GO FOR HEALTH

COMMUNITY PICTURE

WINDSOR-ESSEX COUNTY.

Go for Health
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GO FOR HEALTH COMMUNITY PICTURE

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PLEASE NOTE:
This community picture was compiled from September 2010 - March 2011.

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COMMUNITY
PICTURE

OUR MISSION

PROVIDE LEADERSHIP FOR COLLABORATIVE ACTION TOWARD HEALTHY LIVING, FOR WELLNESS AND THE REDUCTION OF CHRONIC DISEASE IN WINDSOR-ESSEX COUNTY.

THIS REPORT WILL PROVIDE A DESCRIPTION OF WHAT LIFE IS LIKE FOR THOSE WHO LIVE IN WINDSOR-ESSEX COUNTY (WEC).

This comprehensive profile will provide fundamental information to the reader, including the demographic makeup, socioeconomic realities, health status data, and current and planned initiatives and policies that affect health and well-being in WEC.

COMMUNITY PICTURE

COMMUNITY PICTURE
for Windsor-Essex County

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INTRODUCTION

The purpose of this report is to:

- *Provide community leaders, professionals, and the public with a snapshot of our community and the variables that impact the health and well-being of our residents.*
- *Assist in mobilizing the Windsor-Essex community partners around issues that impact the health and well-being of WEC residents.*
- *Inform the Healthy Communities Fund grants project stream.*
- *Inform local funding priorities and applications.*
- *Assist local organizations to identify strategic program and policy priorities.*
- *Identify implications for practice and policy opportunities.*
- *Highlight health policy challenges and successes.*

As part of the Healthy Communities Fund-Partnership Stream, the Ministry of Health Promotion and Sport required community partnerships to submit a Community Picture, outlining the community make-up, health status, and policy priorities in their respective area. This Community Picture is intended to inform the work of the Healthy Communities Partnership.

Windsor-Essex's Healthy Communities Partnership is Go For Health Windsor-Essex (GFH). GFH is a coalition of recognized and respected community health organizations and volunteers. The GFH coalition is committed to reducing the high rate of chronic disease, mental illness, and injury through the advocacy and support of policies that promote and support the health and well-being of WEC residents. This unique partnership creates a model of collaborative action that is embraced by the business, education, government, health, and recreation and leisure sectors. Partners in these sectors have committed to identify key health policy issues within their sector. Once identified and prioritized, they have agreed to work toward the promotion, development, implementation, and monitoring of these policies.

This document will not only assist in learning more about the people who live in our community, including their demographic and socioeconomic realities and the status of their health, but it will also provide the reader with a much deeper and richer understanding of the issues that impact the health and well-being of WEC residents.

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OVERVIEW OF METHODOLOGY

The 2011 Community Picture synthesizes findings from several local, provincial, and national agencies to provide a glimpse of WEC's state of health and well-being. Much of the detailed, local information was gathered from the following reports published by the United Way and the Windsor-Essex County Health Unit:

- *The 2009 Community Well-Being Report:* ***www.weareunited.com/img/pdfs/annual-reports/2009wellbeingreport.pdf***
- *The 2009 WEC Population Report:* ***www.wechealthunit.org/about-us/reports/2009_WEC_populationreport.pdf***

Both of these documents provide detailed socioeconomic and demographic information of people living in WEC, some of which is beyond the scope of this Community Picture. Readers are encouraged to refer to these reports for further valuable information.

Where available, the 2011 Community Picture provides benchmark data from previous years to indicate progress over time and highlight areas that need improvement. Beyond contextual, demographic, and socioeconomic statistics, data will also include the six priority areas identified by the government of Ontario and GFH:

- *Tobacco Use and Exposure*
- *Alcohol and Substance Misuse*
- *Healthy Eating*
- **PHYSICAL ACTIVITY**
- *Injury Prevention*
- *Mental Health*

For each of the six priority areas, policy recommendations are provided and the top three policy suggestions are identified.

HOW THE COMMUNITY PICTURE IS ORGANIZED

The 2011 Community Picture is divided into four sections and three subsections:

1.0: Our Community
In this section, important contextual information is provided about WEC including: municipal division; community location, geography, and physical characteristics; community economy; environment; safety; access to public transportation; and international border crossing. Consideration is given to how each of these aspects of the community influence the lives of those living in the area.

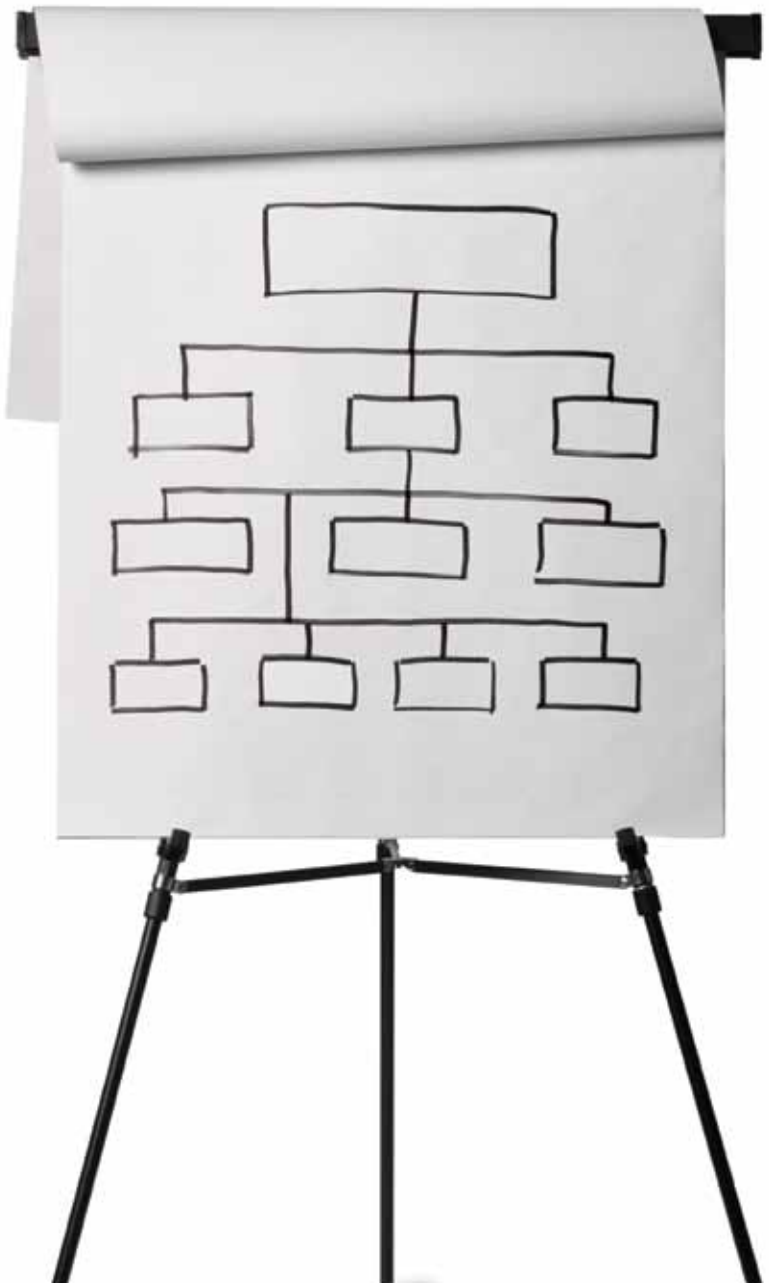
2.0: The Fabric of Our Community: ***Demographic Information***
The first section of part two provides demographic information about the people who live in the community. While the previous section focused on the area itself, this section highlights the people who live here. Information provided in this section includes: population statistics; age and sex distribution; cultural diversity; household composition; community belonging; and the voluntary sector.

2.1: The Fabric of Our Community: ***Socioeconomic Information***
The second section of part two focuses on the socioeconomic determinants in the community. Data on education; employment and income; housing; health care; and access to nutritious foods are presented in this section. In the previous section, the emphasis was on describing the people who live in our community, whereas this section highlights the living situation in WEC.

2.2: The Fabric of Our Community: ***Six Priority Areas***
The final section of part two describes the health status of the community across the six priority areas, including incidence rates, risk factors, and economic burden. Key policies pertaining to each priority area are highlighted.

3.0: Disease Profile – Incidence and Risk Factors
The third section provides an overview of the prevalence and burden of key preventable diseases in WEC. Chronic diseases in this section are heart disease, cancer, diabetes, obesity, stroke, and mental illness. For each condition, incidence rates and economic burden are provided where available.

4.0: Community Engagement
The final section describes how the community was recruited, consulted, and engaged throughout the development of the Community Picture. Information is provided regarding partnership development and priority setting.



DATA

The majority of the data provided in the Community Picture relate to WEC as a whole. Using the 2006 Community Profiles from Statistics Canada, information is provided for each municipality where available. In some instances, information is provided for the Windsor Census Metropolitan Area, which includes the City of Windsor and the towns of Amherstburg, Lakeshore, LaSalle, and Tecumseh. Data was only included if it was publicly available and, as such, some information is missing for certain geographic locations.

In WEC, some organizations (i.e., police and fire services) are mandated to report their local information in specific ways. In these instances, it was difficult to present the data in a consistent manner. As such, the information was combined when possible or presented specifically for the largest municipality, the City of Windsor.

II

1.0:
Part One

OUR COMMUNITY

I. MUNICIPALITIES

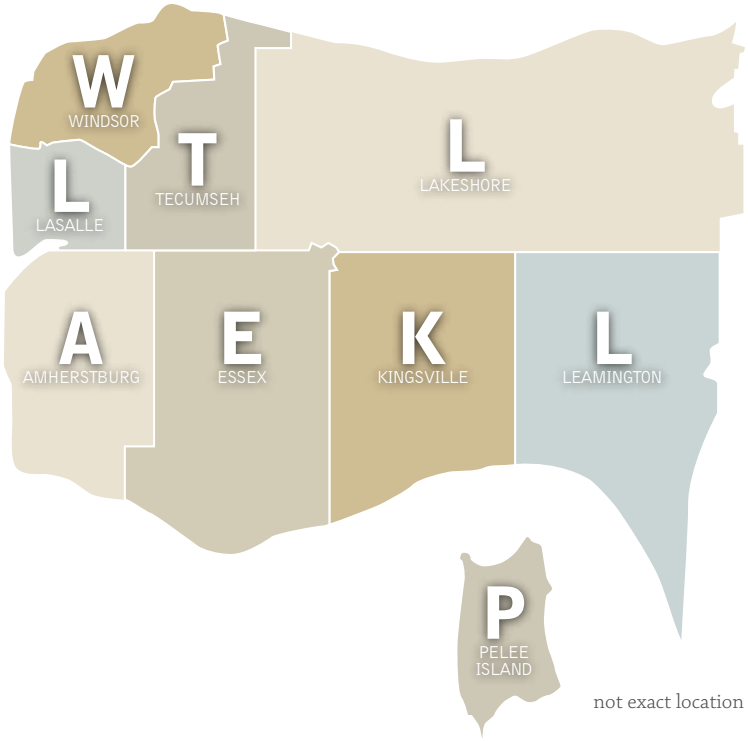
WEC is comprised of seven municipalities, the City of Windsor, and Pelee Island:

- *The Town of Amherstburg*
- *The Town of Essex*
- *The Town of Kingsville*
- *The Town of Lakeshore*
- *The Town of LaSalle*
- *The Town of Tecumseh*
- *The Municipality of Leamington*
- *The City of Windsor*
- *The Township of Pelee*

...the fact that WEC is made up of multiple municipalities allows each area to become policy leaders and implement innovative policies at the local level.

Together, they form the community of WEC.

Each of them is comprised of diverse populations that require services and programs that are unique to their area. This can create barriers in creating and implementing policies that apply throughout the entire region. However, the fact that WEC is made up of multiple municipalities allows each area to become policy leaders and implement innovative policies at the local level. In the public administration literature, "there is agreement that competition, learning, and social emulation are the main drivers of [policy] diffusion."[1] While having multiple municipalities in the area can make coordinated planning more challenging due to the necessity of cooperation, it is also an advantage because local policymakers can see policies work well in other municipalities. This advantage would enable policymakers to select best practices and learn from successful endeavours. Local policymakers can also share knowledge of what does not work so well.



not exact location of Pelee Island

II. COMMUNITY LOCATION, GEOGRAPHY, AND PHYSICAL CHARACTERISTICS

Location

With a longitude and latitude of 82–83°W and 41–42°N, WEC is the southernmost tip of Ontario and Canada. The area is surrounded by Lake St. Clair to the North, Lake Erie to the South, and the Detroit River to the West. The Detroit River is a small body of water that separates the city of Windsor with the United States of America (USA) City of Detroit, Michigan. Currently, there are two links between the cities; the Ambassador Bridge and the Windsor-Detroit Tunnel.

People who live in WEC are fortunate enough to live in the "richest consumer market in the world," where almost 10% of the North American population lives within a 10-hour drive. [2] Table 1 provides a list of metropolitan areas, their populations, and the distance from WEC in both kilometers and driving time.

TABLE 1 - Distance to Major Cities

Metropolitan Area	Centers' Distance (km)	Driving Time (Hours)	Population
Detroit, Michigan	1.6	0.1	4,468,996
Toledo, Ohio	95	1.0	653,695
Cleveland , Ohio	300	3.0	2,114,155
Toronto, Ontario	340	4.0	5,113,149
Chicago, Illinois	460	4.5	2,833,321
Buffalo-Niagara Falls, New York	420	4.5	1,137,520
Washington DC, Washington	850	8.5	5,290,400
Ottawa, Ontario	810	8.5	1,130,761
New York, New York	990	9.0	18,818,536
Montreal, Quebec	885	9.5	3,635,571
Philadelphia, Pennsylvania	940	9.5	5,826,742
Total Population			**51,022,846**

Note. Taken from: WindsorEssex Economic Development Corporation. Original source: Yahoo Maps, Statistics Canada, and U.S. Census Bureau. Population estimates for both U.S. and Canada are from 2006 Census.

The location of WEC gives it unique economic importance. WEC is part of a major international transportation hub which sees goods and people travel through the area to reach major markets such as New York, Chicago, and Toronto. The presence of international border crossings means that WEC has quick access to American markets and receives many travelers heading to other destinations.

The proximity to the USA means that international cooperation for local resources is sometimes necessary. The International Joint Commission has existed since 1909 to manage joint concerns regarding water quality and management, and more recently has expanded to look at other issues such as air quality. Continued collaboration is essential to protect our region and its resources.

Finally, due to Windsor's location in relation to Detroit, and Canada's younger legal drinking age compared to the United States, young adults from Michigan and Ohio often visit the nightclub district in downtown Windsor. Although this increases revenue and promotes the local economy, it may also have a negative impact on Windsor's reputation and lead to an increase in the number of alcohol-related injuries.

Farming and agriculture is one of the areas most important industries. In the municipalities outside of the City of Windsor, there is an abundance of field and farm land which is used primarily for crop farming. According to Statistic Canada's 2006 Agriculture Community Profiles, at the time of the census there were: [3]

- *2395 agriculture operators in Essex County.*
- *1740 farms covering 133,456 hectares of land throughout Essex County.*
- *$633,101,507 gross income from farming.*
- *556.8 hectares of green house area in use.*

Figures 1–4 illustrate the most popular crops, livestock, vegetables, and fruits being farmed in WEC.

FIGURE 1 - Five Major Field Crops Farmed in WEC (by total acreage)

Note: Total number of field crops farmed is dependent on number of farms reporting.

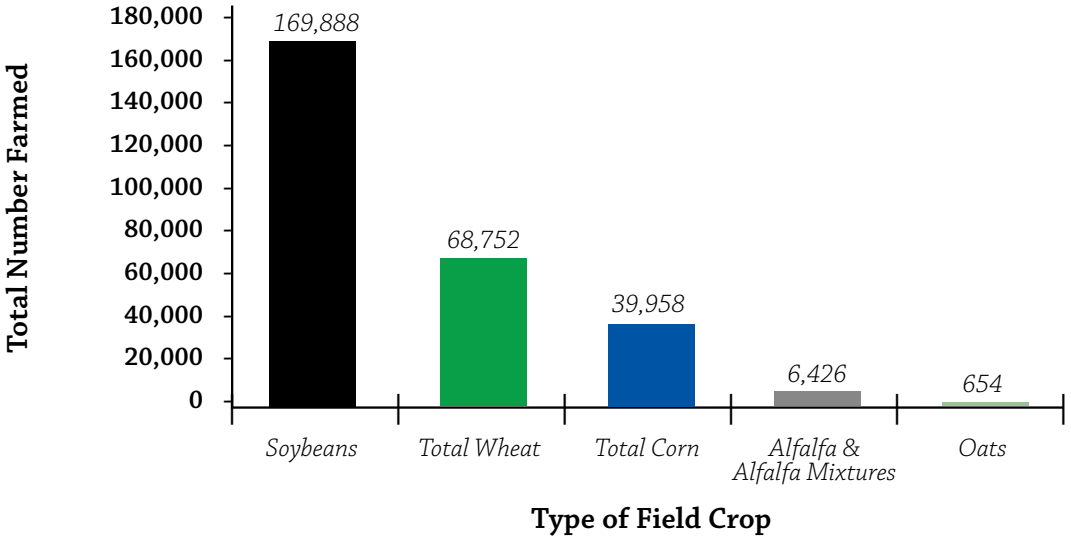


FIGURE 2 - Five Major Livestock Farmed in WEC (by total acreage)

Note: Total number of livestock farmed is dependent on number of farms reporting.

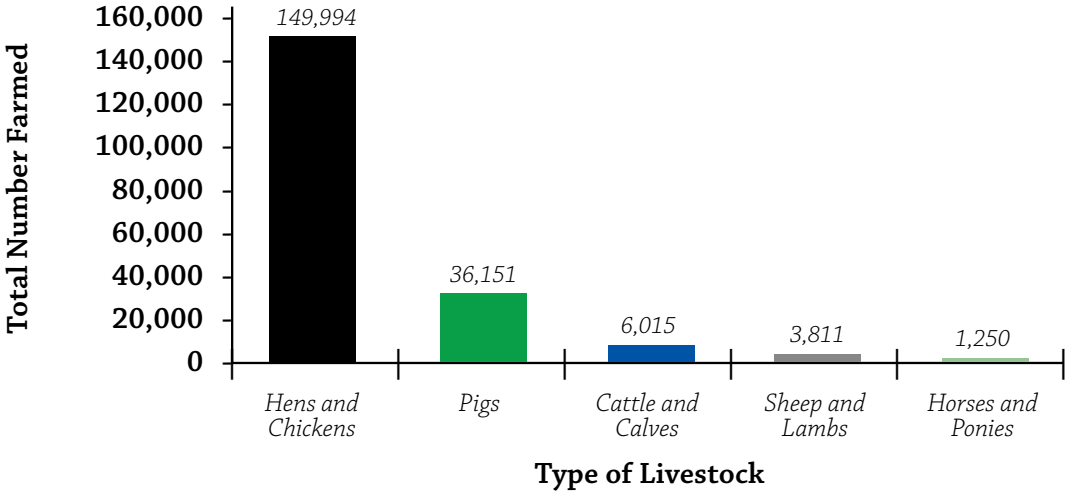


FIGURE 3 - Five Major Vegetables Farmed in WEC (by total acreage)

Note: Total number of vegetables farmed is dependent on number of farms reporting.

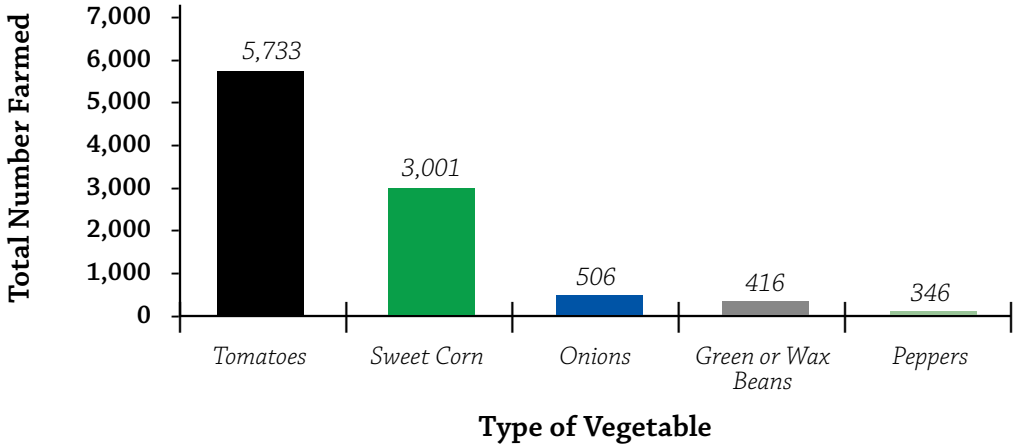
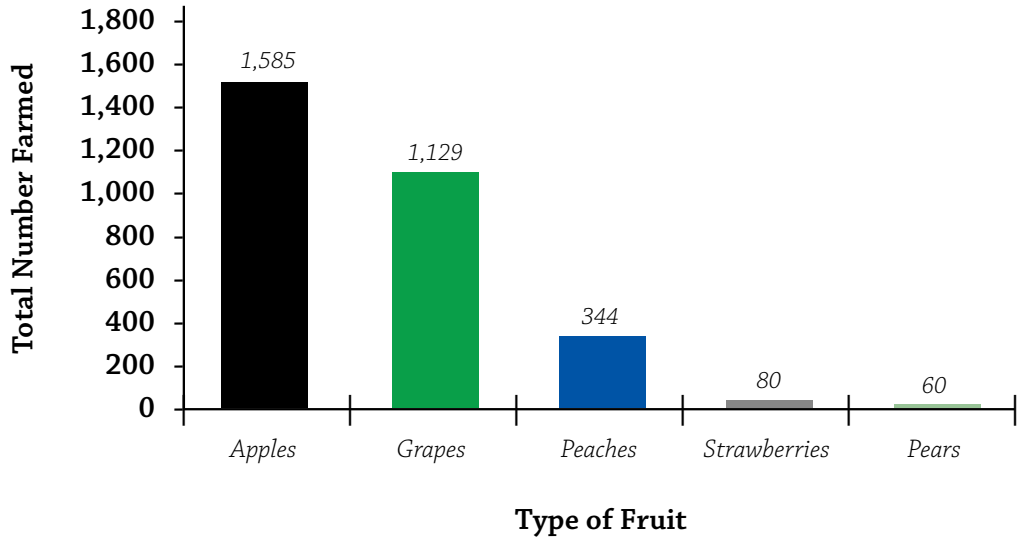


FIGURE 4 - Five Major Fruits Farmed in WEC (by total acreage)

Note: Total number of fruits farmed is dependent on number of farms reporting.



With the vast amount of food produced in WEC, it makes sense for our community to make the effort to eat local grown food as much as possible. Throughout WEC, there are five major local markets that stock and sell locally farmed produce. There are also many services throughout the community that promote buying locally, whether it be by selling locally grown produce online or delivering local produce door-to-door.

Why should residents buy local produce? For starters, local food is likely to be of higher quality and typically fresher than produce that has spent many hours on a transport truck. Second, buying local produce supports local businesses and provides income for local families. Buying locally also reduces the ecological footprint, because it reduces carbon emissions (the food doesn't have to travel as far to reach the table). [4]

The presence of major producers of healthy foods is a valuable asset that can be leveraged to improve the health of residents. WEC is one of the few locations in Canada where residents can practically follow a local eating program such as the 100 Mile Diet,[5] while eating a diverse range of foods.

Greenhouses

The municipality of Leamington has become the greenhouse capital of North America.[6] There are over 1,500 acres of land covered by greenhouses throughout Leamington and Kingsville. Table 2 provides the total number of greenhouse growers by the most common commodity both in Southwestern Ontario and the rest of Ontario followed by Table 3, which provides the total amount of acres in which each commodity is grown.

TABLE 2 - Total Number of Greenhouse Growers by Commodity, Southwestern Ontario, and Ontario, 2011

Commodity	Growers		Total
	SWO	Rest of Ontario	
Cucumbers	87	35	122
Peppers	32	8	40
Tomatoes	70	26	96
Total	**189**	**69**	**258**

Note: The number of growers will appear higher in this table as some growers grow more than one commodity. Southwestern Ontario includes Essex, Kent, and Lambton Counties. Source: Ontario Greenhouse Vegetable Growers. (2011). 2011 fact sheet. Retrieved from http://www.ontariogreenhouse.com/search/results?query=2011+FACT+SHEET&commit=Search

Buying locally also reduces the ecological footprint, because it reduces carbon emissions (the food doesn't have to travel as far to reach the table).

TABLE 3 - Total Amount of Acres by Commodity, Southwestern Ontario, and rest of Ontario, 2011

Commodity	Acres		Total
	SWO	Rest of Ontario	
Cucumbers	426	103	529
Peppers	492	119	611
Tomatoes	742	37	779
Total	**1,660**	**259**	**1,919**

Note: Southwestern Ontario includes Essex, Kent, and Lambton Counties. Source: Ontario Greenhouse Vegetable Growers. (2011). 2011 fact sheet. Retrieved from http://www.ontariogreenhouse.com/search/results?query=2011+FACT+SHEET&commit=Search

Conservation areas don't just protect our environment; they are useful in educating our community on how the environment works and the importance of keeping it clean. Conservation areas serve to remind people about the effects of urbanization, and how each person's lifestyle and activities have consequences on the environment around them.

The Essex Region Conservation Authority (ERCA) owns and manages 20 publicly accessible properties comprising in excess of 6,000 acres within WEC (see Table 4).[7] They also are responsible for approximately 100 kilometers of trails which traverse the region's most significant shorelines, woodlands, and marshes. Presently in WEC, only 7.5% of the natural landscape remains in its natural state, which is less than the 12% minimum identified by the United Nations needed to keep the earth's landscape healthy and sustainable.[7]

Local conservation areas and trails provide a valuable opportunity for residents and visitors alike to enjoy nature close to home. These areas represent an opportunity to showcase the environment, they provide an excellent spot for family outings and an ideal setting in which to enjoy a physically active lifestyle.

TABLE 4 - WEC Conservation Areas Managed under ERCA

Conservation Area	Municipality	Total Area (acres)
Amherstburg-Essex Greenway	Essex	43.3
Andrew Murray O'Neil Memorial	Leamington	18.8
Big Creek	Amherstburg	210.1
Cedar Beach	Kingsville	0.7
Cedar Creek	Kingsville	41.8
Chrysler Canada Greenway	Kingsville	236.7
Crystal Bay	Amherstburg	160.7
Devonwood	Windsor	93.1
Hillman Marsh	Leamington	842.4
Holiday Beach	Amherstburg	376.7
John R. Park Homestead	Kingsville	13.5
Kopegaron Woods	Leamington	47.4
Maidstone	Essex	49.9
McAuliffe Woods	Tecumseh	22.3
Petite Côte	LaSalle	29.3
Point Pelee National Park	Leamington	3,706.8
Ruscom Shores	Lakeshore	101.8
Stone Road Alvar	Pelee Island	145.1
Tremblay Beach	Lakeshore	62.9
White Sands	Amherstburg	103.2
Total		**6,306.5**

Note: Source: Essex Region Conservation Authority. (2010). Conservation areas. Retrieved from http://www.erca.org/conservation/area.cfm

Local conservation areas and trails provide a valuable opportunity for residents and visitors alike to enjoy nature close to home.

Within the City of Windsor, there are 2,800 acres of green area within 215 parks. Different parks in the city offer different attractions, such as sculptures, fountains, sport fields, playgrounds, and picnic areas. In each surrounding municipality, there are plenty of parks for people to spend their leisure time and take part in other recreational activities. Figure 5 provides the total number of parks in each municipality.

In addition to all of Windsor's local parks, there is also the Ojibway Prairie Complex. This complex is a collection of natural areas near downtown Windsor that totals 315 acres. This complex includes Black Oak Heritage Park, Ojibway Park, Ojibway Prairie Provincial Natural Reserve, and Tallgrass Prairie Heritage Park.

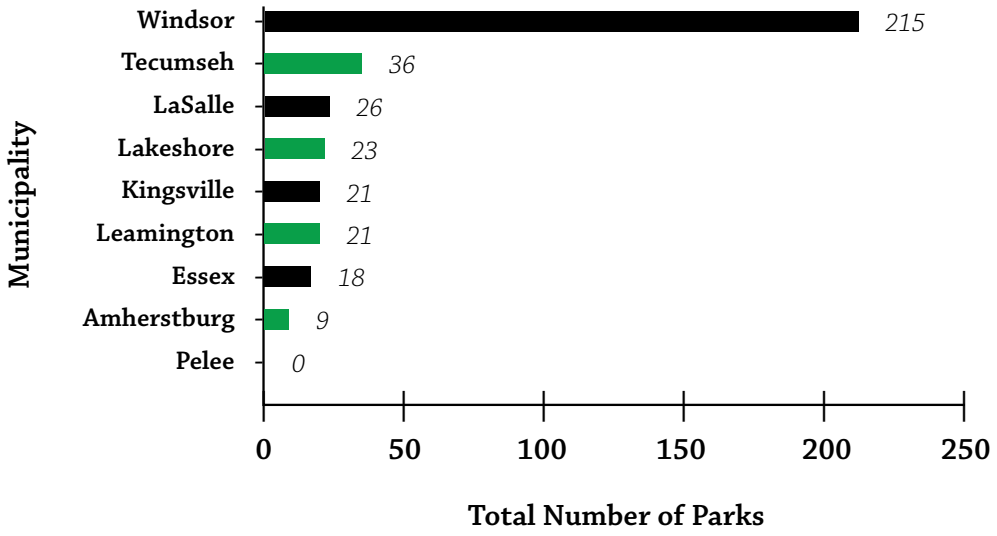
WEC is also home to Point Pelee, one of Canada's well-known National Parks. Point Pelee is known for its peninsula, which is the most southern tip of mainland Canada, and for being inhabited by more than 370 species of birds, making it one of the premiere bird watching locations in North America.[8]

The abundance of parks and green space throughout WEC allow residents and visitors to enjoy the outdoors in all seasons. From a riverfront walkway that provides excellent views of the Detroit skyline, to smaller local parks, and nature reserves, WEC residents and visitors have great opportunities to get outside and enjoy life. Furthermore, several municipalities in WEC are traversed by an extensive on and off-road recreational trail network. This is especially important given the fact that most WEC residents are currently less active than they should be. WEC has taken advantage of this valuable parks and green space resource in the past and continues to take steps to ensure that these areas are improved, interconnected, and accessible.

WEC is also home to Point Pelee, one of Canada's well-known National Parks.

FIGURE 5 - Total Parks in Each Municipality

Note: Totals taken from each municipality's website. Windsor (http://www.citywindsor.ca), Tecumseh (http://www.tecumseh.ca), LaSalle (http://www.town.lasalle.on.ca), Lakeshore (http://www.lakeshore.ca), Kingsville (http://www.town.kingsville.on.ca), Leamington (http://www.leamington.ca), Essex (http://www.essex.ca), Amherstburg (http://www.amherstburg.ca), Pelee (http://www.pelee.org)



There are 16 golf courses throughout WEC (see Table 5), most of which offer their services to the general public for a fee, while few are private. Golf is ranked number nine in the most popular physical recreation activities for Canadians ages 20 and over, with 11% of the total population of Canada reporting that they golf.[9] Golfing is a good form of physical activity, especially if someone walks while playing.

TABLE 5 - Total Golf Courses in the Area

Golf Course	Holes	Par	Yardage (back tee)	Kilometers (per 18 holes)	Year Established	Public or Private
Ambassador Golf Club	18	72	7,033	6.4 kms.	2005	Public
Beach Grove Golf & Country Club	18	72	6,500	5.9 kms.	1924	Private
Belleview Golf Club	18	72	6,750	6.2 kms.	1967	Semi-private
Dominion Golf & Country Club	18	72	6,149	5.6 kms.	1929	Semi-private
Erie Shores Golf & Country Club	18	72	6,228	5.7 kms.	1926	Semi-private
Essex Golf & Country Club	18	71	6,703	6.1 kms.	1902	Private
Fox Glen Golf Club	18	70	6,222	5.7 kms.	1959	Semi-private
Hydeaway Golf Club	18	71	6,143	5.6 kms.	1963	Semi-private
Kingsville Golf & Country Club	27	72	6,004	5.5 kms.	1925	Semi-private
Orchard View Golf Club	18	72	6,000	5.5 kms.	1970	Public
Pointe West Golf Club	18	72	6,802	6.2 kms.	1989	Private
Rochester Place Golf Course	18	72	6,354	5.8 kms.	1979	Public
Roseland Golf & Curling Club	18	72	6,503	5.9 kms.	1926	Public
Seven Lakes Championship Golf	27	71	6,802	6.2 kms.	2003	Public
Sutton Creek & Country Club	18	72	6,900	6.3 kms.	1980	Private
Tilbury Golf Club	18	71	6,157	5.6 kms.	1969	Semi-private

Note: Back tee yardage is the furthest possible distance from tee to cup.

Within WEC, there are ten public beaches (see Table 6). Each beach is tested for bacteria on a weekly basis between the months of June and September by the WEC Health Unit.

Beaches offer the public a gathering spot for family activities. Some beaches in the area also provide opportunities for activities such as canoeing, fishing, and volleyball.

For a list of WEC beaches, their services, and their location, please visit each municipality's website:

Amherstburg - www.amherstburg.ca
Essex - www.essex.ca
Kingsville - www.town.kingsville.on.ca
Lakeshore - www.lakeshore.ca
LaSalle - www.town.lasalle.on.ca
Leamington - www.leamington.ca
Pelee Island - www.pelee.org
Tecumseh - www.tecumseh.ca
The City of Windsor - www.citywindsor.ca

TABLE 6 - Beaches Located Throughout WEC

Beach Name	Lake/River	Municipal Location
Cedar Beach	Lake Erie	Kingsville
Cedar Island Beach	Lake Erie	Kingsville
Colchester Beach	Lake Erie	Essex
Hillman Beach	Lake Erie	Leamington
Holiday Beach	Lake Erie	Amherstburg
Lakeside Beach	Lake Erie	Kingsville
Northwest Beach	Lake Erie	Point Pelee
Sandpoint Beach	Lake St. Clair and the Detroit River	Windsor
Seacliff Beach	Lake Erie	Leamington
West Belle River Beach	Lake St. Clair	Lakeshore

Note: Taken from each municipality's website. Windsor (http://www.citywindsor.ca), Tecumseh (http://www.tecumseh.ca), LaSalle (http://www.town.lasalle.on.ca), Lakeshore (http://www.lakeshore.ca), Kingsville (http://www.town.kingsville.on.ca), Leamington (http://www.leamington.ca), Essex (http://www.essex.ca), Amherstburg (http://www.amherstburg.ca), Pelee (http://www.pelee.org)

III. COMMUNITY ECONOMY

Community Economy

The economy of a community is an important determinant of the overall health and well-being of its residents. Monies generated in the community are used to fund many of the services that we depend on and often take for granted. For example, the development of urban and rural areas, funding of education, housing, recreation, and essential services (e.g., policing, fire, and emergency services), and improving the overall quality of life for residents. A vibrant community economy also creates more job opportunities. Efforts to diversify the local economy in WEC are ongoing. Projects taking advantage of the area's considerable skilled labour force are being encouraged, and new business areas, such as renewable energy, have been the focus of much attention for local business development organizations. This focus on renewable energy is expected to replace many of the automotive jobs that have left the community. Despite recent setbacks due to the global economic recession, WEC remains the most manufacturing intensive region in Canada.[10] Building on the significant manufacturing presence, the Windsor-Essex Economic Development Corporation (WEEDC) has identified 10 industry groups that hold the potential to increase the economic health of the region:

- *Advanced Manufacturing;*
- *Automotive Manufacturing;*
- *Renewable Energy and Related Technologies;*
- *Creative Industries/Digital Medias;*
- *Agri-Business;*
- *Health & Life Sciences;*
- *Professional Services;*
- *Education;*
- *Logistics/Warehousing;*
- *Tourism.*

While efforts are being made to introduce new industries in the area, some of the currently popular industries include agriculture, automotive manufacturing, education, and tourism.

Agriculture

Agriculture represents one of the largest drivers of the local economy. The farming and agriculture industry thrives in WEC because of the vast amount of farmland and large number of green houses that exist in the area. In 2006 alone, farming and agriculture grossed $633,101,507. However, farmers are currently facing a crisis. Across Canada, farmers have been looking for work outside the farm, because they aren't making enough money to sustain themselves and their families from farming alone. According to the Hungry for Change report, approximately 48% of Canadian farmers reported an off-farm job in 2006, compared to 44% in 2001. In WEC, this number is expected to be even higher.[11]

The farming and agricultural industry in WEC employs more than 2,300 people.[12] The industry, particularly family farming, might be in trouble. As the workforce becomes older, and younger generations leave the industry behind in search for higher paying jobs.[11] While traditional farming may be on the decline, WEC has nearly double the provincial average of persons employed by the agricultural sector.[10] With the region's temperate climate and established agricultural base,

FOOD PRODUCTION IS AN ASSET THAT CAN BENEFIT EVERYONE IN THE COMMUNITY.

Windsor; referred to as the "Automotive Capital of Canada" because of its automotive assembly and parts factories; is one the country's major automotive manufacturing centres. Currently, Windsor is home to the Chrysler Minivan assembly plant, two Ford Motor Company engine plants, a number of automotive parts manufacturers, and the headquarters of Chrysler Canada.

The automotive industry in Windsor has felt the effects of the recent recession. Assembly plants have been closed and there have been significant job losses in our area. The decline in the automotive manufacturing sector has led to very positive efforts to diversify the economy, although the health of the sector remains important to the economic health of the region.

Education

There are two main post-secondary institutions in Windsor - St. Clair College and the University of Windsor, which together not only provide education and training to over 23,000 students, but also employ over 2,000 staff members.

St. Clair College has three campuses in the City of Windsor, and two campuses outside of WEC. In September 2010, St. Clair College reported their highest enrolment rates in the school's history, with 8,343 students.[13] Currently, St. Clair College has approximately 600 full-time staff. The college is currently in the process of raising funds to build a 75,000 square-foot state-of-the-art fitness, athletic, and recreation facility. Designed with student's recreation and fitness needs in mind, this new facility will house a triple gym, fitness club, yoga room, and running track.

TABLE 7 - Number of Schools and Enrolment Rates within each School Board

School Board	Elementary Schools	Secondary Schools	Elementary Enrolment	Secondary Enrolment	Employees
GECDSB	60	19	24,017	12,722	4,700
WECDSB	40	11	15,300	9,035	3,415
CSDECSO	13	2	3,928	708	1,038
Public French	1	1	245	48	35
Total	**114**	**33**	**43,490**	**22,513**	**9,188**

Note: GECSDB: Greater Essex County District School Board, WECDSB – Windsor-Essex Catholic District School Board, CSDECSO - Conseil Scolaire de District des Ecoles Catholiques du Sud-Ouest (French Catholic School Board). Public French consists of two schools; L'Envolee and L'Ecole Secondaire Michel-Gratton.

As of 2010, the University of Windsor had a total enrollment of 15,568 and approximately 1,720 permanent staff members. Recently, the University of Windsor has been expanding and improving its campus, offering new facilities and programs to students in WEC. In September 2008, the University of Windsor opened its doors to the state-of-the-art Schulich School of Medicine and Dentistry Medical Education Building. Currently, the University of Windsor is in the process of constructing a $112-million Centre for Engineering Innovation which will "establish revolutionary design standards across Canada and beyond."[14]

The elementary and secondary school system in WEC is governed by four separate school boards. Table 7 above provides the number of schools and enrolment rates for both elementary and secondary students within each school board.[15] [16] [17]

Excellence in education is a priority in WEC and adds to the rich vibrant culture of the community. Furthermore, education is an important determinant of health. Post secondary institutions expand literacy rates and raise the educational level of area residents. Higher education levels have been linked to improved economic growth and improved earning power.[18]

There is a lot to do in WEC. In fact, a regional strategy continues to focus on attracting tourists to our area year round. In Windsor, there is a beautiful riverfront lined with sculptures, many fantastic restaurants (e.g., Little Italy called "Via Italia"), museums, and historical houses, and a large casino.

Outside of the city, the Lake Erie North Shore Wine Region has become a major tourism focus. Indeed, there are 13 wineries in the area, concentrated in Amherstburg, Essex, Kingsville, and on Pelee Island. In 2001 the Ministry of Tourism selected WEC as one of the seven regions across the province to be included in the Destination Development Initiative. The goal of this initiative is to promote WEC as a key retirement destination, highlighting local tourism, wineries, and bird watching as part of the recruitment messaging.

In June 2008, the former Casino Windsor had its grand re-opening as Caesars Windsor. Caesars is the premiere casino in the area and one of the largest casinos in Canada. It attracts thousands of tourists not only from Ontario, but from Michigan and Ohio too. Caesars is currently one of the largest local employers in WEC, with 3,132 people employed.

WEC IS ALSO KNOWN FOR ITS MANY THEME-BASED FAIRS AND CULTURAL FESTIVALS. CARROUSEL OF THE NATIONS, ESSEX FUN FEST, TECUMSEH CORN FESTIVAL, THE TOMATO FESTIVAL, THE SHORES OF ERIE INTERNATIONAL WINE FESTIVAL, THE WINDSOR INTERNATIONAL FILM FESTIVAL, AND THE RIVER LIGHTS WINTER FESTIVAL ARE JUST A FEW EXAMPLES.

In total, there are over 75 unique and diverse festivals held in WEC every year. These fairs and festivals not only help the local economy, they also give local residents the chance to get out, enjoy life, and reduce stress by engaging in any number of fun-filled activities.

One of the biggest festivals in WEC is the Windsor-Detroit International Freedom Festival. This multi-day festival begins in mid-June and is held at the Windsor Riverfront, at the base of Caesars Windsor. Each year, the festival includes a large firework display that celebrates both Canada Day on July 1st and the American Independence Day on July 4th. When combining attendance numbers from both Windsor and Detroit, this annual festival draws about 3.5 million visitors.

This demonstrates a diverse set of opportunities for economic expansion in WEC.

There are currently four television stations, eight radio stations, and 14 newspapers that provide important information, news, and entertainment in WEC (see Table 8). Local media is an asset in the community, not only in providing important, current information, but also in educating and influencing members in the community.

TABLE 8 - Local Media in WEC

Newspapers	Radio Stations	Television Stations
The Windsor Star	CBC Radio One, AM 1550	A-TV, Channel 26 (Cable 6)
The Amherstburg Echo	CKLW, AM 800	CBC TV, Channel 9 (Cable 10)
The Essex Free Press	CKWW, AM 580	CFTV, Channel 34, (Cable 100)
The Essex Voice	CHYR, 96.7 FM	CTV SWO, (Cable 11)
The Harrow News	CKUE, 100.5 FM	
The Kingsville Reporter	CJWF, 92.7 FM	
Lakeshore News	CJSP, 95.9 FM	
The LaSalle Post	CJAM, 99.1 FM	
The Rempart		
The Leamington Post		
The Rivertown Times		
Shoreline Week		
Southpoint Sun		
The Tilbury Times		

LOCAL MEDIA HELP INDIVIDUALS, GROUPS, ORGANIZATIONS, AND CORPORATIONS KEEP THEIR FINGER ON THE PULSE OF THE COMMUNITY.

Climate

WEC has an average temperature of 9.5°C (49°F), which makes it one of the warmest places in Canada. The summers are typically hot and humid, and the winters are generally cold with some mild periods. Tables 9 and 10 provide the daily average temperatures in WEC and the average annual precipitation.[19]

TABLE 9 - Daily Average Temperatures in WEC

Temperature	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Daily Average (°C)	-4.5	-3.2	2	8.2	14.9	20.1	22.7	21.6	17.4	11	4.6	-1.5
Daily Maximum (°C)	-0.9	-0.6	6.4	13.4	20.5	25.4	27.9	26.6	22.5	15.6	8.3	1.9
Daily Minimum (°C)	-8.1	-7	-2.4	3	9.3	14.7	17.4	16.6	12.3	6.2	0.9	-4.8

THE TEMPERATE CLIMATE IN WEC GIVES RESIDENTS AND VISITORS A CHANCE TO GET OUTSIDE AND ENJOY A VARIETY OF ACTIVITIES. IT ALSO PROVIDES AN EXTENDED GROWING SEASON FOR THE LOCAL AGRICULTURAL SECTOR.

TABLE 10 - Average Annual Precipitation in WEC

Precipitation	Total
Rain	80.5 cm (37.1 in.)
Snow	126.6 cm (49.8 in.)
Number of Precipitation Days	146.7

Water Quality

Much of the water supplied to WEC is drawn from Lake St. Clair, Lake Erie, or the Detroit River, however some areas in Tecumseh and Essex still rely on groundwater. One of the concerns related to the use of groundwater is the risk of contamination from herbicides and pesticides.[20]

The region is an "Area of Concern" according to Great Lakes Water Quality Agreement and efforts are underway to protect the beauty and health of our water.[21] Endeavours are ongoing to protect WEC's valuable resource with projects such as the $110 million expansion of the Lou Romano Water Reclamation Plant and the Turkey Creek (Grand Marais Drain) sediment remediation project.[22] Furthermore, ERCA recently received $140,000 under the Ontario Drinking Water Stewardship Program.[23] With this money, property owners, famers, and small businesses who are near municipal drinking water intakes can improve their water management systems and implement new practices to protect drinking water sources.[24]

Air Quality

In a recent survey, WEC residents were asked what the single-most important environmental issue facing WEC was, over two-thirds of respondents indicated that it was poor air quality.[25] Poor air quality in WEC is often attributed to local industrial pollution, cross-border emissions, and emissions from transportation corridors. Windsor is particularly susceptible to transportation-related air quality issues because of the Windsor-Detroit Gateway, which will be discussed in more detail in this report. Over 16 million cars and trucks pass through the gateway every year,[25] and often they are backed-up along corridors, and left idling for extended periods of time.

V. SAFETY

Policing

Currently, three municipalities in WEC have their own police force: Windsor, LaSalle, and Amherstburg. The remaining municipalities have contracted the Ontario Provincial Police (O.P.P.) to provide their police services. Crime statistics by area are often hard to standardize due to variations in reporting criteria for each municipal police department and the O.P.P. Tables 11–13 provide an overview of crime statistics in WEC for the past three years. Data from the local detachments of the O.P.P. were not available.

AS SHOWN IN TABLE 11, IT APPEARS THAT CRIME IS DOWN WHEN LOOKING JUST AT THE TOTAL NUMBERS; HOWEVER CRIMES AGAINST PEOPLE HAVE INCREASED EVERY YEAR SINCE 2007, WHILE CRIMES AGAINST PROPERTY HAVE DECREASED.

