



Living in Niagara – 2023 Report Health and Wellness Sector

Equitable, lifelong access to health and human services is essential for community well-being. This Sector aligns with UN SDGs #1 – No Poverty; #2 - Zero Hunger; #3 - Good Health and Well-Being; #6 – Clean Water and Sanitation; 10 – Reduced Inequalities; #11 – Sustainable Cities and Communities

Happening Now

- A COVID-19 Evaluation Survey completed June - October, 2021 by 6,528 Niagara region residents attending a Mass Immunization Clinic identified the top 3 problems in Niagara that impact safety and well-being: Mental Health, Addiction/ Substance misuse, and Affordable Housing.
- The [Niagara Region Community Dashboard](#) includes ten Health Indicators within the Community Well-Being category, with statistics about life expectancy; cancer, diabetes and smoking rates; opioid use; sense of belonging; and perceived mental health and overall health.
- In 2023, a total of [734 suspected opioid overdoses](#) were responded to by Niagara Region Emergency Medical Services, compared to 663 in 2022 and 1,005 in 2021. There is an increased push for decriminalization, and safer supply.
- Evidence which [connects health and well-being to current and future climate-related health risks](#) focuses on healthy built environments, climate change mitigation and adaptation. Aspects include: health equity; exposure to extreme temperatures; air quality; active transportation; social cohesion; and the role of green infrastructure in reducing urban heat island effects and improving air and water quality.
- A 2022 project provided [Trauma-Informed Care Training](#) for workers with 15 Niagara community agencies. A survey of 24 agencies representing 2,000 employees and tens of thousands of clients in Niagara showed that the agencies believe that becoming more trauma-informed would make them more effective, and better able to engage clients and retain staff. The project arose from a partnership between the Canadian Mental Health Association Niagara Branch, Pen Financial Credit Union, Armstrong Strategy Group, and the University of Buffalo's Institute on Trauma-Informed Care.
- [Distress Centre Niagara](#) is the local service delivery partner for the new [national 988 Suicide Crisis Helpline](#), launched in November, 2023 by CAMH (Centre for Addiction and Mental Health).
- In 2023, the [Niagara HELPS program team](#) won a McMaster University President's Award for Community-Engaged Research. Quest Community Health Centre, all three Niagara Health Emergency Departments (EDs) and other key partners work with Peer Support Navigators with lived experience of homelessness, who provide nonclinical



assistance, supportive counselling, advocacy and referrals to individuals experiencing homelessness who are in EDs.

What's Emerging

- Strategic priorities of the [Niagara Ontario Health Team \(NOHT-ESON\)](#) include 6 pillars: Integrated care; Indigenous health; Safe and inclusive services; Primary care (timely/equitable access); Human resources; and Improving how NOHT-ESON members work together and measure progress/impact.
- Understanding of [health equity and intersectionality](#) in Niagara is informed by [Niagara Priority Profiles](#) provided by Niagara Region. Profile data includes: Age groups, Disabilities, Education, Ethno-racial and immigration, Homelessness, Indigenous, Linguistic communities, Low income, Religion, Rural and urban, Sex and gender.
- The [shortage of 100 primary care doctors](#) to [meet the needs of residents](#) is being felt across Niagara. The Ontario College of Family Physicians [forecasts](#) that 1 in 5 people in Ontario (3 million) will be without a family doctor by 2026.
- The health and wellness of community agency workers is being affected by the post-COVID combination of increased demand for health and human services, and volunteer numbers that are slow to build back.
- Demand persists for services to address mental health concerns for people of all ages. As of October 31, 2023, families seeking mental health services for children and youth under 18 living in Niagara can [directly contact Pathstone Mental Health](#) (PMH); and for immediate support, visit any of Pathstone's 10 in-person, Monday to Friday walk-in clinics across the region, or call the 24-7 Crisis & Support line: 1-800-263-4944.

Suggested Community Action Steps

- Identify work already being done in Niagara to support vulnerable individuals to find appropriate care. Strengthen programs and systems navigation, coordinated access to services, and integrated care planning. Examine [lessons learned in other parts of Ontario](#) about taking a case management approach to reduce wait lists for services, and address immediate needs.
- Strengthen agencies' collective understanding of assets already in place, to provide phone and online access to health information in Niagara, such as the Mental Health and Addictions [Access Line Niagara](#); [Health 811](#); [211 Ontario](#); and [Older Adult Infolink](#).
- Pay attention to [intersectionality](#), and the importance of including diverse voices and perspectives in planning for service delivery.
- Reduce barriers for individuals seeking mental health services by increasing understanding of the mental health continuum. Do this to be specific in identifying resources to promote health and reduce disruption. Consider factors such as race, sexual orientation, social class, age, disability, gender and unique life experiences and stressors.



Health and Wellness

- Connect data systems, and integrate utilization of AI into support for health systems.
- Advocate, and raise awareness about [compensation inequities](#) between health care, public health, and community-based agencies. This relates to base budget increases. Limited resources make it difficult for community-based organizations and agencies to recruit and hire staff. Addressing inequities by taking a whole-community system approach to managing capacity will support health care system priorities to divert people away from hospitals, toward [more appropriate, effective care provided in community settings](#).
- Considering the post-pandemic era of increased demand for community services and a general reduction in the number of people volunteering, provide support for care workers as the community continues to build back. These supports include trauma-informed care training, adequate wages, and support for workers' own well-being.

Indicators

- **Injury Rates in Niagara**
- **Illness and Disease in Niagara**
- **Prevention and Well-Being**
- **Health Services in Niagara**
- **Lifestyle Indicators in Niagara**
- **Population Health**



Indicator: Injury Rates in Niagara

Injury Rates

The following table highlights emergency department visit rates for all injuries, per 100,000 population, in Niagara and Ontario. These figures are inclusive of those injuries that are intentional and unintentional. Detailed data by type of injury is available at the source listed.

Emergency Department Visits for All Injuries, 2015 - 2022 Age-standardized rate (both sexes) per 100,000 population								
	2015	2016	2017	2018	2019	2020	2021	2022
Niagara Region	12,204.3	12,428.7	12,084.1	11,518.2	11,748.8	9,116.5	10,076.1	9,960.8
Ontario	10,033.7	10,207.6	10,199.6	9,888.0	10,025.2	7,631.5	8,536.6	8,537.9

Source: Public Health Ontario. Emergency Department Visits for All Injuries

Retrieved from: <https://www.publichealthontario.ca/en/data-and-analysis/injuries-data/injury-er-visits>

Injuries – Health Statistics for Niagara

Niagara Region Public Health states that every ten minutes, someone from Niagara visits an emergency department because of an injury. Injuries include all the ways people can be physically hurt, impaired or killed.

Unintentional injuries are accidental and include injuries from motor vehicle collisions, falls and sports. Intentional injuries happen when someone tries to physically hurt themselves (self-harm) or someone else (assault).

The most recent data about injuries in Niagara provided by Niagara Region Public Health is from 2016. Incidence data for Niagara related to select injuries, is presented. These include: Falls, Assault, Motor vehicle collisions, Self-harm and Concussions and head injuries

Source: Niagara Region Public Health

Retrieved from: <https://www.niagararegion.ca/health/statistics/injury/default.aspx>

WSIB Health and Safety Statistics

Workplace Safety and Insurance Board (WSIB) aims to reduce the impact of workplace illness and injury on people and businesses in Ontario. WSIB provides Health and Safety Statistics for the province, as well as a Health and Safety Index for the safety level of Ontario's workplaces.

Source: Workplace Safety and Insurance Board (WSIB)

Retrieved from:

https://safetycheck.onlineservices.wsib.on.ca/safetycheck/explore/provincial/SH_12?lang=en



Indicator: Illness and Disease in Niagara

Health Statistics Provided by Niagara Region Public Health

The Niagara Region Community Dashboard includes [nine Health Indicators](#) within the Community Well-Being category. Indicators include statistics about:

- Female life expectancy at birth
- Male life expectancy at birth
- Cancer incidence rate per 100,000 population
- Diabetes rate
- Suspected opioid overdoses
- Confirmed opioid-related deaths per 100,000
- Sense of belonging to local community
- Perceived mental health as “very good” or “excellent”
- Daily Smoker

Source: Niagara Region

Retrieved from:

https://niagararegion.ca/community_dashboard/category.aspx?q=Community%20well-being#category_Health

Niagara Region Public Health provides [Health Statistics for Niagara](#), a collection of statistics on health topics and progress status for program and service delivery. Categories include:

- Cancer – Incidence and mortality rates for males, females and Niagara
- Child Health – Developmental readiness for school and oral health data
- Demographics
- Infectious Diseases – Respiratory, food, waterborne, vaccine preventable and vector borne trends
- Injuries – Falls, assault, motor vehicle collisions, self-harm and concussions trends and data
- Maternal and Newborn Health – Maternal characteristics and infant feeding data
- Mental Health – Mental health, stress, and life satisfaction data
- Nutrition, Activity and Weight – Nutrition, physical activity and healthy weights data
- Opioids – Opioid and Naloxone Use Trends and Data
- Substance Use – Alcohol, tobacco and cannabis consumption trends and data

Source: Niagara Region Public Health

Retrieved from: <https://www.niagararegion.ca/health/statistics/default.aspx>

A COVID-19 Evaluation Survey was completed in June - October, 2021 by 6,528 Niagara region residents attending a Mass Immunization Clinic. Survey respondents identified the top 3 problems in Niagara that impact safety and well-being: Mental Health; Addiction/ Substance misuse; and Affordable Housing. Source: Niagara Region Public Health [data files]



Canadian Institute for Health Information Statistics

The Canadian Institute for Health Information (CIHI) provides a Health Indicators Interactive Tool. For example, the following statistics show numbers of Hospitalized Acute Myocardial Infarction Events in Niagara Per 100,000 Population, compared to Ontario, for 2020, 2021 and 2022. The CIHI defines a Hospitalized Acute Myocardial Infarction (AMI) Event as a new AMI event resulting in the individual (age 18 and older) being admitted to an acute care hospital. A new AMI event is a first-ever hospitalization for AMI or a recurrent hospitalized AMI occurring more than 28 days after the admission for the previous AMI event in the reference period. Rates are per 100,000 population.

