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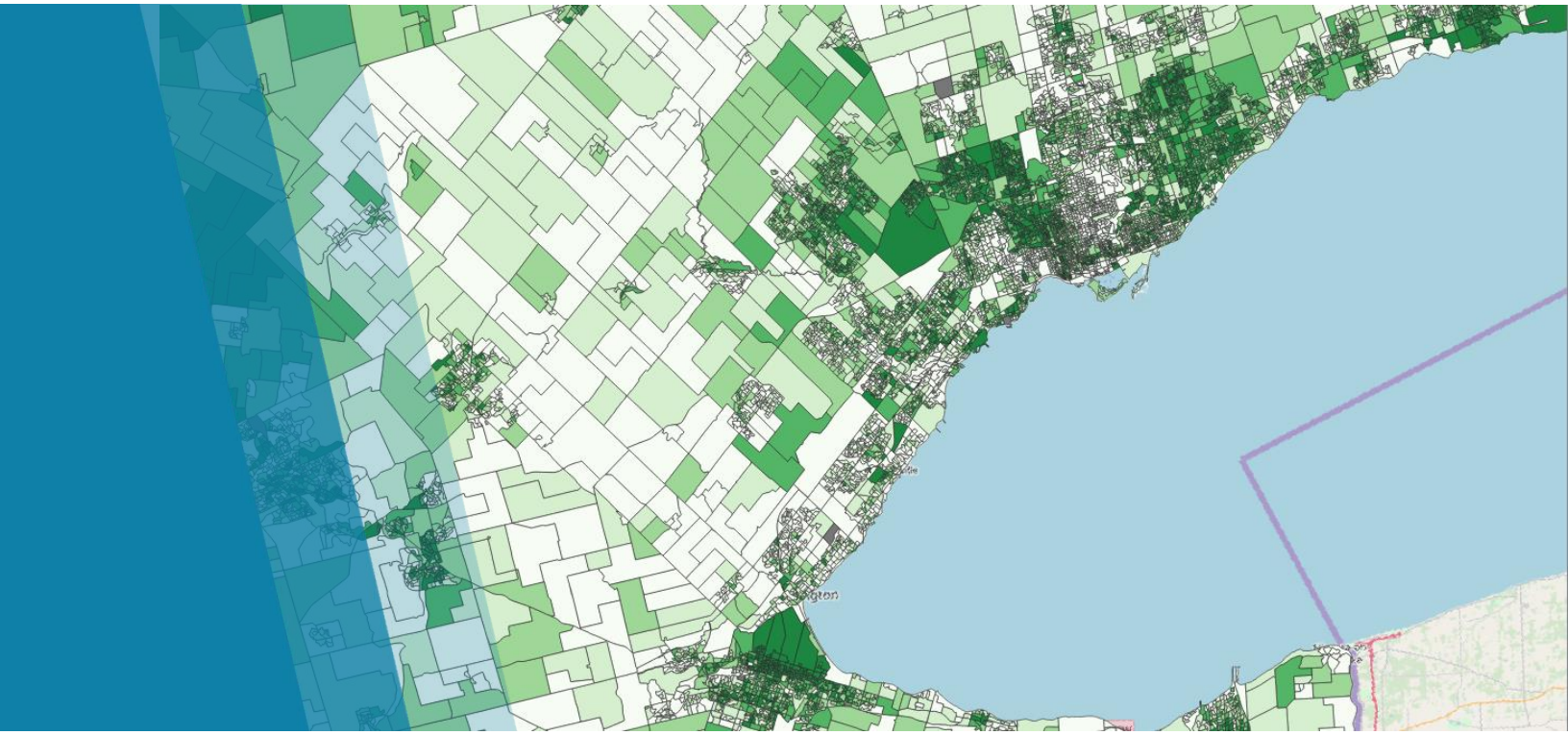
ST. MICHAEL'S UNITY HEALTH TORONTO

2021 Ontario Marginalization Index



User Guide

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ON-Marg Ontario Marginalization Index

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About Our Partner Organizations

MAP Centre for Urban Health Solutions – St. Michael's Hospital

MAP Centre for Urban Health Solutions is a world-leading research centre dedicated to creating a healthier future for all. Through big-picture research and street-level solutions, MAP scientists tackle complex community health issues — many at the intersection of health and inequity. The Centre seeks to improve health in cities, especially for those experiencing marginalization, and to reduce barriers to accessing factors essential to health, such as appropriate health care and quality housing. We are committed to developing and implementing concrete responses within health care and social service systems and at the level of public policy.

