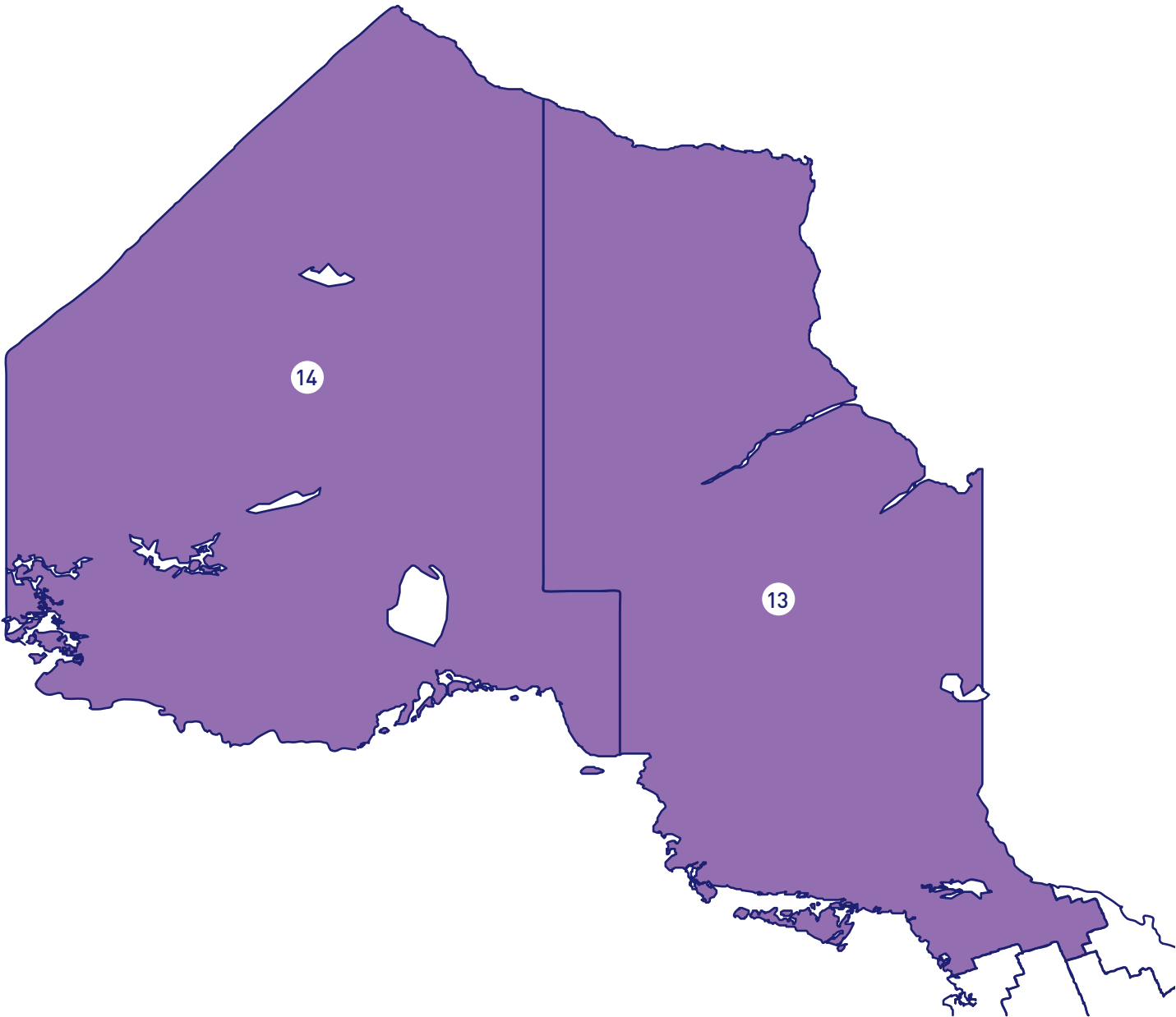


North East and North West

LOCAL HEALTH
INTEGRATION
NETWORKS



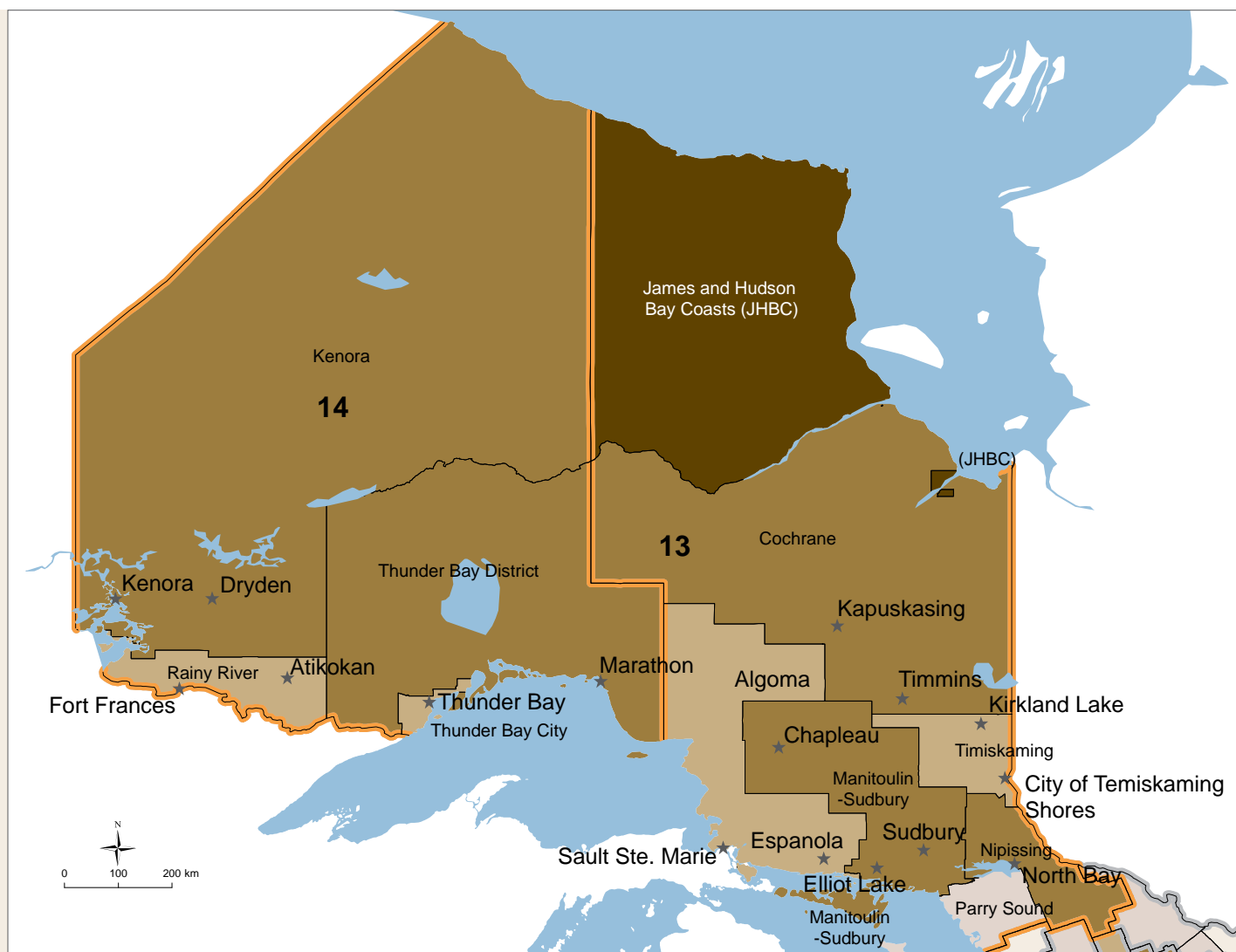
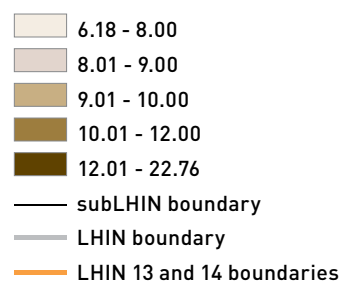
Diabetes Measures by Region

EXHIBIT 13.1

Diabetes prevalence per 100 adults in the North East LHIN (13) and North West LHIN (14), by subLHIN, on March 31, 2011

KEY FINDINGS

- In March 2011, more than 10 of every 100 adults were living with diabetes in both the North East and North West LHINs (10.44 and 10.15 per 100, respectively). This prevalence was slightly higher than the Ontario average of 9.64 per 100.
- In the North West LHIN, very high rates of diabetes were seen in James and Hudson Bay Coasts (20.44 per 100). This rate was double both the LHIN and provincial averages.
- Above-average rates were also seen in Nipissing, Cochrane and Manitoulin-Sudbury in the North East LHIN and in Kenora and Thunder Bay District in the North West LHIN.

PREVALENCE PER 100 ADULTS

Data sources: Ontario Diabetes Database; Registered Persons Database.

Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

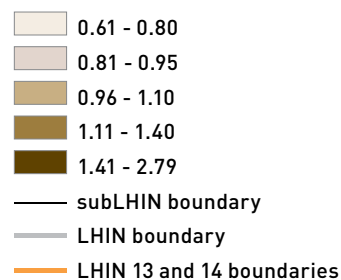
EXHIBIT 13.2

Diabetes incidence per 100 adults in the North East LHIN (13) and North West LHIN (14), by subLHIN, 2009/10

KEY FINDINGS

- For every 100 adults living in the North East and North West LHINs who were free of diabetes in March 2009, approximately one was diagnosed with diabetes within the following year. Incidence rates were similar in the North East and North West LHINs (1.13 and 0.97 per 100, respectively) and nearly identical to the Ontario average (0.97 per 100).
- There was relatively little variation in rates of diabetes incidence across the two LHINs. In all but four subLHINs, rates ranged from 0.81 to 1.20 per 100.
- The highest rates of diabetes incidence were seen in Manitoulin-Sudbury (1.31 per 100) and James and Hudson Bay Coasts (1.35 per 100).

INCIDENCE PER 100 ADULTS



Data sources: Ontario Diabetes Database; Registered Persons Database.

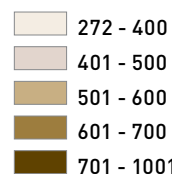
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

EXHIBIT 13.3

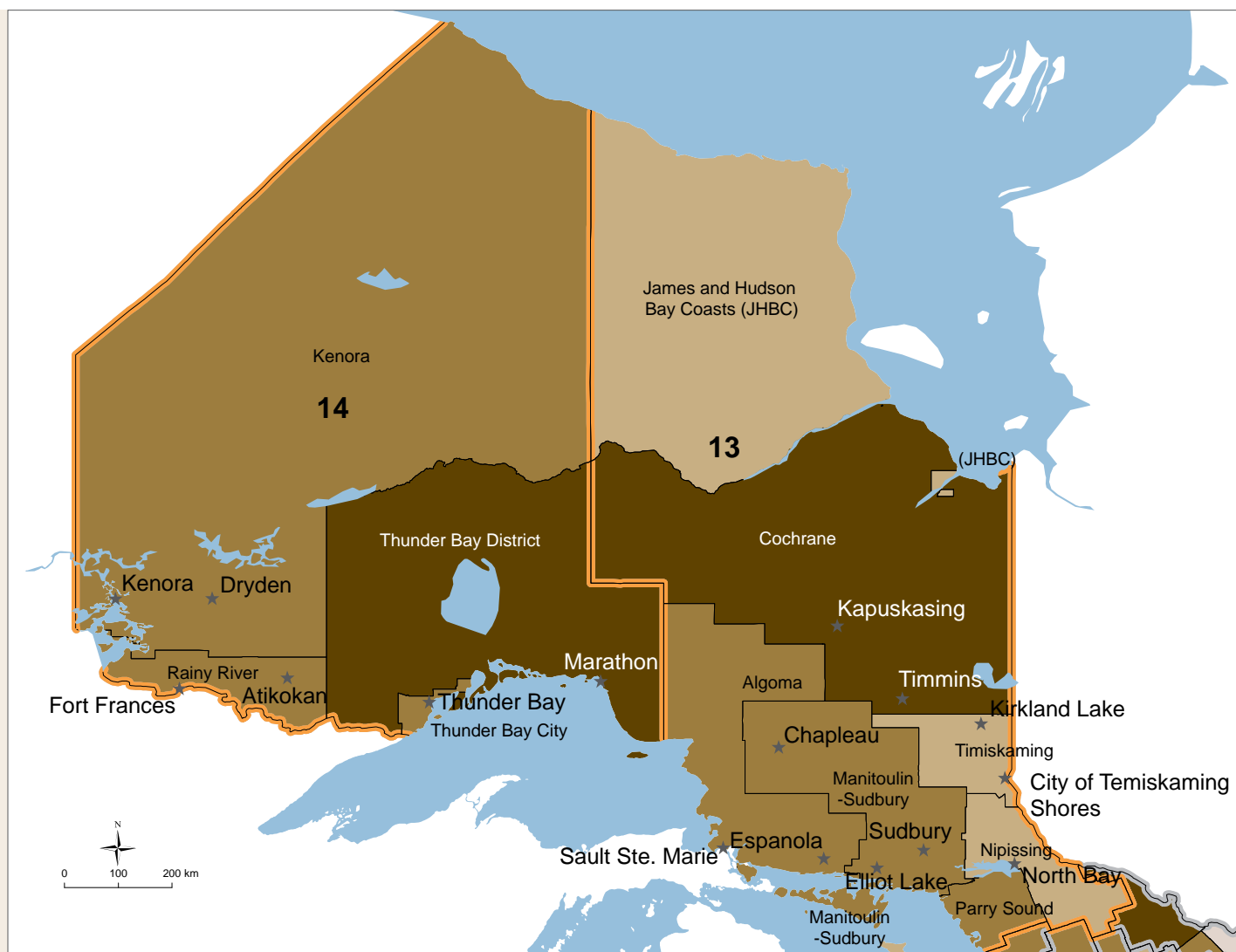
Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for hyper- or hypoglycemia in the North East LHIN (13) and North West LHIN (14), by subLHIN, 2006/07–2010/11

KEY FINDINGS

- Between 2006/07 and 2010/11, more than six of every 100 adults with diabetes living in the North East and North West LHINs had at least one hospitalization or emergency department visit for hyper- or hypoglycemia. Compared with the provincial average (486 per 10,000 adults with diabetes), rates were higher in both the North East and North West LHINs (643 and 659 per 10,000, respectively).
- Rates 1.5-fold or higher than the provincial average were seen in Cochrane (710 per 10,000) and Thunder Bay District (806 per 10,000).

NUMBER PER 10,000 ADULTS WITH DIABETES

- subLHIN boundary
- LHIN boundary
- LHIN 13 and 14 boundaries



Data sources: National Ambulatory Care Reporting System; Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

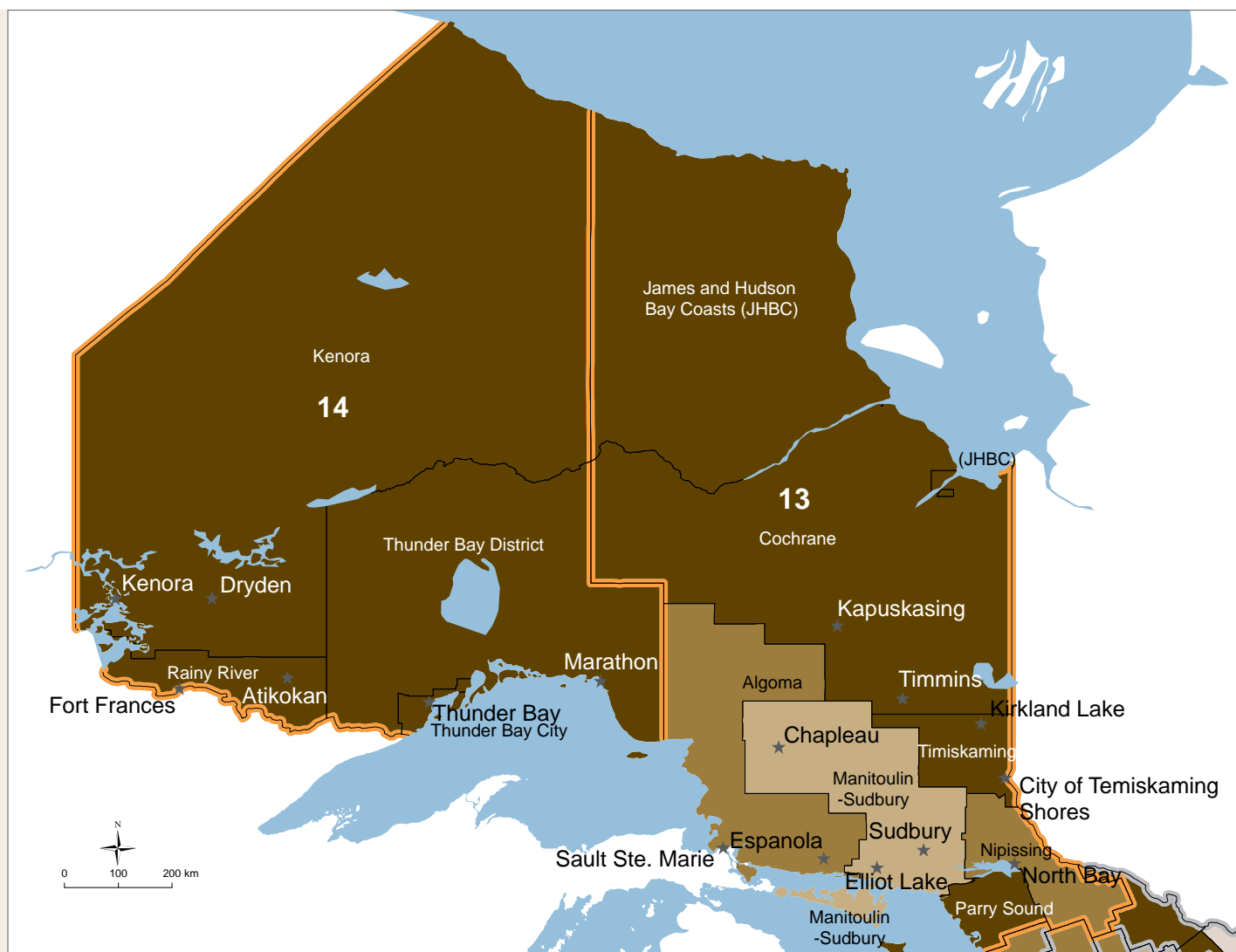
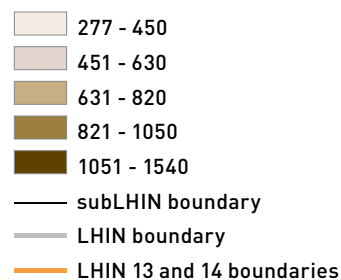
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

EXHIBIT 13.4

Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for skin and soft tissue infection or foot ulcer in the North East LHIN (13) and North West LHIN (14), by subLHIN, 2006/07–2010/11

KEY FINDINGS

- For every 100 adults living with diabetes in the North East LHIN in March 2006, about nine had at least one hospitalization or emergency department (ED) visit for a skin and soft tissue infection or foot ulcer in the subsequent five years (938 per 10,000 adults with diabetes). A substantially higher rate was seen in the North West LHIN (1,308 per 10,000), which was more than double the Ontario average (618 per 10,000).
- In the North West LHIN, rates were in the highest range across all four subLHINs, with the highest rate seen in Thunder Bay District (1,540 per 10,000).
- In the North East LHIN, rates of hospitalizations/ED visits were also high in the two northernmost subLHINs, as well as in Parry Sound and Timiskaming.

