

CHART 1

“Excellent” or “Very Good” Health

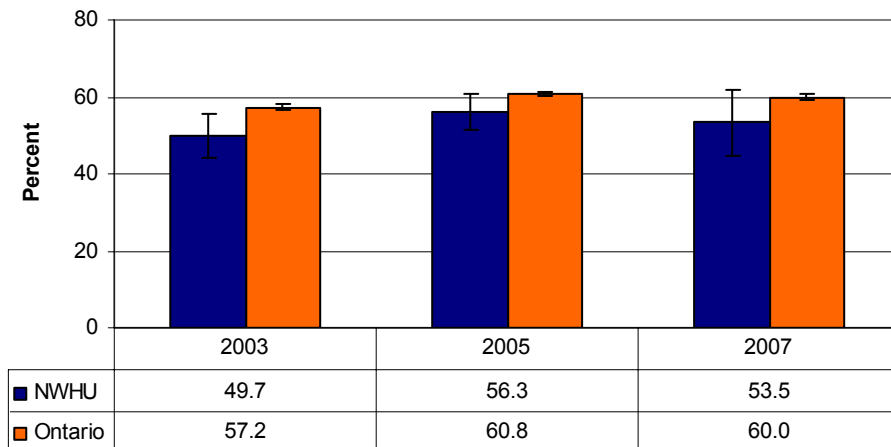
A. Definition:
Population aged 12 and over who reported perceiving their own health status as being either excellent or very good. Perceived health refers to the perception of a person’s health in general, either by the person himself or herself, or in the case of proxy response, by the person responding.

B. Significance:
Health status can reflect aspects of health not captured in other measures, such as incipient disease. Health means not only the absence of disease or injury but also physical, mental and social well being.

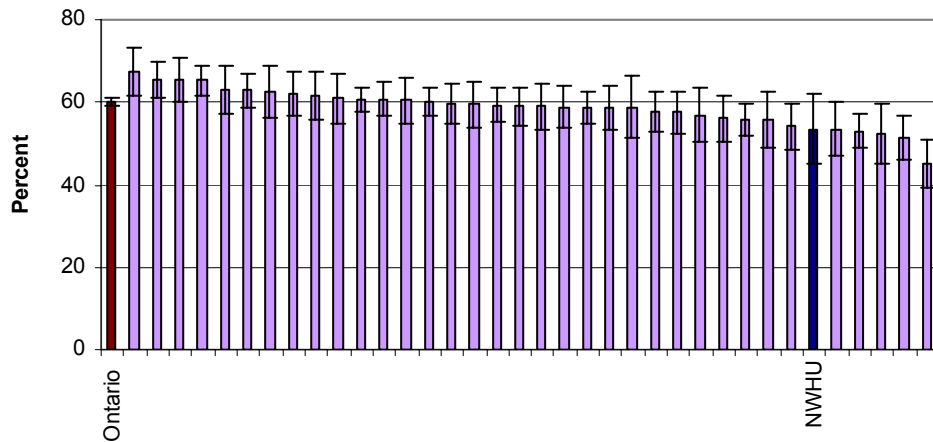
C. Limitations:
The data used for this indicator are self-reported and based upon one’s perception. Self-reported data may be subject to errors in recall, over or under reporting because of social desirability and errors from proxy reporting. Does not include people who are homeless or living in institutions, First Nations people living on reserves or members of the Armed Forces.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

“Excellent” or “Very Good” Self-Reported Health, 2003, 2005 & 2007



“Excellent” or “Very Good” Self-Reported Health, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit region:

- The proportion of the population self-reporting “excellent” or “very good” health has fluctuated over the CCHS years. In 2007, the total (53.5%) was lower than that found in 2005 (56.3%).
- In the 2007 CCHS, residents in the NWHU region ranked 31st among the 36 health units in Ontario for reporting “excellent” or “very good” health.

CHART 2

“Excellent” or “Very Good” Mental Health

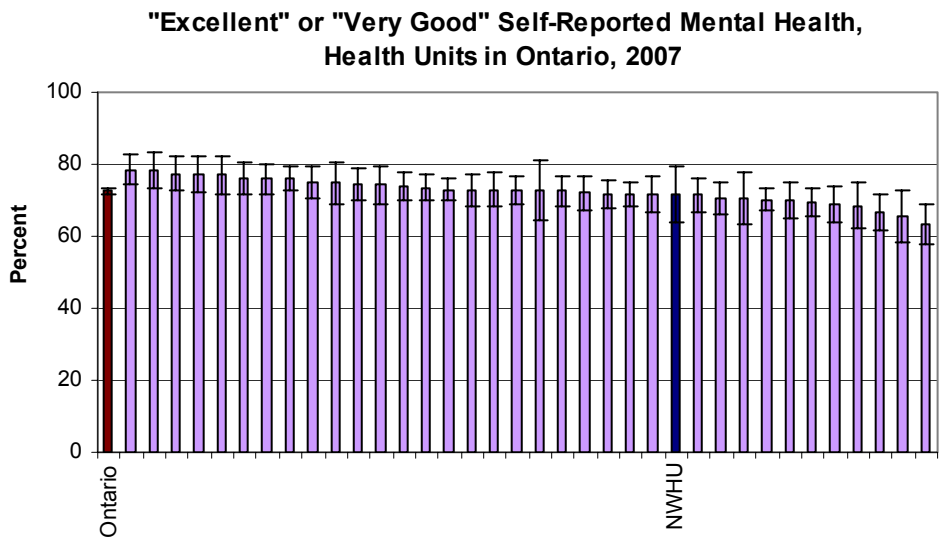
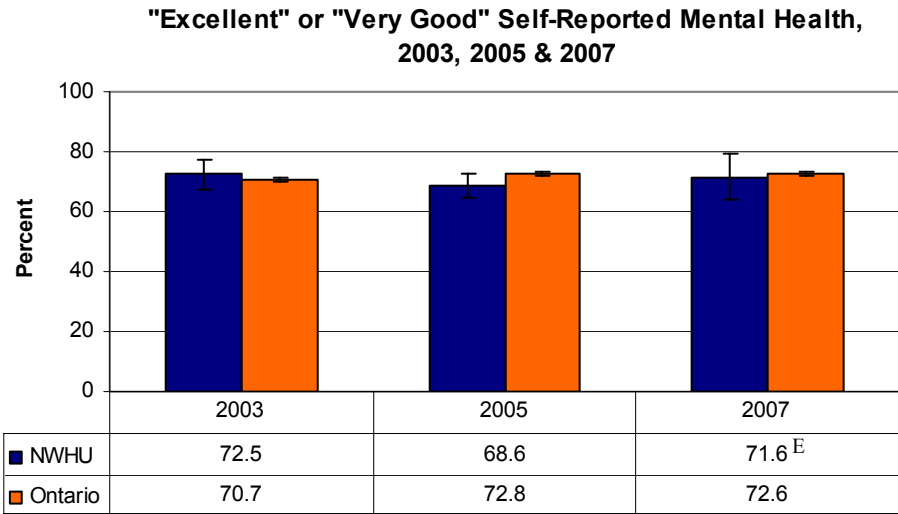
A. Definition:
Population aged 12 and over who reported perceiving their own mental health status as being excellent or very good. Perceived mental health refers to the perception of a person’s mental health in general.

B. Significance:
Self-reported mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in self-reported (physical) health. It is an indicator of perception of one’s own mental health.

C. Limitations:
The data used for this indicator are self-reported and based upon one’s perception. Self-reported mental health data may be subject to errors in recall, over reporting or underreporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2.1 and 3.1) 2003 and 2005. CANSIM table 105-0400 is an update of the CANSIM table 105-0200.

Note: E means to interpret estimate with caution.



Summary of findings for Northwestern Health Unit region:

- In 2007, the proportion of the population self-reporting “excellent” or “very good” mental health increased from that reported in 2005 (71.6% from 68.6%).
- In the 2007 CCHS, residents in the NWHU region ranked 25th among the 36 health units in Ontario reporting “very good” or “excellent” mental health.

CHART 3

High Blood Pressure

A. Definition:
Population aged 12 and older who report that they have been diagnosed by a health professional as having high blood pressure.

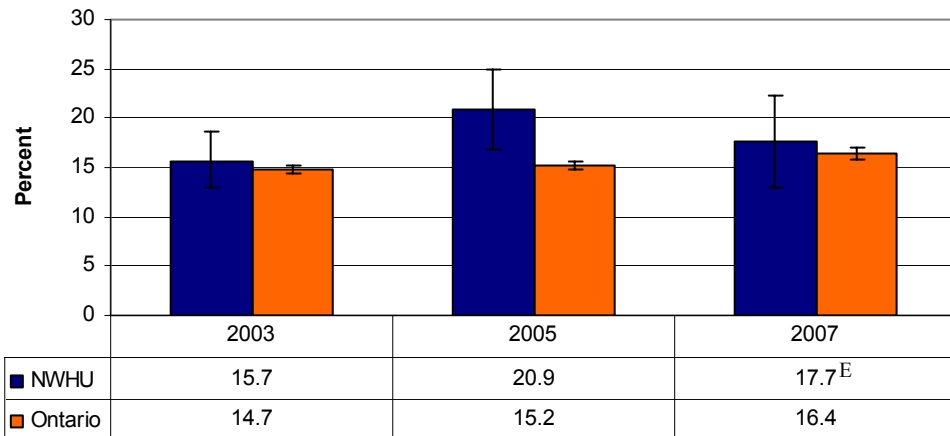
B. Significance:
This condition can lead to long-term disability and premature death.

C. Limitations:
The data used for this indicator are self-reported. The prevalence of chronic disease may therefore be over-estimated or under-estimated. Self-reported data may be subject to errors in recall, over-reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

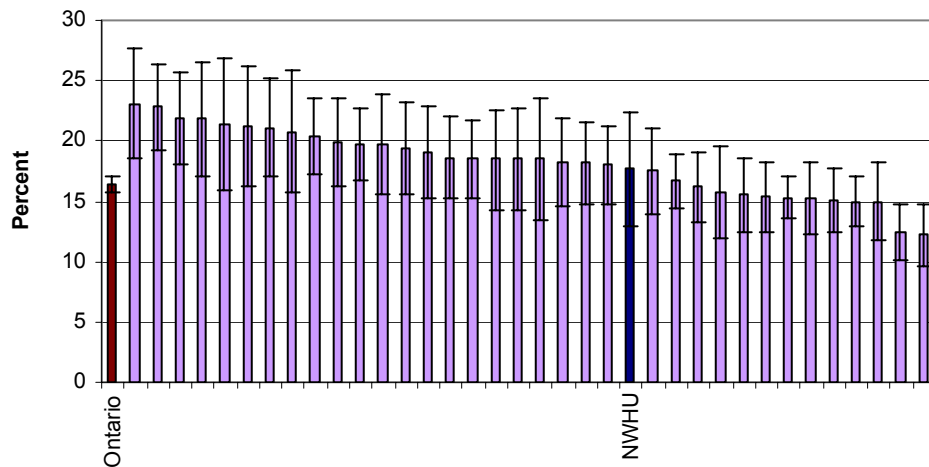
D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

Note: E means to interpret estimate with caution.

Self-Reported High Blood Pressure, 2003, 2005 & 2007



Self-Reported High Blood Pressure, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit region:

- In 2007, the proportion of the population self-reporting high blood pressure (17.7%) was lower than that reported in the 2005 CCHS (20.9%).
- In the 2007 CCHS cycle, residents in the NWHU region ranked 23rd among the 36 health units in Ontario reporting high blood pressure.

CHART 4

Diabetes

A. Definition:

Population aged 12 and older who report that they have been diagnosed by a health professional as having diabetes. Diabetes includes females 15 and older who have been diagnosed with gestational diabetes.

B. Significance:

This condition can lead to long-term disability and premature death. Useful in planning preventative programs.

