

Community Picture

Health Status of
Wellington-Dufferin-Guelph



Community Picture:

Health Status of Wellington-
Dufferin-Guelph

Prepared by Wellington-Dufferin-Guelph Public Health

February 2012



Acknowledgements

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Introduction

Introductory Message

Public Health has a vital and enduring role in our community

Message from the Medical Officer of Health, Dr. Nicola Mercer

This report is the first health status report from the newly created Health Analytics team. It was produced in partnership with the Healthy Communities Partnership Initiative. Wellington-Dufferin-Guelph (WDG) Public Health is committed to gathering, collecting, and analyzing community data to help inform program planning, service delivery, and policy development. As a result, I am pleased to present and share with our community partners the 2012 *Community Picture: Health Status of Wellington-Dufferin-Guelph* report. This document will serve as a local snapshot of current health status trends in the areas of socio-demographics; physical activity, sport and recreation; injury prevention; healthy eating; tobacco use and exposure; substance and alcohol misuse; and mental health.

Collaboration and continuous commitment to building lasting partnerships is a pillar of the *WDG Public Health Strategic Plan (2011–2016)*. We know that the health of our communities cannot be attained without strong partnerships and a collaborative effort. In 2010, our healthy communities' partnership initiative hosted community

consultations with organizations and political leadership throughout Wellington, Dufferin, and Guelph. A common theme throughout the consultations was the need for relevant, good quality local data to inform decision making across a broad spectrum of agencies, partners, and

political bodies. This report is the first in a series to be released by WDG Public Health which will help us work with community partners to identify local priorities and assess our collective progress in meeting and addressing these priorities.

Public Health has a vital and enduring role in the health of our community. WDG Public Health strives to be a leader in data collection, analysis, surveillance, and evidence-informed practice. The information contained within this report identifies the starting point for the health of Wellington County, Dufferin County, and the City of Guelph. As a Public Health agency, we will continue to work with all sectors to create a community where every individual has the opportunity to reach their highest level of health. As Dr. Arlene King, the

Chief Medical Officer of Health of Ontario stated in her 2010 Annual Report, "it is time to shift our focus from health care to prevention. Public health is, quite simply, about prevention. It is about fewer people getting sick. It is about fewer people getting injured. It is about more people living long and healthy lives."



Introduction

Purpose of the Report

Why take a Community Picture focusing on the health status of our friends and neighbours? Wellington-Dufferin-Guelph Public Health uses evidence-based practices to guide decision making and the allocation of resources. Therefore, Public Health worked with the Wellington Dufferin Guelph Healthy Communities Partnership to produce this *Community Picture* so communities can plan, deliver, and integrate local programs and policies based on real evidence that reflects local realities.

The goal of Public Health and of the Healthy Communities Partnership in Wellington Dufferin Guelph is to help foster and develop community-based policies that result in healthier lifestyles and a safer community.

This inaugural *Community Picture* will provide a snapshot of the current health status trends in Wellington, Dufferin, and Guelph. Using the best information and research methods available will ensure the right people are getting the right programs and services.

Public Health needs to be proactive if we are going to be ready for the growth to come in the communities we serve. We focus our research on items like Census data, growth in the senior population, rates of immigration, education status, and social economic circumstances to look at segments of the population and determine needs now and into the future.

The *Community Picture* is also framed by the priorities of the Healthy Communities Partnership which include a focus on six priority areas:

1. Physical activity, sport, and recreation
2. Injury prevention
3. Healthy eating
4. Tobacco use and exposure
5. Substance and alcohol misuse
6. Mental health

This Community Picture is a basis for bringing together networks, community leaders, and decision makers to identify and recommend actions that make a difference in the health of their communities.

By providing community leaders, health service providers, and the public with a snapshot of key health indicators and influences we can all work together to improve the health status of our friends and neighbours.

Structure of the Report

This report has been structured to facilitate:

- An understanding of each community;
- An understanding of the region as a whole;
- Easy comparison among the communities and with the province of Ontario.

The first section provides a general description of Wellington County, Dufferin County, and the City of Guelph including population counts.

The second section provides demographic information with a focus on the social determinants of health such as age-sex, family characteristics, income, education, employment, and housing. Statistical information is typically presented for the three communities and the province together, and illustrated in graphs or tables.

The final sections present information about each priority area followed by relevant statistics from a variety of sources.

Methodology

Statistical Analysis

The main sources of statistical information for this report were Statistics Canada Community Profiles (2006 Census) and the Canadian Community Health Survey (CCHS) 2003 to 2010. Graphs in this report were created from Statistics Canada tables and CCHS data, separating the data for the three communities when the data was available. Note that in the 2006 Census data, the City of Guelph was included in Wellington County data. For this report, where possible, Wellington County data was calculated by subtracting the City of Guelph counts. In the case of the CCHS data, further breakdown by gender and age was generally not possible, as the small number of respondents made data unreliable and CCHS guidelines require a minimum individual cell count in order to publish data.

Other statistics and background information were taken from various health status reports; neighbourhood and regional surveys, reports, and planning documents; Health Canada and other national or provincial health information websites; and the many websites representing local service organizations. Where appropriate, pre-existing graphs and tables from various sources are included and documented.

Interpreting Data and Charts

Some percentages reported in the text and in charts are based on relatively low numbers of cases or respondents to surveys, and may not reflect true percentages within the population as accurately as estimates based on larger numbers of cases or respondents (e.g., percentages for Ontario).

Data Sources

The main sources of statistical information used in this report are:

CCHS Data

The Canadian Community Health Survey (CCHS) collects information on an annual basis (as of 2007) on the health of Canadians aged 12 and older. CCHS data used in this report was from the 2007 and 2008 Ontario Share File. In 2007 and 2008, a total of 1,129 WDGPH residents were interviewed; 569 residents in 2007, and 560 in 2008. CCHS provides survey weights to data users indicating the number of persons that each respondent in the survey represents in the population as a whole.

There are some limitations associated with the CCHS data:

- All health-related information from the CCHS was based on self-report. Recall bias, under or over-reporting, and proxy errors may occur.
- The survey does not supply data on children under age 12.
- Separation of the data into the three communities meant that the sample sizes became quite small. As a result, further analysis by age and gender was generally precluded.

Statistics Canada

Statistics Canada produces statistics that help Canadians better understand their country: its population, resources, economy, society, health, and culture. Information in this report was obtained from the 2006 Census which is conducted every five years.

Methodology

Other Data Sources

- The Corporation of the County of Wellington, Social Services
- Ontario Non-Profit Housing Association
- Ontario Student Drug Use and Health Survey
- Guelph-Wellington Taskforce for Poverty Elimination
- Wellington-Dufferin-Guelph Public Health, Nutritious Food Basket Protocol
- Ministry of Health Promotion and Sport
- Wellington-Dufferin-Guelph Kindergarten Parent Survey
- Well-being of Children Ages Birth to Six: A Report Card for Wellington, Dufferin, Guelph
- Wellington-Dufferin-Guelph in motion
- Public Health Agency of Canada
- IntelliHealth Ontario
- Canadian Mental Health Association, Grand River Branch
- Human Resources and Skills Development Canada

On-going Data Collection and Other Reports in the Planning for Healthy Communities Series

The need for on-going data collection to address gaps in data was discussed during three Healthy Communities Priority Setting consultations held in 2010 by the WDG Healthy Communities Partnership. Dialogue with community partners revealed that the data available in this report represents only the “tip of the iceberg.” Data extracted from CCHS and Statistics Canada is relevant but does not provide an enriched and localized picture of all priority areas in WDG. There is much more locally relevant and unique information that warrants investigation to augment current content.

This report will be one in a series of reports prepared for the purpose of planning healthy communities in Wellington-Dufferin-Guelph (WDG). Other reports will focus on gathering more in-depth information about particular priority areas; capturing consultation data; community assets; and information about community collaborations and networks in our community. All of the reports in the planning healthy communities’ series can be found on the WDG Public Health website (www.wdgpublichealth.ca) as they become available.

For more information about this report please contact Jennifer MacLeod, Manager Health Analytics and Health Promotion at jennifer.macleod@wdgpublichealth.ca.

For more information about this report or the WDG Healthy Communities Partnership, please contact the healthy communities partnership coordinator Alicja Kennedy at alicja.kennedy@wdgpublichealth.ca.



Community Descriptions

1. Community Descriptions

Wellington County

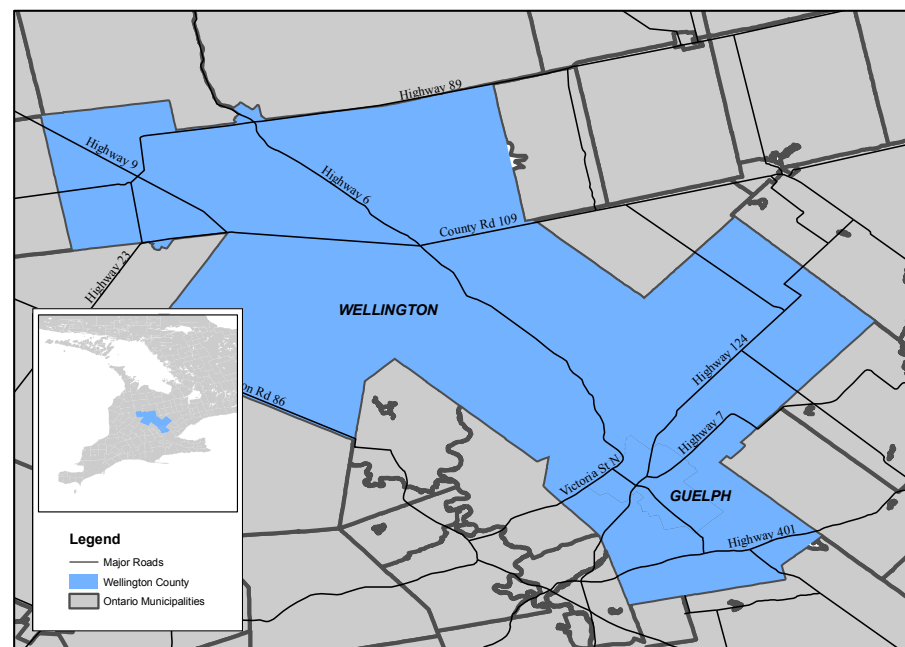
Wellington County comprises two towns and five townships (Table 1). It is about 2,600 square kilometres in size and is located in the middle of southwestern Ontario, west of the Greater Toronto Area and east of Kitchener-Waterloo. The County's administration centre is located in Guelph; although geographically within Wellington County, it is a separate municipality.¹ Wellington County consists mainly of rural areas and small towns² and has a strong manufacturing sector. Agriculture also plays a key role in the local economy, with a diverse farming community that includes 2,588 farms spanning 196,621 hectares of land.³

Table 1 Population Count for Wellington County, 2006

Towns	Population
Erin	11,148
Minto	8,504
Townships	Population
Centre Wellington	26,049
Guelph/Eramosa	12,066
Mapleton	9,851
Puslinch	6,689
Wellington North	11,175

Source: Statistics Canada 2006 Census, Community Profiles

Figure 1 Map of Wellington County



Source: Statistics Canada 2006 Census, Community Profiles, Maps

As of the 2006 Statistics Canada Census, the population of Wellington County was approximately 85,482, with 30% of its residents living in the Township of Centre Wellington.

1. Community Descriptions

Dufferin County

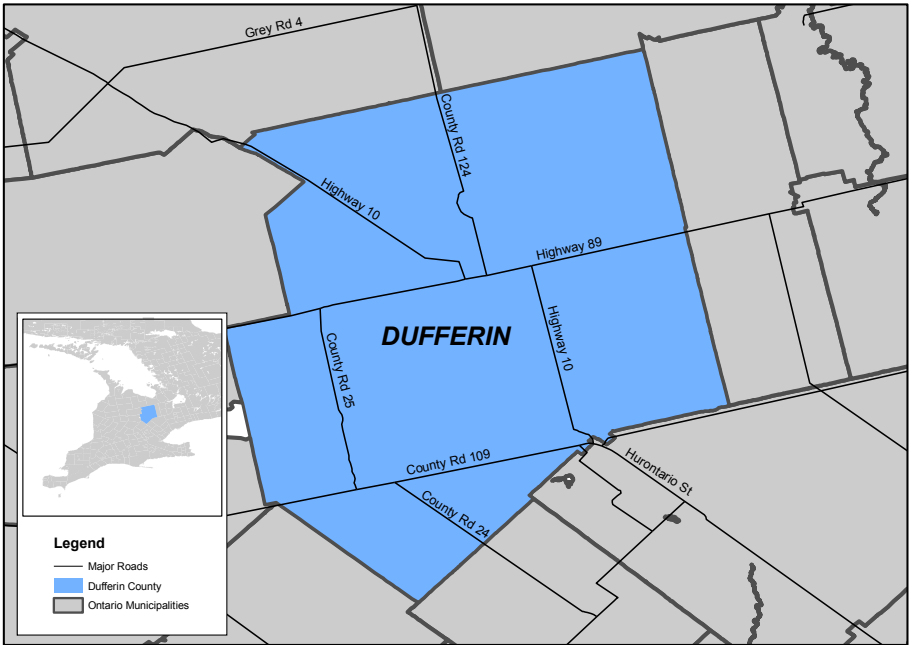
Dufferin County is located in southcentral Ontario, east of Wellington County. There are three towns and five rural townships (Table 2) and the County is about 1,442 square kilometres in size. As of the 2006 Statistics Canada Census, the population was 54,436 (Figure 2). Over half of the County’s population lives in the Town of Orangeville (Table 2)⁴ which is located about 75 kilometres northwest of Toronto.

Table 2 Population Count for Dufferin County, 2006

Towns	Population
Mono	7,071
Orangeville	26,925
Shelburne	5,149
Townships	Population
Amaranth	3,845
East Garafraxa	2,389
East Luther Grand Valley	2,844
Melancthon	2,895
Mulmur	3,318

Source: Statistics Canada 2006 Census, Community Profiles

Figure 2 Map of Dufferin County



Source: Statistics Canada 2006 Census, Community Profiles, Maps

Dufferin County’s diverse economy includes: agriculture, commercial retail, service sectors, and industries related to residential and commercial construction. Manufacturing and tourism are other important sectors.⁵

City of Guelph

The City of Guelph lies within Wellington County but is a separate municipality. It is comprised of various neighbourhoods:

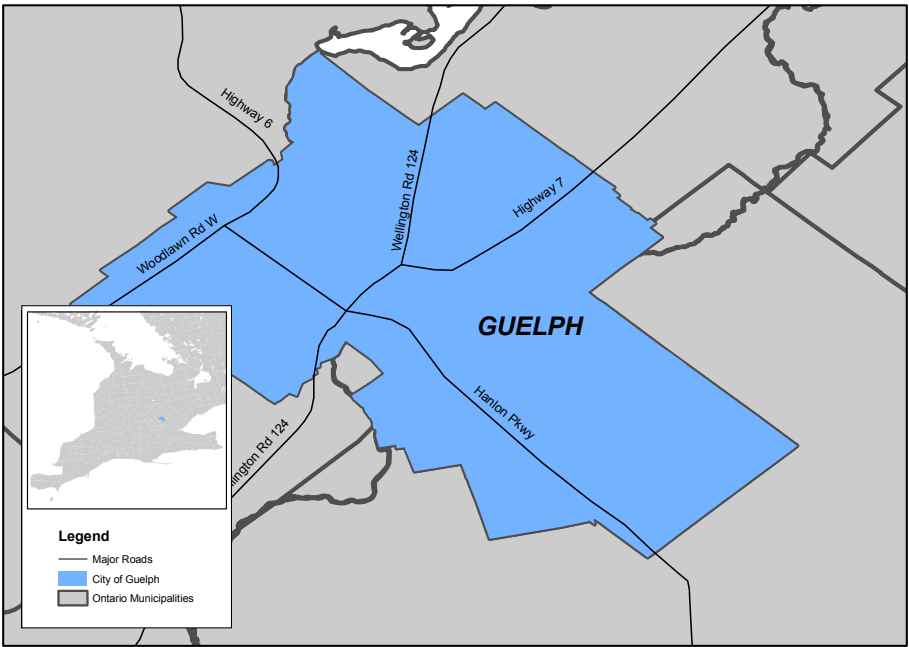
- Brant
 - Waverly
 - Downtown
 - Sunny Acres
 - Old University
 - Two Rivers
 - St. George’s Park
 - Onward Willow
 - West Willow Woods
 - Parkwood Gardens
- Exhibition Park
 - Grange Hill East
 - Kortright Hills
 - Hanlon Creek
 - Hales
 - Barton
 - Pine Ridge
 - Clairfields
 - Westminster Woods

Table 3 Population Count for the City of Guelph, 2006

City	Population
Guelph	114,943

Source: Statistics Canada 2006 Census, Community Profiles

Figure 3 Map of the City of Guelph



Source: Statistics Canada 2006 Census, Community Profiles, Maps

The City of Guelph is about 87 square kilometres in size. Guelph is located in southwestern Ontario, northwest of Toronto and in the southern part of Wellington County. As of the 2006 Statistics Canada Census, the population of Guelph was 114,943 (Figure 3).⁶

Known for its agri-business, biotechnology, and environmental activities, Guelph is geographically and economically situated in a strategic location for growth and development.⁷ Located in the City of Guelph, the University of Guelph main campus spans 1,017 acres.⁸ In 2011, approximately 19,500 students attended the university.⁹



Demographics

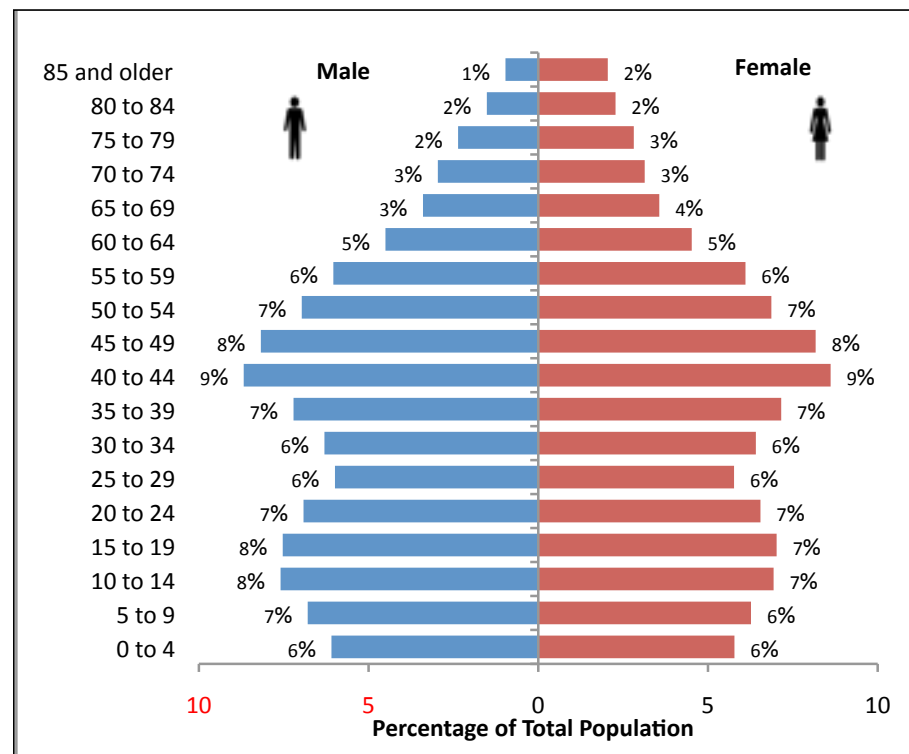
2. Demographics

Age-Sex Structure

Age and sex are key factors in planning health promotion programs and developing healthy public policy. In general, the risk of developing a chronic disease increases with age. The sex distribution can affect the health status of a population, because certain health conditions and risk factors are more common in one sex or the other.

In the 2006 Statistics Canada Census, the population of Wellington-Dufferin-Guelph was estimated to be 254,865, consisting of 125,705 males and 129,160 females. This represented a 17% increase (37,755 people) in the population over the 1996 population (217,105 people), and a 7% increase (16,530 people) from the population of the region in 2001 (238,330 people). These rates were similar to the provincial population growth over the same period. Figure 4 illustrates the age-sex structure of the population of WDG.

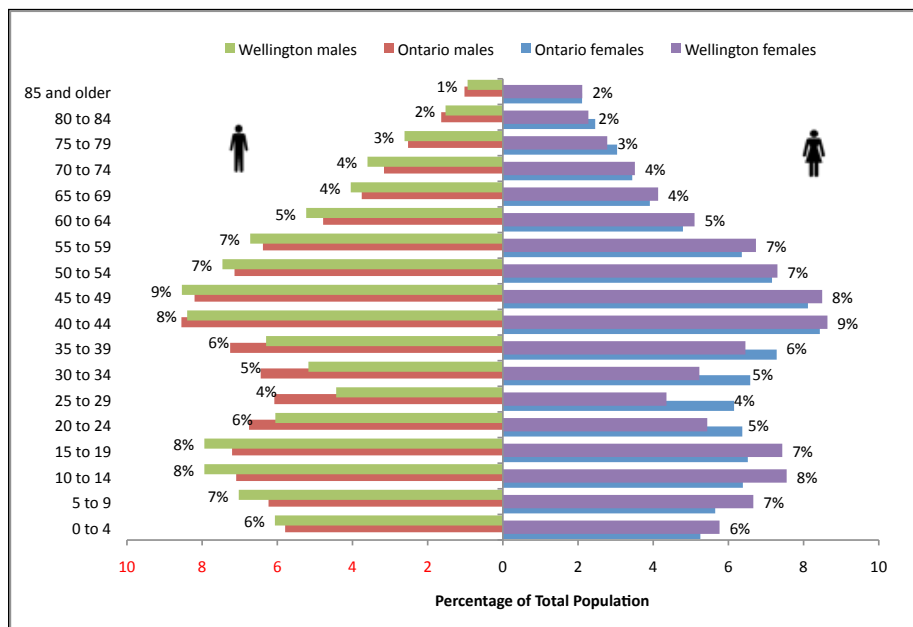
Figure 4 WDG Age-Sex Structure Population Pyramid, 2006



Source: Statistics Canada 2006 Census

2. Demographics

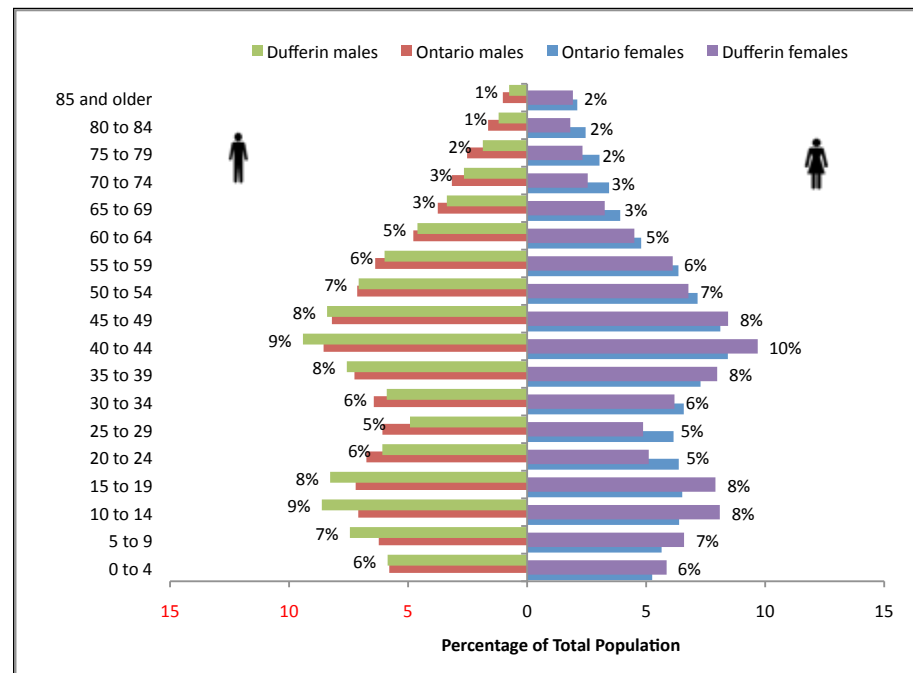
Figure 5 Wellington County Population Pyramid, 2006



Source: Statistics Canada 2006 Census

The age-sex population pyramids in Figures 5, 6, and 7 show the percentage of the total population in five year age groups for males and females compared to the entire province of Ontario. For example, the proportion of males aged 20 to 24 out of the total male population of Wellington County is 6%, slightly lower than it is in Ontario. The age-sex structure is largely similar in the three communities and Ontario. Several characteristics stand out: fewer children are now being born and the population is aging. Also, the baby boom that occurred in Canada after World War II is easy to identify; the upper bulge in the pyramids is the post-war generation and the lower bulge are their children, known as the “echo” generation.

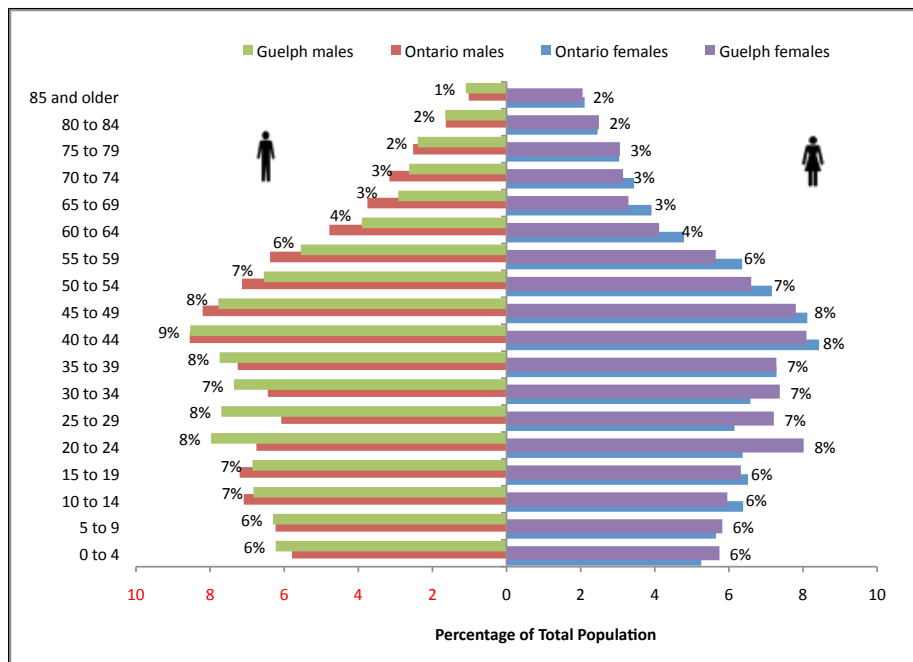
Figure 6 Dufferin County Population Pyramid, 2006



Source: Statistics Canada 2006 Census

The population pyramids also show slight differences among the three communities, the chief one being that Wellington and Dufferin’s younger adult population (aged 20 to 34) is lower than the province, while Guelph’s is slightly larger. The first of the baby boomers are entering their sixties in the three communities, as is the case across Ontario and Canada. Looking at the senior population, the proportion of people aged 65 and older is lower in Wellington, Dufferin, and Guelph than in the province. Since women often live longer than men, a larger proportion of seniors are women.

