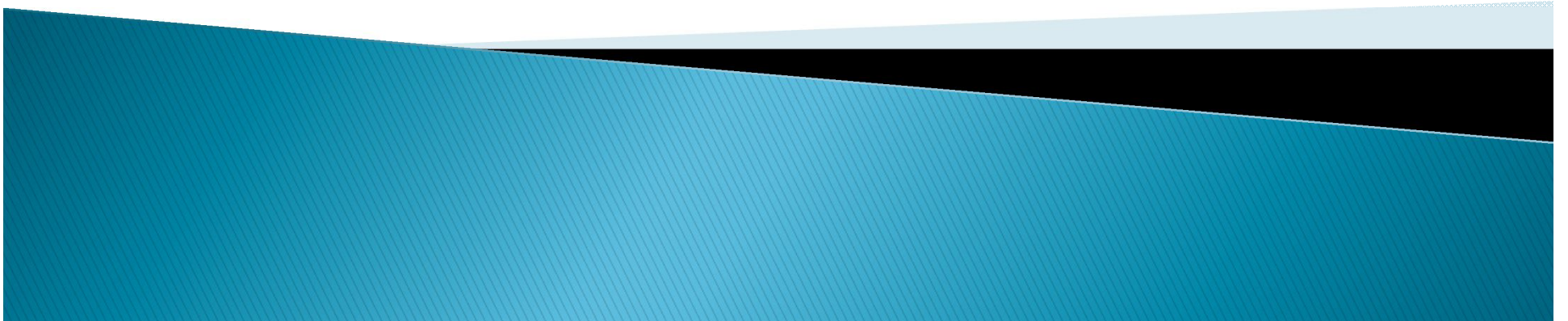


HEALTH?

ISN'T THAT A PERSONAL ISSUE?

Kim Barker

November 20, 2014



BELIEVE IT OR NOT....

The greatest contribution to the health of the Canadians over the last 150 years was made not by doctors or hospitals, but by local governments

- ▶ Drinking water
- ▶ Sewers
- ▶ Disposing garbage
- ▶ Separating residential areas from noxious industrial areas,
- ▶ Providing parks and recreation spots



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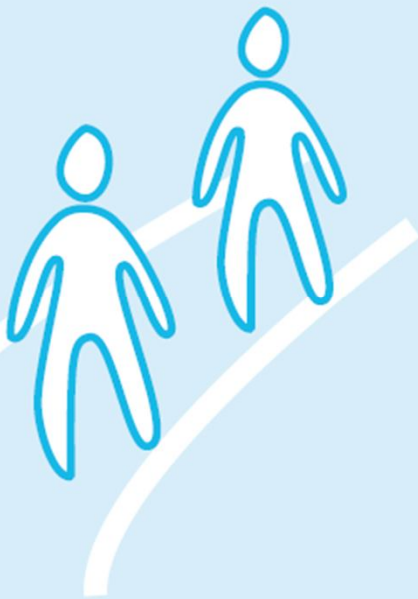
BUT NEW CHALLENGES REQUIRE NEW SOLUTIONS

- ▶ Sidewalks
- ▶ Land use
- ▶ Housing
- ▶ Public transit
- ▶ Food security
- ▶ Tobacco use



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DID YOU KNOW?

