NIAGARA health planner

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Introducing the Niagara Health Planner

by Donna Cripps, Chair of the Niagara District Health Council

Donna Cripps

I am pleased to introduce the Niagara Health Planner, a new publication of the Niagara District Health Council. This newsletter is being produced in an effort to inform both members of the health care community and the general public about current health issues and the planning initiatives being undertaken to address them.

As background, I would like to share some information about the Niagara District Health Council. As a planning body, the Niagara DHC advises both the Minister and Ministry of Health and Long Term Care about population health needs and health care services. It makes recommendations on the development and implementation of an integrated health care system in Niagara and on the allocation of resources. The Health Council, in consultation with the community, plans, monitors and evaluates health status and health system outcomes in a manner that facilitates collaborative, coordinated planning.

The Niagara Health Planner will address Niagara's key health challenges. As part of this process, I would like to provide a short overview of the 'hot spots' in our health care continuum as I view them. Further information and data sources about these issues are available from the Health Council upon request.

Niagara is experiencing a shortage of health professionals, including family physicians, specialist physicians, nurses, and therapists. There are long waits for elective procedures such as cardiac catheterization, orthopedic surgery, and ophthalmologic interventions.

Hospital emergency rooms are overcrowded because of high utilization and high overall bed occupancy. Inappropriate use of inpatient beds by patients awaiting long term care services or placement adds to the problem.

In terms of long term care services, the challenge is to address the healthcare needs of an aging population in spite of barriers to accessing services, such as relatively fixed funding for agencies and lack of public transportation. Currently, 1,275 Niagara residents are awaiting placement for long term care beds and there is heavy demand for community support services.

Mental health services in Niagara receive lower per capita funding than the provincial and central south regional average and limited resources are available for children. We anxiously await the transfer from Hamilton of 53 specialized mental health beds for adults. The opportunity exists for improved coordination, integration and capacity of mental health services locally through the pending implementation of Mental Health Implementation Task Force reports across the province.

I am hopeful that this issue of the Niagara Health Planner, and future issues to come, will facilitate constructive dialogue and action to address Niagara's health challenges.

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Niagara District Health Council

Bringing Physicians to Niagara

Physicians are being actively recruited to Niagara in an effort to address the region's critical shortage of medical personnel. Helping in this effort is Jenny Simpson, Co-ordinator of the Physician Recruitment Program.

When the Program was introduced in Niagara, it was the first of its kind in Southern Ontario. Funded by the Regional Municipality of Niagara, it receives administrative support from the Niagara District Health Council.

Having the 12 local municipalities work together to address physician shortages in the region has proven to be quite successful. A recent evaluation describes continuous progress and significant accomplishments over the program's first year and a half of operation. Some specific highlights from this evaluation are:

- Niagara is recognized as a leader in providing a co-ordinated and planned approach to physician recruitment, with inquiries received from across the province and widespread media attention;
- there are now active recruitment teams in all communities in Niagara, in addition to a regional team which addresses key issues such as recruitment incentives, retention strategies and medical education opportunities;
- 19 new family physicians established a practice in the region between June 2001 and February 2003, and several others have come here to do locums (temporary coverage), walk-in clinics or emergency work while considering future practice opportunities.

Along with other Niagara representatives, Jenny Simpson participated in the 2001 and 2002 Health Professional Recruitment Tours sponsored by the Ministry of Health and Long Term Care and the Professional Association of Interns and Residents of Ontario. These tours are week-long events that travel to the five provincial medical schools and allow Niagara to showcase what it has to offer. Jenny has also participated in the "Outside Quebec Career Day" sponsored by the Federation of Medical Residents of Quebec.

Extensive connections have been made with McMaster University and the Rural Ontario Medical Program to provide medical students and residents a chance to complete some of their training in the region. This exposes students to life in Niagara in the hope that they will return upon graduation.

The focus of recruitment and retention activities this year will be to continue working with the local municipalities, to expand the marketing campaign to promote Niagara, to work with the Ministry of Health and Long Term Care to have more International Medical Graduates practising in our region, and to develop a recruitment and retention web site.

For more information contact: jsimpson@niagaradhc.on.ca

Mental Health and Substance Abuse Operating Plans Being Reviewed

The 2003/2004 operating plans of community-based mental health services and supports and substance abuse treatment programs are being reviewed by the Niagara District Health Council at the request of the Ministry of Health and Long Term Care. The purpose of the review is to assess the extent to which individual plans, and any proposed program changes, are consistent with local, district and regional needs.

The Mental Health Committee of the DHC will review the seven Niagara mental health operating plans. These programs provide a full range of mental health care and support including consumer/survivor initiatives, family support, counselling, activity/resource centres, moderate and intensive case management, out-patient treatment for adults and children, clubhouse, housing, employment, crisis care, safe beds, mobile short term treatment, and community treatment orders.

An ad hoc committee of the DHC will review the operating plans of the six Niagara substance abuse treatment programs. These programs provide withdrawal management services, assessment, case management, group and individual counselling, methadone clinic, day treatment, residential treatment, men's residential support, and problem gambling services.

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Enhancing Local Cardiac Services

Cardiovascular disease (CVD) is a term that encompasses heart disease and stroke. It is the leading cause of hospitalization and death in Niagara, accounting for 16% of all hospitalizations and 40% of all deaths. This compares to Ontario at 13% of hospitalizations and 36% of deaths.

For Canada as a whole, CVD represents the largest health care cost by diagnostic category, accounting for 11.6% of the total costs of illness. The majority of this burden is due to the indirect costs of disability and premature death.

