



REPORT FOR ACTION

T.O. Health Check: An Overview of Toronto's Population Health Status

Date: September 9, 2019

To: Board of Health

From: Medical Officer of Health

Wards: All

SUMMARY

Toronto Public Health is responsible for assessing and reporting on the health status of the city's population. Similar to how a clinician uses a diagnosis to develop a treatment plan, a health status assessment contributes to a body of information that is used by public health to develop strategic goals to achieve its mandate to improve the health of all who live in Toronto. The *T.O. Health Check* report provides an overview of the city's health status using available and relevant local data to help understand and inform the collective health needs of Torontonians. A wide array of population health indicators are included, and organized by areas of public health concern. Results for Toronto are compared over time or to other regions, and health inequities are highlighted.

This staff report provides an overview of the key findings of *T.O. Health Check*; full details can be found in Attachment 1. The *T.O. Health Check* report reveals both positive and negative results with respect to the health of Torontonians. On the positive side, 62 per cent of Torontonians rate their health as very good or excellent, a result that is at the higher end of the range for health units in Ontario. Life expectancy is also higher in Toronto than in the rest of Ontario with women typically living to age 86 and men to 82. However, health outcomes are not the same for everyone. Health inequities exist in the city, and some populations fare worse in a number of areas of health. For example, people with lower incomes are at greater risk for chronic diseases and higher rates of premature mortality.

The purpose of *T.O. Health Check* is to provide a foundation to guide strategic discussions toward the public health goals of improving health and reducing health inequities. Toronto Public Health is actively working with allied health and other partners who have the potential to impact the health of the city to develop a comprehensive strategy for more rigorous data collection and analysis to further these efforts.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health receive this report for information.

FINANCIAL IMPACT

There is no financial impact arising from this report.

DECISION HISTORY

This is the first report that provides comprehensive information related to the broad spectrum of public health indicators in Toronto. Toronto Public Health has reported health status information to the Board of Health to inform and support specific issues, including the following:

On April 16, 2018, the Board of Health adopted recommendations to determine the feasibility of Toronto hospitals sharing information on deaths while in hospital care, and to provide updated homeless death data to inform shelter programming and strategies. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.HL22.1>

On May 17, 2017, the Board of Health adopted recommendations to request that the Ministry of Health and Long-Term Care develop a basic dental care plan for seniors to address this gap in primary care. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.HL19.1>

On April 27, 2015, the Board of Health adopted recommendations to reduce health inequities, and to report periodically on key health inequity indicators. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL3.2>

COMMENTS

Purpose

The *T.O. Health Check* report provides an overview of the collective health status of Toronto's three million residents who come from a diverse array of cultural, ethnic and racial backgrounds. Torontonians have a wide range of income, housing and education levels, cultural and faith traditions, life experiences, sexual orientations and gender identities, and other factors, which have a role in contributing to health and health inequities. *T.O. Health Check* contributes to a body of information that is used by Toronto Public Health to develop strategic goals to achieve its mandate to improve the health of all who live in this city. *T.O. Health Check* also provides an opportunity to inform the practice of our many allied health partners who have a shared goal of improving health and reducing health inequities.

Results

The *T.O Health Check* report reveals both positive and negative results with respect to the health of Torontonians. On the positive side, the majority of Toronto residents rate their health as very good or excellent. Life expectancy is 86.6 years for females and 82.0 years for males; higher than for Ontario overall (84.2 and 80.3 respectively). Torontonians as a whole are doing well on other health indicators, as described in the report, and compare favourably to the rest of the province. However, these health outcomes are not the same for everyone. Health inequities exist in the city, and certain populations fare worse in a number of areas of health. A complex mix of biological, social, psychological, environmental, and economic factors influence these health inequities over the course of a person's life. The following summary outlines key findings from each of the eleven chapters of the report. Full details, including data sources and references, are available in Attachment 1.

1. Population Demographics

Toronto's population is growing and aging. This contributes to higher rates of certain chronic health conditions as well as increased demands on the healthcare system and working-age people. Toronto's population is also diverse. More than half (52 per cent), of Toronto's population identify as belonging to a visible minority, and 47 per cent are immigrants.

2. The Social Environment

Social determinants that affect the health of people in Toronto include, but are not limited to: low income (20 to 22 per cent of people), child poverty (27 per cent of children 14 years and under), unemployment, particularly for youth (20 per cent of youth 15 to 24 years), and homelessness (8,715 people).

3. The Natural and Built Environments

Factors in Toronto's natural and built environments that affect health include: housing affordability (37 per cent experience affordability issues); active transportation such as walking or cycling (used by 11 per cent as their main mode of commuting); and the effects of climate change, including air pollution and extreme heat, which contributes to an estimated 120 deaths per year in Toronto.

