

# FOCUS ON HealthSTATS



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## Children's Health in Simcoe Muskoka

*"To establish stable, prosperous, equitable societies, we have to make equality of opportunity for all young children a key policy of our societies."*

Dr. Fraser Mustard, 2007

Children are our most important resource. The first few years of a child's life are an important period of growth and development. During this time a child's physical and emotional health is influenced by a number of factors and experiences within their environment, which also help to shape their personality, behavioural traits and learning patterns.<sup>1</sup> Nurturing and raising happy, healthy children is the role of every parent and caregiver; it is the responsibility of the community to provide a safe and healthy environment in which they can live, learn and grow.

This special report provides an overview of the health status of children from 0 to 9 years in Simcoe and Muskoka.



# Demographics

- Children ages 0 to 9 years account for 11.3% of the population in Simcoe Muskoka for a total of 54,200 children.<sup>2</sup>

- As expected, high numbers of children live in the cities with the greatest overall populations—Barrie (17,200) and Orillia (3,080).

- Large populations of children also live in the southern municipalities of New Tecumseth, Bradford/West Gwillimbury and Innisfil. The general populations in these areas are younger, include more families with children and are known to commute outside Simcoe Muskoka for work purposes.

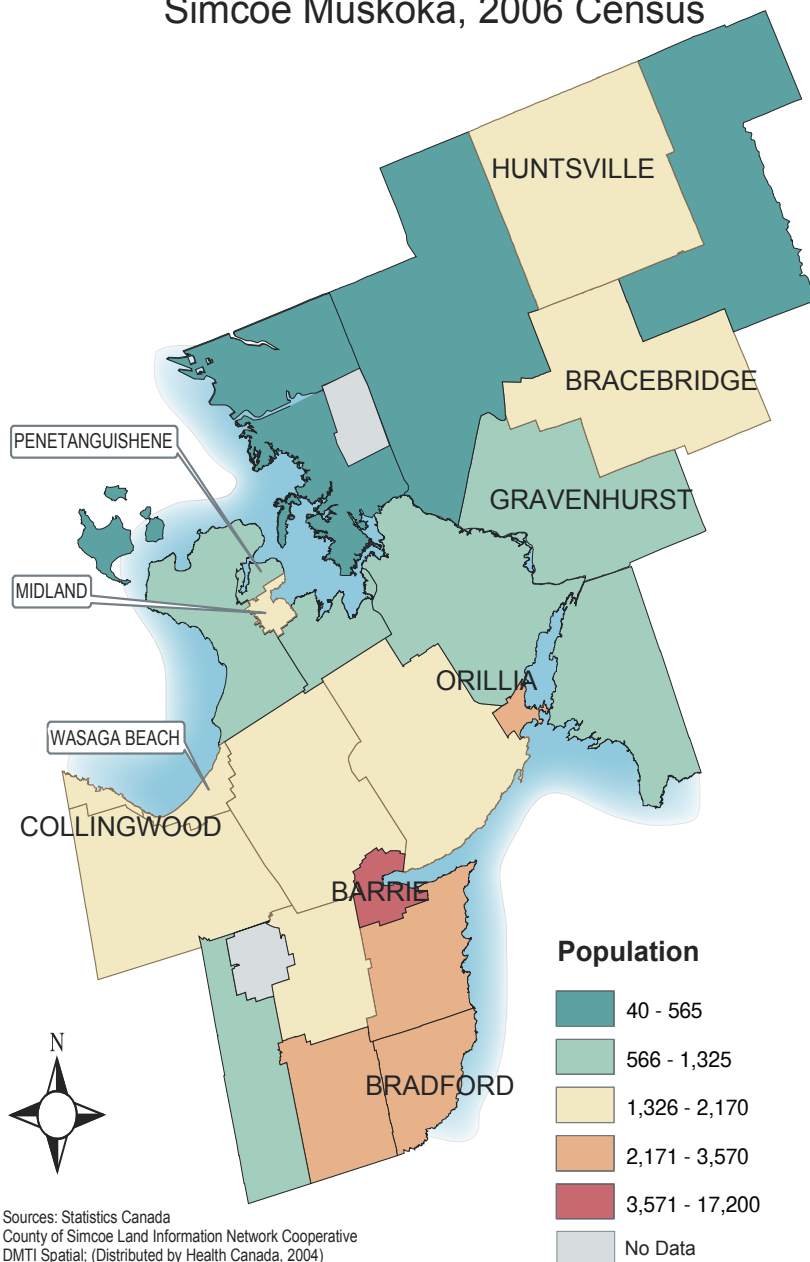
- 94% of people in Simcoe Muskoka speak only English in the home while French is spoken most often or on a regular basis by 2% of the population (the majority bilingual). Four per cent of the population speak English and a non-official language in the home.<sup>3</sup>

- Three per cent of Simcoe Muskoka’s population, or 10,595 people, identify themselves as Aboriginal.<sup>3</sup>

- The further north one travels in Simcoe Muskoka, the smaller the child population and the greater the older adult population.