Hospitalized Acute Myocardial Infarction Events in Niagara Per 100,000 Population, 2020 - 2022			
	2020	2021	2022
Niagara Region	227	221	205
Ontario	185	187	179

Source: Canadian Institute for Health Information. *Health Indicators Interactive Tool*
Retrieved from:

<https://yourhealthsystem.cihi.ca/epub/search.jspa?href=https%3A//yourhealthsystem.cihi.ca/epub/SearchServlet>

Infectious Diseases - Statistics in Niagara

Infectious diseases can be spread from one person to another, directly or indirectly, through fluid exchange, exposure to vectors, or from the environment. Niagara Region Public Health provides data about incidence of select infectious diseases. Disease categories include:

- Direct contact and respiratory infections
- Food, waterborne and enteric infections
- Sexually transmitted and bloodborne infections
- Vaccine preventable infections
- Vector-borne and zoonotic infections

Source: Niagara Region Public Health

Retrieved from: <https://www.niagararegion.ca/health/statistics/disease/default.aspx>

Public Health Ontario Data

Public Health Ontario (PHO) provides data and analysis for a number of health Indicators. PHO also provides the [Ontario Marginalization Index](#). The Index is a data tool that combines a wide range of demographic indicators into four distinct dimensions of marginalization in Ontario: Economic, Ethno-racial, Age-based and Social Marginalization.

Source: Public Health Ontario

Retrieved from: <https://www.publichealthontario.ca/en/> and <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Ontario-Marginalization-Index>



Perceived Ratings of Mental Well-Being and Stress

Niagara Region Public Health provides a Mental Health-Statistics in Niagara webpage. Mental health includes emotional, psychological and social well-being, and is important at all stages of life. In Niagara:

- In 2017-18, 66.2 per cent of people aged 12 and over rated their own mental health as very good or excellent.
- In 2019, 60.5 per cent of grade 7 and 8 students and 45.9 per cent of secondary students rated their mental health as very good or excellent.
- In 2017-18, 91 per cent of individuals aged 12 and over reported being satisfied or very satisfied with their lives. In addition, 68.5 per cent of individuals aged 12 and over reported feeling a somewhat strong or very strong sense of belonging to their community.
- In 2019, 76.3 per cent of grade 7 and 8 students and 73 per cent of secondary students reported that they were satisfied with themselves.
- In 2019, 45.1 per cent of grade 7 and 8 students and 40.7 per cent of secondary students rated their ability to handle unexpected / difficult problems as very good or excellent.
- In 2017-18, 21.3 per cent reported that they were quite a bit or extremely stressed from life. Other data reported that 29.8 per cent of people aged 20-64 were quite a bit or extremely stressed from work in the past 12 months. The most common stressors during that time include: finances, work, family, time, and health. Males were more likely to report finances as their biggest stressor in life, while females were more likely to report their family to be their biggest stressor in life.
- In 2019, 14.2 per cent of secondary students had seriously considered suicide in the past 12 months. In addition, 29.6 per cent of grade 7 and 8 students and 35.8 per cent of secondary students wanted to talk about their mental health, but didn't know where to go to get help.
- In 2015-16, 10.2 per cent of individuals age 12 and over have considered suicide at some point in their lives while 2.5 per cent had considered suicide in the past 12 months.

The page also provides a [link](#) to self-harm injuries statistics for information on emergency department visits, hospitalizations, and deaths due to self-harm and suicide; and a [link](#) to information on mental health concerns during pregnancy.

Source: Niagara Region Public Health

Retrieved from: <https://www.niagararegion.ca/health/statistics/mental-health/default.aspx>



Supports for Mental Health and Substance Use in Niagara

► In March, 2020, the Government of Ontario launched [Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System](#). The intent is for patients in Ontario to be able to access the quality care they need and deserve. Province-wide consultations informed the plan, by describing several key challenges facing the system: Wait times; Barriers to access; Fragmentation; Funding; Uneven quality; Lack of data.

The new Ontario Health [Mental Health and Addictions Centre of Excellence](#) is responsible for system management, coordination of services and driving meaningful quality improvements for more consistent patient experiences across the province. The [plan's four pillars](#) include:

1. Improving quality
2. Expanding existing services
3. Implementing innovative solutions
4. Improving access.

Source: Government of Ontario

Retrieved from: <https://www.ontario.ca/page/roadmap-wellness-plan-build-ontarios-mental-health-and-addictions-system#section-0> and <https://news.ontario.ca/en/backgrounder/56054/new-plan-to-build-mental-health-and-addictions-system-will-provide-ontarians-easier-access-to-higher-quality-care> and <https://news.ontario.ca/en/release/56057/ontario-unveils-plan-to-build-mental-health-and-addictions-system>

► [Drugs](#) is a Niagara Region Public Health webpage, with prevention tips & information about Drug Overdose Prevention; Talking to Kids About Drugs; Services to Help with Addiction.

Source: Niagara Region Public Health

Retrieved from: https://www.niagararegion.ca/living/health_wellness/alc-sub-abuse/drugs/default.aspx

► [Youth Wellness Hub Niagara](#) (YWHN) is a safe, welcoming space for youth ages 12 to 25 and their families across Niagara looking to access support for mental health, substance use, peer support, education, employment, wellness, and more. All services are available in-person and virtually, and are free of charge for youth in the Niagara region. The YWHN team works with the following partners:

- Centre de santé Communautaire (Welland)
- Community addiction services of Niagara (CASON)
- Contact Niagara for children's and developmental services
- John Howard Society of Niagara
- Niagara Falls Community Health Centre
- Quest Community Health Centre (St. Catharines)
- The Hope Centre (Welland)

Source: Youth Wellness Hub Niagara

Retrieved from: <https://youthhubs.ca/site/niagara-region-youth-wellness-hub>



► [Distress Centre Niagara](#) (DCN) offers a free, 24-hour, safe, confidential telephone crisis support service. Skilled responders support the safety and emotional wellness of those in need. DCN is a member of Distress and Crisis Ontario (DCO).

DCO provides Statistics and Information from April 01, 2022 to March 31, 2023 for 4 Distress Centres in Ontario, including Niagara (as well as Durham; Lanark, Leeds and Grenville; Ottawa & Region):

- The 4 Distress Centres received a total of 78,752 calls.
- Top caller issues were Mental Health Status (24%); Interpersonal (21%); and Mental Health Diagnosis (13%).
- There was an overall 7% decrease in calls compared to the prior year.
- The Age Group between 45-64 is the most frequent caller; followed by those 25-44 years of age. This remains consistent with the prior year.
- A total of 57% of callers were Female; 42% were Male; consistent with the prior year.

Distress Centre Niagara is one of a network of 39 experienced local, provincial and national crisis lines and helplines across Canada whose trained responders answer calls and texts to the national [988 Suicide Crisis Helpline](#), launched on November 30, 2024 by CAMH (Centre for Addiction and Mental Health); in partnership with the Public Health Agency of Canada.

Source: Distress Centre Niagara and Distress and Crisis Ontario and CAMH

Retrieved from: <https://www.distresscentreniagara.com/> and <https://www.dcontario.org/wp-content/uploads/annual-report-2023-distress-and-crisis-ontario.pdf> and <https://988.ca/>

► The [Mental Health & Addictions Access Line](#), launched in 2014, is offered by Distress Centre Niagara. This 24/7 line provides a “one call, one number” approach, serving as the first point of access to local services in Niagara. The collaborating mental health and addiction agencies provide up to 100 programs across the Niagara region. The Access Line works with and refers people to 16 fully-vetted services so callers can receive more specialized assistance.

Some of the reasons people reach out to Access Line include:

- Curious to see what help is out there.
- Confused that they don't know if they are in the right place to discover what they need.
- Scared of not knowing where to get help or if there is help.
- Worried they can't afford help with their mental health and/or addiction.
- Frustrated with the system.

