

V. Family Health

1) Reproductive Health

Goals:

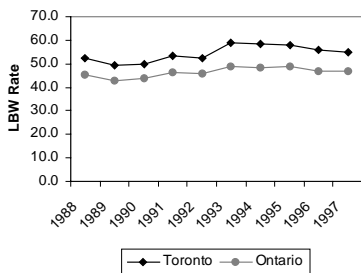
- ▶ To promote and support healthy behaviours and environments for people in their reproductive years.
- ▶ To support optimal reproductive health.

Selected Health Status Indicators

Pregnancy Rates: The general pregnancy rates of Toronto and Ontario showed a decreasing trend from 1993 to 1997. For this five year period, the general pregnancy rate for Toronto was consistently higher than for Ontario. In 1997 the pregnancy rate was 73.2 per 1,000 in Toronto and 61.2 per 1,000 in Ontario. It is estimated that approximately 25% of all pregnant women experience risk factors that may have an impact on their health and/or the health of their babies. (22)

Low Birth Weights: Low birth weight (LBW) is defined as single live births between 501 grams and 2499 grams to mothers aged 15 to 49. Over the ten year period between 1988 and 1997, LBW rates were consistently higher in Toronto than in Ontario (Figure 7). In 1996, the LBW rate was higher in Toronto compared to Canada. (8) Low birth weight rates in Toronto increased from 1989, peaking at 59.4 per 1,000 live births in 1993, and then decreased slightly to 54.9 per 1,000 in 1997. By comparison the LBW rate in Ontario for 1997 was 46.6 per 1,000 live births. The highest LBW rates were found among births to women aged 45 to 49 years. Low birth weight is an important indicator as it can lead to poor health later in life.

Figure 7: Low Birth Weight (LBW)* Rates* for Toronto and Ontario, 1988 – 1997



+ Low Birth Weight includes single live births between 501 grams to 2499 grams to mothers aged 15 to 49.

* Rates per 1,000 live births.

Data Sources: Ministry of Health HELPS.

Health Disparities: In Toronto, LBW rates are 80% higher in the lowest-income areas compared to those in the highest-income areas.



Selected Activities

Reproductive health programs are offered in collaboration with many community partners.

HBHC: Our “Healthy Babies, Healthy Children” Program is part of a province-wide program that provides prenatal screening, one-to-one counselling and referral of pregnant women.

HBP: The “Healthiest Babies Possible” Program addresses the nutrition needs of high-risk prenatal women through one-to-one counselling, education, support and referral.

Prenatal Classes: We provide prenatal group education to expectant parents throughout the city to support learning about having a healthy pregnancy, expectations of labour and birth, and preparation for breastfeeding and parenting. We work in partnership with 35 community-based Canada Prenatal Nutrition Programs (CPNP) to deliver individual and group outreach, support and education to high risk prenatal women in Toronto.

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

2) Child Health

Goals:

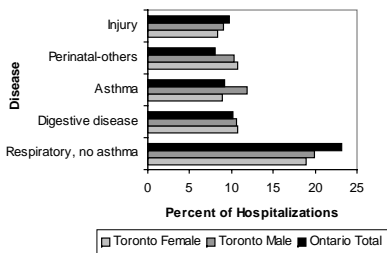
- To promote the achievement of full health and development potential in all children and youth.

Selected Health Status Indicators

Breastfeeding: In 1996, 84% of new mothers in Toronto and Ontario reported that they were breastfeeding or had tried to breastfeed their babies. The duration, or length of time a baby is breastfed, is also an important indicator of child health and currently data are not available.

Hospitalization: The leading causes of hospitalization for children are respiratory diseases (excluding asthma) at 19.5%, asthma (10.7%), digestive diseases (10.7%), perinatal conditions (excluding those related to labour and delivery; 10.5%) and injury (8.7%; Figure 8). There has been a decline in total hospitalizations since 1996.

