



Effecting system-wide
improvements in health

MESSAGE FROM Mimi Lowi-Young, TDHC Council Chair



It has been a successful summer for the TDHC. We hosted a Health System Forum in June and unveiled our Toronto Health System Framework. It

is intended to address the unique healthcare challenges facing Toronto as a diverse, urban centre. The Framework is the culmination of dedicated work by leaders in Toronto's healthcare system from the Ministry of Health and Long-Term Care, Toronto Public Health, hospitals, the community health sector as well as healthcare associations, research organizations and academic institutions. This summer the TDHC Council has also made recommendations to the Ministry on topics such as mental health reform, people with physical disabilities and hospital operating plans. We also hosted approximately 100 Toronto health system stakeholders at our AGM in July. Our French Language Health Services Committee worked hard to publish and distribute its second Guide to Toronto French Health Services. Toronto francophone residents now have an easy to use directory for finding the ever-expanding list of French language health services that they require. The TDHC also put its past emergency response planning to excellent use by working with Toronto Public Health to develop a Pandemic Influenza Response Plan for Toronto. Please enjoy reading this edition of our newsletter and visit our web-site at www.tdhc.org.

IMPACT UPDATE

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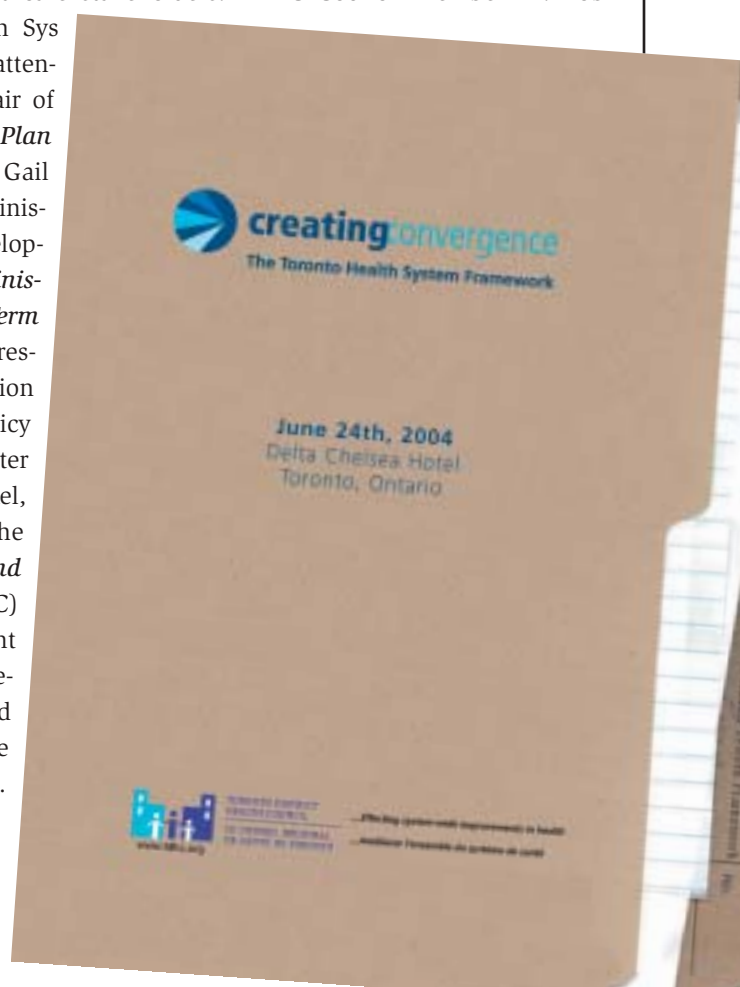
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A NEW PLAN FOR TORONTO:

TDHC Unveils its Much Anticipated Toronto Health System Framework

On Thursday, June 24, 2004, the Toronto District Health Council (TDHC) unveiled its *Toronto Health System Framework* to a group of approximately 100 Toronto healthcare stakeholders. TDHC Council Member Dr. Bob Lester presented the Health System Framework to forum attendees in his capacity as Chair of the *Toronto Health System Plan Steering Committee*. Ms. Gail Paech, Assistant Deputy Minister, Long-Term Care Redevelopment Project within the *Ministry of Health and Long-Term Care*, followed Dr. Lester's presentation with her interpretation of the state of the health policy environment in Ontario. Later in the day Dr. Frank Markel, Executive Director of the *Ontario Joint Policy and Planning Committee* (JPPC) spoke about the different types of accountability agreements being developed and implemented in healthcare jurisdictions across Canada.

