These are the People Living in Your Community

In Haldimand and Norfolk...

*7.3%*

In 2013/2014 7.3% (4.6%-10.0%) of households were food insecure. This means that they did not have access to a sufficient variety or quantity of food due to a lack of money.

53%

In 2011, 53% of persons age 15 years of age and older had high school education or less.

11.9%

In 2011, 11.9% of people were considered to have ‘low income’.

2,630

From December 1, 2015 to January 5, 2016, there were 2,630 people accessing Ontario Works. (Haldimand and Norfolk Health and Social Services, 2016).

73.2%

The number of older adults aged 55 years and over is projected to substantially increase from 26,097 in 2000 to 45,210 in 2020, or 73.2%. This growth rate is attributed to the baby boom generation, as they begin to turn 65.

Limitations

It is important to be informed that there are several potential limitations to the NHS estimates. Mainly, there are two types of error: sampling error and non-sampling error. The former is present because the NHS is a self-administered voluntarily survey with a sampling rate of about 3 in 10 and a response rate of 68.6%. Although, the goal was to obtain data from a wide range of geographies (i.e. municipalities, communities) response rates varied appreciably among different levels of geographies. As a result some areas were under representative. Of particular concern, some neighborhoods in Haldimand and Norfolk were found to have low response rates. In particular, 53% of people in South West Norfolk did not complete the NHS (53.5%).

In 2014, a single person on OW received $7,872 annually.

In 2014, a single person on ODSP received $13,176 annually.

In 2014, the poverty line in a single person household is $19,774. This is a basic income gap of $11,902.
followed by Central Haldimand (49.3%), North West Haldimand (46.2%), East Haldimand (42%), and North East Norfolk (40.2%). With this high non-response rate, it is important to interpret the data with caution. Besides sampling, a number of factors can also contribute to non-sampling errors. For example, respondents may misunderstand questions, answer them inaccurately, and not complete the survey in its entirety. Due to these limitations and others not identified, caution must be exercised when NHS estimates are compared with estimates produced by the 2006 Long Form Census, especially when the analysis involves small geographies like Haldimand and Norfolk.

**Indicator: Household Food Insecurity**

**Data Source:** Canadian Community Health Survey 2013-2014, Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario MOHLTC

**Data Notes:** Derived Variable. * High sampling variability, interpret with caution. ** High sampling variability data is not releasable. NC. Not able to commute. Not stated includes don’t know and not stated. Household weights (WTS_SHH) and derived variable (FSCDHFS2) was used. Update Jan 2017: ‘Non-stated’ excluded from the denominator.

This variable is based on a set of 18 questions and indicates whether households both with and without children were able to afford the food they needed in the previous 12 months. It captures three kinds of situations: 1- Food secure: No, or one, indication of difficulty with income-related food access; 2- Moderately food insecure: Indication of compromise in quality and/or quantity of food consumed; 3- Severely food insecure: Indication of reduced food intake and disrupted eating patterns. Food Insecure is both moderately and severe food insecurity. This variable is adopted from the Health Canada model of food security status.

**Indicator: Education Level**

**Data Source:** Source: Statistics Canada, Health Profile, December, 2013, http://www12.statcan.gc.ca/health-sante/82-228/details/page.cfm?lang=E&Tab=1&Geol=HR&Code1=3S34&Geo2=PR&Code2=3S5&Data =Rate&SearchText=Haldimand:-Norfolk%2C%20Health%20Unit&SearchTyp e=Contains&SearchPR=01&All=Custom=&&B2=All&B3=All

**Indicator: Incidence of Low Income (after tax) by # of persons**

**Data Source:** Canadian Tax Filer Data – T1 Family File (2011) – F-18.

**Data Notes:** The Low-Income Measure is a relative measure of low income. LIMs are a fixed percentage (50%) of adjusted median family income where adjusted indicates a consideration of family needs. The family size adjustment used in calculating the Low-Income Measure reflects the precept that family needs increase with family size. For the LIM, each additional adult, first child (regardless of age) in a lone-parent family, or child over 15 years of age, is assumed to increase the family’s needs by 40% of the needs of the first adult. Each child less than 16 years of age (other than the first child in a lone-parent family), is assumed to increase the family’s needs by 30% of the first adult. A family is considered to be low income when their income is below the Low-Income Measure (LIM) for their family type and size. This after tax low income measure translates to a single person earning less than $19,930 or a family of four earning less than $39,860. Today this would be about $20,800 and $41,600 respectively.

**Indicator: Population Projections**

**Data Source:** Pop Est Summary PHU County Municip, (Stats Can) Intellhealth, MOHLTC;

**Data Notes:** Description: Summary of population estimates at the municipality, county/regional municipality, PHU by single year of age (up to 90+) and sex, as of July 1, 1986 to 2009, Statistics Canada, Demography Division Data last refreshed: Thursday, October 7, 2010 9:09:07 o’clock AM GMT-04:00 Report prepared by Health Analytics Branch, MOHLTC (M. Alam, J. Heale, C. Paul) Data Extracted October 7, 2010

**Indicator: OW & ODSP Rates and OCB Amount**


**Indicator: Poverty Lines, 2012-2013**


**DISCLAIMER**

The data provided is produced or compiled by Haldimand-Norfolk Health Unit (the “Health Unit”) for the purposes of providing health status information. Data and information released from the Health Unit is provided on an “AS IS” basis, without warranty of any kind, including, without limitation, any warranty as to accuracy, suitability for a particular purpose or non-infringement of any intellectual property rights that may be held by others. The information being provided has not been reviewed, assessed or independently verified by the Health Unit. Availability of this data and information does not constitute scientific publication. Data and/or information may contain errors or be incomplete. The Health Unit is not responsible for the interpretation and usability or suitability of the data for any intended purpose. It shall be used by the recipient of such information without any reliance on the Health Unit in any manner whatsoever.