

Environmental Scan

1.0 Introduction

Environmental Scan

The objective of this environmental scan is to provide a profile of the local population and an overview of access, availability and utilization of health services and resources. This report provides detailed quantitative data to support the information presented in the Integrated Health Services Plan (IHSP) 2010-2013.

The information in the Environmental Scan is that which was available up to the release of the IHSP 2010-2013 in November 2009. Sections of the electronic version of the report will be updated periodically as new information becomes available.

2.0 Geography and Population Characteristics

2.1 Geography

The North West LHIN has the largest land mass of all LHINs in Ontario at 458,010 square kilometres, equivalent to 47% of the province. The North West LHIN's boundaries extend from White River in the east to the Manitoba border in the west, to Hudson Bay on the north and to the United States border in the south.

The geographic area of the North West LHIN¹ consists of the Census Divisions of Rainy River District, Thunder Bay District and Kenora District excluding four First Nation communities along the Hudson Bay coast close to Cochrane District. These communities - Attawapiskat, Fort Albany, Marten Falls and Peawanuck - are part of the North East LHIN's geographic area.

Exhibit 2.1 gives an idea of the size of the North West LHIN's geographic area and the distribution of communities within its boundaries.

¹ In this report, the geographic area for which the North West LHIN is responsible is referred to as the Northwest.

Exhibit 2.1 North West LHIN Geographical Boundaries

Map of North West LHIN's vast geographic area



North West LHIN Sub-Areas

While most of the measures of population health and health services utilization are available for the North West LHIN as a whole, some indicators can be calculated at the sub-LHIN planning area level within the LHIN. The North West LHIN is divided into four sub-LHIN areas that are consistently reportable across databases, and help to inform differences in health and/or utilization patterns.

Exhibit 2.2 shows the approximate boundaries of the four North West LHIN sub-areas.

Exhibit 2.2 Map of North West LHIN Geographic Sub-Areas



2.2 Population Characteristics

Population numbers used in this report are based on 2006 census counts unless otherwise specified.

The North West LHIN has the lowest number of residents of all LHINs in the province with a population of 232,135 (2006 census), accounting for 2% of the province's population. Between the last two censuses (2001-2006) the population of the Northwest increased by 0.6% while the population of Ontario increased by 6.6%.

Exhibit 2.3 shows the population distribution of the North West LHIN by sub-area.

Exhibit 2.3 North West LHIN Sub-Areas and 2006 Population²

Sub-Area	2006 Census Population	% Total Population
Kenora District (excluding 4 coastal First Nations which are part of NE LHIN)	61,510	26.5%
Rainy River District	21,565	9.3%
Thunder Bay District (excluding City of Thunder Bay and immediate surrounding area)	26,155	11.3%
City of Thunder Bay	122,905	52.9%
Total	232,135	100%

The municipalities in the Northwest (as defined using MOHLTC "residence codes") and accounting for at least 1000 residents or 0.5% of the total North West LHIN population are listed in Exhibit 2.4 with their respective population estimates.

When looking at population change over time, it is important to use the same data source over time periods, either Statistic Canada's Census (conducted every five years) or annual population estimates generated by Ontario Ministry of Finance.

² Health Analytics Branch, MOHLTC. Population estimates by Sub-LHIN planning areas. 2008.

Exhibit 2.4 2007 Population for the North West LHIN's Most Populous Municipalities³

MOH Residence Code Description	Population	% of NW Total
THUNDER BAY	108,221	45.6%
KENORA	15,223	6.4%
DRYDEN	8,085	3.4%
FORT FRANCES	8,079	3.4%
KENORA UNORGANIZED	7,231	3.0%
FOWLER	6,134	2.6%
OLIVER PAIPOONGE	6,065	2.6%
SIOUX LOOKOUT	5,534	2.3%
GREENSTONE	5,025	2.1%
MARATHON	4,175	1.8%
RED LAKE	3,653	1.5%
ATIKOKAN	3,314	1.4%
SHUNIAH	2,737	1.2%
MANITOUWADGE	2,596	1.1%
NEEBING	2,077	0.9%
SANDY LAKE 88	1,817	0.8%
NIPIGON	1,780	0.8%
RAINY RIVER DIST	1,659	0.7%
TERRACE BAY	1,650	0.7%
PIKANGIKUM 14	1,629	0.7%
IGNACE	1,625	0.7%
EMO	1,343	0.6%
EABAMETOONG	1,299	0.6%
RED ROCK	1,257	0.5%
MACHIN	1,175	0.5%
SCHREIBER	1,171	0.5%
EAR FALLS	1,129	0.5%
KASABONIKA LAKE	1,129	0.5%
WEAGAMOW LAKE 87	1,105	0.5%
LA VALLEE	1,047	0.4%
Total NW LHIN 2007 Pop Estimate	235,121	100.0%

