To access SMH internet

- Refer to hand-out
- Login (no password) SMH_Guest

OCHPP
Ontario Community Health Profiles Partnership

A partnership designed to facilitate access to information for health planning with the overall goal of producing action to reduce health inequalities.

Ontario
Toronto Central Local Health Integration Network

An Overview and Practice with new Sub-region Data

Workshop hosted by Ontario Community Health Profiles Partnership/Centre for Urban Health Solutions, St. Michael's Hospital & Toronto Central Local Health Integration Network

September 21 2018

Welcome and Introductions

OCHPP Team Members:
Rick Glazier, Peter Gozdyra, Nadiya Minkovska, Gary Moloney, Anne-Marie Tynan, Mohammad Agha, Flora Matheson (ON-Marg)

TCLHIN Team Members:
Cynthia Damba, Laera Gattoni, Nathalie Sava, Ting Lim, Alvin Cheng

SMH Staff:
Patrick O'Brien

Participants:

Today's Agenda

Part 1 – History of OCHPP, Overview of OCHPP Website, The Primary Care Chartbook, An Example of Using OCHPP Data to Plan

Part 2 – Group Exercise

(10 Minute Break between Parts 1 & 2)

Interactive, Ask Questions!

Log in to OCHPP Site

www.ontariohealthprofiles.ca

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Toronto Central Local Health Integration Network

Overview of OCHPP: History, Partners, Website

Rick Glazier

Current Partners

- Centre for Urban Health Solutions (C-UHS), St. Michael's Hospital
- Toronto Central Local Health Integration Network (TCLHIN)
- Institute for Clinical Evaluative Sciences (ICES)
- Central Local Health Integration Network (CLHIN)
- Toronto Public Health
- Wellesley Institute
- Access Alliance Multicultural Health & Community Services
- Wellbeing Toronto (City of Toronto)
- South East Toronto Organization (SETo)

Goals of OCHPP

- Foster **collaborations & partnerships** between health services providers, researchers and policy-makers
- Facilitate **access to health information** to support planning
- Maximize the **effective use of system resources** for planning
- **Increase capacity** of health service providers to use health information
- Deepen **understanding of Health Inequities** and how to measure, monitor and reduce them.

Our Focus

- Vulnerable populations
- Neighbourhood-level areas with greatest health needs
- Multiple barriers to access
- Translation and cultural interpretation priorities
- Equity

The Website

- Data available on freely accessible portal
- Updated regularly with latest data
- Increased functionality e.g. custom geography
- Provide links to multiple other projects and resources
- Future goals: data visualization

The Value of the OCHPP Website

Producing health indicators for Toronto communities and service providers to:

- **Reduce duplication** of work
- **Maximize efficiency and productivity** by collaborating and sharing
- Use **common** definitions, data standards, methods, quality assurance
- Create a **single point of access** for health indicators **on website**
- Provide **information and training**

Website: Health Topics

- Socio-demographic Data
- Hospital Admissions
- Emergency Department Care
- Adult Health and Disease
- Prevention
- Sexual Health
- Mothers & Babies
- Mortality, Leading Causes of Mortality (data pending)
- Ontario Marginalization Index (2016 update coming soon!)
- Primary Care
- Palliative Care
- Children & Youth
- Injuries

Website: Access to Numerous Data Sources

- Physician services (OHIP)
- Hospitalizations (CIHI, OMHRS)
- Emergency Department visits (NACRS)
- Vital Statistics (Office of the Registrar General of Ontario)
- Specialized databases (Cytobase, Ontario Breast Screening Program (OBSP))
- Chronic disease provincial registries (Diabetes, Asthma, COPD, etc.)
- Census (Latest, 2016)
- Immigration data (IRCC) linked to health services use
- Numerous Geographic datasets
- Partner data from Toronto Public Health (e.g. STI)
- Other sources of data that become available to us

Questions?

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Overview of Ontario Community Health Profiles Partnership Website

Peter Gozdyra

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Geographic Variation in Primary Care Need, Service Use and Providers in Ontario 2015/16: ICES Chartbook

Rick Glazier

Geographic Variation in Primary Care Need, Service Use and Providers in Ontario 2015/16

The OCHPP Website: An Overview and Practice with new Sub-region Data

September 21, 2018

Rick Glazier on behalf of the SMH and ICES Analytic Team

ICES Data Discovery Better Health

St. Michael's
Inspired Care. Inspiring Science.

Analytic Team

Scientists, leadership, knowledge users:

Rick Glazier, Curtis Handford, Geordie Fallis, Tara Kiran, Flora Matheson, Aisha Lofters, Cynthia Damba, Jocelyn Charles

Mental health working group: Anna Durbin, Paul Kurdyak, Rachel Solomon, Simone Vigod

TC LHIN:

Cynthia Damba, Marsha Barnes, Nathalie Sava, Ting Lim, Margery Konan, Laera Gattoni

Coordination and management:

Anne-Marie Tynan (C-UHS), Patrick O'Brien (St. Michael's Hospital)

Geographers:

Peter Gozdyra, Gary Moloney (ICES/C-UHS)

ICES analytic and epidemiology staff:

Li Bai, Ellie Corn, Min Kim, Alex Kopp, Sue Schultz, Yvonne DeWit, Kinwah Fung

Data and web development:

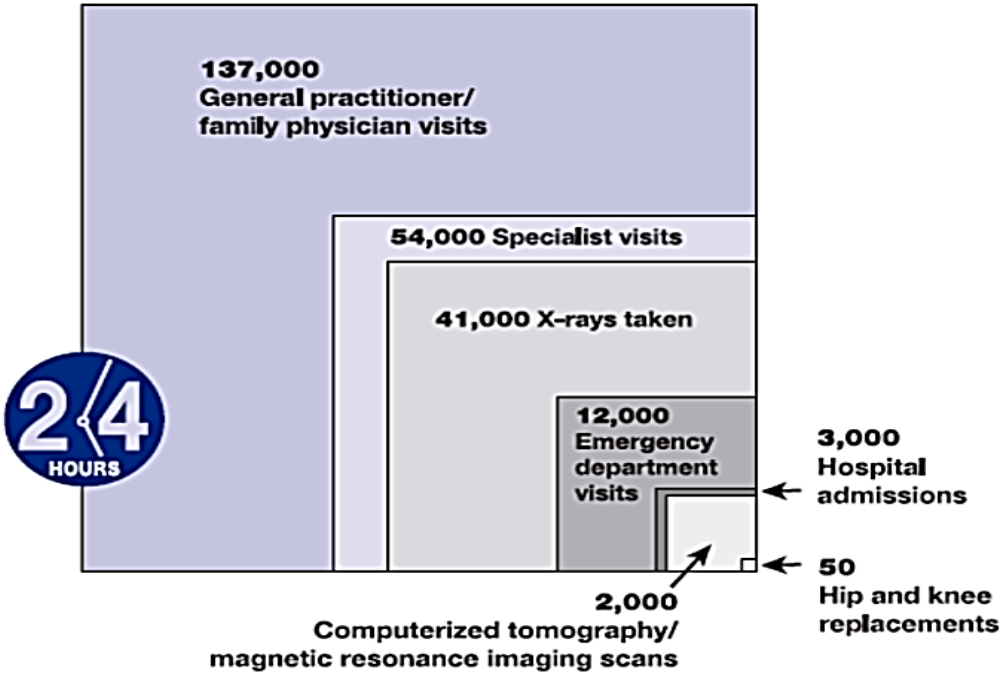
Nadiya Minkovska

ICES Data Discovery Better Health

Health Services Accessed Each Day

(ICES Primary Care Atlas)

Exhibit 1.1 Average number* of various health care services accessed each day, in Ontario, 2002/03



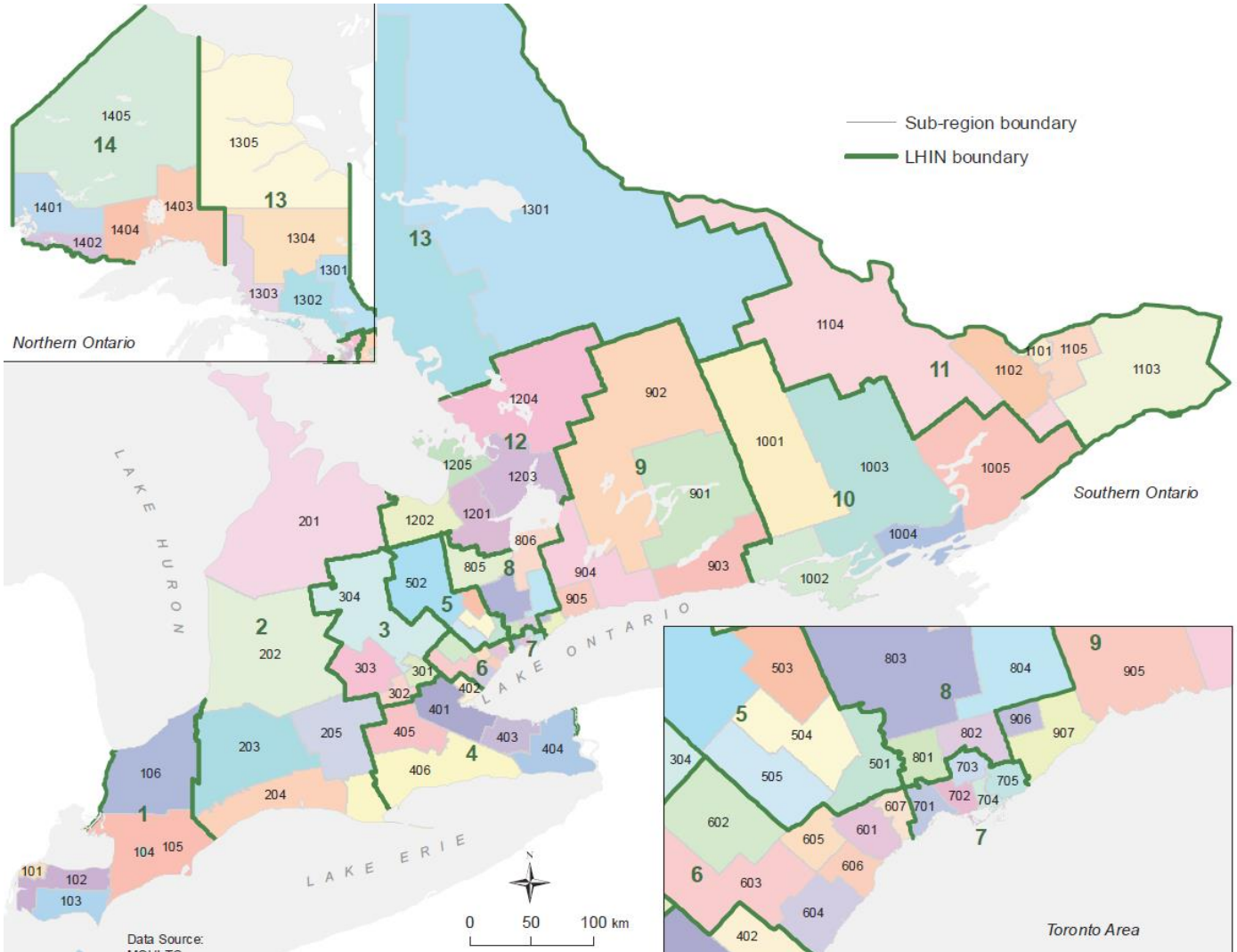
*Values rounded to the nearest thousand with the exception of hip and knee replacements, which were rounded to the nearest 10.

Primary Care and Outcomes

- Primary care associated with
  - Lower
    - mortality, premature mortality, infant mortality
    - disparities in overall mortality, infant mortality, low birth weight, stroke mortality, self-reported health, and avoidable hospitalizations
  - Higher
    - satisfaction in relation to overall costs

Macinko J et al. Health Services Research. 2003;38:831-65
Shi L et al. Health Services Research. 2002;37:529-50
Engstrom S et al. Scand J Prim Health Care 2001; 19:131-4

How Would You Plan for Primary Care in Ontario's 76 Sub-Regions?



How Would You Plan for Primary Care in Ontario's 76 Sub-Regions?

- Where to start?
  - **population health needs?**
  - utilization?
  - providers?
  - something else?

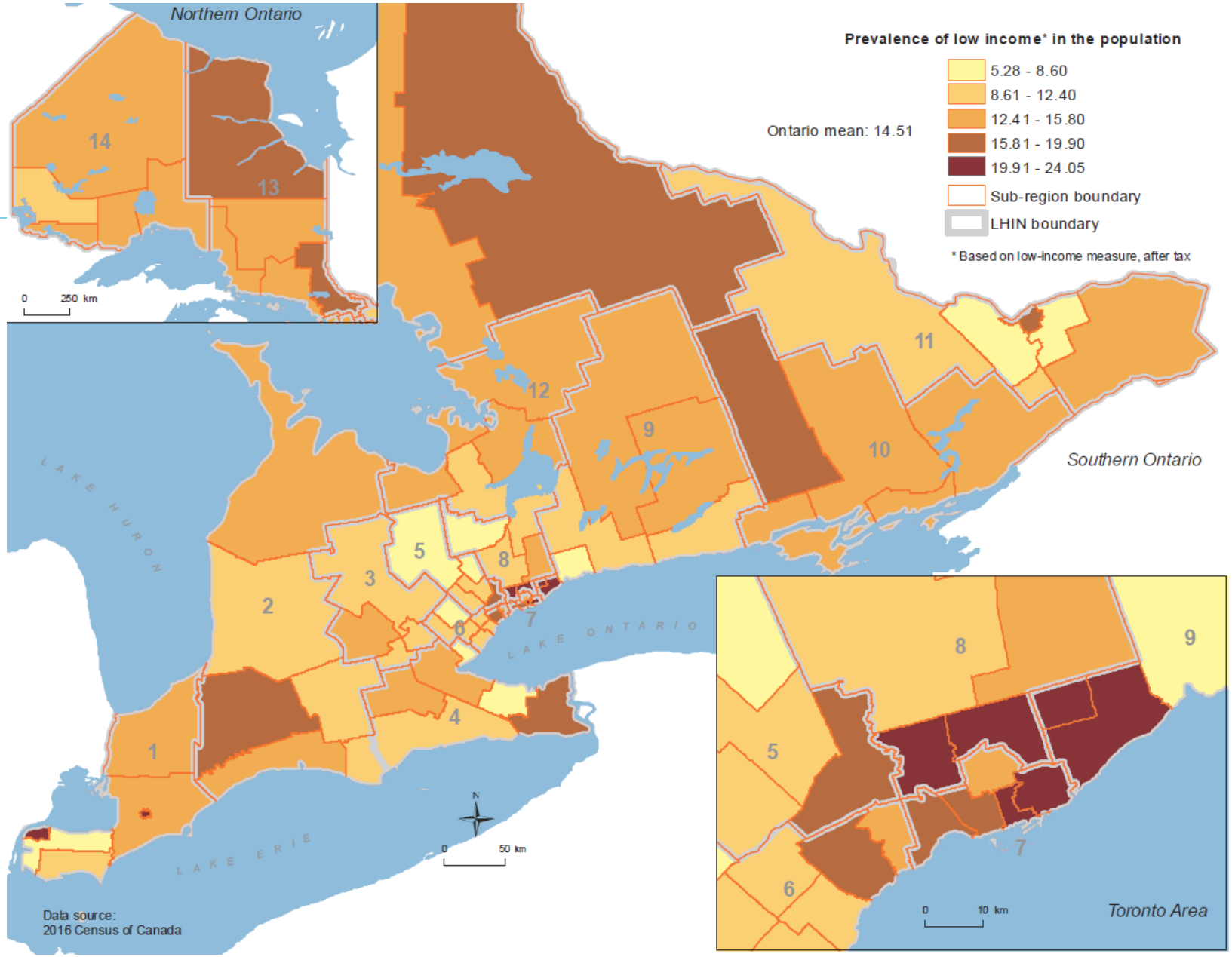
Population Health Needs

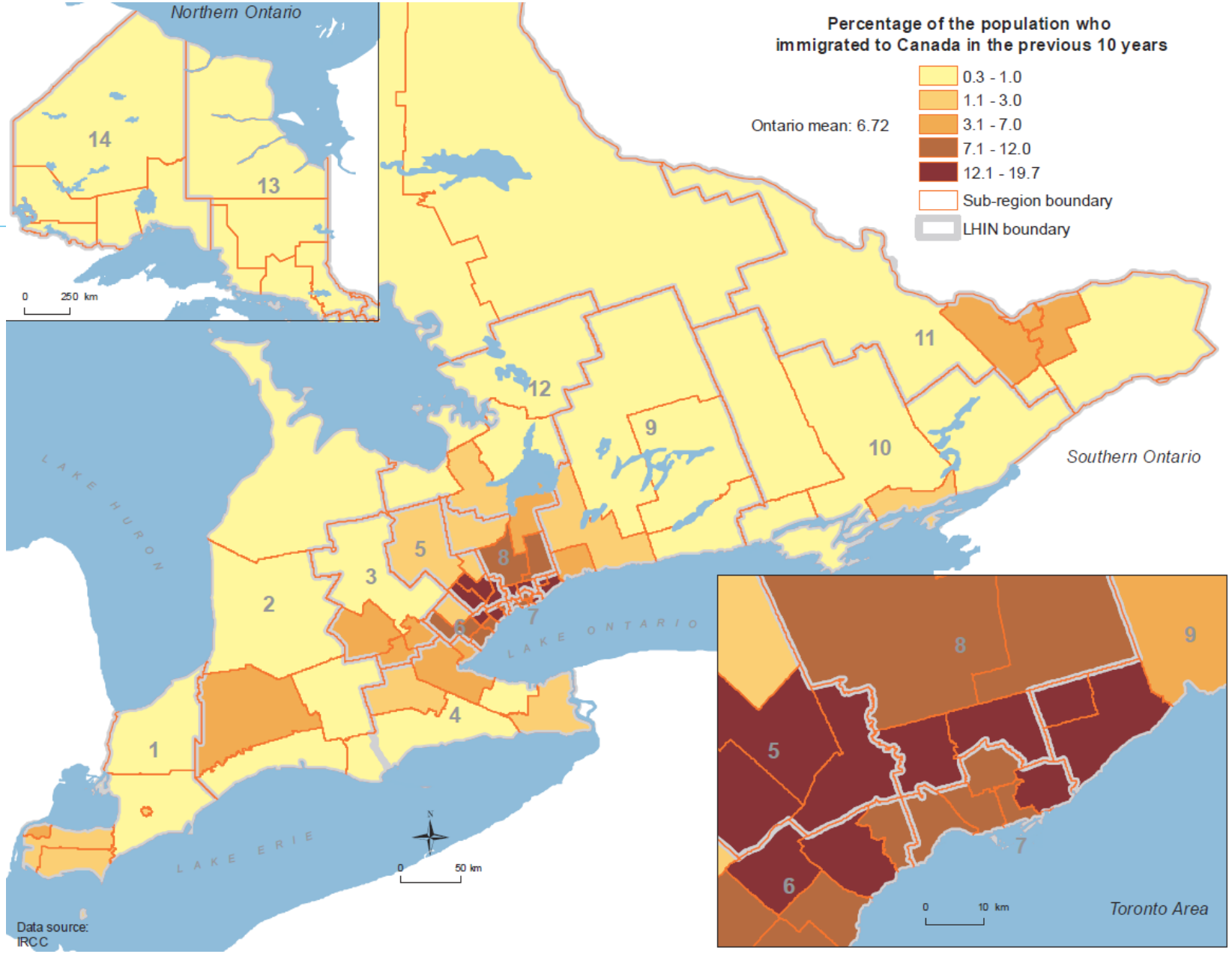
- What measures?
- Do they vary across the province?

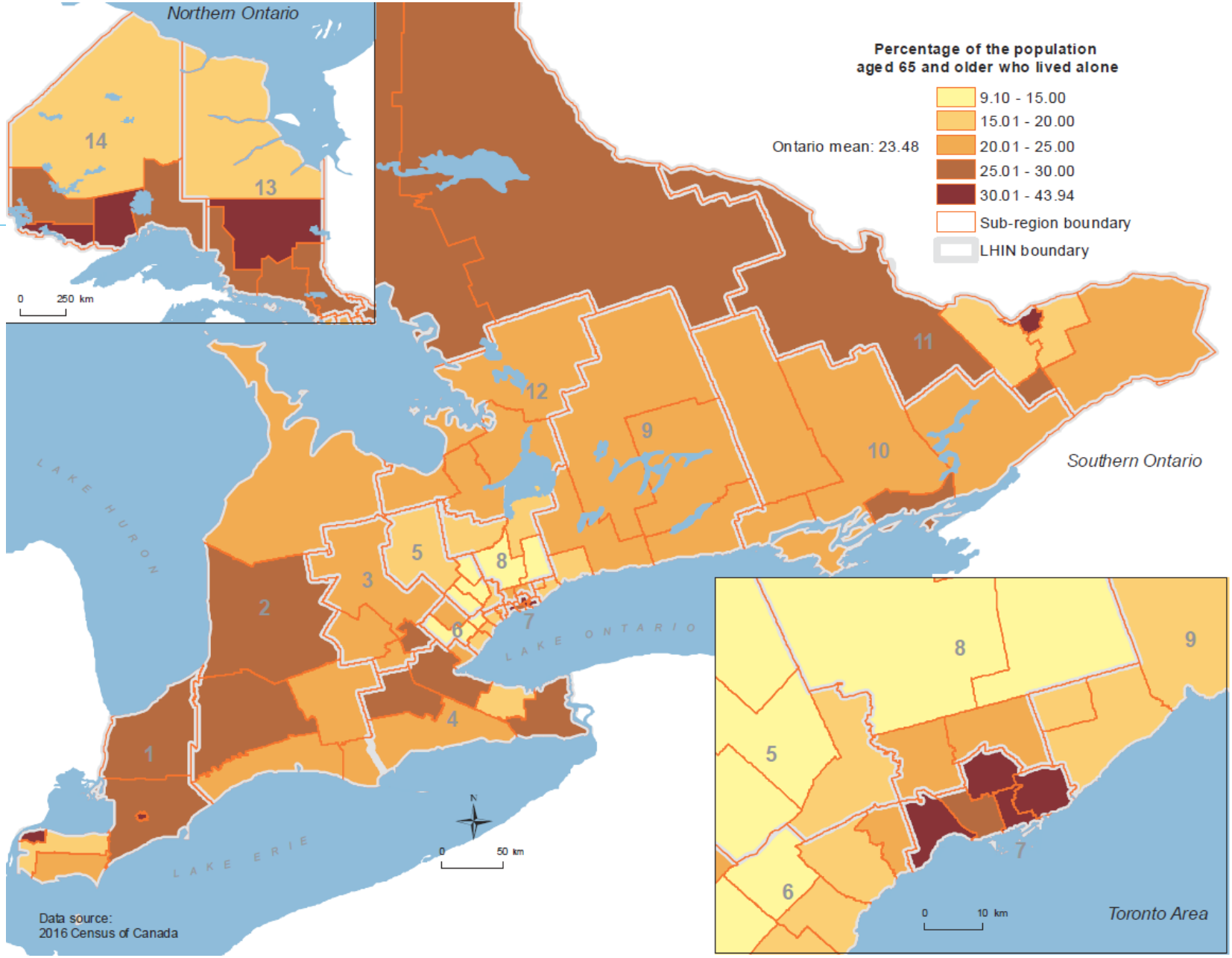
Population Health Needs

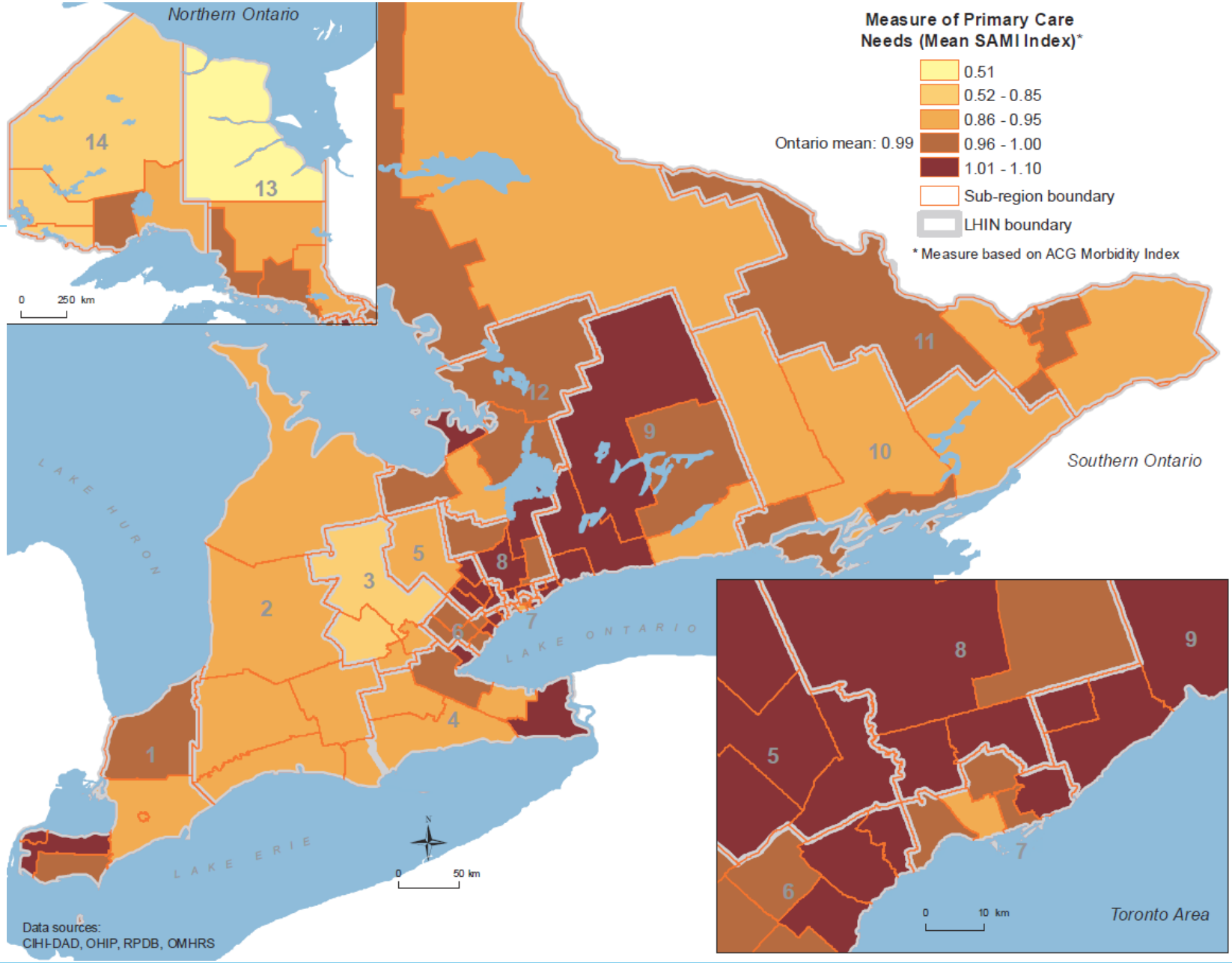
- What measures?
  - low income
  - recent immigrants
  - seniors
  - seniors living alone
  - disability
  - primary care needs (SAMI)
  - not enrolled in a primary care enrolment model (PEM)
  - mental health

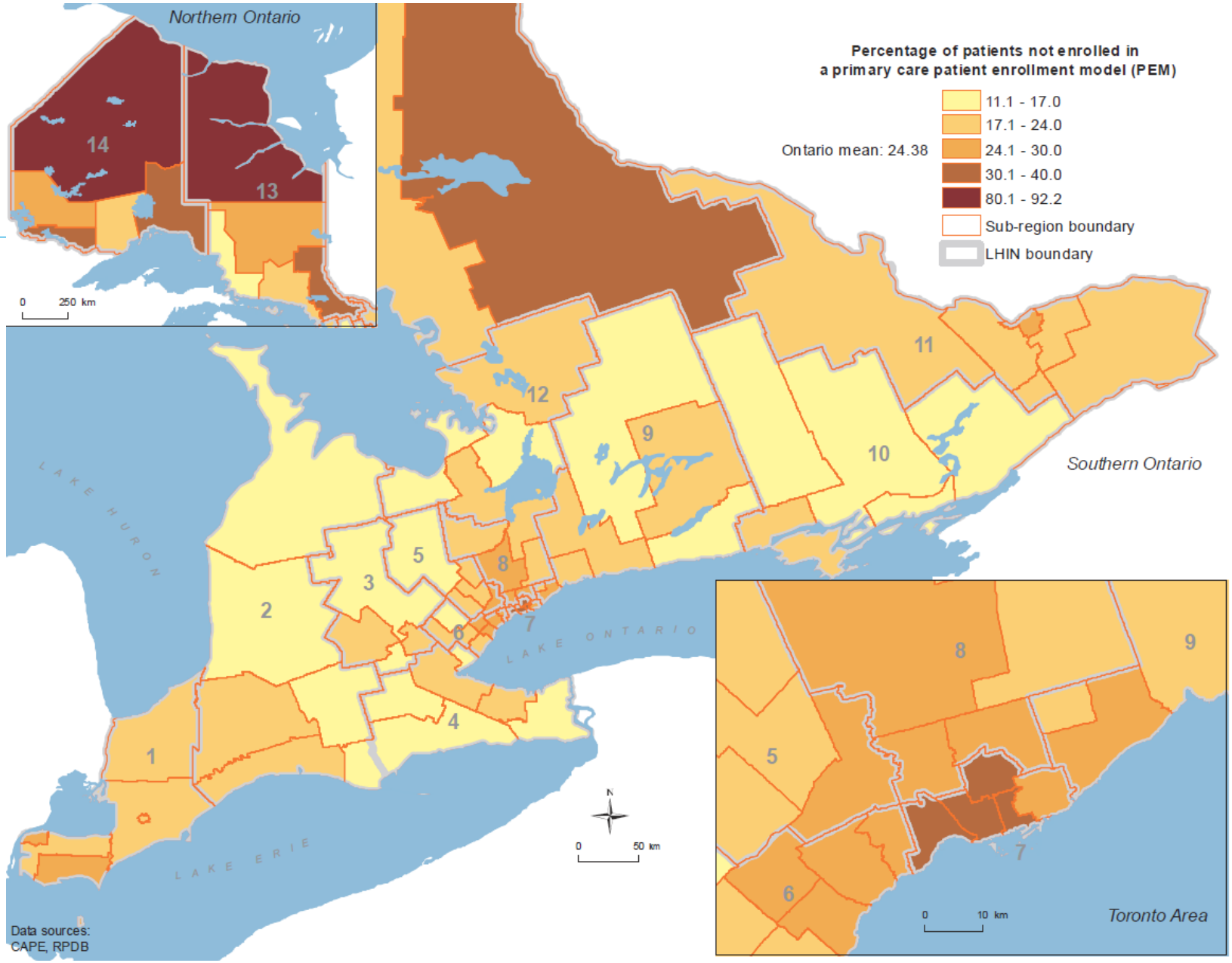
- Any others?

