

What We Know and What We Don't Know Yet

A Review of Documents to Support Niagara's
Community Picture and Recommended Actions



Working together so that people in Niagara can lead
safe, healthy, active lives and youth can flourish.

February 2011

Funded by the Government of Ontario

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Purpose of this Review of Documents

- To identify existing research and recommendations from community groups related to injury prevention, physical activity, healthy eating, tobacco use and exposure, substance and alcohol misuse, mental wellness and poverty.
- Healthy Living Niagara will use the results of this review along with community consultation and other data collection strategies to determine local recommended action statements.
- This work is being done as requested by the Ministry of Health Promotion and Sport. Ultimately the Recommended Action Statements will help inform the ministry's Healthy Communities Fund http://www.mhp.gov.on.ca/en/healthy_communities/hcf/Framework-2010-2011.pdf

What Was Included in this Review

- This review references over 80 documents. Most of them were identified by Healthy Living Niagara partners following a request emailed to them by the Coordinator in November, 2009. Others emerged during the review process. Documents are far ranging in their type, from policy guidelines to best-practice documents.
- About 1/3 of the documents are Niagara specific, the majority are Ontario level and several are of Canadian or international relevance.
- To find the references referred to in this report, see the notes pages in the electronic version of this report at www.healthylivingniagara.com
- For more details about each report see the "Document Review Spreadsheet" found at www.healthylivingniagara.com
- This report was updated in February 2011. The newly added documents are highlighted.

Acknowledgements

Input regarding the documents reviewed was sought during several meetings with local topic experts. These experts identified if the information highlighted from the reports matched what they believe is happening in Niagara, applications to local programming, recommendations worth exploring in more detail and questions to clarify the data. Healthy Living Niagara thanks the following people for contributing comments as part of the review process:

Elaina Orlando, for leading the review process and compiling the results in this report during a student placement with Lisa Gallant at Niagara Region Public Health.

Injury Prevention

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Injury Prevention

What we know... Niagara Data

The following were identified as injury prevention priorities in Niagara*:

Age	Priority One	Priority Two
0-4	Falls	Intentional Violence
5-14	Falls	Off Road Vehicle
15-19	Road Motor Vehicle	Intentional Self-Harm
20-59	Road Motor Vehicle	Falls
60+	Falls	Road Motor Vehicle

*As reported in the Niagara Region Public Health Report on Preventable Injuries, using the nationally accepted framework developed by the Winnipeg Regional Health Authority.

What we know...Road/Motor Vehicle Niagara Data

- Data from the Niagara Regional Police (1993-2003) demonstrated that Niagara had one of the highest rates of deaths and serious injuries per capita in Ontario due to motor vehicle collisions (0.06 per capita)¹;
- It was also found that 75% of collisions in Niagara involved male drivers and nearly 60% of crashes occurred on rural roads¹;
- For the population 15-59, motor vehicle collisions are the leading cause of injury²;
- Car collisions are one of the top five priority issues in four out of the five age groups³;

Ontario Data

- 1/3 of major injury hospitalizations were alcohol related & 54% of these were motor vehicle related⁴;
- 21% of those aged 15-24 reported driving under the influence of alcohol and 33% reported being a passenger in a vehicle driven by someone under the influence of alcohol in the previous year²;
- Any Blood Alcohol Content (BAC) increases risk of a motor vehicle crash⁶;
- Nearly one quarter of students report riding in a vehicle with a driver who has been drinking⁷;
- 52.3% of traffic fatalities among 20-25 year olds were alcohol related⁸.

1 - SMARTRISK (2009). Think and Drive: A Strategy to Reduce Serious Motor Vehicle Collisions in the Niagara Region. Toronto, ON.

2 - Niagara Region Public Health (2009). The Health Story of Niagara. Retrieved from: <http://www.niagararegion.ca/news/publications/hs/default.aspx>

- 3 - Niagara Region Public Health (2010). Niagara Region Public Health Report on Preventable Injuries. Thorold, ON: Bradley, Christina.
- 4 - The Alcohol Policy Network of the Ontario Public Health Association (2008). Alcohol, Drugs & Related Harms in Ontario: *A Scan of the Environment*. Toronto ON: Caverson, R. & Smythe, C.
- 5 - Mothers Against Drunk Driving, Canadian Centre on Substance Abuse, & Centre for Addiction and Mental Health (2009). Alcohol, Trauma and Impaired Driving (4th Ed.). Solomon, R., Organ, J., Abdoullaeva, M., Gwyer, L. & Chiodo, S.
- 6 - Ontario Injury Prevention Resource Centre (2008). Alcohol Related Injury: Evidence-Based Practice Synthesis Document. Toronto, ON.
- 7 - Centre for Addiction and Mental Health (2009). The 2009 Ontario Student Drug Use and Health Survey Detailed Drug Use Report. Toronto, ON: Paglia-Boak, A., Mann, R., Adlaf, E. & Rehm, J.
- 8 - SMARTRISK (2009). The Economic Burden of Injury in Canada. Toronto, ON.

What we know...Falls

Niagara Data

- The leading cause of injury is falls for those aged 0-14 and over the age of 60 ¹.

Ontario Data

- The leading cause of death by injury was falls (2004) ²;
- Falls were also the leading cause of both permanent total and permanent partial disability²;
- Nearly half the costs of injury were attributable to falls²;
- 27% of hospitalizations due to a fall had BAC's over 0.08% ³.

1 - Niagara Region Public Health (2009). The Health Story of Niagara. Retrieved from: <http://www.niagararegion.ca/news/publications/hs/default.aspx>

2 - SMARTRISK (2009). The Economic Burden of Injury in Canada. Toronto, ON.

3 - Ontario Injury Prevention Resource Centre (2008). Alcohol Related Injury: Evidence-Based Practice Synthesis Document. Toronto, ON.

What we know...Intentional Harm:

Niagara Data

- Alcohol and drug misuse are important factors in suicide among youth¹.

Ontario Data

- The majority of intentional injury costs were attributable to suicide².

General Information:

- Alcohol is a well established risk factor for self-injury, violence, impaired driving and unintentional injury³;
- Nearly \$6.8 billion and 4,634 lives were lost in Ontario due to injury in 2004 ²;
- The total cost of alcohol related injury in Ontario was \$440 million (2006) ¹;

- 1 - The Alcohol Policy Network of the Ontario Public Health Association (2008). Alcohol, Drugs & Related Harms in Ontario: A Scan of the Environment. Toronto ON: Caverson, R. & Smythe, C.
- 2 - SMARTRISK (2009). The Economic Burden of Injury in Canada. Toronto, ON.
- 3 - Ontario Injury Prevention Resource Centre (2008). Alcohol Related Injury: Evidence-Based Practice Synthesis Document. Toronto, ON.

What we know about... Comments from local topic experts

- Existing data is good;
- We are aware of what strategies and programs are available locally.
- We are aware of what best practices are recommended for programming;
- It is suggested that gaps exist in current program strategies;
- Road and Falls are consistent as the top causes of injury in most communities (followed by suicide and intentional harm);
- Alcohol consistently emerges as a factor in many injuries.

Acknowledgements

Input regarding the documents reviewed was sought during several teleconference meetings with groups of local topic experts who worked in relevant fields e.g. injury prevention. Participants identified if the information matched what they believe is happening in Niagara, other applications to local programming, recommendations worth exploring in more detail and questions to clarify data. This section includes key highlights from their discussion.

Healthy Living Niagara thanks the following people for contributing comments as part of the review process for injury prevention:

Lori Kleinsmith, Health Promoter, Bridges Community Health Centre

Christina Bradley, Nurse, Niagara Region Public Health

Deborah Moore, Senior Epidemiologist, Niagara Region Public Health

What we don't know, but would like to:

- We don't know if local strategies are effective.
- Alcohol and drug related injury data at the local level (Ontario Student Drug Use and Health Survey) will be oversampling Niagara in the next round to obtain more local data and add to injury data;
- Although injury related data is available by municipality in Niagara, it would be an extremely small sample size and resources are not currently available to analyze it;
- What communities think about injury prevention (qualitative research);
- What local and provincial policies address injury prevention?

