

# Health Neighbourhoods



# **Building on Health in Priority Neighbourhoods**

HIGHLIGHTS

**December 2015** 

- Seven Health Neighbourhoods have been examined and identified by Durham Region Health Department as communities that require focus to build on health and well-being.
- Although the Priority Neighbourhoods have the lowest income levels of the 50 Health Neighbourhoods in Durham Region, they also have many positive attributes, community assets, resources and strengths.
- The Priority Neighbourhoods are: 1) Downtown Ajax Ajax, 2) Downtown Whitby Whitby, 3) Lakeview Oshawa, 4) Gibb West Oshawa, 5) Downtown Oshawa Oshawa, 6) Central Park Oshawa, 7) Beatrice North Oshawa
- Building on partnerships and working collaboratively with the people in these communities could be the driving force for change.



### **Health Neighbourhoods**

The Health Neighbourhoods project examines information for 50 Health Neighbourhoods in Durham Region to better understand patterns of health in our communities. The ultimate goal is to support strong, safe, and equitable Neighbourhoods that improve the health and well-being of all residents.

The project was started by the Health Department and has expanded to include other partners. The information provides a picture of how health varies by where we live and includes indicators on population, income, education, births, breastfeeding, early child development, injury, smoking, physical activity, obesity, infectious disease, life expectancy, and more. Each indicator is mapped and summarized, and each Neighbourhood is compared to Durham Region as a whole. The January 2015 release presented 62 indicators with more indicators to be added. This information is available online at durham.ca/neighbourhoods. The term "Neighbourhood" is used throughout this report to refer to the geographical Health Neighbourhoods as defined by the Health Department.

### **About this Report**

This report describes what the seven

This report identifies seven Priority Neighbourhoods in Durham Region and is intended to spark a dialogue to create positive action. The report introduces some of the community assets and health priorities in these Neighbourhoods as part of a preliminary analysis. The health priorities were identified through an assessment of indicators from the initial Health Neighbourhoods release (1). These priorities help us to understand some of the needs of these communities, but there are many other relevant indicators that have not been analyzed. More importantly, the people living and working in these Priority Neighbourhoods are best positioned to recommend ways to improve health in their communities.

Neighbourhoods have in common and also highlights their individual stories. A two-page vignette summarizes each Priority Neighbourhood with a map to illustrate the area, a list of some of the many community assets, and charts with Neighbourhood statistics for the indicators that are priorities on which we can build positive health. Rankings show where the Neighbourhood is positioned in relation to all 50 Health Neighbourhoods. A vignette is also provided for the Priority Neighbourhoods as a group. For the grouped vignette, only health indicators that show a the other 43 Health Neighbourhoods are presented. of the report and detailed information about the Neighbourhoods is at <u>durham.ca/neighbourhoods</u>. The report concludes with recommendations for



#### **What Determines Health?**

Health is about more than lifestyle choices and having access to good medical care when we are sick. Our health and well-being are affected by our living conditions – where we are born, grow, live, work, and age (2). These determinants of health include a range of personal, social, economic, and environmental factors that determine the health status of an individual, community, or population (3). The Public Health Agency of Canada lists the following examples of determinants of health: income and social status, social support networks, education, employment and working conditions, genetics and biology, social environments, physical environments, personal health practices, healthy child development, health services, gender, and culture (4). These determinants of health act in combination to influence health outcomes.

Income is an important determinant of health – people with higher incomes tend to have better physical and mental health than those with lower incomes. One explanation for this is that people with higher incomes have more control over their life circumstances, such as access to good quality housing, food, and education. Those living on low incomes may experience marginalization and increased stress from not making ends meet, leading to feelings of isolation and an inability to participate in a meaningful way in the community. This ultimately impacts physical and mental health (5). All people should have the opportunity to make choices that allow them to live a long, healthy life, regardless of their income (6).

Children who grow up in poverty are more likely to experience a variety of health problems across the lifespan. These may include low birth weight, asthma, type 2 diabetes, malnutrition, learning and emotional difficulties, behavioural problems, and unintentional injuries. They are also less likely to have access to medical and community supports, prescription drugs, and vision and dental care. As a result, these children are more likely to experience addictions, mental health difficulties, physical disabilities, and premature death as adults, and are more likely to continue the cycle of poverty (7).

While living in low income is not a guarantee of less favourable health outcomes, inequitable access to the determinants of health at the individual, family, and community level, increases the risk for poor health outcomes. Healthy pregnancy and birth, breastfeeding, child/parent attachment, positive parenting, healthy family dynamics, resiliency, physical activity and healthy nutrition, and supportive environments can mitigate some of the effects of low income and other adverse determinants of health. These protective factors, along with others such as supportive relationships and involvement in a community, can lead to improved physical health, less stress and anxiety, less substance misuse, and enhanced skill levels (8). Protective factors can be enhanced at an early age through social inclusion of children in the community

It is important to recognize the unique strengths, resources and assets that each Neighbourhood has to offer. A community asset is anything that can be used to improve the quality of community life. This can be a person, a physical structure or place, a community service that makes life better for some or all, or a business that provides jobs and supports the local economy (10). Many important community assets can be seen as points of interest in the Health Neighbourhoods Map Viewer at durham.ca/neighbourhoods. Understanding communities from a strength base can help the community build on what is working well and develop solutions for improvement.



# What are the Priority Neighbourhoods?

Seven Neighbourhoods in Durham Region (see map on next page) have been identified by the Health Department as areas that require focus to build on health and well-being. The Priority Neighbourhoods are:

