Community profile for NORTH DUNDAS (N-D), STORMONT-DUNDAS-GLENGARRY (SDG), ON

LEGEND

A child's early development is shaped by different sectors of influence:

CHILD FAMILY COMMUNITY

Why are Population Demographics Important?

Collectively, population counts by age group and population growth can help us to adapt to the needs of the population as it changes over time. Population density measures how closely people live together in a geographic area. The higher the number, the more people live within that area.

Why Is Housing Important?

Affordable housing is a basic need for all families. High housing costs can create an added financial burden and result in families living in inadequate conditions, which contribute to poor health and fewer financial resources. Social housing helps to alleviate this need, but significant challenges remain in a number of communities.

Why is Family Composition Important?

Research suggests that marital status may be linked to household stability, as unmarried couples who live together are more likely to experience a breakdown in the relationship than married couples. Knowledge of family size can help services better design programs according to need, including targeted support for single or first-time parents, or programming for children of varying ages.

Note: Census Families constitutes at least two people living together; these totals do not include single people who do not have children. Therefore, if the % of families with children is calculated based on these totals, it will be inflated as compared to the true population.

Why is Financial Well-Being Important?

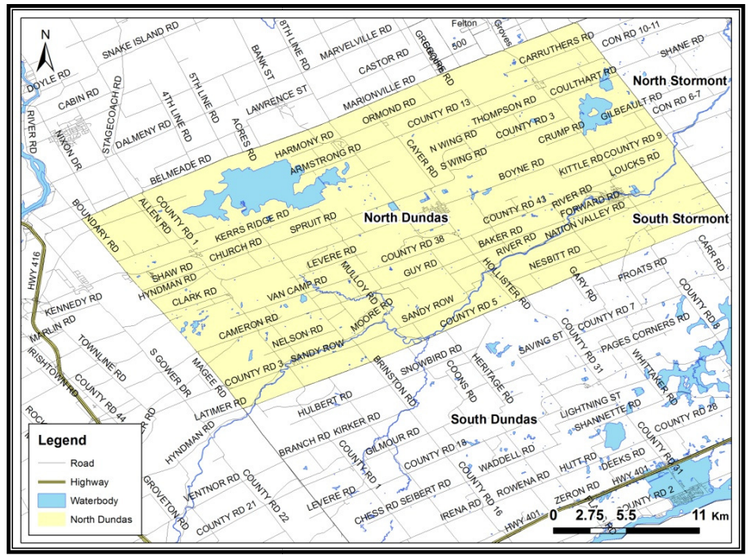
Economic status is one of the largest external influences on a child's development. It can influence the ability to buy nutritious food, access safe and stable housing, participate in recreational activities, and access quality child care. A lack of financial resources has been linked to poorer health outcomes, and may force parents to work more and spend less time with their children. A family's finances are affected by their income, assets, credit history, shelter affordability and home ownership, and retirement savings.

- **Child care subsidies** are a form of financial support provided to help offset the cost of child care.
- The **median household income** marks the middle of the income distribution for the target population, dividing it exactly in half.
- The **unemployment rate** quantifies the number of people within the labour force that are actively looking for work.
- **Debt management** reflects financial responsibility. **Non-mortgage consumer debt** indicates the amount of outstanding debt based on credit cards, personal loans, lines of credit, car loans, and consumer product financing. **Risk Scores** predict the likelihood that a person will miss at least 3 consecutive payments in the next

Why is Language Important?

Being able to communicate in at least one of Canada's official languages can influence an individual's ability to work, obtain services, and connect with their community. For services to effectively engage families from diverse communities they need to have policies, practices, and programs that are sensitive to language needs.

WHAT DOES OUR COMMUNITY LOOK LIKE?



