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

As described in the About the Dashboard section on the webpage, 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 access to 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: November 14, 2023

Table of Contents

Population Health Survey (EKOS & OPH) .................................................................................................................................................................................. 3
Ontario Student Drug Use and Health Survey (OSDUHS) .................................................................................................................................................. 5
Canadian Community Health Survey (CCHS) ................................................................................................................................................................. 7
Better Outcomes Registry & Network (BORN) Ontario ................................................................................................................................................. 8
Needle and Syringe Program Annual Report ................................................................................................................................................................. 9
Ontario Naloxone Program Quarterly Report ................................................................................................................................................................. 9
Ontario Naloxone Pharmacy Program Reports ....................................................................................................................................................... 10
Monthly Health Canada Supervised Consumption Site (SCS) Reports .......................................................................................................................... 10
Safer Supply Ottawa & Options Bytown ................................................................................................................................................................. 10
Mental Health, Addictions, and Substance Use Health (MHASUH) in the Community – Technical Notes

Opioid Investigative Aid report (OCCO) ................................................................................................................................. 11
Weekly Update on Suspect Drug-related Deaths in Ontario .................................................................................................. 12
National Ambulatory Care Reporting System (NACRS) ........................................................................................................ 13
Canadian Institute for Health Information (CIHI) ................................................................................................................ 15
Summary Suicide Data report (OCCO) .................................................................................................................................. 16
Mental Health of Ottawa’s Black Community Report ......................................................................................................... 17
System Navigators - 1Call1Click.ca ..................................................................................................................................... 18
System Navigators - AccessMHA ........................................................................................................................................ 20
System Navigators - ConnexOntario .................................................................................................................................. 21
System Navigators - 211 ........................................................................................................................................................ 23
Rural Ottawa Youth Mental Health Collective (ROYMHC) .................................................................................................... 24
Early Development Instrument (EDI) .................................................................................................................................... 24
Nutritious Food Basket and Insecurity in Ottawa Report .................................................................................................... 25
PHO’s Household Food Insecurity Snapshot ........................................................................................................................ 26
Open Ottawa Homelessness Point-in-Time Count Survey ................................................................................................ 27
Open Ottawa Criminal Offences & Hate and Bias Motivated Crime .................................................................................... 28
### Data Source

**Population Health Survey (EKOS & OPH)**

Online survey of Ottawa residents aged 18 years of age and older. The survey is produced 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 compared to four months later in October 2020.

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 residents reported in Statistics Canada’s 2016 census. Estimates for *Do not know* and *Prefer not to answer* responses were suppressed, as well as estimates with a high coefficient of variation (CV > 33.3).

In addition, for some of the sociodemographic data, individual response categories were aggregated to the most meaningful and feasible subgroups considering both relevance and sample size, of note:

- **Gender identity**: 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.

### Contents of Dashboard

**Domain: Are people well?**

**Page: Do people feel well?**

- Bar graph of the percentage of people in Ottawa who self-reported mental health by age group, subgroup, and year

**Domain: Are people well?**

**Page: Do people have access to preventative supports?**

- 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 subgroup and year

**Domain: Are people free from stigma?**

**Page: Do people know about mental health, addictions, and substance use health?**

- 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

### Refresh Cycle

Ad hoc
### Data Source Description and Limitations

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description and Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual orientation</td>
<td>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.</td>
</tr>
<tr>
<td>Racial identity</td>
<td>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.</td>
</tr>
<tr>
<td>Disability</td>
<td>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.</td>
</tr>
<tr>
<td>Age</td>
<td>age categories were collapsed from 10-year to 20-year age groups to more closely reflect age groups presented in other data sources that are included in the dashboard.</td>
</tr>
<tr>
<td>Income</td>
<td>income categories were collapsed from $10,000 income brackets to four large income brackets ($&lt;59,999, $60,000-$99,999, $100,000-$159,999, &gt;$160,000) due to small sample sizes.</td>
</tr>
</tbody>
</table>

When a percentage is presented, the denominator is the number of people who responded to the survey question within the subgroup of interest.

For more information about societal impacts, please visit: [Societal Impacts - Ottawa Public Health](#).
### Data Source Description and Limitations

**Ontario Student Drug Use and Health Survey (OSDUHS)**
- Population survey of Ontario youth in grades 7 to 12 attending public school. The survey has been conducted since 1977 by the Centre for Addiction and Mental Health. The survey is administered every two years. Data presented on the dashboard reflect an Ottawa specific sample of about 1,000 students that were collected in each of the 2017, 2019 and 2021 surveys.

  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 administration at school, it was administered online, and entire grades within a school were selected to participate instead of classes randomly selected within grades. There were also differences in how the 2021 online survey link was promoted across Ottawa school boards, which may have impacted the representativeness of the data. As such, comparisons between 2021 data and other survey years should be interpreted with caution.

