FACTORS AFFECTING HEALTH
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Factors affecting health, the social and economic conditions in which people are born, grow, live, work, and age, are called the social determinants of health. Since the mid 1980s, the understanding that these determinants of health are critical to the health and well-being of populations has grown and the determinants of health are now almost universally accepted by health systems across the world. (Wilkinson & Marmot, 2003). The Public Health Agency of Canada identified 12 key determinants of health in 2010 (Public Health Agency of Canada, 2010):

- Income and social status
- Social support networks
- Education and literacy
- Employment / working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture

For the purposes of this report, five factors affecting health are discussed:

- Housing
- Poverty
- Safety
- Sense of belonging
- Transportation

Data reported in this section are from a wide variety of sources - organizational utilization data, national census, enforcement agency occurrence data and national and local survey data.
KEY FINDINGS

- Between 2009 and 2010, about 100 women and their families used emergency housing available through Haldimand and Norfolk Women’s Services (Figure 54).
- The number of applications for social housing in Haldimand and Norfolk remained fairly stable between 2008 and 2010 (Figure 55).
- Among the types of applicants for social housing in Haldimand and Norfolk counties combined, the number of single individuals applying for social housing increased from 151 in 2008 to 167 in 2010 (Figure 55).
- Between 2008 and 2010 between 115 and 120 applicants were housed each year.
- Fewer private households in Haldimand County (5.5%) and Norfolk County (5.9%) reported incomes below the low income cut-offs (LICOs) using after tax income than in Ontario (11.1%) in 2006 (Figure 56).
- Considered by urban area, there was a wide range in low income households from 3.4% in Caledonia to 13.0% in Cayuga (Figure 57 and Figure 58).
- The Haldimand-Norfolk Health and Social Services Department Ontario Works caseload increased 44.0% between 2006 and 2010 (reported for the months January to October annually) (Figure 59).
- The overall number of primary offences reported to the OPP in Haldimand County (Figure 61) decreased by almost 10% (9.6%) between 2006 and 2010.
- The overall number of primary offences reported to the OPP in Norfolk County (Figure 63) fluctuated between 2006 and 2010 before ultimately increasing slightly from 20,827 to 20,867 in the five years.
- Considered by types of offences, the most significant decreases were violent offences in Haldimand County (Figure 63) which decreased 26.8% between 2006 and 2010, and property offences in Norfolk County (Figure 64) which decreased 13.2% for the same time period.
- The number of domestic offences reported to the OPP in Haldimand County (Figure 62) increased 20.0% between 2006 and 2010 and the number reported in Norfolk County increased by almost 60% (59.5%).
- The proportion of residents 12 years and older in Haldimand and Norfolk counties combined who reported having a strong sense of belonging increased between 2005 (63.2% CI ±4.7) and 2008 (75.2% CI ± 5.7) and in 2008 was higher than that reported in Ontario (65.1% CI ± 1.1) (Figure 66).
- The vast majority of respondents (92%) to the Haldimand-Norfolk Rural Transportation Initiative (H&N RTI) survey believed that a public transportation system is needed in Haldimand and Norfolk counties (Haldimand-Norfolk Health and Social Services Department, 2009).
- According to the H&N RTI survey, individuals who were students, retired, unemployed and other had the greatest difficulty travelling whenever they needed / wanted to (Figure 68).
- More than half of all respondents in all types of employment and education who responded to the H&N RTI survey reported a willingness to use public transportation if it was made available to them (Figure 70).
FOR MORE INFORMATION

- Haldimand-Norfolk Health and Social Services Department (2009). Public Transportation Systems in Haldimand County and Norfolk County Feasibility Study
- Haldimand-Norfolk Health and Social Services Department, Social Housing Division www.haldimand-norfolk.org/index.php?option=com_content&task=section&id=6&Itemid=28
- Haldimand and Norfolk Rural Transportation Initiative (2008), Spinning Your Wheels Update. Available at www.cashn.on.ca/Spinning%20Your%20Wheels%20Update_final_jan08.pdf
- Salvation Army Family and Community Services (Dunnville)
- United Way of Haldimand and Norfolk www.unitedwayhn.on.ca/
According to Humans Resources and Skills Development Canada, “A safe and comfortable place to live is fundamental to our sense of wellbeing. When housing is inadequate or unavailable, individual as well as community wellbeing may suffer (Human Resources and Skills Development Canada, 2011).” As the largest component of a household budget, housing is also recognized as an important factor in the financial security of Canadians (Human Resources and Skills Development Canada, 2011). Numerous studies show that the lack of quality housing and homelessness are “clear threats to the health of Canadians (Mikkonen & Raphael, 2010).”

