

What We Know About Health Inequities in Ontario

The State of Health Inequities in Ontario provides an overview of published research literature on health inequities in Ontario. It outlines research on eight groups that may face marginalization, including women, racialized groups, lesbian, gay, bisexual, trans and queer (LGBTQ) groups, immigrant groups, and low-income groups. Specifically we have compiled papers published in both academic and non-academic literature on six indicators of population health and service quality: life expectancy; self-rated health; low birthweight; diabetes; length of stay in hospital; rate of potentially avoidable hospitalizations.

Combined, the papers outlined in this overview signal that there are significant disparities in health for different populations across the province. While these conclusions are based on a limited set of indicators, the snapshot provides a sense of the breadth and depth of inequities in Ontario. There are disparities between regions, income groups, age groups, gender groups and ethnic origin populations. There are differences in risk of illness and service use. There are also groups such as lesbian, gay, bisexual, trans and queer groups, for which limited data are available. The combined impact of multiple marginalized identities on health is also not taken into account in this analysis, but it is likely that that will further magnify disparities for some groups. The data and research gaps identified on some groups and indicators need to be addressed in order to better identify and understand health inequities across Ontario.

	Life Expectancy	Self-reported Health	Low Birthweight	Infant Mortality	Diabetes	Length of Hospital Stay	ACSCs
Age		Individuals age 45-64 twice as likely to report poor health than those age 18-24			People over age 65 up to twice as likely to have diabetes as those over age 20	In Ontario, older youth are likely to stay longer in hospital than younger youth: 2.4 hour increase in length of stay for every increase in age by one year	
						In Ontario, individuals aged older than 80 years have a longer length of hospitalization compared to younger patients	
Racialization					Among coronary heart disease patients those identifying as South Asian more likely to have diabetes than those of other ethnic identity		
					Self-identification as non-white associated with higher risk of developing diabetes; South Asians at highest risk		
		Men identifying as "Black" twice as likely as those identifying as Asian or Arab to report poor health			Prevalence of self-reported diabetes almost twice as high among Black, Arab, South and West Asian adults compared to White adults		
Immigration Status			In Peel Region, Birthweight among infants of immigrants significantly lower than those of non-immigrants				
			Refugee women from Sub-Saharan Africa who delivered at a Toronto hospital had significantly higher rates of LBW. Refugee group as a whole did not have higher risk				
			In Toronto recent immigrant women more likely to have low birthweight and full-term low birthweight babies				
			Significantly lower birthweights for mothers from all world regions with the exception of Europe				
		In Toronto and Region of Peel, remaining life expectancy at age 25 is higher for immigrants than for non-immigrants across income groups; life expectancy disparities by income are greater among non-immigrants than among immigrants		Immigrant mothers 18% more likely to give birth to low-birthweight babies		Among whites and those of Chinese ethnicity, long term residents almost twice as likely to have diabetes than recent immigrants (in Canada <15 years)	In Ontario, there is no significant difference between immigrant seniors and non-immigrant seniors in length of hospital stay
Language Spoken		Individuals who speak French only more likely to report fair or poor health than those who speak English only, or English and another language (no significance test)			Among immigrants to Canada between 1985-2005 language barriers not found to predict diabetes complications	In Toronto, speaking non-English languages increases the likelihood of a longer length of stay in the pediatric ED	
Homelessness		Homeless and vulnerably housed in Ottawa, Toronto and Vancouver reported substantially lower self-rated physical and mental health than US population norms					In Toronto, homeless patients spend longer ALC days than housed patients
		Self-reported general, physical, and emotional health higher in housed than homeless individuals. Only significant differences found for emotional well-being, and physical health for 2 of 4 years data was collected					
Income and Socioeconomic Status (SES)		Low-income individuals more than three times more likely to report fair or poor health than higher income individuals	In Ontario geographic areas with highest levels of neighbourhood deprivation had higher rates of LBW (60/1000 births) than those with lowest levels of deprivation (43/1000 births)				In Toronto, children from Toronto's high-poverty neighbourhoods are more likely to stay longer in hospital than those from other neighbourhoods
		Among grade 7-12 students in Ontario lower self-rated health associated with perception that families were of below-average financial status	Infants born in lowest income group in Toronto found to be 40% more likely to be born with a low birth weight				
