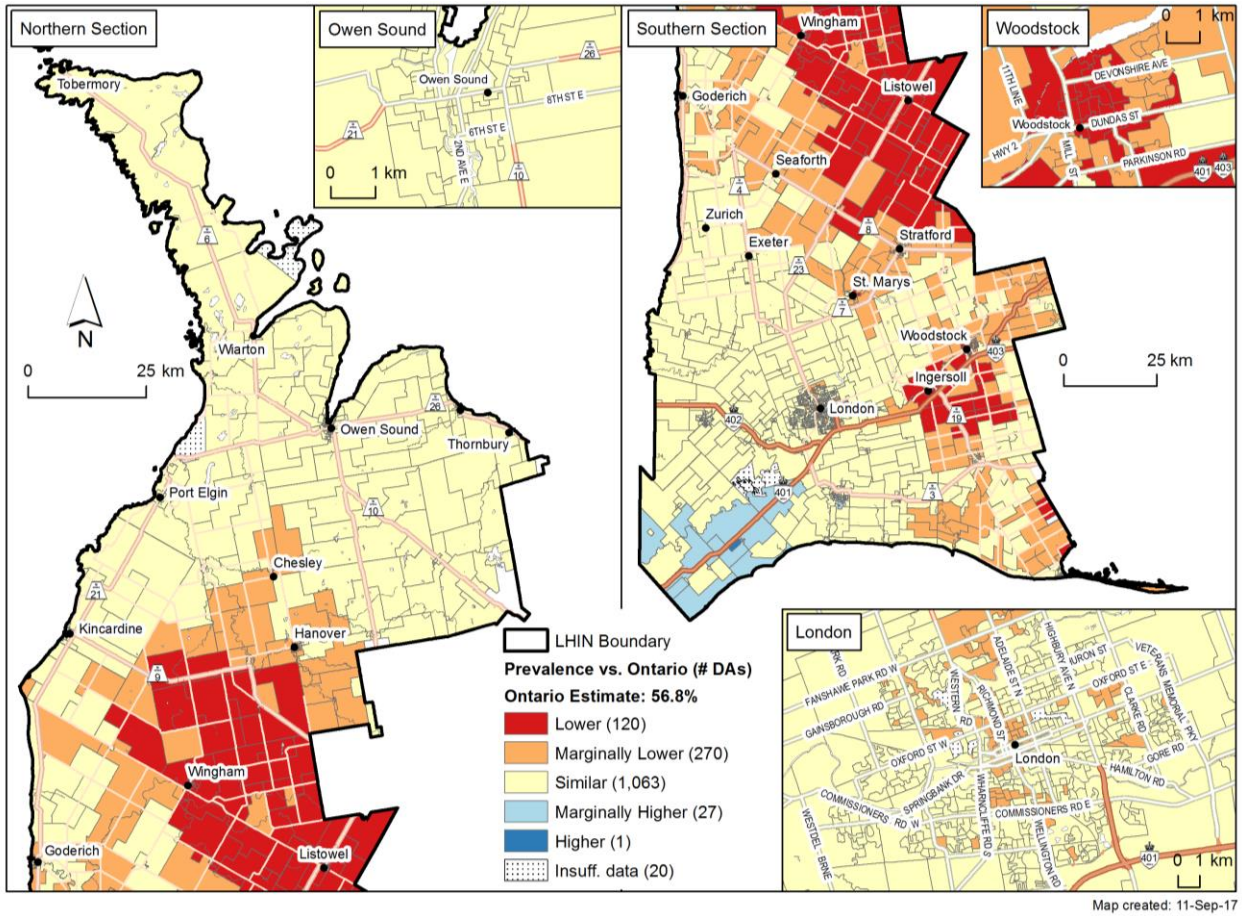
Category	Mean prevalence % (range)
Overall	29.3
Lower	24.0 (16.6, 26.8)
Marginally Lower	27.0 (25.9, 28.1)
Similar	29.9 (27.2, 33.4)
Marginally Higher	33.2 (31.9, 35.4)
Higher	35.5 (33.3, 40.8)

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



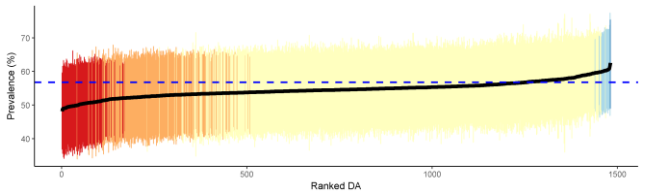
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.16 Physical activity among adolescent males (ages 12 to 18), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	54.6
Lower	50.4 (48.2, 52.1)
Marginally Lower	52.7 (50.0, 53.8)
Similar	55.4 (52.6, 60.3)
Marginally Higher	60.3 (59.6, 62.0)
Higher	62.6 (62.6, 62.6)

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.

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

Across the LHIN, there were relatively few areas with a higher prevalence of sedentary behaviour than the Ontario average for females (n=46; Figure 2.17) and males (n=73; Figure 2.18). For females, these areas were located throughout London, in parts of Owen Sound and Woodstock and near the northern tip of the LHIN. For males, the few areas with higher prevalence were located throughout London and along Devonshire Avenue in Woodstock.

