

IV. Chronic Disease, Injury and Substance Abuse Prevention

1) Heart Health

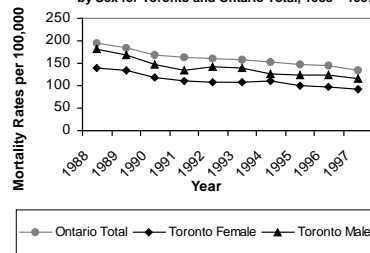
Goals:

- ▶ To promote heart health.
- ▶ To reduce morbidity and mortality caused by heart disease and stroke by reducing the prevalence of modifiable risk factors.

Selected Health Status Indicators

Ischaemic Heart Disease (IHD): IHD mortality rates for both men and women are consistently lower in Toronto than Ontario (Figure 1). The rates in males are higher than in females and, in 1997, the IHD mortality rate per 100,000 was 93.4 for Toronto females and 114.5 for Toronto males (Ontario females – 121.5 per 100,000; Ontario males – 148.1 per 100,000). The total IHD rates have been declining steadily from 159.5 per 100,000 in 1988 to 103.9 per 100,000 in 1997 in Toronto. Death rates in 1996 due to coronary heart disease and other circulatory diseases are lower among Toronto residents than for Canada. (8)

Figure 1: Standardized Ischaemic Heart Disease Mortality Rates* by Sex for Toronto and Ontario Total, 1988 – 1997



* Rates per 100,000 population, standardized to the 1991 Canadian population

Data Sources: CEHIP and Ontario Ministry of Health Provincial Health Planning Data Base (PHPDB)

Stroke: Mortality rates for stroke in both men and women in Toronto are slightly lower than in Ontario. In 1997, the overall mortality rate due to stroke was 46.9 per 100,000 in Toronto and 49.1 per 100,000 in Ontario. Rates per 100,000 are consistently higher for females than males (53.4 compared to 40.2 in 1997) and overall have been declining – from 52.0 per 100,000 in 1988 to 46.9 per 100,000 in 1997. Toronto death rates for stroke are similar to Canada in 1996. (8)

Hypertensive Diseases: In general, the mortality rates for hypertensive disease in both men and women in Toronto are slightly higher than Ontario from 1988 to 1997. Toronto rates per 100,000 are higher for females than males (5.1 compared to 3.7) in 1997. No consistent trends in the mortality from hypertensive disease are shown during this period. Between 1995 and 1999, the annual rate of hospitalization due to hypertensive disease has remained stable with a five year average rate of 32 per 100,000. In Ontario, rates for males and females showed a steady decline over this period with the rate from both sexes combined decreasing from 34.8 per 100,000 in 1995 to 26.0 in 1999.

Health Disparity: Hospitalization due to heart disease (which includes IHD, stroke, hypertension and other specific causes) is 40% higher among women age 30-64 living in the lowest-income areas of Toronto compared to the highest-income areas.

Selected Activities

Ontario Heart Health Program: We work closely with local and city-wide networks as part of the Ontario Heart Health Program to develop heart health activities.

Physical Activity: In addition, we are promoting walking initiatives, among the community in general, to address physical inactivity as a risk factor for heart disease. We are training “walk leaders” so that they can set up walking groups. Walking maps of the city are available for everyone to use and a social marketing campaign promotes the value of walking as a way to improve one’s health.

Schools: We are providing curriculum and other supports to address unhealthy eating, physical inactivity and tobacco use as heart health risk factors among students.

Restaurants: We assess and award the “Eat Smart” designation to restaurants that offer a variety of healthy foods, have a track record of food safety, offer at least 90% non-smoking seating and provide barrier-free access. We promote the “Eat Smart” program through a booklet and our web site to encourage patronage of restaurants with this designation.

See also *Physical Activity, Nutrition and Food Access, and Tobacco Use Prevention*

2) Physical Activity

Goals:

- ▶ To promote health by increasing physical activity.
- ▶ To reduce premature mortality and morbidity from preventable chronic diseases.

