



Population Health Assessment

MUSKOKA AND AREA OHT



**HEALTH
COMMONS**
SOLUTIONS
LAB

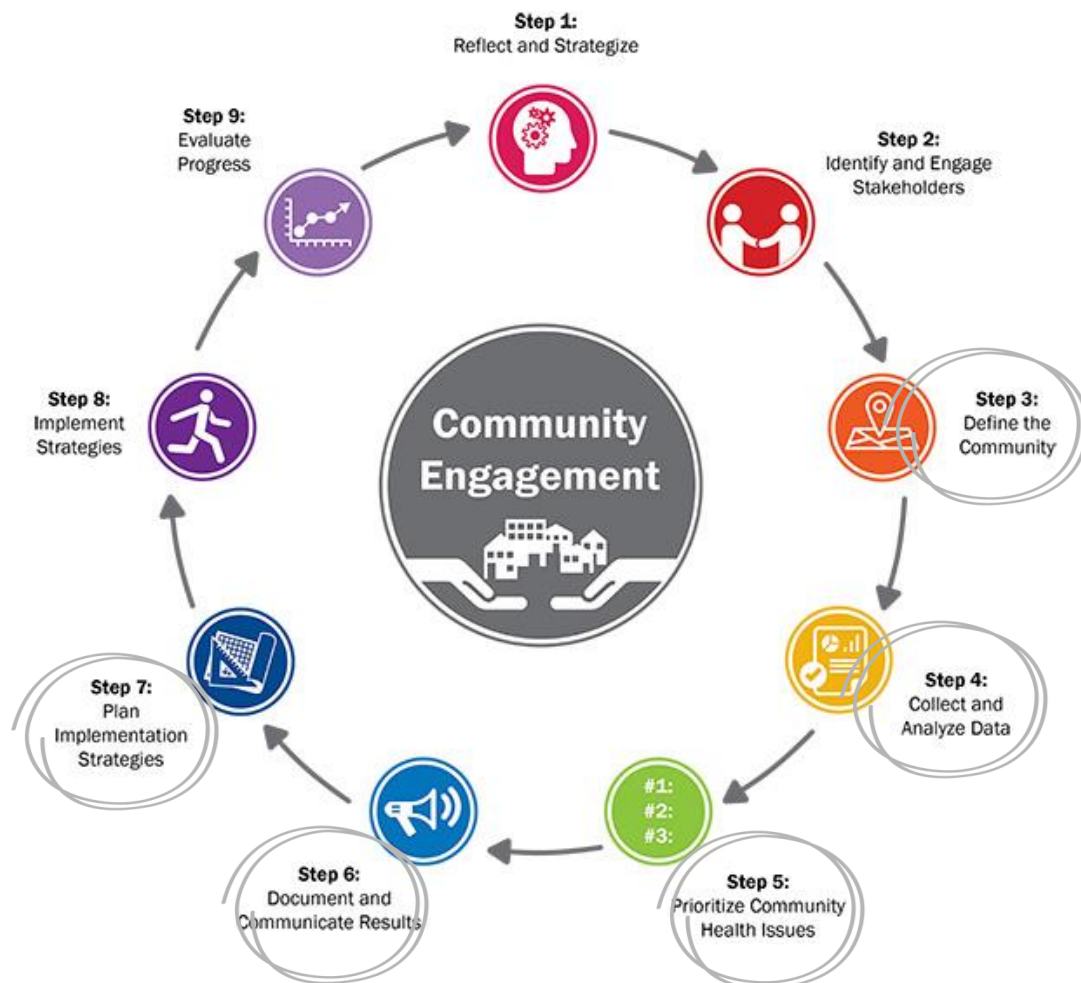
Population health assessment is a process

What is it?

An evidence-informed process to define and assess the health status and needs of a community for the purpose of health system planning.

Why do it?

The assessment serves as the backbone for any population health management strategy. It allows partners to establish a shared understanding of the problems, prioritize community needs, and to collaboratively build effective solutions.



Data for population health management

At maturity, Ontario Health Teams will need access to high quality data to effectively manage the population. This involves thinking across the care continuum, as well as upstream to prevent future health care utilization.

POPULATION HEALTH

SOCIAL DETERMINANTS

Who lives in our community and what factors influence their health?

HEALTH OUTCOMES

What is the health status of our population? What diseases or conditions are most prevalent?

HEALTH BEHAVIOURS

What modifiable behaviours influence the health of our population?

HEALTH SYSTEM

Do patients have access? Are patients receiving high quality and appropriate care?

PRIMARY CARE

COMMUNITY SUPPORT SERVICES

HOME CARE

HOSPITAL

REHABILITATIVE SERVICES

MENTAL HEALTH

LONG-TERM CARE

PALLIATIVE

ASSETS

Who are our partners?

What programs/services can we leverage? What is the current volume? What is the true capacity?

What untapped resources exist in the community?

COSTS

What are the main drivers and levers of costs?

How does cost vary by sub-population and risk groups?

 = Data available from secondary sources

 = Some information available from Ministry/LHIN but more data required for a full picture

To support the MAOHT population health assessment, this package provides data & insights on:

- I. Attributed population – what do we know?
- II. Population health – social determinants, health behaviours, health outcomes
- III. Health system – health care utilization
- IV. Insights on Year 1 population – taking a closer look
- V. Assets – who is serving this population?
- VI. Opportunities for future populations – looking beyond Year 1

ATTRIBUTED POPULATION

What do we know about the
population?

The attributed population is older than Ontario as a whole

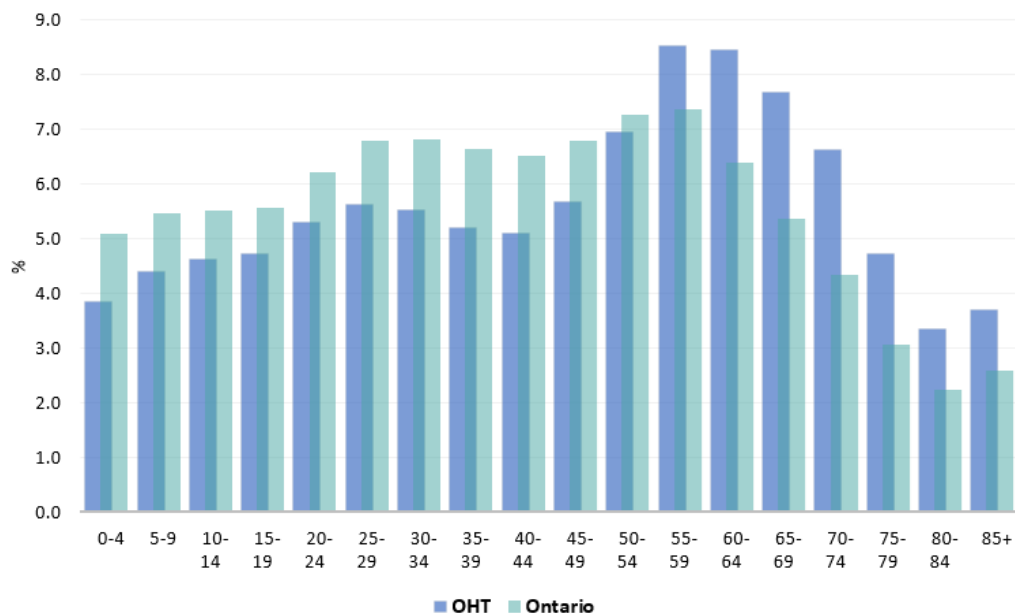
HIGHER
median age
(49)
compared to
Ontario (41)

SENIORS:
higher than
Ontario
(26.1% vs.
17.6%)

EQUAL
number of
males and
females

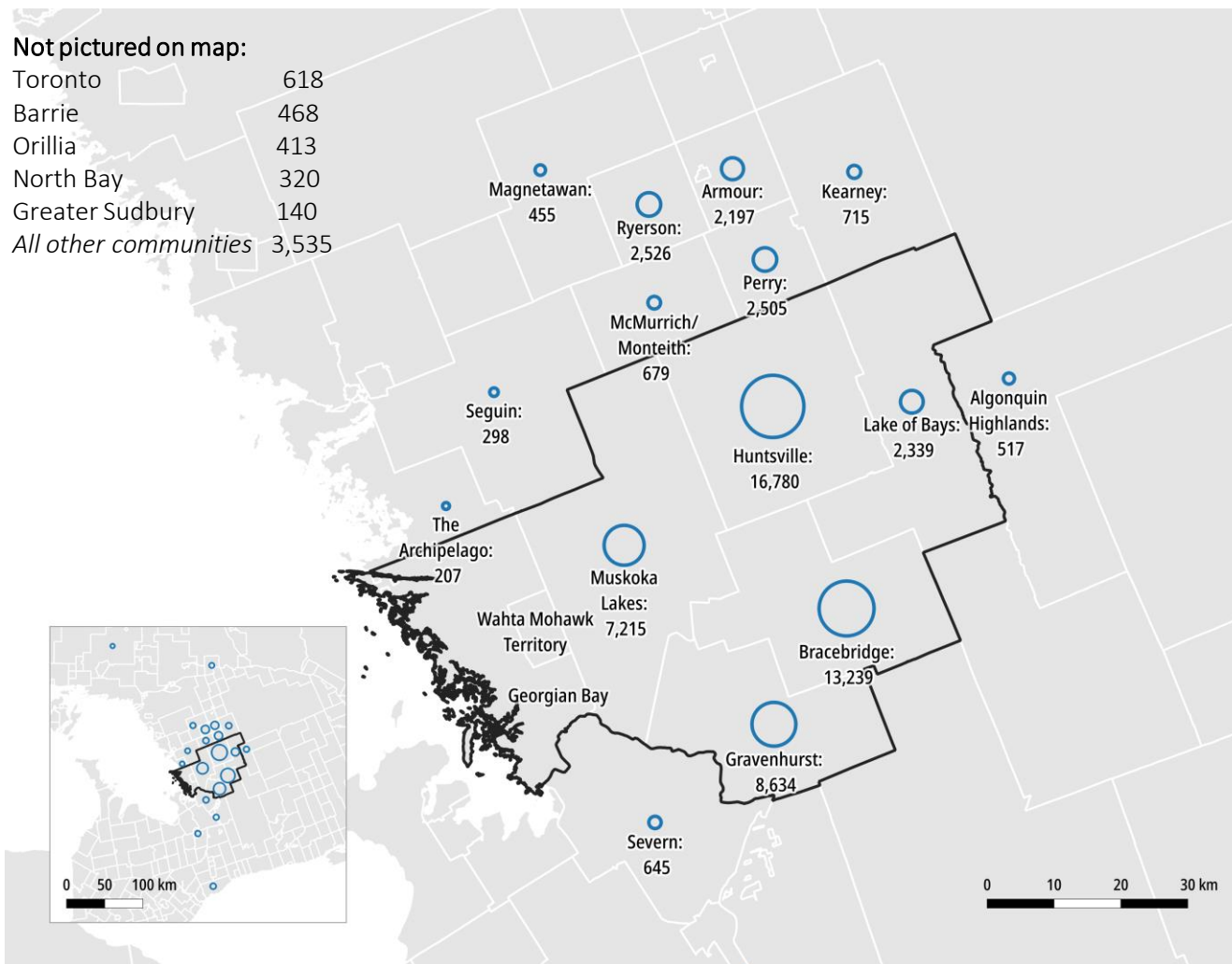
In
2017/2018,
378 **BIRTHS**
and 715
DEATHS.

Proportion of population by age group



Age group (years)	Attributed population
0 to 9	5,309
10 to 19	6,025
20 to 44	17,231
45 to 64	19,075
65 to 84	14,425
85+	2,380
TOTAL	64,445

The geographic footprint of the attributed population



While patients attributed to the MAOHT come from all over Ontario, most attributed patients are concentrated in Muskoka and Areas.

The **sub-region** boundary (in black) serves as a good approximation for the attributed population.

Attributed population who live within the sub-region: 48,207/64,445 (75%)

The attributed population does not include everyone we care for

The Ministry has provided data on the number of patients who make-up permanent residents and inflow groups. The number of patients attributed elsewhere, and seasonal population are harder to quantify.

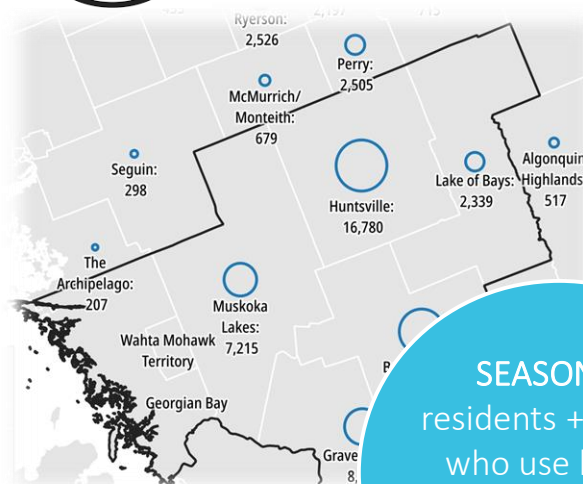
INFLOW:
Patients who live outside Muskoka and Areas but are attributed to MAOHT (primary care provided in Muskoka)

N = 16,238



N = 48,207

PERMANENT RESIDENTS: Patients who live in Muskoka and Areas and are attributed to MAOHT



SEASONAL:
residents + visitors who use health care resources but are attributed elsewhere

N = Estimated 81,907*

ATTRIBUTED ELSEWHERE:
Patients who live in Muskoka and Areas but are attributed elsewhere (nearby OHTs).

