



# ARTHRITIS COMMUNITY RESEARCH & EVALUATION UNIT (ACREU)

University Health Network

## A PROFILE OF COMMUNITY REHABILITATION

## NORTH WEST LOCAL HEALTH INTEGRATION NETWORK

March 2007

*Prepared by:*

Laura Passalent  
Emily Borsy  
Cheryl Cott

\*Address for correspondence:

**Arthritis Community Research & Evaluation Unit (ACREU)**  
Toronto Western Research Institute  
399 Bathurst Street  
MP-10<sup>th</sup> Floor, Suite 316  
Toronto, ON M5T 2S8  
Tel: (416) 603-6269  
Fax: (416) 603-6288  
[www.acreu.ca](http://www.acreu.ca)

*With contributions from:*

Rachel Devitt

Working Report 2007-01-P



University Health Network  
Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

## **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

<b>FACT SHEET .....</b>	<b>4</b>
<b>1 INTERPRETATION AND STRUCTURE OF THIS REPORT .....</b>	<b>5</b>
1.1 INTERPRETATION .....	5
1.2 STRUCTURE .....	5
<b>2 INTRODUCTION.....</b>	<b>7</b>
2.1 PURPOSE AND OBJECTIVES.....	8
<b>3 THE PROFILE .....</b>	<b>9</b>
3.1 HEALTH SYSTEM INTEGRATION PRIORITIES .....	9
3.2 WHAT IS THE CURRENT DEMAND FOR COMMUNITY REHABILITATION IN THE NORTH WEST LHIN.....	9
3.3 WHAT IS THE CURRENT PROVISION FOR COMMUNITY REHABILITATION IN THE NORTH WEST LHIN?.....	12
3.4 HOW DOES ACCESS TO COMMUNITY REHABILITATION IN THE NORTH WEST LHIN COMPARE TO ONTARIO?.....	13
3.5 WHAT IS THE GEOGRAPHIC DISTRIBUTION FOR DEMAND AND PROVISION FOR COMMUNITY OCCUPATIONAL THERAPY SERVICES? .....	13
3.6 WHAT IS THE GEOGRAPHIC DISTRIBUTION FOR DEMAND AND PROVISION FOR COMMUNITY PHYSIOTHERAPY SERVICES? .....	14
<b>4 COMPENDIUM OF MAPS .....</b>	<b>15</b>
<b>5 GLOSSARY .....</b>	<b>22</b>
<b>6 REFERENCES.....</b>	<b>25</b>

## LIST OF TABLES

Table 1: North West LHIN community rehabilitation human health resource provision .....	12
Table 2: North West LHIN community rehabilitation provision .....	12
Table 3: North West LHIN community rehabilitation access .....	13

## LIST OF FIGURES

Figure 1: Occupational Therapy* and Physiotherapy Utilisation for the North West LHIN.....	10
Figure 2: Community Rehabilitation Demand for North West 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 North West residents age 65 and over.....	17
Map 4: Distribution of privately and publicly funded community occupational therapy clinics and the distribution of North West 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 North West residents age 65 and over.....	20
Map 7: Distribution of privately and publicly funded community physiotherapy clinics and the distribution of North West average annual household income. ....	21

## **FACT SHEET**

### **OCCUPATIONAL THERAPY**

- Occupational therapy (OT) utilisation<sup>1</sup> was reported by 2.0% of the Local Health Integration Network (LHIN) population in 2003 for either inpatient or community OT services. The North West LHIN has similar utilisation of OT consultation with that of Ontario.
- In 2006, there were 31.8 registered OTs for every 100,000 people living in the North West LHIN. This provision is approximately the same as the overall provincial rate.
- The majority of both publicly and privately funded services are located in the populated areas of Thunder Bay, Fort Frances, Kenora and Sioux Lookout.
- There are four private community OT clinics located throughout the North West LHIN.

### **PHYSIOTHERAPY**

- 7.4% of the LHIN population consulted with a PT in 2003 for either inpatient or community PT services. When these figures are compared to the province, the North West LHIN has similar utilisation of PT consultation with that of Ontario.
- The availability of PT in 2006 was 52 registered PTs per 100,000 population, which is 20% more than the Ontario rate.
- Publicly and privately funded PT services are primarily located throughout the southern region of the LHIN.
- There are 17 private community PT clinics located throughout the North West LHIN.

### **COMMUNITY REHABILITATION ACCESS**

- The median wait time for publicly funded community OT or PT is two times longer (31 days) than the Ontario median wait times for the province (15 days).
- For every one private clinic there are 3.5 public clinics.
- There are an equal number of private PT clinics available in the North West LHIN as publicly funded PT clinics.
- There are small pockets of communities located in northern areas of the LHIN that are remote and isolated. Individuals requiring community rehabilitation services living in these remote areas would be required to travel south in order to receive services from the populated areas located in the southern region of the LHIN.

---

<sup>1</sup> 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<sup>2</sup>. 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 North West LHIN. The purpose and objectives of this report are presented.

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

- **Health System Integration Priorities:** The Health System Integration Priorities for the North West 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.

---

<sup>2</sup> 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 North West 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.**

**COMPEDIUM 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<sup>1</sup>. 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<sup>2</sup>. 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<sup>3</sup>. 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<sup>4</sup>. 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<sup>5</sup>. 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<sup>6</sup>. 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 North West LHIN in the fall of 2006<sup>7</sup>:

1. Access to primary health care
2. Access to chronic disease prevention and management
3. Access to specialty care
4. Access to mental health and addictions
5. Availability of long-term care services
6. Integration of services along the continuum of care
7. Engagement with aboriginal people
8. Ensuring French language services
9. Integration of e-Health
10. Regional health human resources

