Population Health Profile

Updated Summer 2011

Key characteristics of the North West LHIN geography and population:

- Largest proportion of Aboriginal people of all Ontario LHINs – 19.2%;
- Largest geographic area of all Ontario LHINs – approximately 47% of Ontario;
- Smallest population (2006 Census) of all Ontario LHINs – approximately 2% of the Ontario population at approximately 235,000.

The map below illustrates the size of the North West LHIN, the boundaries of the sub-LHIN planning areas, as well as the distance between the larger communities.

Figure 1: Map of the North West LHIN

The latest Ministry of Finance population estimate (2009) for the North West LHIN is 238,245. The new 2011 Census population numbers should be available in 2012, followed by revised population estimates and projections based on the new census data.

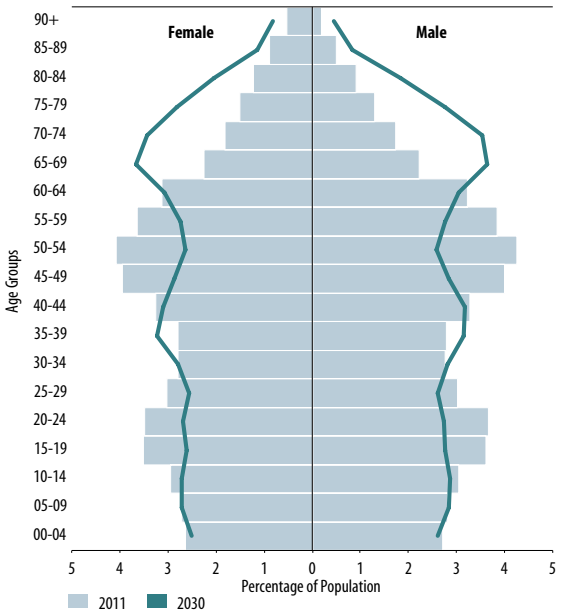
Population Pyramid

A population pyramid is a graphical presentation of the age and sex distribution of a population. The population pyramid for the North West LHIN shows the projected change in the population structure between 2011 and 2030. The line represents the projected population distribution in 2030 while the population pyramid itself shows the population structure of the North West LHIN today (2011 projected population).

The proportion of the total population that will be age 65 and over is projected to increase from 15% of the population to 27% in the next 20 years. The estimated number of seniors is projected to increase by 78%, from just under 36,000 to over 63,000.

The overall North West LHIN population is projected to decline slightly (0.7%) between 2011 and 2030.

Figure 2: Population Pyramid for the North West LHIN



Population Characteristics by Sub-LHIN Planning Area

Population and socio-economic indicators captured in Statistics Canada's 2006 Census vary across the sub-LHIN planning areas in the North West LHIN shown on the map. The North West LHIN has four sub-LHIN planning areas – Kenora District, Rainy River District,Thunder Bay District and Thunder Bay City.

The following table illustrates some of the differences across the North West LHIN:

Table 1: 2006 Census Population Characteristics

Indicator	Kenora[1] District	Rainy River District	Thunder Bay City[2]	Thunder Bay District[3]	North West LHIN
Total Population	64,465[4]	21,565	122,905	26,155	235,090[4]
% Age 65+	11.1%	16.1%	16.0%	11.2%	14.1%
% Age 75+	4.8%	8.2%	8.1%	4.4%	6.8%
% Aboriginal Identity	38.4%	21.7%	8.3%	19.9%	19.2%
% Francophone	2.5%	1.7%	2.8%	10.8%	3.5%
% Immigrant Population	6.3%	7.4%	10.5%	6.4%	8.7%
% Age 25+ Completed Post-Secondary Educ.	45.0%	46.8%	48.2%	54.5%	50.8%

Notes:

1. Excludes four Indian Reserve Census Subdivisions (CSDs) in Kenora District Census Division (CD) that are part of the North East LHIN–Peawanuck, Attawapiskat, Marten Falls and Fort Albany.
2. Includes seven surrounding CSDs–Neebing, Oliver Paipoonge, Conmee, Gillies, O'Connor, Shuniah and Fort William 52– that along with the city of Thunder Bay form the Thunder Bay Census Metropolitan Area (CMA).
3. Excludes the Thunder Bay City CMA from the Thunder Bay District CD.
4. These population numbers are revised from the North West LHIN's Environmental Scan document.