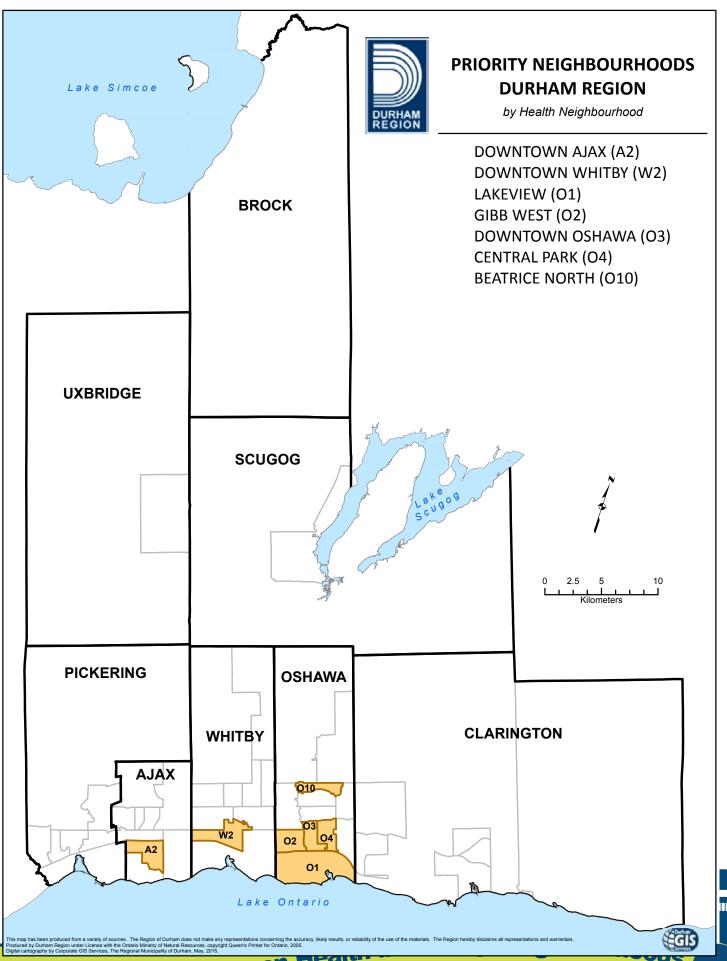
- 1. Downtown Ajax Ajax
- 2. Downtown Whitby Whitby
- 3. Lakeview Oshawa
- 4. Gibb West Oshawa
- 5. Downtown Oshawa Oshawa
- 6. Central Park Oshawa
- 7. Beatrice North Oshawa

These Neighbourhoods have the lowest income levels (based on median after-tax household income) and the highest rate of low income in children less than 6 years of age. They also rank poorly in terms of overall low income rate, low education levels, and unemployment compared to the other 43 Neighbourhoods (see Appendix A). Finally, these Neighbourhoods have many health challenges as shown by their rates and ranking on a variety of indicators.

These seven Neighbourhoods have a total population of about 91,000 which makes up 15% of Durham Region's population. However, the Priority Neighbourhoods account for:

- 34% of children under age 6 years in low-income households about 6,000 children.
- 19% of senior kindergarten (SK) children who are not ready for school, even though only 12% of SK children live in these Neighbourhoods – about 350 vulnerable children.
- 41% of the schools in Durham Region that have high dental decay.
- 28% of teen pregnancies about 500 pregnant teens over three years.
- 23% of chlamydia cases in females aged 15-24 about 500 cases over three years.
- 41% of hepatitis C cases about 350 cases over five years.
- 17% of emergency department (ED) visits for injuries over 10,000 visits in one year.
- 21% of cardiovascular disease hospitalizations in those aged 45-64 – over 1,000 hospital stays over three years.





# **The 7 Priority** Neighbourhoods

### **Community Assets**

**Public Libraries** 

**Childcare Centres** 

**Town Halls** 

**Early Years Centres** 

8 **Community Centres** 

Hospital

42 **Recreation Facilities** 

**Community Health Centres** 

88 **Parks** 

15

**Senior's Residences** 

**Elementary Schools** 26

**Social and Affordable Housing** 40 **Properties** 

**High Schools** 

65 **Places of Worship** 

Continuing and Alternative Education Schools

**AND MUCH MORE** 

#### **Positive Health to Build On**

Priority Neighbourhoods (PNs)	54%
Durham Region	41%
Other 43 Health Neighbourhoods (HNs)	40%
Indicator	Children walking or biking to school
What does this mean?	54% of SK children from PNs walk or bike to school according to their parents,





### **Priorities in Overall Health**

Priority Neighbourhoods	53%	<b>78.0</b> years		
Durham Region	60%	80.8		
Other 43 HNs	59%	81.3		
Indicator	Self-rated health as excellent or very good in ages 18+	Life expectancy in males		
What does this mean?	53% of adults in PNs rate their health as excellent or very good compared with 60% of Durham Region residents as a whole	A newborn baby boy living in a PN is likely to live to 78.0 years based on current mortality rates, as compared to 81.3 years for a boy born in non-Priority Neighbourhoods		

13,400 **Seniors** aged 65+

1,000 **Births** (2012)

14,000 Children aged 0-14

91,000 Residents (2011)

**Priority** Neighbourhoods by the numbers

12,300 Young

**People** aged 15-24

2,300 **Immigrated** to Canada between 2001-2011



Central Park Blvd S







Building on Health in Priority Neighbourhoods

### **Health Priorities in Babies and Children**

	Priority Neighbourhoods	81%	42%	<b>60.2</b> per 1,000	<b>12.8</b> per 1,000	60%
	Durham Region	89%	53%	55.5	10.3	20%
	Other 43 HNs	91%	54%	54.7	10.0	14%
	Indicator	Breastfeeding at hospital discharge	Breastfeeding duration rate at 6 months	Falls in children: ED visit rate in ages 0-4	Asthma in children: ED visit rate in ages 0-14	Schools with high dental decay in Grade 2 students
1111	What does this mean?	Only 81% of new mothers in PNs were breastfeeding when they left hospital, compared with 89% of all Durham mothers	Only 42% of new mothers in PNs were still breastfeeding at 6 months, compared with 53% of all Durham mothers	For every 1,000 children aged 0-4 living in a PN, 60.2 (or 6%) visit an ED per year because of an injury, an average of about 300 visits a year (based on 2010 to 2012)	For every 1,000 children aged 0-14 living in a PN, 12.8 visit an ED per year because of asthma, an average of about 180 visits a year (based on 2010 to 2012)	15 of the 25 schools in PNs (60%) have 14% or more of their Grade 2 students with two or more decayed teeth (2012/13)

# **Health Priorities** in Young People

	Priority Neighbourhoods	<b>56.5</b> per 1,000	<b>27.0</b> per 1,000		
	Durham Region	25.5	17.2		
1	Other 43 HNs	20.9	15.5		
THE RESERVE TO SECURITION OF THE PERSON OF T	Indicator	Teen pregnancy rate in females aged 15-19	Chlamydia incidence rate in females aged 15-24		
The second secon	What does this mean?	For every 1,000 females aged 15-19 living in a PN, 56 become pregnant per year, amounting to 165 pregnancies a year (2010 to 2012)	For every 1,000 females aged 15-24 living in a PN, 27 are diagnosed with chlamydia per year, amounting to 160 cases a year (2010 to 2012)		

# **Health Priorities** in Seniors

Priority Neighbourhoods	<b>60.7</b> per 1,000
Durham Region	57.3
Other 43 HNs	56.6
Indicator	Falls in seniors: ED visit rate in ages 65+
What does this mean?	For every 1,000 seniors aged 65+ living in a PN, 60.7 (or 6%) visited an ED because of an injury, an average of 800 visits a year (2010 to 2012).



