

# Health Status Data Website

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Peel Public Health

*April 26, 2013*

Public Health

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# Agenda

1. Rationale for website
2. Examples
  - Emergency department visits for assault
  - Teen pregnancy rates
3. Other website features
4. Questions

# Why a Website?

- To provide immediate access to the most up to date health status data
- To provide the means to print and download data in a useable and user friendly format
- To enable users to make data informed decisions based on Peel relevant data
  - for the purpose of program and service planning

# How can you use these data?

- Needs assessments/situational assessments
- Literature reviews
- Reports
- Program planning and evaluation
- Others?



**Regional Government**

- Programs & Services
- Regional Council
- Peel Art Gallery, Museum and Archives
- Emergency Preparedness
- Corporate Overview
- Statistics & Publications
- News

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### Statistics

- > [Financial Statistics and Economic Data](#)
- > [Peel Data Centre - a network of Region of Peel data resources](#)
- > [Health Status Data](#)

### Publications

- > [Financial Reports](#)
- > [Client Satisfaction and Trust & Confidence Survey Results](#)
- > [Diversity and Inclusion Strategy](#)
- > [Environmental Reports](#)
- > [Health Reports](#)
- > [Peel Builds - Affordable Housing Reports](#)
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- > [Water & Wastewater Reports](#)

Revised July 6, 2012



Health Services

Peel Public Health

health status data

- maternal and child health
- general health status
- chronic diseases
- dental health
- environment & health
- health behaviours
- health care use
- mortality
- injuries
- reportable diseases
- socio-demographics
- definitions
- data sources & methods

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health status data

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health status data

Within the Ontario Public Health Standards, health units in Ontario are required to assess current health status, health behaviours, preventive health practices, health-care utilization relevant to public health and demographic information. Health units are also required to provide population health information to the public, community partners, and health-care providers.

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- media;
- students; and the
- general public.

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How to use the data



# Assaults – Emergency department visits

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## health status data

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### ● leading causes of injury

[leading causes of injury](#)

[unintentional injuries](#)

[accidental falls](#)

[accidental burns](#)

[accidental drowning](#)

[accidental poisoning](#)

[accidental suffocation](#)

[motor vehicle accidents](#)

[pedestrian accidents](#)

[off-road vehicle accidents](#)

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[assaults](#)

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accidental assault

This section contains data related to:

- [emergency department visits due to assault](#)
- [hospitalization due to assault](#)
- [mortality due to assault](#)

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accidental assault

This section contains data related to:

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Select the level of geography you are interested in:

[Peel and Peel municipalities compared to Ontario](#)

- [Trends by Year](#)
- [Trends by Sex](#)
- [Trends by Age Group](#)
- [Trends by Age Group and Sex](#)

[Peel municipalities and data zones compared to Peel](#)

- [hospitalization due to assault](#)
- [mortality due to assault](#)

