Health Care and Social Assistance Sector Report

(NAICS 62)

March 2015
Acknowledgements

This is the fourth economic report from a series made available to the public by Worktrends.ca. Its intent is to inform people from Elgin, Middlesex and Oxford counties about various facets of the labour market associated to the Health Care and Social Assistance sector.

Worktrends.ca is a project of the Elgin Middlesex Oxford Workforce Planning and Development Board.

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The views expressed in this document do not necessarily reflect those of the Government of Ontario.
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Executive Summary

The present report attempts to capture the performance of the Elgin, Middlesex and Oxford counties labour market associated to the Health Care and Social Assistance (HCSA) sector. Because nothing happens in isolation, the document briefly touches on the economics and labour market associated to the sector at the provincial and national level. This approach allows us to make connections across various markets and geographies.

Highlights:

- Three main issues will affect profoundly the HCSA sector in the future: demographic shifts, serving population at risk and fiscal control
- The proposed macro solutions to the challenges of the sector are: superior management, technological update and careful development of the labour force
- The specific implementation of these macro solution takes various operational forms such as: reduction of waiting times, implementation of the electronic medical records, e-prescriptions, reconciliation of pharmaceutical prescriptions, drop in prices of the generic drugs, public health prevention, an increased number of physicians and nurses serving in various settings, tele-health, etc.
- The positive signals of economic recovery give us a perspective upon the short term prospects for the sector. Once the Canadian economy is set again for economic expansion, some of these challenges will be viewed differently. However, the sustainability of the sector in long-term is an issue of concern for many researchers and policy makers
- Nationally the sector has a contribution of around 7% to the national GDP
- During the recession (2008/2009) the sector had a larger percent contribution to the GDP than afterwards
- Nationally the HCSA sector employs about 1,758,990 people and operates 158,429 business establishments mostly concentrated on “Micro” (1-4 employees) and “Small” (5-99 employees) size establishments, or “Indeterminate” (self-employed)
- Between 2009 and 2014, the national HCSA sector experienced growth in the number of establishments for all size categories excepting “Large” (500+ employees) establishments, which decreased by around 6%. The largest growth has been experienced for smaller size establishment categories
- The current reports indicates that Ontario is above national average on technological update: electronic medical records, e-prescriptions, reconciliation of medical records, tele-health, etc.
- In the past ten years, Ontario increased its HCSA operations by 23 new hospitals and added another 20,000 nurses to its labour force
- Ontario’s HCSA sector contributes around 7% to the provincial GDP, employs 634,290 people in the province, and operates 61,346 associated business establishments
- The structure of establishments by employee size range is almost identical with the national one, preserving thus a high concentration of establishments classified “Micro,” “Small,” or “Indeterminate.” A deeper look into the distribution of establishments by size and by sub-sector would reveal some differences among the subsectors. The “Hospitals” sub-sector seems to offer a more equal distribution of the establishments by size category.
During 2009-2014, the number of business establishments in the HCSA sector in Ontario grew by 52 percent. This overall growth should be mostly attributed to the smaller size establishments in the detriment of the larger size establishments. “Large” size establishments’ category has been reduced by around 13 percent.

Within Elgin, Middlesex and Oxford region 41,000 people work in 3,168 business establishments associated to the HCSA sector. The number of establishments operated in HCSA has been increasing by 49 percent between 2009 and 2014. The growth happened for all establishment size categories excepting for the “Large” size, which decreased by 27 percent. The number of employees grew by an average annual rate of 1%, slightly less than the growth of HCSA working force at provincial and national level.

Occupations forecasted to grow in the next years:

<table>
<thead>
<tr>
<th>Canada</th>
<th>Ontario</th>
<th>Elgin, Middlesex and Oxford region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurses</td>
<td>Registered nurses</td>
<td>Registered nurses</td>
</tr>
<tr>
<td>Nurse aides, orderlies and patient service associates</td>
<td>Nurse aides, orderlies and patient service associates</td>
<td>Licensed practical nurses</td>
</tr>
<tr>
<td>Early childhood educators and assistants</td>
<td>Early childhood educators and assistants</td>
<td>Early childhood educators and assistants</td>
</tr>
<tr>
<td>Community and social service workers</td>
<td>Other assisting occupations in support of health services</td>
<td>Ambulance attendants and other paramedical occupations</td>
</tr>
<tr>
<td>Other assisting occupations in support of health services</td>
<td>Community and social service workers</td>
<td>Medical radiation technologists</td>
</tr>
<tr>
<td>Licensed practical nurses</td>
<td>Social workers</td>
<td>Other technical occupations in therapy and assessment</td>
</tr>
<tr>
<td>Medical laboratory technicians</td>
<td>Paralegal and related occupations</td>
<td>Dental hygienists and dental therapists</td>
</tr>
<tr>
<td>Other technical occupations in therapy and assessment</td>
<td>Ambulance attendants and other paramedical occupations</td>
<td>Medical laboratory technologists and pathologists’ assistants</td>
</tr>
<tr>
<td>Social workers</td>
<td>Medical laboratory technicians</td>
<td>General practitioners and family physicians</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>Other technical occupations in therapy and assessment</td>
<td>Pharmacists</td>
</tr>
<tr>
<td>Family, marriage and other related counsellors</td>
<td>Managers in health care</td>
<td>Occupational therapists</td>
</tr>
<tr>
<td>Ambulance attendants and other paramedical occupations</td>
<td>Employment counsellors</td>
<td>Family, marriage and other related counsellors</td>
</tr>
<tr>
<td>Medical radiation technologists</td>
<td>General practitioners and family physicians</td>
<td>Other professional occupations in therapy and assessment</td>
</tr>
<tr>
<td>General practitioners and family physicians</td>
<td>Other professional occupations in therapy and assessment</td>
<td>Dietitians and nutritionists</td>
</tr>
<tr>
<td>Medical laboratory technologists and pathologists’ assistants</td>
<td>Audiologists and speech-language pathologists</td>
<td>Audiologists and speech-language pathologists</td>
</tr>
<tr>
<td>Audiologists and speech-language pathologists</td>
<td>Medical radiation technologists</td>
<td>Opticians</td>
</tr>
</tbody>
</table>

Note: The occupations are ranked by their growth between 2009 and 2013.
Introduction

The intent of the present report is to inform and update Worktrends’ users about the state and progress of the Healthcare and Social Services Sector in Elgin, Middlesex and Oxford (EMO) counties. The scope of the document is to determine the economic performance of the sector in EMO region, with a highlight on the labour market specific to this sector. The report draws facts from multiple government resources such as Statistics Canada, OMAFRA Analyst, Ontario Ministry of Finance, Ontario Ministry of Health and Long Term Care, but also from independent expertise of various professionals associated to non-profit and for-profit sector. The uniqueness of the document consist in the organization and interpretation of the data and facts available to the public access.

