PUBLIC HEALTH, YORK REGION COMMUNITY & HEALTH SERVICES DEPARTMENT

Health Status Indicators

Statistics Canada Health Indicators For Peer Group B

Epidemiology & Research Team
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Table of Contents

Introduction 4
Community and health system characteristics 5
- Population Estimates 6
- Dependency ratio 8
- Aboriginal population 10
- Immigrant population 12
- Lone-parent families 14
- Visible minority 15
- Teen pregnancy 16
- Population density 17
- Urban and rural population 18
- Strong census Metropolitan area and census agglomeration Influenced Zones (MIZ) 19
- Internal migrant mobility 21
- Contact with Alternative Healthcare Providers (AHCPs) 22
- Contact with Medical Doctors 24
- Contact with Health Professionals about Mental Health 25
- Contact with Dental Professionals 26
- Doctors rate 27

Non-medical determinants of health 30
- Type of smoker 31
- Smoking initiation 32
- Frequency of heavy drinking 33
- Leisure-time physical activity 34
- Fruit and vegetable consumption 35
- High school graduates 36
- Post-secondary graduates 37
- Unemployment rate 38
- Youth unemployment rate 39
- Long-term unemployment rate 40
- Low income rate 41
- Children aged 17 and under living in low income families 42
- Average personal income 43
- Median share of income 44
- Government transfer income 45
- Owners and renters housing affordability 46
- Strong sense of community belonging 47
- Life stress 48
- Exposure to second-hand smoke at home 49
- Exposure to second-hand smoke in a vehicle 50
- Exposure to second-hand smoke in public places 51

Health status 52
- Self-rated health 53
- Self-rated mental health 54
- Adult body mass index 55
- Youth body mass index (BMI) 56
- Asthma 57
- Arthritis or rheumatism 58
- Depression 59

Diabetes 60
High blood pressure 61
Low birth weight 62
Cancer incidence – All cancer 63
Cancer incidence – Colon/rectum 65
Cancer incidence – Lung 67
Cancer incidence – Female breast 69
Cancer incidence – Prostate 71
Injuries 73
Injury hospitalization (CIH) 74
Two-week disability days 76
Participation and activity limitation 77
Disability-free life expectancy 78
Disability-adjusted life expectancy (DALE) 80
Infant mortality 82
Perinatal mortality 83
Life expectancy at birth 84
All-causes (total) mortality 85
All circulatory diseases deaths 86
Ischemic heart disease death 87
Cerebrovascular disease deaths 88
All other diseases of the circulatory system deaths 89
All cancer deaths (malignant neoplasms) 90
Lung cancer deaths 91
Colorectal cancer deaths 92
Female breast cancer deaths 93
Prostate cancer deaths 94
Respiratory disease deaths 95
Pneumonia and influenza deaths 96
Bronchitis, emphysema and asthma deaths 97
Other respiratory disease deaths 98
Suicide deaths 99
Unintentional injury deaths 100
HIV / AIDS deaths 101
Potential years of life lost - all causes of death 102
Potential years of life lost - all circulatory disease deaths 103
Potential years of life lost – ischemic heart disease deaths 104
Potential years of life lost - cerebrovascular disease deaths 105
Potential years of life lost - all other circulatory deaths 106
Potential years of life lost – all malignant neoplasms deaths 107
Potential years of life lost - lung cancer deaths 108
Potential years of life lost - colorectal cancer deaths 109
Potential years of life lost - female breast cancer deaths 110
Potential years of life lost - prostate cancer deaths 111
Potential years of life lost – all respiratory disease deaths 112
Potential years of life lost - pneumonia and influenza deaths 113
Potential years of life lost - bronchitis, emphysema and asthma deaths 114
Potential years of life lost - all other respiratory disease deaths 115
Potential years of life lost - suicide 116
Potential years of life lost – all unintentional injury deaths 117
Potential years of life lost – HIV/AIDS deaths 118

Health system performance 119
Influenza Immunization 120
Screening Mammography 121
Pap Smear 122
Regular Medical Doctor 123
Caesarean Section (CIHI) 124
Hip Fracture Hospitalization (CIHI) 125
Ambulatory Care Sensitive Conditions (CIHI) 126
Asthma Readmissions (CIHI) 128

Introduction

The Epidemiology and Research team monitors the health status of York Region residents and develops periodic reports on residents' health and the environment in which they live in order to support Public Health program planning. This Health Status Indicators report is a compilation of a series of demographic, social and health indicators for York Region in comparison to our peers (as defined by Stats Canada). The report presents the data, a graph, interpretation, limitations associated with the data and the source of the data for numerous indicators.

This report is based on information from Statistics Canada sources including the Census of Canada, Canadian Community Health Survey, Canadian Vital Statistics and the Canadian Cancer Registry.

Community and health system characteristics

Community and health system characteristics (Demographics)

Indicator name: Population Estimates

Data source: Statistics Canada, Demography Division.

Data are derived from the Census and administrative sources on births, deaths, and migration.

Year: 2001

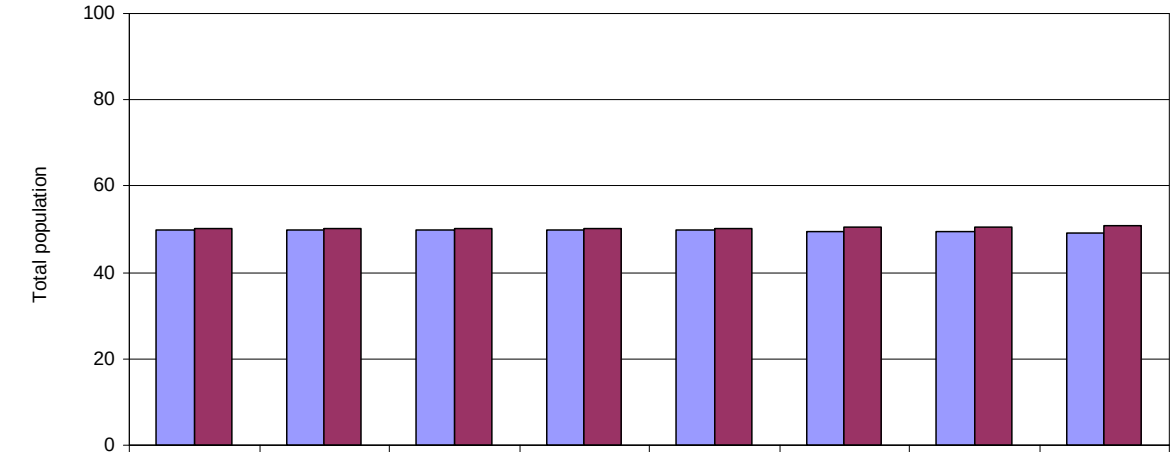
Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of people living in a geographic area by age and sex.

A population's size and age/sex composition impact the health status of a region and its need for health services. Population data also provide the "denominators" used to calculate rates for most health and social indicators.

Data:

Estimates of population (2001 Census and administrative data), by sex, all ages



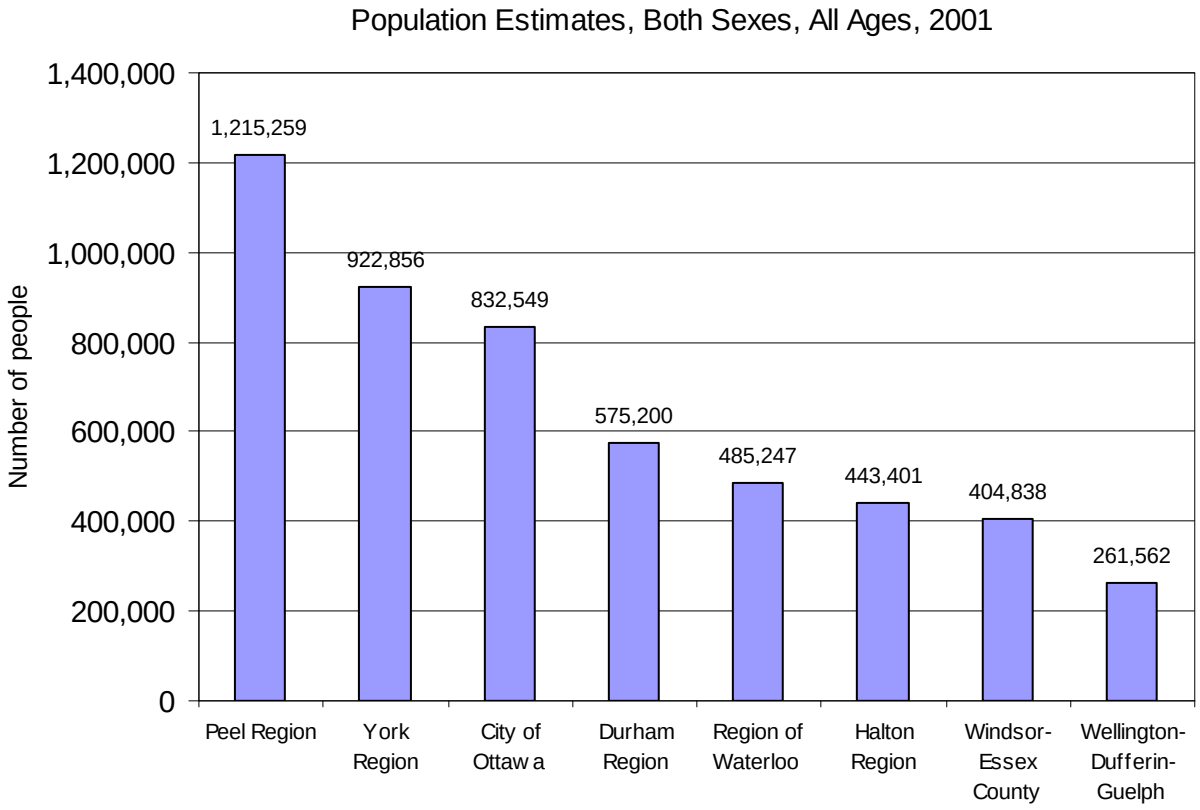
	Windsor-Essex County	Wellington-Dufferin-Guelph	Region of Waterloo	Peel Region	York Region	Durham Region	Halton Region	City of Ottawa
% male	49.9	49.9	49.9	49.8	49.7	49.5	49.3	49.1
% female	50.1	50.1	50.1	50.2	50.3	50.5	50.7	50.9

Notes: Data sorted by males. New Census data (2006) will be available shortly.

Interpretation: Male-female populations are similar for each of the health units in Peer Group B. Principle characteristics of Peer group B are:

- mainly urban centres with moderately high population density
- low percentage of government transfer income
- rapid population growth from 1996 to 2001

Limitations: Population estimates is one variable that was used to categorize health units into peer groups and therefore it is expected that there are no major differences in population structure.


Population Estimates, Both Sexes, All Ages, 2001
Number of people
1,400,000
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0
1,215,259
922,856
832,549
575,200
485,247
443,401
404,838
261,562
Peel Region
York Region
City of Ottaw a
Durham Region
Region of Waterloo
Halton Region
Windsor-Essex County
Wellington-Dufferin-Guelph

Community and health system characteristics (Demographics)

Indicator name: Dependency ratio

Data source: Statistics Canada, Demography Division. Data are derived from the Census and administrative sources on births, deaths, and migration.

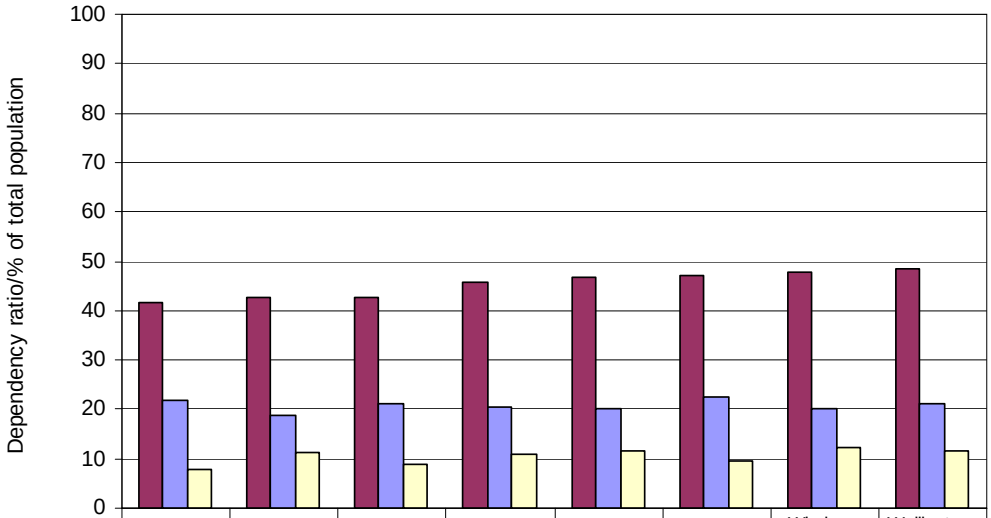
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The ratio of the combined child population (aged 0 to 14) and elderly population (aged 65 and over) to the working age population (aged 15 to 64). This ratio is usually presented as the number of dependents for every 100 people in the working age population.

Data:

Dependency ratio (2001 Census and administrative data), by age group



	Peel Region	City of Ottawa	York Region	Waterloo	Halton Region	Durham Region	Windsor-Essex County	Wellington-Dufferin-Guelph
Dependency ratio	41.8	42.7	42.8	45.9	46.9	47.1	47.9	48.6
Youth, <15 years, % of total population	21.7	18.7	21.1	20.5	20.3	22.5	20	21.1
Seniors, 65+, % of total population	7.8	11.2	8.9	10.9	11.6	9.6	12.4	11.6

Notes: The ratio of the combined child (aged 0 to 14) and elderly (aged 65 and over) populations to the working age population (aged 15 to 64).

This ratio is usually presented as the number of dependents for every 100 people in the working age population.

Data on youths and seniors are presented in this table as a proportion of the total population.

Interpretation: There is very slight variation between the dependency ratio of the health units in peer group B. The Ontario dependency ratio is 46.9.

York Region has a dependency ratio of 42.8 meaning that there are 42.8 dependants for every 100 working person. York Region has the 3rd lowest dependency ration in all of Ontario.
Canadians aged 65 and over and those under age 15 are more likely to be socially and/or economically dependent on working age Canadians, and they may also put certain additional demands on health services. This may have implications for program planning and for future public health programming.

Limitations: None known.

Community and health system characteristics (Demographics)

Indicator name: Aboriginal population

Data source: Statistics Canada, 1996 and 2001 Census (20% sample), 1996 and 2001 Census Coverage Studies, and Demography Division (population estimates)

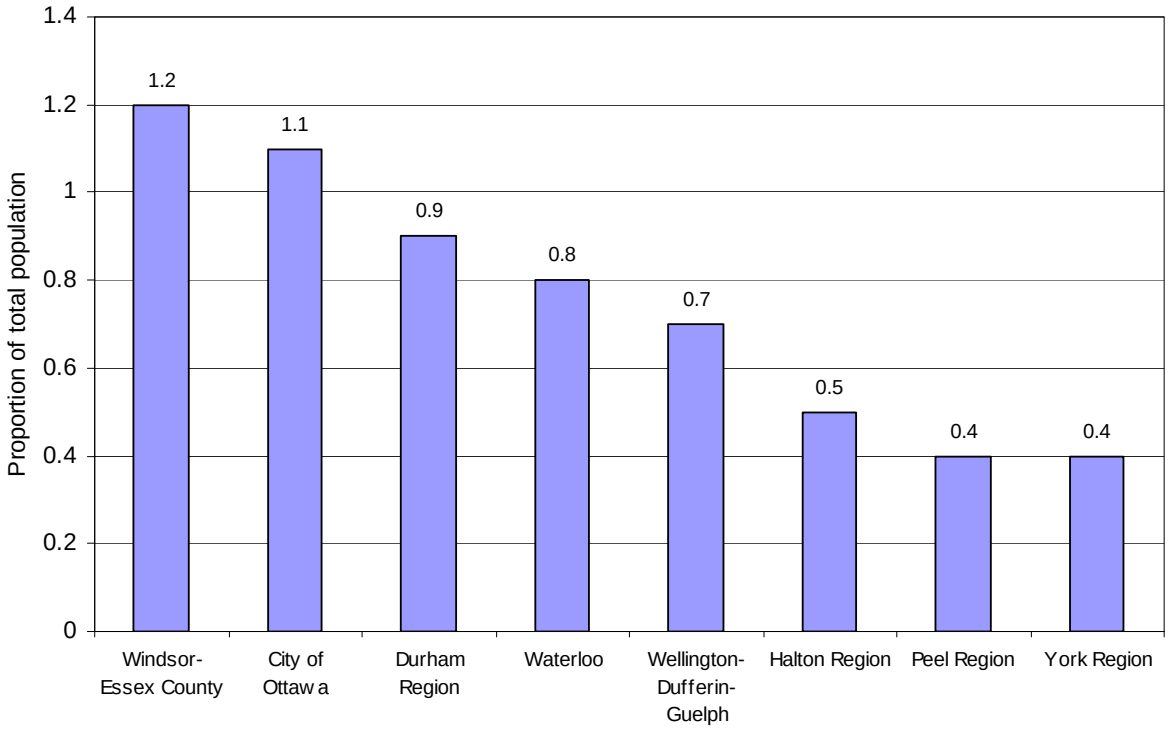
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Aboriginal people living in a geographic area. Aboriginal people are those persons who reported identifying with at least one Aboriginal group (e.g. North American Indian, Métis or Inuit) and/or those who reported being a Treaty Indian or a Registered Indian as defined by the Indian Act and/or those who were members of an Indian Band or First Nation.

Data:

Aboriginal population as a proportion of total population, both genders, all ages, 2001



Notes:

- Aboriginal people living in a geographic area as a proportion of the total population.
- Health status characteristics and non-medical determinants of Aboriginal people differ from the non-Aboriginal population, for example, infant mortality, unintentional injury deaths, suicides and smoking rates. Knowing the proportion of Aboriginal people in a geographic area provides context to better interpret health indicators.

Interpretation: York Region is amongst the lowest of all the health units for proportion of population that is Aboriginal. The Ontario average is 1.8%. Northwestern Health Unit has the highest proportion of Aboriginal residents at 26.5%

Limitations:

- This variable is one of the strongest predictors of the final peer groupings and therefore similar proportions would be expected for health units in Peer Group B.
- Aboriginal people are those persons who reported identifying with at least one Aboriginal group (e.g., North American Indian, Métis or Inuit) and/or those who reported being a Treaty Indian or a Registered Indian as defined by the Indian Act and/or those who were members of an Indian Band or First Nation.
- Percent of population self-identifying as Aboriginal tends to be highly correlated with the proportion of the population under the age of 15 and the proportion of lone-parent families.
- Aboriginal population excludes institutional residents.

Community and health system characteristics (Demographics)

Indicator name: Immigrant population

Data source: Statistics Canada, 1996 and 2001 Census (20% sample)

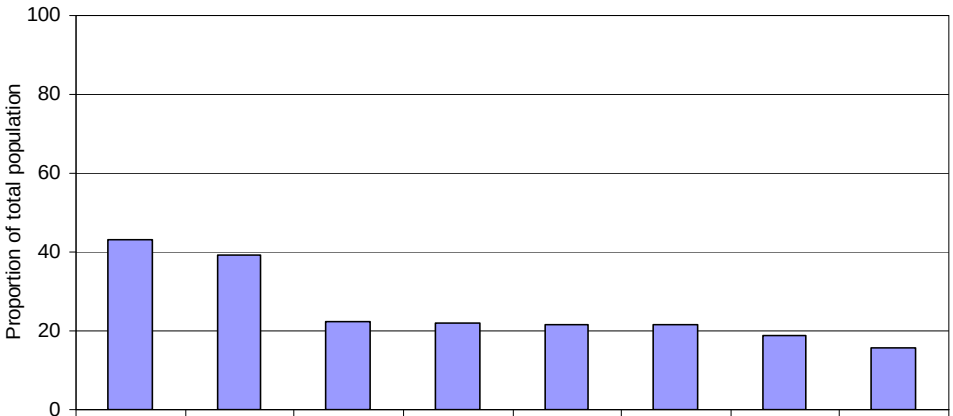
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: All immigrants living in a geographic area and those immigrants who came to Canada during the 15 years prior to Census Day.

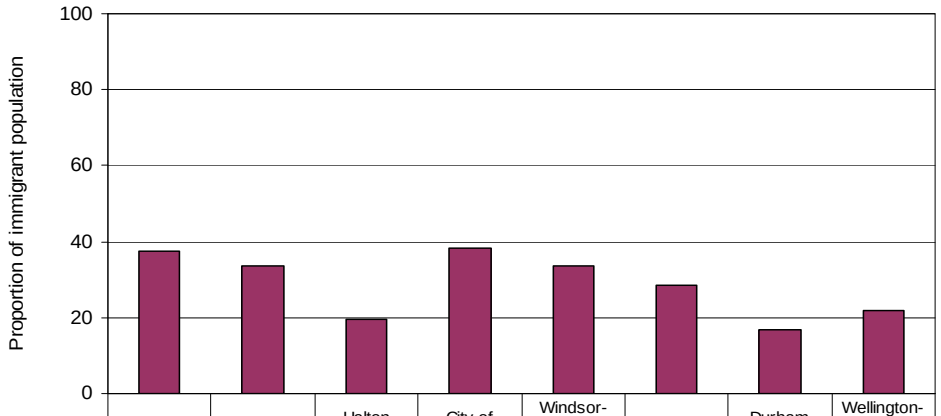
Data:

Immigrant population as a proportion of total population 2001



	Peel Region	York Region	Halton Region	City of Ottawa	Windsor-Essex County	Waterloo	Durham Region	Wellington-Dufferin-Guelph
Immigrant population, proportion of total population	43.1	39.1	22.4	21.8	21.5	21.4	18.9	15.6

Proportion of immigrants who arrived from 1991 to 2001



	Peel Region	York Region	Halton Region	City of Ottawa	Windsor-Essex County	Waterloo	Durham Region	Wellington-Dufferin-Guelph
Immigrants who arrived from 1991 to 2001, proportion of immigrant population	37.4	33.4	19.5	38.2	33.7	28.4	16.8	22

Notes:

- Data sorted by immigrant population.
- Immigrants who came to Canada from 1991 to 2001 as a proportion of all immigrants.
- Immigrant population excludes institutional residents.

Interpretation:

It is important to understand the immigrant composition of a health unit region as it will have an impact on public health programming. The health units in this Peer group are amongst the highest in terms of proportion of immigrants. York Region has the 3rd highest proportion of immigrant population in Ontario.

Canadian, American and Australian studies have shown that immigrants, particularly non-European immigrants, generally have a longer life expectancy and lower risk of certain chronic conditions than the native-born population. However, the Canadian studies have also shown that as the immigrants' period of residence in Canada increases, so does the prevalence of chronic conditions, smoking and disability. Understanding the proportion of immigrants in a geographic area, along with the period of immigration, provides a context for interpreting health indicators.

Limitations:

Immigrant population is a measure of urbanicity, which is one of the defining characteristics of the peer groups. It is expected that the proportion of immigrants would be similar within these health units.

Community and health system characteristics (Demographics)

Indicator name: Lone-parent families

Data source: Statistics Canada, 1996 and 2001 Census (20% sample)

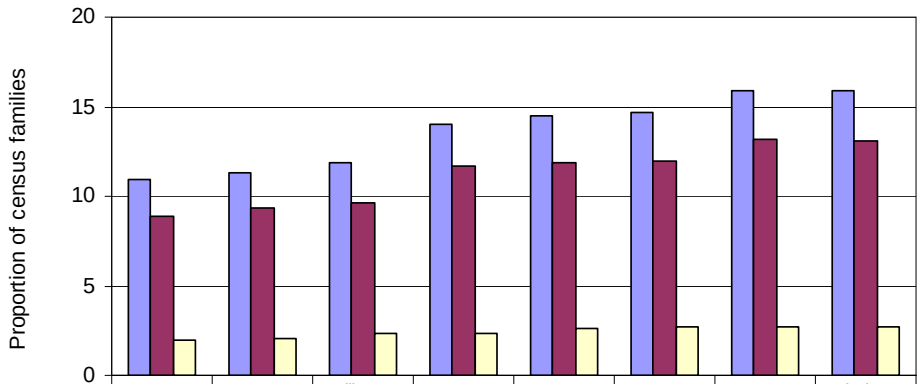
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Percentage of lone-parent families among all census families living in private households. A census family refers to married or common-law couple or lone parent with at least one never-married son or daughter living in the same household.

Data:

Lone-parent families as a proportion of all census families living in private households, 2001



	York Region	Halton Region	Wellington-Dufferin-Guelph	Waterloo	Peel Region	Durham Region	City of Ottawa	Windsor-Essex County
Lone-parent families, proportion of census families	10.9	11.3	11.9	14	14.5	14.7	15.9	15.9
Female lone-parent families, proportion of census families	8.9	9.3	9.6	11.7	11.9	12	13.2	13.1
Male lone-parent families, proportion of census families	2	2.1	2.3	2.3	2.6	2.7	2.7	2.7

Notes:

- Data is sorted by lone-parent families
- Number or proportion of lone-parent families among all census families living in private households.

Interpretation: York Region has the lowest percentage of lone-parent families overall (10.9%) in peer group B and second only to Huron County (9.8%) within the province. The Ontario average is 15.2%.

Limitations: Lone-parent families exclude people living in collective households (e.g., rooming houses, nursing homes, military camps.)

Community and health system characteristics (Demographics)

Indicator name: Visible minority

Data source: Statistics Canada, 1996 and 2001 Census (20% sample)

A population's size and age/sex composition impact the health status of a region and its need for health services. Population data also provide the "denominators" used to calculate rates for most health and social indicators

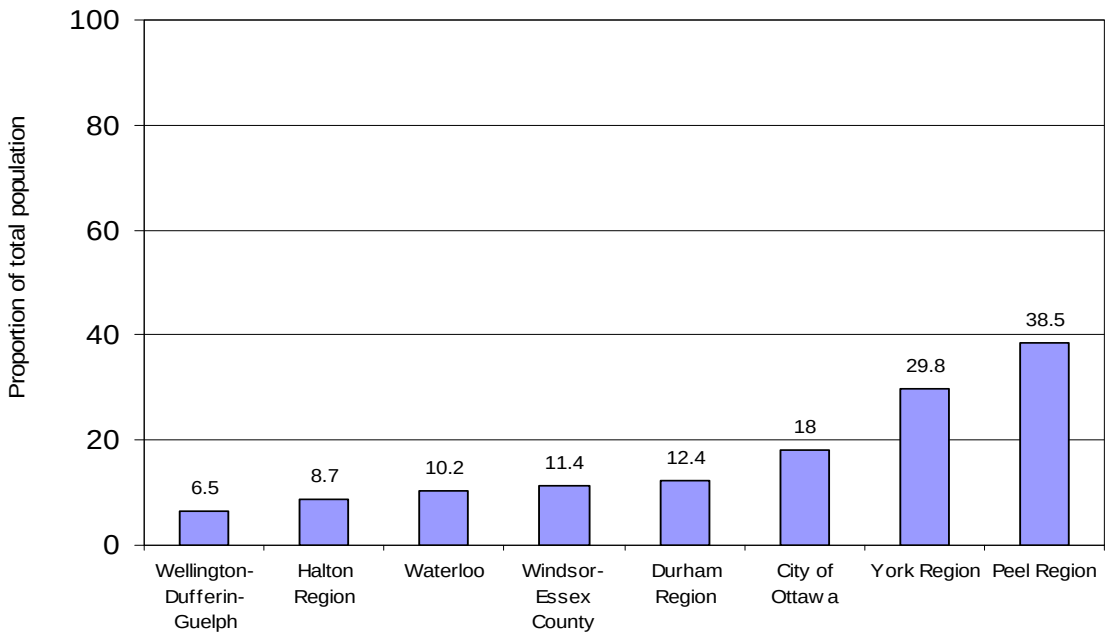
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population belonging to a visible minority group. As defined by the Employment Equity Act (1986), visible minorities are persons (other than Aboriginal people) who are non-Caucasian in race or non-white in colour.

Data:

Visible minorities as a proportion of total population, 2001



Notes:

- As defined by the Employment Equity Act (1986), visible minorities are persons (other than Aboriginal people) who are non-Caucasian in race or non-white in colour.
- Visible minorities are a measure of urbanicity. Population density is one of the strongest predictors of the final peer groupings. Population density is highly correlated with the proportion of visible minorities. This is one of the variables that generally defines urban or rural localities.
- Population belonging to a visible minority group expressed as a proportion of the total population.

Interpretation: York Region has the 3rd highest proportion of visible minorities in the province (Toronto 42.8% and Peel 38.5%).

Limitations:

- Visible minority excludes institutional residents and Aboriginal persons.

Community and health system characteristics (Demographics)

Indicator name: Teen pregnancy

Data source: Statistics Canada, Vital Statistics, Birth and Stillbirth Databases; Canadian Institute for Health Information, Hospital Morbidity Database, and Therapeutic Abortion Survey

Year: 2002-2003

Level of geography: National and provincial level only from Stats Can website

Definition: Number and rate of pregnancies per 1,000 women aged 15 to 19.

Pregnancies are composed of live births, induced (therapeutic) abortions and fetal loss, including stillbirths (at least 20 weeks gestation or fetal weight of at least 500 grams) and cases of spontaneous abortion, illegally induced abortion, other and unspecified abortion treated in general and allied hospitals in Canada.

Data: NOT AVAILABLE BY PEER GROUP FROM STATS CAN WEBSITE

Notes:

- Pregnancies equal the sum of live births, fetal loss and induced abortions.
- Live birth counts are based on registrations in the Birth Database.
- Fetal loss is the sum of stillbirth registrations in the Stillbirth Database and cases of miscarriages, illegal abortions and unspecified abortions reported in the Hospital Morbidity Database.
- Induced abortion counts are taken from the Therapeutic Abortion Survey that collects information on abortions performed in hospitals and clinics in Canada, as well as on abortions performed on Canadian residents in selected American states.
- Rates for the "Under 20 years" age group are based on the female population aged 14 to 19 years. Rates for the "Under 15 years" age group are based on the female population aged 14 years. Rates for the "40 years and over" are based on the female population aged 40 to 44 years.
- Pregnancy rate corresponds to the number of pregnancies per 1,000 females of the same age group.
- Live birth rate corresponds to the number of live births per 1,000 females of the same age group. The live birth rate is also referred to as the fertility rate.
- Fetal loss rate corresponds to the number of fetal losses (stillbirths and hospitalizations for miscarriages) per 1,000 females of the same age group.
- Induced abortion rate corresponds to the number of induced abortions per 1,000 females of the same age group.
- For 2002 and 2003, Nunavut residents are excluded due to incomplete reporting.
- For 2002 and 2003, hospitalized cases of miscarriages, illegal abortion and unspecified abortions in Nunavut are excluded due to incomplete reporting.
- Source of population counts used in the calculation of rates: Statistics Canada, Estimates of population, by age group and sex, Canada, provinces and territories, annual (CANSIM table 051-0001). From July 1, 1974 to 1995, estimates are revised intercensal, final intercensal from 1996 to 2000, and final postcensal for 2001 and 2002; and updated postcensal for 2003. The population estimates are updated quarterly. The 2003 population counts used in the Pregnancy Outcomes table were downloaded on February 1, 2006.

Interpretation:

Limitations:

Community and health system characteristics (Demographics)

Indicator name: Population density

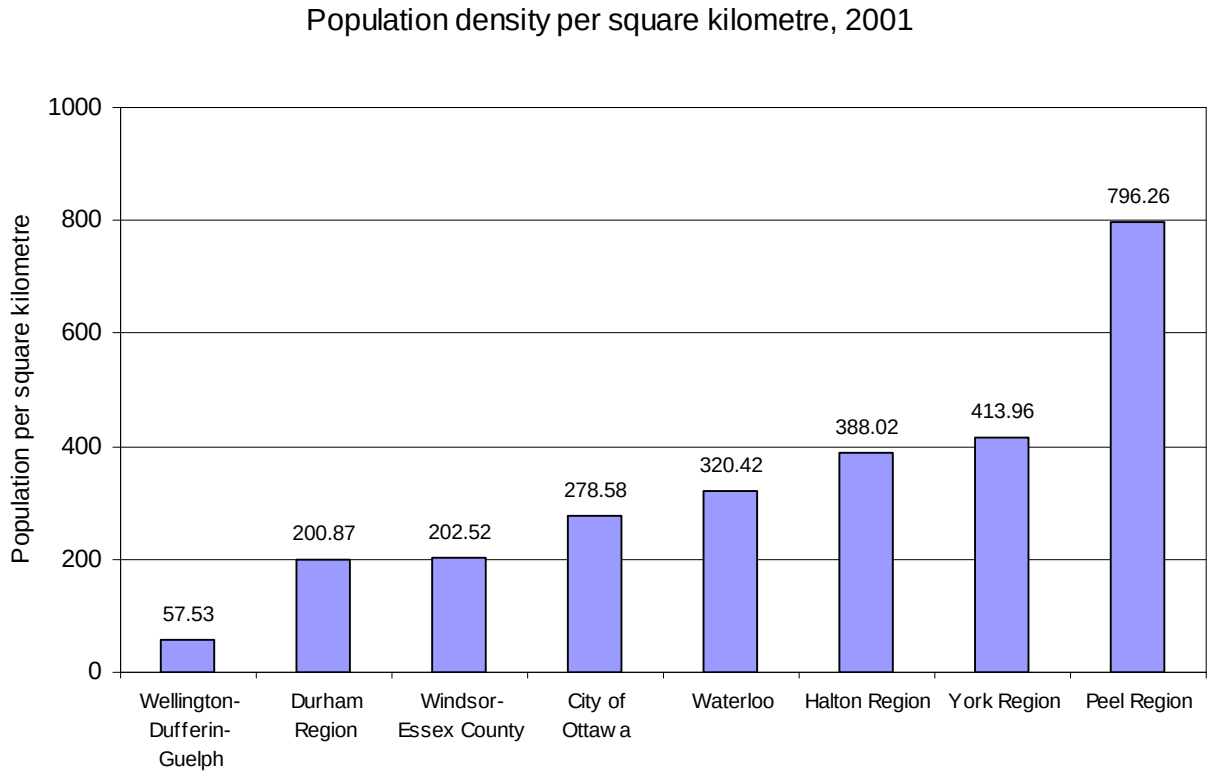
Data source: Statistics Canada, 1996 and 2001 Census, and Geography Division (special tabulations)

Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Number of people per square kilometre. Calculated by dividing the total population by land area

Data:



Notes:

Interpretation: York Region has the 2nd highest population density within peer group B. This will pose unique challenges for service delivery and meeting the needs of all the residents.

Limitations:

- Population density is based on previous census population counts (for example, 2001 Census data are based on the 1996 Census population counts).
- Population density is one of the strongest predictors of the final peer groupings.

Community and health system characteristics (Demographics)

Indicator name: Urban and rural population

Data source: Statistics Canada, 1996 and 2001 Census

Year: 1996, 2001

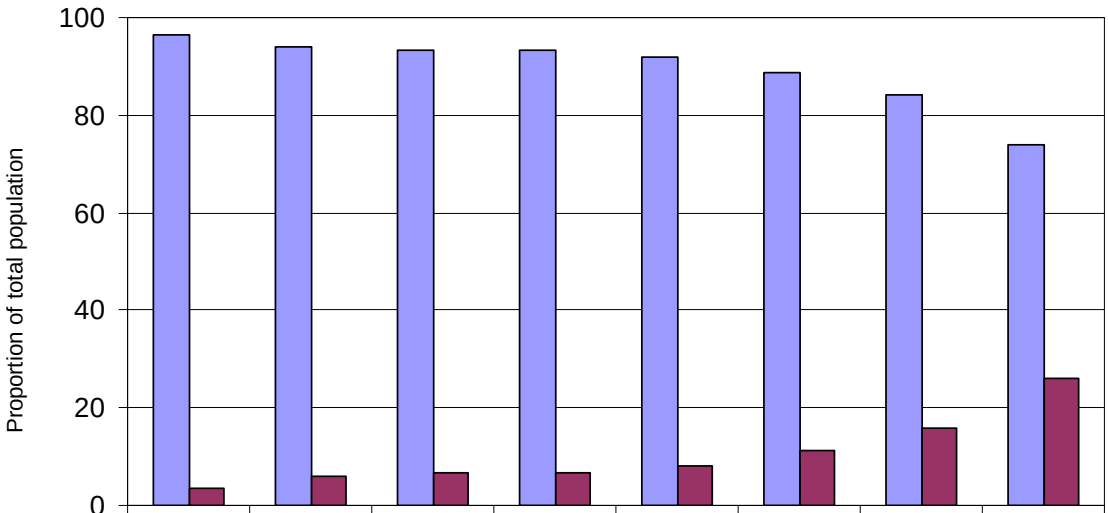
Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: People living in urban areas. An urban area is defined as having a minimum population of 1,000 and a population density of 400 people per square kilometre.

This community characteristic allows users to compare regions with similar proportions of urban/rural population.

Data:

Urban-rural population as a proportion of the total population, 2001



	Peel Region	Halton Region	York Region	Waterloo	City of Ottawa	Durham Region	Windsor-Essex County	Wellington-Dufferin-Guelph
Urban population, %	96.6	93.9	93.3	93.2	92	88.9	84.2	73.8
Rural population, %	3.4	6.1	6.7	6.8	8	11.1	15.8	26.2

Notes:

- Data source: Statistics Canada, 2001 Census (20% sample)
- Urban areas are those continuously built-up areas having a population concentration of 1,000 or more and a population density of 400 or more per square kilometre based on the previous census; rural areas have concentrations or densities below these thresholds.

Interpretation: Most of York Region's population is urban (93.3%).

Limitations: Urban-rural dwelling is one of the characteristics of the peer groupings and therefore all health units within this peer grouping should be similar. Peer group B is characterized by mainly urban centres with moderately high population density.

Community and health system characteristics (Demographics)

Indicator name: Strong census Metropolitan area and census agglomeration Influenced Zones (MIZ)

Data source: Statistics Canada, 1996 and 2001 Census (20% sample), Geography Division

Year: 2001

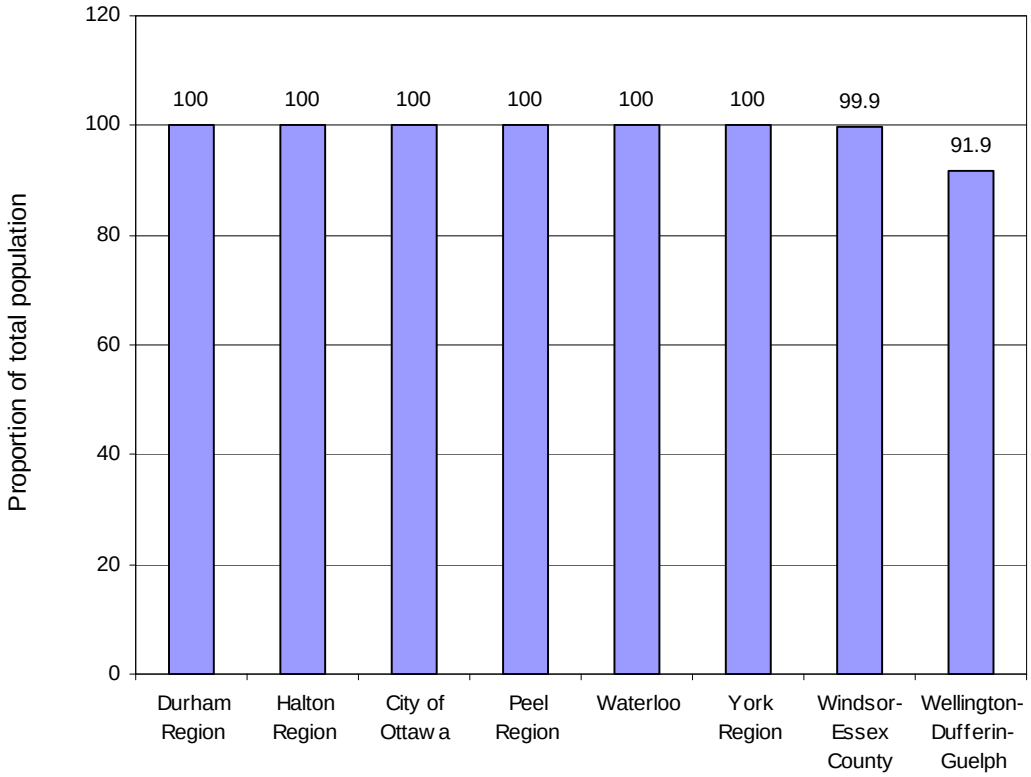
Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Definition**:**
Strong MIZ (Census **M**etropolitan Area and Census Agglomeration **I**nfluenced **Z**ones) represents the proportion of the population living in Census Metropolitan Areas (CMA), Census Agglomerations (CA) and communities that fall outside CMAs/CAs that have at least 30% of the employed labour force commuting to CMAs/CAs. The larger the proportion, the stronger the relationship between the specific community and a nearby CMA/CA.

