Chronic Diseases in the SWPH Region

Prevalence & Outcomes

Chronic Diseases in the SWPH Region
Southwestern Public Health

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Contents

Summary

- Chronic disease prevalence and negative outcomes (hospitalizations and mortality) are on the rise.
- In 2023, SWPH residents reported high blood cholesterol (22.5%), arthritis (17.5%), and high blood pressure (16.1%) the most.
- The rates of hospitalization due to respiratory disease, cardiovascular disease, or diabetes-related causes are on the rise and higher than the province.
    - Hospitalizations due to diabetes-related complications were the most common among those with type 2 diabetes.
- The rate of mortality due to chronic obstructive pulmonary disease (COPD) has increased over time.
- The increasing prevalence of chronic diseases may result in poor overall health for residents in the SWPH region as well as increased strain on the health care system.

Chronic diseases in the SWPH region

There is extensive literature demonstrating that chronic diseases, such as diabetes and cardiovascular diseases, are the leading causes of disability and death in Canada and Ontario. (1) Clinical management of chronic diseases is also costly, making up approximately 50% or more of total health care costs. (2)

Public health plays a key role in understanding chronic disease prevalence and incidence by ongoing monitoring and surveillance of chronic diseases and related risk factors in the community over time. This supports local evidence-based decision-making and planning for policies or health promotion activities with the aim of increasing population health over time.

Details on some modifiable risk factors in the SWPH region, including physical activity levels and fruit and vegetable consumption, can be found in a separate report called Chronic disease risk factors. (3)

Self-reported general health

It is known that people who report having a chronic illness are also more likely to rate their general health as fair or poor. (2) In 2023, 55.8% of SWPH residents rated their general health as fair or poor compared to 52.5% of people in Ontario (**Figure 1**Error: Reference source not found); this was also higher among males than females (**Figure 2**), although these differences were not statistically significant.

Figure 1. Self-reported fair or poor general health status, SWPH & ON, 2017 – 2023

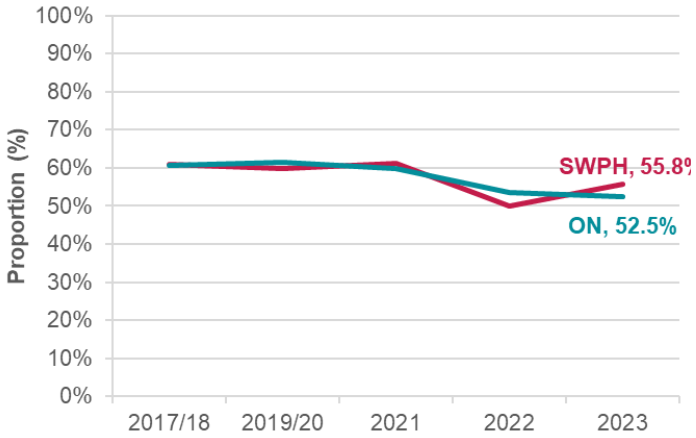
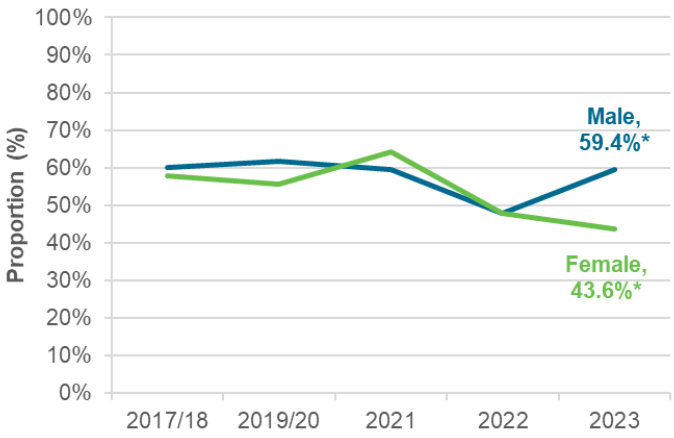


Figure 2. Self-reported fair or poor general health status, SWPH by sex, 2017 – 2023



* Due to small sample sizes, these estimates should be interpreted with caution.

Self-reported prevalence of chronic disease

Between the 2017/2018 and 2023 cycles of the Canadian Community Health Survey (CCHS), the proportion of SWPH residents who self-reported having various chronic diseases has remained consistent over time, with only slight variations between CCHS cycles. There were only a few chronic diseases (blood cholesterol, arthritis, and high blood pressure) which showed differences over time (**Table 1**) and therefore only these conditions are summarized in the current report.

