Hastings Prince Edward Ontario Health Team

Neighborhood Population Health Profiles

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Land Acknowledgement



HPE OHT delivers supports and services on lands that are the traditional territory of many nations, including the Huron-Wendat, Anishinaabe, Algonquin and the Haudenosaunee peoples. It is also directly adjacent to the Kenhte:ke – the Tyendinaga Nation. These territories are governed by the Dish with One Spoon wampum agreement. We share a responsibility to acknowledge and respect the culture and history of Indigenous peoples, who have inhabited and nurtured these lands for generations. We commit to centering our work of overall health and wellbeing for all residents, with particular consideration for Indigenous peoples and all equity-deserving populations in Hastings and Prince Edward Counties.

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Today's Objectives

1. Introduce the Population Health Profile and how it was developed
2. Highlight key demographic, social, and chronic disease patterns across HPE OHT neighborhoods.
3. Discuss how these findings can support planning and future work

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What is a Population Health Profile, and Why it matters

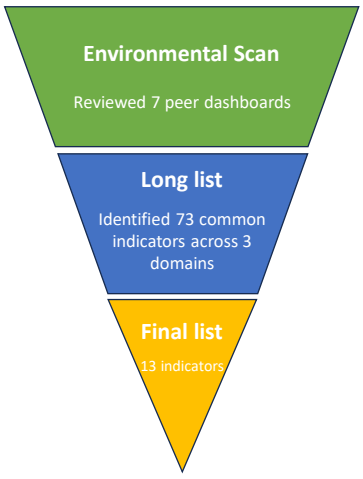
- Uses local data to improve health for all residents and reduce inequalities between groups
- Provides a shared, accessible source of information for healthcare providers, social service agencies, and municipalities

It helps us to:

- Target programs and initiatives where they're needed most
- Inform planning, research, and capacity building
- Provide evidence for funding proposals
- Support communication with residents and dialogue about neighborhood-level health differences
- Helps to understand the pattern of health, not to prove causation.

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How we built it



Narrowed based on data availability and team feedback

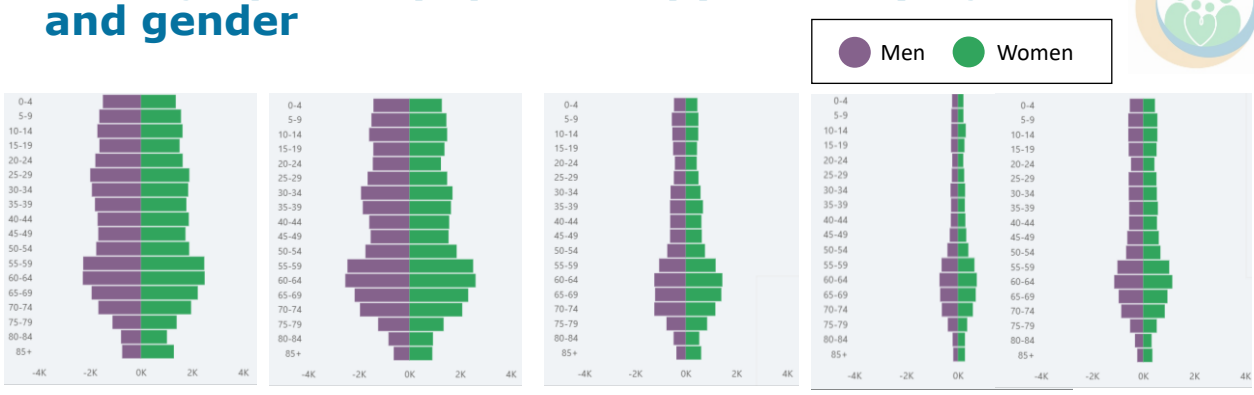
Final List:

- Demographics: 4
- Social Determinants of Health: 11
- Chronic diseases: 2

Data source	Time Period
Census 2021	2021 snapshot
French Language Health Services Network of Eastern Ontario (Réseau des services de santé en français de l'Est de l'Ontario)	2021 snapshot
Ontario Broadband Resource Hub	2025 snapshot
Discharge Abstract Database and Registered Persons Database. Retrieved from Intellihealth June2026.	2023-2025