Because the “Health Care and Social Assistance” system is so complex, the present report only attempts to highlight a few issues associated to their economic contribution to the Canadian, or provincial, economy and concentrate on aspects related to the specifics of the labour market.

The challenges of the health care and social assistance sector

Demographic shifts. Canadian population age structure is changing: the population is aging. The number of seniors will double during next 20 years, a change that will increase significantly the healthcare costs. The presumption is that the healthcare costs for a senior are about three times higher than for average person. For example in Ontario only, it was estimated (Ontario Government, 2012) that by 2030 the health care costs will be 50 percent higher than in 2012.

Figure 1 illustrate the population change in Canada over the next 20 years. One would observe a significant increase of all age groups over 60 years old. The personal medical care costs over the age of 60 are a lot larger than for age groups under 60 years old.

Serving the at risk population. In conjunction with the population shift, Canada has to pay attention to the large number of people considered at risk due to their lower level of income. The past 2008-2009 recession didn’t help improving the numbers. The economic recovery partially improved some results, but the reality is that the numbers are large and will not wash away soon. Figure 2 shows the number of people in Canada at risk due to income levels by age and gender category. Main population categories considered at risk are children, seniors, single mothers, youth, and other.

Fiscal control and cost reduction. The numbers are impressive, no matter the age, or gender, category. The cost implications for the Health Care and Social Assistance Sector can be easily drawn from this unique perspectives that foresees higher workload for the sector. However, a superior management and technology upgrade could come to the rescue.

Health Council of Canada (2013) informed us about the progress made at the national level on improving management and technology within the sector: 1) successful improvement of the access and waiting times, 2) important achievements in the development and implementation of the electronic medical records (EMR) and associated services including e-prescribing and tele-health, 3) great success in lowering prices of the generic drugs and unifying pharmaceutical prescription process across provinces and the nation, and 4) extraordinary achievement in disease prevention, health promotion, and public health.
All these achievements ensure us that the current leadership of the sector is making efforts in controlling costs and improving the overall performance of the national health care system by developing a modern and technological updated health care capacity that will be capable to absorb easily yearly variations of the workload.

![Projected population of Canada, medium-growth (M3) scenario](image)

Data sources: Statistics Canada, Table 052-0005, medium-growth (M3) scenario

Figure 1

Note: The base population for these projections is derived from the official preliminary postcensal estimates of the population for Canada, provinces and territories as of July 1, 2013. In all scenarios, the population is projected until 2038 for the provinces and territories, and until 2063 for Canada as a whole. For more detail on the assumptions and scenarios, please refer to the projection report (catalogue 91-520) and the technical report (catalogue 91-620). Because of rounding, counts within tables may differ from the totals.

The medium-growth and 1999/2000 to 2002/2003 interprovincial migrations trends scenario is defined by the following assumptions: a Canadian total fertility rate that reaches 1.67 births per woman in 2021/2022 and remains constant thereafter; a Canadian life expectancy that reaches 87.5 years for males and 89.1 years for females in 2062/2063; interprovincial migration based on the trends observed between 1999/2000 and 2002/2003; a national immigration rate that reaches 0.75% in 2022/2023 and remains constant thereafter; an annual number of non-permanent residents (Canada) that reaches 864,600 in 2021 and remains constant thereafter; a national net emigration rate of 0.19%.
The recently published report by Conference Board of Canada (Prada, Grimms & Sklokin, 2014) demonstrates the comprehensive efforts deployed in defining a sustainability strategy for the Health Care sub-sector. The same major themes seems to resurface: management, technology, and labour.

Data sources: 2011 National Household Survey Profile, Canada

Figure 2

Economic outlook for Canada

Signs of economic recovery are present in the international environment. They are still volatile, but encouraging that a promising outlook is here. The positive recovery of the American economy appears to be a focal pillar of the progress in the international arena. China’s economy has been reducing the pace of its economic growth falling closer to what it would be viewed as a normal path for such an extraordinary economy (IMF, October 2014). According to the International Monetary Fund (IMF) the Chinese economy became the largest in the world in 2014. A fact that will change a lot of international relations. European Union is still challenged by the structural changes applied to correct the monetary and fiscal issues experienced by countries such as Greece, Cyprus, Italy, Spain, Portugal and Ireland.

Canada is neighboring and partnering in trade with the U.S., and thus, it is on the same path of a significant economic recovery. The low Canadian average unemployment rates (6.5 percent in October 2014) combined with a lower value of the Canadian Dollar on international markets and the slight increase in the export activity during the summer of 2014 signal a definite pathway towards the expected recovery.

Unfortunately, news about the Canadian employers’ investment caution, or the slight drop in consumer confidence and worries about the job prospects (Isfeld, Dec. 2014) resurface and challenges the main direction of the economy from time to time.

