

*Diabetes Measures by Region*

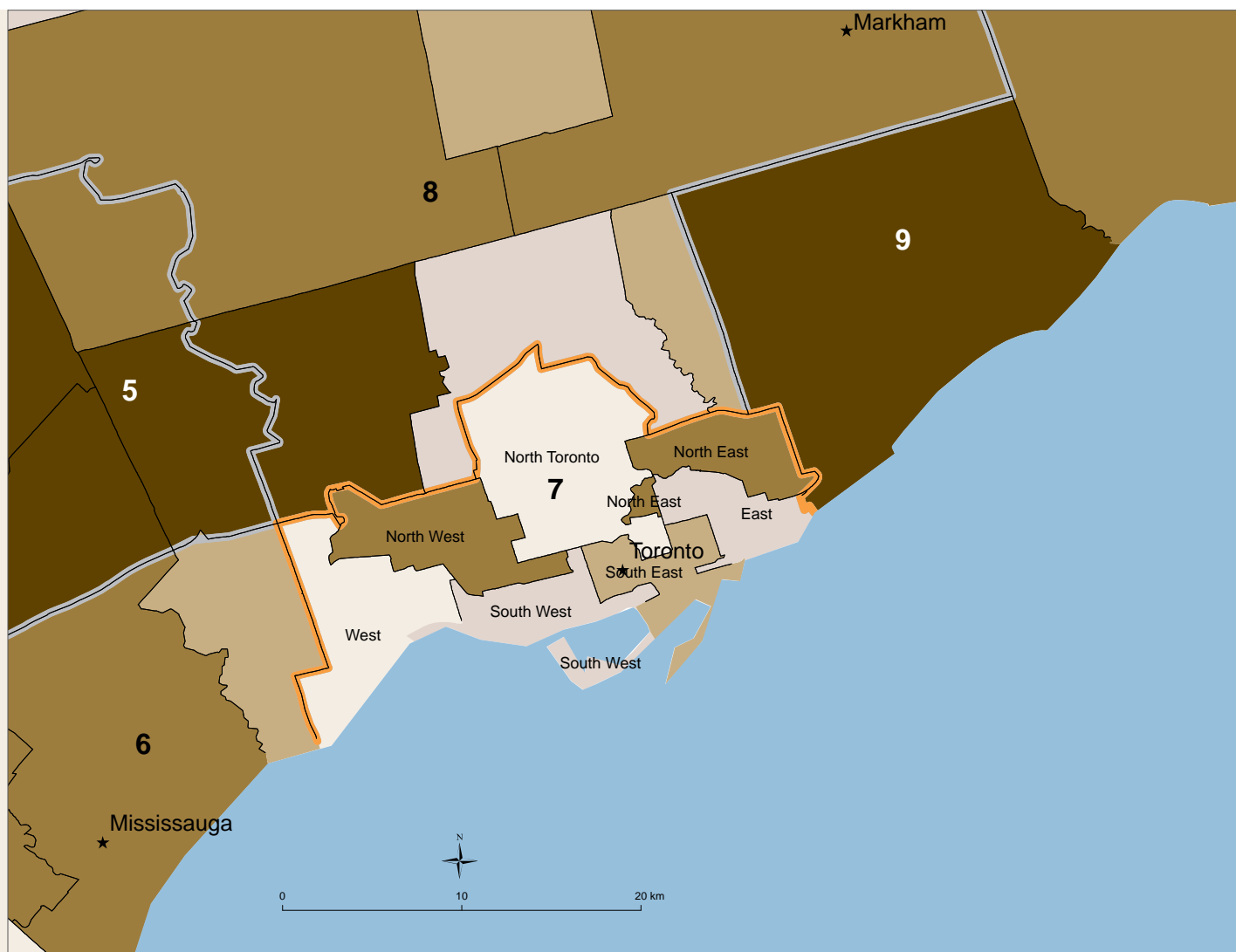
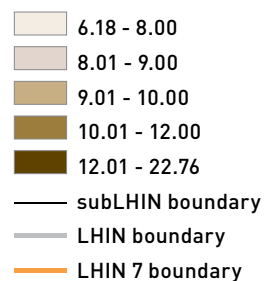
## EXHIBIT 7.1

Diabetes prevalence per 100 adults in the Toronto Central LHIN (7), by subLHIN, on March 31, 2011

### KEY FINDINGS

- For every 100 adults in the Toronto Central LHIN, about eight people were living with diabetes. This prevalence (8.47 per 100) was lower than the Ontario average (9.64 per 100).
- Diabetes prevalence was highest in North East (11.75 per 100) and North West (10.52 per 100).

### 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 7.2

Diabetes incidence per 100 adults in the Toronto Central LHIN (7), by subLHIN, 2009/10

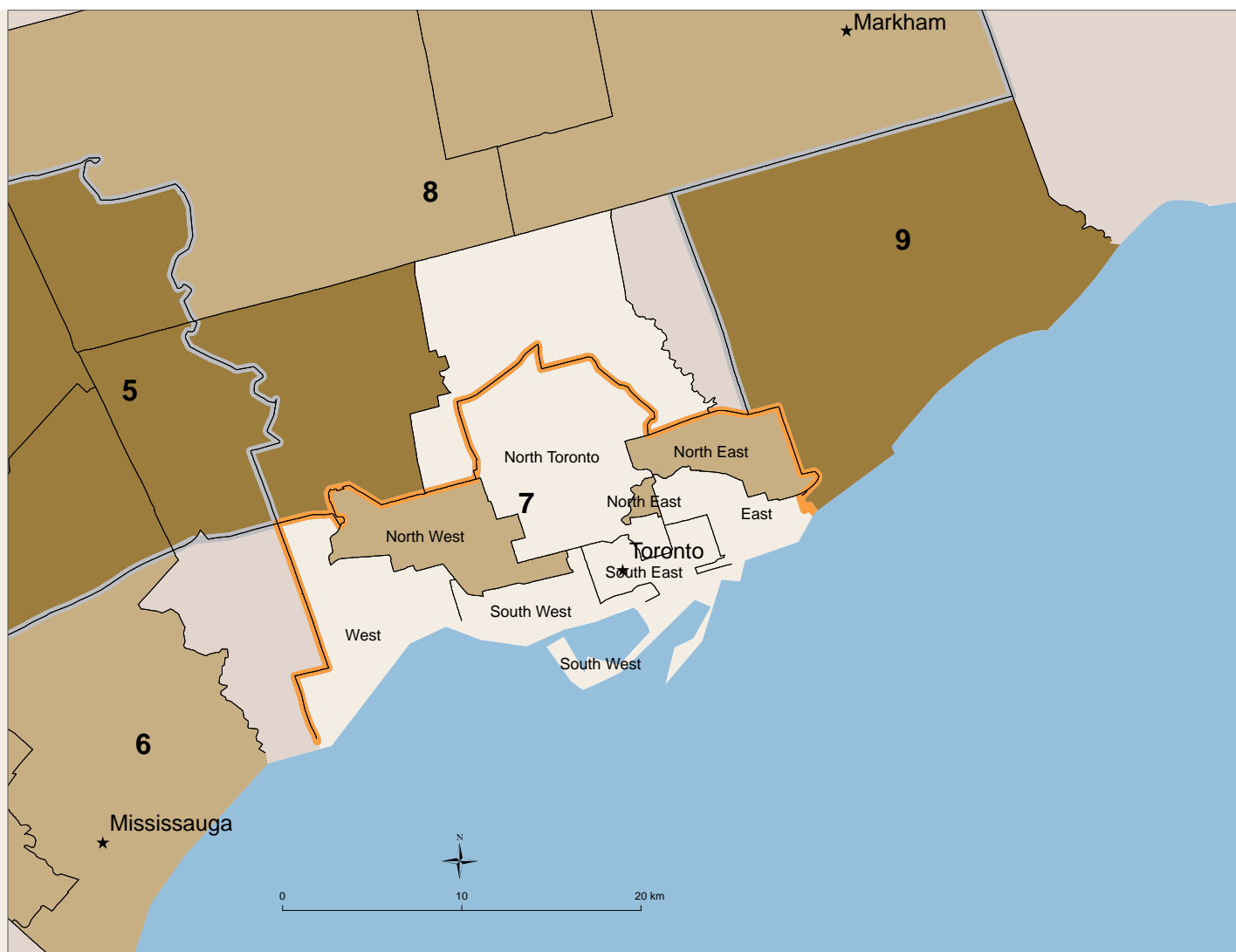
### KEY FINDINGS

- For every 100 adults living in the Toronto Central LHIN who were free of diabetes in March 2009, approximately one person was diagnosed with diabetes in the subsequent year. This incidence rate (0.78 per 100) was lower than the Ontario average (0.97 per 100).
- Incidence rates were highest in the North East (1.08 per 100) and North West (0.98 per 100) subLHINs.

### INCIDENCE PER 100 ADULTS

0.61 - 0.80
0.81 - 0.95
0.96 - 1.10
1.11 - 1.40
1.41 - 2.79

- subLHIN boundary
- LHIN boundary
- LHIN 7 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 7.3

Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for hyper- or hypoglycemia in the Toronto Central LHIN (7), by subLHIN, 2006/07–2010/11

### KEY FINDINGS

- Overall, for every 100 adults living with diabetes in the Toronto Central LHIN on March 31, 2006, about five had at least one hospitalization or emergency department visit for hyper- or hypoglycemia in the subsequent five years. This rate (475 per 10,000 adults with diabetes) was slightly lower than the provincial average (486 per 10,000).
- Higher-than-average rates were found in the South West, South East and East subLHINs.

### NUMBER PER 10,000 ADULTS WITH DIABETES

- 272 - 400
- 401 - 500
- 501 - 600
- 601 - 700
- 701 - 1001

- subLHIN boundary
- LHIN boundary
- LHIN 7 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.

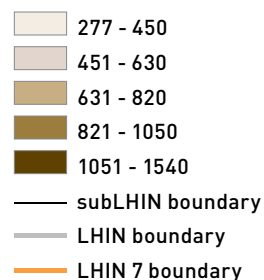


**EXHIBIT 7.4**

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 Toronto Central LHIN (7), by subLHIN, 2006/07–2010/11

**KEY FINDINGS**

- For every 100 adults living with diabetes in the Toronto Central LHIN in 2006, more than five had at least one hospitalization or emergency department visit for a skin and soft tissue infection or foot ulcer during the subsequent five years. This rate (525 per 10,000 adults with diabetes) was lower than the provincial average (618 per 10,000).
- There was some variation in rates across subLHINs, although all were below the provincial average. The highest rate was in the South West subLHIN (598 per 10,000) and the lowest was in the North East subLHIN (430 per 10,000).

**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.

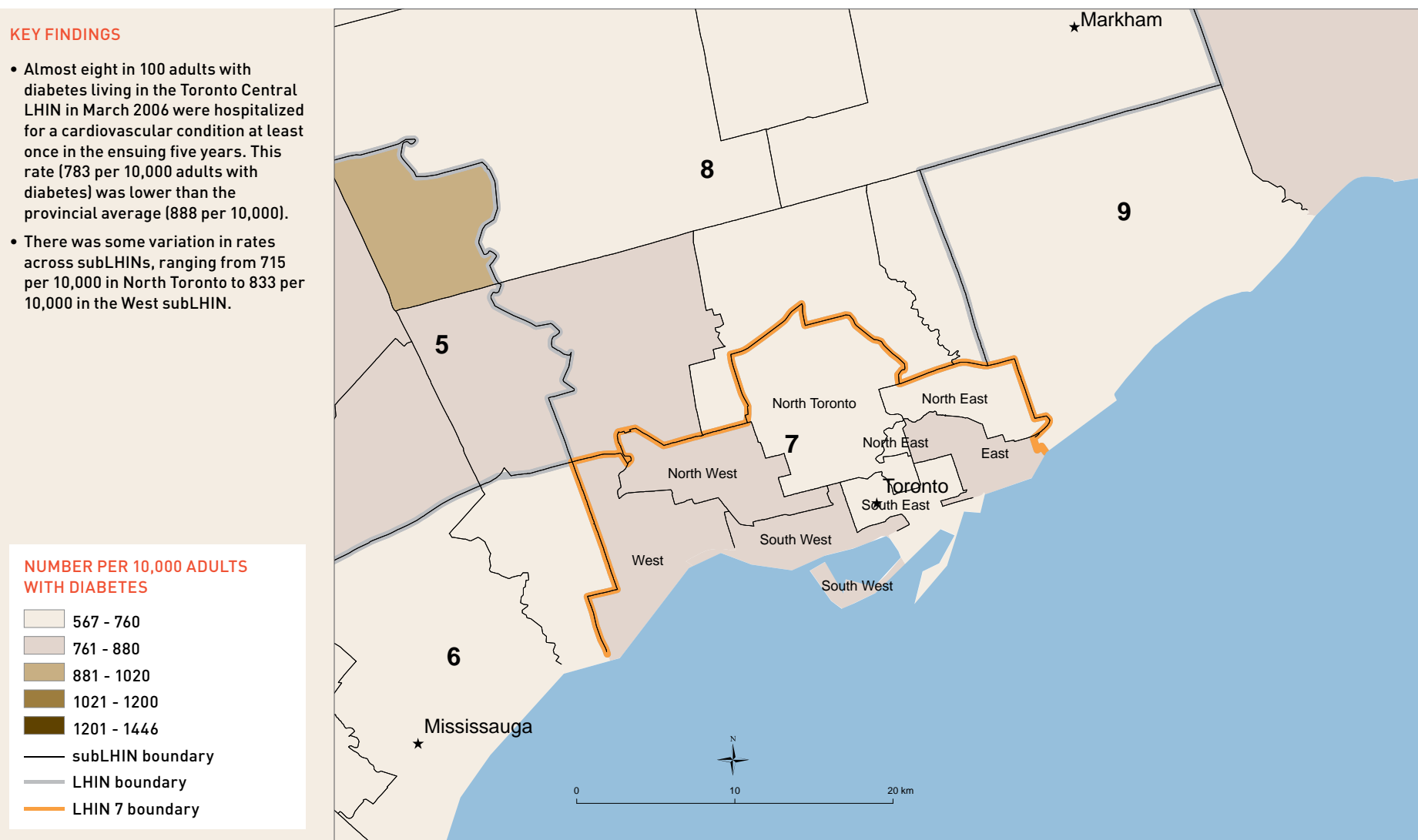
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

## EXHIBIT 7.5

Number, per 10,000 adults with diabetes, who had at least one hospitalization for a cardiovascular condition in the Toronto Central LHIN (7), by subLHIN, 2006/07–2010/11

### KEY FINDINGS

- Almost eight in 100 adults with diabetes living in the Toronto Central LHIN in March 2006 were hospitalized for a cardiovascular condition at least once in the ensuing five years. This rate (783 per 10,000 adults with diabetes) was lower than the provincial average (888 per 10,000).
- There was some variation in rates across subLHINs, ranging from 715 per 10,000 in North Toronto to 833 per 10,000 in the West subLHIN.



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 7.6**

**Number, per 10,000 adults with diabetes, who had a lower extremity amputation in the Toronto Central LHIN (7), by subLHIN, 2006/07–2010/11**

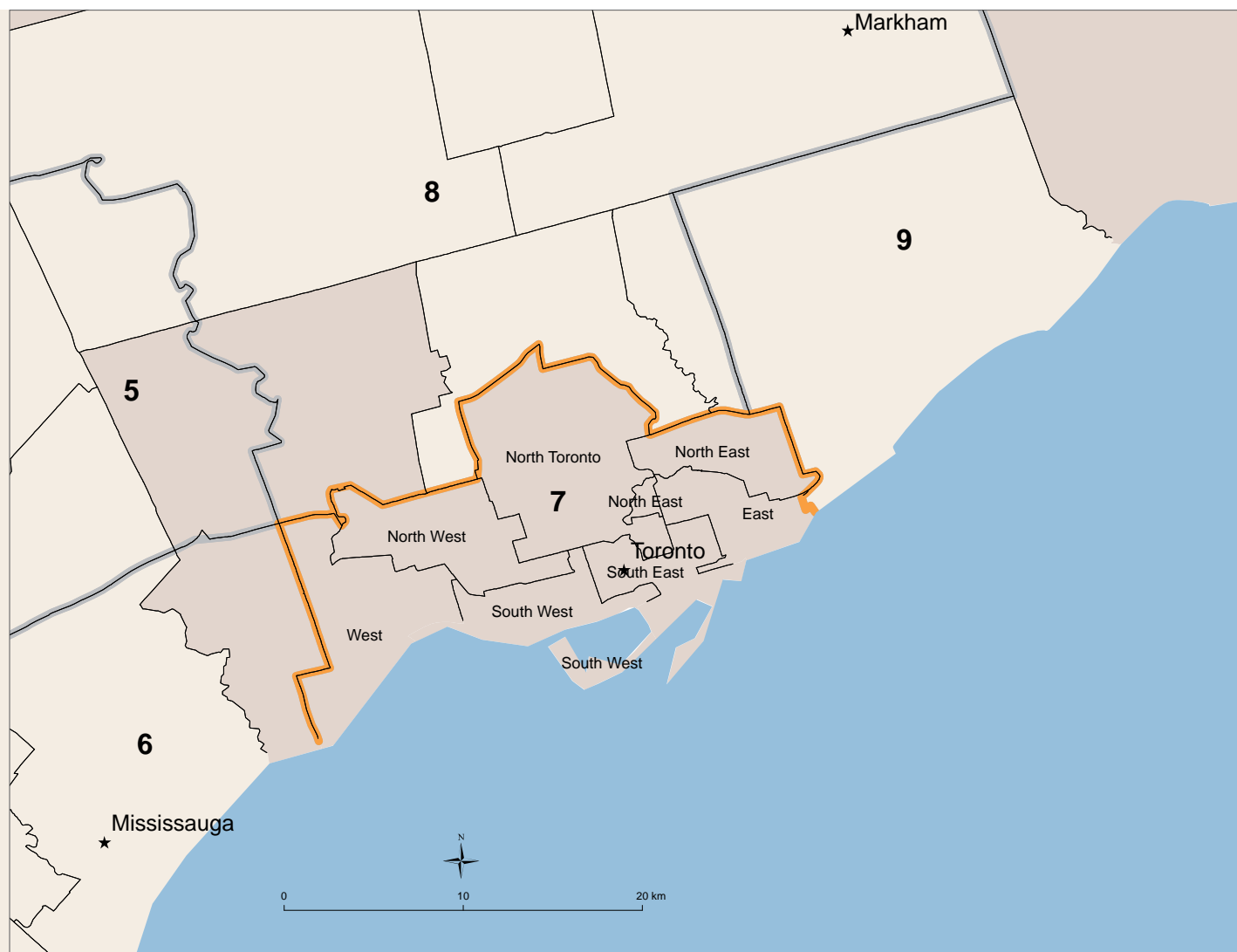
**KEY FINDINGS**

- In the Toronto Central LHIN, about six of every 1,000 adults with diabetes experienced a lower extremity amputation between 2006/07 and 2010/11. This rate (57 per 10,000 adults with diabetes) was lower than the Ontario average (74 per 10,000).
- There was little variation in rates across subLHINs, with all rates below the provincial average.

**NUMBER PER 10,000 ADULTS WITH DIABETES**

- 22 - 50
- 51 - 80
- 81 - 110
- 111 - 150
- 151 - 211

- subLHIN boundary
- LHIN boundary
- LHIN 7 boundary



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 7.7**

**Number, per 10,000 adults with diabetes, who received chronic dialysis or kidney transplantation in the Toronto Central LHIN (7), by subLHIN, 2006/07–2010/11**

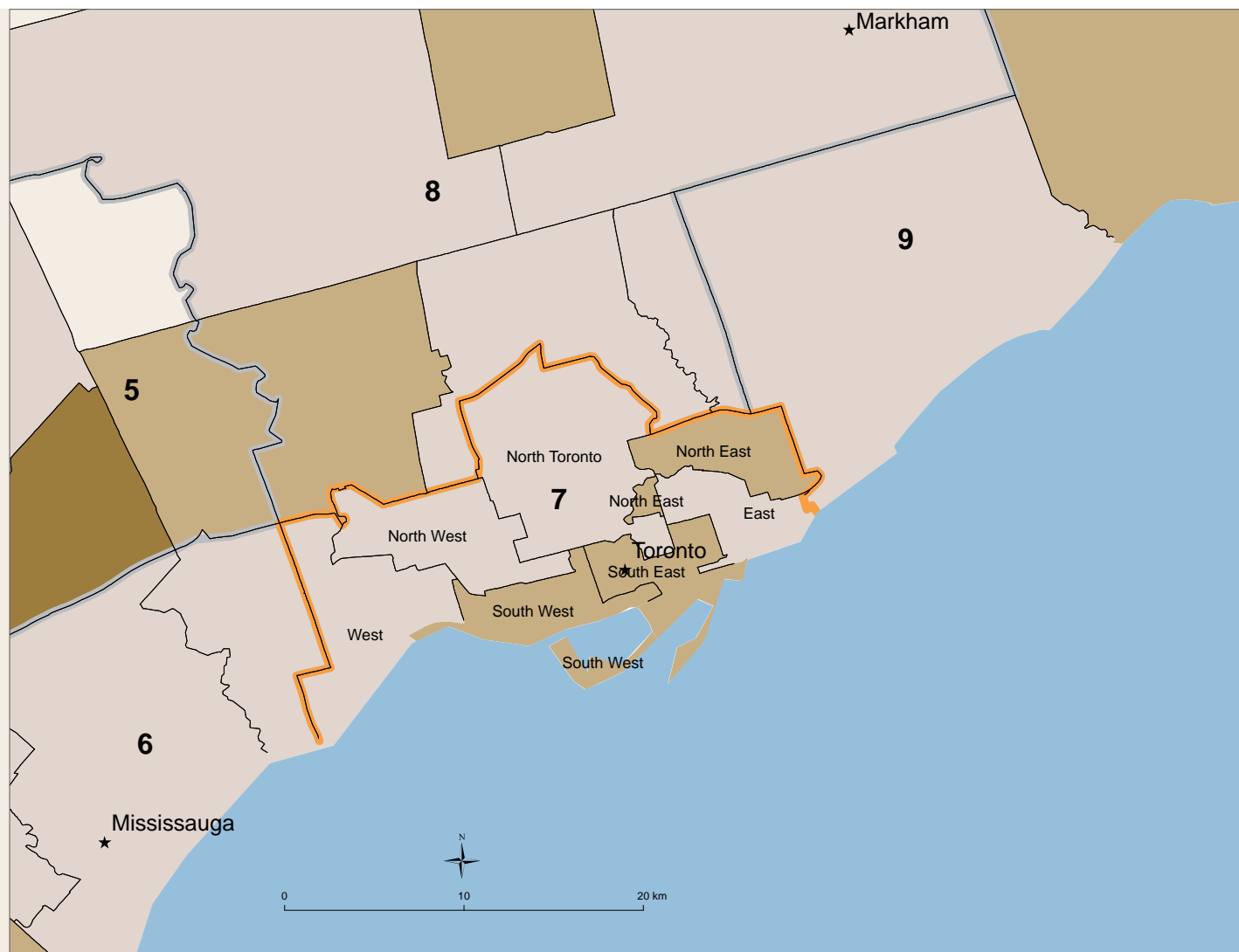
**KEY FINDINGS**

- Overall in the Toronto Central LHIN, the rate of chronic dialysis or kidney transplantation was 126 per 10,000 adults with diabetes, a level that was slightly higher than the provincial average (122 per 10,000).
- Rates varied by nearly 1.5-fold across subLHINs. The highest rate was in the South West subLHIN (150 per 10,000), while the lowest was in the West subLHIN (103 per 10,000).

**NUMBER PER 10,000 ADULTS WITH DIABETES**

- 73 - 100
- 101 - 125
- 126 - 150
- 151 - 200
- 201 - 280

- subLHIN boundary
- LHIN boundary
- LHIN 7 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 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 7.8**

**Number, per 100 adults with diabetes, who had an additional chronic medical condition in the Toronto Central LHIN (7), by subLHIN, 2006/07–2008/09**

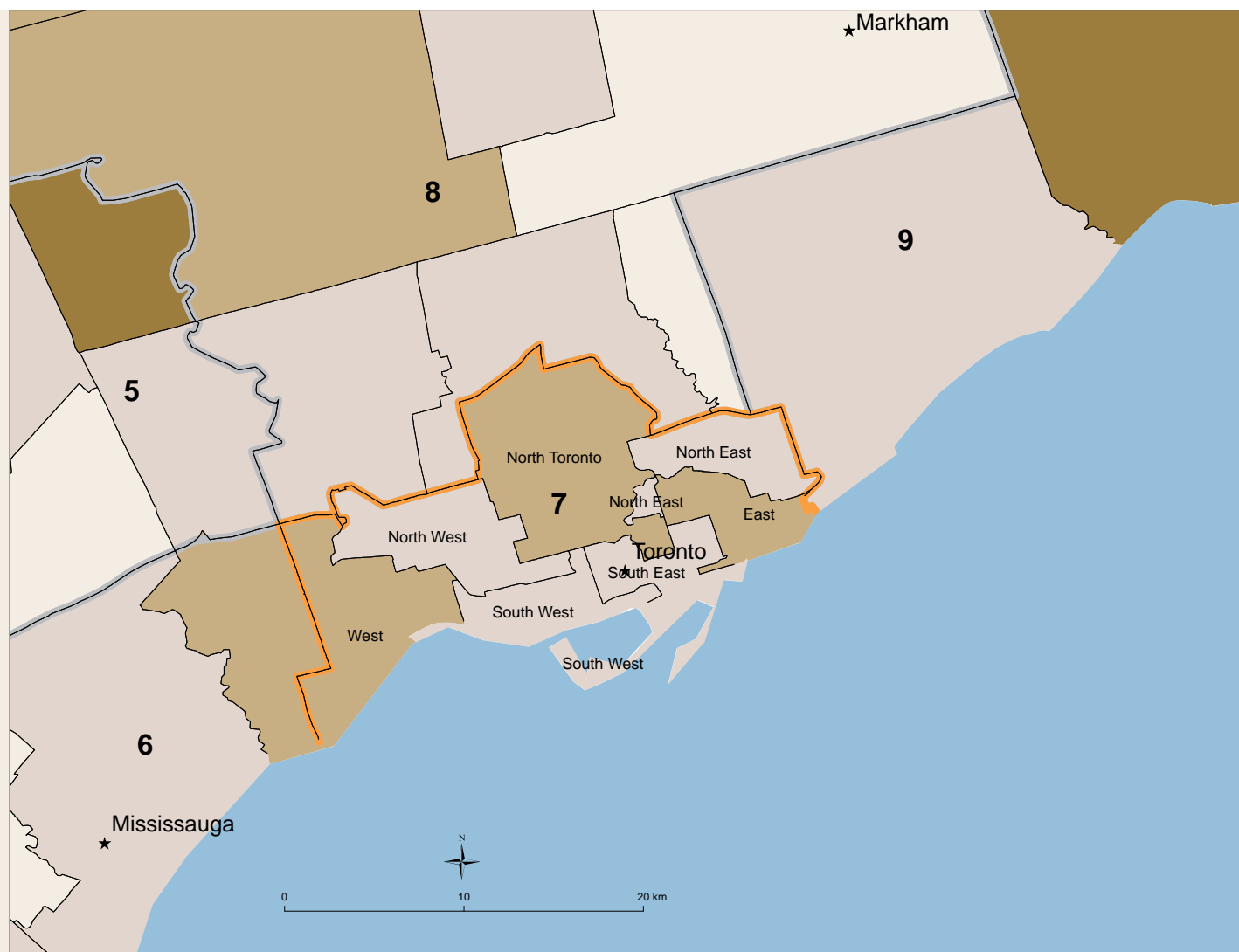
**KEY FINDINGS**

- In the Toronto Central LHIN overall, about 53 of every 100 adults with diabetes had at least one chronic medical condition other than diabetes between 2006/07 and 2008/09. This rate (53.39 per 100) was slightly lower than the provincial average (54.84 per 100).
- There was relatively little variation in rates across subLHINs. The highest rates (above 54 per 100) were seen in the West, North Toronto and East subLHINs.