Injury Prevention Networks

Regional Niagara Road Safety Committee (working committee and executive committee)
NOTL Traffic Safety Task Force
Safe Communities Port Colborne
Fall Prevention Network Niagara
Injury Prevention-Youth Violence Prevention Coalition
Welland Safe Community Partnership
Coalition to End Violence Against Women
Children's Rights Interest Group of Niagara
Niagara Suicide Prevention Coalition
Niagara Elder Abuse Prevention Network
YES Niagara: Youth + Education = Success Niagara

Injury Prevention: Overview of Data

Falls and motor vehicle collisions consistently emerged as the top causes of injury in most communities across Canada

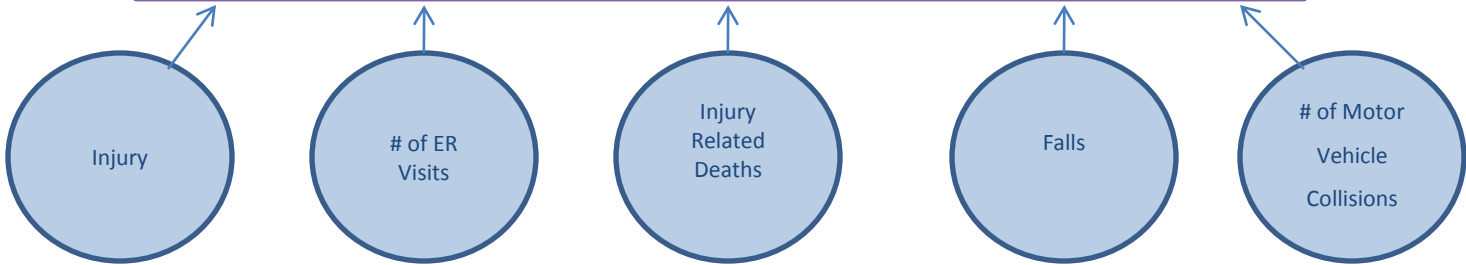
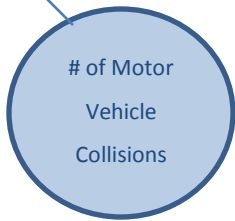
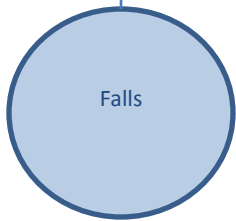
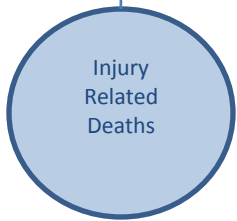
Ontario

- 52.3% of traffic fatalities among 20-25 year olds were alcohol related
- The leading cause of death by injury was falls (2004)
- The majority of intentional injury costs were attributable to suicide
- Nearly \$6.8 billion and 4,634 lives were lost in Ontario due to injury in 2004

Niagara

- Niagara has one of the highest rates of deaths and serious injuries per capita in Ontario due to motor vehicle collisions (7.2% compared to the Ontario average of .01%)
- For the population 15-59, motor vehicle collisions are the leading cause of injury
- The leading cause of injury is falls for those aged 0-14 and over the age of 60

Potential Indicators



Physical Activity

What we know...

Niagara Data

- 44% of Niagara residents live less than 5km from work¹;
- 43.2% of the population report being physically inactive (compared to the Ontario average of 47.1%)^{1*};
- However, 79.1% of Niagara youth, aged 12-19 report being moderately active or active as well as 55.1% of adults over the age of 20, both of which are significantly higher than the Ontario average²;
- A greater percentage of Niagara youth aged 12-17 (31.7%) are obese compared to Ontario (20.0%)²;
- Youth in Port Colborne and Wainfleet reported that transportation and high costs are barriers for them to access services³;
- Many services are located in the larger cities within Niagara . This can pose a barrier for those living in more rural communities such as Fort Erie⁴;
- The highest mean domain Early Development Instrument (EDI) scores were found among children who were physically active six to ten hours per week⁵;
- Children who are more physically active perform better academically in school;⁵
- Only around 55% of female high school students (13-18) are enrolled in a physical education class and less than 70% report having at least one active parent⁶

1 - Niagara Community Research and Action Council (2008). Living in Niagara, 2008. St. Catharines, ON: Kilty, H.

2 - Niagara Region Public Health (2009). The Health Story of Niagara. Retrieved from: <http://www.niagararegion.ca/news/publications/hs/default.aspx>

3 - Every Kid in Our Community Port Colborne, Wainfleet (2009). Community Mapping of the Port Colborne/Wainfleet Child and Youth Services Landscape Project.

4 - Community of Fort Erie (2005). Roundtable on Physical Activity. Fort Erie, ON.

5 - Early Years Niagara (2009). Niagara Children's Chart Enacted: 2009 Report on How Well Our Children 0-6, Their Families and Their Communities are Being Served. Thorold, ON.

*Most self-reported physical activity data continue to disagree with objectively measured data. (as cited in The Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth, 2009)

6 - F.U.E.L Report

What we know...

Ontario and Canada Data

- There is a link between access to recreation and health/well-being/sense of belonging for low income youth and families¹;
- Participation in recreation increases self-esteem, enhances creativity and aids in the development of social skills²;
- Childhood obesity rates have tripled in the past 25 years (28% of Ontario children are overweight or obese)³;
- Costs of participation in sport/recreation is often cited as a barrier to access;³

- ¼ of adults and ½ of children in Canada participate in some type of sport regularly⁴;
- More than 50% of Canadian adults are physically inactive⁵;
- Most children and youth do not meet Canada's Guide for Physical Activity guidelines⁵;
- Female youth are significantly less active than male youth⁶;
- The levels of fitness have declined significantly among Canadian youth since 1981⁶;
- The percentage of Canadian adults reaching the 150-minutes-per-week recommendation by accumulating at least 30 minutes of moderate to vigorous physical activity (MVPA) on at least 5 days per week is about 5%⁷;
- About 7% of Canadian children and youth accumulate at least 60 minutes of MVPA at least 6 days a week⁸;
- Regardless of age group, men engage in more MVPA than do women⁷ and among children boys engage in approximately one hour of MVPA per day while girls engage in approximately 45 minutes daily⁸;
- Men and women spend about 9.5 of their waking hours being sedentary⁷ while boys and girls are sedentary about 8.5 hours⁸;
- On average, boys engage in an hour of MVPA per day, and girls, three quarters of an hour⁸.

1 - The Canadian Parks and Recreation Association (2005). Bridging the Recreation Divide: Listening to youth and Parents from Low Income Families Across Canada. Ottawa, ON: Frisby, W., Alexander, T., Taylor, J., Tirone, S., Watson, C., Harvey, J. & Laplante, D..

2 - The Canadian Parks and Recreation Association (2007). Everybody Gets to Play: Recreation Without Barriers – Ontario Supplement. Ottawa, ON.

3 - The Heart and Stroke Foundation of Ontario (2009). What's Killing Our Kids? Toronto, ON.

4 - Canadian Centre for Ethics in Sport (2008). What Sport Can Do: The True Sport Report. Ottawa, ON.

5 - Ontario Chronic Disease Prevention Alliance (2010). The Ontario Chronic Disease Prevention Alliance Evidence Informed Messages: Active Living and Physical Activity. Toronto, ON.

6 - Statistics Canada (2010). Fitness of Canadian Children and Youth: Results from the 2007-2009 Canadian Health Measures Survey. Retrieved from: <http://www.statcan.gc.ca/pub/82-003-x/2010001/article/11065-eng.htm>.

7 - Statistics Canada (2011). Physical Activity of Canadian Adults: Accelerometer Results from the 2007 to 2009 Canadian Health Measures Survey.

8 - Statistics Canada (2011). Physical Activity of Canadian Children: Accelerometer Results from the 2007 to 2009 Canadian Health Measures Survey.

What we know...

General

- Sport and recreation contributes to individual and community level health¹;
- Lower socioeconomic status is often associated with lower levels of physical activity²;
- Regular physical activity is positively associated with high self-esteem, while negatively associated with anxiety and depression³;

- Higher levels of fitness are associated with lower rates of smoking, increased healthy eating habits and better overall health⁴;
- Engaging in physical activity at school is associated with higher mental fitness⁵;
- Low levels of physical activity and increased time devoted to sedentary pursuits are associated with childhood obesity⁶;
- Overweight individuals have a significantly decreased lifespan (up to 8-10 years)⁷;
- As many as 35% of all cancers can be prevented through an active lifestyle and healthy eating habits⁸.

1 - Canadian Centre for Ethics in Sport (2008). What Sport Can Do: The True Sport Report. Ottawa, ON.

2 - Ontario Chronic Disease Prevention Alliance (2010). The Ontario Chronic Disease Prevention Alliance Evidence Informed Messages: Active Living and Physical Activity. Toronto, ON.

3 - Annesi, J. (2005). Improvements in self-concept associated with reductions in negative mood in preadolescents enrolled in an after-school physical activity program. Psychological Reports, 97, 400-40.

4 - Aarnio, M. (2003) Leisure-time physical activity in late adolescence. Journal of Sports Science and Medicine.

5 - The Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth (2009).

6 - Statistics Canada (2011). Physical Activity of Canadian Children: Accelerometer Results from the 2007 to 2009 Canadian Health Measures Survey

7 - Canadian Cancer Society (2011). 2011 Election Policy Recommendations. Toronto, ON.

8 - Parks and Recreation Ontario (2009). Recreation and Parks: Essential for Quality of Life. Toronto, ON.

What we know...

Comments from Local Topic Experts

- Although the data suggests Niagara residents are more physically active compared to the Ontario average, the data also suggests a greater portion of Niagara residents are obese compared to Ontario; this emphasizes an even greater need for physical activity in Niagara.
- Barriers to participation are critical factors influencing levels of activity (economic factors in particular);
- The fact that the Charter for Recreation and Parks in Ontario refers to active transportation suggests that the need for infrastructure to support walking and cycling to destinations is being recognized;
- Examples from Montreal and Mississauga were cited as examples for application of effective programming/policy to address barriers (such as cost) for recreation and physical activity;
- Federal-Provincial-Territorial Ministers responsible for Sport, Physical Activity and Recreation set the following first-ever national physical activity targets for children and youth aged 5 to 19 years:

- by 2015, to increase by seven percentage points the proportion of children and youth who participate in 90 minutes of moderate to vigorous physical activity over and above activities of daily living; and
- by 2015, to increase from 11,500 steps to 14,500 steps per day the average number of steps taken by all children and youth, which is equivalent to an increase of 30 minutes of physical activity per day.
- One study that was additionally suggested by reviewers identified the perceptions of Ontarians regarding recreation and parks with the following noteworthy outcomes; it was found that recreation and parks are viewed as significant factors to enhancing quality of life and creating 'a sense of community'; this reiterates the need for investment in such services and it could be useful for increasing levels of physical activity.

