



Analysis of Sociodemographic Data provided by Clients of OPH's Healthy Babies Healthy Children Program Nov 2022 - May 2025

September 2025



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For more information, email OPH-Epidemiology@ottawa.ca

Commitment to Indigenous Communities

Ottawa Public Health acknowledges that it operates on the unceded, traditional territory of the Algonquin Anishinaabe Nation.

Ottawa Public Health is collecting sociodemographic data (SDD) on behalf of Indigenous communities in Ottawa. That is, as part of SDD collection, we invite clients to identify as First Nation, Inuit and/or Métis.

We are committed to working with Indigenous partners and the community to honour data governance principles to ensure that data is collected, stored, analyzed and used in ways that align with Indigenous communities' values and priorities and that data will not be used for unknown - and potentially harmful - purposes.

Indigenous data are not included in this report.

Acknowledgement

A note of gratitude to clients of the Healthy Babies Healthy Children (HBHC) program. Thank you for your collaboration and trust in OPH to collect, analyze and use your sociodemographic data to make the HBHC program more responsive to the needs of new and expecting parents in Ottawa.

What is in this report?

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- Born in Canada

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- Income and Not born in Canada

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How is OPH using these data?

Discussion

Opportunities for community to use these data

Key Messages

- **High Participation:** Approximately **90% of clients consented** to share sociodemographic data when asked.
- **Reaching Priority Populations:** OPH's HBHC Home Visiting Program (HVP) is reaching families who face barriers – particularly **newcomers to Canada** who may need support.
- **Systemic Challenges Highlighted:** The data reveals known issues such as **language barriers, low income, and housing instability** – these are complex challenges that require collaborative cross-sector solutions.
- **Data Driven Program Improvements:** OPH is using these insights to make the HBHC program more **responsive, inclusive and equitable**.
- **Call to Action:** Community partners are encouraged to use these findings to help **address systemic gaps and improve outcomes** for new and expecting parents in Ottawa.

Summary of Findings

Data collected between November 21, 2022 – May 31, 2025

Among ALL clients who consented to provide sociodemographic data (n = 1,193):

- 59% reported most comfort speaking English* with their healthcare provider; 22% reported French**; 12% reported another language than English or French.
- 74% were racialized, of whom 40% identified as Black; 28% White; 13% Middle Eastern.
- 68% had completed a post-secondary diploma, degree or higher.
- 48% were renting housing; 24% owned; 13% were living or staying in an Ottawa shelter.
- 28% were living with a disability or chronic health concern; 53% of whom specified mental health challenges.
- 42% did NOT have a regular healthcare provider.
- 44% had low income (based on reported annual income and number of people that the income supports).
- 71% were NOT born in Canada; of these, 71% had lived in Canada for 5 years or less (were recent immigrants).

*Includes people who reported a preference for speaking English or English and another language

**Includes people who reported a preference for speaking French or French and another language

Summary of Findings continued...

Data collected between November 21, 2022 – May 31, 2025

Among clients who were NOT born in Canada (n = 845):

- 44% were permanent residents; 30% had Refugee status; 17% were Canadian citizens.
- 47% reported most comfort speaking English* with their healthcare provider; 29% reported French**; 17% reported another language than English or French.
- 94% were racialized, of whom half (53%) identified as Black; 16% Middle Eastern; 12% South Asian.
- 73% had completed a post-secondary diploma, degree or higher.
- 51% were renting housing; 19% owned; 17% were living or staying in an Ottawa shelter; 22% of recent immigrants were living or staying in a shelter.
- 17% were living with a disability or chronic health concern; 31% of whom specified mental health challenges.
- 53% did NOT have a regular healthcare provider; 61% of recent immigrants did NOT have a regular healthcare provider.
- 47% had low income (based on reported annual income and number of people that the income supports).

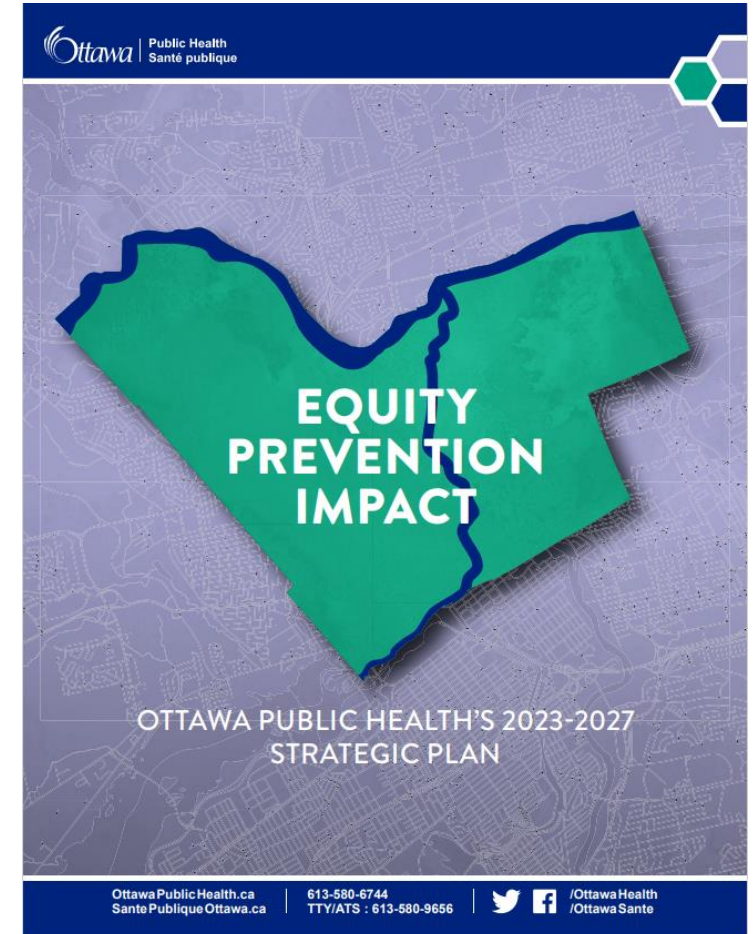
*Includes people who reported a preference for speaking English or English and another language

**Includes people who reported a preference for speaking French or French and another language

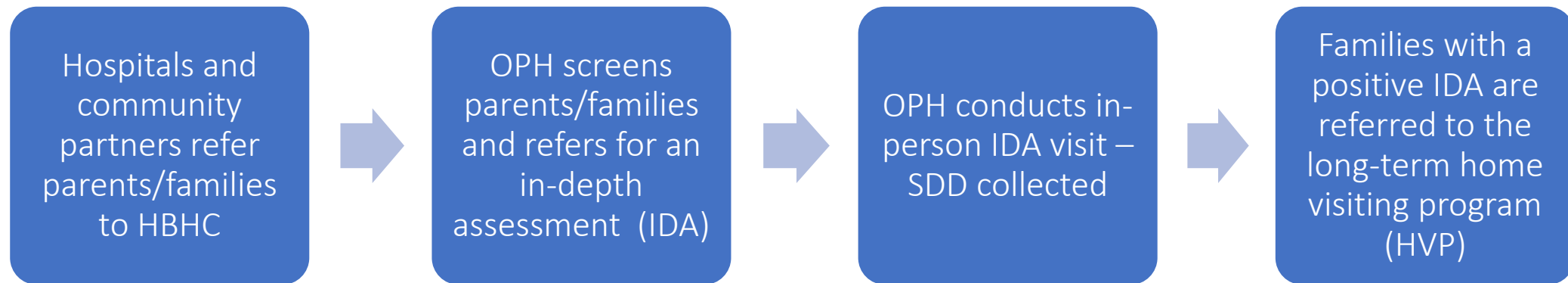
Background - The Ottawa Context

- Ottawa is a **growing city** with changing demographics:
 - The population has increased by approximately 17% since 2016.
 - The largest proportion of residents are 25 to 29 years old.
- Ottawa is becoming **more diverse** with a 7% increase in people who identify as being from a racialized group in 2021 (35%) compared to 2016 (28%).
- Individual health is influenced by factors beyond health care and behaviours. Social determinants of health such as **income, systemic racism, the lack of adequate housing and stable employment** shape health inequities in society.
- **Ottawa Public Health's 2023-2027 Strategic Plan** emphasizes equity, prevention and impact. OPH works together with the community to promote and protect the health and wellbeing of all people in Ottawa.

Data sourced from [State of Ottawa's Health Report, 2023](#)



What is the Healthy Babies Healthy Children (HBHC) Program?



Ontario's HBHC program provides home visits to parents who need more support during pregnancy, after birth and while the baby grows – for additional information about the program: [Healthy Babies Healthy Children program | ontario.ca](https://www.ontario.ca/healthybabies).



Why collect sociodemographic data (SDD)?



To identify underlying root social and systemic conditions.



To support healthy public policy and decision-making.



To modify services to reduce barriers and address community need.

Framework for SDD Collection, Analysis, Use and Disclosure

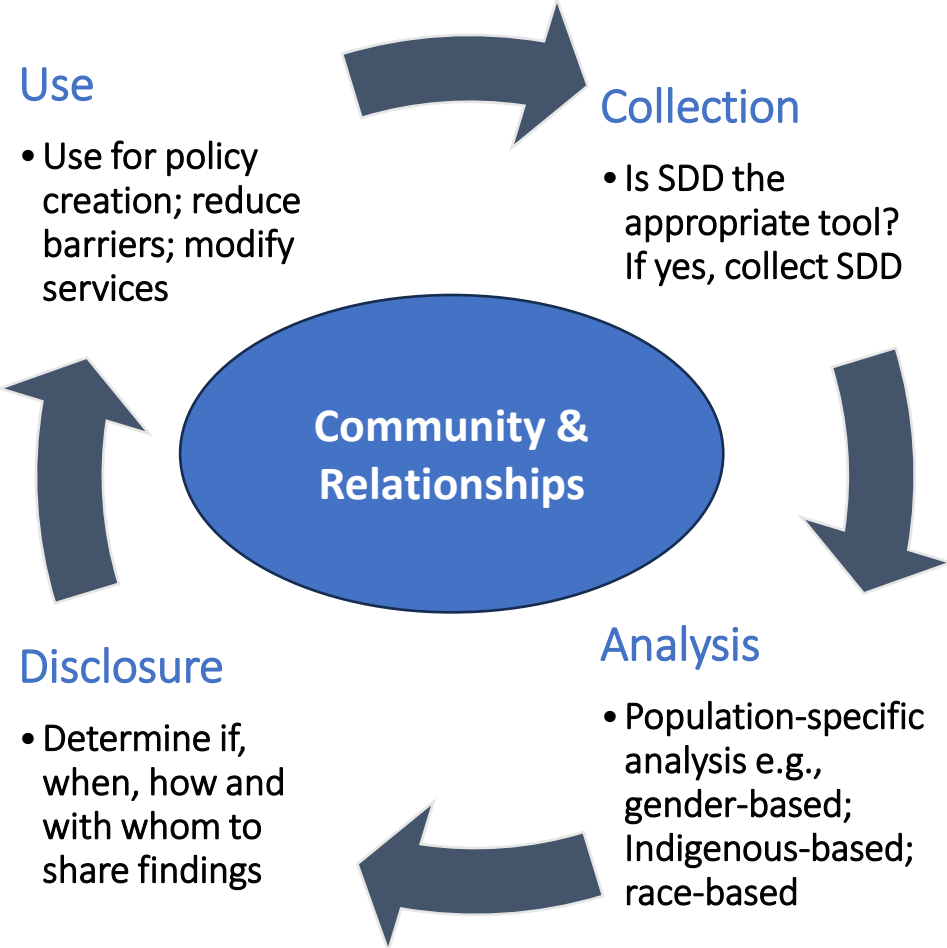
Community and relationships are central and integrated throughout

OPH recognizes that historically, some populations have had difficult experiences with data collection. Data governance practices are being followed to ensure the safe and respectful collection, use and disclosure of data.

