Hamilton

HAMILTON'S COMMUNITY HEALTH STATUS REPORT

Public Health Committee

November 4, 2024

Why do we do this work?

- The work that public health does requires us to know the **population's** health status
- We use this information, alongside other evidence, to set priorities and plan our programs and services
- We provide this information so that our community can collectively work together to improve our population's health

Source: National Collaborating Centre for Methods and Tools

Our commitment to enhancing our approach

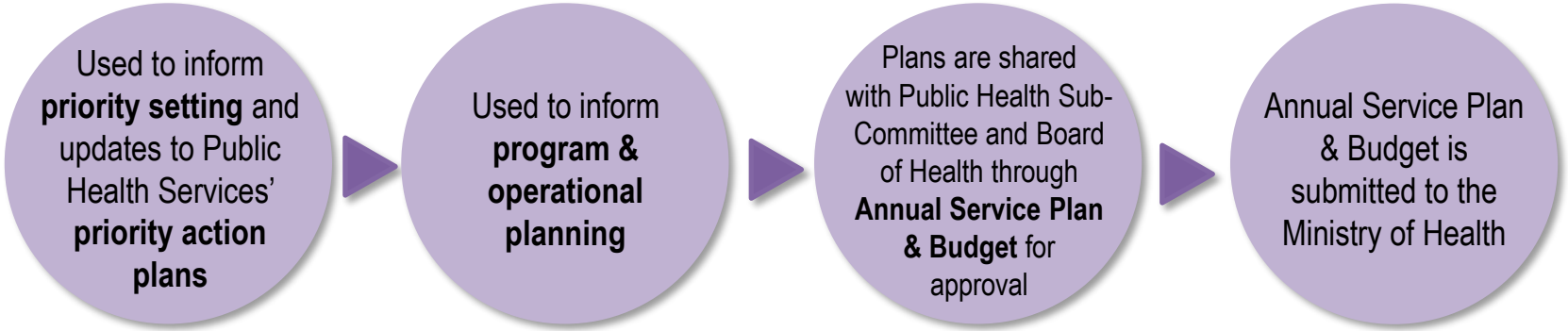
- We have a long history of doing population health assessment with various deliverables, for example:
  - Community Alcohol Report
  - Child and Youth Health Atlas
  - Community Health Status Report

- We are committed to enhancing our approach in alignment with our **Population Health Assessment Strategy**

Source: Adapted from Epidemiology & Evaluation Program, Population Health Assessment Strategy 2022-2023

Planning Roadmap

Community health status information is a **critical input** into our **annual planning cycle**.



Community health status information will be shared again over the next few months.

Public Health Sub-Committee Orientation	
December	**February**
▪ Public health in Hamilton – History & fundamentals – Current Public Health Services priorities	▪ 2025 Annual Service Plan & Budget **

** Documents to be shared with Board of Health / Council along with the Annual Service Plan & Budget recommendation.

Acknowledgements

We acknowledge the many staff and leaders from across Hamilton Public Health Services programs who contributed to developing and reviewing this report, led by the Epidemiology & Evaluation program.

We greatly appreciate the community members who reviewed the report:

- Simon Lebrun
- Sara Mayo
- Evelyn Myrie
- Amaris Rimay

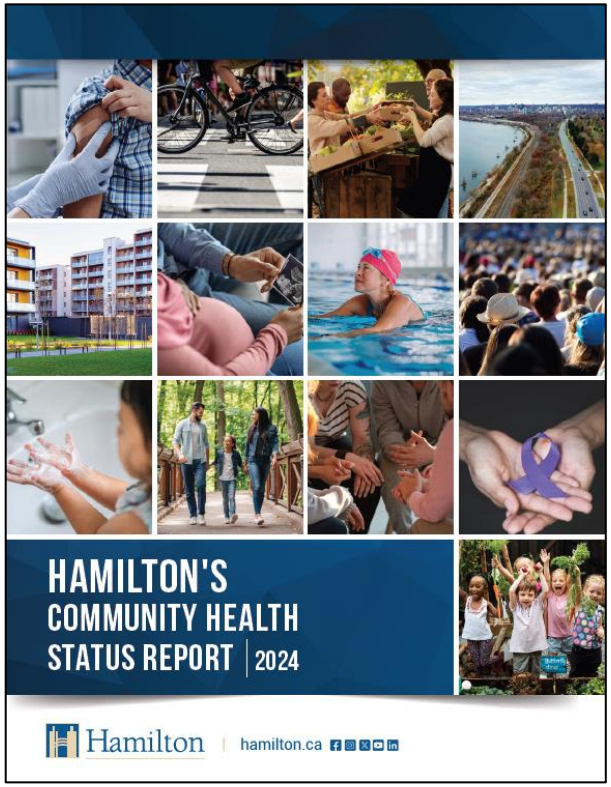
We are very grateful to the organizations that participated in our engagement sessions:

- Afro Canadian Caribbean Association
- Centre de santé communautaire – site Hamilton
- City of Hamilton Community Strategies
- Compass Community Health Centre
- Greater Hamilton Health Network
- Hamilton Anti-Racism Resource Centre
- Hamilton Centre for Civic Inclusion
- Hamilton Community Foundation
- Hamilton Family Health Team
- Hamilton Health Sciences Corporation
- Hamilton Trans Health Coalition
- Immigrant Working Centre
- McMaster Family Practice
- Neighbour to Neighbour Centre
- Shelter Health Network
- Social Planning & Research Council of Hamilton
- St. Joseph's Healthcare Hamilton

Report Goal

To provide meaningful health status information, including social determinants of health and health inequities to:

- Guide public health planning and service delivery
- Increase awareness of relevant and current information
- Foster a common understanding of a breadth of issues that impact our community's wellbeing
- Inform community decisions



Report Scope

The report includes:

- Health topics that align with our existing public health mandates, including social circumstances that influence health; we did not explore all facets of health
- Assessment of Hamilton residents as a whole; we did not look at the health of small geographic areas (e.g., by ward or neighbourhood)
- Analysis of time trends, comparisons to Ontario, and differences by groups to assess health inequities
- Available data; we did not collect any new data

Data Sources

We use data from many different places. Some we access through other organizations and some we collect ourselves. **Often, we do not have control over how or what is collected.** Examples include:

- Canada does a census every five years that counts each person and their characteristics
- When a person visits the hospital emergency department, they may be diagnosed with an illness which is recorded in a database
- Surveys may ask people to provide information about their health and wellbeing
- When a person is infected, the case is reported to public health, and we collect information from that person

Data Limitations

Data is not perfect, and we should be mindful of the limits of what our data can tell us. For example:

- There may have been **no data** on certain topics
- We had **limited control** over data that we were able to access
- Data **may not be timely**; it could be years behind
- We were **unable to 'break-down' the data** in certain ways
- People may **not be accurately represented** in the data
- Data **may not give us the full or true story** of what is happening
- Data analysis, grouping, and presentation **may not reflect everyone's perspective** or lived experience

Community Engagement: What We Did

- **Consulted** with community organizations to receive feedback on the draft report
  - The goal was to gain insight on how to frame information to be **meaningful** and **reflective of the local context**
- Meetings held with local organizations that serve:
  - Black and racialized communities
  - First Nations, Métis, and Inuit communities
  - People with other lived experiences of marginalization (e.g., LGBTIQ+, lower incomes)
  - People accessing health services (i.e., healthcare sector)
- Staged approach:
  1. Invitation to participate and introductory meeting
  2. Half-day meeting with focused review and discussion of content
  3. Review of the full report by participants who volunteered

Community Engagement: What We Heard

- Tension between transparency, quality, privacy, stigma and harm
- Data does not always reflect individuals' or people's lived experiences
- Some sociodemographic terminology and categorizations outdated and, in some cases, harmful:
  - e.g., limitations of gender identity and sex terminology and categorization used in data systems
- Communities want to be grouped by unique identities:
  - e.g., instead of 'racialized', should be represented as Black; instead of 'Indigenous', prefer First Nations, Métis, and Inuit

Engagement: First Nations, Métis and Inuit

- Process did not involve Indigenous community partners early enough to meaningfully engage on content
  - Specific analysis related to First Nations, Métis, and Inuit people in Hamilton is not included in this report
- We are committed to upholding Indigenous rights by continuing to engage
  - Follow their direction on how information may be used in our work
- Align with Hamilton Public Health Services' Indigenous Health Strategy

Source: City of Hamilton – Public Health Services Indigenous Health Strategy: Nothing For Us, Without Us, 2023.

Report Contents

Chapters in the Community Health Status Report:

1. Geography & Population
2. Social Circumstances Influencing Health
3. General Health
4. Healthy Pregnancies & Births
5. Child & Youth Health
6. Immunization
7. Infectious Disease
8. Environments & Health
9. Mental Health
10. Substance Use
11. Injury & Violence
12. Healthy Living
13. Chronic Disease

1. Over the past decade, specific population health improvements have occurred for Hamiltonians

- Tobacco smoking continued to decrease
- Air quality has improved, but still impacts health
- Improvement in Chronic Obstructive Pulmonary Disease (COPD) and lung cancer
- Hypertension levels improved
- Teen pregnancies declined

2. Inequities persist in our community as a major contributor to poor health

- Health inequities were observed for almost all health topics
- Some of the greatest health inequities were found for substance use, self-harm, assault, and diabetes:
  - Income and housing need were strongly associated with the inequities observed for these health outcomes

3. Hamilton's population is growing, becoming more diverse, and aging

- Hamilton had the fifth largest population of all municipalities in Ontario
- The proportion of Hamiltonians that self-identified with one or more racialized groups increased
- The senior population is the fastest growing age group in Hamilton

4. More Hamiltonians are dying prematurely and many of these deaths are preventable

- Life expectancy was lower for Hamiltonians (81.3 years) than Ontarians (82.6 years)
- More Hamiltonians died prematurely and nearly half of these deaths are preventable.