TABLE 11 - City of Windsor Crime Statistics for 2007–2009

	2007	2008	2009
Violence Against Person			
Manslaughter	0	1	0
Homicide	4	4	5
Attempted murder	5	9	12
Sex assaults	121	139	146
Assaults	1,363	1,195	1,325
Robberies/Attempts	185	229	207
Criminal harassment	93	93	103
Other violent violations	660	863	847
Subtotal	**2,431**	**2,533**	**2,645**
Violations Against Property			
Arson	50	48	50
Break & Enters/Attempts	2,106	1,699	1,501
Motor vehicle thefts/Attempts	675	584	525
Thefts > 5000	95	68	63
Thefts < 5000	5,889	4,815	4,890
Possession of stolen goods	326	248	230
Fraud	553	524	524
Mischief	2,500	2,195	2,371
Other Criminal Code Violations			
Prostitution	156	118	108
Firearms/offensive weapons	146	147	134
Drugs	626	415	398
Traffic – Criminal Code	699	599	651
Traffic – Highway Traffic Act	1,960	1,863	1,664
Subtotal	**15,781**	**13,322**	**13,109**
Total	**18,212**	**15,855**	**15,754**

Note: Source: Windsor Police. (2010). Windsor police crime statistics. Retrieved from http://www.police.windsor.on.ca/statistics_new/statistics.htm

TABLE 12 - Leamington and Amherstburg Crime Statistics for 2007–2009

	LEAMINGTON			AMHERSTBURG		
	2007	2008	2009	2007	2008	2009
Violations Against Person						
Homicide	2	0	0	0	0	0
Attempted murder	1	0	0	0	0	0
Sex assault	20	33	28	-	-	-
Assault	156	143	155	-	-	-
Robberies	-	-	-	1	1	0
Subtotal	**179**	**176**	**183**	**1**	**1**	**0**
Violations Against Property						
Arson	-	-	-	2	1	0
Break & Enters	164	186	220	64	56	65
Motor vehicle thefts	64	46	32	-	-	-
Theft > 5000	6	2	0	8	9	11
Theft < 5000	358	306	476	204	180	212
Possession of stolen goods	-	-	-	7	12	4
Fraud	79	62	71	20	32	19
Mischief	324	310	159	129	134	127
Subtotal	**995**	**912**	**958**	**434**	**424**	**438**
Other Criminal Code Violations						
Firearms	-	-	-	8	3	3
Drugs	36	51	69	52	64	42
Highway Traffic Act	2,428	2,853	2,557	-	-	-
Subtotal	**2,464**	**2,904**	**2,626**	**60**	**67**	**45**
Total	**3,638**	**3,992**	**3,767**	**495**	**492**	**483**

Note: Cells containing '-' indicate that statistic was not easily identifiable in municipal reports. Source: Leamington Police. (2010). 2009 annual report. Retrieved from http://www.leamington.ca/municipal/documents/AnnualReport2009-FinalFeb122010.pdf and Amherstburg Police. (2010). 2009 annual report. Retrieved from http://www.amherstburg.ca/ContentFiles/ContentPages/Documents/Police%20Dept/2009%20Annual%20Report.pdf

Looking at the crime statistics summarized in Tables 11–13, it appears that crime is down. As mentioned, crimes against other people have increased in most cases, while crimes against property have remained comparable or decreased.

TABLE 13 - LaSalle Crime Statistics for 2007–2009

	2007	2008	2009
Violence	363	392	427
• Murder, manslaughter, attempted murder, robberies, sex assaults, assaults, abductions, attempted suicide, child custody disputes, child in need, crisis intervention, death, domestic family disputes, harassment & threat complaints.			
Property	**567**	**541**	**595**
• Break & Enters, thefts, possession of stolen property, arson, mischief fraud.			
Lawless Public Behaviour	**337**	**296**	**349**
• Prostitution, gambling/betting, offensive weapons, bail violations, counterfeit money, disturbing the peace, escape custody, indecent acts, kidnapping, public morals, obstructing a peace officer, prisoner unlawfully at large, trespassing at night, drug offences, liquor act, etc.			
Traffic	**4,928**	**4,411**	**3,417**
• Dangerous/impaired driving, failed/refused sample, fail to stop/remain at scene, drive prohibited, carless driving, motor vehicle accident, alcohol-related driver's license suspension, driving complaints, pursuits, suspended driver's license, traffic complaints, vehicle apprehension, traffic tickets under federal, provincial, and municipal statutes.			
Total	**6,195**	**5,640**	**4,788**

Note: Source: LaSalle Police Service. (2010). 2009 annual report. Retrieved from http://www.police.lasalle.on.ca/pdf/2009_annual_report-.pdf

TABLE 14 - City of Windsor Fire Service Statistics from 2007–2009

	2007	2008	2009
Property fire - with losses	287	290	545
Public Hazard - Chemical/petroleum spills, gas leaks, power lines, bomb scare	783	706	402
Rescue - Vehicle extrication, accident, residential, commercial, trapped in elevator.	940	915	1,291
Medical	2,141	2,088	1,804
False Calls	1,848	1,838	1,900
Other responses - Assist police/emergency medical service, training, public education, take report.	4,937	4,560	2,771
Total	**10,936**	**10,397**	**8,713**

Note: Source: Windsor Fire and Rescue Services. (2010). Monthly incident summaries by station: 2008 and 2009. Retrieved from http://www.windsorfire.com/statistics

Fire Services

There are nine fire services responsible for providing emergency fire services in WEC.

- Windsor Fire and Rescue
- LaSalle Fire Service
- Tecumseh Fire and Rescue
- Amherstburg Fire Department
- Essex Fire Department
- Lakeshore Fire Department
- Kingsville Fire Department
- Leamington Fire Services (also protects Point Pelee National Park)
- Pelee Island Fire Department

Like crime statistics, fire service statistics are also hard to report in a consistent manner for the entire area due to the variety of ways in which they are classified. For this reason, only fire service statistics for the City of Windsor will be reported in Table 14.

Table 14 indicates that property fires in the City of Windsor have been slightly increasing over the past few years. While this upward trend is true for Windsor fire statistics, the large disparity between the 2008 and 2009 numbers is due to a change in the reporting procedure for fire stations across the province.

There are approximately 255 paramedics and support staff that provide immediate medical service to people living throughout WEC. The EMS operates out of 13 bases throughout the City of Windsor, Pelee Island, and the other municipalities within Essex County. These bases are divided between two divisions, which are described in Table 15.[26]

As Figure 6 illustrates, the majority of calls received by EMS in 2007 were life-threatening emergencies, followed closely by standby coverage. Standby coverage involves the presence of EMS at special events throughout the community.

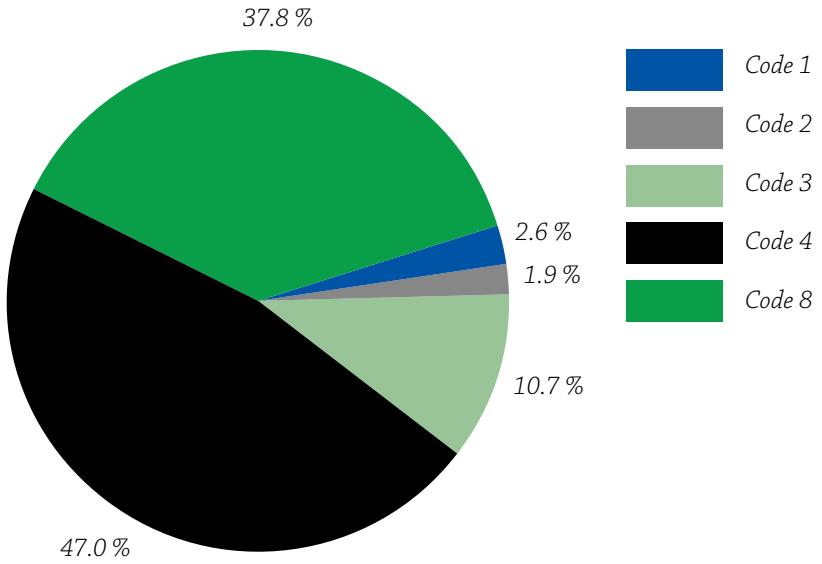
According to WEC EMS, in approximately 5 to 8% of cases where a patient does not have a pulse and is not breathing, they are able to achieve a "save." The EMS defines a "save" as a patient being discharged from the hospital neurologically intact after being successfully resuscitated.

TABLE 15 - North and South Division of EMS in WEC

North Division	South Division
Windsor: Tecumseh Rd. Station	Belle River Station
Windsor: Jefferson Blvd. Station	Kingsville Station
Windsor: Mercer Ave. Station	Essex Station
Windsor: Dougall Ave. Station	Harrow Station
LaSalle Station	Amherstburg Station
	Leamington Station
	Woodslee Station
	Pelee Island Station

FIGURE 6 - EMS Call Statistics from 2007

Note: Total number of calls in 2007 = 75,053. Code 1 (1,971) call is a non-scheduled patient transfer, Code 2 (1,431) call is a scheduled patient transfer, Code 3 (8,023) call is an urgent call, Code 4 (35,286) is a life-threatening emergency, and Code 8 (28,342) call is a standby coverage.



VI. PUBLIC TRANSPORTATION

Public Transit

The majority of public transit services are based in the City of Windsor. Within the city, there is the Windsor Airport, the Via Rail train station, and the newly constructed Windsor International Transit Terminal (WITT) for both Transit Windsor and Greyhound bus services. There is also a ferry service in Leamington that transports travellers to and from Pelee Island and Sandusky, Ohio.

The towns of Leamington and Tecumseh are the only other municipalities that have their own public bus companies. These companies however, only service their respective towns, and do not provide transportation into the City of Windsor. For all other transportation needs, residents of WEC have over 10 taxi cab companies that are available for them to use (see Table 16).

Although there is public transportation service in the heaviest urban areas, an integrated network transporting passengers throughout WEC would benefit everyone in the region. Without regional public transportation, residents who live outside of the city face challenges when accessing services (e.g., doctors, specialists); getting to and from post-secondary school or work, and participating in other regional activities. Increasing access to public transportation would make the local population more mobile, and it would allow visitors easier access to more of our sights. WEC has approximately 40 percent of its population in rural areas, and many communities in the area are in small towns surrounding the bigger municipalities.[27] The WEC Best Start Integrated Implementation plan calls for a hub located amongst all the clusters to provide access to services for all residents in the area. The hubs would also allow visitors to conveniently access areas that are harder to reach, providing an economic benefit.

There is no question that connecting and expanding public transportation across the region would benefit the most vulnerable individuals in our population. Increasing public transportation usage lowers emissions, improves health by having people walk to bus stops and stations, and increases accessibility in the region for all.

TABLE 16 - Taxi Services in WEC

Taxi Company	Town
A Harrow Hometown Taxi	Harrow
A-1 Cab	Windsor
Amherstburg Taxi	Amherstburg
BR Taxi	Belle River
Canadian Checker Cab	Windsor
Courtesy Transportation	Windsor
Crown Wheelchair Accessible	Windsor
Essex Taxi	Essex
Gerry's Taxi	Tecumseh
Harrow Cabs	Harrow
LaSalle Taxi	LaSalle
LA Taxi	Windsor
Leamington Taxi	Leamington
Nader's Taxi	Leamington
Patterson's Taxi	Kingsville
Veteran Cab	Windsor
Yellow Taxi	Leamington

County Wide Active Transportation Study[28]

The County of Essex conducted a study to determine public support for active transportation links between local municipalities. Active transportation refers to "any form of human-powered transportation, including walking, cycling, using a wheelchair, in-line skating, or skateboarding."[29] The results of the study will help guide local policy regarding the construction of a comprehensive network of on-road corridors and off-road trails over the next 25 years. These corridors and trails will connect county roads and selected city roads in an effort to improve connections between regional and local systems and to promote active transportation.

What does Active Transportation in WEC mean?

- Active commuting to and from work.
- Active workplace travel during working hours (e.g., delivering materials and attending meetings).
- Active trips that include travelling to and from school/ shops, visiting friends, and running errands.
- Active recreation that involves the use of active transportation for fitness or other recreational activities (e.g., hiking, cycling).

VII. INTERNATIONAL BORDER CROSSING

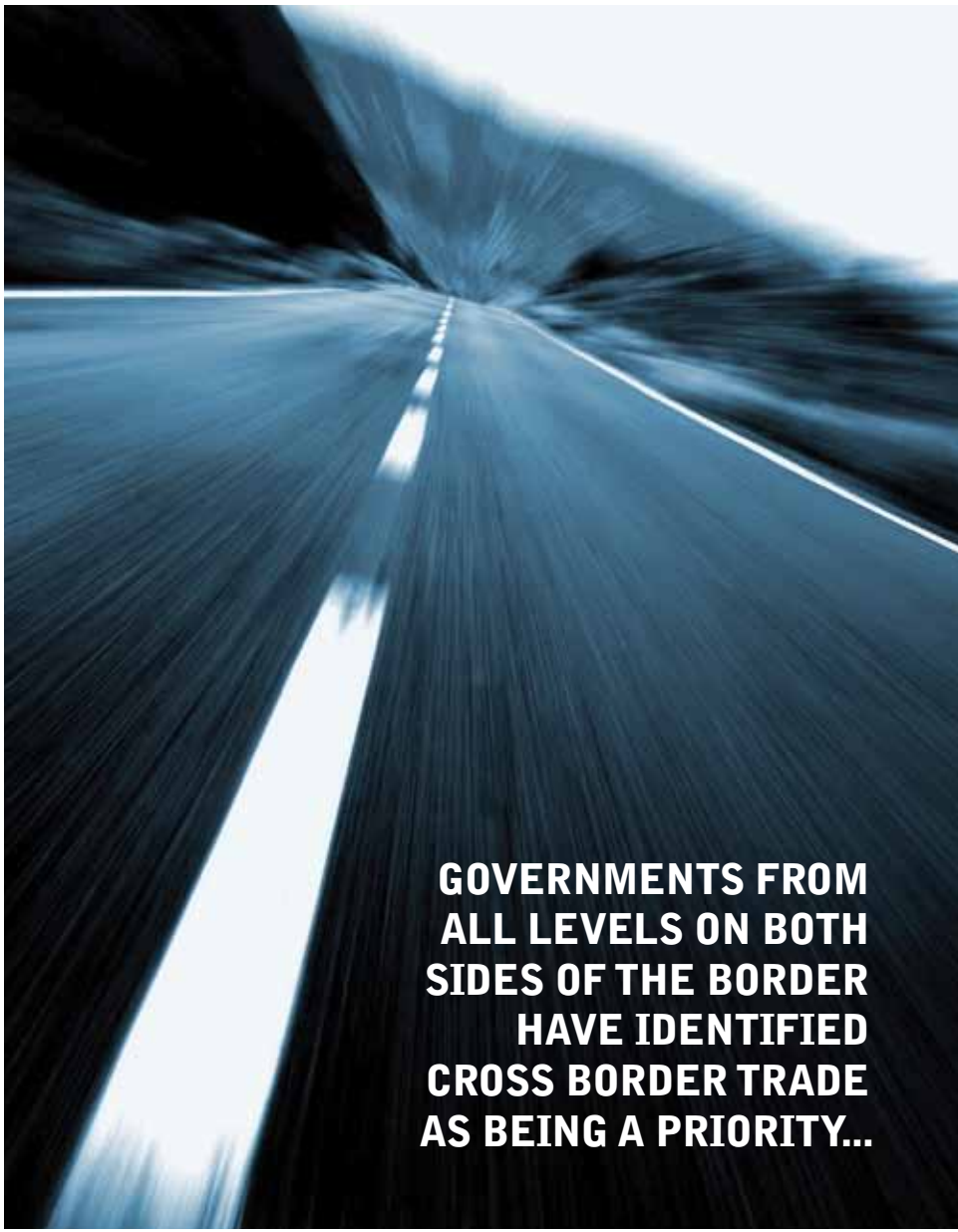
Currently, Windsor-Detroit is North America's second largest cross-border area. Separated by a small body of water. Detroit, Michigan's waterfront is visible from the downtown hub of Windsor. Residents of the city have quick and easy access to both Michigan and Ohio. As mentioned, access to Detroit is available by the Ambassador Bridge and the Windsor-Detroit Tunnel, and access to Ohio is available by ferry from the township of Pelee. WEC is strategically located nearby to a number of Michigan Airports including Detroit Metro (ranked 11th in the United States in passenger traffic), Detroit City, Willow Run, and Oakland County.[30]

Windsor-Detroit is the busiest commercial land border crossing in North America.[31] In 2007, approximately $117.5 billion worth of merchandise came through the area, representing 35.1 percent of Canada's total road trade.[32] On average, almost $307 million in commodities travelled through the Windsor-Detroit gateway each day in 2006.[32] With such a large amount of trade moving through the area, difficulties inevitably arise. That much trade means a lot of vehicles, which means more emissions which contribute to air quality issues in the area.

A new border crossing, including the construction of the multi-billion dollar Windsor-Essex Parkway has been approved. The Windsor-Essex Parkway will connect LaSalle to Detroit, Michigan, and provide travellers with a state-of-the-art inspection area and direct access to U.S. freeways. Along with cutting travel times, the Windsor-Essex Parkway will also improve access to schools and businesses. This project, named The Green Corridor, will transform the landscape around the new bridge into a green zone. In addition to enhanced international border crossing capacity, this environmental gateway to the United States will provide over 300 acres of green space, and 20 km of recreational trails.[33]

Economic Impact

Having a major urban center next door creates challenges and opportunities in the policy arena for WEC. The economic downturn in Michigan and the United States as a whole, combined with increased security measures at border crossings, have lead to a decline in cross border traffic and trade. Local governments have identified regional coordination with jurisdictions in Michigan as a priority to improve the WEC-Detroit area economies as a whole. Revenues from toll collection at the Windsor-Detroit Tunnel were down 35 percent from 1999-2005, and this has had a negative impact on the amount of economic activity from American visitors to WEC.[34] Governments from all levels on both sides of the border have identified cross border trade as being a priority, and efforts such as the Security and Prosperity Partnership of North America are meant to help reduce barriers to cross border trade while maintaining border security.[35]



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THE FABRIC OF OUR COMMUNITY

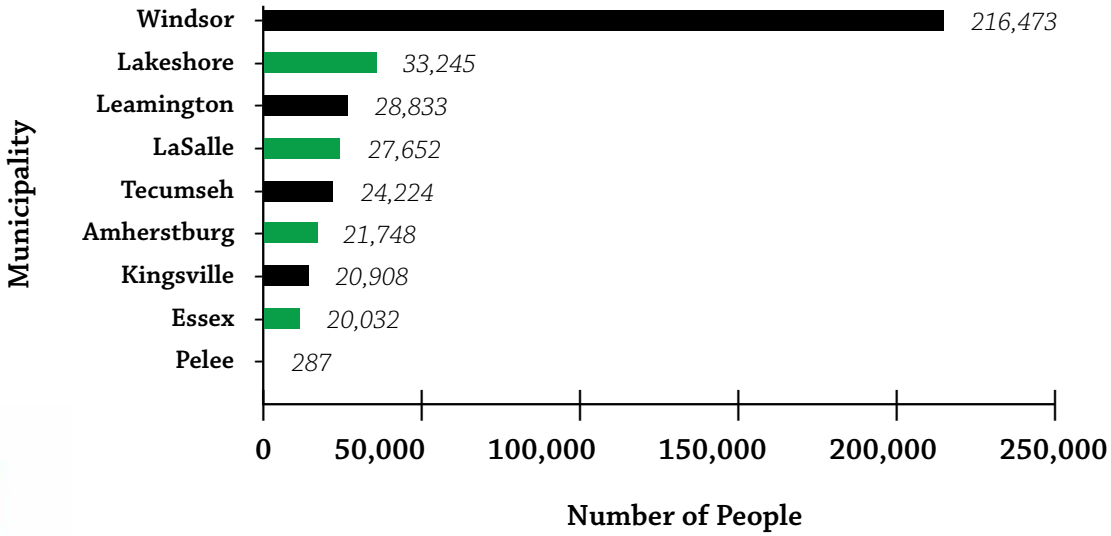
I. POPULATION

In 2006, the total population of WEC was 393,402, which is a 4.9% increase from 374,975 in 2001.[1] This number is slightly lower than the 6.6% increase throughout the rest of the province for the same time period.

Between 2001 and 2006, the municipalities of Lakeshore, Pelee, and LaSalle were the fastest growing communities in WEC, while there was a small decline in population in the towns of Essex and Tecumseh.[1] Figure 1 shows the distribution of population per municipality as of the 2006 census.[2]

Regional differences in population growth and population density may create challenges for equal-access to services throughout WEC. The higher population density in the City of Windsor means that is easier to deliver services in that area. Considerations may be necessary to accommodate those living in rural areas or smaller urban centers. [1]

FIGURE 1 - Total Population by WEC Municipality, 2006
Note: Each population total was taken from the 2006 Census Subdivision.



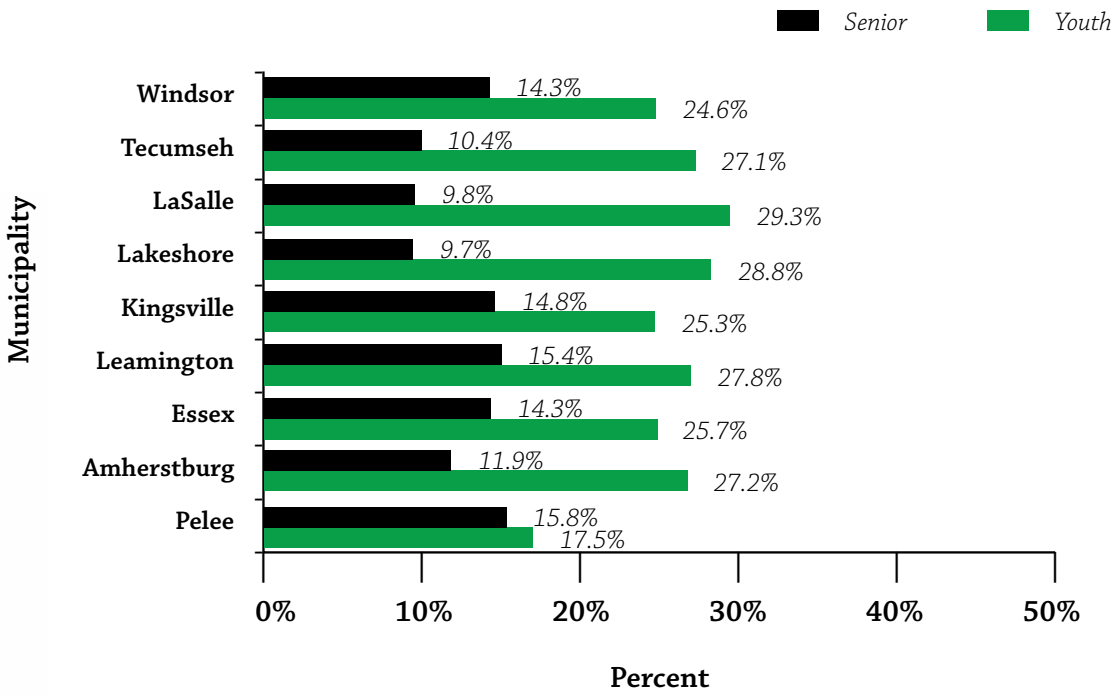
...POPULATION DENSITY MAY CREATE CHALLENGES FOR EQUAL-ACCESS TO SERVICES THROUGHOUT WEC.

II. AGE & SEX DISTRIBUTION

WEC has a slightly young population; having both a higher proportion of children (26%) and lower proportion of seniors (13.3%) when compared to Ontario and the rest of Canada (25% and 13.5%, and 24.4% and 13.6%, respectively). In Figure 2, the proportion of youth in WEC is compared to the proportion of seniors. In 2006, the population in the Windsor CMA was the sixth youngest of all metropolitan areas in Ontario, with a median age of 37.7 years compared to the rest of Ontario where half of the population was over 39 years old.

FIGURE 2 - Proportion of Youth vs. Senior Population in WEC, 2006

Note: Youth includes individuals between 0–19 years old. Seniors includes individuals ages 65 and over. Total population of youth and seniors in WEC are 26% and 13.3%, respectively. Source: Statistics Canada. (2006). 2006 community profiles. Retrieved from http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/search-recherche/lst/Page.cfm?Lang=E&GeoCode=35&Letter=W



Age and Sex Distribution con't

In 2006, 52,490 seniors aged 65 and over lived in WEC, representing 13.3% of our local population. Pelee, Kingsville, and Leamington had the highest percentage of seniors ages 65+, followed closely by Windsor and Essex. Lakeshore and LaSalle had the lowest percentages. Figure 3 provides the age distribution by sex for WEC as a whole.

The percentage of the population who are seniors is growing at a rapid rate. Today, people are living longer because of new medical technologies; improved health, reduction in infectious diseases, better food options, and good overall nutrition.[3] Additionally, Canada's population is graying and the baby boomers are reaching the age of retirement; the first of the baby boomers turned 65 in 2010. The number of seniors ages 65+ in our community is expected to double over the next 16 years, [4] which will result in a shrinking workforce. This shrinking workforce will result in the proportion of non-working individuals surpassing the proportion of working-age adults. This is potentially a recipe for disaster.

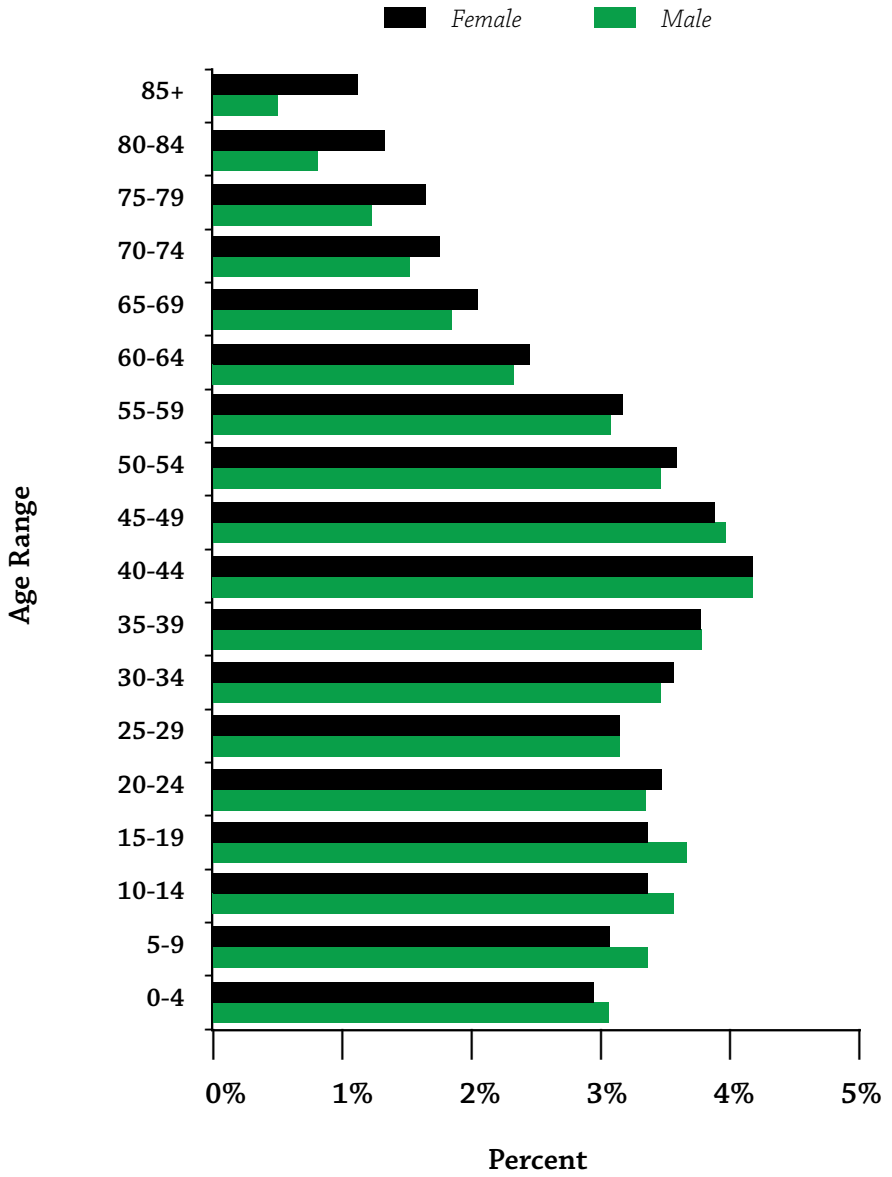
To prepare for the increased number of older adults, efforts should be made to promote active aging programs that promote health and well-being throughout life. Potential programs for seniors could include computer education, social drop-in programs, and extended health related programs such as blood pressure and blood sugar clinics.

In 2009, Federal/Provincial/Territorial Ministers Responsible for Seniors published a report that outlined common physical barriers seniors encounter. Common barriers include poor access within public buildings, inadequate sidewalks and crosswalks, reduced walkability and scooterability due to weather, and not enough washrooms and rest areas along walking routes. This report also suggested helpful, age-friendly features such as improving the barriers previously listed as well as making adjustments to increase seniors' sense of safety and security in their community and offering services that are within walking distances to where many seniors live. Finally, the Ministers' suggested strategies to improve age-friendliness such as fostering socialization between older and younger residents; setting up walking clubs for times when the weather makes it difficult to participate in outdoor activities; posting signs that indicate where public washrooms are located; and providing good lighting in neighbourhoods and on trails.[5]

Taken together, active aging programs and age-friendly considerations in the community will be necessary to accommodate the demographic shift that is now upon us.

FIGURE 3 - Age Distribution by Sex in WEC, 2006

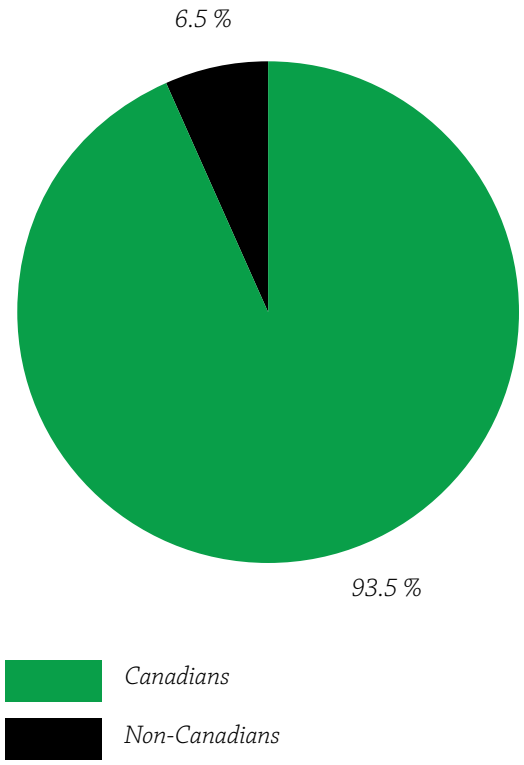
Note: The breakdown of age groups by sex was taken from each municipality's census subdivision 2006 Community Profile. Source: Statistics Canada. (2006). 2006 community profiles. Retrieved from http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/search-recherche/lst/Page.cfm?Lang=E&GeoCode=35&Letter=W



Citizenship

The majority of WEC residents are Canadian citizens. Table 1 provides percentages of Canadian and non-Canadian citizens for WEC, Erie-St. Clair (ESC) region, and the province of Ontario. WEC has a higher percentage of non-Canadian citizens than the ESC region, but lower than the rest of the province.[1]

Figure 4 - Comparison of Canadian and Non-Canadian Citizens in WEC, 2006



Note: Source: Statistics Canada. (2006). 2006 community profiles. Retrieved from http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/search-recherche/lst/Page.cfm?Lang=E&GeoCode=35&Letter=W

TABLE 1 - Comparison of Canadian and Non-Canadian Citizens across WEC, ESC, and Ontario, 2006

	WEC		ESC		ONTARIO	
	Total Population	As a % of the Total Pop.	Total Population	As a % of the Total Pop.	Total Population	As a % of the Total Pop.
Total Population	**389,346**	**100%**	**623,280**	**100%**	**12,028,900**	**100%**
Canadian Citizens	364,360	93.5%	592,815	95.1%	11,131,465	92.5%
Non-Canadian Citizens	25,225	6.5%	30,465	4.9%	897,430	7.5%

Note: Table taken from Windsor-Essex County Health Unit. (2009). Population report: Windsor-Essex County 2009. Windsor, Canada: Author. Original Source: Statistics Canada. (2006). 2006 community profiles. Retrieved from http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/search-recherche/lst/Page.cfm?Lang=E&GeoCode=35&Letter=W. Differences in total population for WEC are a result of the use of a different sample by Statistics Canada for population questions regarding immigration and citizenship.

Citizenship con't

When looking at each municipality, Pelee Island (26.4%), Leamington (9.3%), Windsor (8.2%), and Kingsville (5.7%) have the highest proportion of non-Canadian citizens (see Table 2).

At the time of publishing, there was insufficient data to reflect the true diversity of the WEC Community.

TABLE 2 - Comparison of Canadian and Non-Canadian Citizens by WEC Municipality, 2006

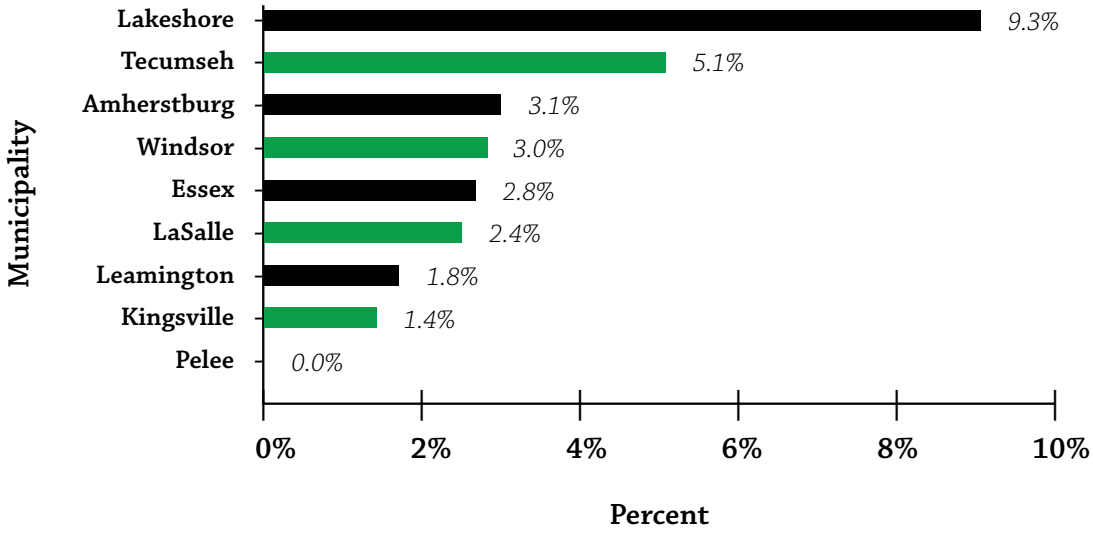
Municipality	Non-Canadian	Canadian	Total
Windsor	17,480	196,775	214,255
Essex	550	19,270	19,820
Tecumseh	625	23,570	24,200
Kingsville	1,160	19,340	20,495
Leamington	2,625	25,655	28,275
Lakeshore	1,045	32,060	33,110
LaSalle	1,085	26,480	27,565
Pelee	70	195	265
Amherstburg	585	21,015	21,600
Total	**25,225 (6.5%)**	**364,360 (93.5%)**	**389,346 (100%)**

Note: Source: Statistics Canada. (2006). 2006 community profiles. Retrieved from http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/search-recherche/lst/Page.cfm?Lang=E&GeoCode=35&Letter=W. Differences in total population for WEC are a result of the use of a different sample by Statistics Canada for population questions regarding immigration and citizenship.

Francophone Population

The Francophone population includes all French-speaking residents in WEC. Nationwide, approximately 22% of Canadians identify that French language is their mother tongue.[6] The municipality in WEC with the highest proportion of Francophones is Lakeshore; representing approximately 9% of its total population. Figure 5 illustrates the proportion of population who identify themselves as Francophones in each municipality throughout WEC.

FIGURE 5 - Proportion of Francophones in WEC, 2007



Data released by the government of Ontario in conjunction with the Local Health Integration Network (LHIN) indicates that there are some differences in health outcomes, risk factors, and preventative care for Francophones and non-Francophones throughout the province.[7] Some key findings for the province include:

- *Compared to non-Francophones, Francophones have significantly higher rates of arthritis, high blood pressure, asthma, diabetes and stroke.*
- *Compared to non-Francophones, Francophones have significantly higher rates of smoking, and obesity but were significantly less likely to have a poor diet.*
- *Compared to non-Francophones, Francophones are significantly less likely to report having a regular family doctor or having had contact with a medical professional in the past 12 months.*
- *Compared to non-Francophones, Francophones were significantly more likely to have had a flu shot.*

While not identical to the provincial findings, findings in the ESC region did share some similarities. Interesting data for ESC include:

- *Francophones (55.6%) were less likely to report having very good or excellent perceived health than non-Francophones (59.0%).*
- *Francophones had higher rates of diabetes (23.5% vs. 20.8%), and high blood pressure than non-Francophones (22.2% vs. 17.3%).*
- *Francophones had higher rates of physical activity (53.4% vs. 47.3%) than non-Francophones.*
- *Francophones are significantly healthier eaters than non-Francophones; 46.5% of Francophones had a poor diet (i.e., ate fruits and vegetables less than five times per day) vs. 61.7% of non-Francophones.*
- *Francophones were more likely to visit a health care professional in the past 12 months (86.0% vs. 81.4%) and get their flu shot (45.6% vs. 40.9%).*

Even though Francophones make up a relatively small proportion of the WEC population as a whole (3.5%), the Francophone community would like to have services in French, and would also like to have their rights of language respected.

In WEC there are over 30 Francophone community organizations ranging from advocacy centres, sports and recreation centres, community centres, senior's clubs, women's groups, banking institutions, and job connection centres. Unfortunately, the majority of these organizations are in the City of Windsor, limiting access to those Francophones living in other municipalities.

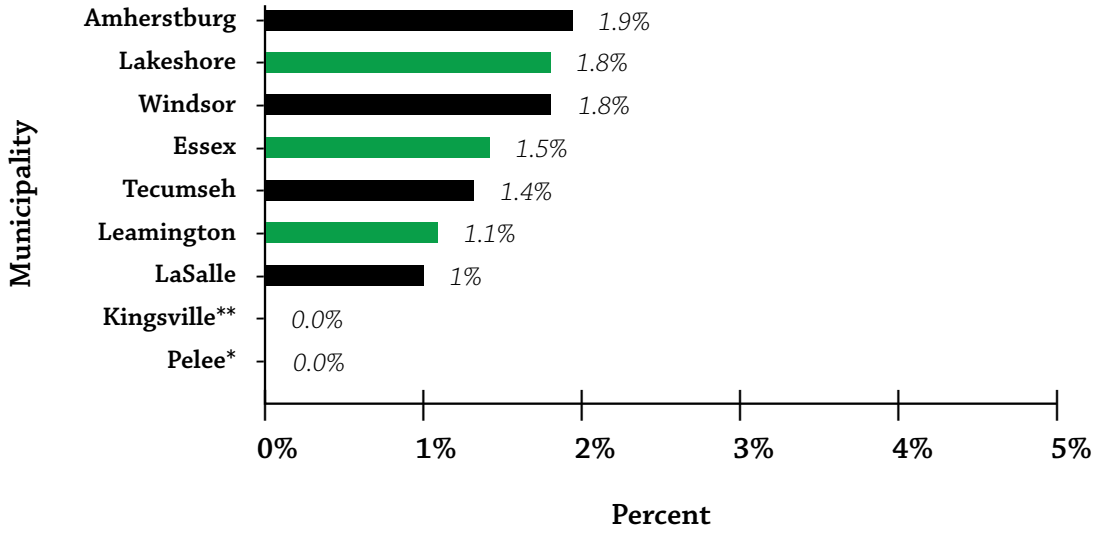
WEC DOES NOT HAVE ANY PRIMARY MEDICAL CARE SERVICES THAT ARE OFFERED IN FRENCH. FRANCOPHONES, IN MOST CASES, MUST SPEAK ENGLISH OR BRING A TRANSLATOR WITH THEM WHEN THEY VISIT THEIR FAMILY DOCTOR OR A WALK-IN CLINIC.

Aboriginal Population

Approximately 3.8% of Canada's population identify themselves as Aboriginal.[8] There are a relatively small proportion of Aboriginal people in WEC (1.7% in the Windsor Census Metropolitan Area (CMA)), as illustrated in Figure 6. Despite this small proportion in WEC, research has shown that there has been a 5% increase in Aboriginal people living in urban centres from 2006,[9] which is a result of having more access to better-paying jobs and educational opportunities than while living on-reserve.[10] In WEC there are several services available for Aboriginal people to access family, employment, and educational counselling.

FIGURE 6 - Proportion of Aboriginal People in WEC, 2006

*Note: Aboriginal includes respondents who identified themselves as "North American Indians," "Métis," "Inuit," "Multiple Aboriginal Identity," and "Aboriginal Responses Not Included Elsewhere." Aboriginal population profile data were not available for Kingsville** or Pelee*. Source: Statistics Canada. (2009b). 2006 Aboriginal population profile. Retrieved from http://www12.statcan.gc.ca/census-recensement/2006/dp-pd/prof/92-594/search-recherche/lst/page.cfm?Lang=E&GeoCode=35&Letter=A*



Ethnic Origins

WEC is known for its diverse community. Over 22% of the population in WEC are immigrants. Further, over 14% are visible minorities, and over 12% speak a non-official language at home.[1] The majority of residents in WEC report their ethnic origin as being European, Asian, or Arabic. Other than English, the most commonly spoke languages in WEC are French, Italian, German, and Arabic (see Figure 7).[11] Providing culturally appropriate services to the entire community throughout WEC is often difficult for a variety of factors including the area's multilingualism.

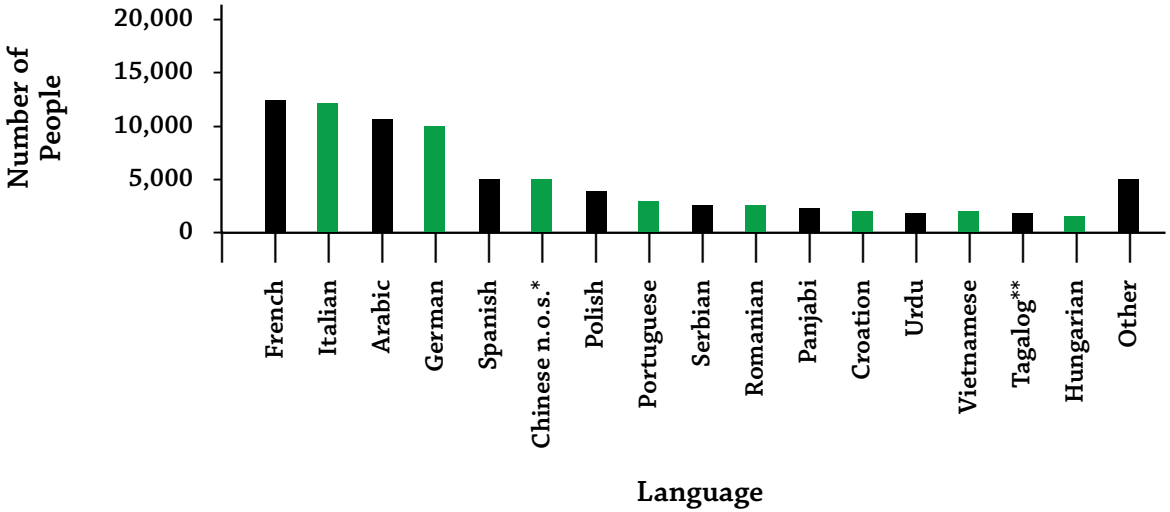


FIGURE 7 - Mother Tongue of WEC Residents (Other than English), 2006

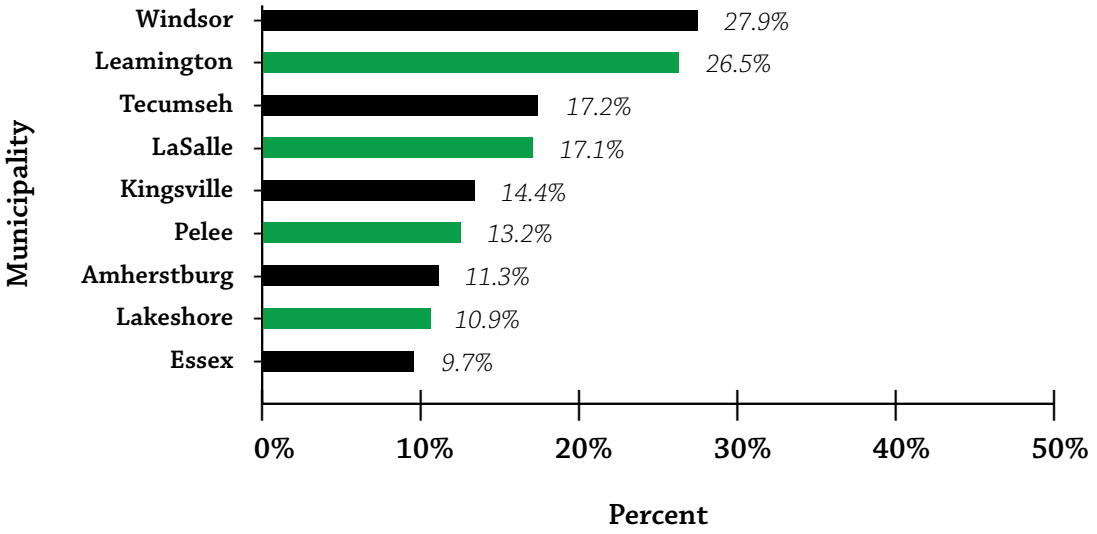
*Note: *Chinese n.o.s. includes responses of 'Chinese' as well as all Chinese languages other than Cantonese, Mandarin, Taiwanese, Chaochow (Teochow), Fukien, Hakka, and Shanghainese. **Tagalog consists of Filipino/Philipino. Source: Statistics Canada. (2010). 2006 Census Population. [Catalogue No. 97-555-XCB2006016]. Retrieved from http://www12.statcan.gc.ca/census-recensement/2006/dp-pd/tbt/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=1&PID=89202&PRID=0&PTYPE=88971,97154&S=0&SHOWALL=0&SUB=0&Temporal=2006&THEME=70-&VID=0&VNAMEE=&VNAMEF=*

Immigrants by Municipality

As stated earlier, WEC is known for being one of the most culturally diverse communities in Canada. According to the 2006 census, Windsor and Leamington have the highest proportion of immigrants living in the community, with 27.9% and 26.5%, respectively. Figure 8 illustrates the proportion of immigrants living in each municipality.[2]

FIGURE 8 - Immigrants in WEC, 2006

Note: Youth includes individuals between 0–19 years old. Seniors includes individuals ages 65 and over. Total population of youth and seniors in WEC are 26% and 13.3%, respectively. Source: Statistics Canada. (2006). 2006 community profiles. Retrieved from http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/search-recherche/lst/Page.cfm?Lang=E&GeoCode=35&Letter=W



Service Providers for Immigrants in WEC

When people arrive in a new country, they face many obstacles. According to Chappell (2010), there are three stages to the settlement process: [12]

Stage 1: Acclimatization
In this stage, immigrants deal with their immediate basic needs such as finding a place to live, learning the local language, and putting their children into school.

Stage 2: Adaptation
In this stage, immigrants learn to function more independently, such as accessing services on their own, making friends, and making employment contacts.

Stage 3: Integration
In this final stage, immigrants gain a sense of belonging, acceptance, and recognition. They are able to fully participate in the social, cultural, political, and economic dimensions of life in their new country.

In WEC, there are a variety of programs and services available to help recent immigrants with the settlement process. This is especially important for WEC when considering the diverse multicultural community and the fact that almost one-quarter of the population are immigrants. These programs offer services such as language and employment training, job searching, income assistance, and health promotion and protection. Table 3 provides a few examples of services in WEC.

Table 3 -Examples of Multicultural Services in WEC

Organization	Services Provided
Windsor Women Working with Immigrant Women • Centre for immigrant and visible minority women and their families	• Workshops. • Information sessions. • Culturally-sensitive employment counselling. • Support services and counselling. • Information and referrals on social services, advocacy, community, and government programs.
Multicultural Council • Multi-service, charitable, umbrella organization serving Canadian citizens, landed immigrants, and refugees	• Language Instruction for Newcomers to Canada (LINC). • English language training (ESL). • Conversation circles. • Employment training and job search. • Computer training. • Translation and interpretation. • Host friendship programs. • Youth leadership programs. • Windsor Reception Assistance Program (WRAP). • Better Access to Services In the Community (BASIC). • Immigration Settlement and Adaptation Programs (ISAP). • Canadian citizenship testing preparation courses.
Windsor Social Services Department • Ontario Works administration office	• Oversees provision of Ontario Works Assistance. • Employment assistance to participants. • Assist clients to pursue support and maintenance. • Learning, Earning, and Parenting (LEAP) offered to eligible young parents. • Indignant funerals and burials.