Selected Health Status Indicators

Activity Levels: Eighteen percent of Torontonians 12 years and older were rated as active, 20% as moderately active and 58% as inactive, according to the 1996 Ontario Health Survey (OHS). In comparison with Ontario, Toronto had a slightly higher rate of inactive people. Males and females rated roughly the same. Among 12 to 19 year-olds in Toronto, 19% reported being moderately active and 45% as being inactive. The 1990 OHS found that in Ontario the greatest increase in inactivity occurs between ages 14 and 15 for girls (from 28% to 42%) and between the ages 15 and 16 for boys (from 15% to 32%).

In 1995, 65% of Ontario children aged 5 to 12, 60% of teenage boys and 79% of teenage girls (aged 13 to 17) were not active enough to lay a solid foundation for future health and well-being. (10) In 1998, three out of five Canadian children and youth aged 5 to 17 were not active enough for optimal growth and development. (11)

Distribution of BMI (Body Mass Index): According to 1996 statistics, almost half of adults in Toronto (48%) were of acceptable weight. Those who were underweight (11%) tended more often to be women. Eighteen per cent of women in Toronto were in the underweight category, compared with 4% of men. Twenty-two per cent of the population was overweight, including 26% of men and 17% of women (compared to 33% and 20% in Ontario). Toronto tends to have slightly more underweight people and slightly fewer who are overweight than Ontario as a whole. (Note: The BMI compares body weight in kilograms over height in meters squared.)

While there is a general lack of prevalence data on childhood obesity in Canada and specifically in Toronto, a recent study reported that Canadian children aged 7 to 13 years are becoming increasingly overweight and obese. (12) It reported that between 1981 and 1996, the prevalence of overweight children increased from 15% to 28.8% for boys and from 15% to 23.6% among girls. Obesity among Canadian children has increased from 5% to 13.5% for boys and 5% to 11.8% among girls in Canada in this same time period.

American studies have also shown a decrease in physical activity related to similar increases in the proportion of children who are overweight. (12) Obesity can have negative impacts on child health and development.

Selected Activities

Youth: A research team from the University of Toronto is conducting several studies to address the problem of a decline in physical activity during the teenage years (13 to 18). We are providing input into one of the studies, which involves focus groups among male and female teenagers to examine perceived barriers to physical activity and perceptions of how to overcome them.

Children: “Playground Games” is an initiative to increase physical activity specifically among children aged 3 to 12. We worked with childcare providers to develop a resource to promote outdoor playground activities and games. This is being followed up with training to help childcare providers effectively use the resource. This initiative builds on Public Health’s success in developing and disseminating the “Rainbow Fun” children’s physical activity program. In addition, we work with Parks and Recreation to promote physical activity to 15,000 families through the “Be Active Be Healthy” campaign.

In partnership with Greenest City and school administrators, teachers, parent councils and students, TPH promotes the “Active and Safe Routes to School Program”. We also promote and support the “International Walk to School Day”, “Walking School Bus Program” and “Safety Walkabout”.



See also *Heart, Nutrition and Food Access and Child Health*

3) Nutrition and Food Access

Goals:

- ▶ To promote nutrition and food access.
- ▶ To reduce the premature mortality and morbidity from preventable chronic diseases.

Selected Health Status Indicators

Fruits and Vegetables: Only 36% of people 12 years of age and over, in Toronto, reported that they consumed the recommended five or more servings of fruit and vegetables per day, similar to the rate in Ontario (1990 OHS). Among the 12 to 17 year age group, 38% reported consuming five or more servings.

Milk Products: The 1990 Ontario Health Survey (OHS) reports that 47% of males and 29% of females aged 12 to 17 in Toronto consumed three or more servings of milk products per day (the recommended level). Toronto is below the Ontario average of 49%. The recommended range of intake of milk products for adults is two to four servings per day. In Toronto 38% of adults reported consuming 2 or more servings of milk products per day compared to 45% for Ontario (1990 OHS).

Breads and Cereals: Twenty-one per cent of people 12 years of age and over consumed the recommended minimum five or more servings of breads and cereals; 26% of men, 16% women ate the recommended servings, comparable with Ontario as a whole (1990 OHS).

Food Access: In Toronto, poverty is the biggest barrier to food security and access. In April 2000, the two major food banks found that people who use food banks had, on average, only \$4.95 a day to spend on all of their needs other than rent. This can mean having to make a choice between going hungry or paying the rent. (13)

In 1995, only 5% of people who used food banks needed food more than once a month. This increased to 28% in 2000. Approximately one-third of (or over 13,000) children whose families rely on food banks still miss at least one meal a week and more seniors are now having to turn to food banks. In some parts of Toronto ready access to affordable supermarkets to purchase good quality, reasonably priced food is an additional challenge.