Acknowledgements

Input regarding the documents reviewed was sought during several teleconference meetings with groups of local topic experts who worked in relevant fields e.g. physical activity. Participants identified if the information matched what they believe is happening in Niagara, other applications to local programming, recommendations worth exploring in more detail and questions to clarify data. This slide includes key highlights from their discussion.

Healthy Living Niagara thanks the following people for contributing comments as part of the review process for physical activity:

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Laura Cousens, Associate Professor, Brock University

Sue Morrison, Regional Advisor, Ministry of Health Promotion and Sport

Jackie Gervais, Health Promoter, Niagara Region Public Health

Sarah Leyenaar, Health Promoter, Niagara Region Public Health

What we don't know, but would like to:

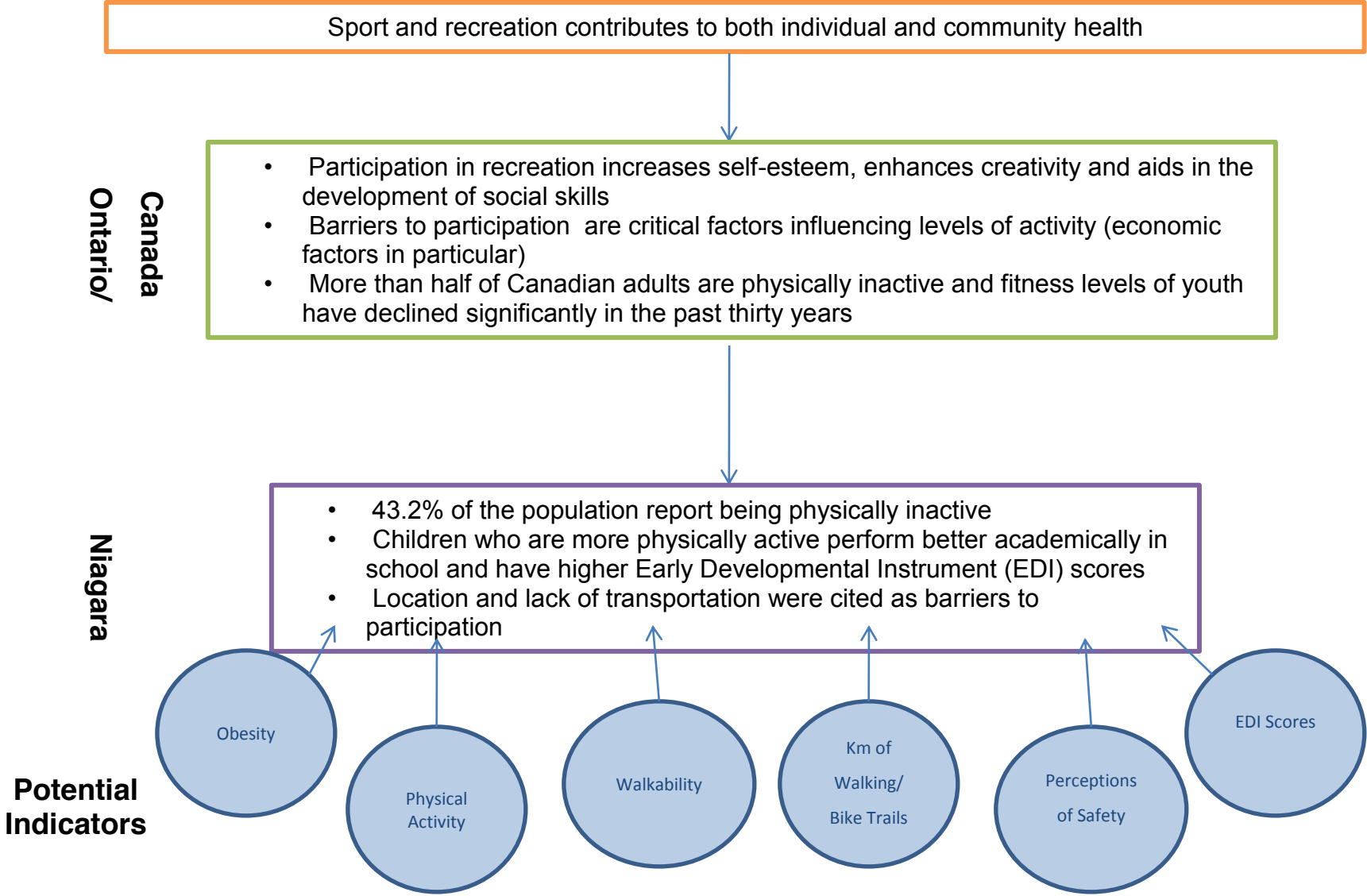
- Parent perceptions of neighbourhood safety/feelings of safety by 74 neighbourhoods;
- How the Charter for Recreation and Parks in Ontario has been implemented locally;
- Understanding the challenges Niagara residents face in obtaining subsidy;
- Basic evaluation of municipal sports and recreation programs needs to occur. A generic evaluation form would be beneficial;
- Influence of built environment in Niagara on participation in recreation;
- Participation in recreation by children 0-5;
- The number of women who have young children and are engaging in physical activity;
- Aboriginal and Francophone participation in recreation and physical activity;

- Examine the effects of policies and regulations targeted at the built environment on physical activity of children and youth;
- Longitudinal research on interventions (including policy changes) to increase physical activity in all age groups and all settings;
- If we can improve physical activity by increasing access to schools after school hours;
- The effectiveness of school-based policies to increase physical activity levels.

Physical Activity Networks

Parks Recreation Area Network
Niagara Sports Commission
FUEL (Females Using Energy For Life)
Niagara Regional Bicycling Committee
Active Niagara listserv
Greater Niagara Circle Route
YES Niagara: Youth + Education = Success Niagara
School Travel Planning Steering Committee
Active Transportation Niagara Network and citizen groups in 6 municipalities
HLN School and Workplace Committees

Physical Activity: Overview of



Healthy Eating

What we know...

Niagara Data

- 41.7% of the population reports eating 5 or more portions of fruit and vegetables per day¹;
- The percentage of overweight or obese youth aged 12-17 in Niagara is higher than the Ontario average¹ (29.2% compared to 21.2%);
- About half (51.5%) of the adult population is reported to be overweight or obese^{1*};
- Niagara's location makes it a unique environment that supports agricultural production^{2*};
- 1/3 of all food bank visits in Niagara are by children³;
- In utilizing the updated Nutritious Food Basket (NFB) measure for Niagara, it is estimated that the basic cost of healthy eating for a reference family of four is \$727 monthly which translates to about 36% of the family's budget should they be on Ontario Works or about 31% should the main earner be making minimum wage (an average household spends only 9.7% of their income on food)⁴;
- There is an undeniable need for increased social assistance in order for Niagara families to meet basic needs, a lack of which will reinforce poverty in the region⁴;

1 - Niagara Region Public Health (2009). The Health Story of Niagara. Retrieved from: <http://www.niagararegion.ca/news/publications/hs/default.aspx>

2 - Niagara Region (2003). Local Food Action Plan: Setting a Course for the Future of Food in Niagara. Thorold, ON.

3 - Early Years Niagara (2009). Niagara Children's Chart Enacted: 2009 Report on How Well Our Children 0-6, Their Families and Their Communities are Being Served. Thorold, ON

4 - Niagara Region Public Health (2010) PHD 06-2010. Thorold, ON

*While there are links between agricultural information and healthy eating promotion, the relationship is complex and best practices are not well-established.

What we know...

Ontario and Canada Data

- Childhood obesity rates have tripled in the past 25 years with 28% of Ontario children overweight or obese¹;
- Poor eating habits, along with physical inactivity are key factors contributing to the rising obesity and overweight rates in Ontario²;
- Over half of Canadian children do not consume the minimum number of fruit/vegetable servings per day¹;
- Nearly half of Canadians report not consuming fruit, vegetables, whole grains and/or dairy products due to their relative expense¹;
- 52% of Ontario women and 64% of Ontario men do not consume the recommended 5-10 servings of fruits and vegetables per day³;
- Children who ate family meals were found to consume more fruits and vegetables as well as less fried food, soft drinks and foods high in saturated and trans fat compared to children who did not;⁴

- Women in families who access food banks in Toronto were found to consume fewer fruits and vegetables than those with a secure food supply⁴;
- 55% of individuals who are food insecure are employed and therefore public policy must go beyond social assistance.⁵

1 - The Heart and Stroke Foundation of Ontario (2009). What's Killing Our Kids? Toronto, ON.

2 - Ontario Chronic Disease Prevention Alliance (2010). The Ontario Chronic Disease Prevention Alliance Evidence Informed Messages: Healthy Eating. Toronto, ON.

4 - Cancer Care Ontario (2006). Report on Cancer 2020: A Call for Renewed Action on Cancer Prevention and Detection in Ontario. Toronto, ON.

3 - Ontario Ministry of Health and Long Term Care (2004). Healthy Weights, Healthy Lives: Chief Medical Officer of Health Report, 2004. Toronto, ON: Basrur, S.

5 - Vogt, J. & Tarasuk, V. (2007). Analysis of Ontario Sample in Cycle 2.2 of the Canadian Community Health Survey.

What we know...

