

Information About Ontario Community Health Profiles Partnership Geographies Definitions, Notes and Historical Context

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Neighbourhoods

Neighbourhoods are the most common and smallest geographic level used on our Ontario Community Health Profiles Partnership (OCHPP) website.

City of Toronto Neighbourhoods

The City of Toronto 158 neighbourhoods were created by the Social Policy Analysis and Research unit in the City's Social Development & Administration Division. They are aggregates of Statistics Canada census tracts (CTs) into meaningful geographic units for planning and service delivery with an average population of 7,000-10,000 people.

Neighbourhoods within the Central Local Health Integration Network (LHIN)

For the Central Local Health Integration Network, we created 108 neighbourhoods based on similar areas in York Region that were used by the region to analyze the results from the Early Development Instrument (EDI). Central LHIN neighbourhoods range between 2,700 and 58,500 in population size. For more information about the EDI please visit: <http://goo.gl/UvrUow>

Neighbourhoods in Southwest Ontario

In 2018-19 Health Commons Solutions Lab together with OCHPP and a range of local stakeholders took on a task of creating small regional area units smaller in size than sub-regions and LHINs and larger than census dissemination areas. This intermediate area size was thought of to be particularly useful for analyzing and reporting a wide range of health and socioeconomic indicators.

Here are the criteria used in the process:

- Neighbourhoods will be meaningful to local community stakeholders.
- Leverage existing work and local expertise when creating neighbourhoods.
- Use Census geographies as the building blocks for neighbourhoods.
- Ideally, neighbourhoods will have a population size of no less than 7,000 and no more than 50,000.
- The final number of neighbourhoods will be manageable from an overall LHIN perspective for the purposes of reporting.

169 neighbourhoods were created in the following Southwest Ontario areas:

- Erie St. Clair (n=38)
- South West (London area) (n=37)
- Hamilton Niagara Haldimand Brant (n=94)

For more information please visit:

<https://static1.squarespace.com/static/5a0d40298dd041f9a60bb3a7/t/5ebea06e7759573d51e20255/1589551216891/HCSL-Mapping%2BNeighbourhoods%2BField%2BGuide-2019.pdf>

Multispecialty physician networks (PhysNets)

Why PhysNets were created?

- To improve efficiency (higher quality & lower costs) for chronic disease
- To improve coordinated and integrated care
- To strengthen primary care (PC) systems
- To improve chronic disease management/prevention programs
- To support engagement of multiple health professionals (interdisciplinary teams)
- To improve information systems
- To focus on longitudinal efficiency

How PhysNets were created?

PhysNets were created by linking each Ontario resident to his or her usual provider of primary care. Specialists were also linked to the hospital where they performed the most inpatient services. Each primary care physician was linked to the hospital where most of his or her ambulatory patients were admitted for non-maternal medical care. Lastly, each resident was then linked to the same hospital as his or her usual provider of primary care.

For more info please visit: <https://www.ices.on.ca/Publications/Journal-Articles/2013/January/Multispecialty-physician-networks-in-Ontario>

Local Health Integration Networks (LHINs)

14 Ontario Local Health Integration Networks (LHINs) are the health authorities responsible for regional administration of public healthcare services in the province of Ontario, Canada.

For more information on Ontario LHINs please visit: <http://www.lhins.on.ca>

Ontario Health Teams (OHTs)

“Ontario Health Teams are being introduced to provide a new way of organizing and delivering care that is more connected to patients in their local communities. Under Ontario Health Teams, health care providers (including hospitals, doctors and home and community care providers) work as one coordinated team - no matter where they provide care.”

See references: <http://health.gov.on.ca/en/pro/programs/connectedcare/oht/>

For more information on the methodology, see this blog:

<https://www.healthcommons.ca/blog/understanding-using-physician-networks-for-oht>

Ontario Health Interim and Transitional Regions

Ontario Health Interim and Transitional Regions are administrative regions established by the Ontario Ministry of Health and Long-Term Care to manage the transition to Ontario Health Teams. The process of restructuring and integrating the Ontario health care system included the clustering of the 14 LHINs into five interim geographic regions: West, Central, Toronto Central, East, North.

For more information please refer to: <https://news.ontario.ca/mohltc/en/2019/11/ontario-taking-next-steps-to-integrate-health-care-system.html>

Sub-Regions

76 Ontario Sub-Regions divide the LHINs into smaller areas that serve as the focal point for improved health system planning, performance improvement and service integration. For more information please visit:

http://www.health.gov.on.ca/en/news/bulletin/2017/hb_20170127_2.aspx

Sub-LHINs - Archived

The new Sub-LHIN areas are being developed by each LHIN to meet the needs of geographic restructuring brought in by the Ministry of Health and Long-term Care initiative “Patients First: Action Plan for Health Care.”

These units are used to plan and evaluate health care system’s regional characteristics within LHINs such as accessibility to health care services, level of connectivity between service providers and patients, and information about the health care system among patients.

Health Links - Archived

There are currently 82 approved Health Links across 14 Local Health Integration Networks. Their purpose is to “provide coordinated, efficient and effective care to patients with complex needs.”

Principles for Health Links creation process:

- Align with LHIN boundaries
- Provide primary care leadership within LHINs
- Reflect population characteristics
- Oversee existing infrastructure (e.g. CSS, CMHA, CHC organizations, Primary Care Providers)
- Other factors (e.g. physician models, disease prevalence rates, non-health infrastructure)

For more information on Health Links please visit:

<http://www.health.gov.on.ca/en/pro/programs/transformation/community.aspx>