



DISTRICT HEALTH COUNCIL

Your local voice in health planning

What we do

The District Health Council advises the Minister of Health and Long-Term Care on the planning and coordination of health services in Durham Region and the counties of Haliburton, Northumberland, Peterborough and Victoria. The District Health Council's vision is to be a leader in planning for an integrated health system for the residents of the planning area.

Who we are

A full Council is 20 members. Membership includes people who deliver health and health-related social services, people who bring a community perspective, and representatives from local government. These volunteer members reside throughout the planning area and are appointed by Order-In-Council from the Lieutenant Governor of Ontario. Council is supported by a small staff.

Valuable volunteers

In addition to Council members, the work of the District Health Council could not be accomplished without the assistance and dedication of the many community volunteers through their involvement on committees, task groups and public consultations. If you are interested in participating on Council or in another capacity, please feel free to contact us.



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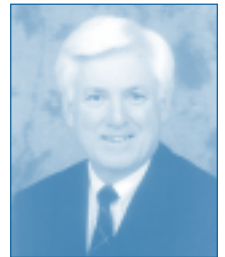


DHC Dialogue

SUMMER 2002

Message from the Chair

One of the many ways Council communicates with our planning partners and members of communities across our planning area is through our newsletter. Over the past several months, Council has discussed the importance of a comprehensive communication plan to enable the effective exchange of information and knowledge both internally and externally. Council feels strongly that as a knowledge-based organization, effective communication will enhance our ability to provide objective and credible advice to the Minister of Health and Long-Term Care. It will also contribute to building a clearer understanding of health planning and health issues for both Council and the communities in our planning area.



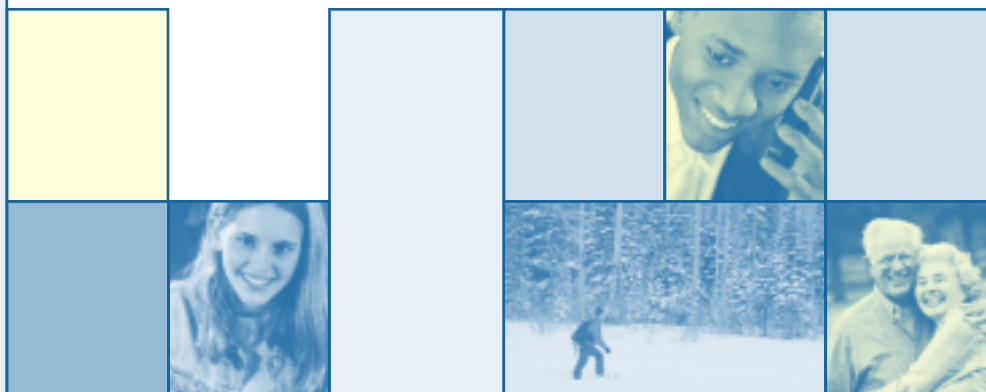
Gary Lounsbury

In early March, Council held a retreat titled, "Consistent Messaging – Embracing the Importance of Clear Communication." The purposes of our retreat were to understand the key elements of successful communication, to strengthen our ability to communicate our role and messages consistently and clearly, and to build the foundation for a communication plan.

I am pleased to report that Council have now approved a Communication Plan. The plan focuses on creating a proactive communication mindset within the District Health Council, promoting awareness of the mandate and value of the Council and strengthening linkages with our community.

As we move toward the implementation of our plan, we will be in touch with various groups in our planning area to enhance dialogue on issues impacting our local health systems. As part of that dialogue we would be pleased to speak to organizations, boards and/or staff about the role of the District Health Council and its planning activities.

Better communication augments collaboration and enables Council to reflect the values and needs of local communities in our planning area. As a result, our planning advice to the Minister of Health and Long-Term Care is strengthened. The newly approved Communication Plan supports our work in planning to improve the health of our population and to streamline services to our residents.



Planning Initiatives

CHILDREN'S SERVICES PLANNING

In October 2001, the District Health Council was approached by the community to take a leadership role in facilitating the development of a plan to establish an Ontario Early Years Centre in the Peterborough area. The Centre will provide universally accessible early learning activities and supports for young children (0-6) and parenting supports for their caregivers.