In a few words, the economic outlook for Canada, as for the rest of the world, reveals mixed signals and its path for recovery requires caution and control.
However, Bank of Montreal (BMO) offers periodic forecast updates on Canada’s economic performance:

<table>
<thead>
<tr>
<th>Economic indicator</th>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014p</th>
<th>2015p</th>
<th>2016p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real GDP growth (chained weighted)</td>
<td>1.9</td>
<td>2.0</td>
<td>2.4</td>
<td>2.2</td>
<td>2.1</td>
<td></td>
</tr>
<tr>
<td>Nominal GDP growth</td>
<td>3.2</td>
<td>3.4</td>
<td>4.3</td>
<td>2.3</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Employment growth</td>
<td>1.2</td>
<td>1.3</td>
<td>0.8</td>
<td>1.1</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>CPI growth (all items)</td>
<td>1.5</td>
<td>1.2</td>
<td>1.8</td>
<td>1.8</td>
<td>2.1</td>
<td></td>
</tr>
</tbody>
</table>

The figures indicate a slow to moderate economic growth for Canada for the next two years, which is expected due to the difficult worldwide economic recovery following the financial crisis in 2008-2009.

**Health Care and Social Services in Canada**

**GDP and the Health Care and Social Services sector**

According to data provided by Statistics Canada, Health care and Social Services sector has a significant contribution (6.8% – 7%) to the Canadian Gross Domestic Product (GDP), somewhere in between 102.0 billion in 2009 and 110.4 billion in 2014. During this time frame the dollar contribution of the sector increased steadily every year; however, its percentage contribution to the national GDP decreased since 2009. The percentage contribution of the sector moved in counter sync with the economic cycles: the percent contribution to the national output being larger during the recessionary times and smaller during the rapid growth, or economic expansion, stage. As illustrated by Figure 3, the larger contribution of the sector comes from the Health Care sub-sector.

![Image of Figure 3](image_url)

**Data sources: Statistics Canada, CANSIM, Table379-0031**
Labour market associated to the Health Care and Social Assistance sector

The supply side

On the supply side, one would observe that between 2006 until 2014 the Health Care and Social Assistance sector had a positive growth of employment. This indicate a significant expansion of the sector over the years. Based on the data presented in Figure 4, currently the sector employs 1,758,990 people in Canada.

Note: The numbers represent employees only
*OMAFRA Analyst - EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 4

Further, Figure 5 provides results that improve one’s understanding of the employment in the Health Care and Social Assistance sector. The largest portion of the employment is associated to Hospitals sub-sector followed by Ambulatory Health Care Services and closely to it by Nursing and Residential Care Facilities subsectors. The smallest proportion of employment in the sector is associated to Social Assistance sub-sector.
Regarding the occupations that showed growth from 2009 until 2013, Figures 6 to 9 illustrate the evolution of the top 16 growing occupations in the sector in Canada. Some of the occupations demonstrate more volatility across the years than others, e.g. “Other Assisting Occupations in Support of Health Services,” or “Family, Marriage and Other Related Counsellors,” or “Audiologists and Speech-Language Pathologists.” The numbers speak for themselves.

Note: The numbers represent employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 5
Health Care and Social Assistance related top occupations - Canada

Note: The numbers represent employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 6

Health Care and Social Assistance related top occupations - Canada

Note: The numbers represent employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 7
**Health Care and Social Services related top occupations - Canada**

![Diagram](image)

**Health Care and Social Assistance top related occupations - Canada**

![Diagram](image)

Note: The numbers represent employees only

*OMAFRA Analyst – EMSI forecast

Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 8

Figure 9
The demand side

On the demand side, one would observe that there were 158,429 establishments in Health Care and Social Assistance sector in Canada (Figure 10), with a large majority (39 %) classified as “Micro” establishments (1-4 employees) followed by another significant proportion (28 %) associated to “Small” establishments (5-99 employees). In addition, 31 percent of the existing establishments are associated to self-employed individuals (classified as indeterminate – 0 employees). Only 2 percent of the establishments were classified as “Medium” (100-499 employees). This kind of structure is similar across a lot of sectors in Canada. The subsequent Figure 11, a to c, provides more insight on the structure of establishments in Canada’s Health Care and Social Assistance sector by subsector.

The largest proportion of establishments in Health Care and Social Assistance (HCSA) sector is associated to the “Ambulatory Health Care Services” (AHCS) sub-sector (119,205 establishments). Its structure is very close to the HCSA sector, numerous “Micro” and “Small” employers (establishments) as well as numerous “Indeterminate”/“self-employed.” However, the “Hospitals” sub-sector has a much more equal distribution across all the categories of establishments, “Micro,” “Small,” “Medium” and “Large,” as well as “Indeterminate.”

Interestingly enough, the “Nursing and Residential Care Facilities” (NRCF) sub-sector in Canada appears dominated by establishments classified as “Small” (65%), but also contains “Micro” and “Medium” size establishments, see Figure 11 c. The Social Assistance (SA) sub-sector has a fairly close distribution of business establishments across various categories.
If one intends to see the growth of various categories of establishments associated to HCSA sector in Canada between 2009 and 2014, Table 2 provides the results. The “Micro” establishments had the largest growth in the past five years by 27.48 percent, followed by “Small” establishments by 16.17 percent. The “Medium” size establishments showed a modest growth, only by 5.83 percent compared to the other mentioned categories. Unfortunately, the partial growth of the categories happened in the detriment of the “Large” size category of establishments, which diminished by 5.96 percent in the past five years. However, the largest growth across the mentioned time span was experienced by the self-employed category (indeterminate – 0 employees) – 154.04 percent. Overall, between 2009 and 2014 the number of establishments in HCSA sector increased by 45.64 percent, with the note that the establishments migrated towards smaller sizes, in the detriment of the “Large” size employees category.
Table 2. Business establishments in the Health Care and Social Assistance sector - Canada