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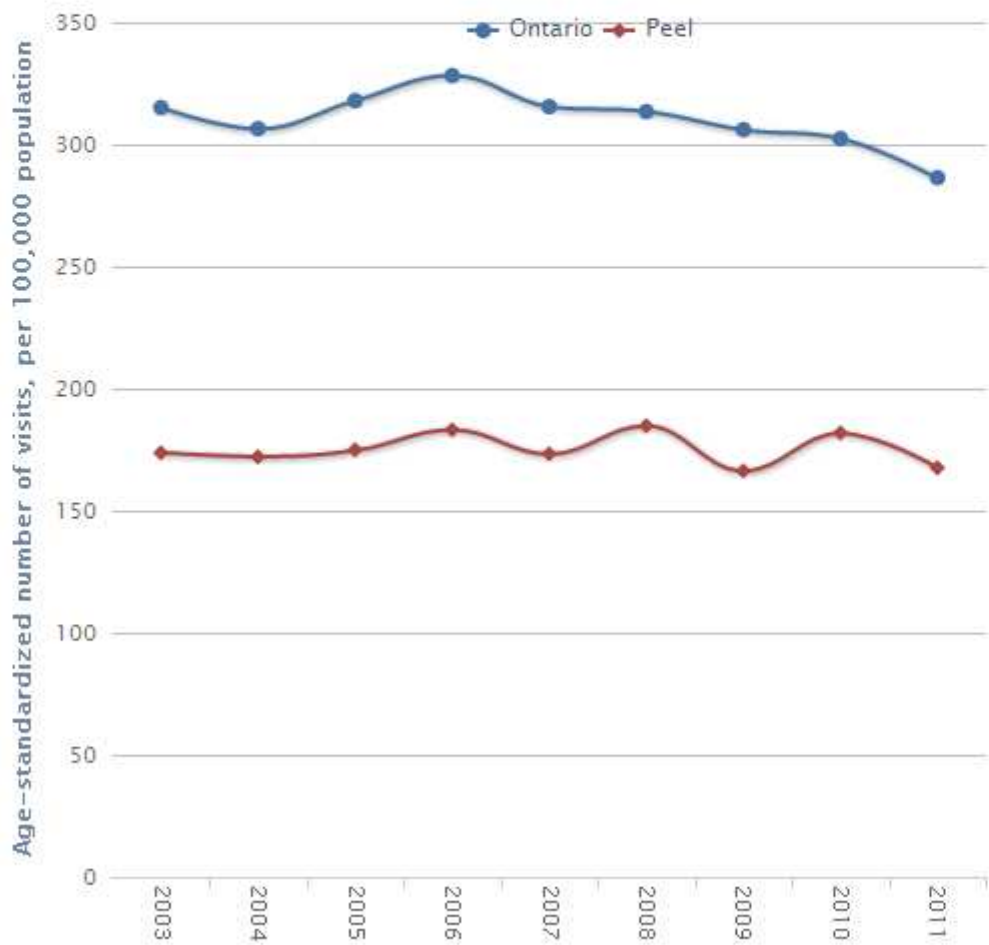
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Emergency Department Visits from Assault by Year  
Region of Peel and Ontario, 2003-2011



Notes:



### Peel, Peel municipalities and Ontario, 2003-2011

Download



Show/Hide Columns

Filter by Area

Area ▲	Year ⇅	Number of visits	Population	Crude Rate	Srate +	Srate Lower CI*
Brampton	2003	682	387094	176.2	176	162.7
Brampton	2004	762	409628	186	185.2	172
Brampton	2005	863	432379	199.6	200.5	187
Brampton	2006	888	454717	195.3	197.6	184.5
Brampton	2007	938	467765	200.5	200.7	187.8
Brampton	2008	991	479398	206.7	208.6	195.6
Brampton	2009	957	489021	195.7	198.5	185.9
Brampton	2010	998	499704	199.7	203.1	190.5
Brampton	2011	941	509359	184.7	187.6	175.6
Caledon	2003	71	55689	127.5	144.5	109.7
Caledon	2004	50	57059	87.6	101.9	72.7
Caledon	2005	70	58373	119.9	136.9	103.7
Caledon	2006	62	59503	104.2	117.8	87.2
Caledon	2007	56	61263	91.4	102.4	74.4
Caledon	2008	71	62855	113	126.9	96.2
Caledon	2009	73	64185	113.7	120.5	91.9



Show 16 entries

First Previous 1 2 3 Next Last

Showing 1 to 16 of 45 entries

**Notes:**

+ Srate is standardized to the 1991 Canadian population

\* 95% Confidence Intervals

Last Updated: February, 2013.

