



## From Discussion to Action: A Community System of Health

Ontario's health system is currently faced with at least three challenges:

- long term sustainability
- finding the best investment of resources for health improvement
- strengthening the integration of human services and supports

In response to these challenges, the Halton-Peel DHC has embarked on a two-phased project asking the question: "What role can community health have in addressing these challenges"?

The first phase culminated with the writing of research and discussion papers both entitled *A Community System of Health*. The papers consider the complexity of organizing health and human services. They also explore the role that community health can play by moving towards a new way of thinking about health, and finding new ways in which human services can work together.

The papers conclude that the key elements of a community system of health should be:

*Population Health Perspective:* Since the release of the federal government's Lalonde Report in

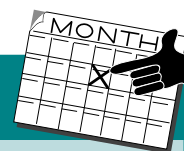
1974, a document that served as the catalyst for the health promotion movement, Canada has been a world leader on thinking about the broader determinants of health and well being, and acknowledging factors beyond the actual delivery of health care. Population health is a framework that recognizes the entire range of individual and collective factors, conditions and the interactions between them that determine health and well-being.

*Systems Perspective:* Implementation of population health requires the coordinated involvement of a host of services and policies that can

*continued on page 2*



### Mark Your Calendars



#### Upcoming meetings

**Public welcome – RSVP**

**Centre for Addiction & Mental Health Peel  
Stakeholder Consultation  
Wednesday, October 24, 2001**

from 9:30 am to 11:00 am  
at the Halton-Peel DHC Boardroom

**DHC Council Meeting  
Wednesday November 14, 2001**  
from 6:00 to 9:00 pm  
at the Halton-Peel DHC Boardroom

**DHC Council Meeting  
Wednesday December 12, 2001**  
from 6:00 to 9:00 pm  
at the Halton-Peel DHC Boardroom

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## From Discussion to Action: A Community System of Health

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address factors such as healthy child development, social environments and support, and income and social status. No single government, ministry, department, organization or provider will be able to control or influence all the factors and resources that create, maintain and improve individual and community health.

### *Community Perspective:*

Building a population health framework cannot occur under the ownership or setting of any single organization or institution. The community is the owner of health. Community is the place where people live, work and socialize.

Health care and human services must be integrated not only with each other, but also with the broader community.

The Halton-Peel DHC is now moving into the critical second phase of this project: establishing a 'continuous dialogue' with a broad range of stakeholders. This discussion will consider the ideas and directions identified as the core concepts for re-orienting how to think about health, and how services are organized. This will occur through distribution of the research

paper to more than 40 policy leaders in Ontario, Canada and the United States to ensure the research and analysis is valid. The discussion paper has also been sent to approximately 300 stakeholders in Halton-Peel, along with an invitation to attend a community summit on October 25, 2001.

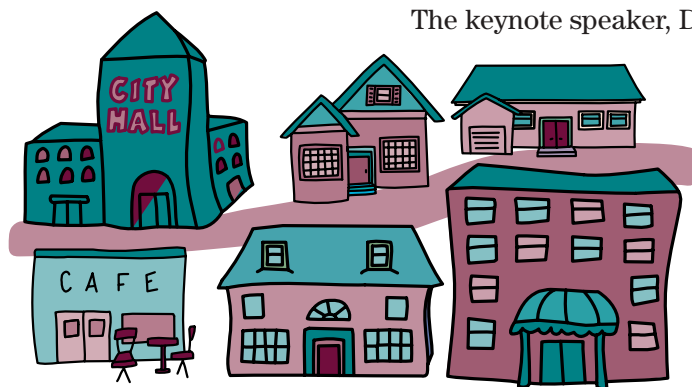
The keynote speaker, Dr. Sholom Glouberman, Philosopher in Residence, at the Baycrest Centre for Geriatric Care, will speak on his recent work "Towards a New Perspective on Health Policy"

The summit is only one of the steps forward in a change process. The Halton-Peel DHC is also in the process of working with other community leaders to hold a series of

educational workshops. The first such workshop on the future development of community health centres in Halton-Peel is planned for November 29<sup>th</sup>. Watch for further information on these workshops in the near future.

The research and discussion papers, along with the summit and educational workshops, are some of the ways in which the Halton-Peel community can continue to address challenges in the health care system.

For more information, contact Ron Wray. 



