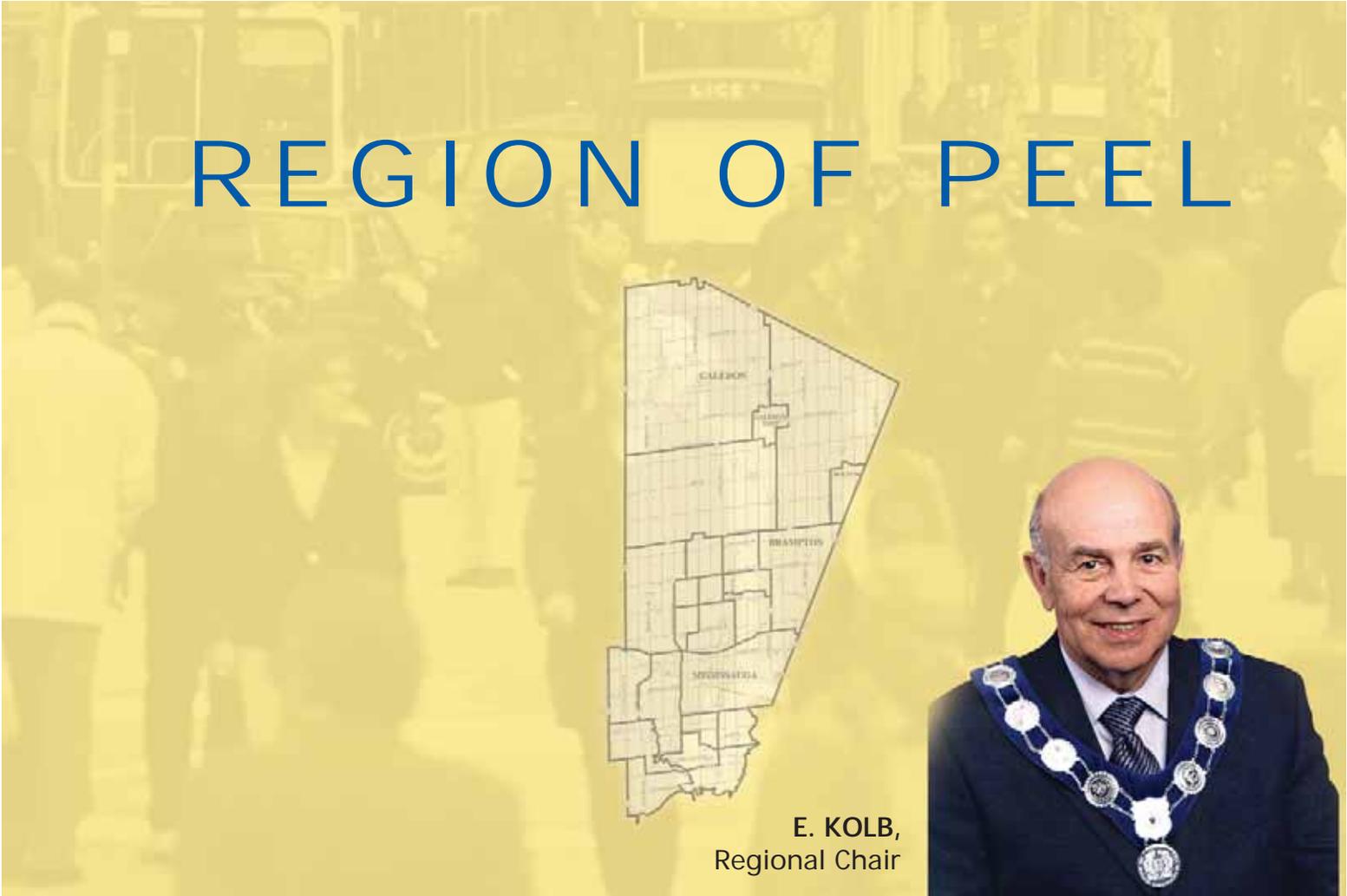




Neighbourhood HEALTH PROFILE 2005

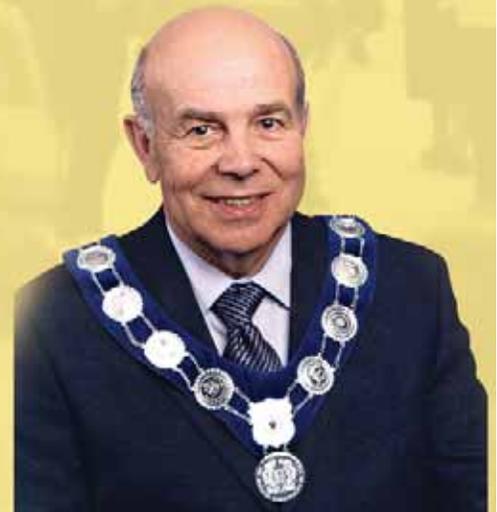
A PEEL HEALTH STATUS REPORT



REGION OF PEEL



E. KOLB,
Regional Chair



 Region of Peel
Working for you
Public Health

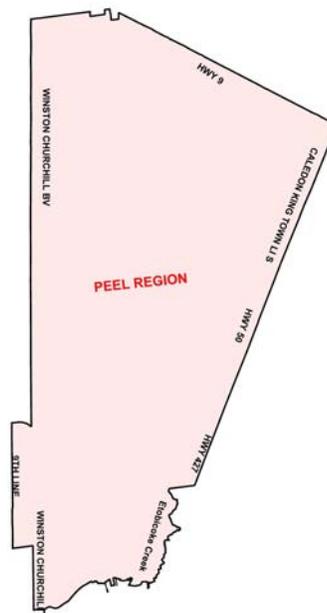
Region of Peel

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

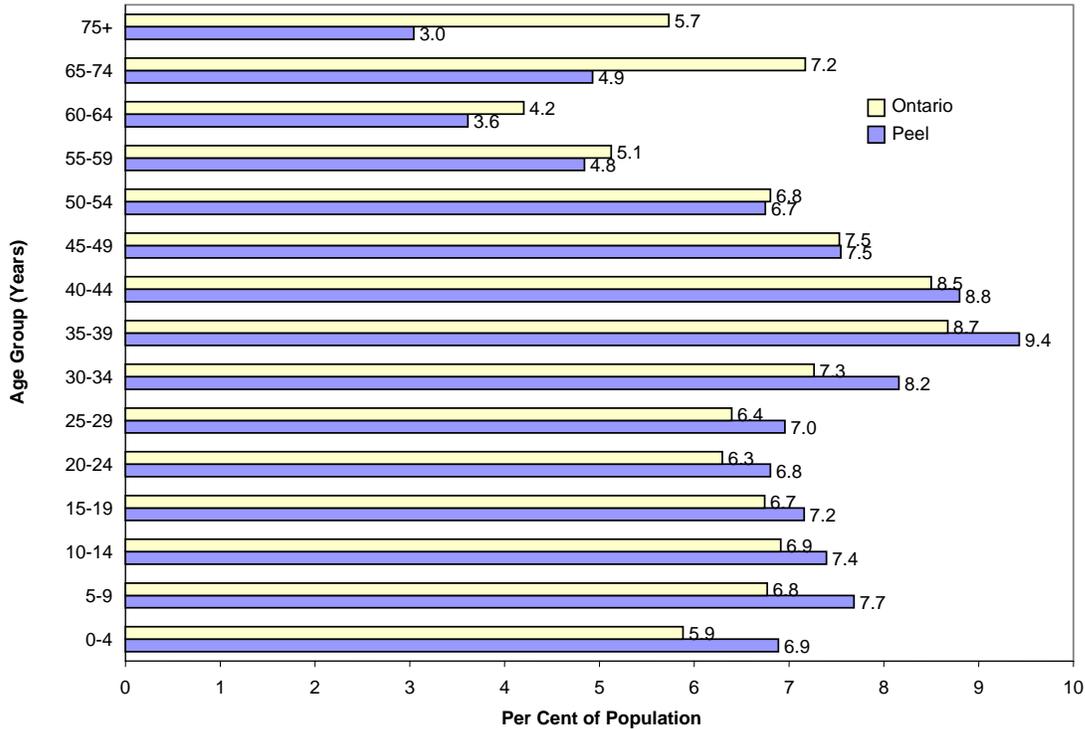


SOCIO-DEMOGRAPHIC FACTS

The Population

According to the 2001 Census, there were 988,950 people living in Peel in 2001. This represents almost 9% of the population of Ontario. Figure 1 shows the population of Peel, by age group, compared to Ontario's population in 2001. In Peel, in 2001, there was a higher proportion of children and young adults aged 0 to 44 years compared to Ontario overall. In contrast, there were lower proportions of older adults in the region compared to Ontario.

