SOUTHEASTERN ONTARIO DISTRICT HEALTH COUNCIL

ANNUAL REPORT 2003/2004

MESSAGE FROM THE CHAIR

Again we find ourselves poised for a monumental change in health care in Ontario. As I write this in mid-August, we are expecting to know our future directions by mid-September. As is said, the only constant is change, and we in Ontario have learned this to be true.

The Southeastern Ontario District Health Council (SEO DHC) has had a challenging year, but an extremely positive and progressive one. We are especially proud of the encouraging responses to our work in the primary health care sector.

Our DHC conducted a successful operational review this past year. With many new members on Council, the Board realized our Mission, Vision and Values required review and updating. With the assistance of the Ministry of Health and Long-Term Care (MOHLTC) staff, we held a retreat and developed the framework for the future work of a Governance Committee. This committee has developed Terms of Reference, Mission and Vision Statements, and a work plan, beginning with education for Council around various governance models. Once we have chosen our model, the bylaws will be revised and our committees will be structured to fit the model. We have much to accomplish in the coming year to meet our objective of a robust and effective governance model, which works to meet the needs of Council.

The Board of Directors wishes to thank the staff who have stayed with the organization. They all deserve a multitude of kudos for what they have accomplished in this year. The Mission Statement of the staff is *"to serve Council"* and this is done consistently with willingness and good humour. The staff ensures our Council work looks easy and they make us look like professionals. The expertise of the planners provides a learning experience for us, the volunteers, and therefore makes our contributions worthwhile. The support staff give as much attention to the volunteers as to the planners and have been such a pleasure to work with.

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We could not possibly have had such a successful year without the firm guidance of our Executive Director, Elizabeth McIver, who, in May 2003, agreed to temporarily suspend her retirement to assist Council. We feel this will bring us through a transitional phase, which the provincial MOHLTC has planned to unveil this fall. We have no idea what this will mean for this organization, but hopefully the strengths and expertise of the DHCs will be utilized in the best manner for the ongoing contributions from our communities.

The Council would like to recognize the contributions of the Regional Office of the MOHLTC in our restructuring efforts this year, with special thanks to our regional representative, Julie Bertrand, who attends our Board meetings and keeps us up-to-date with information from the Regional Office. We have been able to call on her advice when necessary and have appreciated her optimistic outlook.

We are so pleased to have Hugh MacLeod accept our invitation to speak at our Annual General Meeting this year. Council agreed unanimously to ask Mr. MacLeod, and was ecstatic when he accepted. I'm sure you will agree that our choice was a good one.

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Council wishes to thank everyone for their interest in our work and would like to recognize the input our committees have received from your community representatives and the contributions of our stakeholders. Your participation is what makes it possible for the DHC to fulfill its mandate to the Minister of Health and Long-Term Care

Sue White

Sue White

MESSAGE FROM THE EXECUTIVE DIRECTOR

This past year has been one of defining specific deliverables and focusing on meeting these commitments. It also meant acknowledging that we do not have the resources to do all we would like to do or all we are asked to do. Our objective has been to obtain a fine balance between the various competing priorities.

The activity reports section will elaborate on the specific projects, but the general theme of this past year's work could be described as assisting communities and groups to be more knowledgeable and stronger.

Examples of this include:

- the presentations on socio-demographic and utilization data at Carleton Place and District Memorial Hospital and at the community forum organized under the umbrella of Lennox & Addington County General Hospital focused on assisting providers to see the value of this material in understanding what is happening and why, what is likely to happen in the future, and where action needs to be taken;
- the *Primary Health Care: Models and Initiatives* document attempts to collect information from disperse areas, organize it in a consistent and plain language format, and provide direction for where additional information can be obtained;
- the *Primary Health Care Southeastern Ontario Communities* reports are proving valuable helping communities understand the socio-demographic structure of the residents, the special challenges facing the population with the possible impact on health and health care services, and the resources which are present in the local community or are accessible; and
- supporting the district mental health agencies and services organize themselves into a dynamic and progressive alliance makes all and each stronger while focusing on the needs of people who require mental health services.

It was obvious during the past year that groups and agencies throughout the district had projects on which they would like assistance from the DHC. Council members responded to this by initiating a process in October 2003, inviting individuals and groups to put forward their suggestions. A big "thank you" to all those who responded. Council took the 150+ suggestions and considered them in developing the Operating Plan for 2004/5.

