

LHIN 6

Mississauga
Halton



6. Mississauga Halton LHIN

Key Findings

Top three priority risk factor population estimates by sex (see Table 6.1 below):

Females

Alcohol—current consumption

Smoking—ever-smoked status

Alcohol—consumption exceeding cancer prevention recommendations

Males

Alcohol—current consumption

Smoking—ever-smoked status

Smoking—current status

Physical activity

Risk factor summary

Alcohol—current consumption

Priority areas:

- Females: most areas throughout the western part of the LHIN, and many areas in the southern part
- Males: most areas throughout the western part of the LHIN, and many areas in the southern part
- Adolescent females: areas scattered throughout the LHIN and throughout Oakville
- Adolescent males: areas scattered throughout most of the LHIN, including many areas southwest of Mississauga and throughout Oakville

Alcohol—consumption exceeding cancer prevention recommendations

Priority areas:

- Females: areas clustered in Oakville and southwestern Mississauga
- Males: areas in the western part of the LHIN and parts of Oakville

Excess body weight

Priority areas:

- Females: areas towards eastern Mississauga
- Males: a few areas in the western half of the LHIN, in Milton and east of Georgetown

Inadequate vegetable and fruit consumption

Priority areas:

- Males: one area in Georgetown



Physical activity

Priority areas:

- Females: some parts of Mississauga
- Males: a few areas dispersed across Mississauga
- Adolescent males: two areas east of Georgetown

Sedentary behaviour

Priority areas:

- Females: very few areas in Mississauga

Smoking—current status

Priority areas:

- Females: a few areas scattered across Mississauga and in Milton
- Males: areas in Mississauga and near Milton and Acton
- Adolescent females: areas in Oakville and dispersed across Mississauga
- Adolescent males: a few areas scattered across Mississauga

Smoking—ever-smoked status

Priority areas:

- Females: areas in Oakville, and towards the western half of the LHIN
- Males: clusters in Mississauga, Oakville and in the western part of the LHIN near Milton and Acton



Introduction

This section describes the estimated local prevalence of risk factors across the LHIN compared to the Ontario prevalence estimates from 2000 to 2014. These comparisons are always relative to Ontario with respect to the level of statistical evidence for the underlying prevalence estimate and often the number of areas meeting specific criteria are presented in parentheses (e.g., n=40). Risk factor maps are presented for females and males age 12 and older, and for adolescent females and adolescent males ages 12 to 18 inclusive. Throughout the text, the terms “area(s)” and “local” refer to the 2006 census dissemination areas (see the [Data and Methods](#) section, page 3).

Exclusions

As discussed in the [Interpretation](#) section (page 7), maps are shown only for risk factor estimates in the LHIN where one or more local estimates were higher than Ontario (or lower than Ontario for physical activity). Therefore, the risk factor maps not displayed for Mississauga Halton LHIN include:

- excess body weight for adolescent females and adolescent males;
- inadequate vegetable and fruit consumption for females, adolescent females and adolescent males;
- physical activity for adolescent females; and
- sedentary behaviour among males, adolescent females and adolescent males.

Notes

Risk factor prevalence could not be estimated for several areas in the Mississauga Halton LHIN (e.g., suppressed census populations or institutionalized populations), which are shown as “insufficient data” on the maps. See [Appendix C](#) for a full list of areas in the insufficient data category.

Priority population estimates

Priority population estimates may be helpful in prioritizing health promotion and planning efforts for potential populations affected by certain modifiable risk factors. Table 6.1 (page 203) presents the estimated priority populations for each risk factor by sex and age group in the Mississauga Halton LHIN. Priority populations are defined as those living in areas with a higher risk factor prevalence (or lower prevalence for physical activity) than Ontario. These estimates were produced by summing the population from all higher (or lower for physical activity) prevalence small areas (2006 dissemination areas) after taking into account the risk factor prevalence of each area. For example, if among females 100 areas had a higher prevalence of current alcohol consumption than Ontario, the female 2006 census populations in each of these areas were multiplied by the prevalence of current alcohol consumption for each area and then summed across the 100 areas to produce an estimate of the female “priority population.” These calculations are intended to provide a measure to prioritize the risk factors rather than a population estimate.

According to the [Methods](#) (page 4) and [Interpretation](#) (page 7) sections, these higher prevalence areas had strong statistical evidence of elevated prevalence compared to Ontario (posterior probabilities $\geq 80\%$). An exception is physical activity, which had strong statistical evidence of lower prevalence estimates than Ontario (posterior probabilities $\leq 20\%$). Therefore, the population estimates for each risk factor are likely undercounted because areas with less statistical certainty (posterior probabilities $< 80\%$ and physical activity posterior probabilities $> 20\%$) are not included in the priority population estimates.



Table 6.1 Estimated priority populations among higher prevalence** dissemination areas compared to Ontario by risk factor, sex and age group, Mississauga Halton Local Health Integration Network (LHIN), using 2006 census populations

Risk factor	Female priority population**†	% of female population in the LHIN† (n=439,750)	Male priority population**†	% of male population in the LHIN† (n=412,040)	Adolescent female priority population**‡	% of adolescent female population in the LHIN† (n=49,150)	Adolescent male priority population**‡	% of adolescent male population in the LHIN† (n=52,570)
Alcohol—current consumption	102,530	23%	91,660	22%	610	1%	1,480	3%
Alcohol—consumption exceeding cancer prevention recommendations	6,070	1%	4,170	1%	NM	—	NM	—
Excess body weight	3,320	1%	1,140	0%	NE	—	NE	—
Inadequate vegetable and fruit consumption	NE	—	730	0%	NE	—	NE	—
Physical activity**	4,760	1%	770	0%	NP	—	30	0%
Sedentary behaviour	1,630	0%	NE	—	NE	—	NE	—
Smoking—current status	1,810	0%	4,620	1%	210	0%	20	0%
Smoking—ever-smoked status	34,360	8%	21,580	5%	NM	—	NM	—

NE = no estimates within the “higher” prevalence categories**; NM = not modelled

* Estimates rounded to multiples of 10

** For physical activity, priority populations are those living in areas with a lower risk factor prevalence compared to Ontario

† Population age 12 and older

‡ Population ages 12 to 18

— Value not applicable



Alcohol—current consumption

People age 12 and older

An estimated 70% of females and 79% of males in Ontario reported current alcohol consumption.

[Higher prevalence than Ontario](#)

For females (n=442; Figure 6.1), most areas in the western half of the LHIN and in the southern part of the LHIN had a higher prevalence of current alcohol consumption than the Ontario average. For males (n=375; Figure 6.2), there were many higher prevalence areas located in the western and southern parts of the LHIN as well, surrounding Halton Hills, Milton and throughout Oakville.

[Lower prevalence than Ontario](#)

For females (n=276; Figure 6.1) and males (n=187; Figure 6.2), areas with a lower prevalence of alcohol consumption than Ontario were typically located from central to northern Mississauga.

Adolescents

Among the adolescent population in Ontario, approximately 40% of females and males reported current alcohol consumption.

[Higher prevalence than Ontario](#)

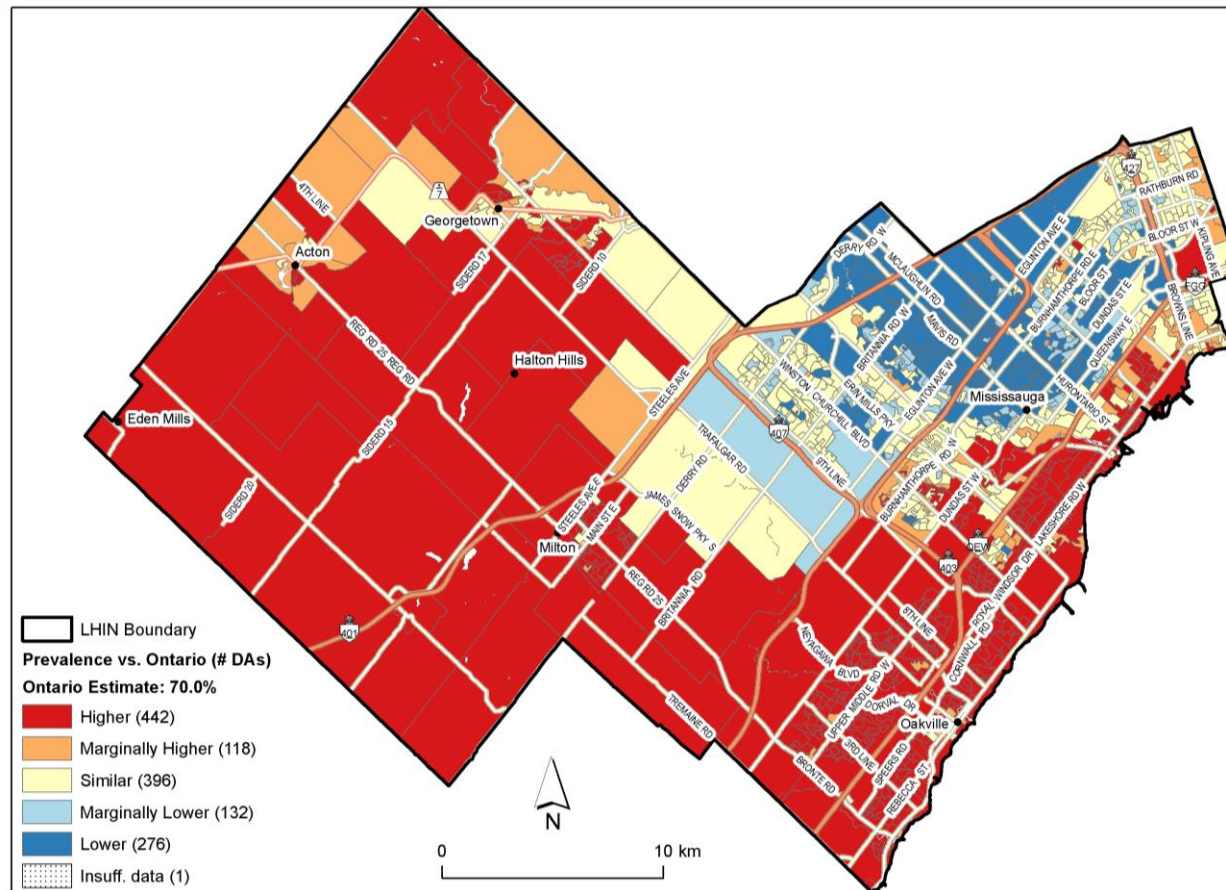
For adolescent females (n=54; Figure 6.3), areas with a higher prevalence of current alcohol consumption than Ontario were located predominantly in Oakville. For adolescent males (n=107; Figure 6.4), higher prevalence areas were scattered throughout the LHIN, with many areas in Oakville and some scattered throughout Mississauga and near Acton, Halton Hills and Milton.

[Lower prevalence than Ontario](#)

For adolescent females (n=711; Figure 6.3) and adolescent males (n=553; Figure 6.4), most areas throughout Mississauga had a lower prevalence of current alcohol consumption than the Ontario average. For adolescent females, additional areas were located in the western half of the LHIN, around Georgetown and Acton. For adolescent males, additional areas were located around Georgetown and Milton.