Source: Mental Health and Addictions Access Line

Retrieved from: <https://www.accesslineniagara.com/>



► The [Niagara Suicide Prevention Coalition](#) (NSPC) was formed in 2003 by over 25 community agencies and members at large, to respond to an increase in deaths by suicide in the Niagara region. The NSPC builds strong and lasting community partnerships to implement their suicide prevention strategy, to address the needs of all residents of Niagara, and to reflect the values of a caring compassionate community.

The work of the NSPC focuses on suicide prevention; intervention, and [postvention](#). The NSPC provides [media guidelines](#) as a resource/tool for the media and for anyone making public presentations or reporting on suicide and suicide prevention.

Source: Niagara Suicide Prevention Coalition

Retrieved from: <http://www.niagarasuicidepreventioncoalition.com/>

► The Mobile Crisis Rapid Response Team (MCRRT) is a partnership between CMHA Niagara Branch and the Niagara Regional Police Service (NRPS) responding to 9-1-1 calls related to mental health. It has proven to be an effective approach to de-escalating crisis situations, immediately assessing individuals' mental health care needs, and connecting people with appropriate support services in the community.

A mental health worker and a specially trained police officer work as a team to:

- Assess, triage, de-escalate and provide resources to individuals in a mental health or addictions-related crisis
- Divert individuals from unnecessary hospital emergency department visits and involvement with the justice system
- Mitigate strain on police resources
- Determine appropriate links to community services
- Improve individual and caregiver experiences
- Decrease stigma of individuals living with mental health and/or addictions issues
- Build & maintain effective partnerships between police services & health care agencies.

MCCRT responds to 9-1-1 calls related to mental health from 12 p.m. (noon) – 12 a.m. (midnight), 7 days/week in Niagara Falls, Niagara-on-the-Lake, St. Catharines and Thorold. In 2022, the program began a pilot expansion for the City of Welland and Town of Pelham. In 2022, MCRRT responded to a total of 1,883 calls (671 in St. Catharines; 714 in Niagara Falls; 498 in South Niagara). A total of 78% of the calls were diverted from hospital.

Source: Niagara Regional Police 2022 Annual Report; and CMHA Niagara Branch

Retrieved from: <https://www.niagarapolice.ca/en/who-we-are/resources/2022-Annual-Report-DRAFT--v15-spreads.pdf> and <https://niagara.cmha.ca/brochure/cmha-partnering-in-our-community/>



Mobile Crisis Rapid Response Team (MCRRT) Canadian Mental Health Association (CMHA) Niagara Branch Statistics						
Year	Contacts	Individuals Served	Referrals	Connections to Service	Diversions from Hospital	Average Response Time
2015-16	540	427	497	357	379	7 min 38 sec
2016-17	824	596	985	604	537	8 min 14 sec
2017-18	1074	737	1006	813	700	9 min 1 sec
2018-19	903	623	907	678	625	9 min 54 sec
2019-20	884	582	868	629	620	9 min 19 sec
2020-21	801	549	653	402	509	10 min 33 sec
2021-22	816	674	703	386	590	9 min 49 sec
2022-23	635	495	554	325	415	10 min 15 sec
2023-24	673	549	682	302	539	10 min 46 sec
Mobile Crisis Rapid Response Team District 2 (MCRRT2) Canadian Mental Health Association (CMHA) Niagara Branch Statistics						
Year	Contacts	Individuals Served	Referrals	Connections to Service	Diversions from Hospital	Average Response Time
2021-22	809	487	641	410	581	10 min 3 sec
2022-23	709	502	621	380	497	11 min 12 sec
2023-24	578	487	595	328	456	11 min 2 sec

Source: [CMHA Niagara Files]

COAST (Crisis Outreach and Support Team) Niagara is a mobile crisis outreach and intervention service that offers immediate telephone counselling and on-site crisis outreach intervention as needed. It operates seven days a week, 24-hours a day for individuals 16 years and older experiencing a mental health crisis. Information is collected over the phone by a qualified health professional. If needed, the mobile team will assess the person in crisis in their community. Ongoing telephone support and/or referral to appropriate follow up services may be recommended to prevent further crisis. COAST is not a rapid-response service. For life-threatening emergencies call 9-1-1. Call COAST 24/7 at 1-866-550-5205.

Source: Canadian Mental Health Association Niagara Branch (CMHA Niagara)

Retrieved from: <https://niagara.cmha.ca/brochure/i-am-in-crisis/>



COAST (Crisis Outreach and Support Team) Niagara CMHA (Canadian Mental Health Association) Niagara Branch Statistics									
Most Frequent Referral Sources	Number of Referrals/Occurrences								
	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Police	1658	2348	2709	2273	1431	510	590	558	301
Client/Family	986	955	713	650	624	791	519	590	394
Clients' Community	65	76	210	231	222	147	98	123	428
Hospital	6	9	17	10	13	363	87	3	3
Total Referrals	3388	4125	3649	3164	2290	1811	1387	1274	1126
Number of unique clients served	2719	3408	1757	1572	1308	1610	1294	1176	1108

Source: [CMHA Niagara Files]

Note: the above information about MCRRT and COAST Niagara is also provided in the LIN-2023 report Community Safety Sector Technical Report.

► Niagara Region staff provided an overview of Niagara Region Mental Health (NRMH) Services at a February 14, 2023 meeting of the Niagara Region Public Health and Social Services Committee. NRMH serves approximately 1,500 clients annually (adults experiencing severe and persistent mental illness; and youth/emerging adults experiencing their first episode of mental health issues). [My Reality- Understanding Psychosis](#) is provided by NRMH.

Source: Niagara Region

Retrieved from: <https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=29694>

► A 2022 project provided [Trauma-Informed Care Training](#) for workers with 15 Niagara community agencies. A survey of 24 agencies representing 2,000 employees and tens of thousands of clients in Niagara showed that the agencies believe that becoming more trauma-informed would make them more effective, and better able to engage clients and retain staff. The project arose from a partnership between the Canadian Mental Health Association Niagara Branch, Pen Financial Credit Union, Armstrong Strategy Group, and the University of Buffalo's Institute on Trauma-Informed Care.

Source: Armstrong Strategy Group

Retrieved from: <https://www.armstrongstrategy.com/post/niagara-trauma-informed-care-survey-results-and-learning-collaborative-application>



► [Niagara HELPS](#) (Homelessness Emergency Liaison and Peer Support) is a partnership between Quest Community Health Centre (CHC) and Niagara Health. Niagara HELPS Peer Support Navigators with lived experience of homelessness provide nonclinical assistance, supportive counselling, advocacy and referrals to individuals experiencing homelessness who are seeking care in Niagara Health Emergency Departments (EDs).

In 2023, the [Niagara HELPS program team](#) won a McMaster University President's Award for Community-Engaged Research. The award includes funding to further research on peer support and its impact on the number of homeless individuals entering EDs. Early findings are showing a positive correlation between Niagara HELPS and a reduction in repeat emergency visits.

Source: Quest Community Health Centre and Niagara Health

Retrieved from: <https://questchc.ca/niagarahelps/> and <https://community.mcmaster.ca/our-programs-and-initiatives/presidents-award/pacer-recipients/> and <https://www.niagarahealth.on.ca/site/news/2024/01/02/our-collaboration-saves-lives-niagara-helps-program-works-with-the-homeless>

Child and Youth Mental Health in Niagara:

► [Contact Niagara](#) (CN) guides and connects people to a range of community Developmental and Autism resources for Children, Youth and their Families. CN is a partner in Youth Wellness Hub Niagara Region and the SNAP (Stop Now and Plan) intervention program.

Source: Contact Niagara

Retrieved from: <https://www.contactniagara.org/>

► [Pathstone Mental Health](#) (Pathstone) aims to strengthen the quality of life for children, youth and families who are dealing with mental health and addiction challenges. From April, 2023 to March, 2024, Pathstone provided counselling/therapy to 6,411 children, and a total of 26,291 direct counselling hours.

As of October 31, 2023, families seeking mental health services for children and youth under 18 living in Niagara can [directly contact Pathstone Mental Health](#) (PMH); and for immediate support, visit any of Pathstone's 10 in-person, Monday to Friday walk-in clinics across the region, or call the 24-7 Crisis & Support line: 1-800-263-4944.

Pathstone walk-in clinics are held in Port Colborne, Fort Erie, Welland, Niagara Falls, Thorold, St. Catharines (2), Beamsville, Grimsby and Pelham/Fonthill. In total, this makes nearly 400 in-person counselling hours available each month.

Source: Pathstone Mental Health

Retrieved from: and <https://pathstonementalhealth.ca/wp-content/uploads/2024/09/Annual-Report-2023-24-FINAL-FINAL-compressed.pdf>



Indicator: Prevention and Well-Being

Advancing Health Equity and the Social Determinants of Health

► The [Niagara Connects](#) network, part of [Community Potential](#), stewards the Niagara-wide community's collaborative, holistic framework for evidence-informed planning based on the socio-economic Living in Niagara (LIN) Sectors. The LIN Sectors align with the [Social Determinants of Health](#) (SDH) and the United Nations [Sustainable Development Goals](#) (SDGs). The SDH refer to the living conditions individuals experience; these conditions are acknowledged as being the primary factors that shape one's health. The SDGs are a universal call to action to end poverty, protect the planet and improve the lives and prospects of everyone, everywhere.