Recognizing the importance of this initiative, Council provided planning and administrative support for two months. Many volunteers and advocates for early year's services participated in the development of the plan entitled, *Nurturing Our Future, The Ontario Early Years Centre for Peterborough County-City*. The plan received Ministerial approval on January 11, 2002.

Council welcomed the opportunity to work collectively with the community in this exciting initiative and wishes to thank all those who participated in the process. The DHC will keep informed about the development of Ontario Early Years Centres in Durham and in the

Haliburton, Northumberland and City of Kawartha Lakes areas as well as to the implementation of Early Years Challenge Fund projects across the district.

In addition to planning for the Peterborough area Ontario Early Years Centre, Council assisted the Institute for Clinical and Evaluative Sciences (ICES) in the implementation of their survey of providers of children's health care treatment services. ICES is undertaking a descriptive study

of child health care treatment services in Ontario. The result will be preparation of an ICES Atlas on health treatment services for children. The Atlas is anticipated to be available later this year.

DHC took a leadership role in establishing Ontario Early Years Centre in Peterborough area

LONG-TERM CARE PLANNING

In 1996, the Ministry of Health and Long-Term Care asked District Health Councils to develop long-range plans for long-term care services. Spanning approximately five years, the plans were used to guide annual recommendations for the development and improvement of community-based services across the province. The plans were typically referred to as Long-Term Care Multi-Year Plans; while incremental recommendations were contained in Annual District Service Plans.

With the initial Multi-Year Plan timeframes expiring in 2001, Council supported an approach for the development of a new Multi-Year Plan for long-term care services that will span 2003 – 2008. This Plan will examine the full continuum of health services required by long-term care consumers including seniors, adults with physical and sensory impairments, as well as children with long-term health care needs.

This project will move forward in incremental phases. Phase One of work provided an update to the Ministry of Health and Long-Term Care on priority areas of need, by geography, regarding community-based long-term care services. This initial work was completed during December 2001 to April 2002. This phase of planning also informed long-term care planning priorities included in the District Health Council's 2002/2003 Operating Plan.

Subsequent work will be based on the outcomes of Phase I, in which a limited number of projects will be chosen for intensive planning work. It is anticipated that the Multi-Year Plan will be completed mid-2003.



STROKE STRATEGY

Since January 2001, Council has been involved in a joint planning project with three other District Health Councils in the Central Ontario Regional Planning area. The group has been engaged in the process of identifying District Stroke Centres, as requested by the Minister of Health and Long-Term Care. This planning process was based on a vision, articulated in *Towards an Integrated Stroke Strategy for Ontario*, developed by the Heart and Stroke Foundation and the Ministry of Health and Long-Term Care, in partnership with other providers. The vision is to organise stroke care across the continuum, with coordination of regional, district and local services.

The role of the District Stroke Centres is to coordinate local stroke care, including: health promotion, prevention, acute care, rehabilitation and follow up at home. In addition to this coordination role, the Centres are to develop comprehensive stroke teams to respond to service needs at the district level. Regional facilities will be designated by the Ministry to lead coordinated stroke care strategies and provide highly specialised expertise, and will support the work of the District Centres. A system of Regional and District Stroke Centres with protocols will be established to link all acute care hospitals in Ontario for the emergency/acute components of care. In October, *Recommendations on the Designation of District Stroke Centres*, was submitted to the Minister. Although the Peterborough Regional Health Centre and Lakeridge Health Corporation were the two hospitals recommended within the Durham-HKPR planning area, it is anticipated that all hospitals and community providers will be included in the coordinated network.

MENTAL HEALTH PLANNING

During the summer of 2001, all District Health Councils undertook a mental health housing project. Ensuring broad participation, staff consulted with consumer/survivors, family members, community mental health programs, emergency shelters and hostels, landlords, and homes for special care operators. Participants identified primary housing needs, service gaps and system issues for individuals with mental health problems. Data analysis included focus groups, surveys from providers, and a review of best practices, demographics and utilization patterns. The project culminated in the development of *Community Independent Living for Individuals with Serious Mental Illness: Housing Study Report*. The report was forwarded to the Central East (Whitby) Mental Health Implementation Task Force, to assist in their deliberations regarding the implementation of a restructured local and regional mental health system.

