



STATE OF OTTAWA'S HEALTH 2014



Message from Ottawa Public Health's Medical Officer of Health



Monitoring the health status of our population provides information to our partner agencies, and enables Ottawa Public Health (OPH) to serve its clients and the public at large to the best of its ability. It keeps us current, informed and focused. And it provides us a sense of where we've come in terms of protecting and promoting health, and preventing disease.

The focus of the report is to provide an overview of city-wide, aggregated health information. There are, however, other factors which influence health that are not addressed in full throughout this report. These factors, significant determinants of health, include income and social status, literacy, employment, and physical as well as social environments. Health is also determined by the services one receives, and the ability to obtain quality education, food and housing. Contrary to the assumption that each person has control over these factors, many are beyond individual control.

This report provides a brief, accessible, high-level overview of Ottawa's health. The demographic data, health issues, illnesses and diseases presented within are relevant to the Board of Health for the City of Ottawa Health Unit 2011-2014 Strategic Priorities, current Public Health Funding and Accountability Agreements, and program- and service-level areas of focus of Ottawa Public Health and our community partners.

The data in this report are intended to be used by the many organizations and stakeholders that work to keep our residents healthy by preventing disease and promoting well-being. I would like to acknowledge the many individuals from across Ottawa Public Health who gave their time and expertise in the development of this report. Thank you.

Isra Levy, MBBCh, MSc, FRCPC, FACPM

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Executive Summary

The State of Ottawa's Health 2014 report provides an overview of key health conditions and indicators that have a significant impact on the health of Ottawa's population. The report serves a range of current and future needs. It contributes to meeting the Ministry of Health and Long-Term Care requirements for population health assessment under the Ontario Public Health Standards, providing Ottawa Public Health with the evidence it needs to make informed decisions about policies, programs and services. It will also inform the development of strategic priorities for the 2015-2018 Ottawa Board of Health, and will be a resource for the many organizations that promote and protect health and well-being in Ottawa.

The report reviews the demographic characteristics of residents, outlines measures of general health, as well as factors that prevent disease. It provides a brief overview of maternal and child health, and gives a snapshot of communicable diseases in the community. Highlights include the following:

Ottawa is growing and becoming increasingly diverse:

In 2011, Ottawa's population was 883,391 and since 2006, grew at a faster pace than the national average. Three quarters of adults aged 25 to 64 have post-secondary education. However, many residents face economic vulnerabilities. The unemployment rate in Ottawa is 7%, and 12% of individuals are classified as low income. About a quarter of households spend almost a third or more of their household income on shelter, which compromises their ability to pay for other basic needs, such as healthy foods.

Ottawa's cultural and ethnic diversity continues to grow, with a quarter of the population born outside of Canada. The top five countries of origin for recent immigrants are China, Philippines, Haiti, United States and India. Almost 1 in 4 residents is a visible minority.

Chronic conditions, mental health and injuries compromise general health:

Over half of Ottawa residents rate their health as excellent or very good. However, chronic conditions and injuries continue to affect overall health and well-being. The most common chronic conditions for older adults aged 65 and over are high blood pressure, arthritis, back problems, heart disease and diabetes.

Almost three quarters of residents rate their mental health as excellent or very good. However, for many, mental health supports continue to be important; in 2012 alone, there were 1200 emergency room visits due to self-harm, and suicide was the leading cause of death among people aged 20 to 44 years in 2009.

Injuries from falls caused the most injury-related emergency room visits, followed by sports and recreational activities. Falls also caused the most hospitalizations and deaths from injury. Injuries due to motor vehicle collisions cause approximately 28 deaths per year, including 6 due to pedestrian and 2 due to cycling injuries.

Injuries, cancer and cardiovascular disease were the leading causes of early and preventable deaths. Preventable deaths are an important focus for public health because they are related to risk factors such as tobacco and alcohol use, high blood pressure, overweight and obesity, physical inactivity and occupational risk factors. Public health policies and prevention programs can modify these risk factors and avoid new cases of disease or injury altogether.

The prevention of disease is impacted by a range of factors in our lives:

Health and well-being is shaped by many factors, including where we live, our behaviours, and the health and social policies that shape our environments. Reducing risk factors and promoting healthy behaviours will lessen the burden of chronic diseases.

Healthy eating can help prevent chronic diseases. However, only forty percent of residents eat vegetables and fruits at least five times per day. It costs at least \$789 per month to feed nutritious foods to a family of four. These costs continue to increase every year, placing the economically vulnerable at a greater risk for unhealthy eating. Regular physical activity has many health benefits, but only a quarter of Ottawa youth are meeting recommended physical activity levels, and only 30% of adults are active during leisure time. Similar to the rest of the province (Ontario-less-Ottawa), overweight and obesity levels are high; half of Ottawa adults and over one in five youth are overweight or obese.

Alcohol misuse among Ottawa adults is higher than the provincial average (Ontario-less-Ottawa), with almost a third of residents exceeding Canada's low-risk drinking guidelines. Although smoking still represents a major public health concern, progressive policies and programs to discourage smoking have contributed to a decrease in rates from 24% in 2001 to 12% in 2013.

A child's early years set the stage for longer-term health and well-being:

There are approximately 10,000 births per year in Ottawa, with the highest birth rates among women between the ages of 30 to 34. Teen pregnancy and abortion rates are decreasing.

Breastfeeding provides many short and long-term benefits to mother and child. Almost all (97%) Ottawa mothers have tried to breastfeed their baby, often in combination with other feeding methods. However, only 10% exclusively breastfed for the recommended 6 months or more.

When children enter senior kindergarten, a school readiness assessment is carried out to measure their developmental health and how well-equipped they are for the school learning environment. In Ottawa, a quarter of children scored low in one or more area, and are considered vulnerable for school readiness.

The risk of infectious diseases continues to be of public health concern:

Ottawa Public Health helps protect residents from infectious diseases through effective prevention and control measures, including identifying infectious disease trends, vaccinating, and managing outbreaks. There were 4,600 cases of reportable infectious diseases in 2013. The most commonly reported diseases in 2013 were chlamydia (n=2,404), influenza (n=474), gonorrhea (n=257), hepatitis C (n=240), and campylobacter enteritis (n=216). There were more cases of influenza, invasive Group A Streptococcal infections, Lyme disease, and legionellosis than expected in 2013, and there were more cases of chlamydia and gonorrhea than five years ago.

Vaccine-preventable diseases continue to infect Ottawa residents despite high vaccination rates. The resurgence of diseases such as measles is mainly attributable to importation of cases by underimmunized people visiting countries where these diseases are endemic. Children in Ontario are required to be immunized for school attendance for a range of diseases. The immunization coverage rates among 17 year olds in Ottawa are as follows: measles, 97%; mumps, 94%; rubella, 94%; diphtheria, 82%; tetanus, 82%; and polio, 95%.

In 2013, Ottawa Public Health investigated almost 150 institutional outbreaks: 85 respiratory outbreaks (including 37 influenza outbreaks), 57 enteric outbreaks, and 4 acute care clostridium difficile outbreaks.

Conclusion:

The dimensions of health and well-being are complex and multifaceted. The *State of Ottawa's Health 2014* provides an overview of some of the key health indicators for Ottawa's population. This report will support Ottawa Public Health in promoting and protecting health, and will be shared as a resource for the many organizations who work towards the health and well-being of Ottawa residents.

Data Notes

Data were analyzed using Stata v13.

In this document, percentages (proportions) are rounded to the nearest whole number e.g. 11.7% is rounded to 12%. Rates are expressed with 1 decimal point e.g. 12.1 per 100,000. Point estimates are provided with 95% confidence intervals (CI within brackets). The 95% CI includes the true value 95 times out of 100. E.g. If the point estimate for the percentage of youth using alcohol is 58% (95%CI: 44%, 70%), then the range from 44% to 70% will contain the true population value 95% of the time. The narrower the confidence interval is, the more precise the estimate.

The symbol * denotes that the estimate is unreliable due to high variability in responses, and should be interpreted with caution. This is based on a coefficient of variation between 16.6 and 33.3. Results with a coefficient of variation greater than 33.3 were suppressed due to unreliability.

Note that an “Ontario” or “Ontario-less-Ottawa” estimate does not include Ottawa counts/responses in the numerator or denominator. Any differences between Ottawa and Ontario should be interpreted as Ottawa being different from the average of individuals across Ontario excluding those individuals from the Ottawa area. No comparisons were made to other individual health unit regions across Ontario.

The demographic chapter uses data from both the Census and the National Household Survey (NHS). The total population reported using the Census is larger than what is reported in the NHS because the Census counts the entire population and the NHS counts only include those in private households. Counts of persons in private households exclude those in communal dwellings like hospitals, shelters, and long-term care facilities. Statistics Canada updates the official census population count with postcensal population estimates that adjust for census net undercoverage.

Abbreviations and Acronyms

BMI	Body mass index
CAMH	Centre for Addiction and Mental Health
CCHS	Canadian Community Health Survey
CI	Confidence Interval
EDI	Early Development Instrument
ER	Emergency Room
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
ICD	International Classification of Diseases
iPHIS	Integrated Public Health Information System
LICO	Low-income cut-off
LRADG	Low Risk Alcohol Drinking Guidelines
MOHLTC	Ministry of Health and Long-Term Care
MVTC	Motor vehicle traffic collision
OPH	Ottawa Public Health
OPHS	Ontario Public Health Standards
OSDUHS	Ontario Student Drug Use and Health Survey
PYLL	Potential years of life lost
RRFSS	Rapid Risk Factor Surveillance System
SK	Senior kindergarten
STI	Sexually Transmitted Infection

1. Introduction

This report provides an overview of the health of Ottawa's population, using a variety of indicators that cover the lifespan. The report will help determine current and future needs, and provide basic information about the demographic characteristics of Ottawa residents, key measures of general health, as well as behaviours that impact health outcomes. An overview of maternal and child health is provided, as well as a summary of communicable diseases.

The Ontario Public Health Standards, through the Ministry of Health and Long-Term Care, requires all Ontario public health units to assess the health of the population in order to inform decision-making. This report will provide Ottawa Public Health (OPH) with evidence it needs to make informed decisions about policies, programs and services. In the short term, the information in this report will help the Ottawa Board of Health develop strategic priorities for 2015-2018. It will also be a resource to other stakeholders who plan and deliver health promotion and protection services in Ottawa. In the long-term, this information can be used to better understand the city's health, to shape plans for improving it, and to measure progress and changes in health over time.

The report includes a series of infographics that illustrate and summarize key health indicators. Additional health data, and information about OPH programs and services, can be found online at <http://ottawa.ca/en/residents/public-health>.

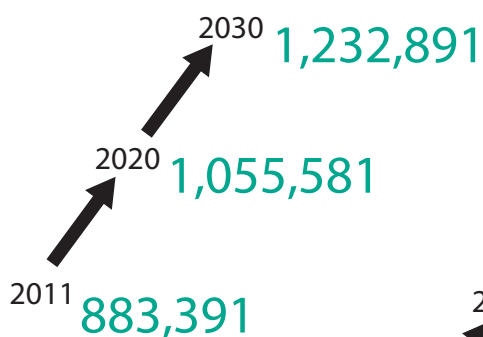
A summary of the data sources, a glossary and references can be found at the end of this report.

DEMOGRAPHICS

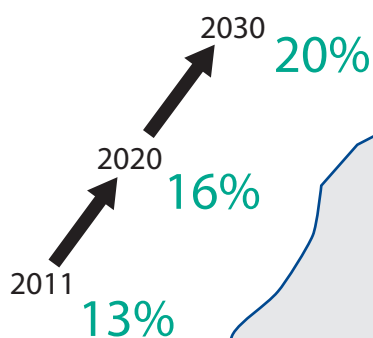
Ottawa is growing, aging and becoming increasingly diverse.



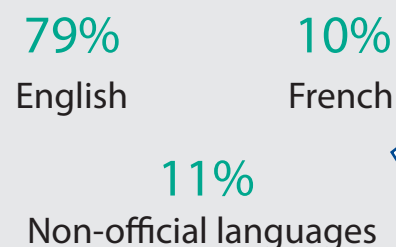
Ottawa's population ³



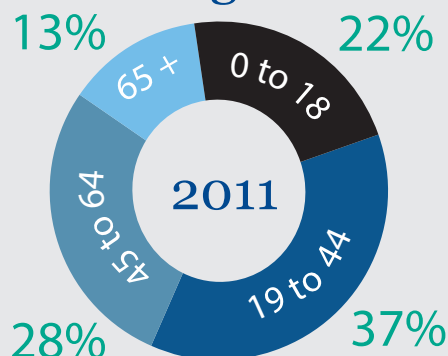
% of population over age 65 ³



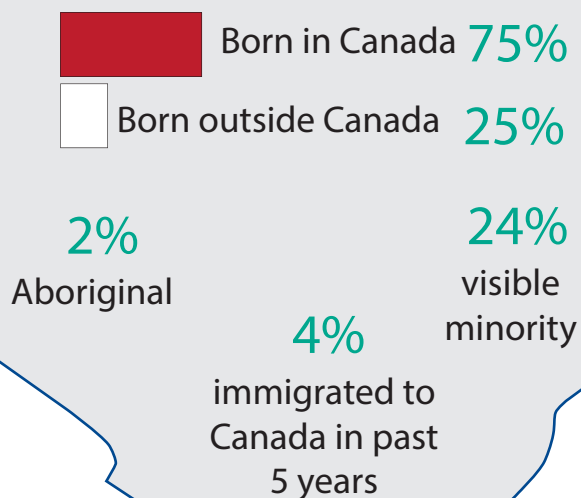
Most common language spoken at home ⁷



Age ³



Origin and identity ⁷



Education, employment, income and housing impact health and well-being. These “determinants of health” are often affected by things beyond individual control.

Education of Ottawa residents aged 25 to 64 ⁷

Postsecondary certificate, diploma or degree 75%

High school diploma or equivalent 19%

No certificate, diploma or degree 7%



Unemployment rates ⁷

7%
of people
aged 15+

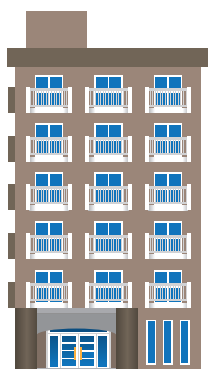


15%
of people
aged 15 to 24

Who spends 30% or more of household income on housing? ⁷



15%
of home
owners

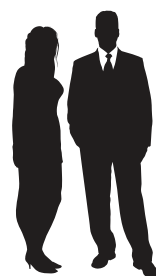


39%
of
renters

Median after-tax income ^{7, 12}



\$105,400
couples with
children



\$80,400
couples without
children



\$33,200
persons living
alone



\$52,100
single parents

12% of people are living in low income. ⁷

2. Demographics

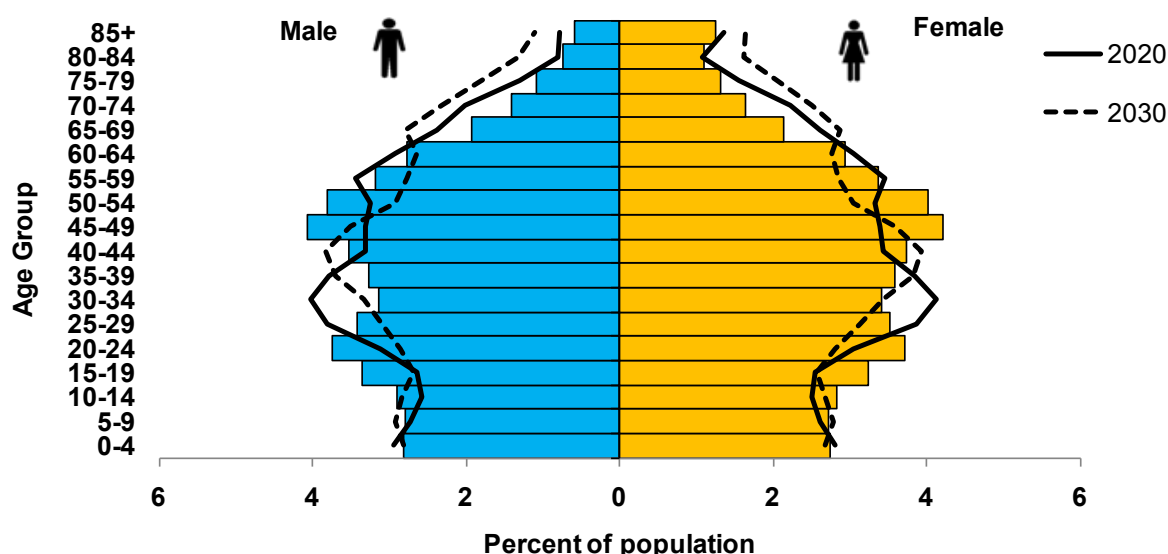
Ottawa spans a large geographic area of 2,790 square kilometres, and includes a range of urban, suburban and rural communities.¹

In the 2011 Census of Canada, Ottawa had a population of 883,391, which was a 9% increase over 2006. This is higher than the national average growth rate for the same period, which was 6%.² Accounting for projected births, deaths and migration, Ottawa's population projection for 2013 is 941,152.³

In 2011, the median age in Ottawa was 39 years: 38 for men and 40 for women.⁴

Figure 1 shows the population distribution of Ottawa residents by sex and age groups for 2011, as well as the projected population in 2020 and 2030. The greatest growth in population will be in the age groups of 25 to 44 and over 65. In 2011, 13% of the population was over 65. This will rise to 16% of the population in 2020 and 20% in 2030.

Figure 1: Population distribution as percent of the population by sex and 5 year age category 2011, 2020, and 2030⁵



Data source: Census 2011, Statistics Canada. Population Projections Ottawa. Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Date Extracted: Oct 11, 2012.

2.1 Education, Employment and Income

Employment, and higher levels of education and income are significantly associated with good overall health and well-being.⁶ Among Ottawa residents aged 25 to 64, 7% have no certificate, diploma or degree; 19% have a high school diploma or equivalent; and 75% have a postsecondary certificate, diploma or degree.⁷

In 2011, 463,400 Ottawa residents (64% of the population) over the age of 15 were employed.⁸ In 2012, Ottawa's unemployment rate was 7%, slightly less than the Ontario rate of 8%. However, unemployment among young people aged 15 to 24 was twice as high at 15%, though again this is less than the Ontario rate which was 17%.⁹

Ottawa’s median after-tax individual income for people over 15 years was \$35,100 in 2010.¹⁰ Median after-tax household income was highest for couples with children (\$105,400), followed by couples without children (\$80,400), lone parents (\$52,100), and persons living alone or with non relatives only (\$33,200).^{11 12}

A household of four in Ottawa is considered low-income when its after-tax income is less than \$38,920. For a person living alone, the low-income threshold is \$19,460.¹³ Using these measures, 12% of individuals in private households in Ottawa were low income in 2011. The prevalence of low income is 14% in those under 18; 15% in those less than 65; and 7% in those over 65 years of age.¹⁴

2.2 Housing and Shelter Costs

Access to safe and affordable housing is critical to health. People who spend more than 30% of their before-tax household income on housing risk not having enough money left to pay for food and other basic human needs, or for adequate childcare, access to recreation and education, and other resources that promote health and well-being. Housing and income insecurity are closely linked, and together can contribute to illness and poor health.¹⁵

In Ottawa, 23% of households spend 30% or more of their income on shelter.¹⁶ Approximately 15% of Ottawa households that own their home spend 30% or more of their income on shelter, but this proportion jumps to 39% among those who rent their homes.¹⁶ Seventeen percent of households who rent receive housing subsidy support.¹⁶

Table 1 shows the average cost of rent in Ottawa as of October 2013.¹⁷ It is worth noting that these rents are higher than the maximum shelter benefit for a couple with 2 children under Ontario Works (which is \$702) and under Ontario Disability Support Program (\$886). This means that people on social assistance are at risk for housing insecurity.¹⁸

Table 1: Average rent in privately initiated rental row and apartment structures of 3 units or over in Ottawa. Oct 2013

Type of dwelling	Average monthly rent
Bachelor/Studio	\$766
1 Bedroom	\$932
2 Bedroom	\$1132
3+ Bedroom	\$1320

Data source: Canadian Mortgage and Housing Corporation. Rental Market Statistics. Date released: Fall 2013. According to the Canadian Mortgage and Housing Corporation, Ottawa had an overall vacancy rate of 3% and an availability rate of 5% in rental structures over 3 stories in October 2013.¹⁹

2.3 Language

Sixty percent of Ottawa residents speak English only, 37% speak both French and English, 1.5% speak French only, and 1.5% speak neither official language.²⁰

English is the most common single language spoken in the home (79%), followed by French (10%). Eleven per cent of residents most commonly speak a non-official language in the home. Among this 11%, the most commonly spoken non-official languages are Cantonese, Mandarin, and Chinese language not specified (19%), Arabic (18%), Spanish (6%), and Vietnamese (4%).²¹

2.4 Origin and Identity

Two percent of Ottawa's population identify as Aboriginal, that is, First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who reported Registered or Treaty Indian status. Most Ottawans with Aboriginal status identify as First Nations or Métis (Table 2).

Table 2: North American Aboriginal identity, Ottawa, 2011

Population	Count	Percent
First Nations (North American Indian) identity	10,300	57%
Métis identity	6,400	35%
Inuk (Inuit) identity	700	4%
Multiple aboriginal & other identities	800	4%
Total	18,200	100%

Data source: Statistics Canada. 2013. Ottawa, CV, Ontario (Code 3506008) (table). National Household Survey (NHS) Profile. 2011 National Household Survey. Statistics Canada Catalogue no. 99-004-XWE. Ottawa. Released September 11, 2013. <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/index.cfm?Lang=E> (accessed January 15, 2014).

Ottawa is becoming an increasingly diverse city. Almost 1 in 4 (24%) residents self-identify as a visible minority.²² Black or Chinese are the most frequently reported minority statuses (Table 3).

Table 3: Visible minority population and minority status, Ottawa, 2011

Population	Count	Percent
Black	49,600	24%
Chinese	34,900	17%
South Asian	33,800	17%
Arab	32,300	16%
Southeast Asian	13,700	7%
Filipino	10,500	5%
Latin American	10,300	5%
Other	20,000	10%
Total	205,100	100%

Data source: Statistics Canada. 2013. Ottawa, CV, Ontario (Code 3506008) (table). National Household Survey (NHS) Profile. 2011 National Household Survey. Statistics Canada Catalogue no. 99-004-XWE. Ottawa. Released September 11, 2013. <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/index.cfm?Lang=E> (accessed January 15, 2014).

Seventy-five per cent of the population of Ottawa was born in Canada. Four per cent of Ottawa residents are recent immigrants (those who immigrated in the past five years). About half of recent immigrants to Ottawa came from Asia, with China and the Philippines being the most frequently reported countries of origin (Table 4).