Key Health Characteristics of the North West LHIN Population

Relative to the province (based on 2009 Canadian Community Health Survey (CCHS) data for ages 12 and over), the North West LHIN has a higher proportion of people who:

- Smoke daily;
- Are heavy drinkers;
- Are overweight or obese; and
- Have a strong sense of community belonging,

and has a lower proportion of people who:

- Rate their health as excellent or very good;
- Have had contact with a medical doctor in the past year;
- Are physically inactive.

Health Practices and Health Status

Poor health practices are known to be related to increased risk of chronic disease, mortality and disability. Table 2 below shows that a number of selected health status and health practices in the northwest are different from the province as a whole.

Table 2: Self-Reported Health Status & Health Practices

Indicator	North West LHIN	ON
Self-Reported Health Status CCHS, 2009, age 12+		
Perceived health as excellent or very good	58.2%	61.2%
Perceived mental health as excellent or very good	68.3%	74.0%
Perceived life stress, quite a lot (age 15+)	20.3%	24.3%
Sense of community belonging, somewhat strong or very strong	75.7%	67.1%
Life satisfaction, satisfied or very satisfied	89.6%	91.5%
Self-Reported Health Practices, CCHS, 2009, age 12+		
Smoking, daily or occasional	25.3%	18.6%
Heavy drinking (five or more drinks on one occasion, at least once a month within the last year of those who had a drink in past year)	21.8%	15.6%
Fruit and vegetable consumption, five or more times per day	40.5%	44.1%
Leisure-time physical activity, active or moderately active	60.1%	50.7%
Overweight or obese (adults age 18+)	60.6%	51.4%
Has a regular medical doctor	83.4%	91.5%
Contact with medical doctor in the past 12 months	78.8%	82.9%

Health Outcomes

Birth-related outcomes are useful indicators of the health of a population anywhere in the world. The table below shows the infant mortality rate and low and high birth weight rates for the North West LHIN and Ontario for 2005-2007 (most recent years reported).

Table 3: Birth-related indicators, 2005 to 2007

Indicator	North West LHIN	ON
Infant mortality (per 1000 births), 2005 to 2007	6.0	5.1
Low birth weight (less than 2500 grams) - % of live births	5.4	6.2
Small for gestational age	6.4	8.8
High birth weight (4500 grams or more)	4.1	1.8
Large for gestational age	18.2	10.8

The rate of low birth weight babies in Northwestern Ontario is similar to that of the rest of the province, but the rate of high birth weight babies is higher in the northwest.

Chronic Conditions

Chronic conditions place a high burden on the health care system. As the population ages, this burden will increase.

Table 4: Prevalence of Chronic Conditions

Indicator		North West LHIN	ON
Canadian Community Health Survey, 2010: % report being diagnosed by health professional			
Arthritis	-age 14+ -age 65+	23.3% 51.5%	17.1% 46.9%
Diabetes	-age 12+ -age 65+	7.5% 25.1%	7.2% 19.8%
High blood pressure	-age 12+ -age 65+	20.8% 58.2%	17.6% 50.6%
Hospitalizations, fiscal years 2008/09-2009/10; rate/100,000 population (average annual crude rate)			
Diabetes hospitalization rate		214.3	96.5
Chronic obstructive pulmonary disease (COPD), hospitalization rate, age 45+		748.4	417.7
Ischaemic heart disease (IHD) hospitalization rate, age 40+		1245.8	791.4
Mental health hospitalization rate (age-standardized rate, 2009/10 only)		933.0	392.0

North West LHIN area residents have high rates of hospitalizations and emergency department visits for many chronic conditions including mental health and substance use conditions, diabetes, chronic obstructive pulmonary disease and ischaemic heart disease.

Although use of hospital services does not provide an exact measure of the number of people with a particular condition, it does provide a picture of the burden of disease in the community. Part of the higher rates of hospital use for chronic conditions may be due to lack of alternative community-based services: primary care through a family physician, nurse practitioner clinics or walk-in clinics, or other community-based programs.

