

Neighbourhood HEALTH PROFILE 2005

A PEEL HEALTH STATUS REPORT



MISSISSAUGA WARD 3



M. Prentice,
Mississauga Ward 3 Councillor



 **Region of Peel**
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Public Health

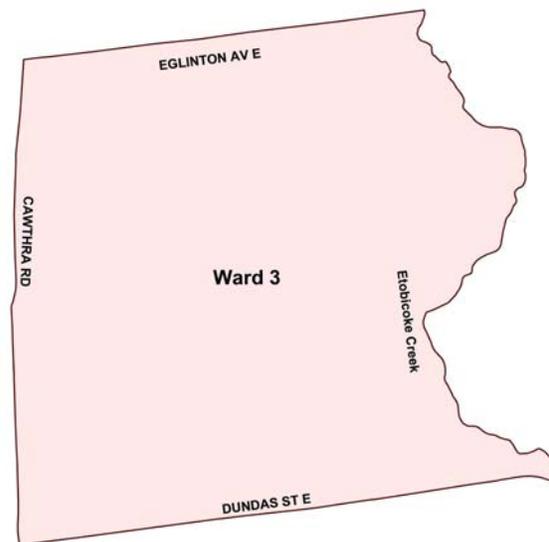
Mississauga, Ward 3

This report provides an overview of the health status of residents of Mississauga Ward 3, including:

- Socio-demographic facts
- Reported births
- Leading causes of death
- Leading causes of hospitalization
- Selected leading causes of injury-related hospitalizations
- Commonly reported communicable diseases

Where appropriate, comparisons are made between Mississauga Ward 3 and Peel overall. For the purposes of this report, terms such as “significant”, “more likely”, and “less likely” are used only when differences in proportions have been found to be both statistically significant and where a difference of proportions of 5% or more is observed.

This report makes use of a wide variety of data to describe health in Mississauga Ward 3. A number of important data limitations are noted in the Data Sources, Methods and Limitations section at the end of this report.



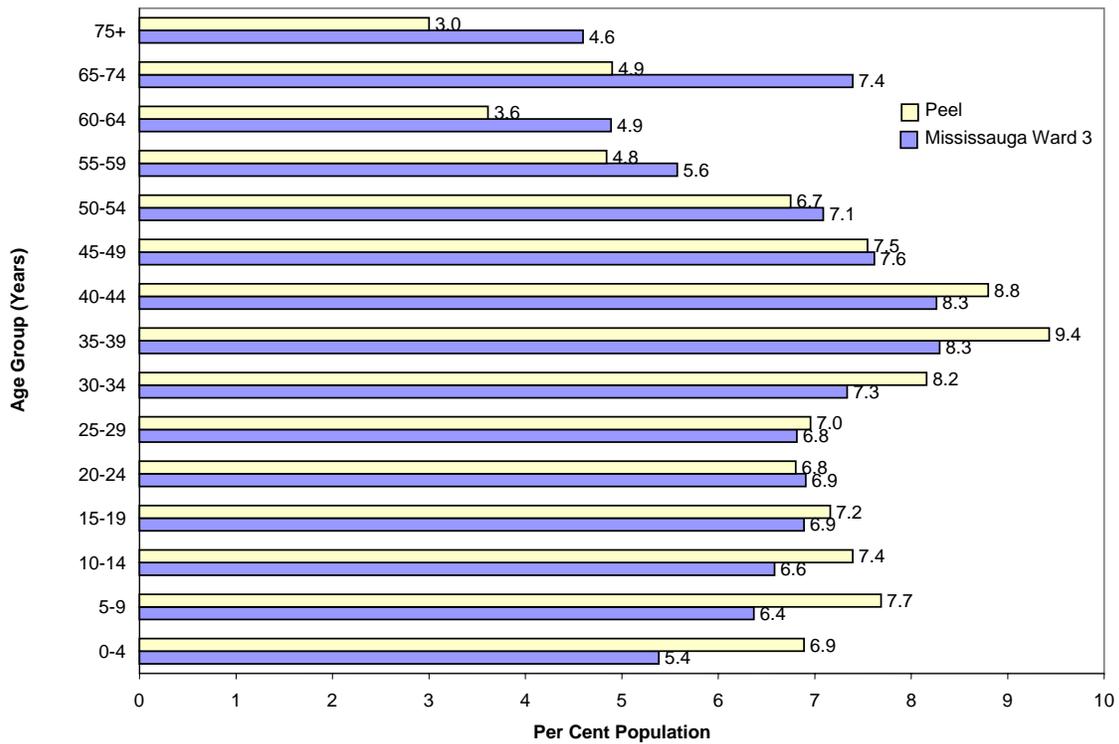
SOCIO-DEMOGRAPHIC FACTS

The Population

According to the 2001 Census, there were 60,455 people living in Mississauga Ward 3 in 2001. This represents about 6% of the population of Peel. Figure 1 shows the population of Mississauga Ward 3, by age group, compared to Peel's population in 2001. In Ward 3, there were higher proportions of older adults (aged 50 years and older) compared to Peel overall. Conversely, there were lower proportions of adults aged 25 to 44 years, and children aged zero to 19 years in Ward 3 compared to Peel.