C. Limitations:

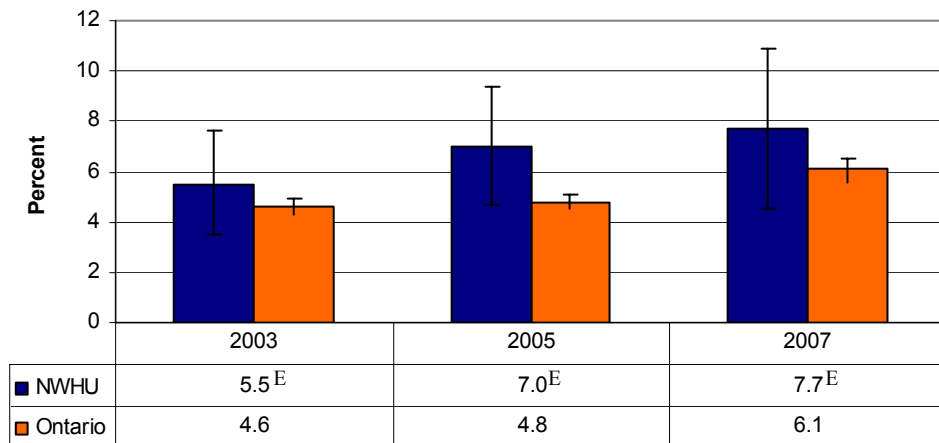
The data used for this indicator are self-reported. The prevalence of chronic disease may therefore be over-estimated or under-estimated. Self-reported data may be subject to errors in recall, over-reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

D. Source:

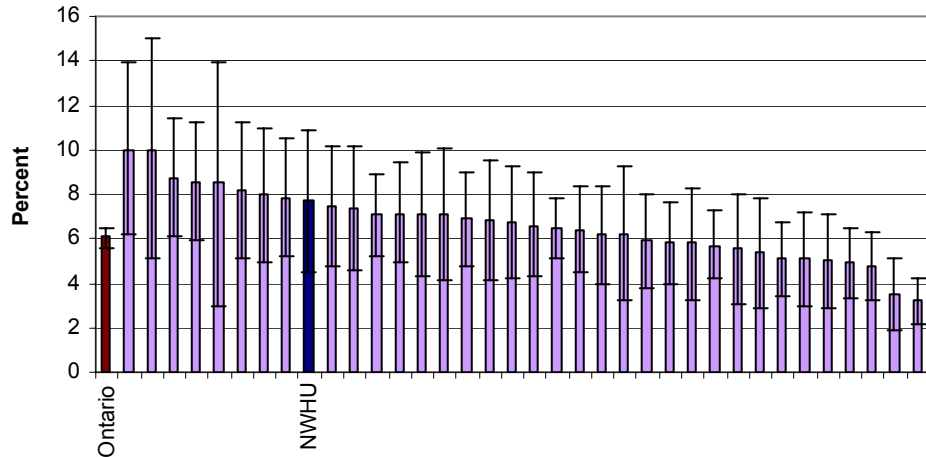
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

Note: E means to interpret estimate with caution.

Self-Reported Diabetes, 2003, 2005 & 2007



Self-Reported Diabetes, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit region:

- In 2007, the proportion of the population self-reporting diabetes has steadily increased since 2003.
- In the 2007 CCHS, residents in the NWHU region ranked ninth among the 36 Ontario health units in Ontario reporting diabetes.

CHART 5

Arthritis or Rheumatism

A. Definition:

Population aged 12 and older who report that they have been diagnosed by a health professional as having arthritis or rheumatism. Arthritis or rheumatism includes rheumatoid arthritis and osteoarthritis but excludes fibromyalgia.

B. Significance:

These conditions can lead to long-term disability.

C. Limitations:

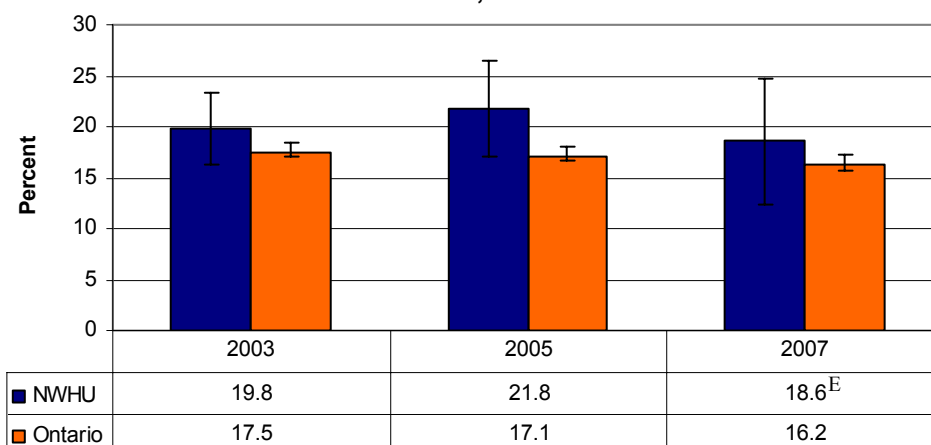
The data used for this indicator are self-reported. The prevalence of chronic disease may therefore be over-estimated or under-estimated. Self-reported data may be subject to errors in recall, over reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

D. Source:

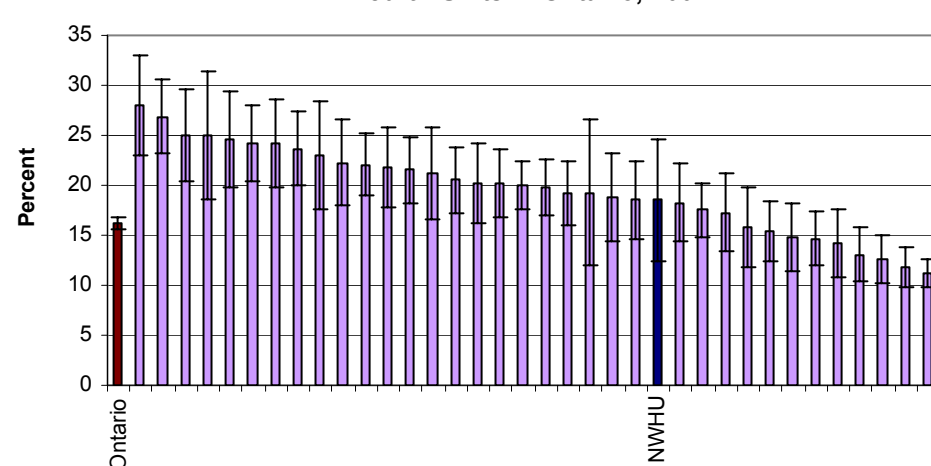
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

Note: E means to interpret estimate with caution.

Self-Reported Arthritis or Rheumatism, 2003, 2005 & 2007



Self-Reported Arthritis or Rheumatism, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit region:

- Between 2003 and 2007, the proportion of the population self-reporting arthritis has fluctuated yet remains higher than that found for Ontario.
- In the 2007 CCHS, residents in the NWHU region ranked 24th among the 36 health units in Ontario reporting arthritis and rheumatism.

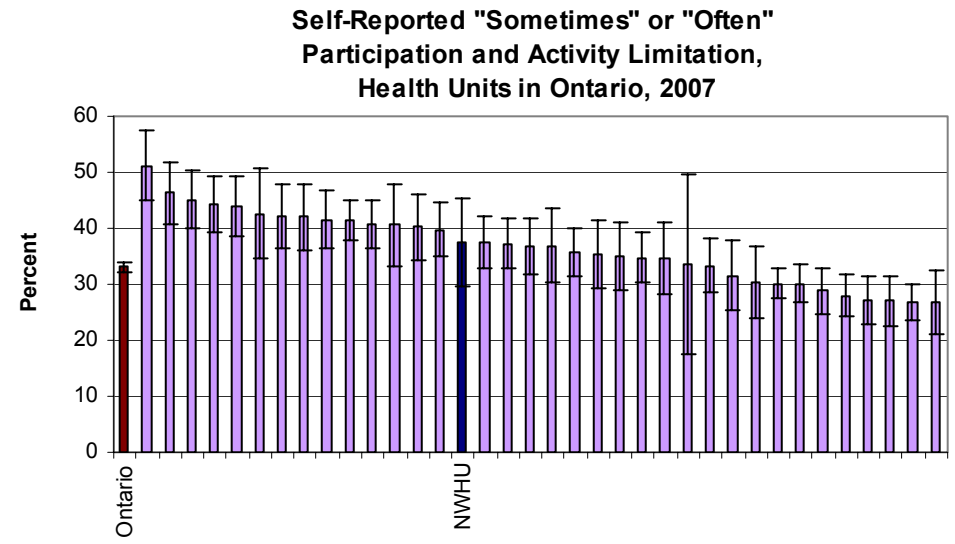
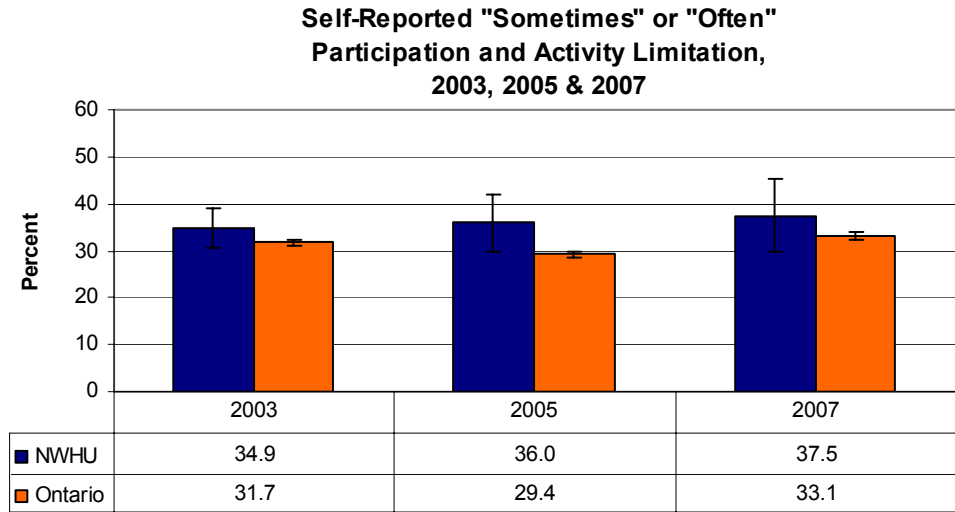
CHART 6 “Sometimes” or “Often” Participation and Activity Limitation

A. Definition:
Population aged 12 and older who report being limited in selected activities (home, school, work, and other activities) because of a physical condition, mental condition or health problem, which has lasted or is expected to last six months or longer.

B. Significance:
Indicator of the impact of long-term health conditions.

C. Limitations:
To date, no ‘gold standard’ for the measurement of disability and activity restriction exists. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).



Summary of findings for Northwestern Health Unit region:

- In the three CCHSs, the proportion of the population self-reporting “sometimes” or “often”, limiting participation and activity was consistently higher than that found for Ontario.
- In the 2007 CCHS, residents in the NWHU region ranked 15th among the 36 health units in Ontario reporting participation and activity limitations.

CHART 7

“Daily” or “Occasional” Current Smoker

A. Definition:
Population aged 12 and older who reported being a current smoker (“daily or occasional”). Daily smokers refer to those who reported smoking cigarettes every day. Occasional smokers refer to those who reported smoking cigarettes occasionally. This includes former daily smokers who now smoke occasionally.

