

Niagara Priority Profiles



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To improve health and health equity, it is important to understand specific groups in the planning of programs and services. The information in these profiles will help you understand how the different conditions and systems in which people are born, grow, work, and live impact their health. They provide some comparisons of different groups and over time. As populations change, programs can adapt to meet changing needs.

These profiles were created for Niagara Region Public Health and Emergency Services, but can be used by anyone. You can use these profiles in planning and making decisions in any sector, department, or organization.

Intersectionality is the idea that states that people have many layers of their identity. Each person has a unique identity. That identity leads to different ways that the systems they live in benefit or harm them. Due to this, some individuals experience more health concerns than others. When you read these profiles, think about these different experiences. When planning projects, think about how you can include people with different voices and perspectives. To learn more about intersectionality, visit: [NCCDH Intersectionality and Health Equity](https://nccdh.ca/resources/entry/public-health-speaks-intersectionality-and-health-equity)¹.

For further information, please visit:

[Government of Canada Health Inequalities Data Tool](https://health-infobase.canada.ca/health-inequalities/data-tool/index)²

[Public Health Ontario Health Equity Data Tool](https://www.publichealthontario.ca/en/data-and-analysis/health-equity)³

Please note the date ranges used within these profiles vary based on the data available, and are included in the references. These Profiles were created in 2020 and updated in 2023. The intent is to update with each census cycle. For more information or if you have any concerns, please contact healthequity@niagararegion.ca.

¹ <https://nccdh.ca/resources/entry/public-health-speaks-intersectionality-and-health-equity>

² <https://health-infobase.canada.ca/health-inequalities/data-tool/index>

³ <https://www.publichealthontario.ca/en/data-and-analysis/health-equity>

Niagara Priority Profiles



Niagara Priority Profiles: Rural and Urban
Version 2

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Note:

If referencing a hardcopy of this Niagara Priority Profile, please confirm that it is the most up to date version by visiting: <https://www.niagararegion.ca/health/equity/priority-profiles.aspx>

The version number can be found at the top of this page on each profile.