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Figure 1: Population by Age Group, Mississauga Ward 3 and Region of Peel, 2001

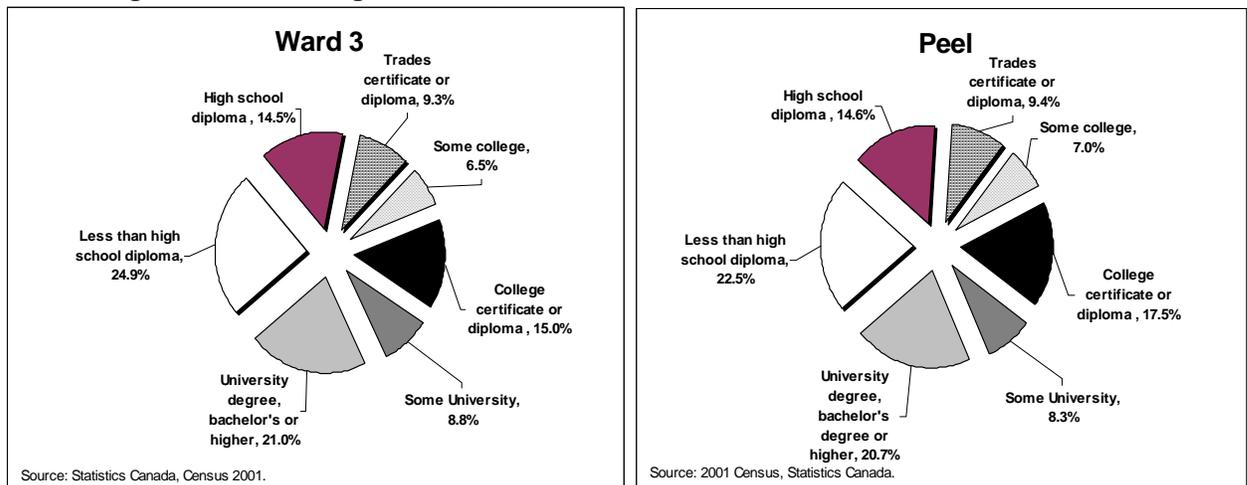


Source: 2001 Census, Statistics Canada.

Highest Level of Schooling Completed

Figure 2 shows the population, aged 20 years and older, in Mississauga Ward 3 by highest level of schooling completed compared to Peel in 2001. Ward 3 residents attained similar levels of education across all categories compared to Peel residents in this age group

Figure 2: Proportion of Population Aged 20 Years and Older by Highest Level of Schooling Completed, Mississauga Ward 3 and Region of Peel, 2001



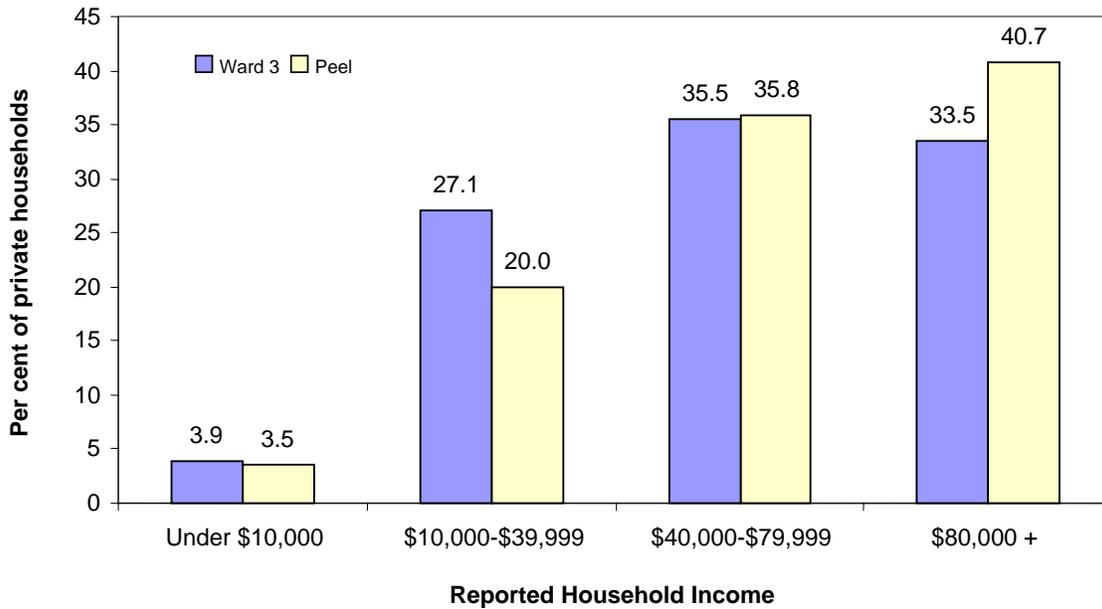
Source: Statistics Canada, Census 2001.

Source: 2001 Census, Statistics Canada.

Household Income

The distribution of household income for private households in Mississauga Ward 3 compared to Peel in 2000 is shown in Figure 3. A private household refers to a person or a group of persons (other than foreign residents) who occupy a private dwelling and do not have a usual place of residence elsewhere in Canada. There were significantly lower proportions of households in the \$80,000 or greater income category for Mississauga Ward 3 compared to Peel overall. Correspondingly, there were higher proportions of households with incomes in the \$39,999 or lower categories for this ward than for Peel overall.