The LIN Sectors form the base of the integrated Living in Niagara report and Niagara Knowledge Exchange tools. Through these community-driven tools, Niagara Connects brings diverse people and organizations together to gather, share, use and learn from reliable evidence. Ultimately, this supports focused planning and decision-making for a stronger future.

Niagara Connects has facilitated the community's production of 6 triennial Living in Niagara quality of life reports (2008, 2011, 2014, 2017, 2020, 2023), in partnership with the [Niagara Community Foundation](#). Evidence presented in the Living in Niagara report is used by people, organizations, institutions, researchers, educators, students and businesses to inform priority-setting; to secure funding; to support partnerships; and to learn about what's emerging in the Niagara context.

As of January, 2023, Niagara Connects began operating as part of [Community Potential](#), a non-profit social enterprise. Community Potential strengthens communities through research, insight and actions that broaden the discourse on pressing, emerging and unaddressed issues and opportunities.

Source: Niagara Connects, part of Community Potential

Retrieved from: <https://www.livinginniagarareport.com/> and <https://www.communitypotential.ca/>

► Niagara Region provides information about [Health Equity](#), to support striving for a Niagara where everyone is empowered and has the opportunity to reach their full health potential. This includes a focus on the Social Determinants of Health, Health Impact Assessments and the Niagara Region's work to improve Indigenous Engagement.

Source: Niagara Region

Retrieved from: <https://www.niagararegion.ca/health/equity/default.aspx>

► Social Prescribing is a holistic approach to healthcare that brings together the social and medical models of health and wellness. In 2023, the Centre de santé communautaire in Welland received funding from the Public Health Agency of Canada for the Social Prescribing for Better Mental Health Project. This is part of funding of [28 Ontario-based Community Health Centres](#), Indigenous Primary Healthcare Organizations, Nurse Practitioner-Led Clinics and Community-governed Family Health Teams, to support the implementation of social prescribing initiatives and enhance community-based health and wellness promotion



programs. The [Social Prescribing for Children and Youth in Canada](#) project, at Vanier Community Services Centre in Ottawa, is Canada's first social prescribing pilot for children and youth. In the project, health professionals emphasize the non-medical aspects of the child, contributing to their overall health by building on their strengths to get connected to their community.

Source: Centre de santé Communautaire Hamilton/Niagara

Retrieved from: <https://www.cschn.ca/social-prescribing-for-better-mental-health-project/?lang=en> and <https://www.allianceon.org/news/Government-Canada-invests-nearly-4-million-Alliance-Healthier-Communities-promote-mental-health> and <https://niagaraknowledgeexchange.com/resources-publications/social-prescribing-for-children-and-youth-in-canada/>



Indicator: Health Services in Niagara

Ontario Health Teams in Niagara

[Niagara Ontario Health Team – Équipe Santé Ontario Niagara \(NOHT-ÉSON\)](#) is a partnership of health and social care providers in the Niagara region organized under the Province's Ontario Health Teams initiative. NOHT-ÉSON care providers serve populations in ten areas of the Niagara region: Fort Erie, Lincoln, Niagara Falls, Niagara-on-the-Lake, Pelham, Port Colborne, St. Catharines, Thorold, Wainfleet and Welland.

Strategic priorities of the [Niagara Ontario Health Team \(NOHT-ESON\)](#) include 6 pillars: Integrated care; Indigenous health; Safe and inclusive services; Primary care (timely/equitable access); Human resources; and Improving how NOHT-ESON members work together and measure progress/impact.

The [Greater Hamilton Health Network](#) serves populations in Hamilton, Haldimand and Niagara North West (Grimsby and West Lincoln).

Source: Niagara Ontario Health Team – Équipe Santé Ontario Niagara (NOHT-ÉSON) and Greater Hamilton Health Network

Retrieved from: <https://noht-eson.ca/who-we-are/> and <https://greaterhamiltonhealthnetwork.ca/who-we-are/who-we-serve/>

Health and Community Supports in Niagara

[211](#) is a 24/7 helpline that easily connects people to the social services, programs and community supports they need. 211 Ontario provides a [searchable database](#) of community and social resources, by location (region/municipality) in Ontario. The [211 Ontario User Needs Dashboard](#) shares anonymized data about individuals who contact 211 - where they are located, what their needs are, service availability gaps and barriers. This information is shared by 211 Ontario to help inform policy and funding decisions.

Source: 211 Ontario

Retrieved from: <https://211ontario.ca/> and <https://211ontario.ca/search/> and <https://211ontario.ca/211-data/>

[Health811](#) is a 24/7 telephone service for individuals in Ontario to connect with a registered nurse day or night for free, secure and confidential health advice. The intent is to provide access to safe, high-quality care and avoid unnecessary visits to the emergency room. This Government of Ontario service is an easy way for individual and families to get connected to care they need. It does not replace other touch points with health care providers.

Source: Health811, Government of Ontario

Retrieved from: <https://health811.ontario.ca/static/guest/home>



A [Resource Navigator](#) is provided by Niagara Ontario Health Team – Équipe Santé Ontario Niagara (NOHT-ÉSON), to help individuals find local and provincial services, and aid them in finding health and social resources in the community.

Source: Niagara Ontario Health Team – Équipe Santé Ontario Niagara (NOHT-ÉSON)

Retrieved from: <https://noht-eson.ca/resourcenavigator/>

The hnhbhealthline.ca provides Home Health and Community Supports in the [Niagara](#) and the [Niagara North West](#) areas.

Source: HNHB Healthline

Retrieved from: <https://www.hnhbhealthline.ca/listCategories.aspx?id=10012®ion=HNHB>

[Older Adult Infolink](#) is an online tool presented through collaboration between the Age-Friendly Niagara Council and 211 Ontario. This site allows for easier, enhanced and more centralized access to information about community services for older adults in Niagara. Anyone not finding the information they are looking for on Older Adult Infolink is encouraged to call the Information and Referral Specialists at 211 Ontario by dialing 2-1-1 on your phone, or by emailing gethelp@211ontario.ca.

Source: Age-Friendly Niagara

Retrieved from: <https://www.agefriendlyniagara.com/older-adult-infolink/>

Health System Indicators

HQO ([Health Quality Ontario](#)) is the provincial lead on quality of health care, with a legislated mandate of:

- Reporting to the public, organizations, government and health care providers on how the health system is performing,
- Finding the best evidence of what works, and
- Translating this evidence into clinical standards; recommendations to health care professionals and funders; and tools that health care providers can easily put into practice to make improvements.

HQO provides [System Performance Measures](#) by Hospital, City, or Postal Code:

- Time spent in Emergency Departments
- Hospital Patient Safety
- Long-Term Care
- Home Care
- Primary Care

Source: Health Quality Ontario

Retrieved from: <https://www.hqontario.ca/> and <https://www.hqontario.ca/System-Performance>



The [Canadian Institute for Health Information \(CIHI\)](https://www.cihi.ca/en) provides data for indicators for health systems in Canada.

Indicator Themes include: Access, Quality of Care, Spending and Health Outcomes.

Canadian Institute for Health Information Overall Results for Niagara Health System					
Type of Hospital: Community – large hospitals	Number of Acute Care Hospital Stays 33,060 (2022–2023)	Number of Acute Care Beds 598 (2021–2022)	Average Length of a Hospital Stay (Days) 7.2 (2022–2023)	Number of Emergency Department Visits 146,798 (2022–2023)	
Patients Admitted Through the Emergency Department 57.4% (2022–2023)	Hospital Occupancy Rate 86.7% (2021–2022)	Patient Days in Alternate Level of Care (Percentage) 14.7% (2022–2023)	Total Acute Care Resource Use Intensity 46,484 (2022–2023)	Average Acute Care Resource Use Intensity 1.4 (2022–2023)	
Hospitalized Seniors (65+) at Risk of Frailty 49.0% (2022–2023)	Long-Term Care Residents Older Than 85 50.3% (2022–2023)	Long-Term Care Residents Younger Than 65 8.7% (2022–2023)	Female Long-Term Care Residents 65.8% (2022–2023)	Long-Term Care Residents with Dementia 43.1% (2022–2023)	Long-Term Care Residents with Congestive Heart Failure 17.9% (2022–2023)
* These contextual measures reflect the most recent year of data available and provide important context to help users interpret indicator results.					

Source: Canadian Institute for Health Information.

Retrieved from: <https://www.cihi.ca/en> and <https://bit.ly/3hMTDje> and <https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en>

Number of Physicians and Specialists

The [Niagara Region 2023 Physician Recruitment Program Review](#) shows that, for a population of 477,000, our region should have 346 family doctors based on an average practice size of 1,380. This is a shortage of 81 doctors.

The [Niagara Physician Recruitment and Retention Program](#) was established in 2001 by Niagara Region, to promote family practice opportunities and to attract and retain physicians in Niagara. The program works in collaboration with clinics and all 12 local municipalities in the region. Niagara is classified as an underserved community. Many of the municipalities in Niagara are listed as High Physician Need and are actively recruiting into all types of models.