## Healthcare in Ontario – A Balanced and Integrated Future

The Honourable Tony Clement, Minister of Health and Long-Term Care, was the keynote speaker at the Halton-Peel DHC third annual general meeting held on June 25, 2001. Over 150 people attended to hear Minister Clement's discussion of "Healthcare in Ontario – A Balanced and Integrated Future".



# In Brief

## Local Health System Monitoring

In conjunction with Health Intelligence Units, all DHCs in Ontario are collaborating on the creation of a local health system monitoring report. This multi-year project will monitor and evaluate the delivery of health care services and outcomes as well as monitor the impact of system change on the health status of the community. Data is currently being collected and analyzed.

For more information, contact Chris Altmayer.

## Mental Health Housing Study

The Halton-Peel DHC has completed research on local housing and housing supports for persons with serious mental illness as part of the development of a comprehensive local mental health housing system.



The study included surveying all mental health and public housing providers and Homes for Special Care in Halton and Peel. In addition, community consultations were held with consumers / survivors and family members.

The results and recommendations from this research highlight the pressures, limitations, strengths and potential improvements to the existing system.

For more information, contact Anthony McNamee.

## Population Growth and Demographic Changes in Halton-Peel: Phase III

The Halton-Peel DHC continues to work on a multi-phased project to gauge population growth and demographic changes and their potential impact on the future utilization of health care services. Phase I focused on understanding the population growth and aging in Halton-Peel. Phase II translated these projections into the need for institutional health services. Phase III is currently underway and focuses on identifying the necessary capacity for community health services. Work is nearing completion for projecting current and future demand for Community Care Access Centre services and similar analyses will be

initiated for other long-term care and community mental health services.

For more information, contact Chris Altmayer.

## Health Human Resources

The Halton-Peel DHC is undertaking two projects that will provide a system-wide review of the current status of health human resources in Ontario. In partnership with all DHCs and the Ontario Hospital Association, the first project is an Ontario Healthcare Labour Market Study. Funded by Human Resources Development Canada, this study will survey 3,000 publicly funded health care provider agencies and contractors across Ontario.

Surveys are being sent out in October and will assist DHCs as they work with providers to understand system demands, practitioner supply and population needs for their regions. **Provider organizations are strongly encouraged to support this research by completing the survey.**



The Halton-Peel DHC is also collaborating with the Toronto, Simcoe-York and the Durham Haliburton Kawartha and Pine Ridge DHCs to find strategies for addressing health human resource issues and to increase the capacity of healthcare organizations.

Major accomplishments of this planning collaboration include:

- A literature review of local, national and international planning initiatives
- A background report on the status of health human resources in Central Ontario, profiling healthcare workers by profession and healthcare training programs by profession (in progress)
- Initiating discussion to assess current challenges, strategies and barriers to implementing effective solutions regarding health human resource shortages and opportunities for collaboration

For more information, contact Elaine Kachala.

## Infant Hearing Program

Earlier this year, the MOHLTC announced plans for the creation of a province-wide program to provide universal infant hearing screening, assessment and communication development. The focus of this



program is to improve early identification efforts to enhance the healthy development opportunities for children with hearing impairments.

Erinoak has been designated by the MOHLTC as the regional centre for Central West and is accountable for implementing a program consistent with provincial guidelines. The Halton-Peel and Waterloo Region-Wellington-Dufferin DHCs have been asked to

assist in implementation planning. The DHCs have coordinated their efforts to create an inventory of infant hearing and hearing impairment resources and are jointly convening a community committee to advise Erinoak on implementation planning.

For more information, contact Ron Wray or Elaine Kachala.

## Physician Human Resources

The Halton-Peel DHC recently completed an *Inventory and Profile of Physician Human Resources in Halton-Peel* which utilized data from the Ontario Physician Human Resources Data Centre, Southam (Canadian) Medical Database and the Institute for Clinical Evaluative Studies. The report also includes results of a DHC survey distributed to 1,463 physicians in Halton-Peel.

The report presents a preliminary profile of the number of family physicians and specialists practicing in Halton-Peel. Current practice patterns, relocation and retirement plans are highlighted as well as an overview of the medical human resources gaps in Halton-Peel.

For more information, contact Lisa Jones.



## 2001/2002 LTC Annual District Service Plan

In contrast to previous Annual District Service Plans, this report presents a snapshot of current MOHLTC-funded community-based programs available to clients of the local long-term care system. All 51 Halton-Peel community support agencies were surveyed, with 48 questionnaires returned.

Through an analysis of survey responses from agencies, Halton-Peel DHC staff made some preliminary observations regarding system-wide long-term care issues.

