

Healthy Kids Community Challenge: Community Profile for Elgin St. Thomas



November 2015

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How to cite this document:

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Healthy Kids Community Challenge: Community profile for Elgin St. Thomas. Toronto, ON: Queen's Printer for Ontario; 2015.

Public Health Ontario acknowledges the financial support of the Ontario Government.

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Healthy Kids Community Challenge: Community Profile for Elgin St. Thomas

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The authors appreciate the effort and dedication demonstrated by community members and representatives of The Healthy Kids Community Challenge (HKCC) communities throughout the applicant-defined community boundaries mapping process. We also thank our colleagues at the Ministry of Health and Long-Term Care in the Strategic Initiatives Branch for facilitating the mapping process.

November 2015

How can you connect with us?

For information about The HKCC Evaluation and Community Profile

E-mail: hkccevaluation@oahpp.ca

For information about The HKCC Program and Activities

Visit the website at: <http://www.health.gov.on.ca/en/public/programs/healthykids/>

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Introduction

The Ministry of Health and Long-Term Care (MOHLTC) has funded 45 communities across Ontario to participate in The Healthy Kids Community Challenge (HKCC). The aim of the HKCC program is to reduce the prevalence and prevent childhood overweight and obesity.

Participating communities will work with local partners to develop and implement community-based activities (programs, policies, environmental supports) that promote healthy lifestyles (i.e. healthy eating and physical activity).

The MOHLTC will support participating communities with funding, training, advice, and social marketing tools and other resources.

Public Health Ontario (PHO) will be evaluating the impact of the HKCC Program on children and youth, parents, and communities. In addition, PHO has convened and is hosting the Scientific Reference Committee and the Aboriginal Stream Scientific Subcommittee and the Health Promotion and Capacity Building Resource Centre (within PHO) is one of the Healthy Kids Resource Centres (HKRCs).

PHO provides expert scientific and technical advice and support in many areas of health, including health promotion, chronic disease and injury prevention. The Health Promotion, Chronic Disease and Injury Prevention (HPCDIP) Department within PHO also supports public health partners to build capacity for health promotion planning, evaluation, policy, health communication and other areas. Learn more about the HPCDIP department at PHO here:

<http://www.publichealthontario.ca/en/About/Departments/Pages/Health-Promotion-Chronic-Disease-Injury-Prevention.aspx>.

The Purpose of the Healthy Kids Community Challenge: Community Profile

This report provides local context and information to help Elgin St. Thomas' HKCC community including the Local Project Manager and Steering Committee plan and implement the HKCC Program and activities. It can be used to help identify:

- What specific opportunities and challenges your community faces
- Who to target
- How to implement your plan successfully

The data in this profile are from the 2006 Canadian census. Although the National Household Survey (NHS) is more recent (2011), the 2006 long-form census data more accurately represents the Canadian population as the NHS was a voluntary survey and had a response rate of 68.1 per cent versus 94.3 per cent for the 2006 census.¹ The low response rates in the 2011 NHS resulted in small sample sizes and the suppression of data at the (DA)-level data,² which was required to produce this profile.

Community Map

Defining Boundaries

Applicants to the Healthy Kids Community Challenge (HKCC) defined their communities in a number of ways (e.g., named jurisdictions, administrative boundaries, specific neighbourhoods, or populations). In order to build this profile, the evaluation team at PHO needed to use a standardized way to define each community's boundary.

A representative who was involved in your community's application drew the geographic boundary of your HKCC community using a tool called Scribble Maps (<https://scribblemaps.com/>). These areas represent specific neighbourhoods/communities intended to be targeted by local HKCC programs and activities. PHO processed the resulting map using Geographic Information System (GIS) software (ArcGIS v10.1, by ESRI) and mapped it to census dissemination-area (DA) boundaries. Census DAs are small areas composed of one or more neighbouring dissemination blocks with a population of approximately 400 to 700 persons. All of Canada is divided into DAs,³ and profile information from the Canadian census is available at the DA level. Thus each HKCC community is represented by a set of DAs, which allows for community profiles to be developed.

Please note that census data at the DA level are rounded to the nearest five. Moreover, some data were suppressed to protect the privacy of respondents due to small numbers. As such, percentages calculated at the community level may be subject to slight variation from the true total. In general, this variation is less than one per cent.

The Ontario Marginalization Index

The Ontario Marginalization Index (ON-Marg) is an index created based on data collected through the Canadian census.⁴ ON-Marg is the Ontario version of the Canadian Marginalization Index.⁴ The purpose of ON-Marg is to measure differences in marginalization between geographical areas in Ontario.⁴ Marginalization (or, social exclusion) is driven by differences in power across economic, political, social, and/or cultural dimensions.⁵ Marginalization can result in the exclusion of individuals or groups from opportunities for health (e.g., access to resources) that can lead to health inequalities.⁵ Area-level marginalization has been associated with a variety of health outcomes.⁴

There are four key dimensions of the ON-Marg: residential instability, material deprivation, ethnic concentration, and dependency. Your HKCC community has been mapped by the material deprivation dimension of the ON-Marg on a five-point scale from 'least deprived' to 'most deprived.' In your HKCC community map, areas with the highest material deprivation are represented in the darkest blue, while areas with the least material deprivation are represented in the lightest blue.