Between 2009 and 2010, about 100 women and their families used emergency housing available through Haldimand-Norfolk Women’s Services (Figure 54). Illustrated in Figure 55, the number of applications for social housing remained fairly stable between 2008 and 2010. Among the types of applicants, the number of single individuals applying for social housing increased from 151 in 2008 to 167 in 2010. For the years 2008 – 2010, between 115 and 120 applicants were housed each year. Utilization of these services reflects a number of factors, including demand and available agency resources and should not be considered as a reflection of need.

There are a number of groups and organizations working to address affordable housing in the community including Haldimand-Norfolk Social Housing, Salvation Army Family and Community Services (Dunnville office) and Haldimand and Norfolk Women’s Services. The Haldimand-Norfolk Health Unit recently prepared a report for Norfolk County’s Health and Social Services Committee outlining key poverty issues for residents in Haldimand County and Norfolk County, including affordable housing.

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• There are several agencies providing housing support in Haldimand County and Norfolk County including Haldimand-Norfolk Social Housing, Salvation Army Family and Community Services (Dunnville office) and Haldimand and Norfolk Women’s Services.

• Haldimand and Norfolk Women’s Services provides emergency and transitional shelter for women and their families who are victims of domestic violence. Utilization data presented in Figure 54 shows that between 2009 and 2010, slightly more than 100 women and their families used emergency shelter, and use of transitional housing increased from 116 in 2009 to 148 in 2010.
Social housing had 826 housing units in Haldimand and Norfolk counties combined for the years 2008-2010 (Haldimand-Norfolk Health and Social Services Housing Division, 2011).

Between 115 and 120 applicants were housed each year for 2008-2010 (Haldimand-Norfolk Health and Social Services Housing Division, 2011).

The typical waiting list duration was between one and three years, depending on the housing location (Haldimand-Norfolk Health and Social Services Housing Division, 2011).

Demand for Haldimand-Norfolk Social Housing remained fairly stable between 2008 and 2010. Figure 55 illustrates that Haldimand-Norfolk Social Housing received 279 applications for supportive housing in 2008 and 286 in each of 2009 and 2010.

The number of families and single individuals under 65 who apply for social housing increased from 89 families and 151 single individuals under 65 to 92 families and 167 single individuals under 65 in 2010 (Figure 55).
Figure 55: Social Housing Applicants by Type, Haldimand County and Norfolk County, 2008-2010

Data Source: Haldimand-Norfolk Social Housing, March 2011
Poverty has been recognized as a critical factor in the social determinants of health. Mikkonen and Raphael note in their 2010 monograph on the social determinants of health in Canada that, “Level of income shapes overall living conditions, affects psychological functioning, and influences health-related behaviours such as quality of diet, extent of physical activity, tobacco use, and excessive alcohol use (Mikkonen & Raphael, 2010).”

To underscore this point, Mikkonen and Raphael cited a 30-year Canadian study that examined mortality by neighbourhood income in urban Canada. The study, published in 2007, found that men who lived in the wealthiest 20% of neighbourhoods in Canada lived on average more than four years longer than men who lived in the poorest 20% of neighbourhoods. Death rates in the least deprived neighbourhoods were 28% lower than death rates in the most deprived neighbourhoods. (Mikkonen & Raphael, 2010) Food insecurity, a component of poverty, is reported to be an excellent predictor for Canadians reporting poor or fair health. Individuals who reported living in a “food insecure household” were more likely to experience poor functional health, multiple chronic diseases and major depression or distress (Vozoris & Tarasuk, 2003). In 2010, the Ontario provincial government introduced a new strategy to address poverty in Ontario called “Breaking the Cycle” (Government of Ontario, 2010).

