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Needs and Resilience of Children and Families in Eastern Ontario

Executive Summary

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Demographic Profile, Needs and Resilience of Children and Families in Eastern Ontario

Executive Summary

1.0 Navigating the Information

Data on the demographic profile, needs and resilience of children, families and communities has been organized by themes. Each theme is a stand-alone Excel table. Within each Excel table are tabs containing data that is closely related, as described in the next section.

I have written two reports, this Executive Summary and a full report, table, by table, tab by tab. In both reports, I refer to key publications, validating the expert opinions in the reports.

1.1 Downloading the Excel Tables, Reports and Literature

The Excel tables are located on a Dropbox sub-directory, (i.e.) Leeds Lanark, accessible for downloading to the members of *Every Kid in our Communities (EKIOC)*.

1.2 Special Summary Excel Tables

There are two summary excel tables, *Risk and Resilience Table Fifteen*, and *Major Demographic Trends Table Sixteen*. These tables accompany the Executive Summary and provide the data for the major findings of this report.

2.0 Definition: Risk, Resilience, Adverse Outcomes, At-risk Groups

2.1 Risk

Risk is a probability statement about the relationship between the risk factor and the adverse outcome, (i.e.) heavy drinking in the 12th week of pregnancy, increases the odds of giving birth to a children with FASD from 1% to 43%¹. The probability statement starts with a *base rate* for the adverse outcome (i.e.) the fraction of all children who are born with FASD (1%).

Some individual risk factors, (i.e.) heavy drinking in the 12th week of pregnancy, years of poverty during the infancy and preschool ages, family violence, discrimination to due to race, gender diversity,... are potent causes of bad outcomes (i.e.) over 30% of children will experience

¹ Abel, E.L. (1995), "An update on incidence of FAS: FAS is not an equal opportunity birth defect", *Neurotoxico Teratol*, 17 (4): 437-443

developmental, mental health and premature death. Usually, a single risk factor is relatively weak, causing a small increase in the fraction of children who will experience a bad outcome due to their exposure to the risk factor.

The most reliable predictor of bad outcomes for children exposed to known risk factors is the *degree of comorbidity*, (i.e.) combinations of any given mix of risk factors.

1. A group of people with certain features may have *no apparent risk* of adverse outcomes (i.e.) securely attached, makes friends easily, loves school and does well academically. The child's family has secure housing, enough income to meet the core needs of life, safety from violence, and the capacity to function as competent parents. The probability of adverse outcomes for children with no risk factors is the base rate for each adverse outcome.
2. Other groups may be *at-risk but to a low degree* (i.e.) less than 30% chance of some bad outcome occurring, (i.e.) youngsters who have lost a parent to cancer, live in a family with income below the poverty cut-offs, struggling in school, living with a chronic medical condition, lonely, parents are in conflict - *but there is only one really serious issue in their lives at the same time*.
3. Other groups may be *at-risk to a moderate degree* (i.e.) from 30% to 70% probability of bad outcomes occurring, (i.e.) two or three risk factors are present at the same time, the human suffering of the children is considerable, they have no-one to confide in, ...
4. Finally other groups may be considered at *high risk* of adverse outcomes (i.e.) greater than 70% chance of occurring. The high-risk group is recognizable because they are experiencing a cascade of risk factors and stressors, of at least four in number and often many times more.

2.2 Risk Factor

The risk factor is the quality of the individual or group, which is causing the bad outcome. The evidence for stating that a risk factor has the power to cause the adverse outcome is acquired through longitudinal and experimental research. Once we know the risk factors that are operating on a sub-group of individuals, community groups can engage in treatment or intervention to change the trajectory of the individual or group in two ways, by eliminating the risk factor or by developing resilience.

The database contains 20 risk factors that cause adverse outcomes for children and families.

2.3 Mediator

The mechanism through which the risk factor causes the bad outcome is referred to as the *mediator*. For example, we have thousands of research studies confirming that growing up in poverty causes developmental, social, psychological, and behavioural problems in children. Poverty is one of the most potent risk factors in a community. Before we can deal with this problem effectively, we must understand *how poverty injures children*.

Many scholars, especially Dr. Fraser Mustard, demonstrated that poverty in early childhood damages the child's developing brain and other organs as well, leaving the child further and further behind his/her peers throughout childhood. These primary changes to the child's development are compounded by the child's social and emotional reaction to his/her stress causing further adverse outcomes.

This research teaches us to identify children growing up in poverty and fast track them into programs that protect their growing brain (i.e.) supplementing their diet at school, providing access to early childhood programs to stimulate their social and intellectual development. These programs target the mediator directly and work even if we can do little about the family income.

2.4 Markers or At-Risk Groups

Markers are qualities of certain groups that are correlated with adverse outcomes, but *do not cause them*. For example, lone parent families, indigenous people, black people experience many more adverse outcomes than white children growing up in a couple-led family. Variables such as race, ethnicity, family structure are not causes of adverse outcomes. It is what happens to these groups that produce the bad outcomes.

The database contains the count and percentage of six markers or at-risk groups at the census subdivision level.

2.5 Resilience

Resilience is a *natural* transaction in the social environment which directly counter-acts the negative forces operating within the risk factor and thus, prevents adverse outcomes from occurring. The most powerful form of resilience is a secure attachment. Other powerful forms of resilience are school bonding, able to succeed in school within the scope of your talents and interests, being social connected, having someone to confide in, being and feeling safe in your neighbourhood, and having enough opportunities and resources to pursue your goals in life.

The database contains 14 variable measuring indicators of resilience, 6 at the csd level and 8 at the Public Health Unit (PHU) level.

2.6 Adverse Outcomes

The end of a chain of events that no-one, least of all the individual actor, seeks. Adverse outcomes are not a choice, freely taken, except in rare cases. This is true even if the individual actor reinforces the chain of events by dysfunctional thoughts and negative emotions. For example, many men, who lost good jobs in Cornwall, Smith Falls and other small and medium population centres after the NAFTA treaty was signed, have never had an acceptable job since. You might say, it was their own fault because they left school before graduation, or they lost all self-esteem and self-confidence, or they were angry and resentful. It is true, these secondary effects of the primary cause contributed to the end-result, but these blaming statements should be thought as the mediators on the path. The individuals affected have little control over the mediators.

People who carry the burden of adverse outcomes need external support, a hand up, to escape the result. Unfortunately, mainstream culture tends to blame the individual actor, rather than the chain of events or his social context.

The database contains seven (7) adverse outcomes at the public health unit level and one at the local level.

3.0 Mapping the Data in Excel Tables

The following section describes the information within each table, tab by tab. If the user wants to locate specific data, (i.e.) the median income for lone parents, they can use the information below as an index to the data.

(1) Demographic Profile table one

- a. *changes to the core demographics*: tables with columns for 1986, 1991, 1996 ... 2021 and at individual age cohorts for 2011, 2016, 2021 showing changes over time. Projections for 2026 by Ministry of Finance
- b. sources: Census Profiles and Provincial Population Projections downloaded from <https://www.fin.gov.on.ca/en/economy/demographics/projections/#c7>
- c. tabs
 - o *tot pop tab 1a*:
 - o *pop change tab 1b*:
 - o *major age groups tab 1c*: ages 0-17, 15-64 and 65 plus
 - o *infant tab 1d*: ages 0 to 4
 - o *babies tab 1d.1*: infants under one year
 - o *kids 5-9 tab 1e*
 - o *early teen tab 1f*: youth 10-14
 - o *late teens tab 1g*: youth 15-19
 - o *young adults tab 1h*: ages 20 – 34 in five-year cohorts
 - o *core parenting tab 1i*: ages 35-44
 - o *mature years tab 1j*: ages 45-54
 - o *transitional age tab 1k*: ages 55-64
 - o *older working pop tab 1L*: recap 40-65 and above, including projections.
 - o *retirement age tab 1m*: ages 65-74
 - o *seniors tab 1n*: ages 75-84
 - o *elderly tab 1o*: ages 85 plus

(2) Families table two

- a. Families by different types and the number of children in each
- b. Source: Census Profiles from 2011, 2016 and 2021 and Statistics Canada Table: 98-10-0136-01 on gender diverse families
- c. Tabs:
 - o *Marital status of pop tab 2a*: pop >15 yrs, never married, married, separated, divorced, widowed as of 2021

- *Structure of households tab 2b*: living alone, family households,, multi-generations and multiple family types under one roof
- *Census Families tab 2c*: married, CLU and Lone Parents
- *Children by fam type tab 2d*
- *Pop not in family tab 2e*

(3) *Housing Table Three*

- a. Different types of housing, housing related stress, cost of housing by owners and renters, housing starts,...
- b. Source: Census Profiles from 2011, 2016 and 2021, Statistics Canada speciality tables on the rental costs for different parameters
- c. Tabs
 - *Housing Stock tab 3a*: 2016 to 2021
 - *Type of Housing 3b*: detached, semi detached, apartments, moveable.
 - *Owner/renter tab 3c*
 - *Age of Housing tab 3d*
 - *Distressed Housing tab 3e*: housing costs to great, needing major repairs, not large enough for people living there.
 - *Cost to rent a bachelor tab 3f*: in cities over 10,000 population.
 - *Cost to rent 1 bedroom tab 3g*: 2017 to 2021
 - *Affordability tab 3h*: different family types, based on income and housing costs
 - *Value of Housing tab 3i*: median value of homes for owners by couples and lone parents
 - *Owners' costs 3j*: 2011 and 2021; monthly shelter costs and median value of homes
 - *Renters' Costs 3k*: 2011 and 2021; monthly shelter costs and tenant spending more than 30% on shelter
 - *Housing starts 3L*:

(4) *Urban Rural breakdown Table Four*:

- a. Examines the internal geography of Leeds ad Grenville and Lanark, number of people live in urbanized settings and rural settings, number of farms, farm income
- b. Sources: Census Profiles and Census of Agriculture
- c. Tabs
 - *Internal urban rural tab 4a*: the fraction of the population in each csd of L & G and Lanark that is living in an urban vs rural place
 - *County urban rural tab 4.b*: counties in Ontario by urban rural
 - *Rank order tab 4.c*: counties ranked on various indicators
 - *Farms tab 4.d*: number of farms by county
 - *Acres farmed tab 4.e*:
 - *Land ranked tab 4.f*: counties ranked by sq km farmed

- *Farm income tab 4.g:*
- (5) *Employment and Jobs table five*
- a. A variety of unemployment, worker and job stats
 - b. Source: Census Profiles and monthly labour market tables
 - c. Tabs
 - *Official unemployment tab 5.a:* the core employment stats
 - *Hidden Unemployment tab 5.b:* the pop who have given up on ever finding work.
 - *Disability unemployment tab 5.c:* the core unemployment stats for people with different types of disability
 - *Worker activity tab 5.d:* weeks worked in past year.
 - *Class of worker tab 5.e:* permanent, temporary, self-employed
 - *Place of work tab 5.f:* local or outside place where they live
 - *Commuting to tab 5.g:*
 - *Mode commuting tab 5.h:*
 - *Commuting times tab 5.i:*
 - *Industry tab 5.J:* jobs by all types of industries
 - *Language at work tab 5.k:* languages used or preferred at work, including bilingual.
 - *Job vacancy tab 5.L:* by quarter in 2022 by economic region
 - *Hopeless Index tab 5.m:* local analysis of population who are lost hope of a job relative to the vacancies and people who do have a job
- (6) *Income table Six*
- a. Income statistics for different populations including LP's couples and children living in poverty,
 - b. Source: Census Profiles and speciality tables for different groups
 - c. Tabs:
 - *Individual Income tab 6.a:* averages, market income, 2015, 2019 to 2020
 - *Transfers and taxes tab 6.b:* 2015, 2019 to 2020
 - *County compare tab 6.c:* 2015 vs 2020, median income
 - *Community Income tab 6.d:* income by household
 - *Family Income tab 6.e:* income for all types of families, 2010, 2020
 - *Pop living alone tab 6.f:*
 - *Lower income groups tab 6.g:* households by under \$5,000 to under \$40,000
 - *Middle Income groups tab 6.h:* households with \$40 to \$80 Thousand
 - *Upper Income Groups tab 6.i:* households \$90 T to \$100 T, \$100 T to \$200 T, and over \$200 T
 - *Median Family Income tab 6.J:* 2010 to 2020
 - *CLH pov <6 tab 6.k:* children under 6 in couple led homes in poverty
 - *CLH pov 0-17 tab 6.k:* all children 0-17 in couple led homes in poverty
 - *LPH pov <6 tab 6.L:* children under 6 in lone parent homes in poverty

- *LPH pov 0-17 tab 6.m*: all children 0-17 in lone parent homes in poverty
- *All groups poverty tab 6.o*: fraction of all age groups in poverty in Ontario
- *Diverse Groups poverty tab 6.p*: fraction of people of diversity in poverty across Canada
- *Median Income Family Types tab 6.q*: Canada-wide norms
- *Food Security tab 6.R*: norms for different degrees of food insecurity by different groups across Canada and in Ontario

(7) *Mobility Table Seven*

- a. Changes in the population across one and five years, due to people moving, births, and deaths
- b. Source: Census Profiles and Health Data, from Statistics Canada
- c. Tabs:
 - *One-Year mobility tab 7.a*:
 - *Five-Year mobility tab 7.b*:
 - *Births deaths mobility tab 7.c*: births, deaths and mobility stats by CMA and CA annually from 2016 to 2020
 - *Changes all ages tab 7.d*: births, deaths and mobility stats by county from July 1, 2020 to July 1, 2021
 - *Changes children tab 7.e*
 - *Demo forces tab 7.f*: rank order by county of forces shaping the core demographics of each county, births, deaths, migrants, net growth/loss of children.

(8) *Immigration table Eight*

- a. Data on citizenship, immigration stats and where immigrants were born.
- b. Source: Census Profiles
- c. Tabs:
 - *Citizenship tab 8.a*: fraction of Pop who are citizens
 - *Immigrants 8.b*: fraction of Pop who are immigrants and from when they landed
 - *Age on arrival tab 8.c*
 - *Generational Status tab 8.d*:
 - *Types of Immigrants tab 8.e*: economic, family, refugees
 - *The Americas tab 8.f*: immigrants different countries in the Americas
 - *Europe tab 8.g*:
 - *Africa tab 8.h*
 - *Asia tab 8.i*
 - *Continents tab 8.J*: comparing recent and long-term immigrants by the continent they came from.

(9) *Ethnicity Table Nine*

- a. Visible minorities and cultural identities

b. Source: Census Profiles

c. Tab

- *Visible Minorities tab 9.a:*
- *Ethnic Identity tab 9.b:* 250 unique cultural identities
- *Ottawa corona ethnic tab 9.c:* the Ottawa corona is made up of SDG, Prescott-Russell, Leeds & Grenville, Lanark and Frontenac. This tab provides an intensive count of the ethnic character of the region
- *Lanark ethnic tab 9.d:*
- *Leeds ethnic tab 9.e:*
- *Language at home tab 9.f:* most commonly used languages by the families
- *Leeds languages tab 9.g:* intensive count of languages used in Leeds
- *Lanark language tab 9.h*

(10) *Religion Table Ten*

a. The religious or spiritual identity of the region; changes over the decade

b. Source: Census Profiles 2011 and 2021

c. Tab

- *Christian tab 10.a*
- *Secular tab 10.b*
- *Catholic tab 10.c*
- *Muslim tab 10.d*
- *Indigenous Spirit tab 10.e*

(11) *Education Table Eleven*

a. The educational level of the core working population 25-64, the fractions of people who have not graduated from high school, high school grads, apprenticeships, college programs, BA, medical, MA, and PhD. Finally the EQAO results academically and the fraction of students with an IEP and IPRC by different diagnostic groups. The EQAO results can be seen only at the provincial level, since the school level detail is anonymized.

b. Source: Census Profile and the Education Quality and Accountability Office (EQAO)

c. Tab

- *Education Overview Tab 11.a:* basic stats and place of study
- *High School Level tab 11.b:* fraction with no high school and high school certificate but may have other educational certificates.
- *Low education tab 11.c:* highest education achieved is high school or less.
- *College grads tab 11.d:* all types of colleges below the level of a BA
- *University tab 11.e:*
- *School enrollment tab 11.f:* enrollment in public school, private schools, and home instruction.

- EQAO results by year tab 11.g: academic levels across three years (2017, 2018, and 2019) and other stats
 - EQAO results by grade tab 11.h: academic levels comparing graded three and six
 - IPRC by year tab 11.i: fraction of students with IEP and IPRC by diagnostic groups, across three grades and three years
 -
- (12) *Health and Well Being Table Twelve*
- a. data on babies born by different ages of the mother, the health status of the babies' health, mortality tables, physical and mental health and health related risk behaviour.
 - b. Source: Statistics Canada, Canadian Survey on Disability, 2017, Table 41-10-0049-01. Disability status, disability severity class and labour force status by Aboriginal identity, Table: 45-10-0051-01 Social well Being survey, Stats Can Health Indicators Table: 13-10-0113-01, mortality tables 01024313 and 01024314
 - c. Tab
 - *Reproductive Health Tab 12.a:* maternal health indicators
 - *Child Birth Tab 12.b:* children born, pregnancy rates, fertility rates for key maternal age groups and children with low birth weight
 - *Infant Mortality tab 12.c:* rate per 1,000 live births across Ontario over five years from 2016
 - *Preventable Death Tab 12.e:*
 - *Suicide tab 12.f:*
 - *Mortality tab 12.f:* all causes by public health unit
 - *Physical Well being tab 12.g:* by public health unit
 - *Mental Health tab 12.h:* by public health unit
 - *Disease tab 12.i:* common debilitating diseases by public health unit
 - *Risk behaviour tab 12.J:* drinking and smoking by public health unit
 - *Protectors tab 12.k:* indicators of resilience by public health unit
 - *Youth Protectors tab 12.L:* indicators of resilience among youth by public health unit
 - *Social Connection tab 12.m:* scale of social well being indicators by age group
 - *Disabilities tab 12.n:* Ontario and Canada disability stats by severity and type
- (13) *Crime and Injuries Table Thirteen*
- a. Crime and violent crime, adults and youth charged and hospital visits for injuries from self-harm and assaults and substance use.
 - b. Source: Statistics Canada Police Reports on crime and charges for adults and youth, criminal and violent severity index, Statistics Canada table #35-10-

0180-01, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario

c. *Tab*

- *Criminal Incidents tab 13.a:* by individual locations in Leeds and Lanark over five years 2017 to 2021
- *Adults Charged tab 13.b:*
- *Youth Charged tab 13.c:*
- *Intentional Injuries tab 13.d:* ER visits by youth 0 to 19 years to treat injuries caused by self harm for ten years, 2011 to 2020, rate per 100,000.
- *Injuries assault tab 13.e:* ER visits by youth 0 to 19 years for injuries caused by assaults.
- *Neurotrauma tab 13.f:* hospitalization for Neurotrauma injuries for youth ages 0 to 19 years.
- *Alcohol abuse tab 13.g:* ER visits for mental health conditions caused entirely by alcohol abuse.
- *Cannabis Harms Tab 13.h:* ED visits for cannabis related mental health conditions.