St. Michael's Hospital (Unity Health Toronto) provides compassionate care to all who enter its doors. The hospital also provides outstanding medical education to future health care professionals in more than 29 academic disciplines. Critical care and trauma, heart disease, neurosurgery, diabetes, cancer care, care of the homeless, and global health are among the Hospital's recognized areas of expertise. Through the Keenan Research Centre and the Li Ka Shing International Healthcare Education Center, which make up the Li Ka Shing Knowledge Institute, research and education at St. Michael's Hospital are recognized and make an impact around the world. Founded in 1892, the hospital is fully affiliated with the University of Toronto.

For more information, visit MAP Centre for Urban Health Solutions and St. Michael's Hospital websites.

Publication Information

The 2021 update to the Ontario Marginalization Index was created jointly by researchers at MAP Centre for Urban Solutions at St. Michael's Hospital (Unity Health Toronto) and Public Health Ontario.

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Ethical Approval

This study was approved by the institutional review board at Sunnybrook Health Sciences Centre, Toronto, Canada, the St. Michael's Hospital Research Ethics Board, and the Ethics Review Board of the Ontario Agency for Health Protection and Promotion (Public Health Ontario).

Data Sources

The data used in the creation of the 2021 Index:

Statistics Canada. Census profile, 2021 census of population [Internet]. Catalogue number 98-316-X2021001. Ottawa, ON: Government of Canada; 2022 [updated 2023 Feb 8; extracted 2023 Feb 22]. Available from: https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

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Background

The purpose of this document is to describe the Ontario Marginalization Index (ON-Marg): how it was created and how it can be used to study marginalization in Ontario.

The ON-Marg is an area-based index that seeks to:

- show differences in marginalization between geographic areas
- understand inequalities in various measures of health and social well-being, either between population groups or between geographical areas

ON-Marg is an Ontario-specific version of the Canadian Marginalization Index[1] (CAN-Marg), initially developed for the census years 2001 and 2006. The 2011, 2016, and 2021 iterations of ON-Marg use Ontario-specific data rather than data derived directly from CAN-Marg.

ON-Marg is multifaceted, allowing researchers and policy and program analysts to explore multiple dimensions of marginalization in urban and rural Ontario. The 2021 edition of ON-Marg uses the same dimensions as the earlier versions, with updated names:

- households and dwellings (previously called 'residential instability')
- material resources (previously called 'material deprivation')
- age and labour force (previously called 'dependency')
- racialized and newcomer populations (previously called 'ethnic concentration').

The Index was developed using a theoretical framework based on previous work on deprivation and marginalization. It was then empirically derived using principal component factor analysis. It has been demonstrated to be stable across time periods and across different geographic areas (e.g., cities and rural areas). It has also been demonstrated to be associated with health outcomes including:

- Hypertension
- Depression
- Youth smoking
- Alcohol consumption
- Injuries
- Body mass index
- Infant birthweight[2-8]

ON-Marg Can Be Used For

1. **Planning and needs assessment:** For example, if the goal is to identify service gaps, ON-Marg can be used to identify where rates of hospitalizations for a particular disease, such as diabetes, are high and additional services might be needed.

2. **Resource allocation:** For example, marginalization indexes could be used in funding formulae for primary health care services.

3. **Monitoring of inequities:** For example, marginalization indexes can provide a way to monitor changes in areas over time to look for improvement or to identify areas that may be in decline.

