

# Social Determinants of Health in Haliburton

## A Report Card

Revised Version: June 2010

*Note: This document includes updated information AND corrections to data included in the report published in April 2009. Thank you to the HKPR District Health Unit for their initiative and assistance in making these important changes.*

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*With Special thanks to Morgan Yates for her role in compiling the information and conducting the survey for this report card.*

## **The Project**

This project was formally a partnership between the U-links Centre for Community-Based Research, Haliburton Highlands Family Health Team, Haliburton Kawartha Pine Ridge District Health Unit, and Trent University through the Department of Geography and the Trent/Fleming School of Nursing. In addition, the following organizations joined an advisory committee to provide guidance and input into the project: Community Care Haliburton, Point in Time, SIRCH Community Services and Consulting, and Ontario Early Years. Health, social service, education and other community professionals who saw some major areas of need, but were unable to find data to support what they saw conceived this project. There was also a need to integrate information that had been collected in various reports from community organizations into one useable source. The purpose of this report card is to provide some information on how the region is doing on the social determinants of health indicators and how these results compare to Ontario data. This research process also involved a survey of health and social service professionals in the region.

It should also be stressed that this report is only a starting point. Further research to confirm some of the results in this report and to look at some of the information gaps identified is definitely needed. This report is meant to integrate existing information and identify areas that require more research.