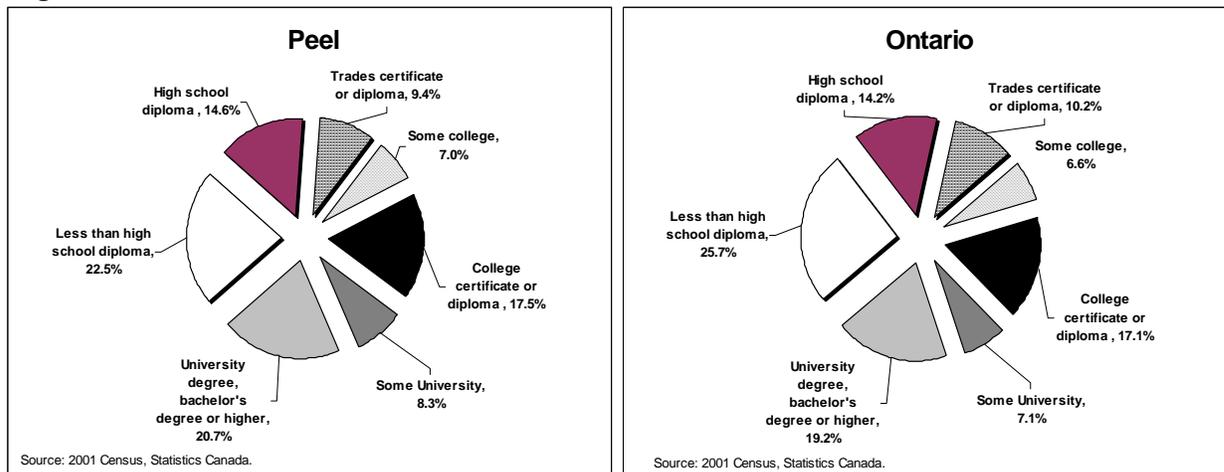
Figure 1: Proportion of Population by Age Group, Region of Peel and Ontario, 2001



Highest Level of Schooling Completed

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

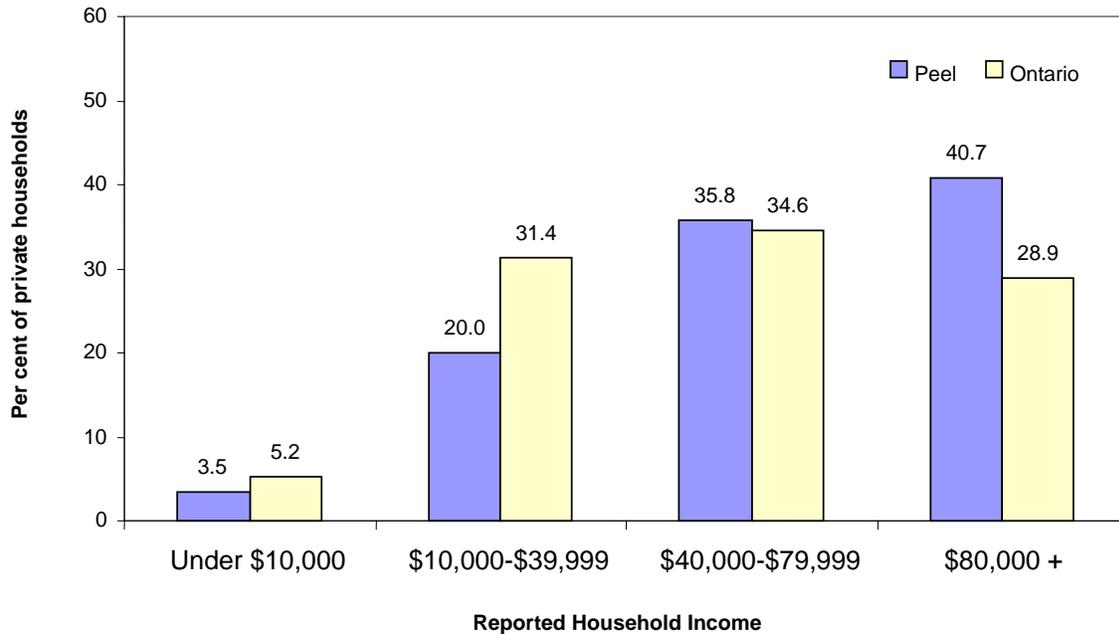
Figure 2: Proportion of Population Aged 20 Years and Older, by Highest Level of Schooling Completed, Region of Peel and Ontario, 2001



Household Income

The distribution of household income for private households in Peel compared to Ontario 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. The total income for 41% of all private households in Peel was \$80,000 or greater. There was a higher proportion of households in the \$80,000 or greater income category for Peel compared to Ontario overall. Correspondingly, there was a lower proportion of households with incomes in the \$39,999 or lower categories for Peel than for Ontario overall.