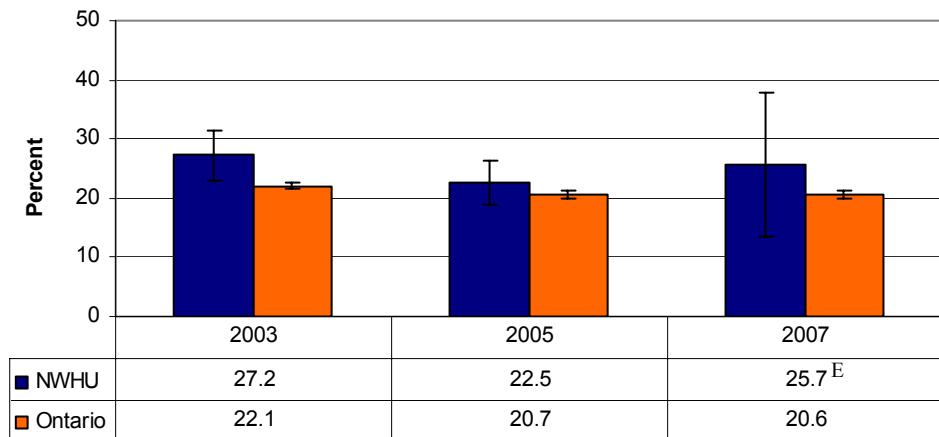
B. Significance:
High relative risks of mortality and morbidity because of cardiovascular and respiratory diseases and lung cancer are found to relate significantly to smoking. Smoking is linked to an increased risk of poor general health and frequent hospitalization. Smoking during pregnancy is associated with having low birth weight babies.

C. Limitations:
Surveys are generally thought to underestimate smoking rates because smokers may be reluctant to admit they smoke or they may be unable to accurately report the regularity of their smoking habit. Self-reported data may be subject to errors in recall, over reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

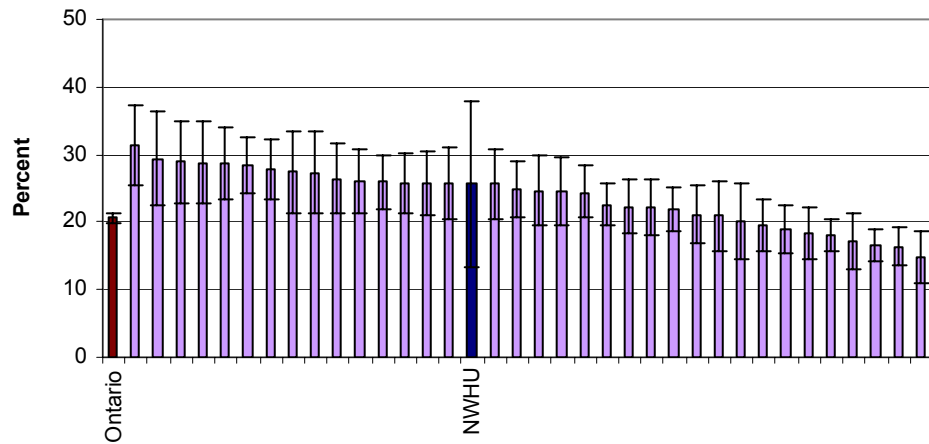
D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

Note: E means to interpret estimate with caution.

“Daily” or “Occasional” Self-Reported Current Smoker, 2003, 2005 & 2007



“Daily” or “Occasional” Self-Reported Current Smoker, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit region:

- In 2005 and 2007, the proportion of the population self-reporting that they were a current smoker increased from 22.5% to 25.7%.
- In the 2007 CCHS, residents in the NWHU region ranked 16th among the 36 health units in Ontario reporting current smoking status.

CHART 8

Restriction of Smoking at Home

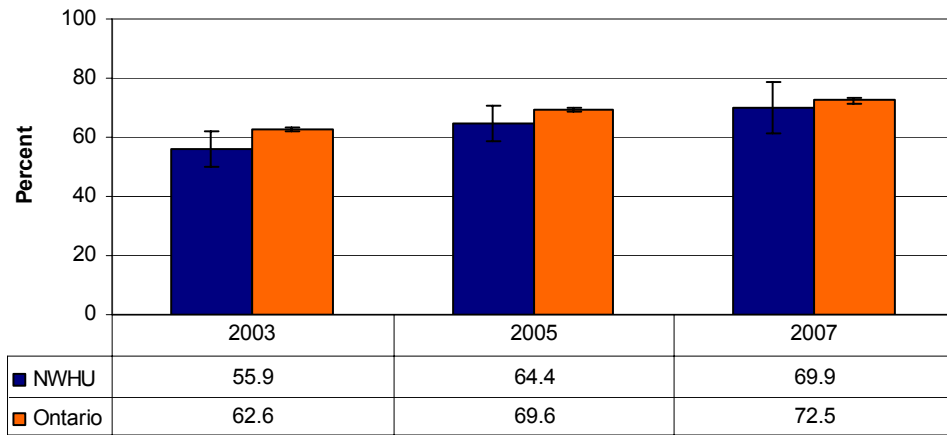
A. Definition:
Population aged 12 and older who reported that smokers were asked to refrain from smoking in the house.

B. Significance:
Suggests portion of people who may be placed at risk for exposure to second-hand smoke.

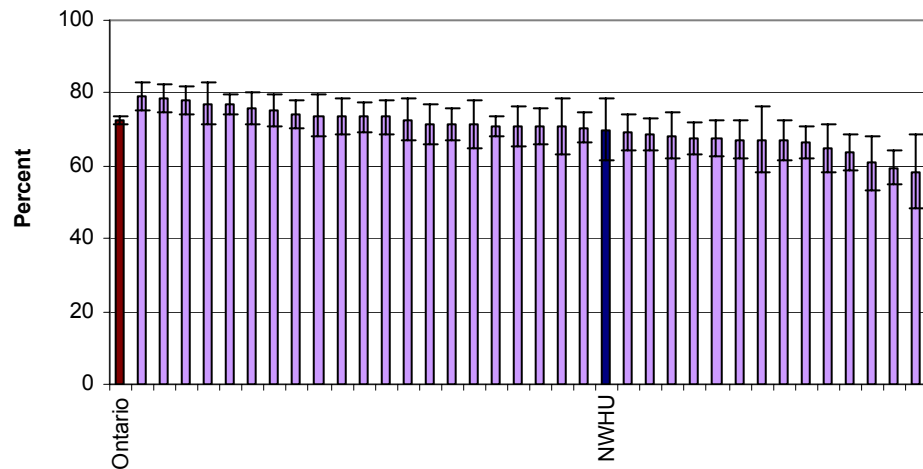
C. Limitations:
The data used for this indicator are self-reported. Restriction of smoking may be overestimated or underestimated. Self-reported data may be subject to errors in recall, over reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

Self-Reported Restriction of Smoking at Home, 2003, 2005 & 2007



Self-Reported Restriction of Smoking at Home, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit region:

- In 2007, the proportion of the population self-reporting restriction of smoking at home has increased steadily from 55.9% in 2003 to 69.9% in 2007.
- In the 2007 CCHS, residents in the NWHU region ranked 22nd among the 36 health units in Ontario reporting restriction of smoking at home.

CHART 9

Exposure of Non-Smoking Population to Second-Hand Smoke at Home

A. Definition:
Non-smoking population aged 12 and older who reported that at least one person smokes inside their home every day or almost every day. Smoking includes cigarettes, cigars and pipes.

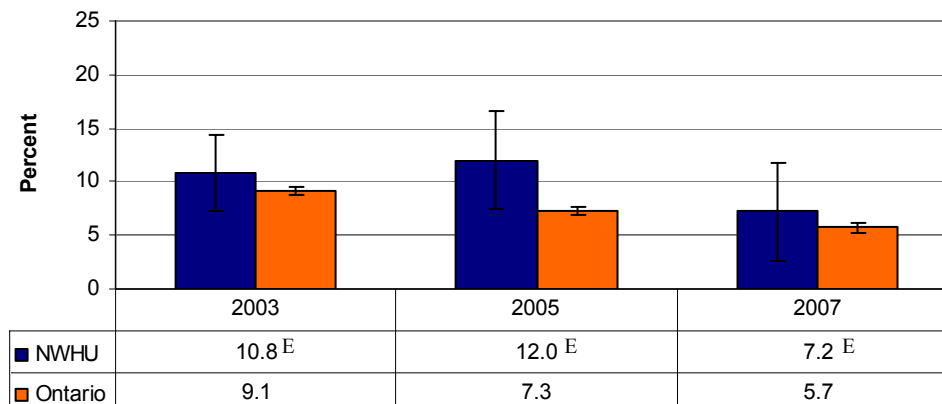
Significance:
Passive exposure to second-hand tobacco smoke presents a health risk for non-smokers. Provides information regarding the presence of smoking in vehicles. Useful in planning preventative programs.

Limitations:
The data used for this indicator are self-reported. Exposure to second-hand smoke may be overestimated or underestimated. Self-reported data may be subject to errors in recall, over reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

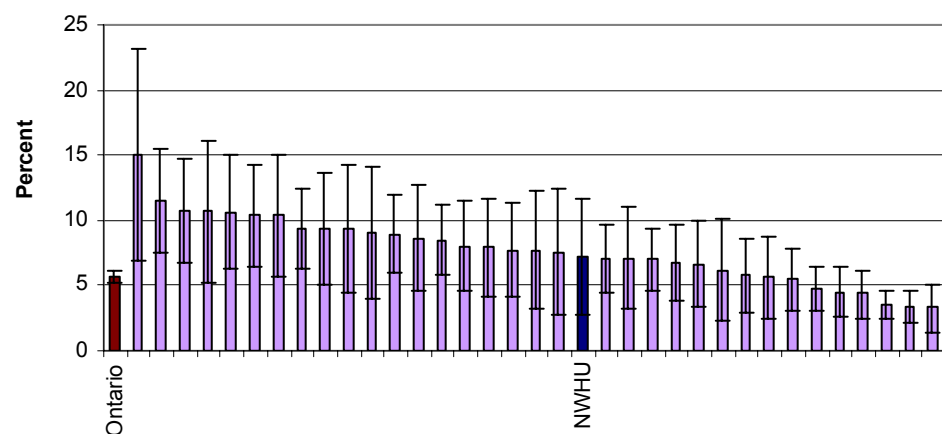
Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

Note: E means to interpret the estimate with caution.

Self-Reported Exposure of Non-Smoking Population to Second-Hand Smoke at Home, 2003, 2005 & 2007



Self-Reported Exposure of Non-Smoking Population to Second-Hand Smoke at Home, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit region:

- In 2007, the proportion of the population self-reporting exposure to second-hand smoke declined from the 2005 CCHS (12.0% to 7.2%).
- In the 2007 CCHS, residents in NWHU ranked 20th among the 36 health units in Ontario reporting exposure to second-hand smoke in the home.

CHART 10

**At Least Once a Month in the Past Year,
Five Drinks or More on One Occasion**

A. Definition:
Population aged 12 and older who reported having five or more drinks on one occasion, at least once a month in the past year.

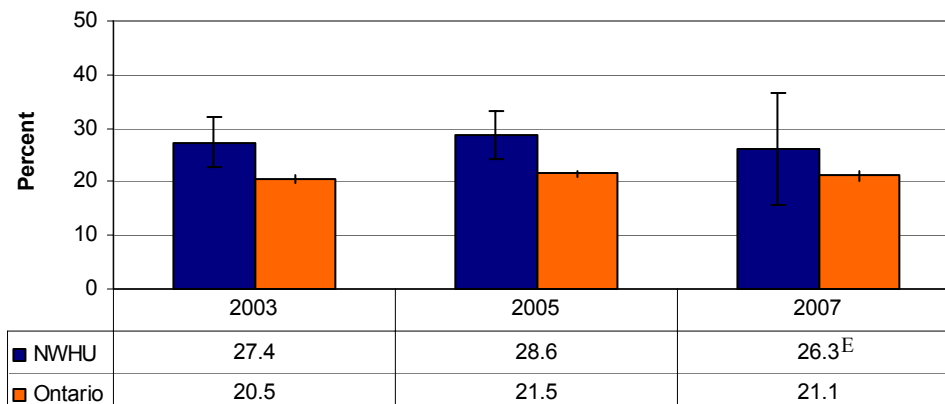
B. Significance:
Episodes of heavy drinking place people at higher risk of developing alcohol-related problems. A consequence of heavy drinking is impaired driving, which can lead to collisions. Over consumption is associated with increased morbidity and mortality.

