EMBARGOED UNTIL SEPTEMBER 30, 2013

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

SYSTEM PERFORMANCE REPORT

Summary Report on Population Health in the Largest Canadian Cities and other Urban and Rural Communities

A Cancer System Performance Spotlight Report

SEPTEMBER 2013

Summary Report on Population Health in the Largest Canadian Cities and other Urban and Rural Communities: A Cancer System Performance Spotlight Report

SEPTEMBER 2013

This document has been made possible through a financial contribution from Health Canada, through the Canadian Partnership Against Cancer. The views expressed herein represent the views of the Canadian Partnership Against Cancer.

The contents of this publication may be reproduced in whole or in part, provided the intended use is for non-commercial purposes and full acknowledgment is given to the Canadian Partnership Against Cancer.

Suggested citation: Canadian Partnership Against Cancer (2013). Summary Report on Population Health in the Largest Canadian Cities and other Urban and Rural Communities: A Cancer System Performance Spotlight Report. Toronto, Canadian Partnership Against Cancer.

Downloadable at:
cancerview.ca/systemperformancereport

The Canadian Partnership Against Cancer
1 University Avenue, Suite 300
Toronto, Ontario, Canada M5J 2P1

Tel: 416.915.9222
Toll-free: 1.877.360.1665

www.partnershipagainstcancer.ca

Aussi offert en français sous le titre:
La santé de la population des grandes villes du Canada : rapport cible sur le rendement du système de lutte contre le cancer

WHERE THE CANCER FIGHT STRIKES CLOSEST TO HOME

Quebec's urban residents are among the slimmest in the country, and each day on average, they eat more fruits and vegetables than the urban residents in other provinces. On the other hand, they smoke and drink more than the locals in most other cities, and they're also the least physically active urban population in Canada.

The people of St. John's have the highest rates of excess weight and obesity among the largest cities in Canada. But the capital of Newfoundland and Labrador is also the country's quitting capital – where a higher proportion of smokers have recently kicked the habit than anywhere else.

These are just a few of the provocative results to emerge from a new landmark report, which, for the first time, assesses the cancer risks of Canada's largest cities, urban regions and rural communities. Led by the Canadian Partnership Against Cancer, a non-profit federally-funded organization responsible for implementing the country's cancer control strategy, the study finds that overall, people living in western municipalities have healthier lifestyles than their eastern counterparts, and better cancer-risk profiles as a result.

Typically, the prevalence of chronic disease risk factors is measured and reported at the provincial or territorial level. But there's special value in taking a close look at indicators at the local municipal level: The bylaws, urban planning decisions, and programs that municipalities implement hit closest to home. Banning smoking on all city property, or providing access to bike paths and pools, or keeping junk food out of public schools are just a few ways local governments can influence the health of residents directly, and help to reduce their risk of getting cancer.

More than one in three Canadians will be diagnosed with cancer in their lifetime. Yet the World Cancer Research Fund estimates that a full third of cancer cases can be prevented by eliminating tobacco use, and another third avoided by a combination of eating nutritious food, limiting alcohol consumption, participating in regular physical activity and maintaining a healthy body weight. For these reasons, discussions often centre on steps individuals can take to prevent cancer. But the CPAC report released today finds the prevalence of cancer-risk factors can vary dramatically by where an individual lives.

Victoria and Vancouver, for instance, rank highest in most measures of good health, while St. John's and Moncton rank in the bottom third. But the report, based on the most recent data available from the Canadian Community Health Survey, has also found striking exceptions to this west-to-east trend.

Moncton and St. John's, for instance, rank among the top cities for reducing public exposure to second-hand smoke, while Vancouver and Victoria trail among the worst.

The study has also turned up dramatic differences in the cancer-risk profiles between cities in the very same province, underscoring the importance of analyzing health indicators at the municipal level. Calgary, for example, has one of the best records for tobacco control, fruit and vegetable consumption, physical activity and obesity levels, while Edmonton ranks in the middle or bottom third. Hamilton outperforms Oshawa in controlling second-hand smoke exposure in public, just as Saskatoon does better than Regina.

Even within the same city, intriguing disparities pop out of the data. Vancouver and Winnipeg have among the lowest rates of smoking, yet also have the highest rates of people reporting public exposure to second-hand smoke. In places where smoking is uncommon, it may be that people are more apt to notice exposure and report it. Toronto also has a low prevalence of smoking, but one of the lowest percentages of smokers who have quit. Halifax ranks highly for its physically active population, but as with residents in most of Atlantic Canada, it has high rates of smoking, excess weight and obesity.

The report also sheds new light on the local rates of cancer screening. While it's the provinces that manage and deliver the screening programs for colorectal, cervical and breast cancers, gauging the uptake at the municipal level can help to identify where local outreach and promotion efforts are needed to bolster participation in these potentially life-saving tests and scans. Edmonton, for example, has among the country's lowest rates of women taking pap smears and undergoing mammography screening, while Calgary's screening rates for both of these tests are among Canada's highest. Saskatoon has substantially higher screening rates for pap tests than Regina. Yet Saskatoon's mammography screening rate is one of the lowest in the country, while Regina has one of the highest. In Ontario, Ottawa has one of the best pap test-screening rates in the country, while Toronto has one of the worst.

In all, the report offers an unprecedented opportunity for municipalities to not only see how they stack up against one another on various measures of cancer risk, but how they might learn from each other as they assess their own strengths and weaknesses. That said, as with any report based on data from self-reported surveys, there are uncertainties. And there are many contributing factors to the result that are beyond the control of municipal governments such as socio-economic and cultural factors. But all of the cancer indicators tallied warrant further investigation, particularly into the policy, planning, and infrastructure aspects that might explain at least a part of the differences within and between municipalities.

