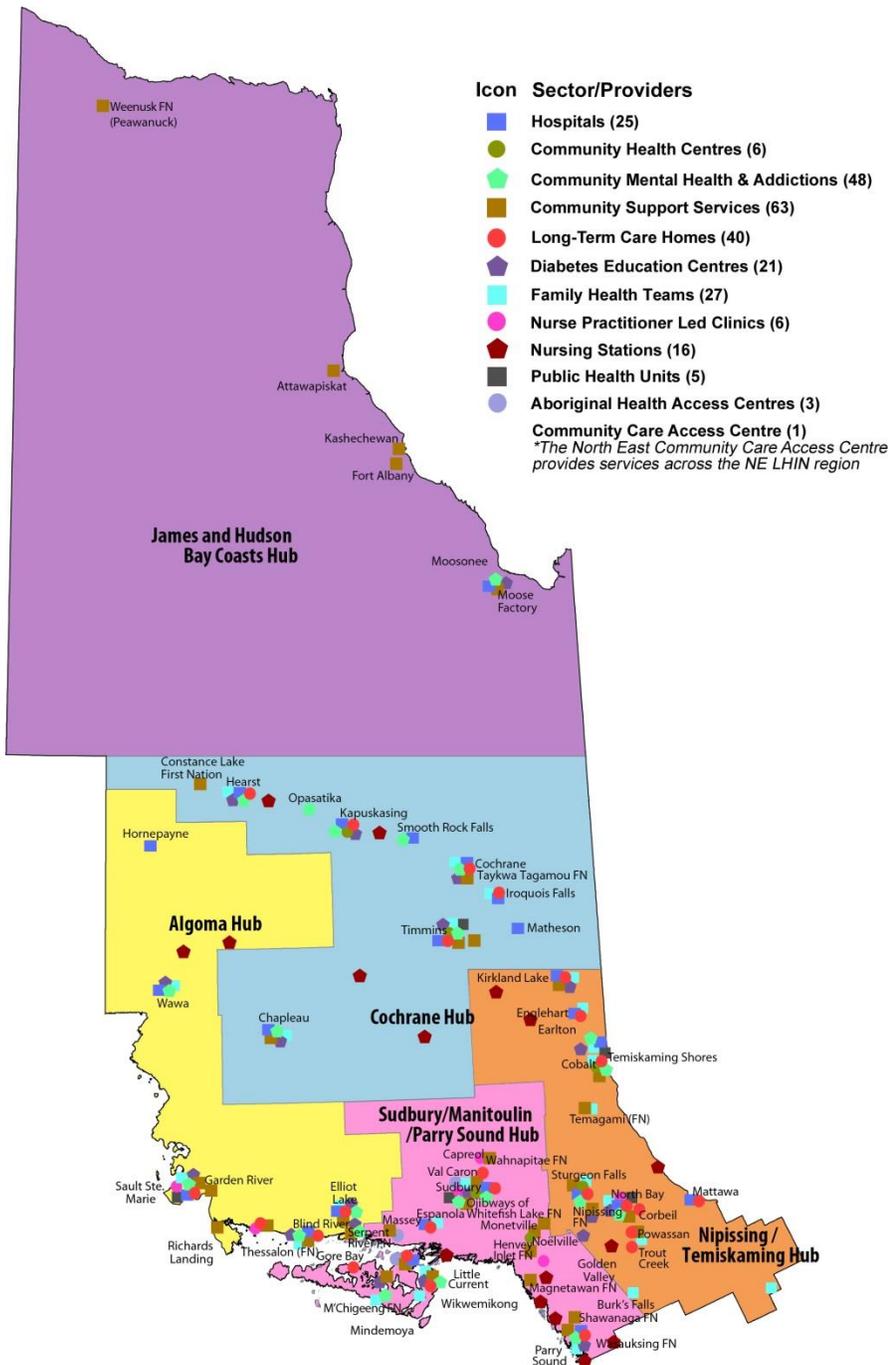


## North East LHIN Population Health Profile, Winter 2014



This Profile provides a quick overview of facts, stats and figures that impact the delivery of health care in Northeastern Ontario. More comprehensive data and analysis can be found in our Environmental Scan completed in August 2012 to inform our *2013-2016 Integrated Health Services Plan (IHSP)*.