C. Limitations:
The data used for this indicator are self-reported. Drinking rates may be overestimated or underestimated. Self-reported data may be subject to errors in recall, over reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

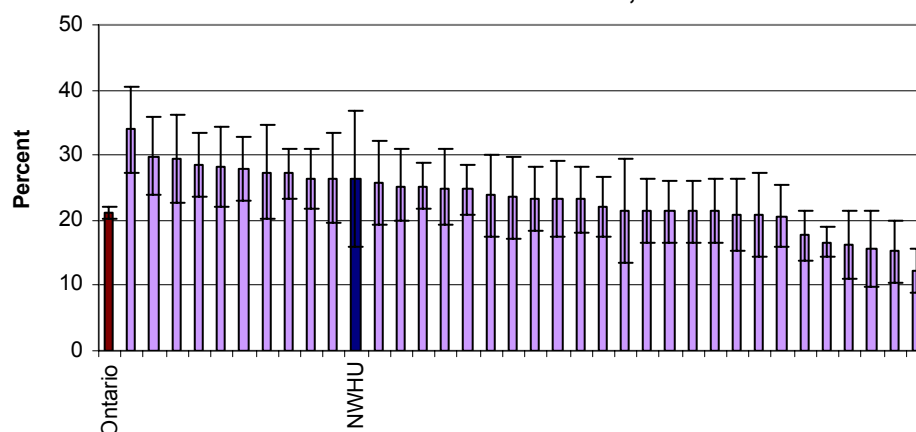
D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

Note: E means to interpret estimate with caution.

**At Least Once a Month in the Past Year,
Self-Reported Five or More Drinks on One Occasion,
2003, 2005 & 2007**



**At Least Once a Month in the Past Year,
Self-Reported Five or More Drinks on One Occasion,
Health Units in Ontario, 2007**



Summary of findings for Northwestern Health Unit region:

- Between 2005 and 2007, the proportion of the population self-reporting consumption of five drinks or more on one occasion in the past month declined from 28.6% to 26.3%.
- In the 2007 CCHS, residents in the NWHU region ranked 11th among the 36 health units in Ontario reporting drinking five or more drinks on one occasion, at least once a month in the past year.

CHART 11

**“Five or More a Day”
Fruit and Vegetable Consumption**

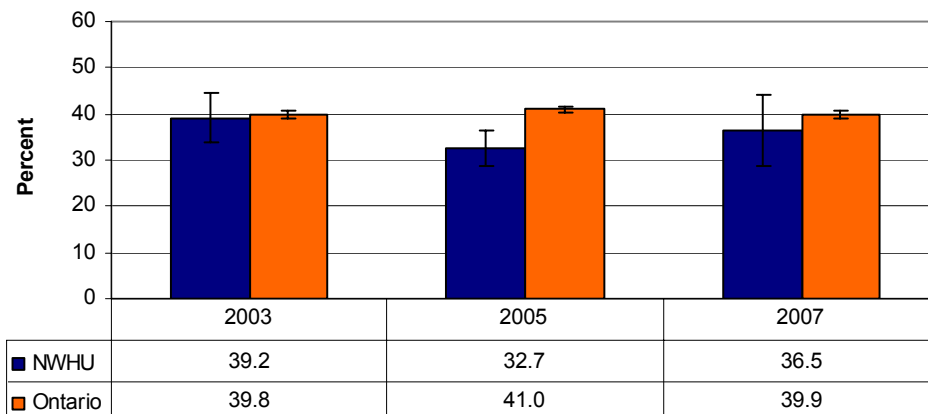
A. Definition:
Population aged 12 and older who reported consuming five or more servings of fruits and vegetables each day. "Fruit and vegetable consumption" was previously referred to as "Dietary practices".

B. Significance:
According to Canada's Food Guide to Healthy Eating, people aged four years and older should eat five to ten servings of fruits and vegetables each day. The Food Guide was released in the early 1990s and is undergoing revision. Fruit and vegetable consumption is associated with many health benefits including a reduced risk of cancer, cardiovascular disease, stroke, and many functional declines associated with aging. Women generally consume more fruits and vegetables than men. Frequency of eating fruits and vegetables is positively related to being physically active, not smoking, not being overweight, and not being alcohol-dependent.

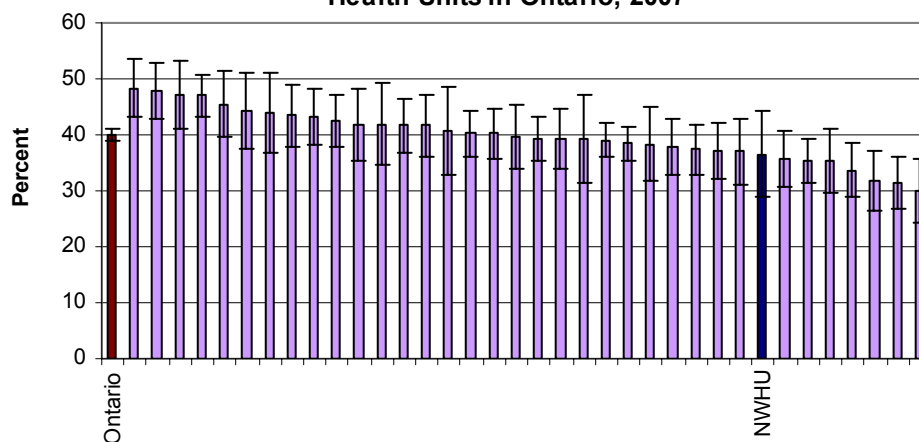
C. Limitations:
Dietary intake is very difficult to measure because it is complex and varies greatly on a daily, weekly and seasonal basis. Respondents may have difficulty accurately reporting what they ate. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

**"Five or More a Day" Self-Reported
Fruit and Vegetable Consumption,
2003, 2005 & 2007**



**"Five or More Times a Day" Self-Reported
Fruit and Vegetable Consumption,
Health Units in Ontario, 2007**



Summary of findings for Northwestern Health Unit region:

- Between 2005 and 2007, the proportion of the population self-reporting fruit and vegetable consumption “five and more” times a day remains lower (36.5%) than the 2003 result (39.2%).
- In the 2007 CCHS, residents in NWHU ranked 29th among the 36 health units in Ontario reporting consumption of “five or more” fruits and vegetables per day.

CHART 12

“Overweight” Adult Body Mass Index 25.00 to 29.99

A. Definition:
Population 18 years and older who reported having a BMI of 25.00 to 29.99.

The Body Mass Index (BMI) is defined as the ratio of body weight (in kilograms) to height squared (in metres), i.e. $BMI = \text{kg}/\text{m}^2$. It is commonly used as a measure of health status. Body mass index is a method of classifying body weight according to health risk. A BMI of 25.00 to 29.99 implies that there is an increased risk to health.

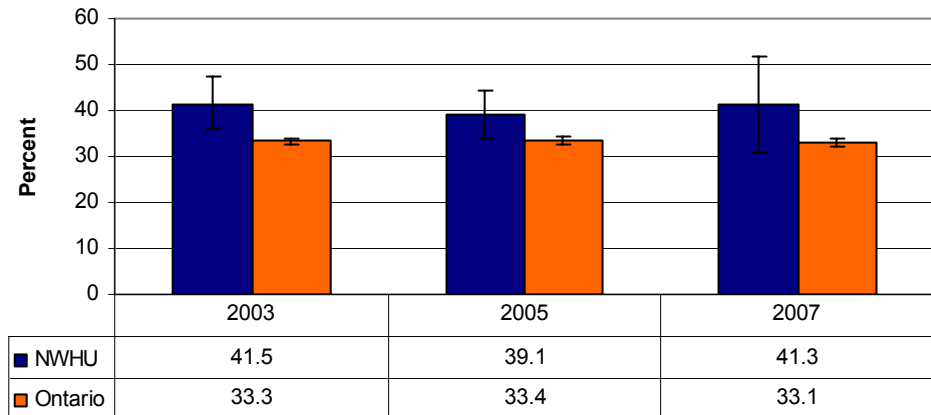
B. Significance:
BMI classifies weight. Some health problems associated with overweight and obesity include: Type 2 diabetes, dyslipidemia, hypertension, coronary heart disease, gallbladder disease, obstructive sleep apnea, and certain cancers. Useful in planning preventative programs

C. Limitations:
The data used for this indicator are self-reported. BMI may be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

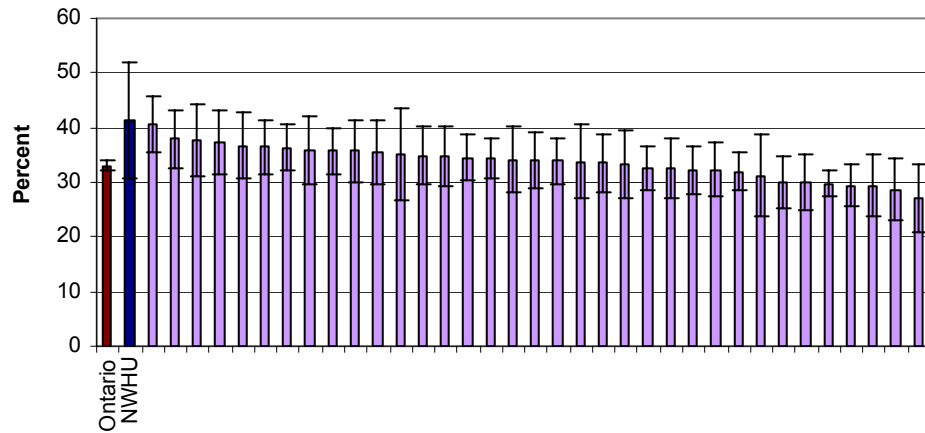
Does not include people who are homeless, living in institutions, First Nations people living on reserves or members of the Armed Forces.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

“Overweight” Self-Reported Adult Body Mass Index 25.00 to 29.99, 2003, 2005 & 2007



“Overweight” Self-Reported Adult Body Mass Index 25.00 to 29.99, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit:

- Between 2005 and 2007, the proportion of the adult population self-reporting being “overweight” increased from 39.1% to 41.3%.o
- In the 2007 CCHS, residents in NWHU rank first among the 36 health units in Ontario for a body mass index of 25.00 to 29.99.

CHART 13

“Obese” Adult Body Mass Index 30+

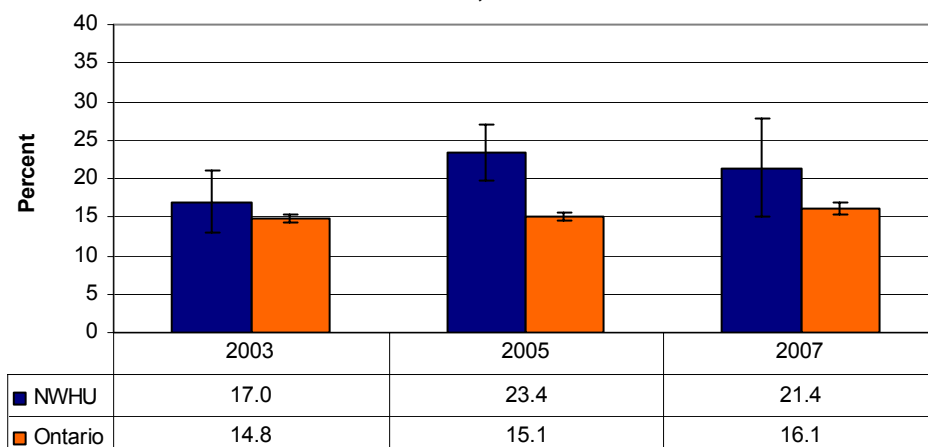
A. Definition:
Population 18 years and older who reported Body Mass Index (BMI) of 30+ (obese). The Body Mass Index is defined as the ratio of body weight (in kilograms) to height squared (in metres); i.e., BMI = kg/m².