Table 1. Proportion of SWPH respondents (aged 18 and over) reporting select chronic diseases, 2017 to 2023

Chronic Disease	2017/18	2019/20	2021	2022	2023
High blood pressure	18.1%	19.5%	20.2%	19.6%	22.5%*
Arthritis	19.3%	22.0%	20.2%	23.7%	17.5%
Blood cholesterol	13.3%	13.2%	13.7%	20.7%	16.1%
Diabetes	8.1%	8.4%	8.1%*	7.6%*	8.6%
Cancer	1.6%*	1.6%*	NR	7.2%*	5.4%*
Heart disease	4.5%	3.6%*	3.6%*	6.6%*	3.7%*

***** Due to small sample sizes, these estimates should be interpreted with caution

NR= Not reportable

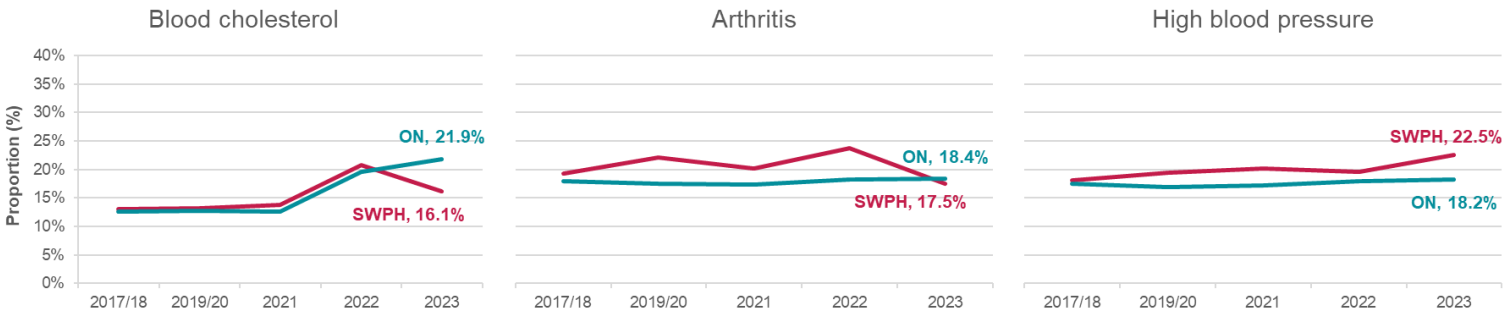
SWPH residents reported high blood cholesterol (22.5%), arthritis (17.5%), and high blood pressure (16.1%) the most in 2023. This was comparable to 2017/18, indicating little long-term change (**Figure 3)**.

When comparing residents of the SWPH region to Ontario, more SWPH residents reported high blood pressure, 22.5% compared to 18.2% in Ontario.

Arthritis was reported more often among females (28.0%) compared to males (15.4%), which should both be interpreted with caution due to small sample sizes (not shown). There were no other differences by gender or age to note (not shown).

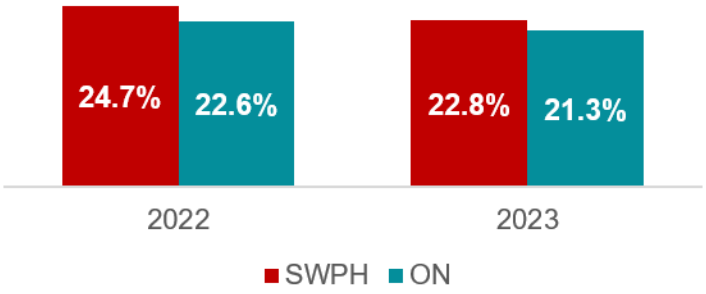
There is supporting evidence that the prevalence of several chronic diseases, including heart disease, can be mitigated by avoiding smoking and alcohol. Specific behaviours also act as protective factors against chronic diseases, including eating enough fruits and vegetables and getting the recommended amount of daily physical activity. (1) (4)

Data source:
2017–2023 Canadian Community Health Survey (CCHS). StatsCan.



Although back problems were not historically included in the CCHS, it was added in the 2022 cycle. Between 2022 and 2023, about 23% of respondents in the SWPH region reported having back problems to some degree. This was the same as residents across Ontario (**Figure 4**).