Too often, reducing the risk of cancer seems like a lofty and abstract goal. But this report may help to pinpoint areas where more effort is needed to fight cancer on the home front.

VARIATION WITHIN PROVINCES: A TALE OF TWO CITIES…. OR MORE

Canada is a country of people as diverse as its geography. It's a story that applies to each province, territory, metropolis, city, town and rural community within it. Each one has cultural, social and demographic characteristics that set it apart. Even neighbouring municipalities separated by small distances can have big differences between them, particularly in terms of their cancer-risk profiles. While economic, cultural and social variations have considerable influence on cancer risk, this report has shown that even cities with comparable socio-economic profiles have achieved very different risk profiles perhaps partly as a result of different policy and planning.

In Alberta, for instance, Calgary and Edmonton are often at opposite ends of the risk-factor spectrum. Calgary ranks in the top third of most indicators related to prevention, while Edmonton ranks in the middle or bottom third.

In British Columbia, residents of Victoria report that they are significantly more active than their Vancouver neighbours. But the proportion of people who drink beyond the recommended guidelines is more than 1.5 times higher in Victoria than in the City of Vancouver. Vancouver also has nearly twice the percentage of residents who abstain from alcohol.

The core cities of several provinces, Toronto, Ottawa, Montreal, and Vancouver, had the highest percentage of residents abstaining from alcohol, rates that were significantly higher than their respective greater metropolitan areas. This doughnut effect was most pronounced in the City of Ottawa, where nearly 18 per cent of adults said they had consumed no alcohol in the previous year, compared to 10 per cent in the Greater Ottawa Area, most of which stretches into the province of Quebec.

In Quebec, Quebec City ranks among the top 10 for controlling second hand smoke exposure in public places and vehicles. But the City of Montreal lands in the bottom third. Quebec City also has a much higher percentage of people who have quit smoking compared to Sherbrooke, Montreal and its greater metropolitan area.

In Ontario, Toronto has among the lowest rates of smoking, alcohol consumption, and percentage of people who report being overweight or obese. But Kitchener-Cambridge-Waterloo, Hamilton and Oshawa all rank lower on these measures.

Bylaws can buck the trend

The variation in the prevalence of cancer-risk factors between cities may well reflect the socio-economic status of the local population, its average age, and income and education levels. But local health policies and bylaws can and do have a major impact. Most municipalities, for instance, have bylaws that seek to limit exposure to second-hand smoke in public, but some regions go further than others.

Saskatoon, for example, crafted bylaws that go beyond provincial legislation to limit second-hand smoke exposure in public places. It now has the lowest rate of exposure in the country. The rate in Regina is more than twice as high at 12 per cent.

Meanwhile, the percentage of former smokers who say they recently quit smoking in Regina is significantly higher than in Saskatoon.

The Ontario cities of Hamilton and Oshawa have similar socio-economic profiles, but rank quite differently on their cancer-risk profiles. Hamilton, like Saskatoon, has bylaws in place to limit second-hand smoke exposure, while Oshawa does not. Hamilton ranks in the top ten for reduced second-hand smoke exposure in public places, while Oshawa ranks in the bottom five.

THE UPSHOT

There's no simple answer to explain why cancer develops in one person and not another. What is clear is that certain risk factors increase the likelihood of getting the disease. Some of them, such as advancing age and genetics, are beyond anyone's control. But this is not so for others. Tobacco use, second-hand smoke exposure, poor diets, inactivity, and excess body weight are all risk factors for cancer that are modifiable.

Many Canadian cities have already made bold moves to promote health and reduce cancer risk among their residents. Saskatoon has banned ads on public transit that promote alcohol or tobacco products. The Ottawa Heart Institute has developed a hospital-based tobacco cessation program that 144 other hospitals have adopted. Many cities, including Hamilton and Edmonton, are expanding bylaws to ban smoking in outdoor public venues, including parks and playgrounds, sport fields, and beaches.

Toronto is working on a plan to deliver mobile sales of fresh fruit and vegetables to underserviced areas of the city. While Ontario does not yet have provincial laws banning the use of artificial tanning beds by people under the age of 18, as many other provinces do, several Ontario municipalities have gone ahead with their own bylaws. Montreal has earmarked funds to improve bicycling routes downtown. Organizations that run non-profit public recreational facilities are exempt from business taxes in St. John's. In Saskatoon, the multi-faceted in motion program, which has spread province-wide and into Manitoba and New Brunswick, aims to get all residents to integrate physical activity into their daily lives.

Indeed, many cities are introducing legislation to boost good health and limit the local risk of cancer. In a similar way we see complimentary activities at both the provincial and federal government level. This report identifies regions where the results are encouraging but also pinpoints opportunities for improvement. Be it big city, small town, or rural community, the report finds that all three levels of government, and those responsible for the delivery of programs, have a key role to play both in creating laws and implementing programs to help their residents make healthy choices. Citizens in communities also have responsibility to examine how they can be part of the solution. It will take all of these efforts to help raise the bar for cancer prevention across the country.

CANADIAN **PARTNERSHIP** AGAINST **CANCER**

PARTENARIAT CANADIEN CONTRE LE **CANCER**

1 University Avenue, Suite 300
Toronto, Ontario, Canada M5J 2P1

Tel: 416.915.9222
Toll-Free: 1.877.360.1665

www.partnershipagainstcancer.ca

Informing improvements in cancer control

FSC
www.fsc.org
MIX
Paper from responsible sources
Papier issu de sources responsables
FSC® C019596