In November, 2023, the Ontario College of Family Physicians (OCFP) forecast that, by 2026, approximately 4.4 million Ontarians (1 in 4) will be without a family doctor. In 2022, the College had forecast that 3 million (1 in 5) Ontarians would be without a family doctor by 2025.

The OCFP states, “When patients don’t have a family doctor, it means that cancers may go undetected, people miss important check-ups, and more patients turn to already overburdened emergency departments because they do not have anywhere else to go. This crisis disproportionately impacts the province’s most vulnerable, including children and seniors, low-income residents, and newcomers.”

Factors contributing to this ‘troubling trend’ include: the number of family doctors expected to retire; the number of family medicine graduates entering the profession; expected population growth in Ontario; and the challenge of retaining the family doctors we currently have in the province. The OCFP calls on the Government of Ontario to implement immediate solutions:

- Ensure all Ontarians have access to family doctors working in teams with other health care providers (i.e. supported by nurses, pharmacists, dietitians, social workers, etc., to free up time for family doctors to focus on patients that most need their expertise). Currently 70% of family doctors and their patients do not have team-based support.
- Ensure family doctors are able to spend time caring for patients—not tackling unnecessary paperwork.

Primary Care Data reports for Ontario Health Teams (OHTs) are provided at:

<https://www.ontariohealthprofiles.ca/ontarioHealthTeam.php> .

Source: Niagara Region and Ontario College of Family Physicians

Retrieved from: <https://www.niagararegion.ca/health/professionals/physician-recruitment/default.aspx> and

<https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=35966> and <https://ontariofamilyphysicians.ca/news/more-than-four-million-ontarians-will-be-without-a-family-doctor-by-2026/>

Wait Times for Emergency Room Visits, Diagnostic Imaging and Surgeries in Niagara

Ontario Health provides system performance data at <https://www.hqontario.ca/System-Performance>

Time spent in Emergency Departments data, by Hospital, City or Postal Code is provided at <https://www.hqontario.ca/System-Performance/Time-spent-in-emergency-departments>

Wait times for Diagnostic Imaging and Surgeries is provided at <https://www.ontariohealth.ca/public-reporting/wait-times>

Source: Ontario Health

Retrieved from: <https://www.hqontario.ca/System-Performance>



Niagara Emergency Medical Services (EMS)

Niagara EMS paramedics provide 24-hour evidence-based emergency pre-hospital medical care and transportation to individuals experiencing injury or illness. This includes a total of 54,00 patient contacts each year, and 80,000 calls managed by advanced emergency medical dispatchers. Niagara Region Public Health Response Time Standard Results at:

<https://www.niagararegion.ca/government/departments/health/ems-response-times.aspx>

The [Mobile Integrated Model of Care](#) provides patient-centered health care visits that are: delivered in the patient's home or where they're at; based on the patient's needs and preventive services; and available 24 hours per day, seven days a week.

Source: Niagara Region Public Health

Retrieved from: https://www.niagararegion.ca/living/health_wellness/ems/default.aspx and <https://www.niagararegion.ca/government/departments/health/ems-response-times.aspx>

[Municipal Benchmarking Network Canada](#) provides EMS Response Time Data. The following three graphs show EMS data for Niagara Region compared to eight other municipalities in Ontario and Canada, as well as the median value.

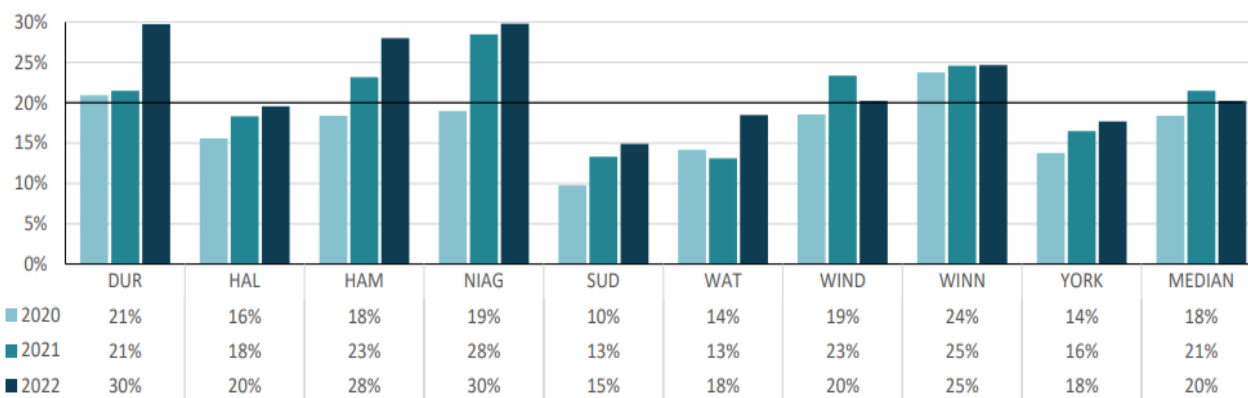
EMS Per cent of Ambulance Time Lost to Hospital Turnaround

Time spent in hospital includes the time it takes to transfer a patient, delays in transfer care due to lack of hospital resources (off-load delay), paperwork and other activities. The more time paramedics spend in the hospital process equates to less time they are available to respond to calls. NOTE: In 2021 and 2022 offload delays, patient flow and hospital turnaround times have caused an increase in Ambulance Time Lost for most municipalities.

Emergency Medical Services

EMDS150 - Percent of Ambulance Time Lost to Hospital Turnaround

Time spent in hospital includes the time it takes to transfer a patient, delays in transfer care due to lack of hospital resources (off-load delay), paperwork and other activities. The more time paramedics spend in the hospital process equates to less time they are available to respond to calls. NOTE: In 2021 and 2022 offload delays, patient flow and hospital turnaround times have caused an increase in Ambulance Time Lost for most municipalities.





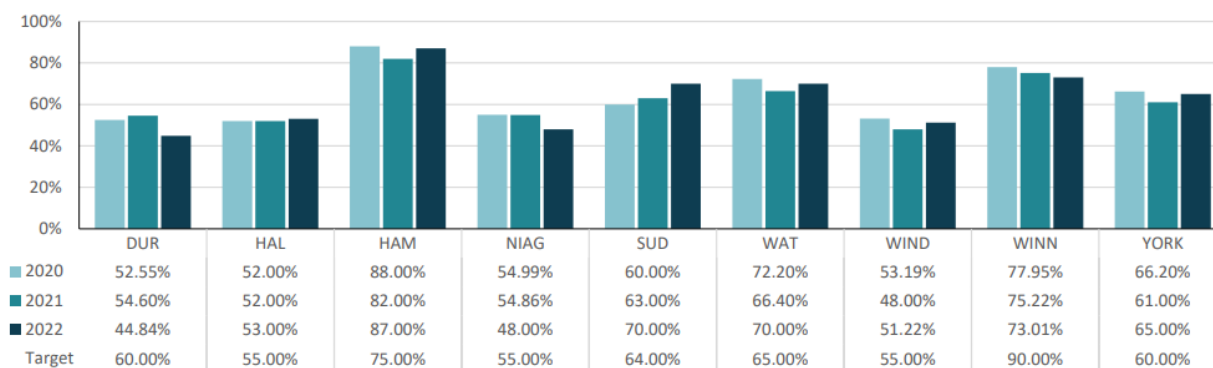
EMS Response Time Performance Standard – Sudden Cardiac Arrest Within Six Minutes

The measure shown in the graph below reflects the actual percentage of time any person equipped with a defibrillator arrives on scene to provide defibrillation to a sudden cardiac arrest patient within six minutes of the time notice is received from dispatch. Annually, each service is able to determine and set the percentage of compliance for this measure, which is identified in the table as a target. Any person with a defibrillator stops the clock on this measure so the paramedic (service) is required to capture the time of arrival for any defibrillator by a non-paramedic party. These times are reflected as procedure code 385 with a soft time (best estimate) provided by the attending paramedic. The response time is calculated based on the crew notified (T2) time of the first vehicle being notified of the call and the arrived scene (T4) time of the first vehicle to reach the scene.

Emergency Medical Services

EMDS430 - Response Time Performance Standard - Sudden Cardiac Arrest Within Six Minutes (SCA within 6 minutes)

The measure reflects the actual percentage of time any person equipped with a defibrillator arrives on scene to provide defibrillation to a sudden cardiac arrest patient within six minutes of the time notice is received from dispatch. Annually, each service is able to determine and set the percentage of compliance for this measure, which is identified in the table as a target. Any person with a defibrillator stops the clock on this measure so the paramedic (service) is required to capture the time of arrival for any defibrillator by a non-paramedic party. These times are reflected as procedure code 385 with a soft time (best estimate) provided by the attending paramedic. The response time is calculated based on the crew notified (T2) time of the first vehicle being notified of the call and the arrived scene (T4) time of the first vehicle to reach the scene.