The successful work Council is able to do is the product of many different groups and individuals who, other than staff, give their valuable time and skills generously and without cost. Some give in organized groups such as the Primary Health Care Work Group and the Pre-School Speech and Language Project in Lanark, Leeds and Grenville. Others give by including us in their planning projects such as the Regional Dementia Workshop, while still others share their data and information with us. Thank you one and all for your generosity.

The SEO communities are indeed fortunate to have such knowledgeable and astute residents as are those who serve on the SEO DHC Board. These volunteers represent the concerns of the residents of their communities in a realistic, sensitive and engaging manner. They provide staff with support, advice, and direction; always ready to listen but able as a group to make difficult decisions. Their willingness to give of their time and skills is unstinting. You, as individuals and as a working group make it a pleasure to serve you. We, as staff, thank you.

To my fellow colleagues *"in service to Council,"* I thank you for being there, for sharing your extensive skills, and for always being willing to respond to the occasion. You are the front line of the organization and you serve it well. Thank you.

Elizabeth McIver

Elizabeth McIver

PRIMARY HEALTH CARE IN SOUTHEASTERN ONTARIO

The primary health care system, for most people, is their first and ongoing point of contact with the organized health care system. It is where early and effective primary prevention can be done and where most chronic and long-term illnesses are monitored and treated.

It is the most diverse and widely diffused segment of the health care system in the sense of types of providers and sites of delivery of care. Not only does an ineffective and inefficient primary health care sector not serve the residents well, but it also creates major problems for the secondary and tertiary levels of the health care system.

Many recent reports and studies have emphasized the need for primary health care reform including *The Romanow Report (2002)*. Members of the SEO DHC have had a long-standing and ongoing commitment to primary health care. In August 2003, Council expressed the need to move forward on a planning strategy for our district. Council members directed that this planning strategy must focus on our local communities, and the products of this project would serve as tools to assist communities as they work to define their primary health care needs and the services required to meet these needs.

Council is grateful to the 20+ people who contributed directly to this project by serving on the work group and the many additional people who provided informal assistance and consultation. Their work produced three main documents. These documents are:

- *Primary Health Care: Models and Initiatives*

  This document summarizes the formalized primary health care delivery models that are available and where additional information may be obtained.

- *A Profile of the Southeastern Ontario Health District*

  With thanks to Eric Moore and Michael Pacey, this document presents a socio-demographic atlas of the municipalities across the district and estimates of the prevalence of selected chronic health conditions for 23 geographic areas that represent natural patterns of primary health care service delivery throughout the district.

- *Primary Health Care: Southeastern Ontario Communities*

  This set of documents focuses on what primary health care is, how to project needs, the profile of the specific community, and a beginning inventory of the services and programs that are available to support the primary health care needs of the local residents.

COMMUNITY FEEDBACK...

"I found it to be a very informative review of the primary health care services currently available in our area…"

"...an invaluable resource as we continue to work toward further integration of services across the continuum of community-based services and institutional care."

"...great value in providing information about a number and range of health care initiatives and service delivery models."

"Congratulations to the District Health Council for developing a succinct and useful document! I appreciated receiving this informative document and have utilized some of your findings in a local presentation. Your document was timely and helpful in understanding many of the approaches to primary health care, along with their challenges and benefits"

UNDERSERVICED AREA PROGRAM (UAP) DESIGNATION

A UAP designation means communities receive financial assistance with attracting and retaining health care providers as well as the services of Community Development Officers who facilitate and coordinate recruitment initiatives of physicians. The SEO DHC provided assistance to the following communities as they worked towards securing UAP designation: Township of Frontenac Islands; South Hastings Corridor Communities including Quinte West, City of Belleville, Tyendinaga Township, Town of Deseronto and Prince Edward County. The DHC further supported UAP applications from North Grenville, and South Lennox & Addington.

THE YEAR IN REVIEW

HEALTH SERVICES PROFILE

The first iteration of the DHC's *Health Services Profile* was produced in June 2003 and is available for download from the DHC website. The profile was compiled as part of a collaborative project - the Local Health System Monitoring Project - amongst DHCs with the assistance of Health Intelligence Units across the province. The Health Services Profile includes information pertinent to SEO on the following:

- demographics of the population (age/sex, ethnic origins, income status etc.),
- health status of the population (causes of mortality, prevalence of disability/chronic illness, leading causes of hospitalization, incidence of sentinel events),
- performance measures of the health system (trends and patterns in health system capacity and utilization including inpatient, ambulatory, emergency services, complex continuing care and long-term care), and
- characteristics of the health system (funding allocations and health human resources)

The report is designed to be updated on a continual basis as newer information is available. Look for notice of future updates on the web.

