



Occupational Therapists in Canada, 2019

Methodology Notes



Canadian Institute
for Health Information

Institut canadien
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About CIHI's occupational therapist data

Collecting and reporting health workforce data assists decision-makers in the planning and distribution of health care providers. Since 2006, the Canadian Institute for Health Information (CIHI) has collected data on the supply, distribution and practice characteristics of occupational therapists in Canada.

The following occupational therapist companion products are available on [CIHI's website](#):

- *Occupational Therapists in Canada, 2019 — Data Tables* (XLSX)
- *Occupational therapists (OTs): Supply, percentage change and rate per 100,000 population, Canada, 2019* (map)

Other health workforce products are also available on [CIHI's website](#):

- *Physiotherapists in Canada, 2019 — Data Tables* (XLSX)
- *Physiotherapists in Canada, 2019 — Methodology Notes* (PDF)
- *Physiotherapists (PTs): Supply, percentage change and rate per 100,000 population, Canada, 2019* (map)
- *Pharmacists in Canada, 2019 — Data Tables* (XLSX)
- *Pharmacists in Canada, 2019 — Methodology Notes* (PDF)
- *Pharmacists (PTs): Supply, percentage change and rate per 100,000 population, Canada, 2019* (map)
- *CIHI's Nursing Product Guide* (PDF)
- *Nursing in Canada, 2019: A Lens on Supply and Workforce* (PDF)
- *A profile of nursing in Canada, 2019* (infographic)
- *Nursing in Canada, 2019 — Chartbook* (PPTX)
- *Nursing in Canada, 2019 — Data Tables* (XLSX)
- *Nursing in Canada, 2019 — Methodology Notes* (PDF)
- *Health Workforce in Canada, 2019 — Quick Stats* (XLSX)
- *Canada's Health Care Providers, 2014 to 2018 — Data Tables* (XLSX)
- *Canada's Health Care Providers, 2014 to 2018 — Methodology Notes* (PDF)
- *Physicians in Canada, 2018* (PDF)
- *Supply, Distribution and Migration of Physicians in Canada, 2019* (data tables, methodology notes)

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About this document

This document summarizes the basic concepts, underlying methodologies, strengths and limitations of the data. It provides a better understanding of the health workforce information presented in our analytical products and the ways in which it can be effectively used. This information is particularly important when making comparisons with other data sources and when looking at trends over time.

Data availability

Occupational therapists (OTs) are regulated health care providers who promote health, well-being and quality of life by enabling individuals, families, organizations and communities to participate in occupations that give meaning and purpose to their lives. “Occupational therapy is a type of health care that helps to solve the problems that interfere with a person’s ability to do the things that are important to them”¹ — everyday things such as caring for yourself, being productive and enjoying leisure activities. OTs contribute to the productivity of Canadians through client-centred care.

To practise as an OT in a Canadian province, annual registration with the appropriate provincial regulatory authority is mandatory, requiring the completion of a registration form. In the territories — where occupational therapy is not regulated — OTs can register with the national association, the Canadian Association of Occupational Therapists (CAOT). Some employers require registration with a provincial regulatory body.

Data collection

The annual registration form that an applicant completes is the property of the provincial regulatory authority. In the territories, where there is no regulatory body, OTs often register with the CAOT. Through an agreement with CIHI, provincial regulatory authorities and the CAOT submit a set of standardized data to CIHI, collected using the registration forms. The information collected pertains to demographic, education, training and employment characteristics.

CIHI and the organizations submitting data jointly review and scrutinize the submitted data. Once CIHI and the data providers approve the final data, it is ready for analysis and reporting.

Statistics reported by CIHI may differ from those reported by others, even though the source of the data (i.e., annual registration forms) is the same. Variances may be attributed to differences in the population of reference, the collection period and/or CIHI's data exclusion criteria and editing and processing methodologies.

Population of interest

The population of interest includes all OTs who submit an active registration form in a Canadian province or territory.