  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. Data for subgroups were

### Contents of Dashboard

**Domain: Are people well?**
- **Page: Do people feel well?**
  - Bar graph of the percentage of youth in Ottawa who self-reported mental health by year and subgroup
  - 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, subgroup, and year
  - Card of the percentage of youth in Ottawa who self-reported gambling online in the past year
  - Card of the percentage of youth in Ontario-less-Ottawa who self-reported gambling online in the past year

**Domain: Are people well?**
- **Page: Do people have access to preventative supports?**
  - Bar graph of the percentage of Ottawa youth who wanted to reach out for mental health supports in the past year but did not know where to turn by subgroup and year

**Domain: Can people access treatment and services?**

### Refresh Cycle
- Bi-annually
### Data Source

<table>
<thead>
<tr>
<th>Description and Limitations</th>
<th>Contents of Dashboard</th>
<th>Refresh Cycle</th>
</tr>
</thead>
</table>
| Suppressed if the coefficient of variation was high (CV > 33.3). | **Page:** Are people getting brief counselling and being referred to the services they need?  
- Bar graph of the percentage of Ottawa youth who saw a doctor, nurse, or counsellor about their mental health in the past year by subgroup and year  
- Bar graph of the percentage of Ottawa youth who used a crisis helpline or website in the past year by subgroup and year | |  

In addition, for some of the sociodemographic data, individual response categories were aggregated to the most meaningful and feasible subgroups considering both relevance and sample size, of note:

- **Ethno-racial identity:** the subgroups presented are only from the most recent survey (2021) and include non-racialized, which refers to students identifying as White European or White North American, and racialized, which refers to students identifying as 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 one (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 to those with little education, no job, or a lesser paying job. Students who responded with a value of less than seven were grouped as socioeconomically (SE) disadvantaged while those responding with a value of seven to 10 were grouped as SE advantaged.

**Domain:** Do people live with opportunity and equality?

**Page:** Are children and their families safe and well?

- Bar graph of the percentage of Ottawa youth who reported going to school or bed hungry because there was not enough food at home by year and subgroup  
- Bar graph of the percentage of Ottawa youth who reported feeling safe at school by subgroup  
- Bar graph of the percentage of Ottawa youth who reported being bullied at school or online by frequency and subgroup

**Domain:** Do people live with opportunity and equality?

**Page:** Do people feel connected to each other?

- Bar graph of the percentage of Ottawa youth who report feeling close to people at their school or who report feeling like they are part of their school by subgroup and year  
- Bar graph of the percentage of Ottawa youth who self-reported using social media or screens daily by hours of use and subgroup
### Data Source Description and Limitations

#### Canadian Community Health Survey (CCHS)
- **Online cross-sectional survey of Canadians aged 12 and older.** The survey is produced by Statistics Canada and is administered annually.

  - 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 was high (CV > 33.3).

  - When a percentage is presented, the denominator is the number of people who responded to the survey question within the subgroup of interest.

#### Contents of Dashboard

- **Domain:** Are people well?
  - **Page:** Do people feel well?
    - Bar graph of the percentage of Ottawa residents who self-reported mental health by subgroup and year
    - Line graph of the percentage of Ottawa and Ontario-less-Ottawa residents who self-reported substance use (alcohol, cannabis, tobacco) by frequency of use and year
    - Bar graph of the percentage of Ottawa residents who self-reported substance use (alcohol, cannabis, tobacco) by subgroup and year

#### Refresh Cycle

- **Annually**
<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description and Limitations</th>
<th>Contents of Dashboard</th>
<th>Refresh Cycle</th>
</tr>
</thead>
</table>
|                                     | For more information about the survey, please visit: [Surveys and statistical programs - Canadian Community Health Survey - Annual Component (CCHS)](statcan.gc.ca)                                                                                                                                                                                      | **Domain:** Are people well?  
**Page:** Do people have access to preventative supports?  
- Line graph of the percentage of Ottawa and Ontario-less-Ottawa residents who have access to a regular healthcare provider by year  
- Bar graph of the percentage of Ottawa residents who have access to a regular healthcare provider by subgroup and year  

**Domain:** Do people live with opportunity and equality?  
**Page:** Do people have what they need?  
- Bar graph of the percentage of Ottawa residents who report being very satisfied/satisfied, neither satisfied nor dissatisfied, or very dissatisfied/dissatisfied with their life in general by subgroup and year  

**Domain:** Do people live with opportunity and equality?  
**Page:** Do people feel connected to each other?  
- Line graph of the percentage of Ottawa and Ontario-less-Ottawa residents who report a very weak/somewhat weak or very strong/somewhat strong sense of community belonging by year  
- Bar graph of the percentage of Ottawa residents who report a very weak/somewhat weak or very strong/somewhat strong sense of community belonging by subgroup and year  

**Domain:** Are people well?  
**Page:** Do people feel well?  
- Line graph of the percent of people who reported mental health concerns during pregnancy by year | Annually |
| Better Outcomes Registry & Network (BORN) Ontario | BORN Ontario is a provincial program that is funded by the Ministry of Health and Long-Term Care and supported by the Children’s Hospital of Eastern Ontario. The BORN Information System (BIS) is a database that collects relevant data from maternal, | **Domain:** Are people well?  
**Page:** Do people feel well?  
- Line graph of the percent of people who reported mental health concerns during pregnancy by year | Annually |
### Data Source: Newborn, and Early Childhood Clinical Encounters

Newborn, and early childhood clinical encounters. An encounter involves an interaction between the client and the service provider. Examples of encounters include prenatal screening, childbirth, newborn screening and follow-up, as well as well-baby visits.