General

- Unhealthy eating is an individual, modifiable risk factor for many chronic conditions including heart disease, certain types of cancers and type 2 diabetes¹;
- Those with lower socioeconomic status are impacted to a greater degree by obesity compared to those with higher socioeconomic status²;
- Investing \$10 yearly per person in an effective community approach to disease prevention can provide a return of nearly \$5 for each \$1 spent²;
- Community Food Security (CFS) is identified by Dietitians of Canada as both an important process and outcome for achieving food security among Canadians³;
- Eating more fruits and vegetables is associated with healthy weights, weight loss, better weight management, and prevention of cardiovascular disease as well as certain cancers⁴;
- Workplaces, schools and the food and recreation industry can provide environments and services which promote healthy eating⁴;
- Research shows a clear link between good nutrition and higher school performance⁵;
- The consumption of foods with minimal nutritional value are displacing foods and beverages of higher nutritional value and may be contributing factors to the rising rate of childhood overweight and obesity⁵;
- As many as 35% of all cancers can be prevented through an active lifestyle and healthy eating habits⁶.

1 - Ontario Chronic Disease Prevention Alliance (2010). The Ontario Chronic Disease Prevention Alliance Evidence Informed Messages: Healthy Eating. Toronto, ON.

2 - California Health Policy Forum (2009). Tackling Obesity by Building Healthy Communities: Changing Policies Through Innovative Collaborations. Sacramento, CA.

3 - Dietitians of Canada (2007). Community Food Security: Position of the Dietitians of Canada

4 - Chief Medical Officer of Health Report- Healthy Weights, Healthy Lives

5 - Ontario Society of Nutrition Professionals in Public Health (School Nutrition Workgroup Steering Committee) (2004). Call to Action: Creating a Healthy School Nutrition Environment. Toronto, ON.

What we know...

Comments from Local Topic Experts

- Community food security may be improved by supporting local agricultural and food producers but this is not necessarily the outcome at the individual level, i.e., local food often needs to be at higher prices to allow for a fair income for producers though this can lead to inaccessibility for those on low incomes;
- Optimizing the nutritional benefit of foods at food banks and encouraging their nutritious use is important e.g., Having Community Food Advisors conduct demonstrations. More upstream solutions are needed as well through policies and environmental supports;
- Healthy eating activities should be based on Eating Well with Canada's Food Guide.

Acknowledgements

Input regarding the documents reviewed was sought during several teleconference meetings with groups of local topic experts who worked in relevant fields e.g. healthy eating. Participants identified if the information matched what they believe is happening in Niagara, other applications to local programming, recommendations worth exploring in more detail and questions to clarify data. This slide includes key highlights from their discussion.

Healthy Living Niagara thanks the following people for contributing comments as part of the review process for healthy eating:

Diane Corkum, Assistant Executive Director, Project S.H.A.R.E.

Tami McCallum, Manager, Chronic Disease and Injury Prevention, Niagara Region Public Health

Laurie Ann Douma, Health Promoter, Niagara Region Public Health

What we don't know, but would like to:

- More recent data on the number of farms in Niagara to see if the decline is a continuing trend;
- The number of families with young children accessing food banks;
- Nutritional information on food provided at food banks;
- Duration of breastfeeding of infants and eating habits of expectant mothers;
- Consumption of local produce/ perceptions of local products.

Healthy Eating Networks

Community Gardens
Climate Action Niagara/Green Saver
Niagara Nutrition Partners
YES Niagara: Youth + Education = Success Niagara
Prenatal Network of Niagara (PNON)
Local Food Action Plan
Diabetes Network Niagara
HLN school and workplace committees

Healthy Eating: Overview of Data

Poor eating habits, along with physical inactivity are key factors contributing to the rising obesity and overweight rates in communities across Ontario and unhealthy eating is a modifiable risk factor for many chronic conditions

Ontario/
Canada

- Over half of Canadian children and 40% of Ontario adults do not consume the minimum number of fruit/vegetable servings per day
- Children who ate family meals were found to consume more fruits and vegetables as well as less fried food, soft drinks and foods high in saturated and trans fat compared to children who did not

Niagara

- Daily consumption of fruit and vegetables (41.7%) is higher than the Ontario average (40.2%), however nearly half the adult population is reported to be overweight or obese
- Niagara 's location provides it with unique agricultural opportunities however there has been a recent and significant decline in the number of farms

Potential
Indicators



Tobacco Use and Exposure

What we know...

Niagara Data

- Niagara has a higher percentage of daily smokers than the Ontario average (19.2% vs. 16.8%)¹;
- About 20% of students perceived smoking as a low or very-low risk activity (it was perceived as a very high risk activity by 3.2% of the youth surveyed)²;
- Around 1/3 of students had smoked a cigarette (entirely) and the average age of students the first time they smoked a full cigarette was 15-16 years²
- Around 14% of expectant mothers in Niagara smoked during their pregnancy - this is highest in Port Colborne (28.3%)³
- Niagara's Quit Stats - adult smokers (18+) (2008)⁴:
 - 37.4% are in Pre-contemplation (no intention of quitting in the next 6 months)
 - 42.1% are in the Contemplation stage (thinking of quitting in the next six months)
 - 19.7% are in the Preparation stage (planning to quit in the next 30 days)

1 - Niagara Community Research and Action Council (2008). Living in Niagara, 2008. St. Catharines, ON: Kilty, H

2 - Youth Lifestyle Choices Community University Research Alliance (2008). Report on Youth Lifestyle Choices in the Niagara Region: Findings from the Youth Resilience Questionnaire (Spring 2008 High-School Implementation).

3 - Early Years Niagara (2009). Niagara Children's Chart Enacted: 2009 Report on How Well Our Children 0-6, Their Families and Their Communities are Being Served. Thorold, ON

4 - Rapid Risk Factor Surveillance System (2008).

What we know...

Ontario and Canada Data

- Over half of past year (student) smokers reported smoking contraband cigarettes;
- Past year use of cigarettes (among students) decreased from 28.4% to 11.7% between 1999-2009¹;
- Approximately 20% of Ontario adults used cigarettes in the previous year (2005)²;
- Approximately 13% of the Ontario population were exposed to second-hand smoke in public places on a regular basis;
- Tobacco related illness was responsible for \$1.6 billion in direct healthcare costs (2009)³;
- 13,224 deaths in Ontario in 2002 were attributable to tobacco⁴ - tobacco is the number one cause of preventable disease and death in Ontario⁸;
- Males aged 25-29 represent the largest population of smokers by age (37% of this population smokes)⁵;
- The Ontario Aboriginal population has a smoking rate at least twice the provincial average⁵;
- Approximately 17% of the population⁵ or 2 million Ontarians smoke⁸

- 26% of current smokers report having bought at least 1 pack of cigarettes on reserves in the previous 6 months⁶;
- In 2002, 16.6% of all deaths in Canada were attributable to tobacco use⁷;

1 - Centre for Addiction and Mental Health (2009). The 2009 Ontario Student Drug Use and Health Survey Detailed Drug Use Report. Toronto, ON: Paglia-Boak, A., Mann, R., Adlaf, E. & Rehm, J.

2 - Centre for Addiction and Mental Health (2009). Environmental Scan. Toronto, ON.

3 - Ontario Chronic Disease Prevention Alliance (2010). The Ontario Chronic Disease Prevention Alliance Evidence Informed Messages: Comprehensive Tobacco Control Programs. Toronto, ON.

4 - Ontario Tobacco Research Unit (2006). Research Update: The Burden of Tobacco Use in Ontario. Toronto, ON.

5 - Ministry of Health Promotion (2010). Comprehensive Tobacco Control Guidance Document. Toronto, ON.

6 - Ontario Tobacco Research Unit (2007). Contraband Cigarettes in Ontario. Toronto, ON: Luk, R., Cohen, J. & Ferrence, R.

7 - Canadian Centre on Substance Abuse (2006). The Costs of Substance Abuse in Canada in 2002. Ottawa, ON: Rehm, J., Baliunas, D., Brochu, S., Fischer, B., Gnam, W., Patra, J., Popova, S. & Samocinska-Hart, B.T.

8 - Canadian Cancer Society (2011). 2011 Election Policy Recommendations. Toronto, ON.

What we know...

General

- The occurrence of tobacco related deaths and illness can only be reduced by decreasing product demand¹;
- Continuous funding is required from the government in order for tobacco control strategies to be effective¹;
- Tobacco use is the number one cause of preventable disease and death in Ontario and smoking is the causal factor in nearly 30% of all cancer deaths across the country¹;
- Parental nurturance and school engagement were associated with less participation in tobacco and marijuana use²;
- Increasingly available contraband tobacco is likely undermining current prevention efforts³;
- Tobacco use also increases the inequalities in health and mortality among the population³;
- Young adults 18-30 report the highest level of cigarette use compared to all other populations⁴;
- Young adults demonstrate interest in quitting smoking, however opt out of traditional cessation programs as they prefer to quit on their own and the tobacco industry targets youth excessively while prevention and cessation efforts do not focus on this population⁴;
- Youth who smoke are 14x more likely to drink than non-smokers⁵;
- For every \$1 invested in tobacco prevention and reduction efforts, \$3 in healthcare spending will be saved by the government⁶;
- A cross-sectoral, cross-government, Ontario wide approach is needed⁶;

- Improved cessation efforts are needed as part of a comprehensive control program⁶.

1 - Ontario Chronic Disease Prevention Alliance (2010). The Ontario Chronic Disease Prevention Alliance Evidence Informed Messages: Comprehensive Tobacco Control Programs. Toronto, ON.

2 - Yugo, M. & Josee Davidson, M. (2007). Connectedness within Social Contexts: The Relation to Adolescent Health. *Healthcare Policy*, 2(3), 47-55.

