



introduction

The lifecourse, a path going from birth to death, marks an individual's progress through different life stages. It varies from person to person depending upon biological, behavioural and societal factors, and can result in different rates of progress and different health outcomes.¹ Influences at one part of the lifecourse can affect later development.¹ Effective interventions can help development move back towards the original course.

The relative importance of nature (i.e., genetics) versus nurture (i.e., the environment) in child development has been debated throughout the 20th century. Evidence now suggests that nature and nurture do not act independently, but instead interact during early life to set a child's trajectory for learning, health and behaviour.²

Infancy and early childhood are periods of rapid growth and development of all biological systems, including the brain and

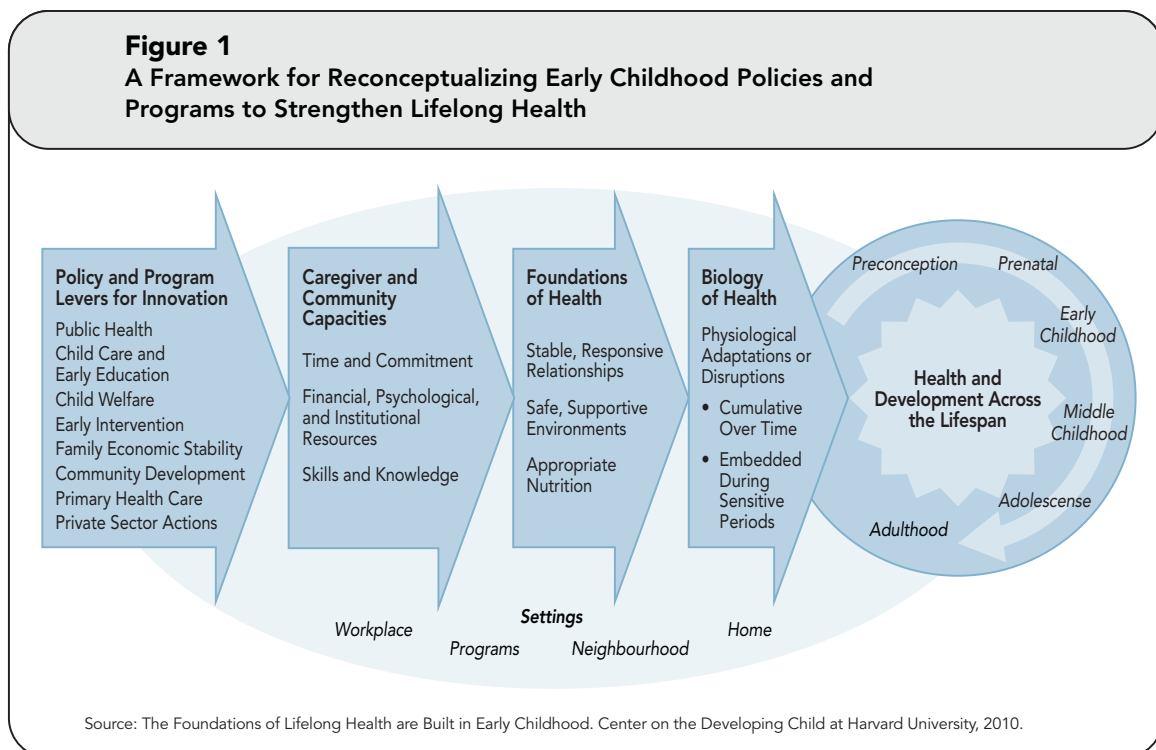
central nervous system. The environment in which a child develops – including aspects such as nutrition, pollutants, drugs, infections, and the health and well-being of their primary caregivers - influences this development with varied and lifelong effects.

Early experiences, from a child’s relationship with their parents and the food they eat to violence experienced in the home and the safety of their neighbourhoods, influence health and well-being. These experiences can also impact a child’s growth, coping abilities, competencies, and their health behaviours later in life.² Effective prevention programs, at various levels, aimed at decreasing negative experiences for children can reduce the social and economic burden of illness across their lifespan. They may also reduce the need for costly and potentially less effective interventions later in life.

Reports such as this provide a glimpse of how children are doing and can indicate

how their health might be later in life. This will help to identify health promotion and disease prevention opportunities early in the lifespan and to plan for the future health needs of the population.

The Framework for Reconceptualizing Early Childhood Policies and Programs to Strengthen Lifelong Health (Figure 1) reflects current knowledge related to the interacting roles of genetics and the environment on child development. It has been chosen to underpin the work of the Family Health Division at Peel Public Health. The framework outlines the three foundations of healthy development, which are: a stable and responsive environment of relationships; safe and supportive physical, chemical and built environments; and sound and appropriate nutrition. It acknowledges that both caregivers and communities differ in their capacities to support healthy child development.



This report provides a snapshot of the current health status of children in Peel. The framework illustrated in Figure 1 has been used to provide the basic structure of the report and to identify the key topics covered within it. More detailed descriptions of each aspect of the framework are provided throughout the report to give context for why the data provided are relevant to child development. The information presented within each chapter reflects the data that are currently available. Data are not available for all aspects of child development resulting in an incomplete picture of the health of Peel children. Data gaps noted throughout the document represent opportunities to enhance reporting and surveillance in the future.

Purpose

Growing Up in Peel: The Health of Our Children is intended as a reference document to provide a description of the health status of children and youth in Peel aged one to 18 years. For readers interested in the health status of children less than one year of age, please see ***Born in Peel: Examining Maternal and Infant Health*** (2010) at peelregion.ca/health/reports.

This report will help inform strategic planning for two of Peel Public Health's 10-Year Strategic Plan program priorities: Nurturing the Next Generation and Supportive Environments for Healthy Living.

The intended audiences for this report include public health staff, Region of Peel councillors, community partners, educators, school board staff and students, health-care providers and the public.

How to Read this Report

For the purposes of this report, children are defined as individuals one to 18 years of age. Children may be categorized into a number of different age groups throughout this report for the purpose of comparison. Specific categories will be noted within the table or figure.

Peel data have been included in this report where possible. Where data for Peel are not available or the numbers are too small to be reliable, provincial or national data are provided. Occasionally, provincial or national data have also been included for comparison purposes.

The sources of data, data limitations and methods of analysis are described in the Data Sources and Limitations and Data Methods chapters at the end of this report.

This report, as well as a summary of the key findings, can be found at peelregion.ca/health/reports.

Ninety-five per cent confidence intervals (presented as “95% CI” in the report) are provided for many of the estimates (e.g., percentages, rates) calculated from survey data throughout this document. The confidence intervals represent a lower and upper range of values which we are confident contain the true value of the estimate for the whole population 95% of the time, or 19 times out of 20.

When the 95% confidence interval of one estimate does not overlap with that of another estimate, the difference between the estimates is considered to be statistically significant (i.e., very unlikely to be due to chance). If the confidence intervals of two estimates do overlap, the estimates may

still be significantly different. An appropriate statistical test would be required to assess the statistical difference of the two estimates.

There are two types of references used in this report, text references and data references:

- Text references refer to journal articles, websites, and book sources for the relevant text and are defined by a superscript number (i.e., ¹).
- Data references refer to the data source for the statistic(s) being presented or described in the text and are defined by a superscript letter (i.e., ^A).

Key messages and facts are presented throughout this report and are indicated by various icons. The following box describes these icons and their meaning.