## **The Structure of the Report Card**

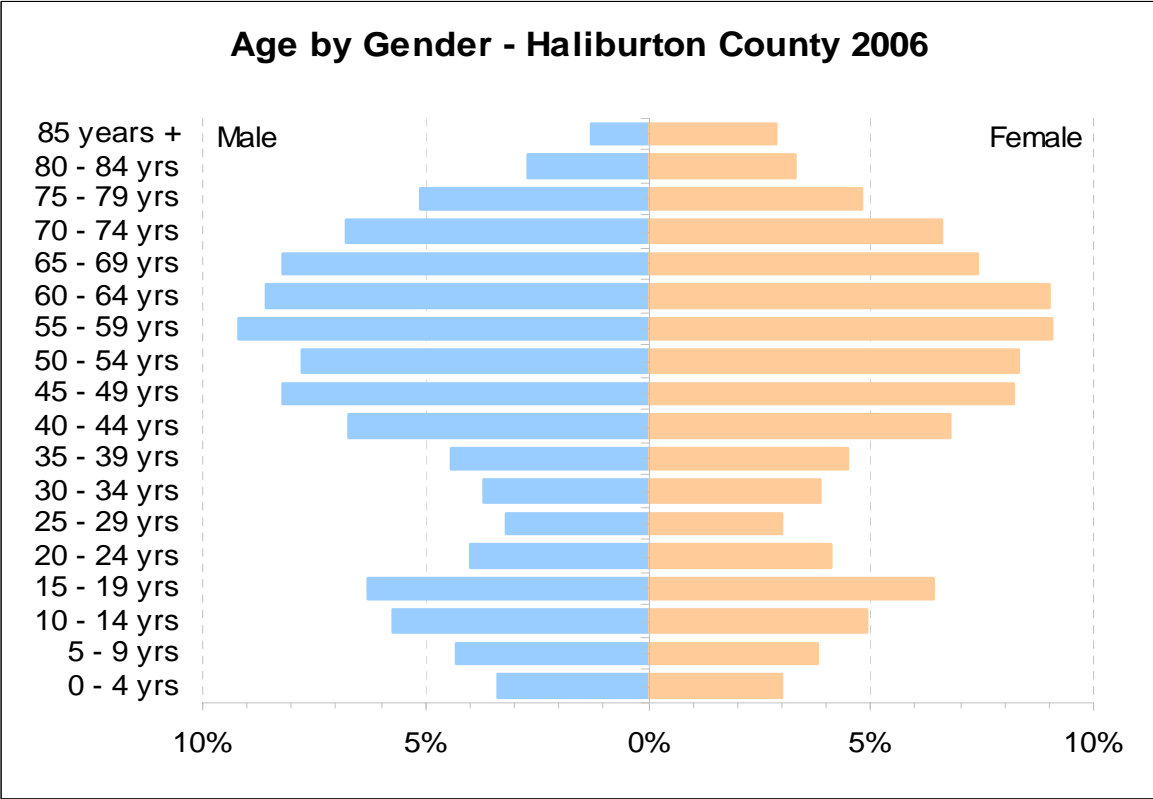
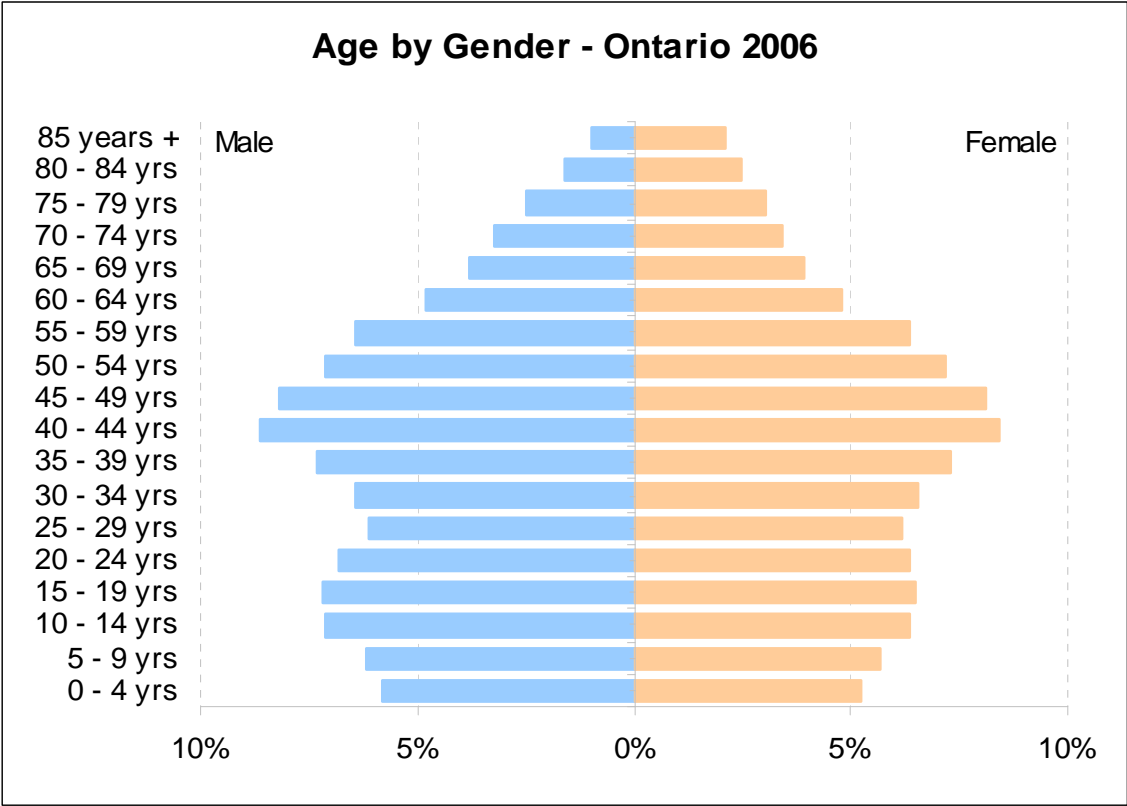
There is an emerging trend in the health sector that health is not just the absence of disease, but includes total physical, mental and spiritual well being. The Public Health Agency of Canada says, “Health is determined by complex interactions between social and economic factors, the physical environment and individual behaviour”<sup>1</sup>. These factors are known as the social determinants of health. The Public Health Agency of Canada lists the social determinants of health as: income and social status, social support networks, education and literacy, employment and working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture<sup>1</sup>.

This report is divided into sections for each social determinant, with some additional determinants added that are of particular concern to the region. Each determinant is examined by using indicators, which are intended to illustrate how Haliburton County compares to Ontario in general.

## **General Demographic Information**

The census data shows the age characteristics of the populations and how they are changing over time. This valuable information assists with planning for future programs and services such as education, health care and social support services. The number of people per square kilometer shows how densely populated the area is, which in turn affects how services are provided and gives an indication of how far people have to travel to get services.

- Haliburton County had a population of 16, 147 in 2006 as compared to 15,085 in 2001; that is a 7% increase in population<sup>2</sup>. Ontario had a population of 12,160,282 in 2006 and 11,410,046 in 2001; that is an increase of 6.6%.
- The median age of the population in Haliburton County is 50.4 years compared to 39 years for the province<sup>2</sup>.
- The percentage of the population that is over age 15 is 87.5% in Haliburton County and 81.8% in Ontario.
- There are approximately 4 people per square kilometer in Haliburton County compared to 13.4 in Ontario<sup>2</sup>.



