

Between 2010 and 2015 South West LHIN's population increased by 2.6%, compared to 5.3% growth for Ontario overall. Seniors (aged 65+) accounted for just over 18% of the LHIN's population, compared to 16% in 2010. By 2016 seniors will account for 18% of the LHIN's population and by 2021 it will be 20.5%.

Population projections suggest that population growth in the South West LHIN will be slower than Ontario as a whole. By 2020, the South West LHIN's population will have grown by about 2.9%, compared to 5.3% for the province overall. By 2025 the population is projected to increase by 6.0% (compared to 11.1% for Ontario).

In 2011, approximately 86% of the LHIN's population reported English as their first language. While 14% of the South West LHIN's population were immigrants in 2011, fewer than 2% were recent immigrants, having arrived in Canada between 2006 and 2011. According to 2011 census data, Francophones account for just under 1.5% and people who identify as Aboriginal (First Nation, Inuit and Métis)¹ account for 2% of the South West LHIN population. . The LHIN is home to 5 First Nations Communities, three in the south and two in the north². Good demographic data is limited for these populations however we do know that Francophone and Aboriginal communities experience poorer health outcomes as a result of inequitable access to quality healthcare that is influenced by demographic characteristics such as race/ethnicity, socio-economic status, or language barriers, mistrust of and negative experience with the health care system.

Socioeconomic characteristics of the population

Income, employment and education are socio-economic measures that are strongly related to population health. People with higher education and higher incomes tend to have better health outcomes.

The south West LHIN had a slightly lower unemployment rate and percentage of people living in low income in 2011 compared to population, however a smaller percentage of the LHIN's adult population has completed post-secondary education.

	South West	Ontario
Unemployment Rate 2012³ (age 15+)	7.2%	7.5%
Education (age 25 – 64)		
Without certificate/degree/diploma	13.2%	11.0%
Completed post-secondary education	59.4%	64.8%
Living in low-income	14.0%	13.9%

¹ "Census data limitations for Aboriginal populations include: Undercounting (homeless and mobility), non-participation is common (lack of trust), on-reserve enumeration is incomplete, weakened platform for self-identification (long form to voluntary NHS), data suppression, aggregate data, no data for children." Well Living House - *Indigenous population health data collection, management, analysis and use*, 2015

² Chippewas of Nawash First Nation, Saugeen First Nation, Munsee-Delaware First Nation, Chippewas of the Thames First Nation, Oneida Nation of the Thames

³ Statistics Canada: <http://www.statcan.gc.ca/pub/81-004-x/2010004/gloss-eng.htm#u>

Health status of the population

When developing a strategic plan for the health system, it is important to understand the population's health status and how it is changing in order to understand and prepare for its changing health care needs.

Asking people what they think about their own health is an important way to monitor health status, in part because self-reported health status is a strong predictor of premature death and future disability.^{4,5}

General health

Six out of ten South West LHIN residents said they had *very good* or *excellent* health, which was the highest proportion among all the LHINs. In addition, 7 out of 10 reported *very good* or *excellent* mental health.

14% of South West LHIN residents say they usually experience *moderate* or *severe* pain/discomfort, and 34% say they experience activity limitations because of long-term physical or mental health problems.

The majority, 93% of residents report having a regular medical doctor (similar to the provincial average).

Risk factors

Smoking, drinking alcohol, poor eating and exercise habits as well as being overweight or obese contribute to the development of one or more chronic conditions including many cancers, heart disease, stroke, COPD, diabetes, and osteoarthritis.

18% of South West LHIN residents are smokers, similar to the provincial rate. 22% are heavy drinkers and this has increased over time. Smoking rates have been declining overtime.

More than half (59.9%) of LHIN residents are overweight or obese which is trending upward and is higher than the provincial average of 53.5%. Just under half of residents are physically inactive, and over six in 10 report they do not consume enough fruits and vegetables (fewer than 5 servings daily).