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



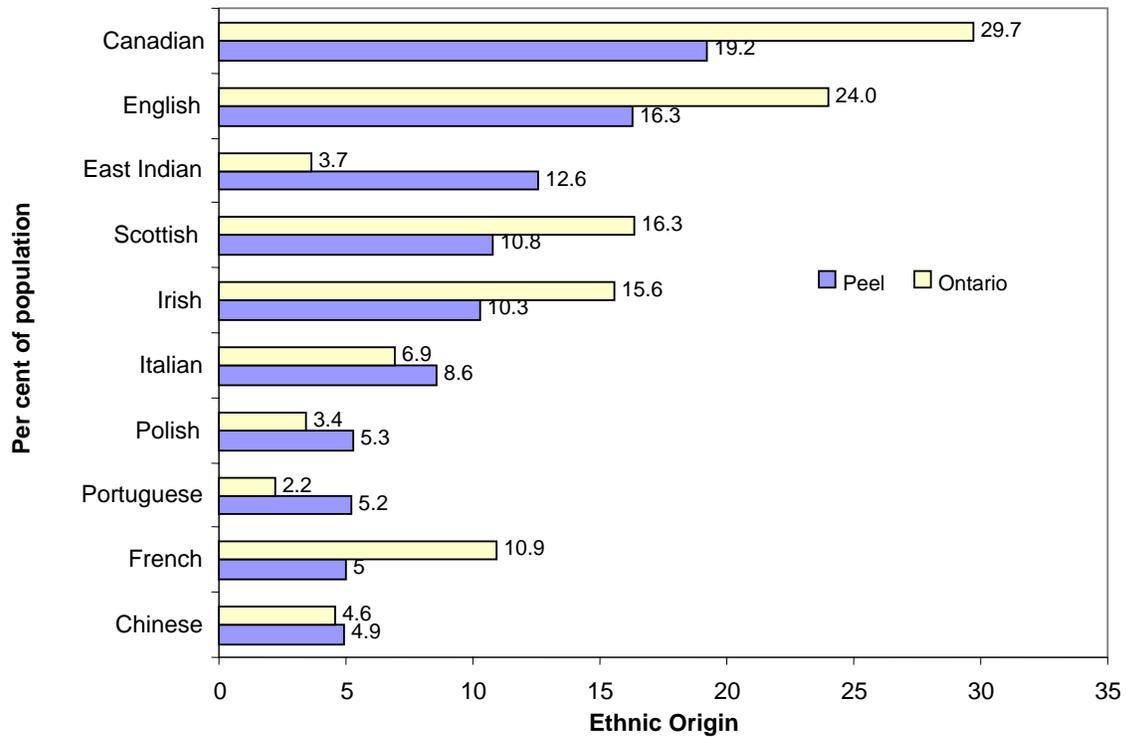
Source: 2001 Census, Statistics Canada.

Cultural Diversity

Ethnic Origin

As in the rest of Ontario, residents living in Peel 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 to which ethnic or cultural group(s) their ancestors belonged. Nine of the top ten ethnic groups in Peel were among the top ten ethnic groups in Ontario overall, although the proportions of each within these geographic neighbourhoods differed (Figure 4). Peel had a significantly larger proportion of residents of East Indian origin than Ontario overall. Peel also had a slightly larger proportion of residents of Italian origin than Ontario. In contrast, smaller proportions of the remaining top 10 ethnic groups resided in Peel (see Figure 4).

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



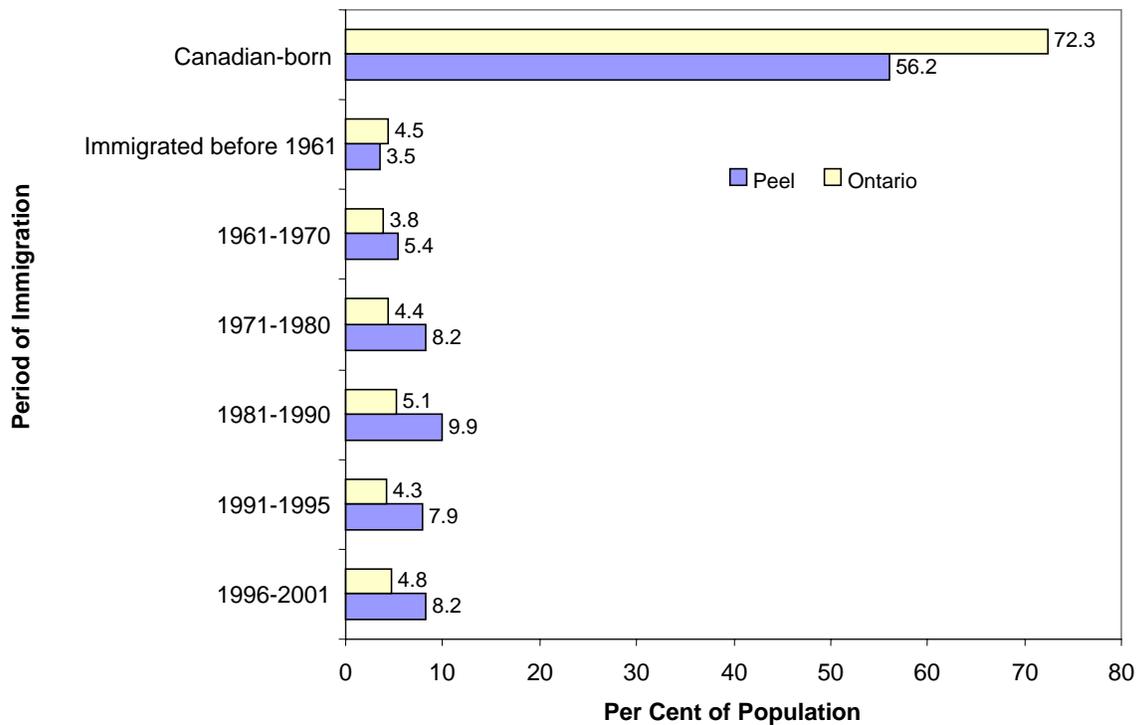
Source: 2001 Census, Statistics Canada.