(14) *Child Protection Indicators Table Fourteen*

- a. Indicators that a child may be in need of protection as assessed by public health in their Healthy Babies service to new mothers.
- b. Source: Ontario Ministry of Health and Long-Term Care HBHC-ISCIS Reporting Sub-System (IRSS)
- c. *Tab*
 - *Child Protection tab 14.a:* fraction of mother and babies served by public health that are on the CAS protection caseload.
 - *LP homes tab 14.b:* fraction of mothers and babies from a lone parent household
 - *No provider tab 14.c:*
 - *Parental disability tab 14.d:*
 - *Parental mental illness tab 14.e:*

(15) *Risk and Resilience Table Fifteen*

- a. Organizes data on risk factors, at-risk groups, adverse outcomes, resilience by csd, county and public health unit
- b. Source: copied from each of the 14 core data tables above
- c. *Tab*
 - *Risk by csd tab 15.a:* 15 risk factors of child maltreatment, developmental disability, and mental illness, copied from different tables described above and selected because of literature identifying their power to cause harm.
 - *Risk by PHU tab 15.b:* 5 risk factors at the public health unit level.

- *At-risk groups tab 15.c:* six at-risk groups at the csd level, that are correlated with adverse outcomes, but do not cause them.
- *At-risk groups by PHU tab 15.d:* fraction of mothers and infants on the Healthy Babies caseload that are also on the CAS child protection caseload
- *Resilience by csd tab 15.e:* Six strong indicators of resilience at the csd level
- *Resilience by county tab 15.f:* The median income of individuals from 2015 to 2020, showing strong growth in community wealth
- *Resilience by PHU tab 15.g:* Eight strong indicators of resilience at the PHU level
- *Bad outcomes tab 15.h:* seven adverse outcomes at the PHU level, including preventable death, suicide, serious injuries affect children 0 to 19 years, and serious substance use/mental illness stats

(16) *Indigenous Demo 2016 Table One*

- a. Special Census Profile in 2016 of people identifying with the Indigenous community. The data is derived from the main Census database with values extracted for the target group. The data displayed in *Indigenous Demo 2016 Table One* links to the data for the total population in *Demographic Profile table one* and *Families table two*.
- b. Source: Statistics Canada Census Profile series
- c. Tab
 - *Ind Tot Pop tab 1a:* population with indigenous identity, comparing growth from 2016 to 2021
 - *Children <14 tab 1b:*
 - *Ages 15 – 24 tab 1c:*
 - *Adults tab 1d:*
 - *Small age groups tab 1e:* Population of people with indigenous identity by 5- and 10-year age groups
 - *Three Peoples tab 1f:* specifying First Nations, Metis and Inuit
 - *Age Stats tab 1g:*
 - *Marital Status tab 1h:* comparing Indigenous and non-indigenous
 - *Children in families tab 1i:*
 - *Children apart tab 1j:* Children living in foster care or with other relatives
 - *Pop >15 living independently tab 1k:*

(17) *Indigenous Housing Table Three*

- a. There is no Indigenous table two. The table number, “Three”, is meant to link it to the general table, *Housing Table Three*.
- b. Source: as above

- c. Tab
 - *Owner/renter tab 3a:*
 - *Bedrooms tab 3b:*
 - *Housing Distress tab 3c:*
 - *Owner Costs tab 3d:*
 - *Renter Costs tab 3e:*
- (18) *Indigenous Employment Table Five*
- a. There is no Indigenous Table Four. The Indigenous Table number, “Five”, is meant to link it to the general population labour data in *Employment and Jobs table five*.
 - b. Source: as above
 - c. Tab
 - *Ind Labour Stats tab 5a:* contrasts the official labour stats between people of indigenous identity and everyone else (i.e.) mainstream.
 - *Hidden unemployment tab 5b:* similar contrast quantifying the hidden unemployed, a high-risk sub-group.
 - *Worker activity tab 5c:* similar contrast examining the contrast between the number of people in the official labour force, (i.e.) excluding the hidden unemployed, who haven’t worked for over one year, the number who worker full time and part time.
 - *Class of worker tab 5d:* similar contrast for employee status and self-employed
 - *Place of work tab 5e:* from home,
- (19) *Indigenous Income Table Six*
- a. The data in this table links with the population wide table, *Income Table Six*.
 - b. Source: as above
 - c. Tab
 - *Household Income tab 6a:*
 - *Low-income groups tab 6b:*
 - *Middle Income Groups tab 6c:*
 - *Upper Income Groups tab 6d:*
 - *Individual Income tab 6e:*
- (20) *Indigenous Mobility Table Seven*
- a. The data in this table links with the population wide table, *Mobility Table Seven*
 - b. Source: as above
 - c. Tab
 - *One-Year mobility tab 7a:*
 - *Five-Year Mobility tab 7b:*
- (21) *Indigenous Ethnicity Table Nine*
- a. The data in this table links with the population wide table, *Ethnicity Table Nine*

- b. Source: as above
- c. Tab
 - *Most harmed minorities tab 9a*: Visible Minorities, Blacks, and Indigenous identity among the total population
 - *Aboriginal identity tab 9b*: status under the Indian Act, identity and ancestry
 - *Cross linked identity tab 9c*: Individuals who identify as mainstream, but also disclose aboriginal ancestry.
 - *Ottawa ancestries tab 9d*: Distinct indigenous ancestries of the residents of Ottawa
 - *Lanark ancestries tab 9e*: Distinct indigenous ancestries
 - *Leeds ancestries tab 9f*: Distinct indigenous ancestries
 - *Language at home tab 9g*: language usually spoken at home

(22) *Indigenous Education Table Eleven*

- a. The data in this table links with the population wide table, *Education Table Eleven*
- b. Source: as above
- c. Tab
 - *High School Level tab 11a*: fraction of indigenous and non-indigenous people currently with and without high school education.
 - *Low Education tab 11b*: the highest educational level achieved, specifically those without high school and with high school.
 - *College grads tab 11c*: the highest educational level achieved in post secondary – non-University certificate programs.
 - *University tab 11d*: the highest educational level achieved, in University, with less than a BA, a BA and more than a BA
 - *Liberal Arts tab 11e*: education, the arts, and humanities
 - *Social Sciences tab 11f*:
 - *STEM tab 11g*:

Findings related to Risk and Resilience

The findings below follow the data in Table Fifteen, *Risk and Resilience*. The literature on geographic analysis of risk and resilience has demonstrated that disease, crime, and social problems are not evenly distributed by location or population size. Rather risk and adverse outcomes are in regions, cities and towns characterized by *concentrated disadvantage*. This quote is from one of the most prestigious sociologists on this subject:

“The range of child and adolescent outcomes associated with concentrated disadvantage is quite wide and includes infant mortality, low birthweight, teenage childbearing, dropping out of high school, child maltreatment, and adolescent delinquency (for an overview, see Brooks-Gunn et al. 1997a,b). There is also independent evidence that a number of health-related indicators cluster spatially, including homicide, infant mortality, low birthweight, accidental injury, and suicide (Almgren et al. 1998, Sampson 2001). The weight of evidence thus suggests that there are geographic “hot spots” for crime and problem-related behaviors and that such hot spots are characterized by the concentration of multiple forms of disadvantage.”²

There is a huge body of research proving this conclusion of sociology. New research has focused on the question of what we can do about it.

Does improving one’s environment and social determinants of health—for example, better access to food, education, and transportation—influence better health outcomes? Or does improving one’s social determinants ultimately have little or no impact on improving health outcomes, because it’s too difficult for people with “bad behavioral habits” to change?