**Sources:**

National Ambulatory Care Reporting System Data 2003-2011, Intellihealth Ontario, Ministry of Health and Long-Term Care

Population Estimates 2003-2011, Intellihealth Ontario, Ministry of Health and Long-Term Care

B	C	D	E	F	G	H	I	J	K	L
	Year	Age Group	Number of visits	Population	Rate					
	2007	0 to 9	7	68169	10.3					
	2007	10 to 19	263	68293	385.1					
	2007	20 to 29	347	69908	496.4					
	2007	30 to 39	136	78740	172.7					
	2007	40 to 49	131	74699	175.4					
	2007	50 to 59	40	53073	75.4					
	2007	60 to 69	8	31748	25.2					
	2007	70 to 79	NR	15675	NR					
	2007	80 to 89	NR	6391	NR					
	2007	90+	NR	1069	NR					
	2007	Total	938	467765	200.5					
	2008	0 to 9	7	69325	10.1					
	2008	10 to 19	256	69290	369.5					
	2008	20 to 29	385	71906	535.4					
	2008	30 to 39	165	79051	208.7					
	2008	40 to 49	123	76160	161.5					
	2008	50 to 59	43	55146	78					
	2008	60 to 69	6	34136	17.6					
	2008	70 to 79	NR	16407	NR					
	2008	80 to 89	NR	6823	NR					
	2008	90+	NR	1154	NR					
	2008	Total	991	479398	206.7					
	2009	0 to 9	7	70091	10					
	2009	10 to 19	277	69614	397.9					
	2009	20 to 29	372	73880	503.5					
	2009	30 to 39	142	79054	179.6					
	2009	40 to 49	99	77081	128.4					
	2009	50 to 59	40	57143	70					
	2009	60 to 69	13	36438	35.7					
	2009	70 to 79	NR	17242	NR					
	2009	80 to 89	NR	7220	NR					
	2009	90+	NR	1258	NR					
	2009	Total	957	489021	195.7					
	2010	0 to 9	6	70950	8.5					
	2010	10 to 19	271	70004	387.1					
	2010	20 to 29	388	76140	509.6					
	2010	30 to 39	163	79832	204.2					
	2010	40 to 49	107	77592	137.9					
	2010	50 to 59	44	59416	74.1					
	2010	60 to 69	18	38568	46.7					
	2010	70 to 79	NR	18161	NR					