4. **Research:** For example, in the health sector there is a long history of using small area indexes to describe the relationship between marginalization and health outcomes; greater marginalization is associated with higher mortality rates and higher rates of many diseases.[9-13]

Historical Versions of ON-Marg

The 2001 and 2006 versions of ON-Marg[14] were derived from the CAN-Marg, and calculated using data from both the short and long-form Canadian census. In 2011, the federal government replaced the mandatory long-form census with a voluntary National Household Survey (NHS). The voluntary nature of the NHS introduced the possibility that indicators calculated using this data would be subject to non-response bias if sampled individuals who chose to respond were different from sampled individuals who chose not to respond. For this reason, the 2011 update to ON-Marg does not use data from the NHS and instead uses alternative data sources to replace indicators formerly based on the long-form census (see 2011 Ontario Marginalization Index: Technical Document[15] for full details).

In 2016, the long-form census was reinstated. The 2016 and 2021 versions of ON-Marg use Ontario data from both the short and long form census, and are based on the original 18 census indicators and methodology used in the 2001 and 2006 versions of the Index.

Technical Details

Methods

The CAN-Marg was initially developed by using a theoretical conceptualization of social marginalization, based on a literature review, to identify 42 variables available in the 2001 Canadian Census of Population (see Appendix). These variables were included in a principal component factor analysis, which iteratively reduced the number of variables to a set of 18, yielding four factors with Eigenvalues greater than one. The 2001 Index was created from two core files with 49,153 Canadian dissemination areas (DAs) and 4,757 Canadian census tracts (CTs). The Index was replicated using 2006 data with 52,973 Canadian DAs and 5,017 Canadian CTs. The 2001 and 2006 versions of ON-Marg are the Ontario-specific results of this process.

Due to the replacement of the mandatory long-form census with the voluntary National Household Survey in 2011, the 2011 version of ON-Marg was created using a mix of census and alternative data sources (see 2011 Ontario Marginalization Index: Technical document for details).[15] The 2016 and 2021 iterations of the index were created using variables that are the same or similar to the original 18 census variables, and derived from 20,160 Ontario DAs in the 2016 census, and 20,468 Ontario DAs in the 2021 census.

In some cases DA data was suppressed by Statistics Canada in order to preserve respondent confidentiality and ensure data quality. In those cases, indicator data from higher-level census geographies were used in their place. Data from census tracts were used in place of suppressed DA-level indicator data, where available. In cases where DA-level data was suppressed and a CT was not available, data from either the corresponding census subdivision or aggregate dissemination area was used, depending on which geography had the smallest population.

Factor loadings were used to compute a separate index for each of the four dimensions. Each dimension is an asymmetrically standardized scale.

The four dimensions produced by principal component analysis are linear combinations of the 18 input variables that independently explain the greatest possible variance in the data. While the input variables were deliberately chosen because of their conceptual association with marginalization, the dimensions themselves are the statistical result of a data-driven process.

Dimension Names

During the initial creation of CAN-Marg, a community advisory panel was assembled to interpret the pattern of variables loading on each factor, and assign names to the dimension of marginalization described by each factor. These names emphasized the deficits faced by marginalized groups and communities (i.e., ‘deprivation’), a practice which may pose the risk of stigmatizing marginalized communities.

To mitigate these potential harms, we consulted with community partners to update the dimension names for the 2021 version of ON-Marg. While the 2021 dimensions are consistent with previous iterations, the names have been changed to avoid deficit-based language and more closely reflect the census measures that are associated with each dimension.

Geographies

The 2001, 2006, 2011, 2016 and 2021 ON-Marg files have tabs for the following geographies:

- dissemination areas
- census tracts
- aggregate dissemination areas (2016 and 2021 only)
- census divisions
- census subdivisions
- census consolidated subdivisions
- census metropolitan areas
- Local Health Integration Networks (LHIN)
- LHIN sub-regions
- public health units
- consolidated municipal service manager areas (2001 and 2006 only)

ON-Marg values for larger geographies were derived from the DA factor scores.

Quintile values are not provided for LHINs, public health units, census divisions and census metropolitan areas because there are too few geographic units to create meaningful quintiles.