**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 7 boundary



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

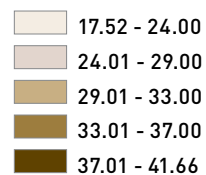
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

**EXHIBIT 7.9**

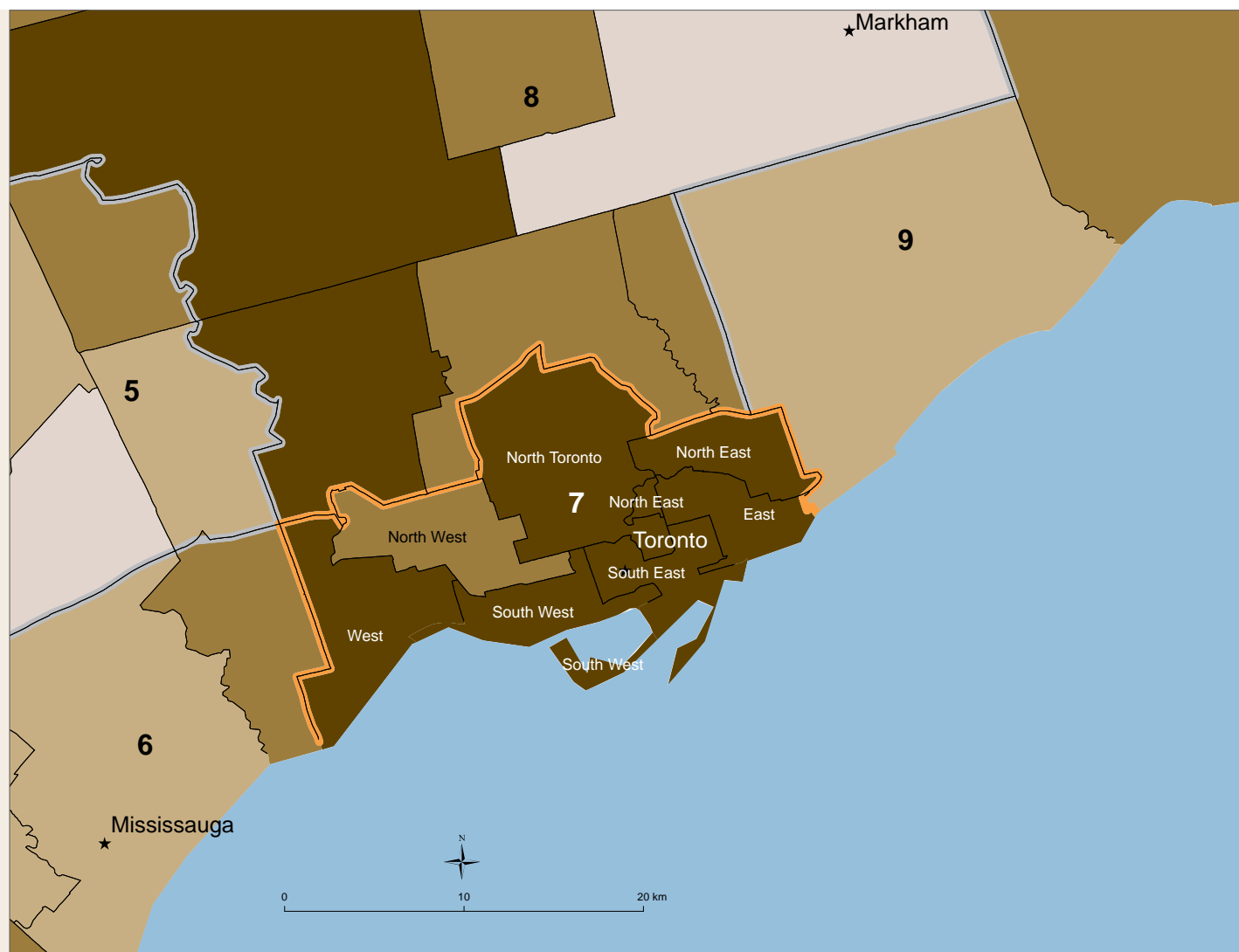
**Number, per 100 adults with diabetes, who made a mental health visit for a psychotic or nonpsychotic illness in the Toronto Central LHIN (7), by subLHIN, 2006/07–2008/09**

**KEY FINDINGS**

- In the Toronto Central LHIN overall, nearly four of every 10 adults with diabetes made one or more mental health visits between 2006/07 and 2008/09. This rate (38.81 per 100 adults with diabetes) was higher than the provincial average (32.89 per 100).
- In all subLHINs, rates were higher than the provincial average, ranging from 36.33 per 100 in the North West subLHIN to 41.66 per 100 in the North Toronto subLHIN.

**NUMBER PER 100 ADULTS WITH DIABETES**

- subLHIN boundary
- LHIN boundary
- LHIN 7 boundary



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.

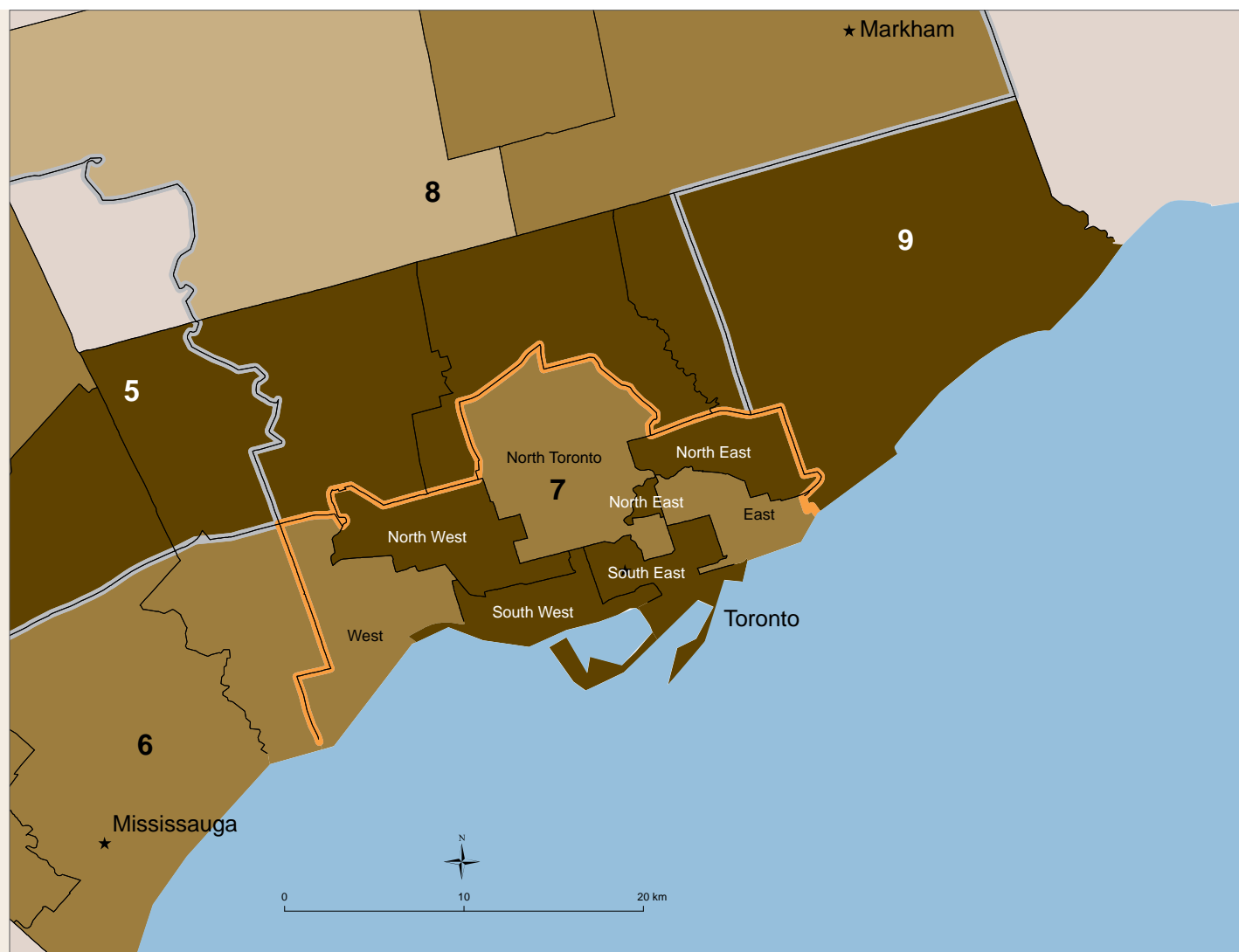
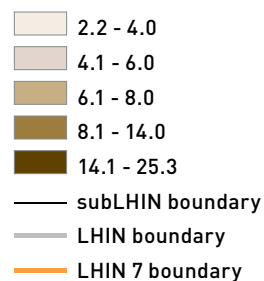
## EXHIBIT 7.10

Percentage of economic families with low income in the Toronto Central LHIN (7), by subLHIN, 2005

### KEY FINDINGS

- In the Toronto Central LHIN, about 14 of every 100 families were living with low income in 2005. This percentage (14.2%) was notably higher than the provincial average of 8.6% of families.
- Levels of low income were highest (above 14.0%) in North West, North East and the two south-central subLHINs.

### 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.

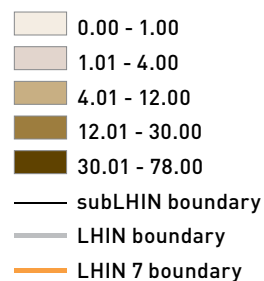
## EXHIBIT 7.11

Percentage of visible minorities in the Toronto Central LHIN (7), by subLHIN, 2006

### KEY FINDINGS

- In the Toronto Central LHIN, about one-third of residents self-identified as belonging to a visible minority group. This percentage (32.47%) was markedly higher than the provincial average of 22.82%.
- The highest proportion of visible minorities as a percentage of the total population resided in North West, North East and the two south-central subLHINs.

### PERCENTAGE OF VISIBLE MINORITIES



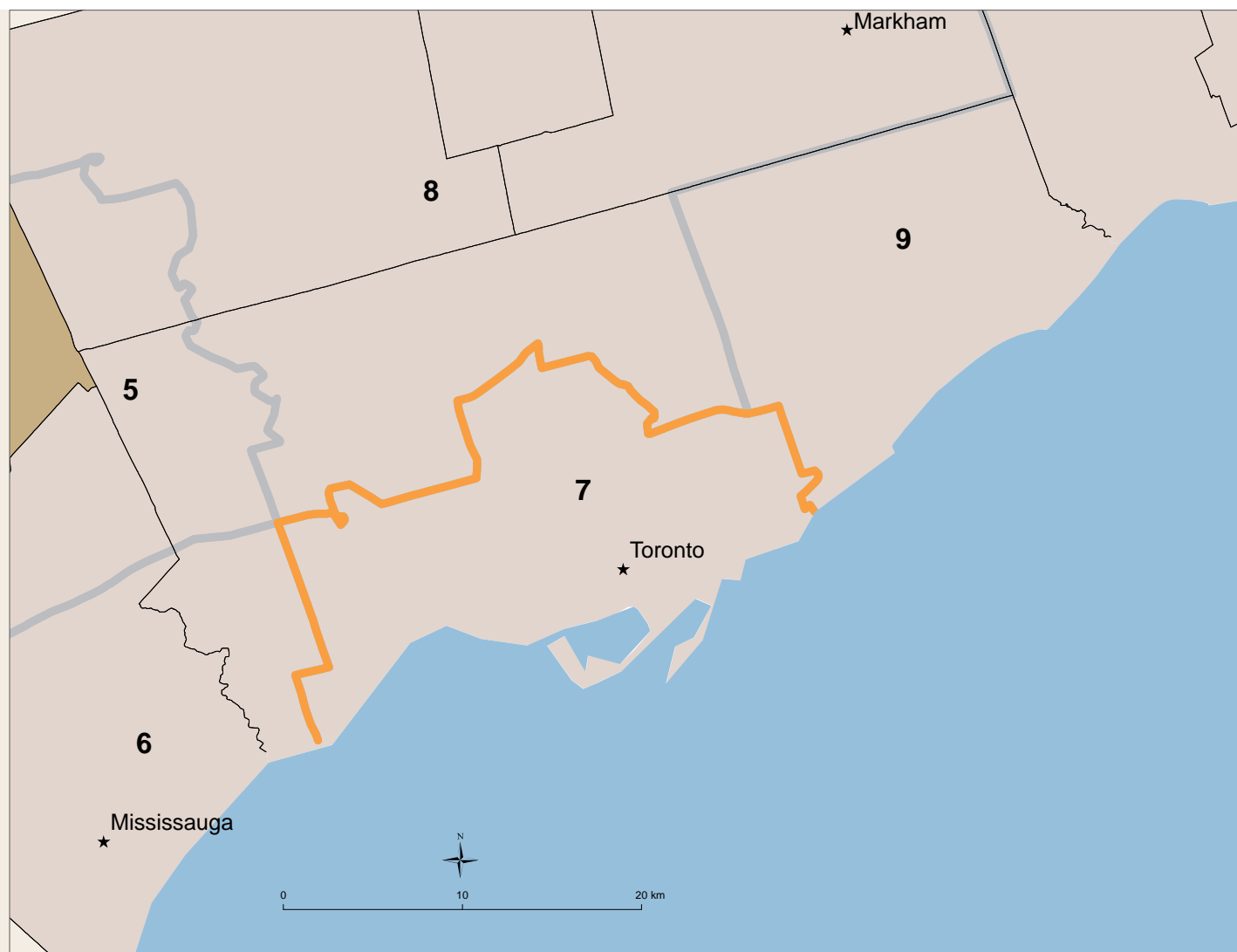
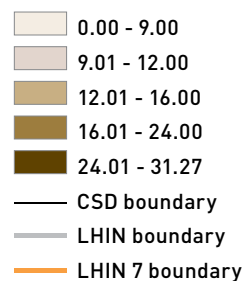
Data source: 2006 Census of Canada.

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



**EXHIBIT 7.12****Diabetes prevalence per 100 adults in the Toronto census subdivision, on March 31, 2011****KEY FINDINGS**

- In the Toronto census subdivision (CSD), one of every 10 adults was living with diabetes in March 2011. This prevalence (10.00 per 100) was slightly higher than provincial average (9.64 per 100).
- Diabetes prevalence in the Toronto CSD was very similar to that of the surrounding CSDs, such as Mississauga and Markham, and lower than that of Brampton.

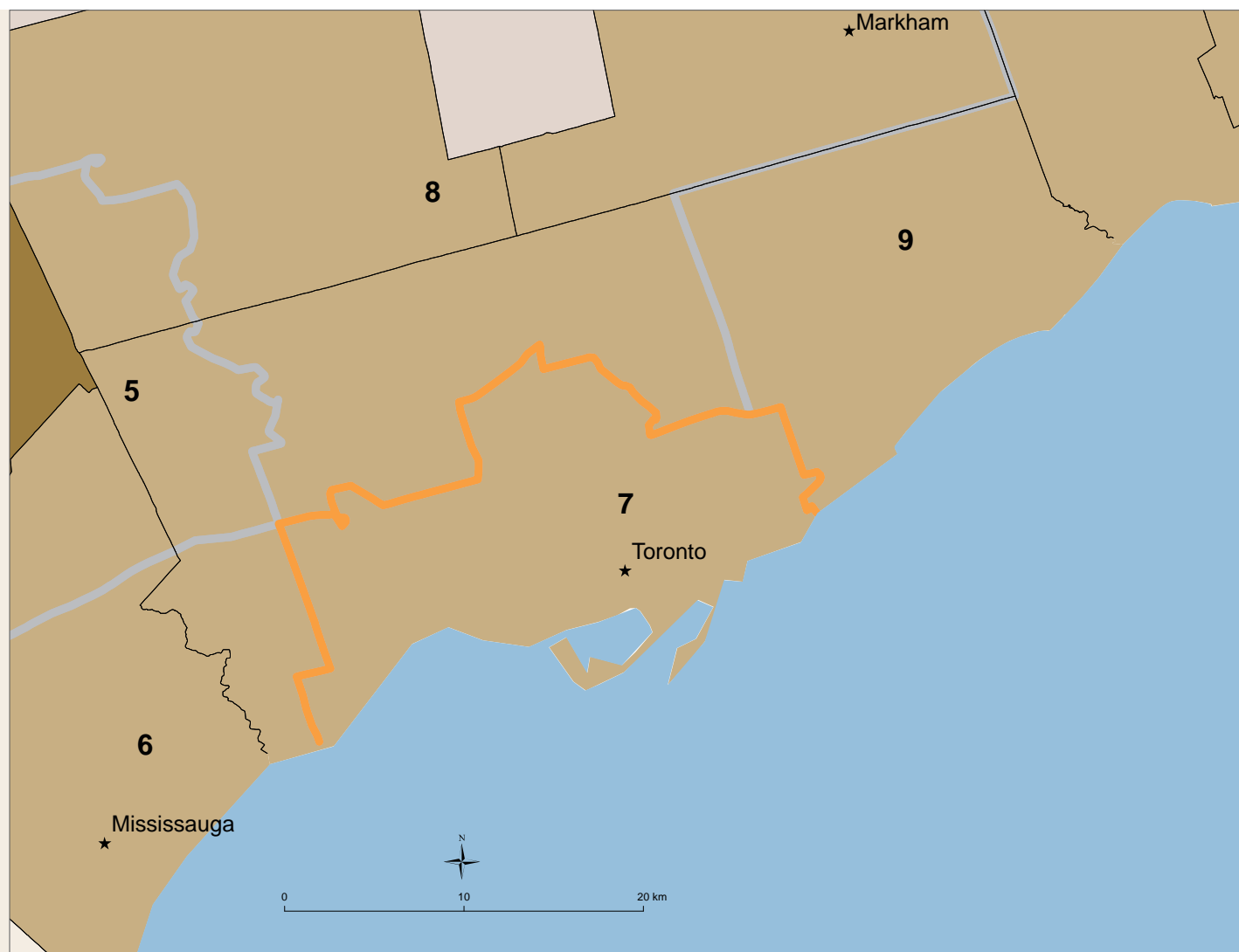
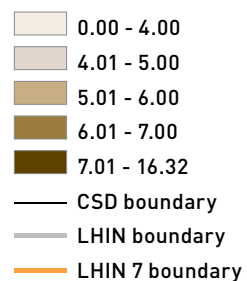
**PREVALENCE PER 100 ADULTS**

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 7.13****Diabetes incidence per 100 adults the Toronto census subdivision, 2005/06–2009/10****KEY FINDING**

- In the Toronto census subdivision (CSD), the incidence of diabetes in adults over the five-year period between April 2005 and March 2010 (5.09 per 100) was similar to the provincial average (4.85 per 100) and most surrounding CSDs.

**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 7.14**

**Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for hyper- or hypoglycemia in the Toronto census subdivision, 2006/07–2010/11**

**KEY FINDING**

- In the Toronto census subdivision (CSD), the rate of hospitalizations or emergency department visits for hyper- or hypoglycemia (410 per 10,000 adults with diabetes) was similar to the provincial average (486 per 10,000) and rates seen in all surrounding CSDs.



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 7.15**

**Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for any acute complication in the Toronto census subdivision, 2006/07–2010/11**

**KEY FINDING**

- In the Toronto census subdivision (CSD), the rate of hospitalizations or emergency department visits for acute complications of diabetes (810 per 10,000 adults with diabetes) was in the same range as the provincial average (1,029 per 10,000) and rates seen in all surrounding CSDs.



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 7.16**

**Number, per 10,000 adults with diabetes, who had any chronic complication in the Toronto census subdivision, 2006/07–2010/11**

**KEY FINDING**

- In the Toronto census subdivision (CSD), the rate of chronic complications (862 per 10,000 adults with diabetes) was similar to all surrounding CSDs and slightly lower than the provincial average (1,016 per 10,000).



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 7.17

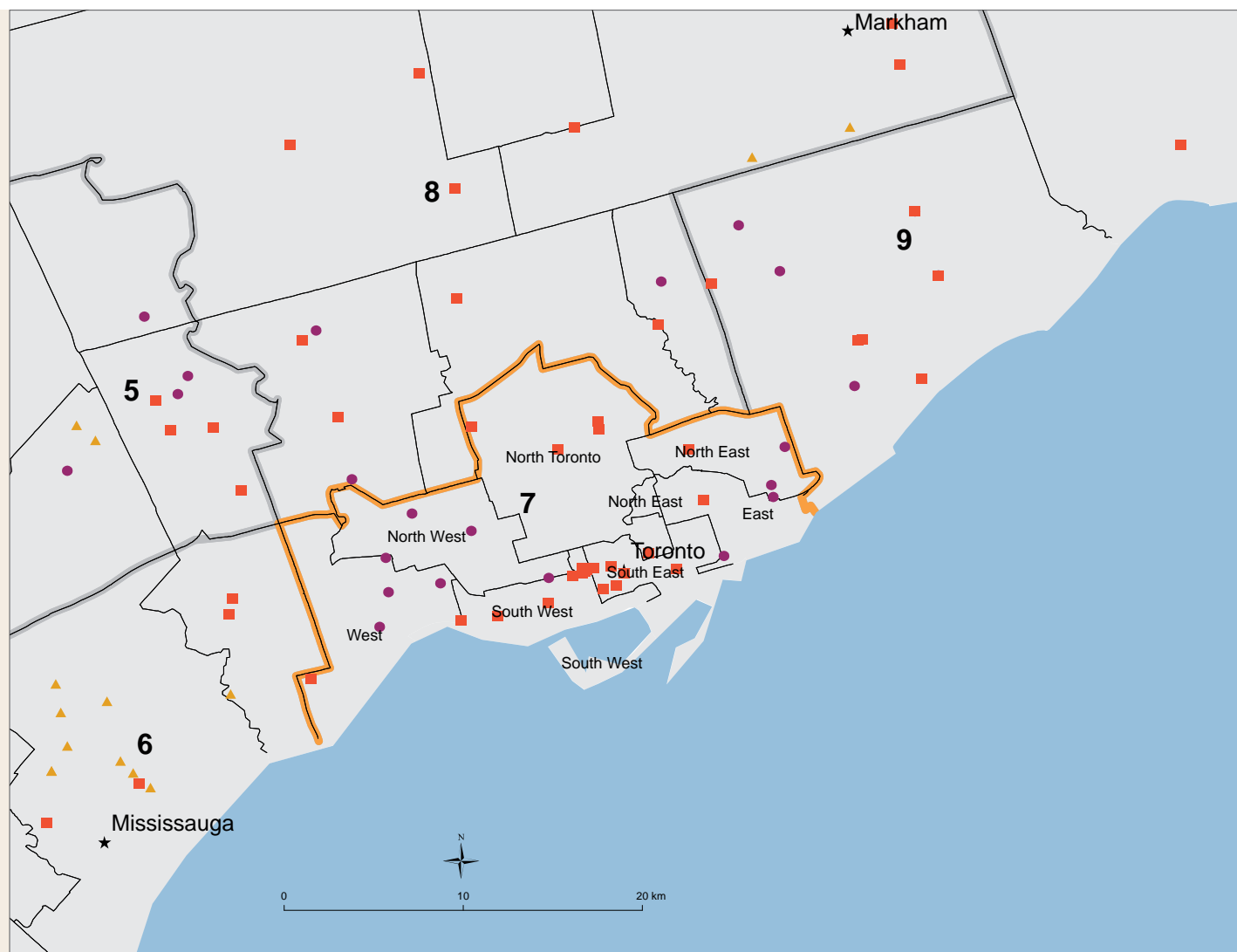
### Locations of diabetes education programs in the Toronto Central LHIN (7), by subLHIN, 2011

#### KEY FINDINGS

- Main diabetes education programs were concentrated in the south, north and northeast parts of the LHIN.
- Satellites of diabetes education programs were generally located in the west and east ends of the LHIN.
- There were no outreach programs in the Toronto Central LHIN.

#### TYPE OF PROGRAM

- Main program
- Program satellite
- ▲ Outreach program
- subLHIN boundary
- LHIN boundary
- LHIN 7 boundary



Data source: Diabetes Regional Coordination Centres.

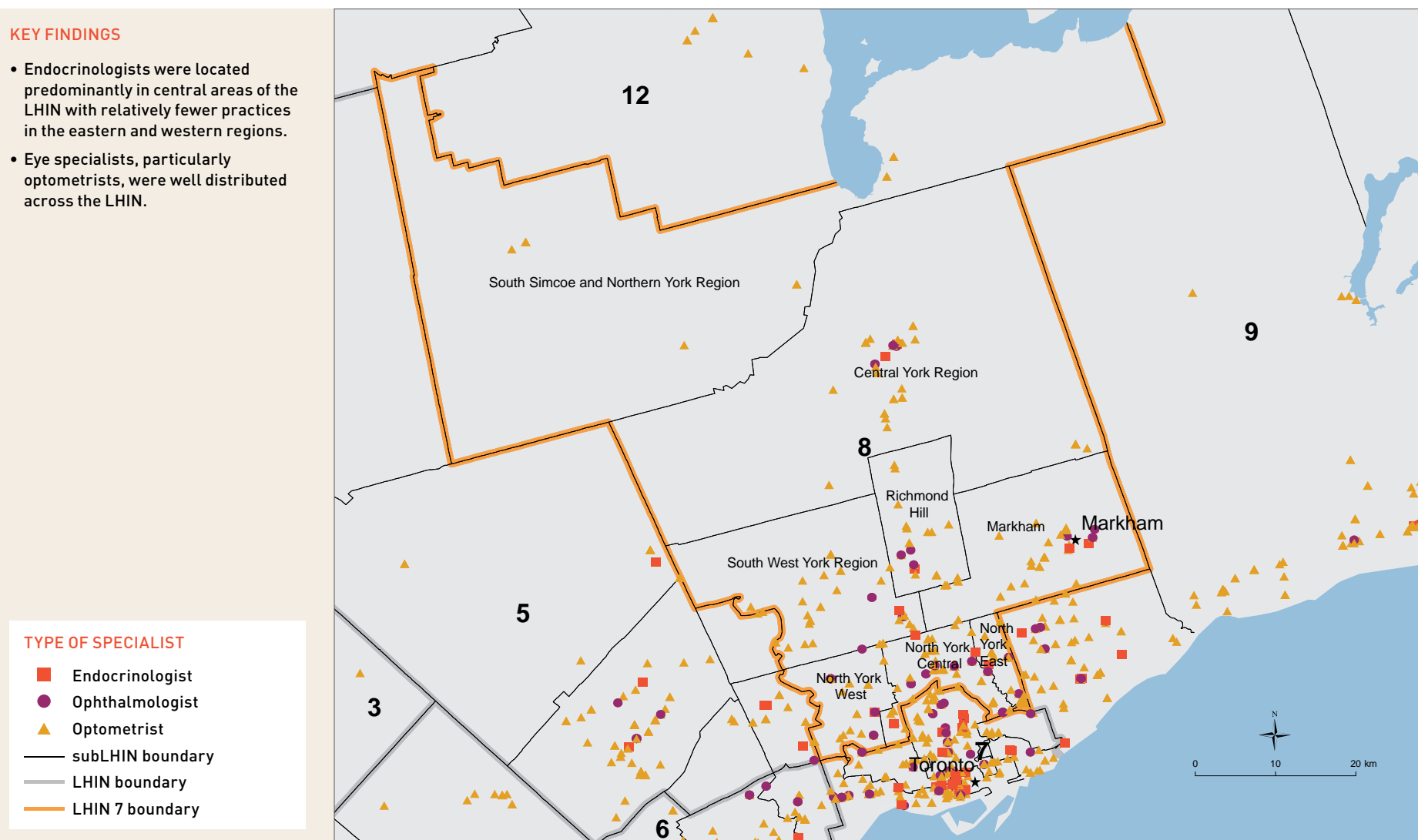
Technical note: Locations were designated based on six-digit postal codes using Statistics Canada's Postal Code Conversion File.