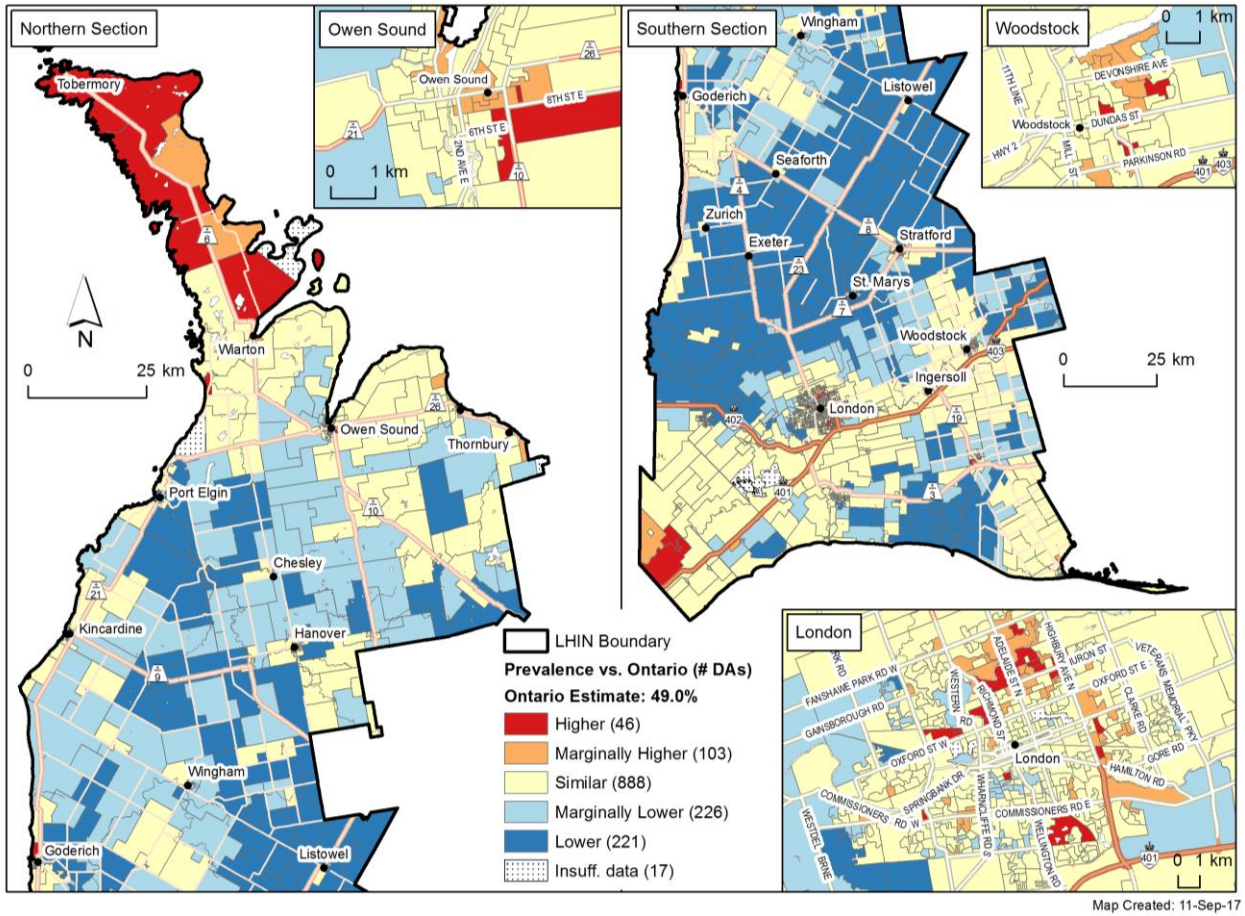
Lower prevalence than Ontario

Areas with a lower prevalence of sedentary behaviour were less common among females (n=221; Figure 2.17) than males (n=449; Figure 2.18). For females, these areas were more common in the central part of the LHIN, ranging from Port Elgin south to St. Mary's. Additional areas were located west and south of London, as well as east of Woodstock. For males, the higher prevalence areas were also located throughout the central part of the LHIN, but were more extensively distributed from Owen Sound south to Ingersoll.

Adolescents

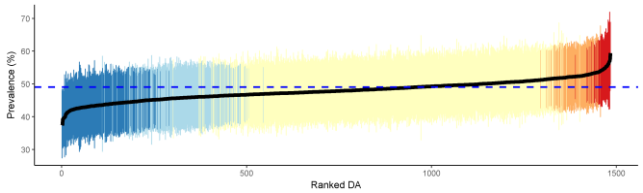
More than half of the Ontario adolescent population reported sedentary behaviour during leisure time, at approximately 55% for females and 60% for males. In the South West LHIN, no areas of higher prevalence than the Ontario average among adolescents were evident, which is why those maps are not shown.

Figure 2.17 Sedentary behaviour among females (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