OPH will adhere to data governance frameworks, including Ownership, Control, Access and Possession (OCAP®); and Engagement, Governance, Access and Protection (EGAP).

Honouring these principles requires intentional ongoing engagement with communities to embed lived experiences and to minimize potential for harm when it comes to sharing data.

Source: [OPH Strategic Action Plan 2023-27](#), p.4



Data to Action Community Dialogue: October 2024

- **Purpose:** To follow data governance principles by engaging the community to interpret data and identify risks of sharing the information.
- **About the event:** The community dialogue was co-hosted by Ottawa Public Health and Ottawa Local Immigration Partnership to discuss findings of SDD provided by HBHC clients.
- **Who attended?**
 - 35 participants representing 19 community partners, including HBHC client participants.
 - Included various sectors with an emphasis on those who work with new/expecting Immigrant parents (e.g., settlement sector).
- **Outcomes:** Participants provided thoughtful insights and advice for using and sharing the information. OPH is striving to apply this feedback and share data in ways that are respectful and accessible.

AGENDA
Welcome & Land Acknowledgement
Opening Remarks
Presentation of Findings: Summary of sociodemographic data from OPH's Healthy Babies Healthy Children Program
Discussion – Breakout Groups Theme 1 – Using the data <ul style="list-style-type: none">• Is this data/information useful to you and/or your work? How?• In what ways can this information be used to influence the system - policy and/or for programming? Theme 2 – Sharing the data <ul style="list-style-type: none">• Who would benefit from having this information?• Are there risks to sharing?• What do we need to be mindful of when sharing?• Do you have suggestions for how to share the information?
Report Back & Next Steps
Closing Remarks

Methods - How did we collect SDD?

- OPH's HBHC program began collecting sociodemographic data (SDD) in November 2022.
- The goal was to invite all clients receiving an In-Depth Assessment (IDA) to provide SDD.
- A Public Health Nurse (PHN) or Home Visitor asked for SDD directly from the client (parent/caregiver).
- Timing to collect varied, but providers aimed to collect within the first four visits with the client.
- Data were collected via a secure online form; there was also an option for the provider to collect on paper and back-enter to the secure online form later.
- Online form was bilingual (EN/FR); paper versions were also available in French, Arabic, Simple Chinese, Spanish and Hindi to provide a visual aid to clients who speak those languages; and simultaneous interpretation was also provided as needed.
- Clients provided informed consent to participate – i.e., participation was optional and voluntary; and each question had a “prefer not to answer” response option.

Informed Consent Form for SDD Collection

Family File # (include the dash): *

Question 1: Consent

I would like to ask some questions that will help us, Ottawa Public Health, gain a better understanding of the clients that we serve. We will use this information to help us plan and improve the services and programs that we offer. The questions are voluntary, and your answers will be kept confidential. You can skip any question you do not wish to answer, and you can stop or withdraw at any time. Choosing not to answer these questions will not affect your care or the services you receive today or in the future.

It is possible that you have been asked for this information when accessing other OPH services, such as immunization. Any responses you provide today would be for the Healthy Babies Healthy Children program specifically.

The information we collect will only be presented in aggregate form (that is, combined with others).

Do you agree to continue? *

Yes

No

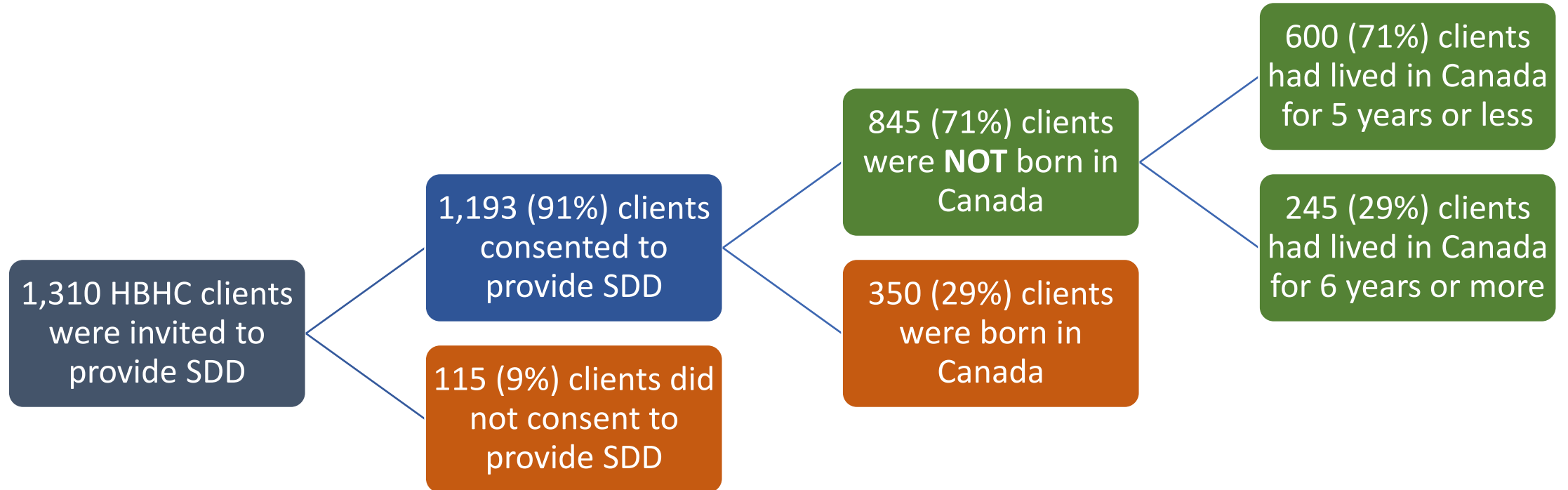
Not Able to Ask Client, please describe reason

What SDD is collected in OPH's HBHC program?

Gender	Preferred Language	First Nations, Inuit, Métis	Born in Canada + Years in Canada
Racial Identity	Housing Situation	Accessibility/ Disability	Sexual Orientation
Education	Household Income + Size	Regular Healthcare Provider*	Immigration Category*

*Fields added February 5, 2024

Breakdown of the numbers



Note: Whereas the program started collecting SDD on November 21, 2022, the questions about Immigration Status and Regular Healthcare Provider were added on February 5, 2024; therefore, these questions have a smaller number of respondents.

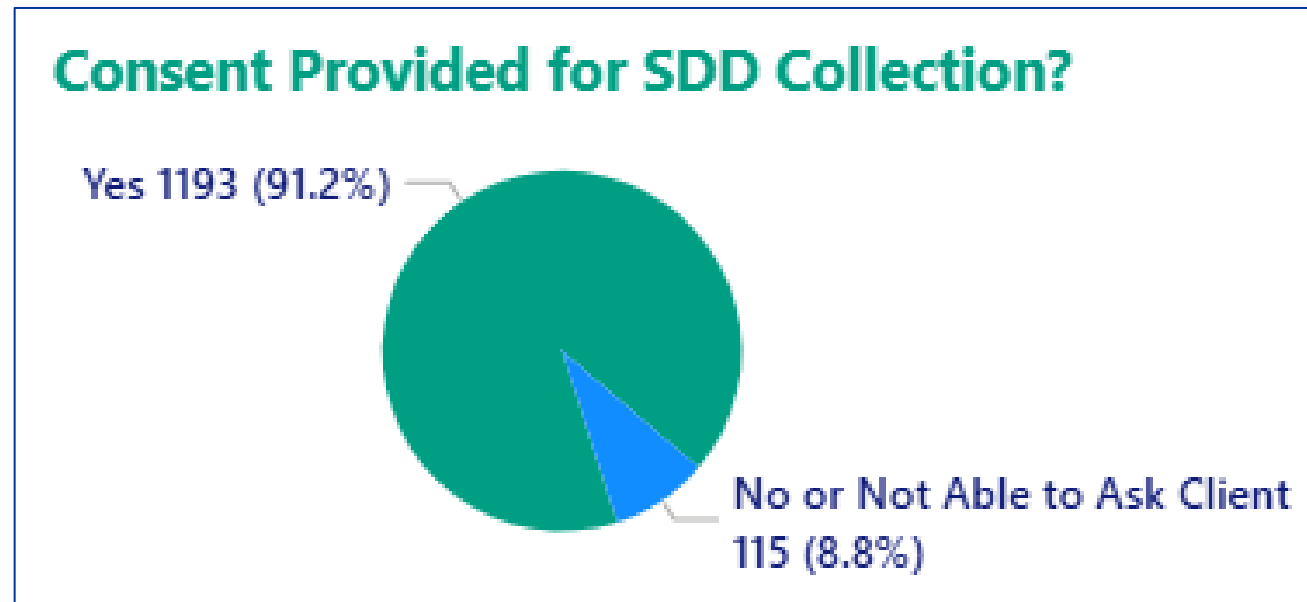
What are some limitations?

- **Missing data:** Just over half of people who received HBHC home visiting services were invited to provide sociodemographic data (SDD), therefore the analyses represent a subset of people seen and therefore do not reflect all clients of the program.
- **Comparing data to the general Ottawa population:** 2021 Census data or other data sources were used to describe the Ottawa population to contextualize SDD findings. However other data collection tools do not perfectly align to how OPH asks SDD therefore the data need to be interpreted with caution.
- **Quantitative data:** SDD is quantitative therefore these data do not tell us about people's lived experiences or context behind the numbers.
- **Indigenous data:** OPH collects SDD on behalf of Indigenous communities in Ottawa. OPH is working with Indigenous partners and the community to honour data governance principles in the collection, analysis and disclosure of Indigenous-specific data. Indigenous data are not included in this report.

Findings - Who is reflected in the data?