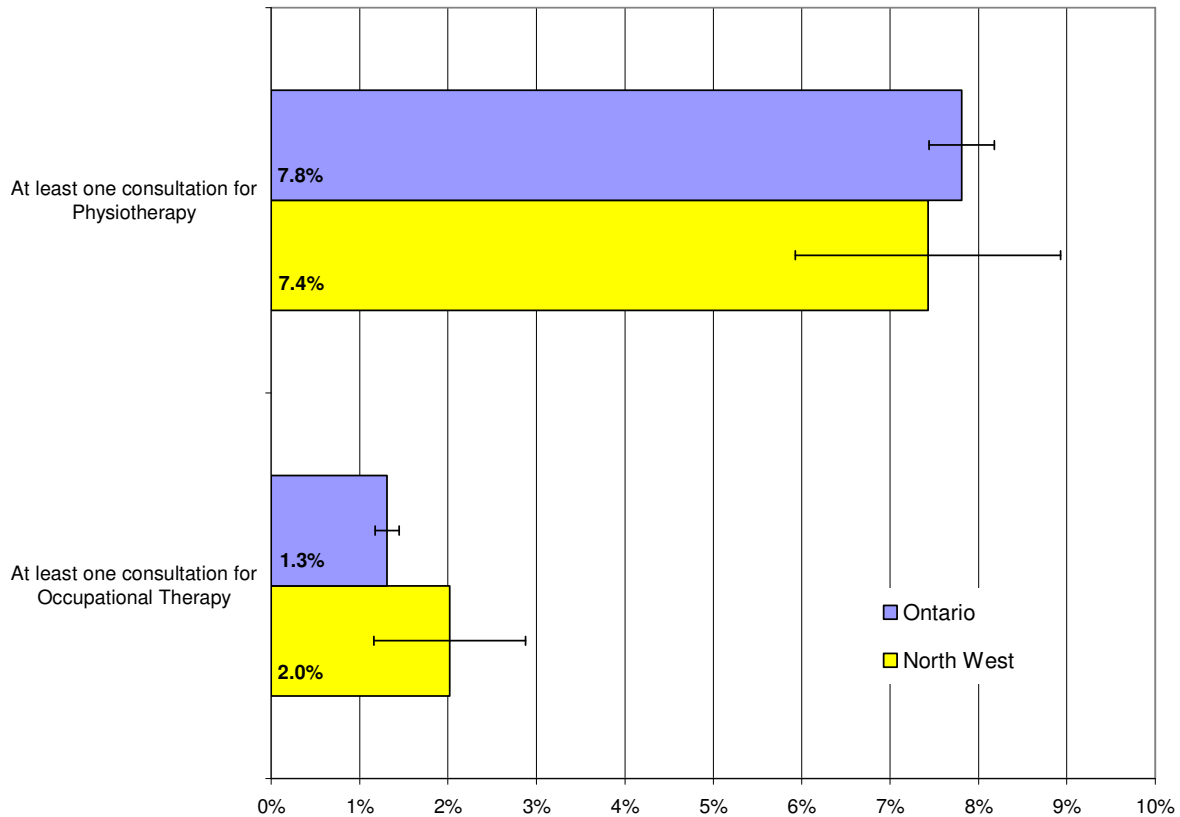
Community rehabilitation is integral to all of the above planning priorities. It is anticipated that the following community rehabilitation profile will inform and enhance further planning, implementation and evaluation for the above priority areas. This will help to achieve an integrated health care system and improved health for the residents of the North West LHIN.

### **3.2 WHAT IS THE CURRENT DEMAND FOR COMMUNITY REHABILITATION IN THE NORTH WEST LHIN.**

North West LHIN is home to approximately 244,000 residents, accounting for 2.0% of the provincial population. According to 2004 census estimates, 13.0% of the North West population is age 65 years and over, representing a slightly greater proportion of seniors living in this LHIN compared to the province.

Figure 1 presents OT and PT utilisation for the North West LHIN. OT utilisation was reported by 2.0% of LHIN population in 2003, compared to 7.4% of the LHIN population having consulted a PT in 2003. When these figures are compared to the province, the North West LHIN has similar utilisation of PT consultation with that of Ontario. 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.

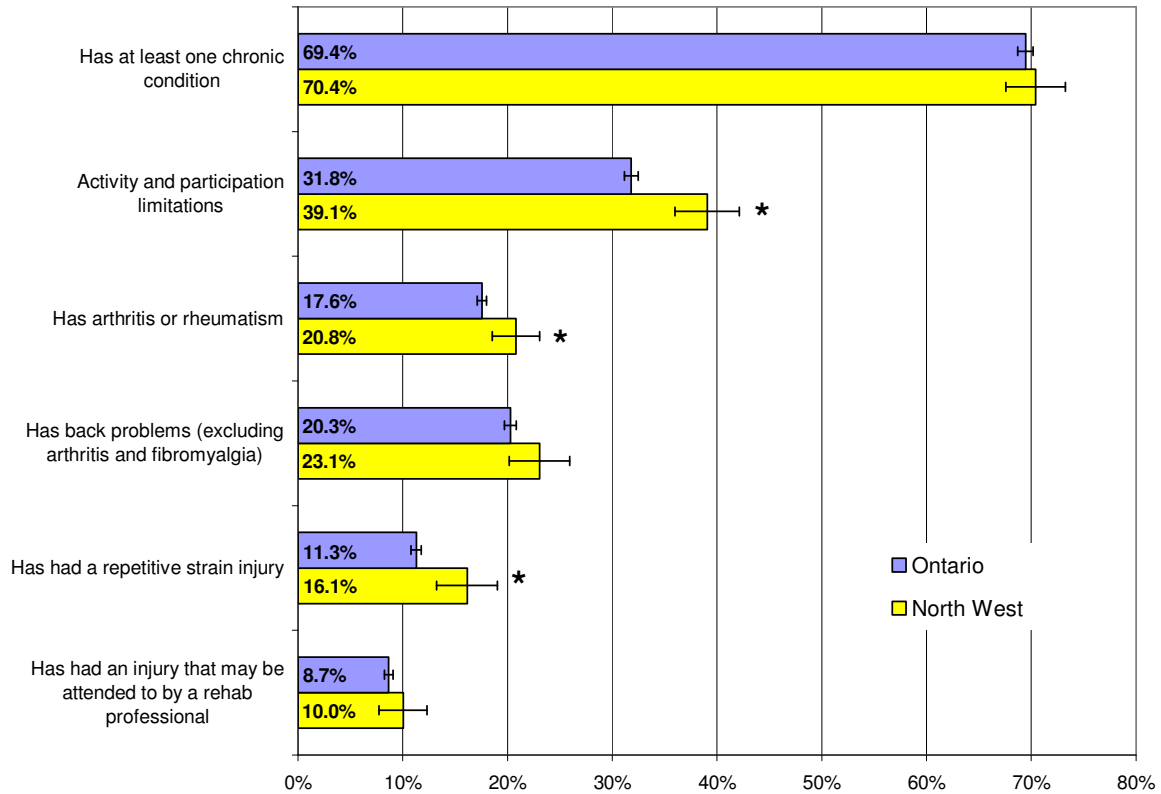
**Figure 1: Occupational Therapy\* and Physiotherapy Utilisation for the North West LHIN**



\* 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” (North West) 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 North West LHIN has a significantly higher prevalence for selected conditions that includes: having arthritis/rheumatism, repetitive strain injury and activity and/or participation limitation. The remaining conditions have a similar prevalence when compared to the province.