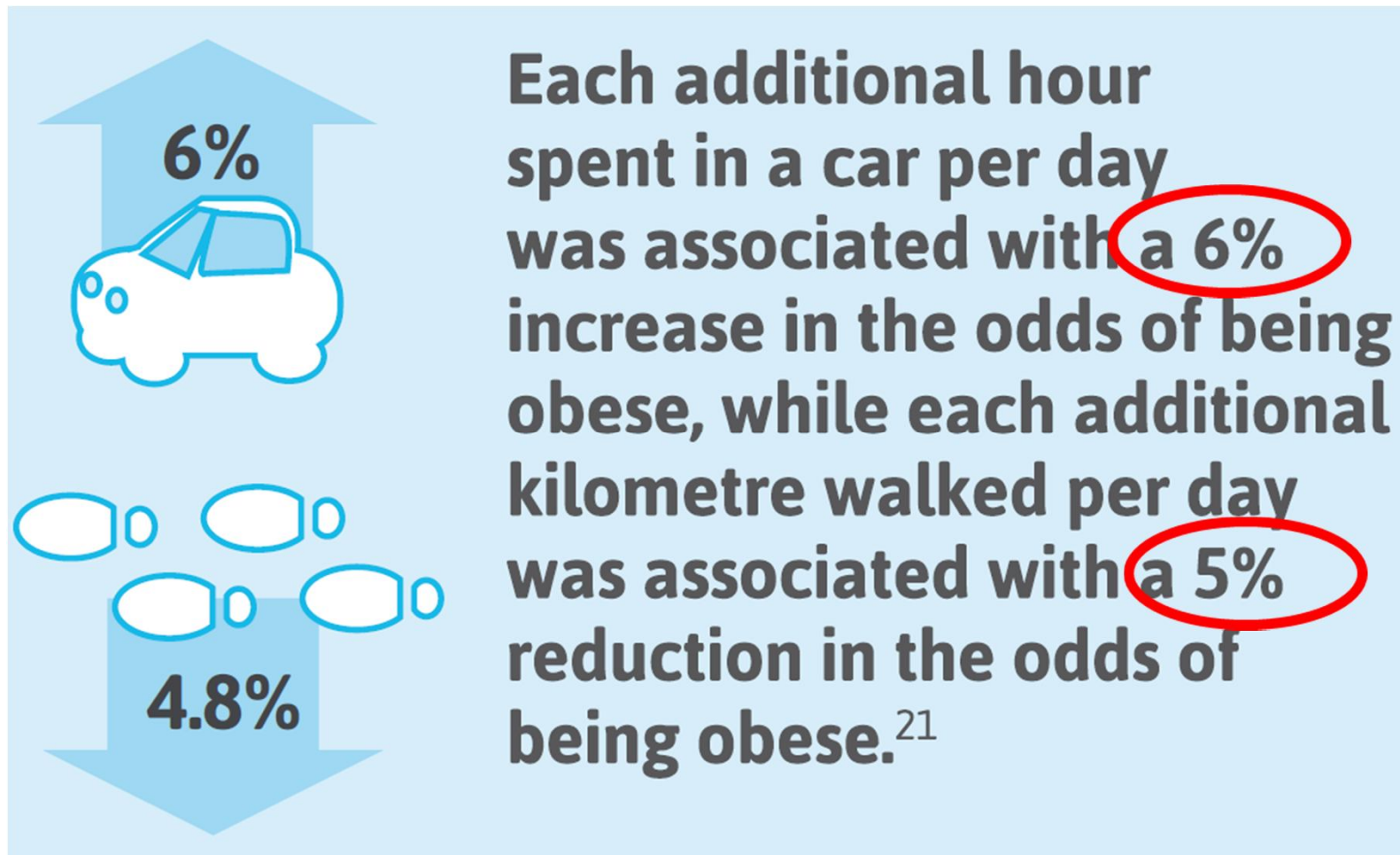


Improving a neighbourhood's walkability (by providing safe pedestrian infrastructure) by 5% gets people 32% more active in their travel.²⁰

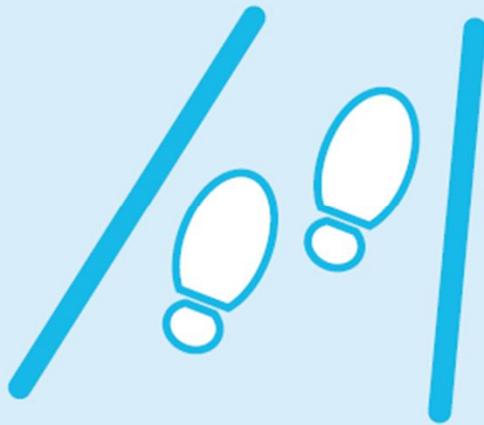


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DID YOU KNOW?



DID YOU KNOW?

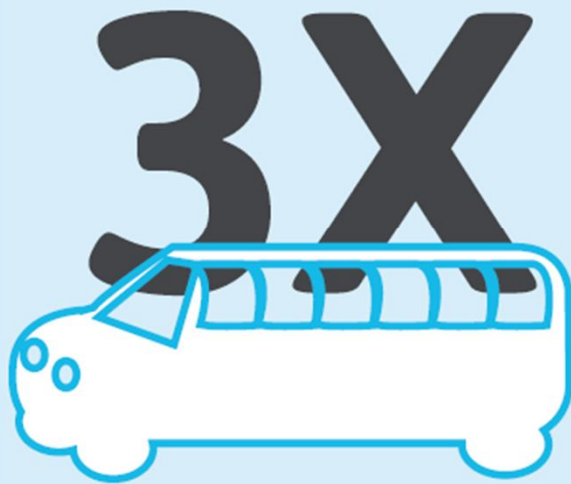


People who live in neighbourhoods with sidewalks are **47%** more likely to be active at least 30 minutes per day.²²



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DID YOU KNOW?

