

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
19 June 2023 / 19 juin 2023**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2023-OPH-KPQ-0003

SUBJECT: State of Ottawa's Health 2023: An Update

OBJET: État de santé de la population d'Ottawa en 2023: 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 our 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 people in Ottawa on a regular basis. This allows programs and services to remain current, informed and focused; provides information to OPH's community partners to use in their program development; and allows OPH to continually assess its progress in protecting and promoting health and preventing disease.

In March 2020, with the start of the COVID-19 pandemic, many monitoring and reporting resources needed to pivot to focus on COVID-19 data and vaccination while still maintaining essential support activities. This resulted in delays and deferrals of non-COVID19 reports and program support.

The "State of Ottawa's Health 2023" report, a high-level but comprehensive summary of the health of people living in Ottawa, is attached as Document 1. This report represents one of the first returns to routine population health reporting by OPH.

This report provides the evidence needed to make informed decisions about policies, programs and services by OPH and many community organizations and partners who work to keep people in Ottawa healthy. This report also helps OPH meet the Ministry of Health requirements for population health assessment under the Ontario Public Health Standards.

DISCUSSION

The "State of Ottawa's Health 2023" report describes the people who live in Ottawa, examines the factors that influence their health and provides highlights of the population's health status. This transmittal report highlights the key findings. More detailed information can be found in Document 1.

The data profiled in the State of Ottawa's Health 2023 report uses the most current data available to OPH through sources like the Census, population projections, health registries, emergency department visits and hospitalizations, population surveys, and reports of infectious disease. Where relevant, comparisons are made between Ottawa and the provincial average less Ottawa (i.e. Ottawa removed from the provincial

average). At the time of preparing the report, mortality data past 2015 was not yet available. Because mortality data up to and including 2015 was published in 2018 and is available on OPH's website, no mortality data was included in this State of Ottawa's Health 2023 report. Data from 2016 to 2018 were recently received and will be incorporated into a follow-up report.

The demographics of people living in Ottawa are changing

Ottawa is a growing city with changing demographics that play a critical role in shaping population health planning.

The population of Ottawa has increased by approximately 17% since the 2016 Census. The largest proportion of residents are 25 to 29 years old. In the coming decades, the greatest growth will occur among those 20 to 49 and those 65 and over. By 2030, it is estimated that older adults, aged 65 and over, will account for 20% of the population. This shift in demographics has significant implications for health resource planning to support an aging population.

Ottawa is becoming more diverse, with a 7% increase in people who identify as being from a racialized group – 35% in 2021 compared to 28% in 2016. This underscores the importance of OPH's ongoing work to support and address the unique health needs of racialized groups within Ottawa.

Social determinants of health impact health equity

The health of people is influenced by a range of factors beyond just health care and behaviours. Social determinants of health like income, systemic racism, the lack of adequate housing and stable employment, to name a few, shape the health inequities in society. These factors are often outside the realm of personal choice and are imposed or reinforced societally. In this report, the effects of social determinants of health include:

- The disproportionate effects of COVID-19: In the first year of the pandemic, the rate of COVID-19 was more than double in the least advantaged neighbourhoods. COVID-19-related hospitalization and death rates were almost 3 times higher in the least advantaged neighbourhoods compared to those with the most advantage throughout the pandemic.
- The challenges to equitable vaccination against COVID-19: Neighbourhoods that are more socioeconomically advantaged generally had higher levels of COVID-19 vaccination compared to those with lower socioeconomic advantage.

- The effect of income on many measures of health: Self-rated health and mental health is approximately 20% lower in neighbourhoods with the lowest socioeconomic advantage compared to those with the most advantage.
- The impact of neighbourhood socioeconomic status on measures of school readiness in children: The percentage of children vulnerable in at least one Early Development Instrument (EDI) domain ranged from 4% to 52% across Ottawa neighbourhoods, with the prevalence of vulnerability generally increasing in neighbourhoods with lower socioeconomic status.
- The lack of access to regular medical providers: 14% of the people living in Ottawa, or approximately 122,000 people, do not have access to a regular health care provider. This proportion is higher among people who have immigrated in the past 10 years, with 38% not having access to a regular health care provider.
- The inequitable impact of chronic disease: While leading causes of hospitalizations are similar across neighbourhoods regardless of socioeconomic advantage, hospitalization rates are between 15 to 30% higher in the neighbourhoods with lowest socioeconomic advantage compared to those with the highest advantage.

These differences by neighbourhood underline the value in tailoring approaches to populations that face the greatest barriers to health. OPH continues to build relationships with key partners in the health care system within the City of Ottawa and with community members, making inroads to better support communities' COVID-19 response and other prevention and health promotion activities. OPH is also advocating for better collection of social determinants of health data to improve system transparency, reduce inequities, and better monitor population health outcomes for specific populations.

Mental health and substance use health are important facets of population health

The COVID-19 pandemic has amplified the pre-existing mental health and substance use health challenges experienced by many people in Ottawa:

- An estimated 60% of people living in Ottawa rated their mental health as very good or excellent in 2019/2020, an approximate 8 to 10% decrease from previous years. Twelve percent, or approximately 100,600 people, rated their mental health as fair to poor.

- Self-rated mental health tends to be lowest among females, people aged 20 to 44, those in the two lowest income quintiles, those who rent their home, and those living alone.
- The COVID-19 pandemic created additional strains on mental health and substance use health. In October of 2020, only 28% of people who responded to a population survey rated their mental health as very good or excellent. This improved to 43% by November of 2021 but was still lower than the estimates prior to the pandemic. Also in November of 2021, about a quarter (24%) reported that in the past two weeks they wanted to reach out for mental health support but did not know where to turn.
- Self-harm is among the leading causes of injury-related hospitalizations among people aged 15 to 44. This is similar to what has been seen in previous reports.
- Emergency department visits for opioid-related overdoses among residents of Ottawa more than doubled, from 443 in 2019 to 982 in 2021, highlighting the impact of COVID-19 on opioid use. Similarly, deaths more than doubled, from 65 in 2019 to 148 in 2021, exacerbating an increase in opioid-related harms that began in 2017.