**Figure 2: Community Rehabilitation Demand for North West 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 NORTH WEST LHIN?

Table 1 compares community OT and PT provision between North West LHIN and Ontario. In 2006, there were 31.8 registered OTs for every 100,000 people living in the North West LHIN. This provision is approximately the same as the overall provincial rate. The availability of PTs in 2006 was 52 registered PTs per 100 000 population, which is 20% more than the Ontario rate.

**Table 1: North West LHIN community rehabilitation human health resource provision**

Health Human Resources	LHIN 14 – North West		Ontario
	# per 100 000 population§	Provision Ratio*	# per 100 000 population
Occupational therapists†	31.8	1.02	31.2
Physiotherapists‡	52	1.20	43.4

\*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 rehabilitation settings and the average number of full time equivalent (FTE) OT and PT staff per clinic in the North West LHIN. Based on available data, the greatest FTE allocation is found at Hospital Outpatient Departments for PT staff allocation. The average number of FTEs per Designated Physiotherapy Clinic, private community OT and private PT clinics cannot be assessed due to insufficient and unavailable data.

**Table 2: North West LHIN community rehabilitation provision**

Community Rehabilitation Settings	Occupational Therapy		Physiotherapy	
	# of clinics	Average number of FTEs/clinic	# of clinics	Average number of FTEs/clinic
Arthritis Rehabilitation and Education Program Clinics (TAS AREP)†	6	0.5	***Primary therapist (OT or PT) model of service delivery. See values under occupational therapy ***	
Community Health Centres (CHC)‡	0	0	0	0
Designated Physiotherapy Clinics (DPC)*	Not Applicable		0	0
Hospital Outpatient Department (OPD)*	8	0.8	11	2.5
Private Clinics	4	...	17	...

\*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<sup>8,9</sup>

### 3.4 HOW DOES ACCESS TO COMMUNITY REHABILITATION IN THE NORTH WEST LHIN COMPARE TO ONTARIO?

Indicators of access to OT and PT services provided in North West are presented in Table 3. The median wait time for publicly funded community OT or PT is two times longer (31 days) than the Ontario median wait times for the province (15 days). For every one private clinic there are 3.5 public clinics. There are an equal number of private PT clinics available in the North West LHIN as publicly funded PT clinics. In both case, the private to public ratios for OT and PT services are lower than that for the province.

**Table 3: North West LHIN community rehabilitation access**

Access	LHIN 14 – North West	Ontario
Median wait time for <i>publicly funded</i> OT or PT (in days)*	31	15*
Percent of <i>publicly funded</i> OT or PT clinics with hours of operation outside normal business hours†*	...	31.0*
Ratio of private to public clinics providing OT services <sup>1</sup>	0.3	2.2
Ratio of private to public clinics providing PT services <sup>2</sup>	1.00	2.9

\*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

<sup>1</sup>Ratio of private to public clinics = # of private clinics /  $\sum$  (TAS AREP+CHC+OPD)

<sup>2</sup>Ratio of private to public clinics = # of private clinics /  $\sum$  (TAS AREP+CHC+DPC+OPD)

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

**Map 2: Distribution of privately and publicly funded community occupational therapy clinics.** The majority of both publicly and privately funded service are located in the populated areas of Thunder Bay, Fort Frances, Kenora and Sioux Lookout. The majority of these clinics are Arthritis Society AREP clinics and hospital based OT clinics. There are small pockets of communities located in northern areas of the LHIN that are remote and isolated. Individuals requiring OT services living in these remote areas would be required to travel south in order to receive services from the populated areas located in the southern region of the LHIN.

**Map 3: Distribution of privately and publicly funded community occupational therapy clinics and the distribution of North West residents age 65 and over.** The majority of the dissemination areas within the North West LHIN have less than 18.6% of residents who are age 65 years and over. The exceptions are areas surrounding Thunder Bay where, there are several pockets of higher proportions (33%-64%) of senior residents. Individuals age 65 years and older who do not qualify for home based services within this region would be required to travel to Thunder Bay to access community OT services.

**Map 4: Distribution of privately and publicly funded community occupational therapy clinics and the distribution of North West average annual household income.** The

majority of the dissemination areas of the North West LHIN have low average annual incomes ( $\leq \$27,532$ ). The availability of OT clinics seems to reflect the lower income populations residing in this LHIN, as the majority of OT clinics within this region are publicly funded. However, despite the availability of publicly funded clinics, individuals within this region may need to travel upwards of 300 kilometres to access services, which would incur considerable cost for transportation.

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

#### **Map 5: Distribution of privately and publicly funded community physiotherapy clinics:**

Publicly and privately funded PT services are primarily located throughout the southern region of the LHIN. There are small pockets of remote and isolated communities located in northern areas of the LHIN that do not have PT provision. The exception is one hospital based outpatient department that provides community PT services in Red Lake, Individuals requiring community PT services living in these areas would be required to travel to the southern region of the LHIN to receive service.