NUMBER PER 10,000 ADULTS WITH DIABETES

Data sources: National Ambulatory Care Reporting System; Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

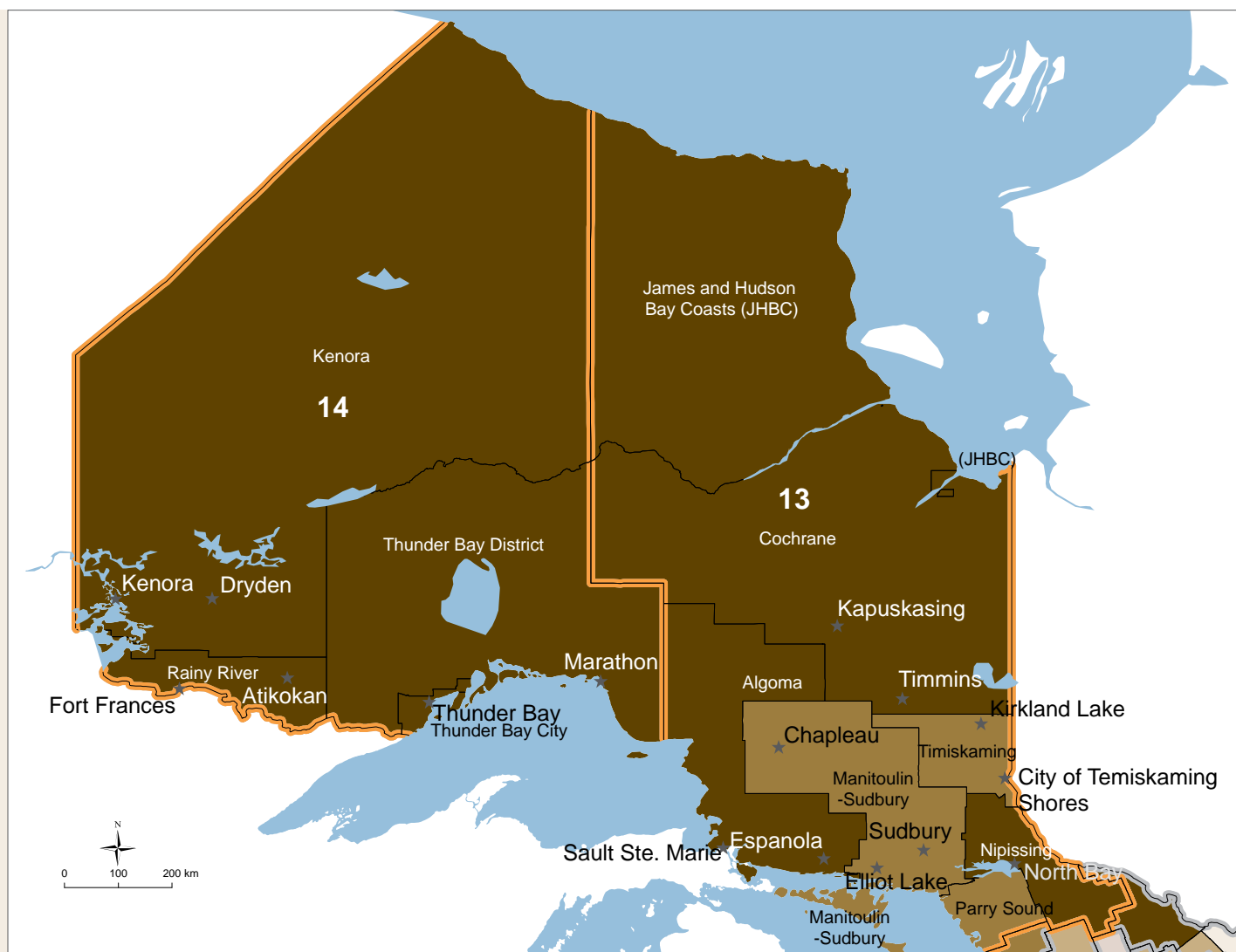
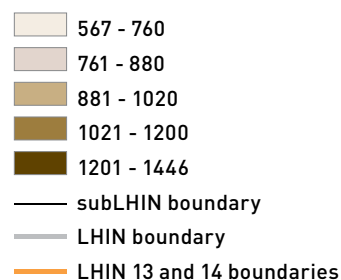
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

EXHIBIT 13.5

Number, per 10,000 adults with diabetes, who had at least one hospitalization for a cardiovascular condition in the North East LHIN (13) and North West LHIN (14), by subLHIN, 2006/07–2010/11

KEY FINDINGS

- For every 100 adults with diabetes in March 2006, about 12 residents of the North East LHIN and 14 residents of the North West LHIN were hospitalized for a cardiovascular condition in the ensuing five-year period. Compared with the provincial average (888 per 10,000 adults with diabetes), rates in the North East and North West LHINs were notably higher (1,211 and 1,376 per 10,000, respectively).
- Cardiovascular hospitalization rates were in the highest range across all areas of the North West LHIN and in most areas of the North East LHIN. Above-average rates were also seen in three southern subLHINs in the North East LHIN.

NUMBER PER 10,000 ADULTS WITH DIABETES

Data sources: Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

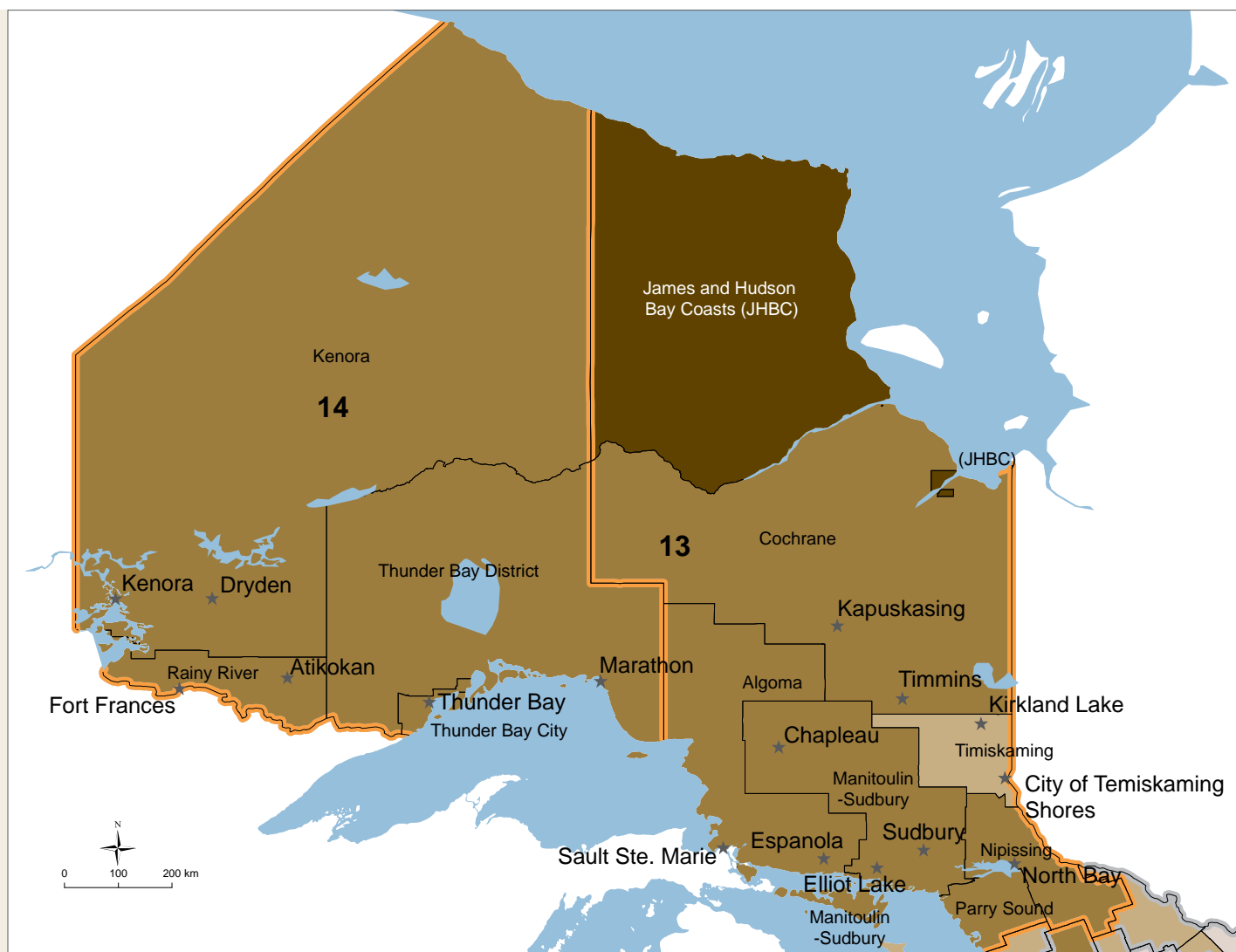
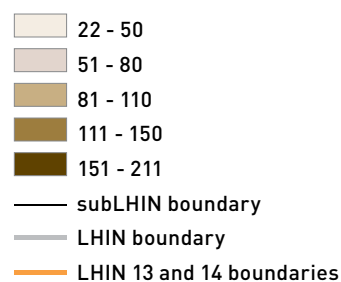
Technical notes: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population. Cardiovascular conditions included myocardial infarction, stroke, congestive heart failure, unstable angina and transient ischemic attack.

EXHIBIT 13.6

Number, per 10,000 adults with diabetes, who had a lower extremity amputation in the North East LHIN (13) and North West LHIN (14), by subLHIN, 2006/07–2010/11

KEY FINDINGS

- For every 1,000 adults with diabetes in March 2006, the number who experienced a lower extremity amputation in the subsequent five years was almost 13 in the North East LHIN and almost 15 in the North West LHIN. These rates (128 per 10,000 in the North East and 148 per 10,000 in the North West) were considerably higher than the provincial average (74 per 10,000).
- The highest rate was seen in James and Hudson Bay Coasts (211 per 10,000), which was nearly three-fold higher than the provincial average.
- Across other parts of the North East and North West LHINs, there was little variation in rates, with nearly all being well above the provincial average.

NUMBER PER 10,000 ADULTS WITH DIABETES

Data sources: Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

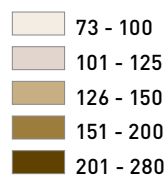
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

EXHIBIT 13.7

Number, per 10,000 adults with diabetes, who received chronic dialysis or kidney transplantation in the North East LHIN (13) and North West LHIN (14), by subLHIN, 2006/07–2010/11

KEY FINDINGS

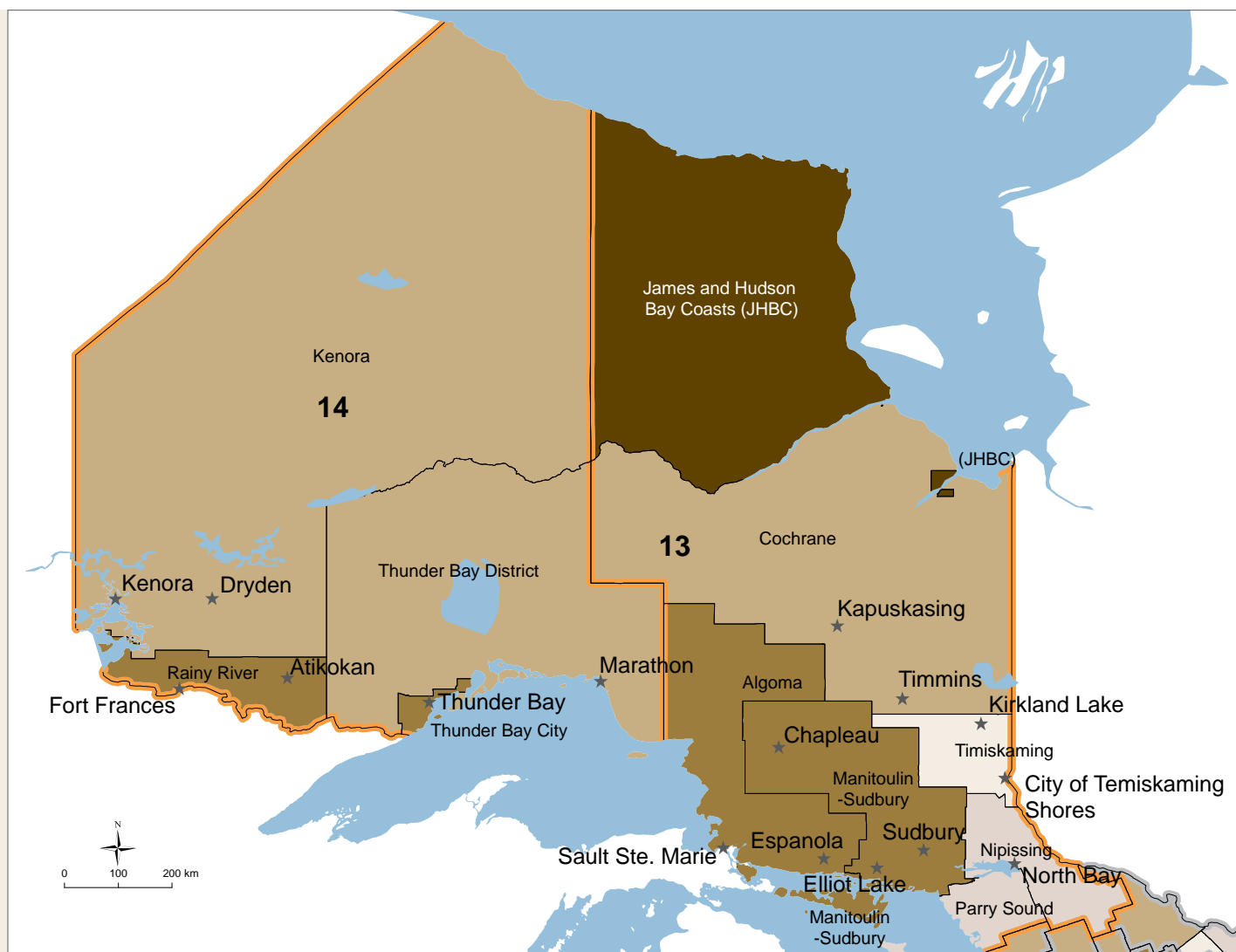
- Rates of chronic dialysis or kidney transplantation were somewhat higher among adults with diabetes living in the North East LHIN (138 per 10,000) and North West LHIN (158 per 10,000) compared with the Ontario average (122 per 10,000).
- The highest rate was found in James and Hudson Bay Coasts (208 per 10,000). Above-average rates were also seen in Rainy River, Thunder Bay City, Algoma and Manitoulin-Sudbury.

NUMBER PER 10,000 ADULTS WITH DIABETES

— subLHIN boundary

— LHIN boundary

— LHIN 13 and 14 boundaries



Data sources: Ontario Health Insurance Plan Database; Canadian Organ Replacement Register Database; Canadian Institute of Health Information Discharge Abstract Database; Trillium Gift of Life Network Database; Ontario Diabetes Database.

Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

EXHIBIT 13.8

Number, per 100 adults with diabetes, who had an additional chronic medical condition in the North East LHIN (13) and North West LHIN (14), by subLHIN, 2006/07–2008/09

KEY FINDINGS

- In the three-year period between 2006/07 and 2008/09, the number of adults with diabetes who had another chronic medical condition in the North East and North West LHINs was 58.79 and 53.69 per 100, respectively. These rates were similar to the provincial average (54.84 per 100).
- Higher rates (ranging from 59.38 to 60.01 per 100) were seen in Thunder Bay City, Algoma, Manitoulin-Sudbury and Nipissing.

NUMBER PER 100 ADULTS WITH DIABETES

44.19 - 50.00
50.01 - 54.00
54.01 - 57.00
57.01 - 61.00
61.01 - 65.43

— subLHIN boundary

— LHIN boundary

— LHIN 13 and 14 boundaries



Data sources: Ontario Health Insurance Plan Database; Ontario Diabetes Database.

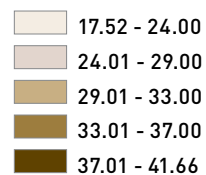
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

EXHIBIT 13.9

Number, per 100 adults with diabetes, who made a mental health visit for a psychotic or nonpsychotic illness in the North East LHIN (13) and North West LHIN (14), by subLHIN, 2006/07-2008/09

KEY FINDINGS

- Overall, about 23 of every 100 adults with diabetes living in the North West LHIN had a mental health visit between 2006/07 and 2009/09, a rate that was 1.4-fold lower than the provincial average of 32.89 per 100.
- In the North East LHIN, the rate was somewhat higher (but below the provincial average) at 31.35 per 100. Here, rates varied by as much as two-fold, ranging from 17.52 per 100 in James and Hudson Bay Coasts to 36.03 per 100 in Manitoulin-Sudbury.
- In the North West LHIN, rates in all subLHINs were well below the provincial average, ranging from 18.77 per 100 in Kenora to 26.68 per 100 in Thunder Bay City.

NUMBER PER 100 ADULTS WITH DIABETES

— subLHIN boundary

— LHIN boundary

— LHIN 13 and 14 boundaries



Data sources: Ontario Health Insurance Plan Database; Ontario Diabetes Database.

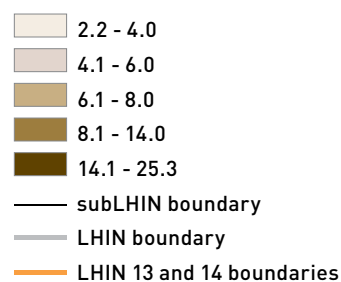
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

EXHIBIT 13.10

Percentage of economic families with low income in the North East LHIN (13) and North West LHIN (14), by subLHIN, 2005

KEY FINDINGS

- In the North West LHIN, approximately five of every 100 families were living with low income in 2005. The percentage of low income in the North West and North East LHINs (4.9% and 6.2%, respectively) was lower than the Ontario average of 8.6% of families.
- Levels of low income varied relatively little across subLHINs in the North West, ranging from 2.2 to 6.0% of families.
- In the North East LHIN, there was more variation in the percentage of families living with low income across subLHINs. The highest percentage was seen in James and Hudson Bay Coasts (15.8%).

PERCENTAGE OF LOW-INCOME ECONOMIC FAMILIES

Data source: 2006 Census of Canada.

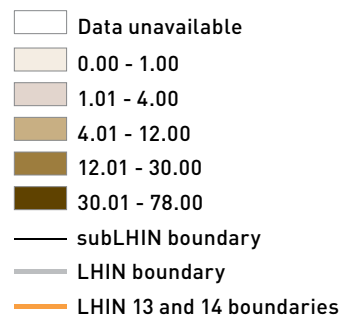
Technical note: Economic family refers to a group of two or more persons who live in the same dwelling and are related by blood, marriage, common law or adoption. Economic families with low income are defined as those that devote a larger share of their after-tax income (at least 20% more than average) to necessities of food, shelter and clothing. Performance of this measure is limited in rural and remote communities due to missing data from First Nations reserves.

EXHIBIT 13.11

Percentage of visible minorities in the North East LHIN (13) and North West LHIN (14), by subLHIN, 2006

KEY FINDINGS

- In the North West and North East LHINs overall, about two of every 100 people self-identified as belonging to a visible minority group. These percentages (1.49% in the North East LHIN and 2.07% in the North West LHIN) were significantly lower than the Ontario average of 22.82%.
- There was little variation in the percentage of visible minorities across subLHINs in either LHIN. In all subLHINs, the percentage of people who self-identified as belonging to a visible minority did not exceed 4.00%.

PERCENTAGE OF VISIBLE MINORITIES

Data source: 2006 Census of Canada.

