

ACTIVE MEMBERS

# SOCIODEMOGRAPHIC

SURVEY

# 2025





Équipe Santé Ontario | Ontario Health Team

## Survey Report

Sociodemographic Profile of Archipel

Ontario Health Team's

Active Members

July 2025

## Summary

This report summarizes the results of a survey about the sociodemographic characteristics of active members of the Archipel Ontario Health Team (OHT). It is intended to help us understand to what extent our members reflect the diversity of our communities.

Relative to the general population, the following groups are underrepresented at Archipel's tables: people who are racialized, people with disabilities, immigrants and Indigenous people, those with mother tongues other than English or French, people with low education, low income, and both younger (under 35) and older (75+) adults. On the other hand, women, caregivers, Francophones and people with mental health or substance use challenges are generally well represented.

While the results align with existing expectations, having quantified data provides a valuable baseline to highlight representation gaps, inform recruitment efforts, and monitor progress over time.

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## Context

Archipel Ontario Health Team (OHT) brings together 70 partners, organizations and community representatives that collaborate to improve access, outcomes, equity and sustainability of the health care system. Members work to ensure that planning prioritizes the needs of vulnerable populations and reflects the diversity of our communities.

### **How well do our active members reflect the diversity of the population we serve?**

The Archipel Sociodemographic Survey was created to help answer this question and to support efforts to:

- Understand who is represented.
- Identify voices that are missing, especially those from marginalized groups.
- Develop inclusive engagement and recruitment strategies that reflect the diverse needs of our communities.

### **Why representation matters**

To build an equitable health system, those shaping care must reflect Archipel's diverse population. Diverse experiences help us better understand community needs.

Representation means more than attendance—it is ongoing relationships with often underrepresented and marginalized voices and creating spaces for meaningful involvement. Identifying gaps lets us focus on building trust and ensuring health planning reflects everyone's priorities.

## Methods

The survey was developed based on priorities and data standards from Ontario Health and the Canadian Institute for Health Information, with advice from Dr. Sara Shearkhani at the University of Toronto's Institute of Health Policy, Management and Evaluation.

The survey was open to active members between December 10, 2024, and January 31, 2025. Active members are individuals who regularly contributed meaningfully to the work of the Archipel Ontario Health Team through working groups, and committees or other structured engagements.

## Results

### Participation rate

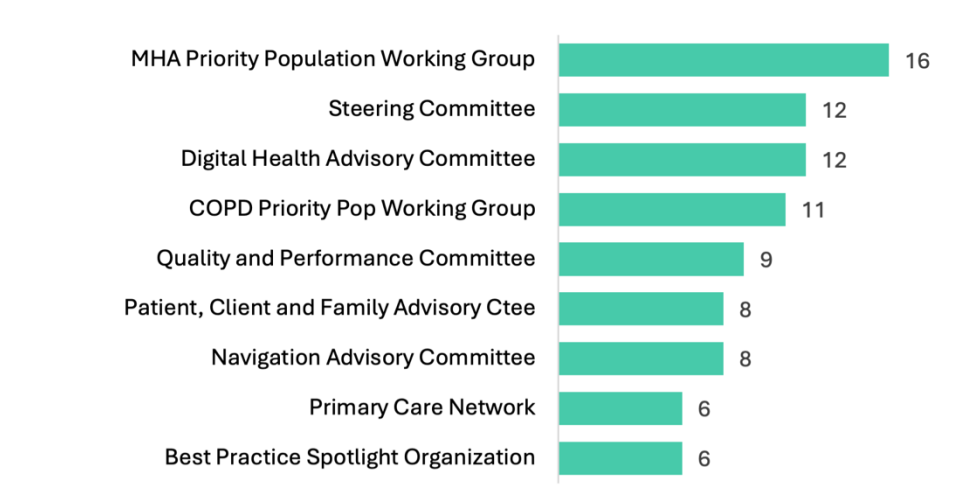
A total of 67 individuals completed the survey of the 79 targeted for a participation rate of 85%. The high response rate may reflect members' commitment to the broad goals of improving representation within the Archipel OHT. Participation varied by committee and working group, ranging from 35% to 100%. More respondents completed the survey in English (70%) than in French (30%). The median time to complete the survey was just over 3 minutes.