N = Requested from Ministry

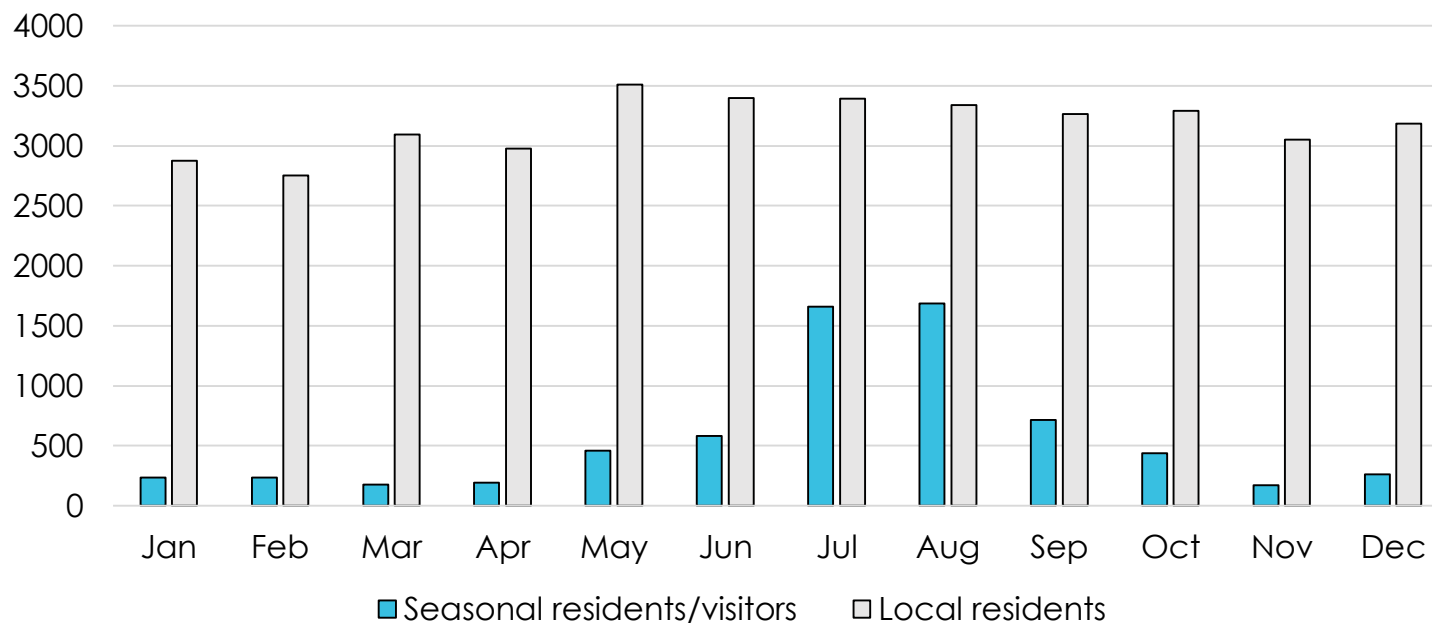
For example, in Gravenhurst 8,634 patients were attributed to MAOHT representing ~70% of the city's total population of 12,311 residents.

Seasonal residents and visitors represent a significant volume of health services

The population of Muskoka increases seasonally by **81,907 people**. This represents a **135% increase from the permanent population of 60,599 people**.¹

In 2017, there were **nearly 7,000 ED visits** by seasonal residents/visitors. This represents **15% of the ED volume for the year** and **20% of the ED volume during peak season (May to October)**.²

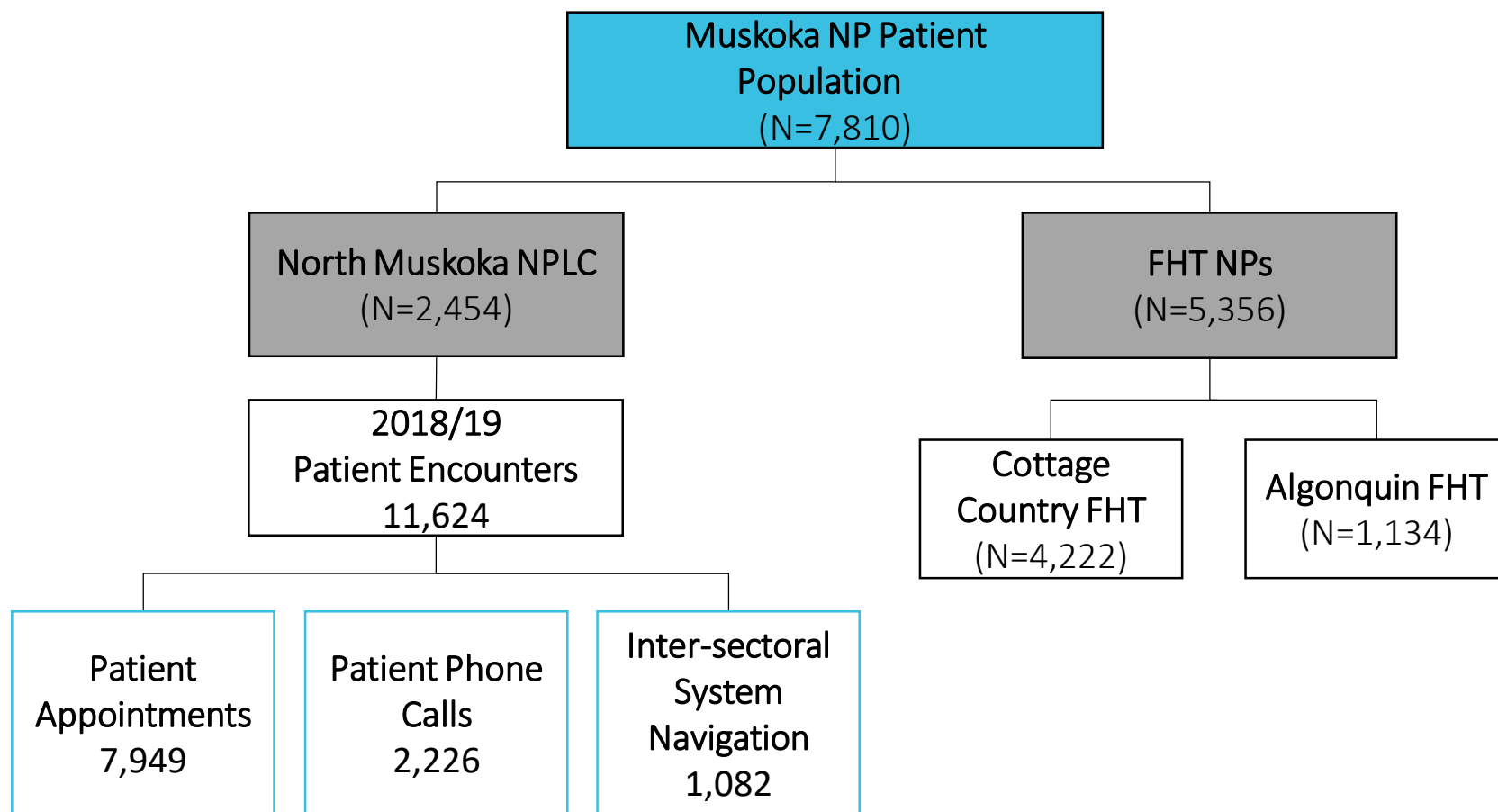
Monthly number of emergency departments visits, 2017



1. Muskoka Community Foundation. 2018. [Vital Signs](#) ; 2. Analysis provided by Simcoe Muskoka District Health Unit. IntelliHEALTH. National Ambulatory Care Reporting System. 2017. Local resident is defined by any patient with a postal code on their health card that falls within North Simcoe Muskoka or North Bay Parry Sound. Seasonal resident/visitor is defined as any patient with a postal code from any other part of Ontario.

Accounting for the Nurse Practitioner patient population

While the attribution model for OHTs is based on primary care physicians, patients of Nurse Practitioners (NPs) at NP-Led Clinics (NPLCs) and Family Health Teams (FHTs) will be attributed to an OHT based on where they receive the most physician care. NPs do not bill OHIP, and their primary care-specific health service use data is not captured in Ministry data.



Data on the social determinants of health and health status are typically **based on where people live**. To capture this important part of the picture, we **use geographic-based data to approximate the attributed population**.

Preference was for data at the sub-region level, but as this was not always publicly reported, we indicate the geographic unit of analysis in the footnote referenced in [].

POPULATION HEALTH

Social determinants, health
behaviours, health outcomes

KEY INSIGHTS

Muskoka and Area has an **increasing aging population**.

When comparing to Ontario, Muskoka and Area has:

- More individuals identifying as **Indigenous**
- Fewer individuals identifying as visible minorities

Low-income residents of Muskoka are **challenged by increasing housing prices and lack of affordable housing supply**

When looking at health behaviours and health status, Muskoka is **generally comparable or healthier than the provincial average**, with the exception of:

- Self-reported **alcohol use**
- **Mental health** and substance use related visits

Basic demographics

INDIGENOUS: The Census reports 2,155 people (3.7%) in Muskoka identify as Indigenous.¹ There are two First Nations reserves within the sub-region catchment – Moose Point 79 with a population of 208 (participated in Census) and Wahta Mohawk Territory with a population of 175 living on-reserve (did not participate in the Census).²

FRANCOPHONE: 1.3% (n=755) of the population are Francophones. In the nearby District of Parry Sound, Francophones made up 3.1% (n=1,310) of the population. 87% of health service providers in Muskoka and Area identify Francophone clients.³

RACE/ETHNICITY: A small portion (1.9%) of the Muskoka and Area population belong to a visible minority group, compared to 5.5% for North Simcoe Muskoka LHIN and 29.3% for Ontario.⁴

IMMIGRATION: Just 0.3% of Muskoka and Area residents immigrated to Canada in the last 5 years, compared to 0.7% for the LHIN and 3.6% for Ontario.⁴

Most common non-official language spoken at home:⁴

German
Korean
Gujarati
Polish
Cantonese

Most common visible minority groups:⁴

Black
Chinese
South Asian

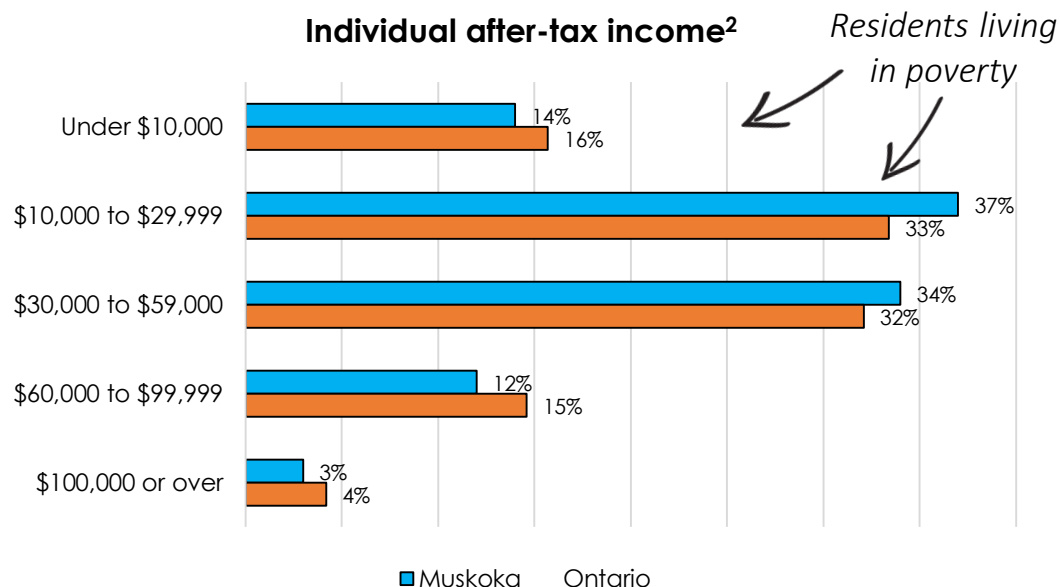
1. County of Simcoe. 2017. [Aboriginal Identity in Simcoe County, Muskoka, and York Region](#). Note that Census is known to underestimate the Indigenous population by [as much 3 to 4 times in urban areas](#). [District of Muskoka]; 2. Wahta Mohawks. 2019. [Wahta Mohawks History](#). ;3. Entite 4. 2019. [Ontario Health Teams: Providing Connected Care for Francophones in Muskoka and Area](#). [Sub-region]; 4. Ontario Community Health Profile Partnership. Statistics Canada, 2016 Census. [Sub-region].

