

Information About TCHPP Geographies – Definitions, notes and historical context

Neighbourhoods

Neighbourhoods are the most common and smallest geographic level used on the Toronto Community Health Profiles Partnership website. The City of Toronto 140 neighbourhoods were created by the Social Policy Analysis and Research unit in the City's Social Development & Administration Division with assistance from Toronto Public Health. Neighbourhoods were created by aggregating Statistics Canada Census Tracts (CTs) into meaningful geographic units for planning and service delivery with an average population of 7,000-10,000 people. For more information on how neighbourhoods were created, please go to:

<http://www.toronto.ca/demographics/neighbourhoods.htm>

Local Health Integration Networks (LHINs)

Excerpts from section “About LHINs” of the web site: <http://www.lhins.on.ca>:

What are LHINs?

Created by the Ontario government in March 2006, [the LHINs] are 14 not-for-profit corporations who work with local health providers and community members to determine the health service priorities of our regions. As Local Health Integration Networks (LHINs), [they] plan, integrate and fund local health services, including:

- *Hospitals*
- *Community Care Access Centres*
- *Community Support Services*
- *Long-term Care*
- *Mental Health and Addictions Services*
- *Community Health Centres.*

The purpose of the LHINs was to allow the community's health needs and priorities to be addressed at a local level, and not by a centralized body likely located in offices outside of the community.

SubLHINs

Excerpts from Power Point presentation that accompanied the May 18, 2010 release of subLHINs v. 9, produced by Health Analytics Branch, Ministry of Health and Long-term Care. Title: "Introducing SubLHIN Version 9.0 Geographic and analytical perspectives Health Analytics Branch, HSI MI":

SubLHINs are geographic areas below the scale of LHINs. They are defined by the individual LHINs for their local planning purposes.

What subLHINs are (and aren't)

LHIN boundaries embedded in legislation, but subLHINs are subject to change at a LHIN's discretion.

SubLHINs are not a consistently-defined set of comparable analytical geographic units.

The number of subLHIN areas, the population and the geographic area of subLHINs varies substantially across subLHIN areas and between LHINs.

Health Analytics Branch's role is not to define the subLHINs, but to work with LHINs to produce provincial-level boundaries and crosswalks.

Primary and Secondary SubLHINs

- *Primary: 'highest' level of subLHIN geography and encompass larger areas.*
- *Secondary: more detailed. In all three LHINs where secondary subLHINs have been defined, these areas nest inside of the larger primary subLHINs.*
 - *Where possible the secondary subLHINs should be used as the 'default' subLHINs, with the primary reserved for conditions where data are unavailable or not stable using the secondary definitions.*

Health Links

Street Boundaries for Health Links: The Health Links were derived using Census Tracts and do not align exactly to the Toronto Streets. For more information on how Health Links were created, please go to:

<http://www.health.gov.on.ca/en/pro/programs/transformation/community.aspx>

Community Planning Areas (CPAs)

In some cases neighbourhood-level data is not available (particularly for rare events or when relying on small samples or surveys), however subLHINs are too large an area for effective planning at the local level. In order to allow for data dissemination in these scenarios, the CPAs were created and nested within the subLHINs (for the Toronto Health Profiles website, for health planners and for TC LHIN by Dianne Patychuk). The CPAs replace the former minor planning areas (MPAs) that we set up and previously used for health indicators on the health profiles website. The CPAs are primarily adjacent neighbourhoods that are similar and work when neighbourhoods are too small and subLHINs are too big. All the health indicators and socio-demographic indicators on the health profiles website have been calculated for CPAs, as well as neighbourhoods and subLHINs. Some organizations will sum or cluster CPAs, to get their catchment areas when subLHINs are not a good fit. Toronto Public Health also uses the CPAs to generate stable estimates for some health indicators (where they previously used the Minor PAs) that require a larger population than is available at the neighbourhood level (e.g. sexual transmitted diseases or the seniors at home project that required age-specific analyses). They are also useful for health indicators that would otherwise require multiple years of data, when at the CPA often a single year of data can be used when looking at trends. Also for some planning (e.g. language services and translation) the CPAs (like the former Minor PAs) are the appropriate geographic unit to use. For some planning at TC LHIN using 70 neighbourhoods is too unruly and hard to manage. It's easier to communicate with fewer numbers of geographic areas (i.e. CPAs). The CPAs aggregate up to Sublins.

The 140 neighbourhoods were initially called community planning areas, but this was later dropped. They no longer use the term community planning areas to describe the neighbourhoods, though some people occasionally refer to them as "social planning neighbourhoods".