Spring 2003

Grand River Planner

A Publication of the Grand River District Health Council

A message from the Executive Director…

There was a time when Canadians were happy to leave decisions about the healthcare system to doctors and government administrators. This is not the case today. In fact, people now clearly want to have a hand in directing reform initiatives. In a recent public opinion poll, 78 percent of Canadians consider it very important for citizens to participate in decisions about the health-care system. Eighty-four percent said they'd feel better about government decisions if they knew that ordinary people were being consulted on a regular basis. The problem and challenge is how to actually get citizens' input to impact on the decision-making process.

In Canada, and more importantly in Ontario, important steps are being taken to promote citizen participation in health care decision-making. The District Health Councils of Ontario play an important part in bringing that local voice to the government in an effort to help shape policy and health care reform.

The Grand River District Health Council (GRDHC) is <u>your voice</u> to help shape policy and health care reform. This is partially achieved through the community voice – that of your Council members within the GRDHC. Discussions, decisions, and approvals take into consideration "what is best for our community", balancing the diverse perspectives of municipal representatives, community providers and local consumers who make up the Council within Brant, Haldimand and Norfolk Counties. The GRDHC advises the Minister of Health and Long-Term Care on local and regional issues that lead to building a more integrated system to better meet the needs of our local communities. In this newsletter, we are pleased to share some examples of this with you.

How do we know when we are successful? This is truly the challenge. By bringing the decision-makers and stakeholders closer together in an open and trusting environment, we can begin to form a collective effort that is shared, sustained, and undertaken for the common good. This is how we can begin to rate the usefulness and success of our initiatives.

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What's Inside?

Senate Committee to Study Mental Health and Mental Illness

On February 26, 2003, the Standing Senate Committee on Social Affairs, Science and Technology announced it would undertake a review of mental health and mental illness in Canada. The Committee, chaired by Senator Michael Kirby, has been reviewing major health care issues since December 1999.

In Volume Two of the recent study on the state of Canada's health care system, the Committee learned:

- that the economic burden of mental health problems/ illnesses was estimated at approximately $14 billion annually;
- mental illnesses and disorders were the seventh highest among all diseases in terms of the overall cause of illness; and,
- it is estimated that mental illness is the second-leading cause of hospital use among those aged 20 to 44, a period of life normally associated with high productivity.

Based on this evidence, the Committee was convinced that a more in-depth analysis on mental health and illnesses issues was necessary. The Committee began a series of roundtables on February 26, 2003.

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Long Term Care Update

Throughout 2002, the Grand River District Health Council along with the Hamilton and Niagara DHCs worked with the Central South Regional Office of the Ministry of Health and Long-Term Care to develop a new template for the Annual and Multi-year District Service Plan. In addition to the overall requirements of the Ministry of Health and Long-Term Care, the template will provide a significant amount of information regarding long term care services and the needs for these services.

As a first step to the development of a multi-year service plan, needs assessments will be conducted in both Brant and Haldimand/Norfolk. These assessments will examine the current level of service delivery and will compare it to the need for the services. The assessments are a community driven initiative, in that they were requested by community groups.

For more information, please contact David Diegel, Health Planner at 756-1330 or ddiegel@grdhc.on.ca

Message... *Chris Carew, Executive Director*

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As preoccupied as we are with solving the healthcare issues today, and planning for those of tomorrow, the heart of the issue is the '*user*' of our healthcare system. Recognizing this common link between all of us, we can only then begin to plan for a better, more integrated healthcare system; a system that the '*user*' can navigate their way through with ease, ultimately achieving a healthier end result.

As always, we welcome your comments!

Brant County Health Goals

Final Report Approved: The Brant County Health Goals Task Force submitted its final report to the Brant County Board of Health and the Grand River District Health Council (GRDHC) on December 4th. The Report was also submitted to the Boards of the Brant Community Healthcare System (BCHS) in recognition of their major contribution to the project and the need for their support to move forward.

The Brant County Board of Health and the GRDHC approved the Report in January, 2003, and in February, the Board of Governors of Brantford General Hospital supported the Report. This decision by all three Boards validates the substantial amount of time and effort the members of the Task Force have contributed and volunteered to the project since coming together in October, 2001 and the significance of the Health Goals Framework they have created.

The Final Report builds upon the findings of the Citizens Panels held in June, 2001. This study was undertaken in collaboration with the Centre for Health Economics and Policy Analysis (CHEPA) at McMaster University. Forty-five citizens of Brant County participated on three Citizens Panels and provided their views about priority health concerns identified from the 2001 Brant County Community Health Status Report, prepared jointly by the Brant County Health Unit and the GRDHC. The participants were also asked about broader issues related to community health such as the influence of social and economic factors.