Figure 3: Distribution of Household Income in Private Households, Mississauga Ward 3 and Region of Peel, 2000



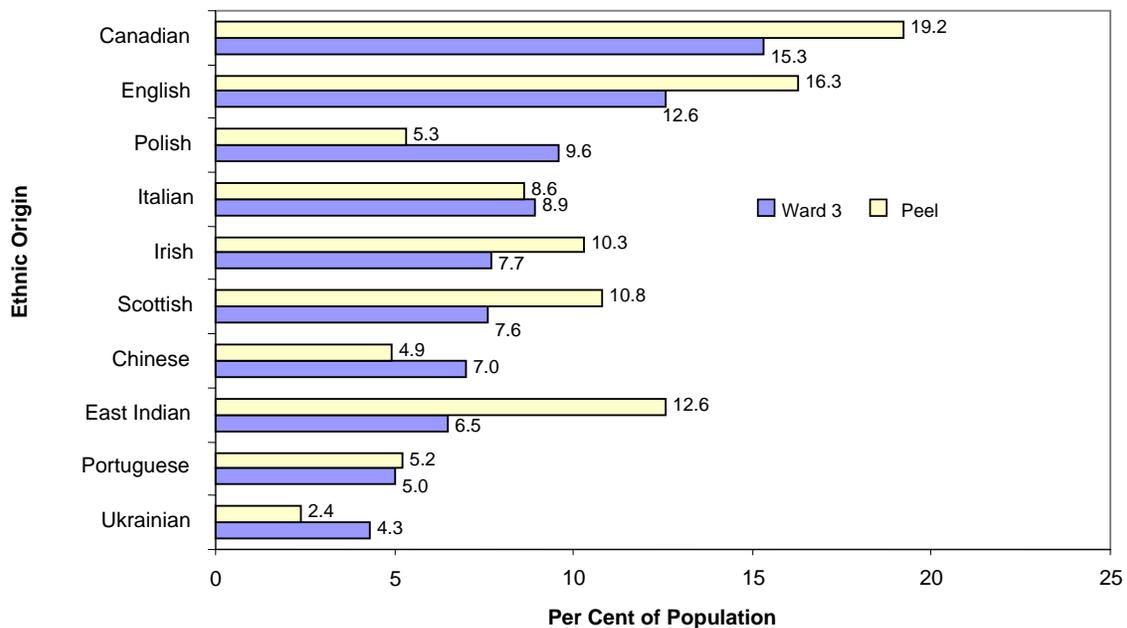
Source: 2001 Census, Statistics Canada.

Cultural Diversity

Ethnic Origin

As in the rest of Peel, residents living in Mississauga Ward 3 belong to a diverse group of ethnic backgrounds. As part of the 2001 Census of Canada, a sample of Canadian residents was asked to identify which ethnic or cultural group(s) their ancestors belonged to. Seven of the top ten ethnic groups in this ward were among the top ten ethnic groups in Peel overall, although the proportions of each within these geographic neighbourhoods differed. Ward 3 had a larger proportion of residents of Polish, Chinese and Ukrainian origins than Peel overall. In contrast, it had a significantly smaller proportion of residents of East Indian origin than Peel. There were also smaller proportions of the remaining top 10 ethnic groups residing in these wards (Figure 4).

Figure 4: Proportion of Population by Top Ten Ethnic Origins, Mississauga Ward 3 and Region of Peel, 2001



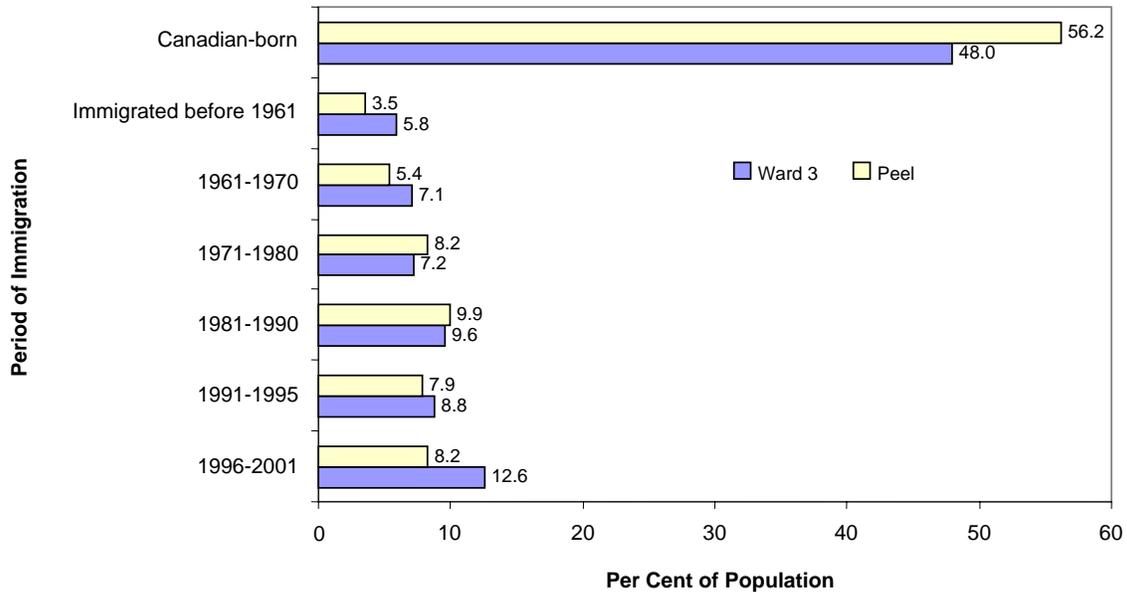
Note: estimates based on aggregation of census tract data
 Source: 2001 Census, Statistics Canada.

