Kenora's Community Safety & Well-Being Plan

2025 - 2035

Supporting Document One

Community Safety Assessment Data Report (Part 1 and 2)

Photo credit: Cambrya S.

Updated July 25, 2025

Lake of the Woods KENORA

City of Kenora Community Safety and Well-Being Community Safety Assessment Data Report (Part 1 and 2)

Supporting Document One

Thank you

This report is the result of collaboration among many organizations and individuals who generously shared their knowledge, data, and insights. A comprehensive list of the data sources consulted can be found at the end of this document. It was inspiring to see how quickly service providers in Kenora recognized the link between crime, victimization, and fear of crime through the lens of root causes and risk factors. This approach expanded the understanding of community safety and well-being from a narrow focus on crime to a broader perspective that includes the determinants of health and well-being [1] and the root causes of crime. Consequently, the shared data spans a wide range of areas, from early childhood to senior years, geography to specific populations, and current conditions to historical contexts. Going forward, this data can serve as both a baseline for monitoring progress and as a tool for comparison with other municipalities. As new challenges arise, the data can be revisited and refined to reflect changing realities.

Cover photo is taken by Cambrya S. who participated in a Photo Voice Project, titled 'Youth Photo Contest: My Community, My Lens', during the development of the plan. She writes:

> *"Camp Lake Overlook Trail - This photo was taken this summer at one of my favourite local hikes. To me, it represents the beauty of Kenora and the surrounding area. You can drive just 20 minutes outside of town and be in beautiful, untouched nature. Being in nature and staying active by utilizing trails such at this one, greatly contribute to my wellness and are one of the big benefits of living in the north."*

[1] Social determinants of health and health inequalities - Canada.ca

Disclaimer

Although we made every effort to include as much publicly available and locally sourced data as possible, not all data is presented in this report. Certain information was excluded to protect the privacy of individuals in small communities, where there was a risk of identification. Some data was omitted due to its outdated nature, making it irrelevant to the current context. Additionally, other data was either excluded or aggregated to avoid unintentionally stigmatizing already marginalized groups. Where disaggregated data is provided, it is because highlighting the experiences of specific populations was deemed crucial to understanding the realities of community safety and well-being that might otherwise be overlooked. Even other data was not available in time to be included in this report. We advise caution in interpreting any data outside of its context.

Trigger Warning: This supporting document and the other supporting documents and the plan report include discussions about sensitive topics related to crime, safety, and victimization that could be triggering to some people.

Part One: Public Data

Kenora, Ontario, located on the traditional territory of the Anishinaabe and Métis of Treaty #3, lies approximately 200 kilometers east of Winnipeg. Renowned for its stunning landscapes and vibrant tourism, Kenora sits on the picturesque shores of Lake of the Woods, making it a prime destination for travelers seeking to experience the beauty of Northern Ontario.
The following information is provided by *More Better Solutions* to better understand the strengths and challenges of Kenora as the community continues to undertake the process of developing a Community Safety & Well-Being plan. Questions about the data presented in this report can be directed to Christiane Sadeler at christiane@morebettersolutions.ca.

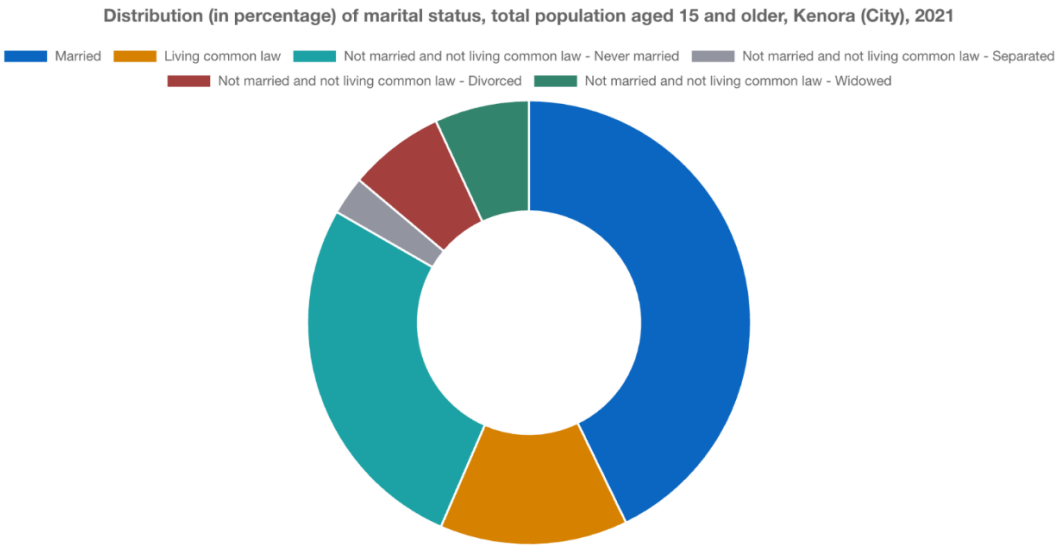
Demographics - Population Size and Growth

Population	Kenora	Ontario
Population, 2021	14,967	14,223,942
Population, 2016	15,096	13,448,494

According to the 2021 Census, between 2016 and 2021, the population of Kenora decreased by -0.9%. This compares to the provincial average of 5.8% growth in Ontario, and the national average of 5.2% growth in Canada more broadly (Statistics Canada, 2021b).

Family Characteristics

In Kenora in 2021, 56.5% of the total population aged 15 and over were in a couple relationship. This included those who were married (42.8%) or living with a common-law partner (13.7%). The remaining 43.5% were not in a married or common-law union at the time. (Statistics Canada, 2021c).



In 2021, Kenora had a similar average family size (2.7) compared to Ontario (2.9) and Canada (2.9). Kenora had a comparable number of lone parent families (17.4%) to Ontario (17.1%) and Canada (16.4%). However, Kenora had a higher proportion of lone-headed families headed by males (27%) when compared to Ontario (20.6%) and Canada (22.7%) (Statistics Canada, 2021b).

Family Characteristics	Kenora	Ontario	Canada
Total number of families	4,255	3,969,670	10,262,925
Average size of families	2.7	2.9	2.9
Total couple families	3,515 (82.6%)	3,291,560 (82.9%)	8,576,585 (83.5%)
Total lone parent families	740 (17.4%)	678,110 (17.1%)	1,686340 (16.4%)
Lone parent families - female	540 (73%)	538,450 (79.4%)	1,302,670 (77.2%)
Lone parent families - male	200 (27%)	139,660 (20.6%)	383,670 (22.7%)

Age Characteristics

The following chart displays the population of Kenora by age bands, as of the 2021 census:

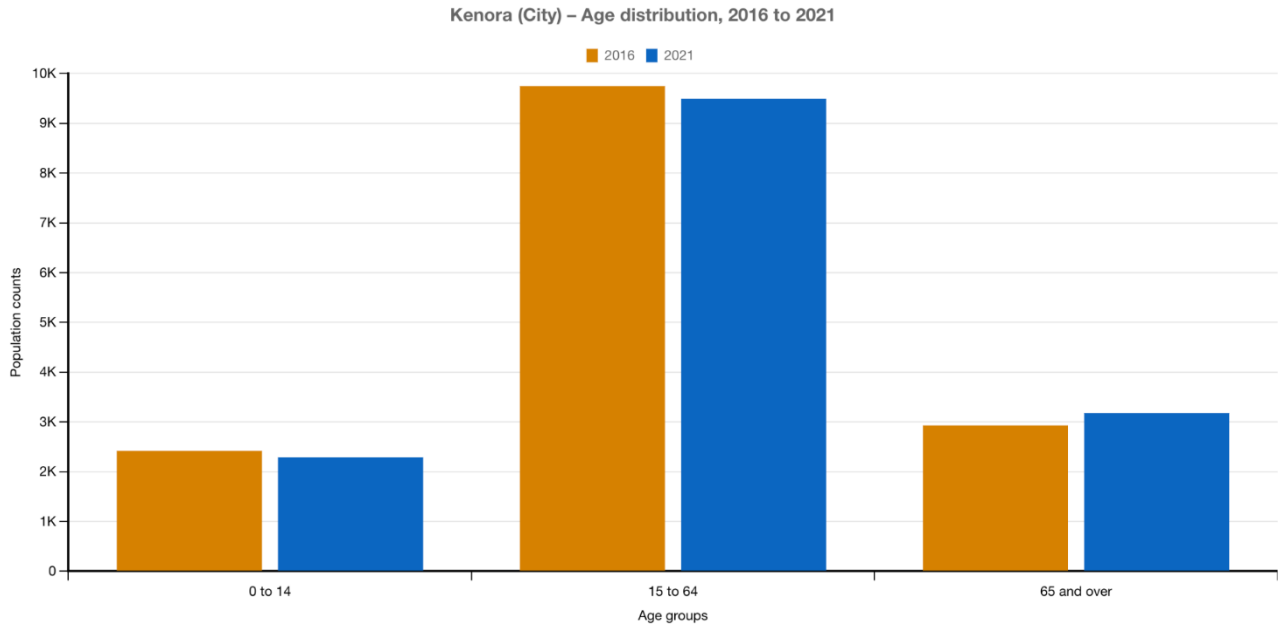
Age	Kenora	Ontario	Canada
Age (average)	43.6 years	41.8 years	41.9 years
Age (median)	44.4 years	41.6 years	41.6 years
0 to 14 years	2,295 (15.3%)	2,251,795 (15.8%)	6,012,795 (16.3%)
15 to 29 years	2,500 (16.7%)	2,672,455 (18.8%)	6,636,740 (17.9%)
30 to 44 years	2,805 (18.7%)	2,819,400 (19.8%)	7,429,585 (20.0%)
45 to 59 years	2,930 (19.6%)	2,875,980 (20.2%)	7,319,850 (19.8%)
60 to 74 years	3,125 (20.9%)	2,471,070 (17.4%)	6,630,135 (18.0%)
75 + years	1,310 (8.8%)	1,133,215 (8.0%)	2,962,870 (8.0%)

In 2021, children aged 0 to 14 represented respectively 15.3% of the total population in Kenora. In comparison, for Canada, the proportion of children was 16.3% in 2021. The working age population (15 to 64) represented approximately 63% of the total population in Kenora. In comparison, for Canada, the proportion of the population aged 15 to 64 was 64.8% in 2021. Kenora has a slightly older population than Ontario, and Canada more broadly. In 2021, 29.7% of the population in Kenora was 60 years or older. In Ontario, those 60 years and older represented 25.4% of the population. In Canada, those 60 years and older accounted for 26% of the population (Statistics Canada, 2021b).

When accounting for gender, in 2021(Statistics Canada, 2021c):

- 15.9% of those aged 0-14 were male, 14.9% were female.
- 64.1% of those aged 15 to 64 were male, 62.8% were female.
- 20.1% of those aged 65 and older were male, 22.4% were female.

The below graph demonstrates that between the 2016 and 2021 Census in Kenora, the age distribution of residents has shifted. There were fewer residents in Kenora in 2021 in the working age population (15 to 64) than in 2016. Similarly, in 2021, there were more residents of Kenora in the 65 and older age category than there were in 2016.



(Statistics Canada, 2021c)

Diversity and Immigration Status

The below chart displays immigrant, Indigenous, and visible minority demographics in Kenora as of the 2021 census.

Immigration Status	Kenora	Ontario	Canada
Non-immigrant	13,855 (95%)	9,437,320 (67.3%)	27,042,120 (74.4%)
Immigrant	640 (5%)	4,206,585 (30%)	8,361,505 (23.0%)
Non-permanent resident	115 (0.8%)	387,850 (2.8%)	924,850 (2.5%)
Non-Indigenous	11,015 (75.4%)	13,625,165 (97.1%)	34,521,230 (95.0%)
Indigenous	3,595 (24.6%)	406,585 (2.9%)	1,807,250 (5.0%)
Visible minority	470 (3.2%)	4,817,360 (34.3%)	9,639,205 (26.5%)

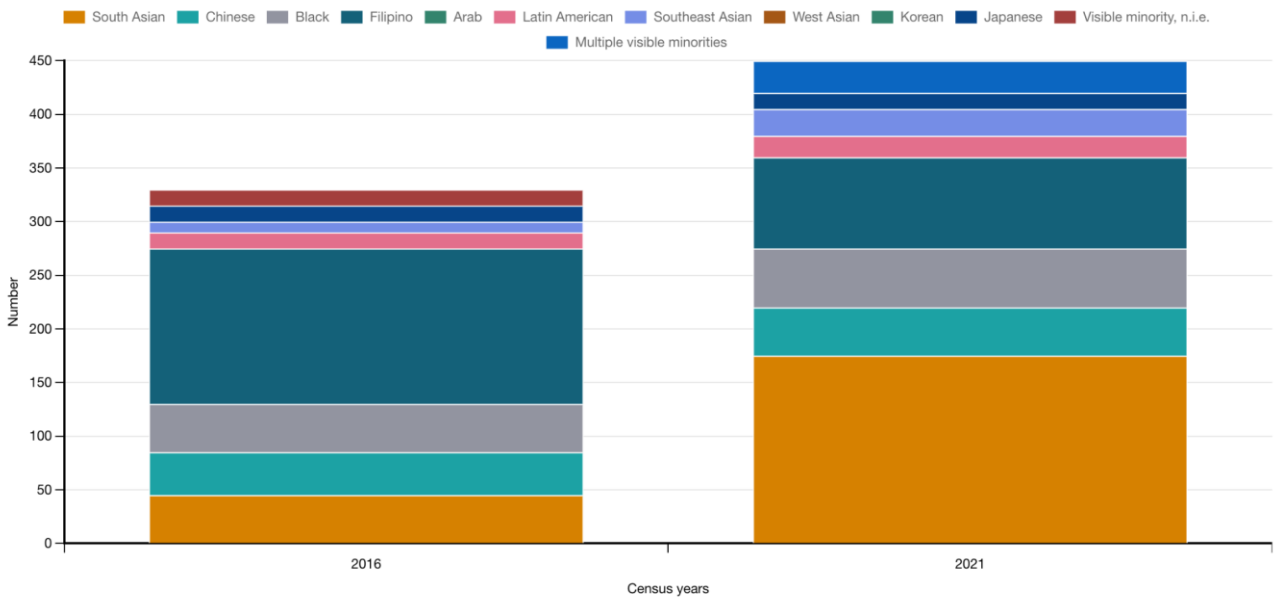
In 2021, there were 3,595 Indigenous peoples in Kenora, making up 24.6% of the population[2]. By comparison, 2.9% of the population of Ontario was Indigenous (Statistics Canada, 2021b). Most of the Indigenous population reported a single Indigenous identity—either First Nations, Métis or Inuk (Inuit). Of the Indigenous people in Kenora:

- 50.8% were First Nations peoples.
- 46.7% were Métis.

The Indigenous population in Kenora is younger than the non-Indigenous population. The average age of the Indigenous population in Kenora was 33.3 years, compared with 46.5 years for the non-Indigenous population (Statistics Canada, 2021c).

While Kenora has a larger proportion of its population that identifies as Indigenous than Ontario more broadly, they make up a smaller proportion of visible minorities. In 2021, only 3.2% of Kenora was considered a visible minority, compared to 34.3% of Ontario (Statistics Canada, 2021b). The below chart shows the breakdown of visible minority identities in Kenora in 2016 and 2021. Of visible minorities, South Asian is the most common identity in 2021.

[2] A study released by Living Well House, a Toronto based Indigenous health research center, projects the Indigenous population of Kenora to be two to four times higher than recorded in the census data. The Indigenous population in Canda is growing at twice the rate of non-Indigenous Canadians.



(Statistics Canada, 2021c)

According to the 2021 census, 5% of Kenora's population has immigrant status, compared to 30% of Ontario more broadly. Seventy-five (75) people immigrated to Kenora between 2016 and 2021, which accounts for 12% of the total immigrant population. In 2021, most immigrants who came to Kenora originated from the United States, the United Kingdom, and the Philippines (Statistics Canada, 2021c).

Education

The following chart displays the education level of Kenora residents compared to Ontario residents, according to the 2021 Census.

Education Level	Kenora	Ontario
No certificate, diploma, or degree	2,060 (16.7%)	1,799,890 (15.3%)
Secondary/High school diploma/Equivalency	3,845 (31.2%)	3,204,170 (27.2%)
Apprenticeship or trade certificate or diploma	950 (7.7%)	592,485 (5.0%)
College, CEGEP, or other non-university diploma	2,935 (23.8%)	2,389,205 (20.3%)
University certificate or diploma or degree below bachelor level	210 (1.7%)	268,480 (2.3%)
University certificate or diploma or degree at bachelor level or above	2,325 (19%)	3,528,600 (30%)

In 2021, 31.2% of Kenora's population had a high (secondary) school diploma or equivalency certificate, compared to 27.2% of Ontario. Kenora, however, has a smaller percentage of their

population with a university certificate or diploma or degree at bachelor level or above. In 2021, 19% of Kenora's population had obtained a degree at bachelor's level or above, compared to 30% of Ontarians more broadly (Statistics Canada, 2021b). Among youth aged 18 to 24 in Kenora (City), in 2021, 31.9% were attending postsecondary school, compared to 51.5% in Ontario and 50.2% in Canada overall (Statistics Canada, 2021c).

Childhood Development (EDI)

The Early Development Instrument (EDI) is a tool that collects data providing insights into the healthy development of children. The EDI questionnaire was developed by Dr. Dan Offord and Dr. Magdalena Janus at the Offord Centre for Child Studies at McMaster University in Hamilton, Ontario, but it is used across jurisdictions, including in Ontario. EDI data show that avoidable and persistent inequalities in children's developmental health and well-being exist in Ontario and have been sustained over time. Inequalities in children's well-being arise because of social inequity in the conditions in which children are born, grow, live, work and age. **The section below outlines the data from EDI collected in 2018 in the Northwestern Health Unit. Note, data specific to Kenora is not publicly available[3]**.

EDI Vulnerability Scale

Based on the EDI instrument, vulnerable children are those who, without additional support and care, are more likely to experience future challenges in their school years and beyond. Vulnerability is determined using a cut-off for each EDI scale. In interpreting the below data, low percentages are preferable. The higher the percentage of children who are *Vulnerable*, the higher the concern. Any domain that has more than 10 percent of children (higher than the Canadian baseline sample) may be interpreted as a domain of need.

Category	% Vulnerable Northwestern Health Unit	% Vulnerable Ontario
Physical Health and Well-being Children's gross and fine motor skills, physical independence, and readiness for the school day such as motor control, energy level, daily preparedness for school and washroom independence.	22.7%	16.3%
Social Competence Children's overall social competencies, capacity for respect and responsibility, approaches to learning, and readiness to explore new things.	10.4%	9.9%
Emotional Maturity Children's prosocial and helping behaviours, as well as hyperactivity and	16%	11.3%

[3] The Northwestern Health Unit has a population of approximately 82,000 people.

inattention, and aggressive, anxious, and fearful behaviour.		
Language & Cognitive Development Children's basic and advanced literacy skills, numeracy skills, interest in math and reading, and memory.	9.1%	7.5%
Communication Skills & General Knowledge Children's English language skills and general knowledge, such as their ability to clearly communicate one's own needs, participate in story-telling, and general interest in the world.	14.1%	10%

According to 2018 data, all areas of development except "Language and cognitive development" would be considered domains of need for children in the Northwestern Health Unit (NHU). NHU had the highest % of children vulnerable in the "Physical health and well-being" domain. In addition, 35.3% of children in the Northwestern Health Unit are vulnerable in one or more of the domains; Ontario's rate by comparison is 29.6% (Public Health Ontario, 2018).

In addition to the above health unit-level EDI data, the Northwestern Health Unit released results of the 2022-23 COMPASS survey, which measures cannabis use, obesity, mental health, physical activity, alcohol use, smoking, and sedentary behaviour among grades 9-12 in participating schools. Trends from the Northwestern Health Unit demonstrate that:

- 31% of students have a weight in the overweight or obesity range;
- 73% are meeting the National guideline of 60 min/day of physical activity (Ontario average is 71%);
- 28% of students are eating breakfast daily (Ontario average is 39%);
- 6% sometimes go to bed hungry because there is not enough money to buy food;
- 58% are meeting the National guideline of 8 to 10 hours of sleep per night;
- 32% of students have used an e-cigarette (vape) in the past 30 days (Ontario average is 19%);
- 26% reported binge drinking in the past month (consuming 5 drinks of alcohol or more on one occasion) (Ontario average is 15%);
- 41% reported drinking alcohol in the past month;
- 28% reported using cannabis in the past month (Ontario average is 14%);
- 45% felt nervous, anxious, or on edge on most days in the last 2 weeks.

(Northwestern Health Unit, 2023a).

Health

Similarly to childhood development, when it comes to population health, only Northwestern Health Unit level data is available for analysis.

Indicator	Northwestern Health Unit	Ontario
Cardiovascular disease mortality rate (per 100,000 population[4]) (2021)	208.1	155.5
Respiratory disease mortality rate (per 100,000 population) (2021)	56.2	42.2
Diabetes mortality rate (per 100,000 population) (2021)	42.9	14.8
Potentially Avoidable Mortality (per 100,000 population) (2021)	392.6	187.2
Perceived health is "very good or excellent" (2019-2020)	53.2%	62.2%
Food Insecure (2021-2022)	18.9%	17.4%

While there are a variety of indicators available on the Public Health database, the above indicators were chosen because of their discrepancies when compared to the Ontario average. The Northwestern Health unit contains poorer than provincial average results in all the above indicators. When compared to other health units:

- The diabetes mortality rate in NHU is the highest in the province.
- The potentially avoidable mortality rate (untimely death that should not occur with timely and effective health care) is the highest in the province.
- The percentage of respondents that indicated that their perceived health is "very good or excellent" is the lowest in the province.

(Public Health, 2021).

[4] For rates per 100,000, to calculate an approximate rate per 15,000 (population of Kenora):
a) Divide your rate by 100,000 (e.g. if your rate is 56.2 / 100,000 = 0.000562)
b) Multiply that number by your population (0.000562 X 15,000)
c) The approximate rate per 15,000 is 8.43.

Mental Health & Substance Use

Indicator	Northwestern Health Unit	Ontario
Injuries Related to Self-harm among Youth Emergency Department Visits (per 100,000 population) (2022)	1,413.55	172.38
Emergency department visits for intentional self-harm (per 100,000 population) (2021)	852.9	152.8
Mental Health and Substance Use Emergency Department Visits (per 100,000 population) (2021-2022)	6162.50	1914.60
Emergency Department visits for conditions attributable to alcohol (per 100,000 population) (2021)	7,486.6	543.3

Again, the above indicators were chosen given the discrepancies when compared to the Ontario average. When compared to other health units, the NHU has the highest rate of emergency department visits for injuries related to self-harm among youth, and for all age categories. It also has the highest rate in the province for emergency department visits for conditions attributable to alcohol (Public Health Ontario, 2021-2022.).

In February 2023, the NHU released a report indicating that overdose deaths had more than tripled from 2019 to 2021. “The number of deaths from opioid overdose in the NWHU area were steady between 2005 and 2017 at between one and six deaths per year. There has been a generally increasing trend since 2018, with 2020 and 2021 seeing huge increases. The increase between 2019 and 2020 was 89%, and in 2021 it increased by 88% again. Overall, since 2017, the number of deaths increased by 433%” (Northwestern Health Unit, 2023b).

The report also suggested that supervised consumption services could benefit a variety of communities in NHU, including Kenora. When surveying those who used substances in Kenora, 91% said they used them in an outdoor public space like an abandoned building, a parking lot, or a park once during the year (Northwestern Health Unit, 2023b). The full report is available here. (https://www.nwhu.on.ca/our-services/harm-reduction/opioids-in-our-communities/)

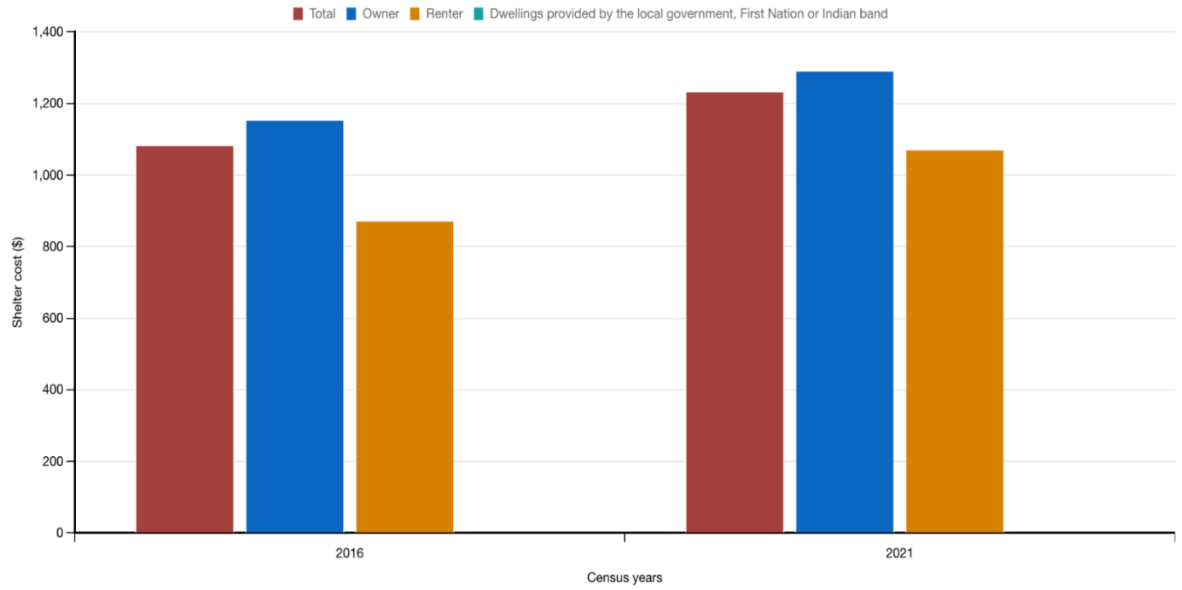
Housing

The below chart compares housing status in Kenora and Ontario according to the 2021 census. In 2021, there were 6,510 households in Kenora, with a homeownership rate of 73.5%. This is about 5% higher than the homeownership rate in Ontario more broadly.

Housing Status	Kenora	Ontario
Owner	4,785 (73.5%)	3,755,720 (68.4%)
Renter	1,725 (26.5%)	1,724,970 (31.4%)
Spending 30% or more on shelter - Owner	16.7%	24.2%
Spending 30% or more on shelter - Renter	37.0%	38.4%

Of those who own their home, 16.7% of residents in Kenora spend more than 30% of their income on their shelter. This is 8% lower than the Ontario rate of 24.2%. Thirty-seven (37%) of renters in Kenora spend 30% or more of their income on shelter, which is comparable to the Ontario rate of 38.4% (Statistics Canada, 2021b). In 2021, the proportion of young adults aged 20 to 34 that were living with at least one parent was 30.4%, compared to 36.6% in 2016. In 2021 the average market rent for a one-bedroom home in Kenora was $763 and $1039 for a two-bedroom home (Kenora District Housing Resource Guide, 2023).

The average monthly shelter cost in Kenora has increased. As demonstrated in the below graph, the average monthly shelter cost for owners increased from $1,155/month in 2016 to $1,292/month in 2021. Similarly, the average monthly shelter cost increased for renters from $873/month in 2016 to $1,072/month in 2021 (Statistics Canada, 2021a).



(Statistics Canada, 2021c)

Homelessness

The most recent publicly available data on homelessness in Kenora is from 2021, provided by The Homeless Hub. According to their report:

- There was a total of 221 individuals experiencing homelessness;
- 36 of these individuals were experiencing sheltered homelessness (those accessing emergency shelter and system supports);
- 29 were experiencing unsheltered homelessness (in a public place, encampment, etc.);
- 33 were experiencing hidden homelessness (staying at someone else's place, in their vehicle, in a motel, etc.);
- 34 were under 25 years of age;
- 104 (almost half) identified as Indigenous;
- 13 identified as LGBTQ2S+;
- 42.5% identified as female; 54.3% identified as male.

(Homeless Hub, 2021).

Income

The following table shows total income groups in 2020 for the population aged 15 years and over in private households:

Income	Kenora	Ontario
Without income ($)	275 (2.2%)	488,030 (4.1%)
With income ($)	12,040 (97.7%)	11,294,815 (95.6%)
Under $10,000	755 (6.1%)	977,950 (8.3%)
$10,000 to $19,999	1,245 (10.1%)	1,383,475 (11.7%)
$20,000 to $29,999	1,505 (12.2%)	1,752,040 (14.9%)
$30,000 to $39,999	1,395 (11.3%)	1,388,215 (11.8%)
$40,000 to $49,999	1,330 (10.8%)	1,190,885 (10.1%)
$50,000 to $59,999	1,385 (11.2%)	985,270 (8.4%)
$60,000 to $69,999	1,105 (9.0%)	782,980 (6.6%)
$70,000 to $79,999	885 (7.2%)	612,620 (5.2%)
$80,000 to $89,999	645 (5.2%)	477,445 (4.1%)
$90,000 to $99,999	460 (3.7%)	385,830 (3.3%)
$100,000 and over	1,340 (10.9%)	1,358,115 (11.5%)
Median total income	$86,000	$91,000
Average total income	$102,100	$116,000

In 2020, 10.9% of households in Kenora earned a total income of $100,000 or greater, which is comparable to the percentage of households who earn $100,000 or more in the rest of the province (11.5%). The median ($86,00) and average ($102,100) household income in Kenora is slightly lower than in Ontario more broadly ($91,000 and $116,000 respectively) (Statistics Canada, 2021b). Most households in Kenora earn between $60,000-$99,000 annually in after-tax income. This is also true in Ontario and Canada (Statistics Canada, 2021c).

The below chart outlines the number of residents in Kenora and Ontario who met low-income status after-tax in 2020, including a breakdown by age category for those living on low-income.

Low-Income Status	Kenora	Ontario
Total number LIM (low-income status) households	1,250 (8.6%)	1,420,525 (10.1%)
0-17 years	285 (22.8%)	314,150 (22.1%)
18-64 years	660 (52.8%)	803,215 (56.5%)
65 years and older	305 (24.4%)	303,160 (21.3%)

Kenora has a slightly smaller percentage of its population that meets the threshold for low-income status than Ontario more broadly. However, Kenora has a higher percentage of seniors (65 years and older) who meet the low-income status threshold (24.4%) than Ontario more broadly (21.3%) (Statistics Canada, 2021b).

Labour Force

The labour force is composed of those 15 years of age and older who are either employed or actively seeking work. Changes in the labour force are the result of changes in population and economic opportunities. A growing economy attracts workers from other areas and induces people to enter the labour force. When the economy slows, people leave in search of opportunities elsewhere or withdraw from the labour force altogether.

Employment Rates

Employment Status	Kenora	Ontario
Employed	7,195 (92.9%)	6,492,895 (87.8%)
Unemployed	555 (7.2%)	906,310 (12.2%)
Unemployment Rate[5]	7.2%	12.2%

92.9 % of those in the labour force in Kenora are employed. Kenora's unemployment rate was 7.2%, which was 5% lower than Ontario's rate in 2021.

Employment income

Nationally, the number of persons aged 15 and over with no or low employment income increased substantially in 2020 compared to before the pandemic in 2019. In Kenora (City), 140 more people in 2020 than in 2019 had no employment income, while 5 fewer people had employment income between $1 and $19,999 and 260 fewer people had employment income between $20,000 and $59,999 in 2020 than in 2019.

[5] This number reflects the percentage of the population considered to be "in the labour force" (above 15 years of age) that is unemployed.

Labour Force by Occupation

The below chart shows the occupational breakdown of the labour force in Kenora compared to Ontario in 2021.

Occupation	Kenora	Ontario
Legislative and Senior Management	100 (1.3%)	95,240 (1.3%)
Business, Finance, Administration	990 (13.0%)	1,328,155 (18.5%)
Natural, Applied Sciences, and Related	340 (4.5%)	685,390 (0.9%)
Health	830 (10.9%)	543,565 (7.6%)
Education, Law, and Social, Community, and Government Services	1,760 (23.1%)	871,260 (12.1%)
Art, Culture, Recreation, Sport	95 (1.3%)	232,200 (3.2%)
Sales and Service	1,685 (22.1%)	1,735,930 (24.2%)
Trades, Transport, Equipment Operators, and Related	1,590 (20.9%)	1,175,410 (16.4%)
Natural Resources, Agriculture, and Related	75 (1%)	148,055 (2.1%)
Manufacturing and Utilities	170 (2.2%)	371,490 (5.2%)

In Kenora, a significant proportion of the labour force is employed in the "Education, Law, and Social, Community, and Government Services" sector (23.1%). In Ontario, more broadly, 12.1% of the workforce is employed in this sector. Kenora has a comparable percentage of their population employed in the "Sales & Service) sector (22.1%) when compared to Ontario (24.2%).

