

WDG Community Health Indicators

To: Chair and Members of the Board of Health

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Prepared By: Michael Whyte, Manager, Data & Analytics

Approved By: Dr. Kyle Wilson, PhD, MBA, MSc
Vice President, Information Systems and Digital Innovation, CIO

Submitted By & Signature: *Original signed document on file.*

Dr. Nicola J. Mercer, MD, MBA, MPH, FRCPC
Medical Officer of Health & CEO

Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- New Canadian Community Health Survey (CCHS) data from 2023 provides early insight into health, well-being, and access to care in Wellington-Dufferin-Guelph, helping to identify emerging public health priorities.
- Self-reported health and mental health ratings declined slightly from 2022, while life satisfaction and sense of belonging improved, highlighting mixed trends in community well-being.
- Food insecurity increased, with nearly 1 in 5 residents affected, rising above both previous local rates and the provincial average.
- A custom analysis tool developed by WDGPB enabled timely use of complex survey data, supporting faster knowledge mobilization to inform local programs and services.
- Findings highlight potential disparities linked to social determinants like food insecurity, reinforcing the need for upstream, equity-focused strategies aligned with WDGPB's Strategic Plan.

Background

Health is shaped by a wide range of social, psychological, environmental, and biological factors. The World Health Organization defines health as a state of complete physical, mental, and social well-being, and not just the absence of disease.¹

To understand how people experience health in their daily lives, public health agencies rely on population surveys like the Canadian Community Health Survey (CCHS). Administered by Statistics Canada, the CCHS collects consistent and comparable data on health perception, well-being, food insecurity, and behaviors like smoking and alcohol use.²

This report is intended as a knowledge mobilization tool to share early insights from the newly released 2023 CCHS data. The indicators included were selected to reflect regional health priorities and align with WDGPH's Strategic Plan goals: improving outcomes, advancing equity, and supporting evidence-informed decisions. Future analyses will explore these findings in greater depth to better understand patterns, disparities, and emerging trends within WDG communities.

Discussion

The following discussion presents key CCHS indicators, grouped into two themes to support clearer interpretation and identify where targeted public health action may be most needed.

Theme 1: Self-Perceived Health and Psychosocial Well-Being

This section explores how residents in Wellington-Dufferin-Guelph perceive their physical and mental well-being, their levels of stress, life satisfaction, and connection to community. These indicators provide early insight into overall health and quality of life, helping public health identify emerging needs and tailor supports that promote resilience, inclusion, and mental wellness across the population.

Perceived General Health

What is it? Perceived general health reflects how individuals rate their overall health, taking into account physical, mental, and social well-being.

Why is it important? It's a strong predictor of future health outcomes, being shown to correlate strongly with morbidity, mortality, and healthcare utilization.³

In 2023, about half (50%) of WDG adults rated their health as “excellent” or “very good,” down from 59.1% in 2022 and slightly below the Ontario average (51.1%). However, fewer residents (12%) reported “fair” or “poor” health compared to the previous year (14.2%) and the provincial

average (15.2%). These results show a mixed picture, suggesting some resilience in the population, alongside a decline in overall health perception that may signal growing health concerns.

Perceived Mental Health

What is it? Perceived mental health is a self-reported measure of psychological well-being. It reflects how individuals assess their mental and emotional state, including their ability to manage stress, maintain relationships, and experience positive emotions.

Why is it important? This indicator is closely linked to resilience, social connection, and life satisfaction. Poor self-rated mental health is associated with higher rates of morbidity, mortality, and healthcare use. It is an important marker for identifying population-level mental health trends and informing public health planning, promotion, and early intervention.⁴

In WDG, 43.6% of adults rated their mental health as “excellent” or “very good” in 2023, down from 47.7% in 2022 and below the provincial average of 50.1%. Meanwhile, the proportion of residents reporting “fair” or “poor” mental health dropped slightly to 15.2%, similar to Ontario’s average (15.5%). This suggests that while fewer people rated their mental health poorly, overall well-being may be declining, highlighting the need for continued investment in mental health supports.