45%	87%	60%
29%	92%	79%
27%	93%	81%
Children not ready for school	Children in excellent or very good health	Children living in a child-friendly neighbourhood
About 45% of SK children in PNs are vulnerable in at least one of five domains, as assessed by teachers using the EDI in 2012, amounting to 350 of 800 children not ready for school	87% of SK children from PNs were rated as having excellent or very good health by their parents, compared to 92% in Durham	60% of SK children from PNs live in a neighbourhood that is considered to be child-friendly according to their parents, compared to 79% in Durham

Priority Neighbourhoods	24%	<b>13.9</b> per 1,000	<b>80.0</b> per 100,000	<b>113.2</b> per 1,000
Durham Region	18%	9.8	27.9	98.3
Other 43 HNs	17%	9.1	19.1	95.7
Indicator	Smoking rate in ages 18+	Cardiovascular disease (CVD) hospitalization rate in ages 45-64	Hepatitis C incidence rate	All Injuries: ED visit rate in all ages
What does this mean?	About a quarter of adults living in PNs smoke cigarettes daily or occasionally	For every 1,000 people aged 45- 64 living in a PN, there are 13.9 hospitalizations for CVD per year, an average of 360 hospitalizations a year	For every 100,000 people living in a PN, there would be about 80 cases of hepatitis C per year, an average of 70 cases a year	For every 1,000 people living in a PN, about 113 (or 11.3%) visited an ED in 2011 because of an injury, amounting to 10,000 visits in 91,000 people

# Downtown Ajax

### **Community Assets**

- Public Library
- Town Hall
- Community Centres
- Recreation Facilities, including an outdoor pool, soccer fields, ice pads
- 13 Parks
- Elementary Schools
- High School
- Continuing and Alternative Education Schools
- 10 Child Care Centres
- **Early Years Centres**

- Hospital
- Community Health Centre

HWY 401

- Senior's Residences
- Social and Affordable Housing Properties
- 14 Places of Worship
- 1 Youth Shelter
- GO Station and public transit hub

**AND MUCH MORE** 

### **Positive Health to Build On**

65 & 55			100				
	ntown jax	93%	16%*	37%	18%*		
Durha	m Region	89%	20%	33%	23%		
Ind	icator	Breastfeeding at hospital discharge	Obesity	5+ servings of vegetables, fruit consumed per day	Alcohol use in excess of low-risk drinking guidelines		
Rai	nking	13th highest	11th lowest	9th highest	7th lowest		

2 of 3 schools have low decay

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Dental decay in Grade 2 students by school





\* Estimate with high variability should be used with caution

# **Downtown Ajax - Ajax**

### **Health Priorities in Babies and Children**

Downtown Ajax	8%	41%	<b>16.5</b> per 1,000	39%	81%
Durham Region	7%	48%	10.3	29%	92%
Indicator	Preterm birth rate	18-month well-baby visit rate	Asthma in children: ED visit rate in ages 0-14	Children not ready for school	Children in excellent or very good health
Ranking	10th highest	9th lowest	2nd highest	9th highest	3rd lowest

### **Health Priorities in Young People**

Downtown Ajax	<b>48.8</b> per 1,000	<b>25.0</b> per 1,000		
Durham Region	25.5	17.2		
Indicator	Teen pregnancy rate in females aged 15-19	Chlamydia incidence rate in females aged 15-24		
Ranking	5th highest	5th highest		

11,500 Residents (2011) **123**Births (2012)

**Neighbourhood** by the numbers

### **Health Priorities in Adults**

Downtown Ajax	25%	<b>11.7</b> per 1,000	<b>117.6</b> per 1,000
Durham Region	18%	9.8	98.3
Indicator	Smoking rate in ages 18+	CVD hospitalization rate in ages 45-64	All Injuries: ED visit rate in all ages
Ranking	8th highest	8th highest	10th highest

1,800 Children aged 0-14

1,600

Young People aged 15-24

600

Immigrated to Canada between 2001-2011

1,200

moved here between 2006-2011

### **Health Priorities in Seniors**

Downtown Ajax	<b>75.4</b> per 1,000	18%
Durham Region	57.3	12%
Indicator	Falls in seniors: ED visit rate in ages 65+	Population aged 65+
Ranking	7th highest	10th highest

2,100

Seniors

aged 65+

# Downtown Whitby

### **Community Assets**



- Recreation Facilities
- 13 Parks

14

- Elementary Schools
- High School
- Continuing and Alternative Education Schools

**Child Care Centres** 

- Early Years Centre
- ols

  Senjor's Residence
  - Senior's Residence
  - Social and Affordable Housing Properties
  - Places of Worship
    - **AND MUCH MORE**

### **Positive Health to Build On**

Downtown Whitby	8%	48%	<b>50.4</b> per 1,000
<b>Durham Region</b>	12%	37%	57.3
Indicator	Babies born too large for their gestational age	Flu shots in ages 18+	Falls in seniors: ED visit rate in ages 65+
Ranking	6th lowest	3rd highest	23rd lowest

3 of 5 schools have low decay PRINGLE DR

Dental decay in Grade 2 students by school



# **Downtown Whitby - Whitby**

### **Health Priorities in Babies and Children**

į	Downtown Whitby	9%	47%	<b>14.5</b> per 1,000	<b>62.3</b> per 1,000	88%	64%
ì	Durham Region	7%	53%	10.3	55.5	92%	79%
The second	Indicator	Preterm birth rate	Breastfeeding duration rate at 6 months	Asthma in children: ED visit rate in ages 0-14	Falls in children: ED visit rate in ages 0-4	Children in excellent or very good health	Children living in a child-friendly neighbourhood
	Ranking	3rd highest	13th lowest	6th highest	10th highest	9th lowest	7th lowest

15,800 Residents (2011) 144 Births (2012)

### **Health Priorities in Adults**

	Downtown Whitby	49%	<b>13.3</b> per 1,000	<b>41.9</b> per 100,000
	Durham Region	55%	9.8	27.9
The second second	Indicator	High physical activity in ages 18-69	CVD hospitalization rate in ages 45-64	Hepatitis C incidence rate
	Ranking	8th lowest	4th highest	8th highest

**Neighbourhood** by the numbers

2,300 Children aged 0-14

2,200 Young People aged 15-24

**2,600**Seniors aged 65+



# Lakeview, Oshawa

### **Community Assets**

- Public Library
- Community Center
- Recreational Facilities, including baseball diamonds, soccer fields
- 23 Parks
- Elementary Schools
- **3** High Schools
- Child Care Centres
- Early Years Centre
- Community Health Centre