The CMAs and CAs are large urban areas with adjacent urban and rural areas that have a high degree of economic and social integration. These CMAs and CAs are defined around urban areas that have attained certain population thresholds: 100,000 for CMAs and 10,000 for CAs.

Data:

Population living within a CMA*, proportion of total population, 2001



Notes:

*CMA refers to census metropolitan area, a census agglomeration or a strong census metropolitan area and census agglomeration influenced zone

- Strong MIZ (Census Metropolitan Area and Census Agglomeration Influenced Zones) is the population or the proportion of the population living in Census Metropolitan Areas (CMA), Census Agglomerations (CA) and communities that fall outside CMAs/CAs that have at least 30% of the employed labour force commuting to CMAs/CAs.
- The larger the proportion, the stronger the relationship between the specific community and a nearby CMA/CA.
- The CMAs and CAs are large urban areas with adjacent urban and rural areas that have a high degree of economic and social integration.
- These CMAs and CAs are defined around urban areas that have attained certain population thresholds: 100,000 for CMAs and 10,000 for CAs.
- Commuting flows are based on the 1996 Census place of work file.

Interpretation:

There is little variation amongst the Health Units in Peer Group B; most including York Region have 100% of the population living in CMAs/CAs. The exception is Wellington Dufferin Guelph, where just 91.9% live in a CMA/CA.

Limitations:

Strong MIZ is one of the indicators examined when categorizing peer groups, and therefore results within Peer Group B, should be similar.

Community and health system characteristics (Demographics)

Indicator name: Internal migrant mobility

Data source: Statistics Canada, 1996 and 2001 Census (20% sample)

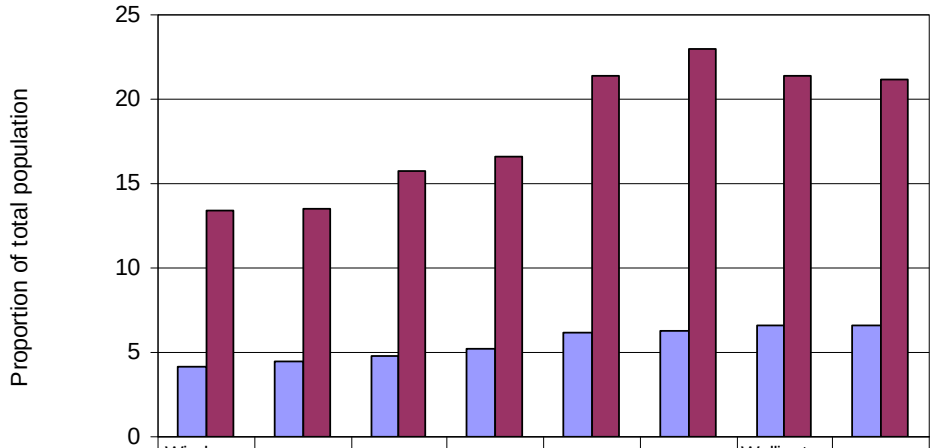
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Percentage of people that lived in a different Canadian municipality at the time of the previous Census (5-year internal migrants) or one year before the current Census (1-year internal migrants). External migrants who were living outside Canada are excluded.

Data:

Internal migrant mobility as a proportion of total population, 2001



	Windsor-Essex County	City of Ottawa	Peel Region	Waterloo	Halton Region	Durham Region	Wellington-Dufferin-Guelph	York Region
1-year internal migrants, proportion of pop.aged 1 year +	4.1	4.5	4.8	5.2	6.2	6.3	6.6	6.6
5-year internal migrants, proportion of pop. aged 5 years +	13.4	13.5	15.7	16.6	21.4	23	21.4	21.2

Notes:

- Sorted by 1-year internal migrants, proportion of population aged 1 year and over
- Number or proportion of people that lived in a different Canadian municipality one year before the current census (1-year internal migrants) or at the time of the previous census (5-year internal migrants).
- Mobility excludes external migrants who were living outside Canada.
- Mobility excludes Canadians in households outside Canada (military and government personnel) and institutional residents in Canada.

Interpretation: York Region and Wellington-Dufferin-Guelph have the highest proportion of people that lived in another Canadian municipality one year before the 2001 census. York Region is also amongst the highest for 5 year internal migrants (21.2%)

Limitations: Internal migrant mobility is one of the indicators examined when categorizing the peer groups and therefore results within Peer group B should be similar.

Community and Health System Characteristics (Demographics)

Indicator name: Contact with Alternative Healthcare Providers (AHCPs)

Data source: Statistics Canada, Canadian Community Health Survey (Cycle 3.1)

Year: 2005

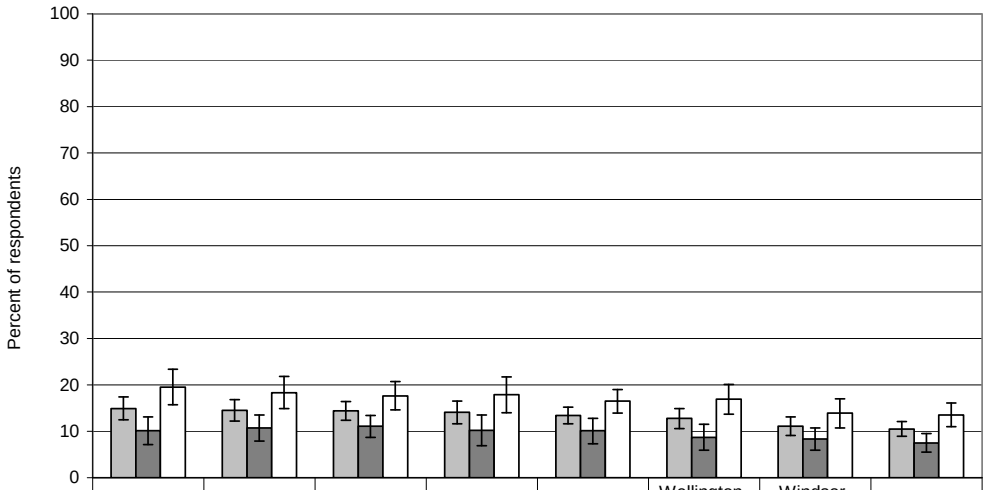
Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over who have consulted with alternative health care providers in the past 12 months.

Alternative health care providers include: massage therapists, acupuncturists, homeopaths or naturopaths, Feldenkrais or Alexander teachers, relaxation therapists, biofeedback teachers, rolfers, herbalists, reflexologists, spiritual healers, religious healers, etc.

Data:

Respondents age 12+ that have consulted an alternative healthcare provider in the past 12 months



	Halton Region	Region of Waterloo	York Region	Durham Region (E)	City of Ottawa	Wellington-Dufferin-Guelph (E)	Windsor-Essex County	Peel Region
Both Sexes	14.9	14.5	14.4	14.1	13.4	12.8	11.1	10.5
Males	10.1	10.7	11.1	10.2	10.1	8.7	8.3	7.5
Females	19.5	18.3	17.6	17.9	16.5	16.9	13.9	13.5

Notes: Data identified with an (E): For the males in Wellington-Dufferin-Guelph and Durham, please use with caution; there is high sampling variability (coefficient of variation [CV] between 16.6 and 33.3)

Data are sorted in descending order by “Both Sexes”.

Interpretation: In all PHUs, a greater percentage of females have visited an AHCP in the past year than males. In York Region, 14.4% of the population have consulted an AHCP in the past year overall; ranking York Region as having the third highest percentage of people doing so. Interestingly, when separating out responses by sex, 17.6% of females, and 11.1% of males visited an AHCP in the past year. The percentage of males that have seen an AHCP is thus higher in York Region than all the other PHUs, while the percentage of females is the fourth highest among the Peer Group B PHUs.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting

Community and Health System Characteristics (Demographics)

Indicator name: Contact with Medical Doctors

Data source: Statistics Canada, Canadian Community Health Survey (Cycle 3.1)

Year: 2005

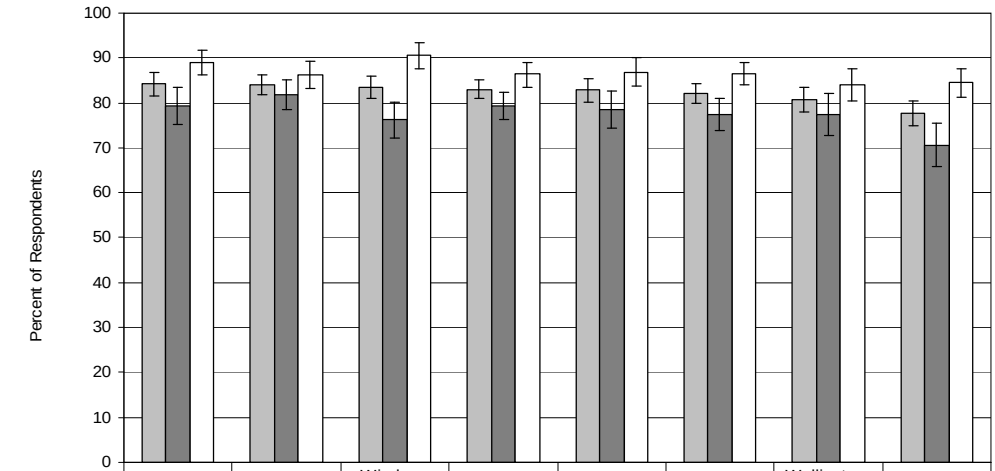
Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over who have consulted with a medical doctor in the past 12 months.

Medical doctor includes family or general practitioners as well as specialists such as surgeons, allergists, orthopaedists, gynaecologists, or psychiatrists. For population aged 12 to 17, it includes paediatrician.

Data:

Respondents Age 12+ that had Contact with a Medical Doctor in the past 12 months, 2005



	Halton Region	York Region	Windsor-Essex County	Peel Region	Durham Region	City of Ottawa	Wellington-Dufferin-Guelph	Region of Waterloo
Both Sexes	84.2	84.0	83.4	83.0	82.8	82.1	80.7	77.6
Males	79.3	81.8	76.2	79.4	78.6	77.5	77.3	70.6
Females	88.9	86.2	90.5	86.4	86.9	86.5	84.0	84.5

Notes: Data sorted in descending order by “Both Sexes”.

Interpretation: In all PHUs, a greater proportion of females than males have visited a medical doctor in the past year. When results for both sexes are combined, Halton and York Regions have the highest proportion that has seen a doctor: 84.2% and 84% respectively. York Region also has the highest percentage for males (81.8%), while Windsor Essex has the highest proportion for females (90.5%). However, York Region’s female proportion that has seen a doctor in the past year is lower than many of the other PHUs (86.2%).

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Community and Health System Characteristics (Demographics)

Indicator name: Contact with Health Professionals about Mental Health

Data source: Statistics Canada, Canadian Community Health Survey (Cycle 3.1)

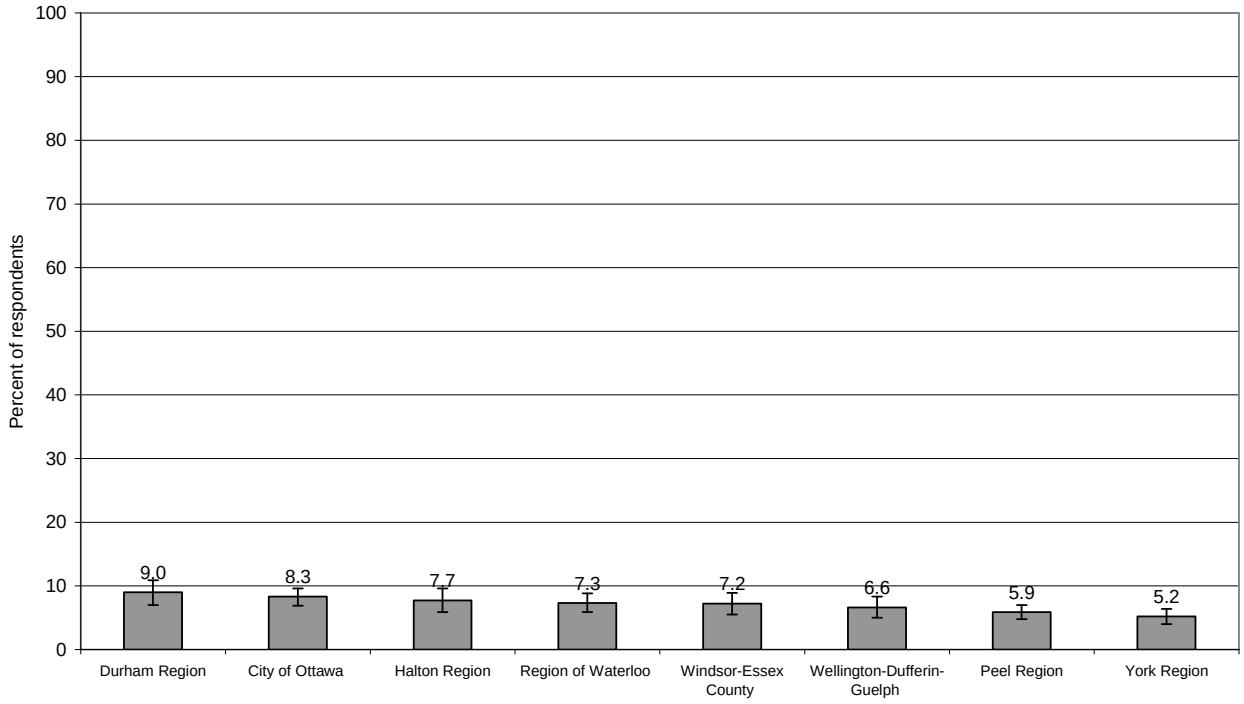
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over who have consulted with a health professional about their mental health in the past 12 months. Mental health professionals include: family doctors or general practitioners, psychiatrists, psychologists, nurses, social workers and counsellors.

Data:

Respondents Age 12+ that Contacted a Health Professional about Mental Health in the past 12 months, 2005



Notes: Data are sorted in descending order.

Interpretation: While all the PHUs have fairly low proportions of people who have visited a health professional to discuss mental health issues in the past 12 months, York Region has the lowest: just 5.2% of the population. By contrast, Durham Region has the highest proportion at 9%.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Community and Health System Characteristics (Demographics)

Indicator name: Contact with Dental Professionals

Data source: Statistics Canada, Canadian Community Health Survey (Cycle 3.1)

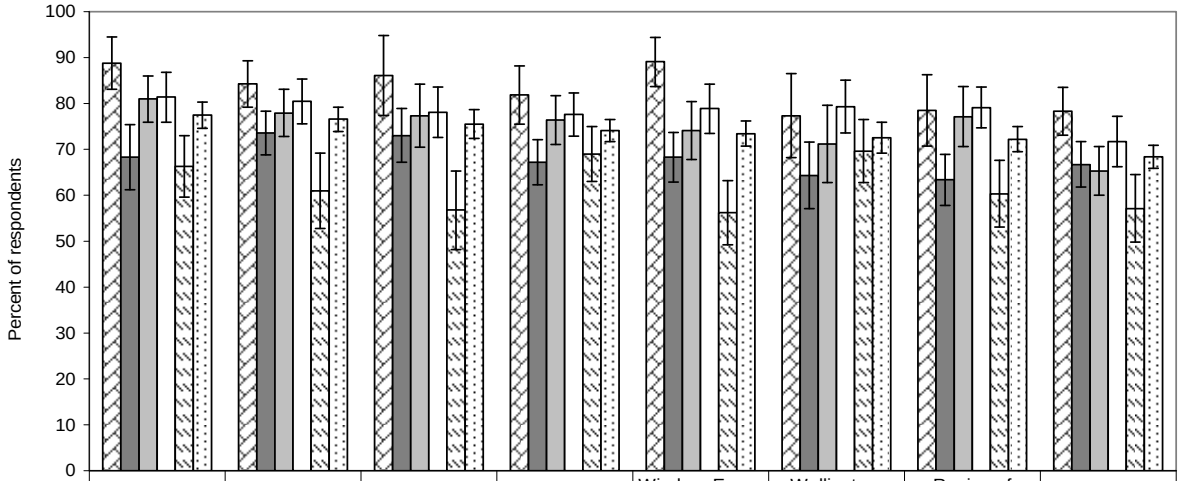
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over who have consulted with a dental professional in the past 12 months. Dental professionals include dentists or orthodontists.

Data:

Respondents Age 12+ (By Age Group) that have Seen a Dental Professional in the Past 12 Months



	Halton Region	York Region	Durham Region	City of Ottawa	Windsor-Essex County	Wellington-Dufferin-Guelph	Region of Waterloo	Peel Region
12-19	88.8	84.3	86.1	81.9	89.1	77.3	78.5	78.3
20-34	68.3	73.6	73.0	67.2	68.3	64.3	63.4	66.7
35-44	81.0	77.9	77.3	76.4	74.1	71.2	77.1	65.3
45-64	81.4	80.5	78.1	77.6	78.9	79.3	79.1	71.7
65+	66.3	61.0	56.8	69.0	56.2	69.6	60.3	57.1
All Ages	77.5	76.6	75.5	74.1	73.4	72.5	72.2	68.4

Notes: Data sorted in descending order by “All ages” age group.

Interpretation: While all the PHUs have a high percentages of people who have visited a dental professional in the past 12 months, York Region has the second highest percentage: 76.6% of the population. Amongst the age subgroups in York Region, the group with the highest percentage that have recently seen a dental professional are youth between the ages of 12-19 (84.3%), followed by older adults aged 45-64 (80.5%). Next are adults aged 35-44 (77.9%) and younger adults aged 20-34 (73.6%). However, amongst seniors aged 65 and over, only 61% have seen a dental professional in the past year. In the seniors age group, York Region is ranked fourth highest amongst the other Peer Group B PHUs.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Community and health system characteristics (Demographics)

Indicator name: Doctors rate

Data source: Scott's Medical Database (SMDB), CIHI 2004/2005

Year: 2004

Level of geography: Ontario Public Health Unit

Definition: Physician to population ratios/rates for:

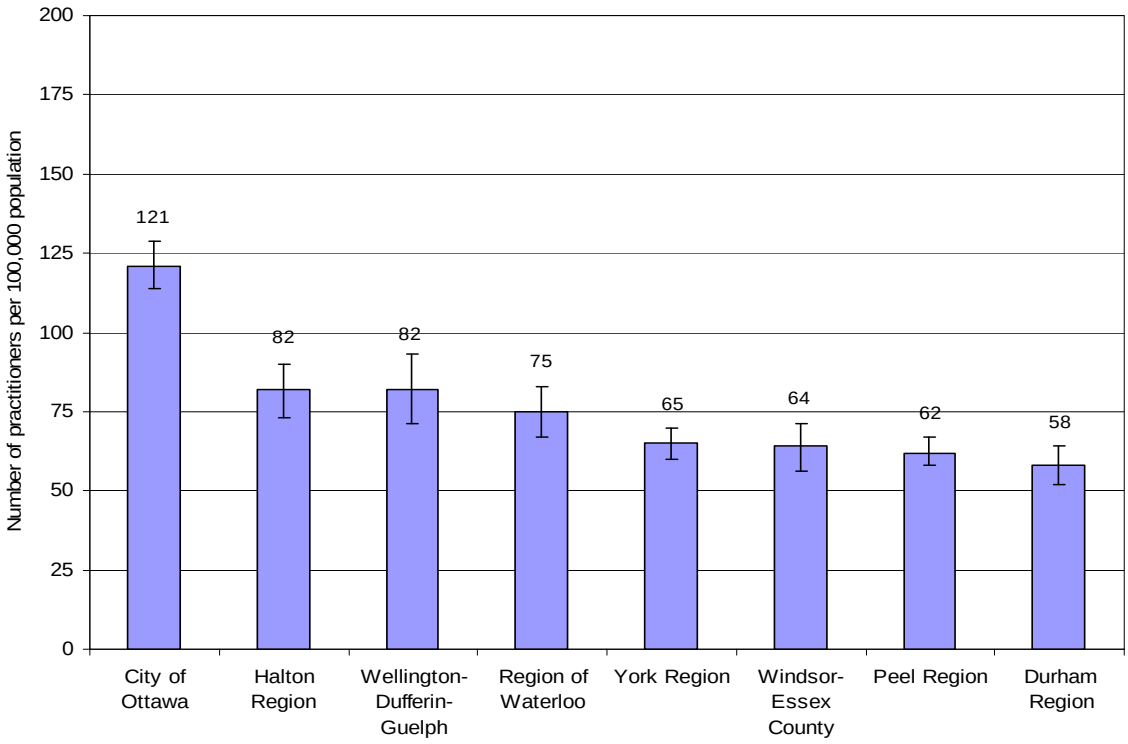
- General practitioners or family practitioners (family medicine and emergency medicine specialists) on December 31st of the reference year, per 100,000 population
- Specialist physicians (medical, surgical and laboratory specialists) on December 31st of the reference year, per 100,000 population

Physician to population ratios are used to support health human resource planning. While physician density ratios are useful indicators of changes in physician numbers relative to the population, inference from total numbers or ratios as to the adequacy of provider resources should not be made. Various factors influence whether the supply of physicians is appropriate, such as: distribution and location of physicians within a region or province; physician type (i.e., family medicine physicians vs. specialists); level of service provided (full-time vs. part-time); physician age and gender; population's access to hospitals, health care facilities, technology and other types of health care providers; population needs (demographic characteristics and health problems); and society's perceptions and expectations.

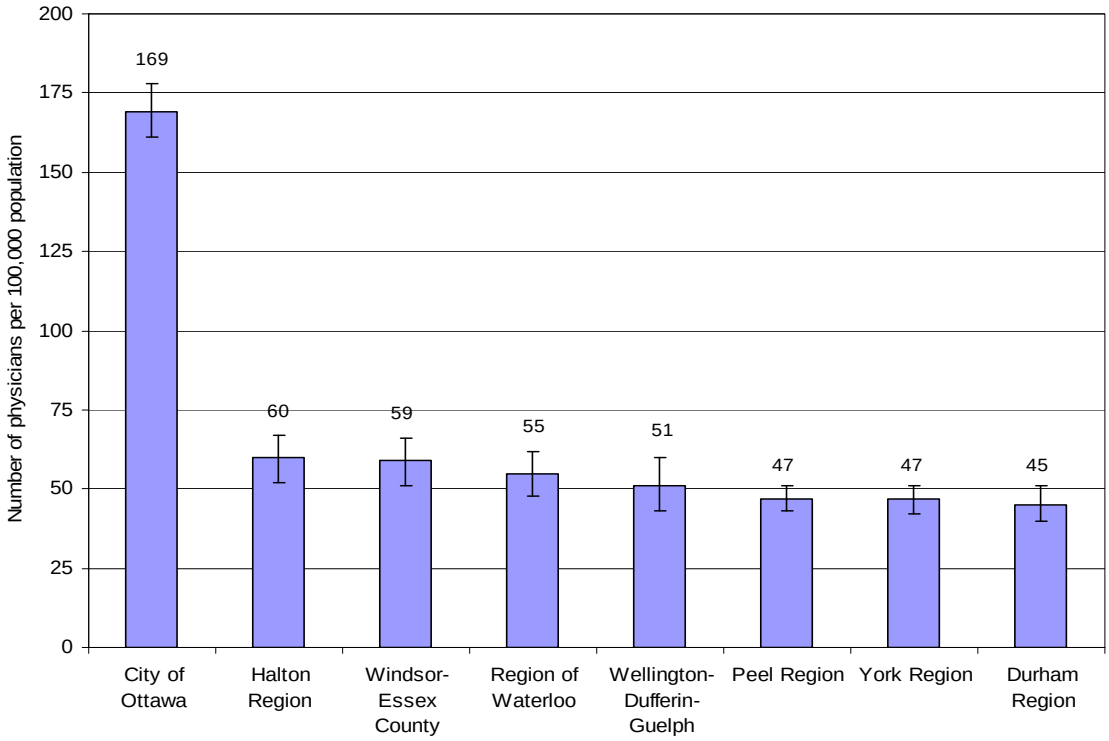
In some regions, health facilities and personnel provide services to a larger community than the residents of the immediate region. In others, residents may seek care from physicians and specialists outside the region where they live. The ratio of physicians to population reflects the number of doctors in a region and has not been adjusted to take these movements into account. The extent to which this affects individual regions is likely to vary.

Data:

General practitioners or family practitioners per 100,000 population, 2004



Specialist physicians per 100,000 population, 2004



Notes:

The data include physicians in clinical and non-clinical practice and exclude residents and physicians who are not licensed to provide clinical practice and have requested that their information not be published in the Canadian Medical Directory.

Physicians are geo-coded to a region based on the postal code of correspondence submitted to the Scott's Medical Database. Records with invalid, missing, or partial postal codes are excluded from the regional totals.

For further information on physician count methodologies please see CIHI's reports on the "Supply, Distribution and Migration of Canadian Physicians" and "Certified and Non-Certified Specialists: Understanding the Numbers" (www.cihi.ca).

Benchmarks are not available for this measure.

Interpretation:

In York Region in 2004 (Dec. 31), there were 65 general or family practitioners per 100,000 population, and 47 specialist physicians per 100,000 population.

Limitations:

Postal code correspondence may not necessarily reconcile with a physician's place of practice; however, approximately 90% of postal codes submitted refer to the physician's office, office-in-home or hospital address.

It is recognized that physician specialty classification does not necessarily reflect the services provided by individual physicians. The range of services provided by a physician is subject to provincial licensure rules, medical service plan payment arrangements, and individual practice choices. Therefore, CIHI physician-to-population rates may differ from those published by other sources.

Scott's Medical Database (SMDB) information may undercount physicians due to Provincial/Territorial licensing authority data supply interruptions. SMDB data does not reflect licensing authority updates for Ontario 2002.

Non-medical determinants of health

Non-medical determinants of health (Risk)

Indicator name: Type of smoker

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1)

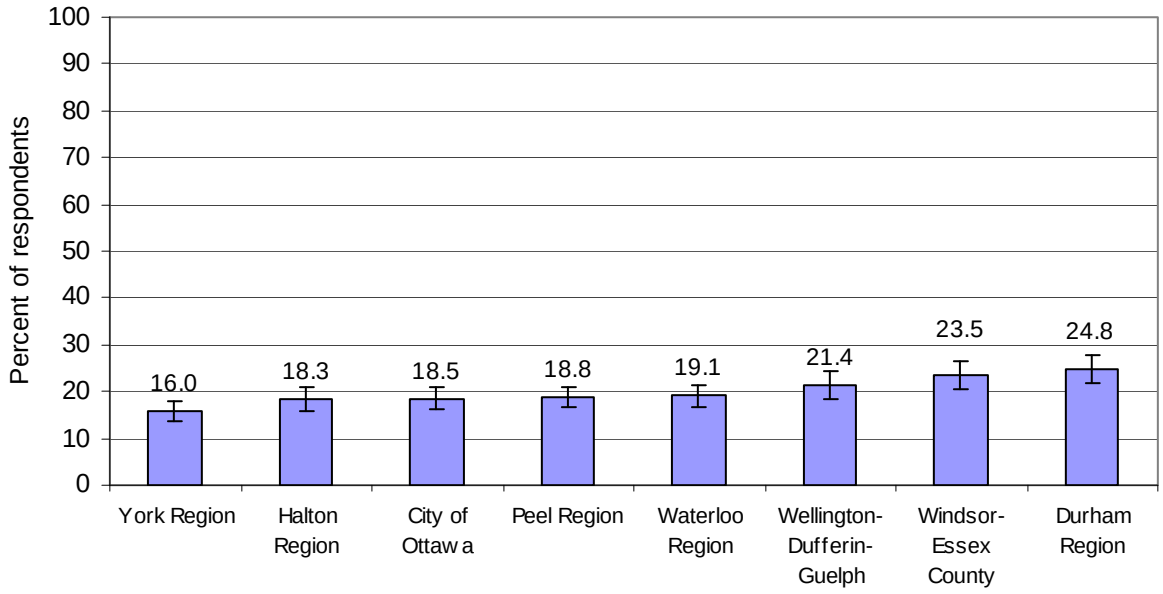
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Current smokers are those who smoke cigarettes on either a daily or an occasional basis relative to the total population 12 and over in private households.

Data:

Current smoker, Percent of respondents 12 years and over, 2005



Notes:

Interpretation: The proportion of current smokers for York Region was 16.0 percent of respondents in 2005. Among Peer Group B health units, the proportion of current smokers range lies between 16.0 percent and 24.8 percent. Exposure to tobacco smoke presents a series of risks including higher relative risks of mortality and morbidity, particularly due to cardiovascular diseases, respiratory diseases and lung cancer.

Limitations: Smokers may be reluctant to admit they smoke because it is socially unacceptable or may be unable to accurately report the regularity of their smoking habit.

Non-medical determinants of health (Risk)

Indicator name: Smoking initiation

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1)

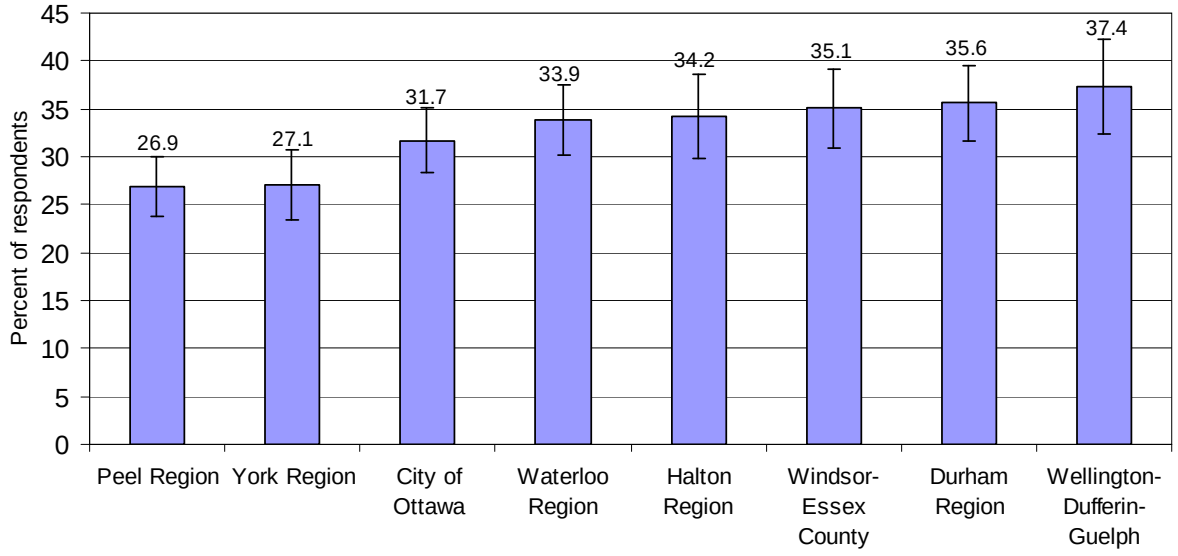
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Current or former smokers who report age at first whole cigarette smoked of 14 and under relative to the total population of current or former smokers 12 and over in private households.

Data:

Smoking initiation at 14 years and under, Percent of current or former smokers 12 years and over, 2005



Notes:

Interpretation: The onset of smoking initiation at age 14 and under for York Region was 27.1 percent 2005. Among Peer Group B health units, the smoking initiation at age 14 or under range lies between 26.9 percent and 37.4 percent. Initiation of cigarette smoking among children is thought to be associated with higher risk of continued smoking behaviour later in life.

Limitations: Some people may be reluctant to answer openly.

Non-medical determinants of health (Risk)

Indicator name: Frequency of heavy drinking

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1)

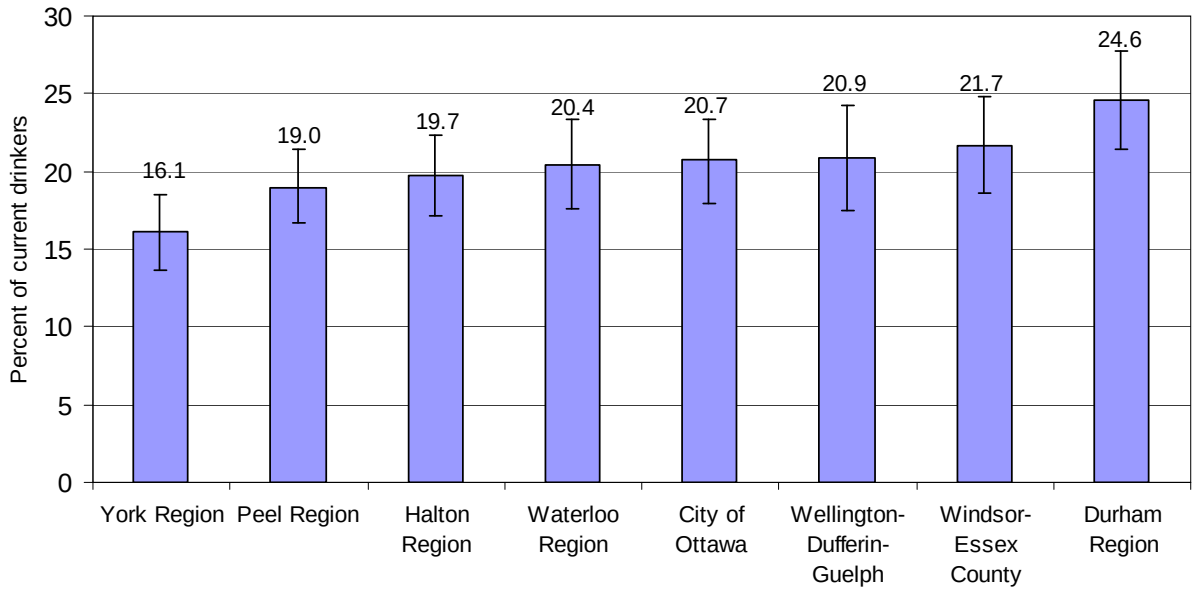
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Current drinkers who reported consuming 5 or more drinks on one occasion, 12 or more times a year relative to the population aged 12 and over who reported having at least 1 drink in the past 12 months

Data:

Frequent heavy drinker, Percent of current drinkers 12 years and over, 2005



Notes:

Interpretation: The percentage of frequent heavy drinkers for York Region was 16.1% in 2005. Among Peer Group B health units, the percentage of frequent heavy drinker range lies between 16.1% and 24.6%. Frequent heavy drinking may lead to various health and social problems such as violence, drinking and driving, unplanned pregnancies and sexually transmitted diseases.

Limitations: Some people may be reluctant to answer openly. Individuals react differently to the same alcohol levels depending on sex, body size and alcohol tolerance. Survey data to not permit these differentiations.

Non-medical determinants of health (Risk)

Indicator name: Leisure-time physical activity

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1)

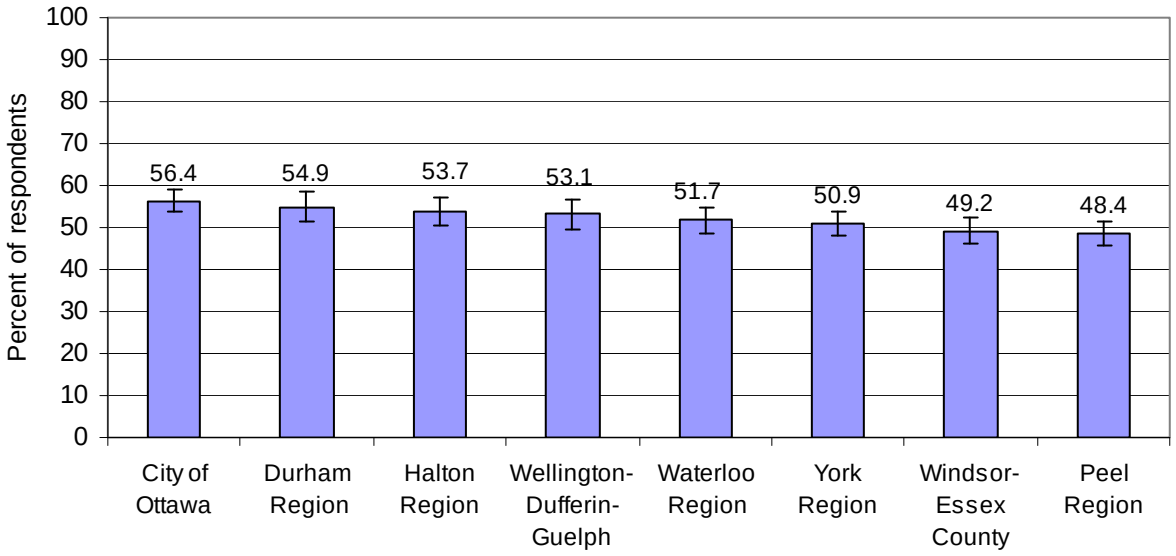
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The proportion of the population aged 12 and over who reported a physically active or moderately active level of physical activity, based on based on an index of average daily leisure time physical activity over the past 3 months relative to the population aged 12 and over

Data:

Physically active or moderately active, Percent of respondents 12 years and over, 2005



Notes:

Interpretation: In 2005, 50.9% of York Region respondents aged 12 or older, reported that they were physically active or moderately active during leisure time physical activity. Among Peer Group B health units, the physically active or moderately active percentage values range lies between 56.4% and 48.4% in 2005. A physically active level of physical activity is generally accepted to be a healthy behaviour that reduces the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension and osteoporosis.

Limitations: Some leisure-time physical activities may not have been reported due to questionnaire limitations. The list of physical activities used in the CCHS questionnaire do not include any work-related responses. Respondents may have difficulty accurately recalling their activities in the past 3 months.

Non-medical determinants of health (Risk)

Indicator name: Fruit and vegetable consumption

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1)

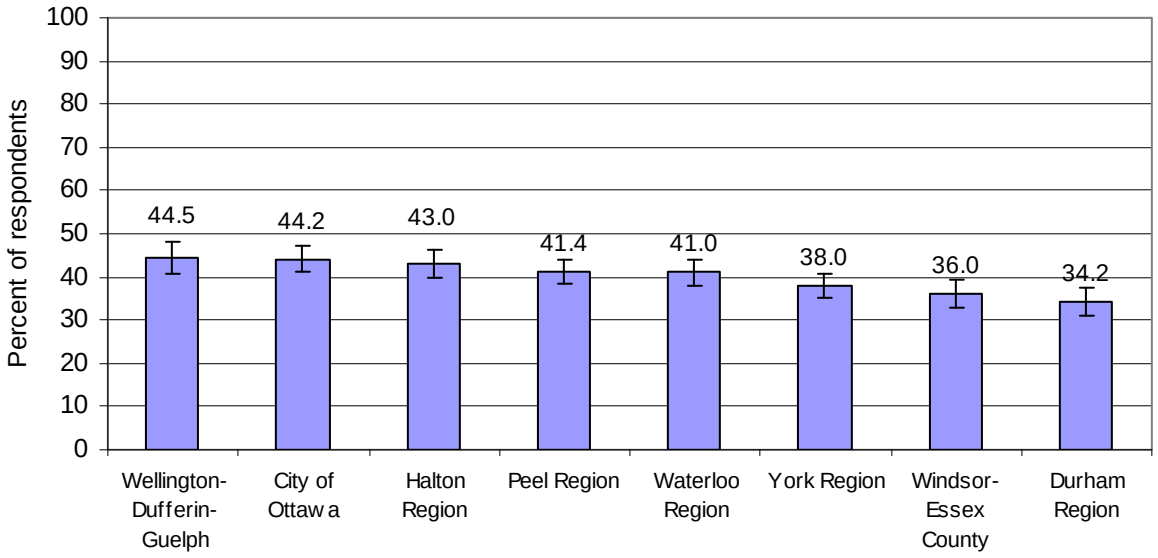
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The proportion of the population aged 12 and over who reported consuming fruits and vegetables 5 or more times per day relative to the population aged 12 and over

Data:

Consume fruits and vegetables 5 or more times per day, Percent of respondents 12 years and over, 2005



Notes:

Interpretation: In 2005, 38.0% of York Region respondents aged 12 and over, reported that they consumed fruits and vegetables 5 or more times per day. Among Peer Group B health units, the fruits and vegetables consumption 5 or more times per day percentage range lies between 44.5% and 34.2% in 2005. Consuming a balanced diet rich in fruits and vegetables is regarded as health-enhancing since they decrease the risk of a number of adverse health outcomes such as cardiovascular disease, obesity, several types of cancers, osteoporosis and chronic liver disease.

Limitations: Dietary intake is difficult to measure since it is complex and varies greatly on a daily, weekly and seasonal basis. Some respondents may have difficulty in accurately reporting what they eat.