The profile has been used by a number of hospitals and community agencies as an initial step in assessing the needs of the populations they serve. Information from the profile has been presented to some of the health service providers in the district including Carleton Place and District Memorial Hospital, Frontenac Community Health Services and Lennox & Addington County General Hospital. The information in the profile served as the impetus for "*Creating Healthy Communities: From Data Collection to Action Plan*" - a community forum held in Napanee in April.

PALLIATIVE CARE NETWORK

Representatives from the palliative care networks and groups across SEO met over several months in 2003/4 to develop a proposal for establishing a Regional Palliative Care Program for the district. The proposal includes a work plan for rolling out to the entire district a "tool box" of standardized palliative care assessment tools, maps for developing collaborative care plans for persons requiring palliative care, a pain and symptom assessment scale which can be used by family members, physicians, and all of the professionals and volunteers involved in a persons care. The proposal was submitted to the MOHLTC for consideration for funding in February 2004.

HEALTHY AGING

In SEO, the population of people aged 65+ is expected to increase from an average of 15.8% in 2001 to 21.7% by 2026, an expected increase of over 45,800 persons. In anticipation of this demographic shift, the SEO DHC Healthy Aging Task Force developed a framework for understanding the determinants of seniors' health as well as a socio-demographic profile of seniors (65+) in the district. Over the year, consultations with seniors were held in six SEO communities, Bancroft, Brockville, Kingston, Northbrook, Perth and Picton to discover what challenges seniors faced in maintaining and strengthening their health and independence, and how their communities were responsive to supporting their needs. What seniors told SEO staff has been compiled. The information will assist with future planning about what communities need to do to support our ability to age in a healthy manner.

LONG-TERM CARE

Long-term care services, are designed to assist people to live as independently and for as long as possible in their homes or a community setting. The SEO DHC focused its examination of district long-term care services on residential needs of specialized populations such as adults with severe developmental disabilities, severe brain injuries, mental health concerns and stroke impairment. Discussion sessions were held amongst those serving these populations. The goals of these sessions were to identify the strengths and challenges of residential options currently available, barriers to accessing these options, existing strategies (local/ provincial) to address these barriers, and opportunities for collaboration. This information will provide the foundation for work in the upcoming year. An Inventory of SEO Community Support Agencies carried out by SEO staff including identification of where and to whom services are delivered in communities provided has also been compiled to assist with determining where enhancements are needed in the district.

RURAL PERINATAL PROJECT

The Perinatal Partnership Program of Eastern and Southeastern Ontario (PPPESO) reported in 2003 an emerging trend towards a decrease in the number of babies being born in rural community hospitals and a corresponding increase in the amount of obstetrical, labour and delivery services being delivered in tertiary

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centers. Rural hospital obstetrical programs suggested that if the trend continues, they will struggle to maintain viable perinatal services in community/rural hospitals. In September 2003, the PPPESO partners with the DHCs in the Eastern Region, launched a project to look at these issues and to determine how to best ensure that rural perinatal services remain viable so that women can give birth as close to home as possible. In addition, DHC staff met with groups of rural women across Eastern Ontario to get information about the experiences of these women with perinatal care in the district and the concerns and issues which they wanted brought forward to the PPPESO partners. The final report was presented to the partners in May 2004 with recommendations for next steps.

MENTAL HEALTH ALLIANCE

Mental health services range from hospital-based specialty and acute services to community treatment and support services. Over the past year, Council agreed to assist these organizations and agencies to establish a Mental Health Services Alliance. Establishment of this alliance will provide opportunities for coordinating care, for collaborating on development of standards for assessment and treatment of mental illness, to optimize care for consumers, and to improve the overall health system's use of resources.

This work included establishing the Terms of Reference, Vision and work plan and working closely with the MOHLTC to identify priorities for action.

MEDICAL TRANSPORTATION

Council provided significant support to the Health Care Network (HCN) of SEO and the Upper-Tier Municipalities (UTMs) across the district in examining the utilization of the medical transportation resources. The municipalities were of great assistance in sharing utilization data to facilitate this examination. In January 2004 a Medical Transportation Emergency and Non-Urgent Business Plan for System Re-Design was coordinated through the HCN.

