

# Neighbourhood HEALTH PROFILE 2005

A PEEL HEALTH STATUS REPORT

## MISSISSAUGA



H. McCallion,  
Mississauga Mayor



 Region of Peel  
Working for you  
Public Health

## Mississauga

This report provides an overview of the health status of residents of Mississauga, 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 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. A number of important data limitations are noted in the Data Sources, Methods and Limitations Section at the end of this report.

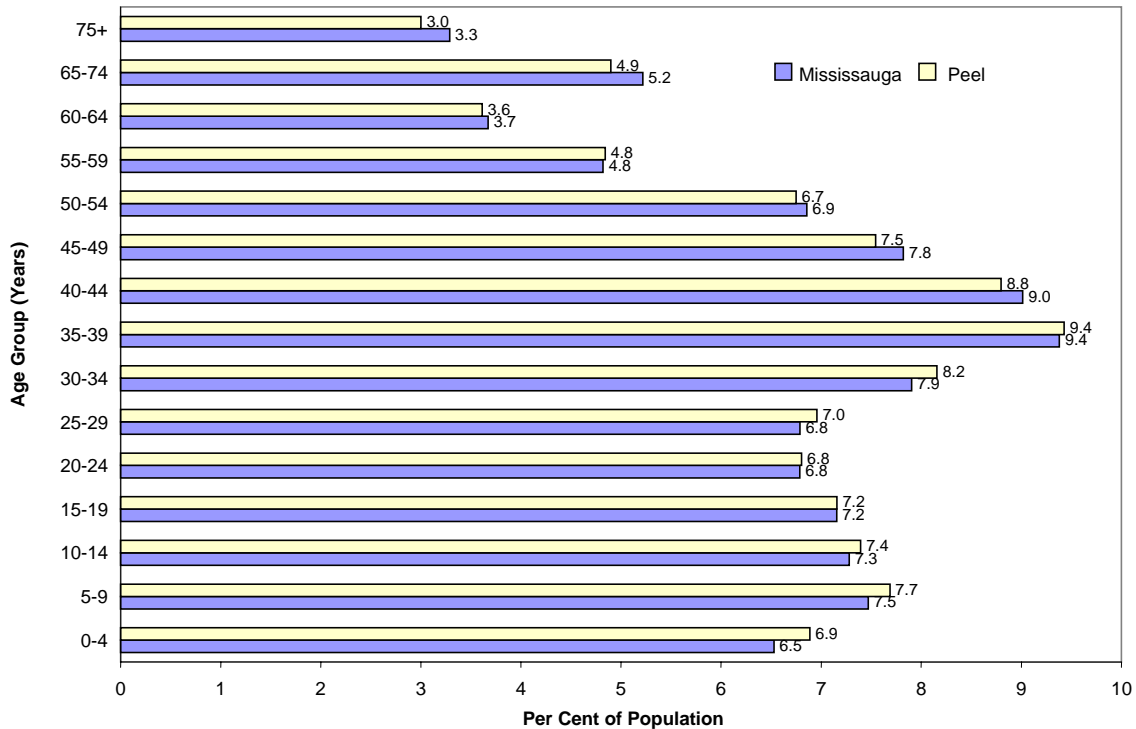


## SOCIO-DEMOGRAPHIC FACTS

### The Population

According to the 2001 Census, there were 612,925 people living in the City of Mississauga in 2001. This represents about 62% of the population of Peel. Figure 1 shows the population of Mississauga, by age group, compared to Peel's population in 2001. In Mississauga, in 2001, the age distribution was similar to that of Peel, although there was a slightly lower proportion of children aged 0 to 14 years and adults aged 25 to 34 years compared to Peel overall. In addition, there were slightly higher proportions of older adults (aged 40 to 54 years and 60 years and older) in Mississauga compared to Peel.