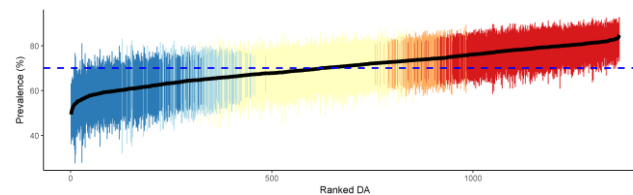
Figure 6.1 Current alcohol consumption among females (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Map created: 08-Sep-17

Category	Mean prevalence % (range)
Overall	70.6
Higher	78.7 (73.4, 85.0)
Marginally Higher	73.8 (72.3, 75.8)
Similar	69.7 (64.9, 73.6)
Marginally Lower	65.1 (60.3, 67.7)
Lower	60.3 (49.4, 65.6)

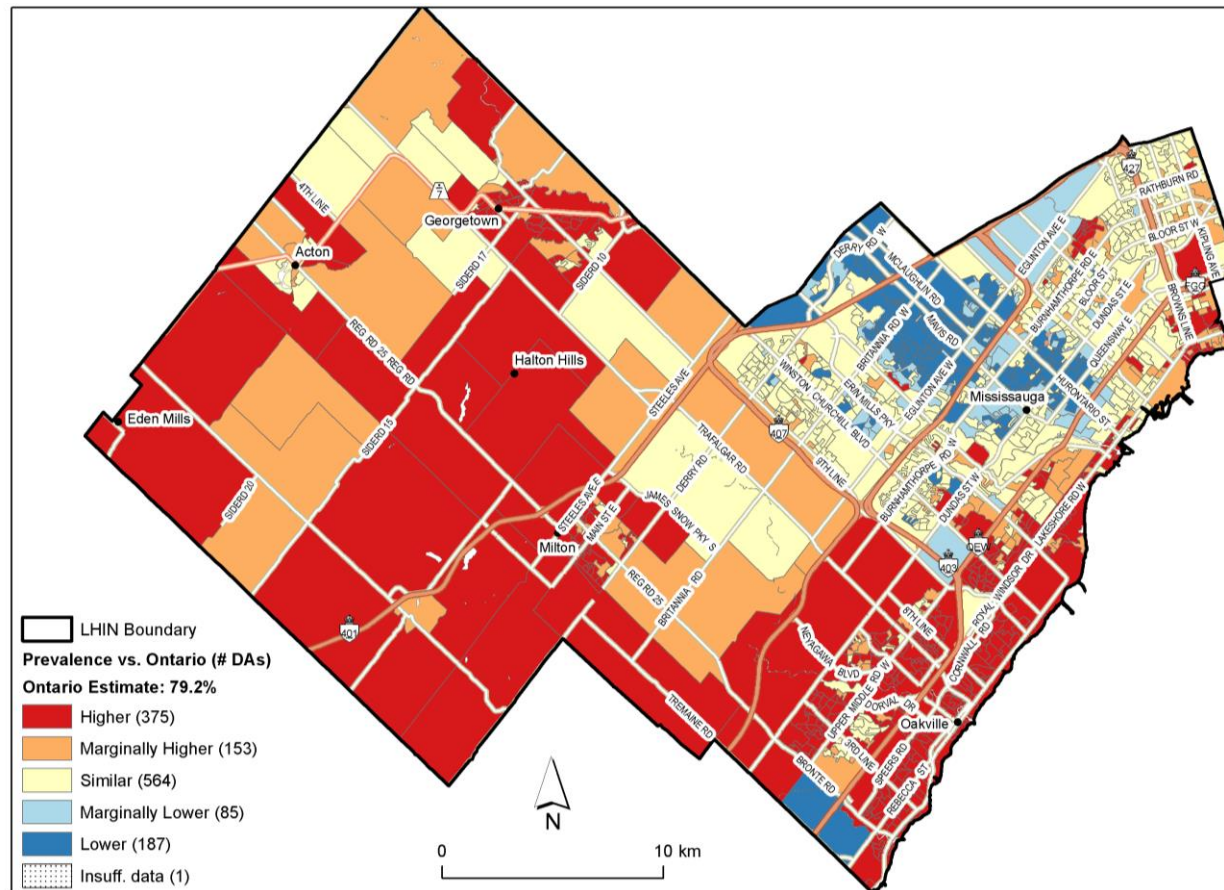
Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



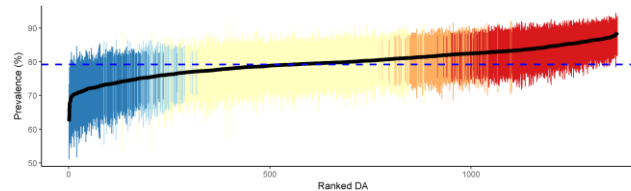
Figure 6.2 Current alcohol consumption among males (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Map created: 08-Sep-17

Category	Mean prevalence % (range)
Overall	79.8
Higher	84.5 (81.8, 88.7)
Marginally Higher	81.8 (80.6, 83.2)
Similar	79.0 (74.2, 81.5)
Marginally Lower	75.9 (73.1, 77.1)
Lower	73.0 (62.3, 76.6)

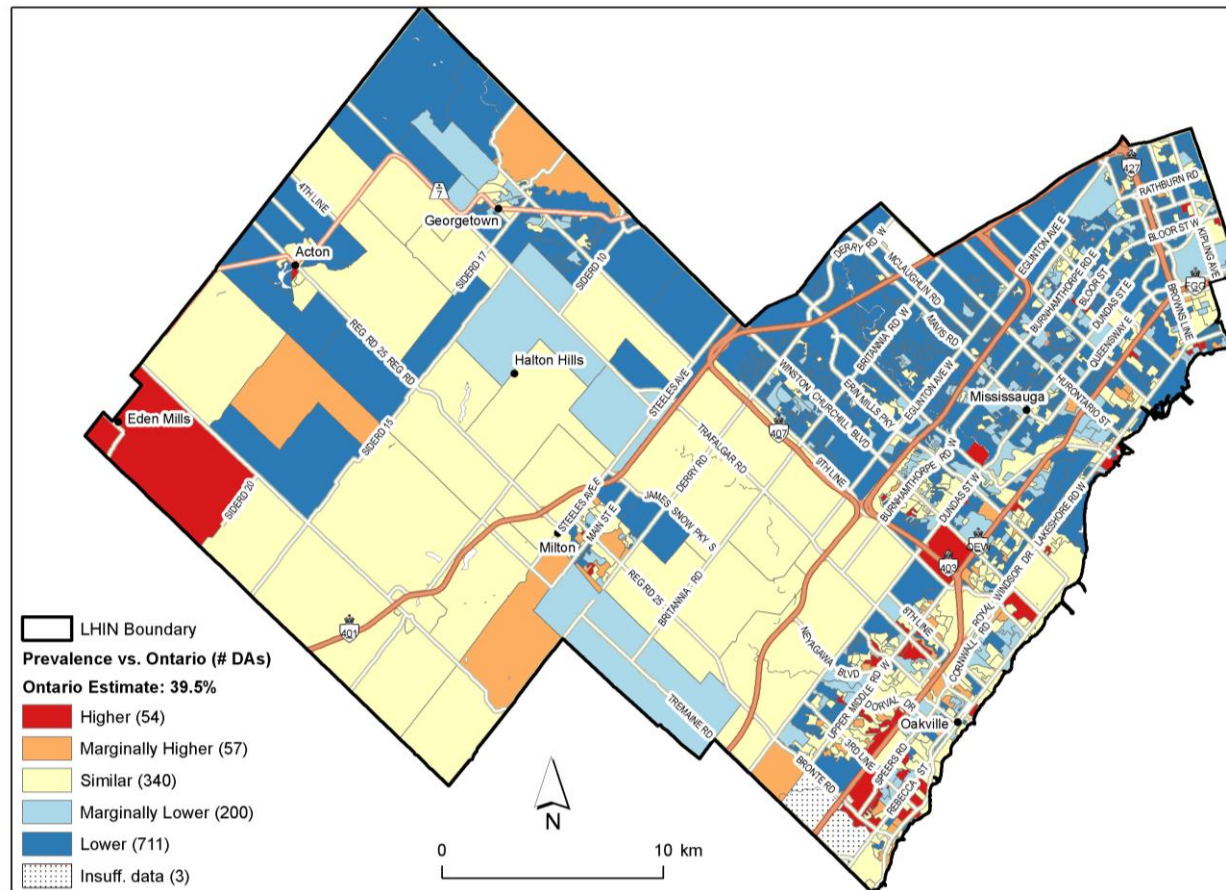
Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



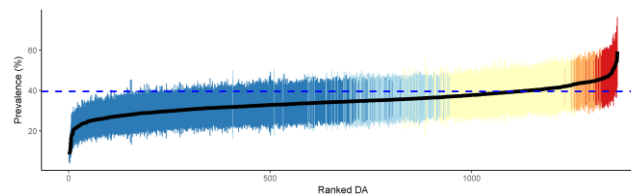
Figure 6.3 Current alcohol consumption among adolescent females (ages 12 to 18), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Map created: 08-Sep-17

Category	Mean prevalence % (range)
Overall	34.6
Higher	47.9 (44.1, 59.3)
Marginally Higher	43.9 (42.1, 45.7)
Similar	39.1 (35.7, 43.8)
Marginally Lower	35.5 (31.9, 37.0)
Lower	30.4 (8.5, 35.6)

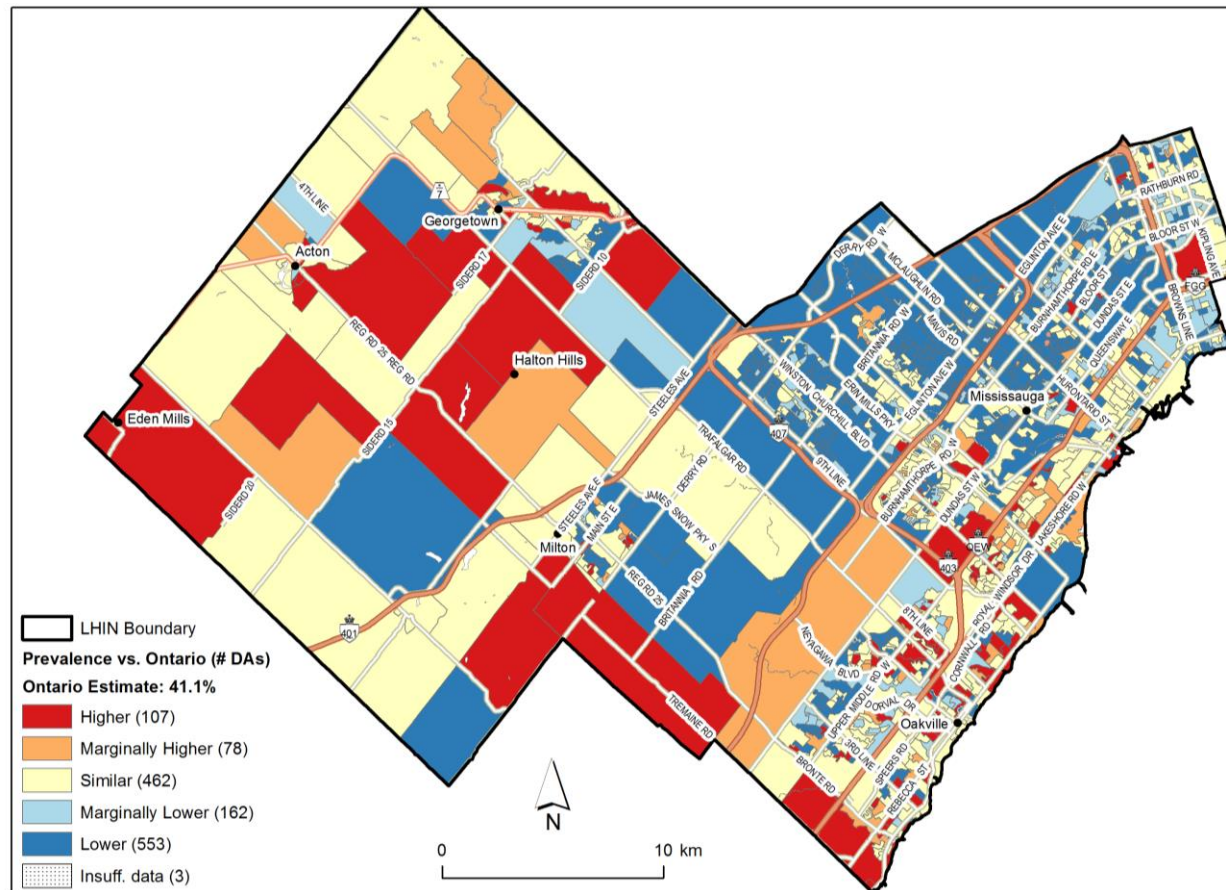
Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



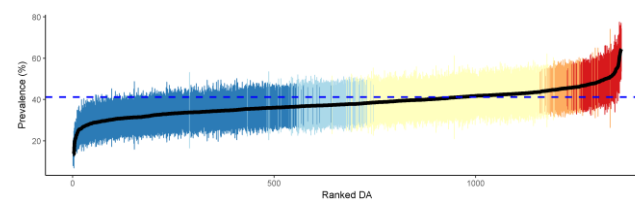
Figure 6.4 Current alcohol consumption among adolescent males (ages 12 to 18), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Map created: 11-Sep-17

Category	Mean prevalence % (range)
Overall	38.2
Higher	50.1 (45.6, 64.5)
Marginally Higher	45.4 (43.7, 51.1)
Similar	41.0 (37.4, 44.8)
Marginally Lower	37.3 (33.8, 38.6)
Lower	32.8 (13.4, 37.4)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



Alcohol—consumption exceeding cancer prevention recommendations

People age 12 and older

Almost 7% of the female population in Ontario drank alcohol in excess of the recommended limits for cancer prevention. Among males, the Ontario prevalence of exceeding the recommended limits was 8.5%.