2.2.1 Age Distribution

The population structure of the Northwest is similar to the provincial age-group structure at older ages. While the percentage of those in the 10 to 19 age

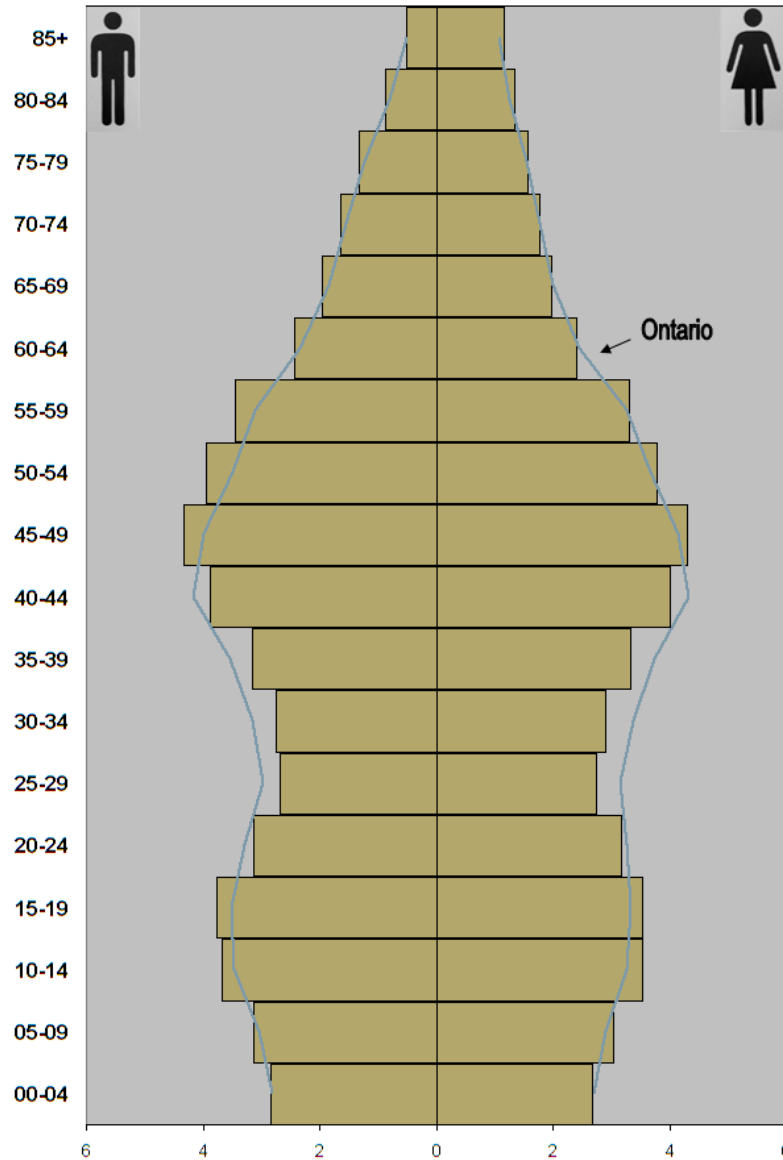
³ Population estimates by municipality provided from the MOHLTC, Intellihealth platform. Population estimates are based on Statistics Canada 2001 census data and may under-represent the First Nations population.

group actually exceeds the provincial structure, the smaller percentage of those age 25 to 39 in the Northwest relative to the province suggests out-migration of both males and females.

Population Pyramid

The Population Pyramid in Exhibit 2.5 shows the age and sex distribution of residents of the North West LHIN compared to Ontario in 2006 (denoted by the blue line).

Exhibit 2.5 North West LHIN Population Pyramid Compared to Ontario⁴



⁴ Population estimates from 2006. census, Statistics Canada

Exhibit 2.6 shows the projected populations by age group in the North West LHIN in 2010 and 2030, with the percentage change over that time period.