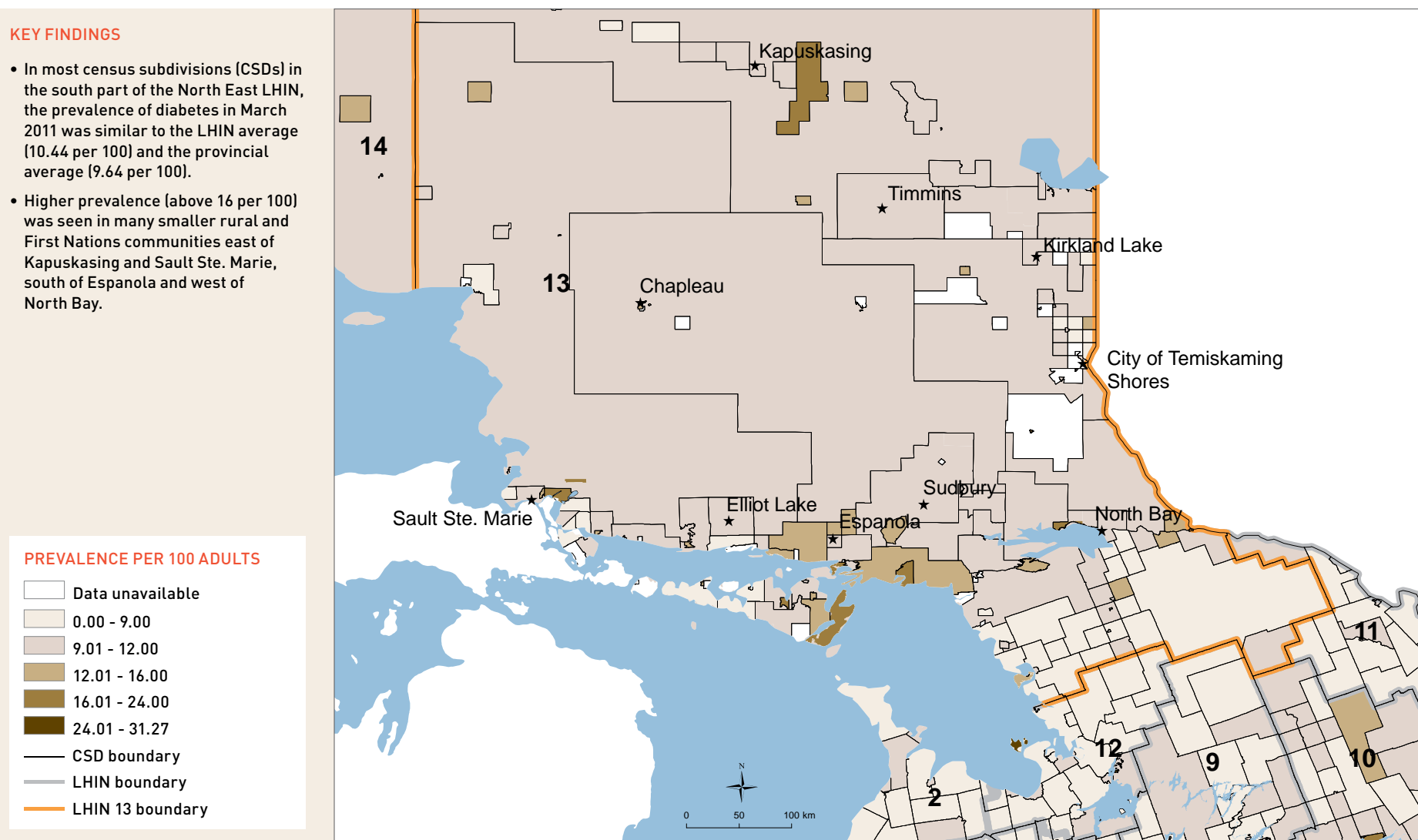
Technical note: Visible minorities include persons other than Aboriginal peoples who are non-Caucasian in race or non-white in colour.

EXHIBIT 13.12a

Diabetes prevalence per 100 adults in the North East LHIN (13, south view), by census subdivision, on March 31, 2011

KEY FINDINGS

- In most census subdivisions (CSDs) in the south part of the North East LHIN, the prevalence of diabetes in March 2011 was similar to the LHIN average (10.44 per 100) and the provincial average (9.64 per 100).
- Higher prevalence (above 16 per 100) was seen in many smaller rural and First Nations communities east of Kapuskasing and Sault Ste. Marie, south of Espanola and west of North Bay.



Data sources: Ontario Diabetes Database; Registered Persons Database.

Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

EXHIBIT 13.12b

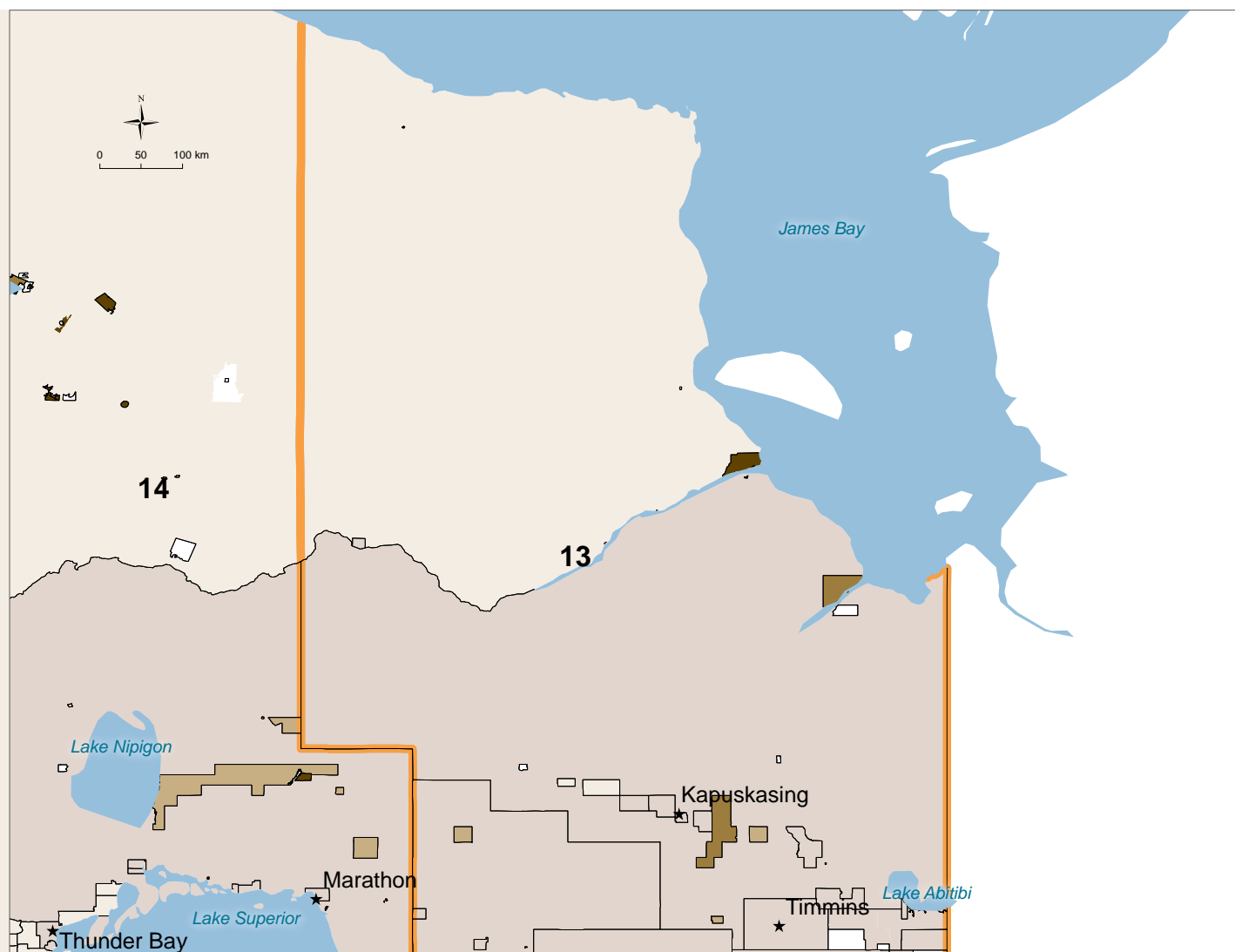
Diabetes prevalence per 100 adults in the North East LHIN (13, north view), by census subdivision, on March 31, 2011

KEY FINDINGS

- In most census subdivisions across the north part of the North East LHIN, the prevalence of diabetes in March 2011 was either lower or very similar to the LHIN average (10.44 per 100) and the provincial average (9.64 per 100).
- The highest level of diabetes prevalence was seen in a First Nations community on the southeast shore of James Bay. Above-average rates were also seen in two smaller communities along the coast to the south.
- See Exhibit 13.12a for commentary on patterns in the southern part of the LHIN.

PREVALENCE PER 100 ADULTS

- Data unavailable
- 0.00 - 9.00
- 9.01 - 12.00
- 12.01 - 16.00
- 16.01 - 24.00
- 24.01 - 31.27
- CSD boundary
- LHIN 13 boundary



Data sources: Ontario Diabetes Database; Registered Persons Database.

Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

EXHIBIT 13.12c

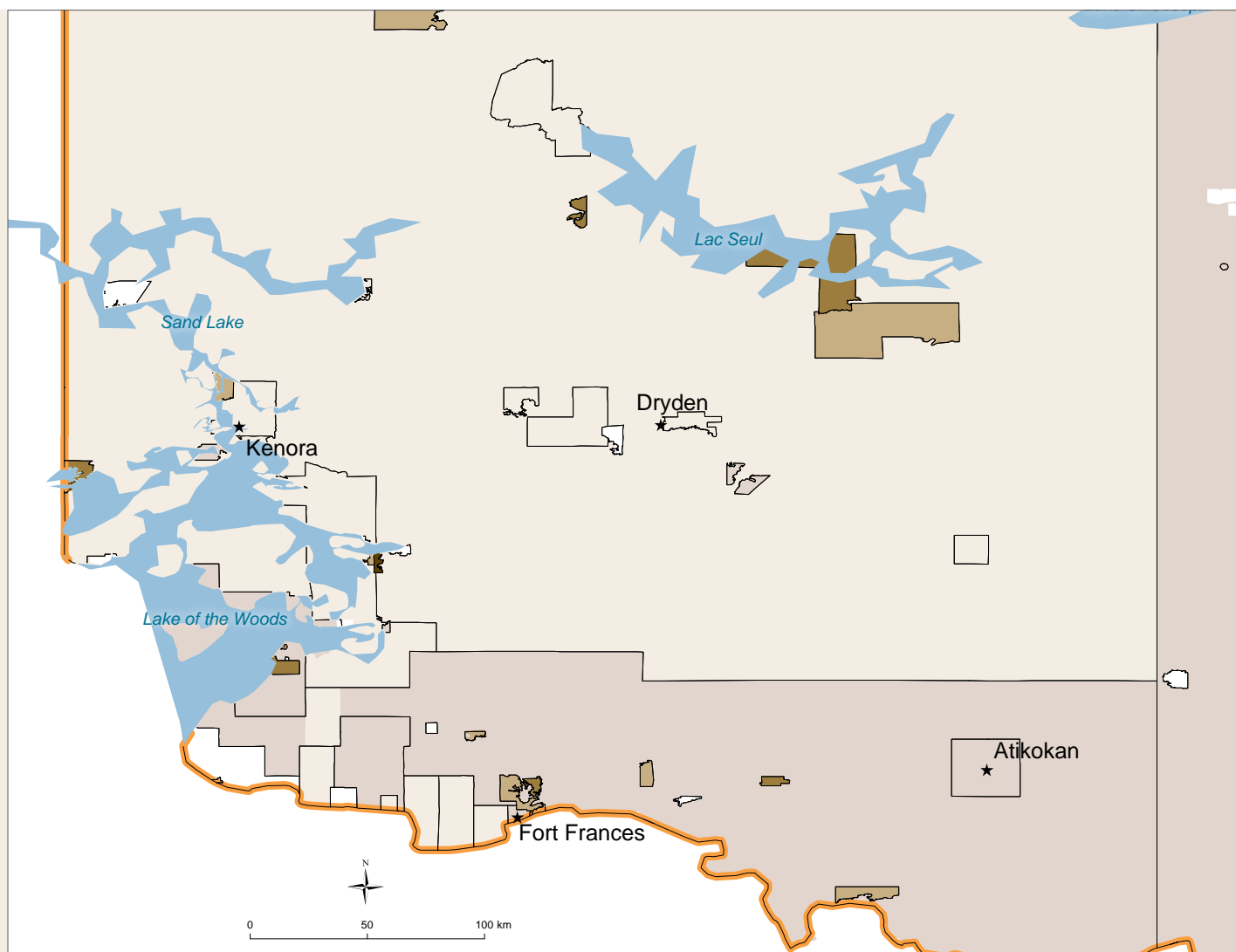
Diabetes prevalence per 100 adults in the North West LHIN (14, southwest view), by census subdivision, on March 31, 2011

KEY FINDINGS

- In many larger census subdivisions throughout the southwest part of the North West LHIN, the prevalence of diabetes in March 2011 was either slightly lower or very similar to the LHIN average (10.44 per 100) and the provincial average (9.64 per 100).
- Much higher levels of diabetes prevalence (above 16 per 100) were seen in the First Nations communities located southwest and southeast of Kenora, around Lac Seul, and north and east of Fort Frances.

PREVALENCE PER 100 ADULTS

- Data unavailable
- 0.00 - 9.00
- 9.01 - 12.00
- 12.01 - 16.00
- 16.01 - 24.00
- 24.01 - 31.27
- CSD boundary
- LHIN 14 boundary



Data sources: Ontario Diabetes Database; Registered Persons Database.

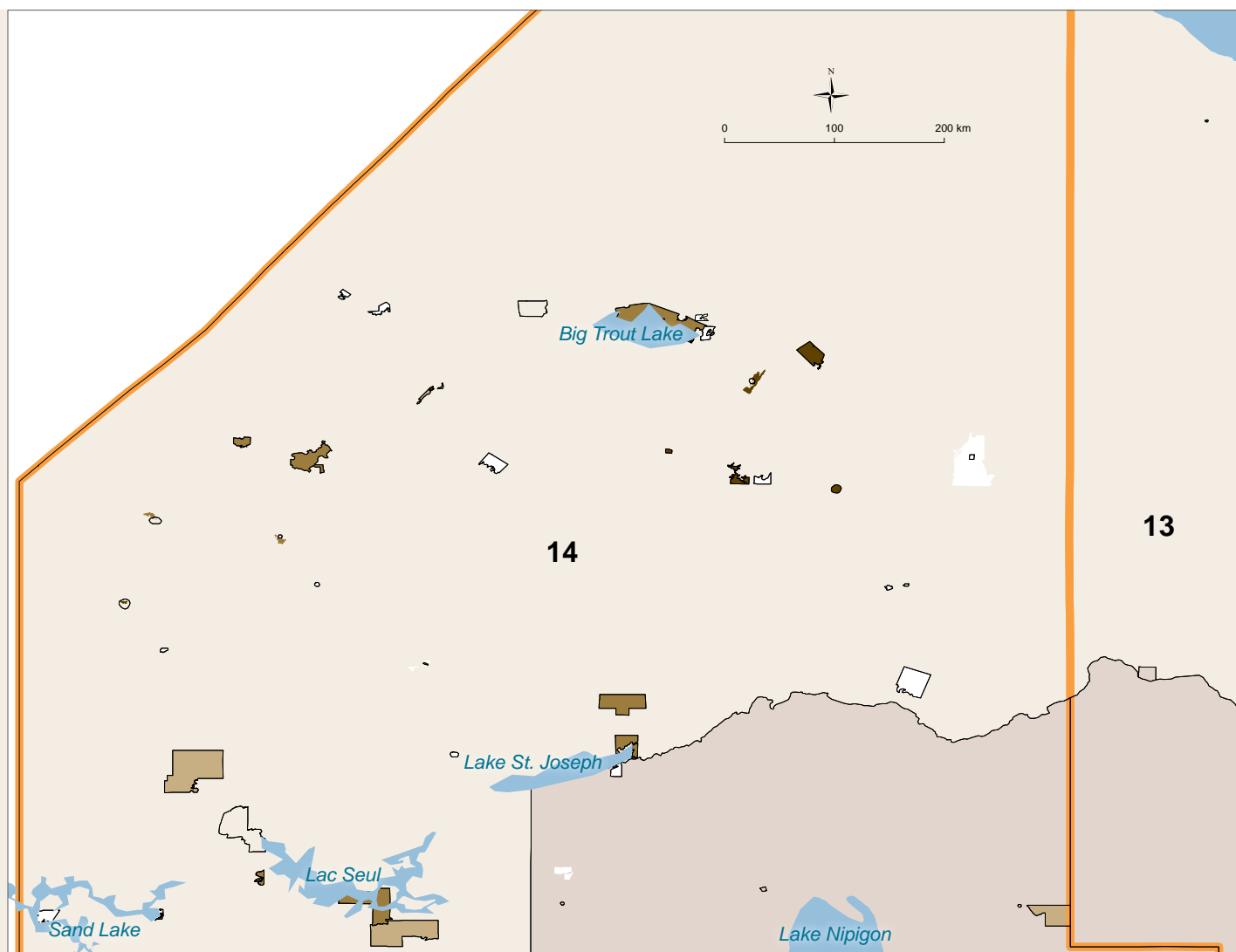
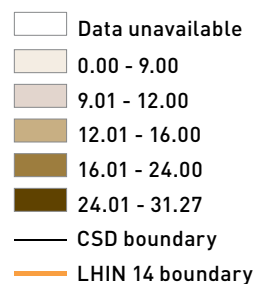
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

EXHIBIT 13.12d

Diabetes prevalence per 100 adults in the North West LHIN (14, north view), by census subdivision, on March 31, 2011

KEY FINDINGS

- In the north part of the North West LHIN, a number of First Nations communities had a high proportion of adults living with diabetes in March 2011. Their levels of diabetes prevalence were substantially higher than the LHIN average (10.44 per 100) and the provincial average (9.64 per 100).
- The highest levels of diabetes prevalence (above 24 per 100) were seen in several First Nations communities located southeast of Big Trout Lake. Higher rates were also seen in several communities in the northwest and in the south, near Lake St. Joseph.
- See Exhibits 13.12c and 13.12e for commentary on patterns in the southwestern and southeastern parts of the LHIN.

PREVALENCE PER 100 ADULTS

Data sources: Ontario Diabetes Database; Registered Persons Database.

Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

EXHIBIT 13.12e

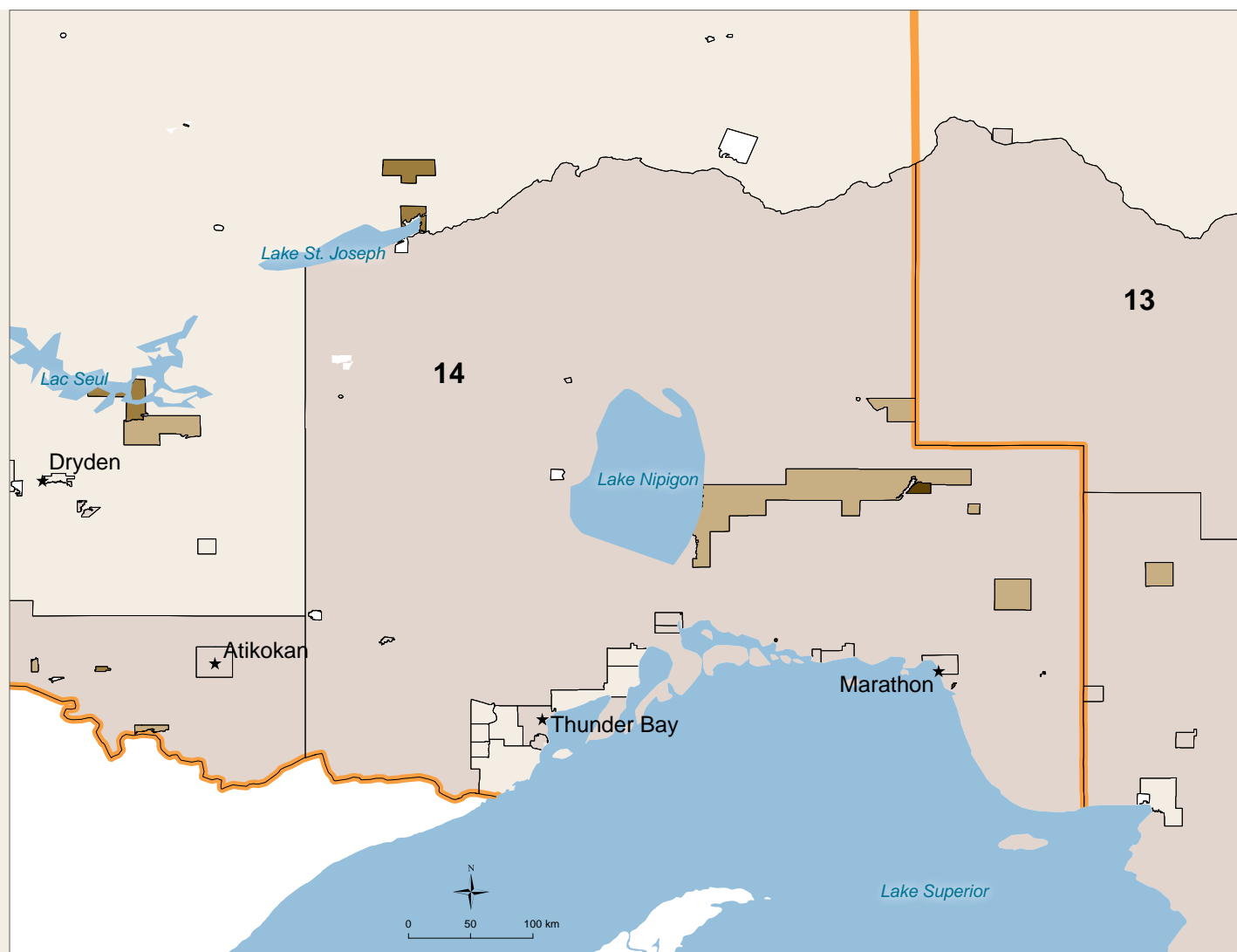
Diabetes prevalence per 100 adults in the North West LHIN (14, southeast view), by census subdivision, on March 31, 2011

KEY FINDINGS

- In the southeast part of the North West LHIN, the prevalence of diabetes in most census subdivisions was very similar to the LHIN average (10.44 per 100) and the provincial average (9.64 per 100).
- The highest level of diabetes prevalence was noted in a First Nations community adjacent to Greenstone. Higher prevalence was also found in the rural communities of Greenstone and Manitouwadge in the southeast part of the LHIN.
- See Exhibit 13.12d for commentary on patterns in the northern part of the LHIN.

PREVALENCE PER 100 ADULTS

- Data unavailable
- 0.00 - 9.00
- 9.01 - 12.00
- 12.01 - 16.00
- 16.01 - 24.00
- 24.01 - 31.27
- CSD boundary
- LHIN 14 boundary



Data sources: Ontario Diabetes Database; Registered Persons Database.

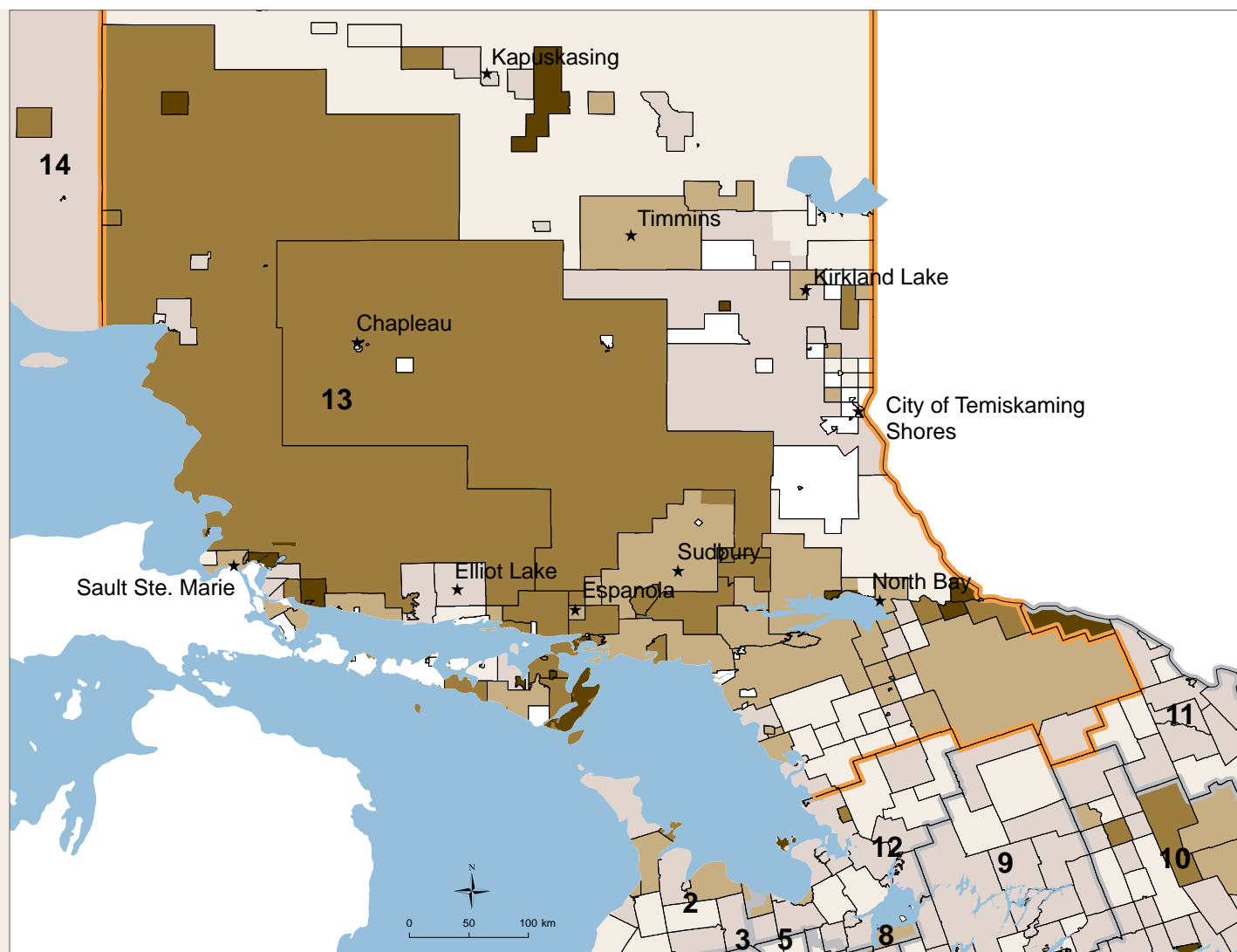
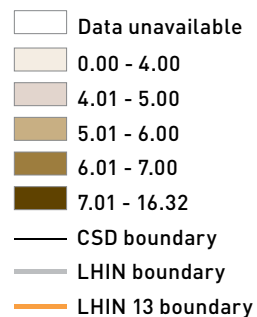
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

EXHIBIT 13.13a

Diabetes incidence per 100 adults in the North East LHIN (13, south view), by census subdivision, 2005/06–2009/10

KEY FINDINGS

- In many census subdivisions in the southeast part of the North East LHIN, the number of adults per 100 who were newly diagnosed with diabetes between 2005/06 and 2009/10 was above the LHIN average (5.43 per 100) and/or the provincial average (4.85 per 100).
- The highest rates of diabetes incidence were seen in many of the LHIN's First Nations and smaller rural communities, including Hornepayne (a town in the northwest), communities east of Kapuskasing and southwest of Kirkland Lake, and communities east of Sault Ste. Marie, south of Espanola, on Manitoulin Island and near North Bay.

INCIDENCE PER 100 ADULTS

Data sources: Ontario Diabetes Database; Registered Persons Database.

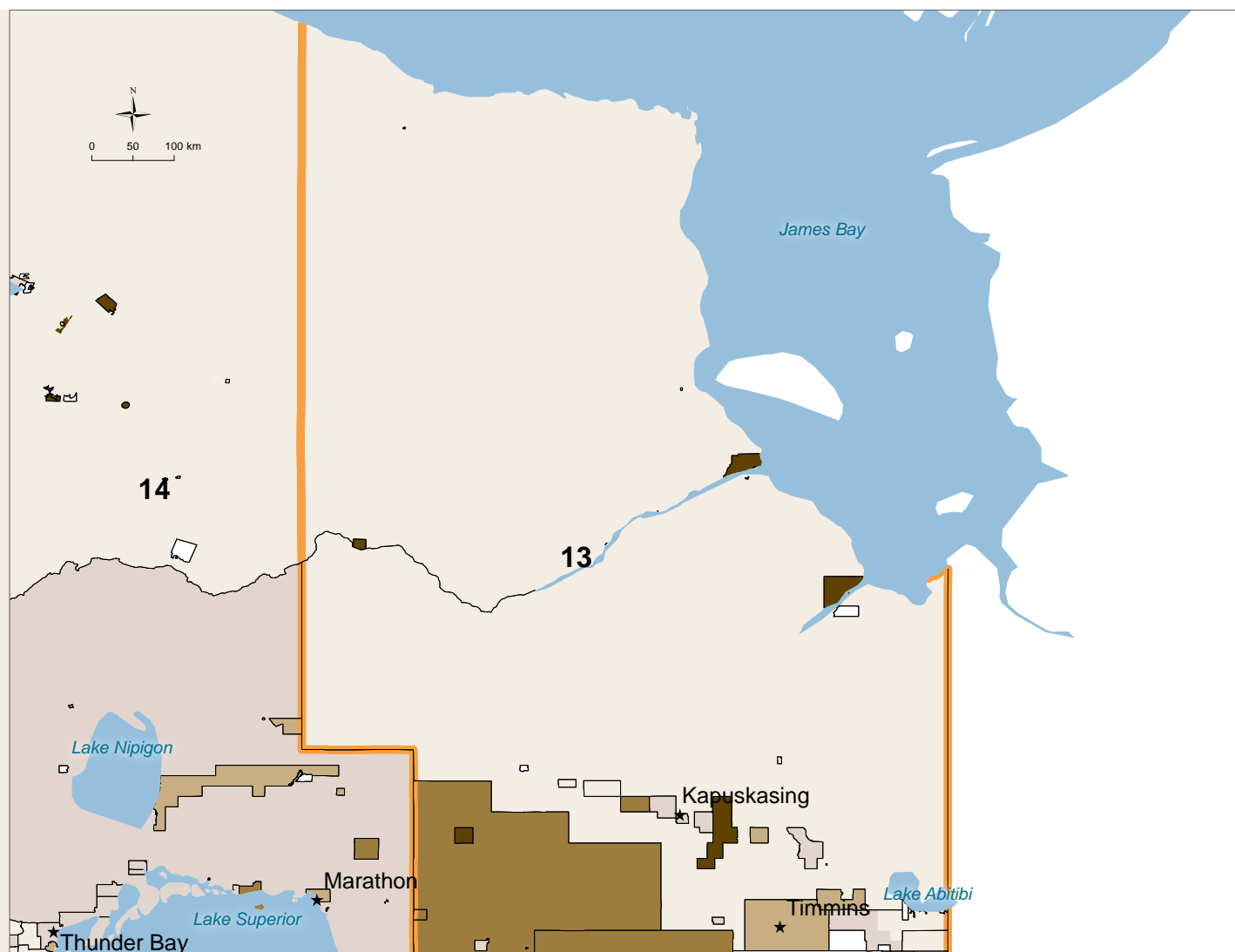
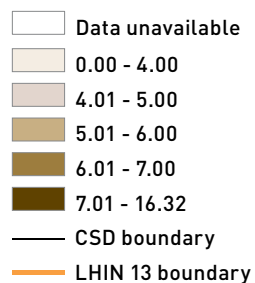
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

EXHIBIT 13.13b

Diabetes incidence per 100 adults in the North East LHIN (13, north view), by census subdivision, 2005/06–2009/10

KEY FINDINGS

- In many smaller communities across the north part of the North East LHIN, the rate of diabetes incidence in the five-year period between 2005/06 and 2009/10 was higher than the LHIN average (5.43 per 100) and the provincial average (4.85 per 100).
- The highest rates of diabetes incidence (above seven per 100) were seen in a number of the LHIN's First Nations communities located in the northwest and along the northeast coast.
- See Exhibit 13.13a for commentary on patterns in the southern part of the LHIN.

INCIDENCE PER 100 ADULTS

Data sources: Ontario Diabetes Database; Registered Persons Database.

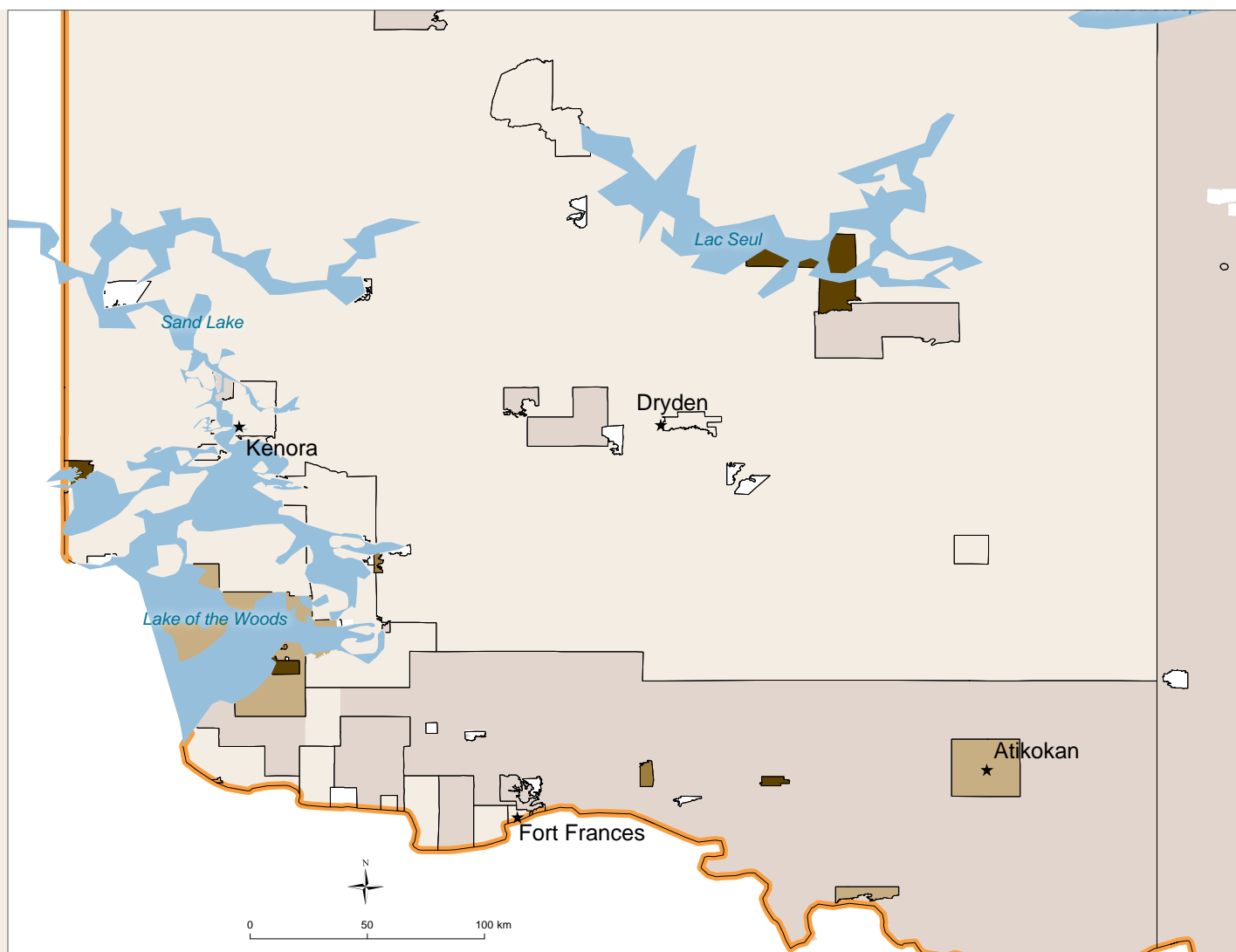
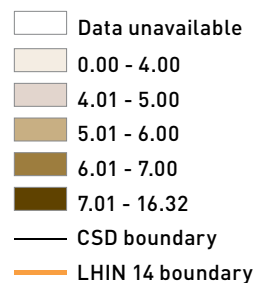
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

EXHIBIT 13.13c

Diabetes incidence per 100 adults in the North West LHIN (14, southwest view), by census subdivision, 2005/06–2009/10

KEY FINDINGS

- In many larger census subdivisions throughout the southwest part of the North West LHIN, the number of adults per 100 diagnosed with diabetes between 2005/06 and 2009/10 was very similar to the LHIN average (4.54 per 100) and the provincial average (4.85 per 100).
- Much higher rates (above seven per 100) were seen in several of the LHIN's First Nations communities located southwest and south of Kenora, on Lac Seul, and east of Fort Frances.

INCIDENCE PER 100 ADULTS

Data sources: Ontario Diabetes Database; Registered Persons Database.

Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

EXHIBIT 13.13d

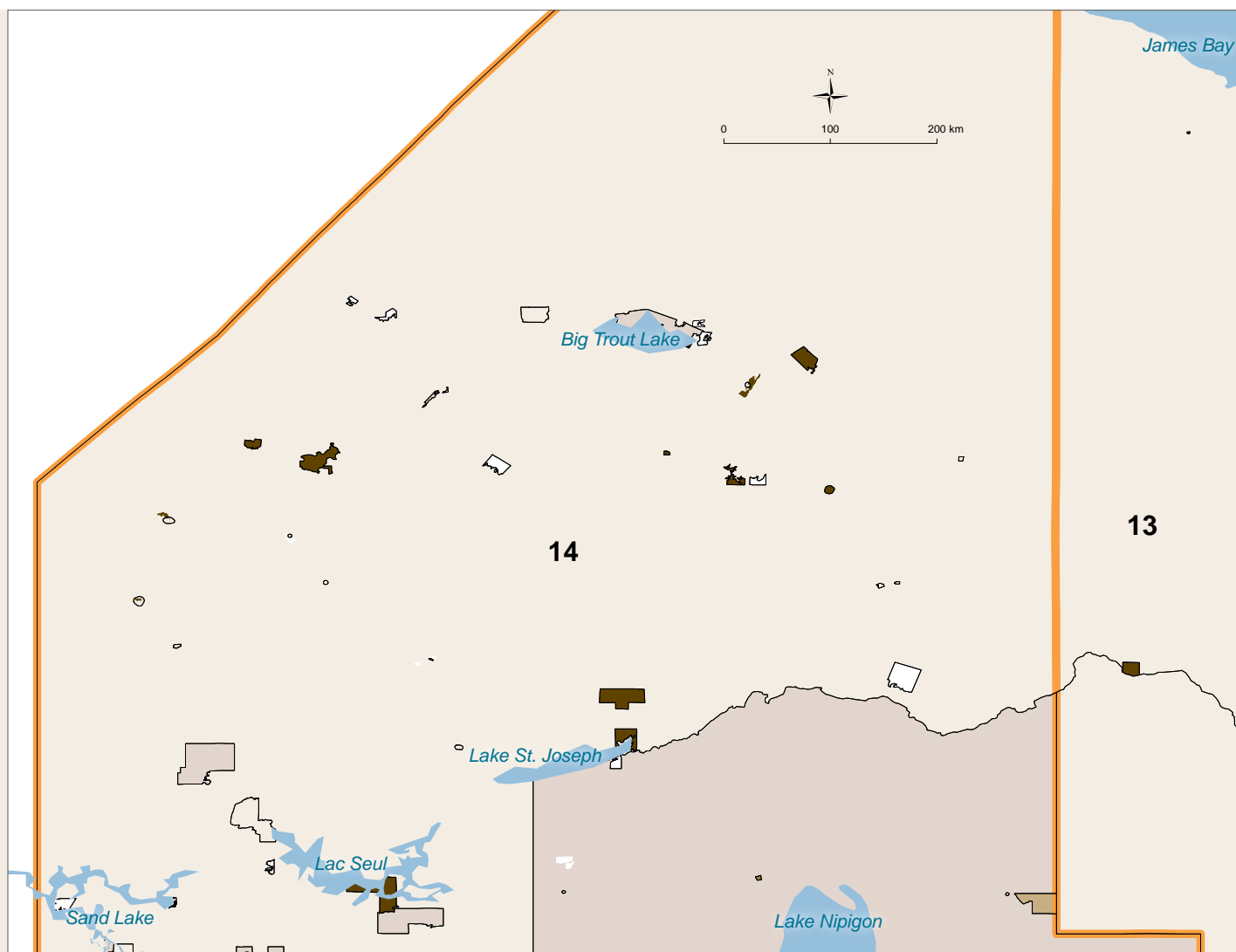
Diabetes incidence per 100 adults in the North West LHIN (14, north view),
by census subdivision, 2005/06–2009/10

KEY FINDINGS

- A number of First Nations communities in the north part of the North West LHIN had high rates of diabetes incidence in the five-year period between 2005/06 and 2009/10. These rates were substantially higher than the LHIN average (4.54 per 100) and the provincial average (4.85 per 100).
- The highest rates of diabetes incidence (above seven per 100 adults) were seen in several First Nations communities located southwest and southeast of Big Trout Lake. High rates were also seen in a community located north of Lake St. Joseph.
- See Exhibits 13.13c and 13.13e for commentary on patterns in the southwestern and southeastern parts of the LHIN.

