A PROFILE OF COMMUNITY REHABILITATION

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

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FACT SHEET

OCCUPATIONAL THERAPY

- Occupational therapy (OT) utilisation\(^1\) was reported by less than 1% of Local Health Integration Network (LHIN) population in 2003 for either inpatient or community OT services. Mississauga Halton has similar utilisation of OT services as Ontario.
- In 2006, there were just over 20 registered OTs for every 100,000 people living in the Mississauga Halton LHIN. This provision is 34% less than the overall provincial rate.
- The highest concentration of publicly and privately funded community OT services is located in Mississauga and Oakville.
- There are 34 private community OT settings located throughout the Mississauga Halton LHIN.

PHYSIOTHERAPY

- 8.3% of the LHIN population having consulted a physiotherapist (PT) in 2003 for either inpatient or community PT services. Mississauga Halton has similar utilisation of PT services as Ontario.
- The availability of PTs in 2006 was 36 registered PTs per 100,000 population, which is 17% less than the Ontario rate.
- The greatest allocation for full time equivalent (FTE) staff is at Designated Physiotherapy Clinics, with 4 FTEs per clinic.
- The highest concentration of both publicly and privately funded service is located in Mississauga and Oakville.
- There are 84 private community PT settings located throughout the Mississauga Halton LHIN.

COMMUNITY REHABILITATION ACCESS

- Median wait times for publicly funded community OT or PT is 2.5 days, which is less than the median wait time for the province.
- The availability of private community OT services within the Mississauga Halton LHIN is approximately four times that of publicly available services.
- The availability of privately funded PT services is seven times greater than the availability of publicly funded PT services.
- There are no publicly funded OT services in Milton.
- There are no publicly funded PT services in the Halton Hills area.

\(^1\) 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 (LHIN) in the province of Ontario. 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 Mississauga Halton LHIN. The purpose and objectives of this report are presented.

THE PROFILE: The second section presents the profile for community rehabilitation in Mississauga Halton LHIN and is divided into the following subsections:

- Health System Integration Priorities: The Health System Integration Priorities for the Mississauga Halton 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 Mississauga Halton 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 overlaid 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 overlaid 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**
2 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 priority areas were established for the Mississauga Halton LHIN:

1. Improve health systems performance
2. Strengthen primary health care
3. Enhance senior’s health, wellness and quality of life
4. Prevent and manage long-lasting (chronic) conditions
5. Integrate mental health and addiction services

Community rehabilitation is integral to all of the above planning priorities. 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 Mississauga Halton LHIN.

3.2 WHAT IS THE CURRENT DEMAND FOR COMMUNITY REHABILITATION IN THE MISSISSAUGA HALTON LHIN?

Mississauga Halton LHIN is home to approximately 1 million residents, accounting for 8.2% of the provincial population. According to 2004 census estimates, 9.5% of the Mississauga Halton population is 65 years and older, representing a lower proportion of seniors living in this LHIN compared to the province.
Figure 1 presents OT and PT utilisation for the Mississauga Halton LHIN. OT utilisation was claimed by less than 1% of LHIN population in 2003, compared to 8.3% of the LHIN population having consulted a PT in 2003. Mississauga Halton has similar utilisation of PT and OT services compared to the province.

**Figure 1: Occupational Therapy* and Physiotherapy Utilisation for the Mississauga Halton LHIN**

![Bar chart showing OT and PT utilisation](image)

* 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” (Mississauga Halton) 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. Mississauga Halton has a similar prevalence of all selected conditions compared to Ontario, with the exception of significantly less prevalence of arthritis/rheumatism.

**Figure 2: Community Rehabilitation Demand for Mississauga Halton 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 MISSISSAUGA HALTON LHIN?

