# TABLE OF CONTENTS

1.0  INTRODUCTION .......................................................................................................................... 1

2.0  POPULATION CHARACTERISTICS .......................................................................................... 2

3.0  KEY TRENDS IN HAMILTON'S SOCIAL LANDSCAPE THAT INFORM ANALYSIS ABOUT THE DOWNTOWN AREA .......................................................... 3

4.0  HEALTH IN HAMILTON'S DOWNTOWN .............................................................................. 4

5.0  FUTURE GROWTH IN HAMILTON'S DOWNTOWN ............................................................ 5

COMMUNITY PROFILE: HAMILTON'S DOWNTOWN AREA .................................................... 7
1.0 INTRODUCTION

This profile was commissioned by request of Hamilton Urban Core Community Health Centre for their planning purposes. The catchment area of the Hamilton Urban Core Community Health Centre encompasses the central downtown neighbourhoods of the City of Hamilton\(^1\). It is a large area with a total population of over 49,000 residents, representing 10% of Hamilton’s population. The boundaries extend from the Niagara escarpment in the south to Barton Street in the north, and from Queen Street in the west and Sherman Avenue in the east. For simplicity, this catchment area will be referred in this report as "the downtown area".

This report begins with an overview of population characteristics and summary analysis key trends affecting Hamilton’s downtown. This is followed by an overview of health and future growth potential in Hamilton’s downtown. Finally, after this narrative section, a summary of charts that form a profile of the downtown area is presented. The data is mainly drawn from Statistics Canada’s 2006 census, along with more recent health data from Hamilton’s Code Red series (based on hospital and OHIP records), as well as high school completion data from this same series (provided by the school boards).

\(^1\) Eight neighbourhoods are within this catchment area: Beasley, Central, Durand, Corktown, Gibson, Lansdale, St. Clair and Stinson.
2.0 POPULATION CHARACTERISTICS

Large proportions of many groups facing social exclusion characterize Hamilton's downtown. Among the area's 7,000 families with kids under age 18, 45% are led by lone parents (the vast majority being female lone parents). The downtown area is one of Hamilton's two largest "arrival cities" and welcomes approximately 800-900 newcomer immigrants every year. Persons who identify themselves as visible minorities\(^2\) on the last census represent more than a quarter of the area's population, compared to 14% of Hamilton's population. Almost three quarters of downtown residents are renters. Within this tenant population, almost exactly half are living in unaffordable housing (spending 30% or more of their household income on rent). Residents within the downtown area are highly mobile, with less than half staying in the same residence in a five-year period, and almost one quarter moving in any given year.

Poverty rates\(^3\) in Hamilton's downtown area are more than twice as high as for the city. More than two in five residents live in poverty. Among children under age six, the poverty rate is 57%, and more than one in three seniors is living on an income below the poverty line.

Chart 1 illustrates that while the downtown area represents 10% of Hamilton’s population, it has 13% of the city’s female lone parents, 16% of Hamilton’s Aboriginal population, 19% of the city’s visible minority population, 20% of the city’s population with activity limitations, 23% of the city’s population of persons living on incomes below the poverty line, 26% of the city’s recent immigrants, and 32% of the city’s renters living in unaffordable housing.

Chart 1. Downtown area’s share of selected groups within the City of Hamilton

\(^2\) Visible minority is a term that comes from federal employment equity legislation and the categories are listed in the census to allow people to self-identify if they wish. The term racialized persons is becoming more commonly used and denotes the social process that separates groups, which can change over time and in different contexts.

\(^3\) The indicator used for poverty data in this report is Statistics Canada’s Low Income Cut Off (before tax). At the time of the last census, the threshold for the before tax LICO was $20,778 for a single person, $25,867 for a lone parent with one child and $38,610 for a family of four (2005 dollars). For more information about how the LICO is calculated, please see Incomes and Poverty in Hamilton: http://sprc.hamilton.on.ca/Reports/pdf/Incomes-and-Poverty-Report-final-May-2009.pdf
3.0 KEY TRENDS IN HAMILTON’S SOCIAL LANDSCAPE THAT INFORM ANALYSIS ABOUT THE DOWNTOWN AREA

Although Hamilton continues to have one of the highest poverty rates among Ontario’s cities, there is good news in that poverty rates have started to decline slightly between 1996 and 2006. The SPRC’s recent report, *Hamilton’s Social Landscape*, however, showed that many populations who experience the highest poverty rates are growing rapidly, much more rapidly than the city as a whole (Chart 2). These groups include: Aboriginals, female lone parents, persons with disabilities, and visible minorities. Residents who belong in more of these groups often face challenges beyond insufficient income to live healthy lives and participate fully in society. These barriers include social exclusion, discrimination and racism, access to childcare, and the inaccessibility of our built environment.