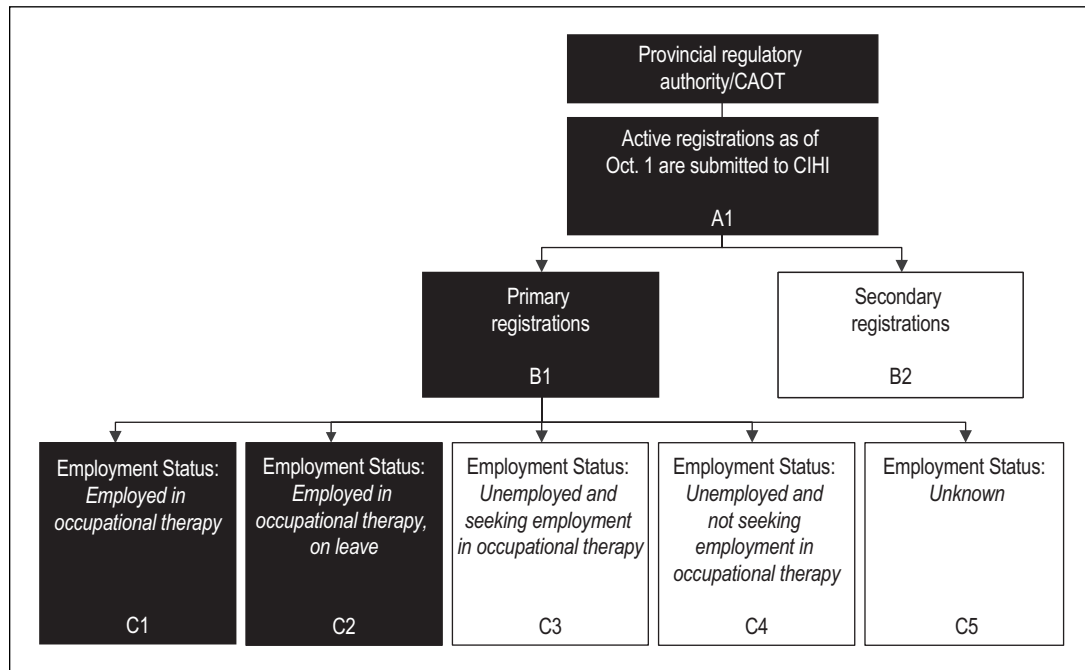
To better ensure timeliness, CIHI collects data prior to the end of the registration period, which varies among jurisdictions. For OTs, a cut-off date for data collection was established through consultation with the data providers and reflects a point in time when the majority of the registrations have been received for the registration period.

Defining the workforce

It is important to note the difference between the terms “supply” and “workforce.” *Supply* refers to all registrants who were eligible to practise in the given year (including those employed and those not employed at the time of registration). Note that inactive registrants and secondary registrants are excluded from the supply. *Workforce* refers to only those registrants who were employed in the profession at the time of annual registration, including those on leave who submit an active registration.

The figure below helps to illustrate how we define the OT workforce.

Figure Tracking regulatory authority data to CIHI:
The OT workforce



Note

CAOT: Canadian Association of Occupational Therapists.

The total number of registrations submitted to an occupational therapy regulatory authority is composed of both active and inactive registration types. Of all the registrations received by the occupational therapy regulatory authority, only those that are active as of October 1 are submitted to CIHI (Box A1 in the figure above).

There are 2 types of active registrations:

- Primary registrations (Box B1) are those where the province of registration reflects the registrant's primary jurisdiction of practice.
- Secondary registrations (Box B2) represent OTs who work in more than one jurisdiction concurrently and are registered by the proper authorities. This prevents the double-counting of some OTs who register in more than one jurisdiction. The methodology that identifies primary and secondary registrations is explained in detail in the [Data quality](#) section of this report.

CIHI workforce statistics include only primary registrations where registrants explicitly state their employment status in occupational therapy via one of the following data element values: *employed in occupational therapy* (Box C1) or *employed in occupational therapy, on leave* (Box C2). OTs who are employed outside of occupational therapy, who are unemployed or whose employment status is unknown are excluded from workforce statistics (the corresponding data element values are *unemployed and seeking employment in occupational therapy*, Box C3; *unemployed and not seeking employment in occupational therapy*, Box C4; and *unknown*, Box C5).