B. Significance:
BMI is commonly used as a measure of health status. BMI classifies body weight according to health risk. A BMI of 30+ implies that the risk to health is high, very high or extremely high. Some health problems associated with overweight and obesity include: Type 2 diabetes, hypertension, coronary heart disease, and certain cancers. Useful in planning preventative programs.

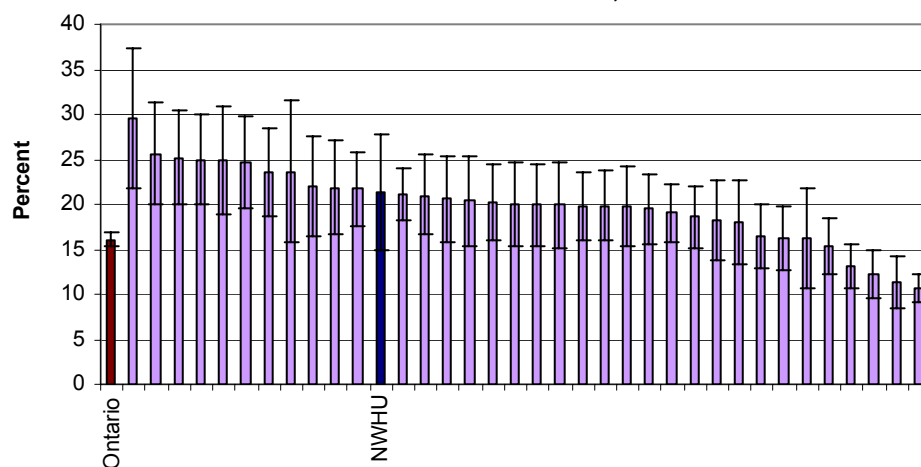
C. Limitations:
The data used for this indicator are self-reported. BMI may be overestimated or underestimated. Self-reported data may be subject to errors in recall, over reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

“Obese” Self-Reported Adult Body Mass Index 30+, 2003, 2005 & 2007



“Obese” Self-Reported Adult Body Mass Index 30+, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit region:

- Between 2005 and 2007, the proportion of the adult population self-reporting “obese” declined from 23.4% to 21.4%.
- In the 2007 CCHS, residents in the NWHU region ranked 12th among the 36 health units in Ontario reporting a body mass index of 30+.

CHART 14

**“Active” or “Moderately Active”
Leisure-Time Physically Active**

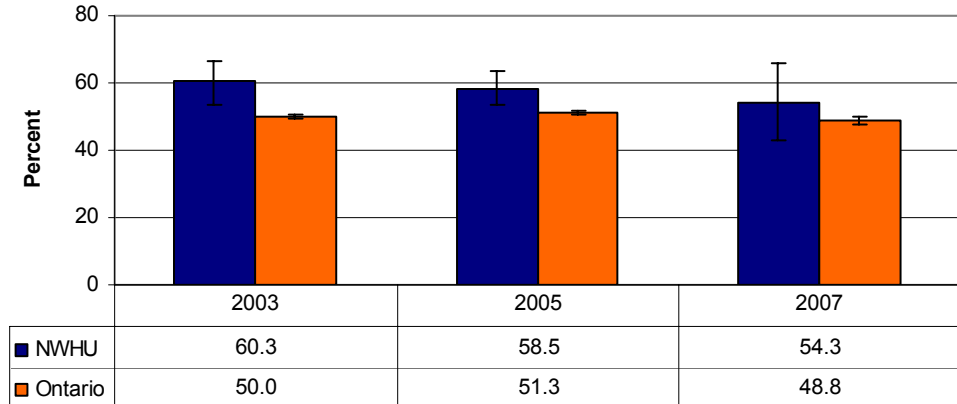
A. Definition:
Population aged 12 and older who reported their level of physical activity based on responses to questions about the frequency, duration and intensity of their participation in leisure-time physical activity. Respondents were classified as active, moderately active or inactive based on an index of average daily physical activity over the past three months. For each leisure time physical activity engaged in by the respondent, average daily energy expenditure is calculated.

B. Significance:
Physical activity is associated with positive mental health, increased self-confidence and improved sense of well-being. Physical activity is expected to reduce risk of premature morbidity and mortality.

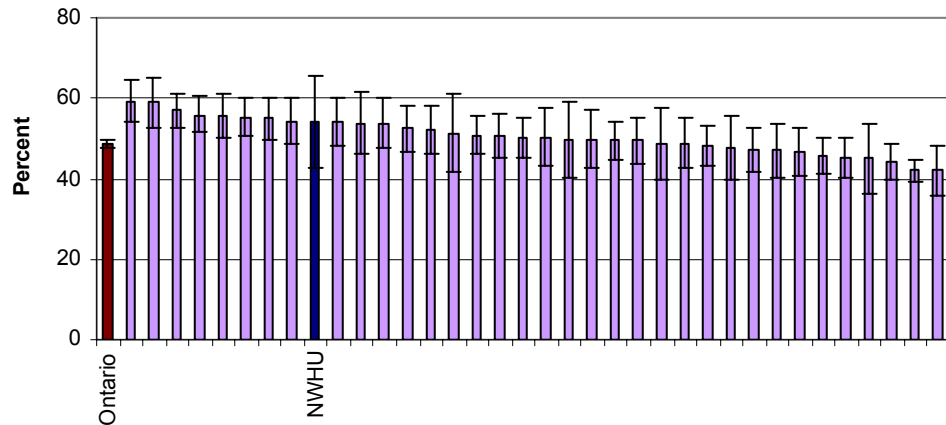
C. Limitations:
The data used for this indicator are self-reported. Activity may be overestimated or underestimated. Self-reported data may be subject to errors in recall, over reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of Armed Forces.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

**“Active” or “Moderately Active” Self-Reported
Leisure-Time Physically Active,
2003, 2005 & 2007**



**“Active” or “Moderately Active” Self-Reported
Leisure-Time Physically Active,
Health Units in Ontario, 2007**



Summary of findings for Northwestern Health Unit region:

- Between 2003 and 2007, the proportion of the population self-reporting “moderate” and “active” physical activity declined from 60.3% to 54.3%.
- In the 2007 CCHS, residents in the NWHU region ranked 9th among the 36 health units in Ontario reporting leisure-time physical activity.

CHART 15

“Quite a Lot”, Life Stress

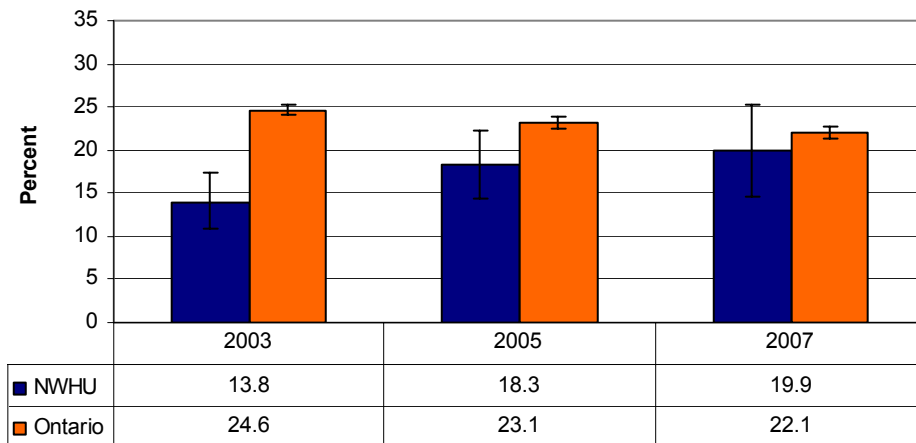
A. Definition:
Population aged 15 and over who reported perceiving that most days in their life were quite a bit or extremely stressful. Perceived life stress refers to the amount of stress in the person’s life, on most days, as perceived by the person or, in the case of proxy response, by the person responding.

B. Significance:
Stress may or may not necessarily cause illness. A person’s reaction to the stressor will influence its effect on health. Common sources of stress are financial worries, work/employment/unemployment, parenting, health problems, aging, and care giving/elder care.

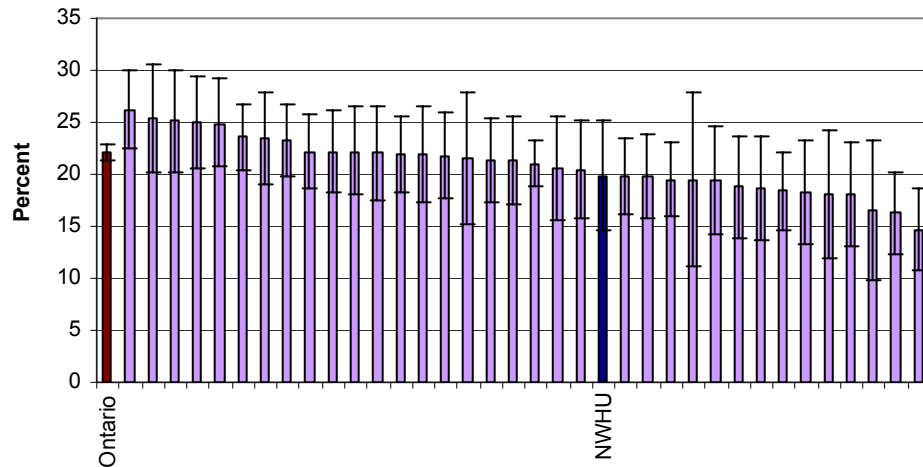
C. Limitations:
The data used for this indicator are self-reported. There may be overestimation or underestimation of felt stress. Self-reported data may be subject to errors in recall, over reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

“Quite a Lot” Self-Reported Life Stress, 2003, 2005 & 2007



“Quite a Lot” Self-Reported Life Stress, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit region:

- Between 2003 and 2007, there was a gradual increase in the proportion of the population self-reporting “quite a lot” of life stress (14.2% to 19.9%).
- In the 2007 CCHS, residents in the NWHU region ranked 22nd among the 36 health units in Ontario reporting “quite a lot” of life stress.

CHART 16

“Very Strong” or “Somewhat Strong” Sense of Belonging to Local Community

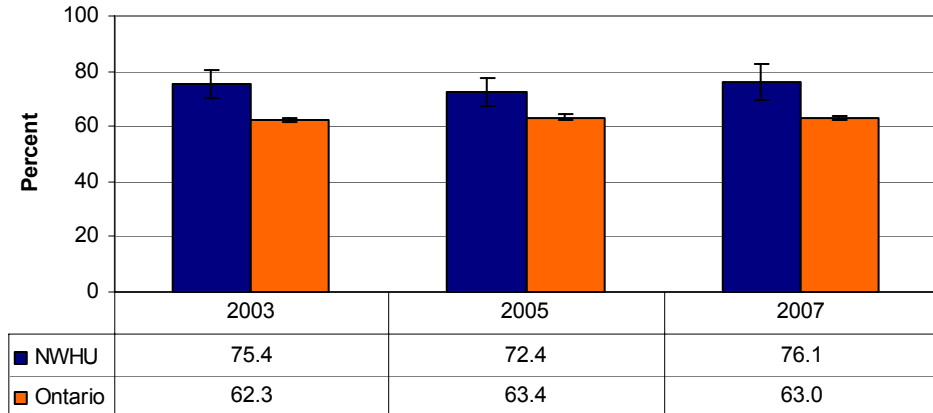
A. Definition:
Population aged 12 and older who reported a sense of sense belonging to their local community as very strong or somewhat strong.

B. Significance:
Research shows a high correlation of sense of community-belonging with physical and mental health. People who are socially isolated and have few ties to other individuals are more likely to suffer from poor physical and mental health and are more likely to die prematurely.