Non-medical determinants of health (Risk)

Indicator name: High school graduates

Data source: Statistics Canada, 2001 Census (20% sample)

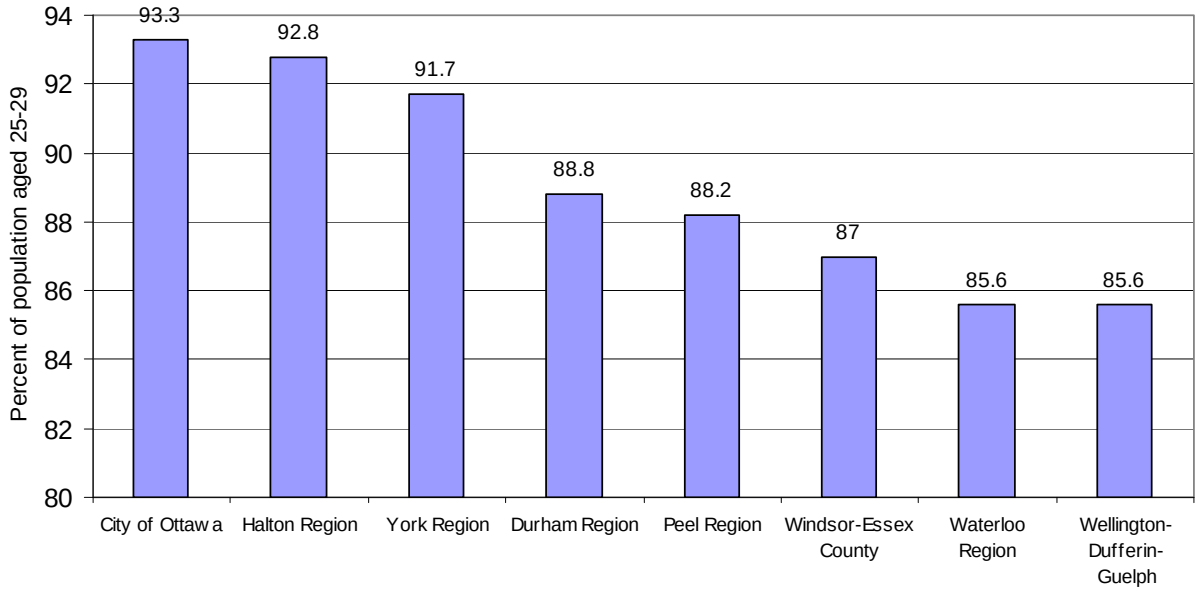
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 25 to 29 who have a high school graduation certificate relative to total population aged 25 to 29

Data:

High school graduates, percent of population aged 25 to 29 years, 2001



Notes:

Interpretation: The percentage of high school graduates in the population aged 25 to 29 years for York Region was 91.7% in 2001. Among Peer Group B health units, the percentage of high school graduates range lies between 93.3% and 85.6%. High school graduation is a measure of educational attainment and socio-economic status.

Limitations:

Non-medical determinants of health (Risk)

Indicator name: Post-secondary graduates

Data source: Statistics Canada, 2001 Census (20% sample)

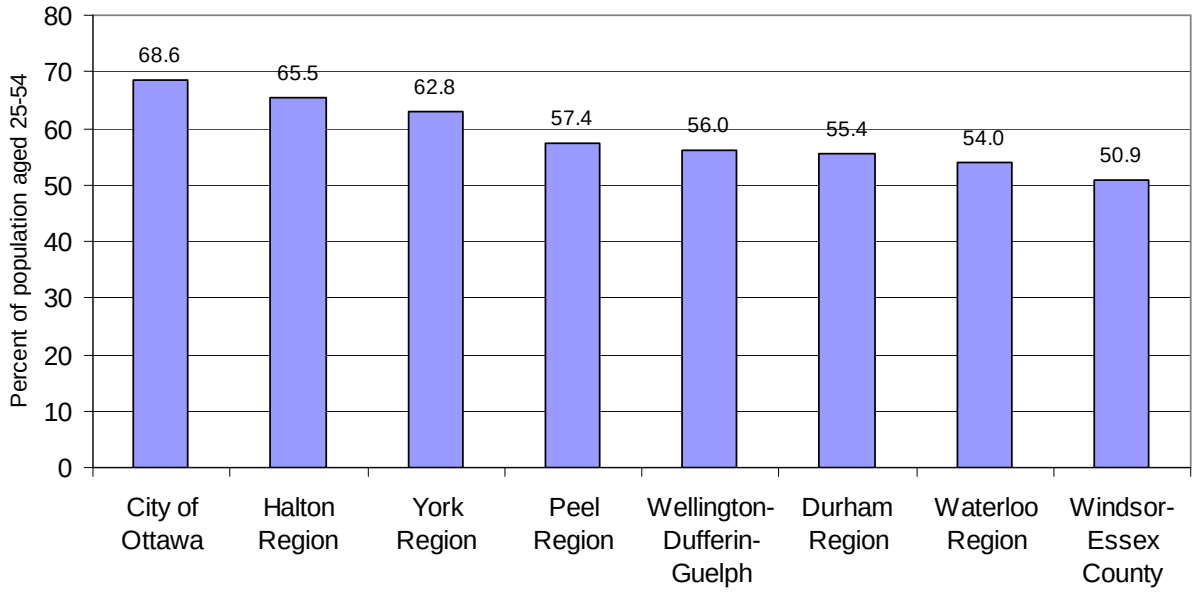
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 25 to 54 who have obtained a post-secondary certificate, diploma, or degree relative to total population aged 25 to 54

Data:

Post secondary graduates, percent of population aged 25 to 54 years, 2001



Notes:

Interpretation: The percentage of post-secondary graduates in the population aged 25 to 54 years for York Region was 62.8% in 2001. Among Peer Group B health units, the percentage of high school graduates range lies between 68.6% and 50.9%. Post-secondary graduation is a measure of educational attainment and socio-economic status.

Limitations:

Non-medical determinants of health (Risk)

Indicator name: Unemployment rate

Data source: Statistics Canada, Labour Force Survey, special tabulations

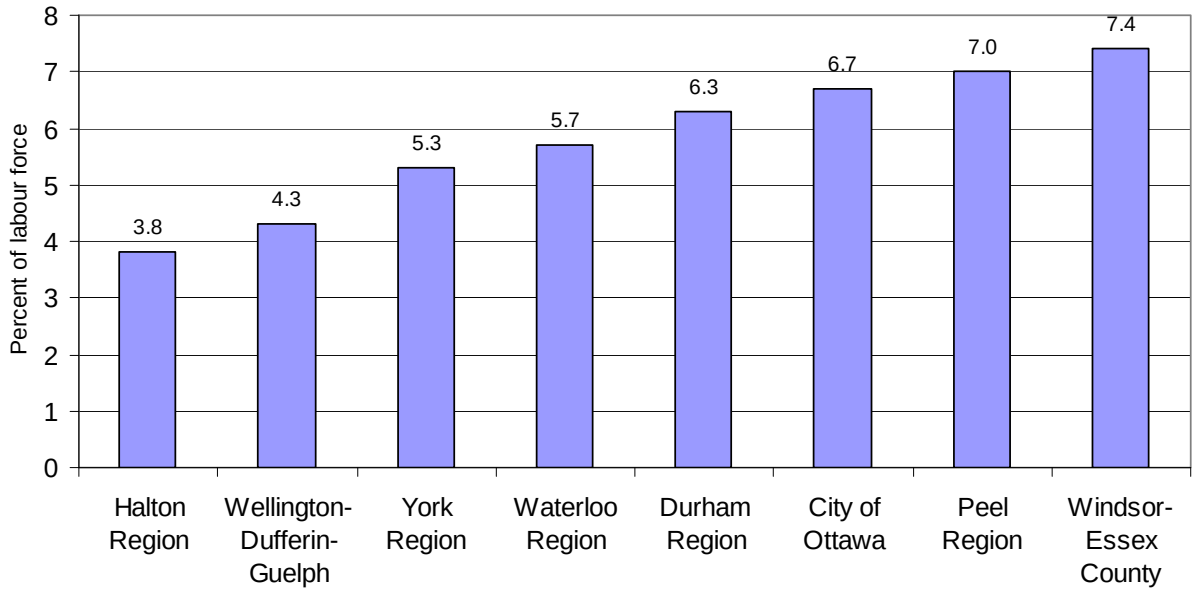
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 15 and over who were unemployed relative to total labour force aged 15 years and over

Data:

Unemployment rate, percent of labour force aged 15 years and over, 2005



Notes:

Interpretation: The percentage of unemployed persons in the labour force aged 15 years and over for York Region was 5.3% in 2005. Among Peer Group B health units, the unemployment rate range lies between 3.8% and 7.4%. Unemployed people tend to experience more health problems.

Limitations:

Non-medical determinants of health (Risk)

Indicator name: Youth unemployment rate

Data source: Statistics Canada, Labour Force Survey, special tabulations

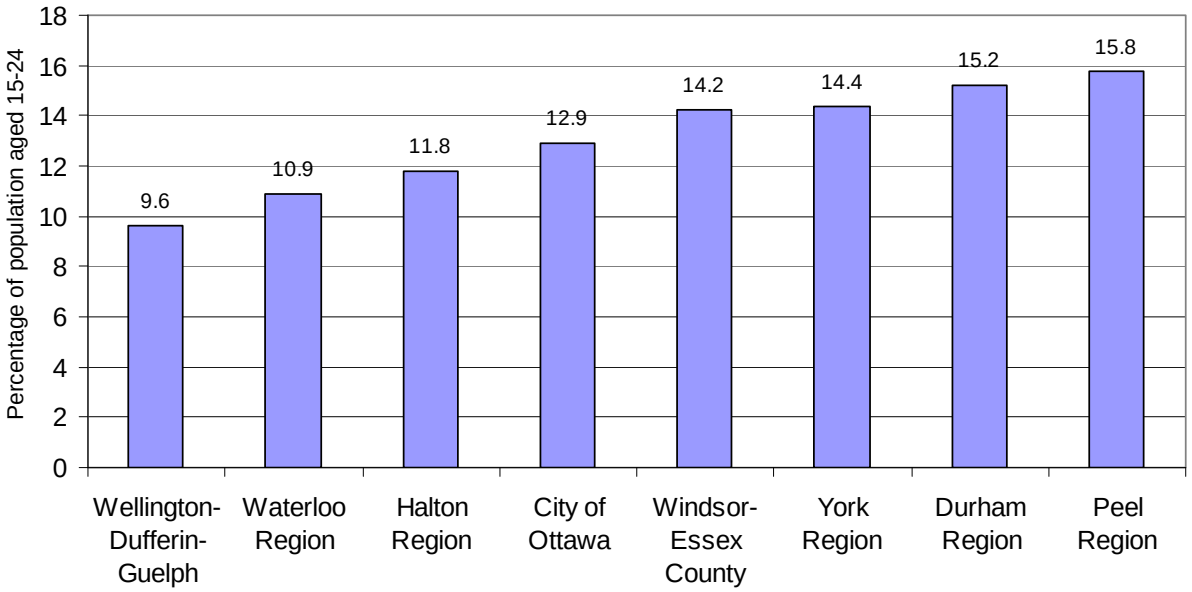
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 15 to 24 years who were unemployed relative to total labour force aged 15 to 24 years

Data:

Unemployment rate, percent of population aged 15 to 24 years and over, 2005



Notes:

Interpretation: The percentage of unemployed persons in the labour force aged 15 to 24 years for York Region was 14.4% in 2005. Among Peer Group B health units, the unemployment rate range lies between 9.6% and 15.8%. Unemployed people tend to experience more health problems.

Limitations:

Non-medical determinants of health (Risk)

Indicator name: Long-term unemployment rate

Data source: Statistics Canada, Census

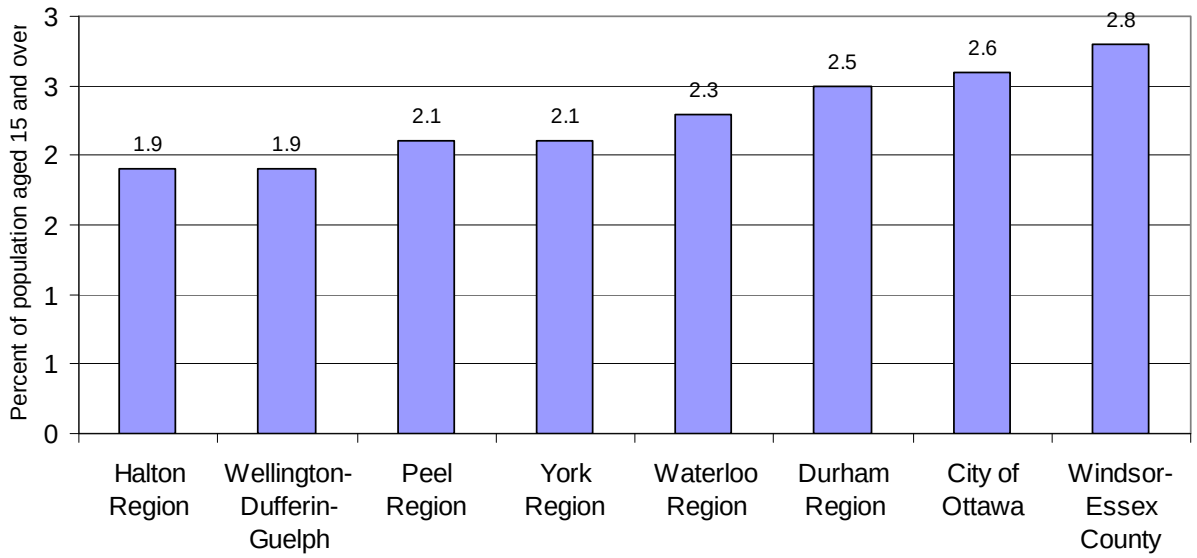
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 15 and over who did not have a job at any time during the current or previous year relative to total labour force aged 15 years and over

Data:

Long-term unemployment rate, percent of labour force aged 15 years and over, 2001



Notes:

Interpretation: The percentage of long-term unemployed persons in the labour force aged 15 years and over for York Region was 2.1% in 2001. Among Peer Group B health units, the unemployment rate range lies between 1.9% and 2.8%. Unemployed people tend to experience more health problems.

Limitations:

Non-medical determinants of health (Risk)

Indicator name: Low income rate

Data source: Statistics Canada, Census

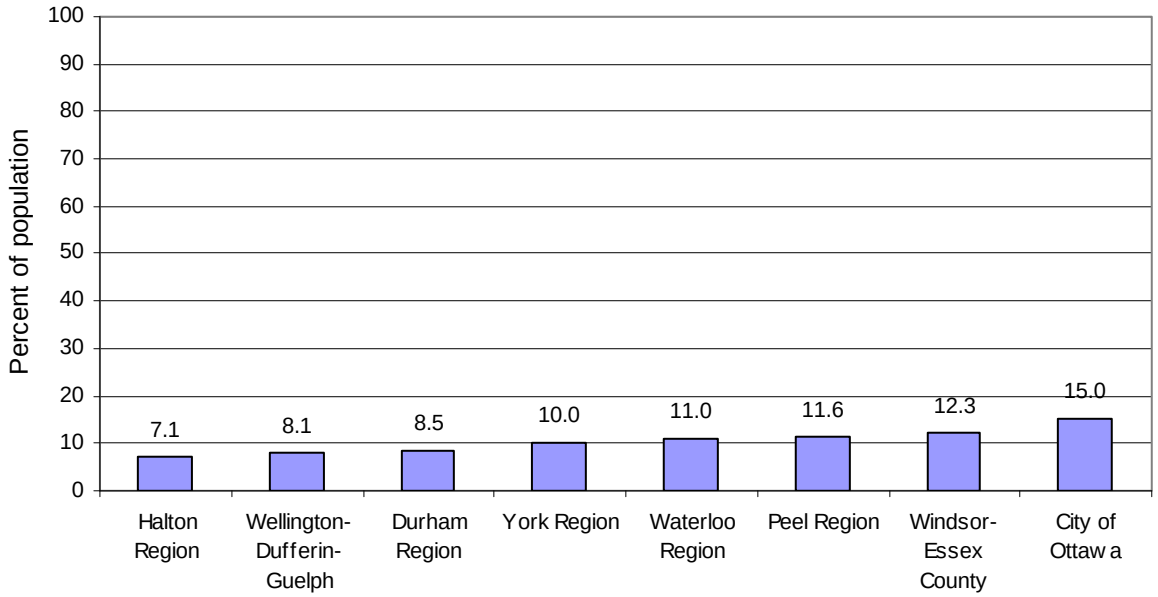
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population in private households with incomes below the Statistics Canada low-income cut-offs (LICO) during previous year relative to total population in private households

Data:

Low income rate, percent of population in private households, 2000



Notes:

Interpretation: The percentage of low income persons for York Region was 10.0% in 2000. Among Peer Group B health units, the low income rate range lies between 7.1% and 15.0%. Low income is associated with high unemployment, unfavourable lifestyle and living conditions and a greater prevalence of disability and health problems.

Limitations: The LICOs do not provide information about the intensity or duration of poverty. LICOs also do not take into account low wage-earners who have incomes barely above the LICO and have similar living conditions.

Non-medical determinants of health (Risk)

Indicator name: Children aged 17 and under living in low income families

Data source: Statistics Canada, Census

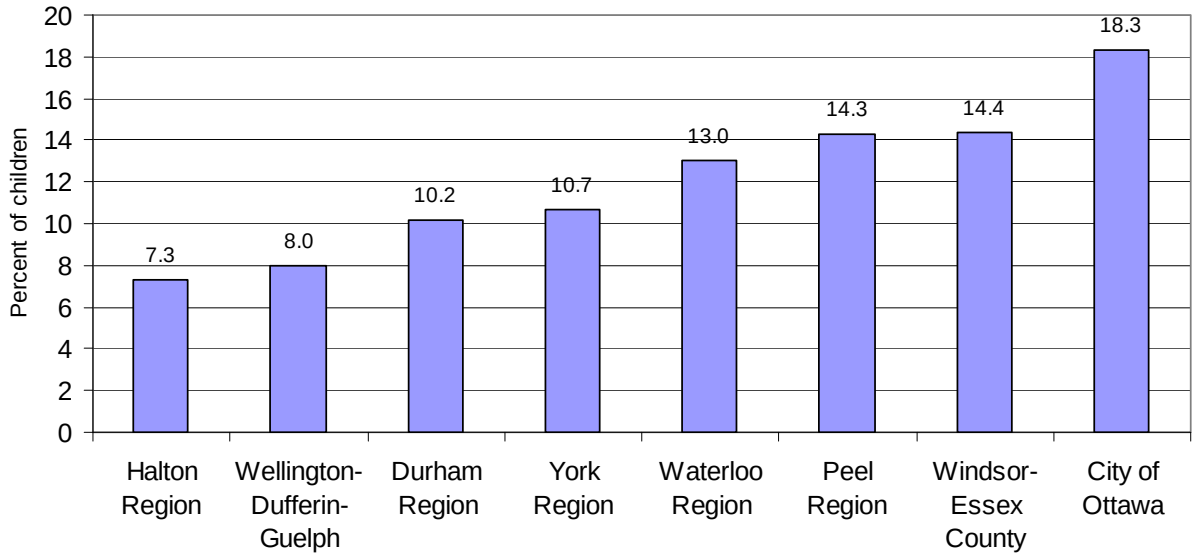
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Children aged 17 and under living in families with incomes below the Statistics Canada low-income cut-offs (LICO) during previous year relative to total children aged 17 and under

Data:

Children aged 17 and under living in low income families, percent of children, 2000



Notes:

Interpretation: The percentage of children aged 17 years and under living in low income families for York Region was 10.7% in 2000. Among Peer Group B health units, the low income rate range lies between 7.3% and 18.3%. Low income is associated with high unemployment, unfavourable lifestyle and living conditions and a greater prevalence of disability and health problems.

Limitations: The LICOs do not provide information about the intensity or duration of poverty. LICOs also do not take into account low wage-earners who have incomes barely above the LICO and have similar living conditions. Reporting of income may be subject to underreporting bias. Certain sub-groups are less well counted than other, e.g., young adults.

Non-medical determinants of health (Risk)

Indicator name: Average personal income

Data source: Statistics Canada, Census

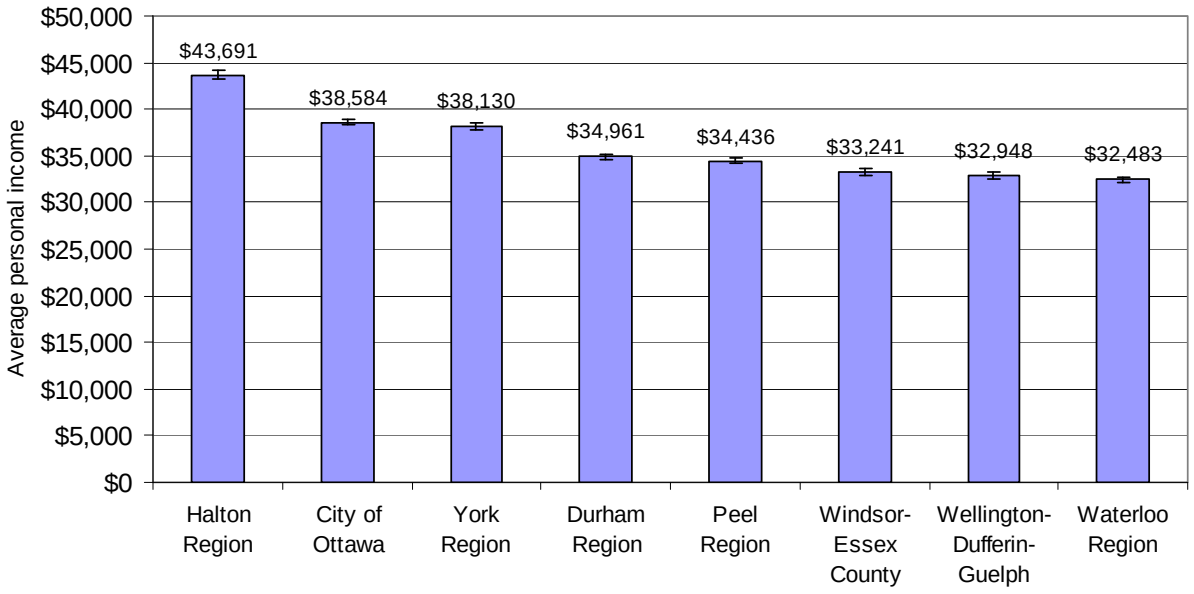
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Average personal income (pre-tax, post-transfer) for persons aged 15 and over who reported income for the previous year. Average personal income excludes institutional residents.

Data:

Average personal income, population aged 15 and over with income, 2000



Notes:

Interpretation: The average personal income for the York Region population was $38,130 in 2000. Among Peer Group B health units, the average personal income range lies between $43,691 and $32,483. Higher income is associated with better health.

Limitations: Average income may be impacted by relatively small number of extremely high or low values. Reporting of income may be subject to underreporting bias. Certain sub-groups are less well counted than other, e.g., young adults.

Non-medical determinants of health (Risk)

Indicator name: Median share of income

Data source: Statistics Canada, Census

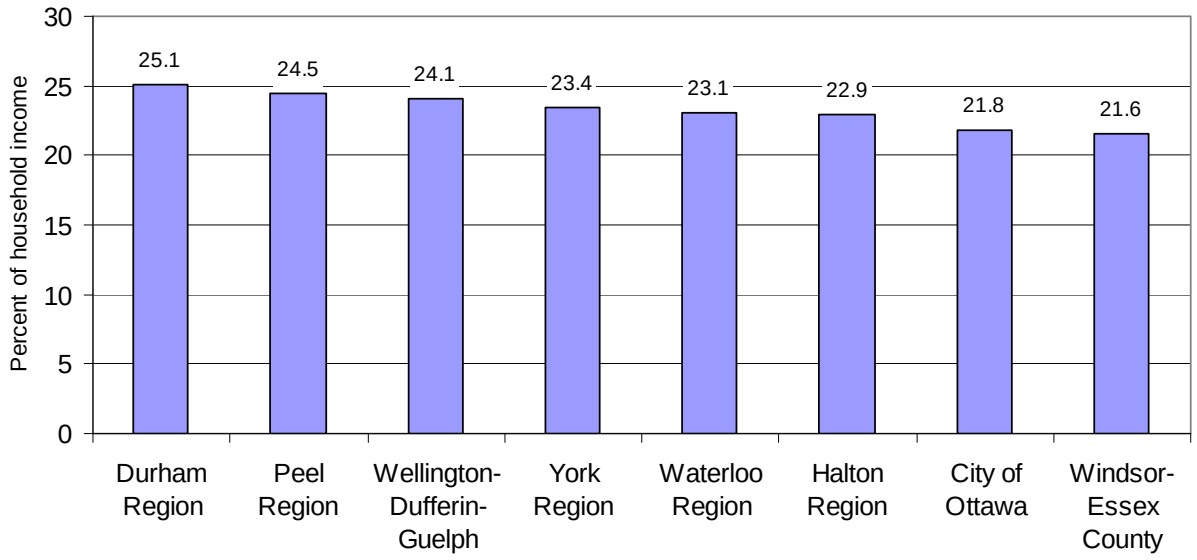
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Proportion of income (from all sources, pre-tax, post-transfer) held by households whose incomes fall below the median household income.

Data:

Income share held by households whose incomes fall below the median household income (Percent)



Notes:

Interpretation: The income share held by households whose incomes fall below the median household income for York Region was 23.4% in 2000. Among Peer Group B health units, the median share of income range lies between between 25.1% and 21.6%. A proportion of 50% would represent no inequality.

Limitations: Household income does not provide information about the number of people who contribute to the household income. Reporting of income may be subject to underreporting bias. Certain sub-groups are less well counted than other, e.g., young adults.

Non-medical determinants of health (Risk)

Indicator name: Government transfer income

Data source: Statistics Canada, Census

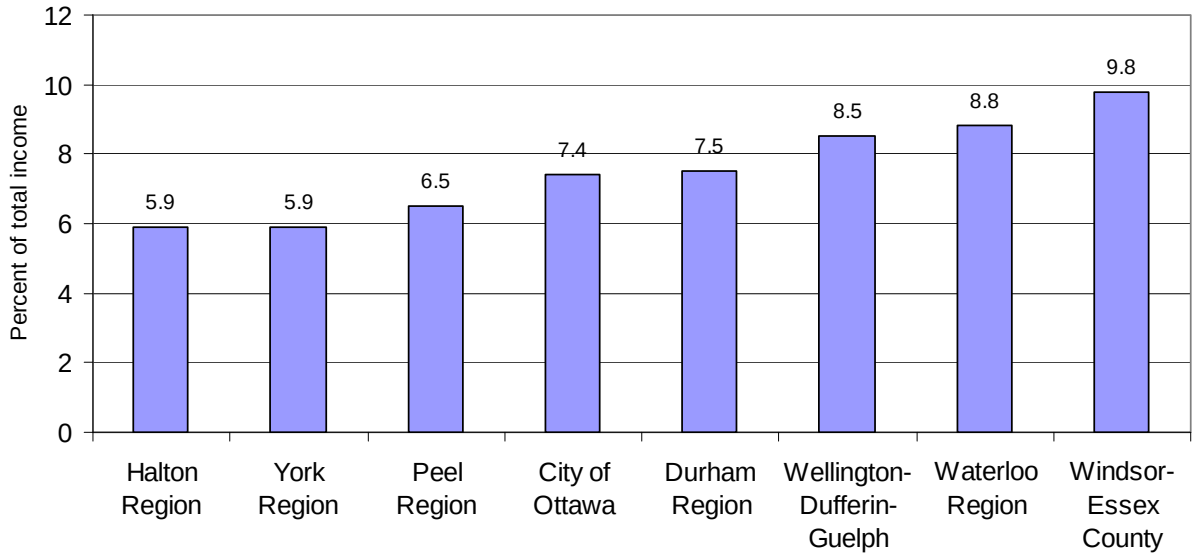
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Proportion of all income that came from government transfers (e.g., Guaranteed Income Supplement/Old Age Security, Canada/Quebec Pension Plan, Employment Insurance) for the population 15 years of age and over.

Data:

Government transfer income, percent of total income, population aged 15 and over, 2000



Notes:

Interpretation: The proportion of government transfer income for York Region was 5.9% of total income in 2000. Among Peer Group B health units, the proportion of government transfer income range lies between between 5.9% and 9.8%. Higher relative share of government transfer payments as a percentage of aggregate income may indicate low incomes for a large proportion of the population

Limitations: Reporting of income may be subject to underreporting bias. Certain sub-groups are less well counted than other, e.g., young adults. Measure does not take into account employment income or other income such as investment income, non-government retirement pensions.

Non-medical determinants of health (Risk)

Indicator name: Owners and renters housing affordability

Data source: Statistics Canada, Census

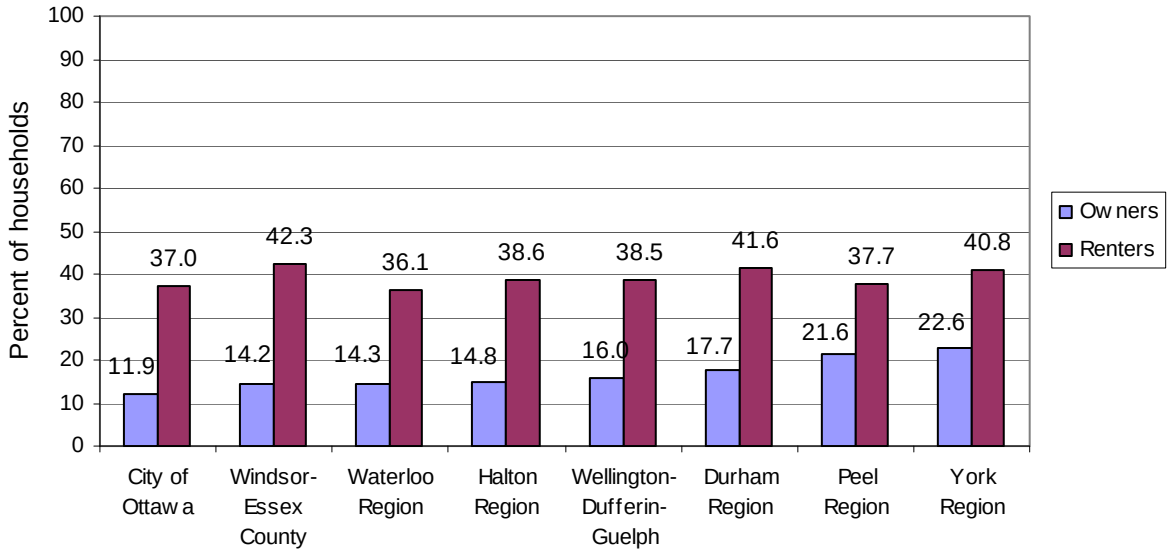
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Proportion of renters/owners spending 30% or more of household income on shelter costs

Data:

Proportion spending 30% or more of household income on shelter costs, 2000



Notes:

Interpretation: The percentage of renters spending 30% or more of household income on shelter costs for York Region was 40.8% in 2000. Among Peer Group B health units, the range lies between 36.1% and 42.3%. The percentage of owners spending 30% or more of household income on shelter costs for York Region was 22.6% in 2000. Among Peer Group B health units, the range lies between 11.9% and 22.6%. Households are considered to have affordability problems if more than 30% of household income is spent on housing costs. At that level of spending, it is likely that inadequate funds will be available for other necessities such as food, clothing, and transportation.

Limitations: Reporting of income may be subject to underreporting bias. Certain sub-groups are less well counted than other, e.g., young adults.

Non-medical determinants of health (Risk)

Indicator name: Strong sense of community belonging

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1)

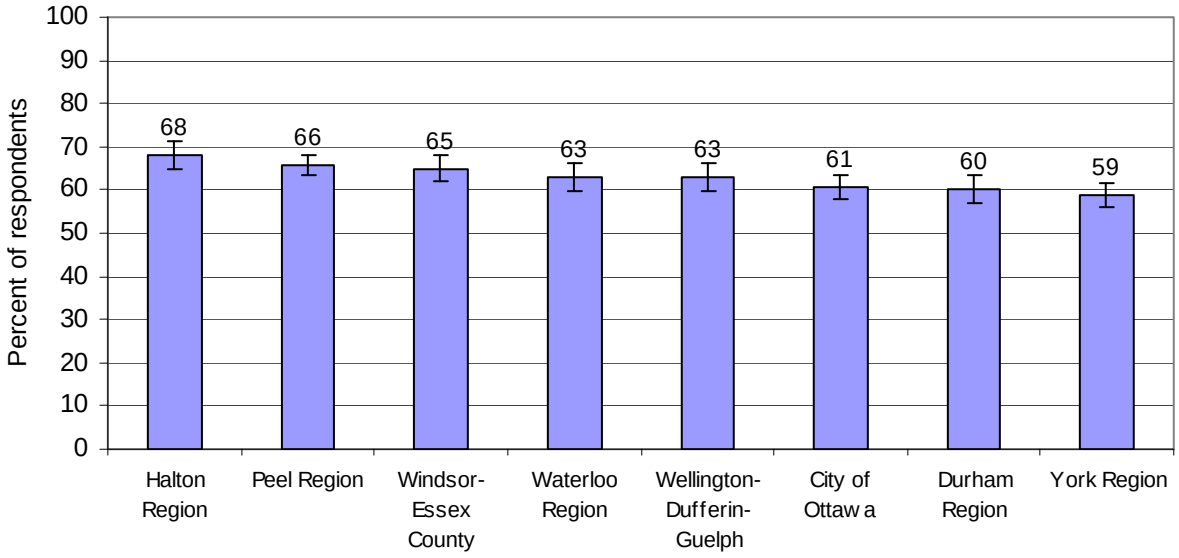
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Very strong or somewhat strong sense of community belonging relative to the total population 12 and over in private households.

Data:

Strong sense of community belonging, Percent of respondents 12 years and over, 2005



Notes:

Interpretation: The proportion of respondents who describe their sense of belonging to their local community as very strong or somewhat strong for York Region was 58.7% in 2005. Among Peer Group B health units, the range lies between 68.0% and 58.7%. Sense of community belonging is thought to be associated with physical and mental health.

Limitations: Measure does not provide any information regarding other types of personal resources such as social support networks of family, other relatives and friends.

Non-medical determinants of health (Risk)

Indicator name: Life stress

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1)

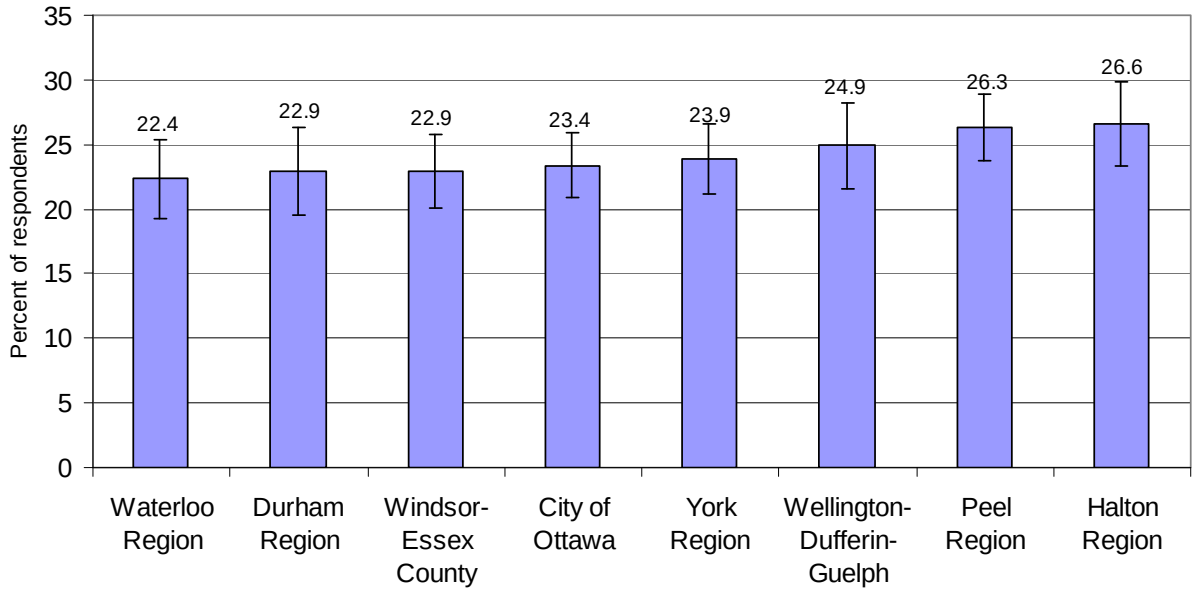
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Quite a lot of life stress relative to the total population 18 and over in private households.

Data:

Quite a lot of life stress, respondents 18 years and over, 2005



Notes:

Interpretation: The proportion of respondents who reported quite a lot of life stress for York Region was 23.9% in 2005. Among Peer Group B health units, the range lies between 22.4% and 26.6%. High stress may be a barrier to improving health by affecting sleep patterns and behaviours such as smoking, drinking, eating and exercise.

Limitations: Measure does not provide any information regarding the types of stress such as physical, emotional, work-related, etc.

Non-medical determinants of health (Risk)

Indicator name: Exposure to second-hand smoke at home

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1)

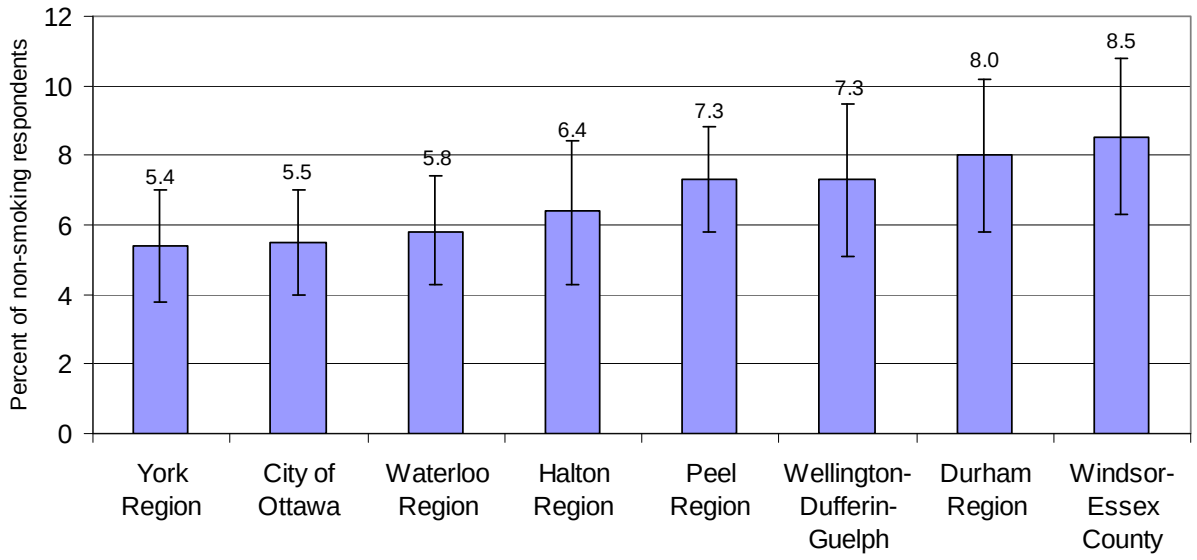
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Non-smoking population aged 12 and over who reported that at least one person smokes inside their home every day or almost every day.

Data:

Exposure to second-hand smoke at home, Percent of non-smokers 12 years and over, 2005



Notes:

Interpretation: The percentage of non-smoking respondents who reported that at least one person smokes inside their home every day or almost every day was 5.4% in 2005. Among Peer Group B health units, the range lies between 5.4% and 8.5%. Second-hand smoke has been associated with increased risk of disease and death in children and non-smoking adults.