Figure 4. Self-reported back problems, SWPH and ON, 2022–2023



Chronic disease outcomes

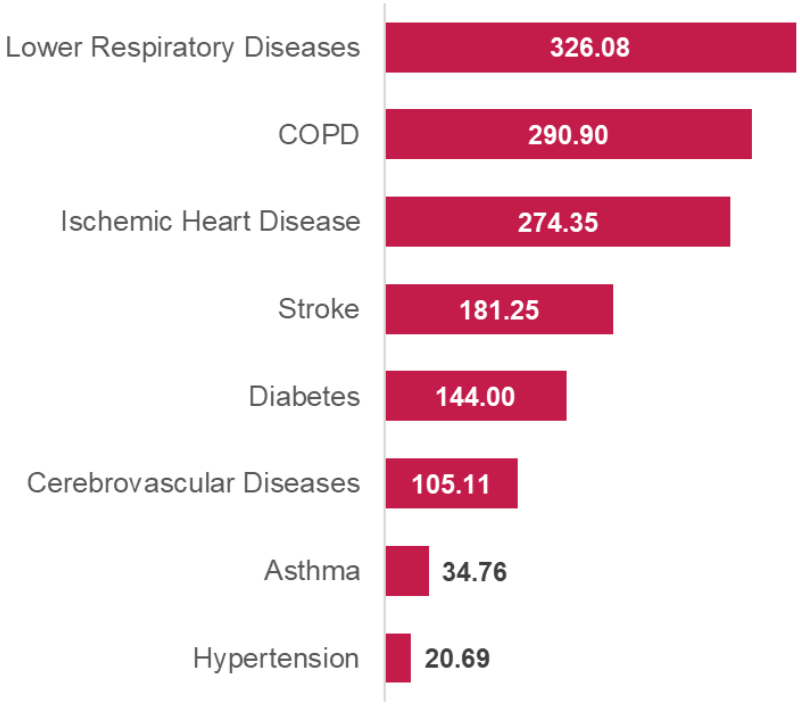
As a result of increased cases of chronic diseases, there is a risk of poor health outcomes increasing, such as hospitalizations and deaths. Working to prevent these outcomes is of public health interest, as it would mean improved population health over time and would decrease the burden on the health care system. (1)

Hospitalizations

The rates of hospitalization due to respiratory disease, cardiovascular disease, and diabetes-related causes have increased over the last few years. In 2024, the hospitalization rates for all three diseases rose to either meet or surpass the rates from 2019.

When considering chronic diseases as the reason for hospitalization in 2024, hospitalizations due to lower respiratory diseases accounted for the most hospitalizations in the SWPH region (**Figure 5**).

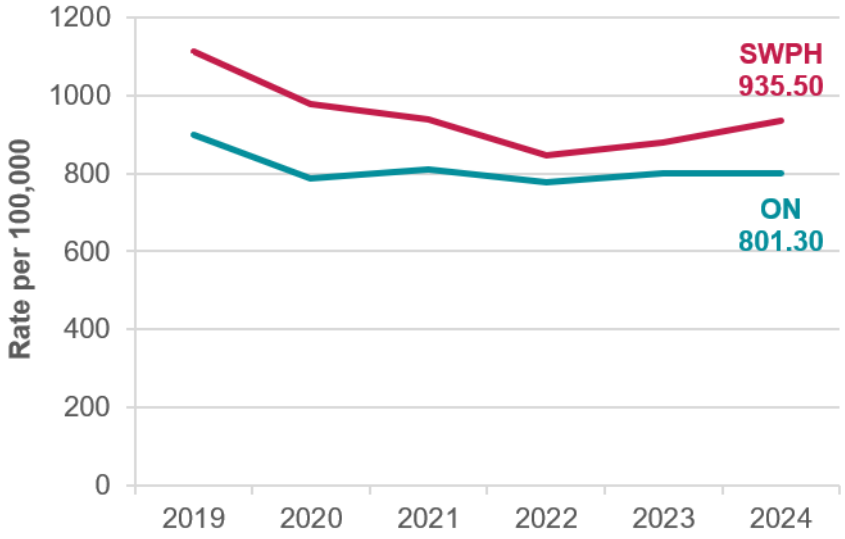
Figure 5. Chronic disease hospitalization rates in the SWPH region in 2024



Cardiovascular Disease

Cardiovascular disease is a general group that includes many related conditions (**Appendix A** outlines which conditions are included). Some examples include ischemic heart disease, cerebrovascular disease, stroke, and hypertension. The rate of hospitalization (per 100,000 people) due to cardiovascular disease began to increase in 2022 after a period of decline. In 2024, the rate of hospitalization was 935.5 per 100,000 compared to 1111.1 per 100,000 in 2019 (**Figure 6**). This rate is higher than Ontario for the entire time period.

