

Niagara Priority Profiles



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

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

Intersectionality is an idea that states that people have many layers of their identity. Each person has a unique identity. That identity leads to different ways that the systems they live in benefits or harms them. Due to this, some individuals experience more health concerns than others. When you read these profiles, think about these different experiences. When planning projects, think about how you can include people with different voices and perspectives. To learn more about intersectionality, visit: [NCCDH Intersectionality and Health Equity¹](#).

For further information, please visit:

[Government of Canada Health Inequalities Data Tool²](#)

[Public Health Ontario Health Equity Data Tool³](#)

[Niagara's Village of 100⁴](#)

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

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

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

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

⁴ <https://www.niagararegion.ca/health/statistics/demographics/default.aspx>

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Niagara Priority Profiles: Religion
Version 1

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<https://www.niagararegion.ca/health/equity/priority-profiles.aspx>

Note:

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

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

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Religion: Demographic Information

Religious Affiliation

- Niagara and Ontario have about the same percentage of people that have religious affiliation (76.8% for Niagara, and Ontario 76.9%) (National Household Survey, 2011)
- Christians represent the largest religious affiliation in Niagara at 40.8%, and in Ontario at 33.1% (Table 1)
 - Niagara has a lower percentage of people with the following religious affiliations when compared to Ontario: Muslim, Jewish, Hindu, Sikh, Aboriginal Traditional Religion (Table 1)
 - Niagara has a higher percentage of people with Christian and Catholic religious affiliations when compared to Ontario (Table 1)

Table 1: Percentage of religious affiliation- Niagara versus Ontario (2011)⁵

Religious Affiliation	Percentage of Population (Niagara)	Percentage of Population (Ontario)
Christian	40.8%	33.1%
Catholic	33.8%	31.4%
No Religion	23.2%	23.1%
Muslim	1.0%	4.6%
Other	0.3%	0.4%
Jewish	0.3%	1.6%
Hindu	0.2%	2.9%
Sikh	0.04%	1.4%
Aboriginal Traditional Religion	0.04%	1.3%

Data Source: National Household Survey, no. 99-010-X2011032 (2011)

⁵ We recognize that this data is not as recent as other sources, however, it represents the most recent National Household Survey conducted

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Hate Crimes

- In 2018, hate crimes motivated by religion represented 36% of all hate crime cases in Canada (Table 2)
- However, hate crimes are known to be underreported and hard to prosecute. As such, the actual number is most likely much higher than this
 - Over the last five years, religion has been documented as the motivation for between 33% and 41% of all hate crimes (Table 2)

Table 2: Religiously motivated hate crimes in Canada (2014-2018)

Year	Percentage of Hate Crimes Motivated by Religion in Canada
2014	33%
2015	34%
2016	33%
2017	41%
2018	36%

Data Source: Statistics Canada, Table: 35-10-0066-01

- In the St. Catharines-Niagara Census Metropolitan Area (CMA), there were 1.7 hate crimes per 100,000 people in the year 2018 (Table 3)

Table 3: Hate crimes per 100,000 population in Niagara (2014-2018)

Year	Number of Hate Crimes per 100,000 population in St. Catharines-Niagara CMA
2014	2.2
2015	2.0
2016	2.4
2017	4.6
2018	1.7