Between November 21, 2022 - May 31, 2025:

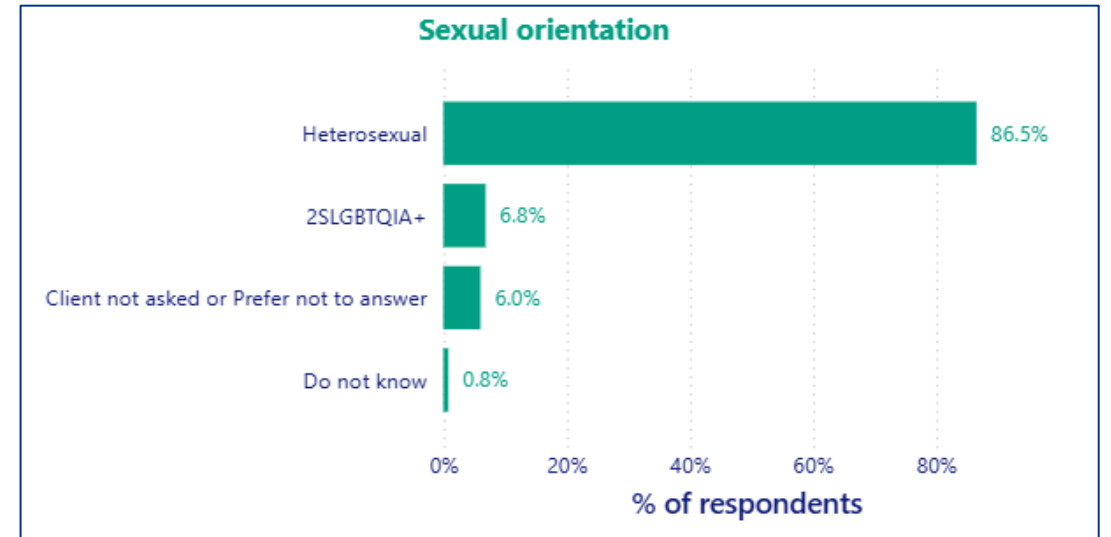
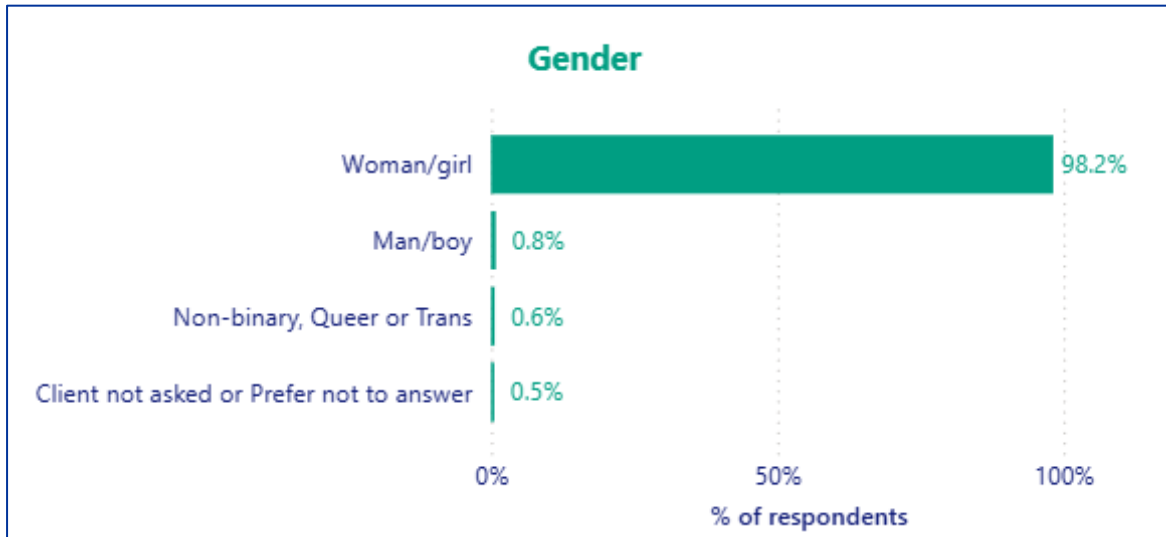
- 1,310 clients who were referred to OPH's HBHC Home Visiting Program (HVP) were invited to provide SDD – this represents approximately half of all HVP clients seen during this timeframe.
- Of the 1,310 who were invited, 91% (n=1,193) consented (agreed) to provide SDD.



Gender Identity & Sexual Orientation

Among the 1,193 people who were referred to the HVP and provided SDD:

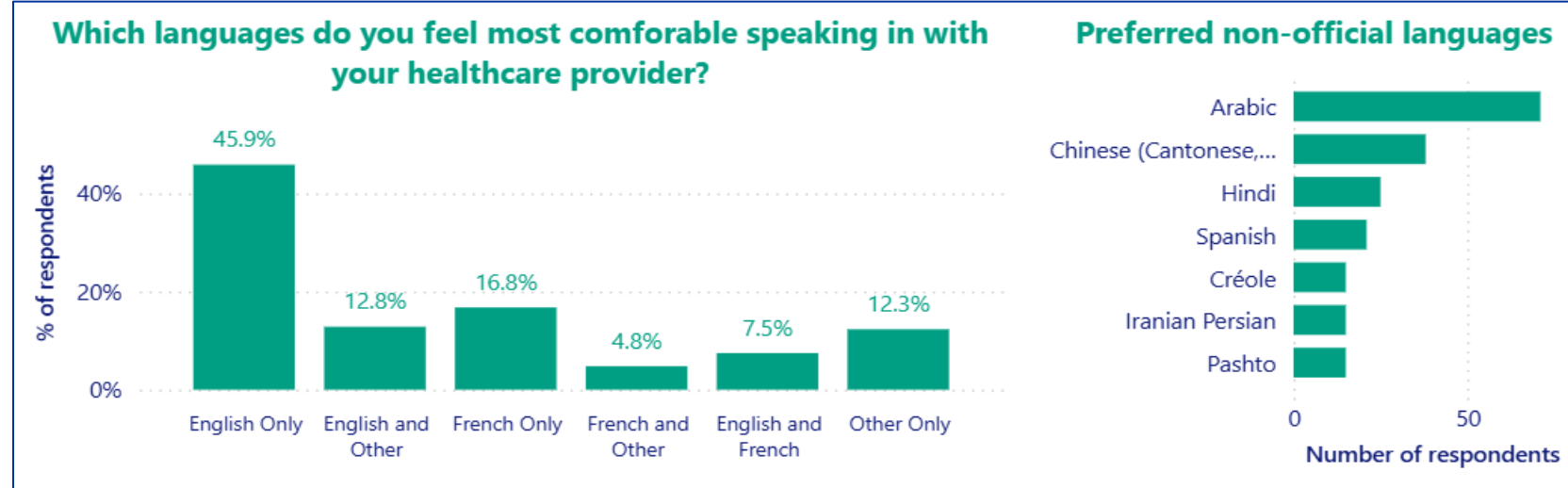
- Nearly all (98%) identified as a Woman/Girl.
- Most (87%) identified as heterosexual.



Languages

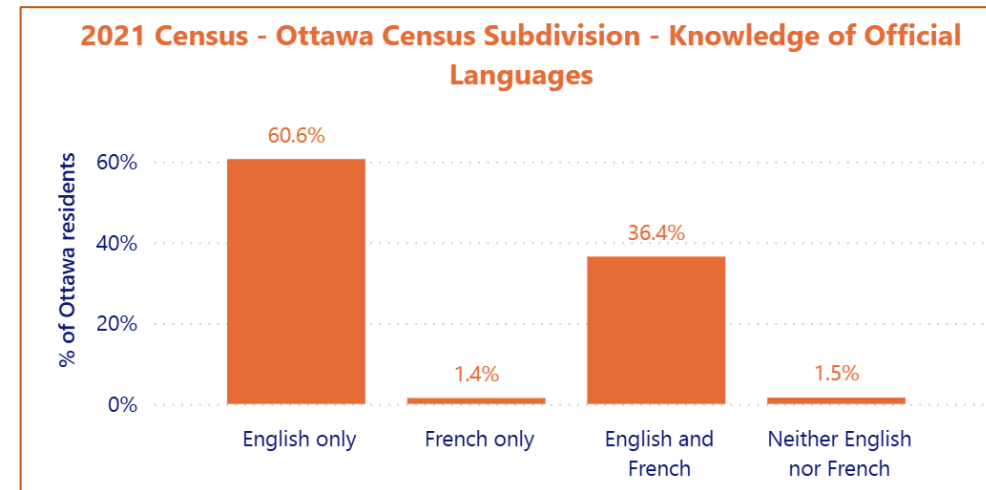
Among the 1,193 people who were referred to the HVP and provided SDD:

- Over half (59%) were most comfortable speaking in English, either in English only (46%) or in English and another language (13%).
- 22% were most comfortable speaking in French, either in French only (17%) or in French and another language (5%).
- 8% reported comfort speaking both English and French.
- 12% were most comfortable speaking only another language than English or French.
- The top three preferred languages other than English or French were: Arabic, Chinese and Hindi.



The 2021 Ottawa Census reported:

- 61% have knowledge of English only.
- 36% speak both English and French.
- 2% do not speak English or French.
- 1% have knowledge of French only.



Racial Identity

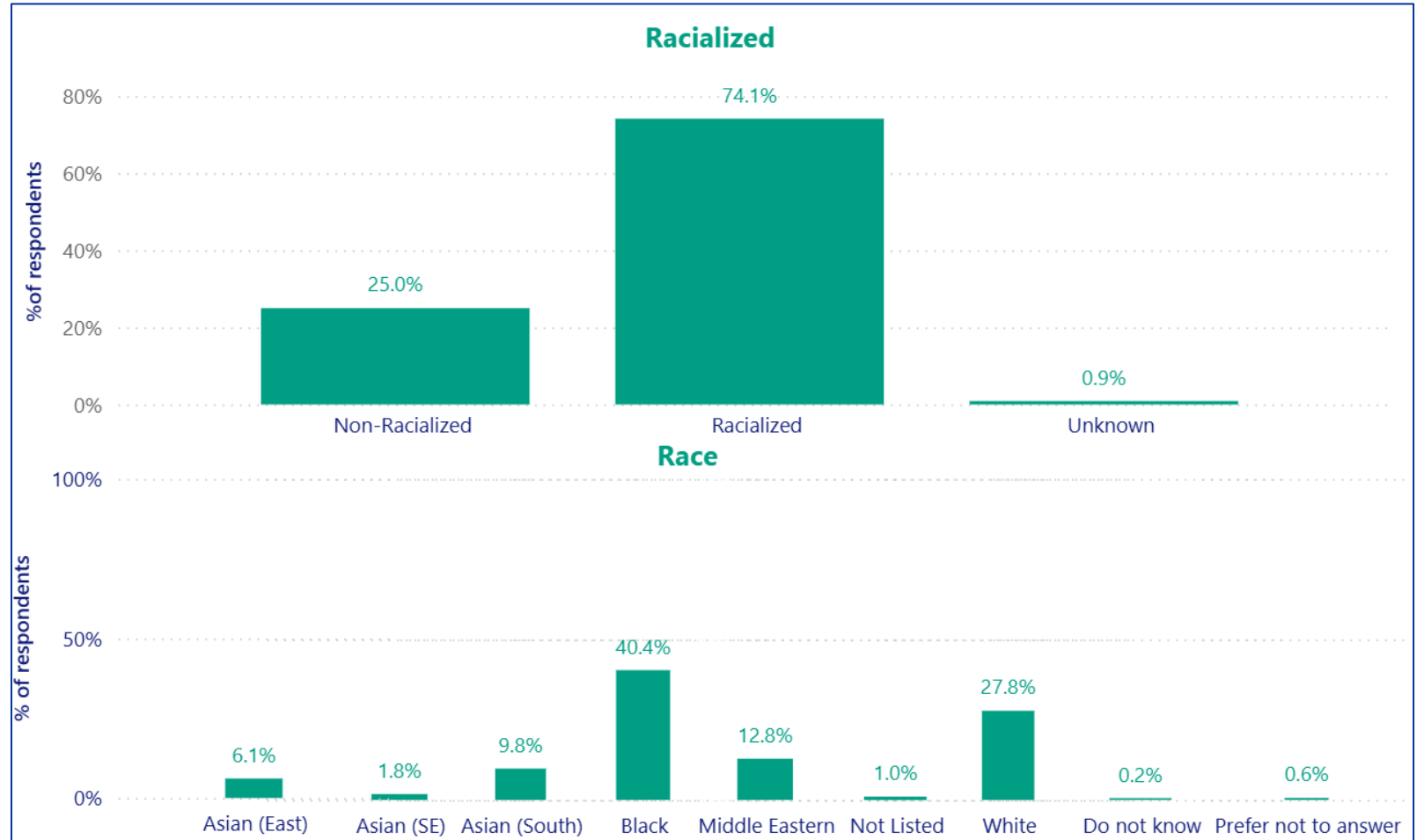
Among the 1,193 people who were referred to the HVP and provided SDD:

- Three quarters were racialized (reported a racial identity other than white).
- The largest proportion identified as Black (40%), followed by White (28%) and Middle Eastern (13%).