Figure 7 City of Guelph Population Pyramid, 2006

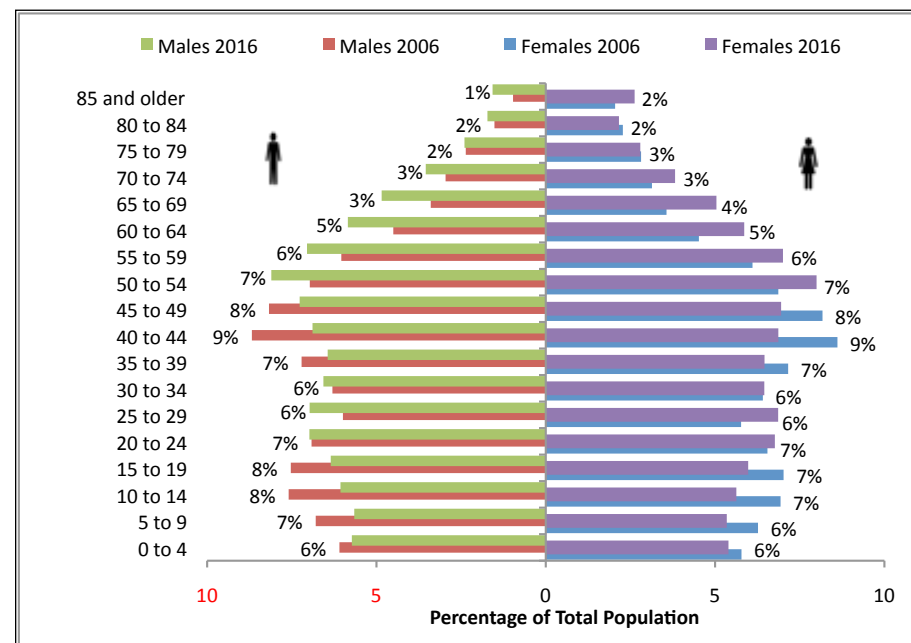


Source: Statistics Canada 2006 Census

Population Growth

The population of the Wellington-Dufferin-Guelph area is projected to grow to 277,746 people by 2011 (2012 Census data not yet available), and 295,453 by 2016. These projections are based on the Statistics Canada 2006 Census. At the time, the predicted age-sex distribution of the population looked like Figure 8. This population pyramid shows an increase in the proportion of the population aged 45 years and older, and a relative decrease in most of the younger age groups.

Figure 8 WDG Population Pyramid by Age-Sex, 2006 and 2016 Projection



Source: Statistics Canada 2006 Census

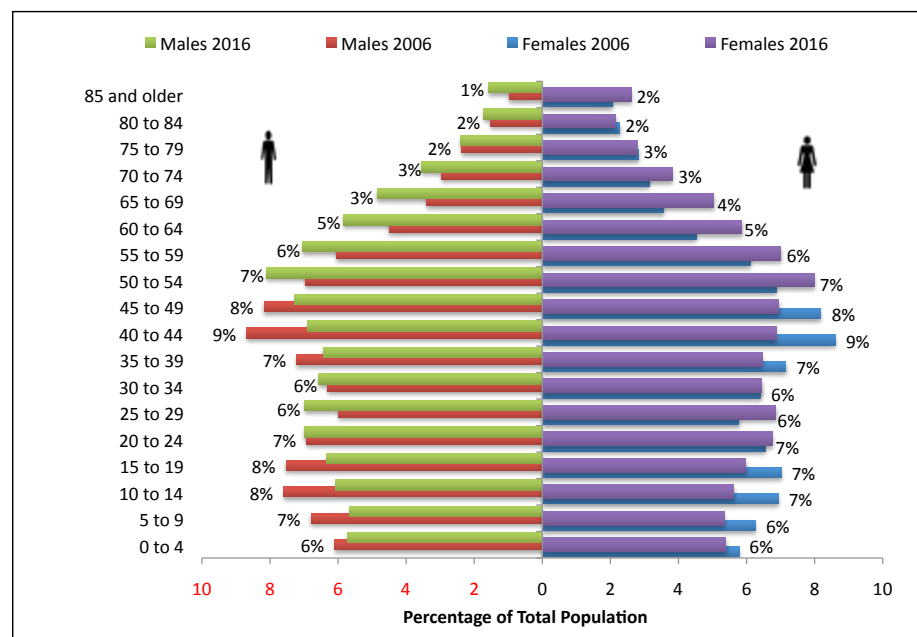
2. Demographics

Growth in Wellington County (Including Guelph)

The population of Wellington County is projected to grow from approximately 85,500 in 2006 to 122,000 in 2031.¹⁰ Growth is mainly due to internal migration from other parts of the province and country.¹¹

According to the City of Guelph's *2009 Recreation, Parks and Culture Master Plan and South End Centre Component Study*, Guelph's population rose to 119,073 in 2008 and is expected to grow to 175,000 by 2031.¹² The City of Guelph, which represents the largest urban area within WDG, grew by 8% from 106,170 in 2001 to 114,943 in 2006.

Figure 9 Wellington County (Including Guelph) Population Pyramid by Age-Sex, 2006 and 2016 Projection

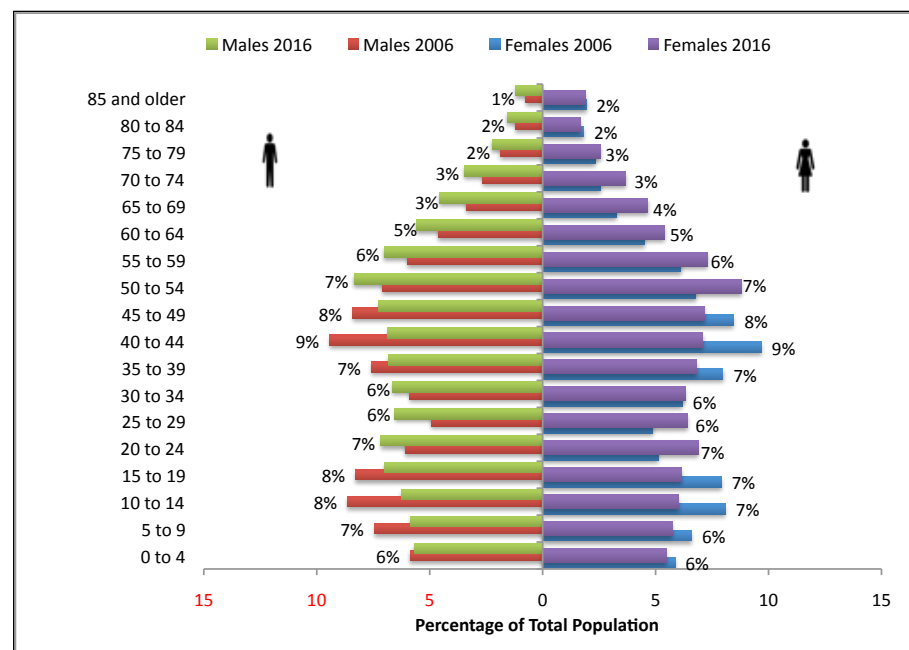


Source: Statistics Canada 2006 Census

Growth in Dufferin County

According to the Ontario government's *Places to Grow* regional growth plans, the number of residents for the whole of Dufferin County is to increase by 47% from 2006 to 80,000 residents by 2031.¹³

Figure 10 Dufferin County Population Pyramid by Age-Sex, 2006 and 2016 Projection



Source: Statistics Canada 2006 Census

Family Characteristics

Marital Status

Some family characteristics may be related to the health of individuals or groups within a population. Single parents of young children and seniors living alone may find it more difficult to engage in activities beneficial to health. They may also find access to healthcare more difficult.

The proportion of married individuals aged 15 and older in the three communities (Figure 11) is close to the provincial average (52%). Wellington County has the highest proportion (59%) of married people compared to Dufferin (55%) and Guelph (50%). The proportion of separated or divorced people is similar across all three communities and close to the provincial average (10%). The number of widowed people in each community is close to the provincial average (6%).

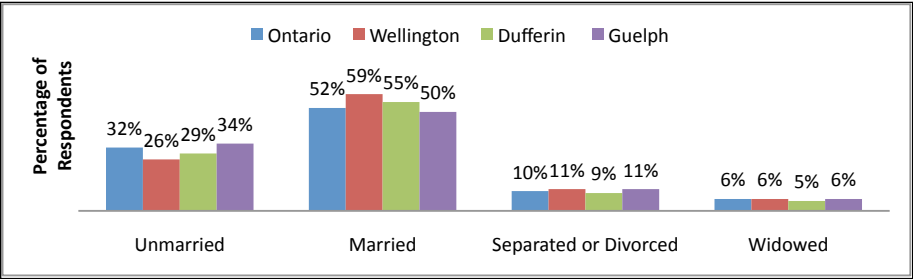
“Support from families, friends, and communities is a big contributor to better health. Over the years, several studies have demonstrated that social support networks are positively associated with maintaining good health and a longer life expectancy.” (Public Health Agency of Canada, 2008)

Table 4 Marital Status of People Aged 15 and Older in Wellington-Dufferin-Guelph, 2006

Census Variable	WDG	Wellington County	Dufferin County	City of Guelph	Ontario
Total population aged 15 and older	204,595	67,945	42,875	93,775	9,949,485
Percentage of population aged 15 and older separated, divorced, widowed	16%	14%	16%	17%	17%
Percentage of population aged 15 and older married	54%	59%	55%	50%	52%
Percentage of population aged 15 and older common law	8%	7%	9%	9%	7%

Source: Statistics Canada 2006 Census

Figure 11 Marital Status of People Aged 15 and Older in WDG, 2006



Source: Statistics Canada 2006 Census, Community Profiles

2. Demographics

Families and Children

At the time of the 2006 Statistics Canada Census, 37% of families in Wellington-Dufferin-Guelph did not have children at home, whereas 63% of families did have children at home. Of all families in WDG, 44% of families with children at home were headed by married couples; 5% of families with children at home were headed by common-law couples; 10% by female lone parent and 3% by male lone parent (Table 5). The average number of children at home was 1.2 in Dufferin County, Guelph, and Ontario and 1.1 in Wellington County.

Table 5 Families and Children, 2006

Census Variable	WDG	Wellington County	Dufferin County	City of Guelph	Ontario
Total number of families in private households	72,320	24,465	15,665	32,180	3,422,320
Percent of families without children at home	37%	40%	34%	37%	36%
Percent of families (couples or lone parent) with children at home	63%	60%	66%	60%	61%
Percent of all families comprising married couples with children at home	44%	46%	46%	42%	44%
Percent of all families comprising common-law couples with children at home	5%	4%	6%	5%	4%
Percent of all families that are female lone parent families with children at home	10%	6%	10%	12%	13%
Percent of all families that are male lone parent families with children at home	3%	2%	4%	3%	3%

Source: Statistics Canada 2006 Census

Senior Citizens

Among seniors (aged 65 and older) in Wellington-Dufferin-Guelph, 24% were living alone at the time of the 2006 Statistics Canada Census. This was similar to the percentage of seniors in Ontario living alone (26%).

Table 6 Seniors Living Alone in WDG, 2006

Census Variable	WDG	Wellington County	Dufferin County	City of Guelph	Ontario
Total number of persons aged 65 years and older	29,370	10,830	5,275	13,270	1,536,475
Number of persons aged 65 and older living alone	7,005	2,330	1,185	3,490	395,220
Percentage of persons aged 65 and older living alone	24%	22%	23%	26%	26%

Source: Statistics Canada 2006 Census

Unpaid Caregivers

People who provide unpaid care to children and seniors have less time and resources to spend on healthy behaviours such as healthy eating and exercise.¹⁴ The unpaid caregiver indicator reveals valuable information about gender equity, economic divisions, volunteer work, and social policy.

Unpaid Child Caregivers

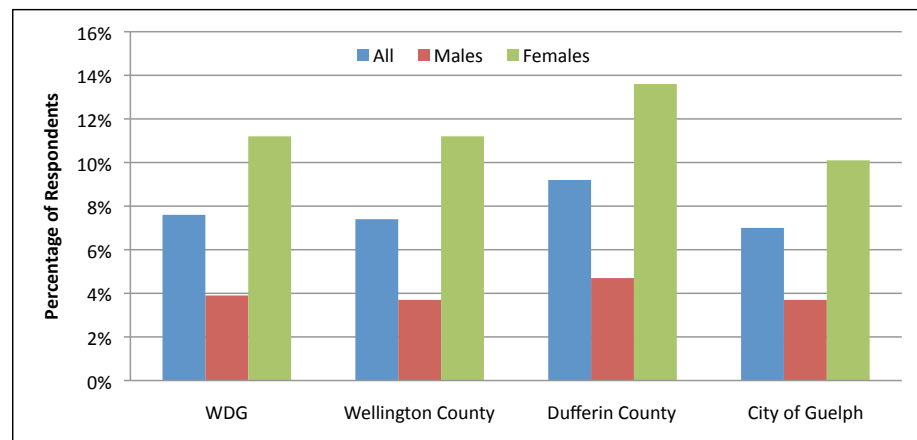
In Wellington-Dufferin-Guelph nearly 40% of people aged 15 and older reported that they were providing unpaid care to children. In this group of caregivers, 8% were providing over 60 hours of unpaid childcare per week. In all three regions of WDG, more females than males were in this category (Figure 12).

Table 7 Percentage of Males and Females Aged 15 and Older Providing Any Unpaid Childcare per Week, 2006

Census Variable	WDG	Wellington County	Dufferin County	City of Guelph	Ontario
Total population aged 15 and older	204,595	67,945	42,875	93,775	9,949,485
Percentage providing unpaid childcare	40%	40%	42%	39%	38%
Total females aged 15 and older	104,645	34,285	21,690	48,665	5,152,630
Percentage of females providing unpaid childcare	43%	44%	45%	41%	41%
Total males aged 15 and older	99,955	33,660	21,180	45,110	4,796,850
Percentage of males providing unpaid childcare	37%	37%	39%	36%	34%

Source: Statistic Canada 2006 Census

Figure 12 Percentage of Males and Females Aged 15 and Older Providing Over 60 Hours of Unpaid Childcare per Week



Source: Statistics Canada 2006 Census

Unpaid Senior Caregivers

A lower percentage (approximately 18%) of the WDG population was involved in providing unpaid care for seniors. As is the case with the caregivers of children, the percentage of females providing unpaid care to seniors was generally higher than the percentage of males. Figure 13 shows the percentage of males and females providing over 20 hours of unpaid care for seniors per week.

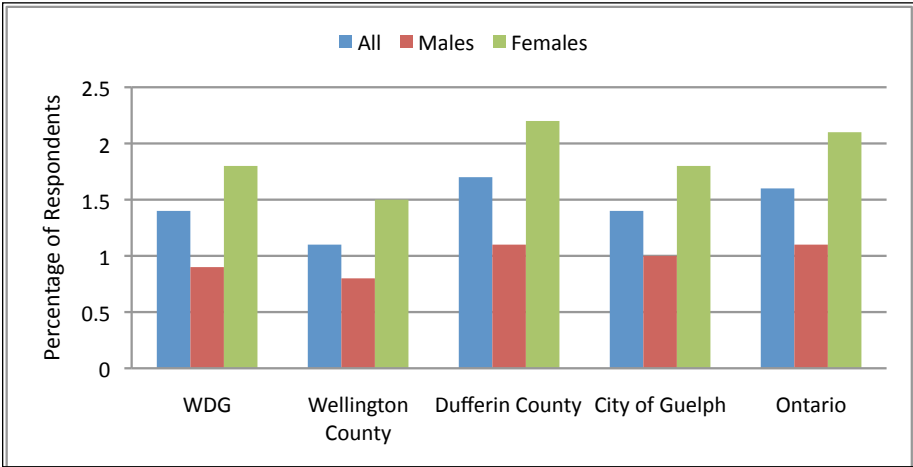
Table 8 Percentage of Males and Females Aged 15 and Older Providing Any Unpaid Care for Seniors per Week, 2006

Census Variable	WDG	Wellington County	Dufferin County	City of Guelph	Ontario
Total population aged 15 and older	204,595	67,945	42,875	93,775	9,949,485
Percentage providing unpaid care or assistance to seniors	18%	19%	17%	18%	19%
Total females aged 15 and older	104,645	34,285	21,690	48,665	5,152,630
Percentage of females providing unpaid care or assistance to seniors	21%	23%	21%	20%	21%
Total males aged 15 and older	99,955	33,660	21,180	45,110	4,796,850
Percentage of males providing unpaid care or assistance to seniors	15%	16%	14%	15%	16%

Source: Statistics Canada 2006 Census

2. Demographics

Figure 13 Percentage of Males and Females Aged 15 and Older Providing Over 20 Hours Unpaid Care for Seniors per Week, 2006



Source: Statistics Canada 2006 Census

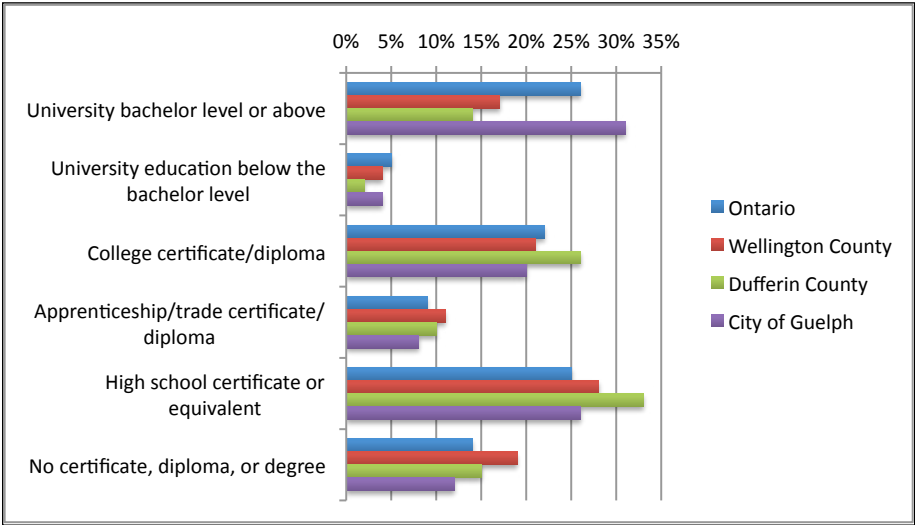
Education

Level of education is a strong predictor of health. Higher education levels tend to provide more employment opportunities and higher incomes. Education not only affects an individual’s circumstances, it has a generational impact on the whole family. The recent report *Social Determinants of Health: The Canadian Facts* highlights the influence of the parents’ education on children noting that “children of parents without post-secondary education perform notably worse than children of more educated parents.”¹⁵

In Ontario overall, 14% of the population aged 25 to 64 indicated that they did not hold a certificate, diploma, or degree (high school or otherwise). About one in five Wellington residents aged 25 to 64 does not have a high school education (19%), compared to Dufferin (15%), and Guelph (12%). Wellington County has

the highest percentage of residents who have completed apprenticeship/trade certificates or diplomas (11%), compared to 10% in Dufferin, 8% in Guelph, and 9% in the province.

Figure 14 Highest Level of Education Among People Aged 25 to 64, 2006



Source: Statistics Canada 2006 Census, Community Profiles

“Canadians who did not complete high school are almost twice as likely to report fair or poor health, and are 1.5 times more likely to be obese than post-secondary graduates.” (Public Health Agency of Canada, 2008)

Table 9 Highest Education by Municipality and Neighbourhood, 2006

County or Municipality	University Degree	College or CEGEP	Apprenticeship or Trade	High School Certificate	No High School or Post Secondary
WELLINGTON	21%	21%	11%	28%	19%
Centre Wellington	22%	24%	11%	28%	15%
Erin	24%	24%	9%	30%	13%
Guelph/Eramosa	30%	22%	10%	27%	11%
Mapleton	12%	16%	12%	22%	38%
Minto	14%	18%	13%	31%	24%
Puslinch	30%	21%	10%	25%	14%
Wellington North	10%	18%	15%	31%	26%
DUFFERIN	16%	10%	26%	33%	15%
Amaranth	14%	15%	25%	36%	10%
East Garafraxa	19%	18%	21%	31%	11%
East Luther Grand Valley	8%	15%	22%	37%	18%
Melancthon	10%	12%	25%	29%	24%
Mono	27%	9%	26%	28%	10%
Mulmur	25%	11%	25%	26%	13%
Orangeville	16%	8%	28%	34%	14%
Shelburne	10%	12%	22%	33%	23%
GUELPH	34%	20%	8%	26%	12%
Onward Willow	19%	16%	8%	33%	23%
Grange Hill East	21%	28%	10%	29%	12%
Brant/Waverley	23%	20%	10%	30%	17%
Parkwood Gardens	26%	21%	7%	31%	14%
West Willow Woods	28%	22%	10%	29%	11%
Two Rivers/St. George's Park	30%	18%	9%	25%	18%
Exhibition Park	40%	17%	7%	26%	10%

Source: Statistics Canada 2006 Census

The percentage of residents aged 25 to 64 with a university degree is highest in Guelph (31%) and is above the provincial average (26%). The numbers are lower in Wellington (17%) and Dufferin (14%). However, Dufferin has the highest number of college graduates (26%), Wellington (21%) is closest to the provincial average (22%), and Guelph has the least (2%).

Employment and Unemployment

Unemployment influences the health of individuals and families in many ways. The *Social Determinants of Health: The Canadian Facts* report highlights three ways unemployment influences one's health:

- Unemployment often leads to poverty and the inability to purchase material goods by reducing income and removing benefits that were previously provided by one's employer.
- Losing a job is a stressful event that lowers one's self-esteem, disrupts daily routines, and increases anxiety.
- Unemployment increases the likelihood of turning to unhealthy coping behaviours such as tobacco use and problem drinking.¹⁶

In Ontario, at the time of the 2006 Census, the unemployment rate was 6%. At this time, Wellington-Dufferin-Guelph had a lower unemployment rate of 5%. The unemployment rates in WDG were also lower in 15 to 24 year olds (11%), and in people aged 25 and older (3%). The corresponding provincial rates were 15% and 5% respectively (Table 10).

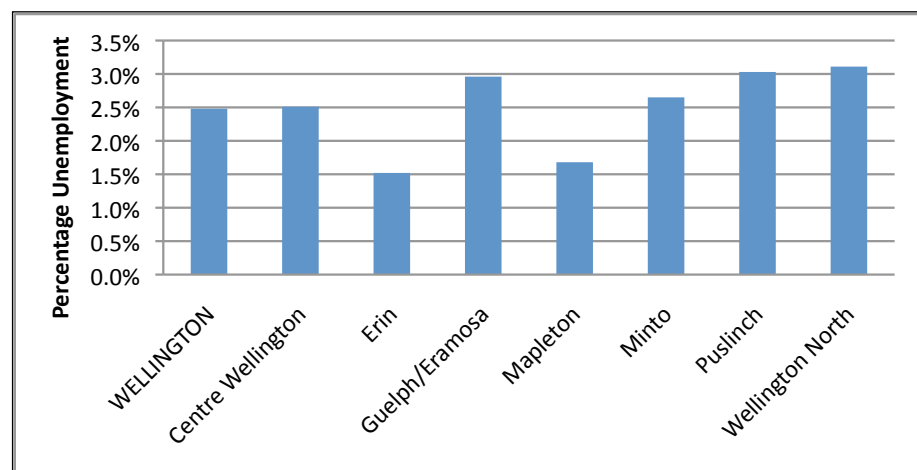
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Table 10 Employment and Income in WDG, 2006

Census Variable	WDG	Wellington County	Dufferin County	City of Guelph	Ontario
Total population aged 15 and older in the labour force	145,615	48,080	31,140	66,380	6,587,580
Number aged 15 and older unemployed	6,580	1,670	1,405	3,505	423,330
Percent aged 15 and older unemployed	5%	4%	5%	5%	6%
Total population aged 15 to 24 in the labour force	25,815	8,430	5,115	12,275	1,059,355
Number aged 15 to 24 unemployed	2,750	685	640	1,425	153,935
Percent aged 15 to 24 unemployed	11%	8%	13%	12%	15%
Total population aged 25 and older in the labour force	119,800	39,660	26,030	54,105	5,528,220
Number aged 15 and older unemployed	3,830	990	760	2,080	269,395
Percent aged 15 to 24 unemployed	3%	3%	3%	4%	5%

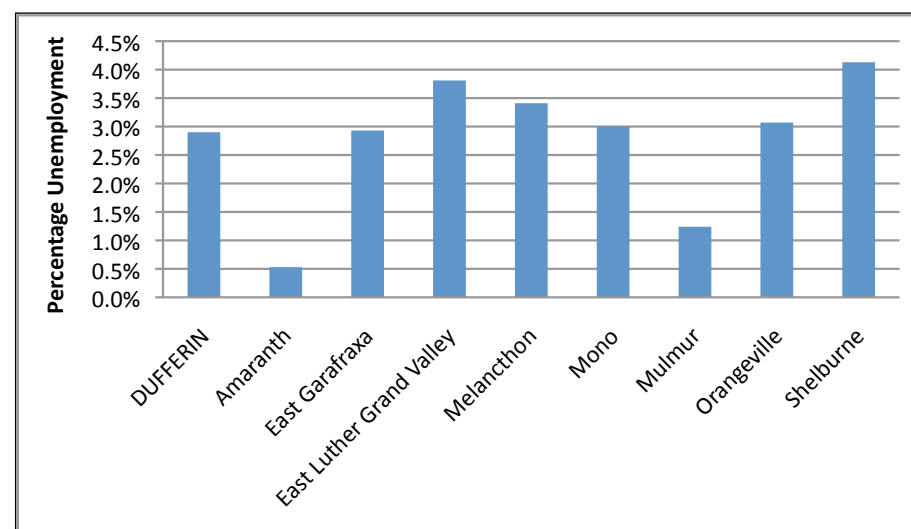
Source: Statistics Canada 2006 Census, Community Profiles, 20% Sample

Figure 15 Unemployment in Wellington County Municipalities, 2006



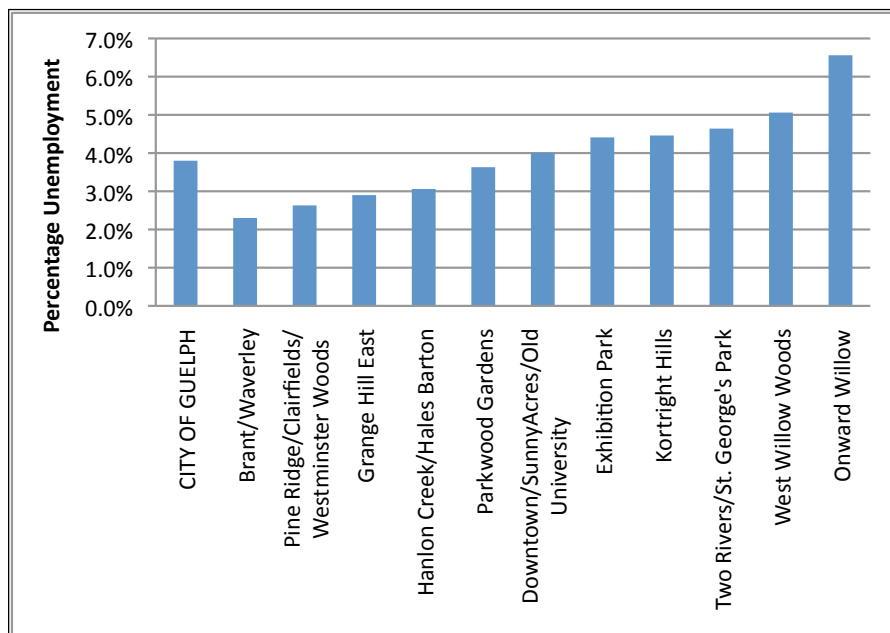
Source: Statistics Canada 2006 Census

Figure 16 Unemployment in Dufferin County Municipalities, 2006



Source: Statistics Canada 2006 Census

Figure 17 Unemployment in Guelph Neighbourhoods, 2006



Source: Statistics Canada 2006 Census

Table 11 Unemployment in Males and Females Aged 25 and Older, 2006

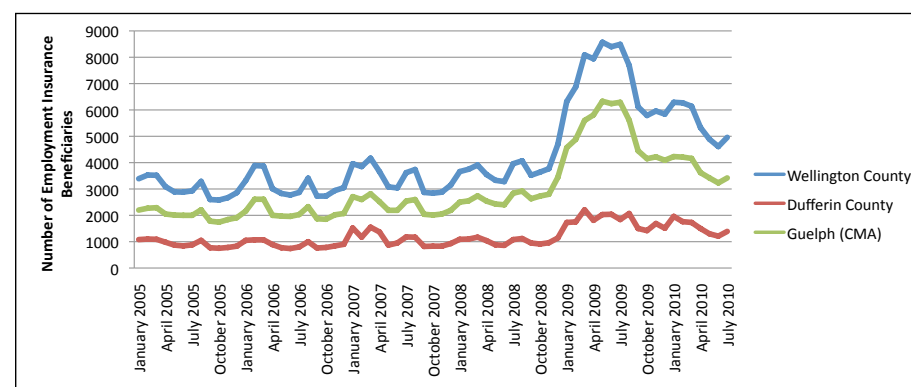
Geographic Area	Males Aged 25 and Older	Females Aged 25 and Older
WDG	3%	4%
Wellington County	2%	3%
Dufferin County	2%	4%
City of Guelph	3%	4%
Ontario	4%	5%

Source: Statistics Canada 2006 Census

In most areas within WDG, the unemployment rate among females was slightly higher than males. Among males aged 25 and older, 3% were unemployed, while 4% of females in the same age group were unemployed. In the City of Guelph, 4% of males and 5% of females aged 25 and older were unemployed (Table 11).

