

---

## EXECUTIVE SUMMARY



### The Health of Toronto's Young Children

*The Health of Toronto's Young Children* is a series of reports that provide the most current available information on the health of Toronto children from birth to age 6. The reports provide a picture of the health of Toronto's youngest residents using a model that identifies two components of young children's health – development and functioning. The model, described in the first report of the series, provides a framework to identify key issues of significance and indicators related to young children's health. It recognizes that diseases, injuries, and disabilities can seriously reduce young children's development and/or functioning temporarily, or in some situations, their health may be affected for their entire lives.

### The Health of Toronto's Young Children: The Growing Child

This third report in the series, *The Health of Toronto's Young Children: The Growing Child*, focuses on the health of Toronto's children age 1 to 6. It provides a population profile of the City's young children, information on neighbourhood and family factors and how these factors 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 long term consequences of these outcomes on their development and functioning. Available data are woven together with information derived from the literature to provide a picture of health issues of significance to children age 1 to 6 in Toronto. Although the focus of this report is children age 1 to 6, data for children in other age groups are presented when necessary. Toronto children are compared, where possible, to children in the rest of Ontario and/or Canada. The report also identifies important gaps in local health data related to young children's health.

Highlights from this third report include:

#### *Demographic Context*

- In 2006, close to 160,000 children age 1 to 6 lived in Toronto, representing nearly 20% of all Ontario children in this age group.
- Some areas of Toronto have much higher concentrations of children age 1 to 6 than others.

#### *Neighbourhood Influences*

Characteristics of neighbourhoods may interact with circumstances at the individual, family and household levels to confer harm or benefit to the developing child.

---

### Neighbourhood Income

- Toronto children age 1 to 6 living in low income families are concentrated in certain neighbourhoods.
- In some census tracts, up to half of the children age 1 to 6 live in deep poverty.
- Children living in low income neighbourhoods have worse health outcomes, on average, than children living in affluent neighbourhoods.

### Neighbourhood Cohesion

- Most Toronto parents of children age 1 to 5 reported high levels of neighbourhood cohesion. These levels were however, significantly lower, on average, than those reported by parents in the rest of Ontario.
- Cohesive neighbourhoods with high levels of social organization and trust can support the socialization of children and enable parents to access supports.

### *Family Influences*

Family sociodemographic characteristics and the quality of the home environment can have a powerful influence on young children.

### Family Income

- In 2000, 30% of Toronto's economic families with children age 1 to 6 were low income. This represents 50,520 children.
- Children from lower income households are more likely to have emotional and behavioural problems, asthma, worse functional health, and be overweight, obese, injured, or victimized.

### Family Structure

- In 2001, the majority (83%) of Toronto children age 1 to 6 lived in two parent families (135,025 children) and 17% lived in lone parent families (27,490 children).
- In 2000, 66% of Toronto children age 1 to 6 living with lone parents lived in low income families compared to 24% of children living with two parents.
- Children living in lone parent families, on average, have higher levels of emotional and behavioural problems, and are less likely to be ready for school learning.

### Housing

- In 2001, 83,390 (51%) Toronto children age 1 to 6 lived in rental housing. The vast majority of low income young children (82%) lived in rental housing.

- 
- Children living in rented homes have worse health outcomes, including emotional and behavioural problems, on average, than children whose families own their homes.

### Family Functioning

- Most Toronto parents of children age 1 to 5 reported high levels of family functioning. On average, these levels were similar to those in the rest of Ontario.
- Positive family functioning contributes to the healthy development and well being of individual family members and can also help to reduce the impact of factors such as low income on children's development.

### Maternal Depression

- Most Toronto mothers of children from birth to age 5 reported low levels of depressive symptoms. On average, these levels were similar to those in the rest of Ontario.
- Maternal depression can impair children's health, especially when depression is severe, support is limited, or there are additional stressors.

### Parenting Practices

- Most Toronto parents of young children reported high levels of positive interaction with their children. On average, levels for children from birth to 23 months were similar to those in the rest of Ontario while levels for children age 2 to 5 were significantly lower than the rest of Ontario.
- Most Toronto parents of children age 2 to 5 reported high levels of consistent parenting. On average, these levels were significantly higher than in the rest of Ontario.
- Children who experience positive parenting practices are less likely to display emotional and behavioural problems or experience injury.
- Most Toronto parents of young children reported low levels of ineffective and punitive parenting. On average, these levels were similar to those in the rest of Ontario.
- Children who experience negative parenting practices exhibit lower levels of prosocial (helping) behaviour and higher levels of emotional and behavioural problems.

### Social Support

- Most Toronto parents of children from birth to age 5 reported high levels of social support. These levels were however, significantly lower, on average, than those in the rest of Ontario.
- Social support can be particularly beneficial to parents in reducing stress, promoting positive parent child interactions, and decreasing the likelihood of child abuse and neglect.

---

### ***Motor, Social and Cognitive Development***

As children grow, they develop motor, social, and cognitive skills. These skills enable them to engage in more complex movements and interactions with others.

- 72% of Toronto children under the age of 4 displayed normal motor, social, and cognitive development, 15% displayed advanced development, and 14% displayed delayed development. The results for the rest of Ontario are similar to Toronto.
- In the first 6 years of life children develop important capacities that lay the foundation for later development. These areas of development are interconnected. Delays in one area may impair a child's ability to function in other areas.