Niagara Priority Profiles

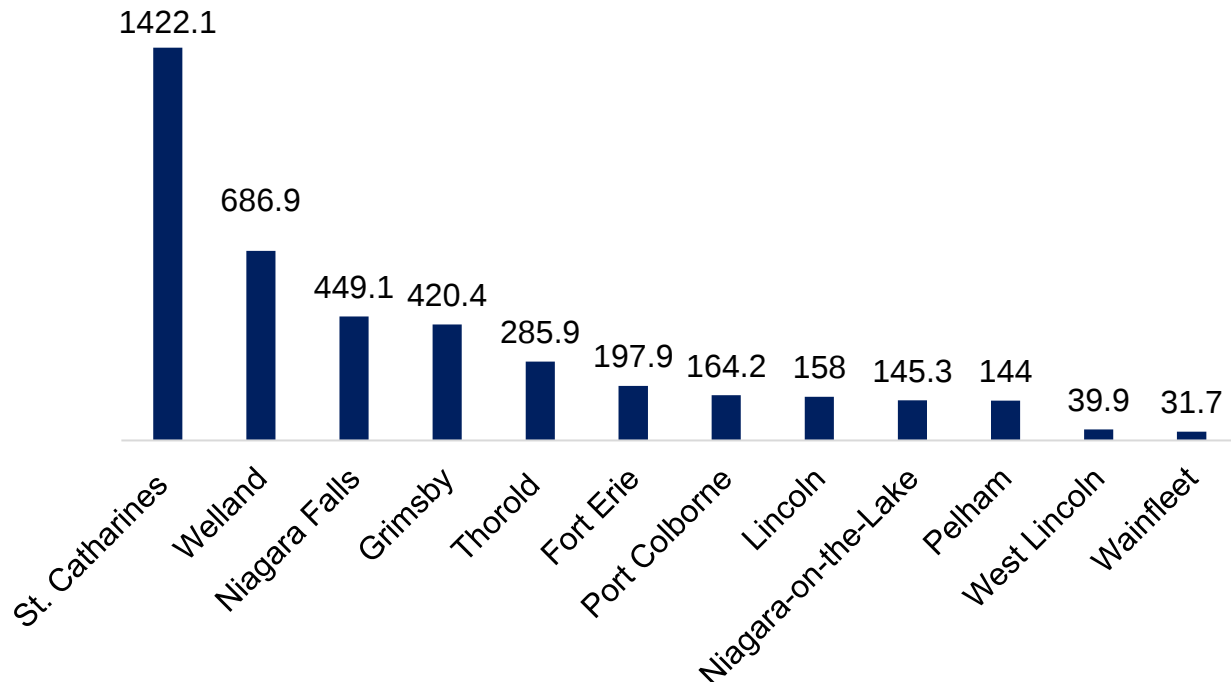


Rural and Urban: Demographic Information

Population Density

- According to the 2021 census, Niagara covers 1,854 sq. km with a total population of 447,888 people and has a population density of 258.0 people / sq. km (5)
 - St. Catharines has the largest population density at 1422.1 people/sq.km (Figure 1)
 - Wainfleet has the lowest population density at 31.7 people/sq.km (Figure 1)

Figure 1: Population Density- People/sq.km in each municipality (2021)



Data Source: Statistics Canada, Census Profiles (2021)

Niagara Priority Profiles



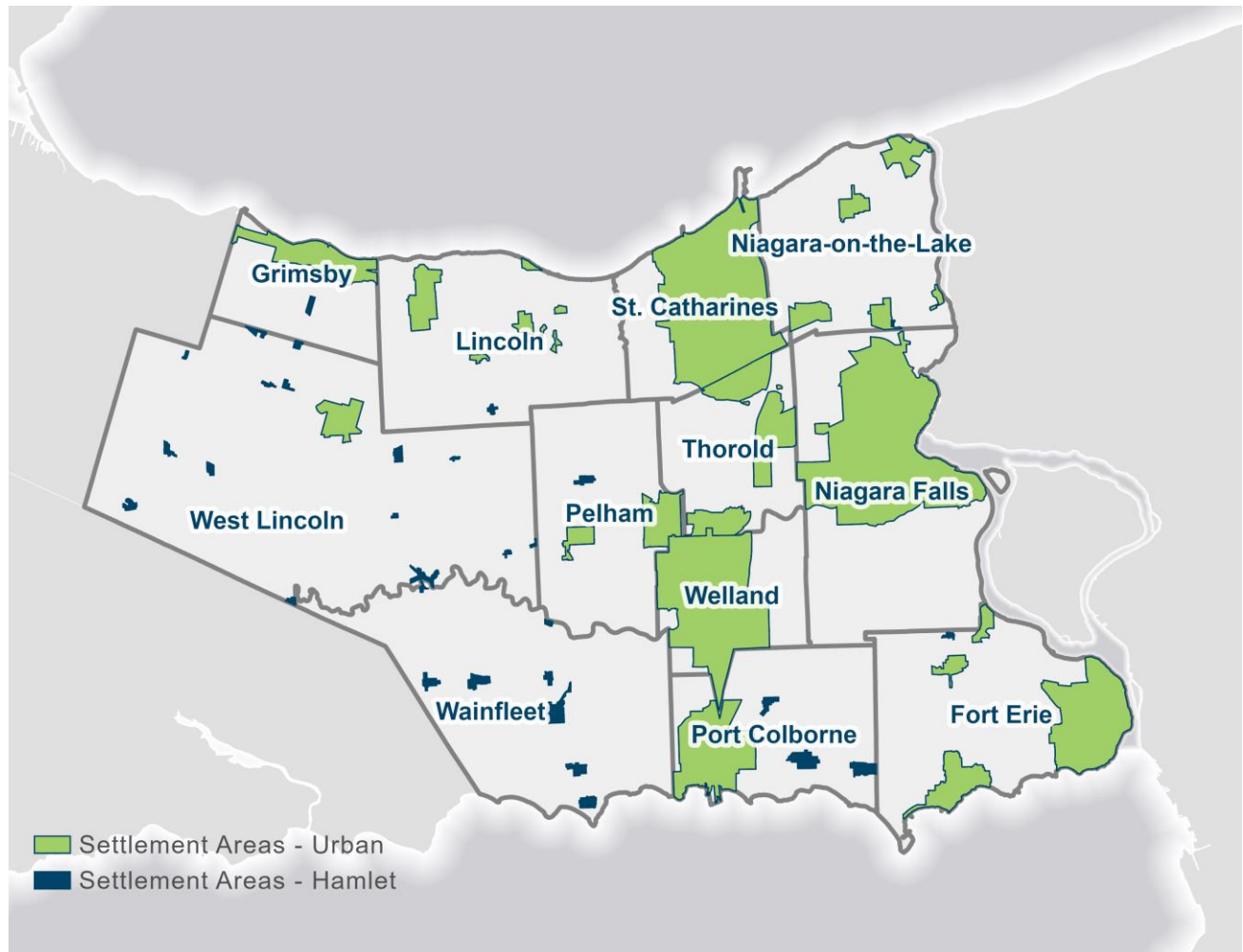
- Figure 2 depicts urban and rural land mix within the Niagara Region, utilizing the following definitions:
 - Urban – lands located within an urban area settlement boundary where development is concentrated and which have a mix of land uses (residential, commercial, employment, institutional, etc.)
 - Rural – lands that are located outside of an urban area settlement boundary which include agricultural lands, natural heritage features, and limited development options (hamlets, farming operations)
 - Hamlets are the smallest type of urban communities. They refer to areas that are designated in local official plans for further development of a low-density nature without the provision of municipal water and sewers. They include existing groups of houses and may play an important social and economic role for the people in the surrounding Agricultural or Rural Area (6).
 - Within the map, the grey areas represent urban settlements, which are considered urban land
 - The remainder of the map is considered rural, including the blue areas, which represent existing hamlets in rural areas
- For more information and to learn more, please reference: [Niagara Official Plan](#)⁴