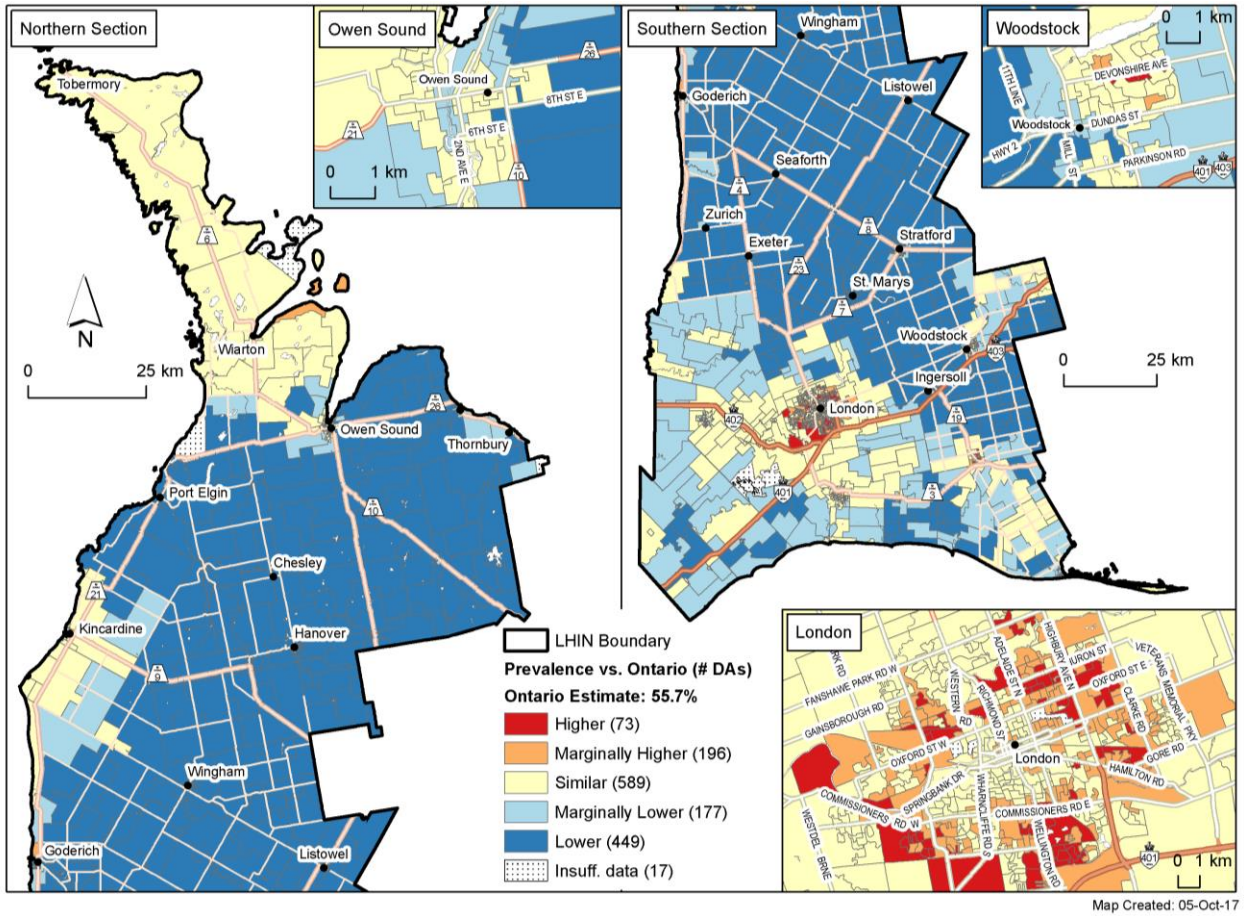
Category	Mean prevalence % (range)
Overall	47.9
Higher	54.6 (52.3, 59.5)
Marginally Higher	52.3 (51.3, 53.9)
Similar	48.8 (45.6, 52.4)
Marginally Lower	45.8 (43.6, 47.0)
Lower	43.4 (37.4, 45.6)

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



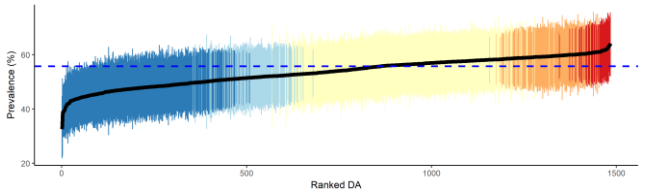
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.18 Sedentary behaviour among males (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	53.6
Higher	61.1 (59.6, 64.1)
Marginally Higher	59.4 (58.1, 61.0)
Similar	55.9 (52.1, 59.5)
Marginally Lower	51.7 (49.6, 53.1)
Lower	47.4 (32.6, 51.5)

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: 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=501; Figure 2.19) and males (n=357; Figure 2.20), areas with a higher prevalence of current smoking than the Ontario average were located throughout Owen Sound, Woodstock and London, and towards the southern boundary of the LHIN. For females, additional areas were located near Hanover to the eastern boundary of the LHIN, as well as near Wingham and Goderich. For males, higher prevalence areas tended to be located in the southeastern tip of the LHIN. Additional areas for males were located near Seaforth.

Lower prevalence than Ontario

Areas with a lower prevalence of current smoking than the Ontario average were primarily located in the southern half of the LHIN for females (n=147; Figure 2.19), with many areas located west of and in London, and north of Stratford. For males, lower prevalence areas (n=260; Figure 2.20) were also located west of and in London, as well as in the northern part of the LHIN near Kincardine, Port Elgin and Wiarton. Some areas were located in Owen Sound.