- By 2031, the population of 0- to 9-year-olds in Simcoe Muskoka is projected to reach nearly 70,000, an increase of 28% from 2006.<sup>4</sup>

**Population Count of Children 0 to 9 years  
Simcoe Muskoka, 2006 Census**



# Factors Affecting Children's Health

Health is determined by the interaction between individual characteristics and social, economic and environmental factors.

A child's development is greatly affected by his or her housing and neighbourhood, family income, level of parents' education, access to nutritious foods and physical recreation, among other factors.<sup>5</sup> For example, children born to low income families are more likely to have low birth weight, eat less nutritious food and have health and social problems throughout their lives.<sup>6</sup>

- According to the Census, 8% of families lived below the low income cut-offs (LICOs).<sup>3</sup>
- Almost three-quarters (72% or 220,940) of Simcoe Muskoka residents aged 20 years and older had completed at least high school education, 45% had completed post secondary education and 6% had less than Grade 9 education.<sup>3</sup>
- 23% of families with children at home (or 19,595 families) were single parent families.<sup>2</sup>
- In 2007, the cost of feeding a family of four in Simcoe Muskoka was about \$130 per week. This is an increase of nearly \$5 per week from 2005.<sup>7</sup>

Good health requires being surrounded by a natural environment with clean air and water. Features of the built environment such as type of housing, street patterns, access to playgrounds and community safety also impact on health.

For example, studies have shown that children living in communities with higher levels of traffic-related pollution had lung function growth approximately 10% slower than children in lower air pollution communities.<sup>8</sup>

Exposure to environmental tobacco smoke also contributes to a child's vulnerability to respiratory infections.<sup>9</sup>

- In 2007, 91% (confidence interval: 86.4%, 95.3%) of Simcoe Muskoka households with children under the age of 10 years reported that their homes were completely free of secondhand smoke.<sup>10</sup>

To help support children's physical and emotional wellbeing, the Simcoe Muskoka District Health Unit (SMDHU) works with community partners to provide programs and services for families and caregivers with children living in our region.

These include:

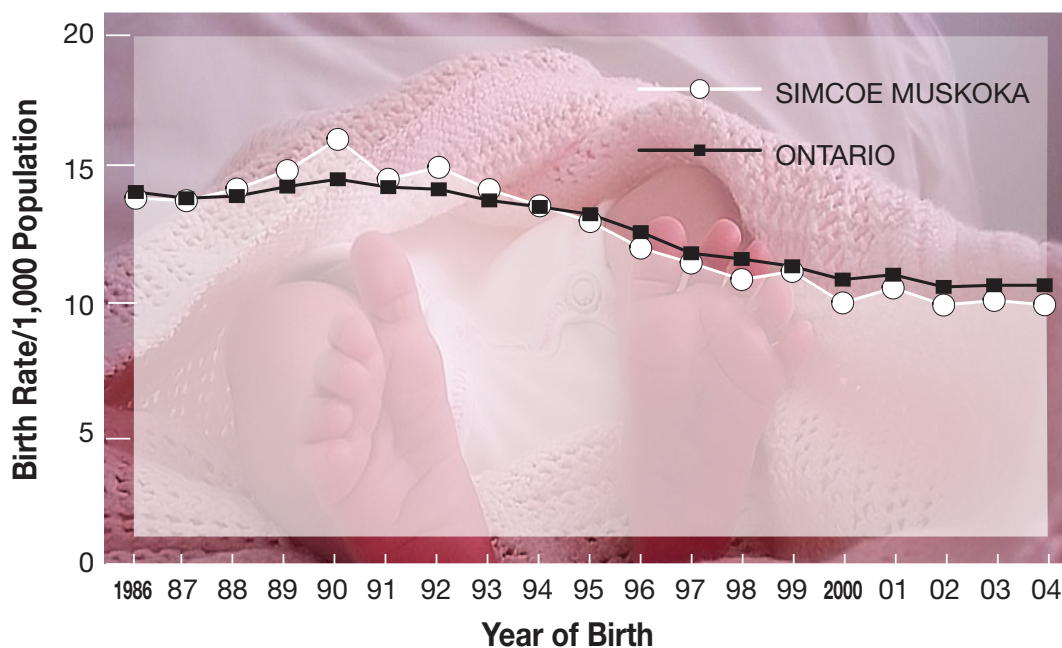
- programs to prevent illness and injury;
- promotion of healthy nutrition, physical activity and the creation of safe, healthy environments;
- immunization programs;
- breastfeeding support;
- dental screening and preventive services;
- parenting education programs;
- in-home visiting for parents of infants and preschoolers;
- *Your Health Connection* - telephone, e-mail and web access to health information and services.