Data presented on the dashboard represent pregnant Ottawa residents who gave birth in Ontario.

### Needle and Syringe Program Annual Report

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.

**Domain:** Can people access treatment and services?
**Page:** Do people have access to harm reduction services?

- 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

### Ontario Naloxone Program Quarterly Report

Quarterly activity reports are completed by Ottawa Public Health and are submitted to the Ministry of Health and Long-Term Care. The report contains data for OPH and other community sites 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. The sites have been categorized into three groups for the presentation of data: community-based agencies, hospital emergency departments, and OPH. Data

**Domain:** Can people access treatment and services?
**Page:** Do people have access to harm reduction services?

- Bar graph of the number of people trained to administer naloxone by program site by year
- Bar graph of the number of naloxone kits distributed by program site by year

### Refresh Cycle

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

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description and Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ontario Naloxone Pharmacy Program Reports</strong></td>
<td>Quarterly activity reports contain data for Ottawa Public Health as well as Ontario with respect to the number of pharmacies distributing naloxone, and the number of naloxone kits distributed by type (injectable vs. intra-nasal). Captured within the form include the number of people trained to administer naloxone (spray or injectable) and the number of naloxone kits given out.</td>
</tr>
<tr>
<td><strong>Monthly Health Canada Supervised Consumption Site (SCS) Reports</strong></td>
<td>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 the number of visits, the type of drug(s) consumed at each visit, and the type of referral(s) made. Of note, data for all sites have been aggregated and people may be counted multiple times if they visited multiple SCS sites within the same month.</td>
</tr>
<tr>
<td><strong>Safer Supply Ottawa &amp; Options Bytown</strong></td>
<td>Quarterly reports capture information about Safer Supply sites, such as an individuals program start date, the type of program (stimulant, opiate, combined), and trends in overdoses and drug use since starting the program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contents of Dashboard</th>
<th>Refresh Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain:</strong> Can people access treatment and services? <strong>Page:</strong> Do people have access to harm reduction services?</td>
<td>Quarterly</td>
</tr>
<tr>
<td>- Line graph of the number of pharmacies offering naloxone kits in Ottawa by month and year</td>
<td></td>
</tr>
<tr>
<td>- Bar graph of the number of naloxone kits distributed by pharmacies in Ottawa by type of naloxone (injectable, intra-nasal) and year</td>
<td></td>
</tr>
</tbody>
</table>
### Mental Health, Addictions, and Substance Use Health (MHASUH) in the Community – Technical Notes

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<th>Refresh Cycle</th>
</tr>
</thead>
</table>
| **Of note, data for all Safer Supply sites have been aggregated and people may be counted multiple times if they visited multiple sites within a given year. In addition, any people that were missing a program start date (N=19) or that had a program start date prior to 2020 (N=13) were excluded from the data presented on the dashboard.** | • Bar graph of the number of people accessing Safer Supply services by age group  
• Bar graph of the number of people accessing Safer Supply services by gender  
• Bar graph of the trends in stimulant use during the program  
• Bar graph of the trends in fentanyl use during the program  
• Card of the percent of people who did not experience any overdose events while participating in the program (April to July 2023)  
• Bar graph of the percent of total services provided by service type in 2023 (April – July)  
• Card of the percent of people who received services related to finding or retaining a home, or with daily living activities | **Domain**: Are people well?  
**Page**: Are people experiencing harms from unmet needs?  
• Line graph of the number of opioid-related deaths in Ottawa by quarter  
• 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  
• Bar graph of the percent of opioid related deaths by manner of death and year | **Quarterly** |
| **Option Bytown**  
Quarterly reports capture information about Options Bytown sites, including number of people served and types of services provided.  
Of note, data for all Options Bytown sites have been aggregated and people may be counted multiple times if they visited multiple sites to seek housing related services. |  |  |  |
| **Opioid Investigative Aid report (OCCO)**  
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 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. |  |  |  |
# Mental Health, Addictions, and Substance Use Health (MHASUH) in the Community – Technical Notes

## Data Source Description and Limitations

Data on the dashboard represent deaths among Ottawa residents based on postal code of residence. If a residential postal code was missing, the incident location postal code was used, and if that data was missing then the postal code for the location of death was used.