Higher prevalence than Ontario

For females, areas with a higher prevalence of alcohol consumption in excess of the recommended limits for cancer prevention than the Ontario average (n=213; Figure 6.5) were located in the southeastern part of the LHIN, in most parts of Oakville and a few parts of Mississauga. For males (n=119; Figure 6.6), higher prevalence areas were located in many parts of Oakville and in the western half of the LHIN, near Acton, Milton and Eden Mills.

Lower prevalence than Ontario

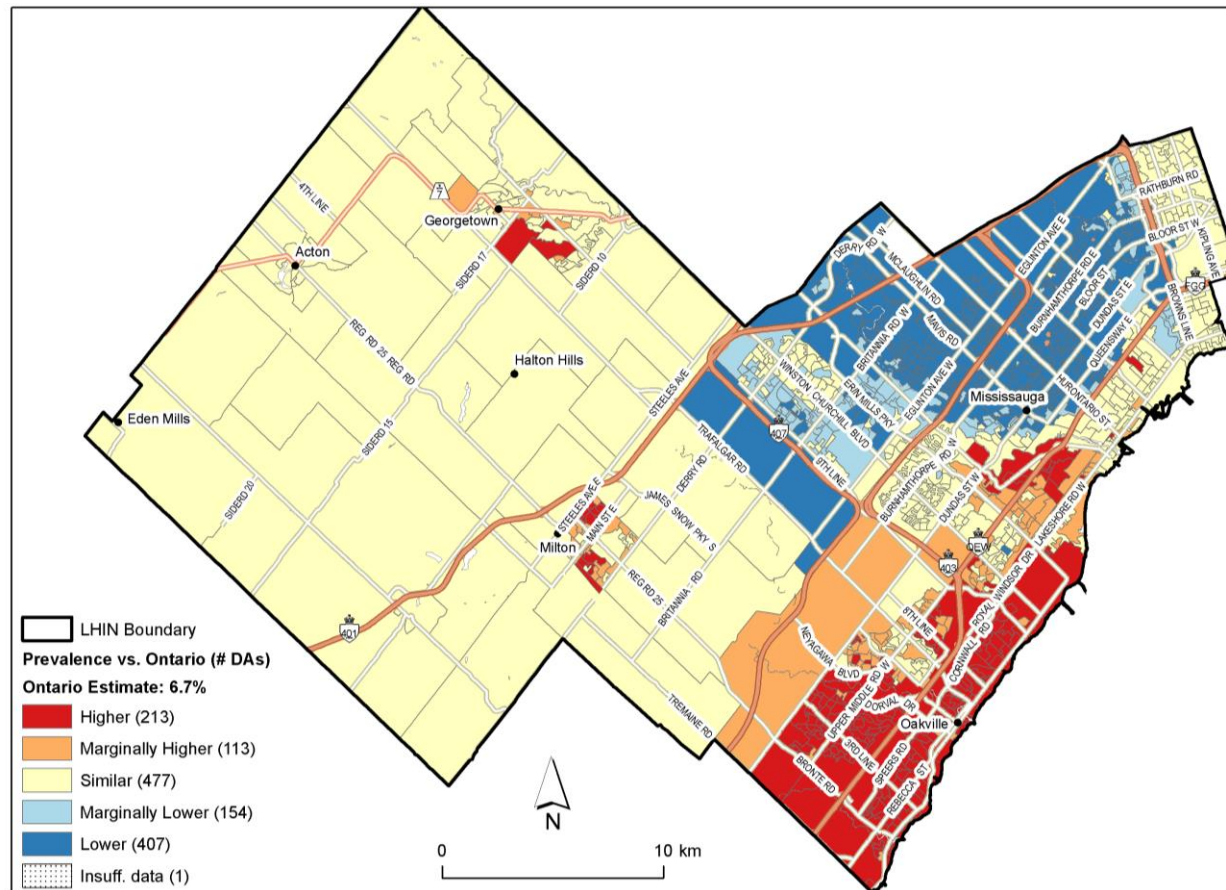
Areas with a lower prevalence of alcohol consumption in excess of the recommended limits were found in central and northern Mississauga for both sexes (females, n=407; Figure 6.5; males, n=504; Figure 6.6).

Adolescents

The area-based prevalence of exceeding cancer prevention recommendations was not estimated for adolescent populations.



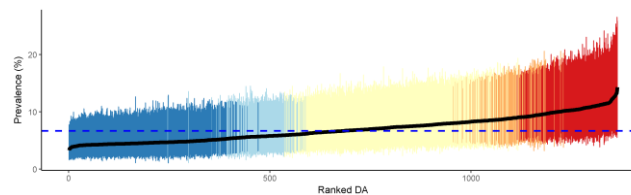
Figure 6.5 Alcohol consumption exceeding cancer prevention recommendations among females (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Map created: 11-Sep-17

Category	Mean prevalence % (range)
Overall	6.9
Higher	10.5 (9.0, 14.3)
Marginally Higher	8.9 (8.0, 10.2)
Similar	7.3 (5.9, 9.0)
Marginally Lower	5.7 (4.7, 6.2)
Lower	4.6 (3.3, 5.7)

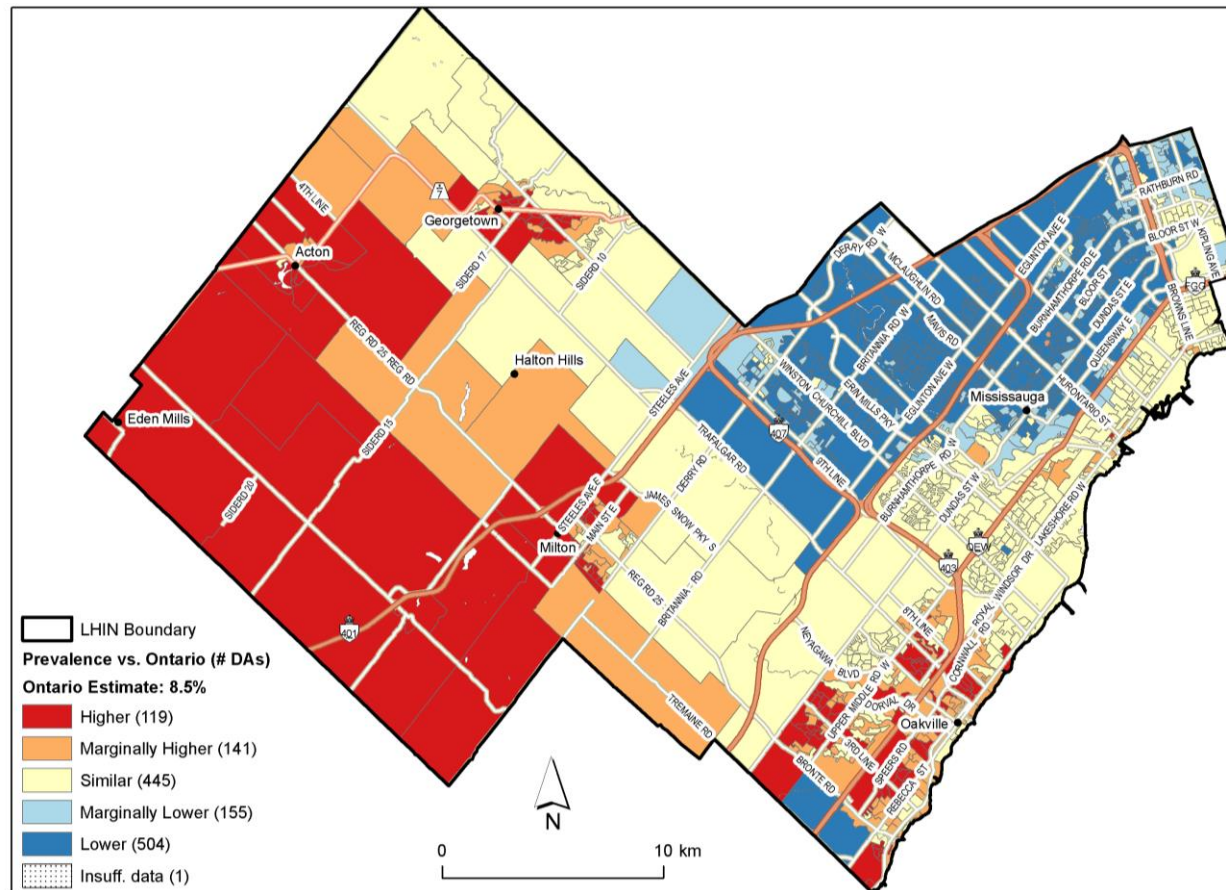
Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



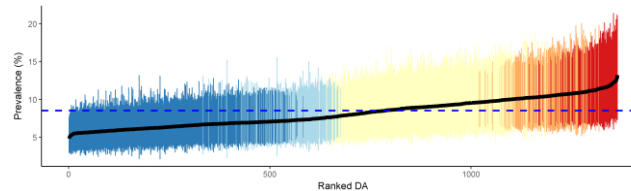
Figure 6.6 Alcohol consumption exceeding cancer prevention recommendations among males (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Map created: 11-Sep-17

Category	Mean prevalence % (range)
Overall	8.2
Higher	11.3 (10.2, 13.2)
Marginally Higher	10.4 (9.6, 11.4)
Similar	9.0 (7.5, 10.4)
Marginally Lower	7.3 (6.7, 7.8)
Lower	6.4 (4.8, 7.3)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



Excess body weight

People age 12 and older

The estimated Ontario prevalence of excess body weight (overweight or obese) was 41% among females and 56% among males.

Higher prevalence than Ontario

For females, areas with a higher prevalence of excess body weight than the Ontario average (n=16; Figure 6.7) were mostly located in eastern Mississauga. For males (n=9; Figure 6.8), the few higher prevalence areas identified were scattered throughout the western half of the LHIN around Georgetown and Milton.