Table 1 compares community OT and PT provision between Mississauga Halton LHIN and Ontario. In 2006, there were just over 20 registered OTs for every 100,000 people living in the Mississauga Halton LHIN. This provision is 34% less then the overall provincial rate. The availability of PTs in 2006 was 36 registered physiotherapists per 100,000 population, which is 17% less than the Ontario rate. 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: Mississauga Halton LHIN community rehabilitation human health resource provision

<table>
<thead>
<tr>
<th>Health Human Resources</th>
<th>LHIN 6 – Mississauga Halton</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>20.7</td>
<td>0.66</td>
</tr>
<tr>
<td>Physiotherapists‡</td>
<td>36.0</td>
<td>0.83</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 clinical settings and the average number of full time equivalent (FTE) OT and PT staff per clinic in the Mississauga Halton LHIN. Based on the available data, the greatest allocation of FTE staff is at Designated Physiotherapy Clinics, with 4 FTEs per clinic. The average number of FTEs per hospital outpatient clinics and private community OT and PT clinics cannot be assessed due to insufficient and unavailable data. There are no community rehabilitation services offered out of Community Health Centres operating in the Mississauga Halton LHIN.

Table 2: Mississauga Halton LHIN community rehabilitation provision

<table>
<thead>
<tr>
<th>Community Rehabilitation Settings</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>4</td>
<td>0.3</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>4</td>
</tr>
<tr>
<td>Hospital Outpatient Department (OPD)*</td>
<td>4</td>
<td>…</td>
</tr>
<tr>
<td>Private Clinics</td>
<td>34</td>
<td>…</td>
</tr>
</tbody>
</table>

*Estimates derived from the Ontario Community Rehabilitation Wait Time Survey (ACREU)
Data Sources: †The Ontario Arthritis Society; ‡Association of Ontario Health Centres and key informants 89
3.4 HOW DOES ACCESS TO COMMUNITY REHABILITATION IN THE MISSISSAUGA HALTON LHIN COMPARE TO ONTARIO?

Indicators for access to the OT and PT services provided in the Mississauga Halton LHIN are presented in Table 3. Median wait times for publicly funded community OT or PT is 2.5 days, which is less than the median wait time for the province. Hours of operation can not be assessed due to unavailable data. The availability of private community OT services within the Mississauga Halton LHIN is approximately four times that of publicly available services, which is almost double the ratio of private to public OT for the province. The availability of privately funded PT services is seven times greater than the availability of publicly funded PT services, indicating less availability of publicly funded community rehabilitation services, compared to the private PT services.

Table 3: Mississauga Halton LHIN community rehabilitation access

<table>
<thead>
<tr>
<th>Access</th>
<th>LHIN 6 – Mississauga Halton</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median wait time for publicly funded OT or PT (in days)*</td>
<td>2.5</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>4.3</td>
<td>2.2</td>
</tr>
<tr>
<td>Ratio of private to public clinics providing PT services²</td>
<td>7.0</td>
<td>2.9</td>
</tr>
</tbody>
</table>

*Estimates derived 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
¹Ratio of private to public clinics = # of private clinics / ∑ (TAS AREP+CHC+OPD)
²Ratio of private to public clinics = # of private clinics / ∑ (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 concentrations of publicly and privately funded services are located in Mississauga and Oakville. All five of the Arthritis Society AREP clinics are located in the Mississauga area. There are no publicly funded OT services in Milton. Residents who do not qualify for home based services living within the Milton area would be required to travel to Mississauga, Oakville or Halton Hills in order to access publicly funded community OT services. There are no Community Health Centres (CHCs) that provide OT services within the geographic boundaries of the Mississauga Halton LHIN.

Map 3: Distribution of privately and publicly funded community occupational therapy clinics and the distribution of Mississauga Halton residents age 65 and over. The majority of the Mississauga Halton LHIN has less than 18.6% of the population who are 65 years and older. The exception is the northeast pocket of Mississauga, where over 64% of the population are age 65 years and older. There are also several pockets of higher proportions of seniors within the Milton and Oakville areas. There are OT services located adjacent to these areas with
moderate to high proportions of people age 65 years and older, although there are no publicly funded services located in the Milton area.