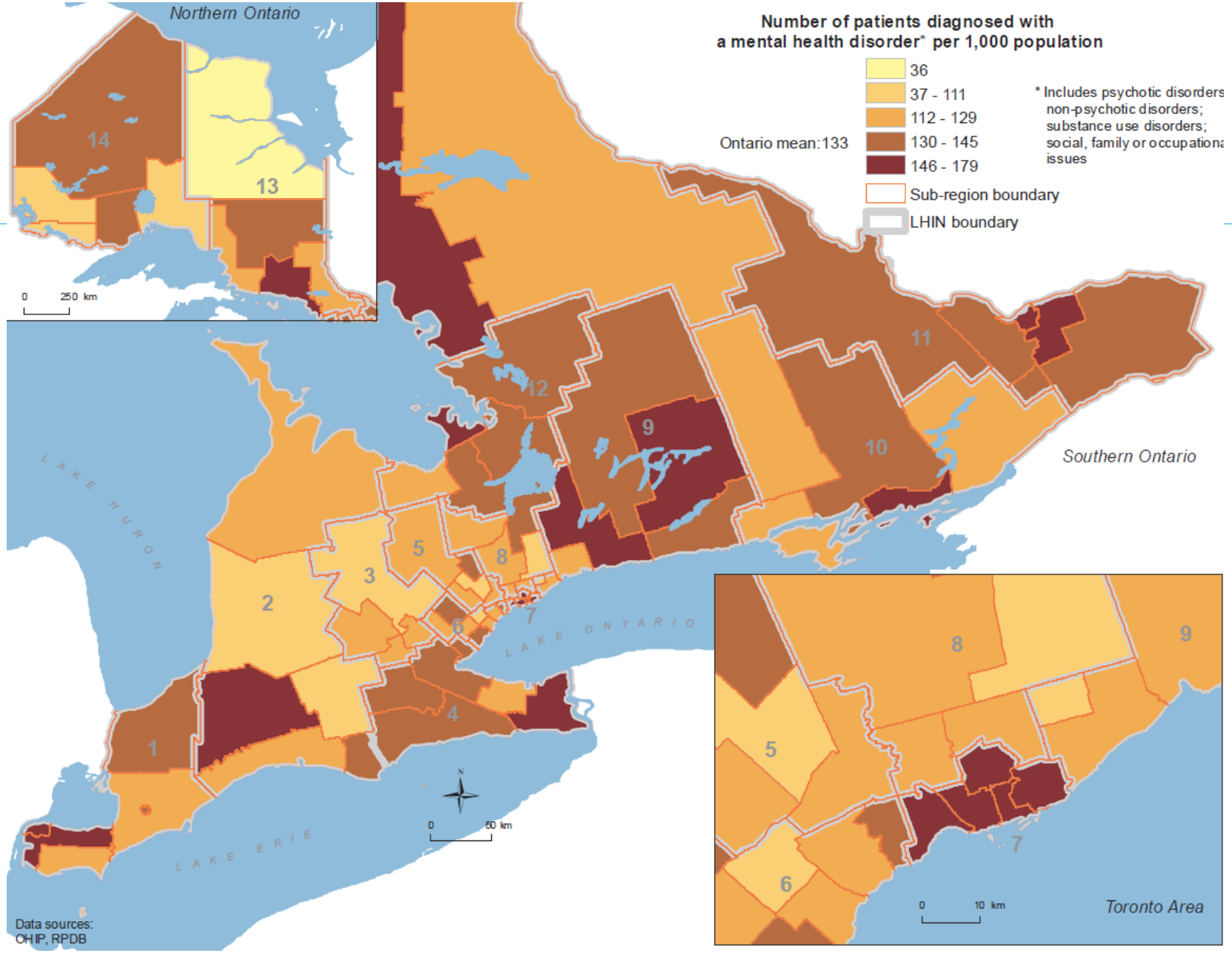

Northern Ontario
Prevalence of low income* in the population
5.28 - 8.60
8.61 - 12.40
12.41 - 15.80
15.81 - 19.90
19.91 - 24.05
Sub-region boundary
LHIN boundary
Ontario mean: 14.51
* Based on low-income measure, after tax
0 250 km
Southern Ontario
LAKE HURON
LAKE ONTARIO
LAKE ERIE
N
0 50 km
Data source:
2016 Census of Canada
0 10 km
Toronto Area


Northern Ontario
Southern Ontario
Toronto Area
Percentage of the population who immigrated to Canada in the previous 10 years
Ontario mean: 6.72
0.3 - 1.0
1.1 - 3.0
3.1 - 7.0
7.1 - 12.0
12.1 - 19.7
Sub-region boundary
LHIN boundary
LAKE HURON
LAKE ERIE
LAKE ONTARIO
0 250 km
0 50 km
0 10 km
N
Data source: IRCC


Northern Ontario
Southern Ontario
Toronto Area
Percentage of the population aged 65 and older who lived alone
Ontario mean: 23.48
9.10 - 15.00
15.01 - 20.00
20.01 - 25.00
25.01 - 30.00
30.01 - 43.94
Sub-region boundary
LHIN boundary
LAKE HURON
LAKE ERIE
LAKE ONTARIO
0 250 km
0 50 km
0 10 km
N
Data source:
2016 Census of Canada


Northern Ontario
Measure of Primary Care Needs (Mean SAMI Index)*
0.51
0.52 - 0.85
0.86 - 0.95
Ontario mean: 0.99
0.96 - 1.00
1.01 - 1.10
Sub-region boundary
LHIN boundary
* Measure based on ACG Morbidity Index
14
13
0 250 km
11
12
9
10
Southern Ontario
LAKE HURON
2
3
5
8
7
6
LAKE ONTARIO
4
1
LAKE ERIE
N
0 50 km
Data sources:
CIHI-DAD, OHIP, RPDB, OMHRS
8
9
5
7
6
0 10 km
Toronto Area


Northern Ontario
14
13
0 250 km
Percentage of patients not enrolled in
a primary care patient enrollment model (PEM)
Ontario mean: 24.38
11.1 - 17.0
17.1 - 24.0
24.1 - 30.0
30.1 - 40.0
80.1 - 92.2
Sub-region boundary
LHIN boundary
12
11
9
10
Southern Ontario
LAKE HURON
5
3
8
2
7
6
LAKE ONTARIO
4
1
LAKE ERIE
N
0 50 km
Data sources:
CAPE, RPDB
8
9
5
7
6
0 10 km
Toronto Area

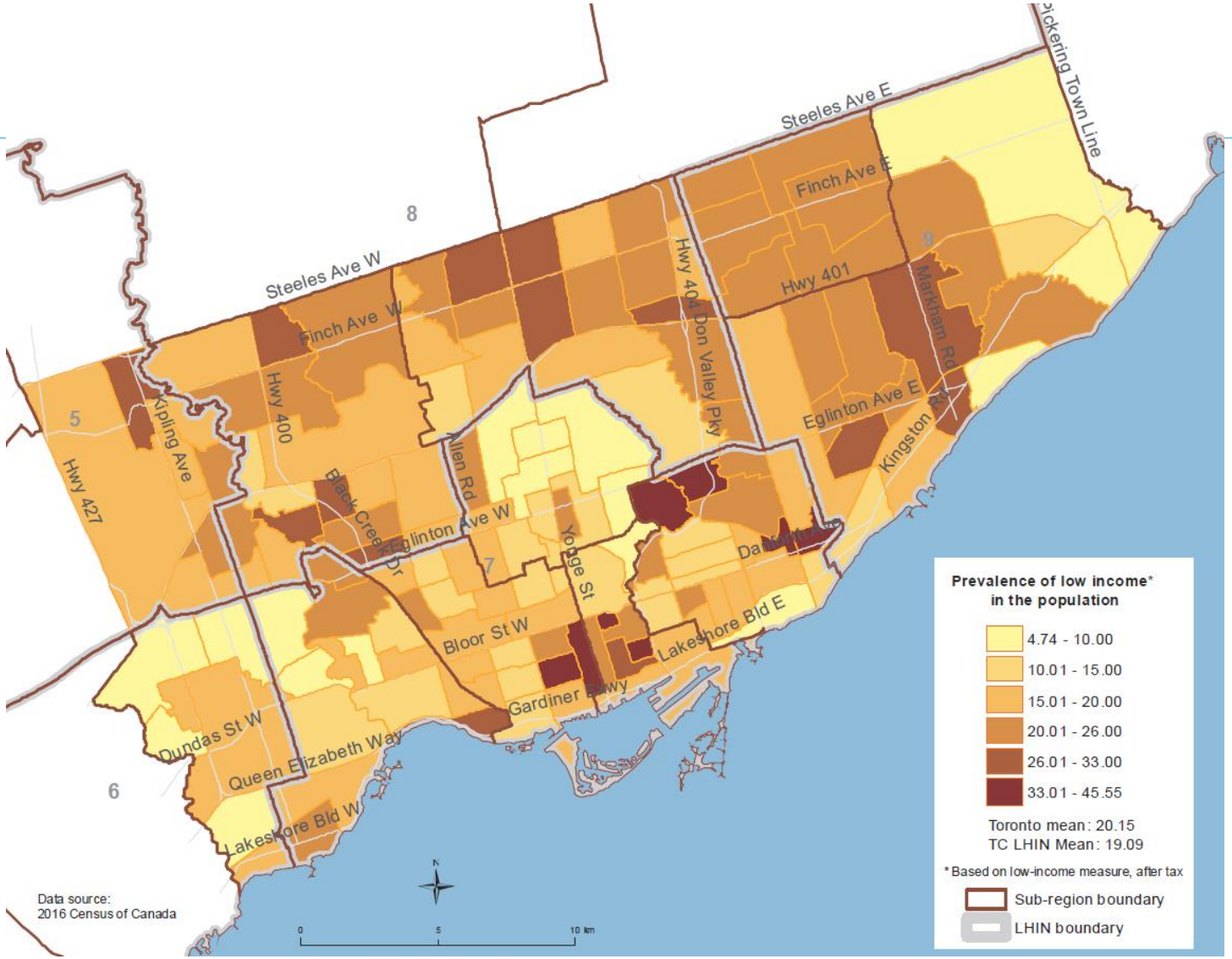

Number of patients diagnosed with
a mental health disorder* per 1,000 population
36
37 - 111
112 - 129
130 - 145
146 - 179
Ontario mean:133
* Includes psychotic disorders
non-psychotic disorders;
substance use disorders;
social, family or occupationa
issues
Sub-region boundary
LHIN boundary
Northern Ontario
Southern Ontario
Toronto Area
LAKE HURON
LAKE ONTARIO
LAKE ERIE
0 250 km
0 50 km
0 10 km
Data sources:
OHIP, RPDB

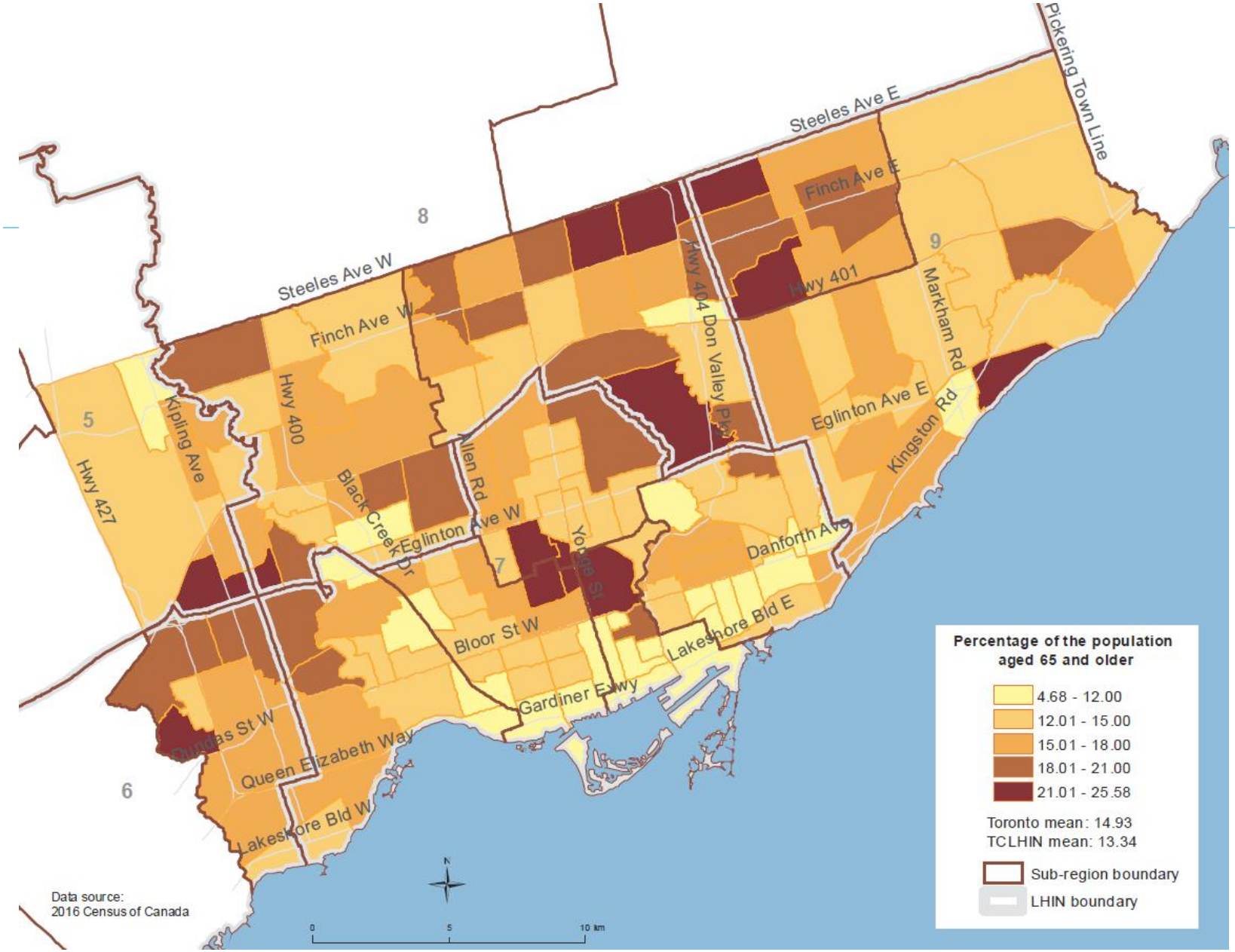
Do Primary Care Needs Vary?

Toronto:

- poverty, immigration, social isolation, chronic illness, mental health, not connected to care