Main Mode of Commuting

The below chart shows the modes of commuting in Kenora compared to Ontario in 2021.

Mode of Commuting	Kenora	Ontario
Car, truck, or van as driver or passenger	5,630 (91.0%)	3,790,545 (83.6%)
Public transit	25 (0.4%)	390,140 (8.6%)
Walked	340 (5.5%)	208,380 (4.6%)
Bicycle	45 (0.7%)	37,665 (0.8%)
Other method	145 (2.3%)	106,655 (2.6%)

In Kenora, most people (91%) commute to work in a car, truck, or van as either a driver or a passenger. There is very limited use of public transit, with only 0.4% of people reporting that they use public transit as their main mode of commuting.

Crime and Victimization

Police-Reported Crime Statistics

The following table shows police-reported crime statistics in Kenora for **all** violations between 2018 – 2022.

It is important to note that across Canada, police-reported crime dropped significantly during 2020, which is likely attributable to the Covid-19 pandemic. In April 2020 (considered to be the first full month of the pandemic with country-wide restrictions), there were 18% fewer criminal incidents compared to April 2019 (Moreau, 2021). Variances in 2020 data for Kenora are therefore to be expected. Note, the far-right column provides Ontario data for 2022 for comparison.

Total, All Violations (2018-2022)

	2018	2019	2020	2021	2022	Ontario, 2022
Actual incidents	2,410	2,456	2,204	2,280	2,489	668,612
Rate per 100,000 population	12,824.61	13,079.83	11,772.25	12,033.57	13,471.5	4,425.13
Percentage change in rate (%)	2.42	1.99	-10.00	2.22	11.95	5.55
Percent unfounded (%)	9.16	7.36	9.26	8.25	8.02	3.73
Total, adult charged	1,089	1,099	823	741	778	173,580
Rate, adult charged per 100,000 population aged 18 years and over	7,076.94	7,092.61	5,296.35	4,716.74	5,079.99	1,407.33
Total, youth charged	74	66	51	52	56	9.035
Rate, youth charged per 100,000 population aged 12 to 17 years	6,548.67	5,929.92	4,623.75	4,565.41	4,951.37	926.67

Kenora saw a significant drop (10%) in all incidents in 2020, which as noted is likely attributable to the impact of the Covid-19 pandemic on the reporting of incidents to police. However, from 2021 to 2022, Kenora saw a significant increase in the rate per 100,000 population for all violations (11.95%). In addition, charge rates in Kenora for both adults and youth are significantly higher than Ontario's rates more broadly.

The following table shows police-reported crime statistics in Kenora for violent *Criminal Code* violations between 2018 – 2022.

Total, Violent Criminal Code Violations (2018-2022)

	2018	2019	2020	2021	2022	Ontario, 2022
Actual incidents	583	562	552	541	583	150,249
Rate per 100,000 population	3,102.38	2,993.02	2,948.40	2,855.33	3,155.44	994.41
Percentage change in rate (%)	-3.66	-3.53	-1.49	-3.16	10.51	4.21
Percent unfounded (%)	10.86	10.37	13.88	13.02	10.17	5.01
Total, adult charged	276	288	232	220	243	55,235
Rate, adult charged per 100,000 population aged 18 years and over	1,793.61	1,858.66	1,493.02	1,400.38	1,586.68	447.83
Total, youth charged	19	13	21	18	22	5,204
Rate, youth charged per 100,000 population aged 12 to 17 years	1,681.42	1,168.01	1,903.90	1,580.33	1,945.18	516.21

While the rate of violent incidents dropped between 2018 and 2021, 2022 data demonstrates an increase of 10.51% in violent Criminal Code violations. The rates of both adults and youth charged with violent offenses increased between 2021 and 2022.

Crime Severity Index (CSI)

The Crime Severity Index tracks changes in the severity of police-reported crime by accounting for both the number of crimes reported by police in a jurisdiction and the relative seriousness of these crimes (Public Safety Canada, 2009).

Kenora Crime Severity Index (CSI), 2018-2022

	2018	2019	2020	2021	2022
CSI	139.81	128.90	128.41	125.60	128.89
Percent Change in CSI	19.91	-7.80	-0.38	-2.19	2.62
Violent CSI	219.58	159.01	168.25	186.19	164.78
Percent Change in Violent CSI	36.84	-27.58	5.81	10.66	-11.50
Non-Violent CSI	110.79	117.77	113.78	102.45	115.64
Percent Change in Non-Violent CSI	10.18	6.30	-3.39	-9.96	12.87

The Crime Severity Index in Kenora as of 2022 was lower than the CSI in 2018. While the Violent CSI increased in both 2020 and 2021, it dropped by 11.5% in 2022. By contrast, the non-violent CSI decreased in both 2020 and 2021, but increased by almost 13% in 2022. By comparison, the below chart shows the Crime Severity Index for all of Ontario across the same time.

Ontario Crime Severity Index (CSI), 2018-2022

	2018	2019	2020	2021	2022
CSI	60.40	60.99	55.54	56.17	58.47
Percent Change in CSI	7.19	0.98	-8.94	1.13	4.09
Violent CSI	74.51	75.41	69.67	72.85	77.71
Percent Change in Violent CSI	6.70	1.21	-7.61	4.56	6.67
Non-Violent CSI	55.18	55.66	50.33	49.97	51.28
Percent Change in Non-Violent CSI	7.42	0.87	-9.58	-0.72	2.62

The overall CSI in Kenora as of 2022 was 139.81; in Ontario, it was 58.47. The violent CSI in Kenora as of 2022 was 164.78; in Ontario, it was 77.71 The non-violent CSI in Kenora as of 2022 was 110.79; in Ontario, it was 51.28.

Part Two: Local Data

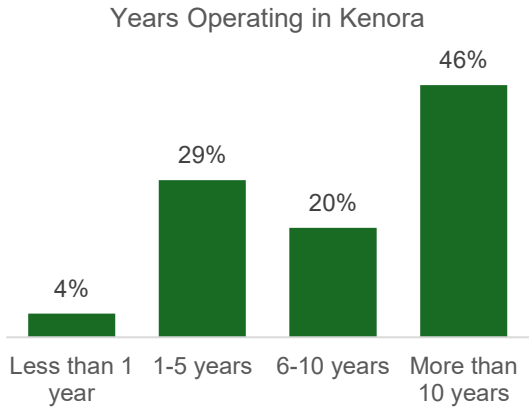
The following data were provided by members of the Crime Prevention and Community Well-Being Advisory Committee members, staff of the city of Kenora and multiple service providers in Kenora and the Northwest region. Not all data provided is included to help maintain a focus on community safety and well-being.

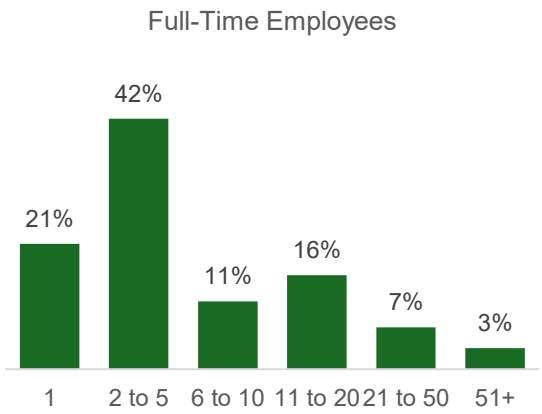
Business Retention and Expansion

The City of Kenora completed a business satisfaction survey to understand how to best support local businesses. A triage business retention and expansion (BR+E) survey was commissioned to engage the broader business community, while also allowing for the identification of potential expansion or retention opportunities for follow-up on a business-by-business basis. In total, 115 businesses participated in the telephone and web survey, representing a 17.6% response rate for the phone surveys (Deloitte, 2024).

Firmographics

Among the 115 businesses surveyed, 84% are locally owned and operated and almost half (46%) have been operating in Kenora for more than 10 years. Furthermore, the majority (63%) of businesses employ between one and five full-time employees (Deloitte, 2024).

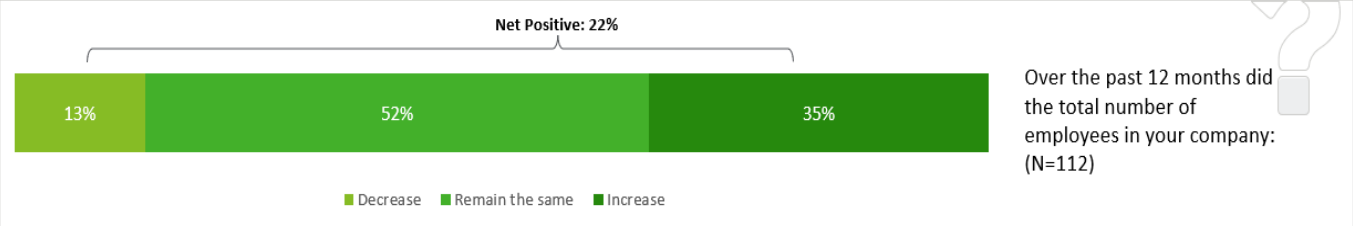


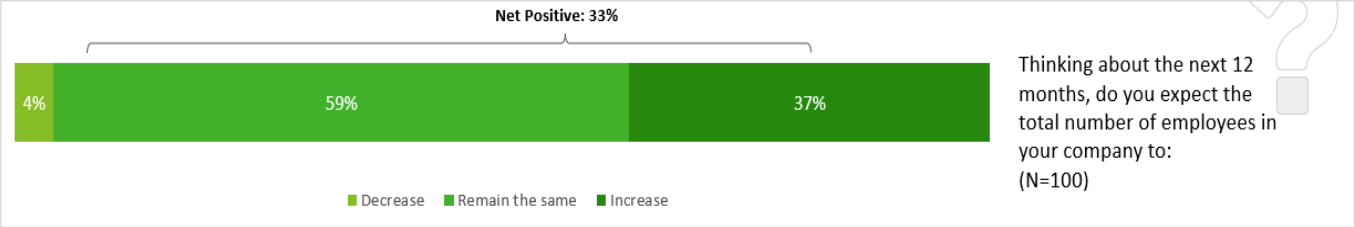


The division between businesses that own their property and those that rent is nearly equal, with 55% owning and 45% renting. Among the businesses that rent, 33% have a lease term of four to five years, while 26% rent on a month-to-month basis. Additionally, 24% of surveyed businesses reported that their lease expires within the next year, which was highlighted as a triage red flag (Deloitte, 2024).

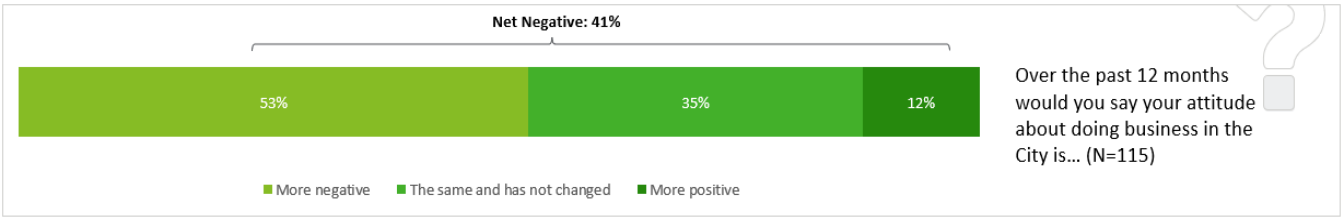
Business Performance

When asked about the total number of employees in their company over the past 12 months, 52% of respondents reported no change, while 32% reported an increase, resulting in a 22% net positive. Looking ahead to the next 12 months, 59% of respondents expect the number of employees to remain the same, and 37% anticipate an increase, representing a net positive of 33% (Deloitte, 2024). These statistics are highlighted in the graph below.

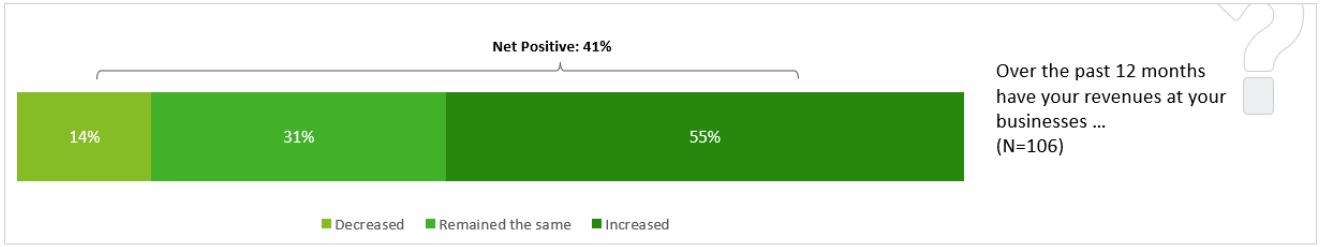


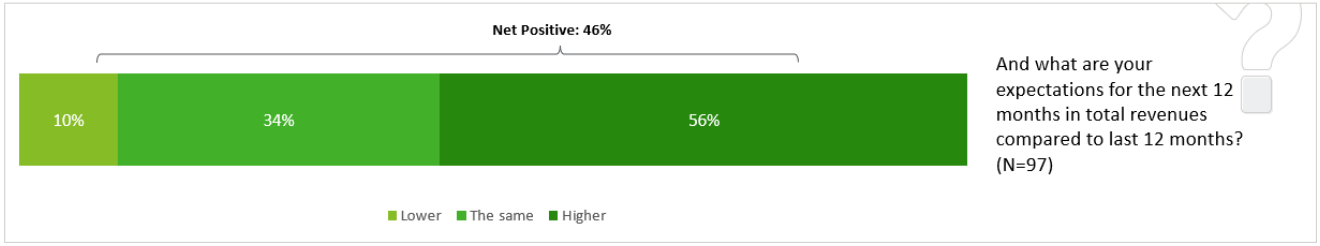


Despite this growth trend, 53% of respondents indicated that their attitude towards doing business in the City of Kenora has become more negative over the past 12 months, while 35% said it has remained unchanged, resulting in a net negative of 41%. This result warrants further investigation to determine if it is connected to community safety challenges (Deloitte, 2024).



Lastly, in terms of revenue, over half (55%) of business owners reported an increase over the past 12 months, resulting in a 41% net positive. Additionally, 56% expect higher revenues for the next 12 months, indicating a 45% net positive. This is notable because, despite consistent revenue growth, business owners' attitudes towards doing business in Kenora have become more negative (Deloitte, 2024). This suggests that their attitudes are not influenced by business performance alone.

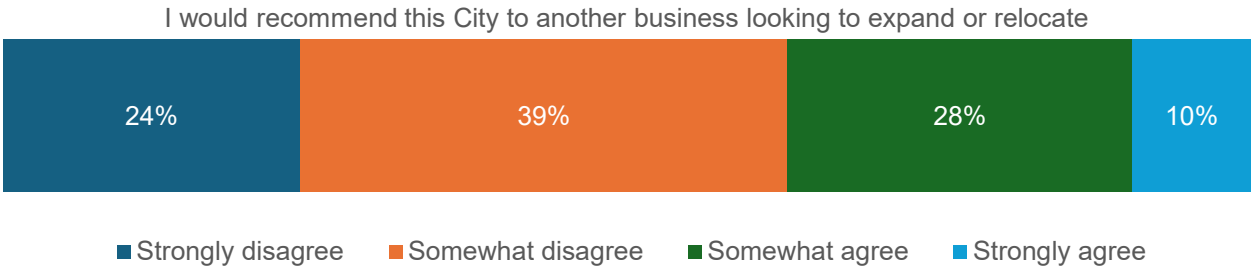




Based on the five key business performance questions above, a Business Performance Forecast metric was developed. This metric considers changes in staff, revenue, and attitudes to provide an overall directional picture of the business climate in the area (Deloitte, 2024). The City of Kenora scored a +4.1, indicating an overall positive trend in business performance.

Community Recommendation

When asked if they would recommend the city to another business looking to expand or relocate, 38% of respondents somewhat agreed or strongly agreed. This indicates that the majority (60%) would not likely recommend Kenora to businesses considering expansion or relocation. Based on this question, the Net Promoter Score was -53%, suggesting that the city may need to address potentially negative word-of-mouth marketing (Deloitte, 2024).



Satisfaction Levels

Participants were also asked about their satisfaction with the City of Kenora as a place to own and operate a business. Overall, 47% were somewhat satisfied or very satisfied. Regarding specific factors, businesses were most satisfied with support from local residents (83%), support from other businesses (83%), and cellular phone service (77%). Conversely, businesses were least satisfied with the availability of health and medical services (25%), the availability of skilled labor (15%), and the availability of adequate housing (9%) (Deloitte, 2024).

Community Business Health Index

Using the results of the business survey, Deloitte (2024) combines the questions into a proprietary Community Business Health Index which is the combination of the following sub-scores:

- Overall satisfaction
- Workforce attraction and retention
- Change in attitudes
- Plans for the future
- Business policies, supports, and incentives
- Change in revenue
- Community recommendation
- Infrastructure and amenities
- Revenue outlook

The City of Kenora scored below the national average for cities and towns with a similar population size on the Community Business Health Index. This index is based on several factors:

- The city outperformed the national average on the Community Business Health Index sub-scores relating to expected revenue changes and business 2-year outlooks.
- Some indicators that were rated relatively lower in the city compared to the national average included workforce attraction and retention measures, overall satisfaction, and changes in attitudes over the past 12 months. (Deloitte, 2024).

Education

Student Enrollment

The enrollment data for schools within the Keewatin-Patricia District School Board shows a diverse distribution across various institutions. Valleyview Public School has the highest enrollment with 330 students. King George VI Public School follows with 275 students, while the Keewatin Public School and Evergreen Public School have smaller enrollments of 155 and 125 students respectively. Beaver Brae Intermediate and Beaver Brae Secondary each have 230 students, highlighting a balanced enrollment between these middle and high school levels. Overall, with a total enrollment of 1,345 students, the data illustrates a well-distributed student body across the schools, with some institutions serving larger populations than others (Keewatin-Patricia District School Board, 2023-24).

Schools	Enrollment
Evergreen Public School (K-6)	125 students
King George VI Public School	275 students
Keewatin Public School (K-6)	155 students
Valleyview Public School (K-6)	330 students
Beaver Brae Intermediate	230 students
Beaver Brae Secondary	230 students
TOTAL	**1,345**

With regards to the enrollment data for schools in the Kenora Catholic District School Board, St. Thomas Aquinas High School has the highest enrollment with 379 students, indicating it is a major center for secondary education within the district. École Ste-Marguerite Bourgeoys follows with 249 students, reflecting strong enrollment in this French-language school. In contrast, St. John School and St. Louis Living Arts School have smaller enrollments of 135 and 123 students respectively. With a total enrollment of 1,116 students, the Kenora Catholic District School Board has a slightly smaller student body compared to the Keewatin-Patricia District School Board, (Kenora Catholic District School Board, n.d.).

Schools	Enrollment
St. Thomas Aquinas High School	379
École Ste-Marguerite Bourgeoys	249
St. John Paul II School	230
St. John School	135
St. Louis Living Arts School	123
TOTAL	**1,116**

Five-Year Secondary Suspension Data as Reported by the District School Board

The data over five academic years from 2019/20 to 2023/24 shows trends in student enrollment and disciplinary actions. Enrollment numbers fluctuated slightly, beginning at 1,697 students in 2019/20 and reaching 1,846 students in 2023/24. The percentage of students without any suspension remained consistently high, peaking at 99.5% in 2020/21 and stabilizing around 98% in other years. Correspondingly, the percentage of students suspended at least once remained low, with a slight increase from 0.5% in 2020/21 to 2.1% in 2023/24. The total number of suspensions varied, from a low of 21 in 2020/21 to a high of 52 in 2023/24. Notably, there was only one expulsion recorded during these years, in 2021/22. Overall, while the student population grew, the majority of students consistently avoided suspensions and expulsions.

	19/20	20/21	21/22	22/23	23/24
# enrolled students	1,697	1,468	1,748	1,720	1,846
# students without any suspensions	1,659	1,460	1,714	1,693	1,807
% students without any suspensions	97.8%	99.5%	98.1%	98.4%	97.9%
# students suspended at least once	38	8	34	27	39
% students suspended at least once	2.2%	0.5%	1.9%	1.6%	2.1%
Total number of suspensions	40	21	44	32	52
Total number of expulsions	0	0	1	0	0

Alternative Education Enrollment (2023-24) as Reported by District School Board

The table below shows the enrollment in alternative education programs for the 2023-24 school year, with a total of 141 individuals enrolled. The most popular programs were Manidoo, PASS, and ISSP, each with 25 participants.

Program	Enrollment
Creighton Youth Centre	24
Creighton Youth Centre (summer)	-
Kenora Attendance Centre (KAC)	16
Kenora-Rainy River CFS – Senior Stepping Stones	10
Binesi Waziswon Healing & Treatment Program (KCA)	16
Manidoo	25
PASS (Parents and Secondary Students)	25
Indigenous Student Success Program (ISSP)	25
TOTAL	**141**

Special Needs

The number of students with special needs was identified based on data from the Identification, Placement and Review Committee (IPRC). In total, there were 162 students in Kenora with exceptionalities (Keewatin-Patricia District School Board, 2024c).

Exceptionalities	Number
Multiple, mild intellectual disability, learning disability, speech impairment, language impairment, deaf and hard of hearing, autism, behavioral	162

School Counsellor Caseload

The table below provides caseload statistics for school counsellors in the Keewatin-Patricia District School Board. In 2023-24, a total of 102 students accessed counseling services, with a near-even split between elementary and secondary students. Specifically, 55 elementary students (54%) and 47 secondary students (46%) utilized these services. This distribution suggests a balanced need for counseling support across different educational levels. With only 3 counselors providing these services, the counselor-to-student ratio highlights a demand for support. (Keewatin-Patricia District School Board, n.d.).

School Counsellor Caseload, 2023-24	
Total # of students accessing students counsellors in Kenora	102
Number of elementary students accessing student counsellors in Kenora	55 (54%)
Number of secondary students accessing student counsellors in Kenora	47 (46%)
Number of counsellors providing services	3

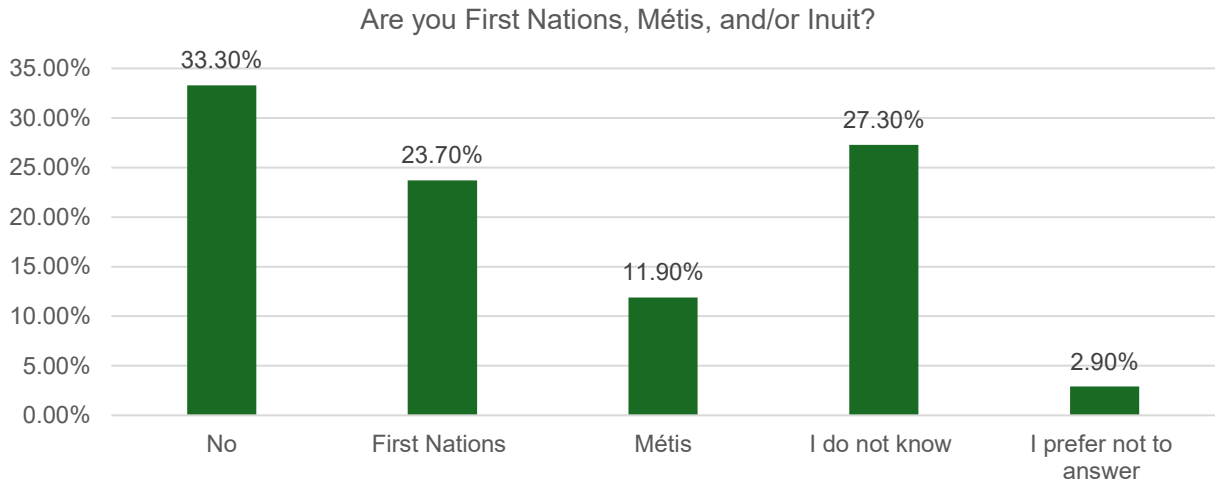
Student Census – Grades K-8

The purpose of the Student Census is to eliminate systemic racism and advance racial equity in school boards. The Student Census is a confidential and voluntary survey. It includes questions about languages, Indigenous identity, ethnic/cultural background, racial identity, citizenship status, religious/spiritual affiliation, gender identity, sexual orientation, and (dis)abilities. Below is an overview of the results from the 2024 Student Census in the Keewatin-Patricia District School Board for grades K to 8 (Keewatin-Patricia District School Board, 2024a).

Out of the 2,847 eligible elementary students, 1,338 participated in the Student Census, resulting in a response rate of 47%. JK to grade 4 students are completed by a parent/guardian, while students in grades 5 to 8 completed the survey themselves.

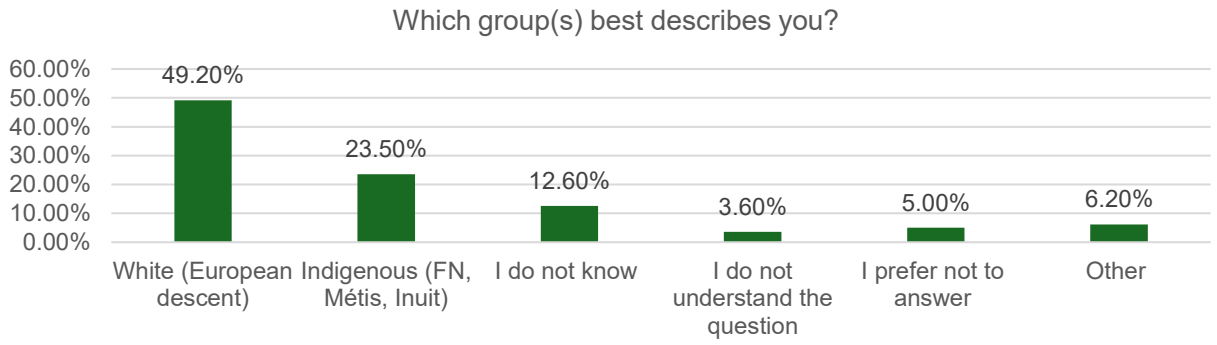
Languages Spoken at Home

Regarding the first language(s) learned at home, English was the predominant language, spoken by 82.1% of respondents. Anishinaabemowin (Ojibwe) was reported by 5.4%, French by 3.8%, and Oji-Cree by 1.1%. Furthermore, as demonstrated in the graph below, almost one quarter (23.7%) of students identified as First Nation, and 11.9% were Métis. 27.3% indicated "I do not know" (Keewatin-Patricia District School Board, 2024a).



Ethnic or Cultural Origin(s)

When asked about ethnic or cultural origin(s), approximately one-third (31.7%) of respondents identified as Canadian. 14.8% indicated Indigenous cultural roots, specifically Anishinaabe (Ojibwe), Métis, or Cree. The next five most frequent cultural origins were European origins: English (12.9%), French (5.8%), German (4.7%), Irish (4.6%), and Scottish (4.5%). Students were also asked to identify their racial identity. Half of them (49.2%) described themselves as white (European descent). A substantial portion of students (23.5%) identify with Indigenous backgrounds, including First Nations, Métis, or Inuit heritage. 21.2% did not specify a racial identity group (I do not know, I do not understand the question, I prefer not to answer this question) (Keewatin-Patricia District School Board, 2024a).



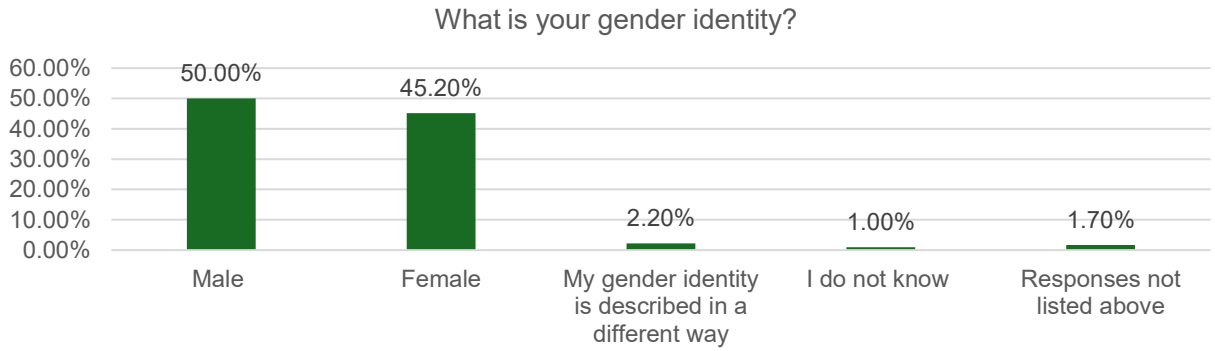
Religious or Spiritual Affiliation

The survey asked respondents to identify their religious and/or spiritual affiliation. Nearly a quarter (24.3%) reported having no religious or spiritual affiliation. Christian affiliation was indicated by 19.1%, while 8.5% identified with Indigenous spirituality, 7.8% described themselves as spiritual but not religious, and 6.5% identified as atheist or agnostic. Additionally, 30.4% of respondents did not specify their affiliation (Keewatin-Patricia District School Board, 2024a).

Responses	#	%
No religious or spiritual affiliation	329	24.3%
Christian	259	19.1%
Indigenous spirituality	115	8.5%
Spiritual, but not religious	105	7.8%
Atheist	68	5.0%
Agnostic	20	1.5%
I do not know	254	18.8%
I do not understand the question	41	3.0%
I prefer not to answer	116	8.6%
Responses not listed above	46	3.4%

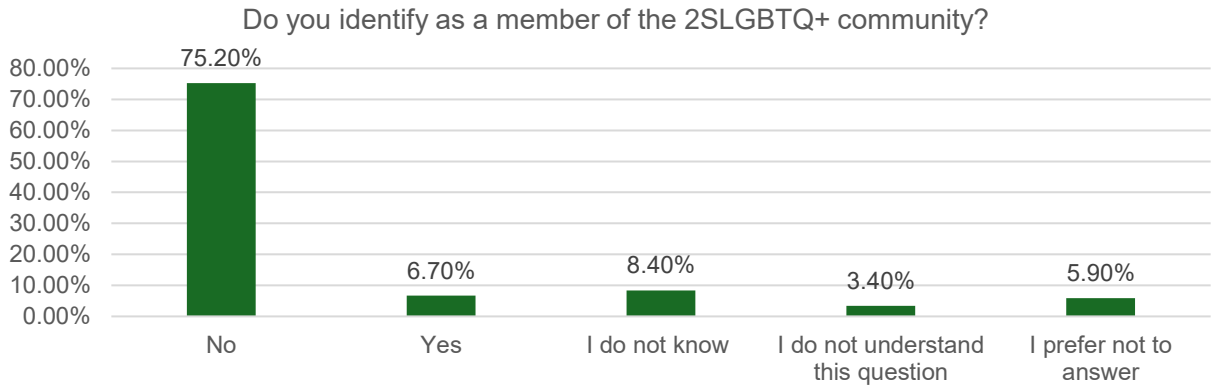
Gender Identity and Pronouns

Students were asked to indicate their gender identity. The responses showed a balanced representation of males, making up exactly 50% of the total. Female participants followed closely at 45.2%. Additionally, 2.2% of respondents described their gender identity in other terms. With regards to preferred pronouns, 47.5% of students indicated using he/him/his, while 42.9% use she/her/hers. A total of 2.1% of respondents use they/them/theirs pronouns (Keewatin-Patricia District School Board, 2024a).



Sexual Orientation

With regards to sexual orientation, a significant majority (75.2%) of students indicated that they do not identify as members of the 2SLGBTQ+ community. In contrast, 6.7% indicated that they are affiliated with the 2SLGBTQ+ community, and 17.7% did not explicitly state whether they identify as part of this community (Keewatin-Patricia District School Board, 2024a).

