

South Asian Community and Peel Region

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Demographics Region of Peel

Region of Peel – demographics

- ROP – has 1.2 million residents - one of the largest municipalities in Canada and 2nd only to Toronto.
- Some uniqueness's:
 - has a higher proportion of children and young families than the province
 - is well educated
 - has a much higher proportion of immigrants, visible minorities
 - Much higher portion of people who do not speak either official language than the rest of Ontario.
 - The Region is expected to exceed 1.5 million people within the next 25 years.

Region Of Peel - stats

Table 4.1
Population Characteristics,
Peel, 2006

	Number	Per cent
Total population	1,159,405	100.0
Males	570,395	49.2
Females	589,005	50.8
Seniors (65 years and older)	104,530	9.0
Children (9 years and younger)	156,840	13.5
Mississauga	668,549	57.7
Brampton	433,806	37.4
Caledon	57,050	4.9
Projected population (2031)	1,571,000	+35.5

Sources: 2006 Census, Statistics Canada
Population Projections 2031, Region of Peel, Peel Data Centre

Region of Peel – stats

Table 4.2

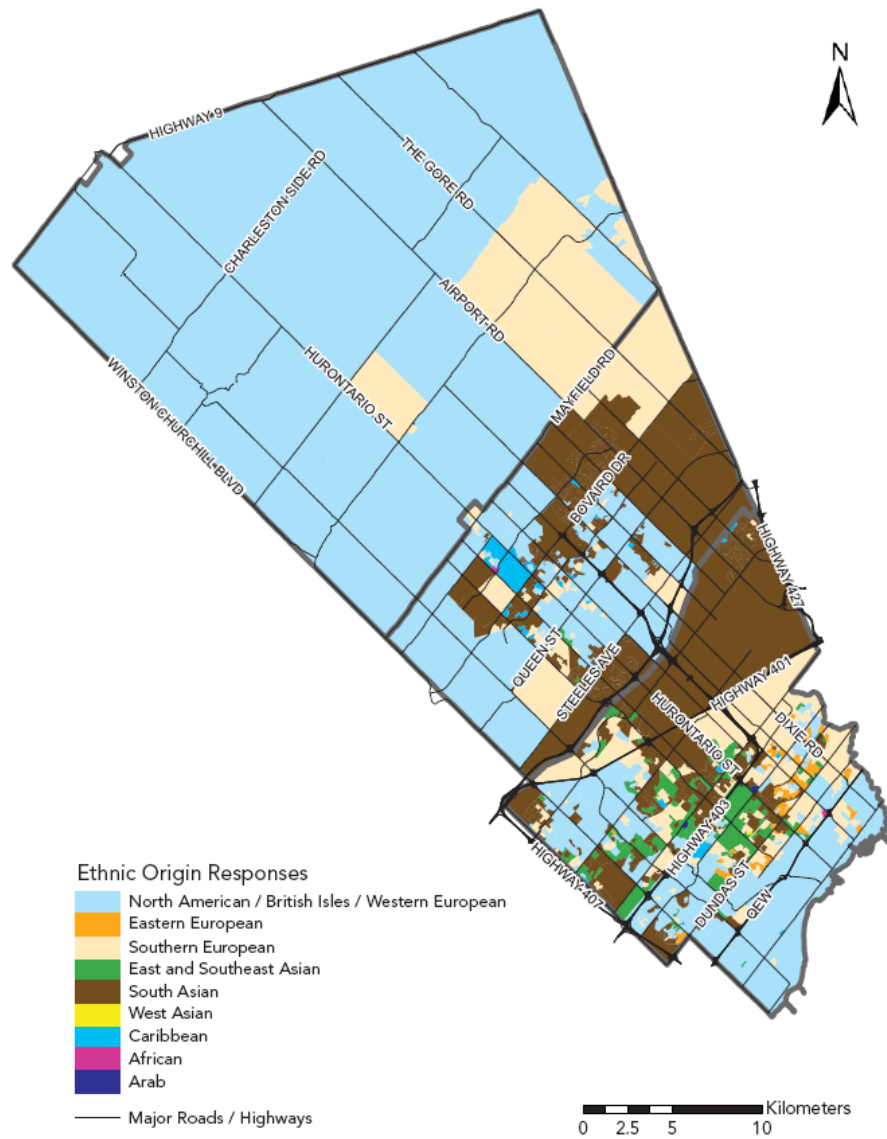
Proportion of Male and Female Lone Parent Census Families,
Peel, 1991–2006