Figure 8: Leading Causes of Hospitalization Among Children (one-day-old to 12-years-old) for Toronto Males and Females Compared to Ontario, 1995 – 1999 Combined



* Percent of total hospitalizations for children one-day to 12 years old.

Data Source: Ministry of Health PHPDB.

Income Disparities and Families: In Toronto, 38% of children lived in families that were below the Statistics Canada low-income cut-off in 1996. Over 17% of families with children age 12 years and under were on social assistance in 1999. The foundations of health for one's entire life are laid during the prenatal period and early childhood. "Poor social and economic circumstances present the greatest threat to a child's growth, and launch the child on a low social and educational trajectory." (23)

Twenty-eight percent of families with children in Toronto are lone-parent families, higher than the Ontario rate of 22%. The median income of lone-parent families in 1998 was approximately half that of two-parent families.

Selected Activities

Healthy Babies, Healthy Children: We are part of a province-wide program of prevention and early-intervention services for families. Through universal screening at birth of all newborns, children at risk for poor developmental outcomes are identified. We provide home visiting for these families to increase parenting capacity and provide linkages to other community services. In collaboration with community partners, a system to monitor child development at other points prior to school entry is being developed.

Postpartum Follow-up: As part of the "Healthy Babies, Healthy Children" Program, we contact all families within 48 hours of discharge from hospital following the birth of a baby. All families are offered a home visit. In conjunction with local hospitals, we provide more intensive public health nursing services for mothers and newborns discharged early from hospital. These postpartum services are provided seven days a week.

Parenting: In collaboration with community agencies, we provide group programs and resources for families with children from birth to age 18 to develop and/or enhance parenting skills and confidence.

Preschool Speech and Language Program: This program, aimed at identifying speech and language problems and providing appropriate intervention early, continues to grow. Additional funding from the province has addressed the transition needs of children moving into the school system. Funded services include a wide range of parent-training workshops, home programming suggestions for families, and therapy for groups and individuals. A universal infant hearing screening program will be introduced in the fall of 2001.

Early Years Community Co-ordinators Initiative: This provincial initiative is designed to enhance early child development and parenting support programs within the community. Community co-ordinators support community groups to develop proposals for the provincial Early Years Challenge Fund.

See also *Physical Activity, Nutrition and Food Access, Tobacco Use Prevention & Control, Injury Prevention, Alcohol & Drug Abuse Prevention, Dental Health and Air Quality.*

Data Gaps: There are many gaps in data that prevent a relevant and clear description of the health of children. These include, for example, breastfeeding duration, early childhood development indicators and data on non-hospital-related illness.

3) Seniors' Health

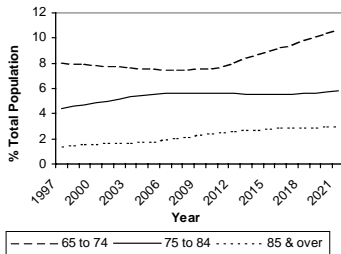
Goals:

- To promote the health of seniors.

Selected Health Status Indicators

Aging Population: In 1997, approximately 13.9% of Toronto's population was 65 years of age and over, slightly higher than for Ontario. This number is estimated to increase to 19.5% in Toronto by 2021 (Figure 9). The proportion of women 65 and over will continue to be greater than for men, reaching an estimated 22.3 % compared to 16.4% of men in 2021. The 65 to 74 year age group will increase from 8.1% in 1997 to 10.7% in 2021, the 75 to 84 age group will increase from 4.4% to 5.8% and the 85 plus age group will jump from 1.4 to 3.0%. The over 85 age group is considered the most frail and in need of health and social services including long-term care and home support.