> **Dissemination area (DA)** is a small, relatively stable geographic unit composed of one or more adjacent dissemination blocks with an average population of 400 to 700 persons. It is the smallest standard geographic area for which all census data are disseminated. DAs cover all the territory of Canada.[16]
>
> **Census tract (CT)** is a small, relatively stable geographic unit with a population of less than 10,000 people constructed similarly with respect to economic status and social conditions. Census tracts are located in census metropolitan areas and in census agglomerations having an urban core population of 50,000 or more as of the most recent census.[16]

Limitations

Missing data: Statistics Canada suppresses census data for some indicators and geographies in order to preserve respondent confidentiality and ensure data quality. ON-Marg factor scores and quintiles cannot be created for DAs where data are missing and also unavailable at other geographic scales for imputation (e.g., low-income).

Indigenous reserves and settlements: Prior to 2021, variables used in ON-Marg to measure low-income were not available for geographies defined as Indigenous reserves and settlements and, as a result, ON-Marg scores were unavailable for these areas. The 2021 version of ON-Marg uses the Low-Income Measure (LIM),[17] which Statistics Canada made available for reserves and settlements for the first time -- with notes of caution around interpretation due to the unique circumstances on reserves and settlements.[17] DAs on reserves and settlements are not included in the 2021 version of ON-Marg in order to be consistent with previous versions and respectful of Indigenous data sovereignty.

Time period of data: Users should be aware that data for the Index is from the 2001, 2006, 2011, 2016 and 2021 census when selecting the most appropriate year for their own analyses. For example, if the outcome data set was collected in 2010 or 2012, they would use the 2011 Index to ensure data comparability. If the outcome data set was collected in 2005 or 2007, they would use the 2006 Index.

Coverage of census: Research shows that some populations, for example Indigenous people living off reserves, may be undercounted in the census.[18] ON-Marg may not be as sensitive for these populations. Additionally, institutionalized populations, such as those living in nursing homes or penitentiaries, are not counted in the long-form census and so are not included in the Index. Refer to Statistics Canada to determine if census coverage will impact your analyses.

Dimensions

The original factor analysis of 42 indicators from the 2001 Canadian census selected 18 indicators grouped across four dimensions of marginalization. These four dimensions have remained fairly consistent for the 2001, 2006, 2011, 2016 and 2021 versions of ON-Marg; however, there are some differences. The definitions of some indicators have changed over time; additionally, in 2011 alternative data sources were used for indicators previously based on the long-form census (see the 2011 Ontario Marginalization Index: Technical document[15] for more details). The following tables list the indicators that are included in each dimension and any indicator analyses notes or differences over time. Descriptions of underlying social and structural constructs associated with each dimension are also provided to facilitate interpretation and to support the use of ON-Marg in highlighting the impacts of structures, policies, and practices that drive inequities.

Households and Dwellings

The households and dwellings dimension of ON-Marg relates to family and neighbourhood stability and cohesiveness. The indicators included in this dimension measure the types and density of residential accommodations, as well as certain characteristics of family structure. Stable neighbourhoods promote cohesive communities which provide a supportive society that contributes to good health by promoting positive socially supportive environments, and counteracts social isolation.[19,20] They allow for collective action to address common problems and foster community resiliency. Strong community and supportive family environments promote sharing resources and building attachments with others, which in turn builds resiliency and promotes mental health and wellbeing.[21]

Table 1: Households and Dwellings Indicators

Indicator	Notes
Proportion of the population living alone	No notes
Proportion of the population who are not youth (age 5-15)	No notes
Average number of persons per dwelling	Reverse coded variable was used in factor analysis. Areas scoring high in household and dwelling-related marginalization have lower average number of persons per dwelling.
Proportion of dwellings that are apartment buildings	Defined by Statistics Canada as either 'Apartment in a building that has five or more storeys' or 'Apartment in a building that has fewer than five storeys.' Alternative data source used in 2011. See 2011 Ontario Marginalization Index: Technical document. [15]
Proportion of the population who are single/divorced/widowed	No notes
Proportion of dwellings that are not owned	Alternative data source used in 2011. See 2011 Ontario Marginalization Index: Technical document. [15]
Proportion of the population who moved during the past 5 years	Alternative data source used in 2011. See 2011 Ontario Marginalization Index: Technical document.[15]