Table 4: Recent immigration population by continent and by top 5 single countries, Ottawa, 2011

Population	Count	Percent
Continent		
Asia	16,300	50%
Africa	6,500	20%
Americas	6,300	19%
Europe	3,300	10%
Other	100	0.3%
Total	32,500	100%
Top 5 single countries of origin		
China	2,500	8%
Philippines	2,500	8%
Haiti	2,200	7%
United States	1,700	5%
India	1,600	5%

Data source: Statistics Canada. 2013. Ottawa, CV, Ontario (Code 3506008) (table). National Household Survey (NHS) Profile. 2011 National Household Survey. Statistics Canada Catalogue no. 99-004-XWE. Ottawa. Released September 11, 2013. <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/index.cfm?Lang=E> (accessed January 15, 2014).

GENERAL HEALTH

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease.” (WHO,1999)

Ottawa residents aged 12 and older ²⁴ **62%** rate their health as excellent/very good
72% rate their mental health as excellent/very good

Life expectancy at birth ²⁷  Male **81** Female **84**

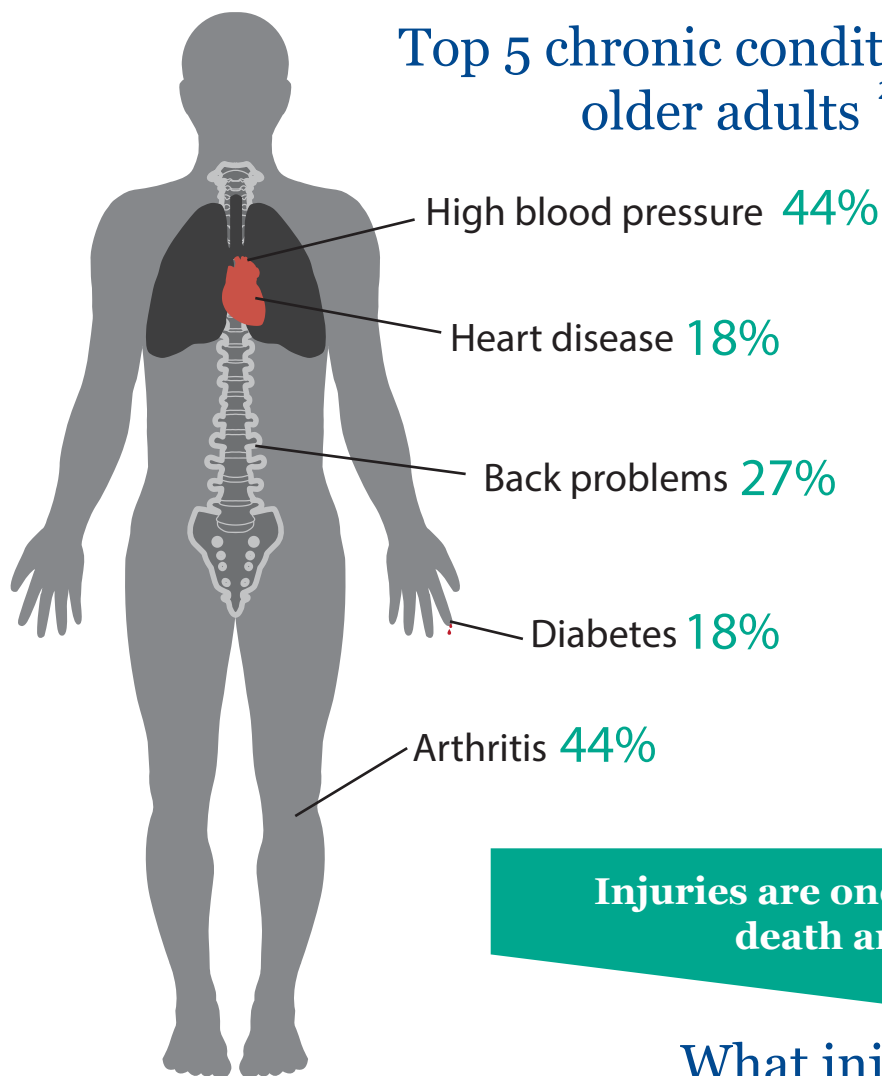


Leading causes of death ²⁷

	Ages 5 to 19	Ages 20 to 44	Ages 45 to 64	Ages 65+
Males	Motor vehicle collisions	Unintentional poisoning	Heart disease	 Heart disease
Females	Too few to report (less than 5)	Suicide	Lung cancer	

Early death from these causes can be prevented with public health programs and policies. ³⁵

Top 5 chronic conditions in older adults ²⁴

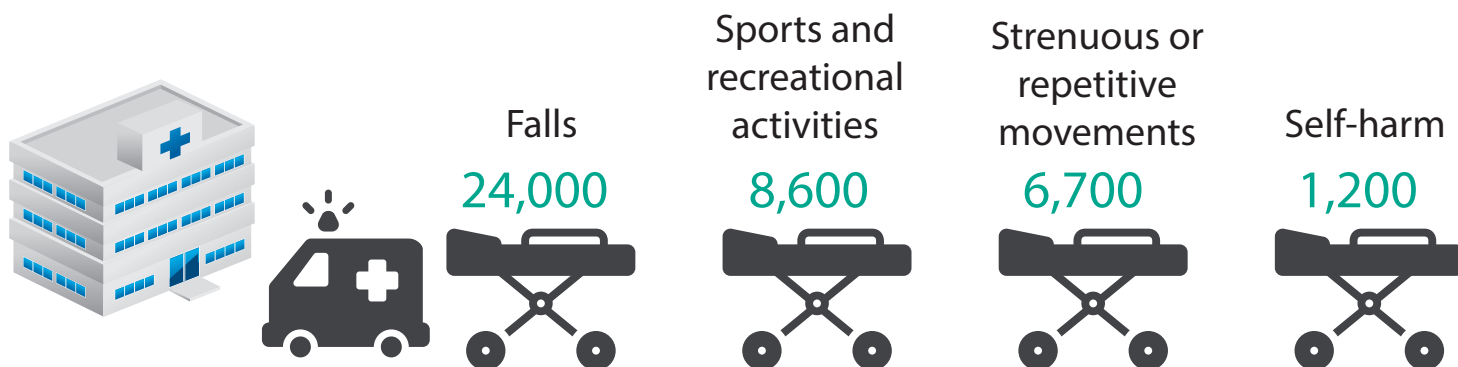


Chronic conditions usually develop slowly, last a long time, and affect quality of life.

They also place a high cost on our health care system.

Injuries are one of the leading causes of early death and disability in Ottawa.

What injuries are sending us to the emergency room? ⁵³



Falls caused the most injury-related... ^{27,53}

2,500 Hospitalizations

95 Deaths

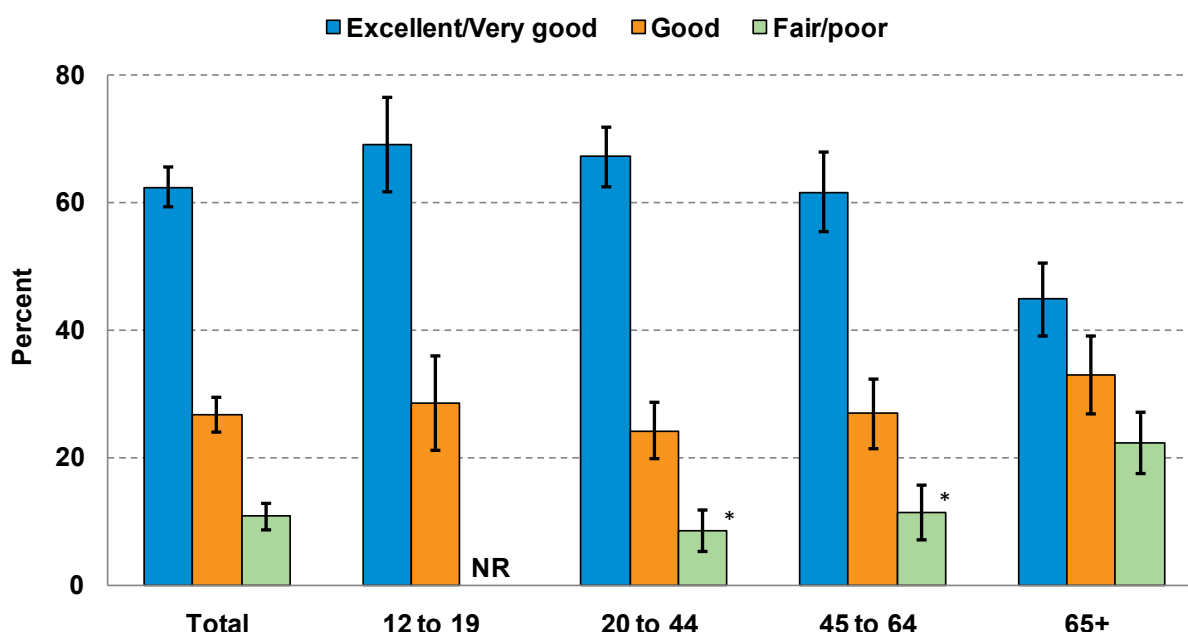


3. General Health

Each person has his or her own idea of good, general health. For some, it means the absence of illness, injury or pain. Others may view good health more holistically, similar to the World Health Organization's definition of health: "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."²³

The majority of Ottawans believe that they are in good health. In 2012, 62% of Ottawa residents aged 12 and older rated their health as excellent/very good.²⁴ However, this percentage was significantly lower among adults 65 years and older. Older adults were also more likely to rate their health as fair/poor (Figure 2). Immigrants were less likely than non-immigrants to rate their health as excellent or very good. There were no significant differences between genders and across income levels.

Figure 2: Self-rated general health aged 12 and older, by age groups, Ottawa, 2011 to 2012



Data source: Canadian Community Health Survey [2011 to 2012], Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care.

*Interpret with caution due to high sampling variability

NR – Not reportable; sampling variability greater than 33.3%

3.1 Life Expectancy

In Ottawa in 2009, life expectancy at birth was 84 years for women and 81 years for men. These estimates are similar to those for Ontario.^{25 26} Because the risk of certain illnesses and injuries change as people age, projected life expectancy changes over the life span. At age 65, women can expect to live an additional 22 years (to age 87), and men an additional 19 years (to age 84).

3.2 Death Rates

There were 5,239 deaths in Ottawa in 2009. This translates to an age-standardized mortality rate of 453 deaths per 100,000 persons, down 34% from 694 per 100,000 in 1986. Over this time period, Ottawa has consistently had lower rates of death, on average, than the rest of Ontario.

3.2.1 Leading causes of death

Ischemic heart disease (IHD) was the most common cause of death for both sexes in Ottawa in 2009, accounting for 758 deaths.²⁷ For men, lung cancer was the second leading cause of death, followed by Alzheimer's/dementia. Alzheimer's/dementia was the second leading cause of death for women, followed by lung cancer.

The leading cause of death varies according to age, and most deaths occur in older age. Also, increasingly more deaths are due to disease rather than injury as one ages.

For children aged 0 to 4 years, perinatal conditions, such as extreme prematurity, were the most common causes of death.²⁸

Injuries account for most of the mortality in younger people. Motor vehicle traffic collisions (MVTC) were the leading cause of death among boys aged 5 to 19 years. The leading cause of death among girls in this age group was not reportable, as very few deaths occurred in 2009. Unintentional poisoning and suicide were the most common causes of death in men aged 20 to 44 years; suicide was the leading cause of death in women of this age group.

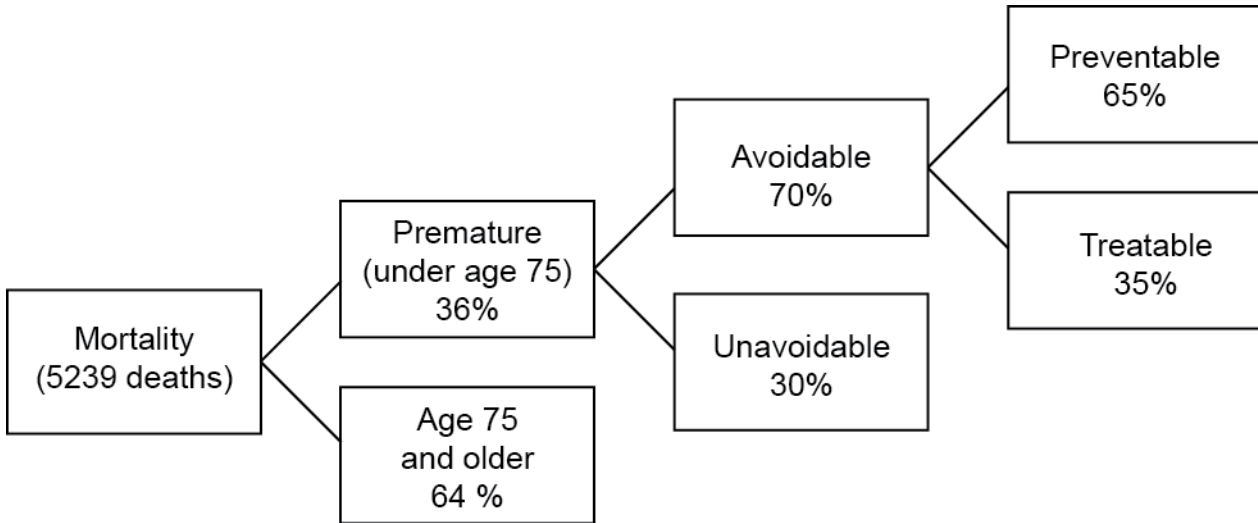
The rate of death due to disease increases in older age groups. Among men aged 45 to 64 years, ischemic heart disease was the leading cause of death, followed by lung cancer.²⁹ The leading cause of death for women in this age group was lung cancer, followed by breast cancer.

In older adults (65+ years) of both sexes, ischemic heart disease was the leading cause of death. Lung cancer was the second leading cause of death for men, followed by Alzheimer's/dementia. The latter was the second leading cause of death among women in this age group, followed by cerebrovascular diseases (e.g. strokes).

3.2.2 Premature death

Premature death (defined as death before the age of 75) has been decreasing steadily over the past three decades.³⁰ In 2009, 36% of Ottawa deaths, or 193 deaths per 100,000 people, occurred before the age of 75. This is a decrease of 43% from 1986 when the age-standardized premature death rate was 336 per 100,000 (Figure 3).

Figure 3: Death in Ottawa, 2009



Data source: Ontario Mortality Data 2009, Ontario MOHLTC, IntelliHEALTH ONTARIO. Date Extracted: February 3, 2014. Figure adapted from Statistics Canada and CIHI. *Health Indicators 2012*, 2012.

Potential years of life lost (PYLL) measures the additional years a person would have lived had he or she not died before the age of 75, which gives more weight to deaths that occur among younger people; a person who died at age 25 has lost 50 potential years of life. In Ottawa in 2009, there were almost 33,000 potential years of life lost, or 3,738 per 100,000 population.³¹

3.2.3 Sex gap in mortality

Men had consistently higher all-cause mortality, premature mortality, and potential years of life lost rates than women between 1986 and 2009.³² However, this gap has narrowed over time because male death rates are decreasing more rapidly than those among females.

3.2.4 Avoidable and preventable death

Avoidable mortality represents deaths that could have been avoided through prevention programs, public health policies or the provision of timely and effective health care. Avoidable mortality accounted for 70% of all premature deaths in Ottawa in 2009.³³

Avoidable deaths can be categorized as either preventable (65% of avoidable deaths) or treatable (35% of avoidable deaths) and include deaths from diseases such as injuries, cancer and cardiovascular disease. Preventable deaths are associated with risk factors such as tobacco and alcohol use, high blood pressure, overweight and obesity, physical inactivity and occupational risk factors.³⁴ Public health policies and prevention programs can modify these risk factors and avoid new cases of disease. Treatable mortality would typically be addressed through primary care (e.g. screening and treatment of an existing disease) rather than public health. Reductions in preventable mortality would avoid more deaths than reductions in treatable mortality.³⁵ Table 5 shows the number of preventable deaths and associated potential years of life lost (PYLL) in Ottawa in 2009 by the cause.

Table 5: Preventable deaths in Ottawa residents less than 75 years of age, 2009

Preventable cause	# preventable deaths	# preventable PYLL
Intentional and Unintentional Injuries	170	5,056
Cancer	343	4,084
Cardiovascular	166	2,110
Respiratory	57	558
Diabetes	26	364
Other*	94	1,807
Total	856	13,988

Data source: Ontario Mortality Data 2009, Ontario MOHLTC, IntelliHEALTH ONTARIO. Date Extracted: February 3, 2014. **Note:** * Other preventable deaths are from conditions such as chronic liver disease, perinatal complications, vaccine preventable diseases, etc.; PYLL = potential years of life lost before the age of 75, preventable deaths as defined by CIHI in 2012.

3.3 Major Chronic Conditions

Chronic conditions represent a significant burden on individual health and the health care system as a whole; chronic diseases are the leading cause of early deaths in Canada.³⁶ Many public health prevention efforts address the major chronic disease risk factors, such as physical inactivity, tobacco, poor diet, and alcohol misuse. Conditions such as diabetes are a growing public health concern and can lead to serious long-term complications and health care costs, but can be significantly modified by lifestyle and behaviour.

The five most common self-reported chronic conditions among Ottawa residents aged 12 and older are back problems (18%), high blood pressure (16%), arthritis (14%), migraine headaches (12%), and asthma (10%).³⁷ Among Ottawa adults aged 65 and over, the top five chronic conditions were high blood pressure (44%), arthritis (44%), back problems (27%), heart diseases (18%), and diabetes (18%) (Table 6).³⁸

There were no significant differences between Ottawa residents and those of the rest of Ontario.

Table 6: Prevalence (new and existing cases) of selected chronic conditions[‡], 12 years and older vs. seniors, Ottawa, 2011 to 2012

Chronic Condition	Aged 12+ % (±95% CI)	Aged 12+ Count	Aged 65+ % (±95% CI)	Aged 65+ Count
Back problems	17.7 (±2.3)	137,341	27.3 (±4.5)	30,496
High Blood Pressure	16.3 (±1.9)	126,488	44.3 (±6.3)	49,716
Arthritis	14.4 (±2.1)	109,871	44.0 (±5.7)	49,539
Migraine	12.2 (±2.1)	94,775	5.0 (±2.9)*	5,616*
Asthma	9.9 (±2.1)	76,892	6.1 (±3.0)*	6,836*
Diabetes	5.4 (±1.5)	42,035	17.5(±4.0)	19,685
Bowel disorder	4.6 (±1.4)	35,821	7.5 (±3.1)*	8,454*
Heart diseases	4.5 (±1.2)	35,161	17.9 (±5.1)	20,059
Bronchitis, emphysema, COPD	3.1 (±0.3)*	14,980*	6.6 (±3.3)*	7,376*
Cancer	2.0 (±0.9)*	15,315*	7.6 (±3.0)*	8,585*
Ulcers	1.6 (±0.8)*	12,100*	NR	NR
Alzheimer's	NR	NR	3.5 (±1.8)*	3,911*
Effects of stroke	1.2 (±0.6)*	9,722*	6.3 (±3.3)*	7,136*

Data source: Canadian Community Health Survey [2011 to 2012], Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

*Interpret with caution; high sampling variability

COPD – Chronic Obstructive Pulmonary Disease

CI – Confidence interval, NR – Not reportable; sampling variability greater than 33.3%,

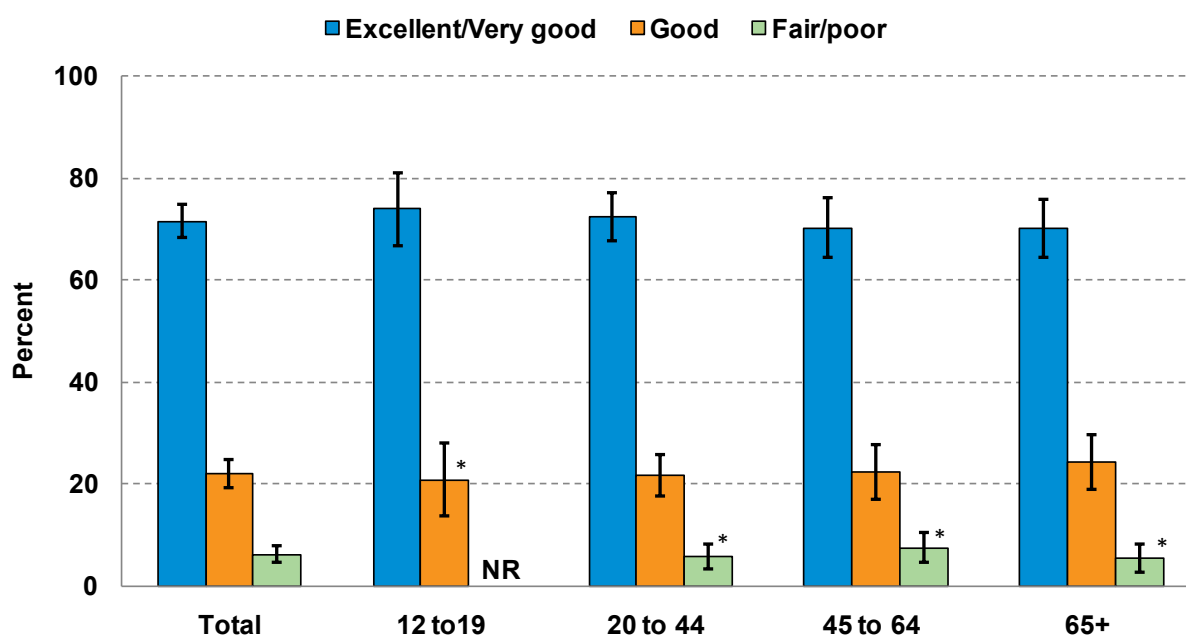
[‡]Ranked by prevalence among population aged 12+

3.4 Mental Health

Mental health is essential for overall health and well-being. Mental health impacts people's ability to enjoy life and realize their full potential. Addressing mental health issues can range from promoting emotional well-being and capacity for dealing with life's challenges, to the treatment of mental illness and the prevention of suicide.³⁹

Nearly three quarters (72%) of Ottawa residents aged 12 and older rated their mental health as excellent/very good, with no significant differences between age groups (Figure 4).⁴⁰

Figure 4: Self-rated mental health aged 12 and older, by age groups, Ottawa, 2011 to 2012



Data source: Canadian Community Health Survey [2011 to 2012], Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

*Interpret with caution due to high sampling variability

NR – Not reportable; sampling variability greater than 33.3%

In Ottawa, 16% (95%CI: 13%, 18%) of people sought help for mental health concerns in the past 12 months. Those who sought help most commonly consulted family doctors (50%, (95%CI: 41%, 59%)).⁴¹ This was followed by psychiatrists (23%* (95%CI: 15%, 30%)), social workers (18%*, (95%CI: 12%, 25%)), and psychologists (14%* (95%CI: 8%, 20%)).