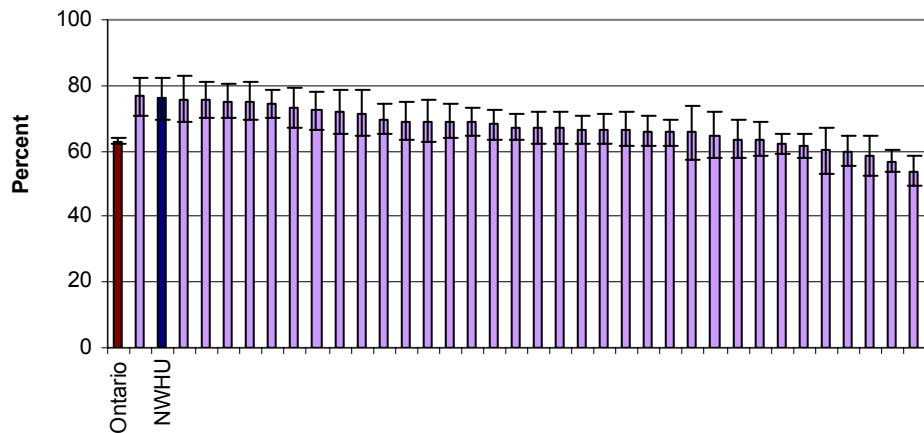
C. Limitations:
The data used for this indicator are self-reported. Sense of belonging may be overestimated or underestimated. Self-reported data may be subject to errors in recall, over reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

“Very Strong” or “Somewhat Strong” Self-Reported Sense of Belonging to Local Community, 2003, 2005 & 2007



“Very Strong” or “Somewhat Strong” Self-Reported Sense of Belonging to Local Community, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit region:

- Between 2003 and 2007, the proportion of the population self-reporting a “somewhat strong” and “very strong” sense of community belonging remained significantly higher than that found for Ontario.
- In the 2007 CCHS, residents in the NWHU region ranked second among the 36 health units in Ontario reporting a “very strong” or “somewhat strong” sense of belonging to their local community.

CHART 17

“Less Than One Year Ago” Influenza Immunization

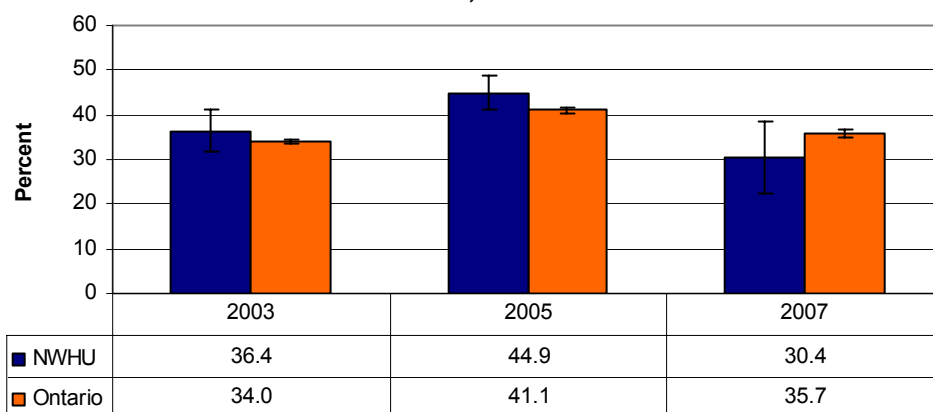
A. Definition:
Population aged 12 and older who reported when they had their last influenza immunization (flu shot) less than one year ago.

B. Significance:
The disease listed in this indicator is preventable through adequate immunization. Immunization against influenza is an annual event. There is a decreased risk to residents/patients if health care workers are immunized. In Ontario, immunization for influenza is offered to all residents who are eligible.

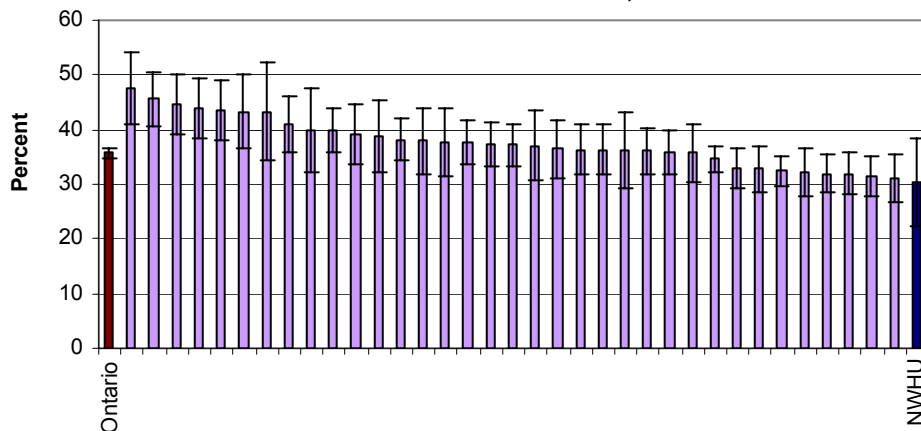
C. Limitations:
The data used for this indicator are self-reported. Self-reported data may be subject to errors in recall, over reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

“Less Than One Year Ago” Self-Reported Influenza Immunization, 2003, 2005 & 2007



“Less Than One Year Ago” Self-Reported Influenza Immunization, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit region:

- In 2007, the proportion of the population self-reporting having had immunization for influenza (30.4%) was lower than that found in 2005 (44.9%) and for Ontario (35.7%).
- In the 2007 CCHS, residents in the NWHU region ranked last among the 36 health units in Ontario reporting influenza immunization less than one year ago.

CHART 18

“Has” a Regular Medical Doctor

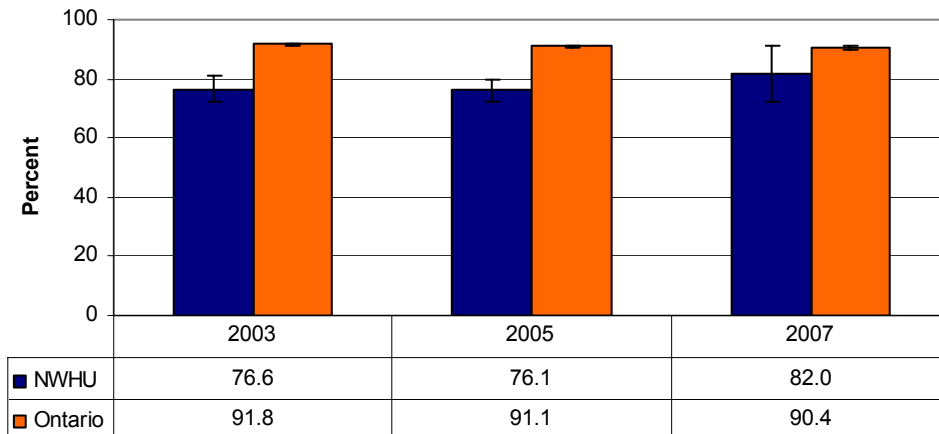
A. Definition:
Population aged 12 and older who reported whether they had a regular medical doctor.

B. Significance:
Identifies populations with a regular doctor. May suggest a portion of the population who are at risk because of a lack of a regular doctor.

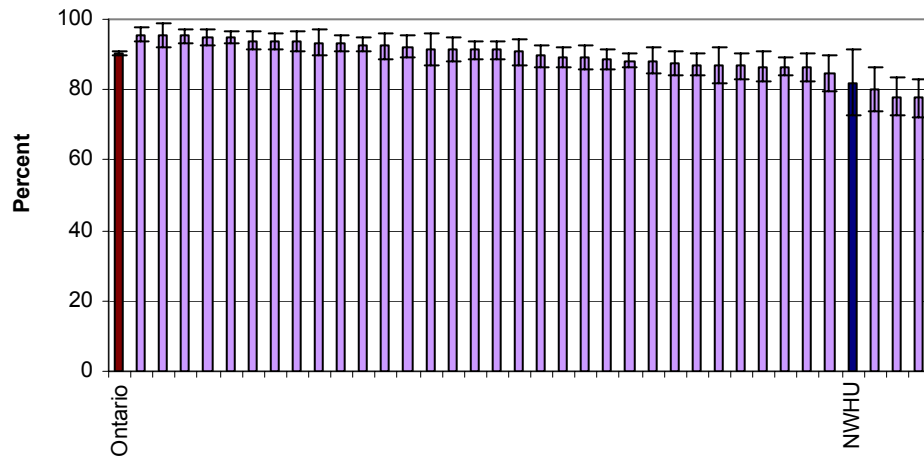
C. Limitations:
The data used for this indicator are self-reported. Self-reported data may be subject to errors in recall, over-reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

“Has” Self-Reported a Regular Medical Doctor, 2003, 2005 & 2007



“Has” Self-Reported a Regular Medical Doctor, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit region:

- Between 2003 and 2007, the proportion of the population self-reporting “has” a regular doctor remained consistently lower than that found for Ontario.
- In the 2007 CCHS, residents in the NWHU region ranked 33rd among the 36 health units in Ontario reporting “has” a regular medical doctor.

CHART 19

“Contact” with a Medical Doctor

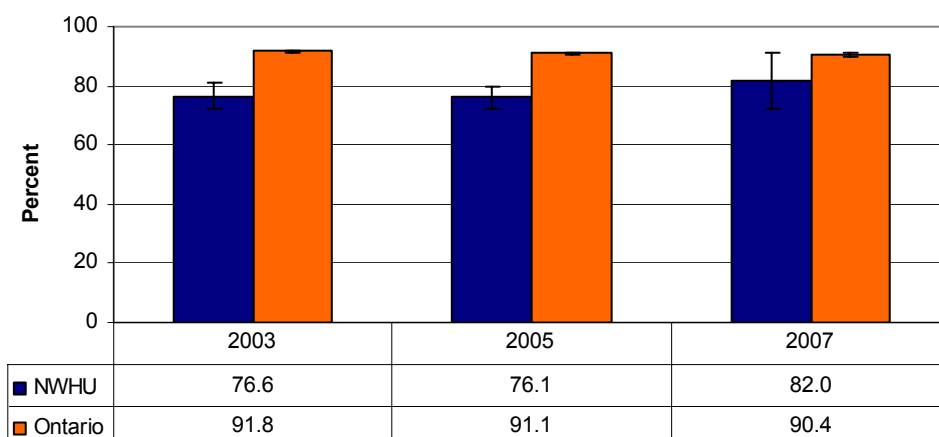
A. Definition:
Population aged 12 and over who reported having consulted with a medical doctor in the past 12 months. Medical doctor includes family or general practitioners as well as specialists such as surgeons, allergists, orthopaedists, gynaecologists, and psychiatrists. For population aged 12 to 17, includes pediatricians.

B. Significance:
Contact with medical doctors provides an indication of accessibility and need for services.

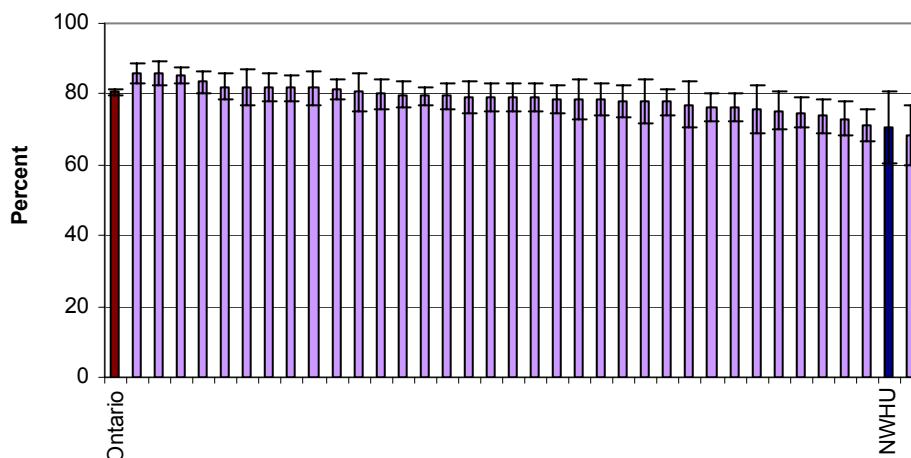
C. Limitations:
The data used for this indicator are self-reported. Contact with medical doctors may be overestimated or underestimated. Does not take into consideration people who have been waiting over a year for consultations. Self-reported data may be subject to errors in recall, over reporting or under-reporting because of social desirability, and errors from proxy reporting. The data does not include people who are homeless or living in institutions, First Nations people living on reserves, or members of the Armed Forces.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS 2003, 2005 and 2007).