Social and Affordable Housing Properties

LAKE ONTARIO

HWY 401

CONANT ST

- Places of Worship
- Conservation area and recreational trails
- GO Station

**AND MUCH MORE** 

### **Positive Health to Build On**

Lakeview	65%	40%	<b>48.7</b> per 1000
Durham Region	41%	37%	57.3
Indicator	Children walking or biking to school	Flu shots in ages 18+	Falls in seniors: ED visit rate in ages 65+
Ranking	Highest	12th highest	20th lowest



## **Lakeview - Oshawa**

#### **Health Priorities in Babies and Children**

Lakeview	9%	75%	<b>14.7</b> per 1,000	55%	74%	44%*
Durham Region	7%	89%	10.3	29%	92%	79%
Indicator	Preterm birth rate	Breastfeeding at hospital discharge	Asthma in children: ED visit rate in ages 0-14	Children not ready for school	Children in excellent or very good health	Children living in a child-friendly neighbourhood
Ranking	4th highest	Lowest	5th highest	2nd highest	Lowest	Lowest

\* Estimate with high variability should be used with caution

**1,700**Seniors aged 65+

2,700 Young People

aged

15-24

17,800 Residents (2011)

244 Births (2012) 4 of 4 schools have high decay

Dental decay in Grade 2 students by school

### **Health Priorities in Young People**

No. of Street, or other Persons and Street, o	Lakeview	<b>66.2</b> per 1,000	<b>28.8</b> per 1,000
	Durham Region	25.5	17.2
1000	Indicator	Teen pregnancy rate in females aged 15-19	Chlamydia incidence rate in females aged 15-24
	Ranking	2nd highest	2nd highest

Neighbourhood by the numbers

2,600 Young Adults aged 20-29 **3,300**Children aged 0-14

100	Lakeview	34%	<b>16.5</b> per 1,000	<b>123.1</b> per 1,000	24%*	<b>96.9</b> per 100,000
	Durham Region	18%	9.8	98.3	33%	27.9
MASSINGS MORNING	Indicator	Smoking rate in ages 18+	CVD hospitalization rate in ages 45-64	All Injuries: ED visit rate in all ages	5+ servings of vegetables, fruit consumed per day	Hepatitis C incidence rate
	Ranking	Highest	2nd highest	9th highest	2nd lowest	2nd highest

<sup>\*</sup> Estimate with high variability should be used with caution



# Gibb West, Oshawa

### **Community Assets**

- Community Centre
- Recreation Facilities
- Parks
- Elementary Schools
- High School
- Alternative/Continuing
  Education School
- Trent University satellite campus
- Child Care Centres
- Sexual Health Clinic



- Senior's Residence
- Social and Affordable Housing Properties
- Places of Worship

**AND MUCH MORE** 

### **Positive Health to Build On**

	Gibb West	55%	61%	51%
	Durham Region	48%	41%	53%
	Indicator	18-month well-baby visit rate	Children walking or biking to school	Breastfeeding duration rate at 6 months
	Ranking	10th highest	4th highest	Similar to Durham Region despite low rates at hospital discharge
L				discharge

## Gibb West - Oshawa

#### **Health Priorities in Babies and Children**

	Gibb West	80%	52%	63%
ı	Durham Region	89%	29%	79%
	Indicator	Breastfeeding at hospital discharge	Children not ready for school	Children living in a child-friendly neighbourhood
	Ranking	4th lowest	3rd highest	6th lowest



### **Health Priorities in Young People**

Gibb West	<b>65.8</b> per 1,000	<b>26.8</b> per 1,000
Durham Region	25.5	17.2
Indicator	Teen pregnancy rate in females aged 15-19	Chlamydia incidence rate in females aged 15-24
Ranking	3rd highest	3rd highest

11,700 Residents (2011)

(2012)

**Neighbourhood** 

by the numbers

135

**Births** 

1,600 Young People aged 15-24

1,600 Seniors aged 65+

1,700 Children aged 0-14

Gibb West	50%	80.8 years	30%	33%	<b>84.0</b> per 100,000	<b>106.6</b> per 1,000
Durham Region	60%	85.2	18%	20%	27.9	98.3
Indicator	Self-rated health as excellent or very good in ages 18+	Life expectancy in females	Smoking rate in ages 18+	Obesity	Hepatitis C incidence rate	All Injuries: ED visit rate in all ages
Ranking	5th lowest	3rd lowest	3rd highest	2nd highest	3rd highest	12th highest



# Downtown Oshawa

### **Community Assets**

- Public Library
- Town Hall
- Community Centre
- Recreation Facilities
- 12 Parks
- Elementary Schools
- High School
- Alternative/Continuing Education Schools
- Post Secondary Institution
- Child Care Centres



- **Early Years Centres**
- Senior's residences
- **16** Social and Affordable Housing Properties
- Emergency shelter
- 19 Places of Worship
- Public transit hub

**AND MUCH MORE** 

### **Positive Health to Build On**

Downtown Oshawa	50%	45%
Durham Region	41%	37%
Indicator	Children walking or biking to school	Flu shots in ages 18+
Ranking	13th highest	5th highest

2,000 Res

10,900 Residents (2011)

Neighbourhood by the numbers

**127 Births**(2012)

aged 65+

1,400 Young People aged

**1,500**Children aged 0-14

# **Downtown Oshawa - Oshawa**

#### **Health Priorities in Babies and Children**

Downtown Oshawa	9%	27%*	39%	65%	82%*	63%*
Durham Region	7%	53%	48%	29%	92%	79%
Indicator	Preterm birth rate	Breastfeeding duration rate at 6 months	18-month well-baby visit rate	Children not ready for school	Children in excellent or very good health	Children living in a child-friendly neighbourhood
Ranking	6th highest	Lowest	6th lowest	Highest	4th lowest	5th lowest

### **Health Priorities in Seniors**

Downtown Oshawa	<b>73.6</b> per 1,000	19%
Durham Region	57.3	12%
Indicator	Falls in seniors: ED visit rate in ages 65+	Population aged 65+
Ranking	8th highest	9th highest

\* Estimate with high variability should be used with caution

3 of 3 schools have high decay

Dental decay in Grade 2 students by school

### **Health Priorities in Young People**

Downtown Oshawa	<b>111.1</b> per 1,000	<b>43.2</b> per 1,000
Durham Region	25.5	17.2
Indicator	Teen pregnancy rate in females aged 15-19	Chlamydia incidence rate in females aged 15-24
Ranking	Highest	Highest