Life expectancy and leading causes of death

In 2011, 7,556 South West LHIN residents died. The all-cause mortality rate for LHIN residents was 794.6 per 100,000 population in 2011; higher than the Ontario rate (670.8). Both the LHIN and provincial rates decreased since 2007 (South West by 3.4% and Ontario by 1.3%). The leading causes of death for LHIN residents were ischemic heart disease, dementia and Alzheimer disease, and cancer of lung and bronchus. The top 10 causes accounted for 54.8% of all deaths. The mortality rate for influenza and pneumonia for LHIN residents was the highest among all LHINs.

In 2011, 35.8% of LHIN resident deaths were considered premature (occurred in those younger than age 75 years). This was the second lowest percentage of premature deaths among all LHINs

⁴ DeSalvo, K.B., et al., *Mortality Prediction with a Single General Self-Rated Health Question*. Journal of General Internal medicine, 2006. 21: p. 267–275.

⁵ 11. Idler, E.L. and S.V. Kasl, *Self-ratings of health: Do they also predict change in functional ability?* The Journals of Gerontology Series B: Psychological Sciences and Social Sciences. 1995. 50B(6): p. S344-53.

Chronic disease

In 2013, 39% of South West LHIN residents (aged 12+) had a chronic condition and 16% had multiple conditions. Chronic conditions accounted for 61% of deaths.

The prevalence of most chronic conditions in South West were similar to provincial rates, however the LHIN had a significantly higher rate of arthritis and a significantly lower rate of cancer compared to Ontario. Among all LHINs, South West had the second highest prevalence of asthma; however this rate was not significantly different from the provincial rate. The prevalence of arthritis and asthma has increased for the South West LHIN since 2009-2010. Although the prevalence of cancer in South West LHIN was only 1%, it was a leading cause of mortality, acute care separations and total acute days.

South West LHIN had higher mortality rates and total acute day rates than the province for the selected conditions in the table below except asthma. Compared with the province, South West LHIN had higher acute separation rates for all chronic conditions except IHD and asthma.

Chronic condition prevalence rates per 100 population aged 12+, South West LHIN, 2013

Condition	South West LHIN	Ontario
Prevalence (2013), rate per 100, age 12+		
Arthritis (age 14+)	20.6↑	17.3
Asthma (2 nd highest in Ontario)	9.0	7.5
Cancer	1.0†↓	1.9
COPD (age 35+)	4.8	4.3
Diabetes	7.0	6.6
High blood pressure	17.5	18.3
Heart disease	4.7	4.8
Suffer from effects of stroke	F	1.3
Have a chronic condition	39.0	37.3
Have multiple chronic conditions	15.6	15.0

↑ - LHIN result is significantly higher than Ontario; ↓ - LHIN result is significantly lower than Ontario

† - High sampling variability – estimate must be used with caution

F - Estimates with CVs greater than 33.3% are too unreliable to be published and have been suppressed due to extreme sampling variability

Primary Care

Timely and appropriate access to primary health care is a key part of the Ministry's Action Plan for Health Care. Specifically, goals include ease of access and faster access to primary care, with more patients receiving same day or next day appointments. Although the numbers below are encouraging, access to primary care services in Aboriginal Communities is much more limited which has a negative impact on the health of this population. Poor quality data at this time make it difficult to quantify the true needs.

There are approximately 600 primary care physicians actively practicing in community settings in the LHIN – more than 400 of these physicians practice as part of the 90 primary care groups (e.g. family health teams, family health organizations, etc.) in the LHIN.

Two key provincial programs are improving access: Patient Enrollment Models (PEM) and Health Care Connect (HCC) Program.

Patient enrolment models (PEMs) are primary care delivery and compensation models that focus on the comprehensive care needs of the patient, not the number of services performed by a physician. In most models, patients have access to all primary care providers in the enrolling group, after hour clinics and/or Telephone Health Advisory Service. Just over 745,000 South West LHIN residents (76% of LHIN residents) are enrolled in a PEM an increase of just over 1% since our last IHSP.

In 2014, 94.8% of South West adults (aged 16 and older) had a primary care provider. 41.3% of South West LHIN adults were able to see a primary care provider on the same day or next day if they were sick.