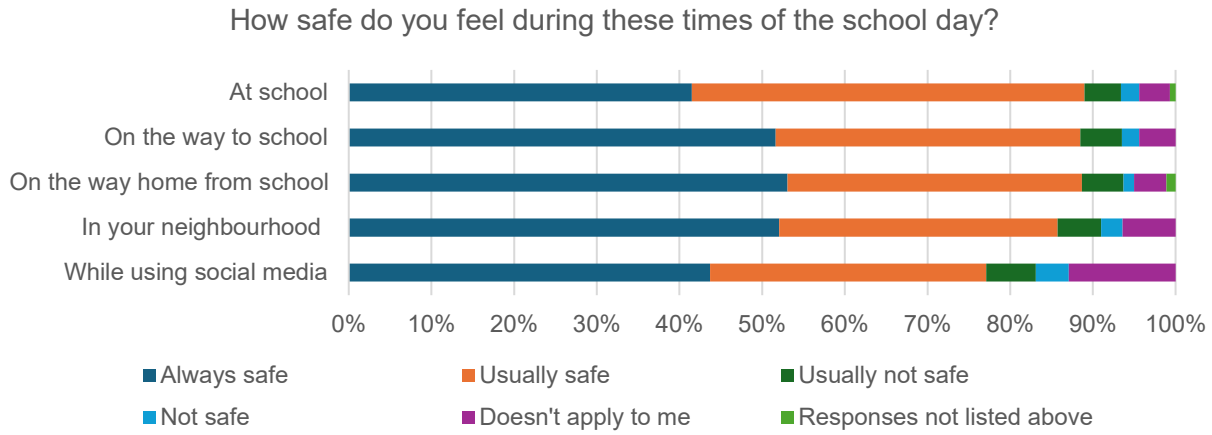


Disabilities

Students were asked to indicate whether they have a diagnosis that fits any of the proposed disability categories. Nearly half (49.3%) reported having no disabilities. The most common disabilities were learning disabilities (6.3%), vision impairments (4.7%), speech disorders (4.3%), and mental health conditions (3.1%). Additionally, 19% of students did not explicitly state whether they have a diagnosed disability (Keewatin-Patricia District School Board, 2024a).

Responses	#	%
No disability(ies)	731	49.3%
Learning	93	6.3%
Vision	70	4.7%
Speech	64	4.3%
Mental health illness	46	3.1%
Memory	33	2.2%
Hearing	21	1.4%
Pain	21	1.4%
Developmental	17	1.1%
Other disability not listed	46	3.1%
I do not know	186	12.5%
I do not understand this question	34	2.3%
I prefer not to answer this question	62	4.2%
Responses not listed above	60	4.0%

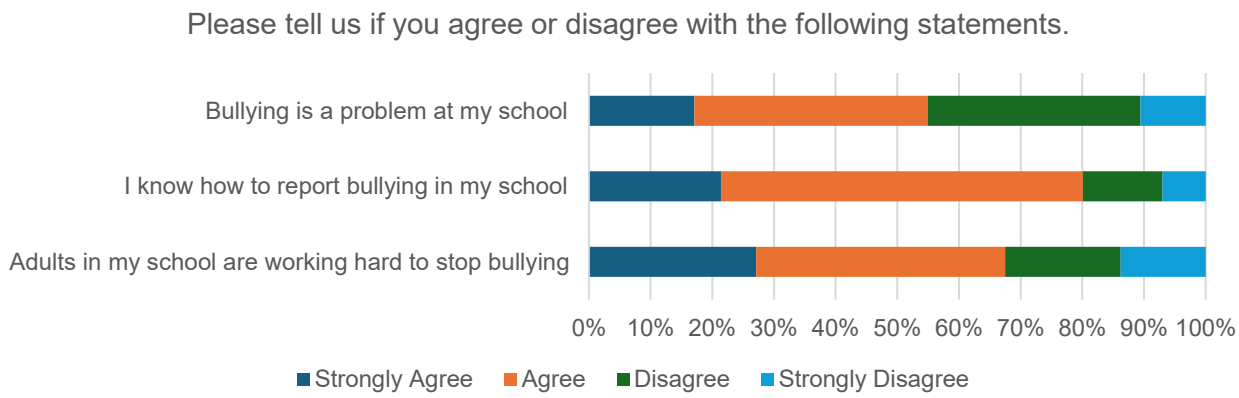
School Climate – Safety
Students in grades 5 to 8 were asked questions related to the school climate. The majority of students (77.1% to 89.0%) feel always safe or usually safe during the school day. Notably, 12.9% of respondents indicated “doesn’t apply to me” regarding safety when using social media (Keewatin-Patricia District School Board, 2024a).



School Climate – Bullying
Regarding bullying experiences, about 19% of students reported experiencing verbal bullying and 21.5% experienced social bullying in the past four weeks. Overall, 21.6% of students encountered some form of bullying at least once during this period. When asked about feeling unwelcome or uncomfortable at school, 50.2% said they did not feel this way. Of those who did, 21.3% felt unwelcome or uncomfortable due to appearance-related factors, 7.2% attributed their discomfort to race, culture, or skin color, and 6.7% related their discomfort to marks or grades (Keewatin-Patricia District School Board, 2024a).

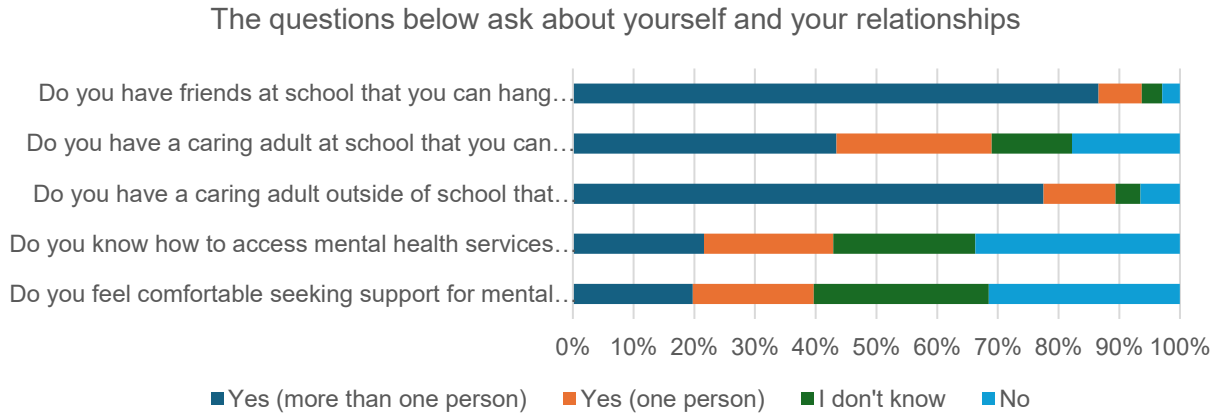
When reflecting on the last instance of witnessing or hearing about bullying, 30.4% of students either did not remember or had not seen bullying. Of those who did, 28.5% supported the person being bullied by standing up for them, comforting them, helping them fight back, or including them later. Another 22.8% said they would report the incident to an adult at school, their parents, or a friend, while 12.1% indicated they would ignore it or suggest the person being bullied ignore it (Keewatin-Patricia District School Board, 2024a).

Additionally, students were asked if they perceive bullying as a problem at their school, if they know how to report it, and if they believe adults at their school are actively working to address it. The results shown in the graph below reveal that 55% of students view bullying as a problem, 80% know how to report it, and 67.5% believe actions are being taken to stop it (Keewatin-Patricia District School Board, 2024a).



School Climate – Relationships

Students were asked about their relationships and support networks. A high percentage, 93.6%, reported having friends at school. Additionally, 69% said they have a caring adult at school, while 89.4% have a caring adult outside of school. Furthermore, 42.9% know how to access mental health services at school, and 37.9% feel comfortable seeking mental health support (Keewatin-Patricia District School Board, 2024a).



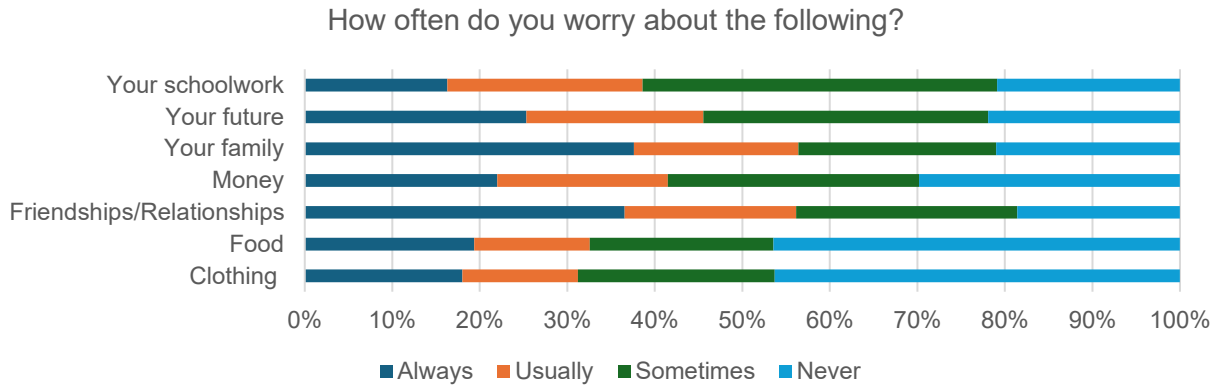
Life at School

When asked about their school experience, 85.9% of students reported having many opportunities to engage in activities, and 79.6% felt that staff care about them. Additionally, 81.7% noted that their classes include materials that represent different cultures, and 77.3% have a clear idea of their future goals. However, 50% of students feel they are not an important part of their school, which may impact their performance. Furthermore, 38.5% disagreed or strongly disagreed that school staff and students treat each other with respect. A significant portion, 41.5%, felt that classroom language does not make every student feel included, and 40% felt they do not see themselves reflected in their learning (Keewatin-Patricia District School Board, 2024a).

Worry and Stress at School

Students were asked about their concerns regarding schoolwork, their future, family, finances, relationships, food, and clothing. The results are as follows: 56.2% of respondents

expressed worry about their friendships and relationships. Other notable concerns included financial issues (41.5%), food (36.2%), and clothing (31.2%) (Keewatin-Patricia District School Board, 2024a).



Peer Pressure

Students in grades 7 and 8 were asked to answer questions regarding peer pressure. The results are outlined below (Keewatin-Patricia District School Board, 2024a).

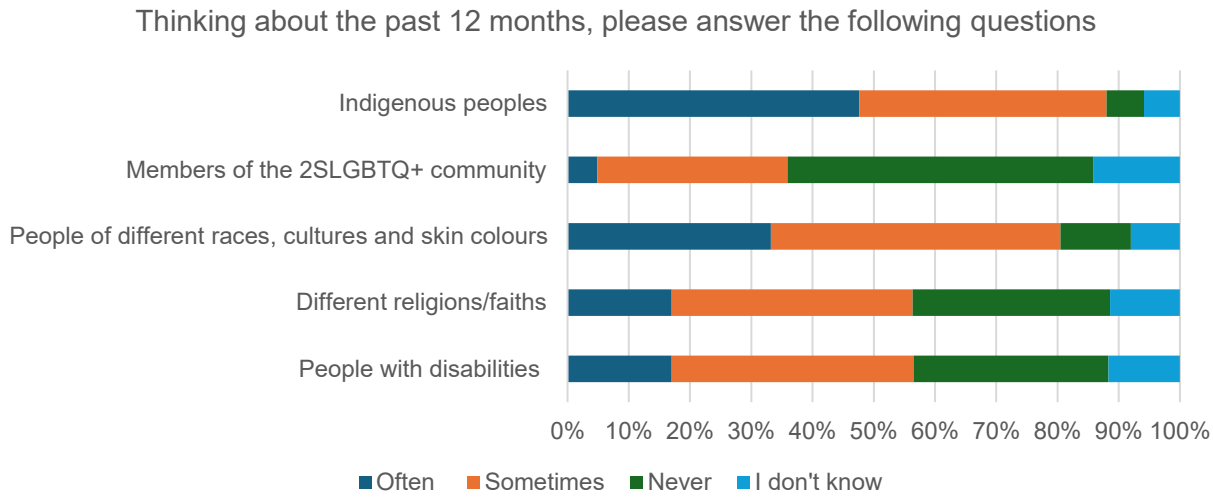
When asked how they would respond if a friend confided thoughts of self-harm or harm to others and asked them to keep it a secret, 33% said they would confide in a trusted adult, 22.9% indicated they would inform their parents or family, and 19.1% stated they would keep it confidential (Keewatin-Patricia District School Board, 2024a).

Students in grades 7 and 8 were also asked if they have felt pressured to use substances in the past 4 weeks. Greater than 95% of respondents have never used or felt pressured to use any substances (Keewatin-Patricia District School Board, 2024a).

Learning About Equity and Diversity

Students were asked whether they have been exposed to various topics related to equity and diversity at school since September. Among them, 88% reported that they frequently or

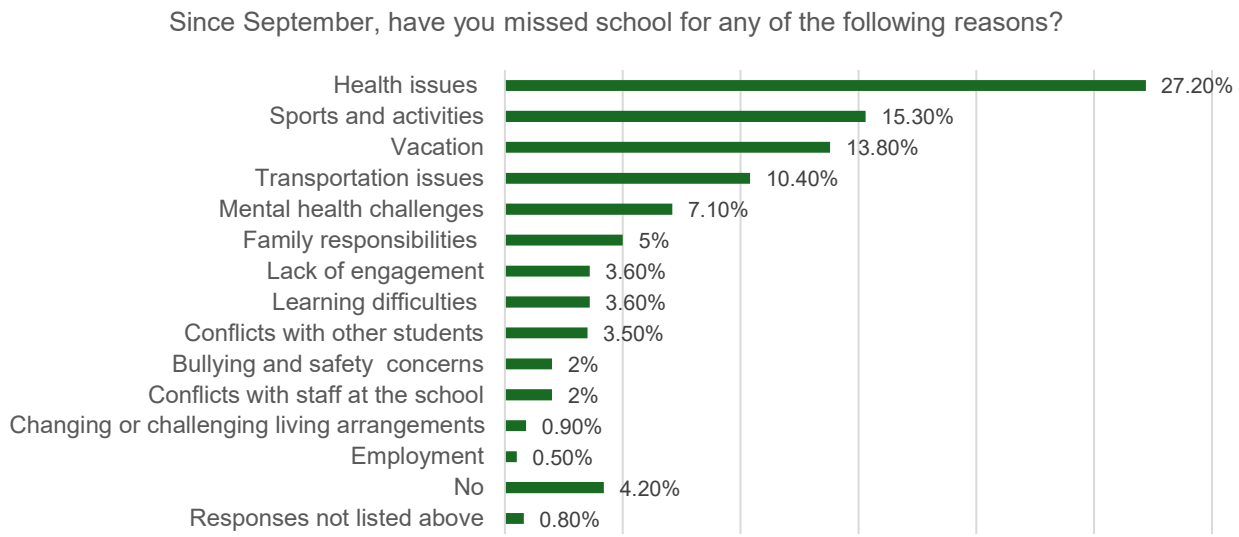
occasionally learn about Indigenous peoples, and 80.5% said they often or sometimes learn about individuals from different races, cultures, and skin colors. However, fewer students reported learning about the 2SLGBTQ+ community (35.9%), different religions and faiths (56.4%), and people with disabilities (56.5%) (Keewatin-Patricia District School Board, 2024a).



Post-Secondary Planning and School Attendance

When asked about their post-secondary plans, 85.2% of students in grades 7 and 8 reported that they either agree or strongly agree that they have potential career interests after high school. Of these students, 42.1% plan to attend college or university immediately after graduation, while 26.7% are still uncertain about their future plans (Keewatin-Patricia District School Board, 2024a).

Students were asked whether they had missed school since September and, if so, for what reasons. Over a quarter of the elementary school students (27.2%) missed school due to health-related issues. A significant portion (15.3%) attributed their absences to sports or extracurricular activities. Additionally, 13.8% missed school for family vacations, 10.4% experienced transportation difficulties, and 7.1% reported mental health issues as a factor in their absenteeism (Keewatin-Patricia District School Board, 2024a).



Healthy Living

Lastly, students were asked about their health habits. Almost all students eat fruits (94.1%) and vegetables (89.9%) one or more times per day. 45.8% indicated that they ate something in the morning before 9 AM 5 or more days a week. Regarding physical activity, 45.8% of students spent everyday doing at least 60 minutes of physical activity. Notably, 8.1% of students indicated that they never participate in any physical activity (Keewatin-Patricia District School Board, 2024a).

Regarding technology use, on school days 26.2% of students spent less than 2 hours using technology for leisure outside of school. However, 20.2% indicated that they spent 6 or more hours on screens. On weekends, only 11.2% of students spent less than 2 hours using technology for leisure. Almost half (45.9%) of students indicated that they spent 6 or more hours on screen.

When asked about their sleeping habits, 42.6% of respondents got 8 or more hours of sleep on a usual school night, while 13% got less than 5 hours of sleep. On a usual week, 38.9% indicated that they got a good night's sleep 5 or more days a week. However, 17.2% of students reported that they never get a good night's sleep during the week (Keewatin-Patricia District School Board, 2024a).

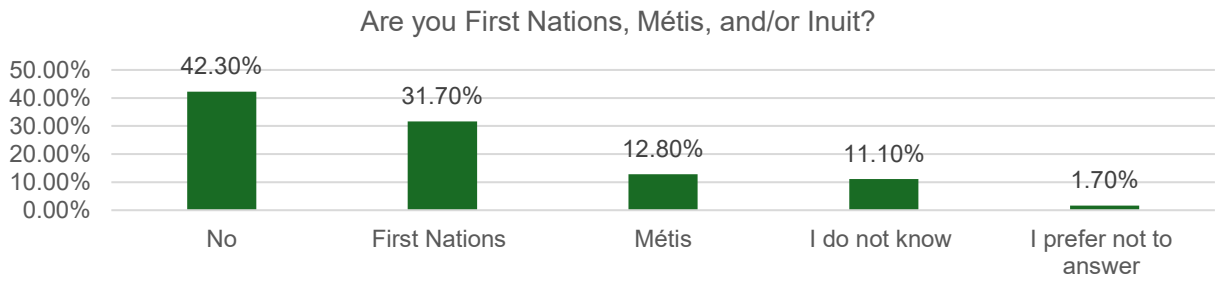
Student Census – Grades 9-12

Below is an overview of the results from the 2024 Student Census in the Keewatin-Patricia District School Board for students in grades 9 to 12 (Keewatin-Patricia District School Board, 2024b).

Out of the 1,966 eligible secondary students, 731 participated in the Student Census, resulting in a response rate of 37.2%, which is 10% lower than the response rate for elementary school students.

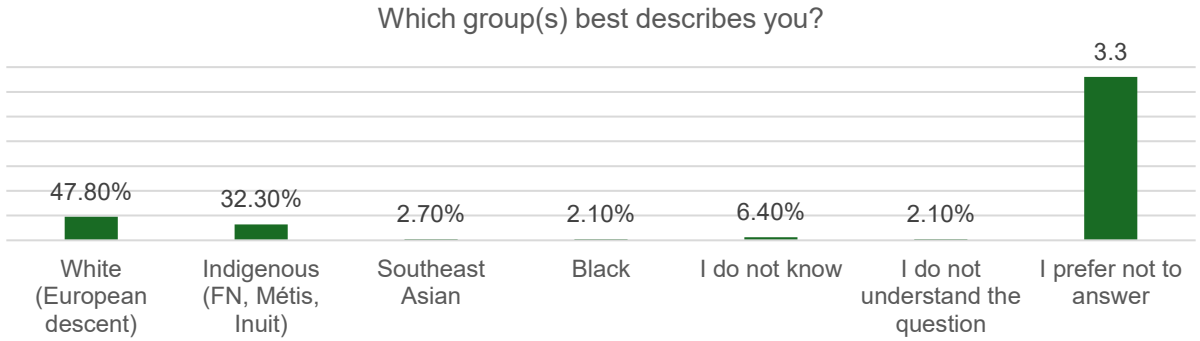
Languages Spoken at Home

Regarding the first language(s) learned at home, English was the predominant language, spoken by 67.2% of respondents. Oji-Cree was reported by 5.8%, Anishinaabemowin (Ojibwe) by 5.1%, French by 3.1%, and Cree by 1.6%. Furthermore, almost one third (31.7%) of students identified as First Nation, and 12.8% were Métis, which is slightly higher than among elementary school students. 11.1% indicated "I do not know" (Keewatin-Patricia District School Board, 2024b).



Ethnic or Cultural Origin(s)

When asked about ethnic or cultural origin(s), approximately one-quarter (26.4%) of respondents identified as Canadian. 18.1% indicated Indigenous cultural roots, specifically Anishinaabe (Ojibwe), Métis, or Cree. The next five most frequent cultural origins were European origins: English (10.7%), French (6.5%), Irish (5.8%), Scottish (5.4%), and German (4.6%). Students were also asked to identify their racial identity. Almost half of them (47.8%) described themselves as white (European descent). A substantial portion of students (32.3%) identify with Indigenous backgrounds, including First Nations, Métis, or Inuit heritage. This is higher than among elementary school students. 11.8% did not specify a racial identity group (I do not know, I do not understand the question, I prefer not to answer this question) (Keewatin-Patricia District School Board, 2024b).



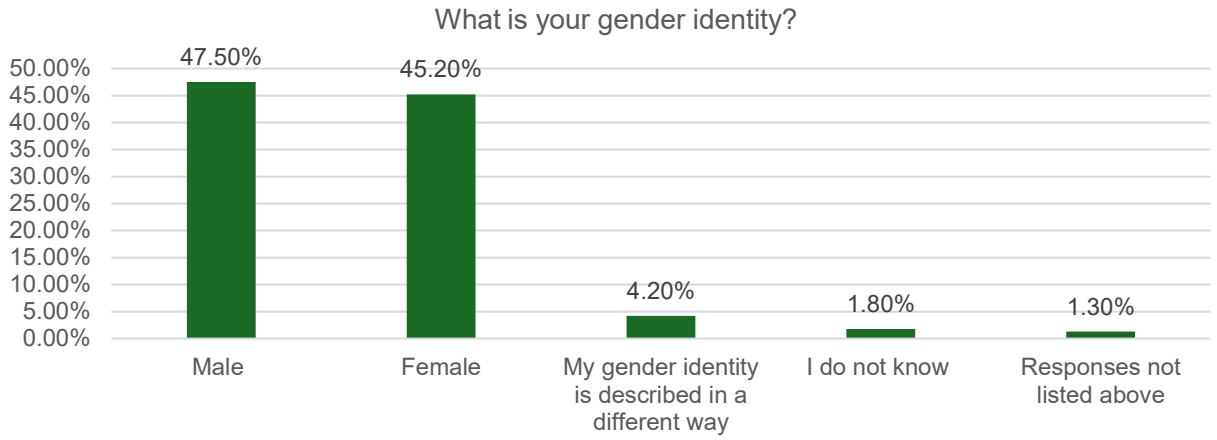
Religious or Spiritual Affiliation

The survey asked respondents to identify their religious and/or spiritual affiliation. Over a quarter (25.4%) identified as Christian. No religious or spiritual affiliation was indicated by 18.0%, while 13.5% identified as atheist or agnostic, 10.6% indicated Indigenous spirituality, and 7.9% described themselves as spiritual but not religious. Additionally, 21.4% of respondents did not specify their affiliation (Keewatin-Patricia District School Board, 2024b).

Responses	#	%
Christian	196	25.4%
No religious or spiritual affiliation	139	18.0%
Indigenous spirituality	82	10.6%
Atheist	77	10.0%
Spiritual, but not religious	61	7.9%
Agnostic	27	3.5%
I do not know	95	12.3%
I do not understand the question	14	1.8%
I prefer not to answer	56	7.3%
Responses not listed above	25	3.2%

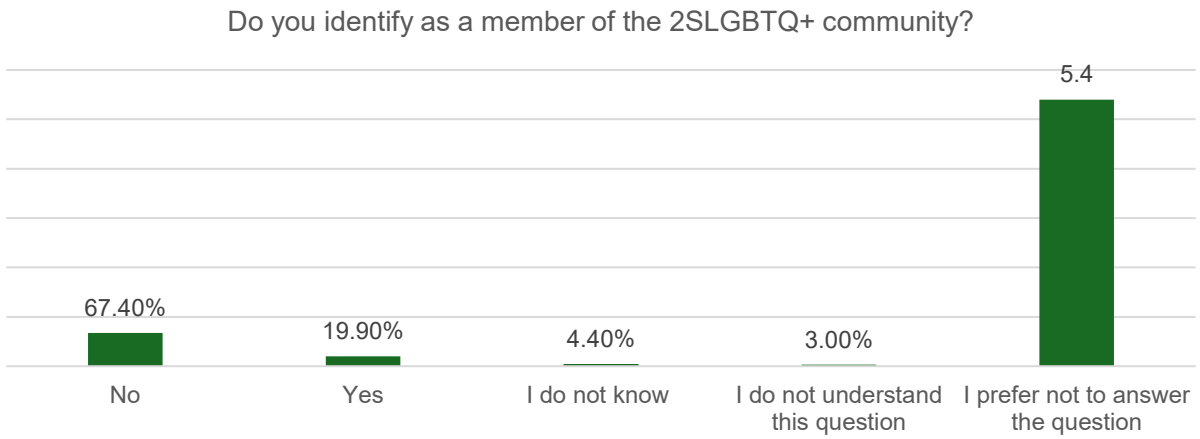
Gender Identity and Pronouns

Students were asked to indicate their gender identity. The responses showed a balanced representation of males (47.5%) and females (45.2%). Additionally, 4.2% of respondents described their gender identity in other terms. With regards to preferred pronouns, the graph below shows that 44.9% of students indicated using she/her/hers, while 44.1% use he/him/his. A total of 2.5% of respondents use they/them/theirs pronouns (Keewatin-Patricia District School Board, 2024b).



Sexual Orientation

With regards to sexual orientation, a majority (67.4%) of students indicated that they do not identify as a member of the 2SLGBTQ+ community. In contrast, 19.9% indicated that they are affiliated with the 2SLGBTQ+ community, and 12.8% did not explicitly state whether they identify as part of this community. The proportion of students who identify as part of the 2SLGBTQ+ community is higher among secondary students than among elementary students (Keewatin-Patricia District School Board, 2024b).

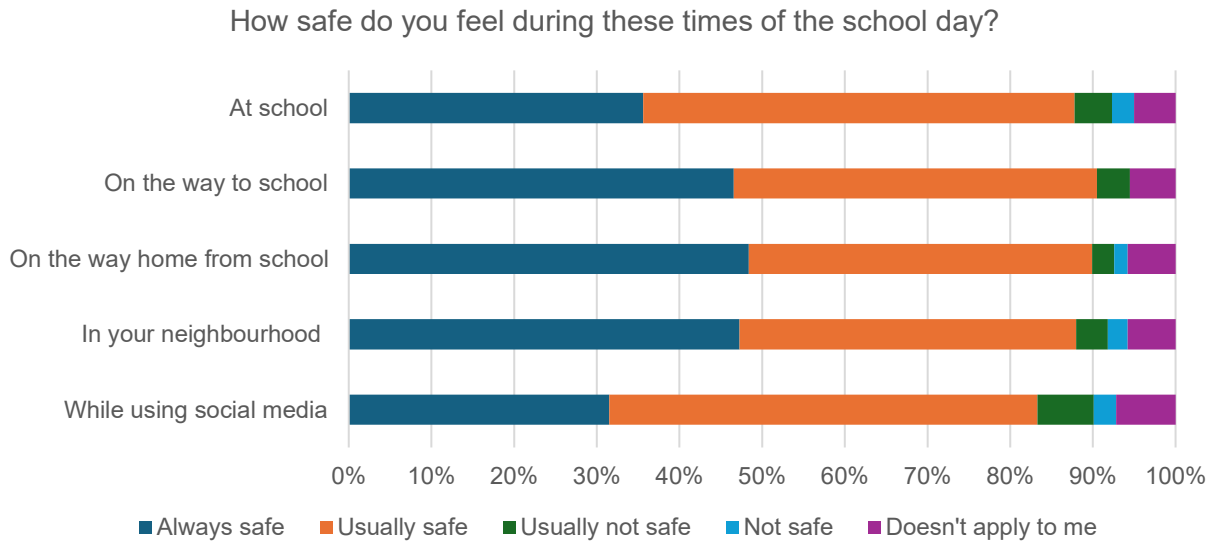


Disabilities

Finally, students were asked to indicate whether they have a diagnosis that fits any of the proposed disability categories. One third (33.1%) reported having no disabilities. The most common diagnosed disabilities were mental health conditions (12.9%), learning disabilities (7.6%), vision impairments (7.5%), and memory (3.4%). Additionally, 19.1% of students did not explicitly state whether they have a diagnosed disability (Keewatin-Patricia District School Board, 2024b).

Responses	#	%
No disability(ies)	303	33.1%
Mental health illness	118	12.9%
Learning	70	7.6%
Vision	69	7.5%
Memory	31	3.4%
Pain	27	2.9%
Psychological	24	2.6%
Speech	22	2.4%
Other disability not listed	18	2.0%
Physical or dexterity	16	1.7%
Developmental	14	1.5%
Chronic health condition	12	1.3%
Hearing	12	1.3%
I do not know	108	11.8%
I do not understand this question	26	2.8%
I prefer not to answer this question	41	4.5%
Responses not listed above	41	4.5%

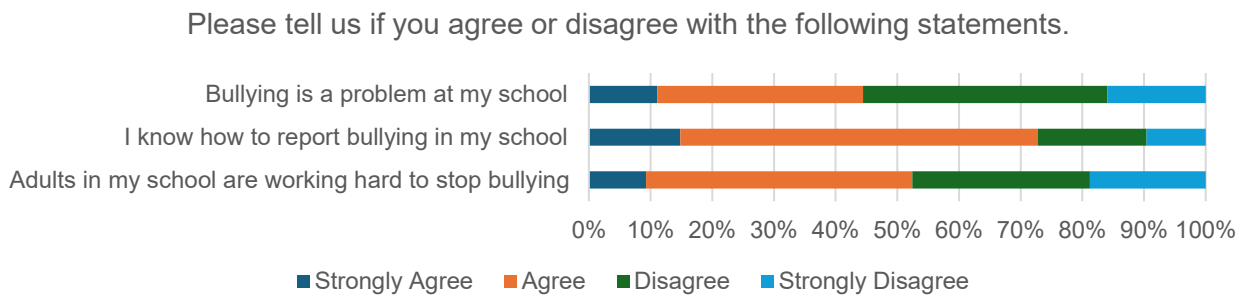
School Climate – Safety
Students in grades 9 to 12 were asked questions related to the school climate. The majority of students (83.3% to 90.5%) feel always safe or usually safe during the school day. Notably, 9.5% of respondents indicated that they feel usually not safe (6.8%) or not safe (2.7%) when using social media.



School Climate – Bullying
Regarding bullying experiences, about 28.7% of students reported experiencing verbal bullying and 23.1% experienced social bullying in the past four weeks. Notably, 15.0% of respondents indicated having been cyber-bullied at least once in the past 4 weeks. Overall, 15.2% of students encountered some form of bullying at least once during this period. When asked about feeling unwelcome or uncomfortable at school, 55.5% said they did not feel this way. Of those who did, 15.8% felt unwelcome or uncomfortable due to appearance-related factors, 7.3% attributed their discomfort to race, culture, or skin color, and 6.4% related their discomfort to marks or grades. This is consistent with results for elementary students (Keewatin-Patricia District School Board, 2024b).

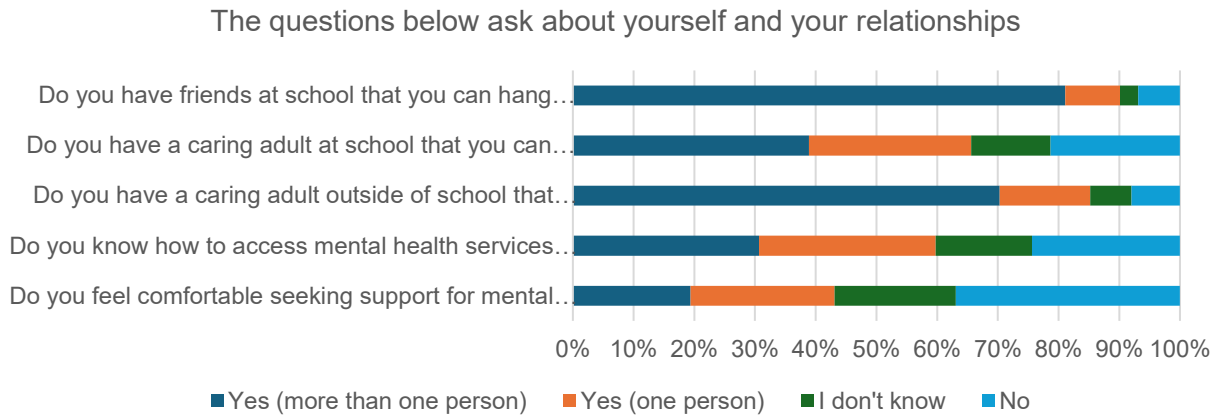
When reflecting on the last instance of witnessing or hearing about bullying, 46.4% of students either did not remember or had not seen bullying. Of those who did, 17.5% supported the person being bullied by standing up for them, comforting them, helping them fight back, or including them later. Another 16% said they would report the incident to an adult at school, their parents, or a friend, while 14.6% indicated they would ignore it or suggest the person being bullied ignore it (Keewatin-Patricia District School Board, 2024b).

