DURHAM • HALIBURTON • KAWARTHA • PINE RIDGE

DISTRICT HEALTH COUNCIL

Annual Report

2002 • 2003

Our Vision

The District Health Council will be a leader in planning for an integrated health system for the residents of Durham Region, the Counties of Haliburton, Northumberland, and Peterborough and the City of Kawartha Lakes.

Our Mission

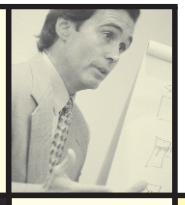
- To provide objective planning advice, regarding our local communities, to the Minister of Health and Long-Term Care on health needs and other health matters in our area;
- To make recommendations on the distribution of resources to meet health needs and improve health status; and
- To plan effectively and efficiently for the development and implementation of a balanced and integrated health system.

www.dhc-dhkpr.org

Integration

The Durham Haliburton Kawartha & Pine Ridge District Health Council has a strong commitment to nurturing the conditions necessary for moving toward better health system integration. The concept of integration is woven into Council's vision, mission and strategic directions. In order to advance the concept of integration through its core planning projects, Council endorsed six planning principles to guide its work.

Knowledge exchange is central to gaining a common understanding of integration. Dialogue between sectors needs to result in common goals to guide creative and innovative solutions. System uncertainties caused by, for example, financial and human resource pressures, infectious diseases and an aging population, emphasize the urgency of shifting mindsets to more integrated approaches of service delivery.



Joint Report

Chair of Council / Executive Director

Maureen Gmitrowicz, Chair

Lynda Hessey, Executive Director

For the past thirty years, District Health Councils across Ontario have provided local health system planning advice to the Minister of Health and Long-Term Care. The first District Health Council was established in 1973 for the purpose of bringing local community input to bear on planning for health services. District Health Councils continue to work toward improving the health and health services delivery in their local planning areas. Council creates and facilitates planning processes where both consumers and providers come together to develop local solutions to identified health needs. The health system has changed substantially over the past thirty years. The rate of expenditures has steadily increased and the service delivery system has become more complex and fragmented. Timely access to appropriate and needed services continues to be a challenge. Consequently, within this changing environment, community-based health planning has remained not only relevant but essential.

As local health system planners, DHCs have a substantive breadth of knowledge and understanding of health services across the full continuum of care.

As local health system planners, DHCs have a substantive breadth of knowledge and understanding of health services across the full continuum of care. This comprehensive system perspective enables DHCs to identify gaps in the service continuum as well as disconnections and imbalances between different service sectors. For example, the broad system perspective helps bring into focus imbalances between preventative and curative services and also between community-based and hospital-based services. As well, it facilitates identifying the impacts and interactive effects of changes on various components of the continuum of care, for example, the impact of health human resource shortages and the availability of primary care services.

In order to keep the context of the entire system in the forefront of its planning, Council developed integration principles to guide its planning processes and to make it highly aware of the need for integration across planning projects. These principles also help heighten the importance of incorporating the consumer experience in planning and the need to provide seamless and efficient transitions for consumers across various service components.

The DHC's role in providing objective local health planning advice to the Minister requires that its planning decisions be evidence-based. Council ensures that its planning processes are inclusive in order to encourage collaboration across a wide range of planning partners. Providing opportunities for knowledge exchange and collaboration to occur across stakeholder groups has many benefits. Often more innovative and creative plans are developed that are better tailored to local needs. In addition, relationships are often established that result in positive contributions to better co-ordination and integration of services.

Questions of sustainability of the current health system have been raised. In light of increasing pressure on fiscal and human resources, further change is inevitable. Building on thirty years of experience in community-based planning, District Health Councils are well positioned to continue to add value to health system planning and provide leadership in creating a health system to meet the needs of the 21st century.

In closing, Council recognizes that the effectiveness of planning in such challenging times is dependent on the contributions of many individuals. The dedication and hard work of both Council members and staff is deeply valued and sincerely appreciated. Our strong, dynamic team is supported and enhanced by the contributions of many, many volunteers who share their precious time, skill and knowledge. Our sincere gratitude is extended to all of these individuals. Finally, we would like to thank Michael Klejman and his staff of the Central East Regional Office for their on-going support and encouragement.

Council is confident in our capability to meet the planning challenges ahead to serve the residents of the Durham HKPR area.

Community Forums on Health Human Resources

The Durham HKPR District Health Council continues to be involved in health human resource planning initiatives to gather knowledge about challenges that are experienced locally and provincially, particularly regarding the recruitment and retention of health professionals.