Data quality

Under- and over-coverage

There are a few potential sources of under-coverage:

- **Registration period versus data collection period:** While setting cut-off dates enables CIHI to release more timely data, OTs who register between the cut-off date and the end of the registration period are not included in the Health Workforce Database (HWDB).
- **First-time registrants:** These include new graduates as well as OTs who are registering in a province or territory for the first time. Information on first-time registrants has varied across provinces and territories and over time, which has resulted in cases of under-coverage.
- **Voluntary registration data:** In the territories, where there is no regulatory body for OTs, the CAOT submits membership registration data to CIHI. Membership registration with a national association is often voluntary; data received from the CAOT is therefore under-covered.

There are a few potential sources of over-coverage:

- **Duplicate and out-of-scope records:** Over-coverage occurs when duplicate records appear in the HWDB or when out-of-scope records (i.e., inactive registrants) are included.
- **OTs on leave:** OTs who are employed in their profession and on leave are included in the population of interest. At the time of registration, these OTs may state that they are employed in their profession but are taking leave during some of the rest of the registration period. Examples of leave are maternity and paternity leave, family leave, education leave and leave for short-term illness or injury. While potential over-coverage may exist, the assumption is that OTs on temporary leave who register as being employed in their profession and who provide full employment information (when possible) intend to return to that position when the temporary leave ends.
- **Secondary registrations:** OTs can choose to register simultaneously in multiple provinces and territories. In order to avoid double-counting these OTs, CIHI identifies registrations that do not reflect the primary province or territory of practice and excludes them when reporting supply or workforce information. These are known as secondary registrations. However, OTs who register in multiple provinces or territories and also work in more than one province or territory are included more than once in “Provinces/territories with available data” totals.

Terminology and general methodology

Throughout the HWDB products,

- *Health Workforce Database* (HWDB) refers to the database that stores both record-level and aggregate-level data collected on 30 groups of health care providers in Canada, including OTs.
- The term *primary employment* refers to employment with an employer or in a self-employed arrangement that is associated with the highest number of usual weekly hours of work. All workforce data and analyses represent primary employment statistics for the respective health care providers.
- The term *renewal* refers to the number of registrants who renewed their registration in the same province or territory as the one they were registered in the year before.

Average age

The average age of OTs in a given province or territory and/or in Canada is calculated based on the age of the individual OT, which is derived from the data elements Year of Birth and the Current Data Year for each record. Records with missing age are excluded from the calculation.

$$\text{Average age} = \frac{1}{n} \sum_{i=1}^n \text{Age}_i$$

Where

- i = Individual health care provider
- n = Total number of health care providers in a province or territory or in Canada

Occupational therapists employed in direct care

The term “employed in direct care” refers to only those registrants who provided services directly to clients. Direct care includes those whose Area of Practice focuses on the *neurological system, musculoskeletal system, cardiovascular and respiratory system* or *digestive/metabolic/endocrine system* or whose Area of Practice is in *mental health, general physical health, vocational rehabilitation, palliative care, health promotion and wellness* or *other area of direct service*.

Health regions and peer groups

Health regions are defined by the provincial and territorial governments and represent administrative bodies or areas of interest to health authorities.

The health region data presented in the *Occupational Therapists in Canada, 2019* analyses and products includes OTs who work in direct patient care and whose postal code is within the province or territory of analysis. Those employed in administration, education or research are excluded from the health region totals.

The postal code data and Statistics Canada's Postal Code Conversion File (PCCF) are used to assign health care providers to health regions. The Postal Code of Primary Employment is used to conduct this analysis. If the postal code is unknown or invalid, the health region cannot be determined.

In order to facilitate comparisons among health regions, Statistics Canada developed a methodology that groups health regions with similar socio-economic and socio-demographic characteristics; these are referred to as peer groups. The [health region peer groups defined by Statistics Canada](#) are based on the 2018 classification of peer groups and are presented in *Occupational Therapists in Canada, 2019 — Data Tables*.

Inflow and outflow

Changes in the OT supply reflect the number of registrants entering their profession (inflows) and the number leaving (outflows). Analyzing inflows and outflows provides better information about how the OT supply is changing over time.

The term *inflow* refers to the number of registrants entering the profession. Inflow occurs when an OT registers to practise in a province or territory in which the OT did not register the previous year. Inflow is calculated by dividing the number of new registrants — OTs who were not registered to practise occupational therapy in the same province or territory the year before — by the total number of registrants in the same year. Inflow can include new graduates, OTs who migrate in from other Canadian provinces or territories or foreign countries and those who return to the workforce after extended leave (such as for family responsibilities or further education).