“Has” Self-Reported a Regular Medical Doctor, 2003, 2005 & 2007



“Contact” Self-Reported with a Medical Doctor, Health Units in Ontario, 2007



Summary of findings for Northwestern Health Unit region:

- Between 2003 and 2007, the proportion of the population self-reporting “contact” with a medical doctor remained consistently lower than that found for Ontario.
- In the 2007 CCHS, residents in the NWHU region ranked 35th among the 36 health units in Ontario reporting contact with a medical doctor.

CHART 20

Hospital Discharges by Most Responsible Diagnosis

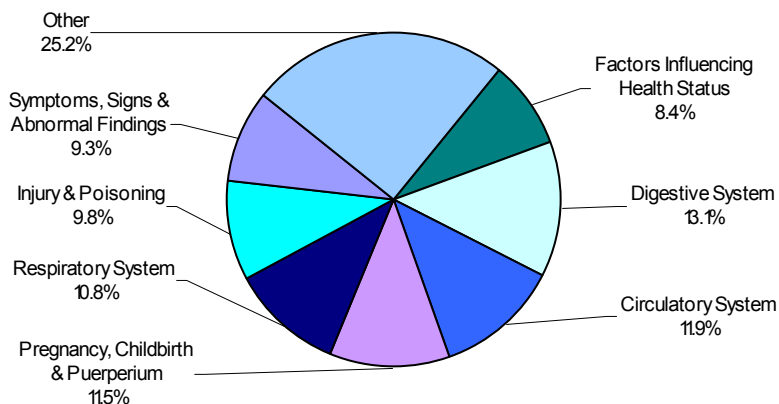
A. Definition:
 Number of hospital separations (discharges, transfers and deaths) during a given fiscal year by ICD-10 classification system per 1,000. Can be crude rates and standardized rates. Discharges are based upon fiscal years.

B. Significance:
 The cause of hospitalization provided is the diagnosis which is considered by the physician to be the most responsible for the patient's stay in hospital. This indicator is useful in planning health services and programs. Leading causes of hospitalizations vary by age, sex and social economic status. Comparison over time and place can be made.

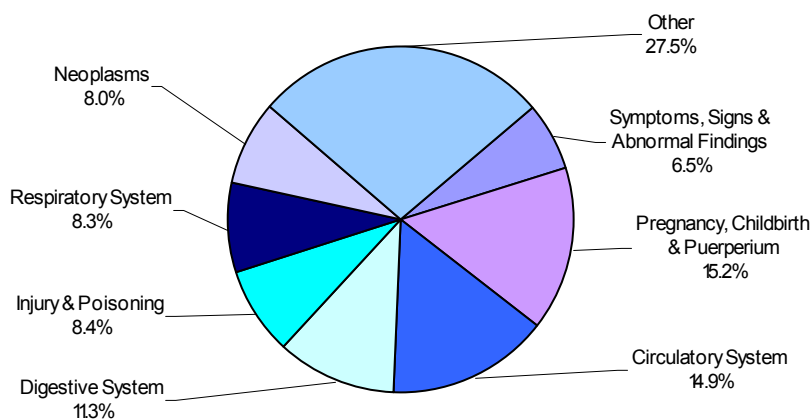
C. Limitations:
 Hospitalization statistics do not provide information on the number of cases or rates of illness that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions, which will artificially inflate estimates or disease prevalence. **Mental Disorders** (ICD-10 Chapter V) are excluded from this indicator because of changes in reporting mental disorders that started on April 1, 2006 (2006 fiscal year).

D. Source:
 Ministry of Health and Long Term Care, Provincial Health Planning Data Base, extracted April 2009. APHEO April 2009

Percent Hospital Discharges by Most Responsible Diagnosis, Northwestern Health Unit, 2003-2007



Percent Hospital Discharges by Most Responsible Diagnosis, Ontario, 2003-2007



Summary of findings for Northwestern Health Unit region:

- Between 2003 and 2007, there were a total of 45,066 hospital discharges.
- The leading causes of hospitalization were attributed to diseases of the digestive system (13.1%), circulatory system (11.9%) and pregnancy, childbirth and puerperium (11.5%).

CHART 21

Hospital Discharges by Most Responsible Diagnosis

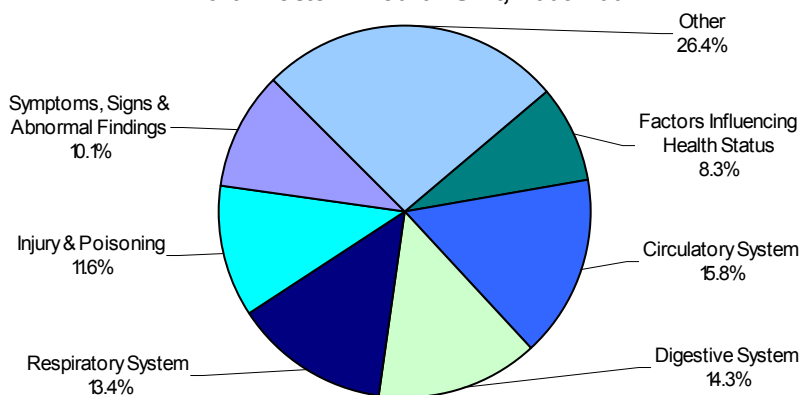
A. Definition:
Number of hospital separations (discharges, transfers and deaths) during a given fiscal year by ICD-10 classification system per 1,000. Can be crude rates and standardized rates. Discharges are based upon fiscal years.

B. Significance:
The cause of hospitalization provided is the diagnosis which is considered by the physician to be the most responsible for the patient's stay in hospital. This indicator is useful in planning health services and programs. Leading causes of hospitalizations vary by age, sex and social economic status. Comparison over time and place can be made.

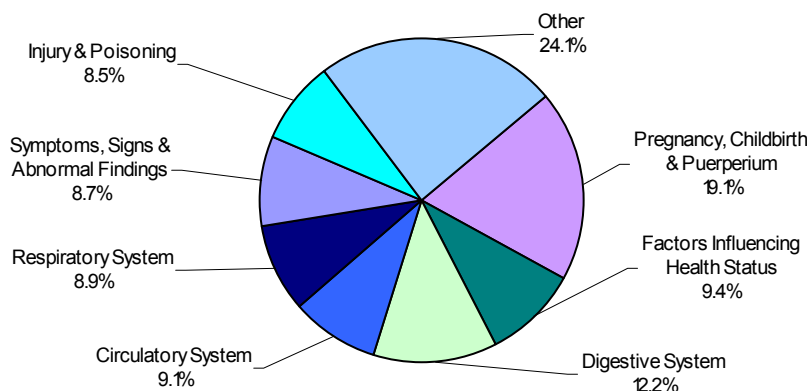
C. Limitations:
Hospitalization statistics do not provide information on the number of cases or rates of illness that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions, which will artificially inflate estimates or disease prevalence. **Mental Disorders** (ICD-10 Chapter V) are excluded from this indicator because of changes in reporting mental disorders that started on April 1, 2006 (2006 fiscal year).

D. Source:
Ministry of Health and Long Term Care, Provincial Health Planning Data Base, extracted April 2009. APHEO April 2009

Percent Hospital Discharges by Most Responsible Diagnosis, Male, Northwestern Health Unit, 2003-2007



Percent Hospital Discharges by Most Responsible Diagnosis, Female, Northwestern Health Unit, 2003-2007



Summary of findings for Northwestern Health Unit region:

- Females represented 68% of all hospital discharges.
- In males, the leading causes of hospital discharges were attributed to the circulatory system (15.8%), digestive system (14.3%) and respiratory system (13.4%).
- In females, the leading causes of hospital discharges were attributed to pregnancy, childbirth and puerperium (19.1%), digestive disease (12.2%) and circulatory disease (9.1%).

CHART 22

Hospital Discharges by Age Group

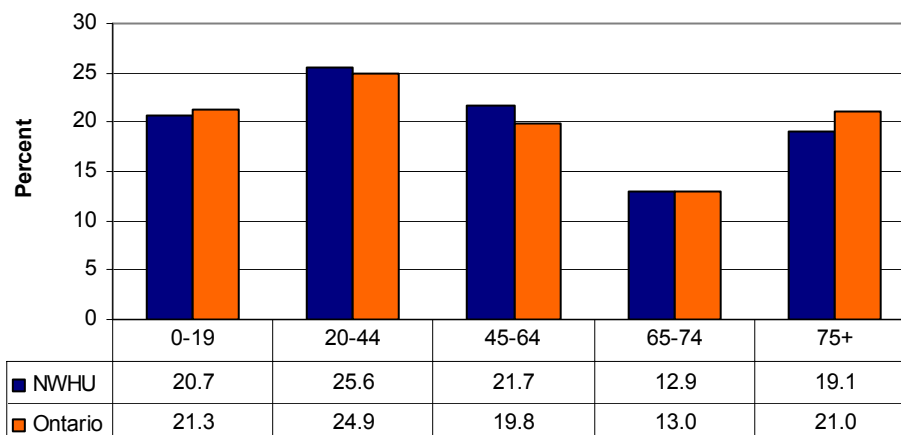
A. Definition:
Number of hospital separations (discharges, transfers and deaths) during a given fiscal year by ICD-10 classification system per 1,000. Can be crude rates and standardized rates. Discharges are based upon fiscal years.

B. Significance:
The cause of hospitalization provided is the diagnosis which is considered by the physician to be the most responsible for the patient's stay in hospital. This indicator is useful in planning health services and programs. Leading causes of hospitalizations vary by age, sex and social economic status. Comparison over time and place can be made.

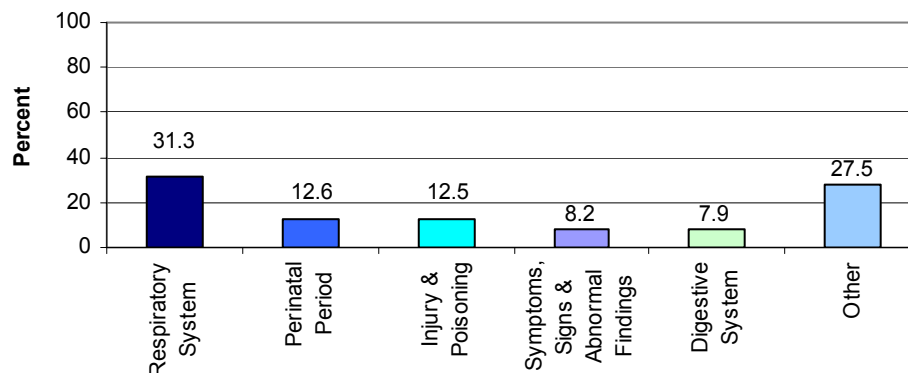
C. Limitations:
Hospitalization statistics do not provide information on the number of cases or rates of illness that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions, which will artificially inflate estimates or disease prevalence. **Mental Disorders** (ICD-10 Chapter V) are excluded from this indicator because of changes in reporting mental disorders that started on April 1, 2006 (2006 fiscal year).

D. Source:
Ministry of Health and Long Term Care, Provincial Health Planning Data Base, extracted April 2009. APHEO April 2009

Percent Hospital Discharges by Age Group, Northwestern Health Unit & Ontario, 2003-2007



Percent Hospital Discharges by Most Responsible Diagnosis, 0-19 Age Group, Northwestern Health Unit, 2003-2007



Summary of findings for Northwestern Health Unit region:

- Percent of hospital discharges were similar in all age groups for NWHU and Ontario.
- Under one-third of hospital discharges were in the 65 years and older age group.
- Between 2003 and 2007, in the 00 to 19 age group, (31.3%) of all hospital discharges were attributed to respiratory disease.