Organization	Services Provided
Windsor-Essex County Health Unit • Promotes and protects the public's health in WEC under the authority of the Health Promotion and Protection Act	• Injury and fall prevention. • Nutrition, physical activity, and workplace health promotion. • Substance abuse prevention and smoking cessation. • Flu shot clinic, vaccine information, and immunizations for school aged children. • Tuberculosis testing and surveillance. • Sexual health and travel health clinics. • Reportable diseases and community outbreak. • Health inspections. • Reproductive and child health services. • Dental health. • Comprehensive school health.
Multicultural Council • Multi-service, charitable, umbrella organization serving Canadian citizens, landed immigrants, and refugees	• Employment services. • Language Instruction for Newcomers to Canada (LINC). • Immigrant men's, women's, and seniors' groups. • Vocational training (job search workshops and labour market access). • Settlement counselling.

Note: Source: 211 South West Ontario Community Information Database (http://windsoressex.cioc.ca/start.asp).

Due to WEC's cultural diversity, immigrants will continue to settle in the area. There is a need for more services for these new immigrants to help them with the settlement process and become independent and self-sufficient.

Lesbian, Gay, Bisexual, Transsexual, Intersexed, or Questioning Population

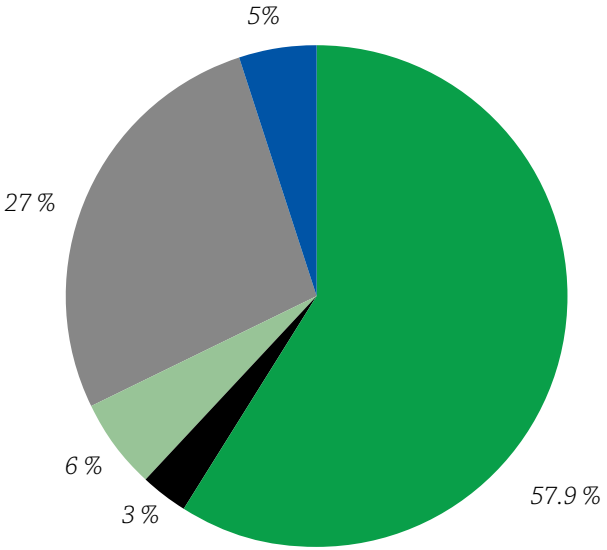
It is estimated that 7% of the Canadian population identify themselves as lesbian, gay, bisexual, transsexual, intersexed, or questioning (LGBTIQ). Unfortunately, there are no clear measures of the proportion of WEC who are LGBTIQ and little primary data collection has been done. Although there are clear benefits to collecting these data, it is difficult to get people to respond.

One reason why LGBTIQ rates are difficult to report is because the population is not always immediately visible. People who have non-heterosexual identities are still stigmatized today, despite the advancements in gay rights and a more open and empathetic public mindset.

Anecdotal reports from Windsor Pride indicate that a large portion of WEC's LGBTIQ population is not out because of fear of a generally homophobic community. In 2010 alone, the Windsor Police services reported four instances of hate crime due to perceived sexual orientation. It is estimated that the number of incidents is actually higher, because many gay hate crimes go unreported or are not classified properly.

With a few exceptions, most LGBTIQ individuals in WEC are not out at work. There are very few LGBTIQ employee resource groups operating in the community. These groups typically operate in mid-sized and larger companies where human resource professionals are employed. Increasing these services could foster a healthier workplace and promote greater community acceptance.

IN 2010 ALONE, THE WINDSOR POLICE SERVICES REPORTED FOUR INSTANCES OF HATE CRIME DUE TO PERCEIVED SEXUAL ORIENTATION.



Marital Status

As of 2006, over half of the population in WEC ages 15 and over were legally married (see Figure 9).[2]

FIGURE 9 - Marital Status of WEC Population (ages 15 and over), 2006

- *Legally married, not separated*
- *Separated, but still legally married*
- *Divorced*
- *Never legally married (single)*
- *Widowed*

Note: People living in common-law status are included in the never legally married category.

Family and Household Composition

The most common type of family in WEC was a married-couple family (75%). Single-parent families made up 16% of our population, with the majority of them being female-led (13%). The majority of families in WEC are two-parent families. Figures 10 and 11 illustrate family composition in WEC and the proportion of single-parent families throughout WEC.[2]

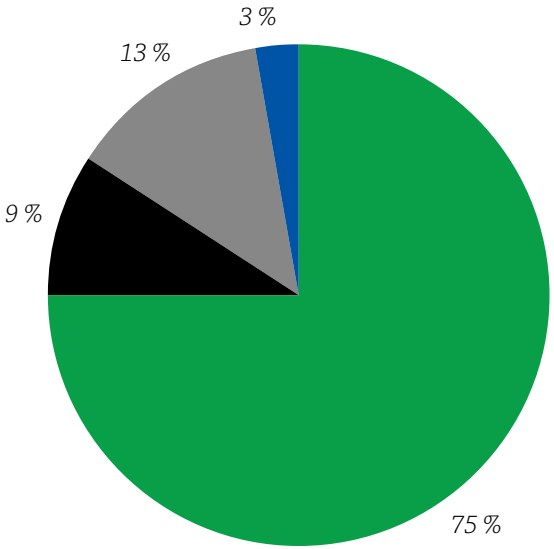
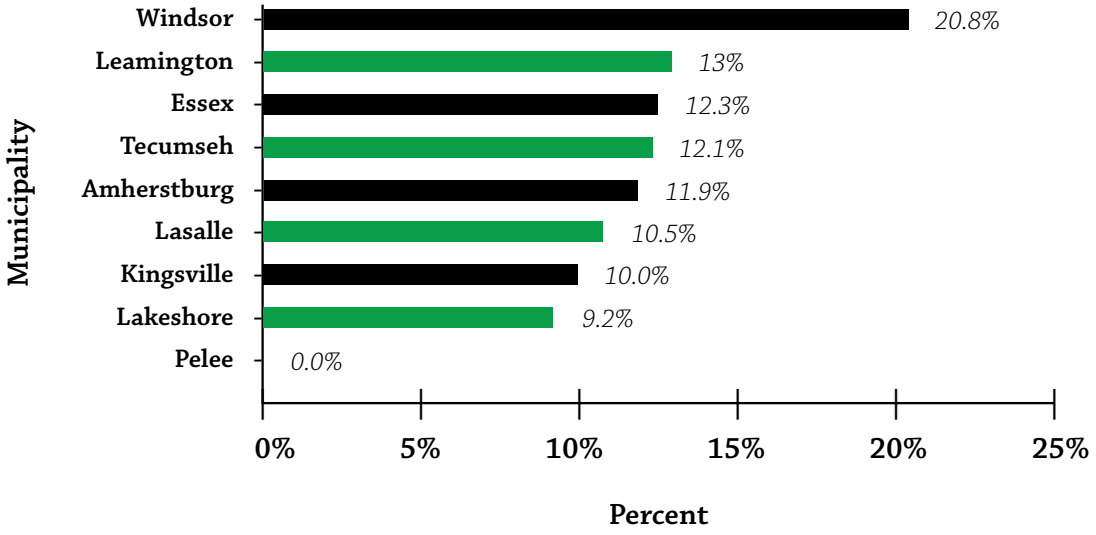


FIGURE 10 - Family Composition in WEC, 2006

- *Married-couple*
- *Common-law couple families*
- *Female lone-parent families*
- *Male lone-parent families*



As of the 2006 census, almost half of the two-parent families throughout WEC had at least two children at home (43%). For single-parent families in the community, the majority reported only having one child living at home (61%). Figure 12 and 13 illustrate the number of children living at home per family structure. [13]

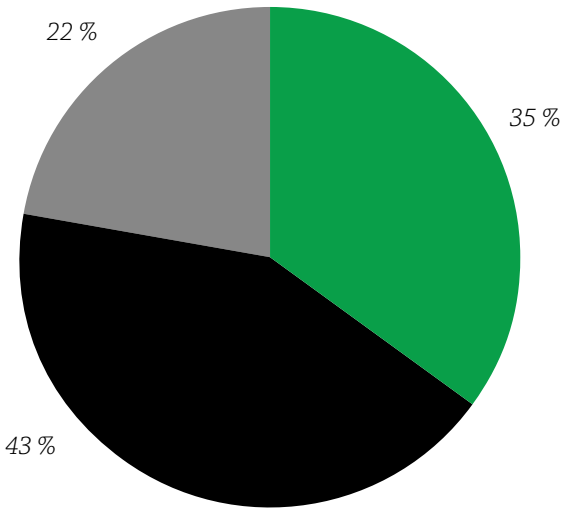
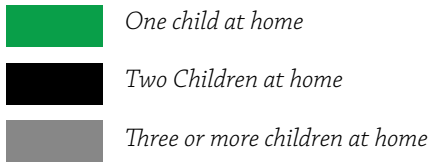


FIGURE 12 - Number of Children Living at Home in Two-Parent Families in WEC, 2006



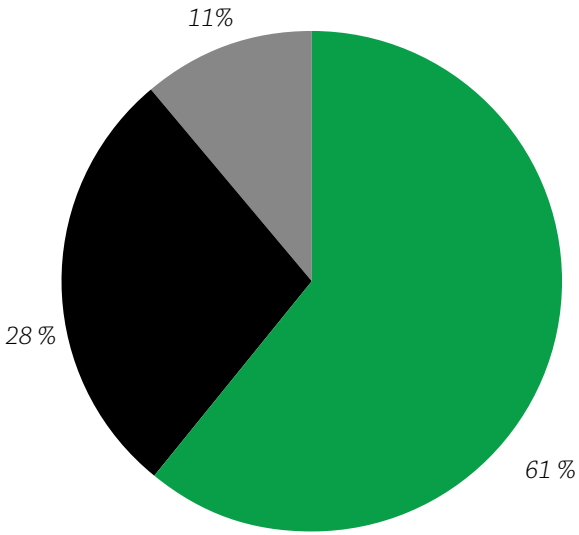


FIGURE 13 - Number of Children Living at Home in Single-Parent Families in WEC, 2006

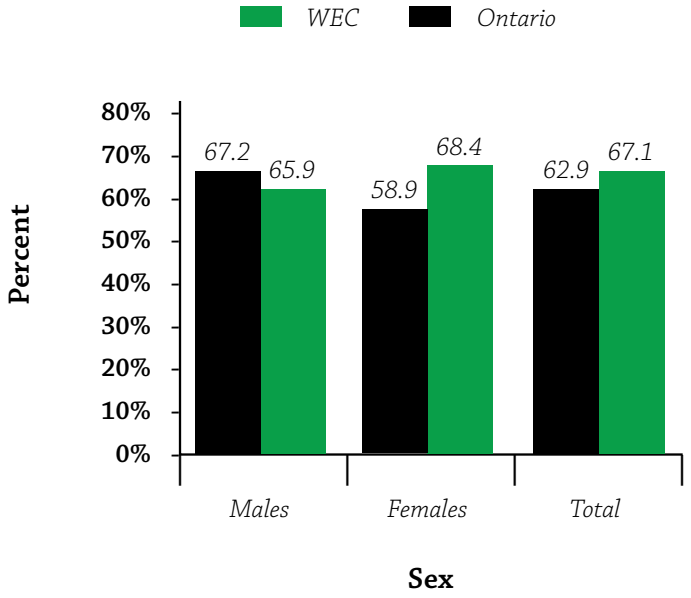
Often, single-parent families face multiple challenges that two-parent families do not (e.g., working multiple jobs to provide for the family; accessing financial, social, and health services; and meeting all childcare needs). In 2010, the City of Windsor announced that it would be closing city-owned and operated daycare centres across WEC due to low enrolment rates; putting even more stress on single-parents in the area.

When compared to two-parent families, single-headed families are more likely to live in poverty, especially if headed by a woman. Among single-parent families, young mothers often lack education, job skills, work experience, affordable childcare, and child support. As a result, it is difficult to keep themselves and their children out of poverty. [14]

V. SENSE OF COMMUNITY BELONGING

FIGURE 14 - Males and Females Reporting Sense of Community Belonging, WEC and Ontario, 2009

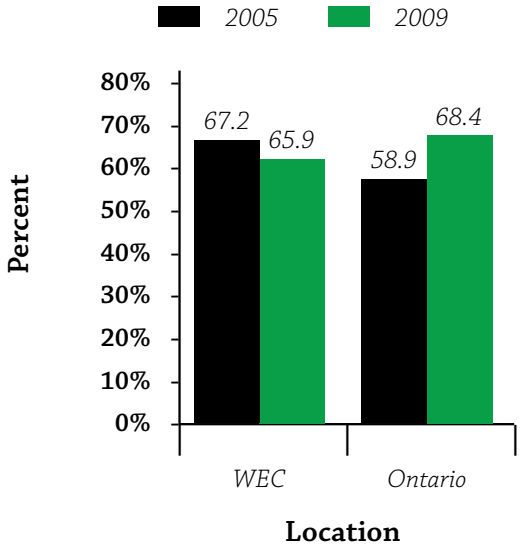
Note: Numbers represent population aged 12 and over who reported their sense of belonging to their local community as being very strong or somewhat strong. Research shows a high correlation of sense of community-belonging with physical and mental health.



Self-reported sense of belonging is an indication of how connected people feel within their community. Research has shown there is a positive correlation between sense of community-belonging and self-reported health. [15] Statistics Canada found that almost two-thirds of people who felt a very strong or somewhat strong sense of community-belonging reported excellent or very good general health on the 2005 Canadian Community Health Survey (CCHS). Figure 14 illustrates how WEC residents compare to the rest of the province when reporting on sense of community-belonging. [16]

These numbers show a slight decline in sense of community-belonging from the 2005 CCHS, where 65.0% of WEC reported a very strong or somewhat strong sense of community belonging. When looking at both the 2005 and 2009 data, it shows that WEC residents reported similar levels of sense of community-belonging to the rest of the province in 2005, but lower levels in 2009 (see Figure 15).

FIGURE 15 - Population Reporting Somewhat Strong or Very Strong Sense of Community Belonging, 2005 and 2009



VI. WEC'S VOLUNTARY SECTOR

Many essential services in WEC are provided by voluntary sectors in the community. These services include food security, shelter, clothing, child welfare, and public health. Advocacy services are also provided for minority groups such as LGBTIQ, Aboriginals, and immigrant residents. Numerous agencies also provide legal advice, violence protection, and mental health care. In addition, recreational sports, community kitchens, back-to-work programs that provide daycare, employment retraining, and job search support are also services provided by the voluntary sector. [17]

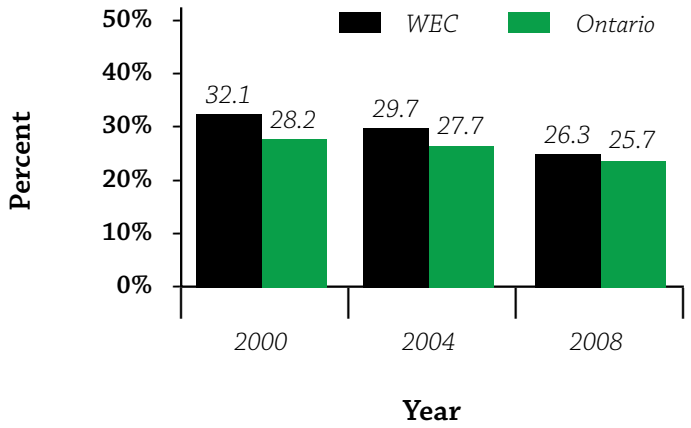
Over the past ten years, there has been a decline in the percentage of people living in the Windsor CMA who have made charitable donations. This slight decrease is similar to the provincial trends for the same time period. Figure 16 compares the percentage of charitable donors in the Windsor CMA to those throughout the province of Ontario.

Figure 16 shows that the percentage of charitable donors in WEC has been slightly declining since 2000. This could be a result of the current economic struggles; people simply do not have any extra money to donate.

WEC's voluntary sector is an asset for the community because it provides essential services and helps address key issues in the area. Furthermore, research has shown that Canadians have more confidence in voluntary organizations than businesses to deliver public services. [18] It is imperative that voluntary organizations continue to operate in our community. They deliver basic necessities such as food, clothing, and shelter and other programs such as counselling and support services to the community. They also advocate for members in the community by educating the public about an issue or social problem and lobby for change at the political level.

FIGURE 16 - Percentage of Charitable Donors in Windsor CMA and Ontario, 2000, 2004, and 2008

Note: Source: United Way. (2009). The 2009 community well-being report. Retrieved from http://www.weareunited.com/img/pdfs/annual-reports/2009wellbeingreport.pdf. Original source: Statistics Canada. (2008b). CANSIM table 111-0003. Retrieved from http://estat.statcan.gc.ca/cgi-win/CNSMCGI.EXE#TFtn



2.1:

Part Two - The Fabric of our Community - Socioeconomic Information

THE FABRIC OF OUR COMMUNITY

The second section of part two will focus on socioeconomic information of our community. Looking at things such as education, employment, and housing, this section provides a description of the community's economic and social position. In the previous section, the emphasis was on describing the people who live in our community, whereas this section will highlight how they are living.

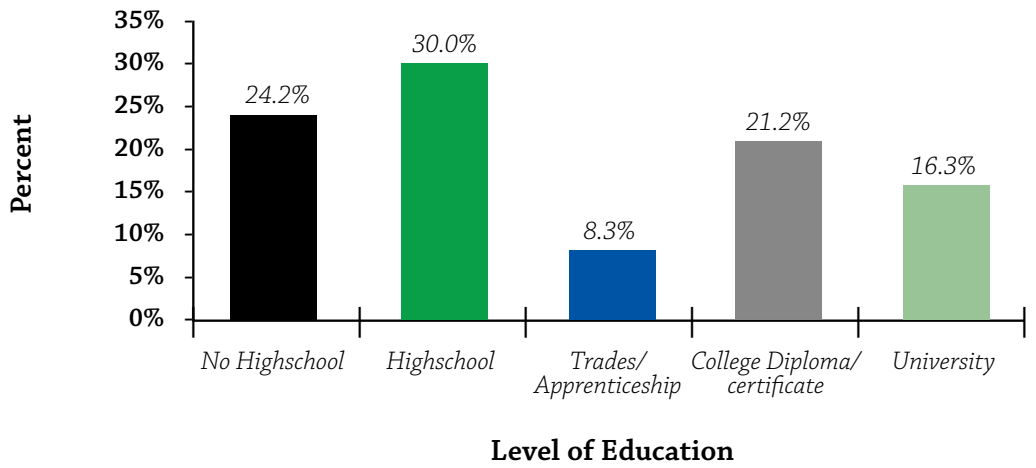
I. EDUCATION

There is a link between an individual's income level, the types of jobs that are available to the individual, and an increase in potential income. Having a community with high education levels means there is more potential for specialized services in the area, which will lead to more money being spent and earned within WEC. Figure 1 illustrates the level of education attained across WEC.

As illustrated in Figure 1, almost 46% of WEC has some level of post-secondary education, which is comparable to the rest of the province (51%). Aside from the University of Windsor and St. Clair College, this can include education from one of the over 100 technical colleges, trade schools, or special purpose schools throughout the area.

FIGURE 1 - Education Level Across WEC, 2006

Note: College Diploma/Certificate includes university below bachelor (3.1%). University includes Bachelor's degree (9.8%), university certificate/diploma above bachelor level (2.3%), degree in medicine, dentistry, veterinary medicine, or optometry (0.5%), master's degree (3.0%), and earned doctorate (0.6%). Source: Statistics Canada. (2006). 2006 community profiles. Retrieved from http://www12.statcan.gc.ca/census-recensement/2006/dp-pd/prof/92-591/search-recherche/lst/Page.cfm?Lang=E&GeoCode=35&Letter=W



Literacy Rates

In Ontario, Grade 10 students are required to take the Ontario Secondary School Literacy Test (OSSLT) in order to graduate and receive their secondary school diploma. The OSSLT assesses students' general ability to read and write in all subjects up to Grade 9. Students are given two attempts to successfully complete the OSSLT; however, those who are not successful become eligible to register for the Ontario Secondary School Literacy Course, which helps them acquire the basic literacy skills needed to earn their high school diploma.[1] Figure 2 illustrates the percentage of students who successfully completed the OSSLT on their first attempt.

FIGURE 2 - Percentage of students who successfully completed the OSSLT, WEC, Ontario

Note: Windsor-Essex Catholic DSB includes all Catholic schools in WEC and Greater Essex County DSB includes all public schools in the area. Provincial numbers include all first-time eligible students.

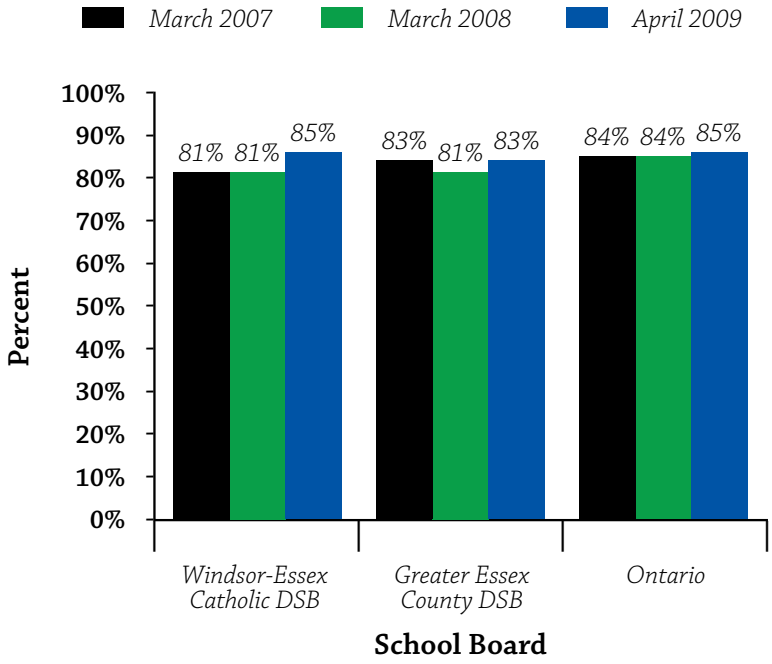
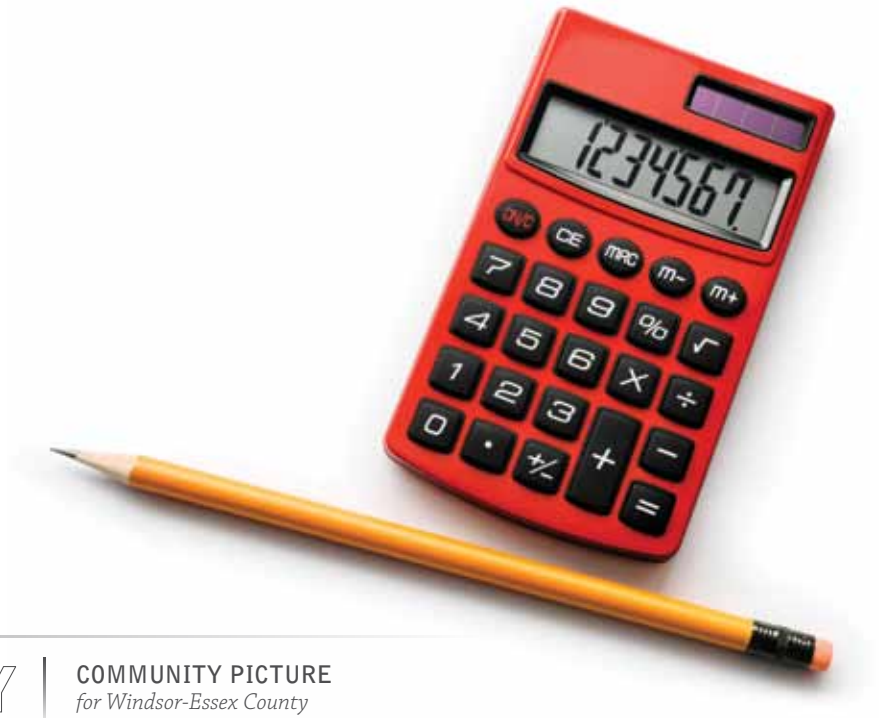


Figure 2 demonstrates that the local literacy rates based on OSSLT results are fairly consistent with provincial rates.

In 2009, the United Way released a Community Well-Being Report, which indicated that only a small percentage of residents living in WEC had a literacy level adequate to handle the demands of everyday living. In WEC, 28% of residents have poor literacy skills (compared to 25% in Ontario), and only 64% of residents are able to understand simple, easy-to-read materials that involve uncomplicated tasks (compared to 60% in Canada).

Not only should the provincial school boards continue to ensure all students are performing at their expected literacy levels, but steps should continue to be taken locally to ensure that all WEC residents who have poor literacy have equal access to services throughout the area.



Employment

Employment Rates

Windsor's unemployment rate has been among the highest in all of Canada. High unemployment rates have many negative affects on society. Besides higher poverty and homelessness levels, workers feel less secure and are more likely to stay at jobs that are unsatisfactory. People are also less likely to move to the area, and more likely to move from the area, due to lack of employment opportunities. In February 2011, Windsor's unemployment rate decreased from 10.8% to 9.6%, making it the second highest in the country.[2] Table 1 details the labour force participation in WEC.

Table 1 shows that unemployment rates were lower for men than they were for women.

The unemployment rates have been a concern throughout WEC for several years, and people living throughout the area began referring to Windsor as the "Unemployment Capital of Canada." In any community, unemployment is associated with health concerns, lack of shelter, and poor access to healthy foods. Even though the unemployment rate is still high, it has dropped 5.6% since 2006, and is now the second-highest in the country. This is a good sign for WEC, and may be a sign for future improvements as well.

Top Industries

As shown in Figure 3, the top three industries, based on number of employees, in WEC are the manufacturing, other services, and business services industries.[3] These are also the three most common industries in each municipality other than Leamington, where agriculture and other resource-based industries have the most workers employed (24%).

TABLE 1 - Labour Force Participation in WEC, 2006

	Total	Male	Female
Total Population 15 Years and Over	314,625	153,905	160,720
In Labour Force	203,770	108,480	95,290
Employed	187,670	100,355	87,315
Unemployed	16,100	8,130	7,970
Not in Labour Force	110,860	45,425	65,435
Participation Rate %	64.9	70.5	59.3
Employment Rate %	59.8	65.2	54.3
Unemployment Rate %	8.0	7.5	8.4

Note: In Labour Force includes employed or unemployed, Not in Labour Force includes people who were neither employed nor unemployed (e.g., students, homemakers, retired workers, seasonal workers in "off-season" who aren't looking for work, and persons who could not work due to long-term illness or disability. Source: Windsor-Essex County Health Unit. (2009). Population report: Windsor-Essex County 2009. Windsor, Canada: Author. Original Source: Statistics Canada. (2006). 2006 community profiles. Retrieved from http://www12.statcan.ca/census-recensement/2006 /dp-pd/prof/92-591/search-recherche/lst/Page.cfm?Lang=E&GeoCode=35&Letter=W

FIGURE 3 - Top Three Industries in WEC, 2006

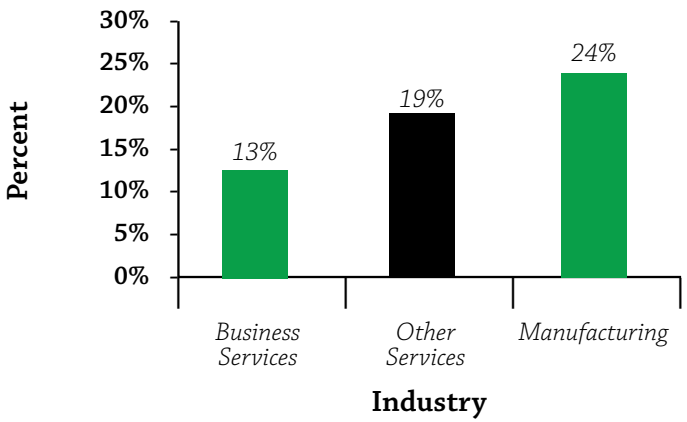
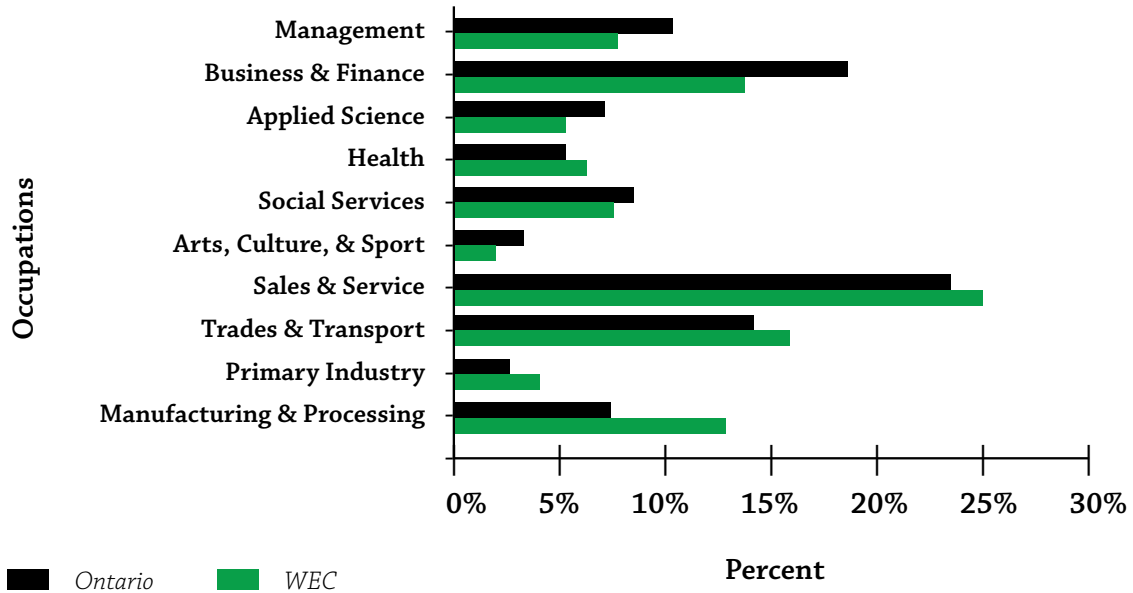


FIGURE 4 - Top Occupations in WEC, 2006

Note: Source: Statistics Canada. (2006). 2006 community profiles. Retrieved from http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/search-recherche/lst/Page.cfm?Lang=E&GeoCode=35&Letter=W



Income

Table 2 shows the average 2005 household income for families, both before tax and after tax, in WEC.[4] Table 3 shows the median after-tax household income in WEC was slightly higher in most cases than that of Ontario as a whole.

TABLE 2 - Average Household Income for WEC, 2005

Household Income	Total - Private Households	One-person Households	One-family Households	All other Households
Total – private households	150,845	39,355	100,275	11,215
Average 2005 household income	72,700	37,273	85,380	83,634
Average 2005 after-tax household income	60,390	31,173	70,601	71,615

TABLE 3 - Median After-Tax Household Income, WEC and Ontario, 2006

	WEC	Ontario
All Census Families	$61,264	$59,377
Couple Families, No Children	$58,274	$58,755
Couple Families, With Children	$76,769	$74,095
Lone-Parent Families	$34,730	$35,677
Female Lone-Parent Families	$32,963	$34,206
Male Lone-Parent Families	$45,201	$43,972
One-Person Households	$26,671	$26,473

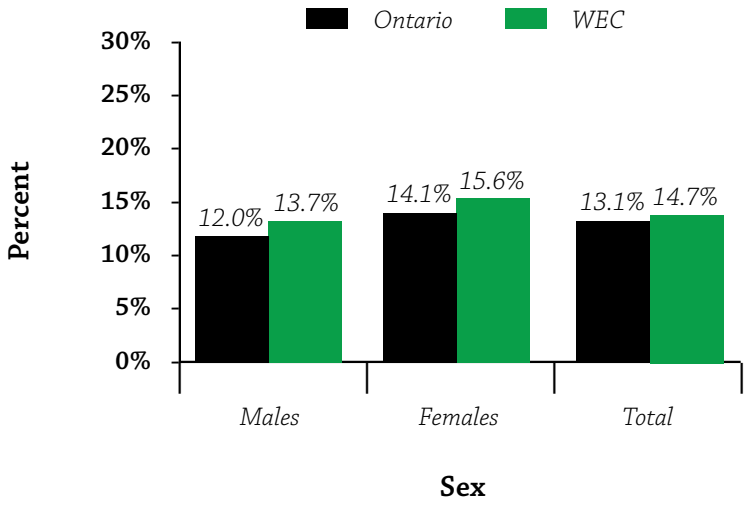
Note: Source: United Way. (2009). The 2009 community well-being report. Retrieved from http://www.weareunited.com/img/pdfs/annual-reports/2009wellbeingreport.pdf. Original Source: Statistics Canada. (2006). 2006 community profiles. Retrieved from http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/search-recherche/lst/Page.cfm?Lang=E&GeoCode=35&Letter=W

Low Income

In Canada, one of the most accepted measures used for calculating low-income in the community is the Low-Income Cut-Off (LICO). The LICO determines the minimum level of income necessary for a family to buy food, shelter, and other basic necessities. If a family is spending more than 20% of their income on these necessities, they are said to be living in poverty. Figure 5 below shows the percentage of males and females ages 12 and over who are considered low-income.

FIGURE 5 - Percentage of Males and Females Reporting Low-Income, WEC and Ontario, 2006

Note: Source: Statistics Canada. (2010). Health profile-health region. Retrieved from http://www.census2006.ca/health-sante/82-228/details/page.cfm?Lang=E&Tab=1&Geo1=HR&Code1=3568&Geo2=PR&Code2=35&Data=Rate&SearchText=Windsor-Essex%20County%20Health%20Unit&SearchType=Contains&SearchPR=01&B1=All&Custom=



IF A FAMILY IS SPENDING MORE THAN 20% OF THEIR INCOME ON THESE NECESSITIES, THEY ARE SAID TO BE LIVING IN POVERTY.

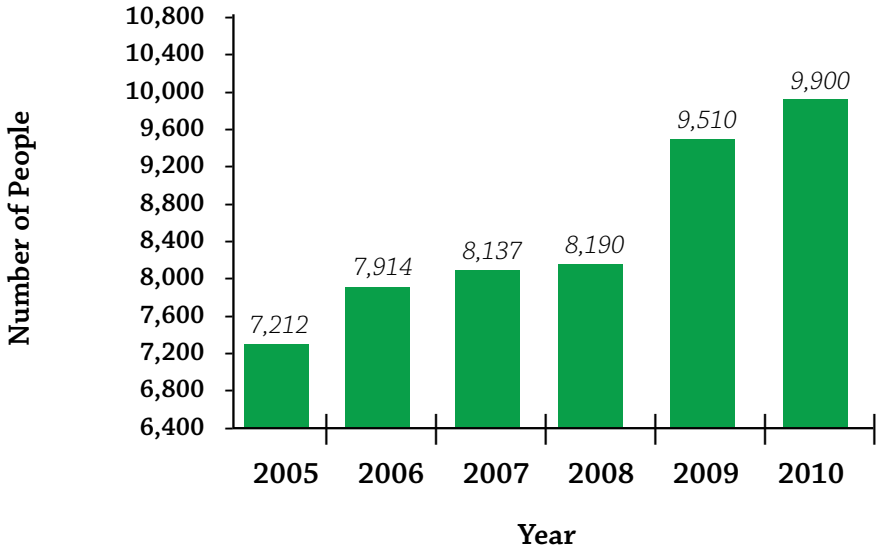
As Figure 5 shows, there are a slightly lower percentage of WEC residents considered low-income than in Ontario (13.1% and 14.7%, respectively). Furthermore, there are a larger percentage of women with low-income than men, both in WEC and throughout Ontario.

Ontario Works

Ontario Works is a provincially-funded, social assistance program that provides short-term financial aid and employment assistance to people living with low-income. [5] Ontario Works is an active social policy, which means that people who are receiving financial assistance must be willing to take part in activities to help them find a job. In WEC, the number of people receiving social assistance has been increasing since 2005. In 2010, 9,900 people received Ontario Works, which is almost a 40% increase from 7,212 people in 2005. Figure 6 below illustrates the Ontario Works average caseload from 2005 to 2010 in WEC.

FIGURE 6 - Ontario Works Average Caseload in WEC, 2005–2010

Note: Source: The City of Windsor. (2011). Ontario works statistics. Retrieved from http://www.citywindsor.ca/001016.asp



What is WEC Doing?

Pathway to Potential (P2P) is a community-based collaborative strategy for reducing poverty in WEC.[6] Working with over 150 individuals, businesses, and organizations, P2P focuses on reducing poverty and increasing social well-being in key areas such as transportation, food security, job creation and training, and public awareness. Fully endorsed by the City of Windsor and the rest of Essex County, P2P also supports the Ontario government's mandate to reduce child poverty by 25% in five years.

According to Statistics Canada, three-quarters of the population in WEC live in owned dwellings (see Figure 7), which is slightly higher than Ontario as a whole (see Figure 8).[3] Figure 9 provides the average and median costs of monthly payments for both renters and owners in WEC.

FIGURE 7 - Percentage of Home-Owners and Home-Renters in WEC, 2006

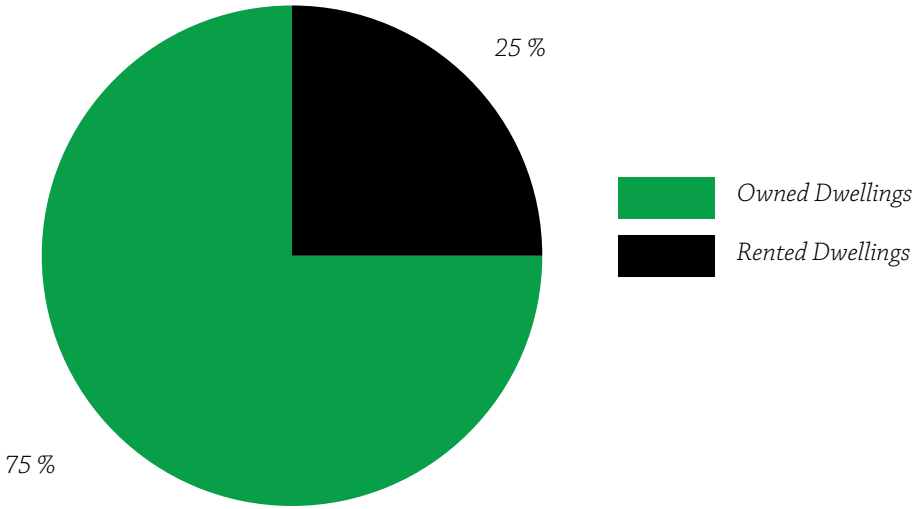


FIGURE 8 - Percentage of Home-Owners and Home-Renters in Ontario, 2006

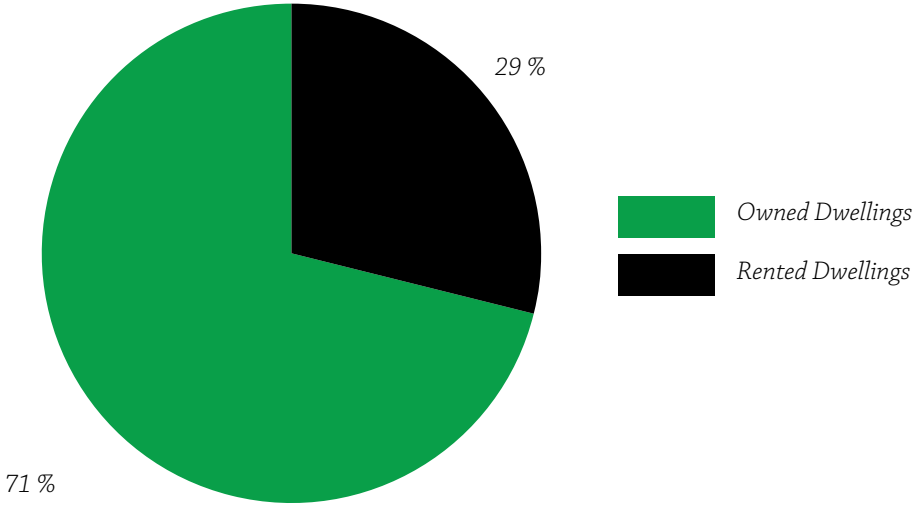
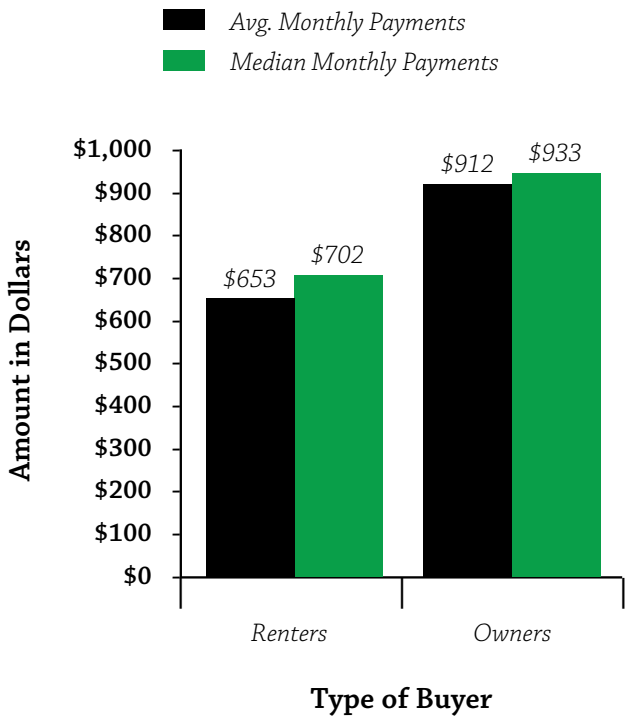
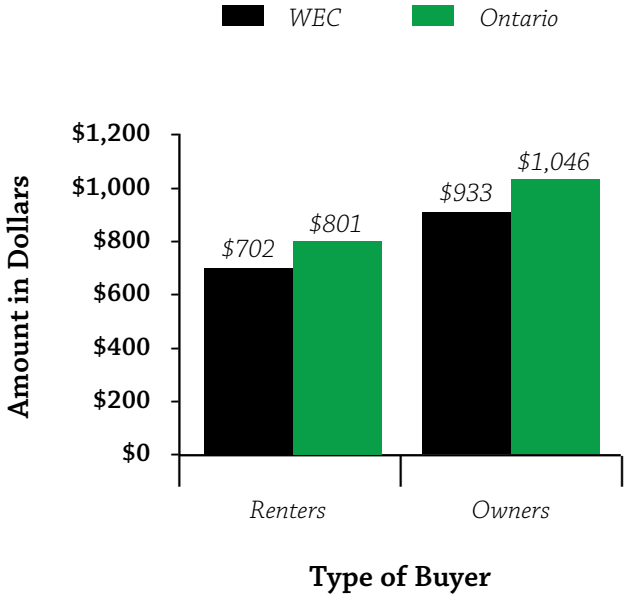


FIGURE 9 - Average Monthly and Median Monthly Payments for Renters and Owners in WEC, 2006



When comparing median monthly payments for both renters and owners in WEC and Ontario, it is cheaper to live in WEC (Figure 10).

FIGURE 10 - Median Monthly Payments for Renters and Owners, WEC and Ontario, 2006

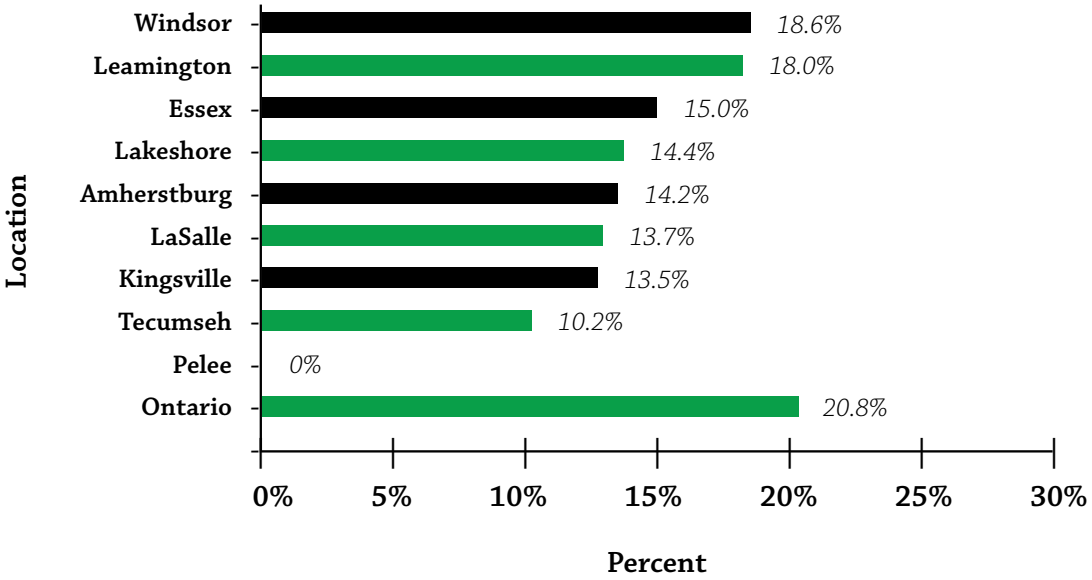


Housing Affordability

In recent years, the cost of housing in Canada has been rising steadily. In 2007, less than 1% of houses were considered affordable (compared to over 10% in the early 1980s). Shelter is considered unaffordable when the cost is more than 30% of a household's income.[7] Vacancy rates were also higher in WEC than anywhere else in Canada.[8] Figures 11 and 12 show the percentage of owners and renters in each municipality that are spending over 30% of their income on housing.[9]

FIGURE 11 - Home Owners Spending More than 30% of their Income on Housing per Municipality (including Ontario), 2006

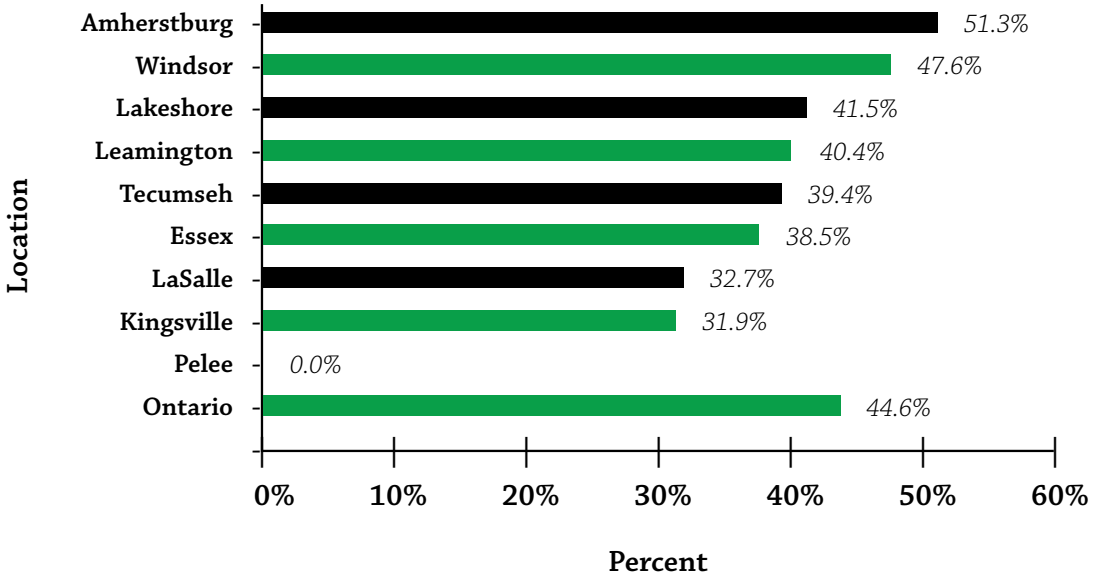
Note: Information from Pelee not provided in source document.



SHELTER IS CONSIDERED UNAFFORDABLE WHEN THE COST IS MORE THAN 30% OF A HOUSEHOLD'S INCOME.

FIGURE 12 - Home Renters Spending More than 30% of their Income on Housing per Municipality (including Ontario), 2006

Note: Information from Pelee not provided in source document.



