Healthy Aging in Toronto, at a glance

May 2024 **Attachment 2**

Toronto adults aged 65 years and older represent a large and growing population group, particularly among those aged 75 years and older. Older Torontonians have diverse health needs that reflect their unique sociodemographic characteristics. Over time many adults begin to face increased functional and health challenges, such as chronic disease, injury, and disability. Although aging is a natural process in life, supporting healthy aging for all Toronto adults is important as their physical and mental health needs change.

The World Health Organization (WHO) defines healthy aging as "the process of developing and maintaining the functional ability that enables wellbeing in older age."[1]

This report provides an overview of available data on the health and wellbeing of older adults in Toronto. It includes some key social determinants and health related risk factors and protective behaviours associated with healthy aging.

Life Expectancy Among Torontonians at Birth in 2021 [2,3]

Those born in 2021 in Toronto can expect to live into older adulthood. This is described in the statistic, life expectancy at birth. Life expectancy at birth, is on average, the age a newborn can expect to live.

Males 80.9 years

Females 86.3 years

This represents a slight decrease from life expectancy in 2018 (males: 81.9 years, females: 86.6 years). The decrease likely reflects the impact of COVID-19 mortality in the population.

Demographics

In 2021, there were approximately 477,000 adults aged 65 years and older in the city.[4] There were more women+ than men+ in this age group, and the gap increases with age.[5]

65 – 74 years of age

Men+ 46%

Women+ 54%

75+ years of age

Men+ 42%

Women+ 58%

Projected Population of Adults Aged 65 Years and Older

By 2041, it is expected that there will be over 719,000 adults aged 65 years and older in the city, representing over a 50% increase in the number of adults in that age group.[6] The projected increase will be greater for those adults aged 75 years and older compared to adults aged 65 to 74.[6]

Projected Population Increase by Age Groups

Age Groups	Date	Population	% Increase
65-74 years	2021	~ 260,000[4]	18%
	2041	~ 308,000[6]	
75+ years	2021	~ 217,000[4]	90%
	2041	~ 411,000[6]	

Spatial analysis (page 6) shows that there were 11 neighbourhoods in Toronto where at least 25% of population were adults aged 65 years and older in 2021[5], concentrated in pockets across the city.

Racialized Population

41% of adults aged 65 years and older in Toronto were racialized compared to **56%** of the general population.[7]

Indigenous People in Toronto

There is limited data on the health of Indigenous people in Toronto. Partnership and engagement with First Nations, Inuit and Metis (FNIM) communities, organizations and service providers is necessary to characterize the impact of colonization and systematic racism on older FNIM people and their families as they age.[8,9]

According to the 2018 Our Health Counts (OHC) Toronto report, the First Nations, Inuit and Métis (FNIM) population tended to be younger than the general population in Toronto.[10,11] OHC study community co-leads recommend that the category for "older/aging" begins at "55 years" for FNIM peoples instead of "65 years" used for non-Indigenous adults. Traditional life stage roles and responsibilities, and onset of chronic disease and physical functioning begin earlier for older FNIM adults which have been attributed to the ongoing impact of colonialism.[12] Of the OHC surveyed FNIM adults (defined as those aged 15 years and older), 10% of were aged 55 to 64 years and 3% were aged 65 years and older.[10]

Social Determinants and Well-Being

The conditions in which older adults live have an impact on healthy aging.

Income

20% of adults aged 65 years and older in Toronto, representing **91,000** people, were living below the low-income measure threshold in 2019; this is compared to 23% of Toronto residents, overall.[13] Spatial analysis (page 7) of low-income adults aged 65 years and older showed the highest concentrations of low-income in the northeast and northwest of the city. The lowest concentration of older adults living in low-income was in the city centre.

Food Insecurity

10% of food bank clients in Toronto in 2023 were adults aged 65 years and older, an increase of **31%** from the previous year.[14]

Homelessness

15% of respondents experiencing homelessness who completed the Toronto Street Needs Assessment in 2021 were aged 60 years and older. This was an increase from the 10% of survey respondents who were aged 60 years and over in 2018.[15]

Living Alone

27% of adults aged 65 years and older living in private households in Toronto reported living alone. In comparison, 16% of Torontonians aged 15 years and older reported living alone in 2021.[5]

For adults aged 65 years and older living in private households, women+ (33%) were more likely to report living alone than men+ (19%).[5]

Physical Activity

In 2020, **38%** of Toronto adults aged 65 years and older met Canada's guidelines for physical activity, as compared to 55% of all Toronto adults who met Canada's guidelines for physical activity. [16]