The Task Force held a second round of consultations in Summer, 2002 involving participants from the previous Citizens Panel Study and other community members. Open Houses, presentations, and focus groups provided opportunities to provide feedback. A community workbook was developed by the Task Force, and used in conjunction with these sessions.

The approvals of the Board of Health, the District Health Council, and the BGH Board of Governors pave the way for the next steps. The inclusion of a next phase of activities based on the recommendations of the Task Force is under consideration for the 2003-2004 GRDHC Operating Plan. The Final Report was distributed to key stakeholders in March, 2003

If you would like to receive a copy of the Report please contact our office at (519) 756-1330, or by email to info@grdhc.on.ca. Further information can also be found on the GRDHC web site at www.grdhc.on.ca.

Meet …

Ruby Jacobs, Council Member

Ruby is a respected healthcare leader and is currently the Director of Health Services for the Six Nations of the Grand River community. Ruby has held a number of progressive positions within the Health Services sector in both administration and nursing preceded by several teaching positions at Mohawk College and the Brant Community Healthcare System (the Brantford General Hospital site).

Ruby has been a council member since November, 1998, and proudly brings the perspective of the aboriginal population she serves to the Grand River District Health Council.

Ruby is a former Chair of the Six Nations School Project Management Team which led to the successful completion of four elementary schools at Six Nations. Ruby has a passion for figure skating and previously held the position of President with the Six Nations Skating Club for six years.

Grand River Health Human Resources Forum

On February 24, 2003, over 60 participants attended the day long **Grand River Health Human Resources (HHR) Forum** at The Greens at Renton. Participants included human resources staff from 22 health provider agencies and organizations (from Brant, Haldimand, and Norfolk Counties), District Health Council (DHC) staff, members of the Grand River District Health Council, and members of the HHR Forum Advisory Group who had assisted in planning for the day.

The morning focused on identifying strategies that organizations in the Grand River area are using to enhance HHR capacity and utilization in response to a province-wide Ministry of Health and Long-Term Care initiative. A report was submitted to the Ministry in March. The afternoon session was funded in part by Human Resources Development Canada (HRDC) and focused on extending the networking and learning of this unique group. Jim Bottomley, a consultant with The Breken Group, led participants in an interactive discussion focusing on building a better future for healthcare in the Grand River area from a human resource perspective

The evaluation results indicate the Forum was a worthwhile experience for a majority of participants. The speakers' presentations can be downloaded at www.grdhc.on.ca. The HHR Forum Advisory Group reviewed the evaluation results and the Forum reports at its March 17th meeting. The reports were distributed to participants in April.

For further information contact Erica MacIntyre, Health Planner at (519) 756-1330, ext. 233 or email emacintyre@grdhc.on.ca.

HHR Forum Advisory Group

Randy Peltz, Chair
Member, Grand River District Health Council

Megan Allen
Executive Director, Haldimand-Norfolk Community Care Access Centre

Toni Borecky
Manager, Corporate Services, Brant Community Care Access Centre

Karen Boughner
Manager, Public Health, Haldimand Norfolk Health Unit

Carolyn Bowman
Coordinator of Administrative Services, Adult Mental Health Services of Haldimand Norfolk

David Godwaldt
Manager, Human Resources, Brant Community Healthcare System

Connie Glover
Human Resources Assistant, John Noble Home

Theresa Kapitor
President, Norfolk Nuclear Medicine Inc and Norfolk Cardio-Pulmonary

Rosemary Knecthel
Dean, Health Sciences & Human Services, Mohawk College of Applied Arts & Technology

Janet Krolouski
Administrator, Delhi Nursing Home

Ralph Pearce
Labour Market Analyst, Brant-Haldimand-Norfolk Human Resources Development Canada

Jill Wood
Executive Director, Grand Erie Training and Adjustment Board

Chris Carew,
Executive Director, Grand River District Health Council

Erica MacIntyre
Health Planner, Grand River District Health Council

Joanne Shannon
Secretary, Grand River District Health Council

Ontario Hospital Association (OHA) Health Human Resources Tool-kit

The Grand River District Health Council will be hosting an information session about the Health Human Resources Tool-kit for Grand River health care providers on Thursday, June 5th from 9:30-11:30 a.m. (tentatively) at the DHC in collaboration with the OHA Hospital Human Resources Policy Research Unit. This activity is being undertaken with the support of the Health Human Resources Forum Advisory Group. If you would like more information, or you would like to register, please contact our office at (519) 756-1330.