**Map 4: Distribution of privately and publicly funded community occupational therapy clinics and the distribution of Mississauga Halton average annual household income.**
The distribution of publicly and privately funded clinical settings is well dispersed within most urban areas of the LHIN, with a number of publicly funded settings located adjacent to low income dissemination areas (≤$32,556.00). The exceptions are the low income areas located in Milton, Oakville and Mississauga, where the majority of clinics are privately funded. Residents living in these areas would have to travel to either Halton Hills or the Mississauga area to receive publicly funded OT services.

### 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 highest concentrations of publicly and privately funded service are located in Mississauga and Oakville. All five of the Arthritis Society AREP clinics are located in the Mississauga area. The majority of Designated Physiotherapy Clinics are located in Etobicoke. There are no publicly funded physiotherapy services in the Halton Hills area. Residents who do not qualify for home based-services living within the Halton Hills area would be required to travel in order to access publicly funded PT services at the hospital located between Oakville and Milton. There is potential for cross boundary flow with the Central West LHIN to access community PT services for individuals residing in Halton Hills. There are no Community Health Centres (CHCs) that provide PT services within the geographic boundaries of the Mississauga Halton LHIN.

**Map 6: Distribution of privately and publicly funded community physiotherapy clinics and the distribution of Mississauga Halton residents age 65 and over.** The majority of the Mississauga Halton LHIN has less than 18.6% of the population who are age 65 years and over. The exception is the northeast pocket of Mississauga where over 64% of the population is age 65 years and older. There are also several pockets of higher proportions of seniors within the Milton and Oakville areas. There are community PT services located adjacent to these areas with moderate to high proportions of people age 65 years and older, although there are no publicly funded services located in the Milton area.

**Map 7: Distribution of privately and publicly funded community physiotherapy clinics and the distribution of Mississauga Halton average annual household income.** The distribution of publicly and privately funded community PT settings is well dispersed within most urban areas of the LHIN, with a number of publicly funded settings located adjacent to low income dissemination areas (≤$32,556.00). The exception to this is the Halton Hills and Milton area where only privately funded clinics exist. In addition, there are no services in the low income area northwest of Milton for those who do not qualify for home based care. Residents living in these areas would have to travel to either Halton Hills or the Mississauga area to receive publicly funded PT services.
Map 1: Ontario LHIN Boundaries.

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 Brant</td>
</tr>
<tr>
<td>6</td>
<td>Central West</td>
</tr>
<tr>
<td>7</td>
<td>Mississauga Halton</td>
</tr>
<tr>
<td>8</td>
<td>Toronto Central</td>
</tr>
<tr>
<td>9</td>
<td>Central East</td>
</tr>
<tr>
<td>10</td>
<td>South East</td>
</tr>
<tr>
<td>11</td>
<td>Champlain</td>
</tr>
<tr>
<td>12</td>
<td>North Simcoe Muskoka</td>
</tr>
<tr>
<td>13</td>
<td>North East</td>
</tr>
<tr>
<td>14</td>
<td>North West</td>
</tr>
</tbody>
</table>

Source: Ontario Ministry of Health and Long Term Care
Date: August 28, 2009
Projection: NAD83 UTM Zone 17 N
and Canada Lambert Conformal Conic

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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 Mississauga Halton residents age 65 and over.
Map 4: Distribution of privately and publicly funded community occupational therapy clinics and the distribution of Mississauga Halton average annual household income.
Map 5: Distribution of privately and publicly funded community physiotherapy clinics

LHIN 6 - Mississauga Halton
Population Distribution by Dissemination Area and Distribution of Public and Private Physiotherapy Clinics

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Map 6: Distribution of privately and publicly funded community physiotherapy clinics and the distribution of Mississauga Halton residents age 65 and over.

**LHIN 6 - Mississauga Halton**
Percentage of Total Population Age 65 and Over by Dissemination Area and Distribution of Public and Private Physiotherapy Clinics

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Date: August 15, 2004
Revised: NAC 1925 Datum UTM Zone 17N

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Percentage Population 65 +
- DPC (5)
- Hospital (4)
- TAS Rehab Clinics (5)
- Private (84)

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Data Unavailable
Map 7: Distribution of privately and publicly funded community physiotherapy clinics and the distribution of Mississauga Halton 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. 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 advocate4.

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 wellness5.

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