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Demographics - population pyramid by age and gender



Belleville and Tyendinaga | Quinte West and Brighton | Prince Edward | North Hastings | Central Hastings

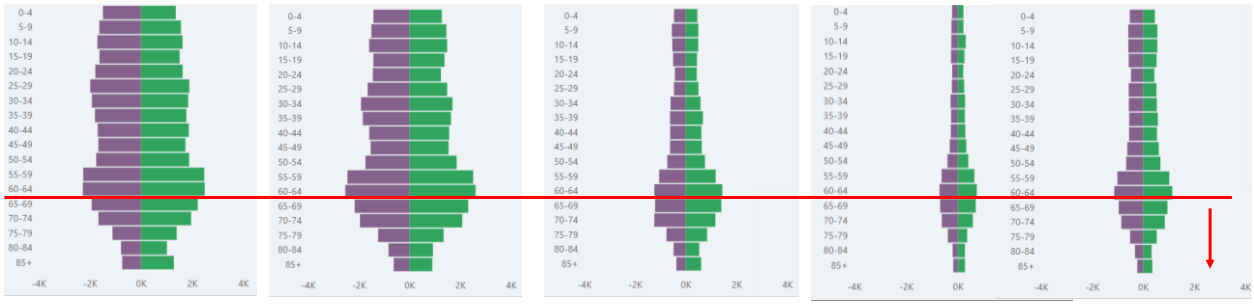
- Bulge in mid-to-upper age bands (55-64 peak)
- Balanced by gender, with a slight female tilt at 65+

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Demographics – % aged 65+

65+ in Ontario: 18.5%
Dependency ratio in ON: 0.67

Men Women



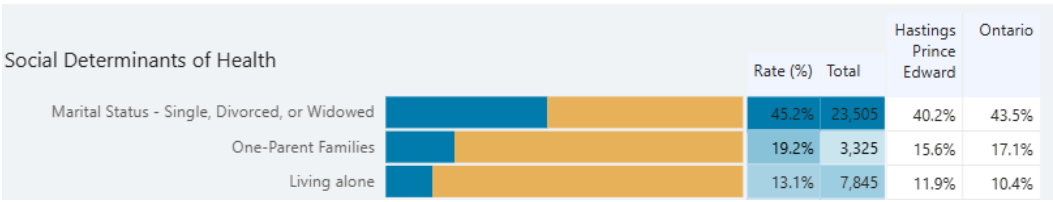
Belleville and Tyendinaga | Quinte West and Brighton | Prince Edward | North Hastings | Central Hastings

	Belleville and Tyendinaga	Quinte West and Brighton	Prince Edward	North Hastings	Central Hastings
Population Aged 65+ (%)	14,100 (23%)	14,355 (24%)	8,600 (33%)	4,235 (33%)	5,885 (26%)
Dependency ratio	0.77	0.79	0.95	0.93	0.84

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Social Determinants of Health (SDOH)

1. Households & Family Structure



Example: Belleville & Tyendinaga

- Single, divorced, widowed status and one-parent families are below Ontario average in most neighborhoods
- Living alone exceeds Ontario average in nearly all neighborhoods
- Signals modestly higher social isolation

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Social Determinants of Health (SDOH)

2. Economic Vulnerability

	Rate (%)	Total	HPE Rate (%)	Ontario Rate (%)
Low Income - LIM-AT - Total Population	11.4%	6,850	11.3%	10.1%
Unemployment (ages 15+)	11.8%	3,385	11.1%	12.2%

Example: Belleville & Tyendinaga

- Low-income rate is higher than Ontario average across all neighborhoods.
- Unemployment rate varies slightly between neighborhoods but remains close to Ontario average.

