A PROFILE OF COMMUNITY REHABILITATION

ERIE ST CLAIR LOCAL HEALTH INTEGRATION NETWORK

March 2007

Prepared by:
Laura Passalent
Emily Borsy
Cheryl Cott

With contributions from:
Rachel Devitt

*Address for correspondence:
Arthritis Community Research & Evaluation Unit (ACREU)
Toronto Western Research Institute
399 Bathurst Street
MP-10th Floor, Suite 316
Toronto, ON  M5T 2S8
Tel: (416) 603-6269
Fax: (416) 603-6288
www.acreu.ca
ACKNOWLEDGEMENTS

We would like to acknowledge the Ministry of Health and Long-Term Care for their support of this project.

*The opinions, results and conclusion are those of the authors and no endorsement by the Ministry of Health and Long-Term Care is intended or should be inferred.*
## TABLE OF CONTENTS

**FACT SHEET** ........................................................................................................................................... 4

1 **INTERPRETATION AND STRUCTURE OF THIS REPORT** ........................................................................... 5
   1.1 **INTERPRETATION** .................................................................................................................. 5
   1.2 **STRUCTURE** ....................................................................................................................... 5

2 **INTRODUCTION** .................................................................................................................................. 7
   2.1 **PURPOSE AND OBJECTIVES** .............................................................................................. 8

3 **THE PROFILE** .................................................................................................................................... 9
   3.1 **HEALTH SYSTEM INTEGRATION PRIORITIES** ...................................................................... 9
   3.2 **WHAT IS THE CURRENT DEMAND FOR COMMUNITY REHABILITATION IN THE ERIE ST CLAIR LHIN?** .............................................................................................................. 9
   3.3 **WHAT IS THE CURRENT PROVISION FOR COMMUNITY REHABILITATION IN THE ERIE ST CLAIR LHIN?** .................................................................................................................. 12
   3.4 **HOW DOES ACCESS TO COMMUNITY REHABILITATION IN THE ERIE ST CLAIR LHIN COMPARE TO ONTARIO?** ........................................................................................................ 13
   3.5 **WHAT IS THE GEOGRAPHIC DISTRIBUTION OF DEMAND AND PROVISION FOR COMMUNITY OCCUPATIONAL THERAPY SERVICES?** .......................................................... 13
   3.6 **WHAT IS THE GEOGRAPHIC DISTRIBUTION OF DEMAND AND PROVISION FOR COMMUNITY PHYSIOTHERAPY SERVICES?** ...................................................................................... 14

4 **COMPENDIUM OF MAPS** ..................................................................................................................... 15

5 **GLOSSARY** .......................................................................................................................................... 22

6 **REFERENCES** ...................................................................................................................................... 25
LIST OF TABLES

Table 1: Erie St Clair LHIN rehabilitation human health resource provision.................................12
Table 2: Erie St Clair LHIN community rehabilitation provision..........................................................12
Table 3: Erie St Clair LHIN community rehabilitation access.............................................................13

LIST OF FIGURES

Figure 1: Occupational Therapy* and Physiotherapy Utilisation for the Erie St Clair LHIN ........10
Figure 2: Community Rehabilitation Demand for the Erie St Clair LHIN ............................................11

LIST OF MAPS

Map 1: Ontario LHIN Boundaries. ........................................................................................................15
Map 2: Distribution of privately and publicly funded community occupational therapy clinics.....16
Map 3: Distribution of privately and publicly funded community occupational therapy clinics and
 the distribution of Erie St Clair residents age 65 and over..............................................................17
Map 4: Distribution of privately and publicly funded community occupational therapy clinics and
 the distribution of Erie St Clair average annual household income. .............................................18
Map 5: Distribution of privately and publicly funded community physiotherapy clinics. ............19
Map 6: Distribution of privately and publicly funded community physiotherapy clinics and the
 distribution of Erie St Clair residents age 65 and over. ...............................................................20
Map 7: Distribution of privately and publicly funded community physiotherapy clinics and the
 distribution of Erie St Clair average annual household income. ..................................................21
FACT SHEET

OCCUPATIONAL THERAPY

- 1.2% of the Erie St Clair Local Health Integration Network population consulted at least once with an occupational therapist\(^1\) (OT) for inpatient and community rehabilitation 2003.
- There were 18.8 registered OTs for every 100,000 people living in the Erie St Clair LHIN in 2006. This is 40% less then the overall provincial rate.
- Publicly funded community OTs settings are located in Windsor, Sarnia and Chatham.
- There are 13 private community occupational therapy settings located throughout the Erie St Clair LHIN.