Data Gaps: At present, there is a lack of data related to food consumption patterns of children, or vegetable and fruit intake in general, especially within the diverse ethnic communities in Toronto. TPH is collaborating with Cancer Care Ontario on an upcoming baseline nutrition survey to address some of these data needs.

Selected Activities

Ethno-cultural Nutrition: Food and culture are closely linked. Nutrition programs, including programs to train others in nutrition education, are developed with cultural sensitivity and are inclusive of the diverse communities within Toronto.

Nutrition for School-aged Children: We provide training and support to over 310 child nutrition programs serving 60,330 meals a day and are working with community partners to develop additional nutrition programs. We are working with schools and community partners to develop strategies to promote and support healthy eating in schools. We provide a health and physical education curriculum resource and training to teachers through “Discover Healthy Eating! A Teacher’s Resource for Grades 1-8”.

Food Access/Food Security: We conduct nutritious food basket pricing on an annual basis to determine the cost of healthy eating in Toronto. We continue to advocate for improved food security. We also support community networks working to address food access issues by providing expertise on nutrition and food skills (e.g. acquisition, preparation, food handling/storage), with emphasis on meeting the diverse ethno-cultural needs of our community.



Food Skills: We continue to provide training and resources to community organizations on food skills and healthy eating. Some of these activities include “Cooking Club for Kids” and “Cooking Healthy Together”. Through a new peer nutrition program, we reach parents of children aged six months to six years with nutrition education and food skills workshops in a variety of languages.

See also *Heart Health, Physical Activity, Cancer Prevention /Early Detection of Cancer and Child Health*

4) Cancer Prevention/Early Detection of Cancer

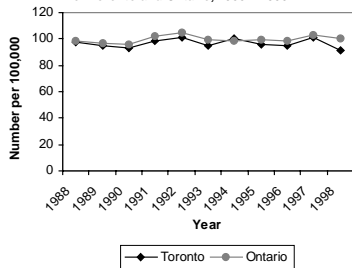
Goals:

- To reduce the morbidity and mortality from cancers.
- To promote prevention and early detection of cancers.

Selected Health Status Indicators

Female Breast Cancer: In 1998, 1,404 new cases of female breast cancer were recorded in Toronto for an age-standardized rate of 91.3 per 100,000. This rate was approximately 9% lower than observed for Ontario. From 1988 through 1997 the female breast cancer incidence rates were similar in Toronto and Ontario and were fairly stable (Figure 2). Ontario's breast cancer incidence rate is among the highest in the world. Deaths due to breast cancer decreased 9% from 1986 to 1996 in Ontario. (14) A population-based trial found that screening mammography can reduce breast cancer mortality by approximately 30% in women aged 50-69. (15) Toronto death rates for breast cancer are similar to Canada in 1996, according to the *Maclean's* October 2000 article. (8)

Figure 2: Standardized Female Breast Cancer Incidence Rates* for Toronto and Ontario, 1988 – 1998



* Rates per 100,000 population, standardized to the 1991 Canadian population.

Data Sources: Cancer Care Ontario and Ministry of Health, PHDPB

Cervical Cancer: There were 102 new cases of cervical cancers in Toronto in 1998, comparable to the numbers seen across Ontario. The incidence of cervical cancer has been steadily declining, from a rate of 12.3 in 1988 to 7.1 per 100,000 in 1998 (a drop of approximately 43%).

Skin Cancer: Toronto rates for skin cancer in males are higher than females, 8.2 versus 6.6 per 100,000 in 1998. The Toronto skin cancer incidence rates are consistently lower than for Ontario (males 13.3 per 100,000 and females 10.2 per 100,000 in 1998). The Toronto skin cancer incidence rates have declined slightly among females and remained fairly stable among males from 1988 through 1998. The Ontario rates have remained fairly stable for both males and females over the same time period.

Health Disparities: Nationally, immigrant women are three times less likely to have had mammograms and pap tests compared to Canadian-born women.

Selected Activities

In General: We offer a variety of programs that provide information and skill development to reduce preventable risk factors for cancer, including nutrition, tobacco, physical activity, heart health and alcohol consumption.