Material Resources

The material resources dimension is closely connected to poverty and refers to the inability for individuals and communities to access and attain basic material needs relating to housing, food, clothing, and education. Higher socioeconomic position provides more opportunities to address barriers to good health and wellness, including access to education to make informed decisions about health, better access to preventative health care (such as cancer screening) and the resources to cope with stressful situations. Marginalization related to low socioeconomic position is associated with precarious employment, which interferes with the ability to earn a living wage and access upward social mobility, and has impacts on social and psychological wellbeing.[22] Differences in health status across this dimension reflect the pervasive impact that socioeconomic position has on a person's access to necessities for good health, exposure to unhealthy stress and instability, and support for healthy behaviours.

Table 2: Material Resources Indicators

Indicator	Notes
Proportion of the population aged 25 to 64 without a high-school diploma	Due to a change in the Statistics Canada definition, the 2001 version uses "proportion of the population aged 20+ without a certificate, diploma or degree." Not included in 2011 version, as alternative data source could not be identified.
Proportion of families who are lone parent families	No notes
Proportion of total income from government transfer payments for population aged 15+	Alternative data source used in 2011. The 2011 version instead measures "Ratio of income from government transfers payments to employment income." See 2011 Ontario Marginalization Index: Technical document.[15]
Proportion of the population aged 15+ who are unemployed	Not included in 2011 version, as alternative data source could not be identified.
Proportion of the population considered low-income	Defined as income less than the after-tax Low-Income Cut-Off (LICO) in 2001, 2006 and 2016 and income less than the after-tax Low-Income Measure (LIM) in 2011 and 2021. LIM was used in 2011 due to the use of alternative data source (See 2011 Ontario Marginalization Index: Technical document),[15] and in the 2021 index due to better performance in the principal component analysis (stronger alignment with material resources dimension compared to LICO).
Proportion of households living in dwellings that are in need of major repair	Alternative data source used in 2011. The 2011 version instead measures "proportion of dwellings in fair/poor condition." See 2011 Ontario Marginalization Index: Technical document.[15]

Age and Labour Force

The age and labour force dimension of ON-Marg relates to the impacts of disability and dependence. It refers to area-level concentrations of people who do not have income from employment, including older adults, children, adults whose work is not compensated and/or those unable to work due to disability. While some conditions associated with disability result in poor health, people with disabilities may face additional obstacles to health due to discrimination, social exclusion, and difficulty accessing quality health care. This measure may also be connected to the economic vitality of the community and the ways in which resources and infrastructure are allocated. For example, ageism can result in fewer community resources made available, reduction in quality of health care, and social exclusion.[23]

Table 3: Age and Labour Force Indicators

Indicator	Notes
Proportion of the population who are aged 65 and older	No notes
Dependency ratio (total population 0-14 and 65+ / total population 15 to 64)	No notes
Proportion of the population not participating in labour force (aged 15+)	Alternative data source used in 2011. The 2011 version instead measures "employment rate." See 2011 Ontario Marginalization Index: Technical document.[15]

Racialized and Newcomer Populations

The racialized and newcomer populations dimension measures the proportion of newcomers and/or non-white, non-Indigenous populations, and relates to the impacts of racialization and xenophobia. “Race” is a social construct without a biological meaning. The categorization of people as Indigenous, Black, and other racial categories have been historically and are currently used to mark certain groups for exclusion, discrimination, and oppression. Racialized groups include people who experience differential treatment on the basis of race, ethnicity, language, religion or culture. Disparities across this measure are the result of interpersonal and structural racism, and not the result of individual-level causal factors. Experiences of racism result in chronic stress and trauma, which have repercussions on mental and physical health and wellbeing.[24] Moreover, access to material resources that contribute to health and wellbeing are restricted, including economic and employment opportunities, and affects the treatment of individuals in the health system, even discouraging them from accessing services.[25]

Upon arrival to Canada, newcomers often have better overall health outcomes than Canadian-born counterparts, a phenomenon commonly known as the “healthy immigrant effect.”[26] As suggested by one study, many newcomers experience declining health linked to the adoption of Western lifestyle (e.g., sedentary lifestyle, consumption of convenience food and sugar-sweetened beverages), the cumulative exposure to stress associated with racism and discrimination, and systematic barriers to employment, housing, and health care.[26]