Health Care Connect is a service to help people find a family physician. It began in February 2009. Between February 2009 and May 2015, 44,722 LHIN residents have registered with the program and 95.7% of them have been referred to a family health service provider. Just under 68% were referred to a family physician within 30 days. 3,714 of those who registered were considered “complex vulnerable”. 3270 of these complex vulnerable patient have been referred to a family physicians.⁶

Experience of Care

Capacity of the Health Care System

The South West LHIN population receives services from both LHIN and non-LHIN funded organizations across the community, long-term care and acute health sectors. Residents rely on these organizations for a variety of needs including home/social support, episodic, chronic and long-term care. The health care system should have the capacity and health care provider that work well together to support individuals and their caregivers throughout their health care journey and meet their needs and preferences

The following LHIN-funded organizations play a critical role in delivering services to its residents:

- 20 Hospital Corporations (33 sites)
- 78 Long-Term Care Homes
- 60 Community Support Service Agencies
- 38 Mental Health and Addiction Agencies
- 5 Community Health Centres
- 1 Community Care Access Centre (SWCCAC)

In addition, non-LHIN funded organizations, such as Southwest Ontario Aboriginal Health Access Centre, family health teams, family health organizations, family health networks, solo-physician offices, public health units, emergency medical services and labs play a critical role in the delivery of health care services. While these services do not fall under the LHIN’s mandate, understanding and partnering with them is crucial to developing a plan for integration and coordination across the health continuum.

Health Human Resources Profile

Health service delivery depends on regulated and non-regulated health human resources across the LHIN. Regulated resources include: physicians, nurses, occupational therapists, physiotherapists, speech language therapy, midwives, chiropractors, pharmacists,

⁶ Health Care Connects monthly report to the LHIN, June 2015

audiologists, dietitians, massage therapists, psychologists, and respiratory therapists. Non-regulated resources such as personal support workers, acupuncturists, and naturopaths also play a critical role in health service delivery.

Physicians

From 2010- 2013, the total number of physicians in South West LHIN increased by 8.7 per cent reaching a total of 2,039. The physician-to-population rate increased from 196.9 physicians per 100,000 people to 212.1 from 2010 to 2013.

The family physicians-to-population rate in South West (92.8 per 100,000) was similar to the province's rate (83.2per 100,000 population) in 2013, but had slightly more specialists per 100,000 population than the province.

It is interesting to note that both provincially and within the South West LHIN over 14% of family physicians are 65+ years of age. However, among all LHINs, the South West LHIN had the third highest proportion of family physicians who were under the age of 30.

Nurses

From 2011 - 2014, the total number of nurses in South West increased by 3.4% reaching a total of 13,929 (there were 11901 in 2010) increasing the nurse-to-population rate from 1249.8 in 2010 nurses per 100,000 population to 1440.1 in 2014 which is higher than the provincial rate. Compared to the province, The South West LHIN's RNs, RPNs and NPs rates per 100,000 population were higher than the provincial rate in 2014. The number of NPs in South West increased 27.5 % between 2011 and 2014 with a total of 227 NPs in 2014.

Value for Money

Overview of Health System Utilization in the South West LHIN

The South West LHIN monitors and measures the utilization of health services. The following chart provides an overview of some key measures that help us understand how health services utilization has changed over the past few years and where there may be opportunities for improvement.

Service	Key findings
Acute Care	<p>The number of people discharged from hospitals increased by 4.6% and the time people spent in hospital also increased by 4.5% between 2010/11 and 2013/14.</p> <p>During the same period, there was 4.9% growth in discharges for Ontario while total days in hospital remained stable.</p>
Alternate Level of Care	<p>In 2013/14, there was an average ALC length of stay of 16.5 days. Between 2010/11 and 2013/14, ALC separations increased by 2.2% while there was a 3.5% decrease in ALC days. During the same period, there was a 1.0% reduction in ALC separations and 15.8% reduction in ALC days for Ontario hospitals overall. South West LHIN had a lower % ALC days (of total days) compared to the provincial average</p>