Using this Information Locally




Steeles Ave E
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Finch Ave E
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Markham Rd
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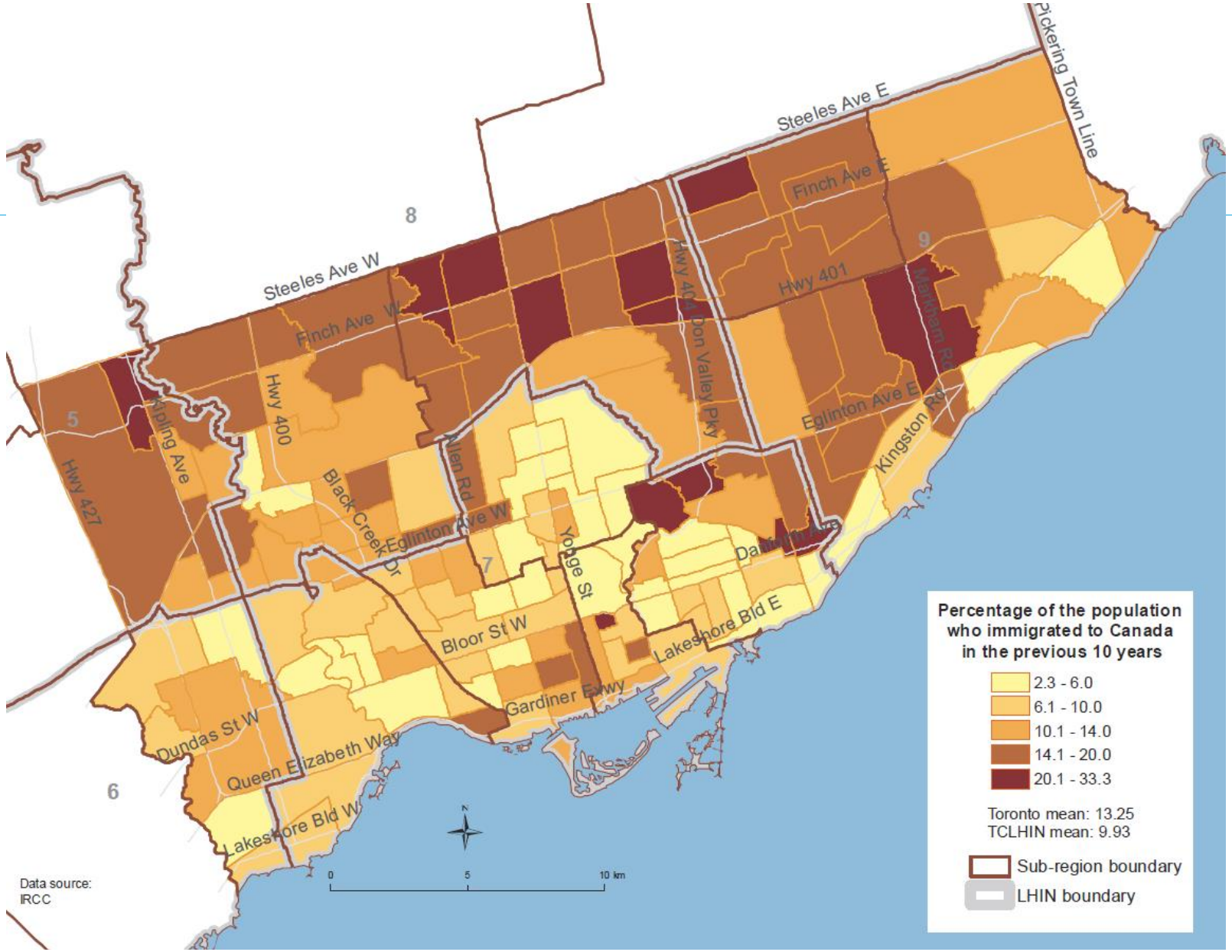
Hwy 404 Don Valley Pkwy
Hwy 400
Kipling Ave
Hwy 427
Black Creek Dr
Allen Rd
Eglinton Ave W
Eglinton Ave E
Kingston Rd
Danforth Ave
Yonge St
Bloor St W
Lakeshore Bld E
Gardiner Expwy
Dundas St W
Queen Elizabeth Way
Lakeshore Bld W
5
6
7
8
9
Percentage of the population aged 65 and older
4.68 - 12.00
12.01 - 15.00
15.01 - 18.00
18.01 - 21.00
21.01 - 25.58
Toronto mean: 14.93
TCLHIN mean: 13.34
Sub-region boundary
LHIN boundary
Data source:
2016 Census of Canada
0
5
10 km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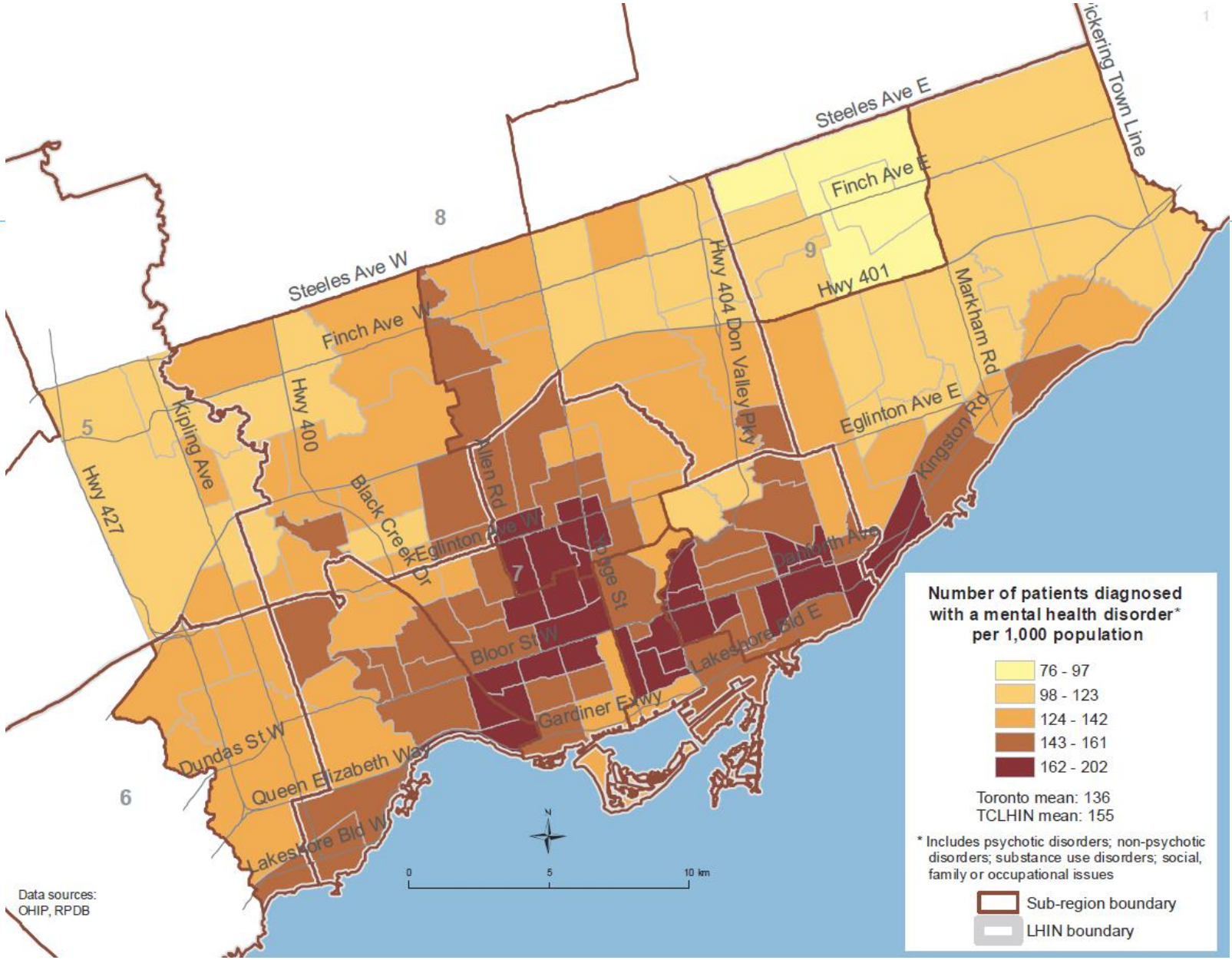
Pickering Town Line
Steeles Ave W
Finch Ave E
Finch Ave W
Hwy 401
Markham Rd
Hwy 404
Don Valley Pky
Eglinton Ave E
Kingston Rd
Hwy 400
Kipling Ave
Hwy 427
Black Creek Dr
Allen Rd
Eglinton Ave W
Yonge St
Bloor St W
Lakeshore Bld E
Gardiner Expwy
Dundas St W
Queen Elizabeth Way
Lakeshore Bld W
5
6
7
8
9
0
5
10 km
Data source:
IRCC
Percentage of the population who immigrated to Canada in the previous 10 years
2.3 - 6.0
6.1 - 10.0
10.1 - 14.0
14.1 - 20.0
20.1 - 33.3
Toronto mean: 13.25
TCLHIN mean: 9.93
Sub-region boundary
LHIN boundary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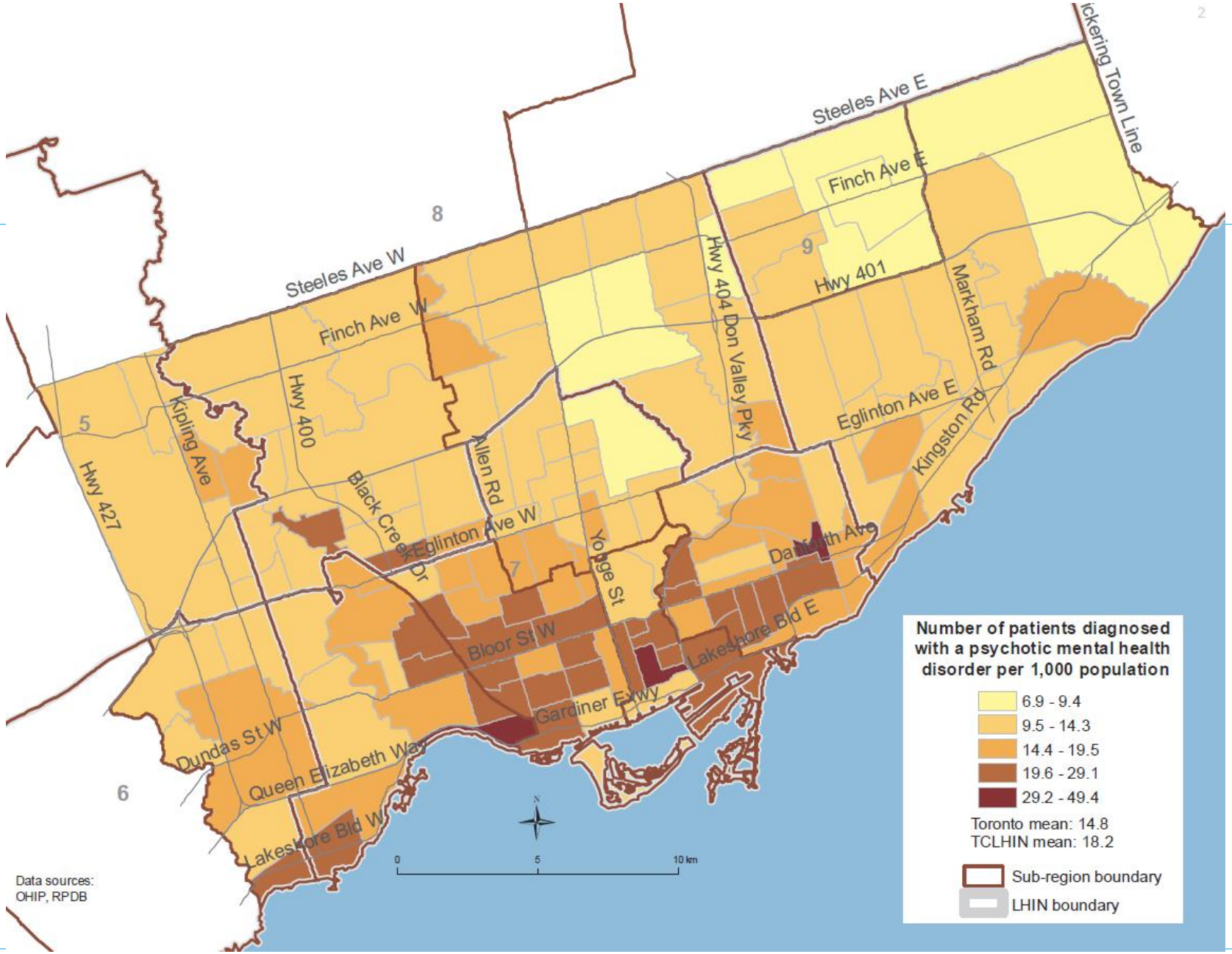
Kipling Ave
Hwy 427
Black Creek Dr
Allen Rd
Eglinton Ave W
Yonge St
Bloor St W
Gardiner Expwy
Lakeshore Blvd E
Lakeshore Blvd W
Dundas St W
Queen Elizabeth Way
5
6
7
8
9
0
5
10 km
Data sources:
OHIP, RPDB
Number of patients diagnosed with a mental health disorder* per 1,000 population
76 - 97
98 - 123
124 - 142
143 - 161
162 - 202
Toronto mean: 136
TCLHIN mean: 155
* Includes psychotic disorders; non-psychotic disorders; substance use disorders; social, family or occupational issues
Sub-region boundary
LHIN boundary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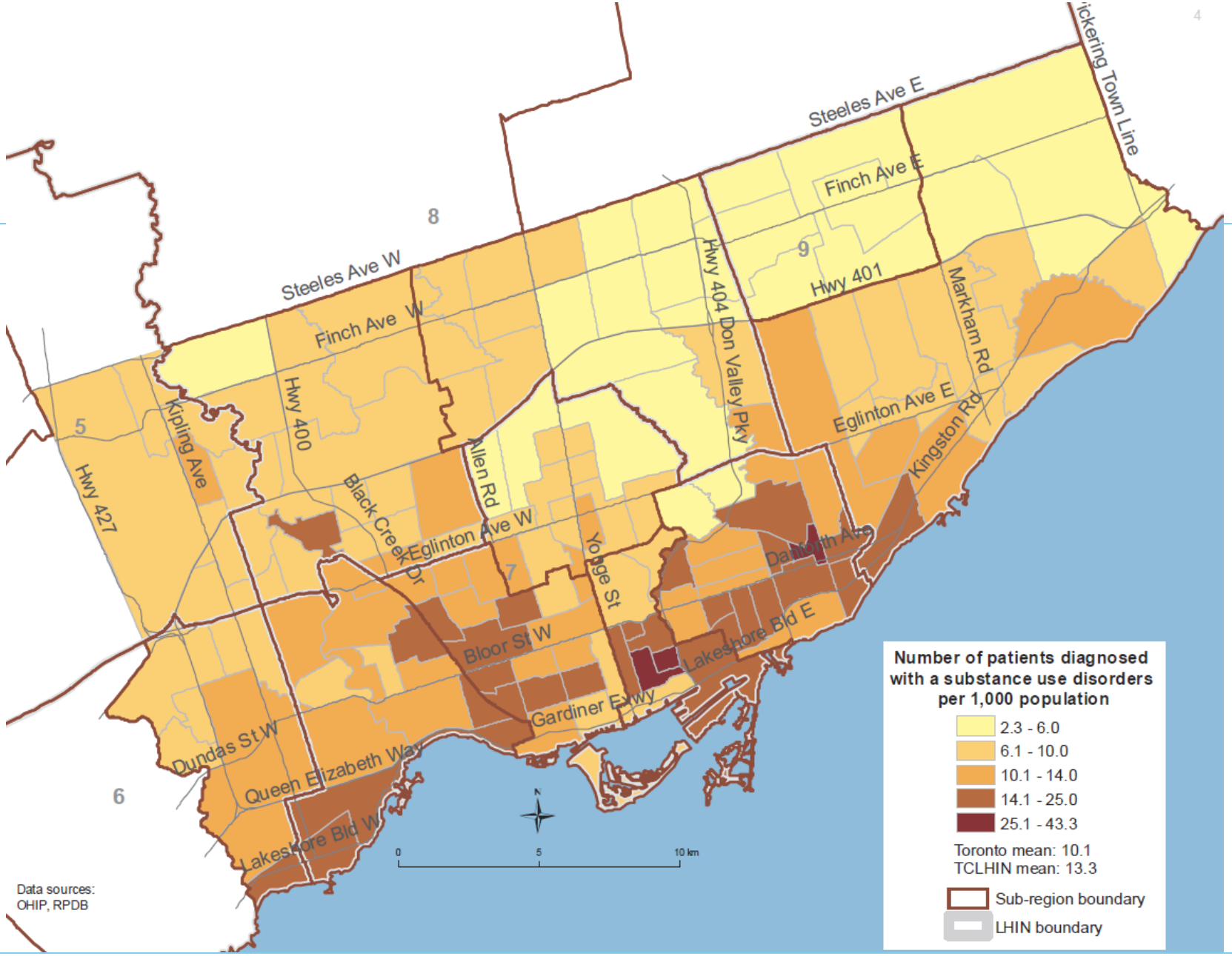
Eglinton Ave E
Kingston Rd
Hwy 400
Kipling Ave
Hwy 427
Black Creek Dr
Allen Rd
Eglinton Ave W
Yonge St
Bloor St W
Gardiner Expwy
Lakeshore Bld E
Lakeshore Bld W
Queen Elizabeth Way
Dundas St W
5
6
7
8
9
0
5
10 km
Data sources:
OHIP, RPDB
Number of patients diagnosed with a psychotic mental health disorder per 1,000 population
6.9 - 9.4
9.5 - 14.3
14.4 - 19.5
19.6 - 29.1
29.2 - 49.4
Toronto mean: 14.8
TCLHIN mean: 18.2
Sub-region boundary
LHIN boundary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Yonge St
Bloor St W
Gardiner Expwy
Lakeshore Bld E
Lakeshore Bld W
Queen Elizabeth Way
Dundas St W
5
6
7
8
9
0
5
10 km
Data sources:
OHIP, RPDB
Number of patients diagnosed with a substance use disorders per 1,000 population
2.3 - 6.0
6.1 - 10.0
10.1 - 14.0
14.1 - 25.0
25.1 - 43.3
Toronto mean: 10.1
TCLHIN mean: 13.3
Sub-region boundary
LHIN boundary

How Would You Plan for Primary Care in Ontario's 76 Sub-Regions?

- Where to start?
  - population health needs?
  - **utilization?**
  - providers?
  - something else?

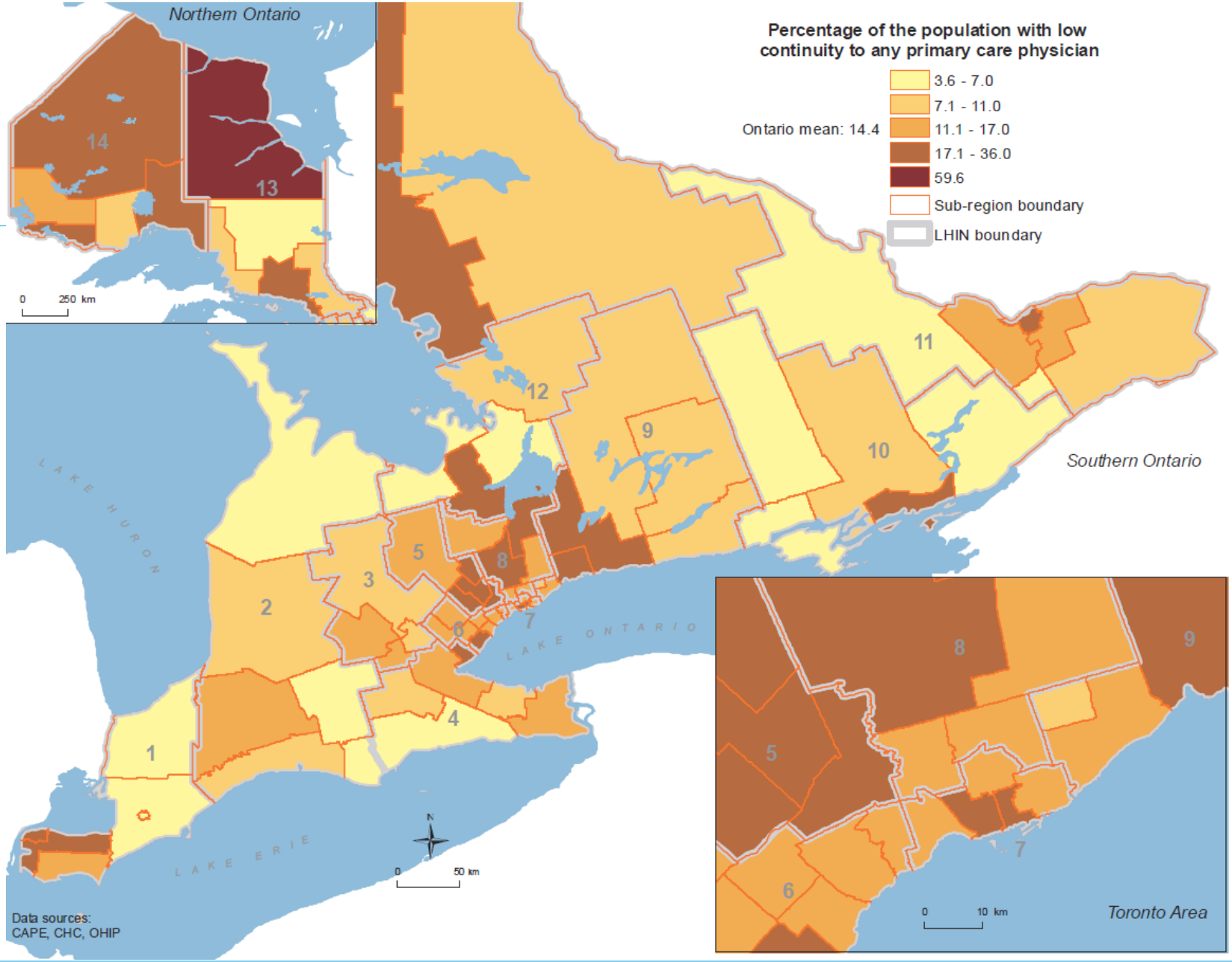
Utilization

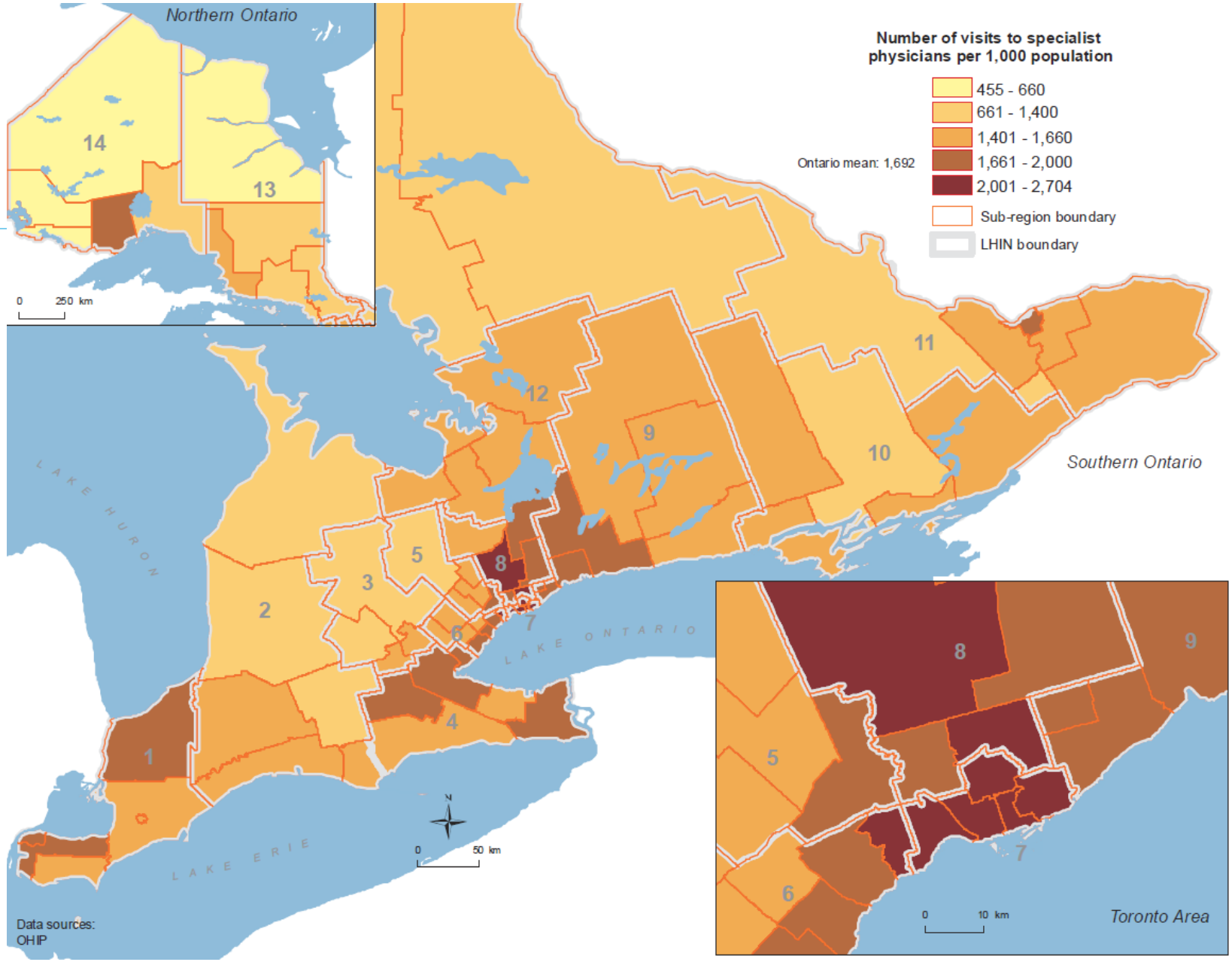
- What measures?
- Do they vary across the province?

Utilization

- What measures?
  - few primary care visits
  - low continuity of primary care visits
  - lack of after-hours care
  - emergency department visits
  - few specialist visits

- Any others?


Northern Ontario
Southern Ontario
Toronto Area
Percentage of the population with low continuity to any primary care physician
Ontario mean: 14.4
3.6 - 7.0
7.1 - 11.0
11.1 - 17.0
17.1 - 36.0
59.6
Sub-region boundary
LHIN boundary
LAKE HURON
LAKE ERIE
LAKE ONTARIO
0 250 km
0 50 km
0 10 km
N
Data sources:
CAPE, CHC, OHIP

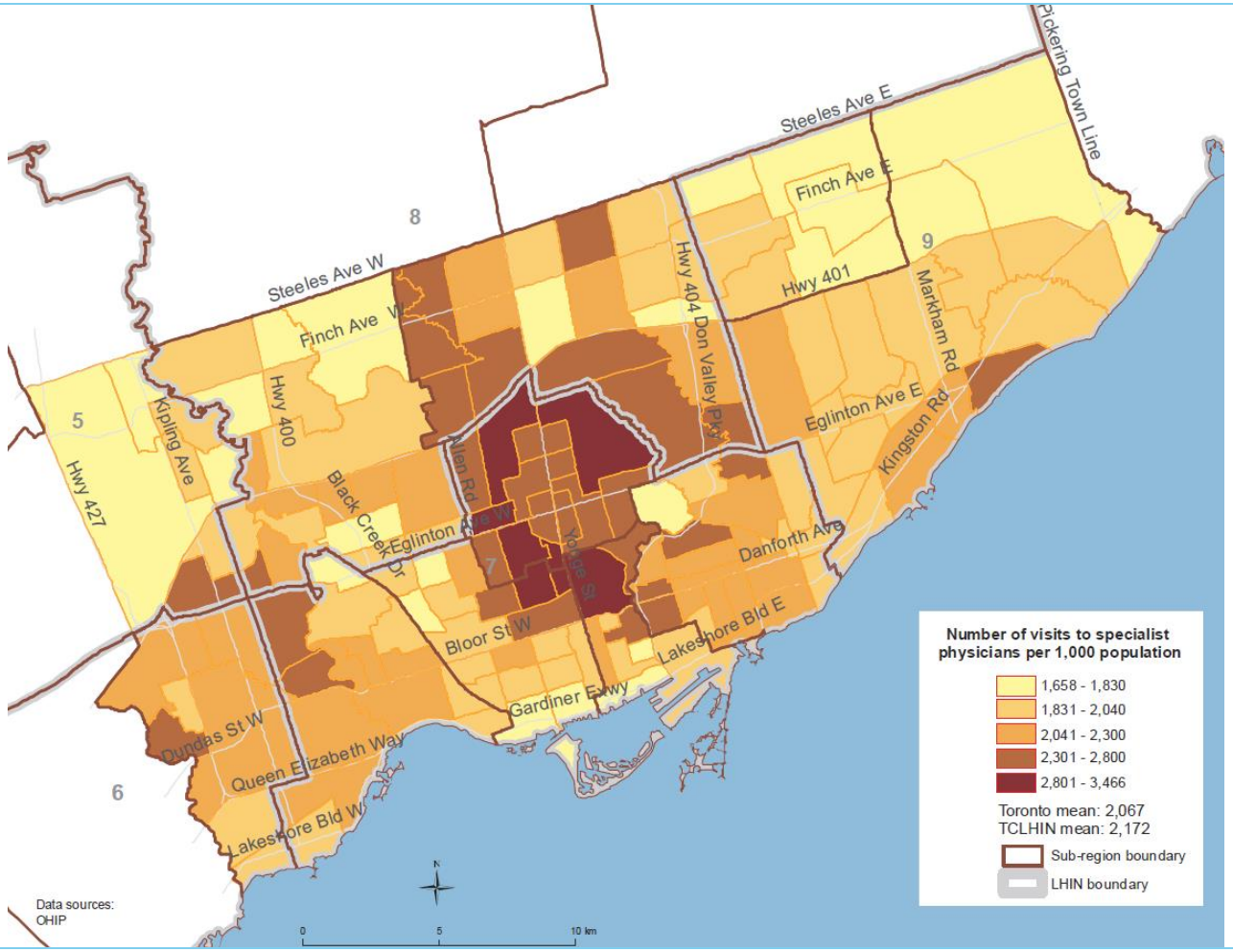

Northern Ontario
14
13
0 250 km
Number of visits to specialist physicians per 1,000 population
455 - 660
661 - 1,400
1,401 - 1,660
1,661 - 2,000
2,001 - 2,704
Ontario mean: 1,692
Sub-region boundary
LHIN boundary
11
12
9
10
Southern Ontario
LAKE HURON
2
3
5
8
7
6
4
1
LAKE ONTARIO
LAKE ERIE
0 50 km
Data sources:
OHIP
8
9
5
7
6
0 10 km
Toronto Area

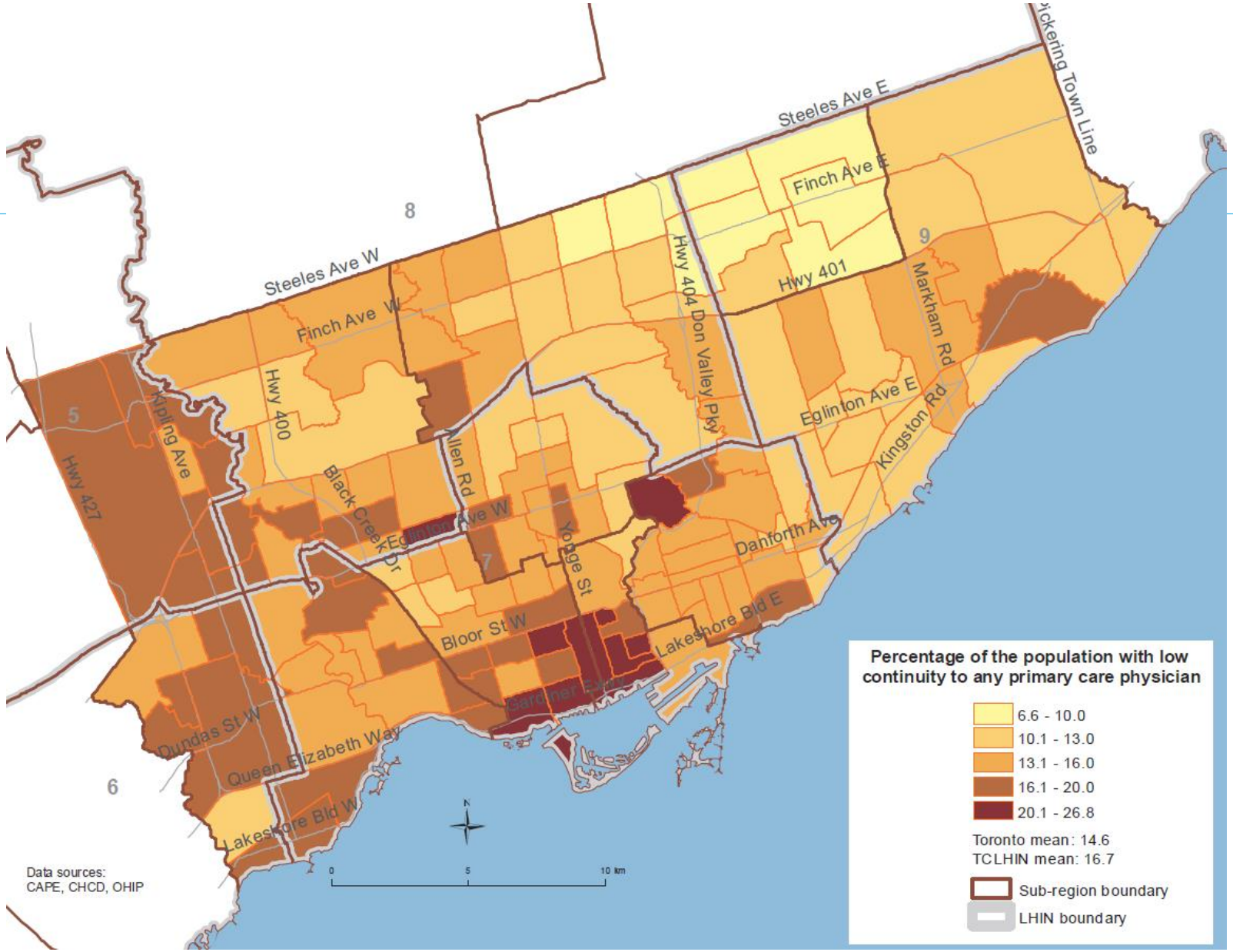
Does Utilization Vary?