Our IHSP was published in February 2013 with input from more than 4,000 Northerners. It details four health care priorities that guide the work of the NE LHIN. This population profile highlights data supporting each IHSP priority area, including:

- **Increase primary care coordination.**
- **Enhance care coordination and transitions to improve the patient experience.**
- **Make mental health and substance abuse treatment services more accessible.**
- **Target the needs of culturally diverse population groups, including Francophone and Aboriginal/First Nations/Métis.**

# North East LHIN at a Glance

## Geography

- The NE LHIN is the second largest LHIN with approximately 400,000 square kilometres — 44% of Ontario’s land mass<sup>1</sup>.
- Northeastern Ontario is home to approximately 563,000 people, or 4.1% of Ontarians in 2014<sup>5</sup>.
- Between 1996 and 2011, the population of Northeastern Ontario decreased by 6.1% while the population of Ontario increased by close to 21%<sup>1</sup>.
- Between 2014 and 2036, the population of Northeastern Ontario is projected to decrease by less than 1%, while Ontario is expected to increase by 26%<sup>5</sup>
- The proportion of the population age 65 and over is projected to increase from 19% to 30% by 2036, a projected increase of 55%<sup>5</sup>.

## Key Population Health Characteristics

Relative to the provincial average (based on 2013 Statistics Canada Health Profile<sup>2</sup>), the NE LHIN has a higher number of people who:

- are overweight or obese
- have diabetes
- smoke daily
- are heavy drinkers
- have high blood pressure
- have arthritis
- have chronic obstructive pulmonary disease (COPD)
- have a mood disorder

and a lower proportion of people who:

- have a medical doctor
- perceive their health as very good or excellent

## Hub Planning Areas

As a means to best manage the health care needs of Northerners, the NE LHIN has divided its vast geography into five HUB planning areas. Population and demographic indicators vary across Hub areas, as shown in Table 1<sup>5</sup>.

Table 1\*

Indicator	Algoma Hub	Cochrane Hub	Nipissing / Temiskaming Hub	Sudbury / Manitoulin / Parry Sound Hub
2013 Est. Population	116,570	81,089	140,456	221,757
% Age 65+	22%	16%	19%	18%
% Age 75+	10%	7%	8%	8%

\*James and Hudson Bay Coast information not available

## Health Practices and Health Status

Poor health practices are related to an increased risk of chronic disease, mortality and disability. Table 2 shows a number of selected health status and health practices across the region<sup>2</sup>.

**Table 2**

Indicator	North East LHIN	Ontario
Perceived health as excellent or very good	56.3%	60.4%
Perceived life stress, quite a lot (age 15+)	20.0%	22.8%
Sense of community belonging, somewhat strong or very strong	72.3%	67.5%
Smoking, daily or occasional	26.0%	19.2%
Heavy drinking (five or more drinks on one occasion, at least once a month within the last year)	20.8%	16.9%
Overweight or obese (adults age 18+)	59.9%	52.6%
Has a regular medical doctor	84.1%	91.1%
Chronic obstructive pulmonary disease (COPD)	6.1%	3.8%

## Life Expectancy

Life expectancy at birth is the average number of years a newborn baby can be expected to live if current mortality trends continue. It is an indicator of current health and mortality conditions. As shown in Table 3, people living in Northeastern Ontario continue to have lower life expectancy than Ontarians overall. Males have a lower life expectancy than females, and the gap is decreasing.

Table 3 also shows the life expectancy for males and females in the NE LHIN and Ontario for the most recent time period for which mortality rates are available<sup>2</sup>.

