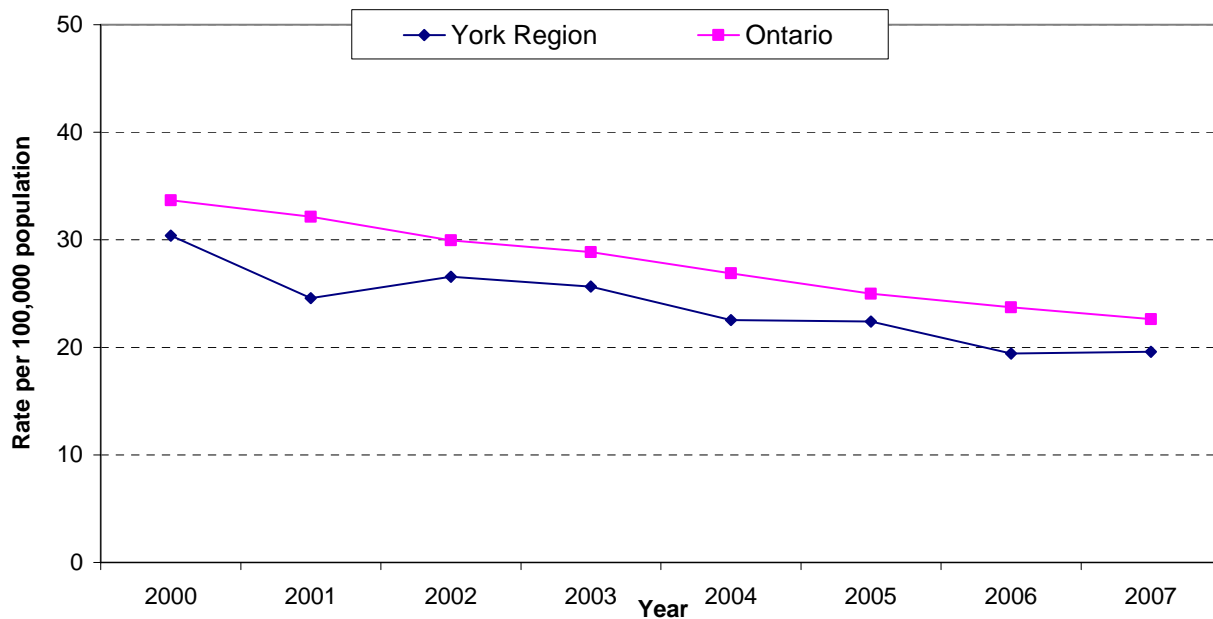


Stroke-Related Deaths

This summary focuses on the rate and total number of deaths per 100,000 due to stroke in York Region and Ontario.

Ontario Public Health Standards, Chronic Diseases and Injuries Program Standards, Chronic Disease Prevention – Req 1.

Age-Standardized Mortality Rate[†] for Stroke, York Region and Ontario, 2000-2007



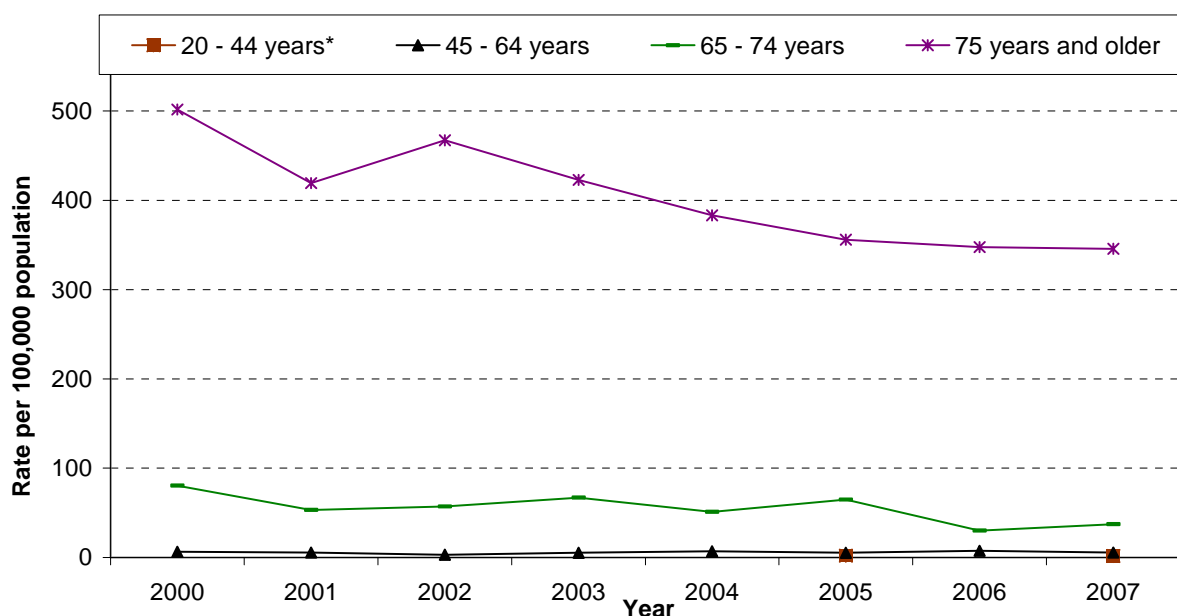
[†] Rate age standardized to the 1991 Canadian population standard