Additionally, students were asked if they perceive bullying as a problem at their school, if they know how to report it, and if they believe adults at their school are actively working to address it. The results shown in the graph below reveal that 44.4% of students view bullying as a problem, 72.7% know how to report it, and 52.5% believe actions are being taken to stop it. These findings are less positive than those among elementary school students (Keewatin-Patricia District School Board, 2024b).



School Climate – Relationships

Students were asked about their relationships and support networks. A high percentage, 90.1%, reported having friends at school. Additionally, 65.6% said they have a caring adult at school, while 85.2% have a caring adult outside of school. Furthermore, 59.8% know how to access mental health services at school, and 43.1% feel comfortable seeking mental health support. This is higher than among elementary students (Keewatin-Patricia District School Board, 2024b).

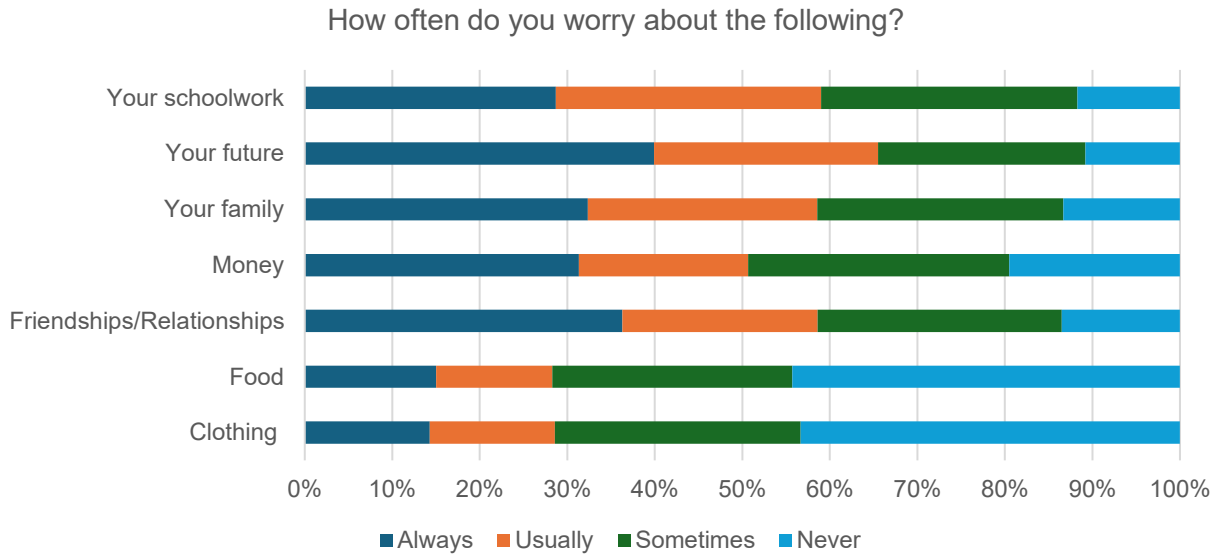


Life at School

When asked about their school experience, 75.2% of students in grades 9 to 12 reported having many opportunities to engage in activities, and 76.7% felt that staff care about them. Additionally, 79.4% noted that their classes include materials that represent different cultures, and 67.5% indicated that school is a place where everyone can feel safe and welcome. However, 59% of students feel they are not an important part of their school, which may impact their performance. Furthermore, 37.3% disagreed or strongly disagreed that school staff and students treat each other with respect. A significant portion, 42.7%, do not feel like they belong when they are in school, and 44.2% felt they do not see themselves reflected in their learning (Keewatin-Patricia District School Board, 2024b).

Worry and Stress at School

Students were asked about their concerns regarding schoolwork, their future, family, finances, relationships, food, and clothing. The results are as follows: 65.5% of respondents expressed worry about their future and 59% are always or usually concerned about schoolwork. Other notable concerns included friendships/relationships (58.6%) and family (58.5%) (Keewatin-Patricia District School Board, 2024b).



Peer Pressure

Students were asked to answer questions regarding peer pressure. The results are outlined below (Keewatin-Patricia District School Board, 2024b).

When asked how they would respond if a friend confided thoughts of self-harm or harm to others and asked them to keep it a secret, 51.6% said they would confide in a trusted adult,

29.6% indicated they don't know what they would do, and 18.8% stated they would keep it confidential (Keewatin-Patricia District School Board, 2024b).

Students were also asked if they have felt pressured to use substances in the past 4 weeks. 28.5% reported using alcohol at least once in the last 4 weeks, and 11.4% felt pressured to use alcohol in the last 4 weeks. Other responses included feeling pressured to use e-cigarettes/vaping (10.9%), cannabis (7.1%), and tobacco products (5.5%) (Keewatin-Patricia District School Board, 2024b).

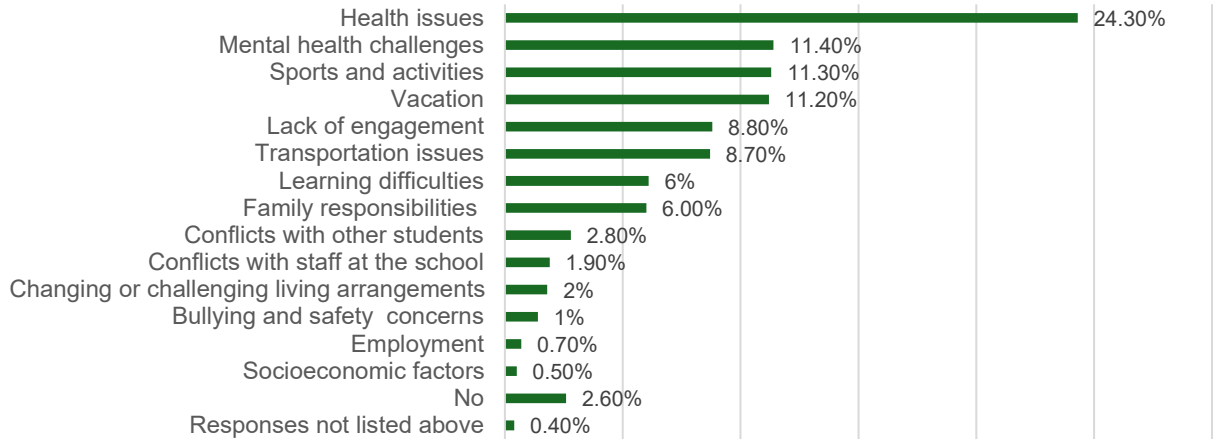
Learning About Equity and Diversity

Students were asked whether they have been exposed to various topics related to equity and diversity at school since September. Among them, 87.5% reported that they frequently or occasionally learn about Indigenous peoples, and 74.4% said they often or sometimes learn about individuals from different races, cultures, and skin colors. However, fewer students reported learning about the 2SLGBTQ+ community (47.2%), different religions and faiths (52.7%), and people with disabilities (51.1%) (Keewatin-Patricia District School Board, 2024b).

Post-Secondary Planning and School Attendance

When asked about their post-secondary plans, 81.9% of students in grades 9 to 12 reported that they either agree or strongly agree that they have potential career interests after high school. Of these students, 42.8% plan to attend college or university immediately after graduation, while 25% are still uncertain about their future plans. 21% intend to work or pursue apprenticeship/trades, and 11.2% had other plans or no plans (Keewatin-Patricia District School Board, 2024b).

Students were asked whether they had missed school since September and, if so, for what reasons. Almost a quarter of the students (24.3%) missed school due to health-related issues. A significant portion of students (14.9%) attributed their absences to feeling disengaged or frustrated. Additionally, 11.4% missed school due to mental health challenges, 11.3% because of sports and activities, 11.2% due to family vacations, and 8.7% faced transportation challenges (Keewatin-Patricia District School Board, 2024b).



Healthy Living

Lastly, students were asked about their health habits. Most students eat fruits (87.2%) and vegetables (85.8%) one or more times per day. 40.6% indicated that they ate something in the morning before 9 AM 5 or more days a week. Regarding physical activity, only 23.5% of students spent every day doing at least 60 minutes of physical activity. This is 50% lower than among elementary school students. Notably, 14.8% of students indicated that they never participate in any physical activity (Keewatin-Patricia District School Board, 2024b).

Regarding technology use, on school days 14% of students spent less than 2 hours using technology for leisure outside of school. However, 25% indicated that they spent 6 or more hours on screens. On weekends, only 5.4% of students spent less than 2 hours using technology for leisure. Almost half (49.9%) of students indicated that they spent 6 or more hours on screen (Keewatin-Patricia District School Board, 2024b).

When asked about their sleeping habits, 15.7% of respondents got 8 or more hours of sleep on a usual school night, while 18% got less than 5 hours of sleep. On a usual week, 26.8% indicated that they got a good night's sleep 5 or more days a week. However, 22.2% of students reported that they never get a good night's sleep during the week (Keewatin-Patricia District School Board, 2024b).

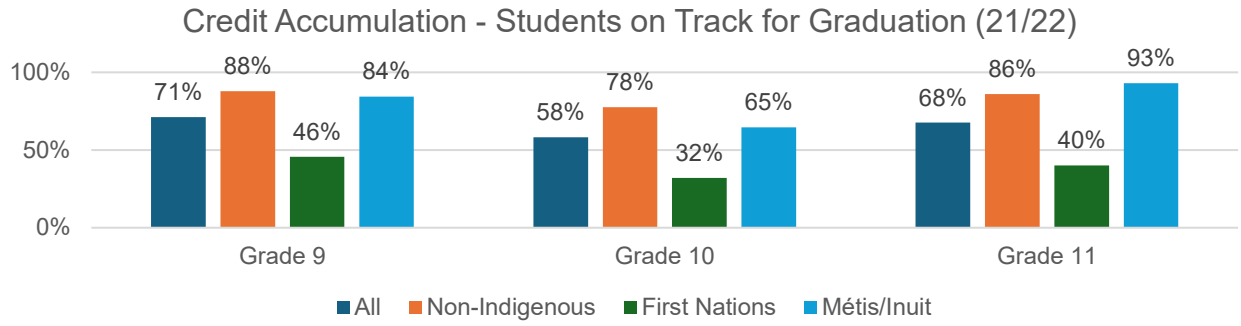
Keewatin-Patricia District School Board Improvement & Equity Plan

The Keewatin-Patricia District School Board released its 2022-2023 Board Improvement and Equity Plan (Keewatin-Patricia District School Board, 2023), which provides detailed data on student achievement across various subjects. The key findings are summarized below.

Students on Track for Graduation

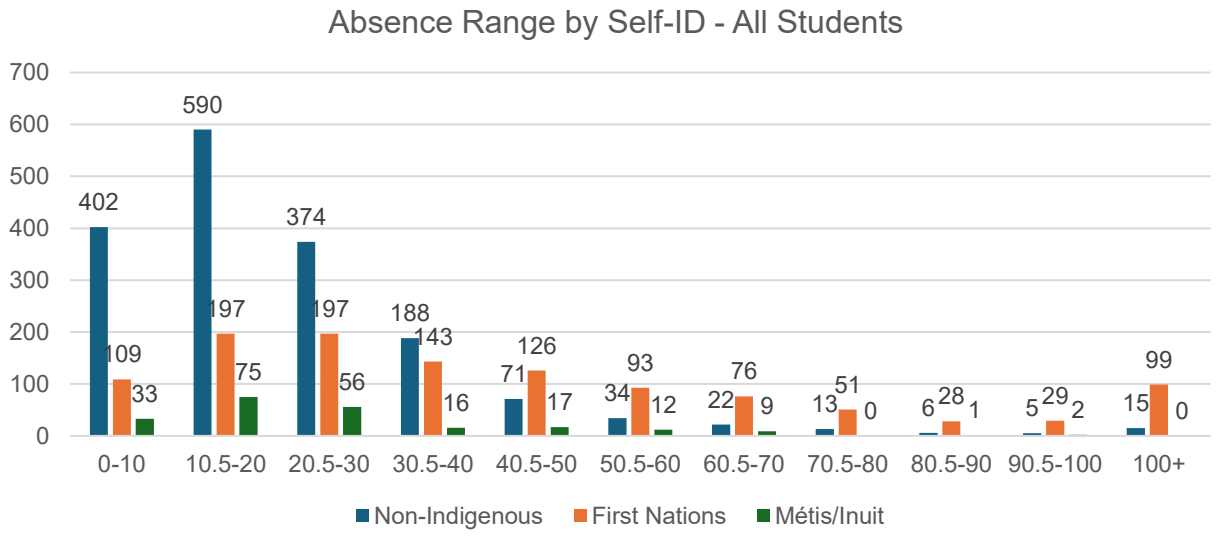
The data on credit accumulation for students on track for graduation in the 2021/22 school year reveals significant disparities among different groups. In Grade 9, 71% of all students were on track for graduation, with non-Indigenous students showing the highest rate at 88%, while First Nations students had the lowest at 46%. The gap continues into Grade 10, where 58% of all students were on track, but only 32% of First Nations students were meeting this milestone compared to 78% of non-Indigenous students. By Grade 11, 68% of all students were on track, with non-Indigenous students at 86% and First Nations students improving

slightly to 40%. Métis/Inuit students generally performed better than First Nations students but were still behind non-Indigenous students, with 84% in Grade 9, 65% in Grade 10, and 93% in Grade 11. These figures highlight the ongoing achievement gaps.



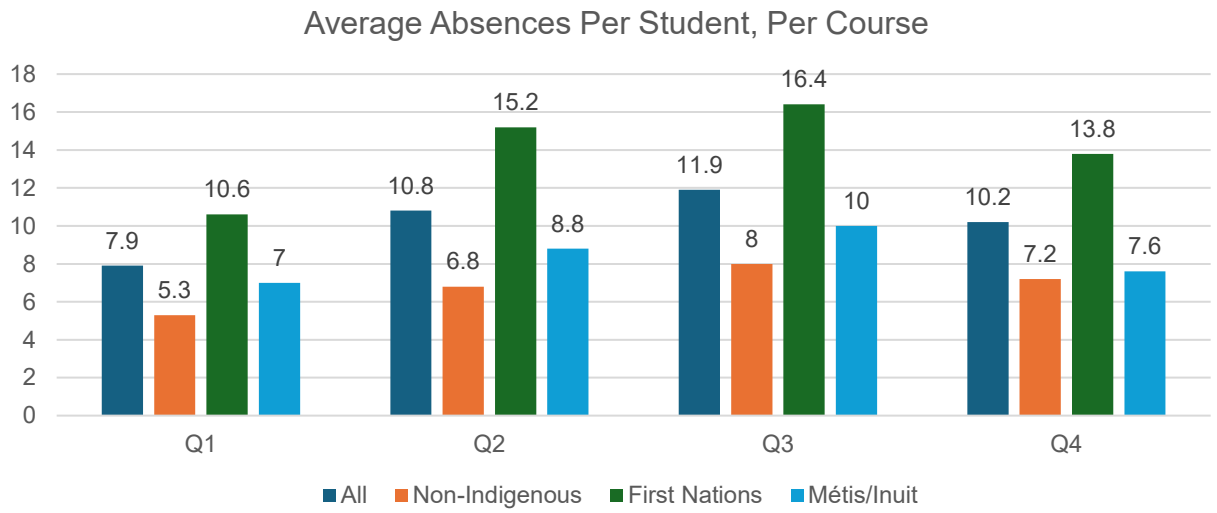
Attendance Data

The data on self-identified absence ranges for students in grades K-8 reveals notable differences between non-Indigenous, First Nations, and Métis/Inuit students. Among non-Indigenous students, the majority fall within the 10.5-20-day range, with 590 students, while First Nations students are more evenly distributed across higher absence ranges, with a significant number (126) in the 40.5-50-day range. Métis/Inuit students generally have lower absence rates, with the highest number (75) in the 10.5-20-day range and a sharp drop in higher absence categories. For those with over 100 days of absence, First Nations students are particularly overrepresented, with 99 students compared to only 15 non-Indigenous and no Métis/Inuit students. This distribution highlights a concerning trend of increased absenteeism among First Nations students (Keewatin-Patricia District School Board, 2023).



The data on average absences per secondary school student, per course, indicates varying absence rates across different student groups. In Quarter 1, the overall average absence is 7.9 days, with non-Indigenous students having the lowest average at 5.3 days, while First Nations students have the highest average at 10.6 days. This trend continues into Quarter 2,

where the overall average increases to 10.8 days, with First Nations students experiencing the highest absence rate of 15.2 days, compared to 6.8 days for non-Indigenous students. Quarter 3 sees the highest overall average at 11.9 days, with First Nations students again having the highest rate at 16.4 days, while non-Indigenous students average 8 days. In Quarter 4, the overall average drops slightly to 10.2 days, with First Nations students' absences at 13.8 days and non-Indigenous students at 7.2 days. Métis/Inuit students consistently have higher absence rates compared to non-Indigenous students but lower than First Nations students across all quarters (Keewatin-Patricia District School Board, 2023).



Individual Education Plans

The data on individual education plans (IEPs) for students in the 2021-22 and 2022-23 school years shows a slight increase in the total number of students but a decrease in the number of IEPs. In 2021-22, there were 4,829 students across K-12, with 985 IEPs in place. By 2022-23, the student population increased to 4,889, but the number of IEPs dropped to 879. This decline in IEPs despite the increase in the student population suggests a reduction in the percentage of students receiving individualized support, which could reflect changes in identification processes, eligibility criteria, or resource allocation (Keewatin-Patricia District School Board, 2023).

2021-2022	2022-2023
4,829 students K-12	4,889 students K-12
985 IEPs	879 IEPs

Suspension Data

The data on student suspensions from 2018-2019 to 2021-2022 reveals fluctuations in the number of suspensions over these years. In the 2018-2019 school year, there were 250 suspensions, which decreased to 206 in 2019-2020. This downward trend continued sharply in 2020-2021, with only 61 suspensions, likely reflecting the impact of the COVID-19 pandemic and the shift to remote learning. However, in the 2021-2022 school year, the number of suspensions rose again to 130. This increase suggests a return to in-person

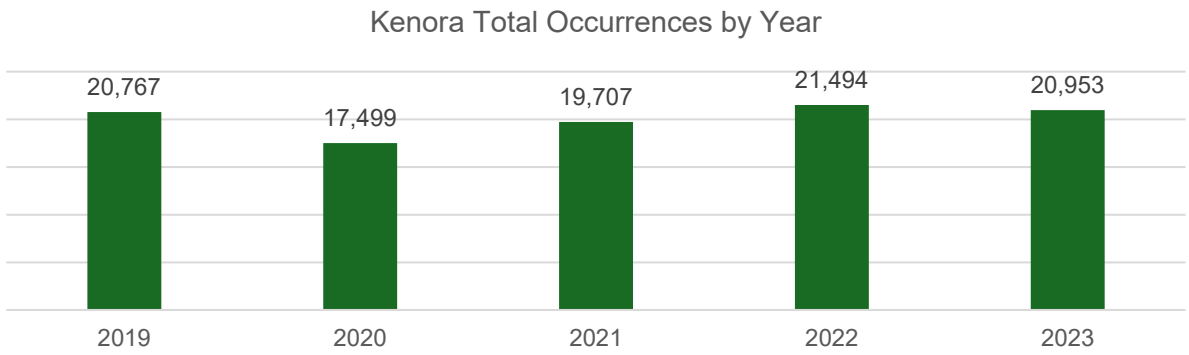
schooling and potentially the re-emergence of disciplinary issues as students adjusted back to the traditional school environment (Keewatin-Patricia District School Board, 2023).

Year	Students Suspended
2018-2019	250
2019-2020	206
2020-2021	61
2021-2022	130

Policing

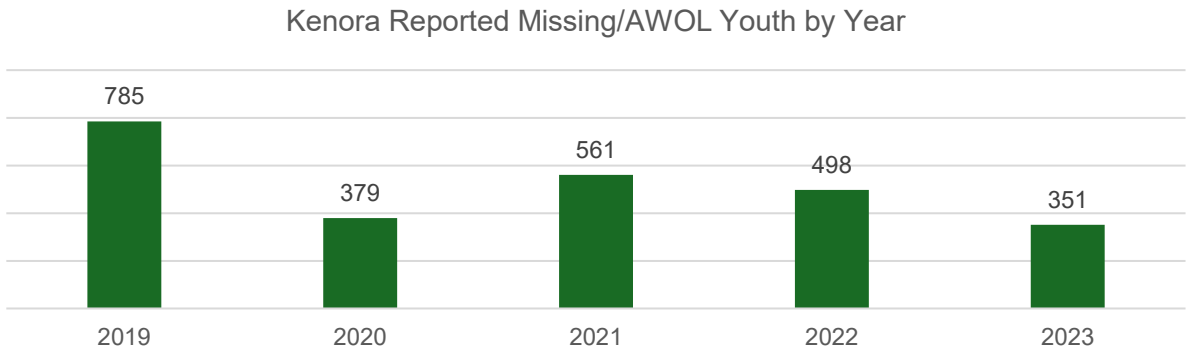
Calls for Service

Over the five-year period between 2019 and 2023 there were a total of 100,420 calls for service in the municipality of Kenora. The peak for occurrences was in 2022, following several lockdowns due to COVID (Ontario Provincial Police, 2024a). Police saw a significant overall reduction in calls for services by 47% during the LCBO strike. Fifty percent (50%) of the reductions were directly related to alcohol, 63% due to behaviors associated with alcohol and 33% due to withdrawal and detox calls. [6]



Reported Missing Youth

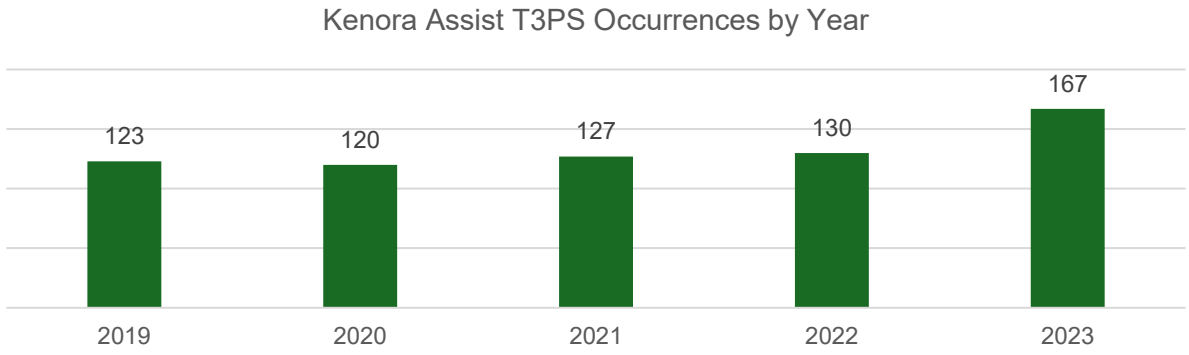
Youth reported missing from group homes and other residences is an issue that the Kenora OPP deals with every year. The number of reported occurrences of missing youth has decreased over the past few years, but officers continue to field these types of occurrences. In 2019, there were 785 reported cases of missing youth. This number significantly decreased to 379 in 2020. In 2021, the number of reported cases increased to 561, but remained lower than the 2019 figures. In 2022, there was a slight decline to 498 reported cases. The trend of decreasing reports continued in 2023, with 351 cases, marking the lowest number in the recorded period (Ontario Provincial Police, 2024a).



[6] These date were provided during a conversation with OPP officers and have not been independently verified.

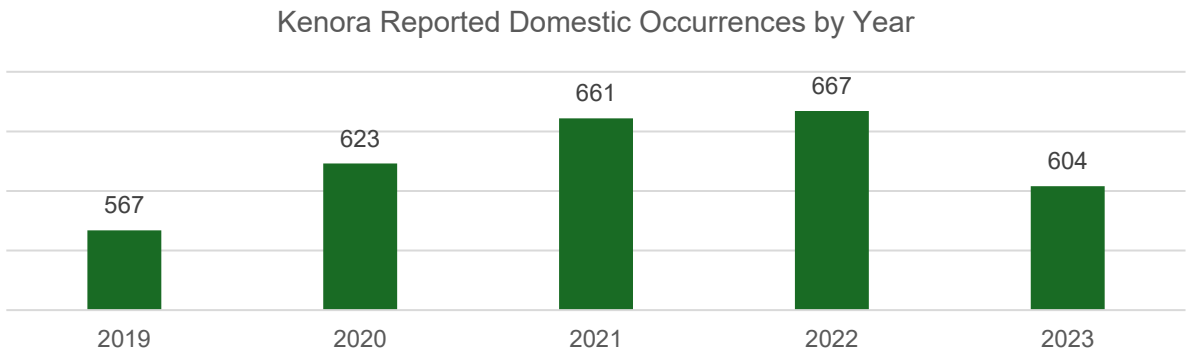
Assistance to Other Police Agencies

Assisting other police agencies is part of the OPP mandate. In the Kenora Detachment, requests for assistance are received from the Winnipeg Police Service, Thunder Bay Police Service, other OPP detachments, NAPS, APS, and Treaty Three Police Service (T3PS). Kenora borders the T3PS coverage area and frequently receives requests for assistance. In 2023, the Kenora Detachment recorded the highest number of assistance requests in the past five years, marking a 28% increase over the 2022 requests (Ontario Provincial Police, 2024a).



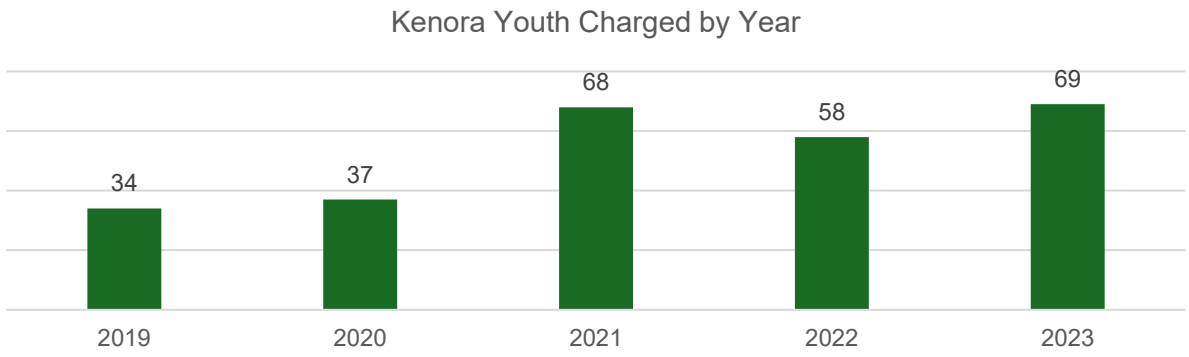
Domestic and Intimate Partner Violence

Domestic and intimate partner crime continues to be an issue across the Northwest Region. Kenora saw a decrease in total reported domestic-related occurrences in 2023, after record years of occurrences in 2021 and 2022 (Ontario Provincial Police, 2024a).



Youth Charged

The data on youth charged from 2019 to 2023 reveals a fluctuating trend. In 2019, 34 youths were charged, and this number slightly increased to 37 in 2020. A significant rise occurred in 2021, with 68 youths charged, nearly doubling the figures from the previous years. In 2022, the number of charges slightly decreased to 58 but remained substantially higher than in 2019 and 2020. In 2023, the number of youths charged increased again to 69, marking the highest figure in the recorded period (Ontario Provincial Police, 2024a).



Top 5 Reported Crime Types

The municipality of Kenora reports every crime type annually. Between 2019 and 2023, the top five crime types included unwanted person, LLA (Liquor License Act), missing person, and Mental Health Act incidents. These are presented in order in the table below (Ontario Provincial Police, 2024a).

	2019	2020	2021	2022	2023
1	LLA	Unwanted person	Unwanted person	Unwanted person	Unwanted person
2	Unwanted person	LLA	LLA	LLA	LLA
3	911 call/hang up	Domestic disturbance	Missing person	Mental Health Act	Mental Health Act
4	Missing person	Missing person	Mental Health Act	Missing person	Domestic disturbance
5	Trespass to property	Alarm	Domestic disturbance	Domestic disturbance	Suspicious person

Top 10 Violent Crime Types

The table below shows the top ten reported violent crime types from 2019 to 2023 in Kenora. Assault – Level 1 stands out as the most frequently reported crime, with a total of 1,457 incidents over the five years, though numbers have fluctuated, showing a slight decrease recently. Utter threats follow with 485 incidents, demonstrating some variability but generally remaining stable. Assault with a weapon or causing bodily harm totaled 393 incidents, with a peak in 2020. Sexual assault also represents a significant concern with 337 incidents, showing stability over the years. Other crimes, such as criminal harassment (158 incidents)

and indecent/harassing communications (102 incidents), have seen some fluctuation but are relatively lower in frequency. Assaults against peace officers have decreased notably, totaling 92 incidents. Robbery and sexual interference are less frequent, with 67 and 40 incidents respectively, while aggravated assault remains the least reported, totaling 34 incidents. Overall, the data highlights a concentration of violent crimes in categories like Level 1 assault and utter threats, with a notable decrease in crimes against peace officers and aggravated assault (Ontario Provincial Police, 2024a).
The sexual assault center of Kenora reports 253 crisis contracts in the year 2023 and serving an overall number of 463 individuals higher than the average per year over four years which was 350. [7]

Violent Crime Type	2019	2020	2021	2022	2023	Total
Assault – level 1	321	295	272	296	273	1,457
Utter threats	105	88	101	102	89	485
Assault with a weapon or cause bodily harm	59	91	80	83	80	393
Sexual assault	44	70	79	72	72	337
Criminal harassment	24	39	37	33	25	158
Indecent/harassing communications	4	15	22	30	31	102
Assault peace officer	29	18	16	12	17	92
Robbery	18	14	10	11	14	67
Sexual interference	6	6	11	9	8	40
Aggravated assault	11	4	8	6	5	34

Top 10 Property Crime Types
The data on property crimes in Kenora from 2019 to 2023 highlights several key trends. Mischief leads as the most common property crime with a total of 1,645 incidents, showing a general upward trend over the years, peaking in 2022. Theft under $5,000 is the second most reported crime with 1,624 incidents, indicating a consistent occurrence, though slightly declining in recent years. Break and enter incidents total 671, demonstrating a decrease in recent years. Theft from motor vehicles under $5,000 has increased over time, reaching 352 incidents. Theft of motor vehicles totals 171 incidents, while possession of stolen goods under $5,000 accounts for 160 incidents. Theft over $5,000 and possession of stolen goods over $5,000 are less common, with totals of 88 and 43 incidents respectively. Overall, the data underscores the high frequency of mischief, theft, and shoplifting, with a notable decline in break and enter cases and fluctuations in other property crimes (Ontario Provincial Police, 2024a).

