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IMPACT OF THE 2001 CENSUS DATA UPDATE ON THE HEALTH SERVICES DEPARTMENT

The Health and Emergency Medical Services Committee recommends the adoption of the recommendation contained in the following report, September 10, 2003, from the Acting Commissioner of Health Services:

1. RECOMMENDATION

It is recommended that:

1. Health and Emergency Medical Services Committee and Regional Council receive this report for information.

2. PURPOSE

The purpose of this report is to provide an analysis of the 2001 Census data and its implications on the Health Services Department's programs and services.

3. BACKGROUND

The Statistics Canada 2001 Census was conducted in May 2001. The database is a collection of demographic, social and economic information and includes information on York Region and its nine municipalities. The Canadian Census is conducted every five years. The list of the 2001 profiles that were released during 2002 and 2003 are attached (*see Attachment 1)*.

The Census enumerates everyone living in Canada. Included are Canadian citizens, both native-born and naturalized, landed immigrants and non-permanent residents and members of their families living with them in Canada. The Census also counts Canadian citizens and landed immigrants who are temporarily outside Canada on Census Day.

3.1 The Determinants of Health

The determinants of health are a wide range of factors that influence an individual's or a community's level of health. These determinants include, but are not limited to, some of the information collected as part of the Census—culture, level of education and income, and living and working conditions.

According to *The Health of Canadians - The Federal Role, 2002*, 50% of the health of the population is attributable to our social and economic environments. The characteristics of the population not only have an impact on social factors that affect health (e.g., income levels) but also on the rates of chronic diseases and infectious diseases. Strategies to improve the health status of York Region residents must address all of the above-mentioned factors.

4. ANALYSIS AND OPTIONS

Census data is used to make policy decisions about economic and social programs and to design and assess programs. In addition, these data can assist in the planning of important community services such as health care, education, transportation, day-care, fire and police protection, employment and training programs, and housing.

From the Health Service Department's perspective, the Census information is valuable for two major reasons:

- It provides a picture of the significant changes that occur in the structure of York Region's population
- The data is available at smaller geographic levels, which assists in the targeting of programs and the efficient use of resources

As outlined in the *Health Status Report 2002: A Measure of Health*, York Region fares better than the provincial average on almost every key health indicator. However, the changing make-up of the Region may result in changes in health status. If efforts to improve the determinants of health are not achieved, we can expect to see declines in the health status of the York Region population in the long term.

Therefore, the Census data helps to ensure that the Department's programs are relevant and thus remain effective in improving the health of the population.

4.1 Overview of 2001 Census Results

4.1.1 Population Growth

York Region's population grew by 27%, or nearly 170,000 people, between 1996 and 2001 making York Region the fastest growing Census Division in Canada. Nearly 2/3 (69%) of the Region's residents live in Markham, Richmond Hill and Vaughan.

In addition, the child, teen and senior populations have all grown during the 1996-2001 period. The child population ages 0 to 6 years grew by 11%, while the teen population increased 24%. The fastest growing segments of York Region's population are seniors age 65 and over (increased by 36%) and older seniors age 75 and over (increased by 42%).

Implications

Each stage of life places different demands on the programs and services of the Health Services Department. An 11% increase in the number of children ages 0 to 6 is unique to York Region. The province as a whole experienced a 6% decrease in the child population between 1996 and 2001. As a result, funding of child health programs such as *Healthy Babies Healthy Children*, pre- and post-natal education and immunization reflects the provincial situation and causes strain at the local level where demand for services exceeds the funding provided.

The number of York Region teens reached nearly 90,000 in 2001. The increase in this age group will impact the type and mode of service delivery employed by the Health Services Department, particularly for the lifestyle behaviour programs (such as the tobacco strategy).

Increases in the number of individuals 65 years of age and 75 years of age and over have an impact on the need and demand for long term care beds and community outreach services. In the short term, the new beds awarded to York Region by the Ministry of Health and Long-Term Care (MOHLTC) should mitigate the demand. However, in the longer term this trend will place significant pressure on the system, unless the MOHLTC continues to fund new and additional beds and services. More emphasis is required on the availability of supportive services for seniors at home and in the community, for example, respite care and alternative community living programs.

4.1.2 Income

York Region has the highest median household income ($75,719) in the province, but not all people in the Region are as fortunate. Despite a significant increase in the number of households with total income above $70,000**,** the number of households with total income below $30,000 increased to 35,794 or 16% of the total when adjusted for inflation. In addition, the cost of housing is the highest in the province, with 22.6% of owner households and 41.1% of renter households paying 30% or more of their household income on housing/rent.

Implications

Health status is closely tied to income. Wealthier people live longer than middle class people who in turn live longer than people with low incomes. However, the overall level of health in developed countries is also linked to the level of income inequality *within* the country. The greater the income gap between richer and poorer, the worse the overall health of the population as measured by life expectancy and death rates.

The Health Services Department may need to review the locations of some of its programs and the time of day that appointments are offered in order to increase accessibility and to minimize expenses associated with attendance, such as transportation costs. Improvements are also required related to the marketing and availability of relevant programs such as the Food Gleaning Program, a program that links local farmers with community members with lower incomes.

4.1.3 Education

In 2001, 8.3% or nearly 43,000 York Region residents age 20 years and over had less than a Grade 9 education. In comparison, 1 in 4 people (nearly 130,000) reported obtaining a bachelor's degree or higher.