Social factors that put health at risk

INCOME: Incomes are generally lower in Muskoka than Ontario as a whole. The median employment income in Muskoka is 21% lower than Ontario (\$26,918 vs. \$33,946).¹ At the same time, the Muskoka vital signs report estimates the annual cost to feed a family of four at \$11,000.¹

EDUCATION: 18% of the population have less than a high school diploma.¹

EMPLOYMENT: While unemployment is lower than the provincial average, 43% of jobs are in tourism, service industries, arts and entertainment – which are largely part-time and seasonal.¹



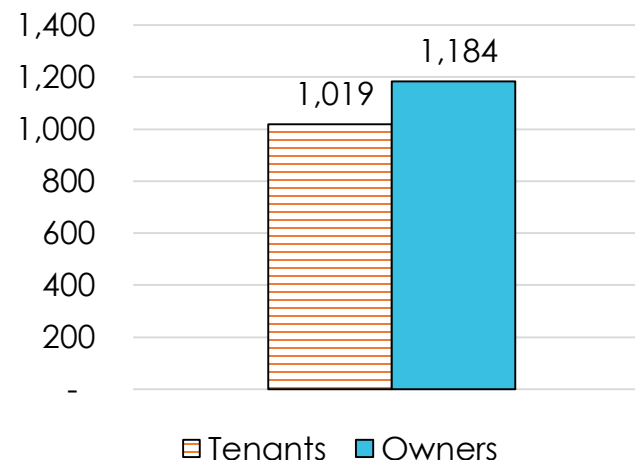
Housing as an important local determinant of health

HOUSING AFFORDABILITY: The average cost of a non-waterfront home in Muskoka increased by 59% from \$244,377 in 2016 to \$388,454 in 2017.¹

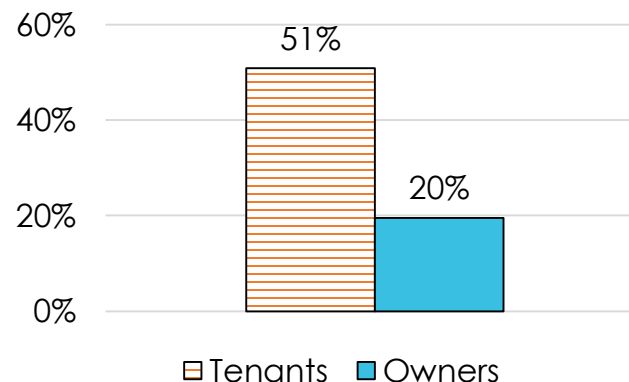
SUBSIDIZED HOUSING: The District of Muskoka has 468 subsidized housing units. In 2017, there were 640 applicants on the waitlist.¹

HOMELESSNESS: 57% of individuals experiencing homelessness rely on temporary housing, with 35% of respondents identifying affordability as the cause of homelessness.²

Monthly shelter costs (\$)¹

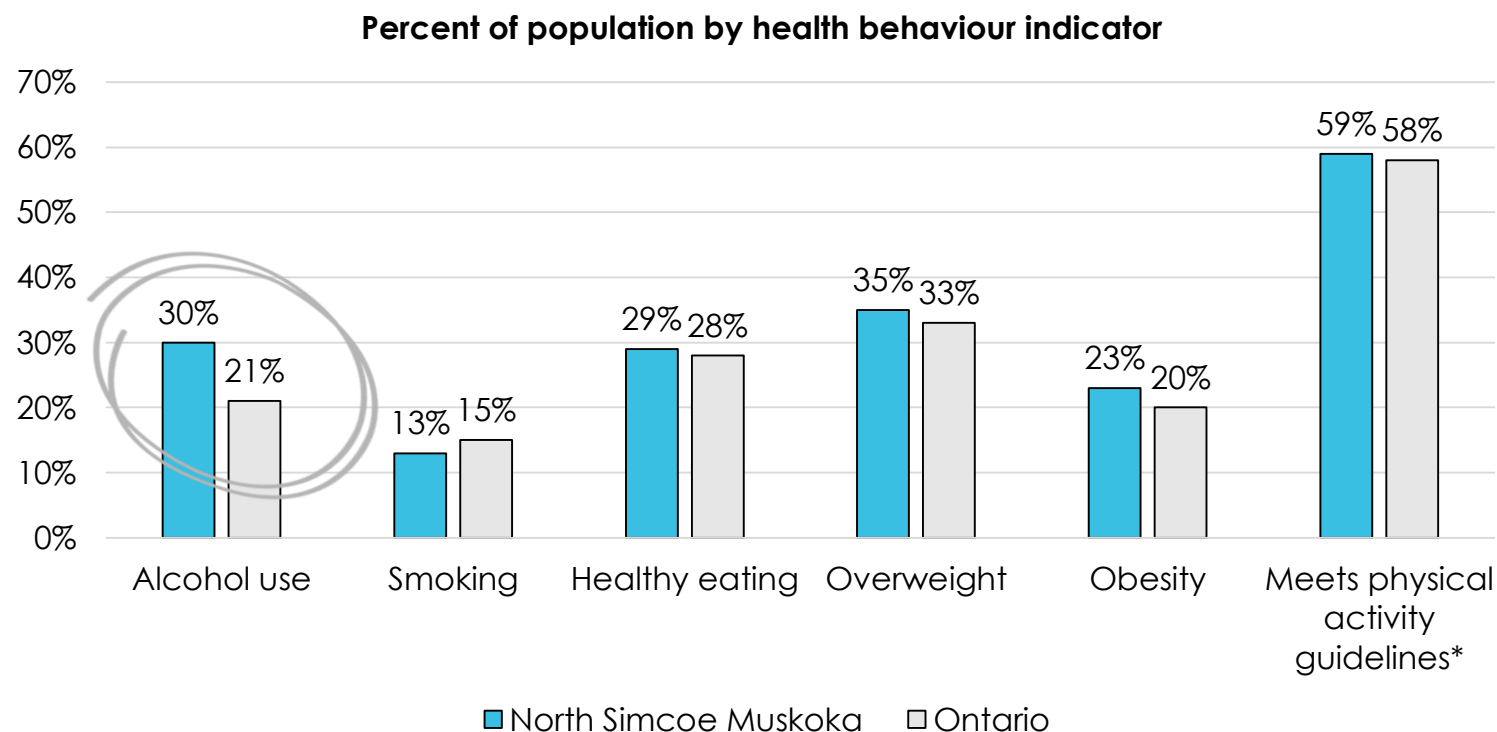


Percent of households spending more than 30% of income on housing¹



Alcohol use is higher than the provincial average

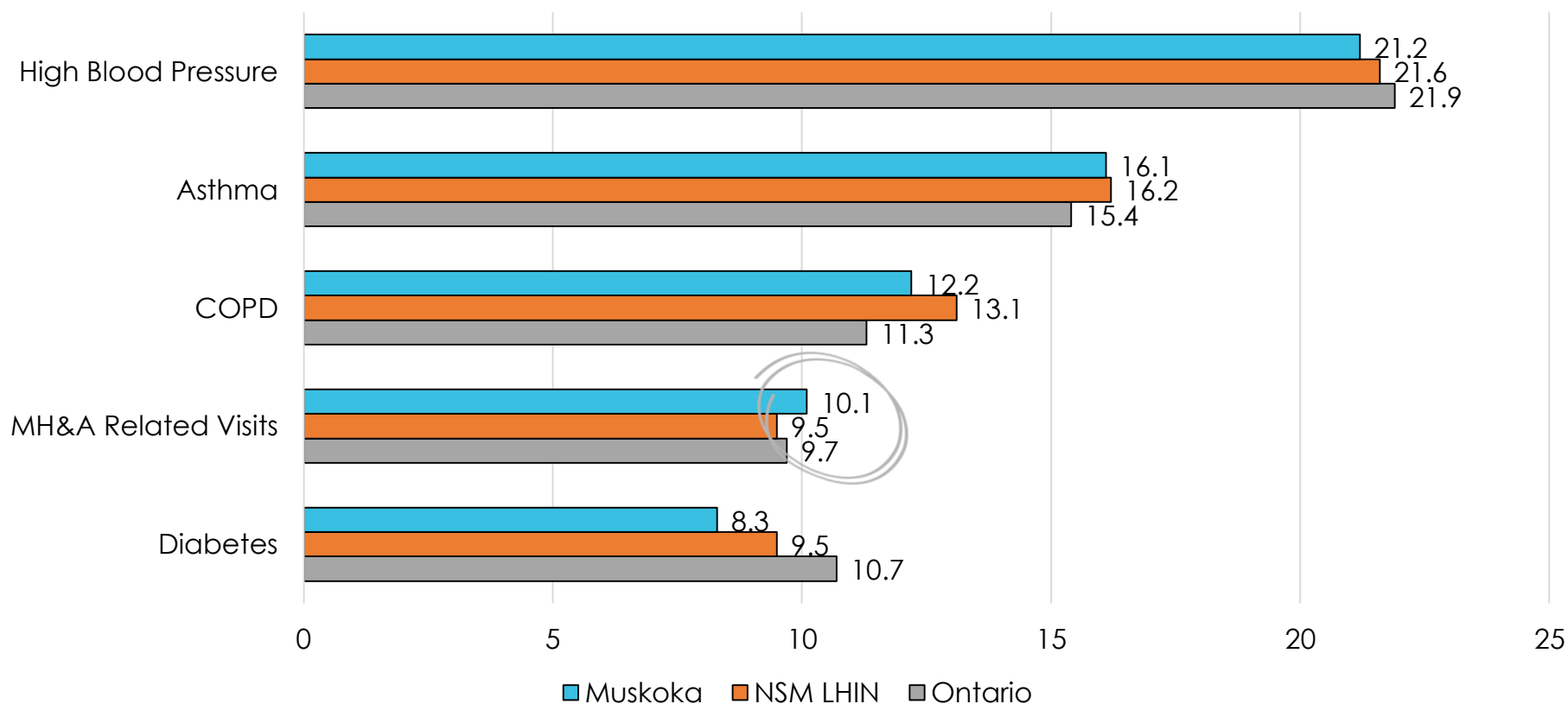
While data is not available at an OHT level, data on North Simcoe Muskoka LHIN serves as a proxy for self-reported health behaviours in Muskoka.



Muskoka is similar to the LHIN and provincial averages for chronic conditions

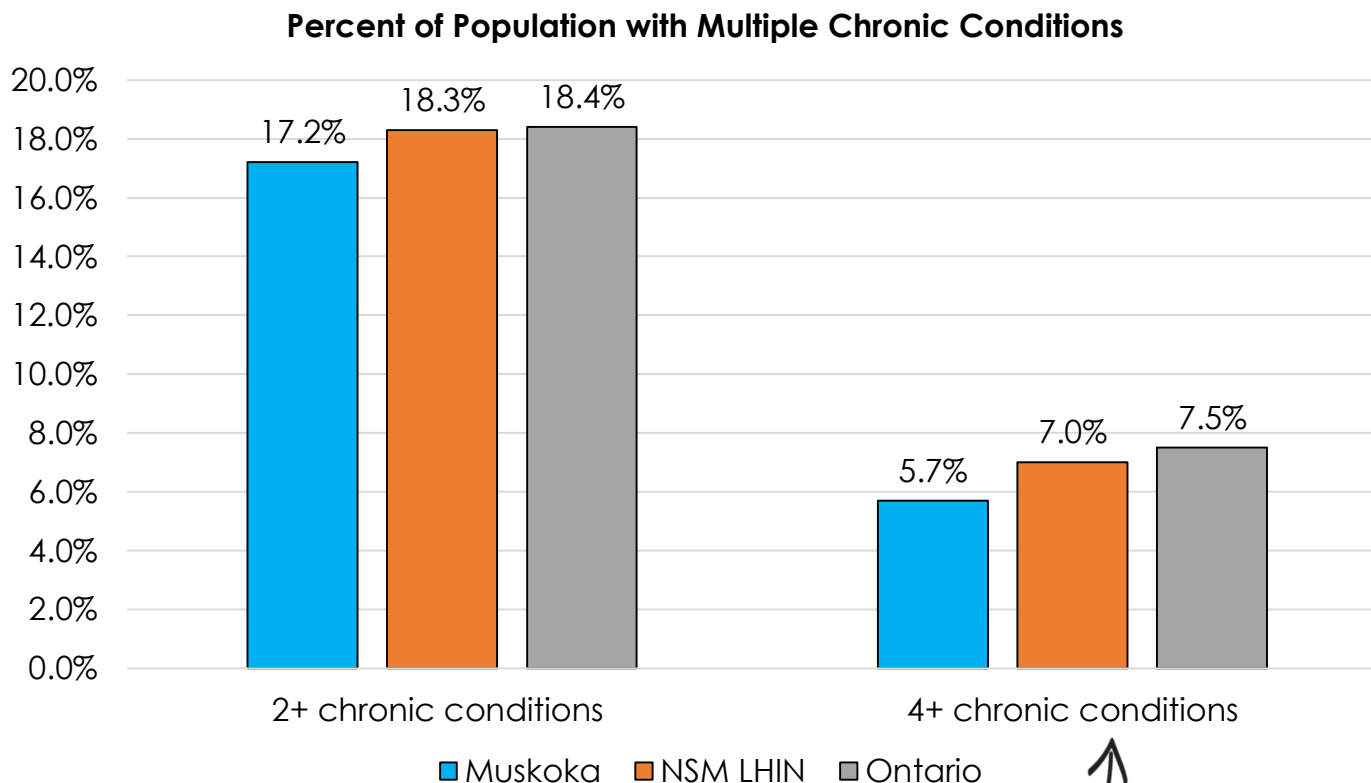
Muskoka is similar to the LHIN and provincial averages for prevalence of chronic conditions. Mental health and addiction related visits was the only condition where Muskoka had a higher prevalence than both the LHIN and the province.

