

Daily Fruit and Vegetable Consumption

A. RRFSS Provincial Sample Pilot Project (PSPP)

The RRFSS PSPP is intended to provide reliable and representative estimates for 2011 RRFSS indicators for Ontario as a whole, and in so doing:

- Provide a valid comparator for local health unit results for selected indicators;
- Allow for a reduction in RRFSS “core” content; and
- Provide a more flexible, timely system by which to collect provincially-relevant risk factor surveillance data than is currently available.

The provincial sample includes over 1800 interviews, with the number of interviews proportionate to the size of the health units’ populations. Within households, the adult with the most recent birthday is selected to participate in the survey.

B. PSPP Evaluation

The evaluation of the RRFSS PSPP is supported by Locally-Driven Collaborative Project funding through Public Health Ontario.

The purpose of the PSPP evaluation is to summarize the implementation and results of the RRFSS PSPP, documenting what worked well and why, what the challenges were, what the benefits of the PSPP were and whether or not they were worth the costs.

The information will be used to inform decisions related to future provincial sampling in RRFSS.

C. Data Collection Period

January - December 2011
(Ontario; Haliburton, Kawartha, Pine Ridge; York; Halton; Ottawa; Brant; Haldimand-Norfolk; Chatham-Kent)

January – April 2011
(Durham Region, Middlesex-London, Sudbury, Leeds, Grenville and Lanark)

Only RRFSS participating health units who asked this module and agreed to share their data have been included in this report.

D. Definitions

A 95% confidence interval (CI) refers to the range of values that has a 95% chance of including the ‘true’ estimate. A large CI means that there is a large amount of variability or imprecision. When CI’s do not overlap, estimates are significantly different. CI’s were selected as the measure of significance due to their conservative nature and transparency; there is less chance of incorrectly identifying a significant difference, which is important given the multiple tests of significance. CI’s are reported in brackets or presented as \pm in the graphs. CI’s for Ontario are also presented in Figure 4 using a dashed line (---).

Coefficient of variation (CV) refers to the precision of the estimate. When the CV is between 16.6 and 33.3, the estimate should be interpreted with caution because of high variability and has been marked with an asterisk (*). Estimates with a CV of 33.3 or greater are not reportable.

PURPOSE OF MODULE

The purpose of this RRFSS module is to monitor the proportion of the population aged 18 and over, that consume fruits and vegetables five or more times daily. Up to 30% of cancers could be prevented if Ontario adults increased their consumption of fruits and vegetables, were more physically active and maintained a healthy body weight¹. Cancer Care Ontario’s 2020 target for fruit and vegetable intake is for 90% of Ontarians to consume five or more servings of vegetables and fruits daily² (see Table 1).

KEY FINDINGS

- In 2011, 65% (95% CI, 63-67) of Ontario adults aged 18 and over reported consuming fruits or vegetables less than 5 times daily and 35% (95% CI, 33-38) reported consuming fruits or vegetables 5 or more times daily (see Figure 1 and Table 1).

Sex

- In 2011, the proportion of Ontario females consuming fruits or vegetables 5 or more times daily was significantly higher than the proportion of males (see Figure 2).

Age Group

- In 2011, the proportion of Ontario adults aged 18 and over consuming fruits and vegetables five or more times daily did not vary by age group (see Figure 3).

Health Unit

- In 2011, there were no significant differences in the proportion of adults consuming fruits and vegetables five or more times daily between the health units and Ontario (see Figure 4 and Table 1).

Figure 1: Daily Fruit and Vegetable Consumption, Ontario Adults Aged 18 and Over, 2011

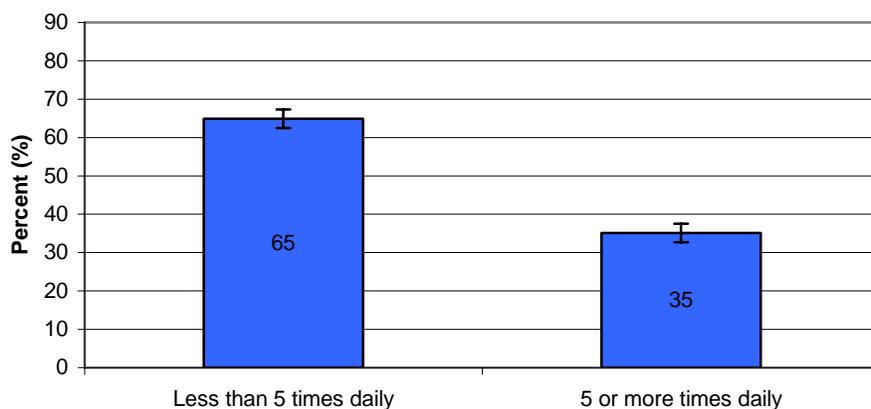
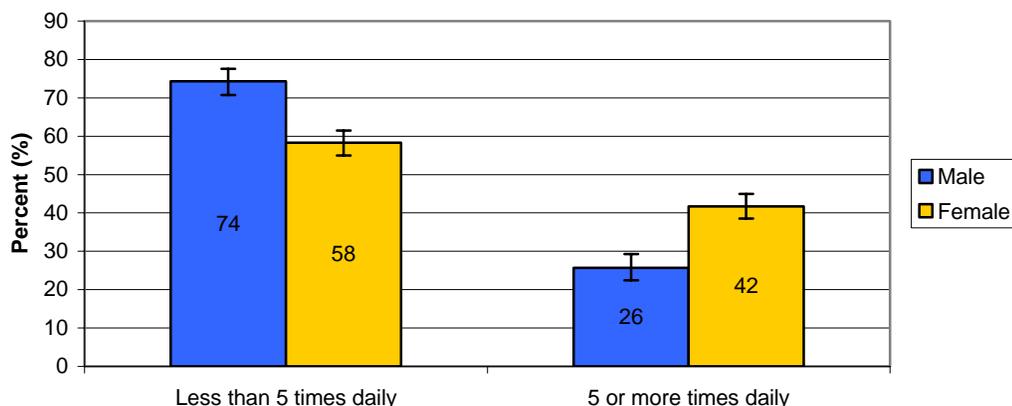