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TDHC Unveils its Much Anticipated Toronto Health System Framework

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The JPPC is a partnership between the *Ontario Ministry of Health and Long Term Care* and Ontario's hospitals through the *Ontario Hospital Association*. This partnership was formed to focus on funding models for the future. Following Dr. Markel's presentation, forum participants dialogued in smaller groups to discuss ideas on how to implement the Framework. A summary of the ideas developed by these groups can be found in the yellow shaded box below.

In his remarks, Dr. Lester underscored the need for the *Toronto Health System Framework*, given the growing pres-

ures facing Toronto as a diverse urban centre and the factors impeding health planning and service delivery in Toronto. Many of these had first been identified by a group of approximately 100 Toronto healthcare executives,

providers, consumers, researchers and policy-makers at a *Creating Convergence ThinkTank* hosted by the TDHC in 2002. These pressures and factors are listed in the yellow shaded box on page 3.



ABOVE: Lesli Bisgoul, Staff Lawyer, ARCH - A Legal Resource Centre for Persons with Disabilities

LEFT: John Flannery, CEO, Surrey Place Centre (left) and Alex Jadad, Director, UHN Centre for eHealth Innovation

RIGHT: Odette Maharaj, Executive Director, Scarborough Support Services (left) and Pat Jeselon, Liaison and Coordination, CIO's Office, Human Services and IT Cluster, Ministry of Health and Long-Term Care



Participants of the Health System Forum were divided into five breakout groups to discuss issues related to the implementation of the Toronto Health System Framework. The groups expressed enthusiasm for the implementation of the Framework and a number of common themes which are summarized below:

- The TDHC's Small Health Planning Areas should be used for matching the health needs of local populations with available health services.

- It is also important to consider cross-boundary and cross-network referral patterns between the GTA/905 communities and Toronto, in addition to the health needs of local populations.
- There should be a focus on health prevention and promotion, as well as health care, when assessing the needs of defined populations within the Small Health Planning Areas.
- Accountability and related performance indicators under the Framework should focus on individual providers' contributions to system integration, as well as the performance of their individual organizations.
- To advance the Framework, there is a need to consider the importance of local government, other ministries, the private sector and consumers.

THE TORONTO HEALTH SYSTEM FRAMEWORK: A Practical Solution

In his closing remarks, Dr. Bob Lester emphasized that the Toronto Health System Framework is a practical solution for Toronto's healthcare system since it:

- can be implemented cost efficiently, with many cost benefits;
- can be phased in over a 3-5 year period;
- will build on existing networks and alliances in Toronto; and
- requires system design and planning capacity that is within the current mandate of the Toronto District Health Council.



Dr. Bob Lester

The *Toronto Health System Framework* is consistent with the *Ministry of Health and Long-Term Care* priorities for Ontario's healthcare system outlined by the Minister of Health, the Honourable George Smitherman, in February 2004. The Framework's four key components are:

- * A System-level Plan for coordinated care delivery based on a local decision-making body with funding allocation authority and accountability, enabled by systems and information technology.
- * Local Health Service Plans to identify health needs and priorities associated with population change to 2016.
- * A Resource Allocation/Reallocation Process to match funding with emerging local needs and priorities.
- * A Monitoring and Evaluation Process to ensure that plans can be revised on the basis of updated information.

A core element of the Framework involves the use of a population-based funding approach that allocates

resources according to the local health needs of a community. It draws heavily on previous work the TDHC conducted in partnership with several leading health organizations to define health planning areas for Toronto. This work produced a population-based methodology of segmenting Toronto into 5 major and 15 minor health planning areas, with income as a key indicator of health status. Using these areas planners can more effectively determine the unique health needs of their communities. A full description of each health planning area can be found in the March 2004 TDHC report entitled: *Toronto Small Health Planning Areas: A Population-Based Approach to Constructing New Health Planning Areas in the City*. This report can be downloaded from the Reports section of the TDHC web-site. ■

To download a .pdf copy of the Toronto Health System Framework report, visit the Reports section of the TDHC web-site at www.tdhc.org.

