
PART V: SUMMARY AND CONCLUSIONS

This report, *The Health of Toronto's Young Children: The Growing Child*, focuses on the health of Toronto's children age 1 to 6 years. It provides a population profile of the City's young children, information on neighbourhood and family factors, and how these factors interact to contribute positively or negatively to their health. The report also presents information on a range of young children's health outcomes and describes the short and/or long term consequences of these outcomes on their development and functioning.



Close to 160,000 children age 1 to 6 live in Toronto, representing nearly 20% of all Ontario children in this age group and 6% of Toronto's total population. Although young children are less likely to be directly exposed to neighbourhood influences than older children, neighbourhood, family and child related risk and protective factors interact in complex ways to influence various aspects of children's current and future health. In 2000, the most recent year for which data are available, over 30% of Toronto's economic families with children age 1 to 6 were low income families, representing over 50,000 children. Child poverty rates are disproportionately high among visible minority and lone parent families with young children. Children living in poverty are concentrated in certain neighbourhoods throughout Toronto and up to 50% of children age 1 to 6 in some areas of the City live in deep poverty. Low income families with young children are experiencing challenges with acquiring stable and affordable housing, as well as with providing their children with sufficient nutritious food.

Although Toronto specific data are not available on the impact of income on the following health outcomes, the literature suggests that living in a low income family during early childhood is associated with academic problems, functional health problems, overweight and obesity, asthma, and both intentional and unintentional injury. In addition to its impact on health outcomes, living in low income limits children's ability to participate fully in recreational, school and community activities. Young children are largely dependent on their parents for their care. Low income families, on average, are more likely to experience high levels of chronic stress, which can, in turn, have a negative impact on their young children.

Most Toronto parents of young children report high levels of neighbourhood cohesion, social support, family functioning, and positive parenting practices and low levels of maternal depression and negative parenting practices. While the reported levels of neighbourhood cohesion, social support, and positive parent child interaction (for children age 2 to 5 only) were high, they were on average, lower relative to the rest of Ontario. The literature suggests that neighbourhood and family related factors are often interrelated and associated with a range of social, emotional, and behavioural problems as well as increased risk of intentional and unintentional injury.

The majority of Toronto's young children display normal or advanced motor, social and cognitive development, up to 47 months of age, and are ready to learn at school entry. As well, the majority are free from conditions and diseases such as overweight and obesity, tooth decay, including Early Childhood Tooth Decay (ECTD), communicable diseases, and asthma. Exposure to environmental tobacco smoke in the home, one of the contributing factors to asthma, has decreased.

There is reason for concern however, as some Toronto children are experiencing developmental challenges as well as diseases, injuries and conditions which can negatively affect their short and long term health. Fourteen percent of Toronto's children under the age of 5 years exhibit delayed motor, social, and cognitive development and over 1 in 4 Senior Kindergarten children are vulnerable in one or more areas of learning readiness. Motor, social and cognitive developmental capacities in the first 6 years of life lay the foundation upon which later development is built. Readiness to learn at school entry is positively associated with later academic performance and is a critical marker for life long health, well being, and success.

One in 5 Toronto children, age 2 to 6, is overweight or obese. Approximately one quarter of Toronto children age 2 to 3, and one half of Toronto children age 4 to 6 do not eat the recommended amounts of vegetables and fruits per day. Approximately 1 in 4 Toronto children age 1 to 6 spend more than two hours per day on sedentary activities. Childhood obesity affects growth and development, contributes to health conditions such as type 2 diabetes and coronary heart disease, and carries psychological consequences such as poor body image and self esteem.