One measure developed and used by Statistics Canada to convey the income level at which a family may be in “straitened circumstances” is called “low income cut-offs” (LICOs). It is considered a low income cut-off because under that level, a family must spend a greater portion of its income on the basics (food, clothing and shelter) than does the average family of similar size. The LICOs vary by family size and by size of community (Statistics Canada, 2011). Illustrated in Figure 56, fewer private households in Haldimand County (5.5%) and Norfolk County (5.9%) reported incomes below the low income cut-offs (LICOs) using after tax income than in Ontario (11.1%) in 2006. Considered by urban areas, Figure 57 and Figure 58 show that Cayuga (13.0%), Simcoe (8.8%), Dunnville (8.7%) and Delhi (8.1%) had a higher percentage of private households reporting incomes lower than the LICOs and that Waterford (4.1%) and Caledonia (3.4%) had the lowest proportion of the same in 2006. The Haldimand-Norfolk Health and Social Services Department Ontario Works caseload reported in Figure 59 showed a dramatic increase (44.0%) in the number of cases between 2006 and 2010 (reported for the months January to October annually). Between 1998 and 2010 the number of Student Nutrition Programs in Haldimand and Norfolk grew four-fold (Figure 60).

Updated data for 2010 is needed to understand how the recent economic situation in Ontario and nationally has impacted on residents in Haldimand and Norfolk. Further investigation of the low income levels in specific communities, and by lone parent families, will help to understand the nature of low income in the Haldimand and Norfolk communities and target efforts to address areas of greatest priority.

Numerous community groups are working to address the issue of poverty in the Haldimand and Norfolk communities including the Children’s Aid Society of Haldimand and Norfolk, Haldimand-Norfolk Community Action Plan for Children, Haldimand-Norfolk Health and Social Services Department, Haldimand and Norfolk Women’s Services, Ontario Provincial Police (Haldimand and Norfolk detachments), the Salvation Army Family and Community Services (Dunnville office), the United Way of Haldimand and Norfolk and numerous churches, service clubs, community groups and individuals. The Haldimand-Norfolk Health Unit prepared a report for Norfolk County’s Health and Social Services Committee in January 2011 outlining key poverty issues for residents in the counties, including affordable housing. The report summarized recent initiatives to address issues around poverty in Haldimand and Norfolk, including:

- Forming a Community Stability Forum which included a large group of service providers, local politicians and volunteers interested in addressing how to best assist the community during the recession. The Forum developed two initiatives to build dialogue between service providers and those with low incomes (Living on a Budget and Do the Math).
- Accessed funding through the Norfolk District Business Development Corporation for funds to continue to build community awareness through the Community Stability Forum.
- The ongoing work of the Healthy Communities Initiative to improve access to priority health promotion programs and services in Ontario.
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- One in ten private households (11.6%) in Haldimand and Norfolk counties combined were lone parent families in 2006. In Ontario, 15.8% of families are lone-parent families. More than three-quarters of lone parent families in Haldimand and Norfolk counties combined were led by females (76.4%) (Haldimand-Norfolk Health Unit, 2011).
- In 2007, 5.7% of households in Haldimand and Norfolk counties combined were classified as “food insecure” compared to Ontario at 7.1% (Haldimand-Norfolk Health Unit, 2009).
- Considered by both before and after tax income, the proportion of private households in Haldimand County and Norfolk County who lived below the low income cut-offs was lower than in Ontario (Haldimand-Norfolk Health Unit, 2011).
- Using before tax income, the percentage of private households in Haldimand and Norfolk counties combined who reported incomes below the low income cut-offs decreased slightly between 2001 and 2006, from 9.0% to 8.7%. In Ontario the percentage of private households who reported incomes below the low income cut-offs increased slightly for the same time period, from 14.4% to 14.7% (Haldimand-Norfolk Health Unit, 2011).
- Considered by after tax income in 2006 and illustrated in Figure 56, only 5.5% of private households in Haldimand County lived below the low income cut-off compared to 5.9% in Norfolk County and 11.1% in Ontario.

Figure 56: Low-Income Cut-Offs After Tax Income, Private Households 15 Years and Older, Haldimand County, Norfolk County and Ontario, 2006

![Graph showing low-income cut-offs after tax income for Haldimand County, Norfolk County, and Ontario in 2006.]

Data Source: Census, Community Profiles, by Health Region, 2006. Data Notes: Private household refers to a person or a group of persons (other than foreign residents) who occupy the same dwelling and do not have a usual place of residence elsewhere in Canada.