## Family Characteristics

There are twice as many households containing a couple without children living in the household compared to those with children. The majority of children live in two parent families; however, a significant number live in lone parent families who are more likely to have a lower income and thus be at greater risk of living in poverty. According to the Canadian Institute of Child Health (2000, p.8), “Two parent families are less vulnerable to financial hardship than lone parent families, and may have more resources for dealing with the challenges of raising children”<sup>22</sup>.

- There are 1,480 households containing a couple (married or common-law) with children compared to 2,985 households containing a couple (married or common-law) without children in Haliburton County.<sup>2</sup>
- Haliburton has 490 lone parent families, which is 9.6% of all families with children in the region. Seventy-three (73.4%) percent of these lone parent families are headed by women. In Ontario, 15.8% of all families are lone parent families with the majority of these families also headed by women<sup>2</sup>.
- In Haliburton, more than 57% of lone parent families with young children age 0-6 live in poverty.<sup>3</sup>

\*Households containing a couple (married or common-law) with children refer to one-family households containing a couple (with or without persons not in census families) with at least one child under 25 years of age.

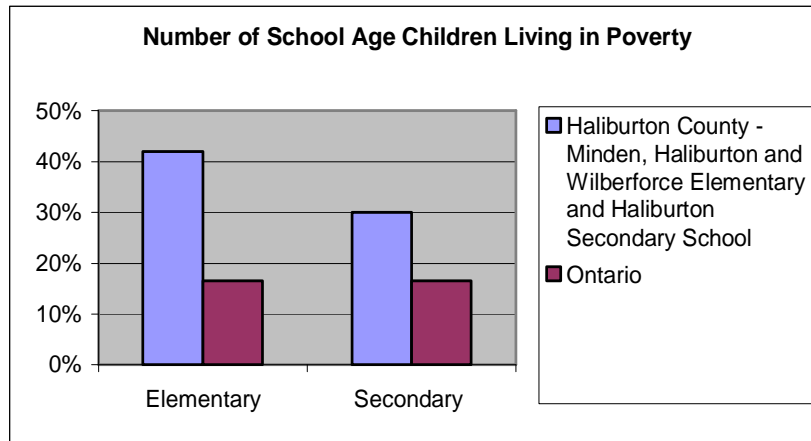
\*Family refers to a married couple (with or without children of either or both spouses), a couple living common-law (with or without children of either or both partners) or a lone parent of any marital status, with at least one child living in the same dwelling. A couple may be of opposite or same sex. 'Children' in a census family include grandchildren living with their grandparent(s) but with no parents present.

## Income and Social Status

Income has been identified by Health Canada as the single most important determinant of health.<sup>21</sup> An adequate income is needed to meet the basic needs for food, housing, clothing and other goods and services. Individuals and families are considered to be living in poverty if their income falls beneath Statistics Canada low-income cut-off (LICO). People with low paying jobs, unstable jobs, insufficient hours of work and those who rely on government sources for income such as Ontario Works and Old Age Security are more likely to have a lower income. In Haliburton County one person would have to earn less than \$11,264 after taxes to be considered low income and a family of four would have to earn less than \$21,296 as per the 2005 LICO<sup>5</sup>

After Tax Low Income Cut-Offs (LICOs) 2005					
Family Size	Population of Community of Residence				
	500,000+	100,000 – 499,999	30,000-99,999	Less than 30,000	Rural
1	\$17,219	\$14,562	\$14,380	\$12,890	\$11,264
2	\$20,956	\$17,723	\$17,502	\$15,690	\$13,709
3	\$26,095	\$22,069	\$21,794	\$19,535	\$17,071
4	\$32,556	\$27,532	\$27,190	\$24,373	\$21,296
5	\$37,071	\$31,351	\$30,962	\$27,754	\$24,251
6	\$41,113	\$34,769	\$34,338	\$30,780	\$26,895
7+	\$45,155	\$38,187	\$37,713	\$33,806	\$29,539

- In 2005, the median after tax income was \$45,469 in Haliburton County compared to \$59,377 for the province<sup>2</sup>.
- The after tax income of lone parent families headed by women in Haliburton County was \$29,156, as compared to \$34,206 for Ontario<sup>2</sup>
- 19.7% of Haliburton residents receive their income from government transfers compared to 9.8 in Ontario<sup>2</sup>.
- In March 2009 there were 267 cases on the Ontario Works caseload for the County of Haliburton<sup>7</sup>.
- A large number of children are believed to be living in poverty as estimated by the Ontario Ministry of Education<sup>9</sup>.