PHYSIOTHERAPY

- 6.7% of the LHIN population consulted at least once with a physiotherapist (PT) in either an inpatient or community rehabilitation setting in 2003.
- The availability of PT in 2006 was 26.5 PTs for every 100,000 people living in the Erie St Clair LHIN. This is 40% less than the Ontario rate of PT availability.
- The greatest number of full time equivalent PT staff working in community rehabilitation work at hospital outpatient departments.
- Publicly funded community PT settings are located in Windsor, Leamington, Sarnia, Petrolia and Grand Bend.
- There are 39 private community PT settings located throughout the Erie St Clair LHIN.

COMMUNITY REHABILITATION ACCESS

- The median wait time for publicly funded community OT or PT is the same as the overall Ontario median wait time (15 days).
- There is twice the number of private community OT services compared to public OT services.
- There is approximately four times the number of private PT clinics as publicly funded PT clinics.
- There is a lack of community rehabilitation services along the eastern border of Erie St Clair LHIN, suggesting potential for cross boundary flow to access services from the South West LHIN

\(^1\) This value includes at least one consultation with a speech language pathologist, audiologist or occupational therapist
1 INTERPRETATION AND STRUCTURE OF THIS REPORT

1.1 INTERPRETATION

This working report is the first of its kind to profile demand and provision for community rehabilitation services in Ontario. It is meant to be used in conjunction with existing data on the status of health care services in order to provide a comprehensive overview of community rehabilitation services in Ontario. The profiles are intended to assist health planners make informed decisions about community rehabilitation service in terms of demand, provision, access and geographic location. It is anticipated that these profiles will augment and enhance information already produced by the Local Health Integrated Networks and the Ministry of Health and Long Term Care regarding the status of local health service provision and demand across Ontario.

The data used to produce the community rehabilitation profiles are not exhaustive. Community Care Access Centres, community rehabilitation services provided through mental health institutes or institutes that provide rehabilitation to children and/or adolescents, as well as, specialty ambulatory programs (such as amputee programs or hand clinics) were excluded from this profile as inclusion of these settings was beyond the scope of this project. Furthermore, some information may be missing due to inadequate data quality and reasons pertaining to information privacy. The information presented in this document is meant to assist in decision making and health services planning and is not intended to be used in isolation of other data sources.

Please refer to the Technical Summary accompanying this profile for a description of the methodologies used to produce the profiles and its limitations.

1.2 STRUCTURE

This report is organised into five sections:

**INTRODUCTION:** This section provides a brief background of the Local Health Integration Network in the province of Ontario\(^2\). It also provides a general introduction to the delivery of community rehabilitation throughout the province of Ontario and explains why it is important to provide a snapshot of community rehabilitation for the Erie St Clair LHIN. The purpose and objectives of this report are presented.

**THE PROFILE:** The second section presents the profile for community rehabilitation in the Erie St Clair LHIN and is divided into the following subsections:

- **Health System Integration Priorities:** The Health System Integration Priorities for the Erie St Clair LHIN are presented in this section in order to provide context in which community rehabilitation may be relevant to health planning initiatives specific to the region.

\(^2\) The boundaries of the 14 LHINs are presented in Map 1.
• **Demand:** This subsection describes the demand for rehabilitation services for the LHIN. For the purpose of this project, *demand* will be defined as the potential need or desire for community rehabilitation services and is based on the general population distribution (all ages), the population distribution age 65 years and older, average annual household income, occupational therapy (OT) and physiotherapy (PT) utilisation, activity and participation limitation, as well as key health variables that may be indicative of demand for community rehabilitation services.