- Considered by Haldimand County urban areas and after tax income for all residents 15 years and older in 2006, Figure 57 shows that Cayuga had the highest percentage (13.0%) of private households living below the low income cut-offs and Caledonia had the lowest (3.4%) in the County.
Considered by Norfolk County urban areas and after tax income for all residents 15 years and older in 2006, Figure 58 shows that Simcoe had the highest percentage (8.8%) of private households living below the low income cut-offs followed closely by Delhi (8.1%). Waterford has the lowest percentage of residents 15 years and older (4.1%) who were living below LICOs in the County.

When considered by private households of persons 17 and under and using before tax income (data using after tax income was not available), the proportion of private households of persons 17 and under who reported incomes below LICOs increased slightly from 2001 to 2006 in Haldimand and Norfolk counties combined, from 10.6% to 10.8%, and in Ontario from 17.0% to 18.0%.
Figure 59: Ontario Works Caseload, Haldimand and Norfolk Counties Combined, 2006-2010*

![Ontario Works Caseload Graph]

Data Source: Haldimand-Norfolk Health and Social Services, Ontario Works Caseload, 2010. *Data is shown for January-October annually. Data excludes data for November and December caseload.

- Figure 59 shows that the number of individuals on the Ontario Works caseload increased 44.0% between 2006 and 2010, from 9,720 to 14,000.
- The cost of a nutritious food basket estimates the cost it would take to feed a family of four (male and female adults aged 31-50 years, one boy aged 14-18 and one girl aged four to eight years) with nutritious foods. In Haldimand County and Norfolk County combined, the estimated cost increased 2.2% between 2009 and 2010, from $163.80 in 2009 to $167.53 (Haldimand-Norfolk Health Unit, 2011).
- Student Nutrition Programs are provided in schools offering breakfast or snacks for all children. Student Nutrition Programs, such as breakfast and snack programs are offered in schools and after-school programs. The programs intent is to support healthy growth and development by providing healthy food to all children. Figure 60 illustrates the growth in this program since 1998 when just seven programs served 280 children and youth. By 2010 there was an almost five-fold increase in the number of programs since 1998 with 40 programs were providing nutritious breakfast and snacks to 7000 children and youth (Haldimand-Norfolk Health Unit, 2006).

Figure 60: Student Nutrition Programs, Haldimand and Norfolk Counties Combined, 1998, 2005, 2007, 2008, 2010

![Student Nutrition Programs Graph]

Data Source: Health and Social Services, 2010
SAFETY

Community perceptions of safety are important. A community's perception of safety contributes to a sense of well-being, allows individuals freedom of movement, and reduces unintentional injuries. There are other elements of safety that impact on health. A Canadian research study shows a strong relationship between the commission of crimes and the use of alcohol and drugs (Pernanen K, 2002) (Toronto Drug Strategy Initiative, 2005).

The Haldimand-Norfolk Healthy Communities initiative identified safety as an important indicator of the community's health. The Haldimand-Norfolk Healthy Communities initiative is not alone in considering safety as an important component of health. In 1999, the Ontario Public Health Association built on evidence from the National Forum on Health (1997) to recognize violence as a social determinant of health and a public health issue (Ontario Public Health Association, 1999). Speaking specifically of family violence, the Forum found that family violence had a negative impact on equity, socio-economics, mental, physical and spiritual well-being. In passing a resolution to formally recognize violence as a public health issue in 1999, the Ontario Public Health Association wrote, “Violence is a major contributor to premature death and disability in Ontario. It is a force that damages the physical, mental and spiritual health of individuals. It also threatens basic institutions in Ontario such as the family and the community (Ontario Public Health Association, 1999).”

In this section, safety was considered by five variables provided by the Ontario Provincial Police (OPP), Haldimand Detachment and Norfolk Detachment:

- Primary offences are all offences reported in a jurisdiction. A primary offence may also be logged as a domestic, violent, or property offence.
- Domestic offences are those offences that occur within a domestic relationship.
- Violent offences are those offences that involve physical harm to another individual.
- Property offences are offences in which property was involved, but no individuals are injured.
- Motor vehicle collisions (MVCs) are motor vehicle collisions that are reported to the police.

Another critical aspect in the concept of safety is unintentional injuries. Unintentional injuries have been discussed extensively in Health Status, Unintentional Injuries (page 59).

Offences reported are actual occurrences, not a rate using a standardized population. Because of the different total population in Haldimand County and Norfolk County, this data should not be used to compare the experiences of the two counties, and it is not possible to compare against rates for the same categories of offences in Ontario.