#### **Map 6: Distribution of privately and publicly funded community physiotherapy clinics and the distribution of North West residents age 65 and over.**

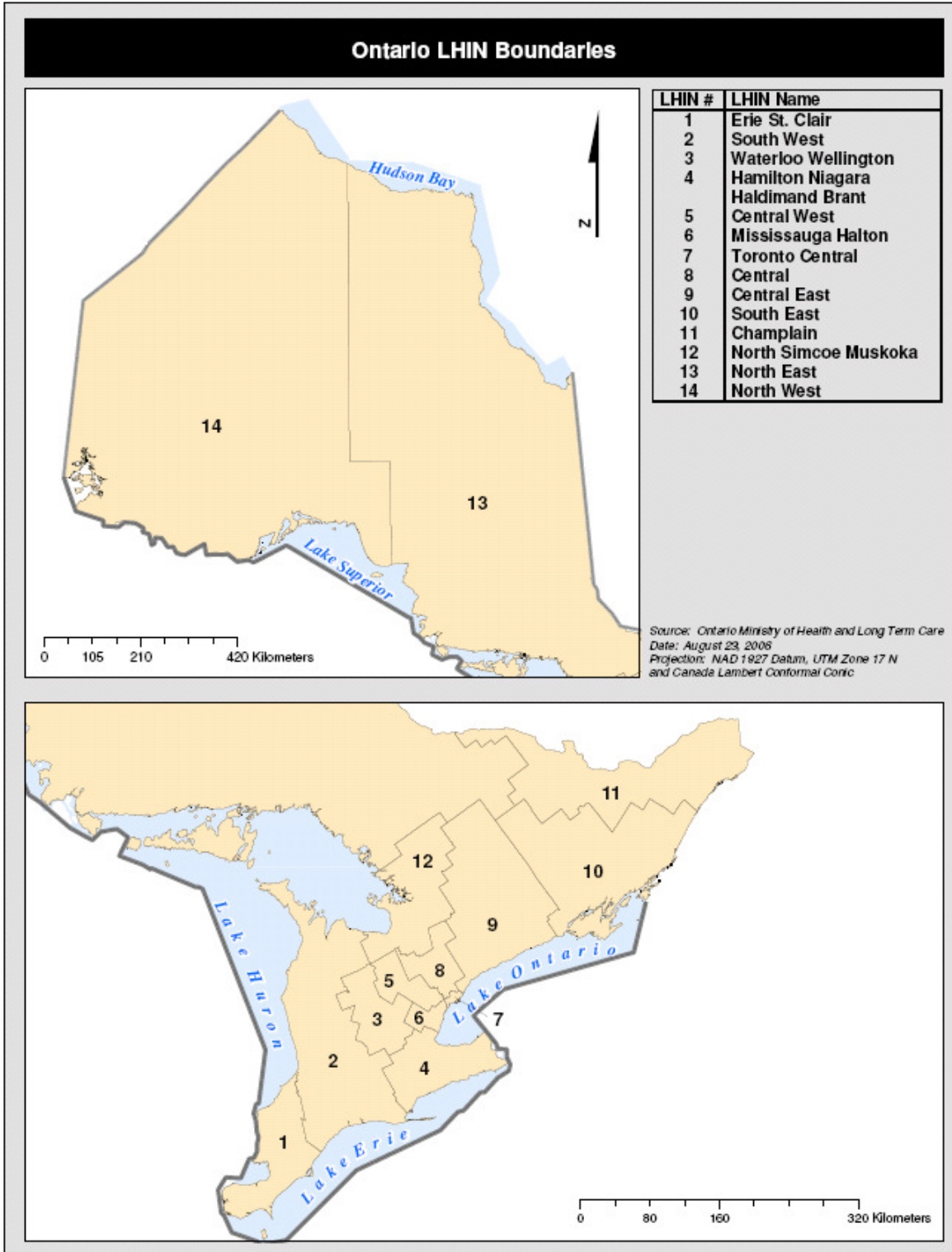
The majority of the dissemination areas within the North West LHIN have less than 18.6% of residents who are age 65 years and older. The exceptions are areas surrounding Thunder Bay where there are several pockets of higher proportions (33%-64%) of senior residents. Individuals age 65 years and older who do not qualify for home based services within this region would be required to travel to Thunder Bay to access community PT services.

#### **Map 7: Distribution of privately and publicly funded community physiotherapy clinics and the distribution of North West average annual household income.**

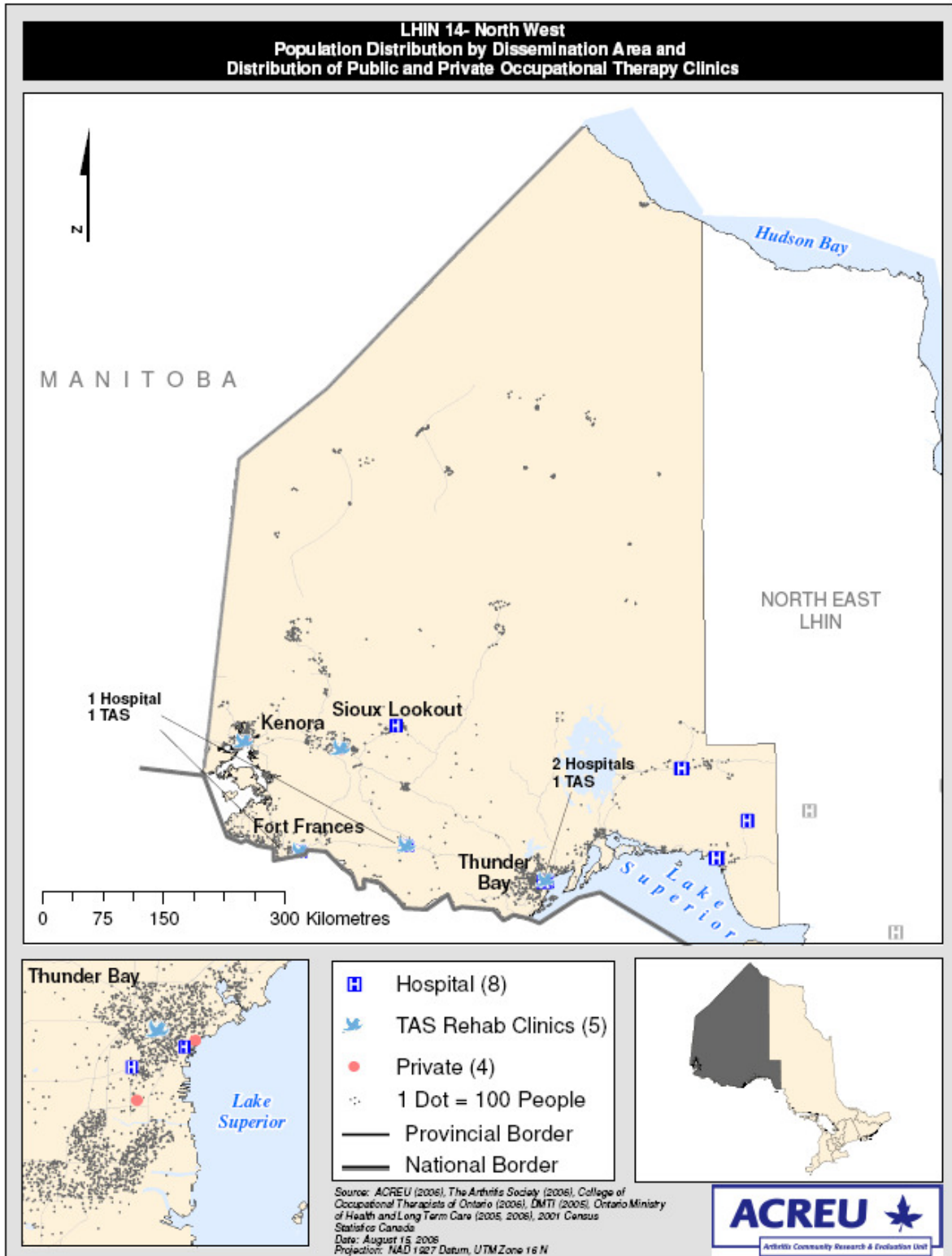
The majority of the dissemination areas have low average annual incomes ( $\leq \$27,532$ ). The availability of community PT clinics seems to reflect the lower income populations residing in this LHIN, as the majority of PT clinics within this region are publicly funded. However, despite the availability of publicly funded clinics, individuals within this region may need to travel upwards of 300 kilometres to access services, which would incur considerable cost for transportation.