#### **Priorities in Overall Health**

37%	<b>72.9</b> years	<b>83.3</b> years
60%	80.8	85.2
Self-rated health as excellent or very good in ages 18+	Life expectancy in males	Life expectancy in females
Lowest	Lowest	10th lowest

Downtown Oshawa	34%	<b>20.6</b> per 1,000	<b>175.0</b> per 100,000	<b>53.4</b> per 100,000	<b>138.8</b> per 1,000
Durham Region	20%	9.8	27.9	33.3	98.3
Indicator	Obesity	CVD hospitalization rate in ages 45-64	Hepatitis C incidence rate	TB Infection incidence rate	All Injuries: ED visit rate in all ages
Ranking	Highest	Highest	Highest	9th highest	5th highest

# Central Park, Oshawa

### **Community Assets**

- **2** Community Centres
- Recreation Facilities
- 10 Parks
- **Elementary Schools**
- Continuing and Alternative Education Schools
- 5 Child Care Centres
- Senior's Residence
- Social and Affordable Housing Property
- 9 Places of Worship

**AND MUCH MORE** 



#### **Positive Health to Build On**

	Central Park	55%	27%	55%	97%*	68%	<b>10.7</b> per 100,000
	Durham Region	53%	29%	41%	92%	55%	33.3
The second second	Indicator	Breastfeeding duration rate at 6 months	Children not ready for school	Children walking or biking to school	Children in excellent or very good health	High physical activity in ages 18-69	Latent TB Infection incidence rate
Selfwich and the selfwich	Ranking	Similar to Durham Region despite low rates at discharge	Only PN lower than Durham Region	7th highest	4th highest	3rd highest	2nd lowest

## **Central Park - Oshawa**

#### **Health Priorities in Babies and Children**

Central Park	80%	68%
Durham Region	89%	79%
Indicator	Breastfeeding at hospital discharge	Children living in a child-friendly neighbourhood
Ranking	5th lowest	10th lowest

None of 3 schools have low decay

Dental decay in Grade 2 students by school

**Births** (2012)

### **Health Priorities in Young People**

	Central Park	<b>49.0</b> per 1,000	<b>24.6</b> per 1,000	<b>13.3</b> per 1,000
	Durham Region	25.5	17.2	9.6
CONTRACTOR STATE OF THE PARTY NAMED IN	Indicator	Teen pregnancy rate in females aged 15-19	Chlamydia incidence rate in females aged 15-24	Motor vehicle traffic collisions: ED visit rate in ages 15-24
	Ranking	4th highest	6th highest	4th highest

1,500 Children aged 0-14

Neighbourhood by the numbers

1,400 Young **People** aged 15-24

2,100 **Seniors** 

aged 65+

11,200 **Residents** (2011)

Central Park	32%	<b>65.9</b> per 100,000	<b>105.7</b> per 1,000
Durham Region	18%	27.9	98.3
Indicator	Smoking rate in ages 18+	Hepatitis C incidence rate	All Injuries: ED visit rate
Ranking	2nd highest	6th highest	14th highest

# Beatrice North, Oshawa



- Public Library
- Community Centre
- Recreational Facilities
- 6 Parks
- **3** Elementary Schools
- **Child Care Centres**

- Early Years Centre
- Social and Affordable Housing Properties
- Place of Worship

**AND MUCH MORE** 

### **Positive Health to Build On**

Beatrice North	53%	<b>87.3</b> years	<b>45.7</b> per 100,000
Durham Region	41%	85.2	64.4
Indicator	Children walking or biking to school	Life expectancy in females	Enteric diseases incidence rate
Ranking	10th highest	13 highest	5th lowest





# **Beatrice North - Oshawa**

### **Health Priorities in Babies and Children**

Beatrice North	80%	31%*	40%	54%
Durham Region	89%	53%	29%	79%
Indicator	Breastfeeding at hospital discharge	Breastfeeding duration rate at 6 months	Children not ready for school	Children living in a child-friendly neighbourhood
Ranking	3rd lowest	2nd lowest	8th highest	4th lowest

<sup>\*</sup> Estimate with high variability should be used with caution

Only 1 of 3 schools have low decay

Dental decay in Grade 2 students by

school

### **Health Priorities in Young People**

Beatrice North	<b>40.7</b> per 1,000	8%
Durham Region	25.5	6%
Indicator	Teen pregnancy rate in females aged 15-19	Population aged 25-29
Ranking	7th highest	Highest

10,200 Residents (2011)

125 **Births** 

(2012)

1,500

Young **People** aged 15-24

**Neighbourhood** by the numbers

1,000

moved here between 2006-2011

1,300 **Seniors** aged 65+

1,900 Children aged 0-14

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Beatrice North	1 48%	<b>75.8</b> years	27%	26%*	<b>12.9</b> per 1,000	<b>68.6</b> per 100,000
Durham Region	n 60%	80.8	18%	33%	9.8	27.9
Indicator	Self-rated health as excellent or very good in ages 18+	Life expectancy in males	Smoking rate in ages 18+	5+ servings of vegetables, fruit consumed per day	CVD Hospitalization rate in ages 45-64	Hepatitis C incidence rate
Ranking	3rd lowest	3rd lowest	4th highest	4th lowest	5th highest	5th highest

<sup>\*</sup> Estimate with high variability should be used with caution



# **Health Needs in the Priority Neighbourhoods**

The data show that for some indicators, poor health is disproportionally concentrated in the Priority Neighbourhoods. When data are combined for the seven Neighbourhoods, 24 of 40 indicators are significantly worse in terms of health as compared to Durham Region as a whole and to the other 43 Neighbourhoods as a group (see Appendix B).

Only two indicators are significantly better: SK children walking or biking to school, and ED visits for sports injuries in children aged 10-14 years. Children are more likely to walk in Priority Neighbourhoods because their families have less access to vehicles and caregivers who drive them to school. Nonetheless, this is a positive feature to build on, particularly when Neighbourhoods can be made more child-friendly. In terms of sports injuries, Neighbourhoods with lower income rates may have lower rates of ED visits because children in these communities have less opportunity to participate in sports such as skiing, snowboarding, soccer, and hockey. Because this is a likely explanation, this indicator has not been presented in this report as one on which to build health and wellness.