Percent of population with select chronic conditions



A lower proportion of people in Muskoka have multiple chronic conditions

A lower proportion of residents in Muskoka and Area have 2+ and 4+ chronic conditions, compared to residents in the LHIN and Ontario.¹



*This data reflects OHIP billing and does not include Nurse Practitioner-Led Clinics (NPLCs). Data from the North Muskoka NPLC indicates that **41% of patients** have 4 of more chronic conditions.²*

Measuring wellness, not just health

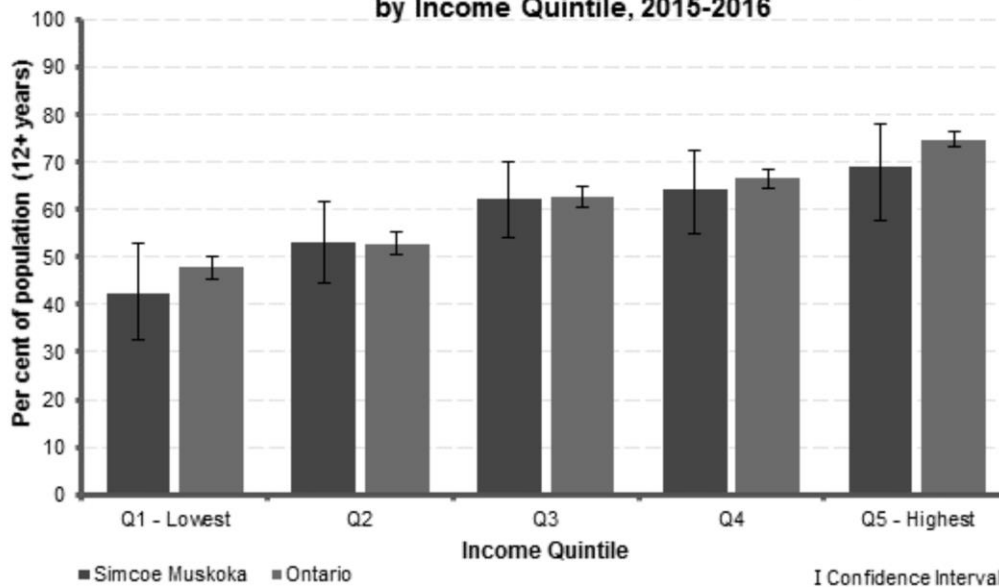
SELF-REPORTED HEALTH: 58% of individuals describe their overall health as excellent or very good. 12% of individuals described their overall health as fair or poor. This was comparable to the provincial averages.* [1]

SELF-REPORTED MENTAL HEALTH: 70% of individuals report excellent or very good self-rated mental health (compared to 71% in Ontario).* [2]

SENSE OF COMMUNITY

BELONGING: 64% of individuals report a somewhat or very strong sense of community belonging (compared to 68% in Ontario).* [2]

Excellent or Very Good Self-Rated Health, Simcoe Muskoka and Ontario Population (12 years and older), by Income Quintile, 2015-2016



Data Sources: Canadian Community Health Survey (CCHS), Statistics Canada, Annual Content (2015-2016 combined), Ontario Share File distributed by the Ontario Ministry of Health and Long-Term Care.

There is a correlation between self-rated health and income.

*Differences were not statistically significantly different from each other. Differences may be the result of sampling variability resulting from the survey methodology. Image from [Simcoe Muskoka and Districts Health Unit](#). [PHU] 1. Analysis published by [Simcoe Muskoka and Districts Health Unit](#). 2015/2016 Canadian Community Health Survey. [PHU].; 2. Analysis published by [Simcoe Muskoka and Districts Health Unit](#). 2015/2016 Canadian Community Health Survey. [PHU].

HEALTH SYSTEM

Health care utilization

How we compare to the provincial average

The Ministry provided 17 performance indicators for the Muskoka and Area OHT attributed population. The main takeaways are:

Better performance than Ontario overall:

- **Hospitals:** Emergency department wait time for inpatient bed; ALC days; 30-day readmission rate for selected conditions
- **Mental Health:** Mental health and addiction readmissions and frequent visitors

Potential opportunity areas:

- **Hospitals:** Hospitalizations for ambulatory care sensitive conditions; Avoidable ED visits*
- **Homecare:** Wait time for first home care service (from hospital, and to a lesser extent from community); Hospital stay extended until home care services or supports are ready
- **Long-term care:** Median time to long-term care placement (from hospital, and to a lesser extent from community)
- **Primary Care:** Timely (same day/next day) access to primary care**

Top health conditions driving utilization

Data from across sectors of the health system can be used to group the population.

Injury is a higher group in MAOHT compared to Ontario. How does this relate to seasonality?

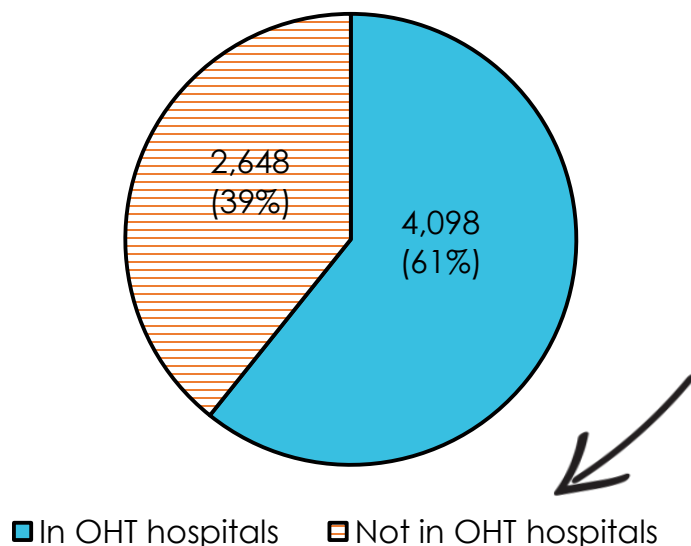
MAOHT Rank	Ontario Rank	Top 10 OHT Health Condition Groupers	OHT Attributed Pop Count
1	2	Joint/Tendon Disorder and Injury (incl. Pain, Sprain, Strain)	13,535
2	1	Acute ENT, Upper Respiratory Condition (incl. Benign Neoplasm, Croup)	10,403
3	3	Signs, Symptoms Digestive & Hepatobiliary System	7,255
4	5	Hypertension	6,347
5	4	Other Viral Infection	5,621
6	7	Skin Infection (incl. Cellulitis)	5,320
7	11	Neurotic/Anxiety/Obsessive Compulsive Disorder	4,728
8	9	Signs, Symptoms Cardiovascular System	4,655
9	8	Diabetes Mellitus	4,654
10	10	Other Disease/Disorder Bladder & Urethra	4,439

Anxiety and OCD is a higher group in MAOHT compared to Ontario.

The population is accessing acute services outside of the OHT

The attributed population had a total of 6,746 acute inpatient separations in 2017/18. Of those, 4,098 (61%) were from hospitals in MAOHT, while **2,648 (39%) were from other hospitals.**¹

Acute inpatient separations for attributed population by place of care¹

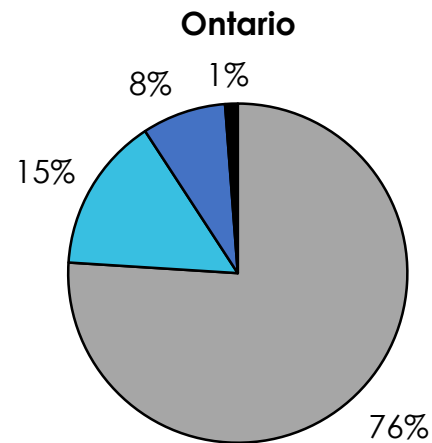
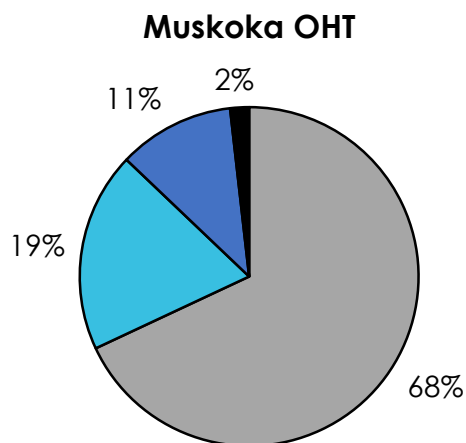


The most frequent hospitals that Muskoka residents visited outside of Muskoka in 2017/18 were:

- Orillia Soldiers Memorial Hospital
- Royal Victoria Hospital (Barrie)
- Southlake Regional Health Centre (Newmarket)
- Georgian Bay General Hospital (Midland)
- Collingwood General and Marine Hospital
- Toronto Hospitals²

1 in 3 people visited the ED last year

The attributed population had a total of **38,531 ED visits** in 2017/18. In MAOHT, **32% had at least 1 ED visit**, compared to 24% for Ontario.



No ED Visit
 1 ED Visit
 2-4 ED Visits
 5+ ED Visits

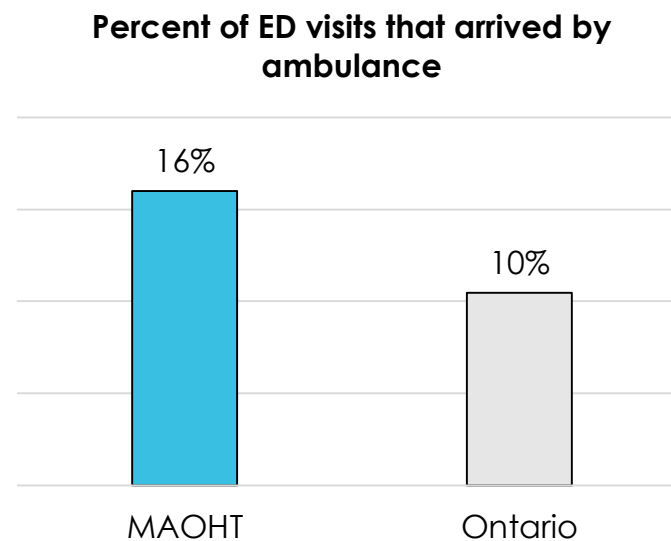
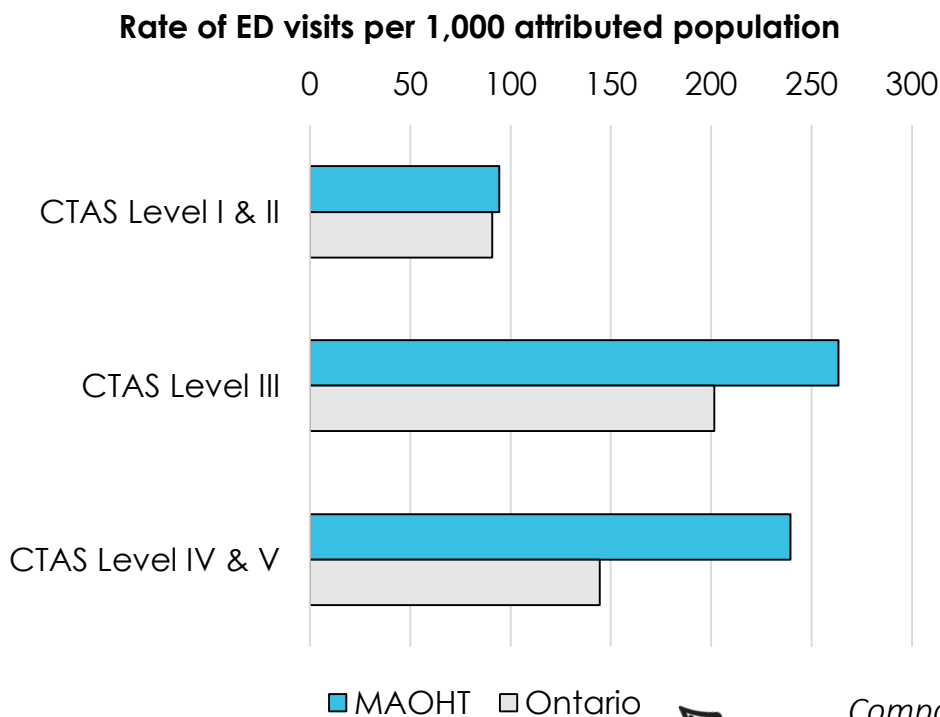
No ED Visit
 1 ED Visit
 2-4 ED Visits
 5+ ED Visits



*This data reflects OHIP billing and does not include NPLCs. Data from the North Muskoka NPLC indicates that **20% of patients** visited the ED at least once in the past year.²*

More low acuity visits

There were **15,437 low acuity ED visits** (CTAS Level IV & V) by patients attributed to the MAOHT in 2017/2018, representing **40% of all visits**.* The rate of low acuity visits and proportion of visits arriving by ambulance was higher, relative to Ontario. However, **the proportion of visits admitted to hospital was similar (~10%)**.



Comparison to the rest of Ontario may not appropriately reflect health service access patterns in more rural areas. How does this compare to nearby or other rural OHTs?

Snapshot of other hospital services

NON-ED AMBULATORY:

- Day surgery/cardiac catheterization visits: 150 per 1,000 (n=9,653), **higher than** 92 per 1,000 in Ontario.
- Ambulatory dialysis visits: 75 per 1,000 (n=4,835), **lower than** 89 per 1,000 population in Ontario.
- Ambulatory oncology visits: 88 per 1,000 (n=5,688), **higher than** 75 per 1,000 population in Ontario.

REHAB:

- **Rehab case rates are lower for Muskoka OHT than Ontario.**
- 1.5 per 1,000 population (n=91) active rehab cases, compared to 2.5 per 1,000 population for Ontario.
- 40.6 per 1,000 population (n=2,619) rehab days, compared to 63.8 per 1,000 population for Ontario.

COMPLEX CONTINUING CARE (CCC):

- **CCC case rates are lower for Muskoka OHT than Ontario.**
- 0.6 per 1,000 population (n=40) active CCC cases, compared to 1.9 per 1,000 population for Ontario.
- 28.2 per 1,000 population (n=1,819) CCC days, compared to 118.1 per 1,000 population for Ontario.

MENTAL HEALTH:

- **The rate of adult inpatient mental health cases is higher for Muskoka OHT than Ontario.**
- 5.5 per 1,000 population (n=252) active mental health adult inpatient cases, compared to 4.5 per 1,000 population for Ontario.
- 112.7 per 1,000 population (n=7,625) mental health days, compared to 108.3 per 1,000 population for Ontario.

Across the health care system

PRIMARY CARE (PHYSICIAN):

- **80% (n=51,282) patients enrolled**, higher than 77% in Ontario overall.*
- 20% (n=13,163) patients with a fee-for-service primary care provider, compared to 23% in Ontario overall.
- **13% primary care visits made outside of enrolling group**, compared to 23% in Ontario.

HOME CARE:

- 5.7% (n=3,686) clients receiving home care services, compared to 4.2% in Ontario.
- 57% (n=1,415) admissions referred from community, compared to 43% (n=1,076) referred from hospital.
- **85 per 100 population (n=54,499) nursing visits**, compared to 53 per 100 population in Ontario.
- 227 per 100 population (n=146,081) PSW & homemaking hours compared to 225 per 100 population in Ontario.