Lower prevalence than Ontario

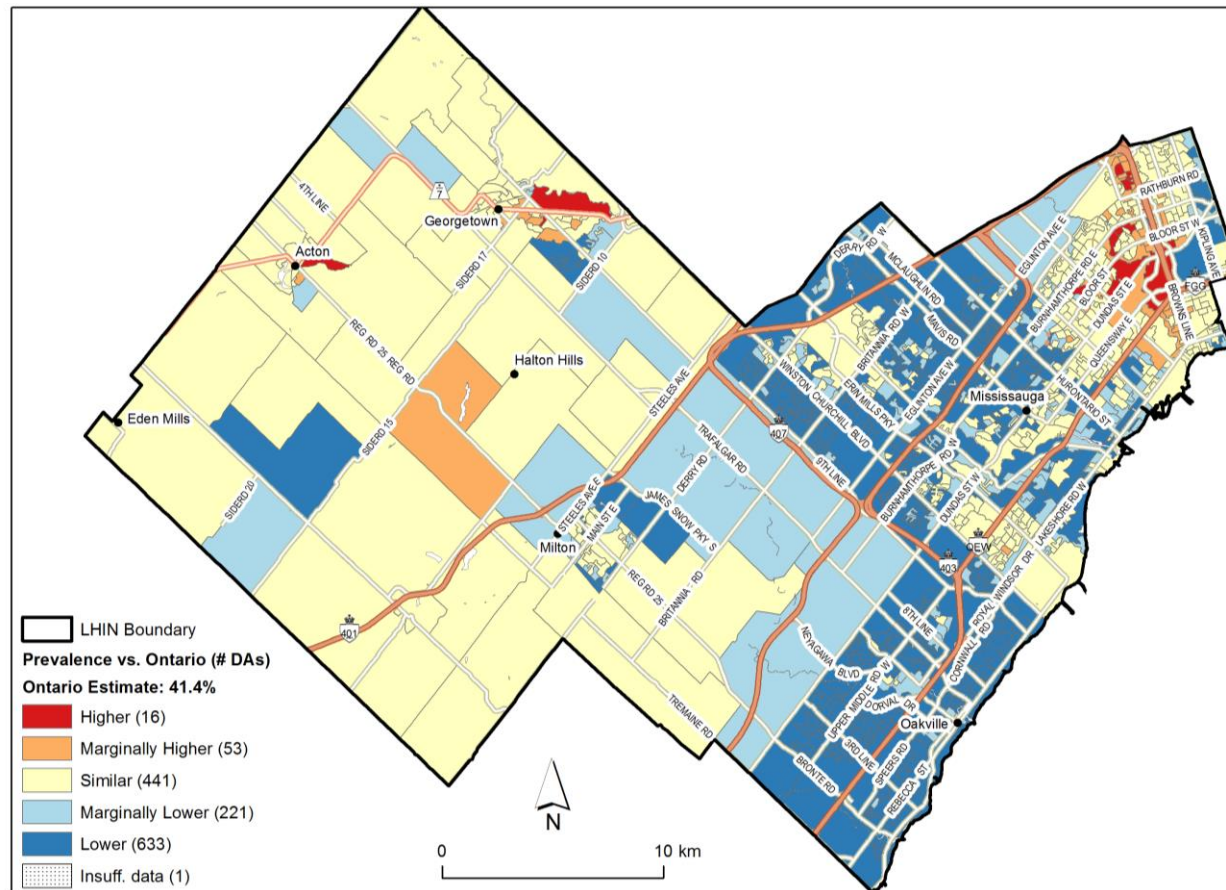
For females (n=633; Figure 6.7) and males (n=559; Figure 6.8), most areas with a lower prevalence of excess body weight than the Ontario average were located in the eastern half of the LHIN, in many parts of Mississauga and Oakville. For females, a few additional areas were located in Milton.

Adolescents

Among Ontario adolescents, an estimated 15% of females and 25% of males were overweight or obese. In the Mississauga Halton LHIN, there were no areas with a higher prevalence than Ontario for adolescents, which is why those maps are not shown.



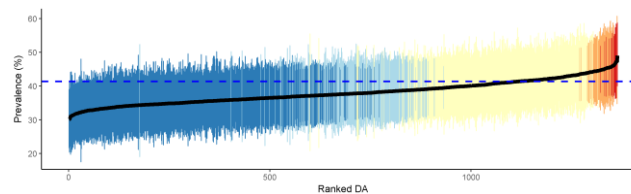
Figure 6.7 Excess body weight (overweight/obese) among females (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Map created: 11-Sep-17

Category	Mean prevalence % (range)
Overall	38.0
Higher	46.3 (44.8, 49.1)
Marginally Higher	44.8 (43.6, 47.3)
Similar	41.0 (37.1, 44.5)
Marginally Lower	38.0 (34.4, 39.5)
Lower	35.2 (30.1, 38.2)

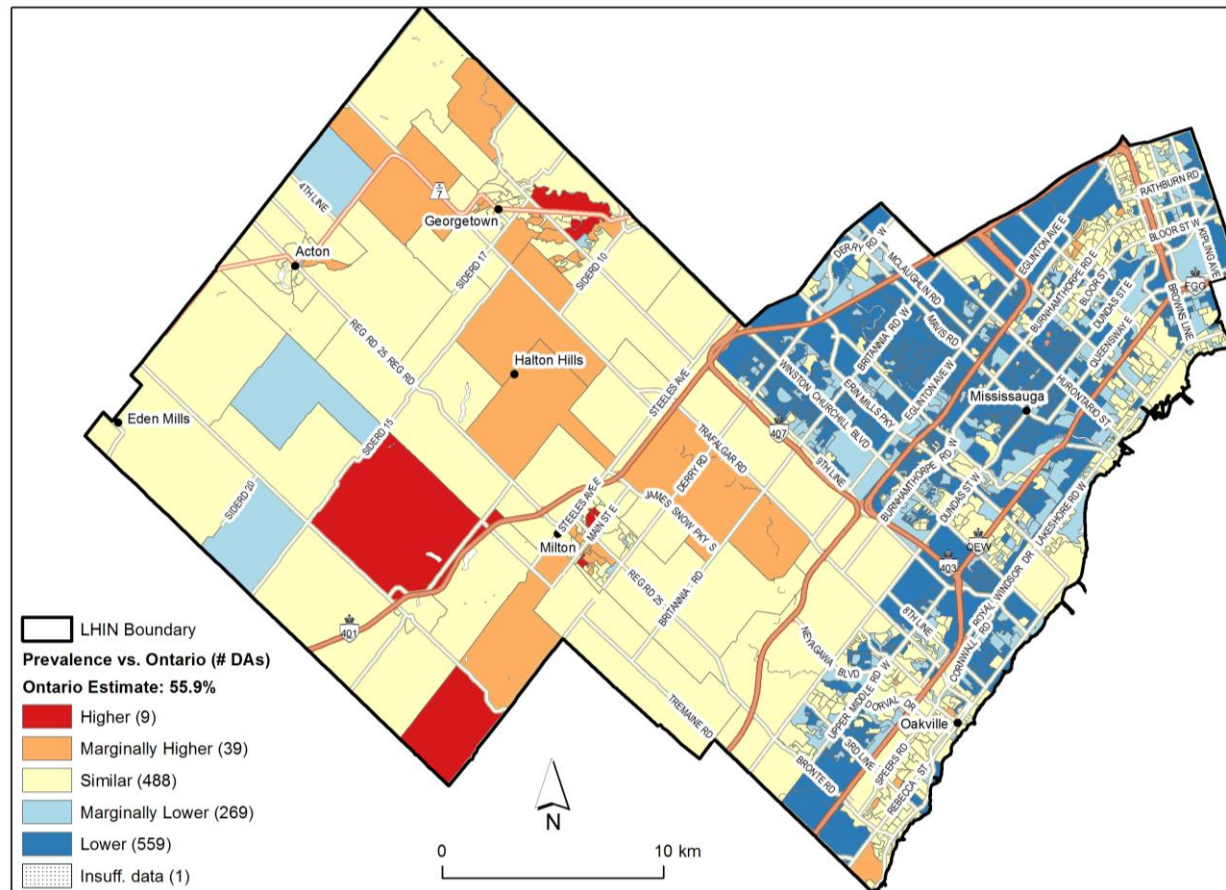
Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



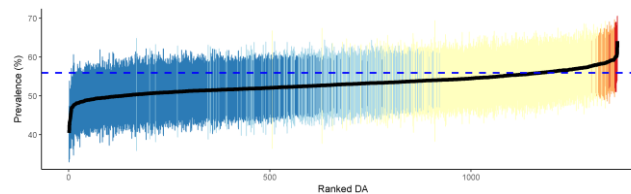
Figure 6.8 Excess body weight (overweight/obese) among males (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Map created: 11-Sep-17

Category	Mean prevalence % (range)
Overall	53.1
Higher	60.4 (58.9, 64.1)
Marginally Higher	58.6 (57.8, 59.6)
Similar	55.3 (52.1, 58.5)
Marginally Lower	52.9 (50.4, 54.1)
Lower	50.8 (40.4, 53.4)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



Inadequate vegetable and fruit consumption

People age 12 and older

Inadequate consumption of vegetables and fruits was common across Ontario, with approximately 63% of females and 77% of males reporting inadequate consumption.

Higher prevalence than Ontario

There were no areas with a higher prevalence of inadequate vegetable and fruit consumption than the Ontario average identified for females in the Mississauga Halton LHIN. For males, only one area with a higher prevalence of inadequate vegetable and fruit consumption in the LHIN was identified. This area was located near Georgetown (Figure 6.9).

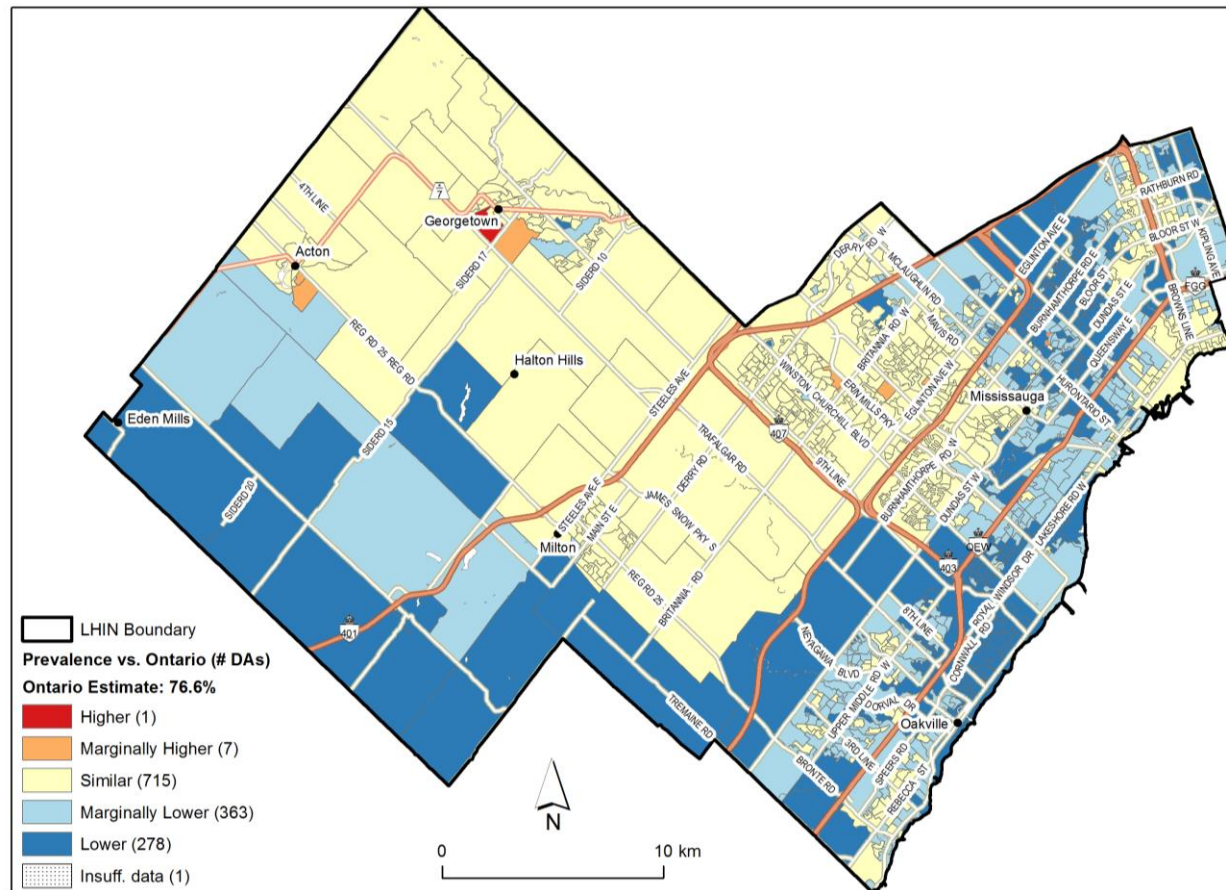
Lower prevalence than Ontario

For males (n=278; Figure 6.9), areas with a lower prevalence of inadequate vegetable and fruit consumption than Ontario were located throughout Mississauga and Oakville and in the western part of the LHIN near Eden Mills and Milton.

Adolescents

More than two thirds of the adolescent Ontario population had inadequate vegetable and fruit consumption at approximately 68% for females and 74% for males. In the Mississauga Halton LHIN, there were no areas with a higher prevalence than the Ontario average for adolescents, which is why those maps are not shown.