INCIDENCE PER 100 ADULTS

- Data unavailable
- 0.00 - 4.00
- 4.01 - 5.00
- 5.01 - 6.00
- 6.01 - 7.00
- 7.01 - 16.32
- CSD boundary
- LHIN boundary
- LHIN 14 boundary



Data sources: Ontario Diabetes Database; Registered Persons Database.

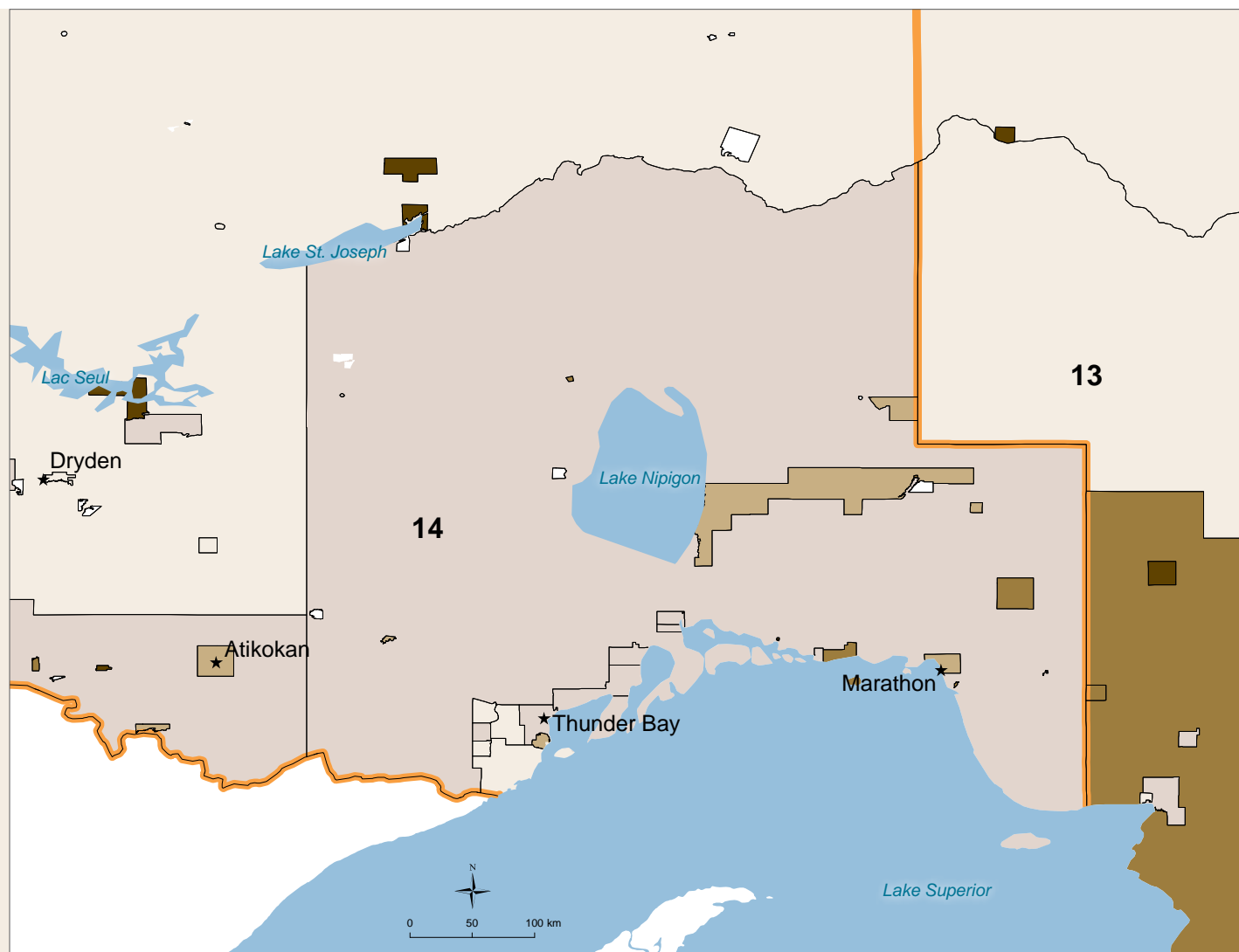
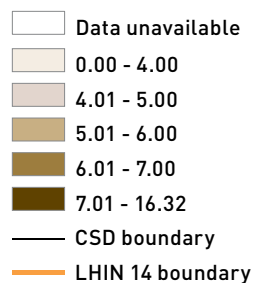
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

EXHIBIT 13.13e

Diabetes incidence per 100 Ontario adults in the North West LHIN (14, southeast view), by census subdivision, 2005/06–2009/10

KEY FINDINGS

- In the southeast part of the North West LHIN, the incidence of diabetes in most census subdivisions between 2005/06 and 2009/10 was very similar to the LHIN average (4.54 per 100) and the provincial average (4.85 per 100).
- Higher rates of diabetes incidence (above six per 100) were noted in a few small rural communities located west and northeast of Marathon.
- See Exhibit 13.13d for commentary on patterns in the northern part of the LHIN.

INCIDENCE PER 100 ADULTS

Data sources: Ontario Diabetes Database; Registered Persons Database.

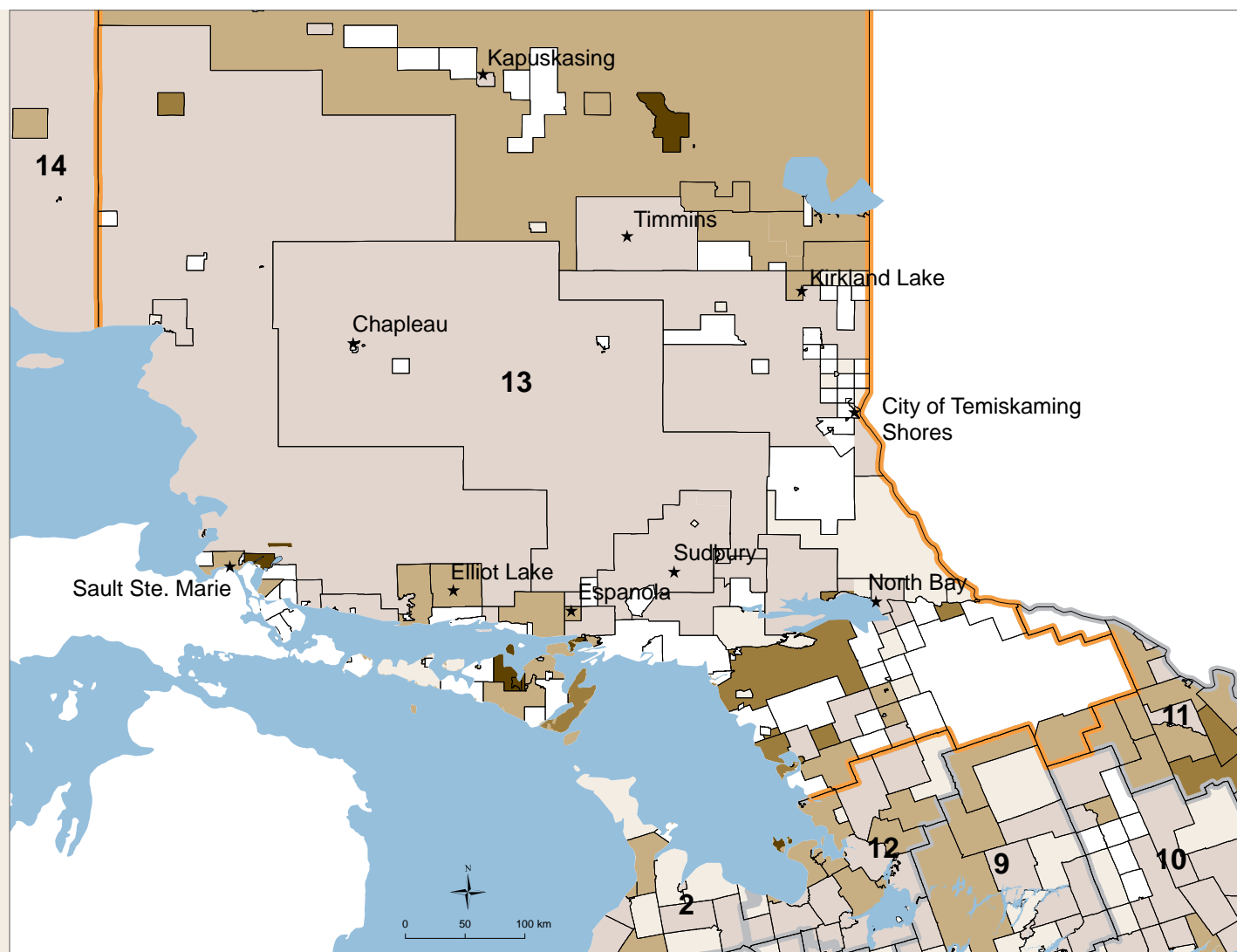
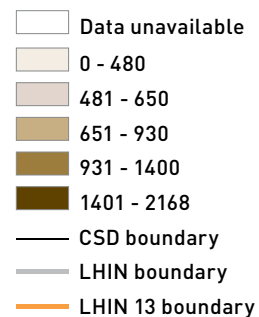
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

EXHIBIT 13.14a

Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for hyper- or hypoglycemia in the North East LHIN (13, south view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- In many census subdivisions across the southeast part of the North East LHIN, rates of hospitalizations or emergency department visits (ED) for hyper- or hypoglycemia were very similar to the LHIN (643 per 10,000 adults with diabetes) and the provincial average (486 per 10,000).
- Higher rates of hospitalizations/ED visits were seen in communities across the north and along the central-east and south border of the LHIN. The highest rates (above 1,400 per 10,000) were in a number of small communities east of Sault Ste. Marie, south of Espanola, on Manitoulin Island and in Cochrane, a town southeast of Kapuskasing.

NUMBER PER 10,000 ADULTS WITH DIABETES

Data sources: National Ambulatory Care Reporting System; Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

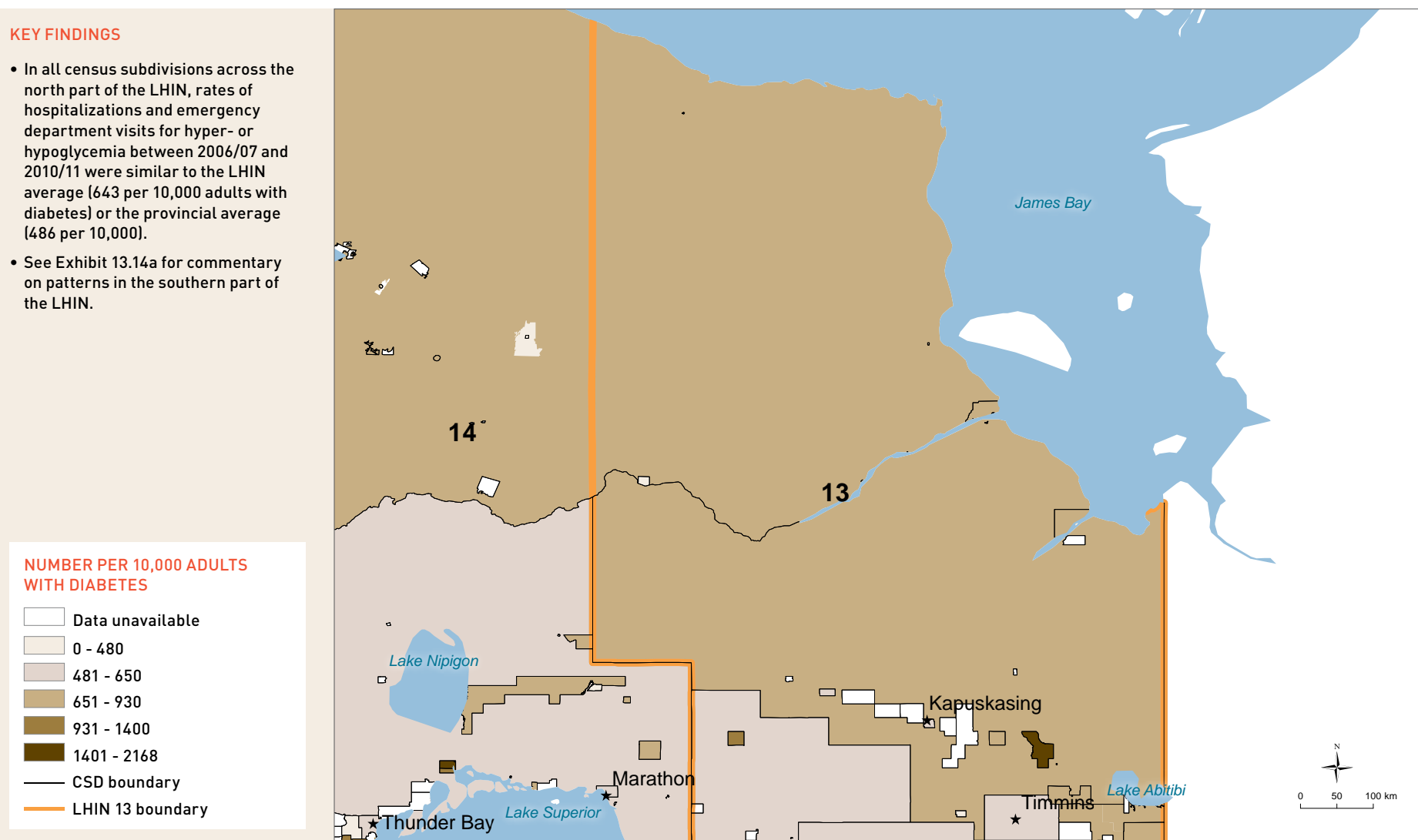
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

EXHIBIT 13.14b

Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for hyper- or hypoglycemia in the North East LHIN (13, north view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- In all census subdivisions across the north part of the LHIN, rates of hospitalizations and emergency department visits for hyper- or hypoglycemia between 2006/07 and 2010/11 were similar to the LHIN average (643 per 10,000 adults with diabetes) or the provincial average (486 per 10,000).
- See Exhibit 13.14a for commentary on patterns in the southern part of the LHIN.



Data sources: National Ambulatory Care Reporting System; Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

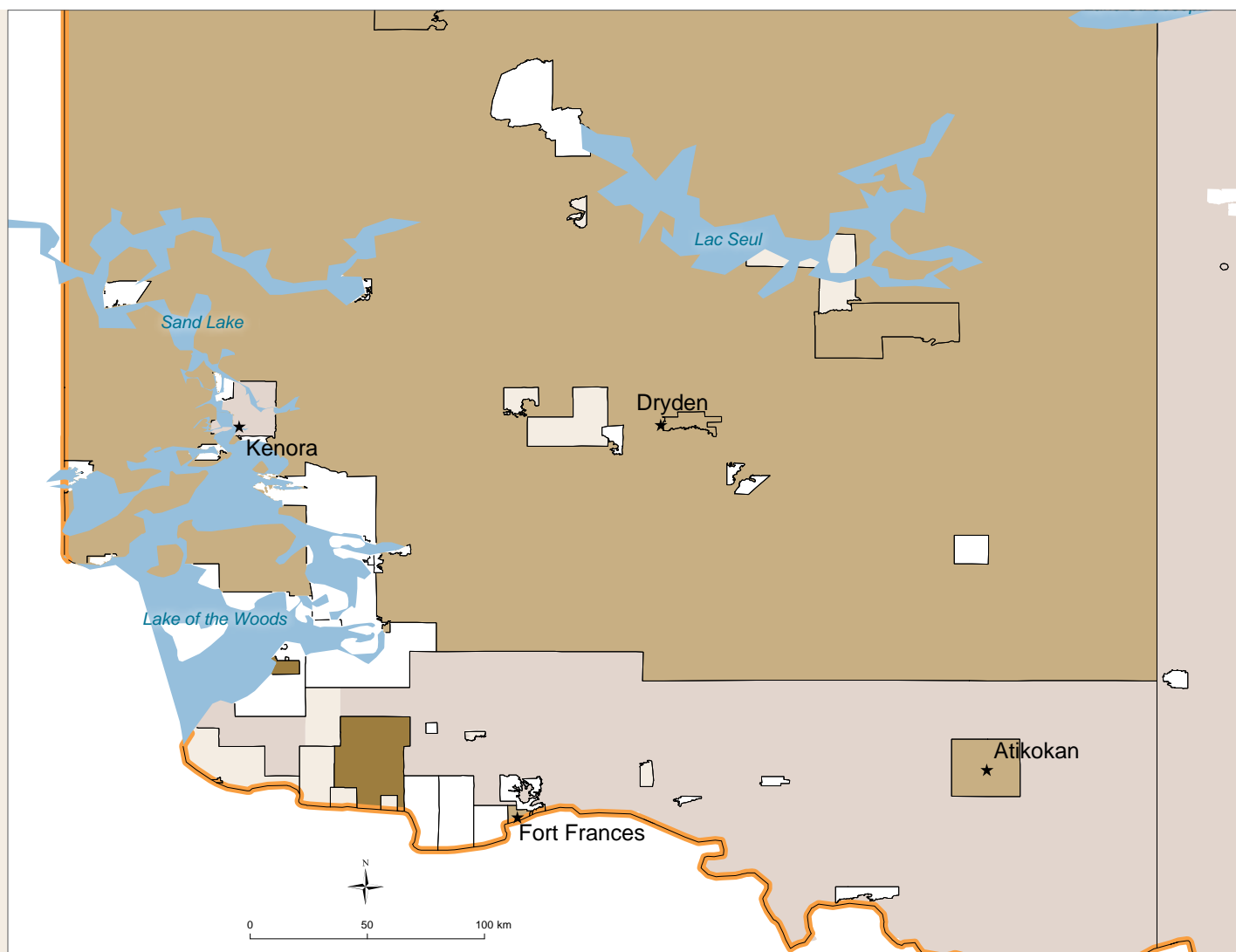
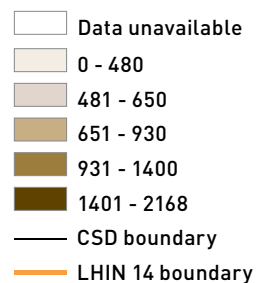
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

EXHIBIT 13.14c

Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for hyper- or hypoglycemia in the North West LHIN (14, southwest view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- In many larger census subdivisions throughout the southwest part of the North West LHIN, rates of hospitalizations or emergency department (ED) visits for hyper- or hypoglycemia were similar to the LHIN average (659 per 10,000 adults with diabetes) or the provincial average (486 per 10,000).
- Higher rates of hospitalizations/ED visits (above 930 per 10,000) were seen in a few smaller communities south of Kenora, including the Township of Chapple.