	1991	1996	2001	2006
Male lone parent	2.2	2.2	2.6	2.8
Female lone parent	9.0	10.8	11.9	12.5

Sources: 1991, 1996, 2001 and 2006 Censuses, Statistics Canada

Map 4.4

Dominant Ethnic Origins
by Dissemination Areas, Peel, 2006



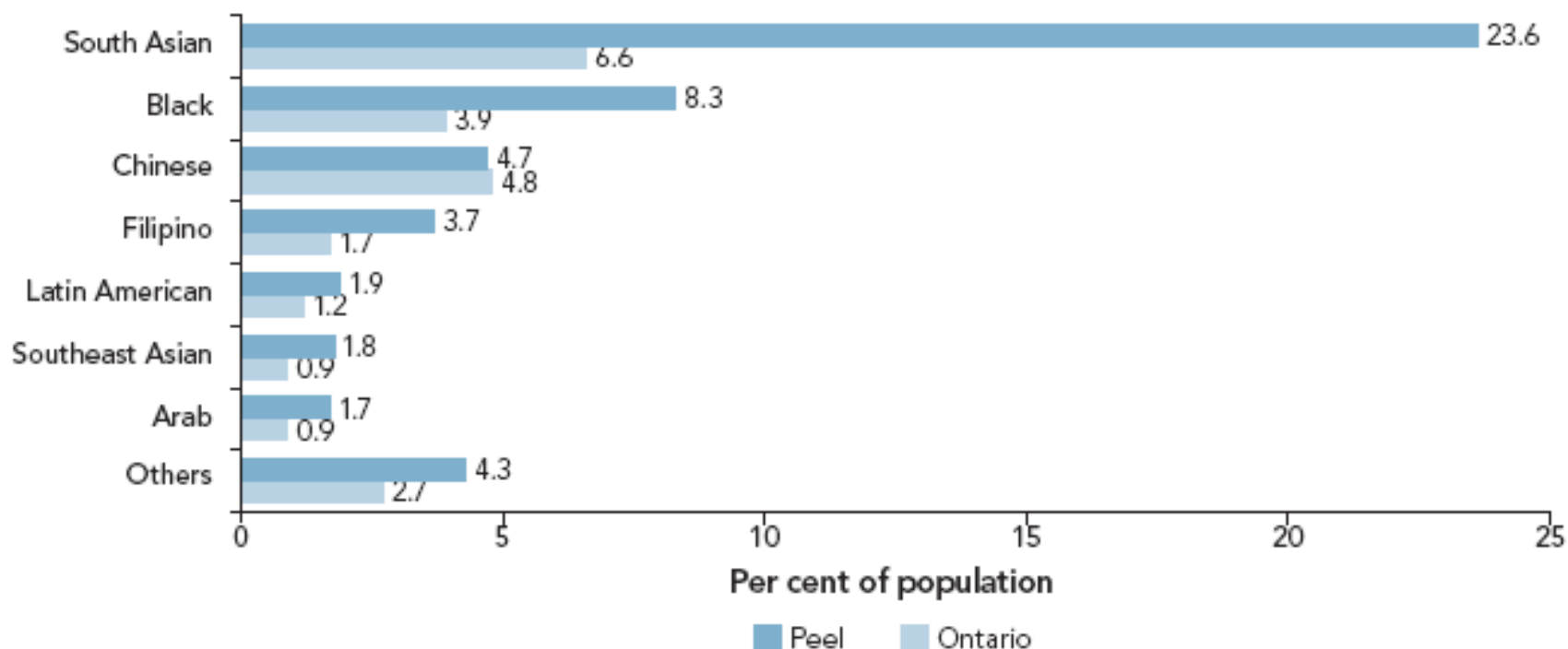
Source: 2006 Census, Statistics Canada
Projection: NAD 1983 UTM Zone 17N