NEIGHBOURHOOD HEALTH PROFILE – 2005

Immigration Status and Period of Immigration

In 2001, more than half (56%) of residents in Peel were Canadian-born, whereas just under half (44%) were immigrants to Canada (Figure 5). Peel had a higher immigrant population than Ontario overall (44% vs. 28%) including a larger proportion of the population who immigrated since 1961 as shown in Figure 5.

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



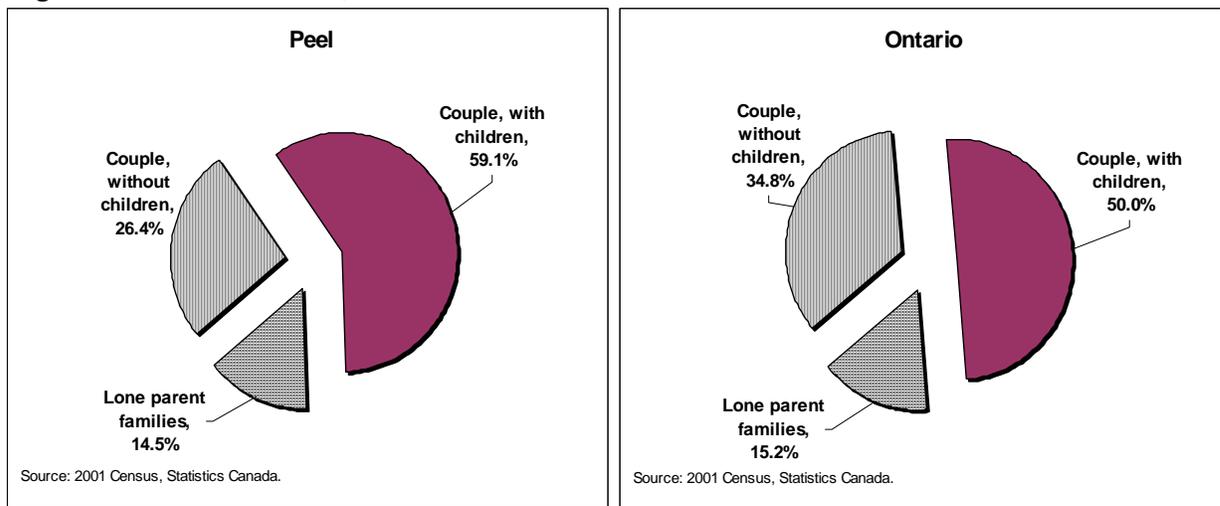
Source: 2001 Census, Statistics Canada.

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 Peel and in Ontario in 2001. The majority of families in Peel consisted of couples with children (59%) (Figure 6). Couples without children accounted for 26% of families, whereas single parent families made up 15% of families. When examining family types in Peel compared to Ontario, Peel had a larger proportion of couples with children (59%) than Ontario (50%), and lower proportions of couples without children (26% vs. 35% respectively). Peel and Ontario had similar proportions of lone parent families (15% vs. 15% respectively).

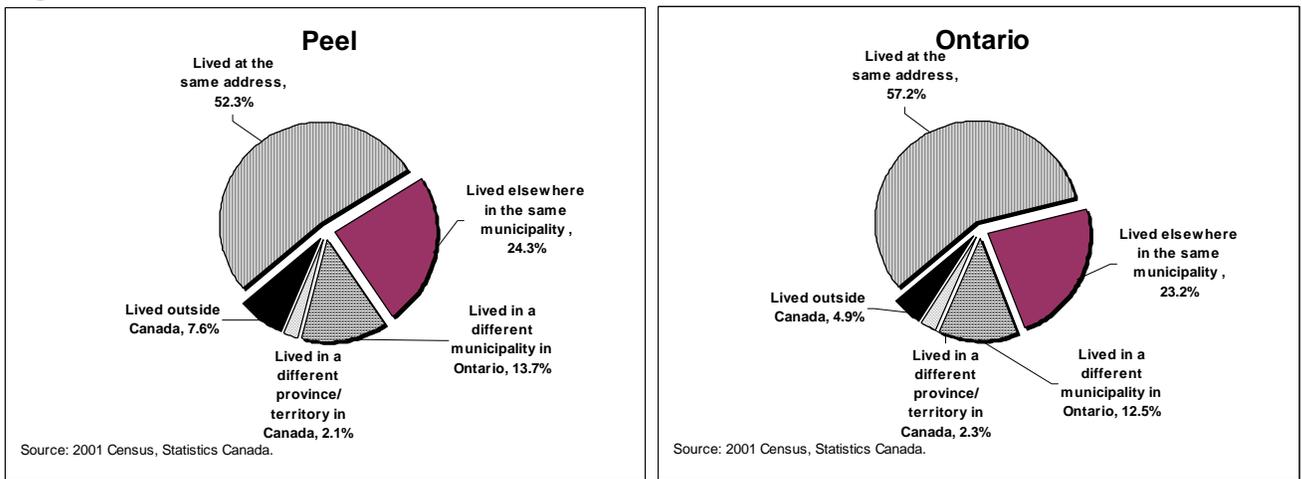
Figure 6: Proportion of Census Families by Family Type, Region of Peel and Ontario, 2001