Health Promotion Briefs

1. In November 2002, the Minister of Health and Long-Term Care announced continued funding for Heart Health Programs across Ontario for the next five years. Grand River District Health Council staff participated in two planning sessions for Grand River programs in March sponsored by the Brant County Health Unit and the Haldimand-Norfolk Health Unit.

2. Health Canada has launched a new site, Healthy Living – Public Involvement to Inform the Development of an Integrated Pan-Canadian Healthy Living Strategy. It can be accessed at http://www.healthyliving-viesaine.ca/english/index.html .

3. The Grand River District Health Council is undertaking a targeted consultation on its DRAFT Health Promotion Strategic Plan. For more information, please contact Erica MacIntyre, Health Planner at (519) 756-1330, or by email to emacintyre@grdhc.on.ca

Mental Health Planning

Mental Health planning continues to be a busy part of the District Health Council's work. At the request of the Ministry of Health and Long-Term Care, the Grand River DHC has been working with community and hospital groups to develop protocols to ensure that child, youth and adults have access to acute mental health beds in Haldimand and Norfolk. With no acute mental health beds in Haldimand or Norfolk, it is sometimes difficult for individuals to access inpatient acute mental health beds. Protocols will be developed for children/youth across Haldimand and Norfolk and for adults in Norfolk. It is hoped that this work will ensure better access to inpatient beds for the residents of Haldimand and Norfolk.

Community based mental health programs are required by the Ministry of Health and Long-Term Care to develop operating plans that:

- outline the successes of the previous fiscal year;
- the proposed program; and
- changes for the coming year.

This year operating plans are due to the Ministry of Health and Long-Term Care by mid-May. The DHCs will then have four weeks to offer comments and suggestions with regards to the operating plans and any proposed program changes.

In December, 2003, the Central South Mental Health Implementation Task Force submitted their report to the Minister's office. The report outlines suggestions for the future direction of Mental Healthcare. Until a response is received, planning for current services will continue.

CT Scanner for Norfolk General Hospital

On February 21, 2003, the Norfolk General Hospital [NGH] learned that it was approved to install a Computerized Tomography [CT] scanner. This announcement follows a November 2002 Call by the Ministry of Health and Long-Term Care to accept proposals to operate a CT scanner in an Independent Health Facility in Brantford, where the district's only CT scanner currently operates at the Brantford Genera Hospital site. NGH and Brant Community Healthcare System officials, along with local politicians and the GRHDC subsequently shared information with the Ministry advising of the priority of a second CT scanner being located in Simcoe.

In announcing the NGH siting, the Ministry linked a high bid price for the Brantford proposal with the decision to locate the powerful diagnostic equipment at the NGH.

Redevelopment at NGH is underway, with the intended CT site tied in with the emergency department renovations.

The GRDHC supports hospital program planning across Norfolk, Haldimand and Brant through the Hospital Networks #4 and #17 created through the Rural and Northern Framework. A Clinical Diagnostic Working Group reported in a March 2001 network report on the need for an additional CT scanner in the Brant-Norfolk network (#17).

For information contact Rita-Marie Hadley, Planning Director at (519) 756-1330 ext. 223 or rmhadley@grdhc.on.ca.

Grand River District Health Council

Annual General Meeting

Thursday, June 12, 2003
5:30p.m.

The Greens at Renton

Joint Health Council Retreat

Kirby. Romanow. Regionalization.

These were among the words buzzing on January 10, 2003 as the Council Members and staff of the three DHCs in Central South Region gathered at the Hamilton Chamber of Commerce for a joint Health Council Retreat. This inaugural effort at providing a forum for interaction, education and information exchange among the DHCs in Niagara, Hamilton and Grand River was a timely follow-up to the November release of the two influential national health reform documents headed by Senator Michael Kirby and Health Commissioner Roy Romanow.

Participants started the day with a short history of federal and provincial initiatives intended to influence the health system delivered by Julia Abelson of the Centre for Health Economics and Policy Analysis. Denise Kouri, Executive Director of the Canadian Centre for Analysis of Regionalization and Health, as keynote speaker, compared and contrasted the Kirby and Romanow reports across several issues. This was followed by small group sessions where participants discussed the implications of these health care reform recommendations for DHCs. In a relatively short time, these groups grappled with the high level issues of funding and sustainability, quality, performance and accountability as they relate to the local planning roles of DHCs.

This retreat is a good example of the DHCs' regional presence in addition to their district-level activities.