Homelessness

Human Resources and Social Development Canada released its 2007–2009 Community Plan in 2007 to address the issue of homelessness in communities across Ontario. The report highlighted key facts about homeless in WEC, including:[10]

- *16,734 households were served by homelessness initiatives who were housed but at risk of homelessness.*
- *586 households were at immediate risk of homelessness in 2007, and was expected to increase between 2007–2009.*
- *80 people living on the street.*
- *In 2006/2007, 238 women were housed at a shelter, and 71 women (29.8%) were intermittently served.*
- *1444 men received emergency shelter at a hostel.*
- *In 2006–2007, 174 individuals were served at the YMCA residence emergency shelter, 67 (38.5%) of whom were homeless.*
- *The Sanctuary is a new service that provides mats to people who can not access shelters, usually for mental health reasons. If The Sanctuary did not exist, many of the people it services would be living on the street. From November 2006 to March 2007, there were 31 people served. This number increased to 44 from April 2007 to August 2007, and were expected to continue rising.*
- *Since WEC does not have a family shelter, emergency hotels provides shelter to families when other shelters are overcapacity. In 2006–2007, 481 people received emergency hotel assistance (70 men, 196 women, and 215 children).*
- *2338 WEC residents were short-term/crisis sheltered from 2006–2007.*
- *542 are currently living in supported housing, such as housing programs for people with mental illnesses and lodging homes.*

...80 PEOPLE LIVING ON THE STREET.

What is WEC Doing?

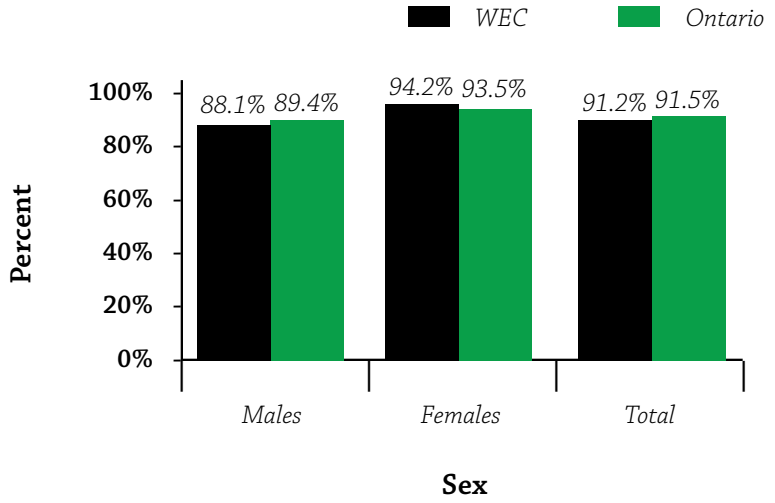
There are organizations in WEC that exist to provide emergency shelter to people who are homeless or are at risk of homelessness, as well as help individuals find appropriate social housing in the area. Organizations such as the YMCA and the Salvation Army provide emergency shelter to people in the City of Windsor, however there are currently no emergency shelters in the county. The Street Health office, located in the City of Windsor, offers important services to the homeless community such as medical services, foot care, shower and hygiene services, hair care, laundry services, and other supportive services. In 2001, the Homeless Coalition of Windsor-Essex County was formed to increase the public's awareness and knowledge on issues related to homelessness, as well as to prevent and reduce homelessness in the community.[11] Furthermore, agencies such as the Windsor Homes Coalition and Windsor-Essex Community Housing Corporation provide affordable rental housing and geared-to-income social housing for low-income individuals and families.

Access to Primary Care

Over 90% of residents of WEC have a family physician, which is almost the same rate as the rest of the province. A slightly larger percentage of women have a regular family doctor than men (see Figure 13).

FIGURE 13 - Percentage of Males and Females (Ages 12 and Over) with a Regular Family Doctor, WEC and Ontario, 2009

Note: Source: Statistics Canada. (2010). Health profile-health region. Retrieved from http://www.census2006.ca/health-sante/82-228/details/page.cfm?Lang=E&Tab=1&Geo1=HR&Code1=3568&Geo2=PR&Code2=35&Data=Rate&SearchText=Windsor-Essex%20County%20Health%20Unit&SearchType=Contains&SearchPR=01&B1=All&Custom=

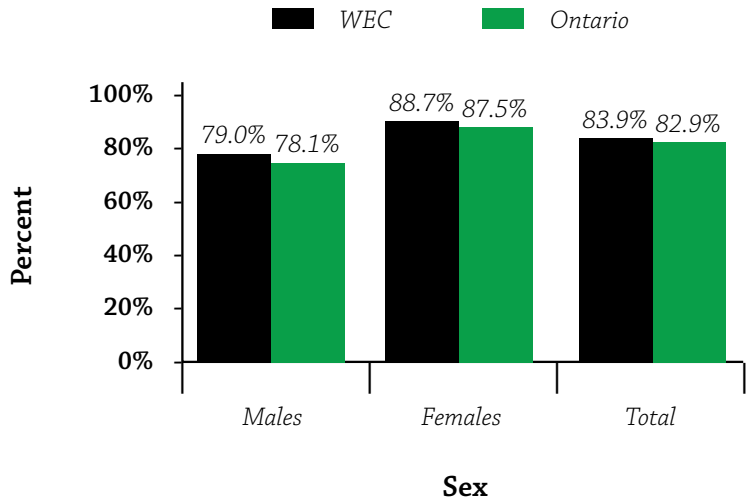


Physician Visits

Regular preventive health care is important for reaching and keeping good health. According to Boulware et al., (2007), adults benefit from visiting their health care professionals for a physical checkup every 12 months. In WEC, approximately 84% of WEC residents have visited their family doctor in the last twelve months (see Figure 14).[12]

As shown in Figure 14, slightly more WEC residents visit their doctors annually compared to Ontario as a whole. On average, females visit their doctors more than males, both in WEC and Ontario.

FIGURE 14 - Percentage of Males and Females (Ages 12 and Over) Who Visited their Doctor in the Past 12 Months, WEC and Ontario, 2009



Family Health Teams

There are four Family Health Teams located in WEC that bring together different health care providers to provide disease management and intervention, disease cure, palliative care, and health promotion to their patients. Family Health Teams provide a group approach to health care and consist of doctors, nurses, nurse practitioners, social workers, and dietitians. The four Family Health Teams in WEC are:

- *Windsor Family Health Team: Windsor*
- *Amherstburg Community Family Health Team: Amherstburg*
- *The Harrow Health Centre: A Family Health Team: Essex*
- *Leamington Area Family Health Team: Leamington*

Ambulatory Costs

In Ontario, if a patient with a valid health card number is transported to a hospital by ambulance, and if the physician on duty determines that the ambulance was medically necessary, they must pay $45.00 for the service. If the physician determines the ambulance is unnecessary, they must pay $250.00, because unnecessary trips are not covered in the Ontario Health Insurance Act.[13]

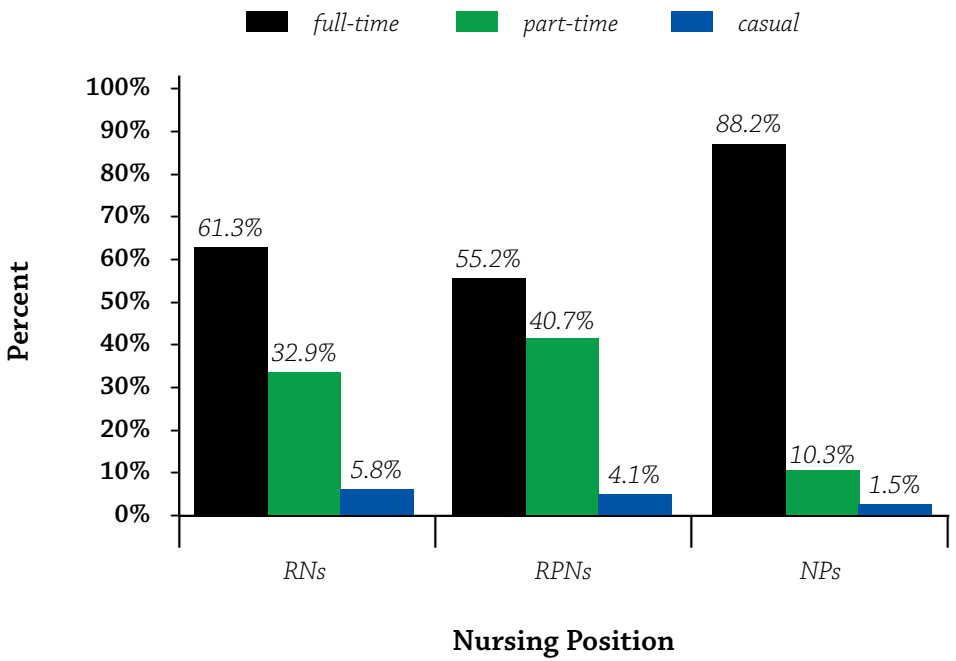
Doctor Availability

WEC is one of the most doctor-short regions in all of Ontario. Some local doctors have as many as 3,800 patients. On average, there are 62 doctors and 56 specialists per 100,000 people in the area. However, the shortage of doctor problem may not be as pervasive as it appears. Some medical centres have two doctors for every one patient, and the Windsor Family Health Team has room for approximately 3,600 more patients. Currently, there are more doctors in WEC who are willing to accept new patients. Also, as mentioned earlier, the new medical school that was built on the University of Windsor's campus will inevitably lead to more physicians and specialists in the community.

Nurses

In the Erie St. Clair region, there are 4,537 Registered Nurses (RNs), 1,621 Registered Practical Nurses (RPNs), and 68 Nurse Practitioners (NPs) employed as of 2009.[14] Figure 15 illustrates the working status of each group of nurses in the ESC region.

FIGURE 15 - Working Status of Nurses in ESC, 2009



As show in Figure 15, the majority of each group of nurse is employed full-time throughout the ESC region.

Dietitians

In Southwestern Ontario, there are 346 Registered Dietitians (RDs), 92% of which are currently employed.[15] Table 4 outlines the distribution of RDs by area of practice throughout Southwestern Ontario.

TABLE 4 - Distribution of RDs by Area of Practice, Southwestern Ontario, 2009

Area of Practice	Number of RDs
Clinical/One-on-One	229
Food & Nutrition Management	40
Sales & Marketing	9
Community	180
Clinical Nutrition Management	49
Education & Research	81
Other	60

Note: There are approximately 1,483 throughout Ontario that have more than one area of practice. Source: College of Dietitians of Ontario. (2010). Annual report 2008/2009. Retrieved from http://www.cdo.on.ca/en/pdf/Publications/AnnualReports/AR2008-2009-Eng.pdf

Community Living

There are four Community Living resource centres throughout WEC that provide services to people living with intellectual disabilities and their families. Community Living offers a wide range of support services including in and out of home respite services, special services at home, day programs, community employment supports, and 24-hour supported living options. Currently, WEC Community Living is functioning at full capacity, and eligible applicants can expect to wait over a year for all programs. Families applying for services are put on a waiting list at the Ministry of Community Social Services, which then select eligible families based on need.

Long-Term Care Facilities

Long-term care (LTC) facilities offer 24-hour nursing care and supervision in a secure setting for individuals who need extra care that is not available in retirement homes or supportive housing.[16] There are two types of services offered by LTC facilities:

- *Long-term regular beds: the client lives in LTC.*
- *Short-stay respite beds: client lives in LTC temporarily while their caregiver receives a break from the care-giving roles/duties.*

Table 5 provides an outline of LTC facilities and their capacities in Southwestern Ontario.

TABLE 5 - LTC Facilities and Potential Capacity for Southwestern Ontario, 2009

Area	Total LTC Facilities	Long-Term Regular Beds	Short-Stay Respite Beds	Total Beds
WEC	18	2,337	8	2,345
Chatham-Kent	7	844	5	849
Sarnia-Lambton	10	1,039	5	1,044
ESC Total	35	4,220	18	4,238

Hospitals

There are four hospitals in WEC; three within the City of Windsor and one in the municipality of Leamington:

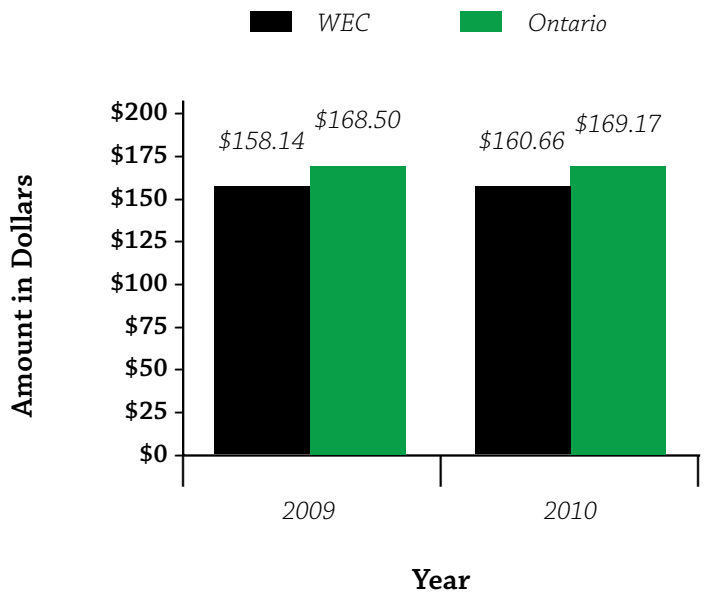
- *Hotel-Dieu Grace Hospital (Windsor).*
- *Windsor Regional Hospital, Metropolitan Campus (Windsor).*
- *Windsor Regional Hospital, Western Campus (Windsor).*
- *Leamington District Memorial Hospital (Leamington).*

V. ACCESS TO NUTRITIOUS FOODS

In December 2010, the Windsor-Essex County Health Unit released their report titled, The Cost of Healthy Eating in Windsor-Essex, 2010.[17] Each year, the Windsor-Essex County Health Unit surveys nine local grocery stores to determine the cost of eating healthy. Using the Ontario Public Health Standards: Nutritious Food Basket Protocol,[18] the Health Unit is able to determine the cost of feeding a family of four while meeting the basic daily requirements of Canada's Food Guide. The Nutritious Food Basket contains 67 food items, each are the lowest price available in the store in a specified purchase size, regardless of the brand. The Nutritious Food Basket does not include snack foods, personal items, and additional cooking items such as baking soda, herbs, spices, etc. This information can be used to help families budget the cost of a well balanced meal, help shelters and group homes determine the cost of feeding large groups, and it can provide proof of the difficulty for low-income families to afford healthy foods. Figure 16 shows the weekly cost of a nutritious food basket in WEC and Ontario.

As shown in Figure 16, a nutritious food basket for a family of four in WEC costs $160.66 per week, which is slightly less than the rest of the province.

FIGURE 16 - Weekly Cost of a Nutritious Food Basket, WEC and Ontario, 2009–2010



Food Bank Utilization

In 2004, 162,741 people throughout WEC needed food bank assistance.[19] In 2009, there were 235,000 visits to food banks in WEC.[9] According to Pathway to Potential, not only are families using the food banks more than once, but they are also reporting fair or poor health at a rate that is 31% higher than the rest of the WEC population.[20]

Currently, the WEC Food Bank Association (WECFBA) is the body that governs most of the food banks in the area. One goal of the WECFBA is to align all food banks in WEC, and have one organization that looks over them all. Once this happens, the WECFBA can begin a central food distribution system. That is, if one food bank needs an item that another has a surplus of, a transaction can be arranged. In addition, there are at least 20 food banks that are not part of the WECFBA.

What is WEC Doing?

Increasing food security is an important goal of Food for Change, a partnership of community members that strive to increase access to healthy food for all residents of WEC.[20] This coalition consists of community members and agencies that work with food insecure populations and focuses on issues such as urban and rural agriculture, food access and distribution, and emergency food services. They have prepared the report entitled Hungry for Change which addresses key food security issues and needs within WEC.

THE FABRIC OF OUR COMMUNITY

The final section of part two describes the well being of the community as it relates to incidence rates, risk factors, and economic burden. Key policies pertaining to each of the six priority areas are highlighted and important policies and program implications are identified. This section focuses on how well the people in the community are taking care of themselves.

I. TOBACCO USE AND EXPOSURE

According to the Ontario Ministry of Health Promotion (2010), tobacco use is the number one cause of preventable disease and death, killing over 13,000 Ontarians each year.[1] Tobacco use increases the risk of lung cancer, heart disease, chronic obstructive pulmonary disease, and other forms of chronic diseases. Smoking is responsible for approximately 30% of all cancer deaths in Canada, with lung cancer being the most common cause of cancer death in men and women.[2]

The Centre for Addiction and Mental Health (CAMH)'s Monitor survey has been monitoring adult substance use in Canada since 1977. Results in 2007 show: [3]

- *21.6% of Ontarians smoked cigarettes in the past 12 months (17% smoking daily).*
- *16.5% of smokers consume more than 20 cigarettes daily.*
- *10.5% of daily smokers self-reported high smoking dependence.*

Cigarette and Tobacco Use

In 2009, 19.3% of Windsor-Essex County residents aged 12 and over were current or occasional smokers. This rate is only slightly higher than the provincial and national rates. However, the WEC rate decreased from 2005 (23.5%). Current data may indicate that there are more male current smokers aged 12 and over than females (see Figure 1).

FIGURE 1 - Proportion of Smokers in WEC and Ontario, Daily or Occasional, 2009

Note: Percentage of females in WEC (15.6%) should be used with caution. Source: Statistics Canada. (2010). Health profile-health region. Retrieved from http://www.census2006.ca/health-sante/82-228/details/page.cfm?Lang=E&Tab=1&Geo1=HR&Code1=3568&Geo2=PR&Code2=35&Data=Rate&SearchText=Windsor-Essex%20County%20Health%20Unit&SearchType=Contains&SearchPR=01&B1=All&Custom=*

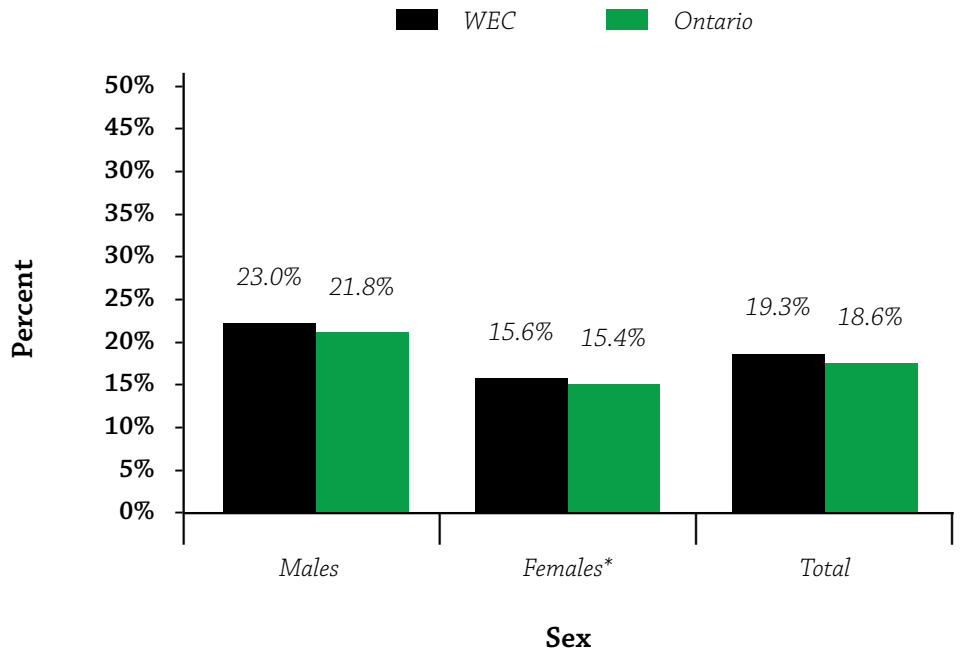


Figure 1 shows that 19.3% of WEC residents ages 12 and over reported smoking occasionally or daily, which is slightly higher than the 18.6% throughout the rest of the province.

In WEC and Ontario as a whole, the majority of current smokers reported that they intended to quit in the next six months. As shown in Figure 2, over a quarter of current smokers in WEC and Ontario as a whole (27.4% and 25.3%, respectively) reported that they intend to quit smoking in the next 30 days, and 70% and 62.2% in the next six months.[4]

As shown in Figure 2, the majority of current smokers report that they have intentions to quit smoking in the next six months. This is an indication that programs and policies should focus on providing smokers with more opportunities to quit smoking.

Exposure to Second-Hand Smoke

Exposure to second-hand smoke is a significant health hazard which can lead to cancer, heart disease, and pre-mature death in non-smokers.[2] Second-hand smoke contains about 4,000 chemical compounds, 50 of which are associated with cancer.[5] Figure 3 shows the frequency of exposure to second-hand smoke in public places.[4]

FIGURE 2 - Proportion of Smokers Intending to Quit, WEC, 2007–2008

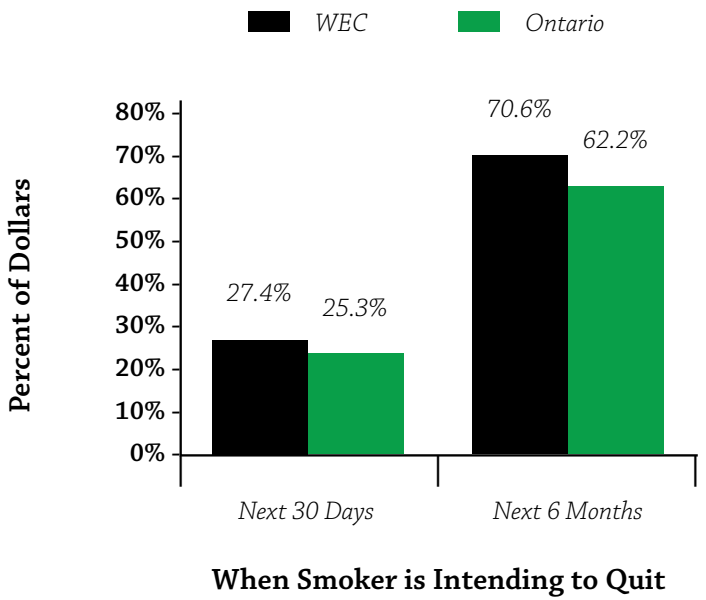
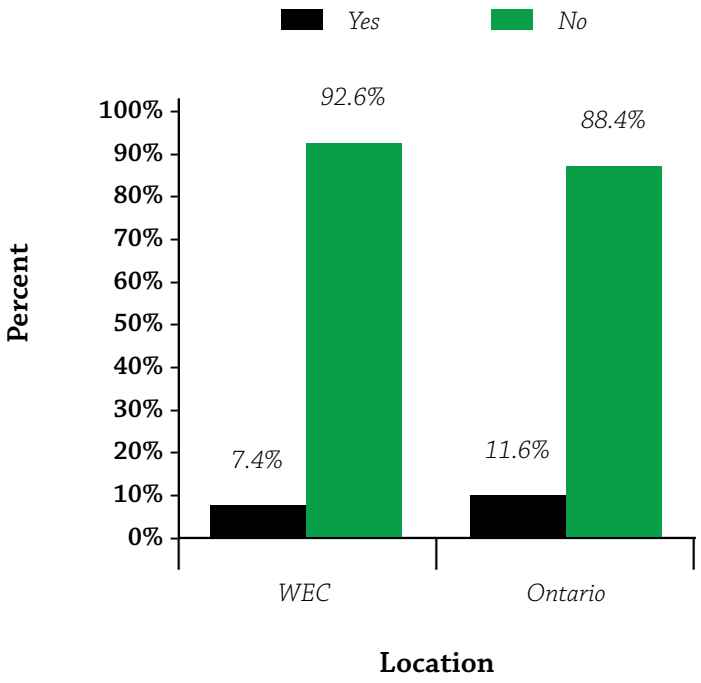


FIGURE 3 - Exposure to Second-Hand Smoke, WEC and Ontario, 2007–2008

Note: Source: Statistics Canada. (2008). Canadian community health survey (CCHS). Retrieved from http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3226&lang=en&db=imdb&adm=8&dis=2



As shown in Figure 3, exposure to second-hand smoke in public places is slightly lower in WEC (7.4%) than it is in Ontario (11.6%).

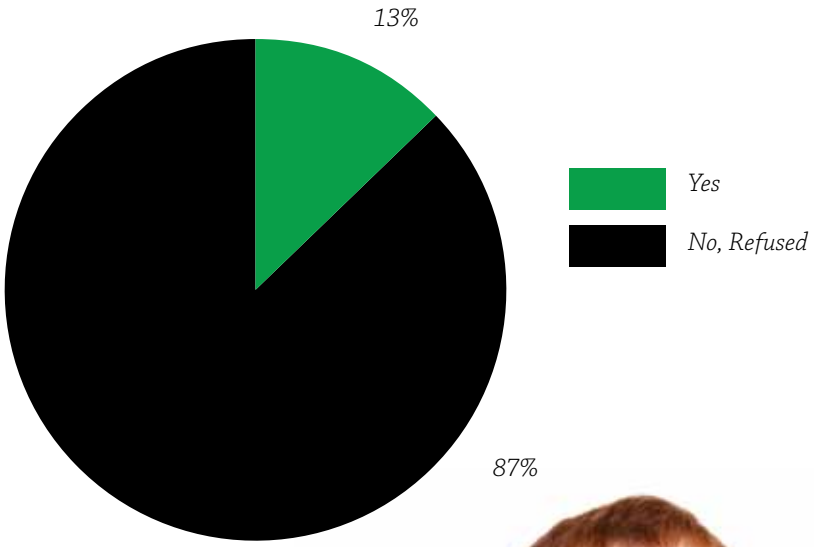
As the understanding and acceptance of the hazards of second-hand smoke become more universal, there is less tolerance for exposure to second-hand smoke. Indeed, 73% of people living in WEC reported that smokers were asked to refrain from smoking in their house.[4]

Second-Hand Smoke in WEC – Survey from the Rapid Risk Factor Surveillance System

In 2008, respondents in WEC were asked about their exposure to second-hand smoke as part of the telephone survey conducted on behalf of the Windsor-Essex County Health Unit by the Rapid Risk Factor Surveillance System (RRFSS).[6] WEC respondents (excluding those who identified themselves as non-smokers in single adult households) were asked if anyone in their household smokes regularly in the house (see Figure 4). Almost 90% of respondents reported that they don't smoke in their house.

FIGURE 4 - Smoking Regularly Inside the Home, WEC, 2008

Note: No and refused responses were combined in original report due to small sample sizes. Source: Windsor-Essex County Health Unit. (2009). RRFSS 2008 preliminary report. Windsor, Canada: Author



Respondents were also asked about the rules they have for visitors regarding smoking in their homes. Again, the majority of respondents reported that they do not allow visitors to smoke in their homes at all, and only 4.6% reported that smokers can do whatever they want (see Table 1).[4]

TABLE 1 - Rules Regarding Smoking in the Home for Visitors, WEC, 2008

	Number of Responses	Percent
Not allowed at all	806	80.2
Allowed sometimes	44	4.4
Allowed in certain areas	60	6.0
Allowed except when children present	44	4.4
Smokers do whatever they want	46	4.6
Don't know	5	0.5
Total	1005	100

Note: Source: Windsor-Essex County Health Unit. (2009). RRFSS 2008 preliminary report. Windsor, Canada: Author

In January 2009, new legislation was passed in Ontario that made it illegal to smoke in vehicles with passengers under 16.[1] From March to July 2008 (approximately six months before the new law came into effect), respondents in WEC were asked about the rules they have for people smoking in their vehicle (see Table 2). Only individuals who reported that they drive were asked this question (n=450).[4]

TABLE 2 - Rules Regarding Smoking in Vehicles, WEC, 2008

	Number of Responses	Percent
Not allowed at all	349	77.6
Allowed some of the time	32	7.1
Allowed except when children are present	52	11.6
Smokers do whatever they want	17	3.8
Total	450	100
Total	1005	100

Note: Source: Windsor-Essex County Health Unit. (2009). RRFSS 2008 preliminary report. Windsor, Canada: Author

As shown in Table 2, over three-quarters of respondents reported that people are not allowed to smoke in their vehicles at all. Furthermore, 11.6% allow people to smoke except when children are present. Again, this number reflects rules prior to the new Ontario legislation. Now that the legislation is in effect, future results might indicate that even higher percentage of respondents do not allow smoking in their vehicles.

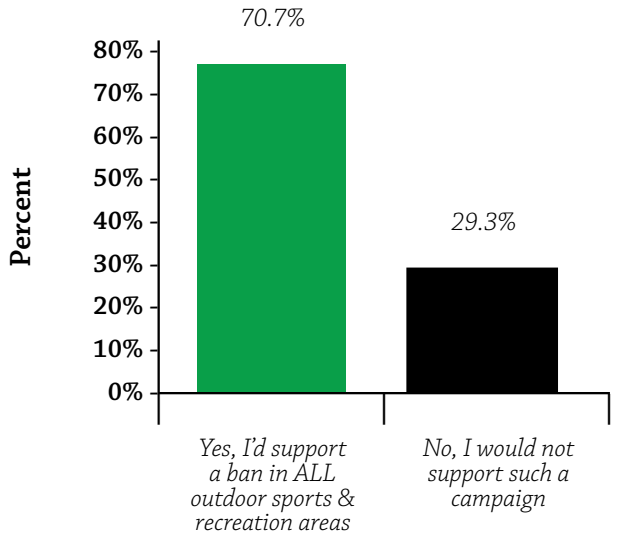
Outdoor Smoking Ban

In November and December 2009, the Windsor-Essex County Health Unit conducted an online survey to measure the level of public support for banning smoking at various outdoor sporting and recreation areas throughout the community (n=1165).[7] As shown in Figure 5, 70% of respondents throughout WEC supported a ban on tobacco use at all outdoor sports and recreation areas.

70% OF RESPONDENTS THROUGHOUT WEC SUPPORTED A BAN ON TOBACCO USE AT ALL OUTDOOR SPORTS AND RECREATION AREAS.

FIGURE 5 - Support for Smoking Ban in all Outdoor Sports and Recreation Facilities, WEC, 2009

Note: The survey was open to all Windsor and Essex County residents 15 years of age and older. Original source: Windsor-Essex County Health Unit. (2010). What's sporting about tobacco survey: Regional reports from Windsor and Essex County. Windsor, Canada: Author.



Thoughts on Outdoor Smoking Ban

Table 3 indicates the level of support for restrictions on tobacco use at all outdoor sports and recreation areas in WEC. Overall, support was high in every municipality except for Kingsville and Leamington.

TABLE 3 - Support for Smoking Ban in all Outdoor Sports and Recreation Facilities by Municipality, WEC, 2009

	Amherstburg	Essex	Kingsville	Lakeshore	LaSalle	Leamington	Tecumseh	Windsor
Yes, I'd support a ban in ALL outdoor sports and recreation areas	62%	76%	48%	67%	69%	69%	57%	69%
No, I would not support such a ban	31%	11%	36%	30%	23%	23%	31%	23%
No Answer	7%	13%	16%	3%	8%	8%	12%	8%

Note: The survey was open to all Windsor and Essex County residents 15 years of age and older. Original source: Windsor-Essex County Health Unit. (2010). What's sporting about tobacco survey: Regional reports from Windsor and Essex County. Windsor, Canada: Author

Smoking and Your Health

A smoker's risk of heart attack and stroke is double that of a nonsmoker.[8] It is also a known cause of cancer, being directly linked to 90% of lung cancer cases in men and 70% in women. Tobacco use is also linked to cancers of the breast, cervix, esophagus, kidney, mouth, throat, pancreas, and stomach.[9]

The high smoking rate in Windsor-Essex is proportional to the high local rate of lung cancer in both men and women. The issue of tobacco use, initiation, and exposure needs to continue to be addressed on a number of fronts. Possible areas of focus could include preventing young people from taking up smoking by limiting access; providing education and role modelling to young people; creating universal access to smoking cessation support and medications for all WEC residents; and continuing to focus on limiting the number of public places (e.g., outdoor sport and recreation areas) where people can smoke.

The Cost of Smoking in Canada

Smoking also has serious impacts on the economy. In Ontario alone, tobacco-related diseases cost "$1.6 billion in direct health care costs, resulting in $4.4 billion in productivity losses and accounting for at least 500,000 hospital days each year."[2]

A Look at the Major Policies Since 2000

Smoke-Free Ontario Act, May 31, 2006[10]
The provincial government passed the Smoke-Free Ontario Act, which prohibits the smoking of tobacco in all public places and workplaces, including workplace vehicles.

Smoke-Free Ontario Act, May 31 2008: Display of Tobacco Products[10]
The provincial government implements stage two of the Smoke-Free Ontario Act, making it illegal for tobacco vendors to display tobacco products.

Smoke-Free Ontario Amendment Act, January 21, 2009: Smoking with Children Present in Vehicles[11]
The provincial government amends the Smoke-Free Ontario Act to prohibit smoking in a vehicle when a child under the age of 16 is present. Prohibition applies regardless of whether vehicle windows are open or shut, and whether or not the car is moving. Police enforce this amendment.

Policy Recommendations

Not long ago, people were able to smoke almost anywhere that they wanted, including on planes, in theatres, and even in hospitals. The societal change for anti-smoking and anti-tobacco advertising legislation has boosted smoking prevention efforts in Canada. [12]

The Smoke-Free Ontario Act (2006) has significantly reduced human exposure to second hand smoke in public places and workplaces, but there is more work to be done.

As we head into 2012, efforts to decrease tobacco use and exposure will be strengthened. The Government of Canada has proposed stronger health warning messages on cigarette and little cigar packages. [13] The proposed changes to packages include more graphic images and increasing the size of warning messages from 50% to 75% of the front and back of packages, which will allow for larger text and images, as well as a smoking cessation hotline number and website people can go to for more information.

Several policy and program priorities related to tobacco use and exposures are listed below. These recommendations are seen as a high priority for WEC to influence change and improve the health and well being of our communities' residents.

Policy and Program Priority Recommendations

Decrease tobacco use and exposure through policies that:

- *Ban smoking and tobacco use at all outdoor sport and recreation areas (e.g., sports fields, playgrounds, beaches).*
- *Ensure universal access to smoking cessation supports and medications for all smokers in WEC who want to quit.*
- *Encourage employers to develop policies that restrict smoking around building structures.*

Other Important Recommendations

The provincial government should consider creating policies that:

- *Limit the number of tobacco vendors and outlets within a specific radius or geographical area (e.g., around elementary schools and secondary schools).*
- *Crack down on the illegal sale of contraband and counterfeit tobacco.*
- *Develop a policy strategy to deal with the increasing use of oral tobacco by young people.*

THE SMOKE-FREE ONTARIO ACT (2006) HAS SIGNIFICANTLY REDUCED HUMAN EXPOSURE TO SECOND HAND SMOKE IN PUBLIC PLACES AND WORKPLACES, BUT THERE IS MORE WORK TO BE DONE.

Alcohol Use

The misuse of alcohol can lead to many negative health-related consequences. Alcohol is associated with over 60 chronic conditions, cancers, and types of trauma, as well as conditions such as alcohol abuse, depression, and liver damage.[14] Indeed, alcohol has been identified as the third leading cause of death in the United States.[15] Alcohol misuse during pregnancy can also lead to low birth weight and fetal alcohol syndrome.

The Centre for Addiction and Mental Health (CAMH) provides low-risk drinking guidelines (LRDG) that adults are recommended to follow. The low risk drinking guidelines help adults make safer choices when they decide to drink by describing drink limits that balance health benefits and minimize the risks associated with alcohol misuse. The low risk drinking guidelines are: [16]

- *0: Zero drinks = lowest risk of an alcohol-related problem.*
- *2: No more than two standard drinks on any one day.*
- *9: Women – up to nine standard drinks a week.*
- *14: Men – up to 14 standard drinks a week.*

One standard drink has 13.6 g of alcohol. This includes:

- *5 oz or 142 mL of wine (12% alcohol).*
- *1.5 oz or 43 mL of spirits (40% alcohol).*
- *12 oz or 341 mL of regular strength beer (5% alcohol).*

The proportion of people who use alcohol in ESC (80%) and Ontario (81%) are similar. However, ESC has more drinkers that exceed the LRDG (26% vs. 23%) and binge drinkers (15% vs. 11%) than Ontario (see Table 4).[17]

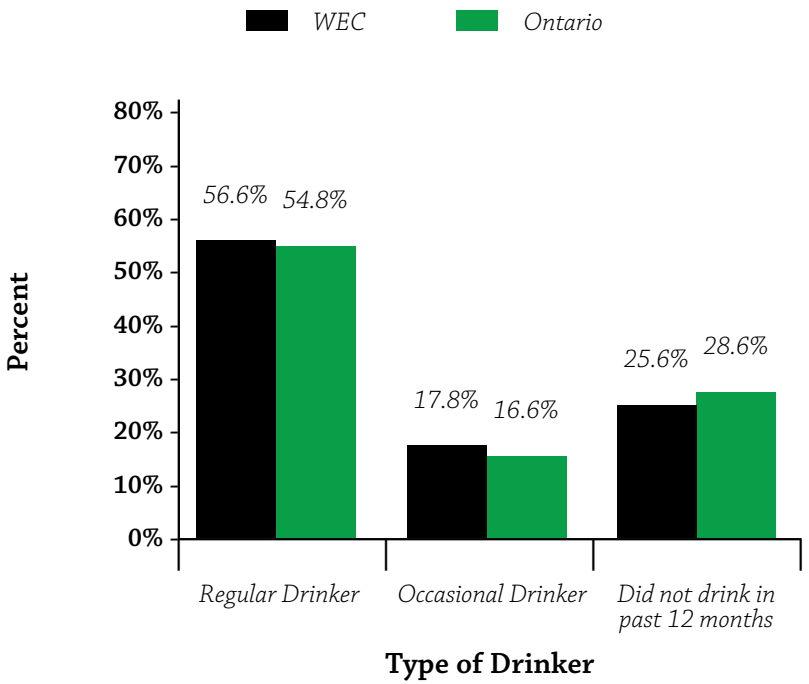
TABLE 4 - Drinking Rates for ESC and Ontario, 2007

	Erie-St. Clair	Ontario
Alcohol use (past year)	80%	81%
Weekly Binge Drinking	15%	11%
Exceeding LRDG	26%	23%
Hazardous Drinking	13%	16%
Drinking and Driving	10%	8%

Note: Source: CAMH. (2007, May/June). Adult alcohol use in the local health integration networks of Ontario. CAMH Population Studies eBulletin, 8(3). Retrieved from http://camh.net/Research/Areas_of_research/Population_Life_Course_Studies/eBulletins/ebv8n3_LIHNs_Alc_0305CM.pdf

When it comes to frequency of drinking, WEC has more regular and occasional drinkers (74.4%) compared to Ontario (71.4%); (see Figure 6).[4]

FIGURE 6 - Percentage of Alcohol Drinkers in WEC and Ontario, 2007–2008

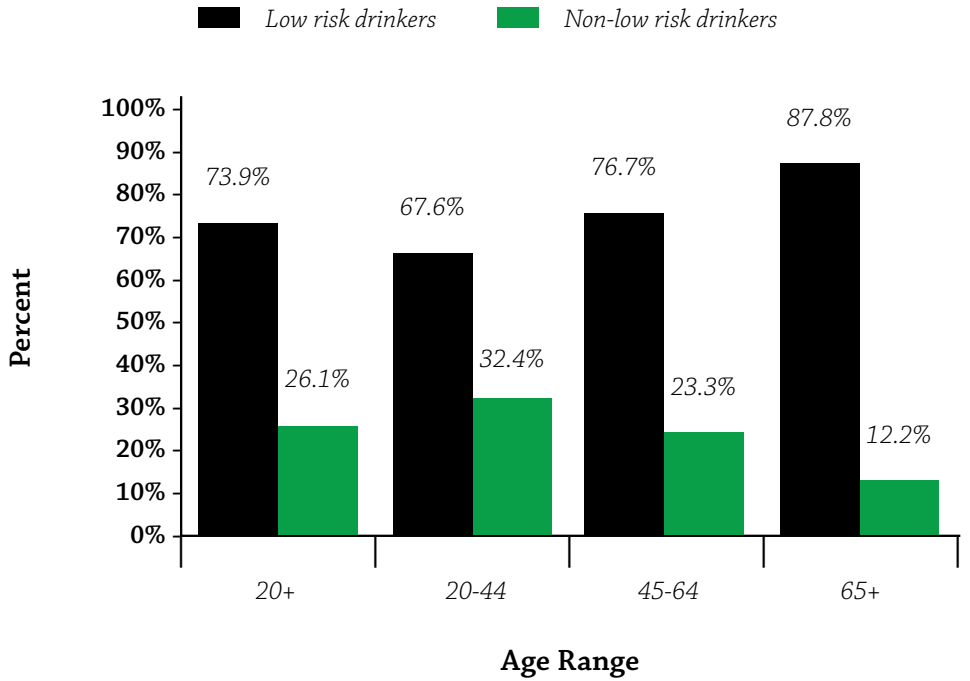


Alcohol Consumption in WEC – Survey from RRFSS

In 2008, respondents in WEC were asked about their alcohol use habits as part of the telephone survey conducted on behalf of the Windsor-Essex County Health Unit by RRFSS.[6] Figure 7 illustrates the percentage of adults in WEC who are low risk drinkers.

FIGURE 7 - Percentage of Adults in WEC who are Low-Risk Drinkers, 2008

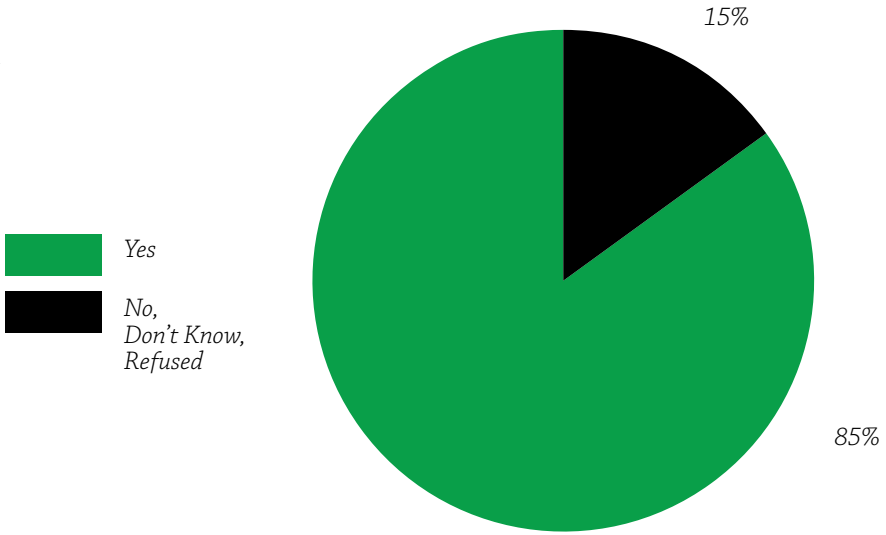
Note: Low risk drinkers include non-drinkers



Respondents (n=1005) were asked whether or not they have had any alcoholic beverages in the past month. The majority of respondents (85.2%) indicated they had (see Figure 8).[4]

FIGURE 8 - Percentage of Respondents who have had any Alcohol in the Past 12 Months, WEC, 2008

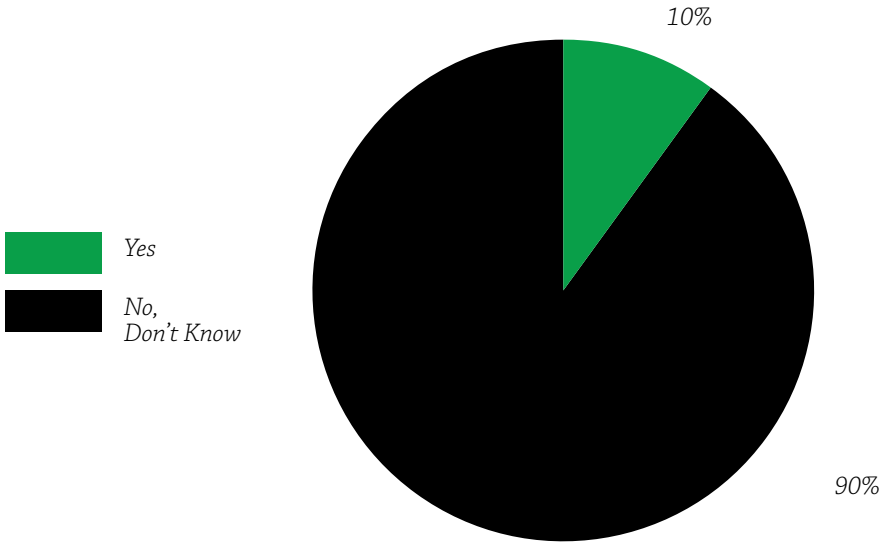
Note: No, Don't Know, and Refused responses were combined in original report due to small cell sizes.



Individuals who drank alcohol in the past 12 months (n=857) were asked if they drank everyday (see Figure 9) to which 10.1% (n=86) reported that they did.

FIGURE 9 - Percentage of Respondents who Drink Alcohol Every Day, WEC, 2008

Note: No and Don't Know responses were combined in original report due to small cell sizes.



Respondents who consumed alcohol in the past 12 months but reported that they didn't drink everyday (n=770) were asked how many days a week they drink alcohol. Figure 10 shows how many days per week were reported, and indicates that almost half (45.9%) of respondents drink less than one day per week.

Lastly, respondents who reported that they consumed alcohol in the past 12 months (n=857) were asked how many drinks they have on a day when they are drinking. Results can be seen in Table 5 below.

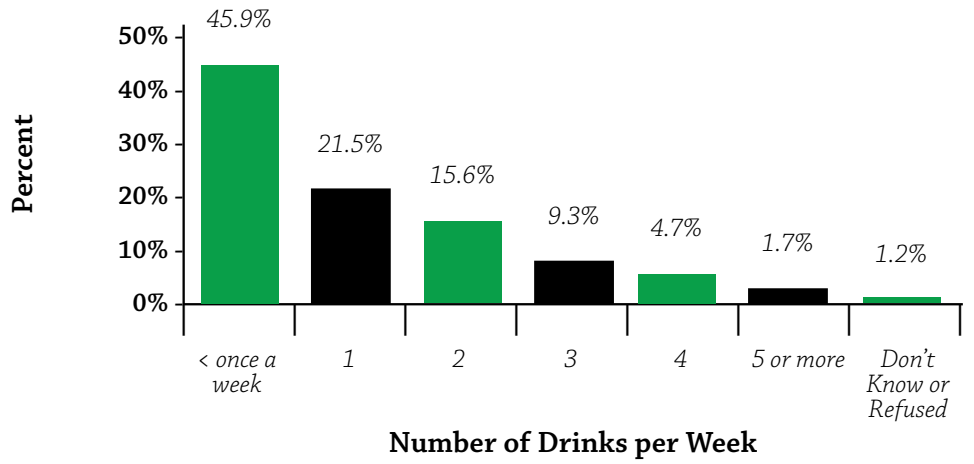
TABLE 5 - Average Number of Drinks per Day on Days When Drinking, WEC, 2008

Number of Drinks Per Day	Percentage of Drinkers
1	35.3%
2	33.1%
3	14.2%
4	5.3%
5	3.5%
6	2.6%
7	0.8%
8	0.4%
9 to 14	1.6%
15 or more	0.9%
Don't know, refused	2.3%

Note: Responses for amounts from 9 to 14, 15 or above and don't know and refused were combined in original report due to small cell sizes. Original source: Windsor-Essex County Health Unit. (2009). RRFSS 2008 preliminary report. Windsor, Canada: Author

FIGURE 10 - Days per Week Individuals Reported Consuming Alcohol in Past 12 Months, WEC, 2008

Note: Responses for 5, 6, and 7 times a week, and don't know and refused, were combined in original report due to small cell sizes.



Even though 85% of WEC residents who were surveyed reported drinking, the majority (67.4%) are low-risk drinkers who have one drink or less a week. Furthermore, almost 70% of respondents have two drinks or less on days when they are drinking. While these numbers suggest that the majority of WEC residents are responsible drinkers, local health policies should continue to support abstinence and promote responsible drinking behaviours.