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Immigration Status and Period of Immigration

In 2001, just under half (48%) of residents in Mississauga Ward 3 were Canadian-born, whereas just over half (51%) were immigrants to Canada (Figure 5). Ward 3 had a higher immigrant population than Peel overall (51% vs. 44%), including a higher proportion of recent immigrants who had come to Canada between 1996-2001 compared to Peel (13% vs. 8%) as shown in Figure 5.

Figure 5: Population by Immigrant Status and Period of Immigration, Mississauga Ward 3 and Region of Peel, 2001



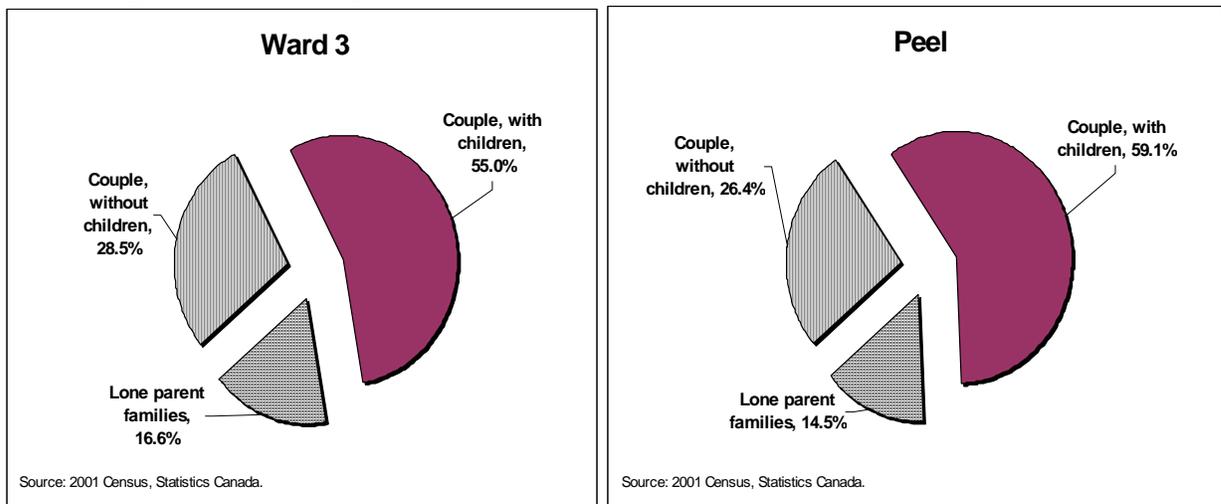
Note: Percentages may not add to 100% due to rounding.
Source: 2001 Census, Statistics Canada.

Families

During the 2001 census year, information was collected about different types of families, one of which was the “census family”. The census family was defined as a married couple (with or without children of either or both spouses), a couple living common-law (with or without children of either or both partners) or a lone parent of any marital status, with at least one child living in the same dwelling. A couple living common-law may be of the opposite or same sex.

Figure 6 shows the types of families living in Ward 3 and in the Region of Peel in 2001. The majority of families in this ward consisted of couples with children (55%). Couples without children accounted for 29% of families, whereas single parent families made up 17% of families. When examining family types in Ward 3 compared to Peel, this ward had a slightly smaller proportion of couples with children (55%) than Peel (59%), and slightly higher proportions of couples without children (29% vs. 26% respectively) and lone parent families (17% vs. 15% respectively).

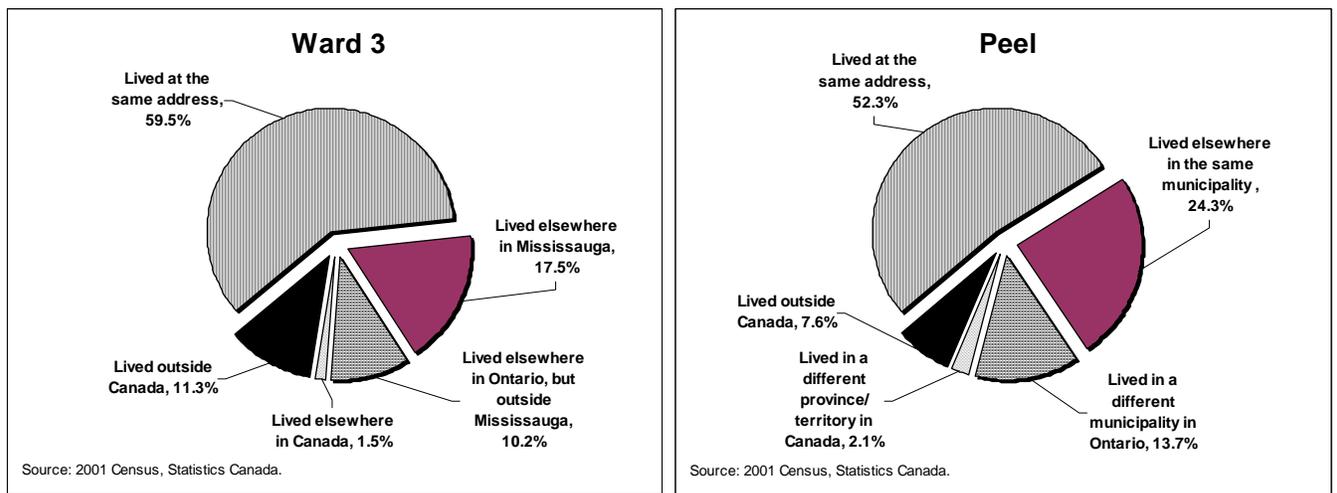
Figure 6: Proportion of Census Families by Family Type, Mississauga Ward 3 and Region of Peel, 2001