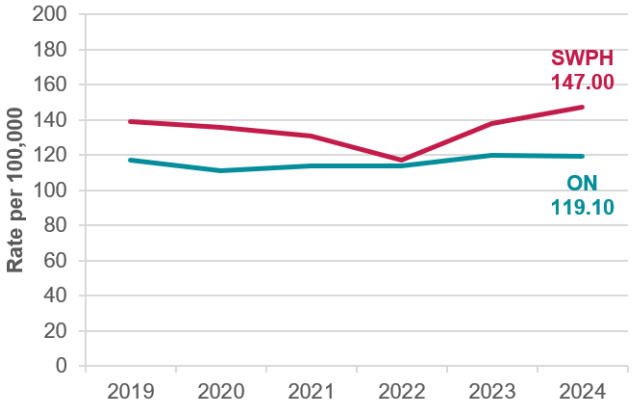
Figure 6. Hospitalization rates due to cardiovascular disease, SWPH and ON, 2019 – 2024



Stroke

Stroke is a leading cause of adult disability and death in Ontario. The risk of having a stroke can be decreased by following a healthy diet, physical activity and quitting smoking. (5) These risk and protective factors in the SWPH region are summarized in other reports. (3) (6) Locally, the hospitalization rate due to stroke has increased slightly over time, reaching a high of 147.0 per 100,000 in 2024 (**Figure 7**).

Figure 7. Hospitalization rates due to stroke, SWPH and ON, 2019 – 2024

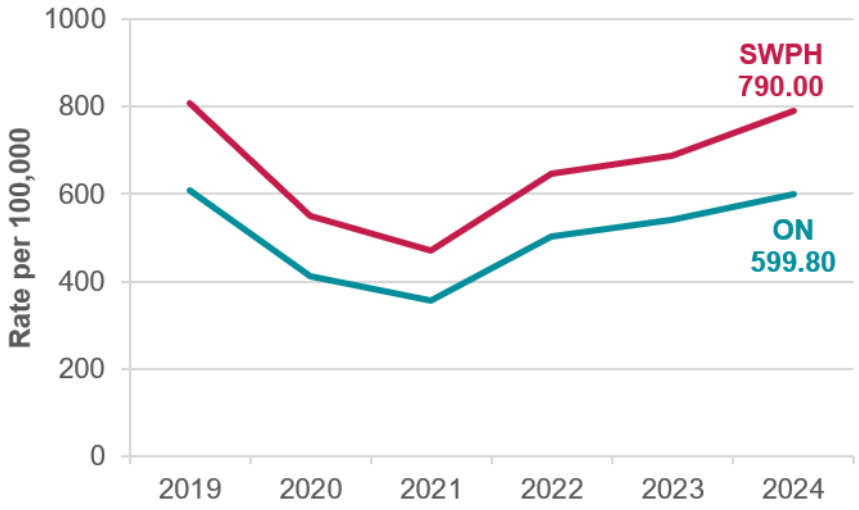


Respiratory Disease

Respiratory disease is a group of related chronic conditions (Appendix A outlines which conditions are included). Some examples are asthma, lower respiratory disease, and chronic obstructive pulmonary disease (COPD). The rate of hospitalization (per 100,000) due to

respiratory diseases of all types began to increase in 2022, reaching 790.0 per 100,000 in 2024. This trend was also evident across Ontario (**Figure 8**).