Access to Health and Dental Care

In 2019, over **95%** of Toronto adults aged 65 years and older reported having access to a regular health care provider. This is higher than for all Toronto adults (87%).[17] In 2019, **68%** of Toronto adults aged 65 years and older reported seeing or talking to a dental professional in the past year, as compared to 70% of all Toronto adults.[17]

Mental and Neurological Health

Mental health is not merely the absence of mental illness, but also refers to positive mental health, including living well and having the tools to cope with normal stresses of life.[18]

Mental Health

In 2021, **67%** of adults aged 65 years and older reported that their mental health was very good or excellent, as compared to 55% of all Toronto adults.[17]

Social Inclusion

In 2021, **71%** of adults aged 65 years and older reported feeling a strong or very strong sense of belonging in their community, as compared to 69% for all Toronto adults.[17]

Social Isolation

The 2023 Aging in Canada Survey found that as many as **40%** of Canadians aged 50 years and older were at risk of social isolation and up to **57%** have experienced loneliness.[19]

Dementia

Dementia prevalence increased with age in Toronto.
2% of Toronto adults aged 65-74 years,
10% of Toronto adults aged 75-84 years and
29% of adults aged 85 years and older were living with dementia in 2020.[20,21,22,23]

Suicide*

There were **58 deaths** by suicide among Toronto adults aged 65 years and older in 2021, corresponding to a rate of 12 per 100,000. This rate was comparable to the rate of suicide among people aged 10 years and older in the city (11 per 100,000). Additionally, the rate of suicide deaths among males (20 per 100,000) was **four times** higher than among females (5 per 100,000) in those aged 65 years and older in 2021.[24,25]

*Data are preliminary, please see Data Notes section for more information.

Chronic Conditions

Chronic conditions are a leading contributor to disability and death in Toronto. Although their effects can often be lessened through a healthy lifestyle and/or medication, chronic conditions are often not curable and have long-lasting effects. There was a higher prevalence of chronic conditions in adults aged 75 years and older compared to those 65 to 74 years of age.

Percentage of People Living with Chronic Conditions by Age Groups

Chronic Conditions	Ages 65-74 years	Ages 75+ years
Hypertension[26]	57%	83%
Diabetes[27]	30%	38%
Chronic Obstructive Pulmonary Disease[28]	15%	23%

Falls

Emergency department visits and hospitalizations provide insight into the most common serious injuries affecting older adults in Toronto. Falls and resulting injuries can lead to significant disability including the potential for institutionalization in long-term care.

In 2022, falls were the leading cause of injury resulting in emergency department visits and hospitalizations among adults aged 65 years and older.[29,30] Those aged 80 years and over were **2.6** times more likely to visit the emergency department due to a fall, than adults aged 65 to 79 years.[29]

Leading Causes of Hospitalization Among Toronto Adults 65 Years and Older in 2022[30]

Adults 65 to 74 years		Adults 75 years and older	
Cause of Hospitalization	Percentage	Cause of Hospitalization	Percentage
Circulatory	18%	Circulatory	19%
Digestive	11%	Injury and Poisonings	10%
Neoplasm	11%	Respiratory	9%
Musculoskeletal	10%	Digestive	9%
Respiratory	8%	COVID-19	7%

*This table lists leading causes of hospitalizations as groups of diseases. Please refer to the Data Notes section for definitions.

As people age into older adulthood, the leading causes of hospitalization change. In 2022, diseases of the circulatory systems (e.g., ischemic heart diseases) and digestive systems (e.g., disorders of stomach) were the two leading causes of hospitalization among Torontonians aged 65 to 74 years. Diseases of the circulatory system, and injury and poisonings were the leading causes of hospitalization among those aged 75 years and older.