### Working groups, committees and sectors

Survey respondents were asked to indicate which committees or working groups they were members of, as well as the sectors they represent. Over a quarter (28%) identified more than one committee or group, and the same proportion (28%) identified more than one sector.

The Mental Health and Addictions priority population Working Group had the highest number of respondents followed by the Steering Committee and Digital Health Advisory Committee<sup>1</sup>. See figure 1 below.

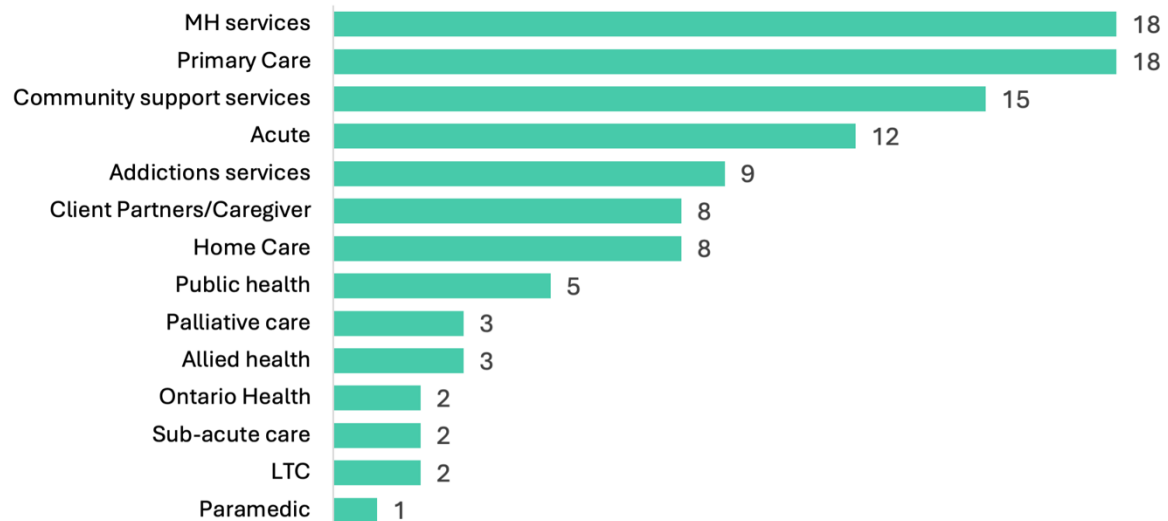
Figure 1. What Archipel committees and working groups are you a member of?



<sup>1</sup> Excludes three respondents who did not identify a specific Archipel group.

In terms of sectors, mental health services and primary care were the most well represented, followed by community support services. Paramedic services were the least well represented. See figure 2 below.

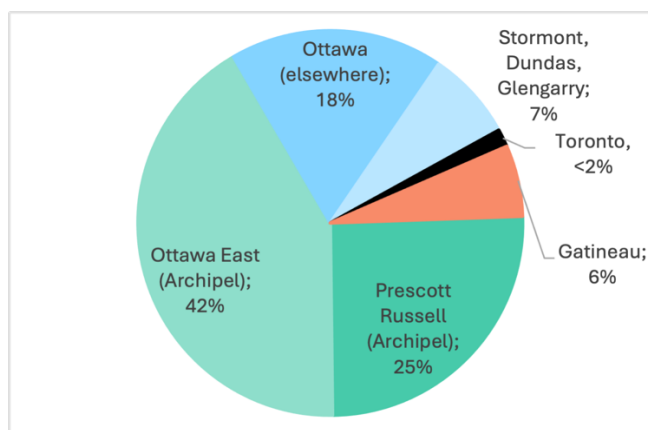
Figure 2. What sector do you represent?



## Residence

Two thirds (67%) of respondents reported living within the Archipel area, with 42% residing in Ottawa East and 25% in Prescott Russell. Except for less than 2% based in Toronto, the rest live in the broader surrounding area—including other parts of Ottawa, Gatineau, and Stormont, Dundas and Glengarry. See figure 3 below.

