Grand River Planner

A publication of Grand River District Health Council

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Grand River Health Human Resources Network Underway

The Grand River Health Human Resources (GRHHR) Network serves as a forum for shared learning and identification of common issues, and, undertakes collaborative projects and initiatives related to human resource (HR) management and planning. The focus is on achieving or facilitating local benefits in the Grand River district. The work is resourced through in-kind contributions and GRDHC staff support.

The first year (2004) will focus on developing the Network, best practice in the retention of health workers, training and education, and human resource management, and improving information. Offering training workshops, sharing educational programs, assisting with and advising on planning initiatives, and coordinating surveys locally are some of the major activities the Network will undertake. The Network may also undertake special projects in the future.

The Network brings together individuals with human resource, health human resource, labour market, and training experience and knowledge from healthcare organizations across the Grand River area. If you are interested in joining the GRHHR Network please contact Chris Carew, the current Chair, at ccarew@grdhc.on.ca, or by phone to (519) 756-1330, Ext. 229.

The Network was created based on the recommendation of the Grand River HHR Forum Advisory Group. This advisory group was brought together by the GRDHC in December 2002 for a special HHR project completed in March 2003. The final Forum report detailed HHR strategies used by health care organizations in the Grand River area. A copy of this report is available on the GRDHC web site along with a similar report for the Central South Region (Grand River, Hamilton, and Niagara DHCs). If you would like more information about this initiative, or, Network activities please contact Erica MacIntyre, Health Planner, at emacintyre@grdhc.on.ca, or by phone to (519) 756-1330, Ext. 233.

Minister Smitherman identifies District Health Councils as an important link in the accountability chain

Those were the words used by the Honourable George Smitherman, Minister of Health and Long-Term Care, as he addressed Ontario's 16 District Health Councils [DHCs] as part of the annual DHC conference that took place in Oshawa on October 26, 2003. Early in his speech, Minister Smitherman emphasized that Canadian values pulse deeply in the McGuinty government. He noted that, in their work, DHCs reinforce these values by empowering local citizens to contribute their views on matters of health care. He thanked DHCs for their hard work in this regard and urged them to try even harder to put the heat on us [the government] to restore confidence in Ontario's public health system. The Minister underscored that DHCs are an important link in the accountability chain. We need a locally-accountable, better integrated health care system!

Grand River District Health Council appoints new Chair

The Minister of Health and Long-Term Care recently announced the appointment of Glenn Forrest as the new Chairman for the Grand River District Health Council. "I am very grateful for the confidence that Council and the Minister of Health and Long-Term Care have provided to me as the new Chair", said Forrest of his new role. Glenn's new capacity will allow him to bring more awareness to First Nation health needs and issues. "In my role as Chair, I hope to ensure the best possible health planning for all people, including the First Nations people that are sometimes excluded in health planning and services in Ontario", says Forrest.

Glenn is the Programs and Services Supervisor of the New Directions Group, Six Nations of the Grand River. He replaces Beth Snowden, who served as the Council's Chair for two years.

Other members of the new executive include Carmen Dillon, 1st Vice-Chair - a Brantford service provider, Shirley Cornell, 2nd Vice-Chair - municipal representative in Brantford, and Randy Peltz, Treasurer - a provider in Brant County. Beth Snowden will assume the position of Past-Chair to support the activities of the executive until the completion of her Order-In-Council appointment which expires in 2004. Beth is a provider from Haldimand County.

Ontario District Health Councils
Celebrating 30 Years

In 1973, the first district health council was established in Ottawa-Carlton to provide the Minster of Health with advice on healthservice needs and expenditures. Now, thirty years later, there are sixteen District Health Councils (DHCs) celebrating this milestone. DHCs continue to make positive changes to healthcare delivery - integrating and improving the availability of health servies across the province. District Health Councils are arms-length health planning organizations funded by the Ontario Ministry of Health and Long-Term Care.

Long-Term Care Census - Counting *Today* Planning for *Tomorrow*

Long-term Care services, programs and facilities are facing ever increasing demands for services. In order to plan for these services there is a critical need for quality data that accurately reflects the need for these services. The Grand River DHC along with other partners in the Central West Health Planning Information Network (CWHPIN) recently conducted a one-day census of long-term care services and facilities to collect a standardized set of data on the users of these services/facilities.

The one day census examined the number and gender of individuals using long-term care programs/facilities on September 24, 2003. The census involved only those services/facilities receiving funding from the Ministry of Health and Long- Term Care. This included Community Care Access Centres and hospitals (for alternative level of care days). This data will provide a profile of current users and will also provide a baseline of information for future studies. Information from the census has already been used in the Long-Term Care Multi-Year planning process.

The Central West Planning Information Network is a consortium of District Health Councils and health departments from across the Central West region. CWHPIN conducts research for the partners and internal developed projects.