The OPP reported offences for four categories between 2006 and 2010: the overall offence category of “primary offences” (Figure 61) and then the sub-categories of domestic offences (Figure 62), violent offences (Figure 63) and property offences (Figure 64). The number of motor vehicle collisions for 2006-2010 is reported in Figure 65.

Overall, the number of primary offences shown in Figure 61 decreased in Haldimand County by almost 10% (9.6%) between 2006 and 2010, while in Norfolk County they fluctuated but ultimately increased slightly from 20,827 to 20,867 in the five years. Likewise, the number of violent offences (Figure 63) and property offences (Figure 64) reported in each county fluctuated or declined between 2006 and 2010. The most significant decreases were among violent offences in Haldimand County which decreased 26.8% between 2006 and 2010, and property offences in Norfolk County which decreased 13.2% for the same time period. Likewise, the number of reported motor vehicle collisions decreased in each county. Figure 65 illustrates that in Haldimand County, the number of reported MVCs decreased by almost 20% (19.3%) and in Norfolk County the total number reported decreased by 5.2%, between 2006 and 2010.
Among all the types of offences reported, only the number of domestic offences reported to the OPP increased in both Haldimand County and Norfolk County between 2006 and 2010. Shown in Figure 62, the number of domestic offences reported in Haldimand County increased by an alarming 20.0% between 2006 and 2010. For the same time period the number of domestic offences reported in Norfolk County increased dramatically by almost 60% (59.5%).

However, there are three challenges with this data. Changes to laws, and policies about how charges are laid, may have had tremendous impact on the number of offences reported. Second, all of the data in this section shows the number of offences or MVCs reported to the local OPP detachments, not actual incidents. There is evidence that some crimes are under-reported and thus not accurately reflected in statistics that reflect only reported crimes (Statistics Canada, 2010). Finally, without standardized rates, it is difficult to determine whether the reported offences and MVCs in Haldimand County and Norfolk County are either above, or below, those experienced by Ontario as a whole, or even how each County fares in comparison to each other. Creating standardized rates will help to understand the significance of these reported incidences, and identify areas for targeted action.

The Ontario Provincial Police, Children’s Aid Society of Haldimand and Norfolk, CrimeStoppers of Haldimand, Norfolk and Tillsonburg, Haldimand and Norfolk Women’s Services, St. Leonard’s Society, school boards, municipalities, business associations and neighbourhood groups are important stakeholders in addressing safety. However, agencies and organizations who are primarily interested in health issues rarely address safety outside of the area of unintentional injuries. Action by all parties will be important to take action on creating a safer Haldimand and Norfolk.

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• The Ontario Provincial Police’s Community Satisfaction Survey conducted in 2009 reported that 95.4% of Ontarians felt "safe" or "very safe" in their community (Rigby, 2011).
• The OPP reported offences for four categories between 2006 and 2010: the overall offence category of “primary offences” (Figure 61) and then the sub-categories of domestic offences (Figure 62), violent offences (Figure 63) and property offences (Figure 64). The number of motor vehicle collisions for 2006-2010 is reported in Figure 65.
• Considered by the overall category of primary offences, the frequency of primary offences declined steadily in Haldimand County, from 14,486 reported primary offences in 2006 to 13,096 in 2010, an overall decrease of 9.6%.
• In Norfolk County, the number of primary offences declined from 20,827 in 2006 to 20,375 in 2009 before rising again to 20,867 in 2010.
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Figure 61: Primary Offences Reported, Haldimand County and Norfolk County, 2006-2010

Data Source: Ontario Provincial Police, Haldimand Detachment and Norfolk Detachment, February 2011

- Figure 62 shows that the number of domestic offences reported to police in both Haldimand County and Norfolk County increased between 2006 and 2010. In Haldimand County, the number of domestic offences increased from 175 in 2006 to 210 in 2010, an increase of 20.0%. The number of domestic offences in Norfolk County increased dramatically from 299 in 2006 to 477 in 2010, an increase of 59.5%.