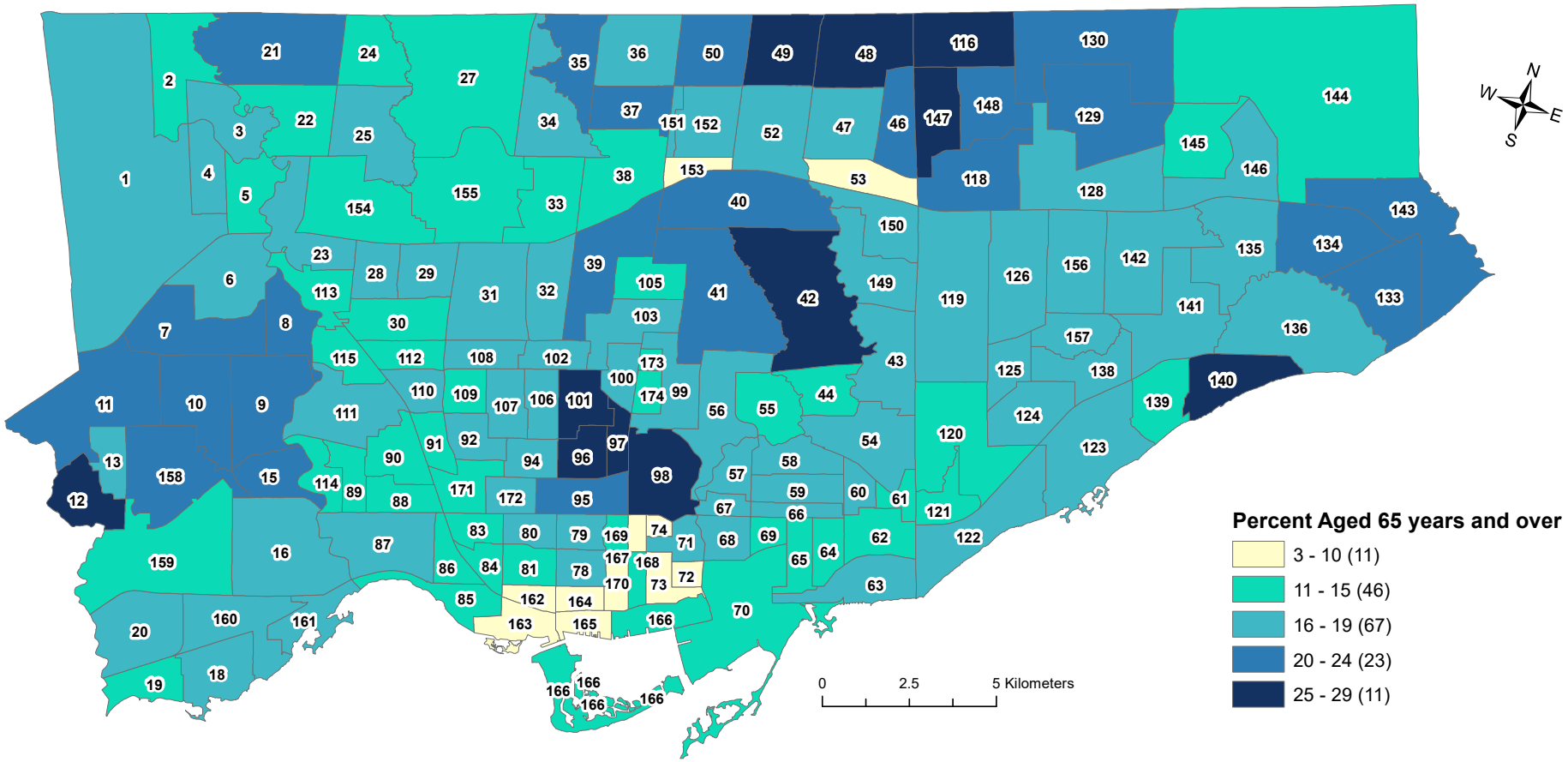
Leading Causes of Death Among Toronto Adults Aged 65 Years and Older in 2021[2]

Adults 65 to 74 years		Adults 75 years and older	
Cause of Death	Percentage	Cause of Death	Percentage
Ischemic heart disease	13%	Dementia and Alzheimer's Disease	16%
COVID-19	11%	Ischemic heart disease	12%
Cancer of Lung and Bronchus	8%	COVID-19	8%
Cerebrovascular Diseases	3%	Cerebrovascular Diseases	5%
Cancer of Lymph, Blood & Related Tissue/Cancer of Pancreas	3%	Falls	4%

* This table lists leading causes of death by primary cause (e.g., disease/condition). Please refer to the Data Notes section for definitions.

Among adults aged 65 to 74 years in Toronto, ischemic heart disease was the leading cause of death, followed by COVID-19 in 2021. Among those aged 75 years and older, dementia was the leading cause of death, followed by ischemic heart disease. Overall, dementia surpassed ischemic heart disease as the leading cause of death among adults aged 65 years and older as of 2017.

Percent of population aged 65 years and older by Toronto Neighbourhoods, 2021



The map represents the percentage of adults 65 years and older in 2021 in the 158 Toronto neighbourhood areas. Class breaks used were Natural breaks (Jenks). Class breaks are created in a way that best groups similar values together and maximizes the differences between classes. The features are divided into classes whose boundaries are set where there are relatively big differences in the data values.

