Grand River Planner

A publication of Grand River District Health Council

Summer 2004

Alzheimer Disease and Related Dementia Needs Assessment

Over the next twenty-five years there will be a significant increase in the number of individuals with Alzheimer Disease and related dementias. Aging Baby Boomers and rapid advancements in the diagnosis and treatment of Alzheimer Disease and related dementias will increase the need and demand for community based services. A needs assessment of these services was conducted by the GRDHC at the request of a group of community Long-Term Care agencies as part of the many community based projects currently underway.

The needs assessment identified that relatively few individuals are accessing services in comparison to other areas in the province. While older individuals access services more frequently, this population represents a relatively small proportion of the older population (age 80+). Although there are relatively fewer younger individuals (age 65-79) accessing services, they represent a larger proportion of their age group. Individuals with Alzheimer Disease and related dementias are beginning to access services for themselves, thus changing the type of services that need to be provided. It was identified that there is a need for increased funding in the form of program spaces for this population.

This needs assessment is currently in a draft stage and will be presented to Council at their September 2004 meeting.

If you have any questions please contact
David Diegel, ddiegel@grdhc.on.ca

Monitoring the Health Status of the Community and the State of the Local Health Care System

Local Health System Monitoring - Phase 2 Continues

Health Status of the Community

In the summer of 2001, GRDHC in partnership with the Brant County Health Unit, released the "Brant County Community Health Status Report" followed by the "Haldimand and Norfolk Community Health Status Report" in 2002 in partnership with the Haldimand-Norfolk Health Unit. Both of these reports are available on the DHC web site (www.grdhc.on.ca). Currently, the DHC is analyzing any new data received since the release of these two reports and will provide updates on the health status of the residents of Grand River District in the fall of 2004. Since both of these reports were released, new available data includes: Census 2001, the Canadian Communities Health Survey 2001/02, vital statistics data for years 1998-2000 (both births and deaths) and hospitalization data for years 1999/00 to 2002/03.

Status of the Local Health Care System

The "Grand River District Health System Monitoring Report" was released in November 2002 – a first report of this kind. This report stemmed from a provincial DHC initiative, where all of the 16 Provincial District Health Councils contributed to data collection, analysis and had subsequently released their own health system monitoring report for their respective health planning areas. A provincial work group is currently underway with the goal to further select and refine the most relevant indicators of **access** and **integration**, resulting in a report outlining the methodology used for indicator selection and prioritization as well as a list of all the selected indicators and methodology notes for their uses. This will provide a major building block for the second round of reporting at the provincial and local levels.

The 2002 report contained information in the following areas: 1) Population Profile, 2) Non-Medical Determinants of Health, 3) Health Status, 4) Health System Characteristics, and 5) Health System Performance.

For details on any of these sections of the report, please refer to the Grand River District Health System Monitoring Report 2002 and the Executive Summary, available through the DHC web site: www.grdhc.on.ca

District Health Councils have the 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.

Grand River District Health System Monitoring Report 2002 – Highlights

Population Demographics

- slow growth in Grand River District, between 1991 and 1996, compared to other parts of Ontario – 3% in Brant County and 3.9% in Haldimand and Norfolk Counties.
- Municipal differences in growth rates were observed, ranging from negative growth in the Brantford and Oakland townships of Brant County to a growth of 7.6% for the Town of Haldimand in Haldimand County.

Chronic Conditions

- 60% of the residents of Grand River District indicated having a diagnosis of a chronic condition. Those with lower education and lower income were significantly more likely to report having a chronic condition.
- In 1998, there were 569 newly diagnosed cases of cancer in Brant County and 455 in Haldimand and Norfolk Counties. The leading cancer sites included lung, prostate, female breast and colorectal. Together these cancers accounted for over half of the newly diagnosed cancers.

Reproductive Health

- Between 1993 and 1997, the Brant teen pregnancy rates were consistently higher than the overall Ontario rates, while the Haldimand and Norfolk rates were below the Ontario rates.

Mortality

- Between 1993 and 1997, the standardized rates of mortality were significantly higher in Brant County (9%) and Haldimand & Norfolk Counties (11%), than Ontario overall. And, the standardized rates of premature mortality in Brant and Haldimand and Norfolk exceeded the provincial rate by 18% and 14%, respectively.
- About 80% of all deaths in Grand River District were attributed to Diseases of the Circulatory and Respiratory Systems, Neoplasms, Injury and Poisoning.

