

**Submission Id:** 3932

**Title**

*Mapping of primary care and health care utilization in naturally occurring retirement communities: Ontario, Canada*

**Priority 1 (Research Category)**

Population health and epidemiology

**Presenters**

Eliot Frymire, MA, BEd, Vincent DePaul, Peter Gozdyra, MA, Paul Nguyen, PhD, Catherine Donnelly, PhD

**Abstract**

Context: Naturally occurring retirement communities (NORCs) are unplanned communities with a high proportion of older residents. Mapping NORCs and understanding their unique sociodemographic characteristics and health utilization patterns can assist primary care teams in supporting older adults by: i) identifying geographical areas of high service need and, ii) developing neighborhood based programs.

**Study Design and Analysis**

Observational Design: Descriptive analysis identifying proportions of communities in the province of Ontario, Canada with  $\geq 40\%$  of persons with  $\geq 55$  years of age (NORCs) and the sociodemographic characteristics (e.g., Ontario Marginalization Index), health utilization and primary care enrollment models were displayed in a series of maps. Maps offered a visual presentation of provincial patterns of high density of older adults. The forward sortation areas, geographical units based on the first 3 characters of the Canadian postal code, from the 2016 census year were used.

Dataset: Linked administrative data at ICES, an independent, non-profit research institute that routinely collects sociodemographic and healthcare information for the residents in Ontario, Canada.

Population: All resident of Ontario  $\geq 55$  years of age as of March 31, 2021 (N=4,663,813).

Intervention/Instrument: Maps to depict the distribution of NORCs and the patterns of health.

Outcome Measure: Geographical patterns of NORCs in Ontario, Canada.

Results: The regional distribution of NORCs varies across the province, with a greater number of NORCs identified in the Eastern and Northern regions of Ontario. The majority of NORCs had high proportion of older adults enrolled in team based models of primary care. Patterns of health use and frailty varied across the province.

Conclusions: This is the first known study to map health use and primary care enrollment in NORCs in a province and highlights the complex and varied patterns of regional distribution. Mapping NORCs is an important resource for decision makers and planners to leverage primary care in supporting older adults to age in their communities.