The material deprivation dimension is calculated based on the following indicators:

1. Proportion of the population aged 20+ years without a high school diploma
2. Proportion of families who are lone-parent families
3. Proportion of the population receiving government transfer payments
4. Proportion of the population aged 15+ years who are unemployed

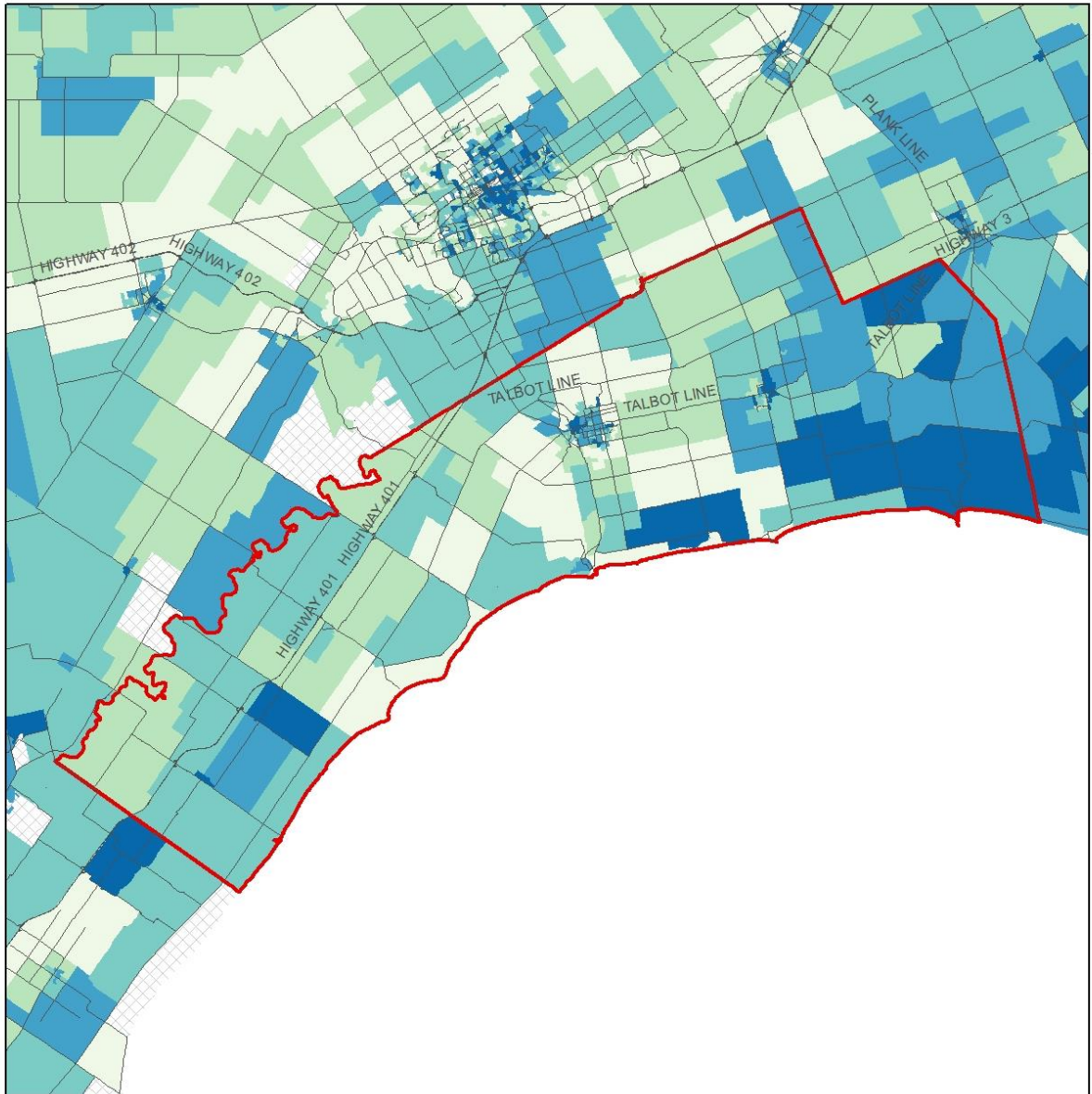
5. Proportion of the population considered low-income
6. Proportion of households living in dwellings that are in need of major repair

For information about the ON-Marg, please see:

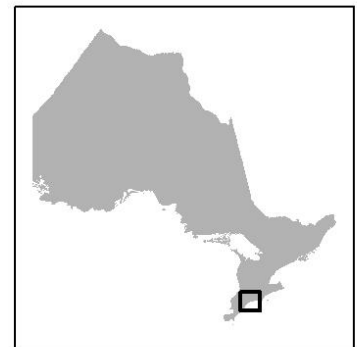
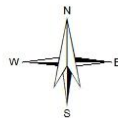
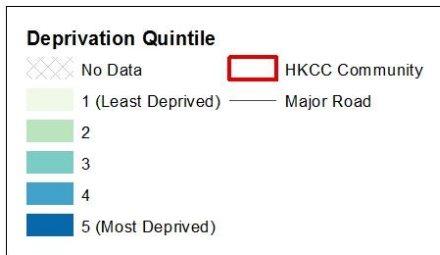
http://www.torontohealthprofiles.ca/onmarg/userguide_data/ON-Marg_user_guide_1.0_FINAL_MAY2012.pdf

This profile presents information gathered by Statistics Canada in the areas identified by the community mapping process only. The map in this document may not match other administrative boundaries of your community. For the purposes of this document, Elgin St. Thomas refers to the HKCC community defined through the mapping exercise. In Elgin St. Thomas' HKCC community map (Figure 1), your community is outlined in red. Major roadways are also included.