ER Utilization

- In 2000/01, there were 122,458 patient visits to the five Emergency Departments (ED) in the Grand River District (GRD). This represents an increase of 11% from 1995/96.
- The leading reasons for visits to the GRD hospital EDs included Diseases of the Respiratory and Circulatory Systems, and Injury.

Accessibility

- In the GRD, significantly fewer women aged 50-69 with less than secondary education (60%) reported ever having a mammogram as compared to their Ontario counterparts (78%) and their Grand River District counterparts with college/university education (92%).
- A significantly lower proportion (59%) of GRD women aged 25+ with less than secondary education reported having had a Pap Smear in the past three years as compared to their counterparts with secondary/post-secondary education (83%) or those with a college/university education (85%). The same trends were observed in Ontario.
- Between April 1st and December 31st 2001, of the 133 GRD patients referred to the neighbouring cathing hospitals for cardiac catheterization, 49% were treated at Hamilton Health Sciences, 41% at London Health Sciences Centre and 5% at St. Mary's Hospital (SMH, Kitchener). The median wait time varied from 3 days at SMH to 5 days at LHSC.

Long-Term Care Multi-Year Plan, 2003/04

Where We Are. Where We Are Going. Where We Need To Be.

The Long-Term Care sector is a complex set of services and programs aimed at providing community health care to:

- Children with developmental and physical issues;
- Adults with physical disabilities;
- People with acute care needs that can be addressed in the community, i.e. people recently discharged from hospital; and
- Older adults in need of ongoing assistance and/or residential care.

This Long-Term Care Multi-Year Plan was developed at the request of the Ministry of Health and Long-Term Care and included:

- An analysis of program and system capacity;
- An analysis of client service needs;
- A discussion of key pressures and challenges;
- The identification of opportunities for improving access to services; and
- The identification of potential areas of improved system efficiency.

The plan focuses on existing Long-Term Care community support services. Analysis was achieved through a review of relevant data, background documents, surveys and consultations with key stakeholders. The planning process was guided by a task force of service providers and community members. The Task Force was charged with developing a set of realistic recommendations directed toward improving the system and flow of care.

Trends and Issues

Through consultations, discussions with key stakeholders and members of the Task Force, a number of issues and trends in the Long-Term Care sector were identified.

- Increased demand for Community Care Access Centre (CCAC) services;
- Increased demand for Alzheimer Disease/related dementias services;
- Increased number of younger adults admitted to the LTC facilities because of lack of options;
- Growing number of young children who have complex developmental and physical needs;
- Earlier discharges from hospital increasing demand on community services and Long-Term Care facility staff;
- Increased need/demand for chronic/on-going treatment services;
- Staffing shortages; and,
- Transportation difficulties.

Recommendations

A series of recommendations were developed that addressed both short term and long term issues. Short-term recommendations focused primarily on current funding issues. Long term recommendations were developed to provide suggestions for future planning by the GRDHC.

Conclusion

Long-Term Care community programs provide a wide range of services to all age groups in the community that enable individuals to remain living in the community.

This plan is the start of a process rather than a conclusion. The findings have identified where new funding should be directed and where enhanced research will lead to sustained services within the Long-Term Care umbrella.

For more information please contact: David Diegel, Health Planner, Grand River District Health Council
(519) 756-1330, ddiegel@grdhc.on.ca.

A full copy of the report can be downloaded from our web site www.grdhc.on.ca

Margaret & Charles Juravinski Cancer Centre
A Cancer Care Ontario regional partner