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-two per cent of residents aged five years and older in Peel lived at the same address five years before and 24% lived elsewhere in the same municipality (Figure 7). The remainder of residents lived elsewhere in a different municipality in Ontario (14%), lived elsewhere in Canada (2%), or lived outside of Canada (8%). Similarly, more than half (57%) of Ontario residents lived at the same address five years before. Overall, a significantly higher proportion of residents of Peel moved during the past five years compared to Ontario residents overall.

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

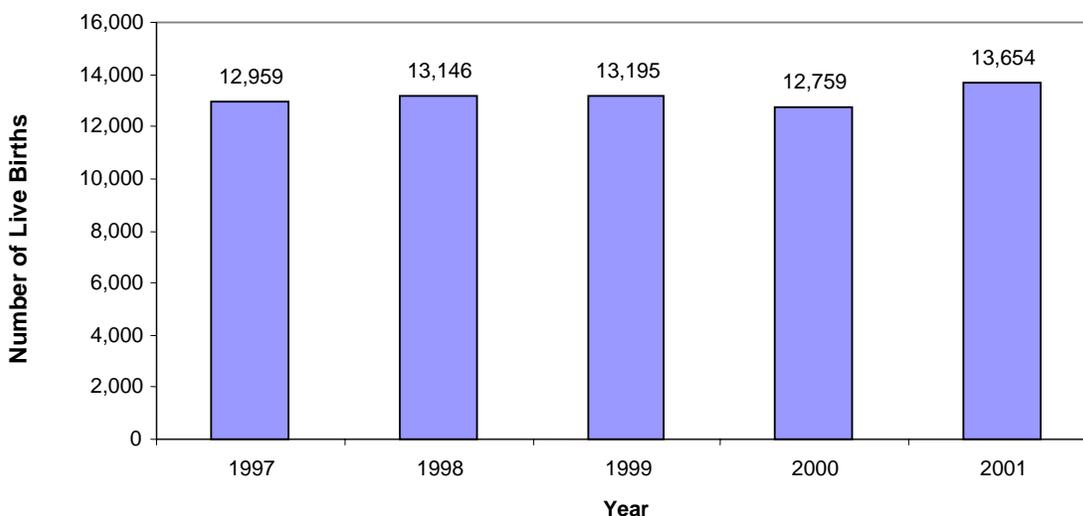


HEALTH FACTS

Births

In 2001, the most recent year for which official data are available, there were 13,654 live births in Peel (Figure 8), which represented approximately 10% of the 131,360 live births in Ontario. The number of live births in Peel increased from 12,959 in 1997 to 13,654 in 2001. Although an increase in the number of births was observed, it does not represent an increasing 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. 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. Similarly, the live birth rate for Ontario decreased from 11.8 per 1,000 population in 1997 to 11.1 per 1,000 population in 2001.