Figure 62: Domestic Offences Reported, Haldimand County and Norfolk County, 2006-2010

Data Source: Ontario Provincial Police, Haldimand Detachment and Norfolk Detachment, February 2011

- The number of violent offences, shown in Figure 63, decreased in both Haldimand County and Norfolk County between 2006 and 2010. In 2006, 556 violent offences were reported in Haldimand County, and 407 in 2010, a decrease since 2006 of 26.8%.
- Figure 63 shows that violent offences in Norfolk County fluctuated between 2006 and 2009 before ultimately declining in 2010. In Norfolk County, 745 violent offences were reported in 2006. This number declined in 2007 (681) before increasing in 2008 (746) and 2009 (767), before declining to 693 in 2010, an overall decrease of 7.0% in the time period.
The number of property offences reported in Haldimand County (Figure 64) fluctuated between 2006 (1550) and 2009 (1717), but ultimately remained unchanged at 1550 in 2010.

In Norfolk County the number of property offences reported to the OPP (Figure 64) declined more-or-less steadily from 2640 in 2006, to 2372 in 2007, increased to 2458 in 2008 before declining to 2379 in 2009 and 2291 in 2010, an overall decrease of 13.2% between 2006 and 2010.

Motor vehicle collisions (MVCs) reported to the OPP in Haldimand County and Norfolk County between 2006 and 2010 are shown in Figure 65. In both Haldimand County and Norfolk County, MVCs fluctuated but ultimately declined during the time period.

In Haldimand County there were 864 MVCs were reported in 2006, the number increased in 2007 (996) and 2008 (910) before decreasing in 2009 (853) and 2010 (697), an overall decrease of 19.3%.

MVCs in Norfolk County followed a similar pattern. In 2006, 1140 motor vehicle collisions were reported to OPP in Norfolk County. The total number of MVCs increased to 1212 in 2007 before decreasing to 1134 in 2008 and 1073 in 2009 before increasing slightly to 1081 in 2010, an overall decrease of 5.2% in the time period.
Figure 65: Motor Vehicle Collisions Reported, Haldimand County and Norfolk County, 2006-2010

Data Source: Ontario Provincial Police, Haldimand Detachment and Norfolk Detachment, February 2011
SENSE OF BELONGING

A sense of belonging is an important aspect of an individual's sense of well-being. According to Health Canada:

A feeling of belonging to a country, region, and local community can influence people’s sense of identity and the extent to which they participate in society. Generally, a strong sense of belonging is positively associated with better self-reported physical and mental health. A strong sense of belonging also contributes to individual and community wellbeing (Human Resources and Skills Development Canada, 2011).

Moreover, Mikkonen and Raphael (2010) noted that being socially excluded, or having a poor sense of belonging, had adverse social and health effects. They reported that socially excluded Canadians were more likely to be unemployed and earn lower wages and have less access to health and social services and education (Mikkonen & Raphael, 2010).

Human Resources and Skills Development Canada has determined that an individual’s sense of belonging could be assessed by participation in political activities, participation in social activities, charitable donations and volunteering. (Human Resources and Skills Development Canada, 2011). Building on these findings, this report considers “sense of belonging” using the Canadian Community Health Survey results for Haldimand and Norfolk counties combined in 2005, 2007 and 2008 for residents 12 years and over and for youth, 12-19. Rates for Haldimand and Norfolk counties combined were compared to rates reported in Ontario. Confidence intervals are reported to help understand the reliability of the data. Municipal election voter turn-out in 2010 for Haldimand County and Norfolk County is also reported.

Residents of Haldimand and Norfolk counties combined reported a stronger sense of community than other residents in Ontario in 2005, 2007 and 2008, with the sense of belonging becoming stronger over time. Figure 66 illustrates that in 2005, six out of 10 (63.2% CI ±4.7) residents 12 and over in Haldimand and Norfolk counties combined reported a strong sense of well-being, similar to Ontario residents (63.5% CI ± 0.8). By 2008, the rate reported among residents in Haldimand and Norfolk counties combined increased to three-quarters (75.2% CI ± 5.7) while in Ontario the rate remained stable at about six out of 10 (65.1% CI ± 1.1).

Sense of belonging among youth 12-19 in Haldimand and Norfolk counties combined and Ontario for 2005, 2007 and 2008 is reported in Figure 67. In this case, youth in Haldimand and Norfolk counties combined also reported an increase in their sense of belonging. By 2008 almost nine out of 10 youth (88.0% CI ±10.5) in Haldimand and Norfolk counties combined reported a strong sense of belonging while fewer, three-quarters (74.2% CI ± 2.5) reported a strong sense of belonging. Confidence intervals overlapped between the Haldimand and Norfolk counties combined rates reported in 2005, but not in 2007 and 2008.

