

For Immediate Release

Northern Policy Institute releases briefing note on Northern Ontario's Health Policy Agenda

June 30, 2015, Thunder Bay, ON – Compared to provincial averages, people living in Northern Ontario continue to experience disproportionate rates of ill-health. A new briefing note released by Northern Policy Institute examines the root causes contributing to high rates of ill-health in Northern Ontario and identifies the top three health priorities for the region. The briefing note, **Access to Care for All Northern Ontarians as a Means to Optimizing Health**, was prepared by Emily Donato and John MacDonald of the School of Rural and Northern Health at Laurentian University.

According to Donato and MacDonald, the Ontario Ministry of Health and Long Term Care (MOHLTC) reports that residents of Northern Ontario are 26 percent more likely to experience premature death, creating lower life expectancies for men and women across the region. There are also higher rates of cardiovascular and circulatory diseases such as strokes, cancer, neurocognitive disease, and less access to a regular physician.

“Considering the national and provincial priorities, and the unique patient demographics of Northern Ontario, the three main Northern health priorities for the next three to five years should be: First Nations’ health, seniors’ health, and mental health and addiction disorders.”

Some of the causes of disproportionate rates of ill-health in Northern Ontario as outlined in the briefing note include:

- First Nations populations experience 16 times the provincial rate of infant mortality.
- First Nations populations also experience disproportionate mortality rates due to injury and suicide.
- First Nations populations have higher rates of Type II diabetes, Tuberculosis, HIV, and other infectious diseases.
- A growing senior population means higher rates of neurocognitive diseases (NCD), such as dementia.
- Increasing rates of NCD’s also increases the rates of other mental health illnesses, such as depression, anxiety, isolation, as well as falls and injuries.
- Approximately 1 in 5 Ontarians experience a mental health or addictions problem each year.
- It is estimated that mental illness and addictions costs the province \$51 billion annually.
- One in three patients requiring treatment for mental health or addiction problems report that their needs are not met.

The authors conclude that healthcare resources and access should focus on the unique patient populations in the north, including First Nations’ care, seniors’ care, and mental health and addictions care.

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“Although the three areas identified have unique circumstances, access to timely and appropriate care, inclusive of cultural background and the developmental lifespan of Northern Ontario, requires immediate attention given the complex needs of the entire population.”

This is the third briefing note in a three part series examining health care priorities in Northern Ontario. The first briefing note, **Setting Priorities for Northern Ontario’s Health Policy Agenda**, was published on March 5, 2015 and the second, **Northern Ontario Health Care Priorities: Access to Culturally Appropriate Care for Physical and Mental Health**, was published on June 23, 2015. To read the full briefing notes on setting priorities for Northern Ontario’s health policy agenda, visit www.northernpolicy.ca.

Media Interviews: Northern Policy Institute President and CEO, Charles Cirtwill, is available for comment. To arrange an interview, please contact:

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About Northern Policy Institute:

Northern Policy Institute is Northern Ontario’s independent think tank. We perform research, collect and disseminate evidence, and identify policy opportunities to support the growth of sustainable Northern Communities. Our Operations are located in Thunder Bay and Sudbury. We seek to enhance Northern Ontario’s capacity to take the lead position on socio-economic policy that impacts Northern Ontario, Ontario, and Canada as a whole.

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