Figure 3. Residence

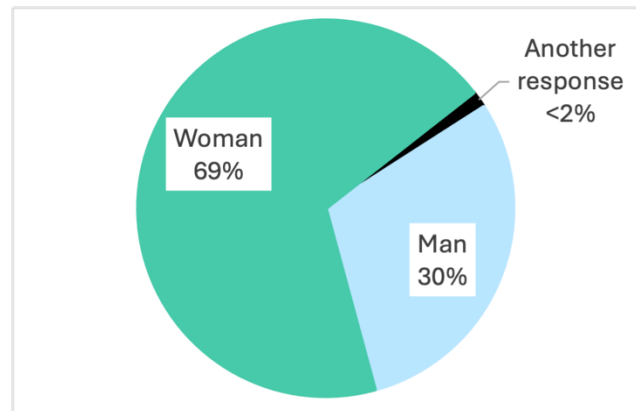


## Gender

Over two thirds (69%) of respondents identified as women, 30% as men and less than 2% with another gender. See figure 4 opposite.

No participants identified as transgender.

Figure 4. Gender

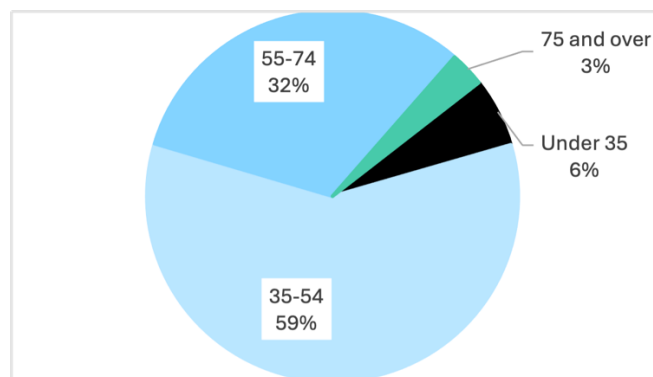


## Age

In terms of age, relatively few respondents were under age 35 (6% compared with 42% in the Archipel population) and relatively few were aged 75 and older (3% of respondents vs. 7% of the population)\*.

See figure 5 opposite.

Figure 5. Age group



## Mother tongue

Three quarters (76%) reported French as their mother tongue—either exclusively (68%) or alongside English (8%). This is about double that of the population overall in the Archipel region (37%)\*. See figure 6 on the next page.

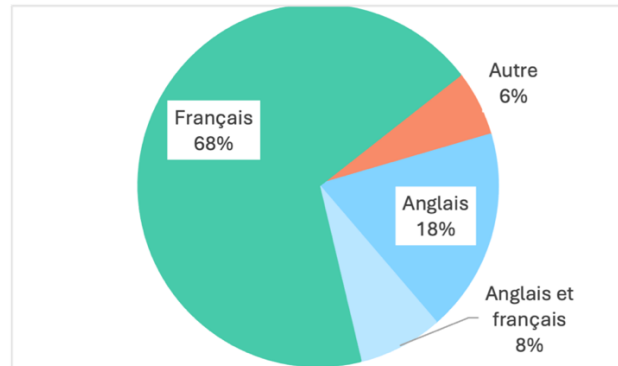
\* Census 2021, Archipel geographic area.



Only 6% reported a mother tongue other than English or French, including German and Arabic\*. In contrast, 18% of the general population report a non-official language as their mother tongue.