Region Of Peel – South Asian Population

Half of Peel residents identify themselves as a visible minority

Figure 4.6

Visible Minority Status,
Peel and Ontario, 2006



Source: 2006 Census, Statistics Canada

Region of Peel - Religion

Table 4.4

Most Commonly Reported Religions[†],
Peel and Ontario, 2001

	Mississauga (%)	Brampton (%)	Caledon (%)	Peel (%)	Ontario (%)
Christian	64.9	63.0	79.9	65.1	69.1
No religion	11.8	10.9	14.9	11.6	16.0
Sikh	3.8	10.6	0.7	5.9	0.9
Muslim	6.8	3.5	0.3	5.4	3.1
Hindu	4.8	5.4	0.3	4.8	1.9
Buddhist	1.9	1.0	0.1	1.5	1.1

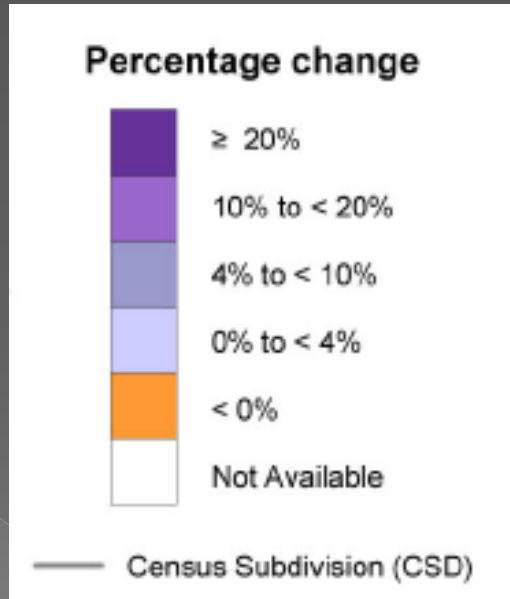
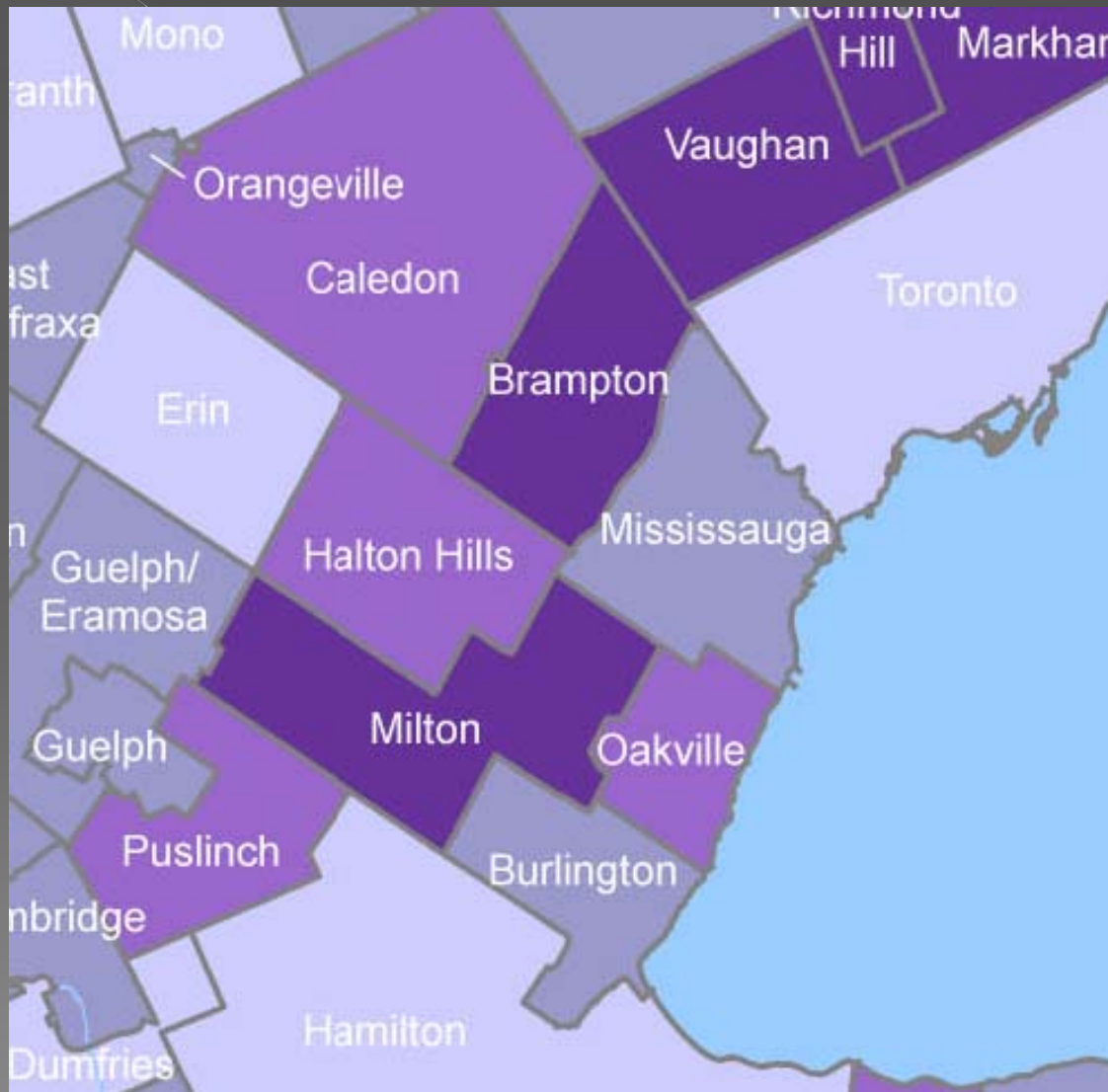
[†] Ranking based on Peel