The impact of the 2008 to 2009 recession in Wellington-Dufferin-Guelph is evident in the increase of Employment Insurance (EI) beneficiaries from 2008 to 2009. Beneficiaries refer to those who have received benefits. The statistics were available for the Guelph Census Metropolitan Area (CMA) which includes the City of Guelph and Guelph/Eramosa for Wellington County as a whole, and for Dufferin County (Figure 18). In Wellington County, there was a 91% increase in total beneficiaries from 45,130 in 2008 to 86,080 in 2009. The Guelph CMA also experienced a 91% increase from 32,520 in 2008 to 62,240 in 2009. In Dufferin County, there was a 76% increase from 12,300 to 21,600. From July 2009 to October 2009, the number of beneficiaries decreased considerably in Wellington County and the Guelph CMA, but the number was still higher than in 2008.

Figure 18 Employment Insurance Beneficiaries All Ages in WDG, January 2005 to July 2010



Source: Statistics Canada 2006 Census

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Industry

Manufacturing is the largest industry sector in all three regions of Wellington-Dufferin-Guelph, significantly exceeding the provincial average of 13.9 % (Table 12). WDG averages in 2006 were Wellington 19.7%, Dufferin 18.2%, and Guelph 24.3%. Business services and retail trade are the second and third most important employment sectors in WDG. The proportions of the employment industries are similar in the two counties and Guelph, with the exception of a higher proportion of individuals in educational services in Guelph (11.3%), and agriculture in Wellington (9.1%).

Table 12 Employment Industry of People Aged 15 and Older in WDG, 2006

	Ontario	Rank	Wellington County	Rank	Dufferin County	Rank	City of Guelph	Rank
Business services	19.7%	1	15.9%	2	17.6%	2	15.4%	2
Manufacturing	13.9%	2	19.7%	1	18.2%	1	24.3%	1
Retail trade	11.1%	3	8.8%	4	11.3%	3	9.6%	4
Healthcare and social services	9.4%	4	8.4%	5	8.1%	4	8.6%	5
Finance and real estate	6.8%	5	4.3%	9	4.0%	8	4.8%	6
Educational services	6.7%	6	5.9%	7	5.8%	7	11.3%	3
Construction	5.9%	7	7.8%	6	7.8%	5	4.2%	8
Wholesale trade	4.7%	8	5.3%	8	6.0%	6	4.4%	7
Agriculture and resource-based	2.9%	9	9.1%	3	4.0%	8	1.4%	9
Other services	18.7%	-	14.9%	-	17.2%	-	16.0%	-

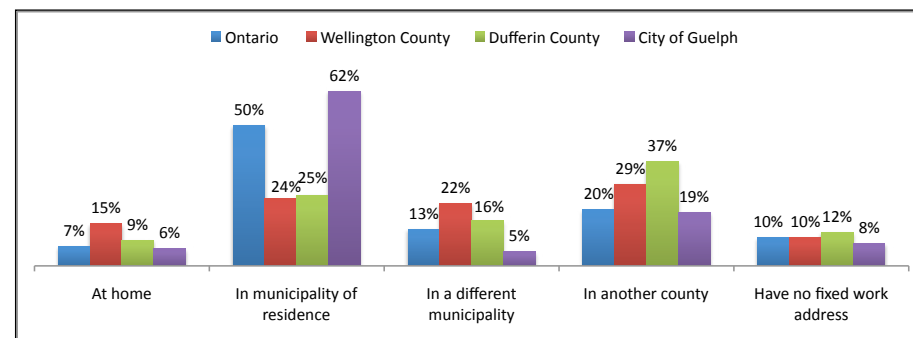
Source: Statistics Canada 2006 Census

Place of Work and Commuting Patterns

Long commutes in a car and increased traffic on the road can influence health. As a result of urban sprawl, many families are moving to the suburbs leading to increased time spent commuting to work. Increased commuting time is associated with stress-related health effects,¹⁷ increased likelihood for obesity,¹⁸ and physical ailments such as back pain. In addition, it can be inferred that spending more time on the road decreases the time available for engaging in healthy activities such as exercise or cooking healthy food.

According to the 2006 Statistics Canada Census, almost 40% of the working population aged 15 and older in Wellington-Dufferin-Guelph was employed in a different municipality from which they lived (Figure 19).

Figure 19 Place of Work of People in Labour Force Aged 15 and Older in WDG, 2006



Source: Statistics Canada 2006 Census, Community Profiles

Note: People who worked out of the province or country were not included in the graph.

Figure 19 shows place of work for residents in the three communities. Dufferin had a higher proportion of residents commuting outside the County (37%) than Wellington (29%), Guelph (19%), or the province (20%). Guelph had the highest proportion of people working within its municipality (62%). The opposite case applied to Wellington and Dufferin, where residents were more

likely to work in a different municipality than where they lived, with only 24% and 25% respectively working in the municipality where they lived. Compared to the province (7%), a high number of Wellington residents work at home (15%).

In all three communities, most commuting was by car (Table 13). In 2006, only 7% of WDG residents travelled to work by bicycle or on foot. Walking or bicycling to work was most common in Guelph (8%), but not substantially higher than outside the city where the rates were 6% for Wellington, and 5% for Dufferin. As expected, Guelph residents use public transit the most (6%), but this is lower than the provincial average (12%).

Table 13 Mode of Transportation to Work in WDG, 2006

Census Variable	WDG	Wellington County	Dufferin County	City of Guelph	Ontario
Total employed population aged 15 and older	139,020	46,420	29,725	62,875	6,164,245
Percentage working in different Census subdivision (municipality)	40%	51%	53%	24%	33%
Percentage commuting to work by car, truck, or van (as driver)	72%	71%	76%	70%	66%
Percentage commuting to work by car, truck, or van (as passenger)	8%	6%	8%	8%	8%
Percentage commuting to work by public transit	3%	1%	1%	6%	12%
Percentage commuting to work by bicycle or on foot (walking)	7%	6%	5%	8%	6%
Percentage commuting to work by other means of transport	1%	1%	1%	1%	1%

Source: Statistics Canada 2006 Census, Community Profiles

Income

The median 2005 family income after tax in Wellington-Dufferin-Guelph (WDG) was \$64,062, higher than the provincial median of \$59,337. According to the 2006 Statistics Canada Census with stated incomes for 2005, the median incomes of all economic families across Wellington County varied from Minto (lowest income of \$62,919) to Puslinch (highest income of \$97,432). Females in lone parent families usually earn less than males in lone parent families; the gap being largest in Centre Wellington with a median income of \$42,334 versus \$84,619. City of Guelph incomes are also included in Table 14.

Table 14 Median Income by Economic Family Type in Wellington County/ Guelph, 2006

Geographic Area	All Economic Families	Male Lone Parent	Female Lone Parent
Ontario	\$72,734	\$56,520	\$39,463
Puslinch	\$97,432	\$59,137	\$46,181
Erin	\$95,558	\$57,607	\$46,673
Guelph/Eramosa	\$92,180	\$58,763	\$53,106
Centre Wellington	\$79,315	\$84,619	\$42,334
City of Guelph	\$78,094	\$61,168	\$42,537
Mapleton	\$69,811	\$56,374	\$52,853
Wellington North	\$65,350	\$64,402	\$35,133
Minto	\$62,919	\$52,591	\$35,700

Source: Statistics Canada 2006 Census

“Income is perhaps the most important social determinant of health. Level of income shapes overall living conditions, affects psychological functioning, and influences health-related behaviours such as quality of diet, extent of physical activity, tobacco use, and excessive alcohol use.”
(Mikkonen and Raphael, 2010)

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The median incomes for all economic families in Dufferin County (Table 15) vary from the lowest in Shelburne (\$71,894) to the highest in Mono (\$93,458). Females in lone parent families usually earn less than males, the gap being largest in East Luther Grand Valley (\$25,448 versus \$54,217).

Table 15 Median Income by Economic Family Type in Dufferin County, 2006

Geographic Area	All Economic Families	Male Lone Parent	Female Lone Parent
Ontario	\$72,734	\$56,520	\$39,463
Mono	\$93,458	\$52,554	\$52,830
East Garafraxa	\$84,502	-	\$39,374
Amaranth	\$79,980	-	\$76,910
Mulmur	\$78,457	\$67,314	\$52,265
Orangeville	\$78,310	\$59,375	\$39,242
Melancthon	\$73,567	-	\$32,761
East Luther Grand Valley	\$72,766	\$54,217	\$25,448
Shelburne	\$71,894	\$72,598	\$43,003

Source: Statistics Canada 2006 Census

Note: Statistics have been suppressed if the estimated total number of people (males, females, or both sexes) with income, after-tax income, or earnings in the reference year is less than 250. All suppressed counts and associated averages and medians have been replaced with zeros or symbols.

Low Income

Statistics Canada defines *low income* as the level at which families or those who live alone spend 20% or more of their before tax income on food, shelter, and clothing.¹⁹

In 2005, the percentage of people in the low income bracket in Wellington-Dufferin-Guelph was 6.1% compared with the provincial rate of 11.1%. There was a corresponding lower percentage of people under 18 in the low income bracket in WDG (6.7%) than in Ontario (13.7%).

Table 16 Income in Wellington-Dufferin-Guelph, 2006

Census Variable	WDG	Wellington County	Dufferin County	City of Guelph	Ontario
Percentage of total population receiving income from government transfer	8.5%	N/A	8.4%	N/A	9.8%
Percent low income in 2005: all ages	6.1%	N/A	4.7%	N/A	11.1%
Percent low income in 2005: people under 18	6.7%	N/A	5.4%	N/A	13.7%
Median family income after tax: all Census families	\$64,062	N/A	\$63,252	\$63,495	\$59,337

Source: Statistics Canada 2006 Census, Community Profiles

Low Income in Wellington County (Including Guelph)

In Wellington County and the City of Guelph, the low-income rates for all economic families (Table 17) are lower than Ontario (11.7%), with the fewest low-income families living in Puslinch (2.3%) and Erin (2.8%).

“Low income predisposes people to material and social deprivation. The greater the deprivation, the less likely individuals and families are able to afford the basic prerequisites of health such as food, clothing, and housing. Deprivation also contributes to social exclusion by making it harder to participate in cultural, educational, and recreational activities.” (Mikkonen and Raphael, 2010)

**Table 17 Low Income by Economic Family Type in Wellington County/
Guelph, 2006**

Geographic Area	All Families	Male Lone Parent	Female Lone Parent
Ontario	11.7%	16.4%	31.6%
Puslinch	2.3%	0%	0%
Erin	2.8%	0%	12.5%
Guelph/Eramosa	3.6%	9.5%	14%
Centre Wellington	3.5%	0%	18.3%
City of Guelph	7.5%	12.7%	26.6%
Mapleton	6.1%	0%	0%
Wellington North	7.8%	12.5%	33.3%
Minto	6.4%	0%	15.2%

Source: Statistics Canada 2006 Census

Low income is most prevalent in Wellington North for all economic families (7.8%). Female lone parent families in Wellington North have the highest rates of low-income (33.3%) of all family types and also higher rates than female lone parent families in the province (31.6%).

Although low-income rates for many families in Wellington County are less than provincial numbers, income status is still an important consideration when setting priorities for community programs and policy.

**Table 18 Low Income Prevalence Among People in Wellington County/Guelph,
2006**

Geographic Area	All People	Children Under 6	People 65 and Older
Ontario	14.7%	19.3%	12.0%
Puslinch	3.3%	0%	0%
Erin	3.6%	0%	4.5%
Guelph/Eramosa	5.1%	7.4%	4.3%
Centre Wellington	5.0%	4.8%	3.9%
City of Guelph	10.8%	12.6%	7.8%
Mapleton	7.3%	8.4%	5.5%
Wellington North	10.1%	11.1%	8.0%
Minto	8.0%	9.6%	6.3%

Source: Statistics Canada 2006 Census

Low-income rates for individuals across Wellington and Guelph (Table 18) are lower than the province (14.7%). Guelph has the highest rate of low-income for all ages (10.8%) and children under six years (12.6%). For seniors, the highest rates of low income are in Wellington North (8%) and Guelph (7.8%). Both are lower than the provincial rate (12%).

Low Income in Dufferin County

Within Dufferin County, the prevalence of low income (Table 19) is highest for all economic families in East Garafraxa (6.7%) and Shelburne (6.1%). However, in both areas as well as across the County, rates are lower than the province (11.7%).

Among individuals in Dufferin County (Table 20), Shelburne has the highest low-income rate (8.5%) followed by Orangeville (7.2%). Orangeville has the highest proportion of children under six living in households with low income

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(11.8%) followed by East Luther Grand Valley (8.9%). For seniors, the highest rates (above the provincial rate of 12%) are in East Garafraxa (17%) and East Luther Grand Valley (16.1%).

Table 19 Low-Income Prevalence by Economic Family Type in Dufferin County, 2006

Geographic Area	All Economic Families	Male Lone Parent	Female Lone Parent
Ontario	11.7%	16.4%	31.6%
Mono	5.1%	0%	13.0%
East Garafraxa	6.7%	0%	0%
Amaranth	5.5%	0%	0%
Mulmur	4.1%	0%	0%
Orangeville	5.8%	11.7%	17.6%
Melancthon	4.1%	0%	0%
East Luther Grand Valley	5.0%	0%	14.3%
Shelburne	6.1%	0%	25.0%

Source: Statistics Canada 2006 Census

Table 20 Low-Income Prevalence among People in Dufferin County, 2006

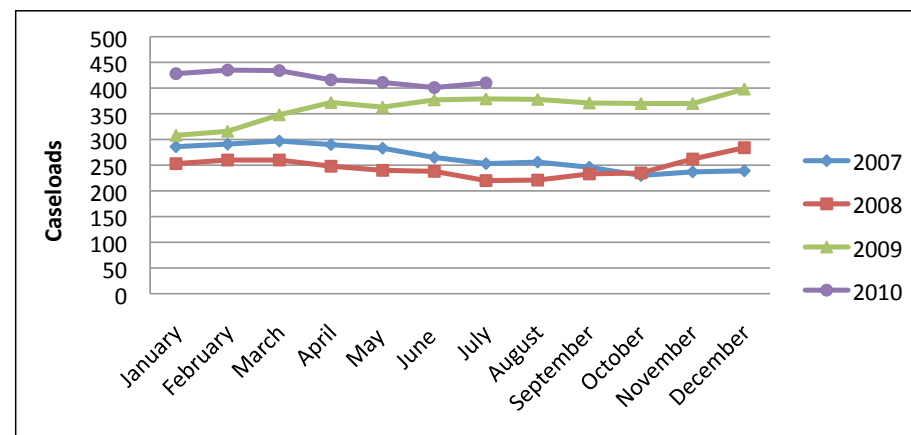
Geographic Area	All People	Children Under 6	People Aged 65 and Older
Ontario	14.7%	19.3%	12.0%
Mono	5.6%	7.6%	0%
East Garafraxa	5.7%	0%	17.0%
Amaranth	5.1%	0%	0%
Mulmur	4.6%	0%	4.2%
Orangeville	7.2%	11.8%	5.8%
Melancthon	5.7%	0%	0%
East Luther Grand Valley	5.9%	8.9%	16.1%
Shelburne	8.5%	14.0%	9.9%

Source: Statistics Canada 2006 Census

Social Assistance

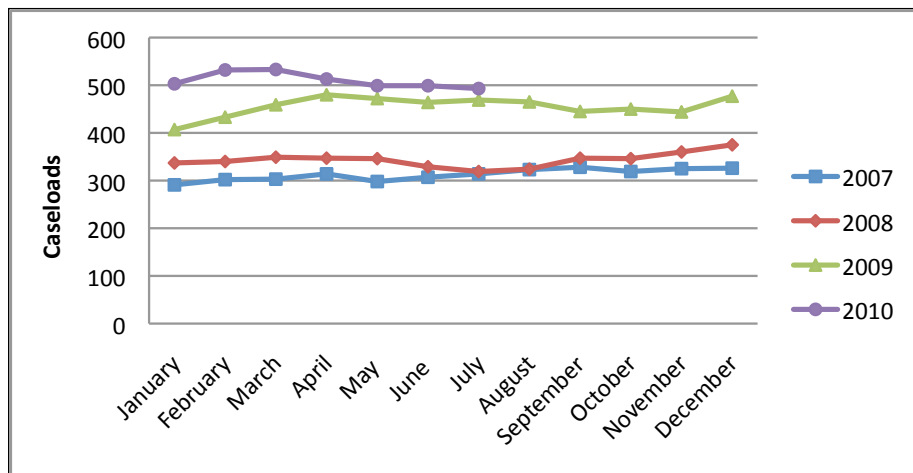
Ontario Works provides financial and employment assistance to those in need. Assistance is provided to those who “need money right away to help pay for food and housing costs.”²⁰ The impact of the 2008 to 2009 recession is evident in the increased number of people applying for *Ontario Works* assistance at the time. The number of caseloads increased overall from 2009 to 2010 in both Wellington and Guelph. However, after February 2010 in Wellington and March 2010 in Guelph, the number of people on social assistance started to decline and become more stable.

Figure 20 Number of Ontario Works Caseloads in Wellington County, January 2007 to July 2010



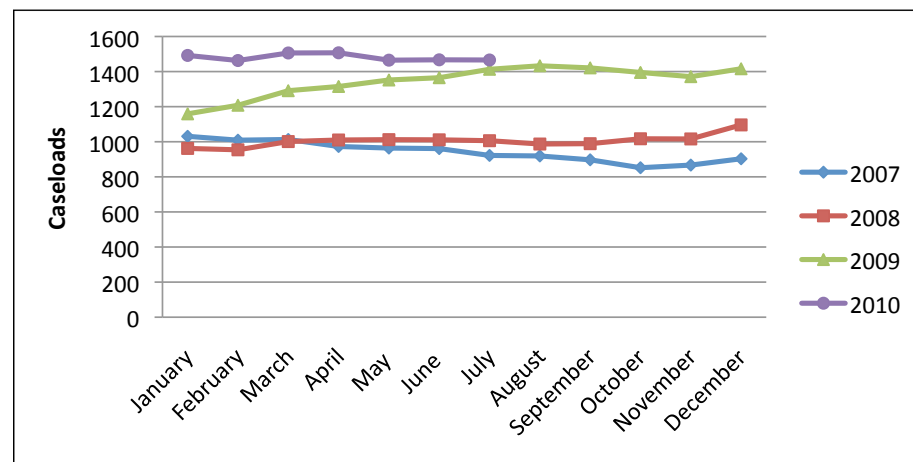
Source: The Corporation of the County of Wellington, October 2010

Figure 21 Number of Ontario Works Caseloads in Dufferin County, January 2007 to July 2010



Source: The Corporation of the County of Wellington, October 2010

Figure 22 Number of Ontario Works Caseloads in the City of Guelph, January 2007 to July 2010



Source: The Corporation of the County of Wellington, October 2010

2. Demographics

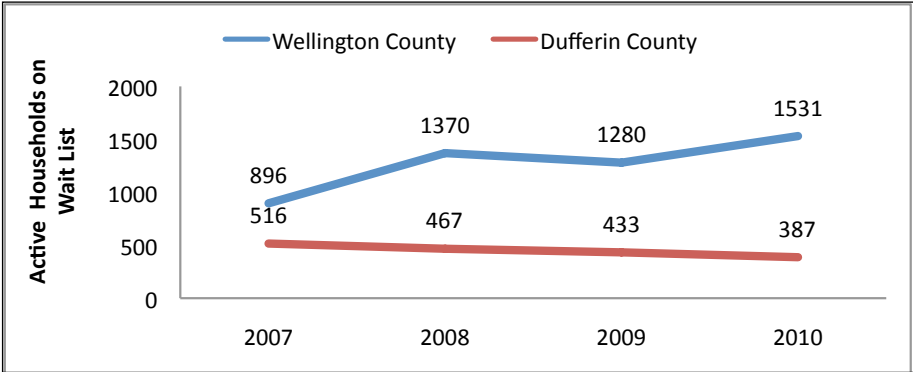
Housing

Wait List for Affordable Housing

Access to affordable housing is important because it contributes to one’s overall well-being and mental health. Since 2007 in Wellington County (including the City of Guelph), there has been a 71% increase in the number of individuals or families on wait lists for affordable housing from 896 in 2007 to 1,531 in 2010 (Figure 23). Dufferin County has seen a decline from 516 in 2007 to 387 in 2010.²¹

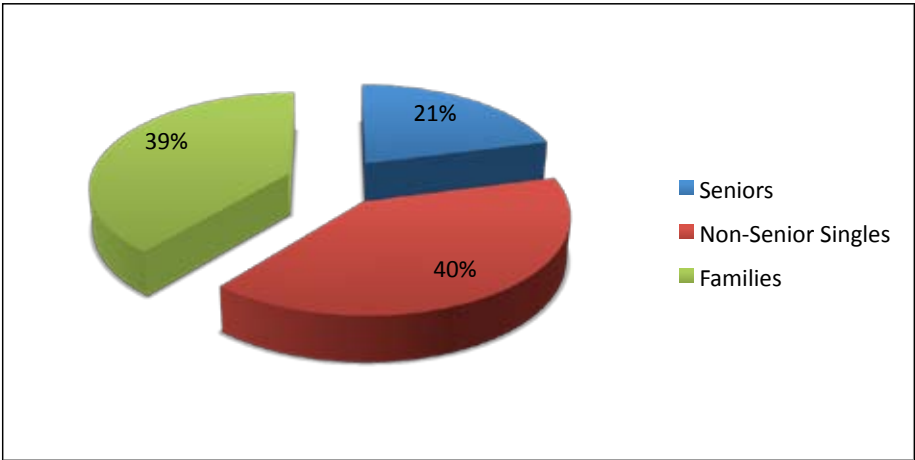
In 2010, Wellington County was one of 11 areas in Ontario reporting that the “increase in wait lists statistics was directly related to job loss through plant closures or downsizing/layoffs due to the recession” compared to only three areas the previous year.²² The majority of those seeking affordable housing in Wellington County were either non-senior singles (40%) or family households (39%). Wellington County seniors comprised 21% of the wait list (Figure 24). Compared to Wellington, Dufferin County (Figure 25) had a larger proportion of seniors on its wait list (31%). Families comprised 38% of Dufferin’s wait list and non-senior singles comprised 31%.

Figure 23 Number on Wait List for Affordable Housing, 2007 to 2010



Source: Ontario Non-Profit Housing Association, ONPHA’s Wait List Survey, 2010

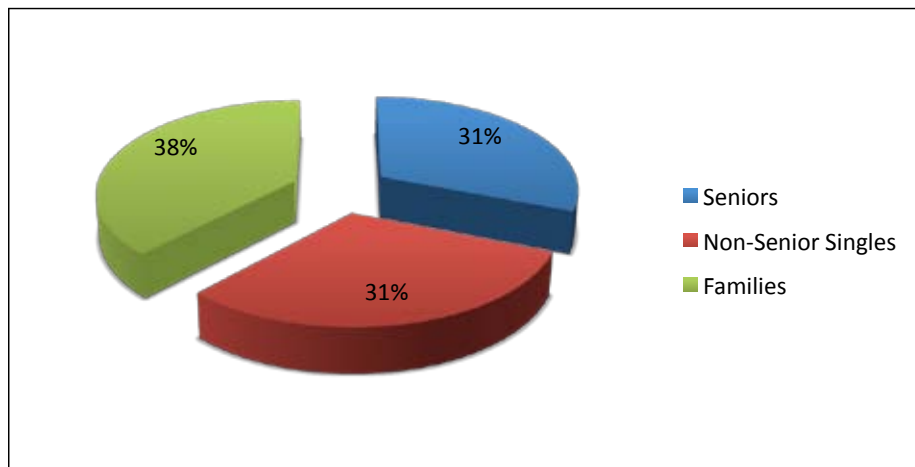
Figure 24 Wellington-Guelph Wait List Applicants, 2010



Source: Ontario Non-Profit Housing Association, ONPHA’s Wait List Survey, 2010

“Housing that takes up too much of a family’s budget can lead to food insecurity and possible malnutrition. With little disposable income after paying for housing costs, children are unable to participate in healthy community activities such as active recreation programs.” (City of Ottawa, 2007)

Figure 25 Dufferin Wait List Applicants, 2010

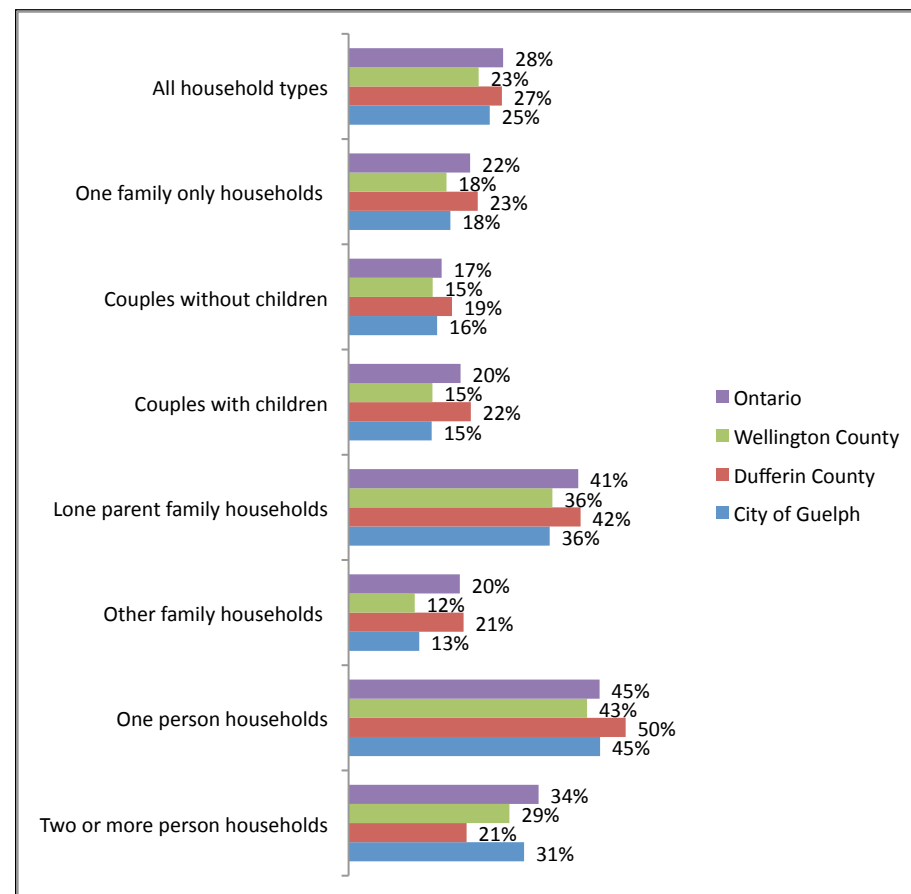


Source: Ontario Non-Profit Housing Association, ONPHA's Wait List Survey, 2010

Household Spending on Shelter Costs

One measure of economic well-being is the proportion of income spent on the cost of shelter. Housing costs affect disposable income, access to jobs, health status, and general inclusion in society.²³ As shown in Figure 25, lone parent families and one person households pay the greatest proportion of income on shelter; this pattern is fairly consistent across the three communities. The highest number is 50% for one person households in Dufferin County.