Breast and Cervical Cancer Prevention: TPH is collaborating with the Ontario Breast Screening Program by co-ordinating events designed to increase first-time visits to breast cancer screening centres. We are also developing resources and outreach steps to encourage women from Toronto's diverse communities to go for breast and cervical screening and pilot-testing a program in high schools to help young women understand the importance of cervical health.

Ultraviolet Radiation: We are working with internal and external organizations in the development of policies, guidelines and environmental-support strategies to reduce the incidence of cancers from ultraviolet radiation. For example we are: advocating for workplace policies that address exposure to ultraviolet radiation, particularly for employees working outdoors; advocating for shade trees to be planted in the play yards of schools and day care centres; encouraging the use of awnings on lawn mowers or tractors.

Toronto Cancer Prevention Coalition: We continue to support this coalition made up of 130 representatives from 45 different agencies. The action plan for the coalition will be available in the spring of 2001. The recommendations in the action plan will guide the coalition and TPH in addressing specific cancer issues and risk factors (e.g. tobacco, alcohol, dietary factors, physical activity, ultraviolet radiation, occupational carcinogens and environmental carcinogens).

See also *Nutrition and Food Access and Tobacco Use Prevention*

5) Tobacco Use Prevention and Control

Goals:

- ▶ To promote tobacco-free living.
- ▶ To reduce morbidity and mortality from tobacco use and exposure to second-hand smoke.

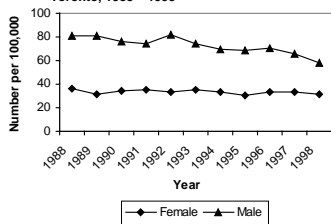
Selected Health Status Indicators

Smoking Rates: In 1999, approximately 25% of students (Grades 7, 9, 11 and 13) in Toronto reported smoking more than one cigarette in the previous 12 months, compared to 28% in Ontario. While there was a decrease in smoking rates among students through the 1980s and early 1990s, rates in 1999 returned to those of the early 1980s. (In 1994 the federal tax on cigarettes was cut.) In Toronto, about 10% of students reported smoking more than 20 cigarettes per day compared to 6% in Ontario. (16)

The self-reported student smoking rates are higher than those found in the adult population in 1999 where about 21% of Toronto adults reported smoking, compared to 25% in Ontario. Among adults, 25% of Toronto males reported smoking compared to 17% of females. (17)

Lung Cancer: In 1998, the standardized lung cancer incidence rates per 100,000 for males were higher than for females (58.3 compared to 31.3 per 100,000). From 1988 to 1998, lung cancer incidence decreased by 5% among females and by 28% among males (Figure 3). Toronto's rates are consistently lower than those in Ontario and Canada (8).

Figure 3: Standardized Lung Cancer Incidence Rates* by Sex for Toronto, 1988 – 1998



* Rates per 100,000 population, standardized to the 1991 Canadian population.

Data Sources: Cancer Care Ontario and Ministry of Health, PHPDB

Cost of Tobacco Use: Tobacco kills 12,000 people in Ontario every year. More than one million hospital days are required every year to treat the diseases caused by tobacco, resulting in more than one billion dollars in health care system spending. In addition, another \$2.6 billion is lost due to reduced productivity each year in Ontario. (18)

Tobacco Control Act (TCA): All of the 4,215 tobacco vendors are inspected for compliance to the TCA. In 2000, 199 complaints were investigated. The leading charges made under the TCA were for selling tobacco to a minor (46.9%), smoking on school property (36.6%) and supplying cigarettes to a minor (8.7%).

Smoke-free Restaurants: Approximately 15% of Toronto's 9,400 restaurants had voluntarily become smoke-free as of December 2000.

Selected Activities

Harmonized Environmental Tobacco Smoke (ETS) By-law Initiative: We are promoting and enforcing the present by-law in workplaces, restaurants and other public places. Under this by-law, all restaurants are required to be smoke-free as of the first of June 2001.

Not To Kids: We provide the public and tobacco vendors with information about the TCA, the legal restrictions on tobacco use and the prohibition on the sale of tobacco to minors (under 19 years of age). We also conduct compliance checks of tobacco vendors to increase knowledge about the TCA and to reduce illegal tobacco sales to minors.