Source: 2001 Census, Statistics Canada

Region of Peel - Languages

- In 2006 in Peel, the top three non-official languages spoken at home were Punjabi (7%), Urdu (3%) and Polish (2%).
- 43,180 Peel residents do not speak either official language.

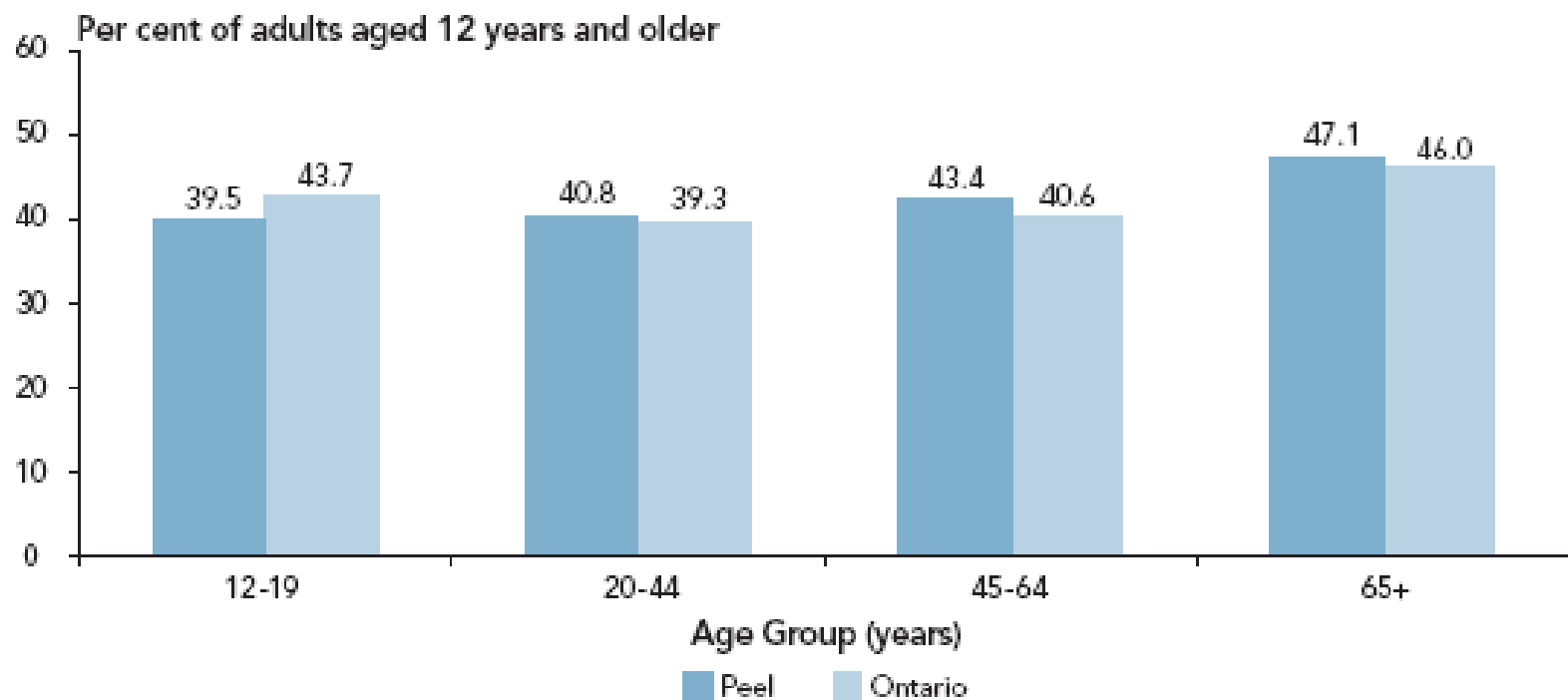
Population Change 2001-2006