**Figure 1: Proportion of Population by Age Group, Mississauga and Region of Peel, 2001**

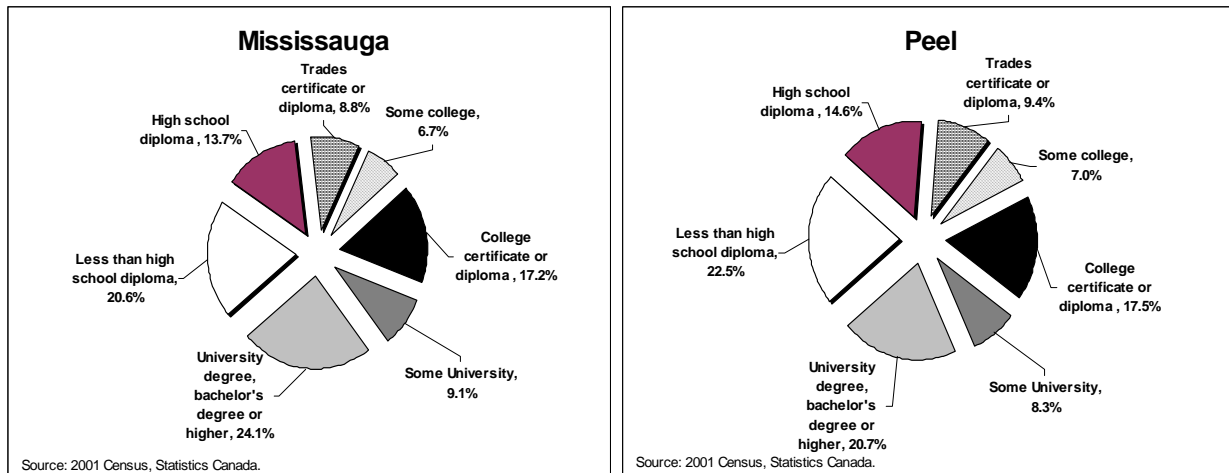


Source: Statistics Canada, 2001 Census

### Highest Level of Schooling Completed

Figure 2 shows the population, aged 20 years and older, in Mississauga by highest level of schooling completed compared to Peel in 2001. Mississauga 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 and Region of Peel, 2001**



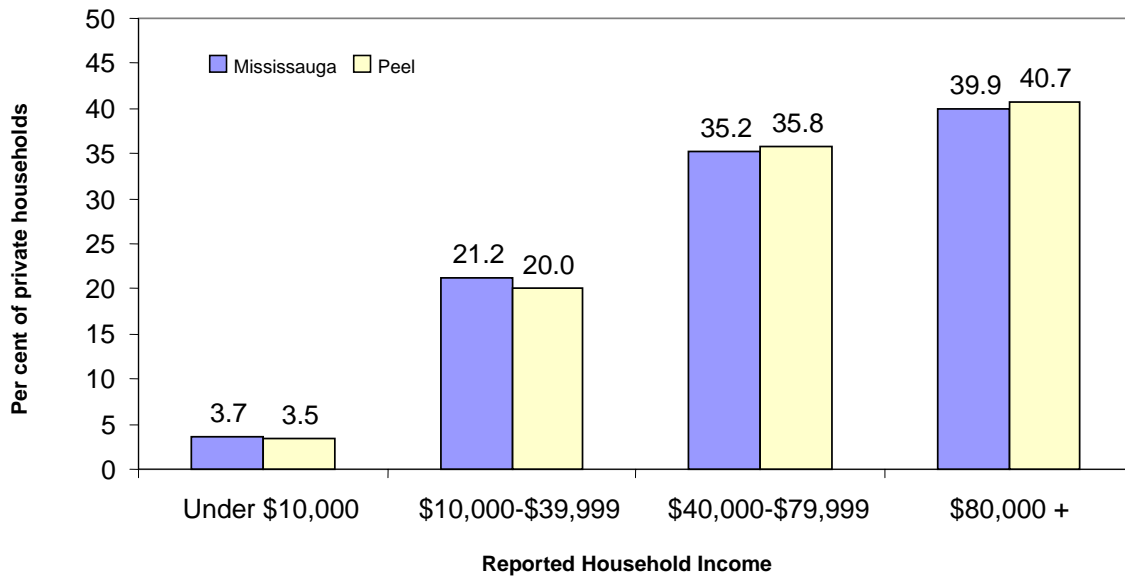
Source: 2001 Census, Statistics Canada.