<table>
<thead>
<tr>
<th>Employer size</th>
<th>Year</th>
<th>2009</th>
<th>2013</th>
<th>2014</th>
<th>% growth 2009-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 Employees - Micro</td>
<td></td>
<td>48398</td>
<td>59930</td>
<td>61700</td>
<td>27.48</td>
</tr>
<tr>
<td>5-99 Employees - Small</td>
<td></td>
<td>38520</td>
<td>43665</td>
<td>44747</td>
<td>16.17</td>
</tr>
<tr>
<td>100-499 Employees - Medium</td>
<td></td>
<td>2008</td>
<td>2106</td>
<td>2125</td>
<td>5.83</td>
</tr>
<tr>
<td>500+ Employees - Large</td>
<td></td>
<td>369</td>
<td>743</td>
<td>347</td>
<td>-5.96</td>
</tr>
<tr>
<td>0 Employees - Indeterminate</td>
<td></td>
<td>19489</td>
<td>44258</td>
<td>49510</td>
<td>154.04</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>108784</td>
<td>150702</td>
<td>158429</td>
<td>45.64</td>
</tr>
</tbody>
</table>

Data sources: Community Data Program, Canadian Business Patterns, June, 2009-2014

Ontario’s Health Care and Social Assistance sector

Based on Health Council of Canada’s report (2013), 66 percent of the primary care physicians in Ontario are using the electronic medical records system to exchange information. This figure is above the national percentage (57 percent), which indicates a higher advancement on the technological upgrade for Ontario. The same source indicates that Ontario is among the first provinces that introduced pilot programs testing medication reconciliation processes. Significant progress has been achieved in standardizing the medication reconciliation processes among health care providers across the province, saving the province about $500 million annually (Ontario’s Government, 2014). Further, Ontario is also among the top provinces reporting an improved access to health care and reduced waiting times: 67 percent of the surveyed physicians said that their patients can see a physician or nurse when the practice is closed without using the emergency departments (Health Council of Canada, 2013). The Government of Ontario (2014) has been reporting 23 new hospitals being built or being underway in Ontario in the past decade. Regarding waiting time, Ontario is the leader in waiting surgical times for various services. The same report indicates that in 2014 over two million more Ontarians have a family doctor than ten years ago and more than three million Ontarians receive complex medical services from interdisciplinary Family Health Teams. In the past decade the Health Care labour force gained another 20,000 nurses who cares for their patients in a wide variety of settings from community care access centres to long-term care homes.

The Social Assistance system in Ontario is composed of two programs: 1) the Ontario Works program intended to provide people income support while preparing, searching and maintaining employment, and 2) the Ontario Disability Support program designed to help people with disabilities access financial and employment support.

The dynamics of the sector and its achievements are a good basis for forecasting its labour market results.

Demographic challenge for Ontario

At provincial level, the demographic shift of the population over 65 years old is fairly similar to the one at national level. Figure 12 illustrates the demographic change of population in Ontario between 2014 and 2034. The medium population growth is visible for all age categories, but more so evident for the
age categories over 65. As briefly noted earlier in this report, these demographic changes have serious implications for many economic sectors, but most likely for the Health Care and Social Assistance one.

Similar to the approach used at the national level, at provincial level one should be concerned not only about the demographic shifts, but also about the impressive number of people living below the poverty line, which we often refer to as population at risk.

Figure 13 shows the numbers of population at risk by age category and by gender. Although the core number of people in low level income are in between 18 and 64 years old, a significant number is present in the less than 18 years old category and 65+ category. All the age categories require some level of Social Assistance, and most likely the “less than 18 years old” and “65+” categories require more Health Care services than the rest. The implications of these numbers upon the HCSA sector at provincial level are immediate to see. Almost 2 million people in Ontario are considered at risk due to low income levels. As suggested earlier, these numbers are fluctuating depending on the economic cycles. An improvement of the future economic outlook, could reduce these numbers significantly, but not delete them entirely.

![Projected population of Ontario, medium-growth (M3) scenario](image)

**Figure 12**

Data sources: Statistics Canada, Table 052-0005, medium-growth (M3) scenario

Note: The base population for these projections is derived from the official preliminary postcensal estimates of the population for Canada, provinces and territories as of July 1, 2013. In all scenarios, the population is projected until 2038 for the provinces and territories, and until 2063 for Canada as a whole. For more detail on the assumptions and scenarios, please refer to the projection report (catalogue 91-520) and the technical report (catalogue 91-620). Because of rounding, counts within tables may differ from the totals.
Continuation of the prior note: The medium-growth and 1999/2000 to 2002/2003 interprovincial migrations trends scenario is defined by the following assumptions: a Canadian total fertility rate that reaches 1.67 births per woman in 2021/2022 and remains constant thereafter; a Canadian life expectancy that reaches 87.5 years for males and 89.1 years for females in 2062/2063; interprovincial migration based on the trends observed between 1999/2000 and 2002/2003; a national immigration rate that reaches 0.75% in 2022/2023 and remains constant thereafter; an annual number of non-permanent residents (Canada) that reaches 864,600 in 2021 and remains constant thereafter; a national net emigration rate of 0.19%.

![Population in low income in 2010 based on after-tax low-income measure (LIM-AT) - Ontario](image)

Data sources: 2011 National Household Survey Profile, Ontario Province

**Economic forecast for Ontario**

Ontario Ministry of Finance (OMF) is forecasting the economic growth of the province as part of its fiscal plan. Table 3 provides a selection of the most recent OMF forecast (OMF, 2014).

<table>
<thead>
<tr>
<th>Table 3. Ontario’s economic forecast [%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real GDP growth</td>
</tr>
<tr>
<td>Nominal GDP growth</td>
</tr>
<tr>
<td>Employment growth</td>
</tr>
<tr>
<td>CPI growth</td>
</tr>
</tbody>
</table>

P = Ontario Ministry of Finance projection

Data sources: Ontario Ministry of Finance (OMF, 2014)
Bank of Montreal offers a very close forecast for Ontario too.

### Table 4. Ontario's economic outlook [%]

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Real GDP growth (chained weighted)</td>
<td>1.7</td>
<td>1.3</td>
<td>2.1</td>
<td>2.4</td>
<td>2.2</td>
</tr>
<tr>
<td>Employment growth</td>
<td>0.8</td>
<td>1.4</td>
<td>0.8</td>
<td>1.5</td>
<td>1.1</td>
</tr>
<tr>
<td>CPI growth (all items)</td>
<td>1.4</td>
<td>1.1</td>
<td>2.3</td>
<td>1.2</td>
<td>2.2</td>
</tr>
</tbody>
</table>

P= BMO projection
Data sources: Bank of Montreal, Capital Market Economics (BMO, December 2014)

The story that develops from these numbers is one of a moderate economic growth (2.4 percent) for Ontario in the near future. Consequently, the employment growth in Ontario follows the same modest increase during the next two-three years.