The 2021 Census data reported among the Ottawa population:

- 35% identified as non-white or as a "visible minority"*.

* Language is taken from the original data source. Census products use the concept of "visible minority" from the Employment Equity Act.



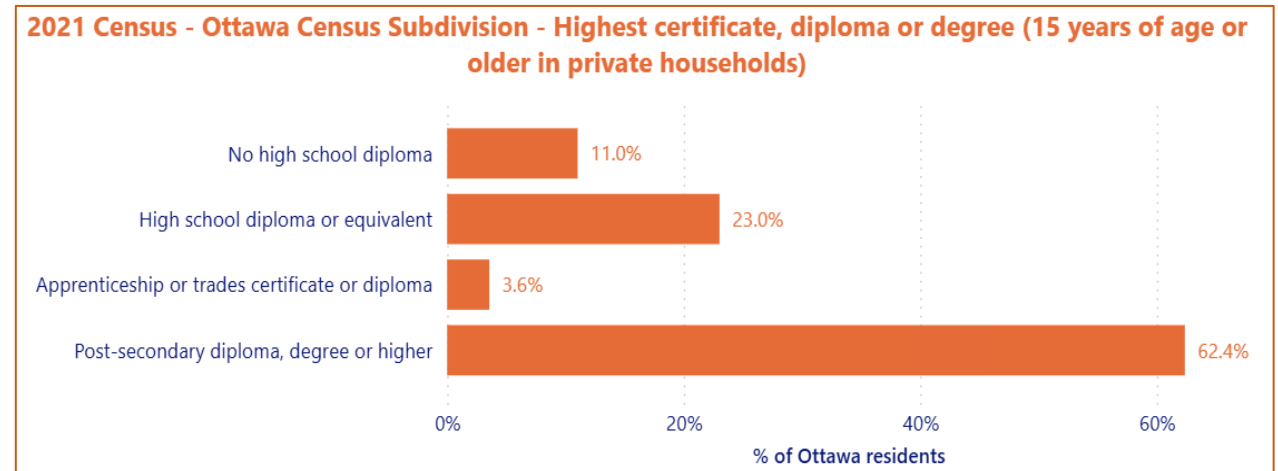
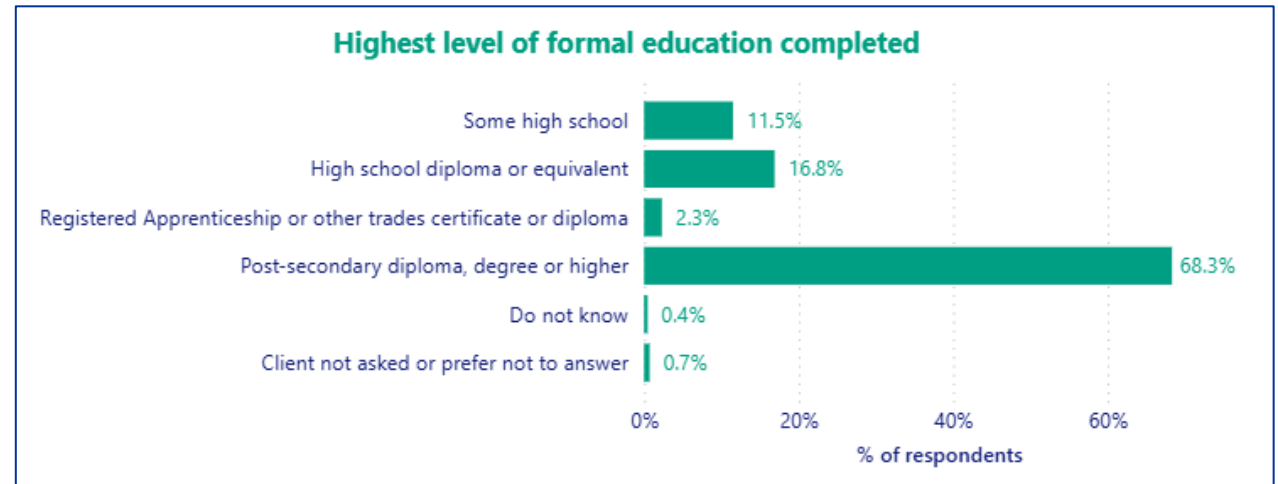
Highest Education Level

Among the 1,193 people who were referred to the HVP and provided SDD:

- 68% had completed a post-secondary diploma, degree or higher.
- 17% had completed high school.

2021 Ottawa Census data reported education levels as:

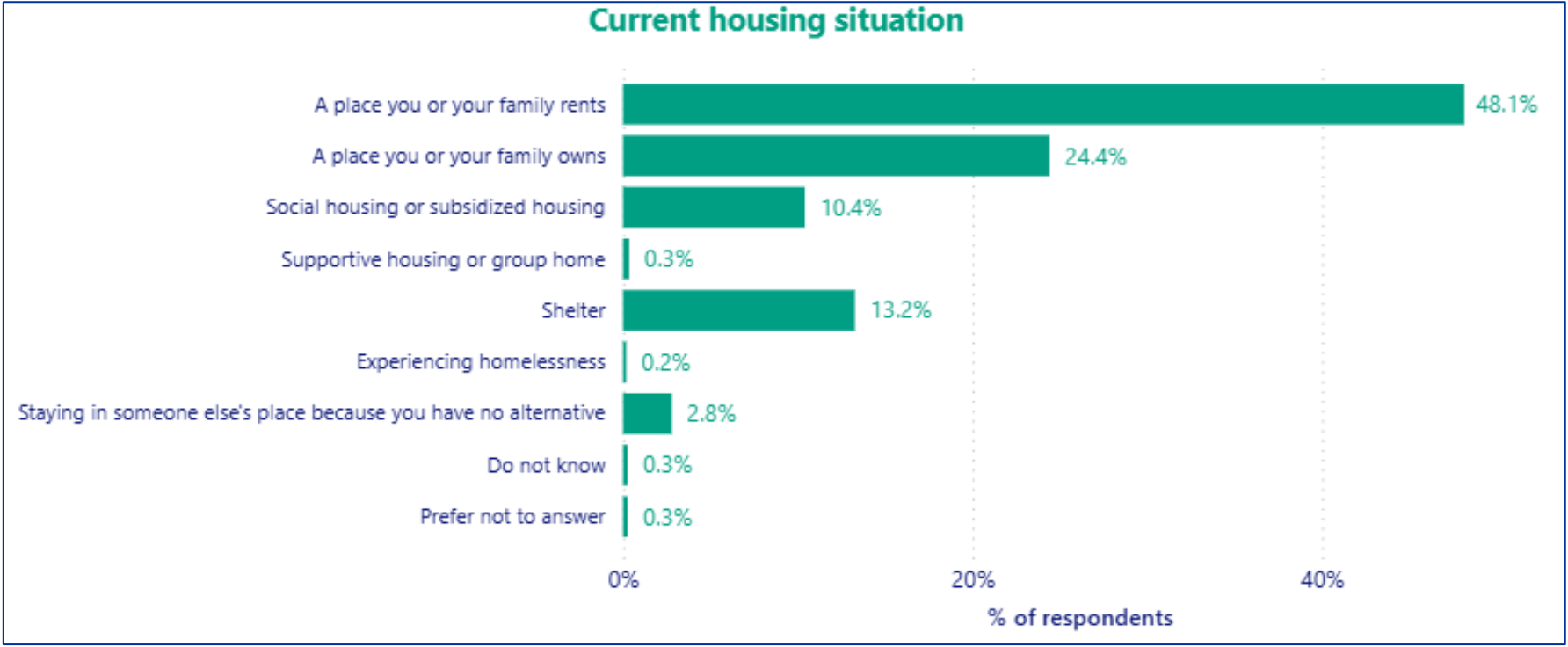
- 62% completed a post-secondary diploma, degree or higher.
- 23% completed high school.



Housing Situation

Among the 1,193 people who were referred to the HVP and provided SDD:

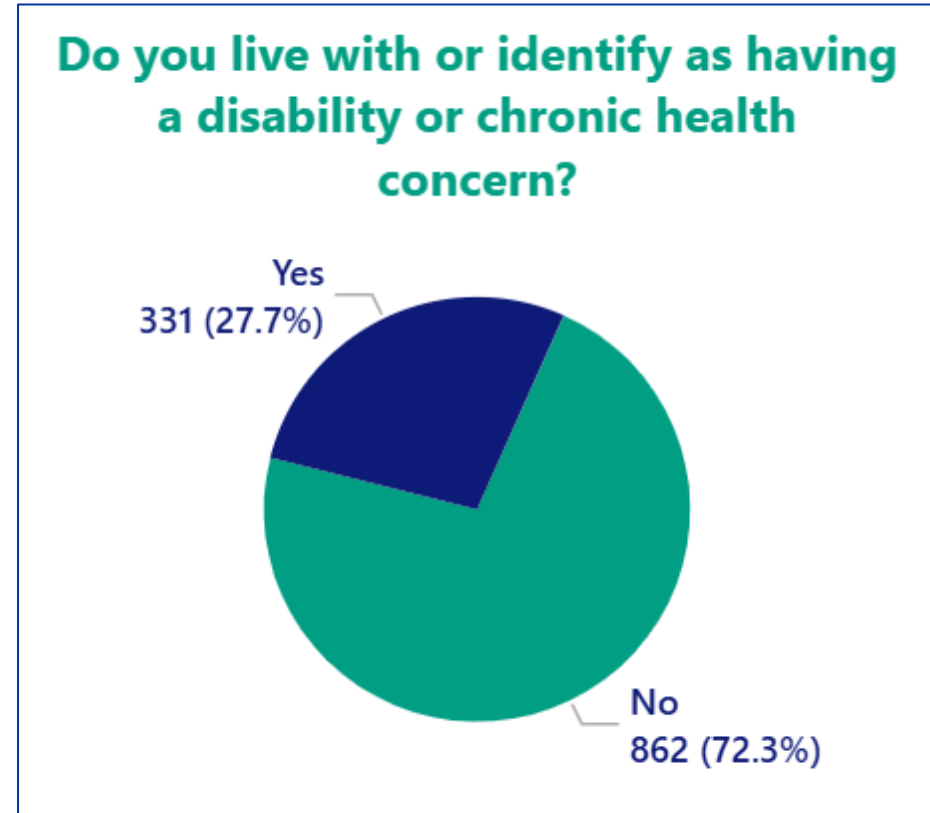
- Nearly half were renting (48%) and 25% owned the place they were living or staying.
- 13% were living or staying in an Ottawa shelter.