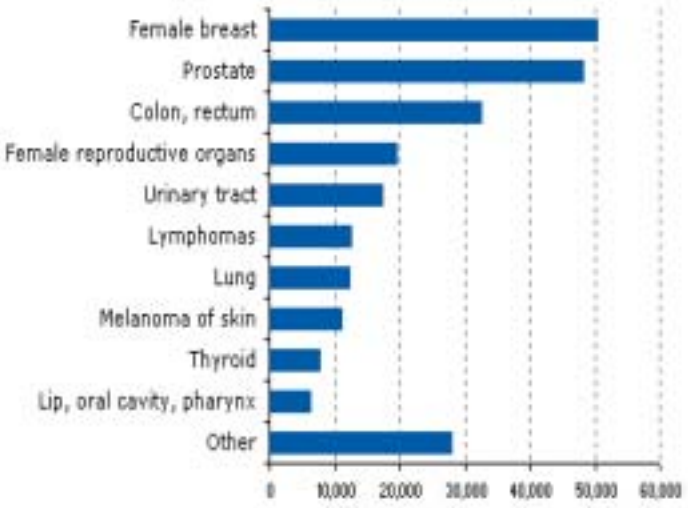
Regional Cancer Planning

As part of its role as principle advisor to the Government of Ontario for all matters relating to cancer services, Cancer Care Ontario (CCO) is developing a Provincial Cancer Plan for Ontario. The Provincial Cancer Plan will draw on 8 regional cancer plans and overall provincial cancer system priorities. The final plan will describe an overall strategy for cancer care in Ontario identifying how CCO and its partners will advance the vision and strategic goals over the next three years. This plan will also address local area initiatives.

The regional plan for Central South will recommend ways to improve reporting of cancer statistics, enhance access, enhance coordination of services and use evidence to improve outcomes. It will also identify targets, action strategies and timelines that are goals of the cancer system in the area served by the Juravinski Cancer Centre, hosted by the Henderson Site of the Hamilton Health Sciences Centre.

The regional process is being led by the regional cancer centres and will engage service provider organizations involved in the full spectrum of cancer care services and other stakeholders in each region including the District Health Councils. Regional plans are to be submitted in July 2004 to CCO followed by a Provincial Cancer Plan Summit in September. The final provincial report will be submitted to the Ministry of Health and Long-Term Care in October 2004.

Estimated number of Ontarians alive and diagnosed with cancer in the previous 10 years*



*Estimated for the 10 years preceding July 2002
Source: Cancer Care Ontario (Ontario Cancer Registry, 2004)

It is estimated that 145,500 new cases of cancer and 68,300 deaths from cancer will occur in Canada in 2004. Canada's incidence rates for lung, breast, prostate and colorectal cancer are among the highest in the world. Cancer is the leading cause of premature death in Canada. Currently, almost $2 billion is being spent on cancer care in Ontario.

For more information, please contact Carol Rand, Regional Lead at the Juravinski Cancer Centre, Hamilton.

"... there is a much greater awareness now, and more information is available than when I was diagnosed ten years ago with cancer."

A Cancer Survivor

McMaster Children's Hospital – Child/Adolescent Mental Health Beds

The planning and development of child/adolescent mental health bed/program at McMaster Children's hospital is proceeding well. This program, allocated by the Health Services Restructuring Commission, will provide tertiary level in-patient and outreach mental health services for children/adolescents in the Central South Region.

In order to ensure that beds and services are used effectively and that local communities play a role in referring patients, local District Advisory Committees have been established. These committees are developing intake processes that will ensure that children/adolescents receive the care they need.

While this program will provide a much needed and lacking service, there is an expectation that local children's mental health system will maintain their current level of services. It is anticipated that this program will open in February, 2005

Rural Networks Target Mental Health Services and Connectivity

Grants totaling more than $375,000 were awarded in late winter to the Rural Health Networks [#4 & #17] serving the Grand River District. The five hospitals and two Community Care Access Centres [CCACs] in Brant, Haldimand and Norfolk, together with Six Nations Health Services, Adult Mental Health Services of Haldimand and Norfolk, Haldimand-Norfolk REACH and Hamilton Health Sciences [a partner providing secondary care to Haldimand residents] were funded for:

- Mental Health Capacity Enhancement and
- Communications and Connectivity network design plan toward implementation of an inter-organizational wide-area network

To enhance this district's capacity to provide mental health services, two projects were completed with this funding:

- Development of a Mental Health Shared Care Pilot Project;
- Analysis of needs and options for locating acute mental health services to serve the needs of residents of Haldimand and Norfolk

[See the synopsis of Shared Care and Acute Mental Health projects on the page 8.]