Figure 26 Households Spending 30 Percent or More of Income on Shelter Costs, 2006



Source: Statistics Canada 2006 Census

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Cultural Diversity

Immigrants and Internal Migrants

In the 2006 Statistics Canada Census, 40,680 people in Wellington-Dufferin-Guelph, representing 16% of the population, identified themselves as having been born outside Canada. Of these, 5,355 (13%) were recent immigrants having arrived in Canada within the last five years. Table 21 shows the percentages of immigrants in the various areas of WDG in 2006.

Among the three communities (Table 21), Wellington has the fewest immigrants (11%). Of those, 9% are recent immigrants having arrived between 2001 and 2006. In Dufferin, 13% of the population are immigrants, of which 9% are recent immigrants. In Guelph, 21% of the population are immigrants, of which 16% are recent immigrants.

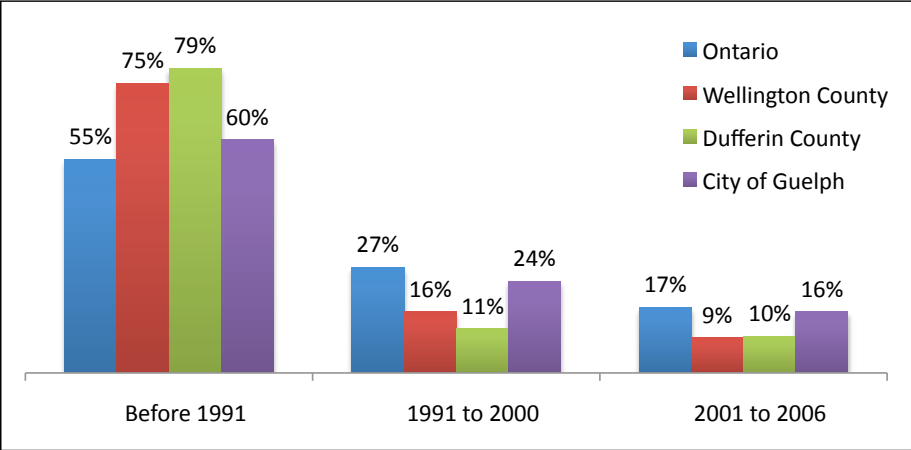
According to a Canadian Association of Mental Health report: “Studies show that immigrants and minorities have much lower rates of participation in health promotion and prevention programs due to substantial socio-cultural barriers such as language and communication barriers, health messages that differ from their own beliefs and traditions, stigma associated with mental illness within families and communities, discrimination and mistrust of healthcare institutions, and lower level of awareness of programs and services available.” (Agić, 2003)

Table 21 Immigrant Status in WDG, 2006

Census Variable	WDG	Wellington County	Dufferin County	City of Guelph	Ontario
Total population	252,600	84,520	53,960	114,115	12,028,895
All immigrants	40,680	9,625	6,935	24,115	3,398,725
All immigrants as percentage of total population	16%	11%	13%	21%	28%
Recent immigrants (last 5 years)	5,355	880	655	3,820	580,740
Recent immigrants as percentage of total population	2 %	1%	1%	3%	5%
Recent immigrants as a percentage of all immigrants	13%	9%	9%	16%	17%

Source: Statistics Canada 2006 Census, Community Profiles

Figure 27 Period of Immigration to WDG, 2006



Source: Statistics Canada 2006 Census

Of the recent immigrants to WDG, most (51%) were born in Asia or the Middle East, predominantly China and Southern Asia. This is lower than 65% in Ontario overall. The second most common place of birth both in WDG and provincially was Europe, including the United Kingdom (25% of recent immigrants in WDG; 15% in Ontario). Other regions of birth for recent immigrants to WDG, in decreasing order of frequency, were Central America (6%), the United States of America (5%), Africa (5%), the Caribbean (4%), and South America (4%). Table 22 summarizes the regions of birth for recent immigrants in the various areas of WDG as reported in the 2006 Statistics Canada Census. The top three regions of birth are highlighted for each area.

Table 22 Region of Birth of Recent Immigrants to WDG, 2006

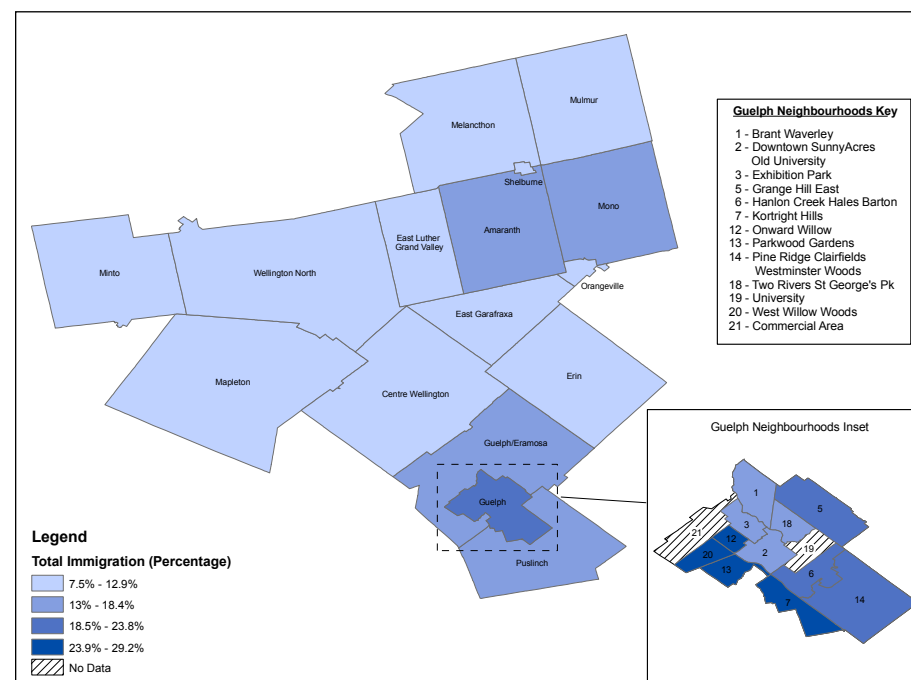
Census Variable	WDG	Wellington County	Dufferin County	City of Guelph	Ontario
Asia and the Middle East	1 (51.2%)	3 (16.0%)	2 (24.4%)	1 (63.7%)	1 (64.6%)
Europe	2 (24.9%)	1 (41.1%)	1 (51.1%)	2 (16.6%)	2 (14.6%)
Central America	3 (6.0%)	2 (29.1%)	(0.0%)	(1.6%)	(1.6%)
United States of America	(4.8%)	(8.6%)	3 (13.0%)	(3.0%)	(3.2%)
Africa	(4.7%)	(1.1%)	(3.8%)	3 (5.8%)	3 (6.9%)
Caribbean and Bermuda	(4.0%)	(2.3%)	(6.1%)	(3.9%)	(3.5%)
South America	(3.6%)	(0.0%)	(1.5%)	(4.7%)	(5.2%)
Oceania and other	(0.9%)	(1.7%)	(0.0%)	(0.8%)	(0.4%)

Source: Statistics Canada 2006 Census, Community Profiles

People moving into an area arrive from different countries, or can be internal migrants arriving from different regions within the same country. In the 2006 Statistics Canada Census, 6% of WDG residents aged one and older arrived to WDG from a different area of Canada within the last year, and 19% of residents aged five and older arrived in WDG from a different area of Canada within the last five years (Table 23).

Immigration has played an important part in shaping the population of Wellington-Dufferin-Guelph and contributes significantly to the growth and diversity of the population. Figure 28 shows the rates of immigration in the municipalities and neighbourhoods of WDG.

Figure 28 Immigration Map



Source: Statistics Canada 2006 Census

2. Demographics

Table 23 Internal Migrants of Past Year and Past Five Years in WDG, 2006

Census Variable	WDG	Wellington County	Dufferin County	City of Guelph	Ontario
Population aged 1 and older	249,705	83,580	53,465	112,670	11,893,180
Number of internal migrants past year	14,475	5,275	3,450	5,745	510,300
Percent internal migrants past year	6%	6%	7%	5%	6%
Population aged 5 and older	237,425	79,455	50,740	107,230	11,354,360
Number of internal migrants past 5 years	44,540	15,400	12,030	17,110	1,584,450
Percent internal migrants past 5 years	19%	19%	24%	16%	14%

Source: Statistics Canada 2006 Census, Community Profiles

Ethnicity and Visible Minorities

In the 2006 Statistics Canada Census, most of the WDG population (58%) reported being of British (English, Scottish, Welsh, Irish, or smaller British Isles) origin. Another 40% reported being of European origin (excluding French and British) and 30% reported their origin as simply American or Canadian. Other ethnic origins reported, in decreasing order of frequency, included: French (from France or Acadian) 9%, East or Southeast Asian 4%, Aboriginal 2%, and South Asian 2%. Less than 1% reported their ethnic origins as Caribbean, African, West Asian, Arab, or Oceanic (from Australia, New Zealand, or the Pacific Islands). The percentages add up to over 100% as some people reported more than one category of ethnic origin. Furthermore, the reported ethnic origins do not necessarily reflect the immigrant or the visible minority status of the population.

Table 24 summarizes the visible minority status of the Wellington-Dufferin-Guelph population as reported in the 2006 Census. In all three areas of WDG, over 90% of the population described themselves as not being a visible minority.

Table 24 Visible Minorities in WDG, 2006

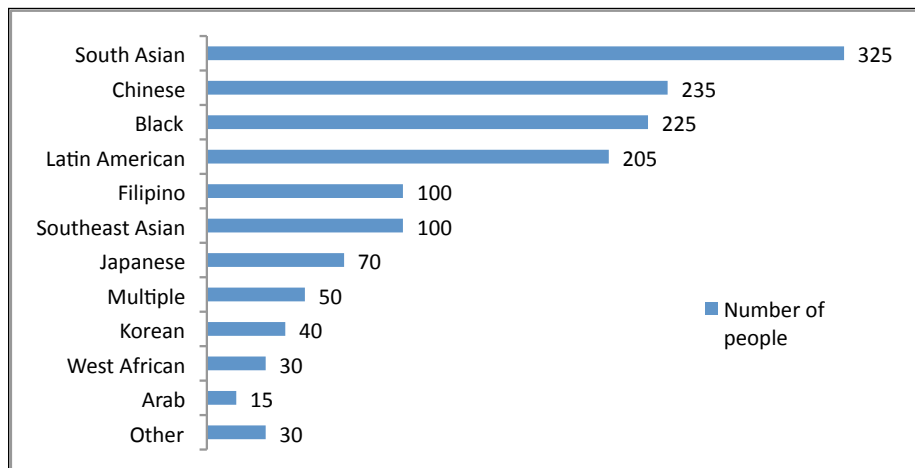
Census Variable	WDG	Dufferin County	Wellington County	City of Guelph	Ontario
Not a visible minority	233,290 (92.4%)	51,875 (96.1%)	83,095 (98.3%)	98,315 (86.2%)	9,283,690 (77.2%)
Total visible minority population	19,310 (7.6%)	2,090 (3.9%)	1,415 (1.7%)	15,805 (13.8%)	2,745,205 (22.8%)
Chinese	3,475 (1.4%)	180 (0.3%)	225 (0.3%)	3,060 (2.7%)	576,980 (4.8%)
South Asian	4,745 (1.9%)	605 (1.1%)	320 (0.4%)	3,820 (3.3%)	794,170 (6.6%)
Black	2,445 (1.0%)	660 (1.2%)	235 (0.3%)	1,560 (1.4%)	473,760 (3.9%)
Filipino	2,165 (0.9%)	110 (0.2%)	100 (0.1%)	1,945 (1.7%)	203,220 (1.7%)
Latin American	1,395 (0.6%)	155 (0.3%)	200 (0.2%)	1,035 (0.9%)	147,135 (1.2%)
Southeast Asian	1,750 (0.7%)	45 (0.1%)	110 (0.1%)	1,600 (1.4%)	110,045 (0.9%)
Arab	550 (0.2%)	20 (<0.1%)	15 (<0.1%)	510 (0.4%)	111,405 (0.9%)
West Asian	1,150 (0.5%)	70 (0.1%)	30 (<0.1%)	1,050 (0.9%)	96,620 (0.8%)
Korean	260 (0.1%)	30 (0.1%)	40 (<0.1%)	190 (0.2%)	69,540 (0.6%)
Japanese	325 (0.1%)	90 (0.2%)	75 (0.1%)	165 (0.1%)	28,080 (0.2%)
Visible minority, other*	300 (0.1%)	40 (0.1%)	30 (<0.1%)	230 (0.2%)	56,845 (0.5%)
Multiple visible minority**	745 (0.3%)	55 (0.1%)	50 (0.1%)	625 (0.5%)	77,405 (0.6%)

Source: Statistics Canada 2006 Census, Community Profiles

* Visible minority, other includes respondents who reported a write-in response such as Guyanese, West Indian, Kurd etc.

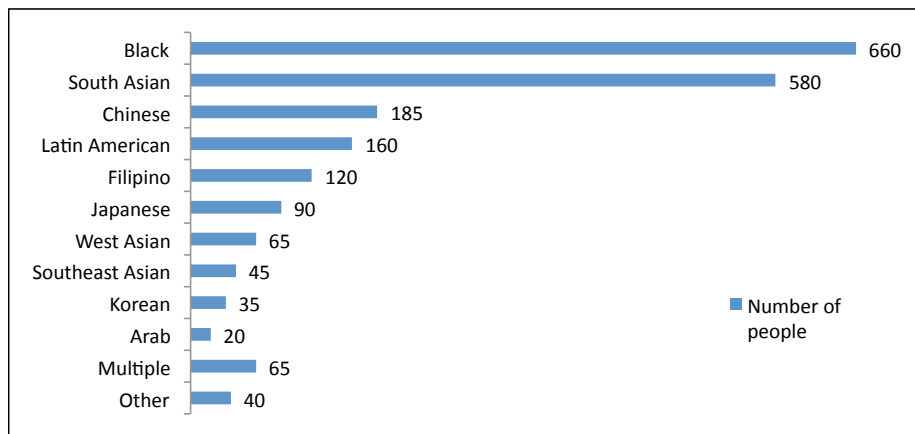
** Multiple visible minority includes respondents who reported more than one visible minority group (e.g., by checking two or more mark-in circles, such as Black and South Asian).

Figure 29 Visible Minorities by Type in Wellington County, 2006



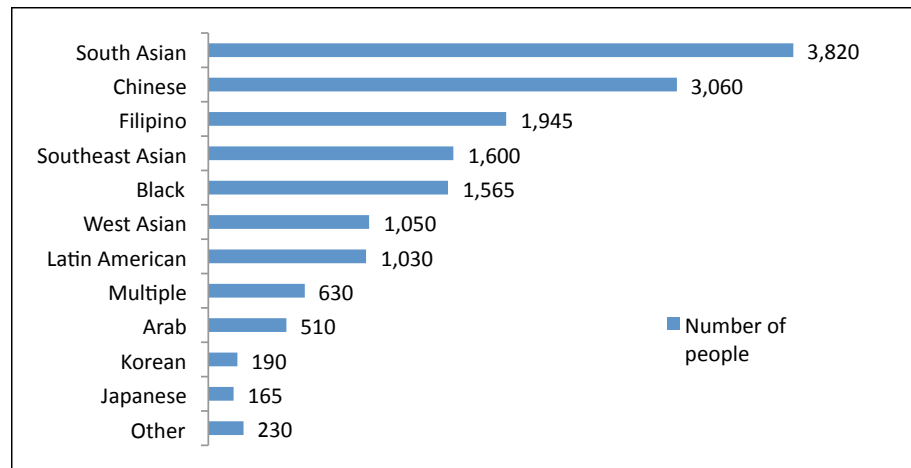
Source: Ontario Non-Profit Housing Association, ONPHA's 2010 Wait List Survey

Figure 30 Visible Minorities by Type in Dufferin County, 2006



Source: Ontario Non-Profit Housing Association, ONPHA's 2010 Wait List Survey

Figure 31 Visible Minorities by Type in Guelph, 2006



Source: Ontario Non-Profit Housing Association, ONPHA's 2010 Wait List Survey

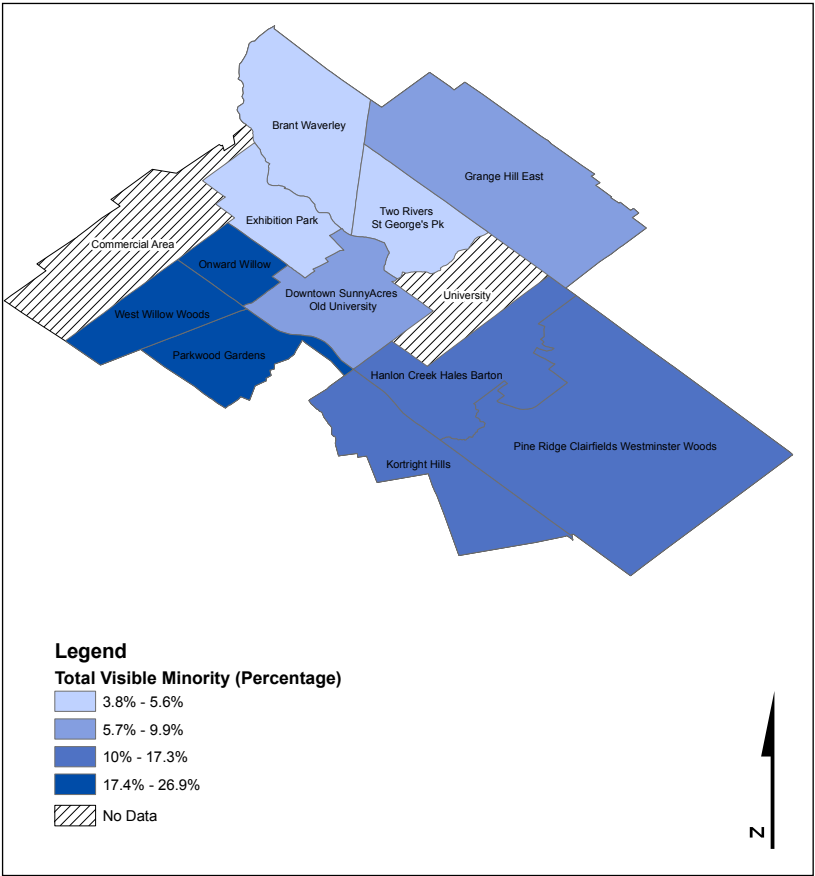
Wellington has the lowest visible minority population (2%), the majority being South Asian, followed by people of Chinese, Black, and Latin American descent (Figure 29).

In Dufferin, visible minorities make up 4% of the population, the top two being Black and South Asian (Figure 30).

Guelph has the most (14%) visible minorities, primarily South Asian and Chinese (Figure 31).

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Figure 32 Total Visible Minorities in Guelph Neighbourhoods, 2006



Source: Statistics Canada 2006 Census

Note: Reliable maps were not available for Wellington and Dufferin Counties due to the small number of visible minorities.

Languages Spoken and Understood

Possible language barriers must be taken into consideration when promoting healthy living to a diverse community. In the 2006 Census, the majority of residents in WDG understand and speak English or French, the two official languages of Canada. Almost all residents (99%) indicated they understood either English only, or both English and French.

Mother Tongue

English is the mother tongue of the majority of Wellington (91%) and Dufferin (87%) residents. Guelph is the most language diverse of the three communities, with 20% having a mother tongue other than English or French (Table 25).

Table 25 Mother Tongue, 2006

Mother Tongue	Ontario	Wellington County	Dufferin County	City of Guelph
English only	68%	91%	87%	79%
French only	4%	1%	1%	1%
English and French	0.3%	0.2%	0.1%	0.1%
Other language(s)	27%	8%	12%	20%

Source: Statistics Canada 2006 Census

Languages Spoken at Home

The 2006 Statistics Canada Census identified that 5% of Wellington, 2% of Dufferin, and 10% of Guelph residents speak a language other than English or French at home. Very few residents in each of the three communities understand only French, and 1% indicated that they speak neither English nor French (Table 26).

Table 26 Language Spoken Most Often at Home, 2006

Language Spoken Most Often at Home	Wellington County	Dufferin County	City of Guelph	Ontario
English	94%	97%	88%	80%
French	0.1%	0.1%	1%	2%
Other language	5%	2%	10%	15%
More than one language	1%	0.4%	2%	2%

Source: Statistics Canada 2006 Census

Table 27 Knowledge of Official Languages, 2006

Census Variable	WDG	Wellington County	Dufferin County	City of Guelph	Ontario
Total population	252,600	84,510	53,965	114,120	12,028,900
English only	232,390	79,230	50,920	102,240	10,335,700
English only (percent of population)	92%	94%	94%	90%	86%
French only	75	15	0	65	49,210
French only (percent of population)	<1%	<1%	0%	<1%	<1%
English and French	18,155	4,730	2,945	10,480	1,377,330
English and French (percent of population)	7%	6%	6%	9%	12%
Neither English nor French	1,980	535	110	1,330	266,655
Neither English nor French (percent of population)	1%	1%	<1%	1%	2%

Source: Statistics Canada 2006 Census, Community Profiles

Among people who indicated that they spoke a single language most often at home, the four unofficial languages most often spoken, in descending order of frequency, were German (3,280 people), Chinese/Cantonese/Mandarin (1,995 people), Italian (1,105 people), and Polish (1,035 people).

Among those indicating that they spoke more than one language at home, the four unofficial languages most often spoken were German (8,560 people), Italian (5,200 people), Spanish (3,675 people), and Dutch (3,575 people).

Priority Populations

The Ontario Ministry of Health and Long-Term Care Health Promotion Branch has identified the following priority populations for the *Healthy Communities*

Fund:

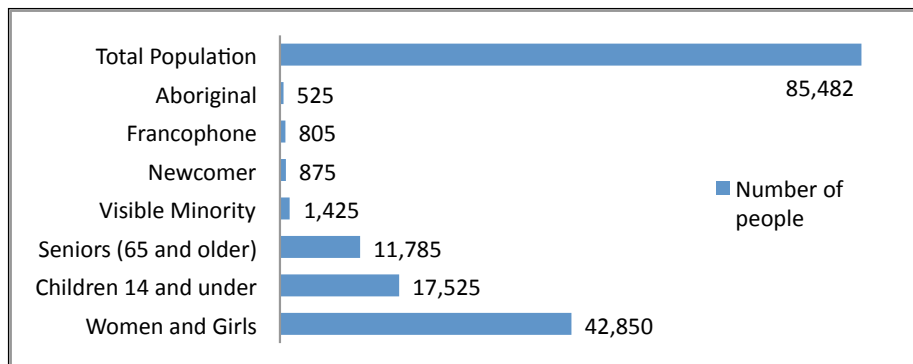
- Aboriginals
- Francophones
- Newcomers
- Visible Minorities
- Children and Youth
- Women and Girls

According to the 2006 Census dictionary, Aboriginals refer to people who reported identifying with at least one Aboriginal group: North American Indian, Métis, Inuit, and/or those who reported being a Treaty Indian or Registered Indian as defined by the *Indian Act* of Canada, and/or those who reported they were members of an Indian band or First Nation.

Newcomers are immigrants who arrived in Canada between 2001 and 2006 (recent immigrants). Visible minorities are defined in the *Employment Equity Act* as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.” The number of Francophones was calculated by totaling the number of respondents indicating their mother tongue was “French only” and “English and French.” There is no direct question on the 2006 Census questionnaire asking Canadians whether they are Francophone. Figures 33, 34, and 35 indicate the size of these populations in 2006 in WDG.

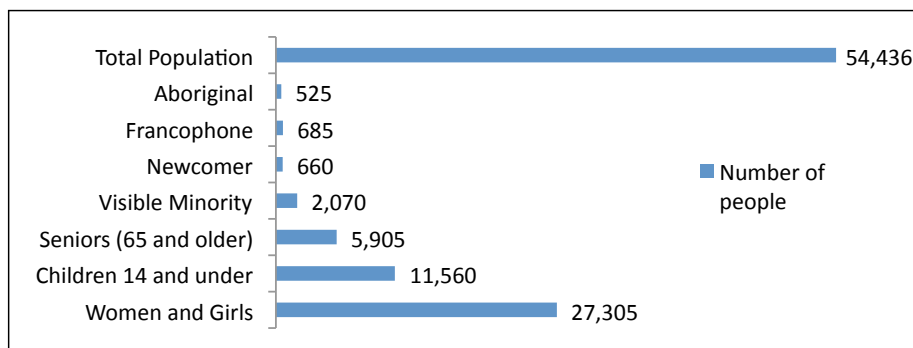
2. Demographics

Figure 33 Priority Population Numbers in Wellington County, 2006



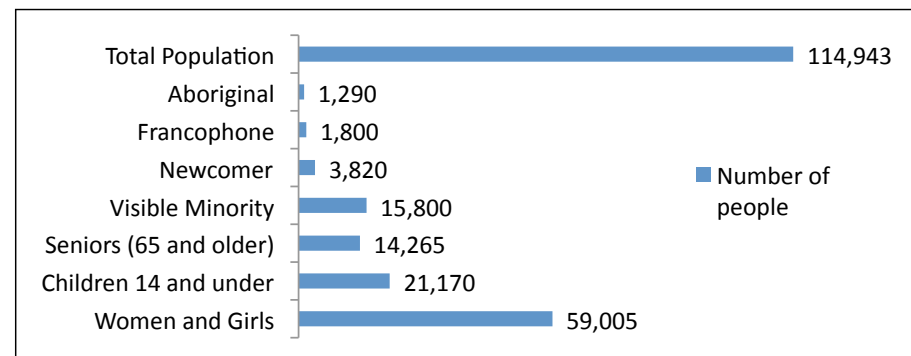
Source: Statistics Canada 2006 Census

Figure 34 Priority Population Numbers in Dufferin County, 2006



Source: Statistics Canada 2006 Census

Figure 35 Priority Population Numbers in Guelph, 2006



Source: Statistics Canada 2006 Census

Low-German Speaking Mennonite Population

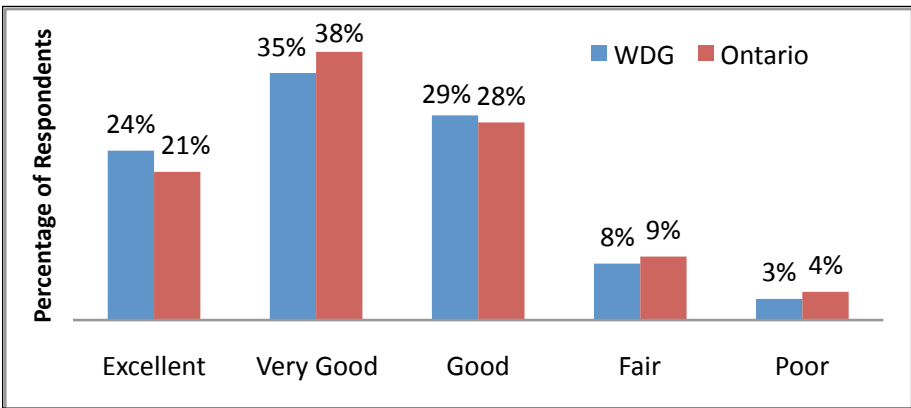
In addition to the priority populations identified by the province, Wellington-Dufferin-Guelph has identified Low-German-speaking (LGS) Mennonites from Mexico as a priority population in the region. This population faces many challenges such as poverty, a language barrier, illiteracy, social isolation, food insecurity as well as difficulty accessing social services, healthcare, and education. Health issues such as high rates of dental disease in children, tobacco use, stress and mental health issues such as postpartum depression have been identified in this population.²⁴

To support the LGS families, WDGPH and five other organizations have partnered to provide a “Newcomers’ Education Program” which operates out of Drayton Ontario. The program provides education, health and social services, language training, and healthy food baskets.