LONG-TERM CARE:

- As of March 31, 2018, there were **456 residents and 409 individuals on the waitlist**.
- The **rate of LTC residents was lower** (60 per 1,000 population 75+) compared to Ontario overall (68 per 1,000 population 75+).

INSIGHTS ON YEAR 1 POPULATION

Taking a closer look at the Year 1 population

KEY INSIGHTS

There are many communities within Muskoka and Area where at least **30% of individuals are over the age of 65.**

Seniors demonstrate **high levels of medical and social complexity** that put them at risk for poorer health outcomes.

Wait times for home care service and long-term care are higher in Muskoka and Area than Ontario overall.

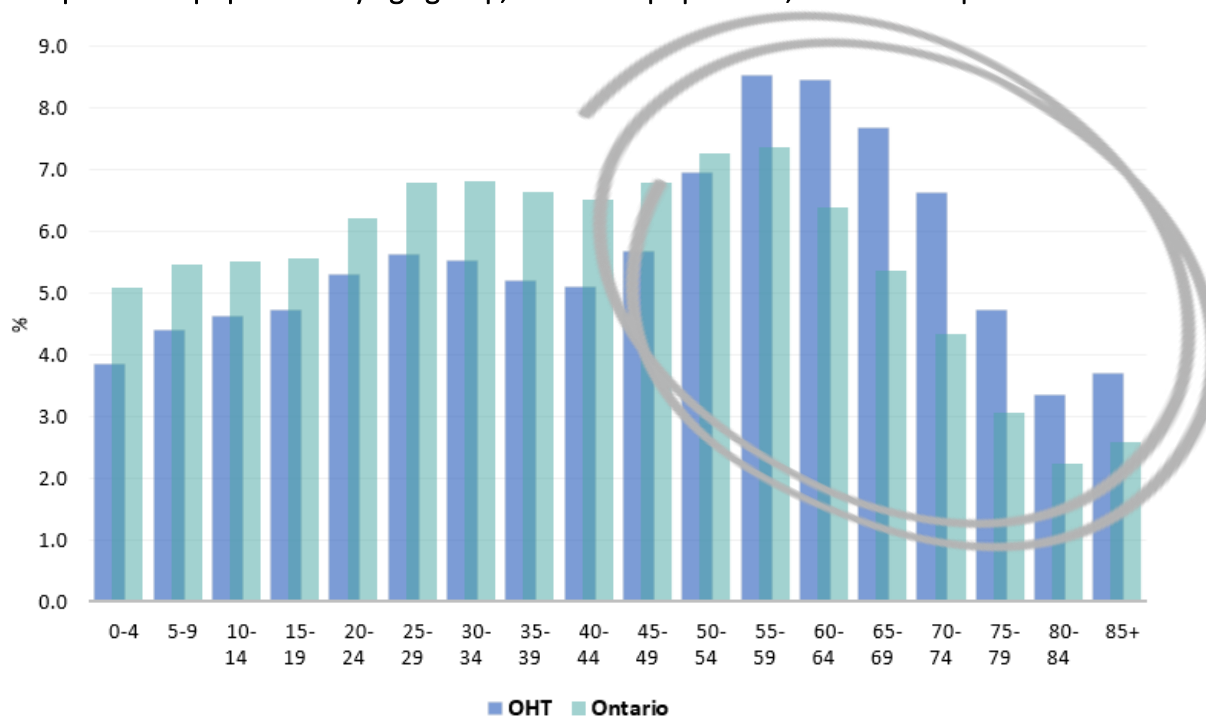
The list of high cost groups is dominated by **chronic conditions with comorbidities**, with **dementia representing the highest cost group.**

The senior population is growing rapidly

Seniors make up **26% of the attributed population**, compared to 18% of the provincial population.¹

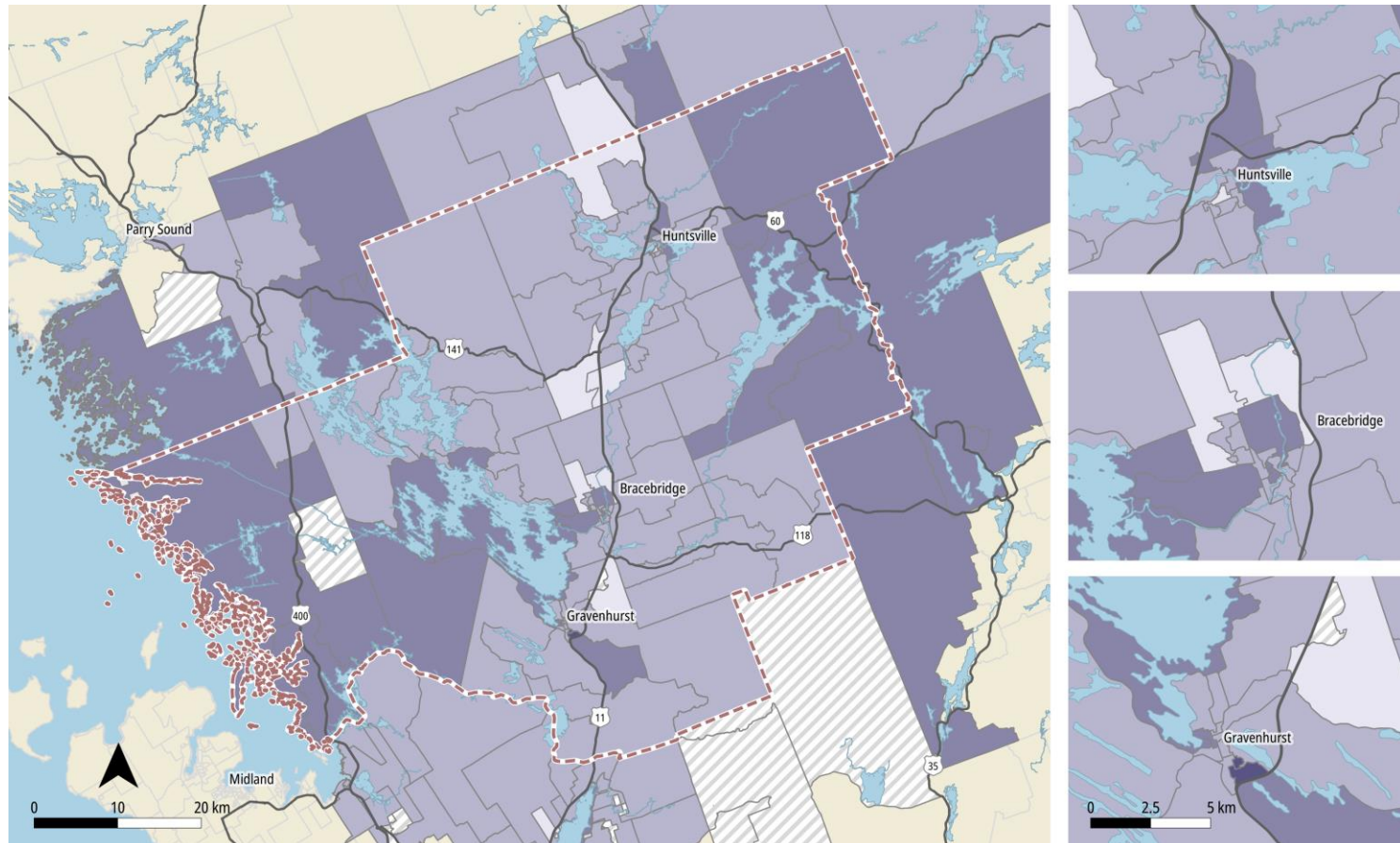
The Muskoka senior population is growing faster relative to Ontario. In Muskoka, the **number of seniors is expected to increase to 34% by 2036**, while the Ontario senior population will only increase to 24%.²

Proportion of population by age group, attributed population, MAOHT compared to Ontario




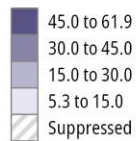
Many areas in the region have over 30% seniors

Areas to the east and the west of the sub-region had higher proportions of seniors (30% or higher), as well as the city centres of Huntsville, Bracebridge, and Gravenhurst.



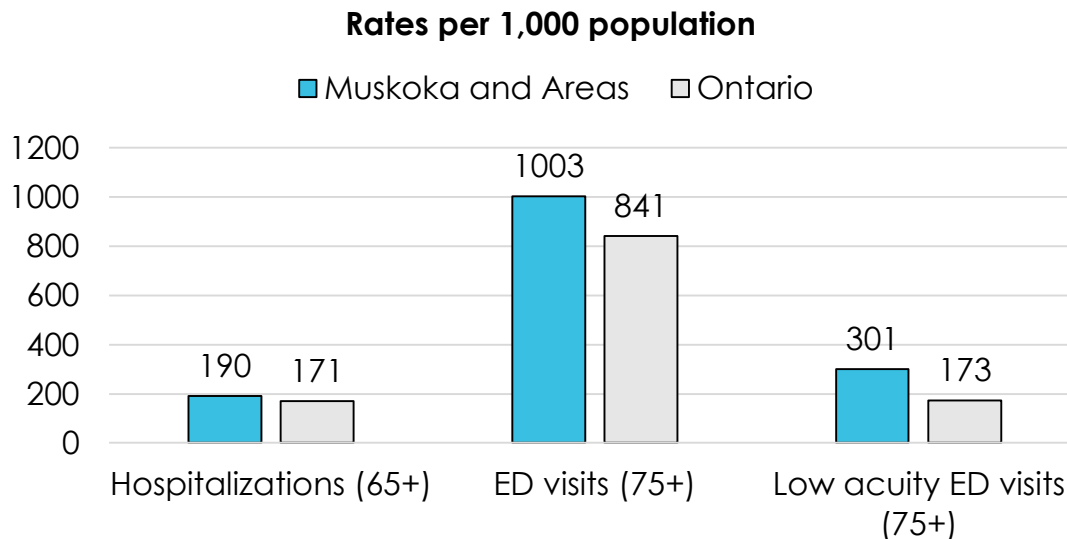
Seniors 65 and over
(% of population)

 Muskoka and Areas Boundary

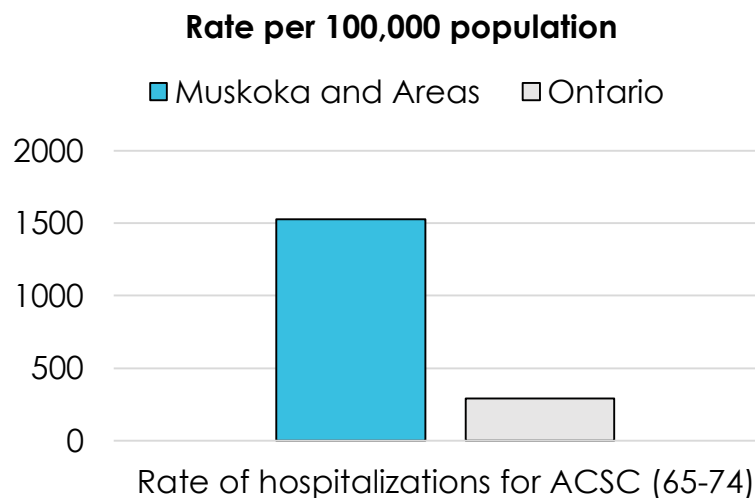


Frequent users of acute care services

Seniors in Muskoka access more acute care services compared to seniors in the rest of the province.



Seniors in Muskoka have approximately **3,250 hospitalizations** and **10,000 ED visits** per year.



Ambulatory care sensitive conditions (ACSC) include admissions related to epilepsy, COPD, asthma, diabetes, heart failure, hypertension, or angina.

Seniors experience higher prevalence chronic diseases and social challenges

Higher levels of complexity make it challenging to navigate through the necessary supports across the acute health and community care system.

CHRONIC DISEASES: Muskoka seniors have higher rates of many chronic diseases compared to the general population (COPD, diabetes, high blood pressure).¹

COMORBIDITY: In Muskoka, 51% (n=7,157) seniors have 2 or more chronic conditions, compared to 54% for Ontario; 3% (n=783) seniors have 4 or more chronic conditions, compared to 5% for Ontario.¹

RISK OF SOCIAL ISOLATION: In Muskoka, 22% (n=3,195) seniors live alone. This is similar to the Ontario average of 23%.²

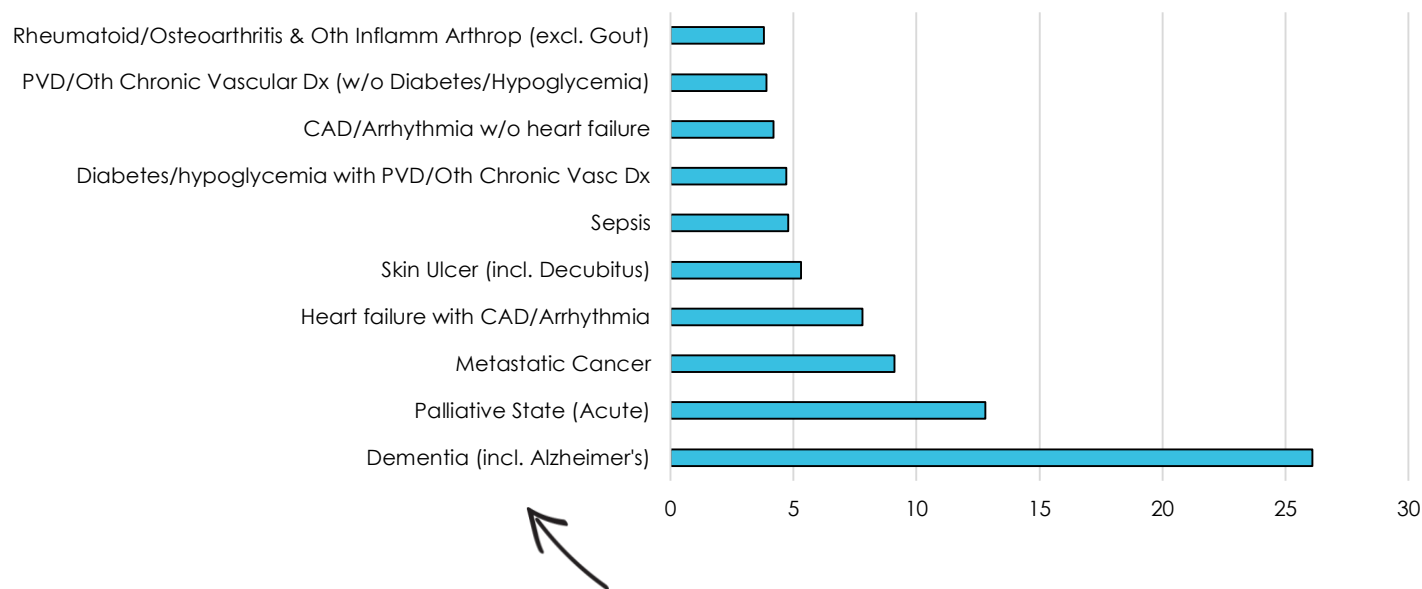
BARRIERS TO MOBILITY AND INDEPENDENCE: Of those seniors living alone in Muskoka, 27% (n=875) always experience difficulty with activities of daily living, compared to 29% for Ontario.²

FINANCIAL INSECURITY: Seniors are twice as likely to be considered low-income. 10% (n=1,440) Muskoka seniors live below the poverty line (LIM-AT), compared to 5% within the overall Muskoka population (all age groups).²

Patients with dementia represent the highest cost group

Dementia cost more than twice as much as any other condition group in 2017/18. The majority of the top 10 cost groups are age-related. It's important to note that cost data includes both costs incurred inside and outside Muskoka area.