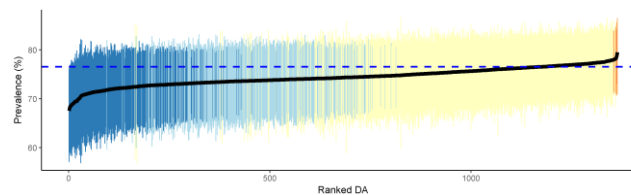
Figure 6.9 Inadequate vegetable and fruit consumption among males (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Map created: 12-Sep-17

Category	Mean prevalence % (range)
Overall	74.4
Higher	79.2 (79.2, 79.2)
Marginally Higher	78.4 (78.0, 79.5)
Similar	75.7 (72.5, 78.2)
Marginally Lower	73.7 (71.8, 74.8)
Lower	72.0 (67.6, 73.9)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



Physical activity

Because physical activity reduces cancer risk, lower prevalence estimates of this risk factor are of interest. The colour scheme of the maps was inverted so that the “lower than Ontario” estimates are displayed in red.

People age 12 and older

Most of the Ontario population was not physically active, with approximately one in five (23%) females and one in three (30%) males being physically active.

Lower prevalence than Ontario

In the Mississauga Halton LHIN, there were more areas with a lower prevalence of physical activity than the Ontario average for females (n=43; Figure 6.10) compared to males (n=8; Figure 6.11). For both sexes, most of these areas were mostly scattered throughout Mississauga.

Higher prevalence than Ontario

Areas with a higher prevalence of physical activity compared to the Ontario average were typically detected in Oakville, southern Mississauga and Milton for females (n=213; Figure 6.10) and males (n=309; Figure 6.11). For females, additional areas were located towards the western part of the LHIN, near Action and Eden Mills and south of Milton.

Adolescents

Adolescents were more physically active than adults, with approximately 40% of adolescent females and 57% of adolescent males being active.

Lower prevalence than Ontario

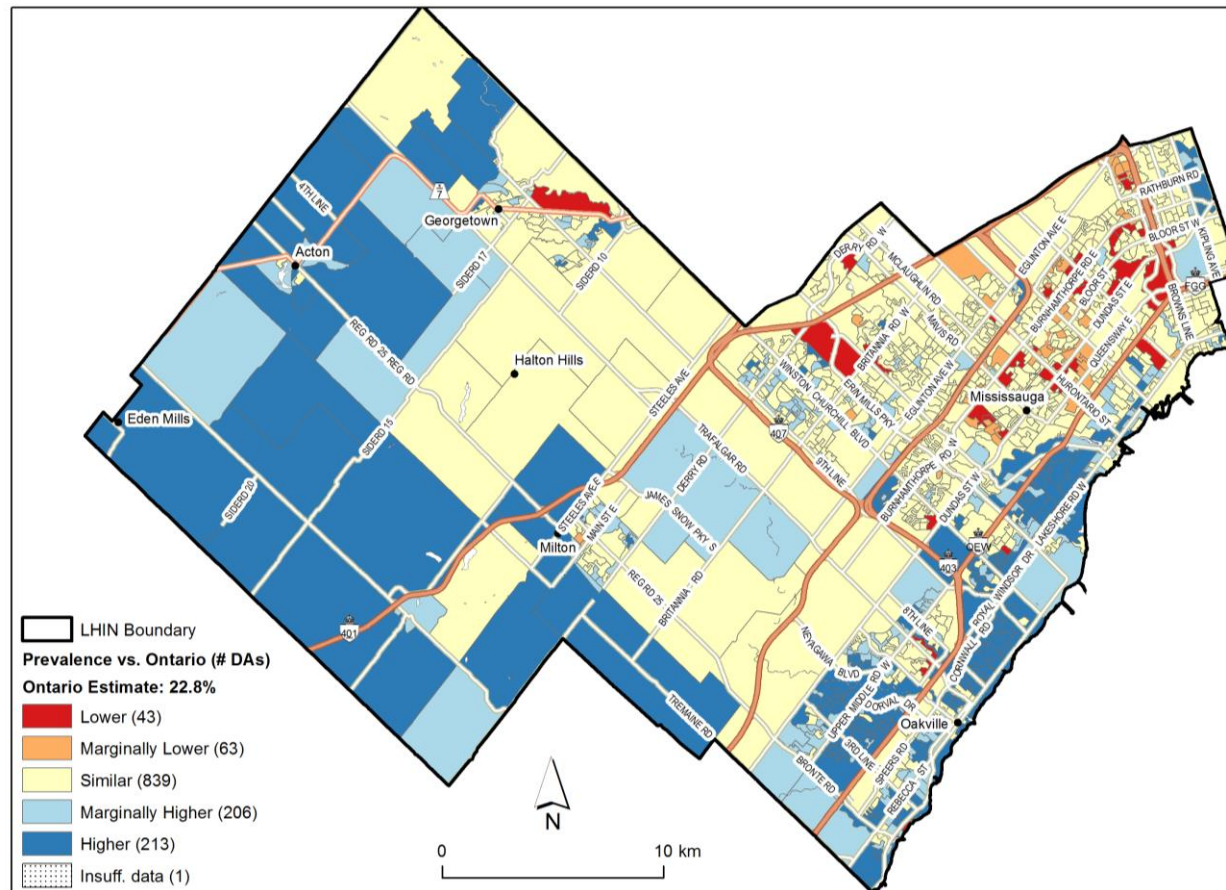
There were no areas with a lower prevalence of physical activity than the Ontario average for adolescent females, which is why that map is not shown. For adolescent males (Figure 6.12), there were only two areas with a lower prevalence of physical activity. These were located near Georgetown.

Higher prevalence than Ontario

Areas with a higher prevalence of physical activity, than Ontario for adolescent males (n=8; Figure 6.12) were located in northeastern Oakville.

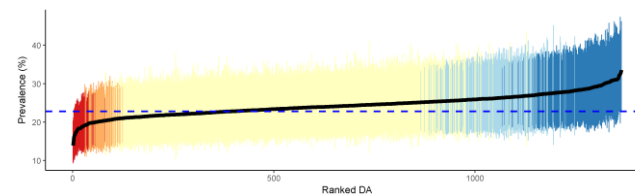


Figure 6.10 Physical activity among females (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	24.4
Lower	18.4 (13.9, 20.4)
Marginally Lower	20.3 (19.1, 21.0)
Similar	23.4 (20.4, 26.9)
Marginally Higher	26.3 (25.2, 28.2)
Higher	28.7 (26.4, 33.5)

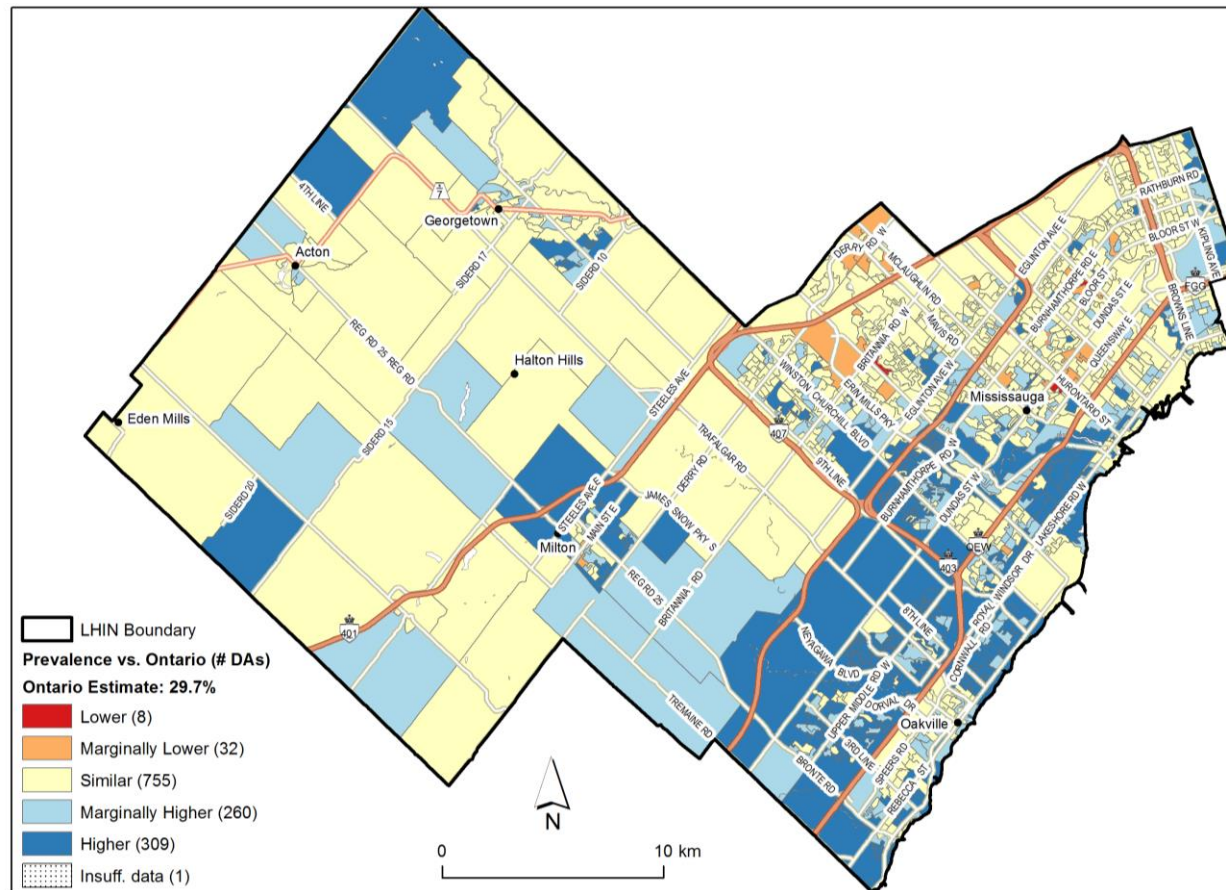
Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



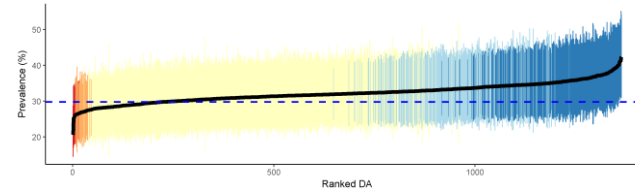
Figure 6.11 Physical activity among males (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Map created: 11-Sep-17

Category	Mean prevalence % (range)
Overall	32.2
Lower	25.1 (20.6, 26.5)
Marginally Lower	26.9 (26.2, 27.6)
Similar	30.7 (27.1, 33.4)
Marginally Higher	33.3 (31.9, 35.7)
Higher	35.7 (33.2, 42.4)