Map prepared by the Program Effectiveness Data Analysis Coordinators, Parent Resource Centre, Ottawa, ON. (April 2013)

DEMOGRAPHICS

Demographics	N-D	SDG
Population in 2011	11,225	111,164
Population in 2006	11,095	110,399
Population change (%)	1.2%	0.7%
Land area (square km)	503	3,309
Population per km^2	22.3	33.6

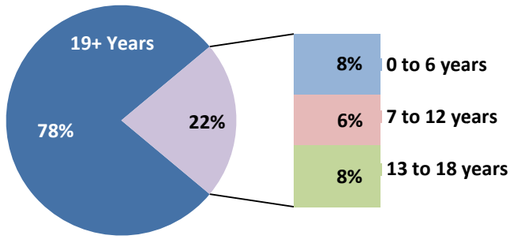
Source: 2011 Census, *Population and Dwelling Counts.*

HOUSING

Housing	N-D	SDG
Average Value of Owned Dwellings	$287,843	N.A.
Rented Dwellings (%)	18%	N.A.
Median Monthly Rent	$1,216	N.A.

Source: SELECT Ontario, Statistics Canada, special tabulation, unpublished data, Labour Force Survey, 2010.

AGE DISTRIBUTION

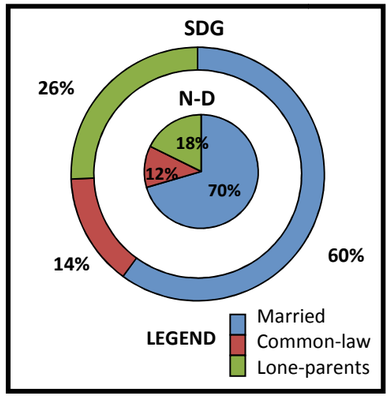


Population Counts	N-D	SDG
Total	11,225	111,165
Aged 0 to 18 yrs	2,480	23,495
Aged 0 to 6 yrs	870	7,770

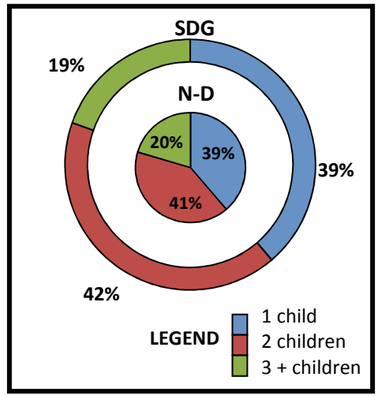
Source: 2011 Census, *Age Characteristics.*

WHAT DO OUR FAMILIES LOOK LIKE?

WHAT DO OUR FAMILIES WITH CHILDREN (< 25 YRS OLD) LOOK LIKE?



HOW MANY CHILDREN (< 25 YRS OLD) ARE THERE AT HOME?



Number of Census Families	N-D	SDG
Total Families	3,380	32,840
Average # Persons Per Family	2.9	2.8
Total Families With Children < 25 yrs old	1,615	15,140
Average # Children Per Family	1.9	1.9

Source: 2011 Census, *Family Characteristics.*

HOW ARE OUR FAMILIES DOING FINANCIALLY?

Child Care Subsidies[1]	N-D	SDG
Total # Unique Children Served, Annually	54	607
% of Population Aged 0-12 Years Served	3.4%	4.1%
Employment and Income	**N-D**	**SDG**
Unemployment Rate (%)[2]	5%	N.A.
Median Income for Private Households[3]	$61,532	N.A.
Debt Management For Those with A Credit History[4]	**N-D**	**SDG**
Average Non-Mortgage Consumer Debt	$29,410	$21,452
Average Risk Score*	763	745

*Note: The higher the risk score, the lower the likelihood of missing 3 consecutive payments in the next year.

[1]Source: Child Care Services, City of Cornwall, 2011.
[2]Source: SELECT Ontario, Labour Force Characteristics, 2009.
[3]Source: SELECT Ontario, Income, 2009.
[4]Source: TransUnion, 2012 Q1. Data used by permission from Trans Union of Canada, Inc. ©2013 TransUnion. All rights reserved.

WHAT LANGUAGES DO OUR FAMILIES SPEAK?

What language(s) are used at home?	N-D	SDG
English and French / English, French and Other	0.5%	1.4%
English Only / English and Other	95.0%	84.7%
French Only / French and Other	3.7%	12.2%
Other Only	0.8%	1.6%
What language(s) can residents speak?	**N-D**	**SDG**
English and French	19.8%	38.7%
English Only	79.7%	59.7%
French Only	0.4%	1.4%
Other Only	0.1%	0.2%
Total Population	**11,095**	**109,440**

Source: 2011 Census, *Knowledge of Official Languages; Detailed Language Spoken Most Often At Home.*
*Note: Census estimates are rounded.

