



Making Children the Priority: Early Childhood Development in Priority Neighbourhoods

February 2019

HIGHLIGHTS

- The seven Priority Neighbourhoods identified by Durham Region Health Department are communities that require focus to build health equity. They are: 1) Downtown Ajax – Ajax, 2) Downtown Whitby – Whitby, 3) Lakeview – Oshawa, 4) Gibb West – Oshawa, 5) Downtown Oshawa – Oshawa, 6) Central Park – Oshawa, 7) Beatrice North – Oshawa.
- Each Priority Neighbourhood is unique, having its own positive attributes, community assets, resources, strengths and needs.
- This report focuses on early childhood development in the Priority Neighbourhoods, specifically indicators relating to children under six living in low income, the enhanced 18-month well-baby visit, breastfeeding, school readiness as measured by the Early Development Instrument (EDI), and police-reported domestic incidents.
- Although the Priority Neighbourhoods continue to have challenges with low income levels and poor health status, we are seeing some improvements in early childhood development indicators. Specifically, more children are receiving the enhanced 18-month well-baby visit, more mothers are breastfeeding for at least six months, and fewer kindergarten children are vulnerable in physical health and well-being, and in one or more EDI domains.



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About Health Neighbourhoods

The Health Neighbourhoods initiative examines information for 50 Health Neighbourhoods in Durham Region to better understand patterns of health in our communities. The ultimate goal is to support strong, safe and equitable neighbourhoods that improve the health and well-being of all residents.

Health Neighbourhoods was publicly launched in January 2015 by the Health Department and has since expanded to include more indicators and greater involvement from other Regional departments and community partners in Durham Region. The information provides a picture of how health varies by where we live and includes indicators on population, income, education, births, breastfeeding, early childhood development, injury, smoking, physical activity, obesity, infectious diseases, life expectancy and more. Each indicator is mapped and summarized, and each Neighbourhood is compared to Durham Region as a whole. Health Neighbourhoods information can be found at durham.ca/neighbourhoods.

This report highlights the positive changes in early childhood development that have occurred in the Priority Neighbourhoods and identifies areas that require further focus.

The ultimate goal is to support strong, safe and equitable neighbourhoods that improve the health and well-being of all residents.



What determines our health?

All people have the right to be as healthy as possible. The term “health equity” means that every person can reach their full health potential regardless of who they are, where they live or what they do.

Health is influenced by more than just access to health care, genetics and lifestyle choices. Health is influenced by social factors that affect the conditions in which we live, learn, work and play. Addressing these social determinants of health can help us achieve health equity for all.

As a community, we can work towards health equity by understanding the social determinants of health through the unique needs, histories, cultures and capabilities of our residents. Community residents, local organizations, governments and businesses need to continue to build partnerships and work collaboratively. Together we can be the driving force for solutions, ensuring health for all.

The key social determinants of health are:



Access to health services



Culture, race and ethnicity



Disability



Early childhood development



Education, literacy and skills



Employment, job security and working conditions



Food insecurity



Gender identity and expression



Housing



Income and income distribution



Indigenous status



Personal health practices and resiliency



Physical environments



Sexual orientation and attraction



Social inclusion/exclusion



Social support networks



What are our Priority Neighbourhoods?

Seven Neighbourhoods in Durham Region have been identified by the Health Department as areas that require focus to build on health and well-being. These Priority Neighbourhoods are:

1. **Downtown Ajax – Ajax**
2. **Downtown Whitby – Whitby**
3. **Lakeview – Oshawa**
4. **Gibb West – Oshawa**
5. **Downtown Oshawa – Oshawa**
6. **Central Park – Oshawa**
7. **Beatrice North – Oshawa**

These Neighbourhoods have the lowest income levels in Durham Region and are more likely to have lower adult education levels and higher unemployment compared to the other 43 Neighbourhoods. The Priority Neighbourhoods also tend to rank poorly on a variety of health indicators as shown by their Health Neighbourhood profiles.

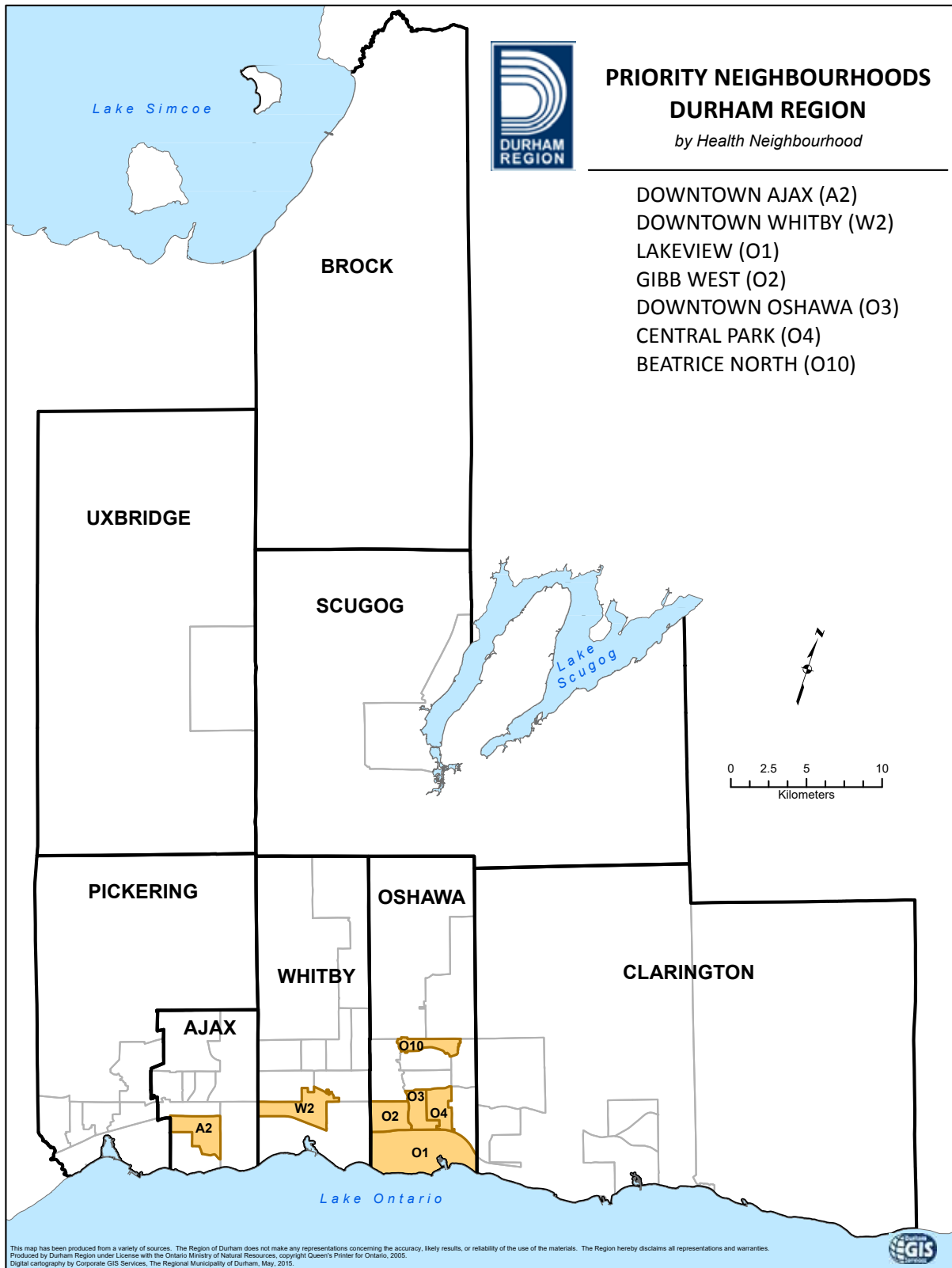
The seven Priority Neighbourhoods have a total population of 89,000 which makes up 14 per cent of Durham Region's population. The Neighbourhoods comprise 12 per cent of the Region's children from birth to nine (about 9,150 children) and 16 per cent of births. However, the Priority Neighbourhoods account for:

- 31 per cent of low income households in Durham Region
- 33 per cent of children under six in low-income households – about 1,900 children
- 28 per cent of children from birth to 17 in low-income households – about 5,200 children and youth
- 29 per cent of police-reported domestic incidents with children present

Despite these challenges, each community has its own strengths and positive features which can be used to improve health and well-being. Information on Health Neighbourhoods has helped to bring attention to health inequities in Durham Region. This report highlights improvements and areas that require further attention to advance early childhood development in our Priority Neighbourhoods.

