Mississauga Ontario Health Team Population Health Data Report

Data Overview Report Summary

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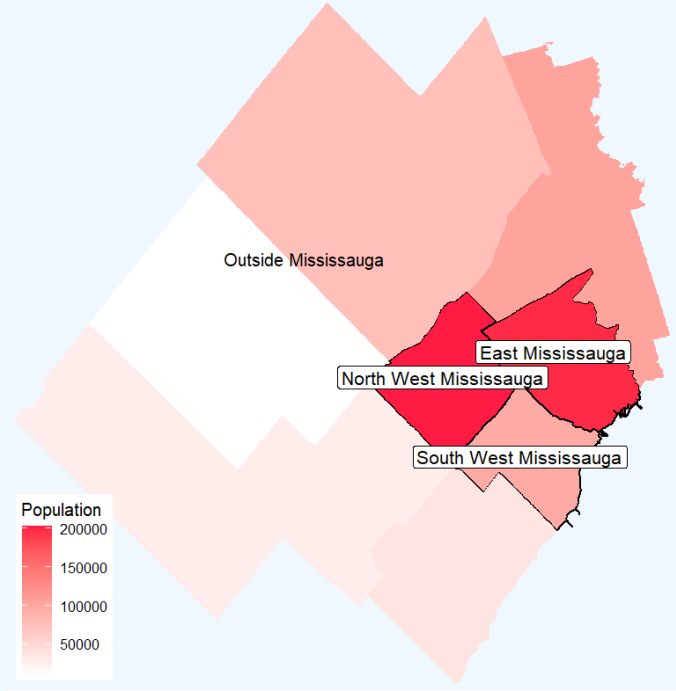
The Mississauga Ontario Health Team (M-OHT) was created in 2019 as part of a province-wide health system restructuring to provide better-connected care across the health system within a defined population. A comprehensive analysis of the population served by the M-OHT is a critical first step to understanding needs and health care use and serves as a baseline for ongoing planning and evaluation.

Overview

The report compiles available national and provincial data to give a snapshot of the M-OHT population's characteristics. This data report aims to establish baseline knowledge and demonstrate the range of data holdings used to support population health management in the M-OHT. This report is intentionally general in scope to be comprehensive as a baseline report. We anticipate future reports to dive deeper and more precisely into the data to inform care provision and health systems planning around particular issues. This report also provides a high-level overview of the health of individuals in the M-OHT population at the time of analysis who were alive in the 2018 fiscal year (before COVID-19), using available data from 2018 and previous years.

Firstly, the report details the M-OHT in terms of socio-demographics and self-reported health characteristics. Secondly, the most common health conditions in the M-OHT (by region, age, immigrant status, and SES). Lastly, available information on healthcare utilization and system resources are presented. Each chapter comprises a series of figures and descriptions to summarize data and a chapter summary to tie findings together. Our findings can be used to support priority efforts for the M-OHT, including efforts aimed at prevention, care coordination, integrated care within and across sectors, and reducing health inequities.

Figure 2.1.1 Place of residence for individuals in the M-OHT population.



Note: only neighbouring Mississauga sub-regions are shown; those in the M-OHT that live Outside Mississauga extend beyond this map.

Population

In line with the OHT model of integrated care, the M-OHT is responsible for the care of patients who receive most of their healthcare in Mississauga. Thus, the M-OHT population includes both individuals who live in and outside of the city of Mississauga. To illustrate where the population resides, this report uses sub-regions including East Mississauga, North West Mississauga, South West Mississauga, and Outside Mississauga (see **Figure 2.1.1**).

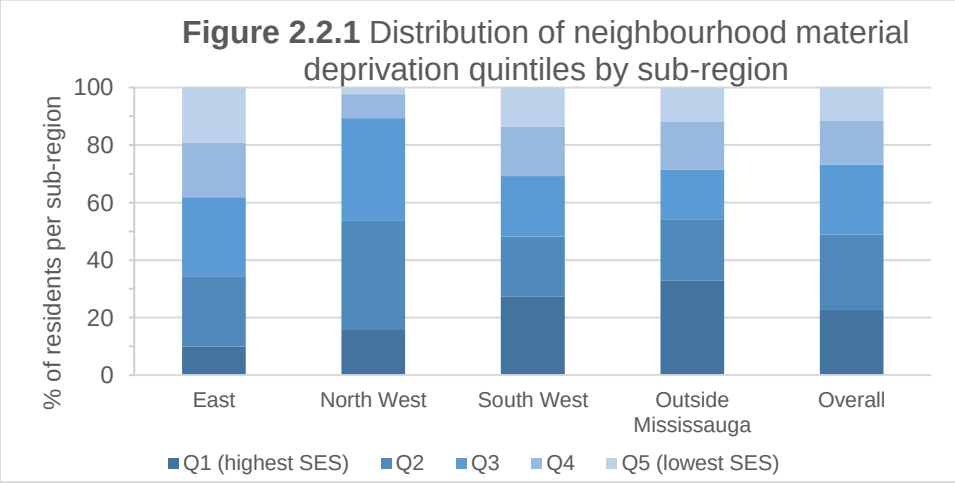
Highlight of Findings

- Most of the attributed M-OHT population are in the 20-64 age group (see **Table 2.1.1** below). Overall, 27% live in low SES neighbourhoods (see **Figure 2.2.1** below), 8% report being food insecure, and chronic disease risk factors (e.g., smoking) vary significantly across the region (*see chapter 2.3 in full report for details*).