**EXHIBIT 7.18**

Locations of endocrinologists and eye specialists in the Toronto Central LHIN (7), by subLHIN, 2010/11

**KEY FINDINGS**

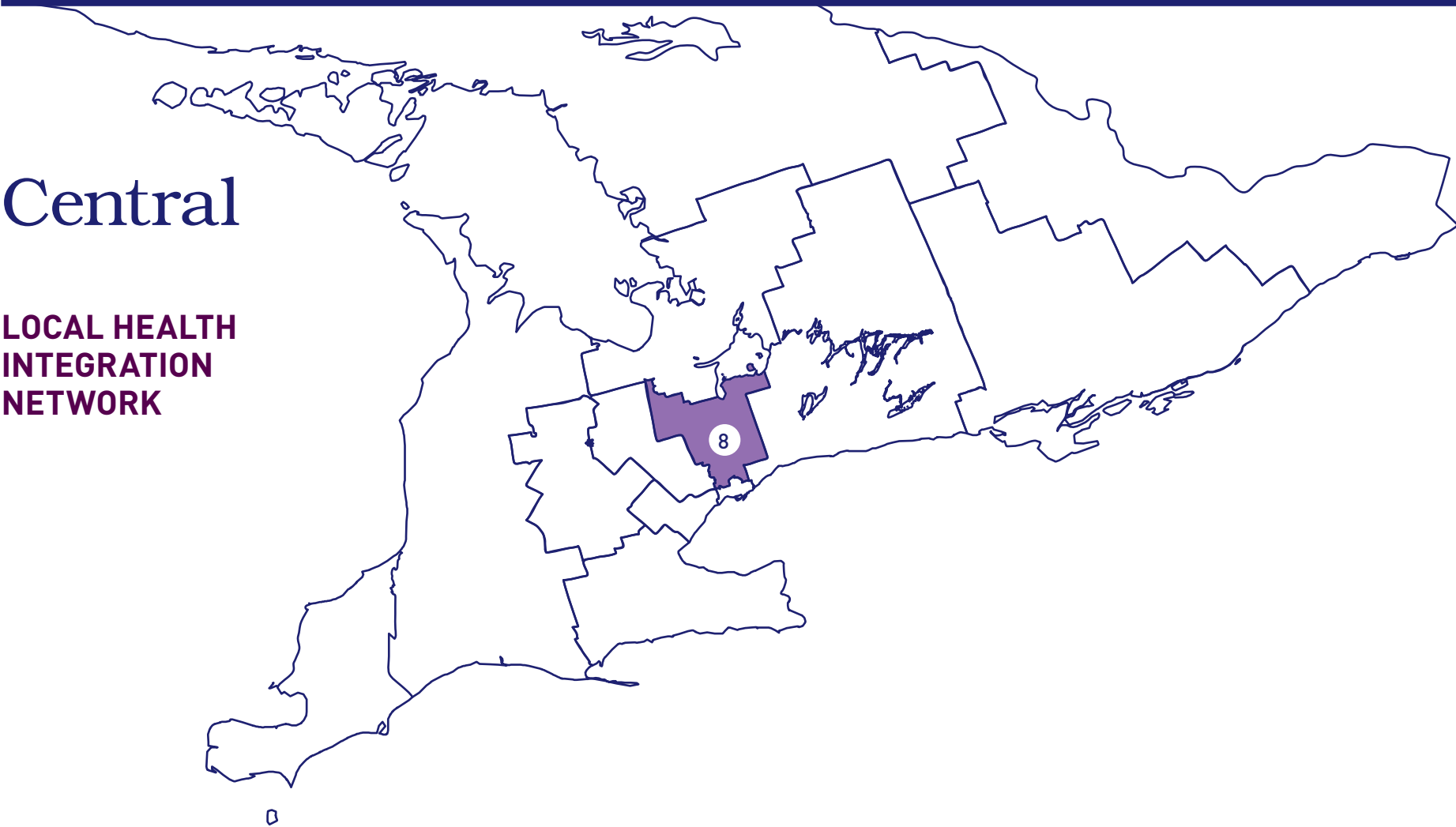
- Endocrinologists were located predominantly in central areas of the LHIN with relatively fewer practices in the eastern and western regions.
- Eye specialists, particularly optometrists, were well distributed across the LHIN.



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.

# Central

LOCAL HEALTH  
INTEGRATION  
NETWORK



Diabetes Measures by Region

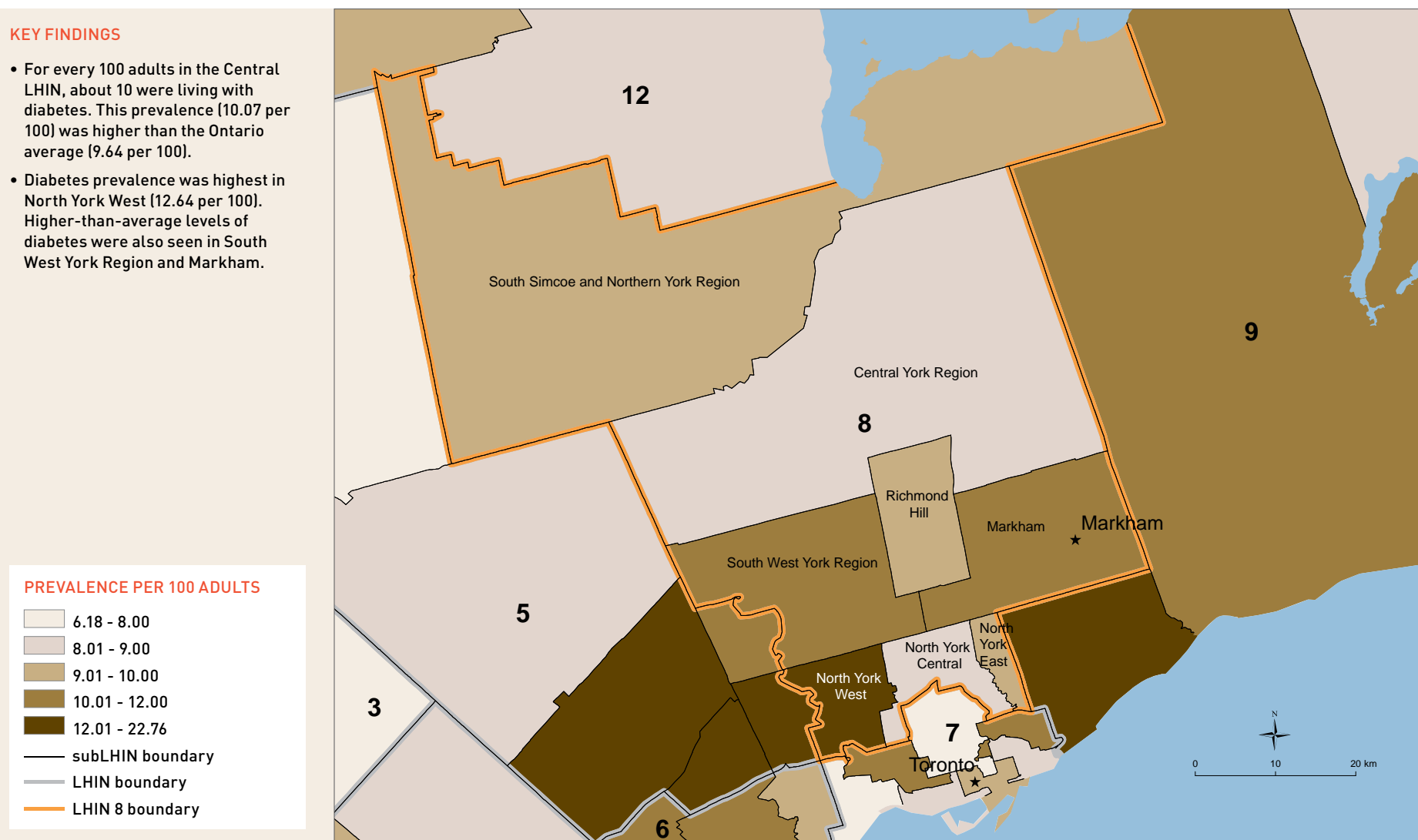


**EXHIBIT 8.1**

Diabetes prevalence per 100 adults in the Central LHIN (8), by subLHIN, on March 31, 2011

**KEY FINDINGS**

- For every 100 adults in the Central LHIN, about 10 were living with diabetes. This prevalence (10.07 per 100) was higher than the Ontario average (9.64 per 100).
- Diabetes prevalence was highest in North York West (12.64 per 100). Higher-than-average levels of diabetes were also seen in South West York Region and Markham.

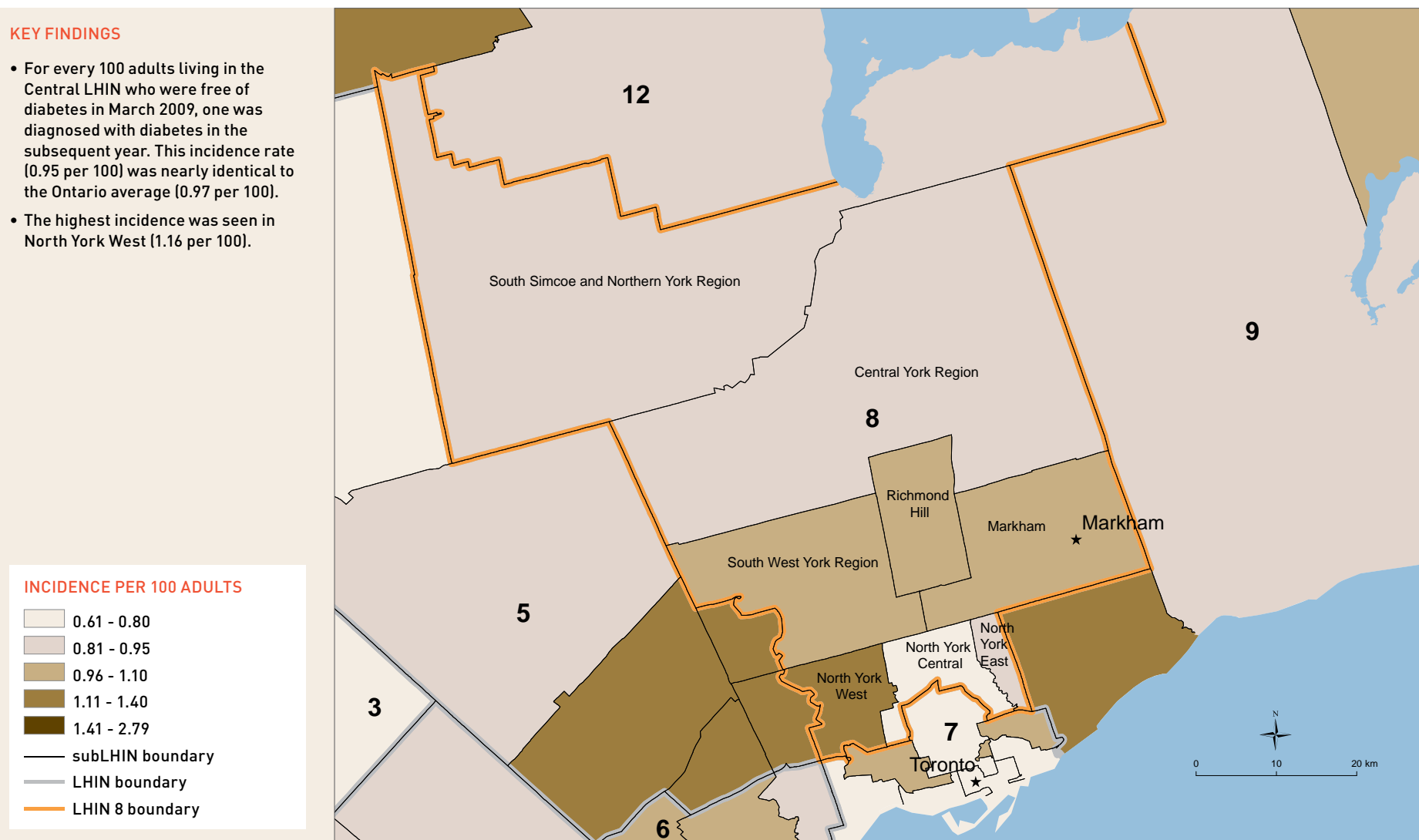


Data sources: Ontario Diabetes Database; Registered Persons Database.

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 8.2****Diabetes incidence per 100 adults in the Central LHIN (8), by subLHIN, 2009/10****KEY FINDINGS**

- For every 100 adults living in the Central LHIN who were free of diabetes in March 2009, one was diagnosed with diabetes in the subsequent year. This incidence rate (0.95 per 100) was nearly identical to the Ontario average (0.97 per 100).
- The highest incidence was seen in North York West (1.16 per 100).



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.

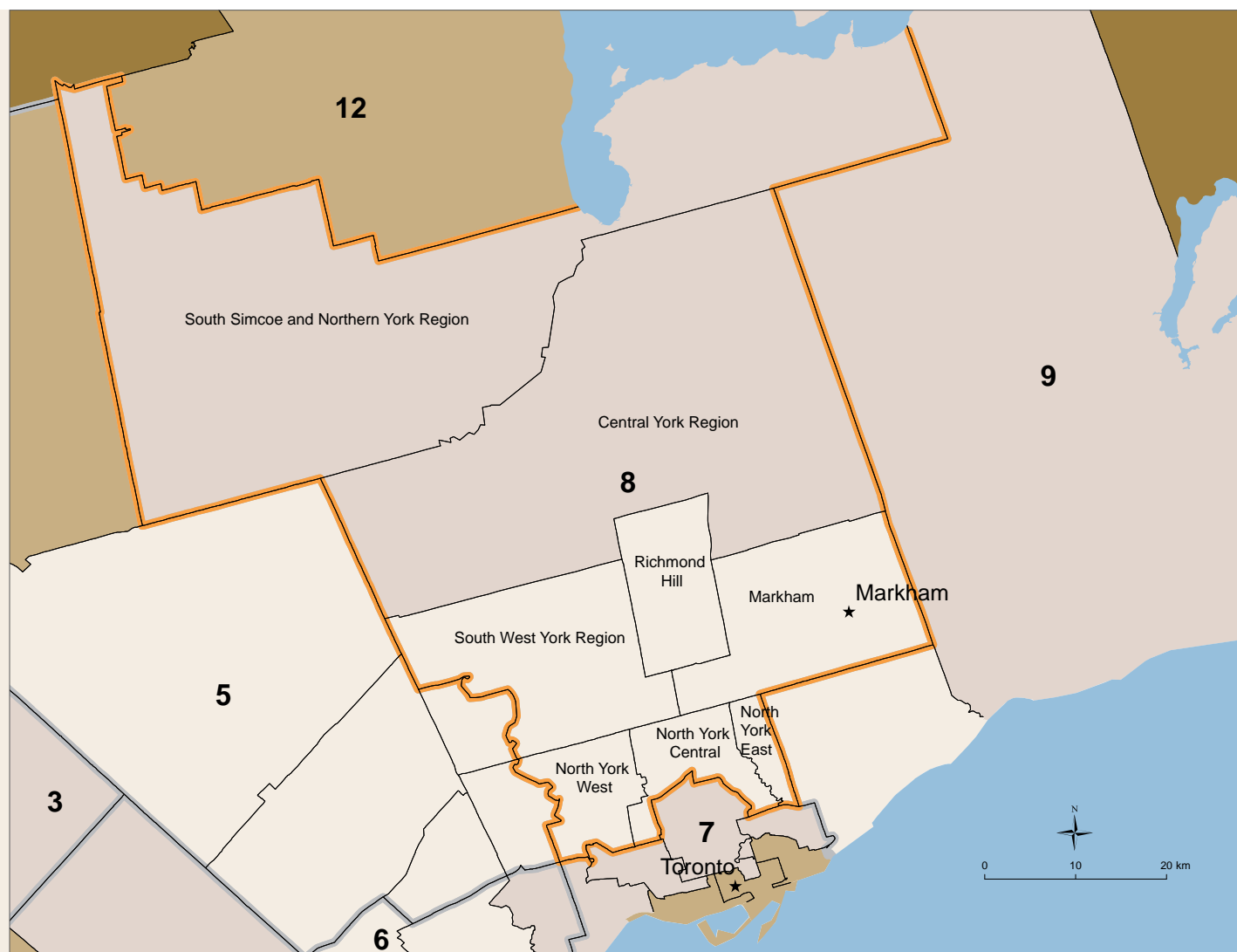
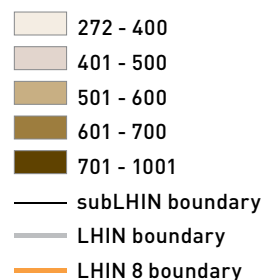
## EXHIBIT 8.3

Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for hyper- or hypoglycemia in the Central LHIN (8), by subLHIN, 2006/07–2010/11

### KEY FINDINGS

- Overall, for every 100 adults living with diabetes in the Central LHIN on March 31, 2006, about three had at least one hospitalization or emergency department (ED) visit for hyper- or hypoglycemia in the subsequent five years. This rate (346 per 10,000 adults with diabetes) was notably lower than the provincial average (486 per 10,000).
- Rates of hospitalization/ED visits for hyper- or hypoglycemia varied by nearly two-fold across subLHINs. Rates were highest (although still below the provincial average) in South Simcoe and Northern York Region (484 per 10,000), and in Central York Region (424 per 10,000).

### 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.

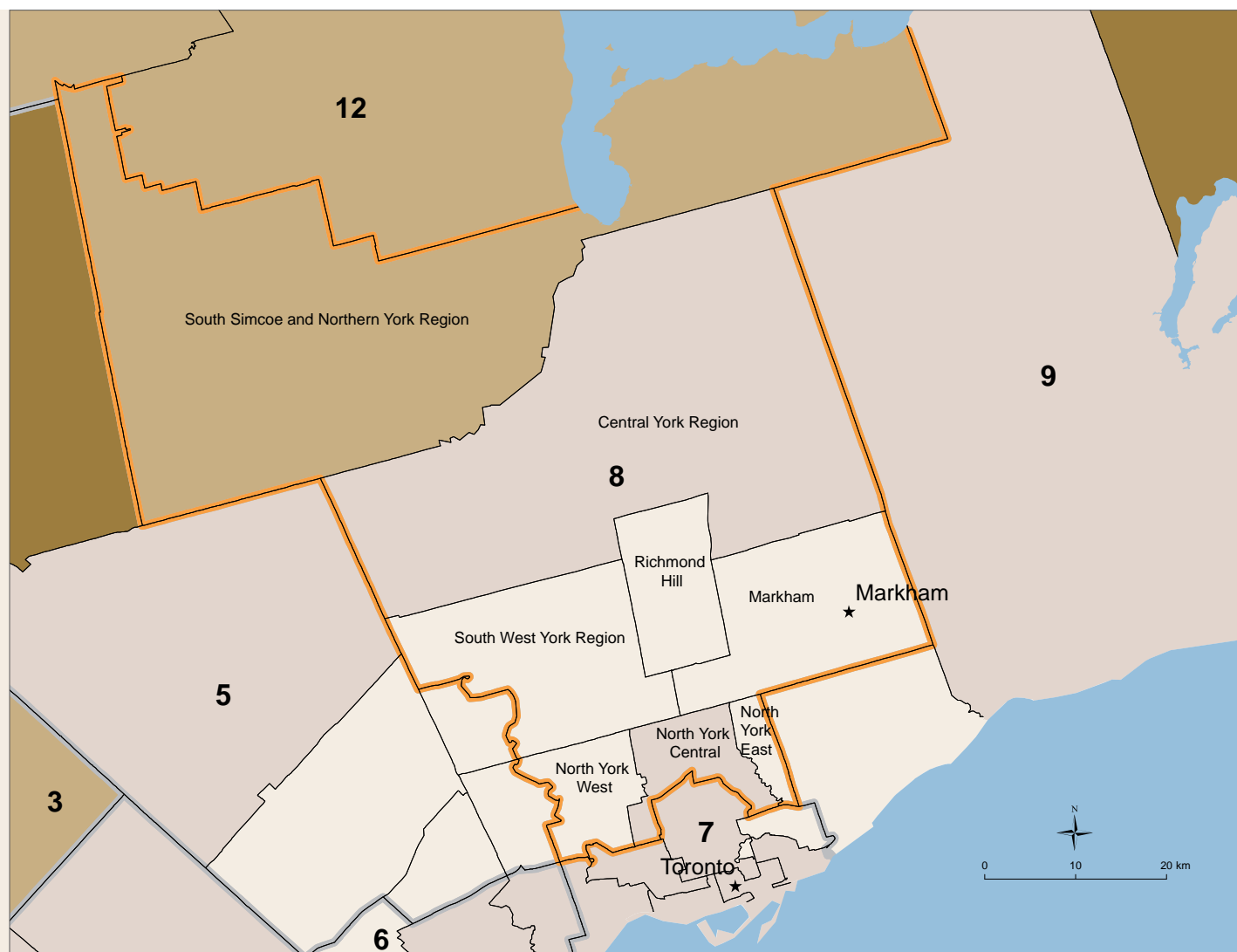
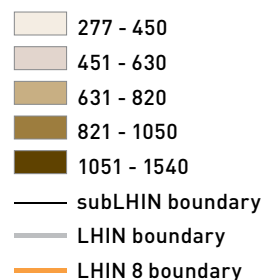
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

**EXHIBIT 8.4**

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 Central LHIN (8), by subLHIN, 2006/07–2010/11

**KEY FINDINGS**

- For every 100 adults living with diabetes in the Central LHIN in 2006, about four had at least one hospitalization or emergency department visit for a skin and soft tissue infection or foot ulcer during the subsequent five years. This rate (416 per 10,000 adults with diabetes) was notably lower than the provincial average (618 per 10,000).
- Rates varied by more than two-fold across subLHINs: the highest rate was in South Simcoe and Northern York Region (645 per 10,000) and the lowest was in Markham (277 per 10,000).

**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.

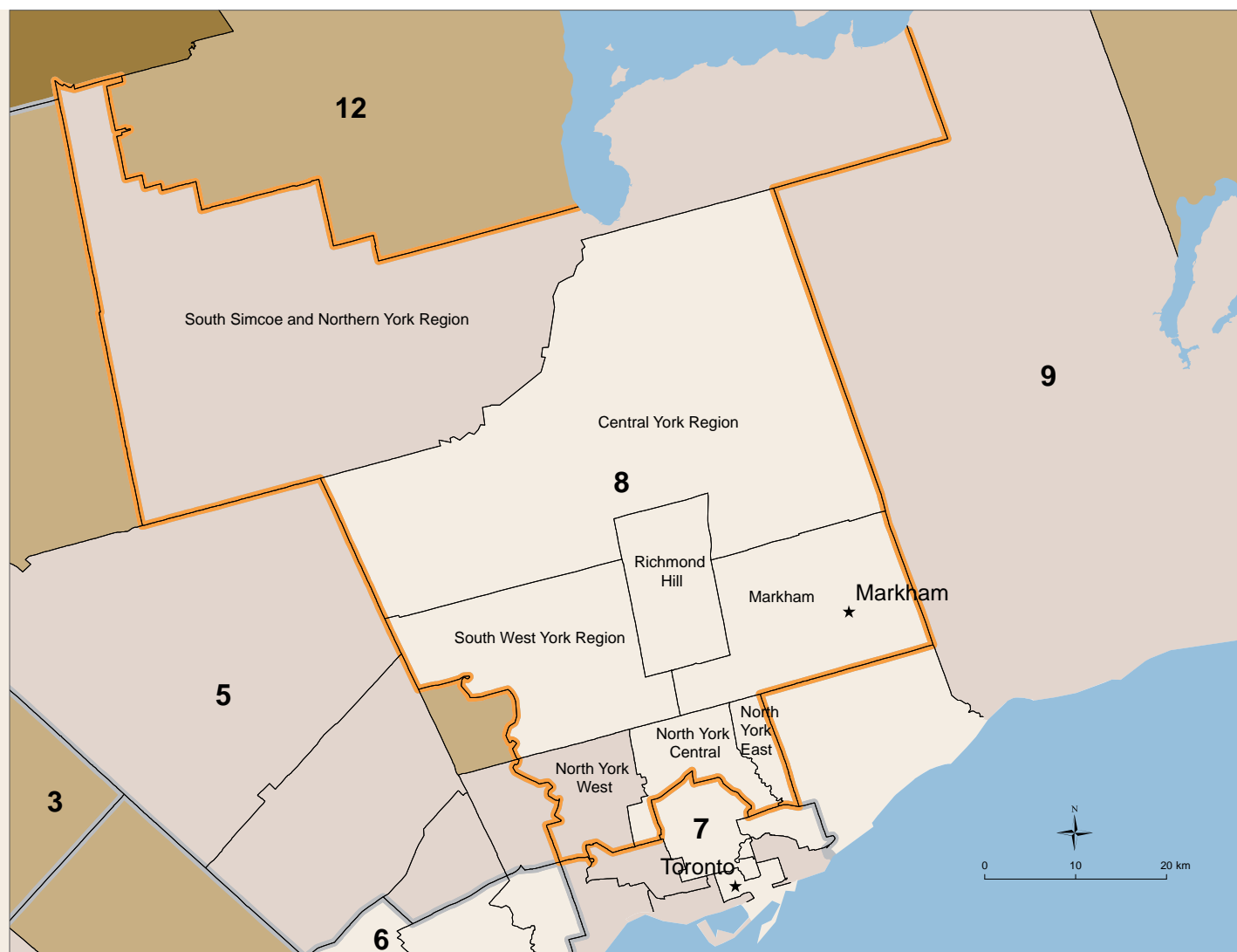
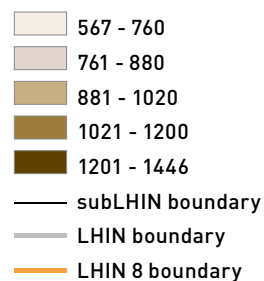
## EXHIBIT 8.5

Number, per 10,000 adults with diabetes, who had at least one hospitalization for a cardiovascular condition in the Central LHIN (8), by subLHIN, 2006/07–2010/11

### KEY FINDINGS

- About seven in 100 adults with diabetes living in the Central LHIN in 2006 were hospitalized for a cardiovascular condition at least once in the ensuing five years. This rate (705 per 10,000 adults with diabetes) was well below the provincial average (888 per 10,000).
- There was relatively little variation across subLHINs, with all rates below the provincial average. The highest rates were seen in South Simcoe and Northern York Region (806 per 10,000), and North York West (805 per 10,000).