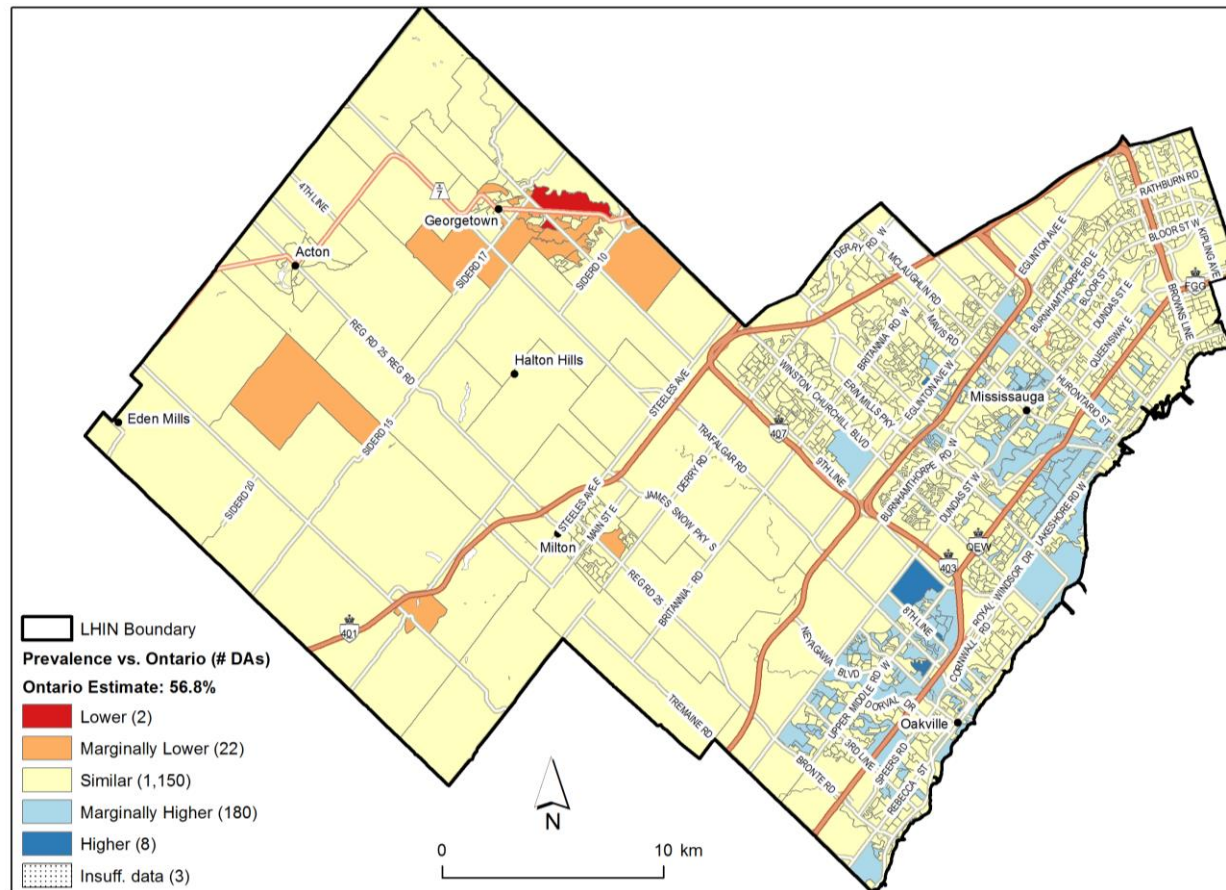
Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

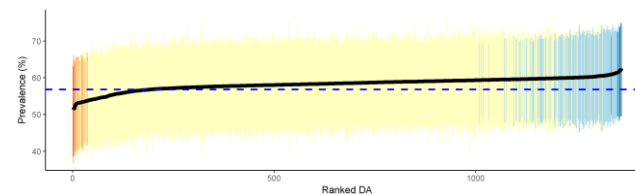


Figure 6.12 Physical activity among adolescent males (ages 12 to 18), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	58.3
Lower	51.6 (51.3, 51.9)
Marginally Lower	53.0 (51.6, 53.8)
Similar	58.1 (52.8, 60.5)
Marginally Higher	60.2 (59.4, 62.1)
Higher	61.8 (60.9, 62.6)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



Sedentary behaviour

People age 12 and older

Approximately half of the Ontario population reported sedentary behaviour during leisure time (females, 49%; males, 56%).

Higher prevalence than Ontario

Areas with a higher prevalence of sedentary behaviour than the Ontario average were uncommon for females (n=4; Figure 6.13). These areas were located in Mississauga and Oakville. In the Mississauga Halton LHIN, there were no higher prevalence areas for males, which is why that map is not shown.

Lower prevalence than Ontario

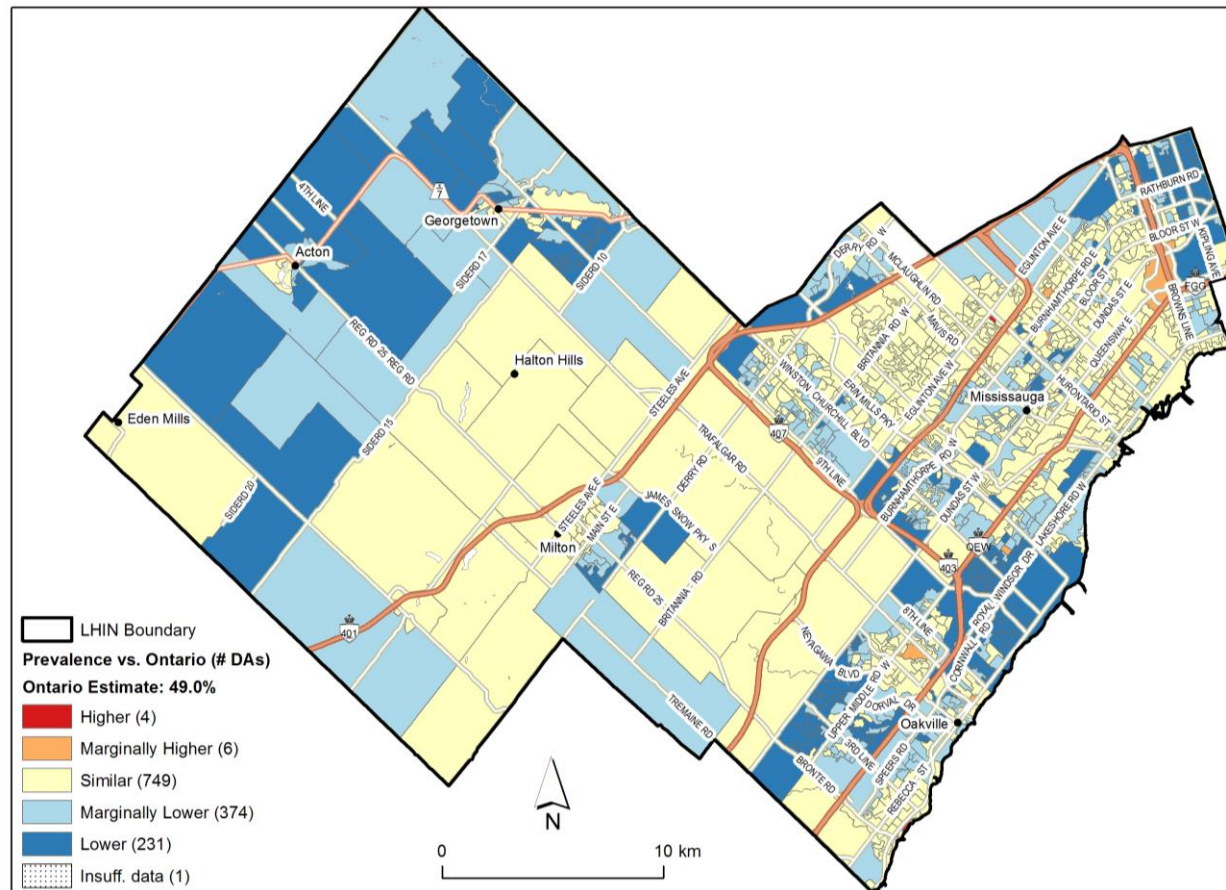
For females (n=231; Figure 6.13), areas with a lower prevalence of sedentary behaviour than Ontario were scattered across the LHIN in Oakville and Mississauga, and around Acton, Georgetown and Milton.

Adolescents

More than half of the Ontario adolescent population reported sedentary behaviour during leisure time, at approximately 55% for females and 60% for males. In the Mississauga Halton LHIN, there were no areas of higher prevalence for adolescents, which is why those maps are not shown.



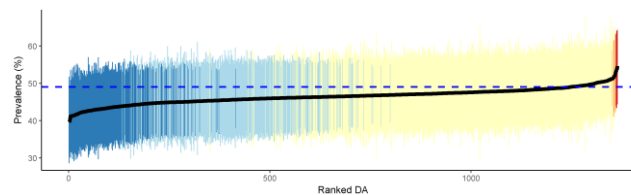
Figure 6.13 Sedentary behaviour among females (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Map created: 11-Sep-17

Category	Mean prevalence % (range)
Overall	46.5
Higher	53.9 (53.3, 54.7)
Marginally Higher	52.1 (51.2, 53.2)
Similar	47.8 (45.4, 52.2)
Marginally Lower	45.6 (43.9, 46.9)
Lower	43.5 (39.6, 45.7)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



Smoking—current status

People age 12 and older

Current tobacco smoking was reported by 17% of Ontario females and 24% of males.

[Higher prevalence than Ontario](#)

For females (n=22; Figure 6.14) and males (n=43; Figure 6.15), areas with a higher prevalence of current smoking than the Ontario average were scattered across Mississauga, and located around Milton and Acton.

[Lower prevalence than Ontario](#)

For females (n=420; Figure 6.14) and males (n=437; Figure 6.15), most areas with a lower prevalence of current smoking than Ontario were located towards the central part of the LHIN, in many parts of Mississauga. For females, additional areas were located along the western boundary of the LHIN and in some areas south of Milton. For males, many lower prevalence areas were located in Oakville.

Adolescents

Approximately 8% of adolescent females and adolescent males in Ontario reported that they currently smoked tobacco.

[Higher prevalence than Ontario](#)

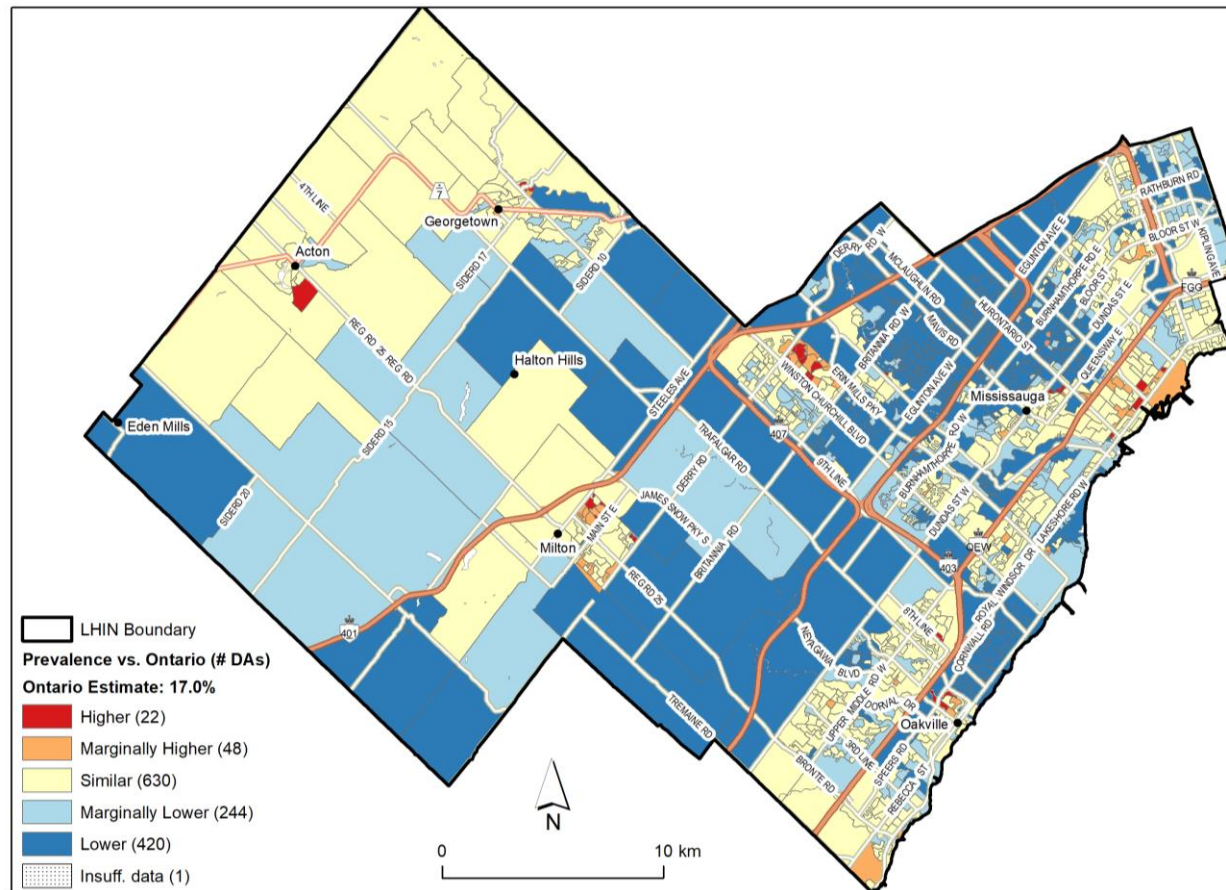
For adolescent females (n=54; Figure 6.16) and adolescent males (n=9; Figure 6.17), most areas with a higher prevalence of current smoking than the Ontario average were located in the eastern half of the LHIN. For adolescent females, most areas were located in Oakville. For adolescent males, these areas were scattered across Mississauga and Oakville.