Dr. Sanjay Basu led a cohort study of 5,342,207 adults who moved between zip codes. “... we found that improved social determinants in new neighborhoods improved health outcomes, while worse social determinants worsened health outcomes, for the same person.”³

Finally, the research evidence showing that recession, unemployment, income decline, and unmanageable debts are significantly associated with and poor mental wellbeing, increased rates of common mental disorders, substance-related disorders and suicide is substantial.⁴ The reverse is also true. To be effective in preventing and treating child maltreatment,

² Sampson, Robert J; Morenoff, Jeffrey D & Gannon-Rowley, Thomas (2002), “Assessing neighborhood effects: Social processes and new directions in research”, *Annual Review of Sociology*, 28, 443-478

³ Basu, S. (2020), *Geography and social determinants impact health outcomes*, Source: <https://collectivehealth.com/blog/stories/the-breakdown-understanding-how-geographic-differences-and-social-determinants-impact-health-outcomes/>

⁴ Frasquilho, D.; Matos, M.; Salonna, F.; Guerreiro D.; Stortis, C.; Gaspar, T. & Caldas-de-Almeida, J. (2016), “Mental health outcomes in times of economic recession: a systematic literature review”, *BMC Public Health* 16:115

developmental disability and youth mental illness, agencies must be prepared to work on problems outside their typical mandate including:

- Providing financial aide to families in an economic crisis so that they be assured of stable housing, food security, access to medical care and childcare.
- Treating the social and psychological consequences of long-term structural unemployment (i.e.) the hidden unemployed. The federal government has responded with training programs and childcare supports, but this only deals with some of the barriers this population faces.
- Concentrating services and resources on geographic hot spots (i.e.) concentrated disadvantage even at the risk of providing longer wait lists and fewer resources equitably across the entire geographic region served by the agency.

4.0 Risk Factors

(1) Decline in mature adults (45-54)

There is a significant decline in the number of mature adults in the age range 45 to 54. Projections indicate that this decline will continue until 2030, unless targeted immigration succeeds in filling the gap. This is a critical age group because it is the source of expertise and management for the private sector, health care, education, and social services. The crises in the number of nursing jobs unfilled will not be repaired by simply graduating more nurses, which is good news twenty years down the road. It takes years of work experience to fill this gap.

The mechanism of harm, (i.e.) mediator, is the degradation of the health care, education and social services resulting from lack of skilled workers from this age cohort. This results in (a) longer wait lists in hospital-based services for children with severe developmental and mental health needs, (b) very high caseloads and longer wait lists in community agencies and (c) fewer spaces in childcare centres despite the dollars available for expansion.

The decline in the mature adults cohorts is unevenly distributed:

- Big cities are much better condition (i.e.) Ottawa (-4%), Halton (+5%), Middlesex (-7%)
- The Ottawa corona (i.e.) SDG, Prescott-Russell, L & G, Lanark, and Frontenac had a combined 14% decline in this age cohort.
 - Eight rural areas, out of 24, in the local comparison group had declines that were 20% or higher.
 - The nine population centres in the local comparison group had an average decline of 16%; Carleton Place (0%) was the exception.
 - In general, small towns, and rural places carry the burden of this risk factor.

(2) % Renters in core need

Renters in core housing need applies to people whose shelter arrangements are *not suitable*, (i.e.) large enough, given the size of the family, *not affordable* (i.e.) the rent is greater than 30% or more of total before-tax income, and *not adequate* (i.e.) not structurally sound. In addition, there are no alternative rental units available locally that is suitable, adequate, or affordable. The data does not apply to student housing, on-reserve housing or the homeless. Renters who meet the criteria of core housing need are under significant stress and at-risk of being homeless. If they have children, this is a significant risk factor driving the need for admission to CAS care.

Across the province, 428,778 renters are in core need, representing 25% of all renters in Ontario. Within the Ottawa corona, there are 12, 616 households in core need or 19% of all rental households.

This risk factor is even greater in the city of Ottawa (14,248 rental households or 23%). Other high need areas include Cornwall (2,131 or 22%), Prescott (184 or 23%), Brockville (1,055 or 23%), Smith Falls (458 or 24%), Perth (303 or 21%), and Kingston (5,056 or 20%). There are 56,050 renters in core need in the high need areas or 22% of all renters. The high need areas also have the highest proportion of renters, (i.e.) 191,250 renters or 43% of households.

(3) % Owners in core need

There are fewer owners in core housing need. In the high-need areas, 19,119 owner-households or 4% are in core need. The flip side of this statistic is that 96% of homeowners in in all areas no not meet the core need criteria, which makes home ownership a source of community resilience.

With both owners and renters combined, 10% of households in the high need areas are in core need.

(4) Rent for a bachelor apt

A special Statistics Canada table surveyed rents in Ottawa, Cornwall, Brockville, and Kingston. They found that rents increased in absolute terms by 25.7% in five years and ended up at \$716.48. In Ottawa, the average rent for a bachelor is \$ 942.40. This compares with \$1,141 in Toronto.

Three-bedroom apartments in Toronto rents for \$1,727, Ottawa, \$1,657, Kingston, \$1,655, Hawkesbury, \$797 and Cornwall, \$1,070.

The good news in these rents is that they are not totally unaffordable, as they are described in the headlines. The headlines focus on major cities of Toronto and Vancouver. They also cite newer buildings that young people are seeking. This scenario is truly unaffordable.

The fact is that poor families, many of whom are on fixed income or rely on low paid jobs, do not have the flexibility to absorb the rental inflation that exists. This causes significant stress and as noted in the literature cited, it is toxic to the mental health of the individual's affected.

(5) Rent for a one-bedroom apt

Rent for one-bedroom apartments are slightly more expensive, averaging \$840.12 in the local area; however, the 5-year inflation, is only 18% in absolute terms. This places the average rent past the 30% threshold for almost 20% of the population in the local area.

Within the Ottawa corona, 42,050 households are spending more than 30% of their household income on shelter. Most of these households are renters. In addition, 44,395 households in the Ottawa corona have a gross income of less than \$40,000.

(6) median shelter costs for renters

This statistic is available for all census sub-divisions and all households. It is the average shelter cost for renters. Shelter costs include rent and utilities. The average shelter cost in the Ottawa is \$1.032 per month. Compared to 2011, these costs have increased by an inflation adjusted fraction of 14% over ten years. This means an annual increase of 1.4% over inflation.

The usual high need areas, Cornwall, Smith Falls, Brockville, Prescott, Perth, and Hawkesbury have an average shelter cost of \$948 and an 8% ten-year, inflation adjusted increase. This indicates that small century old urban settings along the Rideau canal and the St. Lawrence are not disadvantaged by this risk factor. Larger cities, Ottawa, Kingston, Toronto, Oakville, and London, carry the burden of this risk factor.

(7) The Hidden Unemployed

The hidden unemployed has long been recognized by academics as an important social and economic indicator⁵, but one that is extremely difficult and costly to count by a reliable and valid method.

4.1 Types of Hidden Unemployment:

The types of hidden unemployment are:

- *Structural unemployment* (i.e.) people who are unemployed or likely to be unemployed for over a year due to forces outside their control.
- *Crisis Unemployment* (i.e.) the unemployment is temporary due to a time limited unexpected event, such as the pandemic, floods, forest fires ... which closes the business until the crisis is over.

4.2 Primary Causes of Structural unemployment

- *Geographic isolation* leaving the individual unable to access the place where the jobs are located (i.e.) individuals living on reserves in the remote North.
- *Chronically poor economic conditions*, where businesses rarely locate; where the community has chronically empty industrial spaces and storefronts (i.e.) seen in many

⁵ Eisenberg P, Lazarsfeld P: (1938), "The psychological effects of unemployment". *Psychological Bulletin*, 35:358–390'

small population centres along the Rideau Canal, the St. Lawrence River, and the shores of the Great Lakes.

- *Low Educational Attainment* and associated poor literacy and numeracy.
- The mismatch between job skills and the needs of local employers
- major corporate restructuring, when whole industries move to another country or when existing jobs are replaced by automation.
 - This happened in Cornwall after NAFTA was initially signed and the cotton processing and clothing plants in Cornwall shut down overnight, which caused hundreds if not thousands of workers to lose their jobs instantly. With so many people out of work, finding any alternative – even at lower pay – was out of reach. The problem was exacerbated because workers in the mills usually left school after grade 8 so they faced additional causes of structural unemployment. A third cause emerged as well; they were largely French speaking and faced discrimination for that reason.
- discrimination:
 - *ageism*.
 - Adults over 50 years of age, especially women, who lose their jobs are at high risk of never finding another job, a result of systemic discrimination by employers.
- racial discrimination against Indigenous people and visible minorities
- discrimination against people who speak French, by companies whose preferred language is English.
- discrimination against people with neuro- diverse or neuro-motor conditions even though they have the skills to do the job.
- Discrimination against people with mental health conditions that may affect job performance temporarily during a downturn in their symptoms, but which continues to limit their chances of employment even after the downturn is remediated.
- discrimination against people with a criminal record even though they have done their time and could do the job.
- Discrimination against the LGBTQ2S+ community

4.3 Secondary Cause of Structural Unemployment⁶

People who have poor prospects of ever being employed perceive their situation as hopeless. Their sense of self is changed as a result, which adds another risk factor injuring their chances at future employment.

The federal government attempts to correct structural unemployment through skills training, affordable day care and corporate incentives to create new businesses such as electric cars. Government action is directed at the primary causes of the hidden unemployment. However, this action does not change the secondary causes of hidden unemployment (i.e.) the social and psychological effect on the individual's affected.