Toronto:

- lower continuity, greater use of specialists

Using this Information Locally

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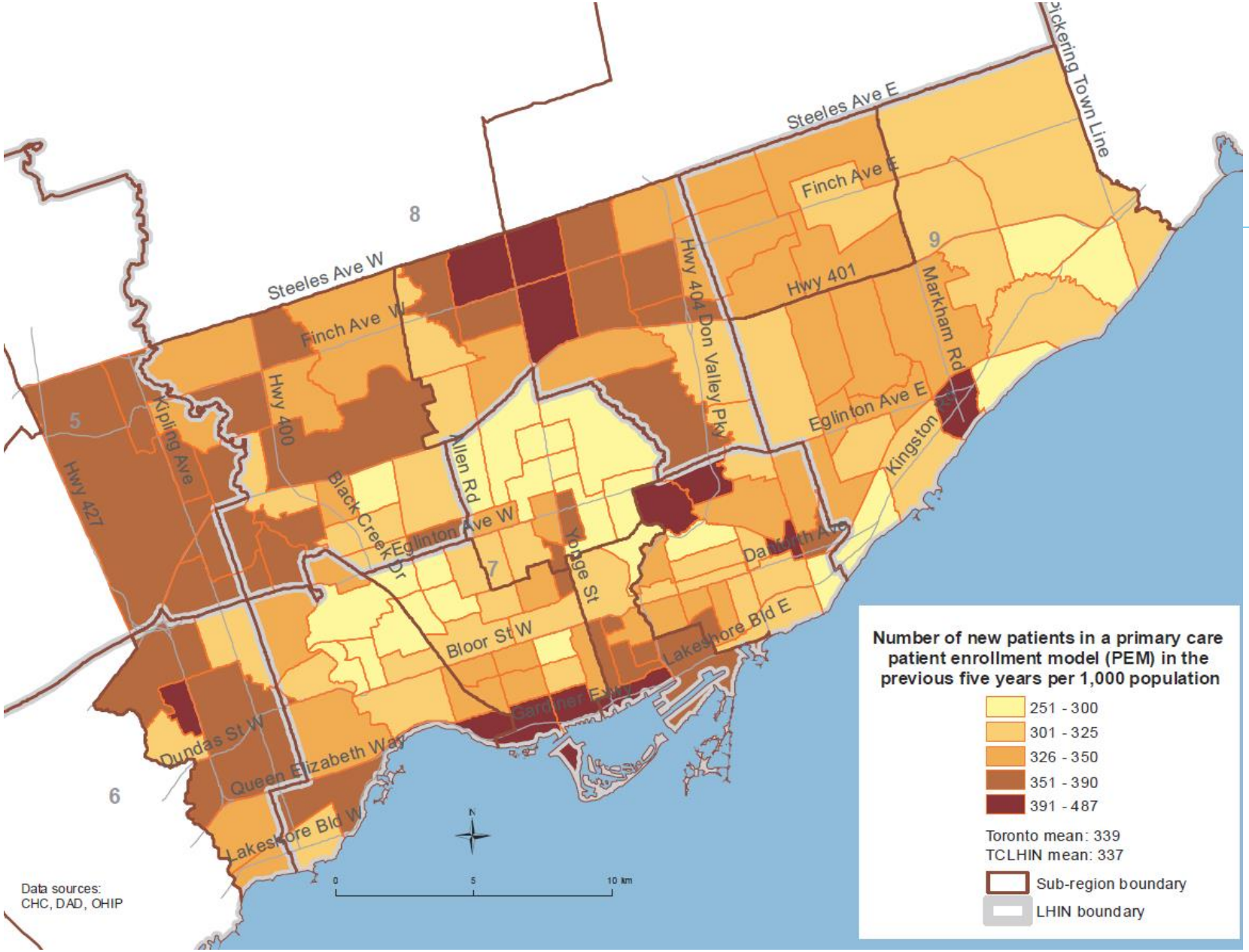
Black Creek Dr
Allen Rd
Eglinton Ave W
Yonge St
Danforth Ave
Bloor St W
Lakeshore Bld E
Gardiner Expy
Dundas St W
Queen Elizabeth Way
Lakeshore Bld W
5
6
7
8
9
Data sources:
CAPE, CHCD, OHIP
0
5
10 km
N
Percentage of the population with low continuity to any primary care physician
6.6 - 10.0
10.1 - 13.0
13.1 - 16.0
16.1 - 20.0
20.1 - 26.8
Toronto mean: 14.6
TCLHIN mean: 16.7
Sub-region boundary
LHIN boundary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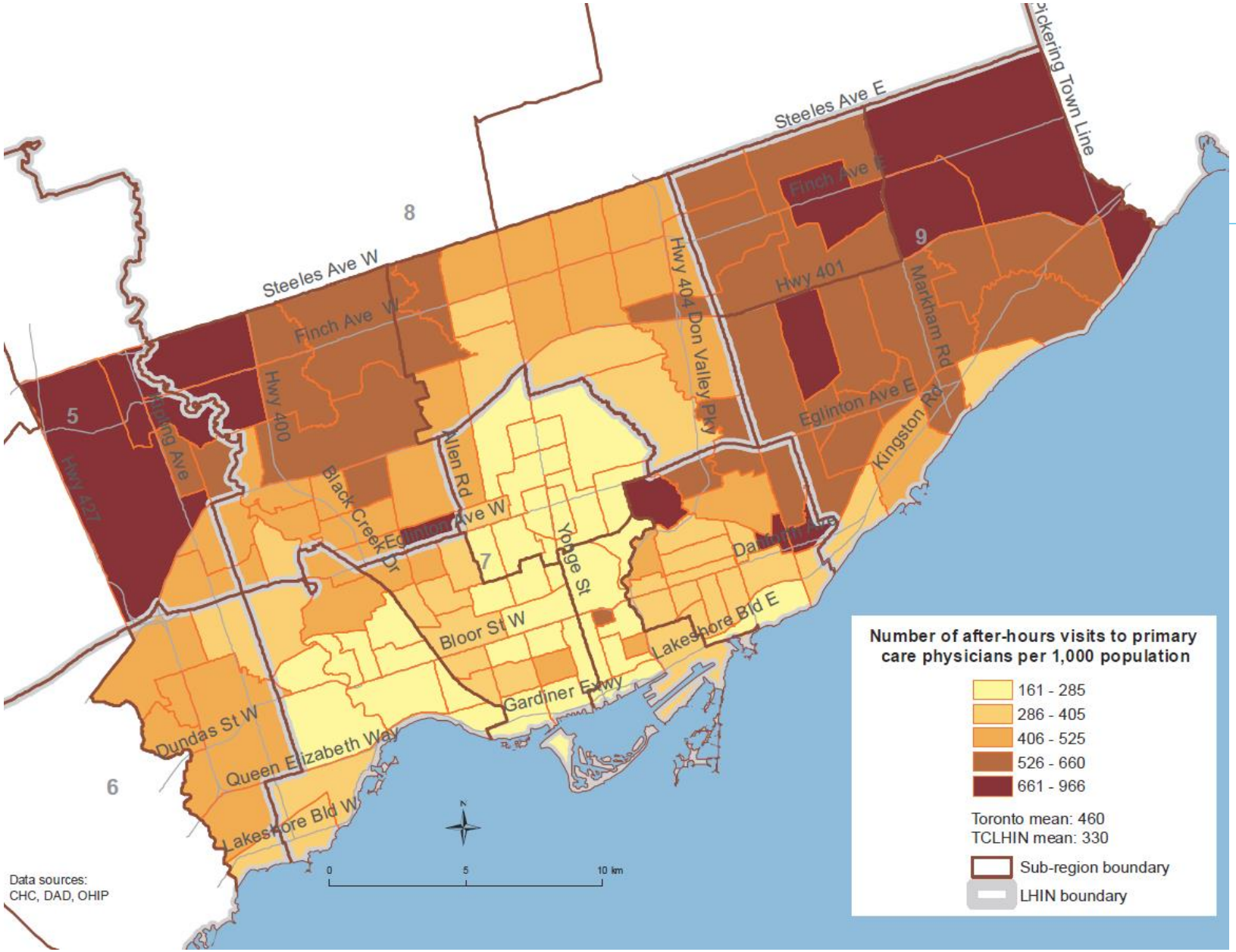
Kipling Ave
Hwy 427
Black Creek Dr
Allen Rd
Eglinton Ave W
Yonge St
Bloor St W
Lakeshore Bld E
Dundas St W
Queen Elizabeth Way
Lakeshore Bld W
8
9
5
7
6
0
5
10 km
Data sources:
CHC, DAD, OHIP
Number of new patients in a primary care patient enrollment model (PEM) in the previous five years per 1,000 population
251 - 300
301 - 325
326 - 350
351 - 390
391 - 487
Toronto mean: 339
TCLHIN mean: 337
Sub-region boundary
LHIN boundary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Allen Rd
Eglinton Ave W
7
Yonge St
Bloor St W
Lakeshore Bld E
Gardiner Expwy
Dundas St W
Queen Elizabeth Way
6
Lakeshore Bld W
0
5
10 km
Data sources:
CHC, DAD, OHIP
Number of after-hours visits to primary care physicians per 1,000 population
161 - 285
286 - 405
406 - 525
526 - 660
661 - 966
Toronto mean: 460
TCLHIN mean: 330
Sub-region boundary
LHIN boundary

How Would You Plan for Primary Care in Ontario's 76 Sub-Regions?

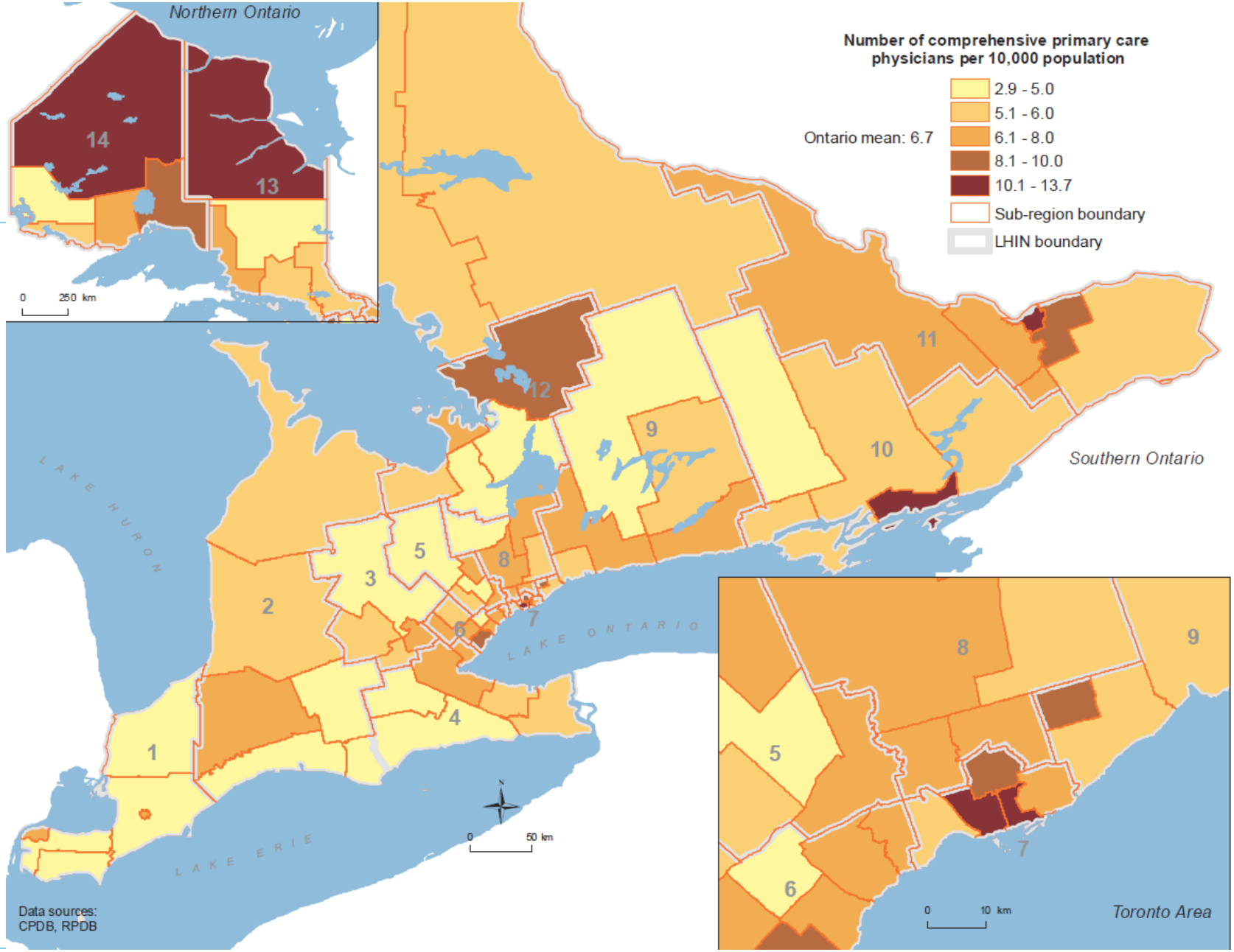
- Where to start?
  - population health needs?
  - utilization?
  - **providers?**
  - something else?

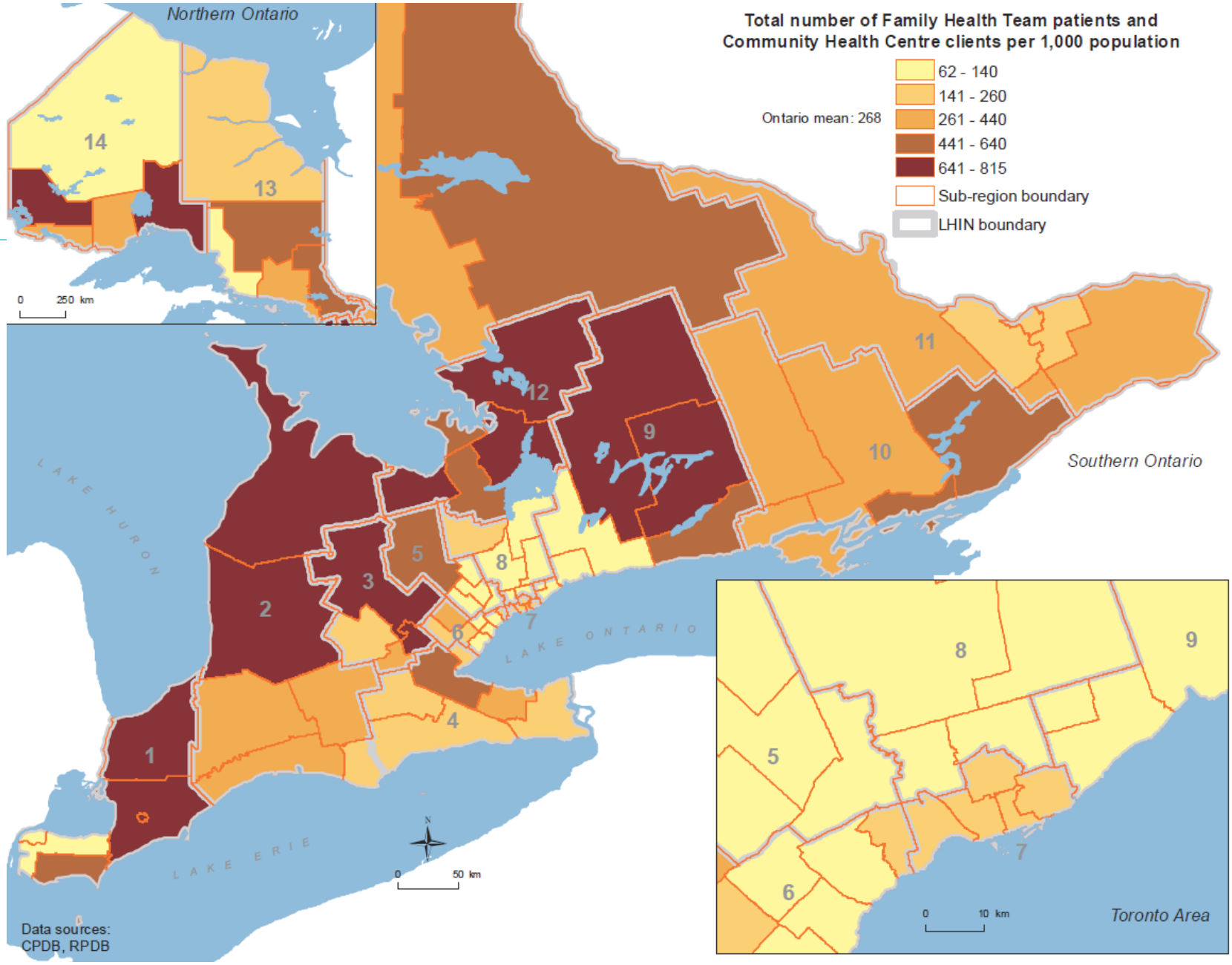
Providers: Primary Care Physicians and Inter-professional Teams

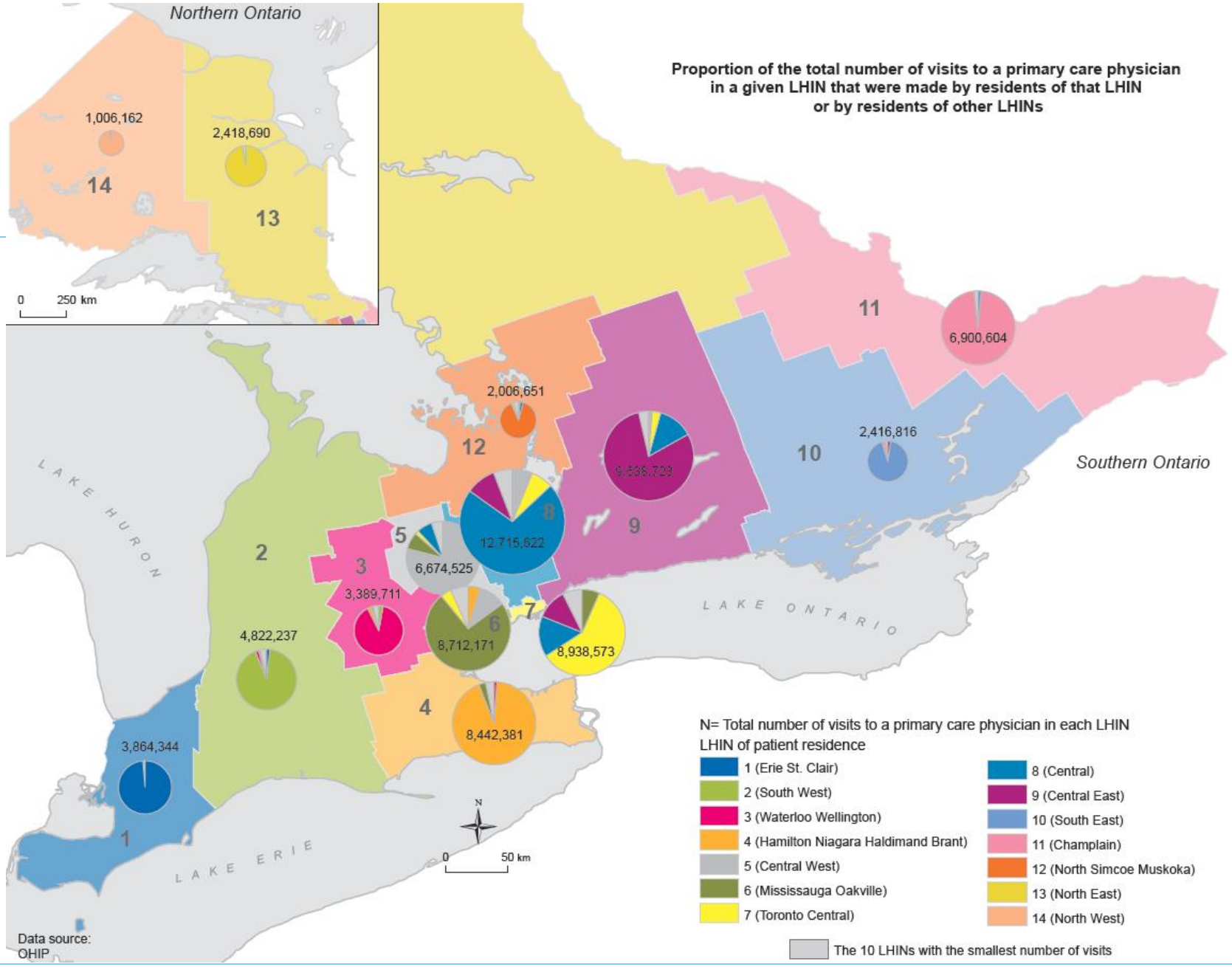
- What measures?
- Do they vary across the province?

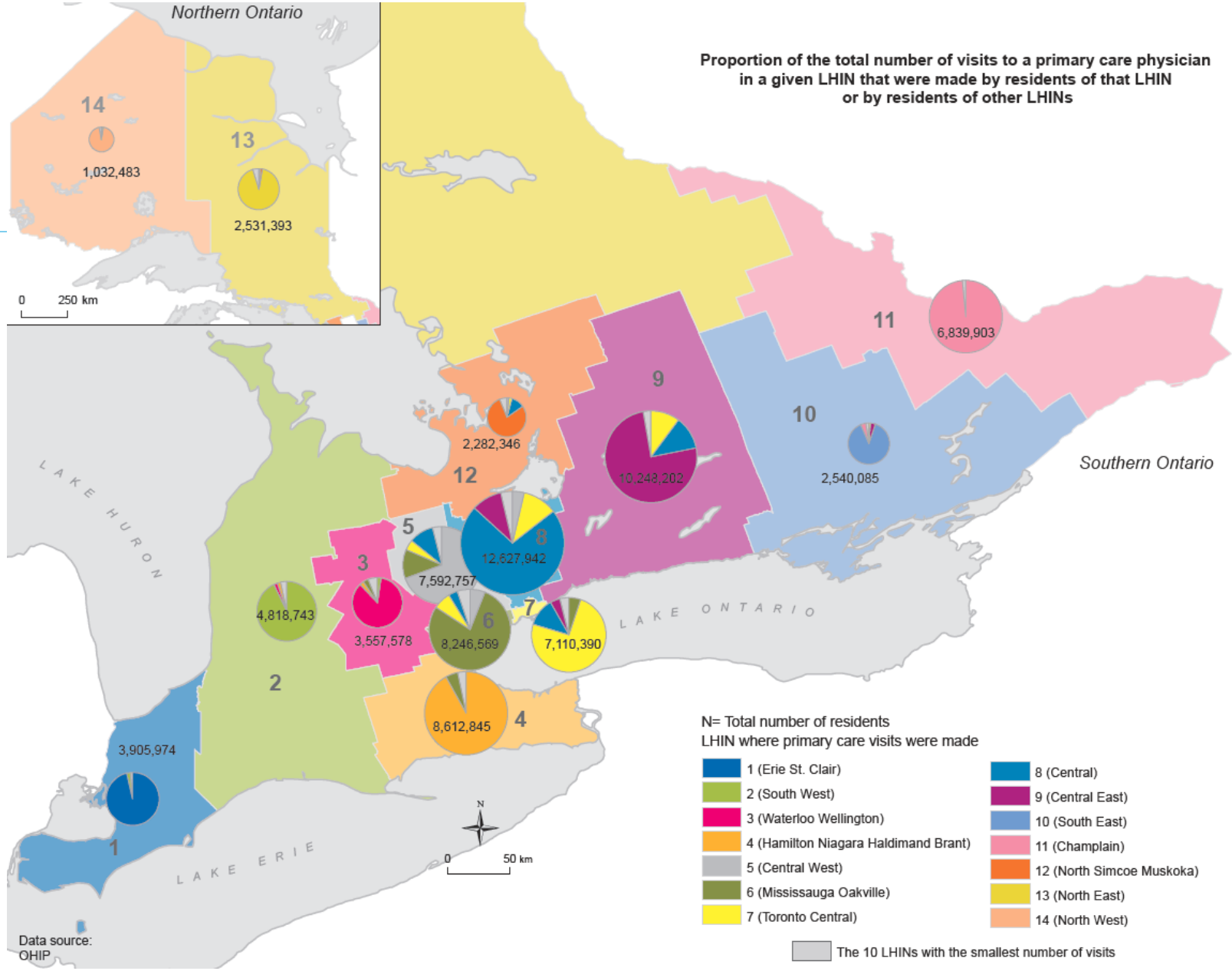
Providers

- What measures?
  - comprehensive PC physicians
  - FHT and CHCs per population
  - patient flow across LHINs
- Any others?