3.4.1 Mood and Anxiety Disorders

In 2011 to 2012, approximately 10% (95%CI: 8%, 12%) of Ottawa residents aged 19 and older reported having been diagnosed with a mood disorder such as depression, and 9% (95%CI: 7%, 11%) with an anxiety disorder. These proportions were similar to those for the rest of Ontario (8% (95%CI: 7%, 9%) and 7% (95%CI: 6%, 7%)), respectively in the same time period. Women (13% (95%CI: 9%, 17%)) were twice as likely as men (5% (95%CI: 3%, 7%)) to be diagnosed with an anxiety disorder. There was no significant difference between age groups.⁴²

3.4.2 Youth

For young people, mental health is strongly linked to school performance, and behaviours such as substance misuse, violence, and unprotected and risky sexual activities. Mental health can be improved when youth have the personal tools to overcome problems, positive role models, safe homes and school environments, and access to support services.⁴³

* Interpret with caution due to high sampling variability.

Among students in grades 7 to 12, 25% (95%CI: 21%, 30%) reported visiting a mental health professional at least once in the past year.⁴⁴

Emergency room (ER) visits related to self-harm among young women have risen. Between 2009 and 2011 self-harm related emergency room visits among women ages 15 to 24 increased 50%, and then remained stable in 2012.

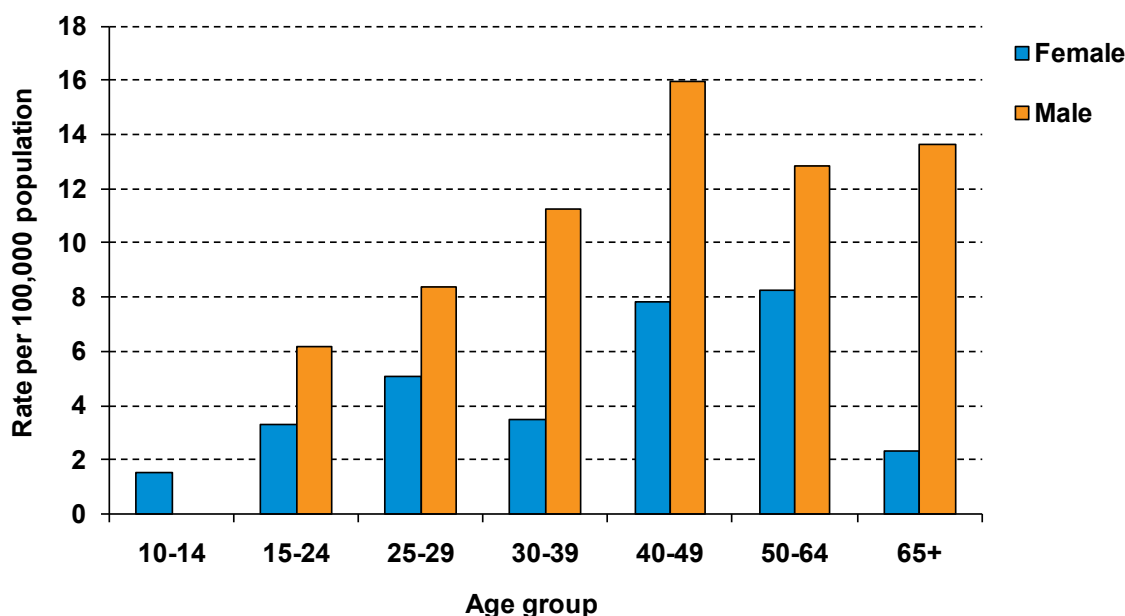
In 2013, 13%* of high school students reported they had seriously considered attempting suicide in the past year.⁴⁵ Suicide is the second leading cause of death among young people aged 15 to 24 in Ottawa, following closely behind motor vehicle traffic collisions.

3.4.3 Suicide

On average, more than 60 people die by suicide in Ottawa every year.^{46 47} Rates vary from year to year; the age-standardized rate of suicide in Ottawa declined from 12.4 per 100,000 in 1986 to a low of 4.2 per 100,000 in 2003, but has since increased slightly to 6.1 per 100,000 in 2009, which is still lower than the 2009 provincial rate of 8.4 per 100,000.⁴⁸ Preliminary data from the Office of the Chief Coroner of Ontario estimate that the crude rate of suicide in Ottawa in 2012 was 6.7 per 100,000.

In Ottawa, the highest rates of suicide occur during mid-life, and the rate of suicide among men is twice that among women (Figure 5).⁴⁹ Men are at a higher risk of death by suicide than women for all ages except the teenage years, when the risk is similar between sexes.

Figure 5: Age-specific suicide rate per 100,000, male vs. female, Ottawa, 2005-2009 annual average



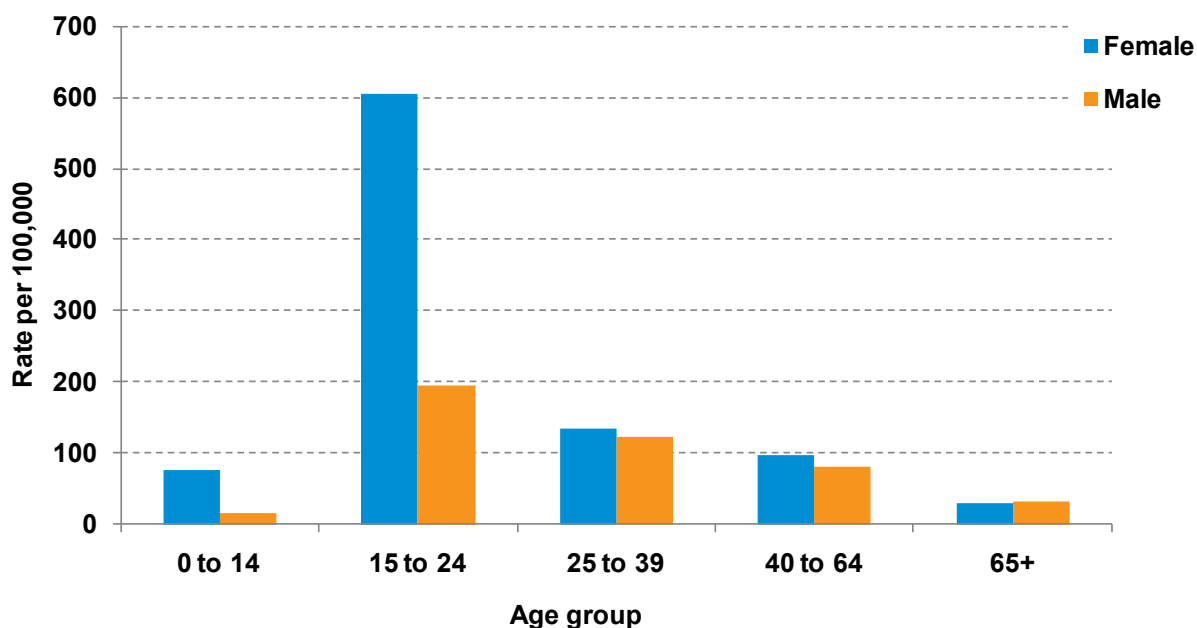
Data source: Ontario Mortality Data 2005-2009 calendar years, Ontario MOHLTC, IntelliHEALTH ONTARIO. Date Extracted: September 14, 2012. Suicide (ICD-10: X60-X84, Y87).

* Interpret with caution due to high sampling variability.

3.4.4 Self-harm

For every one suicide in Ottawa, there are 8 hospitalizations and 19 ER visits due to self-harm.⁵⁰ In 2012, there were just over 500 hospitalizations (63% women) and almost 1,200 ER visits (65% women) due to self-harm among Ottawa residents. While the suicide rate is higher among men, women are more likely to be hospitalized or visit the ER due to self-harm. The highest rate of self-harm related ER visits in 2012 was among women aged 15 to 24 (604 per 100,000) (Figure 6). This group also had the highest rate of self-harm related hospitalizations (222 per 100,000).

Figure 6: Age-specific rate of self-harm related ER visits per 100,000, male vs. female, Ottawa, 2012



Data source: Ambulatory emergency external cause 2012 fiscal year, Ontario MOHLTC, IntelliHEALTH ONTARIO. Date Extracted: August 12, 2013. Self-harm (ICD-10-CA: X60-X84, Y87).

3.5 Injuries in Ottawa

Injury is one of the leading causes of premature death and disability in Ottawa. Many factors come into play when injuries occur, including the design of everyday objects and structures, underlying social factors, along with age and sex. Similarly, the prevention of injuries is far from straightforward; multiple strategies and partners are key to reducing the burden of injury among individuals, families and communities.⁵¹

The health, social and economic burden of injury within a community is significant and includes potential years of life lost, disability, lost productivity and health care costs. It is important to note that the burden of injury is often greater than what is reported. For every ER visit for an injury, there are many more injuries for which people see their family doctor or treat at home.⁵²

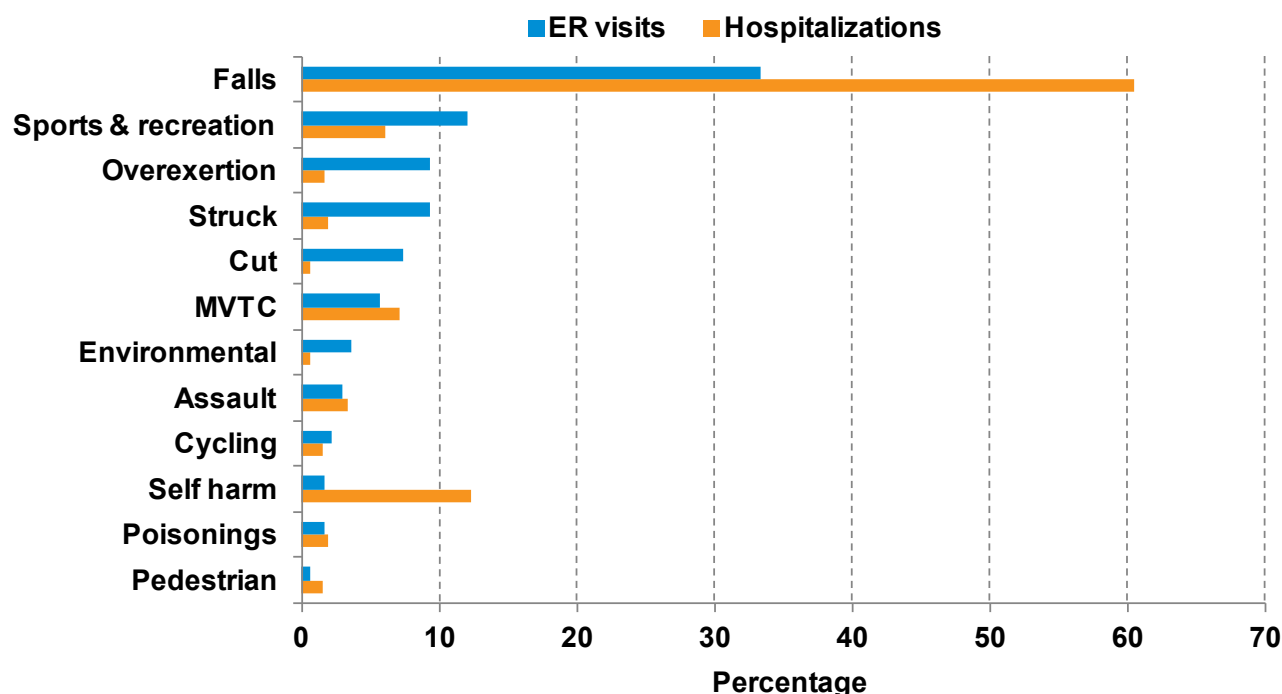
In 2012, there were almost 72,000 visits to the ER and 4,100 hospitalizations for injuries by Ottawa residents.⁵³ In 2009 there were 255 injury-related deaths in Ottawa. Injuries from falls caused the most injury-related emergency room visits (23,935), hospitalizations (2,483) and deaths (95).

Most injury-related ER visits (33%) were due to falls, followed by sports and recreational activities (12%), and overexertion and strenuous or repetitive movements (9%) (Figure 7).⁵⁴

Sixty percent of injury-related hospitalizations were caused by falls. Self-harm accounted for 12% of injury-related hospitalizations, indicating the relative severity of these injuries.⁵⁵

The rate of injury-related death was nearly 1.5 times higher among men than women. The top five causes of injury-related death in 2009 were falls (95), suicide (63), MVTC (28), poisonings (28) and homicide (11).⁵⁶ Other causes accounted for 6 or less deaths each.

Figure 7: Percentage of injury-related ER visits and hospitalizations by cause, Ottawa, 2012



Data source: Ambulatory emergency external cause 2012 fiscal year, Ontario MOHLTC, IntelliHEALTH ONTARIO. Date Extracted: August 12, 2013. **Note:** Categories are not mutually exclusive, and percentages do not add up to 100%. MVTC – motor vehicle traffic collision

3.5.1 Injuries across the lifespan

Falls represent a tremendous health burden; in 2012, falls were the leading cause of injury-related ER visits for all age groups.⁵⁷ In particular, falls are a significant health concern for older adults aged 65 and older. For older adults, most falls happen at home through slips, trips or stumbles from beds, stairs, chairs or other furniture.⁵⁸ Also, weather conditions involving ice and snow lead to many falls among older adults.

After falls, being struck by or against something was the second leading cause of injury-related ER visits for young children aged 0 to 4 and older adults. Sports and recreational activities were the second leading cause for those aged 5 to 24, and overexertion was the second leading cause among adults aged 25 to 64.⁵⁹

Falls are the leading cause of injury-related hospitalizations for all age groups except youth aged 15 to 24 years; youth are hospitalized more often for self-harm related injuries.⁶⁰

Unintentional injury death rates were highest among older adults aged 65 years and older.⁶¹ Suicide rates were highest among those aged 45 to 64 years, and homicide rates were highest among 25 to 44 year olds.

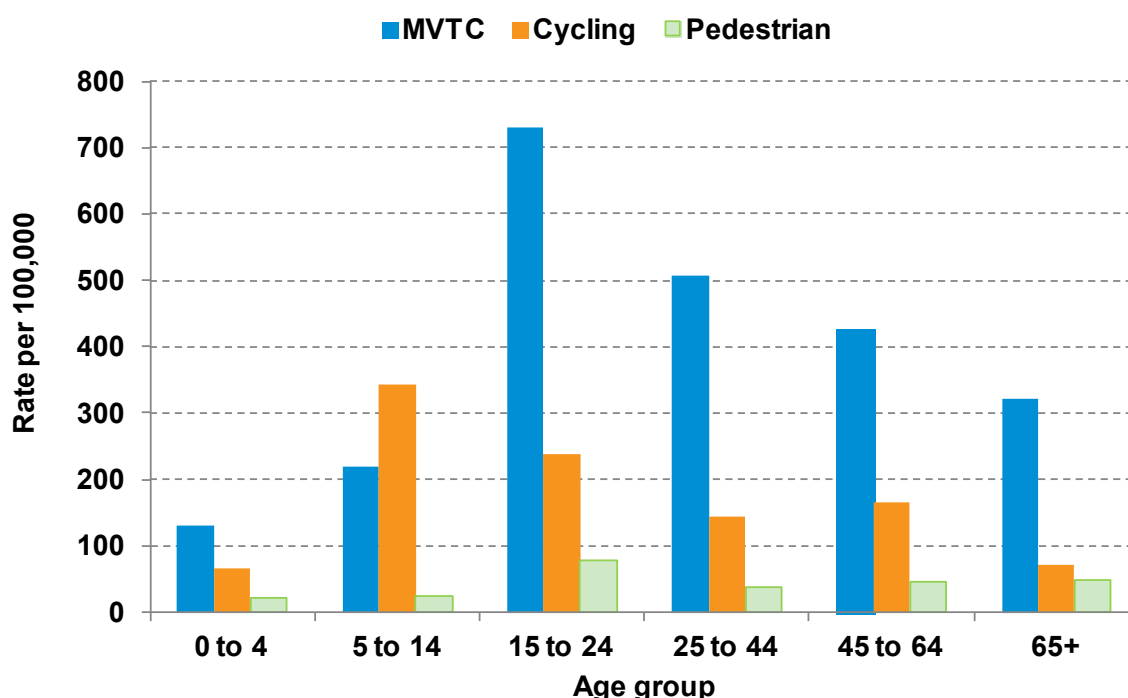
3.5.2 Road-related injuries

Motor vehicle traffic collisions can result in injuries sustained by someone as a driver, passenger, motorcyclist, pedestrian or bicyclist. Road design and speed, distractions from handheld devices, and alcohol or drug impairment affect the likelihood of collisions and injuries.

In Ottawa, many people walk and cycle recreationally or use these active forms of transportation to get to work or school. Creating safe environments for pedestrians and cyclists not only reduces the risk of injuries, but also encourages walking and cycling as viable transportation options, which leads to other healthy outcomes, such as improved physical activity rates.⁶²

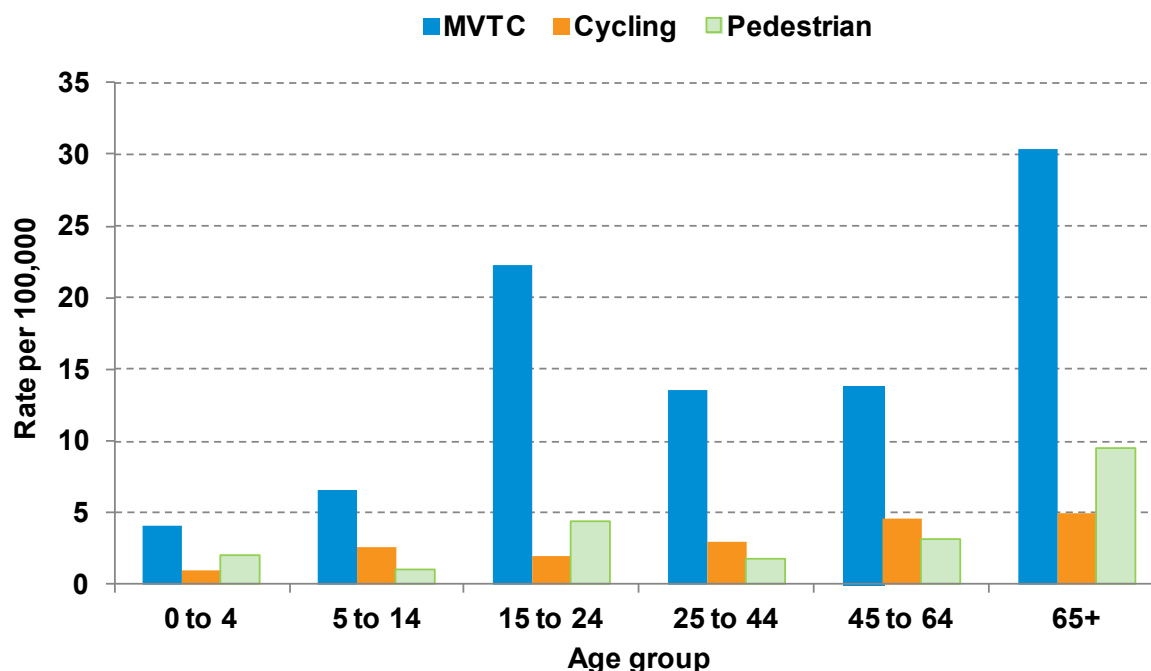
In 2012, youth had the highest rate of ER visits due to motor vehicle traffic collisions (MVTC) and pedestrian injuries, while children had the highest rate of ER visits due to cycling injuries (Figure 8). Older adults had the highest rate of hospitalizations due to MVTC and pedestrian injuries, while children had the highest rate of hospitalizations due to cycling injuries (Figure 9). Every year there are approximately 28 deaths due to MVTC, 6 deaths due to pedestrian injuries, and 2 deaths due to cycling injuries (2005 to 2009 average).⁶³

Figure 8: Rate of road-related ER visits per 100,000 by age group, Ottawa, 2012



Data source: Ambulatory emergency external cause 2011 to 2012 fiscal years, Ontario MOHLTC, IntelliHEALTH ONTARIO. Date Extracted: August 12, 2013. **Note:** Categories are not mutually exclusive.

Figure 9: Rate of road-related hospitalizations per 100,000 by age group, Ottawa, 2011 to 2012 average



Data source: Ambulatory emergency external cause 2011 to 2012 fiscal years, Ontario MOHLTC, IntelliHEALTH ONTARIO. Date Extracted: August 12, 2013. **Note:** Categories are not mutually exclusive.

3.6 Oral Health

Oral health is an important part of overall health and well-being.⁶⁴ Poor oral health has a significant impact on quality of life, and is linked to other serious health conditions, including respiratory infections, cardiovascular disease, diabetes and other chronic diseases. In Ottawa, people with untreated dental problems who do not have access to dental services often go to hospital emergency departments. The number of these visits is rising; in 2011, there were 1,682 dental-related visits to Ottawa emergency departments compared to 989 in 2002.⁶⁵ It costs the health care system more to treat dental conditions at the emergency department than in the office setting.

In Ottawa, 74% (95%CI: 70%, 77%) of the population have access to complete or partial dental insurance and 76% (95%CI: 73%, 79%) visited a dentist in the past 12 months.⁶⁶ This is higher than the rest of Ontario where 65% (95%CI: 64%, 66%) of the population have insurance and 71% (95%CI: 70%, 72%) visited a dentist in the past 12 months. However, those aged 65 years and older in Ottawa are less likely to have dental insurance (53% (95%CI: 45%, 60%)).

People from low-income families tend to have twice the dental problems of higher income Canadians.⁶⁷ In Ottawa, only 50% (95%CI: 37%, 62%) of those living below the low-income cut-off (LICO)[†] have dental insurance compared to 81% (95%CI: 78%, 85%) of those living above the cut-off.⁶⁸ Just over half (54%, 95%CI: 44%, 63%) of those living below the LICO sought dental care in the past 12 months compared to 80% (95%CI: 77%, 83%) of those living above the cut-off.⁶⁹ Among low-income families, those with dental insurance (62% (95%CI: 50%, 72%)) are more likely than those without (38% (95%CI: 28%, 50%)) to have seen a dentist in the past 12 months.⁷⁰

New Canadians who have been in Canada 10 years or less are also less likely to have dental insurance (47% (95%, CI: 32%, 61%)) and to have seen a dentist in the past 12 months (56% (95%CI: 43%, 68%)), compared to non-immigrants or immigrants who have been in Canada more than 10 years.⁷¹

Good oral health for life starts in childhood with proper nutrition and tooth brushing, and access to dental care. There are a number of Ottawa children who are vulnerable to the impacts of poor oral health. In the 2012-13 school year, Ottawa Public Health conducted dental screenings of 33,700 children and found that 5% had urgent dental needs that required treatment.⁷² Approximately 11,000 children under 18 in low-income households do not have access to dental insurance.⁷³

[†] An income threshold, established by Statistics Canada, below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family. It varies depending on the community's population size and the size of the family.