4.4 Consequences of Structural Unemployment

Individuals who unable to find employment or *make do* with under-employment and contract work, suffer significant psychological distress and adverse outcomes including being at risk for:

- poverty
- loss of social connectedness, which was often tied to a job they once had.
- Distress, poor problem-solving and conflict within the family, leading to marriage breakdown, relationship problems with children.
 - For a minority of men, physical and sexual abuse of their children
- depression
- anger, resentment
- violence, suicidality
- substance use
- homelessness

4.5 the inter-generational effect of structural unemployment

At least one of the adverse outcomes of structural unemployment is quite common among the people who are experience it. Any one of these adverse outcomes will affect the spouse and children of these people if they have families. For children to be successful in work and family life, they need their parents to provide guidance and confidence. Parents who feel hopeless about their work selves find it very difficult to give the support their children need to succeed at life. As a result, structural unemployment echoes through the generations. This is process is evident among Indigenous and black people.

4.6 Data on the hidden unemployed

The *hidden unemployed* affects 19% of the population between 15 and 64 in Ontario. This risk factor is one of the most potent causes of adverse outcomes. It is entangled in most other risk factors, since it causes mental illness, substance use, family conflict, poverty, housing

⁶ Marrone, Joseph & Swarbrick, Margaret A. (2020), "Long-Term Unemployment: A Social Determinant Underaddressed Within Community Behavioral Health Programs", *Psychiatric Services* 71:7, pages 745-748, [appi.ps.201900522 \(psychiatryonline.org\)](https://doi.org/10.1176/appi.ps.201900522)

instability and poor socialization of children and youth. Eight localities in the local comparison group have exceptionally high percentages of hidden unemployment.

Table: Hidden Unemployment

| | <i>Hidden unemployment</i> | <i>Count of people affected</i> | <i>% of adults who did not work for >1 yr</i> |
|--------------------------------|----------------------------|---------------------------------|--|
| <i>Akwesasne (Part) 59****</i> | 52.5% | 475 | 57% |
| <i>Cornwall</i> | 23.9% | 6,380 | 47% |
| <i>Hawkesbury</i> | 22.5% | 1,210 | 51% |
| <i>Prescott</i> | 26.6% | 615 | 49% |
| <i>Brockville</i> | 20.1% | 2,460 | 49% |
| <i>Westport</i> | 20.6% | 70 | 53% |
| <i>Smiths Falls</i> | 23.0% | 1,200 | 48% |
| <i>Central Frontenac</i> | 29.1% | 795 | 52% |

This problem affects 13,205 people in the local comparison group and 27.3% of the population ages 15 to 64 in the communities affected. This is the definition of *concentrated disadvantage*.

The last column on this section quantifies the population that did not work for at least one year between July 2020 and July 2021. In the high-risk communities, this represents 40,365 people or 51% of the adult population. This number is three times higher than the hidden unemployed, but it includes the hidden unemployed, people over 65 years and the number of people out of work caused by the pandemic.

Hidden, (i.e.) structural, unemployment affects females (23.0% in Ontario) more than males (15.2% in Ontario). The indigenous people have the highest level of structural unemployment (31.0% in Ontario). Off-reserve indigenous people have significantly less structural unemployment than on reserve indigenous.

The fraction of structural unemployment within the Ottawa corona (17.0%) is almost identical to that of the city of Ottawa itself (16.9%).

(8) Household Income under \$40,000 per year

This risk factor is the bottom income group for households. Across Ontario, 17% of households have total incomes that are below \$40,000 per year. There is considerable variability between locations on this risk factor. Twenty-seven places on the table are below the Ontario average of 17% (i.e.) with an average of 13%.

Twenty-nine places on the table are above the provincial average of 17% (i.e.) an average of 23%. This means that nearly one-quarter of households in these communities are living on less than \$40,000 per year. This income level is associated with significant distress and hopelessness.

Eight municipal jurisdictions have an average of 33% of households living on less than \$40,000 per year. They include 14,180 households:

Table: Households living on less than \$40,000 income/year

| Census sub-divisions | households | % of households |
|--------------------------|------------|-----------------|
| Akwesasne reserve | 260 | 58% |
| Cornwall | 6,435 | 30% |
| Hawkesbury | 1,815 | 36% |
| Prescott | 520 | 28% |
| Brockville | 2,935 | 28% |
| Westport | 95 | 28% |
| Smith Falls | 1,225 | 28% |
| Perth | 895 | 27% |

(9) Children ages 0 to 5 years in poverty in lone parent homes

Across the province 28.1% of very young children in lone parent households live in poverty. This is based on the market basket measure. This is a direct measure of poverty – not low income – calculated on the cost of basic needs (housing, clothing, food, transportation, and medical needs).

This risk factor means that nearly 30% of this at-risk population is suffering significantly with bodily deprivations that will harm the children physically and mentally for the rest of their lives.

(10) Average poverty gap (i.e.) % below the BMB threshold

The BMB threshold is the income necessary to pay for basic human needs. Below this number, the family must consider options, such as using a food bank, postponing medical care, losing their housing. Across Ontario, children under six years, living in poverty in lone parent homes were 27.2% below the BMB threshold. This is a large poverty gap, from which an

occasional hand-up will accomplish little. This gap ensures that the children in this group are suffering substantial harm.

Ten (10) local jurisdictions on this table have zero children under six years living in an LP home.

Eighteen (18) jurisdictions with 955 young children in lone parent homes have zero children living in poverty. This is 43% of the 43 census sub-subdivisions represented on the table. The csd's with no children in poverty have 29% of the children under six years in lone parent homes. There is no poverty data for the Akwesasne reserve, so I left them out of the statistical analysis.

This means that the entire burden of poverty among children under 6 years in lone parent homes is carried by 15 local jurisdictions or 35% of the csd's on the table. The fourteen csd's have 10,245 children under six living in LP homes and 2,960 living in poverty or a rate of 28.9% living in poverty.

If the city of Ottawa is dropped from the table below, there are 920 children living in poverty and 3,240 children under six years in LP homes.

Table of children under age 6 years living in an LP home

| Census sub-divisions | # in LP homes | # in poverty | % in poverty |
|-----------------------------|----------------------|---------------------|---------------------|
| <i>Cornwall</i> | 830 | 270 | 32.5 |
| <i>South Dundas</i> | 115 | 25 | 21.7 |
| <i>North Glengarry</i> | 75 | 25 | 33.3 |
| <i>Hawkesbury</i> | 115 | 40 | 34.8 |
| <i>The Nation</i> | 75 | 30 | 40.0 |
| <i>Clarence-Rockland</i> | 115 | 35 | 30.4 |
| <i>Russell</i> | 115 | 30 | 26.1 |
| <i>City of Ottawa</i> | 7,005 | 2,040 | 29.1 |
| <i>Prescott</i> | 55 | 20 | 36.4 |
| <i>Brockville</i> | 265 | 80 | 30.2 |
| <i>Smiths Falls</i> | 205 | 60 | 29.3 |
| <i>Carleton Place</i> | 95 | 25 | 26.3 |
| <i>Kingston</i> | 1,045 | 225 | 21.5 |
| <i>South Frontenac</i> | 100 | 30 | 30.0 |
| <i>Central Frontenac</i> | 35 | 25 | 71.4 |

(11) Crime and Violence

The criminal incident data is reported by local police departments. We have police data for 16 csd's on the table. The other census sub-divisions were amalgamated into the sixteen because each detachment of OPP covers more than one census sub-division in rural areas.

However, we can still make reasonable interpretations because the merged csd's have low populations.

Table: High Crime Rates and High Severity Levels

| | number in 2021 | Rate per 100,000 pop >12 | | Criminal Severity Index | | Violent Crime Severity index | |
|---------------------|----------------|--------------------------|-----------------|-------------------------|------------|------------------------------|------------|
| | | | 5-year ave rate | | rank order | | rank order |
| Ontario ave | 572,318 | 3,860.16 | 3,960.48 | 68.82 | | 220.80 | |
| <i>Cornwall</i> | 4,954 | 10,219.07 | 3,406.36 | 112.92 | 2 | 139.57 | 2 |
| <i>Ottawa</i> | 36,873 | 3,534.84 | 10,101.96 | 50.18 | 7 | 64.32 | 6 |
| <i>Brockville</i> | 1,949 | 8,843.41 | 2,698.10 | 97.71 | 3 | 123.43 | 3 |
| <i>Smiths Falls</i> | 942 | 10,438.83 | 2,845.21 | 129.31 | 1 | 223.83 | 1 |

Ottawa has the highest number of criminal incidents in 2021, but only because of the size of its population. Its crime rate per 100,000 pop is lower than average. The criminal severity index in Ottawa is quite low compared to the provincial average severity index of 68.82.

The criminal severity index is a calculation by Statistics of the combined severity score from all criminal incidents. The severity score is determined by the sentence usually delivered for each type of offense.

Crime and violence are significant risk factors for adverse outcomes affecting the children in the families involved. Families get enmeshed in crime as victims and as the home where the offender lives. This means that crime touches a large segment of society, especially in high crime areas.

(12) Heavy Drinking

The data is found on tab 15.b. Heavy drinking is a powerful risk factor and driver of CAS admissions to care. Heavy drinking causes premature death, disease, mental illness, family conflict, marital breakdown, traffic fatalities, intra-uterine brain damage, suicide, and violence.