Healthy Living Indicators

The Canadian Community Health Survey in 2007 to 2008 included a series of questions that asked Canadians about their perception of their health status. In 2008, 24% of Wellington-Dufferin-Guelph respondents to the survey described their own general health as excellent, and 35% described it as very good (Figure 36). In total, 59% of WDG respondents considered their health to be either very good or excellent; the exact same percentage of respondents in Ontario described their health in this way.

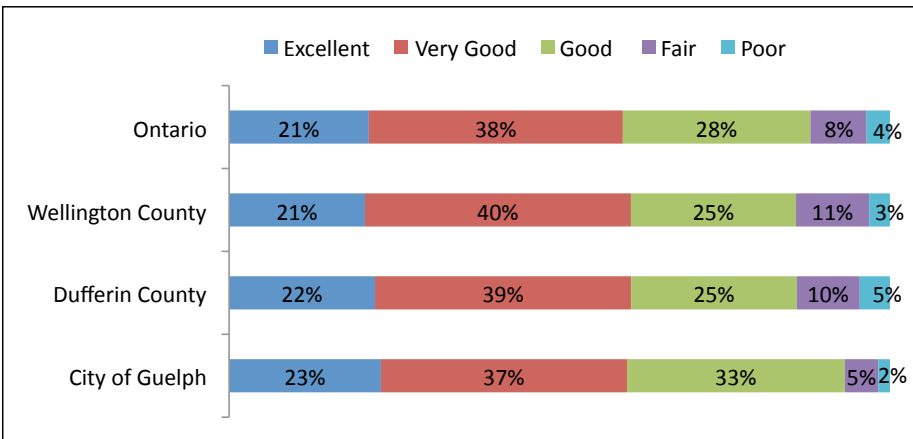
Figure 36 Self-Reported Health Status, Wellington-Dufferin-Guelph, 2008



Source: CCHS, 2008

In the three communities and across Ontario, most residents appeared to have a positive view of their health. Figure 37 indicates that 86% of both Wellington and Dufferin residents reported being in good to excellent health, close to the provincial average of 87%. Guelph at 93% was above the provincial average.

Figure 37 Self-Reported Health Status 2007 to 2008



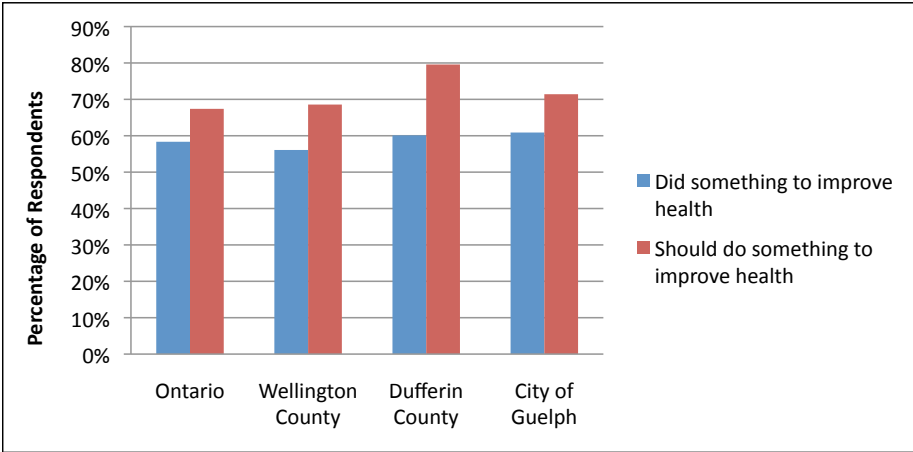
Source: CCHS, 2008

Healthy Actions and Intentions

Over half the residents in WDG are aware of the need to take preventative action for better health. In 2006, the percentage of people intending to make a change to positively affect their health was highest in Dufferin (80%), followed by Guelph (71%), and then Wellington (69%). The percentage was lower in the province (67%).

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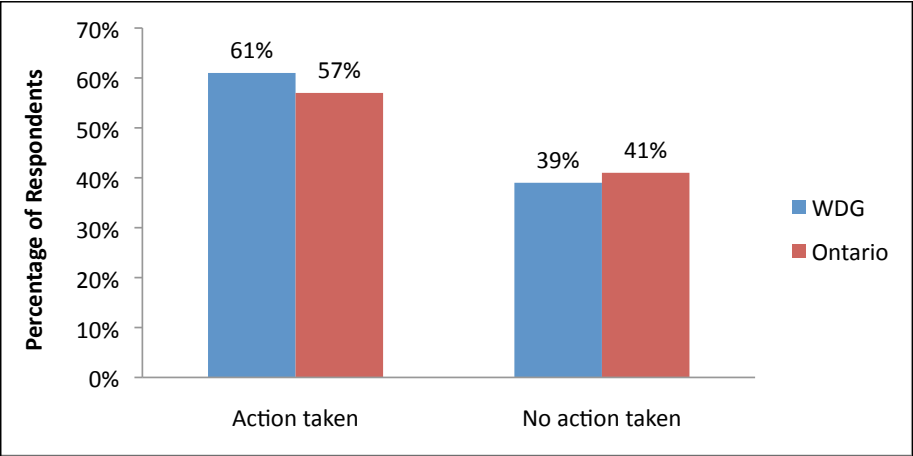
Figure 38 Self Reporting of Healthy Actions Taken and Awareness of Healthy Actions Required in 2007 to 2008



Source: CCHS, 2008

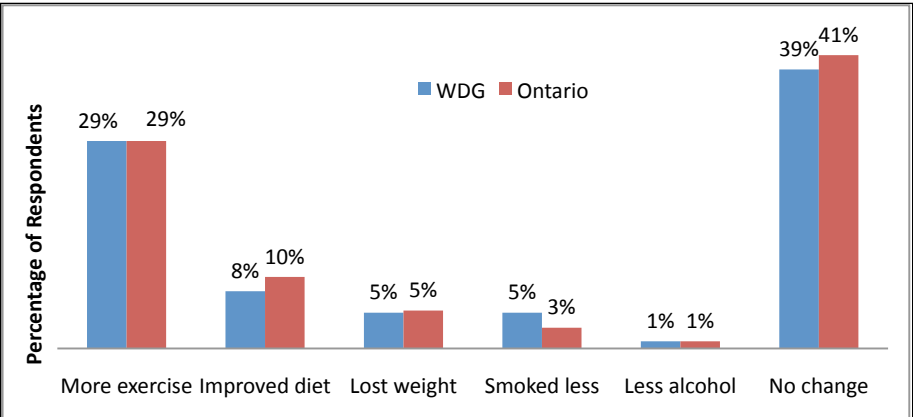
In the Canadian Community Health Survey, the proportion of people in the three communities who reported having done something to improve their health in the last year was close to the provincial average of 57% (Figure 39). Over 60% of the people in WDG indicated they had done something to improve their health within the last year. In the province of Ontario, 57% of people indicated they had done something to improve their health.

Figure 39 Self Reporting of Actions Taken or Not Taken to Improve Health, 2007 to 2008



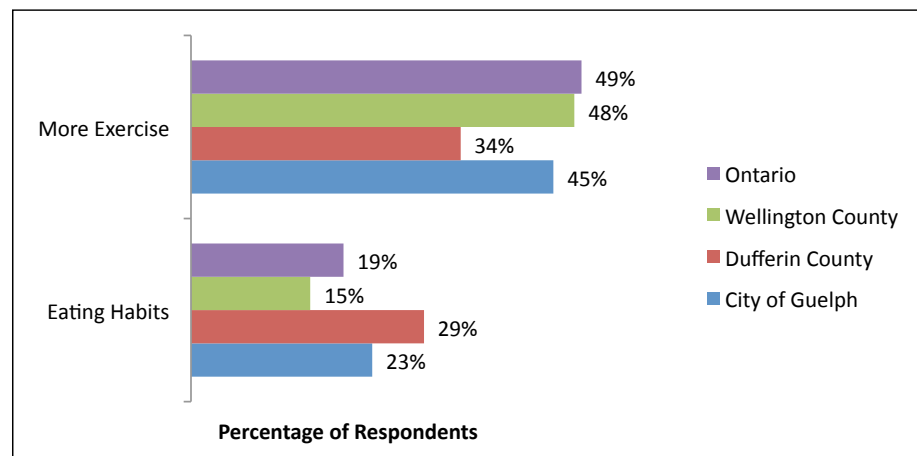
Source: CCHS, 2008

Figure 40 Most Important Improvement to Physical Health, 2008



Source: CCHS, 2008

Figure 41 Most Important Intention to Improve Physical Health, 2008



Source: CCHS, 2008

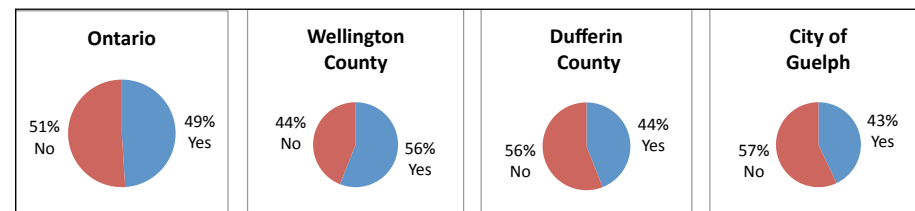
The three most important changes cited by people in both WDG and Ontario was doing more exercise (29%), followed by making improvements to diet (8% of WDG respondents), and losing weight (5% of WDG respondents). In WDG, 5% of people stated they smoked less in the past year (Figure 40).

Of the two biggest intended changes reported by people, the preference for exercise in Wellington (48%) and Guelph (45%) is close to the provincial average (49%); Dufferin is below the provincial average (34%). However, Dufferin residents were more interested in improving eating habits (29%) than Wellington (15%), Guelph (23%), and the province (19%) (Figure 41).

Barriers to Improving One's Health

A large number of people in the three communities indicate they experience barriers to taking action to improve their health. Wellington residents were most likely to report barriers (56%), while Guelph (43%) and Dufferin (44%) residents were less likely to report barriers (Figure 42).

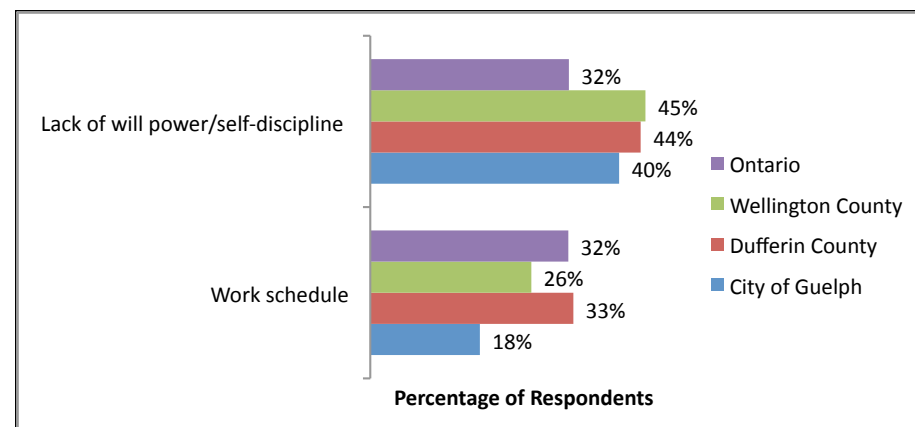
Figure 42 People Reporting Barriers to Improving Health, 2007 to 2008



Source: CCHS, 2008

Lack of willpower and self-discipline (Figure 43) were the top barriers for all communities (40 to 45%) and above the provincial average (32%). Work schedules came in second for all three communities, most in Dufferin (33%), with Wellington following (26%), and then Guelph (18%).

Figure 43 Barriers to Improving Health, 2007 to 2008



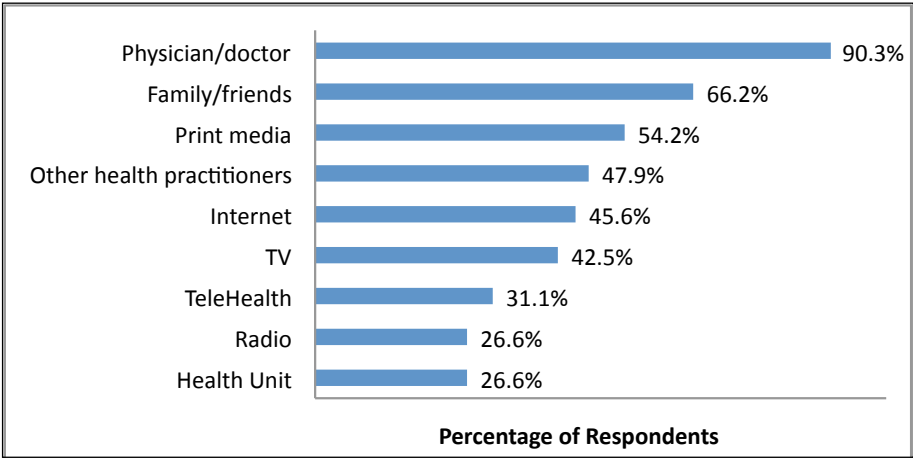
Source: CCHS, 2008

2. Demographics

Sources of Health Information

In planning health promotion programs, it is essential to understand where people go to find information. In 2008, the *Guelph Public Health Awareness and Practices Survey* was conducted in Guelph regarding health awareness and practices (Figure 44).²⁵ The results of a multiple response survey question regarding where people seek health information were that an overwhelming majority rely on doctors for health information (90%). Family and friends were the second most common source of health information (66%), followed by print media (54%).

Figure 44 Sources of Health Information, 2008



Source: Guelph Public Health Awareness and Practices Survey, 2008

Endnotes

- 1 Ontario Ministry of Municipal Affairs and Housing, *List of Ontario Municipalities*. <http://www.mah.gov.on.ca> (accessed January 6, 2011).
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Physical Activity, Sport, and Recreation

3. Physical Activity, Sport, and Recreation

According to Health Canada, physical activity is crucial at any age because it improves health and well-being by reducing stress, strengthening the heart and lungs, and increasing energy levels.¹ In addition, it helps maintain a healthy body weight and improves mood.² For children, regular physical activity is essential for healthy growth and development.³ For seniors, weight-bearing physical activity reduces bone loss associated with osteoporosis.⁴ Regular physical activity also maintains strength, flexibility, balance, coordination, and can help reduce the risk of falls.⁵

One of the greatest health threats to all age groups, but most distressing among children and youth, is the growing obesity epidemic taking place throughout North America. In January 2010, the results of a *Canadian Health Measures Survey* were released and compared with data from the 1981 *Canadian Fitness Survey*. The key trends appeared in *Statistics Canada Daily*, January 10, 2010 (Figure 45).

Findings demonstrated that fitness levels of Canadian children and youth, as well as those of adults, declined significantly from 1981 to 2009. From 2007 to 2009, just under 38% of Canadian adults were at a healthy weight. About 1% were underweight, 37% were overweight, and 24% were obese. Among young adults aged 20 to 39, the percentage of people with a waist circumference that placed them at high risk for health problems more than quadrupled. The percentage increased from 5% to 21% among men, and from 6% to 31% among women.

Figure 45 Body Composition of Canadian Youth, 1981 and 2007 to 2008

BOY		
1981	BODY COMPOSITION	2007-2008
150.9 cm (4'11")	Height	155.8 cm (5'1")
41.6 kg (92 pounds)	Weight	48 kg (106 pounds)
18.1 kg/m3	Body Mass Index	19.2 kg\m3
64.9 cm (25.6")	Waist circumference	66.2 cm (26.1")
78.0 cm (30.7")	Hip circumference	84.0 cm (33.1")
0.83	Waist to hip ratio	0.82

GIRL		
1981	BODY COMPOSITION	2007-2008
153.1 cm (5'0")	Height	155.9 cm (5'1")
42.7 kg (94 pounds)	Weight	47.6 kg (105 pounds)
18.4 kg/m3	Body Mass Index	19.5 kg\m3
62.4 cm (24.6")	Waist circumference	68.0 cm (26.8")
81.2 cm (32.0")	Hip circumference	86.0 cm (33.9")
0.76	Waist to hip ratio	0.79

Source: Statistics Canada, *Fitness of Canadian Children and Youth*, Results from the 2007 to 2008 Canadian Health Measures Survey, Health Reports, Vol. 21, No. 1, Catalogue No. 82-2003-XPE, March 2010.

In youth aged 15 to 19, the percentage whose waist circumference put them at increased or high risk of health problems more than tripled since 1981. During the 2007 to 2009 survey period, 17% of children and youth were overweight and 9% were obese. Among teen boys aged 15 to 19, the proportion classified as overweight or obese rose from 14% to 31% between 1981 and 2009. Among teen girls, it increased from 14% to 25%. Also, survey results showed a significant deterioration in the body composition of children aged 6 to 19 between 1981 and 2009 regardless of sex or age.

3. Physical Activity, Sport, and Recreation

The 2006 Wellington-Dufferin-Guelph *Kindergarten Parent Survey* found that 17% of five year old children in Dufferin were at risk of becoming overweight, 14% in Wellington, and 13% in Guelph (Table 28). Survey results also found that between 12 to 13% of these children were overweight or obese.

Table 28 Weight Status of Five Year Old Children in WDG

Weight Status	Wellington County	Dufferin County	City of Guelph
Underweight: 5th percentile and under	11.8%	9.0%	8.9%
Healthy: 5th to 85th percentile	63.8%	61.0%	63.9%
At risk of overweight: 85th to 95th percentile	12.6%	17.0%	14.1%
Overweight/Obese: 95th percentile and over	11.8%	13.0%	13.1%

Source: The Well-being of Children Ages Birth to Six: A Report Card for Wellington, Dufferin, and Guelph, 2009

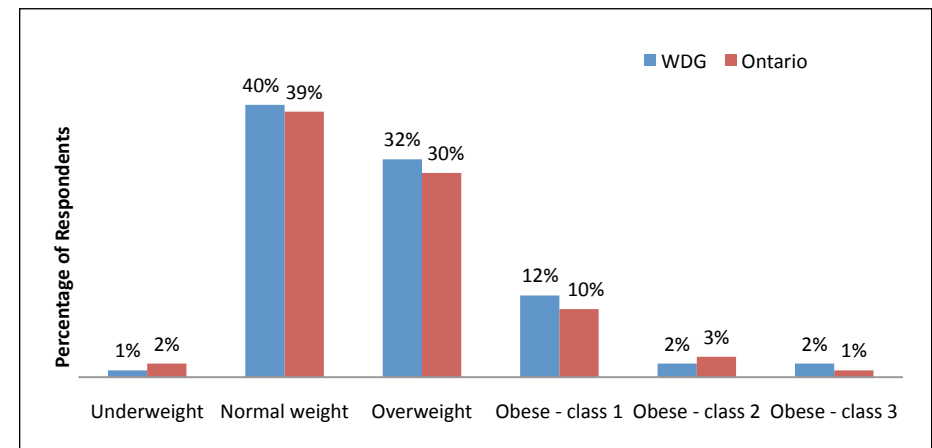
The 2007 to 2008 Canadian Community Health Survey (CCHS) created a variable to identify the Body Mass Index (BMI) of respondents based on their self report of height and weight. While this data has its limitations in accuracy due to the nature of self reporting, it provides a general picture of healthy and unhealthy weights in the community.

In 2008, based on self-reported height and weight, 48% of people in WDG were classified as being either overweight or obese (Figure 46). This was slightly higher than the provincial estimate of 45%. The body weight classification system created by Health Canada is based on BMI and includes the following risk assessment:

- Less than 18.5: Underweight/Increased risk
- 18.5 – 24.9: Normal weight/Least risk
- 25.0 – 29.9 Overweight/Increased risk
- 30.0 – 34.9: Obese Class I/High risk
- 35.0 – 39.9: Obese Class II/Very high risk
- 40.0 or Greater: Obese Class III/Extremely high risk

Even though Wellington-Dufferin-Guelph residents generally view their health positively, many people in the three communities reported seeing themselves as overweight (Figure 47). Guelph residents matched the provincial average (41%), compared to 49% in Dufferin, and 46% in Wellington. A small proportion of the population (1 to 5%) reported being underweight.

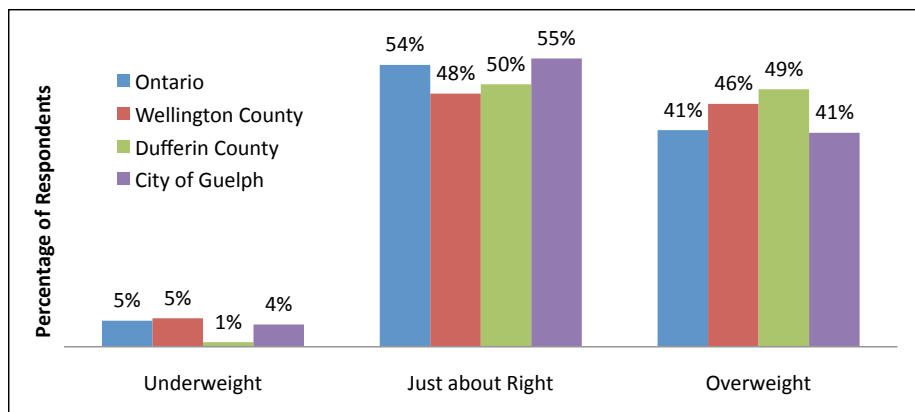
Figure 46 Body Mass Index Classification Based on Self-Reported Height and Weight, 2008



Source: CCHS, 2008

Obesity and type 2 diabetes in children and adolescents are an increasing problem. Globally, nearly 22 million children under five years of age are overweight. Overweight and obese children are likely to stay obese in adulthood and more likely to develop diabetes and cardiovascular disease at a younger age. (World Health Organization, 2008)

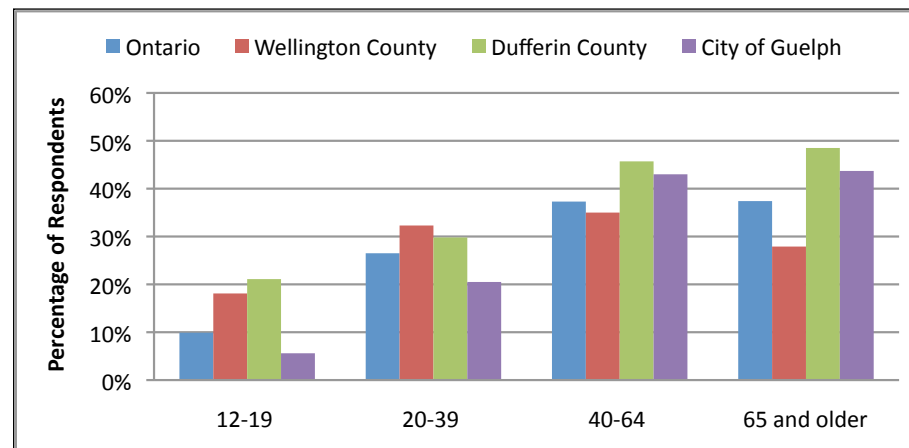
Figure 47 Self Report on Weight



Source: CCHS, 2008

Based on the 2007 to 2008 CCHS data (Figure 48), Dufferin and Guelph have higher proportions of seniors who are overweight (49% and 44%) compared to Wellington (28%). A BMI greater than, or equal to 25, and less than 30 classifies an individual as overweight. Guelph has the lowest proportion of youth aged 12 to 19 who are overweight (6%). Wellington and Dufferin have significantly higher proportions of overweight youth (18% and 21%) compared to the Guelph and the province (10%).

Figure 48 Overweight Prevalence by Age Based on Self-Reported Height and Weight, 2007 to 2008

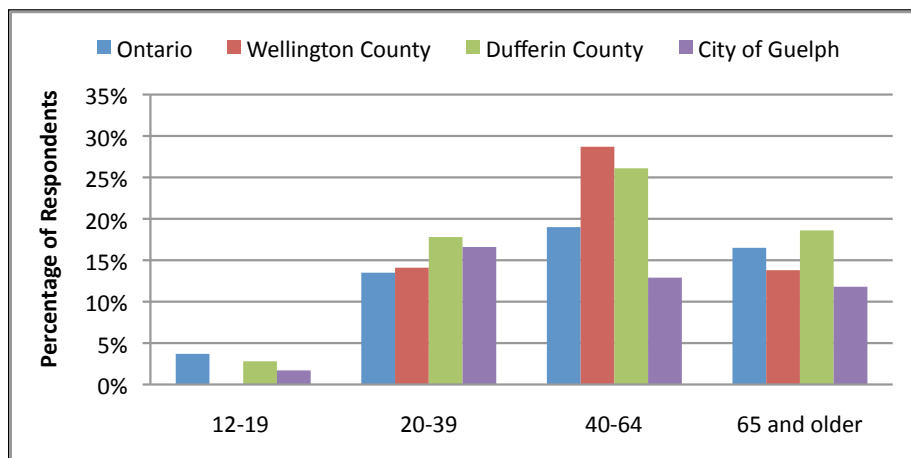


Source: CCHS, 2008

3. Physical Activity, Sport, and Recreation

Figure 49 shows the proportion of obese individuals based on the CCHS Index. Obese individuals have a BMI equal to, or greater than 30. Wellington and Dufferin have higher proportions of obese individuals (28% and 26%) compared to Guelph (13%) and the province (19%).

Figure 49 Obesity Prevalence by Age Based on Self-Reported Height and Weight, 2007 to 2008



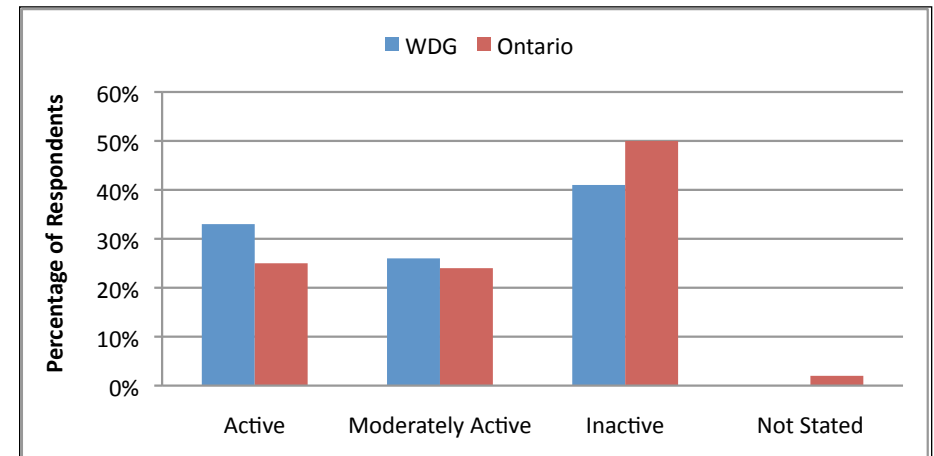
Source: CCHS, 2008

National statistics from Human Resources and Skills Development Canada (indicators of Well-being in Canada) indicate that age and gender play a role in people's activity levels. In 2005, the proportion of inactive Canadians increased with age, from 28% of the 12 to 19 age group, to more than 50% of those aged 35 and older. Canadian men were slightly more active than women. Just over half (53%) of men were considered to be active or moderately active compared with 49% of women.