• **Provision:** This subsection describes the current provision for rehabilitation services for the LHIN. For the purposes of this profile *provision* is defined as the availability of community OT services and PT services and is based on: 1) the number of therapists for every 100,000 people living in the Erie St Clair LHIN; 2) the number of clinical settings providing community rehabilitation services, and, 3) the full time equivalent staff allocation at community rehabilitation settings.

• **Access:** This subsection describes access to rehabilitation services and is based on geographic location, method of funding (public vs. privately funded services), hours of operation and the wait times for service.

• **Geographic distribution of community occupational therapy:** This subsection consists of three maps that pertain to *community occupational therapy services* of which clinic location is overlayed with population distribution (Map 2); distribution of the population age 65 years and older (Map 3); and, distribution of average annual household income (Map 4). Please note that “TAS Rehab Clinics” refers to The Arthritis Society Rehabilitation and Education Program clinic location, and “CHC” refers to Community Health Centres.

• **Geographic distribution of community physiotherapy:** The final subsection consists of three maps that pertain to *community physiotherapy services* of which clinic location is overlayed with population distribution (Map 5); distribution of the population age 65 years and older (Map 6); and, distribution of average annual household income (Map 7). Please note that “TAS Rehab Clinics” refers to The Arthritis Society Rehabilitation and Education Program clinic location; “CHC” refers to Community Health Centres”, and, “DPC” refers to Designated Physiotherapy Clinics.

**COMPENDIUM OF MAPS:** All maps discussed in the preceding sections are presented as a collection in this section of the report.

**GLOSSARY, REFERENCES**
INTRODUCTION

The means by which Ontario residents receive health services has been significantly restructured over the last several years. The most significant change in provincial healthcare delivery occurred in March of 2006, when the Local Health System Integration Act received royal ascent from the Ontario legislature. This called for appointed health planning boards to plan, co-ordinate and fund health services within 14 defined geographic boundaries within Ontario. These geographic regions are referred to as Local Health Integration Networks (LHINs). Map 1 shows the geographic boundaries for each LHIN (refer to the compendium of maps, section 8 of this report).

LHINs operate as not-for-profit organisations that oversee health services including hospitals, community care access centres, home care, long-term care, mental health, community health centres as well as addiction and community support services. The LHIN structure aims to bring together providers in order to identify local priorities, plan local health services, and deliver them in an integrated and coordinated fashion. The Ministry of Health and Long Term Care outlines the principles, goals and requirements for the LHINs to ensure that all Ontarians have access to a consistent set of health care services.

With the newly established LHINs now operating throughout the province of Ontario, added attention is being given to the delivery of care occurring at the institutional level and at the community level. A better understanding of the availability of institutional care has become established with the recent focus on the Hospital Reports that examine the performance of hospitals throughout the province. However, assessment of the demand and provision of community services is more problematic due to inadequate data collection and the heterogeneity of community service provision. One such area is community rehabilitation services.

Rehabilitation is a goal-oriented process that enables individuals with impairment, activity limitations and participation restrictions identify and reach their optimal physical, mental and/or social functional level through client-focused partnership with family, providers and the community. Rehabilitation focuses on abilities and aims to facilitate independence and social integration. It involves many different health care professionals of which include occupational therapists and physiotherapists.

Occupational therapists (OTs) are first contact autonomous, client focused health care professionals who help people of all ages assume or reassume the skills they need for meaningful occupations - the day to day skills, activities, interactions and experiences with the environment and community around us. Physiotherapists (PTs) are also first contact, autonomous, client-focused health professionals trained to improve and maintain functional independence and physical performance, as well as, prevent and manage pain, physical impairments, disabilities and limits to participation. Both professionals play an important role in health promotion, disease prevention, and management of a variety of health conditions throughout the life course and along the continuum of care.