Northern Ontario
Number of comprehensive primary care physicians per 10,000 population
2.9 - 5.0
5.1 - 6.0
Ontario mean: 6.7
6.1 - 8.0
8.1 - 10.0
10.1 - 13.7
Sub-region boundary
LHIN boundary
14
13
0 250 km
12
11
9
10
Southern Ontario
LAKE HURON
5
3
2
8
7
6
LAKE ONTARIO
4
1
LAKE ERIE
0 50 km
Data sources:
CPDB, RPDB
8
9
5
7
6
0 10 km
Toronto Area


Total number of Family Health Team patients and
Community Health Centre clients per 1,000 population
Ontario mean: 268
62 - 140
141 - 260
261 - 440
441 - 640
641 - 815
Sub-region boundary
LHIN boundary
Northern Ontario
Southern Ontario
Toronto Area
LAKE HURON
LAKE ERIE
LAKE ONTARIO
0 250 km
0 50 km
0 10 km
Data sources:
CPDB, RPDB


Northern Ontario
1,006,162
2,418,690
14
13
0 250 km
Proportion of the total number of visits to a primary care physician
in a given LHIN that were made by residents of that LHIN
or by residents of other LHINs
11
6,900,604
2,006,651
12
10
2,416,816
Southern Ontario
9,838,729
9
8
12,715,622
5
6,674,525
2
3
3,389,711
7
6
8,712,171
8,938,573
4,822,237
4
8,442,381
3,864,344
1
LAKE HURON
LAKE ONTARIO
LAKE ERIE
N
0 50 km
Data source:
OHIP
N= Total number of visits to a primary care physician in each LHIN
LHIN of patient residence
1 (Erie St. Clair)
2 (South West)
3 (Waterloo Wellington)
4 (Hamilton Niagara Haldimand Brant)
5 (Central West)
6 (Mississauga Oakville)
7 (Toronto Central)
8 (Central)
9 (Central East)
10 (South East)
11 (Champlain)
12 (North Simcoe Muskoka)
13 (North East)
14 (North West)
The 10 LHINs with the smallest number of visits

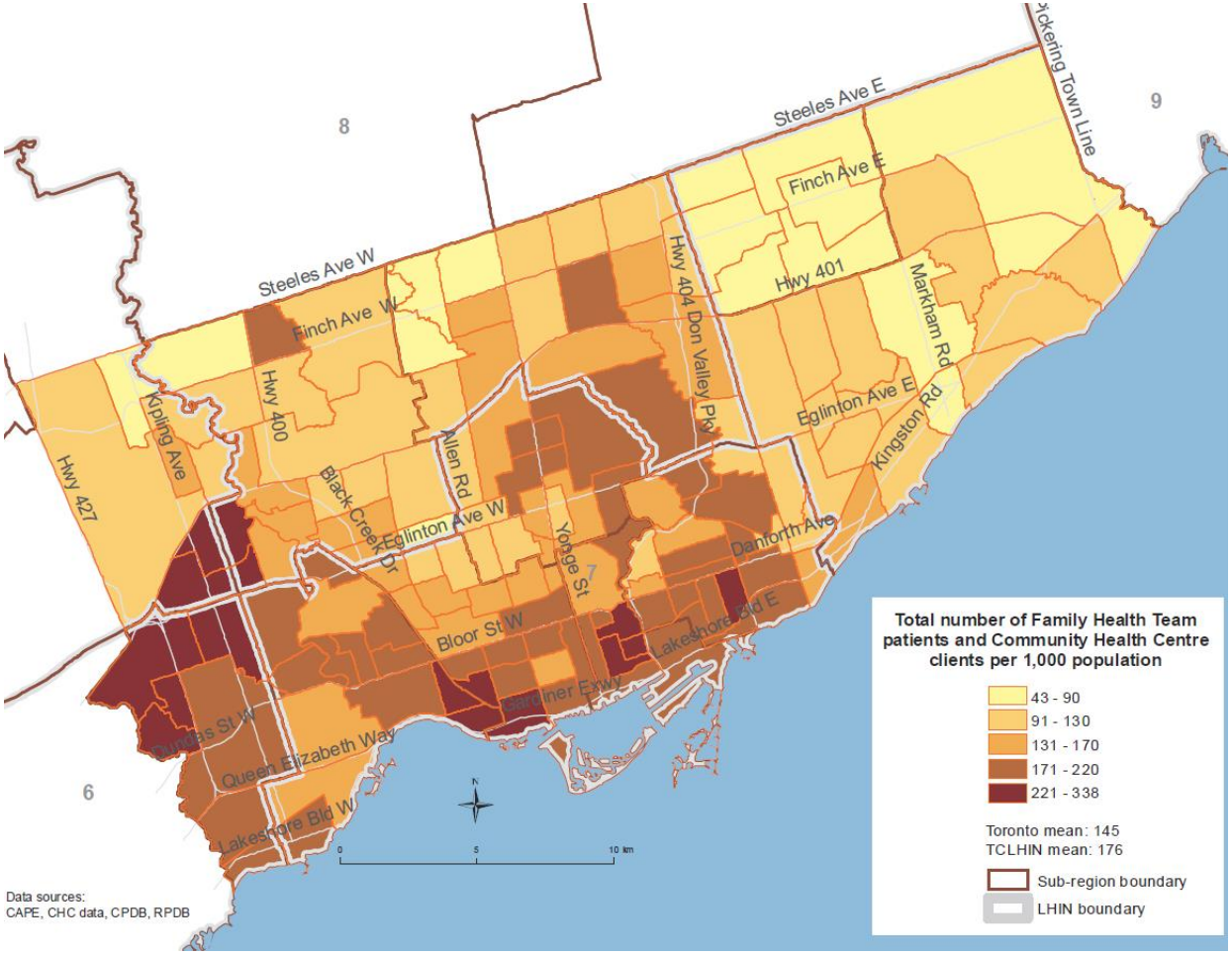

Northern Ontario
14
1,032,483
13
2,531,393
0 250 km
Proportion of the total number of visits to a primary care physician in a given LHIN that were made by residents of that LHIN or by residents of other LHINs
11
6,839,903
9
10
2,282,346
12
10,248,202
2,540,085
Southern Ontario
LAKE HURON
5
8
12,627,942
3
7,592,757
4,818,743
3,557,578
6
8,246,569
7
7,110,390
LAKE ONTARIO
2
8,612,845
4
3,905,974
1
LAKE ERIE
N
0 50 km
Data source: OHIP
N= Total number of residents
LHIN where primary care visits were made
1 (Erie St. Clair)
2 (South West)
3 (Waterloo Wellington)
4 (Hamilton Niagara Haldimand Brant)
5 (Central West)
6 (Mississauga Oakville)
7 (Toronto Central)
8 (Central)
9 (Central East)
10 (South East)
11 (Champlain)
12 (North Simcoe Muskoka)
13 (North East)
14 (North West)
The 10 LHINs with the smallest number of visits

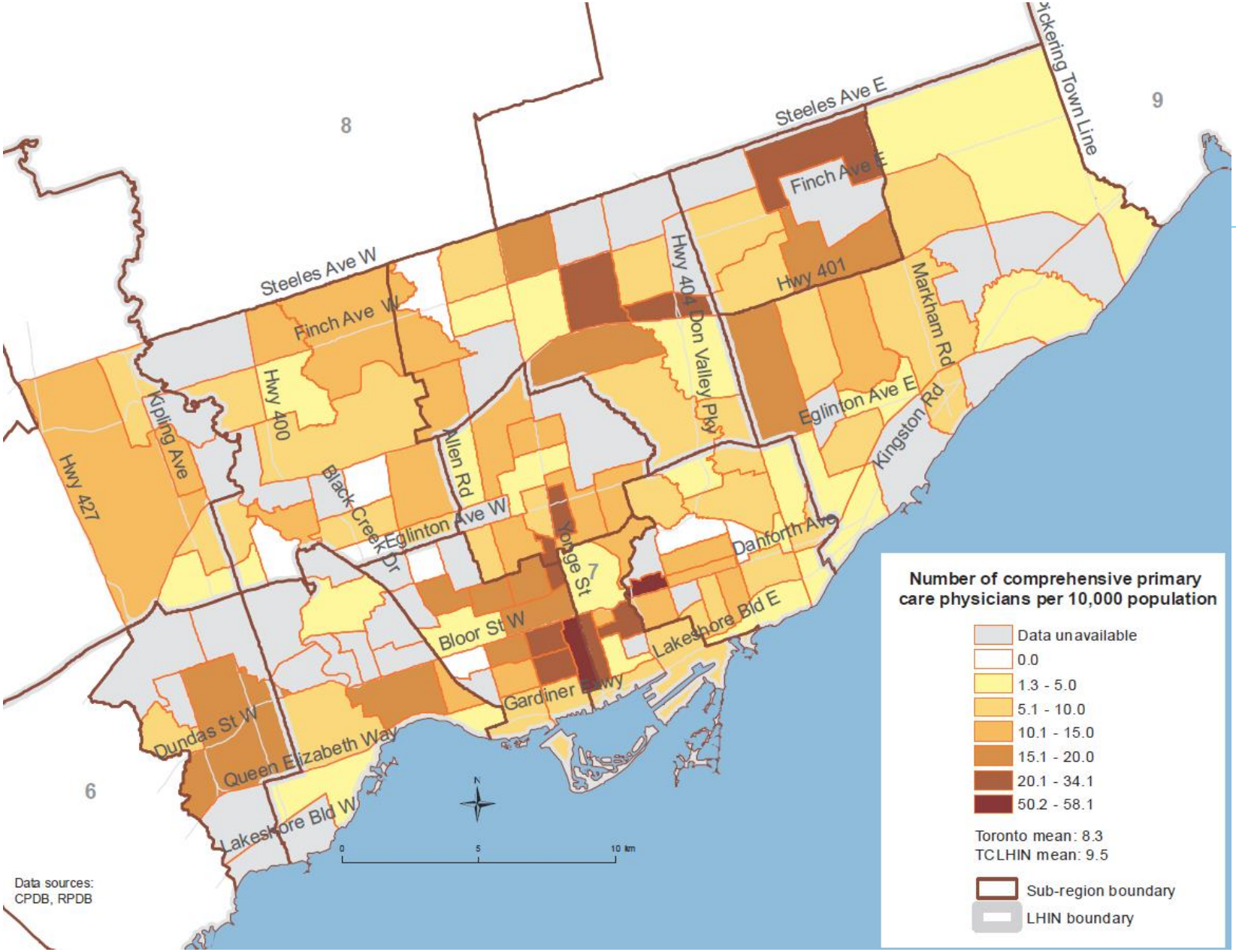
Do Providers Vary?

Toronto:

- greater inflow of primary care visits, over-estimation of physician supply; less team care

Using this Information Locally




Steeles Ave E
Steeles Ave W
Finch Ave W
Finch Ave E
Hwy 404 Don Valley Pky
Hwy 401
Markham Rd
Eglinton Ave E
Kingston Rd
Hwy 400
Kipling Ave
Hwy 427
Black Creek Dr
Allen Rd
Eglinton Ave W
Yonge St
Danforth Ave
Bloor St W
Lakeshore Bld E
Gardiner Expwy
Dundas St W
Queen Elizabeth Way
Lakeshore Bld W
8
9
7
6
N
0
5
10 km
Data sources:
CPDB, RPDB
Number of comprehensive primary care physicians per 10,000 population
Data unavailable
0.0
1.3 - 5.0
5.1 - 10.0
10.1 - 15.0
15.1 - 20.0
20.1 - 34.1
50.2 - 58.1
Toronto mean: 8.3
TCLHIN mean: 9.5
Sub-region boundary
LHIN boundary

Do Inequities and Gaps in Care Vary?

- Toronto
  - high social needs
  - low attachment
  - low continuity
  - large inflows
  - few teams

Provincial Primary Care Capacity Assessment Framework

Primary Care Service Capacity Assessment Framework developed to assist LHINs with their Primary Care planning responsibilities

Several Key Documents including:

- **PC Capacity Framework Guidance Document** – Outlines details and goals for LHINs using the tool
- **Capacity and Access Maps** – Outlines at LHIN and sub-region level overall capacity based on CIHI grouper methodology
- **Excel Tables** – Provide Primary Care summary data including physician and population information. Population indicators are displayed in two formats; 1) Primary Care population (i.e. where you receive care) and 2) Residential population (where you reside)
- **Feedback Form** – Opportunity for LHINs to provide feedback to the Ministry on all aspects of the planning materials

- Pilot conducted by 6 LHINs including Toronto Central. Provided feedback on Framework, methodology and results from analyses

Next steps:

- Ministry to revise the Framework based on pilot results and update date
- Updated documents/data to be distributed to LHINs in the Fall of 2018
- LHINs to complete Primary Care Capacity in Fall, 2018

Comments, Questions?

ICES
Data
Discovery
Better Health

St. Michael's
Inspired Care. Inspiring Science.

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Ontario
Toronto Central Local Health Integration Network

Using data from OCHPP for Local and Sub-Region Planning: Interprofessional Team-Based Care

Nathalie Sava

Toronto Central LHIN

Using data from OCHPP for Local and Sub-Region Planning: Interprofessional Team-Based Care

Date: September 21, 2018

Nathalie Sava

Ontario
Local Health Integration Network

Problem Statement

Funding Opportunity:

Expansion or creation of new Interprofessional Team Based Primary Care teams

Problem Statement:

What areas of the Toronto Central LHIN have the highest need for interprofessional team based care?

Determining System Capacity for Interprofessional Team Based Care

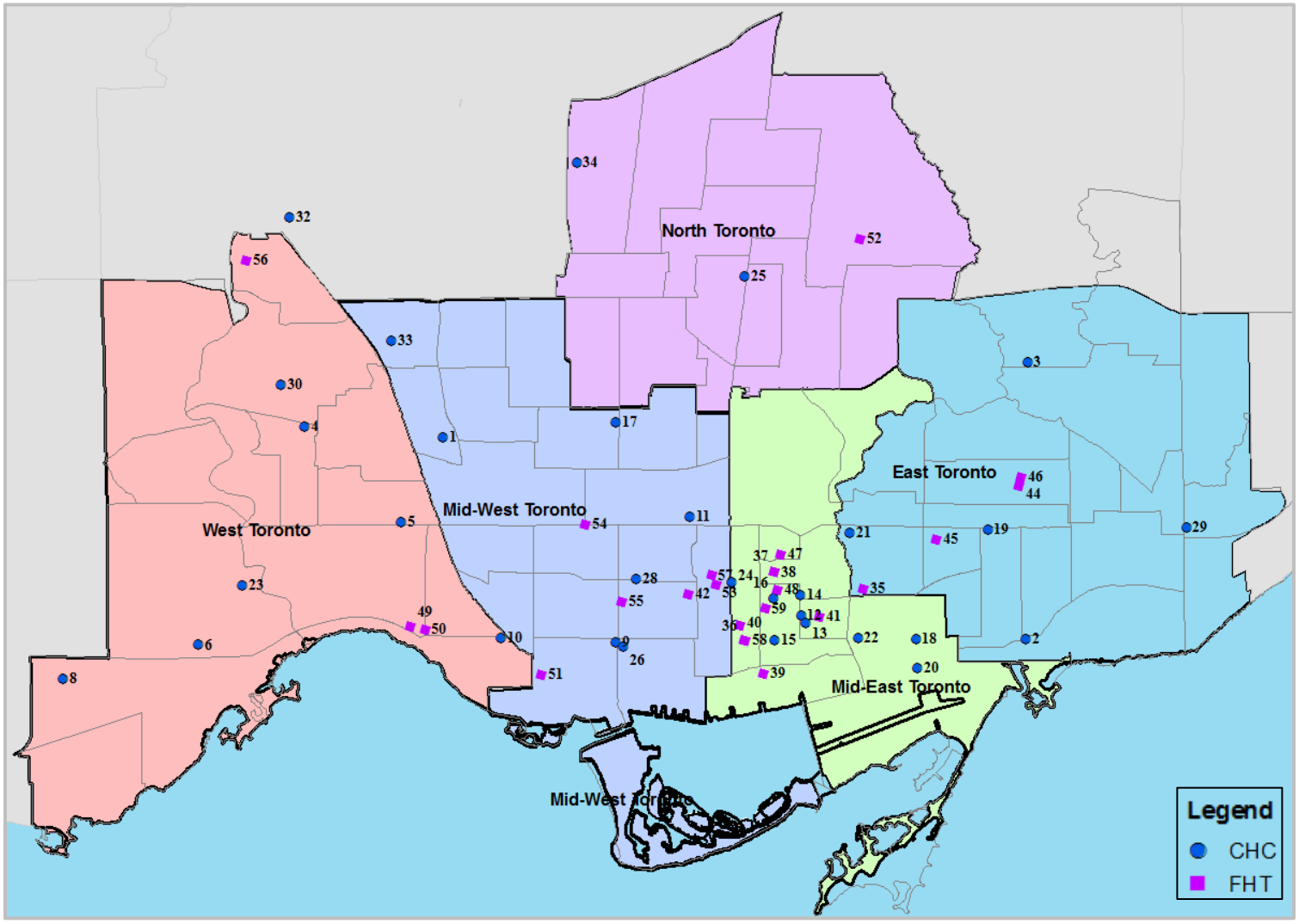
Population Need

- Health status of the population
- Population size and demographics
- Specific needs of the population
- Social determinants of health

Resource Availability

- Determine existing primary care services and other community-based health care services available in the catchment area (e.g. FHTs), Nurse Practitioner-Led Clinics (NPLCs), Community Health Centres (CHCs), hospitals, family practices/physicians, mental health and addictions services, community support services, etc.)

CHC and FHT Locations in Toronto Central LHIN, August 2017



Toronto Central LHIN has:

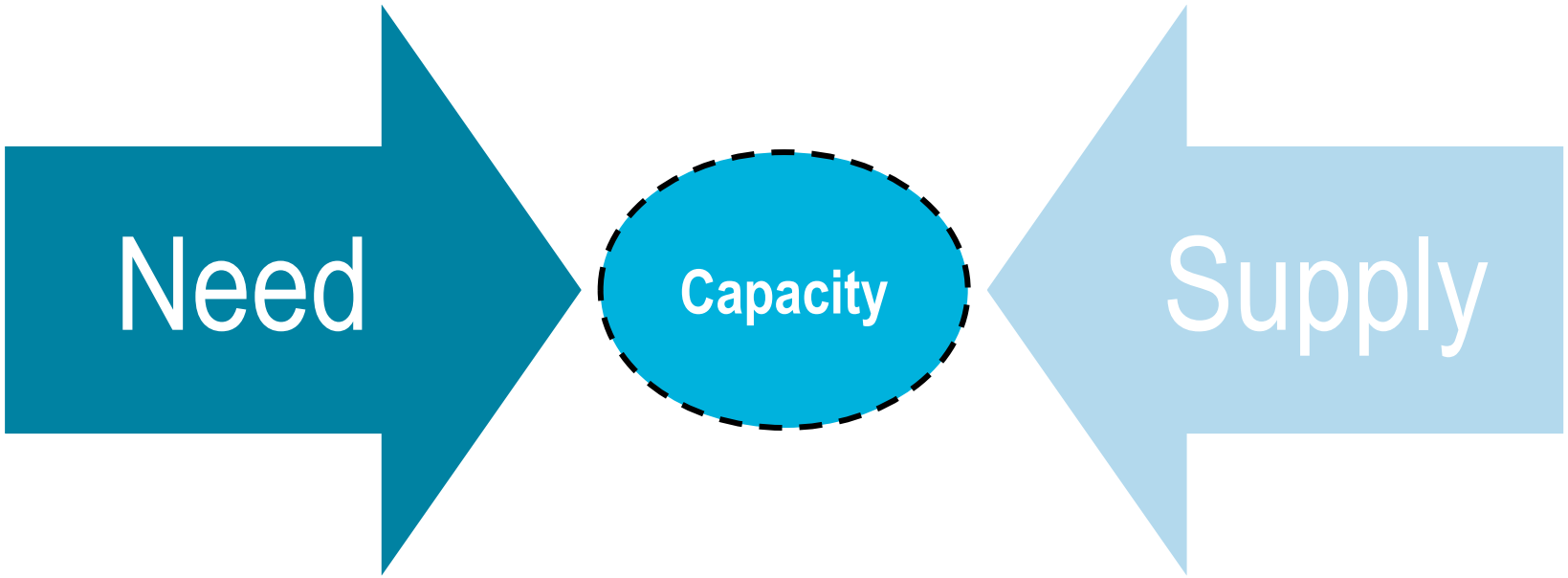
- 17 CHCs with 30 locations/sites,
- 13 FHTs on 24 sites.
- There are 5 locations that are outside the LHIN.

- CHC physician/NP FTE capacity ranges from 0 to 11.3 with a **total of 137.3 FTEs.**

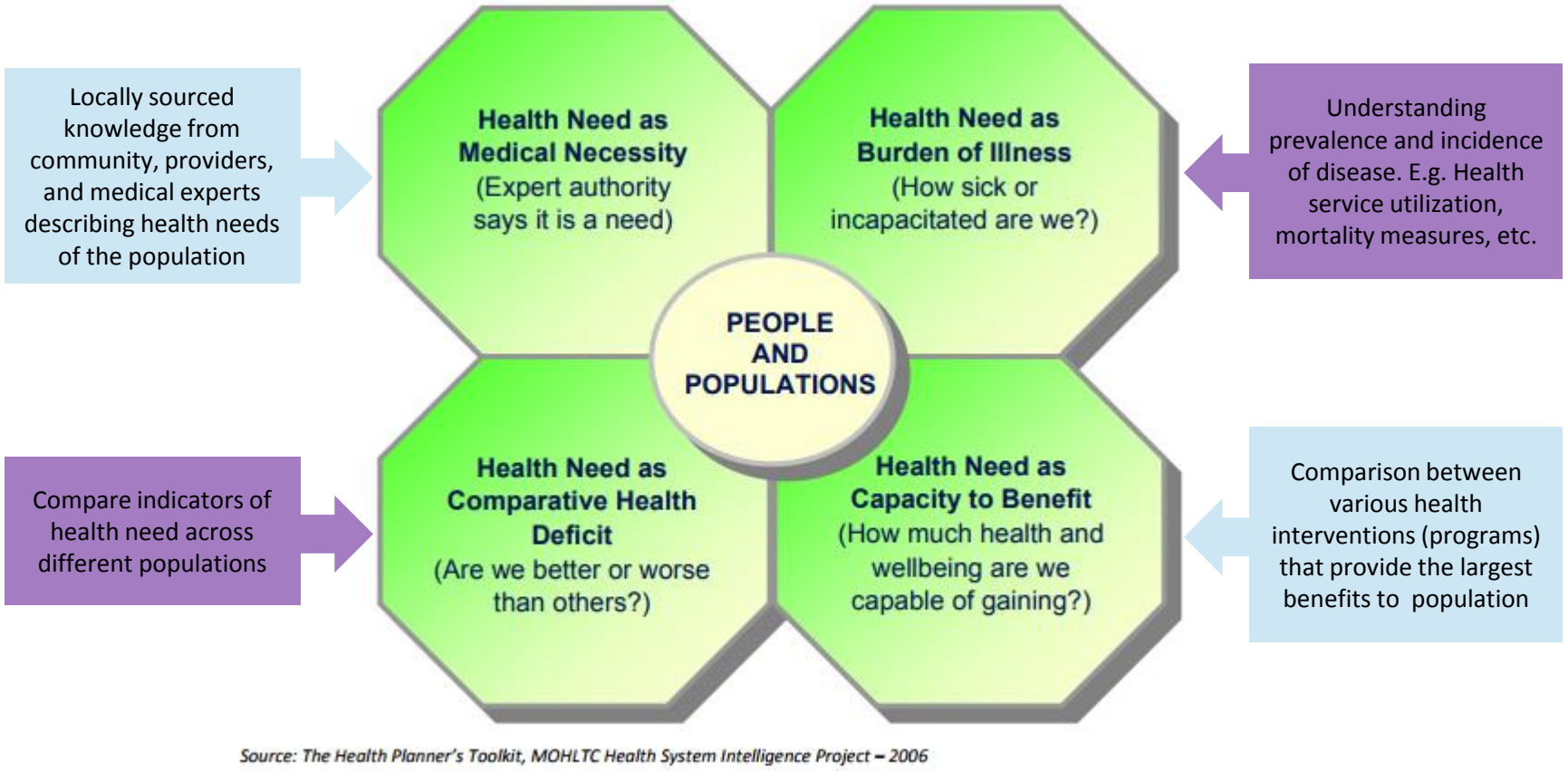
- FHT physician/NP FTE capacity ranges from 0 to 24.5, with a **total of 167.3 FTEs.**

Data Source: Toronto Central LHIN Inter-professional Team Survey, 2017

Determining System Capacity for Interprofessional Team Based Care



Understanding 'Health Needs'

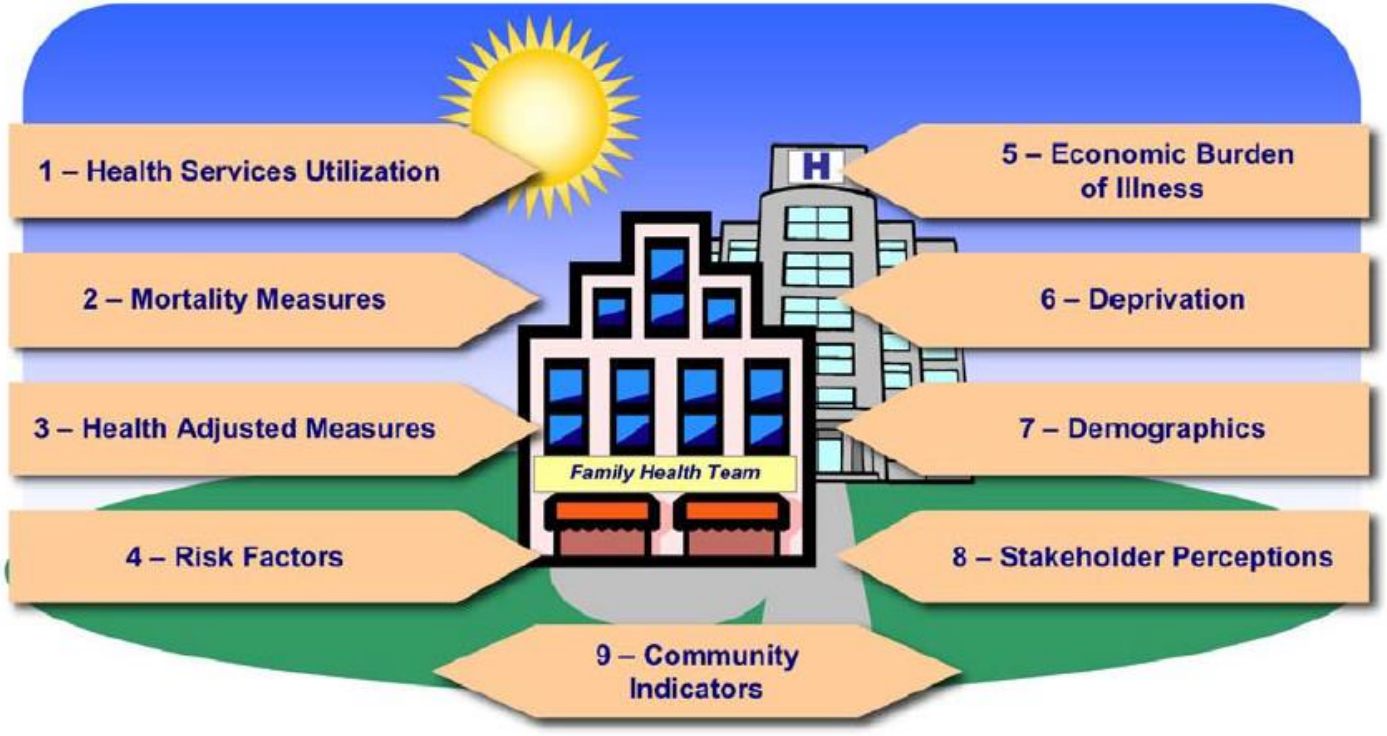


Source: The Health Planner's Toolkit, MOHLTC Health System Intelligence Project – 2006

Source: HQO (http://www.hqontario.ca/Portals/0/documents/qi/qi-rg-needs-assessment-0901-en.pdf)

Understanding Burden of Disease

- Burden of disease can refers to both quantitative and qualitative information.
- The concept incorporates both **personal health experience** and **disease frequency**.



*Source: HQO (http://www.hqontario.ca/Portals/0/documents/qi/qi-rg-needs-assessment-0901-en.pdf)

Methodology Overview

Background: This analysis provides information that enables an evidence based process to developing advice and recommendations on the location, size, and focus of any new or expanded inter-professional teams.

Methodology - Understand Current Population Needs and Supply of IPC Teams

Step 1: Identify population need

Step 2: Identify supply/capacity of current interprofessional (IPC) teams (FHTs/CHCs)

Step 3: Match existing resources to the need to identify areas where the largest gaps in access to IPTs are

- Multiple data sources have been used including – OCHPP, Census, IntelliHealth, Custom analyses from ICES, in-house surveys from the LHIN, others (Potential limitation is that data is from various time periods)
- Data has been presented at LHIN, sub-region and neighbourhood level wherever possible, and census tracts where applicable.