Exhibit 2.6 North West LHIN Population Projection by Age Group⁵

Age Group	2010	2030	% Change
0-19	55,125	45,318	-17.8
20-44	71,892	64,387	-10.4
45-64	69,557	53,299	-23.4
65-74	17,628	32,018	81.6
65-69	9,845	16,690	69.5
70-74	7,783	15,328	96.9
75+	15,756	25,469	61.6
75-79	6,396	11,685	82.7
80-84	5,091	8,025	57.6
85-89	2,927	3,836	31.1
90+	1,342	1,923	43.3
All Ages	229,958	220,491	-4.1

Between 2010 and 2030 all of the age groups under the age of 65 are projected to decrease between 10 and 23% while the 65-74 age group is projected to increase by 82% and the 75 and over age group to increase by 62%. For the overall population of the North West LHIN, however, a modest decline of 4% between 2010 and 2030 is projected.

2.2.2 Aboriginal population

North West LHIN has greatest % Aboriginal population

The North West LHIN is home to one-third of the on-reserve Aboriginal population in Ontario, one-quarter of the off-reserve population, and just over half of all Indian Reserves and Indian Settlements.⁶

The proportion of Aboriginal people in the North West LHIN is estimated to be 19.2% (after adjusting census figures with Indian and Northern Affairs Canada (INAC) data). This represents just over 44,000 people self-identifying as Aboriginal. Of the 19.2% that identify as Aboriginal, 15.3% are North American Aboriginal and 3.4% are Métis.⁷

Within the North West LHIN, there is great variation between sub-areas with respect to the proportion of the population who self-identify as Aboriginal. The sub-area with the largest proportion is the Kenora District sub-area where 38.4% of the population self-identify as Aboriginal (based on census data). This compares to 21.7% in the Rainy River sub-area, 19.9% in the Thunder Bay District area and 8.3% of Thunder Bay City area residents.

The Aboriginal population is younger than the non-Aboriginal population in the North West LHIN and provincially. Only 8.3% of the Aboriginal population in

⁵ Population Projections LHIN Summary Table, IntelliHEALTH, Oct. 13, 2009.

⁶ Ibid.

⁷ Ministry of Health and Long-Term Care, Health Analytics Branch. First Nations People in Ontario: A Demographic Portrait, January 2009.

the Northwest is over the age of 65 compared to 14% of the total LHIN population. As well, the size of the Aboriginal population has increased by 9.8% between 2001 and 2006 based on the Registered population from INAC.⁸

2.2.3 Francophone population

The proportion of residents who are Francophone (i.e. who report French as their mother tongue) is lower than the province as a whole (3.5% versus 4.4%).⁹ The identification of residents as Francophone is based on the 2006 census data. In 2006, several communities had high percentages of French-speaking people including the Municipality of Greenstone (> 25%), Manitouwadge (17%), Marathon (15%), and Ignace (> 10%).¹⁰ The towns of Geraldton, Longlac, and Marathon, and the townships of Ignace, Manitouwadge, Beardmore, Nakina, and Terrace Bay are designated communities under the Ontario French Language Services Act.

The sub-area with the largest proportion of francophones is the Thunder Bay District area with 10.9% of population identified as francophone on the basis of mother tongue. For each of the other sub-areas, 2-3% of the population is francophone.

2.2.4 Socio-Economic Characteristics

Exhibit 2.7 provides an overview of the socio-economic characteristics of the North West LHIN population.

Exhibit 2.7 North West LHIN Socio-Economic Characteristics¹¹

Census Indicators	North West LHIN	Ontario
Population in 2006	232,135	12,160,285
2001 to 2006 population change (%)	0.5%	7.8%
Senior Population: % aged 65+	14.3%	13.6%
% of all families, headed by lone parent	17.9%	15.8%
% of lone parent families headed by Female	78.0%	81.6%
% population reporting English mother tongue	82.3%	69.8%
% population reporting French mother tongue	3.5%	4.4%
% population who are immigrants	8.7%	28.3%
% of population who are recent immigrants (2001-2006)	0.5%	4.8%
% of population who are visible minorities	1.9%	22.8%
% of population reporting Aboriginal identity	19.0%	2.0%
% of population aged 15 and older that are part of the labour force	64.1%	67.1%
% of population in low income families before tax	10.7%	14.7%
% of population (aged 25+) without high school certificate, diploma, or degree	25.5%	18.7%
% of population (aged 25+) with completed post-secondary education	50.8%	57.8%

⁸ Health Analytics Branch, MOHLTC. HAB_Ontario INAC 2006 First Nations Data Tables (2009-01-12). January 2009.

⁹ Population Health Profile: NW LHIN 2009, 2006 Census.

¹⁰ Southcott, Chris, PhD., *Profil de la communauté francophone du Nord-Ouest de l'Ontario en 2006 : Une communauté en transition*. Université Lakehead, novembre 2008.

¹¹ Health Analytics Branch, MOHLTC. Census 2006_SubAreaProfiles_Aug2008 Data Product. August 2008.