Building social inclusion activities in Haldimand County and Norfolk County is not the single identified domain of any organization. It is the result of action taken on multiple fronts to build social engagement and participation in the community. Efforts should include all facets of the community and in particular those with an interest in social and community services, parks and recreation, municipal services, social justice, education and health.

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- In Haldimand and Norfolk counties combined, Figure 68 shows that the percentage of residents 12 and older who reported a strong sense of belonging increased from about six out of 10 (63.2% CI ±4.7) in 2005 to three-quarters (75.2% CI ± 5.7) in 2008. In Ontario, residents reporting that they had a strong sense of belonging in their community remained relatively stable at about six out of 10 throughout the period (2005 - 63.5% CI ± 0.8; 2007 - 63.0% CI ±1.1; 2008 - 65.1% CI ± 1.1). Confidence intervals overlapped in 2005 but not in 2007 and 2008.
Figure 66: Strong Sense of Belonging, 12 Years and Over, Haldimand and Norfolk Counties Combined and Ontario, 2005, 2007, 2008

Data Source: Canadian Community Health Survey 2005, 2007 and 2008. Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario MOHLTC. Data Notes: Annual estimates were used because these estimates present the most up-to-date population health characteristics and are updated yearly. High sampling variability, interpret with caution. High sampling variability data is not releasable. NC: Not able to compute. Not stated includes don’t know, refuse, and not stated. Percentages are rounded up. Prevalence of strong sense of belonging = Very Strong, or Somewhat Strong. Prevalence of weak sense of belonging = Somewhat Weak or Very Weak. On average there is about a 2% difference between the estimated produced between the Ontario Share File and the Master File used by Statistics Canada. The Ontario Share File has fewer respondents than the Master File. In order to be included in the Share File, Ontario residents must consent to sharing their information. Data is shown including confidence interval range, a statistical confidence calculation that shows with 95% confidence the lower and upper range in which the true rate falls.

- Considered among youth aged 12-19, Haldimand County and Norfolk County again reported higher rates for a strong sense of belonging than Ontario youth (Figure 67). In 2005, two-thirds (67.4% CI ± 10.9) of youth aged 12-19 reported a strong sense of belonging and in 2008, almost nine out of 10 (88.0% CI ±10.5) reported the same. In Ontario, rates remained more consistent, from seven out of 10 (72.4% CI ±1.7) in 2005 to slightly more (74.2% CI ± 2.5) in 2008. Confidence intervals overlapped in 2005 and 2008 but did not overlap in 2007.
The proportion of residents aged 18 and older who vote in municipal elections is also considered an indicator of sense of belonging because it indicates level of engagement in the community. Voter turn-out in Haldimand County was reported by ward only. In the three County wards, voter turn-out was 37.3%, 44.3% and 47.1%. (Haldimand County, 2010)

In Norfolk County, the overall voter turn-out was slightly lower, at 35.7% (Norfolk County, 2010).
TRANSPORTATION

Transportation has long been an issue of concern for residents in Haldimand County and Norfolk County. As a rural community with numerous several small towns and numerous hamlets and villages spread over almost 3,000 square kilometres, the ability to travel between centres, as well as to access services in larger centres is important. There have been several efforts to provide some level of public transportation within Haldimand County and Norfolk County, and to connect people with centres outside the counties (Haldimand-Norfolk Health and Social Services Department, 2009).

The latest initiative in 2009 was lead by the Haldimand and Norfolk Rural Transportation Initiative (H&N RTI) which included membership from the Best Start Network, Children’s Aid Society of Haldimand and Norfolk, Grand Erie Training & Adjustment Board, Haldimand-Norfolk R.E.A.C.H., Haldimand and Norfolk Women’s Services, Norfolk District Business Development Corporation, Norfolk County (as the Consolidated Municipal Service Manager for Haldimand and Norfolk counties) and the United Way of Haldimand and Norfolk.

As part of this effort, the H&N RTI conducted a public survey to determine attitudes towards public transportation among residents of Haldimand County and Norfolk County. The results of this survey are reported in this section. The survey was made available on-line and paper versions were distributed to selected populations that may not have had access to a computer. The survey was also available in two local newspapers that were distributed to all residents in Haldimand and Norfolk. Through these means 1,259 Haldimand and Norfolk residents completed the survey. Raw data for the survey was not available and thus the figures included here are copied from the H&N RTI report.