Figure 1. Elgin St. Thomas' Community Map by the Material Deprivation Dimension of the Ontario Marginalization Index⁴



Elgin St. Thomas

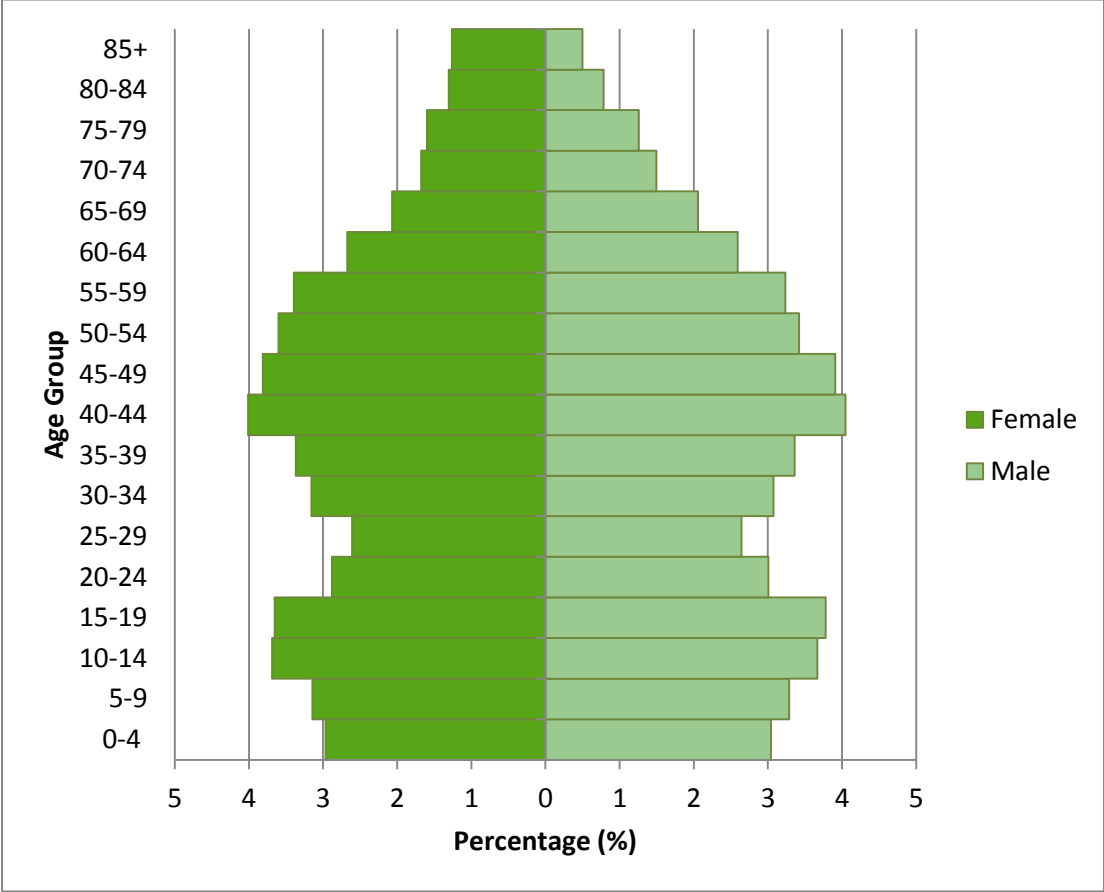


Demographic Profile

The demographic profile for your community may help you better understand the characteristics of people living in your HKCC community and help you tailor the implementation of your HKCC programming. Based on the area included in your community map (Figure 1), there were 84,120 people living in Elgin St. Thomas in 2006.

The age distribution of a community can affect what supports and services are needed. For example, a community with a large percentage of pre-school aged children may benefit from having better access to age-appropriate physical activity programs. The population pyramid for Elgin St. Thomas (Figure 2) shows the distribution of the population by age group and sex in your community. Knowing your population distribution can help you plan to meet the changing needs of your community.

Figure 2. Population Distribution by Age Group and Sex in Elgin St. Thomas, 2006

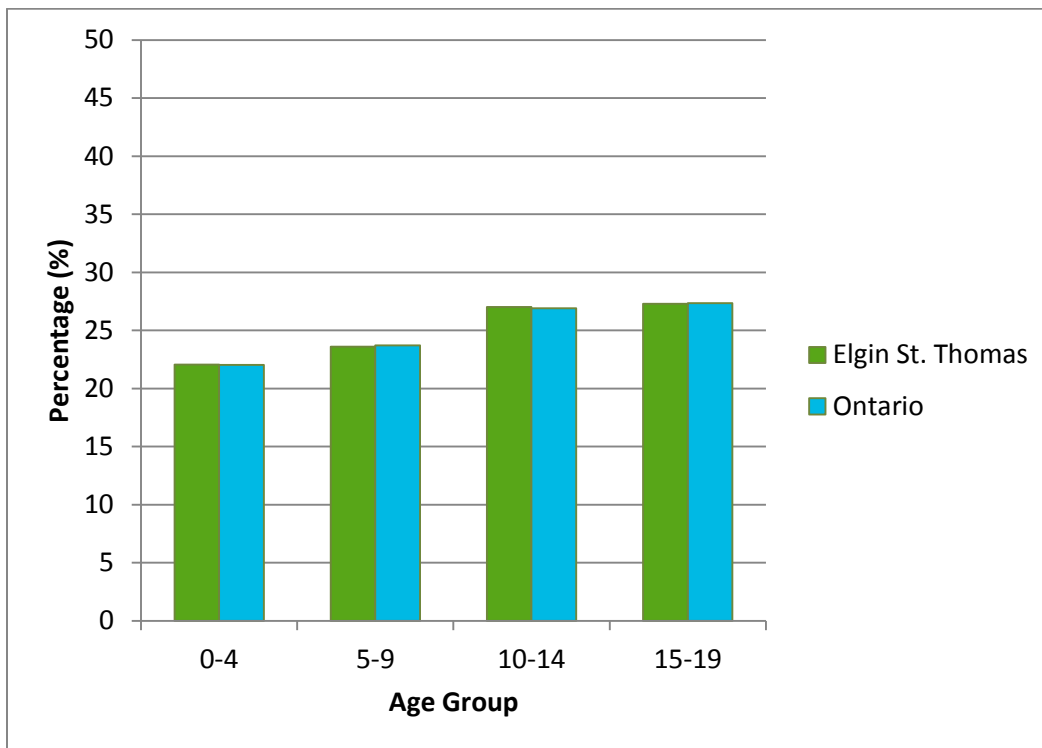


Children and Youth

There are approximately 22,910 children and youth (aged 0-19 years) living in Elgin St. Thomas, making up 27.2 per cent of the community population. This can be compared to Ontario, where 25.0 per cent of the population is aged 0-19 years.