Exhibit 2.8 shows the variation of socio-economic characteristics by sub-area of the North West LHIN.

Exhibit 2.8 Socio-Economic Indicators by North West LHIN Sub-Area¹²

Census Indicators LHIN Sub-Area	Kenora District	Rainy River District	Thunder Bay City	Thunder Bay District
Population	61510	21565	122905	25825
Total Population age 65 and over	7035	3480	19685	2945
% population age 65 and over	11.4%	16.1%	16.0%	11.4%
Total Population age 75 and over	3070	1775	9915	1155
% population age 75 and over	5.0%	8.2%	8.1%	4.5%
% Lone Parent Families	29.9%	24.9%	29.7%	24.4%
% of Lone-Parent Families headed by Female	75.0%	77.9%	81.1%	72.4%
% Non-owned Private Dwellings	35.9%	25.5%	27.1%	22.3%
% Population of Aboriginal Identity	38.4%	21.7%	8.3%	19.9%
% immigrant population	6.3%	7.4%	10.5%	6.4%
% Visible Minority Population	0.9%	0.4%	2.7%	1.2%
% population English Mother Tongue	76.2%	90.2%	84.4%	81.0%
% population French Mother Tongue	2.6%	1.6%	2.8%	10.9%
% population with no knowledge of English or French	1.4%	0.1%	0.4%	0.2%
Unemployment Rate (15+)	8.4%	7.9%	7.4%	11.5%
% of Population (age 25+) without certificate, degree or diploma	31.7%	26.0%	22.0%	28.6%

Labour Force

The report *Forestry and Health: An Exploratory Study of Health Status and Social Well-Being Changes in Northwestern Ontario*, commissioned by the North West LHIN (and included as one of the supporting documents for the IHSP), looks at the impact of a down-turn in the forestry industry (closures, layoffs, downsizing, etc.) on the health of employees, their families and communities.¹³

The Northwest Ontario economic region (Districts of Thunder Bay, Rainy River and Kenora) recorded a loss in net employment (-2,400 jobs) from August 2008 to August 2009. The labour market in the Northwest economic region continues to contract as both the labour force and the population declines. The unemployment rate increased from 8.3% in August 2008 to 8.9% in August 2009. Over the same period, the provincial unemployment rate increased from 6.9% to 9.9%.¹⁴

The Northwest Training and Adjustment Board has identified a number of trends in the labour market in its area (Districts of Kenora and Rainy River) – under-representation of Aboriginal population in the workforce, change in key

¹² Health Analytics Branch. Census 2006_SubAreaProfiles_Aug2008 Data Product. August 2008.

¹³ Centre for Rural and Northern Health Research, Lakehead University. *Forestry and Health: An Exploratory Study of Health Status and Social Well-Being Changes in Northwestern Ontario*. Thunder Bay. 2008.

¹⁴ Service Canada. NorthWest Ontario Labour Market Monitor. August 2009.

employment sectors leading to increased need for retraining programs and learning opportunities for displaced workers and increased need for information on employment opportunities, lack of recognition for lifelong learning of employees and need for commuting to distant communities due to loss of work locally.¹⁵

Although Thunder Bay District has the second highest participation and employment rates in Northern Ontario, there are differences across the District. Aboriginal people continue to be under-represented in the labour force – 48.6% employment rate in 2006 when compared against 58.5% for the Thunder Bay District as a whole.¹⁶ While there was an increase in urban jobs, smaller forestry-dependent communities experienced employment declines.

3.0 Population Health

3.1 Data Sources and Data Limitations

The Canadian Community Health Survey (CCHS) is the primary source for information on health behaviours such as prevalence of smoking, having a flu shot, etc. for people age 12 and over. The CCHS, conducted by Statistics Canada, does not survey residents of institutions, military establishments, or First Nation communities. Prevalence estimates for 2007 are presented in this section.

The Ontario Student Drug Use and Health Survey (OSDUHS) is conducted every two years by the Centre for Addiction and Mental Health (CAMH). This survey provides important information on self-reported substance use by secondary school students. The survey also asks questions about mental health and well-being. Substance use rates are available for 2009 while mental health and well-being indicators are available for 2007. The sample size for this survey is such that results must be combined for students from the North West and North East LHIN areas. The survey excludes those enrolled in private schools, special education classes, those institutionalized for correctional or health reasons, those on Indian reserves and Canadian Forces bases, and those in the far northern regions of Ontario (a total of about 7% of Ontario students).¹⁷

The Primary Care Access Survey (PCAS) is a tool used by the Ministry of Health and Long-Term Care to estimate the number of residents (age 16 and over) without a family physician (referred to as unattached individuals). The most recent data available is for the calendar year 2008.