3 - Ministry of Health Promotion (2010). Comprehensive Tobacco Control Guidance Document. Toronto, ON.

4 - Program Training and Consultation Centre & The Ontario Tobacco Research Unit (2009). Literature Review for Youth Adult Cessation/Protection Interventions. Toronto, ON: Filsinger, S. & McGrath, H.

5 - The Alcohol Education Projects of the Ontario Public Health Association (2009). Alcohol and Youth Trends: Implications for Public Health. Toronto, ON: Degano, C., Fortin, R. & Rempel, B.

6 - Ministry of Health and Long-Term Care (2010). Public Health – Everyone’s Business: 2009 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario.

What we know...

Comments from Local Topic Experts

- Tobacco use is often not considered as a concurrent addiction;
- Advocacy for cessation support could be an important strategy for decreasing the number of deaths and disease from tobacco / lack of availability of cessation support makes it difficult to quit

Acknowledgements

Input regarding the documents reviewed was sought during several teleconference meetings with groups of local topic experts who worked in relevant fields e.g. tobacco use. Participants identified if the information matched what they believe is happening in Niagara, other applications to local programming, recommendations worth exploring in more detail and questions to clarify data. This slide includes key highlights from their discussion.

Healthy Living Niagara thanks the following people for contributing comments as part of the review process for tobacco:

Les Coates, Project Chair, Healthy Living Niagara

Lori Kleinsmith, Health Promoter, Bridges Community Health Centre

Stephanie Hicks, Health Promoter, Niagara Region Public Health

Victoria Van Gilst, Health Promoter, Niagara Region Public Health

What we don’t know, but would like to:

- Why the rate of smoking in Niagara is so much higher than the Ontario average?;
- What are the statistics for access to contraband cigarettes?;
- Number of young children living in a home where someone smokes regularly;
- Number of younger youth smokers aged 12-15;

- Number of female smokers.

Tobacco Networks

Niagara Tobacco Cessation Network
Niagara Health System's Addiction Services
CAMH Tobacco Prevention (not certain this is Niagara specific)
YES Niagara: Youth + Education = Success Niagara
HLN school and workplace committees

Tobacco Use & Exposure: Overview of Data

Tobacco use is the number one cause of preventable disease and death in Ontario and smoking is the causal factor in nearly 30% of all cancer deaths across the country – the occurrence of tobacco related death and illness can only be reduced by decreasing product demand

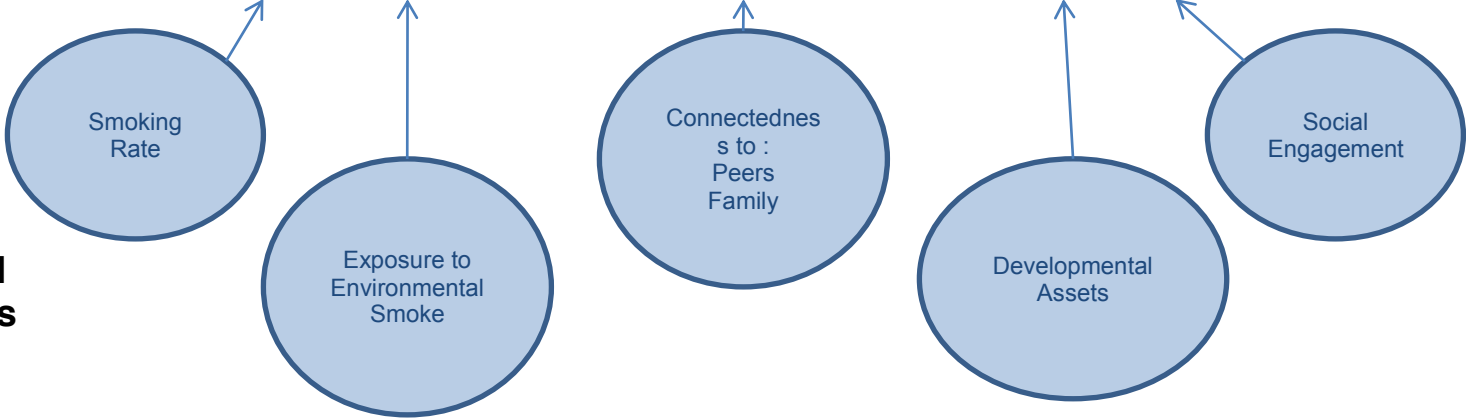
Ontario

- While past year use of cigarettes among students has decreased significantly in the past decade, nearly 17% of Ontario adults are still considered smokers
- The largest population of smokers is males 25-29 and the smoke rate among Aboriginals is nearly twice the provincial average
- There is a significant link between youth who smoke and youth who consume alcohol

Niagara

- Niagara has a higher rate of student smokers than Ontario and a higher rate of daily smokers in the general population (19.2% vs. 16.8%)
- Many expectant mothers in Niagara reported cigarette use during pregnancy
- About 1/5 of students perceive smoking to be a very low risk activity

Potential Indicators



Substance and Alcohol Misuse

What we know...

Niagara Data

Youth:

- Rates of cannabis use among students are increasing and are much higher than Ontario¹;
- Approximately 30% of students reported their perception of alcohol consumption as 'low risk'²;
- 41.9% of students perceived alcohol to be 'almost always' or 'always' readily available in their neighbourhood²;
- The most common substance used by students in the previous twelve months was marijuana (52.5%)²;

General Population

- 26.9% of Port Colborne residents are considered heavy drinkers compared to the Ontario average of 19%³;
- 23.4% of the population report being heavy drinkers (this is above the Ontario average)⁴;

1 - Centre for Addiction and Mental Health (2009). The 2009 Ontario Student Drug Use and Health Survey Detailed Drug Use Report. Toronto, ON: Paglia-Boak, A., Mann, R., Adlaf, E. & Rehm, J.

2 - Centre for Addiction and Mental Health (2009). The 2009 Ontario Student Drug Use and Health Survey Detailed Drug Use Report. Toronto, ON: Paglia-Boak, A., Mann, R., Adlaf, E. & Rehm, J.

3 - Association of Ontario Health Centres (2008). Final Report on the Use of Community Engagement Funds: Fort Erie, Port Colborne Community Health Centre.

4 - Niagara Community Research and Action Council (2008). Living in Niagara, 2008. St. Catharines, ON: Kilty, H.

What we know...

Ontario and Canada Data

Youth:

- Hazardous trends in alcohol use increase with increasing grade level¹;
- Youth who smoke are 14x more likely to drink than non-smokers¹;
- 58% of all students report alcohol use in the previous year (increasing from 23% in grade 7 to 83% in grade 12)²;
- Nearly one third of students report no substance use during the previous year²;
- Approximately one in six students may have a drug use problem²;
- Alcohol consumption has decreased since 2007 however hazardous drinking has increased and while drinking and driving has decreased, using cannabis and driving has increased²;
- Approximately 70% of current drinkers 15-24 reported binge drinking in the previous year (2004-2005)³;

- 21% of those aged 15-24 reported driving under the influence of alcohol and 33% reported being a passenger in a vehicle driven by someone under the influence of alcohol in the previous year³;
- The highest rate of binge drinking occurs among 20-24 year olds (approximately 76%)³;
- Over 61% of Canadian youth have used marijuana in their lifetime, with over 8% using marijuana on a daily basis³;
- Feeling connected to peers was found to be associated with higher use of alcohol and tobacco⁴;
- Approximately 85% of (university and college) students reported alcohol use in the previous year, with approximately 77% reporting use in the previous 30 days⁵;
- Nearly 1/3 of students reported a heavy drinking pattern, though more than half of students are light-infrequent or light-frequent drinkers and heavy-frequent drinking patterns were significantly associated with students living on campus⁵
- Engaging in heavy drinking prior to visiting a licensed establishment has become increasingly common among youth and young adults⁶;
- Among Ontario students (grades 7-12) prescription drugs for non-medicinal purposes was reported as the third most commonly misused substance, with 23% of Grade 9-12 students reporting use in the previous year²;
- Among students reporting prescription drug misuse, 74% reported their access of prescription drugs for non-medical purposes was from home².

1 - The Alcohol Education Projects of the Ontario Public Health Association (2009). Alcohol and Youth Trends: Implications for Public Health. Toronto, ON: Degano, C., Fortin, R. & Rempel, B.

2 - Centre for Addiction and Mental Health (2009). The 2009 Ontario Student Drug Use and Health Survey Detailed Drug Use Report. Toronto, ON: Paglia-Boak, A., Mann, R., Adlaf, E. & Rehm, J

3 - Mothers Against Drunk Driving, Canadian Centre on Substance Abuse, & Centre for Addiction and Mental Health (2009). Alcohol, Trauma and Impaired Driving (4th Ed.). Solomon, R., Organ, J., Abdoullaeva, M., Gwyer, L. & Chiodo, S.

4 - Yugo, M. & Josee Davidson, M. (2007). Connectedness within Social Contexts: The Relation to Adolescent Health. Healthcare Policy, 2(3), 47-55.

5 - Centre for Addiction and Mental Health (2004). Canadian Campus Survey. Toronto, ON: Adlaf, E., Demers, A. & Gिल्sman, L.

6 - Wells, S., Graham, K. & Purcell, J. (2009). Policy implications of the widespread practice of 'pre-drinking' or 'pre-gaming' before going to public drinking establishments—are current prevention strategies backfiring? Addiction, 104(1), 4-9.

What we know...