Understanding the distribution of these services across the province is important given the recent shift from institutional based care to community care. This shift has become evident with a greater proportion of patient populations such as total joint arthroplasty patients encountering early discharge from acute care institutions to the community. Patients who typically received
rehabilitation in an inpatient facility, are now receiving rehabilitation within their home through publicly funded services provided by Community Care Access Centres or are required to seek care from outpatient clinics operating within their community such as hospital outpatient clinics, Designated Physiotherapy Clinics, community health centres or The Arthritis Society’s Arthritis Rehabilitation and Education Program. Those who have supplemental insurance, or who are willing and able to pay out of pocket, can also access rehabilitation services through the private sector. However, there is no coordination of community rehabilitation services and nowhere can one find an overview of public and privately funded services for the province of Ontario.

Creating a profile of community rehabilitation for Ontario and each of its LHINs will assist in the identification of health human resource allocation, spatial organisation of services, and the determination of rehabilitation planning needs in terms of service coordination, funding allocation and accountable management. This will also provide a tool for the identification of needs and gaps in service planning and will help to reveal areas in need of further research.

2.1 PURPOSE AND OBJECTIVES

The purpose of this project is to integrate existing data sources and evidenced based findings pertaining to Ontario community rehabilitation services in order to provide a snapshot of current service demand and provision for community rehabilitation services within each LHIN.

The primary objectives of this report are to:

1. Examine the demand for existing community rehabilitation services, including the geospatial distribution, within Ontario and each LHIN. **Demand is defined as the potential need or desire for community occupational therapy (OT) services and physiotherapy (PT) services and is based on the general population distribution (all ages), the population distribution aged 65 years and older, average annual household income, OT and PT utilisation, activity and participation limitation, as well as key health variables that may be indicative of demand for community rehabilitation services.**

2. Examine existing community rehabilitation provision, including the geospatial distribution, within Ontario and each LHIN. **Provision is defined as the availability of community OT services and PT services based on geographic location, method of funding (public vs. privately funded services), health human resource allocation, hours of operation and the presence of waiting lists.**

3. Integrate the above information to establish a profile for community rehabilitation services for Ontario and each LHIN.
3 THE PROFILE

3.1 HEALTH SYSTEM INTEGRATION PRIORITIES

Through the process of community engagement and information integration, the following health integration system priorities were established for the Erie St Clair LHIN in the fall of 2006:

1. Chronic disease management
2. Reduce dependence on hospital services
3. Supporting people at home
4. Back office/administrative integration
5. System navigation
6. Health human resources
7. Health promotion and illness prevention
8. Timely access to appropriate care and services

Community rehabilitation is integral to all of the above planning priorities, with the exception of “back office/administration integration”. It is anticipated that the following community rehabilitation profile will inform and enhance further planning, implementation and evaluation for the above priorities. This will help to achieve an integrated health care system and improved health for the residents of the Erie St Clair LHIN.

3.2 WHAT IS THE CURRENT DEMAND FOR COMMUNITY REHABILITATION IN THE ERIE ST CLAIR LHIN?

Erie St Clair LHIN is home to approximately 643,000 residents, accounting for 5.2% of the provincial population. According to 2004 estimates, 13.5% of the population is 65 years and older, representing a higher proportion of seniors living in the Erie St Clair LHIN compared to the province.
Figure 1 presents OT and PT utilisation for the Erie St Clair LHIN. OT utilisation for inpatient and/or community rehabilitation was reported by 1.2% of the LHIN population in 2003, compared to 6.7% of the LHIN population having consulted at least once with a PT in either an inpatient and/or community rehabilitation setting in 2003. When these figures are compared to the province, the Erie St Clair LHIN has less utilisation of both OT and PT consultation than that of Ontario.