¹⁵ Northwest Training and Adjustment Board. Trends, Opportunities, Priorities Report. January 2009.

¹⁶ North Superior Workforce Planning Board. Building a Superior Workforce: 2009-2012 Labour Market Action Plan. 2009.

¹⁷ CAMH. Drug Use Among Ontario Students, 1977-2009: OSDUHS Highlights. (CAMH Research Document Series #28). Toronto. 2009.

3.2 Health Status and Health Outcomes

Exhibit 3.1 shows some key health status and health outcomes indicators for the North West LHIN and Ontario.

Exhibit 3.1 General Health Status and Health Outcome Indicators for North West LHIN Population^{18,19}

Health Status and Health Outcomes - North West LHIN and Ontario Residents		
	North West LHIN	Ontario
Self-Reported Health Status, CCHS, 2007, age 12+		
Perceived Health as Excellent or Very Good	53.1%	60.0%
Perceived Mental Health as Excellent or Very Good	70.2%	72.6%
Perceived Life Stress, Quite a Lot (age 15+)	19.7%	22.1%
Sense of Community	74.8%	63.0%
Age Standardized Mortality Rate per 100,000 pop. for ICD10 Chapters (2004)		
ALL CAUSES	675.6	559
Neoplasms (Cancer)	187.1	173.1
Endocrine/Nutritional Disorders (includes diabetes)	38.7	26.5
Nervous System Diseases	36.3	23.6
Circulatory System Diseases	213.5	178.7
Respiratory System Diseases	42.2	43.2
External Causes of Mortality	59.5	33.7
Average Annual Crude Mortality Rate per 100,000 pop. (2004 and 2005) for Select Chronic Conditions		
Diabetes	38.3	25.4
Ischaemic Heart Disease (IHD)	139.6	123.0
Stroke	36.7	33.3
Chronic Obstructive Pulmonary Disease (COPD)	32.7	26.3
Life Expectancy (at birth) in years, 2005		
Females	80.5	82.7
Males	76.8	78.6

Perceived health from the Canadian Community Health Survey

Just over half of residents (age 12 and over) of the Northwest perceive their health as “excellent” or “very good” (51%), significantly lower than the province as a whole (57%). When examining specific age groups, the seniors (age 65+) population is the only age group with a significantly lower proportion with perceived health as very good or excellent at 28% compared to other age groups of North West LHIN residents.

¹⁸ Health Analytics Branch, Ministry of Health and Long-Term Care.. Chronic Conditions: Mortality (2004-2005), Hospitalizations (2007/08), ED Visits (2007/08) Data Product. August 2009.

¹⁹ Statistics Canada. 2008. 2007- Indicator profiles from the Canadian Community Health Survey (CCHS), by age and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups.

***Mental Health
of Adults and
Students***

As for mental health, 70% of North West LHIN residents (age 12+) perceive their mental health as very good or excellent, not significantly different than the provincial rate of 73%.

From the 2007 Ontario Student Drug Use and Health Survey (OSDUHS) it was found that students living in Northern Ontario are more likely to report elevated psychological distress (after controlling for other factors) compared to the province as a whole, 36% versus 31%.²⁰ In addition, over half of students in Ontario perceive their health as excellent or very good (56%) while 13% report poor health. Reports of poor health do not significantly vary across the province.

***Highest mortality
rate for diabetes***

North West LHIN residents had the highest rate of diabetes mortality of all fourteen LHINs. Other disease categories for which mortality rates are significantly higher include circulatory system diseases, and external causes of mortality. As well, the overall mortality rate due to All Causes is significantly higher than the provincial rate (676/100,000 population compared to 559/100,000).

***Lowest life
expectancy in
province for
Northwest
residents***

Life expectancy at birth is the average years of life an individual could live (using the assumption that current cross-sectional, age-specific mortality rates remain constant over the life span). Life expectancy for both males (76.8 years) and females (80.5 years) in the Northwest is the lowest in the province. The provincial life expectancy for males at birth, in 2005, was 78.6 years and 82.7 years for females.