[7] Email communication

Property Crime Type	2019	2020	2021	2022	2023	Total
Mischief	288	304	359	399	295	1,645
Theft under $5,000	313	309	325	354	323	1,624
Theft under $5,000 – shoplifting	203	129	223	302	239	1,096
Break and enter	158	168	125	120	100	671
Fraud	137	125	92	130	160	644
Theft from motor vehicle under $5,000	47	53	64	92	96	352
Theft of motor vehicle	35	35	38	28	35	171
Possession of stolen goods under $5,000	49	20	28	24	39	160
Theft over $5,000	15	14	17	24	18	88
Possession of stolen goods over $5,000	7	10	10	4	12	43

Top 10 Other Crime Types

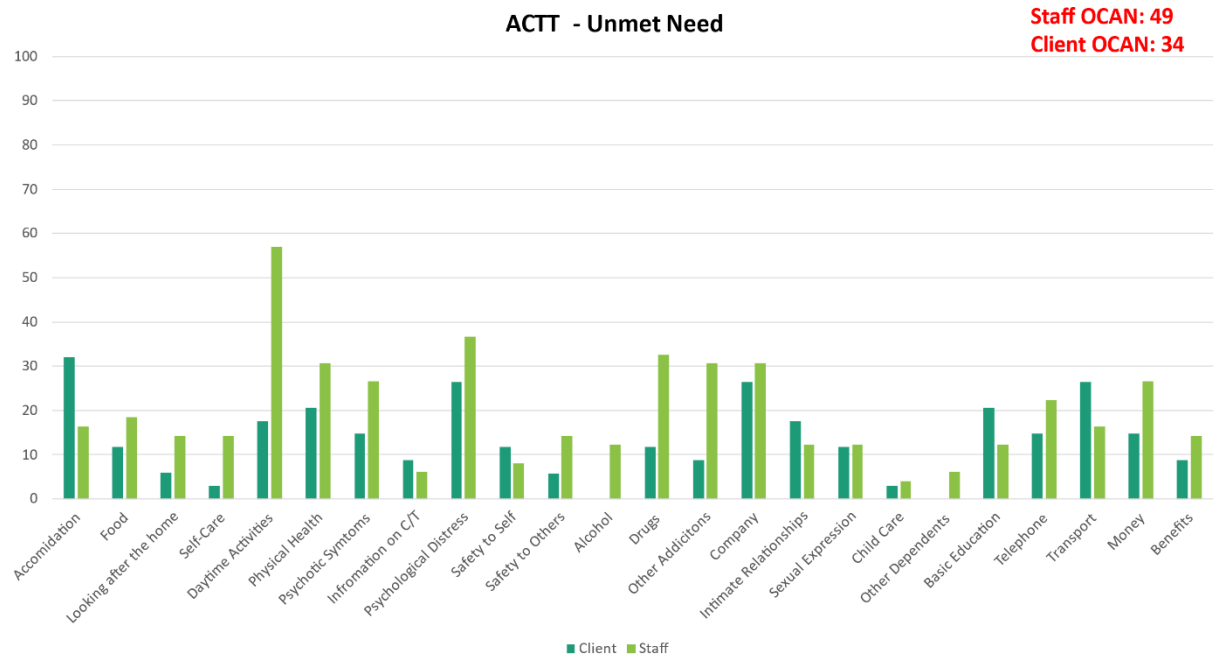
With regards to other crime types reported in Kenora from 2019 to 2023, the most frequently reported category is "Unwanted Person," with a total of 8,155 incidents, reflecting a high and relatively stable frequency over the years. Liquor License Act violations are also significant, totaling 7,093 incidents, with some fluctuation but generally a high level of occurrences. Missing person reports have decreased over time, totaling 3,643 incidents. Domestic disturbances are a notable concern with 3,122 incidents, showing a relatively steady frequency. Mental health-related calls have increased significantly, reaching a total of 3,042 incidents, highlighting a growing trend. The category of 911 call/hang-ups saw a sharp decline from 1,429 incidents in 2019 to 337 in 2023. Alarm calls, suspicious persons, and trespassing to property each account for over 2,000 incidents, with some fluctuation over the years. Bail violations have decreased to 1,717 incidents, indicating a lower frequency in recent years (Ontario Provincial Police, 2024a).

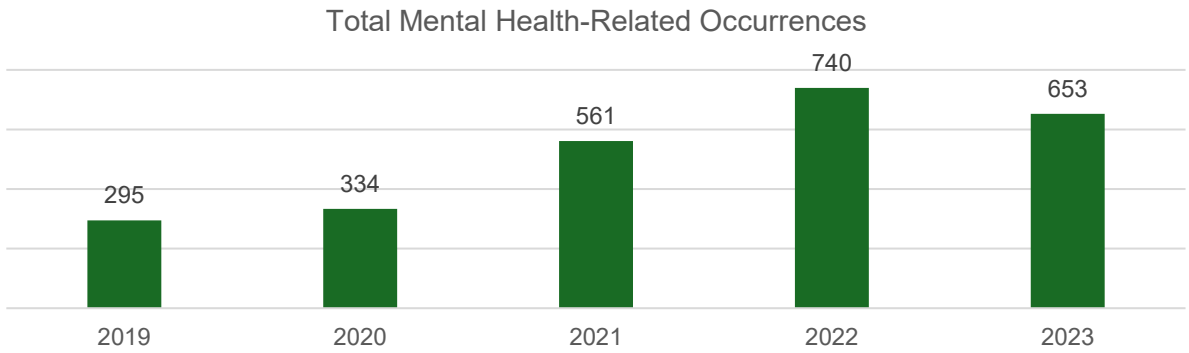
Other Crime Type	2019	2020	2021	2022	2023	Total
Unwanted person	1,546	1,755	1,697	1,682	1,475	8,155
Liquor License Act	1,553	1,464	1,374	1,337	1,365	7,093
Missing person	1,119	595	775	667	487	3,643
Domestic disturbance	567	623	661	667	604	3,122
Mental Health Act	384	410	666	868	714	3,042
911 call/hang up	1,429	286	226	272	337	2,550
Alarm	519	434	413	592	487	2,445
Suspicious person	408	404	366	446	521	2,145
Trespass to property	582	328	425	392	359	2,086
Bail violations	411	358	329	284	335	1,717

Mental-Health Occurrences

The following section presents OPP mental health-related occurrences for the Kenora detachment for January 1st, 2019, to December 31st, 2023. In 2019, there were 295 occurrences. This number increased to 334 in 2020. A significant jump occurred in 2021, with the number of occurrences more than doubling to 561. The upward trend continued in 2022, reaching a peak of 740 occurrences. In 2023, there was a slight decrease to 653 occurrences.

Overall, there is a clear upward trend from 2019 to 2022, followed by a slight decrease in 2023. This suggests an increasing trend in mental health related issues over the years, possibly influenced by various factors, including the impact of the COVID-19 pandemic, which might have heightened mental health challenges. The decrease in 2023 could indicate the beginning of a stabilizing or improving situation, but the number remains significantly higher compared to 2019 and 2020 (Ontario Provincial Police, 2024b). It is important to note that by far the largest number of people with mental health issues do **not** come in conflict with the law. They do however present with multiple unmet needs as demonstrated here in a table provided by CMHA.



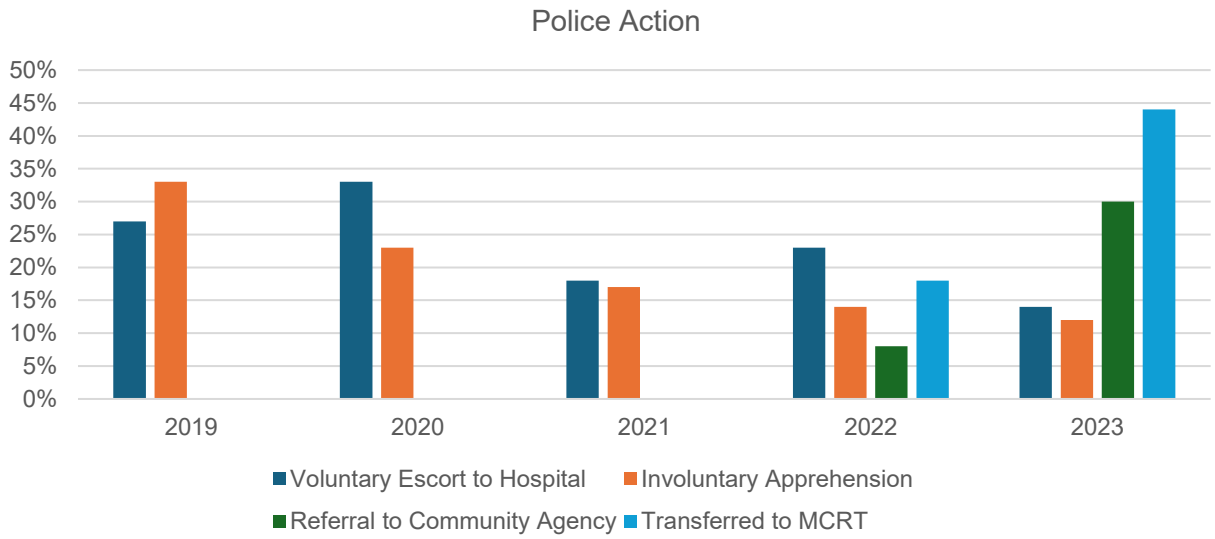


Police Action Taken in Mental Health-Related Occurrences

The chart below shows the police action taken as indicated on the Brief Mental Health Screener, including voluntary escorts to hospitals, involuntary apprehensions, referrals to community agencies, and transfers to Mobile Crisis Response Teams (MCRT). In 2019, 27% of the cases involved voluntary escorts to hospitals, while 33% involved involuntary apprehensions. There were no referrals to community agencies or transfers to MCRT. In 2020, the data was consistent with that of 2019 (Ontario Provincial Police, 2024b).

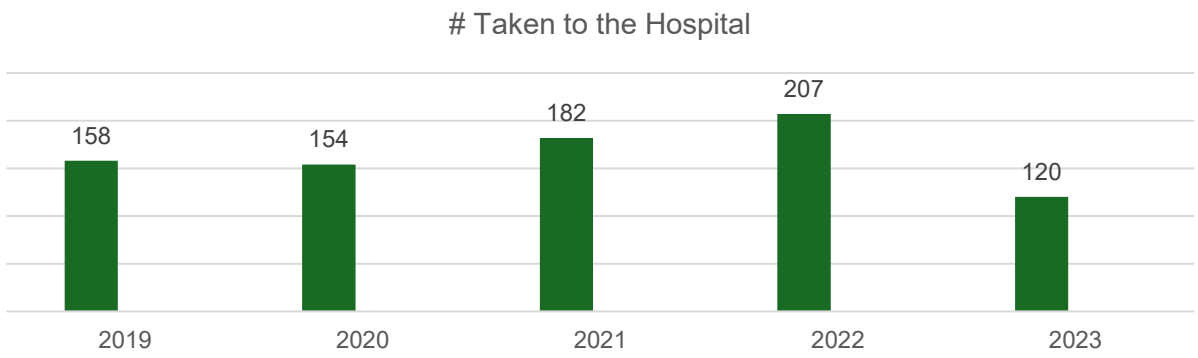
In 2021, there was a notable decrease in both voluntary escorts to hospitals (18%) and involuntary apprehensions (17%), with no referrals to community agencies or transfers to MCRT. The year 2022 saw a slight increase in voluntary escorts to hospitals to 23%, and a further decrease in involuntary apprehensions to 14%. Additionally, 8% of the cases were referred to community agencies, and 18% were transferred to MCRT for the first time in the recorded data (Ontario Provincial Police, 2024b).

In 2023, there was a further decrease in both voluntary escorts to hospitals (14%) and involuntary apprehensions (12%). However, there was a significant increase in referrals to community agencies (30%) and transfers to MCRT (44%). With the implementation of Mobile Crisis Response Teams Tracking Forms in September 2023, the number of referrals transferred to MCRT increased (Ontario Provincial Police, 2024b).



Individuals Taken to Hospital for Mental Health Concerns

The chart below shows the number of individuals that were taken to the hospital for mental health-related occurrences between 2019 and 2023. In 2019, 158 individuals were taken to the hospital. This number slightly decreased to 154 in 2020. However, in 2021, the number increased to 182, indicating a rise in hospital transports for mental health-related calls. The upward trend continued in 2022, with 207 individuals taken to the hospital. In 2023, there was a significant decrease to 120 individuals taken to the hospital, the lowest number in the recorded period (Ontario Provincial Police, 2024b).



With regards to average ER wait times in Kenora, in 2018, the average wait time was 2 hours and 30 minutes. This wait time slightly decreased to 2 hours and 25 minutes in 2019 and remained the same in 2020. In 2021, there was a significant reduction in the wait time to 1 hour and 41 minutes. Although the wait time increased slightly in 2022 to 1 hour and 54 minutes, it remained shorter than the times recorded from 2018 to 2020 (Ontario Provincial Police, 2024b).

Average ER Wait Times	2018	2019	2020	2021	2022
Kenora	2h30	2h25	2h25	1h41	1h54

Criminal Legal System

Bail Residency Program

The Bail Residency Program offers mental health counseling, life skills workshops, and group-led, land-based, culturally appropriate activities to mandated clients who have had interactions with the legal system. The program aims to support rehabilitation and reintegration into the community once clients have fulfilled all their legal obligations (Kenora Chiefs, n.d.).

The table data provides statistics from the Bail Residency Program in 2021-22 and 2022-23. The number of registrants remained stable, with a slight decrease from 34 to 33. However, there was a significant drop in the number of lessons completed and Prior Learning Assessment and Recognition (PLAR) assessments, from 935 to 576. This decline was also reflected in the number of credits earned, which decreased from 40 to 25. The number of graduates saw a minor reduction, from 6 to 5. (Youth Justice Centre, n.d.).

Year	2021-2022	2022-2023
Registrants	34	33
Lessons completed & PLAR assessments	935	576
Credits earned	40	25
Dual credit participants	3	-
Graduates	**6**	**5**

Incarceration and Remand

Tracking statistics for individuals who are incarcerated or on remand is challenging due to daily fluctuations. However, as of April 5th, 2024, estimated numbers indicate a total of 225 incarcerated persons, with approximately 210 on remand. It is important to note that the facility functions as a remand center rather than a correctional facility, which accounts for the high proportion of 93% of individuals being on remand. Once individuals are sentenced, they are typically transferred to a facility in the East.

Category	April 5th, 2024
Total number of incarcerated persons	225
Number of incarcerated persons who are on remand	210

Adult Probation and Parole

The table below presents statistics on the average number of adults in Kenora who are subject to community supervision orders each year, including those on probation, conditional sentences, or provincial parole. This data does not account for individuals under recognizance/release orders or federal parole. Additionally, some individuals from outlying First Nation communities, who access services through probation officers based in Kenora, are also included in these numbers. In Kenora, the number of clients fluctuated slightly over the years, with a peak of 222 in 2019 and a decline to 156 in 2023. In contrast, Keewatin experienced a steady decline in the number of clients, dropping from 14 in 2019 to just 4 in

2023 (Ministry of the Solicitor General, n.d.). The data reflects a noticeable impact of COVID-19, with average numbers dropping during the pandemic. As court services address the backlog of cases accumulated during this period, it is possible that the numbers may rise again (Ministry of the Solicitor General, n.d.).

# of Unique Probation & Parole Clients at Kenora/Rainy River Offices with Kenora/Keewatin Addresses (Calendar Years 2019-2023)					
Location	Calendar Year				
	2019	2020	2021	2022	2023
Kenora	222	159	142	158	156
Keewatin	14	14	11	6	4

At the federal level, as of July 2024, there were only two individuals under parole supervision in Kenora. These are individuals who have severed time and have been released from a federal institution (two years or more) (Correctional Service of Canada, 2024).

Youth Incarceration

The table below presents data provided by the Creighton Youth Centre – Kenora / Keewatin for youth admissions between 2018 and 2024. In 2024, there were no placements recorded. Between 2023 and 2020 there was one placement each year and in 2019 there were two placements with 2018 seeing the highest with four placements. (Creighton Youth Centre, 2024).[8]

Year of placement at CYC	City of Kenora Total
2024	0
2023	1
2022	1
2021	1
2020	1
2019	2
2018	4

[8] The table has been altered with having gender and Indigenous, non-Indigenous categories removed to avoid potential identification.

Victims Services

Women Shelters

The data below reflects the services provided by the Saakaate House Women's Shelter in Kenora. Since 2019, the shelter has admitted 439 women, who were accompanied by 239 children. The crisis line has received a total of 2,647 calls for service. Shelter staff have observed a significant increase in women facing serious mental health and addiction challenges. Representatives from the shelter indicated that once women are provided shelter, other service providers often cease their support. Consequently, each year, hundreds of women are denied services because if they are brought into the shelter, they lose access to support from other systems. Since 2019, the shelter has referred 934 women to other more appropriate services.

Services	2019-2024
Number of women admitted to shelter	439
Number of children admitted to shelter	239
Number of calls to the crisis line	2,647
Number of referrals to other services	934

Mental Health and Substance Use

Overdoses

The table below provides a five-year overview of 911 calls related to overdoses or suspected overdoses in Kenora from 2019 to 2023. “Dispatched problems” refers to the initial issue identified by the dispatcher when the 911 call is received, while “final problems” reflects the actual issue confirmed by paramedics after patient care. This distinction is important for understanding the true prevalence of overdoses.

The data indicates a significant increase in both dispatched and final problems over the five-year period. “Final problems” rose from 58 in 2019 to 115 in 2023, signaling a growing number of confirmed overdose cases. Concurrently, “dispatched problems” increased from 99 in 2019 to 128 in 2023. The higher number of dispatched problems compared to final problems can be attributed to dispatchers categorizing calls based on initial reports, while paramedics confirm the actual issue and necessary treatment upon arrival. The upward trend in overdose incidents, culminating in a peak in 2023, highlights an urgent need for improved prevention, intervention, and support strategies to address the escalating drug poisoning crisis.

Kenora 5 Year OD/Suspected OD Calls by Final Problem and Dispatched Problems					
Year	**2019**	**2020**	**2021**	**2022**	**2023**
Final Problems	58	70	80	88	115
Dispatched Problems	99	89	99	117	128

Substance-Related Mortality

The data on substance-related mortality rates per 100,000 people per year reveals significant trends across different jurisdictions and time periods. For the Kenora Local Health Hub, the rate increased from 23.3 in 2010-2012 to 34.8 in 2019-2021. This rise indicates a growing problem of substance-related mortality in Kenora. Comparatively, the Northwestern Health Unit (NWHU) also experienced an increase, from 18.8 to 38.1, becoming higher than Kenora's rate in the latest time period. In contrast, Ontario's overall rate showed a notable increase from 7.2 in 2010-2012 to 19.2 in 2019-2021, but it remains lower than both Kenora and NWHU (Ontario Mortality Statistics, 2021). The data highlights a concerning upward trend in substance-related mortality in Kenora and the NWHU compared to provincial averages, suggesting a need for targeted intervention and support in these areas. Epidemiologists in Kenora report that the morbidity and mortality rates in the region are notably high, particularly concerning mental health and substance use. In these areas, Kenora's rates are frequently 5 to 10 times higher than provincial averages.

Substance-Related Mortality Rate Per 100,000 Per Year			
Time period	**Kenora Local Health Hub**	**NWHU**	**Ontario**
2019-2021	34.8	38.1	19.2
2016-2018	30.8	24.7	11.6
2013-2015	23.7	24.3	8.2
2010-2012	23.3	18.8	7.2

Mental Health and Addiction Visits to the Emergency Department (ED)

The table below provides data on mental health and addiction (MHA) visits to the ED. From 2018-2019 to 2022-2023, the number of MHA visits has remained relatively high, with figures ranging from 1,513 to 1,657. Notably, MHA visits have consistently been the top reason for ED visits in the most recent three years, underscoring a growing demand for emergency mental health and addiction services. This represents an increase in the prioritization of MHA issues compared to earlier years, such as 2019-2020 when these visits were the second highest reason, and 2018-2019 when they were the third highest. This shift likely reflects the impact of COVID-19, which may have reduced follow-up visits for other issues like wound care and test results, thus elevating the prominence of MHA visits. As healthcare services return to pre-COVID conditions, we may observe changes in the rankings and a potential redistribution of ED visit reasons (Canadian Institute for Health Information, n.d.).

Year	Number of MHA Visits to ED	Reason for Visit Ranking
2022-2023	1,632	Top reason for visit
2021-2022	1,572	Top reason for visit
2020-2021	1,513	Top reason for visit
2019-2020	1,657	Second highest reason for visit
2018-2019	1,572	Third highest reason for visit

In the 2023/24 period, Lake of the Woods District Hospital (2024) recorded a total of 2,596 emergency department (ED) visits for mental health and addictions (MHA), marking an increase from the previous year, 2022/23. Among these visits, 372 patients had repeat visits for MHA, with 10 patients accounting for more than 20 visits each. Additionally, 208 of the total patients were youth under the age of 17.

Category	Number
Number of ED visits for MHA	2,596
Patients with repeat visits	372
Patients who had more than 20 visits to the ED for MHA-related treatment	10
Youth visits (under 17)	208

The top 5 mental health diagnoses, including secondary diagnoses, are outlined below. The most prevalent diagnosis is mental and behavioral disorders due to use of alcohol, acute intoxication, with 558 cases. Following this, there are 366 cases of mental and behavioral disorders due to harmful use of alcohol. There are also 359 cases of mental and behavioral disorders related to alcohol withdrawal. Anxiety disorder, unspecified, accounts for 233 cases, and there are 194 cases of other symptoms and signs involving emotional state. This data highlights the significant impact of alcohol-related disorders on mental health (Lake of the Woods District Hospital, 2024).

Mental Health Diagnoses	Number
Mental and behavioral disorders due to use of alcohol, acute intoxication	558
Mental and behavioral disorders due to use of alcohol, harmful use	366
Mental and behavioral disorders due to use of alcohol, withdrawal state	359
Anxiety disorder, unspecified	233
Other symptoms and signs involving emotional state	194

Opioid-Related Emergency Department Visits

Preliminary data from Public Health Ontario shows that in 2020, the rate of opioid-related emergency department visits in Ontario was 84.6 per 100,000 people. This rate increased to 114 per 100,000 in 2021. In the catchment area for the Northwestern Health Unit (NWHU), the rate was significantly higher, at 146.3 per 100,000 in 2020 and 173.2 per 100,000 in 2021.

This means the NWHU's rates were 72.9% higher than the provincial average in 2020 and 51.9% higher in 2021. However, the rate of increase in opioid-related emergency visits from 2020 to 2021 was higher for Ontario overall, at 34.8%, compared to 18.4% for the NWHU catchment area (LBCG Consulting and Ontario Public Health Association, 2023).

Rate of opioid-related emergency department visits			
	2020	2021	Percent increase from previous year
Ontario	84.6	114	34.8%
NWHU	146.3	173.2	18.4%
Relative difference between NWHU and provincial rate	72.9%	51.9%	-

Kenora Mobile Crisis Response Team

Mobile Crisis Response Teams respond to all individuals dispatched through 911, in a mental health crisis. By completing a comprehensive assessment, individuals are linked to appropriate mental health services. Follow-up within 24 hours of intervention is provided to ensure short-term services and successful transition to longer-term services are in place, effectively diverting individuals from unnecessary hospitalization (CMHA Kenora, 2023).
The table below shows the gender and number of individuals served by the Kenora Mobile Crisis response Team in 2023. Out of the 284 individuals served, a majority were female, comprising 62% of the total, while males represented 32%, and 6% of the individuals had undisclosed gender information. A notable outcome of the team's efforts is the high number of individuals diverted from the hospital, with 239 out of 284 (84%) being redirected to appropriate services or support systems, thus alleviating potential strain on hospital resources (CMHA Kenora, 2023).

Gender	Number / Percentage
Female	62%
Male	32%
Undisclosed	6%
Total individuals served	284 individuals
Number of individuals diverted from hospital	239 individuals

The age distribution of individuals served by the Mobile Crisis Response Team in 2023 shows a diverse range of clients, with the majority falling within the 25-29 and 30-39 age groups. Specifically, the highest number of individuals served were aged 30-39 (68), followed by those aged 25-29 (55) and 18-24 (53). Adolescents aged 12-17 also represented a significant portion, with 35 individuals. The number of individuals decreases in the older age groups, with 43 individuals aged 40-59 and 29 individuals aged 60 and above.This distribution suggests that while the crisis response needs are spread across all age groups, there is a particularly high need among young and middle-aged adults (CMHA Kenora, 2023).

Age	Number
12-17	35
18-24	53
25-29	55
30-39	68
40-59	43
60+	29

The data on the locations where the Mobile Crisis Response Team served individuals in 2023 reveals a variety of settings. Most interventions occurred at residences, with 115 instances indicating that many crises are managed within private homes. Open areas were the next most common location, with 43 occurrences. Interventions at the police station accounted

for 15 instances, reflecting collaboration with law enforcement in certain situations. The hospital saw 12 interventions. This data underscores the importance of the Mobile Crisis Response Team to operate in diverse environments to meet the needs of individuals in crisis. (CMHA Kenora, 2023).

Location Type	Number
Residence	115
Open area	43
Police station	15
Hospital	12
Other	99

The data on the types of police occurrences handled by the Mobile Crisis Response Team in 2023 highlights a significant focus on mental health-related issues. Out of the total occurrences, 245 were related to the Mental Health Act. Additionally, there were 10 occurrences each for suicide-related incidents and cases involving the Liquor License Act. This distribution suggests that while most police interactions involved mental health crises, there is also a notable, albeit smaller, need for intervention in suicide prevention and incidents involving alcohol regulation. (CMHA Kenora, 2023).

Type of Police Occurrences	Number
Mental Health Act	245
Suicide	10
Liquor Licence Act	10

The data on actions provided by the Mobile Crisis Response Team in 2023 demonstrates the various types of interventions and support services offered to individuals in crisis. The most common action was crisis assessment, with 166 instances, indicating a primary focus on evaluating the immediate needs and conditions of those in crisis. Crisis sessions were provided 59 times and consultations with physicians or nurse practitioners occurred 30 times, showing the importance of integrating medical expertise into the crisis response. Additionally, there were 25 follow-up actions. (CMHA Kenora, 2023).

Action Provided	Number
Crisis assessment	166
Crisis session provided	59
Consult with physician/NP	30
Follow-up	25

The data on potential referrals made by the Mobile Crisis Response Team in 2023 highlights the different types of ongoing support and services individuals in crisis may be directed to after initial intervention. The most common referral was to safe beds, with 56 instances. Transitional housing was the next most frequent referral, with 17 instances, reflecting the need for more stable, longer-term housing options to support individuals as they work towards recovery and stability. Lastly, there were 6 referrals to support groups. (CMHA Kenora, 2023).

Potential Referrals	Number
Safe bed	56
Transitional housing	17
Support group	6

With regards to outcomes of contacts, in 179 instances, the overall risk was lowered by connecting individuals to services. There were 58 cases where individuals were informed of available services but chose not to connect. Additionally, 21 individuals outright refused services, highlighting the challenges in engaging some individuals in crisis. Nine instances involved lowering overall risk by connecting individuals to services in other jurisdictions. Finally, there were 5 cases where individuals were already connected to appropriate support, suggesting that the team's intervention confirmed existing support systems. (CMHA Kenora, 2023).

Outcomes of Contacts	Number
Overall risk lowered – connected to services	179
Informed of services; chose not to connect	58
Refused services	21
Overall risk lowered – connected to services in another jurisdiction	9
Rejected – already connected to appropriate supports	5

The data on contacts made by the Mobile Crisis Response Team in 2023, broken down by month, shows a relatively consistent level of engagement throughout the year with some fluctuations. January, July, and August each saw 26 contacts, indicating a high level of activity during these months. November had the highest number of contacts, totaling 32, while February had the lowest number of contacts at 14. Other months ranged between 20 and 25 contacts. This distribution reflects a steady need for crisis intervention services across the year, with occasional peaks that may correspond to seasonal or situational factors influencing the demand for support. Data also shows that the highest number of contacts occur between 14:00 and 17:00, and the busiest days of the week are Saturday (44 contacts), Thursday and Tuesday (43 contacts each), followed by Friday (42 contacts). (CMHA Kenora, 2023).

Contacts by Month	Number
January	26
February	14
March	20
April	24
May	23
June	21
July	26
August	26
September	22
October	25
November	32
December	25

All Nations Ontario Health Team Gap Analysis

In March 2024, a comprehensive gap analysis was published involving CMHA Kenora, Changes Recovery Homes, Lake of the Woods District Hospital, Waasegiizhig Nanaandawe'iyewigamig, Kenora Association for Community Living, and the Kenora Chiefs Advisory Inc. This analysis examined service and resource gaps within the Kenora CMA and the Sioux Narrows-Nestor Falls areas.

The data below highlights a concerning disparity between the Ontario Health Northwest Region and provincial averages concerning mental health and substance use challenges. Emergency department visits for opioid-related problems in the region are 1.97 times higher than the provincial average. The opioid-related death rate is even more alarming, at 3.29 times higher, underscoring the need for a strong focus on prevention. Additionally, the risk-adjusted rate for frequent emergency department visits for mental health and substance use (MHSU) is 1.92 times higher, pointing to elevated demand for emergency mental health services (All Nations Ontario Health Team, 2024). The suicide rate in the Ontario Health Northwest Region is 2.75 times higher than the provincial average. [9]

Incidences per 100,000 of ER visits due to intentional self harm among 10-24 age group in NWHU vs Ontario 2012-2021		
Year	**10-24 ER incidence rate per 100,00 NWHU**	**10-24 ER incidence rate per 100,00 Ontario**
2012	1105.5	222.5
2013	1308.0	255.1
2014	1614.7	280.1
2015	1940.3	297.0
2016	1871.6	314.9
2017	2210.9	359.0
2018	1956.5	360.9
2019	2088.8	326.2
2020	1950.7	300.4
2021	2408.2	368.9

[9] Table provided by NW Health Unit.

The rate of hospital admissions for substance use (SU) inpatient discharges per 100,000 individuals is 4.55 times higher, suggesting an exceptionally high need for inpatient care related to substance use. Similarly, the rate of Mental Health Act (MHA) inpatient admissions is 2.17 times higher (All Nations Ontario Health Team, 2024).

Data Point for OH NW (2021)	Comparison to Provincial Data
Emergency department visits for opioid-related issues	1.97 times higher
Opioid-related deaths	3.29 times higher
Risk-adjusted rate for frequent emergency department visits for MHSU	1.92 times higher
Suicide rate	2.75 times higher
Rate of hospital admissions for SU inpatient discharges per 100,000	4.55 times higher
The rate of MHA inpatient admissions per 100,000 individuals	2.17 times higher

The data for the Northwestern Health Unit (NWHU) reveals significant disparities compared to provincial averages in several critical areas related to mental health and substance use. Emergency department (ED) visits attributable to alcohol are 13.8 times higher in the NWHU, indicating a severe and disproportionate issue with alcohol-related harm that demands urgent attention and enhanced intervention strategies. Cannabis-related ED visits are also notably higher, at 2.0 times the provincial average, suggesting a substantial concern with cannabis-related harms in the region (All Nations Ontario Health Team, 2024).

Additionally, all-cause mortality in the NWHU is 1.3 times higher than the provincial average, which may reflect broader health and social challenges impacting the community. Material deprivation, which measures the level of economic hardship, is 2.3 times higher in the NWHU compared to the provincial average, underscoring significant socioeconomic challenges that likely contribute to the elevated rates of substance use and associated health issues (All Nations Ontario Health Team, 2024).

Data Point for NWHU (2021)	Comparison to Provincial Data
ED visits attributable to alcohol	13.8 times higher
ED visits cannabis-related harms	2.0 times higher
All-cause mortality	1.3 times higher
Material deprivation (2016)	2.3 times higher

The gap analysis for the substance use health bed-based treatment continuum highlights significant discrepancies between current capacity and projected needs in the region. The analysis reveals that there is no existing capacity for multi-functional bed-based substance use health services, while there is a projected need for 16 beds, resulting in a gap of 16 beds. Similarly, there is no current provision for community bed-based substance use health treatment, with a projected need for 117 beds, indicating a gap of 117 beds (All Nations Ontario Health Team, 2024).

In contrast, the analysis shows a surplus in supportive recovery bed-based substance use health services, with 38 beds currently available compared to a projected need for 36 beds, resulting in a small surplus of 2 beds. However, for hospital bed-based intensive substance use health treatment, the region currently lacks any provision, while there is a projected need for 9 beds, creating a gap of 9 beds (All Nations Ontario Health Team, 2024).

Substance Use Health Bed-based Treatment Continuum	Current Capacity	Projected Need	Gap
Multi-functional bed-based substance use health services	Service not provided	16 beds	Gap of 16 beds
Community bed-based substance use health treatment	Service not provided	117 beds	Gap of 117 beds
Supportive recovery bed-based substance use health services	38 beds	36 beds	Surplus of 2 beds
Hospital bed-based intensive substance use health treatment	Service not provided	9 beds	Gap of 9 beds

The table below shows the results for community-based intensive day or evening treatment services, which reveals a substantial gap between current capacity and projected need. Currently, no community-based intensive day or evening treatment services for substance use (SU), mental health (MH), or concurrent disorders (CD) are provided. However, there is a projected need for such services for 622 individuals. This results in a significant gap of 622 people who would require these services if they were available (All Nations Ontario Health Team, 2024).