These forms of social exclusion have important impacts on health. Hamilton’s Urban Core Community Health Centre leads a coalition of groups, The Inner City Health Strategy Working Group, and conducted surveys, interviews and focus groups to document the links between racism, poverty and health. One participant summarized a common experience discussed throughout the focus group sessions:

“Racism is so deeply seated in this society. It’s not open in your face like in America. I believe it (racism) affects your health in all kinds of ways. It definitely causes a lot of health problems like stress related illnesses, heart attacks and strokes, low self-esteem and depression.”

Ryerson University Professor Grace-Edward Galabuzi sees three major ways that racism and health are interconnected:

- "The psychological pressures of daily resisting racism and other forms of oppression add up to a complex of factors that undermine the health status of racialized and immigrant group members."
- "Many racialized and immigrant workers are forced to accept work in workplaces where they face poor and sometimes hazardous working conditions that compromises their health."
- "Many racialized group members and immigrants with mental health issues and mental illness' identify racism as a critical issue in their lives."

---


4.0 HEALTH IN HAMILTON’S DOWNTOWN

The impacts of social determinants of health such as poverty, racism, and other forms of social exclusion are clear in the health data available for this area. Downtown residents have significant challenges when it comes to their health. From their first day of life, a median rate of almost 10% of babies are born at a low birth weight in Hamilton's downtown, compared to less than 7% for the city as a whole. Many more residents in this part of Hamilton need to visit emergency rooms for unmanaged respiratory, psychiatric or other health concerns. Overall emergency room usage is almost 50% higher in the downtown area compared to the city, with an average of almost exactly each resident visiting the ER once a year. ER visits for psychiatric concerns are more than twice as high in the downtown compared to the city as a whole. Although the downtown area includes the highest number of doctors in all of Hamilton, there is a median rate of 14% of residents who visit an ER who report not having a family physician (compared to 6% for the city overall).

These factors as well as other social determinants of health such as poverty and social exclusion, lead to a gap in the overall lifespan of residents of downtown Hamilton, compared to the city. The median age of death among the city's neighbourhoods is 75.2 years, which is almost two full years older than the median age of death for the neighbourhoods that make up Hamilton's downtown.

It is important to note that the report thus far has given overall rates for the downtown area as a whole. But like any large area that includes so many residents, there are many disparities within this community. For example, there are three neighbourhoods in Hamilton's downtown where the average age of death is below 70 years old.
5.0 FUTURE GROWTH IN HAMILTON’S DOWNTOWN

The western half the downtown area has proven to be a net attractor of Hamilton residents in the 1996-2006 period, with the four of the neighbourhoods on the downtown's west side having population growth, unlike almost all of Hamilton's other lower city neighbourhoods which experienced population declines in this period. The provincial Places to Grow Act, adopted in 2005, favours population intensification in already urbanized areas. The new City of Hamilton Official Plan favours complete communities and reflects the general societal shifts towards walkable neighbourhoods. These pieces of legislation both point towards the downtown becoming a stronger magnet for residents to move and establish families there.

The general pattern over the 1996-2006 period is that almost all the growth in the downtown population has been due to recent immigrants choosing to settle there. Hamilton's immigrant population profile by immigration class shows that the city has a lower proportion of economic class immigrants compared to the province, the same proportion of family class immigrants, and that the city has a much higher rate of refugees (both refugee claimants and government-assisted refugees) compared to the city (31.5% for Hamilton compared to 18% for Ontario)

Applying these figures to downtown's immigrant population indicates that at least 250-300 of the downtown area's newcomer population every year are refugees.

The life experiences of refugees are much different than that of economic class immigrants, and have significant impacts on their mental and physical health. In particular many refugees' experiences include:

- longstanding prior lack of access to curative and preventive health care
- direct and indirect effects of war
- psychosocial effects of war trauma and of long stays in refugee camps.

Refugees are also much less likely to have a good command of English, making their access to health care services in Hamilton more challenging.