Source: 2001 Census, Statistics Canada.

## Household Income

The distribution of household income for private households in Mississauga compared to Peel in 2000 is shown in Figure 3 for private households. 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. The total income for 40% of all private households in Mississauga was \$80,000 or greater. There were similar proportions of households across all income categories for Mississauga compared to Peel overall.

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



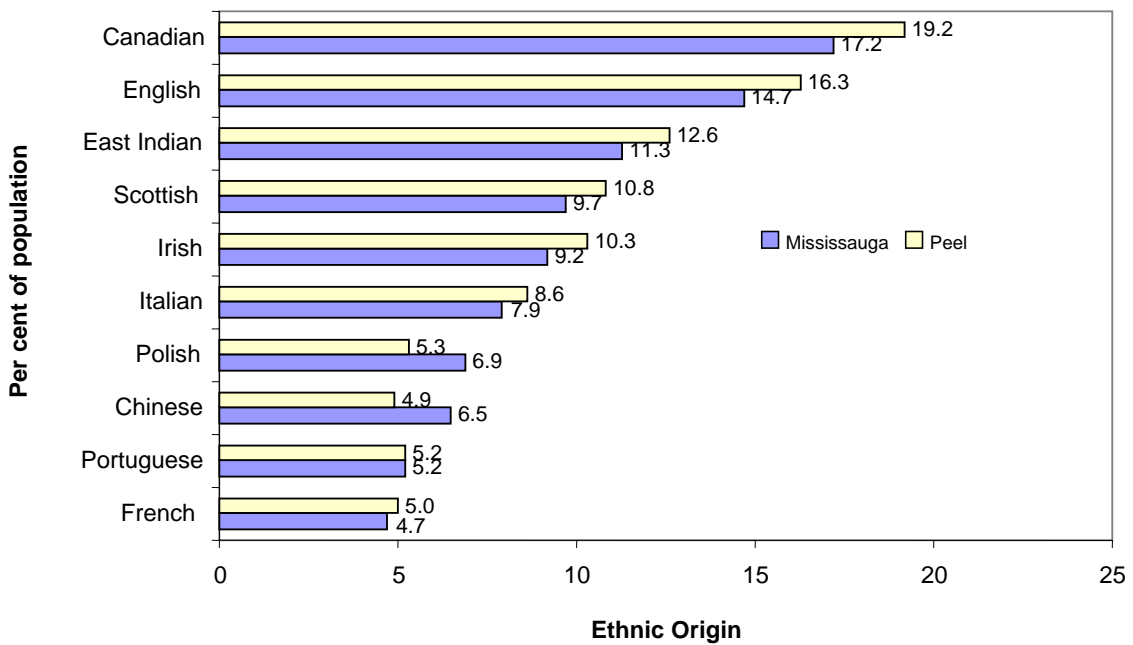
Source: 2001 Census, Statistics Canada.

**Cultural Diversity**

*Ethnic Origin*

As in the rest of Peel, residents living in Mississauga 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. All ten of the top ten ethnic groups in this city were among the top ten ethnic groups in Peel overall. Mississauga had a larger proportion of residents of Polish and Chinese origins than Peel overall. There were slightly smaller proportions of the remaining top 10 ethnic groups residing in Mississauga with the exception of Portuguese for which the proportion was the same (see Figure 4).