Community-based Intensive Day or Evening Treatment Services (SU, MH, or CD)	Current Capacity	Projected Need	Gap
Community-based intensive day or evening treatment services	Service not provided	622 people	Gap of 622 people

The table assessing gaps in withdrawal management services highlights areas where current capacities fall short of meeting projected needs. For acute intoxication services, there is currently no service provision, while the projected need is for 1 bed. Similarly, in-home or mobile withdrawal management services are absent, with a projected need for 5 full-time equivalents (FTEs). Conversely, community bed-based withdrawal management services currently have 36 beds available, whereas only 5 beds are needed, resulting in a substantial surplus of 31 beds. This suggests that there is more capacity in community settings than required, potentially allowing for reallocation or optimization of resources. Additionally, there

is no current provision for hospital bed-based withdrawal management services, with a projected need for 1 bed, resulting in a gap of 1 bed (All Nations Ontario Health Team, 2024).

Withdrawal Management Services	Current Capacity	Projected Need	Gap
Acute intoxication services	Service not provided	1 bed	Gap of 1 bed
In-home / mobile WMS	Service not provided	5 FTEs	Gap of 5 FTEs
Community bed-based WMS	36 beds	5 beds	Surplus of 31 beds
Hospital bed-based WMS	Service not provided	1 bed	Gap of 1 bed

With regards to medicine specialty services for addiction indicates a slight shortfall in current capacity compared to the projected need. Currently, there are 6.5 full-time equivalents (FTEs) available for addiction medicine specialty services, including roles such as physicians, psychiatrists, RAAM (Rapid Access Addiction Medicine), RAAC (Rapid Access Addictions Clinic), OAT (Opioid Agonist Therapy), and managed alcohol programs. The projected need for these services is 7 FTEs, resulting in a gap of 0.5 FTEs. This small but significant gap suggests that while the region is relatively close to meeting the demand for specialized addiction medicine services, there is a need to increase capacity slightly to fully address the needs of individuals requiring these services. Addressing this gap could help ensure more comprehensive and effective support for individuals dealing with addiction issues, contributing to better overall outcomes and access to care (All Nations Ontario Health Team, 2024).

Addiction Medicine Specialty Services (physician, psychiatrist, RAAM/RAAC, OAT, managed alcohol)	Current Capacity	Projected Need	Gap
Addiction Medicine Specialty Services	6.5 FTEs	7 FTEs	Gap of 0.5 FTEs

The gap analysis for Intensive Case Management (ICM), Flexible Assertive Community Treatment (FACT), and Assertive Community Treatment (ACT) for mental health and substance use reveals a significant shortfall in current capacity relative to projected needs. Currently, there are 8.5 full-time equivalents (FTEs) available for these services. However, the projected need is for 26 FTEs, resulting in a substantial gap of 17.5 FTEs (All Nations Ontario Health Team, 2024).

ICM, FACT & ACT for Mental Health and Substance Use	Current Capacity	Projected Need	Gap
ICM, FACT & ACT for Mental Health and Substance Use	8.5 FTEs	26 FTEs	Gap of 17.5 FTEs

The gap analysis for community sector mental health and substance use services reveals disparities between current capacity and projected needs. There is a significant shortfall in specialized clinicians, with a gap of 31 FTEs, and a lack of community psychiatry data suggests an unknown deficit. Meanwhile, there is an overcapacity in general professional roles, with a surplus of 18 FTEs, and an excess of 7 FTEs in psychoeducation and psychosocial supports. Additionally, there is a shortage of 7 FTEs for peer and family support workers.

Addressing these gaps and surpluses is crucial for optimizing resource allocation and meeting the diverse needs of individuals requiring mental health and substance use services (All Nations Ontario Health Team, 2024).

MH/SU Community Services (blended or independent) includes (counselling, clinical, psychosocial)	Current Capacity	Projected Need	Gap
Level 1 – Community Psychiatry	Data not available	11 FTEs	Unknown
Level 2 – Clinicians with competencies and credentialing for highly specialized assessment and therapy (e.g., OSP) Note: current capacity does not include clinicians working in private practice	7 FTEs	38 FTEs	Gap of 31 FTEs
Level 3 – Professionals with providing counselling, case coordination/management, transitional supports, medication supports, and psychosocial rehabilitation	35.84 FTEs	18 FTEs	Surplus of 18 FTEs
Level 4 – Professionals providing psychoeducation and psychosocial supports	8.53 FTEs	1 FTE	Surplus of 7 FTEs
Level 5 – Workers with lived experience providing peer/family support or healthy living activities	8.2 FTEs	16 FTEs	Gap of 7 FTEs

With regards to supported housing and subsidized housing, the gap analysis revealed substantial gaps. For supported housing, there are currently 19 units available, while the projected need is for 306 units, resulting in a significant gap of 287 units. This indicates a critical shortage in high and moderate support housing options, emphasizing the urgent need for expansion to meet the demand. In terms of subsidized housing, the current capacity can support 95 people, but there is a projected need for 590 people, creating a substantial gap of 495 people. Both gaps highlight the need for targeted efforts to increase housing resources and financial support to address these pressing issues (All Nations Ontario Health Team, 2024).

Supported Housing – high and moderate support (e.g., Housing First)	**Current Capacity**	**Projected Need**	**Gap**
Supported Housing	19 units	306 units	Gap of 287 units
Subsidized Housing (e.g., financial support)	**Current Capacity**	**Projected Need**	**Gap**
Subsidized housing	95 people	590 people	Gap of 495 people

The gap analysis found a significant shortfall in mental health bed-based treatment services, with no current capacity in any of the listed categories. The projected needs are as follows: 11 beds for hospital-based acute care, 11 beds for long-term recovery or transitional respite, 9 beds for community-based long-term recovery, and 7 beds for hospital-based tertiary or complex care (All Nations Ontario Health Team, 2024).

Mental Health Bed-based Treatment Continuum	**Current Capacity**	**Projected Need**	**Gap**
Hospital-based acute care	Service not provided	11 beds	Gap of 11 beds
Long-term bed-based mental health recovery / transitional – respite	Service not provided	11 beds	Gap of 11 beds
Long-term bed-based mental health recovery / transitional (community homes for opportunity)	Service not provided	9 beds	Gap of 9 beds
Hospital bed-based tertiary care OR disorder-specific / complex hospital bed-based	Service not provided	7 beds	Gap of 7 beds

The table below shows a lack of specific data on current capacity for primary care services, but there is a projected need to provide care for 19,042 people. As a result, the gap in primary care services is currently unknown. This situation highlights the need for a detailed assessment to determine the existing capacity and understand the extent of the shortage (All Nations Ontario Health Team, 2024).

Primary Care	Current Capacity	Projected Need	Gap
Primary care	Data not available	19,042 people	Unknown

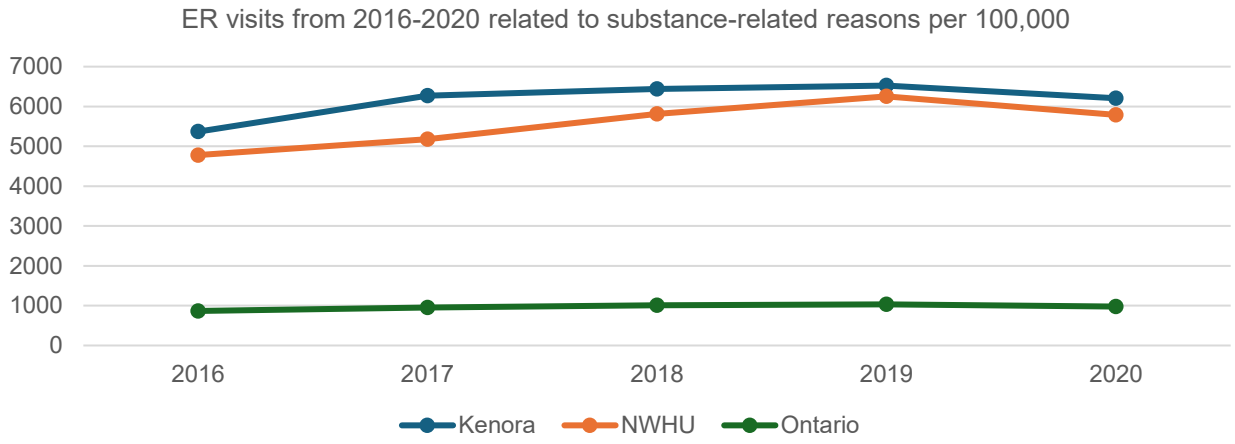
The table below indicates gaps in the emergency and crisis continuum for mental health and substance use services. Currently, there are no dedicated MHSUH beds in the emergency department, while the need is for 1 bed. Conversely, there is a surplus in urgent care clinics/crisis stabilization units with 5 beds available versus a need for just 1 bed, and a surplus of 2.5 FTEs in crisis intervention/mobile crisis, with only 1 FTE needed. This suggests a need to address the shortage in emergency department capacity (All Nations Ontario Health Team, 2024).

Emergency and Crisis	Current Capacity	Projected Need	Gap
Emergency department	No dedicated MHSUH beds in ED	1 bed	Gap of 1 bed
Urgent care clinic / crisis stabilization units	5 beds	1 bed	Surplus of 4 beds
Crisis intervention / mobile crisis	3.5 FTEs	1 FTE	Surplus of 2.5 FTEs

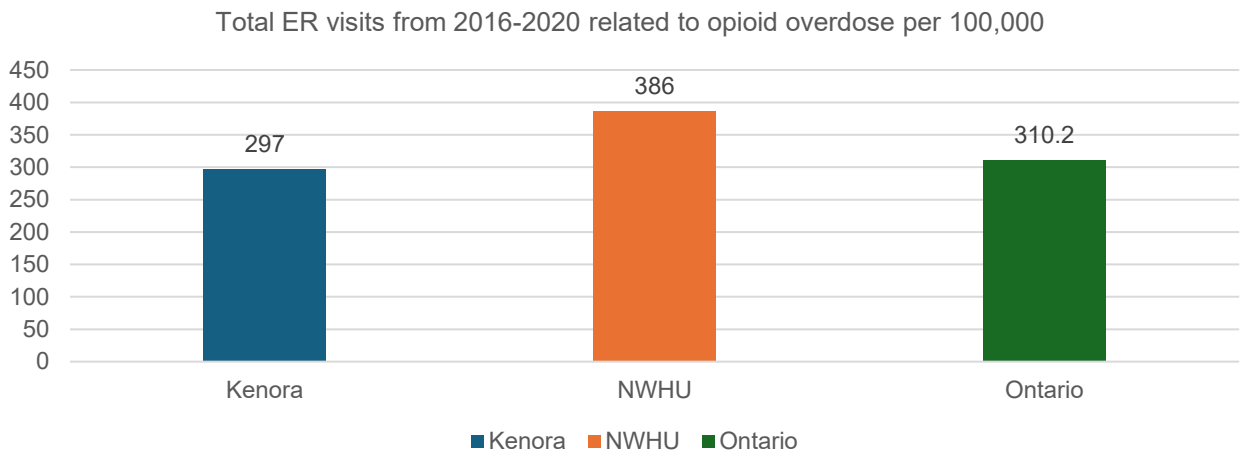
Supervised Consumption Needs Assessment

In March 2023, a report titled "Supervised Consumption Services Needs Assessment Northwestern Health Unit Region" was published, providing results of a needs assessment on substance use and related harms prevalence and patterns in the NWHU region. The report also aimed to determine whether the NWHU region could benefit from supervised consumption services in four communities in Northwestern Ontario: Kenora, Dryden, Fort Frances, and Sioux Lookout. Over 1,850 stakeholders participated in the needs assessment's engagement through in-person surveys, online surveys, and interviews and focus groups. Below is an overview of the results for Kenora (LBCG Consulting and Ontario Public Health Association, 2023).

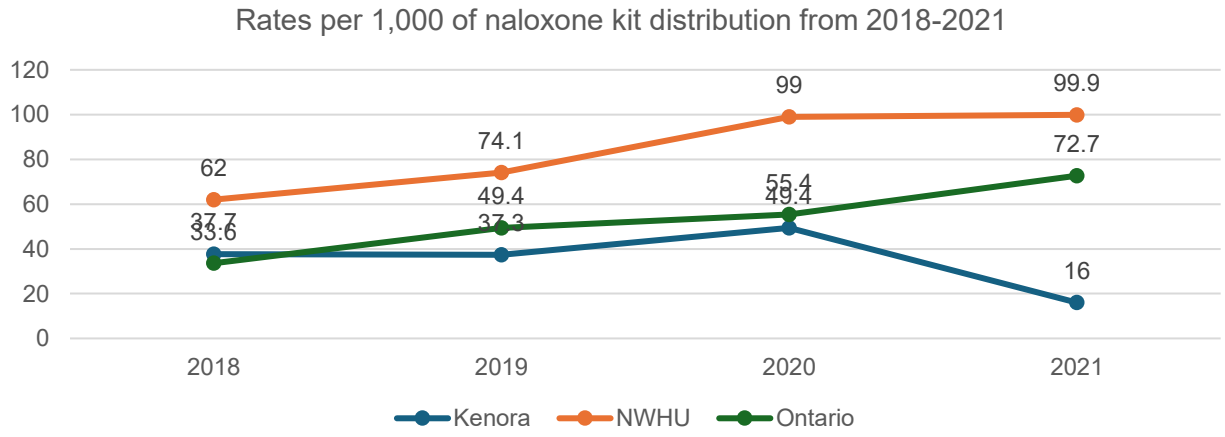
Data on mortality and morbidity from provincial and regional sources indicate that Kenora has a disproportionately high number of substance-related emergency visits compared to both the NWHU catchment area and the rest of Ontario. Additionally, Hepatitis C rates in Kenora are significantly higher than the provincial average. From 2016 to 2020, Kenora experienced a higher rate of substance-related emergency room visits compared to both the NWHU catchment area and the provincial average. Over these five years, Kenora's rate was 10.2% higher than the NWHU catchment area and 145.7% higher than the rest of Ontario (LBCG Consulting and Ontario Public Health Association, 2023).



When looking specifically at opioid-overdose related ER visits, rates in Kenora are 26% lower than the NWHU catchment area and 4.3% lower than the provincial average (LBCG Consulting and Ontario Public Health Association, 2023).



With regards to naloxone kit distribution, rates have increased every year for the NWHU catchment area, with only a slight increase from 2020 to 2021. In Kenora, there was an observed significant decrease in naloxone kit distribution from 2020 to 2021. It should be noted that the sources of information at the regional and provincial levels differ from those used for city-level data. Variations in how counts are recorded may exist, as NWHU and Ontario data include both community and pharmacy-distributed counts (LBCG Consulting and Ontario Public Health Association, 2023).



Survey of People Who Use Drugs

As part of the needs assessment, an in-person survey of people who use drugs was conducted in August 2022. Of the 271 participants, 101 (37%) were completed in Kenora. Of the 101, 71% indicated Kenora as a place they consider to be their hometown or home community. A higher proportion (63%) of respondents from Kenora were men, while 36% were women, and 1% identified as non-binary. A majority (81%) of respondents from Kenora identified as First Nation, in addition to 4% who identified as Métis. Of the survey respondents, 67% reported sleeping on the street multiple nights per month in the last year. Half (50%) also reported spending multiple nights per month in the last year in a house or apartment. Other answers included shelter/transitional housing (35%), hotel/motel room (17%), no fixed address (16%), prison/detention centre (6%), hospital/rehab/medical facility

(5%), a place where people gather to do drugs (4%), and other (5%) (LBCG Consulting and Ontario Public Health Association, 2023).

Participants were asked about their drug use patterns and related behaviours. In the past year, the most frequently used drugs were crystal meth (88%), opioids (75%), cocaine powder (44%), crack (26%), methadone or suboxone (25%), tranquilizers or benzodiazepines (20%) or other (14%).

- The most common method of drug use was by injection (81%), smoking (62%), snorting (37%), swallowing (21%), and other (1%).
- 53% said that someone else had prepared their drugs for them in the last year (n=97).
- 41% said that they had at some point in the last year shared drug use equipment such as needles, cookers, or pipes (n=96).
- 62% indicated that they had at some point in the last year gotten new drug use equipment from a friend, dealer, or someone on the street (n=97).
- 45% said in the past year, it occurred that they had not been able to find new drug use equipment when it was wanted (n=96).

Injecting-specific behaviours that respondents identified doing at any point in the last year included:

- 89% have injected alone (n=81).
- 63% had help from someone to inject (n=81).
- 70% reused their own injecting equipment (n=80).
- 19% shared or reused someone else's injecting equipment (n=80).
- 48% used water from a puddle, public fountain, or other outside source to prepare drugs or rinse needles (n=81).
- 89% exchanged or obtained needles at a harm reduction program (n=81).
- 47% experienced a harm reduction program limiting the number of needles they could be given (n=79).

With regards to drug use in public spaces, the top reasons for using drugs outside included:

- It's convenient to where I hang out (36%).
- Other (32%) – included: nowhere else to go (specified 9 times), addiction, because of past experiences and traumas, couldn't do at home, afraid wouldn't have a chance to do it if there was a warrant, etc., avoid children or police, for pain/most comfortable, like to be alone with one other person and to use privately away from public eye, need to use quickly so police don't take it away, only if absolutely necessary, quiet shady spot outside, relief of current situation, respect, rushed, so people would know what happened to them if they died, uses where they are at, and visiting the public.
- I'm homeless and don't have a place to use (31%).
- It's where I am when I decide to use (30%).
- I need to use immediately after getting drugs (e.g., experiencing withdrawal) (26%).
- There is nowhere to use safely where I buy drugs (17%).
- I prefer to be outside (12%).
- I don't want the person I am staying with to know I use/am still using (7%).
- I'm too far from home (6%).
- I need assistance from others to use (2%).
- Declined to answer (1%).

(LBCG Consulting and Ontario Public Health Association, 2023)

People who use drugs were asked to share their reasons for why they would use a supervised consumption site in Kenora. The responses are summarized in the table below.

Based on the data collected, the primary reason for using a supervised consumption site in Kenora is the perception of safer conditions, with 50% of respondents indicating this as their primary motivation. A significant number (39.4%) value having a welcoming and safe community space that fosters a sense of belonging. Additionally, 34% of respondents appreciate the potential for overdose prevention and treatment, while 30.9% seek access to new, sterile drug use equipment.

Other notable reasons include the desire for a clean and private environment, access to healthcare professionals, and facilities such as washrooms and showers. The variety of other motivations, such as safety from police and avoiding public drug use, underscore the multifaceted benefits that users associate with SCS, highlighting the importance of such sites in addressing diverse needs within the community (LBCG Consulting and Ontario Public Health Association, 2023).

Reasons why would use SCS	Response Rate
I would be using under safer conditions	50.0%
Having a community space that is welcoming/safe/sense of belonging	39.4%
Overdoses can be prevented and treated	34.0%
I would be able to get new, sterile drug use equipment	30.9%
Other: better life, need help injecting, safety, restock, be with friends, clean space, counselling, don't get arrested, don't have to hide, kids wouldn't see needles, more privacy, warm and safe.	29.8%
I would be able to use drugs indoors and not in a public space	24.5%
I would be able to see health professionals / access healthcare (e.g., wound care)	23.4%
I would be able to use facilities like washrooms, showers, and electrical outlets	19.1%
I would be safe from being seen by the police	17.0%
Availability and convenience of the services (including hours of operation)	16.0%
I could dispose of used drug equipment more safely	14.9%
I would be able to get a referral for health or social services	14.9%
I would be safe from potentially threatening people	12.8%
I would be able to share my knowledge and skills with peers and professionals	11.7%
That it is delivered by an agency I am trust/receiving care/support from non-judgmental professionals	10.6%
Declined	5.3%

On the contrary, when asked the reasons why they would not want to use SCS in Kenora, people who use drugs answered the following (LBCG Consulting and Ontario Public Health Association, 2023):

Reasons why would not use SCS	Response Rate
Other – including people would know you are using, shy/unsure/nervous, avoiding someone, people fighting, feeling unsafe, unwanted, no privacy from other clients, and if they minimize access.	54.0%
I fear being caught with drugs by police / possibility of police outside the site	22.2%
I do not want people to know I use drugs	20.6%
I do not want to be seen	19.0%
I need to avoid other people that would use the SCS	9.5%
I am afraid my name will not remain confidential	7.9%
I'm in too much of a hurry to wait to use the drug consumption room	7.9%
I would rather use with my friends	6.3%
Non-drug using people in the surrounding neighbourhood might harass me	6.3%
I don't know enough about supervised consumption services	6.3%
I'm worried about losing my kids to child welfare services	4.8%
I already have a place to use drugs	4.8%
I feel there are too many rules and restrictions associated with using SCS	4.8%
I can get new, sterile drug use equipment elsewhere	3.2%
I always use alone	1.6%
I feel it would not be convenient or have poor service and hours	1.6%
I do not trust SPS or the agencies that deliver them	1.6%

The survey also asked respondents to indicate the most important aspects of SCS according to them (LBCG Consulting and Ontario Public Health Association, 2023).

Survey Prompt	Very Important	Important	Somewhat Important	Not Important
Distribution of naloxone/Narcan to PWUD	68.4%	26.3%	3.2%	2.1%
HIV and Hepatitis C testing	66.7%	31.3%	2.1%	-
Overdose training for PWUD	64.9%	30.9%	4.3%	-
New, sterile drug use equipment distribution	63.2%	32.6%	4.2%	-
Assistance with finding housing, employment, and basic skills training	57.9%	29.5%	9.5%	3.2%
Wound care provided on site	55.2%	40.6%	4.2%	-
Trained staff present to supervise drug use for safety	53.8%	34.4%	10.8%	1.1%
Harm reduction counselling	51.6%	36.6%	9.7%	2.2%
Referrals to drug treatment, detox, and addiction recovery services	51.0%	39.6%	8.3%	1.0%
Access to other healthcare services	49.0%	46.9%	4.2%	-
Available food and beverages	45.8%	37.5%	11.5%	5.2%
Access to washrooms	42.7%	49.0%	6.3%	2.1%
Access to showers	39.6%	40.6%	13.5%	6.3%
Peer support from other people who use drugs	31.9%	41.5%	20.2%	6.4%
Access to drugs prescribed by a health professional	31.1%	43.3%	13.3%	12.2%
Indigenous counsellors present	30.9%	39.4%	23.4%	6.4%
A place to charge your phone or other electronics	25.5%	33.0%	24.5%	17.0%
A 'chill out' room to go after drug use	25.5%	30.9%	29.8%	13.8%

Community Readiness for Supervised Consumption Services

As part of the needs assessment, a community survey was implemented for the general public in order to seek community feedback around SCS. A total of 949 surveys were initiated by individuals who identified as living in Kenora, with a completion of rate of 85%. 16% of respondents identified as Indigenous, 15% identified as a staff member at a community agency or service provider, and 67% of respondents identified as men.

The table below presents the results related to the respondents' level of agreement to SCS statements. There is significant awareness of community needs regarding substance use, with 62% of respondents agreeing that there is a need for drug consumption and treatment services. The strongest support (57.8%) is for the idea that supervised consumption sites

(SCS) are important in preventing overdose deaths. However, opinions are divided on whether SCS can address broader community problems, with 45% in support and 43% opposed.

Additionally, 52% believe SCS has negative consequences, and 21% are undecided. Despite this, 54% support the development of treatment and consumption services, though the survey did not distinguish between the two, possibly influencing the results. There is also more disagreement than agreement on whether SCS can decrease public drug use. Opinions are polarized on other benefits, such as providing dignity and safety to people who use drugs (PWUD) and saving taxpayer money (LBCG Consulting and Ontario Public Health Association, 2023).

Survey Prompt	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total Selections
There is a need for drug consumption and treatment services in my community	51.8%	10.2%	4.9%	6.4%	26.6%	841
I support the development of consumption and treatment services in my community	39.1%	15.3%	8.1%	8.2%	29.2%	838
There are negative consequences of SCS in communities	33.7%	18.4%	21.7%	17.1%	9.1%	843
SCS are important in preventing overdose deaths	32.7%	25.1%	12.2%	10.6%	19.5%	842
SCS are important for providing an environment of dignity and safety for drug users	25.1%	23.6%	10.0%	15.3%	26.0%	838
SCS help solve problems in the community	24.9%	20.4%	11.8%	11.1%	31.8%	844
SCS can save taxpayer money by reducing overall health and social services costs	22.0%	18.5%	17.5%	15.2%	26.8%	844
SCS will decrease public drug use	18.7%	18.9%	14.6%	15.8%	32.0%	841

Respondents were also asked a series of questions about the possible impacts of SCS on the community. Responses suggest that gaining broader community acceptance for a supervised consumption site (SCS) in Kenora may be challenging, with only 20% of respondents seeing it as likely or very likely. Opinions on whether people who use drugs (PWUD) would use the SCS are divided: 41% find it likely or very likely, while 38% believe it is unlikely or very unlikely. This contrasts with the majority of PWUD who indicated they would use the SCS if available, highlighting a potential need for increased awareness about PWUD perspectives. Similar division is seen regarding the impact of SCS on reducing outdoor drug use. Despite these mixed opinions, many respondents believe the SCS would likely help

reduce needle debris, minimize the use of contaminated needles, and offer more opportunities for drug treatment and overdose prevention (LBCG Consulting and Ontario Public Health Association, 2023).

Survey Prompt	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Unsure	Total Selections
More people who use drugs would come to the area	33.0%	21.1%	18.2%	15.8%	5.0%	7.0%	848
Drug dealers would be attracted to the area	28.2%	20.6%	17.5%	20.3%	6.0%	7.3%	844
Overdoses would be reduced	23.5%	30.0%	11.0%	14.7%	18.6%	2.0%	842
The number of used syringes on the street would be reduced	21.7%	26.4%	7.5%	15.8%	25.4%	3.3%	844
Injection with used needles would be reduced	19.8%	28.6%	12.7%	15.1%	20.4%	3.4%	843
People would learn about drug treatment	18.0%	32.1%	13.1%	14.9%	19.4%	2.5%	839
The number of people using drugs outdoors would be reduced	14.5%	29.0%	8.2%	16.9%	27.6%	3.8%	844
People who use drugs would use the SCS	9.7%	31.4%	15.9%	19.6%	18.0%	5.4%	849
Crime would be reduced in the area	8.6%	15.7%	16.1%	17.0%	38.4%	4.2%	849
The SCS would be accepted by the broader community	3.9%	16.4%	14.3%	29.0%	32.0%	4.4%	847

Health Including Mental Health

Youth Mental Health

In 2023, the Northwestern Health Unit (NWHU) released a report on child and youth mental health outcomes. Although the data encompasses the entire NWHU jurisdiction, Kenora is included within the data, so we have chosen to include the results in this report.

Emergency Room Visits from Intentional Self Harm

Between 2012 and 2021, the Northwestern Health Unit (NWHU) recorded 4,547 emergency room (ER) visits related to intentional self-harm across all age groups. These visits resulted in the application of 5,075 diagnostic codes. The most common diagnoses were intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics, and antirheumatics, accounting for 1,254 cases (24.7%), and intentional self-harm by sharp object, with 1,180 cases (23.4%) (NWHU, 2023).

The data on the incidence of emergency room (ER) visits due to intentional self-harm among individuals aged 10 to 24 from 2012 to 2021 reveals a troubling trend in the Northwestern Health Unit (NWHU) region compared to the provincial average in Ontario. Throughout the entire period, the incidence rate in NWHU was significantly higher than the Ontario average.

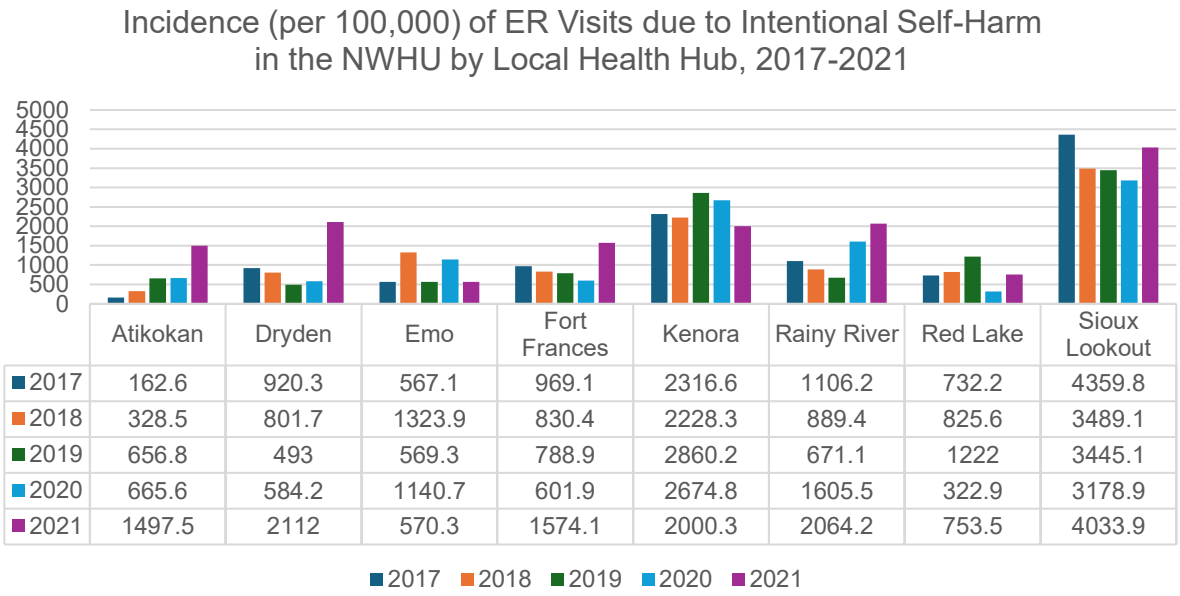
In 2012, NWHU had an incidence rate of 1,105.5 per 100,000, nearly five times higher than Ontario's rate of 222.5 per 100,000. This gap widened over the years, with the NWHU rate reaching 2,408.2 per 100,000 in 2021, compared to Ontario's rate of 368.9 per 100,000. The NWHU saw particularly sharp increases between 2014 and 2017, where the incidence rate surged from 1,614.7 to 2,210.9 per 100,000. Although there was a slight dip in 2018 and 2020, the overall trend shows a steady and alarming rise in the rate of self-harm-related ER visits among young people in the NWHU region (NWHU, 2023).

Within the NWHU, females consistently exhibited significantly higher incidence rates of emergency room visits due to intentional self-harm compared to males. Between 2012 and 2021, female children and youth had over 3.6 times more ER visits for intentional self-harm than their male counterparts.

Incidence (per 100,000) of ER Visits due to Intentional Self-Harm Among the 10-24 Age Group in the NWHU vs Ontario, 2012-2021		
Year	**10-24 ER Incidence rate (NWHU, per 100,000)**	**10-24 ER Incidence rate (Ontario, per 100,000)**
2012	1105.5	222.5
2013	1308.0	255.1
2014	1614.7	280.1
2015	1940.3	297.0
2016	1871.6	314.9
2017	2210.9	359.0
2018	1956.5	360.9
2019	2088.8	326.2
2020	1950.7	300.4
2021	2408.2	368.9

The data on the incidence of emergency room visits due to intentional self-harm across various local health units in the Northwestern Health Unit (NWHU) between 2017 and 2021 reveals that over this period, Kenora consistently exhibited high incidence rates, peaking at 2,860.2 per 100,000 in 2019. After reaching this peak, the rate slightly decreased, with 2,674.8 per 100,000 in 2020 and 2,000.3 per 100,000 in 2021. Despite this decline, Kenora's incidence rates remained among the highest in the region, indicating persistent and significant mental health challenges (NWHU, 2023).

When comparing Kenora to other areas within the NWHU, it is evident that Sioux Lookout consistently recorded the highest incidence rates of ER visits due to intentional self-harm throughout the years, with a peak of 4,033.9 per 100,000 in 2021, nearly double that of Kenora. Meanwhile, areas like Atikokan and Red Lake, which started with lower rates in 2017, saw substantial increases by 2021, though their rates remained below those of Kenora. Additionally, Kenora's rates consistently exceeded those in Fort Frances, Dryden, and Rainy River, except in 2021 when Dryden and Rainy River experienced sharp increases (NWHU, 2023).