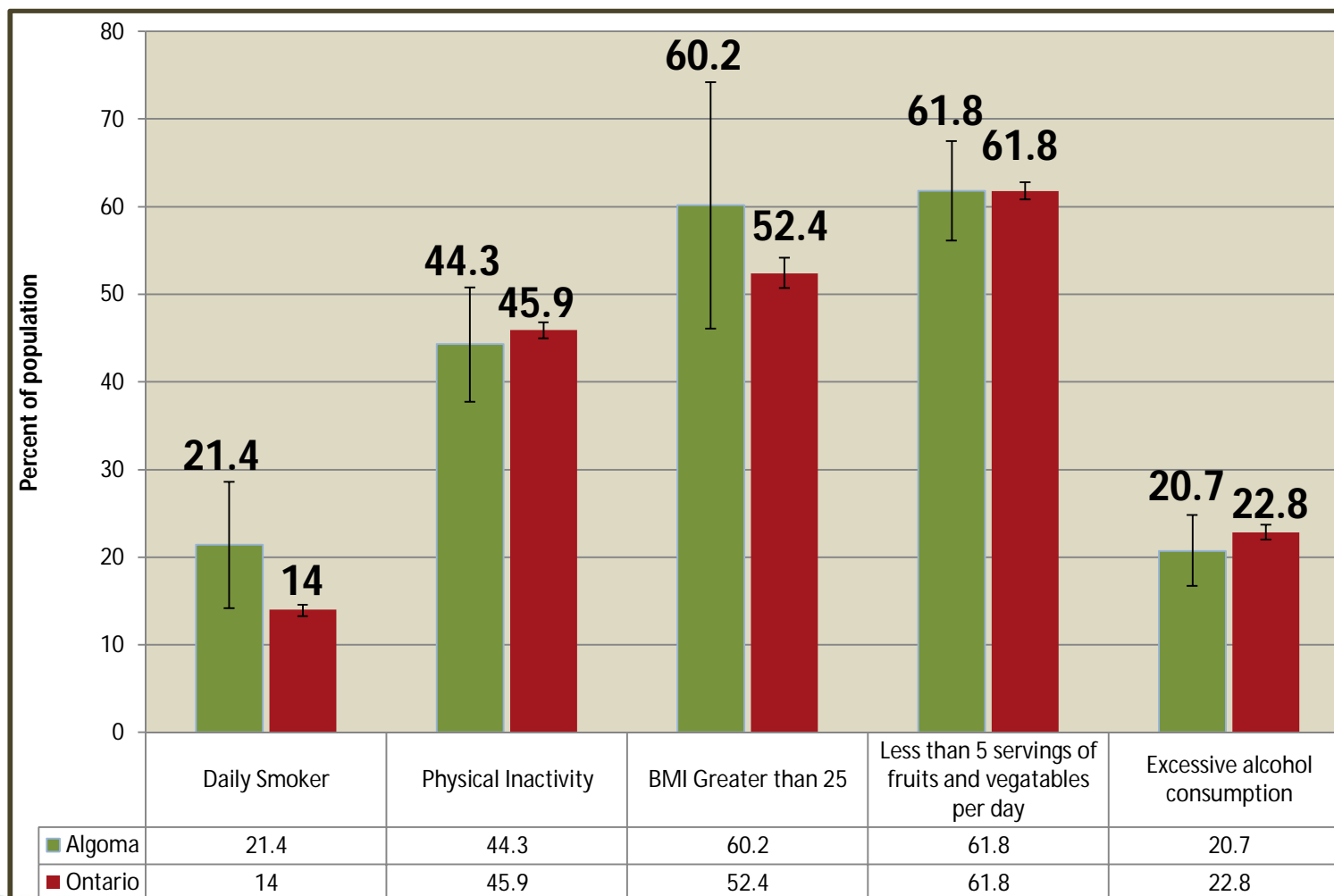


Transit users are **three** times more likely to meet the daily minimum of recommended physical activity.²³