# Symbols in tables/graphs

NR – not releasable due to small numbers

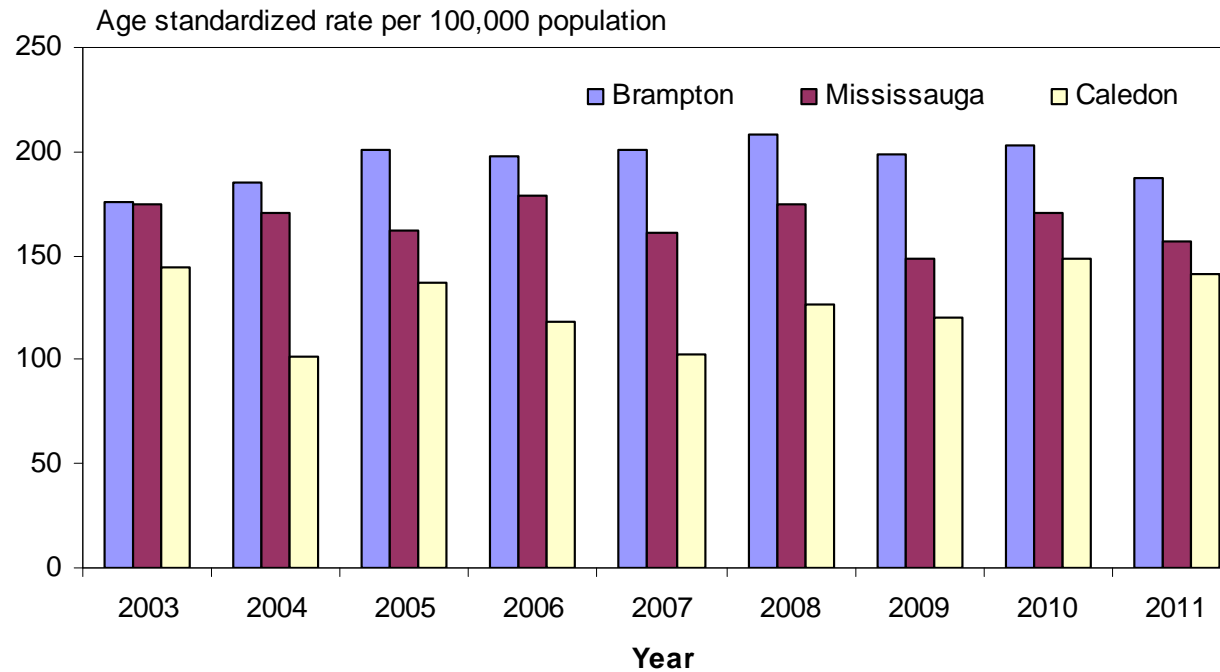
\* Use estimate with caution

SRATE – standardized rate

CI – 95% confidence interval of the estimate

# What do you see?

**Figure: Emergency Department Visits due to Assault, Brampton, Caledon, Mississauga, 2003-2011**



Sources: National Ambulatory Care Reporting System Data 2003-2011, Intellihealth Ontario, Ministry of Health and Long-Term Care  
Population Estimates 2003-2011, Intellihealth Ontario, Ministry of Health and Long-Term Care

# Rates vs Counts

## Counts:

- Actual number of events
- Useful for describing the magnitude of a problem
- Needed for resource planning

EXAMPLE: In 2011, number of ED visits due to assaults was 941 for Brampton, 1191 for Mississauga and 81 for Caledon

## Rates:

- Number of events divided by the population
- Measures the frequency that an event occurs
- Useful for comparing populations, time periods, sub-groups

EXAMPLE: Rate higher for Brampton compared to Mississauga and Caledon



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accidental assault

This section contains data related to:

emergency department visits due to assault

Select the level of geography you are interested in:

Peel and Peel municipalities compared to Ontario

- Trends by Year
- Trends by Sex
- Trends by Age Group
- Trends by Age Group and Sex

Peel municipalities and data zones compared to Peel

- hospitalization due to assault
- mortality due to assault

Data Sources, Methods and Limitations

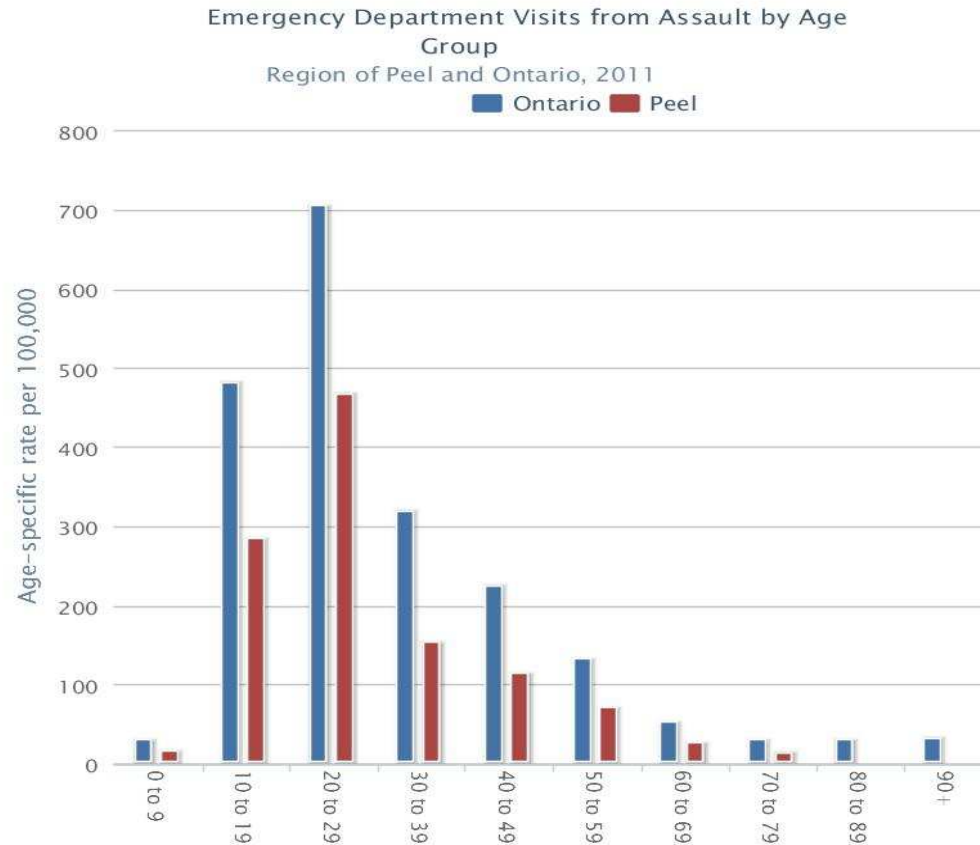
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# What do you see?