The information collected will be compiled in a report that will be released in early 2004.

For further information please contact David Diegel (ddiegel@grdhc.on.ca).

Mental Health Operating Plans

A Move Towards a Systems Approach

Each year District Health Councils are requested to review and provide feedback to the MOHLTC on the operating plans of community-based mental health and addiction service agencies. Operating plans provide the agencies with an opportunity to provide data and information on the previous year and to plan for the current year. DHCs are requested to provide feedback on any changes that may have a significant impact on an agency or the system as a whole. The 2003/2004 operating plan cycle marked the first time that mental health and addiction services operation plans followed the same reporting format and timelines. The review of the operating plans was conducted by a small task force with staff support.

The 2003/2004 operating plans were notable for a number of reasons, not the least of which were the ongoing financial struggles faced by the agencies. The overall impact of this will likely be a decrease in access to and the capacity of services.

Of note are:

- the closure of Quick Bite Restaurant and Catering (Program #4060) in Brantford
- a gradual but constant reduction in outreach services, including those of the case management programs
- the proposed temporary closures of some programs over the Christmas/New Year holiday
- the proposed transfer of the Brant County Health Unit case management program (Program #4093) to the Canadian Mental Health Association (Program #4060) will consolidate all case management services in Brant County.

On a positive note there has been movement towards closer working arrangements between various programs. The Haldimand-Norfolk Health Unit Addiction Services (Program #4057) and Norfolk General Hospital-Holmes House (Program #4067) have moved towards an integrated model of addiction services. Additionally, addiction service programs and mental health programs in Brant, Haldimand and Norfolk counties are working closer together to provide services to individuals with concurrent disorders (mental illnesses and addiction problems).

Although mental health and addiction programs are facing difficult financial issues the programs and their employees continue to provide excellent services and supports and have proved to be continually innovative and resourceful.

Please contact David Diegel (ddiegel@grdhc.on.ca) for a copy of the report.

Local Health System Monitoring - *Phase 2* Continues

This provincial DHC initiative resulted in the completion of the first report of its kind, with the Grand River District Health System Monitoring Report being released in November 2002 (available on the web site: www.grdhc.on.ca). During the year, the work on this initiative, or Phase 2, has been underway. Feedback has been received from many consultations as well as a provincial DHC Symposium in order to make decisions about project direction and domains of the health system for better measurement. A need was identified for the project to focus on a common core of measures. The two key domains identified for monitoring are "Equitable Access to Health Services" and the domain of System Integration/Continuity of Care .

In an effort to select enhanced indicators, a Technical Working Group (TWG), with representation from GRDHC has been formed to refine and apply the criteria that were agreed upon during the Symposium. This Group will recommend the methods and indicators that address the two selected areas of focus. To date, the TWG has met and developed a framework, and is poised to evaluate indicators for recommendation. Their work is expected to continue over the next several months. In the meantime, beginning early 2004, GRDHC will begin working on several highlight reports, with focus on the following areas:

- accessibility to health care services by residents of Grand River District
- non-medical determinants of health
- health system utilization and resources

For more information, please contact Joanna Oliver, Epidemiologist/Health Planner (joliver@grdhc.on.ca).

Health Status

In partnership with the Brant and Haldimand-Norfolk Health Units, GRDHC released two Community Health Status Reports for the communities of Brant (May 2001) and Haldimand and Norfolk (June 2002). As new data is now available, work on updating these two health status reports will begin early in 2004. The areas for updates include:

- Profile of Brant, Haldimand and Norfolk
- Factors that affect health
- Leading causes of Hospitalizations, and
- Leading causes of Death.

For more information, please contact Joanna Oliver, Epidemiologist/Health Planner (joliver@grdhc.on.ca).

Going forward, there should be more focus on measurable oucomes, not simply inputs. Shared vision and shared values are key. DHCs can be at the forefront in demonstrating an enhanced commitment to learning by asking the right questions in their communities.
Quote from **Hugh MacLeod**
Assistant Deputy Minister, Acute Services, MOHLTC

Aboriginal/First Nations Addictions Services Leading to a More Culturally Sensitive Program.

As part of ongoing addiction services planning, local addiction service providers identified that there was a need to examine the interaction between Aboriginal/First Nations and non-Aboriginal/First Nations addiction programs. It was evident that addiction programs did not always seek the assistance of each other to address the needs of Aboriginal/First Nations clients and there was a need to understand why this was happening.

In the Grand River District there is a significant Aboriginal/First Nations population. Additionally, both the Six Nations of The Grand River Territory and Mississaugas of the New Credit First Nation borders on the Grand River DHC planning area. Over 12,000 people live on the Six Nations territory with more than 10,000 additional band members living off-reserve, many of whom live in Brant, Haldimand and Norfolk counties. The unique cultural background and experiences of the Aboriginal/First Nations population make it necessary for programs to understand and address these issues as part of any treatment program.