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WE ARE ALL RESPONSIBLE FOR THIS



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BOTTOM LINE

- ▶ Chronic diseases are pervasive and consume more than 80% of health care dollars (more than \$40 billion per year in ON)
- ▶ People are not active enough
- ▶ Obesity is on the rise
- ▶ Our population is ageing
- ▶ Our communities are designed to have us use our cars instead of our feet
- ▶ Many of us struggle to buy healthy local food

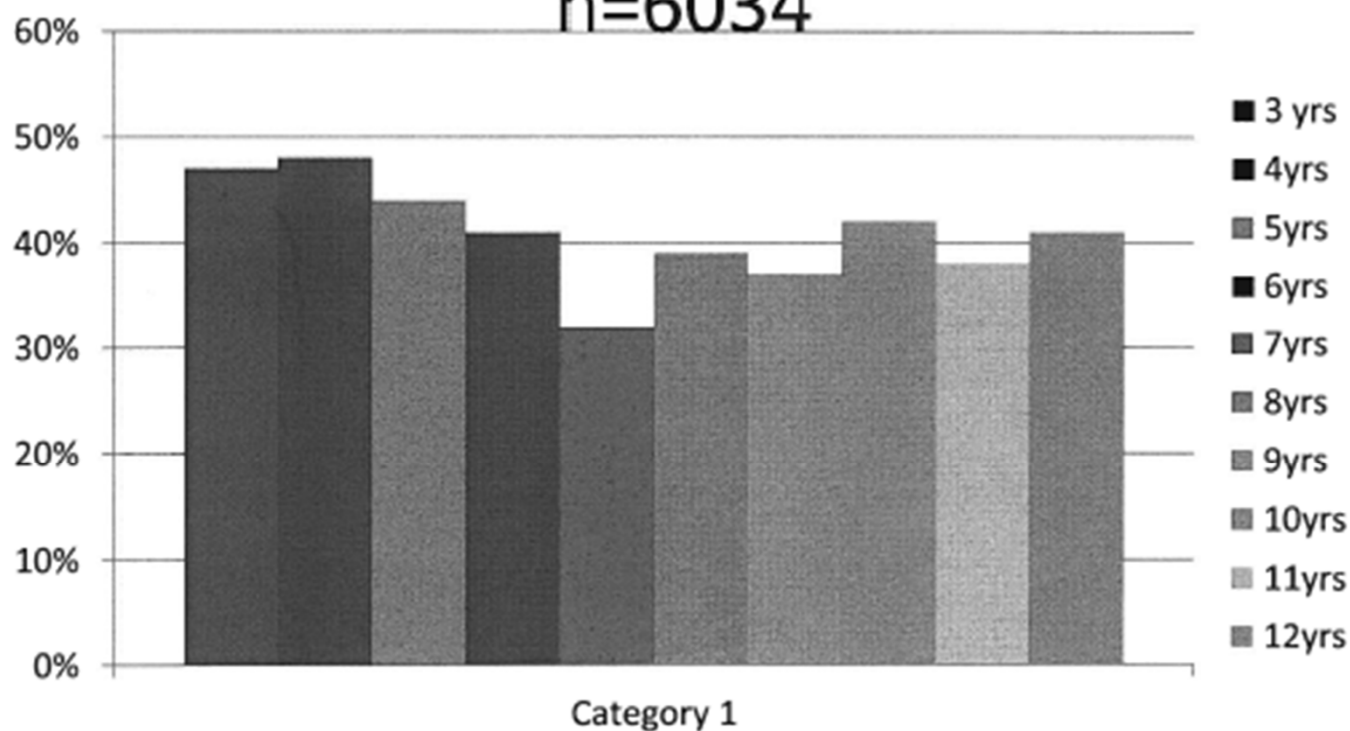


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**Ontario's
Average
26%**

Overweight and Obese Kids with Primary Care Providers at the GHC –

n=6034



DID YOU KNOW?



The most recent Canadian Health Measures Survey found that **only 7% of Canadian children and youth** get the recommended amount of physical activity.³¹



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DID YOU KNOW?