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Social Determinants of Health (SDOH)

3. Migration & Diversity

	Rate (%)	Total	HPE Rate (%)	Ontario Rate (%)
Immigrants - recent (last 5 years)	1.0%	615	0.6%	4.2%
Non-permanent residents	1.7%	1,010	0.7%	2.8%
Racialized Population - Total	8.6%	5,145	5.3%	34.3%

Example: Belleville & Tyendinaga

- All neighborhoods have relatively small newcomer populations
- Racialized population is substantially lower than Ontario average

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Social Determinants of Health (SDOH)

4. Education & Language

	Rate (%)	Total	HPE Rate (%)	Ontario Rate (%)
Education - No high school diploma (ages 25-64)	10.7%	3,310	11.2%	8.8%
Francophone population (inclusive definition)	2.1%	1,300		4.6%

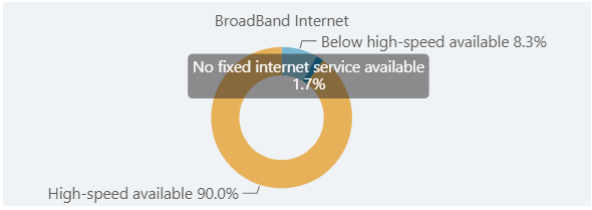
Example: Belleville & Tyendinaga

- The rate of people (25-65) without a high school diploma is higher than Ontario average across all neighborhoods
- Francophone population make up 1 to 3% of each neighborhood's population

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Social Determinants of Health (SDOH)

5. Internet Service Availability

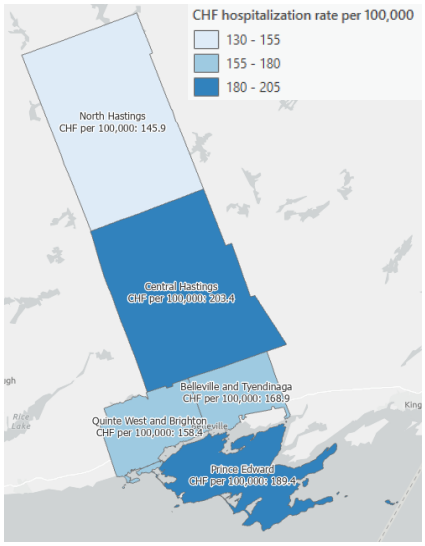


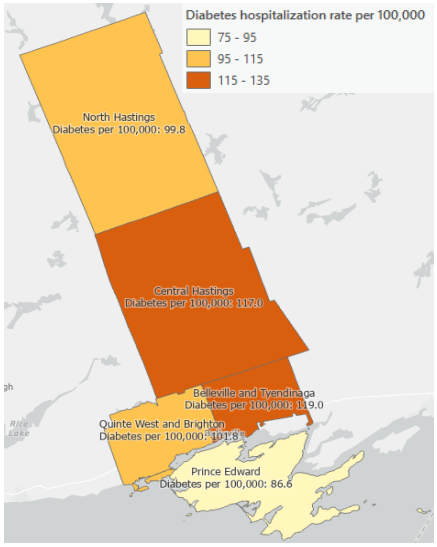
Example: Central Hastings

- Canadian high-speed broadband benchmark: 50 Mbps download / 10 Mbps upload
- Broadband availability is not uniform across neighborhoods Some neighborhoods have near-universal high-speed access

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Chronic Diseases





Indicator:

- Congestive heart failure (CHF) hospitalization rate per 100,000 population
- Diabetes hospitalization rate per 100,000 population

CHF/Diabetes hospitalization rates vary across HPE OHT neighborhoods

Future data availability: disease prevalence data at sub-geo/neighborhood level from the Ontario Community Health Profiles Partnership (OCHPP)

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Chronic Diseases

Health Equity stratification

- Material Resource Quintile from Ontario Marginalization Index

Why is health equity measured?

- Health equity is measured to identify how socioeconomic and health system factors, such as income, housing, food security, transportation, and access to primary care, may affect people's ability to obtain timely and appropriate healthcare and achieve good health outcomes.