Figure 1: Occupational Therapy* and Physiotherapy Utilisation for the Erie St Clair LHIN

* This value includes at least one consultation with a speech language pathologist, audiologist or occupational therapist

Note: Coefficient of variation for “at least one consultation for occupational therapy” (Erie St Clair) ranges from 16.6% to 33.3% and should be interpreted with caution.
Figure 2 presents selected conditions that may indicate potential demand for rehabilitation services. The Erie St Clair LHIN has a significantly higher prevalence of arthritis/rheumatism compared to Ontario’s figures. The remaining conditions have a similar prevalence compared to the province.

**Figure 2: Community Rehabilitation Demand for the Erie St Clair LHIN**

* Significantly different from provincial average based on assessment of 95% confidence intervals
3.3 WHAT IS THE CURRENT PROVISION FOR COMMUNITY REHABILITATION IN THE ERIE ST CLAIR LHIN?

Table 1 compares health human resource rates for OT and PT between the Erie St Clair LHIN and Ontario. This includes therapists working in either an inpatient or community setting. In 2006, there were approximately 19 OTs for every 100 000 people living in the Erie St Clair LHIN. This provision is 40% less then the overall provincial rate. The availability of PTs in 2006 was 26.5 physiotherapists per 100 000 population. Again this is 40% less than the Ontario rate of physiotherapist availability. It is not possible to determine the proportion of either OTs or PTs working in community settings due to current data collection processes by their respective regulatory colleges.

Table 1: Erie St Clair LHIN rehabilitation human health resource provision

<table>
<thead>
<tr>
<th>Health Human Resources</th>
<th>LHIN 1 – Erie St Clair</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># per 100, 000 population§</td>
<td>Provision Ratio*</td>
</tr>
<tr>
<td>Occupational therapists†</td>
<td>18.8</td>
<td>0.60</td>
</tr>
<tr>
<td>Physiotherapists‡</td>
<td>26.5</td>
<td>0.61</td>
</tr>
</tbody>
</table>

*Provision Ratio=# per 100, 000 population in each LHIN/# of per 100 000 population in Ontario
Data Sources: †The College of Occupational Therapists of Ontario; ‡The College of Physiotherapists of Ontario; § 2001 Census (Statistics Canada)

Table 2 describes the number of community rehabilitation settings and the average number of full time equivalent (FTE) OT and PT staff per clinic in the Erie St Clair LHIN. The average number of FTEs per clinic varies across settings. Based on the available data, the greatest FTE staff allocation is at hospital outpatient departments for PT, followed by primary therapists (OT or PT) working at the Arthritis Society AREP clinics. Only PT services are available at the one Community Health Centre in the LHIN offering rehabilitation services. The average FTE allocation of PT services from Designated Physiotherapy Clinics, private occupational therapy clinics, and private physiotherapy clinics can not be assessed on due to insufficient data.

Table 2: Erie St Clair LHIN community rehabilitation provision

<table>
<thead>
<tr>
<th>Community Rehabilitation Setting</th>
<th>Occupational Therapy</th>
<th>Physiotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of clinics</td>
<td>Average number of FTEs/clinic</td>
</tr>
<tr>
<td>Arthritis Rehabilitation and Education Program Clinics (TAS AREP)†</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Community Health Centres (CHC)‡</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Designated Physiotherapy Clinics (DPC)*</td>
<td>Not Applicable</td>
<td>5</td>
</tr>
<tr>
<td>Hospital Outpatient Department (OPD)*</td>
<td>5</td>
<td>0.3*</td>
</tr>
<tr>
<td>Private Clinics</td>
<td>13</td>
<td>...</td>
</tr>
</tbody>
</table>

*Estimates derived from the Ontario Community Rehabilitation Wait Time Survey (ACREU)
...Data unavailable/insufficient cell size
Data Sources: †The Ontario Arthritis Society; ‡Association of Ontario Health Centres and key informants$^{s}$
3.4 HOW DOES ACCESS TO COMMUNITY REHABILITATION IN THE ERIE ST CLAIR LHIN COMPARE TO ONTARIO?