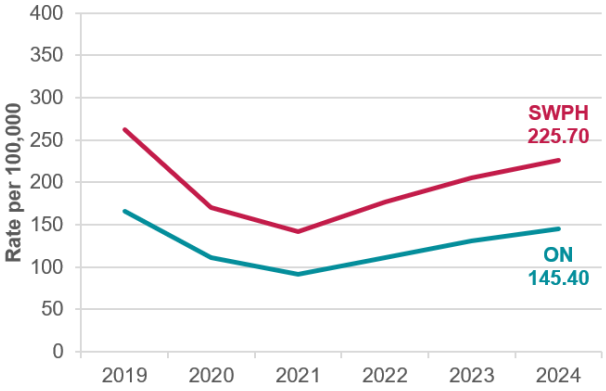
Figure 8. Hospitalization rates due to respiratory diseases, SWPH and ON, 2019 – 2024



Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is of public health concern that can be linked to smoking and some environmental factors, like exposure to pollutants. (1) Since 2021, COPD has resulted in an increase in hospitalizations among SWPH residents, reaching 225.7 per 100,000 in 2024 (**Figure 9**). Even though the trend has been increasing over the last few years, the peak in 2024 is lower than the pre-COVID peak in 2019 (262.3 per 100,000). This rate is 1.7x higher compared to the province.

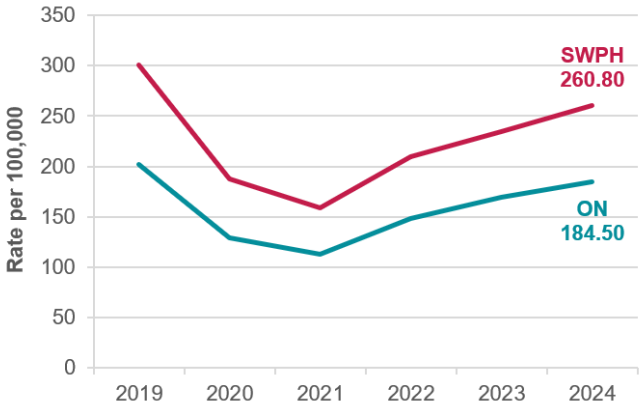
Figure 9. Hospitalization rates due to COPD, SWPH and ON, 2019 – 2024



Lower Respiratory Disease

Lower respiratory disease is a sub-group of respiratory diseases and includes conditions such as bronchitis, emphysema, and asthma. The hospitalization rate due to lower respiratory disease follows a similar trend to COPD. After a decline due to the COVID19 pandemic, the rate began to increase in 2021 and reached 260.8 per 100,000 in 2024; still lower than the previous peak of 300.6 per 100,000 in 2019 (**Figure 10**).

Figure 10. Hospitalization rates due to lower respiratory disease, SWPH and ON, 2019 – 2024

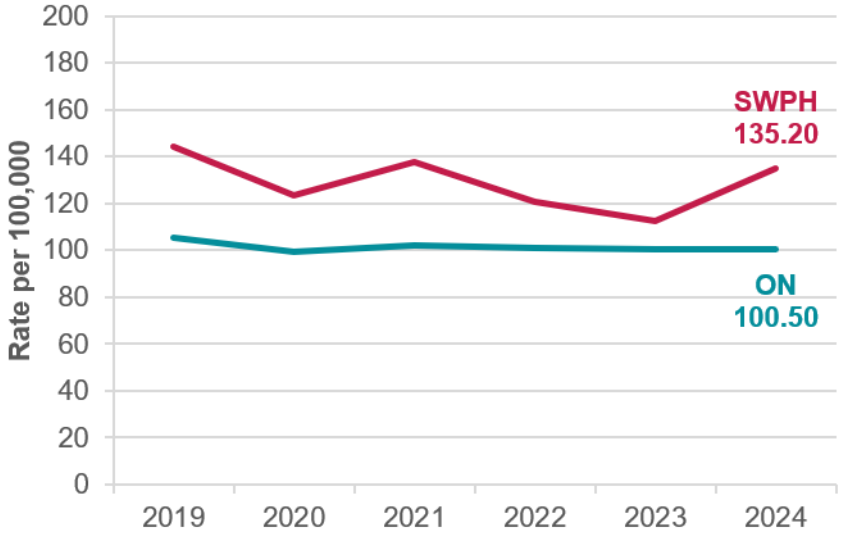


Diabetes

Hospitalizations due to diabetes include hospitalizations related to any type of diabetes (type 1, type 2, and unspecified) as well as any directly related complications. Some examples of related complications include coma, renal complications, & ketoacidosis (a life-threatening condition where the body lacks insulin and starts to break down fat for fuel too quickly). The most common reason for hospitalization due to diabetes overall was ketoacidosis. In 2024, 20.4% of all diabetes-related hospitalizations were related to type 2 diabetes ketoacidosis and 16.9% were related to type 1 ketoacidosis.