The term *outflow* refers to the number of registrants leaving a specific province or territory. Outflow occurs when an OT fails to renew their registration in a province or territory the following year. Outflow is calculated by dividing the number of registrants who did not renew their licence to practise occupational therapy in the same province or territory by the total number of registrants in the same year. Outflow is influenced by a number of

factors, and these factors will change over time. For those OTs who are late in their careers, not renewing their registration may be a signal that they have retired. For OTs who are in the early stages of their careers, reasons for not renewing registration could include choosing an employment opportunity in another province, territory or country, leaving the profession, taking parental leave and fulfilling family responsibilities, or returning to school for additional education.

Population estimates and per 100,000 population counts

Using population estimates from Statistics Canada, rates per population can be calculated for health care providers. [Appendix B](#) includes Statistics Canada's population estimates by province and territory for 2010 to 2018.

Urban and rural/remote

A postal code analysis is performed to determine whether a health care provider is practising in an urban or a rural/remote setting.²⁻⁴ For OTs, the Postal Code of Primary Employment is used to conduct this analysis. If the postal code is unknown or invalid, the urban or rural/remote setting cannot be determined.

Using Statistics Canada's PCCF, postal codes are assigned to statistical area classifications (SACs) — urban or rural/remote. Urban areas are defined (in part) by Statistics Canada as communities with populations greater than 10,000 people; rural/remote is equated with communities outside the urban boundaries and is referred to as *rural and small town* (RST) by Statistics Canada.

RST communities are further subdivided by identifying the degree to which they are influenced in terms of social and economic integration with larger urban centres. Metropolitan influenced zone (MIZ) categories disaggregate the RST population into 4 subgroups: strong MIZ, moderate MIZ, weak MIZ and no MIZ.

Urban and rural/remote areas are classified as follows:

- Urban: SACtype = 1, 2, 3
- Rural/remote: SACtype = 4, 5, 6, 7, 8

Comparability

As part of the data submission process, the regulatory bodies submit to CIHI the changes that have been made to their data for inclusion in this publication. A review of this information is helpful when looking at trends over time and comparing provinces and territories.

All provinces and territories submitted OT data to CIHI in 2019.

International comparability

In an effort to improve the usability of Canada's health workforce statistics for international stakeholders, CIHI has developed a series of health workforce indicators grounded in the work of the World Health Organization's *National Health Workforce Accounts: A Handbook*.⁵ CIHI's release is focused on indicators identified in Module 1: Active health workforce stock.

The table below highlights the OT component of the 8 indicators included in CIHI's *Occupational Therapists in Canada, 2019* release, as well as variations in terminology for the data presented by CIHI. Please see CIHI's [Indicator Library](#) for the detailed methodology for each health workforce indicator.

Table CIHI-reported World Health Organization indicators

WHO indicator	Corresponding table in <i>Occupational Therapists in Canada, 2019 — Data Tables</i>
1 – 02: Density of active health workers per 1000 population, by cadre 1 – 03: Density of active health workers per 1000 population by cadre and at subnational level	Table 4: Occupational therapist workforce employed in direct care per 100,000 population, by jurisdiction, provinces/territories with available data, 2010 to 2019
1 – 04: Density of health workers per 1000 population, by cadre, by activity level (practising, professionally active, licensed to practice)	Table 5: Occupational therapist supply, by employment status, per 100,000 population, provinces/territories with available data, 2010 to 2019
1 – 05: Ratio between active and registered health workers, by cadre	Table 6: Ratio of occupational therapist workforce employed in direct care to supply, provinces/territories with available data, 2010 to 2019

WHO indicator	Corresponding table in <i>Occupational Therapists in Canada, 2019 — Data Tables</i>
1 – 07: Percentage of active health workers in different age groups, by cadre and sex	Table 7: Occupational therapist workforce employed in direct care, by age group, provinces/territories with available data, 2010 to 2019
1 – 09: Percentage of active foreign-trained health workers by place of birth (domestic/foreign) and by country of training	Table 8: Occupational therapist workforce employed in direct care, by top 10 countries of graduation, provinces/territories with available data, 2010 to 2019
1 – 11: Percentage of active health workers employed by facility type, by cadre	Table 9: Occupational therapist workforce employed in direct care, by place of work, provinces/territories with available data, 2010 to 2019
1 – 12: Density of active health workers in different regions (by regional typology, by cadre)	Table 10: Occupational therapist workforce employed in direct care, by health region and jurisdiction, provinces/territories with available data, 2010 to 2019
1 – 12: Density of active health workers in different regions (by regional typology, by cadre)	Table 11: Occupational therapist workforce employed in direct care per 100,000 population, by health region and jurisdiction, 2010 to 2019

Source

World Health Organization. [National Health Workforce Accounts: A Handbook](#). 2016.

