

Toronto's Health Status: A Profile of Public Health in 2001

I. Introduction

Purpose

The purpose of this report, "Toronto's Health Status: A Profile of Public Health in 2001", is to:

1. Provide a broad overview of the current health status of Toronto's 2.4 million residents along with selected public health activities that respond to related health issues.
2. Create a baseline of selected health status indicators that can be monitored over time in order to evaluate the progress of Toronto Public Health (TPH) towards the accomplishment of its mission.
3. Identify gaps in community health status data.
4. Demonstrate the city's leadership in public health issues, policy and programs and to promote public health priorities for the coming years.
5. Inform TPH's decision-making and program-planning processes.

The report is directed primarily to Board of Health members, City Councillors and public health staff. We hope that community agencies and partners, researchers and the general public may also find the information helpful for their specific areas of interest. It is our intention to produce this report every three years to coincide with the establishment of a new Board of Health.

TPH Vision and Mission Statements

Following municipal amalgamation in 1998, the newly formed Toronto Public Health embarked on a strategic planning process. One outcome of that was the creation of new vision and mission statements. These are:

Vision Our Toronto will be the healthiest city possible, where all people enjoy the highest achievable level of health. (1)

Mission We strive for excellence and innovation in public health practice. We work to enhance the health of all communities and individuals who live, work and play in Toronto. (1)

Through our public health practices, we are committed to developing policies and programs that will enable us to successfully meet this mission. As a division of the City of Toronto, with responsibilities under the provincial Health Protection and Promotion Act, we strive for excellence and innovation in public health practice through:

- ☐ **Health Promotion:** Raising awareness and educating people about health issues; working with communities to meet their health needs.
- ☐ **Advocacy:** Working with policymakers to recognize possible health consequences of their activities and decisions; developing policies that promote the health of the public.
- ☐ **Health Protection:** Controlling infectious diseases; reducing exposure to health hazards in our environment; enforcing laws that protect the health of the public.
- ☐ **Prevention:** Reducing the risk of disease, injury and premature death.
- ☐ **Health Assessment:** Monitoring community health; identifying health trends and needs; effectively communicating information on community health.

Through these practices, TPH pledges to work with the people of Toronto to make our programs and services effective, efficient and responsive to the health needs of all the people of Toronto.

Legislative Basis for Services

In Ontario, public health units are governed by a board of health as required under the Health Protection and Promotion Act, 1990 (HPPA). The HPPA requires boards of health to provide or ensure provision of a minimum level of public health programs and services in specified areas as well as to respond to local health needs.

The Mandatory Health Programs and Services Guidelines set out minimum requirements for public health programs and services targeted at prevention of disease, health promotion and health protection. It is also expected that boards of health will deliver other programs and services in response to local needs, as acknowledged in Section 9 of the HPPA.

Organization of This Report

This report is organized into six main sections and a postscript. Listed below are the first two sections:

- *The People of Toronto* provides a demographic and socio-economic profile of the residents of Toronto, and explains some of the challenges and opportunities this demographic presents.
- *Summary: The State of the City's Health* provides a synopsis of the January 2001 report to the Toronto Board of Health. It identifies significant emerging trends in public health and the challenges we face addressing them in the coming years.

The next four sections of the report are used to reflect program groupings in TPH. These include:

- ▶ Chronic Disease, Injury and Substance Abuse Prevention
- ▶ Family Health
- ▶ Communicable Disease Control and Sexual Health
- ▶ Health and the Environment.

Within each of these four sections in the report, we have allocated one page to illustrate a specific program area. This includes a description of the program's goals, related high-level health status indicators and selected activities that are linked to these indicators.

