Report to
Rapport au:

Ottawa Board of Health
Conseil de santé d'Ottawa
17 December 2018 / 17 décembre 2018

Submitted on December 13, 2018
Soumis le 13 décembre 2018

Submitted by
Soumis par:
Dr./D^re^ Vera Etches, Medical Officer of Health / Médecin chef en santé publique

Contact Person
Personne ressource:
Monique Stewart, Acting Director / Directrice par interim, Knowledge Exchange, Planning and Quality / Échange de connaissances, planification et qualit
613-580-2424 ext./poste 23537

Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE

File Number: ACS2018-OPH-KPQ-0006

SUBJECT: STATE OF OTTAWA'S HEALTH 2018: AN UPDATE

OBJET: ÉTAT DE SANTÉ DE LA POPULATION D'OTTAWA EN 2014: UNE MISE À JOUR

REPORT RECOMMENDATION

That the Board of Health for the City of Ottawa Health Unit receive this report for information.

RECOMMANDATION DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne connaissance du présent rapport à titre d'information.

BACKGROUND

Information about the health of people in Ottawa serves as a foundation for programs, services and partnerships to improve the health of the City.

Population health assessment includes measures, analyses, monitoring and interpretation of data and knowledge about the health status, social determinants of health and health inequities of populations and subpopulations. Ottawa Public Health (OPH) assesses and monitors the health of Ottawa's population on a regular basis. This keeps programs and services current, informed and focused, provides information to OPH's partner agencies to use in their program development, and allows OPH to assess progress in protecting and promoting health and preventing disease.

In 2014, Ottawa Public Health (OPH) released a report titled "State of Ottawa's Health 2014", which provided an overview of key health conditions and indicators describing the health of Ottawa's population at that time. The report also contributed to meeting the Ministry of Health and Long-Term Care requirements for population health assessment under the Ontario Public Health Standards, providing Ottawa Public Health with additional evidence needed to make informed decisions about policies, programs and services.

State of Ottawa's Health 2014 report was widely disseminated and used to inform the 2015-2018 Board of Health Strategic Plan and OPH's strategic priorities. OPH also actively shares and combines this information with that of our partners, who provide geographical analyses. As examples, OPH worked with the Champlain Local Health Integration Network (LHIN) in 2016-2017 to produce sub-LHIN level geographical estimates for some health measures, and with the Ottawa Neighbourhood Study on neighbourhood level health-related estimates. Priority populations such as immigrants, Francophones, LGBTQ2, residents living in rural areas, and older adults were considered in the data analysis where possible. However, these populations are not well represented in local data. OPH recognizes that there may be important variations by geography and subpopulations, highlighting the importance of collaboration with community partners and stakeholders.

OPH continues to monitor population health and to regularly report its findings. OPH has now prepared the "State of Ottawa's Health 2018" report, a concise, high-level update on the health of Ottawa's population, which is attached as Document 1. Going forward, OPH will keep current on its website, detailed data and supporting visuals that pertain to the key health conditions and indicators included in this report. OPH also continues to produce more detailed topic-specific reports on important and emerging issues (e.g. mental health, substance use, infectious diseases).

DISCUSSION

The “State of Ottawa’s Health 2018” report provides an overview of city-wide, aggregated health information that highlights demographics, mortality and morbidity, risk factors for chronic conditions, substance use, injuries, violence and abuse, infectious diseases, vector-borne diseases (e.g. Lyme disease), mental health, oral health, reproductive and child health. This report highlights some of the key findings. More detailed information can be found in Document 1 or at OttawaPublicHealth.ca/Reports.

The data profiled in this report uses the most current data sources available to OPH. Specifically, demographic data are from 2016; emergency department visits and hospitalizations from 2017; deaths from 2012; health behaviour from 2015-16 or 2017, as indicated in the report; and infectious diseases from 2017. Where feasible, comparisons are made between Ottawa and the provincial average (less Ottawa i.e. Ottawa removed from the provincial average)

Ottawa’s **population** continues to grow and become more diverse.

In 2017, Ottawa’s population was 996,651, the 2016 Census shows a 5.8% population growth since the previous census. One in four residents was born outside of Canada and over one quarter of the population are visible minority, with Black, Chinese and Arab being the most common minority groups.

While there are generally high levels of **income and education** in Ottawa, many Ottawans live on lower incomes or in substandard housing.

The **unemployment** rate in Ottawa is 7%, and 13% of individuals are classified as low income. About a quarter of households spend almost a third or more of their income on shelter, which compromises their ability to pay for other basic needs, such as healthy food. Thirteen percent of households lived in a dwelling that was considered unsuitable or inadequate and were not able to afford more suitable housing.

Ottawa has lower **rates of death and** higher **life expectancy** than the provincial average.