The data is available at the public health unit level. The data is from 2015 to 2020. The “diff” applies to changes over time. The rate is not compared to the provincial average. The Leeds, Grenville and Lanark public health unit has a rate of heavy drinking that is close to the provincial average. In contrast, the Eastern Ontario public health unit and the Frontenac, Lennox public health unit have rates significantly higher than the provincial average.

(13) Infant’s mother is a single parent

This applies to the Healthy Babies caseload. This is risk factor identified by Public Health Ontario. The data on lone parents in the population shows that 14% of the families in Leeds & Grenville and Lanark are lone parents, but only 5.0% of the Healthy Babies caseload are lone parents. The fraction of children under age six years living in a lone parent home is 11% in both Leeds & Grenville and Lanark.

This may indicate that children in Lone Parent homes are not getting equitable access to the Healthy Babies program.

(14) No designated primary care provider for mother and/or infant

This applies to the Healthy Babies caseload. It is a serious risk factor indicating a child in need of protection. This risk factor represents 3.1% of the Healthy Babies caseload and may indicate a general level for society. The Leeds, Grenville and Lanark public health unit is significantly lower on this indicator (1.4% and Ottawa is much higher (5.0%).

(15) Parent or partner with disability

This applies to the Healthy Babies caseload. It is a serious risk factor compromising parental capacity. This risk factor represents 1.0% of the Healthy Babies caseload and may indicate a general level for society. The ODSP caseload for intellectual disability is 0.5%.

There is significant variation on this indicator between the different public health units. This may indicate variable rates of access to the Health Babies Program rather than the underlying need of the community. The Eastern Ontario PHU and the Leeds/Lanark PHU have much higher rates, 2.7% and 2.2 % respectively. Hastings and Prince Edward PHU has an 8.2% rate of parental disability.

(16) Parent or partner with mental illness

This applies to the Healthy Babies caseload. It is a serious risk factor compromising parental capacity. This risk factor represents 17.9% of the Healthy Babies caseload and may indicate a general level for society. The Eastern Ontario PHU and the Leeds/Lanark PHU have much higher rates, 30% and 33.5 % respectively. There is a significant degree of variability on this risk factor as reflected in the table below.

Table: % of parents with mental illness on the Healthy Babies caseload

| | |
|---|------|
| Mainly urban centres with moderate population density | 20.5 |
| Sparsely populated urban-rural mix | 32.1 |
| Mainly rural | 25.0 |
| Largest population centres with high population density | 7.9 |

5.0 At Risk Groups

At-risk groups are not risk factors. The group identifier does not cause adverse outcomes. They are vulnerable to having more risk factors associated with them because of systemic factors, such as discrimination, stigma, income inequity, and poor access to services and resources.

Agencies can prevent many adverse outcomes, without having to target the causes, by *insulating the at-risk groups from exposure* to the risk factors. We can insulate at-risk groups by community education and support groups designed to counter the systemic factors.

I have organized data for seven at-risk groups, but there are many other at-risk groups, including LGBT2S+ people, certain faith groups, especially Islam and Jewish, refugees, immigrants, and women.

(1) visible minority population

Thirty-four percent (34%) of the population of Ontario is a part of visible minority. In the local comparison, visible minorities are most common in Cornwall (10%), Ottawa (32%) and Kingston (13%).

(2) Black as a % of the visible minority population

Across Ontario, black residents represent 16% of the visible minority population and 5% of the total population. Only 1% of the residents in the Ottawa corona are black.

In Clarence-Rockland 50% of the visible minority population are black.

(3) % of Full or Partial Indigenous identity

Across Ontario, 4% of the population identify either fully or partially with the Indigenous people. Several census sub-divisions have a higher percentage, Cornwall (9%), Clarence-Rockland (10%), Prescott (9%), and Central Frontenac (13%).

It is government policy, backed by legislation and regulations, for agencies to accommodate the cultural needs of indigenous people. These four census sub-divisions in the local comparison group have a substantial duty given the percentages.

(4) % of adults ages 24-64 with high school or less education

The core working population (ages 24-64) is under pressure from the modern industrial revolution. To be employed in the new economy, the worker must seek and secure training beyond high school and they will need to be competent working with a computer, automated equipment, literacy, and numeracy. Cities and towns that have a concentration of workers with no education beyond high school will be at a disadvantage in future jobs. Many of them are part of the hidden unemployed.

Nearly one-quarter of the province is affected (23%). In our local comparison group, the at-risk population is 34% of the total; they are residents of:

Table % with no post secondary education

| Census sub-division | pop between 25 and 64 | No certificate, diploma or degree | % with less than HS is the highest education | High (secondary) school diploma | % with high school - highest education |
|---------------------|-----------------------|-----------------------------------|--|---------------------------------|--|
| <i>Cornwall</i> | 23,175 | 3,700 | 16% | 7,805 | 34% |
| <i>Hawkesbury</i> | 4,835 | 1,040 | 22% | 1,700 | 35% |
| <i>Smiths Falls</i> | 4,505 | 845 | 19% | 1,540 | 34% |
| sub-total | 32,515 | 5,585 | 17% | 11,045 | 34% |

This means that 50% of more of the population faces a significant disadvantage in the new economy.

(5) % who are LPs in 2021

Statistics Canada expects that 50% of the children born today will live for part of their childhood in a single parent family home. This is the new normal. On Census Day, 17% of all families in Ontario were lone parents. There is a fair amount of variation locally in the fraction of lone parent home.

Table: % of families who are lone parents

| Census sub-divisions | Lone parents | % of families |
|----------------------------|--------------|---------------|
| <i>Akwesasne (Part) 59</i> | 250 | 42% |
| <i>Cornwall</i> | 3,010 | 23% |
| <i>Hawkesbury</i> | 645 | 23% |
| <i>Prescott</i> | 240 | 21% |
| <i>Brockville</i> | 1,365 | 22% |
| <i>Gananoque</i> | 310 | 20% |
| <i>Smiths Falls</i> | 625 | 25% |
| <i>Perth</i> | 365 | 21% |

The same census sub-divisions that are loaded with risk factors are the most likely places where lone parents take up residence. This is the source of their vulnerability.

(6) on the local child protection caseloads (tab 15.d)

The percentage of mothers and infants on the Healthy Babies caseload who are also on the child protection caseload of the local CAS is 3.6% or 3,569 clients. There is significant variation on this indicator, that appears to be related to the type of geography.

Table: % of Healthy Babies clients on child protection caseload

| Type of geography | Health Babies clients | On CAS caseload | % of HB clients |
|---|-----------------------|-----------------|-----------------|
| Mainly rural | 13,108 | 725 | 5.5 |
| Sparsely populated urban-rural mix | 16,620 | 1,446 | 8.7 |
| Mainly urban centres with moderate population density | 29,770 | 988 | 3.3 |
| Largest population centres with high population density | 40,966 | 408 | 1.0 |

The child protection caseload is not a cause of adverse outcomes; likely the programs of the CAS are saving lives. It isn't clear why there should be such variation. Do the differences reflect the different degrees of risk facing the children in different locations. If this is true, children in one jurisdiction, Timiskaming Health Unit, have 15 times the risk of harm as children in Halton, Peel, Toronto, and York.

6.0 Resilience

Indicators of resilience at the community level are the social manifestations and enablers of resilience at the personal level. The most powerful form of community level resilience is the quality of social connections.

A large pool of research has identified *social connectedness* as a powerful protector against poor health, mental illness, and family dysfunction. Indicators of social connectedness include (1) community resources dedicated to responding, reaching out to those in need, (2) availability and use of GP's, specialists, and mental health services, (3) youth who are bonded to school and (4) normally developing children in young families.

The Ministry of Social Development in New Zealand proposed a definition of social connectedness in literature review of the subject⁷:

"Based on the review of the literature, three common components of social connectedness can be identified (see also Tough, Siegrist & Fekete, 2017): *Socialising*, *Social support*, and *Sense of belonging*." (Frieling, Peach & Cording (2018), page 8)

(1) % of Vacant Dwellings

Having a stable place to live is a fundamental condition for social connections to occur. The growing homeless problem and the inability of young families to afford a suitable place to live is a significant stressor in Ontario today.

⁷ Frieling, Margreet; Peach, Eric Krassoi & Cording, Jacinta (2018), *Social connectedness and wellbeing literature review*, Ministry of Social Development: Wellington, NZ downloaded from <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/literature-reviews/social-connectedness-and-wellbeing.html>

Ensuring an adequate supply of housing stock, having a place for everyone to live is an indicator of resilience that has a profound impact on the social and mental well being of individuals. The Census found that 7% of all housing units in Ontario are either completely unoccupied or occupied on Census Day by someone who has another primary residence elsewhere. Across Canada, most provinces and municipalities have enacted a vacant property tax to discourage owners from holding housing stock off the market or using it for short term rentals.

Given the projected increase in the population and the length of time it takes to increase the housing stock, this is a major problem for the government, despite the current vacancies. Moreover, the vacancies are spread throughout the province, and not within the largest cities where the demand is located.