**Table 3**

Indicator	North East LHIN	Ontario
<b>Life expectancy (at birth), in years 2007-2009</b>		
Females	81.4	83.6
Males	76.5	79.2

## Increasing Primary Care Coordination

Primary care is the first point of contact between a patient and the health care system. Primary care providers play a central role in helping patients navigate the system and improve transitions between care settings, particularly for seniors or people with complex needs.

### Access to Primary Care

The NE LHIN has 538 Family Physicians, one Group Health Centre in Sault Ste. Marie (34 family physicians), 27 Family Health Teams, six Community Health Centres, six Nurse Practitioner-Led Clinics, 16 Nursing Stations and three Aboriginal Health Centres.

84% of Northerners report having a regular medical doctor in 2011/12, compared to the provincial rate of 91%.<sup>2</sup>

### Chronic Conditions

As the population ages, the prevalence of chronic disease increases. NE LHIN residents have higher rates of chronic disease conditions when compared to provincial rates.

**Table 4**

Indicator	North East LHIN	Ontario
Arthritis	24.9%	17.2%
Asthma	8.8%	7.9%
Diabetes	9.5%	6.6%
High blood pressure	22.4%	17.6%
Mood disorder	9.4%	7.6%
Chronic obstructive pulmonary disease (COPD), age 35+	6.1%	3.8%

### Health Care Connect<sup>4</sup>

Health Care Connect refers Ontarians who don't have a physician to a family health care provider who may be accepting new patients. The North East LHIN ranks first provincially, among the 14 LHINs, for the most patients registered and referred through Health Care Connect. Close to 65,000 people in Northeastern Ontario have registered with Health Care Connect. The NE LHIN percentage of total registered people referred to care has increased from 69% (March 2013) to 79% (June 2014).

**Table 5**

Indicator	North East LHIN	Ontario
# of patients registered with HCC	64,290	357,200
% of patients referred by HCC	79.2%	85.0%
# of complex vulnerable patients registered with HCC	6,884	34,354
% of complex vulnerable registrants referred by HCC	70.3%	83.5%

# Enhancing Care Coordination and Transitions to Improve the Patient Experience

Providing the right care at the right time and in the right place is especially important for seniors and the frail elderly who rely on a strong continuum of care—from hospital to community and home.

### Aging population

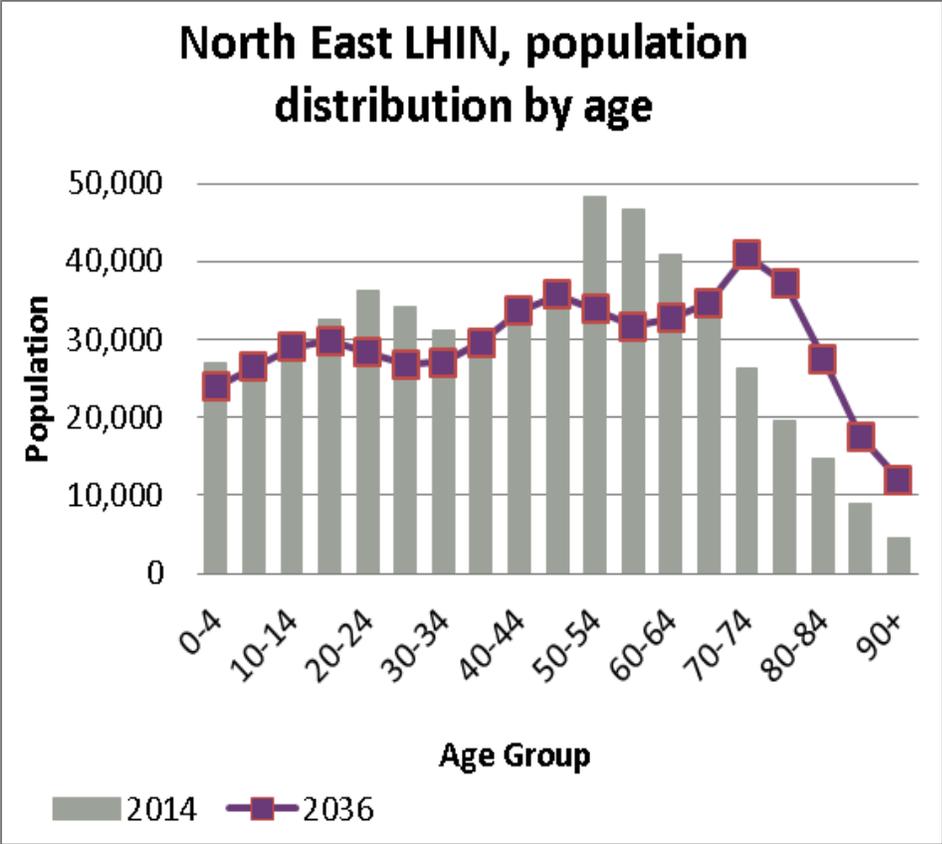
The NE LHIN population is projected to change dramatically over the next 22 years. The Ministry of Finance<sup>5</sup> projects a 1% overall population decline expected by 2036 and proportion of the population age 65 and over projected to increase from 19% to 30%.