- Since 1986, Ottawa has consistently had lower rates of death, on average, than in Ontario-less-Ottawa. There were 5,397 deaths in Ottawa in 2012, the most current year of data available.
- The life expectancy of Ottawa men increased from 81.3 years (2010 to 2012) to 81.9 (2014 to 2016). For Ottawa women, life expectancy has not changed and is

estimated at 85.2 years (2014 to 2016). Life expectancy at birth and at age 65 for Ottawa residents is higher than the Ontario average for both men and women.

- The leading causes of premature (before age 75) and preventable death include injuries, such as falls, suicide, transport collisions and overdose/poisonings, cancer and cardiovascular disease. These remained unchanged from 2009 to 2012.

Injuries contribute substantially to mortality and morbidity across the lifespan.

- In 2008, falls became the leading cause of injury-related death, surpassing suicide, followed by unintentional poisoning and problematic substance use/overdose deaths. The increase in fall-related deaths occurred primarily among adults 80 years of age and older.
- The number and rate of deaths related to unintentional poisonings and problematic substance use/overdose rose from 2008 to 2012 and is expected to continue to rise with an increase in opioid overdose deaths from 2015 to 2017.
- Among men aged 20 to 44 years, injuries caused the most deaths, led by suicide, unintentional poisoning and problematic substance use/overdose, and transport collisions.
- Injuries continue to be the leading causes of emergency department (ED) visits. In 2017, there were over 92,000 injury-related ED visits per year in Ottawa and approximately 6,600 of these resulted in hospitalization. Falls caused the most injury-related ED visits, hospitalizations and deaths.

With respect to problematic **substance use**, opioid overdose deaths rose, alcohol use exceeded recommended guidelines among a substantial portion of the population and youth smoking rates remained low.

- Opioid overdose deaths increased markedly, from 34 in 2015 to 64 in 2017. The death rate was highest in 45 to 64 year-olds. ED visits for unintentional opioid overdoses more than doubled, from 178 in 2015 to 370 in 2017. The rate of opioid-related ED visits is highest in young adults aged 30 to 34 years.
- One fifth (21%) of Ottawa adults drink more alcohol on a weekly basis than recommended by Canada’s Low-risk Drinking Guidelines. Half (52%) of adults binge drank in the past year and one fifth (21%) report heavy drinking, similar to Ontario-less-Ottawa. In 2017, 12% of Ottawa youth binge drank in the past

month, lower than the 21% who reported binge drinking in 2013 and similar to youth in Ontario-less-Ottawa.

- Cannabis use among Ottawa adults (15% in past year) is slightly higher than Ontario-less-Ottawa (11%). Close to one in five youth (18%) reported using cannabis in the past year in 2017, similar to youth in Ontario-less-Ottawa (19%). About 14% of adults and youth who do not use cannabis say they are more likely to try it now that it has been legalized.
- 15% of Ottawa adults smoke cigarettes, down from 22% in 2001 and lower than the provincial estimate of 17%. Six percent of Ottawa youth smoked one or more cigarettes in the past year in 2017, similar to 2013 and to the Ontario-less-Ottawa estimate.

Chronic conditions continue to compromise overall health and well-being.

- While more Ottawa residents (67%) rate their health as excellent or very good compared to Ontario-less-Ottawa (61%), chronic conditions are a common cause of hospitalization and leading cause of death.
- Dementia overtook heart disease in 2012 as the leading cause of death among women aged 65 years and older, while heart disease remained the leading cause for men aged 65 years and older. For women aged 20 to 64 years, breast cancer was the leading cause of death.
- Circulatory conditions were the third leading cause of hospitalization overall, behind obstetrical (e.g. childbirth) and mental health conditions. Circulatory conditions are the leading cause of hospitalization among older adults (65+ years).
- Chronic conditions are more prevalent among older adults (65+ years), with examples of high blood pressure and arthritis each affecting 43% of older adults.

Many residents report very good **mental health**, yet certain populations are at risk of poor mental health and mental health conditions.

- Seven out of ten (70%) Ottawa residents described their mental health as very good or excellent and 66% have a strong sense of community belonging. Both measures are no different than Ontario-less-Ottawa.
- On average, 80 people die by suicide each year, more than two-thirds male, with the highest rates among men aged 40 to 64 years.

- ED visits for mental health and addictions, have risen over the past 10 years, with a sharp climb among youth and young adults. Self-harm ED visits have also increased, and Ottawa had higher rates than the Ontario-less-Ottawa average for self-harm ED visits in 2016.
- One in nine (11%) Grade 7 to 12 students seriously considered suicide in the past year, with 60% of these students wanting to talk to someone but not knowing where to get help.
- Less socio-economic advantaged neighbourhoods in Ottawa have more than twice the rate of ED visits for mental health and addictions compared to the most advantaged neighbourhoods.

Ottawans are not meeting **healthy eating**, **physical activity and sleep** guidelines.