(Source: Ontario Ministry of Education School Information Finder)

### Housing

Housing that is adequate and affordable is essential to health and well-being. Housing is considered affordable if a family spends no more than 30% of their income on housing costs. Inadequate housing conditions increases the risk of injury and illness due to safety issues if living in a structurally unsafe house, or if there are environmental health hazards such as molds. Low income is the primary factor that inhibits people from securing housing that is both adequate and affordable.<sup>21</sup>

- Average value of an owned house is \$233,387 in Haliburton County compared to \$297,479 in Ontario in 2006.<sup>2</sup>
- The average monthly payments for owned dwellings are \$534 in Haliburton compared to \$1046 in Ontario.<sup>2</sup>
- The average monthly costs for rented dwellings are \$638 in Haliburton compared to \$801 in Ontario in 2006.<sup>2</sup>

Housing costs as a percentage of income help to show whether families can afford housing by showing how much of their monthly income goes towards housing. One must also consider other variables such as utilities, insurance, maintenance, etc. that may fluctuate seasonally.

Housing costs as a percentage of income for families renting housing

- Haliburton 19%
- Ontario 18.4%

Housing costs as a percentage of income for single mothers renting housing.

- Haliburton 25%
- Ontario 26.3%

### Subsidized Housing

- As of March 2009 there were 30 singles, 38 seniors and 24 families with dependents on the social housing waiting list in Haliburton County.<sup>7</sup>
- In 2008, 3.62% of Ontario families are on a social housing wait list<sup>11</sup>.

**Food Security**

When a family lacks access to food or worries about getting enough safe, nutritious and acceptable food they are considered to have food security issues. Less money means less food and typically the type of foods secured is less nutritious. Lack of food security is one of the most obvious indications that a family lives in poverty.

- 13.5% of households in the Haliburton Kawartha Pine Ridge District Health Unit experience food insecurity (sample size is not sufficient to be broken down by Haliburton County) <sup>12</sup>.
- 208 to 231 households in Haliburton County use one of the four local food banks on a monthly basis. That is about 4.1% to 4.5% of families in Haliburton.<sup>14</sup>
- About 3% of Ontarians used food banks during an average one month period in 2008. <sup>13</sup>