### 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 8.6**

**Number, per 10,000 adults with diabetes, who had a lower extremity amputation in the Central LHIN (8), by subLHIN, 2006/07–2010/11**

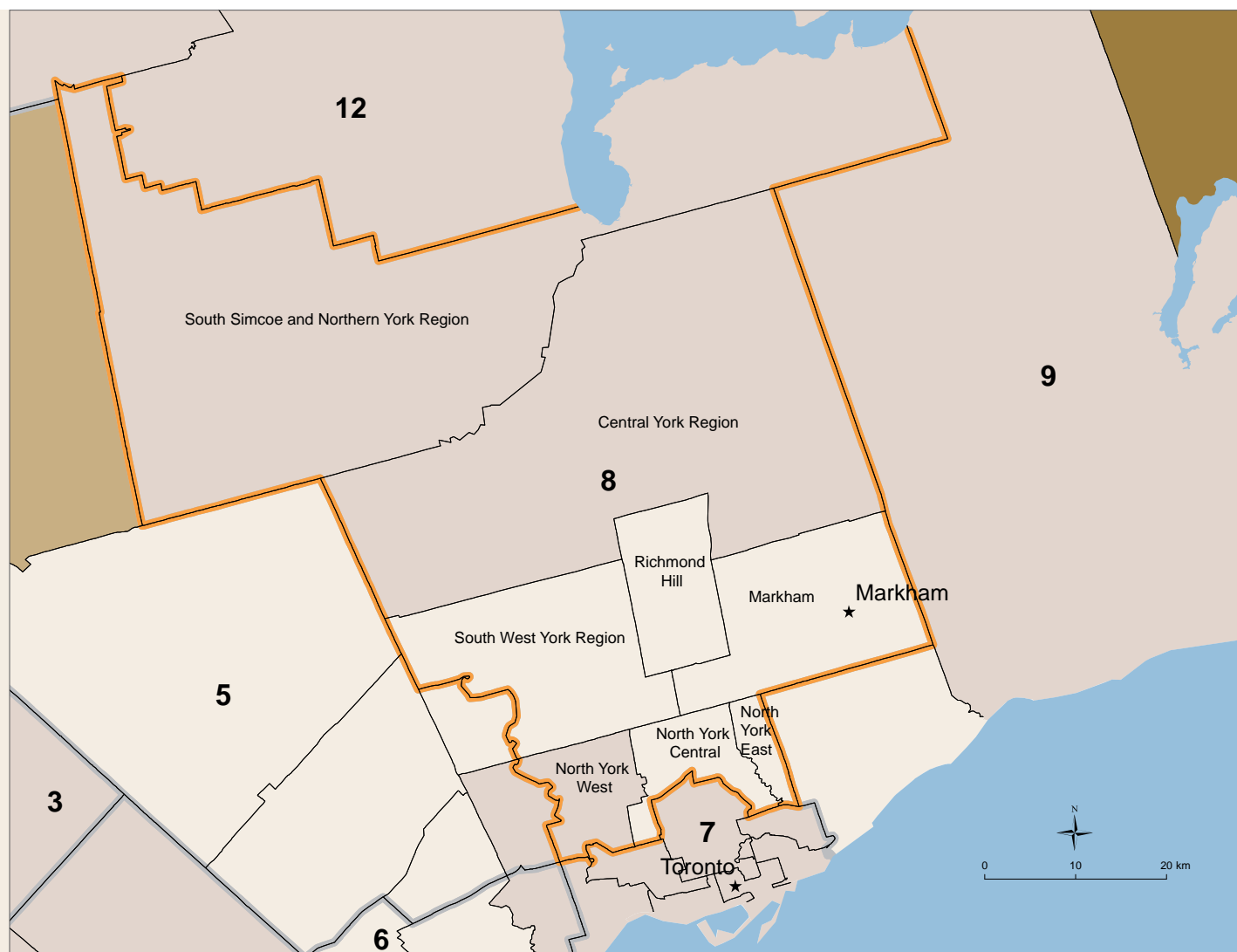
**KEY FINDINGS**

- In the Central LHIN, more than four of every 1,000 adults with diabetes experienced a lower extremity amputation between 2006/07 and 2010/11. This rate (45 per 10,000 adults with diabetes) was much lower than the Ontario average (74 per 10,000).
- Rates varied by nearly three-fold across subLHINs, although all were below the provincial average. The highest rates were seen in North York West and in South Simcoe and Northern York Region (65 per 10,000 in both subLHINs).

**NUMBER PER 10,000 ADULTS WITH DIABETES**

- 22 - 50
- 51 - 80
- 81 - 110
- 111 - 150
- 151 - 211

- subLHIN boundary
- LHIN boundary
- LHIN 8 boundary



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 8.7**

**Number, per 10,000 adults with diabetes, who received chronic dialysis or kidney transplantation in the Central LHIN (8), by subLHIN, 2006/07–2010/11**

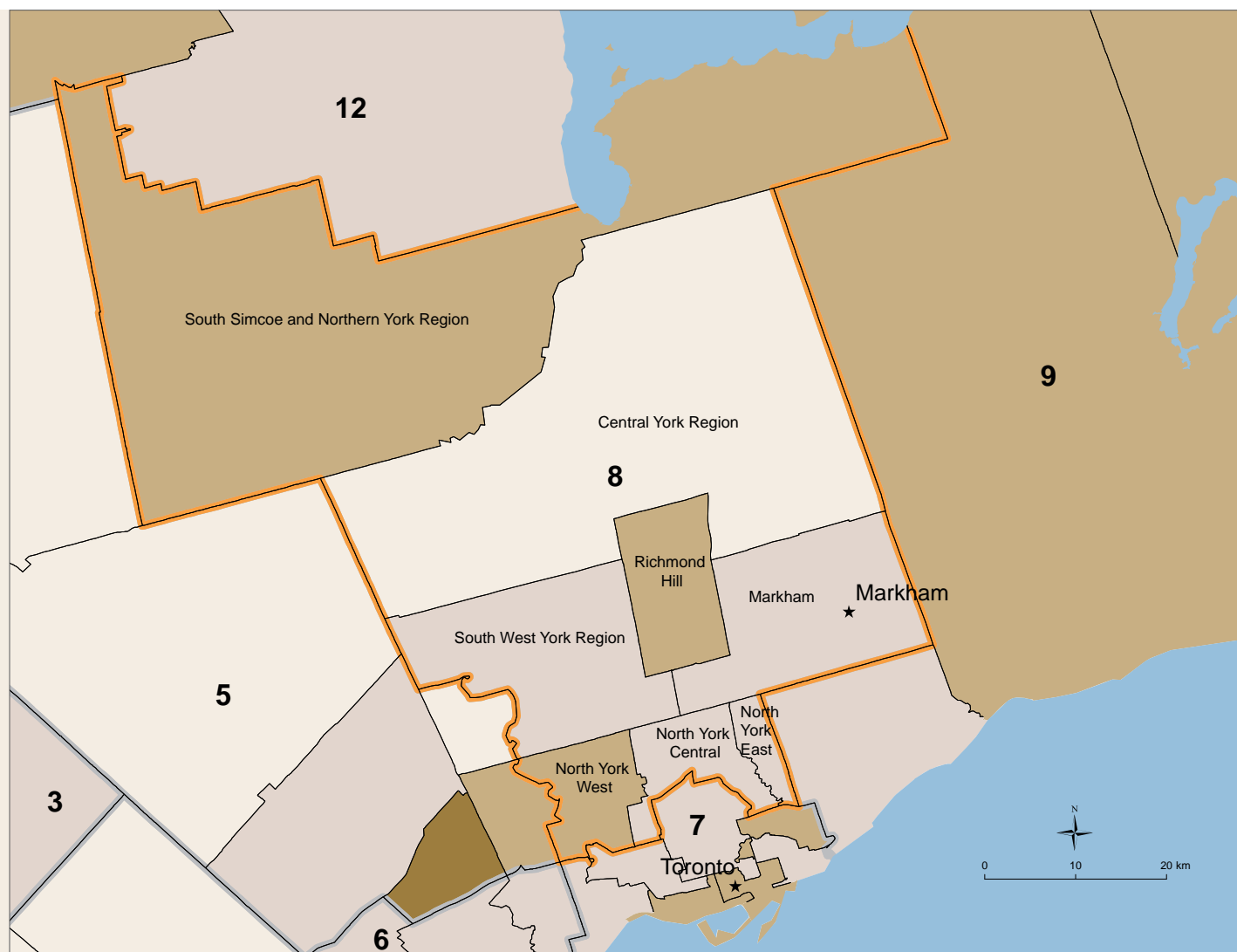
**KEY FINDINGS**

- In the Central LHIN overall, the rate of chronic dialysis or kidney transplantation was 113 per 10,000 adults with diabetes, a level that was slightly lower than the provincial average (122 per 10,000).
- Rates varied by more than 1.5-fold across subLHINs: the highest rate was in South Simcoe and Northern York Region (147 per 10,000), and the lowest was in Central York Region (86 per 10,000).

**NUMBER PER 10,000 ADULTS WITH DIABETES**

- 73 - 100
- 101 - 125
- 126 - 150
- 151 - 200
- 201 - 280

- subLHIN boundary
- LHIN boundary
- LHIN 8 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 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 8.8**

**Number, per 100 adults with diabetes, who had an additional chronic medical condition in the Central LHIN (8), by subLHIN, 2006/07–2008/09**

**KEY FINDINGS**

- In the Central LHIN overall, about 53 of every 100 adults with diabetes had at least one other chronic medical condition between 2006/07 and 2008/09. This rate (52.52 per 100) was lower than the provincial average (54.84 per 100).
- There was some variation in rates across subLHINs, ranging from 46.84 per 100 adults in Markham to 57.99 per 100 in South Simcoe and Northern York Region.

**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 8 boundary



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.

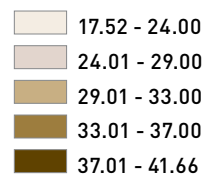


**EXHIBIT 8.9**

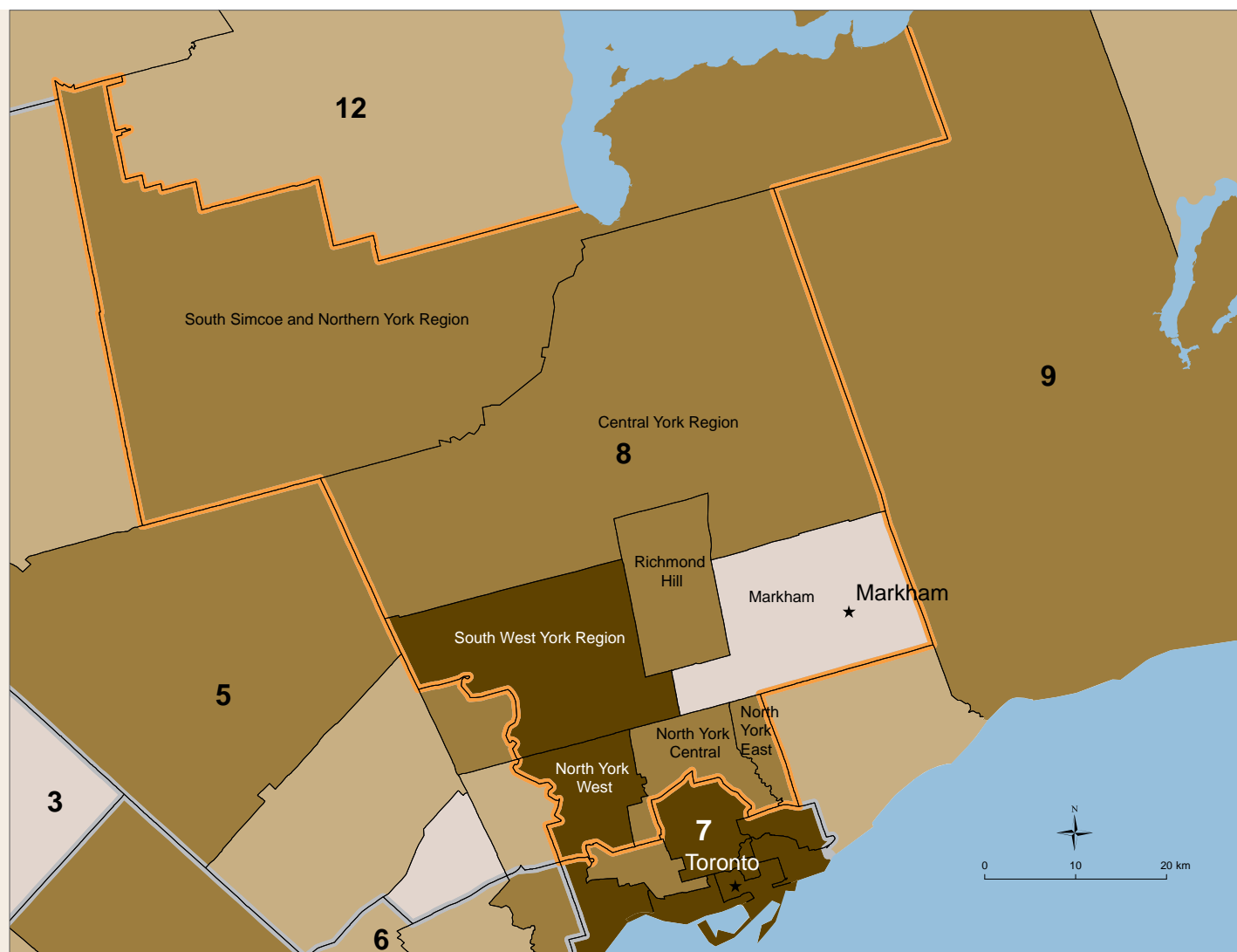
**Number, per 100 adults with diabetes, who made a mental health visit for a psychotic or nonpsychotic illness in the Central LHIN (8), by subLHIN, 2006/07–2008/09**

**KEY FINDINGS**

- In the Central LHIN overall, about one-third of adults with diabetes had one or more mental health visits between 2006/07 and 2008/09. This rate (34.54 per 100 adults with diabetes) was slightly higher than the provincial average (32.89 per 100).
- There was some variation in rates across subLHINs. The highest rates were seen in North York West (37.09 per 100) and South West York Region (37.05 per 100), and the lowest rate was in Markham (27.71 per 100).

**NUMBER PER 100 ADULTS WITH DIABETES**

- subLHIN boundary
- LHIN boundary
- LHIN 8 boundary



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

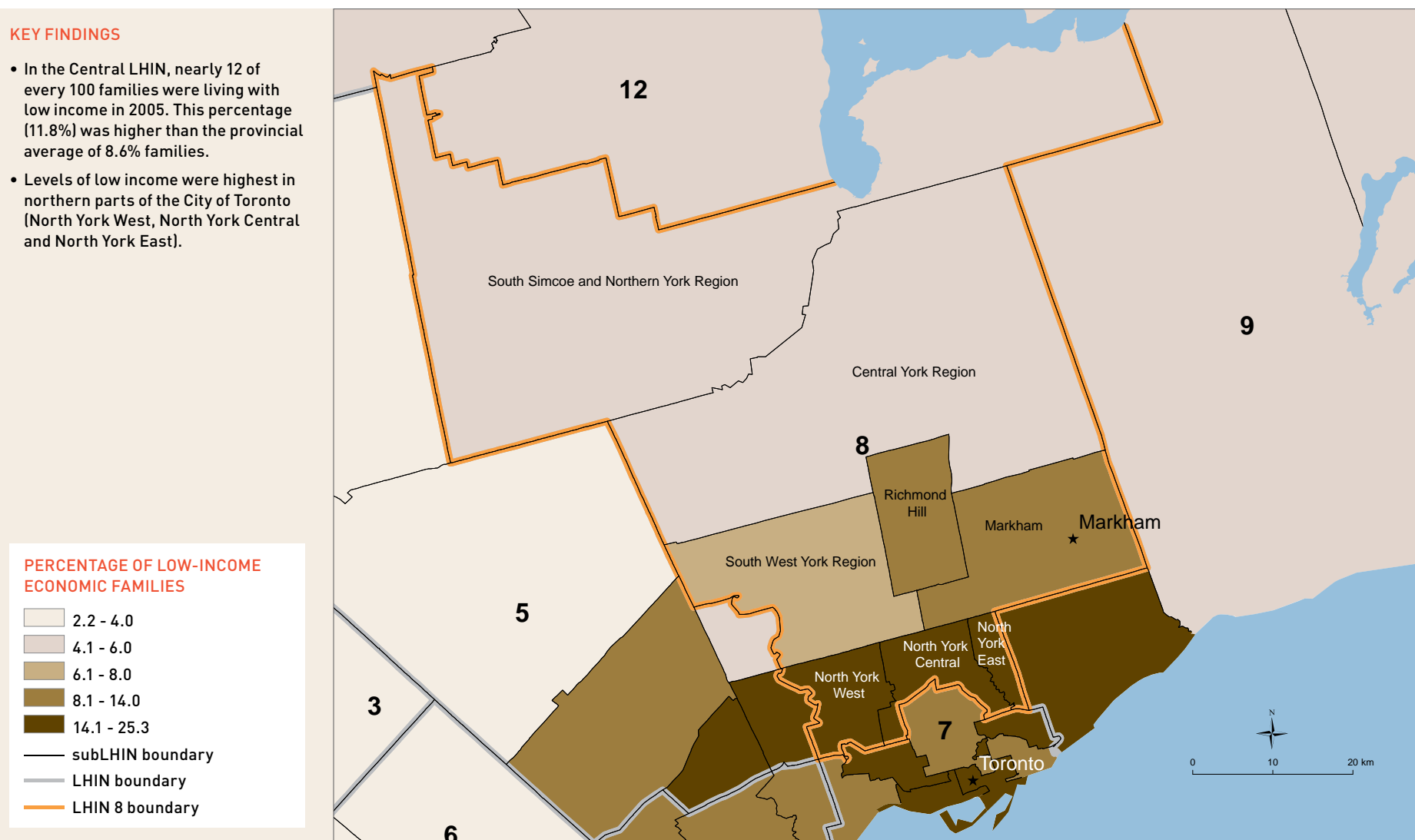
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

## EXHIBIT 8.10

Percentage of economic families with low income in the Central LHIN (8), by subLHIN, 2005

### KEY FINDINGS

- In the Central LHIN, nearly 12 of every 100 families were living with low income in 2005. This percentage (11.8%) was higher than the provincial average of 8.6% families.
- Levels of low income were highest in northern parts of the City of Toronto (North York West, North York Central and North York East).



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.

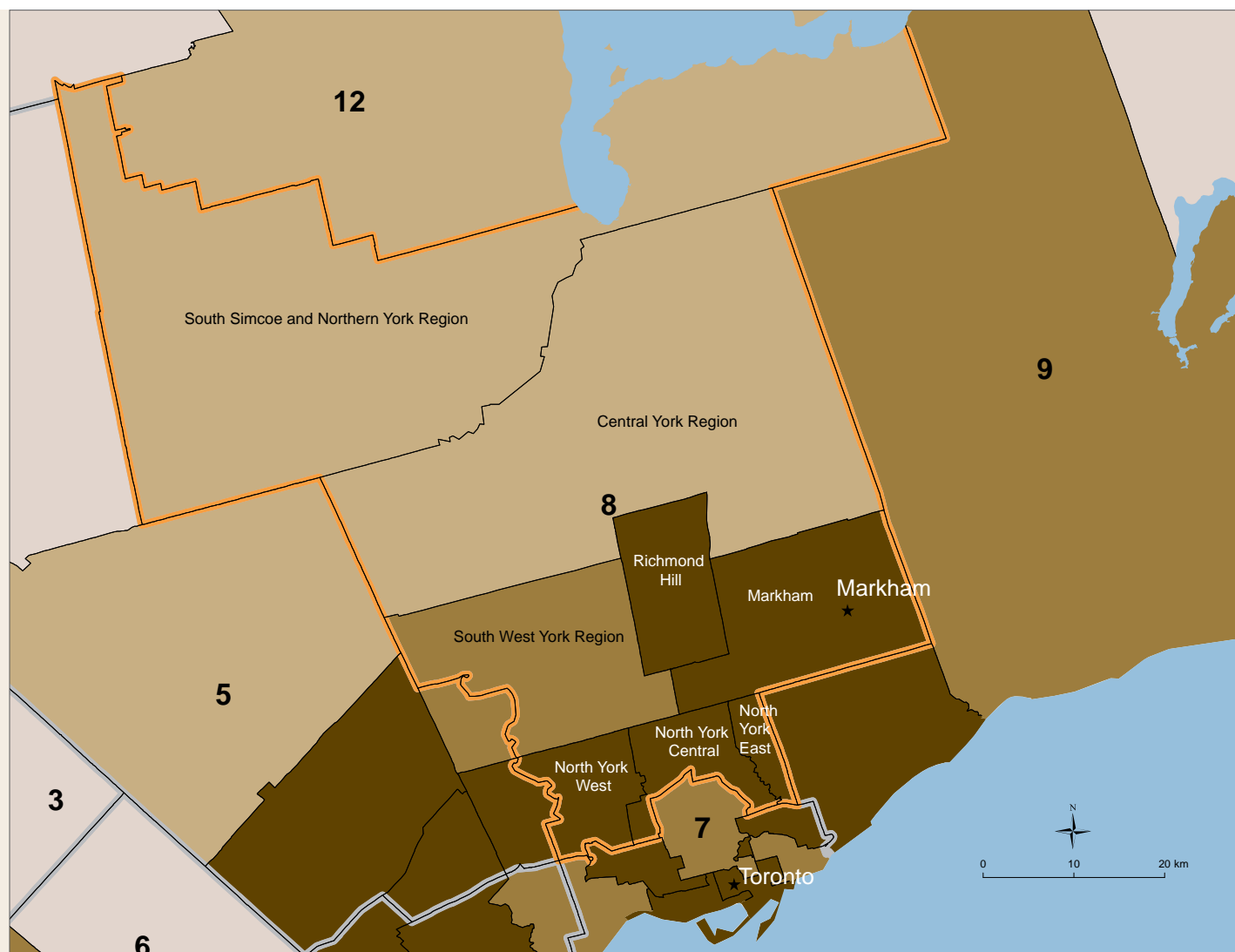
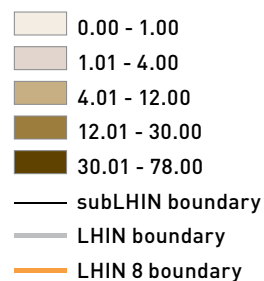
## EXHIBIT 8.11

Percentage of visible minorities in the Central LHIN (8), by subLHIN, 2006

### KEY FINDINGS

- In the Central LHIN, about 42 of every 100 people self-identified as belonging to a visible minority group. This percentage (42.15%) was about two-fold higher than the provincial average of 22.82%.
- Higher concentrations of visible minorities resided in Richmond Hill, Markham and across northern parts of Toronto.

### PERCENTAGE OF VISIBLE MINORITIES



Data source: 2006 Census of Canada.

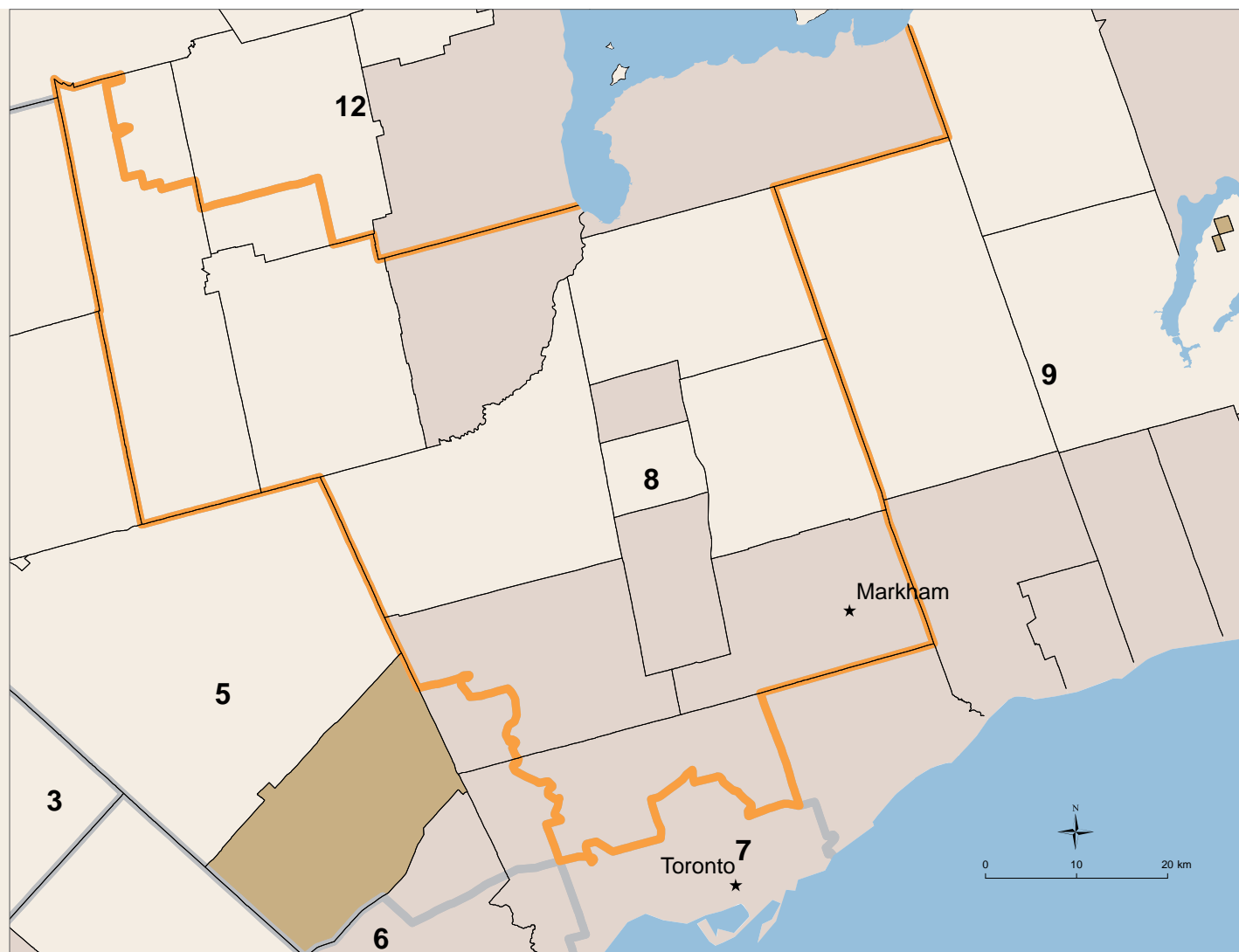
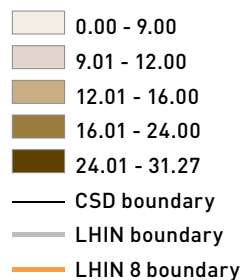
Technical note: Visible minorities include persons other than Aboriginal peoples who are non-Caucasian in race or non-white in colour.

**EXHIBIT 8.12**

Diabetes prevalence per 100 adults in the Central LHIN (8), by census subdivision, on March 31, 2011

**KEY FINDING**

- In all census subdivisions in the Central LHIN, the number of adults per 100 living with diabetes was in a range similar to the LHIN average (10.07 per 100) and the provincial average (9.64 per 100).