Having vacancies in a community is not a magic bullet, but it is a form of resilience for the local community. In Ottawa, 5% of the housing units do not have a primary resident living there. In contrast, 9% of the housing in the Ottawa corona is vacant.

In Russell township, there is a vacancy of 1%, despite a surge of new construction. High levels of migration have occupied all the available houses. Down the road in Leeds and Grenville, there is a 10% vacancy rate. The average vacancy rate in rural townships is 12% in the local comparison group. Rural places range from a low of 3% vacancy to 60% vacancy.

In contrast, the vacancy rate in small and medium population centres is 4% plus or minus 1%. This means that the resilience created by vacant housing is available only rural areas of the local comparison group.

(2) Median shelter costs for homeowners

The median shelter costs for homeowners has been quite stable over ten years, from 2011 to 2021. The inflation adjusted increase in shelter costs was 4%. This means that shelter costs exceeded inflation by less ½ percent over those years. The median income for homeowners increased much more.

In the census sub-divisions with concentrated disadvantages (i.e.) Hawkesbury, Cornwall, Prescott, Brockville, Perth and Smith Falls, the inflation adjusted median shelter costs decreased by 9% over the ten years. In 2021, the average median shelter cost was \$918.

Resilience works when it co-exists with risk.

(3) Income flowing into the community as millions of \$

The challenge for Canada is ensuring an equitable share of wealth among all the people. However, this challenge is only worth pursuing if there is wealth to share. This is certainly true in Ontario and among the jurisdictions on this table.

In the Ottawa corona, there is 23.2 billion dollars in wealth flowing into these communities each year to be shared by 551,886 people. The income, in millions of dollars, flowing into the areas with concentrated disadvantage is displayed below:

This money flowing into a community is spent in the same year, meaning that it is constantly churning. The cycling of this money can benefit everyone in the community, with initiatives such as *buy local, play local and hire local*.

| | |
|---------------------|------------------|
| <i>Cornwall</i> | \$ 1,549,000,000 |
| <i>Hawkesbury</i> | \$ 343,000,000 |
| <i>Prescott</i> | \$ 137,000,000 |
| <i>Brockville</i> | \$ 845,000,000 |
| <i>Smiths Falls</i> | \$ 311,000,000 |
| <i>Perth</i> | \$ 255,000,000 |

(4) Income of lone parents

The average income of lone parents has increased significantly everywhere in the province, including historically disadvantaged census sub-divisions.

This means that many children and families have been lifted out of poverty. The average income of lone parents varies significantly by the age of the lone parents, which is not visible in this table. The user should look at the *Housing Table Three*, affordability tab 3h. In this table, the average income of lone parents in Brockville shows that lone parents under 35 years old have an average income of \$55,000 compared to \$75,000 for lone parents older than 55.

Therefore, there is good news and resilience behind the average income of lone parents, but it is not equitably distributed.

(5) % of all Households with income over \$200,000 compared to under \$40,000

There is a balance in the fraction of households living on less than \$40,000 compared to those living on \$200,000 or more. Some jurisdictions, Halton Region, have a much higher fraction of wealthy household (23%) compared to poorer households (11%). This is one measure of income disparity. Other regions of Canada, especially Alberta, BC, and Quebec, have much higher income disparity than Ontario. A more equitable distribution of wealth is an indicator of resilience. Adults and children in poorer households are insulated from some of the toxic effects of poverty, (i.e.) stigma, social isolation, and self-loathing, if they outnumber the wealthier neighbours or at least equal them.

Household income over \$200,000 is about five times more than the poverty rate using the BMB criteria. Twelve percent (12%) of households in Ontario have incomes over this amount. Ottawa (15%), Russell (16%), and Halton Region (23%) have a larger segment of society at this threshold. This reflects the increasing prosperity of Ontario.

The Ottawa corona (8%) and rural sub-divisions in the local comparison group (8%) have fewer households at this threshold. The six census subdivisions of concentrated disadvantage, listed above, have an average of 3% of households receiving over \$200,000 income.

In summary, households of considerable wealth are residing in this region; most jurisdictions have a similar percentage (i.e.) between 7% and 9% of these wealthy neighbours.

By itself, wealth is good for community well being as long it is in balance. Most households living on less than \$40,000 per year are living in poverty, which intrinsically harmful and a powerful risk factor.

Table: the balance of poor and wealthier neighbours in high-risk municipalities

| | under 40,000 | % under \$40,000 | \$200,000 and over | % over \$200,000 |
|---------------------|--------------|------------------|--------------------|------------------|
| <i>Cornwall</i> | 6,435 | 30% | 540 | 3% |
| <i>Hawkesbury</i> | 1,815 | 36% | 105 | 2% |
| <i>Prescott</i> | 520 | 28% | 45 | 2% |
| <i>Brockville</i> | 2,935 | 28% | 435 | 4% |
| <i>Smiths Falls</i> | 1,225 | 28% | 90 | 2% |
| <i>Perth</i> | 895 | 27% | 135 | 4% |

There is much more poverty in these disadvantaged jurisdictions, but some wealthier neighbours, which helps the local economy.

(6) % of recent landed immigrants

New immigration is a powerful asset for the community. It directly increases wealth, and job creation. New immigrants also bring in a new perspective on hardship to the long-term residents of Ontario. Municipal jurisdictions that are geographically isolated and have little mobility and zero immigration are at-risk of higher levels of resentment, anger, and despair about their situation in life.

New immigrants (i.e.) from 2011 to 2016 and from 2016 to 2021, represent 3% each or 6% in total of the population of Ontario.

Compared to all immigrants, 11% of immigrants landed during the 2011-2016 period and 14% landed during the 2016-2021 period. The resilience effect of new immigrants has clearly impacted the high-risk jurisdictions:

Table: New Immigrants who have landed in high-risk communities

| | 2011 to 2015 (five years) | % of immigrants 2011 to 2015 | 2016 to 2021 (five years) | % of immigrants 2016 to 2021 |
|---------------------|---------------------------|------------------------------|---------------------------|------------------------------|
| <i>Cornwall</i> | 420 | 11% | 635 | 16% |
| <i>Hawkesbury</i> | 75 | 13% | 115 | 20% |
| <i>Prescott</i> | 10 | 4% | 10 | 4% |
| <i>Brockville</i> | 125 | 5% | 235 | 10% |
| <i>Smiths Falls</i> | 35 | 6% | 40 | 7% |
| <i>Perth</i> | 15 | 4% | 30 | 7% |

Cornwall, Hawkesbury, and Brockville have seen a high level of new immigrants. All jurisdictions are receiving some.

(7) Resilience by county tab 15.f: median income 2015 – 2020

The median income of individuals has increased significantly comparing 2015 to 2020, by 21% in Leeds & Grenville and 24% in Lanark. Ottawa now has the highest median income in the Province (\$50,000) overtaking Halton Region and Prescott-Russell continues in rank #3, with a median income of \$47,200.

The dividing line of *median income*, which splits the range of incomes in half, has moved 23% higher in the province. This is further evidence of the increasing wealth of Ontario.

(8) Perceived health, very good or excellent

This is derived from a survey conducted by Statistics Canada, in which respondents rated their health and well being. It is organized by public health units, found on tab 15.g.

Three years of data has remained quite steady over the years. Statistics Canada indicates statistically significant changes over time with a word, *lower*, *higher*, or *no*. Two public health units are seeing higher rates (York and Perth) and one is trending lower, Durham.

Overall, this indicator for the Leeds & Grenville and Lanark public health unit is stable and average compared to the province.

(9) Perceived mental health, very good or excellent.

The province as a whole and eight public health units (22%) are trending lower. This may indicate the adverse effect of the Pandemic. The most recent survey was done in 2019/20.

6.1 The Psychological Impact of COVID

1. Post COVID has produced a significant decline in perceived Mental Health for key age groups⁸.
 - a. Females experienced a significant decline in mental health from 2019 to 2020. Female adults who rated themselves as having fair or poor mental health showed an increase from 9.1% in 2019 to 11.7% in 2020.
 - b. The population age 35-49 reported a similar decline in the quality of their mental health compared to the total population from 8.2% to 11.1% from 2019 to 2020.
 - c. The population age 50-64 reported a similar decline in the quality of their mental health, from 7.0% to 9.7% respectively.
2. Some age groups and males in general did not show a decline in the quality of their mental health, pre and post COVID. There were significant differences in the quality of mental health between certain groups and regions of the Country.

⁸ Statistics Canada (2021), *Self-perceived mental health and mental health care needs during the COVID-19 pandemic*, Statistics Canada; Ottawa, Catalogue no. 45-28-0001

- a. Adults in Quebec rated themselves as having significantly better mental health than the rest of Canada (i.e.) 70.8% compared to 62.9% rated themselves as having excellent or very good mental health.
- b. The population age 18-34 reported consistently poorer mental health for both 2019 and 2020 compared to other age groups. Only 57% of this age group rated themselves as having excellent or very good mental health.
- c. Some visible minority groups, including South Asian (70.2%), Filipino (74.2%) and Arabic (75.4%) were more likely to report positive mental health compared to non-visible minorities during the fall of 2020 (i.e.) 62.6%.
- d. During the fall of 2020, recent immigrants living in Canada for less than 10 years since immigration were more likely to report positive mental health (74.2%) in comparison to established landed immigrants (65.5%), and Canadian-born (62.5%).
- e. Indigenous people (53.2%) were less likely to report positive mental health compared to non-Indigenous people (64.3%).
- f. First Nations people living off-reserve reported a significantly poor mental health overall; only 46.9% of First Nations people living off reserve reported positive mental health.
- g. A much lower proportion of LGBTQ2+ Canadians aged 15 and older reported positive mental health during the fall of 2020 compared to non-LGBTQ2+ Canadians (i.e.) 39.9% vs. 64.6% respectively.