In addition, the *Mental Health Service Inventory and Needs Assessment for Durham Haliburton Kawartha & Pine Ridge* was completed. This report is a result of Council's efforts to consolidate and update needs assessment infor-

mation for our planning area. The process involved the development and implementation of a survey targeted to community mental health programs in Durham HKPR. The report provides analysis of the survey findings, focusing on the availability of first-line, intensive, and specialized services, and the identification of priority service needs. This report is a companion document to the *Update of the Durham Region and Haliburton Kawartha & Pine Ridge Mental Health System Design Plans*, produced in June 2001, which identified service pressures and recommended system adjustments.

Council staff continue to participate in the work of the Central East Task Force which is to develop advice on the implementation of mental health reform, provincial psychiatric hospital restructuring and community investment. In January 2002, the Task Force reviewed preliminary recommendations from the five key subcommittees. The themes of simplified access and clinical integration, with a focus on consumer and family needs, were clearly articulated across the submissions. Public consultation about the progress of the Task Force will be held in the Spring and Fall of 2002.

Thank You!

The District Health Council would like to sincerely thank all volunteers who have participated in the planning projects undertaken over the past year. The willingness of so many people to offer their time, energy and insight into the DHC planning process is remarkable. All participants, through hard work and dedication made a valuable contribution. Surely, your efforts will serve our communities well in the years to come!



HEALTH HUMAN RESOURCES

The study of health human resources continues to be a priority issue for the Council. Participating in provincial, regional and district level processes, the Durham-HKPR DHC remains involved in looking at a broad range of issues associated with this subject area. The Health Care Labour Market Survey, a provincial initiative to gather health human resources data, continued over the last year. Ontario's 16 District Health Councils hired Decima Research Inc. to administer and analyse a survey of health sector employers across the province, while hospitals were surveyed through the Ontario Hospital Association. With a data-sharing agreement in place and compatible survey design between these two processes, the development of a complete picture of human resources in a given area will be possible. The survey analysis should be available in the summer of 2002.

The four DHCs that make up the Central Ontario Regional Planning group partnered with the Michener Institute and the Ontario Hospital Association to hold a Roundtable discussion on coordination of Labour Market Surveys. The impetus was due to the fact that several surveys were being distributed by different organizations in the fall, with each organization seeking similar information. This meeting provided a collective human resources forum that included the professional regulatory bodies, professional associations, provider group associations, and research bodies. The participants welcomed the opportunity to consider more integrated ways to meet needs for health sector labour market data.

At the district level, the Durham Labour Market Study done in conjunction with the Durham Region Health Care Group, Durham College, and Durham Region Local Training Board has completed the data collection phase of the project. This involved interviews with employers and educators and focus groups with students and employees, as well as an employer survey. The study findings are providing the basis for a Call to Action for the study partners. It is hoped that the results will assist Durham College in the development of health programs associated with the College and the new University of Ontario Institute of Technology.

LOCAL HEALTH SYSTEM MONITORING

Council is involved in a collaborative project with other DHCs across the province, to measure local health system indicators, to understand health system performance in our community and to produce a consistent information resource for planning purposes.

The project reached an important milestone in October, 2001, with the completion of a series of health system indicator data, made available to each DHC and Health Intelligence Unit in Ontario. Examples of the type of data prepared for analysis include: population health and demographics, hospitalizations, health human resources, and access measures. The project will continue to evolve over time, and it is anticipated that the amount of information available to DHCs for planning purposes will expand.

In coming months, each DHC will be examining the data in detail according to the areas it serves, and reporting to its communities. Local health system performance can then be examined in the context of the performance of other, similar districts.



Publications

If you are interested in receiving a copy of any of these reports, please contact the District Health Council.