# Birth and Infancy

- In 2004, a total of 4,726 children were born to families who live in Simcoe Muskoka.
- Most of these children (93%) were of a healthy birth weight (between 2,500 and 4,499 grams) which indicates they are at lower risk of some illnesses and long-term complications.
- The low birth weight (between 500 and 2,499 grams) rate (5.4% of live births) in Simcoe Muskoka was slightly lower than the provincial average (5.9%) in 2004. A variety of factors have been linked to low birth weight including the mother's age, socioeconomic status and behavioural risk factors, such as cigarette smoking and alcohol consumption during pregnancy.<sup>11</sup>
- In 2004, most women in Simcoe Muskoka who gave birth were between the ages of 30 and 34 years.
- Between 1986 and 2004, there was a 95% increase in the rate of live births among women ages 35 to 39 years in Simcoe Muskoka.
- In 2004, the crude birth rate was 9.9 live births per 1,000 population. The birth rate in both Ontario and Simcoe Muskoka has been decreasing since the early 1990's.<sup>12</sup>

**Crude Birth Rate**  
Ontario and Simcoe Muskoka, 1986 to 2004



Sources: Ontario Live Birth Data 1986-2004, Provincial Health Planning Database (PHPDB) Extracted: July 2007, Ontario MOHLTC Population Estimates 1986-2006, Provincial Health Planning Database (PHPDB) Extracted: July 2007, Ontario MOHLTC

# Healthy Beginnings

Children’s nutrition is important, beginning with their very first meal. Breastfeeding is identified as the ideal first food for infants.

## Breast is best for infants

Breastfeeding has been shown to:

- reduce incidences of some infectious diseases in newborns (intestinal infections, ear infections and others);
- contribute to the potential prevention of disorders in infancy (SIDS, diabetes and others);
- contribute to the prevention of chronic illness (obesity);
- benefit women’s health (reduced breast cancer rates among others);
- benefit families economically (secure food source for infants).<sup>13</sup>

Health Canada recommends that children are fed only breastmilk until the age of six months, with complementary foods added at that time and continued breastfeeding to two years and beyond.<sup>14</sup>

- In 2005,<sup>15</sup> 91% (82.1%, 95.9%) of recent mothers (ages 15 to 55 years) in Simcoe Muskoka initiated breastfeeding with their last child. This is similar to what was reported for all of Ontario in that year.
- Nearly half (48% (34.9%, 60.8%)) of recent mothers reported breastfeeding for at least six months and less than one-quarter (23% (14.6%, 35.3%)\* ) reported exclusively breastfeeding for at least six months.

\* (interpret with caution, high variability)

The health unit provides breastfeeding education and support to parents of newborns, including the “Getting Ready for Baby” series of prenatal classes, Breastfeeding Place weekly drop-in centres that offer breastfeeding families an opportunity to get together to share experiences, and support by calling or clicking on *Your Health Connection*.

## Healthy Babies Healthy Children (HBHC) Program

The health unit’s HBHC program provides Simcoe Muskoka families of children 0 to 6 years with parenting support through contact with a public health professional.

In 2006, the HBHC program provided the following services:

- Families receiving postpartum contact by a public health nurse: 3,990 families
- Families receiving postpartum home visits from a public health nurse: 1,258 families
- Families receiving ongoing home visits by family home visitors and public health nurses: 429 families
- Total home visits completed: 4,600 visits<sup>16</sup>



# Illness and Injury

## Vaccine-Preventable Disease

Vaccines provide the most effective, long-lasting method of preventing infectious diseases in all age groups.<sup>17</sup> Immunization programs offered by the health unit help to keep the rate of infectious diseases relatively low.

Over a five year period, a total of 435 cases of vaccine-preventable diseases among Simcoe Muskoka children 0 to 9 years were reported to the health unit. Of these, influenza was responsible for 357 (or 82%) of all confirmed cases.

More than half (53%) of these influenza cases occurred among children between the ages of one and four years. Another 26% were among children less than one year of age and the remainder (20%) was among children 5 to 9 years.

The next most commonly diagnosed vaccine preventable disease among children 0 to 9 years of age was pertussis (whooping cough).