Toronto is experiencing a number of growing pressures such as:

- an aging population and consumers with changing expectations;
- growing numbers of immigrants facing language and cultural barriers to accessing healthcare services;
- the negative impact of poverty and health on the growing number of poor and homeless in the city;
- a high percentage of non-Toronto residents receiving primary and specialized healthcare in Toronto; and
- advances in bioscience and information technologies.

Health planning and service delivery in Toronto is impeded by:

- a lack of system-wide leadership and accountability;
- misalignment of health service planning and resource allocation;
- limited incentives to promote interaction between the system's components; and
- a lack of an urban health strategy to address Toronto's health challenges as a diverse, urban centre.



2004 TDHC AGM: Large Crowd Gathers to Hear Expert on Health Impact Assessments (HIAs)

On July 9th 2004, more than 100 people filled Toronto Metro Hall for the 2004 Toronto District Health Council (TDHC) *Annual General Meeting (AGM)*. It marked the second year in a row that such a large crowd has been in attendance for a TDHC AGM. The crowd gathered to hear the TDHC's guest speaker, Dr. Jennifer Mindell, the Deputy Director of the *London Health Observatory (LHO)* in London, England. The LHO is one of a network of nine regional *Public Health Observatories (PHO)*, which works in partnership with practitioners, researchers, regional and local health policy-makers and the voluntary sector in the City of London. The LHO monitors the health of London's population and the impact of the City of London's urban development strategies on it.

TDHC Chair Mimi Lowi-Young began the meeting on a positive note with her first speech as the TDHC Chair. She highlighted the many TDHC accomplishments in 2003-2004 in the areas of hospital services, community health and French language services. She made special mention of the TDHC's recent work on the *Toronto Health System Framework*, which is aimed at address-

ing the unique challenges Toronto faces as a diverse, urban centre.

In her first speech as the TDHC's Executive Director, Lynne Lawrie also spoke with pride about the recent release of the *Toronto Health System Framework*. She also cited the completion of another major TDHC achievement this past year – the creation of *Toronto Small Health Planning Areas*. These planning areas use income as a key indicator of a population's health and can be used by health planners for better understanding the unique health needs of local communities. In her remarks, Lawrie also made mention of the TDHC's many other accomplishments this past year which include addressing children's health issues, improving French language health services through training and outreach, and the ongoing work conducted under the TDHC's *Seniors' Integration Project*. She also thanked the TDHC staff for their hard work and dedication over the past year.

Four former TDHC Council Members were also honoured for their years of dedicated service. Gilles Barbeau and former TDHC Chair, Carole Kerbel, were in attendance and presented with certificates in appreciation for their contributions to the TDHC. Toronto City Councillor David Soknacki and Canon Jack Roberts were unable to attend the meeting but were also recognized for their work as TDHC Board Members. Both Mimi Lowi-Young and Lynne Lawrie paid tribute to Scott Dudgeon, the TDHC's now seconded Executive Director, for his years of leadership. Dudgeon is on a two-year secondment at the *College of Family Physicians of Ontario* as Executive Director of the *Canadian*



TOP PHOTO: TDHC Chair Mimi Lowi-Young (left) and Dr. Jennifer Mindell, Deputy Director of the London Health Observatory (LHO).

BOTTOM PHOTO: TDHC Chair Mimi Lowi-Young (left) presents retired TDHC Board Member Gilles Barbeau with a certificate, honouring his many years of dedicated service to the TDHC.

Collaborative Mental Health Care Project.

TDHC Vice-Chair Linda Jackson introduced Dr. Mindell, who gave an informative presentation on her experiences assessing the impact of urban strategies on the health of London's population. London's Mayor has promoted the development of strategies for the city in areas such as transport, planning and development, economic development and regeneration, culture and a range of environmental issues including biodiversity, ambient noise, waste disposal and air quality. These Strategies are intended to promote economic and social development and environmental improvement in London, and contribute to sustainable development and the health of Londoners. Each of these strategies is subject to a health impact assessment by Dr. Mindell's *London Health Observatory (LHO)*.

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GUIDE TO FRENCH HEALTH SERVICES: TDHC Commended for its 2004 Guide to French Health Services

The Toronto District Health Council (TDHC) continues to provide an important service to francophones with the publication of its *2004 Guide to French Health Services* brochure. The guide was released in late March along with a poster listing partner organizations the TDHC has been working with to bring French language health services to Toronto. The guide lists a variety of health services including mental health, birthing, early childhood, cancer and long-term care services. It has a listing in English and in French along with a short description for each service. This year's guide lists more than 50 French language health services and programs available to Toronto francophone residents. It represents a dramatic increase over the only 15 French language health services that were listed in the first brochure that was produced by the TDHC in 2000. Both the guide and the poster promote the TDHC's www.francosantetoronto.ca web-site. This site offers access to information on French language health services in Toronto, as well as employment opportunities in the healthcare sector for bilingual and/or francophone job seekers.