NUMBER PER 10,000 ADULTS WITH DIABETES

Data sources: National Ambulatory Care Reporting System; Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

EXHIBIT 13.14d

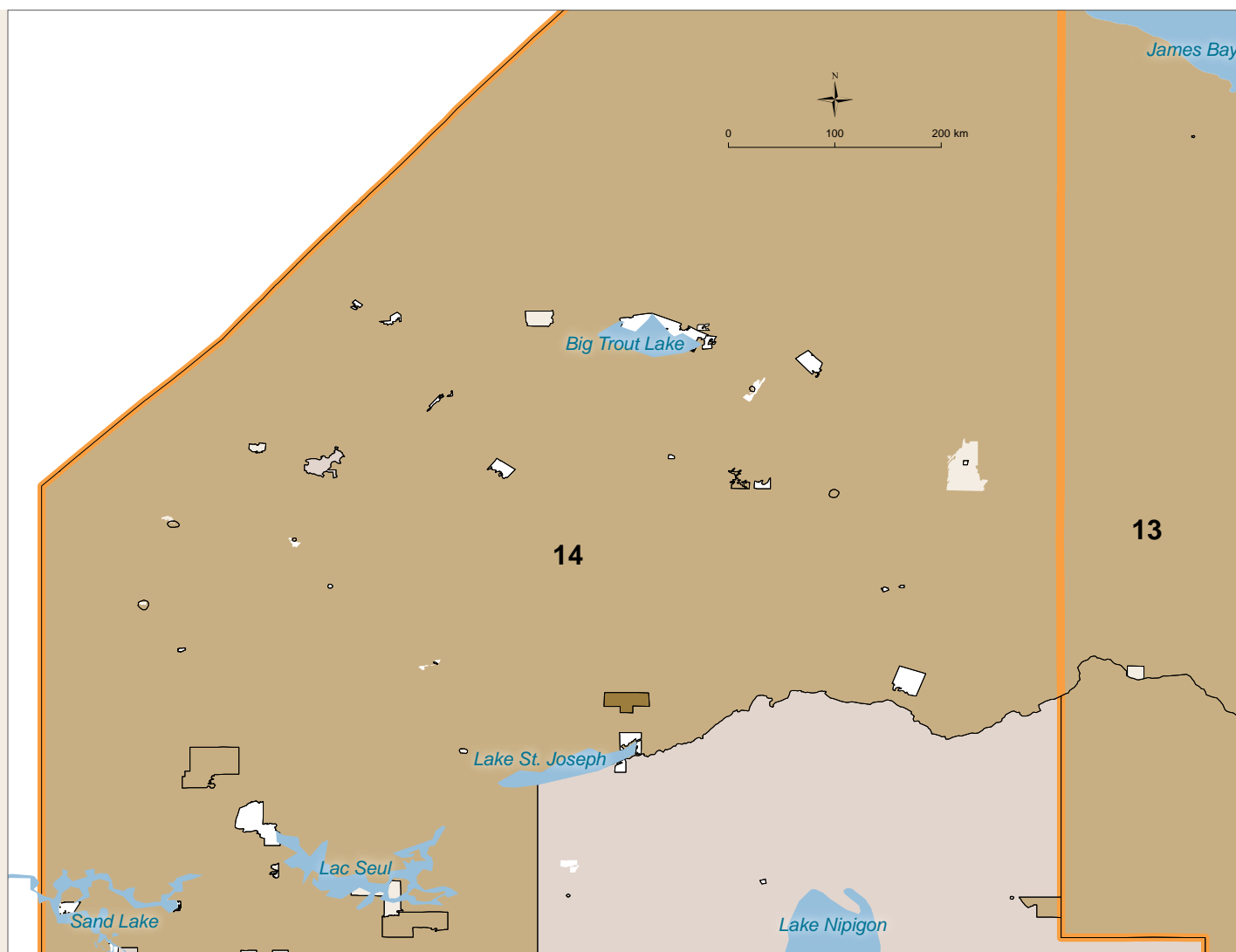
Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for hyper- or hypoglycemia in the North West LHIN (14, north view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- Across the north part of the North West LHIN, rates of hospitalizations or emergency department visits for hyper- or hypoglycemia were generally similar to the LHIN average (659 per 10,000 adults with diabetes) or the provincial average (486 per 10,000).
- The highest rate was seen in the Township of Pickle Lake, north of Lake St. Joseph.
- See Exhibits 13.14c and 13.14e for commentary on patterns in the southwestern and southeastern parts of the LHIN.

NUMBER PER 10,000 ADULTS WITH DIABETES

- Data unavailable
- 0 - 480
- 481 - 650
- 651 - 930
- 931 - 1400
- 1401 - 2168
- CSD boundary
- LHIN 14 boundary



Data sources: National Ambulatory Care Reporting System; Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

EXHIBIT 13.14e

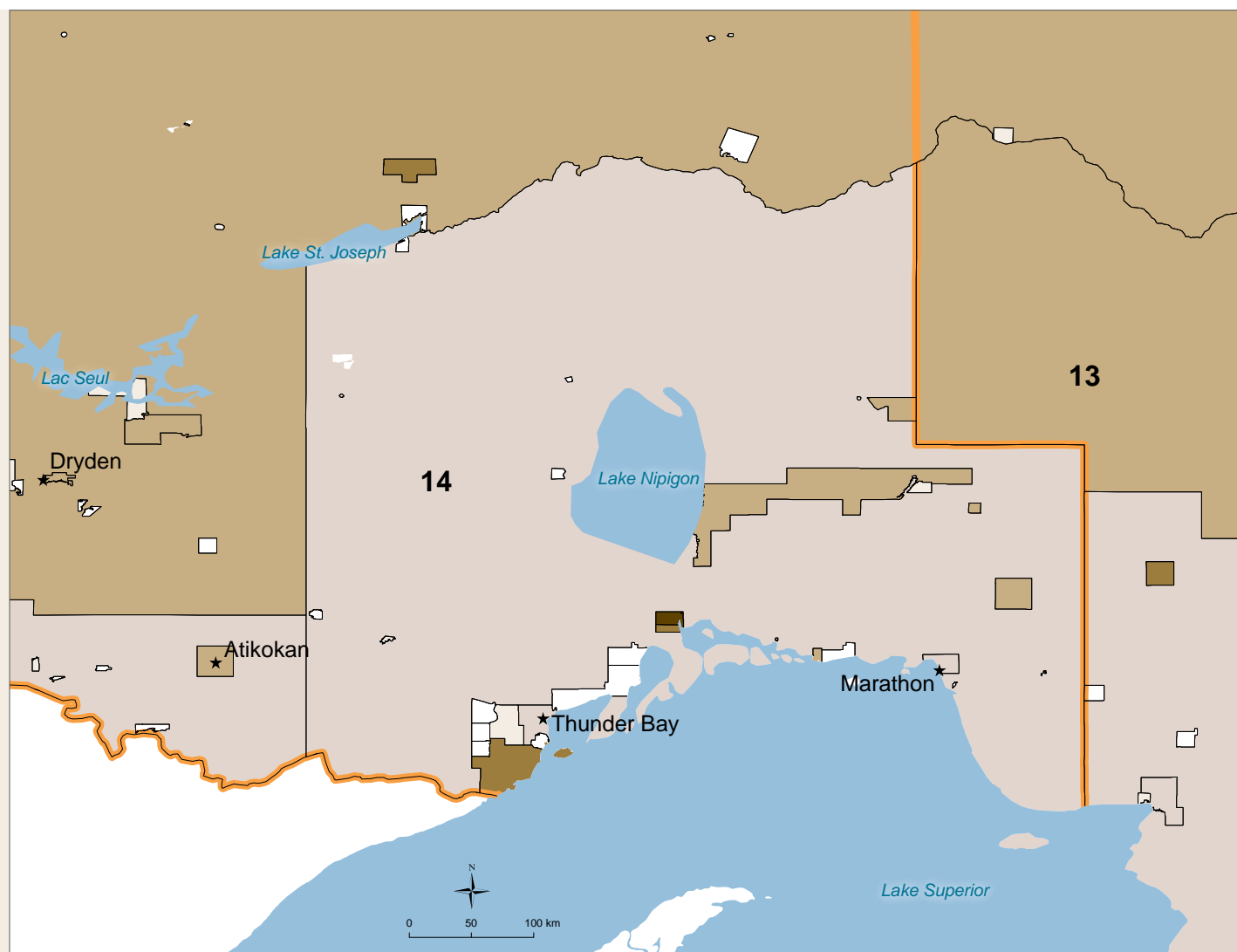
Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for hyper- or hypoglycemia in the North West LHIN (14, southeast view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- In most census subdivisions in the southeast part of the North West LHIN, rates of hospitalizations or emergency department (ED) visits for hyper- or hypoglycemia were similar to the LHIN average (659 per 10,000 adults with diabetes) or the provincial average (486 per 10,000).
- Higher rates of hospitalizations/ED visits were seen in a few communities located along the south shore in Neebing (south of Thunder Bay), Nipigon and Red Rock (northeast of Thunder Bay).
- See Exhibit 13.14d for commentary on patterns in the northern part of the LHIN.

NUMBER PER 10,000 ADULTS WITH DIABETES

- Data unavailable
- 0 - 480
- 481 - 650
- 651 - 930
- 931 - 1400
- 1401 - 2168
- CSD boundary
- LHIN 14 boundary



Data sources: National Ambulatory Care Reporting System; Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

EXHIBIT 13.15a

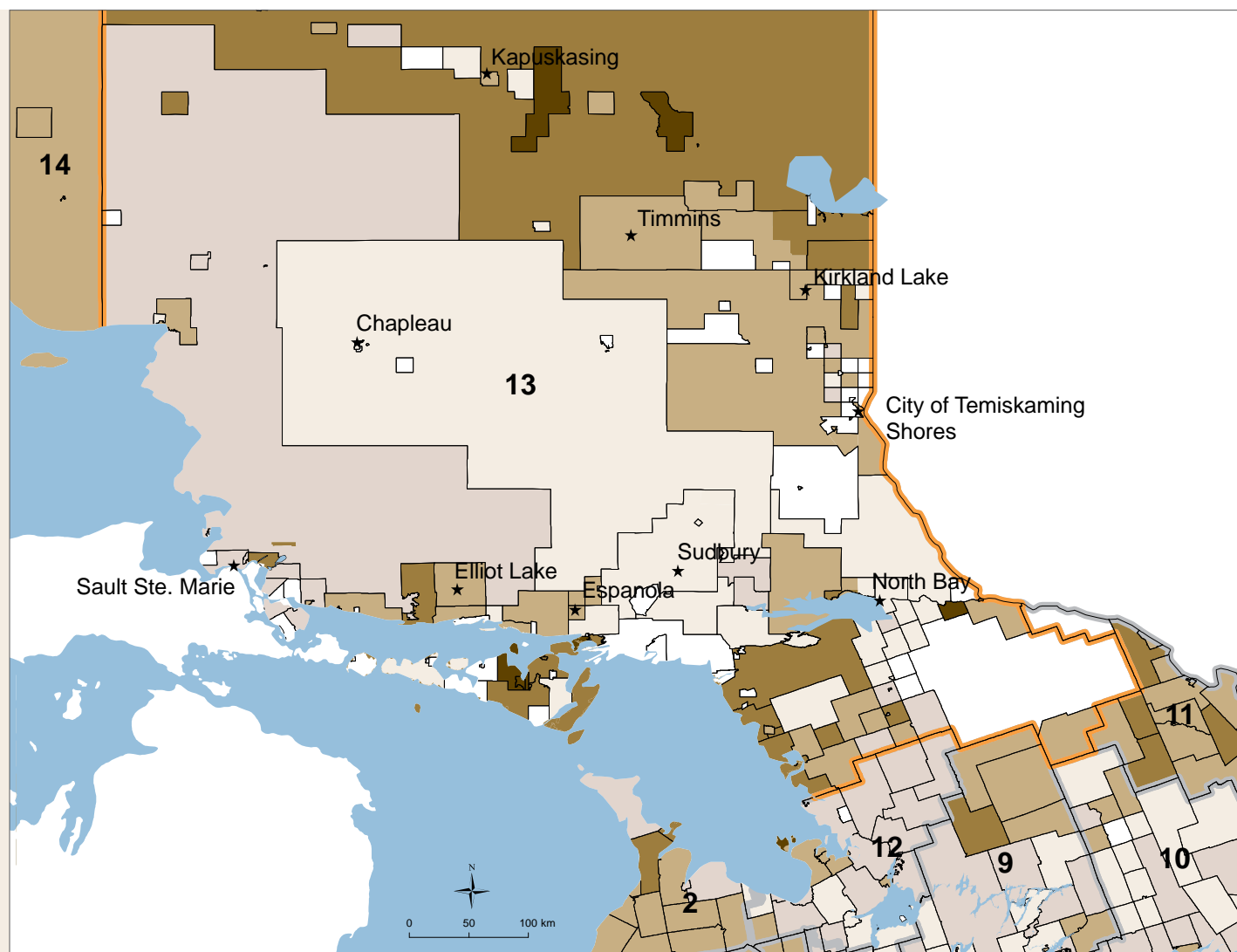
Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for any acute complication in the North East LHIN (13, south view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- In many census subdivisions across the southeast part of the North East LHIN, rates of hospitalizations or emergency department visits for acute complications of diabetes were very similar to the LHIN average (1,466 per 10,000 adults with diabetes) and the provincial average (1,029 per 10,000).
- Higher rates were seen in communities across the north and along the central-east and south border of the LHIN. The highest rates (above 2,000 per 10,000) were seen in a number of communities located east of Sault Ste. Marie, south of Espanola, on Manitoulin Island, southwest and east of North Bay, and in the northern part of the LHIN, east of Kapuskasing.

NUMBER PER 10,000 ADULTS WITH DIABETES

- Data unavailable
- 0 - 1200
- 1201 - 1500
- 1501 - 2000
- 2001 - 2800
- 2801 - 4431
- CSD boundary
- LHIN boundary
- LHIN 13 boundary



Data sources: National Ambulatory Care Reporting System; Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

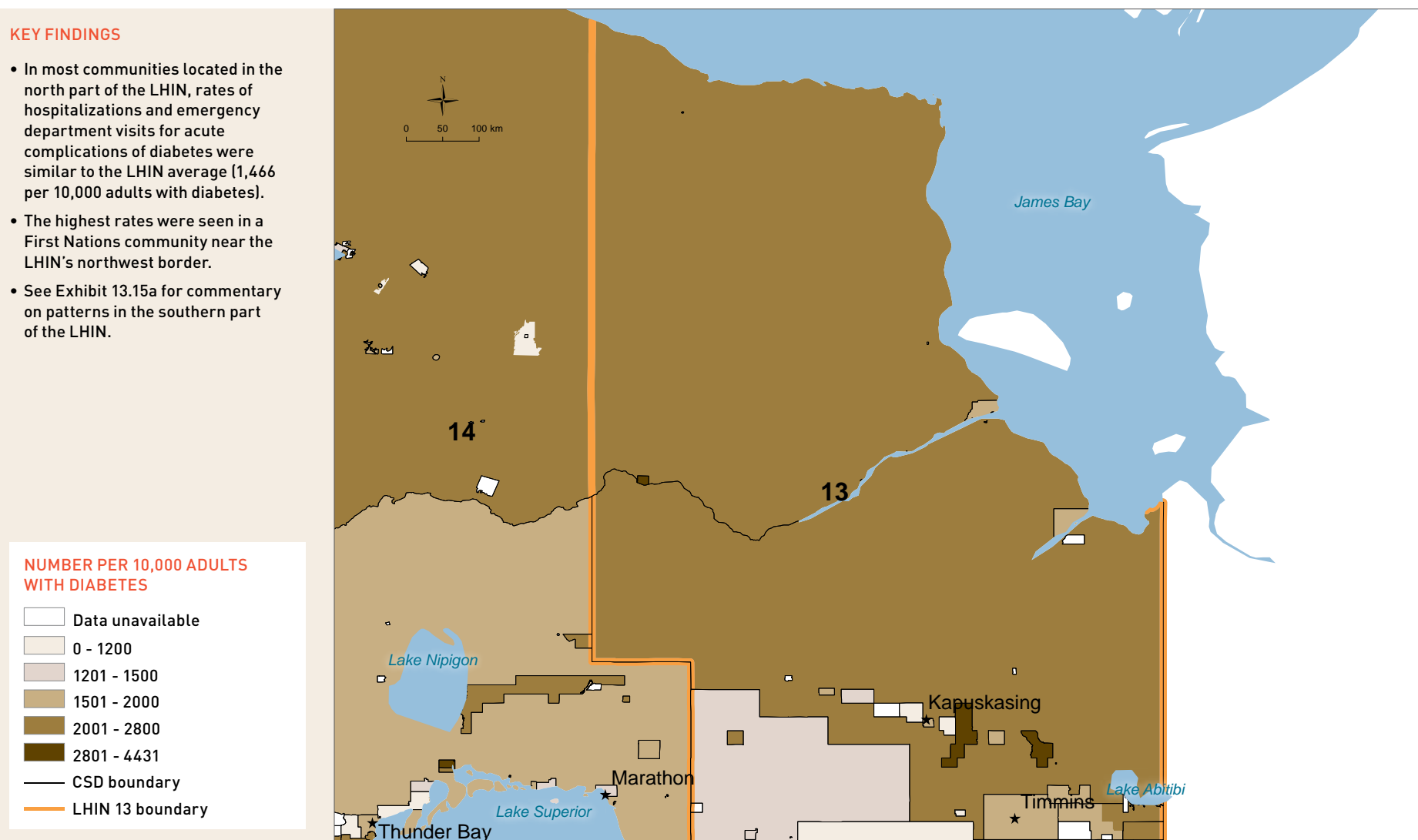
Technical notes: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population. Acute complications consisted of hyper- or hypoglycemia, skin and soft tissue infection or foot ulcer.

EXHIBIT 13.15b

Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for any acute complication in the North East LHIN (13, north view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- In most communities located in the north part of the LHIN, rates of hospitalizations and emergency department visits for acute complications of diabetes were similar to the LHIN average (1,466 per 10,000 adults with diabetes).
- The highest rates were seen in a First Nations community near the LHIN's northwest border.
- See Exhibit 13.15a for commentary on patterns in the southern part of the LHIN.



Data sources: National Ambulatory Care Reporting System; Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

Technical notes: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population. Acute complications consisted of hyper- or hypoglycemia, skin and soft tissue infection or foot ulcer.