DISEASE PREVENTION

Being healthy includes eating well, being active, maintaining a healthy weight, not smoking, and limiting alcohol.^{74, 103} This is influenced by the information we have, the people in our lives, and the places where we live, learn, work and play.

Cost of basic healthy eating⁷⁹



Feeding a family of four per month in 2013 = **\$789**

↑
\$44 (6%) increase
2012

60% of residents aged 12+ do not eat enough vegetables and fruits a day.⁷⁶

1 in 4

grade 7 to 12 students meet the Physical Activity Guidelines of 60 minutes per day⁸⁴



19%

of grade 7 to 12 students walk or cycle to school

30%

of adults are active during their leisure time



10%

of residents walk or cycle to work

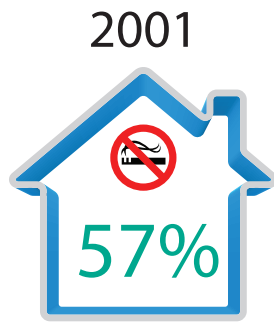
People who report being overweight or obese^{74, 84}

23% Middle and high school students

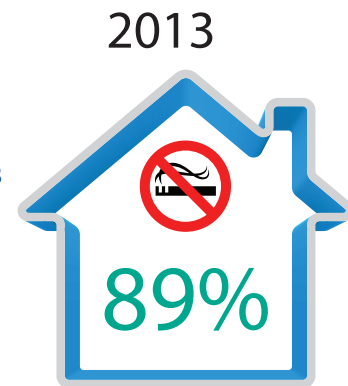
47% Adults

Smoking rates in 2013 continue to be at historic low levels.¹¹⁸

12%



Smoke-free homes¹¹⁸



Who uses cannabis at least once a year?^{76, 84}

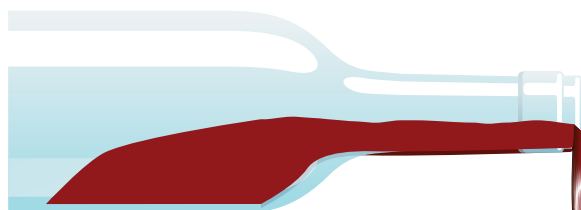
32%
of high school
students



36%
of adults aged
18 to 29 years

Excessive drinking in Ottawa is higher than the provincial average.

Binge drinking increases risk of injuries, while drinking too much every week leads to chronic diseases such as digestive diseases, cancer, and mental health conditions.¹⁰³



31%
of adults drink too
much every week⁷⁶

62%* of adults aged 19 to 44 binge
drink at least **once a year**⁷⁶

30%* of high school students binge
drink at least **once a month**⁸⁴

*This is likely an underestimate of binge drinking

What's too much?

♂ Men: more than 3 drinks a day and
15 per week

♀ Women: more than 2 drinks a day
and 10 per week



Binge drinking is:

Female: 4 or more drinks on one occasion
Male: 5 or more drinks on one occasion

4. Disease Prevention

4.1 Healthy Eating

Healthy eating helps reduce the risk of overweight and obesity, which in turn decreases the risk of chronic diseases such as diabetes, cancer and cardiovascular disease. Healthy eating involves consuming appropriate amounts and types of foods, limiting foods and beverages that are high in calories (fats and sugar) and salt (sodium), and having access to healthy foods at affordable prices.⁷⁴

4.1.1 Vegetable and Fruit Consumption

[*Eating Well with Canada's Food Guide*](#) recommends, depending on age and sex, that teens and adults eat 7 to 10 servings of fruits and vegetables each day. A number of factors influence whether these recommendations are met, including household income, availability of fresh produce, family routines, and nutrition knowledge.⁷⁵

Approximately 40% (95%CI: 37%, 44%) of Ottawa residents aged 12+ reported consuming vegetables and fruits at least 5 times a day.⁷⁶ This is similar to the rest of the province. Women (48% (95%CI: 43%, 53%)) were more likely to report consuming vegetables and fruits at least 5 times a day than men (32% (95%CI: 27%, 37%)). There were no significant differences in vegetable and fruit consumption between age groups.

4.1.2 Food Security

Food security exists “when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.”⁷⁷ A household is considered food insecure when the quality of its food is compromised or when food intake is reduced (for example through skipping meals). Household income is associated with food security; the higher the cost of basic healthy food items, the higher the likelihood that a household will be food-insecure.

The Nutritious Food Basket is a survey tool that measures the cost of basic healthy eating.⁷⁸ It is calculated from the costing of foods that are reflective of Canadian eating patterns and buying habits. It also represents current nutrition recommendations from [*Eating Well with Canada's Food Guide*](#). In 2013, it costs a minimum of \$789 a month to adequately feed a family of four in Ottawa. This represents a \$10 per week increase from 2012.⁷⁹

Eight percent of Ottawans lived in food-insecure households (95%CI: 6%, 9%), which is comparable to the rate for the rest of Ontario (8% (95%CI: 8%, 9%)).⁸⁰

Income and immigration status are associated with food insecurity.⁸¹ In 2011/2012, 33% (95%CI: 22%, 43%) of households in the lowest income bracket and 22% (95%CI: 17%, 28%) of Ottawa residents living below the low income cut-off reported being food insecure compared to 2% (95%CI: 1%, 4%)* in the highest income bracket and 5% (95%CI: 3%, 6%)* of those above the low income cut-off. In households where people have arrived in Canada within the past 5 years 25% (95%CI: 9%, 40%)* are food insecure compared to 7% (95%CI: 5%, 8%) in non-immigrant households.

* Interpret with caution due to high sampling variability.

4.2 Physical Activity

Regular physical activity has many health benefits. It promotes positive self-esteem and helps to prevent overweight and obesity. Regular physical activity also reduces risks for many chronic diseases, including cardiovascular disease, stroke, hypertension, colon cancer, breast cancer, and Type 2 diabetes.⁸²

Physical activity takes many forms; it can be recreational, such as organized sports, and it can be utilitarian, such as walking or cycling to work, school or running errands. This latter form of physical activity, also known as active transportation, is an important way to achieve the physical activity required for maintaining and improving health. Each kilometre walked per day decreases the risk of obesity by almost 5%.⁸³ It is easier to reach recommended physical activity targets through daily routine, rather than through occasional recreational activities. Built environments (i.e. the physical layout and design of streets and buildings) can significantly affect how physically active people are in daily life.

4.2.1 Youth Physical Activity

In 2013, 24% (95%CI: 21%, 28%) of students in Ottawa reported meeting the [Canadian Physical Activity Guidelines](#) for Youth (which recommends that youth aged 12 to 17 years achieve at least 60 minutes of moderate to vigorous physical activity per day) in the 7 days prior to the survey.⁸⁴ 43% (95%CI: 40%, 47%) of students reported 60 minutes of physical activity on 4 to 6 of the previous 7 days, 25% (95%CI: 23%, 28%) reported 60 minutes of physical activity on 1 to 3 of the previous 7 days, and 7% (95%CI: 5%, 9%) did not achieve 60 minutes of physical activity on any of the previous 7 days. There were no differences in time spent on physical activity between youth in Ottawa and in the rest of Ontario.

Boys were more likely than girls to meet the Guidelines.⁸⁵ Grade 7 to 8 students were more likely to be active on most days of the week than students in grades 9 to 12.

For children and youth, recent national and provincial reports have shown that school is the ideal setting to foster the healthy habit of active transportation.^{86 87 88 89} School is where a child connects with friends, learns new life skills, and is exposed to social norms, including the opportunity to live an active life. Only 19% (95%CI: 14%, 24%) of grade 7 to 12 Ottawa students reported using active transportation to get to school.⁹⁰

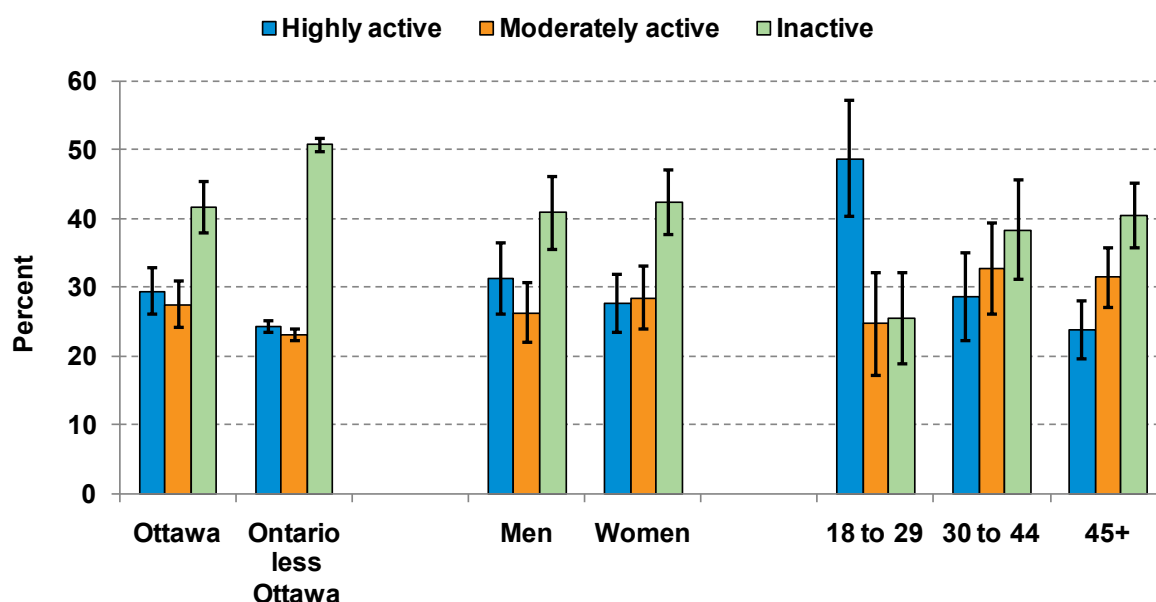
4.2.2 Adult Physical Activity

In 2011, 10% of working residents over the age of 15 years and living in Ottawa reported that their primary mode of transportation to work was walking or cycling.⁹¹ This is a higher proportion than for Ontario as a whole (6%).

In 2011 to 2012, 30% of Ottawa adults aged 18 years of age and older reporting being highly active during their leisure time in the previous three months; 28% reported being moderately active.⁹² These rates are higher than for the rest of Ontario (highly active: 24%; moderately active: 23%). Fewer Ottawa adults reported being inactive during their leisure time compared to those in the rest of the province (42% vs. 51%). There was no statistical difference in amount of physical activity between men and women (Figure 10).

The proportion of Ottawa adults who are highly active during their leisure time decreases with increasing age.⁹³ Nearly half of young adults aged 18 to 29 years (49%) reported high activity levels compared to 29% of adults aged 30 to 44 years, and 24% of those aged 45 and over. Furthermore, inactivity during leisure time increases with increasing age: 26% of young adults aged 12 to 19 years, 38% of adults aged 20 to 44 years, 40% of adults aged 45 and over reported being inactive during their leisure time (Figure 10). During the past decade, the prevalence of physical inactivity among Ottawa adults has not significantly changed.⁹⁴

Figure 10: Levels of physical activity during leisure time in the previous three months in adults aged 18 years and over, Ottawa, 2011 to 2012



Data source: Canadian Community Health Survey [2011 to 2012], Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

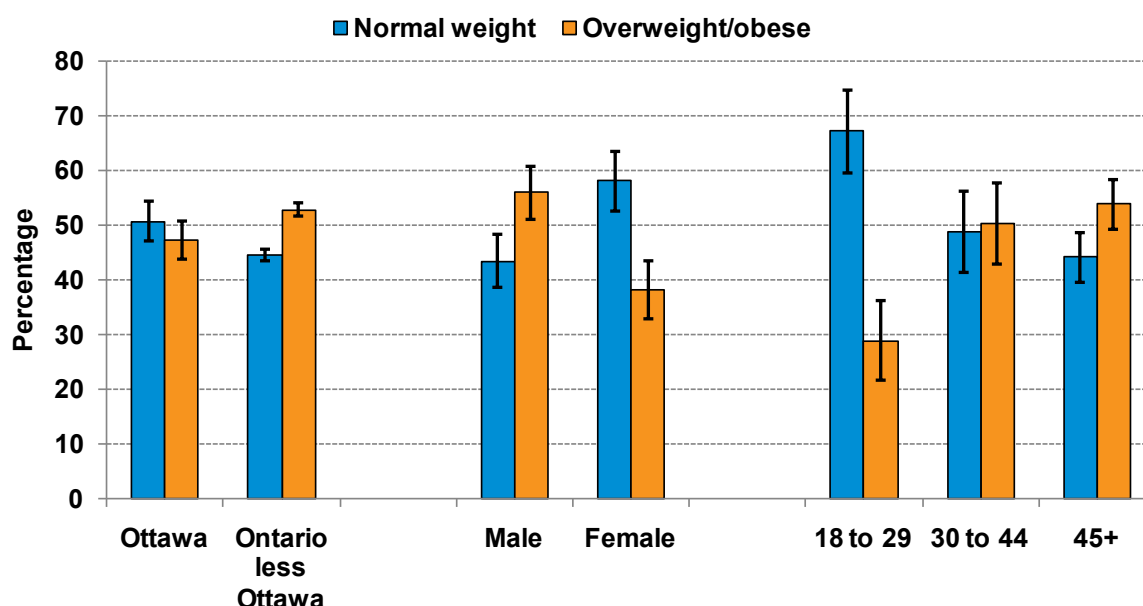
4.3 Overweight and Obesity

Overweight and obesity is a complex health issue with far-reaching causes and contributors. These include individual choices, such as what parents pack in their child's lunch box. But more often than not, these individual choices are shaped by the environments in which we live, learn, work and play. For example, land use patterns and street design influence the likelihood of people walking as a means of transportation and being physically active in daily life. And the ability to maintain a nutritious diet is influenced by access to fresh and healthy foods.⁹⁵

The annual costs of overweight and obesity in Canada are estimated to range between 1.27 and 11.08 billion dollars, and the fraction of total health care costs attributable to this health issue in the country is estimated to be as high as 12%.⁹⁶ Overweight and obesity have clear health impacts: hypertension, Type 2 diabetes, heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and some types of cancer (endometrial, breast, prostate and colon).⁹⁷ Maintaining a healthy weight helps reduce an individual's overall risk for several chronic diseases and premature mortality, as well as increase quality of life.

It should be noted that data on overweight or obese residents are based on self-reported height and weight, and since people tend to underestimate their weight and overestimate their height, the true prevalence of overweight and obesity is believed to be higher.⁹⁸ In 2011 to 2012, 51% of Ottawa adults were normal weight and 47% were overweight or obese (Figure 11).⁹⁹ Ottawa adults were less likely than adults in the rest of Ontario to be overweight or obese (47% vs. 53%). Younger adults aged 18 to 29 (29%) were less likely to report being overweight or obese than adults 30 years and older. Men (56%) were more likely to be overweight or obese than women (38%). The proportion of adults who are overweight/obese declined significantly between 2009/2010 (52% (95%CI: 48%, 55%)) and 2011/2012 (47%); however, the proportion of obese/overweight in 2011/2012 is similar to data from 2003 through 2008. Therefore additional data are needed to confirm whether the apparent decrease continues.

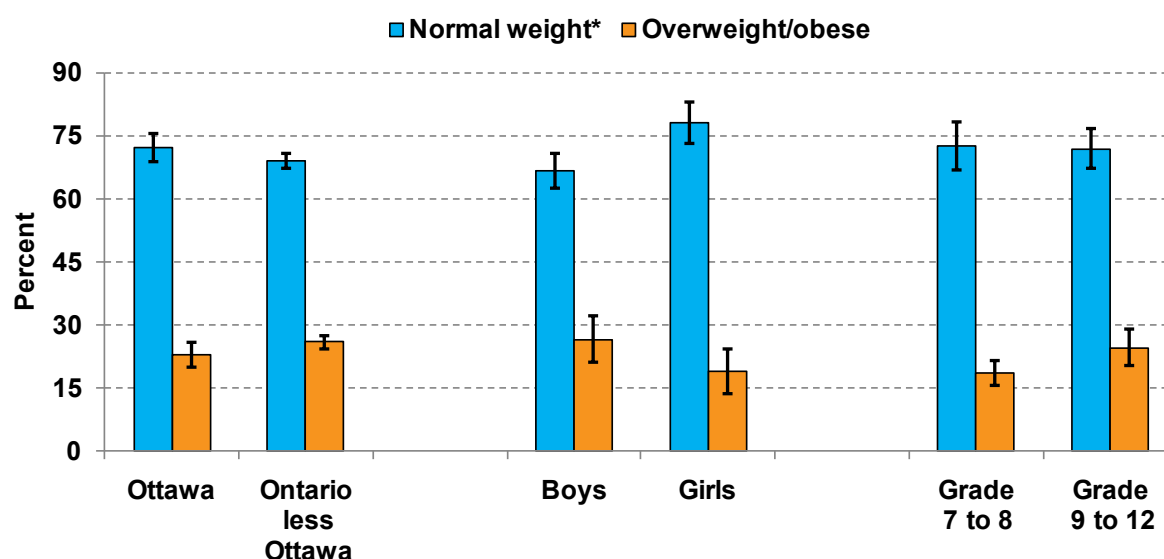
Figure 11: Body mass index categories in adults aged 18 and over, by sex and age group, Ottawa, 2011 to 2012



Data source: Canadian Community Health Survey [2011 to 2012], Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

In 2013, most middle and high school students in Ottawa were classified as normal weight, which includes a small proportion of underweight students (72%), while almost a quarter (23%) were overweight or obese.¹⁰⁰ Girls were more likely than boys to be normal weight (78% vs. 67%). There were no significant differences between boys and girls in the prevalence of overweight or obesity. There were also no significant differences between grades 7 to 8 and grades 9 to 12, or between students in Ottawa and those in the rest of the province (Figure 12).

Figure 12: Body mass index categories among Ottawa students (grades 7 to 12), by sex and grade, 2013



Data source: Public Health Monitoring of Risk Factors in Ontario – OSDUHS (2013), Centre for Addictions and Mental Health.

*Includes a small proportion of underweight

4.4 Alcohol and Cannabis Use

4.4.1 Alcohol

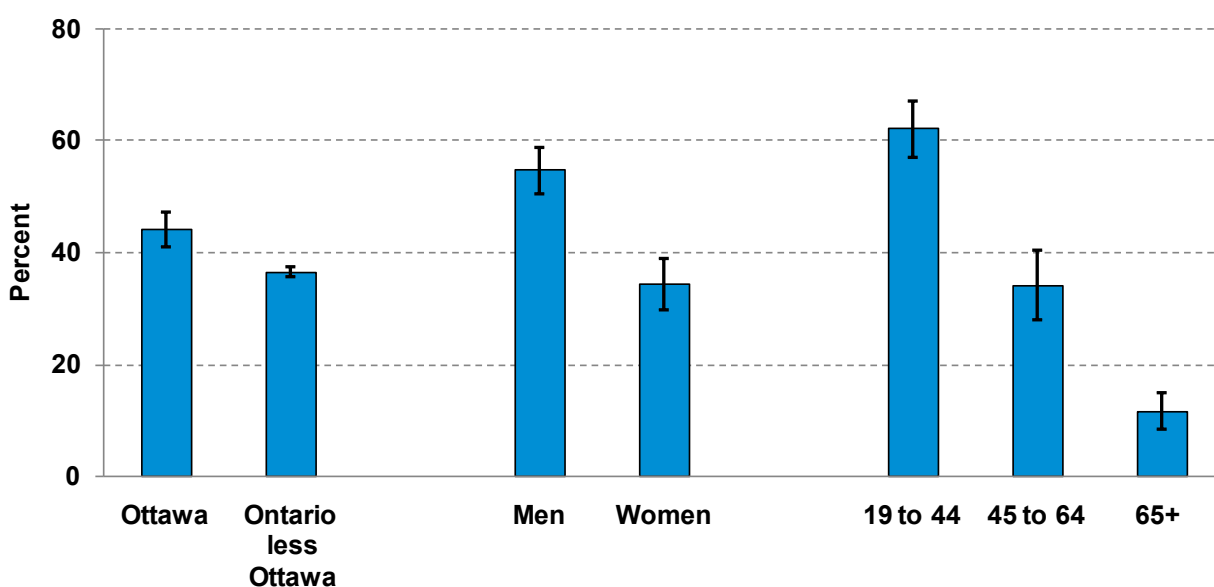
While the serious health and social impacts of illegal and non-medical prescription drug use are of concern, the most commonly misused substance in Ottawa is alcohol.

When consumed in high quantities, alcohol use can lead to high risk behaviours, injuries, and death – more than any other drug. It can also contribute to a range of chronic conditions, such as high blood pressure, stroke and certain types of cancer.

Drug and alcohol misuse has a ripple effect on families and communities: mental illness, addiction, disease, violence, injury and suicide. The economic burden of substance misuse in Canada, excluding tobacco, is estimated to be \$22.8 billion annually, of which alcohol-related health care costs alone total \$3.3 billion.^{101 102}

For the last several years, the drinking habits of Ottawa residents have been found to be consistently higher than the provincial average.¹⁰³ In 2011 to 2012, 44% of Ottawa adults reported binge drinking at least once in the past year, which is significantly more than adults in the rest of Ontario (37%).¹⁰⁴ Binge drinking is defined as consuming five or more drinks on one occasion for men, or four or more drinks on one occasion for women. However because the existing data sources can only estimate the consumption of five or more drinks, the prevalence of binge drinking in females is likely under-estimated. Men were more likely than women to report binge drinking at least once in the past year (55% vs. 34%) (Figure 13). Binge drinking decreases with age; 62% of adults aged 19 to 44 reported binge drinking at least once in the past year, as opposed to 34% of adults aged 45 to 64 and 12% of adults aged 65 and older).