Limitations:

Non-medical determinants of health (Risk)

Indicator name: Exposure to second-hand smoke in a vehicle

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1)

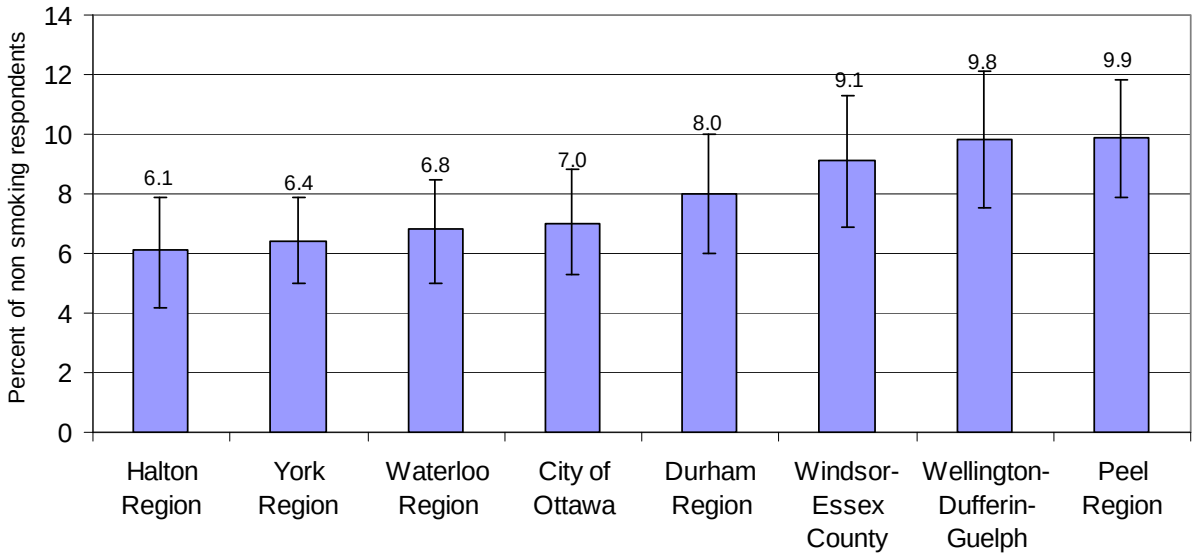
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Non-smoking population aged 12 and over who reported being exposed to second-hand smoke in private vehicles every day or almost every day in the past month.

Data:

Exposure to second-hand smoke in a vehicle, Percent of non-smokers 12 years and over, 2005



Notes:

Interpretation: The percentage of non-smoking respondents who reported being exposed to second-hand smoke in private vehicles every day or almost every day in the past month.was 6.4% in 2005. Among Peer Group B health units, the range lies between 6.1% and 9.9%. Second-hand smoke has been associated with increased risk of disease and death in children and non-smoking adults.

Limitations:

Non-medical determinants of health (Risk)

Indicator name: Exposure to second-hand smoke in public places

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1)

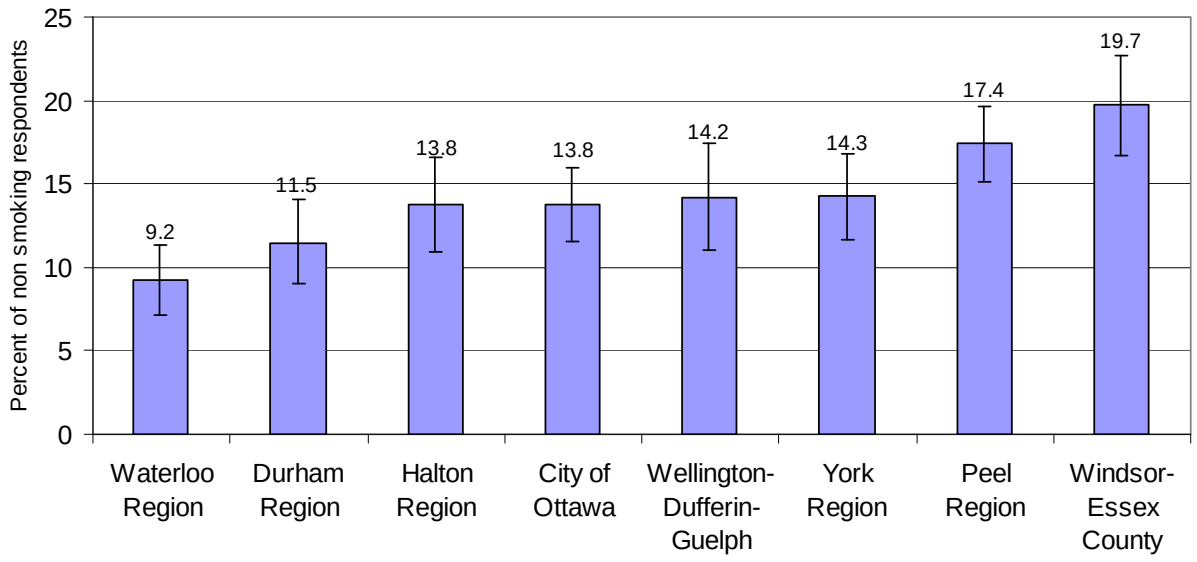
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Non-smoking population aged 12 and over who reported being exposed to second-hand smoke in public places on every day or almost every day in the past month.

Data:

Exposure to second-hand smoke in public places, Percent of non-smokers 12 years and over, 2005



Notes:

Interpretation: The percentage of non-smoking respondents who reported being exposed to second-hand smoke in public places on every day or almost every day in the past month.was 14.3% in 2005. Among Peer Group B health units, the range lies between 9.2% and 19.7%. Second-hand smoke has been associated with increased risk of disease and death in children and non-smoking adults.

Limitations:

Health status

Health Status (Well-being)

Indicator name: Self-rated health

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1).

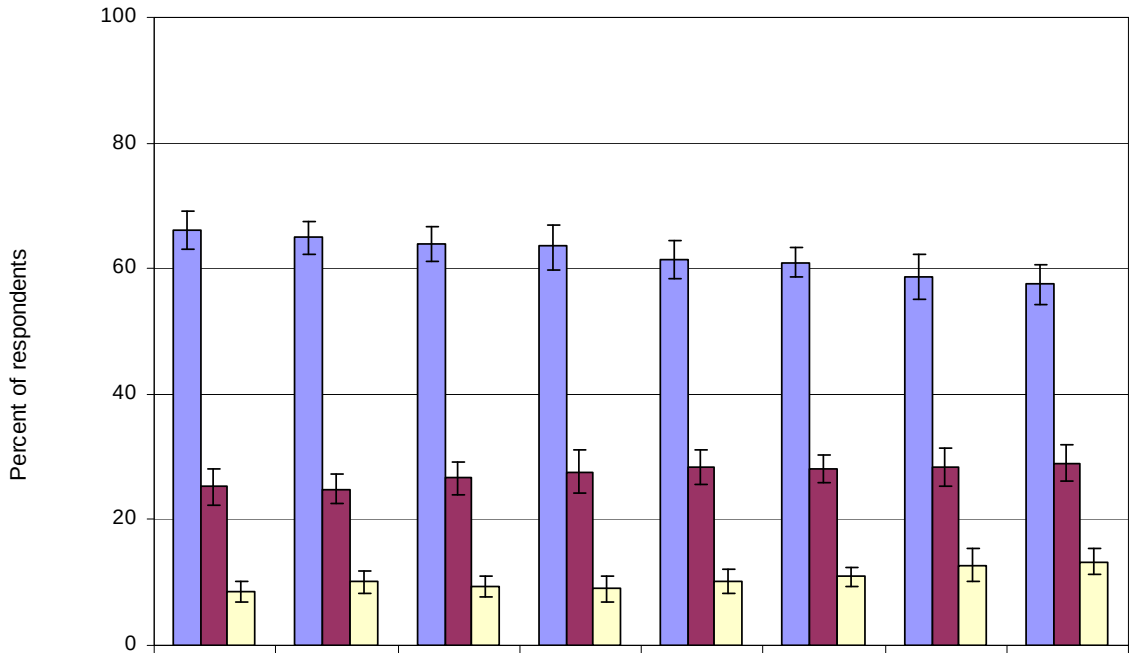
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population (aged 12 and over) who rate their own health status as being either excellent, very good, good, fair or poor.

Data:

Self-rated health status of respondents aged 12 and over, 2005



	Halton Region	City of Ottawa	York Region	Wellington-Dufferin-Guelph	Region of Waterloo	Peel Region	Durham Region	Windsor-Essex County
Very good or excellent	66.1	64.9	63.9	63.5	61.4	61.0	58.7	57.5
Good	25.3	24.9	26.6	27.6	28.4	28.1	28.4	29.0
Fair or poor	8.6	10.1	9.5	9.0	10.2	10.9	12.8	13.3

Notes: Data sorted by “very good or excellent”.

Self-reported health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as: incipient disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function.

Interpretation: In York Region in 2005, 64% of respondents rated their health status as very good or excellent, while 27% rated their health status as good and 10% rated their health status as poor.

Limitations:

Health Status (Well-being)

Indicator name: Self-rated mental health

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1).

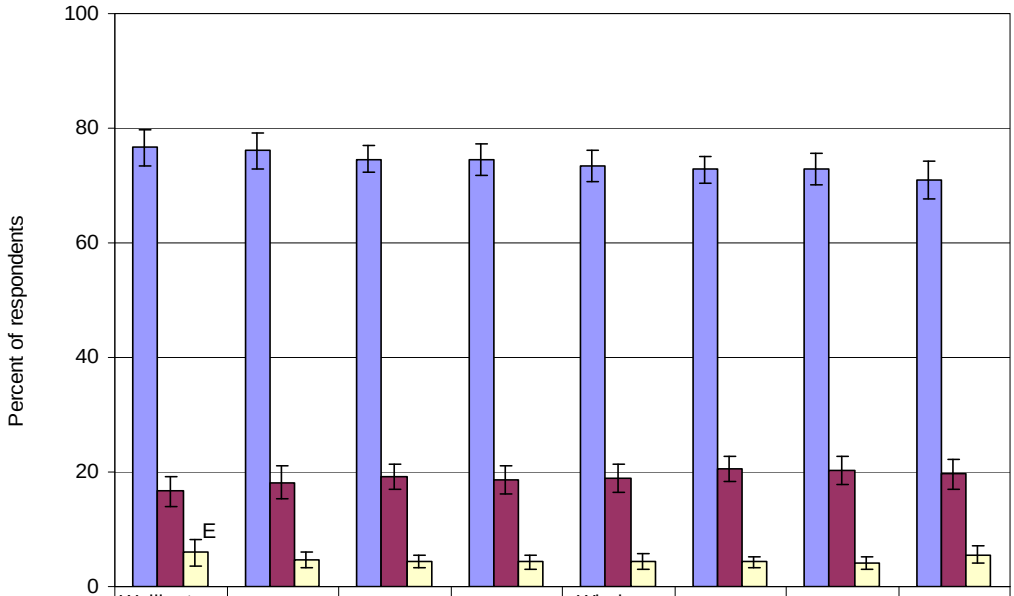
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over who rate their own mental health status as being excellent, very good, fair or poor.

Data:

Self-rated mental health status of respondents aged 12 and over, 2005



	Wellington-Dufferin-Guelph	Halton Region	City of Ottawa	Region of Waterloo	Windsor-Essex County	Peel Region	York Region	Durham Region
Very good or excellent	76.6	76.1	74.6	74.4	73.4	72.9	72.8	71.0
Good	16.6	18.1	19.3	18.5	18.9	20.6	20.3	19.6
Fair or poor	5.9 E	4.6	4.4	4.3	4.4	4.3	4.2	5.6

Notes: Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified as follows: (E) use with caution.

Data sorted by “very good or excellent”.

Self-reported mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in self-reported (physical) health.

Interpretation: In York Region in 2005, 73% of respondents rated their mental health status as very good or excellent, while 20% rated their mental health status as good and 4% rated their mental health status as poor.

Limitations:

Health Status (Health Conditions)

Indicator name: Adult body mass index

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1).

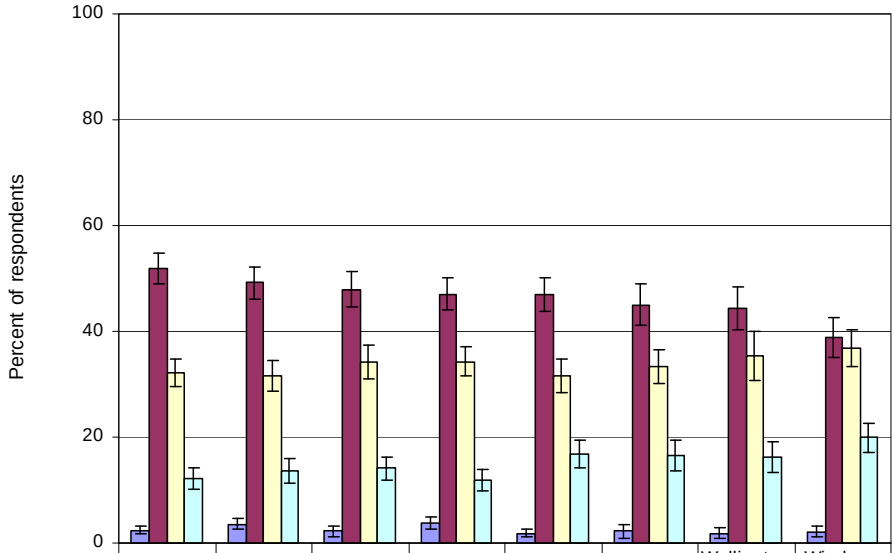
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Body Mass Index (BMI) is a method of classifying body weight according to health risk. BMI is calculated as follows: weight in kilograms divided by height in metres squared. The index is calculated for those aged 18 and over excluding pregnant women and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

Data:

Body Mass Index (BMI) of respondents aged 18 and over, 2005



	City of Ottawa	York Region	Halton Region	Peel Region	Region of Waterloo	Durham Region	Wellington-Dufferin-Guelph	Windsor-Essex County
Underweight (Less than 18.50)	2.4	3.5	2.3 E	3.8	1.8 E	2.2 E	1.8 E	2.1 E
Normal weight (18.50 to 24.99)	51.9	49.2	47.9	47.1	47.0	45.0	44.3	38.7
Overweight (25.00 to 29.99)	32.2	31.6	34.2	34.3	31.7	33.3	35.4	36.8
Obese (30.00 or higher)	12.3	13.7	14.1 E	11.9	16.7 E	16.5 E	16.2 E	19.9 E

Notes: Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified as follows: (E) use with caution.

Data sorted by "normal weight".

Interpretation: In York Region in 2005, 4% of adult respondents (aged 18 and over) reported being underweight, 49% reported being normal weight, 32% reported being overweight and 14% reported being obese.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health Status (Health Conditions)

Indicator name: Youth body mass index (BMI)

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1).

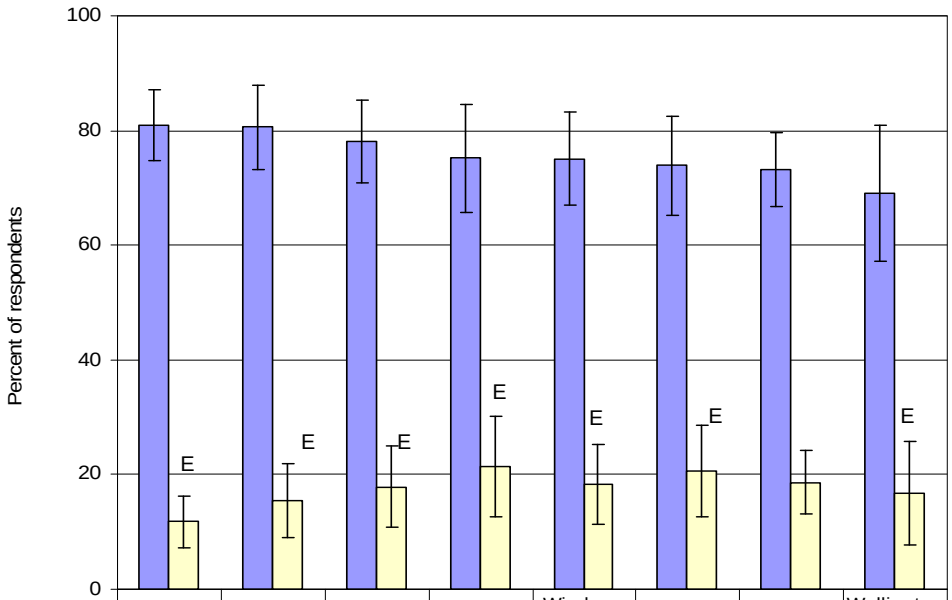
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Body mass index (BMI) for youth is different from that of adults as they are still maturing. This variable classifies the measured BMI of children aged 12 to 17 as "obese" or "overweight" according to the age- and sex-specific BMI cut-off points as defined by Cole and others. Respondents who do not fall within the categories of "obese" or "overweight" have been classified by the CCHS as "neither overweight nor obese".

Data:

Body Mass Index (BMI) of respondents aged 12 to 17, 2005



	York Region	Halton Region	City of Ottawa	Region of Waterloo	Windsor-Essex County	Durham Region	Peel Region	Wellington-Dufferin-Guelph
Neither overweight nor obese	81.0	80.6	78.1	75.2	75.1	73.9	73.3	69.0
Overweight or obese	11.8 E	15.5 E	17.9 E	21.4 E	18.3 E	20.6 E	18.6	16.7 E

Notes: Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified as follows: (E) use with caution.

Data sorted by "neither overweight nor obese".

Interpretation: In York Region in 2005, 12% of youth respondents aged 12 to 17 years, reported being overweight or obese**. Due to high sampling variability, this estimate should be interpreted with caution.**

Limitations: Small sample size resulted in high sampling variability.

The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health Status (Health Conditions)

Indicator name: Asthma

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1).

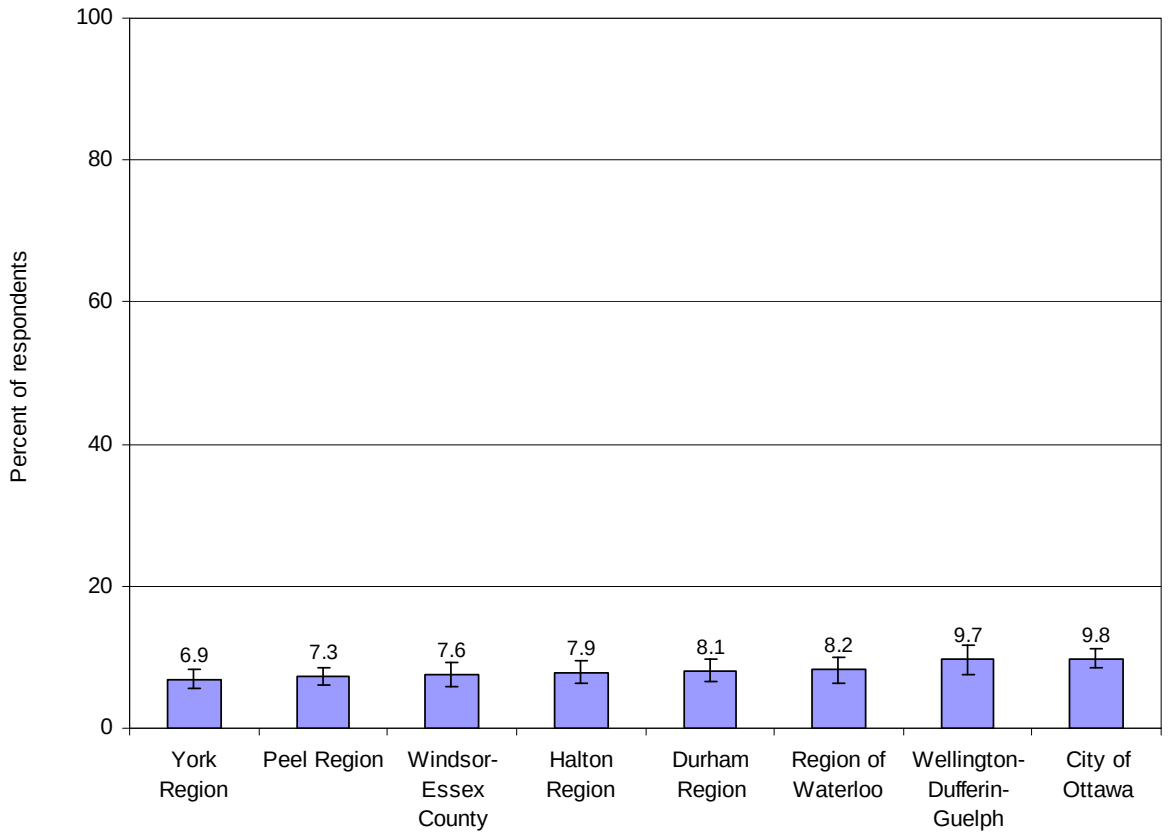
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over who report that they have been diagnosed by a health professional as having asthma.

Data:

Percent of respondents aged 12 and over diagnosed with asthma, 2005



Notes:

Interpretation: In York Region in 2005, 7% of respondents aged 12 or older reported that they had been diagnosed by a health professional as having asthma. This is similar to the proportion in other peer regions in Ontario.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health Status (Health Conditions)

Indicator name: Arthritis or rheumatism

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1).

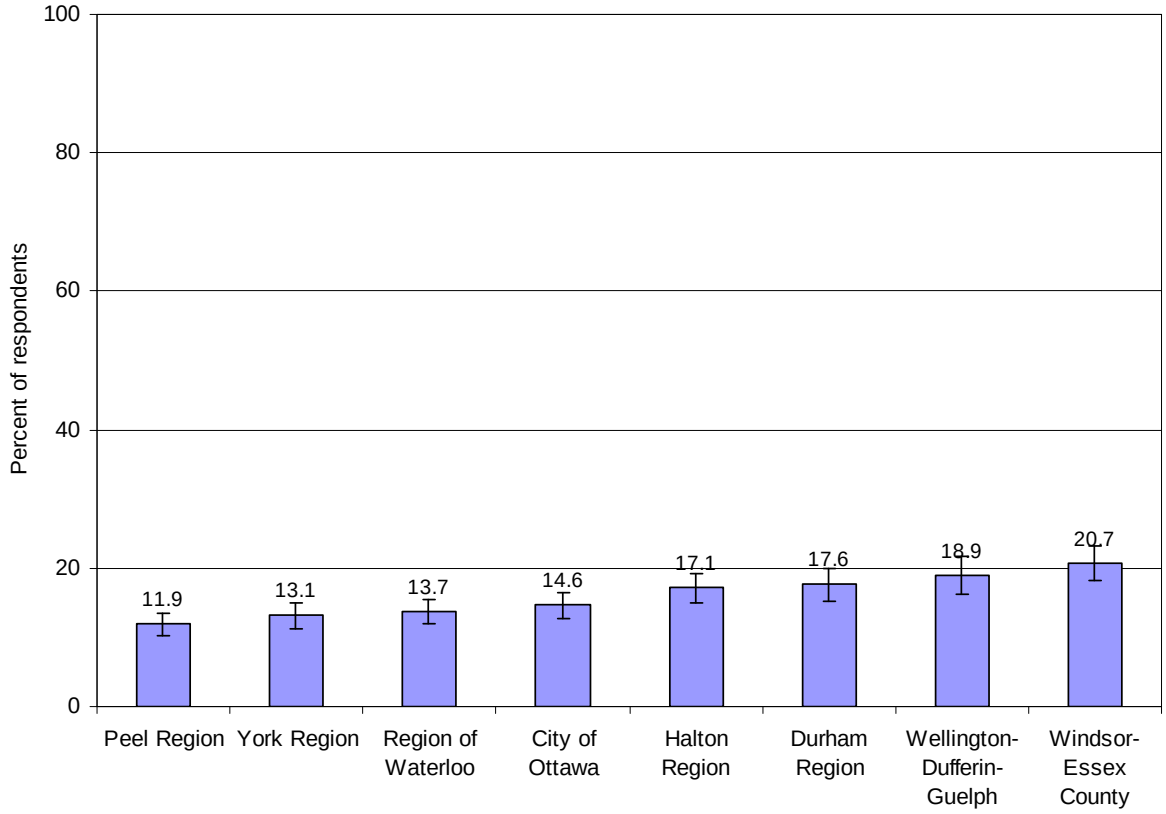
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over who report that they have been diagnosed by a health professional as having arthritis or rheumatism. Arthritis/rheumatism includes both rheumatoid arthritis and osteoarthritis, but excludes fibromyalgia.

Data:

Percent of respondents aged 12 and over diagnosed with arthritis or rheumatism, 2005



Notes:

Interpretation: In York Region in 2005, 13% of respondents aged 12 or older reported that they had been diagnosed by a health professional as having arthritis or rheumatism.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health Status (Health Conditions)

Indicator name: Depression

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 2.1).

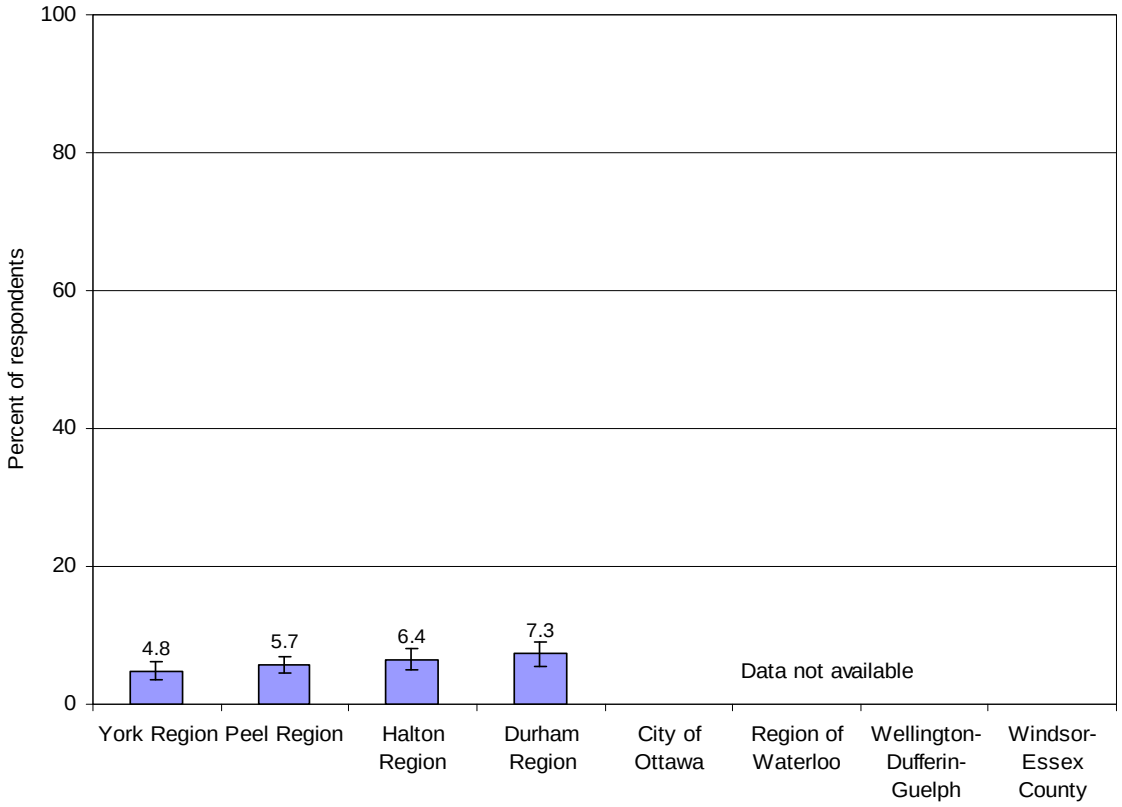
Year: 2003

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over with the probability of 0.9 or greater of having experienced a major depressive episode in the past 12 months based on responses to the short-form Composite International Diagnostic Interview (CIDI). Respondents are classified according to the probability that they would have been diagnosed as having experienced a major depressive episode in the past 12 months, if they had completed the long-form CIDI.

Data:

Percent of respondents aged 12 and over with the probability of depression 0.9 or greater, 2003



Notes: Optional CCHS Content. Data not available for all Ontario peer regions.

Interpretation: In York Region in 2003, 5% of respondents aged 12 or older had a probability of 0.9 or greater of having experienced a major depressive episode in the past 12 months.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health Status (Health Conditions)

Indicator name: Diabetes

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1).

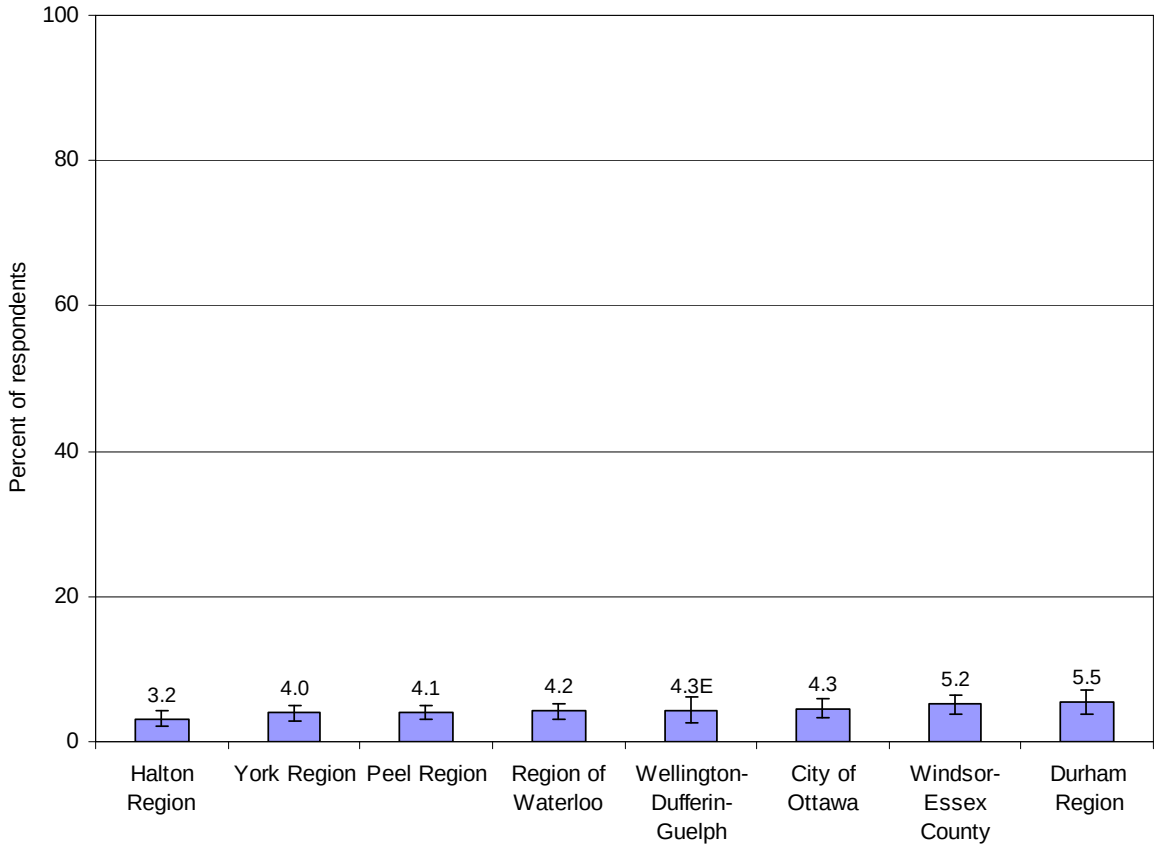
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over who report that they have been diagnosed by a health professional as having diabetes.

Data:

Percent of respondents aged 12 and over diagnosed with diabetes, 2005



Notes: Data with a coefficient of variation from 16.6% to 33.3% are identified as follows: (E) use with caution

Includes females 15 and over who have been diagnosed with gestational diabetes

Interpretation: In York Region in 2005, 4% of respondents aged 12 or older reported that they had been diagnosed by a health professional as having diabetes. This is similar to the proportion in other peer regions in Ontario.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health Status (Health Conditions)

Indicator name: High blood pressure

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1).

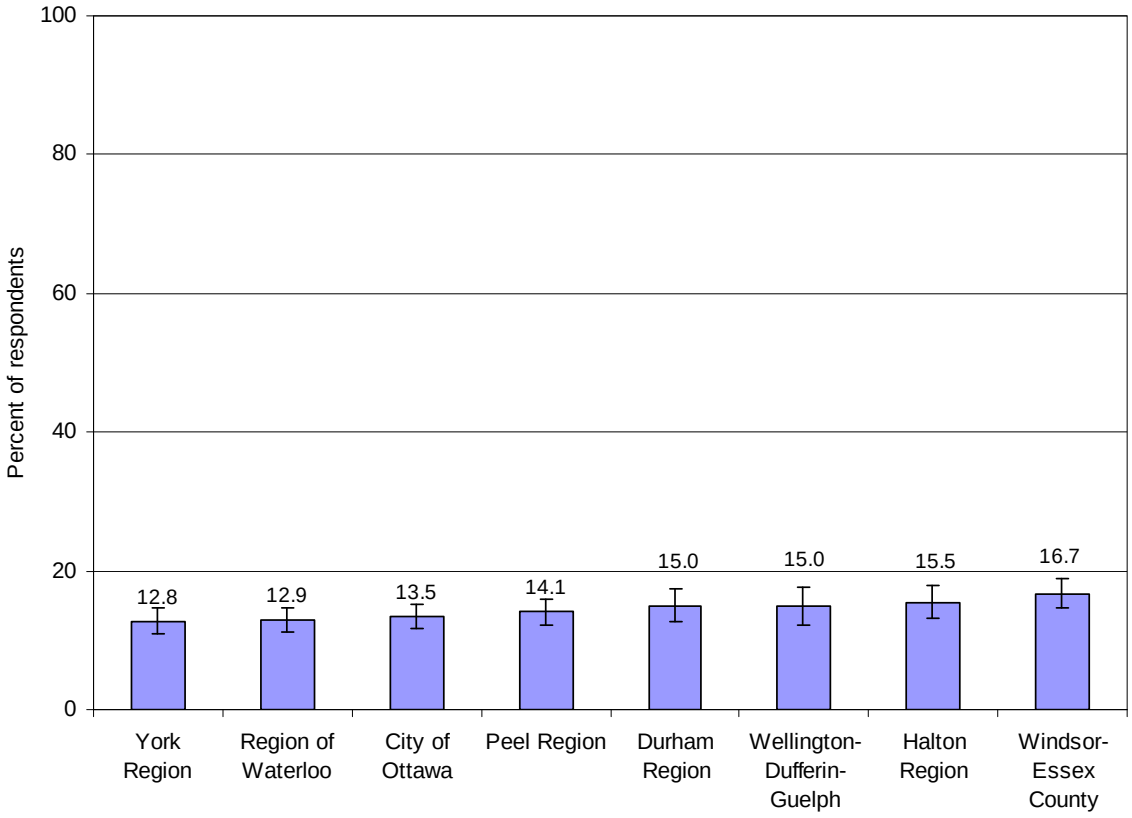
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over who report that they have been diagnosed by a health professional as having high blood pressure.

Data:

Percent of respondents aged 12 and over diagnosed with high blood pressure, 2005



Notes:

Interpretation: In York Region in 2005, 13% of respondents aged 12 or older reported that they had been diagnosed by a health professional as having high blood pressure.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health Status (Health Conditions)

Indicator name: Low birth weight

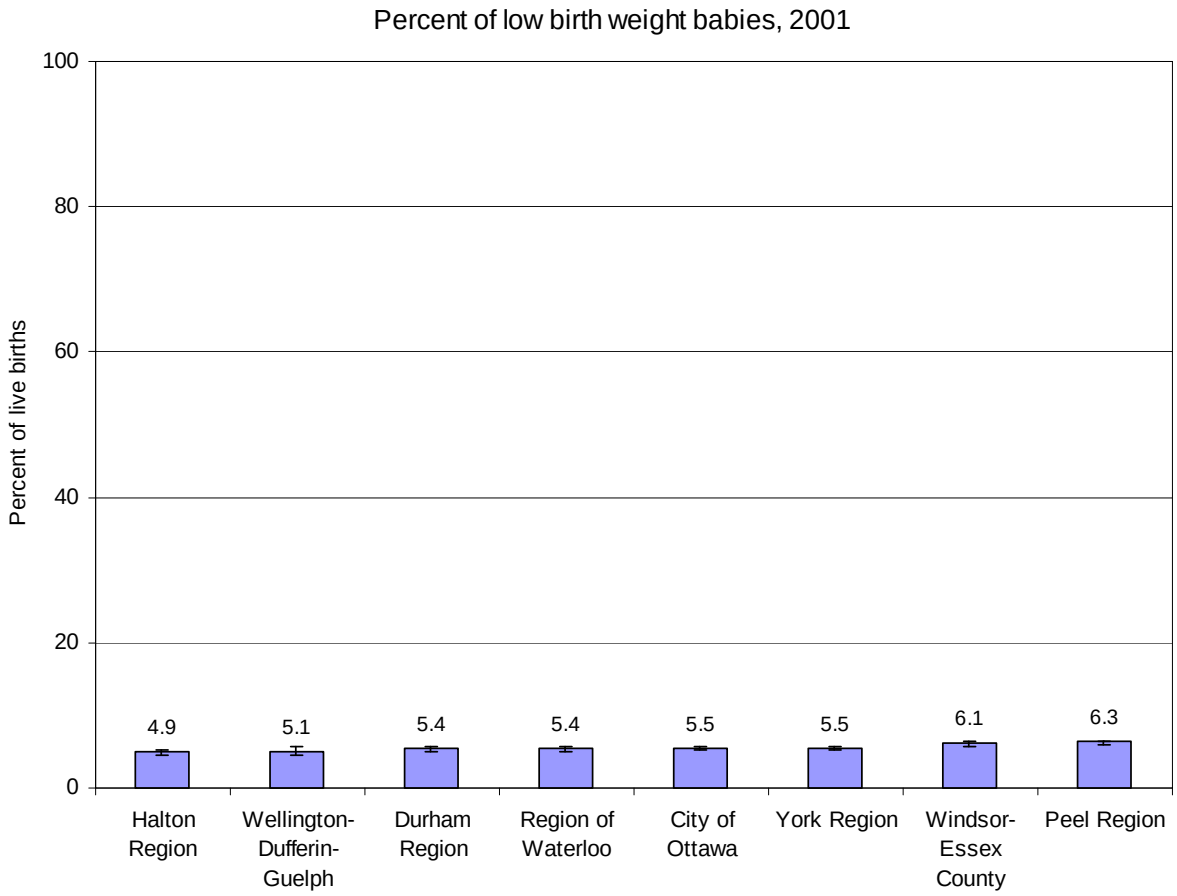
Data source: Statistics Canada, Vital Statistics, Birth Database.

Year: 2001 (3 year average)

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Live births less than 2,500 grams, expressed as a percentage of all live births (birth weight known).

Data:



Notes: Low birth weight is a key determinant of infant survival, health, and development. Low birth weight infants are at a greater risk of having a disability and for diseases such as cerebral palsy, visual problems, learning disabilities and respiratory problems.

Interpretation: In York Region in 2001, 5.5% of live births were low birth weight babies.

Limitations: Registration of births with weight less than 500g as live births or stillbirths varies over time and geography.

Registration fees initiated in some CSDs in 1996 may have reduced the number of infants registered, especially for low income and/or adolescent parents and/or multiple births.

Health Status (Health Conditions)

Indicator name: Cancer incidence – All cancer

Data source: Statistics Canada , Vital Statistics, Cancer Database, Canadian Cancer Registry, and Demography Division (population estimates)

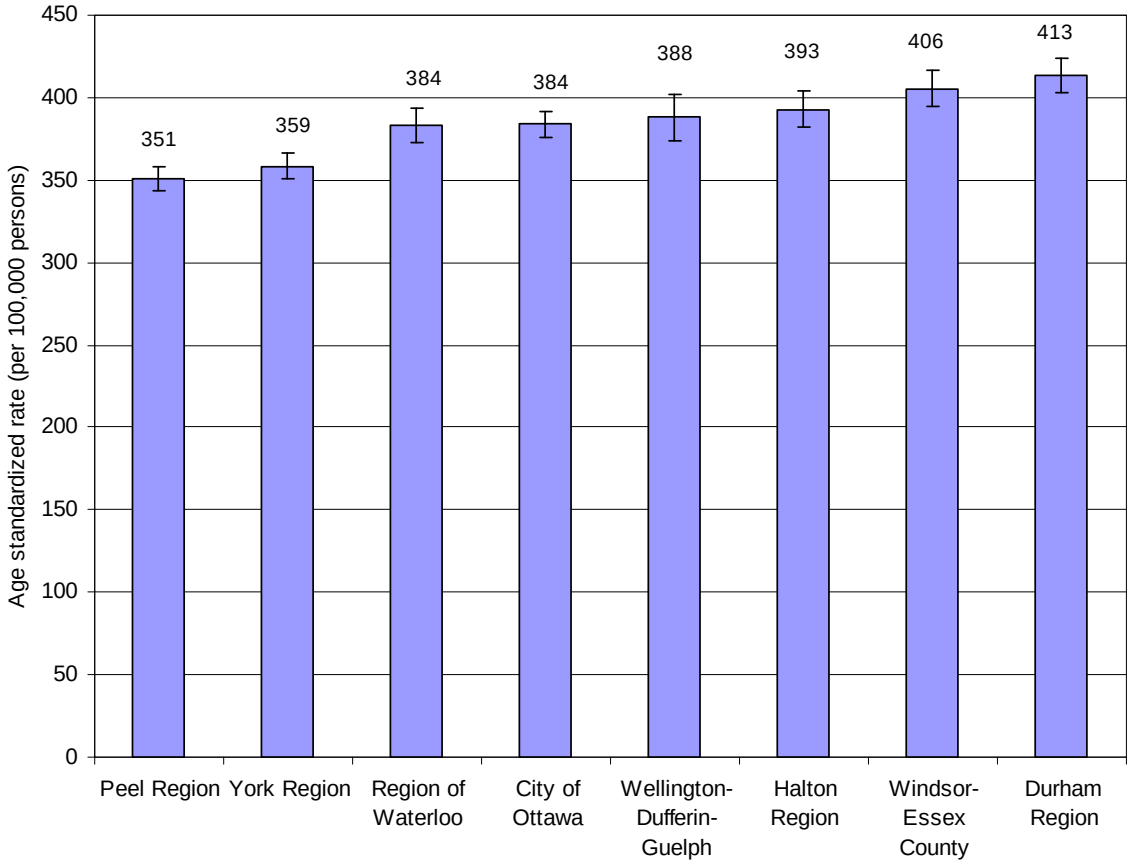
Year: 2002

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of new primary sites of cancer (malignant neoplasms) per 100,000 population, for all cancers.