Recommendations from the report included methods to make better use of current services through improved coordination, augment existing services including volunteer medical transport, and establish new services, particularly services targeted at high-volume corridors in the district. The Council would like to acknowledge and commend the cooperation of the UTMs in the district and the members of the HCN in this endeavour.

OTHER PROJECTS INCLUDE...

LANARK, LEEDS & GRENVILLE PRE-SCHOOL SPEECH AND LANGUAGE

In the fall of 2003, Council was approached by the service delivery agencies for Pre-School Speech and Language Programs to assist them with a program review of this tri-county service. Council provided facilitation and staff support to enable this group to develop a report and model for their consideration.

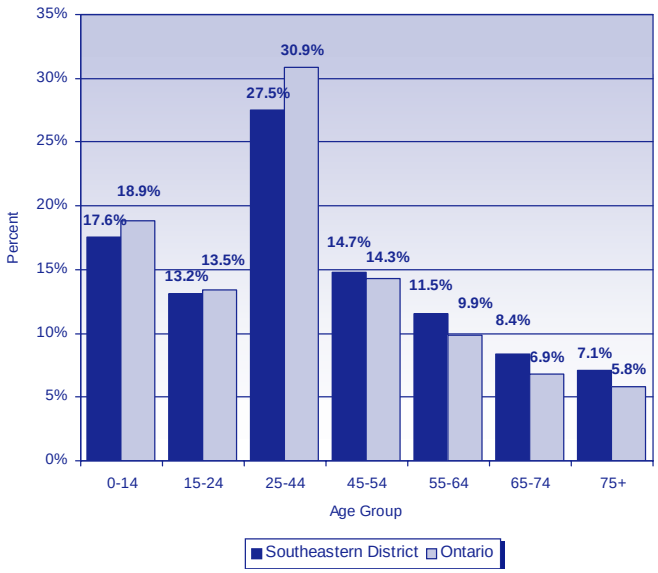
ADDICTION ALLIANCE

Council continued to support this district-wide alliance as it worked to continue its planning, coordination and implementation activities.

HEALTH CARE NETWORK OF SOUTHEASTERN ONTARIO

Council actively continued to support the activities of this network. Examples of this support include promoting the development and implementation of a telemedicine strategy for the district, advocating that the telemedicine program be expanded to include primary health care, and providing a projection of the anticipated district demand for acute care beds in five and 15 years time, given no change in present practices.

POPULATION IN SELECTED AGE GROUPS SOUTHEASTERN ONTARIO AND ONTARIO, 2003



Source: Ministry of Health and Long-Term Care, Provincial Health Planning Database, Population Estimates 2003

- The Southeastern District has a higher percentage of the population in the 65 and over age range (15.4%) than the provincial average (12.6%)
- In addition, there is a higher percentage of the population in the 45-64 age range

We're older relative to the province… and we will be for the foreseeable future

AUDITED FINANCIAL STATEMENTS *(A COMPLETE STATEMENT IS AVAILABLE UPON REQUEST)*

STATEMENT OF FINANCIAL POSITION

ASSETS

Cash	$ 72,791
Grants Receivable from MOHLTC	NIL
Other Receivables	$ 137
Prepaid Expenses	NIL
Total	$ 72,928

LIABILITIES

Accounts Payable and Accrued Liabilities	$ 36,903
Payable to the MOHLTC	$ 36,025
Unexpected Revenue from MOHLTC for Projects	NIL
Total	$ 72,928