Findings from the analysis of neighbourhood indicators show that health priorities in babies and children are particularly evident. Breastfeeding rates in Priority Neighbourhoods tend to be low as compared to Durham Region. Notable exceptions are Downtown Ajax and Downtown Whitby where rates are similar. Perhaps the higher rates in these municipalities overall help to boost breastfeeding in these Neighbourhoods. The percentage of children in excellent or very good health, as reported by their parents, is lower in Priority Neighbourhoods as a group, but this is not the case for Central Park, Beatrice North and Gibb West. Children living in the Priority Neighbourhoods tend to score poorly on school readiness with all seven indicators from the Early Development Instrument (EDI) showing significantly higher percentages of vulnerable children in Priority Neighbourhoods as compared to the other 43 Neighbourhoods. Notable exceptions are Central Park and Downtown Whitby which are similar to Durham Region on all EDI indicators. Finally, all Priority Neighbourhoods are in the bottom third in terms of being rated as child-friendly.

A few other indicators stand out as high priorities. Teen pregnancy rates and chlamydia incidence rates in young females are higher, demonstrating a strong need to focus on adolescent health. Adults living in Priority Neighbourhoods tend to have higher smoking rates; all seven Neighbourhoods fall in the top third, and four have the highest smoking rates in Durham Region. High smoking rates may partly explain higher rates of cardiovascular disease hospitalization, lower self-rated health, and lower life expectancy among males. Interestingly, life expectancy in males is significantly lower in Priority Neighbourhoods, but not life expectancy in females, which is similar to that of the other 43 Neighbourhoods. Another notable indicator is hepatitis C incidence where all seven Priority Neighbourhoods fall within the 12 Neighbourhoods with the highest rates in Durham Region.

Although the Priority Neighbourhoods as a group may rank significantly poorer on a number of health indicators, not all of the Priority Neighbourhoods necessarily show the same pattern, as is evident in the individual vignettes. Each of the seven Priority Neighbourhoods has its own set of successes and challenges. As well, the community assets and indicators shown in the vignettes are not comprehensive but provide a glimpse of some of the health priorities in these communities. Definitions and data sources for the indicators are provided in Appendix C and are also available at <a href="mailto:durham.ca/neighbourhoods">durham.ca/neighbourhoods</a>.

Building
Heath in our
Neighbourhoods...
sparking dialogue,
taking action



### **Are You Ready to Invest in Our Neighbourhoods?**

Durham Region Health Department works with many community partners to promote and protect community health, prevent infectious diseases, and inspect for health hazards. In addition to monitoring the health status of the community, we provide a variety of programs and services across all 50 Neighborhoods to promote and protect the health of residents of all ages. Some services are more heavily concentrated in areas of high need, such as the Priority Neighbourhoods. But this is only one part of enhancing health. As a community we need to come together to build stronger relationships with all sectors including education, transportation, environment, finance, planning, primary care, social services, and community groups to create a synergy in efforts that will address the root causes of health inequities. We need to collaborate with the residents in our communities to determine the next steps and create innovative solutions that will work for our Priority Neighbourhoods.

### **Recommendations** for Building Healthier **Neighborhoods**

Identifying Priority Neighbourhoods that require focus to build on health and well-being is just the beginning of the dialogue. Each community is unique and has assets, strengths and resources that may not be apparent to those living outside the Neighbourhood. The assets listed here are a preliminary list. We need to involve the communities in order to gain insight into what they consider their strengths and areas requiring attention.

Building on partnerships and working collaboratively

Based on the information about Priority Neighbourhoods in this report, the following recommendations may be used to guide next steps:

- Engage with the Neighbourhoods to have them validate and identify their own assets in order to build on the strengths and resources of the people within each community.
- 2. Build relationships with key champions in the Neighbourhoods (i.e., community leaders) who are instrumental in identifying community strengths and challenges, as well as taking action to address these challenges.
- 3. Engage with the people in the Neighbourhoods to incorporate community voices in order to better understand their unique stories and determine priorities from their perspectives.
- 4. Strengthen existing inter-sectoral partnerships and build new ones to promote community development in each Neighbourhood through community leadership and engagement.
- 5. Advocate for adequate income for residents, given that income is widely recognized as a key determinant of both physical and mental health.
- 6. In collaboration with community members and partners, develop strategies to enhance support and resources for children and youth to keep them in school and mitigate the impact of living in low income or poverty.
- 7. Develop collaborative ways to measure and evaluate progress ensuring community involvement throughout the process.



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### **Appendix A**

Key Socio-Economic Indicators for Priority Neighbourhoods with Comparison to Durham Region and Rank among 50 Neighbourhoods

		Median After-Tax Income			Low Income Rate in Children <6 Years		
	Neighbourhood	Income	Compared to Durham	Rank	Percent	Compared to Durham	Rank
1	Downtown Ajax (A2)	\$ 48,300	LOWER	5	27.6%	HIGHER	4
2	Downtown Whitby (W2)	\$ 52,200	LOWER	6	24.9%	HIGHER	6
3	Lakeview (O1)	\$ 44,600	LOWER	3	38.4%	HIGHER	2
4	Gibb West (O2)	\$ 46,600	LOWER	4	28.3%	HIGHER	3
5	Downtown Oshawa (O3)	\$ 32,500	LOWER	1	42.6%	HIGHER	1
6	Central Park (O4)	\$ 52,700	LOWER	7	25.0%	HIGHER	5
7	Beatrice North (O10)	\$ 43,600	LOWER	2	24.2%	HIGHER	7
	DURHAM REGION	\$ 70,100	Similar to Ontario		12.8%	Lower than Ontario	

		Low Income Rate (Percentage of people in low income households)			No High School Completion in Ages 25-64		
	Neighbourhood	Percent	Compared to Durham	Rank	Percent Compared to Durham		Rank
1	Downtown Ajax (A2)	15.6%	HIGHER	6	9.8%	similar	16
2	Downtown Whitby (W2)	15.6%	HIGHER	5	10.7%	similar	12
3	Lakeview (O1)	26.5%	HIGHER	2	22.4%	HIGHER	2
4	Gibb West (O2)	18.7%	HIGHER	4	20.1%	HIGHER	3
5	Downtown Oshawa (O3)	28.1%	HIGHER	1	22.8%	HIGHER	1
6	Central Park (O4)	11.6%	similar	11	16.7%	HIGHER	5
7	Beatrice North (O10)	19.8%	HIGHER	3	20.1%	HIGHER	4
	DURHAM REGION	9.9%	Lower than Ontario		8.9%	Lower than Ontario	

		Unemployment Rate (2011)			
	Neighbourhood	Percent	Compared to Durham	Rank	
1	Downtown Ajax (A2)	9.6%	similar	14	
2	Downtown Whitby (W2)	11.2%	HIGHER	6	
3	Lakeview (O1)	14.0%	HIGHER	2	
4	Gibb West (O2)	12.4%	HIGHER	4	
5	Downtown Oshawa (O3)	15.5%	HIGHER	1	
6	Central Park (O4)	11.6%	HIGHER	5	
7	Beatrice North (O10)	13.9%	HIGHER	3	
	DURHAM REGION	8.6%	Similar to Ontario		