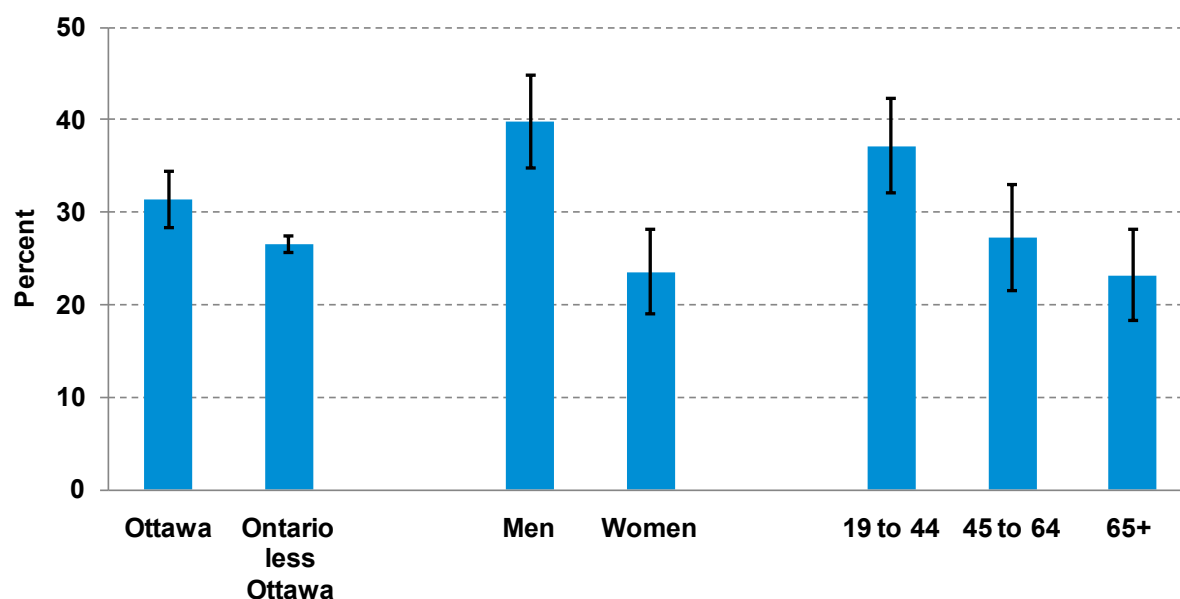
Figure 13: Percentage of adults aged 19 and over who drank 5 or more drinks on one occasion at least once in the past year, Ottawa, 2011 to 2012



Data source: Canadian Community Health Survey [2011 to 2012], Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

In 2011 to 2012, 31% of adults aged 19 years and older exceeded the recommended weekly consumption limits of [Canada's Low-Risk Alcohol Drinking Guidelines](#).¹⁰⁵ This proportion was significantly higher than the rest of Ontario (27%). Men – who are recommended to limit their alcohol consumption to 15 drinks per week, with no more than 3 drinks a day – were more likely than women to exceed the recommended weekly consumption limits compared to women (40% vs. 24%). Non-pregnant women are recommended to consume no more than 10 drinks per week, with no more than two drinks a day. Younger adults (19 to 44 years) were more likely to exceed the recommended weekly consumption limits compared to adults 65 years and older (37% vs. 23%) (Figure 14).

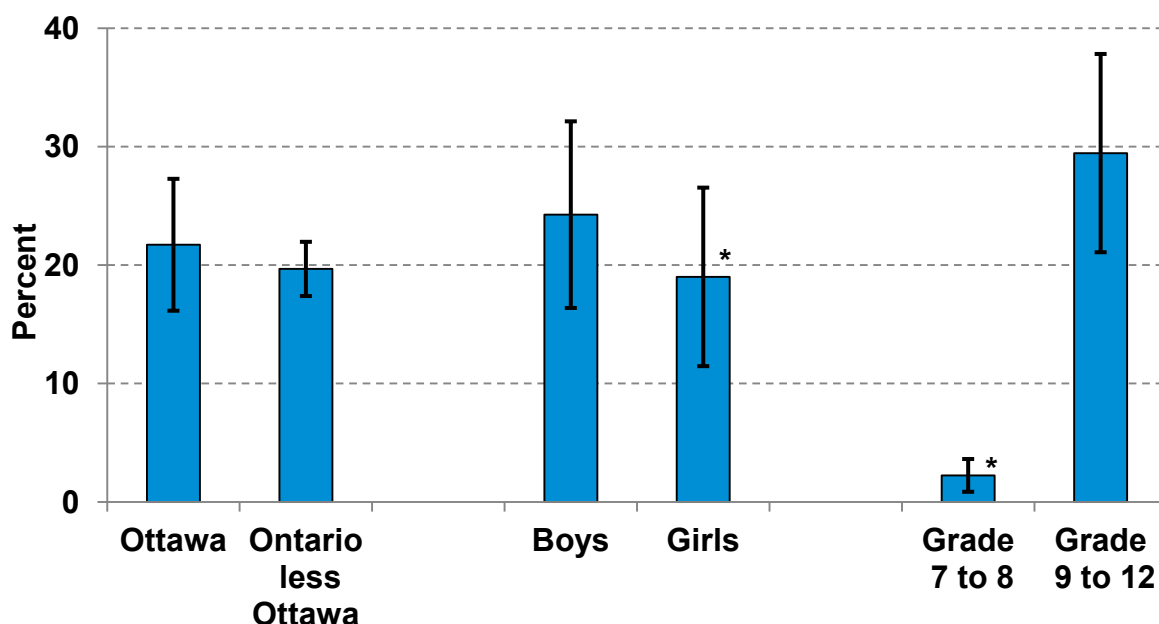
Figure 14: Exceeding Canada's Low Risk Alcohol Drinking Guidelines among adults aged 19 and over, Ottawa, 2011 to 2012



Data source: Canadian Community Health Survey [2011 to 2012], Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

Alcohol is the most commonly misused substance among youth. In 2013, approximately half (47%) of Ottawa students in grades 7 to 12 drank alcohol at least once during the past year.¹⁰⁶ About 22% of Ottawa students reported binge drinking during the past month (Figure 15). Older students (grade 9 to 12) were more likely to report binge drinking (30%) than younger students (2%).

Figure 15: Percentage of youth in grades 7 to 12 who drank 5 or more drinks on one occasion at least once in the past month, Ottawa, 2013



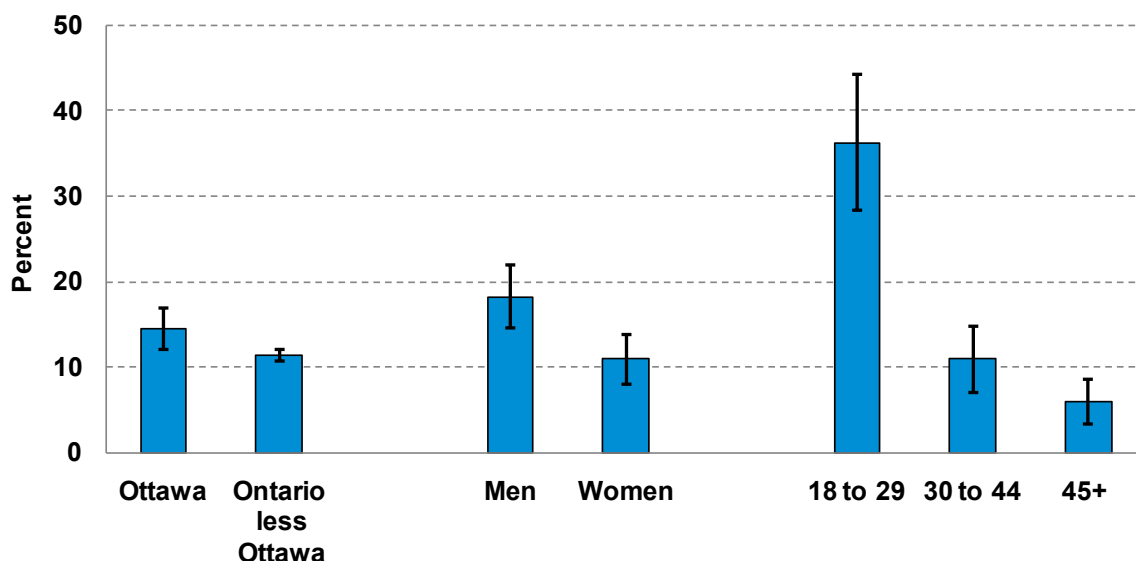
Data source: Public Health Monitoring of Risk Factors in Ontario – OSDUHS (2013), Centre for Addictions and Mental Health. *Interpret with caution due to high sampling variability

4.4.2 Cannabis

Like alcohol, drug dependence and misuse can have significant individual, family and community implications. For approximately 6,000 adults living in Ottawa, illegal drug misuse (mainly cannabis) interferes with home responsibilities, close relationships, social life, school attendance or work life.¹⁰⁷ Long-term cannabis (marijuana) use can also harm one's ability to remember and pay attention, and can negatively impact one's motor skills.¹⁰⁸

In 2011 to 2012, 15% of Ottawa adults aged 18 years and older used cannabis at least once in the past year.¹⁰⁹ This proportion was significantly higher than the rest of Ontario (11%). Men were more likely to use cannabis than women (18% vs. 11%). Adults aged 18 to 29 (36%) were more likely to use cannabis compared to either those aged 30 to 44 (11%) or those aged 45 and older (6%) (Figure 16).

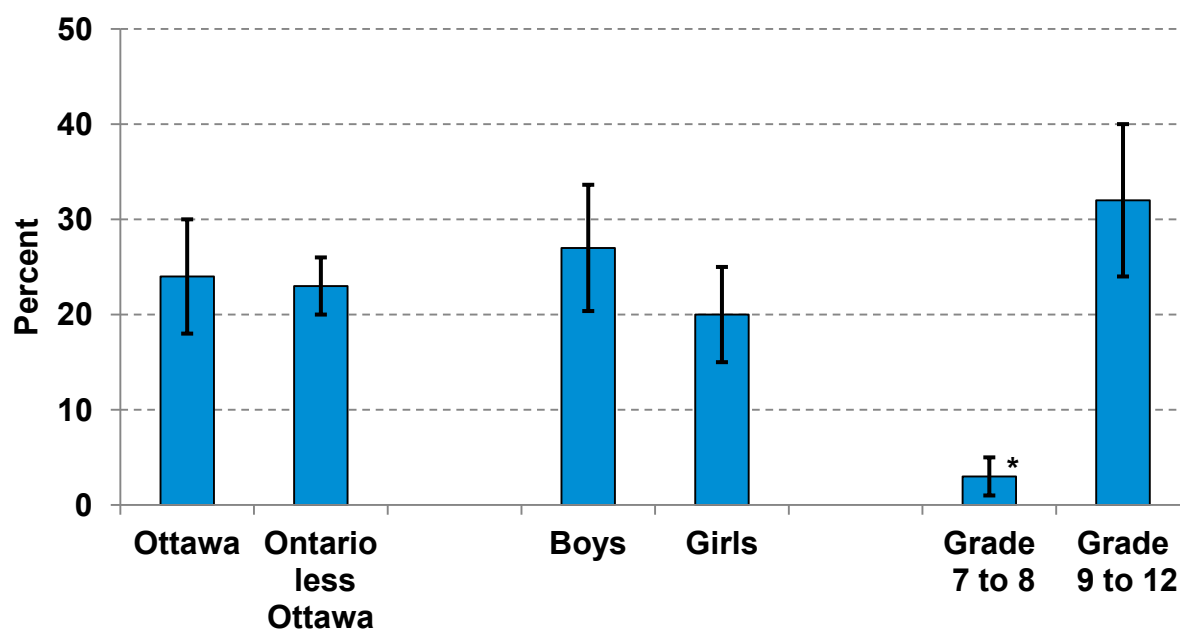
Figure 16: Prevalence of cannabis use in the past year among adults aged 18 years and older, Ottawa, 2011 to 2012



Data source: Canadian Community Health Survey [2011 to 2012], Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

Cannabis is the most commonly used illegal drug among youth.¹¹⁰ In 2013, 24% of Ottawa youth in grades 7 to 12 used cannabis at least once in the past year. This proportion was comparable to the rest of Ontario. There was no significant difference between boys and girls. Grade 9 to 12 students (32%) were more likely to report cannabis use than grade 7 and 8 students (3%). Among high school students, 20% had used cannabis in the past month (Figure 17).

Figure 17: Prevalence of cannabis use in the past year among youth in grades 7 to 12, Ottawa, 2013



Data source: Public Health Monitoring of Risk Factors in Ontario – OSDUHS (2013), Centre for Addictions and Mental Health. *Interpret with caution due to high sampling variability

4.5 Tobacco

4.5.1 Impact of Tobacco Use

Smoking and other forms of tobacco use remain the leading cause of preventable illness and death in Ontario. Smoking is responsible for an estimated 990 deaths per year in Ottawa. Of these, 930 deaths (19% of all deaths from any cause in Ottawa) are attributable to current or former cigarette smoking among adults aged 35 years and older, and 60 deaths (1% of all deaths) are attributable to second-hand smoke in residents aged 15 years and older.¹¹¹

Tobacco increases a person's risk for several cancers, respiratory diseases, and cardiovascular disease.^{112 113} Cancer accounts for 48% of smoking-attributable mortality among current or former smokers, while cardiovascular disease accounts for 32%, and respiratory disease accounts for 20%.¹¹⁴

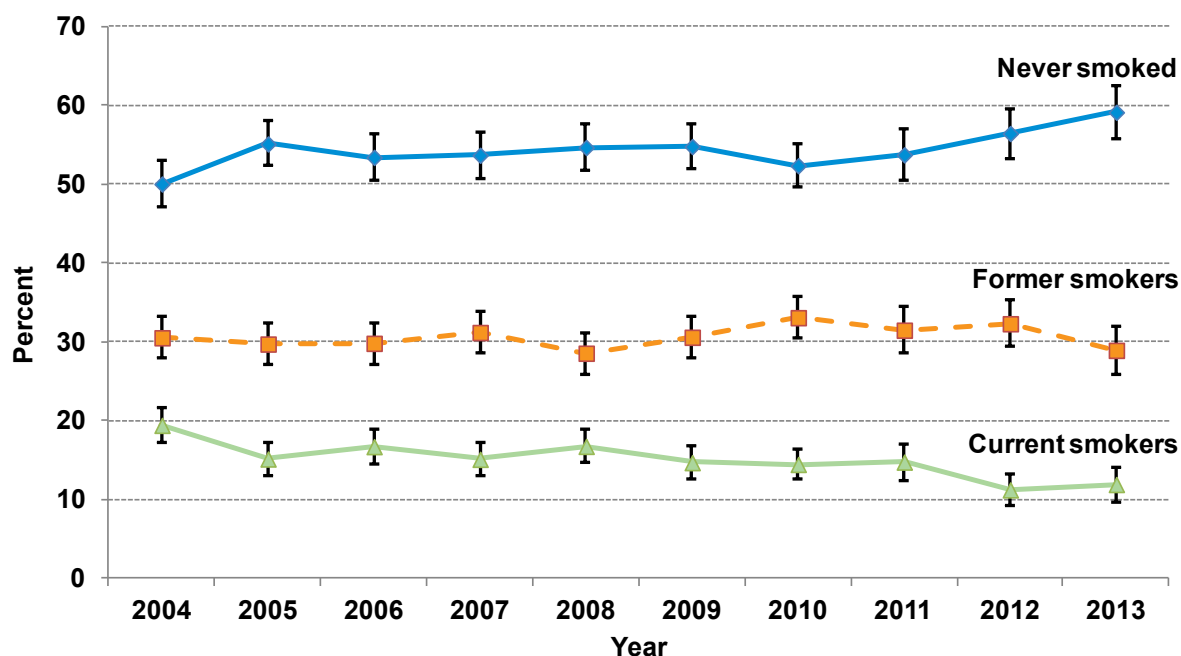
An estimated 2,900 acute hospitalizations per year in Ottawa are attributable to tobacco use, with 2,800 hospitalizations attributable to current or former cigarette smoking, and 100 hospitalizations attributable to passive smoking exposure among residents.¹¹⁵

The total cost for smoking related hospitalizations between 2008 and 2010 in Ottawa was \$38.2 million per year (\$36.6 million for current or former smokers and \$1.6 million for non-smokers regularly exposed to second-hand smoke).¹¹⁶

4.5.2 Smoking prevalence

While health promotion programs and policies, such as bans on smoking in public places, have reduced the smoking rate considerably, smoking is still a major public health concern.¹¹⁷ Current adult smoking prevalence for those who have smoked at least 100 cigarettes in their lifetime declined significantly from 24% in 2001 to 15% in 2005 and then remained relatively steady before dropping in 2012 to 11%. This decrease persisted in 2013 (Figure 18).¹¹⁸ In 2012, 9% (95%CI: 7%, 10%)¹¹⁹ of the population of Ottawa were daily smokers; this was significantly lower than the proportion in the rest of the province.¹²⁰ The occasional smoking rate among Ottawa residents was 3% (95%CI: 2%, 4%). In Ottawa, young adults (19 to 24 years) consistently report the highest rates of current and occasional smoking.¹²¹

Figure 18: Smoking prevalence of current and former smokers and those that have never smoked, aged 19 and over, Ottawa, 2004 to 2013



Data source: Rapid Risk Factor Surveillance System, Ottawa Public Health, 2004 to 2013 **Note:** Vertical bars represent 95% confidence intervals.

For the last ten years, the smoking rate has been consistently higher among adults in the lowest household income bracket compared to those in the highest income bracket. However even among those in the lowest household income bracket, current smoking rates have declined significantly, from 27% (95%CI: 18%, 36%)* in 2008 to 19% (95%CI: 9%, 28%)* in 2012.¹²²

In 2013, more than three quarters of Grade 7 to 12 students in Ottawa (80%) reported that they had never smoked a cigarette in their lifetime. 9% reported that they had smoked at least one whole cigarette in the past year. There was no significant difference between boys and girls for lifetime use of cigarettes.¹²³

* Interpret with caution due to high sampling variability.

4.5.3 Second hand smoke exposure

The proportion of non-smokers in Ottawa who report regular exposure to second hand smoke in public places decreased from 15% (95%CI:12%,17%) in 2003 to 8% (95%CI: 5%, 11%) in 2009, but rose significantly to 18% (95%CI:15%,21%) in 2012, which was significantly higher than the rest of the province.¹²⁴ Ottawa by-law regulations passed in 2012, requiring patios, parks and other outdoor public places to be smoke free, may have led to increased awareness about the hazards of exposure to second-hand smoke.

In 2013, 89% (95%CI: 87%, 91%) of Ottawa homes were completely smoke-free, a significant increase over 2001 when the rate was only 57% (95%CI: 53%, 60%).¹²⁵

The proportion of smoke-free vehicles in Ottawa also increased significantly, from 72% in 2001 (95%CI: 69%, 76%) to 90% in 2013 (95%CI: 88%, 93%).¹²⁶

MATERNAL AND CHILD HEALTH

Healthy pregnancies, newborns with healthy weights, and breastfeeding are all recipes for long-term well-being for both mother and baby.



women who reported smoking during their pregnancy ¹³⁹

5%

women who reported consuming alcohol during their pregnancy ¹³⁹

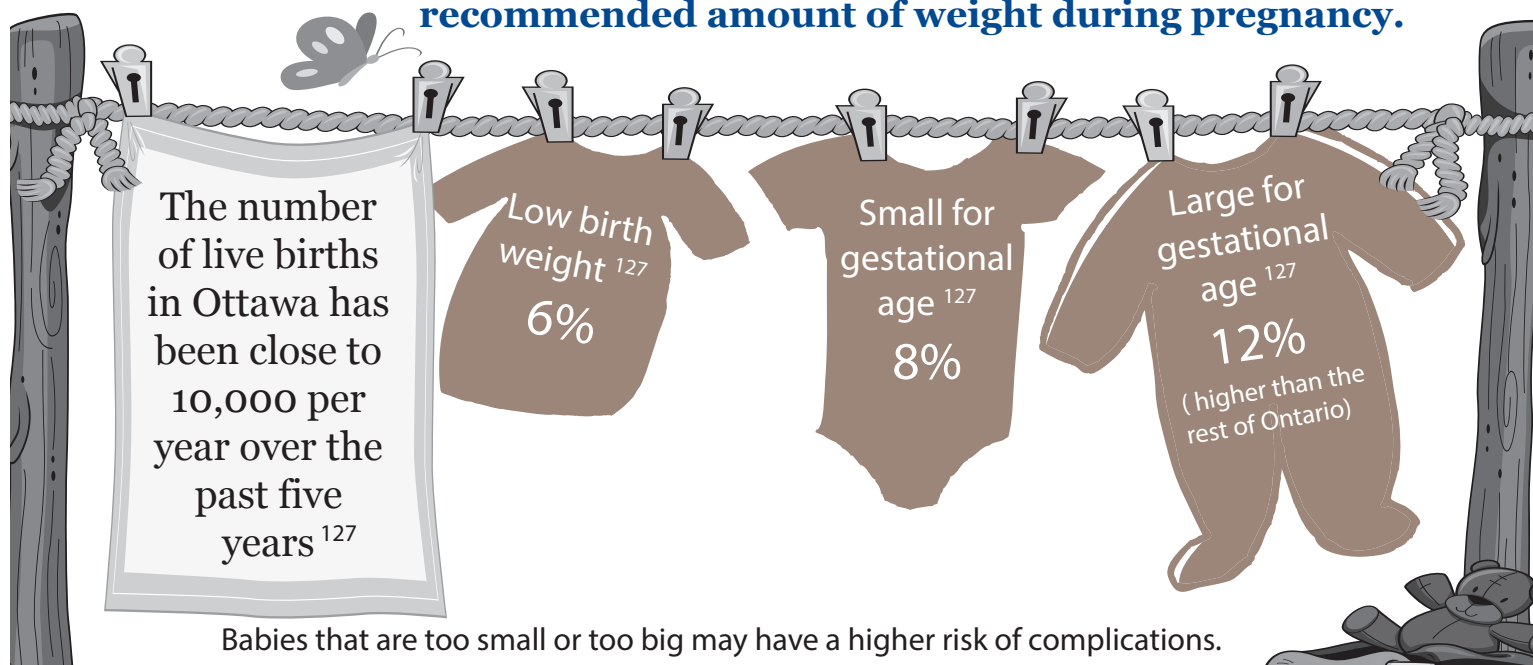
3%

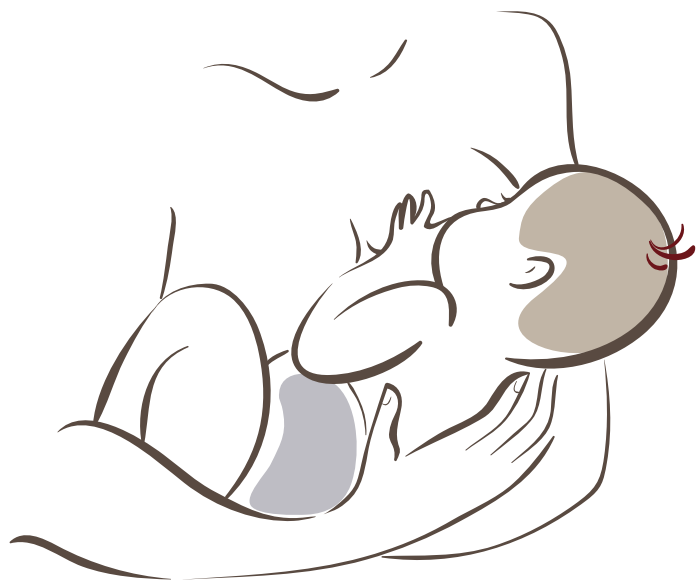
The teen pregnancy rate in Ottawa has decreased from 25 per 1000 teens in 2003 to 18 in 2012 ¹⁴⁷

Average age of first time mothers in 2012 was 29.8 years

The highest birth rates are among women aged 30 to 34. ¹²⁷

In 2013, about 34% of women were overweight/obese when they got pregnant. Also, over a third of pregnant women gained more than the recommended amount of weight during pregnancy.