Figure 9: Population Projections (% of the Total Population) for Ages 65 to 74 Years, 75 to 84 Years and 85 Plus Years, Toronto, 1997 to 2021



Data Source: Ministry of Health, HELPS

Living Conditions: Twenty-seven per cent of people over 65 live alone. Close to 25% of seniors in Toronto live below the Statistics Canada low-income cut-off. Research from the Daily Bread Food Bank shows that the percent of people using food banks aged 60 years and older has almost doubled from 6% in 1995 to 11% in 2000. In 2000, 54% of seniors using food banks indicated that they paid more than 50% of their income in rent.

Activity Limitation: Twenty-one percent of seniors indicated they are limited in the activities they can do at home due to one or more long-term physical, mental or health conditions (1996 OHS).

Selected Activities

Supporting Health Programs and Services: We work with health care providers, community agencies and groups to provide health programs and services to everyone who lives and works in Toronto, including seniors. Programs and services for seniors include family health, chronic disease prevention, injury prevention, communicable disease control and dental health. Some program activities specifically targeting seniors include the promotion of healthy eating, active living, informal caregiver support initiatives and falls prevention as well as dental services for low-income seniors.

Addressing the Needs of the Frail Elderly Population: We continue to work with Community Care Access Centres (CCACs) and other groups to address the needs of frail, "non-receptive", at-risk seniors in Toronto. CCACs are mandated to meet the health needs of vulnerable and frail seniors who do not require hospitalization. The bulk of their resources are directed towards the seniors discharged from hospital who require acute health care in the home, rather than to health and support services for chronically ill or frail seniors in the community.

Promoting Access to Health Care Resources and Services: In collaboration with community partners and the Toronto Seniors Assembly, we work on joint initiatives to address priority issues to increase access to health care, resources and services for the diverse seniors population. The Toronto Senior's Assembly is an advisory group to the Senior's Advocate on city council.



See also *Nutrition and Food Access, Dental Health and Injury Prevention*

4) Dental Health

Goals:

- ▶ To promote the dental health of children, youth, mothers at risk and seniors.
- ▶ To reduce the prevalence of oral disease and improve oral health, function and aesthetics.

Selected Health Status Indicators

Average deft and DMFT per Child: The average number of decayed, extracted and filled baby teeth (deft) and adult teeth (DMFT) per child is similar for Toronto and Ontario. Among 5 year-olds, the mean deft and DMFT decreased in the 1980s followed by a slight increase in the 1990s. Among 13 year-olds the mean DMFT has decreased steadily since the early 1970s and in 2000 was 1.13 DMFT per child in Toronto.

Dental Decay in Children: Early childhood tooth decay affects 6 to 10% of all preschoolers. It is a rapidly progressing disease, often rotting front teeth completely to the gum line within a year. The cost of treating a child with this condition can range from \$228 to \$7,000. In 1994 and 1999, 30% of 5 year-old children in Toronto had caries (dental decay), similar to Ontario. At age 5, nearly 11% of children have two or more teeth with open, untreated cavities and almost 7% have need for urgent dental care. In 2000, 9.6% of 5 year-olds had one or more top front baby teeth affected by decay.

In 1999, 40% of 13 year-old children in Toronto had caries; 12% of all children suffer from dental neglect and require immediate care. Dental decay is the most frequent condition suffered by children other than the common cold and is one of the leading causes of absences from school.

Seniors: Seventy percent of Ontario's seniors do not have dental insurance. Many are struggling with ill-fitting, broken and loose dentures, and find chewing their food and speaking difficult and embarrassing. Fifty-two percent of elderly residents of long-term care facilities have some natural teeth. Of these, 86% suffer from gum disease, 50% have untreated dental decay and 40% have broken-down teeth that require extraction.

Forty-eight percent of elderly residents in long-term care facilities have lost their teeth (edentulism). Thirty-three percent suffer from a chronic inflammation and infection of the palate and gums. Fifty percent of edentulous residents do not have dentures, limiting them to a diet of soft food. Of those who have dentures, 45% are wearing ill fitting, loose dentures.