Adolescents

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

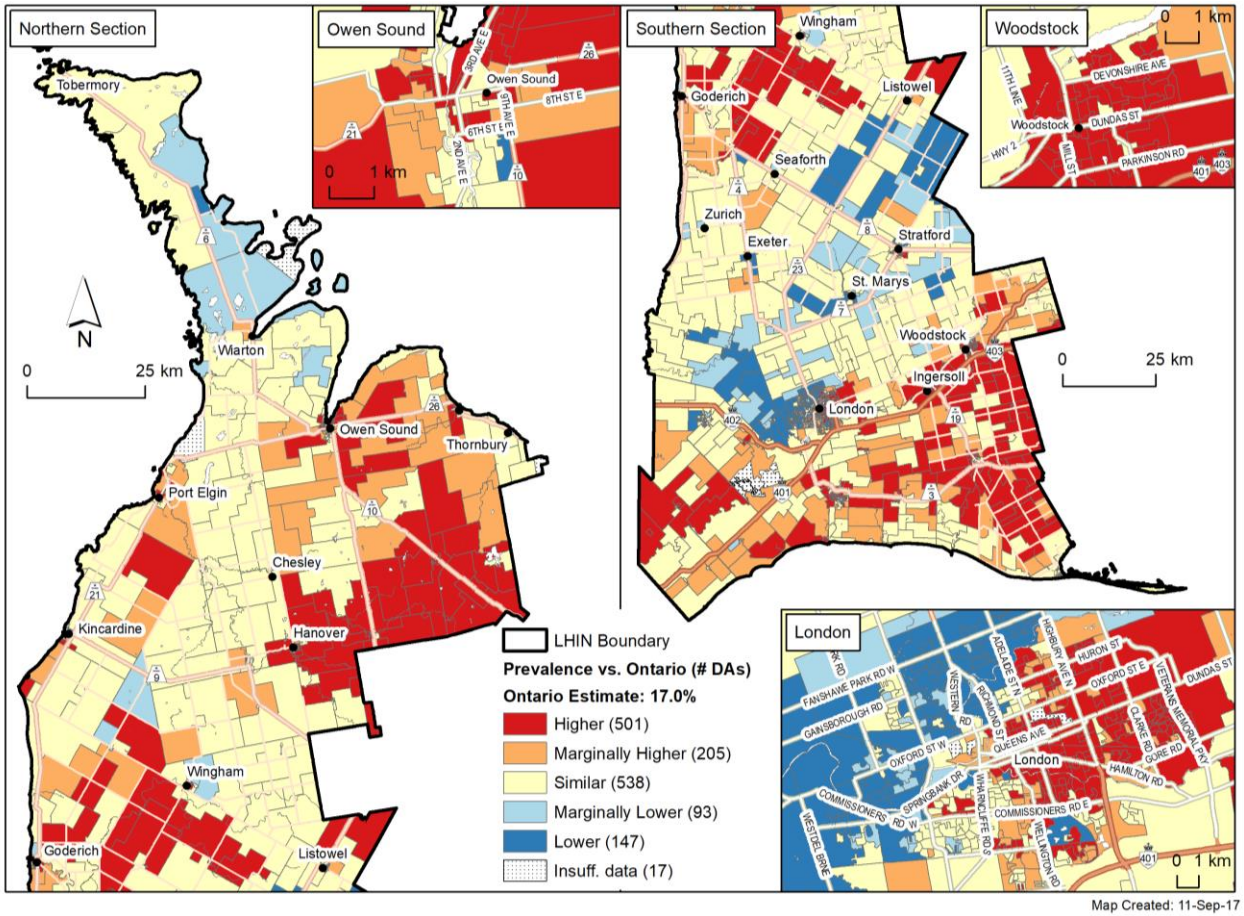
Higher prevalence than Ontario

Areas with a higher prevalence of current smoking than the Ontario average were far less common for adolescent females (n=90; Figure 2.21), compared to adolescent males (n=442; Figure 2.22). For adolescent females, these areas were scattered throughout the LHIN, but were more prominent in the southern half of the LHIN. For adolescent males, higher prevalence areas were detected throughout most of the LHIN, with the exception of the northern tip. Many areas for adolescent males were located near Hanover, Wingham, Listowel, Seaforth, Zurich, Stratford, St. Mary's and Ingersoll, and throughout Woodstock and London. A few higher prevalence areas for adolescent males were also located in Owen Sound.

Lower prevalence than Ontario

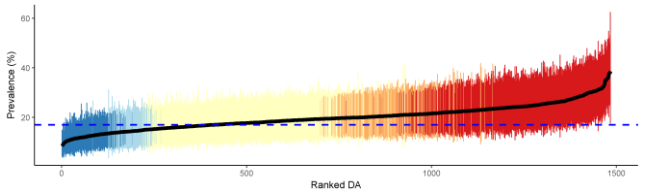
For adolescent females (n=57; Figure 2.21) and adolescent males (n=11; Figure 2.22), most areas with a lower prevalence of current smoking than the Ontario average were primarily located in London.

Figure 2.19 Current smoking among females (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