	Atikokan	Dryden	Emo	Fort Frances	Kenora	Rainy River	Red Lake	Sioux Lookout
2017	162.6	920.3	567.1	969.1	2316.6	1106.2	732.2	4359.8
2018	328.5	801.7	1323.9	830.4	2228.3	889.4	825.6	3489.1
2019	656.8	493	569.3	788.9	2860.2	671.1	1222	3445.1
2020	665.6	584.2	1140.7	601.9	2674.8	1605.5	322.9	3178.9
2021	1497.5	2112	570.3	1574.1	2000.3	2064.2	753.5	4033.9

Emergency Room Visits Due to Mental and Behavioral Disorders

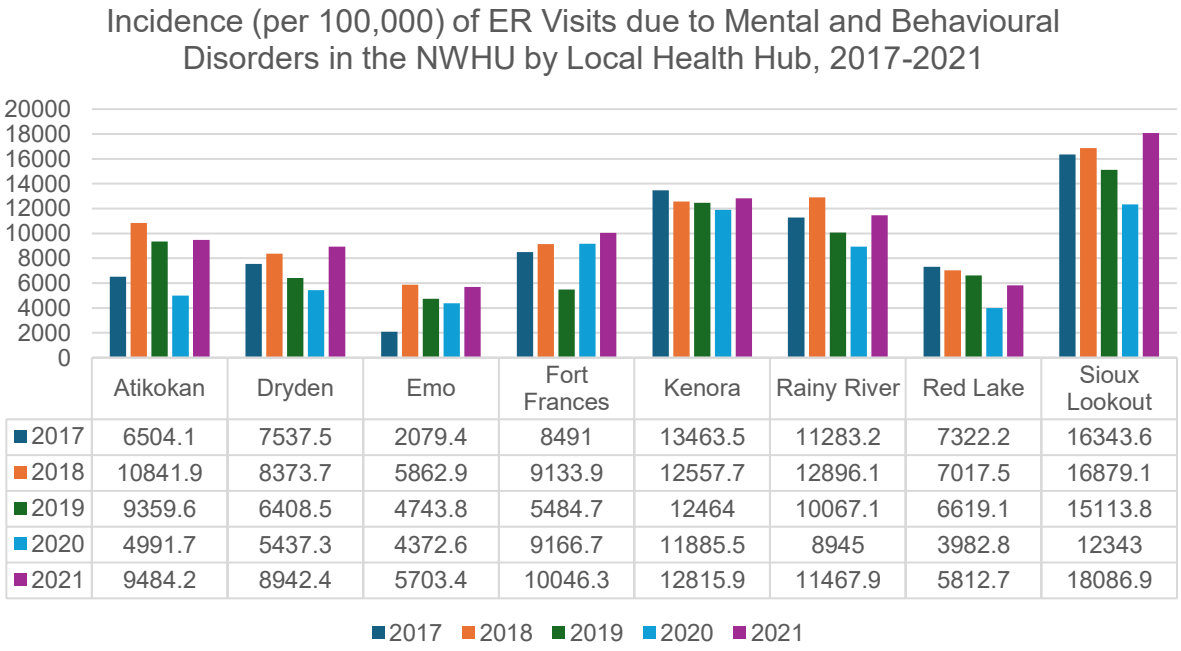
Between 2012 and 2021, there were 63,686 emergency room visits related to mental and behavioural disorders across all age groups within the NWHU. The two most common diagnostic codes during this period were for mental and behavioral disorders due to psychoactive substance use, which accounted for 59.1% of visits, and neurotic, stress-related, and somatoform disorders, which made up 24.8% of visits (NWHU, 2023).

The data shows a significant increase in the incidence rates of emergency room visits due to mental and behavioural issues among individuals aged 10-24 in the Northwestern Health Unit compared to Ontario from 2012 to 2021. In NWHU, the incidence rate began at 8,383.1 per 100,000 in 2012 and rose steadily to 12,619.1 per 100,000 by 2021. This indicates a marked upward trend over the years, with some fluctuations in between. Notably, there was a substantial increase between 2019 and 2020, suggesting either a rise in mental health issues or improvements in reporting and awareness during that period (NWHU, 2023).

In contrast, Ontario's incidence rate also increased, though at a slower pace. It started at 2,727.2 per 100,000 in 2012 and climbed to 3,261.1 per 100,000 by 2021. Although there is a clear upward trend, the rates remain consistently lower than those in NWHU. The gap between the rates in NWHU and Ontario has been widening over the years. For instance, in 2012, the incidence rate in NWHU was approximately 3.08 times higher than in Ontario. By 2021, this gap had expanded to about 3.87 times, highlighting a significant regional disparity (NWHU, 2023).

Incidence (per 100,000) of ER Visits due to Mental and Behavioural Disorders Among the 10-24 Age Group in the NWHU vs Ontario, 2012-2021		
Year	**10-24 ER Incidence rate (NWHU, per 100,000)**	**10-24 ER Incidence rate (Ontario, per 100,000)**
2012	8383.1	2727.2
2013	8147.8	2843.3
2014	8183.5	3041.6
2015	8929.4	3163.8
2016	10475.9	3453.9
2017	11603.8	3723.9
2018	12083.4	3673.2
2019	11078.7	3553.9
2020	9689.9	2958.8
2021	12619.1	3261.1

In 2017, Kenora had a high rate of 13,463.5, which decreased over the subsequent years, reaching 11,885.5 in 2020. However, in 2021, the rate increased slightly to 12,815.9, indicating a resurgence in ER visits (NWHU, 2023). When comparing Kenora to other local health units in the NWHU region, Kenora consistently had one of the highest rates throughout the period. For instance, Sioux Lookout had the highest rates overall, with significant fluctuations and a peak in 2018. While Kenora's rate decreased from 2017 to 2020, it remained higher than most other health units, except for Sioux Lookout (NWHU, 2023).



	Atikokan	Dryden	Emo	Fort Frances	Kenora	Rainy River	Red Lake	Sioux Lookout
2017	6504.1	7537.5	2079.4	8491	13463.5	11283.2	7322.2	16343.6
2018	10841.9	8373.7	5862.9	9133.9	12557.7	12896.1	7017.5	16879.1
2019	9359.6	6408.5	4743.8	5484.7	12464	10067.1	6619.1	15113.8
2020	4991.7	5437.3	4372.6	9166.7	11885.5	8945	3982.8	12343
2021	9484.2	8942.4	5703.4	10046.3	12815.9	11467.9	5812.7	18086.9

Emergency Room Visits Due to Substance-Related Mental and Behavioural Disorders
Between 2012 and 2021, there were 39,449 emergency room visits across the NWHU catchment area related to substance-related mental and behavioural disorders for all age groups. The most frequently used diagnostic codes were Mental and Behavioral Disorders Due to Use of Alcohol, Acute Intoxication, which accounted for 37.3% of these visits, and Mental and Behavioral Disorders Due to Use of Alcohol, Harmful Use, which represented 20.3% of the visits (NWHU, 2023).

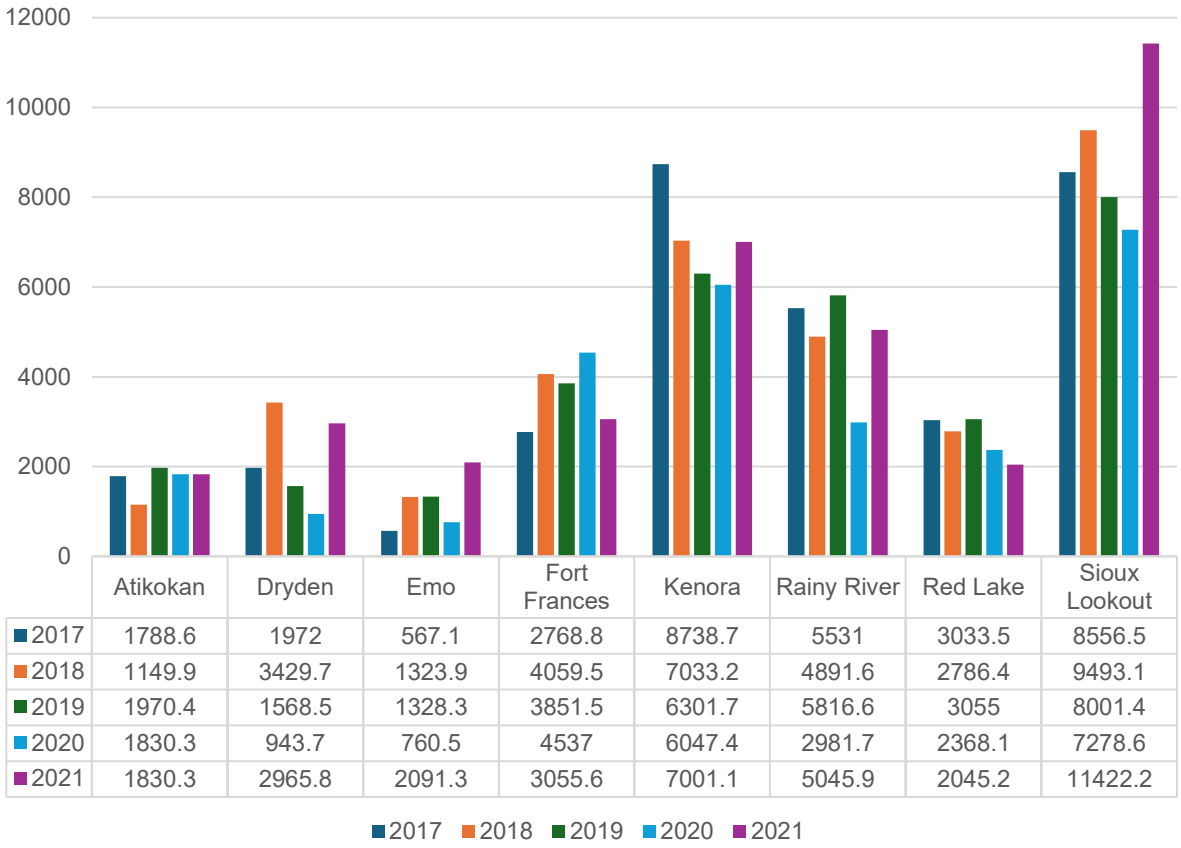
Between 2012 and 2021, the incidence rate of emergency room visits due to substance-related mental and behavioural disorders among individuals aged 10-24 in the NWHU significantly exceeded that of Ontario as a whole. In 2012, the NWHU rate was 4,575.8 per 100,000, substantially higher than Ontario's rate of 786.4. Over the years, this disparity persisted and even widened, with the NWHU rate peaking at 6,474.8 per 100,000 in 2021, compared to Ontario's 867.8. The data indicates a steady increase in the NWHU's incidence rate from 2012 through 2021, culminating in a notable rise in 2021 (NWHU, 2023).

In contrast, Ontario's rates experienced more moderate fluctuations over the same period. Overall, females in the NWHU generally exhibited slightly higher incidence rates of emergency room visits for substance-related mental and behavioral disorders compared to their male counterparts (NWHU, 2023).

Incidence (per 100,000) of ER Visits due to Substance-Related Mental and Behavioural Disorders Among the 10-24 Age Group in the NWHU vs Ontario, 2012-2021		
Year	**10-24 ER Incidence rate (NWHU, per 100,000)**	**10-24 ER Incidence rate (Ontario, per 100,000)**
2012	4575.8	786.4
2013	3983.9	761.5
2014	3871.6	813.4
2015	4835.2	869.2
2016	5423.2	967.2
2017	5885.0	1034.2
2018	6054.4	1037.0
2019	5256.8	1001.3
2020	4841.8	844.7
2021	6474.8	867.8

Between 2017 and 2021, Kenora consistently reported high incidence rates of emergency room visits due to substance-related mental and behavioural disorders compared to other local health hubs in the NWHU. In 2017, Kenora's rate was 8,738.7 per 100,000, the highest among the health units. Although this rate decreased over the next few years, reaching 6,047.4 in 2020, it remained substantially elevated relative to other regions. Compared to other areas, Kenora's rates were consistently among the highest (NWHU, 2023).

Incidence (per 100,000) of ER Visits due to Substance-Related Mental and Behavioural Disorders in the NWHU by Local Health Hub, 2017-2021



	Atikokan	Dryden	Emo	Fort Frances	Kenora	Rainy River	Red Lake	Sioux Lookout
2017	1788.6	1972	567.1	2768.8	8738.7	5531	3033.5	8556.5
2018	1149.9	3429.7	1323.9	4059.5	7033.2	4891.6	2786.4	9493.1
2019	1970.4	1568.5	1328.3	3851.5	6301.7	5816.6	3055	8001.4
2020	1830.3	943.7	760.5	4537	6047.4	2981.7	2368.1	7278.6
2021	1830.3	2965.8	2091.3	3055.6	7001.1	5045.9	2045.2	11422.2

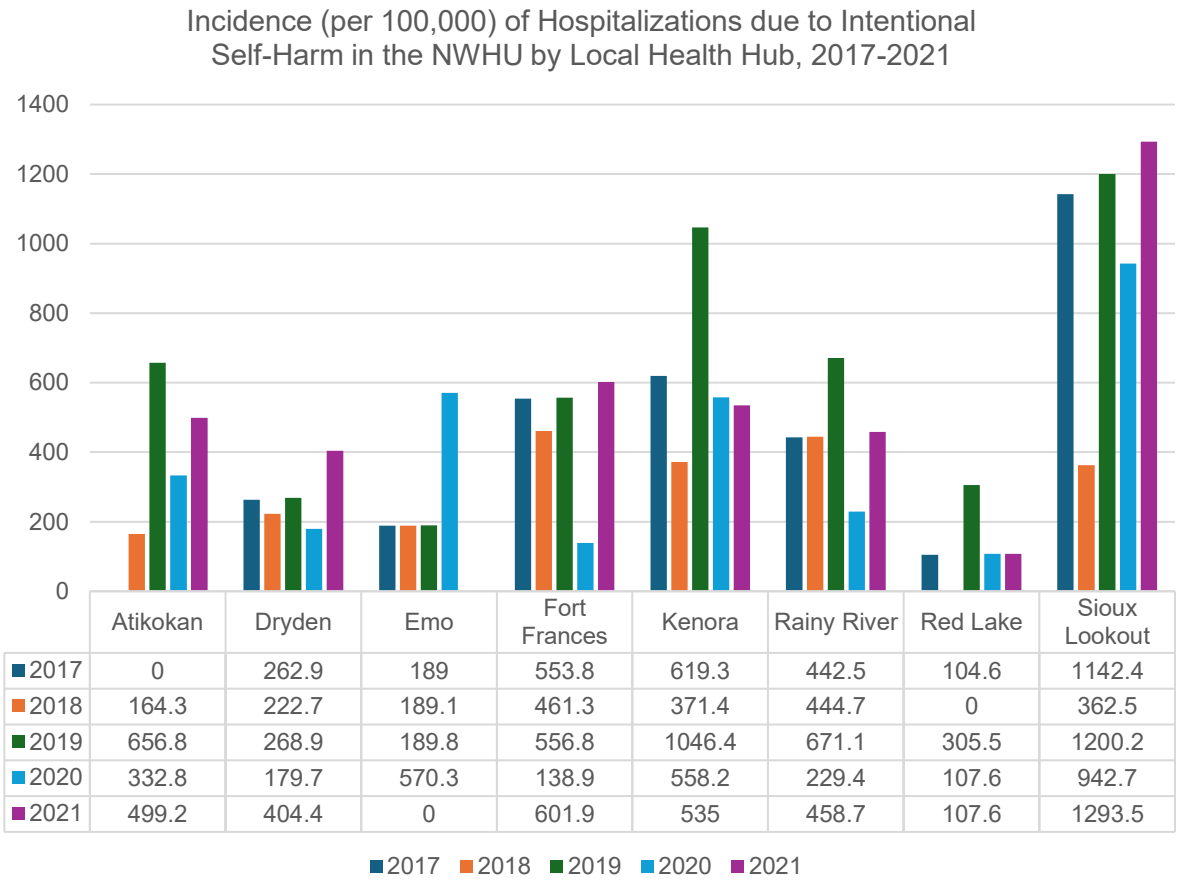
Hospitalizations Due to Intentional Self-Harm

Between 2012 and 2021, the NWHU recorded 1,252 hospitalizations due to intentional self-harm across all age groups in the monitored regions. The most common diagnostic codes associated with these hospitalizations were intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics, and antirheumatics and intentional self-poisoning by and exposure to other and unspecified drugs, medicaments, and biological substances (21.3% of cases). Significant differences in hospitalization rates due to intentional self-harm were observed between females and males. Females consistently had higher rates, particularly in younger age groups (NWHU, 2023).

Incidence (per 100,000) of Hospitalizations Due to Intentional Self-Harm Among the 10-24 Age Group in the NWHU vs Ontario, 2012-2021		
Year	**10-24 ER Incidence rate (NWHU, per 100,000)**	**10-24 ER Incidence rate (Ontario, per 100,000)**
2012	254.2	81.9
2013	294.0	88.6
2014	385.3	94.3
2015	383.0	98.7
2016	645.2	115.3
2017	626.2	120.3
2018	325.0	117.3
2019	463.5	105.5
2020	521.0	102.2
2021	698.9	126.7

The data on hospitalization rates per 100,000 due to intentional self-harm from 2017 to 2021 shows fluctuating trends in Kenora, with notable variations compared to other areas within the NWHU. In 2017, Kenora had a hospitalization rate of 619.3 per 100,000, which decreased to 371.4 in 2018. However, this rate surged to 1,046.4 in 2019, representing a significant increase. The rate declined again in 2020 to 558.2 and slightly further to 535.0 in 2021 (NWHU, 2023).

Compared to other regions, Kenora's rates are generally higher but not the most extreme. Sioux Lookout consistently recorded the highest rates, peaking at 1,293.5 in 2021 after fluctuating in the preceding years. Atikokan and Rainy River also saw considerable variation (NWHU, 2023).



	Atikokan	Dryden	Emo	Fort Frances	Kenora	Rainy River	Red Lake	Sioux Lookout
2017	0	262.9	189	553.8	619.3	442.5	104.6	1142.4
2018	164.3	222.7	189.1	461.3	371.4	444.7	0	362.5
2019	656.8	268.9	189.8	556.8	1046.4	671.1	305.5	1200.2
2020	332.8	179.7	570.3	138.9	558.2	229.4	107.6	942.7
2021	499.2	404.4	0	601.9	535	458.7	107.6	1293.5

Hospitalizations due to Mental and Behavioural Disorders

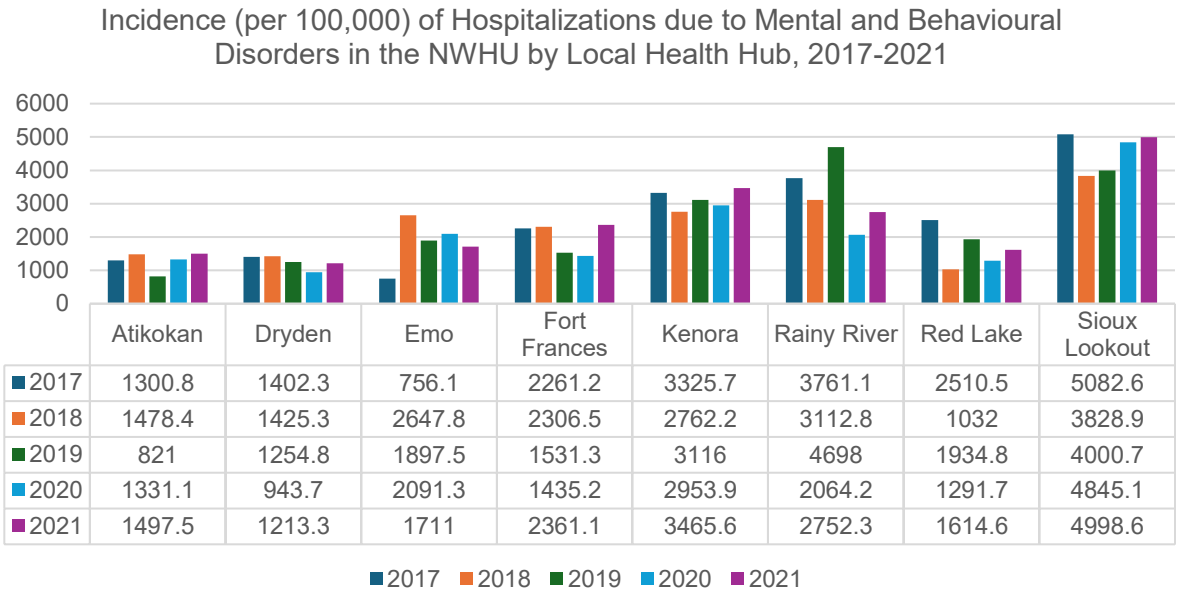
Between 2012 and 2021, there were 18,439 hospitalizations related to mental and behavioral disorders across all age groups in the Northwestern Health Unit. The two most frequently used diagnostic codes during this period were Mental and Behavioral Disorders Due to Psychoactive Substance Use, accounting for 8.3% of hospitalizations, and Mood Disorders, which made up 4.5% of hospitalizations (NWHU, 2023).

Between 2012 and 2021, the incidence of hospitalizations due to mental and behavioural disorders among the 10-24 age group in the NWHU was consistently higher than the provincial average in Ontario. In 2012, the hospitalization rate in the NWHU was 1,868.2 per 100,000, more than double Ontario's rate of 887.6. This trend of higher rates in the NWHU persisted throughout the decade, with the NWHU rate peaking at 3,177.0 per 100,000 in 2021, compared to Ontario's 1,207.8. The data shows a steady increase in hospitalization rates within the NWHU, particularly from 2014 to 2017, where the rates surpassed 3,000 per 100,000 and remained elevated. In contrast, Ontario's rates, while also rising, increased more gradually and remained significantly lower. This stark contrast suggests that the NWHU faces a disproportionately higher burden of mental and behavioural health issues among young people compared to the rest of the province (NWHU, 2023).

Incidence (per 100,000) of Hospitalizations Due to Mental and Behavioural Disorders Among the 10-24 Age Group in the NWHU vs Ontario, 2012-2021

Year	10-24 ER Incidence rate (NWHU, per 100,000)	10-24 ER Incidence rate (Ontario, per 100,000)
2012	1868.2	887.6
2013	2004.0	956.6
2014	2299.7	997.5
2015	2254.3	1034.7
2016	3117.2	1219.5
2017	3175.7	1276.1
2018	2657.6	1229.7
2019	2730.0	1176.8
2020	2802.1	1107.0
2021	3177.0	1207.8

The data on hospitalization incidence rates per 100,000 due to mental and behavioural disorders from 2017 to 2021 reveals notable trends across the NWHU, with a particular focus on Kenora. In 2017, Kenora had a high hospitalization rate of 3,325.7 per 100,000, which decreased in 2018 to 2,762.2. However, this decline was temporary, as the rate increased again in 2019 and 2020, reaching 3,116 and 2,953.9, respectively. By 2021, the rate had risen to 3,465.6, marking a significant increase from the previous years (NWHU, 2023).



	Atikokan	Dryden	Emo	Fort Frances	Kenora	Rainy River	Red Lake	Sioux Lookout
2017	1300.8	1402.3	756.1	2261.2	3325.7	3761.1	2510.5	5082.6
2018	1478.4	1425.3	2647.8	2306.5	2762.2	3112.8	1032	3828.9
2019	821	1254.8	1897.5	1531.3	3116	4698	1934.8	4000.7
2020	1331.1	943.7	2091.3	1435.2	2953.9	2064.2	1291.7	4845.1
2021	1497.5	1213.3	1711	2361.1	3465.6	2752.3	1614.6	4998.6

Hospitalizations to due Substance-Related Mental and Behavioral Disorders
There were 9,782 hospitalizations due to substance-related mental and behavioural disorders

across all age groups between 2012 and 2021 (NWHU, 2023). The data among the 10-24 age group from 2012 to 2021 reveals a striking disparity between the NWHU and the Ontario provincial average. Throughout this period, the incidence rates in the NWHU were consistently higher, often several times greater than those in Ontario. For example, in 2012, the NWHU's rate was 1,064.1 per 100,000, compared to Ontario's 279.2. This gap widened over the years, with the NWHU reaching a peak rate of 1,552.7 in 2017, more than four times the provincial rate of 336.3 that year. While Ontario's rates remained relatively stable, fluctuating slightly around 300 per 100,000, the NWHU saw more significant variations.

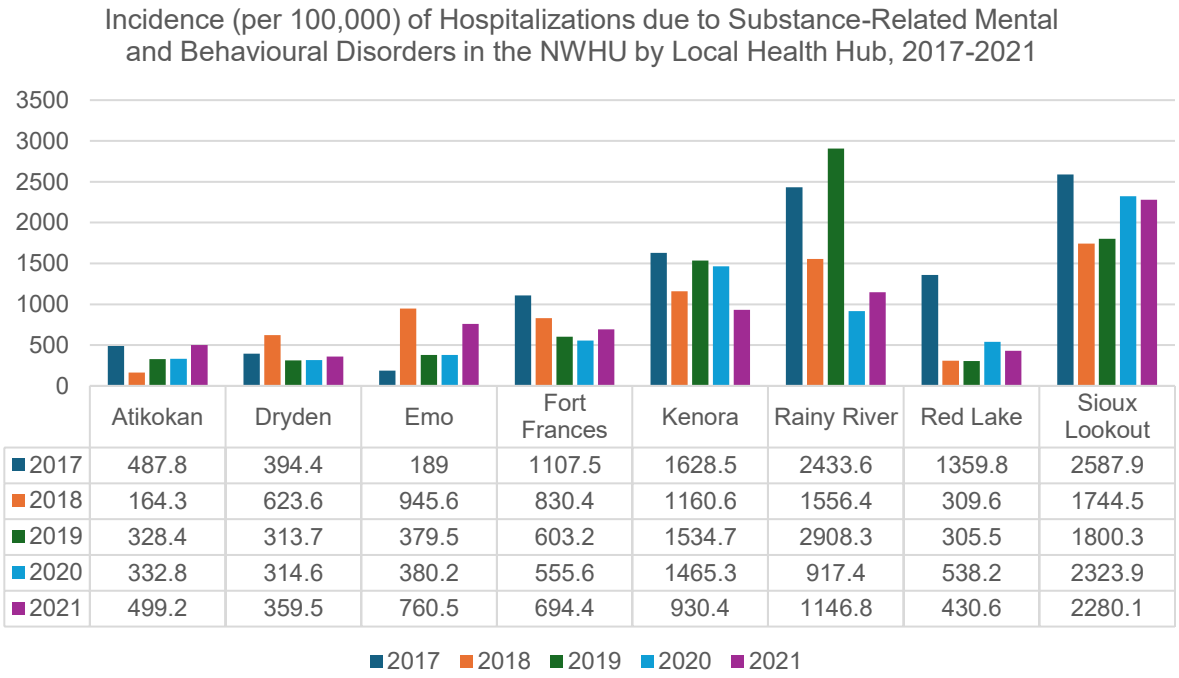
After the 2017 peak, the NWHU experienced a decline in rates, but they remained substantially higher than the provincial average, with a rate of 1,162.8 in 2021 compared to Ontario's 313.7 (NWHU, 2023).

Incidence (per 100,000) of Hospitalizations Due to Substance-Related Mental and Behavioural Disorders Among the 10-24 Age Group in the NWHU vs Ontario, 2012-2021

Year	10-24 ER Incidence rate (NWHU, per 100,000)	10-24 ER Incidence rate (Ontario, per 100,000)
2012	1064.1	279.2
2013	995.9	304.2
2014	1137.6	321.3
2015	1029.8	330.4
2016	1392.5	328.3
2017	1552.7	336.3
2018	1115.3	322.4
2019	1187.2	327.8
2020	1277.2	327.9
2021	1162.8	313.7

Between 2017 and 2021, Kenora experienced a notable fluctuation in its rates over the five-year period. In 2017, Kenora's rate was relatively high at 1,628.5 per 100,000, followed by a significant decrease in 2018 to 1,160.6. The rate then increased again in 2019 to 1,534.7, and although it declined slightly in 2020 to 1,465.3, it dropped more sharply in 2021 to 930.4 (NWHU, 2023).

When comparing Kenora's trends to other regions, Sioux Lookout consistently had the highest rates, peaking at 2,587.9 in 2017 and remaining elevated through 2021, despite some fluctuations. Rainy River also showed significant variation, particularly in 2019 when it reached a peak of 2,908.3, but it too saw a decline in subsequent years. Other areas, such as Fort Frances and Red Lake, had lower and more stable rates, with Kenora consistently experiencing higher rates than most regions, except for Sioux Lookout and Rainy River (NWHU, 2023).



	Atikokan	Dryden	Emo	Fort Frances	Kenora	Rainy River	Red Lake	Sioux Lookout
2017	487.8	394.4	189	1107.5	1628.5	2433.6	1359.8	2587.9
2018	164.3	623.6	945.6	830.4	1160.6	1556.4	309.6	1744.5
2019	328.4	313.7	379.5	603.2	1534.7	2908.3	305.5	1800.3
2020	332.8	314.6	380.2	555.6	1465.3	917.4	538.2	2323.9
2021	499.2	359.5	760.5	694.4	930.4	1146.8	430.6	2280.1

Rapid Intervention Service Kenora (RISK)

Rapid Intervention Service Kenora (RISK) is a community-led initiative that brings together representatives from across sectors, including mental health, addiction, justice, social services and education, to help those at acutely elevated risk of imminent harm or victimization. The section below outlines findings from the 2021-2022 RISK Table Report. Between May 2021 and May 2022, 39 cases were presented to the RISK Table, of which 27 met the criteria for acutely elevated risk. The individuals referred were evenly split by gender, with 50% being men and 50% women. The age groups most referred were 12-17 years (54%) and 18-24 years (21%). The top lead agencies were Lake of the Woods District Hospital (70%), Canadian Mental Health Association – Kenora (63%), and Kenora Association for Community Housing (48%) (RISK Table, 2022).

Top Risk Factors

The top five risk factors identified were mental health issues (13%), drug use (12%), housing instability (11%), alcohol use (10%), and criminal involvement (10%) (RISK Table, 2022).

Risk Factors	Prevalence (%)
Mental health	13%
Drugs	12%
Housing	11%
Alcohol	10%
Criminal involvement	10%
Missing school	8%
Antisocial/negative behaviour	4%
Basic needs	4%
Missing/runaway	4%
Negative peers	4%
Physical violence	4%
Parenting	3%

The top risk factors for males aged 12-17 years were mental health (14%), criminal involvement (11%), missing school (11%), alcohol (9%), drugs (8%), negative peers (8%), and housing (6%). For males aged 18-24 years, the top risk factors were mental health (18%), drugs (14%), and housing (14%) (RISK Table, 2022).

The top risk factors for females aged 12-17 years were missing school (12%), mental health (11%), alcohol (11%), criminal involvement (11%), negative peers (11%), drugs (9%), missing/runaway (5%). Among 18- to 24-year-old females, the most common risk factors were mental health (15%), alcohol (10%), criminal involvement (10%), and drugs (10%) (RISK Table, 2022).

Kenora Agency Engagement
With regards to the level of involvement demonstrated by the top agencies, the data shows that the primary originating agencies are as follows (RISK Table, 2022):

Originating Agencies	%
Ontario Provincial Police	48%
Adult Probation and Parole	15%
Kenora Catholic District School Board	11%

With regards to the top lead agencies, they are as follows (RISK Table, 2022):

Lead Agencies	%
Lake of the Woods District Hospital	70%
Ontario Provincial Police	63%
Kenora Chiefs Advisory	48%

Lastly, regarding the top assisting agencies include the following (RISK Table, 2022):

Assisting Agencies	%
Lake of the Woods District Hospital	18%
Ontario Provincial Police	16%
Kenora Chiefs Advisory	12%
FIREFLY	9%
CMHA – Kenora	7%
Adult Probation & Parole	7%
Youth Probation & Parole	7%

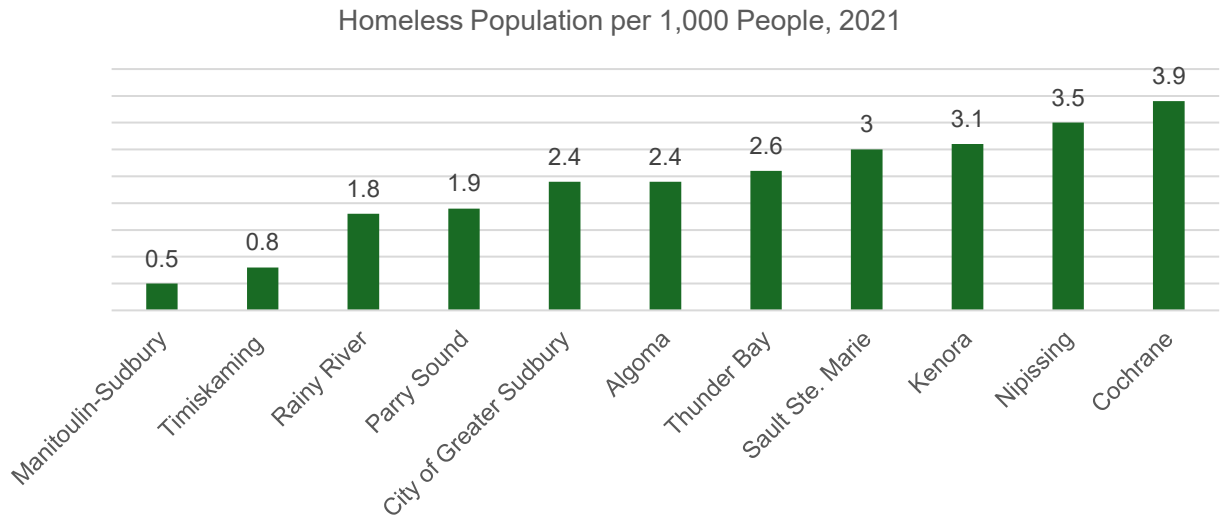
Closure Reasons
Data indicates that overall risk was lowered for 70% of referrals brought forward. Of the 27 cases brought forward, 3 remained at acutely elevated risk after an intervention was coordinated. The reasons these cases remained acutely elevated were due to the person relocating, being unable to locate an individual, and a person refusing services. There were 2 cases who already connected to appropriate services to reduce risk. On average it took 30 days to close a discussion. This is an increase of 11 days from the previous year (RISK Table, 2022).