Health Disparities: Recent immigrant children and their families have twice the rate of dental disease and twice the likelihood of not having dental insurance; 35% of English as a second language high school students have severe dental disease that requires immediate treatment.

Selected Activities

Education and Screening: We provide oral health education for 26,000 children, 5,000 high school students, 1,500 mothers at risk and 5,000 seniors. Dental screening will be provided for 175,000 elementary school children and 3,000 high school students.

Preventive and Treatment Services: In 2001, preventive and treatment services will be provided in public health dental clinics for 20,000 children, 1,000 adolescents, 900 mothers at risk and 9,000 seniors. Dental services will include oral examinations, x-rays, extractions, fillings, root-canal treatments, dentures and denture repairs.

Dental treatment will be given to over 6,000 children under the "Children In Need of Dental Treatment" (CINOT) program and over 16,000 children and adolescents will receive dental treatment under the Ontario Works program in public health dental clinics or private dental offices.

Residents of Nursing Homes: In most cases, TPH is the only dental presence and the sole provider of dental services for the residents of long-term care facilities. Our mobile dental team will offer assessments, preventive services and minor treatment to residents in 50 long-term care facilities – 2,500 residents will have their teeth and dentures cleaned, 3,000 dentures will be labelled with the residents' names. Denture loss is a serious problem in nursing homes. Once lost, chances of replacement are virtually non-existent due to high cost and unavailability of services. Six hundred residents will receive minor dental treatment.

New Child Health Initiatives: We are starting a few new initiatives in 2001. Working with community partners, we are implementing a co-ordinated population-wide approach to reduce early childhood tooth decay. We will be doing a study of the oral health of adolescents to determine the distribution of oral health needs. High school students in need of urgent dental treatment will be identified and referred for treatment.

5) Homelessness

Goals:

- To play an active role in ensuring Torontonians have the physical, mental, social and environmental resources to obtain or maintain adequate housing.

Selected Health Status Indicators

Emergency Shelter Use: The City's "Report Card on Homelessness 2001" shows that in 1999 nearly 30,000 people stayed in emergency shelters, an increase of 40% since 1988. The number of children has increased steadily to approximately 6,200 in 1999, an increase of 130% since 1988. (24) Youth represented 23% of admissions (up from 20% in 1998) as of September 2000. An estimated 6,000 youth stayed in Toronto shelters in 1999. Most people in shelters are adult single men. However, two-parent families and couples without children are now the fastest growing groups using shelters.

About 18% of emergency shelter users have stayed in the shelter system for a year or more. Some of these people have addictions and/or mental health issues and do not have access to appropriate housing and supports to leave the shelter system. Street outreach services continue to report a large number of people living on the street. About one quarter are women. Living outside can have serious consequences for a person's health, safety and well-being. (24)

Out of the Cold: In the winter of 2000/01, Out of the Cold staff estimate that 450 people used overnight programs and 1,800 people used meal programs every day.

Food Banks: In the last quarter of 2000, over 140,000 people relied on food relief each month in the GTA, up from 125,000 at the beginning of the year. 75% of these people are in Toronto. (24)

Selected Activities

Prevention of Homelessness: There is considerable evidence that health and socio-economic status are linked. People living in poverty tend to have more health problems than the rest of the population and this is particularly true for the homeless population.

In collaboration with community partners, we are involved in community development initiatives to address the broader systemic issues in order to provide more affordable and supportive housing, and to increase people's capacity to secure and maintain permanent forms of housing.

Homeless Health Reference Group: We provide leadership and support to this group of community stakeholders working on a homeless health strategy proposed by the Mayor's Task Force. Presently, the reference group is focused on discharge planning, infirmary development and harm reduction.

Public Health Support in the Homeless Sector: We continue to provide some nursing and community health support to homeless people in hostels, shelters, drop-ins and out-of-the-cold programs. TPH also trains staff and volunteers on violence prevention/personal safety, anger management, communicable disease control and other health needs of the homeless. In addition we provide Directly Observed Therapy for homeless and under-housed people who have TB, as well as flu vaccination clinics.