**Provincial GDP and Health Care and Social Assistance sector contribution**

At provincial level, the contribution of the HCSA sector to Ontario’s GDP stands somewhere between 7.09 % and 7.3 percent between 2009 and 2013. This is slightly higher than national numbers. However, Figure 14 indicates that the dollar value of the contribution of HCSA sector to the provincial GDP increased over time; suggesting an expansion of the sector during the last five years.

Data sources: Statistics Canada, CANSIM, Table 384-0038 & Table 379-0028

Figure 14
The labor market associated to Health Care and Social Assistance sector in Ontario

The supply side

As suggested earlier, the sector’s output grew in the last five years and consequently had a positive impact on the provincial labour market. Figure 15 shows the increase in employment over the years within Ontario’s HCSA sector, achieving a level of 634,290 people in 2013. However, Figure 16 provides another perspective upon these numbers, showing that the largest portion of provincial employment within the sector is attributed to the Hospitals sub-sector, followed closely by Ambulatory Health Care sub-sector. With slightly lower numbers, “Nursing and Residential Health Care Facilities” and Social Assistance” subsectors participated also to the total employment within the sector in Ontario.

Note: The numbers represent employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 15
Figures 17 to 20 illustrate the top 16 occupations in Ontario’s HCSA sector that showed growth between 2009 and 2013. Across the provided time span, some occupations showed much more volatility in the level of employment than others, e.g. “Community and Social Service Workers,” or “General Practitioners and Family Physicians,” or “Medical Radiation Technologists,” etc. Commonalities and differences can be found between the Canadian top 16 growing occupations in HCSA sector and the Ontario’s top 16 occupations within HCSA sector. Examples of common occupations on the ranking are: “Registered Nurses,” “Nurse Aides, Orderlies and Patient Service Associates,” “Early Childhood Educators and Assistants,” “Other Assisting Occupations in Support of Health Services,” “Medical Laboratory Technicians,” “Community and Social Service Workers,” “Social Workers” “General Practitioners and Family Physicians,” “Audiologists and Speech-Language Pathologists,” “Medical Radiation Technologists,” “Ambulance Attendance and Paramedical Occupations,” etc. Examples of differences are: “Paralegal and Related Occupations,” “Mangers in Health Care,” “Family, Marriage and Other Related Counsellors,” “Occupation Therapists,” etc.
Note: The numbers represent employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 17

Note: The numbers represent employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 18
Health Care and Social Services top related occupations - Ontario

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical laboratory technicians</th>
<th>Other technical occupations in therapy and assessment</th>
<th>Managers in health care</th>
<th>Employment counsellors</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>12,257</td>
<td>4,986</td>
<td>2,714</td>
<td>7,531</td>
</tr>
<tr>
<td>2007</td>
<td>11,682</td>
<td>5,215</td>
<td>2,197</td>
<td>7,239</td>
</tr>
<tr>
<td>2008</td>
<td>11,809</td>
<td>4,905</td>
<td>2,230</td>
<td>6,082</td>
</tr>
<tr>
<td>2009</td>
<td>11,561</td>
<td>5,161</td>
<td>2,280</td>
<td>5,838</td>
</tr>
<tr>
<td>2010</td>
<td>10,189</td>
<td>5,838</td>
<td>2,320</td>
<td>6,258</td>
</tr>
<tr>
<td>2011</td>
<td>11,370</td>
<td>6,332</td>
<td>3,001</td>
<td>6,707</td>
</tr>
<tr>
<td>2012</td>
<td>11,109</td>
<td>6,146</td>
<td>3,722</td>
<td>7,502</td>
</tr>
<tr>
<td>2013</td>
<td>13,370</td>
<td>6,609</td>
<td>4,676</td>
<td>7,707</td>
</tr>
</tbody>
</table>

Note: The numbers represent employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 19

Health Care and Social Assistance top related occupations - Ontario

<table>
<thead>
<tr>
<th>Year</th>
<th>General practitioners and family physicians</th>
<th>Other professional occupations in therapy and assessment</th>
<th>Audiologists and speech-language pathologists</th>
<th>Medical radiation technologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>5,864</td>
<td>2,763</td>
<td>1,898</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>5,597</td>
<td>3,439</td>
<td>1,493</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>5,630</td>
<td>3,754</td>
<td>1,583</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>5,836</td>
<td>4,300</td>
<td>2,580</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>5,686</td>
<td>4,446</td>
<td>2,712</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>6,188</td>
<td>3,073</td>
<td>1,658</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>6,808</td>
<td>3,617</td>
<td>2,805</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>7,688</td>
<td>4,269</td>
<td>3,073</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>6,773</td>
<td>4,119</td>
<td>5,175</td>
<td></td>
</tr>
</tbody>
</table>

Note: The numbers represent employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 20
The demand side

At provincial level, 61,346 establishments have been associated to the HCSA sector. The distribution of this number across categories of establishments seems uneven (Figure 21). A high concentration of HCSA establishments in Ontario were classified as “Micro” (1-4 employees) – 40 percent. In addition, 27 percent of the establishments were classified as “Small” (5-99 employees). A large proportion of establishments were classified as “non-employers” (0 – employees, indeterminate) – 32 percent. This distribution across establishment-size categories is common across several sectors of the province’s economy, as well as is commonly found at national level for the same sector, but also across sectors.

However, Figures 22a to 22c provide a closer look to the industrial structure of the demand side. The conclusion indicate that certain subsectors are more evenly distributed among business establishment size categories than others, e.g. “Hospitals” sub-sector. In contrast, e.g. “Ambulatory Health Care Services” sub-sector appears dominated by “Micro” (1-4 employees) establishments and “non-employer” (0- employees) business establishments. On the same line of thoughts, the “Nursing and Residential Care Facilities” subsector as well as the “Social Assistance” sub-sector seem to be dominated by the “Small” (5-99 employees) business size establishments.