97%

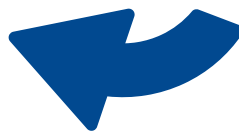
of Ottawa mothers started breastfeeding ¹⁵³



73%

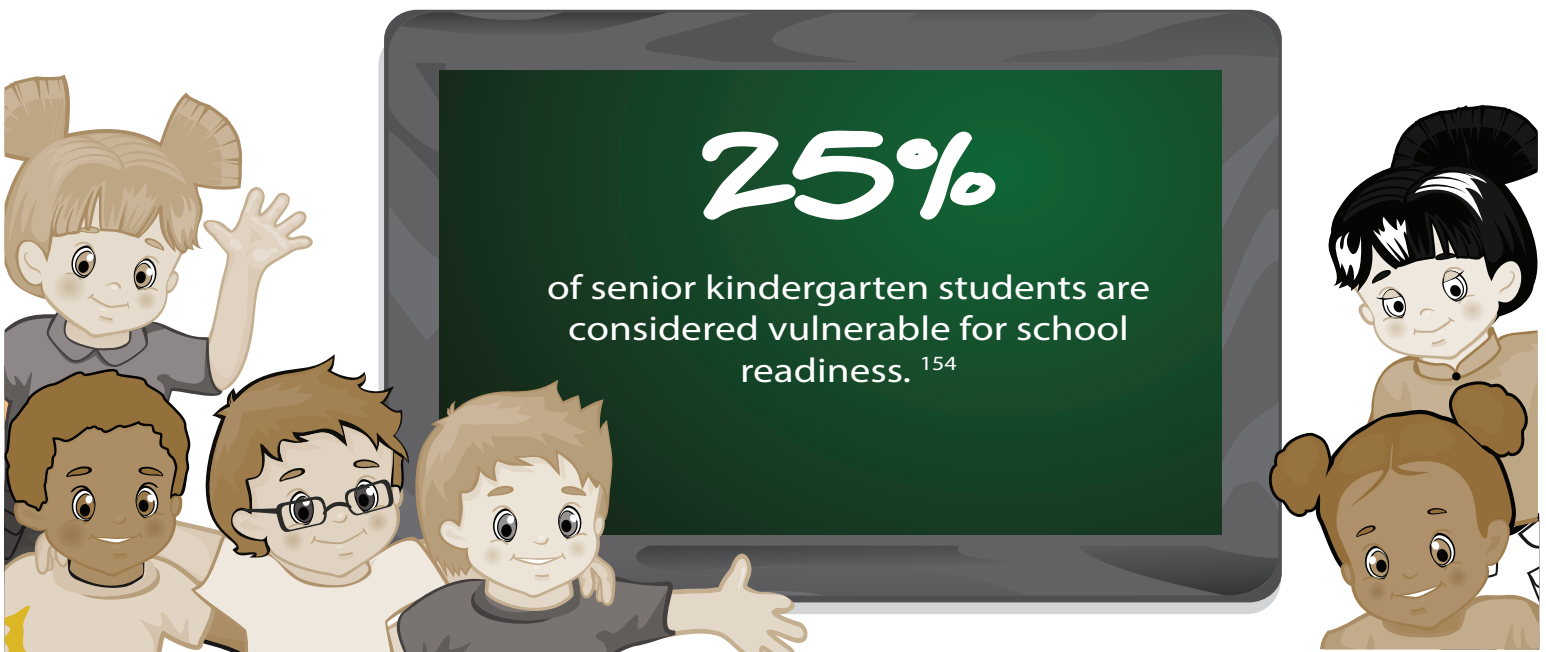
gave breastmilk in combination with other feeding methods for 6 months or more ¹⁵³

10%
exclusively gave breastmilk for 6 months ¹⁵³



School readiness

Children who are not able to hold a pencil well, cooperate with their classmates, tell a short story of their day, and follow simple instructions are at risk for difficulty in school years and beyond.

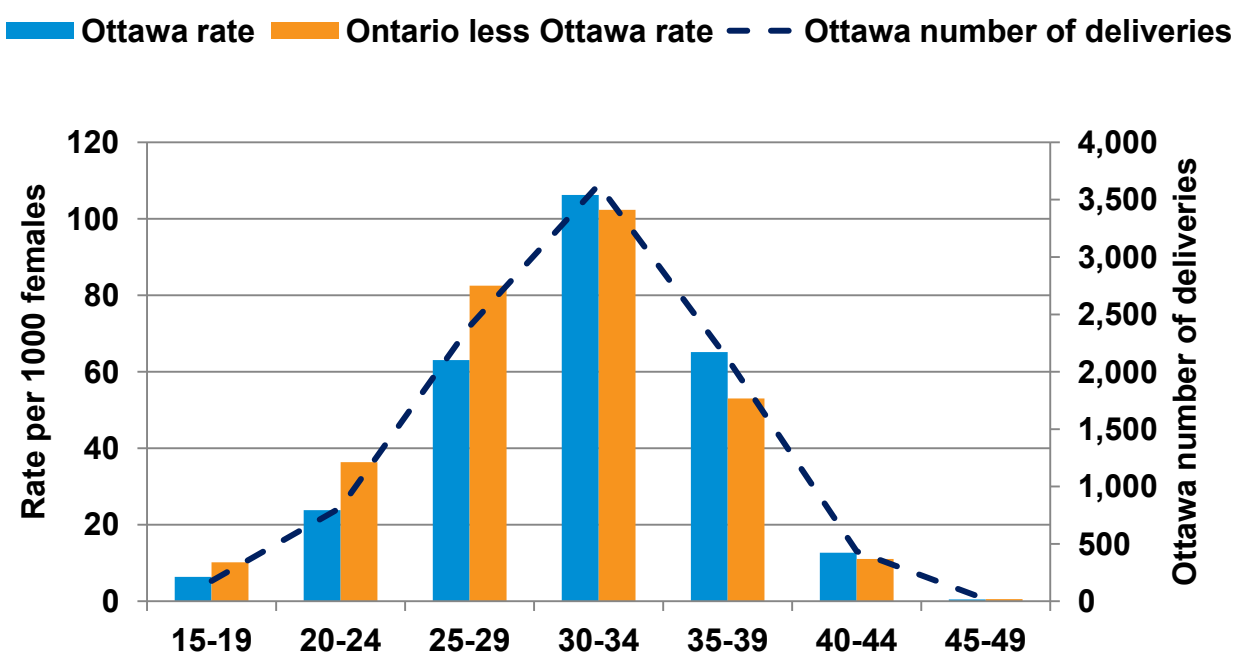


5. Maternal and Child Health

5.1 Birth

The number of live births in Ottawa has been close to 10,000 per year for the past five years, or 10 to 11 births per 1,000 total population. Fewer than 200 births in Ottawa are to teenage mothers. The highest birth rates are among those ages 30 to 34, followed by ages 25 to 29 and 35 to 39 (Figure 19). In general, women in Ottawa give birth at an older age than the provincial average. The average age of first time mothers in 2012 was 29.8 years in Ottawa, compared to 28.7 years in Ontario, while average age of mother for all births was 31.2 years in Ottawa compared to 30.3 years in Ontario.¹²⁷

Figure 19: Age specific birth rate (hospital deliveries) Ottawa and the rest of Ontario, 2012



Data source: Inpatient Discharges 2008-2012 calendar years, Ontario MOHLTC, IntelliHEALTH ONTARIO, Date Extracted: January 23, 2014

5.2 Fertility

The fertility rate in Ottawa steadily decreased by 4% from 42.6 per 1,000 women to 40.9 per 1,000 women from 2008 to 2012.¹²⁸ This is consistent with declining fertility rates across Canada, except for those over 30 years of age.¹²⁹ Many women are delaying having their first child and finish their childbearing in a shorter period of time than in the past. Some suggested reasons for the decrease in fertility rates include: women's increasing pursuit of higher levels of education, their increased participation in the labour force; use of more effective contraceptive methods, and delayed union formation. The economic impact of having children can also be prohibitive; the cost of raising children is high and women's incomes tend to decrease in the 10 years following childbirth.^{130 131}

5.3 Birth Weight

In both Ottawa and Ontario, the low birth weight rate has been steady at an annual average of 6% since 2008. During the same period, the rate of small for gestational age babies was 8% on average per year in Ottawa, which is significantly lower than the rate of 9% in the rest of Ontario.¹³² Compared to infants of normal weight, small for gestational age and low birth weight infants may be at greater risk of health complications such as infections, delayed motor and social development, and learning disabilities.¹³³

On the other hand, about 12% of Ottawa babies born every year are classified as large for gestational age; this is significantly higher than the rest of Ontario (10%).¹³⁴ Giving birth to a large for gestational age baby increases the risk of birth complications for both the baby and the mother, and large babies are at an increased risk of developing diabetes.¹³⁵

Maternal weight before and during pregnancy has a significant impact on birth weight, birth outcomes and long-term post partum weight retention.^{136 137 138} In 2013, approximately 34% of women were overweight or obese when they got pregnant and more than one-third[‡] of pregnant women exceeded the recommended weight gain during pregnancy in Ottawa.¹³⁹

5.4 Mental Health Concerns during Pregnancy

Poor maternal mental health has health implications for the mother, as well as the child and family members. Among Ottawa women who gave birth in 2013, 16% self-reported having had mental health concerns.¹⁴⁰ The three most commonly reported are anxiety, depression and history of post-partum depression.

5.5 Smoking and Alcohol Use during Pregnancy

Only 5% of Ottawa women who gave birth in 2013 reported smoking during their pregnancy.¹⁴¹ Smoking in pregnancy increases the risk to the fetus of harmful outcomes such as intrauterine growth restriction, low birth weight and preterm birth, spontaneous abortion, placental complications, and childhood asthma and respiratory illness.^{142 143 144}

In 2013, 3% of women who gave birth that year reported consuming alcohol during their pregnancy.¹⁴⁵ Canada's Low-Risk Alcohol Drinking Guidelines advise that pregnant or breastfeeding mothers not drink alcohol at all.¹⁴⁶

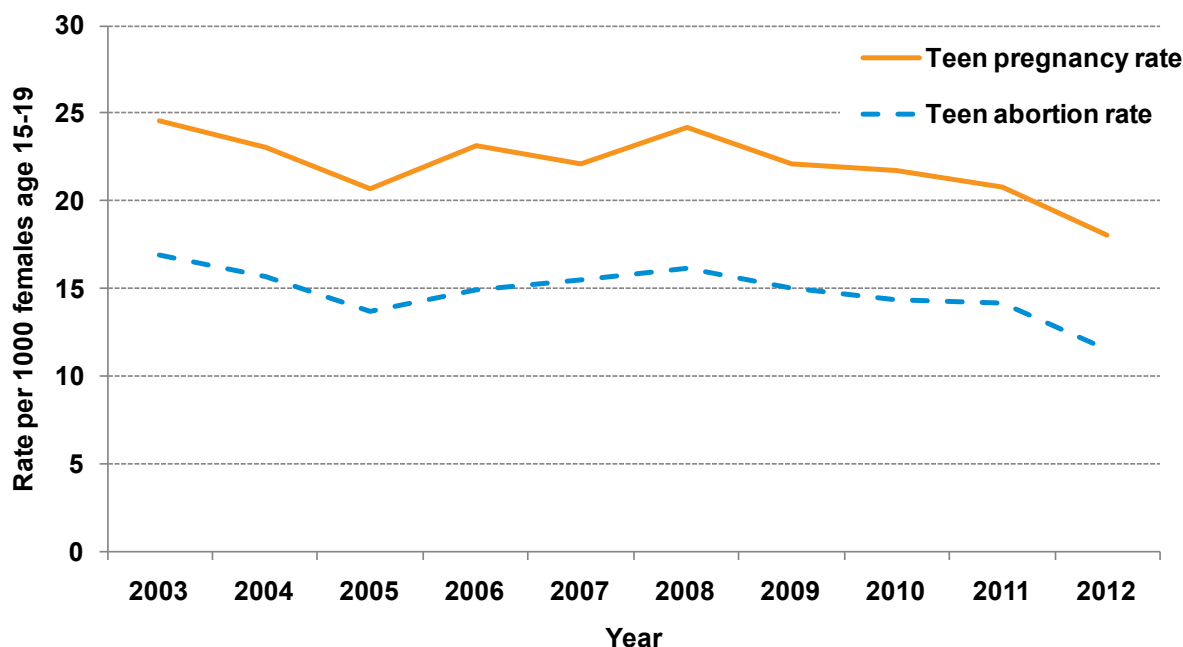
5.6 Teen Pregnancy and Abortion

Teen pregnancy is more common among socially and economically disadvantaged teens. It can be a significant predictor of other social, educational and employment difficulties in later life, and children of teen mothers are at greater risk of becoming teen parents themselves, thus perpetuating the cycle of teen pregnancy.¹⁴⁷ Pregnant teens are at greater risk of developing health problems, such as anaemia, hypertension, pre-eclampsia and depressive disorders. Further, children of teen mothers are more likely to have low birth weight or preterm births and, as a result, may be more likely to experience increased mortality and childhood morbidities.¹⁴⁸

[‡] 30% of records had missing data and were included in the analysis of the weight gain calculations.

The teen pregnancy rate in Ottawa has decreased from 24.6 per 1000 teenage girls in 2003 to 18.0 per 1000 in 2012.¹⁴⁹ Similarly, the teen abortion rate in Ottawa decreased from 16.9 per 1000 teenage girls in 2003 to 11.5 per 1000 in 2012 (Figure 20). On average 67% of pregnancies per year among teens in Ottawa end in abortion.

Figure 20: Rates of teen pregnancy and abortion, Ottawa, 2003-2012



Data source: Inpatient Discharges 2003-2012 calendar years, Ontario MOHLTC, IntelliHEALTH ONTARIO, Date Extracted: April 17, 2014.

5.7 Breastfeeding

Breastfeeding is beneficial for both mother and child. It provides infants and toddlers with the appropriate nutrition they need for healthy growth and development, and has been shown to decrease the risk of childhood illness related to a wide range of acute and chronic diseases. The World Health Organization (WHO) recommends that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or more.¹⁵⁰

5.7.1 Infant feeding at discharge from hospital

In 2013, there were 8,741 live births discharged from a hospital maternal newborn unit or home births. Among them, 66% were breastfed exclusively, 7% were fed with formula exclusively, and 27% were fed breast milk and formula.¹⁵¹

5.7.2 Breastfeeding initiation, duration and exclusivity

In 2013, 95% of Ottawa mothers who had given birth that year intended to breastfeed their baby.¹⁵² This proportion was slightly higher than the provincial average of 93%. Also in 2013 birth year (from January 1 to September 30), 97% of Ottawa mothers initiated breastfeeding (breastfed or tried to breastfeed even if only for a short time). 73% of those mothers breastfed their babies in combination with other feeding methods for 6 months or more, and 10% breastfed exclusively for 6 months or more (Table 7).¹⁵³

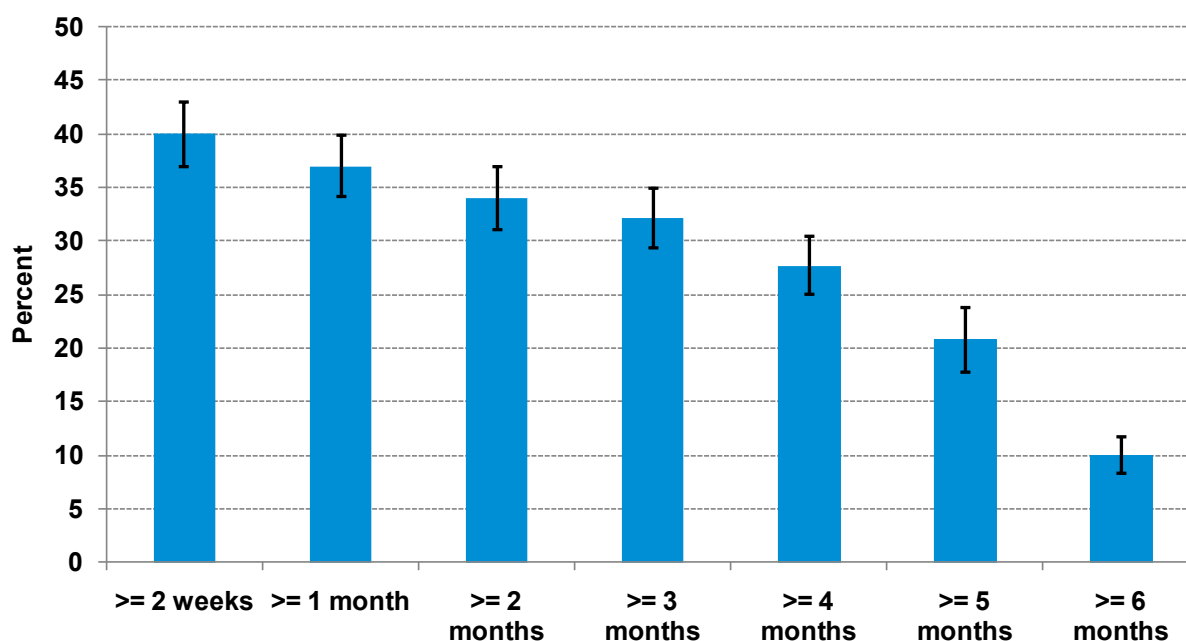
Table 7: Breastfeed initiation, 6 month duration and exclusivity, formula, Ottawa, 2013 birth year

Measure	%	95% CI
Breastfeeding initiation	97%	±1%
Breastfeeding (6 months or more)	73%	±3%
Exclusive breastfeeding (6 months or more)	10%	±2%
Formula given in the hospital	42%	±3%

Data source: Ottawa Public Health, Infant Feeding Surveillance System, extracted April 1, 2014.

In 2013, the percentage of exclusive breastfeeding among Ottawa mothers steadily declined as the children grew older (Figure 21).

Figure 21: Exclusive breastfeeding, Ottawa, 2013 birth year



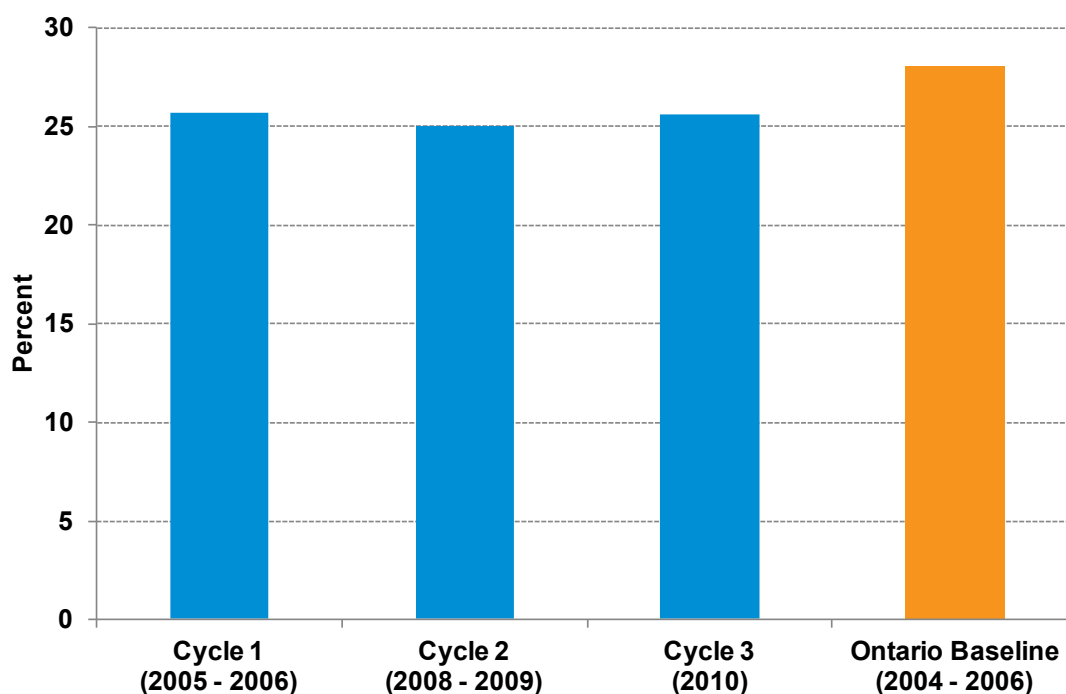
Data source: Ottawa Public Health, Infant Feeding Surveillance System, extracted April 1, 2014

5.8 School Readiness

About 25% of senior kindergarten (SK) students in Ottawa scored low on one or more determinants of school readiness, as measured by the Early Development Instrument (EDI), a survey that school boards have used since 2005.¹⁵⁴ The survey measures SK students' growth in five domains: physical health and well-being; emotional maturity; social competence; language and cognitive development; and communication skills and general knowledge. All publicly-funded school boards in Ottawa have completed three cycles of EDI: cycle 1 (2005 to 2006), cycle 2 (2008 to 2009), and cycle 3 (2010).

Children who scored below the 10th percentile, based on province-wide data, are considered vulnerable with regards to their developmental health at school entry. The percentage of SK students in Ottawa who are considered vulnerable (for example scored low in one or more domain) has remained steady at around 25%, and has been slightly better than the provincial baseline (2004 to 2006) across all cycles (Figure 22).¹⁵⁵

Figure 22: Percentage of SK students in Ottawa who scored low on one or more domains in cycles 1 to 3, compared with the 2004 through 2006 Ontario baseline



Data source: Results from the 2010-12 implementation of the Early Development Instrument in Ottawa. Program Effectiveness Data Analysis Coordinators, Parent Resource Centre, Ottawa, ON

Four of the five domains are also divided into 16 sub-domains representing various aspects of a child's development. Some domains represent skills that a child in kindergarten is expected to have already mastered, such as putting on their own shoes (physical independence), while others represent areas of development that are still emerging, including playing well with classmates (pro-social behaviour). Teachers' answers to sub-domain questions identify children as follows: "at/above" developmental expectations, in the "middle", or "below" developmental expectations. Children who are "at/above" or in the "middle" are considered to be on track and those "below" are considered to be not on track at school entry.

The sub-area results for Ottawa over the past three EDI cycles showed significant changes in 8 out of the 16 sub-areas (Table 8).