Whooping cough is a highly contagious disease that mainly infects infants and children under the age of six.<sup>18</sup>

Thirty-nine confirmed cases of pertussis were reported to the Simcoe Muskoka District Health Unit. Over the same period 41% of these cases were diagnosed in infants under the age of one year.<sup>19</sup>

Children who suffer from preventable diseases are unnecessarily absent from school and child care settings, impacting on the entire family.

## Oral Health

- In 2005/2006, 12% of five-year-old children screened by the health unit showed evidence of Early Childhood Tooth Decay (ECTD). Risk of ECTD is higher in families with low income and education levels.

- During this period, 879 five- and nine-year-olds in Simcoe and Muskoka schools were screened. A total of 414 (or 47%) of these children had no evidence of dental cavities. Five-year-olds had a higher percentage with no cavities (60%) as compared to nine-year-olds (35%).<sup>21</sup>

- Of the total 26,500 elementary school children screened for dental disease across Simcoe Muskoka in 2006/2007, 9% (2,307 children) were found to have unmet urgent dental care needs.<sup>22</sup>

Unmet dental care needs can result in an inability to eat appropriate varieties and amounts of healthy foods, which influences children's ability to meet developmental milestones and participate in daily activities. Poor sleep patterns and behavioural problems in children may result from the pain of dental disease.<sup>23</sup>

The percentage of Simcoe Muskoka school students born in 1998 who are up-to-date on their immunizations:<sup>20</sup>

- Diphtheria, Tetanus, Pertussis - 75%
- Polio - 75%
- Measles, Mumps, Rubella - 76%
- Meningococcal Disease-Group C - 97%
- Haemophilus influenzae B (Hib) - 96%

Each year, health unit dental staff conduct screenings at local elementary schools to assess the oral health of Simcoe Muskoka children.

# Illness and Injury

Investigating causes of illness and reasons for going to the hospital gives us one part of the picture of our children's health status. Some illness and injury may require a visit to the hospital emergency room (ER) while more serious conditions may require admission and stay in the hospital.

## Hospital ER visits (Simcoe Muskoka children 0 to 9 years)

- In 2005, the most common condition requiring visits to hospital emergency rooms was illnesses of the respiratory system, representing 9,876 (or more than one-quarter) of all ER visits. Common respiratory illnesses requiring ER visits included:

- Asthma (1,036 visits)
- Pneumonia (896 visits)
- Influenza (102 visits)

- A total of 7,270 injury and poisoning-related visits to the ER were reported in 2005. Falls were the leading cause of unintentional injury-related visits (2,889). Other causes of preventable injuries resulting in visits to the ER included:

- Unintentional poisonings (182 visits)
- Burns (131 visits)
- Pedal cycle collisions\* (195 visits)
- Motor vehicle traffic collisions\* (144 visits)

\*Categories are not mutually exclusive. Injuries due to pedal cycle collisions include those involving motorized vehicles.

- Boys visit hospital emergency departments due to unintentional injuries more often than girls (56% vs 44%).<sup>24</sup>

While injuries represent a significant burden, many of these can be prevented through parental supervision of children in the play environment and educating children and parents about the appropriate use of safety equipment (e.g. car seats and bicycle helmets).

- In 2004<sup>25</sup> and 2005,<sup>26</sup> in Simcoe County and Muskoka District respectively, about four out of five households with at least one child (ages 5 to 9 years) who rides a bicycle, reported the child always wears a helmet while riding a bicycle.

- In 2007,<sup>10</sup> over 90% of households with children 4 to 7 years of age reported that the child always travels in the back of their vehicle, strapped in a booster seat or car seat.



The health unit is actively involved in educating the community about how to prevent injuries in children.

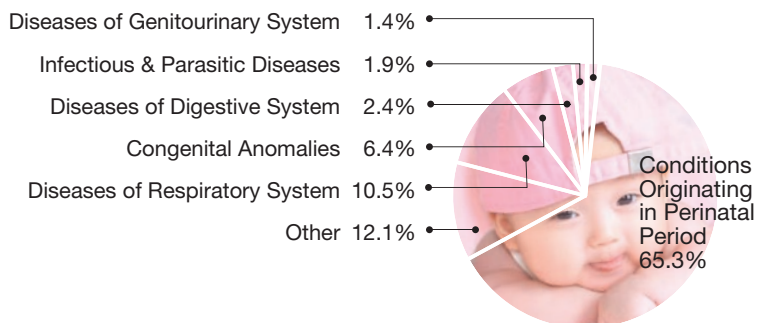
In 2006, the health unit partnered with local agencies to run car seat clinics, bike rodeos and bike helmet fitting clinics.