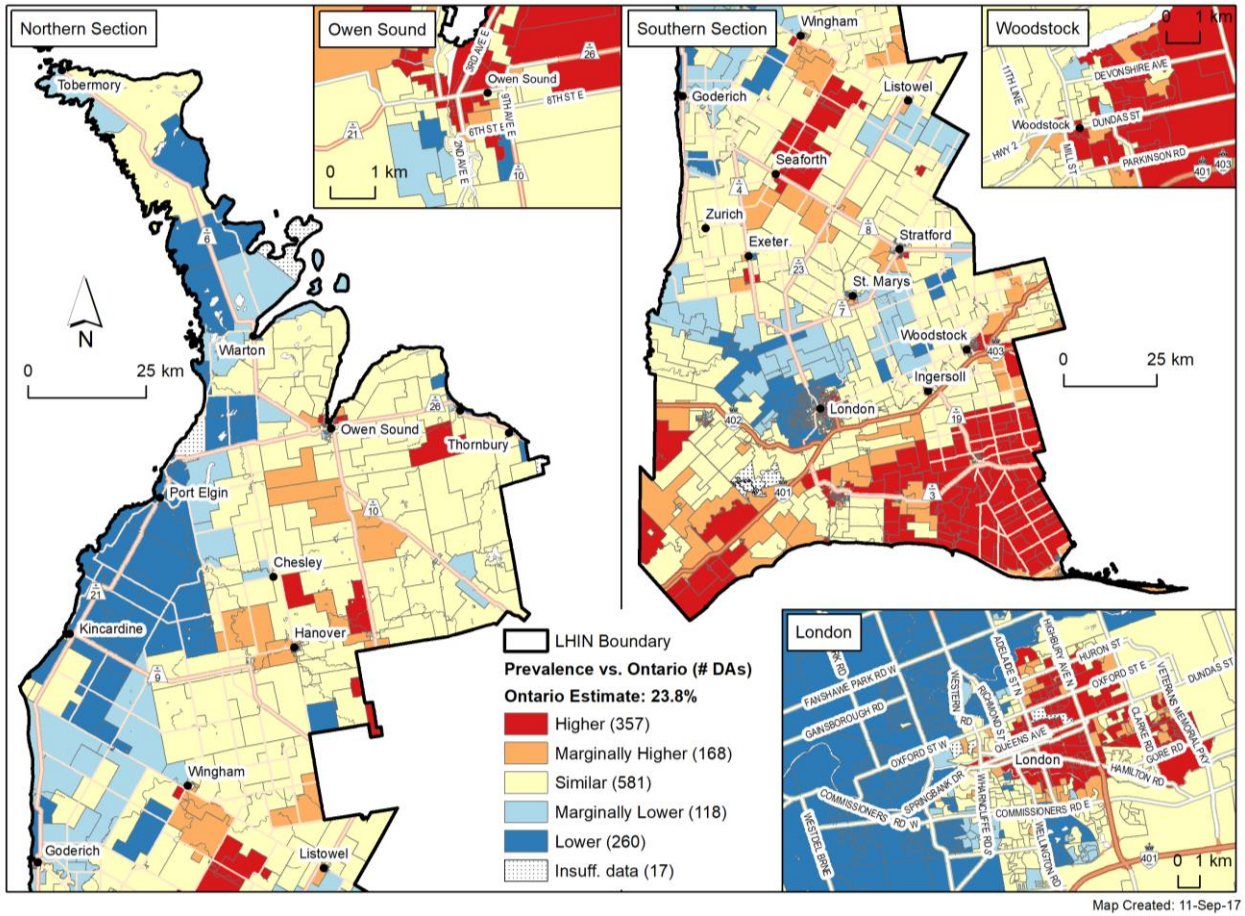
Category	Mean prevalence % (range)
Overall	19.9
Higher	25.2 (19.8, 38.6)
Marginally Higher	20.7 (19.4, 23.4)
Similar	17.8 (14.9, 21.3)
Marginally Lower	14.5 (12.7, 15.6)
Lower	12.3 (8.5, 14.5)

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



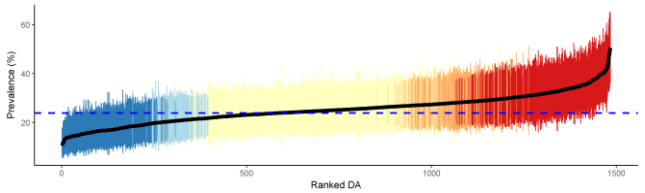
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.20 Current smoking among males (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



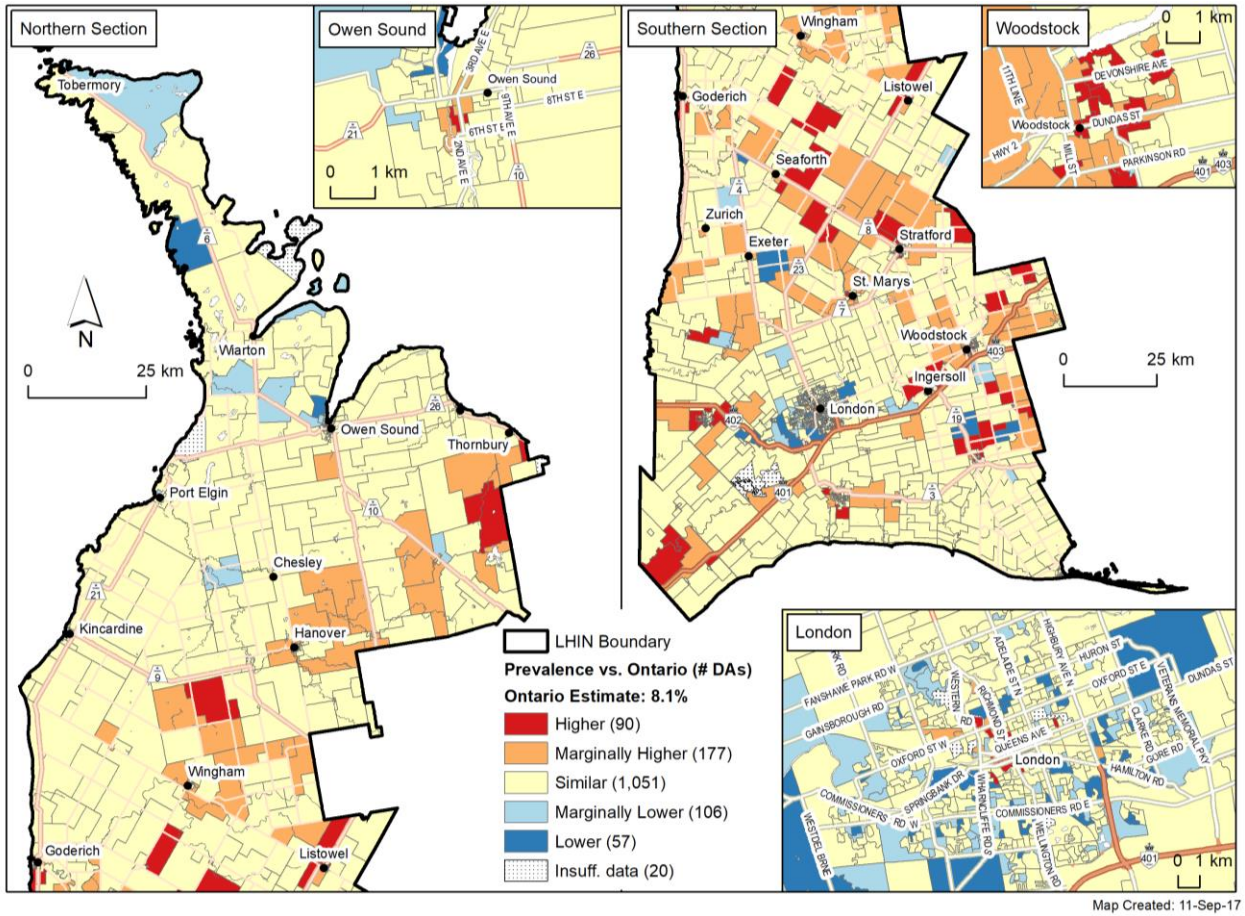
Category	Mean prevalence % (range)
Overall	25.3
Higher	32.9 (27.9, 50.6)
Marginally Higher	27.9 (26.1, 31.0)
Similar	24.5 (20.9, 29.5)
Marginally Lower	20.8 (18.5, 21.9)
Lower	16.9 (10.5, 20.7)