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



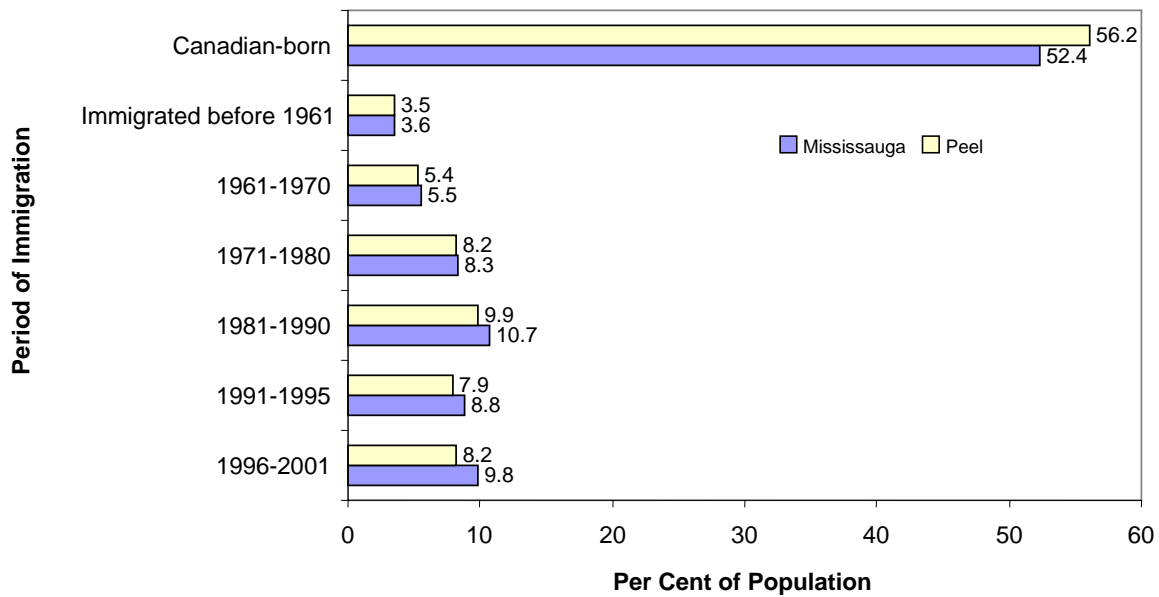
Source: 2001 Census, Statistics Canada.

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## Immigration Status and Period of Immigration

In 2001, just over half (52%) of residents in Mississauga were Canadian-born, whereas just under half (48%) were immigrants to Canada (Figure 5). Mississauga had a slightly higher immigrant population than Peel overall (48% vs. 44%).

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



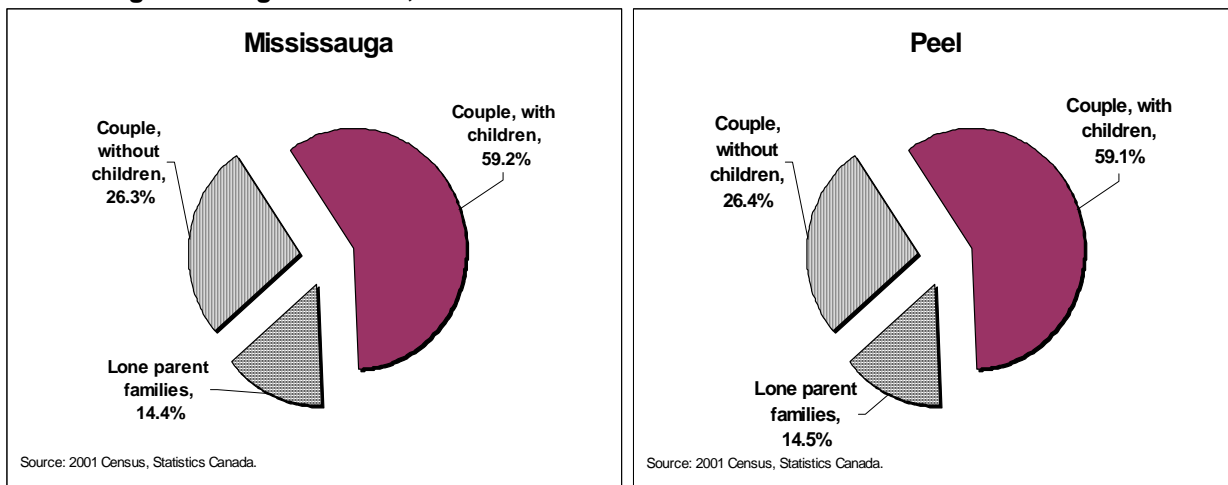
Note: Percentages may not add to 100% due to rounding.  
Source: 2001 Census, Statistics Canada.

