

Cardiovascular Disease Premature Mortality

Figure 12a: Age Standardized Cardiovascular Disease Mortality Rate¹ by Income², Males less than 75 Years, Toronto, 2001, 2003 & 2004 Combined³

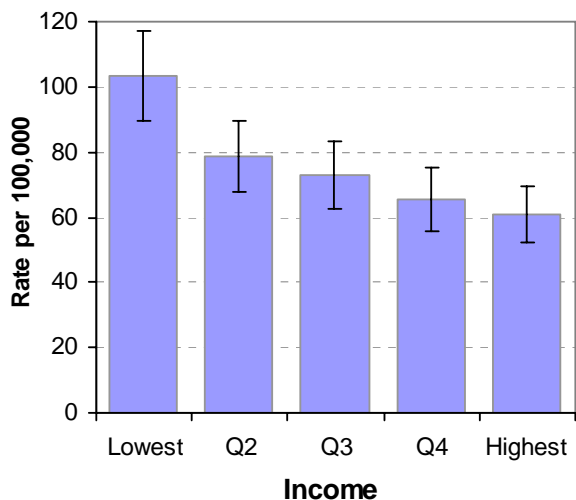
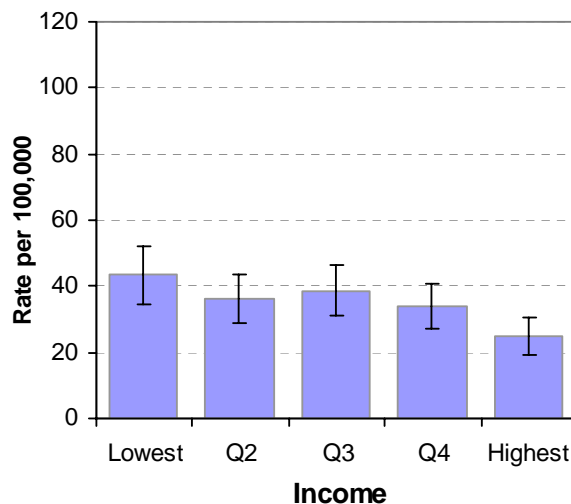


Figure 12b: Age Standardized Cardiovascular Disease Mortality Rate¹ by Income², Females less than 75 Years, Toronto, 2001, 2003 & 2004 Combined³



¹ Age standardized to the 1991 Canadian population. Rate is per 100,000 population per year.

² Income is the population quintile by proportion of the population below the LICO in census tracts.

³ Mortality data are used from 2001, 2003 and 2004 as these years contain the most current and complete data for postal code. Three years of data are required for this type of analysis.

Error bars (I) denote 95% confidence intervals.

Source: Ontario Mortality Data 2003-2004, Provincial Health Planning Database (PHPDB) Ver. 18.01, Ontario MOHLTC. Ontario Mortality Data 2001, Statistics Canada, June 2008.

Cardiovascular disease (CVD) is the leading cause of death in Toronto. Many of its risk factors are preventable or modifiable. In Toronto, the age standardized CVD premature death rate (deaths occurring before the age of 75 years) for CVD was 76 per 100,000 per year among males and 35 per 100,000 per year among females.

There was a gradient in CVD premature mortality rates for both males and females across income quintiles in Toronto. Toronto males in the lowest income quintile (Q1) had a rate significantly higher than all other quintiles. The gradient for males was steep with the highest premature mortality rate (103 per 100,000) in the lowest income quintile and a step-wise decrease in rates to 61 per 100,000 in the highest income quintile (Q5). The female gradient for CVD premature mortality was not as clear or as steep, although females in the lowest income quintile had a CVD premature mortality rate that was significantly higher than females in the highest income quintile (44 per 100,000 and 25 per 100,000 respectively).

The absolute difference in CVD premature mortality rates was 42 per 100,000 for males in the lowest income quintile compared to the highest income quintile. The difference for females was 19 per 100,000. In relative terms, the CVD premature mortality rate for both males and females in the lowest income quintile was 1.7 times the rate in the highest income quintile.

If everyone had the rates of the highest income quintile (Q5) there would be 304 or 21% fewer premature deaths per year due to CVD in Toronto.

The Toronto CVD premature mortality rate for males in the lowest income quintile was 13% above the overall rate for the rest of Ontario. Across all quintiles for Toronto females the CVD premature mortality rates were lower than the overall rate in the rest of Ontario.