Between 2019 and 2023, the hospitalization rate (per 100,000) due to diabetes mellitus decreased. However, the rate in 2024 rose to 135.2 per 100,000 from 112.4 the previous year. The rate across Ontario has also remained consistent over time (**Figure 11**).

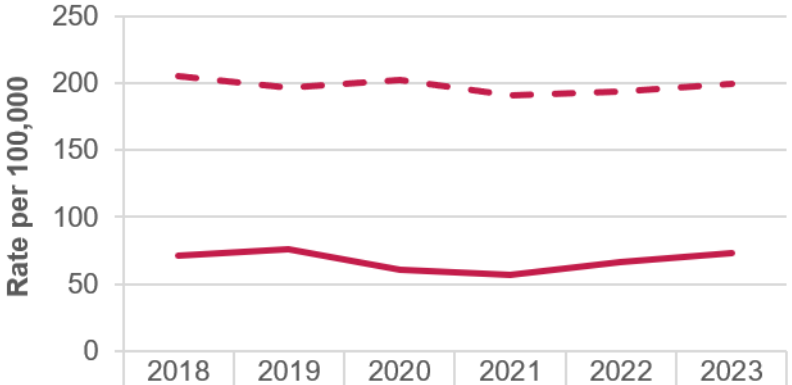
Figure 11. Hospitalization rates due to diabetes, SWPH and ON, 2019 – 2024



Mortality

The trend in mortality due to all cardiovascular chronic diseases and respiratory chronic diseases has remained unchanged over time, at about 199.7 and 73.3 per 100,000, respectively. The rate of mortality from respiratory disease, cardiovascular disease, or diabetes-related causes has varied over time. Mortality from cardiovascular disease has remained relatively consistent over time (**Figure 12**).

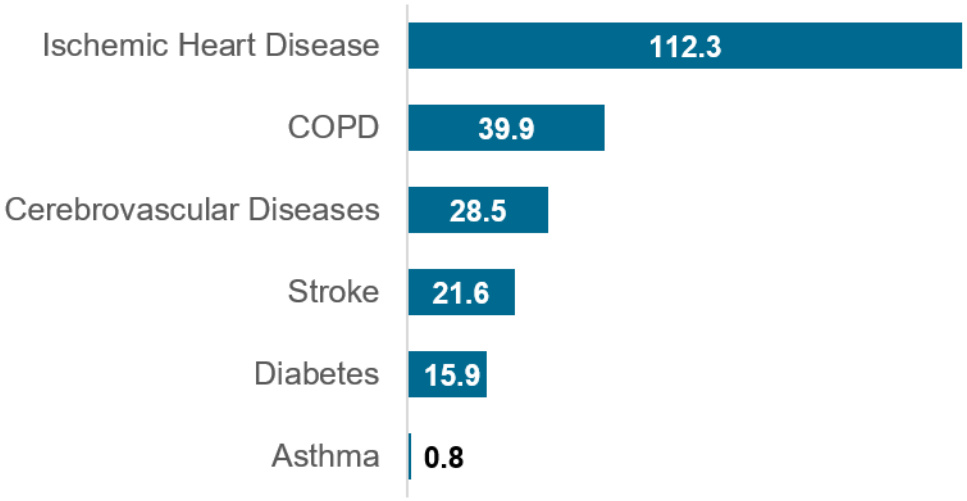
Figure 12. Mortality from all cardiovascular or all respiratory diseases, SWPH, 2018 – 2023



	2018	2019	2020	2021	2022	2023
Cardiovascular Disease	205.2	196.4	202.3	190.8	193.5	199.7
Respiratory Disease	71.6	76.1	60.4	56.6	66.2	73.3