Data sources: Community Data Program, Canadian Business Patterns, June 2014

Figure 21
An even deeper analysis would take in consideration the growth in the number of establishments per business size category, see Table 5. Between 2009 and 2014 at the provincial level, the “Micro” (1-4 employees) employers have grew by 35.07 percent whereas “Small” (5-99 employees) employers grew by 21.19 percent. The “Medium” (100-499 employees) employers have grown by a more modest rate, only by 5.25 percent. In contrast, the number of “Large” (500+ employees) employers have diminished by 13.25 percent during the same period. However, the largest growth during this period was experienced by the “non-employers” (0 employees) category, which grew by 153.91 percent during this five year period. As speculated earlier for the national level analysis, the increase in the number of smaller size establishments happened in the detriment of the large size establishments. This phenomenon could be attributed to the recessionary and recovery times, when employers in general are cost constrained and cautious regarding investments and employment.
<table>
<thead>
<tr>
<th>Employer size</th>
<th>2009</th>
<th>2013</th>
<th>2014</th>
<th>%Change 2009-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 Employees - Micro</td>
<td>17897</td>
<td>23265</td>
<td>24174</td>
<td>35.07</td>
</tr>
<tr>
<td>5-99 Employees - Small</td>
<td>13819</td>
<td>16366</td>
<td>16747</td>
<td>21.19</td>
</tr>
<tr>
<td>100-499 Employees - Medium</td>
<td>781</td>
<td>822</td>
<td>822</td>
<td>5.25</td>
</tr>
<tr>
<td>500+ Employees - Large</td>
<td>151</td>
<td>133</td>
<td>131</td>
<td>-13.25</td>
</tr>
<tr>
<td>0 Employees - Indeterminate</td>
<td>7669</td>
<td>17302</td>
<td>19472</td>
<td>153.91</td>
</tr>
<tr>
<td>Total</td>
<td>40317</td>
<td>57888</td>
<td>61346</td>
<td>52.16</td>
</tr>
</tbody>
</table>

Data sources: Community Data Program, Canadian Business Patterns, June, 2009 – 2014
At the local level, as it was observed at the national and provincial levels, over the next 20 years, there is expected a significant demographic shift for the segment of population of 65 years old and over. Figure 23 nicely illustrates the population changes by age category for Elgin County. The interest for this major demographic change comes from the potential impact upon the “Health Care and Social Assistance” sector.

Data sources: Ministry of Finance, Ontario Population Projection Update (2012-2036), Elgin County

Note: The Ministry of Finance projections provide three reasonable growth scenarios for the population of Ontario to 2041. The medium-growth or reference scenario is considered most likely to occur. The assumptions for the medium-growth scenario are presented in detail at http://www.fin.gov.on.ca/en/economy/demographics/projections/#s4e

Figure 23
Figures 24 helps visualizing the expected population changes over the next 20 years for the Middlesex County. As presented for the national and provincial levels, at local level major changes in population are expected for the senior population (65+ years old). However, for the Middlesex County the demographic shift is expected to happen for other age categories as well, see figure 24.

Data sources: Ministry of Finance, Ontario Population Projection Update (2012-2036), Middlesex County

Note: The Ministry of Finance projections provide three reasonable growth scenarios for the population of Ontario to 2041. The medium-growth or reference scenario is considered most likely to occur. The assumptions for the medium-growth scenario are presented in detail at http://www.fin.gov.on.ca/en/economy/demographics/projections/#s4e

Figure 24
For the Oxford County there will be a major growth in population for the age categories 65+, in the detriment of the other age categories, see figure 25.

Data sources: Ministry of Finance, Ontario Population Projection Update (2012-2036), Middlesex County

Note: The Ministry of Finance projections provide three reasonable growth scenarios for the population of Ontario to 2041. The medium-growth or reference scenario is considered most likely to occur. The assumptions for the medium-growth scenario are presented in detail at http://www.fin.gov.on.ca/en/economy/demographics/projections/#s4e

Figure 25
Figures 26 to 28 complete the perspective upon the socio-demographic factors that will impact the HCSA sector over the next 20 years in Elgin, Middlesex and Oxford counties and invites for serious reflection.

**Population in low income in 2010 based on after-tax low-income measure (LIM-AT) - Elgin County**

Data sources: 2011 National Household Survey Profile, Elgin County

![Figure 26](image)

**Population in low income in 2010 based on after-tax low-income measure (LIM-AT) - Middlesex County**

Data sources: 2011 National Household Survey Profile, Middlesex County

![Figure 27](image)
The labour market of the Health Care and Social Assistance sector in the EMO region

The supply side

The supply side of the EMO region labour market associated to the HCSA sector shows also a growth across years, as the corresponding parts at the national and provincial levels. HCSA associated employment reached about 41 thousand people in the EMO region. It appears that the average annual growth rate (1 percent) is slightly more modest within the region than provincially (2 percent) and nationally (2.3 percent).

Note: The numbers include employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset
Similar to what was happening at the provincial and national levels, the local HCSA employment is explained first by the employment in the “Hospitals” sub-sector, then by the employment in “Ambulatory Health Care Services” and “Nursing and Residential Care Facilities” sub-sectors, and lastly by the employment within the “Social Assistance” sub-sector (Figure 30). The employment levels in the “Hospitals” industry is almost two fold larger than employment within the “Ambulatory Health Care Services” sub-sector, or the “Nursing and Residential Care Facilities” sub-sector and almost three times the employment within the “Social Assistance” sub-sector.