Niagara residents' limited access to cardiac catheterization, a procedure for diagnosing heart disease, has long been a topic of concern in the region. During the hospital restructuring exercise of 1996, which was led by the Niagara District Health Council, local physicians emphasized the need for better access to cardiac catheterization and supported repatriation of these patients through the establishment of a local cath lab.

In 1998, the province's Health Services Restructuring Commission more generally reported that Niagara, with its large population base, should be able to provide a greater range of tertiary activity in its hospital facilities. At that time, the fragmentation of acute medical services over several hospital sites caused most of Niagara hospitals to perform fewer tertiary services than their counterparts in similar communities, as few had the critical mass of cases to ensure high quality care in this area.

Following the amalgamation of 8 of the 10 Niagara hospitals in 2001, and in response to renewed community concerns regarding significantly high rates of morbidity and mortality due to CVD and long waits for caths, the DHC established a Niagara Cardiac Care Steering Committee and three associated working groups.

The primary purpose of the Advanced Cardiac Services Working Group is to develop a proposal for siting advanced cardiac services in Niagara, commencing with cardiac catheterization.

The Cardiovascular Risk Factor Management Working Group recently produced a Discussion Paper intended to support implementation planning for Cardiovascular Risk Management Services. The Paper describes the linkages and partnerships needed among organizations funded to provide cardiac rehabilitation, stroke prevention and diabetes care in order to deliver an integrated, systematic approach to the primary and secondary prevention of cardiovascular disease.

The Pre-hospital/Ambulance Transfer Working Group's purpose is to lead and participate in efforts to prevent delays in transferring patients to out-of-district cardiac centres. Such efforts include examining options like the provision of non-urgent patient transportation for patients not really in need of an ambulance. This new service would lighten the load of ambulances, thus allowing them to enhance access for medically unstable patients including those transferring to cardiac centres.

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Romanow & Kirby Reports Explored

Central South District Health Councils held a retreat in January to explore the Romanow and Kirby reports on health care reform. Key note speaker Denise Kouri, Executive Director for the Canadian Centre for Analysis of Regionalization and Health, discussed the similarities and differences among the key themes contained in the two reports.

Council members and staff examined implications for District Health Councils arising from the reports and concluded that DHCs can be major players in the roll-out of health care reform locally because of their neutrality and experience with planning and evidence-based decision-making. For more information contact: gzalot@niagaradhc.on.ca

Agency-Based Health Human Resources Studied

The Ontario District Health Councils' Health Care Labour Market Survey, completed in July 2002, was the first agency-based health human resources study conducted in Ontario. The project was a collaborative effort of all 16 DHCs funded through Health Resources Development Canada. A total of 860 surveys were completed by community agencies, including 38 in Niagara.

A majority of agencies in Niagara and across the province indicated they were experiencing vacancies which had a negative impact on the provision of health services. When compared to the rest of the province, a higher proportion of Niagara agencies reported that they have changed their service delivery approach and roles of personnel, and that they have cancelled programs. A smaller proportion of Niagara agencies indicated that they have increased waiting times. Niagara agencies reported experiencing the highest level of recruitment difficulty in the province.

As follow-up to the survey, the Ministry of Health and Long-Term Care asked the DHCs to hold local forums to identify strategies agencies are using to increase their human resource capacity in the face of health human resource shortages. The Niagara forum was held on February 26th. Proceedings from this event are being prepared and will contribute to a provincial forum to be held in the late Spring.

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Championing Housing for Mental Health Consumers

Community stakeholders wishing to work together to improve mental health housing and supports in Niagara have formed a new Community Mental Health Housing Coalition. The focus of the Coalition is to mobilize community partners to initiate the action necessary to implement changes identified in recent planning documents.

The Coalition will champion the following action strategies:

- Promote and advocate for the development of policy at all levels of government to reflect housing as a basic human right for all individuals;
- Access new mental health resources to increase housing and supports in Niagara;
- Increase local access and co-ordination for mental health housing, supports and information.

A recent Niagara Housing Report Card produced by the Niagara District Health Council and the Coalition indicates that some progress has been made in addressing local housing needs. While the report mainly focuses on the state of housing for persons with serious mental illness, a summary of other community housing initiatives is presented.

This first report card describes local housing indicators that impact access to rental and subsidized or supportive housing. It describes an inventory of housing projects and local housing committees and also includes a status report of funding received during the 2001/2002 fiscal year.

Using the first report card as a baseline, the Coalition hopes to measure the progress that Niagara is making to address our local housing concerns on an annual basis. A second housing report card is currently being prepared. Expected this fall, it will continue to monitor current gaps and barriers in housing, identify future strategies that could make a difference, prioritize local housing issues and provide opportunities for building meaningful housing partnerships.

To support the activities of the Coalition, a Housing Day is being organized for Wednesday, May 7th as part of mental health week. An afternoon workshop, housing symposium and annual meeting of the Coalition and an evening public forum are being planned. John Trainor of the Centre for Addictions and Mental Health and Barbara Everett of the Ontario Mental Health Association will be keynote speakers for the event.

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Niagara Prepares Local Health System Monitoring Report

The Niagara District Health Council is involved in a collaborative project to measure and understand local health system performance in relation to population health needs. Working together with the other DHCs and Health Intelligence Units in Ontario, the goal is to produce a consistent information resource for planning purposes.

The first attempt to produce such a report was conducted by the Toronto DHC in 1999. Since that time, DHCs have used the Toronto report as a template from which to begin local efforts.

Niagara is currently involved in a process to refine the range of valid and consistent indicators of health system performance in preparation for the release of a Niagara Health System Performance Report in 2003/2004.

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Niagara District Health Council

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