Binge Drinking

Binge drinking is defined as having many drinks on a single occasion (typically five or more drinks for males and four or more drinks for females).[18] According to CAMH, binge drinking is very risky for a variety of reasons. Binge drinking can result in:

- *Depression, anxiety, and other mental health problems.*
- *Risky behaviour such as multiple sex partners, violence, etc.*
- *Blacking out.*
- *Injury or death while driving, biking, walking, or being a passenger.*
- *Alcohol poisoning.*

Repeated binge drinking over a long period of time can result in more chronic health problems such as:

- *Damage to stomach, pancreas, liver, and brain.*
- *Developing cancer.*
- *Developing an addiction to alcohol.*

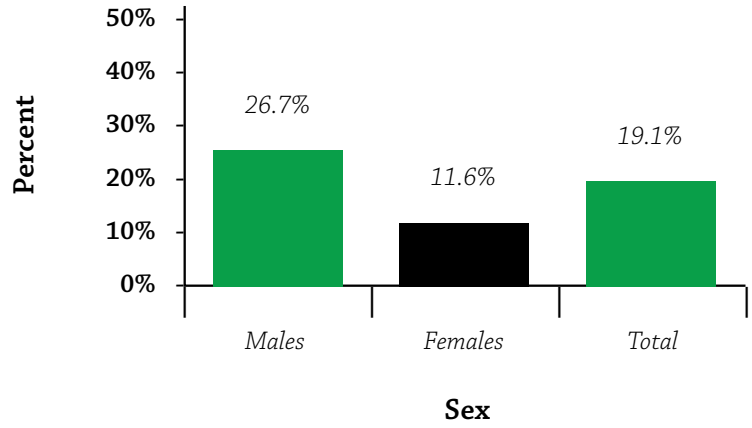
Alcohol consumption has increased 13% in Canada from 1997 to 2005, and the percent of Canadians binge drinking has increased as well.[14]

In 2008, 19.1% ofWEC residents aged 12 and over reported having 5 or more drinks on one occasion, at least once a month in the past year. This rate of heavy drinking is slightly higher than both the provincial (15.9%) and national (16.9%) rates. Figure 11 illustrates the percentage of WEC who reported binge drinking.[19]

Males had more than twice the heavy drinking rate than females in WEC. A pattern of heavy drinking in WEC is cause for concern considering the health, social, and financial burden associated with excess alcohol intake.

FIGURE 11 - Respondents (Ages 12 and Over) who had 5 or More Drinks on One Occasion in Past 12 Months, WEC, 2007/2008

Note: Source: Statistics Canada. (2010). CANSIM table 105-0502. Retrieved from http://cansim2.statcan.gc.ca/cgi-win/cnsmcgi.pgm



ALCOHOL CONSUMPTION HAS INCREASED 13% IN CANADA FROM 1997 TO 2005

Underage Drinking

In 2007, results from the Ontario Student Drug Use Survey (OSDUS) showed that 16.1% (n=150,000) of Ontario students in grade 7 to 12 (approximately ages 12-18) reported using alcohol for the first time in the past year.[20] CAMH reports that none of the rates vary significantly by sex or region of the province.

In an earlier cycle of the OSDUS (2005), adolescents were asked what type of alcohol they were drinking. As show in Figure 12, of the 62% of Ontario students who were past year drinkers, liquor (i.e., rum, vodka, whiskey, and coolers) was the most commonly used alcohol.[21]

Alcohol-Related Trauma Statistics

Hôtel-Dieu Grace Hospital is the only trauma hospital in WEC, receiving all trauma patients in the area. Data is kept on major trauma, in-hospital deaths, and cases where patients died in emergency. Blood alcohol content (BAC) of patients who are brought in suffering from a trauma injury is routinely collected. Currently, BAC is measured on patients ages 12 and older who have an Injury Severity Score (ISS) greater than 12. While BAC is typically measured in the amount of alcohol in milligrams (mg) per 100 millilitres (mL) of blood, Hôtel-Dieu's records report BAC in millimoles (mmol) per litre (L) (for reference, a BAC of 17.4 mmol/L is equal to 0.08 mg/L). Table 6 shows the BAC level per age group of patients for 2009–2010.[22]

FIGURE 12 - Most Common Type of Alcohol Used by Adolescents

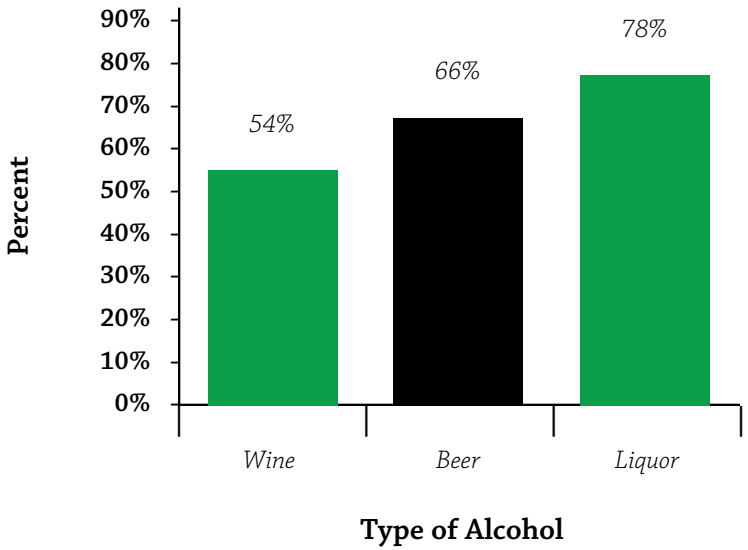


TABLE 6 - BAC of Trauma Patients (ISS Score > 12) by Age Group, WEC, 2009–2010

BAC Level	Ages 10–14	Ages 15–24	Ages 25–44	Ages 45–64	Ages > 65
0.0–1.9	1	6	20	22	29
2.0–17.0	0	3	1	0	1
> 17.0	0	12	7	6	3
Total	1	21	28	28	33
Total with BAC Tested = 111					

As Table 6 indicates, the chances of alcohol being involved in a traumatic injury incident increases with age. Furthermore, 25% of all trauma patients with an ISS > 12 had a BAC > 17.0. Table 7 provides a summary of statistics for cases where patient's BAC was ≥ 17.4 mmol/L.[22]

TABLE 7 - Trauma Injury Cases in which Patient BAC was ≥ 17.4 mmol/L, WEC, 2009–2010

Cause	Cases n (%)	Mean Age	Mean ISS*	Mean LOS (days)**	Males n(%)	in Hospital Deaths n (%)	DIEs*** n(%)
Motor Vehicle Collision	20 (44%)	35	12.8	7	15 (75%)	0	0
Unintentional Fall	10 (22%)	43	13.8	9	8 (80%)	1 (10%)	0
Intentionally Inflicted by Others	15 (33%)	35	17.7	9	14 (93%)	1 (6%)	1 (6%)
All Positive BAC****	45	34	16.7	10	37 (82%)	3 (6.7%)	1 (2.2%)
Total with BAC Tested = 111							

*Note: *ISS is an internationally developed scoring system that assigns a level of severity to injury. Scores range from 1 (minor) to 75 (major). **LOS (Length of Stay) is the number of days patients were kept at the hospital. ***DIE (Dead in Emergency) refers to patients who die in emergency department after active treatment. ****All Positive BAC refers to all cases in which the BAC is ≥ 17.4 mmol/L.*

Drinking and Your Health

It is estimated that 10% of all deaths in Ontario, and one in every 25 deaths worldwide, are a direct or indirect result of alcohol use. Most of the deaths attributed to alcohol result from injuries, cancer, cardiovascular disease, cirrhosis, and violence.[23]

Indeed, the World Health Organization classifies alcohol as a carcinogen, which means that it could be cancer-causing if misused. Alcohol consumption is linked to the development of several cancers including; mouth, throat, esophagus, breast, liver, colon, rectum, and pancreas.[24]

The Cost of Alcohol Misuse in Canada

The Canadian Centre on Substance Abuse (CCSA) conducted their second Canadian substance abuse cost study in 2003. The report, which was released in 2006, provided details into how much substance abuse cost Canadians in 2002. Based on the results of the study, the estimated cost of substance abuse in Canada is $39.8 billion, which works out to approximately $1,267 for every Canadian citizen.[25]

How does $39.8 billion break down across substances?

- *Tobacco accounts for 42.7% of the total cost; $17 billion.*
- *Alcohol accounts for 36.6% of the total cost; $14.6 billion.*
- *Illegal drugs account for 20.7% of the total cost; $8.2 billion.*

This shows that legal substances (alcohol and tobacco) make up the largest portion of substance abuse costs (79.3%).

When calculating costs, direct costs such as health care, law enforcement, prevention and research, traffic accidents, and losses associated with the workplace are taken into account. Indirect costs include things such as productivity loses due to disability and premature death.[25]

A Look at the Major Policies Since 2000

Reduce Impaired Driving Everywhere (R.I.D.E.) Funding is Doubled 2008
The provincial government increased the funding available to the Ontario Provincial Police (OPP) and local municipal police forces to conduct R.I.D.E programs aimed at reducing the number of Ontario drivers drinking and driving. Over the preceding decade, R.I.D.E programs coincided with a drop in driving fatalities by 18% and serious injuries in drinking and driving collisions by 51%.[26]

Civil Remedies Act 2008
The provincial government passed an amendment to the Civil Remedies Act permitting the courts to seize vehicles and deem them forfeited by drivers who are convicted of driving while impaired twice or more in a ten year period.

Ontario's New Drinking and Driving Law, May 1, 2009
The provincial government amended its drinking and driving laws so that driving with a BAC between 0.05 mg/L and 0.08 mg/L results in a mandatory three-day license suspension for a first offense. If the driver is caught a second time, their license is suspended for seven days and they are mandated to attend an alcohol education program. Drivers caught for a third time receive a suspended license for 30 days, must attend a remedial alcohol treatment program, and have an ignition interlock condition placed on their license for six months. Previously, a driver with a BAC between 0.05 mg/L and 0.08 mg/L received a 12-hour license suspension, regardless of how many times they were caught.[27]

THE ESTIMATED COST OF SUBSTANCE ABUSE IN CANADA IS $39.8 BILLION, WHICH WORKS OUT TO APPROXIMATELY $1,267 FOR EVERY CANADIAN CITIZEN.

Policy Recommendations

Legislation has had a large impact on alcohol-related deaths, as seen in the number of drinking driver fatalities decreasing by 77% from 1980.[28] The lower rate of drinking and driving is largely due to law that makes this behaviour unacceptable. Enforcement is also a key piece. Random road side alcohol testing by police is a deterrent to drinking and driving.

There are many other alcohol-related laws and policies that make a difference. For example:

- *Ontario's Liquor License Act defines the drinking age, the offence for selling alcohol to an intoxicated person, and the requirement to display signs.*
- *Many employers have Drug and Alcohol Free Workplace policy that is made in writing and communicated to staff to make for a safe working environment.*

There is an association between high-risk alcohol consumption and illicit drug use, and disease risk, disability, and costs. However, these still are not high priority risk factors in most chronic disease initiatives in Canada. Initiatives that focus on decreasing the use and abuse of alcohol and other substances, as well as support abstinence, should be implemented in order to promote healthier living and avoid burden and costs.[14]

Several policy and program priorities related to substance and alcohol misuse are listed below. These recommendations are seen as a high priority for WEC to influence change and improve the health and well being ofour communities' residents.

Policy and Program Priority Recommendations

Support abstinence and decrease alcohol and substance misuse through policies that:

- *Promote, support, enforce, and monitor municipal alcohol policies.*
- *Implement comprehensive substance and alcohol policies in the workplace.*
  - *For those workplaces without a substance and alcohol policy, encourage the development and implementation of substance & alcohol workplace policies.*
- *Support efforts to prevent any reduction in the laws surrounding the serving, access, and consumption of alcohol in public places.*

Substance Use

Statistics on the use of illicit drugs at a local level are difficult to find. There is a need for research gathering this information for WEC. However, national and provincial level data suggests that not only is illicit drug use less common than perceived, but that it is also decreasing over the years.

For the past few years, Health Canada has conducted the Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) to ask Canadians about their experiences with alcohol, drugs, and other substances. Each year, at least 10,000 Canadians aged 15 years and older are contacted and interviewed.[29]

Results from the 2009 CADUMS indicate that reported illicit drug use has decreased or remained comparable since 2004. Major findings from the 2009 CADUMS include:[30]

- *A decrease in cannabis use from 14.1% in 2004 to 10.6% in 2009 for Canadians 15 years and older and from 37% to 26.3% among youth aged 15–24.*
- *Cocaine or crack (1.2%), ecstasy (0.9%), speed (0.4%), and hallucinogen (0.7%) use stayed comparable to reported rates in 2004.*
- *For youth aged 15–24, the use of at least one of five illicit drugs (cocaine or crack, speed, hallucinogens, ecstasy, or heroin) decreased from 11.3% in 2004 to 5.5% in 2009.*
- *Youths aged 15–24 have higher rates of drug use than adults aged 25 and older. Almost four times higher for cannabis use (26.3% versus 7.6%), and almost five times higher for past-year use of any drug excluding cannabis (6.3% versus 1.3%).*
- *Rates of psychoactive pharmaceutical drug use are comparable to rates reported in 2008: 25.0% of respondents aged 15 years and older indicated that they had used an opioid pain reliever, a stimulant, or a sedative or tranquilizer in the past year while 0.6% reported that they used any of these drugs to get high in the past year.*
- *Overall, 1.6% of Canadians reported using Salvia in their lifetime and 0.2% reported use in the past year. The prevalence of lifetime use among youth (15-24 years of age) was 7.3% while only 0.5% of adults reported having ever used this substance.*

WHILE THESE RESULTS ARE ENCOURAGING, TOO MANY YOUNG LIVES ARE SERIOUSLY IMPACTED BY THE ABUSE OF ILLICIT SUBSTANCES IN OUR COMMUNITY.

Cannabis

Cannabis is the most commonly used illegal drug in Canada, with almost half (44%) of Canadians reporting that they have tried it at least once in their life.[31] Results from the 2007 OSDUS showed that 8.5% of Ontario students in grades 7 to 12 used cannabis for the first time in the past year, and 3.2% used other drugs.

Results from the 2006/2007 CAMH Monitor indicate that 42.1% of Ontarians ages 18 and older have tried cannabis in their lifetime, and 12.5% have used it in the past 12 months. Furthermore, 2.1% of the population (17.4% of cannabis users) report hazardous/harmful use, and 1.8% of drivers drove at least once in the last 12 months after using cannabis.[3] Table 8 shows the results from the 2004 Canadian Campus Survey, which asks full-time university undergraduates from 40 universities across Canada about their experiences with alcohol and other substances.[32]

As shown in Table 8, slightly more females were current smokers than males; however a higher percentage of males used cannabis in the past year.

Other Illicit Drug Use

The 2006/2007 CAMH Monitor also asked about cocaine use, and the results show that 7.1% of Ontarians ages 18 and older have used cocaine in their lifetime, and 1.7% have used the drug in the past 12 months.[3] These numbers did not significantly vary by sex or region of the province.[20]

The Canadian Campus Survey also asked Canadian university undergraduates about their experiences with illicit drugs. Aside from alcohol and cannabis, the most commonly used drugs were hallucinogens, followed closely by opiates (see Table 9).[32] Data was also provided regarding sex differences in illicit drug use (see Table 10).

THE RESULTS SHOW THAT 7.1% OF ONTARIANS AGES 18 AND OLDER HAVE USED COCAINE IN THEIR LIFETIME, AND 1.7% HAVE USED THE DRUG IN THE PAST 12 MONTHS.[3]

TABLE 8 - Findings from the 2004 Canadian Campus Survey, Cannabis Use, Canada

Use	Total	Male	Female
Current smoker	12.7%	12.0%	13.2%
In past 12 months	32.1%	34.5%	30.1%
In past 30 days	16.7%	19.7%	14.2%

TABLE 9 - Prevalence of Alcohol and Other Drug Use among Canadian Undergraduates, 2004

	Lifetime Use	Use in past 12 months	Use in past 30 days
Alcohol	90.1%	87.5%	77.1%
Cannabis	51.4%	32.1%	16.7%
Hallucinogens	16.9%	5.6%	s
Opiates	13.7%	5.0%	1.0%
Ecstasy (MDMA)	8.3%	2.5%	s
Amphetamines	7.7%	2.6%	s
LSD	6.2%	s	s
Tranquilizers	5.2%	2.0%	1.0%
Cocaine	4.7%	2.1%	s
Performance drugs	4.5%	2.1%	s
Barbiturates	4.0%	1.5%	s
Stimulants	3.5%	1.2%	s
Party drugs (Ketamine, GHB)	2.6%	s	s
Crack	2.4%	s	s
Anabolic steroids	s	s	s
Heroin	s	s	s

Note: data suppressed (s) due to unreliability in original report. Original Source: Adlaf, E. M., Demers, A., & Gliksman, L. (2005). Canadian campus survey 2004.Toronto, Canada: Centre for Addiction and Mental Health.

What is WEC Doing?

Substance use can be found in practically any neighbourhood, however, strategies that aim to address this concern are most effective when they consider the unique characteristics of the region. The Windsor-Essex County Community Drug Strategy aligns with Canada's Anti-Drug Strategy and Ontario's Drug Strategy Framework Initiative; which captures the lifestyles and challenges that are unique to WEC. This community-centred approach is available to all members in society and focuses on four key areas: prevention, treatment, harm reduction, and enforcement.[33]

The Cost of Substance Abuse in Canada

The results of the Canadian Substance Abuse Cost Study (2006) indicate that the estimated cost of substance abuse in Canada is $39.8 billion. Beyond the $31.6 billion that tobacco and alcohol cost Canadians, illegal drugs account for $8.2 billion.

A Look at the Major Policies Since 2000

Narcotics Safety and Awareness Act 2010
The provincial government introduces legislation to track prescriptions via a new database that would detect and note unusual patterns of prescribing and dispensing.

Other Important Recommendations

Support abstinence and decrease substance misuse through policies that:

- *Support and enforce illicit drug legislation on school campuses, including post-secondary school campuses and campus residences.*
- *Develop and implement a 24-hour crisis service for individuals, families, friends, co-workers, and others that provide support to individuals experiencing substance-use related crisis.*
- *Promote and support the Centre for Addiction and Mental Health's Strengthening Families program.*
- *Advocate for the development and implementation of brief intervention programming throughout the community by health and social service care providers.*

TABLE 10 - Illicit Drug Use in Canadian Undergraduates by Sex, 2004

Use	Male	Female	Total
Any illicit drug use in past 12 months (excluding cannabis)	9.7%	7.9%	8.7%
Any illicit drug use in the past 30 days (excluding cannabis)	2.3%	2.1%	2.2%

III. HEALTHY EATING

Our health and well being is greatly affected by what we eat. Eating too much, or not enough, can have serious growth and development, as well as disease and chronic disease consequences down the road. For example, eating too much fat, especially saturated and trans fat, and having a diet that is high in sodium, can lead to unhealthy weights, obesity, cardiovascular disease, hypertension, stroke, diabetes, and some cancers. In fact, unhealthy diets, along with physical inactivity and obesity, are thought to account for one third of cancers, making diet second only to tobacco use as a preventable cause of cancer.[34]

On the other hand, diets that provide too little energy or too few nutrients over time can result in nutrient deficiency problems and diseases, impaired growth and development, as well as compromised learning for children and lack of energy to work or participate in other daily events for adults.

On the contrary, balanced diets containing sufficient vegetables, fruits, and fibre have been found to reduce the incidence of breast, prostate, and colorectal cancers, and help prevent Type 2 diabetes.[35] Eating healthy not only helps you reach and keep a healthy body weight, but it also leads to better overall health, stronger muscles and bones, and more energy.[36] Figure 13 below illustrates the proportion of WEC and Ontario who eat fruits and vegetables five or more times per day. Sex differences are illustrated in Figure 14.

FIGURE 13 - Fruit and Vegetable Consumption Five or More Times per Day, WEC and Ontario, 2009

Note: Source: Statistics Canada. (2010). Health profile-health region. Retrieved from http://www.census2006.ca/health-sante/82-228/details/page.cfm?Lang=E&Tab=1&Geo1=HR&Code1=3568&Geo2=PR&Code2=35&Data=Rate&SearchText=Windsor-Essex%20County%20Health%20Unit&SearchType=Contains&SearchPR=01&B1=All&Custom=

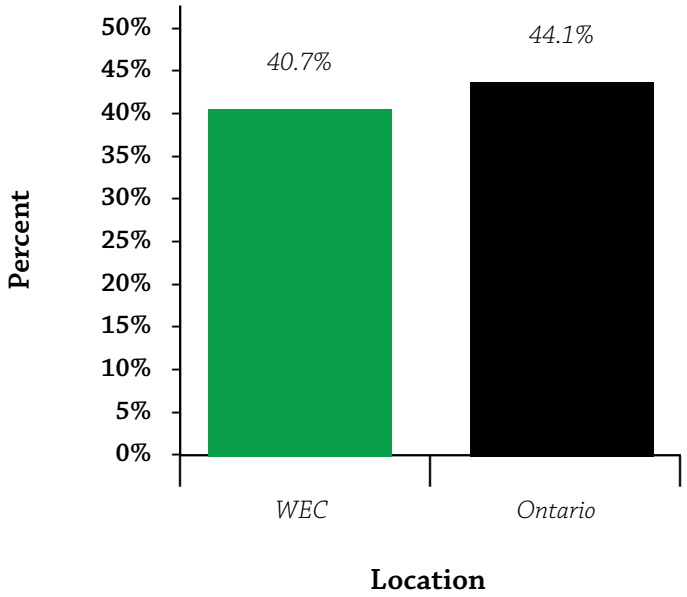
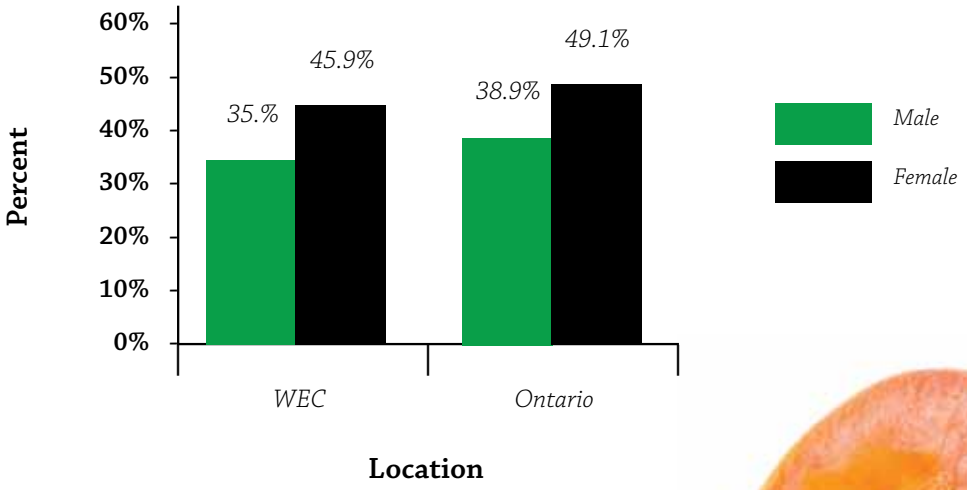


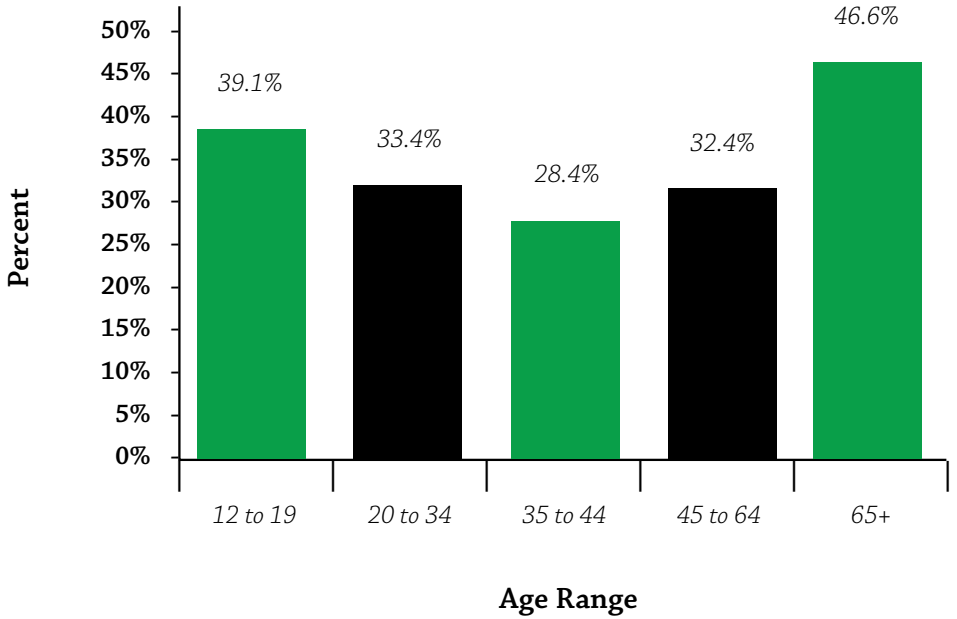
FIGURE 14 - Fruit and Vegetable Consumption Five or More Times per Day by Sex, WEC and Ontario, 2009

Note: Source: Statistics Canada. (2010). Health profile-health region. Retrieved from http://www.census2006.ca/health-sante/82-228/details/page.cfm?Lang=E&Tab=1&Geo1=HR&Code1=3568&Geo2=PR&Code2=35&Data=Rate&SearchText=Windsor-Essex%20County%20Health%20Unit&SearchType=Contains&SearchPR=01&B1=All&Custom=



As shown in Figures 13 and 14, WEC falls short of the province when it comes to fruit and vegetable consumption. This is surprising considering WEC is rich in agriculture, and that greenhouse vegetable production in WEC represents over 83% of the provincial total.[37] In WEC, people ages 35 to 44 have the lowest rates of fruit and vegetable consumption (28.4%), and seniors ages 65+ have the highest rates (46.6%), when compared to other age groups (see Figure 15).

FIGURE 15 - Fruit and Vegetable Consumption Five or More Times per Day by Age Group, WEC, 2007–2008



THE LOW RATES OF FRUIT AND VEGETABLE CONSUMPTION ARE LINKED TO THE HIGH RATES OF OVERWEIGHT AND OBESITY IN WEC. BOTH OF THESE FACTORS – OBESITY AND LOW CONSUMPTION OF FRUITS AND VEGETABLES–DIRECTLY CONTRIBUTE TO THE HIGH RATES OF CHRONIC DIEASE IN THE AREA.

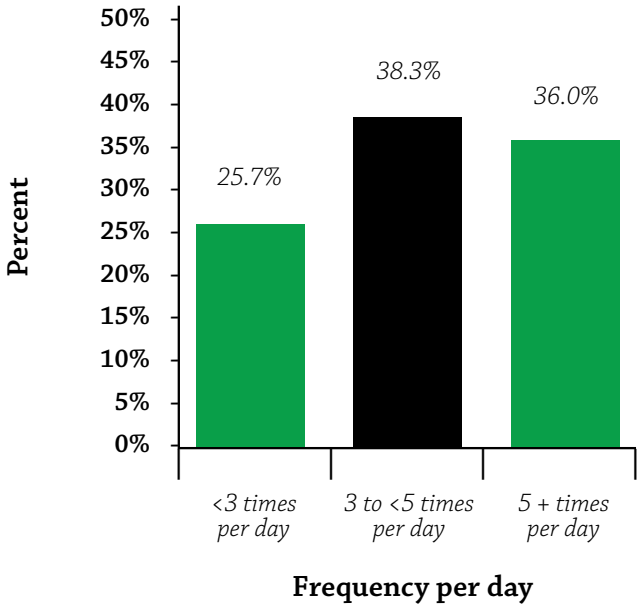
Healthy Eating in WEC – Survey from RRFSS

In 2008, respondents in WEC were asked about their healthy eating habits as part of the telephone survey conducted on behalf of the Windsor-Essex County Health Unit by RRFSS.[6] Figure 16 illustrates the daily fruit and vegetable consumption habits of residents of WEC.

As shown in Figure 16, 64% of respondents reported eating fruits and vegetables less than five times per day, and 25.7% reported less than three times per day.

In addition to low vegetable and fruit consumption, over 90% of respondents in WEC reported to eating at or ordering take-out food from a restaurant (i.e., family-style, cafeteria-style, or fast-food style) in the past year (see Figure 17).

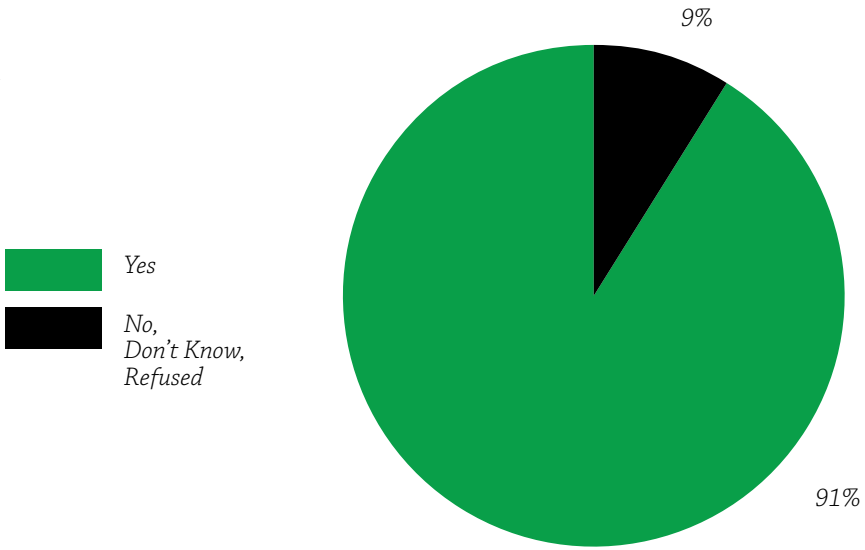
FIGURE 16 - Daily Fruit and Vegetable Consumption, WEC, 2008



Respondents (n=1005) were asked whether or not they have had any alcoholic beverages in the past month. The majority of respondents (85.2%) indicated they had (see Figure 8).[4]

FIGURE 17- Eaten at a Restaurant or Ordered Take-Out Food in the Past Year, WEC, 2008

Note: Restaurant includes family style restaurants, cafeteria style, and fast food restaurants.



The Cost of Unhealthy Eating in Canada

Unhealthy eating is an extremely important modifiable risk factor that is associated with poor health, overweight and obesity, morbidity, disability, and premature death in Canada. It's estimated that the economic burden of unhealthy eating is $6.3 billion in Canada each year, which includes direct health care costs of $1.8 billion.[35]

A Look at the Major Policies Since 2000

Trans Fat Policy, June 2007
The Federal government adopted the recommendations of the Trans Fat Task Force regarding the amount of trans fat in foods. These recommendations were to limit the trans fat content of vegetable oils and margarines to 2% of total fat content and 5% of total fat content for all other foods. The food industry was given two years to achieve these limits, and actions of the food industry continue to be monitored using Health Canada's Trans Fat Monitoring Program.[38]

Healthy Foods for Healthy Schools Act 2008
The provincial government passes the Healthy Foods for Healthy Schools Act limiting the amount of trans fats that can be used in products sold in schools. Schools are permitted to exceed such limits for special days or events, up to a maximum of 10 such days per year.

Eat Right Ontario Website and Hotline Service 2008
The province creates a website and hotline accessible by everyone where they can address nutrition and healthy eating related questions to a registered dietition free of charge. The website also allows people to access written information on a wide variety of nutrition and healthy eating subjects.

School Food and Beverage Policy, 2011
The provincial government creates the School Food and Beverage Policy to improve health outcomes for all students. Under this new policy, the food and beverages available in schools are required to align closely with Canada's Food Guide. Food and beverages that are highly nutritious (i.e., high in essential nutrients and low in fat, sugar, and sodium) must make up 80% or more of all food choices available for students. Foods that have lower nutritional value (i.e., foods that may have slightly higher amounts of fat, sugar, and sodium) must make up 20% or less of available food choices. Lastly, foods that contain little or no nutritional value are not permitted to be sold in schools.[39]

Policy Recommendations

Our health is greatly affected by what we eat. WEC residents have a lot of room for improvement related to healthy eating. As is evident above, WEC residents are not meeting the servings recommended in Canada's Food Guide of fruits and vegetables. Unhealthy eating is a key modifiable risk factor leading to many chronic diseases (e.g., heart disease, diabetes, and obesity). The economic impact of unhealthy eating is significant and is increasing the burden on our healthcare system.

WEC can decrease unhealthy eating behaviours by promoting healthier eating, by identifying opportunities for increasing the availability of reasonably priced healthy foods (e.g., in cafeterias, restaurants, and vending machines), and by actively promoting change in residents' unhealthy eating behaviours.

Several policy and program priorities related to healthy eating are listed below. These recommendations are seen as a high priority for WEC to influence change and improve the health and well being our communities residents.

Policy and Program Priority Recommendations

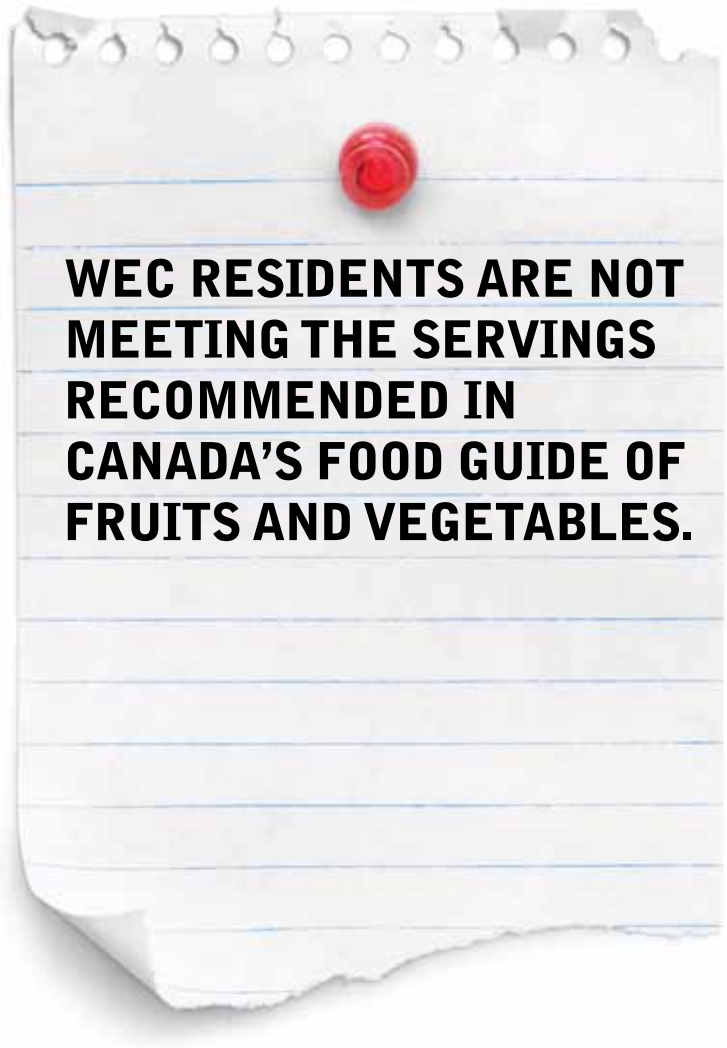
Promote healthy eating through policies that:

- *Promote the adaption of the Healthy Meetings policy by workplaces and community agencies throughout WEC.*
- *Promote healthy eating through policies that increase the availability of healthy foods and limit food and beverages high in calories, fat, sugar, or salt in workplaces and other recreation sites, universities, colleges, etc.*
- *Advocate to ensure those living on a fixed income or those who are living on working incomes that place them below the Low Income Cut-off (LICO) have enough money to be able to afford enough nutritious and personally acceptable food for themselves and their families.*

Other Important Recommendations

Promote healthy eating through policies that:

- *Restrict the number of unhealthy food choices (e.g., fast food chains) and support healthy food choices within a certain radius/geographical area (e.g., grocery stores within walking distance in low-income areas).*
- *Ensure access/affordability to nutritious food for all Ontarians by using the Nutritious Food Basket in determining the rates for social assistance, minimum wage, and in the formulation of Ontario Disability Support Program (ODSP)/Social Assistance payouts.*
- *Increase taxes on unhealthy food choices.*
- *Support local producers (e.g., subsidies, incentives to farm, and buy local).*
- *Support local food banks (e.g., subsidize farmers to ship Grade B products to local food banks).*
- *Restrict advertising of unhealthy food choices. Decrease or eliminate tax on healthy foods.*
- *Require restaurants to disclose nutrition information to consumers (e.g., on menus).*



IV. PHYSICAL ACTIVITY

Physical activity, like healthy eating, helps people reach and keep a healthy body weight. Other benefits include better overall health and fitness, posture and balance, higher self-esteem, stronger muscle and bones, and feeling more energetic, relaxed, and less stressed.[40] Furthermore, there are seven chronic diseases that are associated with physical inactivity: coronary artery disease, stroke, hypertension, colon cancer, breast cancer, Type 2 diabetes, and osteoporosis.[41]

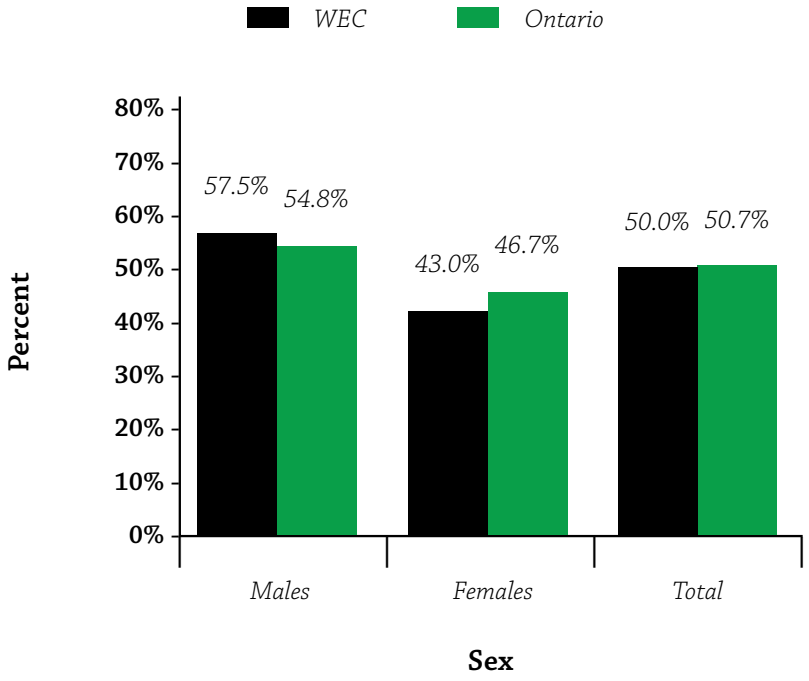
When compared to an active person, research shows that an inactive person:[42]

- *Spends 38% more days in hospital in a lifetime.*
- *Uses 5.5% more family physician visits.*
- *Uses 13% more specialist services.*
- *Uses 12% more nurse visits.*

Throughout this report, physical activity rates are based on the former Canadian physical activity guidelines. This is because data based on the new 2011 Canadian physical activity guidelines are not available. Figure 18 shows the self-reported physical activity levels for residents of WEC and Ontario.

FIGURE 18 - Population who Reported Being Physically Active during Leisure Time, WEC and Ontario, 2009

Note: Physically Active includes respondents reporting moderately active or active. Source: Statistics Canada. (2010). Health profile-health region. Retrieved from http://www.census2006.ca/health-sante/82-228/details/page.cfm?Lang=E&Tab=1&Geo1=HR&Code1=3568&Geo2=PR&Code2=35&Data=Rate&SearchText=Windsor-Essex%20County%20Health%20Unit&SearchType=Contains&SearchPR=01&B1=All&Custom=



As shown in Figure 18, low levels of self-reported physical activity is a problem for both WEC residents and Ontario as a whole.

In WEC, almost half of the population of both males and females (57.5% and 43.0%, respectively) reported that they were physically active in 2009. Overall, WEC reported slightly lower rates of physical activity than Ontario.

As shown in Figures 18, both WEC and Ontario, more males than females reported being active.

The Real Rates of Physical Activity?

While the above data shows that almost half of the population report being physically active, research suggests that these self-reported physical activity rates are much higher than the actual numbers. Recent data published by Statistics Canada[43] show that only 15% of Canadians meet the recommended standard of physical activity each week. Using accelerometers, physical activity and sedentary behaviour were measured between 2007 and 2009. Furthermore, only 7% of youths between the ages of five and 17 are getting enough physical activity. According to the study:

- *17% of adult men and 14% of adult women were getting enough physical activity.*
- *9% of youth boys and 4% of youth girls were getting enough physical activity.*

When considering the very low physical activity rates for WEC, it's clear that more emphasis needs to be made on getting WEC residents more active.

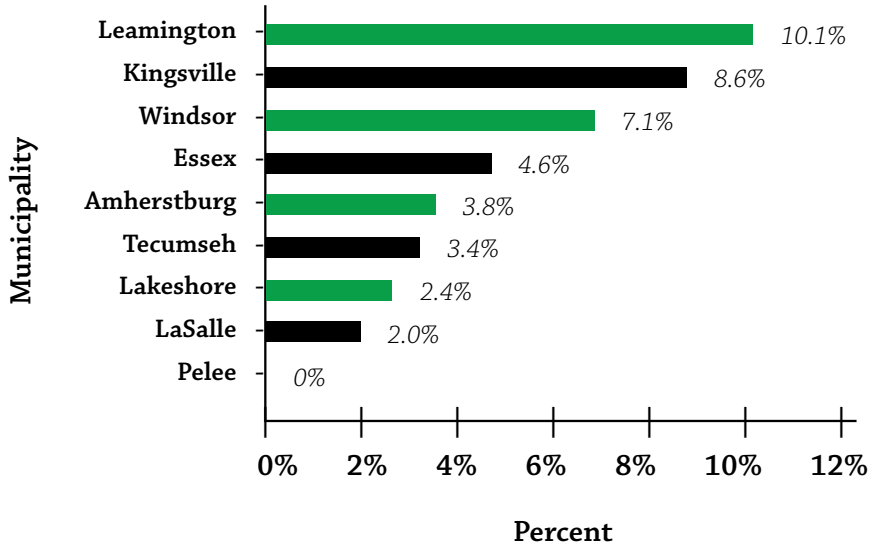
Why are people so inactive? Major reasons include: [43]

- *Motor Vehicles: reliance on this form of transportation.*
- *Urban Design: lack of sidewalks, good street lighting, parks, trails, bike lanes, and interconnectivity to shops, banks, and restaurants.*
- *Screen Time: time spent watching television, playing video games, or using the internet.*
- *Feeling Unsafe: to let children walk to school or general community safety.*

Commuting to Work

According to Statistics Canada, only 6% of people living in WEC either walk or ride a bike to work.[44] Figure 22 shows the percentage of people in each municipality who either walk or ride a bicycle to work.

FIGURE 22 - WEC Residents who Either Walk or Bicycle to Work, 2006



Southwestern Ontario in motion

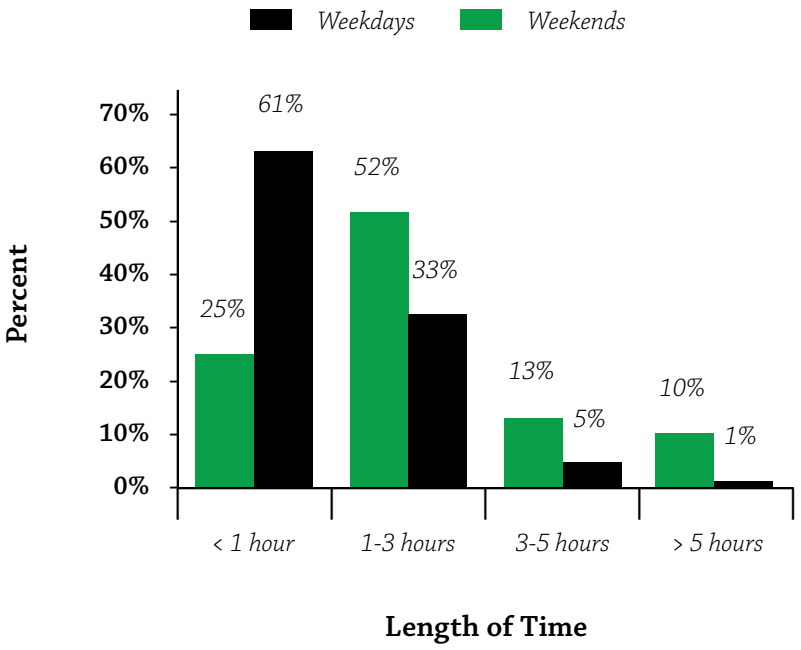
From June to August 2009, the University of Windsor conducted a survey on physical activity in the region called the Southwestern Ontario in motion Physical Activity Survey.[45] Key findings from the survey report for Southwestern Ontario include:

- *Respondents who were 50 to 59 years old had the highest rates of physical activity.*
- *23% of female and 14% of male respondents get little to no physical activity.*
- *20% of respondents indicated that they did no walking, and 60% reported doing less than two hours per week of walking to work, school, or while running errands (active transportation).*
- *70% of respondents reported never using a bike for active transportation.*
- *79% of respondents reported getting minimal physical activity at work, which means they get their daily physical activity outside of work hours.*

Respondents were also asked how many hours they walk on weekdays and weekends. The percentage of individuals who report walking on weekdays and weekends in WEC can be seen below (see Figure 23).

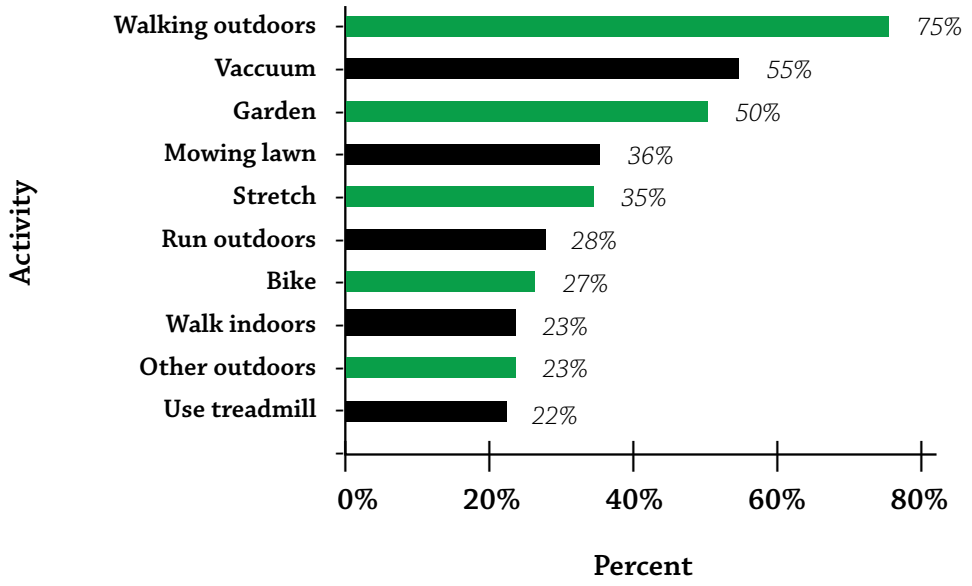
As shown in Figure 23, over three-quarters of respondents walk for three hours or less during the week, and 94% do so on the weekends.

FIGURE 23 - Percentage of WEC Population who Report Walking on Weekdays and Weekends, 2009



Finally, respondents were also asked about their most common sources of physical activity. Figure 24 illustrates the most common responses for WEC.

FIGURE 24 - Most Common Sources of Physical Activity in WEC, 2009



Active and Safe Routes to School (ASRTS)[46]

ASRTS is a program that started in Canada in the 1990s to teach children about the importance of maintaining physical activity throughout their lifespan. This program encourages children and parents to use active transportation like walking or biking, along safe routes, when going to and from school. By doing so, parents can help prevent health risks associated with physical inactivity as the child gets older.

Benefits of ASRTS include:

- *Getting children active and building physical activity into their daily routines.*
- *Giving parents time to teach their children about safety rules while walking. Children can practice these skills with an adult present, and parents can model proper behaviour for their children. This can help children be more independent and cautious as they travel to school alone.*
- *Roads become safer for children, due to fewer cars on the roads and around the school. Air quality is also improved due to a decrease in traffic.*
- *Walking and biking give children the opportunity to make new friends, socialize with neighbours, and enjoy time with family.*

What is WEC Doing?