Data:

Age standardized cancer incidence for all invasive primary sites, 2002



Notes:

Standardized using the direct method and the 1991 Canadian Census population structure

Rates are based on three consecutive years of cancer incidence data which were summed and divided by three times the population estimate of the middle year of the three-year period

The 95% confidence interval illustrates the degree of variability associated with a rate. Wide confidence intervals indicate high variability, thus, these rates should be interpreted and compared with due caution. The confidence intervals for the age-standardized cancer incidence rates were produced using the Spiegelman method

Interpretation: The cancer incidence rate for all primary sites was 359 per 100,000 persons in York Region in 2002.

This rate appears similar to the rate of cancer in Peel Region, but lower than the rate of cancer in other Ontario peer regions.

Limitations:

Health Status (Health Conditions)

Indicator name: Cancer incidence – Colon/rectum

Data source: Statistics Canada , Vital Statistics, Cancer Database, Canadian Cancer Registry, and Demography Division (population estimates)

Year: 2002

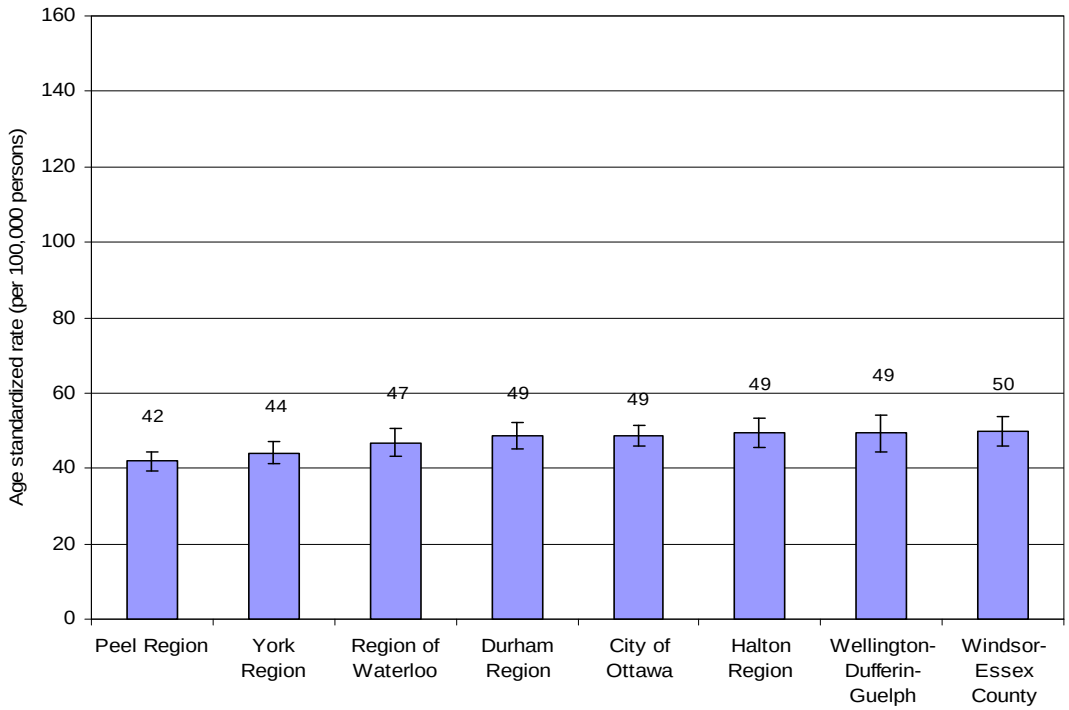
Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of new cancer of the colon, rectum, or rectosigmoid junction (malignant neoplasms) per 100,000 population.

Using the World Health Organization, International Classification of Diseases for Oncology, Third Edition (ICD-O-3) specific site codes C18.0 to C18.9, C19.9, C20.9, and C26.0, and the International Agency for Research on Cancer (IARC) rules for determining multiple primaries sites.

Data:

Age standardized incidence for colon, rectum or rectosigmoid junction cancer, 2002



Notes: Standardized using the direct method and the 1991 Canadian Census population structure.

Rates are based on three consecutive years of cancer incidence data which were summed and divided by three times the population estimate of the middle year of the three-year period.

The 95% confidence interval illustrates the degree of variability associated with a rate. Wide confidence intervals indicate high variability, thus, these rates should be interpreted and compared with due caution. The confidence intervals for the age-standardized cancer incidence rates were produced using the Spiegelman method.

Interpretation: The cancer incidence rate for cancer of the colon, rectum or rectosigmoid junction was 44 per 100,000 persons in York Region in 2002.

This rate appears similar to the rate in all other Ontario peer regions.

Limitations:

Health Status (Health Conditions)

Indicator name: Cancer incidence – Lung

Data source: Statistics Canada , Vital Statistics, Cancer Database, Canadian Cancer Registry, and Demography Division (population estimates)

Year: 2002

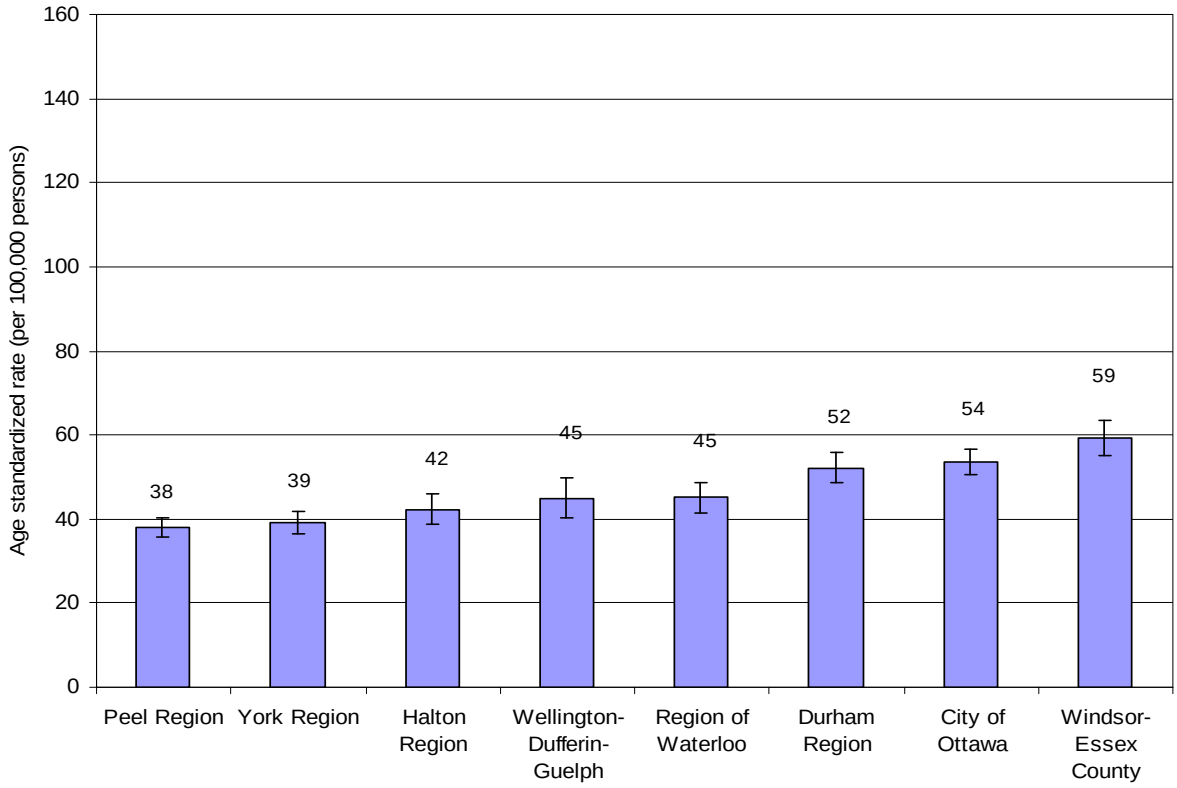
Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of new bronchus or lung cancer (malignant neoplasms) per 100,000 population.

Using the World Health Organization, International Classification of Diseases for Oncology, Third Edition (ICD-O-3) specific site codes C34.0 to C34.9, and the International Agency for Research on Cancer (IARC) rules for determining multiple primaries sites.

Data:

Age standardized incidence for lung or bronchus cancer, 2002



Notes: Standardized using the direct method and the 1991 Canadian Census population structure

Rates are based on three consecutive years of cancer incidence data which were summed and divided by three times the population estimate of the middle year of the three-year period

The 95% confidence interval illustrates the degree of variability associated with a rate. Wide confidence intervals indicate high variability, thus, these rates should be interpreted and compared with due caution. The confidence intervals for the age-standardized cancer incidence rates were produced using the Spiegelman method

Interpretation: The cancer incidence rate for lung cancer was 39 per 100,000 persons in York Region in 2002.

This rate appears similar to the rate of lung cancer in Peel Region, Halton Region, Wellington-Dufferin-Guelph and Region of Waterloo, but lower than the rate of lung cancer in Durham Region, City of Ottawa and Windsor-Essex County.

Limitations:

Health Status (Health Conditions)

Indicator name: Cancer incidence – Female breast

Data source: Statistics Canada , Vital Statistics, Cancer Database, Canadian Cancer Registry, and Demography Division (population estimates)

Year: 2002

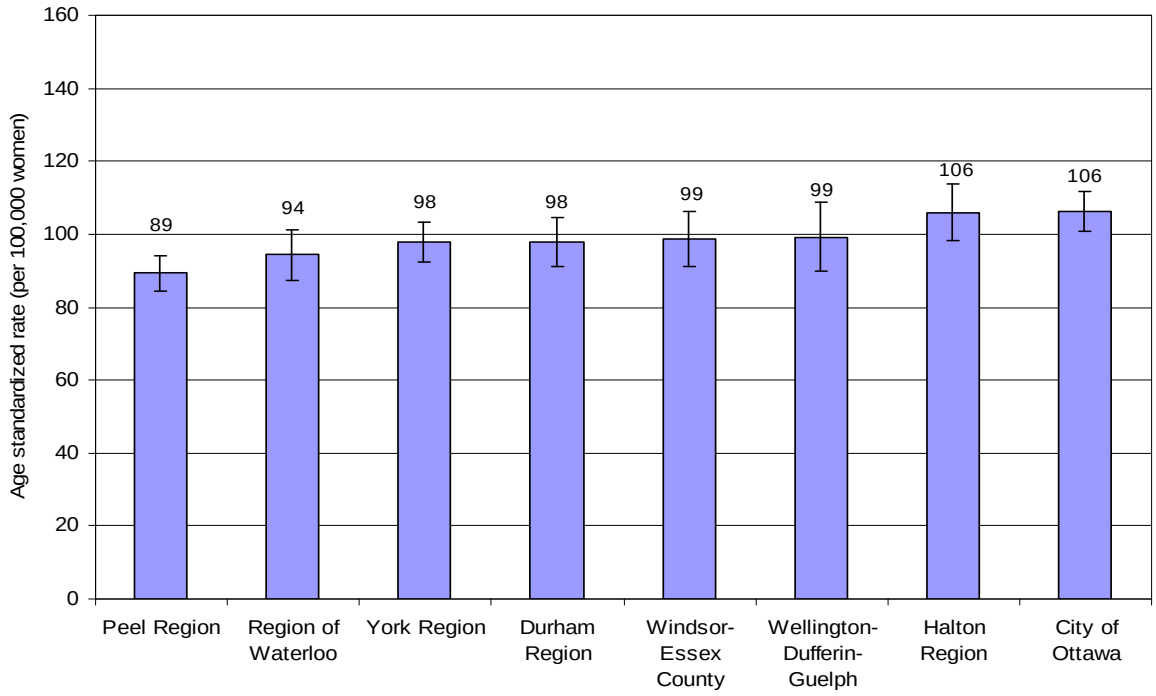
Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of new female breast cancer (malignant neoplasms) per 100,000 women.

Using the World Health Organization, International Classification of Diseases for Oncology, Third Edition (ICD-O-3) specific site codes C50.0 to C50.9, and the International Agency for Research on Cancer (IARC) rules for determining multiple primaries sites.

Data:

Age standardized incidence for female breast cancer, 2002



Notes: Standardized using the direct method and the 1991 Canadian Census population structure

Rates are based on three consecutive years of cancer incidence data which were summed and divided by three times the population estimate of the middle year of the three-year period

The 95% confidence interval illustrates the degree of variability associated with a rate. Wide confidence intervals indicate high variability, thus, these rates should be interpreted and compared with due caution. The confidence intervals for the age-standardized cancer incidence rates were produced using the Spiegelman method

Interpretation: The cancer incidence rate for female breast cancer was 98 per 100,000 women in York Region in 2002.

This rate appears similar to the rate in all other Ontario peer regions.

Limitations:

Health Status (Health Conditions)

Indicator name: Cancer incidence – Prostate

Data source: Statistics Canada , Vital Statistics, Cancer Database, Canadian Cancer Registry, and Demography Division (population estimates)

Year: 2002

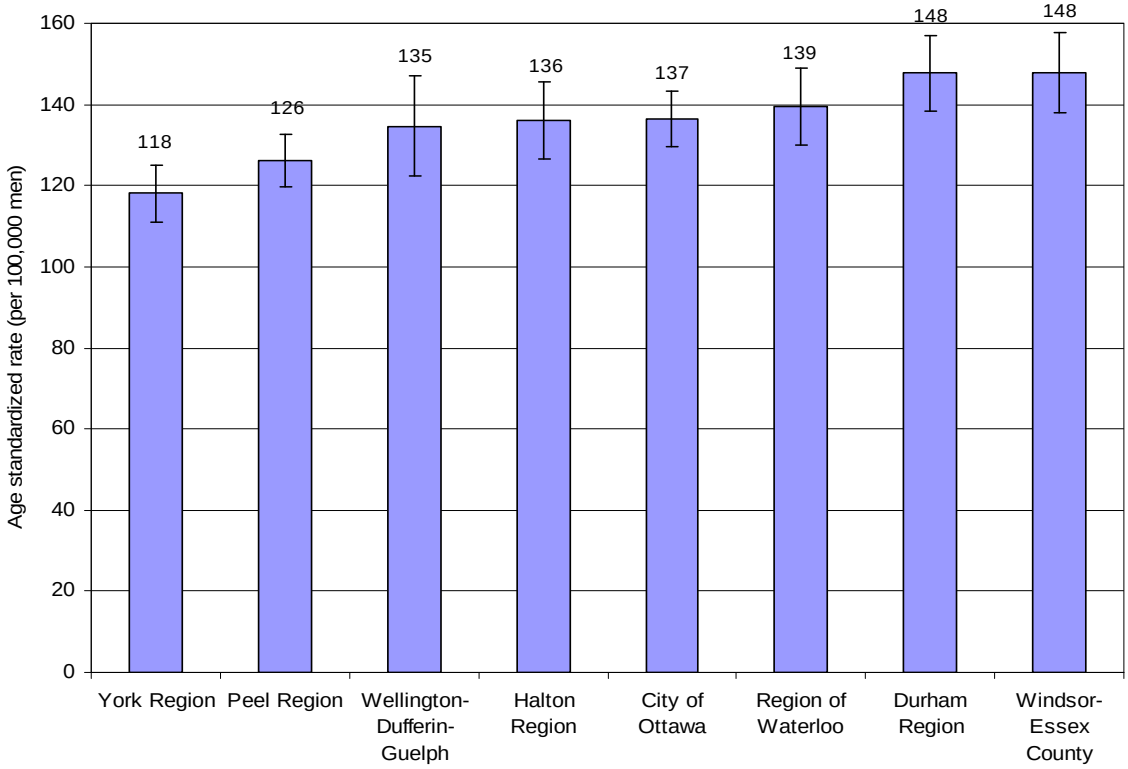
Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of new prostate cancer (malignant neoplasms) per 100,000 men.

Using the World Health Organization, International Classification of Diseases for Oncology, Third Edition (ICD-O-3) specific site code C61.9, and the International Agency for Research on Cancer (IARC) rules for determining multiple primaries sites.

Data:

Age standardized incidence for prostate cancer, 2002



Notes: Standardized using the direct method and the 1991 Canadian Census population structure

Rates are based on three consecutive years of cancer incidence data which were summed and divided by three times the population estimate of the middle year of the three-year period

The 95% confidence interval illustrates the degree of variability associated with a rate. Wide confidence intervals indicate high variability, thus, these rates should be interpreted and compared with due caution. The confidence intervals for the age-standardized cancer incidence rates were produced using the Spiegelman method

Interpretation: The cancer incidence rate for prostate cancer was 118 per 100,000 men in York Region in 2002.

This rate appears similar to the rate of prostate cancer in Peel Region and Wellington-Dufferin-Guelph, but lower than the rate of prostate cancer in the other Ontario peer regions.

Limitations:

Health Status (Health Conditions)

Indicator name: Injuries

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1).

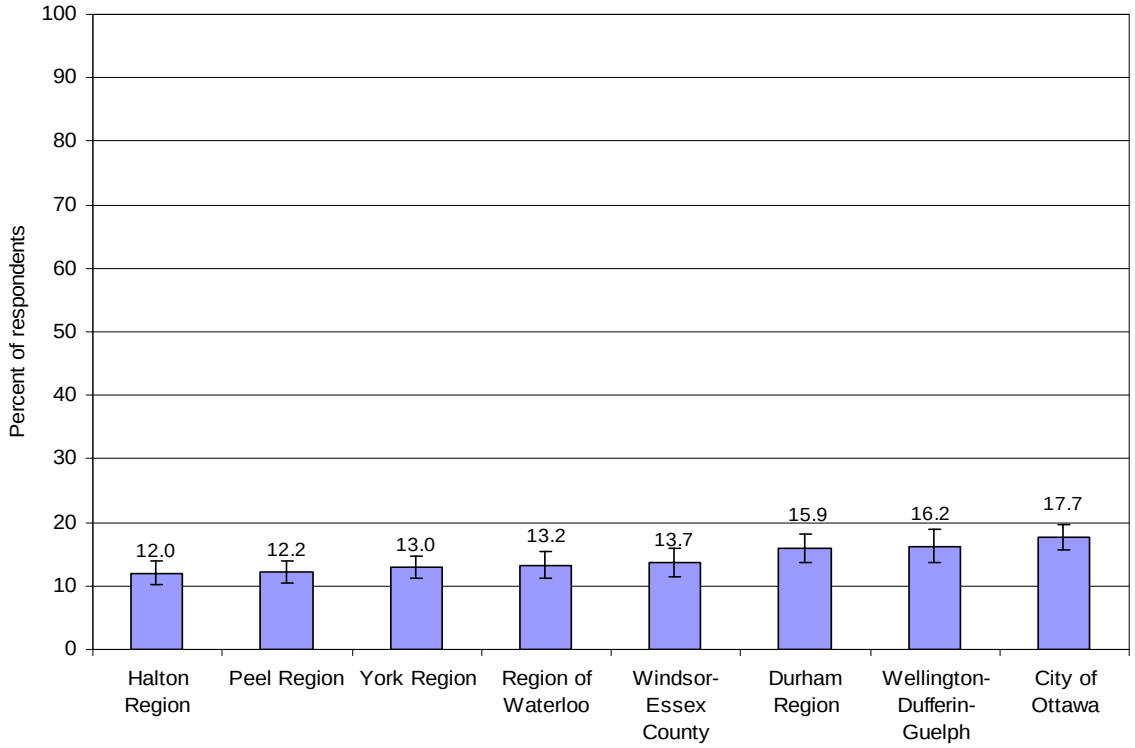
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over who sustained injuries in the past 12 months. Includes all injuries serious enough to limit one's normal activities, but does not include repetitive strain injury. For those with more than one injury in the past 12 months, refers to "the most serious injury" as identified by the respondent.

Data:

Percent of respondents aged 12 and over with injuries within the past 12 months, 2005



Notes: Due to differences in questionnaire wording, data are not comparable to the National Population Health Survey (NPHS).

Interpretation: In York Region in 2005, 13% of respondents aged 12 or older reported that they had sustained an injury in the past 12 months. Of the Ontario peer regions, only the City of Ottawa appeared to have a higher proportion of respondents reporting injury.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health Status (Health Conditions)

Indicator name: Injury hospitalization (CIH)

Data source: Canadian Institute for Health Information, National Trauma Registry.

Year: 2004

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

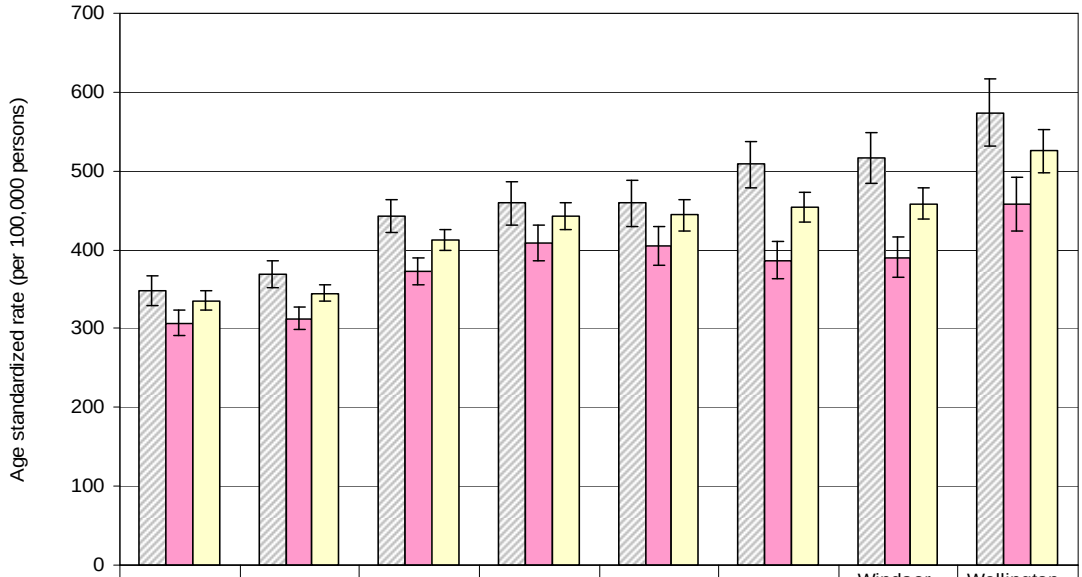
Definition: Age-standardized rate of acute care hospitalization due to injury resulting from the transfer of energy (excluding poisoning and other non-traumatic injuries), per 100,000 population.
Injury is identified by the first documented external cause of injury code with a diagnosis type of '9':

ICD-9 or ICD-9-CM: E800-E807, E810-E838, E840-E848, E880-E888, E890-E902, E906-E910, E913-E928, E953-E958, E960-E961, E963-E968, E970-E976, E978, E983-E988, E990-E998

ICD-10-CA: V01-V06, V09-V99, W00-W45, W49-W60, W64-W70, W73-W77, W81, W83-W94, W99, X00-X06, X08-X19, X30-X39, X50, X52, X58, X59, X70-X84, X86, X91-X99, Y00-Y05, Y07-Y09, Y20-Y36

Data:

Age standardized rate of acute care hospitalization due to injury, 2004



	York Region	Peel Region	City of Ottawa	Durham Region	Halton Region	Region of Waterloo	Windsor-Essex County	Wellington-Dufferin-Guelph
Male	348	368	443	459	459	508	517	573
Female	307	313	373	409	404	386	390	457
Both sexes	335	345	413	443	444	454	458	526

Notes: Data sorted by "both sexes".

Regional rates are based on July 1 population estimates.

This indicator contributes to an understanding of the adequacy and effectiveness of injury prevention efforts, including public education, product development and use, community and road design, and prevention and treatment resources.

Interpretation:

In York Region in 2004, the age-standardized rate for injury hospitalizations was 335 per 100,000 (both sexes). The rate in males was higher than the rate in females (348 per 100,000 for males versus 307 per 100,000 for females).

The rates in York Region appear to be similar to those in Peel Region, but lower than the rates in the other Ontario peer regions.

Limitations:

Health Status (Human Function)

Indicator name: Two-week disability days

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1).

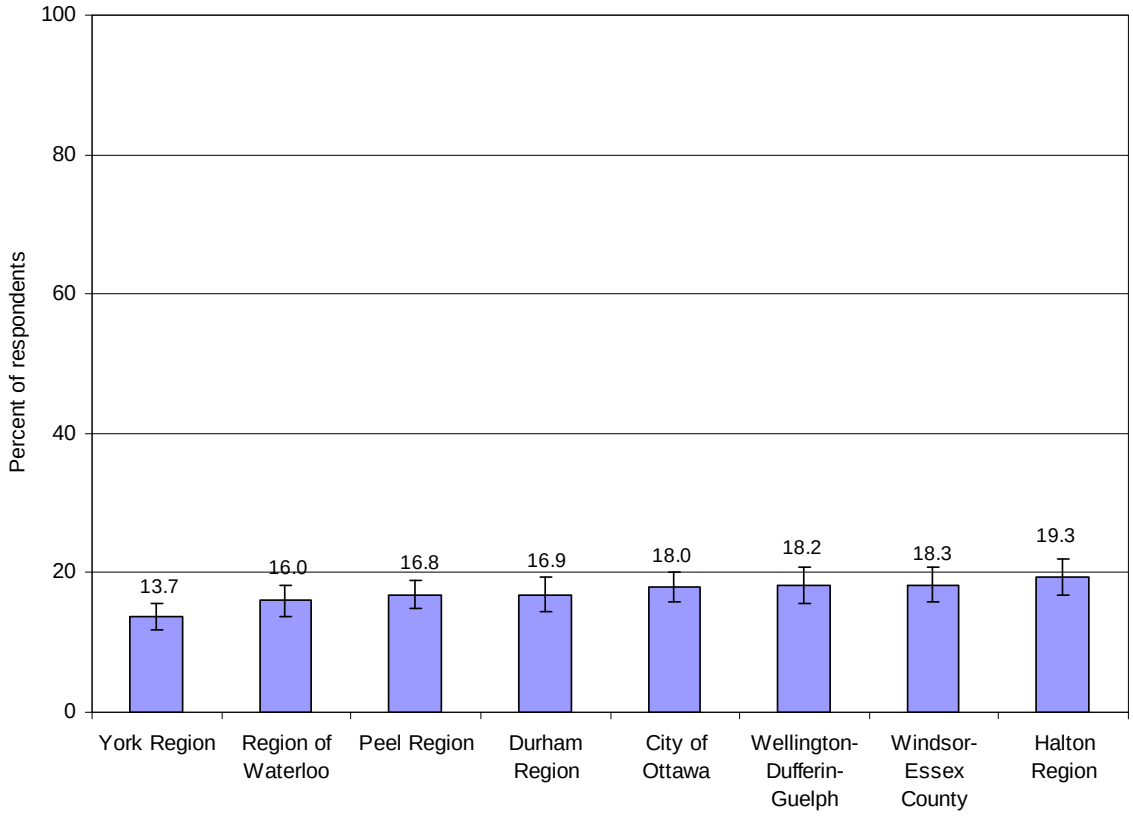
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over who stayed in bed or cut down on normal activities because of illness or injury, on one or more days in the past two weeks.

Data:

Percent of respondents aged 12 years and over who report two-week disability days, 2005



Notes:

Interpretation: In York Region in 2005, 13.7% of respondents reported staying in bed or cutting down on normal activities because of illness or injury, on one or more days in the past two weeks.

This appears to be lower than the proportions reported in Halton Region, the City of Ottawa and Windsor-Essex County.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health Status (Human Function)

Indicator name: Participation and activity limitation

Data source: Statistics Canada, Canadian Community Health Survey (CCHS 3.1).

Year: 2005

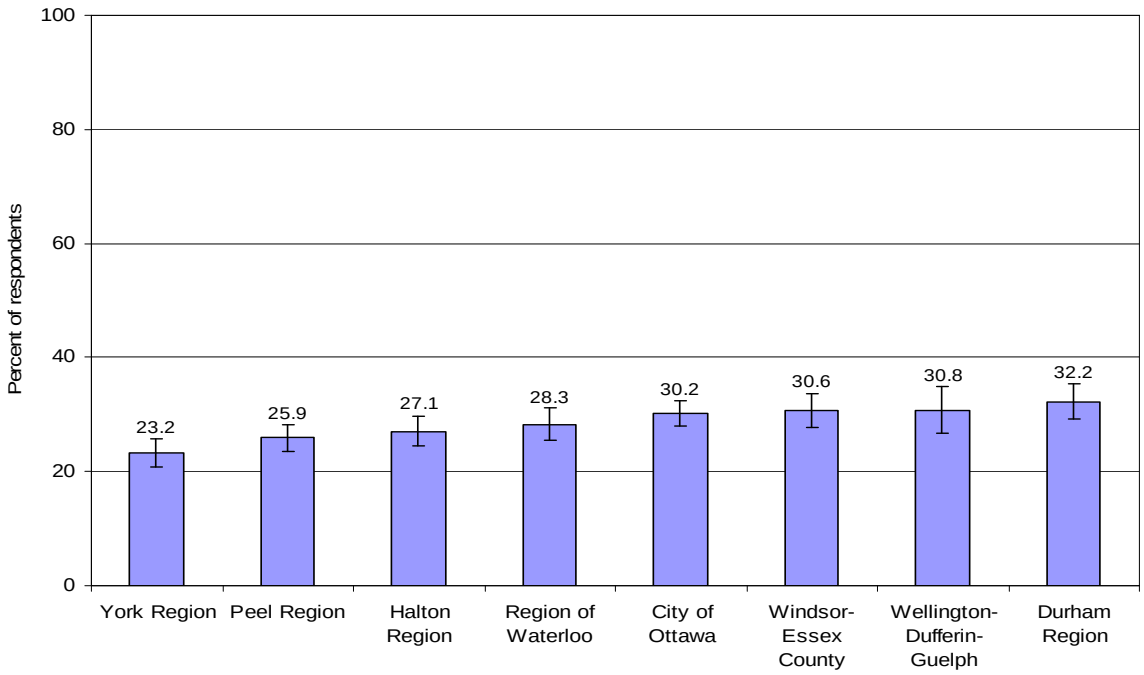
Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over who report being limited in selected activities (home, school, work and other) because of a physical condition, mental condition, or health problem which has lasted or is expected to last six months or longer.

This variable should not be used to describe the rate of disability or activity limitation in the population.

Data:

Percent of respondents aged 12 and over who report participation and activity limitation, 2005



Notes: Activity limitation data from the NPHS and the CCHS are not comparable due to differences in questions and response categories between the two surveys.

Interpretation: In York Region in 2005, 23.2% of respondents reported being limited in selected activities (home, school, work and other) because of a physical condition, mental condition, or health problem which has lasted or is expected to last six months or longer.

This appears to be lower than the proportions reported in Durham Region, the City of Ottawa, Wellington-Dufferin-Guelph and Windsor-Essex County.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health Status (Human Function)

Indicator name: Disability-free life expectancy

Data source: Statistics Canada, Canadian Vital Statistics, Birth and Death Databases, Demography Division (population estimates), and the 1996 Census (20% sample)

Year: 1996

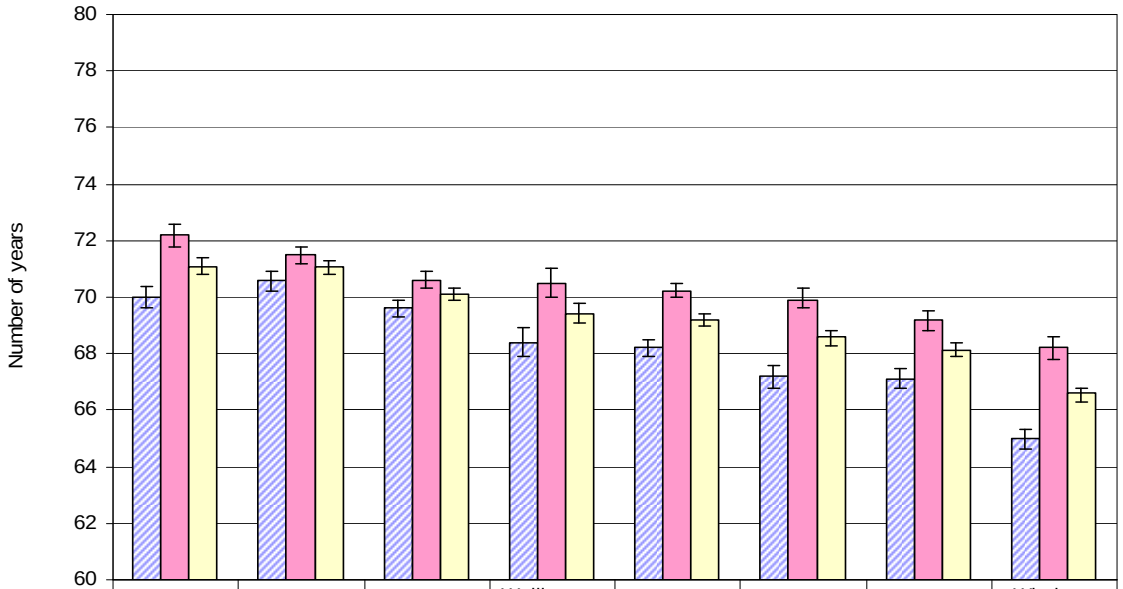
Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Life expectancy is the number of years a person would be expected to live, starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65), on the basis of the mortality statistics for a given observation period.

Disability-free life expectancy is a more comprehensive indicator than that of life expectancy because it introduces the concept of quality of life. It is used to distinguish between years of life free of any activity limitation and years experienced with at least one activity limitation. To that end, disability-free life expectancy establishes a threshold based on the nature of such limitations. Years of life lived in conditions above this threshold are counted in full. Those lived in conditions below the threshold are not counted.

Data:

Disability-free life expectancy at birth, 1996



	Halton Region	York Region	Peel Region	Wellington-Dufferin-Guelph	City of Ottawa	Region of Waterloo	Durham Region	Windsor-Essex County
Males	70.0	70.6	69.6	68.4	68.2	67.2	67.1	65.0
Females	72.2	71.5	70.6	70.5	70.2	69.9	69.2	68.2
Both sexes	71.1	71.1	70.1	69.4	69.2	68.6	68.1	66.6

Notes: Data sorted by “both sexes”.

The estimates are based on three years of death data (for example, 1995 to 1997), questions on activity limitations from the 1996 Census and the 1996 population estimates.

Interpretation: In York Region in 1996, the disability-free life expectancy at birth was 71.1 years. For women it was 71.5 years and for men it was 70.6 years. The disability-free life expectancy at birth in York Region (both sexes) appears to have been similar to that of Halton Region, and higher than other Ontario peer regions.

Limitations:

Health Status (Human Function)

Indicator name: Disability-adjusted life expectancy (DALE)

Data source: Statistics Canada, Canadian Vital Statistics, Birth and Death Databases, Demography Division (population estimates), and the 1996 Census (20% sample)

Year: 1996

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

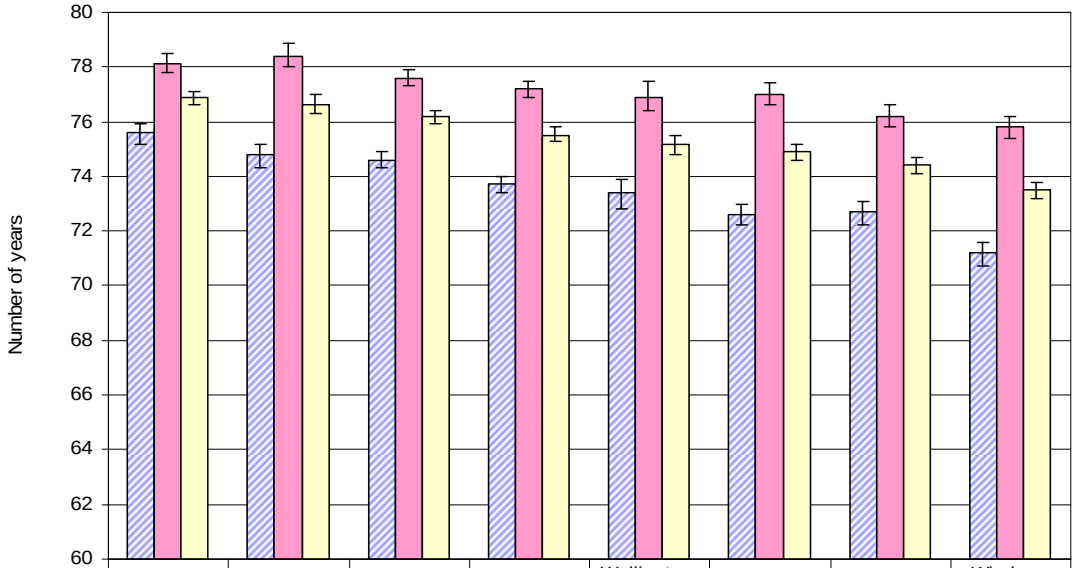
Definition: Life expectancy is the number of years a person would be expected to live, starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65), on the basis of the mortality statistics for a given observation period.

Disability-adjusted life expectancy (DALE) is a more comprehensive indicator than that of life expectancy because it introduces the concept of quality of life. DALE integrates data on mortality, long-term institutionalization and activity limitations in the population and represents a comprehensive index of population health status. Thus, the emphasis is not exclusively on the length of life, but also on the quality of life.

To calculate DALE, a set of weights (relative values) is assigned to four states of health. These states are, in order from greatest to least weight: no activity limitations, activity limitations in leisure activities or transportation, activity limitations at work, home and/or school and institutionalization in a health care facility in order to establish units of equal value. These units are summed to yield a type of "quality-adjusted" life expectancy.

Data:

Disability-adjusted life expectancy at birth, 1996



	York Region	Halton Region	Peel Region	City of Ottawa	Wellington-Dufferin-Guelph	Region of Waterloo	Durham Region	Windsor-Essex County
Males	75.6	74.8	74.6	73.7	73.4	72.6	72.7	71.2
Females	78.1	78.4	77.6	77.2	76.9	77	76.2	75.8
Both sexes	76.9	76.6	76.2	75.5	75.2	74.9	74.4	73.5

Notes:

Data sorted by “both sexes”.

The estimates are based on three years of death data (for example, 1995 to 1997), questions on activity limitations from the 1996 Census and the 1996 population estimates.

The reference period associated with these data reflects the mid-point of the three-year period (for example, 1996).

The formula for disability-adjusted life expectancy is based on Sullivan's method (Sullivan, DF., "A single index of mortality and morbidity". HSMHA Health Reports 86 (April 1971): 347 to 354). Weights (relative values) have been set in consultation with health experts at Statistics Canada.

Interpretation:

In York Region in 1996, the disability-adjusted life expectancy (DALE) at birth was 76.9 years. For women the DALE at birth was 78.1 years and for men it was 75.6 years. The DALE at birth in York Region (both sexes) appears to have been similar to that of Halton Region, and higher than other Ontario peer regions.