In early 2003, the DHC organized and hosted forums on health human resources across the DHC planning area. Forums were held in Durham Region, Lindsay, Peterborough, Haliburton and Cobourg. The purpose of the sessions was to learn about and share strategies that agencies and organizations are using to effectively address pressures and enhance the capacity and utilization of staff.

In June, the Durham HKPR DHC joined with the other district health councils in Ontario for a one-day provincial forum with representatives from the Ministry of Health and Long-Term Care. The purpose of the forum was to share the themes and strategies that were raised by local health care organizations and agencies. The outcome of the forum will be completion of a provincial report that identifies emerging opportunities towards health human resources policy development and planning.

Information that was gathered at the sessions held in Durham HKPR is available in report format as well as on the DHC website.

Local Physician Supply

The Durham HKPR District Health Council has been monitoring the supply of physicians across the planning area and responding to requests for letters of support from municipalities applying for underserviced area designation.

The Underserviced Area Program (UAP) is one of a number of financial incentives provided by the Ministry of Health and Long-Term Care to help communities recruit and retain physicians.

The underserviced designation for General/Family physicians is available to any community meeting certain criteria. For example, the applying community must demonstrate to the province:

- That, it has less than one family physician for every 1,380 people;
- That, there is adequate information to support the need in the community;
- That, it has formalized stakeholder support; and,
- That, the district health council has reviewed the application.

Currently, eleven communities in Durham HKPR are designated as underserviced for general practitioners. Based on this information, forty additional physicians are required in total. Furthermore, there are currently five municipalities located in Peterborough County, as well as Brighton, a municipality located in east Northumberland County, whose designations are pending Ministry approval.

The Durham HKPR District Health Council will continue to monitor physician supply as additional municipalities are expected to submit applications to the Underserviced Area Program in 2003.

Local Partnerships and Linkages

Due to Council's commitment to a better integrated health system, the DHC continues to actively participate in a wide range of service provider groups/networks across the planning area. The DHC brings its expertise in local community-based planning and its knowledge of the broader health system to these tables. In return, the relationships established enrich the effectiveness of DHC planning.

Examples of these linkages include: the Durham Region Health Care Group, the HKPR Joint Executive Committee, the City of Kawartha Lakes Service Provider Group, the Haliburton County Service Providers Group, the Lakeshore Community Health Liaison Committee, Peterborough Community Partners Network, Northumberland Children's Services Committee, Durham Mental Health Alliance, Durham HKPR Partners in Addiction Services Group, Frail Elderly Alliance of Durham Region, Palliative Care networks, Dementia Networks, Municipal Land-Use Planning tables, Ontario Smart Growth Strategy and the list goes on!

Council strongly supports the importance of community linkages and appreciates being a part of health system planning tables in local communities throughout the Durham HKPR area.

Provincial Activities

As a member of the Provincial DHC Chairs and Executive Directors Group, the Durham HKPR District Health Council has committed to organizing the annual provincial DHC conference – "Action Centre 2003." Planning is well underway and the theme of the conference, to be held October 24 – 26, 2003 in Oshawa, is *Innovate or Evaporate*.

This year, 2003, marks the 30-year anniversary of District Health Councils in Ontario. Council will be collaborating with other DHCs across the province to plan a provincial event, concurrent with *Action Centre 2003*, to recognize this significant milestone.

"Innovation in Action" – Long-Term Care Planning Initiative

In July 2002 the DHC established a 20-member Multi-Year Plan Development Committee. Council asked the Committee to develop a three- to five-year strategic plan intended to enhance the ability of the health system to provide continuous care to long-term care consumers and caregivers. Committee members dialogued with their individual 'Consumer Champions' to collectively improve understanding of the experiences of consumers and caregivers with the health system. Members and their Champions identified what made the health system work well or flow, and what had created challenges for them.

In March 2003, the DHC provided a status report to the Minister and the Central East Regional MOHLTC Office. The report identified the issues which had emerged to date with respect to the ability of the health system to support seniors, adults with physical disabilities and/or visual or hearing impairments, children and youth with health care needs and the caregivers of these three long-term care consumer groups. A number of features were identified that, if available, enable the health system to work well and when not available, create challenges and barriers for the consumers and caregivers. Some of these enabling features are:

- A primary navigator or coordinator of health services;
- Access to a family member, friend or neighbour who can advocate and assist in times of change;
- Reliable alternate care (respite) for caregivers;
- An agreed to and well communicated plan of care which identifies the consumer's and caregiver's health goals and objectives;
- Access to physician services close to home and in-home;
- Having a supported home environment with access to personal care, assistance with meals, mobility aids, transportation options and other features necessary to enable consumers and caregivers to live independently;
- Consistency of personal care and health routines to accommodate changes of in-home service providers;
- Access to service providers with consistent skill sets, knowledgeable of the particular needs of the consumers and caregivers.