SUMMARIZED STATEMENT OF OPERATING FUND REVENUE AND EXPENDITURE

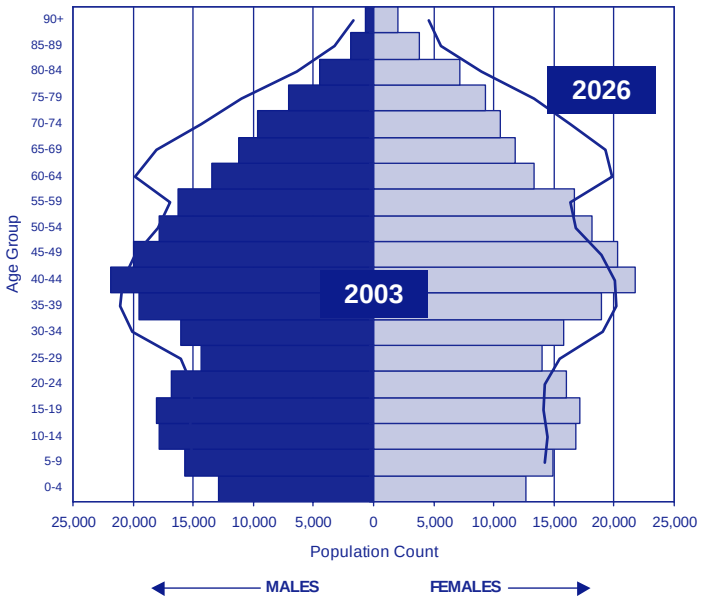
REVENUE

MOHLTC	$ 1,208,547
One-Time Funds	$ 15,000
Interest	$ 5,598
Total Revenue	$ 1,229,145

EXPENDITURE

Salaries & Benefits	$ 733,554
Business Expenses	$ 468,358
One-Time Capital	$ 15,000
Total Expenditure	$ 1,216,912
Excess of Revenue Over Expenditure for the Year	$ 12,233

POPULATION PYRAMID - SOUTHEASTERN ONTARIO 2003 AND 2026



Source: Ministry of Health and Long-Term Care, Provincial Health Planning Database, Population Estimates 2003; Population Projections 2026

The Population Pyramid provides a detailed look at the age and sex structure of the people who live in the district in 2003 and are expected to live here in 2026. It is estimated that over 516,000 people lived in the district in 2003.

- *'Boom, Bust & Echo'* - As outlined by David Foot (1996) the 'bulge' of the baby-boom generation is evident in the graph. Fertility rates were very high after WWII and until the mid-60's. In the pyramid this is evidenced by the large population between ages 35 and 59.
- This 'boom' period was followed by the 'bust' when fertility rates dropped.
- Finally, the 'echo' effect - the lower bulge in the graph does not reflect increasing fertility rates but rather the large numbers of children due to the large numbers of women 'baby-boomers' as the progressed into their child-bearing years.
- Finally, the differences in life-expectancy play out particularly in the elder age groups with much higher numbers of women in the higher ages.
- The projected population for 2026 is included to focus on the future impacts of this so-called pyramid as these different groups age. The baby-boomers will be progressing into their senior years. The 'bust' and 'echo' generations will continue to age

How will the need for different services change? It is our collective challenge to be prepared.

THE COUNCIL TEAM 2003/2004

Paul Adamthwaite
Elizabeth Annis *
John Arnott
Shirley Boston
Lloyd Churchill
Laurel Claus-Johnson
Pat Dandelé
Eartha
Paul Finner
Adrian Foster
Dave Hunter
Paul Joudrey *
Rob McLaughlin
Henry Meyer *
Susan White
Morris Lloyd Wood

*resigned

THE CURRENT COUNCIL TEAM - SEPTEMBER 2004

BACK ROW (LEFT TO RIGHT):	Lloyd Churchill, Dave Hunter, Paul Finner, Morris Lloyd Wood
MIDDLE ROW (LEFT TO RIGHT):	Sue White, Pat Dandelé, Dave Panabaker (Municipal Nominee, Hastings)
FRONT ROW (LEFT TO RIGHT):	Eartha, Susan Quaiff, Shirley Boston
NOT PICTURED:	Dr. Peter Ford

THE SUPPORT TEAM 2003/2004

Bryan Bowers ~ Senior Health Planner
Della Cook ~ Executive Assistant
Sue Haché ~ Senior Health Planner
Cynthia Johnston ~ Senior Health Planner
Janet Joynt ~ Planning Assistant
Barb Laidlaw ~ Planning Assistant
Jack Lichter ~ Senior Health Planner
Don McGuinness ~ Information Manager
Elizabeth McIver ~ Executive Director
Jessica Peters ~ Senior Health Planner
Natasha Poushinsky ~ Primary Care Consultant
Linda Scanlan ~ Senior Secretary/Bookkeeper
Shari Scanlan ~ Planning Assistant