Last Updated: September 2016

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LEGEND

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CHILD FAMILY COMMUNITY

Why are Early Health Risks Important?

Early health risks and vulnerabilities, such as low birth weight and preterm birth, are adversely related to child health and well-being outcomes. Thus, these variables can be used as early indicators of healthy development.

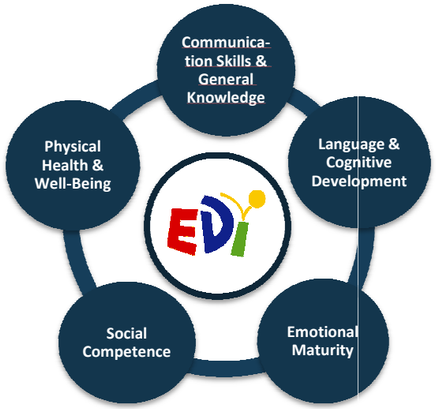
LEGEND:
- ✓ at least 2% lower than SDG
- X at least 2% higher than SDG
- -- within (+/-) 2% of SDG

***Note**: Data for cells containing less than six counts are suppressed. To provide an index of prevalence, despite suppression, we have listed the maximum value possible for that indicator (in %). This value is the maximum count of 5 divided by the total number of births in that community.*

Why are Child Injury Rates Important?

Unintentional injury is the leading cause of death and hospitalization for Canadian children between the ages of 1 and 14 years. Child injury rates are a way of identifying and monitoring local health and safety concerns, which can support public education, local injury prevention, and healthy public policy development.

Why is Developmental Health at School Entry Important?



The Early Development Instrument (EDI) assesses children's developmental health at school entry in five domains. Each EDI domain is further subdivided, for a total of 16 sub-domains. Each sub-domain represents a relatively homogenous aspect of child development.

To access the full EDI report and our other products please visit: www.parentresource.ca

WHAT ABOUT OUR CHILDREN'S DEVELOPMENTAL HEALTH AT SCHOOL ENTRY?

EDI DEMOGRAPHICS – CYCLE 4

Demographics	N-D	SDG
% Girls	52.7	49.4
% Bilingual	6.1	10.4
% Learning in a Second Language	1.6	21.6
Child's First Language	**N-D**	**SDG**
% Includes English	95.4	89.0
% Includes French	6.9	17.3
% Does not include French or English	1.5	2.7
Total # Children in EDI Cycle 4	**131**	**1025**

EDI VULNERABILITY

Cycle 4	N-D	SDG
1 + Domains	32.1%	*34.7%

*Indicates a significant change over time; SDG ↑ vulnerability and N-D ↓ vulnerability

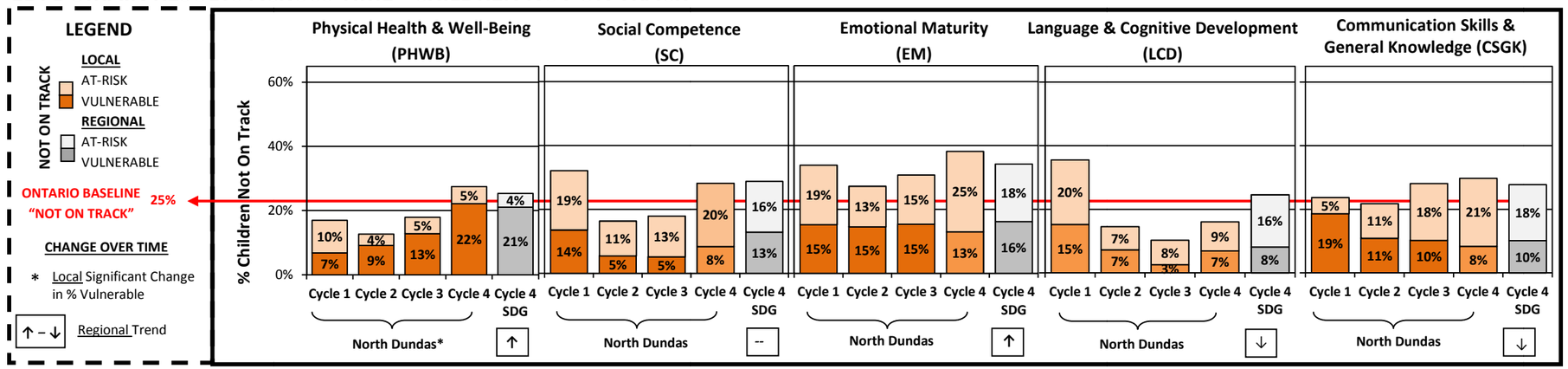
Source: Early Development Instrument (EDI), 2014-2015 (Cycle 4)

WHAT ABOUT OUR CHILDREN'S HEALTH?