During spring and summer 2003, over 20 focus groups are planned to discuss these enabling features. Fall 2003 will see the Multi-Year Plan Development Committee working toward the development of strategies. The final Plan will be submitted to the Minister of Health and Long-Term Care in December 2003.

Primary Care

Access to primary care services is an ongoing priority for the DHC. Council continues to monitor local primary care developments, foster awareness of primary care issues in our planning area and assist specific communities in planning for primary care.

Council was asked by the Ministry to work with three communities in developing applications to access funding through the provincial Nurse Practitioner (NP) Demonstration Project. By December 2002, applications were submitted for the communities of Havelock (one NP) and Otonabee South Monaghan (two NPs) in Peterborough County and Brock Township (two NPs) in Durham Region. All three municipalities were successful in receiving funding and now have Nurse Practitioners serving their communities.

In addition, the DHC has assisted applicants for Community Health Centres with data to develop their proposals. It is expected that the communities of Minden Hills in Haliburton County and Brock Township in Durham Region will be submitting proposals shortly to the Ministry.

Local Health System Monitoring Report 2003

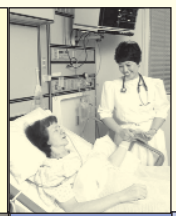
The Ontario District Health Councils collaborated on a project to measure local health system indicators and to understand health system performance in the communities they serve. The project represents a co-operative effort by the DHCs with the assistance of the five Ontario Health Intelligence Units.

As a result, the Durham HKPR District Health Council is pleased to release its first *Local Health System Monitoring Report 2003* for the Durham HKPR area. This report is available both on our website and in hard copy.

The report contains five sections. The sections include a profile of the population of Durham HKPR, indicators relating to determinants of health, an overview of health status, how the community and health system are being used by local residents and health system performance.

Feedback will be gathered to identify how stakeholders are using the report and determine the usefulness of the indicators.

Following the release of the report, the District Health Council will periodically publish one-page 'highlight' reports that focus on one or two key issues to further explain the findings and to discuss conclusions and implications. The District Health Council will also continue to update the information, as new data becomes available.



Financial Statements

DISTRICT HEALTH COUNCIL

Complete financial statements audited by Deloitte & Touche are available at the Council Office.

GENERAL OPERATIONS

Non-Consolidated Statement of Financial Position

March 31, 2003

	2003	2002
ASSETS		
CURRENT		
Cash and term deposits	$ 1,639,517	$ 1,608,090
Accounts receivable	-	95,595
Interest receivable	8,193	11,861
Prepaid expenses	-	6,876
	1,647,710	1,722,422
CAPITAL ASSETS (Note 4)	50,942	52,317
	$ 1,698,652	$ 1,774,739
LIABILITIES		
Accounts payable and accrued liabilities	$ 160,238	$ 248,242
Amount due to Ministry of Health and Long-Term Care (Note 3)	504,438	395,829
Deferred capital contributions (Note 5)	50,942	52,317
Deferred contributions - other	66,175	-
Due to special projects – DHKPR DHC	916,859	1,078,351
	$ 1,698,652	$1,774,739

GENERAL OPERATIONS

Non-Consolidated Statement of Operations

Year ended March 31, 2003

	2003 Budget (unaudited)	2003 Actual	2002 Actual
REVENUE			
Ministry of Health and Long-Term Care	$1,187,972	1,061,066	$1,033,039
Amortization of deferred contribution	–	25,099	24,995
Interest and other	–	14,506	56,258
	1,187,972	1,100,671	1,114,292
EXPENSES			
Salaries and employee benefits			
Salaries	734,040	620,996	647,085
Employee benefits	119,432	111,062	102,278
	853,472	732,058	749,363
Administration expenses			
Advertising	7,500	8,006	12,474
Amortization of capital assets	–	25,099	24,995
Audit, accounting and legal	5,500	10,875	6,133
Business machines (including leases)	15,000	15,311	12,483
Consultants	71,000	64,914	71,086
Insurance	4,800	2,776	2,637
Meetings	26,000	26,076	25,539
Office accommodation	69,100	67,870	67,695
One time	-	11,851	-
Postage and courier service	9,000	9,001	8,092
Printing, stationery and supplies	24,000	24,084	24,128
Subscriptions and memberships	7,000	6,200	6,203
Telephone and network services	25,500	25,510	38,415
Professional development & education	13,500	16,252	14,878
Travel			
Council member	21,000	18,964	15,148
Staff	34,300	34,190	33,707
Bank charges and other	1,300	1,634	1,316
	334,500	368,613	364,929
	1,187,972	1,100,671	1,114,292
Excess of revenue over expenses	$ –	$ –	$ –