Implications

Not only does a higher education level in general lead to higher income, job satisfaction and social status (all of which are in themselves health determinants), but also equips people with the knowledge and skills necessary for problem solving and for

understanding information which will help keep them healthy. Persons with low levels of completed education tend to have fewer employment opportunities, less income and poorer health. Education levels affect the mode and type of services offered to a community, in combination with other factors such as age and ethnic origin.

4.1.4 Families

The number of lone parent families has increased from 13% in 1996 to 14.8% in 2001, which equates to nearly 23,000 lone parent families. In addition, average income varies by family type. According to the 2001 Census, the median income for husband-wife families in York Region was $80,311 per year, while male lone parent families made $52,989 and female lone parent families made $41,869.

Implications

The proportion of lone parent families can be an indicator of poor socioeconomic conditions. These families are likely in greater need of health care, social support, and other services.

4.1.5 Immigration and Language

Immigrants comprise more than 1/3 of York Region's total population (39%) and nearly 44,000 people immigrated to York Region between 1996 and 2001. Of these recent arrivals, over 75% reside in Markham and Richmond Hill. Recent immigrants may not speak English and may not have adjusted to living in Canada as readily as immigrants who have lived here for longer periods of time. In addition, nearly 24,000 York Region residents indicated that they cannot speak either official language.

Implications

The Region must ensure that programs are culturally sensitive and are provided in languages other than English and French. There must also be sufficient availability of translation services for direct service providers such as paramedics, public health and long term care nurses and staff working on *Health Connection.* Staffing should be representative of the cultural diversity of the Region and a proportion of staff should be able to speak languages other than English and French. Strategies to address diversity issues should continue to be pursued.

Immigrants are at greater risk of some communicable diseases (e.g., tuberculosis) than those born in Canada, because of a greater likelihood of exposure in their country of origin. Low-income immigrants may have compounded risk because of poor living conditions (Source: Canadian Research on Immigration and Health, Health Canada 1999).

4.1.6 Place of Work/Commuting

Forty-nine percent of York Region’s total employed workforce works within York Region, 0.5% work outside of Canada and another 8.7% have no fixed workplace address. However 41.7%, or just over 160,000, of York Region’s total employed workforce commutes outside of the Region for employment purposes. This percentage reaches a high of 49.6% in Vaughan to a low of 18.8% in Georgina. The length of

commute increases the further north one lives. For example, 46% of Georgina's workforce commutes 30 km or more (one-way) to reach their workplace.

Implications

Commuting patterns affect the delivery of programs and services as well as quality of life. If people travel long distances to and from work, Health Services programs may be inaccessible to those outside of York Region during normal business hours. Extending hours of operation for some programs in specific geographic areas of the Region may become a necessity and will require further study.

The mode of transportation used to get to work is important to the Health Services Department because of its impact on our physical environment. The Corporate Clean Air Initiative can benefit from these data to focus its resources appropriately, with the ultimate goal of improving air quality through increasing the use of public transit and promoting alternate forms of transportation other than single occupancy vehicles.

4.2 Relationship to Vision 2026

The 2001 Census data provides information related to the following goals, as outlined in the Vision 2026 document:

- Quality Communities for a Diverse Population
- Enhanced Environment, Heritage and Culture
- Responding to the Needs of Our Residents
- Housing Choices for Our Residents
- Managed and Balanced Growth
- Infrastructure for a Growing Region
- Engaged Communities and a Responsive Region

4.3 Next Steps

This report is the first in a series of Census documents that will be presented to the Health and Emergency Medical Services Committee. A more thorough analysis and reporting of the data that will connect this socio-economic information more closely to health status will be conducted in the future. Following review of this report by Committee and Council, staff of the Health Information and Planning Branch will present the census data and its implications to members of the Health Services Departmental Leadership Team to encourage further discussion and planning for future actions.

5. FINANCIAL IMPLICATIONS

The cost of analyzing and reporting on the results of the 2001 Census has been accommodated within the Health Services Department annual budget.

6. LOCAL MUNICIPAL IMPACT

The results from the 2001 Census have provided the Health Services Department with information about the size, distribution and characteristics of York Region residents and assist in targeting programs and services unique to each municipality.

7. CONCLUSION

There are many challenges to improving the health status of a population. In Canada some of these challenges include the ageing of the population, urbanization, growing cultural diversity, and a widening income gap. A unique challenge for York Region is its extremely rapid pace of growth with a higher-than-average proportion of immigrants. This situation is complicated by the current rapid population growth in the Region and the accompanying demands for service. The combination of all these factors will influence the status of the Region's health in the future.

The Health Services Department must ensure that the delivery of programs and services is not similar across the entire Region, that different delivery methods and languages are utilized and that the diverse ethnic and cultural backgrounds of residents are considered. The Department needs to employ people that represent the cultural diversity of the Region and that speak languages other than English or French.

Family structures are changing and a rise in the number of single parent families and families caring for the elderly at home may signal the need for an increase in support services, such as early childhood support programs and long term care facilities. In addition, there may be a greater need for outreach services.

The Health Services Department, in conjunction with its partner organizations and agencies, must therefore continue to monitor the factors that affect health, with a special emphasis on the social determinants of health, and to share this information for health-related planning, policy development and resource allocation decision-making.

The Senior Management Group has reviewed this report.

(A copy of the attachment referred to in the foregoing was forwarded to each Member of Council with the October 2, 2003 Health and Emergency Medical Services Committee agenda and a copy thereof is on file in the Office of the Regional Clerk)