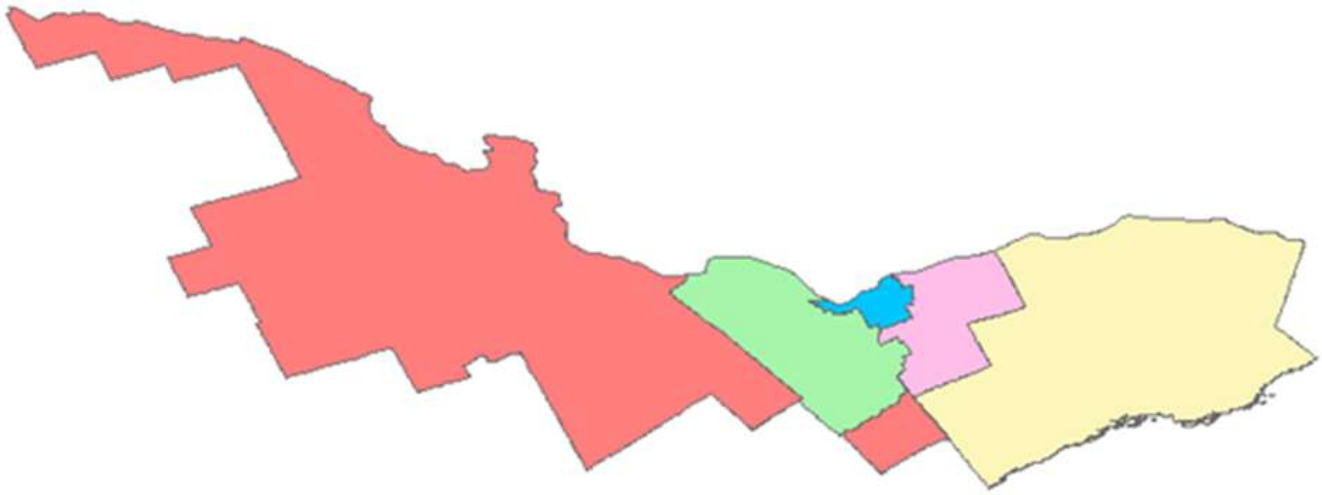
Champlain LHIN



Sub-Region Population Health Profiles

Executive Summary

October 2017 (last update: March 2018)

Ontario
Local Health Integration Network

Introduction

On December 7, 2016, the *Patient's First Act* was legislated by the Ontario Government. The Ontario government and the Champlain LHIN are committed to working with stakeholders to transform our health care system into one that puts the needs of patients at its centre. Our mission to build a coordinated, integrated, and accountable health system for people where and when they need it requires an approach that reflects the needs of local residents.

The establishment of five sub-regions by the Champlain LHIN will serve as the foundation for future health system improvement.[A] They are areas that will serve as the focal point for local health system planning, as well as strengthening service integration and coordination in the region. Sub-regions will not create barriers to where people access care. They are, simply, a better way to plan and improve health services by increasing the focus on local strengths, needs, and challenges. A sub-region approach is expected to help improve health equity, patient experience, and overall quality.

The benefits to the development of sub-regions for integrated planning and delivery include:

- *Focusing on population health needs to address health equity;*
- *Enhancing coordination of services;*
- *Leveraging local community resources and knowledge;*
- *Engaging patients/clients and caregivers to ensure that the work of each sub-region meets the needs of its population;*
- *Enhancing local accountability for population health and performance along the continuum of care; and*
- *Increasing the value of our health system.*

The Champlain region consists of the following sub-regions:

- ***Western Champlain**, the most western and rural sub-region, has a population of 154,575 people including the Pikwàkanagàn First Nation, as well as Arnprior, Carleton Place, Kemptville, Pembroke, and Petawawa.*
- ***Western Ottawa** is the fastest growing sub-region in Champlain and has 303,274 people. Western Ottawa includes Kinburn, Carp, Kanata, Stittsville, Barrhaven, and Manotick.*
- ***Central Ottawa** is the most culturally diverse, urban sub-region, and includes the areas of Bayshore, Nepean, Downtown Ottawa, Vanier, and Riverside South. With 416,202 people, it is the most populated of the five sub-regions.*
- ***Eastern Ottawa** sub-region extends around the city from Cumberland to Osgoode. About half of its 213,413 people live in Orléans, and 1 in 3 people speak French as their mother tongue.*
- ***Eastern Champlain** is the easternmost part of Ontario. It includes Akwesasne,*

[A] A detailed account of the process to establish their boundaries is available in the sub-regions section of the Champlain LHIN website.

the second most populous First Nation community in Canada, as well as Alexandria, Casselman, Hawkesbury, Rockland, Winchester, and the City of Cornwall. More than 40% of its residents speak French as their mother tongue.