The Italian Canadian HandiCAPABLE Association (ICHA) helped fund the construction of a sports and recreational facility to ensure that all residents in WEC have the opportunity to participate in physical activity. The Novelletto Rosati Complex in Windsor offers a variety of recreation and social programs for physically and mentally disabled individuals in WEC such as field hockey, soccer, and basketball. The facility is home to a day program for disabled adults, but is also open to all individuals and organizations in WEC.

The Town of Amherstburg is currently nearing completion of its $25 million Miracle League baseball field for special-needs athletes. Labelled the "Field of Dreams," this complex is Canada's first indoor and outdoor recreational facility for people with special needs. Indoors the facility will include two ice rinks, a mini practice rink, a soccer field, walking track, and community rooms. The outdoor area will include a soccer/football field and the Miracle League baseball diamond.

Another noteworthy initiative in Windsor is the Downtown Skating Program. Each winter, the City of Windsor creates an ice rink downtown out of Charles Clark Square. This rink is open to the public for free skating. There are also free skate rentals and lessons offered in collaboration with All Saints Church across the street.

The Cost of Physical Activity in Canada

It's estimated that 21,000 premature deaths in 1995 were caused by physical inactivity, and in 2001, physical inactivity, and its associated health risks, was estimated to cost $5.3 billion (2.6%) of total health care costs in Canada. Research has also shown that if physical inactivity rates were reduced by 10%, it would cut $150 million annually in direct health care costs.[40]

A Look at the Major Policies Since 2000

Policy/Program Memorandum No. 138 – Daily Physical Activity in Elementary Schools 2005
The provincial government issues a policy/program memorandum requiring all publicly funded elementary schools to insure all students receive at least 20 minutes of physical activity per day.

Children's Fitness Tax Credit 2007
In the 2007 tax year the Federal Government provided the Children's Fitness Tax Credit to parents, allowing them to claim a maximum of $500 a year for eligible fitness expenses for each child under 16 years of age at the beginning of the year.[47]

Changes to Canada's Physical Activity Guide 2011
The Public Health Agency of Canada updates the Canadian Physical Activity Guidelines, recommending that adults, ages 18 to 64 years, perform at least 150 minutes of moderate- to vigorous-intensity physical activity per week, for at least 10 minutes at a time.[48]

Policy Recommendations

There is a need for action at the regional, provincial, and national levels with regards to physical activity and active living. As outlined above, almost half of the population is not getting enough physical activity, which is putting them at danger of serious health risks.

Currently, there are some policies in place that focus on physical activity, including physical health curriculum in schools, workplace wellness programs that promote gym membership discounts or a gym onsite, and safe routes for students to walk to and from school.

Since physical activity is one of the most prevalent risk factors for a number of chronic diseases, increasing physical activity has the highest potential to decrease these chronic diseases in the general population. WEC can reduce physical inactivity and chronic disease by:

- *Taking a regional approach and collective action across WEC to get residents in each municipality more active.*
- *Creating policies that support and encourage healthy living and support sustainable change.*

Several other policy and program priorities related to physical activity are listed below. These recommendations are seen as a high priority for WEC to influence change and improve the health and well being of our communities' residents.

Policy and Program Priority Recommendations

Promote physical activity through policies that:

- *Support active transportation by developing better-designed built environments and supportive infrastructure for all modes of active transportation.*
- *Subsidize low-income families and priority populations to access community recreational programs and service clubs.*
- *Implementation of the Daily Physical Activity policy in schools.*

Other Important Recommendations

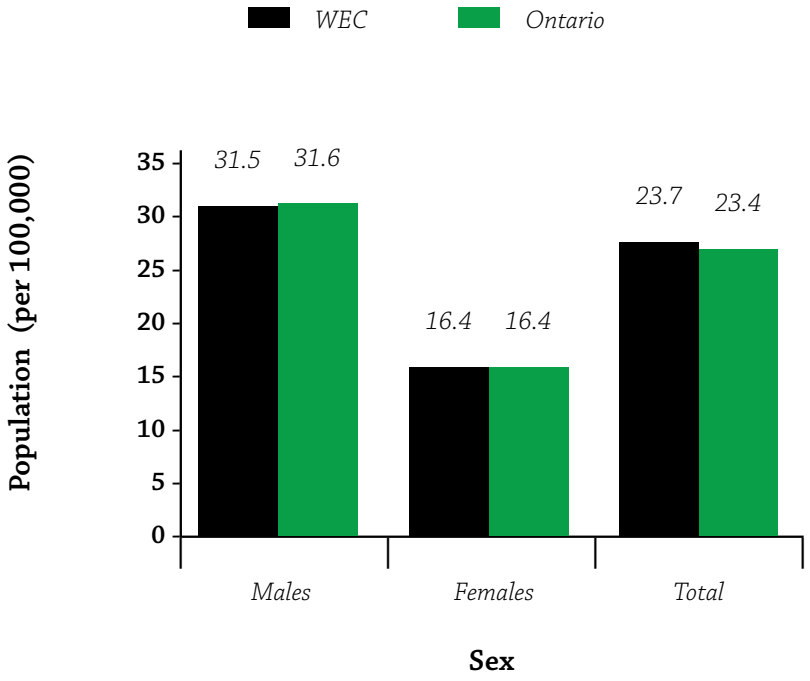
Promote physical activity through policies that:

- *Provide local developers with tax incentives to design and develop communities that incorporate sidewalks, trails, green spaces, and urban connectivity to encourage active transportation.*
- *Implement affordable public transportation within and between communities to decrease reliance on motor vehicles.*
- *Ensure access to, and use of, community recreation facilities.*
- *Promote active transportation to and from work (e.g., incentives for riding bike to and from work).*
- *Advocate removal of taxes on memberships, sports equipment, etc.*

V. INJURY PREVENTION

In Ontario, there are approximately 3,500 injury deaths each year, and over 2,000 people are injured everyday.[49] Indeed, unintentional injuries, such as falls, motor vehicle collisions, burns, and poisoning, are the fourth leading cause of death overall, and the leading cause of death for people aged 1 to 34.[50] Figure 26 below shows unintentional injury rates for WEC and Ontario.

FIGURE 26 - Unintentional Injuries per 100,000 People, WEC and Ontario, 2005/2007



As shown in Figure 26, unintentional injury rates for males are almost twice that of rates for females, both regionally and throughout the province. While injuries don't always require hospitalization, some do. Figure 27 illustrates hospitalization rates due to injuries for WEC and Ontario.[51]

FIGURE 27 - Injury Hospitalization (per 100,000 people), WEC and Ontario, 2009

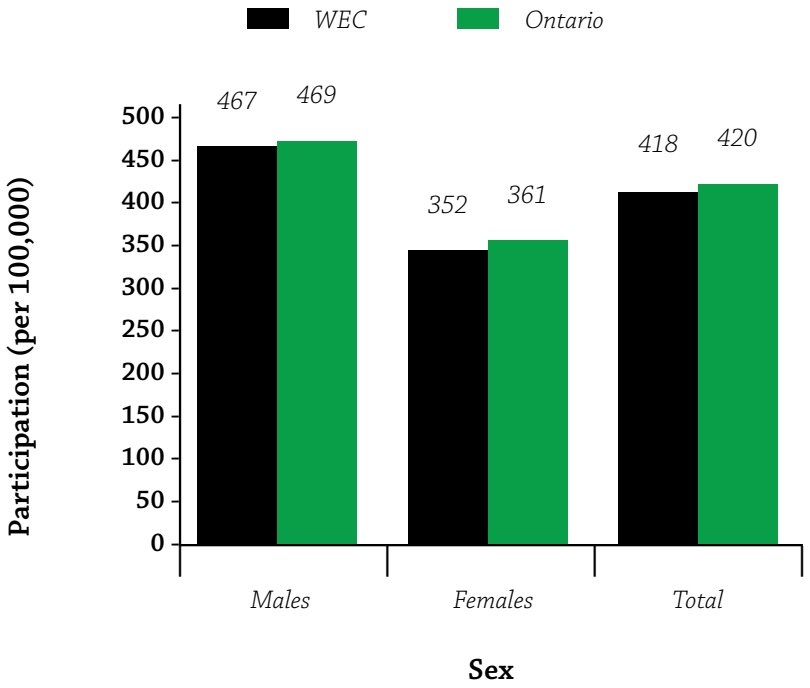
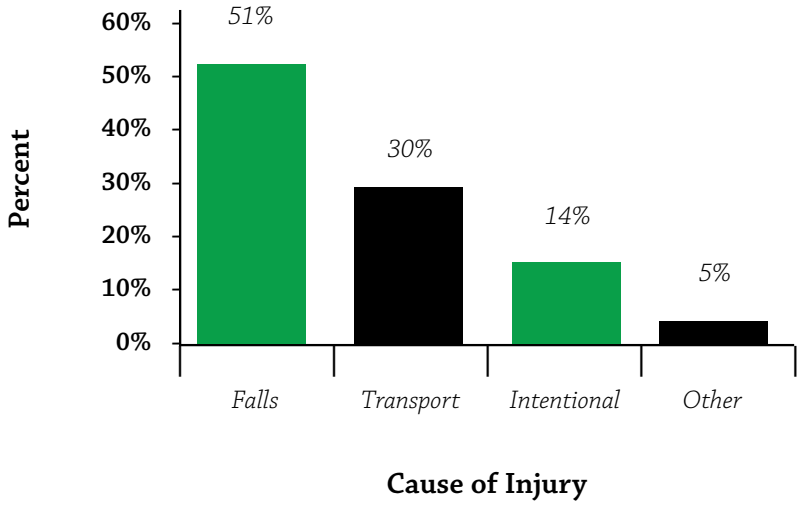


FIGURE 28 - Causes of Injury for Major Trauma in WEC, 2009–2010



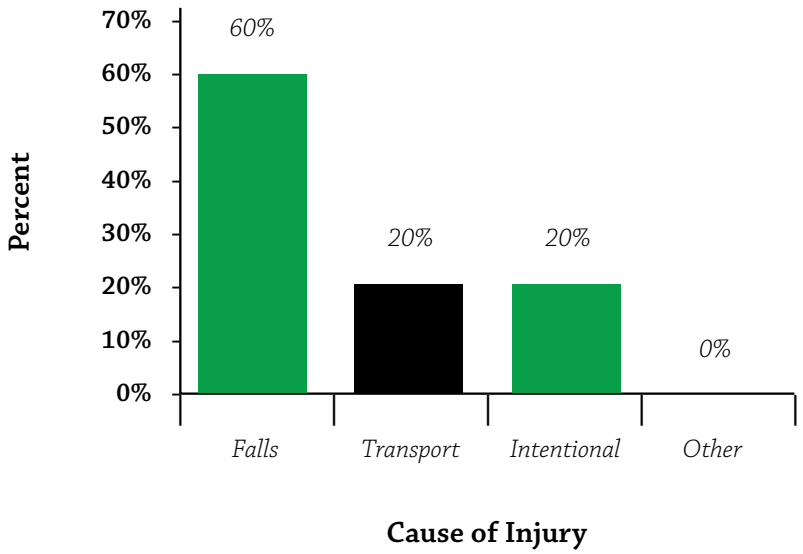
Leading Causes of Injury

In a report published by SMARTRISK, falls, transport incidents, and suicide and self-harm were the leading causes of injuries in Ontario in 2004.[52] Data collected from Hôtel Dieu Grace Hospital's Trauma Services indicate that these findings are consistent in WEC (Figure 28).[53]

Note: Transport includes: motor vehicle traffic/non-traffic, boarding and alighting (descending from a train, bus, or other form of transportation), pedestrians, water, air, recreational and other vehicles. Intentional includes: self-inflicted strangulation, self-inflicted penetrating, self inflicted with motor vehicle, assault unarmed, assault penetrating, assault blunt object. Other Includes: fire, smoke, struck by object/person, machinery, cutting/piercing, undetermined, other and unspecified.

Not only were falls the leading cause of major traumatic injury in WEC, they also resulted in the most in-hospital deaths (60%). Figure 29 illustrates the percentage of cases that resulted in in-hospital death for each cause of major traumatic injury.

FIGURE 29 - Percentage of Cases Resulting in In-Hospital Death for Each Cause of Trauma, WEC, 2009



Falls

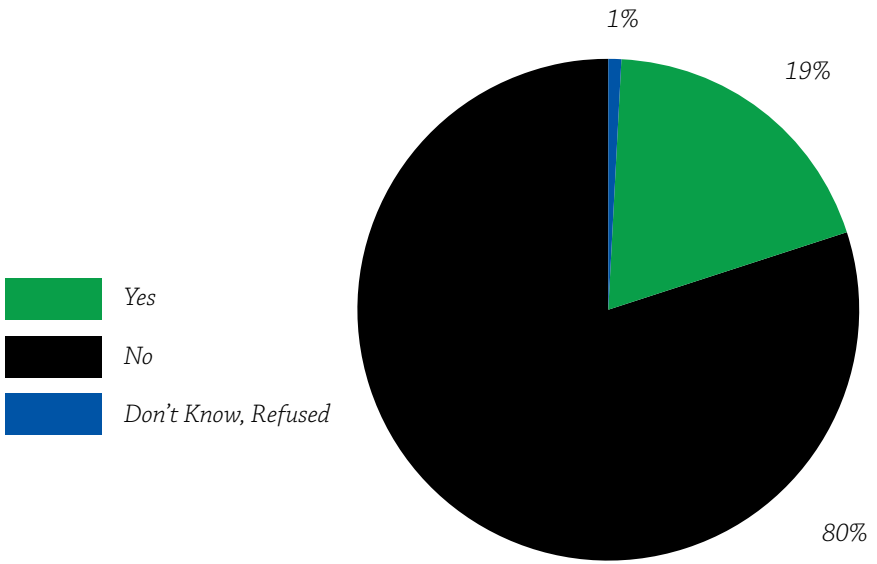
As shown in Figure 29 over half of all major trauma cases resulting in in-hospital deaths in WEC for 2009 were caused by falls. Beyond WEC, in 2008-2009, 38% of major injury hospitalizations in Ontario were caused by unintentional falls. Of these falls, the most common types reported were falls on stairs and steps (22%), and falls from slipping or tripping (19%). In total, falls resulted in 44% of major injury in-hospital deaths.[54]

Falls in WEC – Survey from RRFSS

Between March and December of 2008, residents of WEC were surveyed and asked if they had fallen at all in the past 12 months. Almost 20% of respondents reported that they had fallen (see Figure 30).[6]

FIGURE 30- Percentage of Respondents who Reported Falling in Past 12 Month, 18 Years and Over, WEC, 2008

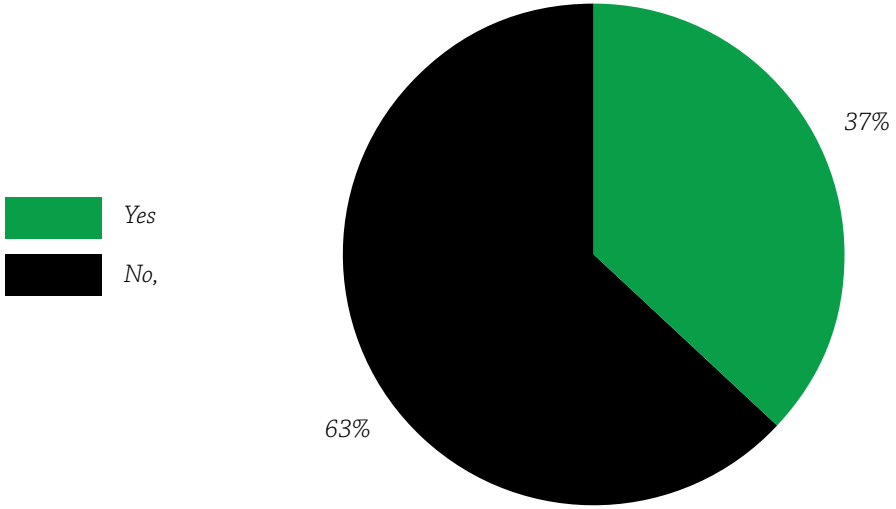
Note: Unlike falls that cause major trauma, participants were told falling can include things such as falling downstairs, off a ladder, or on ice, or tripping and falling down over something on the floor. Don't know and refused responses were combined in original report due to small cell sizes.



Those who responded that they had fallen in the past 12 months (n=183) were also asked if their fall resulted in a serious injury (see Figure 31).

FIGURE 31- Falls Resulting in Serious Injury, WEC, 2008

Note: Serious injury: the injury resulting from fall made it difficult to carry out daily activities. Don't know responses were removed in original report due to small sample sizes.

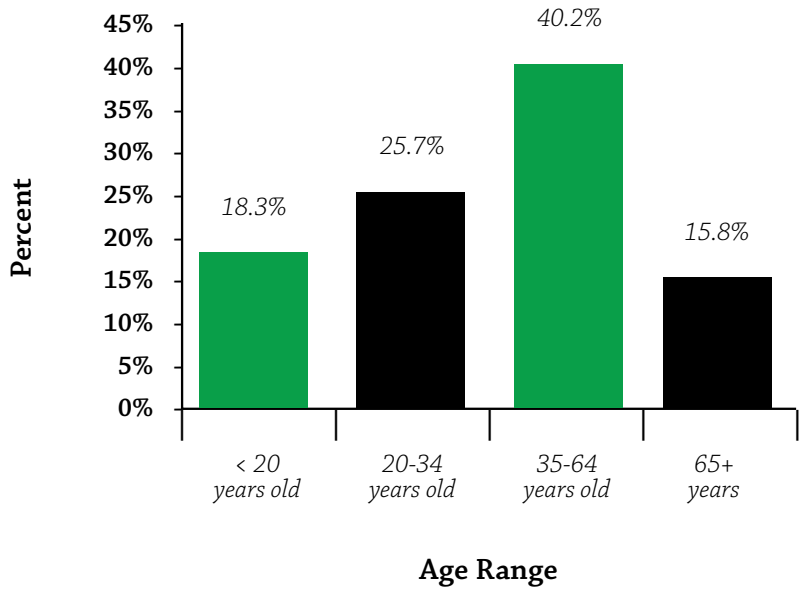


Motor Vehicle Collisions

Motor vehicle collisions were the leading cause of major injury hospitalizations in Ontario in 2008-2009 (39% of all major injury hospitalizations).[53] Younger people are at highest risk for motor vehicle collisions, and 44% of all motor vehicle injury cases in Ontario in 2008-2009 were younger than 35 (see Figure 32).

The province of Ontario's roads are among the safest in all of North America, based on a comparison of fatality rates per 10,000 drivers. In 2007, the fatality rate in Ontario was 0.86, which is a record low for the province.[55] Regardless, motor vehicle collisions are the leading cause of injury related hospitalizations in Ontario. Efforts must continue to focus on keeping the roads safe and promoting responsible driving behaviours (e.g., designated driving, hands-free devices, and seatbelt usage).

FIGURE 32 - Motor Vehicle Injury Cases by Age Group, Ontario, 2008-2009



Motor Vehicle Collisions in WEC

Table 11 provides information on motor vehicle collisions in WEC in 2007.

TABLE 11 - Motor Vehicle Collisions in WEC, 2007

WEC	Total Collisions	Class of Collisions			Persons	
		Fatal	Personal Injury	Property Damage	Killed	Injured
Amherstburg	218	2	28	188	2	37
Essex	268	0	38	230	0	56
Kingsville	191	0	46	145	0	62
Lakeshore	325	0	74	251	0	111
LaSalle	142	0	24	118	0	39
Leamington	404	4	90	310	4	140
Tecumseh	286	2	52	232	2	68
Windsor	4,291	4	846	3,441	6	1,124
Provincial Hwy.	242	6	57	179	6	93
Other Areas	94	0	21	73	0	34
Total	6,461	18	1,276	5,167	20	1,764

Note: As of 2007, there were a total of 266,963 registered motor vehicles in Ontario. Original source: Ontario Ministry of Transportation. (2007).Ontario road safety annual report 2007. Retrieved from http://www.mto.gov.on.ca/english/safety/orsar/orsar07/orsar-2007.pdf

Not surprisingly, the municipalities with the larger populations have the most collisions as well (see Table 11). Almost 80% of collisions resulted in property damage, and 27.3% resulted in persons being injured.

Intentional Injuries

Intentional injuries made up 10.8% of hospitalizations in Ontario in 2008-2009.[53] Suicide and self-inflicted injuries account for 2.3% of intentional injuries, while injuries purposely inflicted by another person account for the remaining 8.5%. According to data collected by Statistics Canada, suicide is the second leading cause of death among Canadians 15-34 years of age, and the third leading cause of death among Canadians 35-44 years old age.[56] Each year, approximately 3,700 Canadians die by suicide.[57] Suicide and self-inflicted injury rates for WEC and Ontario can be seen in Figure 33.[50]

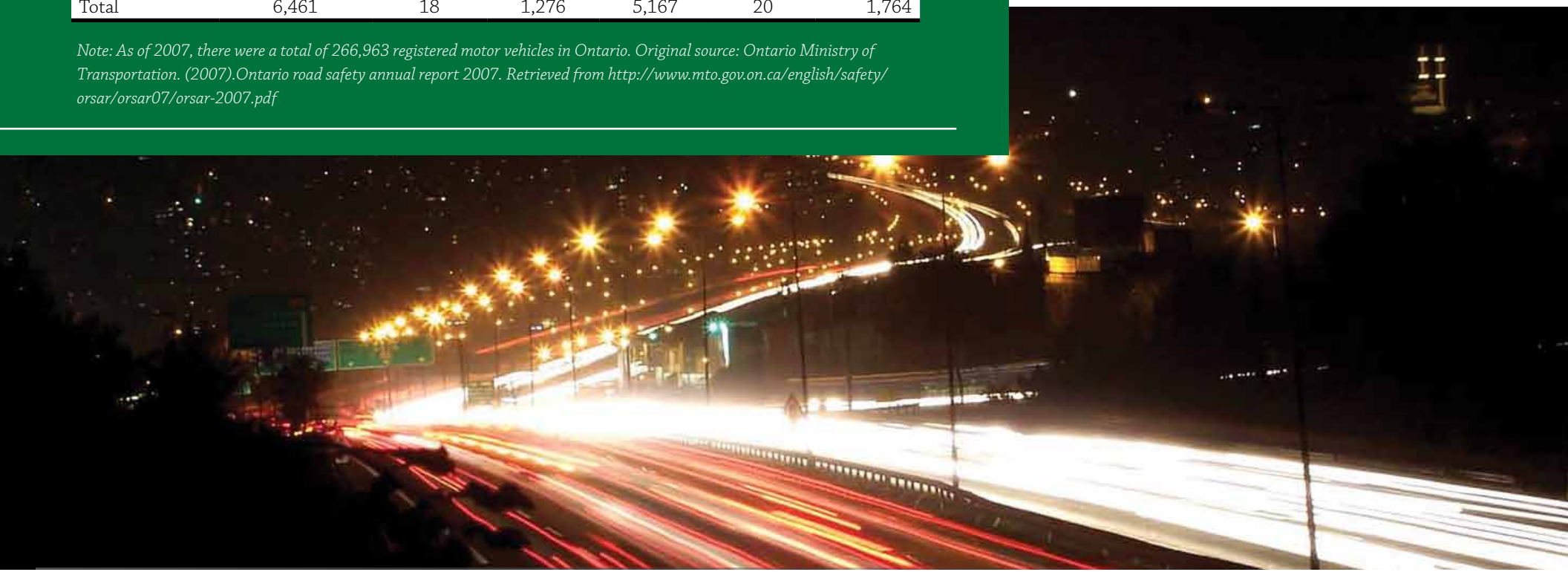
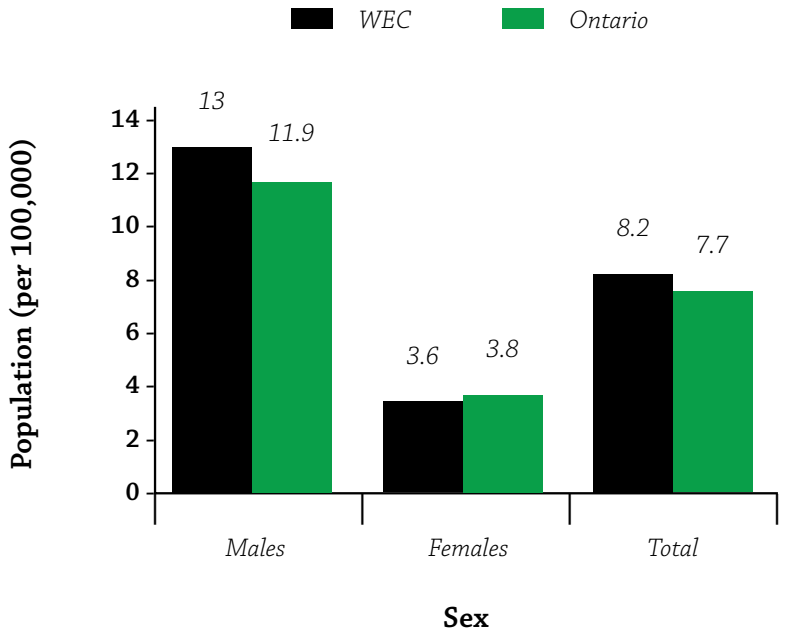


FIGURE 33 - Suicide and Self-Inflicted Injuries per 100,000 People, WEC and Ontario, 2009

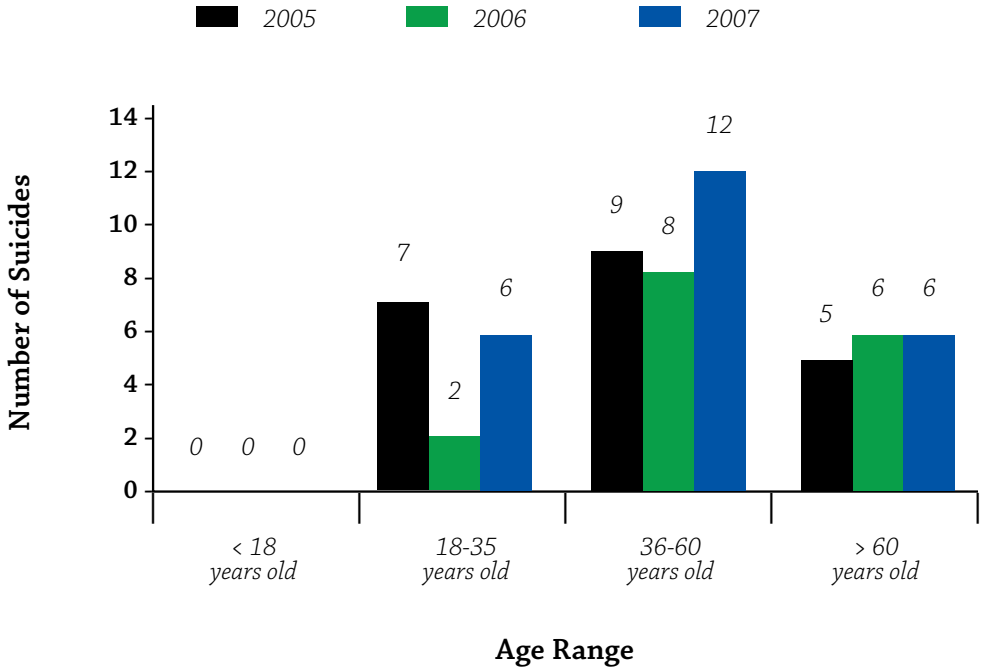


As shown in Figure 34, almost half (47.5%) of all reported suicides in the City of Windsor from 2005 to 2007 were committed by people between the ages of 36-60 years old.

Data gathered from Alive! Canada suggests that there were 26 deaths by suicide in Windsor and 12 deaths by suicide in Essex County for 2009.

Data collected from the Windsor Police show that the number of suicides in the City of Windsor has remained relatively comparable in 2005, 2006, and 2007 (see Figure 34).

FIGURE 34 - Suicides in the City of Windsor as Reported by the Windsor Police by Age Group, 2005-2007



The Cost of Injury in Canada

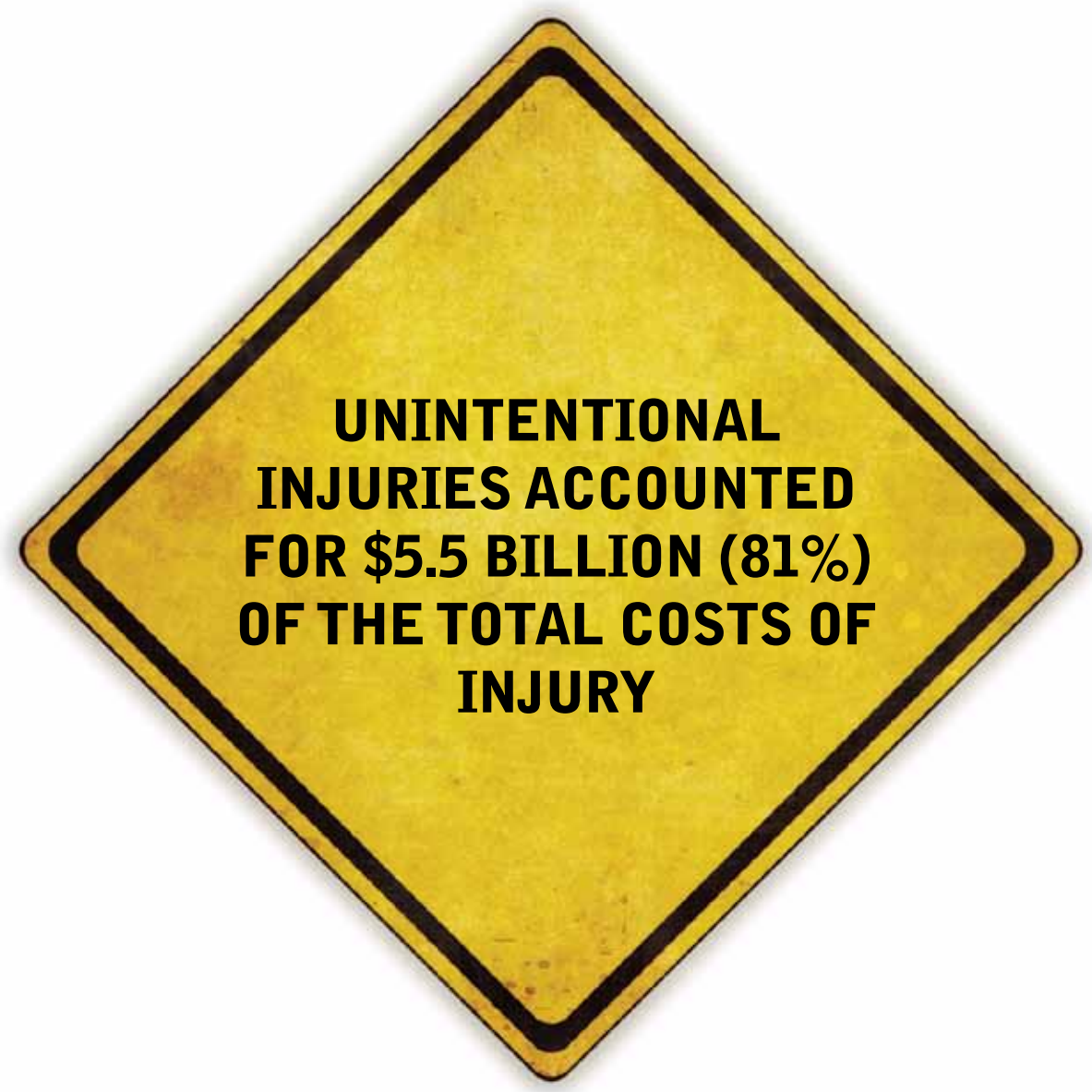
In 2004, injuries cost Ontarians $6.8 billion, which works out to approximately $551 in total costs for every man, woman, and child. Unintentional injuries accounted for $5.5 billion (81%) of the total costs of injury, with falls generating the most per capita cost. Falls and transport incidents were responsible for just under half (48%) of the total costs of unintentional injuries in Ontario, with falls also being the leading cause of direct health care costs due to unintentional injuries. Intentional injuries were responsible for 16% of total injury costs, 10% of direct costs, and 23% of indirect costs. Finally, suicide was responsible for the majority of costs arising from intentional injury in 2004 (76% of total costs, 72% of direct costs, and 78% of indirect costs).

A Look at the Major Policies Since 2000

Sabrina's Law 2006
The provincial government passed Sabrina's Law requiring all schools to have policies and procedures in place to address anaphylaxis emergencies that arise in schools, including having medication onsite, and instruction to staff on how to administer them.

Retirement Homes Act 2010
The provincial government passed the Retirement Homes Act creating a new regulatory authority to license homes and conduct investigations and inspections. Mandatory standards are set for such things as safety, patient care, assessment of care needs, police background checks for prospective employees, training of staff, infection control and prevention and emergency plans.

Highway Traffic Act: Distracted Driving 2009
The provincial government amended the Highway Traffic Act prohibiting the use of hand held devices while driving a vehicle. The prohibition includes cell phones and any hand-held wireless communication device capable of receiving or transmitting telephone communications, electronic data, mail, or text messages.



Policy Recommendations

Injury can happen to anyone, and the risk is always there; at home, day care, school, work, etc. However, the good news is more than 90% of injuries can be prevented. Injuries can be prevented by knowing the risks involved, and taking steps to reduce those risks. WEC can work together to reduce injuries and save lives. Injuries can be devastating, altering the lives of families and greatly burdening the healthcare system. Injuries can be reduced by promoting policy and programs focused on prevention practices. Public perception of injury seems to be that injuries are "accidents" that cannot be avoided. The truth is that injuries are not accidents. Rather, they result from errors in judgment by one or more of the parties involved. Several policy and program priorities related to injury prevention are listed below.

Policy and Program Priority Recommendations

Reduce injuries through policies that:

- *Ensure safe built environments for children and seniors (e.g., making the crossing lights longer, implementing audible pedestrian signage, and reducing speed limits around senior residential areas and schools).*
- *Mandate the use of safety equipment when engaging in active transportation (e.g., when students come to school by bicycle, they are required to wear helmets and bright or reflective clothing).*
- *Mandate migrant worker employers to provide injury prevention training to their employees (e.g., cycling laws and rules).*

Other Important Recommendations

Reduce injuries through policies that:

- *Supervise students at drop-off and pick-up school areas.*
- *Mandate the periodic inspection of all playground areas and equipment to ensure they are safe.*
- *Mandate the use of helmets in public and private ice rinks.*
- *Mandate the use of four-sided fencing around all pools (public and private).*
- *Mandate community pools to provide floatation devices for individuals that do not know how to swim or are not proficient swimmers.*
- *Provide immigrants who do not know how to swim or are not proficient swimmers with free swimming lessons and floatation devices.*
- *Subsidize swimming lessons for employees.*
- *Educate fall prevention practices in senior centers, nursing homes, and long-term care facilities.*
- *Increase accessibility and affordability of safety equipment such as helmets.*
- *Provide immigrants with injury prevention and safety education.*
- *Increase active transportation visibility (e.g., bike lights, reflective clothing when rollerblading, biking etc.).*
- *Mandate the use of safety equipment when on municipal property (e.g., helmets).*
- *Encourage employers to develop policies that require employees to participate in annual defensive and safe driving sessions.*

VI. MENTAL HEALTH

In Ontario, approximately 6.2% of the population ages 18 and older reported frequent mental distress days (14 days or more) in the past 30 days.[3] Results from the same study also revealed that 12.7% reported elevated psychological stress within the past few weeks and 6.2% reported poor mental health in general.

Self-Rated Mental Health

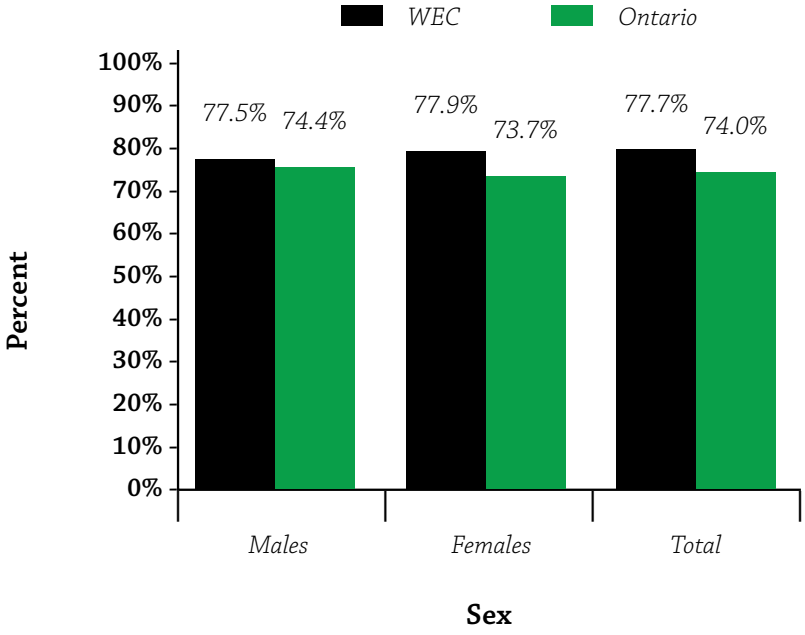
It is well documented that positive mental health is more than simply the absence of mental illness. Positive mental health means being able to enjoy life, deal with life's challenges and stress, and experience psychological, emotional, spiritual, and social wellbeing. Table 12 shows self-rated mental health in WEC and Ontario in 2005.

TABLE 12 - Self-Rated Mental Health in WEC and Ontario, 2005

	Very Good or Excellent	Good	Fair or Poor
WEC	73.4 %	18.9%	4.4%
Ontario	72.8%	19.9%	4.9%

There has been a slight increase in self-rated very good or excellent mental health from 2005 to 2009 in both WEC and Ontario (see Figure 35).[50]

FIGURE 35 - Perceived Very Good and Excellent Mental Health by Sex, WEC and Ontario, 2009

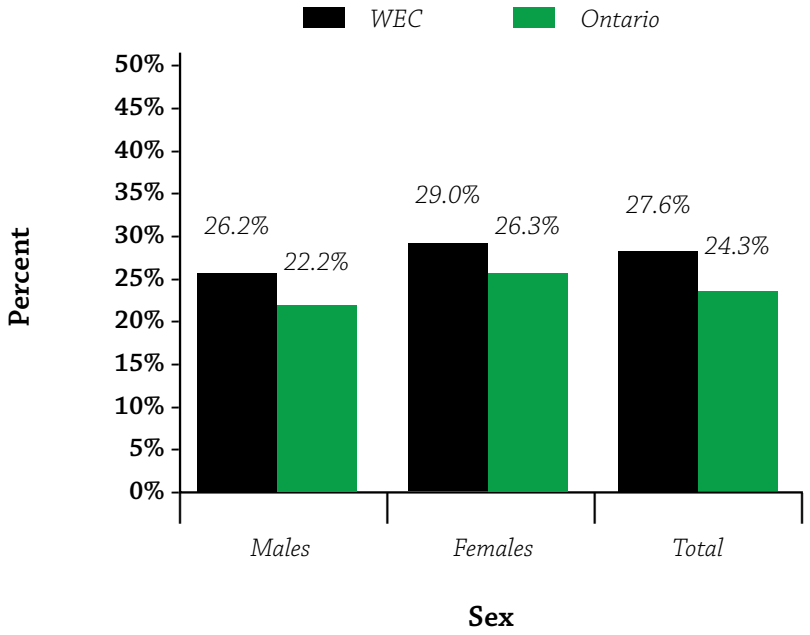


As shown in Table 12, the percentage of residents who report self-rated very good and excellent mental health is comparable between WEC and Ontario. What is worth noticing is the slight increase from numbers in 2005, rising from 73.4% in 2005 to 77.7% in 2009 for WEC, and from 72.8% to 74.0% for Ontario.

Perceived Life Stress

In 2009 about a quarter of the population both in WEC and Ontario perceive quite a bit or extreme life stress in their lives (see Figure 36).[50]

FIGURE 36 - Perceived Quite a Bit or Extreme Life Stress by Sex, WEC and Ontario, 2009

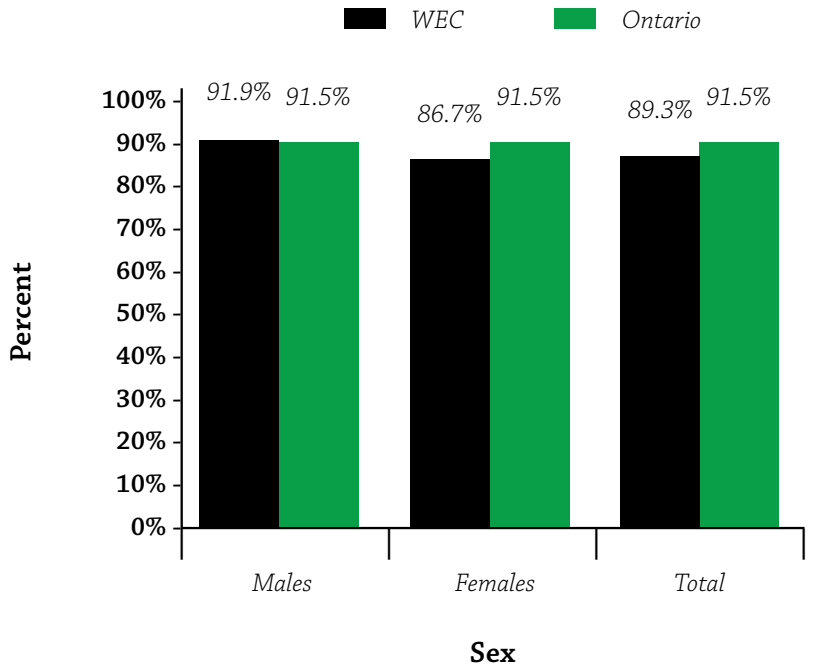


As indicated in Figure 36, females reported experiencing quite a bit or extreme life stress slightly more than males, both in WEC and Ontario. Rates in WEC are higher than those in Ontario.

Life Satisfaction

A key indicator for positive mental health is life satisfaction; people who are satisfied or very satisfied with their lives tend to have positive mental health. Approximately 90% of the population in both WEC and Ontario report that they are either satisfied or very satisfied with their lives (see Figure 37).[50]

FIGURE 37 - Percentage of Population either Satisfied or Very Satisfied with their Lives, WEC and Ontario, 2009



Mental health is closely related to a person's physical health. For example, people with poor mental health are more likely to develop or experience worse symptoms of diabetes, heart disease, or respiratory problems. Therefore, people with positive mental health tend to experience lower rates of physical health problems than those with poor mental health or mental illness.[58]

The Cost of Mental Health in Canada

In Canada, mental health claims are the fastest growing category of disability payments, and the economic burden of mental illness was approximately $51 billion in 2003. In fact, depression has one of the most expensive economic costs of all chronic conditions in Ontario.[58]

A Look at the Major Policies Since 2000

Province Increases Provincial Funding of Autism Services 2002
The provincial government increased funding for Intensive Behavioural Intervention (IBI) services for children suffering from autism from $39 million in 2002 to $78 million in fiscal year 2006-2007. The funding will permit the hiring of transition coordinators who will help older children transition to alternative programs, provide elementary school-age children with new out-of-class programs developing and improving social interaction, and help teachers learn about new techniques to educate children with autism.

Keeping Our Kids Safe at School Act 2010
The province passed the Keeping Our Kids Safe at School Act. This act requires all school staff to report all serious student incidents of bullying, keep parents informed and principals aware of serious incidents in the school. The province also agreed to provide prevention training for teachers, principals and vice-principals, and partnering with Kids Help Phone to provide 24/7 online and phone counselling for issues including bullying and cyber-bullying.

Amendment to Ontario Occupational Health and Safety Act (OHSA): Bill 168, 2010
The provincial government amends the OHSA to strengthen the protection of workers from workplace violence and harassment. Employers are expected to prepare, adopt, and implement policies in the workplace that provide immediate assistance in the event that workplace violence and harassment occur and identify areas of concern in the workplace that increase the risk. Also, employers must create avenues for workers to report cases of violence and harassment, and communicate detailed procedures for employer response. For the first time, employers who are aware of possible domestic violence or risk for domestic violence in the workplace must take appropriate steps to protect the worker at risk. [61]

Policy Recommendations

Mental health is extremely important to our overall health status. Promoting positive mental health is a valuable and necessary goal to keep society healthy. Individuals who experience mental illness are more likely to live in poverty, be homeless, and have less access to important services. The lack of knowledge, policy, and the stigma associated with mental illness are three of the many barriers to having a population of mentally healthy people. Due to the stigma associated with mental illness, people resist or refrain from seeking professional help. Supportive environments, whether at work, home, school and in our community are an integral part of achieving positive mental health for all. Policies that create these supportive environments and promote positive mental health are important to help people reach and keep the highest level of positive mental health.

Several policy and program priorities related to mental health are listed below. These recommendations are seen as a high priority for WEC to influence change and improve the health and well being of our communities' residents.

Policy and Program Priority Recommendations

Promote positive mental health through policies that:

- *Support public awareness, advocacy, and educational campaigns to end the stigma and discrimination associated with mental illnesses.*
- *Implement and adhere to the Ontario Human Rights Code, the Accessibility for Ontarians with Disabilities Act (AODA), the OHSA Bill 168, and other relevant workplace policies that promote work/life balance (e.g., flexible work hours, and telecommuting-working from home).*
- *Include yearly management, union, and key stakeholder training to recognize and act upon signs of distress or mental health problems and accommodate needs of employees.*
- *Increase availability and access to treatment for mental illnesses including depression screening, suicide risk assessment, and early intervention for all employees.*

Other Important Recommendations

Promote positive mental health through policies that:

- *Provide a wide range of mental health educational opportunities in educational facilities and workplaces, and to health care providers.*
- *Ensure affordable and accessible recreational activities.*
- *Increase affordability and safe housing measures.*

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INCIDENCE AND RISK FACTORS

The third section of this report provides a disease profile for WEC. Chronic diseases included in this section are heart disease, cancer, diabetes, obesity, stroke, and mental illness. For each condition, incidence rates and economic burden are provided where available, as well as a brief description of how the health risks in each priority area from section 2.2 can be addressed in order to reduce the risk of developing these diseases.

I. CHRONIC DISEASE

A chronic disease is any disease that is long lasting or permanent.[1] These diseases are often caused by a complex interaction of factors, have a long latent period, do not resolve spontaneously, and are rarely cured completely. Examples of chronic diseases that will be covered in this section are heart disease, cancer, diabetes, obesity, stroke, and mental illness.