[Lower prevalence than Ontario](#)

For adolescent females (n=163; Figure 6.16), most areas with a lower prevalence of current smoking than Ontario were located in northern Mississauga. Among adolescent males (n=327; Figure 6.17), lower prevalence areas were distributed more widely across the LHIN. Most of these areas were located in northwest Mississauga, in Oakville and near Milton or Georgetown.

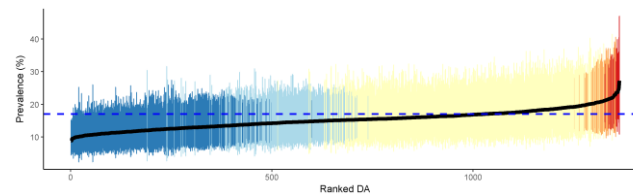


Figure 6.14 Current smoking among females (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	15.3
Higher	23.0 (21.2, 27.3)
Marginally Higher	20.9 (19.3, 23.1)
Similar	17.0 (14.3, 22.0)
Marginally Lower	14.4 (12.1, 15.5)
Lower	12.2 (8.9, 14.8)

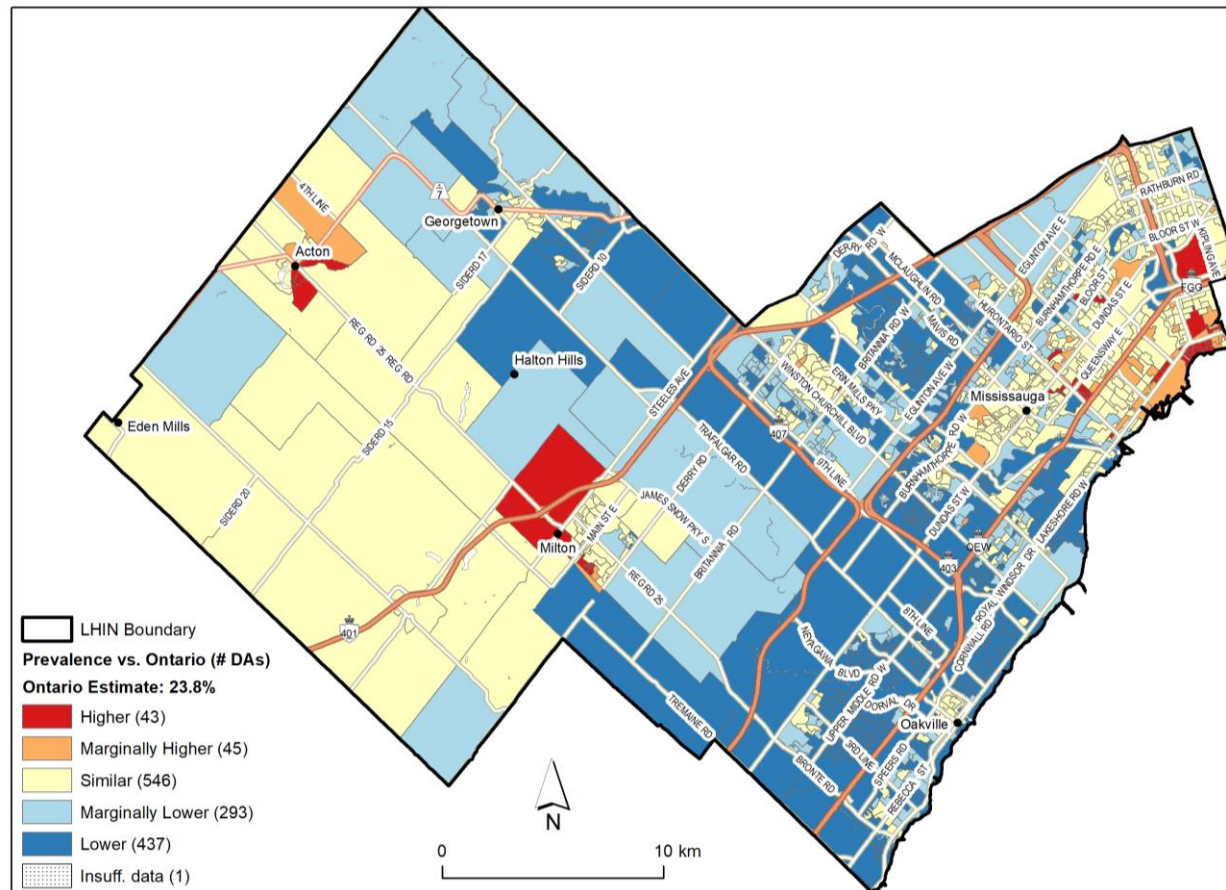
Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



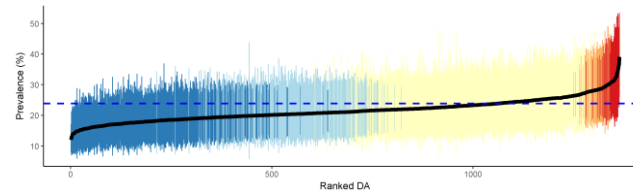
Figure 6.15 Current smoking among males (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Map created: 11-Sep-17

Category	Mean prevalence % (range)
Overall	21.5
Higher	31.1 (27.5, 39.1)
Marginally Higher	28.2 (26.4, 30.4)
Similar	23.6 (20.7, 28.2)
Marginally Lower	20.6 (18.2, 22.0)
Lower	18.0 (12.1, 20.9)

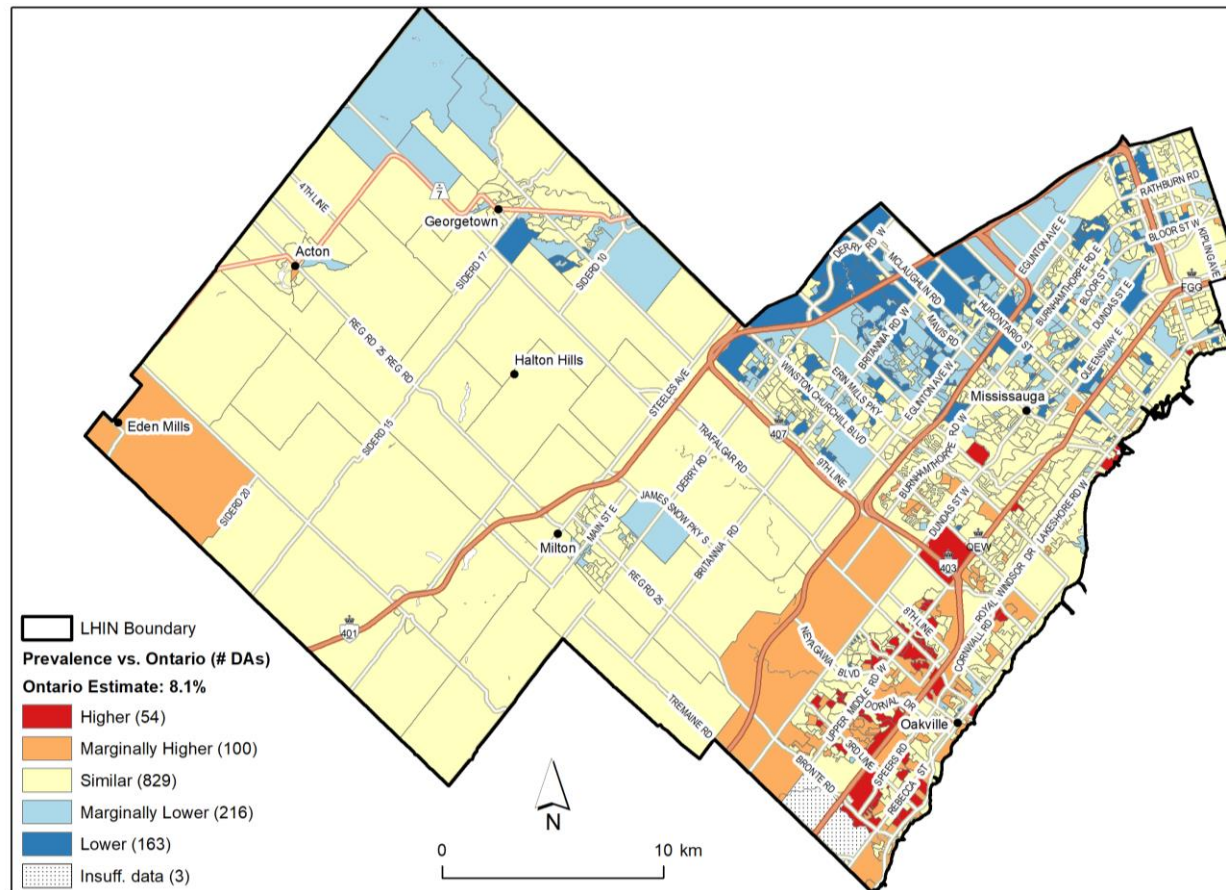
Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

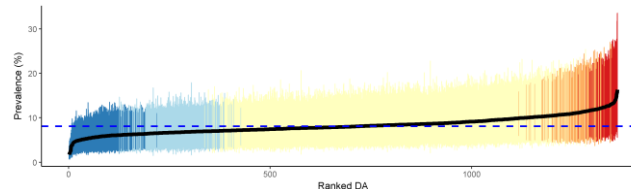


Figure 6.16 Current smoking among adolescent females (ages 12 to 18), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	8.2
Higher	12.7 (11.1, 16.3)
Marginally Higher	11.1 (9.9, 13.0)
Similar	8.5 (7.0, 11.4)
Marginally Lower	6.7 (6.1, 7.2)
Lower	5.6 (1.7, 6.5)

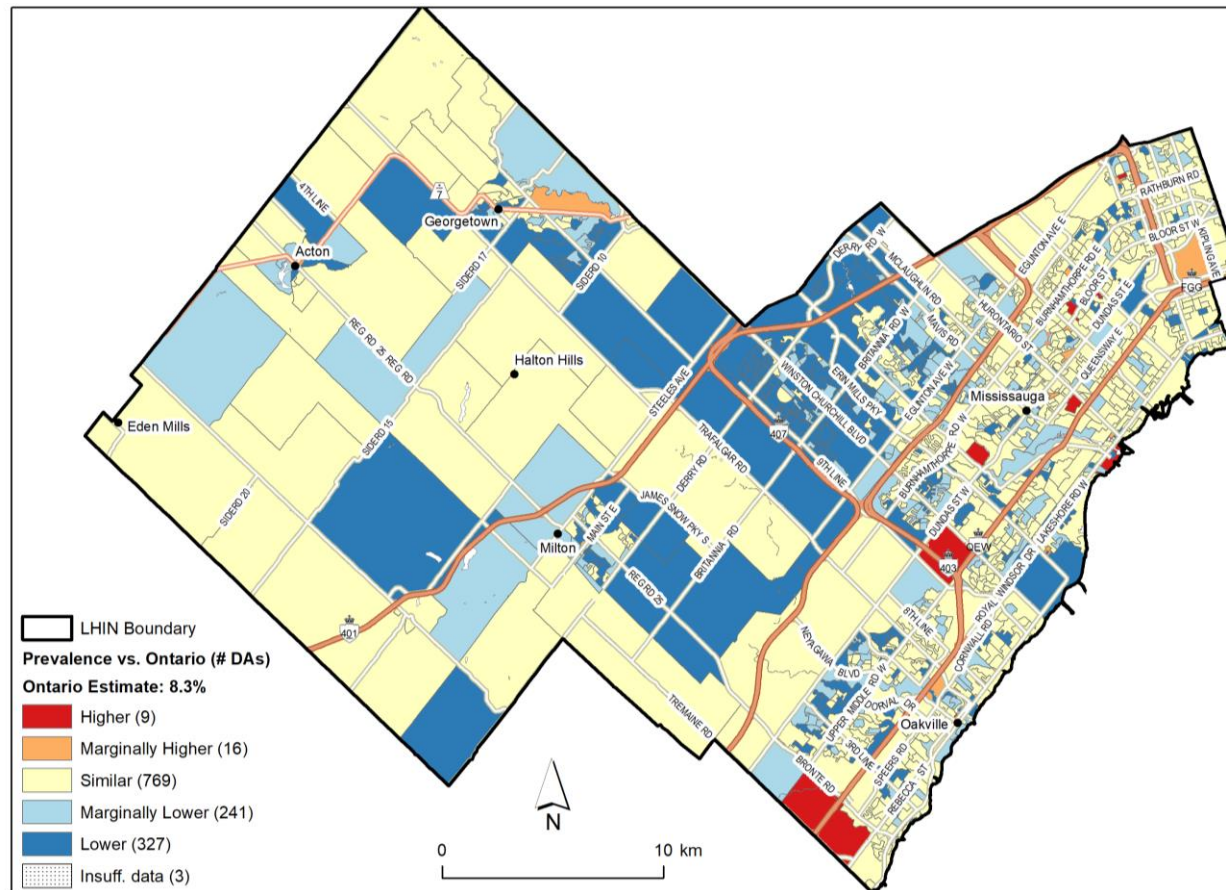
Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