EMS Response Time Performance Standard – Canadian Triage & Acuity 1

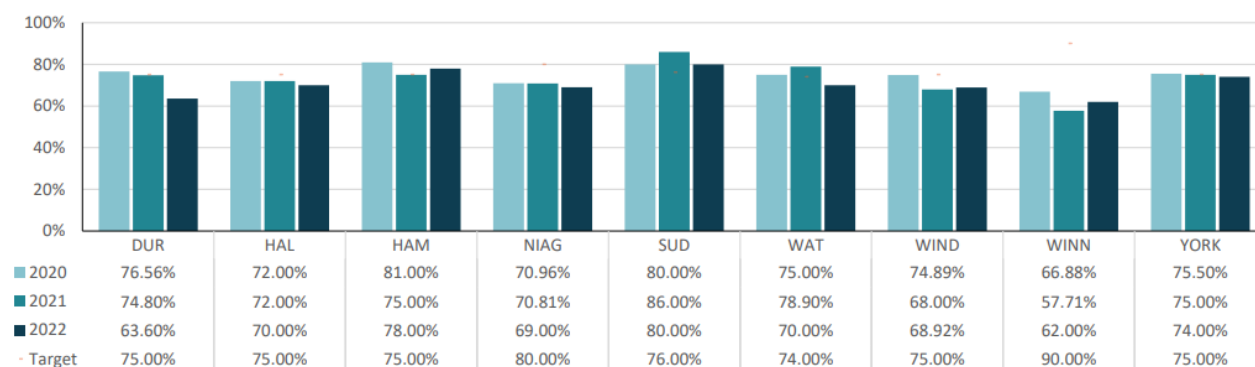
The measure shown in the graph below reflects the actual percentage of time an ambulance crew has arrived on scene to provide ambulance services to sudden cardiac arrest patients or other patients categorized as CTAS 1, within eight minutes of the time notice is received respecting such services. The Canadian Triage & Acuity Scale is a standardized tool that enables emergency departments and Paramedic services to prioritize care requirements according to the type and severity of the presenting signs and symptoms. Patients are assigned a CTAS level between 1 – more severe, life threatening; and 5 – least severe. Annually, each service may determine and set the percentage of compliance for this measure, which is identified in the table as a target. The response time is calculated based on the crew notified (T2) time of the first vehicle being notified of the call and the arrived scene (T4) time of the first vehicle to reach the scene.



Emergency Medical Services

EMDS431 - Response Time Performance Standard - Canadian Triage & Acuity 1 (CTAS 1)

This measure reflects the actual percentage of time an ambulance crew has arrived on scene to provide ambulance services to sudden cardiac arrest patients or other patients categorized as CTAS 1, within eight minutes of the time notice is received respecting such services. The Canadian Triage & Acuity Scale is a standardized tool that enables emergency departments and Paramedic services to prioritize care requirements according to the type and severity of the presenting signs and symptoms. Patients are assigned a CTAS level between 1 – more severe, life threatening; and 5 – least severe. Annually, each service may determine and set the percentage of compliance for this measure, which is identified in the table as a target. The response time is calculated based on the crew notified (T2) time of the first vehicle being notified of the call and the arrived scene (T4) time of the first vehicle to reach the scene.



Source: Municipal Benchmarking Network Canada. 2022 Performance Measurement Report Retrieved from: <https://mbncanada.ca/publications/2022-Performance-Measurement-Report.pdf>

The [November, 2023 Ontario Community Health Compensation Study Report](#) shows that there is a \$2 billion wage gap between workers in Ontario's community health sector compared to those doing similar work in hospitals and other sectors. The compensation inequities are related to base budget increases; they are contributing to a critical staffing crisis for Ontario's community health sector.

The sector is calling for the Ontario government to close the wage gap and secure the stability of Ontario's health care system. Study findings are informed by 362 organizations providing completed survey materials to a March, 2023 survey conducted for the Compensation Working Group of the Ontario community health sector.

Source: Compensation Working Group, Ontario community health sector

Retrieved from: <https://amho.ca/wp-content/uploads/2023/12/Ontario-Community-Health-Compensation-Study.pdf>



Indicator: Lifestyle Indicators in Niagara

Obesity Rates

The tables below highlight self-reported overweight and obesity rates in Niagara and Ontario, as a percentage of the population. Detailed data about youth and adult obesity, in addition to health behaviours, is available at the cited source.

Self-Reported Adult Overweight Rate, 2014-2020				
	2013-14	2015-16	2017-18	2019-20
Niagara	29.5%	34.9%	36.7%	41.4%
Ontario	33.8%	33.1%	34.5%	34.6%

Source: Public Health Ontario. *Self-Reported Nutrition and Healthy Weights Snapshot*
Retrieved from: <https://www.publichealthontario.ca/en/data-and-analysis/health-behaviours/nutrition-and-healthy-weights>

Self-Reported Adult Obese Rate, 2014-2020				
	2013-14	2015-16	2017-18	2019-20
Niagara	22.1%	23.7%	22.5%	25.5%
Ontario	18.4%	20.3%	19.5%	21.3%

Source: Public Health Ontario. *Self-Reported Nutrition and Healthy Weights Snapshot*
Retrieved from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Behaviours/Nutrition-and-Healthy-Weights>

[Nutrition, Physical Activity and Healthy Weights – Statistics in Niagara](#) is a webpage provided by Niagara Region Public Health (NRPH).

It states that in Niagara:

- 34.8 per cent of residents 18 and over are overweight.
- 29.8 per cent of residents 18 and over are obese.
- 23.6 per cent of grade seven and eight students are overweight or obese.
- 27.5 per cent of secondary students are overweight or obese.

Source: Niagara Region Public Health

Retrieved from: <https://www.niagararegion.ca/health/statistics/behaviour/default.aspx>



Substance Use Rates

Niagara Region Public Health reports that alcohol, tobacco and cannabis are the most commonly used substances in Niagara by both youth and adults. Alcohol is the most common drug being consumed. Overall, 45% of grade 7 and 8 students, and 73% of secondary students have had at least a sip of alcohol in the past year. One-third of secondary students who have drunk alcohol tried it for the first time while in elementary school. In those aged 12 and over, 59% are considered to be regular drinkers (drink once a month or more).

Hazardous drinking is a pattern of drinking that can lead to a greater chance of medical problems in the future. Harmful drinking is a pattern of drinking that is already damaging the health of the individuals. In Niagara, 14% of secondary students are drinking alcohol in a hazardous or harmful way. In addition to this, 44% of adults have exceeded the Low Risk Alcohol Drinking Guidelines for chronic disease or injuries. Those aged 19-44 were the most common age group to exceed the guidelines. Niagara Region Public Health provides data about emergency department visits related to alcohol consumption.

Source: Niagara Region Public Health

Retrieved from: <https://www.niagararegion.ca/health/statistics/substances/default.aspx#alcohol>

The self-reported Heavy Drinking Rate for the Niagara Region is highlighted in the following table. This rate refers to having consumed five or more drinks, per occasion, at least once a month during the past year. This level of alcohol consumption can have serious health and social consequences. Figures are expressed as a percentage of the population.

Self-Reported Heavy Drinking Rate, 2016-2020			
	2015-16	2017-18	2019-20
Niagara	20.6%	24.4%	18.9%
Ontario	18.5%	17.9%	16.0%

Source: Public Health Ontario.

Retrieved from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Alcohol-Use>

The self-reported adult daily smoking rate in the Niagara Regional Area Health Unit is shown in the following table. Figures are expressed as a percentage of the population.

Self-reported adult daily smoking rate, 2016 - 2020			
	2015-16	2017-18	2019-20
Niagara	15.8%	13.9	11.8
Ontario	13.0%	12.2	10.1

Source: Public Health Ontario.

Retrieved from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Smoking-Status>



Niagara Region Public Health provides [Tobacco use statistics](#). In Niagara:

- 21% of secondary students have used cigarettes in the past year.
- One-fifth of secondary students who have tried smoking a cigarette tried it for the first time while in elementary school.
- 8% of secondary students and 16% of adults are daily smokers.
- Adults aged 45-64 and adults who had less than a secondary school education were most likely to be daily smokers.
- 30% of adults in Niagara used to smoke, but have quit.
- Adults 45+ are most likely to be former smokers.
- 37% of adults have never smoked in their life.
- Adults 20-44 years were most likely to have never smoked cigarettes.
- In Niagara, 25% of secondary students have used an e-cigarette in the past 12 months.
- Second-hand smoke is common, with 31% of grade 7 and 8 students and 56% of secondary students reporting second-hand exposure on a weekly basis.

Source: Niagara Region Public Health

Retrieved from: <https://www.niagararegion.ca/health/statistics/substances/default.aspx>

The [Overdose Prevention and Education Network of Niagara \(OPENN\)](#) formed in 2016. OPENN consists of members from prevention, harm reduction, treatment, and enforcement agencies. They are working together to address increased substance use and raise awareness around the disturbing increase in opioid overdoses in Niagara.