	<p>Just over 45.2% of ALC days were for people waiting for long-term care which was much higher than the provincial rate of 31.8 (2013/14). Among all LHINs, South West LHIN had the largest proportion of ALC days that were discharged to LTC and the smallest proportion that were discharged home without support.</p>
Emergency Visits	<p>Between 2010/11 and 2013/14, there was a 1.4% reduction in ED visits to South West LHIN hospitals compared to a 6.1% growth for Ontario.</p> <p>Between 2010/11 and 2013/14 in South West LHIN hospitals, the number of visits in the lower acuity levels declined while those in the higher acuity levels increased. Specifically, CTAS⁷ IV & V visits decreased by 15.6%, while CTAS III visits increased by 10.6% and CTAS I & II increased by 41.8%.</p> <p>The 90th percentile Emergency department Length of Stay for South West LHIN hospitals (6.1 hours) was the shortest in the province</p>
Home Care	<p>Between 2010/11 and 2013/14 there was a 12.7% increase in the number of home care clients in the LHIN.</p> <p>Between 2010/11 and 2013/14 there was a 13.6% increase in all home care visits and a 40.7% increase in all home care hours in South West LHIN. During this period the service types with the largest increase in visits/hours were physiotherapy (56.5%), nursing shift (40.9%), personal support work and homemaking (40.6%), and social work (31.2%).</p> <p>In 2013/14 South West LHIN had higher rates of home care visits (914.6) and service hours (2,182.3) than the province.</p>
Long-Term Care (LTC)	<p>The LTC bed supply rate (per 1,000 population age 75+) in South West LHIN was the 3rd highest in the province, and higher than the provincial rate.</p> <p>The waitlist rate for South West LHIN was lower than the provincial average, while the LTC demand rate was higher than the Ontario rate.</p> <p>South West LHIN had among the lowest median time-to-placement in the province in 2013/14. The overall median time-to-placement for South West LHIN was 60 days, which was 48 days less than the provincial median.</p> <p>In 2013/14 South West LHIN had the lowest median time-to-placement in the province for clients from acute care (34 days) which was half the median time-to-placement for clients from the community (68 days).</p>
Mental Health & Addictions	<p>In 2014/15, vocational/employment and support within housing had the longest median wait times among the community Mental Health services</p>

⁷ The Canadian Emergency Department Triage and Acuity Scale (CTAS) is a five-level triage scale that was introduced in 1999, developed by the National Working Group of nurse and physician leaders. CTAS is a tool that enables hospitals to triage patients according to the type and severity of their presenting signs and symptoms. Level 5 is least urgent and Level 1 is the most urgent

	<p>provided in South West LHIN while the median wait for all other services was less than or equal to those for the province.</p> <p>Among the Substance Abuse services provided in South West LHIN, residential treatment and residential supportive level 1 services had the longest median wait times, which were longer than the median wait times for Ontario. In addition, the median wait time for community day/evening treatment in South West LHIN was longer than that for the province in 2014/15.</p>
Community Health Centres	<p>11,534 patients accessed primary care through community health centres in 2014-15</p> <p>5,799 people visited clinics 21,213 times related to counselling, physiotherapy, nutrition, foot care, diabetes, hepatitis C and HIV/AIDS in 2014-15</p> <p>12,939 people attended 1,167 group personal health and wellness sessions in 2014-15</p>
Adult Inpatient Rehabilitation	<p>In 2013/14, there were 2,061 admissions to inpatient rehabilitation units in South West LHIN hospitals. Of these, 85.3% were to general units and 14.7% to special units. Residents from outside the LHIN accounted for 7.9% of the total rehabilitation admissions to the LHIN's hospitals.</p> <p>Between 2010/11 and 2013/14, admissions to South West LHIN hospital general units increased by 24.3% and admissions to special units increased by 13.5%.</p> <p>The rehabilitation admission rate for South West LHIN residents was lower than the provincial average.</p>
Complex Continuing Care (CCC)	<p>In 2013/14, there were 1,969 CCC active cases treated in South West LHIN hospitals. Residents from outside the LHIN accounted for 4.0% of these active cases. In 2013/14 there were 1,618 admissions and 1,660 discharges from South West LHIN hospital CCC units. The average CCC length of stay (70.7 days) for South West LHIN hospitals was less than the provincial average.</p> <p>There were reductions in active cases, admissions, discharges, and total days for South West LHIN hospital CCC units between 2010/11 and 2013/14.</p> <p>The CCC active case rate for South West LHIN residents was lower than the provincial rate.</p>