

General Health

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

January - December 2011

(Data was collected for Ontario and for all RRFSS-participating health units during this time period)

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

PURPOSE OF MODULE

The purpose of this RRFSS module is to assess adults' perception of their general health status.

KEY FINDINGS

- In 2011, 60% (95% CI, 58-62) of Ontario adults aged 18 and over reported their health as excellent or very good, 28% (95% CI, 26-30) reported their health as good and 12% (95% CI, 11-14) reported their health as fair or poor (see Figure 1 and Table 1).

Sex

- In 2011, the proportion of adults who reported excellent or very good, good, or fair or poor health in Ontario did not vary significantly by sex (see Figure 2).

Age Group

- In 2011, Ontario adults aged 65 and over were significantly more likely than Ontario adults aged 25-64 to report fair or poor health. They were also significantly more likely than adults aged 25-44 to report good health. This age group was significantly less likely than adults aged 25-44 and adults aged 45-64 to report excellent or very good health (see Figure 3).

Health Units

- In 2011, the proportion of adults reporting excellent or very good health in Chatham-Kent, Haldimand-Norfolk and Sudbury was significantly lower than in Ontario. The proportion of adults reporting excellent or very good health in Halton was significantly higher than in Ontario (see Figure 4 and Table 1).
- In 2011, the proportion of adults reporting good health in Chatham-Kent, Haldimand-Norfolk, Peel and Sudbury was significantly higher than in Ontario (see Figure 4 and Table 1).
- In 2011, the proportion of adults reporting fair or poor health was significantly lower in Halton than in Ontario (see Figure 4 and Table 1).

Figure 1: Self-Reported General Health Status, Ontario Adults Aged 18 and Over, 2011

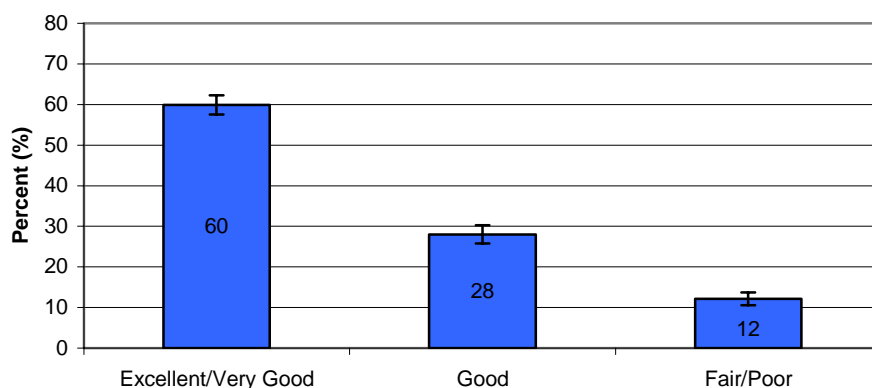
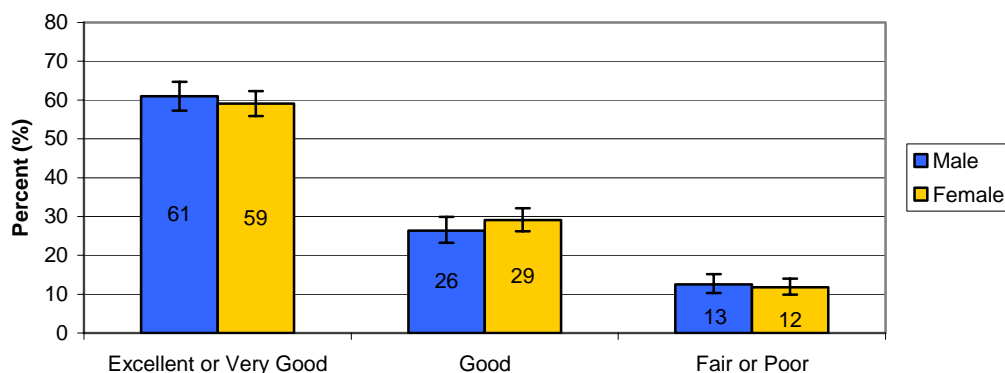


Figure 2: Self-Reported General Health Status, Ontario Adults Aged 18 and Over, By Sex, 2011



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 and are indicated with double asterisks (**).

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 households¹) 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.

Household weights for Ottawa have been adjusted to account for the French oversample.

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 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

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Figure 3: Self-Reported General Health Status, Ontario Adults Aged 18 and Over, By Age Group, 2011

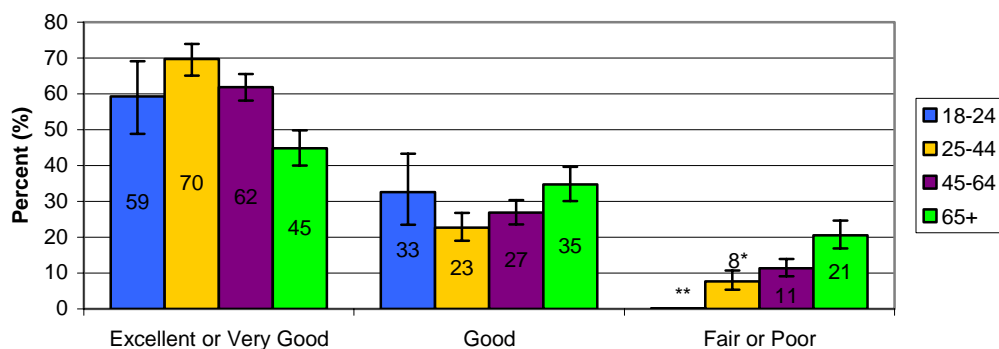


Table 1: Self-Reported General Health Status, Ontario Adults Aged 18 and Over, By Health Unit, 2011

Health Unit/Province	Excellent/Very Good		Good		Fair/Poor	
	Percent (95% CI)	↑↓	Percent (95% CI)	↑↓	Percent (95% CI)	↑↓
ONTARIO	60 (58-62)	-	28 (26-30)	-	12 (11-14)	-
Brant	56 (53-59)		33 (30-36)		12 (10-14)	
Chatham-Kent	50 (47-53)	↓	36 (33-39)	↑	14 (13-17)	
Durham Region	58 (56-61)		31 (28-33)		11 (10-13)	
Haldimand-Norfolk	53 (50-56)	↓	33 (31-36)	↑	14 (12-16)	
Haliburton, Kawartha, Pine Ridge	55 (52-58)		32 (29-35)		13 (11-15)	
Halton	66 (63-69)	↑	26 (24-29)		8 (7-10)	↓
Kingston	57 (55-60)		30 (27-32)		13 (11-15)	
Leeds, Grenville and Lanark	57 (54-61)		30 (27-33)		13 (11-15)	
Middlesex-London	57 (54-60)		31 (28-34)		13 (11-15)	
Niagara	56 (53-59)		30 (28-33)		14 (12-16)	
Ottawa	61 (58-64)		30 (27-33)		10 (8-12)	
Peel	56 (53-59)		33 (30-36)	↑	11 (9-13)	
Simcoe-Muskoka District	54 (51-58)		31 (28-35)		14 (12-17)	
Sudbury	51 (48-54)	↓	34 (31-36)	↑	15 (13-18)	
Waterloo	60 (57-63)		30 (28-33)		10 (8-12)	
York	58 (55-61)		32 (30-35)		10 (8-11)	

↓ Health Unit was significantly lower than Ontario ↑ Health Unit was significantly higher than Ontario

Figure 4: Self-Reported Excellent or Very Good Health Status, Ontario Adults Aged 18 and Over, By Health Unit, 2011