Consumption of Fruit and Vegetables Five or More Times per Day by Age Group, Peel and Ontario, 2005

Figure 3.16

Consumption of Fruit and Vegetables Five or More Times per Day by Age Group, Peel and Ontario, 2005

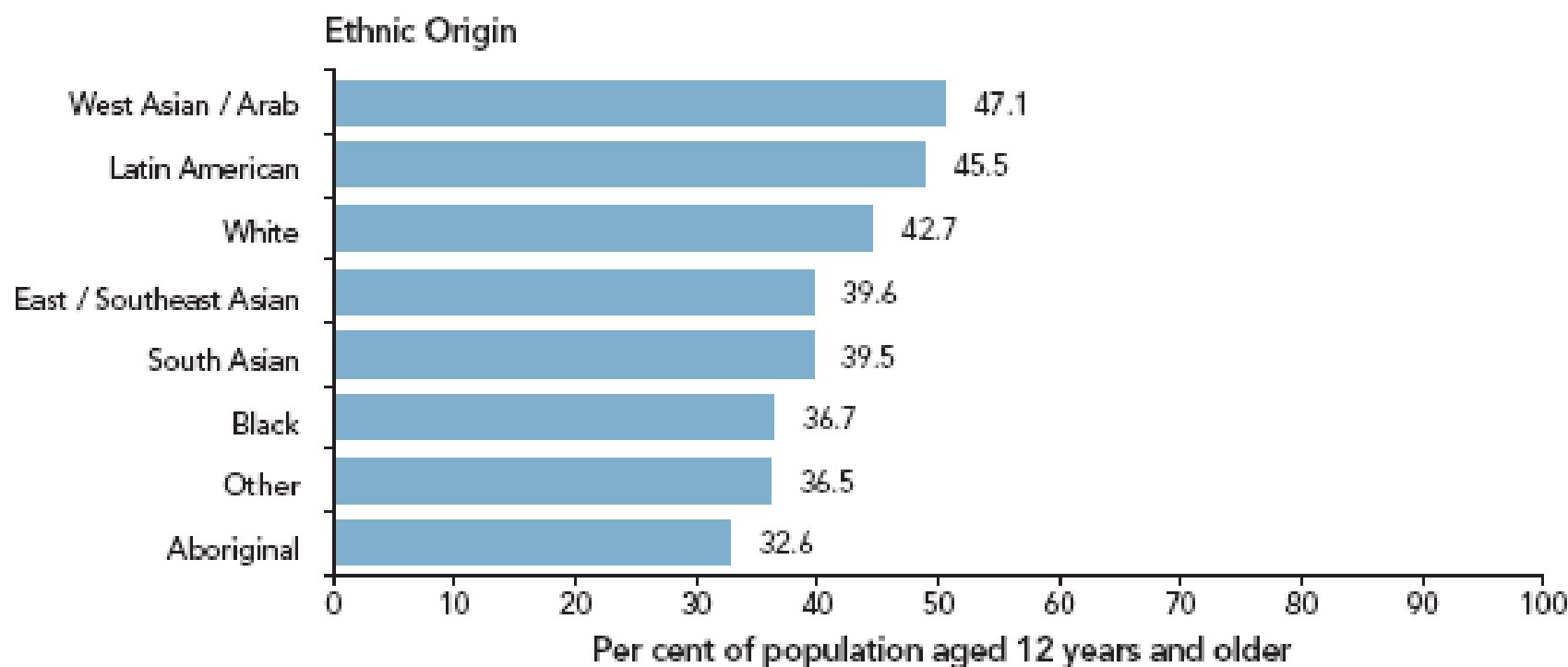


Source: Canadian Community Health Survey 2005, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