LHIN Recommendations:

- Priority areas have weighted and ranked according to evidence and population need
- Other recommendations have also made based on observations

Indicator Categories for Assessing Need for Interprofessional Team Based Care in Toronto Central LHIN

Demographics

Health Status

Health Service Utilization

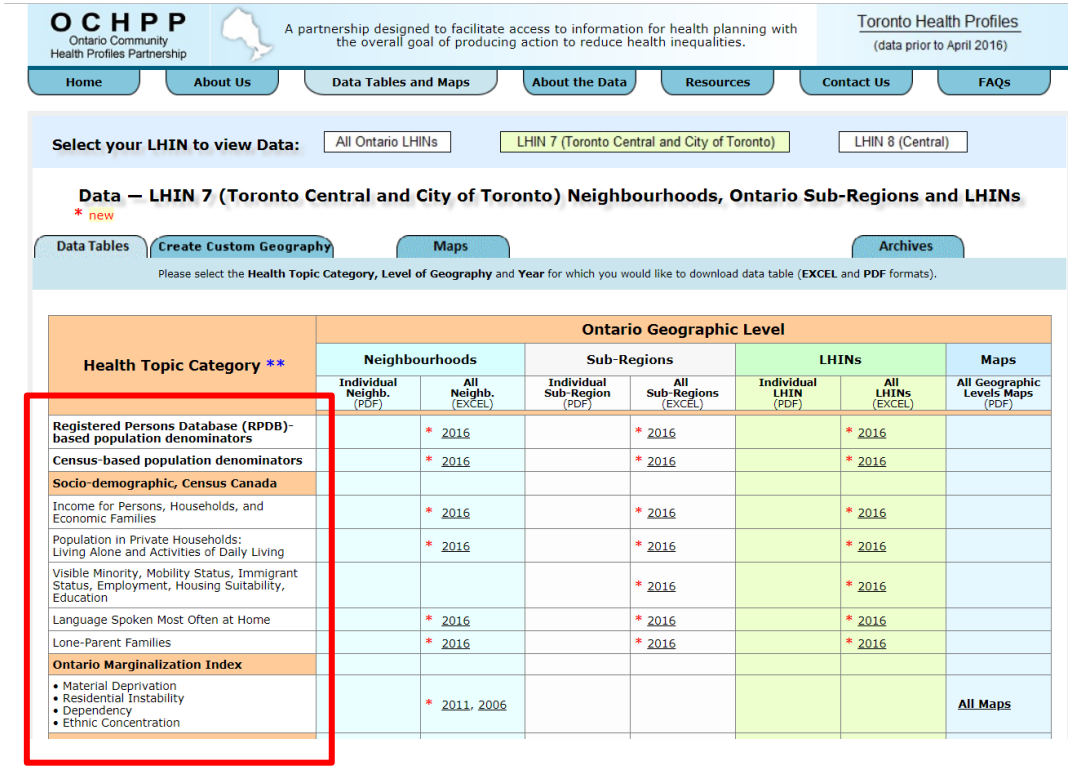
Interprofessional Team Based Utilization

Interprofessional Team Based Supply

Indicators Used to Assess Population Health Needs: Demographics

Demographics

- Total Population, Ages 0+
- % Population Change (from 2011 to 2016)
- Total Population, Age 65+
- % of Population Age 65+
- Total Population Age 75+
- Total Population Age 0-19
- % of Population Ages 0-19
- % Low Income After-Tax (LICO-AT) Population
- Ontario Marginalization Index
- Population Estimates based on New Developments (City of Toronto)



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(data prior to April 2016)

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Select your LHIN to view Data: All Ontario LHINs | LHIN 7 (Toronto Central and City of Toronto) | LHIN 8 (Central)

Data — LHIN 7 (Toronto Central and City of Toronto) Neighbourhoods, Ontario Sub-Regions and LHINs
* new

Data Tables | Create Custom Geography | Maps | Archives

Please select the **Health Topic Category**, **Level of Geography** and **Year** for which you would like to download data table (**EXCEL** and **PDF** formats).

Health Topic Category **	Ontario Geographic Level						
	Neighbourhoods		Sub-Regions		LHINs		Maps
	Individual Neighb. (PDF)	All Neighb. (EXCEL)	Individual Sub-Region (PDF)	All Sub-Regions (EXCEL)	Individual LHIN (PDF)	All LHINs (EXCEL)	All Geographic Levels Maps (PDF)
Registered Persons Database (RPDB)-based population denominators		* 2016		* 2016		* 2016	
Census-based population denominators		* 2016		* 2016		* 2016	
Socio-demographic, Census Canada							
Income for Persons, Households, and Economic Families		* 2016		* 2016		* 2016	
Population in Private Households: Living Alone and Activities of Daily Living		* 2016		* 2016		* 2016	
Visible Minority, Mobility Status, Immigrant Status, Employment, Housing Suitability, Education				* 2016		* 2016	
Language Spoken Most Often at Home		* 2016		* 2016		* 2016	
Lone-Parent Families		* 2016		* 2016		* 2016	
Ontario Marginalization Index							
• Material Deprivation • Residential Instability • Dependency • Ethnic Concentration		* 2011, 2006					All Maps

Indicators Used to Assess Population Health Needs: Health Status

Health Status

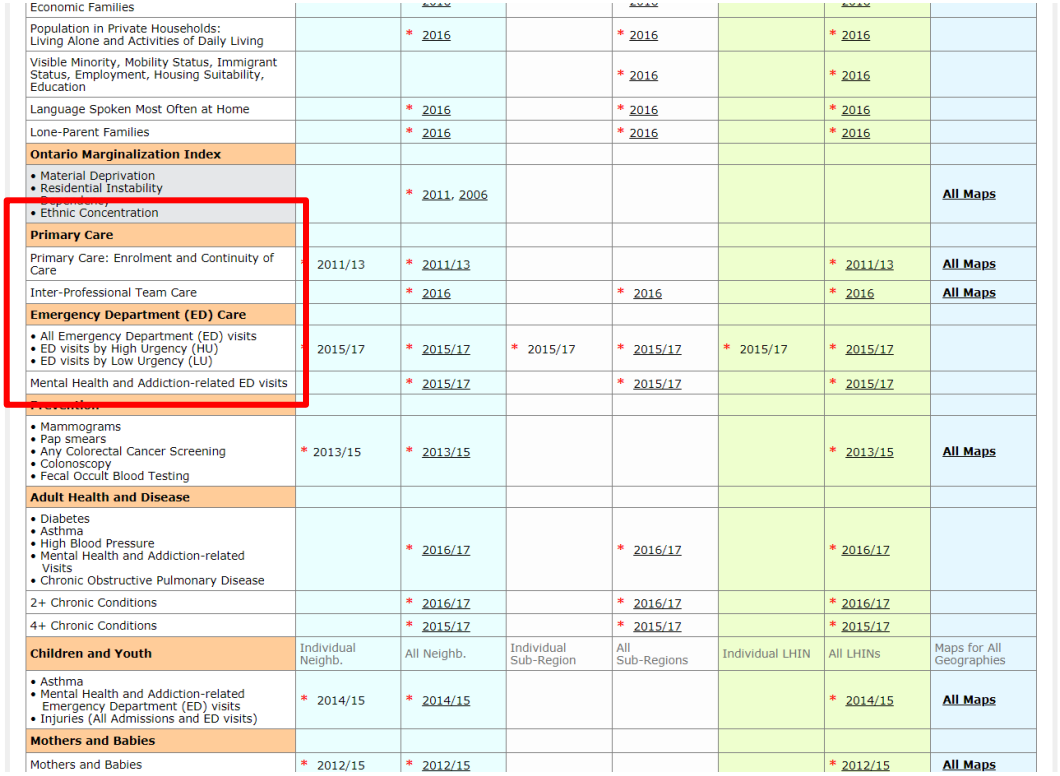
- Diabetes Prevalence Rate per 100 (Age 20+)
- Mental Health and Addictions Visits per 1,000 (Ages 20+)
- COPD Prevalence Rate per 100 (Ages 20+)
- Home Care - Chronic Patients per 1,000 (Ages 20+)
- Home Care – Complex Patients per 1,000 (Age 20+)

Primary Care							
Primary Care: Enrolment and Continuity of Care	* 2011/13	* 2011/13				* 2011/13	**All Maps**
Inter-Professional Team Care		* 2016		* 2016		* 2016	**All Maps**
Emergency Department (ED) Care							
• All Emergency Department (ED) visits • ED visits by High Urgency (HU) • ED visits by Low Urgency (LU)	* 2015/17	* 2015/17	* 2015/17	* 2015/17	* 2015/17	* 2015/17	
Mental Health and Addiction-related ED visits		* 2015/17		* 2015/17		* 2015/17	
Prevention							
• Mammograms • Pap smears • Any Colorectal Cancer Screening • Colonoscopy • Fecal Occult Blood Testing	* 2013/15	* 2013/15				* 2013/15	**All Maps**
Adult Health and Disease							
• Diabetes • Asthma • High Blood Pressure • Mental Health and Addiction-related Visits • Chronic Obstructive Pulmonary Disease		* 2016/17		* 2016/17		* 2016/17	
2+ Chronic Conditions		* 2016/17		* 2016/17		* 2016/17	
4+ Chronic Conditions		* 2015/17		* 2015/17		* 2015/17	
Children and Youth	Individual Neighb.	All Neighb.	Individual Sub-Region	All Sub-Regions	Individual LHIN	All LHINs	Maps for All Geographies
• Asthma • Mental Health and Addiction-related Emergency Department (ED) visits • Injuries (All Admissions and ED visits)	* 2014/15	* 2014/15				* 2014/15	**All Maps**
Mothers and Babies							
Mothers and Babies	* 2012/15	* 2012/15				* 2012/15	**All Maps**
18-Month Well-Baby Visits		* 2012/15					
Injuries							
Injuries: All Admissions and Emergency Department (ED) visits	* 2014/16	* 2014/16				* 2014/16	**All Maps**

Indicators Used to Assess Population Health Needs: Health Service Utilization

Health Service Utilization

- % of ED Visits that are High Urgency, All Ages 0+
- % of ED Visits that are of Low Urgency, All Ages 0+
- Crude Rate of ED Visits in 1 year per 1,000 Among Attached Patients
- Crude Rate of ED Visits in 1 year per 1,000 Among Unattached Patients
- Crude Rate of Ambulatory Care Sensitive Conditions Hospitalizations in 1 Year per 100,000 Among Attached Patients
- Conditions Hospitalizations in 1 Year per 100,000 Among Unattached Patients
- % Low Continuity Among Total Population (Ages 19+)
- Unattached Patients as a Percentage of Total Patients
- % of all Home Care Clients: Chronic
- % of Home Care Clients: Complex
- % of Home Care Clients: Short Stay
- Number of CBI Patients per 100,000



Economic Families							
Population in Private Households: Living Alone and Activities of Daily Living		* 2016		* 2016		* 2016	
Visible Minority, Mobility Status, Immigrant Status, Employment, Housing Suitability, Education				* 2016		* 2016	
Language Spoken Most Often at Home		* 2016		* 2016		* 2016	
Lone-Parent Families		* 2016		* 2016		* 2016	
Ontario Marginalization Index							
• Material Deprivation • Residential Instability • Ethnic Concentration		* 2011, 2006					All Maps
Primary Care							
Primary Care: Enrolment and Continuity of Care	* 2011/13	* 2011/13				* 2011/13	All Maps
Inter-Professional Team Care		* 2016		* 2016		* 2016	All Maps
Emergency Department (ED) Care							
• All Emergency Department (ED) visits • ED visits by High Urgency (HU) • ED visits by Low Urgency (LU)	* 2015/17	* 2015/17	* 2015/17	* 2015/17	* 2015/17	* 2015/17	
Mental Health and Addiction-related ED visits		* 2015/17		* 2015/17		* 2015/17	
Prevention							
• Mammograms • Pap smears • Any Colorectal Cancer Screening • Colonoscopy • Fecal Occult Blood Testing	* 2013/15	* 2013/15				* 2013/15	All Maps
Adult Health and Disease							
• Diabetes • Asthma • High Blood Pressure • Mental Health and Addiction-related Visits • Chronic Obstructive Pulmonary Disease		* 2016/17		* 2016/17		* 2016/17	
2+ Chronic Conditions		* 2016/17		* 2016/17		* 2016/17	
4+ Chronic Conditions		* 2015/17		* 2015/17		* 2015/17	
Children and Youth	Individual Neighb.	All Neighb.	Individual Sub-Region	All Sub-Regions	Individual LHIN	All LHINs	Maps for All Geographies
• Asthma • Mental Health and Addiction-related Emergency Department (ED) visits • Injuries (All Admissions and ED visits)	* 2014/15	* 2014/15				* 2014/15	All Maps
Mothers and Babies							
Mothers and Babies	* 2012/15	* 2012/15				* 2012/15	All Maps

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About Ontario Health Profiles Site

This website is sponsored by The Ontario Community Health Profiles Partnership (OCHPP) to make detailed, area-level health data available to everyone. Our goal is to support action to reduce health inequities in Ontario.

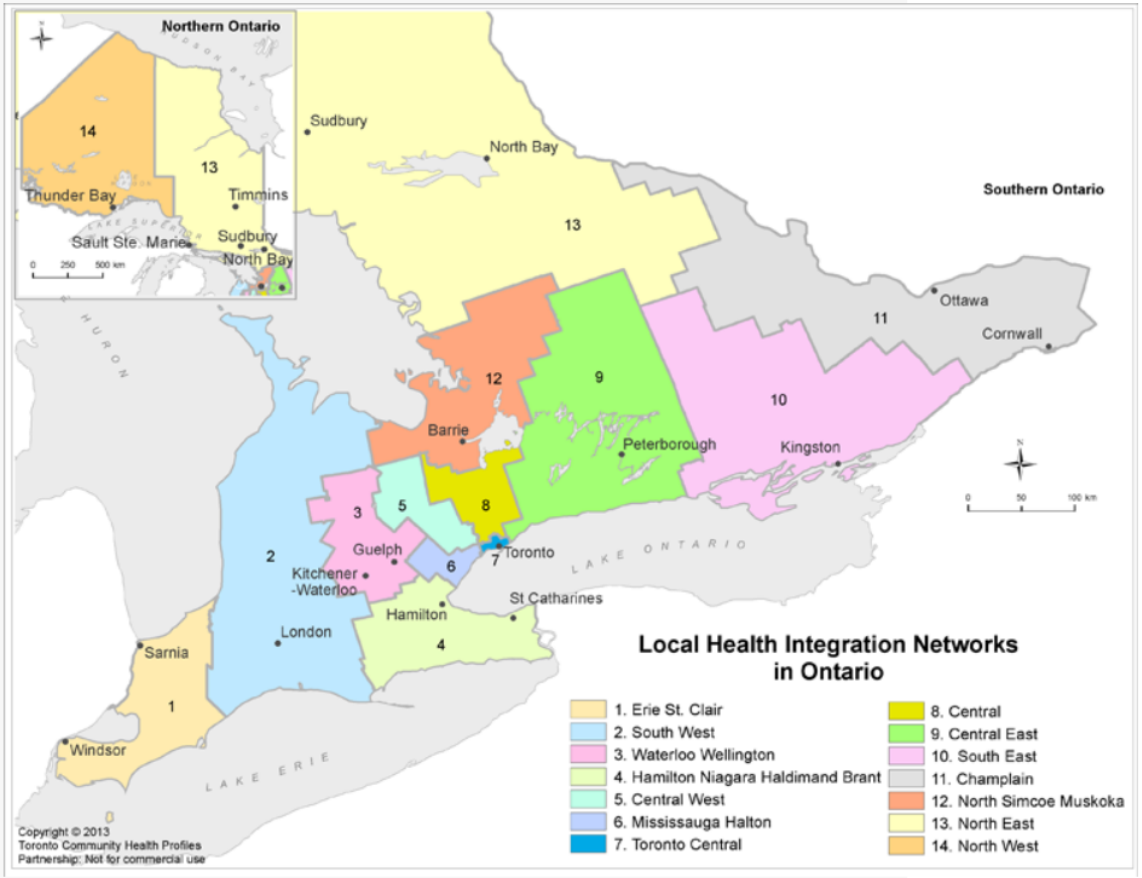
Ontario Primary Care Need, Service Use, Providers and Teams, and Gaps in Care 2015/16

What's New

- Adult Health and Disease: 4+ Chronic Conditions 2015/17 data for Neighbourhoods in LHIN 7 and LHIN 8; Ontario Sub-Regions and LHINs
- Maps: Geographic Variation in Primary Care Need, Service Use and Providers in Ontario, 2015/16
- New Report: Geographic Variation in Primary Care Need, Service Use and Providers in Ontario, 2015/16
- Adult Health and Disease: 2+ Chronic Conditions 2016/17 data for Neighbourhoods in LHIN 7 and LHIN 8; Ontario Sub-Regions and LHINs
- Canadian Marginalization Index (CAN-Marg) data
- 2016 Socio-demographic, Lone-Parent Families: Neighbourhoods in LHIN 7 and LHIN 8; Ontario Sub-Regions and LHINs
- 2016/17 Adult Health and Disease: High Blood Pressure and Chronic Obstructive Pulmonary Disease (COPD) data for Neighbourhoods in LHIN 7 and LHIN 8; Ontario Sub-Regions and LHINs
- 2016/17 Adult Health and Disease: Diabetes, Asthma, Mental Health and Addiction-related Visits data for Neighbourhoods in LHIN 7 and LHIN 8; Ontario Sub-Regions and LHINs
- Hospital Readmissions within 30 days 2015/17 data by age group for Neighbourhoods in LHIN 7 and LHIN 8;

Select your LHIN to view Data tables:

SELECT Your LHIN



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Ontario Primary Care Need, Service Use, Providers and Teams, and Gaps in Care 2015/16

New Report: Geographic Variation in Primary Care Need, Service Use and Providers in Ontario, 2015/16

INTRODUCTION

Ontario Primary Care Need, Service Use, Providers and Teams, and Gaps in Care 2015/16

Increased attention has been focused on primary care in recent years as a key strategy for health systems to achieve the "triple aim" of improving population health and patient experience at reasonable cost. Reforms to primary care in Ontario, Canada over the past decade and a half have included formal patient enrolment, blended capitation which has become the most common physician payment model, and the implementation of inter-professional teams.

Read more

DATA TABLES and MAPS

Download the Ontario Primary Care Need, Service Use, Providers and Teams, and Gaps in Care 2015/16 data and maps:

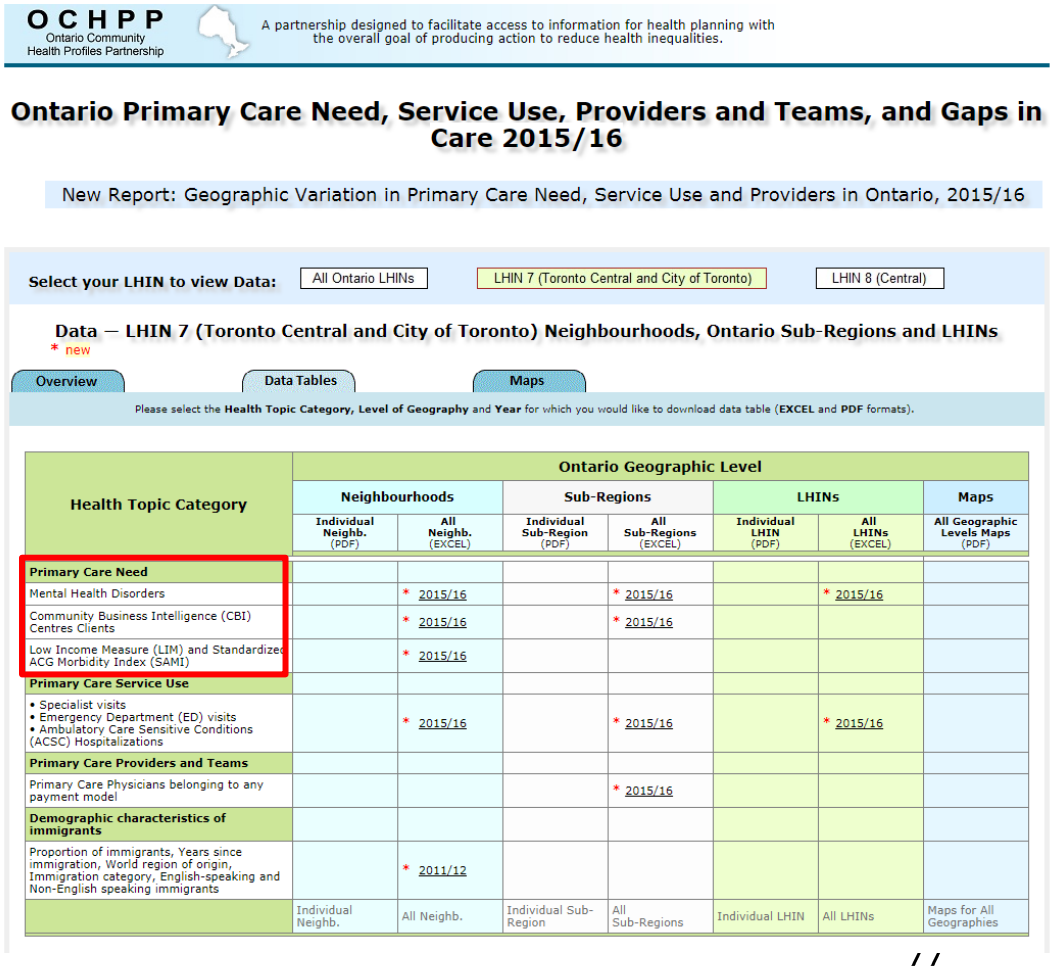
Data Tables (Excel format)

Maps (PDF format)

Indicators Used to Assess Population Health Needs: Interprofessional Team Utilization

Interprofessional Team Utilization

- FHT Patients per 1,000
- CHC Patients per 1,000
- FHT and CHC patients per 1,000
- SAMI Index/Lowest IPT Utilization
- Lowest Income/Lowest IPT Utilization



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Ontario Primary Care Need, Service Use, Providers and Teams, and Gaps in Care 2015/16

New Report: Geographic Variation in Primary Care Need, Service Use and Providers in Ontario, 2015/16

Select your LHIN to view Data: All Ontario LHINs | LHIN 7 (Toronto Central and City of Toronto) | LHIN 8 (Central)

Data — LHIN 7 (Toronto Central and City of Toronto) Neighbourhoods, Ontario Sub-Regions and LHINs
* new

Overview | Data Tables | Maps

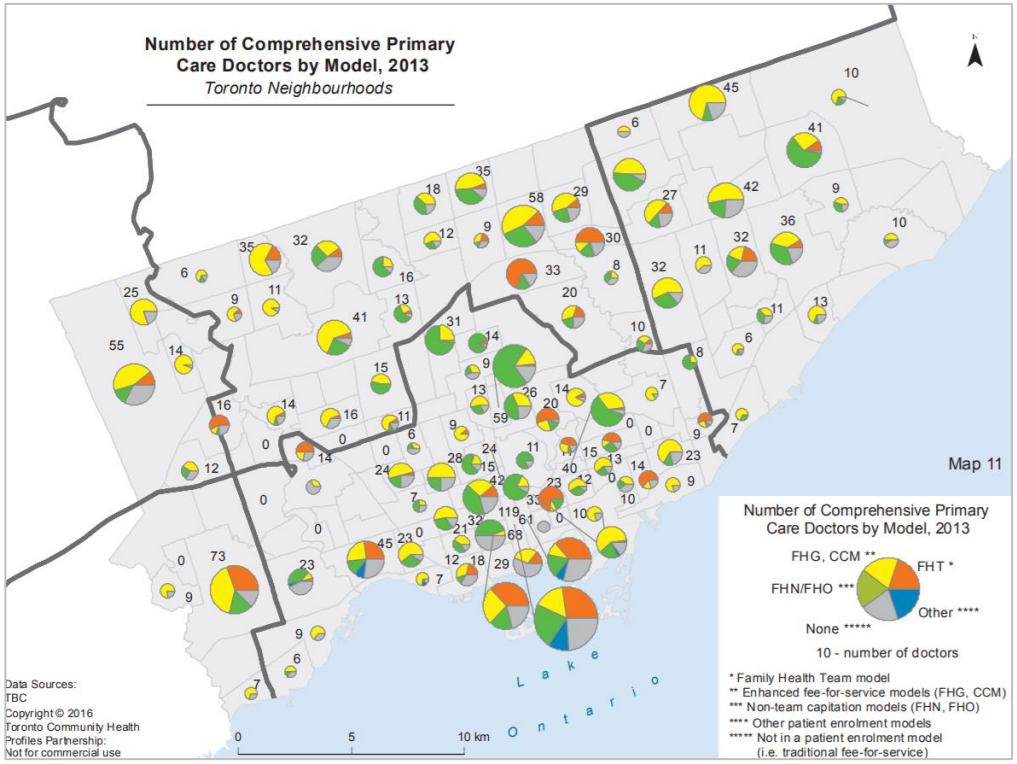
Please select the **Health Topic Category, Level of Geography** and **Year** for which you would like to download data table (**EXCEL** and **PDF** formats).