In the general population Arabic, Spanish and Mandarin are the most common non-official languages.\*

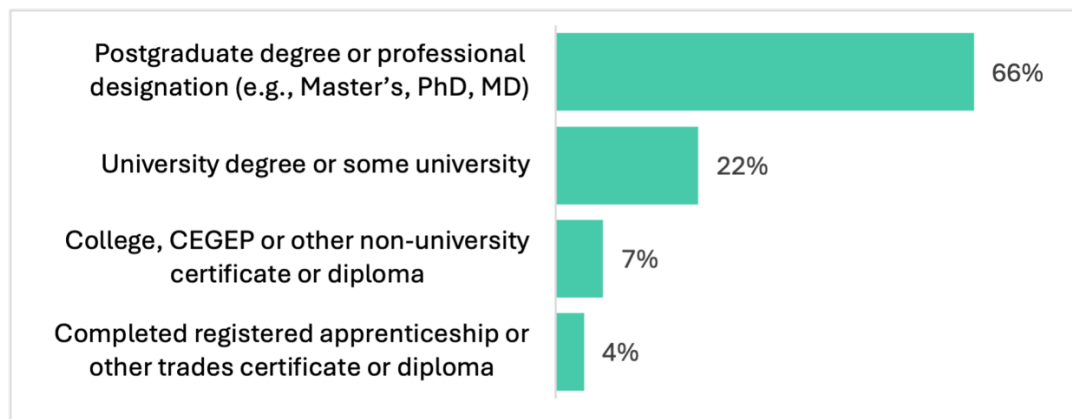
Figure 6. Mother tongue



## Education

Two thirds (66%) of respondents hold a postgraduate degree or profession designation, for example a Master's, PhD, or physician. This proportion is significantly higher than the 10.5% observed in the general population\*. Additionally, 22% of respondents had a university degree or some university completed. See figure 7 below.

Figure 7. Level of education



\* Census 2021, Archipel geographic area.

## Equity-denied populations

Defining a list of equity-denied populations for the purposes of this survey was challenging, as there is no clear consensus on what groups should be included.

The extent to which individuals experience inequities varies widely within and across groups and is influenced by intersectionality and factors like age, gender, and the environments in which people live and grow up in.

Grouping diverse populations (such as racialized individuals or “equity-denied groups”) can oversimplify and masks important differences. Despite these complexities, we establish categories to help measure our members’ characteristics, identify gaps in representation, and track progress over time. We may not have it exactly right; this approach provides valuable insights to support Archipel’s broader efforts to understand and reflect the diversity of our members and the populations we serve.

Overall, all equity-denied groups were underrepresented in our working groups and committees compared to relevant estimates for the general Archipel or Canadian population. See table 1 on the next page.

- 10% of respondents identified as racialized, compared to 26% of the general Archipel population who identify as visible minorities.
- Approximately 3% identified as 2SLGBTQIA+, similar to national estimates.
- Only 3% reported having a disability or access challenges, compared with the national estimate of 27% among those aged 15 and up.
- Immigrants accounted for 3%, compared with 20% in the Archipel population.
- Under 2% identified as Indigenous, versus 3.5% in the general Archipel population.
- Under 2% identified as low income, compared to 9.3% categorized as low income after tax in the general population of the Archipel area.
- 15% of respondents reported mental health or substance use challenges, consistent with national estimates of current mental illness among Canadians.

Combined, 13% of respondents identified with one or more equity-denied groups, rising to 24% when including those with mental health or substance use challenges.

Table 1. Respondents from select equity-denied groups

Equity-denied Group	%	Comparator	Proportion
Racialized individual (e.g., Black, South Asian, East Asian, Middle Eastern, Latin American)	10%	Visible minorities, Archipel pop.*	26%
2SLGBTQIA+	3%	LGBTQ+ aged 15+ in Canada <sup>2</sup>	Est. 4%
Person with disability or accessibility challenge (e.g., vision, hearing, speech, mobility, sensory/environmental, cognitive, intellectual)	3%	People aged 15+ with disabilities in Canada <sup>3</sup>	27%
Immigrant	3%	Immigrants in Archipel*	20.1%
Refugee	<2%	Refugees in Archipel*	4%
Indigenous person (First Nations, Inuit or Métis)	<2%	Indigenous identity in Archipel*	3.5%
Low-income household or individual	<2%	Low Income After Tax in Archipel*	9.3%
Mental health and/or substance use health challenges	15%	Canadians with current MH illness <sup>4</sup>	20%
<b>Individuals who identified with one more equity-denied group, excluding MH</b>	<b>13%</b>		<b>NA</b>
<b>Individuals who identified with one or more equity-denied groups, including MH</b>	<b>24%</b>		<b>NA</b>

The Mental Health and Addictions Priority Population Working Group demonstrated the strongest representation of equity-denied populations, with 25% of respondents identifying within these groups—and 50% when including mental health and substance use.