# Illness and Injury

## Hospitalizations (Simcoe Muskoka children 0 to 9 years)

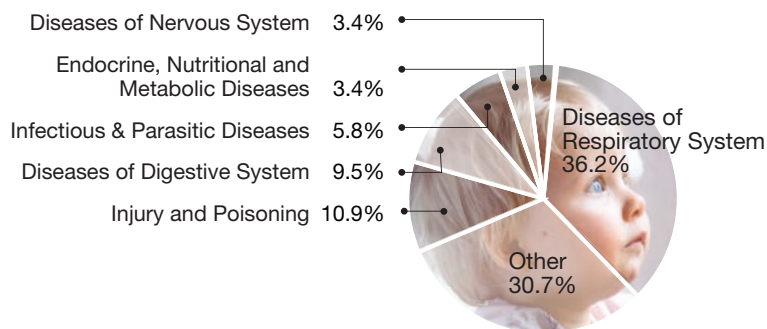
- In 2006, causes of hospitalizations for Simcoe Muskoka infants less than one year of age included treatment for conditions related to short gestation and low birth weight (394 hospitalizations or 18.5% of total), as well as respiratory diseases (222 hospitalizations or 10.5% of all hospitalizations).
- Children aged 1 to 9 years were most often hospitalized as a result of conditions of the respiratory system, ranging from asthma (116 hospitalizations or 8.9% of total), pneumonia (158 hospitalizations or 12.1%) and other acute infections including influenza (42 hospitalizations or 3.2%).
- Falls were responsible for 43% of all unintentional injury-related hospitalizations among children under 10 years of age. Twenty per cent of falls took place in the playground while another 21% were the result of falls from furniture (bed or chair).
- 61% of all unintentional injury-related hospitalizations occurred among boys.<sup>27</sup>

### Leading Causes of Hospitalization\*, Ages <1 Simcoe Muskoka, 2006



Source: Inpatient Hospitalization data (2006), Provincial Health Planning Database, (PHPDB) extracted August 2007, Ontario MOHLTC  
\*Excludes livebirths

### Leading Causes of Hospitalization, Ages 1-9 years Simcoe Muskoka, 2006



Source: Inpatient Hospitalization data (2006), Provincial Health Planning Database, (PHPDB) extracted August 2007, Ontario MOHLTC

# Mortality

Over a five-year period, there were a total of 132 deaths among Simcoe Muskoka children under 10 years of age. The top three causes of death were conditions originating in the perinatal period (42%), congenital anomalies (15%) and motor vehicle traffic collisions (6%). Simcoe Muskoka's all-cause death rate (45.5 deaths/100,000 population) for ages 0 to 9 is less than the provincial rate of 60.3 deaths/100,000 population.<sup>28</sup>

# Health Behaviours

Children's physical growth is affected by many factors, including the kind of food they eat, the amount of physical activity they get and the type of environment in which they live and play.

What children eat is important as they grow. Recent surveys indicate that Ontario's children consume less than the recommended number of servings of fruits and vegetables as well as milk products.<sup>29</sup> In 2003, a survey of more than 1,100 Simcoe County Grade 1 students revealed that more than half of children ate one or more low-nutrient foods daily (high in fat, sugar and/or salt).<sup>30</sup>

Being physically active and maintaining a healthy body weight are also important. Over half of Canada's children are not active enough for healthy growth and development.

A lack of physical activity can be a major contributor to weight gain and obesity. Obesity can cause an increased risk for diabetes and other adult chronic diseases.

The health unit provides nutrition resources and information to families and agencies in Simcoe Muskoka, including Canada's Physical Activity Guide for Children and Eating Well with Canada's Food Guide.

Obesity rates among Canadian children and youth have nearly tripled over the last 25 years.<sup>31</sup>

According to the 2003 Simcoe County Child Health Survey:

- just under one-half of children met the 90 minutes per day national guideline for total physical activity;
- almost three in four children watched TV every day; of those 15% watched TV for two or more hours a day;
- 26% of children were at risk of overweight or were overweight.<sup>30</sup>

How much physical activity a child gets is, in part, determined by their physical environment. If a child cannot bike or walk to school because the school is too far away or because there are no sidewalks to walk or cycle on safely, their level of physical activity is reduced.