Members

COUNCIL MEMBERS

April 1, 2002 - March 31, 2003

Maureen Gmitrowicz, Chair	Brooklin
Stephen Kay, Vice-Chair	Peterborough
Paul Rolland, Treasurer	Whitby
Sandra Barrett	City of Kawartha Lakes
Roger Cook	City of Kawartha Lakes
Dr. Don Curtis	Peterborough
Ross Fitchett	Buckhorn
Ron Gambell*	Minden
Eileen Higdon	Pickering
Ruth LaMantia	Lindsay/Fenelon Falls
Gary Lounsbury*	Peterborough
Norman Mealing	Whitby
John Neal	Oshawa
Judy Nemis	Bowmanville
Douglas Pearcy	Norwood
Sonia Peczeniuk	Ajax
Jane Rosenberg	Haliburton
Peggy Vokins	Ajax

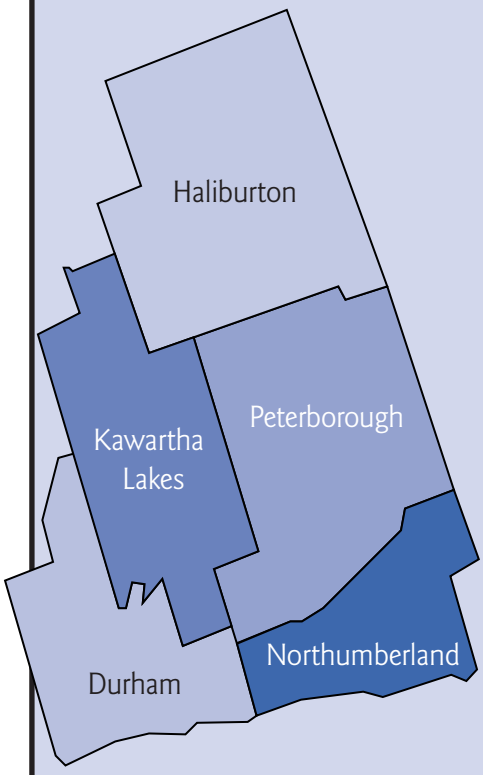
Notes:

* Over the course of the 2002/2003 fiscal year, two Council members regrettably resigned from Council to pursue other endeavours. We wish them every success.

Gary Lounsbury provided outstanding leadership to Council (both as Chair and through participating in many planning processes) for a duration of five years on the District Health Council.

Ron Gambell brought a northern and rural perspective to the work of the DHC for a duration of four years.

Council recognizes the dedication of all its members and thanks them sincerely for their contribution to the work of the DHC over the past year.



Population: approx. 800,000
Area: 15,600 sq. km.

Current Staff

COUNCIL STAFF

Position	*Name*	*Extension*	*E-Mail*
Executive Director	Lynda Hessey	303	lhessey@dhc-dhkpr.org
Senior Planners	Marie-Anik Gagné	Whitby	magagne@dhc-dhkpr.org
	Kate Reed	317	kreed@dhc-dhkpr.org
	Jeanne Thomas	314	jeanne_thomas@dhc-dhkpr.org
Health Planners	Barbara Hawthorn *	302	bhawthorn@dhc-dhkpr.org
	Dawn Olsen	312	dolsen@dhc-dhkpr.org
Executive Assistant	Michelle Dunn	310	mdunn@dhc-dhkpr.org
Senior Secretary	Zina Allen	305	zallen@dhc-dhkpr.org
Planning Secretary	Kristeen Hazlitt	301	khazlitt@dhc-dhkpr.org
Receptionist/Secretary	Corinne Abba	300	dhc@dhc-dhkpr.org
Contract Office Assistant	Valerie Rose	307	vrose@dhc-dhkpr.org
Contract Epidemiologist	Helen Scott		

* Barbara Hawthorn is currently on leave.

Your Local Voice in Health Planning

The Durham Haliburton Kawartha & Pine Ridge District Health Council (DHKPR DHC) advises the Minister of Health and Long-Term Care (MOHLTC) on the planning and coordination of health services in its geographic area.

For more information or to see a list of our publications, please visit our web site.

www.dhc-dhkpr.org

DURHAM • HALIBURTON • KAWARTHA • PINE RIDGE
DISTRICT HEALTH COUNCIL

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