- ☐ Report of the Durham Haliburton Kawartha & Pine Ridge DHC – 2001/2002 Hospital Operating Plan Review, May 2001.
- ☐ Report of the Durham Haliburton Kawartha & Pine Ridge DHC – 2001/2002 Community Mental Health Program Operating Plan Review, June 2001.
- ☐ Report of the Durham Haliburton Kawartha & Pine Ridge DHC – 2001/2002 Children's Mental Health Program Operating Plan Review, June 2001.
- ☐ An Update of the Durham Region and Haliburton Kawartha & Pine Ridge Mental Health System Design Plans, June 2001.
- ☐ Community Independent Living for Individuals with Serious Mental Illness Housing Study, September 2001.
- ☐ Central Ontario Integrated Stroke Strategy, Recommendations on the Designation of District Stroke Centres. Submitted by the District Health Councils of: Durham Haliburton Kawartha & Pine Ridge, Halton-Peel, Simcoe York and Toronto, October 2001.
- ☐ 2001/2002 Addiction Services Operating Plan Review, Summary of Programs December 2001.
- ☐ Nurturing Our Future, The Ontario Early Years Centre Plan for Peterborough County-City, December 2001.



Announcements

Funding for Children's Treatment Centres

Council is pleased to note the November 2001 provincial announcement to increase annual funding for Children's Treatment Centres across the province. The Ministry of Health and Long-Term Care has responded to the long-identified need for enhancement of the availability of rehabilitation supports for children and youth by increasing annual funding for Children's Treatment Centres by \$20 million. In terms of the Durham-HKPR planning area, Grandview Children's Treatment Centre in Durham Region and Five Counties Children's Treatment Centre, serving the HKPR area, will be enhanced by \$1.89 million and \$344,000 respectively.

Diabetes Treatment

In September 2001 the Ontario government announced an investment of \$3.76 million to enhance diabetes care. The funding will provide increased education and support services, with an emphasis on supporting people from First Nations backgrounds, who have a higher incidence of diabetes. Diabetes education programs in HKPR will receive a total of \$115,252 while Durham Region will see its resources increased by \$63,600.

Under-Serviced Area Program

The designation of a community as an under-serviced area is intended to assist communities with long standing and ongoing difficulties recruiting physicians, and where the supply of medical services is significantly below what is considered necessary to meet local health needs. The Municipality of Trent Hills was successful in its bid to receive this designation. Support is now available through the Community Visit Program and the Ministry's Annual Health Professional Recruitment Tour.

New Council Members Needed

Given several recent resignations, Council has a total of four consumer vacancies. Geographic areas that we are seeking participation from include Peterborough County, Northumberland County, City of Kawartha Lakes and the Oshawa area. A consumer member is not a service provider, board member of an agency providing health services nor a member of local government. It is important to note that Council appointees are selected at the discretion of the Provincial Cabinet, and Orders-In-Council are granted by the Lieutenant-Governor of Ontario. If you are interested in participating in a unique and rewarding experience, please contact Lynda Hessey, Executive Director.

WELCOME NEW MEMBERS

Council is pleased to welcome three new members into the organisation: Stephen Kay, Sonia Peczeniuk and Ruth LaMantia.

As Executive Director of the Peterborough Community Access Centre, and in previous positions with the Peterborough Civic Hospital and VON: Peterborough, Victoria, Haliburton Branch, **Stephen Kay** has experience in many facets of the health care system. A resident of Peterborough, he brings expertise in strategic planning and change management. Stephen is committed to breaking down the barriers within the system, acknowledging that to be successful, change must be accomplished with as much consensus as possible.

As Chief of Professional Practice with the Rouge Valley Health System **Sonia Peczeniuk** has a wealth of knowledge and experience in the acute care sector, including clinical management, research and education. Currently living in Ajax, Sonia has been employed in a variety of progressively more responsible positions in Toronto, Peterborough and Sudbury. Sonia is currently a surveyor with the Canadian Council on Health Services Accreditation. Also she has previous District Health Council involvement as a member of the Manitoulin and Sudbury DHC.