## Contents of Dashboard

- 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)
- Bar graph of the percent of opioid-related deaths by year and 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

## Refresh Cycle

- Weekly Update on Suspect Drug-related Deaths in Ontario, by Public Health Unit (PHU) Region, Office of the Chief Coroner for Ontario.
  - The report is intended to provide an early signal of potential trends in drug-related deaths. Suspect drug-related deaths refer to deaths where the preliminary investigation by the coroner indicated:
    - Drugs were found at the scene,
    - Substance use equipment was found at the scene,
    - History of substance use,
    - History of naloxone use,
    - Physical signs of drug use,
    - Positional asphyxia,
    - Unresponsive with snoring prior to death

- **Domain**: Are people well?
- **Page**: Are people experiencing harms from unmet needs?
  - Map of the number of suspected overdose deaths in Ottawa by forward sortation area (FSA) of incident
  - Map of the rate of suspected overdose deaths in Ottawa by forward sortation area (FSA) of incident

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

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description and Limitations</th>
<th>Contents of Dashboard</th>
<th>Refresh Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Ambulatory Care Reporting System (NACRS)</td>
<td>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. All mental health and substance use related</td>
<td>Domain: Are people well? Page: Are people experiencing harms from unmet needs? • Line graph of age standardized rate (per 100,000) of emergency department (ED) visits for any mental health or substance use related health condition by year</td>
<td>Annually</td>
</tr>
</tbody>
</table>

Suspect-drug related deaths **exclude** deaths associated with trauma and medical assistance in dying cases.

Investigations of suspect-drug related deaths may take several months, with identification of several death types, including: (1) opioid; (2) non-opioid acute drug toxicity; or (3) natural deaths (e.g., cardiac events), with different manners of death (natural, suicide, accident). When deaths initially thought to be drug related are determined to be natural deaths, this death is not removed from the preliminary suspected drug related death count to maintain comparable baseline data for the most recent months.

Geographic regions are assigned based primarily on location of incident, however due to delays in data entry, may not yet be assigned for some recent deaths.

Data on the dashboard represent deaths among Ottawa residents based on the postal code of the location of the incident.
### Data Source

<table>
<thead>
<tr>
<th>Description and Limitations</th>
<th>Contents of Dashboard</th>
<th>Refresh Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data were extracted April 6, 2023, by Ottawa Public Health.</td>
<td>• Line graph of age specific rate (per 100,000) of ED visits for any mental health or substance use related health condition by year</td>
<td></td>
</tr>
<tr>
<td>The following ICD codes were used to filter the data: Primary diagnosis field = F06-F99 OR secondary diagnosis field = X60-X84, Y870</td>
<td>• Line graph of age standardized rate (per 100,000) of ED visits related to self-harm by year</td>
<td></td>
</tr>
<tr>
<td><strong>Self-harm related</strong> Data were extracted November 30, 2022, by Ottawa Public Health.</td>
<td>• Line graph of age specific rate (per 100,000) of ED visits related to self-harm by year (2011-2021)</td>
<td></td>
</tr>
<tr>
<td>The following ICD codes were used to filter the data: X6-X84 OR Y870</td>
<td>• Bar graph of age specific rate (per 100,000) of ED visits related to self-harm by year, age group, andsex in 2021</td>
<td></td>
</tr>
<tr>
<td><strong>Confirmed drug overdose</strong> A drug overdose is defined as an unscheduled ED visit where drug poisoning (e.g., narcotics, hallucinogens, hypnotics, stimulants, and cannabis) was recorded as the main or other problem. Unconfirmed diagnoses are excluded.</td>
<td>• Map of the number of confirmed drug overdose ED visits in Ottawa by ONS neighbourhood of patient</td>
<td></td>
</tr>
<tr>
<td>Geographic data were extracted 22 September 2023 by OPH from NACRS using IntelliHEALTH Ontario.</td>
<td>• Map of the rate of confirmed drug overdose ED visits in Ottawa by ONS neighbourhood of patient</td>
<td></td>
</tr>
<tr>
<td>The following ICD codes were used to filter the data: T40.0-T40.9; T423 and T436.</td>
<td>• Line graph of the number of monthly opioid overdose related ED visits by year</td>
<td></td>
</tr>
<tr>
<td>ED visits may underestimate the full extent of drug overdoses occurring in the community as not all individuals experiencing overdose seek care.</td>
<td>• Line graph of the number of average monthly opioid overdose related ED visits by year</td>
<td></td>
</tr>
<tr>
<td>Data Source</td>
<td>Description and Limitations</td>
<td>Contents of Dashboard</td>
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</tr>
</tbody>
</table>
|             | The attribution of ED visits to neighbourhoods reflects the location of residence of the patient (based on their postal code), and not necessarily the neighbourhood where the drug overdose event occurred.  
Residents with a postal code that straddles more than one neighbourhood are allocated to neighbourhoods based on the relative size of the population residing in each of the straddled neighbourhoods. If there is no postal code information for an individual believed to reside in Ottawa, the resident is not attributed to a neighbourhood.  
**Confirmed opioid overdose**  
Data were extracted October 30, 2023, by Ottawa Public Health.  
Opioid overdose is defined as an unscheduled emergency department visit where opioid poisoning was recorded as the main or other problem (ICD10-CA T40.0-T40.4, T40.6). Unconfirmed diagnoses are excluded.  
ED visits may underestimate the full extent of drug overdoses in the community as not all individuals who experience overdose seek care. |                                                                 |                                                                 |               |
| Canadian Institute for Health Information (CIHI) | Canadian Institute for Health Information. 30-Day Readmission for Mental Health and Substance Use & Repeat Hospital Stays for Mental Health and Substance Use. Accessed August 9, 2023. | **Domain:** Are people well?  
**Page:** Are people experiencing harms from unmet needs?  
- Line graph of the risk-adjusted rate of 30-day hospital re-admissions and repeat hospital stays for | Annually |
### Mental Health, Addictions, and Substance Use Health (MHASUH) in the Community – Technical Notes