Findings

The majority of respondents indicated that there was a need for Aboriginal/First Nations specific services. Respondents stated that issues such as colonization, residential schools and loss of traditional values are some of the background issues that need to be understood. It was also stated that the unique culture and traditions could assist the individual in addressing their addiction issues. There is general understanding that services need to be offered in a manner that understand the needs, behaviours and wants of Aboriginal/First Nations clients in non-judgmental ways. There was clear understanding that there needs to be more interactions between non-Aboriginal/First Nations programs and those programs that are Aboriginal/First Nations based.

Outcomes

As a result of this study a number of actions have been suggested, some of which are already in the planning process. A half-day education and networking session be held in early 2004. Planning has already begun for this day. Membership on the Aboriginal Health Advocacy Committee has been approved for a member from the Grand River Addictions Service Planning (GRASP) group.

In the near future action will be taken to determine if the MOHLTC mental health assessment tool, used by all MOHLTC funded programs was tested for cultural sensitivity. Clarification will be sought from the MOHLTC regarding the funding of Aboriginal/First Nation's addiction programs. On a local basis the GRASP group will work to ensure that Aboriginal/First Nations clients are asked during initial assessments if they wish to access Aboriginal/First Nations specific addiction services.

Perhaps the most important outcome of the project is an increased interest in culturally appropriate addiction services and the need to understand the differences in the needs of Aboriginal/First Nations clients. The solutions to any problem can only be found once the problem is acknowledged.

Please contact David Diegel (ddiegel@grdhc.on.ca), for a copy of the study or for more information.

Meet:

Shirley Cornell, 2nd Vice-Chair

One of Grand River DHC's newest members (November 2002), Shirley has quickly gained the respect of her fellow Council members and was recently elected as second vice-chair.

"I have enjoyed many successful years in working within this community and I am deeply interested in health care accessibility for all individuals to ensure effective and efficient health care" says Cornell. Shirley is currently principal of a quality management consulting company and has previously held several positions in the mental health, medicine and surgery for public hospitals in both Brantford and Hamilton. Shirley is a Registered Nurse by profession and holds her B. Admin and diploma in Clinical Behavioural Sciences. Shirley is the municipal representative on Council for the city of Brantford. Shirley is also the proud grandmother of two grandsons.

Meet:

Dorothy Guest, Council Member

Dorothy has been an active member since April 2002 and currently chairs the Long-Term Care Multi-Year Plan Task Force. She also co-authors the design and implementation of board training and development initiatives to ensure Council remain knowledgeable on comunity issues as well as updated provincial initiatives. Dorothy is a Registered Nurse by profession and has held positions at Brantford General Hospital and Burtch Correctional Centre until her retirement. Community interests include member of the Mt. Pleasant Heritage Society, current president of Anglican Church Womens All Saints Church, member of Probus and the Blueberry Festival as well as being a volunteer driver for seniors. Dorothy is a consumer from Brant County.

Rural Issues and Community Planning Information and Opportunities

On November 19th, the GRDHC hosted a half day session for organizations involved in community planning for rural areas in Brant, Haldimand, and Norfolk Counties. Sharing information about current initiatives and exploring opportunities for collaboration around common planning issues and rural community concerns were the primary goals of the meeting.

Shirley Cornell, a member of the GRDHC rural working group and a Council member, moderated the session. Planning staff from Haldimand County, County of Brant, the Grand River Training and Adjustment Board (GETAB), and the GRDHC contributed by presenting overviews of their current initiatives and through a group discussion.Dr. Fuller, the guest speaker from the Rural Planning and Development Program at the University of Guelph, provided insights into the dynamic and changing character of rural areas and some of the challenges facing rural Ontario communities. Transportation was highlighted as a persistent and challenging area of concern, and he briefly touched on the assets approach to working with rural communities. A written summary of the meeting is available upon request. The GRDHC will be considering suggestions arising out of this meeting through its internal working group.

For more information about the Rural Planning and Development Program at the University of Guelph please go to their web site at http://www.uoguelph.ca/sedrd/RPD/ For further information about the GRDHC rural working group contact Erica MacIntyre, Health Planner, at emacintyre@grdhc.on.ca ,
Tel: (519) 756-1330, Ext. 233 or any member of the planning staff.