Perceived Life Stress

What is it? Perceived life stress is a self-reported indicator of psychological strain and emotional well-being. It captures how individuals interpret and respond to everyday pressures, providing insight into their coping capacity, resilience, and exposure to psychosocial stressors.

Why is it important? High levels of perceived stress are linked to negative health outcomes, including anxiety, depression, and physical conditions such as cardiovascular disease.⁵ At the population level, this measure can signal broader mental health trends and guide public health efforts focused on prevention, early intervention, and supportive community environments.⁶

In 2023, 25.2% of WDG adults reported feeling “quite a bit” or “extremely” stressed, similar to 2022 (25.5%) but higher than the Ontario average (22.5%). This finding indicates that perceived stress levels in WDG have remained stable year-over-year and are generally in line with provincial trends.

Sense of Belonging to Community

What is it? A strong sense of belonging reflects how connected individuals feel to their local community. It is considered protective for both mental and physical health.

Why is it important? High levels of belonging are associated with greater social connectedness, resilience, and lower stress. This indicator helps public health identify potential disparities in social inclusion and supports the design of programs that strengthen community cohesion across diverse populations.⁷

In 2023, 65.2% of WDG residents reported a “very strong” or “somewhat strong” connection to their local community, up from 59.4% in 2022 and above the Ontario average (60%). The upward shift suggests a positive trajectory in community connectedness, though further analysis is needed to understand what factors may be contributing to this change.

Life Satisfaction (Very Satisfied/Satisfied)

What is it? Life satisfaction reflects how individuals perceive their overall quality of life. It is a broad, self-reported measure that captures multiple aspects of well-being, including health, relationships, employment, income, and social connection.

Why is it important? As a comprehensive population health indicator, life satisfaction helps identify trends in well-being and areas of potential inequity. It supports the development of upstream public health interventions that promote healthier, more fulfilling lives for all members of the community.⁸

In 2023, 88% of WDG residents said they were “very satisfied” or “satisfied” with their lives, up slightly from 87.7% in 2022 and above the provincial average (83.3%). These findings may reflect the positive influence of local supports, community engagement, and broader social determinants that contribute to life satisfaction in the region.

Theme 2: Health-Related Behaviours

This section includes indicators that reflect everyday behaviours and conditions, like food security, access to care, and substance use, that have long-term effects on health. Monitoring these factors helps identify where prevention, policy, and system-level supports are most urgently needed.

Access to a Regular Healthcare Provider

What is it? This indicator measures whether individuals have an ongoing relationship with a medical professional, such as a family physician, general practitioner, or specialist, who is familiar with their health history and provides continuous care.

Why is it important? Having a regular healthcare provider supports early diagnosis, effective management of chronic conditions, and overall continuity of care. It reduces unnecessary emergency visits and contributes to a more efficient health system. Lack of access, particularly

among rural, low-income, or marginalized populations, can lead to delayed treatment, fragmented services, and poorer health outcomes.⁹ Monitoring this indicator helps identify gaps in primary care and informs planning for more equitable healthcare delivery across the region.¹⁰

In 2023, 92.8% of WDG residents reported having a regular provider, down from 95.8% in 2022. While still higher than the provincial average (87.2%), this decrease may point to increasing pressure on the primary care system. Ensuring continued access is critical, especially for rural, low-income, or marginalized populations who may face barriers to care.

Food Security/Insecurity (Marginal, Moderate, or Severe)

What is it? Food insecurity refers to the inadequate or uncertain access to sufficient, safe, and nutritious food due to financial constraints.