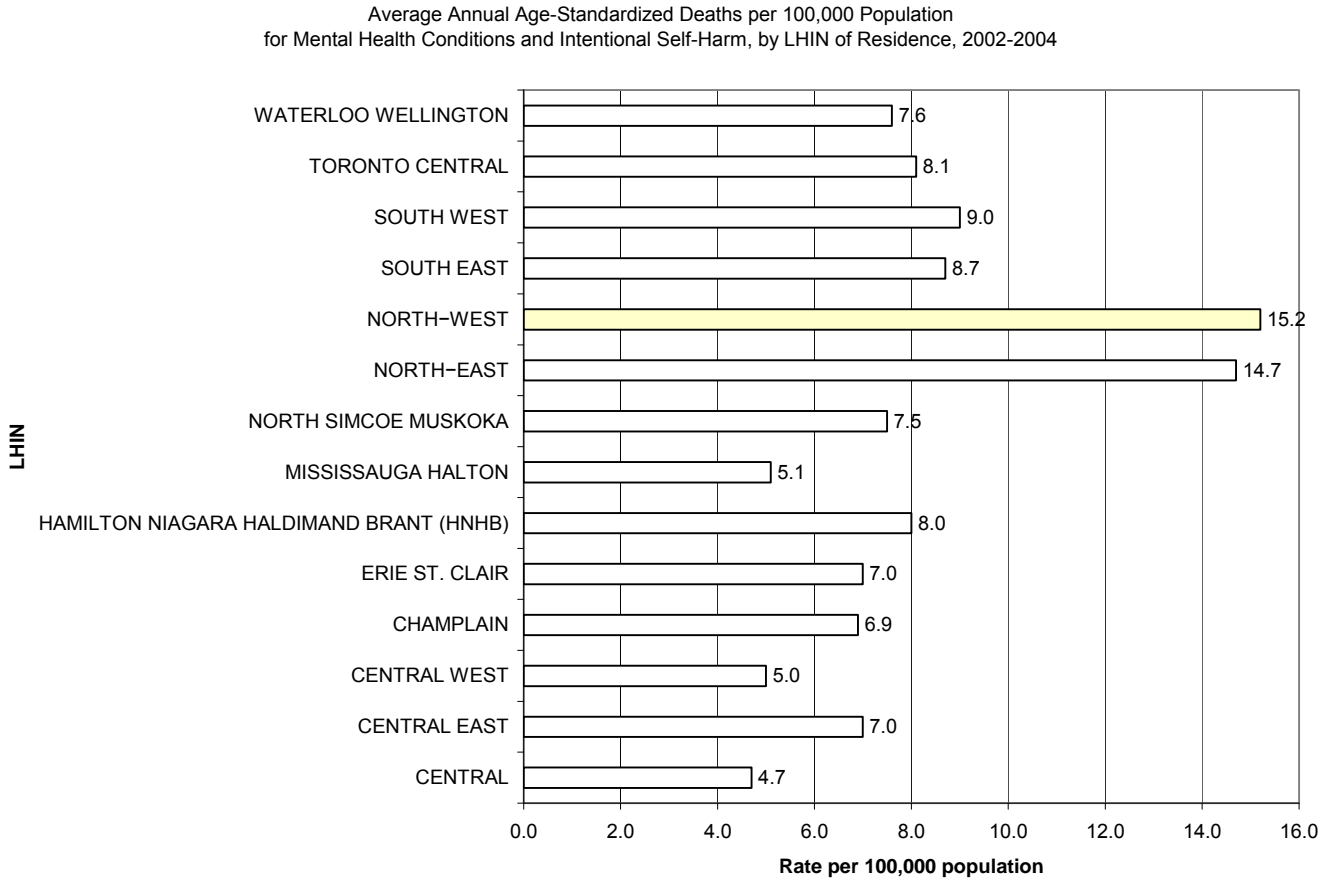
***Mortality due to
External
Causes***

The mortality rates due to All External Causes and due to Suicide specifically are significantly higher in the North West LHIN compared to the province.

Exhibit 3.2 on the following page shows the age-standardized rate of deaths due to suicide for residents of the fourteen LHINs.

²⁰ CAMH. 2007 OSDUHS: Mental Health and Well-Being Highlights Report. Toronto. 2007.

Exhibit 3.2 Age Standardized Rate of Death Due to Suicide per 100,000 Population by Ontario LHIN of Residence, 2002 - 2004²¹



Over the three year period 2002 – 2004 (most recent years for which mortality information is available), the age-standardized rate of deaths due to suicide for Northwest residents was almost double the provincial average and most other LHINs.

3.3 Chronic Conditions

3.3.1 Prevalence

North West LHIN residents report higher than Ontario rates of prevalence for most chronic conditions.

²¹ Health Analytics Branch, MOHLTC, 2008/09.

Exhibit 3.3 shows the reported prevalence of select chronic conditions in 2007 by age groups based on the Canadian Community Health Survey (CCHS).