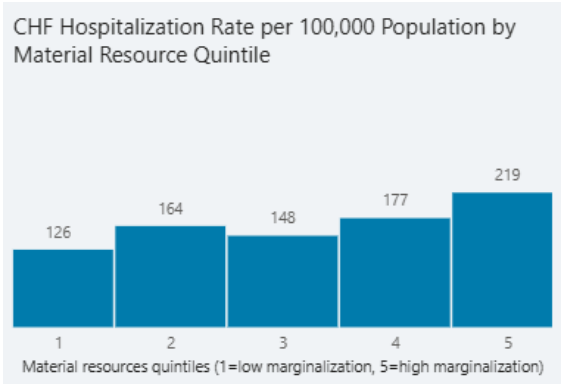
Material Resource

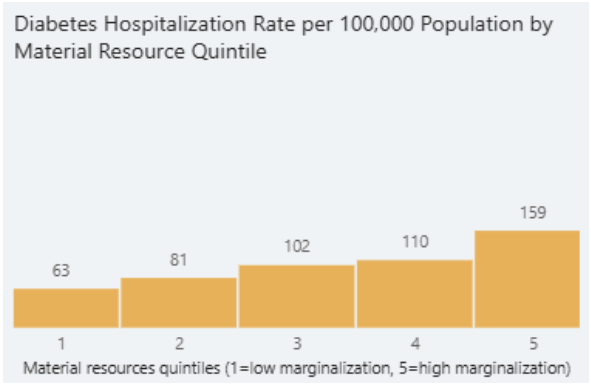
- Proportion of the population aged 25 to 64 without a high-school diploma
- Proportion of families who are lone parent families
- Proportion of total income from government transfer payments for population aged 15+
- Proportion of the population aged 15+ who are unemployed
- Proportion of the population considered low-income
- Proportion of households living in dwellings that are in need of major repair

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Chronic Diseases

CHF/ Diabetes Hospitalization Rate per 100,000 Population by Material Resource Quintile (All Neighborhoods Combined)



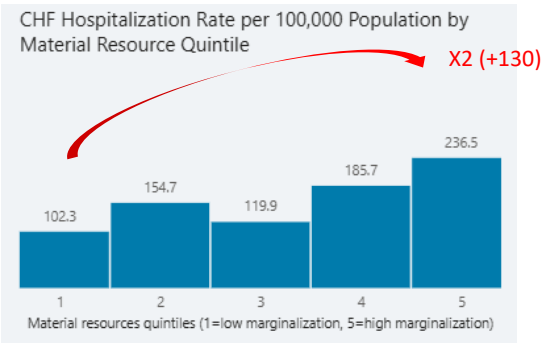


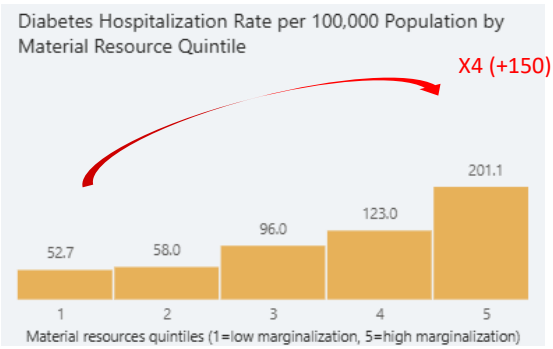
- A socioeconomic (health equity) gradient is observed, with hospitalization rates increasing as material resources decrease

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In Belleville and Tyendinaga

CHF/ Diabetes Hospitalization Rate per 100,000 Population by Material Resource Quintile

