# Annual Report 2001 - 2002

## Grand River District Health Council

## Your Local Voice in Health Planning

District Health Councils advise the Minister of Health and Long-Term Care on the planning and coordination of health services in communities. These planning bodies were created with the belief that community members are in the best position to determine local health needs and priorities. Consistent with this belief, the Grand River District Health Council sets out to assess the needs of the community; ensure access to services; foster integration between providers; and build the community's capacity to provide high quality, integrated health care.

Membership on Council includes providers of health and social services, people who bring a community perspective, and representatives from local government. The Grand River District Health Council includes representatives from Brant, Haldimand and Norfolk Counties and the Six Nations of the Grand River Territory.

## Contact Us:


Grand River District Health Council
155 Lynden Road, Suite 2
Brantford, Ontario N3R 8A7

Telephone: (519) 756-1330
Fax: (519) 756-6013

E-mail: info@grdhc.on.ca
Website: www.grdhc.on.ca


Executive Director: Lynn Bowering (resigned March 2002)
Planning Director: Rita-Marie Hadley
Health Planners: David Diegel
Sarah Greeniaus (to Nov. 2001)
Erica MacIntyre
Joanna Oliver
Maria van Dyk (on secondment)
Admin. Assistant: Pat Sloot (retired)
Admin. Officer: Jennifer Pakulis
Support Staff: Marnie Balazs
Joanne Shannon

## Message from the Chair and Acting Executive Director

The question asked in our speaker's presentation at this year's annual general meeting is "What kind of healthcare system do we want?" This is an echo of the question being asked from a national and provincial point of view. The Romanow national commission and several provincial health system reviews have asked the public about their expectations of the healthcare system.

Several projects led by the Grand River District Health Council in 2001-2002 have provided some answers about the health status our residents enjoy and the capacity of our healthcare system. Moving beyond assessing health status to establishing health goals is an exciting proactive move that we expect will bear fruit throughout the whole planning district through the next planning year.

As we have done since the creation of the Grand River DHC four years ago, this report is based on our strategic organizational priorities:

- Assessing need and improving access
- Fostering integration
- Building community capacity

The above principles are also the backbone for our community-based planning priorities. We use these principles along with the provincial policies and legislative frameworks that shape Ministry of Health and Long-Term Care planning priorities common to all provincial DHCs, to provide advice to the Minister for our population.

Council's Fall board development retreat in 2001 used the measuring stick of the "Benchmarks of Excellence" process to evaluate its organizational health. Analysis of our "excellence quotient" has formed the next steps involving implementation of action plans and celebration of areas of strength and development areas of continued growth.

Our plans for 2002-2003 see further community partnerships with the release, in collaboration with the Haldimand-Norfolk Health Unit, of the Haldimand and Norfolk Community Health Status Report 2002.

September 2001 brought a change of office space to a new location providing better accessibility and functional layout. The end of 2001-2002 was marked by the retirement of our Administrative Assistant, Pat Sloot, and the departure of Executive Director, Lynn Bowering. Lynn was appointed Chief Operating Officer of the Ontario Women's Health Council in April 2002. Her leadership since 1998 in bringing together staff from former DHCs from Brant and Haldimand-Norfolk, building infrastructure for the DHC and developing community partners has positioned this DHC well. We all wish Lynn and Pat well and appreciate all their efforts to establish the Grand River District Health Council.

Beth Snowden- Chair

Rita-Marie Hadley- Acting Executive Director

# Report on Activities

## Assessing Need and Improving Access

The Memorandum of Understanding with the Ontario Ministry of Health and Long-Term Care gives DHCs a responsibility to strategically plan, monitor and evaluate health system delivery and health outcomes and assess changes to the health care system and their impact on the health status of the community. Significant health system changes were introduced through hospital restructuring, the establishment of Community Care Access Centres, primary care reforms, and other major initiatives. Therefore, a regular assessment of health system performance is a natural companion to the DHCs' core mandate of advising the Minister of Health and Long-Term Care on matters regarding health issues in their communities.

Starting in 2001, the Grand River DHC worked with other DHCs to develop a common tool for monitoring local health systems and collecting local data. The first Local Health System Monitoring Report will serve as a baseline report containing data on various non-medical indicators of health, health status, community and health services utilization, and, measures of health system performance. While this report will not cover all sectors or issues in the health care system, it will enable a more comprehensive analysis of the health care system issues as more data becomes available.

The Grand River DHC is preparing the Haldimand and Norfolk Community Health Status Report 2002 in collaboration with the Haldimand-Norfolk Health Unit. The report will provide an overview of the health status and non-medical determinants of health of the residents of Haldimand and Norfolk, including a socio-demographic profile; information on reproductive health outcomes and lifestyle and health; and leading causes of hospitalization and mortality.


**Our New Location - 155 Lynden Road, Suite 2**

Health human resources are key to building a sustainable and integrated district health system. In Fall 2001 all DHCs began work on the Ontario DHCs Labour Market Survey, funded by Human Resources Development Canada and focussing on the non-hospital sector, and non-physician, non-nursing health human resources. Following data collection in March 2002 analysis will be done to give the Grand River DHC a broader understanding of the regional and provincial issues that impact on the availability and need for both number and type of health human resources in the Grand River area. The findings of the Ontario Hospital Association and the Ontario DHCs Labor Market Surveys will be incorporated in a Grand River DHC health human resource and further analysis around gaps undertaken as a Ministry priority.

As part of their core functions DHCs produce multi-year Long Term Care plans examining the needs of older adults and children/adults with disabilities. The Grand River DHC began work on its first district-wide multi-year service plan during 2001 with a task force, which is reviewing current services, identifying gaps and developing recommendations to fill these gaps. Work continues toward completion in Fall 2002.