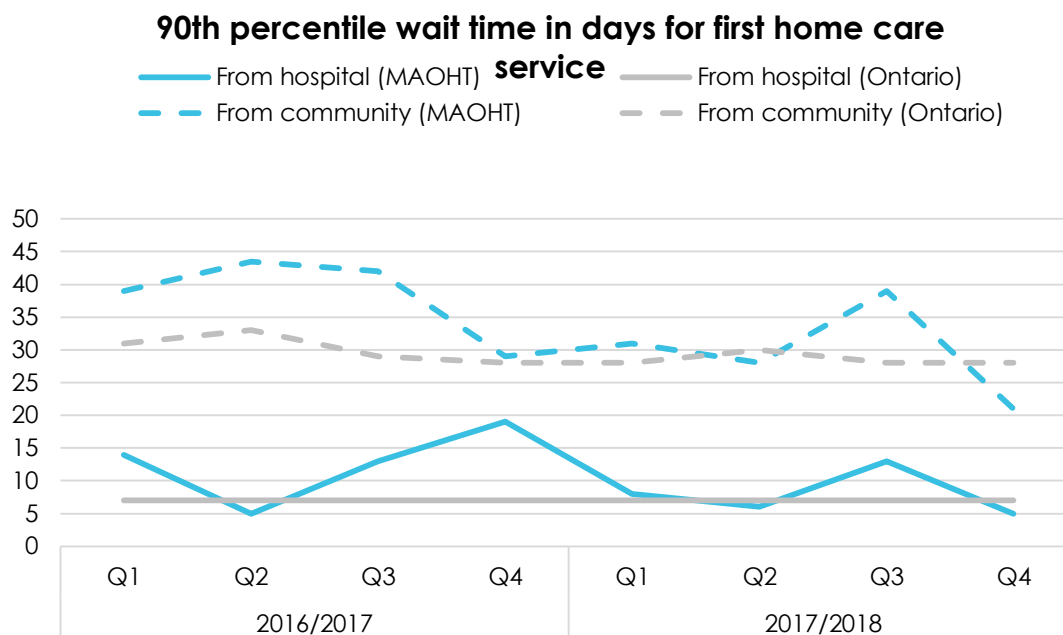
Total annual cost (in millions) of the attributed population by HPG



Annual health care costs for this group were \$26.1M, with an average of \$36,828 spent per patient.

Health system capacity needs attention to meet the needs of an aging population

WAIT TIME FOR HOME CARE SERVICES: Patients in the attributed population (blue lines) typically wait longer than patients in Ontario overall (grey lines).



WAIT FOR LONG-TERM CARE: There are nearly as many people on the wait list as there are active residents (409 waiting compared to 456 residents as of March 31, 2018).

Caregivers as a vital part of the health care system

Seniors were more likely to enter residential care if ¹⁶:

Senior lived alone
(without their primary caregiver)

2.0X higher odds

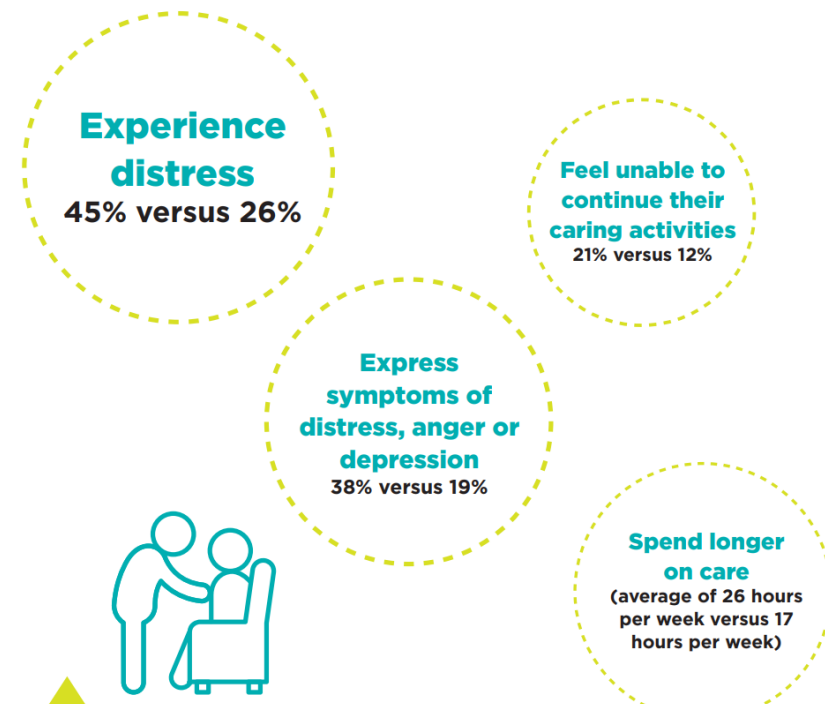
Caregiver experienced distress

1.2X higher odds

Senior had a caregiver who was no longer able to continue providing care

1.9X higher odds

Compared to caregivers for seniors *without* dementia, caregivers for seniors with dementia were more likely to:²²



Supporting caregivers reduces strain on formal health care system.¹

Caregivers for patients with dementia face additional challenges and barriers.²

Seniors are not a homogenous group – the health status and needs within this population are varied.

In order to identify appropriate interventions, the **senior population was stratified by medical and social complexity.**

Stratifying by complexity

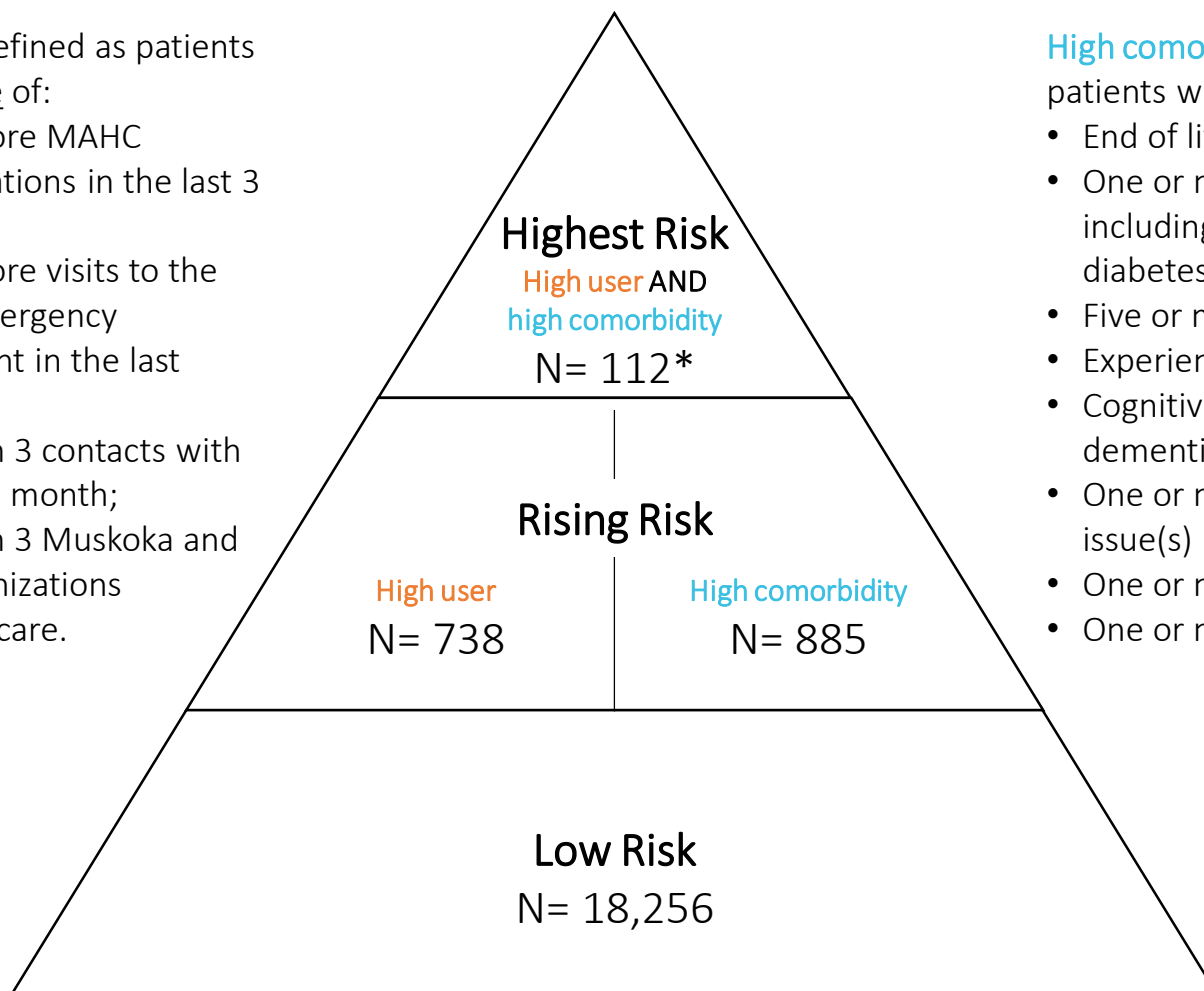
The MAOHT identified **19,991 active patients** from the Family Health Teams over the age of **65**. Data on their health care utilization and health status was used to quantify the **highest risk** and **rising risk** sub-populations. These sub-populations will be the focus in Year 1.

High users defined as patients with any one of:

- One or more MAHC hospitalizations in the last 3 months;
- One or more visits to the MAHC emergency department in the last month;
- More than 3 contacts with PCP in last month;
- More than 3 Muskoka and Area organizations providing care.

High comorbidity defined as patients with four or more of:

- End of life / palliative
- One or more chronic disease(s) including asthma, CHF, COPD, diabetes, hypertension
- Five or more medications
- Experienced or high risk of falls
- Cognitive impairment / dementia
- One or more mental health issue(s)
- One or more addiction issue(s)
- One or more identified disability



*Note: Preliminary analysis indicates that 4 NPLC patients also fall into the highest risk category. This is a preliminary data pull and stratification results will be case checked with primary care providers. Inclusion criteria may be refined. Data extracted from Cottage Country Family Health Team, Algonquin Family Health Team, Muskoka Algonquin Healthcare, North Simcoe Muskoka LHIN. August 2019.



Profiling the highest risk population*

Demographics:

- Female: 51%; Male: 49%
- Median age: 77 years; Range: 65-94

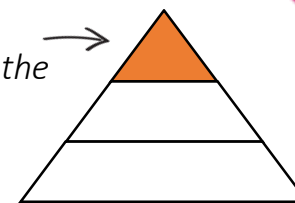
Health care use:

- CCFHT: 56 patients, AFHT: 56 patients; 4 patients also identified from the Nurse Practitioner-Led Clinic
- 24% have had 3 or more visits with a primary care provider in last month
- 38% have had one or more MAHC hospital admissions in the past 3 months
- 41% have had one or more MAHC ED visits in the past 3 months

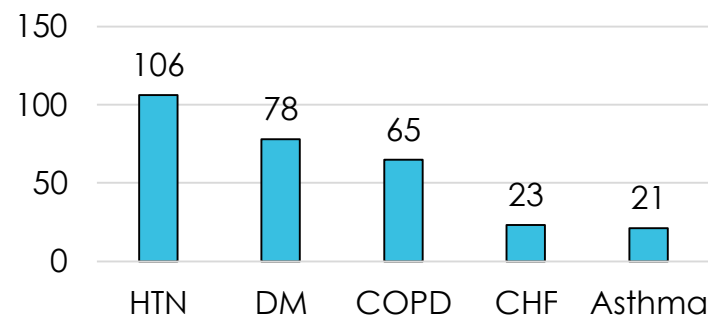
Health status:

- 29% of patients are experiencing addiction
- 4% have cognitive impairment or dementia
- 41% are living with a mental illness
- All patients are currently taking 5 or more medications
- All patients have at least one chronic condition, with 98% having 2 or more and 10% having 4 or more

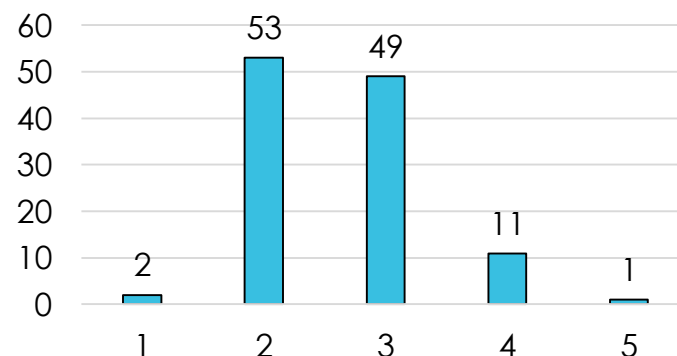
What do we know about the highest risk population?