The dimensions of health and well-being are complex and multifaceted. This report provides a snapshot of population characteristics, population health status, health service provider distribution and capacity, and system performance. It was developed to provide baseline information on each sub-region in order to identify strengths, challenges, and needs, and to support priority setting and planning. At times, the report goes beyond sub-regions providing data, where available, for specific sub-groups such as immigrants, Francophones, and Indigenous people. The impact of social determinants of health is also examined.

Population Characteristics

Of the 1.3 million people in Champlain about two out of three people live in Ottawa, one of six in smaller cities and towns and one of five in rural areas. The population is forecasted to grow, on average, by 1.1% per year over the next 10 years (2017-2026). Those aged 65 and older comprise 16.7% of the population and those aged 19 and younger make up 22.5%. Western and Eastern Ottawa experienced the highest population growth in Champlain between 2011 and 2016. Western and Eastern Champlain have the largest proportion of people over 65 years of age.

The Champlain LHIN, compared to Ontario, has a much higher proportion of Francophones, particularly in the Eastern sub-regions. Central Ottawa is the most culturally diverse area. It has the highest proportion of visible minorities, immigrants, same sex couples, and people with a mother tongue other than English and French. Eastern Champlain and Western Champlain have proportionately fewer visible minorities and immigrants.

Western Champlain and Eastern Champlain have lower levels of education while Central Ottawa has the highest proportion below the low income cut-off, a difference that is more pronounced among seniors who live alone. Socioeconomic status measures are generally most favourable in Eastern Ottawa and Western Ottawa.

Across Champlain overall, Indigenous people have, on average, lower education and higher rates of unemployment and low income. Recent immigrants tend to have higher education but also higher rates of unemployment and low income. Those with French as their mother tongue are, on average, older than those with English mother tongue, but socioeconomic indicators are similar.

Population Health Status

In the Champlain region, 60.7 % of the population, aged 12 and over, rate their health as very good or excellent, and 70.6 % report very good/excellent mental health. Western and Eastern Ottawa sub-regions report higher rates of very good/excellent general health than the other sub-regions at 64.3% and 64.5%, respectively.

Over a third of Champlain residents (age 12+) self-report having a chronic condition, with 15% reporting multiple conditions. Chronic disease rates overall in Champlain are comparable to the provincial averages, with rates generally lower in the three Ottawa sub-regions and higher in Western Champlain and Eastern Champlain. The incidence of chronic obstructive pulmonary disease (COPD) also shows wide variance across the region, with the highest rates in the Eastern Counties and, in particular, around the Cornwall area.

Hospitalization rates for COPD and for ischemic heart disease (which includes heart attacks, atherosclerosis, and chest pain) were much higher in Eastern Champlain and Western Champlain compared to the Ottawa sub-regions. The rates are influenced by the burden of disease in the community and factors related to health service organization and access. Chronic disease hospitalization rates, overall, were higher among people from more socio-economically disadvantaged areas. The rate of 30-day hospital readmissions for certain chronic conditions, a key LHIN indicator, is highest in Western Champlain and Central Ottawa.

Life expectancy at birth in Champlain is slightly better than for Ontario overall. Within Champlain, it is highest in Western Ottawa and Eastern Ottawa and lowest in Eastern Champlain and Western Champlain. Female life expectancy is longer in all sub-regions, by three to five years.

The top three causes of death in Champlain and Ontario are ischemic heart disease, dementia, and lung cancer. Ischemic heart disease is responsible for between 15% (Western and Central Ottawa) and 20% (Eastern Champlain) of deaths across the sub-regions. In Western Ottawa, dementia is the top cause of death, at 16.8%. Among youth (15-24) the leading causes of death are related to transport incidents (including accidents), intentional self-harm and accidental poisoning.