## 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 Mississauga and in the Region of Peel in 2001. The majority of families in this city consisted of couples with children (59%) (Figure 6). Couples without children accounted for 26% of families, whereas single parent families made up 14% of families. When examining family types in Mississauga compared to Peel, there was no difference in the proportion of all three family types.

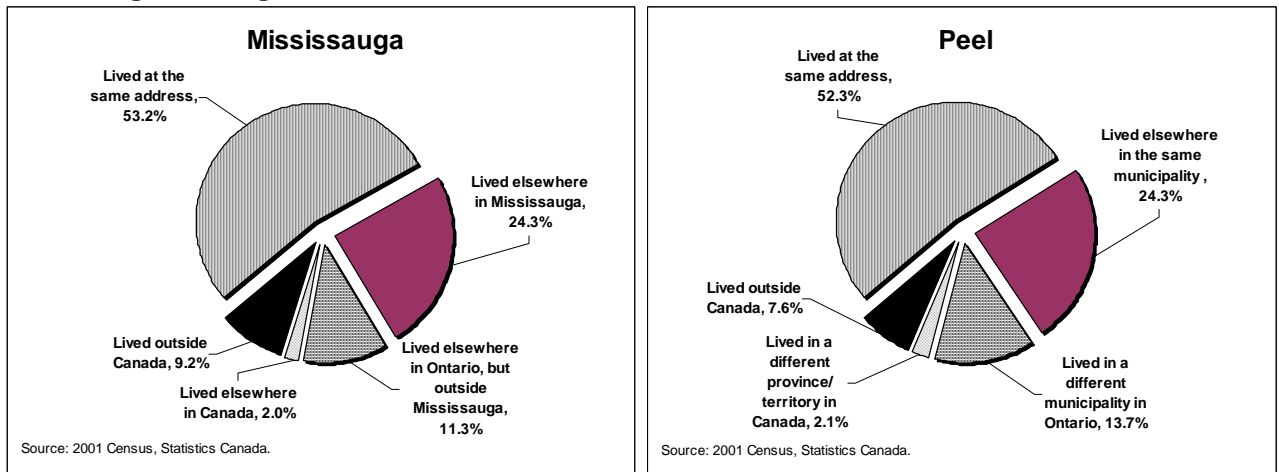
**Figure 6: Proportion of Census Families by Family Type, Mississauga and Region of Peel, 2001**



**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. Fifty-three per cent of residents aged five years and older in Mississauga lived at the same address five years before and 24% lived elsewhere in Mississauga (Figure 7). The remainder of residents lived elsewhere in Ontario but outside of Mississauga (11%), lived elsewhere in Canada (2%), or lived outside of Canada (9%). Similarly, more than half (52%) of Peel residents lived at the same address five years before. Overall, a similar proportion of residents of Mississauga 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 and Region of Peel, 2001**