Disability or Chronic Health Concern

Among the 1,193 people who were referred to the HVP and provided SDD:

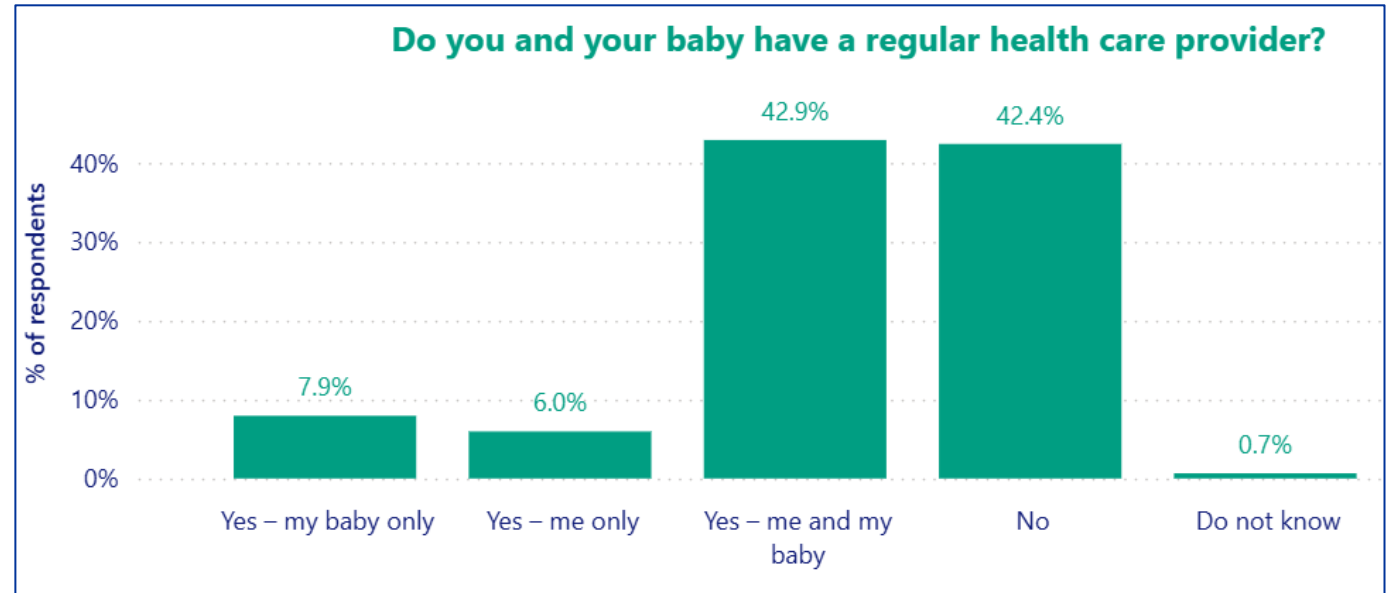
- 28% were living with or identified as having a disability or chronic health concern; of whom, 53% specified mental health challenges; 37% were distributed among physical/mobility and sensory disabilities; 10% specified learning disability.



Regular Healthcare Provider

Among the 774* people who were referred to the HVP and provided SDD:

- 43% had a regular healthcare provider (HCP) for themselves and their baby.
- 42% did NOT have a HCP.
- 8% had a HCP only for their baby.
- 6% had a HCP only for themselves.

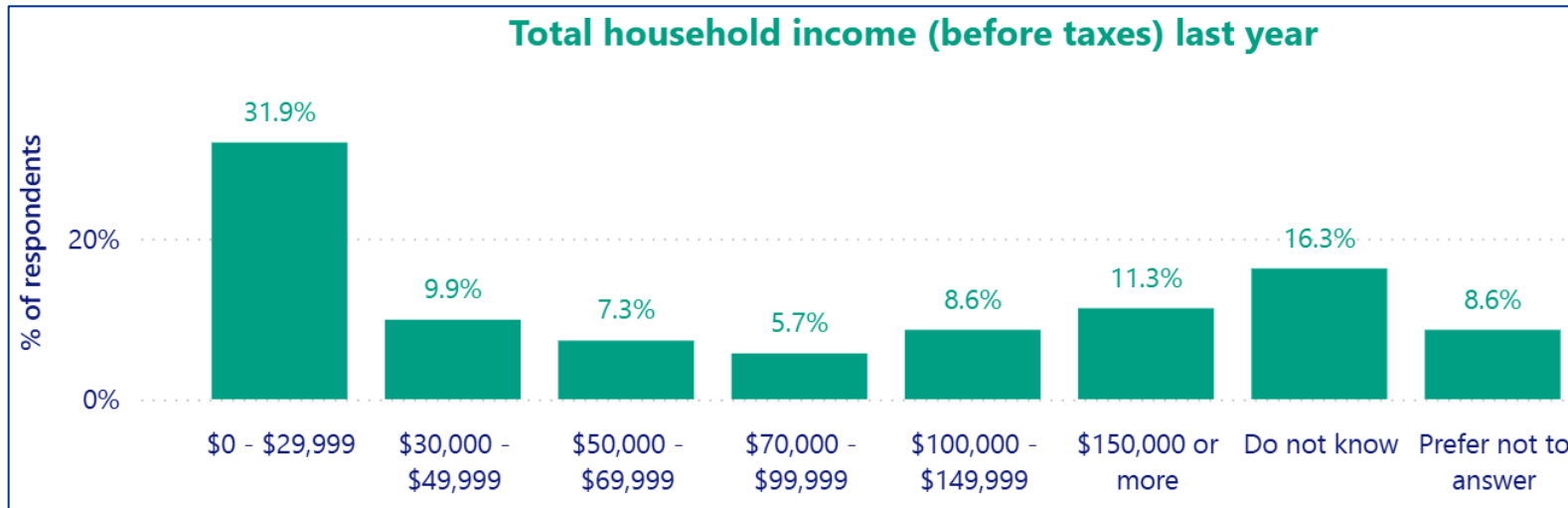


According to data from Statistics Canada, in 2021, 90% of Ottawa females (15 to 49 years old) reported that they had a regular HCP (i.e. family doctor/general practitioner, medical specialist, nurse practitioner, or other).

Data source: Statistics Canada. Canadian Community Health Survey 2021. MOHLTC Share File

*Whereas the program started collecting SDD on November 21, 2022, the question about access to a regular HCP was added on February 5, 2024, therefore this question has a smaller number of respondents (n=774)

Income



Among the 1,193 people who were referred to the HVP and provided SDD:

- Nearly one third (32%) had an annual income of less than \$30,000.
- Half (50%) had an annual income of less than \$70,000.

Among those who provided annual income and household size, 44% would be considered low income (not shown in the figure).

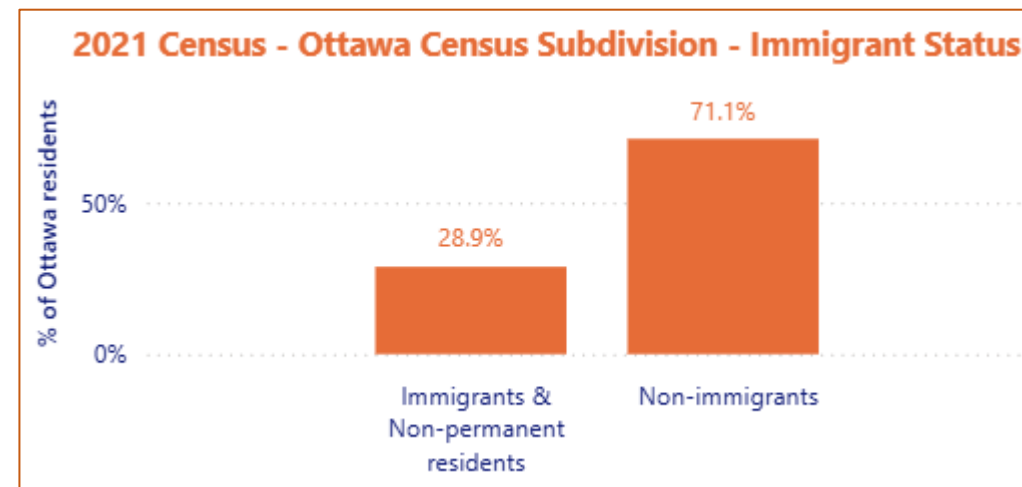
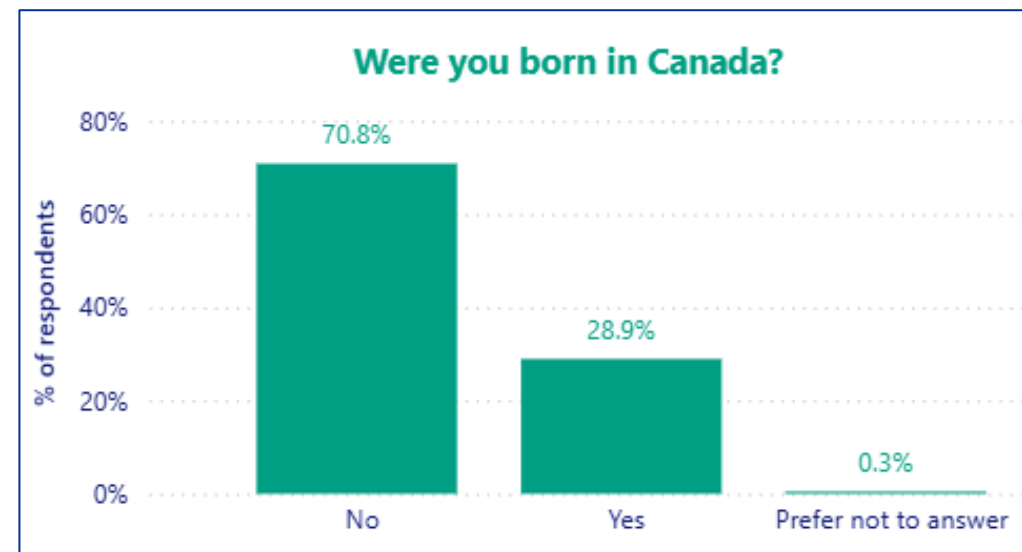
Born in Canada

Among the 1,193 clients who were referred to the HVP and consented to provide SDD:

- 71% were **NOT** born in Canada.
- 29% were born in Canada.

2021 Census data reported the proportions of Immigrants and Non-immigrants in Ottawa as:

- 71% Non-Immigrants (born in Canada).
- 29% Immigrants and Non-permanent residents.