Of the children and youth living in your community, 5,055 are aged 0-4 years (22.1 per cent), 5,410 are aged 5-9 years (23.6 per cent), 6,190 are aged 10-14 years (27.0 per cent), and 6,255 are aged 15-19 years (27.3 per cent). Figure 3 shows how these percentages compare to Ontario, where 22.0 per cent of children and youth are aged 0-4 years, 23.7 per cent are aged 5-9 years, 26.9 per cent are aged 10-14 years, and 27.4 per cent are aged 15-19 years.

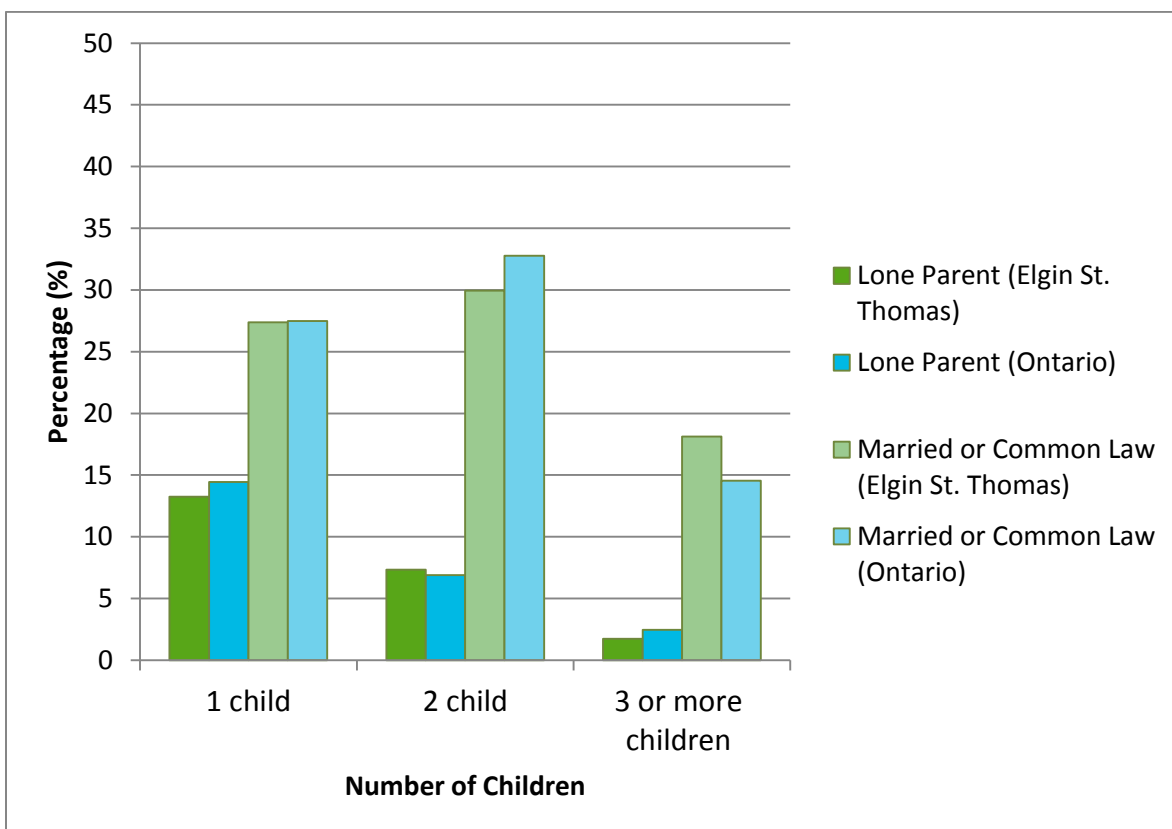
Figure 3. Percentage of Children by Age Group in Elgin St. Thomas and Ontario, 2006



Families and Households

There are 24,200 households in Elgin St. Thomas, and an average of 3.0 people per household. Of families with children in Elgin St. Thomas, 76.8 per cent are married or common law households, 13.3 per cent live in lone parent households with one child, 7.3 per cent live in lone parent households with two children, and 1.7 per cent live in lone parent households with three or more children (Figure 4). Of families with children in Ontario, 75.6 per cent live in married or common law households, 14.4 per cent live in lone parent households with one child, 6.7 per cent live in lone parent households with two children, and 2.5 per cent live in lone parent households with three or more children.