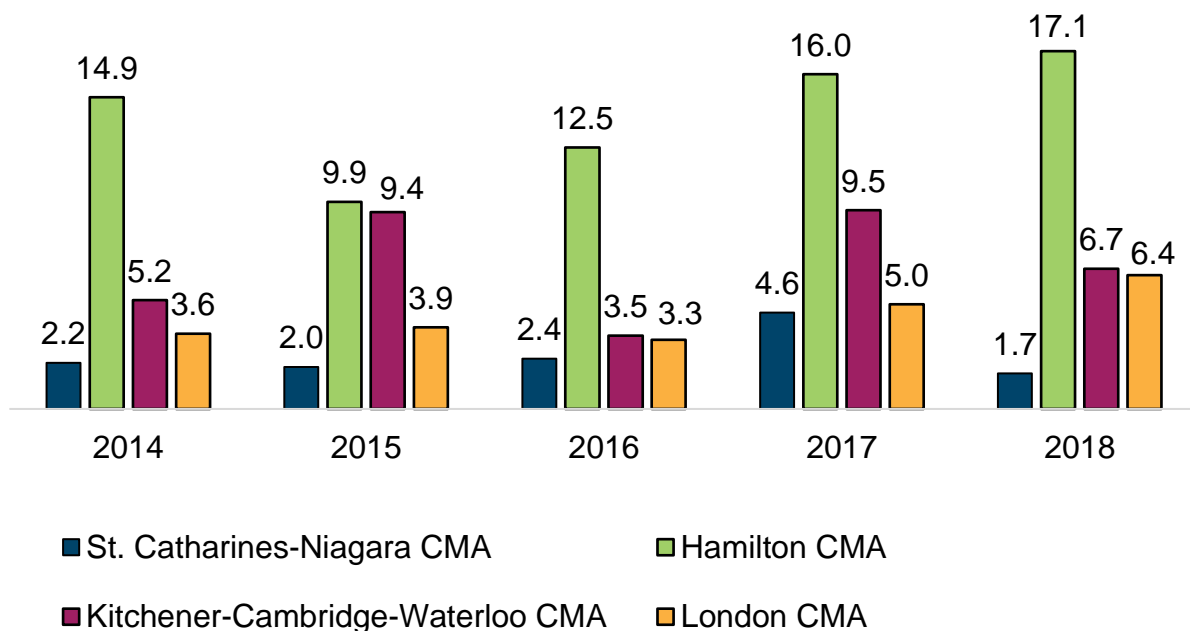
Data Source: Statistics Canada, Table: 35-10-0191-01

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- In comparison to selected comparator CMAs in Ontario, St. Catharines-Niagara has the lowest rate of hate crimes per 100,000 (Figure 1)
 - Hamilton CMA has the highest rate per 100,000 (Figure 1)
- Note: The St. Catharines-Niagara Census Metropolitan Area is not inclusive of the entire Niagara region, it excludes Grimsby and portions of West Lincoln

Figure 1: Hate Crimes per 100,000 population, Niagara and comparator CMAs 2014-2018



Data Source: Statistics Canada, Table: 35-10-0191-01 (2018)

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Religion: Health

Religion, Spirituality, and Mental Health in Canada

- Using the data from the 2012 Canadian Community Health Survey, the relationship between importance of religion and mental health was examined by Dilmaghani (1)
- Religious importance was ranked as high religiosity, average religiosity, and secularized (1)
 - Highly religious individuals assert that they contribute something important to society 47% more frequently than the secularized (1)
 - Highly religious individuals assert that they belong to a community 60% more often than secularized individuals (1)
 - Both the highly religious and secularized individuals are more likely to rank their mental health as excellent or good, when compared to average religiosity (1)

Religion, Spirituality, and Health Behaviours

- A systematic review of literature was conducted by Koenig, exploring the relationship between religion or spirituality and health (2)
- For each of the following health outcomes, relevant literature was synthesized and reported on:
 - Of 137 identified studies related to smoking, 90% reported a statistically significant inverse relationship between religion and spirituality and smoking, meaning that religion reduced chances of smoking (2)
 - Of 37 identified studies related to physical activity, 68% reported significant positive relationship between religion and spirituality involvement and greater exercise or physical activity (3)

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- Of 95 identified studies, related to risky sexual activity, 86% found a significant inverse relationship between religion and spirituality and risky sexual activity (2).
 - This leads to a decrease in venereal diseases (such as syphilis, gonorrhea, herpes, chlamydia etc.)
- Of 21 identified studies related to diet, 62% found a significant positive association between religion and sexuality and a healthier diet (2)

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References

1. Dilmaghani, M. (2017). Importance of Religion or Spirituality and Mental Health in Canada, *Journal of Religion and Health*, 57, 120-135.
2. Koenig, H.G. (2012). Religion, Spirituality and Health: The Research and Clinical Implications. *International Scholarly research Network Psychiatry*, 2012.