Data limitations and considerations

Methodological and historical changes to the data have the potential to make it difficult to compare data across time. CIHI, in collaboration with the regulatory authorities, is continually striving to improve data quality; therefore, the following information should be considered when making historical comparisons and consulting previous CIHI publications. In all cases, comparisons should be made with caution and in consideration of the methodological and historical changes made. For a complete list of data elements, please review the [Health Workforce Database metadata](#) page on CIHI's website.

The section below provides information on the data elements that had data quality improvements or changes in data years 2010 to 2019 that may have an impact on comparability.

If more than 30% of records in a province/territory have a *not stated* value (i.e., unknown, not applicable or not collected) for a data element, statistics based on that element are not reported. When the population of provinces/territories for which the data is unavailable exceeds 35% of the total Canadian population, no overall result is reported for “Provinces/territories with available data.”

Statistics on *not stated* values for each reporting data element are available in [Occupational Therapists in Canada, 2019 — Data Tables](#). Caution should be used when comparing data within this time period.

Occupational therapist data, 2010 to 2019

General

Province or territory	Data limitation
Newfoundland and Labrador	In 2018, the Newfoundland & Labrador Occupational Therapy Board implemented a new database and, subsequently, registrant identification numbers changed between 2017 and 2018. As a result, 2018 inflow, 2017 outflow and 2018 renewal data is not available.

Supply and workforce

Province or territory	Data limitation
Nova Scotia	In 2018, the College of Occupational Therapists of Nova Scotia implemented a new database, which made it easier for registrants to update their employment information. As a result, there was an increase in total Workforce .
Quebec	The Ordre des ergothérapeutes du Québec began submitting data in 2011. Only aggregate supply counts by age and sex are available for 2010.
Yukon, Northwest Territories and Nunavut	The CAOT submits voluntary registrations for OTs residing and working in Yukon, the Northwest Territories and Nunavut. These counts may exclude temporary relief workers who may not have registered with the CAOT.

Demographic

Province or territory	Data limitation
Manitoba	From 2010 to 2018, Gender and Year of Birth were not directly provided to CIHI by the College of Occupational Therapists of Manitoba. For reporting, CIHI uses aggregated age and gender information provided by Manitoba Health, Seniors and Active Living. In 2019, age and gender information was not available. As such, Flow by Age Group, Age Group and Average Age are not reported.
Yukon	In 2012, inflow and outflow by age group were not reported due to a high proportion of missing values. In 2016, inflow by age group was not reported due to a high proportion of missing values.
Northwest Territories	In 2010, inflow by age group, Age Group and Average Age were not reported due to a high proportion of missing values. In 2013, inflow by age group was not reported due to a high proportion of missing values.
Nunavut	In 2010, inflow and outflow by age group were not reported due to a high proportion of missing values. In 2013, Age Group was not reported due to a high proportion of missing values.

Education

Province or territory	Data limitation
Nunavut	In 2012, Years Since Graduation was not reported due to a high proportion of missing values.

Employment

Province or territory	Data limitation
Nova Scotia	In 2018, the College of Occupational Therapists of Nova Scotia implemented a new database. As a result, there are fluctuations in the following values: <i>employed in occupational therapy</i> and <i>unemployed and seeking employment in occupational therapy</i> .
New Brunswick	New Brunswick data for the value <i>self-employed</i> for the data element Employment Category is unavailable for any data year.
Quebec	Quebec does not collect the data value <i>employed in occupational therapy, on leave</i> . Quebec does not report on Area of Practice , Employment Category and Postal Code of Employment for any data year.
Alberta	From 2016 to 2019, Full-Time/Part-Time Status was not reported due to a high proportion of missing values.
Yukon	In 2017, workforce geography (urban and rural/remote) was not reported due to a high proportion of missing values.
Nunavut	In 2011, Area of Practice was not reported due to a high proportion of missing values. In 2017 and 2018, workforce geography (urban and rural/remote) was not reported due to a high proportion of missing values.