**PREVALENCE PER 100 ADULTS**

Data sources: Ontario Diabetes Database; Registered Persons Database.

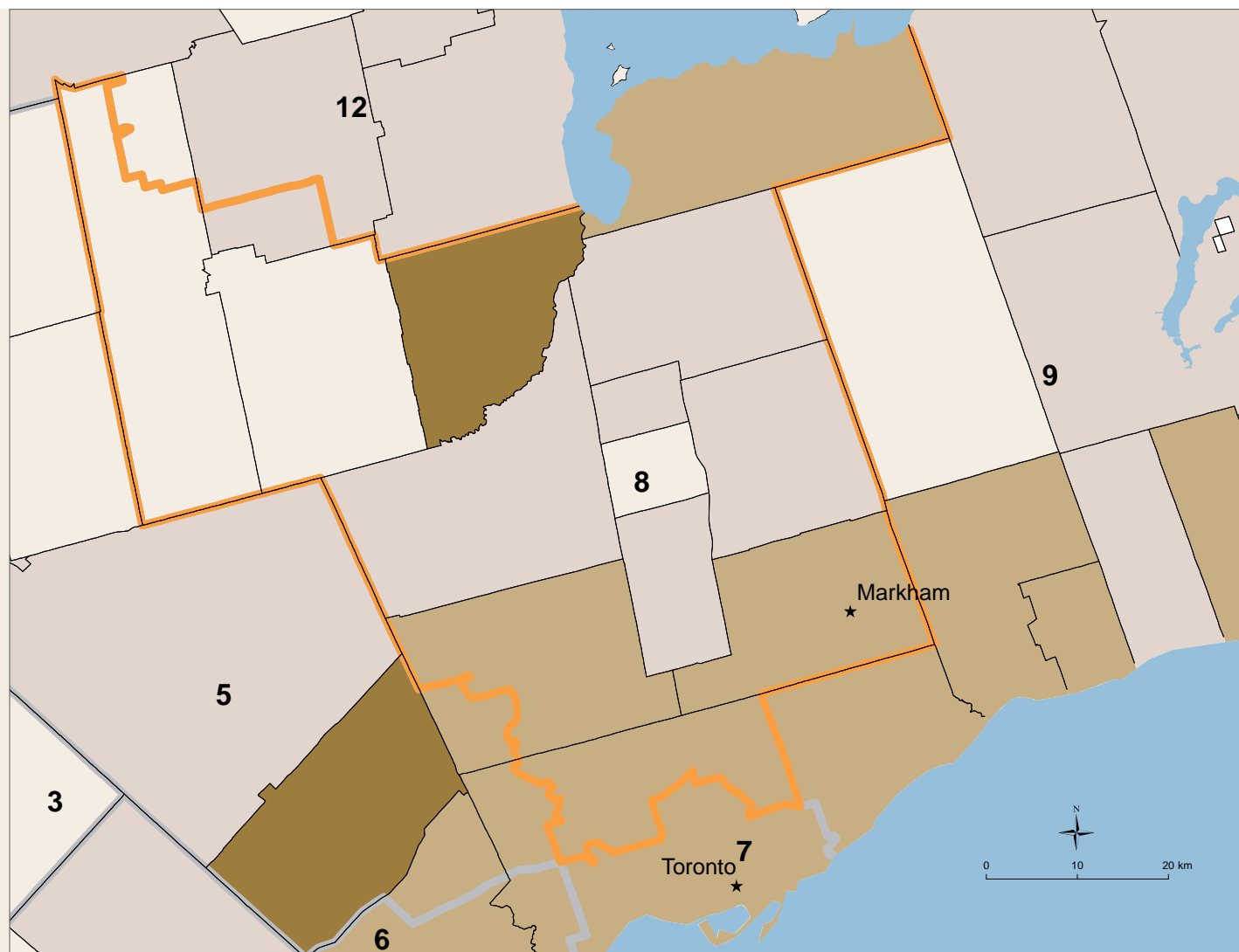
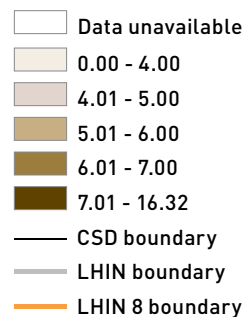
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

**EXHIBIT 8.13**

Diabetes incidence per 100 adults in the Central LHIN (8), by census subdivision, 2005/06–2009/10

**KEY FINDINGS**

- In most census subdivisions (CSDs), the incidence of diabetes in adults over the five-year period between April 2005 and March 2010 was similar to the LHIN average (5.08 per 100) and the provincial average (4.85 per 100).
- The highest rate of diabetes incidence was seen in a largely rural CSD in the north-central part of the LHIN.

**INCIDENCE PER 100 ADULTS**

Data sources: Ontario Diabetes Database; Registered Persons Database.

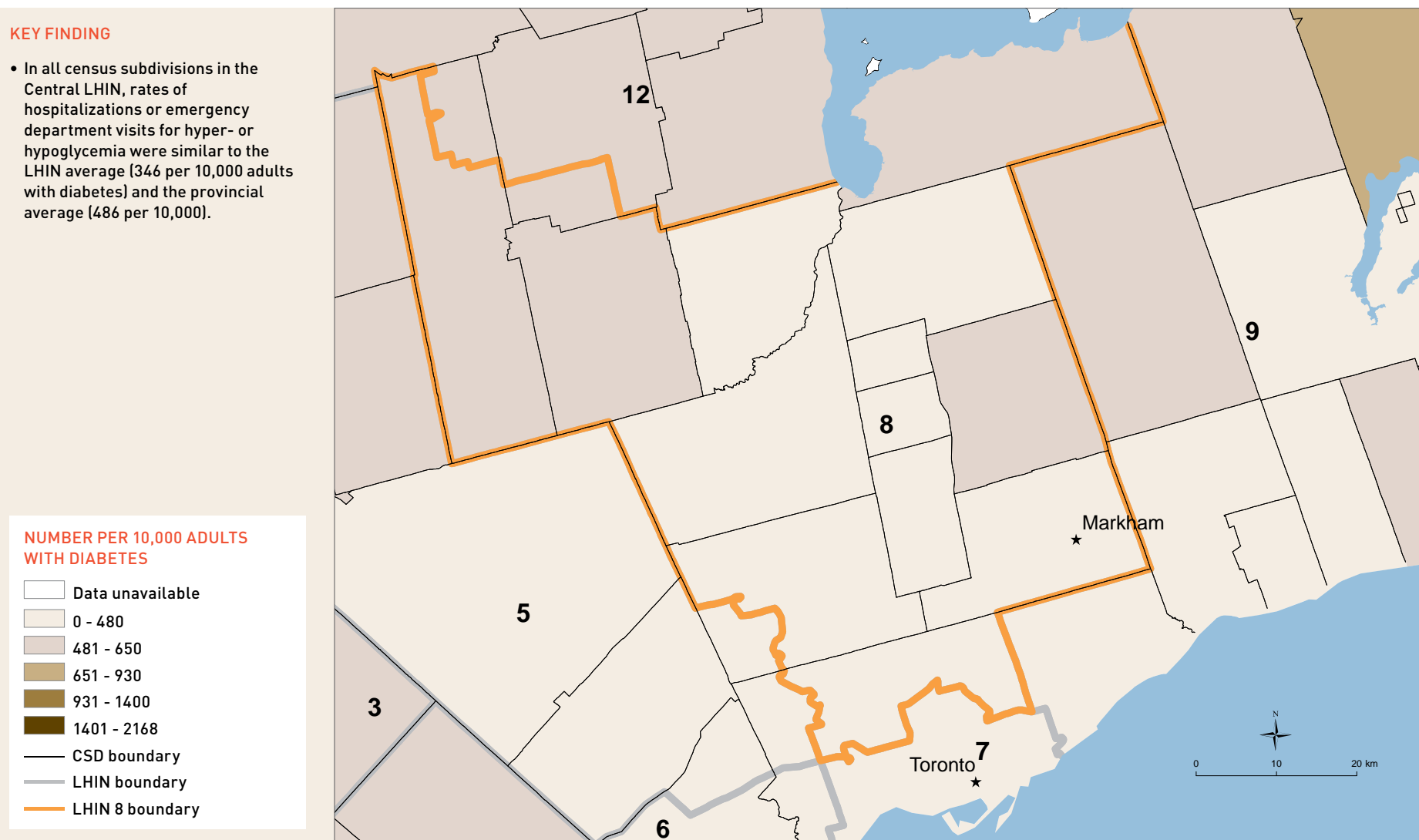
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

**EXHIBIT 8.14**

Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for hyper- or hypoglycemia in the Central LHIN (8), by census subdivision, 2006/07–2010/11

**KEY FINDING**

- In all census subdivisions in the Central LHIN, rates of hospitalizations or emergency department visits for hyper- or hypoglycemia were similar to the LHIN average (346 per 10,000 adults with diabetes) and the provincial average (486 per 10,000).



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

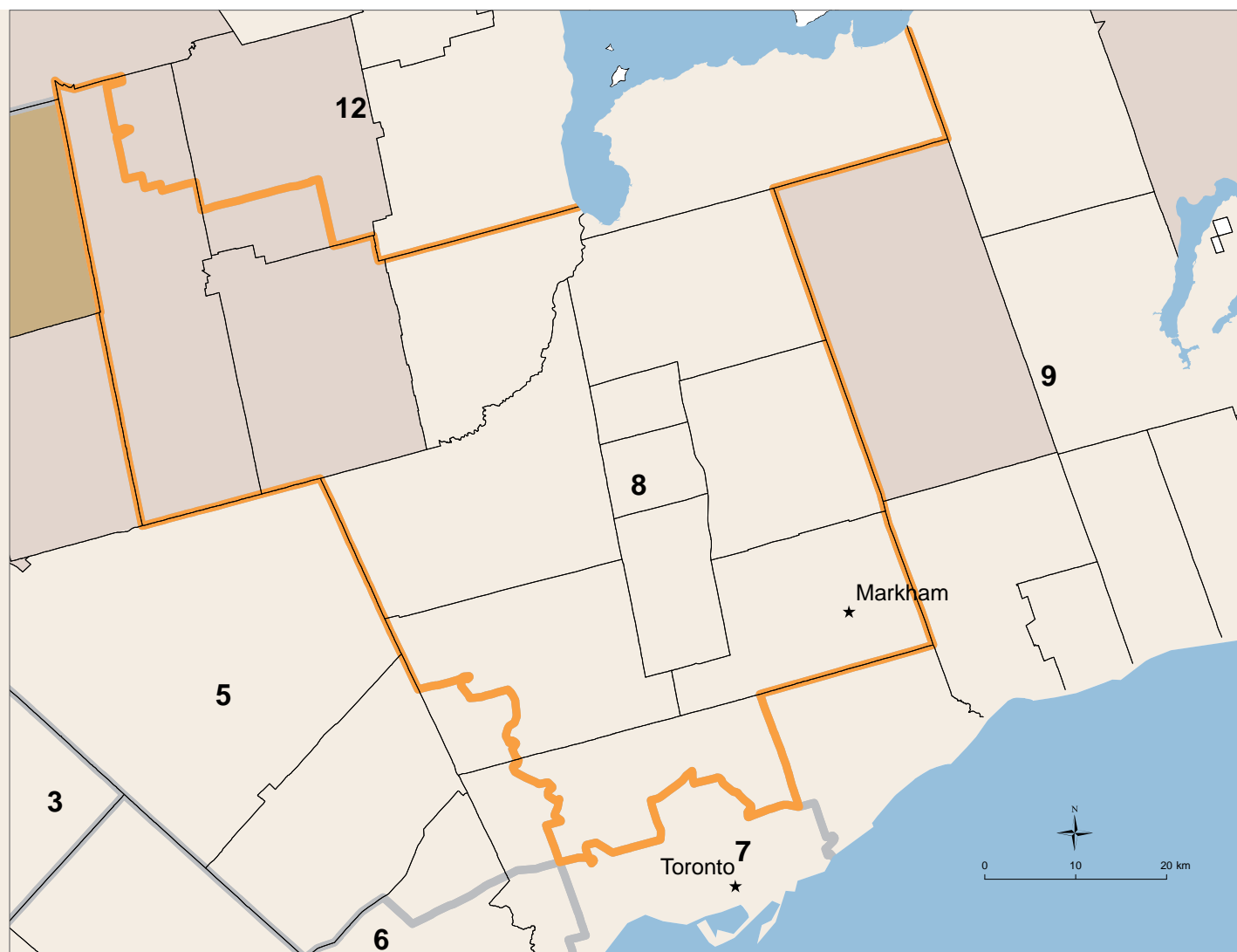
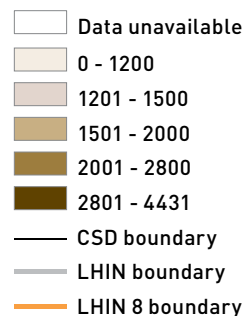
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

**EXHIBIT 8.15**

**Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for any acute complication in the Central LHIN (8), by census subdivision, 2006/07–2010/11**

**KEY FINDINGS**

- Between 2006/07 and 2010/11, rates of hospitalizations or emergency department (ED) visits for acute complications of diabetes in most census subdivisions (CSDs) were in the same range as the LHIN average (718 per 10,000 adults with diabetes) and the provincial average (1,029 per 10,000).
- Higher rates of hospitalizations/ED visits were seen in two largely rural CSDs in the northwest 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.

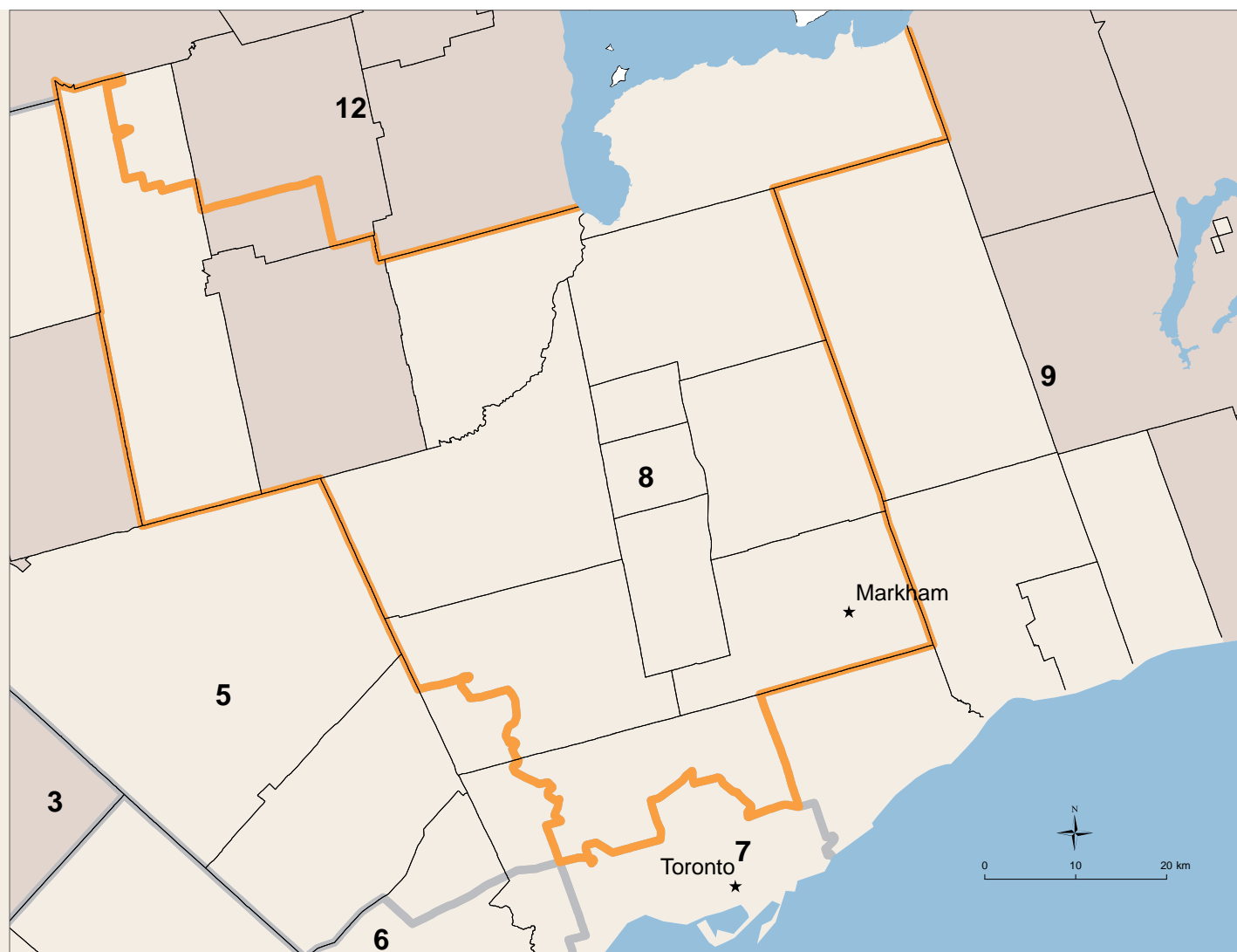
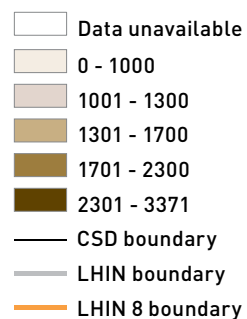
Technical notes: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population. Acute complications consisted of hyper- or hypoglycemia, skin and soft tissue infection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

**EXHIBIT 8.16**

**Number, per 10,000 adults with diabetes, who had any chronic complication in the Central LHIN (8), by census subdivision, 2006/07–2010/11**

**KEY FINDINGS**

- Between 2006/07 and 2010/11, rates of chronic complications in most census subdivisions (CSDs) in the Central LHIN were in the same range as the LHIN average (808 per 10,000 adults with diabetes).
- A higher rate, more similar to the provincial average (1,016 per 10,000), was seen in one northwestern CSD.

**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 8.17

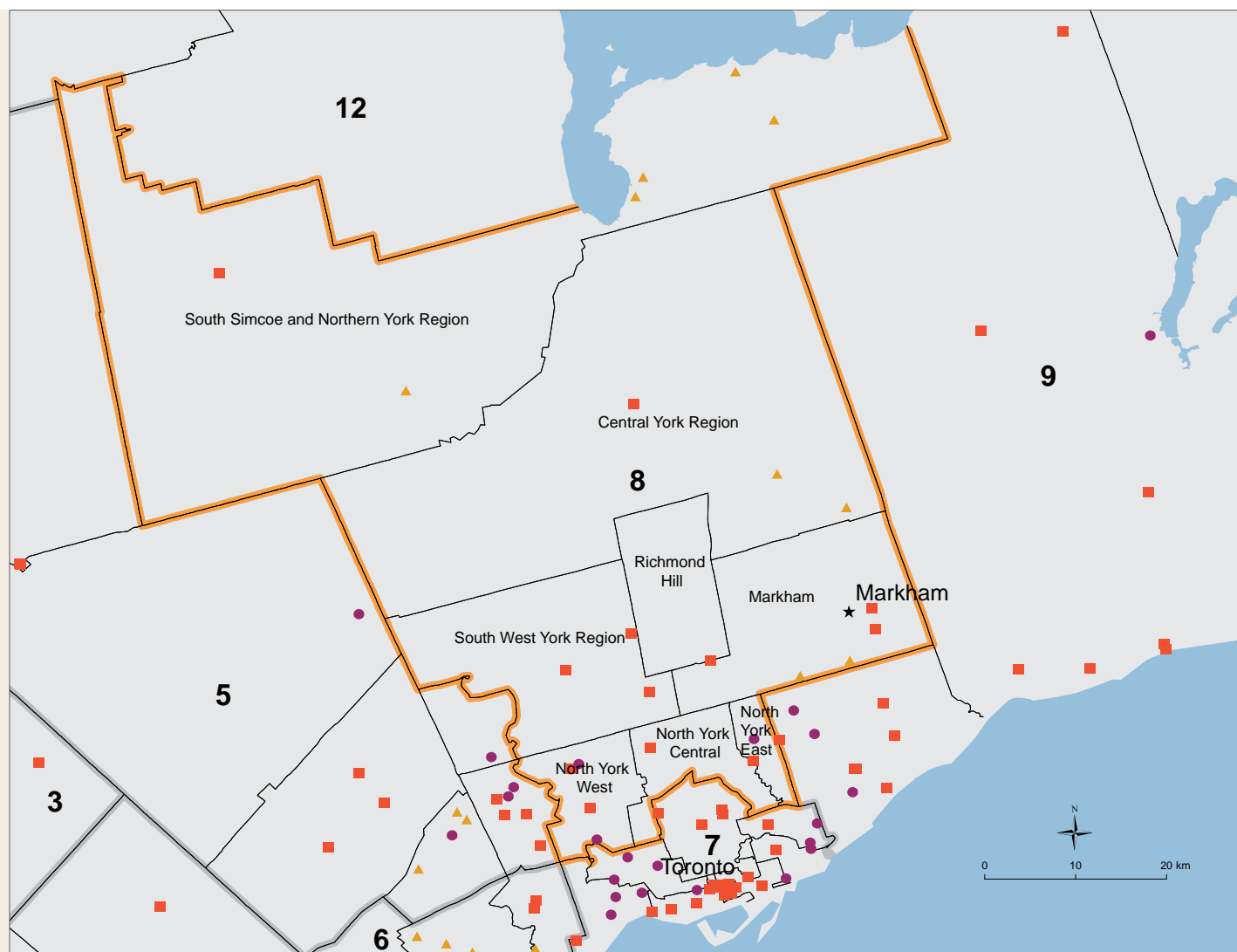
### Locations of diabetes education programs in the Central LHIN (8), by sub-LHIN, 2011

#### KEY FINDINGS

- Main diabetes education programs were generally clustered in or near major urban centres in the south part of the Central LHIN. However, at least one such program was located in every subLHIN.
- Diabetes education program satellites were only located in the northern subLHINs in Toronto. A number of outreach programs were scattered more widely across the central and northern parts of the LHIN.

#### TYPE OF PROGRAM

- Main program
- Program satellite
- ▲ Outreach program
- subLHIN boundary
- LHIN boundary
- LHIN 8 boundary



Data source: Diabetes Regional Coordination Centres.

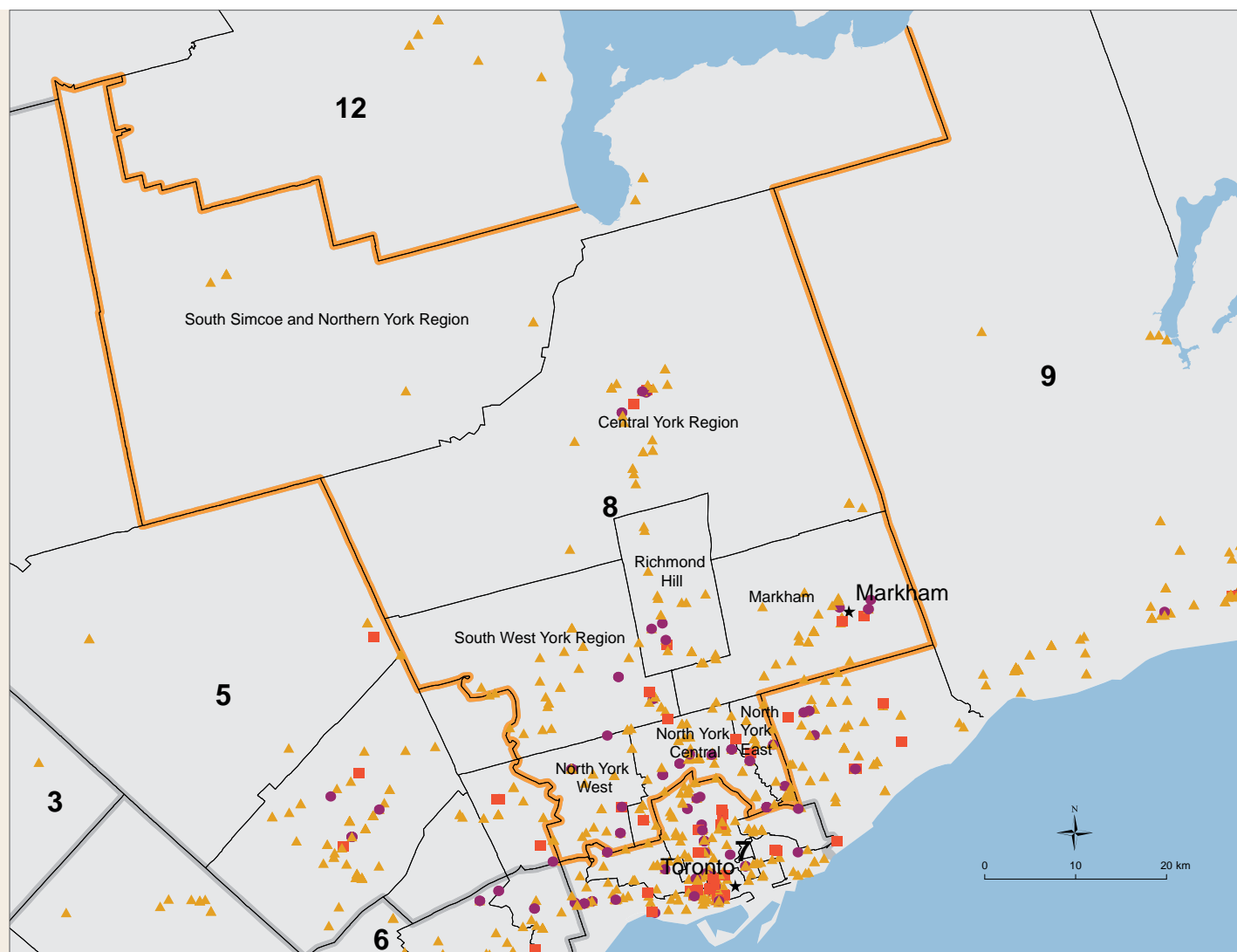
Technical note: Locations were designated based on six-digit postal codes using Statistics Canada's Postal Code Conversion File.

**EXHIBIT 8.18****Locations of endocrinologists and eye specialists in the Central LHIN (8), by subLHIN, 2010/11****KEY FINDINGS**

- Endocrinologists and eye specialists (ophthalmologists and optometrists) were generally clustered in or near major urban areas in the Central LHIN. No endocrinology or ophthalmology practices were located in the South Simcoe and Northern York Region subLHIN.
- Optometrists were the most numerous and were also scattered more widely across the LHIN compared with endocrinologists and ophthalmologists.