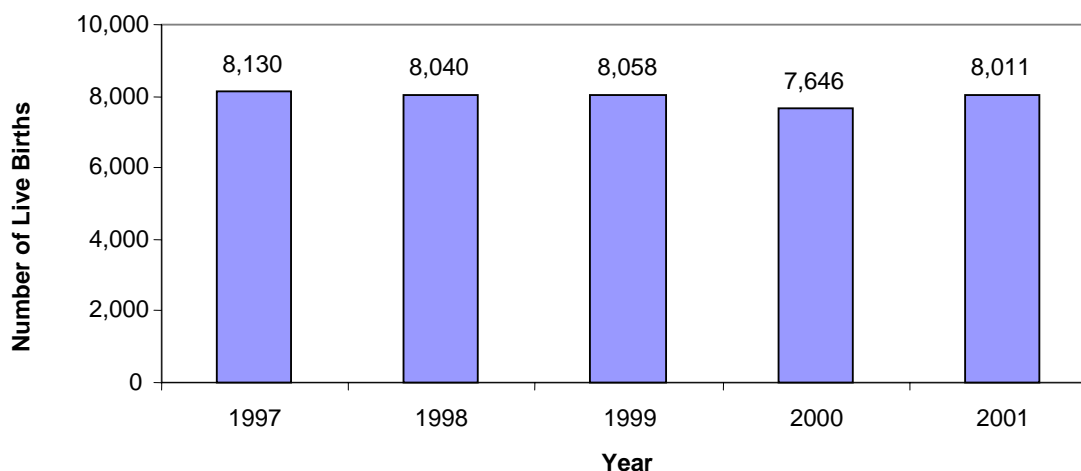


## HEALTH FACTS

### Births

In 2001, the most recent year for which official data are available, there were 8,011 live births in Mississauga (Figure 8), which represented approximately 59% of the 13,654 live births in the Region of Peel. The number of live births in Mississauga remained relatively stable between 1997 and 2001. Similarly, in Peel overall, the number of live births remained relatively stable during the same time period, with an average of 13,143 live births per year (data not shown). Although stability in the number of births was observed, it does not represent stable 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. The live birth rate for Mississauga decreased from 13.9 per 1,000 population in 1997 to 11.9 per 1,000 population in 2001. Similarly, the live birth rate for Peel decreased from 14.1 per 1,000 population in 1997 to 13.0 per 1,000 population in 2001.

**Figure 8: Number of Live Births by Year, Mississauga, 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.<sup>1,2</sup> The singleton<sup>†</sup> low birth weight rate in Mississauga in 2001 was 4.9 per 100 live births, compared to 4.9 per 100 live births in Peel overall.

