Data Sources, Methods and Limitations

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

National Surveys


This survey is conducted nationally by Statistics Canada, with an enhanced sample that provides additional data on Ontario residents. When referring to the Ontario sample, the reference of 1996/97 Ontario Health Survey is used. Responses to this survey were limited to respondents aged 12 years and older.

2000/01 Canadian Community Health Survey

The 2000/01 Canadian Community Health Survey is conducted nationally by Statistics Canada. Data are available provincially and for specified regions within each province. Responses to this survey were limited to respondents aged 12 years and older.

2001 Peel Community Health Survey

Data for the 2001 Peel Community Health Survey are collected by the Institute of Social Research at York University through the Ontario Rapid Risk Factor Surveillance System project. Responses to this survey were limited to respondents aged 18 years and older.

Hospitalization

Hospitalization data in this report are from the Canadian Institute for Health Information (CIHI). Data for Peel from 1986 to 1992 were obtained from the Ontario Ministry of Health and Long-Term Care, while data for 1995 through 1998 were distributed to Peel Health from the Central East Health Information Partnership (CEHIP). For 1999 and 2000, data were obtained through the Provincial Health Planning Database (PHPDB) initiative at the Ontario Ministry of Health and Long-Term Care.
Data for Peel and Ontario for the years 1992–2000 were also obtained from an on-line database program available through the Northern Health Information Partnership (NHIP). Historical data for Ontario (1971–1999) were obtained from the Centre for Chronic Disease Prevention and Control at Health Canada.

CIHI data were coded based on the International Classification of Diseases, 9th Revision (ICD-9) system of classifying causes of death and hospital stay, with asthma having the code ICD-9: 493.

Limitations of the hospital separation data include:
- only cases serious enough to require hospital admission are captured,
- these data reflect the cause of stay upon discharge, not at admission,
- people admitted to hospital more than once in a year for the same cause are counted for each hospital stay, not as an individual case
- other reasons, such as factors related to physician referral, screening and admission practices, may explain changes in the data over time.

**Mortality**

Mortality data for this report were from the Mortality Data File, collected by the Ontario Registrar General and distributed to Peel Health through the Health Planning System (HELPS) initiative of the Ontario Ministry of Health and Long-Term Care. At the time this report was prepared, final data were available up to 1997. The death data were coded based on the International Classification of Diseases 9th Revision (ICD-9) system of classifying causes of death and hospital stay, with asthma having the code ICD-9: 493.
References


18. Peden DB, Setzer RW Jr, Devlin RB. Ozone exposure has both a priming effect on allergen induced responses and an intrinsic inflammatory action in the nasal airways of perennially allergy asthmatics. Am J Respir Crit Care Med 1995; (151):1336–45.