Table 4: Racialized and Newcomer Populations Indicators

Indicator	Notes
Proportion of the population who are recent immigrants (arrived in the past 5 years)	Alternative data source used in 2011. See 2011 Ontario Marginalization Index: Technical document.[15]
Proportion of the population who self-identify as a visible minority	Visible minority is defined by Statistics Canada as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour."[27] Alternative data source used in 2011. The 2011 version instead measures “proportion of population who have immigrated in previous 20 years and belong to a visible minority group.” See 2011 Ontario Marginalization Index: Technical document.[15]

Using ON-Marg for Analysis

I. Exploring the Relationship between Outcomes and Area-Level Marginalization

Outcomes can include the following:

- individual health status
- individual risk or protective factors
- rates of disease, or any health related event

Research questions that could be answered include:

1. What is the association between health outcomes, such as mortality and diabetes rates, and area-level marginalization?

2. What is the association between health behaviours, such as smoking and alcohol consumption, and area-level marginalization?

3. What is the association between access to routine surgical procedures, such as joint replacement, and area-level marginalization?

To answer such questions, merge the outcome file with ON-Marg, following the steps below:

1. Prepare the outcome file:
    - Ensure the addresses are error-free.
    - Geocode each observation in your outcome data set (e.g., mortality, crime events, hypertension) to CT or DA. Often this is accomplished using the PCCF+ SAS program created by Statistics Canada.[14] Now every record is associated with a particular CT or DA.
2. Merge your health outcome data set with the ON-Marg CT or DA, thus linking each geocoded outcome with the appropriate area marginalization scores.

II. Using ON-Marg as an Individual-Level Proxy

ON-Marg applies to areas, not individual people. However, in some instances, ON-Marg can be used as a proxy for individual-level data when actual data are not available. If individual-level socioeconomic status data are unavailable, for example, DA-level factor scores or quintiles for marginalization can be assigned to each individual based on the DA in which the individual resides and used as a proxy for socioeconomic status.

To minimize measurement error, use the smallest spatial area available. In the case of ON-Marg, this is DA data. The reason is similar to that provided under the "caution" for weighted averages on page 13. As the size of the geographic unit increases (e.g., CTs and sub-regions), the potential for ecological fallacy (a situation where general information about a group or area is used to incorrectly portray the characteristics of an individual) increases as well, since not everyone in a marginalized area is marginalized.

In effect, using areas larger than the DA will weaken any relationship between individual- and area-level marginalization. The larger the geographic area, the less likely it is that an individual's socioeconomic status will actually correspond to the marginalization score of the area in which they live.

III. Mapping the Index

The Index can be displayed geographically using mapping software such as ArcGIS or MapInfo.

IV. Comparing the Marginalization of Two or More Groups

If you want to compare levels of marginalization between two or more groups (e.g., hypertensive versus non-hypertensive; diabetes versus non-diabetes) you can compare the distributions of quintiles (or factor scores) using a non-parametric test. This test is used because quintile values are ordinal and the principal component scores are skewed.

V. Comparing Rates of Events

If you are comparing rates of events with marginalization (e.g., mortality rates in a region compared across the five marginalization scale values) you can calculate a rank correlation coefficient or simply plot your results. Note that the denominators for your rates can be obtained from the CT or DA populations.

How to Use the Dimensions

The ON-Marg dimensions can be used separately or combined into a composite index (see the next section). Whether you use individual dimensions or the combined index will be determined by the research question.

For each dimension, ON-Marg is provided in two forms:

- **Factor scores (interval scale):** Factor scores are constructed from the principal component factor analysis, and represent a standardized scale with a mean of zero and a standard deviation of one. Lower scores on each dimension correspond to areas that are the least marginalized; higher scores on each dimension correspond to areas that are the most marginalized.

