

Chronic Disease Hospitalizations, Waterloo Region & Ontario, 2013, 2014, 2015

Table 1. Number and rate of chronic disease-related hospitalizations, by place of residence, Waterloo Region & Ontario, 2013, 2014, 2015

Place of residence	Number of hospitalizations			Age-standardized Hospitalization rate		
	2013	2014	2015	2013	2014	2015
Cambridge	2,255	2,369	2,416	1,489.3	1,517.2	1,514.0
Kitchener	2,949	3,142	3,207	1,106.5	1,150.9	1,145.8
Waterloo	1,020	1,076	1,100	844.0	870.5	839.3
North Dumfries	86	93	99	758.9	823.4	986.9
Wellesley	77	94	92	755.9	897.2	875.5
Wilmot	267	257	232	1,002.5	883.1	835.5
Woolwich	251	268	278	771.4	764.8	785.6
Waterloo Region	6,905	7,299	7,424	1,114.8	1,142.5	1,131.2
Ontario	227,391	233,928	236,519	1,295.4	1,304.2	1,271.6

Definition:

Number and rate of chronic disease-related hospitalizations. Age-standardized hospitalization rate: total number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population, age-standardized to the 1991 Canadian population.

Table 2. Number and rate of chronic disease-related hospitalizations, by age group, Waterloo Region & Ontario, 2015

Place of residence	Age group	Number	Rate
Waterloo Region	Less than 20 years	730	570.8
	20 to 44 years	536	276.1
	45 to 64 years	1,805	1,244.2
	65 to 74 years	1,574	3,703.9
	75 years and older	2,779	8,446.0
Ontario	Less than 20 years	16,744	551.1
	20 to 44 years	14,322	307.2
	45 to 64 years	56,692	1,461.2
	65 to 74 years	50,813	4,107.9
	75 years and older	97,948	10,054.4

Limitations and Notes:

Cardiovascular disease is a term that refers to more than one disease of the circulatory system including the heart and blood vessels, whether the blood vessels are affecting the lungs, the brain, kidneys or other parts of the body. The Public Health Agency of Canada identifies six types of cardiovascular disease: ischemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure, rheumatic heart disease, and congenital heart disease.¹

Although stroke and cerebrovascular disease are often used interchangeably, stroke is more specific. Cerebrovascular disease includes more unspecified and ill-defined diagnoses, as well as late effects of cerebrovascular disease.

A hospitalized separation occurs anytime a patient leaves a health care facility because of a death, discharge or transfer.

Causes are based on the most responsible diagnosis (diagnosis associated with the longest duration of treatment) during a given hospital stay. Co-morbidities may complicate most responsible diagnoses.

Table 3. Number and rate of chronic disease-related hospitalizations, by reason for hospitalization, Waterloo Region & Ontario, 2015

Rank	Waterloo Region		Ontario			
	Reason for hospitalization	Number	Rate	Reason for hospitalization	Number	Rate
1	Cardiovascular disease	4,086	589.5	Cardiovascular disease	135,829	688.0
1a	Ischaemic heart disease	1,333	192.2	Ischaemic heart disease	46,261	235.8
1b	Cerebrovascular disease	734	105.8	Cerebrovascular disease	19,909	99.4
1c	Stroke	671	95.8	Stroke	17,673	87.6
1d	Hypertensive disease	71	9.9	Hypertensive disease	2,512	13.6
2	Respiratory diseases	2,907	469.9	Respiratory diseases	87,235	505.6
2a	Chronic lower respiratory tract disease	970	149.8	Chronic lower respiratory tract disease	32,189	172.4
2b	Chronic obstructive pulmonary disease	778	112.9	Chronic obstructive pulmonary disease	27,173	133.7
2c	Asthma	170	34.0	Asthma	4,616	36.6
3	Diabetes	431	76.2	Diabetes	13,455	83.2

Limitations and Notes (continued):

Hospitalization data include multiple admissions for a single individual. Multiple admissions likely occur more frequently for chronic diseases. Hospitalization data are influenced by availability of services and provider practice patterns.

Age Standardization is a method of adjusting rates to minimize the effects that different age compositions have on populations. This method is used when comparing two or more populations. The standard 1991 Canadian population was used as the standard for the rates presented here.

Table 4. Number and rate of chronic disease-related hospitalizations, by sex & reason for hospitalization, Waterloo Region, 2015

Rank	Males		Females			
	Reason for hospitalization	Number	Rate	Reason for hospitalization	Number	Rate
1	Cardiovascular disease	2,424	668.4	Cardiovascular disease	1,662	496.2
1a	Ischaemic heart disease	920	254.3	Ischaemic heart disease	413	125.1
1b	Cerebrovascular disease	390	106.9	Cerebrovascular disease	344	102.0
1c	Stroke	362	98.6	Stroke	309	90.4
1d	Hypertensive disease	29	7.8	Hypertensive disease	42	12.2
2	Respiratory diseases	1,501	473.7	Respiratory diseases	1,406	456.4
2a	Chronic lower respiratory tract disease	482	144.4	Chronic lower respiratory tract disease	488	153.7
2b	Chronic obstructive pulmonary disease	379	102.8	Chronic obstructive pulmonary disease	399	121.9
2c	Asthma	92	38.5	Asthma	78	29.1
3	Diabetes	255	86.7	Diabetes	176	63.8

Limitations and Notes (continued):

The OPHS indicates that public health units should strive to reduce the burden of preventable chronic diseases of public health importance. This refers to cardiovascular diseases, cancer, respiratory diseases and diabetes.² Tables 3 and 4 highlight and rank 10 chronic diseases that have been specified by the Association of Public Health Epidemiologists of Ontario (APHEO), in accordance with the OPHS. Further details can be found on the APHEO website: <http://core.apheo.ca/index.php?pid=100>.

This indicator includes only residents who resided within Waterloo Region and excludes any residents who were hospitalized outside Ontario.

Numbers and rates based on numbers less than 5 cannot be reported and have been suppressed.

¹ Public Health Agency of Canada. Six types of Cardiovascular Disease. Accessed June 18, 2009 at: <http://www.phac-aspc.gc.ca/cd-mc/cvd-mcv/index-eng.php>.

² Ontario Ministry of Health and Long-term Care. Ontario Public Health Standards 2008. Accessed September 2, 2015 at http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf

Source:

Inpatient Discharges (2013-2015), Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: June 16, 2016 & Population Estimates (2013-2015), Table 109-5355 – Estimates of population (2011 Census and administrative data), Statistics Canada, Date Extracted: April 26, 2016.

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