## 4 COMPENDIUM OF MAPS

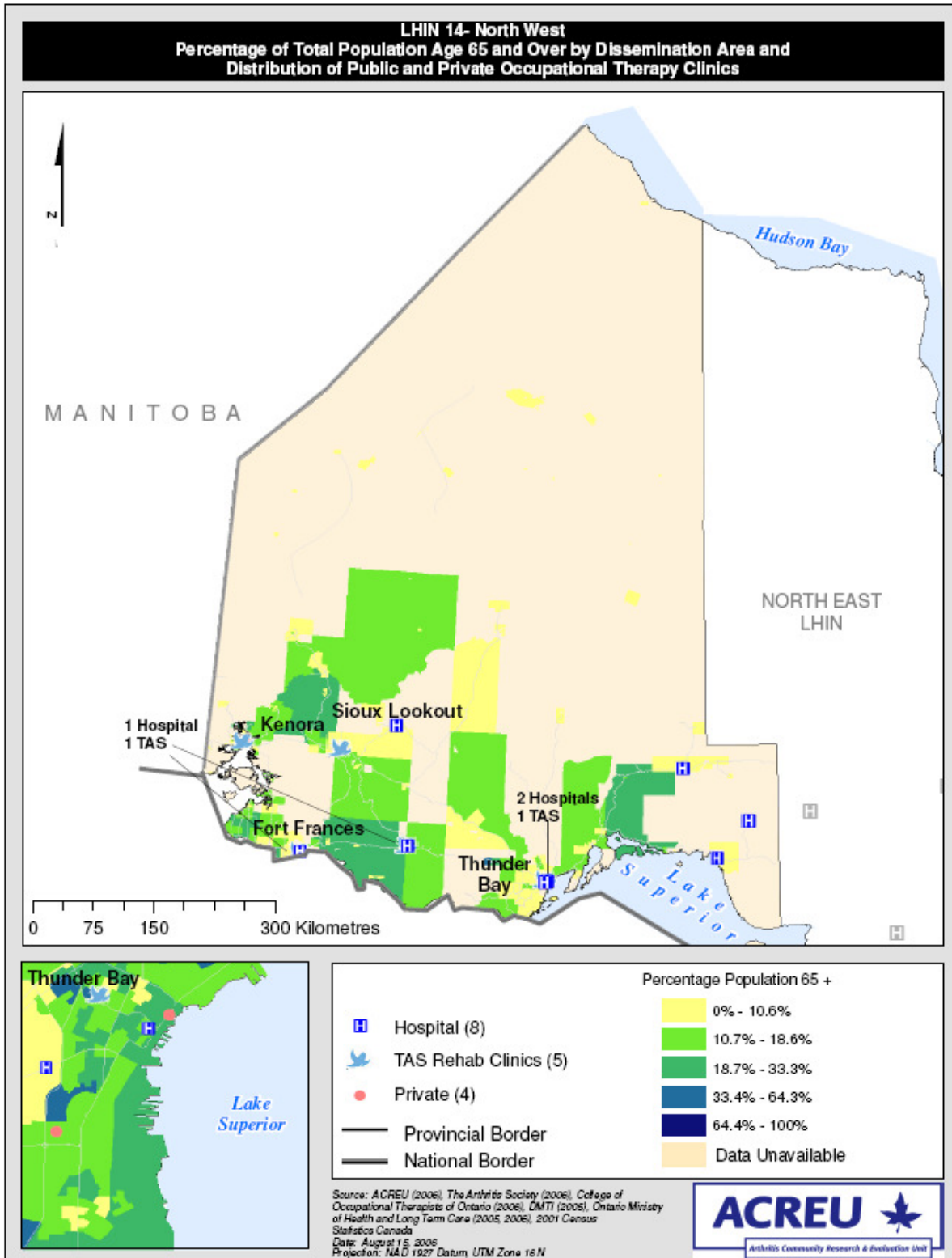
Map 1: Ontario LHIN Boundaries.