Figure 4. Percentage of Lone Parent and Married/Common Law Households by Number of Children, Elgin St. Thomas and Ontario, 2006



Diversity

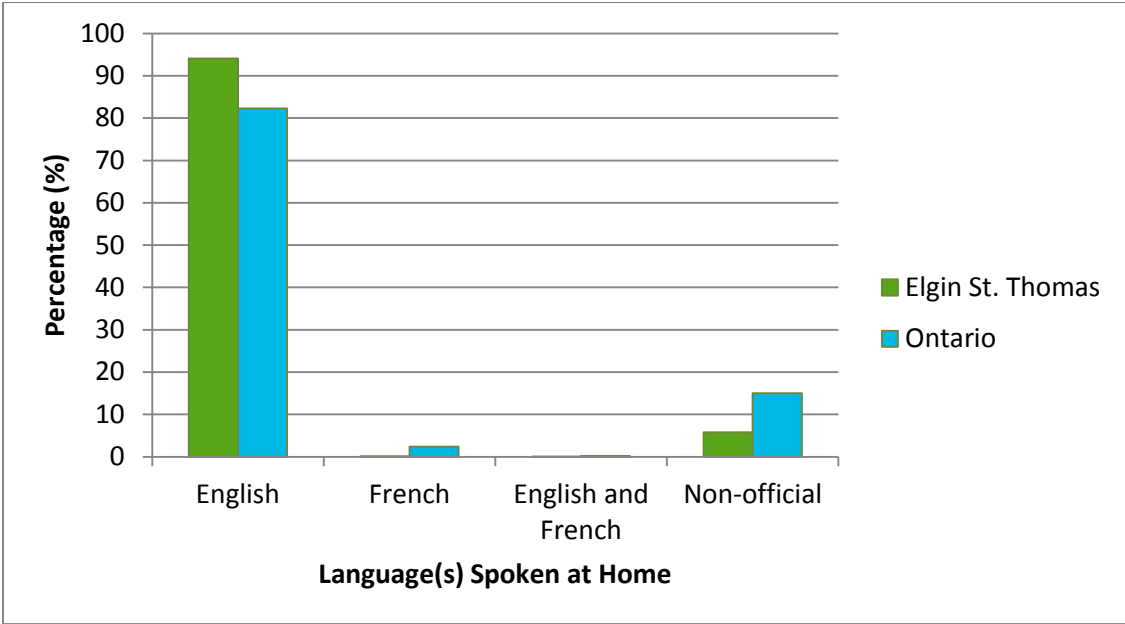
Particular populations within a community can face different opportunities and challenges in regards to their health.⁶ In Elgin St. Thomas, some groups may experience cultural, or language barriers to, for example, accessing services. It's important to understand the unique needs of these groups when developing and implementing health programs and policies.

Language

Knowledge of official languages in Elgin St. Thomas may affect the number and types of people reached by your HKCC community activities. Previous research has shown that those who do not have knowledge of one of the official languages of Canada may face barriers to accessing services.⁷ It may be helpful to consider language when planning your HKCC programs and activities.

Of the 84,120 people in Elgin St. Thomas, 94.3 per cent speak English and/or French at home (94.1 per cent speak English, 0.2 per cent speak French, less than 0.05 per cent speak English and French), and 5.8 per cent speak only non-official language(s) at home. Figure 5 presents how these proportions compare to Ontario, where 82.3 per cent speak English, 2.4 per cent speak French, 0.2 per cent speak English and French, and 15.0 per cent speak only a non-official language at home.

Figure 5. Percentage of People Who Speak an Official Language at Home in Elgin St. Thomas and Ontario, 2006



Notes:

- 1) English may include respondents who reported additional languages spoken at home.
- 2) French may include respondents who reported additional languages spoken at home.
- 3) French and English may include respondents who reported additional languages spoken at home.

In your community, of individuals who do not speak English or French at home, there is a mix of languages spoken at home. However, the most common non-official language spoken at home is German, followed by Polish.

Visible Minorities

The *Employment Equity Act* defines visible minorities as “persons other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.”⁸ Information about visible minorities may help you tailor programs to provide equal opportunities for everyone and to estimate if your local activities are reaching all segments of the underlying population.

Visible minorities make up 2.4 per cent of the total population in your community. In Elgin St. Thomas, there is a lower proportion of visible minorities compared to the provincial proportion (22.8 per cent). Proportions of specific visible minority populations in Elgin St. Thomas are shown in Table 1. The most common self-reported visible minority population in Elgin St. Thomas is Black, followed by Southeast Asian.

Table 1. Percentage of Visible Minority Populations in Elgin St. Thomas and Ontario, 2006

	Elgin St. Thomas (%)	Ontario (%)
Not Visible Minorities	97.6	77.2
Visible Minorities	2.4	22.8
Black	0.6	3.9
Southeast Asian	0.4	0.9
Latin American	0.3	1.2
South Asian	0.3	6.6
Filipino	0.2	1.7
Chinese	0.2	4.8
Korean	0.1	0.6
Japanese	<0.1	0.2
Arab	<0.1	0.9
West Asian	<0.1	0.8
Other	<0.1	0.5
Multiple	0.1	0.6

Aboriginal Identity

The multiple dimensions of health (physical, emotional, mental and spiritual) of Aboriginal children and youth are differentially influenced by a variety of social determinants.⁹ By identifying Aboriginal populations, you can identify key groups for follow-up to determine an equitable and culturally appropriate approach to your HKCC programming.