Niagara Region Public Health provides [Opioid Usage-Statistics in Niagara](#):

- In 2023, there were 734 suspected opioid overdoses that were responded to by EMS (Emergency Medical Services).
 - 68% of EMS calls related to suspected opioid overdoses occurred in males
 - 59% of EMS calls related to suspected opioid overdoses occurred in individuals aged 25-44
 - 52% of EMS calls related to suspected opioid overdoses occurred in St. Catharines while 25% occurred in Niagara Falls
- This compares to 663 suspected opioid overdoses that were responded to by EMS in 2022; and 1,005 suspected opioid overdoses that were responded to by EMS in 2021.
- Statistics are also provided for: Opioid-related emergency department visits; Opioid-related hospitalizations; Opioid-related deaths; Naloxone use and distribution in Niagara

Source: Overdose Prevention and Education Network of Niagara (OPENN) and Niagara Region Public Health

Retrieved from: <https://211centralsouth.ca/openn/> and

https://www.niagararegion.ca/living/health_wellness/alc-sub-abuse/drugs/opioids.aspx



Cannabis use in Niagara statistics are provided by Niagara Region Public Health. Overall, 35% of Niagara's secondary students have used cannabis at least once in the past year. Just under one-third of secondary students who have used cannabis tried it for the first time while in elementary school, while another third tried it for the first time in grade 9. Emergency Department visits since 2009 related to cannabis use increased significantly, with 409 visits in 2016. Males visit the Emergency Department more often than females because of cannabis use. These visits include poisoning from cannabis use, and mental health concerns related to cannabis use, such as psychotic disorders.

Source: Niagara Region Public Health

Retrieved from:

<https://www.niagararegion.ca/health/statistics/substances/default.aspx#cannabis>

Physical Activity Rates

Public Health Ontario provides Self-reported adult physical activity rates, at or above the recommended level from the Canadian Physical Activity Guidelines (age-standardized rate for both sexes).

Self-reported adult physical activity at or above recommended level from the Canadian Physical Activity Guidelines, Age-standardized rate, both sexes, 2016-2020			
	2015-16	2017-18	2020
Niagara	59.4%	56.5%	50.3%
Ontario	58.0%	56.0%	52.1%

Source: Public Health Ontario.

Retrieved from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Behaviours/Physical-Activity>

The [Nutrition, Physical Activity and Healthy Weights – Statistics in Niagara](#) webpage is provided by Niagara Region Public Health. It includes the following:

- In Niagara, 57.5% of residents aged 12 and older report being active or moderately active during their leisure time.
- Among students in Niagara schools,
 - 29.4% of grade 7 and 8 students and 18.8% of secondary school students walk or bike to school
 - 59.4% of grade 7 and 8 students and 46.3% of secondary students meet the Canadian guidelines for physical activity, with at least 60 minutes of activity/day.

Source: Niagara Region Public Health

Retrieved from: <https://www.niagararegion.ca/health/statistics/behaviour/default.aspx>



Sleep and Health

ParticipACTION states, “sleep is important for overall health and well-being, including cognitive, emotional and physical health”; and “Children having too little sleep is associated with hyperactivity, impulsiveness, a short attention span; an increased risk of obesity, diabetes, and hypertension; higher rates of depression and suicidal thoughts; and it increases the likelihood of struggling with verbal creativity and problem-solving. ParticipACTION recommends that quality and duration of sleep can improve by reducing sedentary behaviour and increasing time spent being physically active.”

The [Participation 2021 Adult Report Card](#) and the [2022 Report Card on Physical Activity for Children and Youth](#) both include a Sleep Indicator. The Canadian Society for Exercise Physiology [24-Hour Movement Guidelines](#) recommend getting good-quality sleep on a regular basis, with consistent bed and wake-up times.

The 2021 Adult Report Card Grade is B, improved from B- in 2019. Key findings include:

- 73% of adults 18 to 79 years living in Canada meet sleep duration recommendations (Canadian Community Health Survey [CCHS] Rapid Response Module).
- 77% of 18- to 64-year-olds meet sleep recommendations
- 55% of 65- to 79-year-olds meet sleep recommendations.

The 2022 Child and Youth Report Card Grade is B, the same as in 2020. Recommendations include:

1. Regulate napping practices in childcare settings. To this effect, a position statement on napping recommendations in the daycare setting should be developed in partnership with the Canadian Sleep Society.
2. Integrate sleep health literacy into early childhood programs and school curricula to help build the foundations of lifelong health.
3. Work toward changing the social norm that considers sleep to be a waste of time. Sleep should be seen as a critical daily behaviour that is as important as physical activity and healthy eating for health and wellness.
4. Continue to fund the *Sleep on It!* campaign (<https://sleeponitcanada.ca>) for sleep health advocacy and dissemination of research findings to the general population across Canada. The *Sleep on It!* campaign is an invaluable tool for knowledge mobilization; it is pan-Canadian in reach and is composed of many stakeholders working together to demystify sleep, offer solutions to deal with sleep problems, and make healthy sleep a public health priority.

A 2023 research article published by The Public Health Agency of Canada states, “Insufficient sleep and poor sleep quality are common issues. Over one-third of Canadians between 5 and 79 years old fail to obtain the daily recommended amount of sleep. One-quarter of adults aged 18 to 79 and one-tenth of children and youth aged 5 to 17 years in Canada report problems with falling or staying asleep most or all of the time. Research suggests that poor sleep is



associated with a range of adverse physical health outcomes, including poor self-rated health, obesity, cardiovascular disease and increased risk of all-cause mortality.”

The article summarizes quantitative research about associations of sleep duration and sleep quality with indicators of mental health among youth and adults, based on findings from the 2015 Canadian Community Health Survey. Highlights include:

- Associations between self-reported measures of sleep (duration, quality) and mental health outcomes among youth (12–17 years old) and adults (18 years and older) in three Canadian provinces (Ontario, Manitoba and Saskatchewan) were examined.
- Good sleep quality was consistently associated with higher odds of positive mental health and lower odds of mental illness and suicidal ideation across all sex and age groups.
- Meeting sleep duration recommendations was associated with higher odds of positive mental health and lower odds of mental illness and suicidal ideation overall, although these associations were not consistent across sex and age groups.

Public Health Ontario provides an Epidemiological Summary: Sleep Indicators Using Data from the Canadian Health Survey on Children and Youth. Highlights include:

- In Ontario, 87.5% of children ages 3-4 years, 85.4% of children ages 5-11 years, and 62.0% of youth ages 12-17 years adhered to sleep guidelines, sleeping for an average of 10.8, 10.2, and 8.6 hours per night respectively.
- There were significant differences in sleep duration and adherence to sleep guidelines by sex at birth, parental education, household income, race and ethnic origin, and immigration status. Not all differences were observed in each age group.
- There were also significant differences in sleep duration and adherence to sleep guidelines by Statistics Canada Peer Group, geographic region, and public health unit. Respondents with the longest sleep durations and those adhering to sleep guidelines were generally observed in mainly rural and sparsely populated urban-rural mixed regions. The shortest sleep durations and lowest proportion adhering to sleep guidelines were observed in large urban areas.

Source: ParticipACTION; and Public Health Agency of Canada; and Public Health Ontario

Retrieved from: <https://www.participaction.com/wp-content/uploads/2022/09/2021-ParticipACTION-Report-Card-on-Physical-Activity-for-Adults.pdf> and <https://www.participaction.com/wp-content/uploads/2022/10/2022-Children-and-Youth-Report-Card.pdf> and <https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-43-no-5-2023/associations-sleep-duration-sleep-quality-indicators-mental-health-among-youth-and-adults.html> and https://www.publichealthontario.ca/-/media/Documents/C/24/chscy-sleep-indicators-data.pdf?sc_lang=en



Nutrition Statistics

Niagara Region Public Health provides Nutrition Statistics in Niagara:

- 25.1 per cent of Niagara residents age 12 and older report consuming five or more fruits and vegetables each day.
- 9.5 per cent of adults (18 and older) report drinking pop once a day or more. Males tend to drink more pop than females.
- 17.4 per cent of grade 7 and 8 students, and 26.1 per cent of secondary students report drinking 5 or more sugar-sweetened beverages in the past seven days.
- Only 16 per cent of grade 7 and 8 students and 5.4 per cent of secondary students had 6 or more servings of vegetables and fruits each day.
- Only 61.5 per cent of grade 7 and 8 students and 43.9 per cent of secondary students had breakfast all 5 school days in the past week.

Source: Niagara Region Public Health

Retrieved from: <https://www.niagararegion.ca/health/statistics/behaviour/default.aspx>

Public Health Ontario provides Nutrition and Healthy Weights data. The following table provides the percentage of the Niagara adult population that reports consuming the recommended five or more servings of vegetables and fruits per day.

Self-Reported Consumption of Vegetables and Fruits Five or More Times per Day, 2015-2020				
	2015	2016	2017	2020
Niagara	28.8%	21.3%	23.9%	22.7%
Ontario	28.5%	26.9%	26.7%	21.3%

Source: Public Health Ontario

Retrieved from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Behaviours/Nutrition-and-Healthy-Weights>

Food Security

The [Niagara Food Security Network](#) (NFSN) is a collective working to address food insecurity in the Niagara region. The collective has a theory of change that focuses on four strategies: Accessing; Growing, Harvesting and Securing; Logistics, Distribution and Storage; Preparing and Eating. The intended impact is: “within ten years, 80 per cent of food insecure households in Niagara will have access to affordable, healthy, culturally appropriate food, at the right time and in the right place.