Mobility – Where Residents Lived on May 15, 1996

The 2001 Census collected information on where residents lived 'five years ago', that is on May 15, 1996. Sixty per cent of residents aged five years and older in Mississauga Ward 3 lived at the same address five years before and 18% lived elsewhere in Mississauga (Figure 7). The remainder of residents lived elsewhere in Ontario but outside of Mississauga (10%), lived elsewhere in Canada (2%), or lived outside of Canada (11%). Similarly, more than half (52%) of Peel residents lived at the same address five years before. Overall, a significantly lower proportion of residents of Ward 3 moved during the past five years compared to Peel residents overall.

Figure 7: Where Residents Lived on May 15, 1996, Total Population Aged Five Years and Older, Mississauga Ward 3 and Region of Peel, 2001

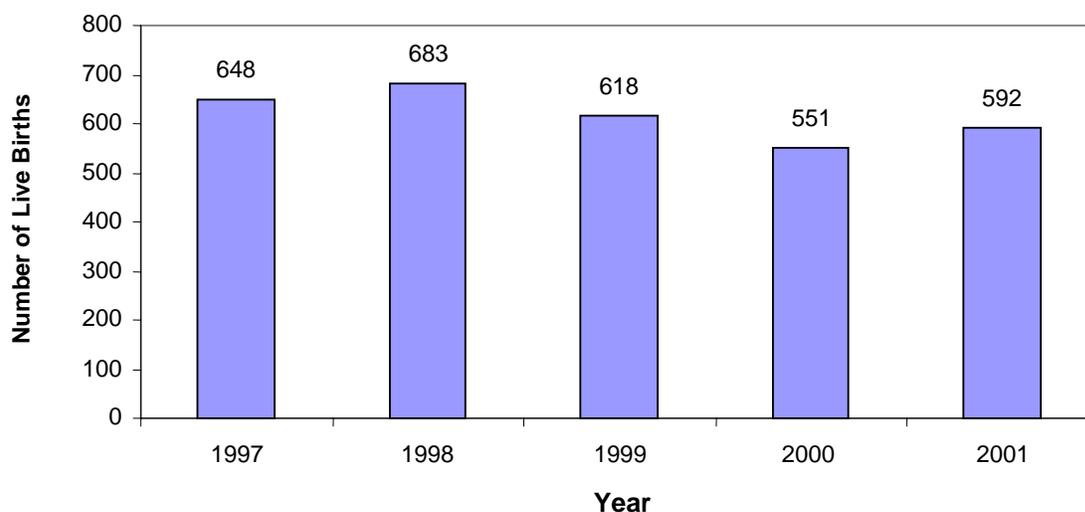


HEALTH FACTS

Births

In 2001, the most recent year for which official data are available, there were approximately 592 live births in Mississauga Ward 3, which represented approximately 4% of the 13,654 live births in the Region of Peel (Figure 8). The number of live births in Ward 3 fluctuated over the period 1997 to 2001, reaching a peak of 683 births in 1998 and a low of 551 in 2000. Although an overall decrease in the number of births was observed during the five-year period, it does not necessarily represent a decreasing trend in birth rates. Any trend in rates would depend not only on the number of births per year, but also on the size of the population for the same time period. Population estimates at the ward-level are not available for 1997 through 2000 and therefore rates cannot be calculated. In Peel overall, the number of live births remained relatively stable between 1997 and 2001, with an average of 13,143 live births per year (data not shown).

Figure 8: Number of Live Births by Year, Mississauga Ward 3, 1997-2001



Source: Ontario Live Birth Database 1997-2001, HELPS (Health Planning System), Public Health Branch, Ontario Ministry of Health and Long-Term Care.

Birth weight is an important predictor of maternal and infant health. Infants born with low birth weight (weight less than 2,500 grams) tend to have an increased risk of dying and experience more developmental and physical health problems than babies born with normal birth weight.^{1,2} The singleton[†] low birth weight rate in Mississauga Ward 3 in 2001 was 5.3 per 100 live births, compared to 4.9 per 100 live births in Peel overall.