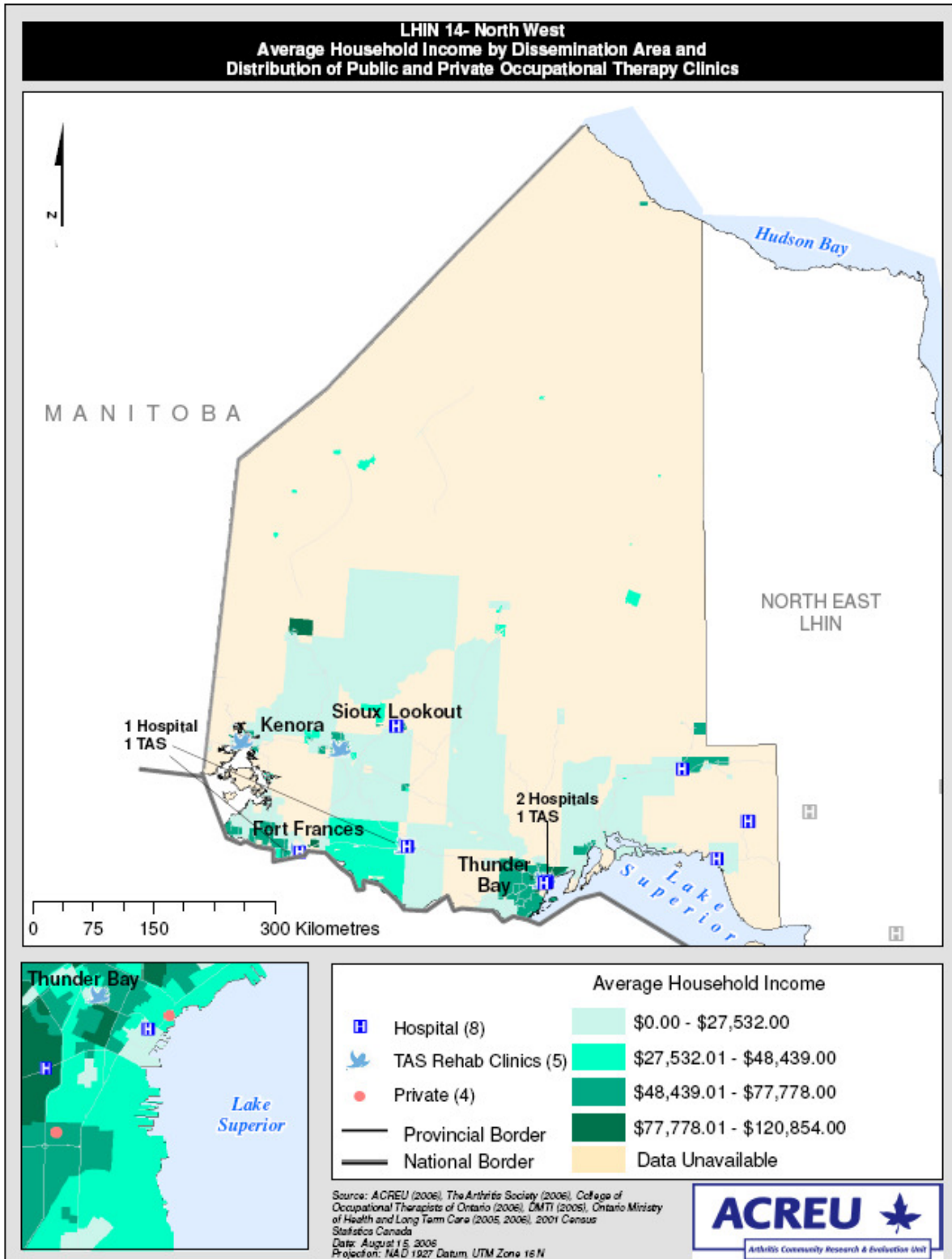
**Map 2: Distribution of privately and publicly funded community occupational therapy clinics.**



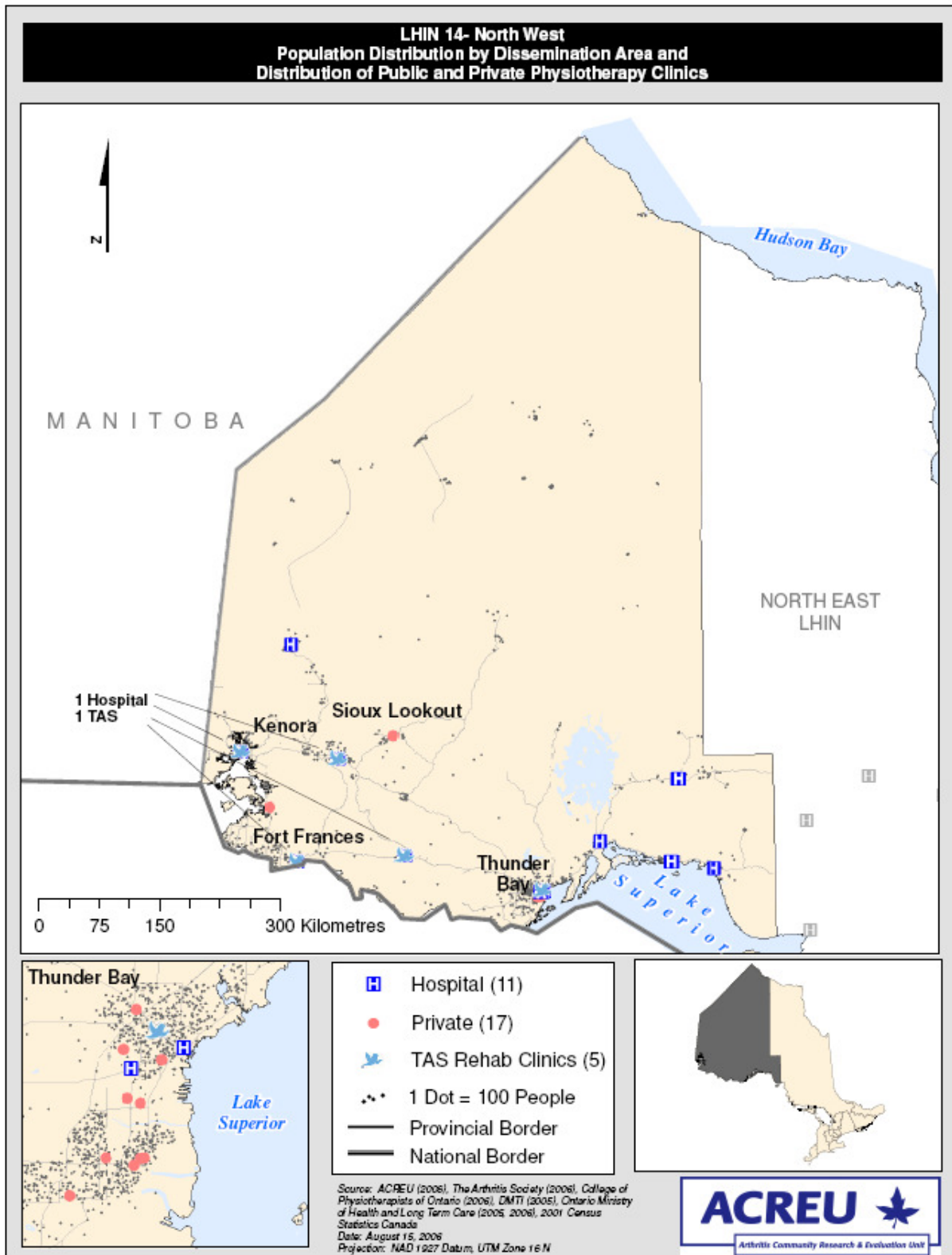
**Map 3: Distribution of privately and publicly funded community occupational therapy clinics and the distribution of North West residents age 65 and over.**