		In a rural sample, financial strain was positively associated with low scores on self-reported health	Compared with women in highest neighbourhood income quintile in Toronto, those in lowest had 46% higher odds of low birth weight, and 53% higher odds of full-term low birth weight				
		In Ontario, life expectancy is 4.5 years higher for individuals in the least-deprived neighbourhoods compared to those in the most-deprived neighbourhoods.	In Ontario low income individuals 1.2 times as likely to report fair or poor health as high income individuals			In Ontario as neighbourhood income increases the incidence of diabetes decreases significantly	Among patients of Southeast LHN hospitals, those with the lowest income quintile spend 12 days in hospital compared to 7 days for those in the highest income quintile
		In an Ontario patient population, low income individuals more likely to report poorer health than those with higher incomes			Diabetes prevalence for women ranged from 10.6% in the lowest income neighbourhoods to 6.3% in highest income neighbourhoods (12.5% vs 8.4% for men)		In Toronto, low income is associated with 20% higher rates of hospitalizations for ACSCs among children
		In hospital settings, socially disadvantaged women with infants half as likely to report good or excellent health as socially advantaged women			Several at-risk neighbourhoods in London, ON have high prevalence of diabetes and socioeconomic disadvantage		
		In Toronto and Region of Peel, remaining life expectancy at age 25 is 5.3 years longer for men and 3.3 years longer for women in the highest income quintile than their counterparts in the lowest income quintile.	In Hamilton, higher income had a significant indirect impact on self-reported health			Mortality rate ratio among those with diabetes widened by more than 40% between lowest and highest income groups	In Ontario, adults with low household income spend 30.8 hospital bed-days compared to 12.7 bed days for adults with high household income
		Individuals with family income under \$30,000 twice as likely to report poor self-reported health as those with income over \$30,000					In Toronto, diabetes prevalence up to 80% higher in lowest income quintile compared to highest
		In Ontario, life expectancy at birth is 3.5 years lower for men in the highest income neighbourhoods compared to those in the lowest income neighbourhoods. The difference is 1.5 years for women.	In Toronto for both men and women those in lowest income category more than twice as likely to report fair or poor health than those in the highest				In Ontario, 27% of postpartum women with lower SES report being discharged from hospital within the first 24 hours after giving birth, compared to 20% of those with higher SES
		In Toronto, life expectancy at birth is 2.7 years less for men in the lowest income quintile compared to men in the highest income quintile. The gap across income quintiles for men is persistent between 2003/04 and 2009/10 periods.	In Durham region individuals with higher income significantly more likely to have better self-rated general health than those with lower income		Infants living in lowest income neighbourhoods were at 1.26 times greater risk of mortality during their first year compared to those in highest income neighbourhoods		
Geography					Diabetes prevalence varies across LHINS. from 8.7% in Waterloo Wellington to 12.8% in North East		
		Self-reported health varies by LHIN across Ontario. North West LHIN has highest level of fair or poor health (13.6%) while South West LHIN has highest level of excellent or very good health (64.3%)			Living in a rural neighbourhood increased likelihood immigrants with diabetes would have diabetes-related complications	In Ontario, the median wait times are shorter for patients in small rural Emergency Departments compared to those in teaching hospital Eds	In Ontario, hospitalization rate for ACSCs varies from 146 per 100,000 people in the Central LHIN region to 404 per 100,000 people in the North East LHIN region
Gender		In Ontario, no differences in self-reported by gender among those identifying as "Black" or "White". Among Aboriginal, South and West Asian and Arab groups significantly more women report poor health.				In Toronto diabetes prevalence is 3% higher in men than in women	In Ontario, female asthma patients represent 62% of all ED visits and accounted for more hospital admissions than male patients
		In Ontario, life expectancy at age 65 is greater for women than for men, but the difference was smaller than the gender difference for life expectancy at birth.	Across Ontario, no statistically significant difference in self-reported health by gender			In Ontario men were 25% more likely than women to have diabetes. Among those with diabetes, women were 24% more likely to report 2 or more additional chronic conditions	In Ontario, length of hospital stay among stroke patients is longer for female patients compared to male patients
			In Hamilton, no statistically significant association between self-reported health and gender				In Ontario, among critically ill patients admitted to adult hospitals, length of stay in hospital is longer for older women than for older men
Sexual and Gender Orientation		Among older adults living in Windsor, women who classified as androgynous reported better overall wellness than non-androgynous peers					