### Program/Service Gaps

- Across all local services, a limited number of programs provide service to individuals with acquired brain injury, those who are mentally challenged and those with Alzheimer Disease and other related dementias
- Most programs and services are delivered to adults over 50 years of age
- There appears to be a minimal number of agencies providing services specifically to children and young adults

### System-wide Issues

- Transportation
- Housing
- Volunteer recruitment, retention and compensation
- Staff recruitment, retention and wage parity
- Funding
- Need for enhanced collaboration between and across programs and agencies

Next steps include the development of service-to-population ratios for all services, essential to providing accurate recommendations regarding service and resource needs.

For more information, contact Linda Sullivan.

## Addictions

The Halton-Peel DHC continues to work in collaboration with local stakeholders and the Ontario Substance Abuse Bureau (OSAB) to ensure that projects approved through the awarded system enhancement funding meet their proposed goals. Two proposals were approved by the OSAB for system-wide training and an addiction and diversity strategy. A Project Coordinator for Training was hired in July 2001 to develop a training work plan for all addiction and related human service providers. The Social Planning

Council of Peel was contracted to develop the diversity strategy for the Halton-Peel addiction system. Following completion of these contracts, it is anticipated that both initiatives will be sustained and adopted by the local system and providers.

For more information, contact Linda Sullivan.

## 2001/2002 DHC Operating Plan Approved

All DHCs in Ontario are mandated by the MOHLTC to submit an annual operating plan that outlines planning activities that each DHC will undertake in the coming year. The Halton-Peel DHC's plan was submitted this past spring and, in August, it was approved by the MOHLTC. The DHC operating plan outlines planning projects in every sector including institutions, long-term care, mental health, addictions and other community services.

The operating plan is now available on our web site: [www.hpdhc.com](http://www.hpdhc.com)

## Hospital, CCAC and Mental Health Operating Plan Review

In May 2001, the Halton-Peel DHC completed the annual review of the Hospital and CCAC Operating and Services Plans and provided advice and recommendations to the MOHLTC. This was the first year that hospital and CCAC plans were reviewed under one consolidated process.

Also completed in the spring was the annual review of Community Mental Health and Provincial Psychiatric Hospital Operating Plans.

Both of these reports are available on our website: [www.hpdhc.com](http://www.hpdhc.com)

## Analyzing Hospital Capacity

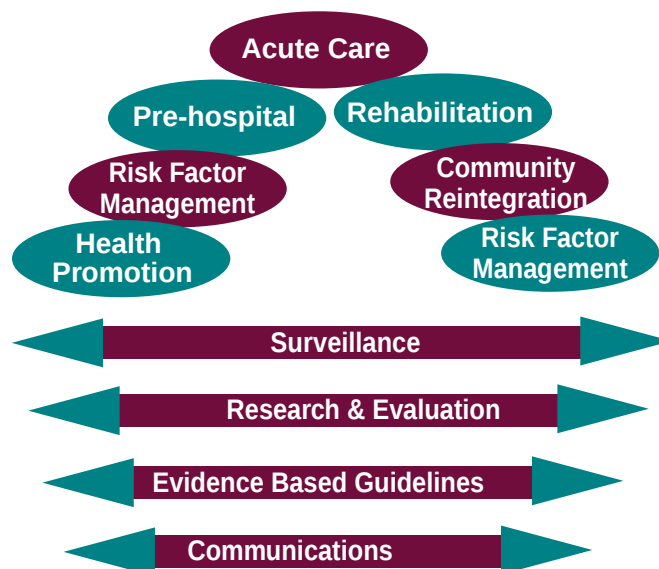
The Halton-Peel DHC has initiated a multi-phased project to gain a better understanding of population growth and demographic changes and the expected impact on the need for future health services. Through this work a number of areas for further analysis have been identified, including an examination of current local hospital capacity to 2008 and beyond. This analysis is currently underway and involves representatives from each of the hospitals, CCACs, the Regional Planning Departments, the Ministry Central West Regional Office and the DHC.

For more information, contact Scott McLeod.

## Integrated Stroke Strategy

Over the past year, the Halton-Peel DHC, in partnership with the Toronto, Simcoe-York and the Durham Haliburton-Kawartha and Pine Ridge DHCs, have been working together to provide advice to the MOHLTC regarding the designation of Regional and District Stroke Centres.

These centres have an important role in providing leadership and coordination for the development of integrated stroke care across the health system continuum.