Why is it important? Individuals experiencing food insecurity are more likely to have poor nutrition, higher stress, and worse physical and mental health outcomes. These include increased rates of chronic disease, mental illness, and early mortality. Food insecurity disproportionately affects low-income households, single parents, Indigenous and racialized communities, and those facing housing instability. As a key social determinant of health, it reflects broader systemic challenges such as poverty, unemployment, and unaffordable living costs.^{11,12} Monitoring this indicator supports equitable public health responses, income-based policy decisions, and structural interventions such as affordable housing, basic income, and food access initiatives.

In 2023, 19.8% of WDG residents reported some level of food insecurity, up from 12.4% in 2022 and above the Ontario average (18.2%). This rising trend highlights growing affordability challenges in the region. Addressing food insecurity requires upstream action on income, housing, and food systems to reduce health inequities.

Smoking Status

What is it? Smoking status measures how often individuals use cigarettes, typically categorized as daily, occasional, or non-smoking. For reporting purposes, this is often grouped into “current smokers” (daily or occasional) and “non-smokers.”

Why is it important? Tobacco use remains the leading preventable cause of illness and premature death in Canada, significantly contributing to lung cancer, heart disease, stroke, and chronic obstructive pulmonary disease (COPD). Smoking status serves as a critical metric for evaluating the effectiveness of tobacco control policies, cessation programs, and health promotion strategies aimed at reducing health inequities and improving long-term health outcomes.^{13,14.}

In 2023, 7.9% of WDG adults reported daily smoking, a slight improvement from 8.5% in 2022 and below the Ontario average (8.1%). However, while overall smoking prevalence is lower than the provincial level, deeper analysis by subpopulations may reveal persistent disparities, particularly among groups experiencing lower income, lower educational attainment, or poorer mental health.

Regular Alcohol Consumption

What is it? In this report, “regular alcohol consumption” is defined using the Canadian Community Health Survey (CCHS) definition. A “regular drinker” is classified as an individual who consumed alcoholic beverages at least once a month over the past 12 months. It is a widely used public health indicator because of its strong association with preventable illness and premature death.

Why is it important? Regular alcohol use contributes to a range of health risks, including injury, liver disease, and certain cancers. It is responsible for thousands of deaths and hospitalizations each year.¹⁵ Monitoring alcohol consumption trends helps public health track population-level risks, inform harm reduction policies, and guide targeted interventions, particularly as social norms and access to alcohol evolve.

In 2023, 58.3% of WDG residents reported drinking alcohol at least once per week, a slight decline from 60.9% in 2022, yet still above the provincial average (54%). While small declines are encouraging, continued public health efforts are needed to promote safer drinking practices and reduce associated health risks.

CCHS Limitations

- **Sampling and Representativeness:** While CCHS is designed to be representative of the Canadian population aged 18 and older (as of 2022 onward), it excludes specific populations such as individuals living on First Nations reserves, full-time members of the Canadian Armed Forces, and people residing in institutions. This may limit the generalizability of findings to these groups.
- **Self-Reported Data:** All indicators are based on self-reported responses, which may be subject to recall bias, social desirability bias, or under/overestimation (e.g., frequency and quantity of alcohol use).

- **Sampling:** CCHS data is representative at the population level but may not capture detailed insights for smaller sub-populations or Indigenous communities not living off-reserve. It can hinder the ability to identify unique health trends, service needs of these groups.
- **Timeliness:** While CCHS provides trend data, it may not fully reflect rapidly emerging issues or local public health crises. The survey's annual or biennial data collection schedule, combined with its broad national scope, can delay the detection of acute changes in health behaviours or outcomes.
- **Contextual Factors:** Survey responses may not fully account for contextual influences (e.g., economic shifts, healthcare access changes) that shape health outcomes. These external factors can significantly impact behaviours and health status but may not be captured through standardized survey questions, leading to gaps in understanding the root causes.

Tools for Using the CCHS Data

A key limitation in analyzing data from the CCHS is the need for bootstrapping; a statistical method that estimates accuracy by resampling data. While this step is essential to interpret population-level survey data reliably, it requires statistical expertise and can delay timely analysis.