Indicators of access to OT and PT services provided in the Erie St Clair LHIN are presented in Table 3. The median wait time for publicly funded community OT or PT is the same as the overall Ontario median wait time (15 days). Hours of operation cannot be determined due to insufficient data. There is twice the number of private community OT services compared to public OT services within the Erie St Clair LHIN. Similarly, there is approximately four times the number of private PT clinics available in the Erie St Clair LHIN as publicly funded PT clinics. The ratio for private to public OT services is the same as that of the province, while the ratio for private to public PT services is greater than that of the province.

Table 3: Erie St Clair LHIN community rehabilitation access

<table>
<thead>
<tr>
<th>Access</th>
<th>LHIN 1 – Erie St Clair</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median wait time for publicly funded OT or PT (in days)*</td>
<td>15*</td>
<td>15*</td>
</tr>
<tr>
<td>Percent of publicly funded OT or PT clinics with hours of operation outside normal business hours†*</td>
<td>...</td>
<td>31.0*</td>
</tr>
<tr>
<td>Ratio of private to public clinics providing OT services¹</td>
<td>2.2</td>
<td>2.2</td>
</tr>
<tr>
<td>Ratio of private to public clinics providing PT services²</td>
<td>4.3</td>
<td>2.9</td>
</tr>
</tbody>
</table>

¹Estimates obtained from the Ontario Community Rehabilitation Wait Time Survey (ACREU)

†Normal business hours refers to service provision available Monday to Friday between 7:00am to 5:00pm

...Data unavailable/insufficient cell size

³Ratio of private to public clinics = # of private clinics / Σ (TAS AREP+CHC+OPD)

²Ratio of private to public clinics = # of private clinics / Σ (TAS AREP+CHC+DPC+OPD)

3.5 WHAT IS THE GEOGRAPHIC DISTRIBUTION OF DEMAND AND PROVISION FOR COMMUNITY OCCUPATIONAL THERAPY SERVICES?

Map 2: Distribution of privately and publicly funded community occupational therapy clinics. The highest concentration of both publicly and privately funded services is located in the Windsor area. Conversely there are no community OT services in the Leamington and Grand Bend areas and along the eastern border of the LHIN. Residents who do not qualify for home based services living within the vicinity of these municipalities would need to travel to Sarnia, Windsor or Chatham in order to access community OT services. There is potential for cross boundary flow with the South West LHIN for residents living along the eastern boundary of the Erie St Clair LHIN to access community OT services. There are no Community Health Centres that provide OT services within the geographic boundaries of the Erie St Clair LHIN.

Map 3: Distribution of privately and publicly funded community occupational therapy clinics and the distribution of Erie St Clair residents age 65 and over. The areas of Windsor, Sarnia and Chatham have higher proportions (33-64%) of people age 65 years and
older, compared to the remainder of the LHIN, with the majority of OT services located in these areas. There is a lack of community OT services in the areas of Grand Bend and northeast of Chatham, where there are moderate proportions (18-33%) of people who are 65 years and older.

Map 4: Distribution of privately and publicly funded community occupational therapy clinics and the distribution of Erie St Clair average annual household income. The Windsor area has a number of private OT clinics situated in lower income dissemination areas, with very few publicly funded OT services available. Options may be limited for publicly funded OT services for residents living else where in the Erie St Clair LHIN.

3.6 WHAT IS THE GEOGRAPHIC DISTRIBUTION OF DEMAND AND PROVISION FOR COMMUNITY PHYSIOTHERAPY SERVICES?

Map 5: Distribution of privately and publicly funded community physiotherapy clinics. The higher concentration of PT service is found in Windsor and Sarnia. More sparsely populated areas, such as Chatham, Petrolia and Wallaceberg also have PT services available, with only private services available in Chatham and Wallaceberg, and one hospital based PT clinic in Petrolia. Similar to the geographic distribution of occupational therapy, there are no services along the eastern boarder of the Erie St Clair LHIN, suggesting this may be an area for cross boundary migration for community PT service acquisition from the South West LHIN. The Grand Bend Area Community Health Centre is the only community health centre within the Erie St Clair LHIN that provides PT services.