- **Quintiles (ordinal scale):** Quintiles have been created by sorting the geographies into five groups by ranking factor scores from least to most marginalized. Each group contains a fifth of the geographic units, and each quintile is given a label of 1 (least marginalized) to 5 (most marginalized). For example, if an area has a value of five on the material resources scale, it means it is in the most marginalized 20% of areas in Ontario. The quintiles were created province-wide to enable comparability across the province; however, if you are interested in a particular city or urban area, it may be possible to re-create the quintiles using the individual factor scores for that city/urban area.

The objectives of your analysis and the methods you are using will determine whether you use factor scores or quintiles in your analysis. For example, a mapping exercise might be best presented using quintiles, whereas a regression model might benefit from the detail of the factor scores.

Summary Score for the ON-Marg Dimensions

Users may wish to examine overall marginalization using a summated score. This can be done using the quintile scales for each dimension. Follow these steps in order to calculate the summated score:

1. Compare the correlations between each dimension with the outcome. This allows you to determine whether or not the associations are in the same direction. If the associations are either all positively or all negatively associated with the outcome then an average marginalization score can be computed. If one or more dimensions are in the opposite direction, it is not recommended to combine the dimensions. For example, if racialized and newcomer populations is negatively associated with the outcome of interest, this may represent a protective factor (e.g., a healthy immigrant effect) and it may not be appropriate to combine racialized and newcomer populations with the other dimensions that are positively associated with the outcome and therefore represent risk factors.

2. Sum the quintile values across the four dimensions.

3. Divide by 4 (which is the number of dimensions).

> **Summary Score = (households_dwellings_quintile + material_resources_quintile + age_labourforce_ quintile + racialized_newcomer_pop_quintile) / 4**

These steps will produce a score ranging from one to five, where one reflects low levels of marginalization and five reflects high levels of marginalization.

Caution: Factor scores cannot be used to obtain a summary score.

Calculating an Average ON-Marg Score Value for Higher-Order Geographical Units

Commonly used Ontario geographies have already been aggregated and are available as part of the ON-Marg package; however, some research and policy questions require geo-coding at custom geographic units. You can use the DA and CT data in ON-Marg and the methods described in this section to create values for your own geographies, using population-weighted average scores.

Example: calculating weighted average scores for a single Ontario urban health region from 2021 CT- or DA-level marginalization scores.

1. Define the health region in terms of the component CTs and/or DAs.

2. Using the population counts, take the weighted average of each factor score value across all the CTs or DAs in the health region. Use the CT (or DA, depending on your analysis) worksheet of the ON-Marg file ON-Marg_2021.xlsx to obtain the weighted average for the health region, following these steps:

a) Multiply each CT or DA marginalization score value by the population within the CT or DA for the health region.

b) Sum the multiplied values from a). This becomes the numerator.

c) Sum the population values from each CT or DA to obtain a total population count for the health region. This becomes the denominator.

d) Divide the total from (b) by the total from (c). This is your weighted average.

Weighted average marginalization score:

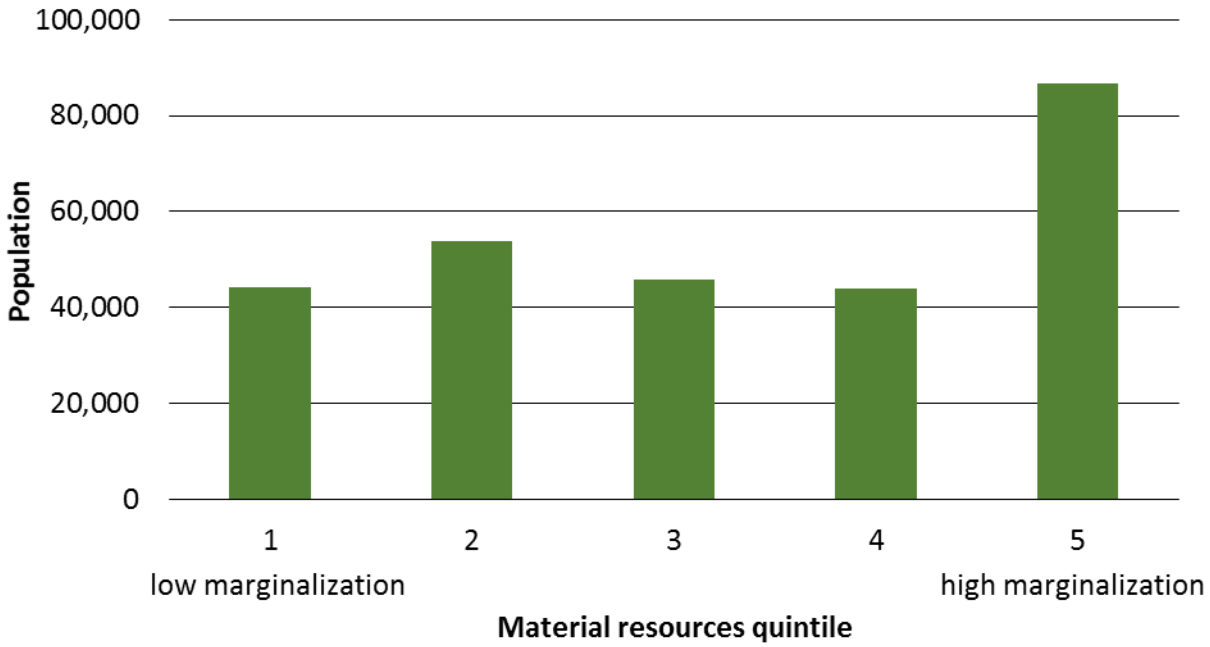
$$\sum(\text{ON-Marg\_CT\_2021} * \text{ONPop\_CT\_2021}) /$$

$$\sum(\text{ONPop\_CT\_2021})$$

3. You can now use these weighted averages to create quintiles.

Caution: Weighted averages can disguise heterogeneity within large geographic areas. For example, when the weighted average method is used to determine the material resources quintile for the East Toronto sub-region, the result is five (most marginalized). Figure 1, however, shows the true variation in this sub-region by using summed DA population counts by quintile, not weighted averages, to show the number of people in each quintile. The resulting graph shows there are pockets of low, moderate and high material resources-related marginalization in the East Toronto sub-region that would be masked by using the summary score of five.

Figure 1. Population in each quintile in East Toronto sub-region, based on DA population



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Appendix: 2001 and 2006 Census Variables Used in Initial Creation of Can/On-Marg

1. Proportion of the population who moved during the past 5 years
2. Proportion living in same house as 1 year ago
3. Proportion of population lone parent families
4. Proportion of population living alone
5. Dependency ratio (total population 0-14 and 65+/ total population 15 to 64)
6. Proportion of population youth (aged 5-15)
7. Proportion foreign born
8. Proportion Aboriginal
9. Proportion of the population who are recent immigrants (arrived in the 5 years prior to census)
10. Proportion with no official language
11. Proportion labour force unemployed (aged 15+)
12. Labour force participation rate (aged 15+)
13. Proportion who self-identify as a visible minority
14. Proportion aged 15-24 not attending school
15. Proportion aged 20+ without high school diploma
16. Proportion of the population considered low-income using the low-income cutoff (LICO)
17. Average household income
18. Proportion of income from government transfer payments
19. Proportion with no religious affiliation
20. Average dollar value of dwelling
21. Proportion of dwellings that are apartment buildings
22. Proportion of owner households spending 30% or more of household income on major payments
23. Proportion of tenant households spending 30% or more of household income on rent
24. Proportion of dwellings that are owned

25. Proportion of occupied units that are rentals
26. Proportion of population self-employed
27. Proportion of population female
28. Proportion of population married/common law
29. Proportion of households living in dwellings that are in need of major repair
30. Proportion of population aged 15+ doing unpaid housework
31. Proportion of population aged 15+ looking after children without pay
32. Proportion of population aged 15+ providing unpaid care/assistance to seniors
33. Raw population count
34. Average number of persons per dwelling
35. Average number of persons per room
36. Ratio of employment to population
37. Average income
38. Proportion of persons separated, divorced or widowed
39. Proportion of children younger than 6 years
40. Persons per square kilometer
41. Unemployment rate in private households with children under 6 years
42. Proportion of the population who are aged 65 and older

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