Intentional and unintentional injuries are also a significant concern. Twenty Toronto children, age 1 to 6, died from unintentional injuries between 2000 and 2003. Although Toronto's rates of emergency room visits and hospitalizations for unintentional injury are lower than the rates in the rest of Ontario more work needs to be done. Most unintentional injuries are preventable and the consequences of some injuries can be severe, resulting in developmental delay, permanent disability, and reduced quality of life for both the child and family. Five Toronto children, age 1 to 6, died as a result of assault and violence between 2000 and 2003. Child welfare services in Ontario conducted over 44,000 investigations in 2003, 45% of which were substantiated. These figures do not reflect the true extent of abuse and neglect as many incidents are not reported to child welfare services. Abuse during early childhood is associated with physical injury, social, emotional, and behavioural problems as well as impaired cognitive functioning. Young children who experience abuse are more likely to experience mental health problems and to engage in crime and violent behaviour in later years.

Tooth decay and asthma are also issues requiring continued attention. In 2005/06 approximately 30% of Toronto's 5 year old children had one or more cavities. Early Childhood Tooth Decay (ECTD), a severe form of tooth decay, has increased. Approximately 12% of 5 year old Toronto children were diagnosed with ECTD in 2005/06. ECTD is associated with gum disease, ear infections, and loss of teeth, which can contribute to nutritional and speech problems. Decay in the baby teeth can also affect the healthy development of the permanent teeth. Despite recommendations that children should have their first dental visit within 6 months after the first tooth has erupted or by 1 year of age, over 42% of Toronto children between 9 months and 6 years of age have never had a dental visit.

Nine percent of Toronto's children age 1 to 5 were diagnosed with asthma. Asthma is the single leading cause of hospitalization among Toronto's children age 1 to 6. Although most children with asthma do well with appropriate medical management, asthma can limit children's daily activities, including their social relationships.

There are significant disparities in some aspects of young children's health in Toronto, specifically readiness to learn at school entry, ECTD, and injury. The data for Toronto show that these disparities are related to neighbourhood and family income, family structure, and country of birth. For example, there is a 3 fold difference in children's readiness to learn across the City. In some geographic areas, approximately 40% of children are not ready to learn at school. These high rates are associated with high rates of low income, single parent status, and English as a Second Language (ESL) status. There are some areas of the City where the rate of unintentional injury related hospital emergency room visits for children age 1 to 6 is approximately 2.5 times greater than for areas with the lowest rates. Factors accounting for this difference are not yet well understood at the Toronto level. Young children not born in Canada have a 3.5 times higher risk of Early Childhood Tooth Decay, compared to young children born in Canada. It is noteworthy that children not born in Canada were more likely to have visited a dentist at least once, providing the opportunity for diagnosis.

Reducing these disparities is critical, both for disadvantaged children whose lifelong opportunities are affected, and for Canadian society, which has set expectations that its youngest citizens grow up healthy, achieve academic success and economic independence, and engage constructively with others as adult citizens. Every child in Toronto deserves the opportunity for healthy growth and development and long term health. Children who do not get a good start in life have difficulties achieving their potential. No child should live in poverty. All children must receive adequate nutrition, have adequate housing, and be cared for in nurturing and stimulating environments. Supporting families and creating safe and cohesive communities in an effort to provide the best possible environment for children are critical

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investments. The information presented in this report can be used to inform discussion regarding policy levers and program initiatives to enhance health outcomes for Toronto’s children and decrease disparities in health outcomes. Toronto Public Health, in collaboration with key stakeholders, must continue to strive to reach this fundamental goal.

There are limited Toronto specific data on child abuse and neglect, mental health outcomes, disability, nutrition and physical activity.

This report highlights the need to continue to monitor the health of young children in Toronto and to obtain a more complete picture of their health. This includes a better understanding of sociodemographic, neighbourhood, and family related factors and how these factors shape health outcomes and influence disparities in health outcomes in the Toronto context. There are limited Toronto specific data on child abuse and neglect, mental health outcomes, disability, nutrition and physical activity. Data gaps present challenges to monitoring the health status of Toronto’s young children and planning appropriate programs. These gaps need to be filled in order to better measure and improve the health of Toronto’s young children.