Since July 2001, DHCs have been working to complete the analysis and apply consistent criteria to provide advice on which hospitals should be designated as District Stroke Centres. It is important to note that all hospitals will continue to develop their stroke programs and will provide care as part of a network of providers. Advice regarding the designation of stroke centres will be forwarded to the MOHLTC in early October.

For more information, contact Scott McLeod. 



Check out our Web Site

[www.hpdhc.com](http://www.hpdhc.com)

*The site is loaded with great stuff relative to Halton and Peel health planning and links to other relevant sites...Check it out!*

## On The Horizon

### Psychogeriatric Services in Halton-Peel

Historically, the provision of services and supports to older adults with a mental health illness and their families has been difficult to coordinate as many clients access services within the mental health and LTC sectors. Over the next few months, the DHC will be facilitating the development of a regional Halton-Peel plan for psychogeriatric services in Halton and Peel. This project will include profiling existing services and programs as well as identifying resource gaps and opportunities for further collaboration and system enhancement.

For more information, contact Jane Richardson.

### Planning for Individuals with End-Stage Renal Disease

In the past, regional planning for individuals with end-stage renal disease has focused on the deficiency of hemodialysis capacity in Halton-Peel. To plan appropriate services on a longer-term basis, the Halton-Peel DHC will be facilitating the development of a regional service plan for end-stage renal disease. This work will focus on the coordination of services across the care continuum from diabetes prevention to organ donation.

For more information, contact Jane Richardson.

### Tertiary Services Closer to Home

Until recently, residents of Halton and Peel have been required to seek most tertiary services such as cardiac care outside the region. Due to issues of critical mass and limited speciality resources, there will continue to be a need for treatment options in Toronto and Hamilton. However, with the rapidly growing population in Halton-Peel, there is a need to examine the local development of some tertiary services closer to home. With the guidance of an expert panel, this DHC-led project will examine utilization data to identify those services and programs with sufficient critical mass to warrant development in Halton and Peel.

For more information, contact Scott McLeod.

### Halton-Peel Emergency Services Network

The Patient Priority System (PPS), a province-wide communication system based on the Canadian Triage Acuity Scale (CTAS), is scheduled for launch on October 3, 2001. CTAS, a patient prioritization tool currently used by hospitals, will also be utilized by ambulance and dispatch services to optimize communication within the emergency care continuum as well as the distribution of ambulances within a geographic area. The Halton-Peel Emergency Services Network has developed a local agreement for the distribution of ambulances to complement the Patient Priority System.



For more information, contact Donna Laevens-Van West.



The Halton-Peel District Health Council is the local voice for health system planning.

Made up of people who use and deliver health and related social services, the Council works in partnership to provide advice to the Minister of Health and Long-Term Care on local health planning needs and the development and implementation of a balanced and integrated health system.

#### Current Members:

Mr. Doug Billett  
Mr. Al Cook  
Councillor Susan DiMarco  
Councillor Kurt Franklin  
Mr. Rick Helm  
Ms. Mary (Benny) Icely  
Councillor Joan Loughheed  
Ms. Mary Lynn Martin

Mr. Joe McReynolds, Chair  
Councillor Marolyn Morrison  
Ms. Karen Murphy  
Mr. John Oliver  
Ms. Connie Price  
Ms. Linda Rothney  
Ms. Fiona Ryner  
Mr. Agni Shah  
Dr. John Tracey



**Joe McReynolds**

## Message from New Council Chair

I would like to take this opportunity to thank members and staff for their kind words of welcome as I embark as the newly appointed Chair of the Halton-Peel DHC. It has been a pleasure working alongside such an experienced Board and staff in my former capacity as Vice-Chair of Council. I will endeavour to bring forth to the Chair's role a longstanding commitment to community health gained through extensive work with many admirable and able community partners. As I have been lucky enough to be involved for many years in the delivery of health and social services, I hope my experience can provide the necessary leadership for Council.

There are several challenges facing Halton-Peel and the broader health care system. Currently, there are numerous initiatives being undertaken across Ontario and Canada to examine the sustainability and changing demands being placed on our health care system. Initiating dialogue through the *Commission for the Future of Health Care in Canada* and an Ontario-led province-wide consumer survey illustrate the imminent need to examine how health care is currently being delivered and explore innovative and collaborative ways in which it can be improved. Health planning and research efforts are under way to analyze alternative care models such as family care networks, and broader system-based research that focus on new ways that the health care system can integrate with the broader community health and social systems.