Number of patients by chronic conditions



Number of patients by count of chronic conditions

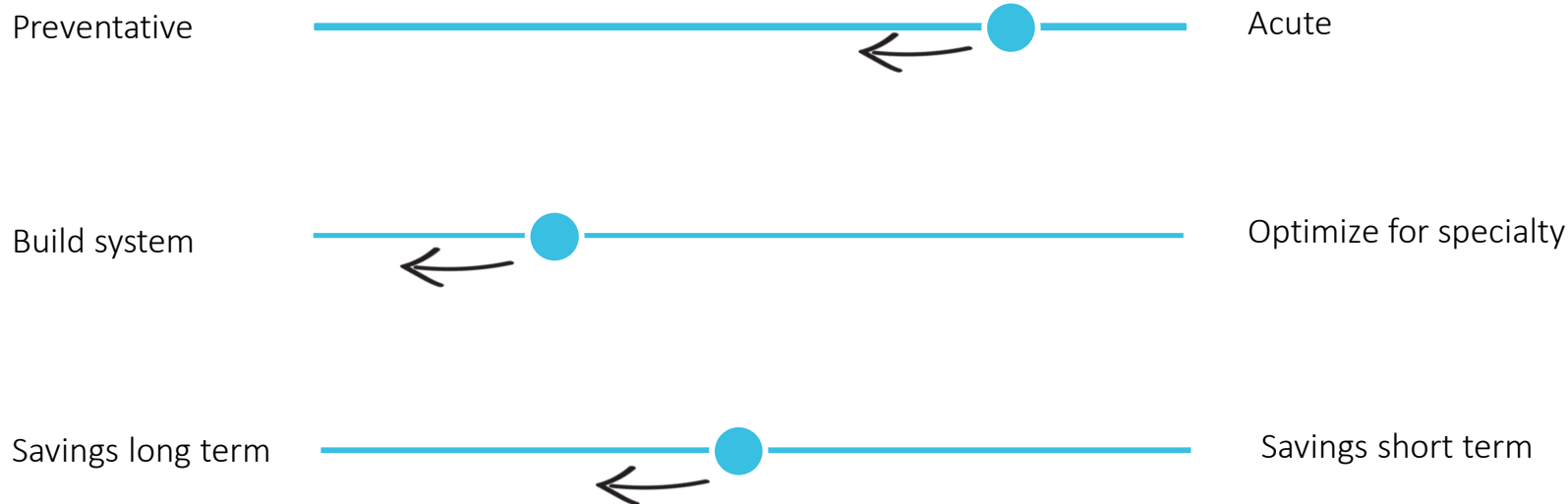


*Note: Preliminary analysis indicates that 4 NPLC patients also fall into the highest risk category. This analysis includes these 4 patients (N=116).

Thinking about other populations

Ontario Health Teams will need to consider what areas of focus will allow them to build towards a population health management strategy that improve outcomes for the *entire* population.

Building a population health approach...



Exploring and targeting risking risk

How will we move from the highest risk group to the rising risk group?

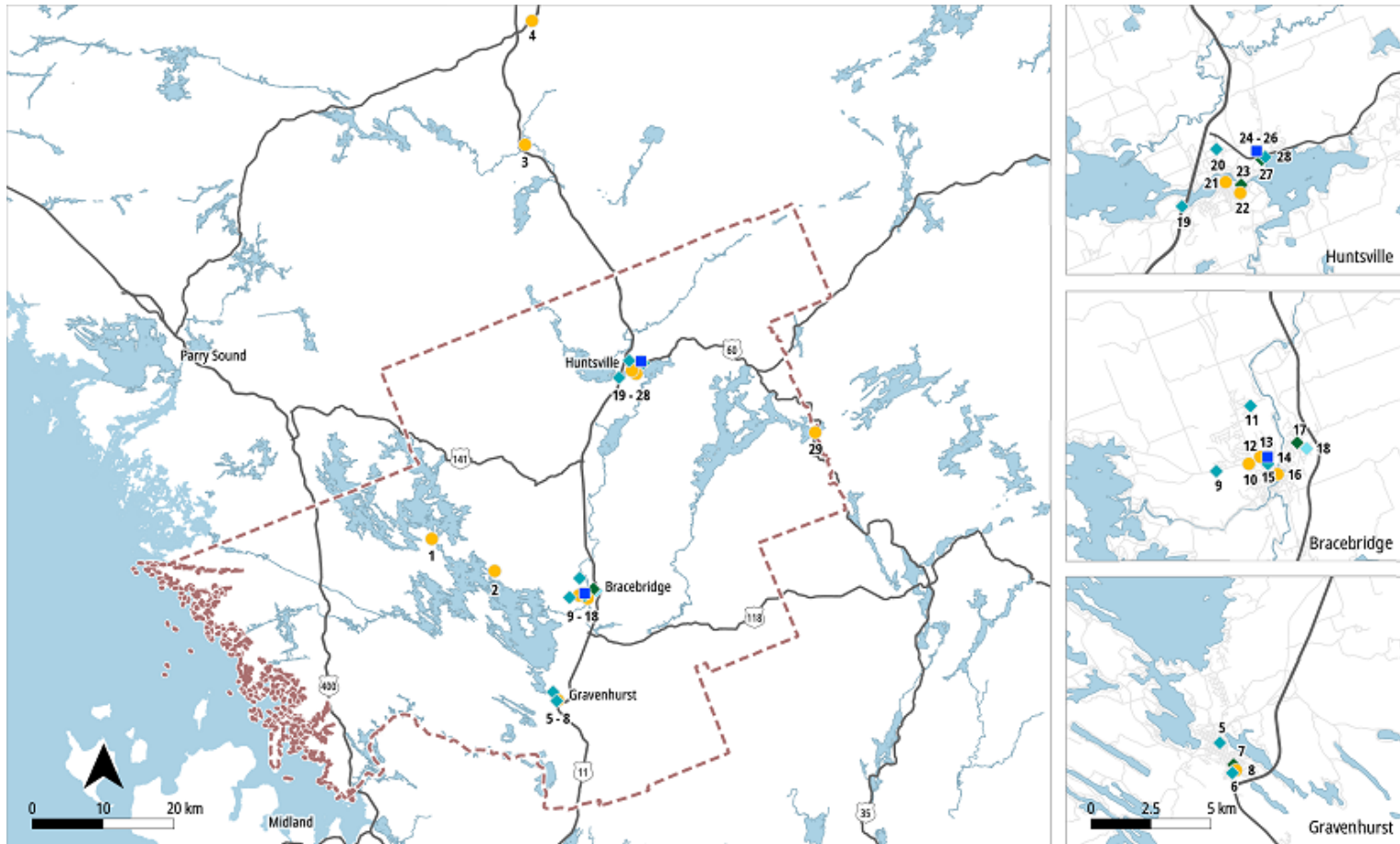
What makes someone a high user but not high comorbidity?

What other information is available to profile these populations?

ASSETS

Who is serving this population?

A picture of health services in Muskoka



Legend: ■ Hospital ● Primary Care ◆ Hospice ◆ Long-term Care ◆ Retirement Residence

Locations:

- 1 - Cottage Country FHT - Muskoka Community Health Hub – Port Carling
- 2 - Cottage Country FHT - Muskoka Community Health Hub – Wahta
- 3 - Burk's Falls FHT
- 4 - Sundridge Medical Centre
- ◆ 5 - The Manor at Gravenhurst - Gravenhurst Manor
- ◆ 6 - Granite Ridge Retirement Residence
- ◆ 7 - Sienna Senior Living - Gravenhurst - Muskoka Shores Care Community
- 8 - Cottage Country FHT - Gravenhurst Medical Clinic
- ◆ 9 - Muskoka Hills Retirement Villa
- 10 - Bracebridge Medical Centre
- ◆ 11 - Castle Peak Retirement Residence
- 12 - Cottage Country FHT - Bracebridge Medical Arts Centre
- 13 - Cottage Country FHT - Archdekin Medical Clinic
- 14 - Muskoka Algonquin Healthcare - South Muskoka Memorial Hospital (Bracebridge)
- ◆ 15 - Chartwell James Street Retirement Residence
- 16 - Midwives of Muskoka
- ◆ 17 - The Pines Long Term Care Home
- ◆ 18 - Hospice Muskoka
- ◆ 19 - Country Moments Retirement Home
- ◆ 20 - Chartwell Muskoka Traditions Retirement Residence
- 21 - North Muskoka Nurse Practitioner-Led Clinic
- 22 - Algonquin Family Health Team - Wellness Hub
- ◆ 23 - Fairvern Nursing Home
- 24 - Muskoka Algonquin Healthcare - Huntsville District Memorial Hospital
- ◆ 25 - Hospice Huntsville
- 26 - Algonquin Family Health Team - Howland Building
- ◆ 27 - Muskoka Landing
- ◆ 28 - Rogers Cove Retirement Residence
- 29 - Algonquin Family Health Team - Muskoka Community Health Hub

Long-term care bed availability in Muskoka

There are nearly twice as many individuals waiting for LTC as there are LTC beds in Muskoka.¹

Wait times range from **1 to 4.5 years**.¹

Long-term care organization	# of beds	# on waitlist	Average beds available each month	Days waiting for basic room (90th percentile)	Days waiting for semi-private room (90th percentile)	Days waiting for private room (90th percentile)
Fairvern Nursing Home (Huntsville)	76	162	4		708	
Muskoka Landing (Huntsville)	94	277	4			1,327
Pines Long Term Care Home (Bracebridge)	160	414	6	599		348
Sienna Senior Living - Muskoka Shores Care Community (Gravenhurst)	182	109	5	1,634		1,437
Total	512		19			



Currently, 17 individuals are on the *crisis wait list* for LTC.²

Community support services in the Muskoka area

Focus on seniors

Alzheimer Society of Muskoka
 Gravenhurst Senior Citizens Club
 Huntsville Meals on Wheels
 Muskoka Seniors Home Assistance
 Baysville Autumn Leaves Seniors
 Bracebridge Senior Citizen Centennial Club
 District of Muskoka Seniors Programs and Services
 Dorset Seniors' Club
 Friends (The) - District of Muskoka - Community and Health Care Services
 Gravenhurst Seniors Club
 Huntsville Seniors Club 55
 Utterson Live Wires Seniors
 Wellness Initiative for Seniors Engaged

Non-senior specific

Brain Injury Services Muskoka Simcoe
 Bracebridge Out of the Cold
 Canadian Hearing Society Muskoka
 Community Living Huntsville
 Daphne's Drop-in
 Developmental Services Ontario
 Canadian Mental Health Association - Muskoka-Parry Sound Branch
 Deaf Access Simcoe Muskoka
 MacTier Food Bank
 Manna Food Bank of Bracebridge
 Muskoka Victim Services
 Moose Deer Point
 Ontario Addiction Treatment Centres
 Salvation Army
 Society of St Vincent de Paul – Huntsville
 Table Soup Kitchen – Huntsville
 TGIF Drop-in Kitchen
 Wahta Mohawks
 West Muskoka Food Bank
 YMCA of Simcoe/Muskoka – Huntsville
 YWCA Muskoka

Focus on other populations

Big Brothers Big Sisters Muskoka
 Christine's Place
 Hands-The Family Help Network
 Simcoe Muskoka Child Youth & Family Services
 The Nest Family Resource Centre - Bracebridge

OPPORTUNITIES FOR FUTURE POPULATIONS

Looking beyond Year 1

Young children

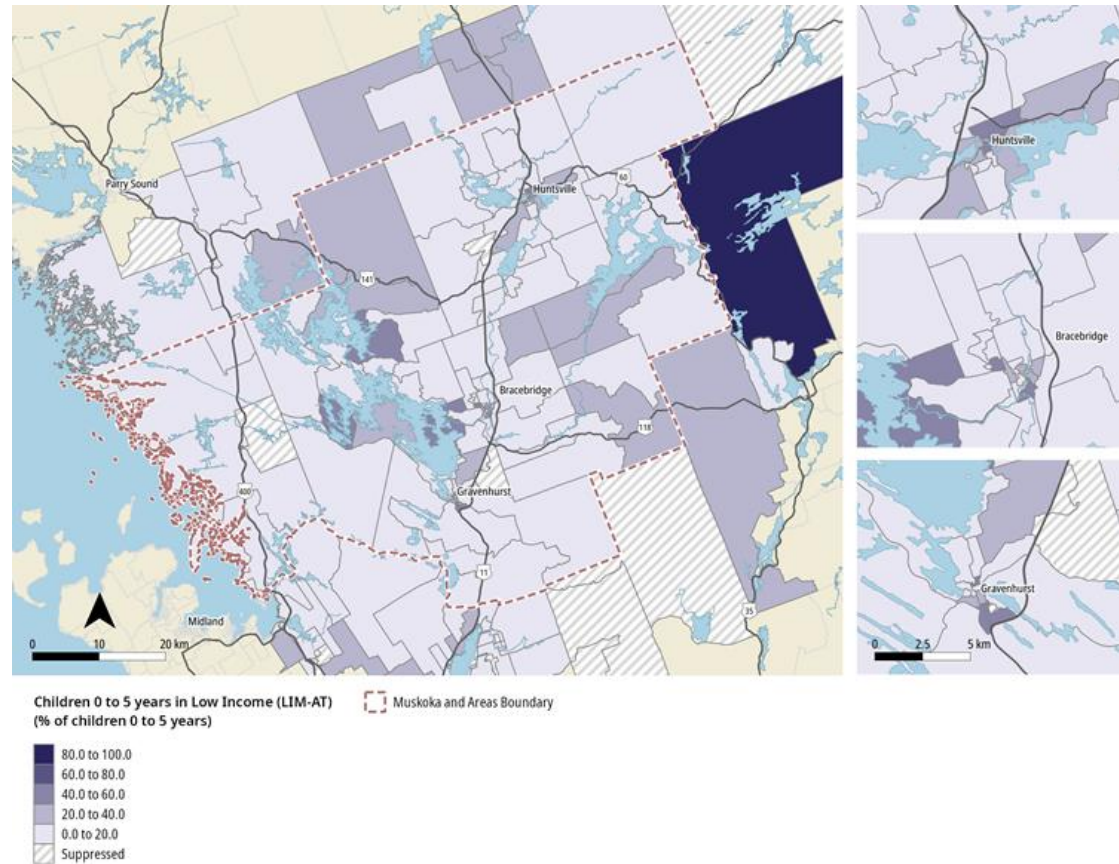
While the proportion of children in the attributed population is low compared to Ontario overall, young children represent a sub-population with unique needs and disparities.