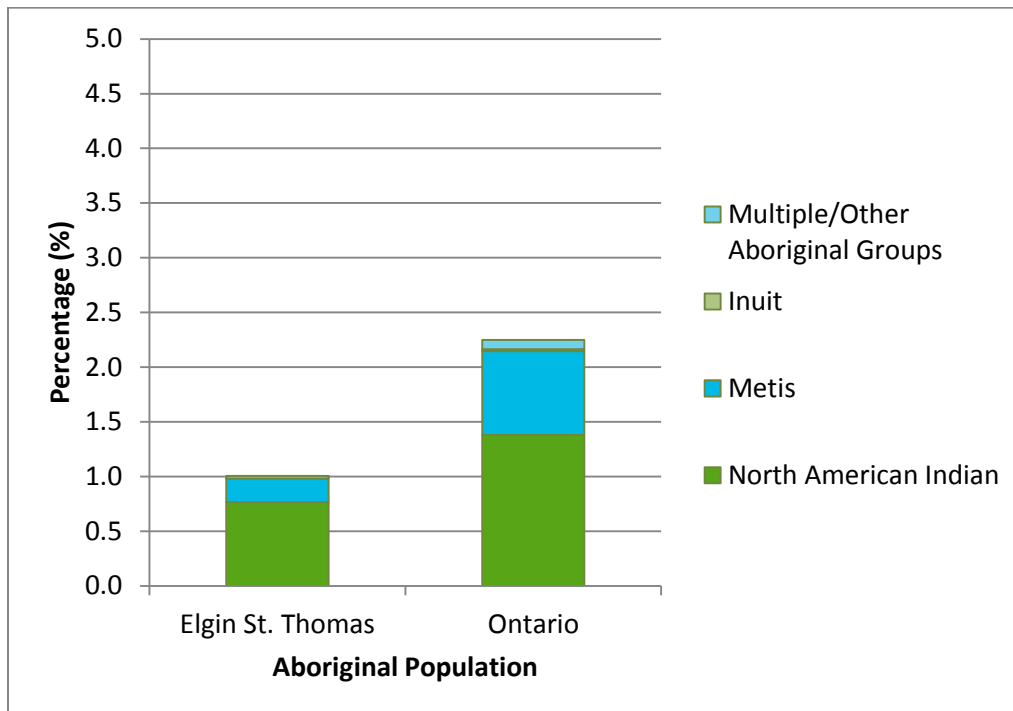
Statistics related to Aboriginal identity should be interpreted with caution due to concerns about completeness, quality, and data suppression of small numbers for the on-reserve Aboriginal population. For more information about census data collection in on-reserve First Nations, please see:

<https://www12.statcan.gc.ca/census-recensement/2006/ref/notes/aboriginal-autochtones-eng.cfm>

To protect the privacy of people living in your community, census categories with fewer than five respondents are suppressed. We may have combined some census categories to provide you with information about the Aboriginal population living in Elgin St. Thomas (Figure 6).

In Elgin St. Thomas, 865 individuals (1.04 per cent of the population) self-identified as Aboriginal. More specifically, 635 individuals (0.77 per cent) identified as North American Indian, 180 individuals (0.22 per cent) identified as Métis, and no individuals (0.00 per cent) identified as Inuit. Further, 20 individuals (0.02 per cent) identified as belonging to other Aboriginal groups. In Ontario, 1.93 per cent of the population identified as Aboriginal (1.24 per cent North American Indian, 0.59 per cent Métis, 0.02 per cent Inuit, 0.01 per cent multiple Aboriginal identities, and 0.05 per cent from an Other Aboriginal group).

Figure 6. Percentage of Aboriginal Peoples in Elgin St. Thomas and Ontario, 2006

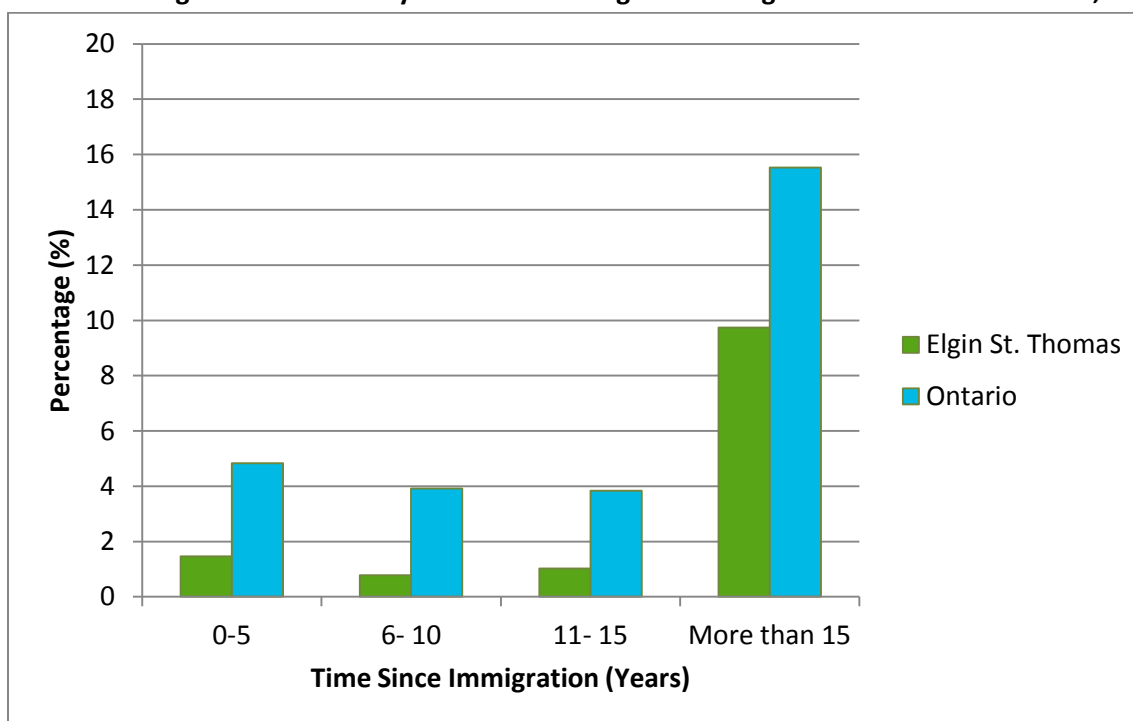


Immigration

There are approximately 10,990 (13.3 per cent) immigrants living in Elgin St. Thomas. Elgin St. Thomas has a smaller proportion of immigrants compared to Ontario (28.3 per cent). Additionally, 0.6 per cent of people living in Elgin St. Thomas are non-permanent residents. This can be compared to Ontario, where 1.0 per cent of the population are non-permanent residents.