### **Appendix B**

Health Indicators and whether Priority Neighbourhoods (PNs) are significantly different from Durham Region and the Non-Priority Neighbourhoods

	Indicator	PNs Not Significantly Different	PNs Significantly Worse Health	PNs Significantly Better Health
1	Preterm birth rate in singletons	X		
2	Small-for-Gestational Age (SGA) rate	X		
3	Large-for-Gestational Age (LGA) rate	X		
4	Teen pregnancy rate per 1,000		X	
5	Breastfeeding at hospital discharge rate		X	
6	Breastmilk only at hospital discharge rate		X	
7	Breastfeeding duration rate at 6 months		Х	
8	Dental decay in Grade 2 students by School		Х	
9	18-month enhanced Well-Baby Visit	X		
10	EDI – Vulnerable in physical health and well-being		Х	
11	EDI – Vulnerable in social competence		Х	
12	EDI – Vulnerable in emotional maturity		Х	
13	EDI – Vulnerable in language and cognitive development		Х	
14	EDI – Vulnerable in communication skills and general knowledge		X	
15	EDI – Vulnerable in one or more domains		X	
16	EDI – Vulnerable in two or more domains		Х	
17	SK children in excellent or very good health		X	
18	SK children living in a child-friendly neighbourhood		Х	
19	SK children walking or biking to school			X
20	All Injuries (ED visit rate per 1,000)		X	
21	Sports injuries, ages 10-14 (ED visit rate per 1,000)			Х
22	Motor vehicle traffic collisions, ages 15-24 (ED visit rate per 1,000)	Х		

	Indicator	PNs Not Significantly Different	PNs Significantly Worse Health	PNs Significantly Better Health
23	Falls, ages 0-4 (ED visit rate per 1,000)		X *	
24	Falls, ages 65+ (ED visit rate per 1,000)		X	
25	Asthma, ages 0-14 (ED visit rate per 1,000)		Х	
26	Cardiovascular disease, ages 45-64 (hospitalization rate per 1,000)		Х	
27	Life expectancy at birth - Males (years)		X	
28	Life expectancy at birth - Females (years)	Х		
29	Self-rated health as excellent or very good, ages 18+		Х	
30	Smoking rate, ages 18+		Х	
31	Obesity rate, ages 18+	Х		
32	Vegetable and fruit consumption rate, ages 18+ (5 or more servings per day)	Х		
33	Alcohol use in excess of Canada's Low- Risk Alcohol Drinking Guidelines, ages 18+	Х		
34	High physical activity rate, ages 18-69	Х		
35	Flu immunization rate, ages 18+	Х		
36	Chlamydia, females ages 15-24 (incidence rate per 1,000)		Х	
37	Enteric diseases	Х		
	(incidence rate per 100,000)			
38	Influenza (incidence rate per 100,000)	X		
39	Hepatitis C (incidence rate per 100,000)		X	
40	Latent Tuberculosis Infection (LTBI) (incidence rate per 100,000)	Х		

<sup>\*</sup> Note: Falls in children 0-4 is significantly higher in PNs as compared to non-Priority Neighbourhoods but not compared to Durham Region as a whole.



# **Appendix C**

#### **Indicator Definitions and Data Sources**

#### **Demographic Indicators**

**Population and Population age groups:** The percentage in a population age group is calculated by dividing the number of people in the specific age group by the total population, multiplied by 100. Source: 2011 Census, Statistics Canada.

Children less than 6 years in low income households: The percentage of children under the age of 6 years who live in low income households as determined by the 2010 low income measure after-tax (LIM-AT). Source: National Household Survey (NHS) 2011, Statistics Canada.

**Low income rate:** The percentage of people who live in low income households as determined by the 2010 low income measure after-tax (LIM-AT). Source: National Household Survey (NHS) 2011, Statistics Canada.

**Median after-tax household income:** The median after-tax household income for 2010 income. Source: National Household Survey (NHS) 2011, Statistics Canada.

**No high school completion (low education):** The percentage of adults aged 25-64 years who did not complete high school. Source: National Household Survey (NHS) 2011, Statistics Canada.

**Unemployment rate:** The percentage aged 15 and older who were unemployed. Source: National Household Survey (NHS) 2011, Statistics Canada.

**Recent immigrants:** The percentage of the population that immigrated to Canada between 2001 and 2011. Source: National Household Survey (NHS) 2011, Statistics Canada.

#### **Health Indicators for Babies and Children**

**Preterm birth rate:** The percentage of singleton (non-multiple) live births delivered in hospital before 37 completed weeks of gestation. Source: Hospital In-Patient Discharges 2010-2012, Ministry of Health and Long-Term Care, intelliHEALTH ONTARIO.

**Babies born too large for their gestational age:** The percentage of live births with birth weight above the standard 90th percentile of the sex-specific birth weight for gestational age. Source: Hospital In-Patient Discharges 2010-2012, Ministry of Health and Long-Term Care, intelliHEALTH ONTARIO.

**Breastfeeding at hospital discharge rate:** The number of women who were breastfeeding their baby when discharged from hospital divided by the total number of women who delivered multiplied by 100. Source: Integrated Services for Children Information System (ISCIS) 2010-2012, Durham Region Health Department.

**Breastfeeding duration rate at 6 months:** The number of mothers who breastfed their babies for at least 6 months divided by the total number of women who completed the telephone survey as part of the Infant Feeding Surveillance System, multiplied by 100. Source: Infant Feeding Surveillance System (IFSS) 2007-2012, Durham Region Health Department.

**18-month Well-Baby Visit rate:** The number of children who visited a physician for an enhanced 18-month well-baby visit between April 1, 2010 and March 31, 2012 (fiscal years 2010 and 2011) divided by the total number of children aged two years in 2010 and 2011 as estimated from Ontario Registered Persons database. Source: Medical Services, Fiscal Years 2010, 2011 and Ontario Registered Persons Database, March 31, 2013, Ministry of Health and Long-Term Care, intelliHEALTH ONTARIO.

**Falls in children:** ED visit rate per 1,000 in ages 0-4 years: The number of Emergency Department (ED) visits for unintentional falls among those aged 0-4 years, divided by the total population aged 0-4, multiplied by 1,000. Source: Emergency Department (ED) Visits, 2010-2012, Ministry of Health and Long-Term Care, intelliHEALTH ONTARIO; 2011 Census, Statistics Canada.