**Despite challenges,
each community has
its own strengths
and positive features
which can be used to
improve health and
well-being.**





The importance of early childhood development

The period of early childhood is the most important developmental phase in life. It is a time that is fundamental to a child's future success and happiness. Research tells us that experiences from conception through early childhood shape a child's brain and influence learning, behaviour and health throughout the rest of life. Children that become vulnerable in their early childhood growth and development are at higher risk for health and social problems later in life.

The complexity of early childhood development can be broken down into five domains of equal importance, which have a strong influence on a child's future: physical, social, emotional, language and cognitive, and communication.

Children need a strong foundation for healthy brain development. This can be built through positive, enriching experiences and relationships in the early years. Early childhood development is not only fostered through family and home life but is shaped by the community in which children live. Investing into early childhood development improves future outcomes for the child and pays off for society as a whole with a return of six to one from public investment into early years intervention. An investment into early childhood development is critical for good health and positive future outcomes.

Early childhood development indicators

This report explored early childhood development in each Priority Neighbourhood using the data available in 2018 for the indicators below. We used 95 per cent confidence intervals to compare Health Neighbourhood rates with Durham Region and with Ontario, and to compare time periods. The exception was the low-income indicator from the 2016 Census, which we classified as higher, lower or similar to Durham Region based on whether there was at least a 20 per cent difference. We also grouped all seven Priority Neighbourhoods to make general observations. For more information about data sources and definitions, refer to the Appendix at the end of this report.

Comparisons of two time points:

- School readiness as measured by six indicators from the Early Development Instrument (EDI) – 2012 and 2015
- Percentage of two-year-old children receiving the enhanced 18-month well-baby visit – 2010/12 and 2013/15 fiscal year groupings
- Percentage of mothers who breastfed their babies for at least six months – 2007 to 2012 combined and 2013 to 2017 combined

One time point:

- Population – 2016
- Number of births – 2016
- Number of children aged 0-4 and 5-9 years – 2016
- Percentage of children under age six living in low income households – 2016
- Percentage of newborns with early breastfeeding – 2014 to 2017 combined
- Percentage of newborns with early exclusive breastfeeding – 2014 to 2017 combined
- Rate of police-reported domestic incidents with children present – 2011 to 2015 combined



Children under six in low income households

Income is one of the most important social determinants of health. The socioeconomic environment in which a child lives can create circumstances of advantage or disadvantage for a child. Low income and poverty adversely impact all areas of life for young children and their families and are associated with poorer health outcomes and challenges in early childhood development. Specifically, low income may lead to lack of opportunities for education, food insecurity, difficulty securing safe housing, transportation barriers and toxic stress.

In Durham Region...

- **13 per cent** of children under the age of six in Durham Region lived in low income households in 2016, which was lower than the Ontario rate of 20 per cent.
- The percentage ranged widely from two per cent to 53 per cent in the 50 Health Neighbourhoods.

In the Priority Neighbourhoods...

- **34 per cent** of children under the age of six in Priority Neighbourhoods lived in low income households, which was higher than the rates for Durham Region and Ontario.
- The percentages ranged between 22 per cent and 53 per cent.



Enhanced 18-month well-baby visit

The enhanced 18-month well-baby visit is the last regularly scheduled visit with a doctor or nurse practitioner before a child enters school and is an ideal opportunity to see how a child is developing and reaching key milestones. The visit encourages parents to speak with their health care provider about their child and ensure their child is up-to-date on immunizations before school. Children at risk can be identified early and referred to community services that provide support, intervention and treatment. Identifying challenges to health early in life is crucial to providing opportunities for intervention that can have a valuable impact.

Some possible reasons for a child not having the well-baby visit could be that the child does not have a regular health care provider, or the parents do not know about the visit and its importance. The key to helping children meet their full developmental potential is building effective partnerships between parents and caregivers, health care providers and community resources.

The enhanced 18-month well-baby visit is a provincial government strategy to support standardized evaluations at 18-months for each child in Ontario. The government introduced specific fee schedule codes in October 2009 which we used to determine the number of well-baby visits in Durham Region from April 1, 2010 to March 31, 2012 and from April 1, 2013 to March 31, 2015. Our first time period was soon after the government introduced the codes, which means that we were likely to see improvements as the initiative was launched and promoted. The relatively large number of well-baby visits occurring in these two-year periods, even at a neighbourhood level, resulted in smaller 95 per cent confidence intervals around the estimates compared with some of our other health indicators. This means we were more likely to see statistically significant changes.

In Durham Region...

- **57 per cent** of two-year-old children had an enhanced 18-month well-baby visit from April 2013 to March 2015, which was significantly higher than Ontario's rate of 54 per cent, and an increase from April 2010 to March 2012 at 48 per cent.
- Rates ranged by Neighbourhood from 33 per cent to 64 per cent between 2010 and 2012, with rates increasing to 46 per cent to 75 per cent between 2013 and 2015.
- Sixteen of the 50 Health Neighbourhoods significantly improved and 34 stayed similar over these two time periods. None had a significant decrease.

In the Priority Neighbourhoods...

- **56 per cent** of two-year-old children had their enhanced 18-month well-baby visit from 2013 to 2015, which was similar to Durham Region at 57 per cent and Ontario at 54 per cent. This was a significant increase from 45 per cent which occurred from 2010 to 2012.
- Neighbourhood rates ranged from 39 per cent to 55 per cent from 2010 to 2012 and increased to 52 per cent to 63 per cent from 2013 to 2015.
- Four of the seven Priority Neighbourhoods experienced a significant improvement with the three others having no significant change.

The enhanced 18-month well-baby visit is an ideal opportunity to see how a child is developing and reaching key milestones.





Breastfeeding

Breastfeeding is the optimal source of food for a baby's growth and development. Health Canada and the World Health Organization recommend breastmilk as the only source of food or drink in the first six months of life. After that, breastfeeding can continue for two years or more, along with age-appropriate solid foods.

Breastfeeding is beneficial to both mother and child. Breastfeeding practices, including skin-to-skin contact, keeping baby near the mother, and breastfeeding on demand, support healthy infant attachment and development. This attachment can have a calming effect on mother and child. Other benefits to the mother include controlling postpartum bleeding and a reduced risk of breast cancer, ovarian cancer and diabetes. For the infant, breastfeeding boosts healthy brain development, promotes proper jaw development, builds healthy eating habits, and protects against infection and disease. Finally, breastfeeding is low cost, friendly to the environment, convenient and always available at the right temperature.

Research suggests that breastfeeding may be particularly beneficial for children growing up poor or disadvantaged, helping to provide a good start that leads to positive health effects throughout life. Unfortunately, research shows that breastfeeding rates tend to be lower in young mothers and those with low income and education levels.

We used two different data sources to assess three breastfeeding indicators: the BORN Information System for early breastfeeding rate and early exclusive breastfeeding rate, and Durham Region's Infant Feeding Surveillance System (IFSS) for breastfeeding duration rate at six months. Because BORN is a new data source, we only have data from the one time period of 2014 to 2017, although there is an Ontario comparison. The early breastfeeding rate measures the percentage of infants fed breast milk (either exclusively or with breastmilk substitute) at the time the baby is discharged from hospital or birth centre or three days post-partum for home births. The early exclusive breastfeeding rate measures the percentage of infants fed breast milk

only at the time the baby is discharged from hospital or birth centre or three days post-partum for home births.