Another key challenge facing the health care system is the need to recognize high growth areas such as Halton-Peel. With a population of approximately 1.3 million in 1996, this planning region will, based on demographic projections, be the fastest growing area in Ontario. Hence the necessity of ensuring that services and programs are in place to meet these anticipated needs.

Through active planning and collaboration with community partners, I strongly believe the district health council system will continue to play a pivotal role in facilitating the development of an integrated health

system. Over the coming year, I encourage Council to continue working together with the consumers and providers in Halton-Peel. I particularly want Council to consider how our health care system can better respond to the needs of the increasing multicultural communities in our Regions. Expanding such leadership mechanisms as the Health Care Leaders Forum will promote creative solutions to current system pressures as well as facilitate service and systems integration.

On behalf of Council, I would like to thank Fiona Ryner for her dedication and leadership as Chair over the past year. I look forward to her continued role and dedication to the Halton-Peel DHC. 🌿

## New Planning Staff

*The DHC welcomes three new health planners to the staff team.*

**Elaine Kachala** – Elaine has a Master in Environmental Studies in Health Promotion Policy and Planning from York University. Along with previous DHC planning experience and management experience in the hospital sector, Elaine brings extensive knowledge of population and community health.

**Anthony McNamee** - With the unique combination of Master of Social Work and Master of Business Administration degrees, Anthony brings skills in strategy and organizational development to the DHC. His previous experience includes management and consulting positions in both the non-profit and public sectors.

**Jane Richardson** – A recent graduate of the Master of Arts program in Gerontology at Simon Fraser University, Jane brings previous experience in the acute and long-term care sectors. 🌿

# NEW ON BOARD

*The Halton-Peel DHC is pleased to welcome five new members to Council.*

**Mr. Agni Shah (Consumer, Mississauga)**

Mr. Shah is currently a senior member of the American Society for Quality Control, a member for the Drug Information Association and the National Pharmaceutical Sciences Group, as well as a member of the Citizen Review Panel for the United Way of Peel.

**Dr. John Tracey (Provider, Brampton)**

Dr. Tracey is a family physician in Brampton. His past medical experience includes emergency medicine at Peel Memorial Hospital and Medical Director at Peel Manor Home for the Aged in Brampton. He is presently a member of the Ontario Medical Association District Council and a member of the Executive Board of the Coalition of Family Physicians of Ontario.

**Councillor Susan DiMarco (Municipal Representative, Region of Peel)**

Councillor DiMarco is a Region of Peel municipal representative for Wards 3 and 4, Brampton. She currently participates on a number of volunteer boards including the Toronto and Region Conservation Authority, the Peel Living Board of Directors and the Greater Toronto Services Board.

**Councillor Joan Lougheed (Municipal Representative, Region of Halton)**

Councillor Lougheed is currently the municipal representative for Ward 2, Burlington. She is a member and Chair of the City of Burlington's Official Plan Review Working Committee, represents the City of Burlington as a Member of the Federation of Canadian Municipalities Board of Directors and is a founding Director of the Burlington Sound of Music Festival.

**Ms. Mary Lynn Martin (Provider, Brampton)**

Ms. Martin has worked for the Region of Peel for approximately 20 years and was previously a member of the Board for the former Wellington/Dufferin District Health Council and the Board of the Wellington/Dufferin Community Care Access Centre. She is currently Supervisor of Community Dental Programs for the Peel Health Department. ♀

## HOT OFF THE PRESS!



2001/2002 Hospital & CCAC Operating Plan Review: Summary Report (May 2001)

2001/2002 Halton-Peel District Health Council Operating Plan (June 2001)

2001/2002 Community Mental Health & Provincial Psychiatric Hospital Operating Plan Review (June 2001)

Halton-Peel Physician Human Resources Inventory & Profile (October 2001)

Community System of Health: Discussion Paper (October 2001)

## Central East Health Information Partnership 2001/2002 Student Project Awards

Current post-secondary institute students may apply for awards of up to \$6,000.

Students may consider literature reviews, methodological discussions, data analyses, or critical essays.

Application due by October 26, 2001

Report to be completed by April 26, 2002

For information about CEHIP and student project protocols, visit [www.cehip.org](http://www.cehip.org)

For an application form, contact Dianne Bokor: [dbokor@cehip.org](mailto:dbokor@cehip.org)

Your comments and input are important to us. We would love to hear from you and receive your ideas, questions, or concerns. Please get in touch!

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Please help keep our database current by calling or emailing Sandi Kent with corrections and updates.