**Map 4: Distribution of privately and publicly funded community occupational therapy clinics and the distribution of North West average annual household income.**

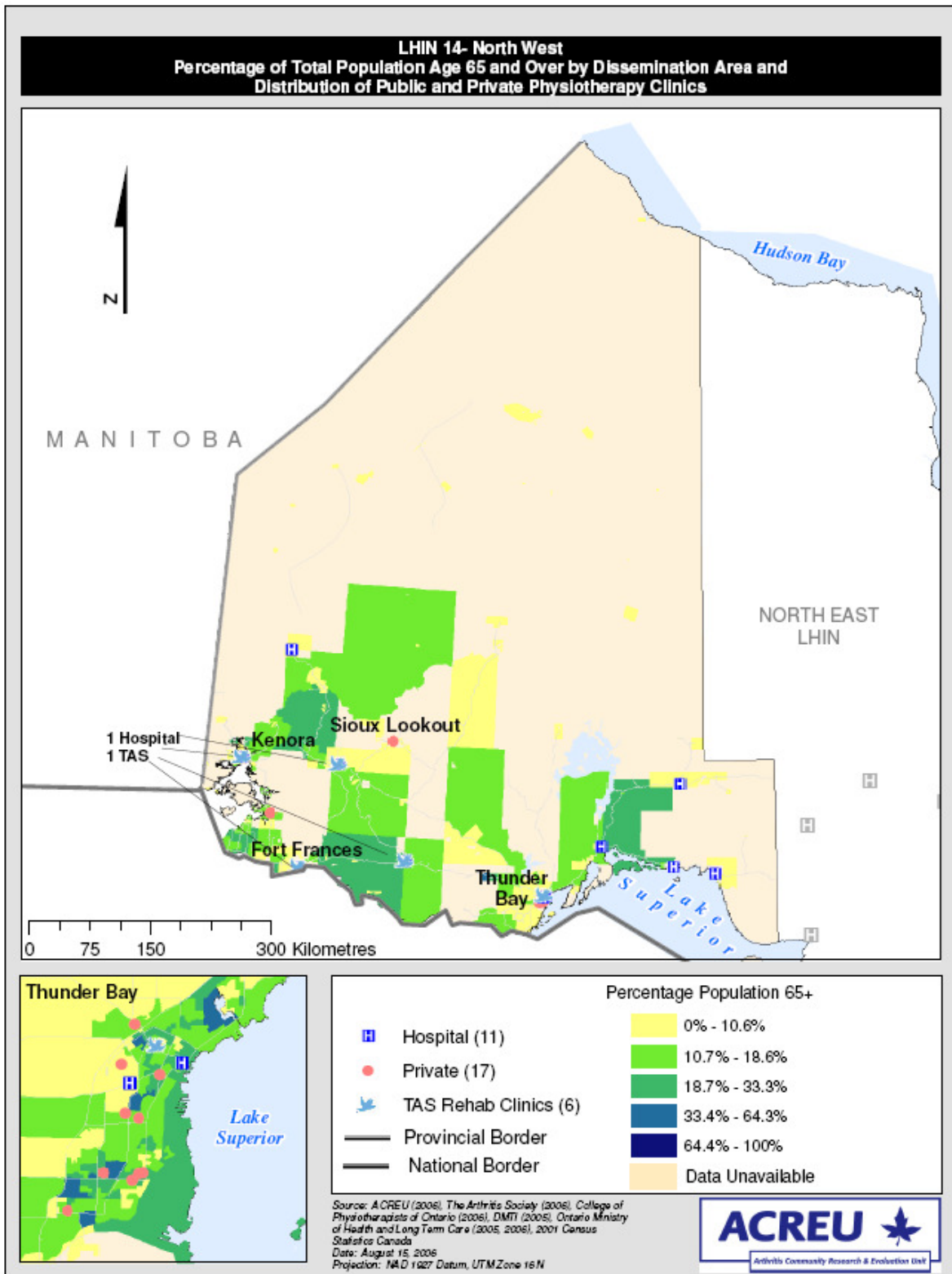


**Map 5: Distribution of privately and publicly funded community physiotherapy clinics:**

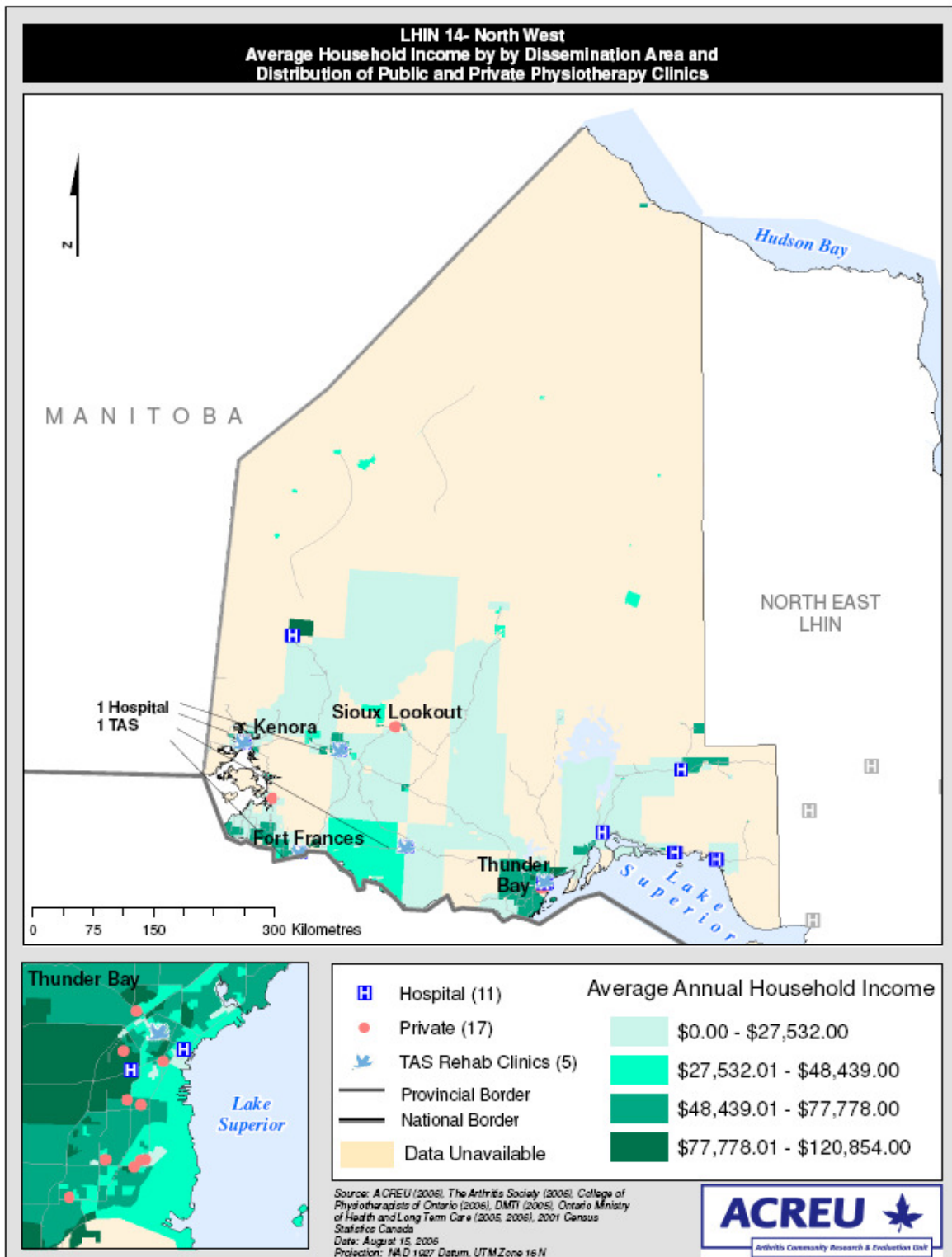


Copyright © 2007 Arthritis Community Research & Evaluation Unit: Not for commercial use

**Map 6: Distribution of privately and publicly funded community physiotherapy clinics and the distribution of North West residents age 65 and over.**



**Map 7: Distribution of privately and publicly funded community physiotherapy clinics and the distribution of North West average annual household income.**



Copyright © 2007 Arthritis Community Research & Evaluation Unit. Not for commercial use

## 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<sup>10</sup>.

### **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<sup>11</sup>.

### **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<sup>12</sup>.

### **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.<sup>13</sup>

### **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.<sup>14</sup>

### **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<sup>4</sup>.

### **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<sup>5</sup>.

### **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<sup>15</sup>.

## 6 REFERENCES

- (1) Ministry of Health and Long-Term Care. McGuinty government gives local communities real power over delivery of health services. Ministry of Health and Long-Term Care 2005 November 24 [cited 2007 Jan 3]; Available from: URL: [http://www.health.gov.on.ca/english/media/news\\_releases/archives/nr\\_05/nr\\_112405.html](http://www.health.gov.on.ca/english/media/news_releases/archives/nr_05/nr_112405.html)
- (2) Hospital Report Research Collaborative. Hospital Report Research Collaborative 2006 Available from: URL: <http://www.hospitalreport.ca/>
- (3) Provincial Rehabilitation Reference Group. Managing the seams: making the rehabilitation system work for people. Provincial Rehabilitation Reference Group 2000 March [cited 2007 Mar 16]; Available from: URL: [http://www.rnoc.ca/references/Managing\\_the\\_Seams.pdf](http://www.rnoc.ca/references/Managing_the_Seams.pdf)