1. *Goals:* These have been paraphrased from the goals developed during the 1999 operational planning process.
2. *Selected Health Status Indicators:* These indicators are based on the draft set of Core Population Health Indicators for Ontario. (2) These were developed in response to the need for a set of health status indicators that were consistent and could be compared across the province. Since this report is not intended to be a comprehensive health status report, but rather is high-level in nature, a subset of these indicators was chosen for inclusion. The criteria for choosing these indicators included timeliness, availability, relevance to programs and clarity. Indicators of health disparities are included where data were readily available. Program staff were consulted on the selection of indicators. More detailed information about the selected indicators and other supporting data are available in Appendix E.
3. *Selected Activities:* We have chosen key public health activities to describe highlights of our responses to the issues linked to the indicators. Therefore, they are by no means a comprehensive description of the broad diversity or range of public health work or strategies. Some of the activities

described under particular program headings may in fact also be connected to other program areas. For example, certain activities described under "seniors programming" may also relate to "injury prevention". Similarly, activities that are described under "children's programming" may also relate to "health hazard investigation". To avoid redundancy, these have only been described in one area of the report.

Other activities, although not specifically mentioned such as health status monitoring, program planning and evaluation, and administrative functions, support the delivery of effective and efficient programs and services. As well, access and equity are guiding principles for all our programs.

The Postscript describes the gaps in data that were identified through the development of this report. Where possible, future plans to address these gaps are identified.

Health Status Indicators and Their Significance to Public Health

Traditionally, health status reports in Ontario have limited themselves to the presentation of health status information related to birth, morbidity, mortality, risk factors, health-related behaviours and demographics. In this report, however, the focus is on the end use of health status information. Throughout these pages, we will be emphasizing the important link between health status information and the development of public health programs and initiatives aimed at improving community health status.



Isolation tent for tuberculosis. c. 1910.

Ensuring this link has led us to some of our greatest public health successes in the last century:

- ▶ In **1910**, the Toronto maternal mortality rate was 8 maternal deaths per 1,000 live births. (3) **Today**, maternal mortality is so rare it is seldom reported.
- ▶ In **1910**, 131 out of every 1,000 live babies died before they were a year old. (3) **Today**, the rate of infant mortality is around 6 per 1,000 live births. (4)
- ▶ Between October **1919** and March 1920, 2,864 cases of smallpox in Toronto were reported to the health department. (3) Largely because of vaccinations, the disease is now eradicated. *“In fact, the last case of smallpox in North America occurred in one member of a missionary family returning to Toronto from Brazil on furlough in 1962.”* (3) and
- ▶ In the **early 1900s** it was not uncommon, by middle age, for people to have all of their teeth extracted. **Today**, for most children, it is uncommon to have a cavity.



Prenatal class for first-time fathers, late 1950's.

The U.S. Department of Health and Human Services states that indicators should be “... grounded in science, built through consensus and designed to measure progress.” (5) With this in mind, the indicators used in this report will help TPH identify the challenges, set the targets and monitor the successes of our work as we embark into the 21st century. Specifically, health indicators are intended to help us gain a better understanding of key aspects of our programs. For example, we may be looking at a need in the community (or specific sub-set of the community), we may be looking at high-level outcome objectives (e.g. a cause-specific mortality rate for the city) or we may be looking at a process indicator that is logically related to the achievement of the overall outcome indicator (e.g. percentage of a group screened for dental disease).

Often these indicators are derived from the programs' operational plans or program logic models. They are then used as important components in an ensuing

planning process, whose purpose is to develop new programs in response to new or emerging issues. In the same way, existing programs are realigned or adjusted in response to information derived from program monitoring and/or evaluations. Thus, indicators help us to gain an understanding in all the key aspects of our program planning, implementation and evaluation.

The health indicators we use are based on our need to understand a variety of health issues. For example:

- ▶ We monitor heart disease and other chronic diseases because of their prevalence (i.e. almost 40% of deaths are due to diseases of the circulatory system);
- ▶ We monitor communicable diseases because of their potential immediate and wide-spread threat;
- ▶ We monitor tobacco related issues because of tobacco's continued presence as a social and health concern (the continued leading cause of preventable mortality); and
- ▶ We continue to monitor food premises to ensure safe dining and, as a new initiative, are sharing inspection results with the public.

As you read through the rest of this report, it is our hope that you will see how TPH has quantified key characteristics of health and social conditions and how this helps us understand our challenges, set our targets and identify our successes.



School milk drinking program, 1923