

Bruce-Grey-Owen Sound Health Unit
Health Status Report
September 1999

Executive Summary

The purpose of this report is to provide detailed information on a variety of health status indicators for the Bruce-Grey community with comparisons to the Ontario population where appropriate. It is hoped that this document will provide some necessary information on the health status of Bruce-Grey residents so that public health program managers and staff, health care planners, and other interested people can make informed choices about their services to the public in this region.

Chapter 1 shows the population structure and characteristics of Bruce and Grey counties based on information collected from the 1986, 1991 and 1996 Census. All evidence points to an ageing population for both Ontario and Bruce-Grey. It is important to note that the Bruce-Grey population has a significantly higher proportion of people aged 45 to 64 and 65 and over compared to Ontario. Along with falling birth rates, as discussed in Chapter 4, this difference is likely to continue and accelerate in the coming decade.

Chapter 2 looks at local death rates, leading causes of death, and premature mortality for the Bruce-Grey population and Ontario. The Crude Death Rates from 1986 to 1996 indicate that Bruce-Grey rates are higher than Ontario's by approximately 25%. This is likely because of the higher proportion of older people in Bruce-Grey compared to Ontario, as a whole. Cardiovascular disease and cancer were the two leading causes of death in Bruce-Grey and Ontario in 1996. These two causes together accounted for 66% of all deaths in 1996 for Bruce-Grey. Specifically, Ischemic Heart Disease is the leading cause of death for both males and females, while All Other Heart Disease is second for females and both sexes combined. The third most common cause of death is cancer. Lung Cancer is responsible for more total cancer deaths than any other kind followed by

colorectal, breast and prostate cancer. It is interesting to note, male deaths from Injuries and Poisonings are more than double the rate for females. This may be attributed to an increase in motor vehicle fatalities. Compared to Ontario rates for leading causes of death, Bruce-Grey rates for males and females were similar. There were no significant differences in leading causes of death for males compared to the province. For females, however, the rates for All Other Heart Disease and Neoplasm of the Lymphatic and Haematopoietic Tissue (e.g., Hodgkin's disease, lymphoma, leukaemia) were significantly higher than Ontario while Cerebrovascular Disease rates were significantly lower than Ontario rates. For both sexes combined, only Lymphatic and Haematopoietic Diseases were significantly higher than Ontario rates. Cancer mortality trends indicate that in Bruce-Grey, breast, colorectal and lung cancer deaths are most prevalent among females, with lung cancer deaths, by far, the most prevalent among males. Since 1994, rates for lung cancer overtook breast cancer in females and this trend continued in 1996. From 1991 to 1996, the gap between male and female lung cancer deaths has decreased over 20% with female lung cancer rates steadily increasing over time. When considering premature mortality, the leading cause of Potential Years of Life Lost (PYLL) is Ischemic Heart Disease in males and Lung and Breast Cancer for females. For males, however, Injury and Poisonings followed by Suicide rank second and third with many fewer deaths. Compared to Ontario PYLL rates, Bruce-Grey is significantly higher for most leading causes of PYLL indicating that local deaths are occurring at younger ages.

Chapter 3 examines hospital separation or discharge data as it relates to diagnosis. It is subject to over-reporting as the records are not individualized but it is a useful indicator of morbidity in the community. For Bruce-Grey, the leading cause of hospitalization is Heart Disease for males and Complications of Pregnancy (including premature labour, abortive outcomes, and delivery complications) for females. Apart from Complications of Pregnancy, leading causes are similar for both genders. For Bruce-Grey, the hospitalization rates for all leading causes are significantly higher than the Ontario rates excluding All Other Heart Disease and Complications of Pregnancy.

Chapter 4 looks at reproductive outcomes including birth, fertility, and low-birth weight rates, as well as, stillbirth and abortion rates for Bruce-Grey and Ontario from 1992 to 1996. The crude birth rate has declined by 25% from 1986 to 1996 in Bruce-Grey and these rates are significantly lower than those of the province. General fertility rates for Bruce-Grey have also shown a marked decline since 1994. The fertility rate has dropped 22% since 1991. Low birth weight rates for Bruce-Grey are lower than the Ontario rates for nearly all years. In Bruce-Grey from 1992 to 1995, abortion rates were significantly lower (often over 50% lower) than Ontario rates. As well, the local pregnancy rates are significantly lower than the Ontario rates. In 1995, 86% of pregnancies resulted in live births compared to 75% in Ontario, thus reflecting the lower abortion rate in Bruce-Grey. The infant mortality and stillbirth rates are very small for this region. When focusing in on teen reproductive outcomes, similar trends are found. From 1991 to 1994, teen fertility rates for Bruce-Grey were higher than Ontario and then rates dropped slightly compared to Ontario. There were very few incidents of stillborn or low birth weight babies born to teen mothers. Teen abortion rates were lower (often over 50% lower) than those for the province. Teen pregnancy rates are also consistently lower for Bruce-Grey than Ontario. In 1995, 58% of teen pregnancies resulted in live births compared to 47% in Ontario, thus reflecting the lower abortion rate for Bruce-Grey.

A. Leffley