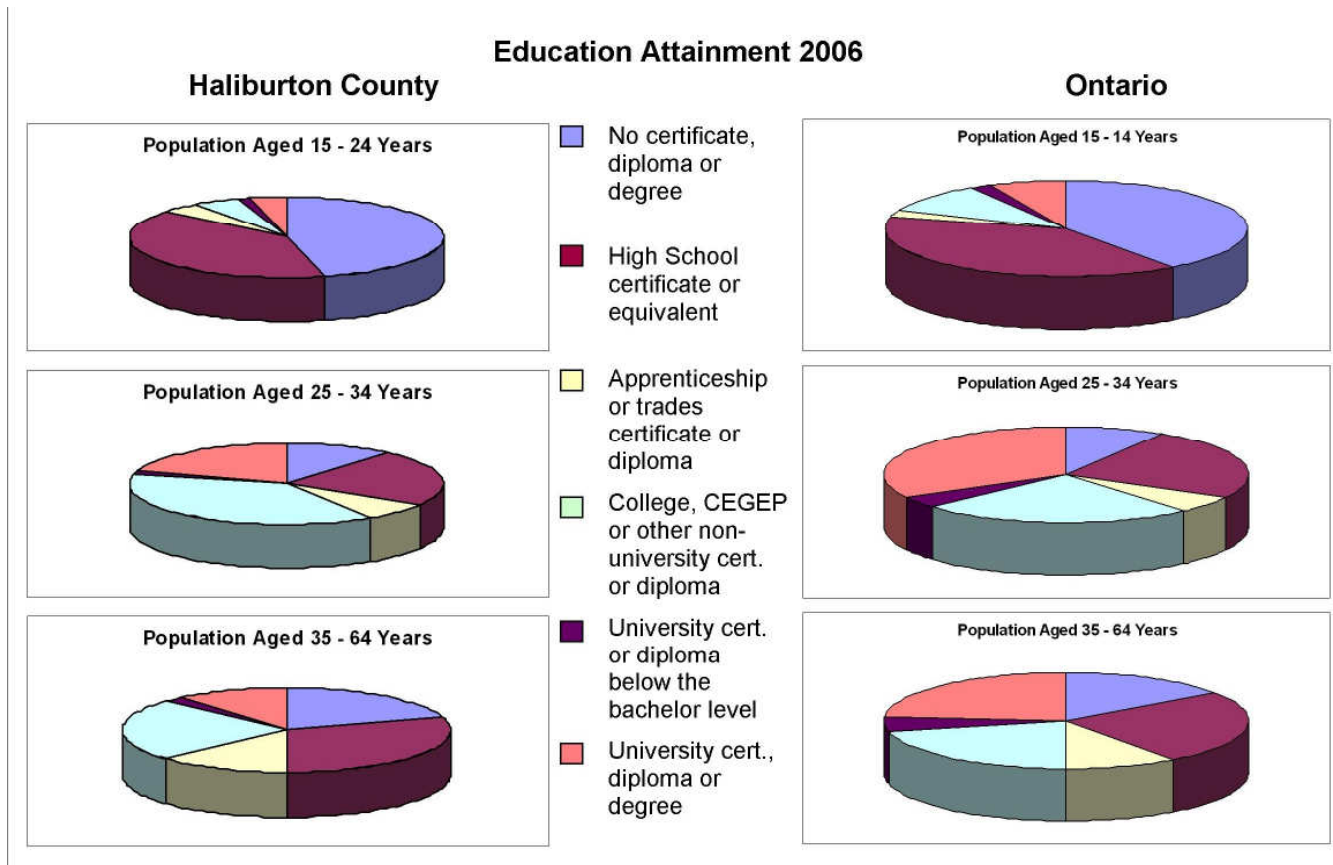
**Employment and Working Conditions**

Stable employment with an adequate income optimizes physical health and well-being. This can be difficult to find in Haliburton County and some are required to travel out of the county for employment. Others have precarious or seasonal employment and therefore rely on employment insurance at various times of the year.

- Unemployment rates (not considering seasonal employment) were 7.5% in Haliburton County and 6.4% in Ontario in 2006 <sup>2</sup>
- The provincial unemployment rate rose from 6.5% in March 2008 to 8.9% in March 2009 <sup>6</sup>

**Education and Literacy**

Employment and education are strongly linked. The level of education attained indicates how skilled the work force is and is correlated with the income status of the population. Generally less education means people are more likely to earn less.<sup>21</sup> As illustrated by the charts below, Haliburton has a slightly lower level of educational attainment than the province as a whole.



## **Social Support Networks**

Health and well-being is dependent on a supportive community environment. Family, friends, and community resources that offer various programs and support services support well-being. There are many community resources available in Haliburton, however, nearly all of these services need more funding to provide service to those in need or those who are in a period of transition<sup>15</sup>. This includes things such as; education and training, health care services, leisure, and cultural activities. Social support networks also include access to affordable child care. The availability of elder care and transportation services are also important.

- The availability of family doctors influences whether people use a family doctor and is an indicator of the state of the health system in a community. In Haliburton County, as many as half of the patients that attended a walk in clinic did not have a family doctor in the region<sup>15</sup>. It is unknown what portion of these patients is made up of seasonal residents who may have a doctor elsewhere.
- There are 10 family physicians and 2 Nurse Practitioners that practice within the Haliburton County boundaries as of June 2009.<sup>4</sup>
- In Haliburton County 63% of families use childcare of some sort<sup>3</sup>. It is not known what portion of the childcare is provided by family or friends at no cost.
- As of March 2010 there were 22 children subsidized to attend day care in Haliburton Village and 25 children subsidized to attend in Minden.<sup>16</sup>
- There are 152 long term care beds available in Haliburton County, with an average wait time of 1 to 1.5 years. In Ontario the waiting time for long term care is about the same, 1 to 1.5 years.<sup>15</sup>
- There is 1 respite bed in a long-term care facility in Haliburton County.

## **Social Environments including Geographical Isolation**

Average time lived in the community, meaning the percent of people who have lived at the same address five years ago, measures how stable a community is and whether there is a lot of transition in the community and in resident's lives. It also can reflect the strength of social networks that one develops within their community.

- 64.4% of residents have lived at the same address as compared to 58.7% in Ontario overall.<sup>2</sup>
- 1.6% of the residents of Haliburton County lived outside of the province five years ago as compared to 6.6% of residents of Ontario overall.<sup>2</sup>

Although it is not quantified, access to transportation contributes to geographic isolation. In Haliburton there is no public transportation system and distances between small communities limits opportunities for travel without a vehicle. Employment and non-essential services are often sought in the closest urban centre, which is approximately 1 ½ hours away. Without transportation this becomes a barrier, specifically for year round residents.

## **Physical Environments**

The availability of clean air to breathe, the quality of drinking water or clean unpolluted areas to swim in and the safety of the community which includes crime rates and the perceived safety of the community influences health.