**Notes:**

Blanks in the graph reflect data that have been suppressed with a cell count of less than 5.

Last Updated: February, 2013.

**Sources:**

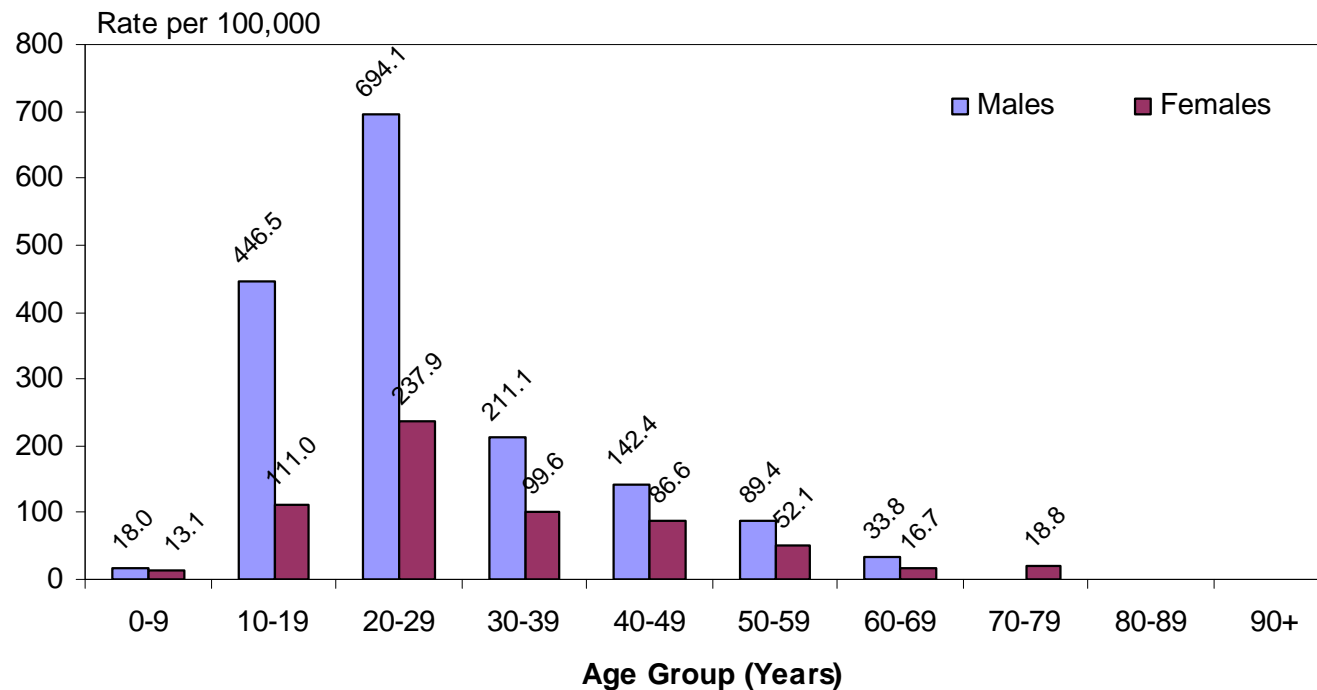
National Ambulatory Care Reporting System Data 2011, Intellihealth Ontario, Ministry of Health and Long-Term Care

Population Estimates 2011, Intellihealth Ontario, Ministry of Health and Long-Term Care