Map 6: Distribution of privately and publicly funded community physiotherapy clinics and the distribution of Erie St Clair residents age 65 and over. There is at least one clinic location adjacent to dissemination areas with a moderate (18-33%) proportion of people age 65 years and older. The exceptions are the areas east of Chatham and north-west of Wallaceberg, where there is a lack of community PT settings. Some areas with high proportions (33-64%) of people age 65 years and older, living within in the Windsor area, do not have a community PT clinic located within close proximity compared to the remainder of the Windsor area.

Map 7: Distribution of privately and publicly funded community physiotherapy clinics and the distribution of Erie St Clair average annual household income. There are publicly funded community PT services, specifically designated clinics (DPCs), situated in areas with lower average annual household income (≤$27,532.000) in the Windsor area. Wallaceberg and Petrolia have entirely privately funded PT clinics available to area residents. This may be problematic for those who do not qualify for home based care, as residents of these areas would have to travel to Sarnia, Windsor or Leamington to receive publicly funded PT services.
Map 1: Ontario LHIN Boundaries.

<table>
<thead>
<tr>
<th>LHIN #</th>
<th>LHIN Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Erie St. Clair</td>
</tr>
<tr>
<td>2</td>
<td>South West</td>
</tr>
<tr>
<td>3</td>
<td>Waterloo Wellington</td>
</tr>
<tr>
<td>4</td>
<td>Hamilton Niagara</td>
</tr>
<tr>
<td>5</td>
<td>Halton</td>
</tr>
<tr>
<td>6</td>
<td>Brant</td>
</tr>
<tr>
<td>7</td>
<td>Central West</td>
</tr>
<tr>
<td>8</td>
<td>Mississauga</td>
</tr>
<tr>
<td>9</td>
<td>Halton</td>
</tr>
<tr>
<td>10</td>
<td>North Simcoe</td>
</tr>
<tr>
<td>11</td>
<td>North East</td>
</tr>
<tr>
<td>12</td>
<td>North Muskoka</td>
</tr>
<tr>
<td>13</td>
<td>North West</td>
</tr>
</tbody>
</table>

Source: Ontario Ministry of Health and Long Term Care
Date: August 28, 2005
Projection: NAD1983 Datum, UTM Zone 17N
and Canada Lambert Conformal Conic
Map 2: Distribution of privately and publicly funded community occupational therapy clinics.
Map 3: Distribution of privately and publicly funded community occupational therapy clinics and the distribution of Erie St Clair residents age 65 and over.
Map 4: Distribution of privately and publicly funded community occupational therapy clinics and the distribution of Erie St Clair average annual household income.
Map 5: Distribution of privately and publicly funded community physiotherapy clinics.
Map 6: Distribution of privately and publicly funded community physiotherapy clinics and the distribution of Erie St Clair residents age 65 and over.
Map 7: Distribution of privately and publicly funded community physiotherapy clinics and the distribution of Erie St Clair average annual household income.
5 GLOSSARY

Choropleth map
A thematic map that displays a quantitative attribute using ordinal classes. Areas are shaded according to their value and a range of shading classes.¹⁰

Community-Based Rehabilitation
In this report, community-based rehabilitation settings include publicly and privately funded settings where rehabilitation can be accessed by community dwelling individuals. Included are private clinics, Designated Physiotherapy Clinics (formerly known as Schedule 5 Physiotherapy Clinics), Community Care Access Centres, Community Health Centres, Hospital Outpatient Rehabilitation Departments and The Arthritis Society Consultation and Rehabilitation Services.

Community Health Centres (CHC)
Community Health Centres are delivered through publicly funded (MOH-LTC), community governed, not for profit organisations that provide primary health care, health promotion and community development services, using multi-disciplinary teams of health providers. These teams sometimes include occupational therapists and physiotherapists. Services are designed to meet the specific needs of the community surrounding the CHC. In many communities, CHCs provide their programs and services for people with difficulties accessing the full range of primary health-care services.¹¹

Demand
The potential need or desire for community rehabilitation services and is based on the general population distribution (all ages), the population distribution age 65 years and older, average annual household income, occupational therapy and physiotherapy utilisation, activity and participation limitation, as well as key health variables that may be indicative of demand for community rehabilitation services.