Exhibit 3.3 Prevalence of Chronic Conditions for Northwest Residents by Age Groups²²

Prevalence of Certain Chronic Conditions, 2007 (1 year of 2007/08 cycle)					
Condition	Age Group				
	12+	12-44	45-64	65-74	75+
Arthritis	19.6%	8.6% ^E	20.1%	48.6%	54.8%
Hypertension (High blood pressure)	18.5%	7.2% ^E	20.9%	44.0%	50.9%
Asthma	6.6%	7.2% ^E	6.0% ^E	7.2% ^E	F
Heart disease	6.8%	F	6.5% ^E	18.7% ^E	29.3% ^E
Diabetes	7.3%	F	8.4% ^E	20.1% ^E	21.9% ^E
E - use with caution; F - too unreliable to report					

Looking at the prevalence of certain chronic conditions by age group highlights the extent of the issue for specific subgroups of the population. Asthma is the only condition above that does not show a significant increase in prevalence as the population ages.

Prevention and management of diabetes is a key issue being addressed provincially. It is a particularly important consideration in the Northwest as Aboriginal people represent a significant portion of the population (19.2%) and are the fastest growing segment of the population. The Canadian Aboriginal population is estimated to have diabetes prevalence rates three to five times that of the general Canadian population²³. Six out of every ten off-reserve First Nations and Métis adults in Ontario reported that they had been diagnosed with at least one chronic condition.²⁴

²² Health Analytics Branch, MOHLTC. CCHS Profile 2007.

²³ Assembly of First Nations. A First Nations Diabetes Report Card. June 2006.

²⁴ Statistics Canada. 2006 Aboriginal Population Profiles for Selected Cities and Communities: Ontario. Minister of Industry. April 2009.

3.3.2 Level of Care for Diabetes

Exhibit 3.4 shows the proportion of Northwest diabetics who reported they had received some or all of the recommended care for people with diabetes.

Exhibit 3.4 Diabetes Care Indicators²⁵

Diabetes Care Indicators, CCHS 2005-2007 combined			
(for diabetics age 18 and over & excluding those with gestational diabetes)			
Level of Care	Ages 18-44	Ages 45-64	Ages 65+
1. Haemoglobin A1C test in the last 12 months	86.1%	83.2%	76.0%
2. 4 or more A1C tests in last 12 months	F	34.2% ^E	30.6% ^E
3. Feet checked in the last 12 months	F	57.8%	66.3%
4. Urine test in last 12 months	61.1% ^E	73.1%	75.0%
5. Eye exam ever	78.6%	74.9%	70.1%
6. Eye exam in last 2 years	69.8% ^E	68.3%	62.1%
7. Recommended Care 1 – done all of 1+3+4+6	F	29.4% ^E	37.7% ^E
8. Recommended Care 2 – done all of 2+3+5	F	20.8% ^E	24.4% ^E
9. Recommended Care 3 – done all of 1+3+5	F	36.7% ^E	41.9%
E - Use with caution; F- too unreliable to report			

3.4 Health Practices and Use of Preventive Care

Poor health practices are known to be related to increased risk of chronic disease, mortality, and disability. Prevalence estimates in this section are based on the Canadian Community Health Survey (CCHS), the Primary Care Access Survey (PCAS), the Ontario Student Drug Use and Health Survey (OSDUHS) and from Cancer Care Ontario.

Prevalence from the CCHS

Exhibit 3.5 on the next page shows the rates of specific health practices and use of preventive care services (as reported in the 2007 Canadian Community Health Survey) for Northwest residents age 12 and over (unless otherwise specified) and Ontario.

²⁵ Health Analytics Branch. MOHLTC. Canadian Community Health Survey Diabetes Care Tabulation II. 2009.

Exhibit 3.5 Rates of Health Practices and Use of Preventive Care for Northwest Residents²⁶

	North West	Ontario	North West Statistical Significance
Health Practices, 2007, Ages 12+			
Smoking, daily or occasional	25.8%	21.4%	Significantly higher rate than Ontario
Exposed to second-hand smoke at home	8.7%	6.2%	Significantly higher rate than Ontario
5 or more drinks on one occasion, at least once a month within the last year (of those who drink ≥ 1 drink in last 12 months)	26.9%	22.0%	Significantly higher rate than Ontario
Fruit and vegetable consumption, 5 or more times per day	34.5%	40.9%	Significantly lower rate than Ontario
Leisure-time physical activity, active or moderately active	51.0%	49.8%	Not significantly different
Body mass index, self-reported, adult (18 years and over), overweight	36.3%	34.0%	Not significantly different
Body mass index, self-reported, adult (18 years and over), obese	19.4%	16.8%	Significantly higher rate than Ontario
Perceived life stress, quite a lot (15 years and over)	19.7%	22.8%	Not significantly different
Preventive Care, 2007			
Has a regular medical doctor	85.5%	91.0%	Significantly lower rate than Ontario
Contact with medical doctors in the past 12 months	74.7%	81.4%	Significantly lower rate than Ontario
Influenza immunization, less than one year ago	31.5%	36.6%	Significantly lower rate than Ontario