For breastfeeding duration at six months, we compared 2007 to 2012 with 2013 to 2017. The IFSS data come from a telephone survey conducted by Health Department staff who call new mothers six to seven months after they have had a baby to ask about their infant feeding practices. Although we combined multiple years of data to ensure a large enough sample size at the neighbourhood level, the 95per cent confidence intervals around the estimates are wide. This means that differences between areas or time periods must be large to be considered statistically significant. As well, we have no Ontario data for breastfeeding to six months.

In Durham Region...

- **91 per cent** of newborns were breastfed from 2014 to 2017, which was lower than the Ontario rate of 92 per cent. The percentage of early breastfeeding ranged by Health Neighbourhood from 79 per cent to 96 per cent.
- **63 per cent** of newborns were fed breastmilk only from 2014 to 2017, which was the same for Ontario. The percentage of early exclusive breastfeeding ranged by Health Neighbourhood from 51 per cent to 79 per cent.
- **64 per cent** of mothers breastfed for at least six months from 2013 to 2017, which was a significant increase from 53 per cent in 2007 to 2012. The breastfeeding duration rate ranged by Health Neighbourhood from 28 per cent to 72 per cent in 2007 to 2012 and increased to 42 per cent to 82 per cent in 2013 to 2017. Two of the 50 Health Neighbourhoods significantly improved, 48 remained similar over the two time periods and two were not releasable due to small numbers. None had a significant decrease.

Breastfeeding is the optimal source of food for a baby's growth and development.



In the Priority Neighbourhoods...

- **84 per cent** of newborns were breastfed from 2014 to 2017, which was lower than Durham Region and Ontario. The early breastfeeding rate ranged from 79 per cent to 91 per cent.
- **56 per cent** of newborns were fed breastmilk only from 2014 to 2017, which was lower than Durham Region and Ontario. The early exclusive breastfeeding rate ranged from 51 per cent to 63 per cent.
- **58 per cent** of mothers breastfed for at least six months from 2013 to 2017, which was a significant increase from 42 per cent in 2007 to 2012. The breastfeeding duration rate in the Priority Neighbourhoods was significantly lower than Durham Region in 2007 to 2012 and ranged from 28 per cent to 55 per cent. In 2013 to 2017, the rate was similar to Durham Region and the range increased to 51 per cent to 64 per cent. One of the seven Priority Neighbourhoods experienced a significant increase with the six others having no significant change.



School readiness and the Early Development Instrument (EDI)

The EDI is a teacher-completed survey of children in Year 2 Kindergarten which measures the five core areas of early childhood development that have been shown to influence future health, education and well-being.

The five EDI domains are:

1. Physical health and well-being
2. Social competence
3. Emotional maturity
4. Language and cognitive development
5. Communication skills and general knowledge

The EDI is a validated tool developed by researchers at the Offord Centre for Child Studies at McMaster University and is used throughout Canada and around the world. Teachers complete the questionnaire during the second half of the school year to allow children to become accustomed to school routines and peers, and for teachers to become familiar with the students. The EDI assesses the ability of groups of children to meet age-appropriate developmental expectations prior to Grade 1, determining school readiness. Although one EDI is completed for each child in the class, EDI scores are measured at a population level. Multiple questions are asked for each domain and children are classified as vulnerable if they score below the 10th percentile of Ontario baseline scores. Children scoring below the 25th percentile are considered to not be on track with their development.

We present six EDI indicators by Health Neighbourhood to assess the percentage of children vulnerable in each of the five domains as well as the percentage of children vulnerable in one or more domains. Lower EDI percentages are better for health, as higher scores mean that more children are vulnerable and may not be ready to learn at school. We used the critical difference to determine if Neighbourhoods were significantly different from Durham Region or from Ontario, and if the percentage of vulnerable children changed significantly between 2012 and 2015.

In Durham Region...

- Percentages of children vulnerable in social competence, emotional maturity, and one or more domains were similar to Ontario. Vulnerability in emotional maturity increased between 2012 and 2015.
- Vulnerability in language and cognitive development, and in communication and general knowledge were lower than for Ontario, which was better for health. Both domains improved between 2012 and 2015.
- Vulnerability in physical health and well-being was higher when compared to Ontario.

In the Priority Neighbourhoods...

- Higher percentages of children were vulnerable on each of the five EDI domains as well as for one or more domains compared to Durham Region and Ontario.
- Vulnerability in physical health and well-being, and one or more EDI domains decreased between 2012 and 2015, meaning that there was significant improvement in school readiness.
- There was no change in the domains of social competence, emotional maturity, language and cognitive development, and communication and general knowledge.



Table 1: EDI Results for Durham Region in 2012 and 2015

Lower Percentage = Better for Health

EDI Indicator Vulnerable in ...	2012	2015	Change over time	Comparison between 2012 and 2015	2015 Comparison to Ontario
Physical health and well-being	17.2%	17.9%	0.7%	No change	Higher Ontario 16.1%
Social competence	10.4%	10.8%	0.4%	No change	Similar Ontario 10.7%
Emotional maturity	11.4%	12.3%	0.9%	Increase	Similar Ontario 12.3%
Language and cognitive development	6.4%	4.9%	-1.4%	Decrease	Lower Ontario 6.7%
Communication and general knowledge	10.0%	9.0%	-1.0%	Decrease	Lower Ontario 10.2%
One or more EDI domains	28.9%	29.7%	0.9%	No change	Similar Ontario 29.4%

Table 2: EDI Results for the seven Priority Neighbourhoods combined in 2012 and 2015

Lower Percentage = Better for Health

EDI Indicator Vulnerable in ...	2012	2015	Change over time	Comparison between 2012 and 2015	2015 Comparison to Durham Region	2015 Comparison to Ontario
Physical health and well-being	31.0%	21.8%	-9.2%	Decrease	Higher Durham 17.9%	Higher Ontario 16.1%
Social competence	16.5%	15.7%	-0.8%	No change	Higher Durham 10.8%	Higher Ontario 10.7%
Emotional maturity	18.3%	18.3%	0.0%	No change	Higher Durham 12.3%	Higher Ontario 12.3%
Language and cognitive development	9.5%	8.7%	-0.8%	No change	Higher Durham 4.9%	Higher Ontario 6.7%
Communication and general knowledge	13.9%	13.2%	-0.7%	No change	Higher Durham 9.0%	Higher Ontario 10.2%
One or more EDI domains	44.7%	37.9%	-6.8%	Decrease	Higher Durham 29.7%	Higher Ontario 29.4%



Domestic incidents with children present

Witnessing family violence can be as harmful as experiencing it directly. Children see or hear approximately 40 to 80 per cent of family violence happening within their home. Research shows that children who are exposed to violence in the home may suffer a range of severe and lasting effects related to physical, emotional and social development. Infants and younger children are particularly vulnerable to an increase in stress which may result in impaired brain development, emotional, behavioural and developmental problems, difficulty learning, limited social skills, violent or risky behaviour, and depression or anxiety. Later in life, these children have an increased risk of substance abuse, teenage pregnancy, social isolation, and aggressive and criminal behaviours.

Children need a home environment that is safe, secure and fosters healthy development. Every child has the right to grow up safe from harm and to feel those they love are also protected. Home should be a safe place that nurtures a child's development.

Domestic incident data come from Durham Region Police Service. Domestic means that intimate partners are involved; the incident may or may not involve violence. The numbers underestimate the extent of the problem as most domestic incidents are not reported to police. We combined data from 2011 to 2015 and examined the total number of domestic incidents per total population as well as a subset of domestic incidents where children were physically present during the incident, as reported by police.

In Durham Region...

- Police reported **80** domestic incidents for every 10,000 people in the population. The rates ranged widely from 28.0 to 423.5 per 10,000 in the 50 Health Neighbourhoods.

- The rate of police-reported domestic incidents with children present was **4.1 per 10,000** population in Durham Region but ranged from 1.1 to 15.5 by Health Neighbourhood.

In the Priority Neighbourhoods...