The fastest growing age group in Hamilton, including downtown, is of course seniors. The downtown area has many seniors' buildings, including one of Hamilton's largest (First Place with 535 units), and the new Caroline Place with 108 units. In addition the downtown area has many services, transit and housing types that will continue to attract a large proportion of Hamilton's senior population. With the aging of the baby boomer cohort, the number of seniors in Hamilton's downtown will rise from about 7,000 in 2006, to over 17,000 by 2033, if overall population projection figures are applied to the downtown area. This population will need significant supports so that they can age at home.

---

8 This estimate assumes that the downtown has the same proportion of refugees among its newcomer immigrant population as the city as a whole (31.5%). Service provider experience as well as data from other groups tells us that the downtown likely has a much larger proportion of refugees than the city as a whole, so a more realistic estimate would be at least 500 new refugees settling in Hamilton's downtown every year.
10 Using the Ontario Ministry of Finance population projections cited in the SPRC's Hamilton's Social Landscape Report.
Even if the overall downtown area's population size remains fairly stable, the needs for services from Hamilton's Urban Core Community Health Centre will continue to increase, assuming growth within Hamilton's population continues to be unevenly distributed between population groups. In the 1996-2006 period, population growth was very high in many groups that face social exclusion (Chart 2), a factor that impacts their health in numerous ways.

Chart 2. Average annual growth rate of selected groups in the City of Hamilton, compared to the overall annual population growth rate, 1996-2006

Data source: 1996 and 2006 Censuses of Canada, Statistics Canada
Taken from Hamilton's Social Landscape published by the Social Planning and Research Council of Hamilton (2011).
COMMUNITY PROFILE HAMILTON’S DOWNTOWN AREA

POPULATION CHARACTERISTICS

AGE GROUPS

Data source: Statistics Canada, 2006 Census

Hamilton’s downtown population has a much larger proportion of young adults than the city as a whole.

FAMILIES WITH CHILDREN

Data source: Statistics Canada, 2006 Census

45% of Hamilton’s downtown families with children are led by lone parents (female and male combined).
Hamilton’s downtown population has a much higher proportion of persons who identify with a visible minority group, recent immigrants and residents with activity limitations.
COMMUNITY PROFILE  HAMILTON’S DOWNTOWN AREA

EDUCATION

HIGHEST EDUCATION COMPLETED BY PERSONS AGED 25-64

Data source: Statistics Canada, 2006 Census

HIGH SCHOOL NON-COMPLETION RATE

Data source: Hamilton Spectator, Code Red Series published in 2010 based on combined data from Hamilton-Wentworth District School Board and Hamilton-Wentworth Catholic District School Board

Students in Hamilton’s downtown are more than twice as likely not to complete high school as students in the entire city.
The downtown area of Hamilton has a much higher proportion of renters and people living in unaffordable housing than the city as a whole. The poverty rates are about twice as high in the downtown compared to the city overall.
HEALTH

PERCENTAGE OF BABIES WITH LOW BIRTH WEIGHT

There is a higher proportion of low birth weight babies in Hamilton's downtown as compared to the entire city.

Data source: Hamilton Spectator, Code Red Series published in 2010 based on data from the Institute for Clinical Evaluative Studies

AVERAGE AGE OF DEATH, IN YEARS

The average age of death in Hamilton’s downtown is 1.8 years younger than the average age of death for the city as a whole.

HEALTH

EMERGENCY VISITS PER 1,000 RESIDENTS

The downtown area has a higher rate of residents visiting an emergency room in a given year. The difference between the downtown and the city overall is most pronounced for ER visits for psychiatric concerns, where the rate is more than three times higher in the downtown.

RESPIRATORY-RELATED EMERGENCY VISITS PER 1,000 RESIDENTS

Data source: Hamilton Spectator, Code Red Series published in 2010 based on data from the Institute for Clinical Evaluative Studies

PSYCHIATRIC-RELATED EMERGENCY VISITS PER 1,000 RESIDENTS

Data source: Hamilton Spectator, Code Red Series published in 2010 based on data from the Institute for Clinical Evaluative Studies
HEALTH

PERCENTAGE OF EMERGENCY ROOM VISITORS REPORTING NO FAMILY DOCTOR

ER visitors who live in the downtown area are more than twice as likely to not have a family doctor, compared to the rate for the city overall.

Median of downtown area census tracts: 14.3%
Median of Hamilton's census tracts: 6.2%

Data source: Hamilton Spectator, Code Red Series published in 2010 based on data from the Institute for Clinical Evaluative Studies