Statistics Related to Activity Levels

According to the Canadian Community Health Survey's Leisure Activity Index, which is based on a combination of CCHS self-report indicators, Wellington-Dufferin-Guelph residents appear to be more active than Ontario residents. In 2008, 33% of the people in WDG were classified as active (Figure 50), and 26% as moderately active (a total of 59%). This was higher than the provincial estimate for these two categories (49%).

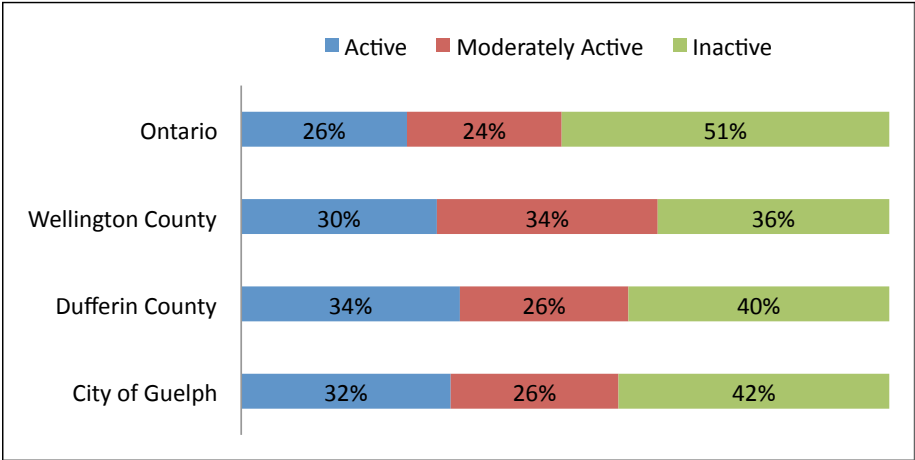
Figure 50 Level of Physical Activity, 2008



Source: CCHS, 2008

Although better than the provincial rate (50%), the three communities still have a considerable proportion of inactive people: 42% in Guelph, 40% in Dufferin, and 36% in Wellington (Figure 51).

Figure 51 Leisure Activity Index, 2007 to 2008

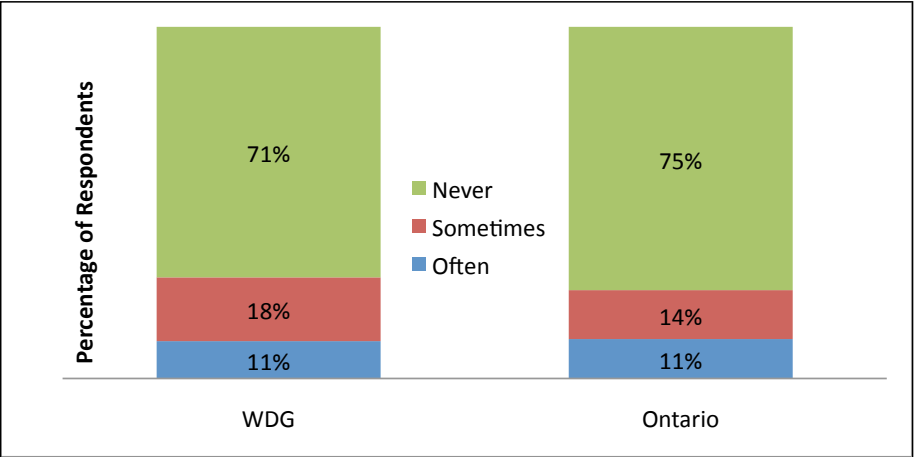


Source: CCHS, 2008

In 2008, 79% of Guelph residents aged 18 and older walked in their neighbourhood for pleasure or exercise. (Statistics Canada Survey Development Course SSDC116, 2008)

In 2008, a total of 29% of people in WDG reported that their activities were sometimes or often restricted by physical or other personal limitations. This was slightly higher than the provincial estimate of 25% (Figure 52).

Figure 52 Difficulty with Activities, 2008



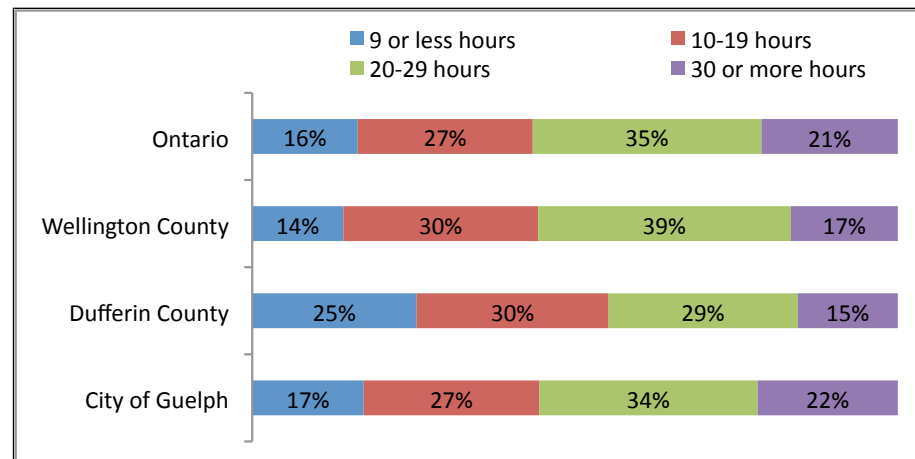
Source: CCHS, 2008

The WDG *in motion* collaborative conducted the *WDG in motion Community Survey on Physical Activity and Healthy Eating for Adults and Children* (2008). This survey investigated the current physical activity levels of WDG residents. The results show that over two-thirds (69%) of Dufferin residents do not participate in enough moderate or vigorous physical activity to gain health benefits, illustrating the need for community-based strategies to increase people’s physical activity levels.⁶ In Guelph and Wellington, approximately 60% of the residents did not participate in enough moderate or vigorous physical activity to gain health benefits.⁷

3. Physical Activity, Sport, and Recreation

Time spent in sedentary leisure activities reduces the time spent being physically active. Independent of exercise levels, sedentary behaviours, especially TV watching, are associated with a significantly elevated risk of obesity and type 2 diabetes; whereas even light to moderate physical activity has been associated with substantially lower risk.⁸ The Canadian Community Health Survey has created an indicator called “time spent on sedentary leisure activities” that combines time spent on TV, video games, computer use, and reading. Guelph and Wellington match the province in the percentage of people spending 20 or more hours per week in sedentary activities (56%), while Dufferin has a lower proportion (44%). In all three communities, 15% to 22% of individuals spent more than 30 hours per week in sedentary leisure activities. In Dufferin, one in four residents spent less than nine hours in sedentary activities (Figure 53).

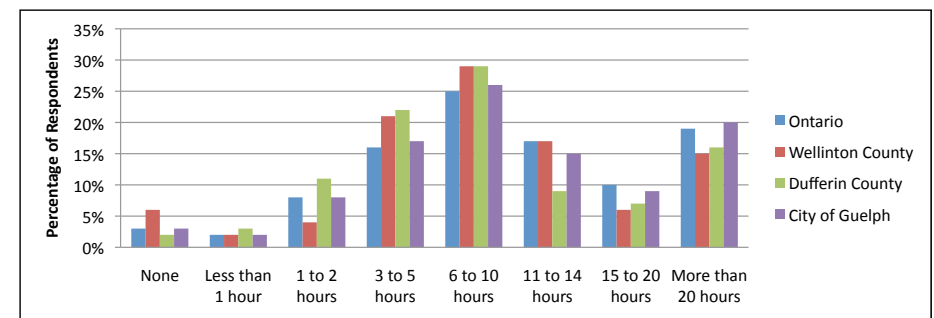
Figure 53 Time Spent Weekly on Sedentary Activities, 2007 to 2008



Source: CCHS, 2008

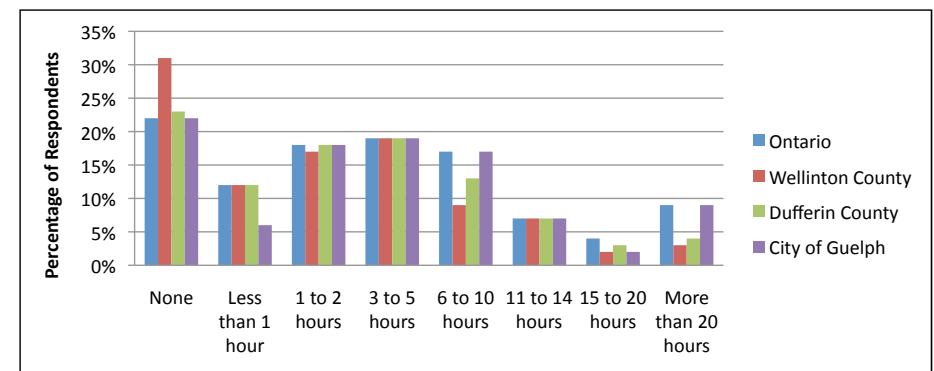
Figure 54 shows the amount of time spent watching television or playing video games in Wellington, Dufferin, and Guelph. The patterns are not radically different from the provincial average. Use of computers outside of school or work also follows a similar pattern in the three communities and Ontario, with the exception of Wellington where a higher proportion of residents spent less time on a computer than Dufferin, Guelph, or the province.

Figure 54 Weekly Number of Hours Spent Watching TV or Videos in WDG, 2007 to 2008



Source: CCHS, 2008

Figure 55 Weekly Number of Hours on a Computer Outside of School or Work, 2007 to 2008



Source: CCHS, 2008

Endnotes

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- 2 Health Canada, Healthy Living: Physical Activity. <http://www.hc-sc.gc.ca>.
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Injury Prevention

4. Injury Prevention

The Ontario Ministry of Health and Long-Term Care recognizes injury prevention as one of the key components of its health promotion strategy. In 2007, Ontario's *Injury Prevention Strategy* was released to reduce preventable injuries in Ontario. Most injuries are not accidents; in fact, over 95% of all injuries are both predictable and preventable.¹

Unintentional injuries are the leading cause of death among Canadians between the ages of one and 34. Suicide is the second leading cause of death among Canadians between the ages of 15 and 34.² Unintentional injuries fall within the top three causes of hospitalizations for Canadians aged 5 to 34.³

Statistics show that youth, children, seniors, and Aboriginal peoples are more at risk of injury than other Ontarians.⁴

Statistics Related to Injuries

Data from the Canadian Community Health Survey was analyzed to investigate injuries among individuals aged 12 or older living in households in Wellington, Dufferin, and Guelph. Data from 2003 to 2010 provides a comprehensive picture of injuries in our community. Recognizing that injury statistics differ by age group, four age groups were examined: adolescents aged 12 to 19, young adults aged 20 to 34, older adults aged 35 to 64, and seniors aged 65 and older. WDG areas were grouped together for this analysis because statistically significant differences were not observed by geography.

Injuries include all of the ways people can be physically hurt, impaired, or killed involving unintentional or intentional damage to the body. Examples of unintentional injuries include motor vehicle crashes, falls, sports injuries, and unintentional poisoning. Intentional injuries may include those resulting from violence, self-harm, and suicide. (Ontario Injury Prevention Strategy, Ministry of Health Promotion, 2007)

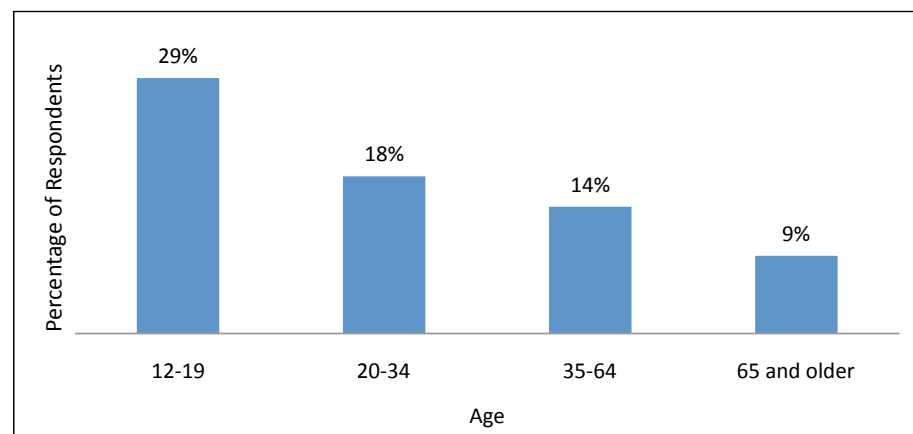
The CCHS data in this report specifically examines activity-limiting injuries. These are injuries severe enough to limit normal activities for at least one day (e.g., a broken bone, bad cut, burn, or sprain). For this purpose, it is not possible to distinguish between unintentional and intentional injuries. Four injury indicators from the CCHS were examined. An additional category of injuries related to motor vehicle collisions was explored using data from the Ontario Ministry of Transportation.

1. Injury in the Past 12 Months
2. Most Serious Injury: Activity When Injured
3. Most Serious Injury: Place of Occurrence
4. Cause of Injury
5. Motor Vehicle Collisions

Injury in the Past 12 Months

When examining injuries that occurred in the past 12 months, different patterns related to age and sex emerge. Figure 56 shows that young people in WDG aged 12 to 19 had the highest likelihood of injury (28.6%). Also, the likelihood of injury declines with age.

Figure 56 Injury in Past 12 Months by Age Group in WDG



Source: CCHS, 2003 to 2010

4. Injury Prevention

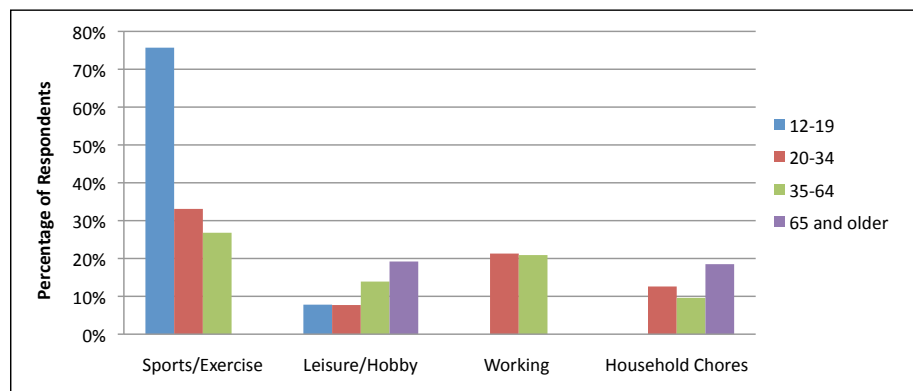
Table 29 Injury in Past 12 Months by Age Group and Sex in WDG

Age	Average	12-19	20-34	35-64	65 and Older
Males	18.4%	33.5%	21.3%	15.3%	8.1%
Females	14.0%	23.6%	13.4%	13.2%	9.2%

Source: CCHS, 2003 to 2010

The statistics in Table 29 show that males in WDG are more likely to be injured than females (18.4% compared to 14%). Male and female injury differences are most apparent in the youngest age groups (12 to 19 and 20 to 34). Those aged 12 to 19 are the most likely to be injured, and the rate is significantly higher for young males (33.5%) compared to young females (23.6%). This trend continues for the 20 to 34 age group where males are more at risk of injury (21.3%) than females (13.4%). Differences in injury rates for males and females over the age of 35 are not significant.

Figure 57 Activity When Injured by Age Group in WDG



Source: CCHS, 2003 to 2010

Most Serious Injury: Activity When Injured

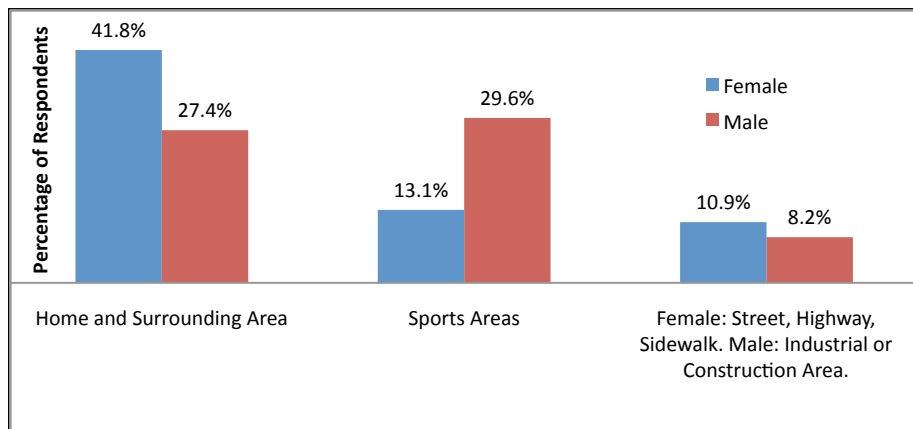
In WDG, 76% of serious injuries to young people aged 12 to 19 occurred during participation in some type of sport or exercise. This rate was more than twice the rate of working age adults. To help ensure that the health benefits of physical activity are achieved and the likelihood of injury reduced, it is recommended that steps be taken to prevent injuries when participating in sports or other activities (e.g., wearing a bicycle helmet while cycling).

Work injuries were highest in 20 to 34 and 35 to 64 year olds in WDG, accounting for about 21% of all their injuries. It is important to identify the category of employment industries because they have differing rates of injury. In 2006, manufacturing was the top industry of residents in Wellington (19.7%), Dufferin (18.2%), and Guelph (24.3%). Across Canada, it was the industry with the highest injury rates (32 injuries per 1,000 employed workers).⁵ For seniors in WDG, everyday tasks such as household chores and leisure or hobby activities accounted for a combined 38% of their injuries.

Most Serious Injury: Place of Occurrence

Figure 58 highlights the three most common places of injury for males and females in WDG. The most common place of injury for females is in the home or surrounding area (41.8%), followed by sports areas (13.1%), and on the street, highway, or sidewalk (10.9%). For males, the two most common locations for injuries to occur are sports areas (29.6%) and in the home or its surrounding area (27.4%). The third most common location for male injuries is industrial or construction areas (8.2%).

Figure 58 Injury Place of Occurrence by Sex in WDG



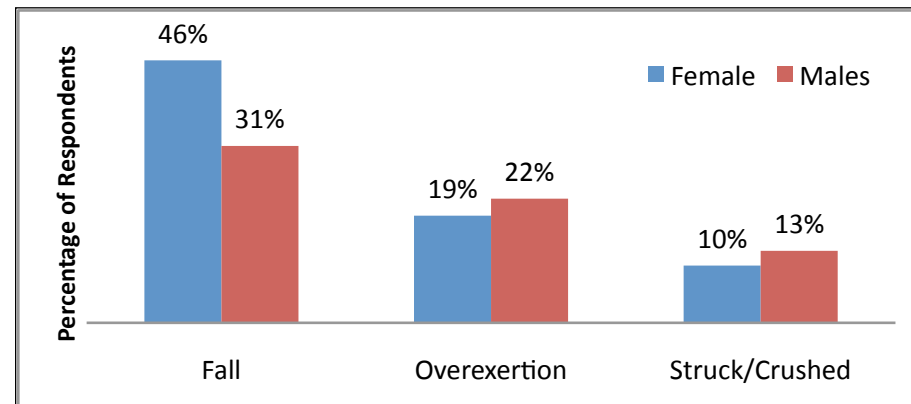
Source: CCHS, 2003 to 2010

Cause of Injury

Falls are the main cause of activity-limiting injury in WDG (Figure 59). For all ages combined, women are more likely to experience an injury caused by a fall than men (46.3% versus 31.2%). Further analysis of falls across a person's lifespan indicates (Figure 60) that both men and women aged 65 and older are at the greatest risk of falling compared to all other age groups. The other two common causes of injury following falls for both men and women are overexertion/strenuous movement and being struck or crushed by something.

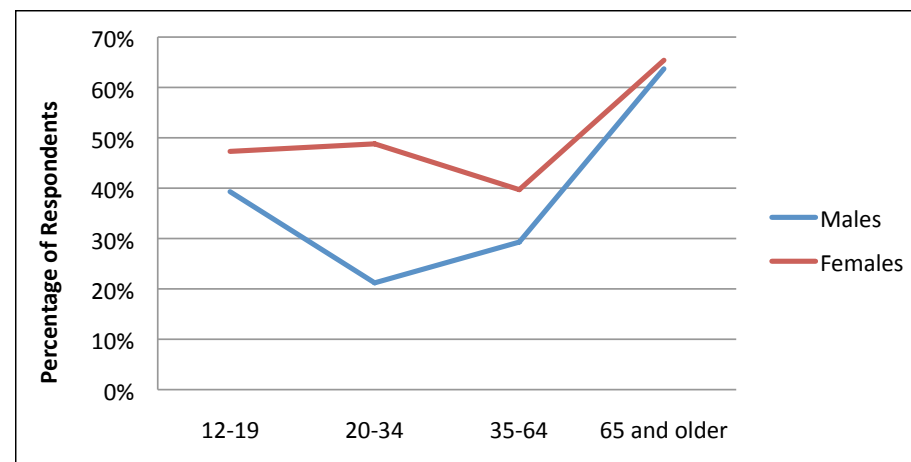
Falls are the most common cause of injury hospitalization for Ontario seniors. In WDG, 65% of injuries for seniors aged 65 and older are caused by falls. Falls not only contribute to physical injury, but they take an emotional toll as well. A fall can cause a loss of confidence and lead to a residual fear of falling which can limit mobility and substantially impact quality of life.

Figure 59 Cause of Injury by Sex in WDG



Source: CCHS, 2003 to 2010

Figure 60 Falls Across the Lifespan by Age Group and Sex in WDG



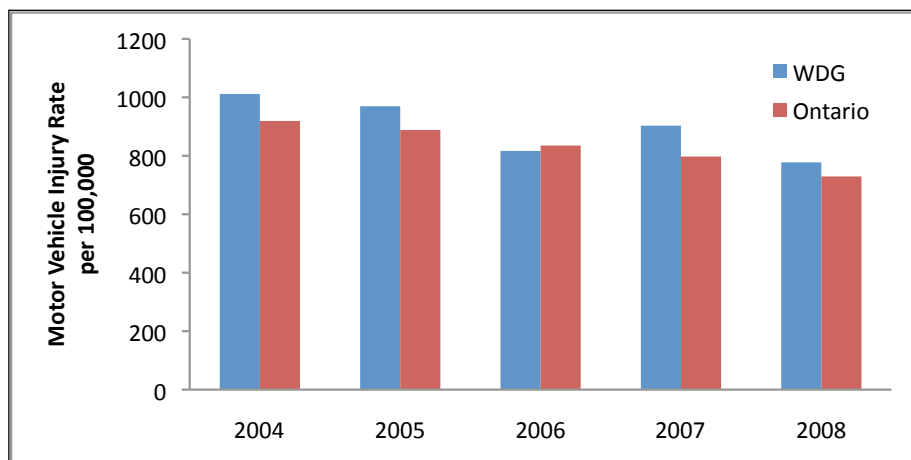
Source: CCHS, 2003 to 2010

4. Injury Prevention

Motor Vehicle Injuries and Fatalities

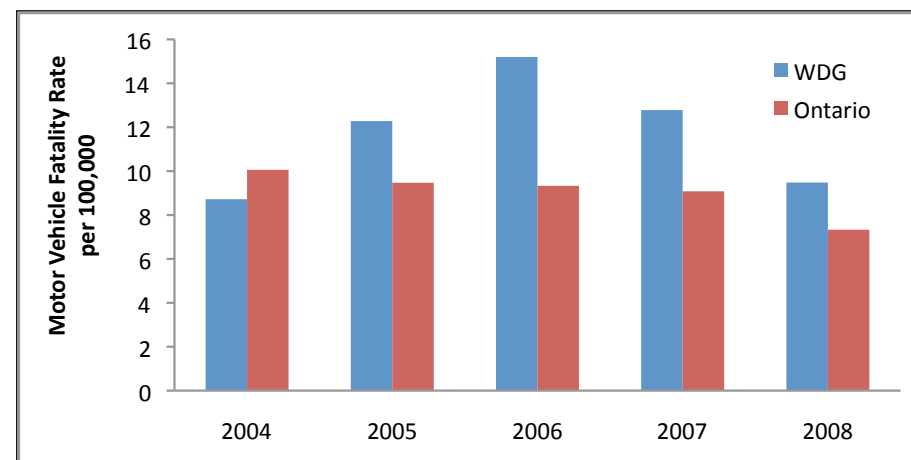
Overall, motor vehicle collisions are the leading cause of major injury hospitalizations in Ontario.⁶ Figure 61 compares the motor vehicle injury rates per 100,000 motor vehicle registrations between WDG and Ontario. During this time period, motor vehicle injury rates appear to be on the decline in both Ontario and WDG. Motor vehicle fatality rates per 100,000 motor vehicle registrations were higher in WDG compared to Ontario between 2005 and 2008 (Figure 62). These fatality rates increased in WDG in 2006, but declined in 2007 and 2008.

Figure 61 Motor Vehicle Injury Rates in WDG and Ontario



Source: Ontario Road Safety Annual Report

Figure 62 Motor Vehicle Fatality Rates in WDG and Ontario



Source: Ontario Road Safety Annual Report, 2004 to 2008

Endnotes

- 1 Ministry of Health Promotion and Sport, *Ontario Injury Prevention Strategy* (2007).
- 2 Public Health Agency of Canada, “Leading Causes of Death.” <http://www.phac-aspc.gc.ca/publicat/lcd-pcd97/table1-eng.php> (2005).
- 3 Public Health Agency of Canada, “Leading Causes of Hospitalization.” <http://www.phac-aspc.gc.ca/publicat/lcd-pcd97/table2-eng.php> (2004-2005).
- 4 Ministry of Health Promotion and Sport, *Ontario Injury Prevention Strategy* (2007).
- 5 Human Resources and Skills Development Canada, *Indicators of Well-being in Canada, Work, Work-related Injuries*. <http://www4.hrsdc.gc.ca> (accessed December, 29, 2010).
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Healthy Eating

5. Healthy Eating

Key findings from the Canadian Community Health Survey indicate a number of healthy eating issues for Canadians:

- 1 in 5 Canadian children have food intakes that exceed their energy needs.
- 3 in 10 adolescents have food intakes that exceed their energy needs.
- 5 in 10 women and 7 in 10 men have food intakes that exceed their energy needs.
- 25% of males and 23% of females, 19 years and older, have fat intakes above the *Acceptable Macronutrient Distribution Range*.
- Sodium intake for all ages is associated with an increased risk of adverse health effects.¹

While overeating and unhealthy food choices affect many Canadians, lack of food security is an issue for some people, and may result in inadequate consumption and less than ideal food choices. Food security is defined by the World Health Organization as “access by all people at all times to enough and appropriate food to provide the energy and nutrients needed to maintain an active and healthy life.”²

According to Health Canada, food security is built on three pillars.