⁴ <https://www.niagararegion.ca/official-plan/final.aspx>

Niagara Priority Profiles



Figure 2: Niagara Region Urban and Rural Map



Niagara Priority Profiles



Rural and Urban: Social Outcomes

People who live in rural areas may have difficulties in accessing health care due to a lack of services, isolation, or a lack of mobility. Living in rural areas may also limit walkability, active transportation potential, access to community and social supports, and access to healthy food.



Those who live in a rural area⁵ have:

- 1.7 times higher rate of being unemployed compared to those living in a census metropolitan area
- 1.6 times higher rate of not having completed university compared to those living in a census metropolitan area
- 2.0 times higher rate of not having completed high school compared to those living in a census metropolitan area
- And a 2.6 times higher rate of youth not in education or employment compared to those living in a census metropolitan area

Those who live in a rural area⁵ have:

- 0.80 times lower rate of living in housing below standards compared to those living in a census metropolitan area
- 0.86 times lower rate of experiencing workplace stress compared to those living in a census metropolitan area

Data Source: Pan-Canadian Health Inequalities Data Tool (1)

⁵ Rural areas are measured as those with weak or no census metropolitan influenced zone, as defined by Statistics Canada (5)

Niagara Priority Profiles



Additional Rural and Urban Health Concerns

Shortage of Physicians

- In 2018, there was a shortage of doctors in Niagara. An estimated 68 doctors were needed to meet the demands of the residents of Niagara, not including replacing doctors who were close to retiring (2).
- As of 2022, Niagara still has a shortage of family physicians. It is estimated that 90 family physicians are needed to offset this shortage. Currently, there are 255 family physicians in Niagara, less than the 345 required to meet the provincial average of one doctor per 1,380 patients (4).
- Eight of the twelve local municipalities in Niagara are classified as areas of high physician need by the province, a number of which are predominately rural: Grimsby, St. Catharines, Thorold, Pelham, Welland, Wainfleet, Port Colborne, and Fort Erie (3)
- Further, more than 30% of family doctors in the region are over the age of 60, necessitating a focus on succession planning (3)

Niagara Priority Profiles



References

1. Pan-Canadian Health Inequalities Data Tool (2017). A joint initiative of the Public Health Agency of Canada, the Pan - Canadian Public Health Network, Statistics Canada, and the Canadian Institute of Health Information. Retrieved from: <https://health-infobase.canada.ca/health-inequalities/data-tool/>
2. St. Catharines Standard (2018). Family doctors accepting patients in Niagara. Retrieved from <https://www.stcatharinesstandard.ca/news-story/8322912-family-doctors-accepting-patients-in-niagara/>
3. Living in Niagara Report (2017). Retrieved from: https://www.livinginniagarareport.com/wp-content/uploads/2018/06/LivingInNiagaraReport_2017.pdf
4. St. Catharines Standard (2022). Niagara doctor shortage: 150 arrived in Niagara in past 11 years, while 145 retired or left. Retrieved from <https://www.stcatharinesstandard.ca/news/niagara-region/2022/06/22/150-doctors-arrive-in-niagara-in-past-11-years-while-145-retire-or-leave.html>
5. Statistics Canada, Census Profiles (2021)
6. Niagara Region. (2011). SECTION 6: Agriculture and Rural Areas. Retrieved from: <https://www.niagararegion.ca/living/icp/pdf/policy/agriculture-rural-areas-2011-Policy-Plan.pdf>