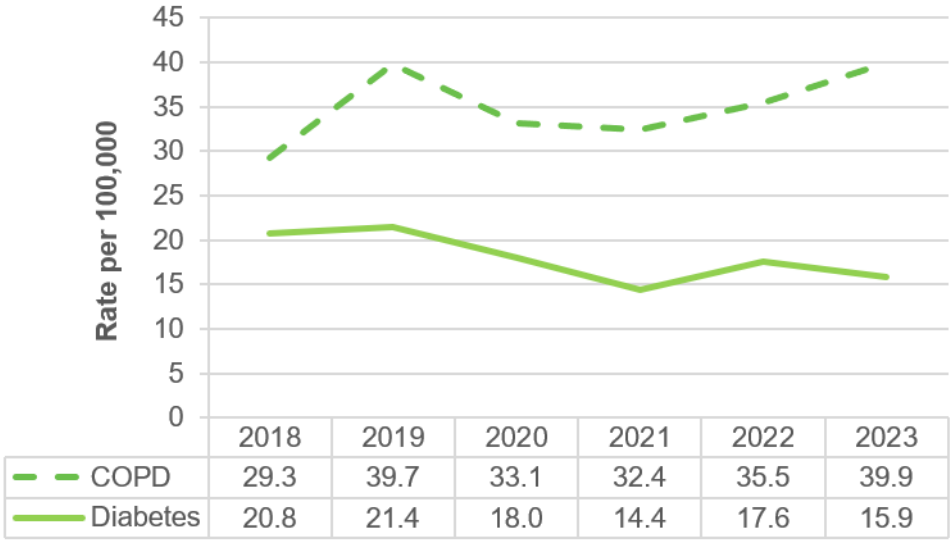
Across both the cardiovascular and respiratory chronic disease groups, the condition with the highest mortality rate in 2023 compared to other conditions was ischemic heart disease with a rate of 112.3 per 100,000. The next highest was COPD (39.9 per 100,000) (**Figure 13**). Both of which are significantly higher compared to the province.

Figure 13. Rates of chronic disease mortality in the SWPH region in 2023, ranked



The mortality rate due to COPD in particular increased between 2020 and 2023, reaching 33.0 in 2023, matching the previous high in 2018 of 39.7 (**Figure 14**). This is in contrast to the trend in mortality due to diabetes-related complications, which decreased slightly within the same time (15.9 per 100,000 in 2023 compared to 21.4 in 2019) (**Figure 14**).

Figure 14. Mortality from COPD or diabetes, SWPH, 2018 – 2023



	2018	2019	2020	2021	2022	2023
COPD	29.3	39.7	33.1	32.4	35.5	39.9
Diabetes	20.8	21.4	18.0	14.4	17.6	15.9

Conclusion

Although there has been minimal change overall in terms of groups of chronic diseases (all cardiovascular and all respiratory diseases), there are notable changes over time in several specific conditions. There have been increases in the rate of hospitalizations related to diabetes (all types), stroke, and COPD. As well as an increase in mortality due to COPD complications.

Although the proportion of residents self-reporting chronic diseases can be inconsistent, and thus not as informative as diagnosis data, it can still be telling in terms of the risk for these harmful related outcomes (hospitalization and death). In 2023, high blood pressure was the most common self-reported condition in the SWPH region, which is a shared risk factor for all the conditions with outcomes trending upwards (COPD, stroke, and diabetes).

This is where modifiable risk factors can come into play and be an area of focus to mitigate these harmful outcomes. Smoking and drinking alcohol, not eating enough fruits and vegetables or not having an active lifestyle are some of the most significant drivers of chronic disease prevalence.

Appendix

ICD-10 Codes: Hospital administrative data

Hospitalization for **cardiovascular disease**:

- I00 – I02: Acute rheumatic fever
- I05 – I09: Chronic rheumatic heart disease
- I10 – I15: Hypertensive diseases
- I20 – I25: Ischaemic heart diseases
- I26 – I28: Pulmonary heart disease and diseases of pulmonary circulation
- I30 – I52: Other forms of heart disease
- I60 – I69: Cerebrovascular diseases
- I70 – I79: Diseases of arteries, arterioles and capillaries
- I80 – I89: Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
- I95 – I99: Other and unspecified disorders of the circulatory system

Hospitalization for **respiratory disease**:

- J00 – J06: Acute upper respiratory infections
- J09 – J18: Influenza and pneumonia
- J20 – J22: Other acute lower respiratory infections
- J30 – J39: Other diseases of upper respiratory tract
- J40 – J47: Chronic lower respiratory diseases
- J60 – J70: Lung diseases due to external agents
- J80 – J84: Other respiratory diseases principally affecting the interstitium
- J85 – J86: Suppurative and necrotic conditions of lower respiratory tract
- J90 – J94: Other diseases of pleura
- J95 – J99: Other diseases of the respiratory system

Hospitalization for **diabetes**: E10 – E14

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