<table>
<thead>
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<th>Data Source</th>
<th>Description and Limitations</th>
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<th>Refresh Cycle</th>
</tr>
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<td><strong>Description and Limitations</strong></td>
<td><strong>Contents of Dashboard</strong></td>
<td><strong>Refresh Cycle</strong></td>
</tr>
<tr>
<td><strong>Summary Suicide Data report (OCCO)</strong></td>
<td>Data include risk-adjusted rates for hospital re-admissions and repeat hospital stays that occurred in Ottawa from 2013 to 2021. Rates were calculated as a percentage and adjusted based on the following risk factors: age, sex, and selected pre-admission comorbid diagnoses that were applicable. Data for 30-day re-admissions represent the percentage of people in Ottawa who were re-admitted following discharge for any mental health or substance use (MHSU) disorder. Data for repeat hospital stays represent the percentage of people in Ottawa who had three or more episodes of care for MHSU disorders in general or psychiatric hospitals within a given year. Mental disorders, defined by DSM-5 diagnostic criteria, included a) substance-related and addictive disorders, b) schizophrenia and other psychotic disorders, c) mood disorders, d) anxiety disorders, e) selected disorders of personality and behaviour, and f) other disorders.</td>
<td>any mental health or substance use health condition by year</td>
<td>Annually</td>
</tr>
<tr>
<td>Suicides in Ontario from January 2013 to December 2022, Office of the Chief Coroner for Ontario (OCCO), data were extracted April 2023. Data include counts and rates of suicide deaths that occurred in Ottawa by age, sex, and year. Population estimates from Statistics Canada were used to calculate rates by age and sex. Also of note, suicide deaths for 2020 and 2021 are considered preliminary. Additional notes from the OCCO:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Domain:** Are people well? **Page:** Are people experiencing harms from unmet needs?  
- 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
### Data Source Description and Limitations

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description and Limitations</th>
<th>Contents of Dashboard</th>
<th>Refresh Cycle</th>
</tr>
</thead>
</table>
| Mental Health of Ottawa’s Black Community Report | 1. These data are subject to change and results may also differ from those previously reported. Data include all open and closed death investigations 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.  
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. | **Domain:** Are people free of stigma?  
**Page:** Are people safe and supported in healthcare and community services?  
- Bar graph of the percent of ACB community members who were treated well by their healthcare provider and others on staff  
- Pie chart of the percent of ACB community members who were satisfied with the mental health services they received | Ad hoc |
### Mental Health, Addictions, and Substance Use Health (MHASUH) in the Community – Technical Notes

#### Data Source Description and Limitations

<table>
<thead>
<tr>
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<th>Description and Limitations</th>
<th>Contents of Dashboard</th>
<th>Refresh Cycle</th>
</tr>
</thead>
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| The study involved a self-administered or interview-led survey, or a face-to-face interview conducted by Ottawa Public Health. Recruitment included advertising at events and venues across the City of Ottawa that are typically attended by the ACB community. A gift card incentive was provided to participants upon completion of the survey or interview. For additional study results, please see the online report: Mental Health of Ottawa’s Black Community - Summary Report 2020 (ottawapublichealth.ca) | • Quotations from ACB community members regarding their experience seeking mental health services  
• Bar graph of the percent of ACB community members who agree or disagree that their service providers respect their beliefs about mental health  
• Bar graph of the percent of ACB community members who agree or disagree that service providers display prejudice or negative attitudes towards ABC community members | | |
| 1Call1Click.ca matches children, youth, and families with the best available mental health, addictions and/or substance use health services for them and assists in making appointments. Data include number of Ottawa residents and Eastern Ontario residents reaching out to 1Call1Click.ca by quarter, presenting problem, level of need (clinical acuity, age of client at encounter, gender identity, and language of service, respectively. | Domain: Can people access treatment and services?  
Page: Can people get services when and where they need them?  
• Line graph of the number of Ottawa residents who reached out to system navigators (1Call1Click, Access MHA, ConnexOntario) for mental health, substance use health or behavioural addiction supports by month and year  
• Cards of the percent of Ottawa residents who reached out to system navigators (1Call1Click, Access MHA, ConnexOntario) by reason for reaching out (mental health, substance use health, behavioural addictions, gambling disorder)  
• Line graph of the number of Ottawa residents who reached out to 1Call1Click, Access MHA or ConnexOntario by month, year, and reason for reaching out  
• Bar graph of the number of Ottawa residents who reached out to system navigators (1Call1Click, Access MHA, ConnexOntario) by age | Quarterly |
<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description and Limitations</th>
<th>Contents of Dashboard</th>
<th>Refresh Cycle</th>
</tr>
</thead>
</table>

