

INDICATOR	PHU	ONTARIO
- College, CEGEP or other non-university certificate or diploma	24.4	20.8
- University certificate or diploma below bachelor level	1.5	2.2
- University certificate; diploma or degree at bachelor level or above	9.9	26.0
Lone parent families (%)	17.2	17.1
Total population in low income based on 2015 data (%)		LICO-AT
- Both sexes	5.1	9.8
- Males	4.9	9.7
- Females	5.3	9.9
Children in low income		
- Both sexes	6.6	11.5
- Males	6.3	11.5
- Females	6.8	11.4
Home ownership rate (%)	67.2	69.7
- Average monthly shelter costs for owned dwellings (\$)	1,077	1,463
- Households spending 30% or more of income on shelter costs (%)	19.4	27.7
Food Security	PHU	ON
- Adult food secure (% of households that are food secure among adult members of the household)	86.5	91.5
- Adult, moderately to severely food insecure (% of households that are moderately to severely food insecure among adult members of the household)	13.5^	8.5
- Child food secure (% of households that are food secure among child members of the household)	91.1	93.4
- Households that are food secure (% of households that are food secure among all respondents)	86.5	91.4
- Households that are moderately to severely food insecure (% of all households that are moderately to severely food insecure among all respondents)	13.5^	8.6

Source: Statistics Canada, 2016 Census Data of Population; Statistics Canada, Canadian Community Health Survey, 2015-2016.
Note: ^ means interpret with caution due to small sample size; LICO-AT stands for Low Income Cut-Offs After Tax

Population by age

INDICATOR	MOOSONEE	% of Total Population	PHU	% of Total Population
Population (2016)	1,480	N/A	84,201	N/A
Age Group				
- 0-19 years	550	23.2	19,990	23.7
- 20-44 years	525	31.4	24,800	29.5
- 45-64 years	325	30.2	30,325	36.0
- 65-74 years	60	8.9	8,245	9.8
- 75+ years	20	6.2	5,810	6.9

Source: Statistics Canada 2016 Census Data of Population

Tobacco Use

Greater rates of daily tobacco smoking compared to the province (21.1% PHU vs. 13% ON)¹, along with significantly increased vaping use amongst adolescents, which is associated with the uptake of cigarette smoking.

Exposure to second-hand tobacco (13.4% PHU vs 6.9% ON)², e-cigarette, and cannabis smoke is another concern for area residents, especially those at greater risk for harm, such as children, pregnant women, and those with lung disease.

Physical Activity and Healthy Eating

According to the Nutritious Food Basket 2019, the PHU area experienced a 10% increase of the cost of healthy food since 2015³. With increasing costs associated with healthy eating and physical activity, ensuring opportunities for active living is accessible for all community members needs to be a priority. This includes maintained and well-lit sidewalks, greenspaces, parks, biking lanes and paths to support active living for all; in addition to affordable options for more organized sport and recreational opportunities such as skating and swimming. Long winter months and the extra work of addressing activity concerns with ice and snow further complicates ensuring options for safe active living in the area.

Being overweight or obese increases the risk of many chronic conditions, such as diabetes and high blood pressure (26.8% PHU vs 17.4 ON)¹, and may affect joints, thus risks to mobility. In the PHU area, 72.3% report being overweight or obese which is significantly higher than the province at 61.5%¹. Additionally, especially in children and youth, physical activity and eating well are critical to the development of overall well-being, and prevention of substance use and mental health concerns; both of which are on the rise in the PHU.

Injury rates

The accidental injuries and deaths related to self-harm (19.6 % PHU vs 9.3% ON)⁴are also a concern for the PHU area population. The PHU population experiences greater rates of emergency department visits secondary to injury. Activities such as snowmobiling, and ATV use add to unique injury risks compared to many other areas in Ontario. In the Cochrane sub-region within the North East Local Health Integration Network, seniors aged 65 and older represent 18.4% of the population⁵. Falls are the leading cause of emergency department visits⁴ for seniors residing in the PHU catchment area and account for 108.3 deaths per 100,000⁴ compared to 107.9 deaths per 100,000 in Ontario⁴.

Mental health

Mental health is also a priority in the PHU area. The health unit population experiences a higher rate of hospitalization due to mental illness, 3 times higher than the province with 15.7% repeat hospitalizations for mental illness (Ontario 10.7%)⁶. Self-reported prevalence of anxiety disorders is significantly higher (15% PHU vs 8.6% ON)¹. The PHU rate of 19.6 deaths per 100,000 population is more than twice the Ontario rate of 9.3 deaths per 100,000 population for the years 2011 to 2015⁴. Mental health remains one of the key priority areas identified with local School Board leaders.

Substance Use

Alcohol remains the most widely used substance in the area, with a greater proportion of the population consuming above the low-risk drinking guidelines (25.1% PHU vs. 20.6% ON)², based on self-reported data. Alcohol use is associated with mental health concerns, safety risks and injury rates, as well as chronic liver disease – all of which are concerns for the PHU population. In addition, the percentage of population that ever used illicit drugs is significantly higher for the PHU compared to Ontario (50.6% PHU vs 39.8% ON)⁶.

Climate Change

The PHU is partnering with other Northern Health Units on a collaborative project funded by Health Canada to complete a health vulnerability and adaptation assessment which will then be adapted with local community input to plan for climate change in the PHU region. Already, the PHU is seeing the impacts of climate change – with increasing and new vector-borne diseases in the region, changes in risks for waterways with blue-green algae, forest fires, floods, and increased weather-related events.

Harm Reduction

The PHU is leading the development of a comprehensive, evidence-based Timmins and Area Drug Strategy; addressing the pillars of prevention, treatment, harm reduction, enforcement and emergency response; with many key community partners within each pillar. The Opioid Emergency Task Force includes a surveillance system to monitor local potential opioid related incidents; as well as an emergency response plan to address any surges or urgent situations as needed.

**These numbers only indicate the harm reduction pillar, and do not include the tremendous work being done in other pillars to combat the opioid crisis in the PHU area.*

2018

- 3,536 visits - all PHU offices, including non-PHU satellite sites (partner organizations)
- 310,798 needles distributed - all sites (PHU and satellite)
- 808 naloxone kits distributed - PHU only (also distributed through partner organizations)

January to end of June 2019

- 2,137 visits all PHU sites, and including non-PHU satellite sites
- 193,164 needles distributed - all sites
- 1,105 naloxone kits distributed-PHU only
- More naloxone distribution sites in partner organizations added in 2019

Data Sources

- 1 Public Health Ontario (PHO) Snapshots, extracted 2019.08.26
- 2 Statistics Canada, Canadian Community Health Survey (CCHS), 2015-2016
- 3 Nutritious Food Basket, 2019.
- 4 Ministry of Health and Long-Term Care, IntelliHealth, Vital Statistics 2011-2015
- 5 North East Local Health Integration Network (LHIN) Cochrane Placemat April 2018

6 Porcupine Health Unit Community Health Status Report (2014)
7 Statistics Canada, 2016 Census of the population