Sources: Statistics Canada, 2021 Census of Canada. City of Toronto (Geospatial Competency Centre).

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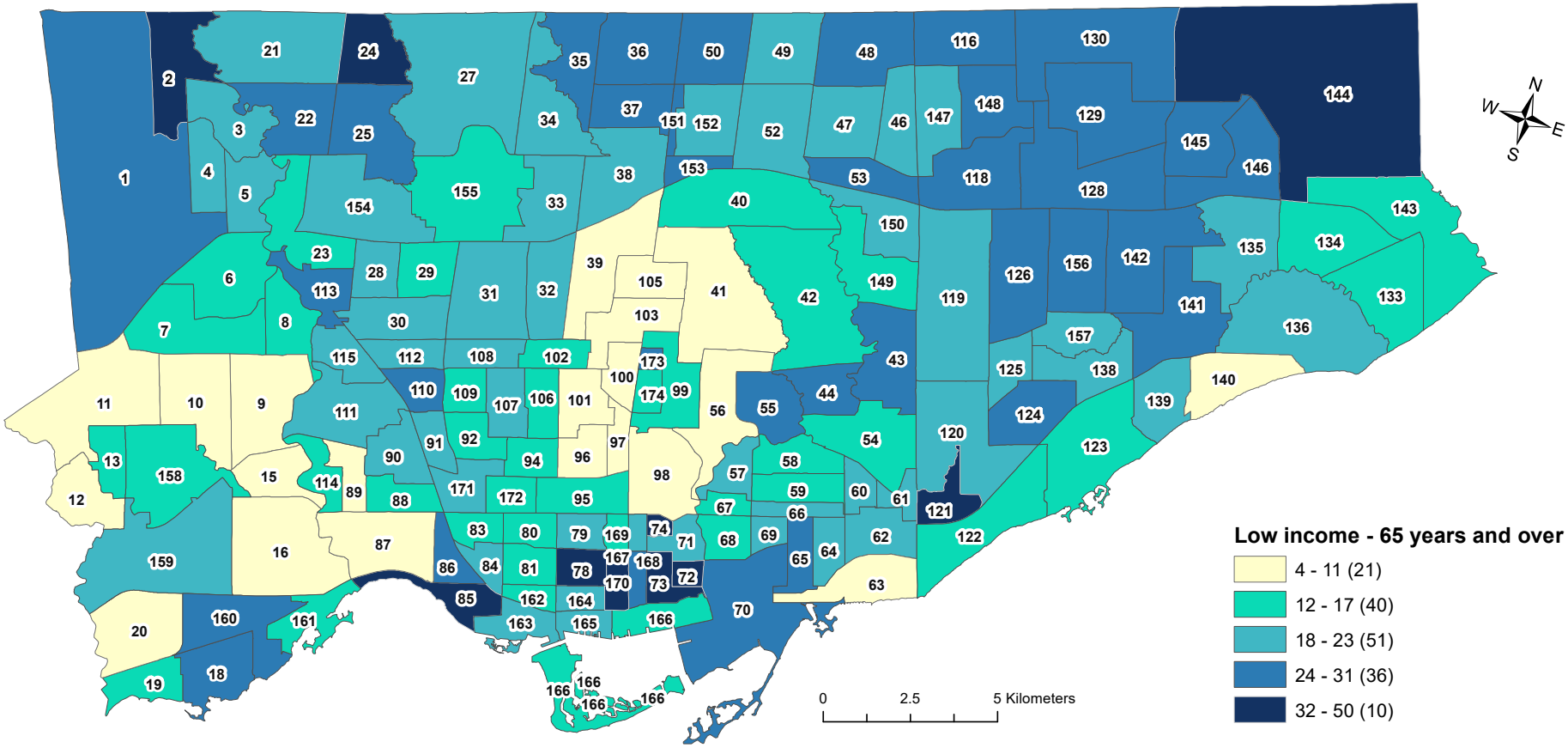
Prepared by: Toronto Public Health, Epidemiology and Data Analytics Unit.

Percent of Low Income (LIM-AT) adults aged 65 years and older by Toronto Neighbourhoods, 2019



The map represents the percentage of adults 65 years and older living below the Statistics Canada after-tax Low Income Measure (LIM). LIM is an income level set at 50% of the median family income in Canada in a given year, adjusted for household size. Class breaks used were Natural breaks (Jenks). Class breaks are created in a way that best groups similar values together and maximizes the differences between classes. The features are divided into classes whose boundaries are set where there are relatively big differences in the data values.