# What do you see?

Figure: Emergency Department Visits due to Assault by Age Group and Sex, Peel, 2011



Sources: National Ambulatory Care Reporting System Data 2011, Intellihealth Ontario, Ministry of Health and Long-Term Care  
Population Estimates 2011, Intellihealth Ontario, Ministry of Health and Long-Term Care



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### accidental assault

This section contains data related to:

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# Summary

- Emergency department visits for assault
  - Peel has lower rate of ED visits for assault than Ontario
  - Rates have been consistent over time (2003 to 2011)
  - Brampton has higher rate than Mississauga and Caledon (although Mississauga has higher number)
  - Youth and young adults have higher rates
  - Young males have higher rates than females
- Limitations to data
  - Only includes assaults which result in an ED visit (underestimates number of assaults)
  - Differences in health care access could occur (more walk-in visits)

# Teen Pregnancy Rates

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pregnancy and abortion

This section contains data about the pregnancies, abortions and maternal health problems during pregnancy.

pregnancy

- [total pregnancy rates](#)
- [teen pregnancy rates](#)
- [pregnancy rates by maternal age](#)

abortions

- [number and rate of abortions by maternal age](#)
- [ratio of therapeutic abortions to live births – all ages](#)
- [ratio of therapeutic abortions to live births – maternal age 15-19 years](#)

[maternal health problems during pregnancy](#)

[Data Sources, Methods and Limitations](#)

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# Quick Stats

## TEEN PREGNANCY

### TEEN PREGNANCY RATE, PEEL, 1986-2009

	# Live Births to Females 15-19	# Stillbirths to Females 15-19	# Therapeutic Abortions to Females 15-19	# Pregnancies	Female Population 15-19	Total Preg Rat
<b>YEAR</b>						
1986	342	<5	390	736	24,580	29.9
1987	371	<5	396	769	25,368	30.3
1988	350	<5	475	826	26,093	31.7
1989	393	<5	485	879	26,819	32.8
1990	416	<5	421	841	27,156	31.0
1991	384	<5	384	769	27,202	28.3
1992	354	8	732	1,094	27,641	39.6
1993	402	<5	818	1,221	27,994	43.6
1994	386	5	868	1,259	28,635	44.0
1995	415	6	845	1,266	29,255	43.3
1996	355	5	809	1,169	29,923	39.1
1997	294	<5	771	1,068	30,654	34.8
1998	319	<5	760	1,083	31,882	34.0
1999	324	<5	753	1,078	33,138	32.5
2000	311	5	679	995	34,696	28.7
2001	259	<5	838	1,099	35,978	30.6
2002	305	<5	749	1,057	36,856	28.7
2003	242	<5	820	1,065	37,768	28.2
2004	276	<5	753	1,032	39,069	26.4
2005	274	<5	810	1,087	40,671	26.7

# Website Features

- Search function
- Definitions
- Description of data sources and limitations
- Links to other reports
- Comment form



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### definitions

This section contains definitions related to:

[prevalence](#)

[incidence](#)

[crude rate](#)

[standardized rate](#)

[confidence interval](#)

[Data Sources, Methods and Limitations](#)

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# Epi Quick Tips

## CONFIDENCE INTERVAL

### DEFINITION

**Confidence interval** refers to the range of values in which the true population value of a variable (such as a mean, proportion or rate) is likely to fall. Typically the 95% confidence interval is used, meaning that the true value will fall within the range 95 times out of 100.

### PEEL PUBLIC HEALTH EXAMPLE

The table below provides the proportion of the population by their smoking status in Peel in 2007/2008.

#### TYPE OF CIGARETTE SMOKER

PER CENT OF POPULATION <sup>1</sup> WHO ARE DAILY, OCCASIONAL, FORMER OR NEVER SMOKERS, PEEL, 2007/2008				
	Daily Smoker	Occasional Smoker	Former Smoker	Never Smoked
TOTAL	13.1 (CI: 11.0-15.6)	2.6 (CI: 1.9-3.5)	17.2 (CI: 15.2-19.5)	67.0 (CI: 64.1-69.9)

<sup>0</sup>Use with caution.