Source: United Way Niagara

Retrieved from: <https://www.unitedwayniagara.org/community-initiatives/niagara-food-security-network/>



[Feed Niagara](#) is a collaborative of the ten food banks that cover the Niagara region, and are members of Feed Ontario. Feed Niagara states that food bank visits are increasing, and thus their efforts must compliment and support each other. The ten food banks are working together on challenges and opportunities in their current systems, including storage, warehousing, transportation and staff support. The intent is to develop approaches together that allow for more efficient and streamlined delivery across the Niagara region.

Source: Feed Niagara

Retrieved from: <https://feedniagara.ca/feed-niagara/> and <https://feedniagara.ca/food-banks-in-niagara-feeling-the-pinch-as-holiday-season-approaches/>

Approximately one in five households in Niagara are food insecure, according to the 2023 Food Affordability in Niagara Nutritious Food Basket Survey. The Survey summarizes the cost of 61 food items that align with the 2019 Canada's Food Guide and the eating and purchasing behaviours of Canadians. The food items fall into four categories: Vegetables and Fruits; Whole Grains; Protein Foods; Fats and Oils.

Source: Niagara Region Public Health

Retrieved from: <https://niagaraknowledgeexchange.com/resources-publications/food-affordability-in-niagara-nutritious-food-basket-survey-2023/> and <https://niagaraknowledgeexchange.com/wp-content/uploads/sites/2/2023/11/Food-Affordability-in-Niagara-Infographic.pdf>

Information about school nutrition programs in Niagara is available in the Learning and Education Sector of this report.

Dental Health Rates

Poor oral health is linked to diabetes, cardiovascular and respiratory diseases.

Public Health Ontario publishes data on the measure of self-reported prevalence of having visited the dentist in the past year. Figures are expressed as a percentage of the population.

Self-Reported Prevalence of Having Visited the Dentist in the Past Year, 2017-18	
	2017-18
Niagara	79.9%
Ontario	77.8%

Source: Public Health Ontario.

Retrieved from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Behaviours/Oral-Health>



The [Niagara Dental Health Coalition](#), established in 2015, is no longer active as of December, 2022. The Coalition website continues to provide an [annually-updated local dental health resource listing](#). The organizations that formed the coalition worked together to advocate and build capacity for the expansion of accessible dental health services for adults and seniors living on low incomes. In 2017, they conducted the [Niagara Region Adult Dental Health Care Barriers Survey](#). A total of 1,334 adults from all 12 local areas of Niagara responded. Top barriers to accessing dental care include:

- Financial resources – 69% cannot afford dental care; for 29% of respondents, the necessary procedure is not covered by their benefits.
- Dental concerns – 53% have no dental benefits; 62% rate their dental health poor or fair.

In 2018, the Coalition provided a Call for Action for the provincial government to expand public oral health programs with prime consideration for low-income adults and seniors.

Source: Niagara Dental Health Coalition

Retrieved from: <https://niagaradentalhealthcoalition.weebly.com/> and https://niagaradentalhealthcoalition.weebly.com/uploads/2/1/7/3/21738986/client_dental_health_resource_march_2023.pdf and <https://www.niagaraknowledgeexchange.com/wp-content/uploads/sites/2/2018/02/Barriers-to-Accessing-Dental-Care-in-Niagara-Infograph-Overall-Feb-2018.pdf>

The [Ontario Seniors Dental Care Program](#), announced in 2019, is experiencing high demand. The program is a provincial government-funded dental care program that provides high-quality dental care to all seniors who qualify. Seniors are more prone to dental decay, gum disease and oral cancer than other groups; regular checkups are important to prevent further issues.

Seniors are more prone to dental decay, gum disease and oral cancer than other groups, so it's important to have regular dental checkups to prevent further issues. Niagara Region Public Health provides [program details and Dental Appointment Locations](#).

Source: Government of Ontario; and Niagara Region Public Health

Retrieved from: <https://www.ontario.ca/page/dental-care-low-income-seniors> and https://www.niagararegion.ca/living/health_wellness/dental/seniors-program.aspx



Indicator: Population Health

2021 Census data from Statistics Canada is provided at:

<https://www12.statcan.gc.ca/census-recensement/index-eng.cfm>

Niagara Region Public Health and Emergency Services provides [Niagara Priority Profiles](#), created in 2020 and updated in 2023. The intent is to update profile data with each census cycle. The profiles are provided to help plan programs and activities that improve health and health equity,

The profiles show how where specific groups live, grow, work and play affects their health. Intersectionality (the idea that individuals have many layers to their unique identity) leads to different ways that the systems in which individuals live may benefit or harm them. This leads to some individuals experiencing more health concerns than others.

Profiles include:

- [Age groups](#)
- [Disabilities](#)
- [Education](#)
- [Ethno-racial and immigration](#)
- [Homelessness](#)
- [Indigenous](#)
- [Linguistic communities](#)
- [Low income](#)
- [Religion](#)
- [Rural and urban](#)
- [Sex and gender](#)

Source: Niagara Region Public Health

Retrieved from: <https://www.niagararegion.ca/health/equity/priority-profiles.aspx>

<https://www.niagararegion.ca/health/statistics/demographics/default.aspx>

Immunization and Vaccination Rates in Niagara

According to data collected through the Canadian Community Health Survey for 2019-20, 44.9% of people 12 years of age or older in the Niagara Regional Area Health Unit report receiving an influenza immunization in the past 12 months. In comparison, 39.5% of Ontarians and 32.0% of Canadians report receiving immunization.

Source: Statistics Canada. *Health characteristics, two-year period estimates*

Retrieved from: <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310011301>

Niagara Region Public Health provides information about Vaccinations and Immunizations at <https://www.niagararegion.ca/health/vaccinations/default.aspx> .

The Ontario Respiratory Virus Tool, provided by Public Health Ontario, includes comprehensive epidemiological information on respiratory virus activity in Ontario, including COVID-19, influenza, RSV, and other respiratory viruses. It is available at <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool> .



Life Expectancy in Niagara

The Niagara Region Community Dashboard includes data for life expectancy at birth, updated December, 2017:

- [Female life expectancy at birth](#): 83.5 years
- [Male life expectancy at birth](#): 79.2 years

Source: Niagara Region

Retrieved from:

https://niagararegion.ca/community_dashboard/category.aspx?q=Community%20well-being

Low Birth Weight Babies in Niagara

The low birth weight rate is expressed as babies born with low birth weight per 100 live births.

Low Birth Rate per 100 Live Births, 2013-2017					
	2013	2014	2015	2016	2017
Niagara	5.9%	5.7%	6.1%	5.6%	6%
Ontario	6.6%	6.6%	6.7%	6.8%	7%

Source: Public Health Ontario. *Reproductive Health Snapshot*

Retrieved from: <https://www.publichealthontario.ca/en/data-and-analysis/reproductive-and-child-health/reproductive-health>

Maternal and Newborn Health

The [Maternal and Newborn Health – Statistics in Niagara](#) webpage is provided by Niagara Region Public Health. Statistics include:

- There are around 4,000 women in Niagara who give birth each year.
- In 2019, there were 4,121 women who gave birth (live births or stillbirths), which is similar to previous years.
- From a total of 4,121 births in Niagara in 2019,
 - 4,088 (99.2 per cent) were live births, while there were 33 (0.8 per cent) stillbirths
 - 3,982 were singleton births (97.4 per cent) and 139 were multiples (3.4 per cent).
- Teen pregnancies are pregnancies in women between the ages of 15 and 19. Across Niagara, teen pregnancies have declined over the past years. In 2019, 1.4 per cent of all pregnant women were 15 to 19 years old, compared to 2.1 per cent in 2018, 2.6 per cent in 2017, and 2.6 per cent in 2016.
- Compared to Ontario (1.3 per cent in 2019), the percentage of teen pregnancies in Niagara is similar. Most pregnant women in Niagara are 25 to 34 years old (66.3 per cent in 2019), which is similar to Ontario.

Source: Niagara Region

Retrieved from: <https://niagararegion.ca/health/statistics/pregnancy/default.aspx>



The [Niagara Infant and Early Years Mental Health](#) webpage is provided by the Early Childhood Community Development Centre (ECCDC). The ECCDC helps early learning and child care professionals and programs be successful, innovative and professional.

Community based child care and early years programs all across Niagara have participated in Infant Mental Health planning, training and piloting supportive tools since 2014. Stakeholders have remained committed to investigating new tools, new strategies and innovative professional learning opportunities, to help ensure Niagara's children and families are afforded the most supportive infant mental health supports possible. The Niagara Infant Mental Health Initiative pilot project evolved from 2014 to 2022, with a pause during the COVID-19 pandemic.

Source: Early Childhood Community Development Centre

Retrieved from: <https://infant-mental-health.eccdc.org/>