
Data Sources, Methods and Limitations

Data sources, and limitations of the data used in this report are described below:

National Surveys

Canadian Community Health Survey

The 2000/2001 and 2003 Canadian Community Health Surveys were conducted nationally by Statistics Canada. Data are available provincially and for specified regions within each province. Responses to these surveys were limited to respondents aged 12 years and older, and data presented in this report are for adults only (aged 18 years and older or aged 20 to 64 years, as specified throughout). Data were not age standardized.

Data from national surveys used in this report are all based on self-reports from survey respondents or their proxies. Self-reported data may be subject to errors in recall, over- or under-reporting because of social desirability, or errors from proxy reporting.

Proportions reported were rounded to one decimal using normal rounding. For example, if a proportion was 5.0% to 5.4%, it was rounded down to 5%, whereas if a proportion was 5.5% to 5.9%, it was rounded up to 6%.

Certain proportions in this report which include the notation, “use with caution,” reflect estimates that may have high sampling variability.

Body mass index (BMI) categories in surveys are based on self-reported height and weight. Since people tend to underestimate their weight and overestimate their height, the values of the index are probably low. Exact weight may also differ from stated weight due to a lack of information (not weighed recently, poorly adjusted scale in the home, recall bias, etc.). Studies estimate that obesity would be approximately one and a half times more prevalent if calculations were based on observed data. The BMI is not applicable to children or adolescents, and pregnant or breastfeeding women. Most surveys, however, include breastfeeding women because women are generally not asked if they are currently breastfeeding.³⁹

Hospitalization

Hospitalization data in this report are from the Canadian Institute for Health Information (CIHI) and are based on discharge records. Data for Peel from 1986 to 1994 were obtained from the Ontario Ministry of Health and Long-Term Care, while data for 1995 through 1998 were distributed to Peel

Health from the Central East Health Information Partnership (CEHIP). For 1999 to 2003, data were obtained through the Provincial Health Planning Database (PHPDB) initiative at the Ontario Ministry of Health and Long-Term Care.

CIHI data for the years 1986 to 2002 were coded based on the International Classification of Diseases, 9th Revision (ICD-9) system of classifying causes of death and hospital stay. Hospitalization data for 2003 were coded based on the International Classification of Diseases, 10th Revision (ICD-10-CA). The ICD-9 and ICD-10 codes used for each disease included in this report are as follows:

Diseases/Conditions	ICD-10	ICD-9
Diabetes	E10.0-E14.9	250.0-250.9
Type 2 Diabetes	E11.0-E11.9	Can not differentiate Type 2 from other types
Coronary Heart Disease (Ischemic Heart Disease)	I20.0-I25.9, I51.6	410.0-414.9, 423.0, 423.9, 429.2, 429.5, 429.6, 429.8
Stroke	I60.0-I69.9	430.0-434.9, 436.0-438.0
Osteoarthritis	M15.0-M15.2, M15.4-M15.7 M16.0-M19.9, M89.4	715.0-715.9

Limitations of the hospital separation data include:

- Only cases serious enough to require hospital admission are captured;
- Codes presented in the hospital separation data set reflect the cause of stay upon discharge, not admission;
- People admitted to hospital more than once in a year for the same cause are counted for each hospital stay, not as an individual case; and
- Other reasons, such as factors related to physician referral, screening and admission practices, may explain changes in the data over time.

The top 10 external causes of hospitalization are based on all hospital separations with Injury and Poisoning coded as the most responsible diagnoses. In previous *State of the Region's Health* reports, external causes were reported based on all hospital separations. Therefore, comparisons should not be made between the top external causes of hospitalization in this report and previous *State of the Region's Health* reports.

The codes used for the external causes of injuries included in this report are: ICD-10 (V01.0-Y98) and ICD-9 (E800.0-E999.9).

Mortality

Peel and Ontario mortality data for this report are from the Mortality Data File, collected by the Office of the Registrar General of Ontario and distributed to Peel Health through the Health Planning System (HELPS) initiative of the Ontario Ministry of Health and Long-Term Care. At the time this report was prepared, final data were available up to 2001. Mortality data for the years 1986–1999 are coded based on the International Classification of Diseases, 9th Revision (ICD-9) system of classifying causes of death. Mortality data for the years 2000 to 2001 are defined using the International Classification of Diseases, 10th Revision (ICD-10-CA). The specific codes used for each disease included in this report are listed in the table on the previous page.

For both hospitalization and mortality data files, data are unable to be released when numbers are fewer than five cases, based on data release guidelines provided by the Ontario Ministry of Health and Long-Term Care. These occurrences are notated using “NR”, meaning data were not releasable.