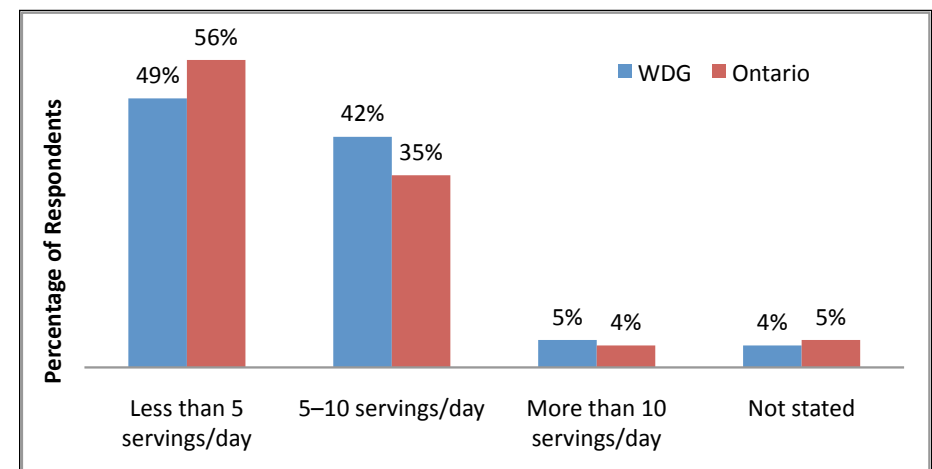
- Food availability: having sufficient quantities of food available on a consistent basis.
- Food access: having sufficient resources to obtain appropriate foods for a nutritious diet.
- Food use: appropriate use based on knowledge of basic nutrition and care, as well as adequate water and sanitation.³

“Children experiencing food insecurity can display changes in their behaviour. Inattention and irritability are more typical behavioural changes. Teachers may observe behavioural changes in the childcare and/or school setting related to increasing economic stresses on families.” (*Wellington-Dufferin-Guelph Coalition for a Report Card on the Well-being of Children*, 2009)

Statistics Related to Healthy Eating

Canada's Food Guide recommends 5 to 10 servings of fresh, frozen or canned vegetables, or fruit per day. Wellington-Dufferin-Guelph residents ranked number one among all public health units in Ontario in 2007 to 2008 for eating the most vegetables and fruit in a day.⁴ Despite this, a large proportion of local residents eat less than the recommended five servings of vegetables and fruit a day. In 2008, only 47% of WDG residents reported eating this amount per day. Also, 49% of respondents to the Canadian Community Health Survey indicated they ate fewer than five servings per day (Figure 63). In the province of Ontario overall, 56% reported eating less than the recommended amount of vegetables and fruit.

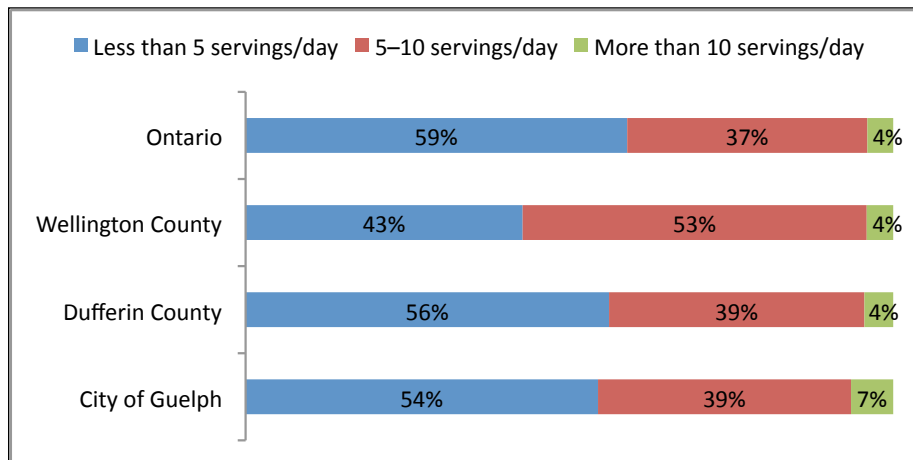
Figure 63 Self-Reported Total Number of Fruit and Vegetable Servings Eaten per Day, 2008



Source: CCHS, 2008

5. Healthy Eating

Figure 64 Self-Reported Total Number of Fruit and Vegetable Servings Eaten per Day in WDG and Ontario



Source: CCHS, 2008

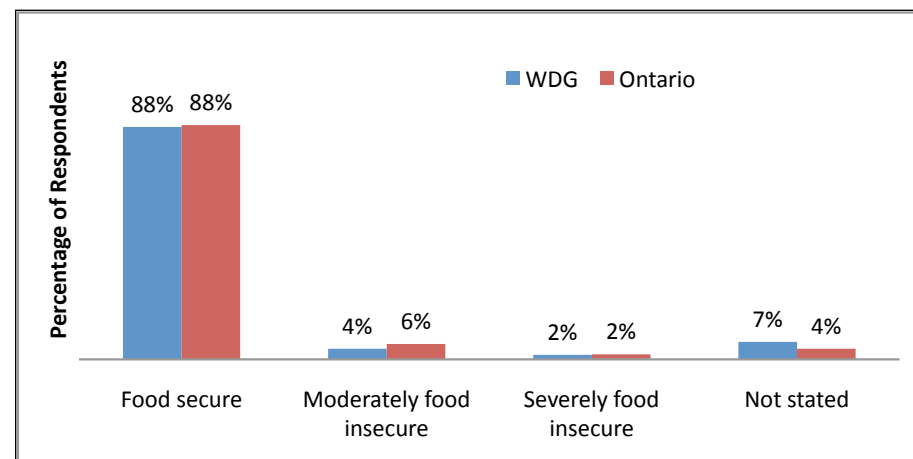
Of the three areas in WDG, Dufferin had the highest proportion of people not meeting the daily vegetable and fruit intake at 56%, followed by Guelph at 54%, and then Wellington at 43% (Figure 64).

Cost of Healthy Eating in Wellington and Dufferin Counties

Every year, WDG Public Health determines the cost for a family of four to eat healthy food by surveying local grocery stores across the region, choosing 67 items to calculate the cost of one week of food (a nutritious food basket). The items included meet the nutritional needs of most people in each age group based on *Canada's Food Guide* and the dietary reference intakes. The most recent calculation in May 2010 found the weekly cost for a family of four is \$170.73.⁵ This represents a 36% increase in the cost of a nutritious food basket from 2008.

The *Coalition for the Report Card on the Well-being of Children* in 2009 identified that some children come to school regularly without enough food to meet their nutritional needs. Guelph has the highest proportion of public schools offering breakfast and/or snack programs (57%), compared to 50% in Wellington, and 46% in Dufferin.

Figure 65 Household Food Security, 2008



Source: CCHS, 2008

Food Security

The 2007 to 2008 Canadian Community Health Survey included a Household Food Security Module (HFSSM) to measure household food security. The HFSSM asked respondents to self report on 18 questions to determine whether access to food compromised their food consumption and eating patterns over the past 12 months. Limited financial resources can lead to uncertain, insufficient, or

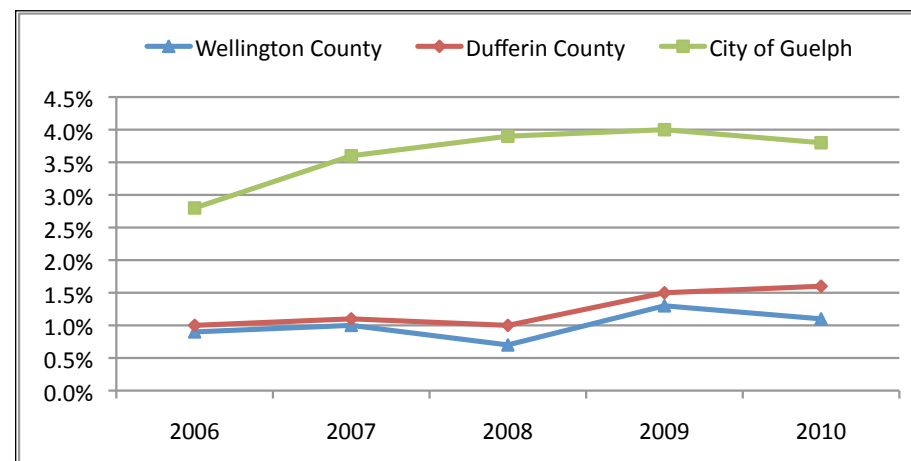
inadequate use, availability, and access to food. The module measured the food security of adults and children as separate entities within households. It did not determine the food security status of each individual member of the household and it cannot be assumed that all members of a household share the same food security status.

Based on the responses to the survey, 7.7% of Ontario residents were classified as being food insecure (moderately and severely food insecure) which is above the Canadian average. Locally, 5.7 % of WDG residents (approximately 14, 530 people) were classified as being moderately or severely food insecure based on the HFSSM.⁶

Between 2005 and 2009, the number of food bank users increased both in the City of Guelph and Wellington County (Figure 66). County food banks had the sharpest increase between 2008 and 2009, with approximately a 50% increase. Since 2005, county food banks had an 80% increase in the number of clients served, while the Guelph Food Bank had a 37% increase.⁷ In Dufferin County, the Orangeville Food Bank filled 1,594 orders in the fiscal year ending June 30, 2009, an increase of 33% over the previous year.⁸

Information gathered by the Research, Learning, Evaluation Working Group of Guelph and Wellington's Task Force for Poverty Elimination found that users identified the low quality of food they received from food assistance programs as a major barrier for achieving a healthy diet. Products such as jelly beans, chips, chocolate, whip cream, and expired products are an example of some of what has been received. Fresh produce, milk products, and meat are rarely received. As a result, most food assistance program clients, particularly those with children, reported spending nearly 50% of their monthly income on these products. (*Research Profile: Food Security and Food Assistance Programs in Guelph and Wellington*)

Figure 66 Percentage of Population using Food Banks in WDG, 2006 to 2010



Source: Research Profile, Food Security and Food Assistance Program in Guelph and Wellington, Guelph and Wellington Task Force for Poverty Elimination, 2010

* County food banks include: Arthur Food Bank, Centre Wellington Food Bank, Clifford Food Bank, Harriston Food Bank, and Palmerston Food Bank

Endnotes

- 1 Health Canada, Food and Nutrition. <http://www.hc-sc.gc.ca>.
- 2 World Health Organization. <http://www.who.int>.
- 3 Health Canada, *Food and Nutrition*. <http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/art-nutr-eng.php>.
- 4 Statistics Canada, *Canadian Community Health Survey 2007 to 2008*. <http://www.statcan.gc.ca>.
- 5 WDGPH. *Nutrition Notes* (December 22, 2010).
- 6 Statistics Canada, *Canadian Community Health Survey 2007 to 2008*. <http://www.statcan.gc.ca>.
- 7 Guelph and Wellington Task Force for Poverty Elimination, *Research Profile: Food Security and Food Assistance Programs in Guelph and Wellington*.
- 8 WDGPH (January 14, 2011).



Tobacco Use and Exposure

6. Tobacco Use and Exposure

Smoking is the leading cause of preventable death. It has negative effects on nearly every organ of the body and reduces overall health.¹ In Ontario, over 13,000 people die every year because of tobacco. Half of its users die prematurely.² Smoking can result in serious chronic health problems including respiratory disease, cardiovascular disease, and cancer. In Wellington-Dufferin-Guelph from 2000 to 2002, 3,668 residents died from these three diseases; an average of over 1,200 deaths a year.³

Monitoring trends in health risk behaviours of youth provides useful information for developing health promotion programs. The *Healthy Settings for Young People in Canada Report* shows a downward trend in daily smoking for boys and girls in Grades 6, 8, and 10. In 2006, only 4% of boys reported smoking daily, compared to 15% in 2002; 6% of girls reported smoking daily, compared to 11% in 2002.⁴ Still, a significant number of youth start smoking each year. According to Health Canada's *Youth Smoking Survey* (2004 to 2005), the two most common reasons that youth start to smoke is "it's cool" (60%) and the behaviour of their friends (57%).⁵ Research shows that four out of five current and former smokers (80%) in Canada began smoking before age 20.⁶ Young smokers are more likely to have lower self-esteem, lower academic achievement, and lower socio-economic status than non-smoking youth.⁷

"Smoking attributable deaths have declined; cigarette sales have fallen by 30%; and there has been a reduction in youth smoking rates. Progress towards reducing [tobacco] consumption in Canada has been greater than anticipated. Most of the original Federal Tobacco Control Strategy's objectives have already been met within less than the prescribed 10 year time frame. As a result, Health Canada has set a new goal: to reduce overall smoking prevalence from 19% (2006) to 12% (by 2011). (Health Canada, October 7, 2009)

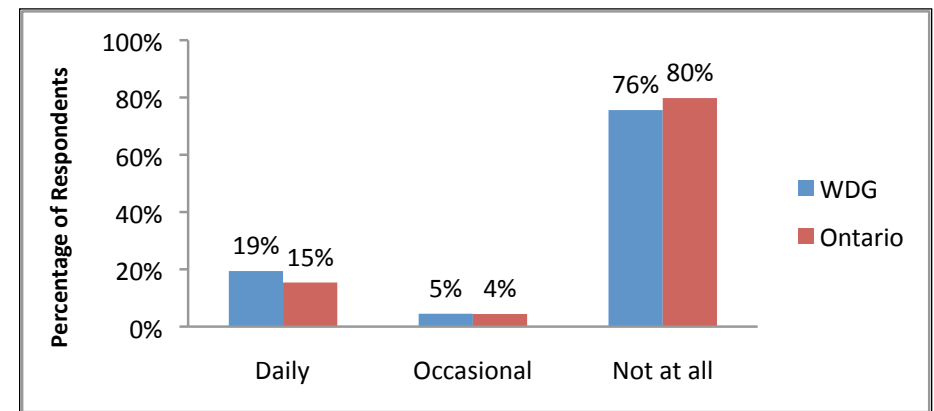
In addition to the direct harmful effects of tobacco use and exposure, research indicates people who use tobacco are more likely to use other addictive and illicit substances.⁸ According to the Canadian Centre on Substance Abuse, smokers are more likely to use alcohol, cannabis, and other drugs; all are linked to problems with mental and physical health.

Statistics Related to Tobacco Use and Exposure

Tobacco Use

In 2008, 76% of Wellington-Dufferin-Guelph residents indicated that they did not smoke (Figure 67). Another 19% of respondents to the Canadian Community Health Survey identified they were daily smokers, and 5% reported they were occasional smokers. The percentage of non-smokers in WDG was slightly lower than the provincial number (80%); and the percentage of daily smokers was slightly higher (19% in WDG versus 15% in Ontario).

Figure 67 Current Smoking Status, WDG and Ontario, 2008

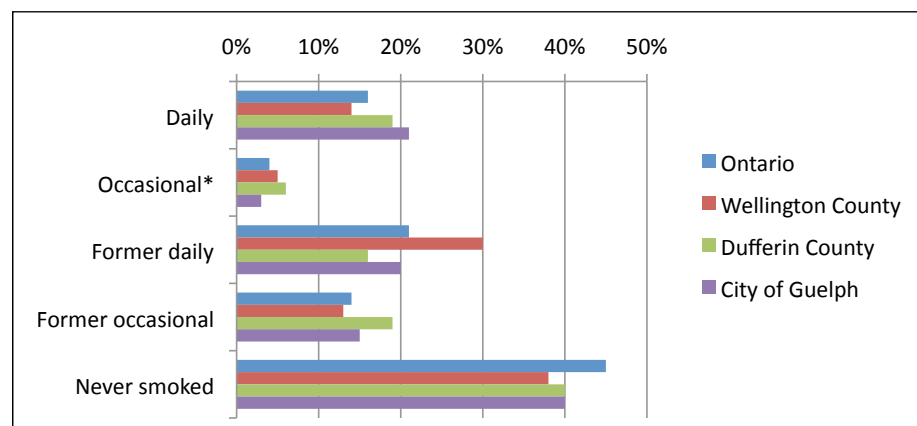


Source: CCHS, 2008

6. Tobacco Use and Exposure

Figure 68 indicates that fewer Wellington residents smoke on a daily basis (14%), compared to Dufferin (19%), Guelph (21%), and the province (16%). Statistics on smoking cessation show more Wellington residents are former daily smokers (30%), than Dufferin residents (16%), and Guelph residents (20%). The three communities have approximately the same proportion of people who have never smoked (38 to 40%), which is lower than the provincial average of 45%.

Figure 68 Current Smoking Status in Wellington, Dufferin, and Guelph, 2007 to 2008



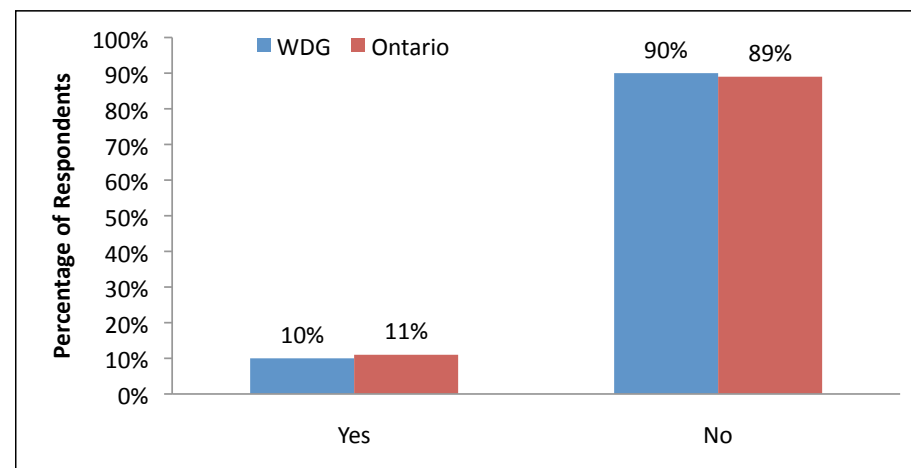
Source: CCHS, 2008

*Includes those who also smoke 'always occasionally.'

Exposure to Second-Hand Smoke

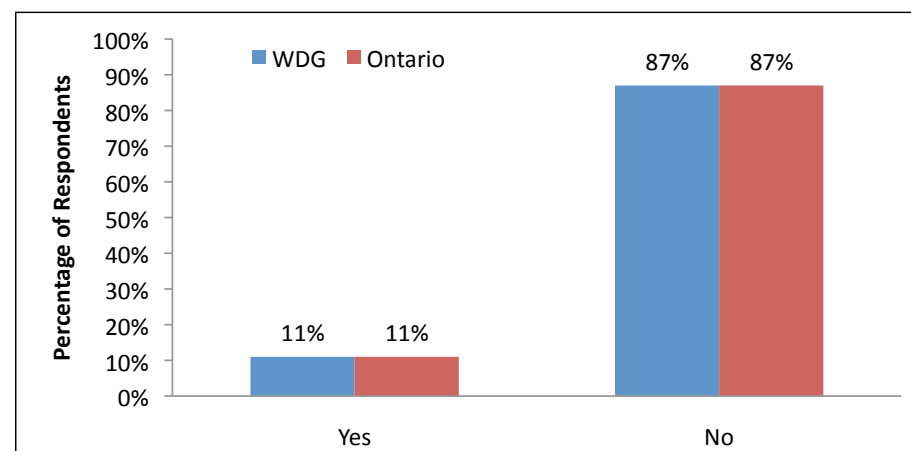
Smoking can also have harmful effects on the health of others through involuntary exposure to second-hand smoke.⁹ Like smoking, exposure to second-hand smoke is a risk factor for chronic disease. Of respondents to the 2008 Canadian Community Health Survey (CCHS), 10% reported that they were regularly exposed to second-hand smoke in the home (Figure 69). In the same survey, 11% of residents said that they were regularly exposed to second-hand smoke in vehicles and or public places (Figure 70).¹⁰

Figure 69 Exposure to Second-Hand Smoke in the Home, WDG and Ontario, 2008



Source: CCHS, 2008

Figure 70 Exposure to Second-Hand Smoke in Public Places, WDG and Ontario, 2008



Source: CCHS, 2008

Endnotes

Table 30 Homes with Senior Kindergarten Children in Which Someone Smokes, 2006

Geographic Area	Percentage Exposed
Wellington County	23.6%
Dufferin County	22.4%
City of Guelph	22.2%

Source: *The Well-being of Children Ages Birth to Six: A Report Card for Wellington, Dufferin, Guelph*, 2009

In 2006, a survey was conducted among parents of senior kindergarten children in English-speaking public and separate schools in Wellington, Dufferin, and Guelph. Results from the survey showed that over 20% of senior kindergarten children were exposed to smoke at home (Table 30).

- 1 Health Canada. <http://www.hc-sc.gc.ca>.
- 2 Tobacco Strategy Advisory Group, *Building on Our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011 to 2016*. Report from the Tobacco Strategy Advisory Group to the Minister of Health Promotion and Sport (October 18, 2010). <http://www.mhp.gov.on>.
- 3 WDGPH. <http://www.wdghu.org>.
- 4 Public Health Agency of Canada, *Healthy Settings for Young People in Canada*. <http://www.phac-aspc.gc.ca> (2008).
- 5 Health Canada, *Summary of Results of the 2004 to 2005 Youth Smoking Survey*. <http://www.hc-sc.gc.ca>.
- 6 Ministry of Health and Long-Term Care, *Initial Report on Public Health*. <http://www.health.gov.on.ca> (2009).
- 7 Ministry of Health and Long-Term Care, *Initial Report on Public Health*. <http://www.health.gov.on.ca> (2009).
- 8 Canadian Centre on Substance Abuse, *Risks Associated with Tobacco Use in Youth Aged 15 to 19*. <http://www.ccsa.ca> (2006).
- 9 Tobacco Strategy Advisory Group, *Building on Our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011 to 2016*. Report from the Tobacco Strategy Advisory Group to the Minister of Health Promotion and Sport (October 18, 2010). <http://www.mhp.gov.on>.
- 10 Statistics Canada, 2010 Health Profile. Ottawa: Catalogue No. 82-228-XWE, June 15, 2010.



Substance and Alcohol Misuse

7. Substance and Alcohol Misuse

Alcohol Misuse

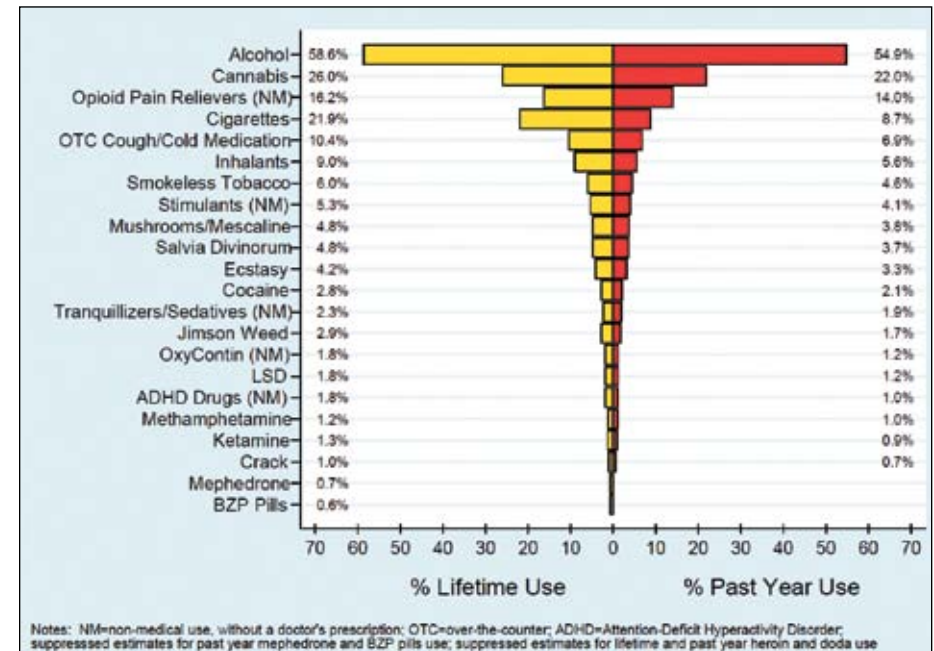
Alcohol misuse is linked to motor vehicle accidents, family problems, crime, and violence.¹ In addition, long-term heavy drinking is associated with health issues such as high blood pressure, stroke, liver disease, and neurological damage.² According to Health Canada, 10% of all deaths in Ontario are directly or indirectly related to alcohol misuse. Furthermore, about 40% of all Ontario traffic collisions involve alcohol misuse.³

Increasing awareness in youth is an important strategy in preventing alcohol misuse; however, some youth consider heavy drinking to be socially acceptable.⁴ Province-wide in 2007, 25% of youth aged 12 to 19 reported consuming five or more drinks on at least one occasion during the previous 12 months.

Substance Misuse

Numerous harmful consequences are linked to substance misuse including physical health problems, mental health problems, violence and crime, physical dependence, psychological dependence, overdose, and legal problems.⁵ Although tobacco and alcohol impose a greater economic burden to the province, use of illegal drugs costs Ontario 29 billion dollars annually.⁶ In 2009, the Centre for Addiction and Mental Health released that year's Ontario Student Drug Use and Health Survey (OSDUHS), which indicated stable or decreased use of alcohol, cannabis, and other drugs, but raised concern about prescription opioid drugs (Figure 71). Among Ontario students grades 7 to 12, 26% reported cannabis use in the past year, and 18% reported the non-medical use of opioid drugs (e.g., codeine, Percocet, Percodan, Tylenol No. 3, and OxyContin).⁷

Figure 71 Students in Grades 7 to 12 Reporting Lifetime and Past Year Drug Use, 2009



Source: Centre for Addiction and Mental Health, Drug Use Among Ontario Students, 2009

Statistics Related to Substance and Alcohol Misuse

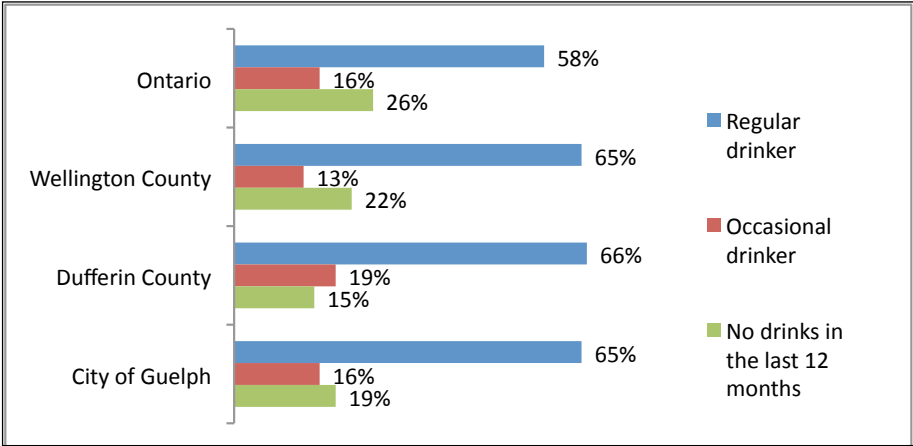
The 2007 to 2008 Canadian Community Health Survey created a variable to classify drinkers based on their frequency of alcohol consumption in the past 12 months.⁸ The CCHS classifies drinkers as follows:

- A regular drinker is anyone who consumed alcoholic beverages once or more per month in the last 12 months.
- An occasional drinker is anyone that consumed alcoholic beverages less than once per month in the last 12 months.

7. Substance and Alcohol Misuse

Based on this classification, approximately 66% of all residents in Wellington-Dufferin-Guelph (WDG) were considered regular drinkers in 2007 to 2008, which was higher than the provincial average of 58% (Figure 72).

Figure 72 Type of Drinker, 2007 to 2008

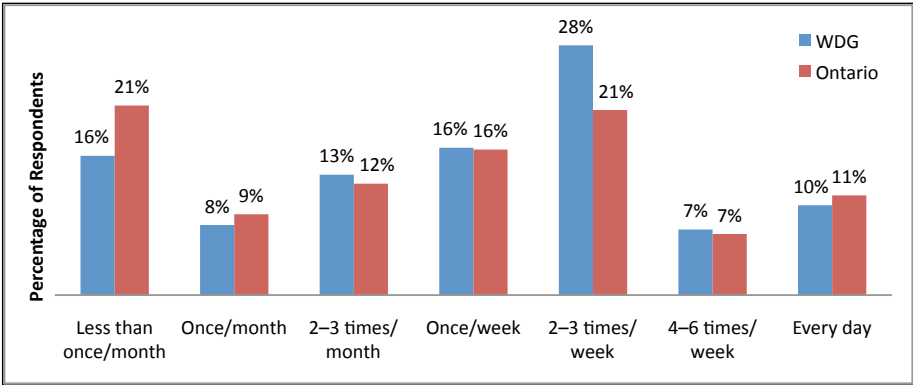


Source: CCHS, 2008

Also, in each of the three WDG areas, the proportion of regular drinkers was higher than the provincial average. Of those who were regular or occasional drinkers, 82% were regular drinkers and 10% were daily drinkers.