Ontario and Canada Data

General Population:

- An estimated 23% of Canadian drinkers are consuming levels above the low-risk guidelines⁴;

- Alcohol consumption in Canada has increased by 13% between 1997 and 2005; young adults specifically have increased consumption, with 20% reporting consumption of 5 or more drinks on a weekly basis over the previous year⁵;
- 80% of Ontario adults reported alcohol use & 14% reported marijuana use in the previous year (2005)⁶.

4 - The Alcohol Policy Network of the Ontario Public Health Association (2007). Alcohol and Chronic Disease: an Ontario Perspective. Toronto, ON: Roerecke, M., Haydon, E. & Giesbrecht, N.

5 - Ontario Chronic Disease Prevention Alliance (2010). The Ontario Chronic Disease Prevention Alliance Evidence Informed Messages: Heavy Alcohol Consumption. Toronto, ON.

6 - Centre for Addiction and Mental Health (2009). Environmental Scan. Toronto, ON.

What we know...

General

- Early onset of drinking is linked to greater likelihood of alcohol related harm later in life¹;
- Notes that acceptance of alcohol in culture causes oversight into the harms of consumption such as: injury, high risk (sexual) behaviour, chronic disease, crime and violence²;
- Alcohol consumption and depression are interrelated (each one can lead to the other: heavy drinking more than once per week leads to episodes of depression and depression also leads to episodes of heavy drinking) (15% of alcohol dependent drinkers had a depressive episode in the previous year (2002)³;
- Alcohol misuse is associated with over 60 chronic conditions and acts as a major contributor to motor vehicle collisions, violence and suicide⁴;
- There is a positive correlation between the leniency of alcohol policy and prevalence of youth consumption⁵;
- Higher outlet density is associated with higher rates of violence and controlling the availability of alcohol can address alcohol and community-based violence⁶;
- Three of 10 individuals with a mental illness will misuse alcohol and/or drugs and approximately half of individuals who engage in substance misuse will experience some form of mental illness in their lifetime⁷;
- Prescription drugs may act as 'gateway drugs', with use for non-medicinal purposes potentially leading to use of illicit drugs⁸.

1 - The Alcohol Education Projects of the Ontario Public Health Association (2009). Alcohol and Youth Trends: Implications for Public Health. Toronto, ON: Degano, C., Fortin, R. & Rempel, B.

2 - Nova Scotia Department of Health Promotion and Protection (2007). Changing the Culture of Alcohol Use in Nova Scotia. Halifax, NS: Addiction Services Alcohol Task Group.

3 - The Alcohol Policy Network of the Ontario Public Health Association (2007). Alcohol and Chronic Disease: an Ontario Perspective. Toronto, ON: Roerecke, M., Haydon, E. & Giesbrecht, N.

4 - Ontario Chronic Disease Prevention Alliance (2010). The Ontario Chronic Disease Prevention Alliance Evidence Informed Messages: Heavy Alcohol Consumption. Toronto, ON.

5 - Mothers Against Drunk Driving, Canadian Centre on Substance Abuse, & Centre for Addiction and Mental Health (2009). Alcohol, Trauma and Impaired Driving (4th Ed.). Solomon, R., Organ, J., Abdoullaeva, M., Gwyer, L. & Chiodo, S.

6 - The Alcohol Policy Network of the Ontario Public Health Association (2010). Alcohol and Community-Based Violence: A Systematic Review. Toronto, ON: Hueng, C., LeMar, J. & Rempel, B.

7 - Minister's Advisory Group on the 10-Year Mental Health and Addictions Strategy (2010). Respect, Recovery, Resilience: Recommendations for Ontario's Mental Health and Addictions Strategy.

8 - Canfield, M., Keller, C., Frydrych, L., Ashrafioun, L., Purdy, C. & Blondell, R. (2010). Prescription opioid use among patients seeking treatment for opioid dependence. Journal of Addiction Medicine, 4 (2), 108-113.

What we know...

Comments from Local Topic Experts

- Niagara is strongly pushing for a Provincial alcohol strategy for Ontario.
- The statistics may demonstrate that education initiatives have been working well and therefore we must now focus on the hard to serve populations. Although the data is reassuring it is still alarmingly high and representative of the need for programming.
- Decreased alcohol consumption may be masked by access to other drugs. It was noted that alcohol is also likely more difficult for youth to access; it is difficult to store in their home and may often consume high volumes of alcohol in one evening due to not being able to store it after²
- Youth consumption appears to be decreasing as noted in the high school surveys however young adult use appears to be increasing. This suggests that young workers and university students are carrying drinking habits into adulthood and reiterates the need for better education of the low-risk drinking guidelines;
- Community partners, such as Niagara Regional Police Services, Niagara Emergency Medical Services, educators, health care professionals (i.e. physicians, pharmacists, dentists) have all identified prescription drug misuse as an issue in their fields.

Acknowledgements

Input regarding the documents reviewed was sought during several teleconference meetings with groups of local topic experts who worked in relevant fields e.g. substance and alcohol misuse. Participants identified if the information matched what they believe is happening in Niagara, other applications to local programming, recommendations worth exploring in more detail and questions to clarify data. This slide includes key highlights from their discussion.

Healthy Living Niagara thanks the following people for contributing comments as part of the review process for substance and alcohol misuse:

Mike Lethby, Executive Director, The RAFT

Victoria Van Gilst, Health Promoter, Niagara Region Public Health

What we don't know, but would like to:

- Local data on the occurrence of people drinking before they go out to a public drinking establishment;*
- The relation between mental health and alcohol as a concurrent disorder;
- The Niagara rate of alcohol consumption is higher than Ontario but are the trends increasing or decreasing?
- Do students perceive that because alcohol is a legal substance that it is low risk?

* Triggered by information in the document: Addiction - Policy implications of the widespread practice of 'pre-drinking' or 'pre-gaming' before going to public drinking establishments—are current prevention strategies backfiring?

Substance and Alcohol Networks

Niagara Drug Awareness Committee (NDAC)
Fetal Alcohol Spectrum Disorder (FASD) Coalition
Alcohol Babies Anonymous
YES Niagara: Youth + Education = Success Niagara

Substance and Alcohol Misuse: Overview of

The acceptance of alcohol in culture causes oversight into the harms of consumption. It is a major risk factor or contributor to many chronic conditions, motor vehicle collisions, violence and mental health problems. The environment also plays a significant role in alcohol and substance misuse,

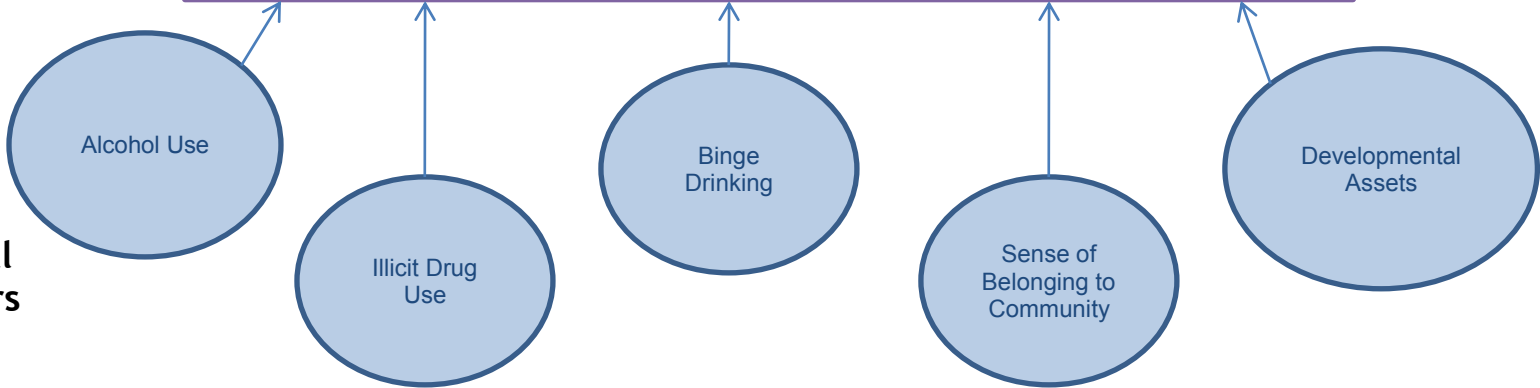
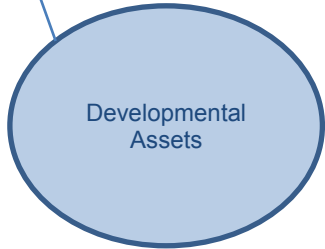
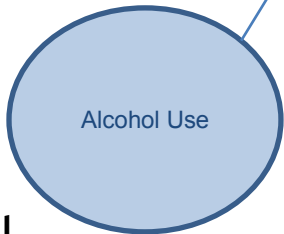
Ontario

- Alcohol consumption has decreased among youth, however high risk drinking has increased as has marijuana use
- Alcohol consumption among the general population has increased and a large portion of the population is consuming above the low-risk guidelines

Niagara

- The proportion of heavy drinkers is higher (23.4%) than among the Ontario population (21.2%)
- Use of marijuana is increasing among students and is the most commonly used substance
- Alcohol is perceived as readily available by most students

Potential Indicators



Mental Wellness

What we know...

