chapter 19

DATA ANALYSIS ISSUES AND NEXT STEPS

Data used to describe health in this report come from a variety of sources – some are external and some are collected directly by Peel Public Health. Although the data present a meaningful picture of health status in Peel region, we were unable to address certain health issues or questions due to data limitations which we will describe below.

Immigrant Health and Ethno-cultural Issues

Currently, the only data available which describe the health of immigrants are collected nationally from the Canadian Community Health Survey (CCHS) and locally from the Rapid Risk Factor Surveillance System. The sample size for Peel region from the CCHS is typically not large enough to allow meaningful analyses for immigrants unless survey years are combined. There are no data collected on immigrants from the vital statistics.

Mental Health

Available data on mental health are based on self-reported surveys. Errors in recall and social desirability may result in either an under or over-estimate of the mental health issue being measured. In addition, the tools used to define issues such as depression may not define the prevalence, but the risk of depression and may miss out on other potential risk factors such as genetic make-up and family history. The definitions and classifications used to collect mental health data may vary and can be subjective which further complicates the usefulness of the data.

Neighbourhood Analyses

Neighbourhoods within Peel are composed of different population groups and have different health issues. It is difficult to assess neighbourhood issues within Peel due in part to poor data quality and timeliness for mortality, live births and stillbirth data – the completeness of the postal code data varies and the coding for municipal code (or Census Subdivision) does not always have agreement with the residential postal code. Other data sets, such as the NIDAY Perinatal Database and the Integrated Services for Children Information System (ISCIS) are other potential sources of neighbourhood analyses if the data and variables contained within were collected using accurate measures and were well populated (e.g. smoking during pregnancy).

Peel will advocate for improvements in health status data for the following:

- Increased sample size for national surveys to allow for meaningful analyses at sub-levels
- Addition of ethnocultural information to the collection of vital statistics information, cancer incidence data and other regionally collected sources
- Access to all International Classification of Diseases codes in mortality databases to provide more meaningful analyses with regards to injury
- Complete collection of variables within the following data sets:
  – Niday Perinatal Database, ISCIS
  – Vital statistics (mortality, stillbirths and live births)
- Timeliness of vital statistics data
- Update of health care associated costs – currently, only 1998 Canadian data are available
- Change the collection period for congenital anomalies from 30 days back to one year. The 30-day collection period does not allow the measurement of those congenital anomalies which may appear up to one year after birth.

Finally, through the production of this report, we have identified areas which require more sophisticated methods of analysis in order to learn more about the health issue for Peel. These include:

- Stillbirths, low birth weight and their cause
- Preventability of chronic diseases
- The relationship between diabetes and obesity.