A closer look at clients not born in Canada and people who recently immigrated within the past 5 years

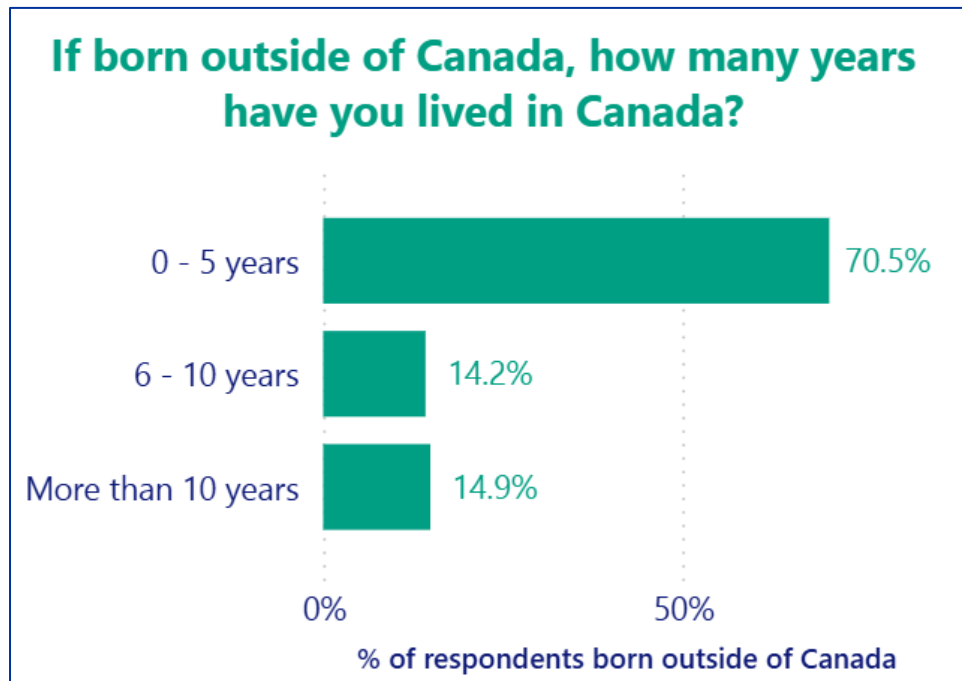
Given that 71% of HVP clients who provided SDD were not born in Canada, data from these clients were disaggregated. Data from individuals who had lived in Canada for five years or less were further analyzed to highlight unique experiences of clients who were more recent immigrants.

The following slides describe clients seen in the HBHC home visiting program (HVP) during the November 2022-May 2025 period who provided SDD and were NOT born in Canada (n=845).

Length of time living in Canada

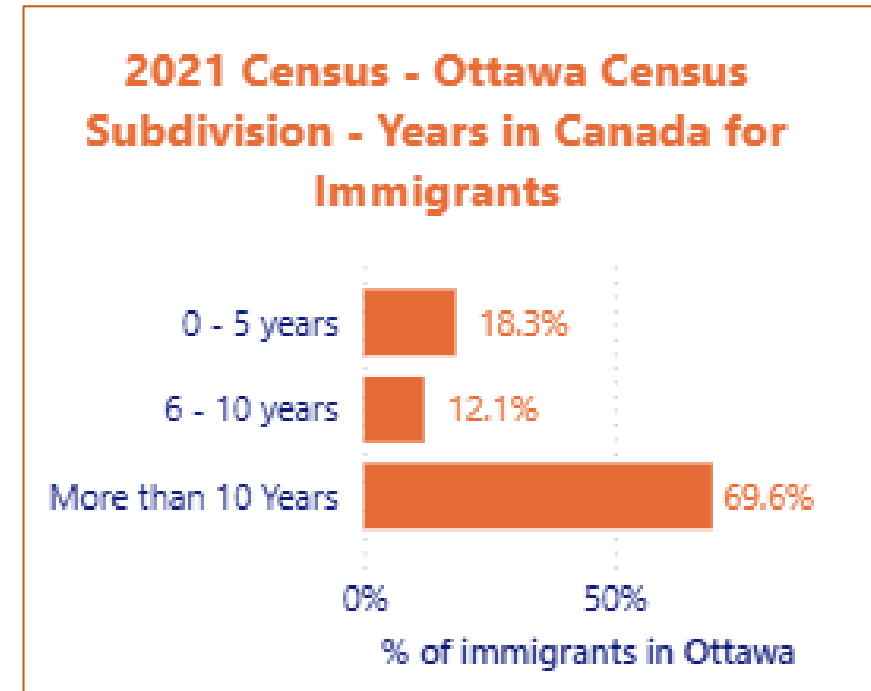
Among the 845 clients who were referred to the HVP and were **not born in Canada**:

- 71% had lived in Canada for 5 years or less.



2021 Census data reported that among the Immigrant population in Ottawa:

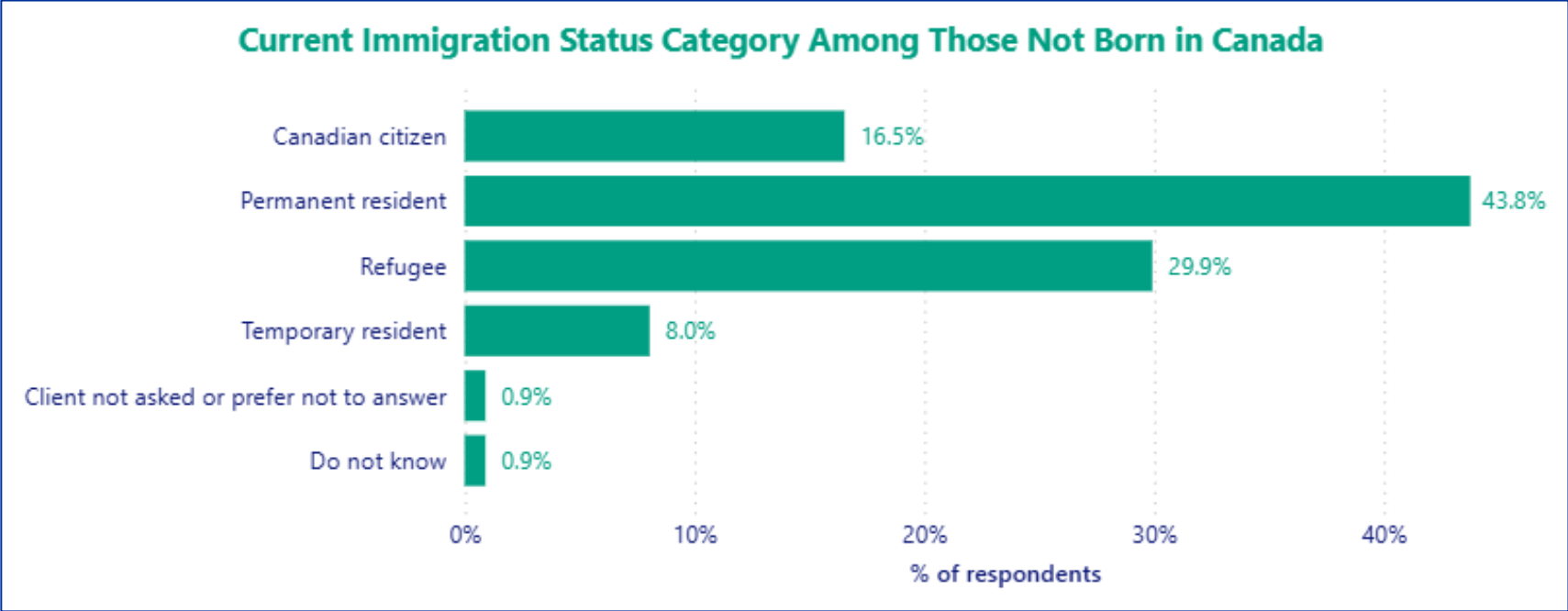
- 18% had lived in Canada for 5 years or less.



Immigration Status and Not Born in Canada

Among the 448* clients who were referred to the HVP and **not born in Canada:**

- 44% were permanent residents.
- 30% had Refugee status.
- 17% were Canadian citizens.
- 8% were temporary residents.

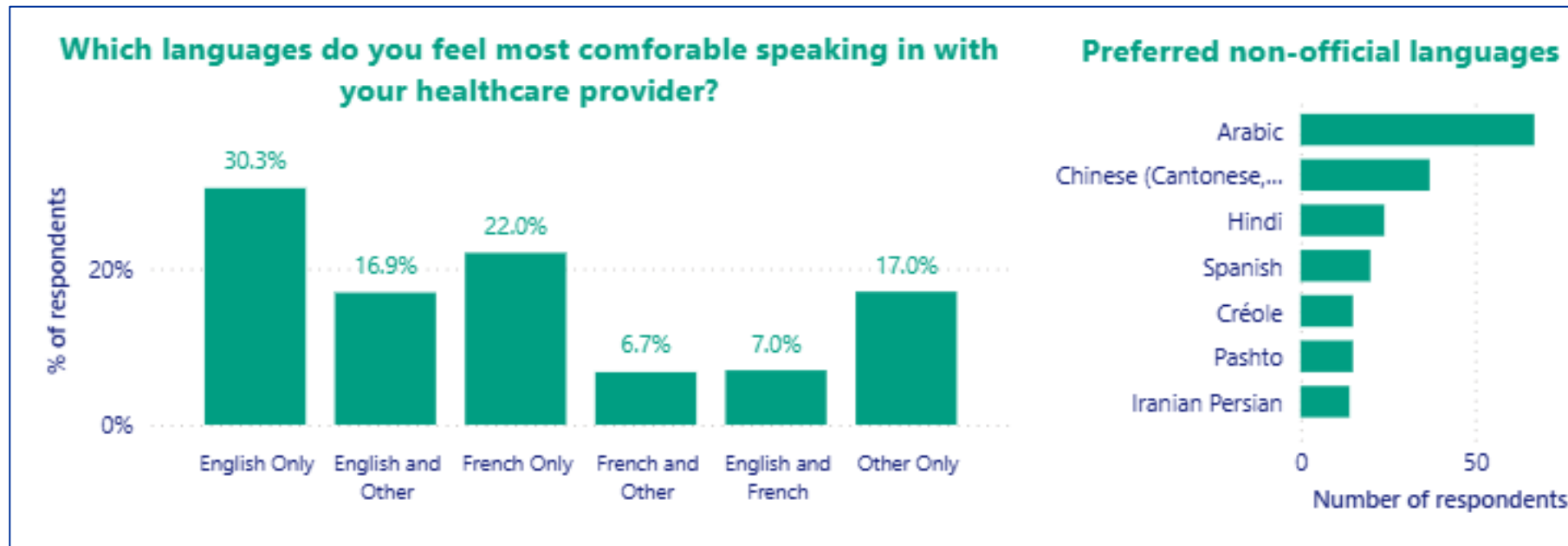


*Whereas the program started collecting SDD on November 21, 2022, the question about Immigration Status was added on February 5, 2024, therefore this question has a smaller number of respondents (n=448)

Languages and Not Born in Canada

Among the 845 clients who were referred to the HVP and **not born in Canada**:

- 47% were most comfortable speaking English or English and another language/s.
- 29% were most comfortable speaking French or French and another language/s.
- 7% were comfortable speaking both English and French.
- 17% were most comfortable speaking another language only than English or French.
- The top three preferred languages other than English or French were: Arabic, Chinese and Hindi.