Due to the Ministry requirement that funds be returned for work not completed by March 31, 2004, the re-institution of funds is eagerly awaited in order to commence work on Communications and Connectivity and Regional Mental Health Access Development.

Health Promotion Briefs

Operation Health Protection:

On June 22nd the Ontario Minister of Health and Long Term-Care stated "We need to expand our concept of health care beyond just the treatment of illness and truly embrace the concept of *being healthy*. The health care system we're creating in Ontario puts prevention and health promotion back at the centre." The entire speech by Minister Smitherman announcing Operation Health Protection is available at http://www.health.gov.on.ca/english/media/speeches/archives/sp_04/sp_062204.htm The full report can be downloaded from the Ministry's web site at http://www.health.gov.on.ca/english/public/pub/ministry_reports/consumer_04/oper_healthprotection.html

Health Action:

Health status updates – the work of Joanna Oliver, the GRDHC epidemiologist/health planner - will be a valuable and timely source of information related to heart disease, cancer, and the associated risk factors for Health Action. The Health Action Evaluation Working Group and the GRDHC planning staff are working together to improve baseline information as a new phase of programming targeting these health issues in Haldimand and Norfolk gets underway. For more information about Health Action you can visit their web site at http://www.haldimand-norfolk.org/ha/default.asp .

Grand River Community Health Promotion Advisory Group (GRCHPAG):

GRCHPAG has come together in follow-up to the GRDHC Health Promotion Strategic Plan (October 2003). The initial membership includes representatives from key health promotion and population health organizations in Brant, Haldimand, and Norfolk Counties. Two Council members, Elizabeth Snowden and Shirley Cornell, have also volunteered to join the group. In the first year GRCHPAG is concentrating on building the necessary structure and relationships that will sustain the level and type of activities members envision for the future. GRCHPAG is focused on enhancing evaluation and outcome measurement in community-wide population health and health promotion initiatives across the Grand River area. A key element will be building improved long-term relationships with researchers and research organizations involved in health promotion and population health. For more information or if you are interested in joining GRCHPAG, please contact Erica MacIntyre, Health Planner at (519) 756-1330, Ext. 233 or by email to emacintyre@grdhc.on.ca.

The Healthy Living Coalition of Brant County:

The GRDHC has joined the "Move it Brant" project team for 2004-05. For more information about the Healthy Living Coalition of Brant County visit their web site at http://www.healthylivingbrant.com/

GRDHC as a "Healthy Workplace":

The GRDHC is developing a healthy workplace plan for the next two years with the support of the Wellness Works Program of the Brant County Health Unit. This initiative is an outcome of the GRDHC Health Promotion Strategic Plan (October 2003).

Shared Care
Mental Health Capacity Enhancement

A local team researched the opportunity to develop a Shared Care initiative that would integrate psychiatric care providers into primary care settings. This method has been shown to increase the capacity of primary care providers to handle mental health problems and strengthen linkages to make care more accessible to persons with serious mental illness. The team consulted locally in conducting a needs assessment and feasibility study. The resulting 'shared care ' pilot is necessary as an interim plan until additional mental health beds are available to equitably meet the needs of residents of Haldimand and Norfolk.

Meeting the Needs
of Residents for Acute Care Mental Health Services

The consulting team from the Centre for Addictions and Mental Health [CAMH] conducted a feasibility study assessing needs of residents of Brant, Haldimand and Norfolk counties for acute mental health services. In evaluating the options for locating around 20 acute care mental health beds for Grand River District residents, the team assessed possible sites and configurations from which to offer the array of Schedule 1 mental health services.

Both reports have been forwarded to the MOHLTC for action. The CAMH report is being approved by constituent boards, then Joint Networks #4 & #17 will continue implementation planning.

For details on any reports related to the Rural Networks #4 & #17, contact Rita-Marie Hadley, Planning Director, rmhadley@grdhc.on.ca.