Caveat: We are using the 2019 income data from T1 Family File although most current income data is available from the 2021 census since COVID-19 pandemic income supports likely had impact on income variables from the 2021 Census. Observed improvements may be temporary due to federal emergency relief during the pandemic.
Sources: Statistics Canada T1 Family File 2019, City of Toronto (Geospatial Competency Centre).

Link to the List of Neighbourhoods:
https://www.toronto.ca/city-government/data-research-maps/neighbourhoods-communities/neighbourhood-profiles/about-toronto-neighbourhoods/
Prepared by: Toronto Public Health, Epidemiology and Data Analytics Unit.

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At A Glance - References

1. World Health Organization. (2020, October 26). Healthy ageing and functional ability. World Health Organization. Accessed at https://www.who.int/news-room/questions-and-answers/item/healthyageing-and-functional-ability.

2. Vital Statistics, 2018/2021, Ontario Ministry of Health, IntelliHealth Ontario. Extracted in September 2023.

3. Population Estimates, 2018/2021, Ontario Ministry of Health, IntelliHealth Ontario. Extracted in September 2023.

4. Statistics Canada, Census of Population, 2021.

5. Target group profile of the population by age groups, Census, 2021.

6. Population Projections 2041, Ontario Ministry of Health, IntelliHealth Ontario. Extracted in February, 2024.

7. Target group profile of the population by immigration and citizenship status, Census, 2021.

8. Kitching, G. T., Firestone, M., Schei, B., Wolfe, S., Bourgeois, C., O'Campo, P., Rotondi, M., Nisenbaum, R., Maddox, R., & Smylie, J. (2020). Unmet health needs and discrimination by healthcare providers among an Indigenous population in Toronto, Canada. Canadian journal of public health = Revue canadienne de sante publique, 111(1), 40–49. Available: https://pubmed.ncbi.nlm.nih.gov/31435849/ [Accessed 22 March 2024].

9. Smylie, J.K., & Firestone, M. (2015). Back to the basics: Identifying and addressing underlying challenges in achieving high quality and relevant health statistics for indigenous populations in Canada. Statistical journal of the IAOS, 31 1, 67-87. Available: https://pubmed.ncbi.nlm.nih.gov/26793283/ [Accessed 22 March 2024]

10. Firestone, M., Xavier, C., O'Brien, K., Maddox, R., Wolfe, S., & Smylie, J. (2018). Demographics. [Online]. Available: http://www.welllivinghouse.com/wp-content/uploads/2019/10/OHC-TO-Adult-Demographics-.pdf [Accessed 09 January 2024].

11. Rotondi, MA, O'Campo, P., O'Brien, K., et al Our Health Counts Toronto: using respondent-driven sampling to unmask census undercounts of an urban indigenous population in Toronto, Canada BMJ Open 2017;7:e018936. doi: 10.1136/bmjopen-2017-018936. Available: https://bmjopen.bmj.com/content/7/12/e018936.info [Accessed 22 March 2024].

12. Webkamigad, S., Rowe R., Peltier, S., Chow, AF., McGilton, KS., Walker, JD. Identifying and understanding the health and social care needs of Indigenous older adults with multiple chronic conditions and their caregivers: a scoping review. BMC Geriatrics 20 Article number: 145(2020). Available: https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-020-01552-5 [Accessed 03 May 2024].

13. Tax filer (T1FF), 2019 from Community Data Program custom data request to Statistics Canada. Received on September 2023.

14. Daily Bread Food Bank and North York Harvest Food Bank. Who's Hungry Report 2023, A Call to Action From a City in Crisis. Accessed at: https://www.dailybread.ca/wp-content/uploads/2023/11/DB-WhosHungryReport-2023-Digital.pdf.

15. City of Toronto. Street Needs Assessment. 2021 Results Report. Accessed at: https://www.toronto.ca/wp-content/uploads/2022/11/96bf-SSHA-2021-Street-Needs-Assessment.pdf

16. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: physical activity snapshot: self-reported adult physical activity at or above recommended level from the Canadian Physical Activity Guidelines >> crude & age-specific rates>> 2020. Toronto, ON: King's Printer for Ontario; c2023 [modified 2023 May 12; cited 2023 May 13]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Behaviours/Physical-Activity.

17. Canadian Community Health Survey, 2019-2021. Custom Tables. Statistics Canada. Received on October 2022.

18. World Health Organization. Mental Health, 2022. Accessed at: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.

19. Perspectives on Growing Older in Canada: The 2023 NIA Ageing in Canada Survey —National Institute on Ageing. Accessed at: https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/65b9aab2aa98045d41111da0/1706666677745/2023+NIA+Ageing+in+Canada+Survey.pdf.