![Health Care and Social Assistance sector (NAICS 62) employment - EMO region](image)

Note: The numbers include employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figures 31 and 34 provides a view over the top 16 HCSA occupations that showed growth between 2009 and 2013 within EMO region. “Registered Nurses” and “Licensed Practical Nurses” are the top growing occupations for the HCSA sector in EMO region, a reflection of the expansion and transformation of the sector in the past ten years. “Early childhood educators and assistants,” “Ambulance Attendants and Other Paramedical Occupations,” follow closely, see Figure 31. The interesting aspect of these illustrations is the fact that some occupations demonstrated more volatility than others in the past six years. For example, among the occupations that showed increased sensitivity are: “Medical radiation technologists,” “Medical Laboratory Technologists and Pathologists’ Assistants,” “General Practitioners and Family Physicians,” “Family Marriage and Other Related Occupations,” and “Pharmacists.” The rest of the occupations listed here had a constant positive growth during the above mentioned time span.
Health Care and Social Assistance top related occupations - EMO region

Note: The numbers include employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 31

Health Care and Social Assistance top related occupations - EMO region

Note: The numbers include employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 32
Health Care and Social Assistance top related occupations - EMO region

Note: The numbers include employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 33

Health Care and Social Assistance top related occupations - EMO region

Note: The numbers include employees only
*OMAFRA Analyst – EMSI forecast
Data source: OMAFRA Analyst – EMSI Canadian Dataset

Figure 34
The demand side

The demand side of the EMO “Health Care and Social Assistance” sector is extensively (68 percent) populated by “Micro” establishments (1-4 employees) and “Small” establishments (5-99 percent). Also, 30 percent of the HCSA establishments in EMO region are classified as non-employers (self-employed).

A similar distribution of employers would be found mostly at the level of the sub-sector component of the HCSA sector. Some variation exists as Figures 36 a to 36 d show. For example the “Hospitals” sub-sector has a more equal distribution across all the categories of business establishments. Whereas the “Nursing and Residential Care Facilities” and “Social Assistance” sub-sectors are more populated by “Small” establishments (65 and 54 percent respectively), the “Ambulatory Health Care” sub-sector appears to be prevalently populated by “Micro” establishments and non-employers.

If one looks into the growth of the HCSA business establishments by category within EMO region, Table 6, she or he will discover an interesting dynamic: the “Micro,” “Small” and “Medium” categories of establishments grew at rates over 20 percent in the past six years. In contrast, the “Macro” establishments category contracted by around 27 percent. The “non-employer” (self-employed) category had grew at an accelerated rate of 148.38 percent during the same period. Overall, the number of HSCA establishments in EMO region grew by 49 percent.
Table 6. Business establishments in the Health Care and Social Assistance sector – EMO region

<table>
<thead>
<tr>
<th>Employer size\year</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>% growth 2009-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 Employees - Micro</td>
<td>990</td>
<td>1065</td>
<td>1081</td>
<td>1111</td>
<td>1281</td>
<td>1319</td>
<td>33.23</td>
</tr>
<tr>
<td>5-99 Employees - Small</td>
<td>690</td>
<td>771</td>
<td>767</td>
<td>765</td>
<td>826</td>
<td>829</td>
<td>20.14</td>
</tr>
<tr>
<td>100-499 Employees - Medium</td>
<td>42</td>
<td>48</td>
<td>44</td>
<td>46</td>
<td>49</td>
<td>51</td>
<td>21.43</td>
</tr>
<tr>
<td>500+ Employees - Large</td>
<td>11</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>-27.27</td>
</tr>
<tr>
<td>0 Employees - Indeterminate</td>
<td>387</td>
<td>437</td>
<td>570</td>
<td>606</td>
<td>848</td>
<td>961</td>
<td>148.32</td>
</tr>
<tr>
<td>Total</td>
<td>2120</td>
<td>2330</td>
<td>2471</td>
<td>2537</td>
<td>3012</td>
<td>3168</td>
<td>49.43</td>
</tr>
</tbody>
</table>

Data source: OAMFRA Analyst – EMSI Canadian Dataset, Canadian Business Patterns, June, 2009 – 2014
A deeper look into the growth of the number of business establishments by size category within EMO region and by sub-sector he or she will discover even more interesting issues. The “Ambulatory Health Care” subsector had no growth for the “Large” establishments’ category and a contraction of 27.27 percent within the “Medium” establishments’ category, see Table 7. In contrast, the “Micro” and “Small” establishments’ categories grew more than 19 percent.

An exceptional case is the “Hospitals” subsector, please see Table 8. It shows no growth for the “Small” and “Medium” establishments’ categories and a contraction of the “Large” establishments’ category by 12.5 percent. Because the number of establishments per category is small, the percentage results are a bit misleading. A look at the absolute numbers provides a better perspective on what happened.

### Table 7. Business establishments in the Ambulatory Health Care Services subsector - EMO region

<table>
<thead>
<tr>
<th>Employer size\year</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>% growth 2009-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 Employees - Micro</td>
<td>928</td>
<td>985</td>
<td>998</td>
<td>1037</td>
<td>1196</td>
<td>1236</td>
<td>33.19</td>
</tr>
<tr>
<td>5-99 Employees - Small</td>
<td>423</td>
<td>431</td>
<td>436</td>
<td>444</td>
<td>502</td>
<td>505</td>
<td>19.39</td>
</tr>
<tr>
<td>100-499 Employees - Medium</td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>8</td>
<td>-27.27</td>
</tr>
<tr>
<td>500+ Employees - Large</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td>0 Employees - Indeterminate</td>
<td>332</td>
<td>377</td>
<td>497</td>
<td>520</td>
<td>746</td>
<td>838</td>
<td>152.41</td>
</tr>
<tr>
<td>Total</td>
<td>1695</td>
<td>1805</td>
<td>1942</td>
<td>2013</td>
<td>2455</td>
<td>2588</td>
<td>52.68</td>
</tr>
</tbody>
</table>

Data source: OAMFRA Analyst – EMSI Canadian Dataset, Canadian Business Patterns, June, 2009 – 2014

### Table 8. Business establishments in Hospitals subsector - EMO region

<table>
<thead>
<tr>
<th>Employer size\year</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>% growth 2009-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 Employees - Micro</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>7</td>
<td>600.00</td>
</tr>
<tr>
<td>5-99 Employees - Small</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>0.00</td>
</tr>
<tr>
<td>100-499 Employees - Medium</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>0.00</td>
</tr>
<tr>
<td>500+ Employees - Large</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>-12.50</td>
</tr>
<tr>
<td>0 Employees - Indeterminate</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>8</td>
<td>700.00</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>20</td>
<td>31</td>
<td>30</td>
<td>66.67</td>
</tr>
</tbody>
</table>

Data source: OAMFRA Analyst – EMSI Canadian Dataset, Canadian Business Patterns, June, 2009 – 2014

Similar to the other sub-sectors, within the “Nursing and Residential Care Facilities” the “Medium,” “Small” and “Micro” categories had experienced a growth over 50 percent, please see Table 9. During the same period of time, the “Large” establishments’ category disappeared.