Youth Tobacco Intervention: We provide supports to schools to reduce youth smoking. This includes support in the development of no-smoking policies and the delivery of youth based prevention and cessation programs and resources.

Community Based Smoking Cessation: We provide community smoking cessation interventions to individuals and groups that include counselling, support programs and self-help resources.

Breathing Space: We are distributing resources to increase awareness of the effects of environmental tobacco smoke and to encourage smoke-free homes and cars. The main focus of this program is people who have children under the age of 18 years in their home and are either smokers themselves or allow others to smoke in their homes. We are also participating in a GTA-wide media campaign to raise awareness of the effects of second-hand smoke on children.

See also [Cancer Prevention/Early Detection of Cancer](#)

Note: Tobacco use data should be reviewed in the context of the 95% confidence intervals. Detailed data with confidence intervals are included in Appendix A.

6) Injury Prevention

Goals:

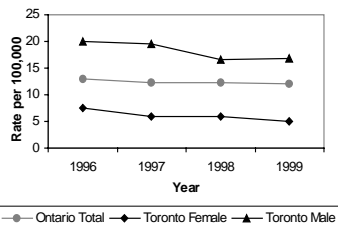
- ▶ To reduce the rate of injuries related to falls, motorized vehicles and environmental factors (e.g. violence, alcohol and other substance use, building conditions).
- ▶ To reduce the number of illnesses, disabilities and deaths caused by all types of injuries.

Selected Health Status Indicators

Motor Vehicle Crashes: The annual rate of hospitalization due to motor vehicle traffic crashes is consistently lower in Toronto than in Ontario. In 1999, the rate in Toronto was 52.9 per 100,000 compared to 66.7 in Ontario. In both Toronto and Ontario, the rate continues to be higher for males than females.

Cycling Injuries: In 1999, 263 Torontonians were hospitalized due to cycling injuries. Of those, 20% (or 52 individuals) were 1 to 9 years of age, and 17% (or 44) were 10 to 19. The rates for both males and females decreased between 1996 to 1999, from 7.6 to 4.9 per thousand for females, and from 20 to 16.9 for males (Figure 4).

Figure 4: Standardized Hospitalization Rates* for Pedal Cycle Injuries for Toronto Males and Females and Ontario, 1996 – 1999



* Rates per 100,000 population, standardized to the 1991 Canadian population.

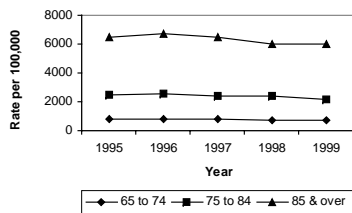
Data Sources: Ministry of Health PHPDB.

Children: Research in Canada has shown that the home is the most common place of injury for children under the age of 10. Twenty percent of injuries that result in an emergency room visit among children 10 to 14 years of age happen in the home and 25% of unintentional injury deaths in this age group happen in the home. The leading causes of emergency room visits for home injury are falls, poisonings and fire/burns/scalds. (19, 20)

Falls in Seniors: Approximately 6,000 Toronto seniors aged 65 and over are hospitalized each year due to injuries from falls. The rate of falls among females is almost double that for males, and rates for seniors 85 and

over are more than double the hospitalization rates of those aged 75 to 84 (Figure 5).

Figure 5: Hospitalization Rates* Due to Falls Among Seniors (65 to 74, 75 to 84 and 85 plus years) for Toronto, 1995 – 1999



* Rates per 100,000 population.

Data Sources: Ministry of Health PHPDB.

Health Disparities: Children in low-income families are more likely to die from injury at home than children in higher-income families. The Canadian Institute for Child Health found that in 1994, 33% of Canadian children are latchkey children. (19, 20)

Selected Activities

Bike Safety: We work with the city's road and trail safety ambassadors on their campaigns in elementary schools, and are producing a school bike safety manual including the promotion of proper bike helmet use.

Seniors Falls Prevention: Working with coalitions, other partnerships and GTA health units, we are implementing initiatives to reduce environmental and physical risk factors for falls among seniors. These initiatives include, workshops, community-based events, in-home assessments, physical activity instruction, coalition building and referral to other community resources.