**TYPE OF SPECIALIST**

- Endocrinologist
- Ophthalmologist
- ▲ Optometrist
- subLHIN boundary
- LHIN boundary
- LHIN 8 boundary

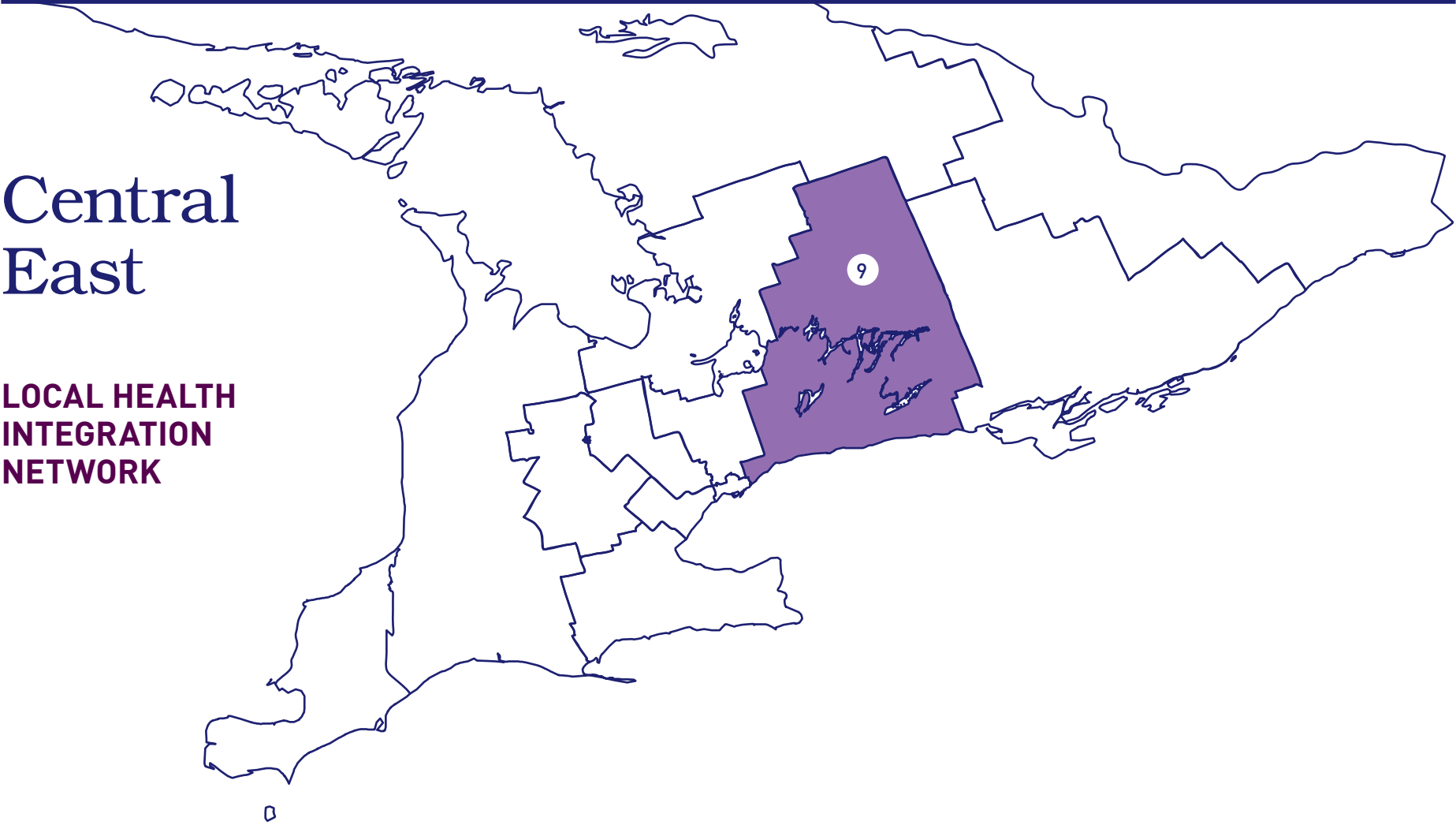


Data sources: Locations of endocrinologists and ophthalmologists came from the ICES Physician Database, 2010; listings of optometrists came from the Corporate Provider Database, April 1, 2010 to March 31, 2011.

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

# Central East

LOCAL HEALTH  
INTEGRATION  
NETWORK



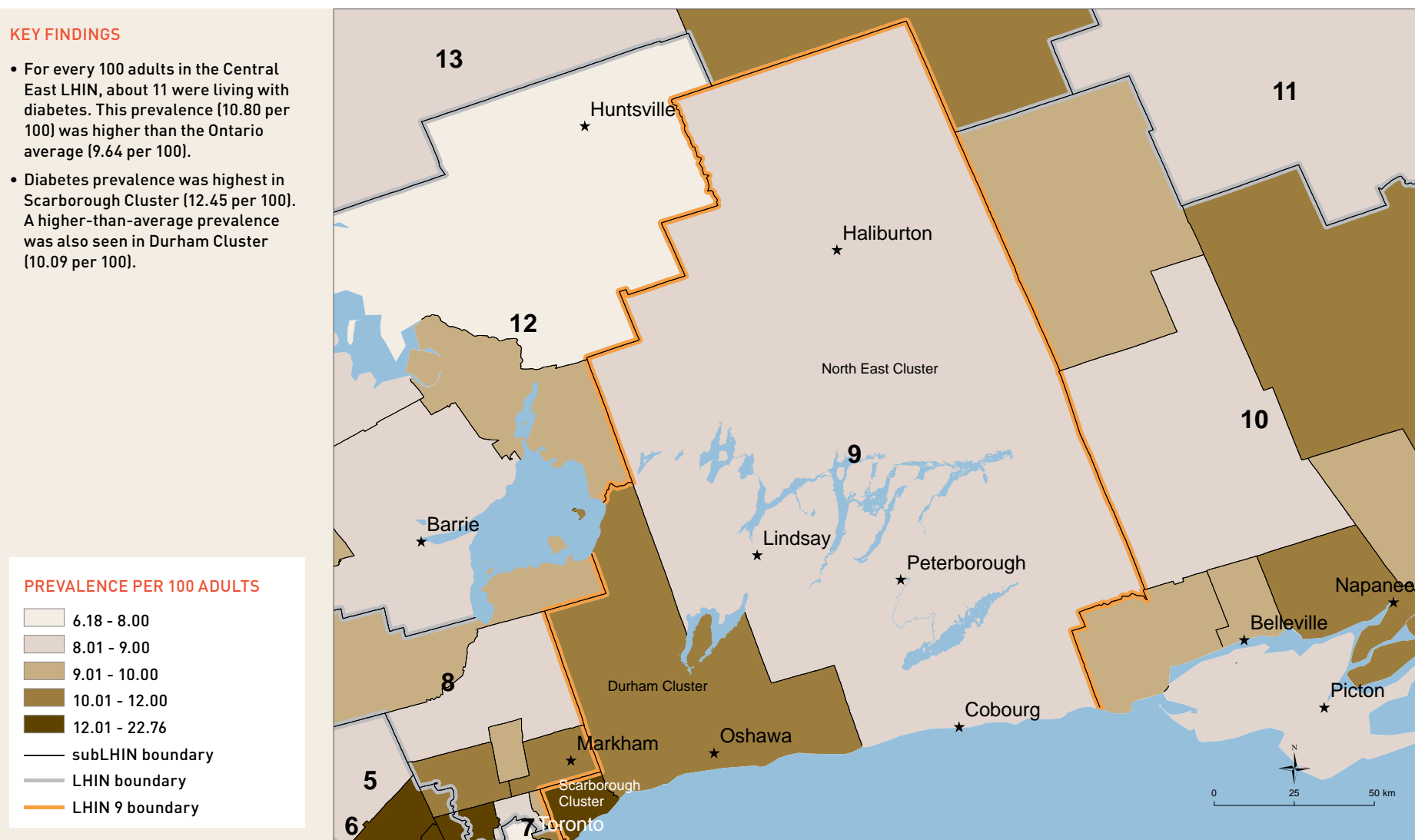
*Diabetes Measures by Region*

**EXHIBIT 9.1**

Diabetes prevalence per 100 adults in the Central East LHIN (9), by subLHIN, on March 31, 2011

**KEY FINDINGS**

- For every 100 adults in the Central East LHIN, about 11 were living with diabetes. This prevalence (10.80 per 100) was higher than the Ontario average (9.64 per 100).
- Diabetes prevalence was highest in Scarborough Cluster (12.45 per 100). A higher-than-average prevalence was also seen in Durham Cluster (10.09 per 100).



Data sources: Ontario Diabetes Database; Registered Persons Database.

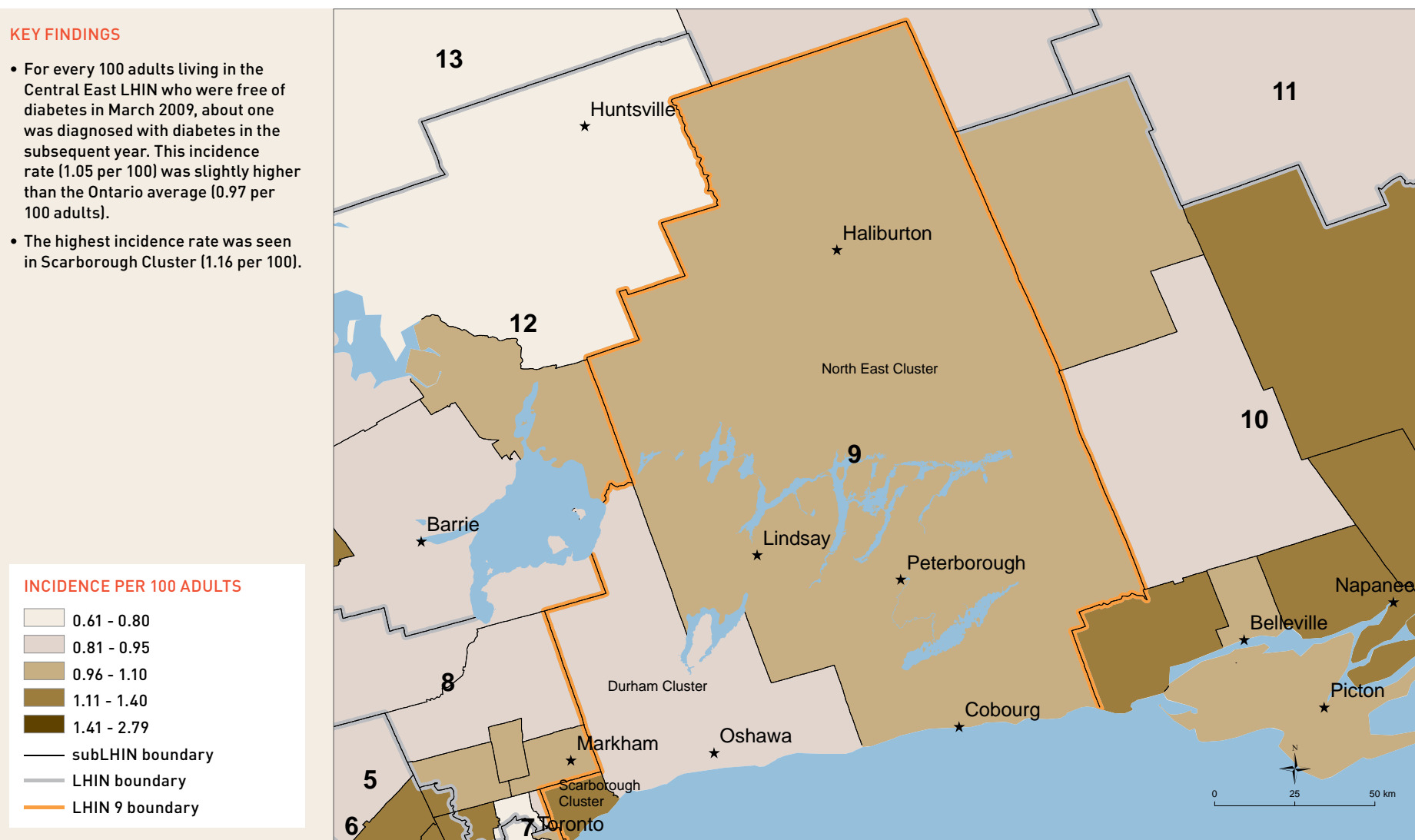
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

## EXHIBIT 9.2

Diabetes incidence per 100 adults in the Central East LHIN (9), by subLHIN, 2009/10

### KEY FINDINGS

- For every 100 adults living in the Central East LHIN who were free of diabetes in March 2009, about one was diagnosed with diabetes in the subsequent year. This incidence rate (1.05 per 100) was slightly higher than the Ontario average (0.97 per 100 adults).
- The highest incidence rate was seen in Scarborough Cluster (1.16 per 100).



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 9.3

Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for hyper- or hypoglycemia in the Central East LHIN (9), by subLHIN, 2006/07–2010/11

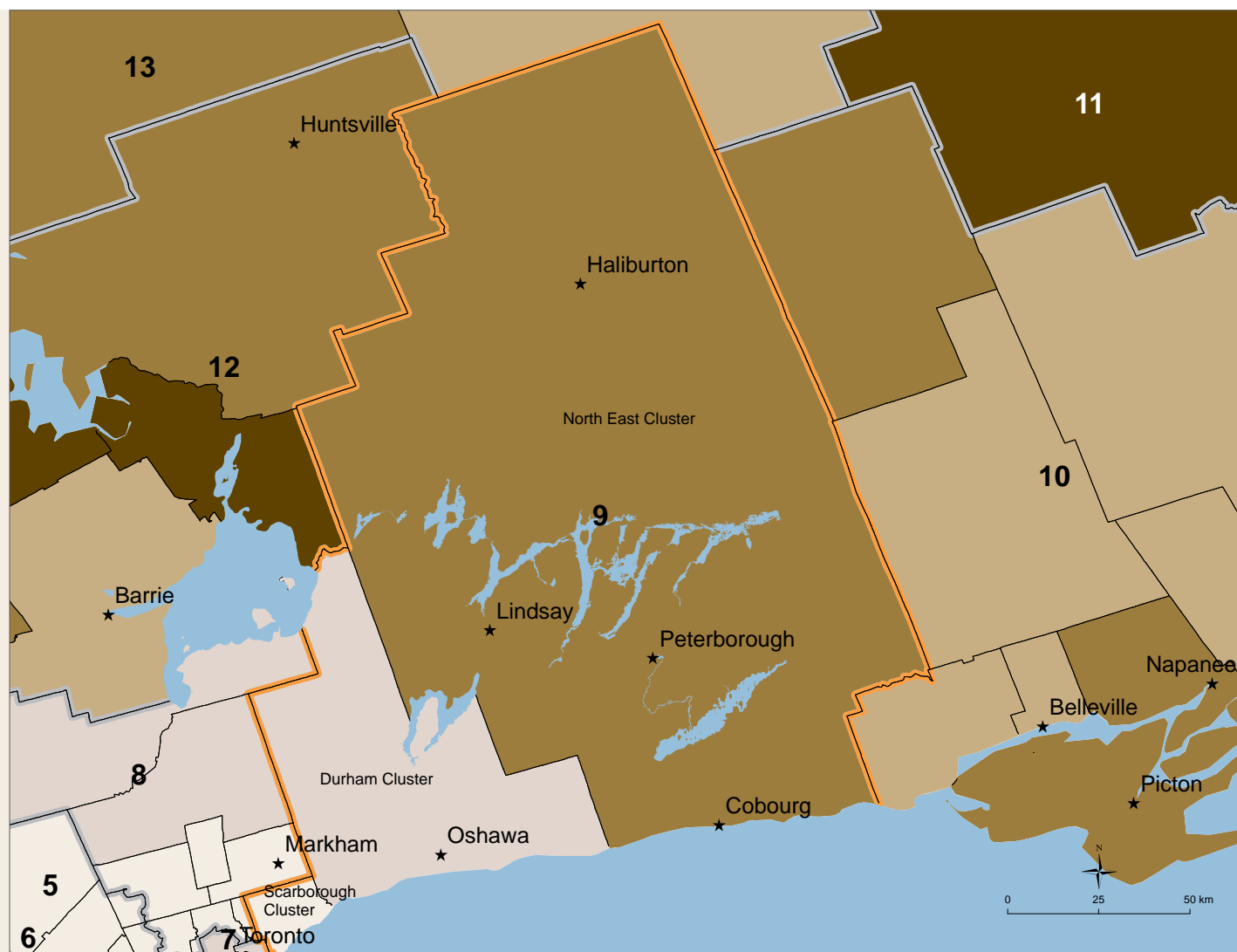
### KEY FINDINGS

- Overall, for every 100 adults living with diabetes in the Central East LHIN on March 31, 2006, about four had at least one hospitalization or emergency department (ED) visit for hyper- or hypoglycemia in the subsequent five years. This rate (434 per 10,000 adults with diabetes) was lower than the provincial average (486 per 10,000).
- Rates of hospitalizations/ED visits for hyper- or hypoglycemia varied by more than 1.5-fold across subLHINs. The highest rates were seen in North East Cluster (607 per 10,000) and the lowest in Scarborough Cluster (376 per 10,000).

### NUMBER PER 10,000 ADULTS WITH DIABETES

- 272 - 400
- 401 - 500
- 501 - 600
- 601 - 700
- 701 - 1001

- subLHIN boundary
- LHIN boundary
- LHIN 9 boundary



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

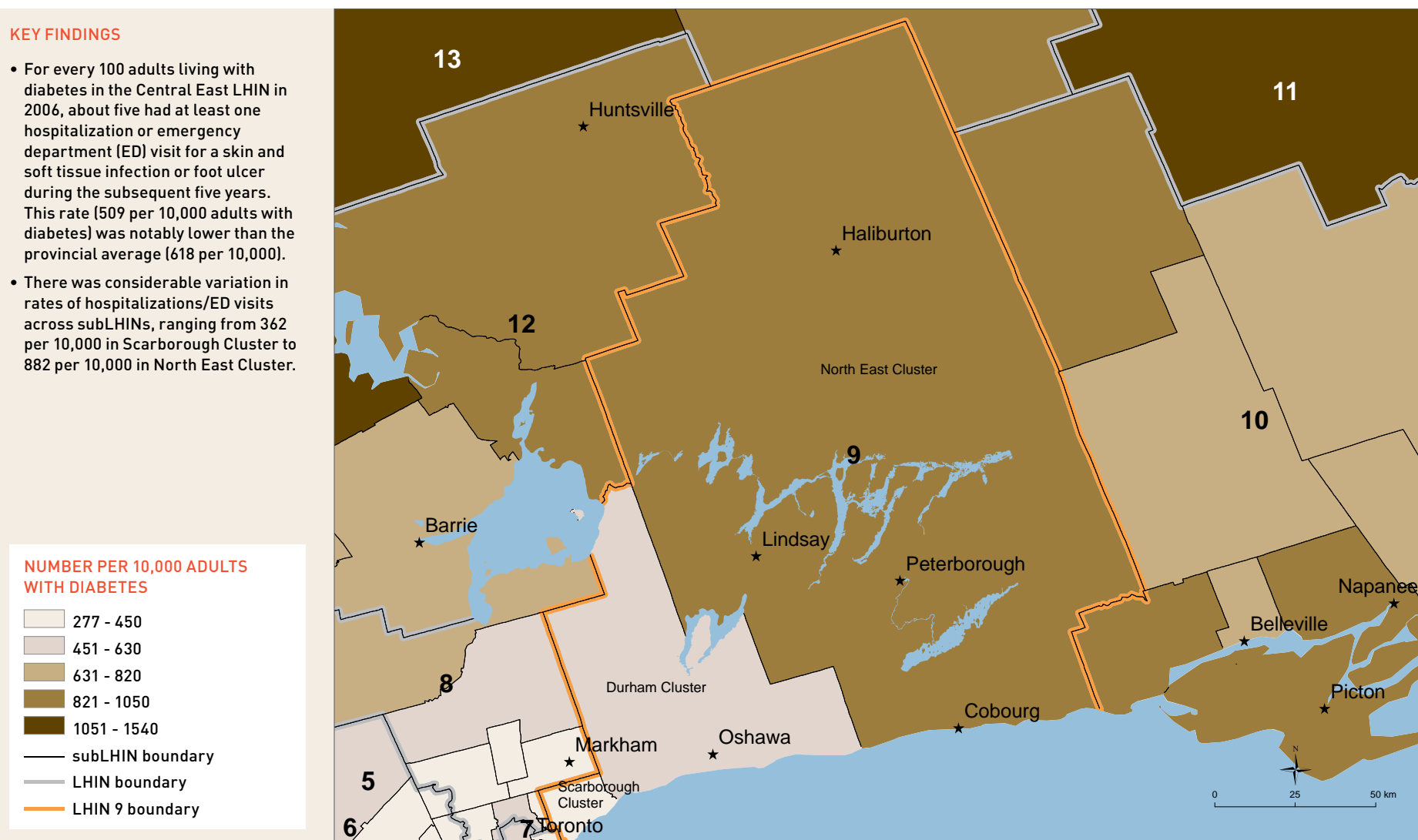
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

**EXHIBIT 9.4**

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 Central East LHIN (9), by subLHIN, 2006/07–2010/11

**KEY FINDINGS**

- For every 100 adults living with diabetes in the Central East LHIN in 2006, about five had at least one hospitalization or emergency department (ED) visit for a skin and soft tissue infection or foot ulcer during the subsequent five years. This rate (509 per 10,000 adults with diabetes) was notably lower than the provincial average (618 per 10,000).
- There was considerable variation in rates of hospitalizations/ED visits across subLHINs, ranging from 362 per 10,000 in Scarborough Cluster to 882 per 10,000 in North East Cluster.



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

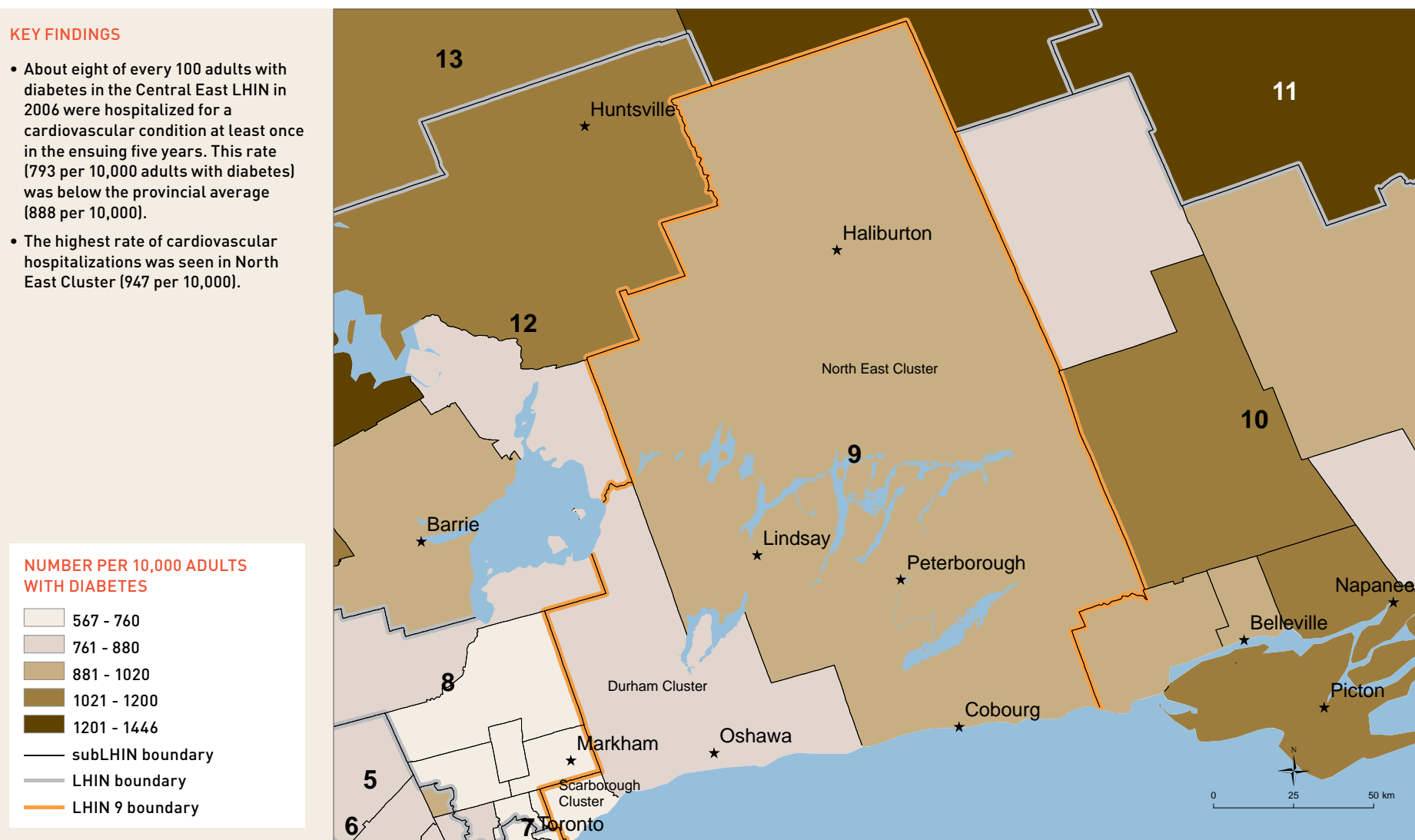
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

## EXHIBIT 9.5

Number, per 10,000 adults with diabetes, who had at least one hospitalization for a cardiovascular condition in the Central East LHIN (9), by subLHIN, 2006/07–2010/11

### KEY FINDINGS

- About eight of every 100 adults with diabetes in the Central East LHIN in 2006 were hospitalized for a cardiovascular condition at least once in the ensuing five years. This rate (793 per 10,000 adults with diabetes) was below the provincial average (888 per 10,000).
- The highest rate of cardiovascular hospitalizations was seen in North East Cluster (947 per 10,000).



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.

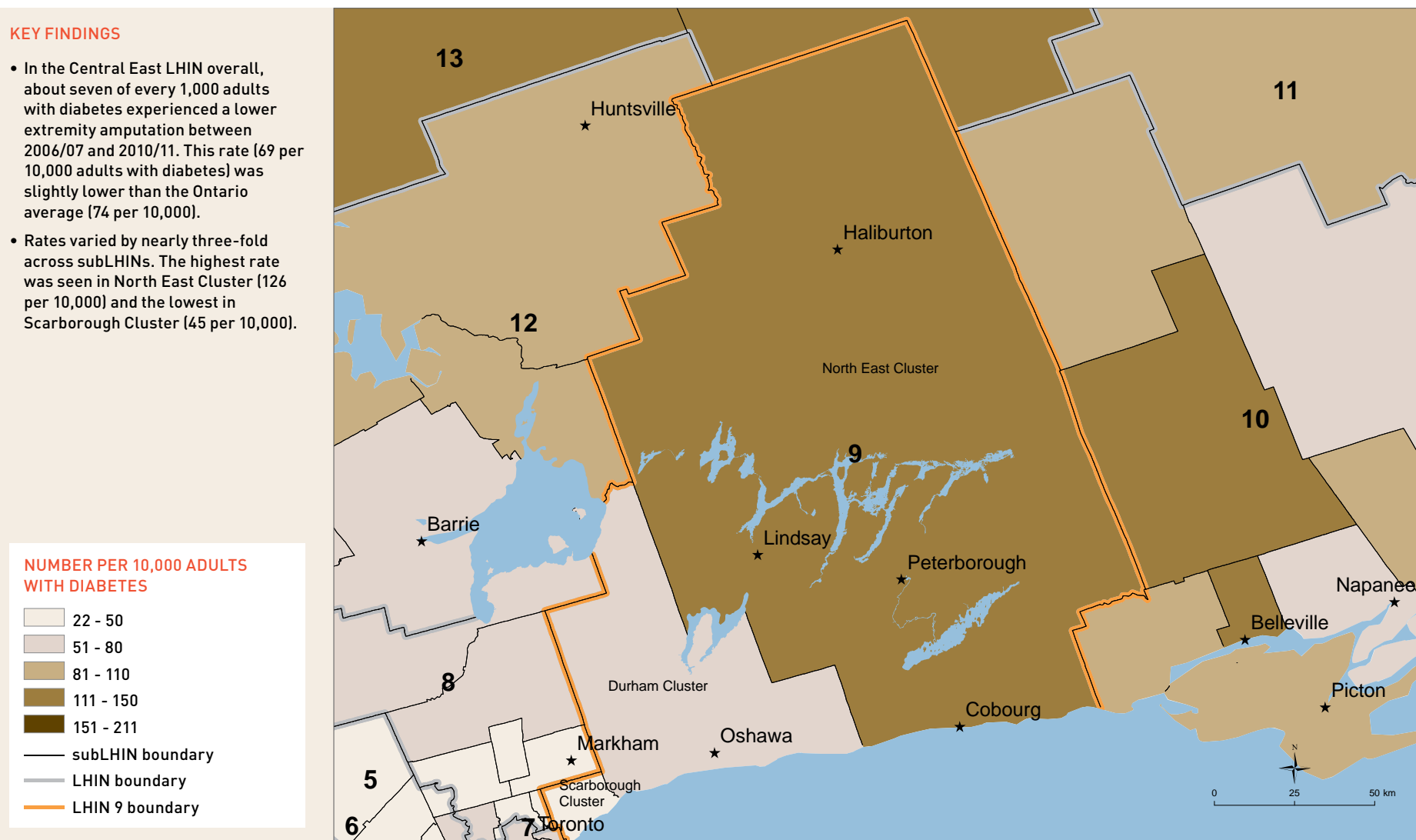


**EXHIBIT 9.6**

**Number, per 10,000 adults with diabetes, who had a lower extremity amputation in the Central East LHIN (9), by subLHIN, 2006/07–2010/11**

**KEY FINDINGS**

- In the Central East LHIN overall, about seven of every 1,000 adults with diabetes experienced a lower extremity amputation between 2006/07 and 2010/11. This rate (69 per 10,000 adults with diabetes) was slightly lower than the Ontario average (74 per 10,000).
- Rates varied by nearly three-fold across subLHINs. The highest rate was seen in North East Cluster (126 per 10,000) and the lowest in Scarborough Cluster (45 per 10,000).