Early Health Risks[1] (2005-2011)		N-D	SDG
Teen Births (Maternal Age < 20 yrs)	✓	5.2%	8.5%
Preterm Births (< 37 weeks)	--	7.6%	8.9%
Exclusively Formula Fed on Discharge	✓	12.6%	21.6%
Low Birth Weight (< 2500 g)	--	5.0%	6.7%
Maternal Smoking During Pregnancy	✓	16.8%	23.0%
No Antenatal Care Visit During 1st Trimester	✓	5.2%	9.3%
Total Births, 2005 to 2011		**619**	**7,658**
Incidence Rate* of ER Visits for Unintentional Injury[2]		**N-D**	**SDG**
0 to 6 years old		9.2%	15.1%
7 to 12 years old		10.8%	16.8%
13 to 18 years old		17.0%	22.5%

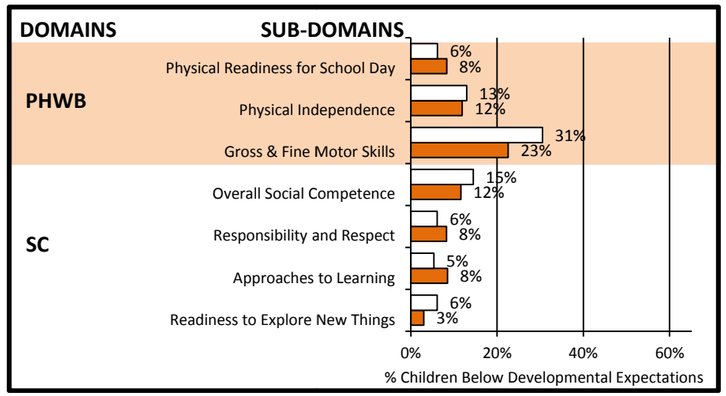
[1]Source: Better Outcomes Registry & Network (BORN) Ontario, 2005-2011.
[2]Source: ER visits, 2011. National Ambulatory Care Reporting System. IntelliHEALTH ONTARIO. Extracted September 2013 by Ottawa Public Health. *Note: Rates calculated per 100 persons within each age group.

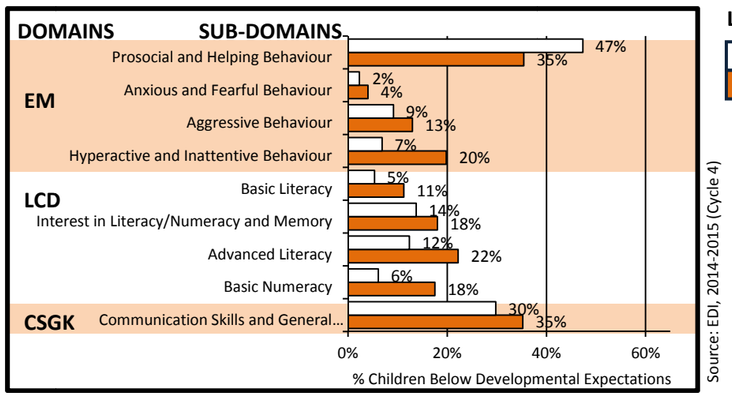
EDI DOMAIN RESULTS ACROSS TIME - CHILDREN NOT ON TRACK



Source: Early Development Instrument, 2004-2006 (Cycle 1), 2007-2008 (Cycle 2), 2010-2011 (Cycle 3) & 2014-2015 (Cycle 4)

EDI SUB-DOMAIN RESULTS FOR CYCLE 4 – CHILDREN BELOW DEVELOPMENTAL EXPECTATIONS





Source: EDI, 2014-2015 (Cycle 4)

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