

This document provides an overview of the data sources and indicators presented in the MHASUH dashboard, including data limitations, and refresh cycles.

As described on the *Overall Summary* page, the dashboard is a novel community driven tool that brings together many data sources to assess the health status of the people in Ottawa in relation to their mental health, addictions, and substance use health. By centralizing this data, we hope to identify needs, inform systems, and support public health efforts and programming to improve the health of people living in Ottawa. The data sources listed below were selected based on best available evidence, and after consultation with community partners, and experts in the fields of mental health, addictions, substance use health, data science, and epidemiology. The sources represent local data which contain measures for prioritized health indicators (e.g., proportion of residents who describe their mental health as fair or poor, proportion of residents who have a regular healthcare provider, number of opioid-related deaths). As different needs, opportunities, and resources become available, the dashboard will change and develop accordingly. The Technical Notes will be updated to reflect changes in dashboard content.

Last update: April 11, 2023

Data Source	Description and Limitations	Contents of Dashboard	Refresh Cycle
Population Health Survey (EKOS & OPH)	<p>Online survey of Ottawa residents aged 18 years of age and older by EKOS Research Associates in collaboration with OPH. Data is included for October 2020 and November 2021. Data for June 2020 have been omitted as there was no statistically significant difference between responses provided in June and 4 months later in October 2020.</p> <p>Survey weights were applied by age, gender, education (grade 8 or less, some high school, high school or equivalent, apprenticeship or trade certificate, college diploma, university diploma, Bachelor’s degree, post graduate degree), and region (Kanata/Stittsville, Nepean, West, Central, East, South, Orleans, Rural) of the respondent to align with the distribution of Ottawa</p>	<p>Page: Are people well? Section: Do people feel well?</p> <ul style="list-style-type: none"> Bar graph of the percentage of people in Ottawa who self-reported mental health by age group, socio-demographic group, year, and response <p>Page: Are people well? Section: Do people know how to access preventative support?</p> <ul style="list-style-type: none"> Bar graph of the percentage of people in Ottawa who wanted to reach out for mental health supports in the last two weeks but did not know where to turn by socio-demographic group and year 	Ad hoc

	<p>residents reported in Statistics Canada’s 2016 census. Estimates for <i>Do not know</i> and <i>Prefer not to answer</i> responses were suppressed, as well as estimates with a high coefficient of variation (CV) (CV > 33.3). In addition, for some of the sociodemographic data, individual response categories were aggregated to the most meaningful and feasible groupings considering both relevance and sample size, of note:</p> <ul style="list-style-type: none"> • <u>Gender identity</u>: the subgroups presented are woman and man. Data for other identity (which includes gender fluid, intersex, non-binary, questioning, transgender, two-spirit, and not listed) were suppressed due to high sampling variability. • <u>Sexual orientation</u>: respondents were asked if they considered themselves to be part of the LGBTQ2S+ community. If they did, respondents were grouped as LGBTQ2S+, while those who did not were grouped as heterosexual. • <u>Racial identity</u>: respondents were asked if they considered themselves to be a member of a visible minority or racialized community. If they did, respondents were grouped as racialized, while those who did not were grouped as non-racialized. • <u>Disability</u>: respondents were asked if they considered themselves to be a person with a disability. If they did, respondents were grouped as having a disability, while those who did not were grouped as not having a disability. • <u>Age</u>: age categories were collapsed from 10-year to 20-year age groups to more closely reflect 	<p>Page: Are people free from stigma?</p> <p>Section: Do people know about substance use health, addictions, and mental health?</p> <ul style="list-style-type: none"> • Bar graph of the percentage of people who strongly/somewhat agreed, were neutral, or who strongly/somewhat disagreed with mental health and substance use health statements 	
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	<p>age groups presented in other data sources that are included in the dashboard.</p> <p><u>Income:</u> income categories were collapsed from \$10,000 income brackets to four large income brackets (<\$59,999, \$60,000-\$99,999, \$100,000-\$159,999, >\$160,000) due to small sample sizes.</p> <p>When a percentage is presented, the denominator is the number of people who responded to the survey question within the subgroup of interest.</p> <p>For more information about societal impacts, please visit: Societal Impacts - Ottawa Public Health.</p> <p>For additional survey analysis, please see our Fall 2021 report: https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/covid-19/Status-of-Mental-Health-Addictions-and-Substance-Use-Health-in-Ottawa---Fall-2021.pdf</p>		
<p>Ontario Student Drug Use and Health Survey (OSDUHS)</p>	<p>Population survey of Ontario students in grades 7 to 12 by the Centre for Addiction and Mental Health. The survey has been conducted since 1977 and is administered every 2 years. Data presented on the dashboard reflect an Ottawa specific sample of about 1000 students that were collected in each of the 2019 and 2021 surveys.</p> <p>Of note, the 2021 iteration of the survey was modified to accommodate barriers from the COVID-19 pandemic; for example, instead of paper and pen, it was</p>	<p>Page: Are people well? Section: Do people feel well?</p> <ul style="list-style-type: none"> • Bar graph of the percentage of youth in Ottawa who self-reported mental health by socio-demographic group, year, and response • Bar graph of the percentage of youth in Ottawa who self-reported past year substance use, by year and substance • Bar graph of the percentage of Ottawa youth who self-reported past year substance use, by substance and socio-demographic group 	<p>Bi-annually</p>