In Canada, four chronic diseases (i.e., heart disease, cancer, respiratory diseases, and diabetes) account for two-thirds of all deaths and one-third of all health care expenditures.[2]

Research suggests that 80% of chronic diseases can be prevented simply by adopting a healthier lifestyle, which means modifying the six risk factors outlined in Section 2.2:

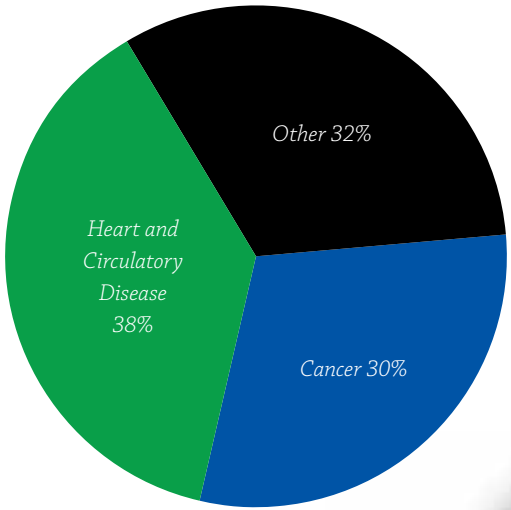
- *Tobacco use and exposure*
- *Alcohol and substance use*
- *Unhealthy eating*
- *Physical inactivity*
- *Injury prevention*
- *Mental health*

Chronic Disease in WEC

Of all deaths in WEC in a given year:

- *38% are likely to have died from heart and circulatory diseases.*
- *30% are likely to have died from cancer.*

The other causes of death include respiratory disease, injury, HIV, and suicide.[4]



A CHRONIC DISEASE IS ANY DISEASE THAT IS LONG LASTING OR PERMANENT.[1]

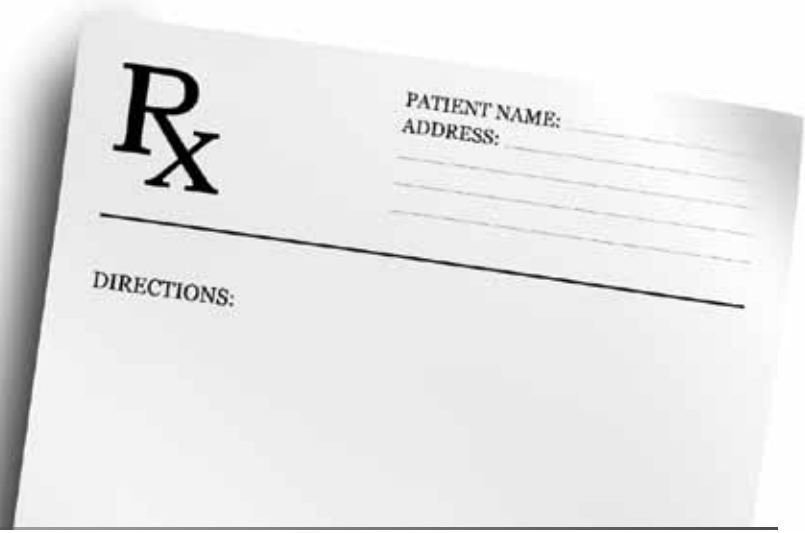


Table 1 provides the prevalence rates for various chronic conditions in both the ESC region and Ontario as a whole. For the most part, ESC residents have higher prevalence rates for chronic disease than Ontario.[5]

TABLE 1 - Prevalence Rates for Chronic Conditions in ESC and Ontario, 2005, 2007

	ESC		Ontario	
	2005	2007	2005	2007
Arthritis	21.5%	20.9%	17.2%	17.2%
Hypertension	17.5%	17.3%	15.4%	15.4%
Asthma	8.6%	10.4%	8.0%	8.0%
Anxiety Disorder	4.7%	7.7%	4.3%	4.3%
Diabetes	5.5%	7.3%	4.8%	4.8%
Mood Disorder	8.0%	6.5%	6.0%	6.0%
Heart Disease	5.8%	4.6%	4.8%	4.8%
Cancer	1.4%	1.9%	1.5%	1.5%
Stroke	1.4%	1.4%	1.1%	1.1%

II. HEART DISEASE

Heart disease is a general term that describes a group of conditions that affect the functioning of the heart, and often includes: [6]

- *Chronic rheumatic heart disease.*
- *Ischemic heart disease (IHD).*
- *Pulmonary heart disease.*
- *Atrial fibrillations.*
- *Congestive heart failure.*

Even though people with heart disease are living longer than they used to, their quality of life is often reduced due to the debilitating effects of the disease.[8] Heart disease is the number one cause of death in WEC and combined with all circulatory diseases makes up approximately 38% of all annual deaths. Furthermore, people who live in WEC have a lower life expectancy with heart disease than the national average.[7]

Heart Disease in Canada

In the Public Health Agency's report released in 2009, heart disease and stroke were reported as the most responsible diagnoses for hospitalizations in Canada for 2005–2006 (16.9% of all hospitalizations).[9]

According to the Heart and Stroke Foundation, every seven minutes a person dies from heart disease or stroke, and someone has a heart attack. Furthermore, 2006 data show that cardiovascular disease accounted for about 30% of all deaths in Canada (30% of male deaths and 31% of females deaths), and of all cardiovascular deaths, 54% were due to ischemic heart disease, 23% were due to heart attack, and 20% were due to stroke.[10]

The prevalence of heart disease in Ontario (5.0%) is slightly higher than the rest of Canada (4.8%). Figure 1 illustrates prevalence rates throughout Canada.[8]

Heart Disease in the ESC Region

The prevalence of heart disease was higher in the ESC region when compared to Ontario in 2005, but declined and was slightly lower than Ontario rates in 2007. Figure 2 illustrates the prevalence of heart disease in the ESC and Ontario for 2005 and 2007.

FIGURE 1 - Heart Disease Prevalence by Province, 2007

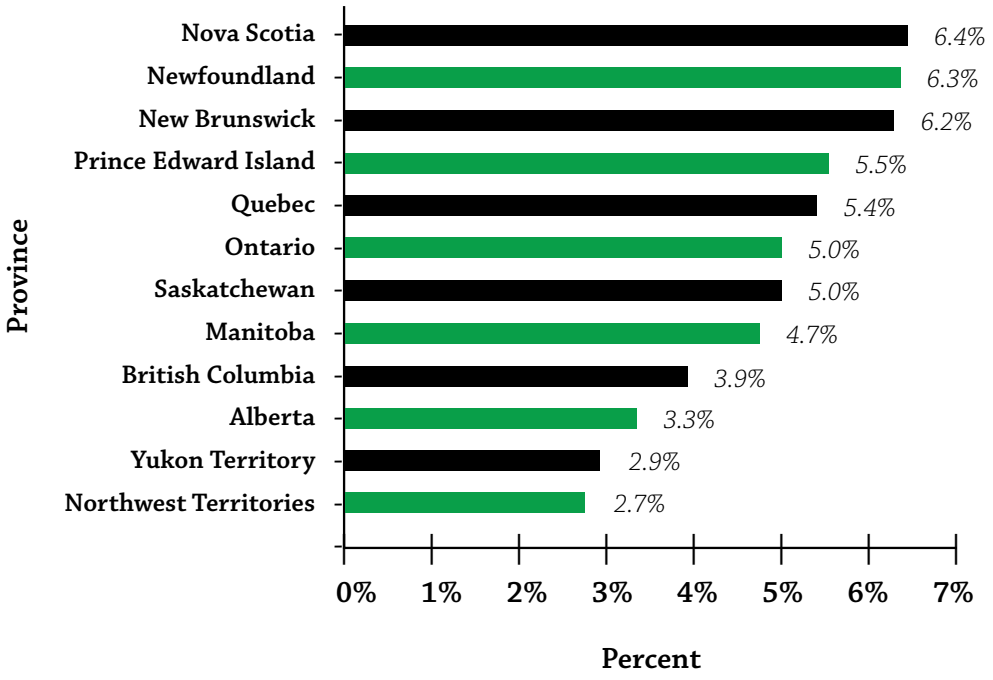


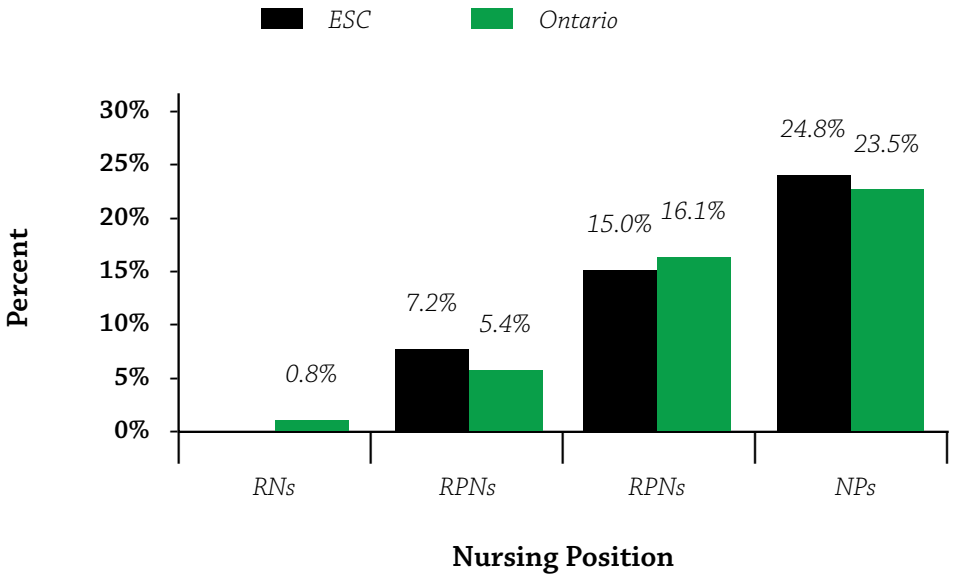
FIGURE 2 - Prevalence of Heart Disease in ESC and Ontario, 2005 and 2007

As of 2007, the ESC region had lower rates of heart disease than both Ontario (5.0%) and the rest of Canada (4.8%). This is an interesting observation given that ESC region residents are more overweight and obese, eat fruits and vegetables less often, and are less active than their provincial or national counterparts.[6]

As with most chronic conditions, the prevalence of heart disease increases with age, and males have slightly higher prevalence rates than females. Figure 3 illustrates the prevalence of heart disease by age group, followed by Figure 4 which illustrates the prevalence by sex.[6]

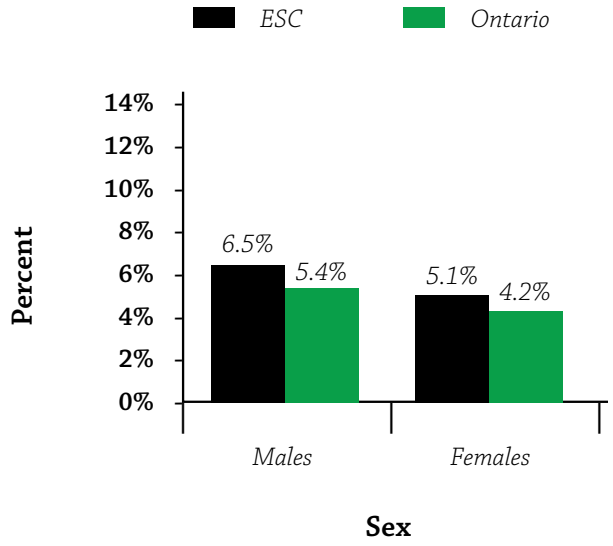
FIGURE 3 - Prevalence of Heart Disease by Age Group, ESC and Ontario, 2005

Note: *Data for ESC region for the 12 to 44 age group were not reported in original source because of high sampling variability.



SADLY, ALMOST ONE IN FOUR ADULTS AGED 75 AND OLDER IS LIVING WITH HEART DISEASE.

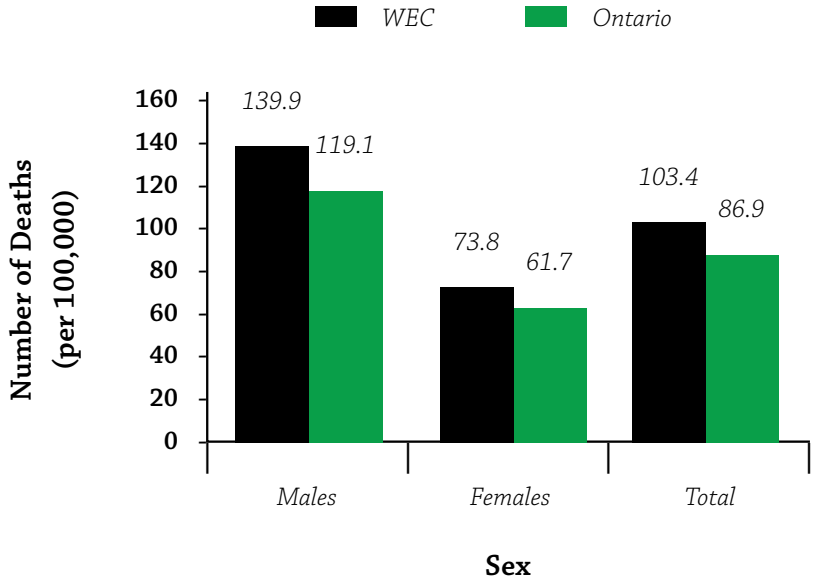
FIGURE 4 - Prevalence of Heart Disease by Sex, ESC and Ontario, 2005



Heart Disease in WEC

As mentioned earlier, heart disease is the leading cause of death in WEC. When comparing death rates for WEC and the rest of the province, WEC has a higher rate of Ischemic Heart Disease than Ontario (see Figure 5).[9]

FIGURE 5 - Deaths per 100,000 People for Ischemic Heart Disease, WEC and Ontario, 2005–2007



Deaths from heart disease are estimated to reach almost 58,000 in Ontario in 2026, which is almost double the number from 2001.[8] This number can be reduced by taking the proper steps now to decrease the prevalence of preventable risk factors in our community.

Modifiable Risk Factors

About three out of four WEC residents have at least one risk factor for heart disease.[10] Many people with heart disease continue to have unhealthy lifestyles as well as other chronic conditions like diabetes and mental strain. Figure 1 shows the percentage of people living with heart disease by sex and risk factors.[11]

How do the risk factors influence heart disease?

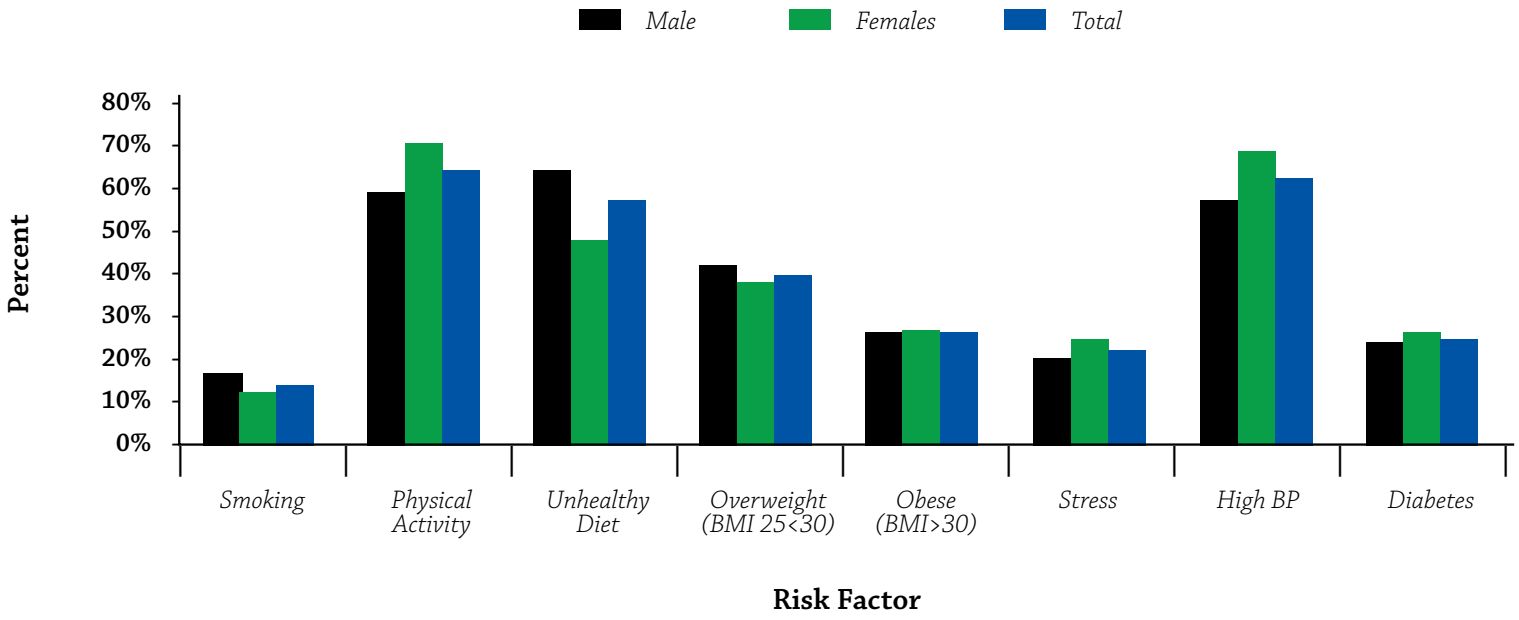
- *Smokers have a 70% greater chance of dying from coronary heart disease than non-smokers.[12]*
- *Two or more alcoholic drinks seem to turn on systems that stress the heart's circulation. Regularly consuming alcohol may expose a person to a higher risk of heart attack, stroke, or chronic high blood pressure (BP).[13]*
- *Belly fat is an indicator of risk; increased belly fat increases risk of heart disease and stroke.[14]*
- *A western diet, high in fried foods, salty snacks, eggs, and meat, is strongly associated with an increased risk for heart attack. It is estimated that 30% of heart attacks worldwide can be explained by an unhealthy diet.[15]*
- *If Canadians were to become more active by just 30 minutes per day, there would be 22% fewer deaths from cardiovascular disease.[16]*

Modifying these health risks is a critical step to reducing the prevalence of heart disease.

The Cost of Heart Disease in Canada

Each year, heart disease and stroke cost Canadians more than $22.2 billion in direct and indirect costs.[9] These costs include direct healthcare costs such as physician services and hospital costs, as well as lost wages and decreased productivity.

FIGURE 6 - Percentage of People with Heart Disease by Sex and Risk Factor, Canada, 2007



Cancer is the leading cause of premature death throughout Canada,[17] and second leading cause of all death in WEC.[18] When comparing cancer rates for WEC to the rest of the province, WEC has significantly higher rates of lung and colorectal cancers in men, and lung, pancreatic, and oral cancers in women.[8]

The Windsor-Essex County Health Unit released its *2010 Windsor-Essex County Cancer Report* which provides detailed statistics and information regarding cancer incidence in our area.[19] Throughout this section of the community picture, highlights from the *Cancer Report* will be provided for select cases of cancer; however readers are encouraged to locate the original report for further information.

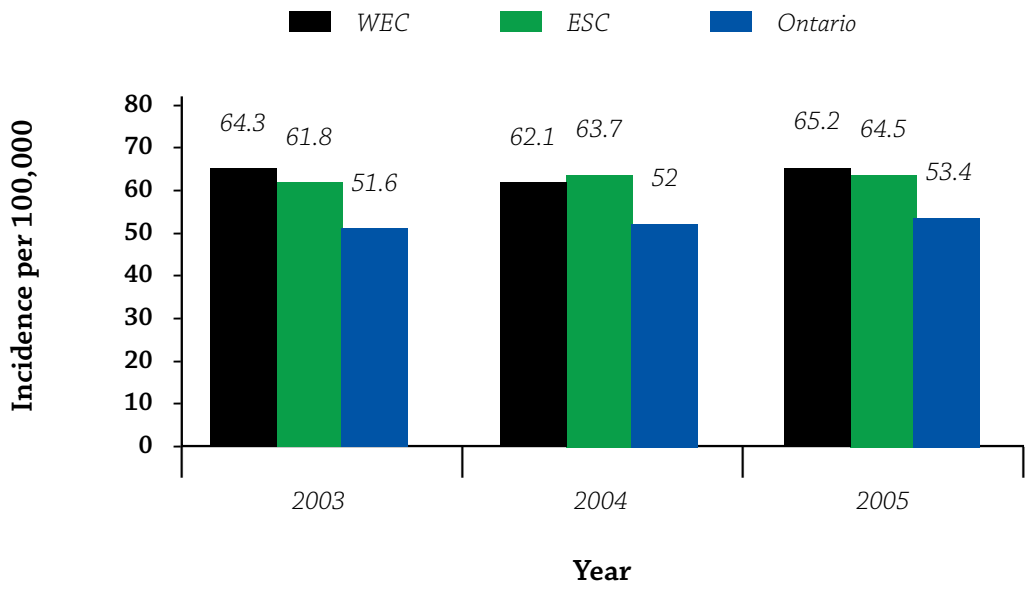
Lung Cancer

Lung cancer is the deadliest of the four common cancers and survival rates remain low.[20] Indeed, 27% of all cancer deaths in Canada are attributed to lung cancer.[19] In WEC, lung cancer was the second leading cause of death in both men and women. Figures 7 and 8 show lung cancer incidence rates by region and by sex for a three-year period (2003-2005).[19]

As shown in Figure 7, the incidence rates of lung cancer are comparable in WEC and ESC, but are higher than throughout Ontario. For years, research has shown that smoking is the number one cause of lung cancer.[21] Indeed, approximately 85% of all lung cancers are caused by smoking.[22] One reason why lung cancer rates are higher in WEC may be because of the larger percentage of residents in the area who have been smokers.

FIGURE 7 - Age-Standardized Lung Cancer Incidence Rates per 100,000 People, WEC, ESC, Ontario 2003–2005

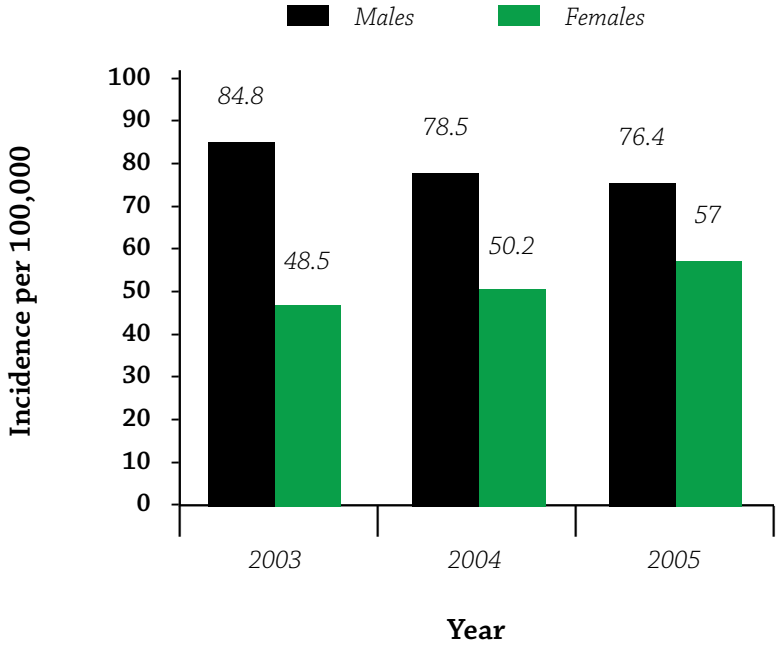
Note: Source: Windsor-Essex County Health Unit. (2010). Health status report 2010: Windsor-Essex County cancer report. Retrieved from http://www.wechealthunit.org/about-us/reports/Cancer%20Report%202010_Final.pdf



...SMOKING IS THE NUMBER-ONE CAUSE OF LUNG CANCER.[21]

FIGURE 8 - Age-Standardized Lung Cancer Incidence Rates per 100,000 People by Sex, WEC, 2003-2005

Note: Source: Windsor-Essex County Health Unit. (2010). Health status report 2010: Windsor-Essex County cancer report. Retrieved from http://www.wechealthunit.org/about-us/reports/Cancer%20Report%202010_Final.pdf



Colorectal Cancer

As shown in Figure 8, males have a significantly higher incidence rate of lung cancer than females, possibly due to the fact that historically there have been a larger percentage of male smokers in WEC than females. It wasn't until the 1960s that women became more liberated and it was more acceptable for women to smoke.

Lung cancer was the second leading cause of death in both men and women in WEC in 2003-2004, slightly higher than in Ontario as a whole (see Figure 9).[18]

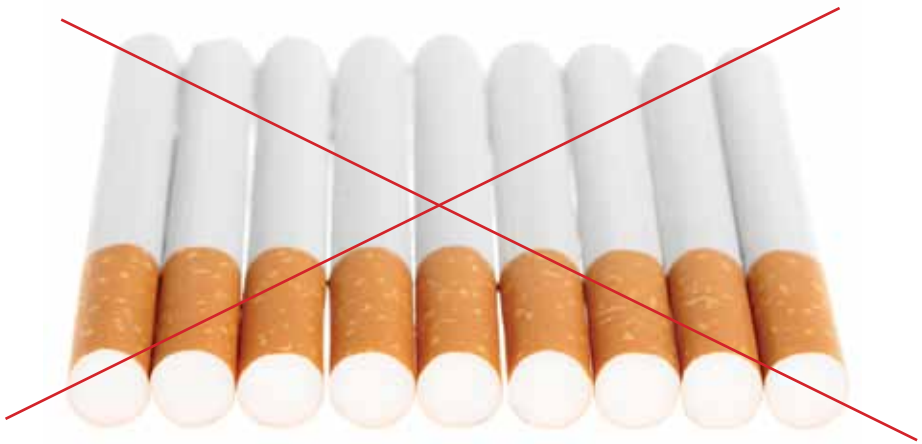


FIGURE 9 - Deaths by Lung Cancer by Sex, WEC, 2003-2004

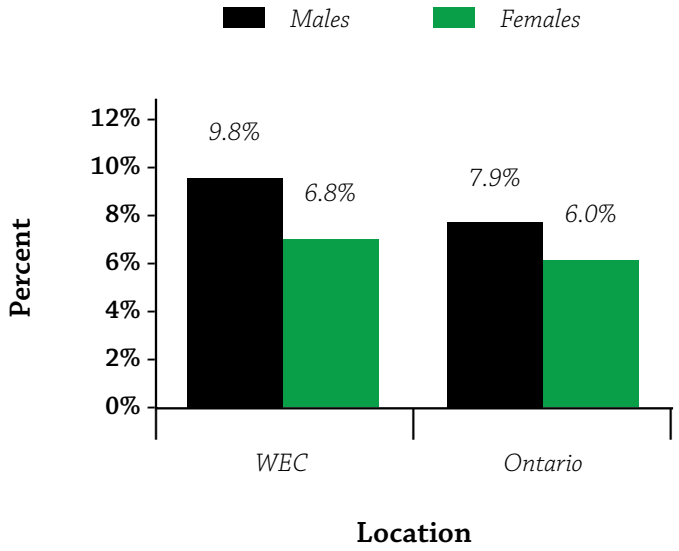
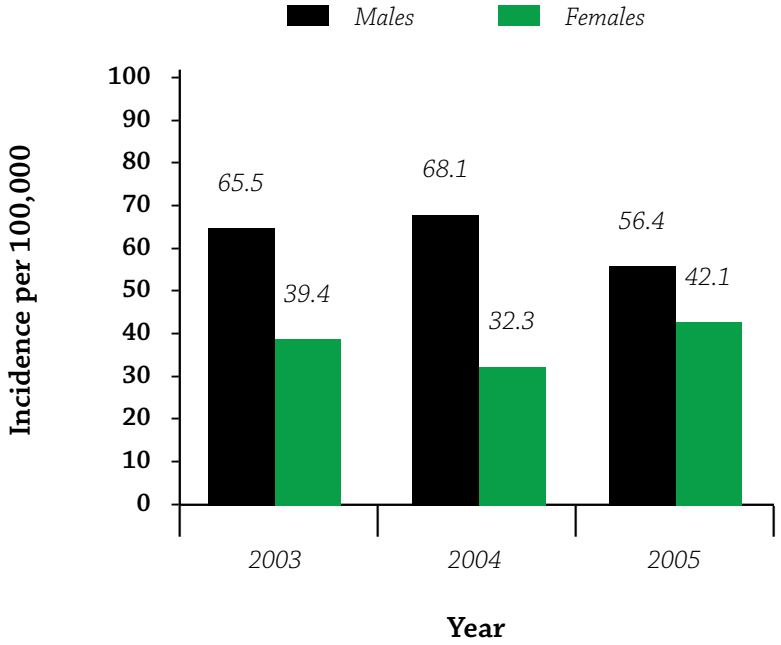


Figure 10 shows the age-standardized lung cancer mortality rate for WEC.[19]

FIGURE 10 - Age-Standardized (per 100,000) Lung Cancer Mortality Rate by Sex, WEC, 2003-2005

Note: Source: Windsor-Essex County Health Unit. (2010). Health status report 2010: Windsor-Essex County cancer report. Retrieved from http://www.wechealthunit.org/about-us/reports/Cancer%20Report%202010_Final.pdf

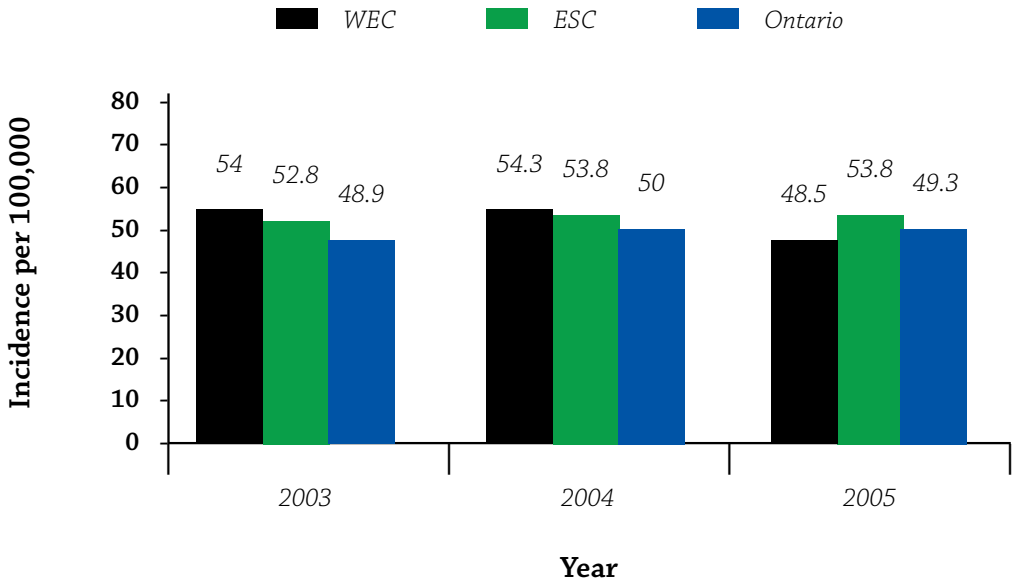


Colorectal Cancer

In Canada, colorectal cancer accounts for 11.9% of all cancer deaths. It is the second most common for males (following lung cancer) and third for females (following lung and breast cancer.)[19] Figures 11 and 12 show colorectal cancer incidence rates by region and by sex for a three-year period (2003-2005).

FIGURE 11 - Age-Standardized Colorectal Cancer Incidence Rates per 100,000 People, WEC, ESC, Ontario, 2003-2005

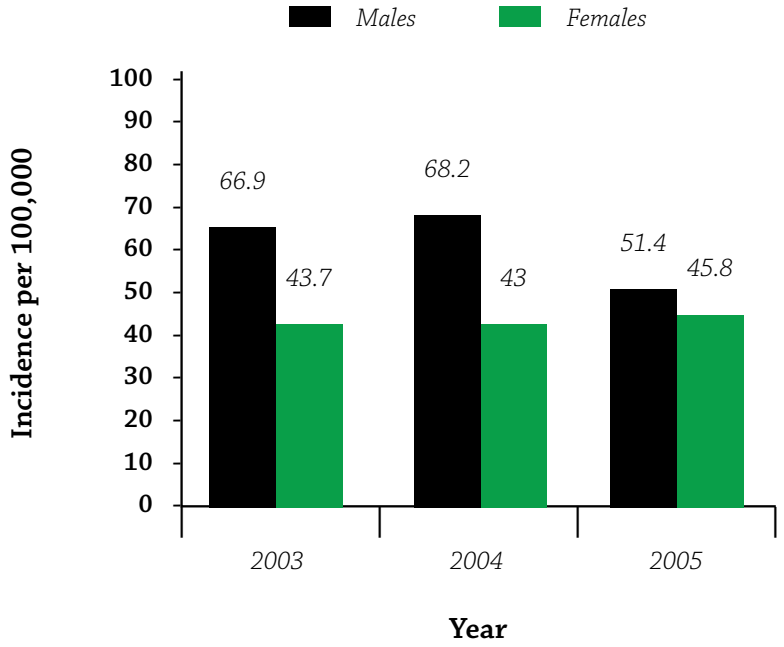
Note: Source: Windsor-Essex County Health Unit. (2010). Health status report 2010: Windsor-Essex County cancer report. Retrieved from http://www.wechealthunit.org/about-us/reports/Cancer%20Report%202010_Final.pdf



Colorectal cancer rates have remained comparable between WEC, ESC, and Ontario, with WEC having slightly higher incidence rates than both ESC and Ontario for 2003 and 2004. In 2005, WEC's incidence rates declined slightly and were lower than the ESC and Ontario rates. As with lung cancer, males have higher incidence rates than females (see Figure 12).

FIGURE 12- Age-Standardized Colorectal Cancer Incidence Rates per 100,000 People by Sex, WEC, 2003–2005

Note: Source: Windsor-Essex County Health Unit. (2010). Health status report 2010: Windsor-Essex County cancer report. Retrieved from http://www.wechealthunit.org/about-us/reports/Cancer%20Report%202010_Final.pdf



As mentioned earlier, colorectal cancer is the second-leading cancer-causing death for males and third for females. Figure 13 shows the age-standardized colorectal cancer mortality rate for WEC.[19]

FIGURE 13- Age-Standardized (per 100,000) Colorectal Cancer Mortality Rate by Sex, WEC, 2003-2005

Note: Source: Windsor-Essex County Health Unit. (2010). Health status report 2010: Windsor-Essex County cancer report. Retrieved from http://www.wechealthunit.org/about-us/reports/Cancer%20Report%202010_Final.pdf

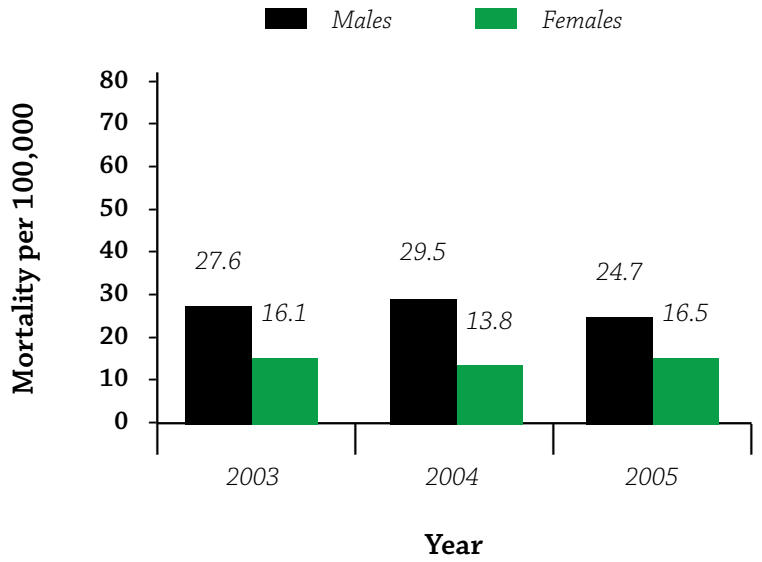


FIGURE 14- Age-Standardized Breast Cancer Incidence Rates per 100,000 Females, WEC, ESC, Ontario, 2003–2005

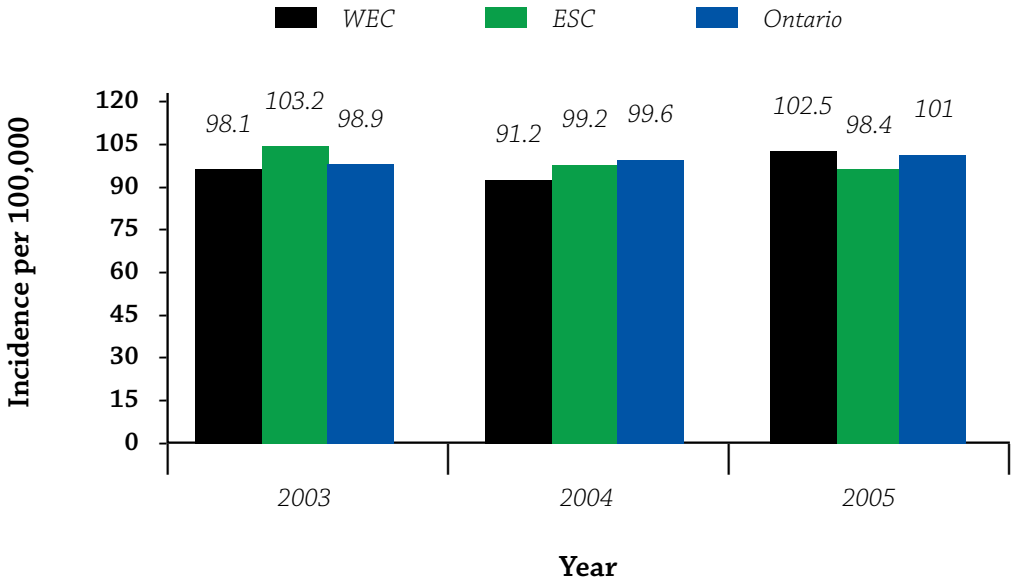
Note: Source: Windsor-Essex County Health Unit. (2010). Health status report 2010: Windsor-Essex County cancer report. Retrieved from http://www.wechealthunit.org/about-us/reports/Cancer%20Report%202010_Final.pdf

Breast Cancer

Breast cancer is the second-leading cause of cancer deaths in women; however, early detection through mammography screening may reduce morbidity and death.[19]

As women age, they become more likely to develop breast cancer (almost half of all new cases are in women between the ages of 50 and 69 years), which emphasizes the importance of regular screening. Figure 14 illustrates the age-standardized incidence of breast cancer for females by region.[19]

Breast cancer is the most prevalent form of cancer in women; higher than both lung and colorectal cancers per 100,000 people. Breast cancer incidence rates are comparable between WEC, ESC, and Ontario. The same can be said when considering age groups for females throughout the province (see Figure 15).



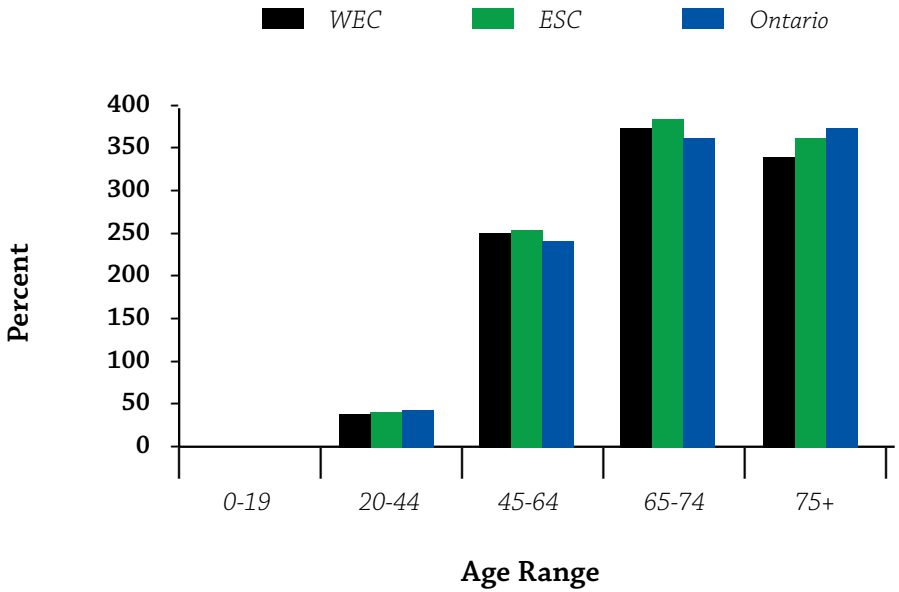


FIGURE 15 - Breast Cancer Incidence Rates (per 100,000) by Age Group, WEC, ESC, and Ontario 1996–2005

Note: Source: Windsor-Essex County Health Unit. (2010). Health status report 2010: Windsor-Essex County cancer report. Retrieved from http://www.wechealthunit.org/about-us/reports/Cancer%20Report%202010_Final.pdf

Breast cancer is the second-leading cancer-causing death for women. Figure 16 illustrates the mortality rate for breast cancer for WEC, ESC, and Ontario.

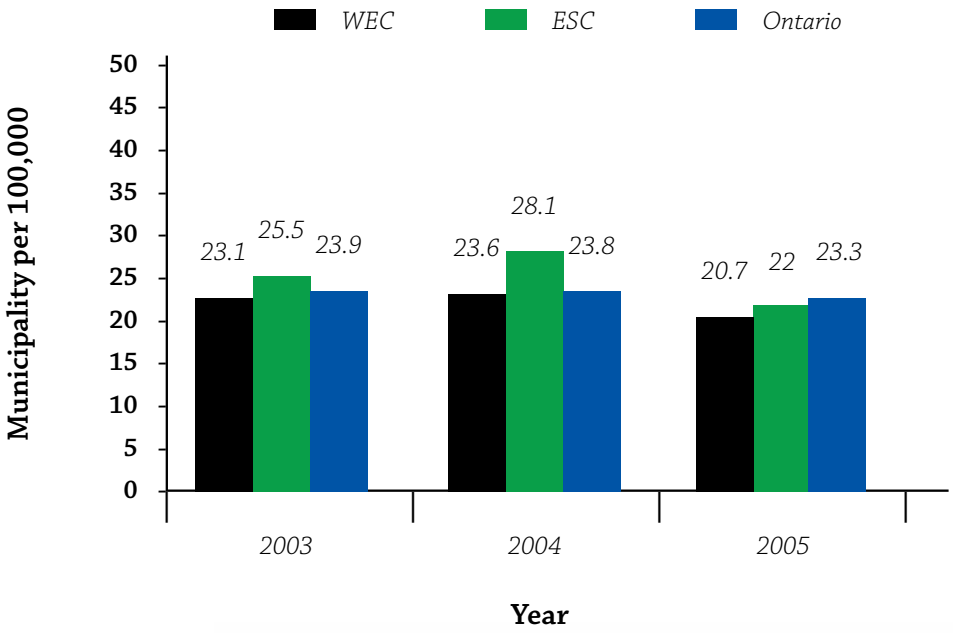
Again, as shown in Figure 16, breast cancer mortality rates are similar between WEC, ESC, and Ontario. The Canadian Cancer Society provides general guidelines women can follow for screening (see Table 2).[23]

TABLE 2 - Breast Cancer Screening Guidelines

If you are:	You Should:
40 to 49	• Have a clinical breast exam by a health care professional at least every two years. • Talk to your health care provider about your risks for breast cancer and getting a mammogram.
50 to 69	• Have a clinical breast exam by a health care professional at least every two years. • Have a mammogram every two years.
70 or older	• Talk to your health care provider about how often you should be tested for breast cancer.

Note: Source: Canadian Cancer Society. (2010a). Breast cancer. Retrieved from http://www.cancer.ca/Canada-wide/Prevention/Getting%20checked/Breast%20cancer%20NEW.aspx?sc_lang=en

FIGURE 16- Age-Standardized (per 100,000) Breast Cancer Mortality Rate, WEC, ESC, and Ontario 2003–2005



Modifiable Risk Factors

In Canada, it is estimated that 40% of women and 45% of men will develop cancer during their lifetimes, and that about one out of four will die from some type of cancer.[19] However, by modifying some of the risk factors outlined in Section 2.3, some cases of cancer can be reduced or prevented.

By choosing a healthier lifestyle, and planning regular physician visits and cancer screenings, approximately 50% of cancers diagnosed by the year 2020 can either be prevented or detected early, before they become a serious health problem.[30]

Smoking
As mentioned, there is a direct correlation between tobacco use and lung cancer. Indeed, of the deaths caused by smoking-related disease, 31% of male and 28% of female deaths were caused by smoking-related lung cancer.[22] Cigarette smoking is a factor in approximately 30% of cancer deaths in Ontario men and 17% of cancer deaths in Ontario women.[24] On a positive note, WEC residents are not lighting up much as they used to. WEC experienced a small decrease in the rate of smokers compared to previous years. While this is an important achievement, there is still a long way to go. There is a need to prevent young people from starting to smoke, reduce second-hand exposure in homes, and assist current smokers to quit.

Alcohol
Consuming 25 grams of alcohol per day, the equivalent of two standard drinks, increases the risk of mouth, pharynx, larynx, and esophageal cancers. There is also evidence linking alcohol consumption to liver, stomach, colorectal, and breast cancer.[25] While data suggests that WEC residents are responsible drinkers, it's important to continue to promote abstinence and responsible drinking behaviours and educate people about the adverse effects of unhealthy drinking habits.

Healthy Eating, Physical Activity, and Healthy Weights
Research has shown that approximately 30 to 35% of cancers can be prevented by eating well, being active, and keeping a healthy body weight.[26] This is in part because obesity is a risk factor for the development of cancer. Evidence links body fatness to a number of cancers, such as colon, pancreas, esophagus, breast, kidney, and endometrial.[27]

Mental Health
It was once believed that stress was associated with an increased risk of developing certain types of cancer (e.g., breast cancer). While recent research suggests that this is not the case,[28] it has been shown that there is a relationship between psychological factors (e.g., stress) and cancer growth and progression throughout the body.[29] Stress can also lead to unhealthy behaviours that increased a person's risk for developing cancer, such as unhealthy eating, smoking, or alcohol and substance abuse.

The Cost of Cancer in Canada

Each year, Ontario spends approximately $2 billion on direct cancer services, and approximately $5 billion on indirect costs (including loss of productivity).[30] Looking at national costs, each year more than $4.2 billion is spent on total direct health care due to cancer. Furthermore, productivity lost due to disability and premature death as a result of cancer costs the Canadian economy approximately $12.9 billion. Taken together, cancer costs Canadians approximately $17.1 billion each year.[31]

In 2008 there were approximately 25,511 people reported living with diabetes in WEC.[32] This number is approximately equivalent to:

- *The population of Tecumseh or Leamington.*
- *Enrollment at the University of Windsor, St. Clair College, and a few high schools combined.*
- *The amount of vehicles that pass through the Windsor-Detroit Tunnel on an average day.*

There are three types of diabetes:

- *Type 1 diabetes: the body produces very little or no insulin at all. Approximately 10% of people living with diabetes have Type 1 diabetes.*
- *Type 2 diabetes: the body does not produce enough insulin to meet the body's needs, or the person experiences insulin resistance. This is the most common type of diabetes, with approximately 90% of people living with Type 2 diabetes.*
- *Gestational diabetes: develops during pregnancy. This type of diabetes affects 2–4% of all pregnancies, however blood glucose levels typically return to normal following delivery.*

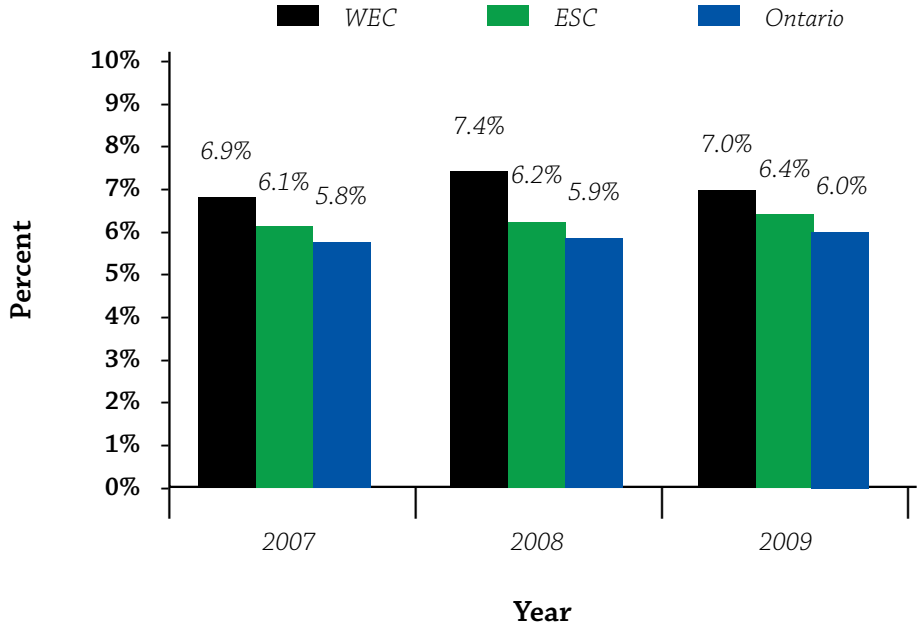
When a person's blood glucose levels are higher than normal, and they are at high-risk of being diagnosed with Type 2 diabetes, it is called prediabetes. Approximately 6 million Canadians are living with prediabetes today. [32]

Despite the slight decline in cases of diabetes in WEC in 2009, residents of the area still have a slightly higher rate of diabetes than both provincial and national averages (see Figure 17). [33]

As shown in Figure 17, the rates of diabetes in WEC are higher than both the averages in Ontario and the rest of Canada. Why are the rates so high in WEC? WEC residents also have high rates of overweight and obesity, physical inactivity, and unhealthy eating habits, all factors that increase the risk of developing diabetes. Unhealthy weight and physical inactivity are the leading causes of Type 2 diabetes, which is the most common and preventable form of diabetes.[34]

MORE THAN 20 CANADIANS ARE DIAGNOSED WITH DIABETES EVERY HOUR OF EVERY DAY.[31]

FIGURE 17- Percentage of Population Ages 12 and Older Living with Diabetes, WEC, Ontario, and Canada, 2007–2009



A National Problem

The number of people living with diabetes in Canada in 2009 was over 1.7 million.[32] In reality, this number was even higher; as an estimated 700,000 cases go undiagnosed. [31]

Looking ahead, between 2010 and 2020, another 1.2 million people are expected to be diagnosed with diabetes, bringing the total up to 2.9 million people. This number is expected to rise to over three million when Canadians who are living with undiagnosed diabetes are included.[31]

Canada also has the third highest mortality rate due to diabetes compared to 16 other peer countries.[35] In 2004, there were 18 deaths per 100,000 people in Canada, and these high levels are expected to continue growing.[36] While these numbers may indicate there has been a decline in the quality of care for people living with diabetes, this is not necessarily the case. Indeed the high rates are linked to an overall increase in obesity and new cases of diabetes each year, primarily in men.[35]

RESEARCH HAS SHOWN THAT GETTING MORE PHYSICAL ACTIVITY, EATING HEALTHIER, NOT SMOKING, KEEPING A HEALTHY WEIGHT, AND REDUCING ONE'S STRESS CAN HELP DELAY OR EVEN PREVENT THE ONSET OF TYPE 2 DIABETES.[35]

Comorbidity

While diabetes is a disease, it is also a risk factor for other complications and diseases – such as heart disease. People with diabetes are two to four times more likely to die of heart disease than those without diabetes. Furthermore, approximately 53% and 40% of people living with diabetes in the ESC region also had hypertention and arthritis, respectively.[5]

A Look at the Major Policies Since 2000

Ontario Diabetes Strategy 2008
The provincial government adopted a multi-facetted strategy addressing the significant increase in diabetes cases being reported in the province. The strategy includes education campaigns to raise awareness of risk factors, such as physical inactivity, poor nutrition, and obesity. The campaign is focused on high-risk populations.