**Asthma in children:** ED visit rate per 1,000 in ages 0-14 years: The number of ED visits for asthma among those aged 0-14 years, divided by the total population aged 0-14, multiplied by 1,000. Source: Emergency Department (ED) Visits, 2010-2012, Ministry of Health and Long-Term Care, intelliHEALTH ONTARIO; 2011 Census, Statistics Canada.

**Children not ready for school:** The percentage of senior kindergarten children who scored below the 10th percentile Ontario Cycle 1 baseline for one or more EDI domains. This is an overall measure of the percentage of vulnerable children. Source: Early Development Instrument (EDI), Durham Region, Cycle 3 2012.

**Children in excellent or very good health:** Percentage of senior kindergarten children whose parents rated their child's health as excellent or very good. Source: Kindergarten Parent Survey (KPS), 2012, Durham Region.

**Children living in a child-friendly neighbourhood:** Percentage of senior kindergarten children whose parents answered "true" to the statement "My neighbourhood is child-friendly". Source: Kindergarten Parent Survey (KPS), 2012, Durham Region.

**Children walking or biking to school:** Percentage of senior kindergarten (SK) children whose parents reported that their child gets to school most often by walking or biking. Source: Kindergarten Parent Survey (KPS), 2012, Durham Region.

**Schools have high decay:** Schools with high dental decay are those that have 14% or more of their Grade 2 students with two or more decayed teeth. Schools with medium dental decay are those in which 9.5% to 13.9% of Grade 2 students have two or more decayed teeth. Schools with low decay have fewer than 9.5% of students with two or more decayed teeth. Source: Oral Health School Screening Program, 2012-13, Durham Region Health Department.



#### **Health Indicators for Young People**

**Teen pregnancy rate:** The number of live births, stillbirths and therapeutic abortions among females aged 15-19 years per 1,000 population of females aged 15-19. Source: Hospital In-Patient Discharges, National Ambulatory Care Reporting System; Medical Services 2010-2012, Ministry of Health and Long-Term Care, intelliHEALTH ONTARIO; 2011 Census, Statistics Canada.

Chlamydia incidence rate per 1,000 in females 15-24 years: The number of cases of chlamydia in females ages 15-24 years divided by the number of females ages 15-24 in the population, multiplied by 1,000. Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, 2010-2012, extracted by Durham Region Health Department, September 2013.

Motor vehicle traffic collisions, ED visit rate per 1,000 in ages 15-24 years: The number of Emergency Department (ED) visits among those aged 15-24 years for a MVTC divided by the total population aged 15-24 years, multiplied by 1,000. Source: Emergency Department (ED) Visits, 2010-2012, Ministry of Health and Long-Term Care, intelliHEALTH ONTARIO; 2011 Census, Statistics Canada.

#### **Health Indicators for Adults**

**All injuries:** ED visit rate per 1,000 in all ages: The number of unscheduled Emergency Department (ED) visits where there is an injury external cause diagnosis for the visit, divided by the total population, multiplied by 1,000. Source: Emergency Department (ED) Visits, 2011, Ministry of Health and Long-Term Care, intelliHEALTH ONTARIO; 2011 Census, Statistics Canada.

Smoking rate in ages 18+ years: The percentage of adults aged 18 years or older who smoke occasionally or daily. Source: Rapid Risk Factor Surveillance System (RRFSS), Durham Region Health Department and Institute for Social Research, York University, 2009-2013.

**Obesity rate in ages 18+ years:** The percentage of adults aged 18 years or older who are obese based on a Body Mass Index of 30 or greater. Source: Rapid Risk Factor Surveillance System (RRFSS), Durham Region Health Department and Institute for Social Research, York University, 2009-2013.

5+ servings of vegetables, fruit consumed per day: The percentage of adults aged 18 years or older who eat vegetables and fruits five or more times per day. Source: Rapid Risk Factor Surveillance System (RRFSS), Durham Region Health Department and Institute for Social Research, York University, 2007 2009, 2011.

Alcohol use in excess of low-risk drinking guidelines: The percentage of adults aged 18 or older who drink in excess of Canada's Low-Risk Alcohol Drinking Guidelines. Source: Rapid Risk Factor Surveillance System (RRFSS), Durham Region Health Department and Institute for Social Research, York University, 2008, 2010, 2013.

**High Physical activity in ages 18-69 years:** The percentage of adults aged 18 to 69 with a high level of physical activity. Source: Rapid Risk Factor Surveillance System (RRFSS), Durham Region Health Department and Institute for Social Research, York University, 2007, 2009, 2011.

**Flu shots in ages 18+ years:** The percentage of adults aged 18 years or older who get a flu shot. Source: Rapid Risk Factor Surveillance System (RRFSS), Durham Region Health Department and Institute for Social Research, York University, 2009-2013.

**Cardiovascular disease:** Hospitalization rate per 1,000 in ages 45-64: The number of hospital discharges for cardiovascular disease (CVD) among those aged 45-64 years, divided by the total population aged 45-64, multiplied by 1,000. Source: Hospital In-Patient Discharges, 2010-2012, Ministry of Health and Long-Term Care, intelliHEALTH ONTARIO; 2011 Census, Statistics Canada.

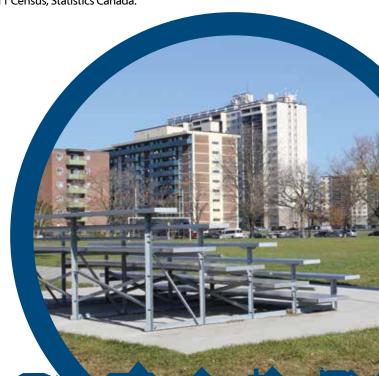
**Enteric diseases incidence rate per 100,000:** The number of cases of enteric diseases divided by the total population, multiplied by 100,000. Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, 2010-2012, extracted by Durham Region Health Department, September 2013.

**Hepatitis C incidence rate per 100,000:** The number of cases of Hepatitis C divided by the total population, multiplied by 100,000. Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, 2009-2013, extracted by Durham Region Health Department, June 2014.

**Tuberculosis infection incidence rate:** The number of cases of Latent Tuberculosis infection (LTBI) divided by the total population, multiplied by 100,000. Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, 2009-2013, extracted by Durham Region Health Department, June 2014.

#### **Health Indicators for Seniors**

Falls in seniors: ED visit rate per 1,000 in ages 65+ years: The number of Emergency Department (ED) visits for unintentional falls among those aged 65 or older, divided by the total population aged 65 or older, multiplied by 1,000. Source: Emergency Department (ED) Visits, 2010-2012, Ministry of Health and Long-Term Care, intelliHEALTH ONTARIO; 2011 Census, Statistics Canada.



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