Cancer Incidence and Screening

Cancer remains one of the leading causes of illness and death in the North West LHIN and Ontario. Cancer is one of the few diseases that is tracked through a disease registry, ensuring an accurate picture of the incidence (number of new cases) and prevalence (existing cases) of different types of cancer.

The table below gives the age-standardized incidence rate for some of the most common cancers, as well as screening rates for female breast cancer and cervical cancer.

Table 5: Select Cancer Incidence Rates and Screening Rates

Indicator	North West LHIN	ON
Estimated age-standardized cancer incidence rates per 100,000 population, 2009-2011		
Breast cancer	100.6	100.6
Prostate cancer	154.1	147.5
Colorectal cancer	55.3	48.0
Lung cancer	57.9	48.2
Cervical cancer	8.4	7.2
Cancer Screening, 2007-2009		
Percentage females 50-69 years old with a mammogram within a two-year time interval, 2008-09	69.5%	66.6%
Percentage (adjusted) of females 20-69 years old with a Pap test within a three-year time interval, 2007-2009	72.4%	72.5%

Mortality

The rates presented in this section are based on deaths that occurred during the calendar years 2005 to 2007. The table below shows the differences in *age-standardized mortality rates* between males and females for North West LHIN residents and all Ontarians for select diseases/conditions.

Table 6: Mortality Rates for Select Causes

Age-standardized mortality rate/100,000 pop, 2005-2007	Males		Females	
Condition	**North West LHIN**	**ON**	**North West LHIN**	**ON**
All causes	761.6	640.8	518.4	430.2
All malignant neoplasms (cancer)	203.3	192.0	148.9	135.9
Lung cancer	58.2	51.0	41.0	32.3
Colorectal cancer	24.0	21.6	14.6	13.4
Breast cancer			15.5	22.0
Prostate cancer	19.3	20.5		
Circulatory diseases	234.2	197.1	138.9	122.9
Ischaemic heart diseases	141.9	119.1	65.8	61.7
Unintentional injuries	52.5	31.6	26.6	16.1
Suicides and self-inflicted injuries	27.7	11.9	13.5	3.8

The mortality rate due to breast cancer is lower for Northwestern Ontario females compared to the province, while the mortality rate due to prostate cancer in males and colorectal cancer rates for both males and females are similar to the province.

The mortality rates for other causes listed are higher in the northwest compared to the province overall. Of note are the mortality rates due to suicides and self-inflicted injuries which are more than twice as high in males and over three times higher in females residing in Northwestern Ontario compared to all Ontarians.

Based on the *number of deaths* over the 2005-2007 calendar year period, circulatory system diseases and neoplasms (malignant cancers) account for over half of the deaths of North West LHIN males and females.

For males, the third leading cause of death category is external causes due to injuries and poisoning. This category includes unintentional injuries (injuries from a motor vehicle accident, for example) and self-inflicted injuries (suicide).

For females, respiratory system diseases account for the third largest number of deaths. This category includes pneumonia and chronic obstructive pulmonary disease (COPD).

Life Expectancy

Life expectancy at birth is the average number of years a newborn baby can be expected to live if current mortality trends continue. It is an indicator of current health and mortality conditions.

People living in Northwestern Ontario continue to have lower life expectancy than Ontarians overall. Males continue to have lower life expectancy than females, but the gap is decreasing.

The table below shows the life expectancy for males and females in the North West LHIN and Ontario for the most recent time period for which mortality rates are available (2005 to 2007).

Table 7: Life Expectancy

Indicator	North West LHIN	ON
Life Expectancy (at birth), in years 2005-2007		
Females	81.0	83.1
Males	76.1	78.8

Glossary

Age-standardized rates: Age-standardized rates are used to adjust for variations in the population age and sex structure; this allows comparisons between geographic areas (Northwestern Ontario and Ontario) and over time for the North West LHIN area.

Crude rate: Number of events (hospitalizations, deaths, new cancer cases, etc.) / total population of interest. Crude rates should be used with caution for comparing geographic areas since there is no adjustment for differences in age-sex distribution of areas being compared.

Feedback

We welcome your feedback.
Please send your comments to northwestlhin@lhins.on.ca
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