Table 8: Sub-areas with significant changes over the past three cycles

Area		Sub-area
Physical Health and Well Being	↑	Gross and Fine Motor Skills
	↑	Physical Readiness for School Day
Emotional Maturity	↑	Aggressive Behaviour
	↑	Anxious and Fearful Behaviour
	↑	Pro-social and Helping Behaviour
Language and Cognitive Development	↓	Interest in Literacy/Numeracy and Memory
	↓	Basic Literacy
Communication Skills and General Knowledge	↓	Communication and General Knowledge

Data source: Results from the 2010-12 implementation of the Early Development Instrument in Ottawa. Program Effectiveness Data Analysis Coordinators, Parent Resource Centre, Ottawa, ON

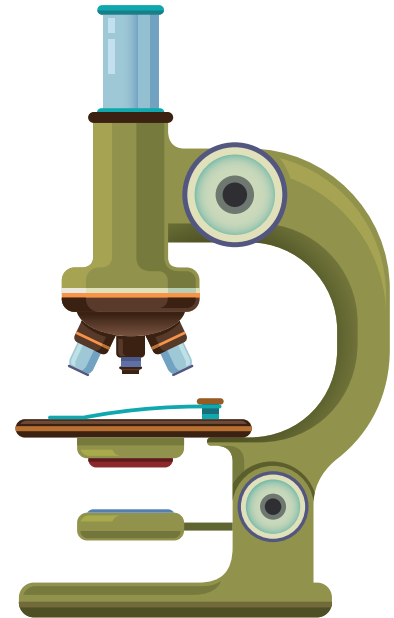
Girls outperformed boys in 14 of the 16 EDI sub-domains in Cycle 3, and a significantly higher percentage of boys than girls were “below developmental expectations.” The highest differences by sex were in the sub-domains of *Prosocial and Helping Behaviour*, *Hyperactive and Inattentive Behaviour*, and *Approaches to Learning*.

COMMUNICABLE DISEASES

Infectious diseases (diseases you can catch) are a public health concern, and require ongoing surveillance and prevention.

4,600

cases of infectious diseases were reported to Ottawa Public Health in 2013. ¹⁵⁶



The most common of these infectious diseases were: ¹⁵⁶

Sexually transmitted infections

2,404 Chlamydia

This was double the cases compared to 10 years ago

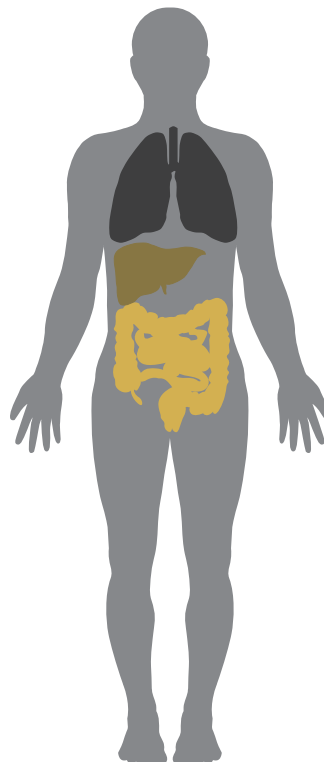
257 Gonorrhea

The rate of gonorrhea increased sharply at the end of the year

Blood borne infections

240 Hepatitis C

Hepatitis C is spread through contact with blood



Respiratory infections

542 Influenza

The “flu” is a serious respiratory disease preventable through vaccination

Enteric infections

216 Campylobacter enteritis

130 Salmonellosis

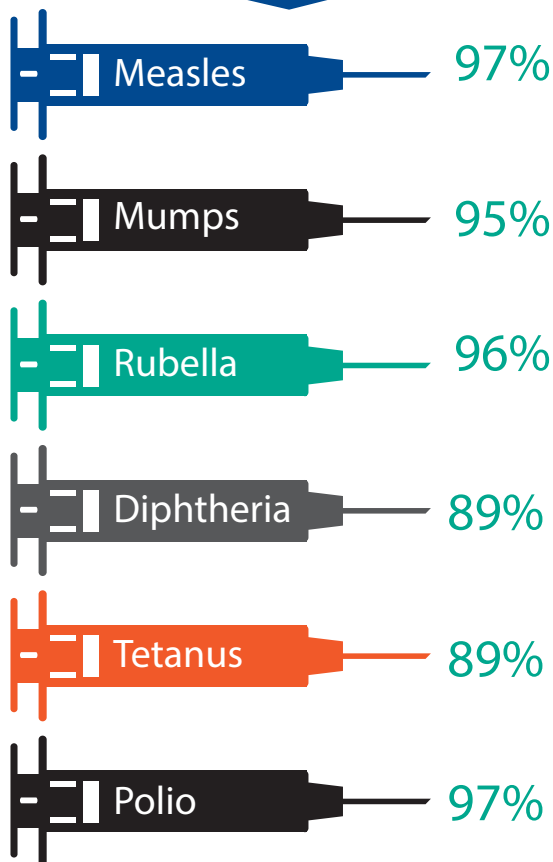
These can be caused by contaminated food or drink

These are an underestimation of the actual rates of infectious diseases in Ottawa.

Outbreaks in long term care centres, retirement homes and acute care facilities in 2013¹⁵⁶



% of 17 year olds immunized in 2011-12 school year¹⁶⁵



Immunization is the most effective way to prevent many serious infectious diseases.

Invasive Group A Streptococcal infections¹⁵⁶

53

cases in 2013.

Group A Streptococcal infections are spread by direct contact. Invasive infections are severe and can be fatal. There were 10 deaths in 2013.

Lyme disease¹⁵⁶

47

cases in 2013. Most people who got Lyme disease were bitten by ticks outside of Ottawa.



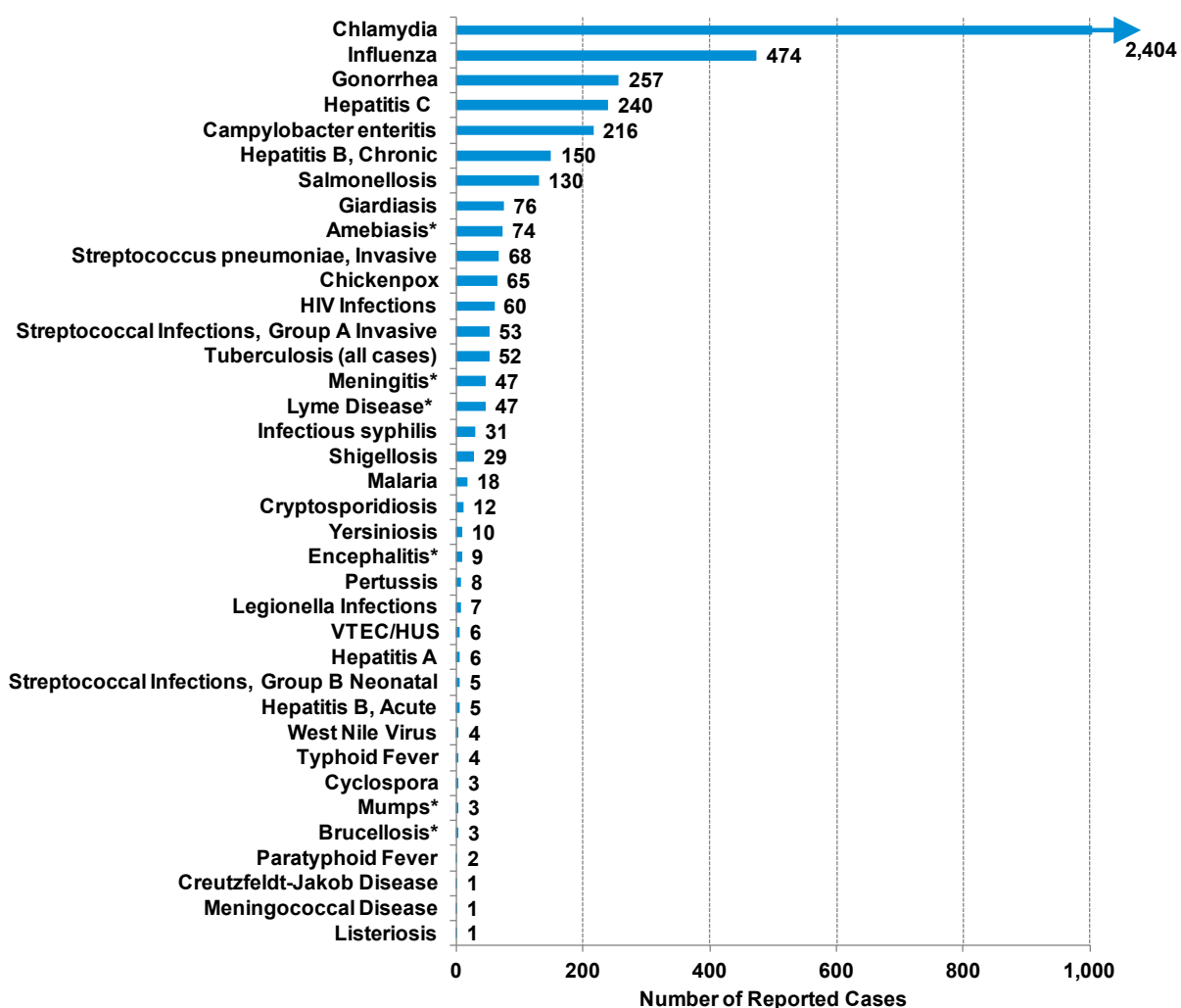
There were 19 cases in 2012.

6. Communicable Diseases

The Ontario Ministry of Health and Long-Term Care requires that certain diseases of public health significance be reported when they are diagnosed, to help public health officials identify disease trends, and track and manage disease outbreaks. Reportable communicable diseases in Ottawa fall into five major groups: 1) enteric and zoonotic diseases, 2) respiratory diseases and disease transmitted by direct contact, 3) sexually transmitted and blood-borne infections, 4) vaccine-preventable diseases, and 5) vector-borne diseases. This report highlights diseases with changes in epidemiology for 2013.

In 2013, over 4,600 of cases of reportable diseases were confirmed in Ottawa (Figure 23).¹⁵⁶

Figure 23: Number of reportable communicable diseases, City of Ottawa, 2013



Data source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS), extracted by Ottawa Public Health May 8, 2014. **Note:** Only diseases and infections for which one or more cases were reported in 2013 are included. Diseases marked with an asterisk include both confirmed and probable cases in the annual count. VTEC = Verotoxin producing Escherichia coli; HUS = hemolytic uremic syndrome. The following diseases had no reports in 2013: Hepatitis D, Neonatal herpes, Ophthalmia neonatorum, botulism, cholera, diphtheria, Invasive Haemophilus influenzae b, measles, polio, rabies, rubella, congenital rubella, tetanus, leprosy, psittacosis/ornithosis, Q fever, tularemia, and yellow fever.

6.1 Enteric and Zoonotic Diseases

Enteric diseases are infections of the digestive system caused by consuming contaminated food, water or beverages. Zoonotic diseases are spread from animals to humans. Since many of these illnesses go unreported and/or are not confirmed by a laboratory test, the number of actual cases of these diseases in the community is most likely higher. For example, it is estimated that for every reported case of salmonellosis there are 13 to 37 unreported cases in the population.¹⁵⁷

In 2013, there were 562 reported cases of enteric and zoonotic illness in Ottawa. The most commonly reported illnesses included *Campylobacter* enteritis, salmonellosis, amebiasis, giardiasis, and shigellosis.

Although the overall trend indicates that the incidence of salmonellosis has been steadily increasing, the number of cases reported in 2013 (130) was the lowest reported since 2003. Typically, 30% of salmonellosis cases result from international travel, including travel to resorts in the Caribbean.

In 2013, Ottawa Public Health conducted 166 investigations as a result of suspected enteric illness associated with food premises.

Because rabies will cause death in untreated animals and humans, it is a zoonotic disease that requires vigilant monitoring and follow-up. In 2013, 1,049 animal contact and/or bites were investigated for possible rabies exposure in Ottawa. However, no confirmed cases of rabies in humans have been reported in the Ottawa area since the 1960s.

6.2 Respiratory Diseases and Diseases Transmitted by Direct Contact

Respiratory diseases are communicable diseases of the lungs that are spread through droplets sprayed in the air when an infected person sneezes or coughs, or by direct contact such as touching an infected person.

Influenza or the “flu” is a serious and contagious respiratory illness. Influenza viruses can spread quickly from person to person, either by a simple cough or sneeze, or when someone touches a surface that has been contaminated with the virus.¹⁵⁸ During the 2012/2013 flu season, 542 lab-confirmed cases of influenza were reported in Ottawa (498 Influenza A; 44 Influenza B). This number is very high compared to all recent years (the two-year past season average was 174 cases), except for 2009, the year of the H1N1 influenza pandemic, when 774 cases were reported. There were 120 hospitalizations and 13 deaths among the lab-confirmed cases for the 2012/2013 season.

Group A *Streptococcus* bacteria, which are spread by direct contact, can cause a mild illness with symptoms such as a sore throat (commonly known as “strep throat”), scarlet fever, and impetigo or other skin infections, or a more serious illness due to invasive infections. Group A *Streptococcus* infection is considered invasive when it is found in places in the body that are normally sterile, such as blood, the fluid surrounding the brain, or in the linings of the muscles or joints. The number of cases of invasive Group A Streptococcal infection in 2013 (53) was the highest in the last 10 years. In addition, there were 10 fatal cases in 2013, which was higher than the five-year average of 3.4 deaths per year.

Tuberculosis is an infectious disease caused by bacteria that are spread from person to person through the air. The number of new cases of tuberculosis per year is relatively stable in Ottawa. In 2013, 52 cases of tuberculosis were reported among residents. Of these cases, 63% (33) were pulmonary tuberculosis (affecting the lungs), which is more infectious than extrapulmonary tuberculosis (affecting other parts of the body, such as the brain, the kidneys or the spine). The majority of cases (94%) were born, and likely exposed, outside of Canada.

Legionellosis, a respiratory disease caused by legionella bacteria, leads to either Pontiac fever (flu-like illness) or Legionnaires' disease (pneumonia). Seven cases of legionellosis were reported in 2013, which was higher than expected; the five-year average is 2 cases per year. All of the 2013 cases were 49 to 88 years of age, but no common exposures were identified. An increase in new cases was also observed throughout Ontario in 2013.

6.3 Sexually-Transmitted and Blood Borne Infections

Sexually-transmitted infections (STIs) are spread by sexual contact and can affect the general health, well-being and reproductive ability of those infected. In addition to health consequences, STIs have social and economic effects, such as stigma, exclusion, isolation and lost income. These consequences impede STI prevention efforts.¹⁵⁹

Reportable STIs include chlamydia, gonorrhoea, hepatitis B, human immunodeficiency virus (HIV), and syphilis. Some reportable STIs, such as HIV, can also be contracted by using needles/syringes previously used by an infected person, as well as through childbirth or breastfeeding.¹⁶⁰ Unprotected sex (lack of condom use) is the major risk factor among individuals diagnosed with infections that were transmitted sexually.¹⁶¹

Chlamydia is the most frequently reported of any reportable disease. Chlamydia incidence (number of new cases per year) is double what it was ten years ago. It is worth noting that the 2013 rate of new chlamydia cases – 255.4 per 100,000 people – is less than the highest rate reported in recent years, which was in 2011. The 2013 chlamydia rate in Ottawa was not significantly different compared with the rest of the province.

Gonorrhea is the second most frequently reported STI. Gonorrhea incidence in 2013 is higher than it was five years ago; there was a decline in early 2013, and then a very steep increase starting during the last quarter 2013 has continued into 2014. Despite this rate increase, the rate of gonorrhea in Ottawa was lower in 2013 compared with the rest of the province.

Four out of five and three out of five individuals diagnosed with chlamydia and gonorrhea, respectively, are between the ages of 15 and 29. About one third of sexually active 15 to 29 year olds in Ottawa did not use a condom the last time they had sex.¹⁶²

Infectious syphilis is the third most frequently reported infection spread exclusively through sexual contact. Twenty years ago, fewer than five cases of syphilis were reported each year. However, a resurgence began in 2002 and reached a high of 54 cases in 2009. The incidence has declined since then to 31 cases in 2013. Compared with the rest of the province in 2013, the rate was lower in Ottawa. Ninety per cent of cases are male, most of whom report having sex with other men.

Blood borne infections (BBIs) are spread through contact with blood or blood products. Reportable BBIs are hepatitis C, HIV, and hepatitis B. The health consequences of BBIs can have significant long term healthcare and economic costs.

Risk factors for BBI transmission include behavioural risk (unprotected sex, sharing injection drug use equipment), injury risk (needle stick injuries among healthcare workers), and mother to child transmission (childbirth and breastfeeding).¹⁶³

The spread of BBIs is affected by factors such as age, ethnicity, income, gender, and sexual orientation. Some BBIs disproportionately affect specific populations, including Aboriginal people, men who have sex with men, people who use injection drugs and people from endemic countries. Many people who are infected may not have symptoms or get tested regularly, and may therefore unknowingly infect others.¹⁶⁴ Stigma about BBIs may lead to a false perception regarding risk factors.

Injection drug use is the top risk factor among people diagnosed with hepatitis C. Approximately three of every five people diagnosed with hepatitis C in 2013 reported injecting or inhaling drugs. In 2013, 240 cases (25.5 per 100,000 people) of hepatitis C were diagnosed and reported; this is down from a record high of 723 cases (95.6 per 100,000 people) in 1998. The rate of hepatitis C in Ottawa was lower in 2013 than in the rest of the province.

People at highest risk for HIV are those who come from, or have a sexual partner who comes from, a country endemic for HIV; men who have sex with men; and people who inject or inhale drugs. The rate of HIV diagnosis in Ottawa has declined to 60 cases (6.4 per 100,000 people) in 2013. This rate is higher than the rate of HIV in the rest of the province in 2013.

Fewer than 10 new cases per year of acute hepatitis B have been reported since 2002. In 2013, 5 cases (0.5 per 100,000 people) were reported, all adults over 30 years of age. The 2013 hepatitis B rate in Ottawa was not significantly different compared with the rest of the province.

6.4 Vaccine-Preventable Diseases

Vaccine-preventable diseases, such as measles, mumps, rubella, diphtheria, tetanus and polio have historically been a key focus for public health units across Ontario.

Ontario Regulation 645 of the *Immunization of School Pupils Act* (ISPA) lists the six diseases for which proof of immunization is required for school attendance. Table 9 shows the coverage rates for youth aged 17 in Ottawa during the 2011-2012 school year.¹⁶⁵ Vaccine-preventable diseases continue to be reported in Ottawa despite high vaccination rates. The resurgence of diseases such as measles is mainly attributable to importation of cases by unimmunized people visiting countries where these diseases are endemic.

In 2013, the ISPA was amended to add meningococcal disease, pertussis, and varicella to this list, bringing the total number of designated diseases under the ISPA to nine as of July 1, 2014.

Table 9: Immunization coverage for youth aged 17 during the 2011-12 school year for vaccines designated under the Immunization of School Pupils Act

Vaccine	OPH Coverage (%)	Ontario Coverage (%)
Measles	97%	95%
Mumps	94%	93%
Rubella	94%	97%
Diphtheria	82%	83%
Tetanus	82%	83%
Polio	95%	94%

Data source: OPH's IRIS database, and PHO's Immunization coverage for Ontario's school-based programs: 2011-2012 school year.

Data note: The numerator for this coverage rate only includes individuals who have reported their immunization status to Ottawa Public Health. The denominator approximates all individuals of the birth cohort regardless of whether immune status is known. Many residents are unaware of the reporting requirements for immunization. Therefore, the rates presented likely underestimate the true immunization rate of Ottawa residents of this age group.

Additionally, in Ontario, local public health units administer vaccines to school-aged children and youth to protect against hepatitis B, human papillomavirus (HPV) and meningococcal disease. During the 2011-2012 school year, coverage in Ottawa for immunization against hepatitis B was 86% (Ontario coverage 87%), HPV was 80% (Ontario coverage 70%), and meningococcal disease was 88% (Ontario coverage 84%).

6.5 Vector-Borne Diseases

Vector-borne diseases are spread through the bites of mosquitoes and ticks. Through these bites, infectious agents, such as bacteria and viruses, are spread from one living creature to another. West Nile Virus and Lyme disease are vector-borne diseases of primary concern in Ontario.

West Nile Virus is an infection spread by mosquitoes that can cause serious illness. Human cases of West Nile Virus were first identified in Ottawa in 2003. Until 2012, the number of reported cases was very low or zero, with only one probable case being reported between 2007 and 2011. However, 8 cases were reported in 2012 and 4 cases in 2013.

Lyme disease is caused by the bacterium *Borrelia burgdorferi*, which can be spread through the bite of certain types of ticks.¹⁶⁶ The incidence of Lyme disease has increased among Ottawa residents in recent years. In 2013, 47 Lyme disease cases were reported among Ottawa residents, the highest number of cases reported since the disease became reportable (19 in 2012; 10 in 2011; 7 in 2010). Of the 47 Lyme disease cases reported in 2013, 2 cases report being exposed in Ottawa and one case has an unknown exposure. Two thirds of Ottawa's Lyme disease cases were exposed in Ottawa's neighbouring regions (Leeds-Grenville-Lanark, Eastern Ontario and Kingston, Frontenac, Lennox & Addington).

6.6 Institutional Outbreaks

Ottawa Public Health provides support and infection control guidance in managing disease outbreaks to institutions such as long-term care facilities, retirement homes, and acute care facilities. The sooner an outbreak is identified, the sooner appropriate control measures can be implemented to limit the transmission of the infection. In 2013, OPH investigated 85 respiratory outbreaks (including 37 influenza outbreaks), 57 enteric outbreaks, and 4 acute care clostridium difficile outbreaks.

Data Sources

Ottawa Public Health (OPH) maintains several internal databases to track local data related to health and disease, accesses provincial databases and national survey data, collaborates with other organizations to generate primary research, and communicates with local researchers and agencies to obtain complimentary data. Surveillance data are shared with partners via various methods and used to inform OPH programming. The most current data files available were used for the preparation of this report.

Basic demographic data come from the 2011 Census of Canada. Every five years Statistics Canada conducts a census to provide a portrait of Canada and its people. By law, each household must provide the information requested in the census, and by the same law, Statistics Canada must protect the confidentiality of the personal information provided by respondents. The census enumerates the entire population of Canada, which consists of citizens (by birth and by naturalization), landed immigrants and non-permanent residents and their families living with them in Canada. Non-permanent residents are persons who hold a work or student permit, or who claim refugee status.

More detailed demographic data come from the 2011 National Household Survey (NHS). Between May and August 2011, Statistics Canada conducted the NHS for the first time. This voluntary, self-administered survey was introduced as a replacement for the mandatory long census questionnaire, more widely known as Census Form 2B. Only those living in private households are surveyed using the NHS (i.e. it excludes persons living in collective dwellings such as hospitals, shelters, and long-term care homes facilities).

The NHS is designed to collect social and economic data about the Canadian population and included questions about:

- Basic demographics
- Families and households
- Activity limitations
- Ethnic diversity and immigration
- Language
- Aboriginal peoples
- Mobility and migration
- Education
- Labour
- Place of work and commuting to work
- Income and earnings
- Housing and shelter costs

As a voluntary survey, non-response may be an issue for small areas. Ottawa's global non-response rate (complete or partial refusal of questions) was 21.8%.