High rates of smoking and heavy drinking

Smoking and heavy drinking rates for the population age 12+ are significantly higher in the Northwest relative to the province.

High rates of being obese

Based on self-reported heights and weights, 36.3% of the adult population (age 18+) of the Northwest is considered overweight and 19.4% is obese.

Preventive health care services

The point of access for most medical care is through a primary care physician. Medical doctors also play a key role in coordinating care and managing chronic conditions. Northwest residents report the lowest rates in the province for access to a medical doctor (86%) and consultation with a medical doctor within the past year (75%). According to the Primary Care Access Survey for 2008²⁷ 86.6% of North West LHIN residents age 16 and over are attached to a family physician. This prevalence is significantly lower than the provincial value of 93.0%.

²⁶ Prepared by Health Analytics Branch, MOHLTC. CCHS Profile 2007.

²⁷ Health Analytics Branch, MOHLTC. Primary Care Access Survey Standardized Report LHIN Level Analysis January 1 – December 31, 2008 (Waves 9-12). August 2009.

**Prevalence
from the
OSDUHS**

In 2007, just under half (44%) of all students were physically inactive at school during the previous five school days. A further 13% did not participate in any form of physical activity at least once during the seven days before the survey. Only 21% reported daily physical activity of at least 20 minutes. There was no significant variation between students in different regions of the province for these indicators.²⁸ During the 12 months before the 2007 OSDUHS, 61% of high school students in Ontario visited a doctor for their physical health at least once. No significant differences were found across the province.

**Student
Drug Use**

Based on the OSDUHS there are no reported substances for which high school students of Northern Ontario have lower rates of use in 2009. Northern Ontario high school students are reporting higher use than Ontario student overall for many substances. Students in Northern Ontario are more likely to drink alcohol, binge drink, smoke cigarettes, use cannabis, use salvia divinorum, and use prescription opioids non-medically (NM).

However, students in Northern Ontario and Ontario as a whole show significant decreases in drug use over the past decade. For Northern Ontario students, there has been a decrease from 1999 to 2009 in use of cigarettes, alcohol, LSD, Other Hallucigenens, PCP and Methamphetamine. Between the last two periods of the survey, 2007 and 2009, there has been a decrease in use of non-medicinal opiod pain relievers.²⁹

At the time of the first Integrated Health Services Plan in 2006, the Thunder Bay District Health Unit had released a report on drug use by Northwestern Ontario students that provided local level estimates. A new report is expected to be released in early 2010 which will provide updated prevalence estimates of student drug use at a lower geographic level than Northern Ontario as a whole.

²⁸ CAMH. 2007 OSDUHS: Mental Health and Well-Being Highlights Report. Toronto. 2007.

²⁹ CAMH. The 2009 OSDUHS Drug Use Report CAMH Executive Summary. Toronto. 2009.

Cancer Screening

Exhibit 3.6 shows the screening rates for colorectal, breast and cervical cancer for North West LHIN residents and Ontario as a whole.

Exhibit 3.6 Rates of Screening for Cancer, 2007 + 2008³⁰

Indicator	North West	Ontario	Target
Colorectal Cancer Screening Participation			
Biennial Fecal Occult Blood Test (ages 50-74)	23.8%	29.7%	40.0%
Breast Cancer Screening (Mammography)			
Participation in Ontario Breast Screening Program (OBSP) and non-OBSP screening	69.2%	66.1%	70.0%
Cervical Screening (PAP) Participation			
Percentage of women (aged 20-69) who had a Pap test within a three year time interval	70.4%	72.2%	85.0%
Cancer Screening Completeness			
Percentage (standardized) of women aged 50-69 who are up-to-date on cancer screening	17.5%	21.0%	

The percent of eligible women in the Northwest who receive a screening mammogram is the highest of all LHINs in the province at 69.2%. The provincial rate is 66.1% while the target is to have 70% of all eligible women screened by the end of fiscal year 2010.

³⁰ Cancer Care Ontario. Cancer System Quality Index, 2008. Feb. 2009.