NIAGARA health planner

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by Ray Barlow, NDHC Chair

Greetings from the Chair

Welcome to the third edition of the Niagara Health Planner.

This month's newsletter features profiles of two recent Council reports, *Key Findings from the Niagara District Health System Monitoring Report* (February 2004), and *A Community-based LTC System Plan for Niagara* (January 2004).

These reports contain a great deal of information about the health of Niagara residents and the local health care system, and highlight areas in need of additional resources and coordination to improve access to services. We expect this information to be very useful to the agencies and organizations with which we work to plan health services in Niagara, and to the Ministry of Health and Long Term Care which funds our local health care system. I invite you to review these reports, which are available on our website: www.niagaradhc.on.ca.

In terms of Health System Monitoring, Council members found this report enlightening and pulled out our "top 10" service issues. It came as no surprise that human resource shortages made this list. Highlighted was the need to improve access to a range of services, such as primary care, geriatric services, mental health and addiction services, community long term care and palliative care, cardiac catheterization and rehabilitation, and supportive housing. We are currently targeting some of these areas for planning in our upcoming Operating Plan.

In terms of our Community-Based Long Term Care System Plan, over the next few years the Niagara DHC will engage in follow-up projects as prioritized by Niagara service providers at a community consultation.

I would like to express thanks on behalf of Council to our local planning partners and agencies that address local health care issues. Also, I would like to thank our dedicated Council members and staff who continue to work in the best interest of Niagara residents.

Highlights Of The Niagara District Health System Monitoring Report

Background

A key function of District Health Councils is the strategic planning, monitoring and evaluation of the local health care system. To assess the impact of health system changes on population health and support the development of an integrated health care system, the Niagara DHC compiled the *Niagara District Health System Monitoring Report* in September, 2003. This reference document describes Niagara's health care system, the health status of Niagara residents and their utilization of health services.

Following the publication of the reference document, an analytical summary entitled *Key Findings from the Niagara District Health System Monitoring Report* was developed. Highlights of the Key Findings report are presented below.

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Niagara District Health Council

Highlights Of The Niagara District Health System

Shirley Stewart, report author

Niagara's demographic, socio-economic and lifestyle characteristics affect health status

Evidence shows that the rate of utilization of health services increases with age and that Niagara, with 17% of the population aged 65+, has the oldest age structure of all Census Metropolitan Areas in Ontario. Given Niagara's status as a preferred retirement destination for urban Ontarians, and based on Ministry of Finance projections for population growth, these health care needs are projected to escalate in the future.

Research has demonstrated a strong link between the socio-economic and health status characteristics of a population. Income affects health status through access to safe housing and the ability to buy sufficient and healthy food. Social isolation contributes to a higher risk of poor health. Education increases opportunities for income and job security and gives people a sense of control over their lives – all of which contribute to better health.

According to 2001 Census data, compared to the provincial average, Niagara's population has less education, lower incomes, and a higher proportion of seniors living alone. Provincial and regional government statistics show that Niagara residents have inadequate access to affordable and supportive housing.

Health-related lifestyle behaviours such as smoking, physical inactivity and the consumption of an unhealthy diet can lead to chronic diseases, such as cardiovascular disease, chronic kidney failure and cancer. Niagara's rates of smoking, physical inactivity and obesity are similar to the provincial average.

Other factors which influence the health and well-being of individuals include employment and working conditions, social environments, physical environment, early childhood development, gender and culture.

Niagara is experiencing an increasing prevalence of chronic disease

An aging population, people living longer with chronic conditions, and improved diagnoses have contributed to the rising prevalence of chronic diseases and to a corresponding increase in the heath care resources consumed. A study undertaken by Health Canada to identify the impact of an aging population on the health care system concluded that while an aging population requires an increase in health care expenditures to meet increasing needs, this will be a relatively temporary effect that is economically sustainable. Therefore, Health Canada notes that future analyses of the aging population and health care should focus on how the health care system might best be structured to meet the health needs of this aging population.