Privacy and confidentiality

The protection of individual privacy, the confidentiality of records and the security of information are essential to CIHI's operations. In support of this position, CIHI established a comprehensive privacy, confidentiality and security program. A key element of the program is the statement of principles and policies set out in the document *Privacy Policy on the Collection, Use, Disclosure and Retention of Health Workforce Personal Information and De-identified Data, 2011* (in short, the Health Workforce Privacy Policy, 2011). A copy of this document can be downloaded free from [CIHI's website](#).

CIHI is a prescribed entity in Ontario, which means that health information custodians in Ontario can provide personal health data to us without the consent of individuals.

The HWDB does not collect, use or disclose personal information. The data collected may contain small cell sizes. However, in keeping with Section 32 of the Health Workforce Privacy Policy, 2011, CIHI makes statistical information publicly available only in a manner designed to minimize any risk of identifiability and residual disclosure of personal information about individuals.

Appendix A: Occupational therapists, first year of regulation, by province and territory

Type of provider	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Occupational therapists	1987	1976	1972	1997	1973	1993	1971	1971	1990	2000	NR	NR	NR

Note

NR: Not regulated as of 2019.

Appendix B: Population estimates, by province and territory, Canada, 2010 to 2018

Year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
2010	522,009	141,654	942,107	753,035	7,929,222	13,135,778	1,220,780	1,051,443	3,732,082	4,465,546	34,596	43,285	33,352	34,004,889
2011	524,999	143,963	944,274	755,705	8,005,090	13,261,381	1,233,649	1,066,026	3,789,030	4,502,104	35,411	43,504	34,192	34,339,328
2012	526,345	144,530	943,635	758,378	8,061,101	13,390,632	1,249,975	1,083,755	3,874,548	4,566,769	36,234	43,648	34,672	34,714,222
2013	527,114	144,094	940,434	758,544	8,110,880	13,510,781	1,264,620	1,099,736	3,981,011	4,630,077	36,521	43,805	35,337	35,082,954
2014	528,159	144,283	938,545	758,976	8,150,183	13,617,553	1,279,014	1,112,979	4,083,648	4,707,103	37,137	43,884	35,971	35,437,435
2015	528,117	144,546	936,525	758,842	8,175,272	13,707,118	1,292,227	1,120,967	4,144,491	4,776,388	37,690	44,237	36,488	35,702,908
2016	529,426	146,969	942,790	763,350	8,225,950	13,875,394	1,314,139	1,135,987	4,196,061	4,859,250	38,547	44,649	36,975	36,109,487
2017	528,567	150,566	950,680	766,852	8,297,717	14,071,445	1,335,396	1,150,782	4,243,995	4,922,152	39,628	44,936	37,552	36,540,268
2018	525,355	153,244	959,942	770,633	8,390,499	14,322,757	1,352,154	1,162,062	4,307,110	4,991,687	40,476	44,541	38,396	37,058,856

Note

2018 population estimates were used for both 2018 and 2019 data.

Source

Statistics Canada, Demography Division.

Appendix C: Occupational therapist data providers, 2019

Occupational therapists	
Newfoundland and Labrador	Newfoundland & Labrador Occupational Therapy Board
Prince Edward Island	Prince Edward Island College of Occupational Therapists
Nova Scotia	College of Occupational Therapists of Nova Scotia
New Brunswick	New Brunswick Association of Occupational Therapists
Quebec	Ordre des ergothérapeutes du Québec
Ontario	College of Occupational Therapists of Ontario
Manitoba	College of Occupational Therapists of Manitoba
Saskatchewan	Saskatchewan Society of Occupational Therapists
Alberta	Alberta College of Occupational Therapists
British Columbia	College of Occupational Therapists of British Columbia
Yukon, Northwest Territories and Nunavut	Canadian Association of Occupational Therapists

Appendix D: Text alternative for average age image

Average age equals numerator 1 over denominator n (defined as the total number of health care providers in a jurisdiction or Canada) times the sum of the individual health care providers' ages for the total number of n health care providers; the count of individual health care providers i equals 1 to n .

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