Designated Physiotherapy Clinics
Formerly known as Schedule 5 Ontario Health Insurance Plan (OHIP) Physiotherapy Clinics, these clinics are funded by the Ontario Ministry of Health and Long-Term Care through OHIP. In order to be eligible for this service, one must meet at least one of the following conditions: 1) be either under the age of 20 or age 65 and over; 2) a resident of a long-term care home at any age; 3) requiring physiotherapy services in home or after being hospitalised at any age, or, 4) a participant of the Ontario Disability Support Program, receiving Family Benefits and Ontario Works at any age.¹²

Dissemination Area (DA)
A dissemination area is a small, relatively stable geographic unit composed of one or more blocks. It is the smallest standard geographic area for which all census data are disseminated. DAs cover all the territory of Canada. Small area composed of one or more neighbouring blocks, with a population of 400 to 700 persons. All of Canada is divided into DAs.¹³

Hospital Outpatient Rehabilitation Departments
Many hospitals offer outpatient occupational therapy and/or physiotherapy services. These services are usually funded through the hospital’s global budget. However a few clinics throughout Ontario hospitals exist as for-profit business entities or have contracted services to external providers.
Local Health Integration Network (LHINs)
LHINs are 14 local entities designed to plan, integrate and fund local health services, including hospitals, community care access centres, home care, long-term care and mental health within specific geographic areas.\(^\text{14}\)

Occupational Therapy (OT)
OTs are health professionals who help people or groups of people of all ages assume or reassume the skills they need for the job of living. OTs work with clients to help identify barriers to meaningful occupations (self care, work and leisure). While enabling clients to change these barriers, occupational therapists fulfill the roles of therapist, educator, counsellor, case manager, resource developer, policy analyst and advocate.\(^\text{4}\)

Physiotherapy or Physical Therapy (PT)
PTs are first contact, autonomous, client-focused health professionals trained to: improve and maintain functional independence and physical performance; prevent and manage pain, physical impairments, disabilities and limits to participation; and promote fitness, health and wellness.\(^\text{5}\)

Private Funding
Private funding is derived purely from private sources and are not regulated by the provincial government. Some examples are private third party insurance such as casualty or extended health coverage and out-of-pocket payments directly from the client or their family. In some cases programs are funded through private sources, but the fee structure is regulated in some way by the provincial government. Examples are the Workplace Safety & Insurance Board (WSIB) and the Motor Vehicle Accident (MVA) insurance.

Provision
The availability of community occupational therapy services or physiotherapy services and is based on: 1) the number of therapists for every 100,000 people living in the LHIN; 2) the number of clinical settings providing community rehabilitation services, and, 3) the full time equivalent staff allocation at community rehabilitation settings.

Public Funding
Public sources of funding are finances derived purely from federal, provincial or municipal governments. In Ontario, public sources for funding rehabilitation services include (but are not limited to) global budgets provided to hospitals and institutions, Community Care Access Centres (CCAC), and direct funding from the Ministry of Health and Long-Term Care.

Rehabilitation
Rehabilitation is a goal-oriented process that enables individuals with impairment, activity limitations and participation restrictions to identify and reach their optimal physical, mental and/or social functional level through client-focused partnership with family, providers and the community. Rehabilitation focuses on abilities and aims to facilitate independence and social integration.
The Arthritis Society Arthritis Rehabilitation and Education Program
The Arthritis Society Arthritis Rehabilitation and Education Program is a specialised program of The Arthritis Society where occupational therapists, physical therapists and social workers, who work throughout the province of Ontario and have advanced training in the assessment and management of arthritis. Patients may self-refer or be referred by a physician. Service is provided through clinics or if indicated, home visits can be arranged. This program is covered by the Ontario Health Insurance Plan\textsuperscript{15}.
6 REFERENCES