- Second hand smoke exposure) is associated with a number of health concerns. In a local survey, 28.3% of HKPR residents reported that their home is not totally smoke-free.<sup>12</sup>
- Outdoor air quality (number of days of smog advisories in 2008), shows the general quality of the air in the region. A high rate of smog exposure is linked to many respiratory and other health concerns. Haliburton County had 2 days of smog advisory in 2008 as compared to 17 days across Ontario in 2008.<sup>18</sup>
- Crime rates show the safety of the community, or the perception of safety. There is no data specific to Haliburton County.



**Personal Health Practices and Coping Skills**

People, who eat healthy diets, exercise on a regular basis, don't smoke and have positive coping skills with life's ups and downs generally will have better mental and physical health. There is also a correlation between education, income, personal health practices and coping abilities. Higher education levels and higher income tends to mean better overall health, better food choices and higher activity levels.<sup>23</sup>

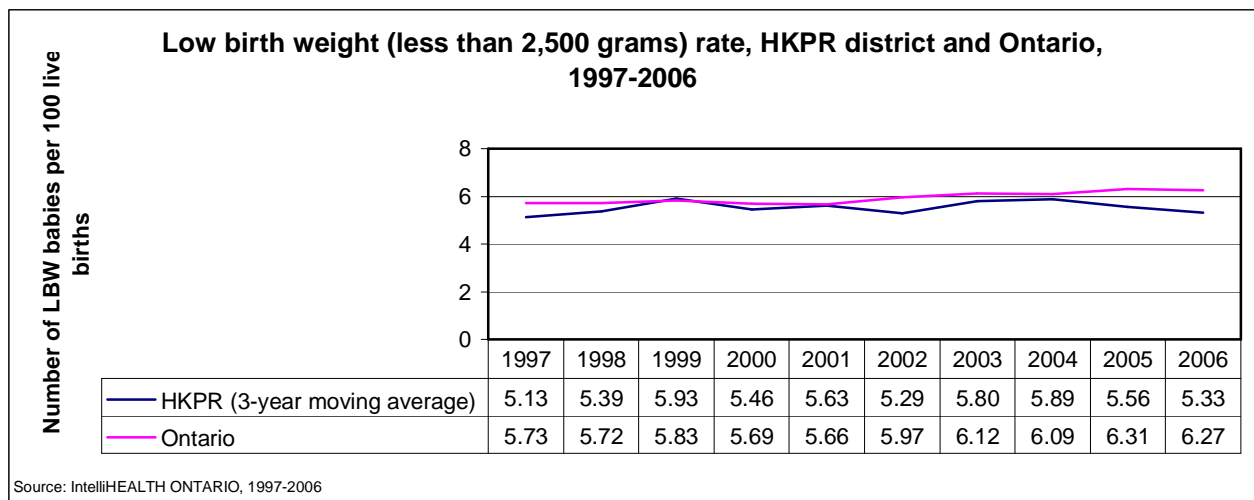
The Initial Report on Public Health Practice August 2009, published by the Public Health Practice Branch MOHLTC offers several helpful indicators:

- Adult Heavy Drinking – estimates the age-standardized proportion of people age 20 years and older who reported consuming five or more drinks on at least one occasion during the previous 12 months. 46% HKPR District Health Unit, Ontario 37%<sup>24</sup>
- Smoking Prevalence – estimates the age-standardized proportion of people age 12 years and older who are current smokers (daily or occasional cigarette smokers). 27% HKPR District Health Unit, no average for Ontario – stated as a minimum 16% and maximum 34%<sup>24</sup>
- Physical Activity Index – estimates the age-standardized proportion of the population age 12 years and older by level of energy expenditure in the categories active and moderately active in their leisure time physical activity. 55% HKPR District Health Unit, Ontario 50%<sup>24</sup>
- Fruit and Vegetable Consumption – estimates the age-standardized proportion of the population age 12 years and older that reported consuming fruits and vegetables five or more times per day. 38% HKPR District Health Unit, Ontario 42%<sup>24</sup>
- Healthy Body Mass Index – the age-standardized proportion of people age 18 years and older whose self reported height and weight denote a healthy body mass index (BMI). BMI is calculated using the person's weight in kilograms divided by their height in squared metres. The World Health Organization considers a BMI in the range of 18.5-24.9 to be healthy for most adults. 38% HKPR District Health Unit, Ontario 42%<sup>24</sup>

**Healthy Child Development**

Most children are born healthy. The rate of infant mortality and low birth weights remain low. Those vaccinated against vaccine preventable diseases help to protect our children from those diseases that can cause serious illness and death.