- Police reported **202** domestic incidents for every 10,000 people in the population, which was 2.5 times higher than the Durham Region rate. The seven Health Neighbourhoods with the highest rates were the seven Priority Neighbourhoods and all were significantly higher than Durham Region. The rates ranged from 114.7 to 423.5 per 10,000 people.
- The rate of police-reported domestic incidents with children present was **8.3 for every 10,000** people, which is double the rate for Durham Region as a whole. In Priority Neighbourhoods, the rates ranged from 5.3 to 15.5 per 10,000 people. Four of the seven had rates higher than Durham Region with the remaining three being statistically similar.



A closer look at each Priority Neighbourhood

While the Priority Neighbourhoods share some similar characteristics, each Neighbourhood is unique.

Legend



Improvement



Worse



No change



Similar to Durham Region



Similar to Ontario



Higher than Durham Region



Higher than Ontario



Lower than Durham Region



Lower than Ontario



Moving in a positive direction for health from significantly worse to similar to Durham Region

**Green is better for health
Red is worse for health**



Downtown Ajax

Community Assets

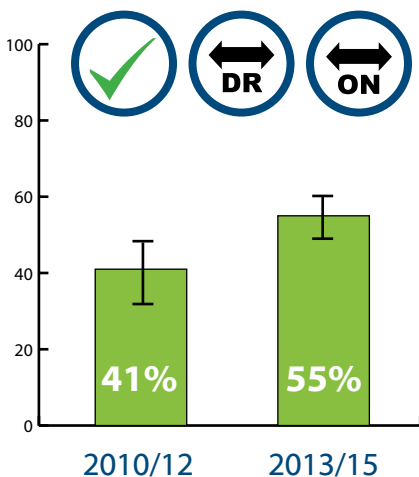
- 3** EarlyON child and family centres
 - 11** Licensed child care centres (including licensed home child care)
 - 3** Elementary schools
 - 4** Recreation facilities
 - 2** Community centres
 - 13** Parks
- ✓ Public library
 - ✓ Hospital
 - ✓ Healthcare facilities
 - ✓ Health Department programs supporting pregnancy and parenting
 - ✓ Mental health services
 - ✓ Special needs resources

Children Under Six in Low Income Households

23.2%



Enhanced 18-month Well-Baby Visit



Quick Facts:

Downtown Ajax is the most ethnically diverse Priority Neighbourhood

- 9th highest rate of recent newcomers in Durham Region
- 6.4% of population immigrated to Canada between 2006 and 2016
- 27% of population foreign-born
- 32% identify as visible minorities

Our People



11,225
Residents



114
Births



490
Children
Birth to
4 years

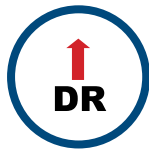


565
Children
5-9 years

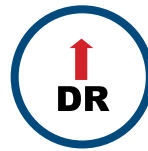
Priorities

- Continue to increase breastfeeding
- Continue to decrease vulnerability in school readiness, particularly emotional maturity
- Decrease domestic incidents overall

Police-Reported Domestic Incidents



Police-Reported Domestic Incidents
124.2 per 10,000



Police-Reported Domestic Incidents with Children Present
7.8 per 10,000

Breastfeeding

Early Breastfeeding



91%



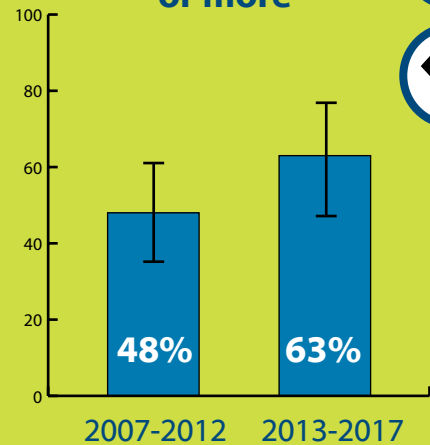
Early Exclusive Breastfeeding



63%



Breastfeeding for six months or more



School Readiness: Early Development Instrument (EDI)

EDI Indicator Vulnerable in ...	2012	2015	Comparison over time	2015 DR	2015 ON
Physical health and well-being	19%	17%	No change	Similar	Similar
Social competence	18%	9%	Improvement	Similar	Similar
Emotional maturity	16%	16%	No change	Higher	Higher
Language and cognitive development	7%	6%	No change	Similar	Similar
Communication and general knowledge	16%	12%	No change	Similar	Similar
One or more EDI domains	39%	31%	Improvement	Similar	Similar

Positive health to build on:



Enhanced 18-month well-baby visit



Vulnerability in social competence



Early breastfeeding



Vulnerability in communication and general knowledge



Early exclusive breastfeeding



Vulnerability in one or more EDI domains



Breastfeeding for six months or more

Downtown Whitby

Community Assets

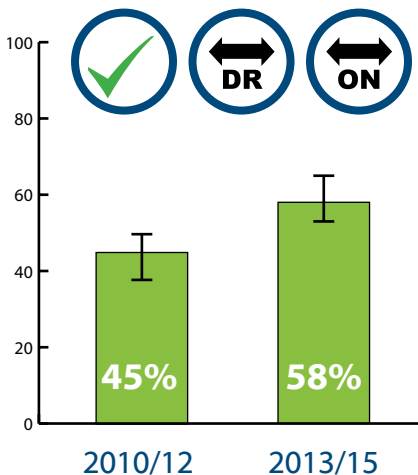
- 19** Licensed child care centres (including licensed home child care)
 - 5** Elementary schools
 - 4** Recreation facilities
 - 1** Community centre
 - 14** Parks
- ✓ Public library
 - ✓ Healthcare facilities
 - ✓ Health Department programs supporting pregnancy and parenting
 - ✓ Mental health services
 - ✓ Special needs resources

Children Under Six in Low Income Households

29.2%



Enhanced 18-month Well-Baby Visit



Quick Facts:

- Similar or better than Durham Region and Ontario in all six EDI indicators
- 14th lowest EDI Vulnerable in emotional maturity in Durham Region

Our People



15,720
Residents



141
Births



785
Children
Birth to
4 years



675
Children
5-9 years

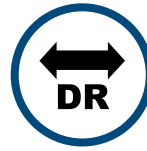
Priorities

- Continue to increase breastfeeding
- Continue to decrease vulnerability in school readiness
- Decrease domestic incidents overall

Police-Reported Domestic Incidents



Police-Reported Domestic Incidents
114.7 per 10,000



Police-Reported Domestic Incidents with Children Present
5.7 per 10,000

Breastfeeding

Early Breastfeeding



91%



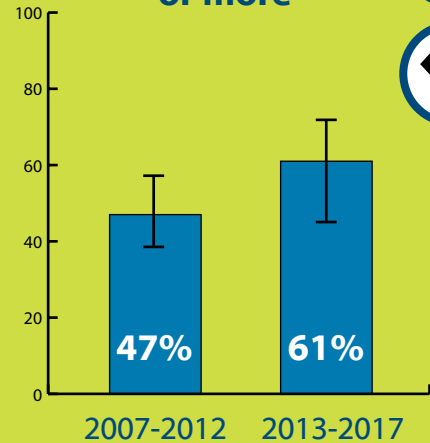
Early Exclusive Breastfeeding



60%



Breastfeeding for six months or more



School Readiness: Early Development Instrument (EDI)

EDI Indicator Vulnerable in ...	2012	2015	Comparison over time	2015 DR	2015 ON
Physical health and well-being	21%	18%	No change	Similar	Similar
Social competence	13%	10%	No change	Similar	Similar
Emotional maturity	12%	9%	No change	Lower	Lower
Language and cognitive development	5%	6%	No change	Similar	Similar
Communication and general knowledge	10%	12%	No change	Similar	Similar
One or more EDI domains	31%	32%	No change	Similar	Similar

Positive health to build on:



Enhanced 18-month well-baby visit



Breastfeeding for six months or more



Police-reported domestic incidents with children present



Vulnerability in physical health and well-being



Early breastfeeding



Vulnerability in emotional maturity



Early exclusive breastfeeding

Lakeview, Oshawa

Community Assets

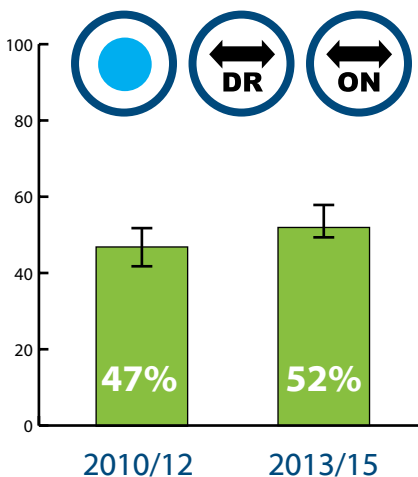
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| 2 EarlyON child and family centres | ✓ Public library |
| 11 Licensed child care centres (including licensed home child care) | ✓ Healthcare facilities |
| 5 Elementary schools | ✓ Health Department programs supporting pregnancy and parenting |
| 4 Recreation facilities | ✓ Mental health services |
| 1 Community centre | ✓ Special needs resources |
| 23 Parks | |

Children Under Six in Low Income Households

38.5%



Enhanced 18-month Well-Baby Visit



Quick Facts:

- Lakeview has the largest number of children birth to nine in the Priority Neighbourhoods and fifth highest of all Health Neighbourhoods - 2,370 children
- 4th highest birth rate of Durham Region Neighbourhoods

Our People



18,115
Residents



230
Births



1,150
Children
Birth to
4 years



1,220
Children
5-9 years

Priorities

- Increase breastfeeding
- Continue to decrease vulnerability in children for all EDI domains
- Decrease domestic incidents overall

Police-Reported Domestic Incidents



Police-Reported Domestic Incidents
265.0 per 10,000



Police-Reported Domestic Incidents with Children Present
10.8 per 10,000

Breastfeeding

Early Breastfeeding



79%



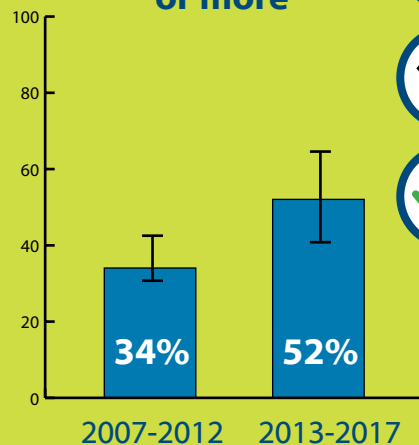
Early Exclusive Breastfeeding



51%



Breastfeeding for six months or more



School Readiness: Early Development Instrument (EDI)

EDI Indicator Vulnerable in ...	2012	2015	Comparison over time	2015 DR	2015 ON
Physical health and well-being	42%	22%	Improvement	Higher	Higher
Social competence	20%	19%	No change	Higher	Higher
Emotional maturity	24%	19%	Improvement	Higher	Higher
Language and cognitive development	13%	11%	No change	Higher	Higher
Communication and general knowledge	16%	16%	No change	Higher	Higher
One or more EDI domains	55%	41%	Improvement	Higher	Higher

Positive health to build on:



Enhanced 18-month well-baby visit



Vulnerability in emotional maturity



Mothers breastfeeding for six months or more



Vulnerable in one or more EDI domains



Vulnerability in physical health and well-being

Gibb West, Oshawa

Community Assets

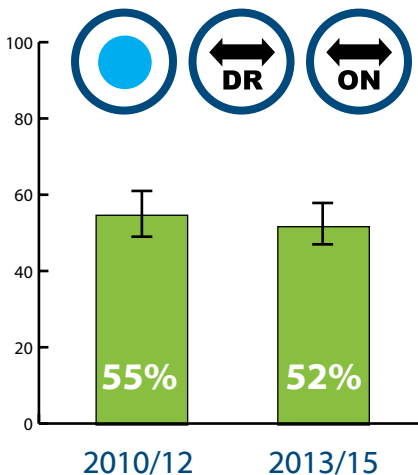
- 9** Licensed child care centres (including licensed home child care)
 - 5** Elementary schools
 - 5** Recreation facilities
 - 1** Community centre
 - 10** Parks
- ✓ Health Department programs supporting pregnancy and parenting
 - ✓ Mental health services

Children Under Six in Low Income Households

26.9%



Enhanced 18-month Well-Baby Visit



Quick Facts:

- 7th highest Health Neighbourhood immunization rate among Grade 7 students for meningococcal disease in 2016/17 at 93.8 per cent, similar to Durham Region's rate of 90.2 per cent.

Our People



11,355
Residents



114
Births



555
Children
Birth to
4 years



580
Children
5-9 years

Priorities

- Increase breastfeeding
- Decrease vulnerability in school readiness, particularly emotional maturity
- Decrease domestic incidents overall

Police-Reported Domestic Incidents



Police-Reported Domestic Incidents
171.8 per 10,000



Police-Reported Domestic Incidents with Children Present
5.3 per 10,000

Breastfeeding

Early Breastfeeding



85%



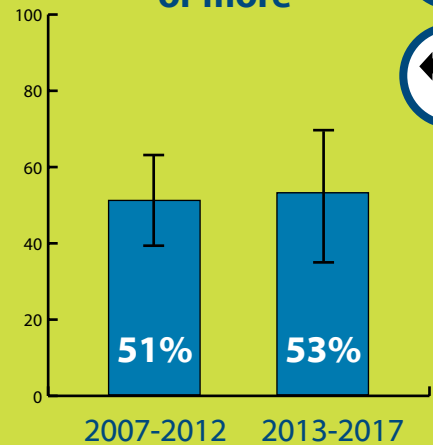
Early Exclusive Breastfeeding



58%



Breastfeeding for six months or more



School Readiness: Early Development Instrument (EDI)

EDI Indicator Vulnerable in ...	2012	2015	Comparison over time	2015 DR	2015 ON
Physical health and well-being	31%	27%	No change	Higher	Higher
Social competence	24%	24%	No change	Higher	Higher
Emotional maturity	19%	29%	Worse	Higher	Higher
Language and cognitive development	10%	10%	No change	Higher	Higher
Communication and general knowledge	11%	14%	No change	Higher	Higher
One or more EDI domains	52%	51%	No change	Higher	Higher

Positive health to build on:



Enhanced 18-month well-baby visit



Early exclusive breastfeeding



Police-reported domestic incidents with children present



Breastfeeding for six months or more

Downtown Oshawa

Community Assets

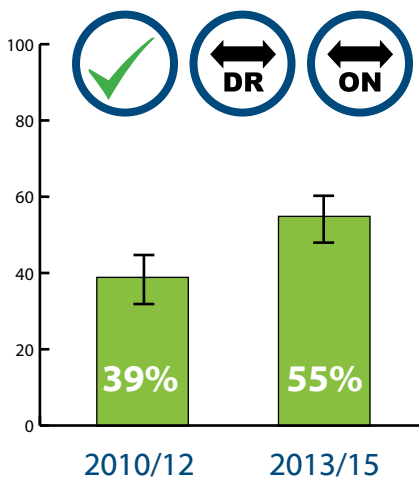
- 3** EarlyON child and family centres
 - 6** Licensed child care centres (including licensed home child care)
 - 2** Elementary schools
 - 8** Recreation facilities
 - 1** Community centre
 - 12** Parks
- ✓ Public library
 - ✓ Health Department programs supporting pregnancy and parenting
 - ✓ Mental health services
 - ✓ Special needs resources

Children Under Six in Low Income Households

53.3%



Enhanced 18-month Well-Baby Visit



Quick Facts:

- Downtown Oshawa had the highest percentage of Indigenous people in Durham Region's 50 Health Neighbourhoods – 5.5 per cent of residents identified as Indigenous in the 2016 Census. For a variety of reasons, this likely underestimated the true count of Indigenous people.