Family Health Network

Dr. Ruth Wilson, Chair, Ontario Family Health Network, was the guest speaker at a recent Grand River District Health Council meeting. Highlights of her presentation included:

- Family Health Networks (FHNs)
  - What is a FHN?
  - Patient enrolment requirements
  - Telephone Health Advisory Service (THAS)
  - Benefits for physicians and patients
  - Potential benefits to the Ontario health care system
- Family Health Groups (FHGs)
  - What is a FHG?
  - Growth of Family Health Groups
  - Registration of patients served in Ontario
  - Barriers

Dr. Ruth Wilson, Chair
Ontario Family Health Network

For more information, please visit the Ontario Family Health Network website at: www.ontariofamilyhealthnetwork.gov.on.ca

Ambulatory and In-Home Rehabilitation Studied

The GRDHC submitted a report to the MOHLTC in March 2004 outlining district capacity to provide publicly funded ambulatory and in-home care for individuals needing long-term rehabilitation. The report highlights issues around access that varies geographically, with highest concerns being in Haldimand and Norfolk, and for children. The report concludes that the clients needing long-term rehab are not the highest priority due to preseure to serve other groups.

In addition to hospitals, other providers of publicly funded rehabilitation are Community Care Access Centres and community physiotherapy clinics eligible to bill OHIP, of which there are two in Brant County and one in Norfolk County.

Recommendations were issued to augment the case-finding and multi-disciplinary treatment capacity of the system, building on existing providers and with creative human resource strategies spanning several sites. Other recommendations address ongoing maintenance rehab, resource directory and development of common data categories. This report is part of ongoing planning for new rehabilitation resources to fill the gap for residents of Haldimand and Norfolk.

District Stroke Centre Established In Grand River District

On March 17, 2004, Brantford General Hospital was announced as one of four new District Stroke Centres, becoming one of eighteen designated Ontario sites providing high-quality acute stroke care. Anne Campbell was hired as the District Stroke Coordinator and began serving the entire Grand River District, toward the goal of ensuring access to quality stroke care as soon as possible. Prevention and quicker treatment will save lives and improve the quality of life of people affected by, and at risk for, strokes.

The Ontario Stroke Strategy networks district and regional centres, with a service continuum from prevention through rehabilitation along with local leadership and service integration, to achieve more effective health care and better patient outcomes.

When operational, the district stroke centre will provide the clot-busing medication tPA used for ischemic strokes, so that all stroke victims are able to receive treatment sooner, with better chances of survival and recovery.

Stroke is the third leading cause of death and the leading cause of disability in Canada. Every year, stroke afflicts more than 16,000 people in Ontario. Currently, at least 2,657 residents of Grand River District [1.1% of Brant residents and 1.5% of Haldimand Norfolk residents] live with the effects of stroke.

"What's needed is better integration and planning at the local level so that we can deliver better results in each part of the province. Not a regionalization model. A made-in-Ontario solution that builds on the strength of our community based organizations large and small."

George Smitherman, Minister of Health and Long-term Care

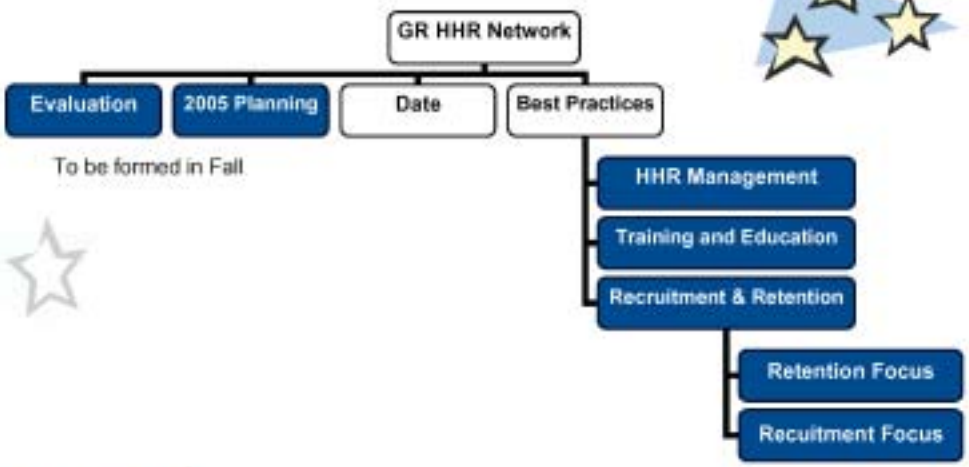
Grand River Health Human Resources Network Moves Forward

The Grand River Health Human Resources (HHR) Network is well into its first year. The continued development is largely due to the members who have taken on additional responsibilities volunteering on one or more working groups - in some cases as the lead. Each working group has identified an initiative appropriate to their area of focus and will be reporting back to the full Network at the next meeting scheduled for September 27, 2004. Next steps include completion of Year One projects and an evaluation which is planned for the Fall. You can find out more about the Network and access a collection of HHR resources on their web site (currently sponsored by the GRDHC) at www.grdhc.on.ca – follow the link on the home page.

