

CHILD HEALTH 2002 *Report*

A PEEL HEALTH STATUS REPORT



Executive Summary

The *Child Health Report 2002* provides an overview of the health of children in the Region of Peel. It includes information from a variety of sources about the child population, the family and community environment in which children live and the health status of children. Although this report contains a wide range of child health information, it also reveals significant gaps in our knowledge of children's health in Peel.



This report is intended to be a resource for individuals and organizations concerned with the health and welfare of Peel's children and youth. Further information on the health of children in Peel may be obtained by contacting the Region of Peel Health Department.

The key findings of each section of the report are summarized below.

Peel's Children

In the Region of Peel and Ontario, crude birth rates have been slowly declining since the early 1990s. In 1997, there were 12,959 live births to mothers residing in Peel. Crude birth rates for the Region of Peel were consistently higher than Ontario, which was likely due to a higher proportion of women in the 25–39 year age group and to higher fertility rates among women.

The population of children is expected to increase over the next 20 years; however, the proportion of the population aged 0–19 years is expected to decline from 30% in 1996 to 23% in 2016. At the time of the last census (1996), there were 254,380 children aged 0–19 years living in the Region of Peel.

Family and Community Context

In 1996, the majority of families in Peel (61%) and Ontario (52%) were comprised of husband and wife or common-law couples with children living at home. Lone parent families, headed mostly by females, accounted for 13% of census families living in Peel. Between 1991 and 1996, the proportion of lone parent families increased from 11% to 13%.

Most families in Peel enjoy a good standard of living. However, there is still a high proportion of families with children aged less than 18 years of age living at home who live in poverty. In 1996, 13% of married or common-law couples and 52% of lone parents with children aged less than 18 years living at home were classified as low income.

The Region of Peel is a diverse community. Although English (80%) is the language spoken most often at home, 20% of residents reported speaking other languages, such as Punjabi, Chinese, Polish, Portuguese and Italian at home. In 1996, 3% of Peel's population reported they spoke neither English nor French. This had increased from 2.4% in 1991. This proportion was much higher in some areas of the Region.

Infant Health—the First Year of Life

Low birth weight is an important determinant of infant and child health. The proportion of singleton babies with low birth weight has been increasing in both Peel and Ontario, and was 4.8 per 100 live births as of 1997 in Peel. Low birth weight was more common among teen mothers and mothers aged 40 years and older. Rates of stillbirth also increased in the Region of Peel. In 1997, stillbirth rates reached a high of 8.5 per 1,000 total births. Stillbirth rates for Ontario remained consistent at an average of 6.5 per 1,000 total births.

Although they were lower in the mid 1990s than in the late 1980s, rates of congenital anomalies have increased in both Peel and Ontario in recent years (1995 to 1997). Rates of neural tube defects, a preventable type of congenital anomaly, have declined in both Peel and Ontario. This trend is likely the result of folic acid supplementation, prenatal screening and selective pregnancy terminations.

Perinatal mortality increased in Peel between 1995 and 1997 and will need to be monitored. This trend might be due to increases in registration of very premature infants who are now surviving due to improvements in obstetric and neonatal care. In contrast, infant mortality (deaths under one year of age) declined.

In Peel in 1999, 84% of new mothers reported breastfeeding their babies at birth. This declined to 43% at six months. Breastfeeding initiation and maintenance rates were higher in mothers who were older and had more education.

Injuries and Violence

In 1998, hospitalization rates for children aged 0–19 years due to unintentional injury were lower in Peel than in Ontario. Males had higher rates of hospitalization than females, and accidental falls were the leading cause of unintentional injury hospitalization for all ages in Peel.

Between 1986 and 1996, rates of childhood mortality due to unintentional injury were lower in Peel than in Ontario. This is likely the result of lower rates of mortality from motor vehicle collisions among Peel children. Mortality rates for unintentional injury in Peel were highest for youth aged 15–19 years, followed by infants aged less than one year.

Intentional injury hospitalizations were lower in the Region of Peel than Ontario in 1998. In Peel, hospitalization rates for intentional injuries were higher for females than for males. Assault was a leading cause of intentional injury in both Peel and Ontario. It is of concern that hospitalization rates due to assault were highest in the less than one year age group for Peel and Ontario.

Mortality rates from intentional injuries were highest for youth aged 15–19 years in Peel. There were 57 childhood deaths due to intentional injuries between 1986 and 1996 in the Region of Peel.