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

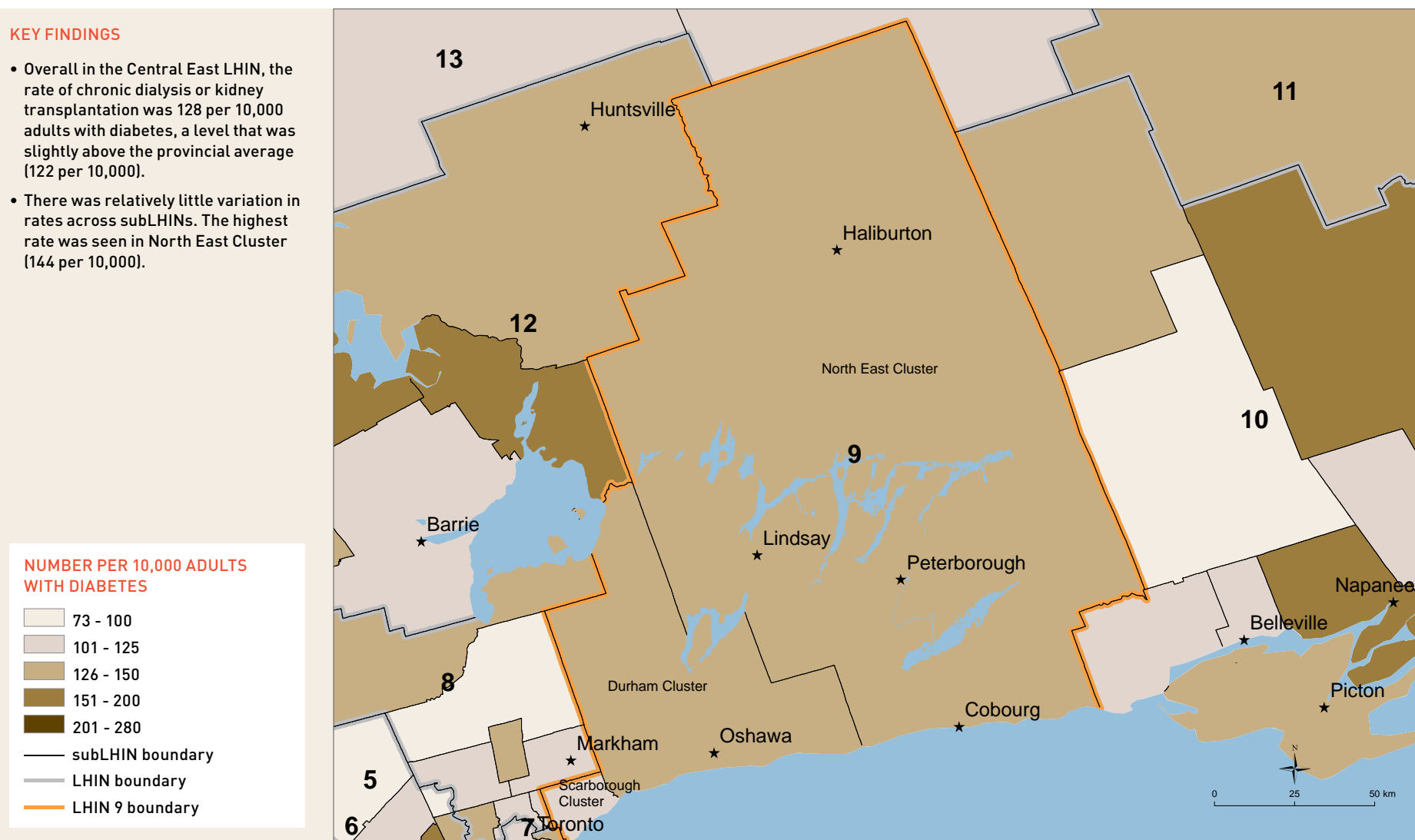
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

**EXHIBIT 9.7**

**Number, per 10,000 adults with diabetes, who received chronic dialysis or kidney transplantation in the Central East LHIN (9), by subLHIN, 2006/07–2010/11**

**KEY FINDINGS**

- Overall in the Central East LHIN, the rate of chronic dialysis or kidney transplantation was 128 per 10,000 adults with diabetes, a level that was slightly above the provincial average (122 per 10,000).
- There was relatively little variation in rates across subLHINs. The highest rate was seen in North East Cluster (144 per 10,000).



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.

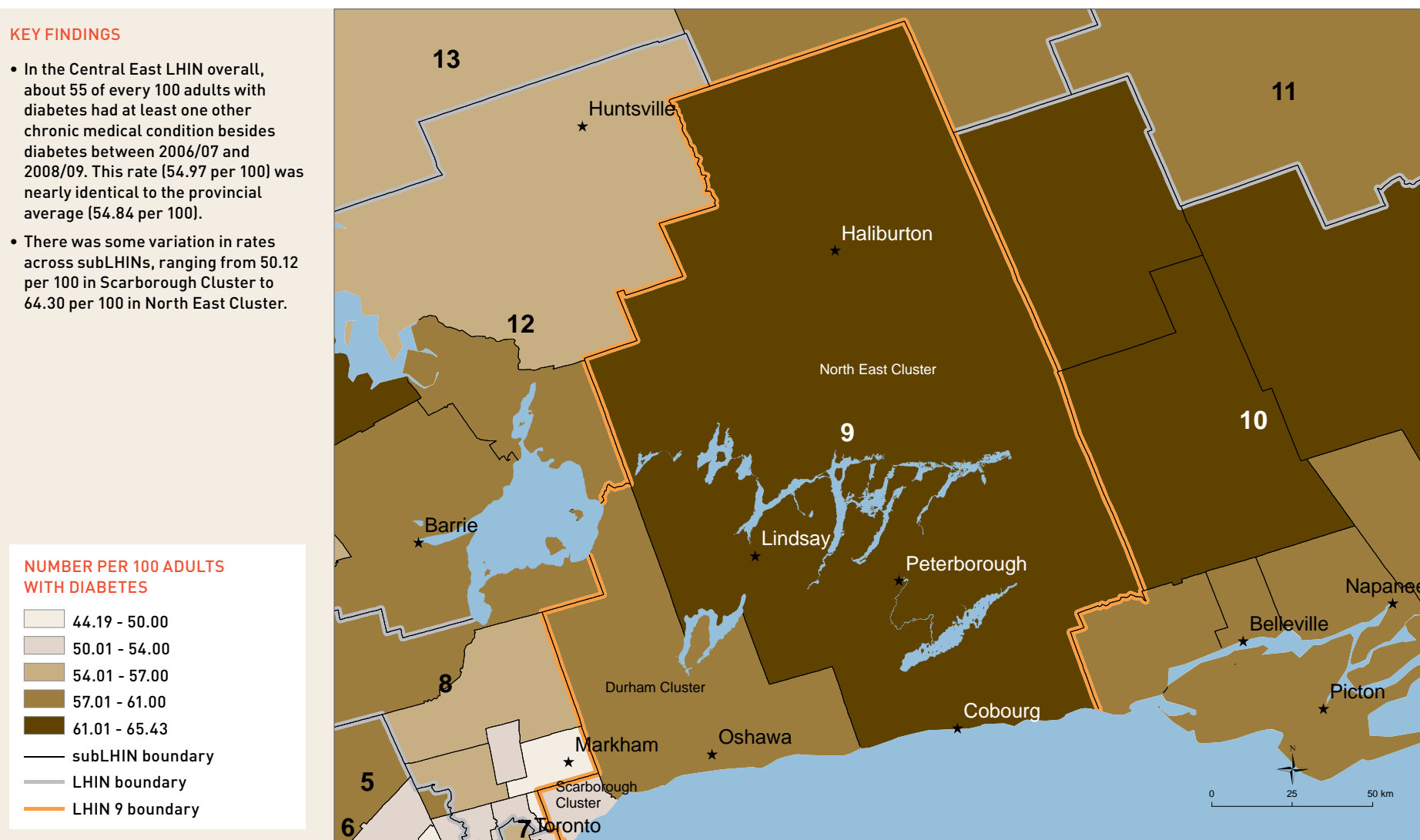
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

**EXHIBIT 9.8**

**Number, per 100 adults with diabetes, who had an additional chronic medical condition in the Central East LHIN (9), by subLHIN, 2006/07–2008/09**

**KEY FINDINGS**

- In the Central East LHIN overall, about 55 of every 100 adults with diabetes had at least one other chronic medical condition besides diabetes between 2006/07 and 2008/09. This rate (54.97 per 100) was nearly identical to the provincial average (54.84 per 100).
- There was some variation in rates across subLHINs, ranging from 50.12 per 100 in Scarborough Cluster to 64.30 per 100 in North East Cluster.



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

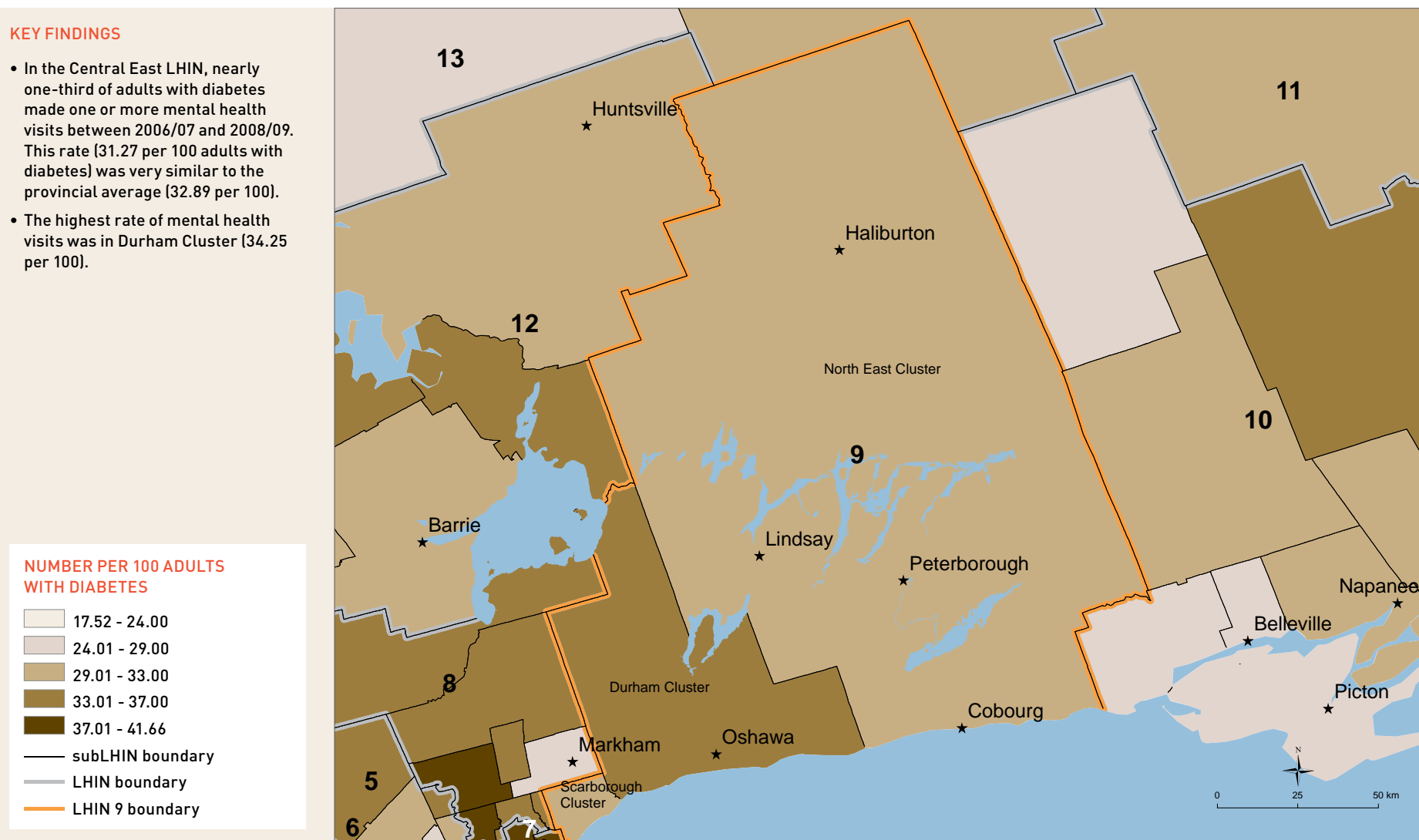
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

## EXHIBIT 9.9

Number, per 100 adults with diabetes, who made a mental health visit for a psychotic or nonpsychotic illness in the Central East LHIN (9), by subLHIN, 2006/07–2008/09

### KEY FINDINGS

- In the Central East LHIN, nearly one-third of adults with diabetes made one or more mental health visits between 2006/07 and 2008/09. This rate [31.27 per 100 adults with diabetes] was very similar to the provincial average (32.89 per 100).
- The highest rate of mental health visits was in Durham Cluster (34.25 per 100).



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

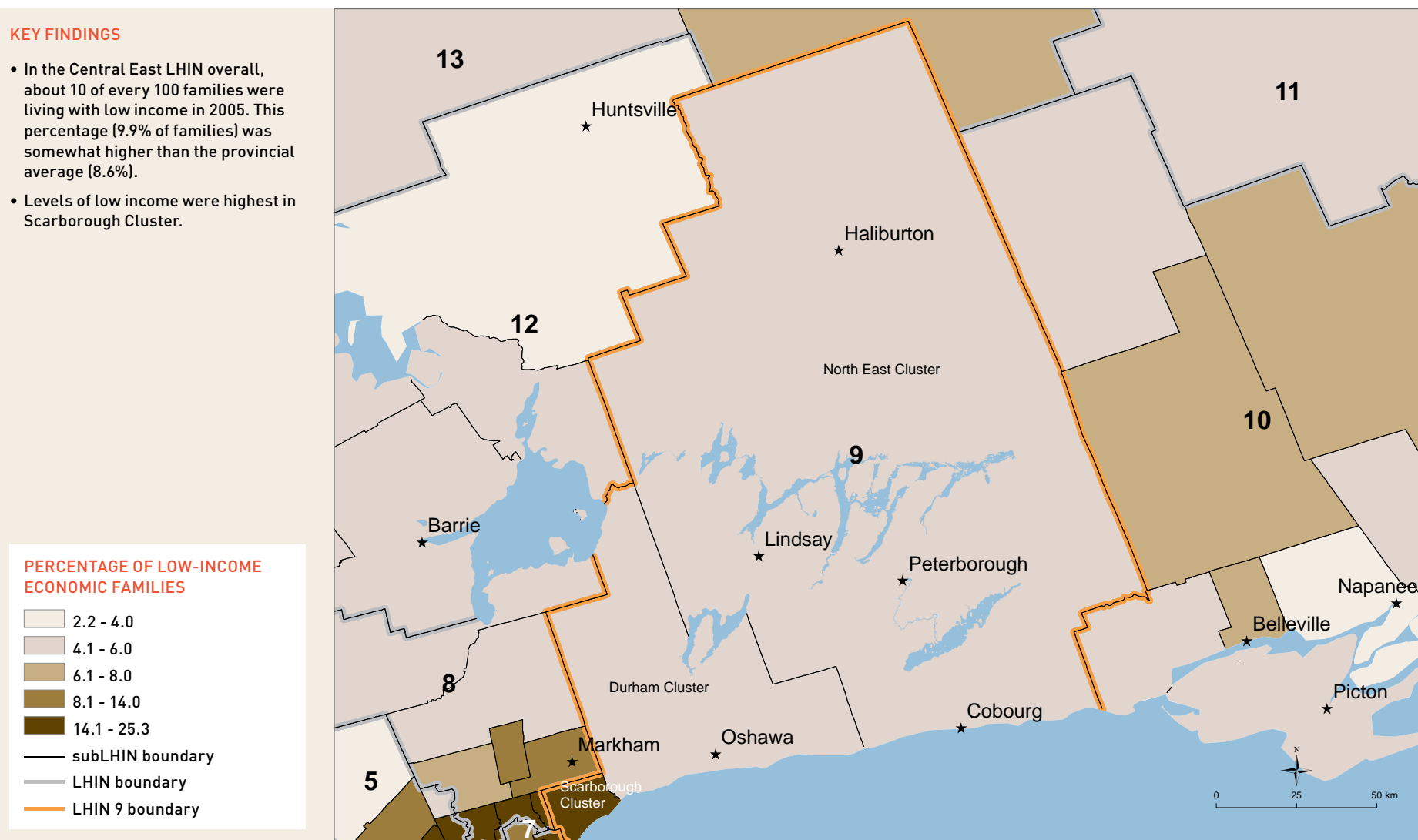
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population.

**EXHIBIT 9.10**

Percentage of economic families with low income in the Central East LHIN (9), by subLHIN, 2005

**KEY FINDINGS**

- In the Central East LHIN overall, about 10 of every 100 families were living with low income in 2005. This percentage (9.9% of families) was somewhat higher than the provincial average (8.6%).
- Levels of low income were highest in Scarborough Cluster.



Data source: 2006 Census of Canada.

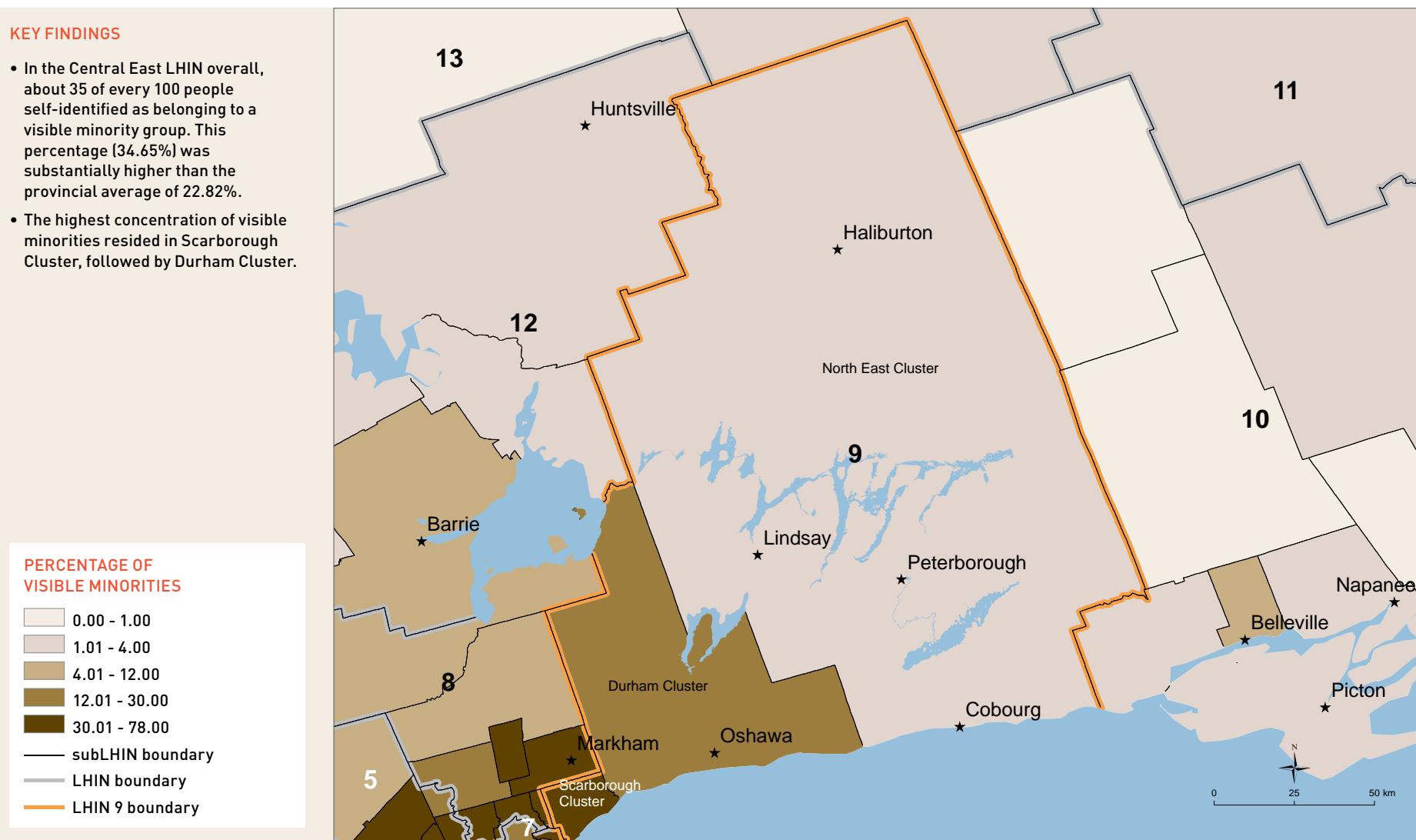
Technical note: Economic family refers to a group of two or more persons who live in the same dwelling and are related by blood, marriage, common law or adoption. Economic families with low income are defined as those that devote a larger share of their after-tax income (at least 20% more than average) 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 9.11**

Percentage of visible minorities in the Central East LHIN (9), by subLHIN, 2006

**KEY FINDINGS**

- In the Central East LHIN overall, about 35 of every 100 people self-identified as belonging to a visible minority group. This percentage (34.65%) was substantially higher than the provincial average of 22.82%.
- The highest concentration of visible minorities resided in Scarborough Cluster, followed by Durham Cluster.



Data source: 2006 Census of Canada.

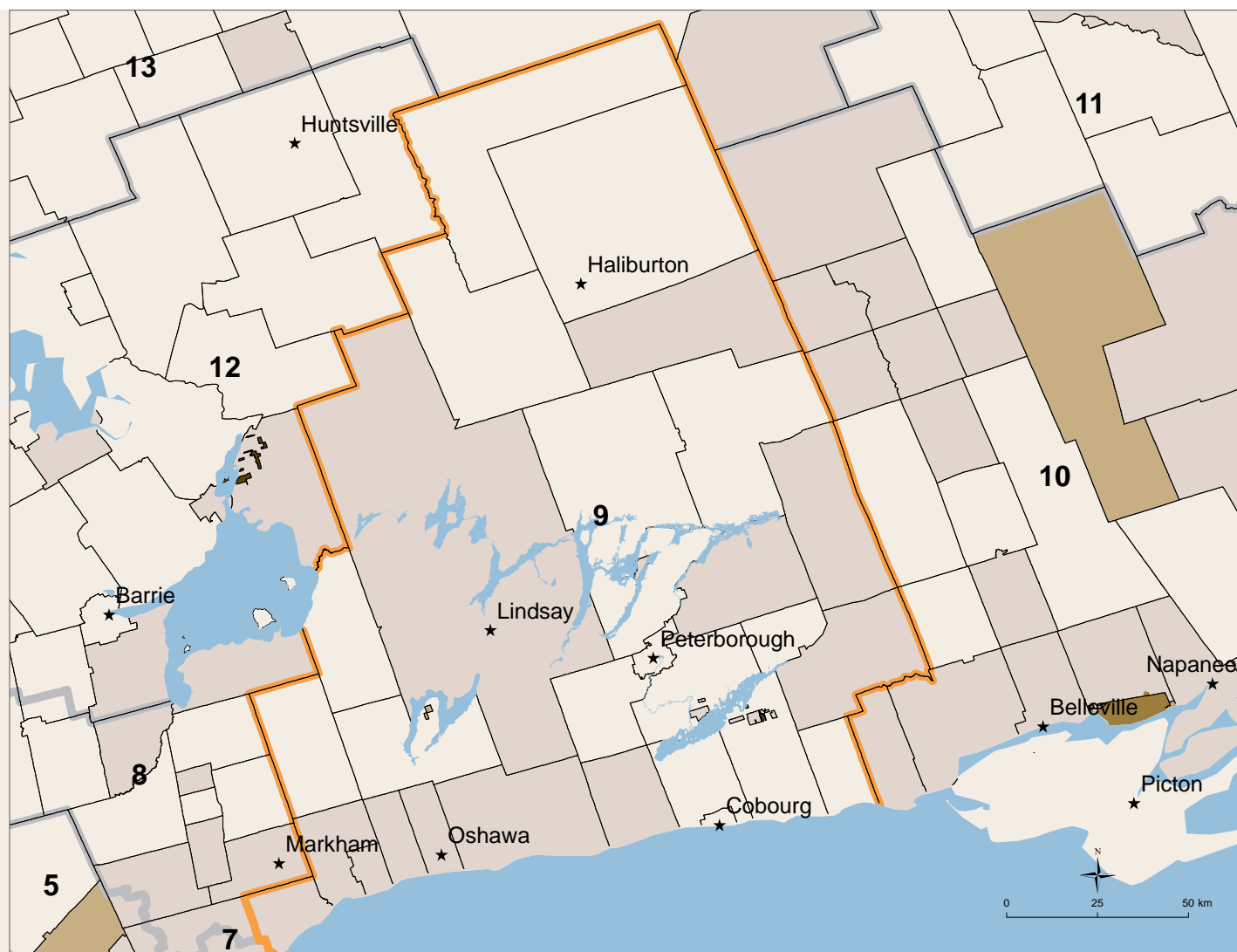
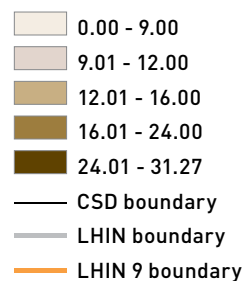
Technical note: Visible minorities include persons other than Aboriginal peoples who are non-Caucasian in race or non-white in colour.