- Only 33% of residents eat vegetables and fruits at least five times per day. One in 15 (7%) Ottawa households reported food insecurity: the inadequate or insecure access to food because of financial constraints.
- Only 10% of employed Ottawa residents (aged 15+ years) reported that their primary mode of transportation to work was walking or cycling in 2016. This proportion has remained steady over the past 15 years.
- Only 22% of Ottawa youth are meeting recommended physical activity levels, and nearly 60% of youth spend more than two hours per day in sedentary "screen time" activities. These estimates are similar to previous years and the Ontario-less-Ottawa average. Among Ottawa students in Grades 7 to 12, one in five (18%) usually used active transportation (i.e. walked or biked) to get to school in 2017. This rate is comparable to the Ontario-less-Ottawa average of 19%.
- On an average school night, over half (56%) of youth sleep less than the recommended eight hours per night and just over half (55%) of adults sleep at least seven hours nightly.

Infectious diseases are a public health concern as some sexually transmitted infections continue to rise.

- The most commonly reported infectious diseases in 2017 were chlamydia (3,452 cases), influenza A and B (1,181 cases), gonorrhea (638 cases), hepatitis C (240 cases), and campylobacter enteritis (216 cases)**.**

- Rates of the sexually transmitted infections, chlamydia, gonorrhea and infectious syphilis have increased significantly over the past five years**.**
- There are gaps in Ottawa residents' understanding of the prevention of emerging vector-borne diseases such as Lyme disease.
- Rates of vaccine-preventable diseases are low. There is progress with vaccination coverage rates among 7 year-old students surpassing the national goal of 95% coverage for rubella (98.4%), meningococcal C conjugate (96.9%), and approaching the goal for measles and mumps vaccination coverage at 94.5% and 94.4% respectively. There is still work to be done to continue increasing unmet coverage goals for diphtheria (87.3%), Haemophilus influenzae type b (84.3%) and pneumococcal disease (83.7%).
- Invasive group A streptococcal disease (iGAS) and tuberculosis (TB) disproportionally affect some individuals. Individuals born in countries with a high burden of TB are at higher risk of developing active TB in Ottawa. People who are marginally-housed are at higher risk for TB and iGAS.

Overall and teen **birth rates** decline, mothers need support for exclusive **breast milk feeding** in the first two weeks after childbirth, and some neighbourhoods are at risk for **early child development**.

- Birth (fertility) rates declined and are lower compared to Ontario-less-Ottawa: there were 9,558 births in 2017, down from 9,978 in 2013. Teenage births declined from 2013 to 2017 and the teen birth rate is lower compared to Ontario.
- Many Ottawa mothers (94%) seek prenatal care in their first trimester.
- Fewer than 5% of Ottawa mothers reported smoking during pregnancy, lower compared to Ontario-less-Ottawa; however, approximately 5% reporting drinking alcohol during their pregnancy, more than the Ontario-less-Ottawa average (2%).
- Nine out of ten (91%) Ottawa mothers fed breast milk to their baby shortly after birth and 70% of mothers were feeding breast milk at six months. However, there is a large drop in exclusive breast milk feeding from 61% shortly after birth to 38% at two weeks of age to 9% at six months. This has largely remained unchanged since 2012.
- One quarter of senior kindergarten children are considered vulnerable in key areas important to healthy child development, particularly in *Physical Health and*

Well-Being, Social Competence and *Emotional Maturity.* The percent of children vulnerable in the *Physical Health and Well-Being, Social Competence* and *Emotional Maturity* domains have increased over time. The percent of vulnerable children in Ottawa was slightly lower than the provincial average (including Ottawa, 28%), though some neighbourhoods had higher vulnerability rates than others (range: 7% to 48% of senior kindergarteners).

Applicability of the Findings:

The findings in this report will help OPH:

- Increase awareness of the health status of the population, which will be used to guide programs and services, and inform the development of healthy public policy;
- Better align local public health programs and services with the identified needs of the local population, including priority populations;
- Allocate resources to reflect public health priorities; and
- Disseminate current and relevant population health information to local public health practitioners, stakeholders and other community partners.

The report does not include data on Indigenous health. OPH is committed to improving health equity for First Nations, Inuit and Métis peoples living in Ottawa. As part of the OPH Reconcili-ACTION Plan, we are addressing the Truth and Reconciliation Commission of Canada's (TRC) call to action #19, to establish measurable goals to identify and close gaps in health outcomes, by working with local Indigenous communities to:

- identify First Nations, Inuit and Métis health and wellness priorities; and
- develop and implement culturally-appropriate data collection methods, analysis and reporting mechanisms.

Because the report is intended to provide population level information about important and emerging health issues, data on small or specific groups may not be included.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

No public consultation was undertaken in the preparation of this information report.

LEGAL IMPLICATIONS

There are no legal impediments to receiving this report for information.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

SUPPORTING DOCUMENTATION

Document 1 – State of Ottawa’s Health 2018

DISPOSITION

This report is submitted to the Board for information purposes.