The *2004 Guide to French Health Services* has proven to be an invaluable tool for Toronto healthcare providers. Elizabeth Verge, Information and Referral Specialist – French Language Services, at the *Community Care Access*

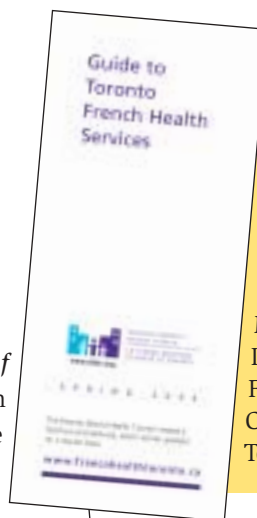
Centre (CCAC) of Toronto, says she often uses the guide and the web-site to refer clients to French services. She definitely sees the value of making providers and consumers aware of French health services in Toronto. Verge also appreciates what the efforts of the TDHC have done for Toronto francophones wishing to receive healthcare in French. "It was very difficult years ago to find such services. They were very scarce. There were some but people didn't know about them. Now, there's a definite growth, a lot more awareness and they're easier to find. I now get calls from all over the city because of the awareness of the services."

The drive to expand the number of French language health services in Toronto in recent years has been led by the TDHC French-language Services Coordinator, Anne-Marie Couffin, and recently retired TDHC Board Member Gilles Barbeau. Gilles was recognized at the 2004 TDHC AGM for his leadership as Chair of the *French Language Services Committee*. In addition to producing the *2004 Guide to French Health Services* brochure and poster, the committee has helped organize several forums on French health services and fostered the development of the www.francosantetoronto.ca web-site.



"The TDHC has done its job. It's done numerous reports on French services. And it has never quit. It has always been 100 per cent behind this work."

Mr. Gérard Parent
Executive Director, Les Centres d'Accueil Héritage



"It's a really big help. It's succinct and quick. I use it as a quick referral tool and have given the booklet to many people."

Ms. Elizabeth Verge
Information and Referral Specialist – French Language Services,
Community Care Access Centre of Toronto



This web-site is maintained by Anne-Marie Couffin and has an up-to-date listing of French language health services in Toronto. Gérard Parent, Executive Director of *Les Centres d'Accueil Héritage*, has noticed the hard work that has been done by Barbeau, Couffin and the *TDHC French Language Services Committee*. For him, the *2004 Guide to French Health Services* is a sign that the needs of Toronto's francophones are being well looked after in 2004. ■

To learn about the TDHC's work to improve the availability and accessibility of French language health services in Toronto, visit the TDHC web-site at www.tdhc.org or the www.francosantetoronto.ca web-site.

PANDEMIC INFLUENZA RESPONSE PLAN: **Toronto Public Health asks the TDHC for Help**

The Toronto District Health Council (TDHC) is one of several partners working with *Toronto Public Health (TPH)* to develop a *Pandemic Influenza Response Plan* for Toronto. Pandemic influenza is expected by some to hit Toronto within the next 10 years, potentially affecting approximately 1.8 million people and causing thousands of deaths. "I think it's all speculation thus far," said Dr. Bonnie Henry, Toronto's Associate Medical Officer of Health. "But people who have been following the trends think we're long overdue." According to Dr. Henry, the impact of last year's SARS outbreak has taught TPH some important lessons. "I think the key lesson we learned is the importance of communicating key information to partners and to the public via different methods," she said.

Dr. Henry asked the TDHC to be a part of this initiative and said it has played a valuable role so far in facilitating this multi-sector planning effort. "Our partnership with the TDHC is very important," she said. "The TDHC has been involved in many planning activities.

The more we get involved, the more we realize it's a detailed process." The TDHC's previous emergency response planning work was a major reason for it being asked to participate in this project. The emergency plan was published by the *TDHC Emergency Response Co-ordination Committee* in a March 2002 report entitled *Recommendations for Improved Emergency Response Co-ordination in Toronto's Health Sector*. This report contained some recommendations which, according to Dr. Henry in a statement last November, could have helped in responding more effectively to the SARS crisis had they been implemented.