EXHIBIT 13.15c

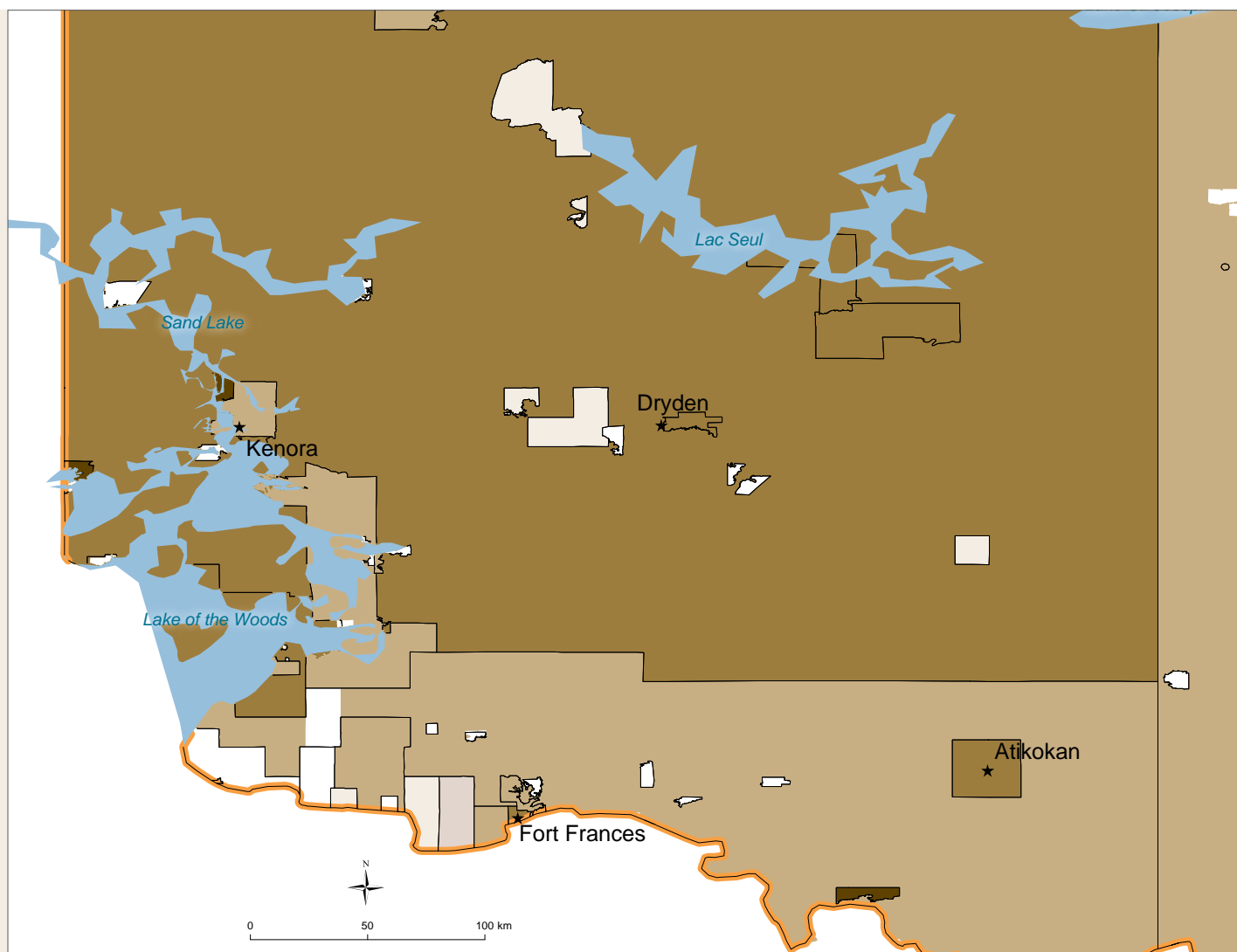
Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for any acute complication in the North West LHIN (14, southwest view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- In many census subdivisions across the southwest part of the North West LHIN, rates of hospitalizations or emergency department visits for acute complications of diabetes were similar to the LHIN average (1,789 per 10,000 adults with diabetes) but were higher than the provincial average (1,029 per 10,000).
- The highest rates (above 2,800 per 10,000) were seen in several First Nations communities located southwest and north of Kenora and along the LHIN's southeast border.

NUMBER PER 10,000 ADULTS WITH DIABETES

- Data unavailable
- 0 - 1200
- 1201 - 1500
- 1501 - 2000
- 2001 - 2800
- 2801 - 4431
- CSD boundary
- LHIN 14 boundary



Data sources: National Ambulatory Care Reporting System; Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

Technical notes: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population. Acute complications consisted of hyper- or hypoglycemia, skin and soft tissue infection or foot ulcer.

EXHIBIT 13.15d

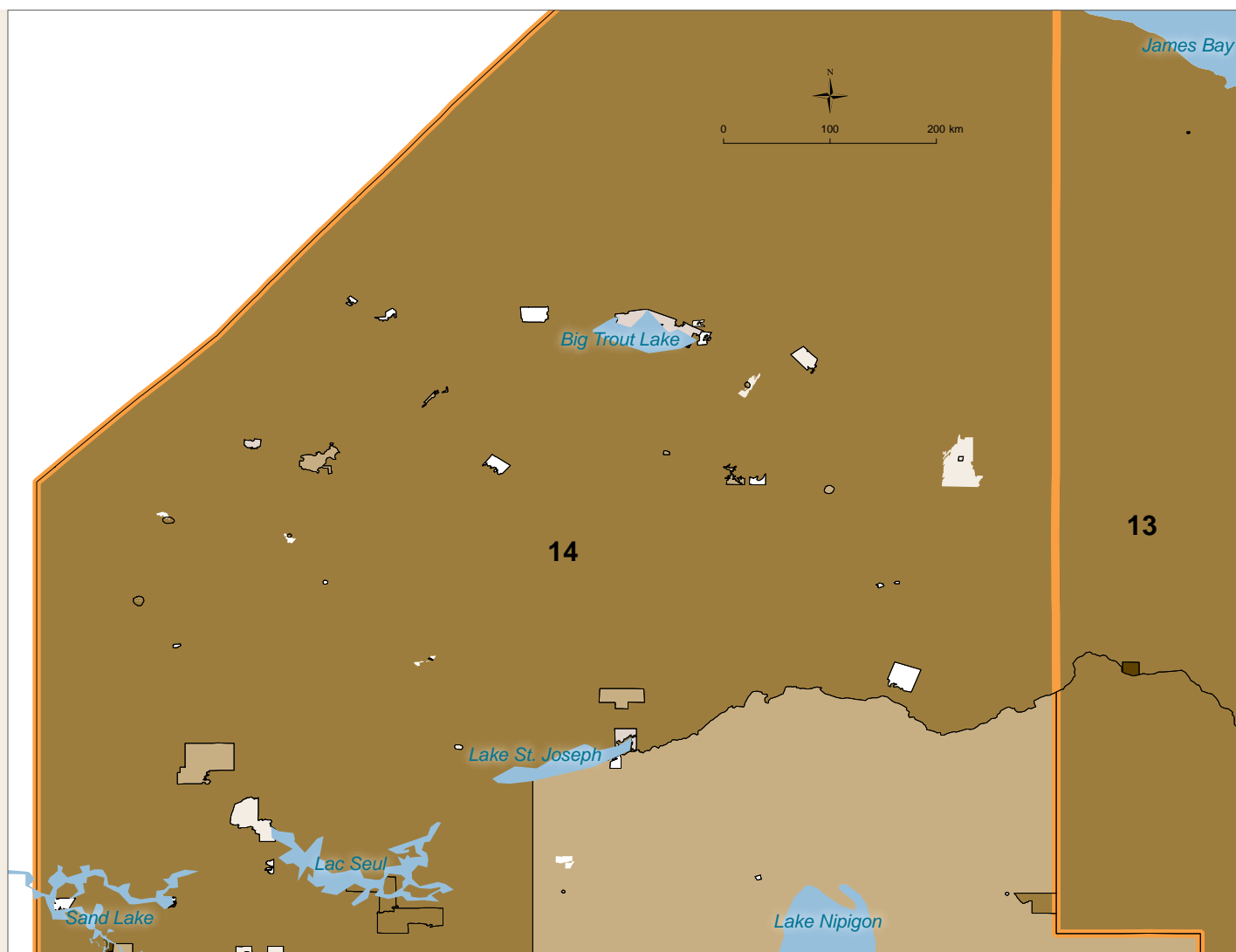
Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for any acute complication in the North West LHIN (14, north view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- In many census subdivisions across the north part of the North West LHIN, rates of hospitalizations or emergency department visits for acute complications of diabetes were similar to the LHIN average (1,789 per 10,000 adults with diabetes) but were higher than the provincial average (1,029 per 10,000).
- See Exhibits 13.15c and 13.15e for commentary on patterns in the southwestern and southeastern parts of the LHIN.

NUMBER PER 10,000 ADULTS WITH DIABETES

- Data unavailable
- 0 - 1200
- 1201 - 1500
- 1501 - 2000
- 2001 - 2800
- 2801 - 4431
- CSD boundary
- LHIN 14 boundary



Data sources: National Ambulatory Care Reporting System; Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

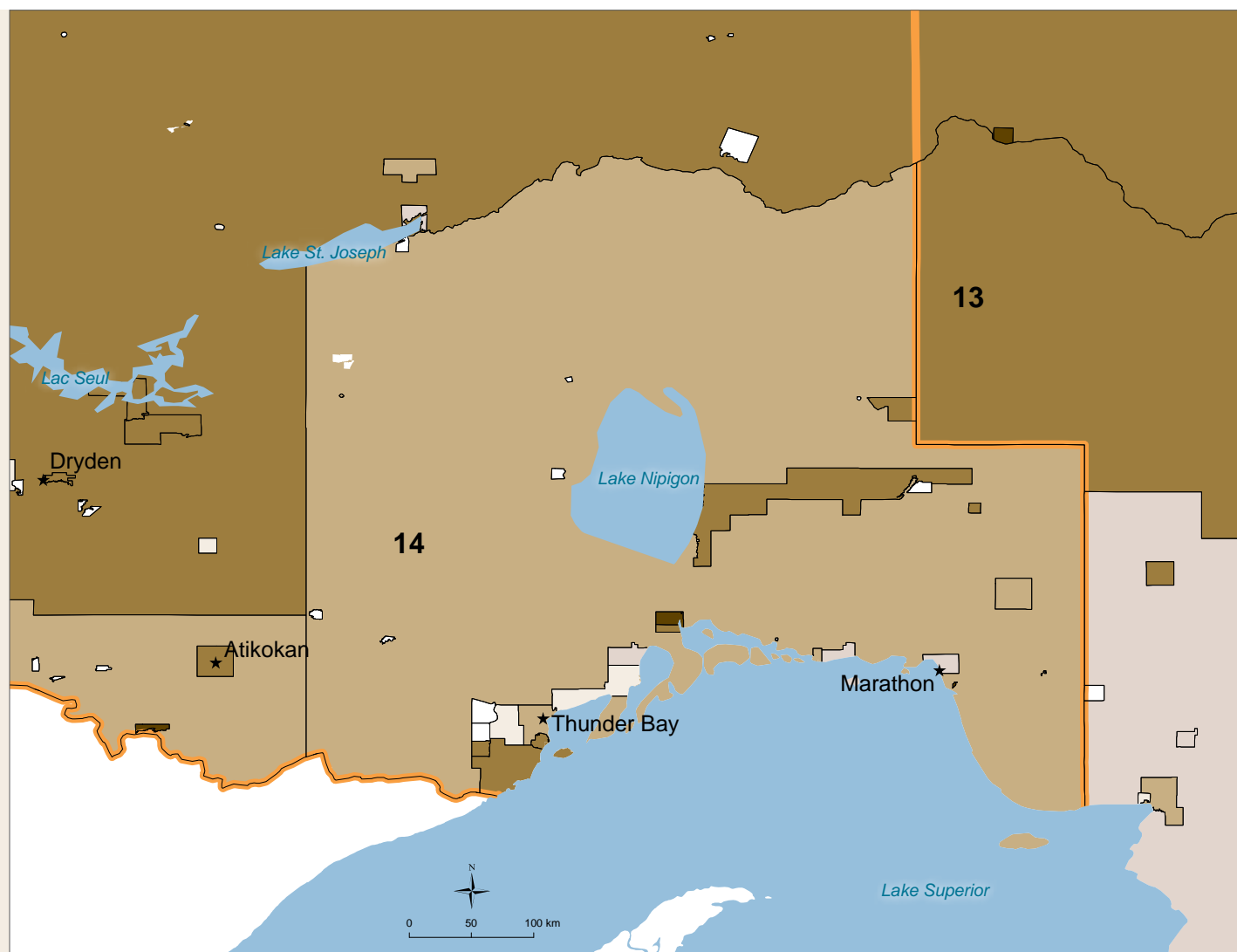
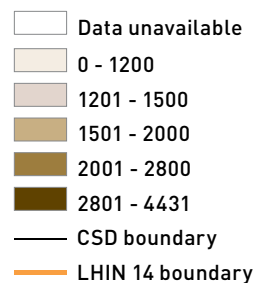
Technical notes: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population. Acute complications consisted of hyper- or hypoglycemia, skin and soft tissue infection or foot ulcer.

EXHIBIT 13.15e

Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for any acute complication in the North West LHIN (14, southeast view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- In most census subdivisions throughout the southeast part of the North West LHIN, rates of hospitalizations or emergency department (ED) visits for acute complications of diabetes were similar to the LHIN average (1,789 per 10,000 adults with diabetes) or the provincial average (1,029 per 10,000).
- Higher rates of hospitalizations/ED visits were seen in several communities south and northeast of Thunder Bay and in Greenstone, east of Lake Nipigon.
- See Exhibit 13.15d for commentary on patterns in the northern part of the LHIN.

NUMBER PER 10,000 ADULTS WITH DIABETES

Data sources: National Ambulatory Care Reporting System; Canadian Institute of Health Information Discharge Abstract Database; Ontario Diabetes Database.

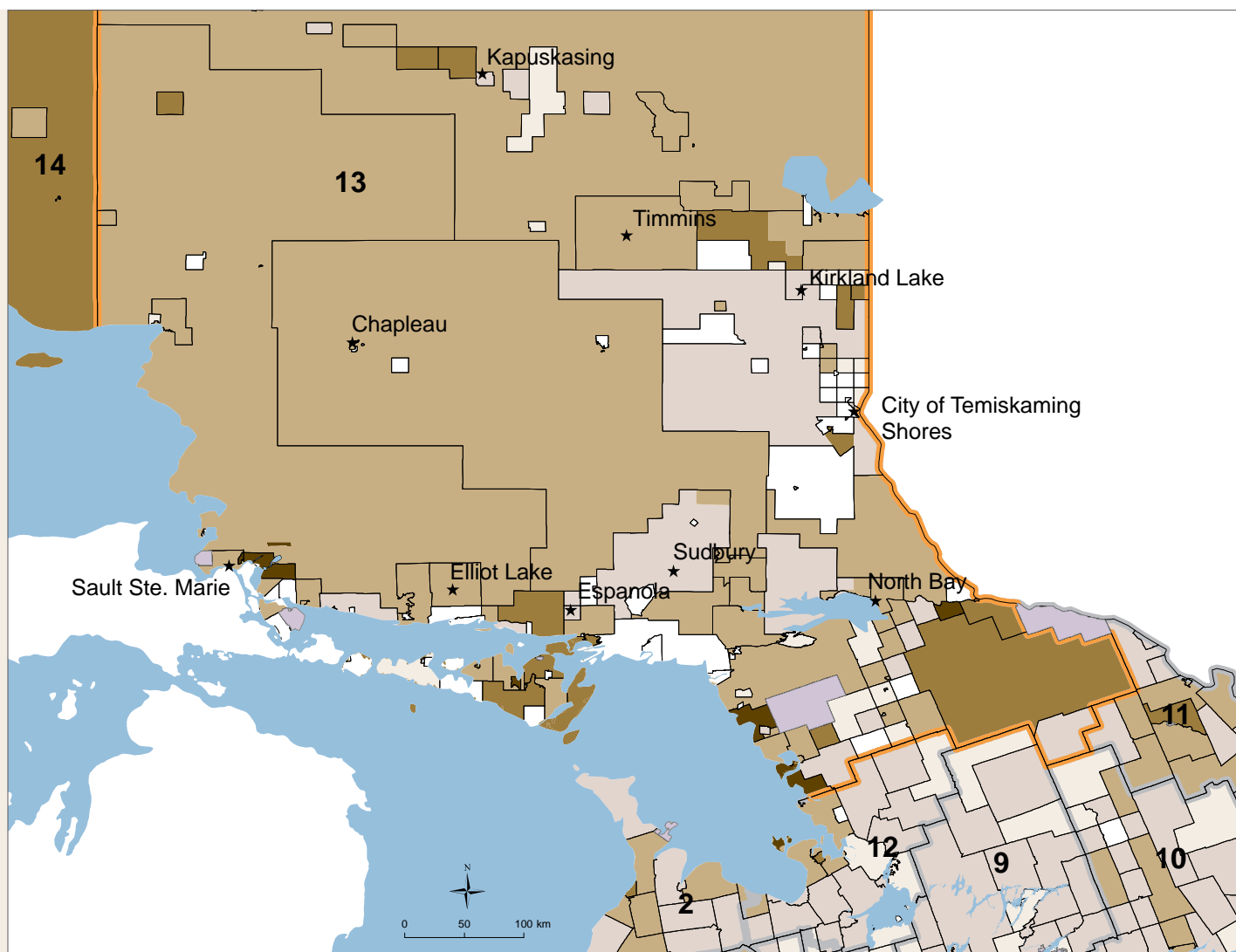
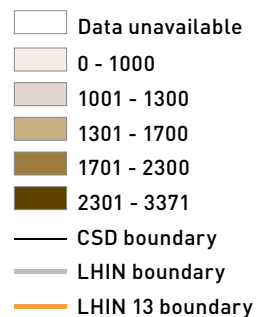
Technical notes: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population. Acute complications consisted of hyper- or hypoglycemia, skin and soft tissue infection or foot ulcer.

EXHIBIT 13.16a

Number, per 10,000 adults with diabetes, who had any chronic complication in the North East LHIN (13, south view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- In many census subdivisions across the southeast portion of the North East LHIN, rates of chronic complications were very similar to the LHIN average (1,376 per 10,000 adults with diabetes) and the provincial average (1,016 per 10,000).
- Higher rates were seen in communities scattered across the north and along the central-east and south border of the LHIN. The highest rates (above 2,000 per 10,000) were seen in a number of communities located east of Sault Ste. Marie, south of Espanola on Manitoulin Island, and southwest and east of North Bay.

NUMBER PER 10,000 ADULTS WITH DIABETES

Data sources: Ontario Health Insurance Plan Database; Canadian Organ Replacement Register Database; Canadian Institute of Health Information Discharge Abstract Database; Trillium Gift of Life Network; Ontario Diabetes Database.