Research shows that since the 1960's, fewer children make their own way to school. Most are driven by school bus or private vehicle.<sup>32</sup> Children who do not have access to parks or other open spaces in which to play may not only get less physical activity, but also risk being injured from playing close to traffic.<sup>33</sup>



Parents, schools, municipalities, businesses and communities can work together to help the children of Simcoe and Muskoka build a lifetime of good health by taking the following actions:

- **Be aware** – of the benefits of physical activity and healthy eating;
- **Make it easy** – to eat healthy and be active every day;
- **Be involved** – with your community to support healthy lifestyles;
- **Speak out** – for changes that will make your community a healthier place to live.<sup>34</sup>

# Influencing Children's Health

Parents and caregivers play an important role in helping children achieve good health. Positive parenting involves setting rules in the home that are related to a child's age and abilities, praising good behaviours, spending quality time with children, demonstrating affection and helping children to develop self-discipline through learning, not punishment. Parents who make small changes in the way they interact with their children can positively influence their children's behaviour.<sup>35</sup>

Parents often need a reminder that caring for themselves by eating well, being physically active, resting and reducing stress is important. Incorporating these healthy habits into their daily lives can help parents to manage the task of raising their child with more energy and confidence, which can make a tremendous difference in the lives of their children.

Additionally, by looking after their own health, parents and caregivers can be better prepared to adopt healthy practices with their children.

In Simcoe and Muskoka there are many resources available to provide parents and caregivers with the information and support they need to successfully fulfill their parenting

role. Programs for parents, such as the Healthy Babies Healthy Children home visiting program are also available. This health unit program offers support to parents with newborns and children up to the age of six years through visits from public health nurses and other community service workers.

Triple P – Positive Parenting Program, a service offered in conjunction with other providers in Simcoe Muskoka, gives parents clear and simple strategies to manage their child's behaviour, from the toddler age to the teenage years. The program offers support, practical suggestions and a plan of action for parents in the way that they need it, whether that's by talking to a trained person over the phone, in individual or group sessions, or with additional help.

Parents and caregivers can get answers to their questions and access information about programs and services available in their community by calling *Your Health Connection* at 1-877-721-7520 or by clicking [www.simcoemuskokahealth.org](http://www.simcoemuskokahealth.org).

## In 2006, *Your Health Connection* responded to:

- 424 calls about infant and child nutrition
- 538 calls about breastfeeding
- 292 calls about child growth and development
- 478 calls about parenting
- 512 calls about booster seats and car seat restraints
- 3,567 calls about childhood immunization
- 2,709 calls about oral health<sup>36</sup>



## Data Sources

### Canadian Community Health Survey (CCHS)

The CCHS, Cycle 3.1, was conducted by Statistics Canada to provide cross-sectional (at one point in time) estimates of the factors that influence the health of the population, health status of the population and use of the health system by the population for 126 health regions across Canada. The CCHS Cycle 3.1 (2005) Sharing File - Ontario Sample consisted of 39,486 respondents, aged 12 and over. Respondents were randomly selected, one per household. The target population of the CCHS included household residents in all provinces and territories, with the exclusion of populations on Indian Reserves, Canadian Forces Bases and some remote areas.

### Census

The Canadian Census is conducted by Statistics Canada every five years to provide a reliable source for describing the characteristics of Canada's people, dwellings and agricultural operations. The Census provides the population and dwelling counts not only for Canada but also for each province and territory, and for smaller geographic units such as cities or districts within cities. The Census also provides information about Canada's demographic, social and economic characteristics. The most recent Census of Canada took place on Tuesday, May 16, 2006. The data from this Census is being released in stages during 2007 and 2008. Where available, 2006 data are used. Information is supplemented with 2001 data.

### Child Health Survey

In 2003, the Simcoe Muskoka District Health Unit conducted the Simcoe County Child Health Survey in collaboration with the Simcoe County District School Board (SCDSB) and the Simcoe Muskoka Catholic District School Board (SMCDSB). The purpose of the survey was to understand the eating and physical activity patterns of children and their families and to investigate the weight pattern of Grade 1 children in Simcoe County. The final sample included 1,172 children.

### Community Action Profile Simcoe (CAPS)

The CAPS database is used to provide clear and concise electronic documentation of all nurse-client interactions resulting from calls taken through *Your Health Connection* phone response line. The recording of the information occurs as soon as possible and must be complete within 24 hours of the contact. Information about the caller and nature of the call is also recorded, including: gender and age of the caller, age focus of the call, the name of the program the call is most related to and the topic of the call.

### Dental Indices Survey (DIS)

DIS is a survey conducted annually by Ontario public health units on the oral health status of a sample of children ages 5, 7, 9 or 13 years who attend publicly funded schools. The sample is chosen from the population of children who receive dental screening every year in schools. Children who are absent from school on the day of the DIS, schooled at home or who refuse are excluded. Children living on native reserves, military bases, in institutions or attending private schools are also excluded.