Modifiable Risk Factors

Research has shown that getting more physical activity, eating healthier, not smoking, keeping a healthy weight, and reducing one's stress can help delay or even prevent the onset of Type 2 diabetes.[35] Obesity is one of the leading modifiable risk factors for developing diabetes, and a weight loss of 5-10% of body weight (approximately 4.5-9.0 kg for a 90-kg person), has been shown to significantly reduce the risk of diabetes.[37] It is also estimated that more than half of Type 2 diabetes cases could be delayed, or even prevented, by eating healthier and being more active.[31]

The Cost of Diabetes in Canada

Diabetes is a chronic condition that can cause serious health problems such as heart disease, kidney failure, and blindness. It can also lead to long-term disability and even death.[2] In 2010, it was estimated that diabetes cost Canadians about $12.2 billion, an increase of $5.9 billion (nearly double) since 2000. By 2020, this cost is expected to rise another $4.7 billion. Indeed, about 3.5% of public healthcare spending in Canada is spent toward the direct cost of diabetes.[31]

Preventive action needs to be taken to reduce the impact of diabetes in WEC. Modifying the health risk factors in younger adults to actively prevent the onset of diabetes is critical, because the occurrence of diabetes more than doubles once an adult turns 65.[38] In an effort to fight the rising rates of diabetes, (the number of Ontarians with diabetes has increased by 69% over the last 10 years), Ontario invested $741 million into a four-year Diabetes Strategy to help tackle this growing and expensive health care challenge.[39]

V. OBESITY

In 2009, more than half of the WEC population (60.7%) was either overweight or obese. The high rate of obesity in WEC can account for the high rates of heart disease, diabetes and arthritis.

Obesity is a condition on its own as well as a risk factor for further complications and diseases. Obesity is strongly associated with a higher rate of diabetes, high blood pressure and cholesterol; it is also a key risk factor for several cancers.[19]

Body Mass Index (BMI)

Obesity is generally classified as a BMI of 30.0 or greater. BMI is a better indicator of weight-related health risks than absolute weight, because it takes into account height and build. The following formula is used to calculate BMI:[40]

$$BMI = \text{weight (kg)} / \text{height (m)}^2$$

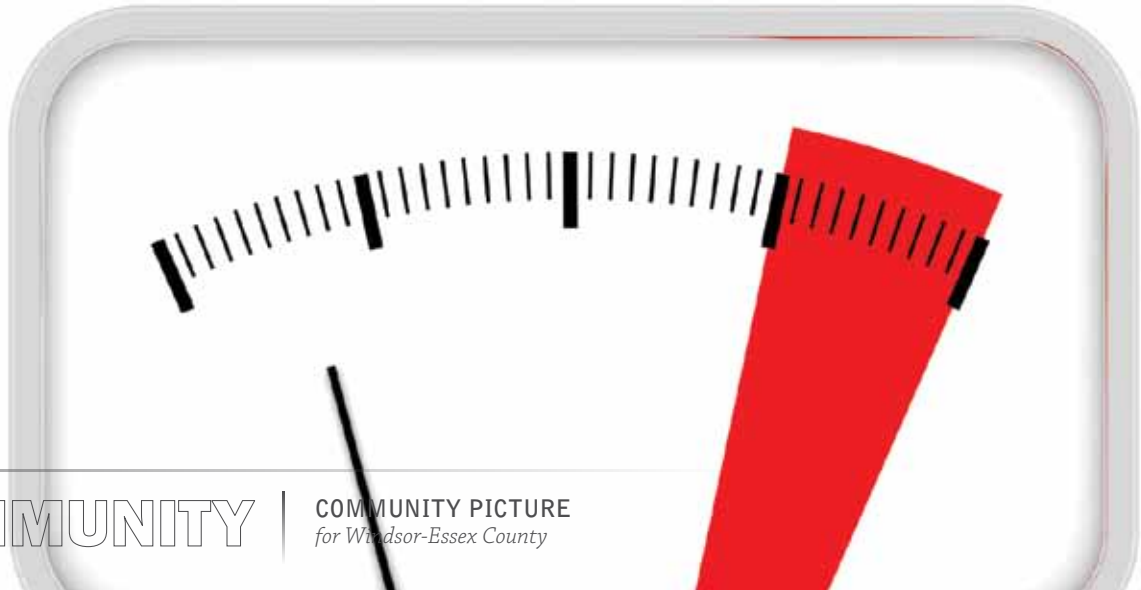
So what does a person's BMI tell them? The following table (see Table 3) identifies the health risk classification based on a person's BMI, as well as the health problems that are associated with each BMI category.[19]

TABLE 3 - Health Risk Classification and Potential Health Problems Based on BMI

Classification	BMI Category	Health Risk	Health Problems Associated with BMI Category
Underweight	< 18.5	Increased	• Infertility • Malnutrition • Osteoporosis
Healthy Weight	18.5–24.9	Least	• N/A
Overweight Obese Class I Obese Class II Obese Class III	25.0–29.9 30.0–34.9 35.0–39.9 ≥ 40.0	Increased High Very High Extremely High	• Cardiovascular disease • Diabetes • High blood pressure • High cholesterol • Impaired fertility • Osteoarthritis • Some types of cancer

Note: Source: Windsor-Essex County Health Unit. (2010). Health status report 2010: Windsor-Essex County cancer report. Retrieved from http://www.wechealthunit.org/about-us/reports/Cancer%20Report%202010_Final.pdf

OBESITY IS STRONGLY ASSOCIATED WITH A HIGHER RATE OF DIABETES, HIGH BLOOD PRESSURE AND CHOLESTEROL; IT IS ALSO A KEY RISK FACTOR FOR SEVERAL CANCERS.[19]

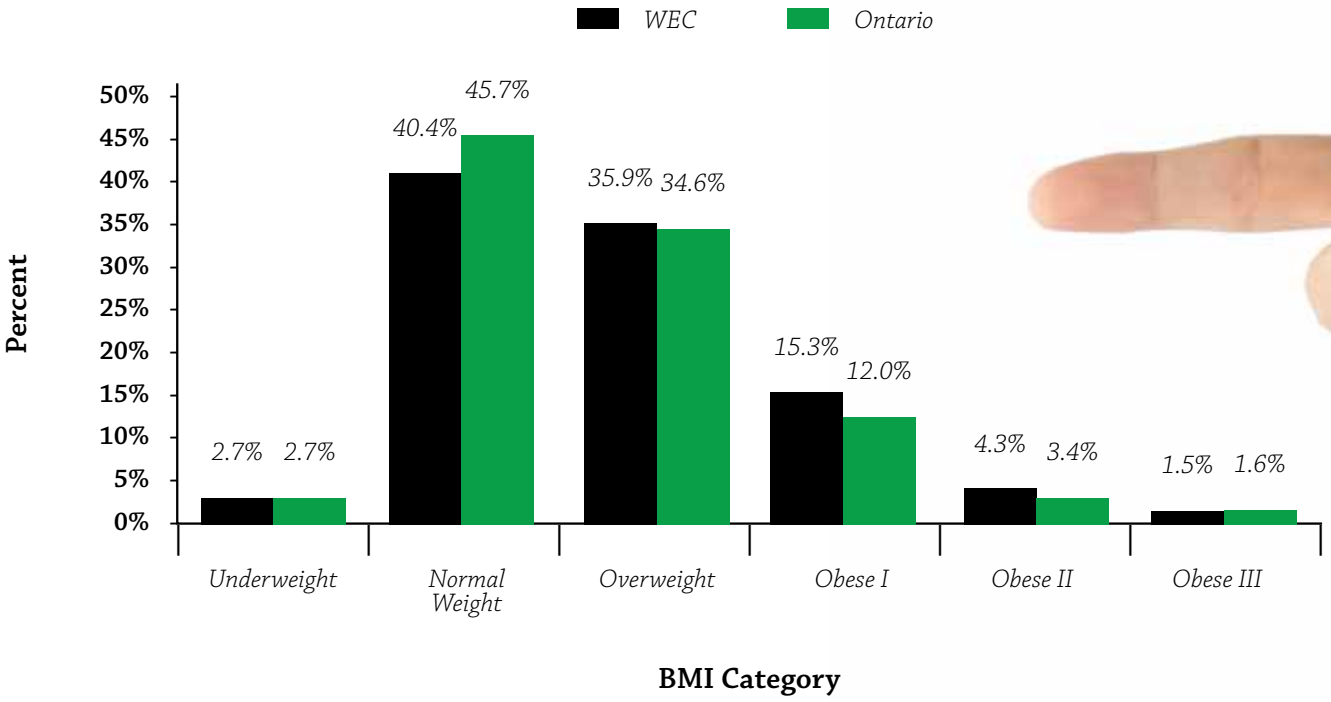


There are a lower percentage of people living with a normal weight in WEC than the rest of the province (40.4% and 45.7%, respectively). There is also a higher percentage of obese people living in WEC (21.1%) compared to the rest of the province (17%).

FIGURE 18 BELOW PROVIDES THE BMI CLASSIFICATIONS FOR PEOPLE AGES 18 AND OLDER LIVING IN WEC AND ONTARIO.

FIGURE 18 - BMI for Residents (ages 18 and older) Living in WEC and Ontario, 2007–2008

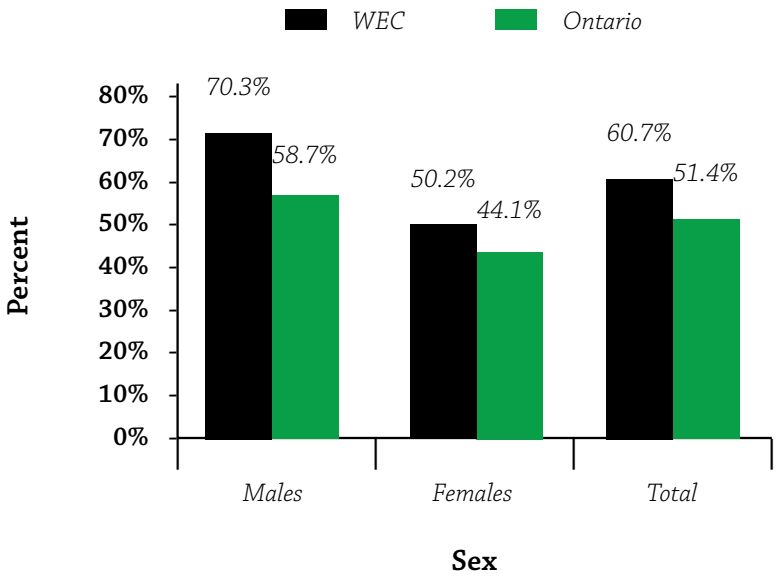
Note: Source: Windsor-Essex County Health Unit. (2010). Health status report 2010: Windsor-Essex County cancer report. Retrieved from http://www.wechealthunit.org/about-us/reports/Cancer%20Report%202010_Final.pdf



Although people in WEC are living at unhealthier weights when compared to Ontario, it's important to note that less than half of the total population has a normal weight; and this is true for the rest of Canada as well. In fact, obesity has reached epidemic proportions, with one-quarter of all Canadian children aged 2-17 being either overweight or obese.[41] In Canada, the rising prevalence of obesity in adolescents will increase the prevalence of heart disease by 5% to 16% by 2035 and may significantly reduce life expectancy.[42]

Figure 19 shows the percentage of males and females who are overweight or obese in WEC and Ontario.[32]

FIGURE 19- Percentage of Males and Females (ages 18 and older) who are Overweight or Obese in WEC and Ontario, 2009



As shown in Figure 19, males have higher rates of overweight and obesity than females, both in WEC and Ontario as a whole.

Research has also shown that obesity rates increase with age up to age 64, after which they tend to decline. Approximately 50% of adults aged 35-49 were considered overweight or obese, compared to 60% of adults aged 50-64.[43]

Childhood Overweight and Obesity

Canada is currently facing a childhood obesity epidemic. Canadian childhood overweight and obesity has been rising in the recent decades. Among teen boys and girls ages 15-19, the proportion classified as overweight or obese rose from 14% to 31% and 14% to 25%, respectively, between 1981 and 2009.[44] Now more than one-in-four children and youth are overweight or obese. Today, obese children are being diagnosed with serious health conditions that were usually only seen in adults in the past, including high cholesterol, high blood pressure, Type 2 diabetes, sleep apnea, and joint problems. Furthermore, being overweight and obese in childhood increases the likelihood of being overweight or obese as an adult, which is linked to the long-term health outcomes mentioned earlier.[45]

Action needs to be taken now in order to prevent children today from developing the serious health conditions associated with overweight and obesity. Efforts to promote healthy eating and increase physical activity must be made by family, school, community, and the government.[46]

A Look at the Major Policies Since 2000

Improved Access to Bariatric Services 2009
The provincial government committed $75 million over three years to improve the accessibility of bariatric services to Ontario residents. Funding will be used to expand bariatric surgical capacity, provide education and training to health care staff, and create pre- and post-bariatric surgery programs.

Modifiable Risk Factors

Despite the epidemic proportions of obesity in WEC, the good news is that some things can be done to reduce this trend. Eating healthier is a good start for reducing or preventing obesity. Poor eating habits include eating more food (calories) than the body burns through activity; for example, consuming sugary beverages, convenience or 'fast' foods that are high in fat and calories, and 'supersizing' food portions.[42]

Becoming more physically active is another important lifestyle change that is linked to lower rates of obesity. As technology continues to advance, physical activity rates are negatively impacted, placing more responsibility on people to purposefully include physical activity into their days. For example, the time spent watching television and using the internet, taking the elevator, and jumping into a vehicle for only a short distance, has replaced time for physical activity.[8]

The Cost of Obesity in Canada

Obesity is currently estimated to cost Ontario $1.6 billion, including $647 million in direct health care costs (e.g., hospital care, pharmaceuticals, and physician services) and $905 million in indirect costs (e.g., lost earnings due to illness and premature deaths).[47] Furthermore, obesity-related chronic diseases accounted for $4.3 billion in healthcare costs in Canada as a whole.[48]

Obesity and the Built Environment

Urban design and transportation is another way to address rising obesity rates. A healthy built environment fosters a healthy community, thus developing sidewalks, constructing buildings in walking distance of each other, and locating elevators away from the main entrances to buildings are all examples of promoting physical activity. Some other examples of policies that may help to address obesity in our community include:

- *Increasing and maintaining green space.*
- *Developing sidewalks and bike trails.*
- *Providing interconnected trail networks between and within communities as outlined in the local County Wide Active Transportation Study (CWATS).*
- *Increasing the number of physical activity events in the community.*

OBESITY IS CURRENTLY ESTIMATED TO COST ONTARIO $1.6 BILLION

VI. STROKE

A person has a stroke when blood supply to the brain is interrupted. There are three types of stroke that a person can have:[6]

- Ischemic: blood supply is suddenly interrupted because of a clot (approximately 80% of all strokes are ischemic).
- Hemorrhagic: artery supplying blood to the brain suddenly bleeds.
- Transient Cerebral Ischemic Attack (TIA): a mini-stroke resulting from a temporary reduction in blood supply to the brain.

Stroke in ESC and Ontario

The percentage of people living in ESC region and Ontario who have had a stroke has remained comparable from 2005 to 2007 (see Table 4).[5]

There are approximately 50,000 strokes in Canada each year, and almost 300,000 Canadians are currently living with the effects of a stroke.[10] Furthermore, someone who has had a stroke has a 20% chance of having another one within two years, and the risk continues to increase as adults get older. After the age of 55, the risk of stroke doubles every 10 years.[10] According to the local branch of the Heart and Stroke Foundation, 673 area residents were hospitalized for stroke-related conditions in 2009.

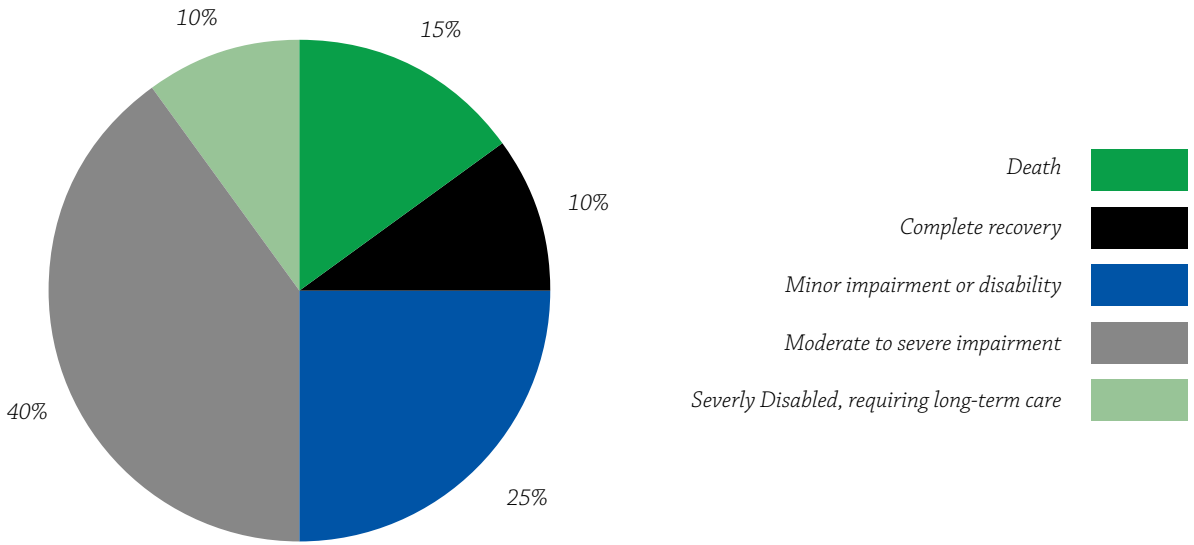
Effects of Stroke

Figure 20 below provides a figurative example of the effects for every 100 strokes that occur.[10]

TABLE 4 - Percentage of Residents in ESC and Ontario who have had a Stroke, 2005, 2007

	2005	2007
ESC	1.4%	1.4%
Ontario	1.1%	1.3%

Figure 20 - Typical Effects of Stroke



Transient Ischemic Attacks (TIAs)

TIAs (mini-strokes) occur in approximately 15,000 people each year in Canada. In reality this number is probably much larger because many TIAs go unreported.[49] Often, people have one or more TIAs prior to suffering a stroke, and those who have had a TIA are up to five times more likely to suffer from a stroke over the next two years.[10]

Hypertension

Hypertension, or high blood pressure, is a major risk factor for stroke and heart disease. The percentage of the population living with high blood pressure has remained comparable between WEC and Ontario in recent years (see Figure 21).[32]

Data from 2009 also shows that a larger percentage of women in WEC have hypertension than males, but that these numbers are comparable when considering the entire province (see Figure 22).[32] One of the major problems with hypertension is that many people do not know they are living with it. About 3% of Canada's adult population was living with undiagnosed hypertension in 2009.[50] Also in 2009, there were 1,847 people living in Windsor that completed the Heart and Stroke Foundation's risk assessment and received their own blood pressure action plan to help lower their blood pressure numbers.

Modifiable Risk Factors

As with heart disease, alcohol, unhealthy weight, and physical inactivity are risk factors for stroke as well. The most common risk factors for stroke are obesity, diabetes, and hypertension.[9] How can someone lower their risks? Know your numbers and get your blood pressure under control by improving your diet (e.g., limiting your sodium intake), keeping a healthy body weight, getting more physical activity, and taking medication if need be. A person is more likely to be obese if they are not getting enough physical activity or making poor food choices, and obesity is one of the leading causes of diabetes. By making healthier lifestyle changes now, people can prevent or avoid serious health problems in the future.

The Cost of Stroke in Canada

As seen in Figure 20, it is uncommon for people to completely recover or recover with minor impairment once they have had a stroke. The more likely outcome is impairment, disability, or in some cases, death. Even though the risk of death after stroke has been slowly declining over the years the majority of people (80%) are more afraid of the disabling effects of a major stroke rather than the potential fatal one.[9] The serious consequences of a stroke have a negative impact on Canada's economy as well. In 2000, stroke cost the Canadian economy $3.6 billion in both direct (e.g., physician services and hospital costs) and indirect (disability, impairment, and decreased productivity) costs.[9]

FIGURE 21- Percentage of Population with High Blood Pressure, WEC and Ontario, 2007-2009

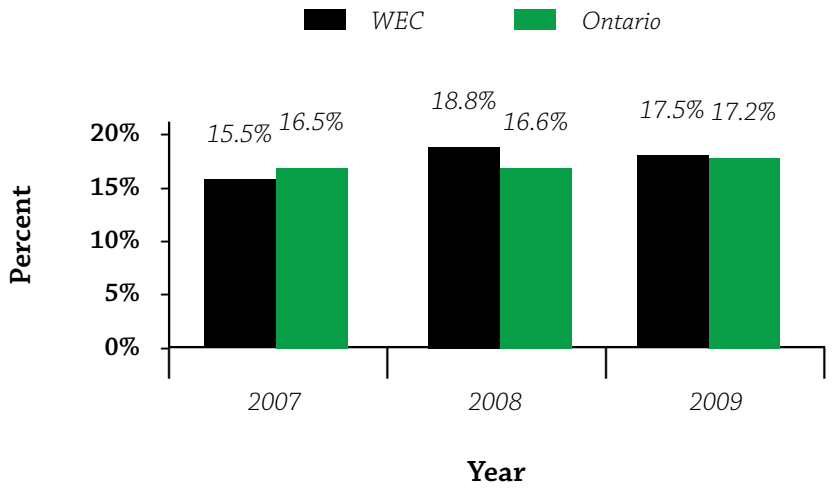
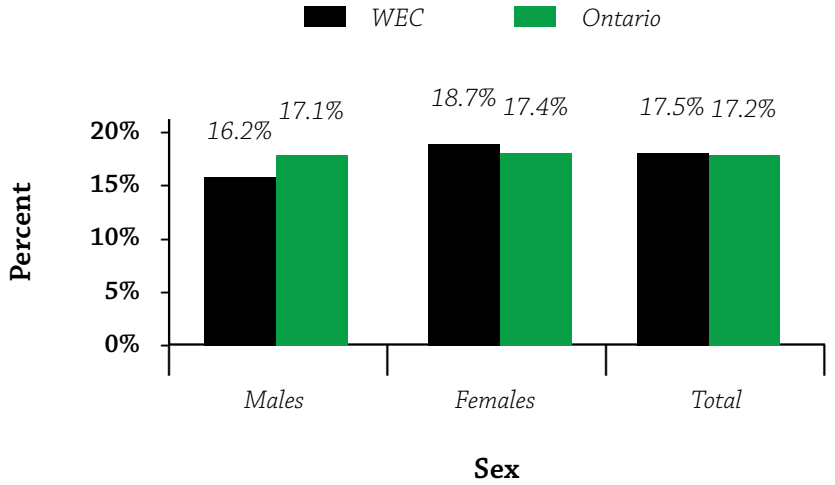


FIGURE 22- Percentage of Population with High Blood Pressure by Sex, WEC and Ontario, 2009



VII. MENTAL ILLNESS

In Section 2.3, the topic of mental health was discussed and it was noted that there is a distinction between mental health and mental illness. In this section, the focus will be on discussing the proportion of the population living with mental illness. For the purposes of this report, mental illness will be divided into two common types of disorders: mood disorders and anxiety disorders. Mood disorders may include mental illnesses such as major depression, bipolar disorder (which is a combination of depression and mania), and dysthymia (which is chronic, mild depression). Anxiety disorders may include generalized anxiety, phobias, post-traumatic stress, social anxiety, obsessive-compulsive disorder, and panic disorder. The Government of Canada estimates that approximately 12.2% of Canadians have been diagnosed with depression, and 11.5% have been diagnosed with an anxiety disorder, which is slightly higher than the data collected by Statistics Canada in Figure 23 below.[51] Approximately one in five (20%) of people living in Ontario will experience a serious mental illness.[52]

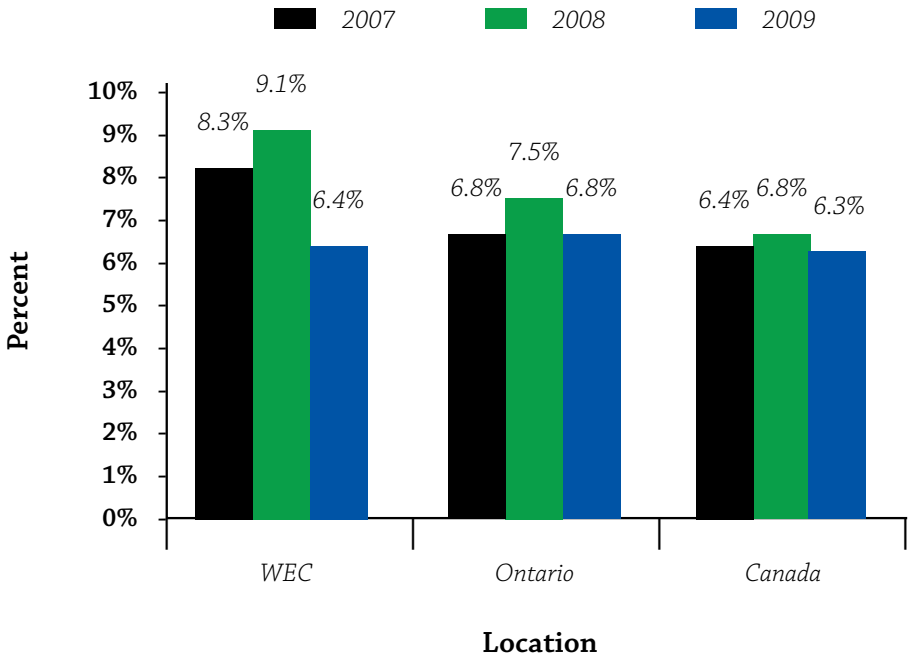
Gathering accurate numbers for mental illness at the local level is difficult, due to a lack of reporting and the stigma attached to mental illness. With that in mind, the following numbers do provide some insight into mental illness in our area and province.

Mood Disorders

Figure 23 illustrates the percentage of WEC residents living with a mood disorder compared to the rest of Ontario and Canada as a whole.[32]

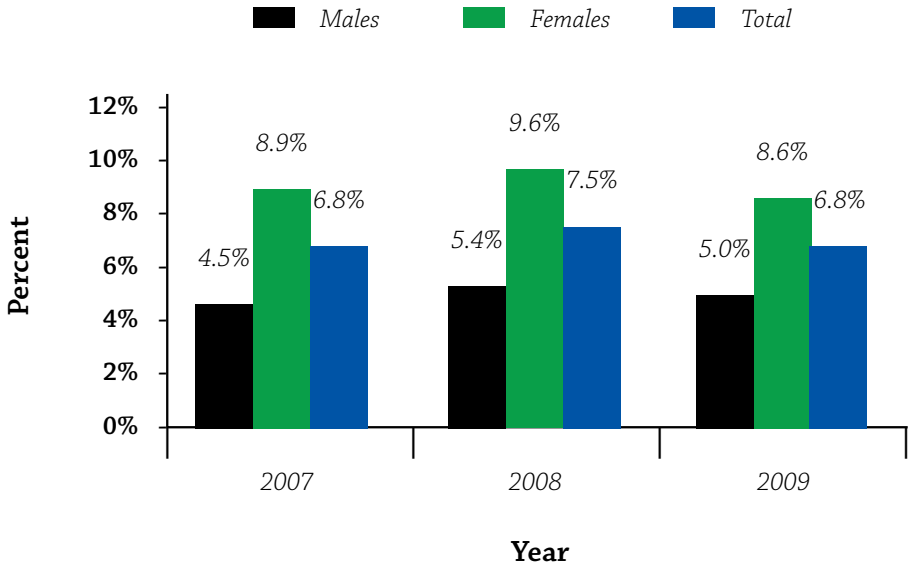
As shown in Figure 23, there may be a smaller percentage of people living in WEC who have a mood disorder when compared to Ontario in 2009. One possible explanation for this could be the high unemployment rates in the area. Figure 24 considers the sex of people living with a mood disorder in the province.

FIGURE 23 - Percentage of Residents Living with a Mood Disorder, WEC, Ontario, and Canada, 2007–2009



APPROXIMATELY ONE IN FIVE (20%) OF PEOPLE LIVING IN ONTARIO WILL EXPERIENCE A SERIOUS MENTAL ILLNESS.[52]

FIGURE 24 - Percentage of Males and Females Living with a Mood Disorder, Ontario, 2007–2009



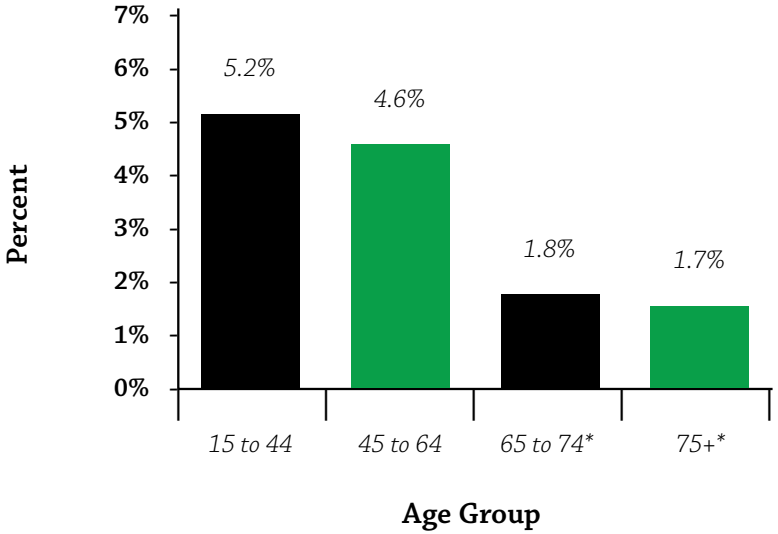
While local numbers are unreliable, limited data that is available indicate that women are more likely to suffer from mood disorders than men in WEC, similar to the provincial numbers reported in Figure 24.[52]

Cycle 1.2 of the Canadian Community Health Survey (CCHS) Mental Health and Well-Being section contains data on various mental illnesses for Ontarians ages 15 and older. In 2002, 5.9% of the population in the ESC region reported that they experience feelings or symptoms associated with a major depressive episode (which could lead to the onset of depression). This is slightly higher than the provincial prevalence of 4.8%.[6]

UNLIKE OTHER CHRONIC HEALTH CONDITIONS, THE PREVALENCE RATES FOR DEPRESSION ARE HIGHER AMONG THE YOUNGER POPULATION (SEE FIGURE 25).

FIGURE 25 - Prevalence of Depression by Age Group, Ontario, 2002

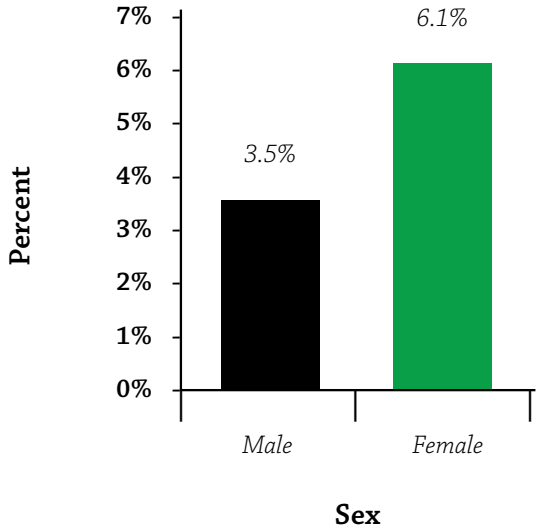
Note: Use data for 65 to 74 and 75+ with caution. Source: Health Systems Intelligence Project. (2007). Chronic conditions in the Erie St. Clair LHIN. Chatham, Canada: Erie St. Clair Local Health Integration Network.



Again, a larger percentage of women in Ontario were living with depression than men (see Figure 26).

FIGURE 26 - Prevalence of Depression by Sex (15 years and over), Ontario, 2002

Note: Source: Health Systems Intelligence Project. (2007). Chronic conditions in the Erie St. Clair LHIN. Chatham, Canada: Erie St. Clair Local Health Integration Network.



Anxiety Disorders

In 2002, Health Canada released a report on mental illness in Canada which provided data that anxiety disorders affected an estimated 12% of the population (similar to the 11.5% estimated by the Government of Canada in 2006), causing mild to severe impairment.[53] As with most mental illness, it is likely that this number is higher, possibly because many people don't seek help for their anxiety. This could be because they believe the symptoms are common or not causing them much distress, or the symptoms themselves keep individuals from seeking help.

Anxiety disorders often leave people feeling excessive amounts of fear, worry, or anxiety, causing them to avoid situations they believe will cause them to feel anxious. Like mood disorders, anxiety disorders are often more prevalent in women than men (see Figure 27).[53]

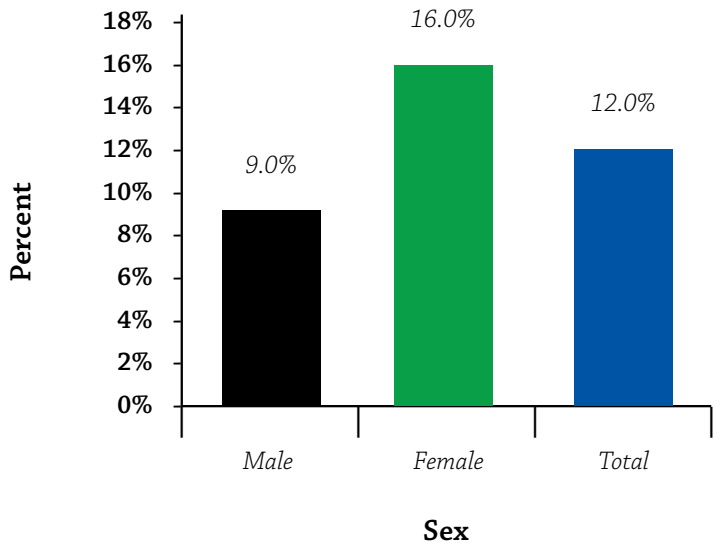
Below, Table 5 provides the prevalence of selected anxiety disorders in Canada for 2002.

TABLE 5 - Prevalence of Population with Select Anxiety Disorders, Canada, 2002, 2005, and 2007

Type of Anxiety Disorder	Prevalence in Canada
Generalized Anxiety Disorder	1.1%
Specific Phobia	6.2–8.2%
Post-Traumatic Stress Disorder	-
Social Phobia	6.7%
Obsessive-Compulsive Disorder	1.8%
Panic Disorder	0.7%

Note: Source: Health Canada. (2002). A report on mental illnesses in Canada. Retrieved from http://www.phac-aspc.gc.ca/publicat/miic-mmac/pdf/men_ill_e.pdf

FIGURE 27 - Prevalence of Depression by Sex (15 years and over), Ontario, 2002



As shown in Table 5, the most common types of anxiety disorders were specific phobias and social phobia. It's important to state again that the majority of individuals with anxiety disorders do not seek help or treatment for their mental illness, often to avoid stigmatization or because the anxiety itself can be very debilitating.

Prescribed Medications

In the 2006–2007 CAMH Monitor, Ontario adults ages 18 and older were asked if they were currently on any prescribed medication for mental illness. The results showed that 5.7% of adults were using prescribed medication for anxiety and 6.6% for depression.[54]

Access to Resources

In 2002, only 8.7% of Ontarians reported that they were in contact with services and support for problems concerning emotions, mental health, or use of alcohol and drugs.[55] Furthermore, 4.5% of people living in Ontario felt that they needed help for their mental health problems and did not receive it. The most commonly reported barrier for receiving help with mental health problems is acceptability. With this, individuals do not seek help because of other commitments that they perceive as more important, or because of their attitudes towards mental illness, health care providers, and the health care system as a whole. This was followed by availability barriers (i.e., too long of waits or no help was readily available in the area) and accessibility barriers (i.e., costs, lack of transportation, lack of childcare, and not knowing where to go to get help).[55]

In WEC, there are crisis lines that exist to provide support, crisis intervention, and assistance. Examples of these lines include the Distress Centre of Windsor-Essex County, the Community Crisis Centre, and Windsor Regional's Children Crisis Services. Between 2007 and 2009, these centres received over 10,000 calls.[56] Figure 28 provides the number of calls the Distress Centre of Windsor-Essex County received over the past five years, followed by the volume of calls for each month for the same time period (see Figure 29).[57]

The Distress Centre has seen a steady increase in calls since 2007, with 2010 having the highest number of calls, with August and September typically having the most amount of calls over the six year period.

FIGURE 28 - Number of Distress Centre Calls, WEC, 2005-2010

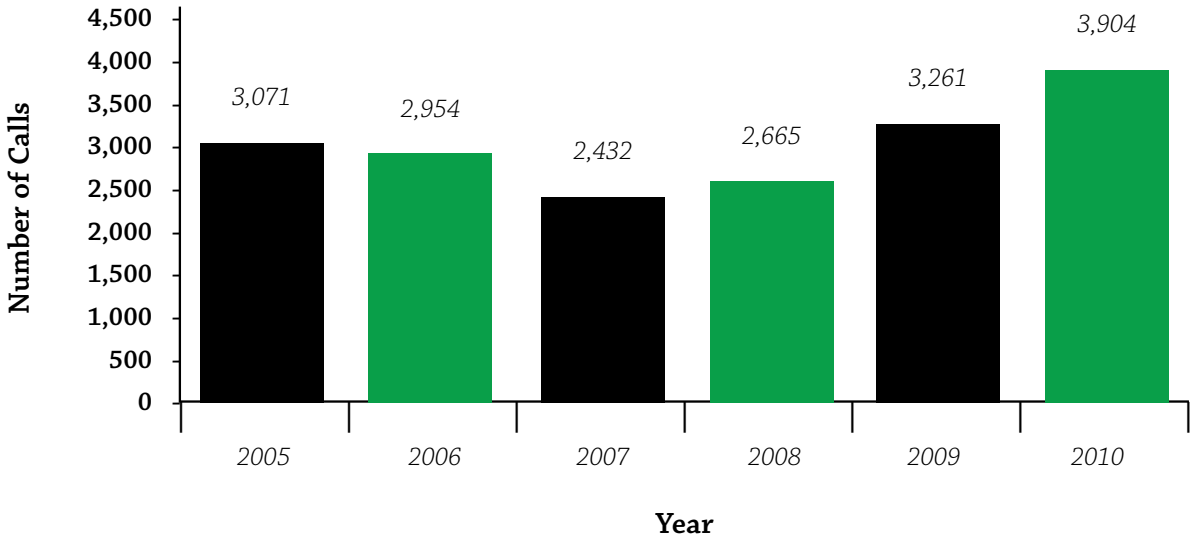
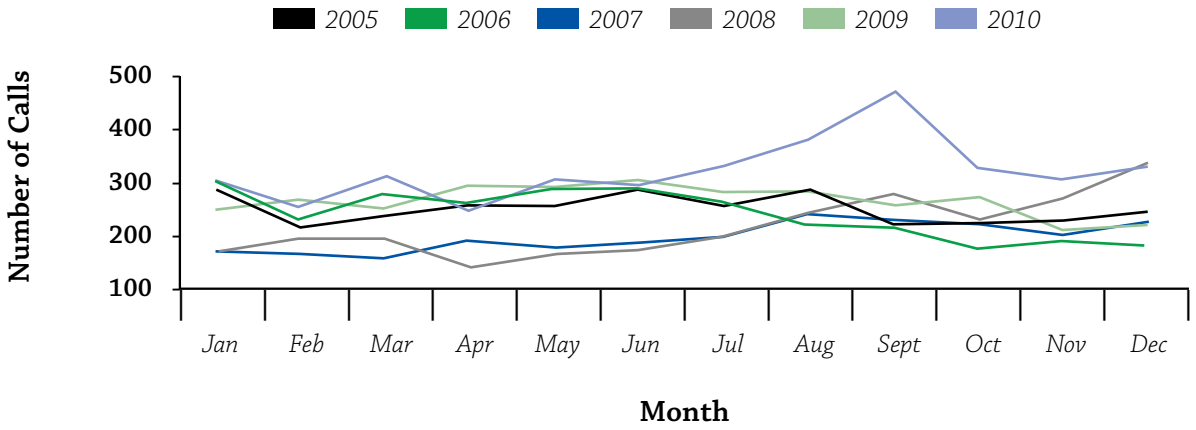


FIGURE 29 - Distress Centre Monthly Call Volumes, WEC, 2005-2010



Consequences of Mental Illness

Beyond the distressing and sometimes debilitating personal effects of mental illness on individuals, there are also negative social impacts as well. People living with mental illness are often at higher risk for homelessness, poverty, and unemployment, and often have limited access to health care and other services.[58,59,60]

What is WEC Doing?

A new mental health building has been built as part of the redevelopment at Windsor Regional Hospital, Western Campus. This new mental health hospital allows more patients to be treated in WEC, as opposed to St. Thomas, where many patients are currently being treated. The new hospital consists of 65 longer-term beds, and will provide treatment for hundreds of mental health patients on an annual basis. There are many benefits to being able to treat more patients in WEC, including allowing them to be closer to their families and their community, which may improve treatment outcomes.

UNLIKE OTHER CHRONIC CONDITIONS, THERE IS NO ABSOLUTE WAY TO PREVENT OR MODIFY RISK FOR DEVELOPING MENTAL ILLNESS.

Modifiable Risk Factors

Unlike other chronic conditions, there is no absolute way to prevent or modify risk for developing mental illness. Each person has unique protective factors, risk factors, and resiliency that can influence whether they develop a mental illness. However, as stated in Section 2.3, low stress levels and high life satisfaction are linked to positive mental health. Research has also shown that there is a link between eating healthy and being physically active and lowering overall stress.[61]

The Cost of Mental Illness in Canada

As outlined in Section 2.3, mental illness costs the Canadian economy approximately $51 billion in 2003. As of 2007, mental illnesses and addictions cost the Ontario government $39 billion, including public spending by the Ministry of Health and Long-Term Care and the Ministry of Children and Youth Services, direct private spending on drug costs and disability claims, and other economic costs such as loss of productivity, legal costs, and accidents and damage.[52] Depression has quickly become one of the most expensive economic costs of all chronic conditions in Ontario as a whole.

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Part Four:

COMMUNITY ENGAGEMENT

PARTNERSHIP DEVELOPMENT

The Go For Health Windsor-Essex Coalition is the basis for the Healthy Communities Partnership. This partnership was initiated in 2005 by three core agencies. Since then, more than 35 community partners have joined the Go For Health Coalition.

The primary focus of Go For Health is to develop a network of partners who have a common interest in improving the health and wellbeing of WEC residents through health policy efforts.

The current structure includes a Steering Committee, an Operations Committee, and five Sector Committees. Both traditional and non-traditional partners are actively involved at all levels. Based on the results of the Network Mapping survey, additional partners will be identified and invited to be part of the Go For Health Coalition. Also, current Go For Health partners are being, and have been, asked to identify others that should be included in our network. Once those individuals are identified a written formal invitation will be sent to those individuals. Please note that a partnership engagement and recruitment process is being developed to ensure consistency across all of Go For Health.

Community Consultation and Engagement

The WEC community has been consulted at great lengths in the development of the community picture report. The Windsor-Essex County Health Unit's Chronic Disease and Injury Prevention manager, Health Promotion Specialists, Go For Health members, and other community organizations have all been consulted and engaged in the development of this community picture. Also, the Healthy Communities Consortium/Resource Centre consultant has been a part of the community picture report development. For example, opportunities for input on what topics, data and data sources to utilize when developing the community picture have been presented and recommendations integrated.

At the completion of the draft report, Go For Health members, and the Healthy Communities Consortium/Resource Centre consultant were given the opportunity to review the community picture draft report and were asked for their feedback and recommendations. The feedback and recommendations were integrated into the report. Additionally, the Go For Health Coalition hired another consultant to review and edit the draft copy of the report as well.

Priority Setting

To identify our communities' recommended actions across the six Healthy Communities Partnership priority areas, the Go For Health Windsor-Essex coalition conducted research related to each priority area. From the research, recommended actions were proposed and several consultations with experts and relevant organizations were conducted. These consultations elicited gaps and local priorities in WEC. During these consultations, experts were asked to identify the top three recommended actions or policy priorities relevant to WEC. Once these priorities were identified the research was reviewed again to verify and compare the results. All of the policy priorities identified through the consultations are included in the report; however the top three priorities are distinguished.

Outlined below are the experts consulted for each priority area:

Tobacco Use and Exposure
- Tobacco Use and Exposure Health Promotion Specialist at the Windsor-Essex County Health Unit
- ESC Regional Cancer Program

Alcohol and Drug Misuse
- Alcohol and Drug Misuse Public Health Nurse at the Windsor-Essex County Health Unit

Healthy Eating
- Two Public Health Dietitians at the Windsor-Essex County Health Unit
- Windsor and Essex County Food Bank Association

Physical Activity
- Physical Activity Health Promotion Specialist at the Windsor-Essex County Health Unit
- Southwestern Ontario in motion

Injury Prevention
- Injury Prevention Health Promotion Specialist at the Windsor-Essex County Health Unit
- Trauma Co-ordinator at Hôtel Dieu Grace Hospital
- Windsor-Essex County Injury Prevention Coalition

Mental Health
- Coordinator, Mental Health Works and Community Training at the Canadian Mental Health Association, Windsor-Essex County Branch
- Management and Directors at the Canadian Mental Health Association, Windsor-Essex County Branch

Francophone, aboriginal, immigrant, homeless, and LGBTIQ are the priority audiences that were chosen to include in the community picture. These audiences have a high prevalence in WEC and are a significant part of the WEC community. Data from the Erie St. Clair LIHN was utilized to inform some of the above priority audience portions of the community picture. Also, consultations with local community agencies that serve these populations have been utilized (e.g., Place Concorde, The Homeless Coalition of Windsor-Essex County, and Windsor-Essex Communtiy Health Centre).

The community consultation has been very effective in obtaining data, feedback, and support from Go For Health members and other organizations in the community.