Of particular relevance for Niagara as the 'oldest' community of its size in Ontario are the comments of A. Hoffman, Director General of Health Care for Health Canada. Ms. Hoffman stated that: *"One thing is very clear: we could be doing a much better job of supporting the health care needs of older people. That includes not only managing acute episodes or treating chronic illness, but also providing primary and secondary preventive services, and the mix of social and health services that help people maintain independence and a high quality of life for as long as possible."*

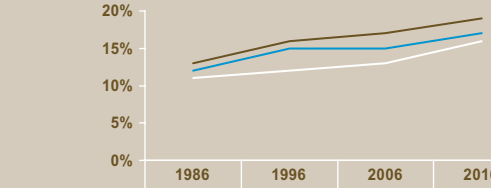
The current range, scope and capacity of health care services within Niagara is inadequate

The risk factors for chronic diseases, such as cardiovascular disease, cancer and chronic kidney failure, include obesity, high cholesterol diet, physical inactivity, smoking, diabetes mellitus and hypertension. As noted above, the local population is similar to the provincial average in terms of health-related lifestyle behaviors, such as smoking, physical inactivity and diet. Even so, Niagara residents exhibit a higher than average prevalence of associated health conditions, such as hypertension and diabetes mellitus.

Niagara's higher than average rates of chronic disease are attributed to inadequate access to timely and appropriate primary-level care and support services within the community. While Niagara represents 3.5% of the provincial population, it has a deficit of 127 family physicians, over 12% of the province's family physician vacancies. Furthermore, community-based health and support service agencies whose purpose is to help maintain and enhance the health and independence of local residents lack the financial and human resources needed to adequately address current needs in Niagara.

Evidence shows that Niagara residents also have inadequate access to specialized services currently located outside of the district. While provincial planning guidelines demonstrate that Niagara's

Percentage of Total Population Aged 65+, Niagara, Central South and Ontario, 1986-2016:



	1986	1996	2006	2016
Niagara	13%	16%	17%	19%
Central South	12%	15%	15%	17%
Ontario	11%	12%	13%	16%

With 17% of the population aged 65+, Niagara is now experiencing the associated demand for health care that most other areas of the province will not see until 2019.

Source: Statistics Canada Population Estimates and Ministry of Finance Population Projections, PHPDB.

Monitoring Report

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population of over 430,000 is large enough to support a broader range of specialized medical services, the historic fragmentation of services has diluted the critical mass of patients and resources, precluding the development of more specialized services within the district.

Without adequate access to primary-level care, community support services, and specialized services located outside of Niagara, local residents display a higher than average prevalence of chronic health conditions and chronic disease. This contributes to Niagara's higher than average rates of emergency department use, inpatient hospitalization and death, compared to the provincial averages. Following hospitalization, elderly Niagara residents face lengthy waits for a long-term care bed. This is reflected in the higher than average rates of alternate level of care (ALC) patients (patients no longer requiring in-hospital acute or chronic care) in local hospitals.

Amid limited resources, common goals and collaborative, strategic planning must guide local decision making

It is clear that additional resources are needed in Niagara to adequately address current and future health care needs. Just as essential as resources, however, is a readiness among local stakeholders to plan together and to identify opportunities for optimizing access to services through improved service coordination and integration.

To support collaborative, strategic and evidence-based health system planning, the Niagara DHC has established the Integrated Planning Network (IPN) which will be further described in future issues of the Health Planner.

For more information, contact sstewart@niagaradhc.on.ca. (Bell and Sympatico users should contact niagaradhc@yahoo.ca)

Community-Based Long Term Care System Plan

The Niagara District Health Council completed a *Community-Based Long Term Care System Plan* for Niagara in January, 2004. This plan, developed by Council's Long Term Care Committee, is currently under review by the Ministry of Health and Long Term Care. The scope of this Plan included an analysis of both system capacity and client needs, and of long term care system efficiency.

Target population and services

Long term care refers to the broad range of personal care, support and health services provided to people who have limitations which prevent them from participating independently in everyday activities. The people who use long term care services include:

- Older persons in need of services;
- Adults (16 years or more) with physical disabilities who need help to work, go to school or take part in day-to-day activities;
- Children and adults of any age who require health services at home or at school, including those requiring short term care at home while recovering after being hospitalized.