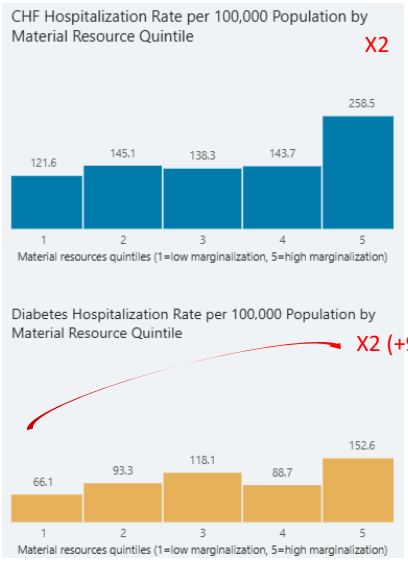


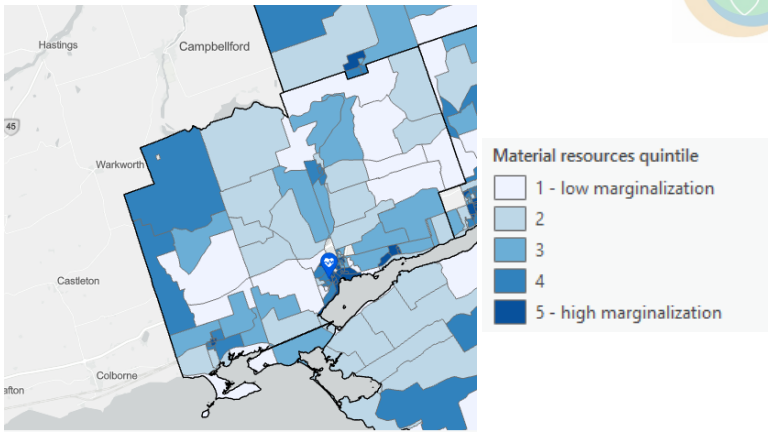


- **CHF hospitalizations**: Most marginalized group had 2× higher hospitalization rates than the least marginalized group (+130 per 100,000).
- **Diabetes hospitalizations:** Most marginalized group had nearly 4× higher hospitalization rates than the least marginalized group (+150 per 100,000).

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In Quinte West and Brighton

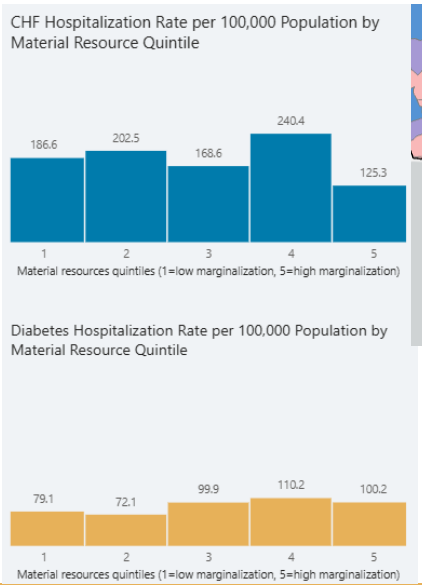


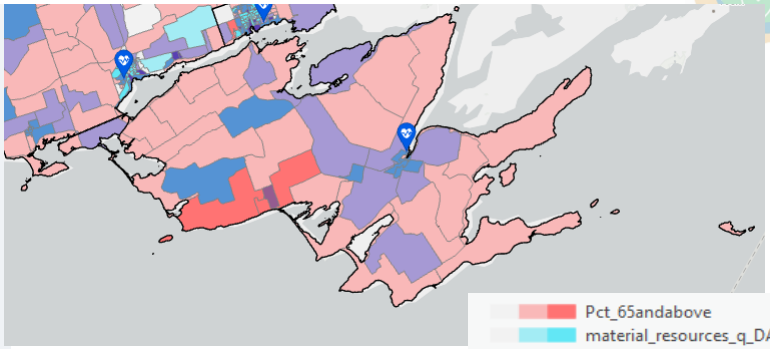


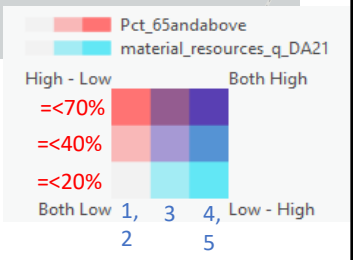
- **Diabetes** shows a broad socioeconomic gradient; the most marginalized group had 2× the rate of the least marginalized group (+90 per 100,000)
- **CHF** rates are largely similar across Quintiles except for a higher rate in Quintile 5.
- Elevated CHF rate in Quintile 5 may in part reflect proximity to a hospital and the presence of a retirement residence.

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In Prince Edward



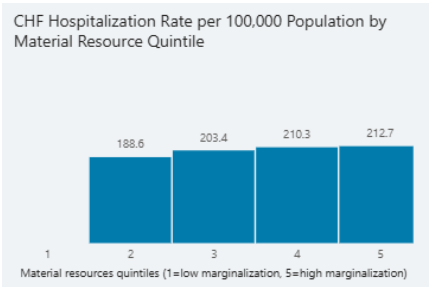


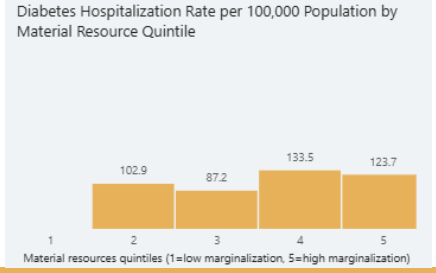


- **Diabetes:** Rates tend to increase in Quintiles 3 to 5, peaking in Quintile 4.
- **CHF:** No clear gradient; Quintile 4 is highest and Quintile 5 is lowest.
- All quintiles show a relatively high proportion of seniors, contributing to the broad CHF burden across all levels of material resource quintiles.