Racial Identity and Not Born in Canada

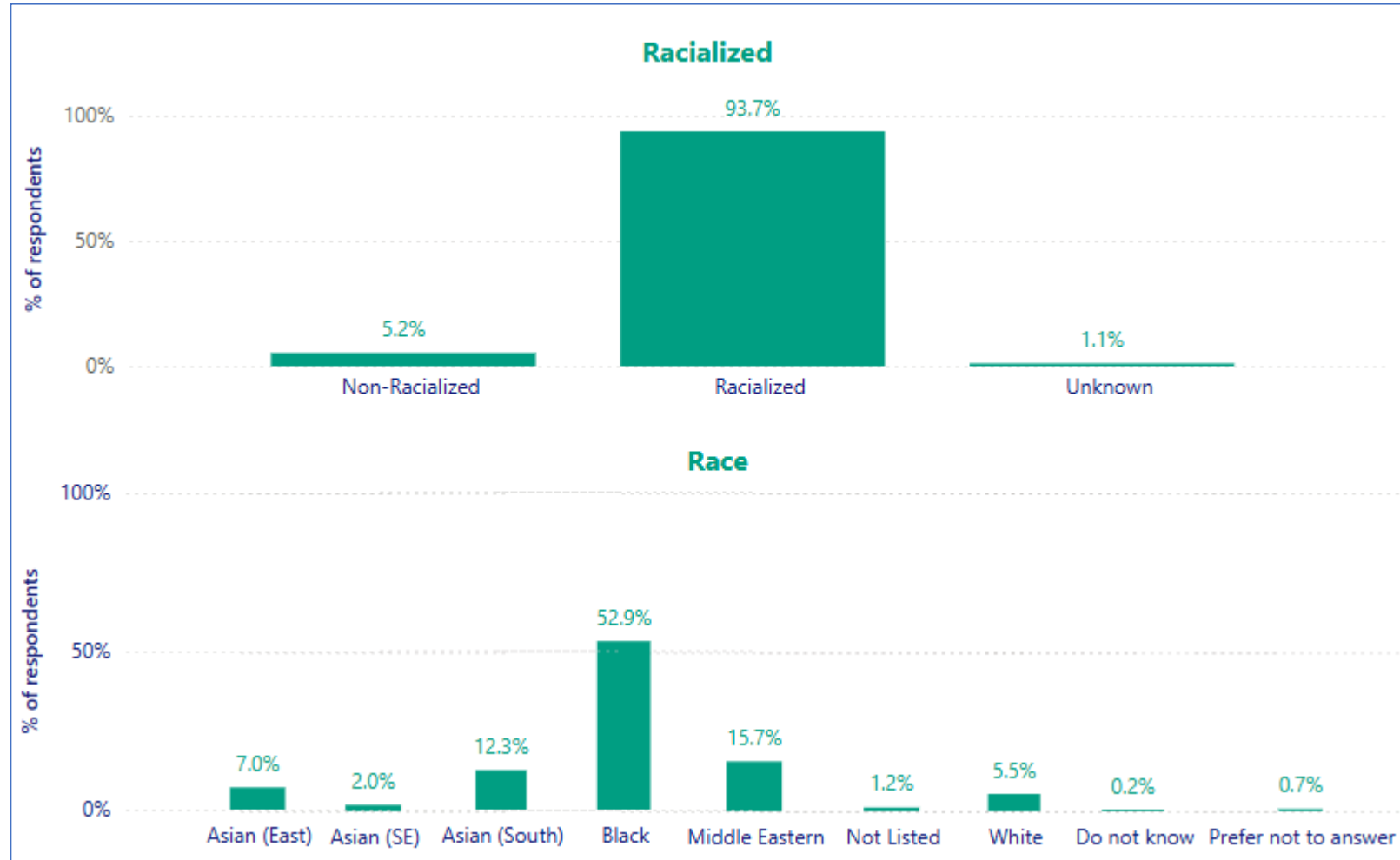
Among clients who were referred to the HVP and **not born in Canada**:

- Nearly all (94%) were racialized or reported a racial identity other than White.
- The largest proportion identified as Black (53%); followed by Middle Eastern (16%) and South Asian (12%).

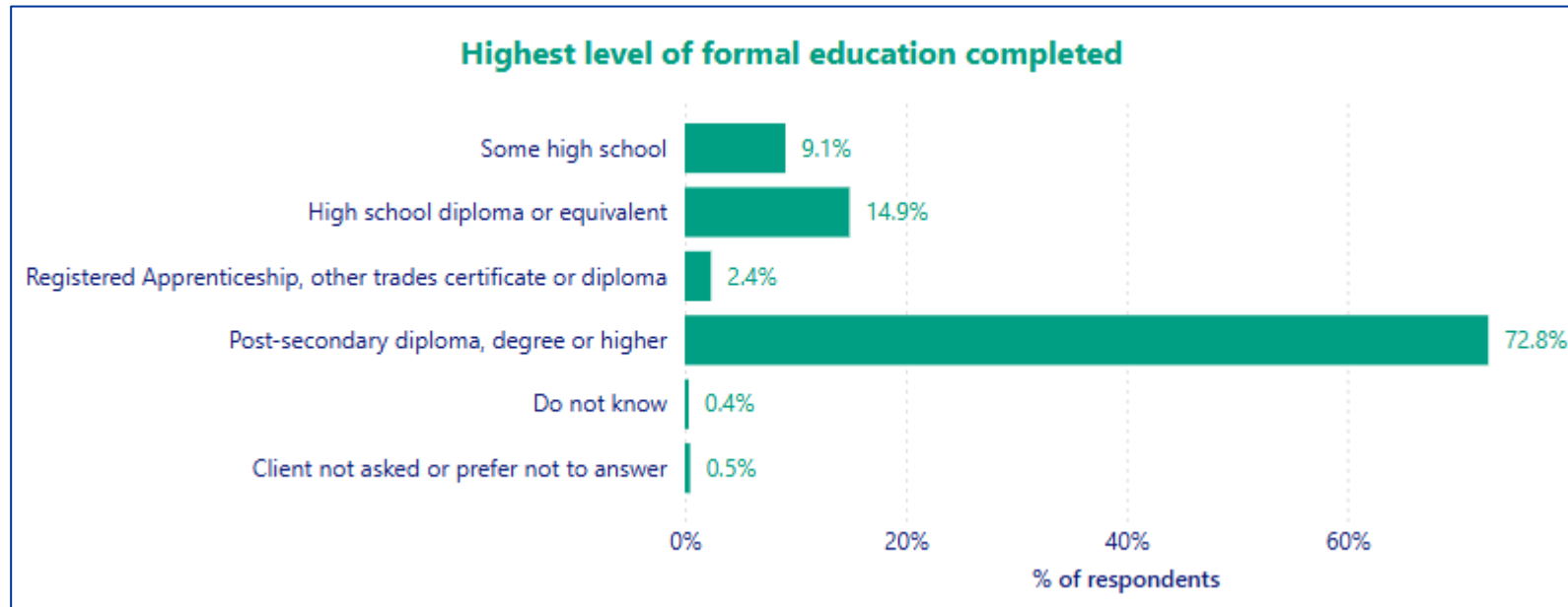
2021 Ottawa Census data reported that among the Immigrant population:

- 71% identified as non-white or as members of a “visible minority”*.

* Language was taken from the original data source. Census products use the concept of “visible minority” from the Employment Equity Act.



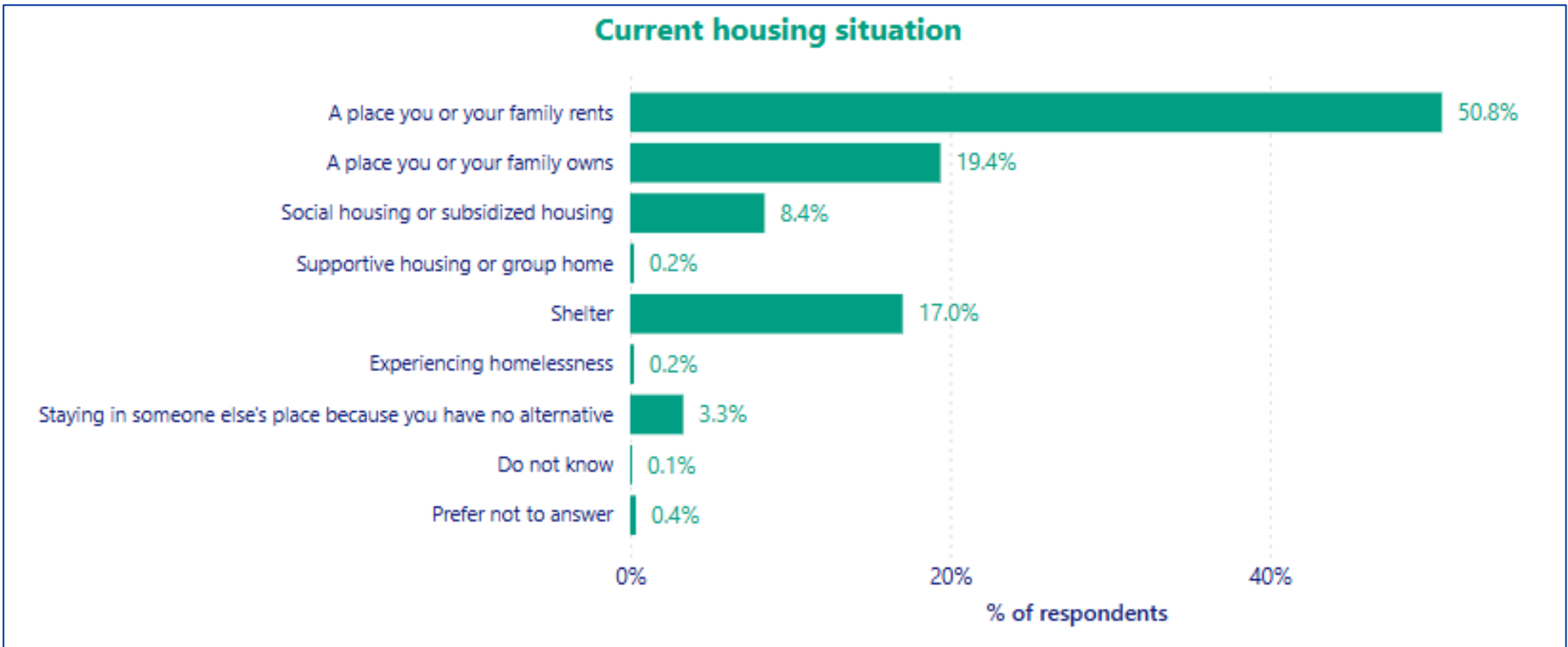
Education and Not Born in Canada



Among the 845 clients who were referred to the HVP and **not born in Canada**:

- Nearly three quarters (73%) reported completing a post-secondary diploma, degree or higher.