Figure 2: Daily Fruit and Vegetable Consumption, Ontario Adults Aged 18 and Over, By Sex, 2011



E. Limitations

RRFSS results are self-reported and may not necessarily be recalled accurately. Individuals not living in households (such as those in prison, hospitals, or the homeless) are excluded. Similarly, individuals who live in a household without a landline telephone (about 12% of all Ontario households³) will not be reached through RRFSS. Thus the percentages may not represent the true estimates for the general population as respondents may have different characteristics than people who have not been included in the survey.

Household (HH) weights were used for any questions related to individuals. The HH weight adjusts for the fact that adults from larger HH are less likely to be selected than individuals from smaller HH. Provincial results were also weighted to account for the actual distribution of adults among health units in Ontario. Estimates were multiplied by the 2006 population for the health unit to adjust for this difference.

Canada's Food Guide recommendations are measured in terms of servings⁴ while the RRFSS survey questions were reported by 'times daily.'

There is the potential for seasonal variation in fruit and vegetable consumption. This is a limitation since not all health units were surveyed over the same time period.

Don't know and refused responses were excluded from the analysis.

Non-rounded estimates and confidence intervals were used when determining significant differences; however, rounded numbers were used for the presentation of data, thus estimates may not total 100 and confidence intervals may appear to overlap.

F. References

- ¹ Cancer Care Ontario (2003). Insight on Cancer. Retrieved May 2012, from <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=33543>
- ² Cancer 2020 Steering Committee (2003). Summary of Cancer 2020 Targets and Measures. Retrieved May 2012, from <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=13490>
- ³ Ialomiteanu, A., Adlaf, E. M. (2011). CAMH Monitor 2010: Technical Guide. Retrieved May 2012 from http://www.camh.ca/en/research/Documents/www.camh.net/Research/Areas_of_research/Population_Life_Course_Studies/CAMH_Monitor/CM2010_TechDoc.pdf
- ⁴ Health Canada (2007). Canada's Food Guide. Retrieved May 2012, from <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/basics-base/serving-portion-eng.php>

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Figure 3: Daily Fruit and Vegetable Consumption, Ontario Adults Aged 18 and Over, By Age Group, 2011

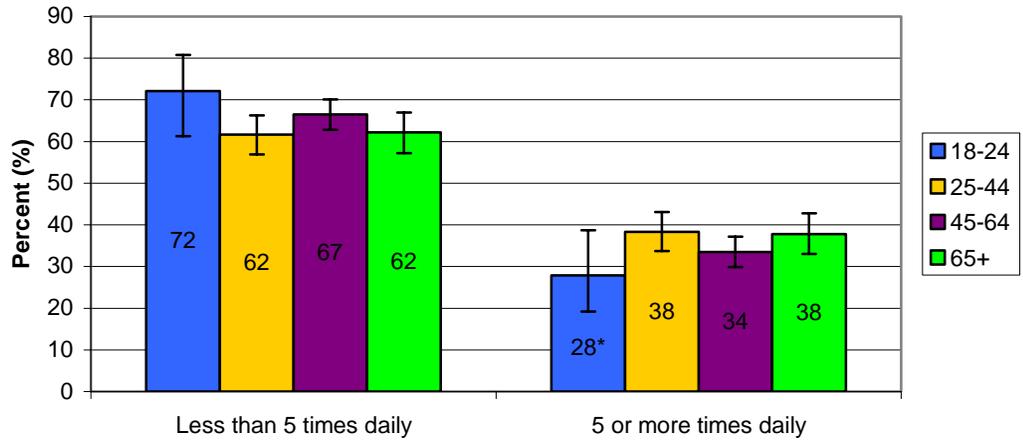


Table 1: Daily Fruit and Vegetable Consumption, Ontario Adults Aged 18 and Over, By Health Unit, 2011

Health Unit/Province	Less than 5 Times Daily	More than 5 Times Daily
	Percent (95% CI)	Percent (95% CI)
ONTARIO	65 (63-67)	35 (33-38)
Brant	69 (67-72)	31 (28-34)
Chatham-Kent	68 (66-71)	32 (29-35)
Durham Region	69 (65-73)	31 (27-35)
Haldimand-Norfolk	68 (65-70)	32 (30-35)
Haliburton, Kawartha, Pine Ridge	66 (63-69)	34 (31-37)
Halton	62 (59-65)	38 (35-41)
Leeds, Grenville and Lanark	67 (61-72)	33 (28-39)
Middlesex-London	61 (56-66)	39 (34-44)
Ottawa	65 (62-68)	35 (33-38)
Sudbury	66 (61-71)	34 (29-39)
York	67 (64-70)	33 (30-36)

Figure 4: Daily Fruit and Vegetable Consumption, Ontario Adults Aged 18 and Over, By Health Unit, 2011