Figure 8: Number of Live Births by Year, Region of Peel, 1997-2001



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

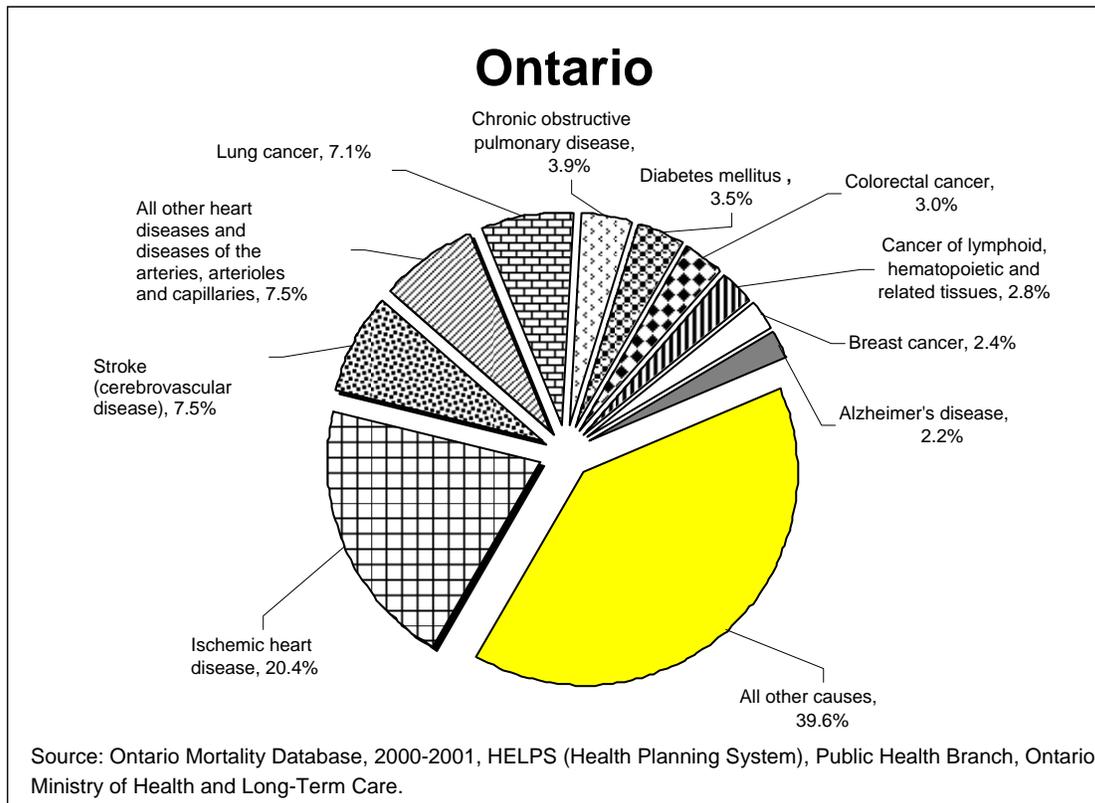
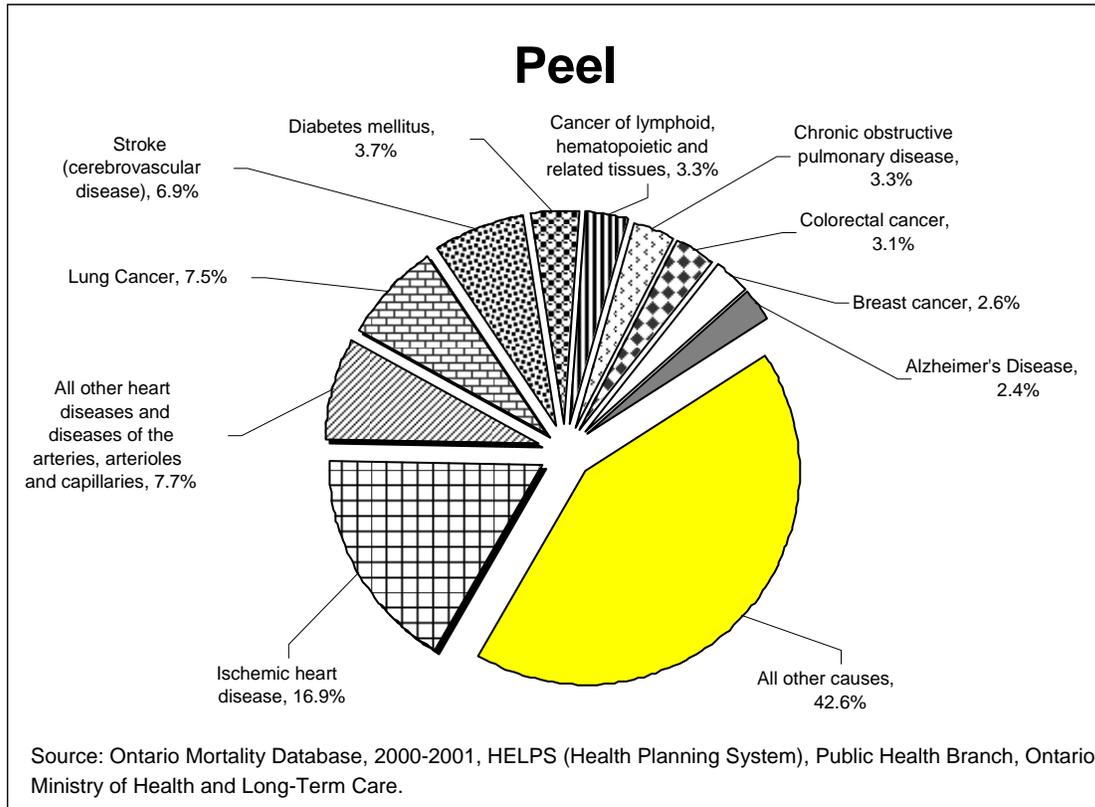
Birth weight is an important predictor of maternal and infant health. Infants born with low birth weight (weight less than 2,500 grams) tend to have an increased risk of dying and experience more developmental and physical health problems than babies born with normal birth weight.^{1,2} The singleton[†] low birth weight rate in Peel in 2001 was 4.9 per 100 live births, compared to 4.3 per 100 live births in Ontario overall.