Although on average, more recent immigrants typically report better health in terms of chronic conditions (e.g., cardiovascular disease) than their Canadian-born counterparts,^{10,11} they may also experience language and cultural barriers when accessing programs and services.⁶ Moreover, there is some research that indicates that the better health that recent immigrants typically report may lessen over time.¹¹ Figure 7 shows that in 2006, 1.5 per cent of the population in Elgin St. Thomas had moved to Canada 0-5 years prior, 0.8 per cent had moved 6-10 years prior, 1.0 per cent had moved 11-15 years prior, and 9.7 per cent had moved more than 15 years prior. In Ontario, 4.8 per cent of the population had moved to Canada 0-5 years prior to 2006, 3.9 per cent had moved 6-10 years prior, 3.8 per cent had moved 11-15 years prior, and 15.5 per cent had moved more than 15 years prior.

Figure 7. Percentage of Individuals by Time since Immigration in Elgin St. Thomas and Ontario, 2006



Socioeconomic Profile

There are strong links between socioeconomic status (e.g., income, education, occupation) and health.¹² The following section describes the distribution of socioeconomic factors in Elgin St. Thomas.

Low Income Cut-Off

According to Statistics Canada, “The low income cut-offs (LICOs) are income thresholds below which a family will likely devote a larger share of its income to life necessities such as food and shelter than the average family.”¹³ LICOs are weighted to community size and household size (i.e., number of people living in the household). This ensures that, for example, the household incomes for one-person and five-person households are not treated equally. It also ensures that households in large cities, and those in smaller cities or rural areas, are not treated equally. In Elgin St. Thomas, 4.8 per cent of households were calculated to be below the LICO after tax. This is lower than the proportion below the LICO in Ontario (8.4 per cent).

Unemployment Rate

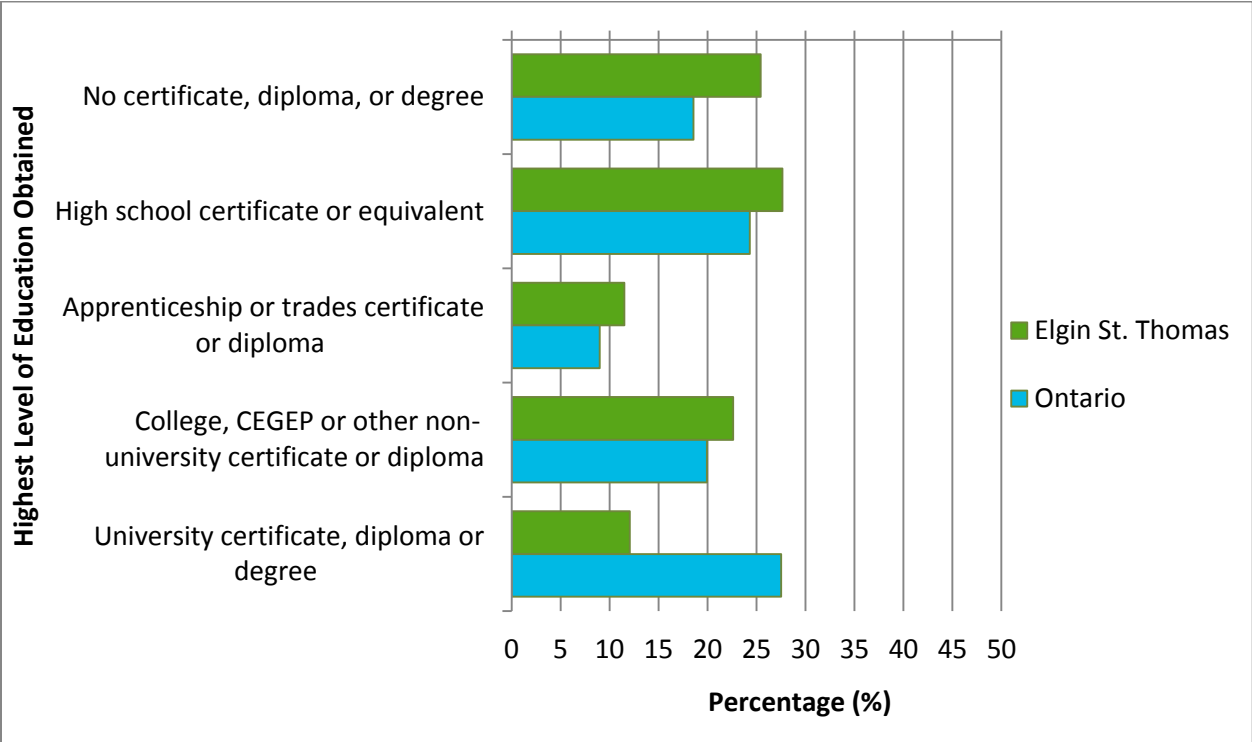
Employment provides income and a sense of security for individuals.^{12,14} Underemployment or unemployment can lead to poor physical and mental well-being due to reduced income, lack of employment benefits and elevated stress levels. The unemployment rate in Elgin St. Thomas is an estimated 5.4 per cent which is lower than the provincial rate (6.3 per cent).

Education

People with higher levels of education tend to be healthier.¹⁵ Educational attainment impacts job opportunities and job security, and is directly linked to income.¹² Higher levels of education are associated with improved health literacy.¹⁶ Being health literate means people understand the options available to them for maintaining and improving health and for making informed choices that may impact their health.¹⁶ Programs tailored to the community’s level of health literacy that deliver informal education, such as workshops to build food skills, can contribute to improved individual and community health.