All groups and committees included at least one person with mental health or substance use conditions. Excluding mental health and substance use, three groups had no respondents at all from equity-denied groups. See table 2 on the next page.

<sup>2</sup> Source: A statistical portrait of Canada's diverse LGBTQ2+ communities, June 2021. Statistics Canada

<sup>3</sup> Source: Canadian Survey on Disability, 2022 identified that 27% of Canadians aged 15+ had one or more disabilities that limited them in their daily activities.

<sup>4</sup> Source Canadian Mental Health Association, Mental Illness and Addiction: Facts and Statistics.

\* Census 2021, Archipel geographic area.

Table 2. Respondents from select equity-denied groups by group/committee

Group/Committee	From equity-denied groups excluding MHA*	From equity-denied groups including MHA*
Best Practice Spotlight Organization	33%	33%
Mental health and addictions work group	25%	50%
Steering Committee	17%	17%
Primary Care Network	17%	17%
Navigation Advisory Ctee	13%	25%
Patient, Client & Family Advisory Ctee	12%	12%
Digital Health Advisory Ctee	8%	8%
COPD Priority Pop WG	0%	9%
Quality & Performance Ctee	0%	11%
Other (Not part of a group)	0%	33%

### Select priority populations

Among respondents, 42% reported providing unpaid care in the past year to someone with health condition, disability, or aging-related challenges—highlighting a significant caregiver presence within our network.

In terms of health conditions, under 2% reported living with chronic obstructive pulmonary disease (COPD), and 10% reported having another chronic condition.

Under 2% indicated they were not currently connected to a primary care provider, compared to 11% of the general Archipel-attributed population who are considered “unattached.”

Table 3. Select priority populations

Group	%	Comparator	%
Caregiver	42%	Canadians who are caregivers <sup>5</sup>	1 in 4
Experiencing chronic obstructive pulmonary disease	<2%	Percent of Canadians age 12+ with at least one major chronic condition <sup>6</sup>	45.1%
Experiencing other chronic conditions	10%	Prevalence of COPD among patients attributed to Archipel 35+ <sup>7</sup>	11.5%
Unattached to primary care	<2%	“Uncertainly attached” patients attributed to Archipel <sup>8</sup>	11.1%

## Conclusion

This is the first time an Ontario Health Team has collected and shared detailed, quantified information about the sociodemographic profile of its active members. While many of the findings align with what we anticipated, having this data allows us to move from assumption to evidence—and from good intentions to accountable action.

The high participation rate reflects not only the reliability of the data, but also the shared commitment among Archipel’s members to advancing equity, inclusion, and meaningful engagement. These results provide a clear, measurable foundation for improving representation, building stronger relationships with underserved communities, and designing approaches that better reflect the diversity and realities of the populations we serve.

This is not just a survey—it reflects Archipel’s core values and is a catalyst for change. By committing to repeat and strengthen this work overtime, we are setting a new standard for transparency, and holding ourselves accountable for the actions needed to shape a more equitable, inclusive, and community-driven health system—one shaped by the people it exists to serve. This is Archipel. To learn more about our ongoing work and commitment to equity, visit [eso-archipel.ca](https://eso-archipel.ca).

<sup>5</sup> Canadian Centre for Caregiving Excellence. 2022. Giving Care: An approach to a better caregiving landscape in Canada. <https://canadiancaregiving.org/canadian-caregivers-are-at-a-breaking-point/>

<sup>6</sup> Statistics Canada, Health of Canadians. 2023. <https://www150.statcan.gc.ca/n1/pub/82-570-x/82-570-x2023001-eng.htm>

<sup>7</sup> Age-standardized rate for those aged 35+. Source: OHT Dashboard.

<sup>8</sup> Source: Inspire PHC Primary Care Data Reports for Ontario Health Teams. <https://www.ontariohealthprofiles.ca/ontarioHealthTeam.php>