	<p>administered online, and entire grades within a school were selected instead of classes randomly selected within grades. There were also differences in how the 2021 survey was promoted across Ottawa school boards, which may have an impact on the representativeness of the data.</p> <p>Survey weights were applied by grade, class, school, and region (i.e., public health unit) to align with the distribution of Ottawa residents reported in Statistics Canada’s 2016 census. Estimates for subgroups were suppressed if the coefficient of variation (CV) was high (CV > 33.3). In addition, for some of the sociodemographic data, individual response categories were aggregated to the most meaningful and feasible groupings considering both relevance and sample size.</p> <ul style="list-style-type: none"> • Ethno-racial identity: the subgroups presented are non-racialized, which includes students identifying as White European or White North American, and racialized, including students who identified as one of East Asian, South Asian, Southeast Asian, Black African, Black Caribbean, Black North American, First Nations, Indian Caribbean, Indigenous/Aboriginal, Inuit, Latin American, Métis, Middle Eastern, or Mixed Heritage. • Socioeconomic advantage/disadvantage: students responded based on their perception of where on a scale from 1 (worst off) to 10 (best off) their family fits regarding how much money they have, how much education they have received, and whether they hold a more desirable or higher paying job compared 	<p>Page: Are people well?</p> <p>Section: Do people know how to access preventative support?</p> <ul style="list-style-type: none"> • Bar graph of the percentage of Ottawa youth who wanted to reach out for mental health supports in the last 12 months but did not know where to turn by socio-demographic group and year 	
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	<p>to those with little education, no job, or a lesser paying job. Students who responded <7 were grouped as socioeconomically (SE) disadvantaged while those responding 7+ were grouped as SE advantaged.</p> <ul style="list-style-type: none"> • <u>Grade</u>: grades were collapsed into 7-8 and 9-12 to reflect elementary school students and high school students respectively, and to avoid small sample sizes. <p>When a percentage is presented, the denominator is the number of people who responded to the survey question within the subgroup of interest.</p> <p>For more information about the OSDUHS survey, please visit: https://www.camh.ca/en/science-and-research/institutes-and-centres/institute-for-mental-health-policy-research/ontario-student-drug-use-and-health-survey---osduhs</p> <p>For additional survey analysis, please see our 2021 report: English version https://www.ottawapublichealth.ca/en/reports-research-and-statistics/mental-health-reports.aspx French version https://www.santepubliqueottawa.ca/fr/reports-research-and-statistics/mental-health-reports.aspx</p>		
Canadian Community Health Survey (CCHS)	Statistics Canada. Table 13-10-0113-01 Health characteristics, two-year period estimates.	Page: Are people well? Section: Do people feel well?	Annually

Mental Health, Addictions, and Substance Use Health (MHASUH) in the Community – Technical Notes