### Dental Screening

Dental health screening is conducted annually by Ontario public health units to identify children with severe dental health problems and those eligible for the Children In Need Of Treatment (CINOT) program or for preventive oral health services (topical fluoride or pit and fissure sealants).

### Emergency Room (ER) Visits

Data on ER visits is a component of the Ambulatory Visit database, obtained from the National Ambulatory Care Reporting System (NACRS) developed by the Canadian Institute for Health Information (CIHI) and the Ministry of Health and Long-Term Care of Ontario. The system collects patient level data on visits to a hospital's ambulatory services, in this case, emergency rooms. The data presented in this report includes ER visits from January 1, 2003 – December 31, 2005. The data represents the number of ER visits, not the number of people visiting the ER.

### Healthy Food Basket Survey

The Healthy Food Basket Survey was carried out in June 2007. Simcoe Muskoka District Health Unit staff visited eight grocery stores in different parts of Simcoe Muskoka to check prices on the same 66 foods in each store. These foods included a variety of inexpensive choices from the four food groups of Canada's Food Guide to Healthy Eating: breads, cereals and other grain foods; vegetables and fruits; milk and other dairy products; meats, fish and poultry, and canned beans and other "meat alternates". Items with little nutritional value like soft drinks, chips and other snack foods as well as non-food items (e.g. dish soap, paper towels and shampoo) were not included in the survey. Survey results provide a good idea of how much it actually costs people in Simcoe Muskoka to eat a nutritious diet when that diet is based on meals and snacks prepared at home.

### Hospital Inpatient Discharges

Data are collected from each patient's chart at the time of discharge from hospital and are recorded on an abstract provided by Canadian Institute for Health Information (CIHI). The abstract collects information on the patient and the nature of their stay. One abstract is completed for each separation (stillbirth, death, discharge) from the hospital. The main diagnostic code gives the primary reason for the hospital stay or "most responsible diagnosis" (MRD). A second set of codes, external cause or "e-codes", are used to classify the environmental events, circumstances and conditions that cause an injury (e.g. motor vehicle traffic injury). While the e-codes are the principal means for classifying injury deaths, they are not used as a MRD for hospitalizations so they need to be examined separately. The data source contains discharge records, not admissions. The data is reported for completed cases only. Hospitals do not report on cases that are still being treated. The data presented in this report includes discharges from January 1, 2003 – December 31, 2006. The data represents the number of discharges, not the number of people.

### Immunization Records Information System (IRIS)

Each public health unit in Ontario is responsible for monitoring the immunization history of school-aged children, as directed by the Immunization of School Pupils Act. Immunization information is collected and entered into the Immunization Records Information System (IRIS) for reporting to the Ontario Ministry of Health and Long-Term Care.

### Integrated Public Health Information System (iPHIS)

iPHIS is the database that Ontario public health units are required to use for the collection and analysis of information related to cases and contacts of reportable disease as well as for the purposes of outbreak management. The most common source of case identification is through laboratory notification of confirmed test results (serology, microbiology cultures, etc.). Physicians are required to report cases that fulfill laboratory or clinical case definitions. There may be considerable under-reporting of actual cases for some diseases. For instance, when an infected person has mild clinical symptoms they may not seek medical care and/or laboratory testing may not be performed.

### Live Births

Live birth data is obtained from the Office of the Registrar General (ORG), which is part of the Ministry of Government Services of Ontario. The ORG is responsible for registering all live births, still births and deaths for Ontario. Every year, the ORG sends all births and deaths to Statistics Canada for further data editing. Once approval of the files has been obtained from the ORG, Statistics Canada sends copies of the edited files for Ontario occurrences only to the Ministry of Health and Long-Term Care. The database covers the time period January 1, 1986 - December 31, 2004.

### Mortality

Mortality data are derived from death certificates completed by physicians, which are collected by the Office of the Registrar General (ORG). The cause of death reported is that which initiates the sequence of events leading to death. Consequently, there may be some uncertainty in classifying when there are multiple causes of death. Determining true cause of death may be influenced by the social or legal conditions surrounding the death and by the level of medical investigation, e.g. AIDS, suicide. Data is analyzed by the residence of the deceased, not where the death occurred. Records for Ontario residents who die outside of the province are not available and are therefore excluded. Registration of deaths is considered to be virtually complete.

### Population Estimates

The source data used are population estimates by single year of age (up to 90+) and sex for Ontario's Census Subdivisions (CSD) as of July 1, 1986 – 2006. The population estimates are produced by the Demography Division, Statistics Canada, and are based on the 1986, 1991, 1996 and 2001 census counts adjusted for net undercoverage. The latest update to the population estimates includes revisions to postcensal estimates for 2003 – 2005 and new estimates for 2006, released by Statistics Canada in January 2007.