In the case of the “Social Assistance” sub-sector, the “Medium” establishments’ category had a growth of 20 percent while all the other establishment categories had almost no growth. As for the other sub-sectors the “non-employer” category grew over 125 percent.
Table 9. Business establishments in the Nursing and Residential Care Facilities subsector - EMO region

<table>
<thead>
<tr>
<th>Employer size\year</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>% growth 2009-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 Employees - Micro</td>
<td>8</td>
<td>25</td>
<td>21</td>
<td>21</td>
<td>20</td>
<td>20</td>
<td>150.00</td>
</tr>
<tr>
<td>5-99 Employees - Small</td>
<td>81</td>
<td>157</td>
<td>151</td>
<td>141</td>
<td>139</td>
<td>137</td>
<td>69.14</td>
</tr>
<tr>
<td>100-499 Employees - Medium</td>
<td>22</td>
<td>28</td>
<td>25</td>
<td>27</td>
<td>29</td>
<td>33</td>
<td>50.00</td>
</tr>
<tr>
<td>500+ Employees - Large</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-100.00</td>
</tr>
<tr>
<td>0 Employees - Indeterminate</td>
<td>12</td>
<td>9</td>
<td>18</td>
<td>15</td>
<td>18</td>
<td>20</td>
<td>66.67</td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
<td>219</td>
<td>215</td>
<td>204</td>
<td>206</td>
<td>210</td>
<td>68.00</td>
</tr>
</tbody>
</table>

Data source: OAMFRA Analyst – EMSI Canadian Dataset, Canadian Business Patterns, June, 2009 – 2014

Table 10. Business establishments in the Social Assistance subsector - EMO region

<table>
<thead>
<tr>
<th>Employer size\year</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>% growth 2009-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 Employees - Micro</td>
<td>53</td>
<td>54</td>
<td>59</td>
<td>49</td>
<td>58</td>
<td>56</td>
<td>5.66</td>
</tr>
<tr>
<td>5-99 Employees - Small</td>
<td>182</td>
<td>178</td>
<td>176</td>
<td>177</td>
<td>180</td>
<td>183</td>
<td>0.55</td>
</tr>
<tr>
<td>100-499 Employees - Medium</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>20.00</td>
</tr>
<tr>
<td>500+ Employees - Large</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>0 Employees - Indeterminate</td>
<td>42</td>
<td>50</td>
<td>54</td>
<td>69</td>
<td>76</td>
<td>95</td>
<td>126.19</td>
</tr>
<tr>
<td>Total</td>
<td>282</td>
<td>287</td>
<td>294</td>
<td>300</td>
<td>320</td>
<td>340</td>
<td>20.57</td>
</tr>
</tbody>
</table>

Data source: OAMFRA Analyst – EMSI Canadian Dataset, Canadian Business Patterns, June, 2009 – 2014
*2014 EMSI forecast

Methods and limitations

The present report used secondary data collected and processed by Statistics Canada. Each table and figure is provided with the specifics of the data source. The Analyst access has been provided by Ontario Ministry of Agriculture Food and Rural Affairs (OMAFRA). The Analyst dataset is a selection of data made available by EMSI from the Statistics Canada national surveys: Canadian Business Patterns (CBP), Labour Force Survey (LFS), Survey of Employment, Payrolls and Hours (SEPH) and Census.

The present report aggregates all the sub-sectors and/or industries falling under the code 62 of NAICS. As indicated underneath each associated table, the employment numbers in this report refers only to the employees. The self-employment (“Indeterminate” category) numbers are included under the labour market demand subsections, where there is a view over the number of business establishments by employee size range.

Clarifying definitions

An establishment, as a statistical unit of analysis, is defined as the most homogenous unit of production for which the business maintains accounting records (Industry Canada, n.d.a).
An enterprise, as a statistical unit, is defined as the organizational unit of business that directs and controls the allocation of resources relating to its domestic operations, for which consolidated financial and balance sheet accounts are maintained and from which international transactions, an international investment position and a consolidated financial position for the unit can be derived (Industry Canada, n.d.a).

According to the same source, in the case of most small and medium sized businesses in Canada, the enterprise and the establishment are the same. Large and complex enterprises consisting of more than one establishments may belong to more than one NAICS industry.

An establishment is placed into a NAICS category according to its primary business activity - the product or service whose revenues are the highest in terms of dollar value.

Statistics Canada, CANSIM provides historical GDP data by industry in constant 2007 or in chained 2007 dollars. The process of chaining accounts for the fluctuations in relative prices and composition of the output over time. The chained GDP preserves the original growth rates of industries and becomes truly helpful for the industries susceptible to high volatility of pricing (e.g. information technologies, agriculture, etc.). However, the chaining process introduces some limitations to the analyses. One limitation of the chaining process is the non-additivity of the components (industries) to the aggregate economy in non-base years (Industry Canada, n.d. b).

Certain limitations for the study are introduced by the processes and procedures chosen by Statistics Canada in releasing publicly accessed data. Procedures like presenting longitudinal GDP data in chained 2007 data limits our ability to add results across industries and sectors. Rounding number procedures creates sometime inconsistencies about the same data presented in different contexts or formats.

References