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



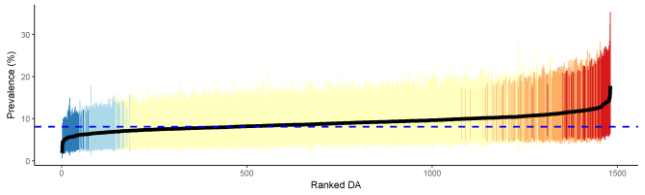
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.21 Current smoking among adolescent females (ages 12 to 18), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



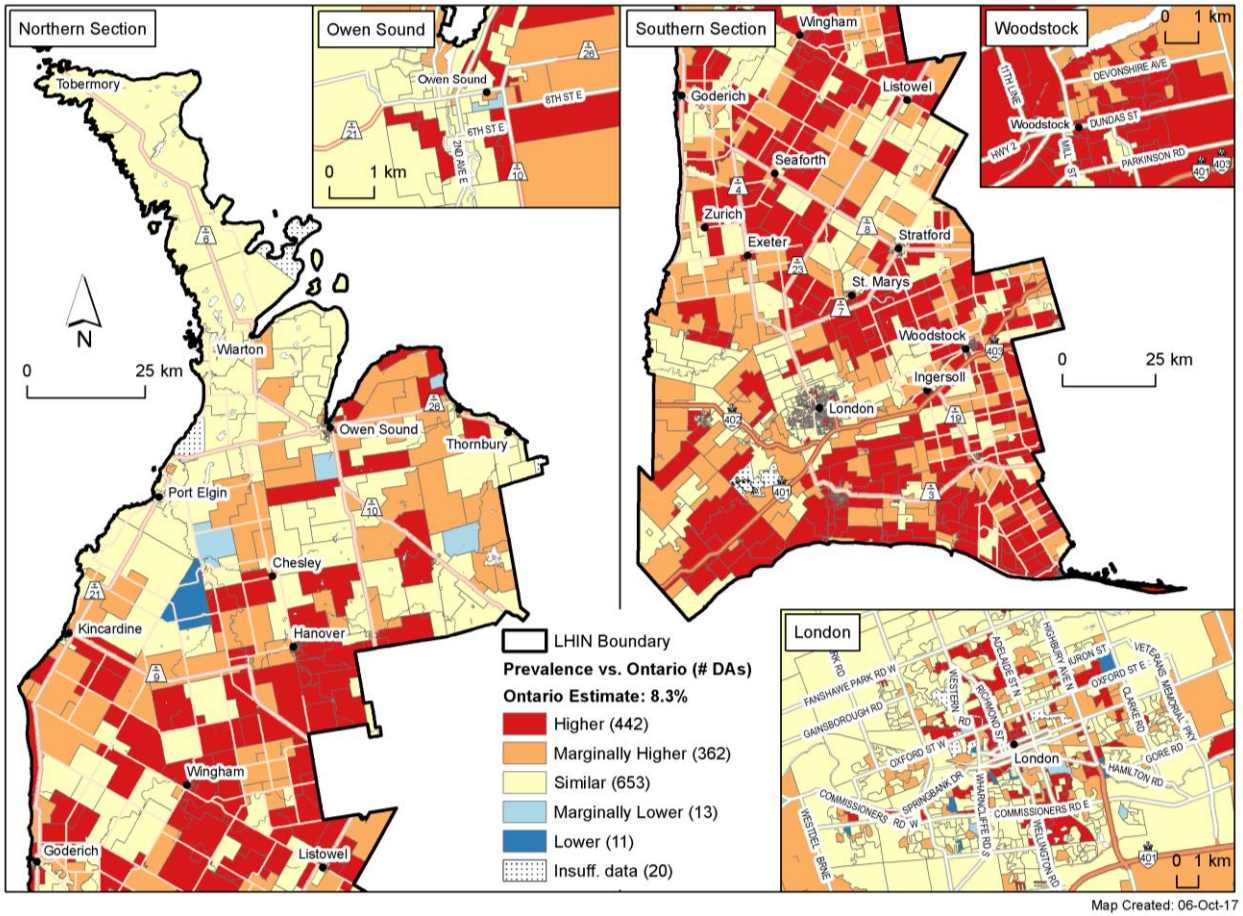
Category	Mean prevalence % (range)
Overall	9.0
Higher	12.6 (10.8, 17.8)
Marginally Higher	11.0 (10.0, 12.7)
Similar	8.8 (6.9, 11.1)
Marginally Lower	6.7 (6.2, 7.2)
Lower	5.6 (1.8, 6.4)