The estimated proportion of people with a mental health/addictions condition was similar across sub-regions, ranging from 18.6% in Eastern Champlain to 21.0% in Eastern Ottawa and Central Ottawa. The rates of hospitalization due to self-harm, however, were over 50% higher in Western Champlain and Eastern Champlain compared with the Ottawa sub-regions.

Health Service Provider Distribution and Capacity

In general, health care services are clustered in Central Ottawa. Most of the Central Ottawa providers, however, serve large numbers of clients and patients from other areas. Western Champlain has the fewest general and family practitioners on a per capita basis, followed by Eastern Champlain. Eastern Ottawa has the highest proportion of people seeking primary care in other sub-regions.

The number of long term care beds relative to the population over age 75 varies across Champlain sub-regions. Eastern Ottawa has the highest ratio and Central Ottawa has the lowest.

Looking across capacity measures for long-term care, home care, community support services, and community mental health and addictions, Western Ottawa tends to have lower service rates. Although per capita and per client measures don't tell the whole story of supply and demand, they do suggest that there may be some inequity in the distribution of services in the sub-regions.

System Performance

High rates of people waiting for an alternate (more appropriate) level of care (ALC) can be a reflection of insufficient service capacity or poor integration across sectors. Rates are also impacted by hospital discharge planning and practices. In 2015-16, on average, more than one out of every 8 (12.9%) acute care hospital beds in Champlain was occupied by people waiting for an alternate level of care. Patients from the Central Ottawa sub-region had the highest rate, while Eastern Champlain and Eastern Ottawa had the lowest.

The rate of readmission within 30 days for certain chronic conditions is impacted by a patient's health, the quality of hospital care, discharge planning, the effectiveness of handoffs between hospitals and primary care, and the accessibility and quality of supports in the community. Champlain, as a whole, performs better than Ontario. The best performing sub-regions are Eastern Ottawa and Western Ottawa.

High-performing primary care is associated with improved equity, better health outcomes, lower mortality and a lower overall cost of health care. Most people in Champlain have a regular primary care provider, ranging from 91.2% of those surveyed in Central Ottawa to 98.0% in Eastern Ottawa. Western Champlain and Eastern Champlain had higher percentages of people reporting difficulty accessing after-hours care without going to an emergency department, and significantly higher rates of emergency visits for conditions that could be best managed elsewhere. Eastern Champlain has significantly higher rates of hospitalization for ambulatory care sensitive conditions (ACSCs) than all other sub-regions. ACSCs are chronic conditions that require fewer hospitalizations when well managed in the community.

The rate of palliative care patients who were discharged home from hospital with home supports is a proxy measure of how well end-of-life patients are cared for. Overall, Champlain performs better than Ontario. Performance was best in Eastern Ottawa and Western Ottawa.

At the end of life, it is particularly important to receive care in the place where you are most comfortable. Palliative home care patients from Central Ottawa were more likely to have died in their preferred location than those from the other sub-regions. Central Ottawa residents were also more likely to have died in residential hospice. A very small proportion of palliative home care patients from Eastern Ottawa (3%) and Western Ottawa (1%) died in residential hospice.

There is minimal variation in home and community care wait times across Champlain's sub-regions however people with mother tongues other than English or French tend to wait longer.

Conclusion

The intent of this report is to provide baseline information to guide health system priority setting and planning in each sub-region. This report is a result of an unprecedented collaboration of key stakeholders across various sectors of the health system including local public health units, community-based providers, hospitals and the LHIN. Thanks to this strong collaboration, the scope of this report is broad. However, additional information and further interpretation is needed to assess opportunities and challenges.

The data in this report should be considered alongside other information relevant to each sub-region and interpreted with input from stakeholders who have a good understanding of each respective sub-region.

Engagement will continue with stakeholders, including patients and caregivers, to gain local knowledge that will help set priorities and inform planning. Health system planners and providers in each sub-region can use this information to help identify opportunities for equity, improved access to, and effective integration of health services.

We look forward to collaborating with community members to make optimal use of the health resources within our region and reduce inequities.

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