To overcome this barrier and ensure timely analysis, WDGPB created a new tool (Figure 1) that automates the statistical processes required to generate meaningful results. This application allows users to select indicators of interest and filter data by variables such as age or geography. It runs the necessary calculations in the background and presents the final results without manual setup, reducing barriers for local public health professionals.

Because of this innovation, WDGPB was able to analyze and include the most recent CCHS data (2023) in this report. More broadly, it enhances the Agency's ability to mobilize new information quickly, informing programs and services, supporting evidence-based planning, and enabling timely knowledge sharing with community partners.

Figure 1 – The Canadian Community Health Survey Analysis Tool



Health Equity Implications

Several of the indicators in this report suggest potential disparities among populations experiencing social and economic disadvantage. While further analysis is needed to understand the full extent and direction of these trends, the data reflect more than individual health experiences, they also point to underlying structural and systemic barriers that shape well-being.

Populations experiencing low income, food insecurity, limited access to healthcare, and higher levels of psychosocial stress are often those also affected by intersecting inequities related to race, geography, age, disability, and housing status. For example, food insecurity continues to disproportionately affect Indigenous, racialized, and low-income households and is strongly associated with poorer physical and mental health outcomes.¹² Likewise, gaps in access to a regular healthcare provider can contribute to delayed diagnoses and unmanaged chronic conditions, particularly in rural or underserved communities.

By identifying these disparities early, this report contributes to WDGP's efforts to mobilize knowledge that supports upstream interventions and equity-focused planning. These insights help inform program design, guide resource allocation, and support policy advocacy aimed at reducing health gaps and advancing inclusion; aligned with Goal 1 of WDGP's Strategic Plan to "Reduce health inequities".

Conclusion

Self-reported health indicators from the CCHS provide early insight into the evolving health experiences of residents in Wellington-Dufferin-Guelph. These findings reflect shifts in well-being, social connection, and access to care, some of which align with province-wide patterns. As new data emerges, local context remains essential for interpreting these trends and identifying responsive public health strategies; particularly in areas such as mental health, access to primary care, and community connectedness.

This report underscores the value of using population health data to inform upstream, equity-focused approaches that support WDGPH's Strategic Plan priorities: improving health outcomes, building strong partnerships, and fostering a sustainable public health system.

Ontario Public Health Standards

Foundational Standards

- ☒ Population Health Assessment
- ☒ Health Equity
- ☒ Effective Public Health Practice
- ☐ Emergency Management

Program Standards

- ☒ Chronic Disease Prevention and Well-Being
- ☐ Food Safety
- ☐ Healthy Environments
- ☐ Healthy Growth and Development
- ☐ Immunization
- ☐ Infectious and Communicable Diseases Prevention and Control
- ☐ Safe Water
- ☐ School Health
- ☐ Substance Use and Injury Prevention

2024-2028 WDGPH Strategic Goals

More details about these strategic goals can be found in [WDGPH's 2024-2028 Strategic Plan](#).

- ☒ Improve health outcomes
- ☐ Focus on children's health
- ☒ Build strong partnerships
- ☐ Innovate our programs and services
- ☒ Lead the way toward a sustainable Public Health system

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Appendices

Appendix A – CCHS Indicator: Question Wording, Response Categories, and Common Recording Notes.

Appendix B – Selected Health Indicators from CCHS: WDGP and Ontario (CCHS: 2022 – 2023) Comparison.