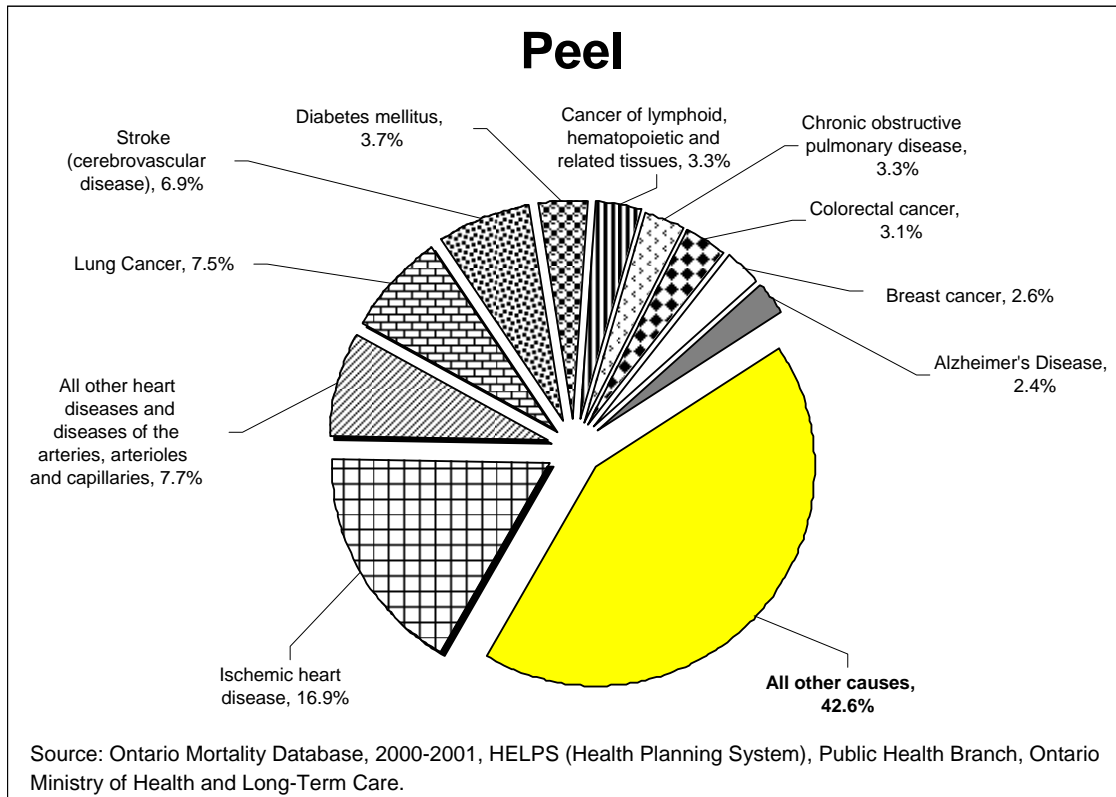
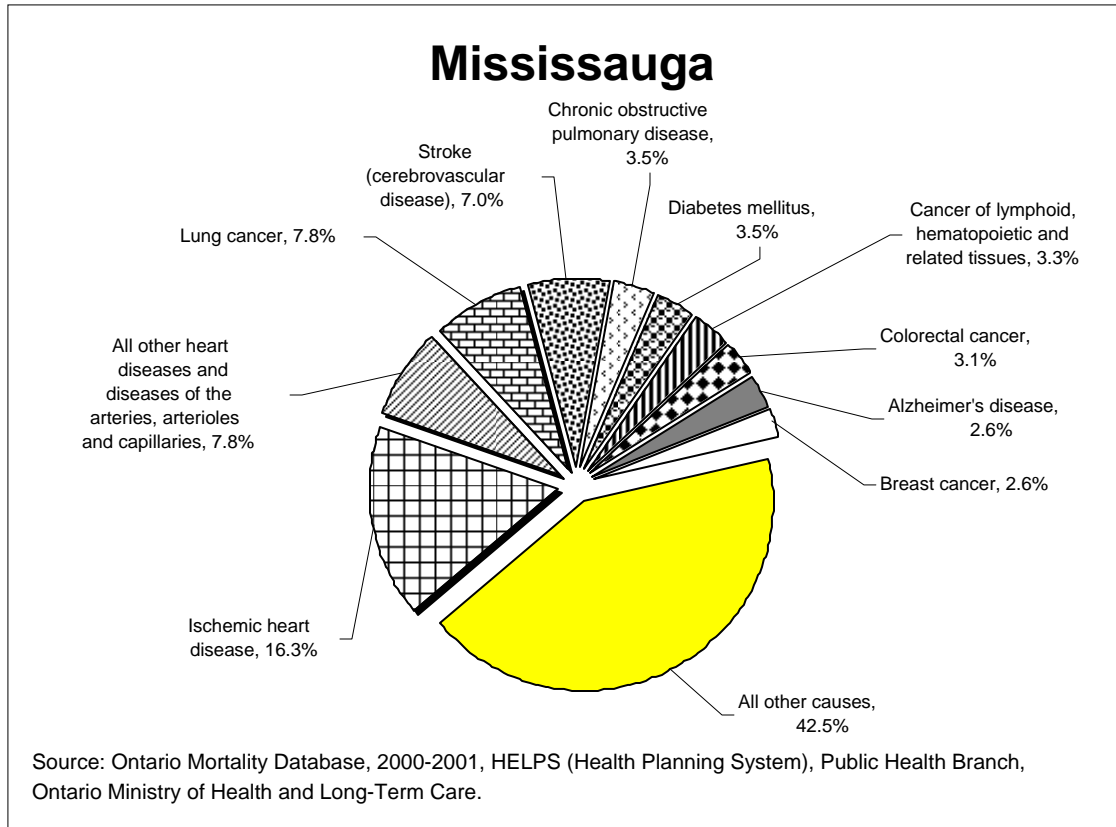
### Deaths

Between 2000 and 2001, the most common causes of death in Mississauga were ischemic heart disease, accounting for an estimated 16% of all deaths within the city; all other heart diseases and diseases of the arteries, arterioles and capillaries (8%); lung cancer (8%); stroke (7%); and chronic obstructive pulmonary disease (3%) (Figure 9). There were no significant differences between causes found in Mississauga 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.