CONTACT INFORMATION

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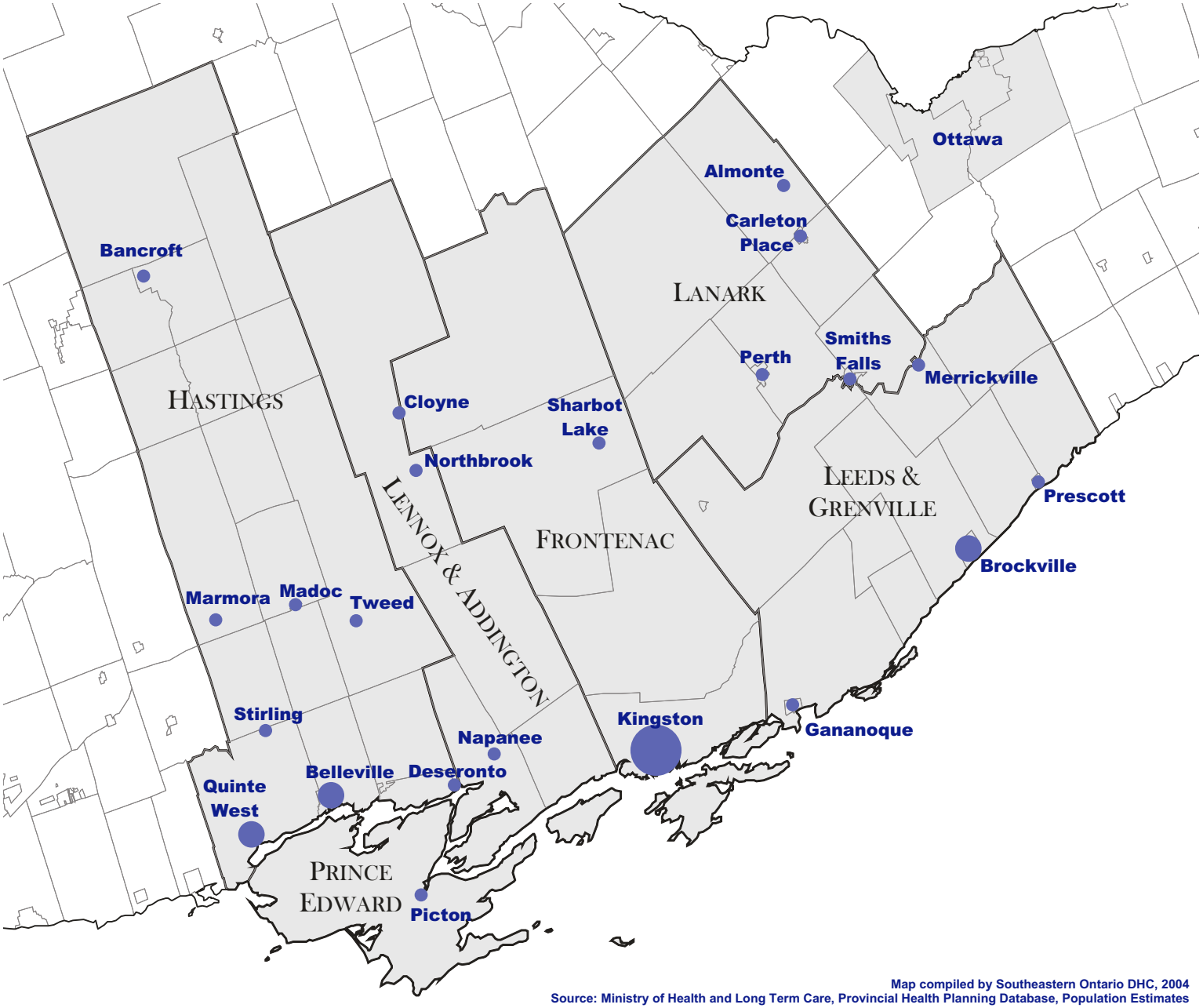
At any time, your feedback is important to us and we look forward to hearing from health care providers, and the communities that we serve.

Southeastern Ontario



Map compiled by Southeastern Ontario DHC, 2004
Source: Ministry of Health and Long Term Care, Provincial Health Planning Database, Population Estimates

Population Estimates 2003

Leeds & Grenville United Counties

Area:	3,350 km²
Population:	101,200

Lanark County

Area:	2,980 km²
Population:	66,550

Frontenac County

Area:	3,670 km²
Population:	146,850

Lennox & Addington

Area:	2,780 km²
Population:	41,350

Hastings County

Area:	5,980 km²
Population:	134,300

Prince-Edward County

Area:	1,050 km²
Population:	26,400

Southeastern Ontario District Health Council

Area:	19,800 km²
Population:	516,600