
Data Notes and Sources

Age-standardized Rates

Direct standardization of data with the 1991 Canadian population were used to account for differences in the age-structures of the populations being compared.

Birth Data

Ontario vital statistics data are collected by the Office of the Registrar General using the birth registration form, which is completed by parents. A number of live births are not reported in the Ontario vital statistics each year. The last estimate, in 1997, was that 3.2% of Toronto live births were not reported. This is was an increase from the previous year. The percentage of unregistered births is higher for mothers less than 20 years of age and for low weight births. A new source for birth data, the Niday Perinatal Database, was implemented in Toronto in April 2003. It is the only database in Ontario that provides immediate access to real-time population-based perinatal data for an entire region. The Niday Perinatal Database provides population-level perinatal data for planning and evaluation of programs, policies and services.

Canadian Community Health Survey (CCHS) Cycle 1.1 (2000/2001)

Data for the CCHS 1.1 was collected between September 2000, and November 2001. The target population was Canadian household residents aged 12 years and older in all provinces and territories, with the exclusion of populations on Indian Reserves, Canadian Forces Bases, and some remote areas. The survey sampled one randomly selected respondent per household, either through face-to-face or telephone interview. The sample size for Toronto is 2,382. The CCHS is weighed to account for proportional representation of groups with different characteristics. To remove language as a barrier to conducting interviews, each of the Statistics Canada Regional Offices recruited interviewers with a wide range of language competencies. When necessary, cases were transferred to an interviewer with the language competency needed to complete an interview. These interviewers translated the survey into the appropriate language in person at the time of the interview. In addition, the survey questions were translated into the following languages: Chinese, Punjabi and Inuktitut.

Canadian Community Health Survey Cycle 2.1 (2003)

CCHS 2.1 data collection occurred between January and December 2003. Both personal and telephone interviews were conducted. Sample characteristics, weighting strategy, and survey languages are consistent with CCHS 1.1. The planned sample size for Toronto was 3,410.

Cancer Incidence Data

Cancer incidence, mortality, survival, and prevalence data were obtained from the Division of Preventive Oncology Surveillance Unit at Cancer Care Ontario.

(CD data for 1964-2001, Release 3, June 2003). Note that changes in incidence may reflect trends in risk factors or changes in early detection and diagnostic practices.

Census Data

Statistics Canada's Census of Population 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 Population took place on May 15, 2001.

Centre for Addiction and Mental Health Monitor 2001

Estimates of tobacco use for Ontario adults aged 18 years and older were obtained from the Centre for Addiction and Mental Health's 2001 CAMH Monitor, a survey-based telephone interview of 2,627 Ontario adults. Toronto's adult tobacco use rates are based on the 417 respondents to this survey from the Toronto area. Trend data on tobacco use among Toronto and Ontario adults is based on 16 repeated cross-sectional surveys conducted by the Addiction Research Foundation in 1977, 1982, 1984, 1987, 1989, and 1991 through 1998, and the Centre for Addiction and Mental Health in 1999, 2000, and 2001. Earlier interviews (1977-1989) were face-to-face, and more recent surveys (1991-2001) were administered over the telephone using random digit dialing.

Communicable Disease Data

Communicable disease data for this report was taken from *Communicable Diseases in Toronto 2002, and Trends 1992 to 2002*, a report that was released in June 2004 by Toronto Public Health. It is the first annual report summarizing descriptive data for reportable communicable diseases in the City of Toronto. Data for *Communicable Diseases in Toronto 2002, and Trends 1992 to 2002* was extracted from the Ministry of Health and Long-Term Care mandated Reportable Disease Information System, which is used for disease surveillance and case management data in Ontario.

Hospitalization Data

Hospitalization data are based on hospital separations (i.e. discharges, transfers, or deaths). Since a person may not be hospitalized or may be hospitalized several times for the same disease or injury, or discharged from more than one hospital (after transfer) for the same event, hospitalization data provide only a crude measure of disease and injury prevalence. The presence of co-morbid conditions can contribute uncertainty to the most responsible diagnosis. Data are collected based on location of hospital but are generally analyzed by the residence of the patient.

International Classification of Diseases and Related Health Problems – 10th Revision (ICD-10)

This report is the first from Toronto Public Health to include rates that were calculated using ICD-10. ICD-10 represents the greatest change in the ICD in over 50 years. The main changes from ICD-9 are:

1. some diseases and groups of conditions have been moved between chapters (major disease classifications) to reflect current ideas of etiology and pathology,
2. the first character of each code is now alphabetic rather than numeric, and
3. there have been several changes to the rules governing selection of the underlying cause of death.⁴⁴

Rates calculated using ICD-9 cannot be compared to rates calculated using ICD-10 because of these significant changes.

Mortality Data

The Office of the Registrar General obtains information about mortality from death certificates that are completed by physicians. Causes are those that initiated the sequence of morbid events leading to death, and co-morbidity can contribute some uncertainty as to underlying cause(s) of death. Residential information is based on the deceased's geographic place of residence and not where he or she died. Ontario residents who died outside of the province were included in the Ontario Ministry of Health and Long-Term Care's Health Planning System (HELPS) database from 1981 to 1992 but have been excluded since 1993. Out-of-province residents who died in Ontario are excluded from HELPS. Variation in data collection procedures over time and/or geography may reduce the accuracy of time and/or place-specific comparisons.

Ontario Student Drug Use Survey (OSDUS) 2003

Drug use information for students was obtained from the Centre for Addiction and Mental Health's OSDUS. The OSDUS began in 1977 and is the longest ongoing school survey of adolescents in Canada. The survey includes students in Grades 7 to 12. It describes drug use in 2003 and changes since 1977. All data are based on self-reports derived from anonymous questionnaires administered in classrooms. The sample size for Toronto for 2003 was 1097.

Rapid Risk Factor Surveillance System (RRFSS)

The Rapid Risk Factor Surveillance System (RRFSS) is an on-going telephone survey occurring in various public health units across Ontario. Each month, in each health unit area, a random sample of 100 adults aged 18 years and older is interviewed regarding risk behaviours, knowledge, attitudes and awareness of topics of importance to public health. The survey is conducted by the Institute for Social Research (ISR) at York University, on behalf of all RRFSS-participating health units. A limitation of RRFSS is that it is only administered in English. The RRFSS sample also tends to have a higher education and income level than the general population.

Toronto Healthy Environments Information System (THEIS)

THEIS is an integrated information system. It is used to manage inspections, public disclosure, on-demand requests and time and activity tracking for Healthy Environments staff at TPH. Data is stored in an Oracle database with interfaces to secondary databases linking to the web and remote connectivity environments. The system provides a co-ordinated method of access to environmental health information and services for TPH and its clients.

Toronto Perinatal and Child Health Survey, 2003

The Toronto Perinatal and Child Health Survey was conducted as part of the Ministry of Health and Long-Term Care Perinatal and Child Health Survey Strategies Initiative. The purpose of this telephone survey was to provide population-based data on the prevalence of risk and protective factors related to child health and development outcomes of children aged 0-6 years in the City of Toronto. This information was needed to fill data gaps identified by TPH in various areas of application. Topics for which information was gathered include childhood injury due to falls, breastfeeding initiation and duration, physical activity participation, smoking restrictions in the home, parenting practices, child food security, parental depression, and dental health. The telephone survey was initiated on March 1, 2003 and completed on April 7, 2003. Respondents were randomly selected by random-digit-dialing procedures. One thousand (1,000) parents with children aged 0-6 years residing in the city of Toronto participated in this survey.