At Home Alone: Our workshops and resources help families prepare their 10 to 14 year-olds to be home alone safely. When interviewed, parents, key stakeholders and children have expressed the need for additional and convenient services and resources to prepare children to be home alone. We are expanding and marketing the program to more elementary schools and communities across the city to reach more children aged 10 to 14 years.

Injury Prevention Week: Working with a Toronto/GTA injury prevention coalition, we use a variety of communication strategies to promote key safety messages during Injury Prevention Week each spring.

7) Alcohol and Drug Abuse Prevention

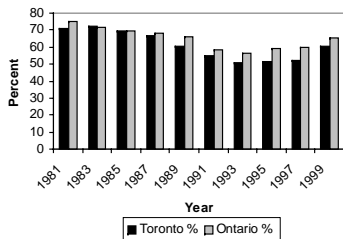
Goals:

- To reduce the rate of injuries, disease, disabilities and deaths related to alcohol and other substance misuse.

Selected Health Status Indicators

Alcohol Use: In 1999, approximately 59% of Toronto students in grades 7 to 13 reported that they had consumed alcohol in the previous 12 months. Ontario students reported a slightly higher rate of about 68%. (16) There was a decrease in the student drinking rates between 1981 and 1993, with a slight increase in both Ontario and Toronto to 1999 (Figure 6). Approximately 18% of Toronto students who reported drinking in the previous 12 months indicated that they drink at least once a week (compared to 20% in Ontario). In the group of Toronto student drinkers, 26% had been drunk at least once in the previous four weeks (compared to 39% in Ontario) and 33% had five or more drinks on a single occasion at least once (compared to 42% in Ontario).

Figure 6: Percent of Students (Grades 7, 9, 11, 13) Reporting Alcohol Use in the Previous 12 Months, Toronto and Ontario, 1981-1999



Data Source: Ontario Student Drug Use Survey, Centre for Addiction and Mental Health

The percent of adults (18 years and over) who reported drinking in the previous 12 months decreased over the 1990s to approximately 72% in Toronto and 79% in Ontario in 1999. (17) In 1999, about 13% of Toronto adults compared to 14% of Ontario adults met the definition of harmful or hazardous drinking. (This means a pattern of drinking that is causing health problems now [harmful] or increases the probability of health and physical problems in the future [hazardous].)

Note: Alcohol use data should be reviewed in the context of the 95% confidence intervals. Detailed data with confidence intervals are included in Appendix A.

Drug Use: Over the last decade, drug use among youth has increased in Toronto and other areas of the province. According to the 1999 Ontario Student Drug Use Survey, approximately 26% of students reported using cannabis in the previous 12 months, twice the rate in 1989. Youth reporting LSD use ranges from 3 to 6%. MDMA or ecstasy has increased from less than one percent in 1991 to 7% in 1999. (21)

Selected Activities

Youth: Through “Party in the Right Spirit”, we provide workshops and resources to help high school students develop safe partying strategies and skills for responsible decision-making around alcohol and drug use. All high schools in Toronto are invited to send student and teacher representatives to a day-long workshop that focuses on liability, impairment and personal safety. The students are encouraged to implement some of the safety strategies at social events sponsored by their schools, including graduation celebrations.

Municipal Alcohol Policy: TPH also provides support to the development of a harmonized Municipal Alcohol Policy in collaboration with the Economic Development, Culture and Tourism Department. The policy encourages a responsible and managed approach to the sale and consumption of alcohol at events held on city property in order to protect the public and staff by preventing alcohol-related injury and damage. TPH will increase public awareness of the benefits of low-risk drinking and of the requirements of city policies.

Raves: We are co-operating with the Centre for Addiction and Mental Health to develop a comprehensive drug prevention and harm reduction strategy to deal with club drugs, such as ecstasy and GHB. The strategy is built around a 30-second public service announcement advertising an 800 number for young people and parents to find further information and advice about club drugs.

Drug Abuse Prevention Grants: We award grants to community groups to take preventive action against substance abuse. The grants fund community projects that will help build the capacity of communities to assist families and citizens to resist drug use. Funding priorities include young people at risk and their families, promotion of healthy alternatives to drug-using lifestyles, multicultural outreach, harm reduction and building networks and coalitions.

Drug Awareness Week: Held in November, this week is part of the work we do with schools and communities to raise awareness about drug and alcohol issues. Materials and support are provided to schools to help them educate students in innovative ways.