The range of long term care services and programs includes **volunteer-based community support services** such as meals on wheels and friendly visiting, **caregiver support services** such as counselling, respite and adult day services, **palliative care services** such as volunteer hospice visiting and pain and symptom management, **psychogeriatric services** such as consulting and education, **supportive housing and outreach services** for people who are elderly, physically disabled, have acquired brain injury or HIV/AIDS, **Community Care Access Centre services** such as nursing, personal support, therapies, case management and placement, **Children's Treatment Centre Services** such as occupational therapy, physiotherapy, speech-language pathology and social work, and **other specialised services** such as services for the blind and visually impaired and those with acquired hearing loss.

Findings and recommendations

While community-based long term care agencies are responding to pressures in innovative ways, such as forming partnerships, changing delivery models and making better use of technology, the Plan reveals some very serious challenges for the sector and its interactions with other parts of the health system.

The major themes identified in the Plan include:

- Insufficient funding and increasing reliance on fundraising;
- Insufficient capacity to meet the needs, in many cases leading to overtaxing staff and/or waiting lists;
- Greater complexity of the client population;
- Human resource/volunteer shortages and recruitment and retention challenges;
- Geographic inequities in access to community-based long term care services;
- Access restrictions in other parts of the health sector, such as family physicians, specialized geriatric and mental health services and LTC beds;
- Lack of coordination and communication within the long term care sector and with other sectors;
- Policy issues in areas such as residential hospice, LTC placement and transportation.

A total of 18 recommendations were made in the Plan. Many of these deal with the need for further planning and service coordination among local service providers and also increased coordination at the inter-ministerial level. Other recommendations address funding and policy issues. Seven recommendations were directed to the Niagara DHC and were (in part) the focus of a consultation session described below.

Consultation

On March 10, all community-based long term care agencies were invited to a session organized to present the Plan

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Community-Based Long Term Care System Plan

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and to obtain feedback on its findings and recommendations. Opportunities were made available to provide both individual and small group feedback. Overall, there was strong support for both the findings and the recommendations.

Participants were asked to prioritize five potential DHC-led projects for the coming years and to indicate their interest in participating in one or more of the projects. The five projects as prioritized are:

- Reviewing existing networks and exploring opportunities to further develop or expand population-based networks;
- Undertaking a systems review of LTC beds;
- Exploring opportunities to build on previous work to enhance specialized geriatric services in Niagara;
- Exploring the need for a central housing registry for long term care supportive housing;
- Exploring the need for a central resource for LTC programs relying extensively on volunteers.

The results of the consultation will be taken into consideration by the Niagara District Health Council in planning its 2004/2005 workplan.

For more information, contact jmanson or jdarnay@niagaradhc.on.ca. (Bell and Sympatico users should contact niagaradhc@yahoo.ca.)

Gary Zalot Celebrates 25 Years of Service

Gary Zalot celebrated 25 years of service to the Niagara District Health Council in January, 2004. Gary has served as Council's Executive Director for the past eighteen years. Previous to this, he served as Assistant Executive Director. Council members and staff would like to extend their appreciation to Gary for his continuing dedication to the health and well-being of the people of Niagara.

Recent Reports from the Niagara District Health Council

Eating Disorders Services in Central South Region, March, 2004

Key Findings from the Niagara District Health Council Monitoring Report, February, 2004

Community Based Long Term Care System Plan, January, 2004

Physician Resources in Niagara, December, 2003

Niagara District Health Council

Council Members:

Ray Barlow, Chair - Provider, Pelham

Wendy McPherson, Vice-Chair - Provider, Niagara Falls

David Cashin - Consumer, Niagara-on-the-Lake

Judy Casselman - Regional Representative, St. Catharines

Mary Fickel - Consumer, Fort Erie

Donald Jackson - Consumer, Niagara Falls

Dr. Suhas Joshi - Provider, St. Catharines

George Marshall - Regional Representative, Welland

Peter McAllister - Consumer, Niagara Falls

Alan McDooling - Provider, Grimsby

Mariea Mc Nelis - Consumer, St. Catharines

Karen Stearne - Provider, Niagara Falls

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Shirley Stewart, Senior Health Planner

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Jeannette Wilcox, Senior Bilingual Secretary

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Appointment of New Members to the NDHC

The Niagara District Health Council is pleased to announce the appointments of the following new members::

Judy Casselman – Regional Rep, St. Catharines
Donald Jackson – Consumer, Niagara Falls
Peter McAllister – Consumer, Niagara Falls
Mariea Mc Nelis – Consumer, St. Catharines