Our People



10,770
Residents



124
Births



530
Children
Birth to
4 years



475
Children
5-9 years

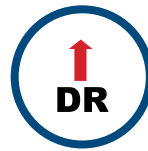
Priorities

- Increase breastfeeding
- Continue to decrease vulnerability in school readiness for all EDI domains
- Decrease domestic incidents overall

Police-Reported Domestic Incidents



Police-Reported Domestic Incidents
423.5 per 10,000



Police-Reported Domestic Incidents with Children Present
15.5 per 10,000

Breastfeeding

Early Breastfeeding



79%



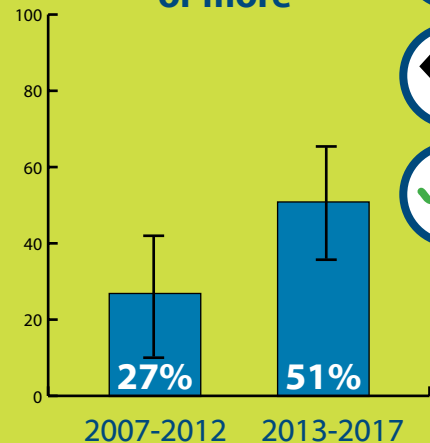
Early Exclusive Breastfeeding



54%



Breastfeeding for six months or more



School Readiness: Early Development Instrument (EDI)

EDI Indicator Vulnerable in ...	2012	2015	Comparison over time	2015 DR	2015 ON
Physical health and well-being	53%	24%	Improvement	Higher	Higher
Social competence	20%	11%	Improvement	Similar	Similar
Emotional maturity	22%	17%	No change	Higher	Higher
Language and cognitive development	20%	9%	Improvement	Higher	Similar
Communication and general knowledge	25%	15%	Improvement	Higher	Higher
One or more EDI domains	65%	35%	Improvement	Higher	Higher

Positive health to build on:



Enhanced 18-month well-baby visit



Vulnerability in language and cognitive development



Mothers breastfeeding for six months or more



Vulnerability in communication and general knowledge



Vulnerability in physical health and well-being



Vulnerable in one or more EDI domains



Vulnerability in social competence

Central Park, Oshawa

Community Assets

- 5** Licensed child care centres (including licensed home child care)
 - 3** Elementary schools
 - 4** Recreation facilities
 - 2** Community centres
 - 10** Parks
- ✓ Healthcare facilities
 - ✓ Health Department programs supporting pregnancy and parenting
 - ✓ Mental health services
 - ✓ Special needs resources

Our People



11,090
Residents



118
Births



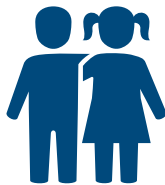
520
Children Birth to 4 years



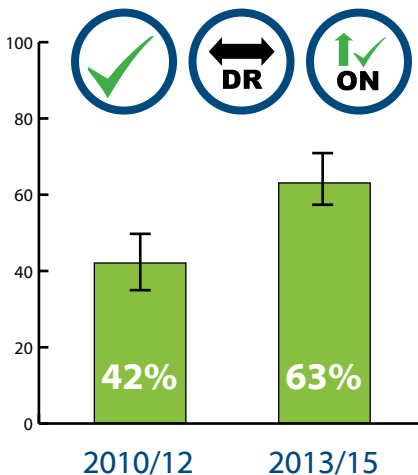
455
Children 5-9 years

Children Under Six in Low Income Households

22.0%



Enhanced 18-month Well-Baby Visit



Quick Facts:

- Moved from Number 39 in ranking in the 50 Health Neighbourhoods to Number 10 for having the highest rate of enhanced 18-month well-baby visits in Durham Region.

Priorities

- Increase breastfeeding
- Decrease vulnerability in school readiness for all EDI domains, particularly for physical health and well-being, social competence, and communication and general knowledge
- Decrease domestic incidents overall

Police-Reported Domestic Incidents



Police-Reported Domestic Incidents
154.7 per 10,000



Police-Reported Domestic Incidents with Children Present
5.9 per 10,000

Breastfeeding

Early Breastfeeding



83%



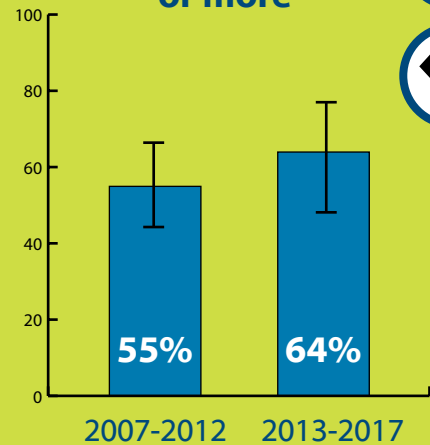
Early Exclusive Breastfeeding



58%



Breastfeeding for six months or more



School Readiness: Early Development Instrument (EDI)

EDI Indicator Vulnerable in ...	2012	2015	Comparison over time	2015 DR	2015 ON
Physical health and well-being	19%	25%	No change	Higher	Higher
Social competence	7%	12%	Worse	Similar	Similar
Emotional maturity	11%	16%	No change	Higher	Higher
Language and cognitive development	7%	8%	No change	Higher	Similar
Communication and general knowledge	5%	13%	Worse	Higher	Similar
One or more EDI domains	27%	35%	Worse	Higher	Higher

Positive health to build on:



Enhanced 18-month well-baby visit



Early exclusive breastfeeding



Breastfeeding for six months or more



Police-reported domestic incidents with children present

Beatrice North, Oshawa

Community Assets

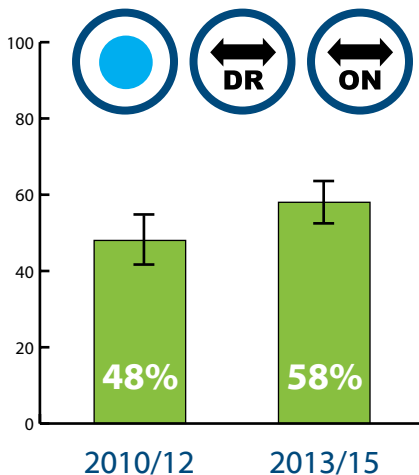
- 1** EarlyON child and family centres
 - 4** Licensed child care centres (including licensed home child care)
 - 3** Elementary schools
 - 3** Recreation facilities
 - 1** Community centre
 - 6** Parks
- ✓ Public library
 - ✓ Health Department programs supporting pregnancy and parenting
 - ✓ Mental health services

Children Under Six in Low Income Households

41.5%



Enhanced 18-month Well-Baby Visit



Quick Facts:

- Top quintile for hepatitis B immunization – 82 per cent of Grade 7 students immunized compared with 74 per cent in Durham Region
- Top quintile for human papillomavirus (HPV) immunization – 74 per cent of Grade 7 students immunized compared with 66 per cent in Durham Region

Our People



10,550
Residents



112
Births



615
Children
Birth to
4 years



535
Children
5-9 years

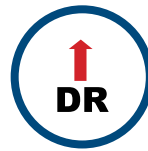
Priorities

- Increase breastfeeding
- Decrease vulnerability in school readiness for all EDI domains, particularly for social competence
- Decrease domestic incidents overall

Police-Reported Domestic Incidents



Police-Reported Domestic Incidents
173.4 per 10,000



Police-Reported Domestic Incidents with Children Present
7.6 per 10,000

Breastfeeding

Early Breastfeeding



84%



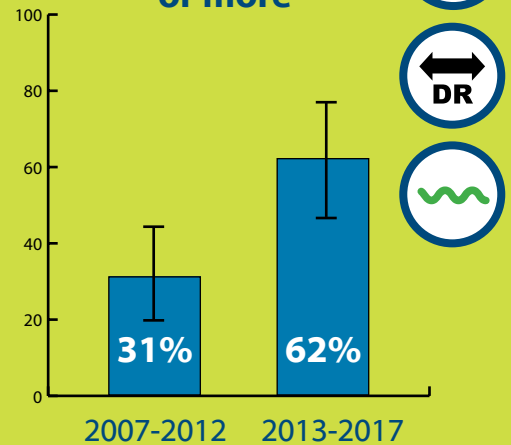
Early Exclusive Breastfeeding



53%



Breastfeeding for six months or more



School Readiness: Early Development Instrument (EDI)

EDI Indicator Vulnerable in ...	2012	2015	Comparison over time	2015 DR	2015 ON
Physical health and well-being	29%	22%	Improvement	Higher	Higher
Social competence	12%	22%	Worse	Higher	Higher
Emotional maturity	20%	24%	No change	Higher	Higher
Language and cognitive development	8%	12%	No change	Higher	Higher
Communication and general knowledge	13%	9%	No change	Similar	Similar
One or more EDI domains	40%	38%	No change	Higher	Higher

Positive health to build on:



Enhanced 18-month well-baby visit



Vulnerability in physical health and well-being



Mothers breastfeeding for six months or more



Vulnerability in communication and general knowledge

Health Neighbourhoods information supports early childhood development

Durham Region Health Department offers many programs to support early childhood development, including Healthy Babies Healthy Children (HBHC), Durham Health Connection Line (DHCL), Healthy Families, Oral Health, and Infant and Childhood Development. Within these programs, the Health Department strives to support individuals and families build foundations for early learning and success in life.