- **Bar graph of the number of Ottawa residents who reached out to system navigators (1Call1Click, Access MHA, ConnexOntario) by age and reason for reaching out**
- **Bar graph of the number of Ottawa residents who reached out to system navigators (1Call1Click, Access MHA, ConnexOntario) by gender and reason for reaching out**
- **Bar graph of the top presenting problems for 1Call1Click clients**

**Domain:** Can people access treatment and services?  
**Page:** Are people and families supported by all the health and social services they need?  
- **Line graph of the number of individuals reaching out for child and/or youth mental health and substance use health supports by quarter and region**  
- **Bar graph of the percentage of individuals reaching out by reason for reaching out and by region**  
- **Bar graph of the percentage of individuals reaching out for child and/or youth mental health and substance use health supports by age and region**  
- **Bar graph of the percentage of individuals reaching out by their level of need (clinical acuity) and by region**  
- **Bar graph of the percentage of individuals reaching out by language of service and region**  
- **Bar graph of the percentage of individuals reaching out by racial identity and region**
Mental Health, Addictions, and Substance Use Health (MHASUH) in the Community – Technical Notes

<table>
<thead>
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<th>Refresh Cycle</th>
</tr>
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<tbody>
<tr>
<td>System Navigators - AccessMHA</td>
<td>AccessMHA directly matches individuals with a trained mental health, substance use health and addictions professional who will connect them to the services they need from a network of partner organizations. Data include number of Ottawa residents reaching out to AccessMHA by month, referral source, gender identity, age at referral, mother tongue, and presenting problem (according to AccessMHA worker), respectively.</td>
<td>• Bar graph of the percentage of individuals reaching out by gender identity and region</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>
| **Domain:** Can people access treatment and services?  
**Page:** Are people getting brief counselling and being referred to the services they need?  
• Bar graph of the number of Ottawa residents who reached out to Access MHA by referral organization (self e-referral, primary care, other, unknown)  
**Domain:** Can people access treatment and services?  
**Page:** Can people get services when and where they need them?  
• Line graph of the number of Ottawa residents who reached out to system navigators (1Call1Click, Access MHA, ConnexOntario) for mental health, substance use health or behavioural addiction supports by month and year  
• Cards of the percent of Ottawa residents who reached out to system navigators (1Call1Click, Access MHA, ConnexOntario) by reason for reaching out (mental health, substance use health, behavioural addictions, gambling disorder)  
• Line graph of the number of Ottawa residents who reached out to 1Call1Click, Access MHA or ConnexOntario by month, year, and reason for reaching out  
• Bar graph of the number of Ottawa residents who reached out to system navigators (1Call1Click, Access MHA, ConnexOntario) by age  
• Bar graph of the number of Ottawa residents who reached out to system navigators (1Call1Click, Access MHA, ConnexOntario) by age | |
## Mental Health, Addictions, and Substance Use Health (MHASUH) in the Community – Technical Notes

<table>
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<th>Refresh Cycle</th>
</tr>
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| **System Navigators - ConnexOntario** | ConnexOntario provides free and confidential health services information for people experiencing problems with alcohol and drugs, mental illness or gambling by connecting them with services in their area. Data includes number of Ottawa residents reaching out to ConnexOntario by month, gender identity, age at encounter, languages spoken most often at home, presenting issues, number of referrals, type of referral, and location of referral (in Ottawa, surrounding area, rest of Ontario) respectively. | - Access MHA, ConnexOntario) by age and reason for reaching out
  - Bar graph of the number of Ottawa residents who reached out to system navigators (1Call1Click, Access MHA, ConnexOntario) by gender and reason for reaching out
  - Bar graph of the number of Ottawa residents who reached out to system navigators (Access MHA, ConnexOntario) by knowledge of official languages and reason for reaching out
  - List of the non-official language most often spoken by Ottawa residents who reached out to system navigators (Access MHA, ConnexOntario)
  - Line graph of the number of needs (211) and presenting problems (Access MHA, ConnexOntario) identified by system navigators, by month and year
  - Bar graph of the top 10 presenting problems
  - Cards of the percent of Ottawa residents reaching out to system navigators (Access MHA, ConnexOntario) who had 2 or more presenting problems by type of support | Quarterly |

**Domain:** Can people access treatment and services?

**Page:** Can people get services when and where they need them?

- Line graph of the number of Ottawa residents who reached out to system navigators (Access MHA, ConnexOntario) for mental health, substance use health, or behavioural addiction supports by month and year
- Cards of the percent of Ottawa residents who reached out to system navigators (Access MHA, ConnexOntario) by reason for reaching out (mental...
### Mental Health, Addictions, and Substance Use Health (MHASUH) in the Community – Technical Notes