Attributed population (aged 0-4): 2,480¹

POCKETS OF POVERTY: There is a higher proportion of children from low-income families to the east of Huntsville, as well as in the city centres of Huntsville, Bracebridge, and Gravenhurst.²

OPPORTUNITIES IN PRIMARY CARE: 31% of children receive an 18-month well baby visit compared to 49% in Ontario overall.*¹

VULNERABLE IN EARLY DEVELOPMENT: 23% of Senior Kindergarten children identified as vulnerable in physical health & wellbeing compared to the provincial average of 16.1%.³



*Note: This data reflects OHIP billing and does not include NPLC data. Data from the North Muskoka NPLC indicates that 88% of 2-5 year old patients have received a well-baby visit. The well baby visit rate also appears to be low compared to CCFHT and AFHT data. 1. Ministry of Health (2017/18). OHT Data Package. [Attributed population]; 2. Map created by Health Commons Solutions Lab. Data from Statistics Canada, 2016 Census; 3. Analysis published by [Simcoe Muskoka and Districts Health Unit](#). 2015 Early Development Instrument. [PHU].

People with mental health and addiction concerns

The Muskoka population has a higher rate of utilization compared to the province, but lower than average rates of readmission.

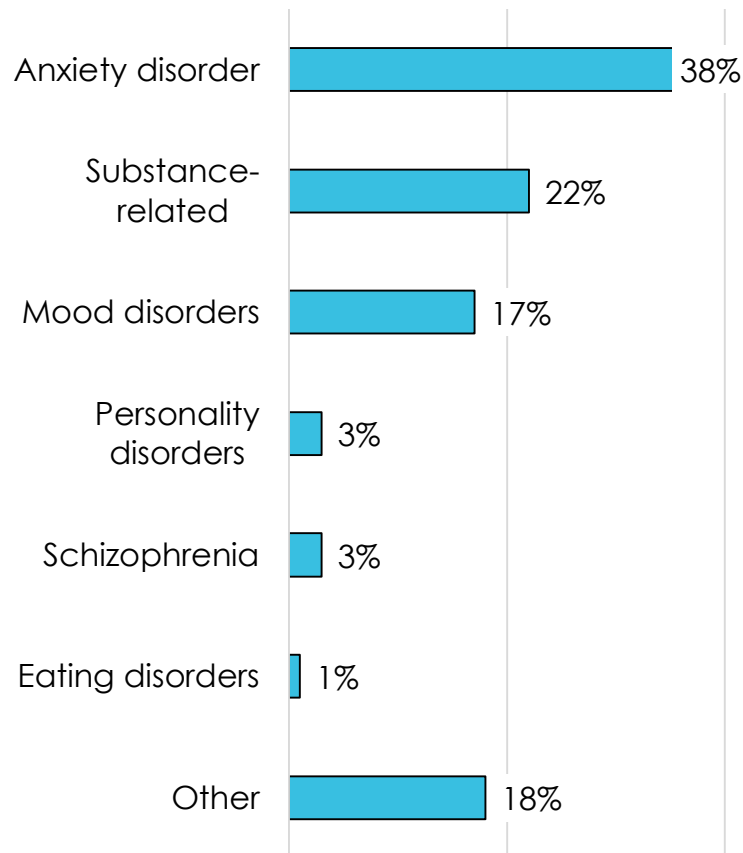
HOSPITALIZATION: The Muskoka and Areas OHT attributed population has a higher inpatient adult mental health case rate (5.5 per 1,000 population) compared to Ontario (4.5 per 1,000 population).¹

ED VISITS: In 2015, the age-standardized rate for mental illness-related ED visits was 2,073 per 100,000, compared to 1,890 per 100,000 in Ontario.²

OPIOID OVERDOSES: From 2012 to 2016, there were an average of 10 opioid related hospitalizations in Muskoka each year. In 2016, there were 6 opioid related deaths in Muskoka.³

YOUTH MENTAL HEALTH: 1 in 4 report poor or fair mental health; 1 in 3 report wanting to talk to someone about a mental health or emotional problem, but not knowing where to turn.⁴

Reason for ED visits²



1. Ministry of Health (2017/18). OHT Data Package. [Attributed population] 2. Analysis published by [Simcoe Muskoka and Districts Health Unit](#). 2015 National Ambulatory Care Reporting System. [PHU]. 3. Muskoka Community Foundation. 2018. [Vital Signs](#) [District of Muskoka]. 4. Analysis published by [Simcoe Muskoka and Districts Health Unit](#). 2015 Ontario Student Drug Use and Health Survey. [PHU]. Graph data published by [Simcoe Muskoka and Districts Health Unit](#). 2011 to 2015 combined. National Ambulatory Care Reporting System. [PHU].

Low-income population

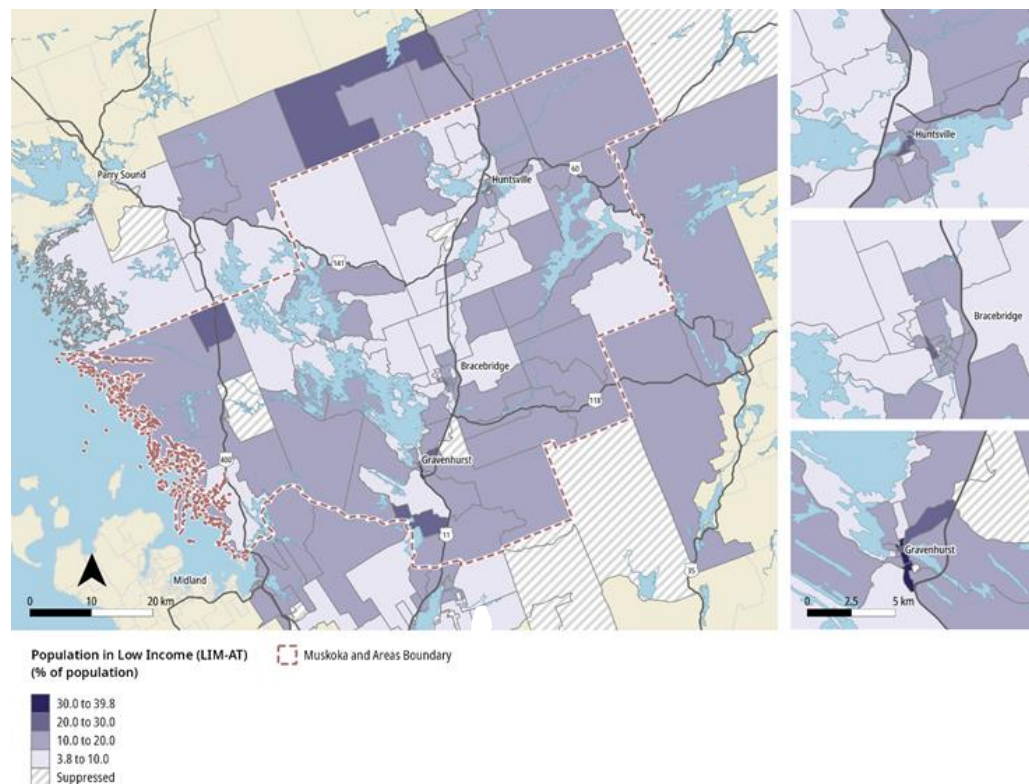
While the proportion of individuals living with low-income in Muskoka is lower than the provincial average, the median income is lower, and poverty is not evenly spread across the geography.

There is a higher proportion of low-income population (dark purple) in the city centres of Gravenhurst, Bracebridge and Huntsville. A similar trend to the west of the sub-region and north of the sub-region border (west of Parry Sound).

HOUSING: 25% of households are spending more than 30% of their total income on shelter costs.¹

TRANSPORTATION: Barriers to transportation in Muskoka include lack of public transportation, the large geography of the District and lack of access to programs and services for rural residents.²

FOOD SECURITY: 8% of Simcoe Muskoka households report experiencing food insecurity in the past year³, while about 250 households use food banks each month.¹



“To participate in one of our scheduled programs, a woman walked 10 km on the first day to reach us.” - Muskoka Community Service Provider²

Seasonal population

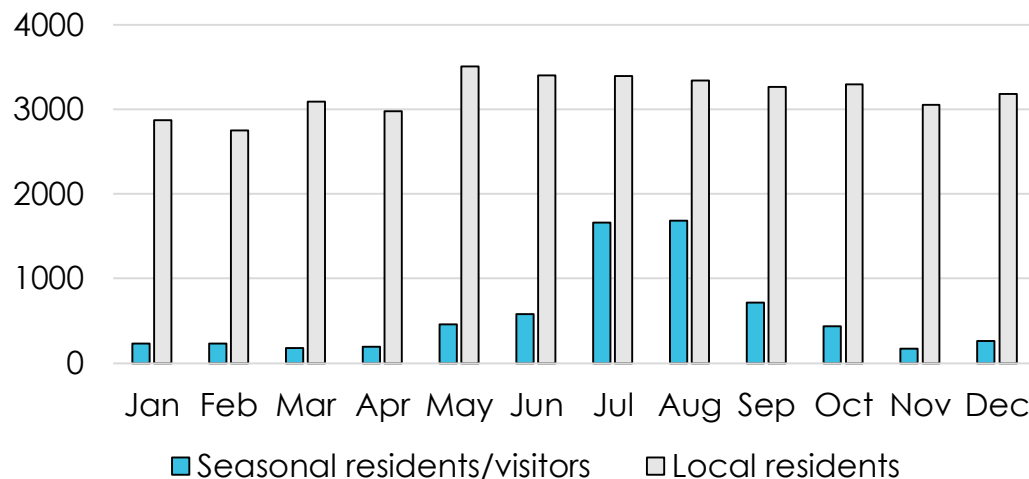
In 2016, there were **3 million person-visits to Muskoka**, with 1.9 million of these coming from July to September.¹

For seasonal residents and visitors, **injuries were the cause of 33% of ED visits**. This compared to 20% for the local resident population.²

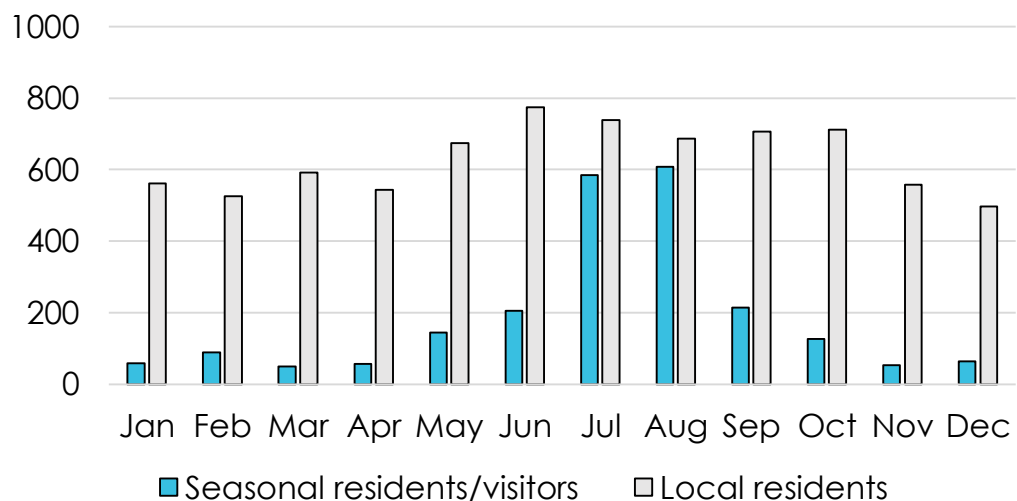
There's a need for more data that can help us understand:

- *How does the seasonal population differ socio-demographically from the permanent resident population?*
- *How does the seasonal population use non-acute care services in Muskoka and Areas?*
- *Is the seasonal population a homogenous group? Or do we need to stratify within this population?*

Emergency departments visits, 2017



Emergency departments visits for injuries, 2017



1. Muskoka Community Foundation. 2018. [Vital Signs](#) [District of Muskoka].; 2. Analysis provided by Simcoe Muskoka District Health Unit. IntelliHEALTH. National Ambulatory Care Reporting System. 2017. Local resident is defined by any patient with a postal code on their health card that falls within North Simcoe Muskoka or North Bay Parry Sound. Seasonal resident/visitor is defined as any patient with a postal code from any other part of Ontario. [PHU].



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