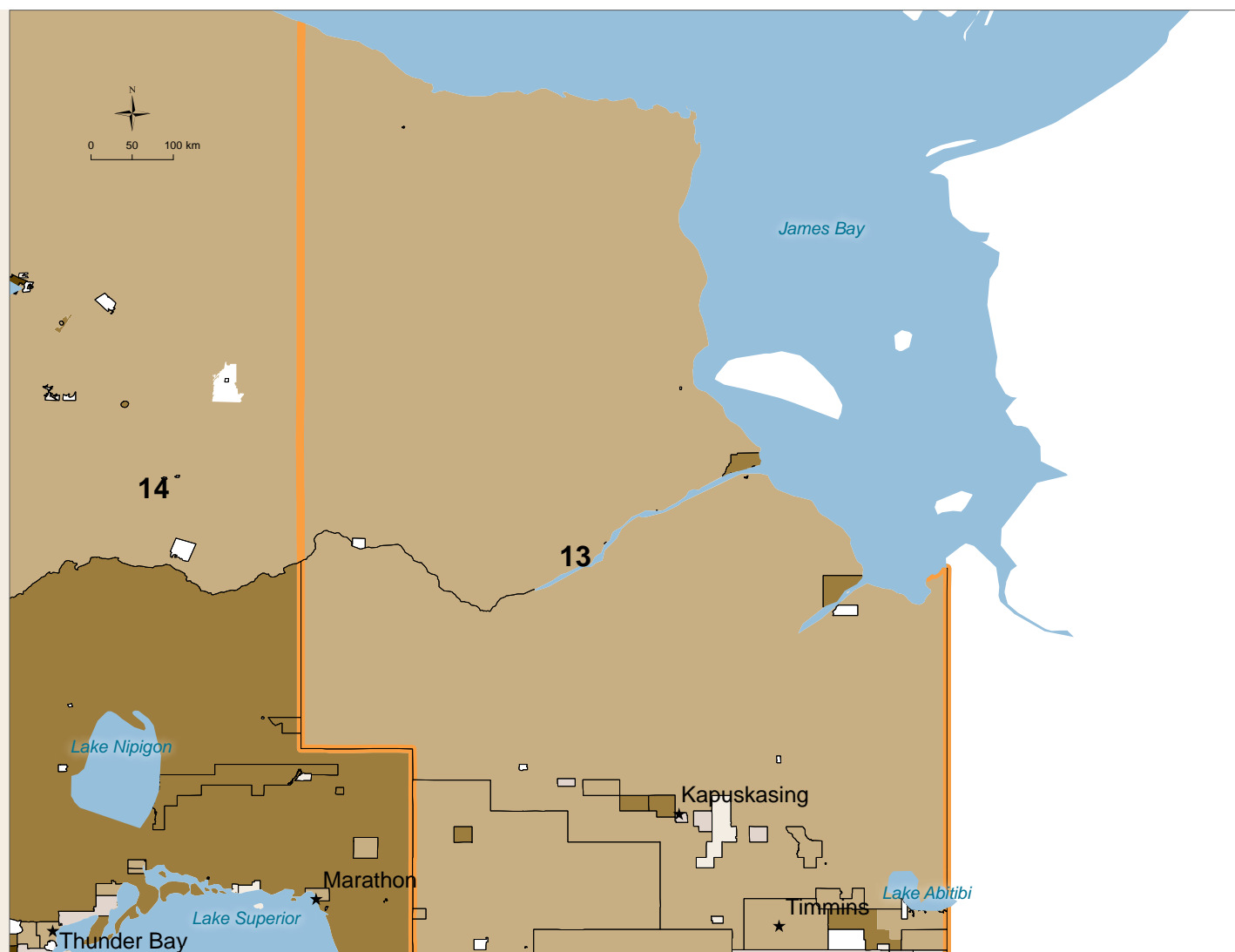
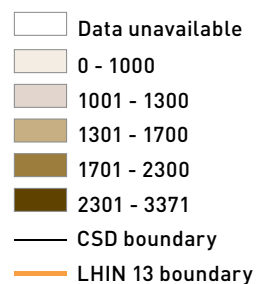
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population. A chronic complication consisted of hospitalization for a cardiovascular condition or having a lower extremity amputation or end-stage renal disease (chronic dialysis or kidney transplantation).

EXHIBIT 13.16b

Number, per 10,000 adults with diabetes, who had any chronic complication in the North East LHIN (13, north view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- Across the north part of the LHIN, rates of chronic complications were generally similar to the LHIN average (1,376 per 10,000 adults with diabetes).
- Higher rates (above 1,700 per 10,000) were seen in a few of the LHIN's First Nations communities located along the James Bay shore.
- See Exhibit 13.16a for commentary on patterns in the southern part of the LHIN.

NUMBER PER 10,000 ADULTS WITH DIABETES

Data sources: Ontario Health Insurance Plan Database; Canadian Organ Replacement Register Database; Canadian Institute of Health Information Discharge Abstract Database; Trillium Gift of Life Network; Ontario Diabetes Database.

Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population. A chronic complication consisted of hospitalization for a cardiovascular condition or having a lower extremity amputation or end-stage renal disease (chronic dialysis or kidney transplantation).

EXHIBIT 13.16c

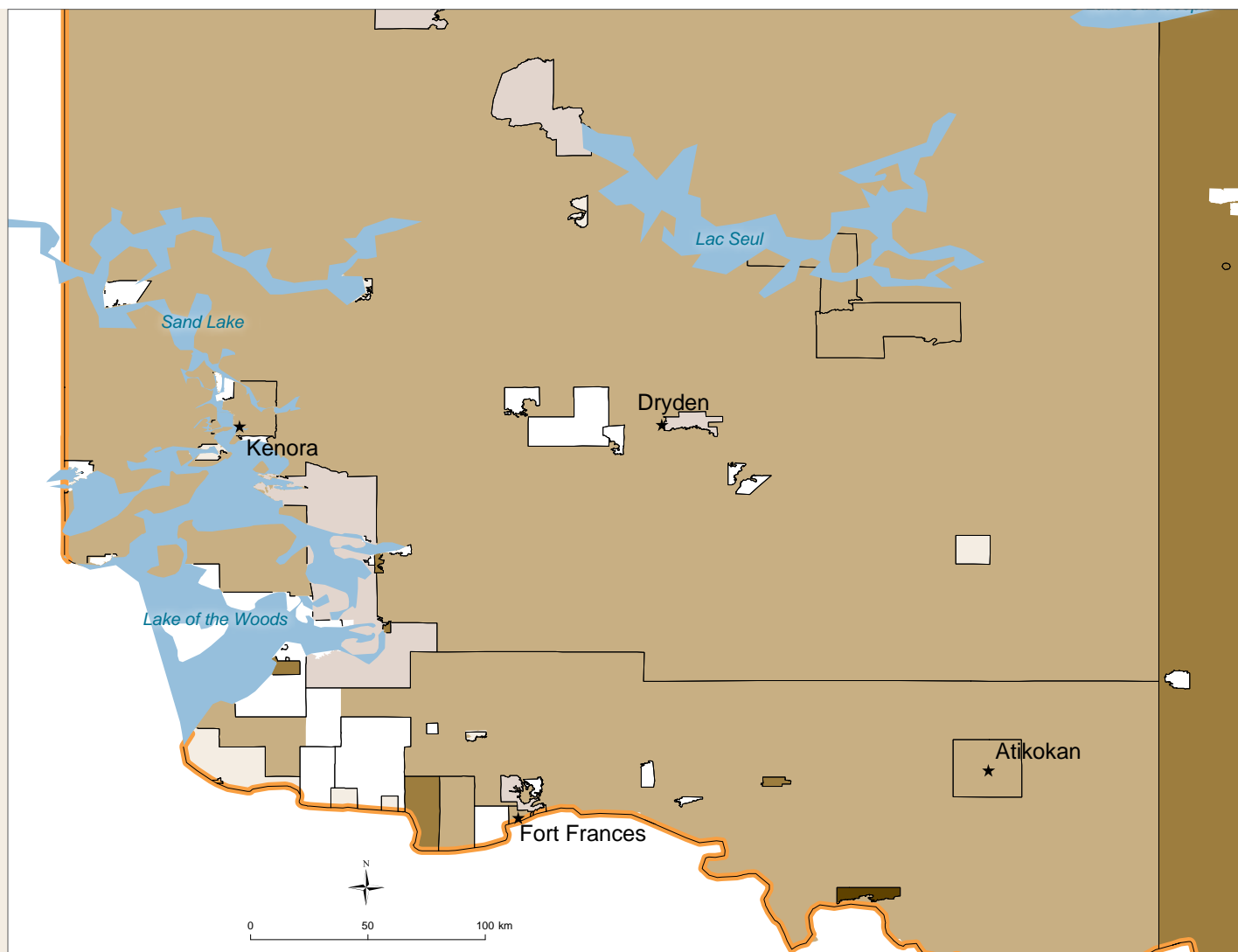
Number, per 10,000 adults with diabetes, who had any chronic complication in the North West LHIN (14, southwest view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- In many census subdivisions across the southwest portion of the North West LHIN, rates of chronic complications were similar to the LHIN average (1,559 per 10,000 adults with diabetes) and the provincial average (1,016 per 10,000).
- The highest rates (above 1,700 per 10,000) were seen in several communities located southeast of Kenora and along the southern and southeastern border of the LHIN.

NUMBER PER 10,000 ADULTS WITH DIABETES

- Data unavailable
- 0 - 1000
- 1001 - 1300
- 1301 - 1700
- 1701 - 2300
- 2301 - 3371
- CSD boundary
- LHIN 14 boundary



Data sources: Ontario Health Insurance Plan Database; Canadian Organ Replacement Register Database; Canadian Institute of Health Information Discharge Abstract Database; Trillium Gift of Life Network; Ontario Diabetes Database.

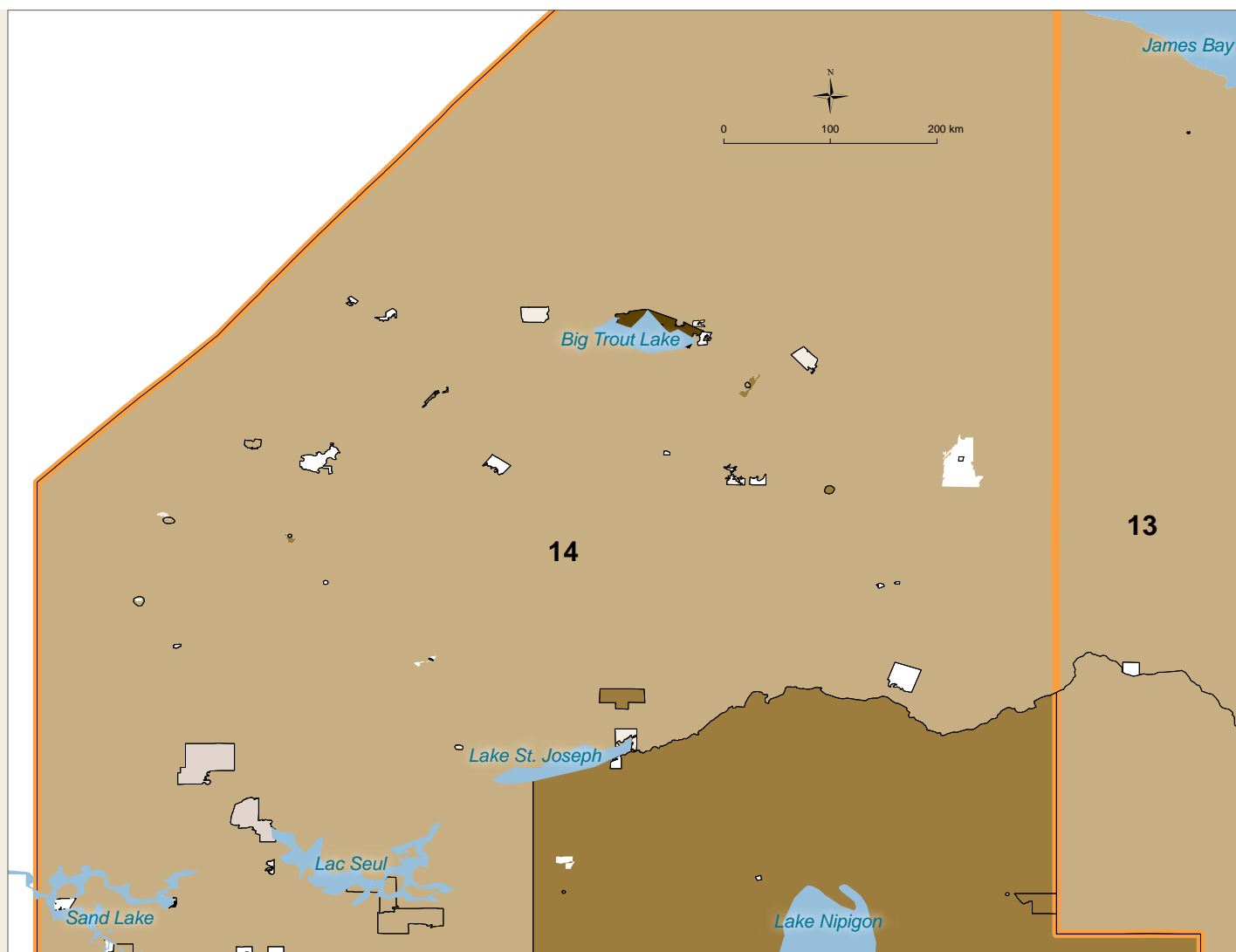
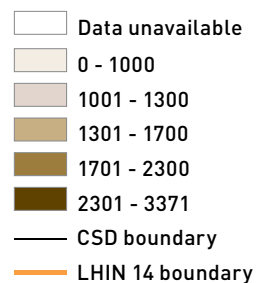
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population. A chronic complication consisted of hospitalization for a cardiovascular condition or having a lower extremity amputation or end-stage renal disease (chronic dialysis or kidney transplantation).

EXHIBIT 13.16d

Number, per 10,000 adults with diabetes, who had any chronic complication in the North West LHIN (14, north view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- In many census subdivisions across the north part of the North West LHIN, rates of chronic complications of diabetes were similar to the LHIN average (1,559 per 10,000).
- Higher rates were seen in several of the LHIN's First Nations communities located on or near Big Trout Lake, as well as in the Township of Pickle Lake, north of Lake St. Joseph.
- See Exhibits 13.16c and 13.16e for commentary on patterns in the southwestern and southeastern parts of the LHIN.

NUMBER PER 10,000 ADULTS WITH DIABETES

Data sources: Ontario Health Insurance Plan Database; Canadian Organ Replacement Register Database; Canadian Institute of Health Information Discharge Abstract Database; Trillium Gift of Life Network; Ontario Diabetes Database.

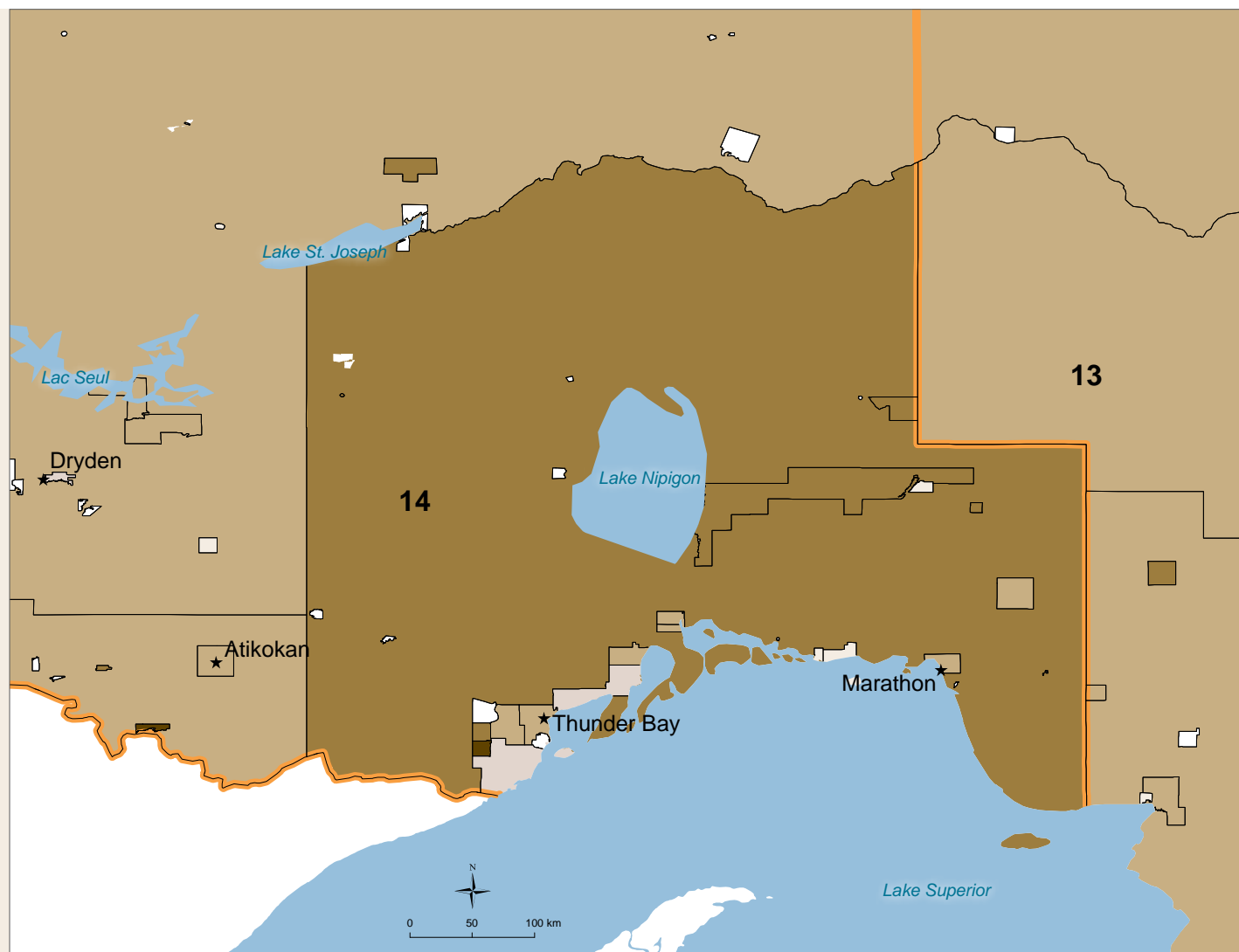
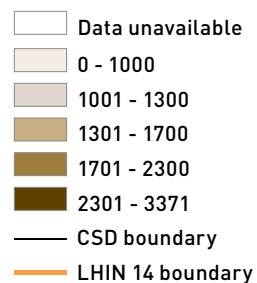
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population. A chronic complication consisted of hospitalization for a cardiovascular condition or having a lower extremity amputation or end-stage renal disease (chronic dialysis or kidney transplantation).

EXHIBIT 13.16e

Number, per 10,000 adults with diabetes, who had any chronic complication in the North West LHIN (14, southeast view), by census subdivision, 2006/07–2010/11

KEY FINDINGS

- In most census subdivisions (CSDs) throughout the southeast portion of the North West LHIN, rates of chronic complications were similar to the LHIN average (1,559 per 10,000 adults with diabetes) or the provincial average (1,016 per 10,000).
- Higher rates were seen in the largest CSD and in several smaller communities southwest of Thunder Bay and in Greenstone, east of Lake Nipigon.
- See Exhibit 13.16d for commentary on patterns in the northern part of the LHIN.

NUMBER PER 10,000 ADULTS WITH DIABETES

Data sources: Ontario Health Insurance Plan Database; Canadian Organ Replacement Register Database; Canadian Institute of Health Information Discharge Abstract Database; Trillium Gift of Life Network; Ontario Diabetes Database.

Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population. A chronic complication consisted of hospitalization for a cardiovascular condition or having a lower extremity amputation or end-stage renal disease (chronic dialysis or kidney transplantation).

EXHIBIT 13.17

Locations of diabetes education programs in the North East LHIN (13) and North West LHIN (14), 2011

KEY FINDINGS

- Main diabetes education and outreach programs were generally well distributed across the south portions of the North East and West LHINs, with some clustering within larger centres such as Thunder Bay and Sudbury.
- There were no main diabetes education programs in the northernmost part of the North West LHIN, but outreach programs were distributed fairly widely across this area.
- There were few main diabetes education and outreach programs in the northern part of the North East LHIN, but existing programs corresponded well to the location of several remote communities in this area.

TYPE OF PROGRAM

- Main program
- Program satellite
- ▲ Outreach program
- subLHIN boundary
- LHIN boundary
- LHIN 13 and 14 boundaries



Data source: Diabetes Regional Coordination Centres.

Technical note: Locations were designated based on six-digit postal codes using Statistics Canada's Postal Code Conversion File.

EXHIBIT 13.18**Locations of endocrinologists and eye specialists in the North East LHIN (13) and North West LHIN (14), 2010/11****KEY FINDINGS**

- Eye specialists (ophthalmologists and optometrists) were generally clustered within or near major urban areas, with the majority of locations in the south portions of the North East and North West LHINs.
- Endocrinologists were located only in Thunder Bay, Sudbury and North Bay.
- There were no endocrinologists or eye specialists in the northern parts of either LHIN.

TYPE OF SPECIALIST

- Endocrinologist
- Ophthalmologist
- ▲ Optometrist
- subLHIN boundary
- LHIN boundary
- LHIN 13 and 14 boundaries



Data sources: Locations of endocrinologists and ophthalmologists came from the ICES Physician Database, 2010; listings of optometrists came from the Corporate Provider Database, April 1, 2010 to March 31, 2011.

Technical note: Locations were designated based on six-digit postal codes using Statistics Canada's Postal Code Conversion File.