Health Topic Category	Ontario Geographic Level						
	Neighbourhoods		Sub-Regions		LHINs		Maps
	Individual Neighb. (PDF)	All Neighb. (EXCEL)	Individual Sub-Region (PDF)	All Sub-Regions (EXCEL)	Individual LHIN (PDF)	All LHINs (EXCEL)	All Geographic Levels Maps (PDF)
Primary Care Need							
Mental Health Disorders		* 2015/16		* 2015/16		* 2015/16	
Community Business Intelligence (CBI) Centres Clients		* 2015/16		* 2015/16			
Low Income Measure (LIM) and Standardized ACG Morbidity Index (SAMI)		* 2015/16					
Primary Care Service Use							
• Specialist visits • Emergency Department (ED) visits • Ambulatory Care Sensitive Conditions (ACSC) Hospitalizations		* 2015/16		* 2015/16		* 2015/16	
Primary Care Providers and Teams							
Primary Care Physicians belonging to any payment model				* 2015/16			
Demographic characteristics of immigrants							
Proportion of immigrants, Years since immigration, World region of origin, Immigration category, English-speaking and Non-English speaking immigrants		* 2011/12					
	Individual Neighb.	All Neighb.	Individual Sub-Region	All Sub-Regions	Individual LHIN	All LHINs	Maps for All Geographies

Indicators Used to Assess Population Health Needs: Interprofessional Team Supply (Capacity)

Interprofessional Supply

- FHT or CHC in the neighbourhood?
- # of people rostered to a FHT/CHC
- # of Physicians and NP FTEs
- Total # of Physicians in Neighborhood
- Number of PCPs per 10,000 population
- # of Physicians Above 65+
- % of Physicians Above 65+



Neighbourhood Analysis of Population Health Needs

- The following tables contain data on Demographics, Health Status, Health Service Utilization, Interprofessional Team Utilization, and Interprofessional Team Supply/Capacity characteristics by each neighbourhood in the five sub-regions.
- Pink-shaded cells indicate that the neighbourhood performs poorly or has a higher need for the selected indicator
- The final row of each table represents the number of indicators that the neighbourhood performed poorly on (based on pink shaded cells)
- These scores have been used to rank the high priority neighbourhoods
- This scoring also incorporates feedback from the PCCLs and subject matter experts
- Some neighbourhoods with high scores have been removed from the final list given that there have either been previous investments in the area, or the FHT/CHC model is inappropriate given population demographics

West Toronto Sub-Region

West Toronto	Edenbridge-Humber Valley	Islington-City Centre West	Kingsway South	Stonegate-Queensway	Mimico	New Toronto	South Parkdale	Roncesvalles	High Park-Swansea	High Park North	Runnymede-Bloor West Village	Junction Area	Rockcliffe-Smythe	Lambton Baby Point	Mount Dennis
Demographics (2016)															
Total Population, All Ages 0+	13110	43965	9270	25060	33960	11300	21840	14975	23920	22145	10065	14380	22250	7980	13595
Total Population Age 65+	2925	7420	2005	4170	5155	1530	2540	1675	3815	3195	1245	1520	3635	1030	1685
% of Total Population Age 65+	22.3%	16.9%	21.6%	16.6%	15.2%	13.5%	11.6%	11.2%	15.9%	14.4%	12.4%	10.6%	16.3%	12.9%	12.4%
Total Population Age 75+	1580	3835	930	2065	2100	645	1125	685	1815	1440	520	605	1635	420	740
% of Total Population Age 75+	12.1%	8.7%	10.0%	8.2%	6.2%	5.7%	5.2%	4.6%	7.6%	6.5%	5.2%	4.2%	7.3%	5.3%	5.4%
Total Population Age 0-19	2465	7760	2180	5285	4505	2160	2855	2870	4550	3635	2530	2835	4820	2185	3250
% of Total Population Age 0-19	18.8%	17.7%	23.5%	21.1%	13.3%	19.1%	13.1%	19.2%	19.0%	16.4%	25.1%	19.7%	21.7%	27.4%	23.9%
% Low Income (2015)	9.05	16.01	4.74	11.63	18.15	24.82	30.42	19.97	11.15	16.48	6.75	13.3	22.75	18.5	25.44
Ontario Marginalization Index (2006)	2.0	2.6	1.6	1.8	2.4	2.6	3.2	2.2	2.0	1.8	1.2	2.2	3.0	1.8	2.6
% Population Change (2011 to 2016)	-12.3%	15.4%	1.0%	1.6%	27.8%	3.9%	2.7%	-0.6%	10.1%	3.9%	4.5%	2.5%	0.0%	0.8%	3.4%
Population Estimates - New Developments	18.8%	55.3%	8.5%	5.7%	54.8%	5.5%	16.9%	8.4%	7.8%	35.9%	2.9%	26.3%	0.1%	6.6%	1.4%
Health Status (2016)															
Home Care - Chronic Patients per 1,000 (Age 20+)	18.22	1.02	15.23	11.07	9.13	11.49	10.80	10.33	9.96	14.96	6.10	6.24	14.06	11.39	9.28
Home Care - Complex Patients per 1,000 (Age 20+)	5.45	0.33	3.67	3.08	2.72	2.52	1.84	1.65	2.58	2.86	3.32	1.99	3.21	3.45	2.90
Diabetes Rate per 100 (Age 20+) (2015)	8.1	9.3	5.4	7.3	8.3	9.7	11.4	8.2	5.9	6.0	7.2	9.4	12.4	7.5	13.1
MHA Visits per 1,000 (Age 20+) (2014/15)	9.4	8.9	8.7	9.3	10.7	10.9	9.7	10.0	10.0	9.5	9.5	10.3	10.3	9.8	9.7
COPD Rate per 100 (Age 20+)	7.5	8.2	6.2	8.4	10.2	13.7	10.8	8.9	6.9	7.0	6.6	7.6	10.2	7.1	10.1
Health Service Utilization															
% of ED visits that are High Urgency, All Ages 0+ (2015/16)	67.8	60.0	61.8	63.3	66.4	63.8	73.6	72.7	70.0	71.0	69.6	71.8	77.9	70.3	81.0
% of ED visits that are Low Urgency, All Ages 0+ (2015/16)	32.2	40.0	38.2	36.7	33.6	36.2	26.4	27.3	30.0	29.0	30.4	28.2	22.1	29.7	19.0
Crude Rate of ED Visits in 1 Year per 1,000 Persons Among Attached Patients	340	381	283	366	398	451	472	392	364	329	297	399	412	341	429
Crude Rate of ED Visits in 1 Year per 1,000 Persons Among Unattached Patients	300	322	290	318	364	353	402	342	332	293	322	350	365	334	396
Crude Rate of ACSC Hospitalizations in 1 Year per 100,000 Persons Among Attached Patients	327	378	211	294	338	548	555	432	253	216	318	241	522	157	313
Crude Rate of ACSC Hospitalizations in 1 Year per 100,000 Persons Among Unattached Patients	273	212	NA	171	356	339	498	NA	168	202	NA	282	215	0	169
% Low Continuity Among Total Population (Ages 19+)	22.1	22.9	19.9	19.6	22.9	24.3	21.0	20.5	20.3	20.5	17.6	20.7	24.8	19.9	24.6
Unattatched Patients As a Percentage of Total Patients	28.5	27.8	29.7	30.1	30.3	30.3	29.2	30.6	31.2	32.6	30.0	32.5	35.0	31.0	30.1
% of all HC Clients Adult - Chronic (2017)	63.2%	72.5%	67.5%	62.2%	60.3%	64.0%	62.3%	65.8%	50.0%	71.0%	48.9%	57.6%	65.5%	61.1%	60.8%
% of all HC Clients Adult - Complex (2017)	18.9%	23.5%	16.3%	17.3%	17.9%	14.0%	10.6%	10.5%	13.0%	13.6%	26.6%	18.4%	15.0%	18.5%	19.0%
% of all HC Clients Adult - Short Stay (2017)	13.0%	3.9%	11.3%	15.1%	15.7%	16.5%	23.7%	15.8%	33.2%	13.1%	14.9%	16.8%	15.2%	13.9%	12.7%
Number of CBI Patients Per 100,000 RPDB Population	818	752	556	874	1347	1403	2642	2190	1753	1754	1183	1821	1932	1436	1450
Interprofessional Team Utilization (March 31, 2016)															
FHT Patients/1,000 (All ages)	170	199	174	123	131	130	161	176	155	139	139	122	127	137	163
CHC Patients/1,000 (All ages)	7	10	7	35	25	57	63	44	22	37	41	43	26	38	40
FHT and CHC Patients/1,000 (All Ages)	178	208	182	158	156	187	224	220	177	176	180	166	153	175	202
Highest SAMI Index/Lowest IPT Utilization	0	0	0	1	1	0	0	0	0	0	0	0	1	0	0
Lowest Income/Lowest IPT Utilization	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Interprofessional Team Supply / Capacity (January 2017)															
FHT or CHC in Neighbourhood?	No	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes**	No	Yes**
# of people rostered to FHT/CHC (2017)	-	-	-	1,900	2,170	-	4324	2,870	2,871	3,000	1,540	-	1,993	-	4,200
# of Physician and Nurse Practitioner FTEs (2017)	-	-	-	11	0	-	8.9	3.9	3.9	5	3.5	-	2	-	4
Total # of Physicians in Neighbourhood (all practice types)	5	64	2	23	10	5	6	23	41	2	4	1	8	1	5
Number of Primary Care Physicians Per 10,000	4.0	15.0	2.0	9.0	3.0	5.0	3.0	14.0	17.0	1.0	4.0	1.0	3.0	1.0	3.0
# of Physicians Above 65+ (all practice types)	2	19	1	8	3	2	1	9	15	0	3	0	1	0	1
% of Physicians Above 65+ (all practice types)	40.0%	29.7%	50.0%	34.8%	30.0%	40.0%	16.7%	39.1%	36.6%	0.0%	75.0%	0.0%	12.5%	0.0%	20.0%
SCORE	**9**	**12**	**11**	**6**	**10**	**13**	**11**	**1**	**4**	**5**	**5**	**10**	**17**	**4**	**12**

Mid-West Toronto Sub-Region

Mid-West	Bay Street Corridor	Waterfront Communities-The Island	Kensington-Chinatown	University	Palmerston-Little Italy	Trinity-Bellwoods	Niagara	Dufferin Grove	Little Portugal	Weston-Pellam Park	Corso Italia-Davenport	Dovercourt-Wallace Emerson-Junction	Wychwood	Annex	Casa Loma	Yonge-St.Clair	Oakwood Village	Caledonia-Fairbank	Keelesdale-Eglinton West
Demographics (2016)																			
Total Population, All Ages 0+	25,785	65,930	17,940	7,600	13,825	16,570	31,195	11,790	15,560	11,100	14,135	36,620	14,345	30,505	10,970	12,525	21,240	9,950	11,050
Total Population Age 65+	2,410	4,635	2,705	1,325	1,945	2,360	1,510	1,495	1,835	1,330	2,010	4,510	3,145	5,915	2,680	2,905	3,705	1,330	1,785
% of Total Population Age 65+	9.3%	7.0%	15.1%	17.4%	14.1%	14.2%	4.8%	12.7%	11.8%	12.0%	14.2%	12.3%	21.9%	19.4%	24.4%	23.2%	17.4%	13.4%	16.2%
Total Population Age 75+	1,075	1,680	1,515	755	960	1,190	480	660	895	550	970	2,105	1,885	2,825	1,170	1,350	1,845	575	855
% of Total Population Age 75+	4.2%	2.5%	8.4%	9.9%	6.9%	7.2%	1.5%	5.6%	5.8%	5.0%	6.9%	5.7%	13.1%	9.3%	10.7%	10.8%	8.7%	5.8%	7.7%
Total Population Age 0-19	3,065	4,785	2,085	890	1,655	2,250	2,445	1,655	1,840	2,305	2,550	5,895	2,345	3,385	1,660	1,515	4,165	2,020	2,270
% of Total Population Age 0-19	11.9%	7.3%	11.6%	11.7%	12.0%	13.6%	7.8%	14.0%	11.8%	20.8%	18.0%	16.1%	16.3%	11.1%	15.1%	12.1%	19.6%	20.3%	20.5%
% Low Income (2015)	37.2	17.2	33.2	22.8	13.8	14.7	13.8	17.9	15.7	20.5	13.5	17.0	16.6	18.3	12.7	12.9	18.6	14.2	18.1
Ontario Marginalization Index (2006)	2.2	1.8	3.4	2.2	2.2	2.6	1.8	2.6	2.8	2.4	2.6	2.4	2.8	1.8	2.0	2.0	2.8	2.4	2.6
% Population Change (2011 to 2016)	33.3%	52.0%	-3.0%	-2.4%	0.4%	-1.4%	48.4%	3.0%	29.1%	-7.6%	2.9%	5.7%	2.5%	4.6%	4.7%	7.5%	0.8%	1.2%	3.9%
Population Estimates - New Developments	71.0%	119.7%	50.8%	16.3%	14.2%	2.1%	22.5%	14.9%	12.3%	6.9%	0.9%	30.7%	3.5%	41.8%	16.4%	11.0%	3.2%	1.4%	2.9%
Health Status (2016)																			
Home Care - Chronic Patients per 1,000 (Age 20+)	6.7	5.0	14.9	11.6	12.2	14.7	2.9	11.1	12.5	11.7	14.2	8.9	20.0	11.4	9.1	11.9	20.8	12.2	13.2
Home Care - Complex Patients per 1,000 (Age 20+)	1.7	0.9	2.0	2.5	3.8	2.7	0.6	3.8	2.8	5.0	4.6	2.3	3.7	3.5	2.7	4.5	4.7	2.8	4.3
Diabetes Rate per 100 (Age 20+) (2015)	5.9	6.8	8.6	6.4	7.4	9.4	7.6	9.3	10.1	12.1	10.2	10.5	8.9	5.3	5.7	5.1	10.8	11.7	12.8
MHA Visits per 1,000 (Age 20+) (2014/15)	5.7	7.8	9.0	7.9	9.5	9.5	8.8	10.1	10.1	10.1	10.0	10.0	10.3	8.9	9.0	9.6	9.8	9.3	9.6
COPD Rate per 100 (Age 20+)	5.2	6.5	8.8	7.4	6.8	8.6	6.7	8.5	9.9	10.8	9.0	8.5	9.6	6.9	7.3	7.0	9.2	9.0	10.1
Health Service Utilization																			
% of ED visits that are High Urgency, All Ages 0+ (2015/16)	71.1	70.8	68.4	70.5	71.7	68.6	70.3	72.0	71.6	75.3	73.2	72.9	70.6	72.1	71.9	71.0	73.7	73.9	76.0
% of ED visits that are Low Urgency, All Ages 0+ (2015/16)	28.9	29.2	31.6	29.5	28.3	31.4	29.7	28.0	28.4	24.7	26.8	27.1	29.4	27.9	28.1	29.0	26.3	26.1	24.0
Crude Rate of ED Visits in 1 Year per 1,000 Persons Among Attached Patients	278	269	399	325	294	333	284	350	356	439	361	386	340	322	300	271	353	398	438
Crude Rate of ED Visits in 1 Year per 1,000 Persons Among Unattached Patients	196	223	374	277	232	306	265	354	298	402	344	330	364	247	260	243	329	378	385
Crude Rate of ACSC Hospitalizations in 1 Year per 100,000 Persons Among Attached Patients	356	241	496	329	175	351	153	468	596	245	386	304	532	303	422	387	492	266	335
Crude Rate of ACSC Hospitalizations in 1 Year per 100,000 Persons Among Unattached Patients	90	119	211	250	166	212	154	192	284	289	286	179	644	183	NA	NA	267	411	324
% Low Continuity Among Total Population (Ages 19+)	23.6	26.9	25.3	24.5	22.3	21.0	29.2	22.1	21.6	21.4	20.7	21.8	21.7	22.2	18.9	18.6	20.6	19.6	20.4
Unattatched Patients As a % of Total Patients	40.9	32.7	32.4	38.1	30.3	28.8	29.7	31.0	30.0	31.8	32.8	31.2	30.9	33.1	29.4	28.4	31.6	31.8	32.2
% of all HC Clients Adult - Chronic (2017)	60.3%	59.9%	69.2%	67.8%	67.0%	70.9%	57.5%	62.8%	65.0%	57.5%	64.5%	64.2%	70.0%	60.8%	59.4%	59.6%	67.9%	67.4%	63.0%
% of all HC Clients Adult - Complex (2017)	15.5%	11.5%	9.1%	14.8%	20.8%	13.2%	12.3%	21.7%	14.8%	24.6%	20.7%	16.9%	12.8%	18.5%	17.5%	28.4%	15.3%	15.3%	20.7%
% of all HC Clients Adult - Short Stay (2017)	15.5%	16.5%	11.4%	13.9%	8.1%	13.2%	22.6%	13.3%	16.3%	13.4%	9.8%	12.0%	15.2%	18.1%	20.3%	11.0%	11.3%	11.8%	13.0%
Number of CBI Patients Per 100,000 RPDB Population	1,156	825	1,924	1,575	1,761	1,935	1,253	2,110	2,772	1,731	1,636	1,603	2,570	1,960	1,753	1,596	2,064	1,242	1,482
Interprofessional Team Utilization (March 31, 2016)																			
FHT Patients/1,000 (All ages)	143	162	131	158	183	166	206	156	170	91	115	130	134	164	148	138	98	80	85
CHC Patients/1,000 (All ages)	9	10	28	19	16	22	22	19	21	55	25	25	18	15	7	9	20	25	42
FHT and CHC Patients/1,000 (All Ages)	152	173	159	176	199	187	229	175	191	146	140	155	152	179	155	146	118	105	127
Highest SAMI Index/Lowest IPT Utilization	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0
Lowest Income/Lowest IPT Utilization	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	1
Interprofessional Team Supply / Capacity (January 2017)																			
FHT or CHC in Neighbourhood?	Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No	No	No	Yes	No	No	New***	No	Yes
# of people rostered to FHT/CHC (2017)	18,600	3,135	27,280	1,594	-	-	15,849	-	-	NR	-	-	-	31,867	-	-	-	-	4,116
# of Physician and Nurse Practitioner FTEs (2017)	26.5	4.0	26.2	2.5	-	-	12.3	-	-	5.2	-	-	-	6.8	-	-	-	-	5.6
Total # of Physicians in Neighbourhood (all practice types)	108	41	60	19	23	20	22	0	3	1	24	8	26	48	17	25	5	0	1
Rate of Primary Care Physicians Per 10,000	52.0	8.0	32.0	23.0	16.0	12.0	9.0	0.0	2.0	1.0	17.0	2.0	18.0	16.0	15.0	21.0	2.0	0.0	1.0
# of Physicians Above 65+ (all practice types)	17	3	16	4	9	7	3	0	0	1	10	3	13	13	6	9	3	0	0
% of Physicians Above 65+ (all practice types)	15.7%	7.3%	26.7%	21.1%	39.1%	35.0%	13.6%	0.0%	0.0%	100.0%	41.7%	37.5%	50.0%	27.1%	35.3%	36.0%	60.0%	0.0%	0.0%
SCORE	6	6	11	4	3	5	6	4	8	15	6	6	10	5	6	8	11	13	12

North Toronto Sub-Region

North	Englemount-Lawrence	Bedford Park-Nortown	Bridle Path-Sunnybrook-York Mills	Leaside-Bennington	Yonge-St.Clair	Mount Pleasant East	Yonge-Eglinton	Forest Hill South	Forest Hill North	Lawrence Park South	Mount Pleasant West	Lawrence Park North	Humewood-Cedarvale
Demographics (2016)													
Total Population, All Ages 0+	22,370	23,225	9,265	16,840	12,525	16,790	11,805	10,735	12,795	15,170	29,655	14,615	14,365
Total Population Age 65+	3,745	3,995	1,800	2,550	2,905	2,465	1,595	2,270	2,115	2,230	4,605	1,945	1,925
% of Total Population Age 65+	17%	17%	19%	15%	23%	15%	14%	21%	17%	15%	16%	13%	13%
Total Population Age 75+	2,115	1,880	785	1,130	1,350	985	530	975	895	930	2,300	800	805
% of Total Population Age 75+	9%	8%	8%	7%	11%	6%	4%	9%	7%	6%	8%	5%	6%
Total Population Age 0-19	6,385	6,270	2,200	4,445	1,515	3,875	2,305	2,000	2,780	3,940	3,195	4,225	2,815
% of Total Population Age 0-19	29%	27%	24%	26%	12%	23%	20%	19%	22%	26%	11%	29%	20%
% Low Income (2015)	20.81	9.41	8.76	6.86	12.93	10.3	12	10.55	15.44	7.28	20.9	6.77	15.56
Ontario Marginalization Index (2006)	3.20	1.60	1.40	1.40	2.00	1.60	1.60	2.00	2.40	1.00	1.80	1.00	2.00
% Population Change (2011 to 2016)	1.4%	0.2%	6.3%	-1.0%	7.5%	5.1%	11.6%	-1.8%	2.6%	0.8%	3.6%	0.5%	1.8%
Population Estimates - New Developments	16.6%	6.0%	1.9%	8.3%	11.0%	5.4%	19.5%	2.5%	2.8%	4.3%	85.9%	3.9%	9.3%
Health Status (2016)													
Home Care - Chronic Patients per 1,000 (Age 20+)	24.15	12.33	8.78	9.92	11.90	7.59	6.32	10.42	21.67	6.86	11.19	8.66	10.22
Home Care - Complex Patients per 1,000 (Age 20+)	7.19	3.30	2.55	1.61	4.54	1.16	0.63	3.32	3.10	1.96	2.46	1.54	2.16
Diabetes Rate per 100 (Age 20+) (2015)	10.5	6.4	5.6	5.4	5.1	6.0	5.5	5.1	7.2	4.9	7.1	5.1	8.1
MHA Visits per 1,000 (Age 20+) (2014/15)	9.3	8.7	7.4	8.1	9.6	8.9	8.4	9.9	9.3	8.4	8.6	8.2	9.1
COPD Rate per 100 (Age 20+)	9.4	6.9	6.5	6.9	7.0	6.6	6.8	7.3	7.8	6.2	7.7	6.2	7.8
Health Service Utilization													
% of ED visits that are High Urgency, All Ages 0+ (2015/16)	75.7	71.2	73.4	74.0	71.0	74.8	72.8	72.6	73.9	71.8	76.1	71.5	71.2
% of ED visits that are Low Urgency, All Ages 0+ (2015/16)	24.3	28.8	26.6	26.0	29.0	25.2	27.2	27.4	26.1	28.2	23.9	28.5	28.8
Crude Rate of ED Visits in 1 Year per 1,000 Persons Among Attached Patients	329.0	247.0	251.0	233.0	271.0	246.0	257.0	252.0	277.0	222.0	288.0	231.0	276.0
Crude Rate of ED Visits in 1 Year per 1,000 Persons Among Unattached Patients	189.0	195.0	199.0	230.0	243.0	224.0	199.0	208.0	221.0	199.0	216.0	209.0	257.0
Crude Rate of ACSC Hospitalizations in 1 Year per 100,000 Persons Among Attached Patients	523.0	118.0	216.0	188.0	387.0	212.0	145.0	334.0	311.0	104.0	288.0	151.0	380.0
Crude Rate of ACSC Hospitalizations in 1 Year per 100,000 Persons Among Unattached Patients	174.0	NA	NA	257.0	NA	NA	259.0	NA	170.0	NA	279.0	126.0	NA
% Low Continuity Among Total Population (Ages 19+)	22.2	17.2	18.3	16.1	18.6	18.0	17.9	19.1	22.4	16.4	20.8	15.8	22.9
Unattatched Patients As a Percentage of Total Patients	37.3	35.2	33.1	31.9	28.4	32.2	31.4	32.1	32.2	32.7	30.1	31.0	32.9
% of all HC Clients Adult - Chronic (2017)	65.9%	66.3%	52.5%	61.1%	59.6%	64.1%	71.4%	61.5%	74.1%	53.5%	65.2%	63.4%	69.0%
% of all HC Clients Adult - Complex (2017)	19.6%	17.8%	15.3%	5.6%	28.4%	9.8%	7.1%	19.6%	10.6%	15.3%	14.3%	11.3%	14.6%
% of all HC Clients Adult - Short Stay (2017)	11.1%	10.2%	28.8%	11.1%	11.0%	18.3%	14.3%	16.2%	13.7%	20.8%	17.0%	16.9%	14.6%
Number of CBI Patients Per 100,000 RPDB Population	500	780	761	665	1596	1287	1000	1361	1140	539	1672	842	1750
Interprofessional Team Utilization (March 31, 2016)													
FHT Patients/1,000 (All ages)	64	139	180	165	138	142	121	113	85	169	112	191	109
CHC Patients/1,000 (All ages)	26	4	6	7	9	8	10	6	9	8	13	7	11
FHT and CHC Patients/1,000 (All Ages)	90	143	186	172	146	150	131	119	94	176	125	198	120
Highest SAMI Index/Lowest IPT Utilization	1	1	0	0	1	0	0	1	1	0	0	0	1
Lowest Income/Lowest IPT Utilization	1	0	0	0	0	0	0	0	0	0	0	0	1
Interprofessional Team Supply / Capacity (January 2017)													
FHT or CHC in Neighbourhood?	Yes	No	No	Yes	No	No	Yes	No	No	No	No	No	No
# of people rostered to FHT/CHC (2017)	3,211	-	-	9,500	-	-	1,700	-	-	-	-	-	-
# of Physician and Nurse Practitioner FTEs (2017)	5	-	-	6	-	-	6	-	-	-	-	-	-
Total # of Physicians in Neighbourhood (all practice types)	6	32	1	23	25	22	8	13	3	6	55	17	12
Number of Primary Care Physicians Per 10,000	2.0	13.0	1.0	13.0	21.0	13.0	7.0	12.0	2.0	4.0	19.0	11.0	8.0
# of Physicians Above 65+ (all practice types)	1	9	1	4	9	9	3	1	3	1	6	1	1
% of Physicians Above 65+ (all practice types)	16.7%	28.1%	100.0%	17.4%	36.0%	40.9%	37.5%	7.7%	100.0%	16.7%	10.9%	5.9%	8.3%
SCORE	**21**	**8**	**8**	**4**	**13**	**4**	**5**	**10**	**14**	**4**	**5**	**2**	**12**

Mid-East Toronto Sub-Region

Mid-East Toronto	Leaside-Bennington	South Riverdale	Cabbagetown-South St. James Town	Regent Park	Moss Park	North St. James Town	Church-Yonge Corridor	Waterfront Communities-The Island	*Rosedale-Moore Park
Demographics (2016)									
Total Population, All Ages 0+	16840	27870	11675	10790	20505	18610	30600	65930	20925
Total Population Age 65+	2550	3330	2245	730	1900	1745	2980	4635	5155
% of Total Population Age 65+	15%	12%	19%	7%	9%	9%	10%	7%	25%
Total Population Age 75+	1130	1475	910	215	620	670	1120	1680	2375
% of Total Population Age 75+	7%	5%	8%	2%	3%	4%	4%	3%	11%
Total Population Age 0-19	4445	4985	1090	2380	2035	3000	2090	4785	3635
% of Total Population Age 0-19	26%	18%	9%	22%	10%	16%	7%	7%	17%
% Low Income (2015)	6.86	19.63	20.78	43.19	32.15	36.48	25.28	17.21	10.19
Ontario Marginalization Index (2006)	1.40	2.60	1.80	3.00	2.00	3.20	1.80	1.80	2.00
% Population Change (2011 to 2016)	-1.0%	8.6%	-3.2%	7.8%	25.7%	4.3%	8.0%	52.0%	1.4%
Population Estimates - New Developments	8.3%	20.3%	5.6%	112.4%	67.7%	28.2%	101.8%	119.7%	10.2%
Health Status (2016)									
Home Care - Chronic Patients per 1,000 (Age 20+)	9.92	9.44	13.13	7.25	12.67	11.92	7.79	4.97	11.57
Home Care - Complex Patients per 1,000 (Age 20+)	1.61	1.70	2.93	2.50	3.19	2.69	2.00	0.92	3.12
Diabetes Rate per 100 (Age 20+) (2015)	5.4	9.0	7.5	13.2	9.0	11.6	7.6	6.8	4.6
MHA Visits per 1,000 (Age 20+) (2014/15)	8.1	8.9	10.5	11.0	11.2	9.2	8.9	7.8	8.2
COPD Rate per 100 (Age 20+)	6.9	9.9	9.5	11.4	11.2	9.9	8.1	6.5	6.4
Health Service Utilization									
% of ED visits that are High Urgency, All Ages 0+ (2015/16)	74.0	72.9	72.2	72.8	72.2	72.5	73.7	70.8	70.2
% of ED visits that are Low Urgency, All Ages 0+ (2015/16)	26.0	27.1	27.8	27.2	27.8	27.5	26.3	29.2	29.8
Crude Rate of ED Visits in 1 Year per 1,000 Persons Among Attached Patients	233	284	356	366	581	377	370	269	248
Crude Rate of ED Visits in 1 Year per 1,000 Persons Among Unattached Patients	230	295	351	378	640	284	293	223	199
Crude Rate of ACSC Hospitalizations in 1 Year per 100,000 Persons Among Attached Patients	188	334	373	561	528	380	257	241	248
Crude Rate of ACSC Hospitalizations in 1 Year per 100,000 Persons Among Unattached Patients	257	136	NA	NA	1106	136	148	119	133
% Low Continuity Among Total Population (Ages 19+)	16.1	18.5	20.9	21.1	25.4	24.4	24.9	26.9	17.4
Unattatched Patients As a Percentage of Total Patients	31.9	24.5	27.4	27.0	33.7	33.2	33.8	32.7	31.8
% of all HC Clients Adult - Chronic (2017)	61.1%	58.8%	44.0%	51.7%	62.9%	64.4%	62.0%	59.9%	63.1%
% of all HC Clients Adult - Complex (2017)	5.6%	10.0%	9.8%	17.8%	15.9%	14.5%	15.9%	11.5%	17.0%
% of all HC Clients Adult - Short Stay (2017)	11.1%	21.3%	43.4%	17.8%	14.5%	14.9%	16.8%	16.5%	16.7%
Number of CBI Patients Per 100,000 RPDB Population	665	2508	1988	1931	3906	1934	1736	825	1417
Interprofessional Team Utilization (March 31, 2016)									
FHT Patients/1,000 (All ages)	165	153	231	177	202	172	165	162	154
CHC Patients/1,000 (All ages)	7	41	18	89	39	18	15	10	6
FHT and CHC Patients/1,000 (All Ages)	172	194	248	266	240	190	180	173	160
Highest SAMI Index/Lowest IPT Utilization	0	0	0	0	0	0	0	0	0
Lowest Income/Lowest IPT Utilization	0	0	0	0	0	0	0	0	0
Interprofessional Team Supply / Capacity (January 2017)									
FHT or CHC in Neighbourhood?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
# of people rostered to FHT/CHC (2017)	9,500	3,498	13,314	4,642	6,831	189	31,463	4,642	-
# of Physician and Nurse Practitioner FTEs in FHT or CHC (2017)	6	9	15	8	12	0.1	28	5.3	-
Total # of Physicians in Neighbourhood (all practice types)	23	17	24	4	7	26	62	41	9
Rate of Primary Care Physicians Per 10,000	13.0	6.0	20.0	4.0	4.0	14.0	20.0	8.0	4.0
# of Physicians Above 65+ (all practice types)	4	6	2	0	0	7	5	3	3
% of Physicians Above 65+ (all practice types)	17.4%	35.3%	8.3%	0.0%	0.0%	26.9%	8.1%	7.3%	33.3%
SCORE	8	10	8	12	17	11	7	8	13