Limitations:

Health Status (Deaths)

Indicator name: Infant mortality

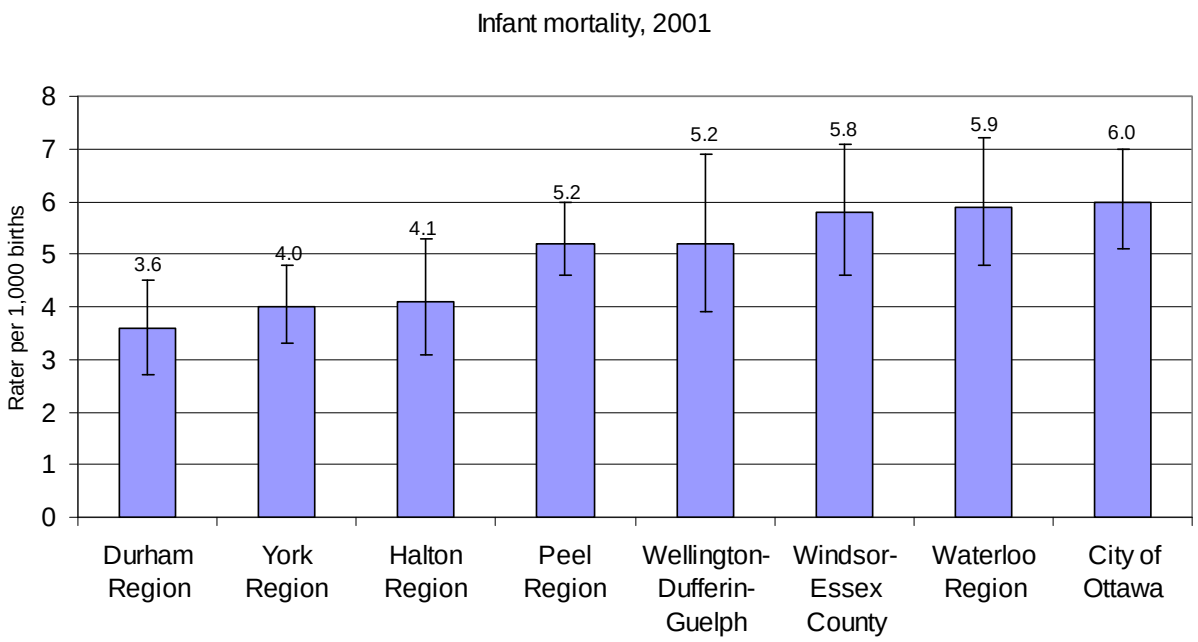
Data source: Statistics Canada, Canadian Vital Statistics, Birth and Death Databases

Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Deaths of live born infants (364 days or younger) relative to the number of live births

Data:



Notes:

Interpretation: The infant mortality rate for York Region was 4.0 infant deaths for every 1,000 live births in 2001. Among Peer Group B health units, the infant mortality rate range lies between 3.6 per 1,000 live births and 6.0 per 1,000 live births. High rates of infant mortality reflect low levels of nutrition, education, and/or health care in a population.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness. There is generally a three year lag period before the live births database is available. Data do not include records of birth notifications for which there is a physician notice of birth and no matching registration from the parents. Service fees for birth registration and missing birth registrations for infant deaths may contribute to non-registration of births in Ontario.

Health Status (Deaths)

Indicator name: Perinatal mortality

Data source: Statistics Canada, Canadian Vital Statistics, Birth and Death Databases

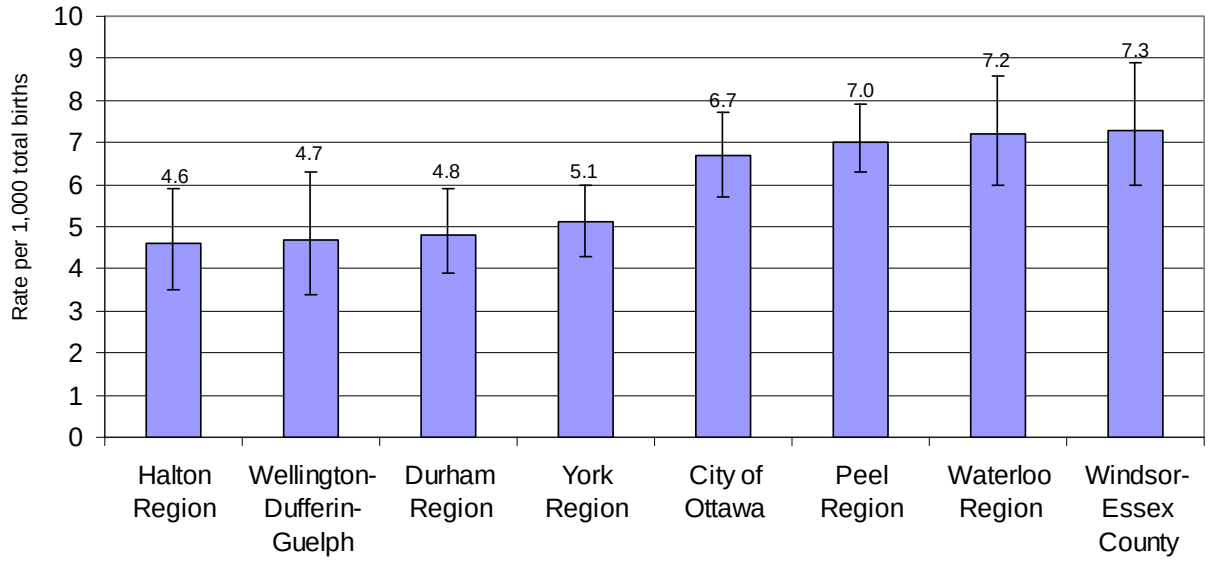
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: stillbirths & deaths in infants 6 days of age or younger relative to total number of births (live & still)

Data:

Perinatal mortality, 2001



Notes:

Interpretation: The perinatal mortality rate for York Region was 5.1 per 1,000 total births in 2001. Among Peer Group B health units, the perinatal mortality rate range lies between 4.6 per 1,000 total births and 7.3 per 1,000 total births.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness. There is generally a three year lag period before the live births database is available. Data do not include records of birth notifications for which there is a physician notice of birth and no matching registration from the parents. Service fees for birth registration and missing birth registrations for infant deaths may contribute to non-registration of births in Ontario.

Health Status (Deaths)

Indicator name: Life expectancy at birth

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

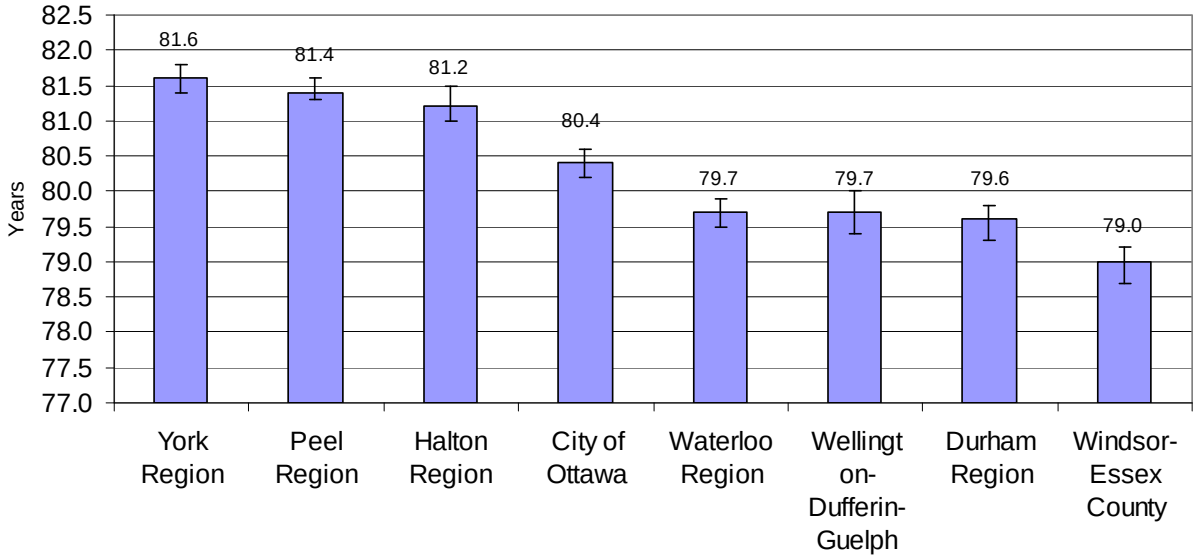
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Life expectancy is the number of years a person would be expected to live, starting from birth (for life expectancy at birth) and similarly for other age groups, on the basis of the mortality statistics for a given observation period.

Data:

Life expectancy, 2001



Notes:

Interpretation: The life expectancy at birth for York Region was 81.6 years in 2001. Among Peer Group B health units, the life expectancy at birth range lies between 81.6 years and 79.0 years. A widely used indicator of the health of a population. Higher life expectancy is associated with better economic and health conditions.

Limitations: Life expectancy measures quantity rather than quality of life. Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness. When mortality decreases over time, the life expectancy values obtained underestimate the true mean longevity.

Health Status (Deaths)

Indicator name: All-causes (total) mortality

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

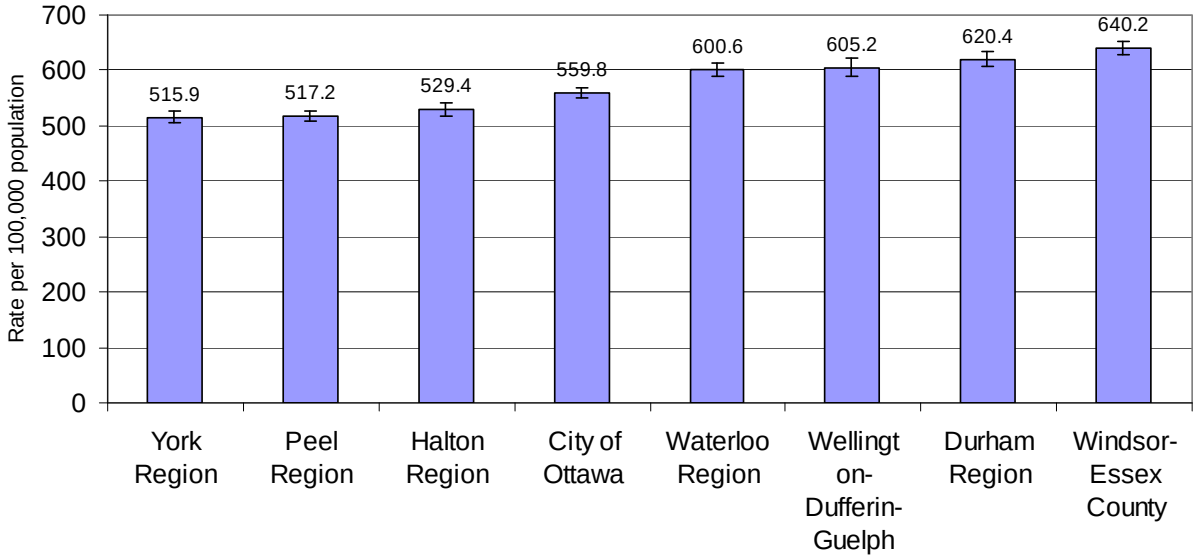
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from all causes per 100,000 population

Data:

All Causes Mortality (Age-standardized, 2001)



Notes:

Interpretation: The age-standardized mortality rate from all causes for York Region was 515.9 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 515.9 per 100,000 and 640.2 per 100,000. Indicates the overall health of the population and is similar to what is measured by life expectancy. Lower mortality rates are associated with better economic and health conditions.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: All circulatory diseases deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

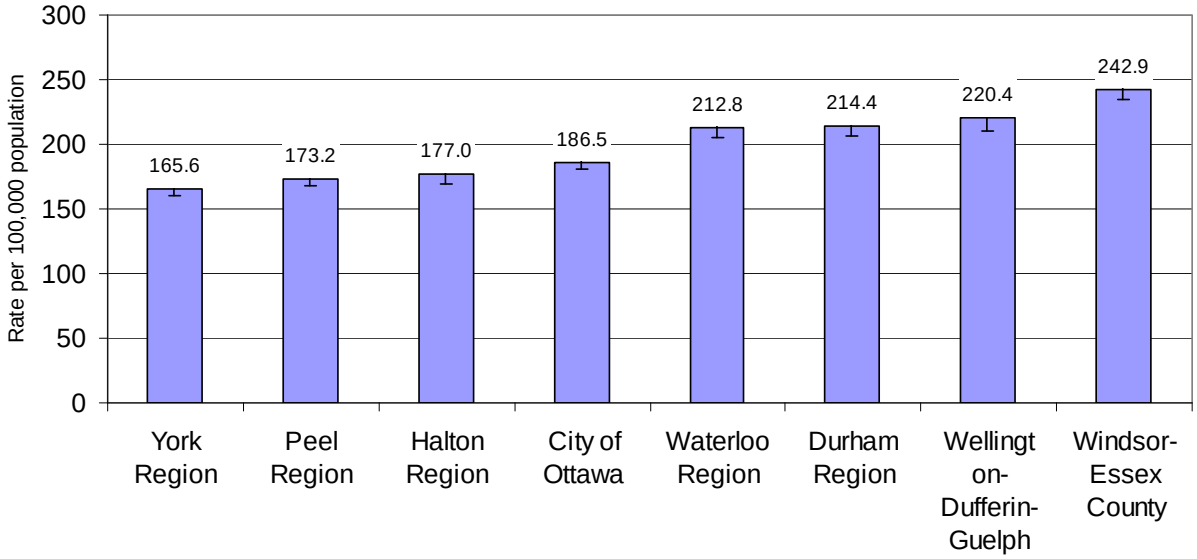
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from diseases of the circulatory system (ICD-10 I00-I99) per 100,000 population.

Data:

Circulatory Disease Mortality (Age-standardized), 2001



Notes:

Interpretation: The circulatory diseases age-standardized mortality rate for York Region was 165.6 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 165.6 per 100,000 and 242.9 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate. Measures long-term success in reducing deaths due to circulatory disease, compared with other regions. Lower death rates indicate success in circulatory disease prevention, detection, and treatment.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Ischemic heart disease death

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

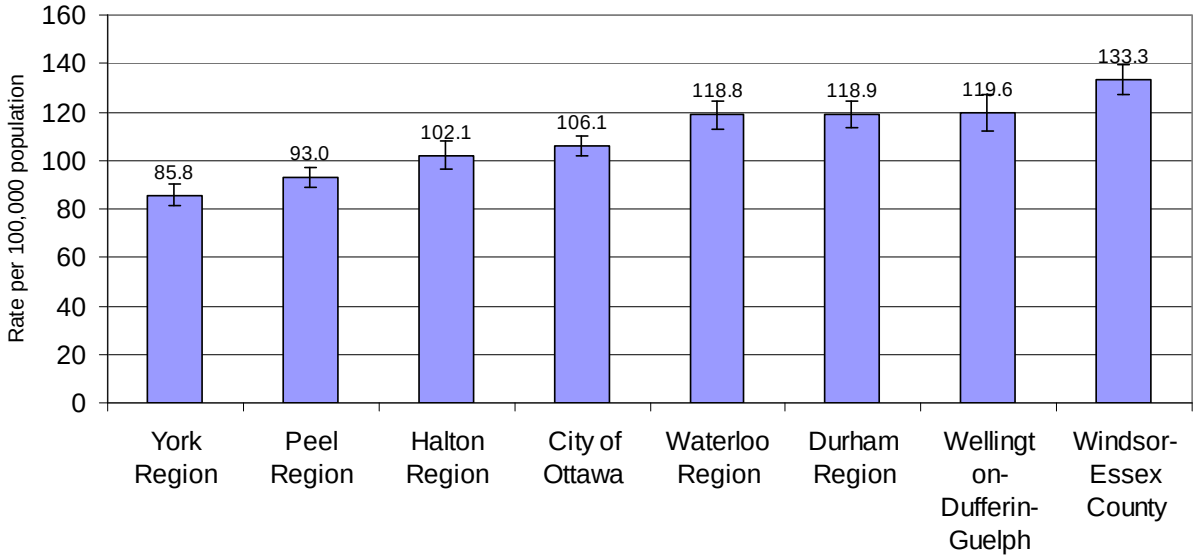
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from ischemic heart diseases (ICD-10 I20-I25) per 100,000 population.

Data:

Ischemic Heart Disease Mortality (Age-standardized), 2001



Notes:

Interpretation: The ischemic heart diseases age-standardized mortality rate for York Region was 85.8 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 85.8 per 100,000 and 133.3 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Cerebrovascular disease deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

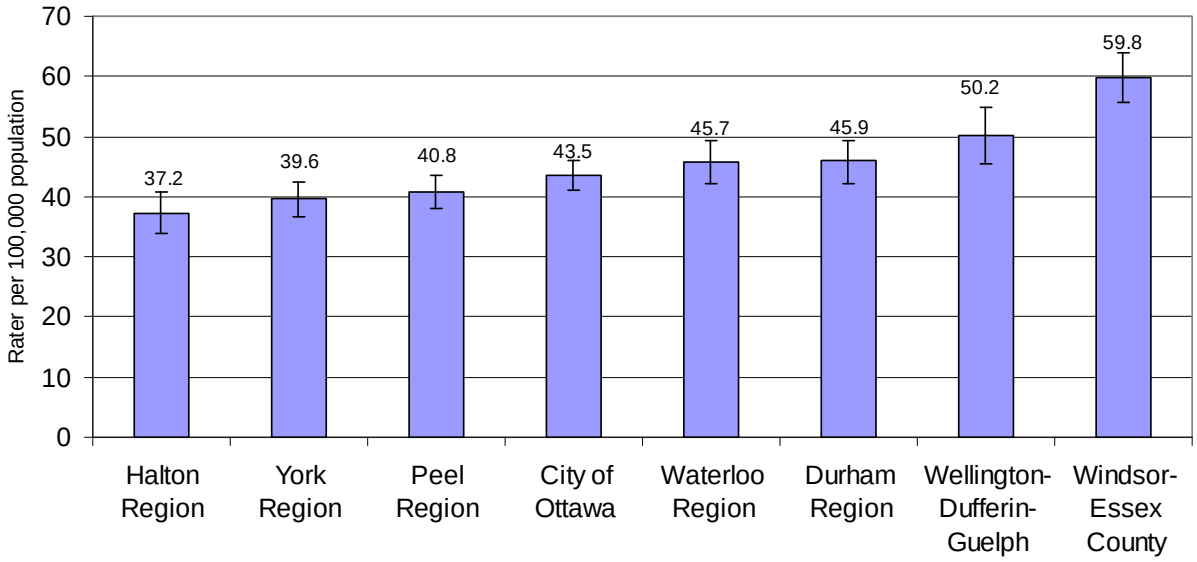
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from cerebrovascular disease (ICD-10 I60-I69) per 100,000 population.

Data:

Cerebrovascular Disease Mortality (Age-standardized), 2001



Notes:

Interpretation: The cerebrovascular disease age-standardized mortality rate for York Region was 39.6 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 37.2 per 100,000 and 59.8 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: All other diseases of the circulatory system deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

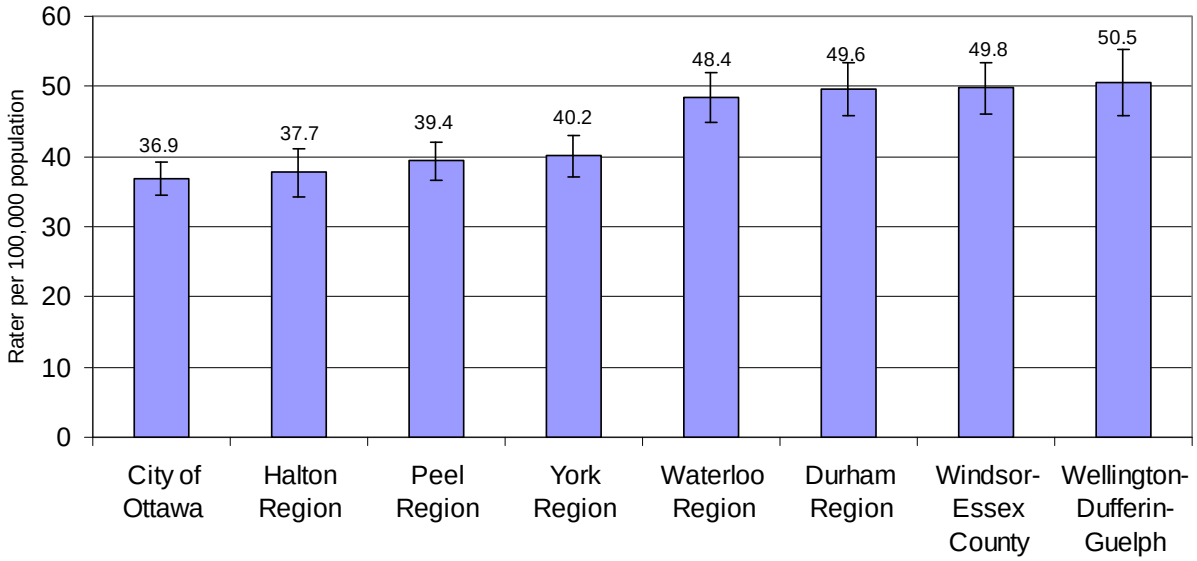
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from all other circulatory disease (ICD-10 I00-I02, I05-I09, I10-I15, I26-I28, I30-I52, I70-I79, I80-I89, I95-I99) per 100,000 population.

Data:

All Other Circulatory Disease Mortality (Age-standardized), 2001



Notes:

Interpretation: The all other circulatory disease age-standardized mortality rate for York Region was 40.2 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 36.9 per 100,000 and 58.5 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: All cancer deaths (malignant neoplasms)

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

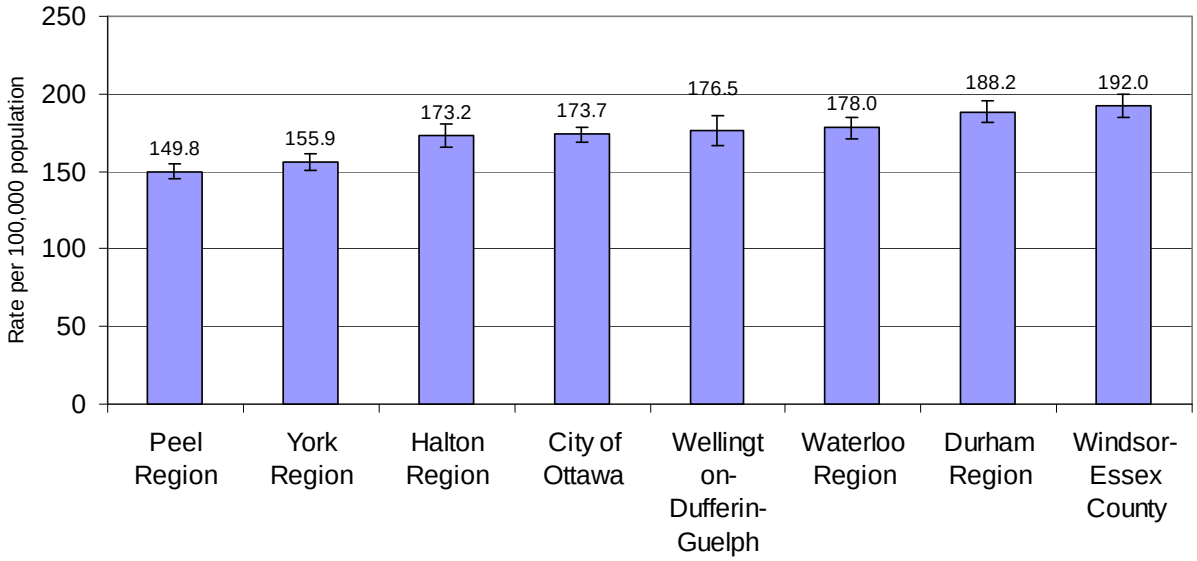
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from all cancer, malignant neoplasms, (ICD-10 C00-C97) per 100,000 population.

Data:

All Malignant Neoplasms Mortality (Age-standardized), 2001



Notes:

Interpretation: The all cancer age-standardized mortality rate for York Region was 155.9 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 149.8 per 100,000 and 192.0 per 100,000. Measures long-term success in reducing deaths due to cancer, compared with other regions. Lower death rates indicate success in cancer prevention, detection, and treatment. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate. Lower mortality rates are associated with better economic and health conditions.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Lung cancer deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

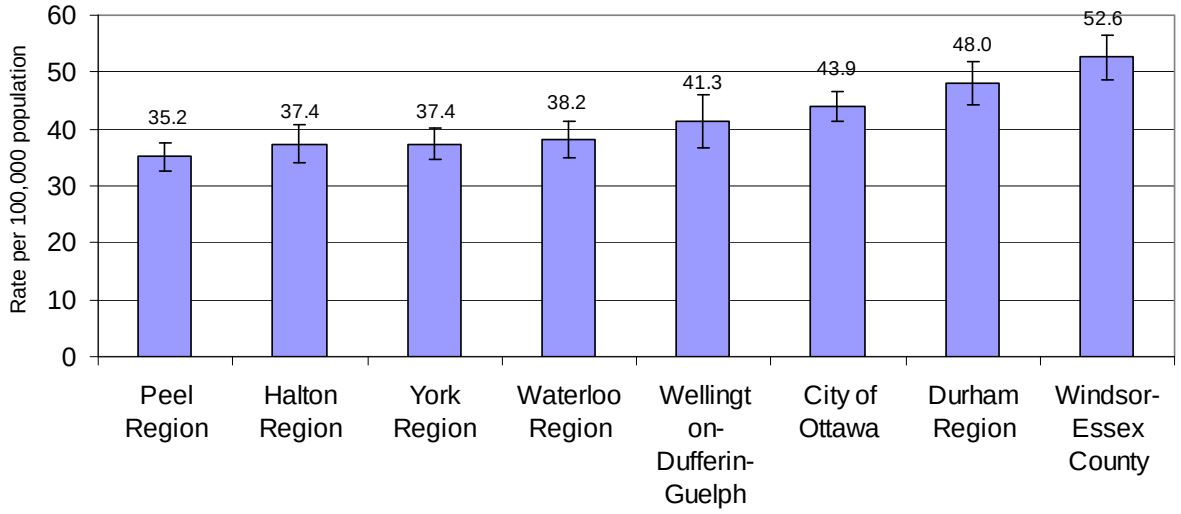
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from lung cancer (ICD-10 C33-C34) per 100,000 population.

Data:

Lung Cancer Mortality (Age-standardized), 2001



Notes:

Interpretation: The lung cancer age-standardized mortality rate for York Region was 37.4 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 35.2 per 100,000 and 52.6 per 100,000. Measures long-term success in reducing deaths due to lung cancer, compared with other regions. Lower death rates indicate success in lung cancer prevention, detection, and treatment.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Colorectal cancer deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

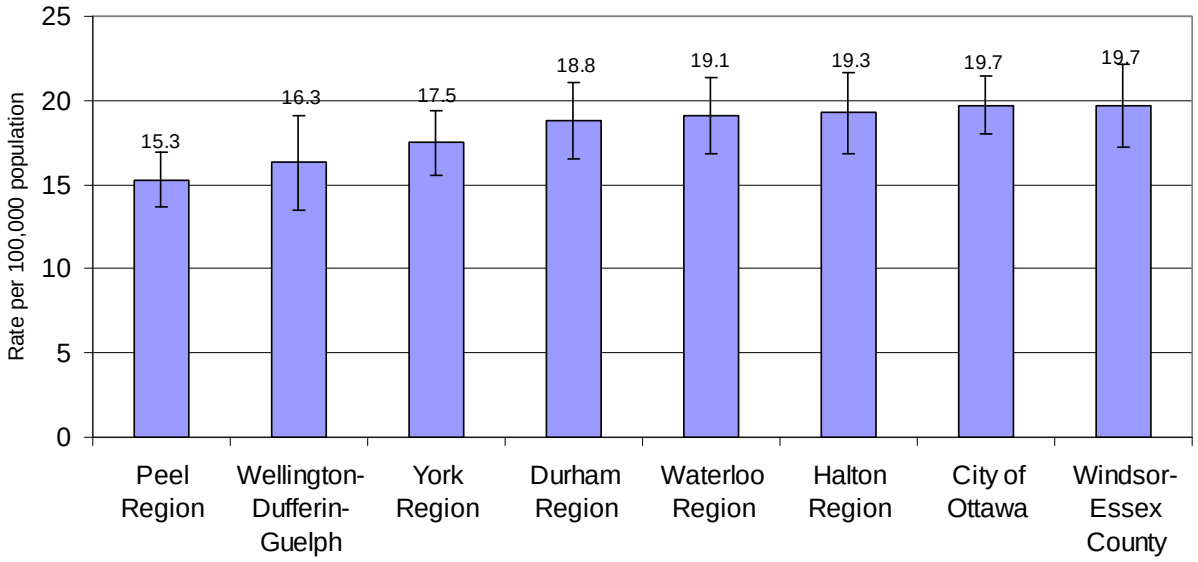
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from colorectal cancer (ICD-10 C18-C21) per 100,000 population.

Data:

Colorectal Cancer Mortality (Age-standardized), 2001



Notes:

Interpretation: The colorectal cancer age-standardized mortality rate for York Region was 17.5 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 15.3 per 100,000 and 19.7 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Female breast cancer deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

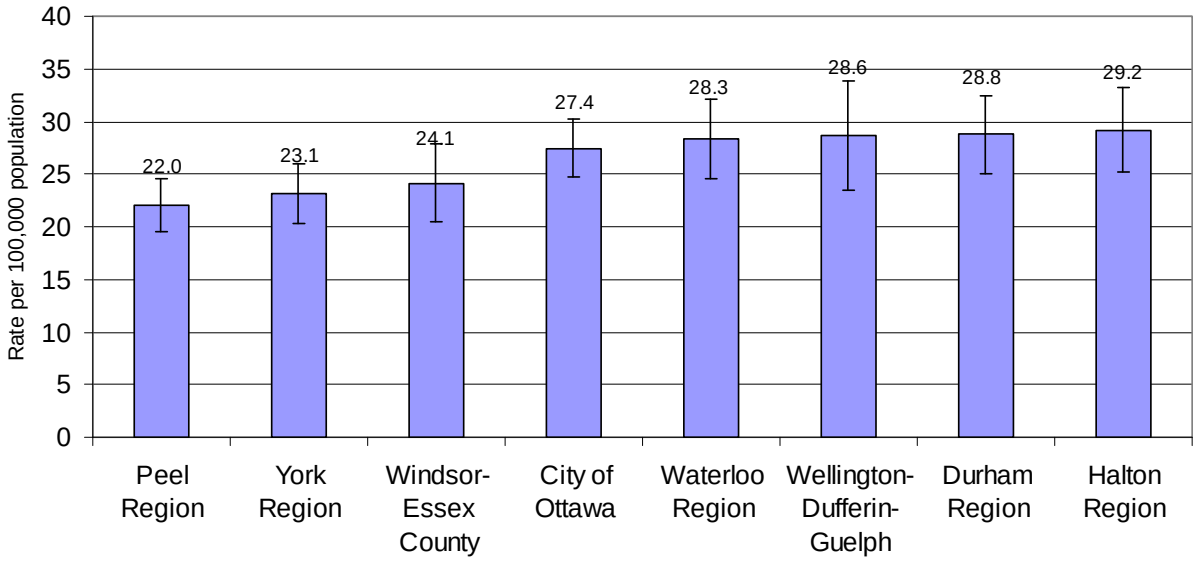
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from female breast cancer (ICD-10 C50) per 100,000 population.

Data:

Breast Cancer Mortality (Age-standardized), Females, 2001



Notes:

Interpretation: The breast cancer age-standardized mortality rate for York Region was 23.1 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 22.0 per 100,000 and 29.2 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Prostate cancer deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

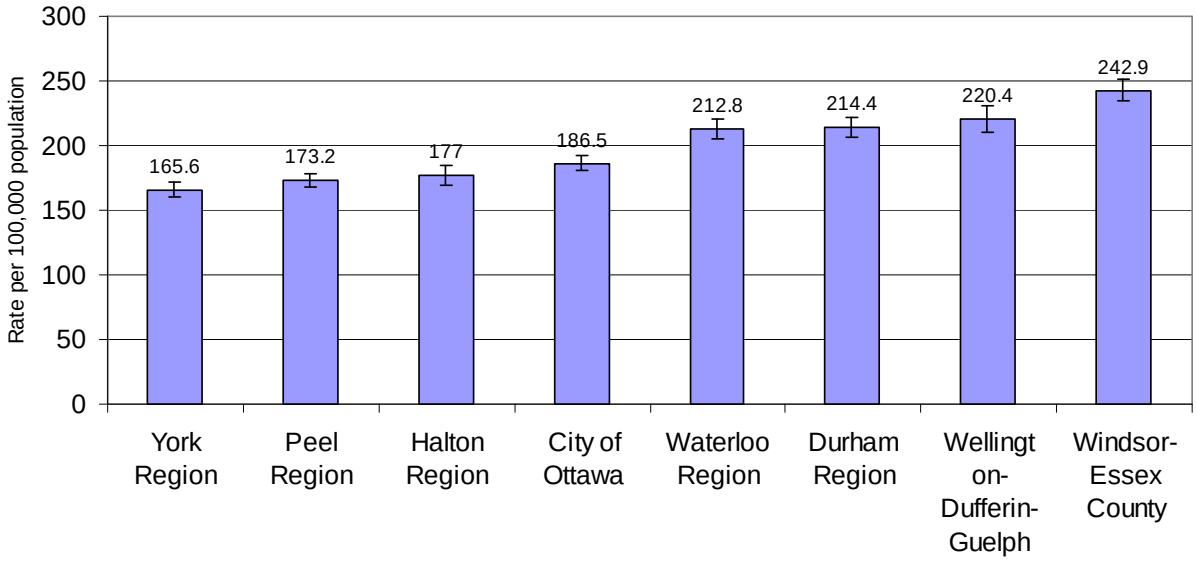
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from prostate cancer (ICD-10 C61) per 100,000 population.

Data:

Prostate Cancer Mortality (Age-standardized), 2001



Notes:

Interpretation: The prostate cancer age-standardized mortality rate for York Region was 19.6 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 19.6 per 100,000 and 29.3 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Respiratory disease deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

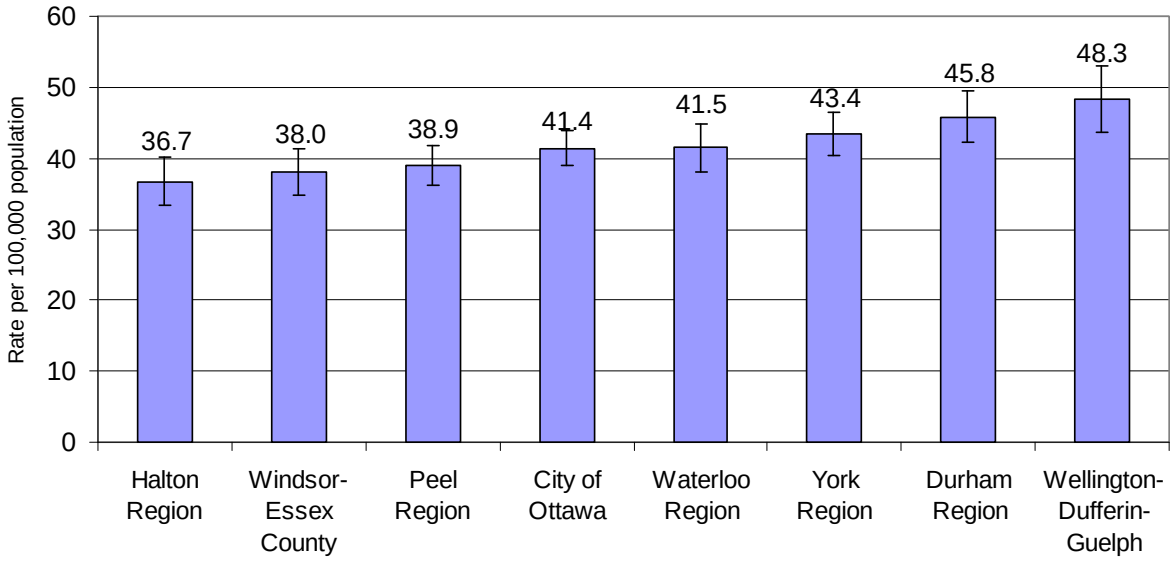
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from respiratory disease (ICD-10 J00-J99) per 100,000 population.

Data:

Respiratory Disease Mortality (Age-standardized), 2001



Notes:

Interpretation: The respiratory disease age-standardized mortality rate for York Region was 43.4 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 36.7 per 100,000 and 48.3 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Pneumonia and influenza deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

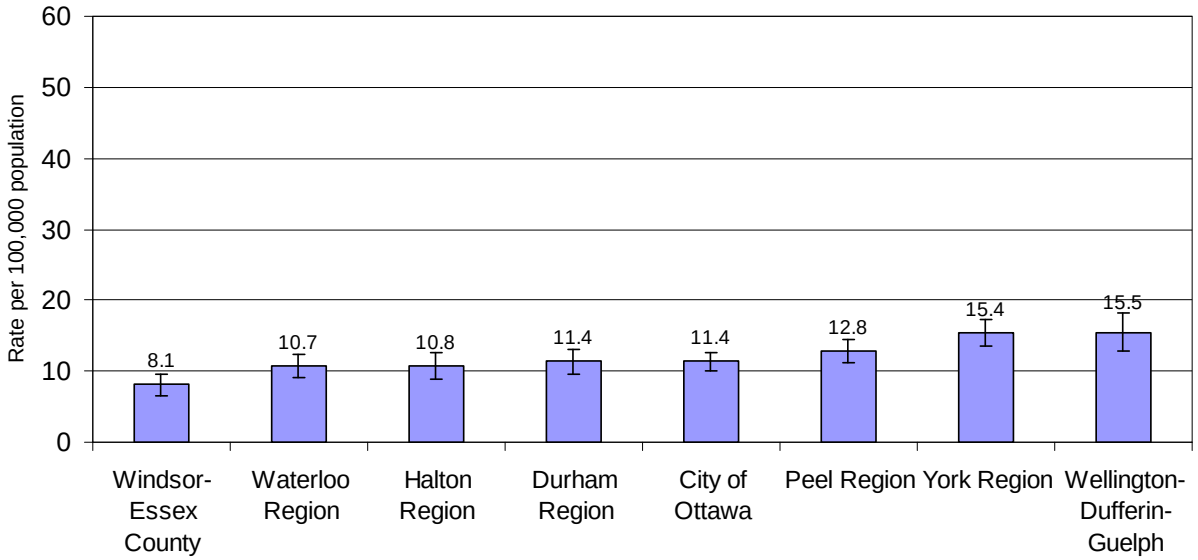
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from pneumonia and influenza (ICD-10 J10-J18) per 100,000 population.

Data:

Pneumonia and Influenza Mortality (Age-standardized), 2001



Notes:

Interpretation: The pneumonia and influenza age-standardized mortality rate for York Region was 15.4 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 8.1 per 100,000 and 15.5 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Bronchitis, emphysema and asthma deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

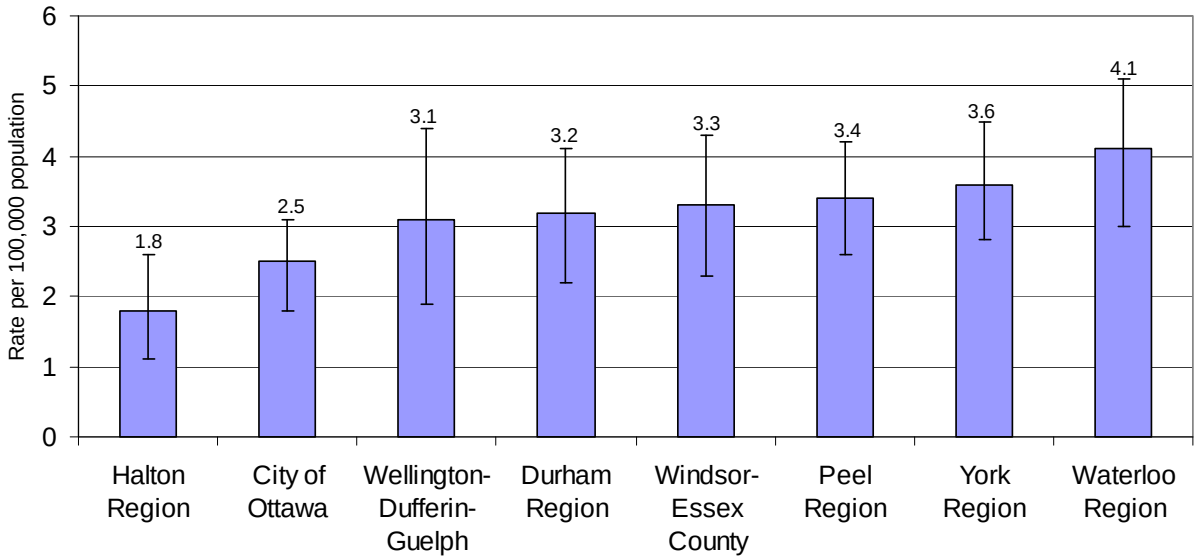
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from bronchitis, emphysema and asthma (ICD-10 J40-J43,J45-J46) per 100,000 population.