In the City of Guelph the drug offence rate in 2008 was 202 occurrences per 100,000 people, an increase of 8% since 2007. In Wellington County during the same period, the drug offence rate was 203, an increase of 2% since 2007. Both 2008 rates are lower than the provincial average of 244. (Guelph-Wellington Vital Signs, 2009)

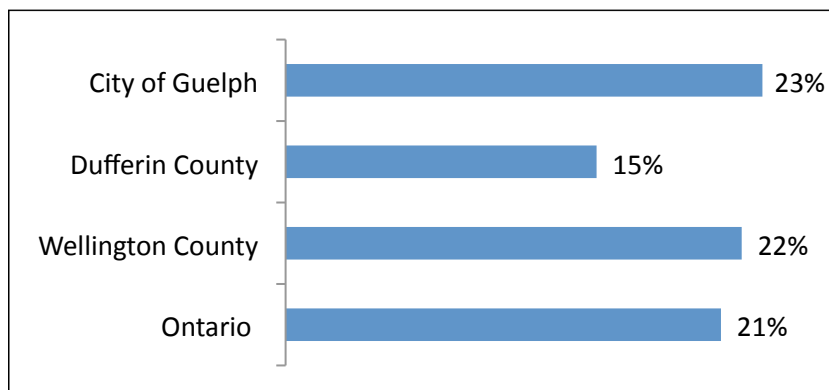
Figure 73 Frequency of Alcohol Consumption in Past 12 Months in WDG and Ontario, 2008



Source: CCHS, 2008

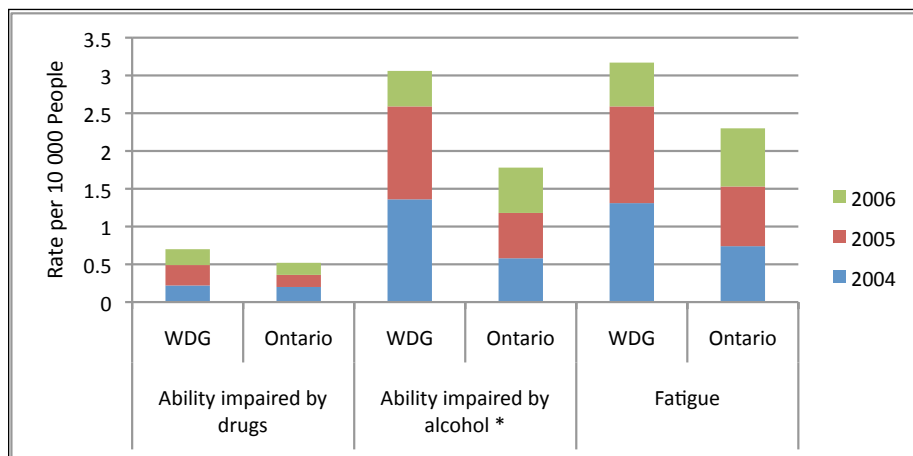
Regular drinking does not necessarily indicate heavy drinking. Another survey question asked by the CCHS targeted heavy drinking: “How often in the past 12 months have you had five or more drinks on one occasion?” In 2008, 20% of WDG residents reported having five or more drinks at one time more than once a month (Figure 74). Over 20% of Wellington County and City of Guelph residents reported consuming five or more drinks once a month or more in the past 12 months (22% and 23% respectively) which was close to the provincial average of 21%. In Dufferin County this number was lower at 15%.

Figure 74 Residents Consuming Five or More Alcoholic Beverages on One Occasion, Once per Month or More in the Past 12 Months, 2007 to 2008



Source: CCHS, 2008

Figure 75 Driver Conditions for Fatal and Personal Injury Collisions in WDG and Ontario, 2004 to 2006



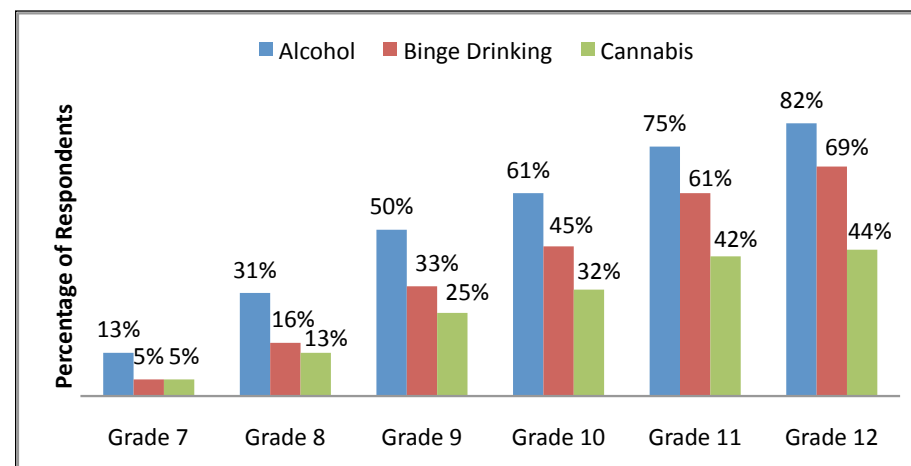
Source: Ontario Ministry of Transportation

* Ability impaired by alcohol: driver had consumed sufficient alcohol to warrant being charged with a drinking and driving offence.

Personal injury and fatal motor vehicle collisions (MVC) in WDG where the driver was charged with an alcohol offense declined from 2004 to 2006.⁹ However, during this period, WDG still had a higher average MVC rate due to alcohol than the province.¹⁰ Also, the rate of MVCs due to the driver's ability being impaired by drugs was higher in WDG than across the province between 2004 and 2006.

It is difficult to obtain local area statistics for the prevalence of alcohol and drug use among youth; however, looking at national statistics can be useful to understand trends. Health Canada's *Youth Smoking Survey 2008 to 2009* found that as early as grade eight almost 31% of students drank alcohol in the past 12 months, and by grade nine 33% had engaged in "binge drinking" which is defined as drinking more than five drinks on one occasion (Figure 76).¹¹ By grade twelve, 82% reported drinking alcohol and over 69% engaged in binge drinking.

Figure 76 Use of Alcohol and Cannabis During Last 12 Months by School Grade, 2008 to 2009



Source: Health Canada 2008 to 2009

The Health Canada survey also identified that in grade nine, 25% of students reported using cannabis. This proportion increased to 44% in grade twelve.

Endnotes

- 1 Health Canada, Alcohol. <http://www.hc-sc.gc.ca>.
- 2 Ministry of Health and Long-Term Care, *Initial Report on Public Health* (2009).
- 3 Ministry of Health and Long-Term Care, *Initial Report on Public Health* (2009).
- 4 Ministry of Health and Long-Term Care, *Initial Report on Public Health* (2009).
- 5 Health Canada, Straight Facts about Drugs and Drug Abuse. www.hc-sc.gc.ca.
- 6 Rehm et al, *Costs of Substance Abuse in Canada: Highlights*. Canadian Centre on Substance Abuse. <http://www.ccsa.ca> (2002).
- 7 Paglia-Boak et al, *Drug Use Among Ontario Students, 1977-2009: OSDHS Highlights*. CAMH Research Document Series, No. 28. Centre for Addiction and Mental Health. <http://www.camh.net> (2009).
- 8 Statistics Canada, Canadian Community Health Survey 2007 to 2008. <http://www.statcan.gc.ca>.
- 9 WDGPH. "Comparison of Motor Vehicle Collision Data between Wellington-Dufferin-Guelph and Ontario 2004 to 2006" (2011).
- 10 WDGPH. "Comparison of Motor Vehicle Collision Data between Wellington-Dufferin-Guelph and Ontario 2004 to 2006" (2011).
- 11 Health Canada. Supplementary Tables. *Youth Smoking Survey 2008 to 2009*. <http://www.hc-sc.gc.ca>.



Mental Health

8. Mental Health

According to the Canadian Mental Health Association (CMHA), mental health means “striking a balance in all aspects of one’s life: social, physical, spiritual, economic, and mental.”¹ Mental health is as important as physical health and is recognized by the World Health Organization (WHO) as an integral part of overall health and well-being.² The WHO recommends involving government and non-governmental or community-based organizations in community mental health promotion. Positive mental health promotion across all ages ensures a healthy start for children and reduces the incidence of mental illness in adulthood and old age.³

The Mental Health Commission of Canada reports that one-third of Canadians will experience a mental health problem at some point in their lives.⁴ The Commission also reports that youth are particularly vulnerable as half of all mental disorders begin by age 14 and 75% begin by age 24. Among young people aged 15 to 24 in Canada, suicide is the second leading cause of death. At any given point in time, 15% of Canadian children and youth are affected by mental illness.⁵ Some common behaviours seen in children with potential mental health problems are anxiety and fear, aggressive behaviours, and at times hyperactivity.⁶

According to the Centre for Addiction and Mental Health in Canada, mental illness is the second leading cause of human disability and premature death. An estimated 51 billion dollars is the cost of mental illness to the Canadian economy in terms of healthcare and lost productivity. These figures are evidence that mental health is a significant concern to Canadian citizens. Internationally, the WHO predicts that depression will be the single biggest medical burden on the healthcare system by 2020.

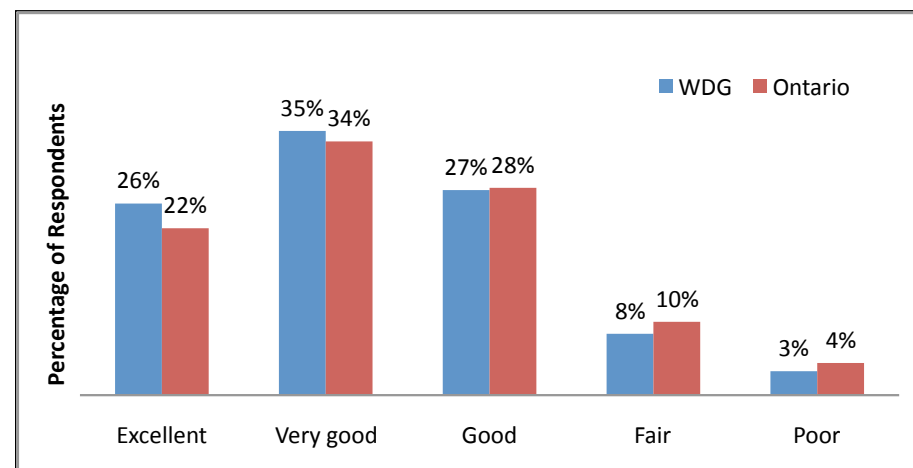
Statistics Related to Mental Health

There are many sources of mental health data. The Canadian Community Health Survey collects information on the health and mental health of Canadians. In this section, data from the 2003 to 2010 cycles of the CCHS has been compiled to provide a richer picture of mental health in our community.

Self-Perceived Mental Health

Self-perceived mental health is a subjective measure of overall mental health status. The CCHS has a general health module that asks about self-perceived mental health. Between 2003 and 2010, 61% of respondents in WDG considered their mental health to be either excellent or very good. In the province of Ontario, the 56% of respondents reported either excellent or very good mental health.

Figure 77 Self-Perceived Mental Health in WDG and Ontario, 2003 to 2010



Source: CCHS, 2003 to 2010

In each of the three communities of WDG, self-perception of mental health is also very positive (Table 31). From 2003 to 2010, the vast majority of residents reported good to excellent mental health: Dufferin 94%, Wellington 96%, and

8. Mental Health

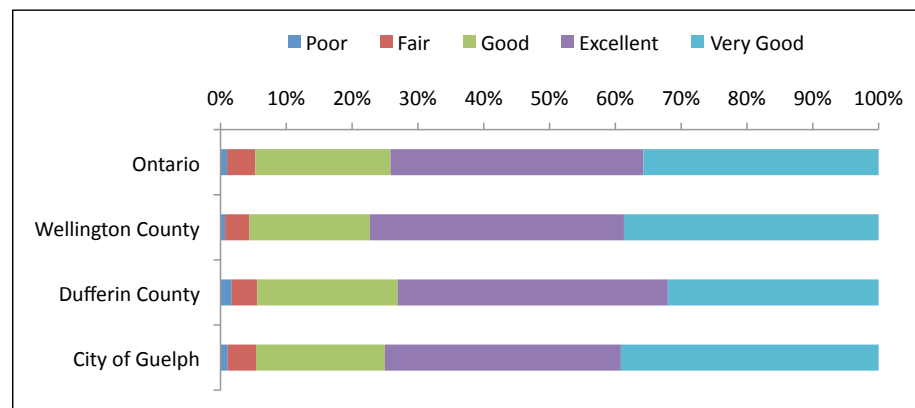
Guelph 95%. Nevertheless, in the 2009 CCHS, 24% of WDG residents aged 15 and older reported feeling ‘quite a bit’ or ‘extremely’ stressed most days.⁷ Hospitalization due to mental or behavioural disorders for all ages in the period 2007 to 2008 was 3% in Wellington, 2% in Dufferin, and 2% in Guelph.⁸

Table 31 Self-Perceived Mental Health by Community, 2003 to 2010

Self-Perceived Mental Health	Wellington County	Dufferin County	City of Guelph	Ontario
Poor	0.7%	1.7%	1.1%	1.0%
Fair	3.7%	3.9%	4.3%	4.3%
Good	18.3%	21.3%	19.6%	20.5%
Very Good	38.7%	32.0%	39.2%	35.7%
Excellent	38.6%	41.0%	35.9%	38.4%

Source: CCHS, 2003 to 2010

Figure 78 Self-Perceived Mental Health in WDG and Ontario, 2003 to 2010

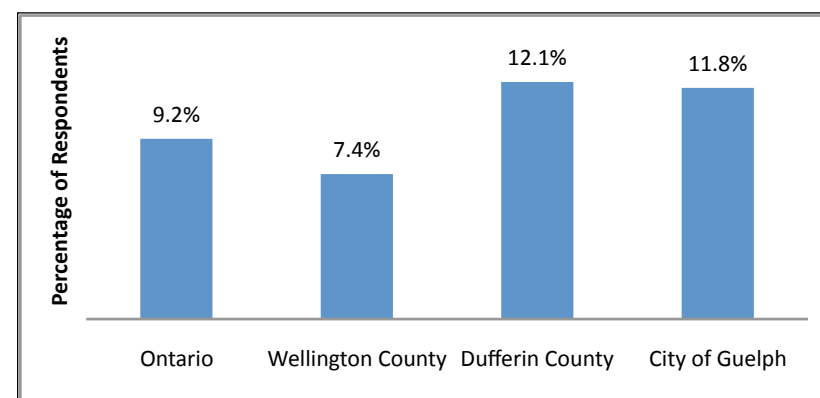


Source: CCHS: 2003 to 2010

People Consulting a Mental Health Professional

There is a small variation in the percentage of individuals who consulted a mental health professional among the three areas of WDG; however, these variations lack statistical significance.

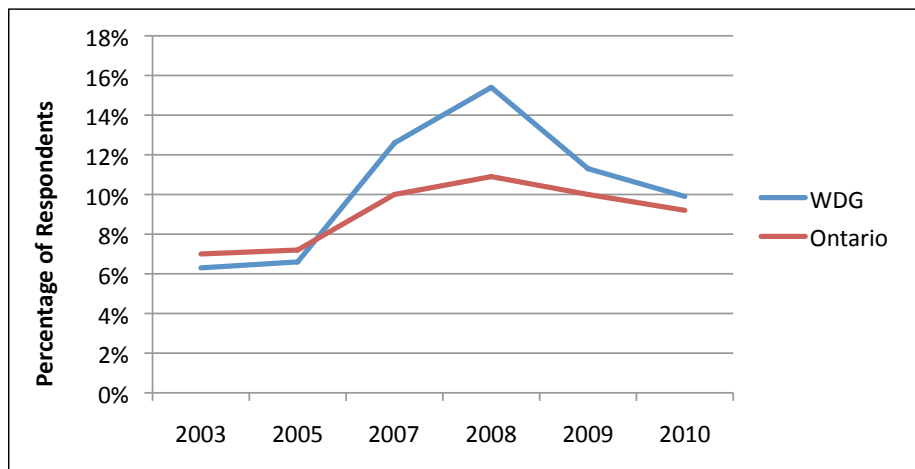
Figure 79 People Consulting a Mental Health Professional by Community, 2003 to 2010



Source: CCHS, 2003 to 2010

Of residents in WDG, the percentage of individuals consulting a mental health professional increased significantly from 6.6% in 2005 to 12.6% in 2007. This increase was sustained during the 2007 to 2010 period, the percentage of individuals seeking consultation remained higher than the 2003 level (Figure 80).

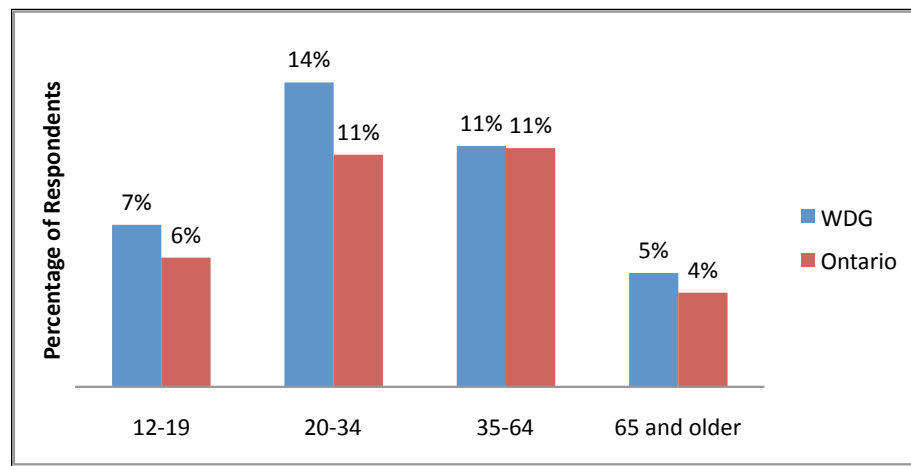
Figure 80 People Who Consulted with a Mental Health Professional in WDG and Ontario, 2003 to 2010



Source: CCHS, 2003 to 2010

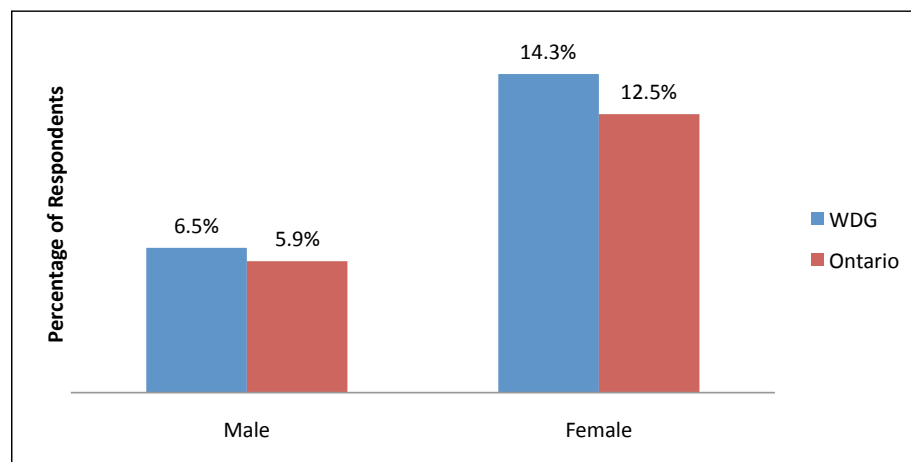
Among 20 to 34 year olds in WDG from 2003 to 2010, 14% indicated they had consulted a mental health professional versus 11% in the province of Ontario. The percentage of consultations with mental health professionals in other age groups of WDG was similar to the provincial rates (Figure 81).

Figure 81 People Who Consulted with a Mental Health Professional by Age in WDG, 2003 to 2010



Source: CCHS, 2003 to 2010

Figure 82 People Who Consulted a Mental Health Professional by Sex in WDG, 2003 to 2010



Source: CCHS, 2003 to 2010

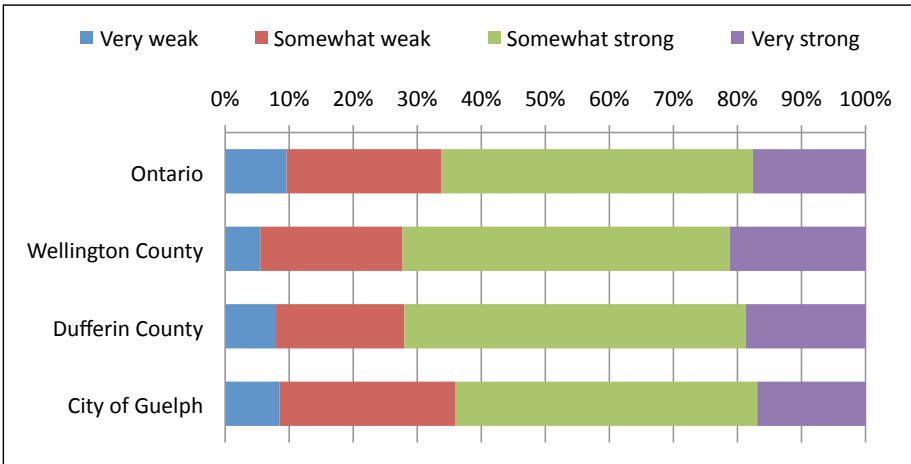
8. Mental Health

Data from the CCHS shows that from 2003 to 2010 in both WDG and the province, more females than males reported consulting a mental health professional. In WDG, significantly more females (14.3%) than males (6.5%) indicated that they had consulted a mental health professional.

Sense of Belonging to a Local Community

A person’s sense of belonging to his or her community has been shown to have an impact on health outcomes, including one’s physical and mental health.⁹ Between 2003 and 2010, most WDG residents (Figure 83) reported having a ‘somewhat strong’ connection to their community (47.2% to 51.1%). Approximately 21% of Wellington residents reported a ‘very strong’ sense of community; the highest proportion per area as compared to Dufferin (18.7%), Guelph (16.9%), and the province (17.6%). In the City of Guelph, 27.5% of residents reported a ‘somewhat weak’ sense of belonging to their community; the highest proportion as compared to Wellington (22.2%), Dufferin (20.2%), and the province (24.2%) (Figure 83).

Figure 83 Sense of Belonging to a Local Community in WDG, 2003 to 2010

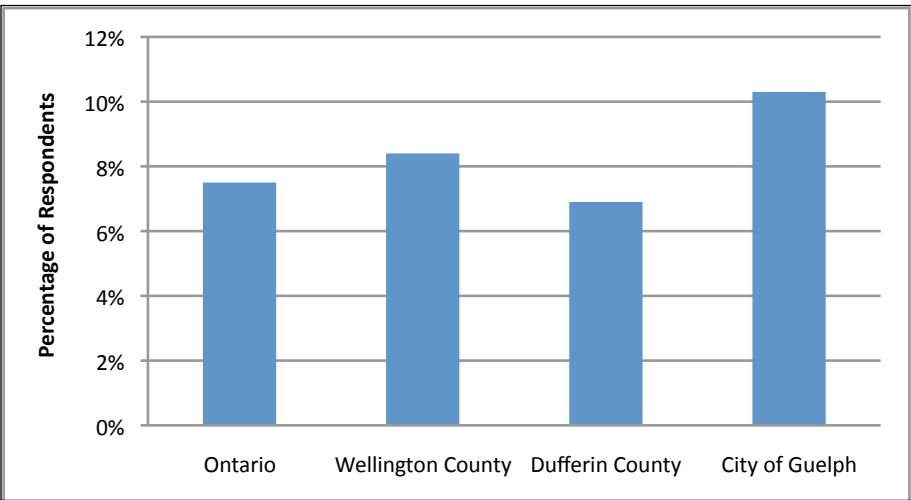


Source: CCHS, 2003 to 2010

People Who Have Seriously Considered Suicide

The Canadian Community Health Survey 2003 to 2010 identified that 8.4% of Wellington, 6.9% of Dufferin, and 10.3% of Guelph residents reported seriously considering suicide in their lifetime (Figure 83).

Figure 84 People Who Have Seriously Considered Suicide in Their Lifetime in WDG, 2003 to 2010

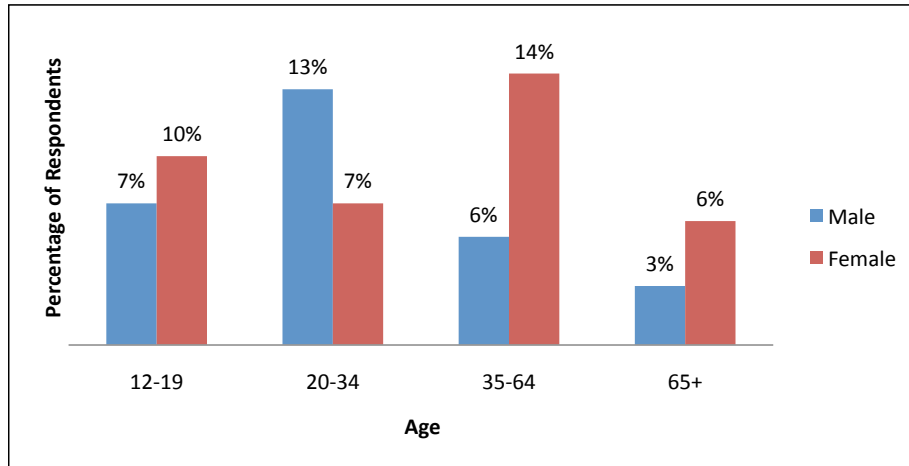


Source: CCHS, 2003 to 2010

In WDG from 2003 to 2010, in three out of four age categories, a higher rate of females reported considering suicide than males; however, in the 20 to 34 age group, males reported being at almost twice the risk of seriously considering suicide as compared to females. The smallest difference between males and females was in the youngest age group, aged 12 to 19 (Figure 85).

Endnotes

Figure 85 Males and Females Seriously Considering Suicide in WDG, 2003 to 2010



Source: CCHS, 2003 to 2010

- 1 Canadian Mental Health Association. <http://www.cmha.ca>.
- 2 World Health Organization, Mental Health. <http://www.who.int>.
- 3 World Health Organization, Mental Health. <http://www.who.int>.
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Appendix A

Appendix A

Ontario Healthy Communities Fund (HCF)

The goals of the HCF are:

- Create a culture of health and well-being;
- Build healthy communities through coordinated action;
- Create policies and programs that make it easier for Ontarians to be healthy; and
- Enhance the capacity of community leaders to work together on healthy living.

The HCF has three main components:

Grants Project Stream

A one-window approach to funding local, regional, and provincial organizations to deliver health promotion initiatives that address two or more of the MHPS's six priority areas.

Partnership Stream

Promotes coordinated planning and action among community groups to create policies that make it easier for Ontarians to be healthy.

Resource Stream

Provides training and support to build capacity for those working to advance health promotion in Ontario, including local partnerships and organizations that apply for funding through the HCF Grants Project Stream.

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Community Picture:

Health Status of Wellington-Dufferin-Guelph



February 2012

“Public health is, quite simply, about prevention. It is about fewer people getting sick. It is about fewer people getting injured. It is about more people living long and healthy lives.”

— Dr. Arlene King, Ontario Chief Medical Officer of Health

Wellington-Dufferin-Guelph Public Health uses the best available evidence to improve the health of individuals and communities. The research is clear – social determinants of health including low income, education, and employment have a profound impact on health. This local snapshot of the social and economic status of our community will assist with efforts to reduce disparities and improve health.



Public Health

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