## Fostering Integration

This past year saw the completion of a major mental health planning initiative. "a home, a friend, a job - A Functional Review of Community Mental Health Programs" assessed how well community based mental health programs meet the needs of severely mentally ill individuals. Overall the review indicated that many individuals accessing mental health services are in need of more frequent and intensive supports and services. The mismatch of services to needs is primarily the result of a shortage of services resulting in existing services being

overextended. In response to this identified need it was recommended that a lead mental health agency be established in each of Brant and Haldimand/Norfolk. The new agency will consolidate all services in one agency, improve access and increase services. The Ministry of Health and Long-Term Care is currently reviewing the report.
The Central South Mental Health Implementation Task Force continued its work this past year. Mental Health Task Forces have been established across Ontario to review mental health services and to make recommendations to streamline and improve access to services and improve the overall system. DHCs have been assisting the task forces by providing planning support. Additionally, Lynn Bowering, Executive Director was a member of the Task Force. The report is expected the Fall of 2002.

Implementation planning for the rationalization of substance abuse and addictions services began in 2001-2002. A task force of local stakeholders along with a consultant produced a report outlining how the amalgamation of programs should occur. An implementation task force is now proceeding with DHC ex-officio planning support.

At the request of the Ministry of Health and Long-Term Care, the Grand River DHC facilitated the creation of a district-wide Emergency Services Network. Addressing both in-flow and outflow pressures for emergency departments in Brant, Haldimand and Norfolk hospitals, the group is beginning to examine internal utilization and pre-hospital pressures, to identify district solutions.

Fostering integration on a regional level, the Grand River DHC led a planning exercise to designate district stroke centres in Central South Ontario. The need for bypass protocols, availability of specialized equipment and expertise in order to administer specific medications for ischaemic stroke, and the interrelated networks of regional stroke centres typify the systems planning approach behind the Integrated Ontario Stroke Strategy.

## Building Community Capacity

Community capacity building, improving access, and fostering integration are all intrinsic to the Brant County Health Goals Project, a collaborative venture between the Brant County Health Unit and the Grand River DHC. Citizens' Panels designed in conjunction with McMaster University's Centre for Health Economics and Policy Analysis launched the project in June 2001. They involved over 45 residents in different panel formats including a mail survey, telephone survey, and a face-to-face meeting, while another 26 residents participated through an online pilot. The panels deliberated on the relative priority of major health issues in the County identified from the Brant County Community Health Status Report 2001. Participants were also asked to consider the impact and influence of local community characteristics, and broader social, economic, and environmental factors on health. [See report summaries on the Health Goals web page at www.grdhc.on.ca under 'What's new.']

The Brant County Health Goals Task Force is a small diverse group of health, business, education, and political participants who have drafted eight goals and are developing objectives. The final recommendations are expected in Fall 2002.

In 2001 the Grand River DHC became a non-voting member of the Health Action Steering Committee in Haldimand-Norfolk to support important work already underway in health promotion and illness prevention. The Health Action Committee is funded in part by the Ministry of Health and Long-Term Care through its Heart Health Program, and is supported by the Haldimand-Norfolk Health Unit and in-kind member contributions. The Steering Committee brings together an extensive array of agencies involved in health promotion, as well as community groups such as Smoke-Free Places Action Network [SPAN] to work towards common goals. Health Action's primary mandate is community education focusing on the risk factors contributing to heart disease and cancer - two major health issues in Haldimand and Norfolk. [See the Health Action web-site at http://www.haldimand-norfolk.org/ha/]

# Special Thanks to All Our Volunteers

**Council Members**

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Richard Mercey, Treasurer
John Wells, 2nd Vice Chair
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Rhonda Clarke-Bruyn
Carmen Dillon
Ruby Jacobs
Michael Koshowski*
Kathryn Martin
Richard Mercey
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Tom Patterson
Randy Peltz
Roy Schofield
Tom Verth*
Vic Garn*

**Executive Committee**

Luke Hewitt
Beth Snowden
Glenn Forrest
John Wells
Richard Mercey

**Brant County Health Goals Task Force**

Dr. David Cameron**
Lisa Connolly
Dr. Mary Ann Gorsci
Marina Lundrigan
Richard Mercey
Helen Mulligan
Brendan Ryan
Dr. Doug Sider

**Circle of Life Task Force**

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Romeo Cercone
Ginny Gibson
Teena Hamilton
Joan Hutcheson
Enid Jamieson
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**Grand River Emergency Services Network**

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Dr. Peter Chu
Barb Clendinning
Myrna Cooper
Dr. Nav Dhiraj
Diane Draper
Rose Gass
Dr. John Hall
Dr. Gene Jarrell
Dr. Richard Johnson
Ernie Jones
Bill Lewis
Charles Longeway
Dr. John MacIntyre
Dr. Iain McMichen
Darwin Rouse
Mike Seth
Dr. Doug Sider
Mary Stewart
Carole Taylor
Dr. Michelle Welsford

Ex officio
Liz Bint
Bryan Clarke
Ingrid Farag
Rita-Marie Hadley
Peggy Haraburda
Shelley Moneta

**Substance Abuse Implementation Committee**

Dennis Bouillon
Margaret Clark
Wendy Decaire
Terry Fadelle
Glenn Forrest
Sharon Labonte-Jaques
Janice Macovik
Patti Moore
Mary Nemeth
Peg Purvis
Bill Sanderson
Sheila Schram
Miranda Borisenko, OSAB

* term expired
** resigned