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<th>Refresh Cycle</th>
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|             | Data also includes assessment and service wait times by month and type of service. | Mental health, substance use health, behavioural addiction, gambling disorder)  
- Line graph of the number of Ottawa residents who reached out to Access MHA or ConnexOntario by month, year, and reason for reaching out  
- Bar graph of the number of Ottawa residents who reached out to system navigators (Access MHA, ConnexOntario) by age and reason for reaching out  
- Bar graph of the number of Ottawa residents who reached out to system navigators (Access MHA, ConnexOntario) by gender and reason for reaching out  
- Bar graph of the number of Ottawa residents who reached out to system navigators (Access MHA, ConnexOntario) by knowledge of official languages and reason for reaching out  
- List of the non-official language most often spoken by Ottawa residents who reached out to system navigators (Access MHA, ConnexOntario)  
- Line graph of the number of needs (211) and presenting problems (Access MHA, ConnexOntario) identified by system navigators, by month and year  
- Bar graph of the top 10 presenting problems  
- Cards of the percent of Ottawa residents reaching out to system navigators (Access MHA, ConnexOntario) who had 2 or more presenting problems by type of support  
- Bar graph of the percent of Ottawa residents by number of referrals per person  
- Card of the percent of Ottawa residents who were referred to services in Ottawa |
## Mental Health, Addictions, and Substance Use Health (MHASUH) in the Community – Technical Notes

<table>
<thead>
<tr>
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<th>Description and Limitations</th>
<th>Contents of Dashboard</th>
<th>Refresh Cycle</th>
</tr>
</thead>
</table>
| **System Navigators - 211** | 211 is a helpline that connects people to the social services, programs and community supports they need. Data includes number of Ottawa residents calling 211 by month, needs category and taxonomy level, whether the need was met or unmet, reason for unmet need (where applicable), and total number of needs identified. Data also includes total number of 211 calls by type of need and month. | - Card of the percent of Ottawa residents who were referred to services outside of Ottawa  
- Bar graph of the top 5 referral services within Ottawa  
- Bar graph of the top 5 referral services outside of Ottawa  
- Bar graph of the average projected wait time (in days) for assessment and service initiation by year  
- Bar graph of the average projected wait time (in days) for assessment and service initiation by service type | Quarterly |

**Domain:** Can people access treatment and services?  
**Page:** Can people get services when and where they need them?  
- Line graph of the number of needs (211) and presenting problems (Access MHA, ConnexOntario) identified by system navigators, by month and year  
- Bar graph of the top 10 needs identified  

**Domain:** Can people access treatment and services?  
**Page:** Are people and families supported by all the health and social services they need?  
- Card of the percent of caller needs that are met  
- Line graph of the average number of monthly needs of Ottawa residents by whether needs were met or unmet  
- Bar graph of the percent of unmet needs by type of need  
- List of the top 5 reasons for unmet needs  
- List of examples of needs by type
## Data Source: Rural Ottawa Youth Mental Health Collective (ROYMHC)

In February 2021, rural Ottawa youth ages 12 to 24 completed an online survey. The goal of the survey was to establish a baseline for how many rural Ottawa youth feel they are getting the mental health supports they need. The survey was repeated in 2023.

Recruitment for the survey included advertising on Facebook and Instagram, in rural community resources centres and youth association centres, as well as by encouraging partner organizations to share information about the survey. A gift card incentive was provided to youth for completion of the survey.

Data presented on the dashboard represent combined results from both the 2021 and 2023 survey.

## Data Source: Early Development Instrument (EDI)

The Early Development Instrument (EDI) is a comprehensive population-based measure of children’s developmental health at school entry. Developmental health is assessed across five domains (physical health and well-being, social competence, emotional maturity, language and cognitive development, communication skills and general knowledge), which are divided into 16 subdomains.

### Contents of Dashboard

- **Domain:** Do people live with opportunity and equality?
- **Page:** Do people have what they need?
  - Bar graph of the percent of needs identified
  - List of the top 5 needs identified

- **Domain:** Do people live with opportunity and equality?
- **Page:** Do people live in safety and equality?
  - Line graph of the percent of legal or public safety needs experienced by Ottawa resident, by year

### Refresh Cycle

Ad hoc
### Data Source and Description

The measure is used to monitor populations of children over time, report on different communities, and to predict later school achievement. It comprises of a 103-item questionnaire that is completed by Senior Kindergarten teachers during the winter months of the school year. Based on answers to the questionnaire items, a score of one to 10 is assigned to each of the five domains. The higher the score, the more a child is considered developmentally on track. The scores are divided into four categories based on percentile cut-offs: on track, on top; on track, middle; at risk; and vulnerable.

The dashboard presents data for the percentage of Senior Kindergarten children that are considered vulnerable (i.e., scored below the 10th percentile) in each of the domains from 2005/2006 to 2017/2018.

Of note, teachers are asked to use their best judgement when completing the questionnaire. As such, scores are considered somewhat subjective, and biases may exist between classes.