CHART 23

Hospital Discharges by Age Group

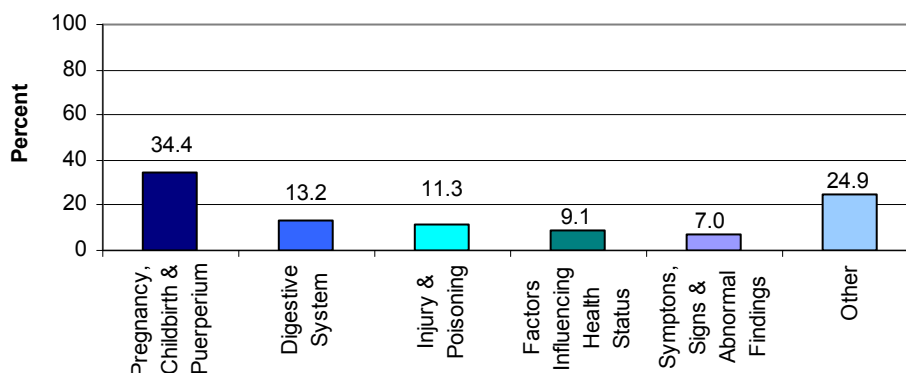
A. Definition:
 Number of hospital separations (discharges, transfers and deaths) during a given fiscal year by ICD-10 classification system per 1,000 discharges. Can be crude rates and standardized rates. Discharges are based upon fiscal years.

B. Significance:
 The cause of hospitalization provided is the diagnosis which is considered by the physician to be the most responsible for the patient's stay in hospital. This indicator is useful in planning health services and programs. Leading causes of hospitalizations vary by age, sex and social economic status. Comparison over time and place can be made.

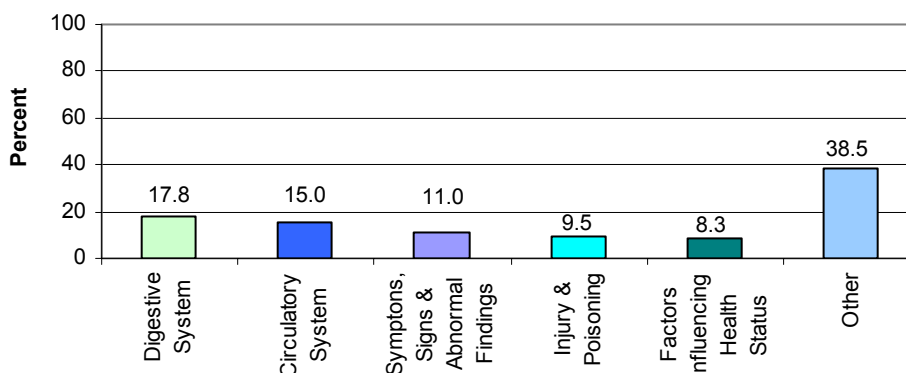
C. Limitations:
 Hospitalization statistics do not provide information on the number of cases or rates of illness that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions, which will artificially inflate estimates or disease prevalence. **Mental Disorders** (ICD-10 Chapter V) are excluded from this indicator because of changes in reporting mental disorders that started on April 1, 2006 (2006 fiscal year).

D. Source:
 Ministry of Health and Long Term Care, Provincial Health Planning Data Base, extracted April 2009. APHEO April 2009

Percent Hospital Discharges by Most Responsible Diagnosis, 20-44 Age Group, Northwestern Health Unit, 2003-2007



Percent Hospital Discharges by Most Responsible Diagnosis, 45-64 Age Group, Northwestern Health Unit, 2003-2007



Summary of findings for Northwestern Health Unit region:

- Between 2003 and 2007 in the 20 to 44 age group, 34.4% of all hospital discharges were attributed to pregnancy, childbirth and puerperium.
- Between 2003 and 2007, in the 45 to 64 age group, almost 18% of all hospital discharges were attributed to diseases of the digestive system, followed by diseases of the circulatory system (15.0%).

CHART 24

Hospital Discharges by Age Group

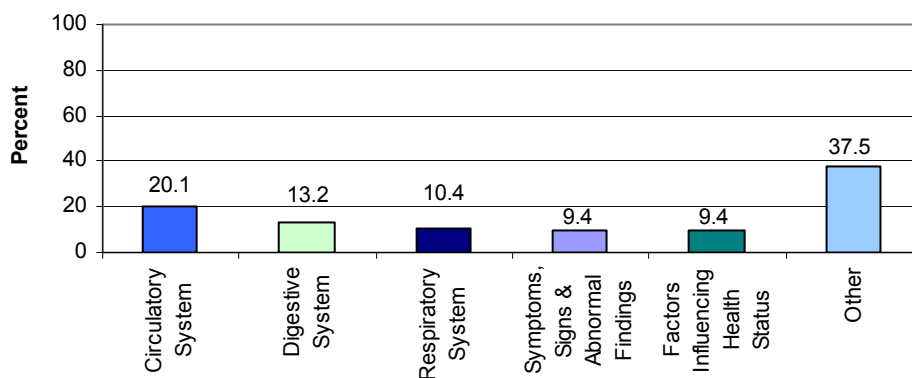
A. Definition:
 Number of hospital separations (discharges, transfers and deaths) during a given fiscal year by ICD-10 classification system per 1,000 discharges. Can be crude rates and standardized rates. Discharges are based upon fiscal years.

B. Significance:
 The cause of hospitalization provided is the diagnosis which is considered by the physician to be the most responsible for the patient's stay in hospital. This indicator is useful in planning health services and programs. Leading causes of hospitalizations vary by age, sex and social economic status. Comparison over time and place can be made.

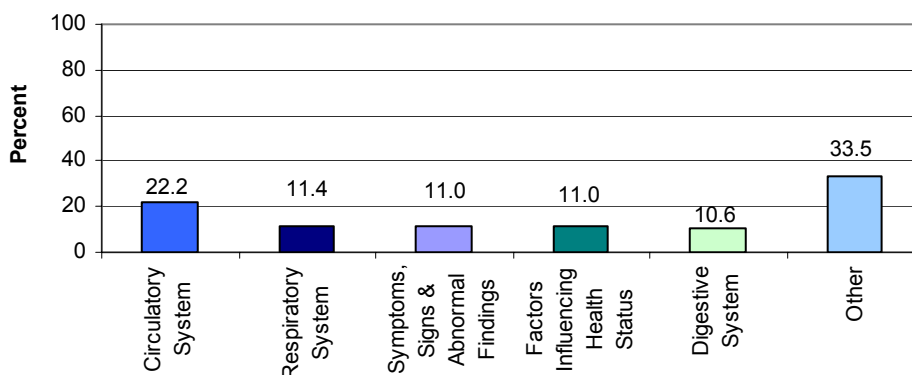
C. Limitations:
 Hospitalization statistics do not provide information on the number of cases or rates of illness that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions, which will artificially inflate estimates or disease prevalence. **Mental Disorders** (ICD-10 Chapter V) are excluded from this indicator because of changes in reporting mental disorders that started on April 1, 2006 (2006 fiscal year).

D. Source:
 Ministry of Health and Long Term Care, Provincial Health Planning Data Base, extracted April 2009. APHEO April 2009

Percent Hospital Discharges by Most Responsible Diagnosis, 65-74 Age Group, Northwestern Health Unit, 2003-2007



Percent Hospital Discharges by Most Responsible Diagnosis, 75+ Age Group, Northwestern Health Unit, 2003-2007



Summary of findings for Northwestern Health Unit region:

- Between 2003 and 2007 in the 65 to 75 age group, circulatory system disease accounted for 20% of all hospital discharges, followed by diseases of the digestive system (13.2%).
- Between 2003 and 2007, in the 75+ and older age group, 22.2% of all hospital discharges were attributed to circulatory system disease. Respiratory disease was the second-leading cause of hospital discharges in this age group (11.4%).

CHART 25

Standardized Hospital Discharges

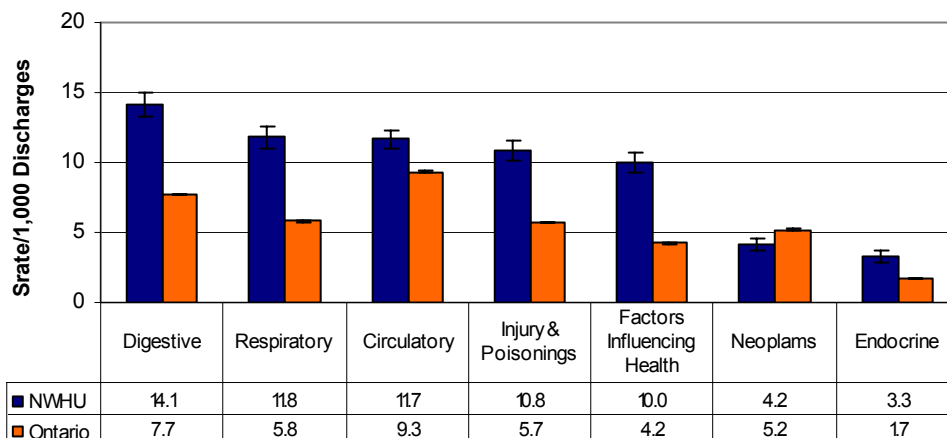
A. Definition:
 Number of hospital separations (discharges, transfers and deaths) during a given fiscal year by ICD-10 classification system per 1,000 deaths. Can be crude rates and standardized rates. Discharges are based upon fiscal years.

B. Significance:
 The cause of hospitalization provided is the diagnosis which is considered by the physician to be the most responsible for the patient's stay in hospital. This indicator is useful in planning health services and programs. Leading causes of hospitalizations vary by age, sex and social economic status. Comparison over time and place can be made.

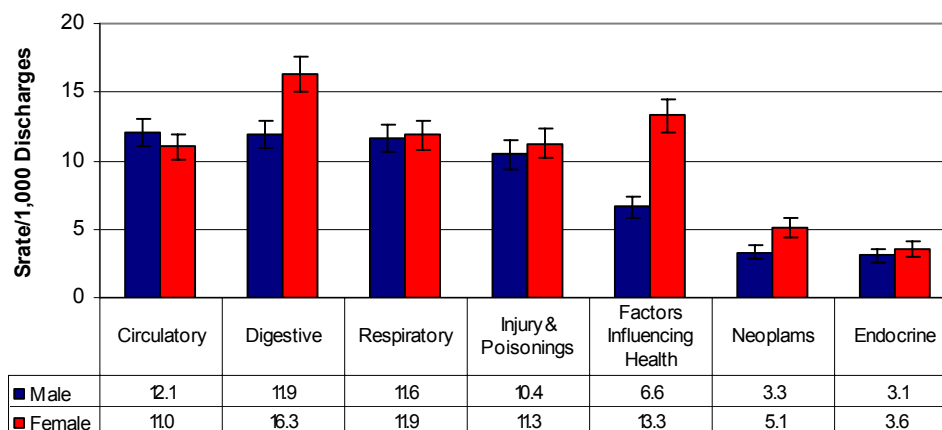
C. Limitations:
 Hospitalization statistics do not provide information on the number of cases or rates of illness that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions, which will artificially inflate estimates or disease prevalence. **Mental Disorders** (ICD-10 Chapter V) are excluded from this indicator because of changes in reporting mental disorders that started on April 1, 2006 (2006 fiscal year).

D. Source:
 Ministry of Health and Long Term Care, Provincial Health Planning Data Base, extracted April 2009. APHEO April 2009

Standardized Hospital Discharges, Northwestern Health Unit and Ontario, 2003-2007



Standardized Hospital Discharges by Gender and Selected Causes, 2003-2007



Summary of findings for Northwestern Health Unit region:

- Between 2003 and 2007, hospital charges for digestive, respiratory, circulatory diseases, injury and poisonings, and endocrine and metabolic disease were significantly higher than that found for Ontario. Hospital discharges for neoplasms were significantly lower than that found for Ontario.
- Between 2003 and 2007, females experienced significantly higher hospital discharges for digestive disease and factors influencing health status than males.