Young Parents – No Fixed Address: We continue in our leadership role to this coalition of community agencies which addresses the complex needs of the increasing number of young parents on the streets. The group is developing appropriate and accessible responses for homeless young parents and their children, including, a 24-hour, seven-day-a-week parent relief program.



6) Mental Health and Violence Prevention

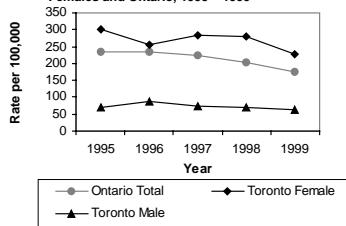
Goals:

- ▶ To ensure positive mental health and well-being.
- ▶ To ensure all individuals, families and communities have the capacity to enhance and support positive mental health and well-being across the life span.
- ▶ To ensure all individuals, families and communities are free of violence.

Selected Health Status Indicators

Attempted Suicide: From 1995 to 1999, the annual rates of hospitalization due to attempted suicide among female teens were three to four times that of male teens (Figure 10). In 1999 among 15 to 19 year-olds, 151 females and 44 males were hospitalized for suicide-related injuries. The rates for both males and females are lower in Toronto than for Ontario respectively. The death rate due to suicide is lower in Toronto compared to Canada in 1996. (8)

Figure 10: Crude Hospitalization Rates* Due to Attempted Suicide Among Teens (15 to 19 years) for Toronto Males and Females and Ontario, 1995 – 1999



* Rates per 100,000 population.

Data Sources: Ministry of Health PHPDB.

The Ontario Child Health Study indicated that almost 15% of children aged 4 to 12 have one or more mental health problems. At the recommendation of the CYAC (Children and Youth Action Committee) and using researchers at McMaster University, we are determining the rates of behavioural and emotional problems among Toronto's children and youth. This mental health needs assessment will provide information to help set public health program priorities for strengthening the mental health and functioning of children and youth in Toronto.

Violent Offences: In 1997, over 5,100 offences against people 1 to 17 years of age were reported. They were victimized by both their peers and adults. In recent years, the proportion of all offenders who were youth has increased. There also is indication that the offenders are getting younger, which may reflect more stringent reporting in schools.

Health Disparities: Hospitalizations for suicides/attempts are over 50% higher among females and males age 20 to 39 in the lowest-income areas compared to the highest-income areas of Toronto.

Selected Activities

Child Mental Health and Child Abuse Prevention: We continue to integrate children's mental health promotion in our family health programming, which includes providing education, training and consultation to public health staff on early attachment, bonding, maternal and postpartum depression and parenting. A review of best practices is being conducted to determine effective strategies to reduce risk and promote mental health. Recommendations regarding the integration of strategies into public health programming will be made to family health and healthy lifestyle programs.

Expansion of "Opening Doors" Youth Violence Prevention Program in the Schools: We continue to work with the Centre for Addiction and Mental Health and both school boards to expand this program, for at-risk Grade 9 students, to eight schools throughout the city.

Framework for Violence Prevention and Mental Health Promotion: Working with community partners, we are researching and designing a framework for TPH. Its vision, mission, goals and objectives will be the basis for a violence prevention and mental health program.

One-on-One Mentoring Program: We match city employees and other volunteers with children between the ages of 5 and 14. The goal is to provide each child with a strong supportive role model in a positive, trusting relationship.

Kids Have Stress Too: This primary prevention program is designed to help parents of children ages 4 to 9 better understand stress and to help them teach their children strategies to manage it. The knowledge and skills learned in this program are intended to support the capacity of families to provide a stable foundation for their children's future healthy lifestyle decisions.

Critical Incident Stress Management: We continue to respond to psycho-social needs following a critical incident in the community and are expanding this service throughout the city. The Co-ordinated Public Health Emergency Response Team will respond to major disasters.