20. Inpatient Discharges and Ambulatory Visits, 2020, Ontario Ministry of Health. Received 2023.

21. Ontario Health Insurance Plan Claims Database, 2020, Ontario Ministry of Health. Received 2023.

22. Ontario Drug Benefit Claims, 2020, Ontario Ministry of Health. Received 2023.

23. Population Estimates, 2014-2020, Ontario Ministry of Health, IntelliHealth Ontario. Extracted on January 2024.

24. Office of the Chief Coroner for Ontario, Summary Suicide Data, January 1 2013 - June 30 2023. Received on November 2023.

25. Population Estimates, 2013-2021. Ontario Ministry of Health, IntelliHealth Ontario Extracted on January 2024.

26. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: chronic disease incidence and prevalence Snapshot: prevalence of hypertension–age-specific rate (both sexes) 2020. Toronto, ON: King's Printer for Ontario; c2022 [2022 Dec 15; cited 2023 Mar 28]. Accessed at: https://www.publichealthontario.ca/en/Data-and-Analysis/Chronic-Disease/Chronic-Disease-Incidence-Prevalence.

27. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: chronic disease incidence and prevalence Snapshot: prevalence of diabetes–age-specific rate (both sexes) 2020. Toronto, ON: King's Printer for Ontario; c2022 [2022 Dec 15; cited 2023 Mar 28]. Accessed at: https://www.publichealthontario.ca/en/Data-and-Analysis/Chronic-Disease/Chronic-Disease-Incidence-Prevalence.

28. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: chronic disease incidence and prevalence Snapshot: prevalence of COPD–age-specific rate (both sexes) 2020. Toronto, ON: King's Printer for Ontario; c2022 [2022 Dec 15; cited 2023 Mar 28]. Accessed at: https://www.publichealthontario.ca/en/Data-and-Analysis/Chronic-Disease/Chronic-Disease-Incidence-Prevalence.

29. National Ambulatory Care Reporting System. Ambulatory Visits, 2022, Ontario Ministry of Health, IntelliHealth Ontario. Extracted on August 2023

30. Discharge Abstract Database. Inpatient Discharges, 2022, Ontario Ministry of Health, IntelliHealth Ontario. Extracted on July 2023.

Data Notes

General notes regarding the measures and information on select data sources, indicator definitions and analysis notes can be found in this section. They include additional details on categorization of leading causes of hospitalization and death.

Some of the data presented (e.g., Census Target Group Profile, Canadian Community Health Survey) exclude people who live in institutions, such as those living in long-term care and retirement homes. These individuals may experience different risks and health outcomes than the general population.

Life Expectancy

Indicator definition

- Life Expectancy is the average length of time that an individual will live if subjected to the mortality experience for the specified population and time period. The period life table approach is used, which takes into consideration the current age-specific mortality rate for the population. Generally, life expectancy should not be used as a predictor of future health.
- The method used for calculating life expectancy is from: Chiang, C. L. (1984). The life table and its applications. Malabar, FL: Krieger Publishing.
- It was adapted for regional/local planning areas by: Manuel, D. G., Goel, V., & Williams, J. I. (1998). The derivation of life expectancy at the local level. Chronic Dis Can, 19(2), 52-6. Chiang's method is used to derive 'qx' and 'Lx', except for the final age interval.
- For the interval of 90 years and over, the method of Hsieh has been used: Hsieh, J. J. (1991). A general theory of life table construction and a precise abridged life table method. Biometrical journal, 33(2), 143-162.

Data Source

Vital Statistics, 2018/2021, Ontario Ministry of Health, IntelliHealth Ontario. Extracted in September 2023.

Gender/Sex

- Beginning in 2021, Statistics Canada's gender variable included two categories: men+ and women+.
  - The men+ category includes men and boys, as well as some non-binary persons.
  - The women+ category includes women and girls, as well as some non-binary persons.

- Other data sources such as the Office of the Chief Coroner for Ontario use sex categories: male and female.
- This report provides data on gender where available.