- Low birth weight (less than 2500 grams, but more than 500 grams) increases the risk of infant mortality and morbidity. Low birth weights are more often seen if the mother had inadequate nutrition during her pregnancy or if she smoked. The following graph illustrated low birth weight data for the HKPR Health Unit District.



- Smoking during pregnancy continues to be an issue in Haliburton County. According to the 2006 Provincial Perinatal Report, 12% of women smoked during pregnancy in the Central East LHIN area which includes Haliburton County.<sup>25</sup>
- Overall Immunization rate in kids for Haliburton County:  
The overall immunization rate for children for Diphtheria, Pertussis, Tetanus, Polio and Measles, Mumps and Rubella is 93.16% complete as appropriate for age for birth years 1991-2004 inclusive, for students registered in school in Haliburton County as of April 20, 2009. This percentage does not include Haliburton area children attending school outside of the county.
- Dental care is not a publically funded health care service. Unless a parent has dental insurance or an adequate income to cover the cost of dental services children are at greater risk of not being adequately assessed and treated for dental health problems. During the 2008/2009 school year in Haliburton County 16% of kindergarten children experienced early childhood tooth decay, a rapidly progressing form of cavities.<sup>17</sup> According to a health status report released in 2001 by Toronto Public Health 6% to 10% of all Ontario preschoolers have been affected by this preventable childhood disease.<sup>26</sup>

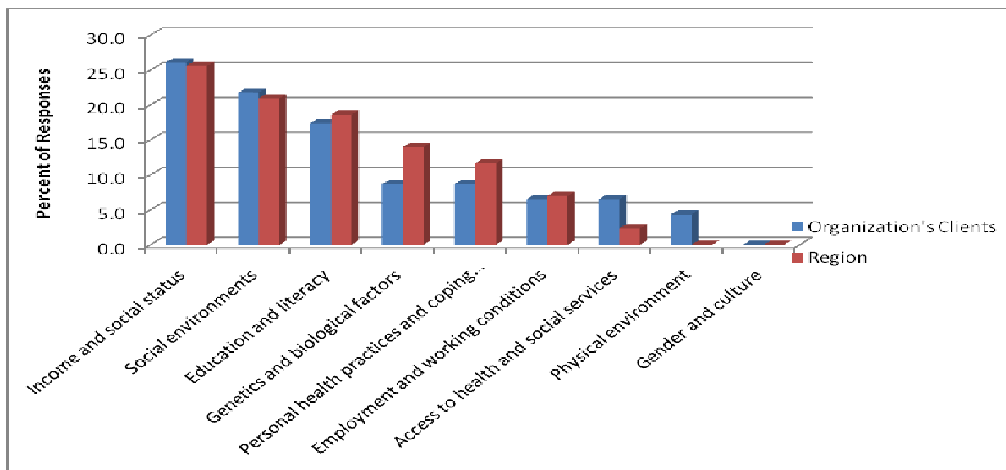
## Health Professionals Survey

The survey of health and social service professionals was designed to determine the main social determinants of health that were of concern to the health and social service professionals' clients and to the community in general. It was also designed to determine the organizations' strengths in addressing these social determinants and to provide recommendations to better address the unmet needs relating to the social determinants.

Fifteen health and social service professionals were surveyed, all female. The organizations included; Haliburton Kawartha Pine Ridge District Health Unit, SIRCH Community Services and Counselling, Haliburton Highlands Health Service, Five Counties Children's Centre, Haliburton Highlands Family Health Team, Four Counties Addiction Services Team, Highlands Community Pregnancy Care Centre, Haliburton Highlands Learning Program, YWCA Women's Centre - Haliburton County, Point in Time, Center for Children, Youth and Parents, Haliburton Highlands Mental Health Services and Four Counties Brain Injury Association.

Based on what was known about the area, its isolation and the lack of employment, it was not surprising that the social determinants of most concern to the health and social service professionals' clients were: income and social status, social environments (geographic isolation) and education and literacy (Figure 1). The social determinants that were thought to be of greatest concern to the community in general were nearly the same; income and social status, social environments (geographic isolation) and employment and working conditions (Figure 1). The fact that education and literacy were of greater concern for clients than for the community in general could be due to the fact that health and social service professionals see this issue in their daily dealings with clients, so this issue is seen as a greater concern with clients than with the general community. Respondents stated they had to provide all educational material at very low literacy levels. They also had to explain the information in the educational materials to their clients due to their low literacy levels.