The Children's Services Division of the Social Services Department is responsible for planning and managing early years services at the local level. It also coordinates Durham's Best Start Network, bringing together organizations that support families with children from birth to 12 years old. Their common goal is to provide opportunities for optimal early development and ensure all children are ready to achieve their full potential.

By providing EDI and health data at the neighbourhood level, the Region helps inform the planning and decision-making processes of their programs and those of many community partners. Health Neighbourhoods data is used by the Region of Durham and a variety of community partners to identify priorities, plan new initiatives, inform current programs, apply for funding and help evaluate projects. A valuable bonus of Health Neighbourhoods is that the information brings different groups together in common goals to improve health and well-being in Durham Region, including groups that may not traditionally work together.

The types of organizations actively using Health Neighbourhoods information include municipalities, school boards and individual schools, libraries, immigrant services, community health centres, and EarlyON child and family centres. Some specific examples of how the data are used include the formation of the Ajax-Pickering Early Childhood Development Coalition and the Healthy Mothers and Healthy Babies Coalition of Clarington. Both coalitions started because of findings in the data. The

Central East Local Health Integration Network (LHIN) has adopted Health Neighbourhood boundaries in their community profiles to help inform health services planning. The Durham District School Board has used Priority Neighbourhoods information in the Make a Difference initiative and the Durham Catholic District School Board has referred to Health Neighbourhoods in their "Together for Hope" strategic plan related to poverty reduction.

Health Neighbourhoods continues to grow, both in terms of the number and breadth of indicators and in the updating of data for time comparisons and trend analysis. This will allow people and organizations to assess impact and inform future plans. The use of health data by neighbourhood has powerful implications for improving health in our communities and achieving equitable health for all in Durham Region.

Summary of early childhood development in Priority Neighbourhoods

One-third of children under the age of six living in Priority Neighbourhoods in Durham Region are in low income households. Almost four in ten children (38 per cent) in Year 2 Kindergarten are vulnerable in at least one area of their developmental health. Children in Priority Neighbourhoods have significantly higher vulnerability on all six EDI indicators compared with Durham Region and Ontario. Early breastfeeding rates and early exclusive breastfeeding rates are lower in these seven Neighbourhoods than for Durham Region and Ontario. They also have the highest rates of police-reported domestic incidents in Durham Region.

Despite these statistics, we are seeing improvements in the Priority Neighbourhoods. Specifically, more children are receiving the enhanced 18-month well-baby visit, more mothers are breastfeeding for at least six months, and fewer kindergarten children are vulnerable in physical health and well-being, and in one or more EDI domains. The enhanced 18-month well-baby visit rate and breastfeeding duration rate in Priority Neighbourhoods were both similar to Durham Region in the last time period and were improving.



In **Downtown Ajax**, improvements occurred in the enhanced 18-month well-baby visit rate, breastfeeding duration rate and the two EDI indicators of vulnerable in physical health and well-being, and vulnerable in one or more EDI domains. **Beatrice North** similarly showed improvements in the well-baby visit rate, breastfeeding duration rate, and vulnerable in physical health and well-being; however, the indicator for social competence worsened from 2012 to 2015. **Downtown Whitby** experienced improvement in well-baby visits and had all EDI indicators similar to Durham Region and Ontario levels, except for emotional maturity which was significantly better.

The most improvement was seen in the two Neighbourhoods of **Lakeview** and **Downtown Oshawa**, which had the most disparity. **Lakeview** improved on three EDI indicators: physical health and well-being, emotional maturity, and vulnerable in one or more EDI domains. The percentage of mothers breastfeeding for at least six months went from significantly lower to similar to Durham Region. The wide confidence intervals around the small sample size meant that the improvement was not statistically significant. **Downtown Oshawa** had a similar result for breastfeeding duration. As well, this Priority Neighbourhood improved significantly on the enhanced 18-month well-baby visit rate and five out of six EDI indicators. In fact, the percentage of children vulnerable in at least one area of their developmental health dropped from 65% to 35% in **Downtown Oshawa**.

The two Neighbourhoods of **Gibb West** and **Central Park** did not show the same level of improvement. **Gibb West** had no significant improvement on any of the early childhood development indicators and experienced an increased percentage of children vulnerable in emotional maturity. On the positive side, the early exclusive breastfeeding rate, breastfeeding duration at six months and well-baby visit rate were all similar to Durham Region levels. **Central Park** did see a large improvement in their well-baby visit rate but experienced significantly more children vulnerable in social competence, communication and general knowledge, and one or more EDI domains. Perhaps more effort needs to be made to increase community assets in these two Neighbourhoods.

There are a variety of possible explanations for the general improvements we have seen in Priority Neighbourhoods. When comparing only two time points, random variation can play a large role, particularly with EDI indicators where the 2015 cohort of children may be different from the 2012 group just by chance. We saw many extreme values in the Priority Neighbourhoods in the earlier time period and these are more likely to move to the middle rather than become more extreme. This is referred to as regression towards the mean. Some of the Neighbourhoods may be experiencing changing demographics as new people move in. Finally, the various initiatives to improve services and programs for families may be having a positive effect. Improvements may be due to a combination of these and other factors and may be different in each Neighbourhood. It is difficult to know for sure why we are seeing certain results, although longer time trends will be helpful to understand our communities.

Overall, the improvement and potential in the Priority Neighbourhoods is encouraging, particularly as building a strong foundation on early childhood development is key to all future health and well-being. Many organizations have increased their programs and services in Priority Neighbourhoods as a result of the Building on Health in Priority Neighbourhoods report. The next step is to encourage more engagement from the residents themselves as they are the experts in identifying the best ways to enhance childhood development in their community.

The most improvement was seen in Lakeview and Downtown Oshawa.



Resources

For complete information on Health Neighbourhoods in Durham Region that includes reports, the Map Viewer, indicator summaries and neighbourhood profiles: durham.ca/neighbourhoods

For information on services for families and children in Durham Region: <https://maps.durham.ca/Childcareprograms/>

Early Learning Framework, Ontario Ministry of Education: <http://edu.gov.on.ca/childcare/oelf/introduction/>

Videos:

- Early Development Instrument (EDI). Offord Centre for Child Studies. Available on YouTube at: <https://www.youtube.com/watch?v=OelCG7gw1Zc>
- Making the Connections: Our City, Our Society, Out Health. Wellesley Institute. Available on YouTube at: <https://www.youtube.com/watch?v=q-3mUiGi6bA>
- Saving Brains, A Grand Challenge. Dr Mike Evans. Available on YouTube at: <https://www.youtube.com/watch?v=GbSp88PBe9E>
- Change the First Five Years and You Change Everything. Available on YouTube at: <https://www.youtube.com/watch?v=xpJT7zpm60A>
- Heart-Mind Learning with Clyde Hertzman Part One by Dalai Lama Centre. Available on YouTube at: <https://www.youtube.com/watch?v=vw0TkwjipZU>



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The World Health Organization (WHO). Maternal, newborn, child and jeune health. Available at: http://www.who.int/maternal_child_jeune/topics/child/nutrition/en/

The World Health Organization (WHO). Early Child Development: A Powerful Equalizer. June 2007. Available at: http://www.who.int/social_determinants/resources/eccd_kn_report_07_2007.pdf

The use of health data by neighbourhood has powerful implications for improving health in our communities and achieving equitable health for all in Durham Region.