Data:

Bronchitis, Emphysema and Asthma Mortality (Age-standardized), 2001



Notes:

Interpretation: The bronchitis, emphysema and asthma age-standardized mortality rate for York Region was 3.6 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 1.8 per 100,000 and 4.1 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Other respiratory disease deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

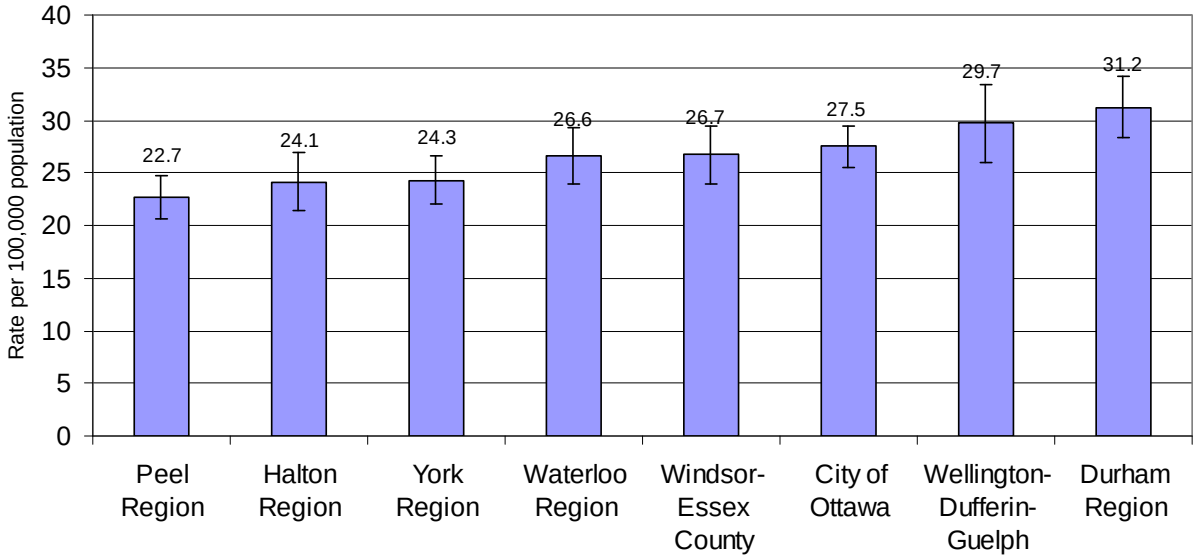
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from other respiratory disease (ICD-10 J00-J06, J20-J22, J30-J39, J44, J47, J60-J70, J80-J84, J85-J86, J90-J94, J95-J99) per 100,000 population.

Data:

Other Respiratory Disease Mortality (Age-standardized), 2001



Notes:

Interpretation: The other respiratory disease age-standardized mortality rate for York Region was 24.3 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 22.7 per 100,000 and 31.2 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Suicide deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

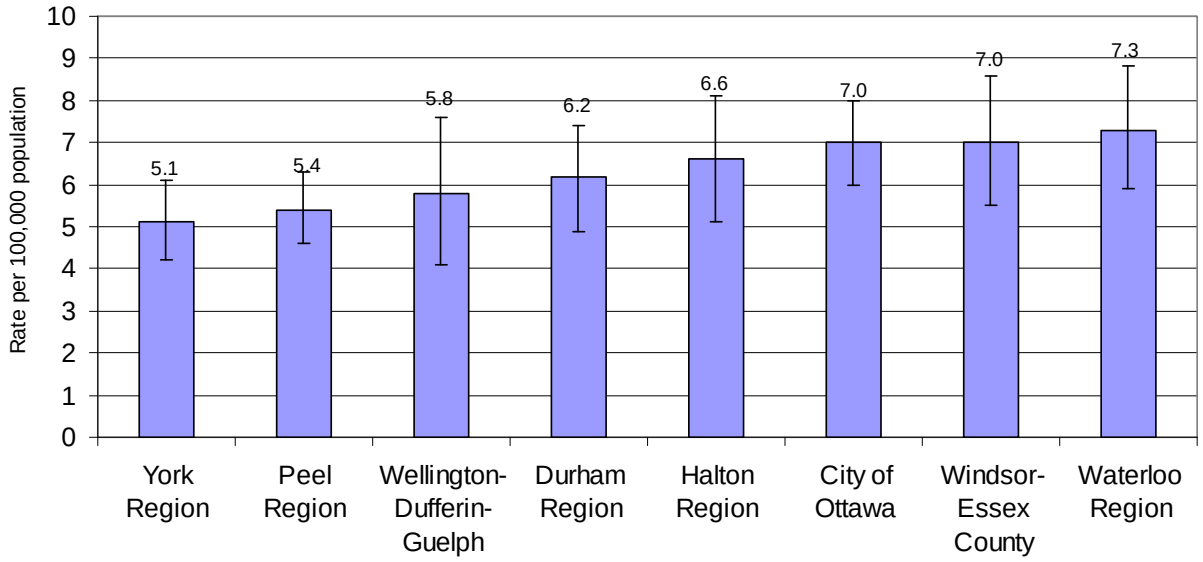
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from suicide (ICD-10 X60-X84, Y87.0) per 100,000 population.

Data:

Suicide Mortality (Age-standardized), 2001



Notes:

Interpretation: The suicide age-standardized mortality rate for York Region was 5.1 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 5.1 per 100,000 and 7.3 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Unintentional injury deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

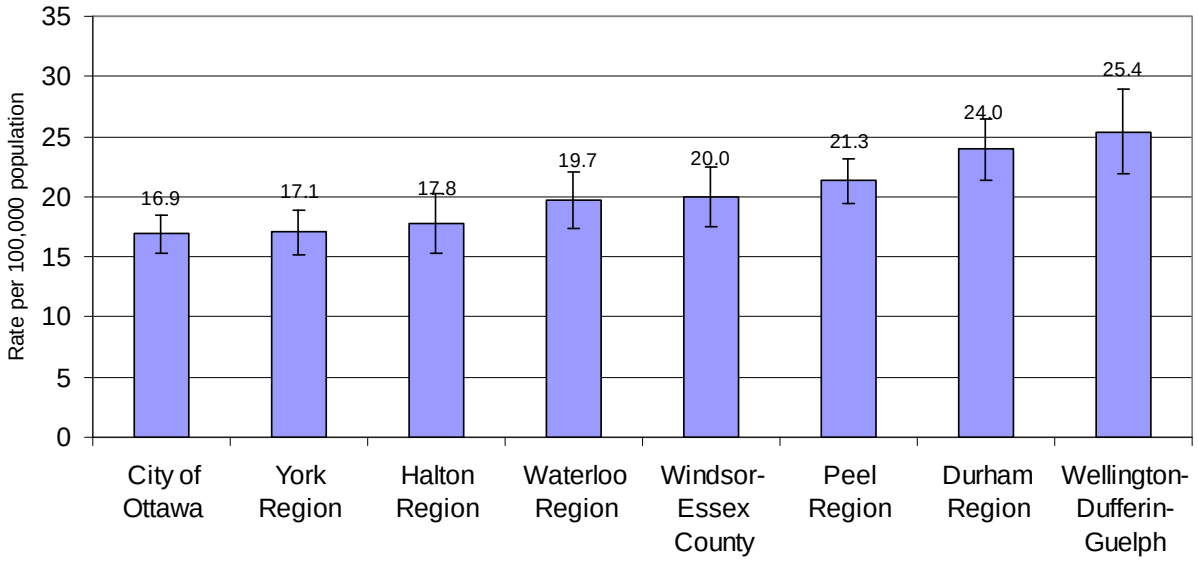
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death from unintentional injury (ICD-10 V01-X59, Y85-Y86) per 100,000 population.

Data:

Unintentional Injury Mortality (Age-standardized), 2001



Notes:

Interpretation: The unintentional injury age-standardized mortality rate for York Region was 17.1 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 16.9 per 100,000 and 25.4 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: HIV / AIDS deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

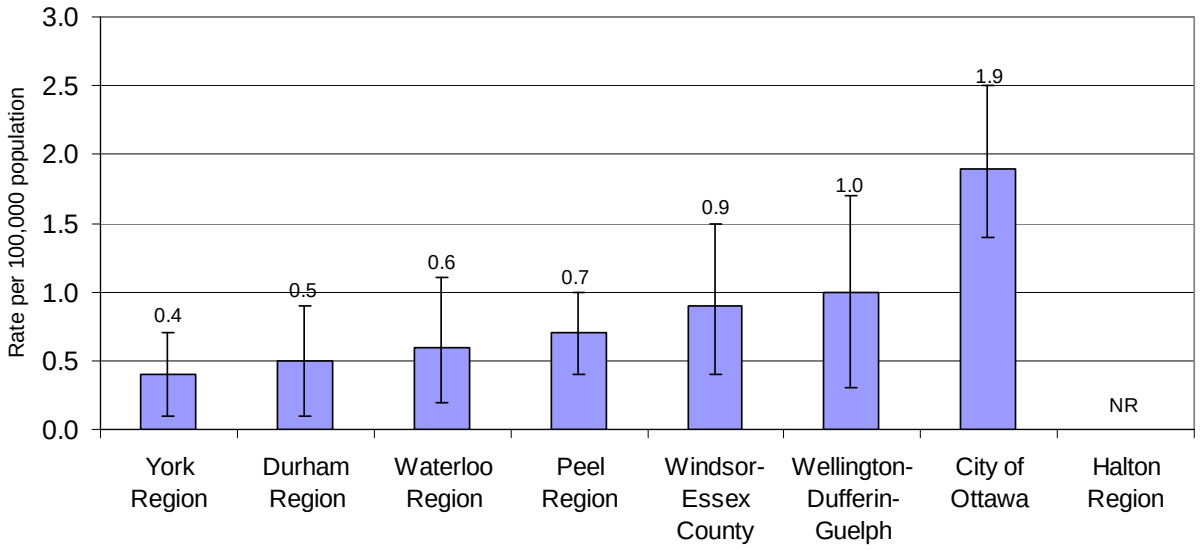
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized rate of death of deaths due to AIDS and HIV infections (ICD-10 B20-B24) per 100,000 population.

Data:

Human immunodeficiency virus disease mortality (Age-standardized)



NR – rate is too unreliable to be published according to Statistics Canada

Notes:

Interpretation: The AIDS age-standardized mortality rate for York Region was 0.4 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized mortality rate range lies between 0.4 per 100,000 and 1.9 per 100,000. Major causes of mortality are based on the magnitude of the rate for a given cause relative to the total mortality rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost - all causes of death

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

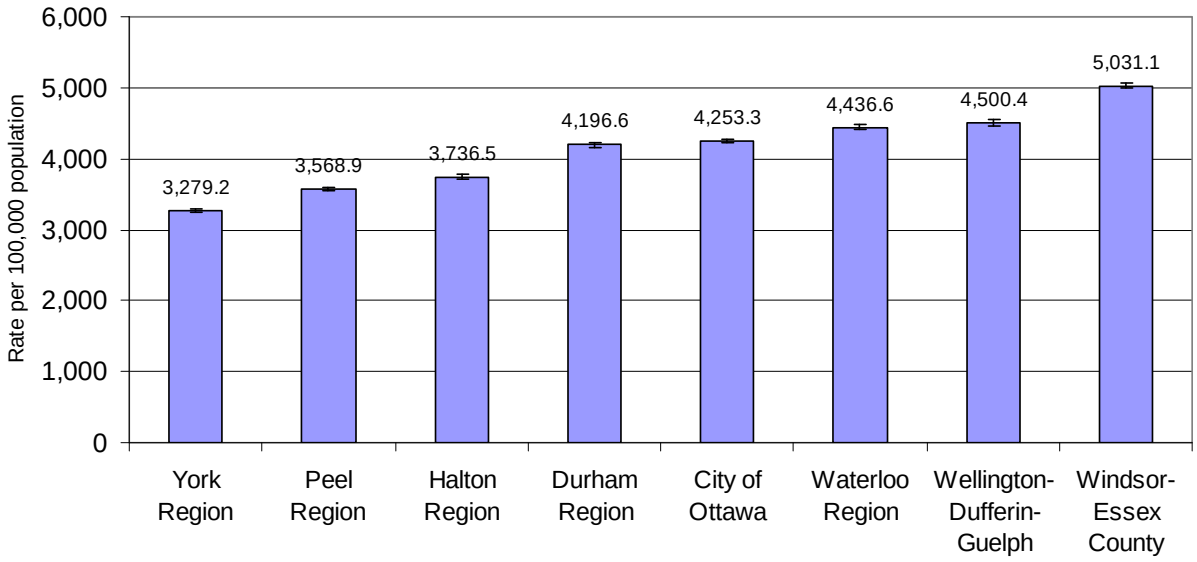
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from any cause - before age 75. Age-standardized rate of PYLL from all causes per 100,000 population.

Data:

Total, all causes of death Potential years of life lost, 2001



Notes:

Interpretation: The all cause deaths age-standardized PYLL rate for York Region was 3,279.2 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 3,279.2 per 100,000 and 5,031.1 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost - all circulatory disease deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

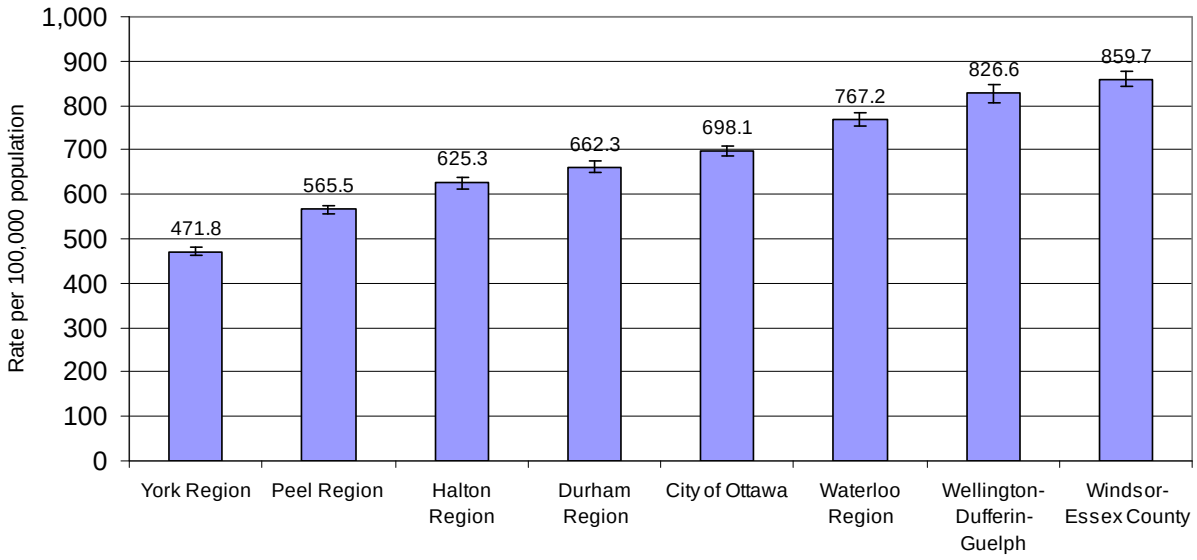
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from any circulatory disease (ICD-10 I00-I99) - before age 75. Age-standardized rate of PYLL from circulatory disease per 100,000 population.

Data:

Circulatory disease deaths Potential years of life lost, 2001



Notes:

Interpretation: The all circulatory disease deaths age-standardized PYLL rate for York Region was 471.8 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 471.8 per 100,000 and 859.7 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost – ischemic heart disease deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

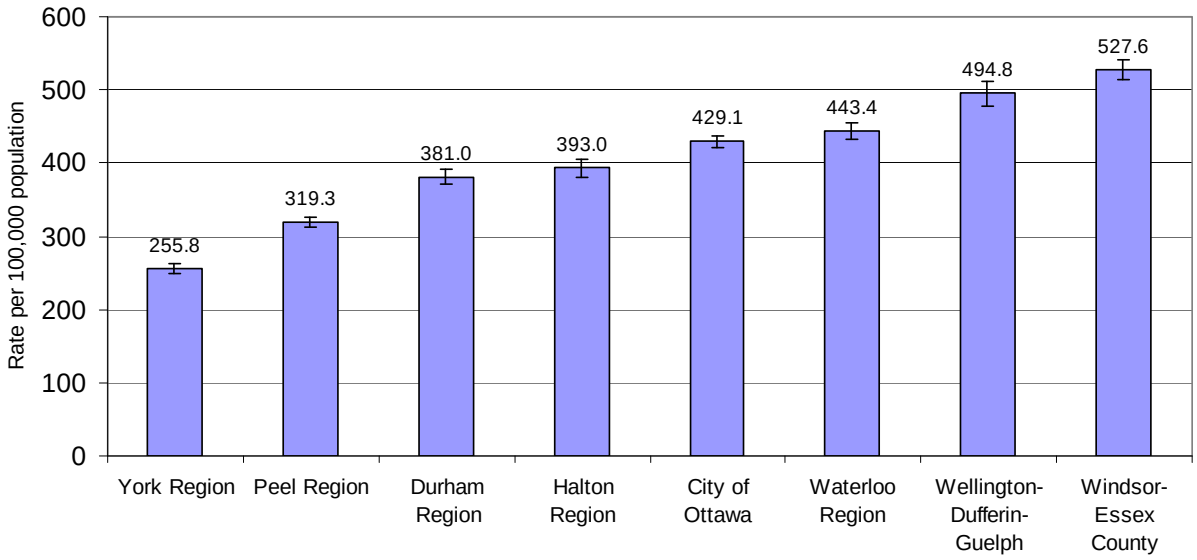
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from ischemic heart disease (ICD-10 I20-I25) - before age 75. Age-standardized rate of PYLL from ischemic heart disease per 100,000 population.

Data:

Ischemic heart disease deaths Potential years of life lost, 2001



Notes:

Interpretation: The ischemic heart disease deaths age-standardized PYLL rate for York Region was 255.8 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 255.8 per 100,000 and 527.6 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost - cerebrovascular disease deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

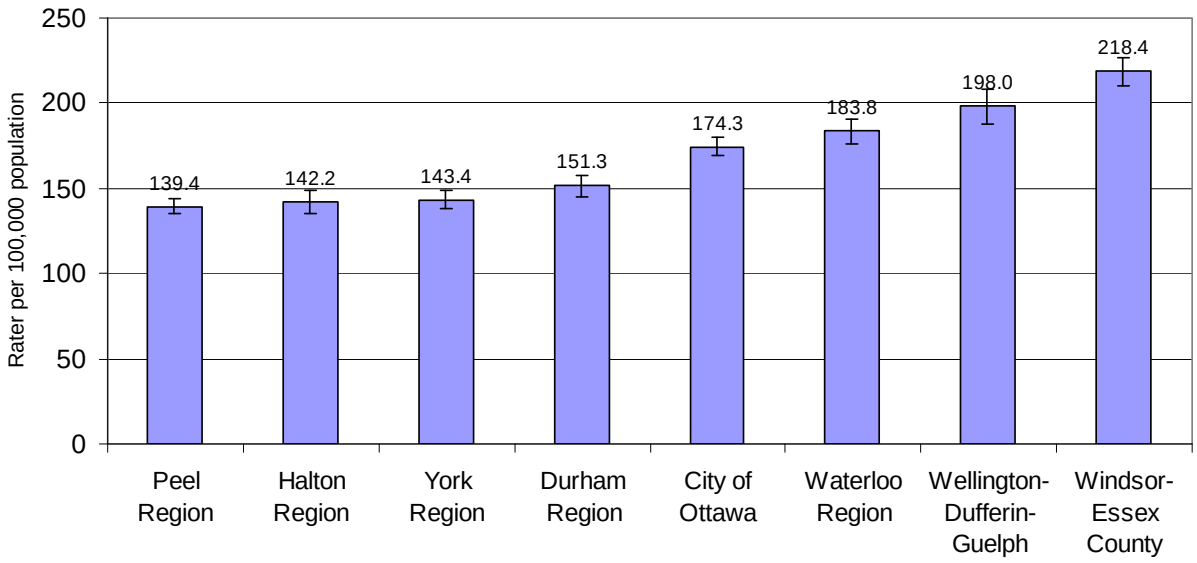
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from cerebrovascular disease (ICD-10 I60-I69) - before age 75. Age-standardized rate of PYLL from cerebrovascular disease per 100,000 population.

Data:

Cerebrovascular disease deaths Potential years of life lost, 2001



Notes:

Interpretation: The cerebrovascular disease deaths age-standardized PYLL rate for York Region was 143.4 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 139.4 per 100,000 and 218.4 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost - all other circulatory deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

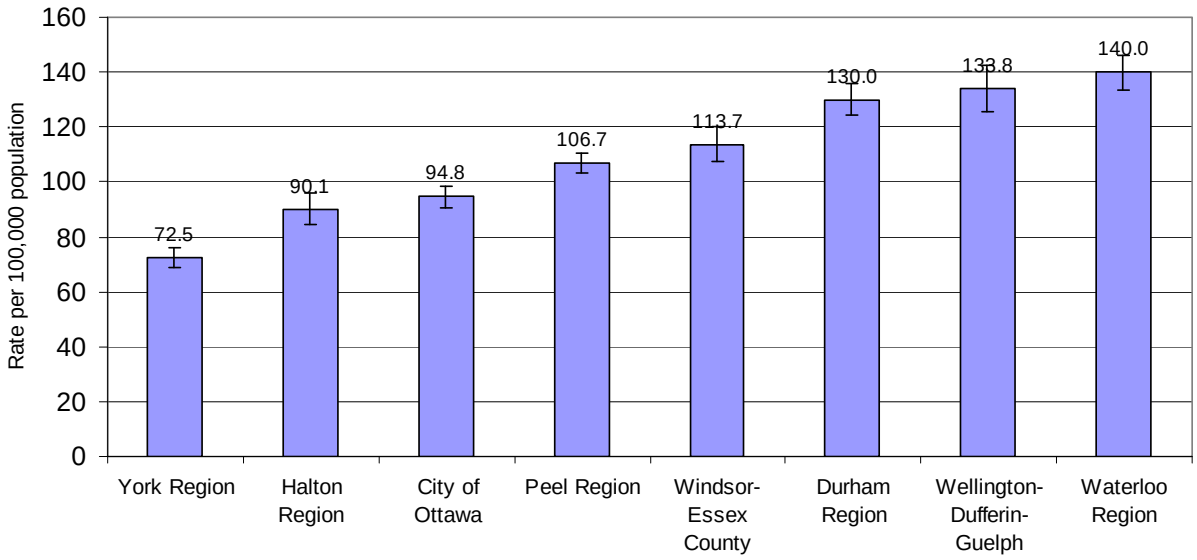
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from all other circulatory disease (ICD-10 I00-I02, I05-I09, I10-I15, I26-I28, I30-I52, I70-I79, I80-I89, I95-I99) - before age 75. Age-standardized rate of PYLL from all other circulatory disease per 100,000 population.

Data:

All other circulatory disease deaths Potential years of life lost, 2001



Notes:

Interpretation: The all other circulatory disease deaths age-standardized PYLL rate for York Region was 72.5 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 72.5 per 100,000 and 140.0 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost – all malignant neoplasms deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

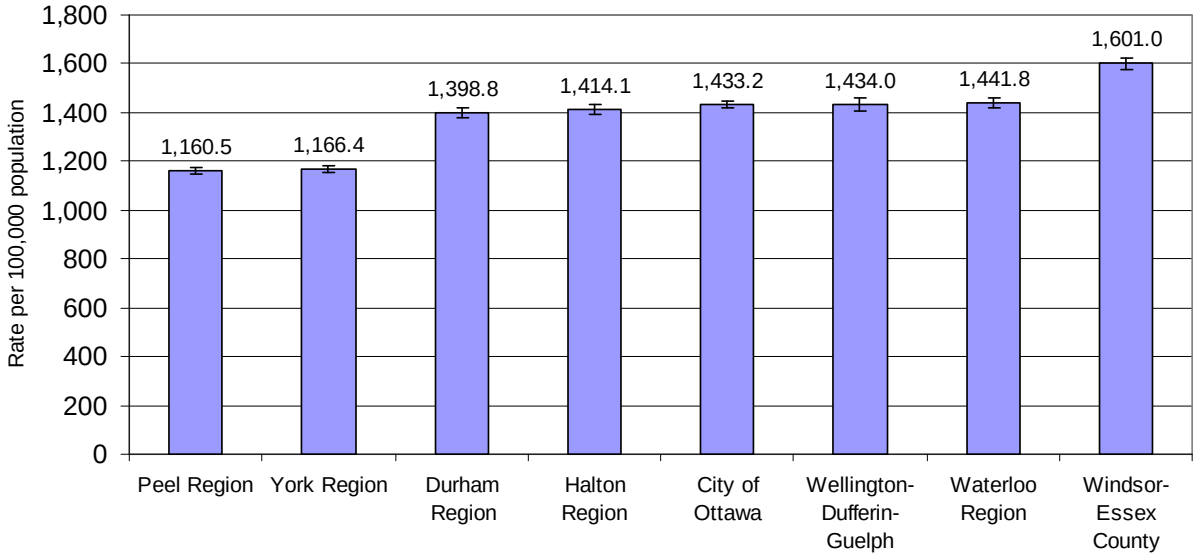
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from malignant neoplasms (ICD-10 C00-C97) - before age 75. Age-standardized rate of PYLL from malignant neoplasms (cancer) per 100,000 population.

Data:

All malignant neoplasms deaths Potential years of life lost, 2001



Notes:

Interpretation: The malignant neoplasms deaths age-standardized PYLL rate for York Region was 1,166.4 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 1,160.5 per 100,000 and 1,601.0 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost - lung cancer deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

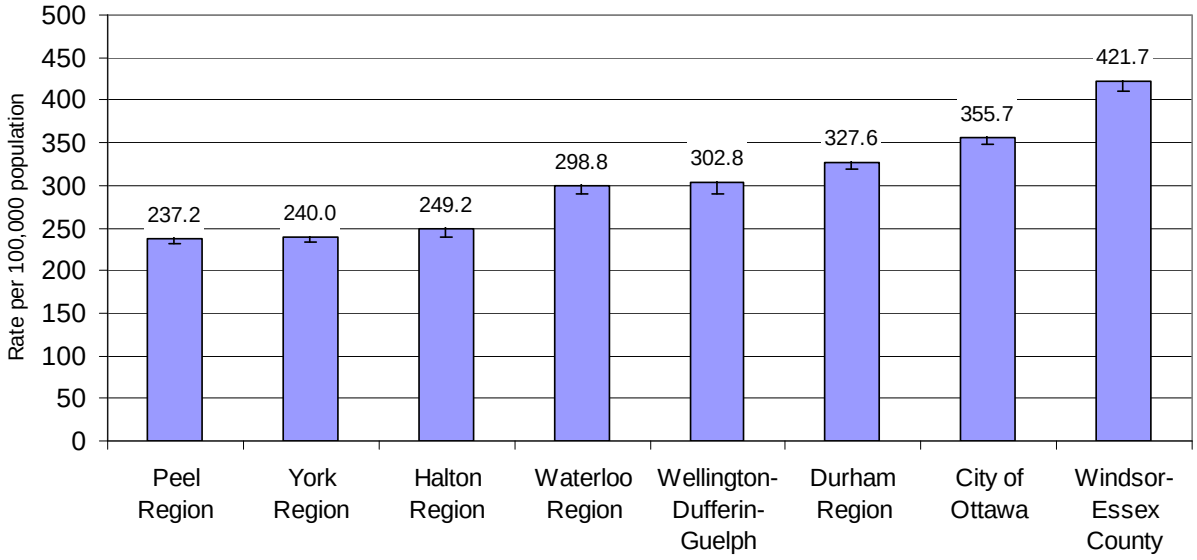
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from lung cancer (ICD-10 C33-C34) - before age 75. Age-standardized rate of PYLL from lung cancer per 100,000 population.

Data:

Lung cancer deaths Potential years of life lost, 2001



Notes:

Interpretation: The lung cancer deaths age-standardized PYLL rate for York Region was 240.0 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 237.2 per 100,000 and 421.7 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost - colorectal cancer deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

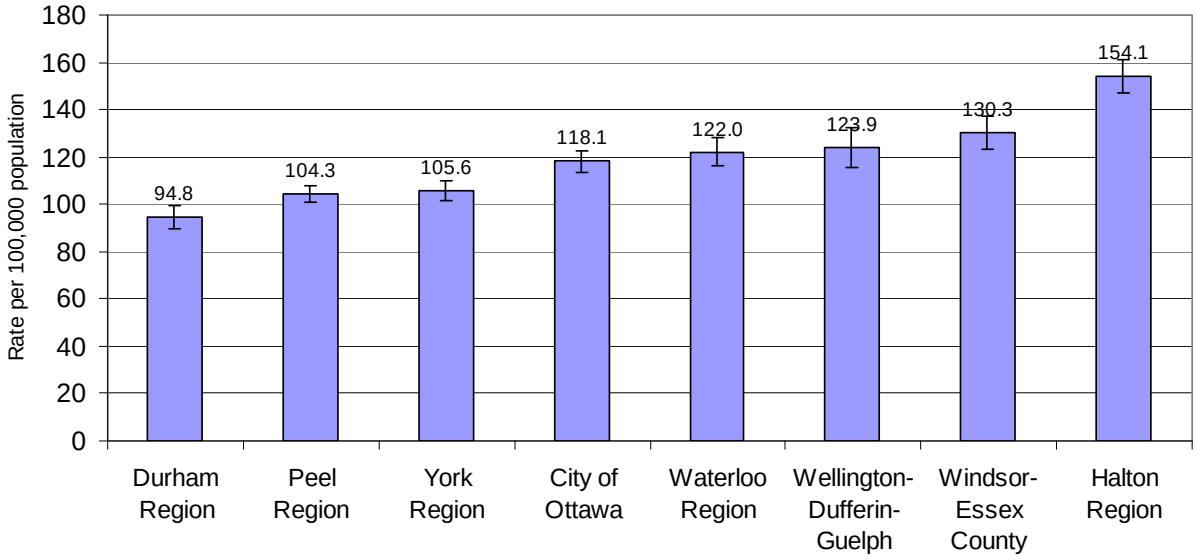
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from colorectal cancer (ICD-10 C18-C21) - before age 75. Age-standardized rate of PYLL from colorectal cancer per 100,000 population.

Data:

Colorectal cancer deaths Potential years of life lost, 2001



Notes:

Interpretation: The colorectal cancer deaths age-standardized PYLL rate for York Region was 105.6 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 94.8 per 100,000 and 154.1 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost - female breast cancer deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

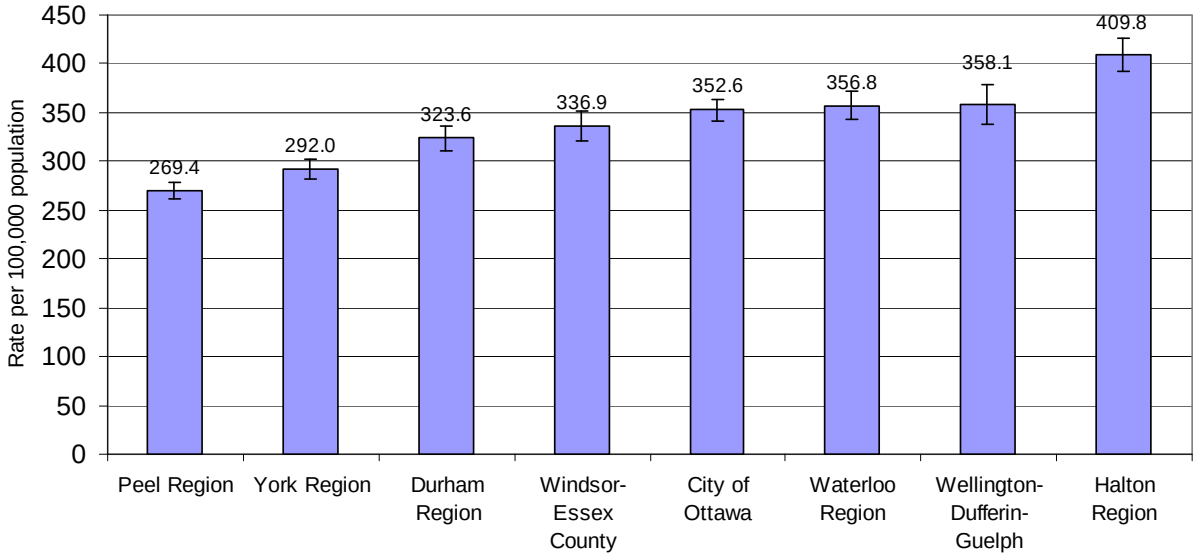
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from female breast cancer (ICD-10 C50) - before age 75. Age-standardized rate of PYLL from female breast cancer per 100,000 population.

Data:

Breast cancer deaths Potential years of life lost, Females, 2001



Notes:

Interpretation: The female breast cancer deaths age-standardized PYLL rate for York Region was 292.0 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 269.4 per 100,000 and 409.8 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost - prostate cancer deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

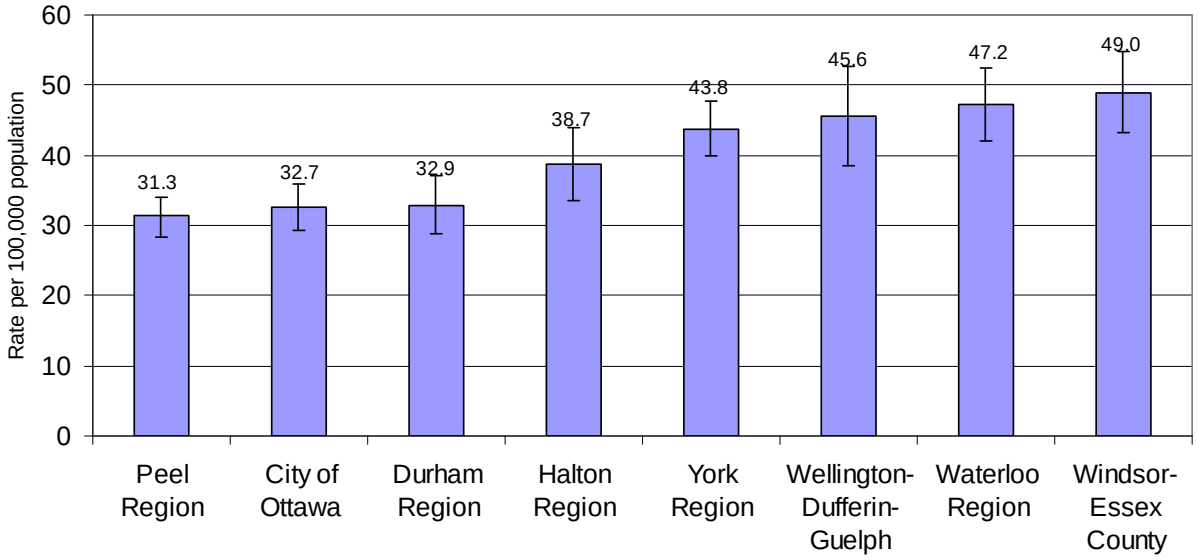
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from prostate cancer (ICD-10 C61) - before age 75. Age-standardized rate of PYLL from prostate cancer per 100,000 population.

Data:

Prostate cancer deaths Potential years of life lost, Males, 2001



Notes:

Interpretation: The prostate cancer deaths age-standardized PYLL rate for York Region was 43.8 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 31.3 per 100,000 and 49.0 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost – all respiratory disease deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

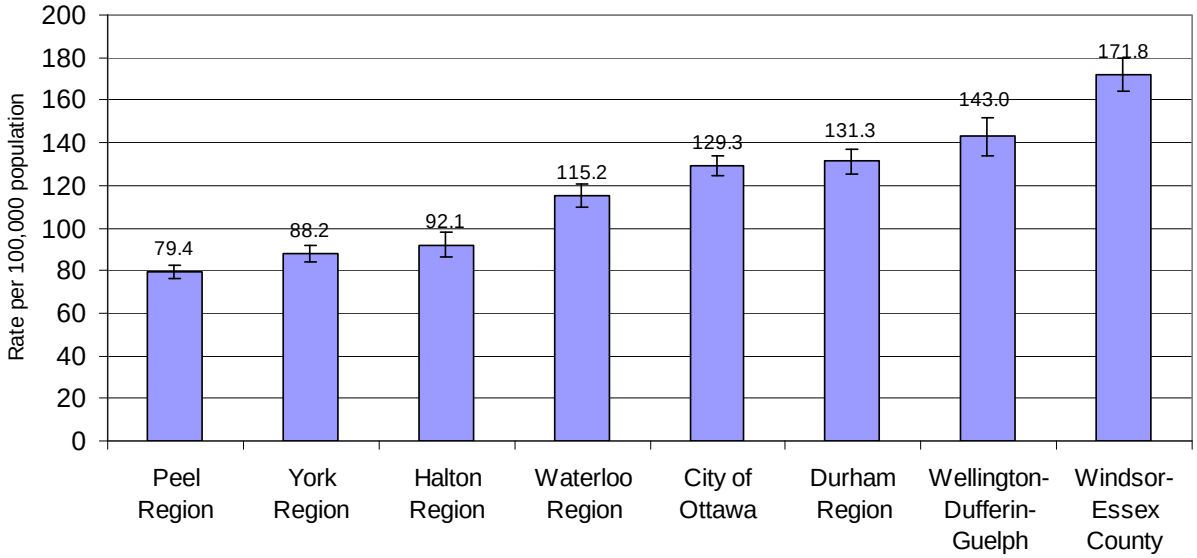
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from respiratory disease (ICD-10 J00-J99) - before age 75. Age-standardized rate of PYLL from respiratory disease per 100,000 population.

Data:

Respiratory disease deaths Potential years of life lost, 2001



Notes:

Interpretation: The respiratory disease deaths age-standardized PYLL rate for York Region was 88.2 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 79.4 per 100,000 and 171.8 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost - pneumonia and influenza deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

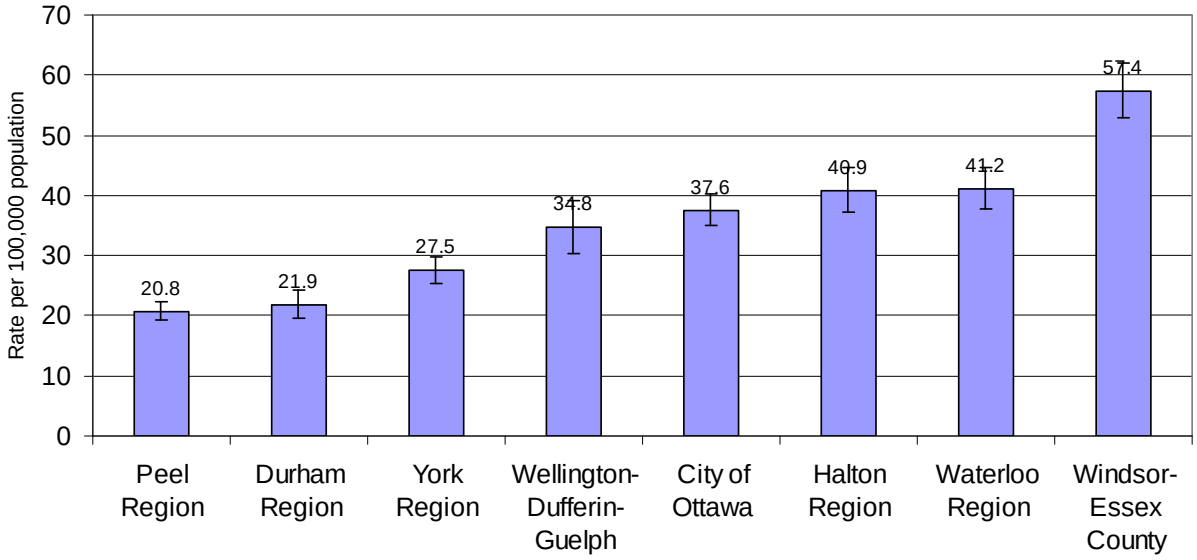
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from pneumonia and influenza (ICD-10 J10-J18) - before age 75. Age-standardized rate of PYLL from pneumonia and influenza per 100,000 population.

