

GOOD HEALTHin a place called
RuralProfile of Child and Youth Health
in Rural Eastern Ontario

In 2008, a quarter of the population in the Champlain Local Health Integration Network (LHIN) were children and youth (312,536) and 36% lived outside of Ottawa.¹

How healthy are our kids?

The simple answer: Not as healthy as their urban peers.

While there are a number of reasons for this, we know that how health is largely determined by factors other than genetics. In fact, as much as 85% of our health will be shaped by non-biological factors.² Social and environmental factors such as living conditions and our ability to access nutritious food, adequate housing, quality education, strong social supports and safe and nurturing environments, all play an important role in shaping our overall health and well-being.³

The time to act is now

The evidence clearly shows that there is a gap between the health of rural and urban communities. We need champions from health and community services to promote changes that will give rural children and youth the same opportunities to reach their potential as their urban peers.

Snapshot of the Data⁴

	Ottawa	Eastern Ontario Counties
Economic Security, Income and Social Status		
Median income of two-parent families	\$106,000	\$79,200
Median income of lone-parent families	\$44,033	\$35,100
Housing		
Housing in need of major repair	6%	8%
Two-parent families living in unaffordable* housing	15%	13%
Lone-parent families living in unaffordable housing	37%	37%
Community Support and Inclusion		
Youth** reporting a sense of belonging to local community	72%	77%
Access to and utilization of Health Services		
Youth reporting having a regular doctor	87%	94%
Rate of immunization for measles, mumps and rubella	96%	74%
Learning, Education and Work		
Youth who have not graduated high school and are not in school	6%	11%
Youth who are not in school and not in labour force	5%	7%
Environmental Toxins		
Youth reporting exposure to second-hand smoke at home	10%	20%
Health Outcomes and Indicators		
Teen pregnancy rate (15–19 yrs)	22, per 1,000	29 per 1,000
Youth who are overweight or obese	15%	23%

*Unaffordable: Families spending 30% of income or more on housing costs. **Youth: persons aged 12–19.

What this means

National and local data tell us that children and youth in rural communities are more likely to live in low socioeconomic conditions. They tend to exhibit less healthy behaviours and are more likely to be inactive, overweight and smoke. They're also more likely to drop out of school and have lower educational attainment. Rates of injury related deaths are higher in rural areas. This is due in part to rural-based industries, like farming and logging. It may also result from longer travel distances and motor vehicle collisions.^{5/6}

REFERENCES:

- 1 Child and Youth Health Network for Eastern Ontario. (Spring 2010). *Using Population Health Data to Profile the Health and Well-Being of Children and Youth in Eastern Ontario*. Available online.
2 Standing Senate Committee on Social Affairs, Science

- and Technology. (2001). *The health of Canadians: The federal role, volume one: The story so far*. Ottawa: Senate of Canada. Available online.
3 Mikkonen, J., and Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy and Management. Available online.

- 4 Adapted from: Child and Youth Health Network for Eastern Ontario. (Spring 2010). *Using Population Health Data to Profile the Health and Well-Being of Children and Youth in Eastern Ontario*. Available online.
5 Canadian Institute for Health Information. (September 2006). *How Healthy are Rural Canadians? An Assessment*

of Their Health Status and Health Determinants. Available online.

- 6 Standing Senate Committee on Agriculture and Forestry. (June 2008) *Beyond Freefall: Halting Rural Poverty*. Senate of Canada. Available online.