For more information about previous EDI cycles, please refer to this report: [Our-Kids-Their-Story-Ottawa.pdf](parentresource.ca)

### Contents of Dashboard

**Domain:** Do people live with opportunity and equality?

**Page:** Are children and their families safe and well?

- Bar graph of the percent of income spent on health food and housing by family income scenario

### Refresh Cycle

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

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description and Limitations</th>
<th>Contents of Dashboard</th>
<th>Refresh Cycle</th>
</tr>
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<td>Of note, the 2022 survey was part of a province wide pilot testing of the updated survey tool and processes used to monitor food affordability. In response to shifting priorities during the COVID-19 pandemic, data collection using the old survey tool and processes were paused in 2020 and 2021. As such, caution should be taken when comparing 2022 data to previous years. For the income scenarios presented on the dashboard, the local cost of the NFB plus rent are compared with household income from social assistance or minimum wage work to assess whether incomes from these sources are adequate to cover the costs of basic living needs. Data for income used in these scenarios come from the Ontario Ministry of Health and Long-Term Care. The full report can be viewed here: REPORT 2022 Nutritious Food Basket and Food Insecurity in Ottawa (ottawapublichealth.ca)</td>
<td>Domain: Do people live with opportunity and equality? Page: Do people have what they need?   - Bar graph of the percent of income spent on health food and housing by income scenario</td>
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**Data Source**
- **PHO’s Household Food Insecurity Snapshot**

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**Contents of Dashboard**
- **Domain:** Do people live with opportunity and equality?
  - **Page:** Do people have what they need?
  - Bar graph of the percent of income spent on health food and housing by income scenario

**Refresh Cycle**
- Ad hoc
## Mental Health, Addictions, and Substance Use Health (MHASUH) in the Community – Technical Notes

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description and Limitations</th>
<th>Contents of Dashboard</th>
<th>Refresh Cycle</th>
</tr>
</thead>
</table>
| Ontario. The estimates presented are weighted and are based on the Canadian Income Survey (CIS). These estimates are considered more representative compared to the Canadian Community Health Survey (CCHS). | **Domain:** Do people live with opportunity and equality?  
**Page:** Are children and their families safe and well?  
- Card of the percent of Ottawa families who want permanent housing  
- Bar graph of the percent of Ottawa families by where they are staying tonight  
- Bar graph of the percent of Ottawa families by what they would need to support them through their housing journey  
- Bar graph of the percent of Ottawa families by what challenges or problems they face when trying to find housing  
- Bar graph of the percent of Ottawa families by the reason they lost their housing accommodations | Ad hoc |
| A point-in-time count is a one-day snapshot of homelessness in the community. The goal of the survey is to gather information about people experiencing homelessness to inform new approaches to address homelessness at a local level and to help with planning and delivery of services.  
Convenience sampling was used to recruit survey respondents. As such, there are many factors that may influence participation in the survey including: the number of community partners involved, location of surveyors, number of engagement events, and season when the survey was conducted.  
Data presented on the dashboard represent survey data from October 2021.  
The open data can be found here: Survey results: Point-in-Time count | Open Ottawa | Domain: Do people live with opportunity and equality?  
Page: Do people have what they need?  
- Card of the percent of Ottawa residents who want permanent housing  
- Bar graph of the percent of Ottawa residents by where they are staying tonight  
- Bar graph of the percent of Ottawa residents by what they would need to support them through their housing journey | Ad hoc |
## Mental Health, Addictions, and Substance Use Health (MHASUH) in the Community – Technical Notes

<table>
<thead>
<tr>
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<th>Contents of Dashboard</th>
<th>Refresh Cycle</th>
</tr>
</thead>
</table>
| **Open Ottawa Criminal Offences & Hate and Bias Motivated Crime** | **Criminal Offences**  
Data includes all founded Criminal Code of Canada offences that were reported to Ottawa Police. The offences have been categorized according to the Uniform Crime Reporting (UCR) survey.  
Of note, due to ongoing police investigations and internal data quality efforts, the information presented is subject to change.  
The open data can be found here: [Criminal Offences | Open Ottawa](#) |  
- Bar graph of the percent of Ottawa residents by what challenges or problems they face when trying to find housing  
- Bar graph of the percent of Ottawa residents by the reason they lost their housing accommodations  
**Domain:** Do people live with opportunity and equality?  
**Page:** Do people live in safety and equality?  
- Bar graph of the percent of Ottawa residents who identify as having a health challenge, by type of health challenge  
- Bar graph of the percent of Ottawa residents who identify as having a health challenge, by number of health challenges  
- Card of the percent of Ottawa residents who identified as having an acquired brain injury that happened after birth  
- Bar graph of the percent of Ottawa residents who did not stay in a shelter in the past year, by main reason for not staying | Annually |
Data Source | Description and Limitations | Contents of Dashboard | Refresh Cycle
---|---|---|---
Hate and Bias Motivated Crime | Data includes hate and bias motivated incidents that were reported to Ottawa police. A hate crime is defined as “a criminal violation against a person or property motivated by hate, based on race, national or ethnic origin, language, colour, religion, sex, age, mental or physical disability, sexual orientation or gender identity or expression, or any other similar factor.” Incidents are reported as either a suspected or confirmed hate-motivated crime, depending on the level of evidence at the time of the incident. As more information is gathered, the status of an incident may be subject to change. In addition, due to ongoing police investigations and internal data quality efforts, the information presented is subject to change. The open data can be found here: [Hate and Bias Motivated Crime | Open Ottawa](#) | • Bar graph of the top 5 primary offences of hate crimes by year • Bar graph of the type of hate crime reported by year • Bar graph of the top 10 primary motivations for hate crimes by year |