The role of chronic disease, injury and health-related behaviours on population health in Ottawa

The health of Ottawa residents is influenced by chronic conditions/diseases and associated risk factors, which are shaped by social determinants of health, as well as individual circumstances and behaviours:

- Residents of Ottawa aged 18 and older identify arthritis (16%), high blood pressure (16%), anxiety (10%) and mood disorders (10%) as their most common chronic conditions. By age 65 and older, arthritis (43%), high blood pressure (41%), heart disease (20%) and diabetes (16%) are most common.
- Cardiovascular disease, endocrine, nutritional and metabolic diseases, genitourinary disease and digestive diseases are the most common causes of hospitalizations for chronic diseases. Injuries are the leading cause of emergency department (ED) visits and the fifth most common cause of hospitalizations.
- Smoking rates continue to decline. An estimated 9% of residents of Ottawa aged 19 and older reported they are current smokers, down from 15% in 2017/2018. An estimated 3% of students in grades 7 through 12 reported smoking a cigarette

in the past year.

- Using the new alcohol use risk guidelines developed by the Canadian Centre on Substance Use and Addiction, 69% of the people in Ottawa aged 19 and older are at no or low risk of alcohol related harms, 15% are at moderate risk, and 16% are at high risk. Among those in grades 7 to 12, 32% had consumed alcohol in the past year.
- In the most recent estimates from 2017/2018, 67% of adults over the age of 18 identified that they met the Canadian Physical Activity Guidelines. In 2019, 21% of children aged 5 to 11 had an active day on one or two days in the past week; 19% were active 3 or 4 days; and 21% were active at least 5 days in the past week. In 2021, 29% of students in grades 7 to 12 reported having between one and three active days in the past week, 37% were active 5 or 6 days, and 18% were active every day in the past week.
- In Ottawa, 58% of people aged 18 and older report a height and weight that would classify them as being overweight or obese. This is relatively unchanged over the past 5 years but the percent of the population that is overweight and obese has increased over the past 15 years. This percentage is higher among men and those aged 45 and older.
- In 2020, the proportion of people in Ottawa who were screened for breast and cervical cancer has decreased and there is an increasing proportion of those overdue for colorectal cancer screening.

Infectious diseases are an important health risk for people living in Ottawa

OPH reports on diseases of public health significance to help identify disease trends and to track and manage disease outbreaks. Infectious disease, particularly new and re-emerging disease, is an important health risk for the people living in Ottawa and can impact health systems and society. Early detection and mitigation are critical parts of the public health response to infectious diseases.

- COVID-19 has been the most significant infectious disease challenge in recent history, with respect to both the direct effects of the disease, including hospitalizations and deaths, and indirect impacts on mental health, well-being and society at large. Through the end of 2022, 88,012 people were confirmed positive for COVID-19 infection; 3,464 people were hospitalized, and 1,001 died due to their infection. COVID-19 also challenged existing population health and

health services like childhood immunization, access to primary care services, routine vaccinations, and health-related screenings.

- A global outbreak of mpox (pronounced "em-pox" and formerly known as "monkeypox") occurred in 2022, which included countries that have not historically reported people who test positive for mpox. The first person with mpox was reported in Ottawa in May 2022 and a total of 42 people in Ottawa were diagnosed between May and September 2022. The incidence of mpox in Ottawa was lower than the average of Ontario-less-Ottawa in 2022, which was driven by a high number of people who tested positive in Toronto.
- The rate of tuberculosis in Ottawa has increased slightly over the last six years from 4.6 to 5.5 per 100,000 people and is higher than the average for Ontario-less-Ottawa (4.6 per 100,000).
- Influenza activity was very low during the first two years of the COVID-19 pandemic, then increased during fall 2022 for a shorter but more intense season that disproportionately impacted children and youth compared to pre-pandemic years. As of mid-March 2023, 870 people in Ottawa tested positive for influenza, slightly above the pre-pandemic average of 833, and 40% were under 20 years of age.
- The incidence of sexually transmitted and bloodborne infections decreased during the pandemic, which could be attributed to factors such as reduced testing, as well as fewer sexual contacts due to public health measures. Recently, rates have begun to rebound to pre-pandemic levels.
- OPH is actively preparing for the possible re-emergence of measles due to outbreaks occurring worldwide and a pandemic-related decrease in population vaccine coverage in young people in Ottawa. OPH is drawing on expertise gained from its experiences with COVID-19 as well as past responses to inform its preparations for measles prevention and control.

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, particularly among equity-deserving groups;
- 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.

OPH's strategic priorities will further move the organization to collect data and analyse and report on the relationship of the health of people living in Ottawa, the health of environments, and the relationship between two.

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 this report is intended to provide population level information about important and emerging health issues, data on small or specific groups may not be included. OPH will continue to work with specific populations to produce additional health status reports that can be used to improve health equity. This will include OPH's continued efforts to advance the collection of race-based data and improve disaggregated reporting which, along with working with communities to amplify their lived experience, will inform decision makers and influence policy.

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.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

This report will inform OPH's 2023-2027 Strategic Plan.

SUPPORTING DOCUMENTATION

Document 1 – State of Ottawa's Health 2023

DISPOSITION

This report is submitted to the Board of Health for information purposes.