Communicable Disease

Immunization coverage across the Region of Peel varies by vaccine and there is room for improvement. The incidence of vaccine preventable diseases declined between 1991 and 2000 in Peel. It is necessary to maintain and improve immunization coverage if this trend is to continue.

Enteric infections, such as campylobacteriosis, salmonellosis and giardiasis, are also declining in incidence in Peel, but they remain among the most common communicable diseases in children.

Mental Health

Mental disorders are uncommon among very young children but become more prevalent with age. In 1998, hospitalization rates for mental disorders were generally lower in Peel than in Ontario for children aged 10–14 and 15–19. “Neurotic disorders, personality disorders and other non-psychotic disorders” was the most common mental disorder category resulting in child hospitalization in both Peel and Ontario.

In Peel and Ontario in 1998, hospitalization for attempted suicide was higher among females than males. In Peel in 1998, 115 teens aged 15–19 years were hospitalized following attempted suicide. Between 1986 and 1996, 36 Peel teenagers aged 15–19 years died as a result of suicide.

Dental Health

In the 1998 Dental Indices Survey, 37% of Peel children had ever had a cavity. This was higher than Ontario data for 1994, in which 30% of children had ever had a cavity. At the time of the survey, 25% of children examined had untreated decay and 15% were in need of urgent dental treatment.

Tobacco, Alcohol and Drug Use

Youth smoking in Canada declined during the 1980s, but increased during the 1990s. In 1996/97, 76% of Peel children aged 12–19 were reported to be living in smoke-free homes.

In 1996/97, 4% of Ontario youth aged 12–19 years reported heavy drinking (15 or more drinks per week), and 20% reported binge drinking (five or more drinks on one occasion, one or more times per month). Seven per cent of Ontario teens aged 16–19 years reported drinking and driving. These behaviours were more prevalent among males than females. There were no data available for youth in Peel.

In 2001, one-third of students in grades 7–13 in Ontario reported using an illicit drug in the past year. Cannabis, hallucinogens, non-medical stimulants, ecstasy and solvents were the most commonly used illicit drugs. Ecstasy use increased from 0.6% in 1993 to 6% in 2001. Reported cannabis use more than doubled from 13% in 1993 to 29% in 2001. Provincial surveys have not included sufficient numbers of Peel children to directly measure levels of drug use in Peel.

Nutrition, Physical Activity and Obesity

Obesity is an important risk factor for health in children and adults. Body weight is determined by the balance between diet and physical activity. National health surveys indicate that Canadian children are becoming significantly more overweight and obese. This trend is consistent with evidence that children are consuming less fruit and vegetables and are exercising less. Nearly one-third (32%) of children aged 12–19 in Peel were classified as inactive according to the Physical Activity Index. No other data are available on child obesity, diet or physical activity levels in Peel.

Sexual Health

Teen pregnancy rates (15–19 years) declined between 1993 and 1997 in both Peel and Ontario; rates were lower in Peel than in Ontario. In Peel in 1997, there were 1,122 teen pregnancies and 294 births.

In 1996/97, 31% of Peel teens reported having engaged in sexual intercourse in the past year. Twenty-eight per cent of sexually active Ontario teens reported having two or more partners in the past year and 63% reported they always used a condom.

Sexually transmitted diseases were the most common reportable communicable diseases, and rates were highest among the young. In Peel, rates of the two most common sexually transmitted diseases—gonorrhoea and chlamydia—increased among teens between 1997 and 2000. There were nearly 450 total cases of these two diseases in youth aged 15–19 years in 2000.

Leading Causes of Child Mortality and Hospitalization in Peel

Overall, mortality rates for children were lower in Peel than in Ontario. The leading causes of death varied by age. Child hospitalization rates in Peel were higher than those in Ontario for 1–9 year olds, but lower for 10–19 year olds.

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Introduction

The Child Health Report 2002 is one of an ongoing series of health status reports published by the Region of Peel Health Department to describe the health of the region's population.



This report provides an overview of the health status of Peel's children, including:

- child population
- family and community
- infant health
- injuries and violence
- communicable disease
- mental health
- dental health
- tobacco, alcohol and drug use
- nutrition, physical activity and obesity
- sexual health
- child mortality and hospitalization

This report makes use of a wide variety of data to describe child health in Peel. A number of important gaps are apparent in the information and these will need to be addressed in future if a comprehensive picture of child health is to emerge.

The *Child Health Report 2002* is intended to be a resource for the Health Department, community groups, health and social service agencies, Boards of Education, elected officials, planners and residents to assist in the planning of programs and services for children and youth.