### Rurality

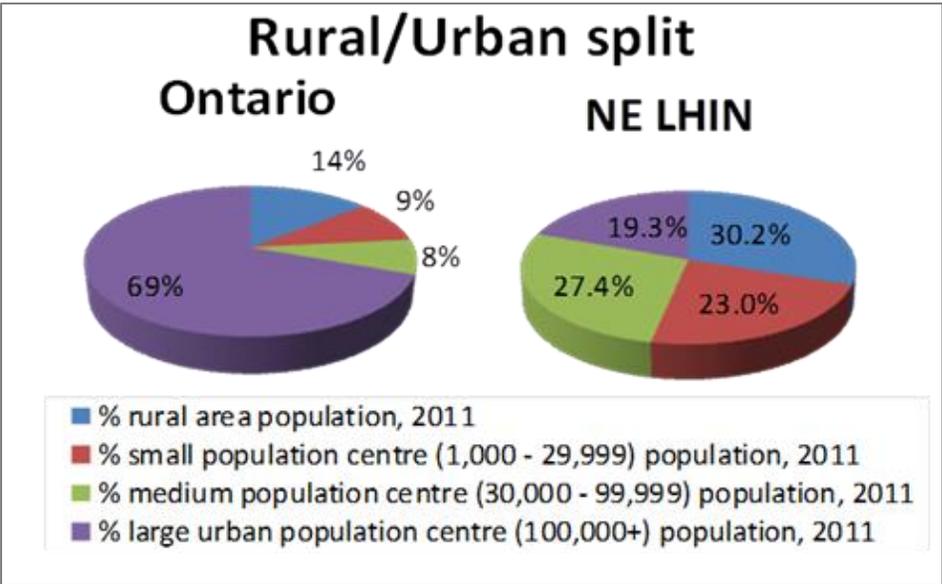
Ensuring smooth transitions of care for Northerners can be challenging given the distances between providers and/or availability of providers in smaller centers.

- Approximately 19% of people living in Northeastern Ontario live in an urban centre, compared to about 69% in Ontario.
- Twice as many people in Northeastern Ontario live in rural areas (30%) compared to 14% in Ontario.

Graph 6



Graph 7\*



\*based on data from the Statistics Canada 2011 Population Census.<sup>1</sup>

## Making Mental Health and Substance Abuse Treatment Services More Accessible

The ease with which Northerners of all ages can access mental health and substance abuse treatment services has a significant impact on quality of life.

### Mental Health and Addictions

Nearly 20% of Ontario residents are affected by mental illness during their lifetime; however, as few as one-third of these individuals seek help.