	<p>Data come from the CCHS, an annual online cross-sectional survey of Canadians by Statistics Canada. The survey collects information on health behaviours, health status, and healthcare use.</p> <p>The data have been filtered for the City of Ottawa Health Unit and person-level weights have been applied to the sample, including adjustments for age, sex, and geography. Estimates for subgroups were suppressed if the coefficient of variation (CV) was high (CV > 33.3).</p> <p>When a percentage is presented, the denominator is the number of people who responded to the survey question within the subgroup of interest.</p> <p>For more information about the survey, please visit: Surveys and statistical programs - Canadian Community Health Survey - Annual Component (CCHS) (statcan.gc.ca)</p>	<ul style="list-style-type: none"> Bar graph of the percentage of Ottawa residents who self-reported mental health by sex, age group, year, and response Bar graph of the percentage of Ottawa residents who self-reported substance use, by sex, age group, year, and type of substance use (daily or occasional smoking, heavy drinking) <p>Page: Are people well? Section: Do people know how to access preventative support?</p> <ul style="list-style-type: none"> Bar graph of the percentage of Ottawa residents who have a regular healthcare provider by year, sex, and age group 	
<p>Needle and Syringe Program Annual Report</p>	<p>Annual activity reports are completed by Ottawa Public Health and are submitted to the Ministry of Health and Long-Term Care. Reports capture information about the Needle and Syringe Program, such as sites of operation (including OPH and community partners), number of existing and new clients, number of needles given out, and types of services provided.</p>	<p>Page: Are people well? Section: Do people have access to harm reduction?</p> <ul style="list-style-type: none"> Line graph of the number of community partners by year Line graph of the number of needles given out by year Bar graph of the number of Ottawa residents who sought harm reduction supplies or services (excluding people accessing supervised consumption and treatment services) by year and gender identity 	<p>Annually</p>
<p>Ontario Naloxone</p>	<p>Quarterly activity reports are completed by Ottawa Public Health and are submitted to the Ministry of</p>	<p>Page: Are people well? Section: Do people have access to harm reduction?</p>	<p>Quarterly</p>

Mental Health, Addictions, and Substance Use Health (MHASUH) in the Community – Technical Notes

<p>Program Quarterly Report</p>	<p>Health and Long-Term Care. The report contains data for OPH and other community partners including Aboriginal Health Access Centre, AIDS Service Organization, Community Health Centres, Consumption and Treatment Services, Emergency Departments, Expanded Access Organization, Outreach Program, Shelters, and Withdrawal Management Program. Data captured within the form include number of people trained to administer naloxone (spray or injectable) and number of naloxone kits given out.</p>	<ul style="list-style-type: none"> • Bar graph of the number of people trained to administer naloxone by program site • Bar graph of the number of naloxone kits distributed by program site 	
<p>Monthly Health Canada Supervised Consumption Site (SCS) Reports</p>	<p>Monthly activity reports are completed by Ottawa Public Health and community partner sites (i.e., Ottawa Inner City Health, Sandy Hill Community Health Centre, Somerset West Community Health Centre). The reports capture information about the supervised consumption sites, such as number of visits, drug(s) consumed at visit, and type of referral(s) made.</p> <p>Of note, data for all sites have been aggregated. In addition, for sociodemographic breakdowns counts below 10 have been suppressed.</p> <p>People may also be counted multiple times if they visited multiple SCS locations within the same month.</p>	<p>Page: Are people well? Section: Do people have access to harm reduction?</p> <ul style="list-style-type: none"> • Bar graph of the number of visits to supervised consumption and treatment service by month and year • Bar graph of the number of people accessing supervised consumption and treatment service by gender and year • Bar graph of the number of people accessing supervised consumption and treatment service by age and year • Bar graph of the number of visits by year and type of service (drug consumed, type of overdose event, type of referral) 	<p>Quarterly</p>
<p>Opioid Investigative Aid report (OCCO)</p>	<p>Coroner’s Opioid Investigative Aid, May 2017 to December 2021, Office of the Chief Coroner for Ontario (OCCO), extracted April 27, 2022.</p> <p>Note, reports are created when about 80% of the deaths reported in the most recent quarter have been confirmed. Opioid-related deaths are defined as an acute intoxication/toxicity death resulting from the</p>	<p>Page: Are people well? Section: Are people experiencing harms from unmet needs?</p> <ul style="list-style-type: none"> • Combined bar and line graph of the number and 3-year moving average of rate of opioid related deaths by sex and year • Line graph of the 3-year moving average of rate of opioid related deaths by age group and year 	<p>Annually</p>