As much as half of the functional decline between the ages of 30 and 70 is due not to aging itself but to an inactive way of life.³²



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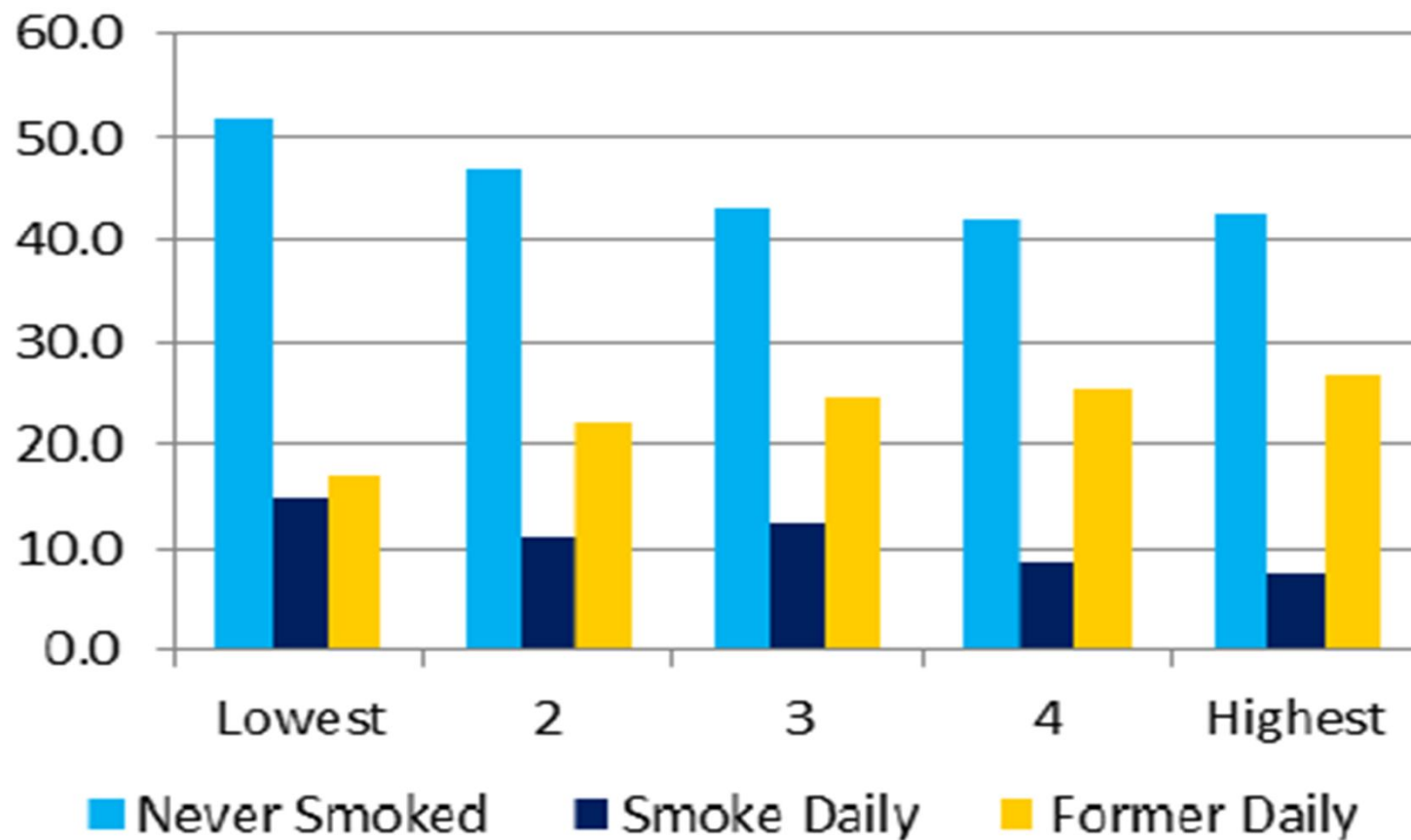
TOBACCO USE REMAINS THE SINGLE MOST PREVENTABLE CAUSE OF DISEASE AND DEATH IN CANADA

	Algoma	Ontario
Daily or occasional smoking teens aged 12-19year	15.5%	6.1%



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Smoking by Income 2011/12



Source: Canadian Community Health Survey 2011/12



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Daily Smoking by Self-Rated Mental Health