### Population Projections

The population projections by county were released by Ontario's Ministry of Finance (MOF) in spring 2007. The base population for the MOF projections is taken from the July 1, 2006 preliminary postcensal estimates, released by Statistics Canada in January 2007. The projections are produced by the Ministry of Finance to provide Ontario ministries, municipalities and other users an outlook of population growth for Ontario based on a standard demographic methodology.

### Rapid Risk Factor Surveillance System (RRFSS)

RRFSS is an ongoing monthly telephone survey that occurs in various public health units across Ontario. Every month, a random sample of 100 adults aged 18 years and older in each participating health unit area is interviewed regarding awareness, knowledge, attitudes and behaviours about topics and issues of importance to public health. These can include: smoking, sun safety, use of bike helmets, air quality, etc. The telephone survey is conducted by the Institute for Social Research (ISR) at York University on behalf of the Simcoe Muskoka District Health Unit.

## Definitions

**Congenital anomalies** – A congenital anomaly is an abnormality of structure, function or body metabolism that is present at birth (even if it is not diagnosed until later in life) and results in physical or mental disability, or is fatal. It is also called a birth defect. The word “congenital” means “at birth”. “Anomaly” comes from the Greek word “anomalos” meaning “uneven” or “irregular”.

**Crude live birth rate** – Total number of live births per 1,000 population.

**Early childhood tooth decay** – Refers to tooth decay that affects the teeth of babies and young children. Babies can get early childhood tooth decay from going to bed with a bottle of milk, formula or juice and falling asleep at the breast with milk still in the mouth.

**Environmental tobacco smoke** – Smoke generated from the sidestream (the burning end) of a cigarette, pipe or cigar and the exhaled mainstream smoke (the smoke that is puffed out by smokers) of cigarettes, pipes and cigars.

**Low Birth Weight** – Live births greater than 500 grams and less than 2,500 grams, expressed as a percentage of all live births (birth weight known). 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.

**Low income cut-off (LICO)** – Income levels at which families or unattached individuals spend 20% more than average on food, shelter and clothing. The low income cut-offs (LICOs) represent levels of income where people spend disproportionate amounts of money for food, shelter and clothing. LICOs are based on family and community size. The cut-offs are regularly updated to account for changes in the consumer price index.

**Perinatal** – 28 weeks or more gestation to seven completed days after birth.

**Reportable disease** – A disease that must be reported to local health units when diagnosed.

**Socioeconomic status (SES)** – Descriptive term for a person’s position in society, which may be expressed using such criteria as income, educational level attained, occupation, value of dwelling place, etc. There is a strong correlation between SES and health-related characteristics, such as average length of life and risk of dying from certain causes.

**Unintentional injuries** – Refers to injuries that were unplanned. Unintentional injuries can result from motor vehicle traffic collisions, falls, fires and burns, drowning and poisonings, for example.

**Unmet urgent dental care needs** – Unmet needs include: dental conditions presently causing pain or have caused pain frequently; visually apparent abscesses or swellings, and /or acute gingival conditions requiring immediate attention; hemorrhage associated with trauma or accidents; trauma to the premaxilla, maxilla and /or mandible which affects the teeth and supporting structures; any specific pathological condition of the hard or soft tissues where further investigation is recommended; or developmental anomalies or pathology of a potentially serious nature; large, open lesions/cavities in permanent teeth well into the dentine, or in crucial primary teeth that, if left untreated, the child might be deemed to be in a state of dental neglect and thus eligible for referral to a Children’s Aid Society under the Child and Family Services Act. The lesions should be obvious enough that the parent of guardian can readily see them.

**95% confidence interval** – Indicates the interval or range within which the true population percentage probably lies. The reason for using confidence intervals is due to the uncertainty, or sampling error, associated with using results obtained from a sample to draw conclusions about the entire population from which the sample was drawn. The confidence interval (in our case, a 95% confidence interval) can also be interpreted as being 95% likely to include the percentage value we would have obtained if we had studied every member of the target population. For example, our report states that the percentage of Simcoe Muskoka households reporting that their homes are completely smoke free was 91% (86.4%-95.3%), which means that there is a 95% chance that the actual or true percentage of households with homes that are completely smoke free falls between 86.4% and 95.3%. Smaller confidence intervals imply greater precision, or less sampling error.

## References

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For more information about the data presented in this report, contact *Your Health Connection* at (705) 721-7520, toll free at 1-877-721-7520 or email at [hconnect@smdhu.org](mailto:hconnect@smdhu.org), or visit [www.simcoemuskokahealth.org](http://www.simcoemuskokahealth.org)