- (4) Ontario Society of Occupational Therapists. About occupational therapists. Ontario Society of Occupational Therapists 2006 [cited 2007 Jan 10]; Available from: URL: <http://www.osot.on.ca/eng/aboutot.asp>
- (5) Canadian Physiotherapy Association. What is physiotherapy? Canadian Physiotherapy Association 2006 [cited 2007 Jan 10]; Available from: URL: <http://www.physiotherapy.ca/wahtis.htm>
- (6) Flannery J. Creating Innovations. 4-19-2006. Total Joint Network.
- (7) North West Local Health Integration Network. North West Local Health Integration Network. Integrated Health Service Plan. North West Local Health Integration Network 2006 [cited 2007 Feb 20]; Available from: URL: <http://www.northwestlhin.on.ca/en/docs/3.%20%20Integrated%20Health%20Services%20Plan.pdf>
- (8) Dimopolous R. Health Services Co-ordinator. Merrickville District Community Health Centre. Personal Communication. 2007. 2-2-2007.
- (9) Shin J. Occupational Therapist. Four Villages Community Health Centre (Personal communication). 2007. 2-2-2007.
- (10) Heywood I, Cornelius S, Carver S. An introduction to geographical information systems. 2 ed. Harlow: Pearson Prentice Hall; 2002.
- (11) Association of Ontario Health Centres. Association of Ontario Health Centres 2006 Available from: URL: [http://www.aohc.org/aohc/index\\_e.aspx?DetailID=9](http://www.aohc.org/aohc/index_e.aspx?DetailID=9)
- (12) Ministry of Health and Long-Term Care. Physiotherapy services in designated clinics for social assistance recipients. Ministry of Health and Long-Term Care 2006 Available from: URL: <http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/3000/bul3069.pdf>

- (13) Statistics Canada. 2001 Community Profiles: Understanding the Data. Statistics Canada 2006 February [cited 2006 Jul 18]; Available from: URL: <http://www12.statcan.ca/english/profil01/CP01/Help/Metadata/RandomRounding.cfm?Lang=E>
- (14) Ministry of Health and Long Term Care. Local Health Integration Networks: Building a True System. Ministry of Health and Long Term Care 2007 [cited 2007 Feb 22]; Available from: URL: [http://www.health.gov.on.ca/transformation/lhin/lhin\\_mn.html](http://www.health.gov.on.ca/transformation/lhin/lhin_mn.html)
- (15) Wahidi I. The Arthritis Society Arthritis Rehabilitation and Education Program. 2006.