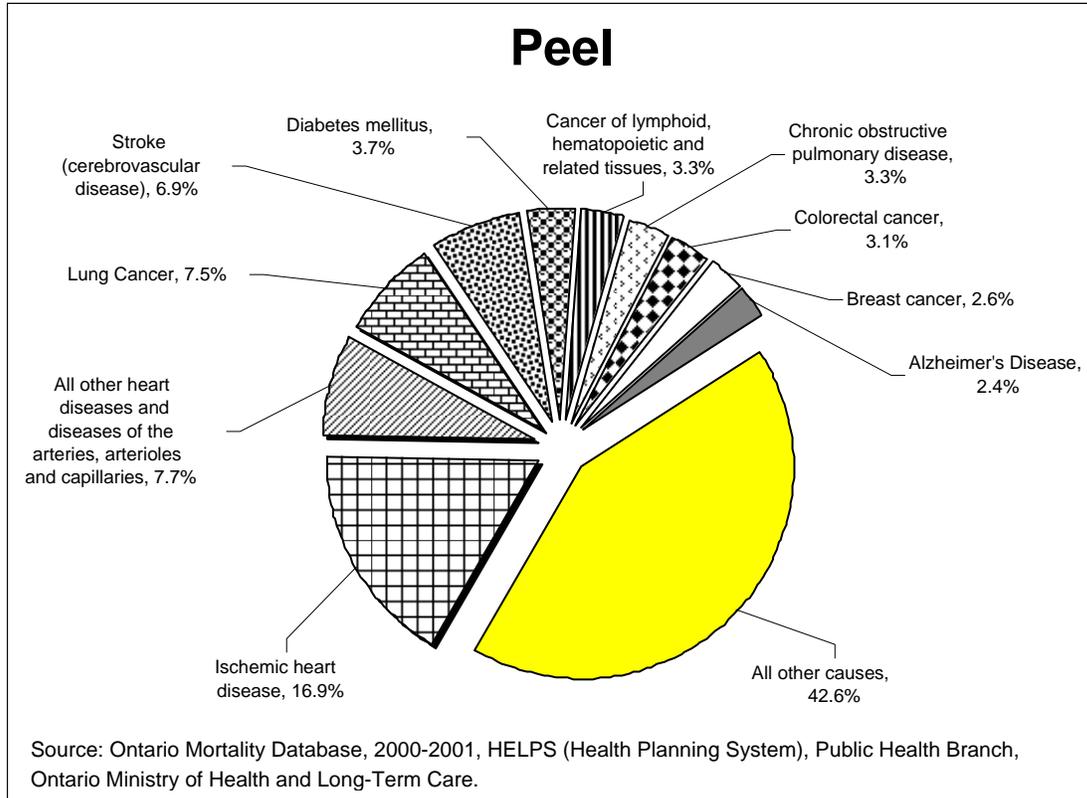
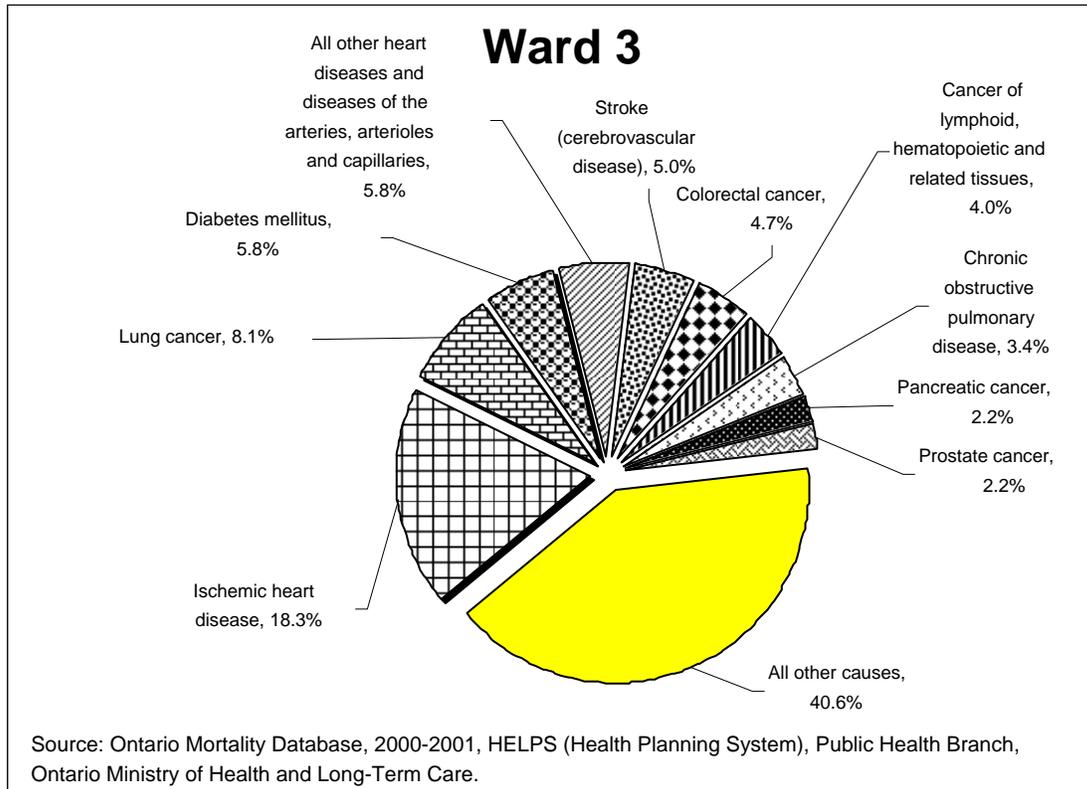
Deaths