The NE LHIN has higher percentages of people whose health practices are known to compromise health status when compared to Ontario<sup>2</sup>. These include:

- daily or occasional smokers, 26% vs. 19.2%
- exposure to second hand smoke at home, 6.4% vs. 4.5%
- exposure to second hand smoke in vehicles and/or public places, 17.2% vs. 16.7%
- adults who are current drinkers reporting heavy drinking, 20.8% vs. 16.9%.

**Table 8**

Well-being and personal resources	North East LHIN	Ontario
Perceived mental health; very good or excellent	72.8%	72.4%
Perceived life stress, quite a lot	20.0%	22.8%
Sense of community belonging, somewhat strong or very strong	72.3%	67.5%
Life satisfaction; satisfied or very satisfied	91.4%	91.8%

### Health system effectiveness

The following indicators measure how the system is meeting the needs of people suffering from mental health and substance abuse. These measures are reported by Statistics Canada on their Health Profile<sup>2</sup>.

**Table 9**

Health system effectiveness	North East LHIN	Ontario
Patients with repeat hospitalizations for mental illness	14.5%	10.7%
Self-injury hospitalizations (per 100,000 population)	151	63
30-day readmission rate for mental illness	12.5%	11.7%
Suicides and self-inflicted injuries; deaths (per 100,000 population)	11.6	7.7
Mental illness hospitalization rate (per 100,000 population)	1,007	442
Mental illness patient days (per 10,000 population)	1,661	547

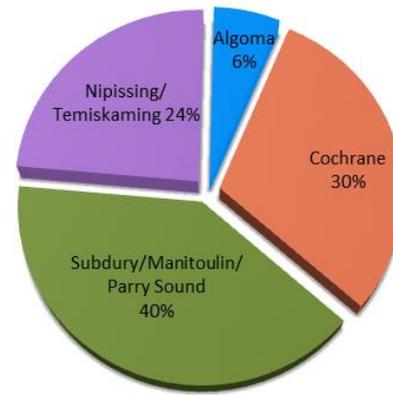
## Targeting the Needs of Culturally Diverse Population Groups

With 23% of our region Francophone and close to 11% Aboriginal, First Nation or Métis, it is important for every Northerner to have equal access to care.

### Francophone

- High proportion of Francophone population at 23%.
- The highest proportion of Francophone in Northeastern Ontario are in the Sudbury / Manitoulin / Parry Sound Hub.
- There are 42 health service providers in the North East LHIN that are officially designated under the French Language Service Act to provide services in French.
- 61 providers are working toward the planning and delivery of French language services.

### Francophone population distribution in the North East LHIN



### Aboriginal, First Nation or Métis

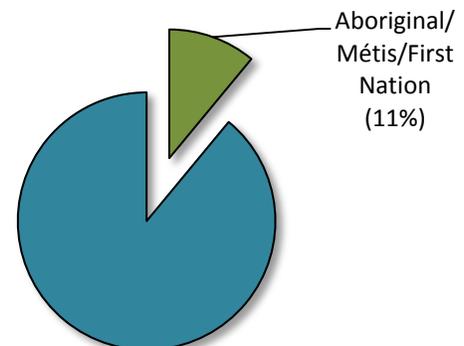
- Aboriginal, First Nations and Métis people account for approximately 11% of the population.<sup>6</sup>
- James Bay and Hudson Bay Coast planning area has the largest proportion of Aboriginal, First Nations and Métis residents in the North East LHIN region.

### Living off reserve (Ontario)

First Nations people living off reserve, Métis, and Inuit in Ontario report poorer health compared with non-Aboriginal people based on Canadian Community Health Survey data from 2007 to 2010<sup>8</sup>.

- About 56% of First Nations and 55% of Métis report being diagnosed with one or more chronic conditions, compared with 48% of non-Aboriginal people.
- Smoking rates were more than twice as high as the non-Aboriginal population.
- 26% of First Nations people and Inuit, and 22% of Métis respondents, were obese, compared with 16% for non-Aboriginal people.
- First Nations people aged 45 and over had nearly twice the rate of diabetes compared with the non-Aboriginal population (19% versus 11%).