	<p>direct effects of the administration of at least one or more opioids, regardless of how the opioid was obtained. This excludes deaths due to chronic substance use, medical assistance in dying, trauma where the individual contributed to the circumstances of the injury and deaths classified as homicide.</p>	<ul style="list-style-type: none"> • Bar graph of the percent of opioid related deaths by manner of death and year • Combined bar and line graph of the number and 3-year moving average of rate of accidental opioid related deaths by sex and year • Line graph of the 3-year moving average of rate of accidental opioid related deaths by age group and year • Bar graph of the percent of accidental opioid-related deaths by location of death and location of incident (2017-2021) • Series of bar graphs of the percent of opioid-related deaths by employment status, living arrangements, if naloxone was involved, origin of opioids, involvement of non-opioids, if someone intervened, and if a resuscitation attempt was made 	
<p>National Ambulatory Care Reporting System (NACRS)</p>	<p>Emergency Department data are reported to the Canadian Institute for Health Information (CIHI) from the National Ambulatory Care Reporting System (NACRS), which are then reported to the Ministry and accessed via IntelliHEALTH Ontario.</p> <p><u>All mental health and substance use related</u> Data were extracted April 6, 2023, by Ottawa Public Health.</p> <p>The following ICD codes were used to filter the data: Primary diagnosis field = F06-F99 OR secondary diagnosis field = X60-X84, Y870</p> <p><u>Self-harm related</u></p>	<p>Page: Are people well? Section: Are people experiencing harms from unmet needs?</p> <ul style="list-style-type: none"> • Line graph of age standardized rate (per 100,000) of emergency department visits for any mental health or substance use related health condition by year • Line graph of age specific rate (per 100,000) of emergency department visits for any mental health or substance use related health condition by year • Line graph of age standardized rate (per 100,000) of emergency department visits related to self-harm by year 	<p>Annually</p>

	<p>Data were extracted November 30, 2022, by Ottawa Public Health.</p> <p>The following ICD codes were used to filter the data: X6-X84 OR Y870</p> <p><u>Opioid overdose related</u> Data were extracted January 19, 2023, by Ottawa Public Health.</p> <p>Opioid overdose is defined as an unscheduled emergency department visit where opioid poisoning was recorded as the main or other problem.</p> <p>Patients who do not have a valid health card number are all assigned the same ID number. Unique patients are determined using a combination of postal code, sex, and date of birth.</p>	<ul style="list-style-type: none"> Line graph of age specific rate (per 100,000) of emergency department visits related to self-harm by year (2011-2021) Bar graph of age specific rate (per 100,000) of emergency department visits related to self-harm by year, age group, and sex in 2021 Line graph of the number of monthly opioid overdose related emergency department visits by year Line graph of the number of average monthly opioid overdose related emergency department visits by year 	
<p>Summary Suicide Data report (OCCO)</p>	<p>Suicides in Ontario from January 2011 to December 2021, Office of the Chief Coroner for Ontario (OCCO), data were extracted June 2022.</p> <p>Data include counts and rates of suicide deaths in Ottawa by age, sex, and year. Population estimates (2010 to 2020) and projections (2021) from Statistics Canada were used to calculate rates by age and sex.</p> <p>Also of note, suicide deaths for 2020 and 2021 are considered preliminary.</p> <p>Additional notes from the OCCO:</p> <ol style="list-style-type: none"> These data are subject to change and results may also differ from those previously reported. Data include all open and closed death investigations 	<p>Page: Are people well? Section: Are people experiencing harms from unmet needs?</p> <ul style="list-style-type: none"> Combined bar and line graph of the number and 3-year moving average of rate of deaths by suicide, by year and sex Line graph of the 3-year moving average of rate of deaths by suicide, by year and age 	<p>Annually</p>

	<p>where the preliminary or final determination regarding the manner of death is by suicide. Suicide is defined as when the cause of death was an injury which was non-accidentally inflicted by the deceased. Investigations for a number of these deaths are ongoing. Reported deaths with a manner of suicide may be changed to a different manner upon conclusion of the investigation.</p> <ol style="list-style-type: none"> 2. The more recent the death, the more likely the investigation is still ongoing. More recent deaths are also more likely to have an unassigned manner of death therefore the number of suicides may be under-represented. 3. Death investigation completion rates vary by geographic region. 4. Small numbers and rates should be interpreted with caution. 5. The sum of rows (by age, sex) may not add up to totals due to cases with missing information. 		
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