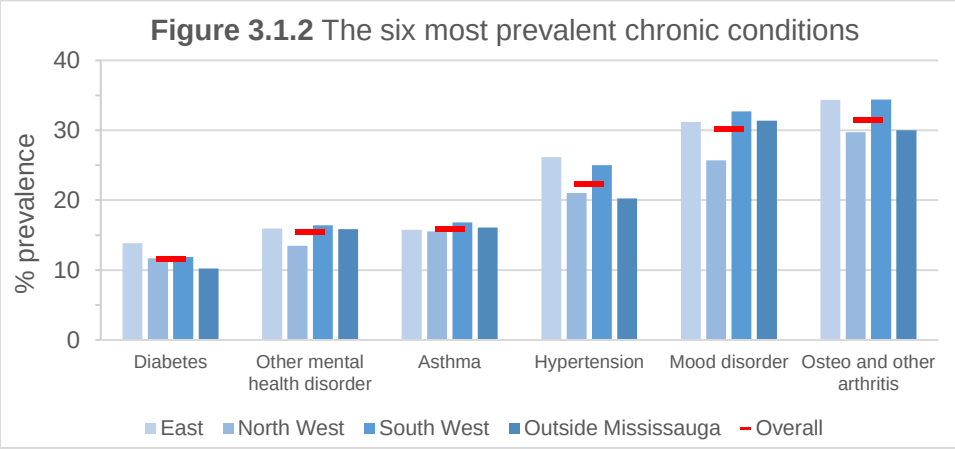
Table 2.1.1 Percentage of the attributed M-OHT population by age, sex, sub-region.

		East Mississauga (N=197,488) **%**	**North West Mississauga** (N= 202,689) **%**	**South West Mississauga** (N=96,160) **%**	**Outside Mississauga** (N=363,055) **%**	**Mississauga Overall** (N=859,392) **%**
Sex	Female	52.6	51.7	52.0	50.8	51.6
	Male	47.4	48.3	48.0	49.2	48.4
Age	0-19	20.4	24.7	20.7	20.9	21.7
	20-44	30.4	31.2	28.9	37.6	33.5
	45-64	29.0	31.1	30.2	27.9	29.2
	65-74	10.9	7.8	11.5	8.1	9.0
	75+	9.2	5.2	8.7	5.5	6.6

Source: 2016 Census



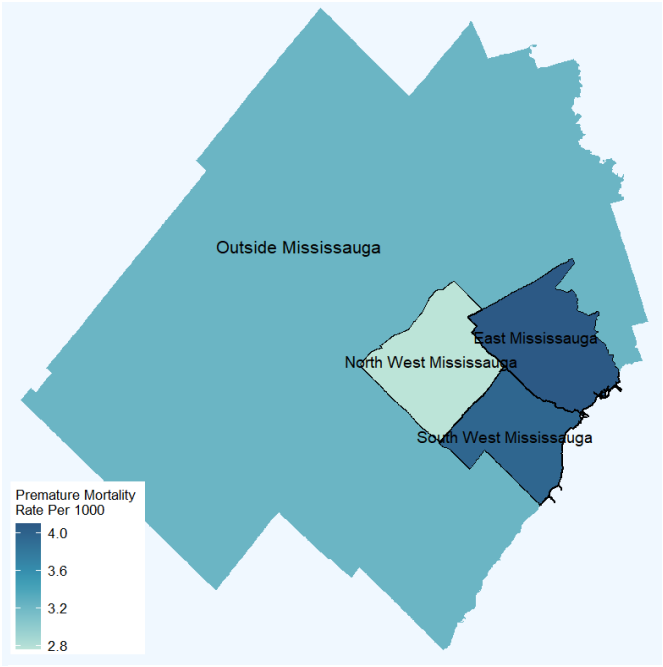
- The six most common health conditions in the M-OHT (highest to lowest) are osteo- and other arthritis, mood disorder, hypertension, asthma, other mental health disorder, and diabetes (see **Figure 3.1.2** below).



- Aside from asthma, the prevalence of these conditions increases with age, and there are socioeconomic status (SES) gradients for all health conditions (i.e., low SES neighbourhoods have higher proportions of individuals with chronic disease) (*see chapter 3 in full report for details*).
- For healthcare utilization in the 2018 fiscal year, most individuals in the M-OHT used low-cost health services, while a small number of individuals accounted for a large amount of health care system costs. Sub-regional (i.e. geographic) differences in the M-OHT were also evident in our findings and described in the full report in detail (*see chapter 4*).

- Premature mortality, a robust indicator of overall population health, varied across the M-OHT and by SES (see **Figure 3.3.1** below for distribution across sub-regions).

Figure 3.3.1 Premature mortality rate by sub-region



Note: Outside Mississauga extends beyond this map.

Conclusion

These findings can aid health planning by sub-region; however, it is important to note that this report does not exhaustively cover all sub-groups and neighbourhoods. Patterns between different variables were not necessarily reflected in each sub-region; thus, it is likely that there are additional place-based or sub-regional factors to account for in future efforts to characterize the M-OHT. A more detailed neighbourhood-level analysis is an important next step planned for by the M-OHT. The next steps building from this report include:

- Determining which intersections of data need a deeper dive in the future to help inform decisions.
- Planning how self-reported and social experience data should be used to inform health policies and decisions.
- Articulating areas of importance that current data do not allow for and creating processes and partnerships to collect and use such data.
- Identify and support sector(s) currently lacking common data collection capacity who serve M-OHT priority populations as health system partners.