Between 2000 and 2001, the most common causes of death in Ward 3 were ischemic heart disease, accounting for an estimated 18% of all deaths within the ward; lung cancer (8%); diabetes mellitus (6%); all other heart diseases and diseases of the arteries, arterioles and capillaries (6%); stroke (5%); and colorectal cancer (5%) (Figure 9). There were no significant differences between the top causes found in these wards compared with Peel. Please note that caution must be used when comparing these proportions, as higher proportions of deaths due to specific causes do not mean higher rates of deaths. The differences in proportions presented here do not account for differences in size and age distributions between populations.

† A singleton is a baby that is not a twin or other multiple birth.

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Figure 9: Top Causes of Mortality, Mississauga Ward 3 and Region of Peel, 2000-2001 Combined



Communicable Diseases

The communicable diseases (CD) described herein, are among those that must be reported to the local Medical Officer of Health under the Health Protection and Promotion Act (HPPA). Table 1 depicts the top 10 reportable communicable diseases for Mississauga Ward 3 during 2003. These were similar to the top 10 CD's reported among residents of the Region of Peel (data not shown).

Table 1: Top Ten Reportable Diseases, Mississauga Ward 3, 2003

Reportable Disease	Number of Cases Reported
Chlamydia (sexually transmitted)	66
Hepatitis C (bloodborne)	23
Campylobacteriosis (foodborne)	12
Gonorrhea (sexually transmitted)	12
Influenza (vaccine-preventable)	12
Amebiasis (waterborne / foodborne)	8
Salmonellosis (foodborne)	7
Tuberculosis (spread by close personal contact)	5
Giardiasis (waterborne / foodborne)	<5
Encephalitis / Meningitis (spread by close personal contact)	<5

Source: Reportable Disease Information System, Region of Peel Health Department, as of 06/08/2004.

Hospitalizations

Table 2 depicts the top ten causes of hospitalization among females in Mississauga Ward 3 from 1997 to 2001 combined, and compares them to those of the Region of Peel. The proportions of hospitalizations for females in Ward 3 were similar to those in Peel (Table 2).

Table 2: Top 10 Causes of Hospitalization in Females, Mississauga Ward 3 and Region of Peel, 1997-2001 Combined

Cause of Hospitalization	Ward 3 #	Ward 3 %	Peel %
Labour, delivery and associated complications	3,138	21.8	24.9
Injury and poisoning	766	5.3	4.4
Ischemic heart disease	687	4.8	2.9
All other heart disease and disease of arteries, arterioles and capillaries	623	4.3	2.6
Complications of pregnancy	566	3.9	5.2
Chronic obstructive lung disease	289	2.0	1.9
Benign neoplasms	264	1.8	2.0
Arthropathies	238	1.7	1.6
Stroke (cerebrovascular disease)	235	1.6	1.2
Pneumonia and influenza	212	1.5	1.5
Other	7,381	51.3	51.8

Source: Hospital In-Patient Data, 1997-2001, Provincial Health Planning Database (PHPDB), Extracted: January 13, 2004. Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Table 3 depicts the top ten causes of hospitalization among males in Mississauga Ward 3 from 1997 to 2001 combined, and compares them to those of the Region of Peel. The proportions of hospitalizations for males in Ward 3 were also similar to those in Peel.

Table 3: Top 10 Causes of Hospitalization in Males, Mississauga Ward 3 and Region of Peel, 1997-2001 Combined

Cause of Hospitalization	Ward 3 #	Ward 3 %	Peel %
Ischemic heart disease	1,085	10.2	8.3
Injury and poisoning	772	7.2	7.3
All other heart disease and disease of arteries, arterioles and capillaries	657	6.2	4.5
Chronic obstructive lung disease	287	2.7	3.2
Stroke (cerebrovascular disease)	280	2.6	1.8
Pneumonia and influenza	251	2.4	2.3
Arthropathies	216	2.0	1.9
Colorectal cancer	97	0.9	0.6
Diabetes	92	0.9	0.8
Lung cancer	87	0.8	0.5
Other	6,844	64.2	68.7

Source: Hospital In-Patient Data, 1997-2001, Provincial Health Planning Database (PHPDB), Extracted: January 13, 2004. Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Please note that caution must be used when comparing these proportions, as higher proportions of hospitalizations due to specific causes do not mean higher rates. The differences in proportions presented here do not account for differences in size and age distributions between populations.

Injuries

For the years 1997-2001 combined, injury and poisoning was the second leading cause of hospitalization in Peel residents overall. For this reason, this section of the report focuses on injuries in more detail.

In order to profile injuries of various levels of severity in a population, one must draw upon multiple sources of data. At the ward-level, analyses are limited by the number of sources of data that information can be drawn from due to the level of geography at which injury-related data are recorded. Therefore, injury-related data provided here are based only on hospitalizations, and do not represent injuries that are not severe enough to result in hospitalization or injury-deaths.