Consumption of Fruit and Vegetables Five or More Times per Day by Ethnic Origin, Ontario, 2005

Figure 3.17

Consumption of Fruit and Vegetables Five or More Times per Day by Ethnic Origin, Ontario, 2005

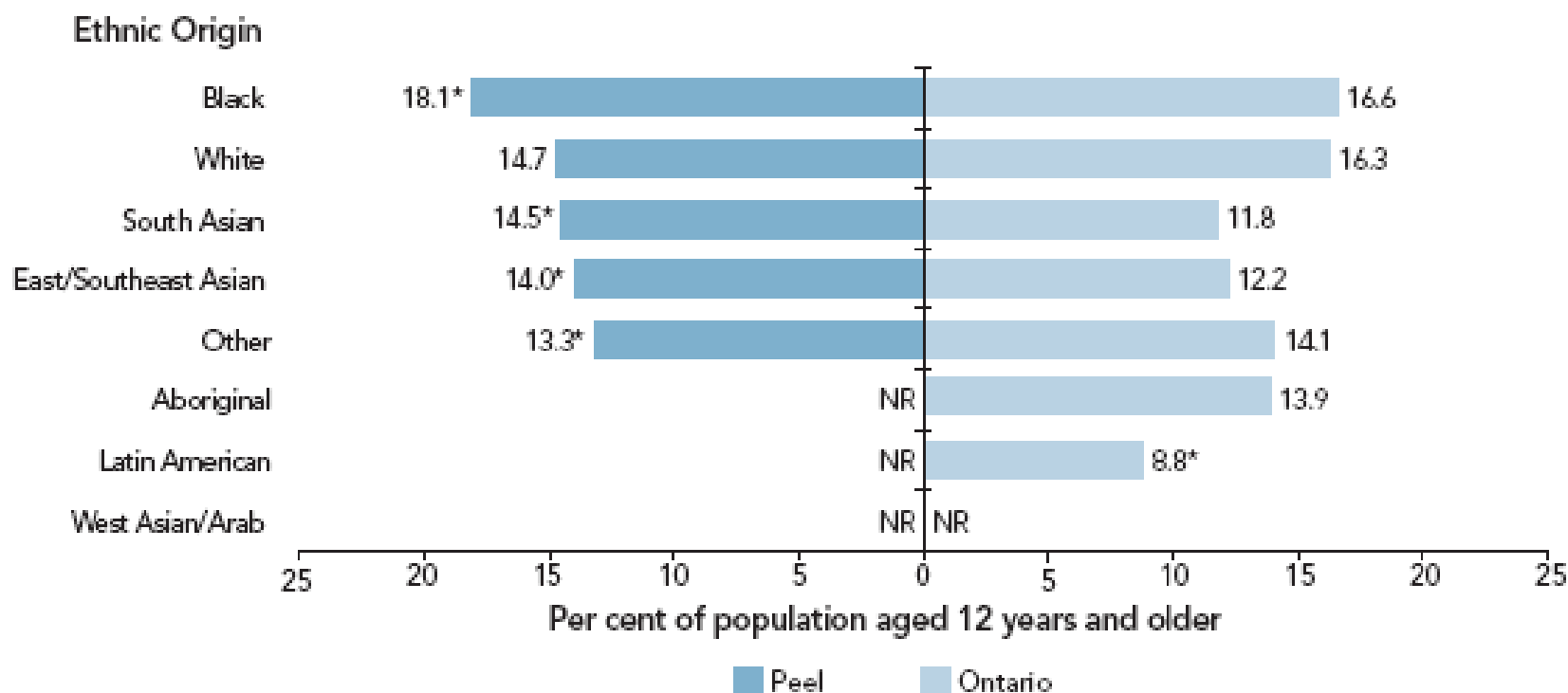


Source: Canadian Community Health Survey 2005, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

Prevalence of High Blood Pressure† by Ethnic Origin, Peel and Ontario, 2005

Figure 3.21

Prevalence of High Blood Pressure† by Ethnic Origin, Peel and Ontario, 2005



† Diagnosed by a health professional

*Use estimate with caution

NR=Not releasable due to small numbers

Source: Canadian Community Health Survey 2005, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

Chronic Disease Prevalence by Income

- In Peel, the prevalence of ischaemic heart disease, osteoarthritis and chronic obstructive pulmonary disease vary by income quintile, with residents in the lowest income group having the highest prevalence of disease.