Indigenous People in Toronto

- Toronto comparison for the aging FNIM People in Toronto to the general population is the 2016 Census of Population data.
- Our Health Counts surveyed FNIM people in Toronto aged 15 and over.
- The Our Health Counts survey used respondent driven sampling and may have under-sampled FNIM adults over the age of 65+
- For national surveys, there is a large under-representation of FNIM peoples. For those FNIM individuals who do respond, they tend to have higher education levels and higher incomes than those that do not, increasing systemic bias and unmet health needs already present in the FNIM community. More information about the Toronto Our Health Counts study and its findings can be found at: http://www.welllivinghouse.com/what-we-do/projects/our-health-counts/our-health-counts-toronto/

Data Sources

- Statistics Canada, Census of Population, 2016.
- Firestone, M., Xavier, C., O'Brien, K., Maddox, R., Wolfe, S., & Smylie, J. (2018). Demographics. [Online]. Available: http://www.welllivinghouse.com/wp-content/uploads/2019/10/OHC-TO-Adult-Demographics-.pdf [Accessed 09 January 2024].

Socio-determinants and Well-Being

Census data and Target Group Profiles

- Socio-demographic data for the neighbourhoods and the Target Group Profile come from the long form census using 25% sample. This results in slight data differences compared to the short form using 100% sample.

Canadian Community Health Survey (CCHS)

- Data presented in this report on self-reported mental health, sense of belonging, physical activity, access to dental health and regular healthcare provider are from the CCHS.
- The CCHS is a cross-sectional self-reported survey collecting information related to health status, health care utilization and the social determinants of health for the Canadian population.
- The CCHS covers the population 12 years of age and older, excluding people living on reserves and other Indigenous settlements, people who are institutionalized, full-time members of the Canadian Forces, and children in foster care. This survey is conducted in both official languages and relies upon a large sample to provide reliable estimates at the health region level every two years.
- Surveys such as the CCHS are not always representative of the whole population. For instance, the CCHS does not include data on vulnerable groups of adults 65 and older, such as adults in long-term care and assisted living situations. Additionally, the CCHS can under-represent people of low income, low education level, and people who are newcomers to Canada. It is important to interpret the findings presented here in this context.
- Self-reported data have limitations such as recall and/or social desirability bias. People do not always remember their behaviours and may under-report or over-report certain behaviours or characteristics based on their perceived social desirability.

Data Sources

- Statistics Canada, Census of Population, 2021
- Target group profile of the population by age groups, Census, 2021
- Target group profile of the population by immigration and citizenship status, Census, 2021
- Canadian Community Health Survey, 2020. Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health.
- Canadian Community Health Survey, 2019-2021. Custom Tables. Statistics Canada. Received on October 14, 2022.

Mental and Neurological Health

- See above re: Canadian Community Health Survey.

Dementia

Definitions

1. Dementia cohort
   - Individuals are included in the dementia cohort if they meet one of the following criteria:
     - One hospitalization record from Discharge Abstract Database.
     - Three physician claim records at least 30 days apart in a two-year period from Ontario Health Insurance Plan Claims Database.
     - One prescription drug reimbursement record from Ontario Drug Benefit Claims.

     The ascertainment date for each person is the minimum date associated with the aforementioned criteria. There is an age restriction applied to the identified individuals with dementia at the time of their ascertainment, they should be 40 to 105 years old (inclusive).
   - Cases are excluded from the cohort under the following circumstances:
     - Died on or prior to the index date.
     - Non-Ontario resident on the index date.
2. Prevalent population by fiscal year
   - The prevalent population for a given fiscal year is comprised of anyone who is diagnosed with dementia before the beginning of the fiscal year (prior to 1st of April) and with no death date or death date after 1st of April of that fiscal year.

Data Sources

- Inpatient Discharges and Ambulatory Visits, 2020.
- Ontario Health Insurance Plan Claims Database, 2020.
- Ontario Drug Benefit Claims, 2020.
- Population Estimates, 2014-2020. Ontario Ministry of Health, IntelliHealth Ontario, January 2024.

Suicide

Definitions

- Manner of death: A classification of death authorized and governed by the Office of the Chief Coroner. Similar to most jurisdictions, five manners of death are used in Ontario: Natural, Accident, Suicide, Homicide, and Undetermined.
- Suicide: Cause of death was an injury which was non-accidentally inflicted by the deceased. Suicide can only be assigned for individuals aged 10 years and older.

Notes/Limitations

- These data are preliminary and subject to change. Results may differ from those previously reported.
- Data include all open and closed death investigations where the preliminary or final conclusion regarding the manner of death is suicide. Investigations for a number of these deaths are ongoing. Deaths reported as suicide may be changed to a different manner upon conclusion of the investigation.
- Data for 2022 and 2023 are not presented as more than 10% of the investigations were ongoing at the time of reporting.