Health Promotion Briefs

Health Action: In September, GRDHC staff participated in two planning sessions with the members of Health Action. Health Action is a volunteer-based coalition of organizations and community groups from Haldimand and Norfolk Counties with a mission to improve residents health by decreasing the risk factors associated with heart disease and cancer. The coalition is funded in part by the MOHLTC Heart Health Program and through the in-kind contributions of members and volunteers. GRDHC staff participated on the evaluation and policy working groups and the GRDHC is a non-voting member of the Steering Committee. For more information about Health Action you can visit their web site at http://www.haldimand-norfolk.org/ha/main.htm

The Healthy Living Coalition of Brant County: The Coalition held two planning days in June. GRDHC staff participated in one of the planning days, as well as an earlier community forum, and anticipates linking with the Coalition as opportunities arise. For more information about the Healthy Living Coalition of Brant County visit their web site at
http://www.healthylivingbrant.com/

GRDHC Health Promotion Strategic Plan: Consultations on the 2nd draft of the plan were completed in October and the plan was finalized. Council received the report in November and unanimously approved the plan in December. For more information, please see the newsletter insert or contact Erica MacIntyre, Health Planner at (519) 756-1330, Ext. 233
or by email to emacintyre@grdhc.on.ca.

Volunteer Transportation/ Day Program Study

During the Fall of 2003, the Grand River District Health Council conducted a study of the interaction between Adult Day Programs and Volunteer Transportation Programs. The study, conducted at the request of the Ministry of Health and Long-Term Care, also examined the overall utilization of these programs.

Adult Day Programs provide support services and social-recreation opportunities in a group setting. The programs focus on maximizing the level of functioning of the individual with a goal of reducing premature or inappropriate admission to a Long-Term Care facility. Day program clients include the frail elderly and individuals with dementia/cognitive disorders including Alzheimers disease. Some Day Programs also provide overnight respite care programs.

Volunteer Transportation Programs provide transportation to medical appointments, shopping, programs and social engagements. Transportation is provided by volunteers using their own vehicles. The volunteers are generally paid on a per kilometre basis to cover their cost. It is generally difficult for individuals confined to wheelchairs to access this service.

Summary of Findings

Brant: There are no MOHLTC funded volunteer transportation programs in Brant County. Participants in the John Noble Day and Stay Program are provided with transportation through a program van as part of the program fee. Clients of the Adult Recreation Therapy (ART) program are transported to the program via a number of means including client relatives and Operation Lift (a community based accessible transportation program). Concern was raised over the client review being conducted by Operation Lift that may limit availability of the service for some ART clients. Haldimand-Norfolk: Clients of the day programs provided by the Haldimand Norfolk Community Senior Support Services are provided transportation through the agency's volunteer transportation service. Two difficulties with this arrangement include a lack of wheelchair accessible transportation and a lack or mismatch between volunteers and the need for transportation. Volunteers may be available in one area of Haldimand or Norfolk while the need is in another part of the area.

Overall, a key finding of the study was that there is a growing need for both Day Programs and transportation services to respond to a growing client base. Funding has not kept up with the demand for services resulting in waiting lists and service restrictions.

For further information please contact David Diegel (ddiegel@grdhc.on.ca)

Community Profile 2001, a profile of the Grand River District, is now available on our web site: www.grdhc.on.ca. This community profile is based on the information released to-date from Census 2001 and will be updated as new information becomes available.

Grand River District Health Council

Council Members

Glenn Forrest, Chair
Beth Snowden, Past-Chair
Carmen Dillon, 1st Vice-Chair
Shirley Cornell, 2nd Vice-Chair
Randy Peltz, Treasurer
Dorothy Guest
Ruby Jacobs
Helen Mulligan
Tom Patterson
Roy Schofield
John Wells
Brent Woodford

Staff Members

Chris Carew, Executive Director
Rita-Marie Hadley, Planning Director
Jennifer Pakulis, Administrative Officer
David Diegel, Health Planner
Erica MacIntyre, Health Planner
Joanna Oliver, Epidemiologist/Health Planner
Marnie Balazs, Secretary
Joanne Shannon, Secretary

Have a Say in What You DHC Does!

The Grand River District Health Council is preparing for community based projects for the period April 2004 to March 2005. Although, much of the Council's work is shaped by the policies and provincial or regional priorities of the Ministry of Health and Long Term-Care, Council also addresses locally emerging priorities that fit our mandate.

If you have a project idea you would like the DHC to consider, please contact us to discuss your idea. Projects could be as specific as studying certain populations, service issues, an area of community capacity or resource building where the DHC could provide leads in training, education, etc. Other offerings from the DHC could include an orientation by the DHC to your board members from a population health perspective to assist your organization in responding to community needs.

Please contact a health planner at the DHC by February 2, 2004 with your ideas or requests.

Wanted! Council Members

Are you interested in becoming a member of the Grand River District Health Council?

Are You Interested in making a difference in you health care system?

Are you interested in helping to plan for high quality services in your community?

Please contact Jennifer Pakulis, Administrative Officer
Grand River District Health Council
155 Lynden Road, Suit 2, Brantford, Ontario, N3R 8A7
Telephone: 519-756-1330 Fax: 519-756-6013 Email: jpakulis@grdhc.on.ca

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