4. Reproductive and Early Child Health

Women are delaying having children: the average age of mothers in Toronto is 32, higher than in the rest of Ontario. Women are also having fewer children; the total fertility rate has declined in the past 10 years. Toronto babies have higher rates of low birth weight (eight per cent), small for gestational age (12 per cent), and pre-term births (nine per cent) compared to the rest of Ontario. In addition, 14 per cent of kindergarten students in Toronto are considered vulnerable for age-appropriate development expectations.

5. Oral Health

Thirty-two per cent of Toronto adults have not seen a dentist in the past year with cost often cited as a reason. More Toronto adults lack dental insurance compared to adults in the rest of Ontario (38 per cent compared to 28 per cent). Among children and youth screened in kindergarten to grade eight, 13 per cent are identified as having dental conditions requiring further clinical assessment.

6. Mental Health and Illness

Twenty-two per cent of Toronto adults find most of their days extremely or quite stressful. Among Toronto students, 11 per cent report hurting themselves on purpose. Substance use-related disorders are the most common diagnosis for a mental health or substance use issue in emergency departments (6.6 per 100,000 people).

7. Substance Use

Alcohol is the most commonly used substance in Toronto, with 76 per cent of adults and 29 per cent of grade 7 to 12 students having consumed alcohol in the past year. Opioid poisonings in Toronto have increased dramatically in recent years; there were 308 opioid toxicity deaths in 2017.

8. Sexual Health

Students in grades nine to 12 report high levels of confidence in their ability to use protection (84 per cent), however, actual rates of use are lower (61 per cent). Cases of sexually transmitted infections in Toronto rose by 58 per cent between 2008 and 2017. The highest rates of chlamydia and gonorrhea were reported among people aged 15 to 29 years.

9. Infectious Disease

Infection rates for HIV in Toronto continue to exceed the rest of Ontario; 500 new cases were reported in Toronto in 2017. Cases of chronic viral blood-borne infections, such as hepatitis C, remains high (over 1,000 reported cases in 2017). Immunization coverage of school-age children in Toronto is nearing national target levels. The overall coverage rate in 2018 to 2019 school year was 89 per cent for diphtheria, tetanus, polio vaccine and 94 per cent for measles, mumps, rubella (MMR) vaccine.

10. Unintentional Injury

Emergency department visits for unintentional injuries are highest for males 10 to 19 years of age, while hospitalization is highest among females 65 and over. Falls are the leading cause of emergency room visits and hospitalizations for unintentional injuries in Toronto. There were over 12,000 emergency department visits for motor vehicle collisions in 2016. One-third of Toronto adults report texting while driving.

11. Chronic Conditions and Risk Factors

It is becoming more common for people to live with some form of chronic disease. In Toronto, the prevalence of diabetes, chronic obstructive pulmonary disease, and dementia is increasing. For adults, 52 per cent have overweight status/obesity, 25 per cent consume enough vegetables and fruits, and 16 per cent are current smokers. For youth (in grades 7 to 12), 29 per cent have overweight or obesity status, 13 per cent consume enough vegetables and fruits, and seven per cent get enough exercise. In addition, 73 per cent of youth report too much screen time, which is linked to a lack of exercise and sleep.

Inequities exist

Inequities exist for many determinants, risk factors, and health outcomes noted in the *T.O. Health Check* report. Indigenous and 2SLGBTQ people are among the groups known to have poorer health rooted in social determinants. Health inequities related to income continue to persist in Toronto as shown for a wide-range of indicators. For

example, people with lower incomes are at greater risk for chronic diseases, have higher rates of unfavourable health outcomes for a number of reproductive and early child health indicators, and have higher rates of premature mortality. Toronto Public Health has a mandate to reduce health inequities, and these findings play a key role in understanding the health of the population, and informing priority areas for action and intervention going forward.

The *T.O. Health Check* report also identifies a number of data gaps. Challenges in obtaining robust data include declining survey response rates, increasing costs for data gathering, and uncoordinated systems. Toronto Public Health continues to support opportunities for greater efficiencies in data collection and acquisition, and quality improvement.

Next steps

Examining the health status of Toronto's population informs public health strategies that improve health trajectories for both individuals and the population as a whole. Used as a first step towards a comprehensive understanding of health in the city, *T.O. Health Check* will aid strategic planning, the establishment of priorities, and the formation of an advanced research agenda. Working with partners across the city, this report will act as a starting point for establishing clear goals in order to collectively work towards understanding and improving the health of all Torontonians.

CONTACT

Debra Williams, Director, Performance and Standards, 416-338-8134,
Debra.Williams@toronto.ca

SIGNATURE

Dr. Eileen de Villa
Medical Officer of Health

ATTACHMENTS

Attachment 1: T.O. Health Check: An Overview of Toronto's Population Health Status