Emergency room visit data are from the National Ambulatory Care Reporting System (Canadian Institute of Health Information - CIHI). The majority of hospitalization data are from the Discharge Abstract Database (CIHI) from fiscal years (March through April) 2003/2004 to 2012/2013; exceptionally, injury-related hospitalization analyses are done using emergency room visits that are coded as having been admitted to hospital because the Discharge Abstract Database undercounts some injuries related to mental health (e.g. self-harm, unintentional poisoning and substance misuse). Since the fiscal year 2006/2007, patients with mental disorders who occupy psychiatric beds in hospitals are no longer reported in the Discharge Abstract Database and instead are reported to the Ontario Mental Health Reporting System. Mortality data (1986 to 2011 calendar years) are from the Vital Statistics database (from the Office of the Registrar General).

Prevalence of selected chronic conditions and self-rated health are based on data from 2011/12 captured in the Canadian Community Health Survey (CCHS) of Statistics Canada. Prevalence of other indicators such as physical activity are from the Rapid Risk Factor Surveillance System (RRFSS). The RRFSS is an ongoing random-digit-dialled telephone survey of adults aged 18 years and over, conducted by the Institute for Social Research at York University on behalf of OPH. These data are based on self-reports.

The youth data used in this publication came from the Ontario Student Drug Use and Health Survey (OSDUHS) conducted by the Centre for Addiction and Mental Health and administered by the Institute for Social Research, York University. Its contents and interpretation are solely the responsibility of the author and do not necessarily represent the official view of the Centre for Addiction and Mental Health. The OSDUHS surveys a random sample of Ontario students in grades 7 through 12, enrolled in the public and Catholic school systems. A representative sample of Ottawa students completed the OSDUHS survey in 2009 (n=1,200), 2011 (n=1,015) and 2013 (n=1,272).

Information on communicable diseases (2000 to 2013) was obtained from the Integrated Public Health Information System (iPHIS) of Ontario's Ministry of Health and Long-Term Care (MOHLTC). The data entered into iPHIS are obtained from laboratory reports, hospital reports, physician interviews and in-depth interviews with cases.

To protect the confidentiality of all Ottawa residents, small numbers (less than 5 cases) that would make it possible to identify any individual were suppressed.

Glossary

Term	Description
Age-specific rate	The rate for a specified age group. The numerator and denominator refer to the same age group. ¹
Age-standardized rate	An age-standardized rate is formed by weighting age-specific rates according to the age distribution of the population to which they are to be generalized. ² The age-standardized rate is not the actual rate (crude rate) in the population but a derived rate that is used for comparison with another population that might have a different age distribution.
All-cause mortality	Death due to any cause.
Availability rate	The proportion of rental units for which the existing tenant has given, or has received, notice to move, and a new tenant has not signed a lease; or the unit is vacant.
Binge drinking	The consumption of five or more drinks on one occasion for males and four or more for females. This definition aligns with the recommended upper levels of consumption in Guideline 2.
Birth rate	The number of live births per 1,000 population
Confidence interval	The interval within which the true value of a variable such as a mean, proportion or rate is contained. ¹ This is calculated to a 95 per cent probability in this report.
Crude rate	A crude rate is the number of events occurring in a specified population per year. This rate reflects the actual rate in the population under study, but it should not be used for making comparisons between different populations when the age, race and sex distributions of the populations are different.
Cycling	This category describes acute cycling injuries sustained by a person riding on a bicycle, tricycle or attached trailer during transportation or recreational activity. Chronic injuries related to cycling ergonomics and overuse are not included.
Cut	This category describes injuries where the person is unintentionally cut or pierced with an object such as a knife, sharp glass, or a tool.
Death rate	The total number of deaths in a given year relative to the total population for that year (per 100,000)
Environment	This category includes injuries due to forces of nature, heat or cold, plants, and being bitten or stung by animals or insects.
Fertility rate	The total number of live births to females 15 to 49 years of age per 1,000 women in this age group.

Term	Description
Health-adjusted life expectancy (HALE)	HALE measures health expectancy. It represents health-related quality of life and the burden of morbidity in a community. HALE is the number of expected years lived in full health, based on the current health status of the population. The health status of the population is quantified using the Health Utilities Index (a health indicator based on six different attributes: sensory, mobility, emotion, cognition, dexterity and pain), as surveyed by Statistics Canada using the Canadian Community Health Survey. The difference between estimates of life expectancy and HALE represent the burden of ill health in the population.
Hospitalization	Hospital admission or discharge
Hospitalization rate	The number of hospitalizations in a given year divided by the number of people within that population. In this report, the hospitalization rate is composed of in-patient data only and does not include day procedures.
Incidence	The number of times an event occurs in a particular time frame. For communicable diseases, incidence often refers to the number of new cases per year.
Infant feeding at discharge	The number and percentage of type of infant feeding on discharge expressed as a percentage of all live births (in a given place and time). This includes live births discharged home from a hospital maternal newborn unit and home births. For hospital births it is feeding at discharge and for home births it is infant feeding at 3 days.
Intention to breastfeed	The number of women who intended to breastfeed, expressed as a percentage of the total number of women who had a live birth or stillbirth (in a given place and time).
International Classification of Diseases (ICD)	The ICD is the international standard diagnostic classification system for all general epidemiological and many health management purposes. It is used to classify diseases and other types of health problems. The current version is ICD-10, which was endorsed by the World Health Organization (WHO) in 1990 and came into use by the WHO member states in 1994. In Canada, there is a subset of the international system known as ICD 10-CA.
Labour force	The labour force consists of people over the age of 15 who are currently employed and people who are unemployed but were available to work in the reference week and had looked for work in the past 4 weeks.
Large for gestational age	Singleton live births with a birth weight more than the 90th percentile of birth weights of the same sex and the same gestational, expressed as a percentage of live singleton births with gestational ages from 22 to 43 weeks.

Term	Description
Leisure time physical activity	Leisure time physical activity is assessed in the CCHS by asking respondents about their participation in various types of leisure activities in the previous three months. The Physical Activity Index classifies individuals based on the sum of the average daily energy expenditure of all their leisure time activities (measured in kcal/kg/day). Individuals are classified as follows: ≥ 3.0 kcal/kg/day = physically active; 1.5 – 2.9 kcal/kg/day = moderately active; < 1.5 kcal/kg/day = inactive
Life expectancy	Life expectancy measures the average number of years of life remaining to people of a particular age, and reflects the mortality conditions of the period at which it was calculated.
Live birth	The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.
Low birth weight	Live births less than 2500 g, expressed as a percentage of all live births with known birth weight
Low-income cut-off (LICO)	An income threshold, established by Statistics Canada, below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family. It varies depending on the community's population size and the size of the family. In this report the LICO is calculated as a measure for the Canadian Community Health Survey. LICOs are not available from the National Household Survey which instead uses the low income measure.
Low income measure	A relative measure of low income that represents a fixed percentage (50%) of adjusted median family income where adjusted indicates a consideration of family needs based on family makeup (number of adults and number and age of children). In Ottawa, a household of four with after-tax income below \$38,920 would be considered low income and, for a person living alone, the threshold was \$19,460.
Mean	The average value of a set of numbers.
Morbidity	Morbidity refers to any departure from health or well-being, but it often refers to the state of illness, disease or injury in a population. ¹
Mortality rate	The mortality rate is the total number of deaths in a population divided by the total population in a given time period. The mortality rate can be specific for diseases, events, age groups, sex, etc.

Term	Description
Motor vehicle traffic collision (MVTC)	A MVTC is an incident where a vehicle collides with an object, causing damage to the vehicle or personal injury. A motor vehicle can be a car, truck or van, motorcycle, or bus; however, this does not cover collisions involving snowmobiles, all-terrain vehicles or boats. MVTC injuries include those sustained by someone as a driver, passenger, motorcyclist, pedestrian or cyclist.
Moving average	A method of smoothing irregularities in trend data. Graphical display of three-year moving averages makes it easier to discern long-term trends in rates that otherwise might be obscured by short-term fluctuations. ¹
Near-drowning	The survival of a drowning event involving the inhalation of water or other liquid, which can result in unconsciousness and in some cases, serious long-term effects after the event, such as brain injury due to lack of oxygen. Near-drowning can lead to death.
Overweight and obesity	The prevalence of overweight and obesity was assessed using Body Mass Index (BMI), defined as the weight in kilograms divided by the square of height in metres (Kg/m ²). This measurement was based on self-reported weight and height. Based on Guidelines for Body Weight Classification in Adults (18 years and older) with the exception of pregnant and lactating women, adults who have BMI between 18.5 and 24.9 are considered normal weight, those with BMI between 25 and 29.9 are considered overweight, and those with BMI of 30 or higher are considered obese. ³ Among Youth, BMI was categorized using the 2007 World Health Organization age- and sex-specific growth reference charts used to categorize BMI as overweight, obese, or neither overweight nor obese. ⁴
Pedestrian	This category describes pedestrian injuries that are transport-related (e.g. collision with a car, truck or cyclist).
Potential years of life lost (PYLL)	PYLL measures the additional years a person would have lived had he or she not died before the age of 75.
Premature mortality	Death before the age of 75.
Prevalence	The number of events (e.g., instances of a given disease or other condition) in a given population at a designated time. ¹ Prevalence refers to all existing cases, while incidence refers only to new cases.
Prevalence rate	The total number of all individuals who have an attribute or disease at a particular time (or during a particular period) divided by the population at risk of having the attribute or disease at this point in time or midway through the period ¹

Term	Description
Private households	Refers to a person or group of persons who occupy the same dwelling and do not have a usual place of residence elsewhere in Canada or abroad. The household universe is divided into two sub-universes on the basis of whether the household is occupying a collective dwelling or a private dwelling. The latter is a private household. Examples of collective dwellings include shelters, group homes, correctional facilities, and hospitals.
Proportion	A type of ratio in which the numerator is included in the denominator ¹
Ratio	The value obtained by dividing one quantity by another. A ratio is an expression of the relationship between a numerator and a denominator where the two usually are separate and distinct quantities, neither being included in the other. ¹
Reportable disease	Certain diseases with high public health significance are deemed as 'Reportable' to the Local Medical Officer of Health under Ontario Regulations 559/91 and amendments of the <i>Health Protection and Promotion Act (HPPA)</i> , R.S.O. 1990. Physicians, hospital operators, laboratory operators, school principals and child care facilities must report to the local Medical Officer of Health any person who, in his or her opinion, is or may be infected with an agent of a reportable disease.
Risk factor	A factor that is associated with an elevated frequency of occurrence of the disease or condition ²
Small for gestational age	Singleton live births with a birth weight less than the 10th percentile of birth weights of the same sex and same gestational age in weeks, expressed as a percentage of live singleton births with gestational ages from 22 to 43 weeks
Sampling variability	Sampling variability is the inconsistency among samples drawn from the same population, which can occur as individuals are selected by chance from that population. High sampling variability can indicate that an estimate is not as precise as it could be. Factors that increase sampling variability include a small sample size and an event with low prevalence or a rare condition.
Sports and recreation	This category describes injuries due any of the following sports and recreational activities: baseball, football or rugby, cycling, rollerblading/skating, riding a non-motorized scooter, skateboarding, hockey, ice-skating, playground equipment, swimming, skiing/snowboarding, soccer, tobogganing, recreational boating, ATVing or snowmobiling.
Statistical significance	This term is used to describe an observed difference between groups that is most likely to be a real difference and is unlikely to have occurred by chance. This difference is often calculated to the 95 per cent probability of a true difference being observed.

Term	Description
Struck	This category describes injuries where the person is unintentionally struck by or against an object that was thrown or falling, or that the person walked into, such as a wall.
Teen pregnancy rate	The number of pregnancies per 1,000 females aged 15-19. Pregnancies include live births, stillbirths (or deliveries), and therapeutic abortions.
Unemployment rate	The unemployment rate is the number of unemployed persons expressed as a percentage of the labour force.
Vacancy rate	The proportion of rental units that if, at the time of the survey, are physically unoccupied and available for immediate rental.
Visible minority	The Employment Equity Act defines visible minorities as 'persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.

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Appendix – Data tables for figures

Figure 1: Population distribution as percent of the population by sex and 5 year age category 2011, 2020, and 2030

Age group	Percent Male 2011	Percent Female 2011	Percent Male 2020	Percent Female 2020	Percent Male 2030	Percent Female 2030
0 to 4	2.8	2.7	3.0	2.8	2.8	2.7
5 to 9	2.8	2.7	2.7	2.6	2.9	2.8
10 to 14	2.9	2.8	2.6	2.5	2.8	2.7
15 to 19	3.4	3.2	2.6	2.6	2.7	2.6
20 to 24	3.7	3.7	3.1	3.0	2.9	2.8
25 to 29	3.4	3.5	3.8	3.9	3.1	3.1
30 to 34	3.1	3.4	4.0	4.1	3.3	3.4
35 to 39	3.3	3.6	3.8	3.9	3.7	3.8
40 to 44	3.5	3.7	3.3	3.4	3.8	3.9
45 to 49	4.1	4.2	3.3	3.4	3.5	3.6
50 to 54	3.8	4.0	3.3	3.3	2.9	3.0
55 to 59	3.2	3.4	3.4	3.5	2.8	2.9
60 to 64	2.8	2.9	2.9	3.0	2.6	2.8
65 to 69	1.9	2.1	2.4	2.6	2.8	2.9
70 to 74	1.4	1.6	2.0	2.2	2.3	2.5
75 to 79	1.1	1.3	1.3	1.6	1.8	2.1
80 to 84	0.7	1.1	0.8	1.1	1.3	1.6
85 and up	0.6	1.3	0.8	1.4	1.1	1.7

Figure 2: Self-rated general health aged 12 and older, by age groups, Ottawa, 2011 to 2012

	Total	12 to 19	20 to 44	45 to 64	65+
Excellent/Very good	62.4	69.1	67.2	61.7	44.8
Good	26.8	28.5	24.2	26.9	32.9
Fair/poor	10.8		8.6	11.4	22.3

Figure 4: Self-rated mental health aged 12 and older, by age groups, Ottawa, 2011 to 2012

	Total	12 to 19	20 to 44	45 to 64	65+
Excellent/Very good	71.6	74.0	72.4	70.2	70.2
Good	22.2	20.8	21.8	22.3	24.3
Fair/poor	6.3		5.8	7.5	5.5

Figure 5: Age-specific suicide rate per 100,000, male vs. female, 2005-2009 annual average, Ottawa

Age group	Female suicide rate	Male suicide rate
10 to 14	1.6	0.0
15 to 24	3.3	6.2
25 to 29	5.1	8.4
30 to 39	3.5	11.2
40 to 49	7.8	16.0
50 to 64	8.2	12.8
65 and older	2.3	13.6

Figure 6: Age-specific rate of self-harm related ER visits per 100,000, male vs. female, Ottawa, 2012

Age group	Female self-harm related ER visit rate	Male self-harm related ER visit rate
0 to 14	76.1	16.0
15 to 24	604.2	195.3
25 to 39	133.7	122.4
40 to 64	97.7	81.4
65 and older	28.6	31.7

Figure 7: Percentage of injury-related ER visits and hospitalizations by cause, Ottawa, 2012

Type of injury	Percentage of injury ER visits	Percentage of injury hospitalizations
Pedestrian	1%	2%
Poisonings	2%	2%
Self harm	2%	12%
Cycling	2%	2%
Assault	3%	3%
Environmental	4%	1%
MVTC	6%	7%
Cut	7%	1%
Struck	9%	2%
Overexertion	9%	2%
Sports & recreation	12%	6%
Falls	33%	60%

Figure 8: Rate of road-related ER visits per 100,000 by age group, Ottawa, 2012

Cause of injury	0 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65 and older
MVTC	131.6	220.6	729.9	507.9	425.5	322.6
Cycling	64.8	343.1	237.0	143.6	166.5	72.1
Pedestrian	22.3	25.5	78.7	38.5	46.4	49.4

Figure 9: Rate of road-related hospitalizations per 100,000 by age group, Ottawa, 2011 to 2012 average

Cause of injury	0 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65 and older
MVTC	4.1	6.6	22.3	13.6	13.8	30.3
Cycling	1.0	2.6	2.0	2.9	4.5	5.0
Pedestrian	2.0	1.0	4.4	1.8	3.2	9.6

Figure 10: Levels of physical activity during leisure time in the previous three months in adults aged 18 years and over, Ottawa, 2011 to 2012

	Highly active	Moderately active	Inactive
Ottawa	29.5	27.5	41.6
Ontario less Ottawa	24.3	23.1	50.8
Men	31.2	26.4	40.9
Women	27.8	28.5	42.4
18 to 29	48.7	24.7	25.5
30 to 44	28.7	32.8	38.4
45+	23.8	31.5	40.4

Figure 11: Body mass index categories in adults aged 18 and over, by sex and age group, Ottawa, 2011 to 2012

	Normal weight (%)	Overweight/obese (%)
Ottawa	50.7	47.1
Ontario less Ottawa	44.6	52.9
Men	43.4	55.9
Women	58.1	38.3
18 to 29	67.1	28.8
30 to 44	48.8	50.4
45+	44.2	53.9

Figure 12: Body Mass Index categories among Ottawa students (grades 7 to 12), by sex and grade, 2013

	Normal weight (%)	Overweight/obese (%)
Ottawa	72.1	22.9
Ontario less Ottawa	69.1	25.9
Boys	66.6	26.5
Girls	78.1	19
Grade 7 to 8	72.7	18.6
Grade 9 to 12	71.8	24.6

Figure 13: Percentage of adults aged 19 and over who drank 5 or more drinks on one occasion at least once in the past year, Ottawa, 2011 to 2012

Population	%
Ottawa	44.2
Ontario less Ottawa	36.6
Ottawa Men	54.7
Ottawa Women	34.3
Ottawa 19 to 44	62.0
Ottawa 45 to 64	34.2
Ottawa 65+	11.6

Figure14: Exceeding Canada's Low Risk Alcohol Drinking Guidelines among adults aged 19 and over, Ottawa, 2011 to 2012

Population	%
Ottawa	31.4
Ontario less Ottawa	26.5
Ottawa Men	39.8
Ottawa Women	23.5
Ottawa 19 to 44	37.2
Ottawa 45 to 64	27.2
Ottawa 65+	23.2

Figure 15: Percentage of youth in grades 7 to 12 who drank 5 or more drinks on one occasion at least once in the past month, Ottawa, 2013

	%
Ottawa	21.7
Ontario less Ottawa	19.7
Boys	24.3
Girls	19.0
Grade 7 to 8	2.2
Grade 9 to 12	29.5

Figure 16: Prevalence of cannabis use in the past year among adults aged 18 years and older, Ottawa, 2011 to 2012

	%
Ottawa	14.5
Ontario less Ottawa	11.4
Men	18.2
Women	10.9
18 to 29	36.2
30 to 44	11.0
45+	5.9

Figure 17: Prevalence of cannabis use in the past year among youth in grades 7 to 12, Ottawa, 2013

	%
Ottawa	24
Ontario less Ottawa	23
Boys	27
Girls	20
Grade 7 to 8	3
Grade 9 to 12	32

Figure 18: Smoking prevalence of current and former smokers and those that have never smoked in Ottawa, 2003 to 2013

Year	Current smoker	95 percent confidence interval	Former smoker	95 percent confidence interval	Never smoked	95 percent confidence interval
2004	19.4	2.3	30.5	2.7	50.0	2.9
2005	15.2	2.1	29.7	2.6	55.1	2.8
2006	16.7	2.1	29.8	2.6	53.4	2.9
2007	15.1	2.1	31.2	2.7	53.7	2.9
2008	16.8	2.2	28.6	2.6	54.7	2.9
2009	14.7	2.0	30.6	2.7	54.8	2.9
2010	14.5	2.0	33.1	2.7	52.4	2.8
2011	14.8	2.3	31.5	3.0	53.7	3.2
2012	11.2	2.0	32.3	3.0	56.5	3.2
2013	11.9	2.2	28.9	3.1	59.1	3.4

Figure 19: Age specific birth rate (hospital deliveries) Ottawa and the rest of Ontario, 2012

Age group	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Ottawa number of deliveries	2	177	816	2397	3630	2114	434	18
Ottawa rate	0.08	6.37	23.80	63.05	106.25	65.13	12.69	0.48
Ontario less Ottawa rate	0.04	10.16	36.37	82.50	102.33	53.01	11.07	0.56

Figure 21: Exclusive breastfeeding, Ottawa, 2013 birth year

Exclusive breastfeeding	%
>= 2 weeks	40
>= 1 month	37
>= 2 months	34
>= 3 months	32
>= 4 months	28
>= 5 months	21
>= 6 months	10

Figure 22: Percentage of SK students in Ottawa who scored low on one or more domains in cycles 1 to 3, compared with the 2004 through 2006 Ontario baseline

SK students low on one or more domains	%
Ottawa Cycle 1	25.7
Ottawa Cycle 2	25.0
Ottawa Cycle 3	25.6
Ontario baseline 2004-2006	28.0

Figure 23: Number of reportable communicable diseases, Ottawa, 2013

Reportable communicable disease	Number of reported cases
Chlamydia	2,404
Influenza	474
Gonorrhea	257
Hepatitis C	240
Campylobacter enteritis	216
Hepatitis B, Chronic	150
Salmonellosis	130
Giardiasis	76
Amebiasis*	74
Streptococcus pneumoniae, Invasive	68
Chickenpox	65
HIV Infections	60
Streptococcal Infections, Group A Invasive	53
Tuberculosis	52
Meningitis*	47
Lyme Disease*	47
Infectious syphilis	31
Shigellosis	29
Malaria	18
Cryptosporidiosis	12
Yersiniosis	10
Encephalitis*	9
Pertussis	8
Legionella Infections	7
Hepatitis A	6
VTEC/HUS	6
Streptococcal Infections, Group B Neonatal	5
Hepatitis B, Acute	5
Typhoid Fever	4

Reportable communicable disease	Number of reported cases
West Nile Virus	4
Brucellosis*	3
Mumps*	3
Cyclospora	3
Paratyphoid Fever	2
Listeriosis	1
Meningococcal Disease	1
Creutzfeld-Jacob & other transmissible spongiform encephalopathies	1
Hepatitis D	0
Herpes, Neonatal	0
Ophthalmia Neonatorum	0
Botulism	0
Cholera	0
Diphtheria	0
Haemophilus influenzae b, Invasive	0
Measles	0
Polio	0
Rubella	0
Rubella, Congenital Syndrome	0
Tetanus	0
Influenza A - H1N1 Pandemic	0
Leprosy	0
Psittacosis/Ornithosis	0
Q Fever	0
Tularemia	0
Yellow Fever	0