**Figure 1: The Social Determinants of Health that were the Most Challenging for Community Organization Clients and the Community**



There were a variety of suggestions made about how to resolve the unmet needs relating to social determinants which ranged from widening the mandate of organizations that already provide transportation support, to more creative ways for community organizations to work together (Table 1). These suggestions provide a useful starting point for developing programs to help elevate the issues noted. Overall, there were no major surprises regarding the findings of the research, but formally establishing what had before just been the observations of health professionals helps to lay the groundwork for community organizations to plan their programming and to request funding.

Table 1: Suggestions Regarding How to Resolve Unmet Social Determinant of Health Needs

Lack of Jobs in General, Especially Well Paid Jobs	<ul style="list-style-type: none"> <li>• encourage people to be more creative in finding and creating jobs</li> <li>• bring call centers to the area to provide jobs</li> <li>• more financial support to help people increase their skills and retrain</li> <li>• get people interested in working with seniors</li> <li>• employers encourage literacy upgrading</li> <li>• more valuing of trade jobs</li> <li>• introducing high speed internet so people could work from home</li> </ul>
Lack of Access to Health Services	<ul style="list-style-type: none"> <li>• more funding to enable health professionals to go to people</li> <li>• listen more to what clients are telling us about their needs</li> <li>• more creative ways for community organizations to work together and see patients</li> <li>• more family doctors and nurse practitioners</li> </ul>
Lack of Information about Health and Community Services	<ul style="list-style-type: none"> <li>• a 1-800 line about community services</li> <li>• provide a one stop shop for health care organizations to help people navigate the system</li> </ul>
Lack of Transportation	<ul style="list-style-type: none"> <li>• open up transportation services of the “Dymo” bus and the Community Care bus</li> <li>• reintroduce the rural transportation network with Community Care</li> </ul>
Low Income Levels	<ul style="list-style-type: none"> <li>• increase the amount of money people receive from Ontario Works and ODSP</li> </ul>
Low Education and Literacy Levels	<ul style="list-style-type: none"> <li>• more flexible school system that enables kids to work at their own pace</li> </ul>
Lack of Ability to Afford Healthy Food	<ul style="list-style-type: none"> <li>• every community should have a food bank and community kitchen</li> <li>• relax food bank rules</li> <li>• government control over the cost of food staples</li> </ul>
Generally Low SDOH Indicators	<ul style="list-style-type: none"> <li>• more understanding about what low income means</li> <li>• more funding in general</li> <li>• increase resiliency in the area</li> </ul>

*\*comments included in this chart are verbatim responses from the survey.*

Generally this survey provided a useful starting place for the report card and some interesting information about the community. Hopefully further research into whether these results can be generalized with a larger survey group, or with the clients of the community services, can be done.

## **The Next Steps (as stated in the original report)**

This report definitely illustrates some areas where there is a lack of available data for Haliburton County. It is possible this information exists, but could not be located during the time frame of this project. This provides a wonderful opportunity for future research in Haliburton County. Areas for further investigation include:

- Perceptions of the safety of neighborhoods
- Perceived quality of life
- The nature or number of seasonal jobs and how this affects the unemployment rate
- Geographic isolation as a factor for health
- Information on the physical environment, such as water quality and recycling rates

Two other areas of note were identified. These should also be considered as the focus for future research.

### **Women and Poverty**

Generally women and children are more likely to experience poverty. Lone parent families headed by women have a lower income than two parent families and lone parent families headed by men, both in Haliburton and in Ontario in general. The median after tax income of lone parent families headed by women in Haliburton County was \$29,156, compared to the median income of two parent families in the region, \$45,469. This means that lone parent families headed by women are more likely to fall below the low income bracket and are more likely to experience the other indicators of poverty, from food insecurity to housing and dental problems. In Haliburton County 12.9% of families are lone parent families headed by women, so this issue has an impact on the community. Unfortunately this is not an issue that is limited to Haliburton as the trend is seen throughout the province. Future research in Haliburton would help to better understand this issue in a rural/remote context.

### **Transportation**

Transportation and its connection to the Social Determinants of Health (SDOH) was a recurring theme that emerged in many of the interviews and the documents reviewed. The lack of a public transportation system, combined with the geography of Haliburton County, arguably plays a role in the SDOH in the County. Future research aimed at documenting transportation habits and needs and then quantifying the relationship between transportation and the SDOH would be a valuable study for Haliburton County.

### **Note:**

Since the completion of the original report card, students from Trent University have taken on further research on the SDOH in Haliburton County. Their work can be accessed through the U-Links Centre for Community-Based Research ([www.ulinks.ca](http://www.ulinks.ca)).

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