Highest level of education attainment for the adult population living in Elgin St. Thomas is provided in Figure 8. Twenty-five per cent of the population in Elgin St. Thomas have not completed an educational certificate, diploma, or degree, compared to 18.6 per cent who have not completed in Ontario. In Elgin St. Thomas, 27.6 per cent of the population have completed high school or equivalent, 11.5 per cent have completed an apprenticeship or trades certificate/diploma, 22.6 per cent have a college, or other non-university certificate/diploma, and 12.1 per cent have a university certificate, diploma, or degree. These can be compared to Ontario, where 24.3 per cent have completed high school, 9.0 per cent have completed an apprenticeship or trades certificate/diploma, 20.0 per cent have a college, or other non-university certificate/diploma, and 27.5 per cent have a university certificate, diploma, or degree.

Figure 8. Percentage of Population by Highest Level of Education Obtained in Elgin St. Thomas and Ontario, 2006



Summary

This report presents an overview of Elgin St. Thomas' community to be targeted by the Healthy Kids Community Challenge. With the community boundaries provided by representatives from Elgin St. Thomas, and using dissemination areas and survey data from the 2006 Canadian census, we are able to make estimates about the population in Elgin St. Thomas.

This individualized report is a tool, intended to help the Local Project Manager and Local Steering Committee in Elgin St. Thomas to understand the specific opportunities and challenges involved in implementing the HKCC program and local activities. Moreover, HKCC programs and activities may be impacted by underlying geographic and population characteristics. This profile uses best available data from 2006; however, it is important to note that populations may change over time.

References

1. Statistics Canada. Final report on 2016 Census options: proposed content determination framework and methodology options [Internet]. Ottawa, ON: Government of Canada; 2012 [cited 2015 Jun 20]. Table 3, 2011 National Household Surveys (NHS) and 2006 Census long-form response rates. Available from: http://www12.statcan.gc.ca/census-recensement/fc-rf/reports-rapports/r2_table-tableau_3-eng.cfm
2. Statistics Canada. Dissemination area (DA) suppression list [Internet]. Ottawa, ON: Government of Canada; 2013 [cited 2015 Sep 30]. Available from: http://www12.statcan.ca/census-recensement/2011/ref/sup_DA-AD-eng.cfm#ON
3. Statistics Canada. Dissemination area (DA) [Internet]. Ottawa, ON: Government of Canada; 2013 [cited 2015 Aug 10]. Available from: <http://www.statcan.gc.ca/pub/92-195-x/2011001/geo/da-ad/da-ad-eng.htm>
4. Centre for Research on Inner City Health. ON-Marg: Ontario marginalization index user guide. Version 1.0 [Internet], Toronto, ON: St. Michael's Hospital; 2012 [cited 2015 Aug 3]. Available from: http://www.torontohealthprofiles.ca/onmarg/userguide_data/ON-Marg_user_guide_1.0_FINAL_MAY2012.pdf
5. World Health Organization. Social determinants of health: social exclusion [Internet]. Geneva: World Health Organization; 2015 [cited 2015 Sep 29]. Available from: http://www.who.int/social_determinants/themes/socialexclusion/en/
6. Zanchetta MS, Poureslami IM. Health literacy within the reality of immigrants' culture and language. *Can J Public Health*. 2006;97(2):S26-S30. Available from: <http://journal.cpha.ca/index.php/cjph/article/view/1523/1712>
7. Bowen S; Health Canada. Language barriers in access to health care. Ottawa, ON: Her Majesty the Queen in Right of Canada; 2001. Available from: http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2001-lang-acces/2001-lang-acces-eng.pdf
8. Statistics Canada. Visible minority population and population group reference guide, 2006 Census [Internet]. Ottawa, ON: Statistics Ca; 2006 [cited 2015 Sep 29]. Available from: https://www12.statcan.gc.ca/census-recensement/2006/ref/rp-guides/visible_minority-minorites_visibles-eng.cfm
9. Reading CL, Wien F. Health inequalities and social determinants of aboriginal peoples' health [Internet]. Prince George, BC: National Collaborating Centre for Aboriginal Health; 2009 [cited 2015 Sep 29]. Available from: http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/46/health_inequalities_EN_web.pdf
10. McDonald JT, Kennedy S. Insights into the 'healthy immigrant effect': health status and health service use of immigrants to Canada. *Soc Sci Med*. 2004;59(8): 1613-27.
11. Ng E. The healthy immigrant effect and mortality rates. *Health Rep*. 2011;22(4):25-9. Available from: <http://www.statcan.gc.ca/pub/82-003-x/2011004/article/11588-eng.htm>

12. Mikkonen J, Raphael D. Social determinants of health: the Canadian facts. Toronto, ON: York University School of Health Policy and Management; 2010. Available from: http://www.thecanadianfacts.org/the_canadian_facts.pdf
13. Statistics Canada. Income research paper series: low income cut-offs [Internet]. Ottawa, ON: Government of Canada; 2013 [cited 2015 Sep 29]. Available from: <http://www.statcan.gc.ca/pub/75f0002m/2012002/lico-sfr-eng.htm>
14. Public Health Agency of Canada. What makes Canadians healthy or unhealthy? [Internet]. Ottawa, ON: Public Health Agency of Canada; 2013 [cited 2015 Sep 29]. Available from: <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php>
15. National Centre for Health Statistics. Health, United States, 2011: with special feature on socioeconomic status and health. Hyattsville, MD: Centers for Disease Control and Prevention; 2012 [cited 2015 Oct 1]. Available from: <http://www.cdc.gov/nchs/data/hus/hus11.pdf>
16. Rootman I, Gordon-El-Bihbety. A vision for a health literate Canada: report of the expert panel on health literacy. Ottawa, ON: Canadian Public Health Association; 2008. Available from: http://www.cpha.ca/uploads/portals/h-l/report_e.pdf

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