Some Health Issues

- New immigrants generally have better health status but the longer that immigrants reside in Canada, the more their health profile resembles that of the general population
- Some other concerns:
 - Poor dental health in children
 - Lower rate of physical activity
 - Higher number of Low birth weight and premature babies born in CW-LHIN
 - Diabetes and obesity is on the rise
 - Higher rate of TB
 - Increase in STD and HIV/AIDS cases

Heart Disease And Stroke

HEART DISEASE AND STROKE

- Cardiovascular diseases are the most common cause of mortality in Canada and are also a cause of substantial disability. By the age 70 years, 21% of women and 27% of men will have cardiovascular disease.
- In Peel in 2006/2007, an estimated 5% of residents aged 20 years and older, or about 41,000 people, were treated for ischaemic heart disease.

Heart and Stroke Foundation

- Each community has its own set of risks. According to the Heart and Stroke Foundation, South Asians have a **three-five fold increased risk of heart attack and death from heart disease** compared to other ethnic groups.
- “We are also seeing more and more South Asians developing coronary artery disease,” says Amit Suri MD, Senior Science Specialist, Heart and Stroke Foundation of Ontario.
- “Some studies have shown this condition happening before the age of 40 in men.

Metabolic Syndrome

- Metabolic syndrome is a cluster of risk factors which include:
 - excessive fat in the abdominal region (abdominal obesity),
 - high blood pressure
 - increased blood sugar
 - abnormal blood lipids.
- People with the syndrome, which is sometimes called pre-diabetes, are at high risk of developing type-2 diabetes and heart disease .
- In addition to Newfoundlanders, it is more prevalent than average in aboriginal communities and among certain immigrant groups, such as **South Asian immigrants.**
 - >**Heart and Stroke Foundation**

Comparison of Selected Risk Factors for Heart Disease

Table 7.2

Comparison of Selected Risk Factors for Heart Disease[†]
by Self Reported Prevalence, Region of Peel, 2005

Risk Factor	% of Population Aged 12 Years and Older With Heart Disease	% of Population Aged 12 Years and Older Without Heart Disease
Ever a smoker (current or former)	62.5	48.0
Physical inactivity	59.1	49.9
Overweight or obese ^{††}	50.8	47.1
Diabetes [†]	24.0*	3.6
High blood pressure [†]	53.0	13.1

† Diagnosed by a health professional

†† Based on those aged 18+ years (excludes pregnant women)

*Use with caution

Source: Canadian Community Health Survey 2005, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

Region of Peel - Stroke

- About 11,300 people are treated for stroke each year in Peel
- Men are more likely than women to experience a stroke.
- The likelihood of stroke, as with all other forms of cardiovascular disease, increases with age.
- In 2004, the 3rd most common cause of death in Peel.

Coronary Heart Disease in India

next 3 slides by Dr. Milan Gupta, MD

- South Asians face 50% higher mortality from CHD than white Caucasians
- India alone accounts for more deaths from CHD and stroke than any other country, more than China and Russia combined
- Estimated burden of CHD in India – 32 million individuals
- 50% of MI's occur < 50 years of age, up to 25% occur < 40 years of age
- By 2010, South Asians will represent 60% of world's cardiac patients (WHO)
 - > McMaster University

CHD in South Asians

- Two-fold increased risk of developing CHD for SA vs. Caucasians
- SA develop CHD and heart failure at younger ages
- More diffuse CAD at angiography, worse outcome following CABG
- Larger MI size, later presentation to hospital
- Approximately 50% higher CHD mortality
- Similar LDL levels, prevalence of HT and smoking similar or lower
- Lower HDL, higher prevalence of DM
- Conventional risk factors do not explain excess CHD
 - › Gupta M et al. CMAJ. 2002
 - › Deedwania P et al. Indian Heart J. 2005;57;617-631.
 - › Vallapuri S et al. Am J Cardiol. 2002;90:1147-50.
 - › Hamdoolay Z et al. Circulation. 2004 (AHA)
 - › Gupta M et al. Canadian Journal of Cardiology 2001;17(supp C):68C
 - › Singh et al. Ethnicity and Disease. 2005;15(4):615-619