Meet …

Glenn Forrest, 1st Vice-Chair

Glenn Forrest is currently employed and has been employed for 15 years by Six Nations Council located on Six Nations of the Grand River Territory in Ohsweken. He is the Programs and Services Supervisor of New Directions Group, Health Services which includes NNADAP (National Native Alcohol and Drug Abuse Program); CHR (Community Health Representative); Youth Services; and Animal Control Services.

Glenn represents the Southern Independents on the Ontario Regional Addictions Partnership Group and is a board member representing all 134 First Nations in Ontario on the National Native Addictions Partnership Foundation, Inc. He is also a member of the Steering Committee for the Foundation's Community Emergency Response Program responsible for developing National and Regional Teams to support First Nations in times of crisis to provide short-term crisis intervention and provide skills, training and capacity building to the people of the Community in crisis. Glenn is also a voluntary member of the Board of Directors for St. Leonard's Community Services and a member of the Ontario Aboriginal Tobacco Control Strategy though Aboriginal Cancer Care under Cancer Care Ontario.

Glenn's previous experiences included various positions on the Brant United Way Board, Ontario Students Against Impaired Driving, Ontario Community Council on Impaired Driving, and Six Nations Trustee to the former Brant County Board of Education.

Plain Language Workshop

The importance of language in health care is well known to affect the quality of services where communication and understanding are essential. Unclear language increases confusion during diagnosis and treatment, can increase the amount of time spent in consultation and reduce compliance. Aside from affecting health care delivery, language is also key in delivering health system planning information and advice. On March 6, 2003 the Grand River DHC hosted an inaugural joint staff education session among the Central South DHCs. The learning focused on plain language from three perspectives relevant to DHC work.

Michelle Gold, Manager of Knowledge Transfer at the Hamilton DHC presented on Knowledge Transfer and DHCs, noting our role in research uptake and informing policy development.

Clear language principles were demonstrated by Director of Information, Deanna Sarkar of Literacy Link - South Central Network.

Sue-Anne Schroeder of Express It Business & Technical Communications, who also facilitated two small group exercises, presented communication from a technical writing perspective. The jam-packed agenda saw participants tackle a communiqué intended for the general public around a health goals project as well as a section of the Senate Report on Health Reform.

DHC audiences are varied - from the public to professionals to policy-makers. Their communication products are delivered in many different media but clarity is important for all recipients.

For information contact Rita-Marie Hadley, Planning Director at (519) 756-1330 or rmhadley@grdhc.on.ca.

Grand River Local Health System Monitoring Report Shifts Into Phase II

In November 2002, the Grand River District Health Council (GRDHC) released the ***Grand River District Health System Monitoring Report 2002*** (GRDHSMR).

The Report provides data and key findings as they apply to:

- the health status of the residents of Grand River District;
- the availability and utilization of the varied health care services in the District; and
- the accessibility to these various health care resources in the District.

In addition, data on health human resources, funding and peer-district evaluation comparisons were also provided.

As the project shifts into the next phase, continuation of the GRDHSMR will include:

1. gaining input from local stakeholders
2. establishing a Local Stakeholders Data Group to assist in data collection
3. redefining and further development of indicators to help measure health system performance and to further identify elements that may be considered missing as part of the report
4. closing any perceived data gaps & improving local relevance

A key emphasis for Phase II will incorporate an evaluation component designed to solicit feedback from local stakeholders and the District Health Council provincial team on the usefulness of the first report.

The initial objective of the Grand River Health System Monitoring Report was:

- to develop and use a tool for monitoring changes in the health care system, provincially and locally, in order to facilitate ongoing health system improvement;
- to monitor the structure, function and utilization of the local health system,
- to evaluate the impact of changes on institutions, programs, services and providers, and
- to provide advice & information to the Minister of Health, and other planning/provider organizations

It is expected that Phase II will be completed by December 2003 and an updated version will be released in 2004-2005.

Copies of the GRDHSMR can be obtained from the Grand River District Health Council website www.grdhc.on.ca.

Considering "Rural" in Planning Grand River Health Services

Preliminary consideration of government policy, political issues, special projects, community views, and 1996 census data analysis indicate that the rural dimension is a characteristic of the Grand River area important to consider and integrate with GRDHC planning activities to address residents' health care needs in Grand River.

Staff are currently evaluating internal capacity, available resources, and considering planning tools and approaches which are appropriate to support a range of planning initiatives. The short-term objectives of this activity are an increased capacity to respond to common questions about rural issues in the Grand River area, improved consistency in GRDHC planning approaches, and an increased depth of understanding and sensitivity to rural issues within the Grand River area.

For more information, please contact a member of the GRDHC planning staff at (519) 756-1330, or by email to info@grdhc.on.ca.