Data Sources: Deaths, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO [Aug/2011]. Rates were calculated using population estimates from Statistics Canada. Table 051-0052 - Estimates of population by census division, sex and age group for July 1, based on the Standard Geographical Classification (SGC) 2006, annual (persons) (table), CANSIM (database).

Interpretation:

- In 2007, the age-standardized mortality rate for stroke in York Region was 19.6 per 100,000 York Region residents compared to a peak of 30.4 per 100,000 in 2000. Between 2000 and 2007, the annual rate of decrease in stroke-related mortality was 5.7% in York Region.
- York Region rates of stroke-related mortality were lower than Ontario rates in three of the eight years of data collection.
- The total number of stroke-related deaths in York Region ranged from 145 deaths in 2001 to 185 deaths in 2007.
- York Region men experienced a significantly higher stroke-related mortality rate in one year during this period when compared to York Region women when accounting for differences in age distribution between sexes (data not shown). This difference was similar between men and women in the other years.

Mortality Rate for Stroke in York Region by Age Group, 2000-2007



* Rates for some years in this age group were suppressed due to small numbers.

Data Sources: Deaths, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO [Aug/2011]. Rates were calculated using population estimates from Statistics Canada. Table 051-0052 - Estimates of population by census division, sex and age group for July 1, based on the Standard Geographical Classification (SGC) 2006, annual (persons) (table), CANSIM (database).

Interpretation:

- In 2007, the age-specific stroke-related mortality rates for York Region were:
 - 1.7 per 100,000 among 20 to 44 year olds;
 - 4.5 per 100,000 among 45 to 64 year olds;
 - 37.3 per 100,000 among 65 to 74 year olds; and
 - 345.6 per 100,000 among residents aged 75 years and older.

Rates among residents aged 0 to 19 years were suppressed due to small numbers.

- Between 2000 and 2007, rates of stroke-related mortality remained stable in 45 to 64 year olds, and decreased by 9.3% per year among 65 to 74 year olds, and decreased by 5.2% per year among residents aged 75 years and older.
- Rates of stroke-related mortality in York Region were higher in residents aged 75 years and older and residents aged 65 to 74 years when compared to younger age groups between 2000 and 2007. In 2007, stroke-related mortality rates were higher in York region residents aged 45 to 64 years when compared to 20 to 44 year olds.

Data Notes:

The age standardized mortality rate presented is the total number of deaths per 100,000 residents that would occur if York Region had the same age distribution of a chosen standard population. This statistical adjustment minimizes the effects of age differences when comparing rates in different populations or over time.

Mortality data are derived from death certificates completed by physicians which are collected by the Office of the Registrar General (ORG). The cause of death reported is that which initiates the sequence of events leading to death. From 2000 onward causes of death were coded using the Tenth Revision of the International Classification of Diseases (ICD-10).

Data are analyzed based on the residence of the patient, not where the death occurred.

Records were excluded from this analysis if Ontario residents died outside of the province. Clients with unknown gender were excluded from the sex-specific analysis, and clients with unknown ages were excluded from the age specific analysis.

Statistical significance was examined using Computer Programs for Epidemiologists: WINPEPI (PEPI-for-Windows). Version 1.31. Salt Lake City, Utah: Sagebrush Press; 2004.