Housing and Houselessness

In 2022, the Northern Policy Institute released a report titled “More than Just a Number: Addressing the Homelessness, Addiction, and Mental Health Crisis in the North.” This comprehensive report offers insights into northern Ontario as a whole, with certain data segmented by individual communities. This breakdown enables the examination of trends specific to Kenora. The following data reflects these community-specific trends and highlights key issues pertinent to Kenora (Northern Policy Institute, 2022).

Homeless Population

The graph below illustrates the number of homeless individuals recorded during point-in-time counts for northern communities in 2021. In 2021, Kenora reported a homeless population of 3.1 per 1,000 people, which is among the highest in northern Ontario. This figure places Kenora in a challenging position compared to other northern communities. It is notably higher than the rates in Manitoulin-Sudbury (0.5), Timiskaming (0.8), and Rainy River (1.8), reflecting a more acute homelessness issue in Kenora. It also surpasses the rates in Parry Sound (1.9), the City of Greater Sudbury and Algoma (both 2.4), and Thunder Bay (2.6) (Northern Policy Institute, 2022).

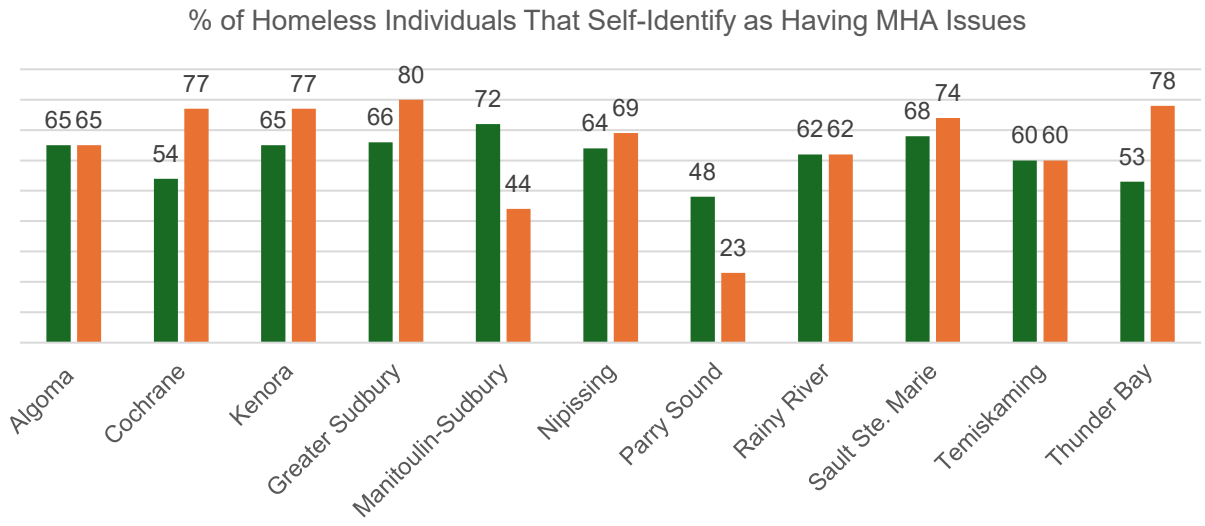


Homeless Individuals with Mental Health and Addiction Issues

In 2021, the percentage of homeless individuals who self-identified as having mental health and addiction issues varied across northern Ontario communities. In Kenora, 65% of homeless individuals reported mental health issues and 77% reported addiction issues. This percentage for mental health is comparable to the rates in Algoma (65%) and slightly lower than Sault Ste. Marie (68%). For addiction issues, Kenora's rate is consistent with Greater Sudbury (80%) and higher than Algoma (65%) and Rainy River (62%) (Northern Policy Institute, 2022).

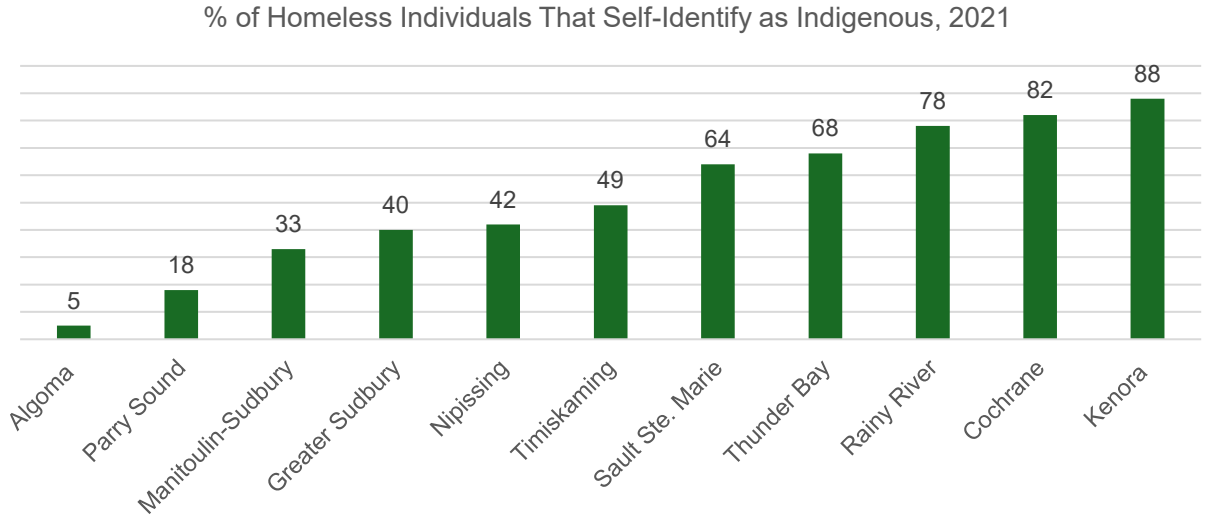
Compared to other communities, Kenora's rates of self-identified mental health issues are higher than those in Parry Sound (48%) but lower than Manitoulin-Sudbury (72%) and Sault Ste. Marie (68%). In terms of addiction issues, Kenora’s rate is on par with Greater Sudbury

(80%) and higher than most other northern communities, such as Manitoulin-Sudbury (44%) and Parry Sound (23%). Overall, these figures reflect a significant prevalence of both mental health and addiction issues among Kenora's unhoused population (Northern Policy Institute, 2022).



Homeless Individuals That Identify as Indigenous

In 2021, Kenora reported the highest percentage of homeless individuals who self-identify as Indigenous, with 88% of the homeless population falling into this category. This figure is notably higher compared to other northern Ontario communities. For instance, Kenora's rate surpasses those of Cochrane (82%), Rainy River (78%), and Thunder Bay (68%). It is significantly higher than the percentages in Sault Ste. Marie (64%), Nipissing (42%), and Greater Sudbury (40%). The Indigenous representation among the homeless population in Kenora is also well above that of Manitoulin-Sudbury (33%), Parry Sound (18%), and Algoma (5%) (Northern Policy Institute, 2022). This data underscores a critical need for culturally sensitive support services and targeted interventions to address the specific challenges faced by the Indigenous unhoused individuals in Kenora.



Child Welfare

Kenora-Rainy River Districts Child and Family Services provided informal data via email. The information and data provided is outlined below.

Types of Services
KRRCFS provides mandated child welfare services and group care for children in care. The organization is accredited through SAFE CARE to offer parenting support to families receiving services (KRRCFS, 2024).

Waitlists for Access to Services
As a mandated service, Kenora-Rainy River Districts Child and Family Services (KRRCFS) does not have a waitlist for families reported to child welfare. They actively advocate for families and children to ensure they receive the necessary services. Many of these services, however, do have waitlists. Services with fees typically have no waitlists; however, the socioeconomic group they work with often lacks the resources to pay for them (KRRCFS, 2024).

Peak Periods of Demand
The office hours are 8:30 AM to 4:30 PM, with emergency after-hours services available. A frontline worker and a supervisor are on call during these times. The Group Home is staffed 24/7. Calls for service during the evenings and nights are rare. Peak service demands typically occur in September and October (when children return to school), December (due to Christmas stress), and in March and May (KRRCFS, 2024).

Demographics of Participants
KRRCFS serves families and children from all socioeconomic backgrounds, with a focus on those from lower socioeconomic classes. As a mainstream child welfare agency, KRRCFS primarily does not serve Indigenous populations. Children and youth under the age of 18 are eligible for child welfare protection services. Young adults who receive services before their 18th birthday are eligible for continued support until their 23rd birthday (KRRCFS, 2024).

Children in Care
In the 23/24 fiscal year, the number of children in care in Kenora ranged from 14 to 20, indicating a relatively stable need for this service. The Ready Set Go program, designed for young adults, had 20 participants, highlighting a stronger demand or broader eligibility for this service. During the fiscal year, there were 605 referrals for child welfare protection, of these 190 were investigated. The number of families receiving ongoing services each month varied between 12 and 20, indicating some monthly variability in service demand. This variability might be influenced by factors such as seasonal changes, economic conditions, or specific family circumstances (KRRCFS, 2024).

The Anishinaabe Abinoojii Family Services (AAFS) reported that “approximately 55 children per year over the last five years were admitted into care”. Of those, ten children accounted for 20 admissions as they were brought into care, discharged and again returned later in the same year. Of all admissions 11% were apprehended while the remaining children were admitted voluntarily to temporary care, customary care or extended youth care. Fifty percent of children in care were diagnosed with or suspected of having medical, developmental, or

psychological “special needs”. Around ten youth age out each year. One quarter (25%) of those are not ready for independence and are considered high risk while in care and requiring intense attention from all area service providers, and tend to struggle due to mental health challenges, addictions, homelessness, transience, criminal acts etc.. [10]

Category	Number
Range of number of children in care in Kenora in 23/24 fiscal year	14-20
Young adults receiving services (Ready Set Go)	20
Referrals for child welfare protection in 23/24 fiscal year	605
Number of referrals investigated	190
Range of number of families receiving ongoing services in Kenora in 23/24	12-20 / month

Changes Over the Last 3-5 Years

The complexity of the challenges families face is increasing. There is a significant rise in poverty, leading to food insecurity and unstable housing. Although these issues are not directly related to child welfare services, families often need emergency assistance that is not readily available in the community. The use of methamphetamine among both adults and youth is on the rise, and accessing treatment when individuals are ready is becoming increasingly difficult. Financial strain is contributing to a rise in addictions, poor coping mechanisms, and family violence.

Children and youth are requiring more mental health interventions, with an alarming increase in suicide attempts and completions in the district compared to the rest of Ontario. Additionally, the district has the highest rates of overdose deaths in the province (KRRCFS, 2024).

Children Living Below LICO

The Canadian Health Survey on Children and Youth (2023) examines factors affecting the physical and mental well-being of young people. It includes information on the prevalence of children and youth living below the poverty line in 2019. The data for the Northwestern Health Unit (NWHU) and the province of Ontario is summarized in the table below. The proportion of children and youth living below the low-income threshold in the Northwestern Health Unit (NWHU) is lower than the overall rate for Ontario, with NWHU’s rate being approximately 5.6 percentage points below the provincial average.

However, the situation is notably different for Indigenous children and youth in NWHU, who experience a significantly higher rate of low income compared to their peers across Ontario. Specifically, the rate in NWHU is 18.1 percentage points higher than the provincial average, highlighting a marked disparity and indicating that Indigenous children and youth in NWHU face much higher levels of low income.

[10] Email communication provided based on sources from the ACTT (Assertive Community Treatment Team). the PACT (Program for Assertive Community Treatment) and the Pediatrics Advanced Care Team.

Conversely, the percentage of immigrant children and youth living below the low-income threshold in NWHU is considerably lower than the provincial average for Ontario (possibly influenced by the low rate of immigration to Kenora and area overall).

Category	NWHU	Ontario
Children and youth living below LICO	16.5%	22.1%
Indigenous	21.1%	3%
Immigrant	1.8%	36.7%

Poverty and Food Insecurity

Food Insecure Households

The table below presents statistics on the percentage of food-insecure households within the NWHU jurisdiction. Data specific to Kenora is not available. In the NWHU region, the proportion of food-insecure households decreased from 21.4% in 2019/20 to 18.9% in 2021/22. This decline suggests some improvement in food security within the region. However, the percentage of food-insecure households in the NWHU remains higher than the provincial average, which saw a minor increase from 17.1% to 17.4% over the same period. The comparison indicates that while food insecurity in the NWHU has improved, it is still more prevalent compared to the overall rates in Ontario (Public Health Ontario, 2024).

	2019/20	2021/22
NWHU	21.4%	18.9%
Ontario	17.1%	17.4%

The NWHU 2023 Food Insecurity Report also found that 21.3% of food-insecure households are people living within a municipality and working. Furthermore, 48.2% of all food-insecure households rely on one income (NWO News Watch, 2024).

Food Insecure Individuals

The table below presents statistics on the percentage of food-insecure individuals within the NWHU jurisdiction. Again, data specific to Kenora is not available.

In the NWHU region, the percentage of food-insecure individuals decreased from 24.4% in 2019/20 to 18.8% in 2021/22. This decline indicates some improvement in food security within the region over this period. However, the food insecurity rate in NWHU remains significantly higher than the provincial average. For Ontario, the percentage of food-insecure individuals increased slightly from 17.2% to 17.7% during the same period. While the NWHU region has seen progress in reducing food insecurity, it continues to experience higher levels of food insecurity compared to the provincial average, underscoring ongoing challenges in addressing this issue effectively (Public Health Ontario, 2024).

	2019/20	2021/22
NWHU	24.4%	18.8%
Ontario	17.2%	17.7%

Food Bank Usage

The table below outlines the services provided by the Kenora Food Bank. In mid-2022, the food bank transitioned to a grocery-style pickup model, replacing the previous system of prepared boxes. All services provided by the food bank are entirely donation-based.

The data on Kenora Food Bank usage from January 1, 2021, to March 31, 2024, provides a comprehensive view of the service's reach and demographics. Over this period, there were a total of 5,135 visits to the food bank, serving 364 individual households and a total of 772

people. Among those served, 228 were children aged 0-17, with a breakdown showing 30 infants aged 0-2 years, 39 toddlers aged 3-5 years, 77 children aged 6-11 years, and 82 adolescents aged 12-17 years. This data indicates that a significant portion of food bank clients are children (Kenora Food Bank, n.d.).

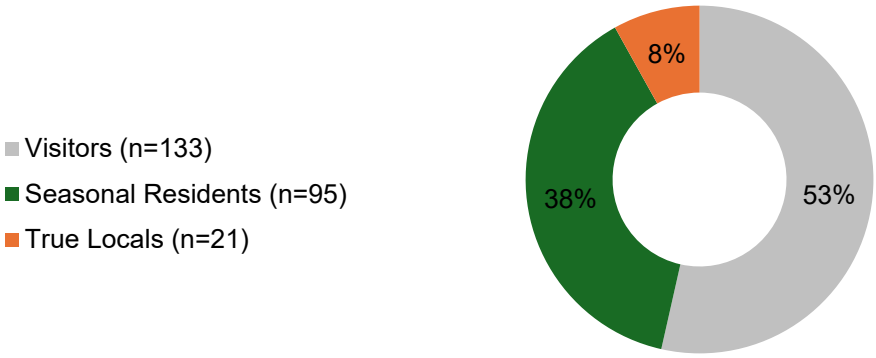
Kenora Food Bank Usage, January 1st, 2021 to March 31st, 2024	
Total number of visits	5,135
Number of individual households served	364
Number of persons served	772
Number of kids served (0-17) • 0-2 years • 3-5 years • 6-11 years • 12-17 years	228 30 39 77 82

Tourism

In 2021, the City of Kenora was looking to build a new tourism brand and external marketing strategy focused on improving Kenora as a leading destination. The city partnered with Wake Marketing to better understand the perspectives of Kenora visitors, which was done through an online survey of 249 respondents. These perspectives can help inform how people feel about safety and well-being when spending time in Kenora. The results are outlined below.

Profile of Study

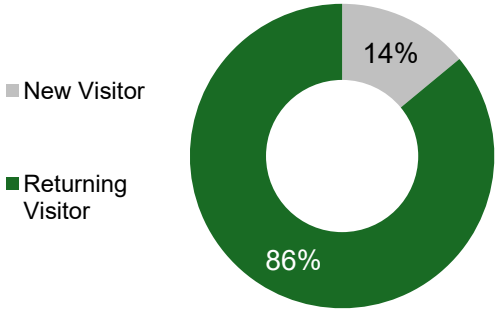
The total demographic makeup of the sample includes all those intercepted while in Kenora. The key segments within the sample are representative of visitors to Kenora, seasonal and true local Kenora residents. Most of the analysis was conducted on Kenora visitors (City of Kenora, 2021).



Visitor Details

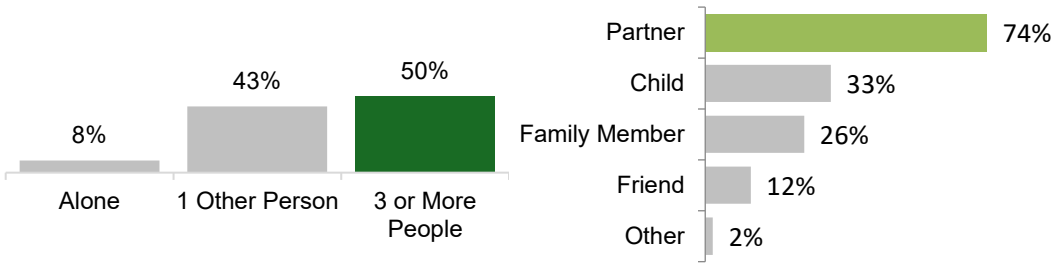
This sector covers a profile of visitors' trip to Kenora and details about the reason for their visit. The length of stay was varied, with 35% of visitors staying for 3-5 days, 24% of visitors staying for 1-2 days or for 6-10 days, and 17% staying for 11+ Days. The majority (78%) of visitors identified that Kenora is their final destination (City of Kenora, 2021).

With regards to frequency of visits to Kenora, 86% of survey respondents were returning visitors, with 40% of respondents having visited 11 times or more. With regards to accommodation, 44% of respondents were staying with a friend or family member, while 26% were staying in a hotel. Other accommodations were lodges/cabins (23%), house rental/Airbnb (20%), and campgrounds (15%) (City of Kenora, 2021).

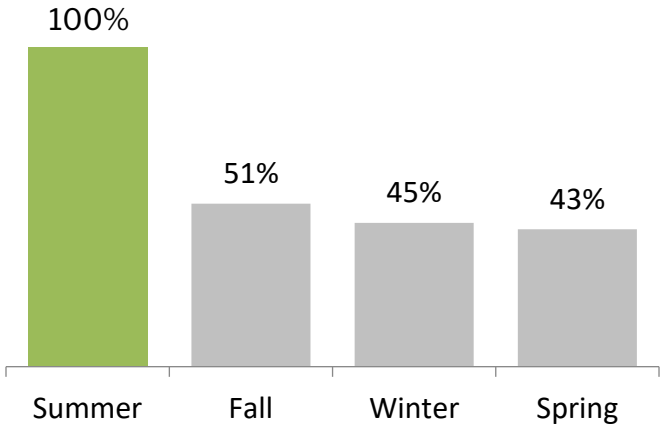


Once	4%
Twice	10%
3-5 Times	24%
6-10 Times	21%
11+ Times	40%

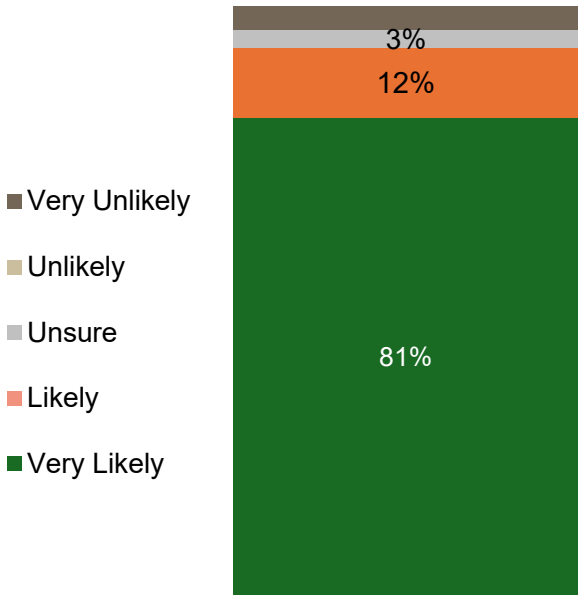
With regards to travel size and group, 50% of visitors indicated they were travelling with 3 or more people. 43% were travelling with one other person, and only 8% were travelling alone. In terms of who they were travelling with, 74% were accompanied by their partner, 33% were travelling with a child, and 26% were travelling with a family member. A smaller proportion of visitors (12%) were travelling with a friend (City of Kenora, 2021).



All visitors have visited Kenora during the summer (100%), but other seasons as well. In fact, 51% of visitors have visited during the fall, 45% during the winter, and 43% during spring (City of Kenora, 2021).

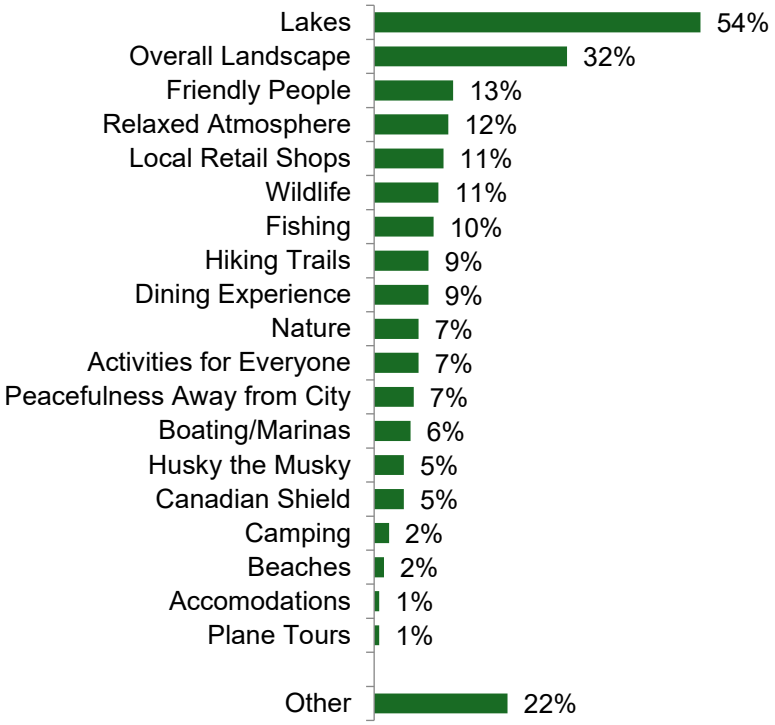


Respondents were asked how likely they are to consider returning to Kenora. The majority (93%) of visitors indicated they are very likely (83%) or likely (12%) to return. When broken down by age group, younger visitors were more inclined to consider returning to Kenora compared to older visitors. Specifically, 100% of 18-34-year-olds and 91% of 35-54-year-olds were likely to return, compared to 89% of those aged 55 and older (City of Kenora, 2021).

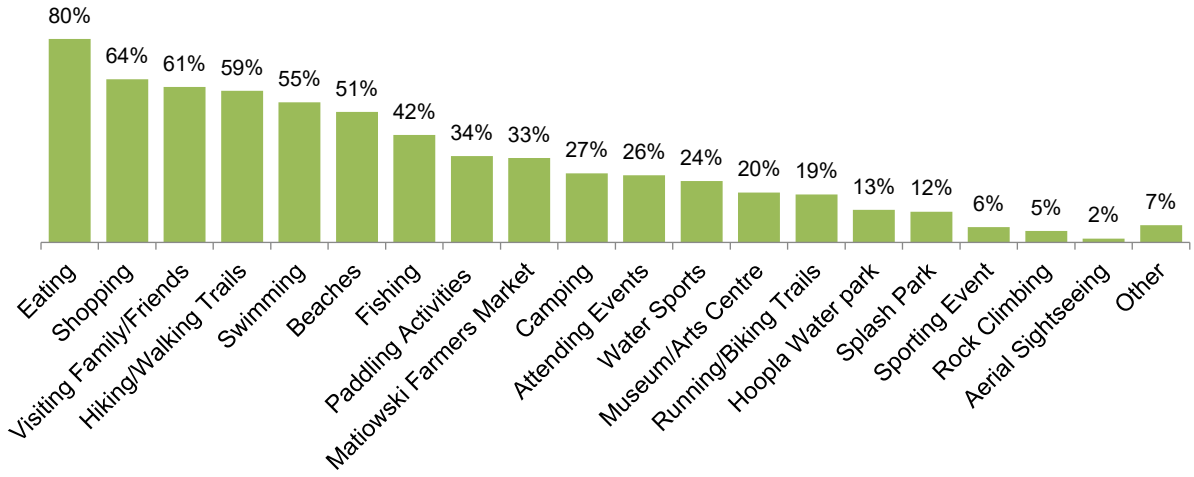


Visitor Activities

With regards to activities, visitors perceive the surrounding lakes, overall landscape, and friendly people to be what makes Kenora and the surrounding regions unique (see graph below). Visitors most commonly compared Kenora to Muskoka, Ontario, areas within British Columbia and Gimli, Manitoba, likely because of their small town feel and accessibility to nature (City of Kenora, 2021).



Overall, visitors to Kenora primarily engaged in activities such as eating, shopping, visiting family and friends, and hiking or walking trails (see graph below). The 18-34 age group, in particular, was more active than older visitors, participating in and planning a higher number of activities. This younger demographic notably frequented trails, swam, and visited beaches more often than the average visitor (City of Kenora, 2021).



Returning to Kenora

Visitors who spent time with family and friends in Kenora were significantly more likely to consider returning in the future compared to those who did not visit family or friends. Additionally, the intention to return to Kenora diminishes notably as the weather turns colder, indicating a strong seasonal preference for visiting during milder months (City of Kenora, 2021).

References

Part One: Public Data

- Homeless Hub. (2021). Community Profiles. https://www.homelesshub.ca/community-profile/kenora
- Moreau, G, (2021). Police-reported crime statistics in Canada, 2020. https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00013-eng.htm.
- Northwestern Health Unit. (2023a). COMPASS 2022-2023 Report. https://www.nwhu.on.ca/wp-content/uploads/2023/09/COMPASS-2022-23-Report-Northwestern-Health-Unit-Region.pdf
- Northwestern Health Unit. (2023b). Opioids in Our Community. https://www.nwhu.on.ca/our-services/harm-reduction/opioids-in-our-communities/
- Public Health Ontario. (2018). Early Development Instrument Snapshot. https://www.publichealthontario.ca/en/Data-and-Analysis/Reproductive-and-Child-Health/Early-Development-Instrument
- Public Health Ontario. (*n.d.*) Data & Analysis. https://www.publichealthontario.ca/en/Data-and-Analysis/
- Statistics Canada. (2021a). Average monthly shelter cost, Kenora (City), 2016 to 2021. https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/alternative.cfm?topic=7&lang=E&dguid=2021A00053560010&objectId=5_3
- Statistics Canada. (2021b). Census Profile, 2021 Census of Population. https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&SearchText=Kenora&DGUIDlist=2021A00053560010&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0
- Statistics Canada. (2021c). Focus on Geography Series, 2021 Census of Population. https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?topic=14&dguid=2021A00053560010&lang=E
- Statistics Canada. (2023a). Crime severity index and weighted clearance rates, police services in Ontario. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510018801&pickMembers%5B0%5D=1.126&cubeTimeFrame.startYear=2018&cubeTimeFrame.endYear=2022&referencePeriods=20180101%2C20220101
- Statistics Canada. (2023b). Incident-based crime statistics, by detailed violations, police services in Ontario. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510018001&pickMembers%5B0%5D=1.126&pickMembers%5B1%5D=2.1&cubeTimeFrame.startYear=2018&cubeTimeFrame.endYear=2022&referencePeriods=20180101%2C20220101
- Ontario Mortality Statistics [2010-2021]. Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date Extracted: April 16, 2024

Part Two: Local Data

- All Nations Ontario Health Team (2024). Gap Analysis Review.
- Anishinaabe Abinoojii Family Services (AAFS) email communication re child welfare data
- Canadian Mental Health Association – Kenora (2023). Kenora Mobile Crisis Response Team: Individuals Supported in 2023. https://www.cmhak.on.ca/images/1/23/Kenora_-_MCRT_stats-_2023_d2.pdf
- City of Kenora. (2021). City of Kenora Tourism Study.
- Correctional Service of Canada. (n.d.). Information About Federal Parolees in Kenora. Provided via email
- Creighton Youth Centre, 2024. Bail Residency Statistics 2021-2023. Provided via email.
- Deloitte. (2024). City of Kenora – Triage BR&E Survey Results.
- Keewatin-Patricia District School Board. (2023). Board Improvement and Equity Plan, June 2023 Update, Presentation to the Board.
- Keewatin-Patricia District School Board. (2024a). Student Census, Grades K-8.
- Keewatin-Patricia District School Board. (2024b). Student Census, Grades 9-12.
- Keewatin-Patricia District School Board. (2024c). Identification, Placement, and Review Committee – Special Needs Students.
- Keewatin-Patricia District School Board. (n.d.). Student Enrollment. *Provided via email*
- Keewatin-Patricia District School Board. (n.d.) School Counsellor Caseload. *Provided via email*
- Kenora Catholic District School Board. (n.d.). Schools. https://www.kcdsb.on.ca/schools
- Kenora Chiefs. (n.d.). Mental Health & Addiction Programs. https://www.kenorachiefs.org/mental-health-and-addictions/
- Kenora Food Bank. (n.d.). Data About Food Bank Usage in Kenora. Provided via email.
- Kenora-Rainy River Districts Child & Family Services. Child Welfare. Provided via email.
- Lake of the Woods District Hospital. (2024). Emergency Department – Mental Health and Addictions 2023/24.
- LBCG Consulting and Ontario Public Health Association. (2023). Supervised Consumption Services Needs Assessment – Northwestern Health Unit Region. https://www.nwhu.on.ca/our-services/harm-reduction/supervised-consumption-services-feasibility-study/
- Ministry of the Solicitor General. (n.d.). Number of Unique Probation & Parole Clients at Kenora/Rainy River Offices with Kenora/Keewatin Addresses (2019-2023). *Provided via email.*
- Northwestern Health Unit. (2023). Report on Child and Youth Mental Health Outcomes within the Northwestern Health Unit. https://www.nwhu.on.ca/child-and-youth-mental-health-outcomes-report/
- NWO News Watch. (2024). Food insecurity on the rise in Kenora-Rainy River. https://www.nwonewswatch.com/local-news/food-insecurity-on-the-rise-in-kenora-rainy-river-8567683#:~:text=According%20to%20the%20Northwestern%20Health,district%20households%20face%20food%20insecurity

- Ontario Mortality Statistics [2010-2021]. Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date Extracted: April 16, 2024
- Ontario Provincial Police. (2024a). Focused Analytical Report – 2024 Kenora Community Safety Plan.
- Ontario Provincial Police. (2024b). Brief Mental Health Screener (BMHS) and Niche RMS Mental Health-Related Occurrences Statistics, 01 January 2019 – 31 December 2023.
- Public Health Ontario. (2024). Household Food Insecurity Snapshot. https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Household-Food-Insecurity
- RISK Table. (2022). Rapid Intervention Service Kenora (RISK) Table Report – May 2021-2022.
- Statistics Canada. (2023). Canadian Health Survey on Children and Youth. https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5233