*Rosedale Moore-Park excluded due to population's SES

East Toronto

East Toronto	Victoria Village	Flemingdon Park	O'Connor-Parkview	Thorncliffe Park	Broadview North	Old East York	Danforth-East York	Woodbine-Lumsden	Taylor-Massey	East End-Danforth	The Beaches	Woodbine Corridor	Greenwood-Coxwell	Danforth	Playter Estates-Danforth	North Riverdale	Blake-Jones	South Riverdale	Clairlea-Birchmount	Oakridge	Birchcliffe-Cliffside
Demographics (2016)																					
Total Population, All Ages 0+	17,510	21,930	18,685	20,850	11,495	9,240	17,195	7,870	15,695	21,360	21,570	12,535	14,415	9,660	7,810	11,925	7,735	27,870	27,005	13,850	22,305
Total Population Age 65+	3,400	2,980	2,705	2,115	1,860	1,530	2,640	1,095	1,705	2,640	2,960	1,375	1,635	1,515	1,205	1,670	890	3,330	3,645	1,650	3,915
% of Total Population Age 65+	19.4%	13.6%	14.5%	10.1%	16.2%	16.6%	15.4%	13.9%	10.9%	12.4%	13.7%	11.0%	11.3%	15.7%	15.4%	14.0%	11.5%	11.9%	13.5%	11.9%	17.6%
Total Population Age 75+	1,785	1,265	1,245	985	805	705	1,195	475	830	1,015	975	560	730	655	535	655	375	1,475	1,745	715	1,725
% of Total Population Age 75+		5.8%	6.7%	4.7%	7.0%	7.6%	6.9%	6.0%	5.3%	4.8%	4.5%	4.5%	5.1%	6.8%	6.9%	5.5%	4.8%	5.3%	6.5%	5.2%	7.7%
Total Population Age 0-19	3,635	5,860	4,205	6,840	1,935	1,920	3,735	1,450	3,670	4,810	4,905	2,860	3,035	2,080	1,500	2,510	1,865	4,985	6,275	3,740	4,470
% of Total Population Age 0-19	20.8%	26.7%	22.5%	32.8%	16.8%	20.8%	21.7%	18.4%	23.4%	22.5%	22.7%	22.8%	21.1%	21.5%	19.2%	21.0%	24.1%	17.9%	23.2%	27.0%	20.0%
% Low Income (2015)	26.0	35.8	22.6	45.6	22.7	13.6	13.7	15.2	33.0	18.8	9.3	15.7	19.8	14.0	13.7	11.1	24.6	19.6	19.5	43.0	14.5
Ontario Marginalization Index (2006)	3.4	3.2	2.6	3.4	2.6	1.8	2.0	2.2	2.8	2.0	1.4	2.0	2.4	2.0	1.8	1.4	2.6	2.6	2.6	3.2	1.8
% Population Change (2011 to 2016)	2.0%	-1.1%	2.0%	8.4%	-0.6%	1.4%	2.8%	0.4%	0.6%	2.5%	2.1%	7.1%	2.3%	2.3%	1.9%	-2.2%	-0.5%	8.6%	9.1%	2.6%	2.2%
Population Estimates - New Developments	2.1%	11.1%	1.4%	23.1%	0.3%	0.1%	0.3%	0.1%	4.5%	11.2%	2.7%	2.5%	2.6%	2.0%	0.7%	1.6%	2.4%	20.3%	25.7%	4.2%	22.4%
Health Status																					
Home Care - Chronic Patients per 1,000 (Age 20+) (2016)	9.6	12.8	11.5	19.1	12.1	12.8	11.3	8.6	10.4	10.3	8.0	9.9	9.5	14.6	6.8	7.4	9.2	9.4	5.2	11.5	2.9
Home Care - Complex Patients per 1,000 (Age 20+) (2016)	1.0	2.3	2.0	4.9	2.8	2.0	2.2	1.2	1.4	1.5	0.7	2.5	1.3	3.4	1.7	1.3	1.4	1.7	1.0	2.0	0.7
Diabetes Rate per 100 (Age 20+) (2015)	12.1	12.9	10.7	13.3	9.1	8.9	9.1	9.1	12.6	8.7	5.0	8.4	9.2	8.9	6.8	6.8	8.8	9.0	12.5	14.7	9.4
MHA Visits per 1,000 (Age 20+) (2014/15)	10.9	8.3	10.9	10.1	10.5	9.7	9.9	10.6	12.0	10.8	9.8	10.3	9.4	9.8	10.4	9.4	10.2	8.9	9.3	11.2	11.5
COPD Rate per 100 (Age 20+)	10.4	7.5	12.3	6.7	11.0	11.2	11.0	11.5	10.5	11.2	8.5	10.2	10.5	10.1	9.0	8.8	11.2	9.9	10.9	11.5	12.3
Health Service Utilization																					
% of ED visits that are High Urgency, All Ages 0+ (2015/16)	76.2	75.5	74.6	76.8	73.8	71.9	73.8	74.8	73.4	74.2	72.2	74.4	73.7	72.3	73.3	73.1	74.3	72.9	74.9	76.2	73.9
% of ED visits that are Low Urgency, All Ages 0+ (2015/16)	23.8	24.5	25.4	23.2	26.2	28.1	26.2	25.2	26.6	25.8	27.8	25.6	26.3	27.7	26.7	26.9	25.7	27.1	25.1	23.8	26.1
Crude Rate of ED Visits in 1 Year per 1,000 Persons Among Attached Patients	351	290	364	285	309	304	298	317	402	324	257	316	301	274	272	256	321	284	303	333	306
Crude Rate of ED Visits in 1 Year per 1,000 Persons Among Unattached Patients	303	230	319	209	269	272	310	333	424	287	240	310	294	277	265	256	307	295	288	331	302
Crude Rate of ACSC Hospitalizations in 1 Year per 100,000 Persons Among Attached Patients	522	330	426	243	351	245	238	388	213	244	197	295	250	257	381	130	270	334	293	473	473
Crude Rate of ACSC Hospitalizations in 1 Year per 100,000 Persons Among Unattached Patients	179	177	284	151	234	238	258	NA	223	329	NA	335	NA	252	NA	NA	NA	136	239	229	223
% Low Continuity Among Total Population (Ages 19+)	21.7	24.3	20.1	27.8	21.2	17.8	18.1	18.8	23.3	20.4	22.2	19.4	18.2	18.9	18.5	17.9	18.7	18.5	21.3	23.0	18.9
Unattatched Patients As a Percentage of Total Patients	28.8	25.3	28.0	29.3	25.9	26.7	26.4	27.1	28.0	28.1	31.2	25.8	23.6	28.4	27.0	26.1	25.5	24.5	25.6	28.0	25.9
% of all HC Clients Adult - Chronic (2017)	77.8%	69.4%	64.5%	67.1%	67.8%	72.9%	69.4%	63.2%	67.2%	50.1%	74.4%	61.1%	67.9%	69.4%	57.3%	61.9%	68.4%	58.8%	66.3%	65.5%	65.4%
% of all HC Clients Adult - Complex (2017)	8.2%	12.5%	11.2%	17.3%	15.8%	11.6%	13.7%	9.2%	9.1%	7.0%	6.1%	15.3%	9.4%	16.3%	14.7%	10.6%	10.1%	10.0%	12.9%	11.3%	16.7%
% of all HC Clients Adult - Short Stay (2017)	12.3%	12.1%	17.4%	11.3%	12.9%	8.5%	10.5%	17.2%	19.9%	35.5%	14.4%	17.2%	17.0%	10.6%	21.3%	21.2%	13.9%	21.3%	14.7%	16.4%	12.8%
Number of CBI Patients Per 100,000 RPDB Population	980	478	1324	870	1183	1210	1326	1462	3204	2137	1027	1976	1304	1628	1588	1814	2343	2508	651	1166	949
Interprofessional Team Utilization (March 31, 2016)																					
FHT Patients/1,000 (All ages)	99	141	150	123	103	156	193	187	88	177	192	202	153	185	141	171	139	153	111	88	152
CHC Patients/1,000 (All ages)	16	55	23	29	13	11	11	13	25	29	26	51	62	14	11	14	26	41	13	20	10
FHT and CHC Patients/1,000 (All Ages)	115	197	173	152	116	166	204	200	113	206	218	253	214	200	152	186	165	194	124	107	162
Highest SAMI Index/Lowest IPT Utilization	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0
Lowest Income/Lowest IPT Utilization	1	0	0	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1	0
Interprofessional Team Supply / Capacity (January 2017)																					
FHT or CHC in Neighbourhood?	No	Yes	No	Yes**	Yes	No	Yes	No	No	No	No	No	Yes	No	No	Yes	Yes	No	No	Yes**	No
# of people rostered to FHT/CHC (2017)	-	6,811	-	-	6,000		11,034	-	-	-	-	-	4,600	-	-	738	8,259	-	-	1,545	-
# of Physician and NP FTEs in FHTs/CHCs (2017)	-	7.6	-	-	6		12	-	-	-	-	-	7.6	-	-	0.3	8	-	-	3.5	-
Total # of Physicians in Neighbourhood (all practice types)	9	8	11	14	4	0	20	0	6	17	10	14	8	14	46	17	1	17	8	10	7
Rate of Primary Care Physicians Per 10,000	5	3	6	6	3	0	11	0	3	8	4	11	5	14	57	13	1	6	3	7	3
# of Physicians Above 65+ (all practice types)	3	2	3	3	0	0	3	0	2	10	3	1	5	4	17	2	0	6	1	3	3
% of Physicians Above 65+ (all practice types)	33%	25%	27%	21%	0%	0%	15%	0%	33%	59%	30%	7%	63%	29%	37%	12%	0%	35%	13%	30%	43%
SCORE	**14**	**8**	**6**	**14**	**3**	**8**	**1**	**4**	**13**	**5**	**4**	**2**	**1**	**5**	**5**	**0**	**1**	**4**	**7**	**15**	**11**

***Indicates new IPT development in neighbourhood*

Victoria Village is partially split between TC LHIN and Central LHIN.

Summary of Recommended Areas of Need

	Rockcliffe-Smythe	Weston-Pellam Park	Englemount-Lawrence	Moss Park	Oakridge
Demographics (2016)					
Total Population, All Ages 0+	22,250	11,100	22,370	20,505	13,850
Total Population Age 65+	3,635	1,330	3,745	1,900	1,650
% of Total Population Age 65+	16.3%	12.0%	16.7%	9.3%	11.9%
Total Population Age 75+	1,635	550	2,115	620	715
% of Total Population Age 75+	7.3%	5.0%	9.5%	3.0%	5.2%
Total Population Age 0-19	4,820	2,305	6,385	2,035	3,740
% of Total Population Age 0-19	21.7%	20.8%	28.5%	9.9%	27.0%
% Low Income (2015)	22.8	20.5	20.8	32.2	43.0
Ontario Marginalization Index (2006)	3.0	2.4	3.2	2.0	3.2
% Population Change (2011 to 2016)	0.0%	-7.6%	1.4%	25.7%	2.6%
Population Estimates - New Developments	0.1%	6.9%	16.6%	67.7%	4.2%
Health Status (2016)					
Home Care - Chronic Patients per 1,000 (Age 20+)	14.1	11.7	24.1	12.7	11.5
Home Care - Complex Patients per 1,000 (Age 20+)	3.2	5.0	7.2	3.2	2.0
Diabetes Rate per 100 (Age 20+) (2015)	12.4	12.1	10.5	9.0	14.7
MHA Visits per 1,000 (Age 20+) (2014/15)	10.3	10.1	9.3	11.2	11.2
COPD Rate per 100 (Age 20+)	10.2	10.8	9.4	11.2	11.5
Health Service Utilization					
% of ED visits that are High Urgency, All Ages 0+ (2015/16)	77.9	75.3	75.7	72.2	76.2
% of ED visits that are Low Urgency, All Ages 0+ (2015/16)	22.1	24.7	24.3	27.8	23.8
Crude Rate of ED Visits in 1 Year per 1,000 Persons Among Attached Patients	412.0	439.0	329.0	581.0	333.0
Crude Rate of ED Visits in 1 Year per 1,000 Persons Among Unattached Patients	365.0	402.0	189.0	640.0	331.0
Crude Rate of ACSC Hospitalizations in 1 Year per 100,000 Persons Among Attached Patients	522.0	245.0	523.0	528.0	473.0
Crude Rate of ACSC Hospitalizations in 1 Year per 100,000 Persons Among Unattached Patients	215.0	289.0	174.0	1106.0	229.0
% Low Continuity Among Total Population (Ages 19+)	24.8	21.4	22.2	25.4	23.0
Unattatched Patients As a Percentage of Total Patients	35.0	31.8	37.3	33.7	28.0
% of all HC Clients Adult - Chronic (2017)	65.5%	57.5%	65.9%	62.9%	65.5%
% of all HC Clients Adult - Complex (2017)	15.0%	24.6%	19.6%	15.9%	11.3%
% of all HC Clients Adult - Short Stay (2017)	15.2%	13.4%	11.1%	14.5%	16.4%
Number of CBI Patients Per 100,000 RPDB Population	1932	1,731	500	3906	1166
Interprofessional Team Utilization (March 31, 2016)					
FHT Patients/1,000 (All ages)	127	91	64	202	88
CHC Patients/1,000 (All ages)	26	55	26	39	20
FHT and CHC Patients/1,000 (All Ages)	153	146	90	240	107
Standardized ACG Morbidity Index [Mean SAMI]	1.07	0.96	1.04	1.00	1.08
Lowest Income/Lowest IPT Utilization	1	0	1	0	1
Interprofessional Team Supply / Capacity (January 2017)					
FHT or CHC in Neighbourhood?	Yes**	Yes	Yes	Yes	Yes**
# of people rostered to FHT/CHC (2017)	1,993	NR	3,211	6,831	3.5
# of Physician and Nurse Practitioner FTEs (2017)	2	5.2	5	12	1,545
Total # of Physicians in Neighbourhood (all practice types)	8	1*	6	7	10
Number of Primary Care Physicians Per 10,000	3.0	1.0	2.0	4.0	7.0
# of Physicians Above 65+ (all practice types)	1	1	1	0	3
% of Physicians Above 65+ (all practice types)	12.5%	100.0%	16.7%	0.0%	30%
SCORE	**17**	**15**	**21**	**17**	**15**

Proposed Areas for 2018/19 Submission

A total of 10 neighborhoods were identified: North Toronto (4), West Toronto (1), Mid-West Toronto (3), Mid-East Toronto (1), and East Toronto (1). Below is the summary table of neighbourhoods ranked with high IPC need:

Neighbourhood	Score	Sub-Region	Rate of FHT and CHC patients/population
Critical Neighbourhoods			
1. Englemount-Lawrence	21	North Toronto	90
2. Weston-Pellam Park	15	Mid-West	146
Significant Neighbourhoods			
3. Forest Hill North	14	North	94
4. Victoria Village	14	East	115
5. New Toronto	13	West	187
6. Caledonia-Fairbank	13	Mid-West	105
7. Yonge-St.Clair	13	North	146
8. Keelesdale-Eglinton West	13	Mid-West	127
9. Regent Park	13	Mid-East	266
10. Humewood-Cedarvale	13	North	120

West Toronto - Proposed Priority Neighbourhoods

Neighbourhood	Socio-demographics, Health Status and Health service utilization	IPC Supply and utilization
1. New Toronto	• Total population is 11,300 • High % of low income (24.8%), and high marginalization rate (2.6) • High rate of chronic home care patients, high prevalence of COPD • High rate of patients with MHA visits • High crude rate of ED visits amongst attached patients • High crude rate of ACSC hospitalizations amongst attached and unattached patients	• Low rate of FHT clients per 1,000 population in TC LHIN (130/1000 pop) • No FHT or CHC available in the neighbourhood

Total Population: 11,300

Location of closest CHC or FHT:

- No FHTs or CHCs available in neighbourhood
- Closest CHC satellite clinic is located in Mimico neighbourhood (LAMP CHC)

Mid-West Toronto - Proposed Priority Neighbourhoods

Neighbourhood	Socio-demographics, Health Status and Health service utilization	IPC Supply and utilization
Weston Pellam Park	• Total population 11,100, with 12% are seniors 65+ and 21% children 0-19 High marginalization index (2.4), high % of low income (20.8%) • Diverse community with 9.8% recent immigrants and 41.4% visible minorities. • Most common languages spoken at home other than English and French are Portuguese, Spanish, and Italian. • High rates of chronic diseases and complex home care patients • High rate of high urgency ED Visits and ED visits among both attached and unattached patients.	• Low rate of physicians per population • Low rate of FHT of CHC clients per 1,000 population in TC LHIN (146/1000 pop) • Small CHC location with 5.2 physician and NP FTEs
Keelesdale-Eglinton West	• Total population is 11,060; high proportion of children and youth (21%) • High marginalization rate (2.6 of 4) • High diabetes prevalence rate (12.8%), high COPD prevalence rate (10.1%) • High rate of high urgency ED visits (76.0%) • High crude rate of ED visits amongst unattached and attached patients • High crude rate of ACSC hospitalizations amongst unattached patients	• Low rate of FHT clients – 9 per 1,000 population • Very low rate of physicians per population – 1.0 per 1,000
Caledonia Fairbank	• Total population is 9,950; High proportion of children and youth (20.3%) • High marginalization rate (2.4 of 4) • High prevalence of diabetes – 11.7% • High proportion of high urgency ED visits (73.9%) • High crude rate of ED visits amongst attached and unattached patients • Very high crude rate of ACSC hospitalizations amongst unattached patients (411 per 100,000) • Low volume of CBI patients per 1,000	• No FHT or CHC available • Lowest rate of FHT clients per 1,000 population in Mid-West (80 per 1,000) • Lowest rate of FHT and CHC clients per 1,000 population in Mid-West (105 per 1,000) • Low income and low FHT/CHC Utilization • No primary care providers in the neighbourhood

Location of closest CHC or FHT:

- No FHTs available
- Unison CHC satellite located at Keelesdale-Eglinton West
- Davenport-Perth CHC (main office) located in Weston Pellam Park

Total Population: 32,100

North Toronto - Proposed Priority Neighbourhoods

Neighbourhood	Socio-demographics, Health Status and Health service utilization	IPC Supply and utilization
Englemount-Lawrence	• Total population 22,370, high rate of seniors 65+ (17%) • Very high marginalization index (3.2), high % of low income (20.8%) • Diverse community with 26.3% recent immigrants and 38.8% visible minorities. Most common languages spoken at home other than English and French are Tagalog, Russian and Spanish • High rate of chronic diseases, Home Care chronic and complex patients, ED visits among attached patients. Highest ACSC among attached patients. • High SAMI Index and Low FHT/CHC Utilization	• Lowest rate of FHT of CHC clients per 1,000 population in TC LHIN (90/1000 pop) • Low continuity of primary care, • Low Income and Low FHT/CHC Utilization • Has small CHC location (Unison) with 5 physician and NP FTEs
Forest Hill North	• Total population 12,795, high rate of seniors 65+ (17%) • High marginalization index (2.4), high % of low income (15.4%) • Diverse community with 28.6% recent immigrants and 24.9% visible minorities. Most common languages spoken at home other than English and French are Tagalog, Russian and Spanish • High rate of chronic diseases, home care chronic, ED visits among attached patients.	• 2nd lowest rate of FHT of CHC clients per 1,000 population in TC LHIN (94/1000 pop) • Low continuity of primary care (22.4), • High SAMI and Low FHT/CHC Utilization • No CHC or FHT • All physicians in neighborhood are 65 year or older.
Humewood Cedarvale	• Total population is 14,365 • High marginalization rate (2.0 of 4) • Second highest prevalence rate of diabetes in the North sub-region (8.1%) • High rate of low urgency ED visits (29%) • High crude rate of ED visits amongst unattached patients • High crude rate of ACSC hospitalizations amongst attached patients • High rate of chronic home care patients	• No FHT or CHC available in the neighbourhood • Low rate of FHT clients per 1,000 population • High SAMI and Low FHT/CHC Utilization • Low income and Low FHT/CHC Utilization

Location of closest CHC or FHT:

Total Population: 49,530

- No FHTs available (Sunnybrook FHT is located at Bridle Path-Sunnybrook-York Mills)
- Unison CHC satellite located at Englemount-Lawrence neighbourhood
- Closest CHC in North sub-region is Anne Johnston Health Station (located at Yonge-Eglinton)

East Toronto - Proposed Priority Neighbourhoods

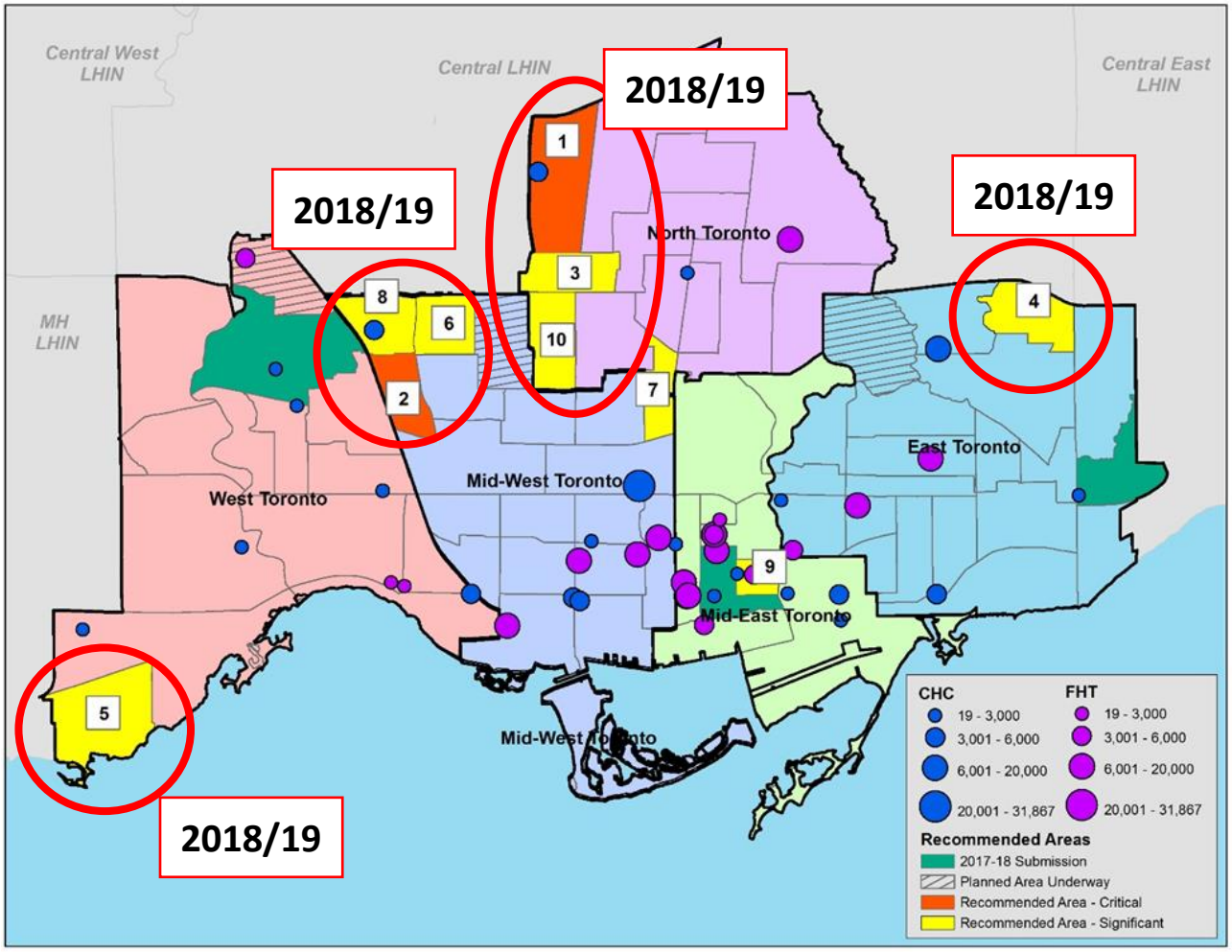
Neighbourhood	Socio-demographics, Health Status and Health service utilization	IPC Supply and utilization
Victoria Village	• Total population 17,510, high rate of seniors 65+ (19.4%). Neighborhood is split between TC and Central LHIN) • Very high marginalization index (3.4), high % of low income (26.0%) • Diverse community with 9.6% recent immigrants and 72.8% visible minorities. Most common languages spoken at home other than English and French are Arabic, Persian (Farsi) and Tamil • High rate of chronic diseases particularly Mental Health and addictions, high urgency ED visits, ED visits and ACSC among attached patients. Relatively low rate of patients in CBI (using CMHA and CSS services)	• No FHT or CHC available in the neighbourhood • Low rate of FHT of CHC clients per 1,000 population in TC LHIN (115/1000 pop) • High SAMI and Low FHT/CHC Utilization • Lowest income and Low FHT/CHC Utilization • No CHC or FHT

Location of closest CHC or FHT:

Total Population: 17,150

- No CHC or FHT available in the neighbourhood
- Closest CHC is located in Flemingdon Park (Flemingdon CHC)

Proposed Areas with High Needs



(GREEN) 2017/18 Submissions
Rockcliffe-Smythe, Moss Park, Oakridge

(ORANGE) 2018/19 Recommended Critical Areas:

(1) Englemount-Lawrence
(2) Weston Pellam Park

(YELLOW) Recommended Significant Areas:

(3) Forest Hill North
(4) Victoria Village
(5) New Toronto
(6) Caledonia-Fairbank
(7) Yonge-St.Clair
(8) Keelesdale-Eglinton West
(9) Regent Park
(10) Humewood-Cedarvale

Summary

- Assessment of the health care needs of a population (including interprofessional team based care) requires a multi-faceted approach
- A combination of quantitative and qualitative information ensures relevant stakeholders can meaningfully examine evidence-based information to identify where system resources can be allocated
- OCHPP has a wealth of data for examining population health needs, health system utilization, and system capacity

Part 2

Group Exercise

- Divide into two groups – Equal size
- Mix-up groups between Sub-regions/TCLHIN
- Group Exercise (Hand-Out) – Case Scenarios
- 25 minutes
- OCHPP/TCLHIN teams will help as needed
- Groups to provide feedback

Report Backs

Thank You!