### Percentage of Aboriginal/First Nations/Métis People Living in Northeastern Ontario



### Living on reserve (Canada)

The First Nations Regional Health Survey (RHS) was conducted in 238 First Nations Communities across Canada during 2008-107. Results include:

- 62.6% of First Nations adults have at least one chronic health condition.
- 43.2% of First Nations adults smoke daily.
- 34.8% were obese and 5.4% were morbidly obese.
- 16.2% of First Nations adults reported having been diagnosed with diabetes.

## Questions, Comments, Feedback

The NE LHIN has many publications that we are eager to share with you to build a stronger system of care. Call us at 705-840-0142 or 1-866-906-5446, or email us at [Engagingwithyou@lhins.on.ca](mailto:Engagingwithyou@lhins.on.ca)

### Report to Fellow Northerners and Northeastern Ontario Communities



Disponible en français.

### Sources

<sup>1</sup> Statistics Canada, 2011 Census of Population. Statistics Canada. 2012. Ontario (Code 35) (table). Census Profile. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE. Ottawa. Released October 24, 2012. <http://www12.statcan.gc.ca/census-recensement/2011> (accessed August 13, 2013).

<sup>2</sup> Statistics Canada. 2013. Health Profile. Statistics Canada Catalogue No. 82-228-XWE. Ottawa. Released April 15, 2013. <http://www12.statcan.gc.ca/health-sante/82-228/index.cfm?Lang=E> (accessed November 24, 2014).

<sup>3</sup> Statistics Canada, Canadian Community Health Survey (CCHS) Statistics Canada. Table105-0502 - Health indicator profile, two year period estimates, by age group and sex, Canada, provinces, territories, health regions (2012 boundaries) and peer groups, occasional, CANSIM (database). <http://www5.statcan.gc.ca/cansim/a47> (accessed: September 2, 2014).

<sup>4</sup> Ministry of Health and Long-term Care, Ontario, Health Care Connect Program Results from February 12, 2009 to June 30, 2014 <http://www.health.gov.on.ca/en/ms/healthcareconnect/public/results.aspx> (accessed November 24, 2014).

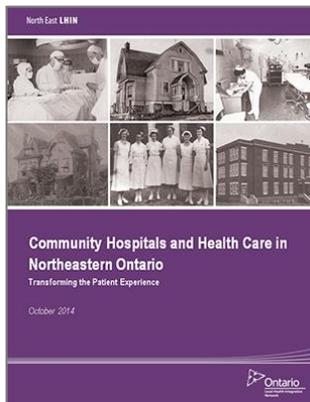
<sup>5</sup> Population Estimates and Projections, Ontario Ministry of Health and Long-Term Care, (distributed October 2014)

<sup>6</sup> Statistics Canada, National Household Survey Aboriginal Population Profile, 2011. Statistics Canada. 2013. <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/aprof/index.cfm?Lang=E> (accessed September 2, 2014).

<sup>7</sup> First Nations Information Governance Centre (FNIGC) (2012). First Nations Regional Health Survey (RHS) 2008/10: National report on adults, youth and children living in First Nations communities. Ottawa: FNIGC. [http://fnigc.ca/sites/default/files/First%20Nations%20Regional%20Health%20Survey%20\(RHS\)%202008-10%20-%20National%20Report.pdf](http://fnigc.ca/sites/default/files/First%20Nations%20Regional%20Health%20Survey%20(RHS)%202008-10%20-%20National%20Report.pdf) (accessed September 2, 2014).

<sup>8</sup> Statistics Canada. 2013. The Daily — Study: Select health indicators of First Nations people living off reserve, Métis and Inuit, 2007 to 2010. <http://www.statcan.gc.ca/daily-quotidien/130129/dq130129b-eng.htm> (accessed September 2, 2014).

### Community Hospitals and Health Care in Northeastern Ontario: Transforming the Patient Experience



### Integrated Health Service Plan 2013-2016