Appendix: Data Sources and Indicator Definitions

Population statistics: number of people and number of children

Source: 2016 Census, Statistics Canada. Data were obtained through the Canadian Council on Social Development's Community Data Program.

Number of births

Source: Public Health Unit Analytic Reporting Tool (Cube), BORN Information System, BORN Ontario. Information accessed on July 31, 2018.

Children under six in low income households

We determined the percentage of children under six in low income households from the low-income measure after-tax (LIM-AT) as calculated in the 2016 Census by Statistics Canada. We obtained the data through the Canadian Council on Social Development's Community Data Program. The LIM-AT draws a low-income line based on 50% of the income of a median Canadian household of the same number of persons. We classified Neighbourhoods as higher, lower or similar as compared to Durham Region (or Ontario) based on whether there was at least a 20% difference. "Lower" refers to at least 20% lower than the Durham Region rate and "higher" refers to at least 20% higher.

Source: 2016 Census, Statistics Canada. Data were obtained through the Canadian Council on Social Development's Community Data Program.

Enhanced 18-month well-baby visit rate

The Enhanced 18-month well-Baby Visit is a provincial government strategy to support standardized developmental review and evaluations at 18-months for each child in Ontario. It is the last regularly scheduled visit with a doctor or nurse practitioner before the child enters school and an opportunity to see how well a child is developing and reaching key milestones. We determined the percentage of children receiving the enhanced 18-month well-baby visit by calculating the number of two-year-old children who visited a physician for an enhanced 18-month well-baby visit between April 1, 2010 and March 31, 2012 and April 1, 2013 to March 31, 2015. We used fee codes A002 for family physicians and A268 for paediatricians and estimated the number of two-year-old children from the Ontario Registered Persons Database. An important limitation of the data is that since not all health care providers submit for remuneration, visit rates may be underestimated, particularly those done by community health centres. Nurse practitioners generally shadow bill through physicians.

Source: Medical Services Data and Ontario Registered Persons Database, April 1, 2010 to March 31, 2012 and April 1, 2013 to March 31, 2015, Ontario Ministry of Health and Long-Term Care: IntelliHealth Ontario.

Early breastfeeding rate

The early breastfeeding rate refers to the percentage of infants fed breastmilk only or a combination of breast milk and breast milk substitute at discharge from hospital or birth centre or home births 3 days post-partum expressed as a percentage of all live births discharged home and home births. Newborns are typically discharged from hospital or birth centre within 24 to 48 hours. In public health reports from the BORN Information System, this indicator is referred to as infant-feeding at entry to public health service.

Source: Public Health Unit Analytic Reporting Tool (Cube) and Public Health Reports, BORN Information System, BORN Ontario. Information accessed on July 31, 2018.

Early exclusive breastfeeding rate

The early exclusive breastfeeding rate refers to the percentage of infants fed breastmilk only at discharge from hospital or birth centre or home births 3 days post-partum expressed as a percentage of all live births discharged home and home births. Newborns are typically discharged from hospital or birth centre within 24 to 48 hours. In public health reports from the BORN Information System, this indicator is referred to as infant-feeding at entry to public health service.

Source: Public Health Unit Analytic Reporting Tool (Cube) and Public Health Reports, BORN Information System, BORN Ontario. Information accessed on July 31, 2018.

Breastfeeding duration rate at six months

The breastfeeding duration indicator reflects the combined percentage of mothers providing either breastmilk only (exclusive breastfeeding) or breastmilk and breastmilk substitute (formula) six months following delivery. Breastfeeding status was determined through a telephone survey of mothers conducted by public health staff six to seven months after the birth of their baby. Six years and five years of data were grouped to obtain sufficient sample size at the neighbourhood level for the two time periods.

Source: Durham Region Infant Feeding Surveillance System (IFSS), 2007 to 2012 (extracted August 2013) and 2013 to 2017 (extracted August 2018), Durham Region Health Department.



Early Development Instrument (EDI) Indicators

The EDI is a teacher-completed instrument developed by the Offord Centre for Child Studies at McMaster University to measure children's ability to meet age-appropriate developmental expectations at school entry. Teachers assess Year 2 Kindergarten children on five EDI domains: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge. Children are classified as vulnerable if they score below the 10th percentile of Ontario baseline scores, which were based on results for children in Ontario collected in the 3-year period from 2003/04 to 2005/06 (Cycle 1). The EDI was administered by the school boards to all Year 2 Kindergarten children in Ontario publicly-funded schools over the 3-year period from 2009/10 to 2011/12 (Cycle 3) and in the 2014/15 school year (Cycle 4) but excluded special needs children and those who had been in their class for less than a month. The EDI was completed in Durham Region in 2012 and 2015. Because teachers assessed almost all Year 2 Kindergarten children, the data are complete and represent a census rather than a survey.

Source: Early Development Instrument (EDI), Durham Region, Cycle 3 2012 & Cycle 4 2015.

Vulnerable in physical health and well-being

The percentage of children who scored below the 10th percentile of the Ontario Cycle 1 baseline for physical health and well-being. This domain includes physical readiness for the school day, physical independence, and gross and fine motor skills – e.g., holding a pencil, running on the playground, motor coordination, and adequate energy levels for classroom activities.

Vulnerable in social competence

The percentage of children who scored below the 10th percentile of the Ontario Cycle 1 baseline for social competence. This domain includes curiosity about the world, eagerness to try new experiences, knowledge of standards of acceptable behaviour in a public place, ability to control own behaviour, cooperation with others, following rules, and the ability to play and work with other children.

Vulnerable in emotional maturity

The percentage of children who scored below the 10th percentile of the Ontario Cycle 1 baseline for emotional maturity. This domain includes the ability to reflect before acting, a balance between too fearful and too impulsive, and the ability to deal with feelings at the age-appropriate level, and empathic response to other people's feelings.

Vulnerable in language and cognitive development

The percentage of children who scored below the 10th percentile of the Ontario Cycle 1 baseline language and cognitive development. This domain includes reading awareness, age-appropriate reading, writing and numeracy skills, board games, and the ability to understand similarities and differences, and to recite back specific pieces of information from memory.

Vulnerable in communication skills and general knowledge

The percentage of children who scored below the 10th percentile of the Ontario Cycle 1 baseline for communication skills and general knowledge. This domain includes skills to communicate needs and wants in socially appropriate ways, symbolic use of language, story-telling, and age-appropriate knowledge about life and the world around.

Vulnerable in one or more EDI domains

The percentage of children who scored below the 10th percentile of the Ontario Cycle 1 baseline for one or more EDI domains. This is an overall measure of the percentage of vulnerable children.

Police-reported domestic incidents rate, Police-reported domestic incidents rate with children present

Domestic incident data come from the Incident-based Uniform Crime Reporting (UCR) Survey of Durham Regional Police Service. Incident-based reporting provides one record for each incident although each could include multiple offences, victims, offenders and charges. Police could be called to a specific household multiple times with each counted as an incident. Domestic means that intimate partners are involved. The incident may or may not involve violence. The numbers underestimate the extent of the problem as most domestic incidents are not reported to police. We combined data from 2011 to 2015 and examined the total number of domestic incidents per total population. Domestic incidents with children present are a subset of all domestic incidents and indicate that children were physically present during the incident, as reported by police. Children are persons less than 18 years old. We do not have Ontario data for comparison.

Source: Durham Regional Police Service, Durham Region 2011-2015, Incident-based Uniform Crime Reporting (UCR) Survey, Accessed September 2016.





HEALTH DEPARTMENT

Durham Health Connection Line
 905-668-2020 or 1-800-841-2729
durham.ca/neighbourhoods



If you require this information in an accessible format, contact 1-800-841-2729