For the years 1997 to 2001 combined, the leading causes of injury-related hospitalizations in residents of Mississauga Ward 3 included accidental falls which accounted for an average of 198 hospitalizations per year (Table 4); drugs causing adverse effects (an average of 76 per year); and other accidents* (an average of 42 per year). Over the five-year period, an average of 34 injury-related hospitalizations per year among these residents resulted from suicide and self-inflicted injury, an average of 31 per year from motor vehicle traffic crashes, and an average of 12 per year due to accidental poisonings. Although not shown, over the five-year period, similar proportions of residents of this ward were hospitalized due to these top ten causes of injury compared to Peel residents.

*Other accidents include: those caused by being struck by, against or between objects or persons; those involving machinery, cutting or piercing objects, firearms, explosive materials, hot, caustic or corrosive materials, electric currents, or radiation; or those resulting from overexertion and strenuous movements or other environmental factors.

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Table 4: Top Ten Causes of Injury-Related Hospitalizations, Mississauga Ward 3, 1997-2001 Combined

Cause of Hospitalization	Average Annual Number
Accidental falls	198
Drugs causing adverse effects	76
Other accidents*	42
Suicide and self-inflicted injury	34
Motor vehicle traffic crashes	31
Accidental poisonings	12
Assault	9
Road and air transport accidents	6
Late effects of accidental injury	5
Undetermined injury	<5

***Other accidents include:** those caused by being struck by, against or between objects or persons; those involving machinery, cutting or piercing objects, firearms, explosive materials, hot, caustic or corrosive materials, electric currents, or radiation; or those resulting from overexertion and strenuous movements or other environmental factors.

Source: Hospital In-Patient Data, 1997-2001, Provincial Health Planning Database (PHPDB), Extracted: January 13, 2004. Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Data Sources, Methods and Limitations

Data sources used in this report and limitations of the data are described below.

Words such as “significant”, “more likely”, and “less likely” are used only when differences in proportions have been found to be both statistically significant at the 95% confidence level and where a difference of proportions of 5% or more is observed.

Census Data

2001 Census data used in this report were obtained from Semi-Custom Profiles from Statistics Canada containing ward-level data. Ethnicity data were based on estimates calculated using aggregation of data from the census tract level to the ward level of geography. Since the majority of wards do not align with census tracts (the boundaries for each ward were each individually compared to census tracts to assist with making estimates), ethnicity data are estimates.

Reportable Diseases

Since 1990, reportable diseases have been monitored through a public health surveillance system called the Reportable Disease Information System (RDIS). Data for Peel for 2003 were obtained from the Region of Peel Health Department and downloaded on June 8, 2004. It is noted that data for Peel may change in future years, especially for diseases such as tuberculosis (TB) which can take longer to be reported to the Health Department.

Hospitalizations

Hospitalization data in this report were collected by the Canadian Institute for Health Information (CIHI). Data for Peel from 1997 to 2001 were obtained through the Provincial Health Planning Database (PHPDB) initiative at the Ontario Ministry of Health and Long-Term Care. CIHI data were coded based on the International Classification of Diseases, 9th Revision (ICD-9) system of classifying causes of death and hospital stay. Injury-related hospitalizations included in this report are based on external causes of hospitalization for all admissions.

Vital Statistics

Mortality data in this report were collected by the Office of the Registrar General (of Ontario). Data for Peel from 2000 to 2001 were obtained through the Health Planning System (HELPS) initiative of the Ontario Ministry of Health and Long-Term Care. Death data for the year 2000 were coded based on the International Classification of Diseases, 9th Revision (ICD-9) system of classifying causes of death and hospital stay, whereas 2001 data were based on the ICD-10 system. Birth Data were obtained from the Live Birth data file also distributed to Peel Health through the HELPS. This report was prepared using 1997 to 2001 live birth data. Population estimates were not available for 1997 through 2000 by Ward and therefore live birth rates for each year were not calculated.

Other Limitations

Due to availability and the analysis methods employed, health occurrences among residents of Ward 3 living south of Eglinton Avenue, north of Eastgate Parkway, between Dixie Road and Etobicoke Creek were excluded from the calculations for health-related data in this ward. As this area is largely non-residential, it is not expected to influence the results.

The lowest level of geography for which health-related data were available was the Postal Code level. Using the Postal Code Conversion File, data were converted to the census tract (CT) level and aggregated for analyses. However, a number of databases had a substantive proportion of missing postal codes or postal codes that converted to invalid census tracts. Invalid postal codes for mortality data amounted to 15% in 2000 and 2001. Invalid postal codes for birth data ranged from 5.3 to 6.2% depending on the year (1997-2001).

References

1. Chen J, Millar WJ. Birth outcome, the social environment and child health. *Health Rep* 1999; 10(4): 57-67.
2. Health Canada. *Measuring Up: A Health Surveillance Update on Canadian Children and Youth—Infant Mortality* [monograph on the Internet]. 1999 [cited 2004 Oct 12]. Available from: http://www.hc-sc.gc.ca/hpb/lcdc/brch/measuring/mu_c_e.html

Acknowledgements

This report was authored by: Epidemiology, Business and Information Services, Peel Public Health.

Other Peel Health staff provided valuable input into this report including: Dr. Howard Shapiro, Acting Medical Officer of Health.

Cover design and report template were provided by Region of Peel Communication Services.