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In Central Hastings

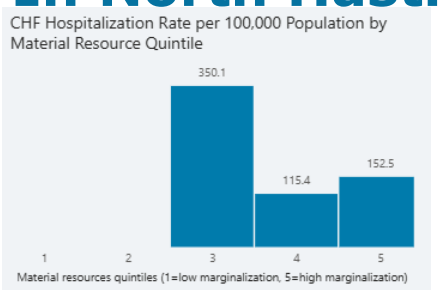


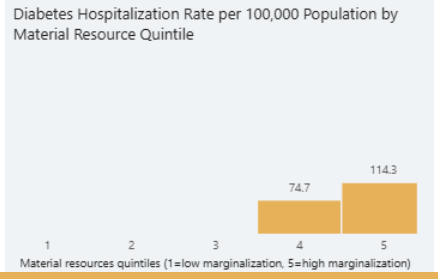


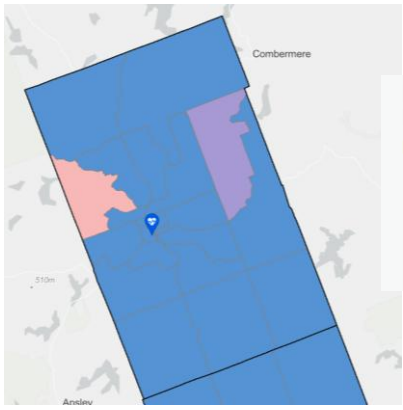
- **CHF:** a gentle socioeconomic gradient
- **Diabetes:** rates are higher in Quintiles 4 and 5 than in Quintiles 2 and 3.

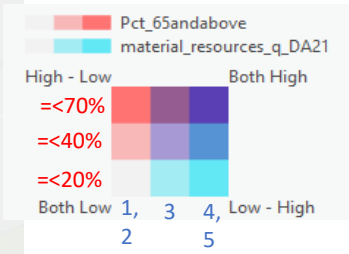
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In North Hastings





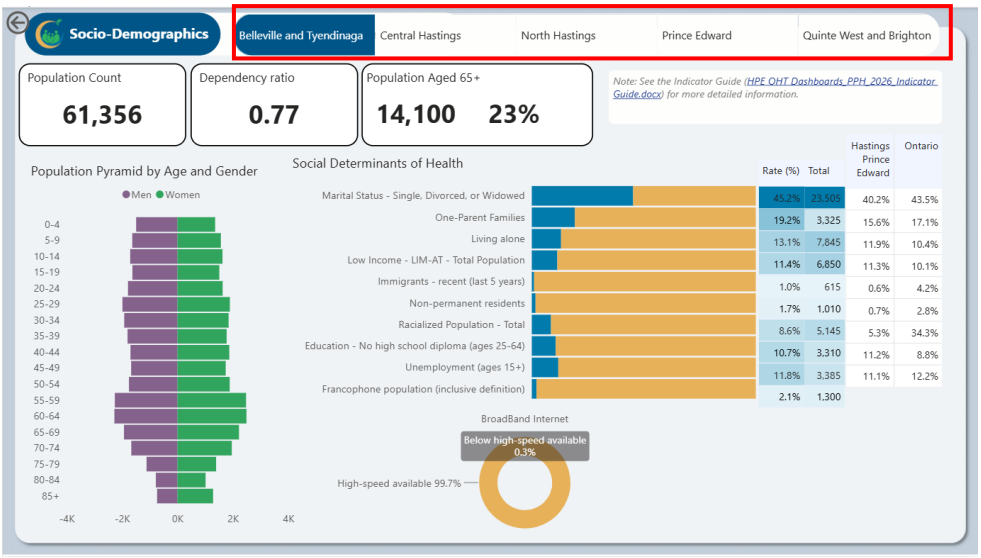




- Hospitalization rates are higher in Quintile 5 than in Quintile 4.
- Quintile 3 stands out with a high CHF hospitalization rate, likely because it's a small area.