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



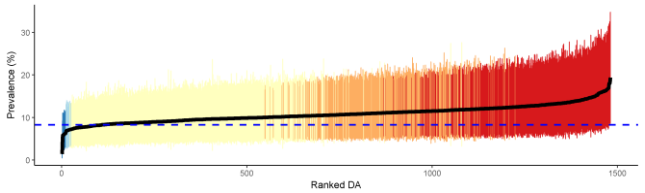
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.22 Current smoking among adolescent males (ages 12 to 18), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	10.8
Higher	13.0 (11.1, 19.4)
Marginally Higher	11.1 (10.0, 12.5)
Similar	9.3 (7.2, 11.9)
Marginally Lower	7.1 (6.9, 7.3)
Lower	5.6 (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.

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=998; Figure 2.23) and males (n=900; Figure 2.24), most areas across the LHIN had a higher prevalence of ever-smoked status than the Ontario average. For both sexes, there were fewer high prevalence areas located along the eastern boundary of the central part of the LHIN. For females, more higher prevalence areas were located in London compared to males.

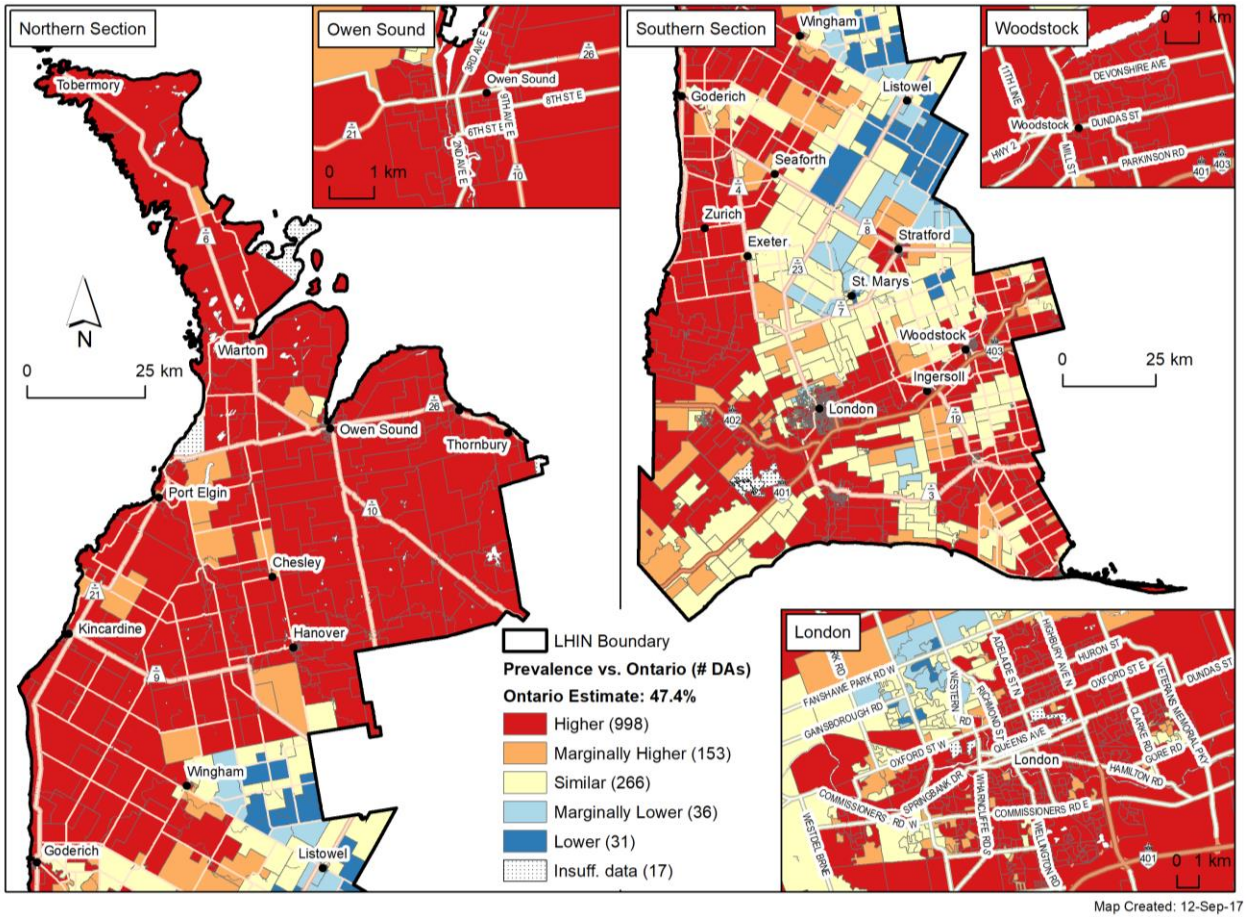
Lower prevalence than Ontario

For females (n=31; Figure 2.23), areas with a lower prevalence of ever-smoked status than the Ontario average were located east of Wingham, south of Listowel and throughout parts of London. For males (n=60; Figure 2.24), many lower prevalence areas were located in London.