Housing Situation and Not born in Canada



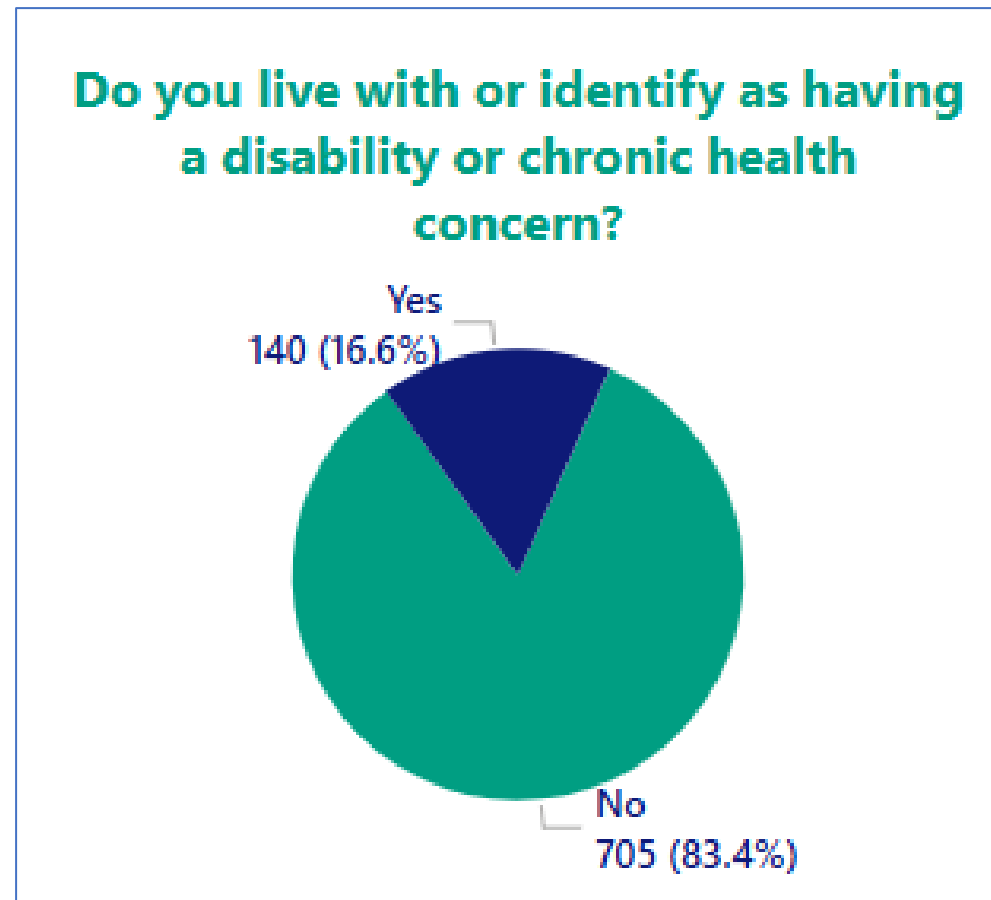
Among the 845 clients who were referred to the HVP and **not born in Canada**:

- 51% were renting housing; 19% owned their home.
- 17% were living or staying in an Ottawa shelter.
- 22% of clients who had lived in Canada for 5 years or less were staying in an Ottawa shelter (n=600).

Disability or Chronic Health Concern and Not Born in Canada

Among the 845 clients who were referred to the HVP and **not born in Canada**:

- 17% were living with or identified as having a disability or chronic health concern; of whom, 70% were distributed among physical/mobility and sensory disabilities; one third (31%) specified mental health challenges.



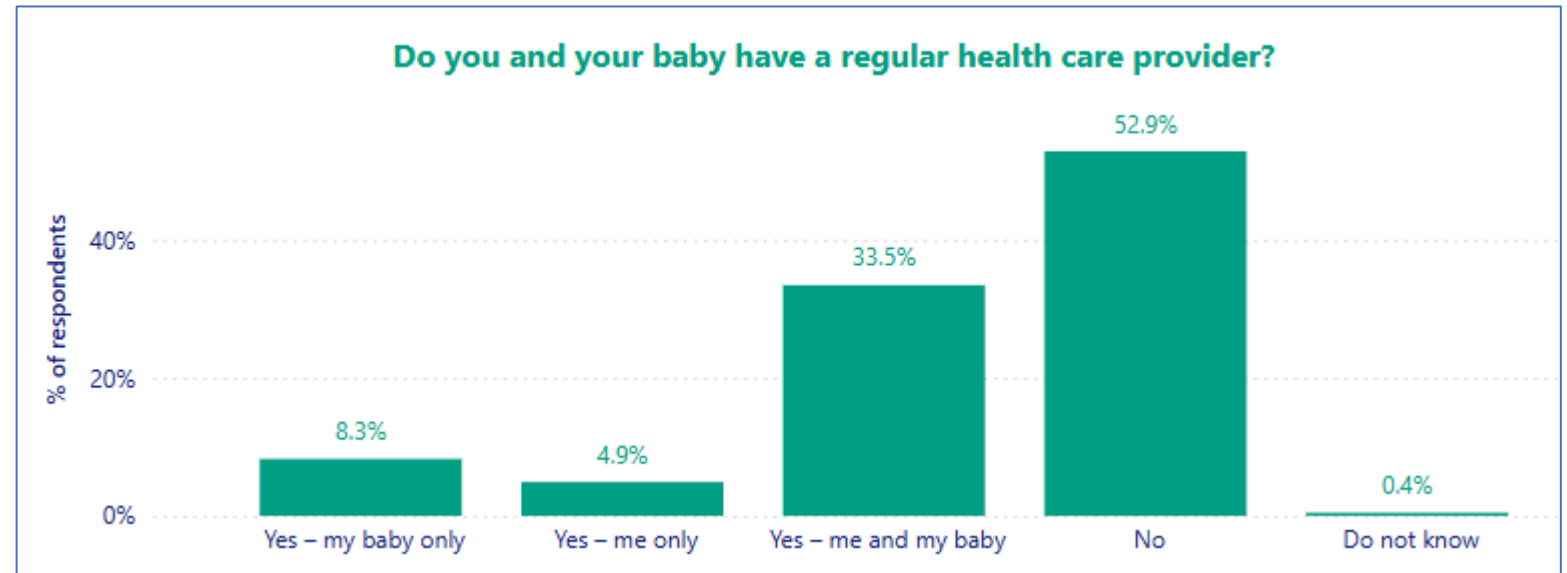
Regular Healthcare Provider and Not Born in Canada

Among the 448* clients who were referred to the HVP and **not born in Canada**:

- 53% did NOT have a regular healthcare provider (HCP).
- 34% had a HCP for themselves and their baby.
- 8% had a HCP only for their baby.
- 5% had a HCP only for themselves.

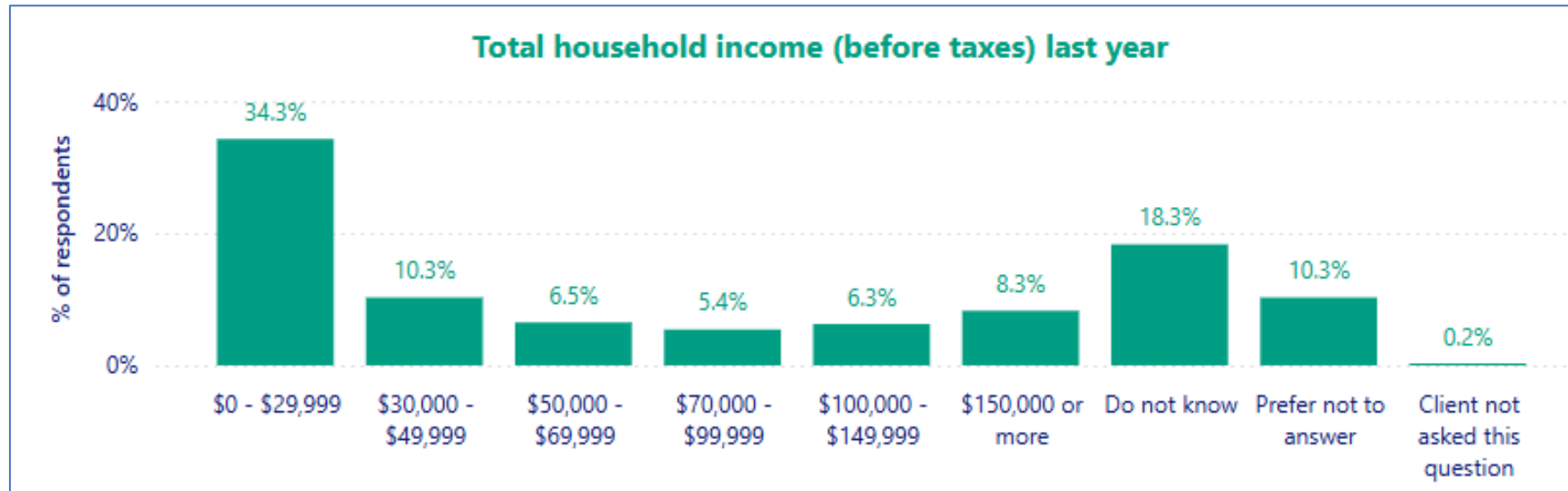
Among clients who had lived in Canada for 5 years or less:

- 61% did NOT have a regular healthcare provider (n=336).



*Whereas the program started collecting SDD on November 21, 2022, the question about access to a regular healthcare provider was added on February 5, 2024, therefore this question has a smaller number of respondents (n=448)

Income and Not Born in Canada



Among the 845 clients who were referred to the HVP and **not born in Canada**:

- One third (34%) reported an annual household income of less than \$30,000.
- Half (51%) reported an annual household income of less than \$70K per year.
- Nearly one third (29%) reported don't know or prefer not to answer.

Among those who provided annual income and household size, nearly half (47%) would be considered low income(not shown in the figure).

How is OPH using these data?

Data validate OPH nurses' experience with HVP clients - e.g., many clients are Immigrants (within past 5 years); staying in shelters or precarious housing; and many have mental health challenges.

OPH is using these data by:

- **Working with health care partners** (e.g., Ottawa Health Team-Equipe Sante Ottawa) to attach clients to regular healthcare providers.
- **Increasing the diversity of languages** spoken by staff – e.g., Arabic, Mandarin, Spanish, Lingala, Swahili.
- **Prioritizing staff training to support mental health needs** - e.g., Cognitive-Behavioural Therapy; Interpersonal Psychotherapy; Motivational Interviewing.
- **Drawing attention to housing need** – e.g., clients staying in shelters and/or unsafe housing conditions - ongoing discussions with internal and external partners to address housing needs.
- **Supporting clients who are Immigrants** – e.g., immigration paper-work; accessing appropriate supports that are available to newcomers; and getting foreign education/credentials recognized.

Discussion

- These findings are intended to inform policies and program planning to address the structural and social conditions that create barriers and contribute to reducing health inequities among certain population groups.
- It is important not to generalize results or to make assumptions about clients or community members, for example, not all parents who are recent Immigrants have lower income.
- Numerous potential uses for these data have been identified and are summarized on the following slide.

Opportunities for Community to use these Data

Participants of the **Data to Action Community Dialogue** (Oct 2024) suggested the following purposes for using these data (refer to pg. 12 for additional information about the Community Dialogue):

- To highlight systemic barriers and inequities for new parents who are also newcomers to Canada.
- To respond to client needs – to improve service delivery or quality improvement.
- To inform local organizations' strategic planning – data reflects actual local needs in Ottawa.
- To advance research agendas – e.g., Black Women's Health in Canada.
- To influence or advance policy change – e.g., to provide parents the resources that they need.
- To further describe the picture of primary care access locally in Ottawa.
- To explore opportunities for new partnerships, recognizing that clients experience complex issues.
- To encourage or inspire regional/provincial partners to collect SDD – by sharing lessons learned.