Appendix A: CCHS Indicator: Question Wording, Response Categories, and Common Recording Notes*

Indicator	Question (as in CCHS questionnaire)	Response Categories	Common Recoding / Derived Variable
Perceived General Health	"In general, how is your health?"	1 = Excellent; 2 = Very good; 3 = Good; 4 = Fair; 5 = Poor; 6 = Not stated	Recorded as "Excellent/Very Good/Good" vs "Fair/Poor"
Perceived Mental Health	"In general, how is your mental health?"	1 = Excellent; 2 = Very good; 3 = Good; 4 = Fair; 5 = Poor; 6 = Not stated	Recorded as "Excellent/Good" vs "Fair/Poor"
Perceived Life Stress	"Thinking about the amount of stress in your life, would you say that most days are...?"	1 = Not at all stressful; 2 = Not very stressful; 3 = A bit stressful; 4 = Quite a bit stressful; 5 = Extremely stressful; 6 = Not stated	Recoded into "High stress" (Quite a bit stressful/Extremely stressful) vs "Low/moderate" (others)
Sense of Belonging to Community	"How would you describe your sense of belonging to your local community?"	1 = Very strong; 2 = Somewhat strong; 3 = Somewhat weak; 4 = Very weak; 6 = Not stated	Recoded to "Strong" (Very Strong/Somewhat strong) vs "Weak" (Somewhat/Very weak)
Life Satisfaction	"How satisfied are you with your life in general?"	1 = Very satisfied; 2 = Satisfied; 3 = Neither satisfied nor dissatisfied; 4 = Dissatisfied; 5 = Very dissatisfied; 6 = Not stated	Recoded to "Satisfied" (Very satisfied/Satisfied) vs "Not satisfied"
Access to a Regular Health Care Provider	"Which of the following health care providers do you regularly consult with?"	1 = Family doctor or general practitioner; 2 = Medical specialist; 3 = Nurse Practitioner; 4 = Other; 5 = Don't	Recoded to "Has regular provider" vs "No regular provider"

		have a regular health care provider; 6 = Not stated	
Household Food Security	“In the past 12 months, did you not eat for a whole day because there wasn’t enough money for food?” - adult status (including marginally) (derived)	1 = Food secure; 2 = Marginally food insecure; 3 = Moderately food insecure; 4 = Severely food insecure; 5 = Not stated	Recorded as “Food secure” vs “Food Insecure (Marginal/moderate/severe)”
Smoking Status	“At the present time, do you smoke cigarettes every day, occasionally, or not at all?” (derived)	1 = Current daily smoker; 2 = Current occasional smoker; 3 = Former daily smoker (non-smoker now); 4 = Former occasional smoker (non-smoker now); 5 = Experimental smoker; 6 = Lifetime abstainer (never smoked a whole cigarette)	Recorded to “Current smoker” (daily/occasional) vs “Non-smoker”
Regular Alcohol Consumption	“During the past 12 months, how often did you drink alcoholic beverages?” (derived)	1 = Regular drinker; 2 = Occasional drinker; 3 = Did not drink in the last 12 months; 4 = Not stated	Recorded to “Regular drinker” (≥ once per week) vs “Occasional/none”;

***Note:** The exact wording of the questions and response categories may differ in the actual questionnaire.

Appendix B - Selected Health Indicators from CCHS: WDGPH and Ontario (CCHS 2022–2023) Comparision

Indicator	CCHS 2022 (Annual Component, WDG Estimate, %)	CCHS 2023 (Annual Component, WDG Estimate, %)	CCHS 2023 (Ontario Estimate, %)
Perceived General Health (Excellent / Very Good)	59.1	50	51.1
Perceived General Health (Fair / Poor)	14.2	12	15.2
Perceived Mental Health (Excellent / Very Good)	47.7	43.6	50.1
Perceived Mental Health (Fair / Poor)	18.5	15.2	15.5
Perceived Life Stress (Quite a Bit / Extremely Stressful)	25.5	25.2	22.5
Sense of Belonging to Community (Very Strong / Somewhat Strong)	59.4	65.2	60
Life Satisfaction (Very Satisfied / Satisfied)	87.7	88	83.3
Having a Regular Health Care Provider	95.8	92.8	87.2
Food Insecurity (Adults) (Marginal, Moderate and Severe)	12.4	19.8	18.2
Smoking Status (Current Daily)	8.5	7.9	8.1
Type of Drinker – Regular Drinker	60.9	58.5	54