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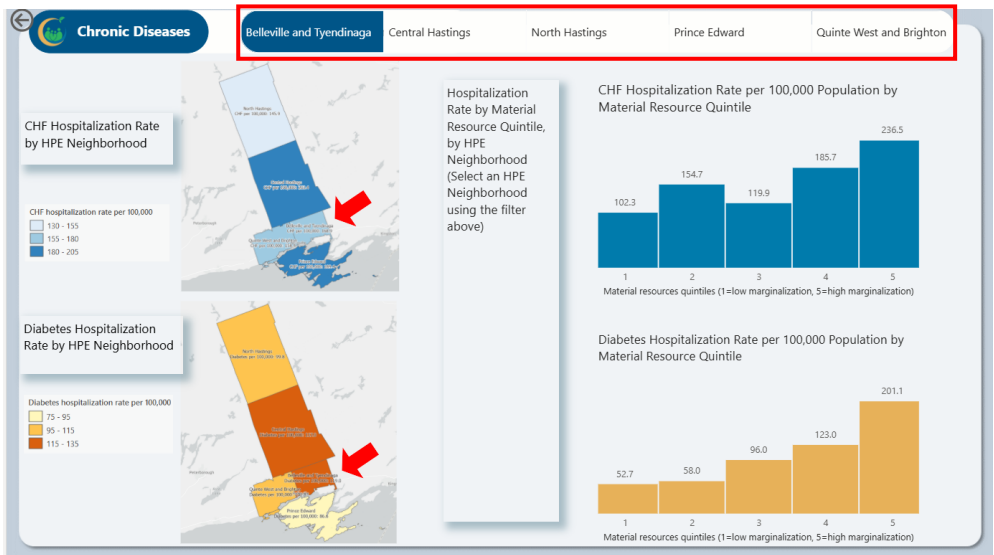
Dashboard



Data definitions can be found in the Indicator Guide (HPE OHT Dashboards_PPH_2026_Indicator Guide.docx)

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Dashboard



Data definitions can be found in the Indicator Guide (HPE OHT Dashboards_PPH_2026_Indicator Guide.docx)

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Key takeaways

1. Nearly all HPE neighborhoods have relatively **high proportions of residents aged 65+** compared to Ontario overall, 23-33%.
2. Two neighborhoods have notably **high dependency ratios**, both above 0.90.
3. Nearly all HPE neighborhoods have a higher percentage of people **living alone**, people living in **low-income**, and people aged 25-64 **without a high school diploma** compared to the Ontario average.
4. Diabetes- and CHF-related hospitalization rates per 100,000 population rise progressively across material deprived Quintiles, suggesting an association between **material deprivation** and **chronic disease burden**.

Next Steps:
Implement age standardization
Introduce inequality measures
Analyze other health equity stratifiers, such as median income
Analyze data at the "sub-geography" level

Review the "sub-geography" work: Hastings Prince Edward Sub-Geographies for Data Profiles

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Discussion

1. Is there anything that surprises you and/or anything that you would like to learn more about?
2. What local population context or factors should we explore next to include in population profiles, based on your lived experience?

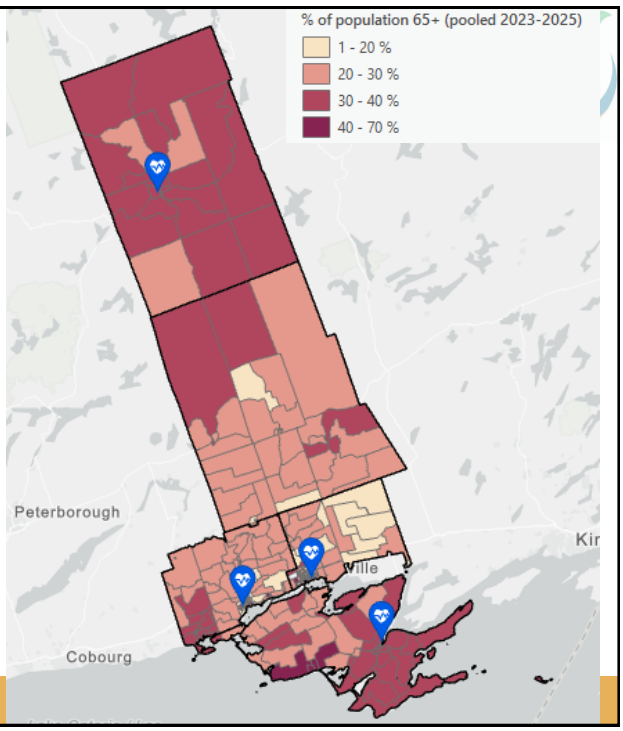
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Reference slides