Adolescents

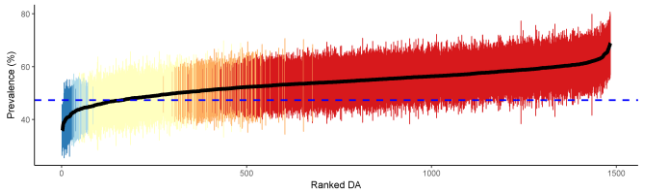
The area-based prevalence of ever-smoked status was not estimated for adolescent populations.

Figure 2.23 Ever-smoked status among females (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



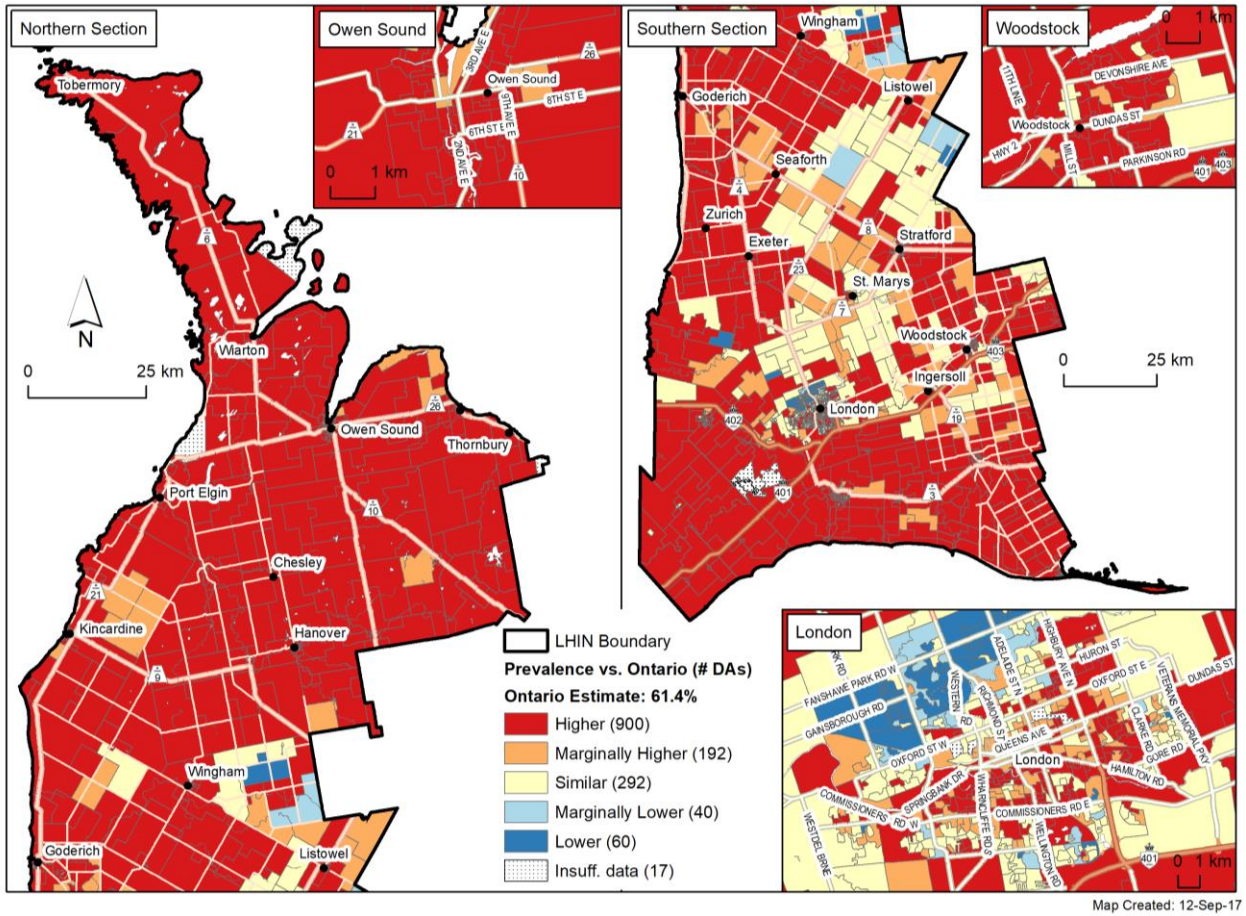
Category	Mean prevalence % (range)
Overall	53.9
Higher	56.7 (50.4, 69.0)
Marginally Higher	51.4 (49.5, 53.8)
Similar	48.0 (43.8, 52.2)
Marginally Lower	43.9 (42.4, 45.1)
Lower	40.5 (35.8, 43.4)

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



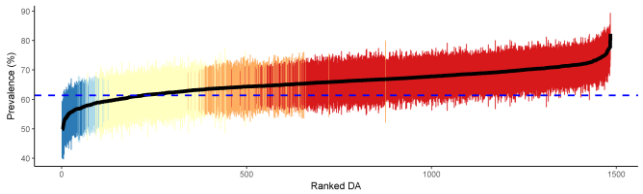
Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario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

Figure 2.24 Ever-smoked status among males (age 12 and older), 2000–2014, South West Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	65.8
Higher	68.5 (64.1, 82.3)
Marginally Higher	64.3 (62.9, 66.9)
Similar	61.6 (58.0, 64.3)
Marginally Lower	58.3 (56.8, 59.5)
Lower	55.4 (49.7, 58.0)

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.