<sup>1</sup>Reflects respondents aged 12 years and older.

NR = Not releasable due to small numbers.

CI – 95% confidence interval.

Daily smoker is a person who currently smokes daily and has smoked at least 100 cigarettes in their lifetime.

Occasional smoker is a person who smokes occasionally, has smoked at least 100 cigarettes in their lifetime and some in the past 30 days.



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socio-demographics  
definitions  
data sources & methods

**● data sources, methods and limitations**

A variety of data sources have been used to populate the Peel Health Data website. A description, weighting and release guidelines, analytical methods, and limitations are described for each source. Where applicable, links to other resources that describe the data are also provided.

[rapid risk factor surveillance system](#)

[canadian community health survey](#)

[emergency department data](#)

[hospital separation data](#)

[mortality data](#)

[live birth data](#)

[BORN – better outcomes registry and network](#)

[stillbirth data](#)

[abortion data](#)

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[population estimate data](#)

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### about emergency department data

#### DATA SOURCE

**Original Source:** Canadian Institute for Health Information (CIHI)

**Cite as:** National Ambulatory Care Reporting System Data, [years], IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.

#### METHODS

##### Data Collection Methods

- Hospital emergency departments report patient visit information into the National Ambulatory Care Reporting System (NACRS), which began in July 2000. Data are not considered to be reliable until the fiscal year 2002/2003.
- The first areas or visit functional centres (VFCs) to report to NACRS were the hospital Emergency Rooms in fiscal year 2002/2003. In fiscal year 2003/2004 other major ambulatory VFCs within the hospital such as Day Surgery, Medical Day/Night Care and specified high-cost clinics such as renal dialysis and cancer clinics etc. were also included.

##### Analysis Methods

- All data presented for emergency department visits on this site are based on the patients 'main problem or diagnosis as determined by the emergency department.' All visits have one main problem (and up to nine other problems). Unlike the inpatient data, there is no diagnosis type for complications, secondary diagnoses etc. All other problems are assigned a problem type of 'other'. The main problem variable is coded using International Statistical Classification of Diseases and Related Health Problems, Canada, Version 10, 2007 (ICD-10-CA) codes starting with A through U. A second set of codes for external causes (e-codes) (those starting with V, W, X or Y) are used in the

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## abortions

- [number and rate of abortions by maternal age](#)
- [ratio of therapeutic abortions to live births – all ages](#)
- [ratio of therapeutic abortions to live births – maternal age 15-19 years](#)

## [maternal health problems during pregnancy](#)

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### **Related links:**

- ☐ [Peel Public Health Reports – the following contain maternal and child health data:](#)
  - [Peel Senior Kindergarten Census 2010](#)
  - [Born in Peel: Examining Maternal and Infant Health 2010](#)
  - [Low Birth Weight and Stillbirth Investigation 2010](#)
  - [Peel Senior Kindergarten Census 2010](#)
  - [A Picture of Health – A Comprehensive Report on Health in Peel 2008](#)
  - [Breastfeeding Practices in the Region of Peel 2004/2005](#)
  - [Child Health 2004: Focus on Early Childhood](#)
  - [Prenatal Education Classes: Survey of Mothers – 2003](#)
  - [Smoking and Pregnancy - 2003](#)
  - [Children's Dental Health Report - 2003](#)
  - [Child Health Report 2002](#)
  - [Survey of Parents of Children 0 to 2 Years – 2002](#)

[Canadian Maternity Experiences Survey](#) – The Maternity Experiences Survey (MES) is a national survey of Canadian women's experiences, perceptions, knowledge and practices before conception and during pregnancy, birth and the early months of parenthood.

[Canadian Perinatal Health Report](#) – A report is a national report on 29 indicators of the health of pregnant women, mothers and babies in Canada.

[Better Outcomes Registry and Network \(BORN\)](#) – BORN brings together five

# Questions?

Public Health

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