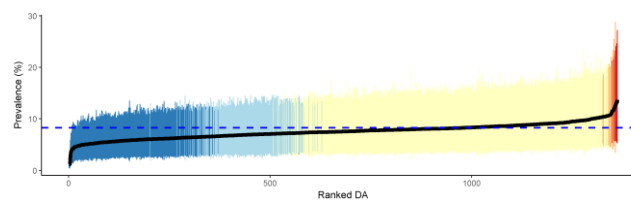


Figure 6.17 Current smoking among adolescent males (ages 12 to 18), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	7.5
Higher	12.7 (11.6, 13.7)
Marginally Higher	11.1 (10.4, 12.6)
Similar	8.4 (7.1, 10.8)
Marginally Lower	6.9 (6.1, 7.4)
Lower	5.7 (1.1, 6.6)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.



Smoking—ever-smoked status

People age 12 and older

Approximately one in two Ontario females and three in five Ontario males reported having ever-smoked.

Higher prevalence than Ontario

For females, areas with a higher prevalence of ever-smoked status (n=218; Figure 6.18) than the Ontario average were located in many parts of Oakville, some parts of Mississauga, and areas around Georgetown, Acton, Eden Mills and Milton. For males, many higher prevalence areas (n=135; Figure 6.19) were located in northeastern Mississauga, in Oakville and in some areas around Georgetown, Acton, Eden Mills and Milton.

Lower prevalence than Ontario

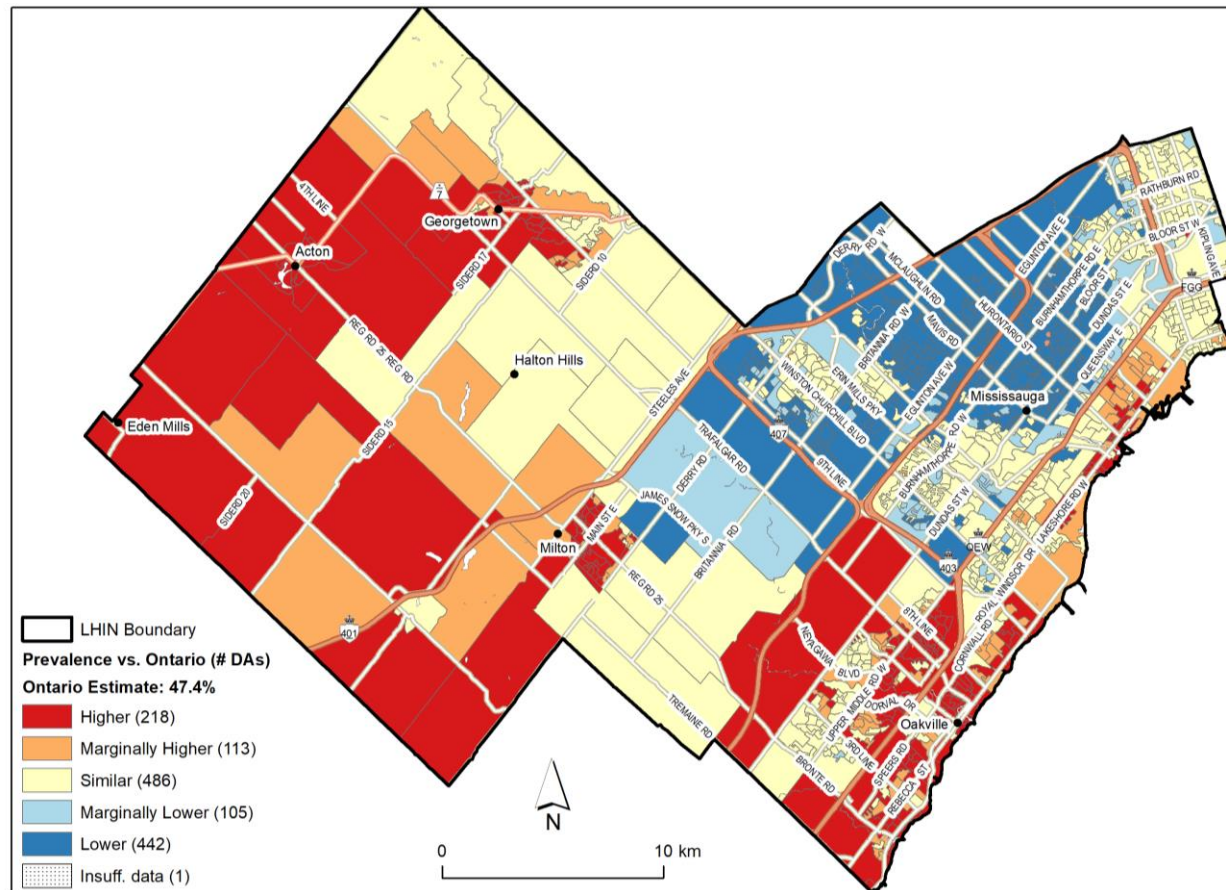
For females, areas with a lower prevalence of ever-smoked status (n=442; Figure 6.18) than Ontario were located mostly in northern or western Mississauga. For males, lower prevalence areas (n=500; Figure 6.19) were located in many parts of Mississauga and Oakville.

Adolescents

The area-based prevalence of ever-smoked status was not estimated for adolescent populations.

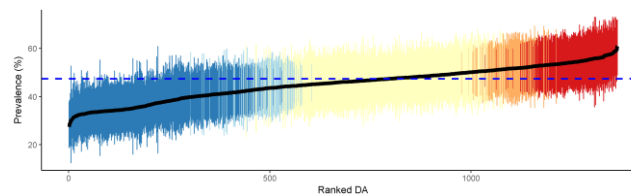


Figure 6.18 Ever-smoked status among females (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	45.3
Higher	54.7 (50.6, 61.0)
Marginally Higher	51.5 (49.8, 53.5)
Similar	47.4 (42.4, 51.4)
Marginally Lower	43.2 (39.8, 45.1)
Lower	37.3 (27.4, 44.1)

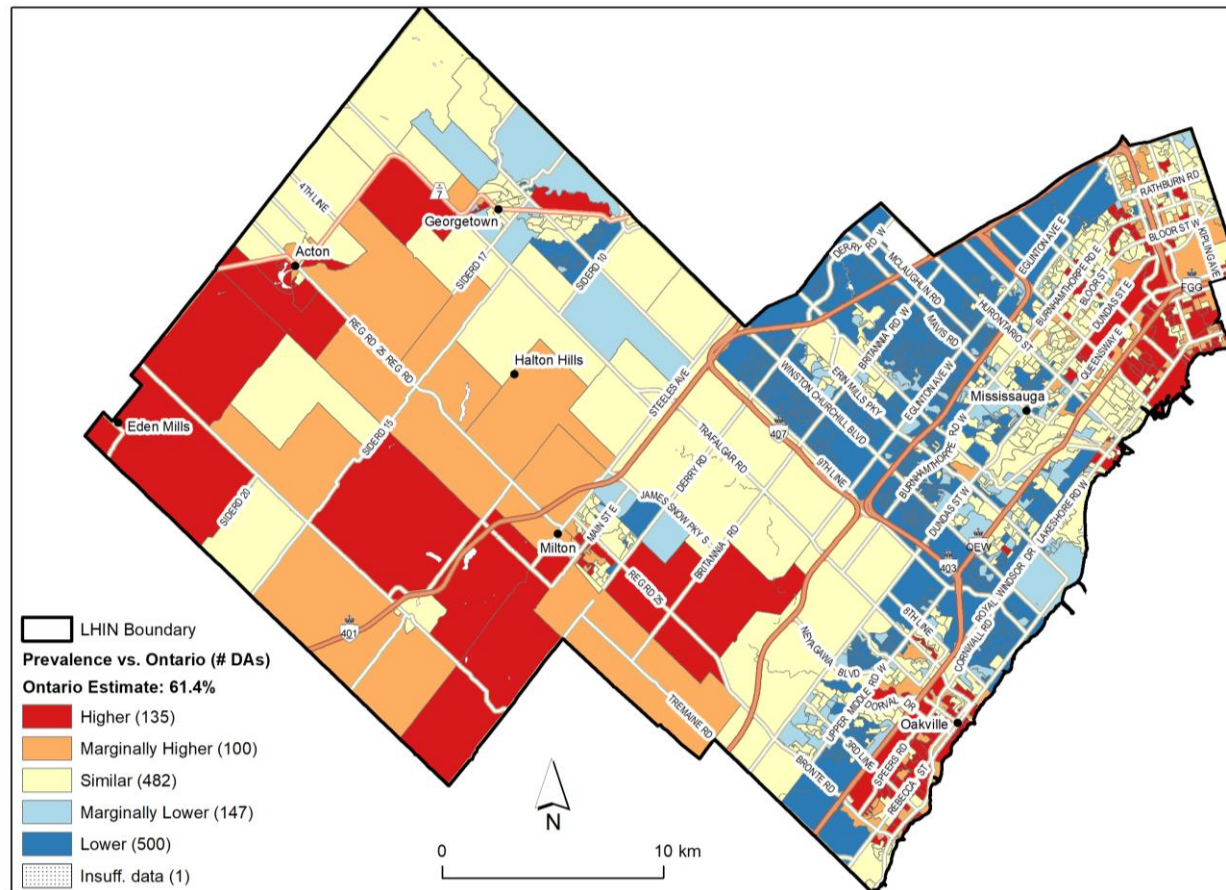
Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

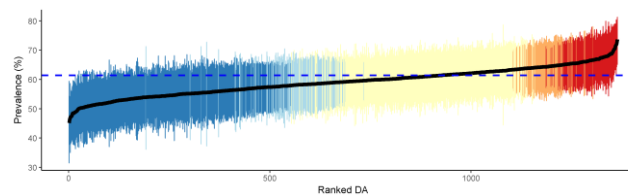


Figure 6.19 Ever-smoked status among males (age 12 and older), 2000–2014, Mississauga Halton Local Health Integration Network (LHIN) by 2006 dissemination area (DA)



Category	Mean prevalence % (range)
Overall	59.1
Higher	66.9 (64.3, 73.7)
Marginally Higher	64.4 (63.4, 66.6)
Similar	61.1 (58.0, 64.1)
Marginally Lower	58.1 (53.9, 59.6)
Lower	54.2 (45.2, 58.0)

Prevalence by 2006 dissemination areas (DA) and 95% credibility intervals



Note: The black solid line is the mean prevalence estimate for each DA ranked in ascending order. The colour coded vertical lines are the 95% credibility intervals around the mean estimate for each DA, coloured by the categories on the table (and map). The blue dotted line in the background is the Ontario estimate.