Niagara Data

Youth

- Youth in Port Colborne and Wainfleet perceive a lack of medical services especially those for mental health and addictions¹;
- A significantly larger percentage (65.5% compared to 12.5%) of new parents with a mental illness gave birth to a baby with a Parkyn score >9²;
- The largest age group to report mental health problems and/or substance misuse disorders is youth 15-24²;
- A greater number of Niagara residents over the age of 20 report having attempted suicide compared to the provincial average (11% compared to 5.9%)³.

General Population

- Residents of the Hamilton Niagara Haldimand Brant LHIN report being limited by a physical or mental condition more than Ontario residents (34.2% vs. 29.4%)²;
- Nearly half of individuals accessing mental health and/or addictions services wait eight weeks or more²;

1 - Every Kid in Our Community (2009). Community Mapping of the Port Colborne/Wainfleet Children and Youth Services Landscape Project.

2 - Association of Ontario Health Centres (2008). Final Report on the Use of Community Engagement Funds: Greater St. Catharines Community Health Centre.

3 - Niagara Community Research and Action Council (2008). Living in Niagara, 2008. St. Catharines, ON: Kilty, H.

What we know...

Ontario and Canada Data

Youth

- About 24% of students reported visiting a professional for a mental health issue one or more times in the previous year¹;
- Approximately 15% of female students and 8% of male students self-reported their mental health as 'poor', with the likelihood increasing with each grade¹;
- Suicide thoughts were reported by approximately 10% of students, with females being more likely to consider suicide¹;
- It is reported that one in seven individuals between 18 and 25 have experienced initial onset of depression, with over half of these individuals going on to experience multiple episodes throughout life².

General Population

- Approximately 12% of the Canadian population will experience depression in their lifetime³;

- 1 - Centre for Addiction and Mental Health (2009). The Mental Health and Well-Being of Ontario Students 1999-2009. Toronto, ON: Paglia-Boak, A., Mann, R., Adlaf, E. & Rehm, J.
- 2 - Harkness, K. (2008). Nothing but Blue Skies: Early Intervention Helps Youth Escape from the Cloud of Depression. The Journal for Addictions and Mental Health, 11 (2).
- 3 - Ontario Chronic Disease Prevention Alliance (2010). The Ontario Chronic Disease Prevention Alliance Evidence Informed Messages: Promoting Positive Mental Health. Toronto, ON.

What we know...

General

- The three most significant determinants of mental health which need to be addressed in Ontario are: Social inclusion; Freedom from discrimination and violence; Access to economic resources¹;
 - Cultural competency is of high importance when addressing mental health. This is an informant factor when addressing mental health and addictions issues among the Aboriginal population²;
- Transitioning from adolescence into adulthood is a very stressful life stage and young adulthood is the period of greatest risk for onset of serious mental illness³;
- The study recognizes the important role genetics plays in depression, with individuals having an at-risk genetic profile being much more likely to experience depression due to life stress compared to people without a genetic predisposition³;
- Mental health is strongly linked to physical health with those who are in poor mental health being more likely to experience a greater burden of chronic illnesses while positive mental health acts as a protective factor⁴;
- Poor mental health decreases an individual's ability to participate in a healthy lifestyle⁵;
- People with chronic conditions are at a higher risk of depression and those with a serious mental illness are at a higher risk of diabetes and heart disease⁶;
- Positive mental health is a component of resilience: Mental health promotion encourages resilience and promoting resilience contributes positively to mental health⁷
- Positive mental health and well-being is associated with improved physical health, higher levels of educational attainment, and fulfilling social relationships⁴;
- Mental health is often the first aspect of one's health to be impacted by negative situations⁵;
- Three of 10 individuals with a mental illness will misuse alcohol and/or drugs and approximately half of individuals who engage in substance misuse will experience some form of mental illness in their lifetime⁸;
- Youth and seniors are at the highest risk of poor mental health⁸;
- The community, including schools, workplaces, community organizations, faith-based organizations and private partners as the best places for solutions to mental illness and addiction problems⁸.

- 1 - Centre for Addiction and Mental Health, Centre for Health Promotion, Canadian Mental Health Association Ontario, Health Nexus, Ontario Public Health Association (2008). Mental Health Promotion in Ontario: A Call to Action.
- 2 - Centre for Addiction and Mental Health (2009). Environmental Scan. Toronto, ON.
- 3 - Harkness, K. (2008). Nothing but Blue Skies: Early Intervention Helps Youth Escape from the Cloud of Depression. The Journal for Addictions and Mental Health, 11 (2).
- 4 - Ontario Chronic Disease Prevention Alliance (2010). The Ontario Chronic Disease Prevention Alliance Evidence Informed Messages: Promoting Positive Mental Health. Toronto, ON.
- 5 - Ontario Chronic Disease Prevention Alliance (2009). Proceedings for Systems Think Tank on Mental Health and Chronic Disease Prevention: Moving Forward as a System.
- 6 - Canadian Mental Health Association (2008). Recommendations for Preventing and Managing Co-Existing Chronic Physical Conditions and Mental Illnesses. Ottawa, ON.
- 7 - Centre for Addiction and Mental Health (2009). Growing Up Resilient: Ways to Build Resilience in Children and Youth. Toronto, ON: Barankin, T. & Khaniou, N.
- 8 - Minister's Advisory Group on the 10-Year Mental Health and Addictions Strategy (2010). Respect, Recovery, Resilience: Recommendations for Ontario's Mental Health and Addictions Strategy.

What we know...

Comments from Local Topic Experts

- It is important that we leverage what is already existing within our community;
- Bridges Community Health Centre has Health Promoters in their Fort Erie, Port Colborne and Wainfleet offices to address mental health promotion;
- Stigma is a barrier in prevention and management of chronic disease as those with poor mental health may have difficulty accessing services or obtaining proper primary and preventive care. Addressing stigma could reduce the debilitating effects of mental illness;
- People with mental illness are more susceptible to chronic conditions. This is an important message to give to primary care providers;
- Many of the documents reinforce the cyclical nature of mental health and substance misuse;
- Mental health would be a good indicator for overall health given that it is one of the first aspects of health to be affected.

Acknowledgements

Input regarding the documents reviewed was sought during several teleconference meetings with groups of local topic experts who worked in relevant fields e.g. mental wellness. Participants identified if the information matched what they believe is happening in Niagara, other applications to local programming, recommendations worth exploring in more detail and questions to clarify data. This slide includes key highlights from their discussion.

Healthy Living Niagara thanks the following people for contributing comments as part of the review process for mental wellness:

Bonnie Polych, Program Consultant, Centre for Addiction and Mental Health

Deanna Bryant, Advisor, Planning & Integration, Hamilton Niagara Haldimand Brant
 Local Health Integration Network
 Adrienne Jugley, Manager, Community Mental Health Services, Niagara Region

What we don't know, but would like to:

- Effectiveness of interventions for mental wellness, especially among adults (Most of the work is intuitive);
- Effectiveness of youth interventions based on assumptions of resilience (e.g., Anti-bullying);
- Understanding the relationship between resiliency and trauma related to mental health (why some people are able to cope and some are not);
- Relationship between school inclusion and increased mental health.
- What local and provincial policies address mental wellness?

Mental Wellness Networks

Niagara Suicide Prevention Community Council
Every Kid in Our Community (Youth Resiliency)
TMT Community Addiction Services or CASON board or staff for youth addition pieces
Children's Mental Health Network Niagara
CHRFS Women
Student Support Leadership Initiative. Goal is to improve services for children and youth (and their families) in school with mental illness.
Substance & Alcohol Misuse Street Works Advisory
YES Niagara: Youth + Education = Success Niagara
TAMI - Talking About Mental Illness Committee
HLN Workplace Committee

Mental Wellness: Overview of Data

Mental health is strongly linked to physical health and mental health is often the first aspect of one's health to be impacted by negative situations

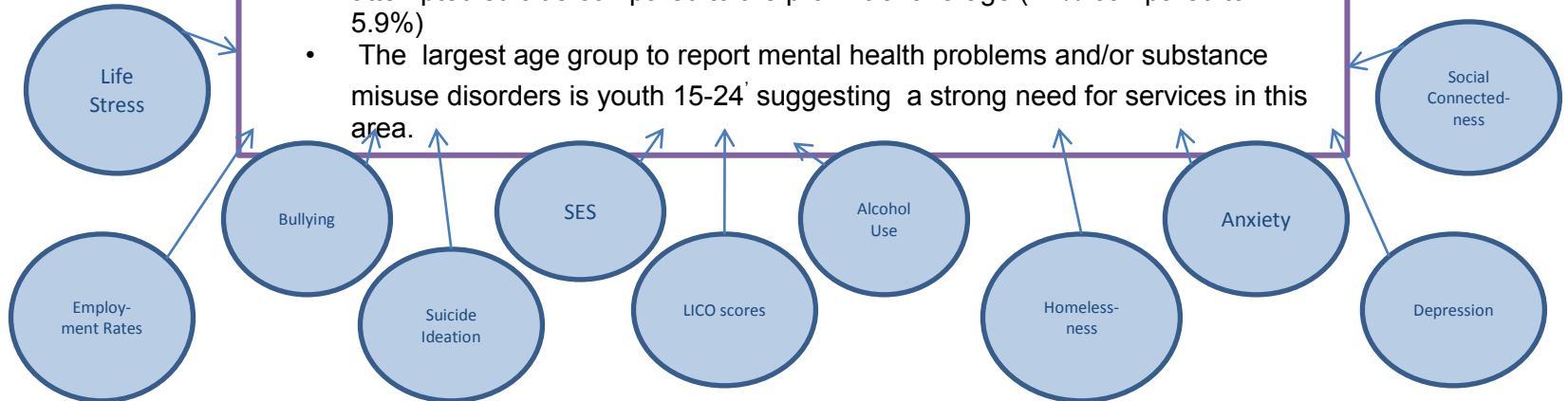
Ontario

- It is reported that one in seven individuals between 18 and 25 have experienced initial onset of depression, with over half of these individuals going on to experience multiple episodes throughout life
- Transitioning from adolescence into adulthood is a very stressful life stage and young adulthood is the period of greatest risk for onset of serious mental illness
- People with chronic conditions are at a higher risk of depression and those with a serious mental illness are at a higher risk of diabetes and heart disease

Niagara

- Nearly half of individuals accessing mental health or addictions services wait eight weeks or more
- A greater number of Niagara residents over the age of 20 report having attempted suicide compared to the provincial average (11% compared to 5.9%)
- The largest age group to report mental health problems and/or substance misuse disorders is youth 15-24' suggesting a strong need for services in this area.