Toronto Public Health established five work groups, each one to work on different elements of a pandemic influenza plan for Toronto. TDHC Senior Health Planner Sonia Jacobs Co-chairs the *Health Services Work Group* along with Dr. Mary Vearncombe of *Sunnybrook and Women's College Health Sciences Centre*. TDHC Health Planner Dara Laxer was also on this work group. The group's work began in the summer of 2002, but was interrupted by the out-

break of SARS in 2003. The other four work groups that were created are: *Surveillance and Laboratory Services, Vaccines and Anti-virals, Communication and Education and Emergency Measures*.

The TDHC's Sonia Jacobs emphasizes that work to help create a pandemic influenza response plan is especially important, considering how far-reaching the impact a massive influenza outbreak could be on the city. It would likely impact everything from doctor's visits to congregations in public. The most important element in this plan will be the challenge in meeting the treatment needs of thousands of people in the population. "We need to figure out how to accommodate the needs of the population," Jacobs said. "We're looking at the availability of beds, staff and equipment. The reality is that even with the surge capacity of hospitals, there won't be enough capacity to deal with pandemic influenza. The next step is figuring out how we can get more capacity." This has the committee considering many options. "We need to look at setting up alternative sites outside the hospital," said Laxer.

Another challenge facing the *Health Services Work Group* is a human resources one. It is anticipated that one-third of the population, including healthcare workers, would fall ill during a pandemic influenza outbreak. The work group is looking at how to ensure all patients could receive the necessary treatment – even with the shortage of caregivers. A preliminary report of the *Toronto Pandemic Influenza Plan* will be released this summer, but the work on an influenza response plan will continue well after it is released.

For more information about the TDHC's work on disease specific issues and other topics, visit the TDHC web-site at www.tdhc.org.

2004 TDHC AGM: *(continued from page 4)*

Dr. Mindell emphasized that health impact assessments have been critical to ensuring the health agenda is embedded in London's urban development moving forward. She stressed that the success of any health impact assessment process depends on solid research as well as informing and consulting with decision-makers and stakeholders very early on in the process. The development of specific and practical recommendations and monitoring their implementation are also critical success factors. In her view, the value of health impact assessments goes well beyond merely influencing a particular urban development policy through these assessments. In the process of these assessments, public health staff have become more aware of other social policy agendas and other government departments have been sensitized to the health impact of their work on London's residents. ■

A copy of Dr. Mindell's PowerPoint presentation as well as information about the London Health Observatory (LHO) can be downloaded from the TDHC web-site at www.tdhc.org.

TORONTO REGIONAL STROKE NETWORKS:

TDHC's Recommendations on Stroke Centre Locations Come to Fruition

In 2000, the *Ontario Ministry of Health and Long-Term Care* asked the Toronto District Health Council (TDHC) for advice on where to locate three regional stroke networks in the Greater Toronto Area (GTA). The networks would work to help primary care, long-term care, community and social service providers coordinate the delivery of stroke care to patients in need. This strategy would include care provided at the preven-



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tion, treatment and rehabilitation stages to someone at risk of, or who is suffering from, stroke or heart disease. The end result would be a stroke care delivery system that saves lives, avoids duplication in service delivery and lowers the long-term costs of caring for stroke victims.

The Ministry asked for the TDHC's advice recognizing that Toronto required a strategy to address the expected higher incidence of heart and stroke related health issues, due to the city's aging population. Stroke is the fourth-leading cause of death and the leading cause of disability in Canada, with 50,000 Canadians suffering a stroke yearly. The vast majority of survivors, estimated at 86 per cent, require hospitalization and care.

The TDHC responded to this call for help by pulling together a working group. In November 2000 the working group published a report entitled *Creating a Coordinated Stroke Strategy for Toronto*. The TDHC's Coordinated

"The DHC has provided an important leadership role, a neutral presence and environment for regional stakeholder's identification and dialogue of stroke related issues and the third party examination of key related data."

Shann Beck
Coordinator, North and East GTA
Regional Stroke Network

Stroke Strategy Work Group was responsible for the recommendations in the stroke strategy report. Its recommendations resulted in the creation of three regional stroke networks, each operated out of a different location in the GTA.