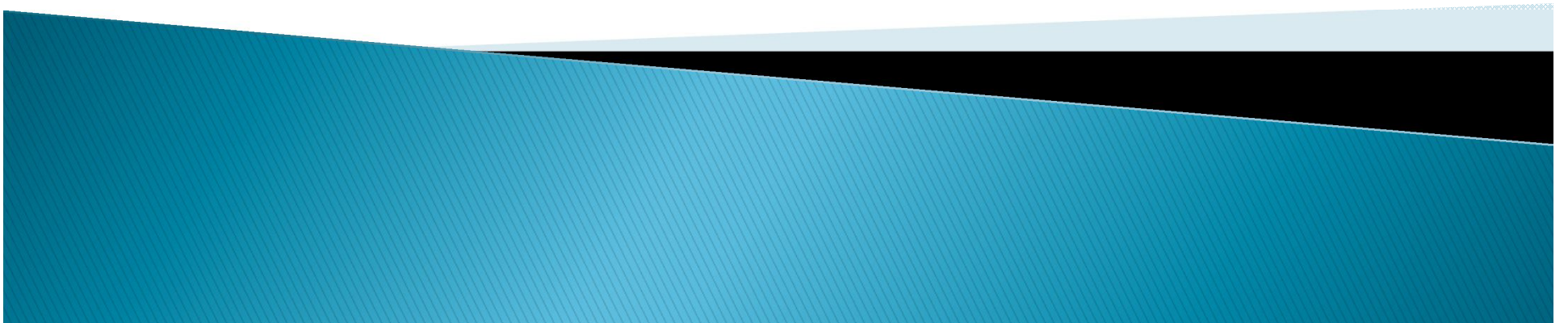


Source: Canadian Community Health Survey 2011/12



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SAH EMERGENCY ROOM UTILIZATION 2013



BREAKDOWN OF USAGE BY AGE

	# acute care admissions	% of acute care usage	LOS in acute care	# ER visits	% of ER usage	# mental health admissions	% of mental health admissions	LOS in mental health
<19 years old (n=6966)	1583	14.88%	5025 days	10477	19.31%	23	3.25%	269
19 – 60 years old (n=17100)	3723	35.01%	13811 days	29592	54.54%	621	87.83%	7961
> 60 years old (n=8192)	5327	50.09%	31415 days	14185	26.14%	63	8.91%	1376
TOTAL	10633			54254		707		

- Significant difference in # of acute care admission between age groups "<19 years old" and ">60 years old" ($p < 0.001$) as well as between "19-60 years old" and ">60 years old" ($p < 0.001$)
- Significant difference in # ER visits between age groups "<19 years old" and "19-60 years old" as well as between "<19 years old" and ">60 years old"
- Sig. difference in # MH admissions between "<19 years old" and "19-60 years old" ($p < 0.001$) and between "19-60 years old" and ">60 years old" ($p = 0.01$)



MOST COMMON DIAGNOSES - COMPARISON

➤ High cost users:

- ▶ 63 visits: Other symptoms, signs and abnormal findings not elsewhere classified (R)
- ▶ 56 visits: Malignant neoplasms (C00-C97)
- ▶ 50 visits: Other injury, poisoning and certain other consequences of external causes (S & T)

➤ High frequency (ER) users:

- ▶ 158 visits: Other factors influencing health status and contact with health services (Z00-Z99)
- ▶ 141 visits: Other injury, poisoning and certain other consequences of external causes (S & T)
- ▶ 119 visits: Abdominal and Pelvic Pain (R10)

➤ High frequency (Acute care) users:

- ▶ 123 visits: Congestive Heart Failure (I50)
- ▶ 103 visits: COPD and Emphysema ((J41-J44, J47)
- ▶ 99 visits: Malignant neoplasms (C00-C97)



ROLE OF DEPRESSION

	# ER visits *	# Acute care re-admissions	# Mental health admissions **
Depression (n=60)	14.23	0.77	1.15
1 or more other chronic co-morbidities (n=139)	11.53	--	--
Excluding depression (other co-morbidity or no co-morbidity) (n=263)	11.44	0.67	0.30

* Patients who identified 'depression' as a chronic comorbidity had significantly more visits to the ER than other patients in the high frequency ER user group.

** Patients who identified 'depression' as a chronic comorbidity had significantly more mental health admissions than other patients in the same user group.



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MOVING FROM ANALYSIS TO ACTION

- ▶ Multiple tools
- ▶ Multiple partners
- ▶ Multiple measures



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