**EXHIBIT 9.12**

Diabetes prevalence per 100 adults in the Central East LHIN (9), by census subdivision, on March 31, 2011

**KEY FINDING**

- In all census subdivisions in the Central East LHIN, the number of adults per 100 living with diabetes was in a range similar to the LHIN average (10.80 per 100) and the provincial average (9.64 per 100).

**PREVALENCE PER 100 ADULTS**

Data sources: Ontario Diabetes Database; Registered Persons Database.

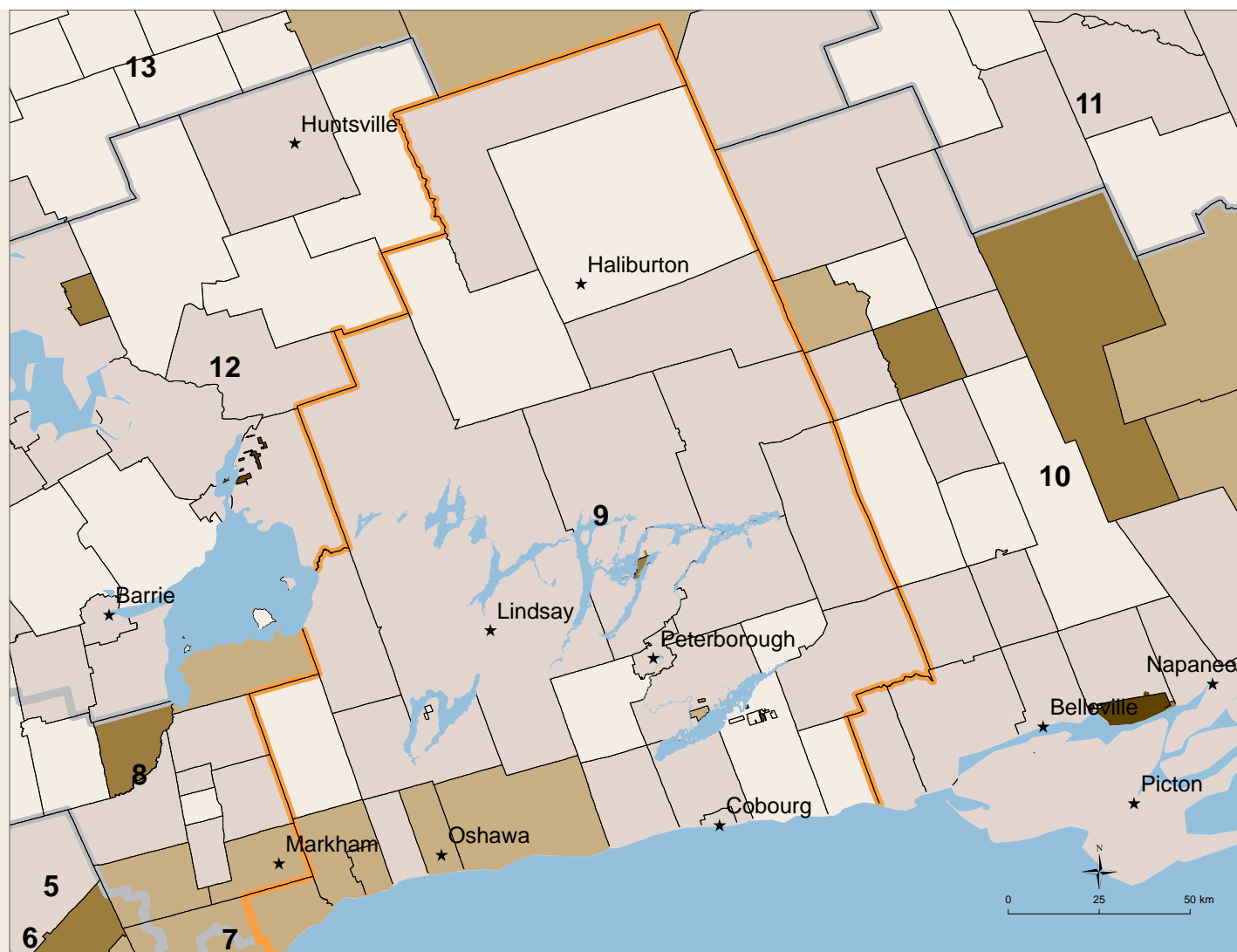
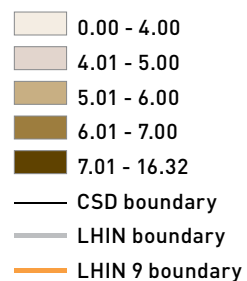
Technical note: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the 2001 Ontario population of the same age as the standard population.

**EXHIBIT 9.13**

Diabetes incidence per 100 adults in the Central East LHIN (9), by census subdivision, 2005/06–2009/10

**KEY FINDINGS**

- Across all census subdivisions (CSDs) in the Central East LHIN, the incidence of diabetes in adults over the five-year period between April 2005 and March 2010 was similar to the LHIN average (5.39 per 100) and the provincial average (4.85 per 100).
- Higher rates were seen in a number of larger centres in the southwestern part of the LHIN, stretching from Scarborough to Clarington, and in several of the LHIN's First Nations communities located north and south of Peterborough.

**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.

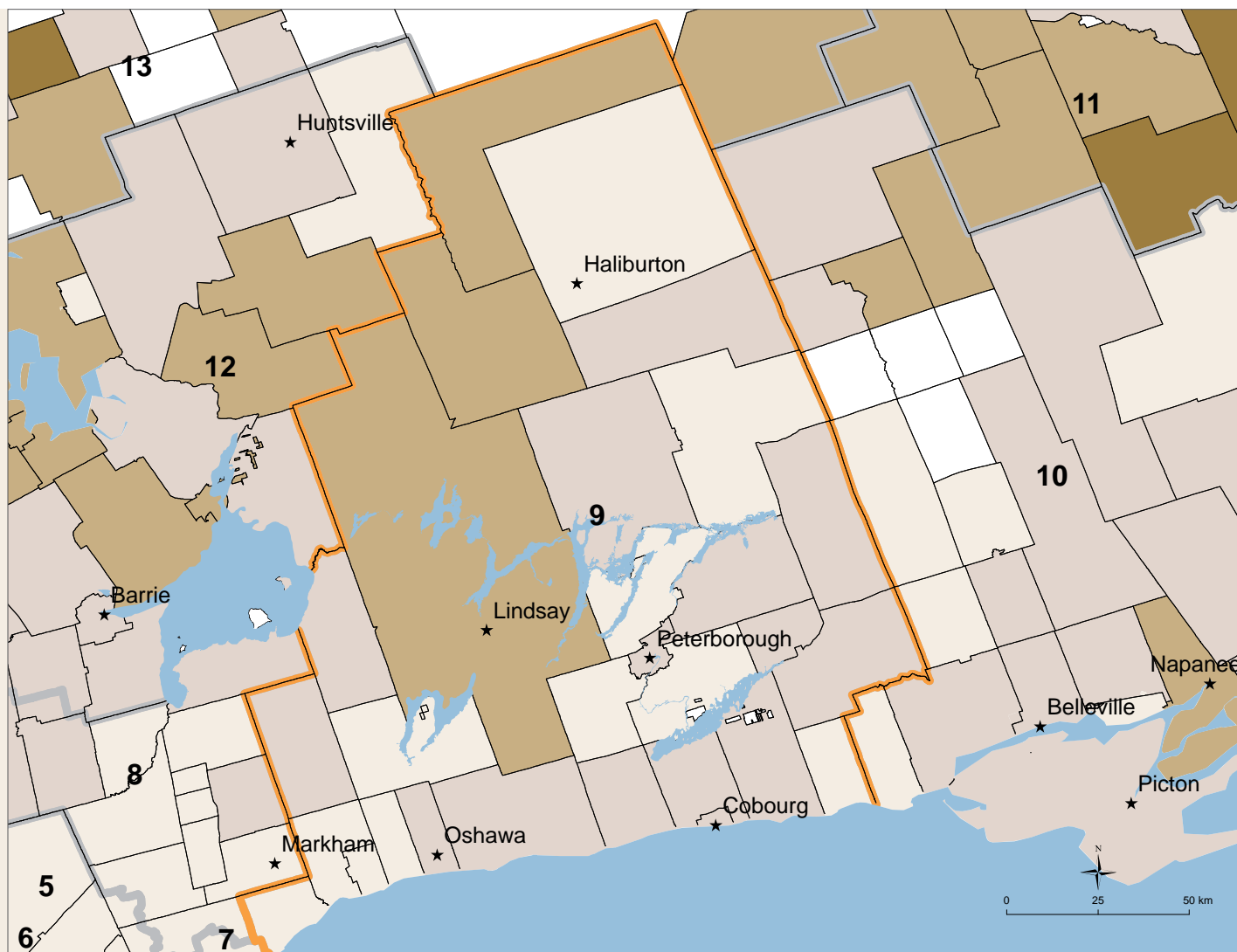
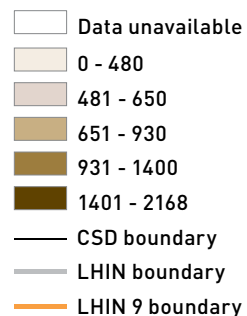


**EXHIBIT 9.14**

Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for hyper- or hypoglycemia in the Central East LHIN (9), by census subdivision, 2006/07–2010/11

**KEY FINDINGS**

- In most census subdivisions (CSDs), rates of hospitalizations or emergency department (ED) visits for hyper- or hypoglycemia were similar to the LHIN average (434 per 10,000 adults with diabetes) and the provincial average (486 per 10,000).
- Higher rates of hospitalizations/ED visits were found in three largely rural CSDs, located in the central and northern areas 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 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.

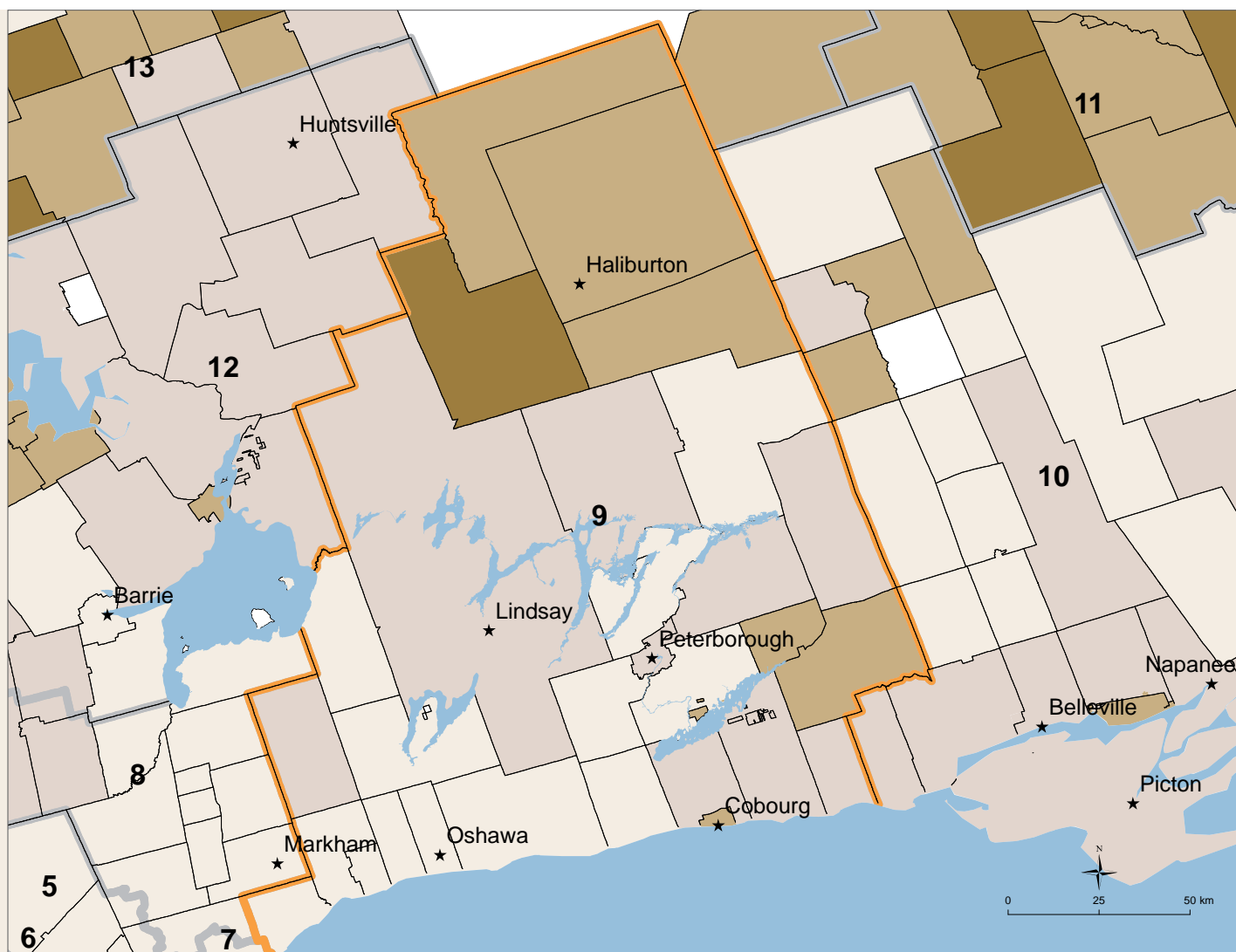
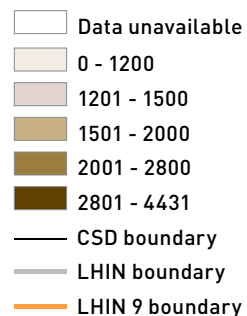
## EXHIBIT 9.15

Number, per 10,000 adults with diabetes, who had at least one hospitalization or emergency department visit for any acute complication in the Central East LHIN (9), by census subdivision, 2006/07–2010/11

### KEY FINDINGS

- Between 2006/07 and 2010/11, rates of hospitalizations or emergency department visits for acute complications of diabetes in the majority of census subdivisions (CSDs) were in the same range as the LHIN average (883 per 10,000) and the provincial average (1,029 per 10,000 adults with diabetes).
- Higher rates were seen in several predominantly rural CSDs in the northern and southeastern parts 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.

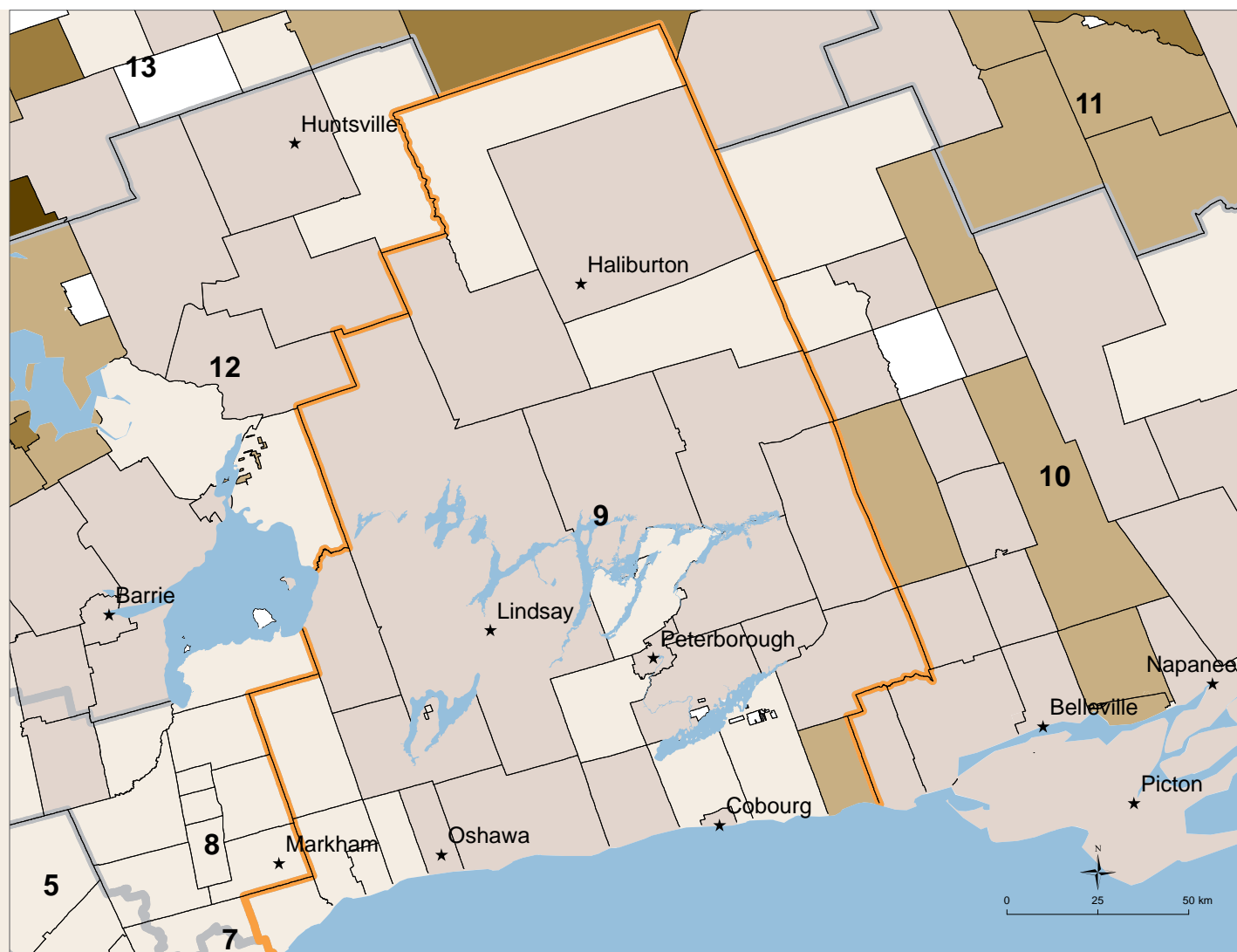
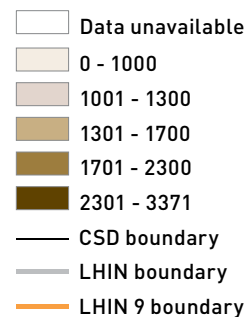
Technical notes: Adults were defined as those aged 20 years and older. Rates were age- and sex-standardized using the same-aged population in the Ontario Diabetes Database on March 31, 2006 as the standard population. Acute complications consisted of hyper- or hypoglycemia, skin and soft tissue infection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

**EXHIBIT 9.16**

**Number, per 10,000 adults with diabetes, who had any chronic complication in the Central East LHIN (9), by census subdivision, 2006/07–2010/11**

**KEY FINDINGS**

- Between 2006/07 and 2010/11, rates of chronic complications in all census subdivisions were in the same range as the LHIN average (921 per 10,000) and the provincial average (1,016 per 10,000 adults with diabetes).
- The highest rate of chronic complications was seen in one largely rural area in the southeastern 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 9.17**

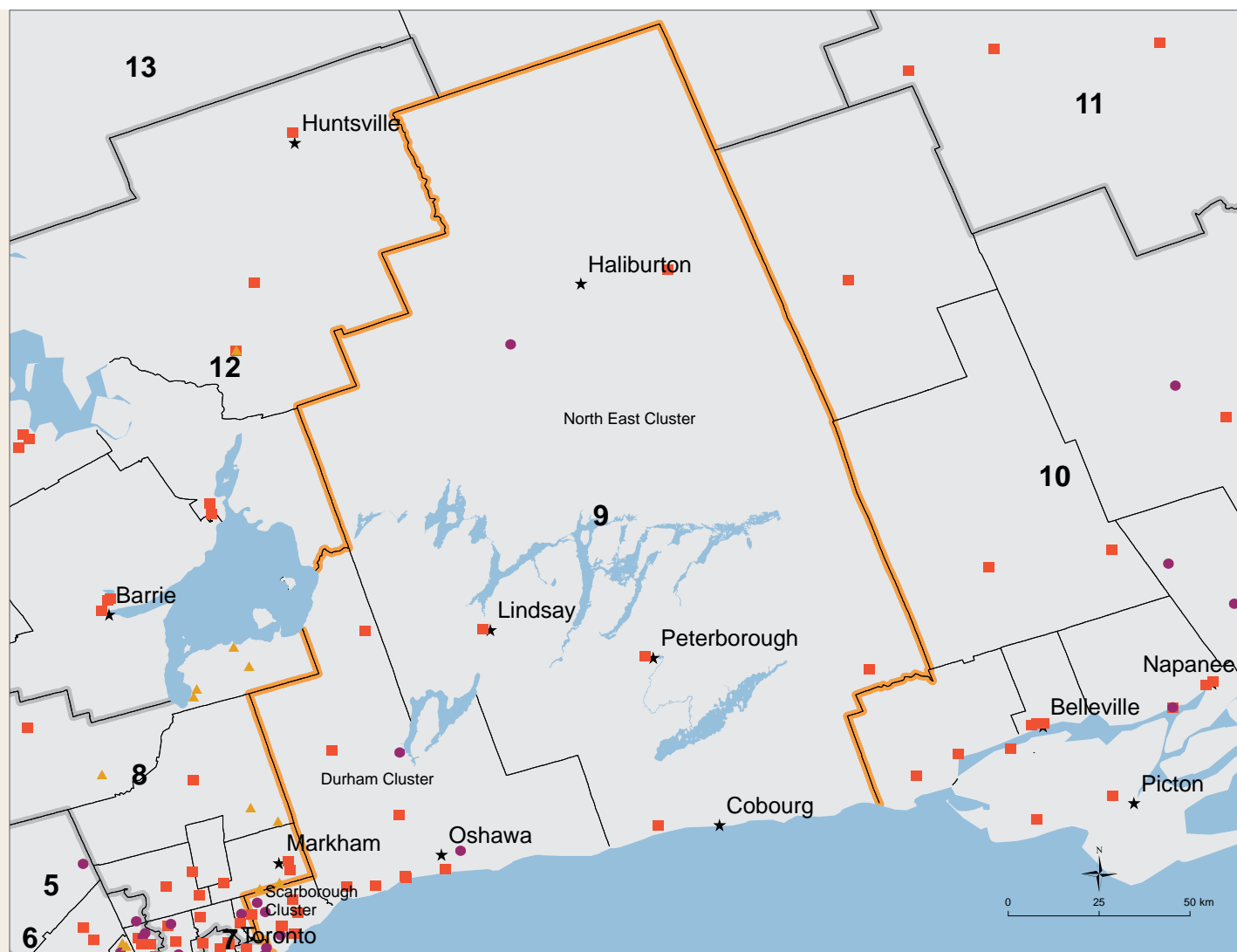
Locations of diabetes education programs in the Central East LHIN (9), by subLHIN, 2011

**KEY FINDINGS**

- Main diabetes education programs were generally located in or near major urban centres. There was a cluster of such programs in the southwestern part of the LHIN.
- Diabetes program satellites were also concentrated in the southwestern part of the LHIN. Only one program satellite was located in the North East Cluster subLHIN.
- There were no outreach program locations in the Central East LHIN.

**TYPE OF PROGRAM**

- Main program
- Program satellite
- ▲ Outreach program
- subLHIN boundary
- LHIN boundary
- LHIN 9 boundary



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 9.18**

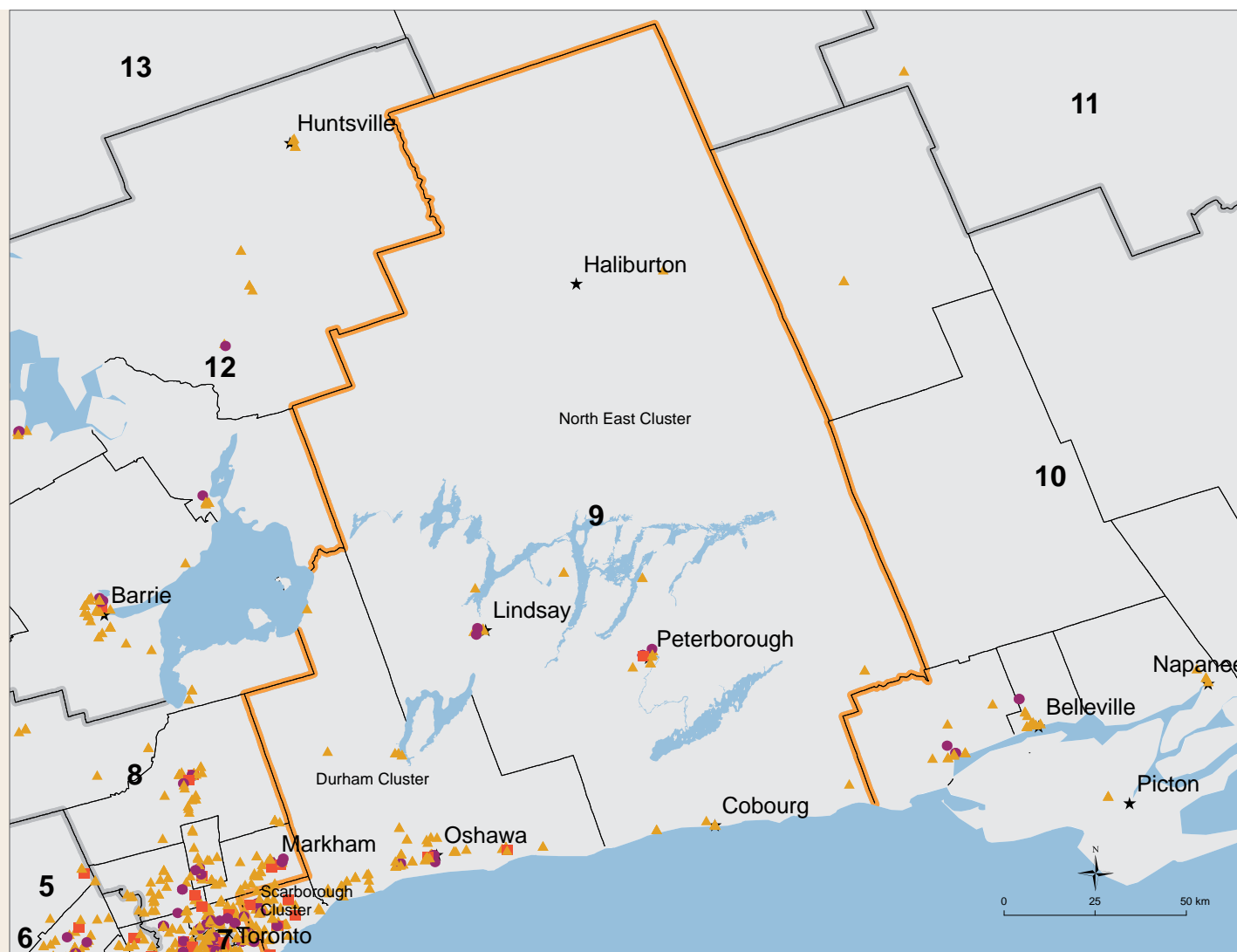
Locations of endocrinologists and eye specialists in the Central East LHIN (9), by subLHIN, 2010/11

**KEY FINDINGS**

- Endocrinologists and eye specialists (ophthalmologists and optometrists) were generally clustered in or near major urban areas, with the majority of locations in the southwestern part of the LHIN. Only one endocrinology practice was located in North East Cluster in the Peterborough area.
- Optometrists were the most numerous among the specialists shown on this map. Optometrists were also scattered more widely across the LHIN compared with endocrinologists and ophthalmologists.

**TYPE OF SPECIALIST**

- Endocrinologist
- Ophthalmologist
- ▲ Optometrist
- subLHIN boundary
- LHIN boundary
- LHIN 9 boundary



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.