Ruth LaMantia is a philosopher. She entered into the extensive and prolonged study of philosophy because, as a nurse from the mid-fifties onward, she became acutely aware that the occurrence of many illnesses seemed to be directly related to the collection and inter-relating of conditions in which the ill person lived and worked. Her clinical background includes surgical, post-anaesthetic recovery and intensive care nursing. She has a keen interest in environmentally related illnesses and community health. Ruth has broad committee/volunteer experience and a good working knowledge of health care system issues. She has the desire to see all aspects of an issue and to weigh those factors thoughtfully in the decision-making process.

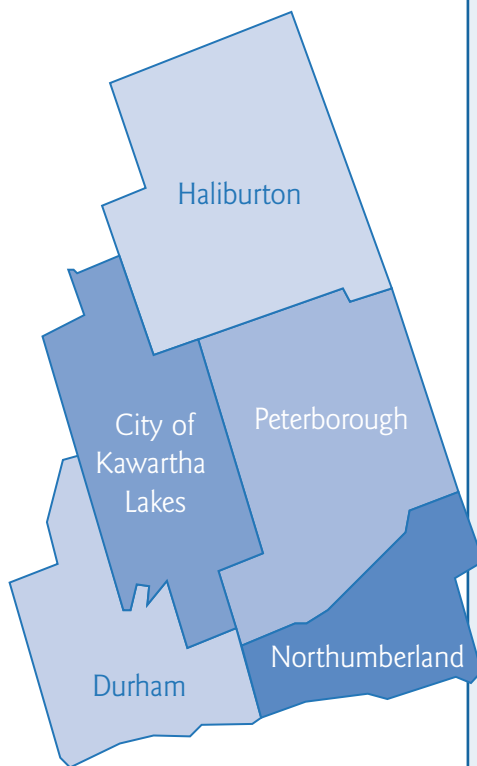


Members

COUNCIL MEMBERS

April 1, 2001 - March 31, 2002

Gary Lounsbury, Chair	Peterborough
Maureen Gmitrowicz, Vice-Chair	Brooklin
Peggy Vokins, Treasurer	Ajax
Ron Gambell	Minden
Eileen Higdon	Pickering
Stephen Kay	Peterborough
Ruth LaMantia	Lindsay/Fenelon Falls
Norman Mealing	Whitby
Judy Nemis	Bowmanville
Douglas Pearcy	Norwood
Sonia Peczeniuk	Ajax
Paul Rolland	Whitby
Jane Rosenberg	Haliburton



Population: approx. 800,000
Area: 15,600 sq. km.
72 municipalities and townships

Staff

COUNCIL STAFF

Position	Name	Extension	E-Mail
Executive Director	Lynda Hessey	303	lhessy@dhc-dhkpr.org
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	Pauline Petryshen	302	ppetryshen@dhc-dhkpr.org
Health Planners	Barbara Hawthorn	304	bhawthorn@dhc-dhkpr.org
	Kate Reed	312	kreed@dhc-dhkpr.org
Executive Assistant	Michelle Currier	308	mcurrier@dhc-dhkpr.org
Senior Secretary	Cindy Ingram	305	cingram@dhc-dhkpr.org
Planning Secretary	Kristeen Hazlitt	301	khazlitt@dhc-dhkpr.org
Receptionist/Secretary	Zina Allen	300	dhc@dhc-dhkpr.org

THANK YOU TO FORMER MEMBERS

Margaret Glenn, and **Michael O'Reilly**, both consumer members, resigned from Council following three years of service each. With strong community connections, Margaret raised the profile of rural issues, while Michael brought a children's services perspective to the Council's work. Council will miss the significant contribution of these members to the work of the DHC.

STAFF NEWS

Over the course of the past year, a number of staffing changes have occurred. **Angela Sword-Gordon**, Receptionist, is currently on maternity leave. **Steve Bazak** continues on secondment to the Central East Regional office of the MOHLTC as Hospital consultant, while **Marie-Anik Gagné** is on secondment as the Coordinator of the Central East (Whitby) Mental Health Implementation Task Force. **Stephen Jackson** left the DHC to accept a position with the Stanton Regional Health Authority in Yellowknife. We are pleased to welcome **Zina Allen** as Receptionist and well as **Pauline Petryshen**, as Senior Planner on our planning team.



DISTRICT HEALTH COUNCIL

Durham Haliburton Kawartha & Pine Ridge District Health Council

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