Insulin Resistance in South Asians

- South Asians have increased intra-abdominal fat compared to other ethnic groups
- South Asians have a higher percentage of body fat at lower BMI than white Caucasians
- Insulin resistance is common in South Asians at BMI lower than 25
- South Asians have twice the degree of insulin resistance compared to white Caucasians

**United States -
Heart Disease
And Stroke
Amongst South Asians**

The Health of South Asians in the United States

<http://www.sapha.net/execsum.pdf>

Data Highlights

The paper uncovers several noteworthy findings as listed below:

South Asian Demographic/Health Profile	
South Asian population in the US (Asian Indian, Pakistani, Bangladeshi, Sri Lankan)	1.89 million people – US Census Bureau, 2000 (106% Increase)
National poverty level	Asian Indians ranked 12 th
South Asian uninsurance rate	21% (national average: 18%)
Educational level	25% of Asian Indians have limited English proficiency, which means they do not speak English well
Asian Indian elderly	Comprise 10% of Asian Indian population
Youth health	Asian American children are 2-3 times more likely to lack a usual source of health care and continuity of care, when compared to White children
Women's health	Women who have immigrated to the US from India are more likely to deliver low birth weight infants than White women and women in other ethnic groups, though they receive first trimester prenatal care at about the same rate as White women (80% vs.82%)
Leading chronic health concerns	High blood pressure, diabetes, obesity
Primary cause of mortality for Asian Indians	Cardiovascular disease (higher prevalence than other Asians and non-Hispanic Whites)

**United Kingdom -
Heart Disease
And Stroke
Amongst South Asians**

Stroke and the South Asian People (UK article)

- People from the South Asian community **are at a greater risk of stroke**. They also have a **greater chance of dying from a stroke** than the general population in the UK. The **reasons for this are not fully understood**, but it may be partly because conditions such as **high blood pressure and diabetes are more common in these communities**.
 - People from South Asian communities are **more likely to have high blood pressure**.
 - People from the South Asian community in the UK are **six times more likely to have diabetes than the general population**, and having **diabetes can double or triple your risk of having a stroke**.
 - Using tobacco, either smoking or chewing tobacco (paan), is **common in some South Asian communities**.
 - The **South Asian diet includes a healthy variety of foods but there can be high levels of fats, sugar and salt in certain dishes**.
 - **Stroke and South Asian people. www.stroke.org.uk**

Salt study shows south Asian community unconcerned by high stroke risk

- Surinder Sharma, Director General of Equality and Human Rights at the Department of Health said: **"The prevalence of stroke amongst members of the south Asian community is higher than that of the general population,** which is why the Stroke Association's study is so important."
- > http://www.stroke.org.uk/media_centre/press_releases/south_asians.html

**WHO study-
Heart Disease
And Stroke
Amongst South Asians**

Ischaemic Heart Disease Mortality Rates – WHO, December 2004

Table 7.1

Ischaemic Heart Disease Mortality Rates,
Selected Countries, 2002

Selected Country	Age-Standardized Mortality Rate per 100,000 Population
India	232.2
Poland	141.1
Ireland	115.6
US	105.8
UK	99.3
Canada	81.0
Jamaica	76.6
China	69.0
Italy	68.2
Portugal	59.8

Source: World Health Organization, Measurement and Health Information, December 2004.

Summary

- South Asians have a 3-5 fold increase risk of heart attack and death from cardiovascular disease compared to other ethnic populations.
- South Asians are prone to developing heart disease at a younger age and often before the age of 40 in men (Gupta et al Circulation, 2006), explained largely by higher occurrence of risk factors at younger ages.

Cont....

- South Asians are younger at the time of first hospitalization for heart failure
- Research has found that members of the South Asian community may have a genetic predisposition to developing a cardiovascular disease.
- South Asians have high rates of diabetes, and the highest rates of coronary artery disease in the world , both which occur approximately 10 years earlier than other populations.

Cont...

- ◉ South Asians demonstrate metabolic abnormalities at lower BMI and waist circumference than other groups. Canadian Obesity guidelines have identified different cut-off values for South Asians compared to South Asians.
- ◉ HDL cholesterol is lower in South Asians compared to other ethnic populations.
- ◉ Canadian researchers suggest that domestic/family responsibilities, inadequate social support and limited access to transportation might prevent women from participating in cardiac rehab programs.

THANK YOU!!!