### ***Readiness to Learn at School***

Children who begin school with age appropriate motor, language and cognitive development, and adequate social, emotional and communication skills are more able to take advantage of learning opportunities.

- In Toronto, 27.7% of Senior Kindergarten children can be considered not ready to learn at school. This is comparable to provincial and national results.
- In Toronto, the percentage of children not ready to learn ranges from 11.6% to 39.8% across the 41 Health Planning Areas (HPAs). This represents more than a three fold difference between the lowest and highest HPAs.
- In the physical health and well being domain, the percentage of children scoring low ranges from 3.4% to 19.5%. This represents almost a six fold difference across HPAs.
- Greater educational attainment leads to better outcomes in all aspects of well being, including mental and physical health.

### ***Body Weight***

A healthy weight during childhood affects both short and longer term emotional and physical health.

- In 2004, approximately one quarter (27%) of Toronto children age 2 to 3 and approximately one half (48%) of children age 4 to 6 were not eating the recommended amount of vegetables and fruits per day.
- 88% of Toronto parents with children age 1 to 6 reported that at least one parent participated in some form of physical activity with their child two or more times per week; 57% participated four or more times per week.
- In 2004, 20% of Toronto children age 2 to 6 were overweight or obese, similar to the rate in the rest of Ontario.

- 
- Being overweight during childhood can lead to a number of negative health consequences ranging from poor self esteem to asthma, obesity and type 2 diabetes.

### *Oral Health*

Good oral health contributes to children's development and functioning.

- In 2003, 53% of Toronto children age 9 months to 6 years saw a dentist or dental hygienist within the last year; 42% had never had a dental visit. These children were more likely to be younger, living in low and low/middle income households, and born in Canada.
- The prevalence of Early Childhood Tooth Decay (ECTD) in 5 year old children increased from 9.8% in 1999/2000 to 11.6% in 2005/06. Children born outside of Canada were 3.5 times more likely to be diagnosed with ECTD than children born in Canada.
- The percentage of 5 year old children with two or more untreated decayed teeth increased from 9.9% in 1999/2000 to 14.6% in 2005/06.
- Severe tooth decay in young children can affect their speech, growth, nutrition, socialization and learning. Untreated ECTD can contribute to gum diseases, ear infections, and eventually early loss of teeth.

### *Asthma*

Asthma is a chronic respiratory condition; the first attack frequently occurs between 3 to 8 years of age.

- In 2006, 93% of Toronto households with children age 1 to 6 were smoke free. This is a significant increase from 2002 when 74% were smoke free.
- Between 2003 and 2005, asthma was the single leading cause of hospitalization for children age 1 to 6 both in Toronto and the rest of Ontario. Asthma accounted for approximately 13% and 12% respectively, of all hospitalizations for this age group.
- Long term impacts of asthma depend on factors such as the severity of the disease, exposure to triggers, and the quality of the medical management.

### *Unintentional Injury*

Child, family, and neighbourhood or community factors interact to heighten or lower the risk of unintentional injury.

- Between 2000 and 2003, unintentional injury was the most common cause of death among children age 1 to 6 in Toronto, accounting for 20 (18%) of deaths in this age group.
- From 2003 to 2005, unintentional injury accounted for 9% of hospitalizations and 29% of all emergency room visits for children age 1 to 6 in

---

Toronto. The true incidence of injuries is much greater than that reflected in hospitalization and emergency room data.

- In some areas of Toronto, the rate of injury related emergency room visits for young children is approximately 2.5 times greater than areas with the lowest rates.
- In addition to the short and long term impacts on the child, injury can impose significant financial and emotional trauma and stress on families and other caregivers.

### *Abuse and Neglect*

Abuse in the early years is associated with physical injury, social, emotional, and behavioural problems, and impaired cognitive functioning.

- Due to the nature of child abuse, it is not possible to identify the true levels occurring in the population.
- Incidence data are not available for Toronto. In Ontario, an estimated 44,299 (5,142 per 100,000) abuse investigations of children age 1 to 6 were conducted by child welfare services in 2003. 45% of these were substantiated, involving an estimated 19,863 children.
- Given the long trajectory of negative consequences for many children who are abused, prevention is critical not only to children's current health but also to their longer term health, well being and success as adults.

### *Communicable Diseases, including Vaccine Preventable Diseases*

Some children can have long term serious consequences and others may even die as a result of a communicable disease.

- Between 2001 and 2005 in Toronto, 64% of communicable diseases reported in children age 1 to 6 were vaccine preventable diseases and 33% were enteric diseases.
- Chickenpox was the most frequently reported vaccine preventable disease. Rates among children ages 1 to 4 and 5 to 9 fluctuate over time for Toronto and the rest of Ontario. From 2003 to 2005, rates were higher in Toronto compared to the rest of Ontario.
- Most vaccine preventable diseases affect a child's ability to attend child care or school, socialize and learn.
- From 2001 to 2005, the rate of enteric diseases for young children in Toronto and the rest of Ontario declined by about 32% and 16%, respectively. Toronto consistently reported higher rates than the rest of Ontario.
- Enteric diseases can disrupt family and social life, and are responsible for absenteeism from child care, school and work.

---

### *Disparities in Health*

- There are significant disparities in some aspects of young children's health in Toronto, specifically readiness to learn at school entry, Early Childhood Tooth Decay, and injury. The data for Toronto show that these disparities are related to factors that include neighbourhood and family income, family structure, and country of birth.

### *Data Gaps*

- 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.