<sup>†</sup> 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 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 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, 2003**

Reportable Disease	Number of Cases Reported
Chlamydia (sexually transmitted)	885
Influenza (vaccine-preventable)	401
Campylobacteriosis (foodborne)	258
Hepatitis C (bloodborne)	207
Gonorrhea (sexually transmitted)	168
Salmonellosis (foodborne)	144
Giardiasis (waterborne / foodborne)	104
Amebiasis (waterborne / foodborne)	67
Tuberculosis (spread by close personal contact)	61
Encephalitis / Meningitis (spread by close personal contact)	23

**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 from 1997 to 2001 combined, and compares them to those of the Region of Peel. The proportions of hospitalizations for females in Mississauga were similar to those in Peel.

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

Cause of Hospitalization	Mississauga #	Mississauga %	Peel %
Labour, delivery and associated complications	37,153	25.0	24.9
Complications of pregnancy	7,228	4.9	5.2
Injury and poisoning	6,368	4.3	4.4
Ischemic heart disease	4,715	3.2	2.9
All other heart disease and diseases of arteries, arterioles and capillaries	4,253	2.9	2.6
Chronic obstructive lung disease	2,792	1.9	1.9
Benign neoplasms	2,714	1.8	2.0
Arthropathies	2,405	1.6	1.6
Affective psychoses	2,298	1.5	1.4
Miscarriage, abortion and complications	2,159	1.5	1.5
Other	76,477	51.5	51.5

**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 from 1997 to 2001 combined, and compares them to those of the Region of Peel. The proportions of hospitalizations for males in Mississauga were similar to those in Peel.

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

Cause of Hospitalization	Mississauga #	Mississauga %	Peel %
Ischemic heart disease	9,132	9.1	8.3
Injury and poisoning	6,872	6.9	7.3
All other heart disease and diseases of arteries, arterioles and capillaries	4,787	4.8	4.5
Chronic obstructive lung disease	2,949	2.9	3.2
Pneumonia and influenza	2,337	2.3	2.3
Arthropathies	2,029	2.0	1.9
Stroke (cerebrovascular disease)	1,895	1.9	1.8
Affective psychoses	1,259	1.3	1.2
Schizophrenia	1,042	1.0	1.0
Prostate cancer	768	0.8	0.8
Other	66,969	66.9	67.7

**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 to 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. Injury-related data provided here are based 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 included accidental falls which accounted for an average of 1,438 hospitalizations per year (Table 4); drugs causing adverse effects (an average of 637 per year); and suicide and self-inflicted injury (an average of 454 per year). Over the five-year period, an average of 367 injury-related hospitalizations per year among these residents resulted from other accidents\*, an average of 281 per year from motor vehicle traffic crashes, and an average of 93 due to accidental poisonings. Although not shown, over the five-year period, similar proportions of hospitalizations among residents of this city were 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, 1997-2001 Combined**

Cause of Hospitalization	Average Annual Number
Accidental falls	1,438
Drugs causing adverse effects	637
Suicide and self-inflicted injury	454
Other accidents*	367
Motor vehicle traffic crashes	281
Accidental poisonings	93
Assault	73
Road and air transport accidents	53
Late effects of accidental injury	45
Undetermined injury	44

\***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.

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 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.

#### 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, 9<sup>th</sup> 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, 9<sup>th</sup> 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.

### 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](http://www.hc-sc.gc.ca/hpb/lcdc/brch/measuring/mu_c_e.html)

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