Top causes of premature death for Hamiltonians
1. Ischemic heart disease
2. Lung cancer
3. Poisoning (including opioid deaths)
4. Colorectal cancer
5. Chronic lower respiratory disease

5. Not all children in Hamilton are getting the best start in life

- Low birth weight rates increased
- Exclusive breastfeeding rate decreased
- 1 in 3 kindergarten students were vulnerable in at least one domain of early development
- Over 1 in 3 students born in 2015 did not have an up-to-date vaccination record

6. Substance use is a major driver of preventable deaths among Hamiltonians

- Over 1,000 Hamiltonians died annually due to tobacco (783), alcohol (208), and opioids (168)
- 1 in 6 adults smoke and vaping rates increased among youth
- Opioids contributed to a rise in preventable deaths:
  - Opioid deaths increased and were consistently greater than Ontario

7. Physical harm is a growing concern and an area of substantial inequity

- Self-harm injuries increased
- Homicides rates increased and assault injuries for Hamiltonians were greater than Ontarians.
- Since 2020 there has been an increase in police-reported hate & bias occurrences in Hamilton

Top causes of death for Hamiltonians age 20-44 years
1. Poisoning (including opioid deaths)
2. Intentional self-harm (suicide)
3. Assault (homicide)

8. Climate impacts are an area of public health significance in our community

- Climate has affected health, and is predicted to continue to impact health in the future
- Hamiltonians had over 1,200 heat-related emergency visits in the past decade
- Since 2021, Lyme disease has increased; 2023 had the highest annual number of cases seen to date among Hamiltonians

9. Chronic diseases represent a considerable preventable health burden on Hamilton residents

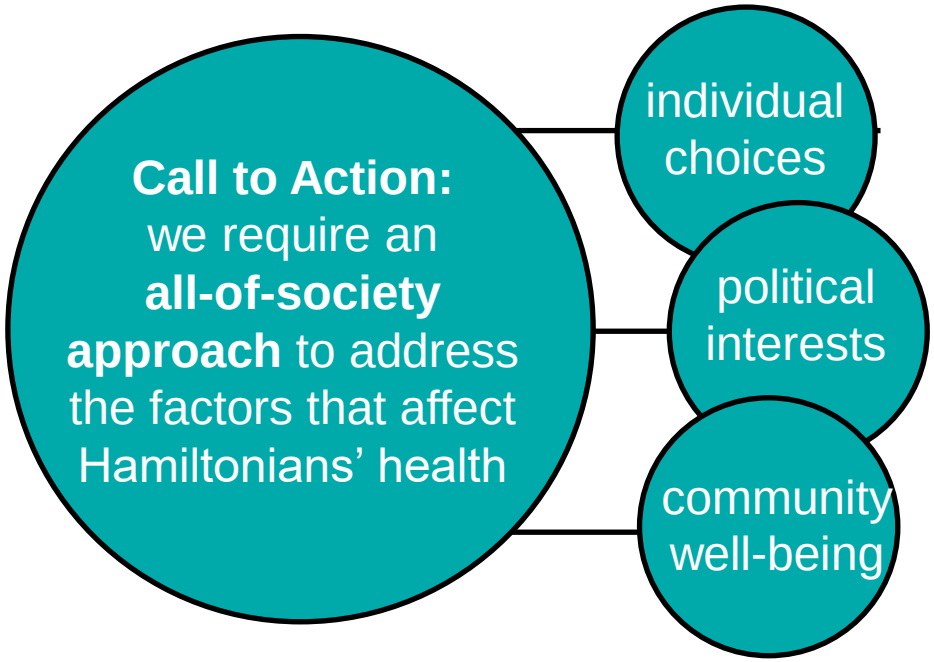
- Chronic diseases were among the leading causes of death and disability in Hamiltonians
- 13% of Hamiltonians were living with diabetes and this has increased over the past decade
- New cases of chronic respiratory disease (e.g., asthma, Chronic Obstructive Pulmonary Disease (COPD)) were higher than Ontario

10. New and known infectious diseases continue to impact our community's health

- COVID-19 continues to impact our community:
  - Hamilton had 321 respiratory outbreaks in 2023 with the majority (75.7%) being COVID-19.
- Over the past decade, syphilis rates and gonorrhea rates increased
- Invasive Strep (Group A) increased and was above the Ontario average

Conclusion

- This report is part of our commitment to **enhance our approach** to population health assessment and is **one tool** to understand our community's health status. This report can help:
  - Prioritize resources
  - Develop policies
  - Advocate for funding
  - Measure our collective impact
- Many of the health challenges our community face are **complex** and require **innovation**, **collaboration**, and action on **multiple levels**



Questions?

The Epidemiology and Evaluation program welcomes questions and feedback

Contact us at
epiandeval@hamilton.ca

Find the report at
www.Hamilton.ca/HealthData