The *North and East GTA Regional Stroke Network* is based out of a centre at *Sunnybrook and Women's College Health Sciences Centre*. The *Toronto West Regional Stroke Network* operates out of the *University Health Network*. A third stroke network, the *Southeast Toronto Regional Stroke Network*, works out of *St. Michael's Hospital*. These three networks are based on a model similar to the *West GTA Stroke Network* which is based out of the *Trillium Health Centre*. It had been established by a group of hospitals and community service agencies in West Toronto/Peel, prior to the TDHC stroke strategy work group's creation by the TDHC. ■

To download a .pdf copy of the Creating a Coordinated Stroke Strategy for Toronto report, visit the Reports section of the TDHC web-site at www.tdhc.org.

Below is the contact information for the four Regional Stroke Networks in the GTA:

North and East GTA Regional Stroke Network

Coordinator: Shann Beck
Phone: 416-480-6100 ext. 7300
E-mail: shann.beck@sw.ca
Assistant's Phone: 416-480-6100 ext. 3157

Toronto West Regional Stroke Network

Acting Coordinator: Jacqueline Willems
Phone: 416-603-5076
E-mail: jacqueline.willems@uhn.on.ca
Returning Coordinator: (as of September from maternity leave): Shelley Sharp
Phone: 416-603-5076
E-mail: shelly.sharp@uhn.on.ca

Southeast Toronto Regional Stroke Network

Coordinator: Krystyna Skrabka
Phone: 416-864-6060 ext. 3125
E-mail: skrabkak@smh.toronto.on.ca

West GTA Regional Stroke Network

Coordinator: Katherine Leblanc
Phone: 905-848-7580 ext. 5476
E-mail: kleblanc@thc.on.ca

"We were able to get an early start in preparing a stroke strategy. The Creating a Coordinated Stroke Strategy for Toronto report was a very

important report. Because of this report, the Ministry had the advice it needed to make decisions when establishing stroke networks in 2000."



Ms. Mary Lewis
Member, TDHC Coordinated Stroke Strategy Work Group
Senior Manager, Government Relations
Heart and Stroke Foundation of Ontario



FRENCH LANGUAGE HEALTH SERVICES AWARDS: TDHC to Acknowledge Four People Promoting French Language Health Services in Toronto



French-speaking health care provider that improved the health care system, whose accomplishments have made a major impact in their field.

In the Fall, the Toronto District Health Council (TDHC) will be recognizing individuals who have been making a difference in the lives of Toronto's francophone residents. Four individuals will be chosen from a list of several who were nominated by peers for their dedication to improving the availability and accessibility of French-language health services in Toronto. A panel of judges consisting of members

of Toronto's healthcare sector and the francophone community will be charged with choosing the four winners. The chosen individuals will be honoured at an awards ceremony that will take place at Toronto Metro Hall on September 29, 2004.

There will be one recipient from each of the following categories:

- 1) An outstanding and innovative

- 2) A dedicated individual who has worked to develop or improve access to French language health services.
- 3) A health care professional who has shown perseverance and commitment to French language health services.
- 4) A health care volunteer who has shown perseverance and commitment to French language health services. ■

To learn about the TDHC's work to improve the availability and accessibility of French language health services in Toronto, visit the TDHC web-site at www.tdhc.org or the www.francosantetoronto.ca web-site.

SENIORS CARE INTEGRATION: TDHC Working Group Releases Model to Improve Seniors Care Coordination

Under its 'Seniors Project' initiative, the Toronto District Health Council (TDHC) has been examining the service delivery system for seniors in Toronto for the past three years. The project's objective is to plan a more integrated, coordinated and effective system for seniors in Toronto. Earlier this year, the TDHC's *Seniors Integration Project Work Group* released a proposed service delivery model for seniors entitled *Seniors' Care Coordination: An Integrated Service Delivery Model for Seniors*. The Work Group consulted with a broad range of consumers and providers of health and community care services for seniors to gather feedback on the proposed model. Based on this feedback, the *Seniors Integration Project Work Group* revised the proposed model entitled *Coordinated Accessible Community Healthcare for Elders in Toronto* (CACHET Model). The CACHET model is designed to efficiently and effectively deliver a continuum of high quality services to seniors as they age in place. It is intended to provide individuals with a flexible and appropriate mix of services from the broad health care continuum. ■

Look for a .pdf copy of the *Seniors' Care Coordination: An Integrated Service Delivery Model for Seniors* report in the coming months on the Reports section of the TDHC web-site at www.tdhc.org.

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