It is clear that the vast majority of respondents (92%) to the Rural Transportation Initiative survey believed that a public transportation system is needed in Haldimand and Norfolk counties. Almost seven out of 10 (68%) of survey respondents reported that they would use public transportation if it were available, chiefly for recreational and social activities (69%) and to attend medical appointments (59%). Figure 68 showed that individuals who were students, retired, unemployed and other had the greatest difficulty travelling whenever they needed / wanted to. More than half of all respondents in all types of employment and education who responded to the RTI survey reported a willingness to use public transportation if it was made available to them (Figure 70).

These survey results indicate both the need for, and willingness to use, public transportation services among residents who were surveyed in Haldimand and Norfolk counties. Without transportation, it becomes difficult for people residing in rural communities to access any services – and from a health perspective - physicians, wellness clinics, early childhood resource centres, fitness opportunities, socialization program and educational opportunities. Numerous service providers already offer transportation services for clients, either through funded programs, volunteer drivers, or fee-for service (Haldimand-Norfolk Health and Social Services Department, 2009). Continued collaborative efforts, like those of the Haldimand and Norfolk Rural Transportation Initiative, will be needed to address this important issue.

ANALYSIS

• Nine out of 10 respondents (92%) to the Rural Transportation Initiative survey reported that they believed Haldimand and Norfolk counties needed a public transportation system. There was no difference between residents of Haldimand County and Norfolk County (Haldimand-Norfolk Health and Social Services Department, 2009).
• Nine out of 10 (92%) of low income respondents reported that they are prevented from travelling some or all of the time due to a lack of public transit (Haldimand-Norfolk Health and Social Services Department, 2009).
• Overall, seven out of 10 (68%) of survey respondents reported that they would use public transportation if it were available to them (Haldimand-Norfolk Health and Social Services Department, 2009).
• Almost seven out of 10 (69%) survey respondents reported that they would use public transportation for recreational and social activities and almost six out of 10 (59%) reported that they would use public transportation to attend medical appointments (Haldimand-Norfolk Health and Social Services Department, 2009).
• Respondents who were younger reported that they would use public transportation more frequently for recreational and social activities (81%) followed by attending employment (73%) (Haldimand-Norfolk Health and Social Services Department, 2009).

• Respondents who were older reported that they would use public transportation more frequently to attend medical appointments (75%) followed by recreational and social activities (63%) (Haldimand-Norfolk Health and Social Services Department, 2009).

• Considered by income status, survey respondents with a lower income level were more likely to use public transportation for medical appointments (78%) and recreational and social activities (77%) (Haldimand-Norfolk Health and Social Services Department, 2009).

• Figure 68, Figure 69, and Figure 70 show the results to three different H&N RTI survey questions, exactly as reported in the H&N RTI report. Raw data was not available for analysis. Responses are provided by type of respondents for each survey question. The types of respondents were categorized as follows: elementary / high school student, employed part-time, college / university student, unemployed, employed full-time, retired, and other. Three survey questions are reported here:

  - Are you able to travel wherever you need to or want to?
  - Does the lack of public transportation service prevent you from travelling?
  - If public transportation were available, would you use it?

• Ability to travel, illustrated in Figure 68, was clearly impacted by individual’s education or employment status. Survey respondents who were who were students, retired, unemployed and other had the greatest difficulty travelling whenever they needed / wanted to.
In Figure 69, over half of elementary and high school students, those who were unemployed who responded and those categorized as “other,” and responded to the RTI survey in Haldimand County and Norfolk County reported that the lack of a public transportation system prevented them from travelling.

About four out of 10 retired persons, college students, employed part-time and “other” also reported that the lack of public transportation service prevented them from travelling.
More than half of all respondents in all types of employment and education who responded to the Rural Transportation Initiative survey reported a willingness to use public transportation if it was made available to them (Figure 70). Among elementary and high school students, the unemployed and “other” category; eight out of 10 reported that they would use a public transportation service.
Figure 70: Willingness to Use Public Transportation by Education/Employment Status, Haldimand and Norfolk Rural Transportation Initiative Survey, 2009

Data Source: Haldimand-Norfolk Rural Transportation Initiative Study, 2009
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