Data Sources

- Office of the Chief Coroner for Ontario, Summary Suicide Data, January 1 2013 - June 30 2023, Extracted in November 2023.
- Population Estimates, 2013-2021. Ontario Ministry of Health, IntelliHealth Ontario. January 2024.

Chronic Conditions

Data Sources

- Numerator: Institute for Clinical Evaluative Sciences (ICES). Derived chronic disease cohorts (asthma/COPD/diabetes/hypertension), 2011-2020 [database]. Toronto, ON: ICES; 2022 [extracted 2022 Aug 31].
- Denominator: Institute for Clinical Evaluative Sciences (ICES). Registered Persons Database (RPDB), 2011-2020 [database]. Toronto, ON: ICES; 2022 [extracted 2022 Aug 31]

Common Causes of Injury (Falls)

Indicator Definition

- Most common injury groups are based on Chapter 19 - External Causes of Morbidity and Mortality, V01-Y98 of the ICD-10-CA coding document, particularly the External Cause of Injury Matrix (3-5).
  - Both unintentional and intentional injury categories are included, as appropriate.
  - For more information, please visit APHEO's Recommended ICD-10-CA Codes for Injury Core Indicators.
- The ICD codes for Falls include W00-W19.

Data Sources

- National Ambulatory Care Reporting System. Ambulatory Visits, 2022, Ontario Ministry of Health, IntelliHealth Ontario. Extracted in August 2023.
- Discharge Abstract Database. Inpatient Discharges, 2022, Ontario Ministry of Health, IntelliHealth Ontario. Extracted in July 2023

Leading Causes of Hospitalization

Indicator Definition

- Hospitalization is when someone is admitted to the hospital overnight or longer.
- Hospitalization estimates count hospital admissions, not individuals. As a result, if an individual was hospitalized multiple times in a given year, they would be counted multiple times.
- Leading causes of hospitalization groups are presented by ICD chapter.
- COVID-19 determination was based on Mapping COVID-19 Codes: ICD-10-CA to WHO's Base ICD-10 (cihi.ca).
- Select groups are presented in the table below.

Cause	ICD-10-CA Chapter	Code	Examples
Infections	I. Certain infectious & parasitic diseases	A00-B99	Intestinal infectious diseases; other bacterial diseases
Neoplasms	II. Neoplasms	C00-D48	Malignant or benign neoplasms of colon, rectum & anus; malignant neoplasms of trachea, bronchus, and lung
Circulatory	IX. Diseases of circulatory system	I00-I99	Ischemic heart diseases; cerebrovascular diseases
Respiratory	X. Diseases of respiratory system	J00-J99	Influenza & pneumonia; chronic lower respiratory diseases
Digestive	XI. Diseases of digestive system	K00-K93	Disorder of gallbladder, biliary tract & pancreas
Musculoskeletal	XIII. Diseases of musculoskeletal system & connective tissue	M00-M99	Arthropathies; dorsopathies
Injury & poisonings	XIX. Injury & poisoning & certain other consequences of external causes	S00-T98	Injuries to hip and thigh, complication of surgical & medical care not elsewhere classified
COVID 19	XXIII. Provisional codes for research and temporary assignment	U CODES	COVID-19

Data Sources

Discharge Abstract Database. Inpatient Discharges, 2022, Ontario Ministry of Health, IntelliHealth Ontario. July 2023.

Leading Causes of Death

Indicator Definition

- Leading causes of death except for COVID-19 are based on a standard list developed by Becker, et al. (2006) for the World Health Organization (WHO) that was modified by the Association of Public Health Epidemiologists of Ontario (APHEO) in 2008. The following ICD-10 codes correspond to the leading cause groups found in this report.
- COVID-19 determination was based on Mapping COVID-19 Codes: ICD-10-CA to WHO's Base ICD-10 (cihi.ca).
- Select groups are presented in the table next page.

Group	ICD-10-CA codes
COVID 19	U07.1, U07.2
Ischemic Heart Disease	I20-I25
Cancer of Lung and Bronchus	C34
Dementia and Alzheimer's Disease	F00, F01, F03, G30
Cerebrovascular Diseases	I60-I69
Cancer of Pancreas	C50-C54, C57-C59
Falls	W00-W19
Chronic Lower Respiratory Diseases	J40-J47
Cancer of Lymph, Blood and Related	C81-C86
Cancer of Prostate	C61
Cancer of Breast	C50
Influenza and Pneumonia	J10-J18

Data Source

- Vital Statistics, 2021, Ontario Ministry of Health, IntelliHealth Ontario. September 2023.