Data:

Pneumonia and influenza deaths Potential years of life lost, 2001



Notes:

Interpretation: The pneumonia and influenza deaths age-standardized PYLL rate for York Region was 27.5 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 20.8 per 100,000 and 57.4 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost - bronchitis, emphysema and asthma deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

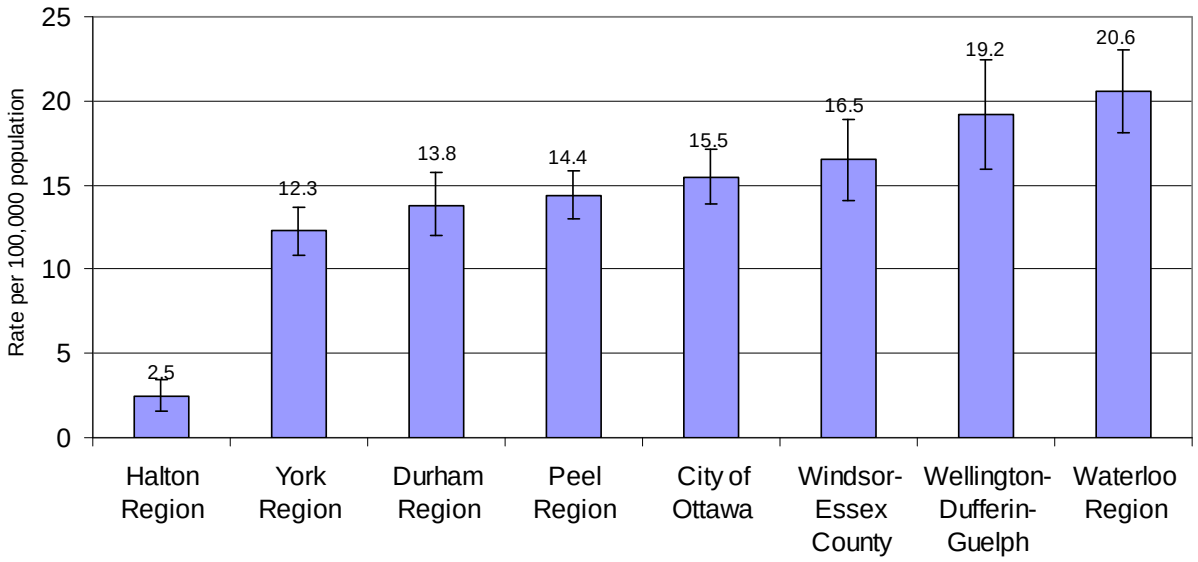
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from bronchitis, emphysema and asthma (ICD-10 J40-J43, J45-J46) - before age 75. Age-standardized rate of PYLL for bronchitis, emphysema and asthma per 100,000 population.

Data:

Bronchitis, emphysema, asthma deaths Potential years of life lost, 2001



Notes:

Interpretation: The bronchitis, emphysema and asthma deaths age-standardized PYLL rate for York Region was 12.3 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 2.5 per 100,000 and 20.6 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost - all other respiratory disease deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

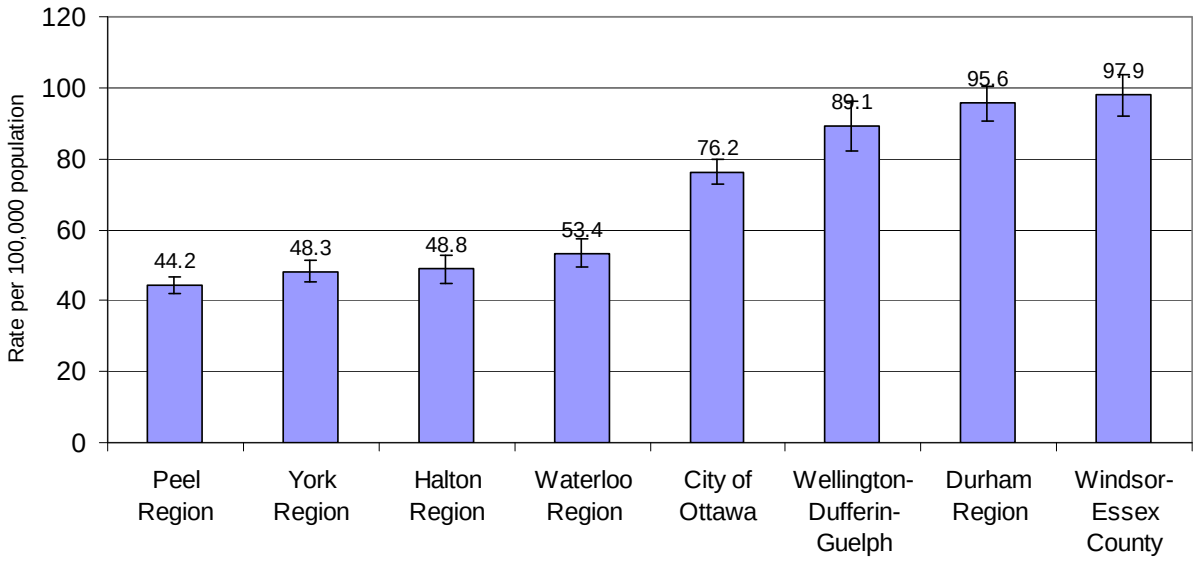
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from all other respiratory disease (ICD-10 J00-J06, J20-J22, J30-J39, J44, J47, J60-J70, J80-J84, J85-J86, J90-J94, J95-J99) - before age 75. Age-standardized rate of PYLL for all other respiratory disease per 100,000 population.

Data:

All other respiratory disease deaths Potential years of life lost, 2001



Notes:

Interpretation: The all other respiratory disease deaths age-standardized PYLL rate for York Region was 48.3 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 44.2 per 100,000 and 97.9 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost - suicide

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

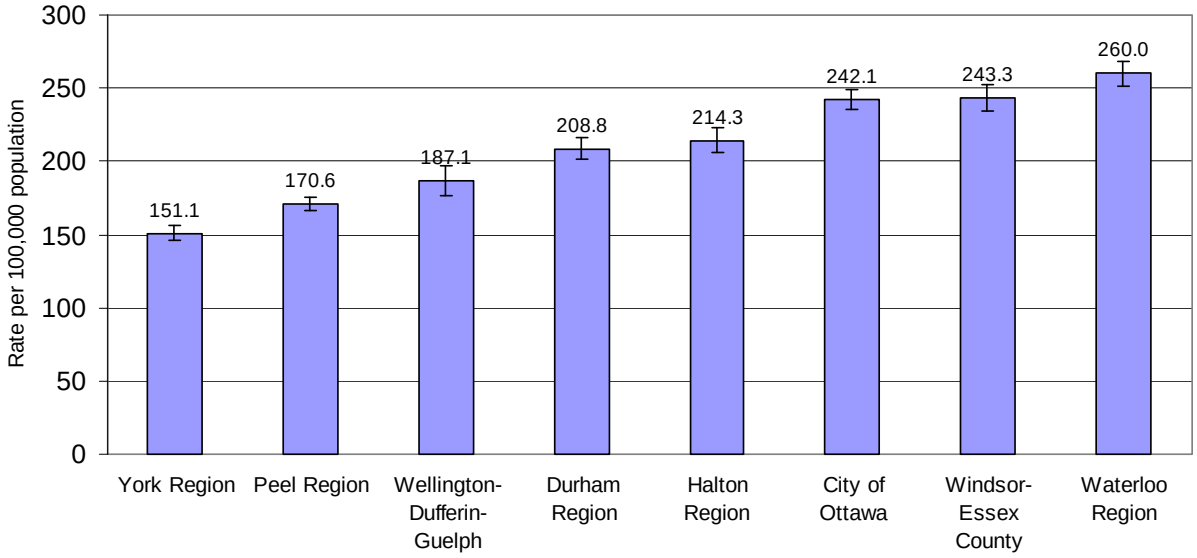
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from suicide (ICD-10 X60-X84, Y87.0) - before age 75. Age-standardized rate of PYLL for suicide per 100,000 population.

Data:

Suicide deaths Potential years of life lost, 2001



Notes:

Interpretation: The suicide deaths age-standardized PYLL rate for York Region was 151.1 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 151.1 per 100,000 and 260.0 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost – all unintentional injury deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

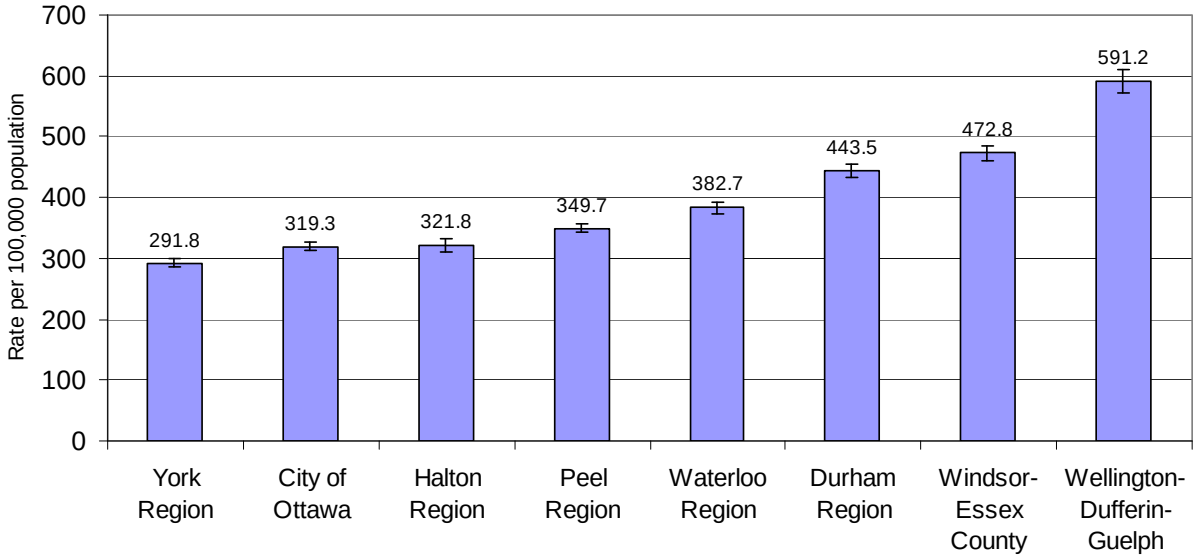
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from unintentional injury (ICD-10 V01-X59, Y85-Y86) - before age 75. Age-standardized rate of PYLL for unintentional injury per 100,000 population.

Data:

Unintentional injuries deaths Potential years of life lost, 2001



Notes:

Interpretation: The unintentional injury deaths age-standardized PYLL rate for York Region was 291.8 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 291.8 per 100,000 and 591.2 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health Status (Deaths)

Indicator name: Potential years of life lost – HIV/AIDS deaths

Data source: Statistics Canada, Canadian Vital Statistics, Death Database, and Demography Division (population estimates)

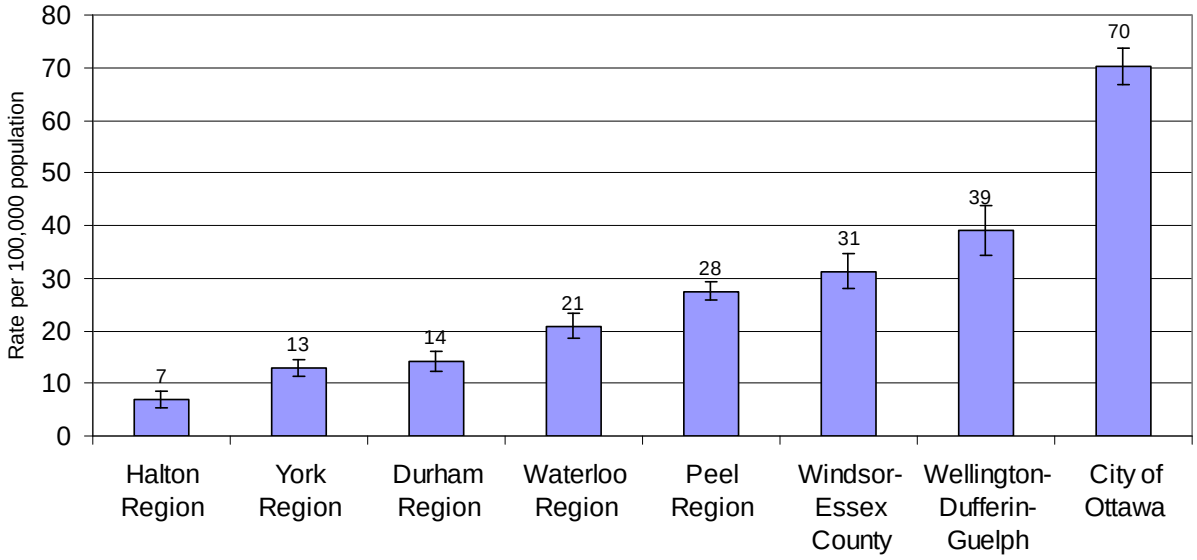
Year: 2001

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The number of years of life "lost" when a person dies "prematurely" from Human immuodeficiency virus [HIV] disease (ICD-10 B20-B24) - before age 75. Age-standardized rate of PYLL from HIV disease per 100,000 population.

Data:

Human immunodeficiency virus [HIV] disease deaths Potential years of life lost, 2001



Notes:

Interpretation: The Human immuodeficiency virus [HIV] disease deaths age-standardized PYLL rate for York Region was 12.9 per 100,000 population in 2001. Among Peer Group B health units, the age-standardized PYLL rate range lies between 7.0 per 100,000 and 70.1 per 100,000. PYLL is an indicator of premature mortality. This indicator gives more importance to the causes of early death than those at old age. Major causes of PYLL are based on the magnitude of the rate for a given cause relative to the total PYLL rate.

Limitations: Mortality rates do not reflect levels of morbidity/illness for those not succumbing to their illness.

Health system performance

Health System Performance

Indicator name: Influenza Immunization

Data source: Statistics Canada, Canadian Community Health Survey (Cycle 3.1)

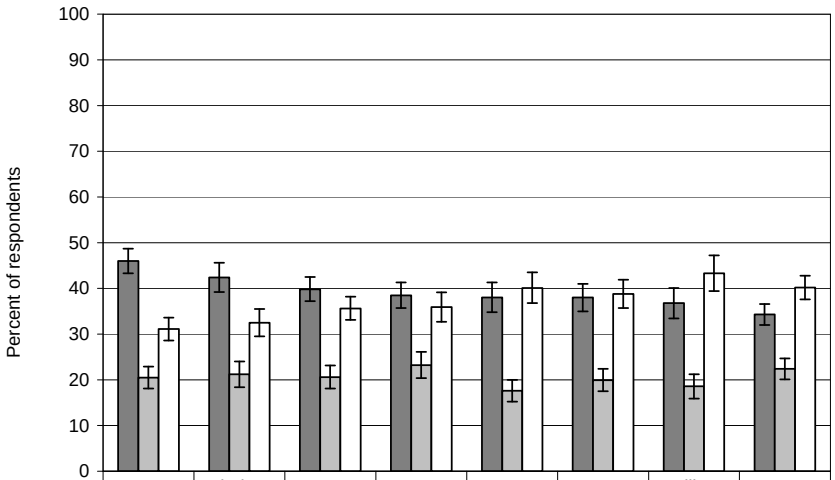
Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Population aged 12 and over (aged 65 and over for data from the National Population Health Survey) who reported when they had their last influenza immunization (flu shot).

Data:

Respondents aged 12+ by influenza immunization status, 2005



	City of Ottawa	Windsor-Essex County	York Region	Halton Region	Durham Region	Region of Waterloo	Wellington-Dufferin-Guelph	Peel Region
Influenza immunization <1 year ago	46	42.4	39.8	38.5	38	38	36.8	34.3
Influenza immunization 1 or more years ago	20.5	21.2	20.6	23.2	17.6	19.9	18.6	22.4
Never had influenza immunization	31.1	32.5	35.6	35.9	40.1	38.8	43.3	40.2

Notes: Data sorted by “Influenza immunization less than one year ago”.

Interpretation: In comparing York Region’s residents to other Ontario Peer Group B health units, the proportion of people immunized against influenza in the past year is the third highest (39.8%). The City of Ottawa HU has the highest proportion: 46.0%; while Peel HU has the lowest: 34.3%.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health System Performance

Indicator name: Screening Mammography

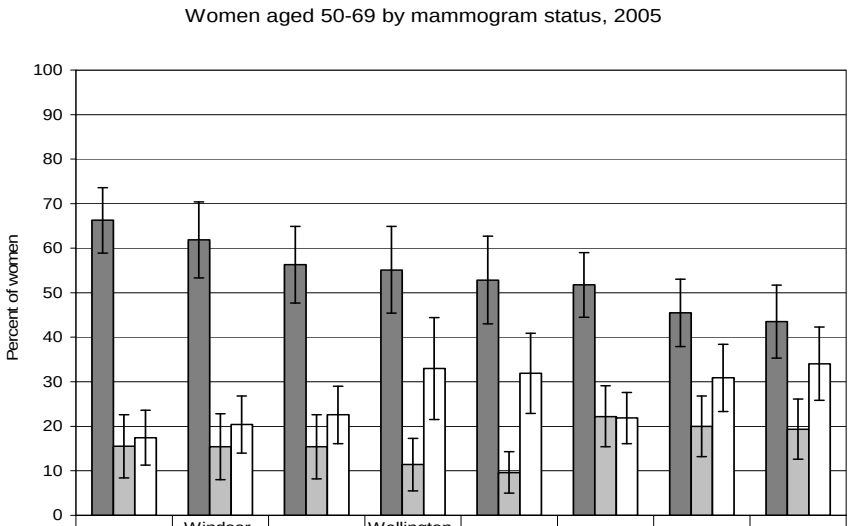
Data source: Statistics Canada, Canadian Community Health Survey (Cycle 3.1)

Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Women aged 50 to 69 who reported when they had their last mammogram for routine screening or other reasons. Screening mammography is an important strategy for early detection of breast cancer.

Data:



	Halton Region	Windsor-Essex County	York Region	Wellington-Dufferin-Guelph	Durham Region	City of Ottawa	Peel Region	Region of Waterloo
Routine screening mammogram within the last 2 years	66.3	61.9	56.3	55.1	52.8	51.8	45.5	43.5
Mammogram within the last 2 years for other reasons (E)	15.5	15.4	15.4	11.4	9.6	22.2	20.0	19.3
No mammogram for at least 2 years (E)	17.4	20.4	22.6	33.0	31.9	21.9	30.9	34.0

Notes: Data sorted in descending order by "Routine screening mammogram within the last 2 years".

Data identified with an (E) should be used with caution; there is high sampling variability (coefficient of variation [CV] between 16.6 and 33.3) in the following series:

- For all PHUs except the City of Ottawa, the data in "Mammogram within the last 2 years for other reasons"
- For Halton Region and Wellington-Dufferin-Guelph, the data in "No mammogram within the last 2 years"

Interpretation: York Region's percentage of women aged 50-69 obtaining a mammogram within the past two years is the third highest (56.3%) of the Peer Group B PHUs in the province. Halton Region has the highest percentage at 66.3%, while Waterloo has the lowest at 43.5%.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health System Performance

Indicator name: Pap Smear

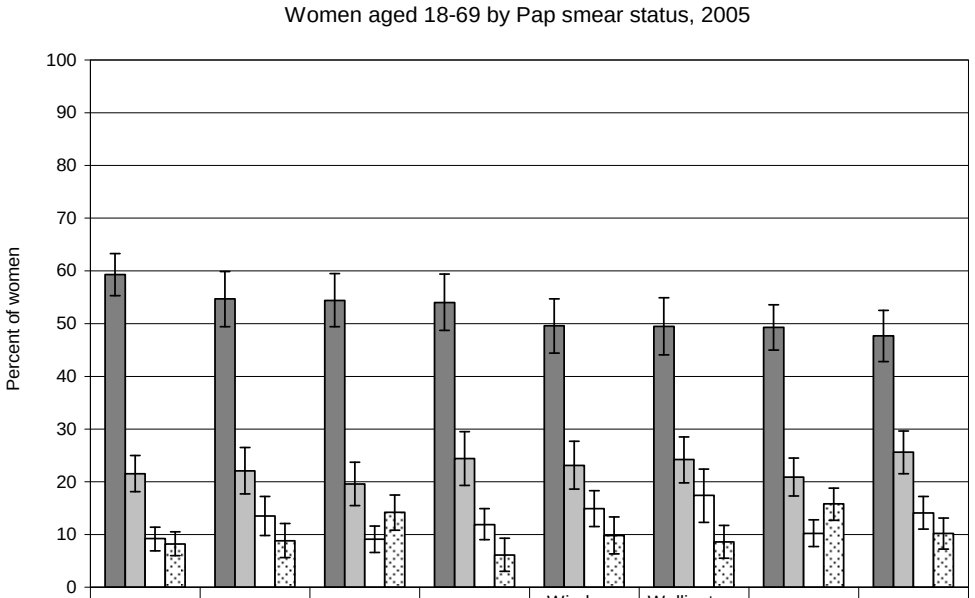
Data source: Statistics Canada, Canadian Community Health Survey (Cycle 3.1)

Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Proportion of females aged 18 to 69 years that obtained a Pap Smear within the last 3 years

Data:



	City of Ottawa	Halton Region	York Region	Durham Region	Windsor-Essex County	Wellington-Dufferin-Guelph	Peel Region	Region of Waterloo
Pap smear <1 year ago	59.3	54.7	54.4	54.0	49.6	49.5	49.3	47.7
Pap smear 1 year to <3 years ago	21.5	22.1	19.6	24.4	23.1	24.2	20.9	25.6
Pap smear 3 or more years ago	9.2	13.5	9.1	11.9	14.9	17.4	10.2	14.1
Never had a Pap smear (E)	8.2	8.8	14.2	6.1	9.8	8.6	15.8	10.2

Notes: Data identified with an (E) should be used with caution; there is high sampling variability (coefficient of variation [CV] between 16.6 and 33.3) in the following series:

- Durham, Halton, Wellington-Dufferin-Guelph and Windsor-Essex County PHUs for the data in "Never had a Pap smear".

Data sorted by "Pap smear less than one year ago".

Interpretation: York Region's proportion of women 18-69 that have had a Pap Smear less than one year ago is the third highest (74.4%) of the Peer Group B PHUs in the province. The City of Ottawa has the highest proportion that has had a Pap smear in the past year at 59.3%, while Waterloo Region has the lowest at 47.7%.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health System Performance

Indicator name: Regular Medical Doctor

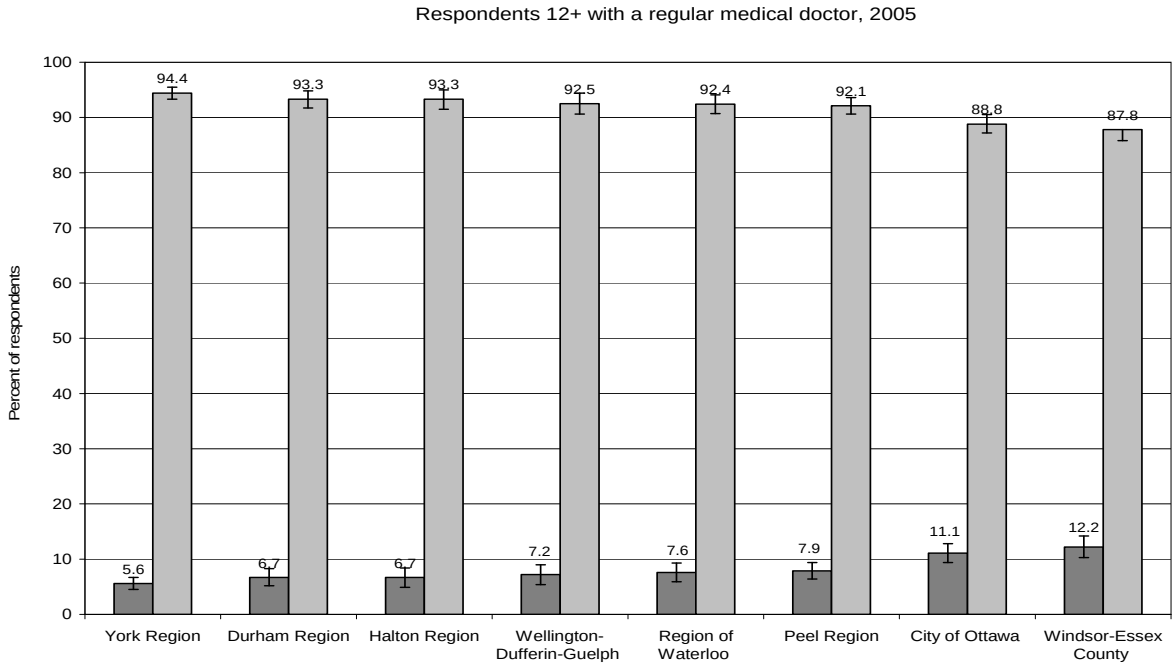
Data source: Statistics Canada, Canadian Community Health Survey, (Cycle 3.1)

Year: 2005

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Proportion of population aged 12 years and over that has a regular medical doctor. Those who did not were asked to report why not. Respondents were considered not to have looked for a regular medical doctor if their responses included "Have not tried to contact one" or "Other reasons". All other respondents without a regular medical doctor were considered to have been unable to find one. Their responses included various combinations of the following: "No medical doctors available in the area", "Medical doctors in the area are not taking new patients" and "Had a medical doctor who left or retired". Establishing an ongoing relationship with a regular medical doctor is believed to be important in maintaining health and ensuring appropriate access to health services.

Data:



Notes: Data sorted in descending order by “Has a regular medical doctor”.

Interpretation: York Region’s proportion of the population aged 12 an over that have a regular medical doctor is the highest (94.4%) of the Peer Group B PHUs in the province. Windsor Essex County has the lowest percent of people with a regular medical doctor at 87.8%. For all PHUs, these are quite high.

Limitations: The data used for this indicator are self-reported. The prevalence may therefore be over or under-estimated. Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting.

Health System Performance

Indicator name: Caesarean Section (CIHI)

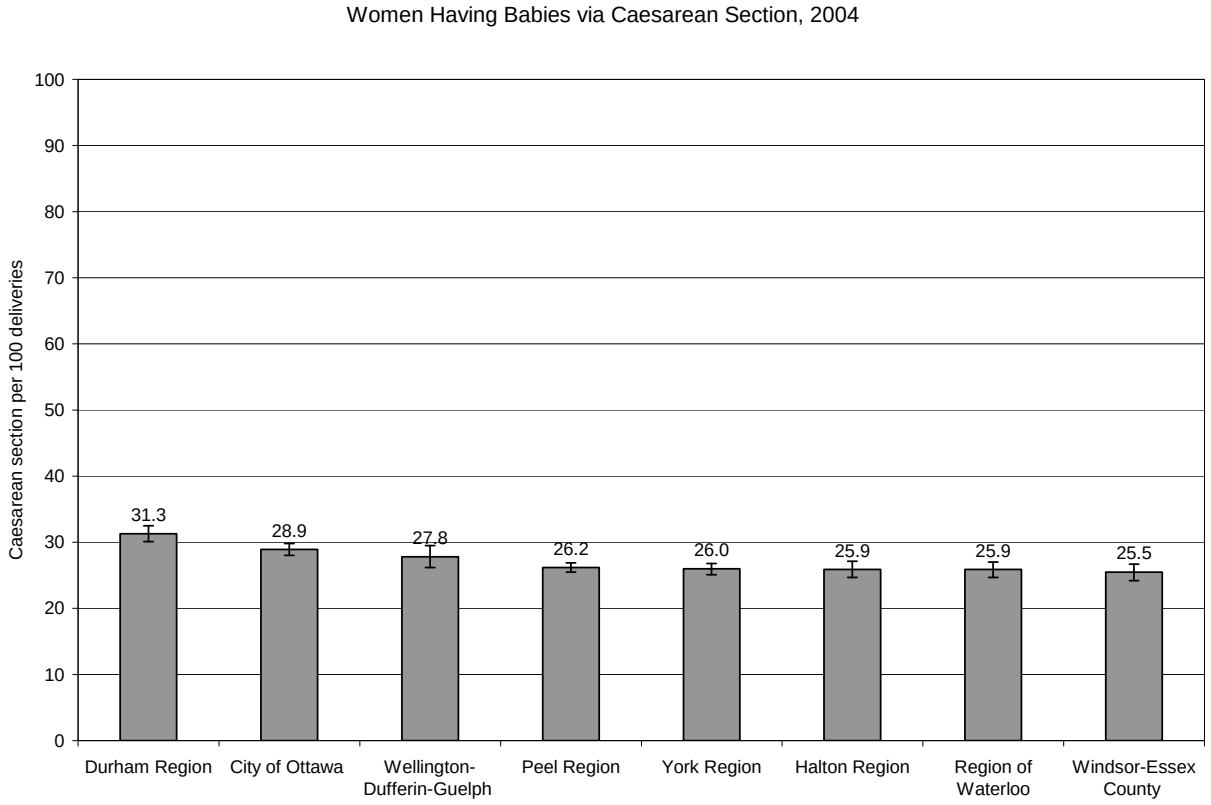
Data source: Canadian Institute for Health Information, Hospital Morbidity Database, Discharge Abstract Database

Years: 2004

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Proportion of women delivering babies in acute care hospitals by Caesarean section

Data:



Notes: Data are sorted in descending order.

Interpretation: In York Region, 26.0% of babies are born via Caesarean section. Of the eight Peer Group B PHUs, this number is the third lowest. Durham has the highest percentage at 31.3%, while Windsor Essex County has the lowest at 25.5%.

Limitations: None known.

Health System Performance

Indicator name: Hip Fracture Hospitalization (CIHI)

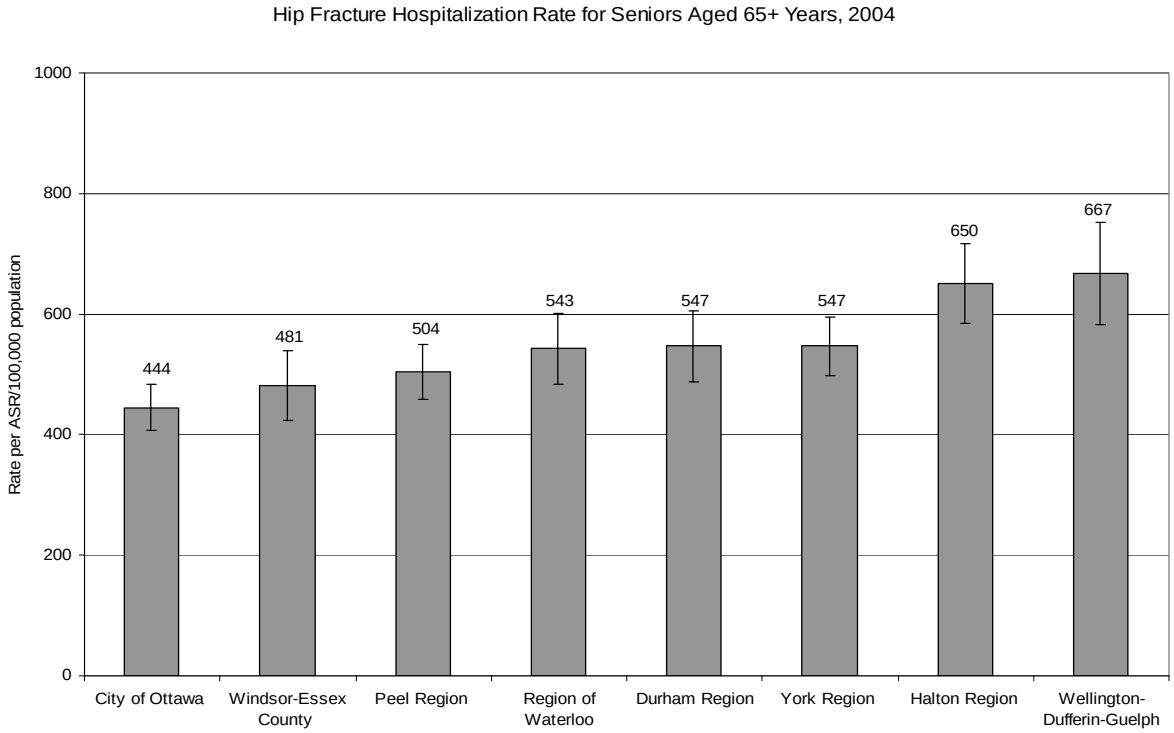
Data source: Canadian Institute for Health Information, Hospital Morbidity and Discharge Abstract Databases

Year: 2004

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized acute care hospitalization rate for fracture of the hip, per 100,000 population age 65 and over. Most responsible diagnosis code of: ICD-9 or ICD-9-CM 820.0-820.3, 820.8, 820.9 or ICD-10-CA S72.0, S72.1, S72.2. Regional rates are based on July 1 population estimates.

Data:



Notes: Data are sorted in ascending order.

Interpretation: Wellington Dufferin Guelph PHU had the highest age-standardized hip fracture rate amongst seniors aged 65 and over: 667/100,000. The City of Ottawa PHU had the lowest rate; just 444/100,000 seniors. York Region was tied with Durham for the third highest rate: 547/100,000 seniors.

Limitations: Hip fractures occur for various reasons including environmental hazards, the prescription of potentially inappropriate psychotropic medications to the ambulatory elderly, and safety issues in long-term care facilities. As well as causing disability or death, hip fractures can have a major impact on independence and quality of life. This measure is based on the number of cases admitted to hospital. Some cases may represent readmissions for additional treatments or transfers from one medical setting to another. Thus, the hospitalization rate may over-estimate the incidence of hip fractures.

Health System Performance

Indicator name: Ambulatory Care Sensitive Conditions (CIHI)

Data source: Canadian Institute for Health Information, Hospital Morbidity and Discharge Abstract Databases

Year: 2004

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: Age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital, per 100,000 population under the age of 75 years. The inclusion criteria are any one most responsible diagnosis code of:

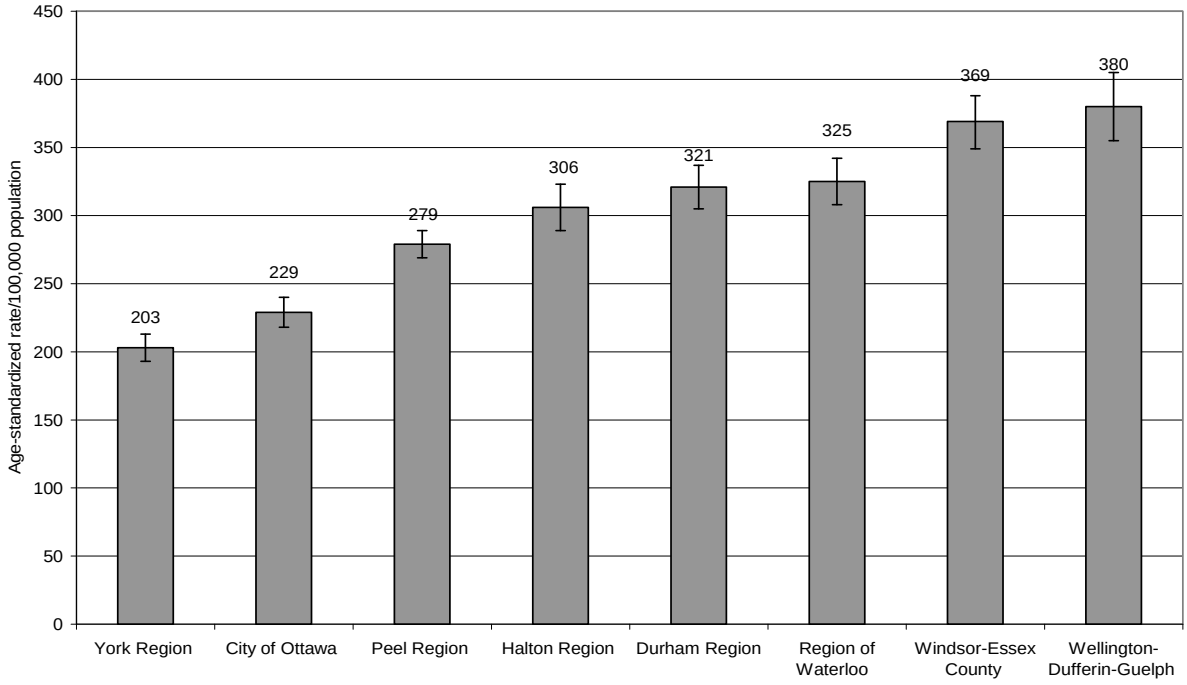
Grand mal status and other epileptic convulsions
Chronic obstructive pulmonary disease
Acute bronchitis, only when a secondary diagnosis^ of COPD is also present
Pneumonia, only when a secondary diagnosis^ of COPD is also present
Asthma
Congestive heart failure^^
Hypertension^^
Angina^^
Diabetes

^ "Secondary diagnosis" refers to a diagnosis other than most responsible
^^ Excluding cases with a specific procedure recorded

Hospitalization for an Ambulatory Care Sensitive Condition is considered to be a measure of access to appropriate medical care.

Data:

Ambulatory Care Sensitive Conditions Hospitalization Rate, Population <75 years, 2004



Notes: Data are sorted in ascending order.

Regional rates are based on July 1 population estimates.

Interpretation: York Region PHU has the lowest age-standardized hospitalization rate for ambulatory care sensitive conditions (203/100,000 population). At the other end of the spectrum, Wellington-Dufferin-Guelph PHU has the highest rate (380/100,000 population). In comparison to the other PHUs in Peer Group B, it appears that York Region residents enjoy good access to primary care.

Limitations: While not all admissions for ambulatory care sensitive conditions are avoidable, it is assumed that appropriate prior ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to primary care.

Health System Performance

Indicator name: Asthma Readmissions (CIHI)

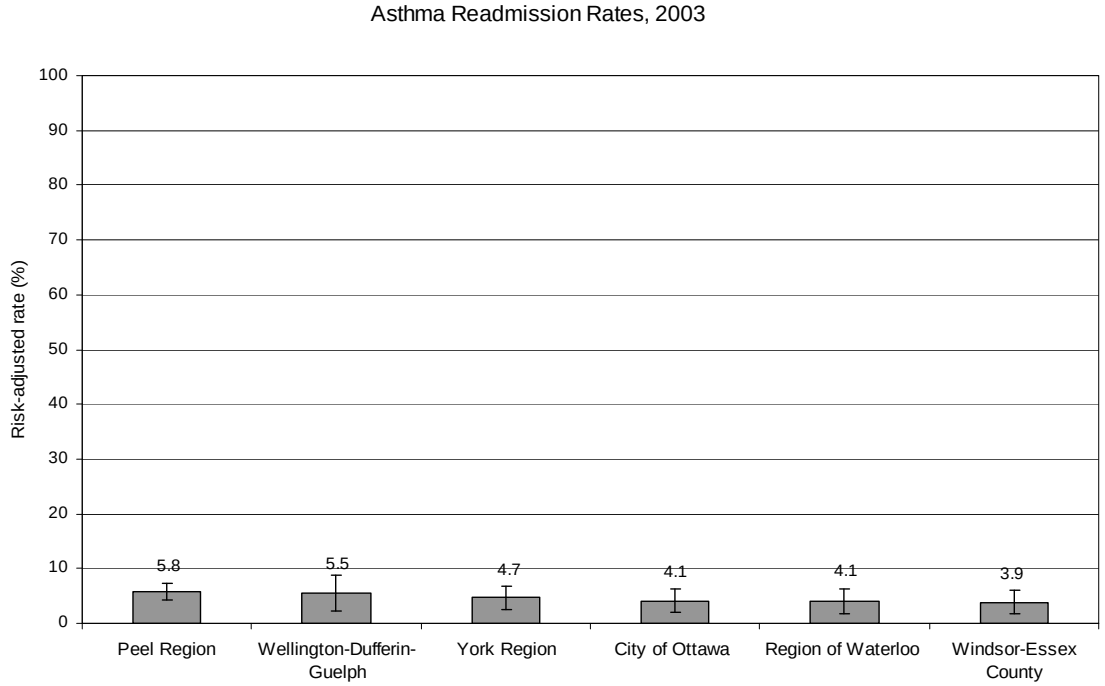
Data source: Canadian Institute for Health Information, Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS)

Years: 2003 (Three Year Average, of which 2003 is the midpoint)

Level of geography: Ontario Health Units in Statistics Canada Peer Group B

Definition: The risk-adjusted rate of unplanned readmission following discharge for asthma. A case is counted as a readmission if it is for a relevant diagnosis and occurs within 28 days after the index episode of care. An episode of care refers to all adjacent in-patient hospitalizations and same-day surgery visits.

Data:



Notes: Durham and Halton Regions' data were suppressed due to small numbers.
Data sorted by descending rate of readmissions.

Interpretation: Windsor Essex County had the lowest asthma readmission rate; just 3.9% of patients. York Region was in the middle of the peer groups with a readmission rate of 4.7%. The highest rate of readmission for asthma was in Peel, where 5.8% of patients were readmitted.

Limitations: To enable comparison across regions, a statistical model was used to adjust for differences in age, sex and co-morbidities. Although readmission for medical conditions may involve factors outside the direct control of the hospital, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including the risk of discharging patients too early and the relationship with community physicians and community-based care. These rates should be interpreted with caution due to potential differences in the coding of co-morbid conditions across provinces and territories.