The self-described mental health well being for all groups is still stable for about 80% of the public health units. The city of Ottawa is significantly lower (i.e.) from 72.6% positive to 60.5% positive. The Eastern Ontario PHU (68%) is higher than the provincial average (64.7%). Leeds & Grenville and Lanark PHU is significantly higher than the provincial average and has been so for three years continually.

The emerging consensus of the mental health effects of COVID is mixed, with some increase in depression and anxiety among vulnerable groups and in a minority of municipalities, but no adverse effects for most. A study by CAMH in Toronto with 619 youth during the COVID epidemic arrived at this conclusion⁹:

“For the majority of participants, mood concerns increased early in the pandemic, declined over Canada’s summer months and subsequently increased in autumn. Among the youth with the highest level of mood symptoms at the beginning of the pandemic, increases in mental health concerns were sustained. Substance use remained relatively stable over the course of the pandemic. COVID-19- related worries, however, followed a trajectory similar to that of mood symptoms. Girls/young women, youth living in urban

⁹ Hawke LD, Szatmari P, Cleverley K, *et al.* (2021), “ Youth in a pandemic: a longitudinal examination of youth mental health and substance use concerns during COVID-19.”, *BMJ Open*, 11:e049209. doi:10.1136/bmjopen-2021-049209

or suburban areas, in larger households, and with poorer baseline mental and physical health are the most vulnerable to mental health concerns and worries during the pandemic.” Page 1

(10) Sense of belonging to local community: somewhat strong or very strong.

The data is very stable over the three years and positive. Leeds & Grenville and Lanark have a higher score (75.1) than the provincial average (71.3).

(11) Life satisfaction: satisfied or very satisfied.

These are the highest scores obtained on the survey. The provincial average is 92.7 and stable. Leeds & Grenville and Lanark (92.5) scored in line with the province.

(12) Has a regular healthcare provider.

Nine percent (90.6) of the province has a regular health care provider according to the self-declared data. It is not clear if some respondents considered a trusted provider working in an ER as a “regular health care provider”. The results are quite consistent throughout the Province except for Ottawa (85.9) and Hastings (85.4) which are significantly lower.

(13) Sense of belonging to local community: somewhat strong or very strong

These results apply to youth, ages 12 to 19 years. In general, youth declare a stronger sense of belonging than the general population (i.e.) 85.7 versus 71.3, respectively.

(14) Life satisfaction: satisfied or very satisfied.

These results apply to youth, ages 12 to 19 years. The results are very high (96.9%) in line with the general population. The results are high everywhere, suggesting that our youth are feeling good about themselves and their situation in life.

(15) Perceived mental health: very good or excellent.

These results apply to youth, ages 12 to 19 years. The results at the provincial level are consistent with the general population (69.3%). This result is much lower than the life satisfaction and belonging questions. Leeds & Grenville and Lanark public health unit data (56.0) is trending lower and is also well below the provincial average in 2019/2020. This result is indicative of poor mental health locally.

However, the results on this question are good for most places in the province.

7.0 Adverse Outcomes

The concepts of risk and resilience only makes sense in relation to a bad outcome (i.e.) *the risk is expressed*. To calculate how severe and/or imminent the risk is, the user must have data on the frequency of the adverse outcome. This is a lot easier when the relationship between the risk factor and the adverse outcome is direct and fast (i.e.) heavy drinking in the 12th week of pregnancy results in a 43% incidence of FASD.

The risk factors on this database are known to cause adverse outcomes, but not one specific bad outcome per risk factor. Instead, powerful risk factors, such as *children under the age of six years living in poverty*, cause a broad array of adverse outcomes; some of them become known years after exposure to the risk. Extensive research, by Dr. Daniel Offord, Dr. Fraser Mustard and others has established the links and validate the risk factor.

To break the link and prevent the adverse outcomes, agencies must reduce the risk factor closer to zero.

Adverse outcomes that are very rare (i.e.) murder and especially mass murder, make causal inferences about which risk factors are producing the outcome very difficult. It is much easier to anchor the program logic model on commonly occurring bad outcomes, such as rates of hospitalization due to assaults, or preventable deaths. The incidence of eight adverse outcomes are in the database.

An overview of the outcomes and the baseline data is in the next table.

Table: Adverse Outcomes

| adverse outcomes at the level of public health units | | local baseline | Ont average |
|---|---|-----------------------|--------------------|
| 1 | All causes of death (rate per 100,000 people) | 767.4 | 674.3 |
| 2 | Preventable Death (rate per 100,000 people) | 222.1 | 192.4 |
| 3 | Suicide (rate per 100,000 people) | 13.3 | 9.0 |
| 4 | Intentional Injuries ER visits ages 0-19 yrs in 2020 | 417.5 | 277.1 |
| 5 | Injuries due to assault: ER visits ages 0-19 yrs in 2020 | 159.5 | 118.0 |
| 6 | Hospitalization for Neurotrauma Injuries: ages 0 to 19 in 2020 | 26.1 | 21.3 |
| 7 | mental health conditions entirely caused by alcohol: all ages in 2020 | 540.1 | 469.6 |
| 8 | rate of adults charged with a crime (Smith Falls) | 4,214.94 | 1,245.68 |
| Index | Sum incident data mutually exclusive items (2..8) | 5,593.54 | 2,333.08 |

The first obvious finding is that Leeds & Grenville and Lanark exceed the provincial average on all adverse outcomes. The items #2 (Preventable Death) to #8 (adults charged with a crime) are almost totally mutually exclusive events. Therefore, I was able to add the rates to produce an *adverse outcome index*.

The index shows a large difference in adverse outcomes compared to the Provincial average.

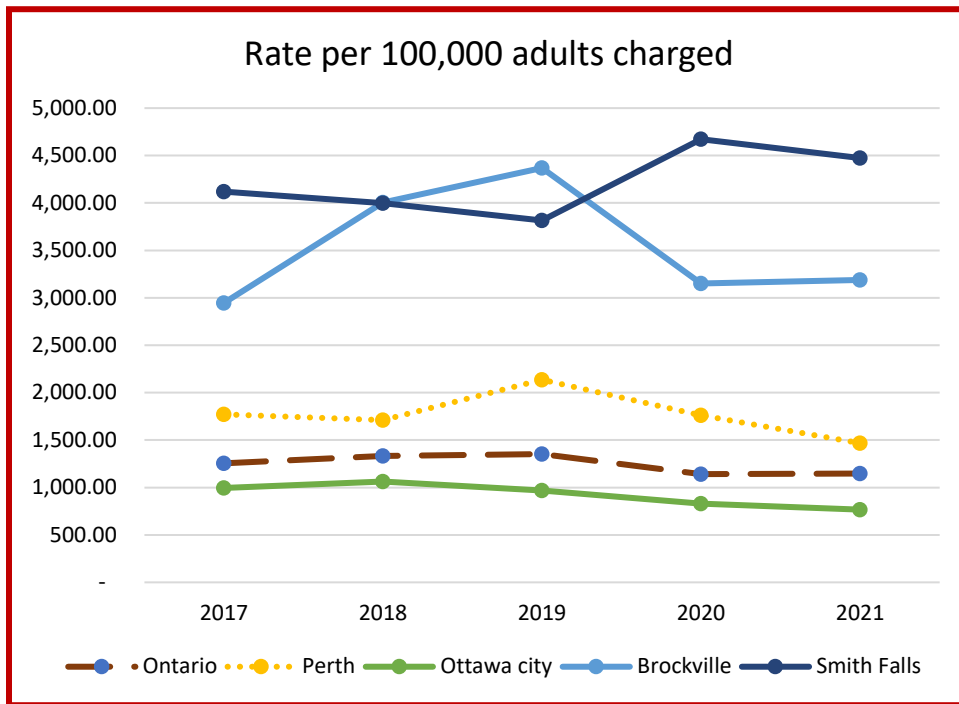
8.0 Conclusion

There is considerable evidence of concentrated disadvantage in the Census database. Moreover, the same areas of disadvantage are experiencing higher levels of adverse outcomes. The areas of concentrated disadvantage include:

- (1) The Leeds & Grenville and Lanark Public Health Unit
- (2) Cornwall
- (3) Hawkesbury
- (4) Brockville
- (5) Prescott
- (6) Smith Falls
- (7) Perth

The graph below displays the rate of adults charged with a crime over the past five years.

Graph 1: the Rate of adults charged in four cities



This graph illustrates the wide margins that separate cities on rates of adverse outcomes.

Robert Fulton, MSW

May 14, 2023