Leadership Team

Chris Carew, Executive Director, Grand River District Health Council – Chair
Beverlee Matheson, Services Director, Lansdowne Children's Centre – Lead, Recruitment and Retention Working Group
Bruce Eberts, Director, Therapy Specialties – Lead, Training and Education Working Group
Steve Leighfield, Executive Director, Participation House and Ralph Pearce, Labour Market Analyst, BHN Human Resources and Skills Development Canada – Co-leads, Data and Information Working Group
David Godwaldt, Manager, HR, Brant Community Healthcare System – Lead, HHR Management Working

Figure 1: Grand River Health Human Resources Structure (as of 2003-04)



Interested in Joining?

If you are interested in joining the GR HHR Network please contact Chris Carew at ccarew@grdhc.on.ca, or by phone to (519) 756-1330, Ext. 229. GRDHC staff support is provided to the Network by Erica MacIntyre, Health Planner (emacintyre@grdhc.on.ca) and Joanne Shannon, Admin. Services (jshannon@grdhc.on.ca)

Meet:

Helen Mulligan, Council Member

Helen has been an active member of the Grand River DHC since June, 2001. As an elected member of the County of Brant Council, Helen is one of the government representatives on the Grand River DHC. Helen is a Registered Nurse by profession, and volunteers on many committees including Chair of the Ambulance Committee for the County of Brant and the City of Brantford, Chair of the Brant County Health Unit, Chair of the Board of Management of the John Noble Home and Vice-Chair Corporate Services Committee of the Brant County Council. Serving the community is a responsibility Helen takes seriously.

Meet:

Brent Woodford, Council Member

Brent was appointed to the Grand River DHC in December, 2002 as a provider from Norfolk County. Brent's interesting background includes administering Ontario's most northern hospital and running integrated Health and Social Services in the Northwest Territories. Brent is the Executive Director of Adult Mental Health Services of Haldimand Norfolk. Along with being a Certified Health Executive, Brent has a Masters degree in Health Sciences and is currently taking part-time courses to complete his MBA. Although Brent and his family enjoyed snowmobiling in the "far north", he does enjoy a round of golf in the "near south".

Mark this date on your calendar!

Tuesday, October 19, 2004 – The Greens at Renton

Take Time for Our Kids!

The Haldimand & Norfolk Early Years System Advisory Group is planning a full-day event to celebrate the children and youth of Haldimand and Norfolk. We plan to bring together children, youth and adults to engage in discussions and activities and ultimately to develop a Charter of Rights for Children and Youth.

This full day of activities will end with an evening presentation by Barbara Coloroso, author of Kids are Worth It!; Parenting Through Crisis; and The Bully, the Bullies and the Bystander.

7:00 am – 8:30 am	Business and Service Club Breakfast with Charles Coffey, RBC Financial Group's Executive VP of Government and Community Affairs
9:00 am – 12:15 pm	From Charter to Action offers business, service clubs and service providers an opportunity to generate ideas for powering local action to ensure that all children and youth in Haldimand and Norfolk have the best opportunity to succeed and reach their full potential.
1:00 pm – 4:00 pm	Develop Charter of Rights for Children and Youth
7:00 pm – 9:00 pm	Barbara Coloroso

More details to follow.

Grand River District Health Council

Council Members
Glenn Forrest, Chair
Beth Snowden, Past-Chair
Carmen Dillon, 1st Vice-Chair
Shirley Cornell, 2nd Vice-Chair
Margaret Bailey
Dorothy Guest
Ruby Jacobs
Dean Morrison
Helen Mulligan
Tom Patterson
Buck Sloat
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

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 your health care system?

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

Please contact:
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