Deaths

Between 2000 and 2001, the most common causes of death in Peel were ischemic heart disease, accounting for an estimated 17% of all deaths; all other heart diseases and diseases of the arteries, arterioles and capillaries (8%); lung cancer (8%); stroke (7%); and diabetes mellitus (4%) (Figure 9). There were no significant differences between the top causes found in Peel compared with Ontario. 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.

Figure 9: Top Causes of Mortality, Region of Peel and Ontario, 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 Peel during 2003. These were similar to the top 10 CD's reported among residents of Ontario in 2001 (data not shown).

Table 1: Top Ten Reportable Diseases, Region of Peel, 2003

Reportable Disease	Number of Cases Reported
Chlamydia (sexually transmitted)	1,764
Influenza (vaccine-preventable)	555
Campylobacteriosis (foodborne)	397
Gonorrhea (sexually transmitted)	353
Hepatitis C (bloodborne)	328
Salmonellosis (foodborne)	221
Giardiasis (waterborne / foodborne)	184
Amebiasis (waterborne / foodborne)	109
Tuberculosis (spread by close personal contact)	99
Encephalitis / Meningitis (spread by close personal contact)	39

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 Peel from 1997 to 2001 combined, and compares them to those of Ontario. A significantly higher proportion of females living in Peel were hospitalized for labour, delivery and associated complications than were Ontario women overall (Table 2). These differences may be explained by the higher proportion of women in their reproductive years living in Peel compared to Ontario.

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

Cause of Hospitalization	Peel #	Peel %	Ontario %
Labour, delivery and associated complications [†]	60,817	24.9	17.2
Complications of pregnancy	12,572	5.2	4.9
Injury and poisoning	10,723	4.4	5.9
Ischemic heart disease	7,101	2.9	3.9
All other heart disease and diseases of arteries, arterioles and capillaries	6,405	2.6	4.8
Benign neoplasms	4,841	2.0	1.7
Chronic obstructive lung disease	4,617	1.9	2.2
Arthropathies	3,897	1.6	2.0
Miscarriage, abortion and complications	3,687	1.5	1.0
Pneumonia and influenza	3,545	1.5	2.0
Other	125,613	51.5	54.3

[†] indicates a significant difference between proportions for Peel and Ontario.

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 Peel from 1997 to 2001 combined, and compares them to those of Ontario. The proportions of hospitalizations for males in Peel are similar to those in Ontario.

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

Cause of Hospitalization	Peel #	Peel %	Ontario %
Ischemic heart disease	13,822	8.3	9.0
Injury and poisoning	12,086	7.3	8.1
All other heart disease and diseases of arteries, arterioles and capillaries	7,404	4.5	7.1
Chronic obstructive lung disease	5,255	3.2	2.9
Pneumonia and influenza	3,882	2.3	2.9
Arthropathies	3,200	1.9	2.1
Stroke (cerebrovascular disease)	2,938	1.8	2.4
Affective psychoses	1,907	1.2	1.4
Schizophrenia	1,622	1.0	1.1
Diabetes mellitus	1,344	0.8	1.1
Other	112,095	67.7	61.7

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. 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 Peel included accidental falls which accounted for an average of 2,275 hospitalizations per year (Table 4); intentional injury (an average of 2,108 per year); drugs causing adverse effects (an average of 1,127 per year); and suicide and self inflicted injury (an average of 784 per year). Over the five-year period, an average of 669 injury-related hospitalizations per year among these residents resulted from other accidents*, an average of 516 per year from motor vehicle traffic crashes, an average of 129 per year due to assault, and an average of 106 per year due to road and air transport accidents. Although not shown, over the five-year period, similar proportions of residents of Peel were hospitalized due to these top ten causes of injury compared to Ontario 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.

Table 4: Top Ten Causes of Injury-Related Hospitalizations, Region of Peel, 1997-2001 Combined

Cause of Hospitalization	Average Annual Number
Accidental falls	2,275
Drugs causing adverse effects	1,127
Suicide and self-inflicted injury	784
Other accidents*	669
Motor vehicle traffic crashes	516
Accidental poisonings	154
Assault	129
Road and air transport accidents	106
Late effects of accidental injury	88
Undetermined injury	66
Environmental and natural factors	66

***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, 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.

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

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