



## executive summary

With 1.2 million residents, the Region of Peel is one of the largest municipalities in Canada. In Ontario, it is second only in size to Toronto with a population that has a higher proportion of children and young families than the province as a whole, is well educated, and has a much higher proportion of immigrants, visible minorities and people who do not speak either official language than the rest of Ontario. The Region is expected to exceed 1.5 million people within the next 25 years.

No report can address all of the many diseases and conditions which affect us; nevertheless, this

report – the most extensive produced by the Region of Peel – discusses many of the more common and important health issues. It is a snapshot of health conditions which have significant impact on the population: highlighting those which are changing, and those which are most amenable to prevention. Throughout the report, it is evident that health status is linked to a number of determinants, including income, education, social support, the workplace, stress, healthy child development and migration.

### ***Newcomers to Peel have a healthy start***

Recent immigrants typically have better health status than other residents and fewer risk factors. Exceptions include a lower uptake of some screening tests, a lower rate of physical activity, and poorer dental health in children. The longer that immigrants reside in Canada, the more their health profile resembles that of the general population.

### ***Pregnancy and birth outcomes are changing***

Although the number of births is increasing, reflecting the growth and demographics of the population, the general fertility rate is declining. The teen pregnancy rate continues to decrease. Multiple births are becoming more common and the recent upward trends in the stillbirth rate and low birth-weight rate require further investigation.

### ***Life expectancy in Peel: a strong indicator of population health***

In general, the health of the residents of Peel compares favourably with those of other parts of Ontario. For example, mortality from ischaemic heart disease is lower, and life expectancy is slightly longer. Self-rated overall health is similar to that elsewhere in Ontario, and diminishes with age.

Even though mortality rates for heart disease and stroke have declined considerably, they still remain the most common causes of death along with cancer. Although more cases of cancer are being seen as a result of improved detection and a larger and aging population, a reduction in certain risk factors such as smoking, early detection and regular screening for various types of cancers has resulted in significantly reduced mortality rates.

### ***Diabetes, obesity on the rise***

Of particular note, the prevalence of diabetes mellitus in the region is higher than that for the province as a whole and higher among males than females – particularly in older age groups. Preventing type 2 diabetes would result in significant benefits, including lower rates of cardiovascular disease, renal failure, blindness and premature mortality. Obesity is a major modifiable risk factor for all ages in developing type 2 diabetes.

It is noteworthy that nearly half of Peel residents are obese (although this proportion is actually slightly less than that for the province). Rapidly increasing rates of obesity and overweight in both adults and children are a cause for concern. Obesity has many serious health consequences, most particularly diabetes. Peel's prevalence rates of diabetes are rising fast. This will have a very serious impact on the utilization and cost of health care in the future.

### ***A healthy environment supports a health community***

Obesity is directly related to food consumption and physical inactivity, and this in turn is influenced by urban form and the built environment – the ways in which communities are planned. Sprawling low-density development has been a widespread trend in Peel for the last 10 years. Solid evidence links such sprawl to lower levels of physical activity, to diminished social capital, transportation injuries, and to pollution. The form of our cities is an important contributor to obesity and its consequences.

Respiratory disease is directly related to environmental and behavioural factors. Although Peel has seen overall declines in chronic obstructive pulmonary disease and asthma, respiratory illnesses require constant monitoring.

While some elements of air quality are improving, the issue continues to cause concern. Levels of ozone and small particulate matter, and the number and duration of smog advisories, are increasing. Although more significant impacts of climate change in Peel are not expected for many years, some of the effects are already apparent with the increased frequency of extreme weather events, changes in the distribution and transmission intensity of vector borne diseases like West Nile Virus, and an increased frequency of smog days.

### ***Infectious diseases***

Peel has a higher rate of tuberculosis (TB) than Ontario and this number is increasing – a reflection of Peel’s diverse population and larger proportion of people immigrating from countries where TB is endemic.

Because many vaccine-preventable diseases are still common in other parts of the world, keeping up-to-date with immunizations and maintaining high vaccine coverage rates is crucial to ensure that Peel residents remain protected against the risk of these preventable diseases.

There has been an increase in the incidence of sexually-transmitted infections such as chlamydia and HIV/AIDS. The latter is increasingly related to migration from HIV-endemic countries.

### ***Mental health***

Mental health problems are common, and the effect upon quality of life, disability and the use of health care services is considerable. More data and better quality data are needed to assess this issue further for Peel.

### ***Preventing chronic disease and mortality***

Peel has a better profile of some risk factors than the rest of Ontario, including less smoking and a higher proportion of people who are at low risk in how they consume alcohol. The single most important personally modifiable risk factor is still tobacco smoking. Even though the prevalence of smoking has fallen to 19%, it still causes at least 500 deaths each year. Smoking in pregnancy remains a concern, particularly in teens.

There are many opportunities to improve the health of the residents of Peel using the science and the services we have available to us today. Looking at the current risk factor rates for Peel and matching them with regions in Canada whose rates are lower, we could reduce the annual burden of disease by 37,000 cases and 120 deaths.



## **Conclusion**

The numbers speak for themselves. We live in a complex society in which each one of us has a role to play in sustaining – if not improving – the health of our community. *A Picture of Health* brings health disparities into focus so that appropriate measures can be taken to elevate the health of the community and underscores the need to shift societal thinking increasingly toward prevention.

Although the Report points to problems for which more data and more research are needed, in some cases we already know what needs to be done, but fail to take advantage of all of the opportunities for prevention.

The health of the residents of Peel compares well to most places in Canada – but it is not the best. With the right policies and programs we can both increase the average health status and reduce the gap between the most and least healthy sections of the population.