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For reference

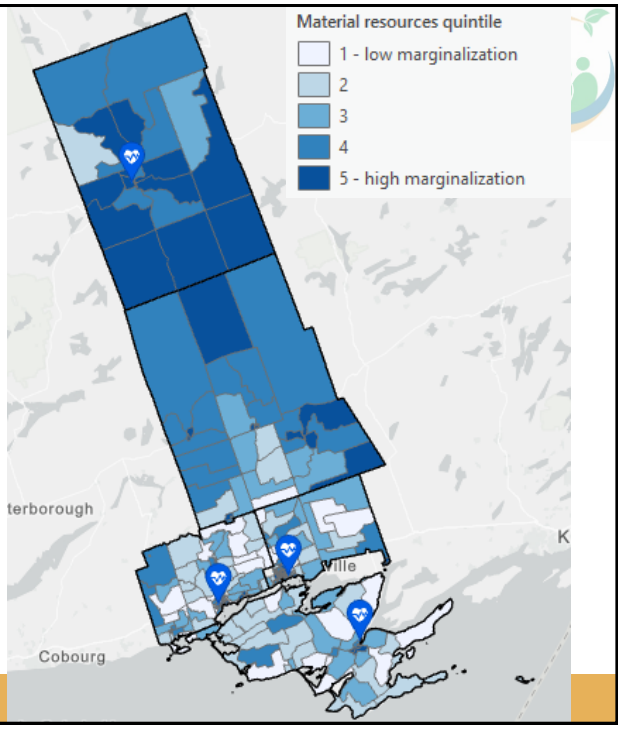
% population 65+ map



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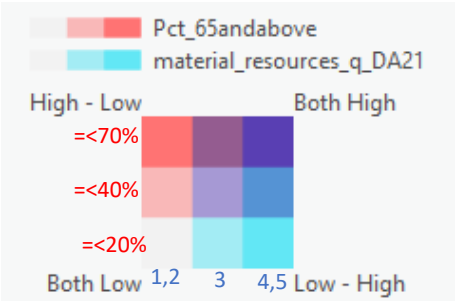
Material Resource Quintile map

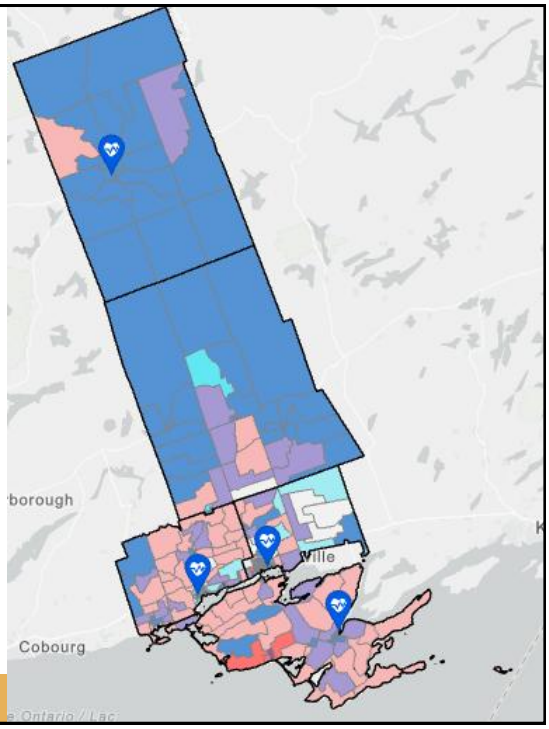


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For reference

% of population 65+ & material resource Quintile map





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