Potential Indicators



Poverty

What we know...

Niagara Data

- The community factors identified by Fort Erie Youth as contributing to (their) homelessness include lack of employment opportunities, lack of available affordable housing and lack of transportation¹;
- It is thought that many services are not being accessed by homeless youth because they are not aware of the services, they do not meet the needs of the youth and/or the youth may not identify themselves as homeless when they do access the services¹;
- Approximately 14% of Niagara residents have incomes below the low-income cut off (LICO) (2004)²;
- The incidence of low income has increased by around 5% in Niagara among individuals, couples and single parent families (2000)²;
- Over 40% of the Ontario Works (OW) caseload in Niagara are children and youth under the age of 18²;
- Approximately 1.3% of Niagara's population is Aboriginal²;
- Regarding transportation: a common consensus was the perceived need for more affordable transportation as well as transit that runs regularly; the need for a transportation system that connects through all municipalities in Niagara was also raised as was the need for transportation to certain places such as medical appointments and for job opportunities³;
- Around half of Niagara families spend 30% or more of their disposable income on rent or major house payments⁴;
- Higher EDI scores among children were linked to families with positive perceptions of their neighbourhoods⁴;
- Around 16% of families in Niagara are single parent families and there is an increase in newcomers from outside Canada⁴;
- The rate of poverty for youth under age 18 is fluctuating in Niagara, ranging from 9.8% in 2001, to 16.5% in 2005 and 6.5% in 2006⁵;
- In 2007 12,540 individuals used food banks in Niagara, with 37% of this use by children and youth under 18⁵;
- The number of personal and business bankruptcies increased from 2006-2007⁵;
- The disparities between those with low socioeconomic and higher socioeconomic status is increasing⁵;
- Community supports which mitigate the effects of poverty are not often accessed by those most in need (families living in under-served neighbourhoods) and without appropriate support for their needs, youth become a part of the intergenerational cycle of poverty⁶;

1 - Skoot-Myhre, H., Raby, R. & Nikolau, J. (2006). Fort Erie Youth Living Without Secure Housing.

2 - Niagara Region (2007). A Legacy of Poverty? Addressing Cycles of Poverty and the Impact on Child Health in the Niagara Region. Thorold, ON: Department of Community and Social Services

3 - Niagara Prosperity Initiatives (2009). Community Conversations 2009.

- 4 - Niagara Community Research and Action Council (2008). Living in Niagara, 2008. St. Catharines, ON: Kilty, H.
- 5 - Niagara Community Research and Action Council (2008). Living in Niagara, 2008. St. Catharines, ON: Kilty, H.
- 6 - St. Catharines and Area United Way (2009). Annual Report. St. Catharines, ON.

What we know...

Ontario and Canada Data

- In Ontario, the poverty rate was just below the national average at 14.3% (2003)¹;
- Part of Ontario's Poverty Reduction Strategy sets a target of reducing the number of children living in poverty by 25% over a five year period – this is the equivalent of moving 90,000 children out of poverty²;
- The greatest burden of poverty in Ontario falls upon those with disabilities, children, Aboriginals and new Canadians³;
- The social and private costs of poverty in Ontario equate to between 5.5 and 6.5% of Ontario's GDP and poverty related health care costs amount to approximately \$2.9 billion in Ontario every year³

- 1 - Niagara Region (2007). *A Legacy of Poverty? Addressing Cycles of Poverty and the Impact on Child Health in the Niagara Region*. Thorold, ON: Department of Community and Social Services
- 2 - Government of Ontario (2009). *Breaking the Cycle: Ontario's Poverty Reduction Strategy*. Toronto, ON.
- 3 - Ontario Association of Food Banks (2008). *The Cost of Poverty: An Economic Analysis of the Economic Cost of Poverty in Ontario*. Toronto, ON: Laurie, N.

What we know...

General

- The Ontario Government released its 2010 Budget which includes a Poverty Reduction Strategy that addresses changes to several programs, including the Ontario Works and the Ontario Disability Benefit, aimed at reducing poverty across Ontario¹;
- Building stronger and safer communities is noted as one of the best methods of improving quality of life for low-income families²;
- A strong educational system is stated as the best strategy for reducing poverty²;
- Targeted policies and investments toward reducing poverty would generate an economic return, with targeted early intervention initiatives focused on low-income populations having a very high rate of return³;
- Investing in child care also has a significant return, especially for low-income families, with targeted child care producing a return investment of \$4 to \$16 for every \$1 spent³;

- 1 - Government of Ontario (2010). 2010 Ontario Budget: Poverty Reduction Strategy

- 2 - Government of Ontario (2009). Breaking the Cycle: Ontario's Poverty Reduction Strategy. Toronto, ON.
- 3 - Ontario Association of Food Banks (2008). The Cost of Poverty: An Economic Analysis of the Economic Cost of Poverty in Ontario. Toronto, ON: Laurie, N.

What we know...

Comments from Local Topic Experts

- Poverty links to all other priority areas – when people live in poverty they are more susceptible to other aspects of poor health;
- 6 community animators work in 7 neighbourhoods across the region to support the prosperity initiative;
- The Legacy of Poverty document should be a key reference for setting local priorities;
- The age-friendly initiative in Niagara can provide information about the needs of seniors;
- The Paths to Prosperity document is a good reference from a business perspective and for large scale ideas – it could provide information about why poverty is an issue i.e., “the story behind the curve”.

Acknowledgements

Input regarding the documents reviewed was sought during several teleconference meetings with groups of local topic experts who worked in relevant fields. Participants identified if the information matched what they believe is happening in Niagara, other applications to local programming, recommendations worth exploring in more detail and questions to clarify data. This slide includes key highlights from their discussion.

Healthy Living Niagara thanks the following people for contributing comments as part of the review process:

Tiffany Gartner, Manager, Children's Services, Niagara Region Community Services

Marc Todd, Manager, Niagara Region Community Services

Mike Lethby, Executive Director, The RAFT

What we don't know, but would like to:

- The number of homeless families with young children;
- Root causes of poverty in the region;
- What people *actually* need (those most in need will not often engage in consultation);
- Qualitative outcomes regarding poverty reduction;
- Measurable changes in poverty status with current programming

Poverty Networks

Niagara Prosperity Initiative Advisory Committee
Social Assistance Reform Network of Niagara
Literacy Awareness group (Health Literacy)
6 Animators from prosperity initiative (6 in 7 neighborhoods)
St. Catharines CHC poverty subgroup
Youth into secure housing

Poverty: Overview of Data

Building stronger and safer communities is noted as one of the best methods of improving quality of life for low-income families

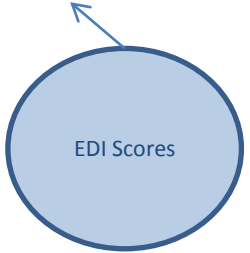
Ontario

- The greatest burden of poverty in Ontario falls upon those with disabilities, children, Aboriginals and new Canadians
- In Ontario, the poverty rate falls just below the national average

Niagara

- Approximately 14% of Niagara residents have incomes below the low-income cut off and around half of families spend 30% or more of their disposable income on housing
- Services are not being accessed by those most in need in Niagara communities
- Disparities are increasing between those of low socioeconomic status and those of higher socioeconomic status

Potential Indicators



Other Relevant Networks

Diabetes Niagara Network
Southern Ontario Aboriginal Diabetes Initiative (SOADI) - Niagara Region
Literacy Link Niagara
South Niagara Health Literacy Coalition
Niagara Network for Freedom from Weight Preoccupation and Eating Disorders High School OSAID Clubs
Multicultural Network of Niagara Falls
Niagara Environmental Sector Team
Prenatal Network of Niagara
T.A.L.K. (Teams of Adults Listening to Kids)
Pride community
Start me up Niagara
Lupus Foundation of Ontario Support Group
HLN Partnership e-list
HLN's Steering Committee

Next Steps

- Healthy Living Niagara will use this review in consultation with community groups in an effort to identify additional networks and recommendations for addressing local priorities. If you know about any additional networks or reports that provide recommendations for the topics reviewed in this report please send them to hln@niagararegion.ca or call 905.688.8248 ext. 7321 or 1.888.505.6074.
- Many of the findings identify an important need for change and improvement to support the health of community members.
- The identified gaps in research act as important directions for future data collection.
- The interrelations between topic areas was apparent during the review and should be kept in mind when policies and strategies are devised. This may be addressed identifying indicators that can measure the progress across many topic areas such as feelings of connectedness to family or community.
- As new research emerges, new documents will need to be added to this review to continuously inform local priorities.