



News & Views

Hamilton District
Health Council
Conseil régional de
santé de Hamilton

December 2002

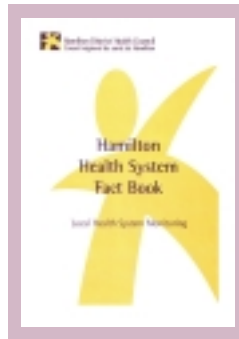
Hamilton Health System Fact Book

The Hamilton District Health Council recently released the first edition of the **Hamilton Health System Fact Book**, June 2002. The Fact Book is intended to provide baseline data to begin to address four key questions about Hamilton:

- how healthy are people in Hamilton?
- what factors affect the health of Hamilton residents?
- what do we know about the health system in Hamilton?
- how well is the health system in Hamilton performing?

The Fact Book is a one-stop reference source, compiling information from a variety of national and provincial health databases. It is expected this information will be useful for government, health planners, as well as program and service providers and managers.

The Fact Book is the first phase of the 'Local Health System Monitoring Project', a project involving all district health councils in Ontario. Each district health council is reporting on a similar set of health indicators in order to better understand the needs, similarities and differences in health and health care.



Local health system monitoring provides a window through which to view and examine the current state. This information can then be used to define goals to improve the health system, implement changes and monitor progress.

Repeated monitoring over time can identify trends and patterns that indicate the direction of change in the health system. While on-going monitoring cannot establish causality, it does have the ability to examine whether there have been changes in health or health care, relative to changes occurring elsewhere in the system. This may be especially useful to monitor during periods of health care reform.

While the collection of health indicators in the first edition of the Hamilton Health System Fact Book is extensive, we recognize additional information is

Updating for the 21st Century



Hamilton District Health Council
Conseil régional de santé de Hamilton

Times change and so have we. We recently updated **our logo** to better reflect the vision of the Hamilton District Health Council. Our new logo is called "Crossroads" and reflects both a human figure, representing the citizens of Hamilton; and two intersecting curves representing a meeting place for discussion among service providers and consumers. The roads continuing into the distance symbolize being future-oriented and reflect our mission to plan for the health system in our community. Look for our distinctive new logo in all our communication materials including signage, print publications and website.

And speaking about communications - we invite you to take a look at our newly **redesigned website** located at www.hdhc.ca. The website is bilingual and includes information on our current planning activities, the new Hamilton Health System Fact Book and recent planning reports produced by the Hamilton District Health Council, our staff directory, as well as information on other matters of Council.

required to profile the breadth of our health system. In particular, more data is needed on community-based health services and programs.

We are interested in receiving feedback about the Hamilton Health System Fact Book from our planning partners; as well as discuss with you what other information you ideally require. If you are interested in discussing local health system monitoring with us, please contact Michelle Gold, Manager of Knowledge Transfer.

The Hamilton Health System Fact Book is available for order as a binder, or can be viewed and downloaded electronically from the Hamilton District Health Council's website at www.hdhc.ca.

Annual Report of the Chair and Executive Director

Hamilton District Health Council Mission Statement

The Hamilton District Health Council plans and advocates for a responsive, accessible and cost effective health system, which supports, promotes and enhances the health of individuals and the community.

Current Council Members

Pat Brennan, Chair	Consumer
Stephen Birch	Consumer
Gertrude Cetinski	Provider
Bill Cooke	Consumer
Josie Digiaccio	Provider
Judith Evans	Provider
Pascale Harster	Consumer
Anita Issaac	Provider
Ray Johnson	Consumer
Bill Kelly	City Government
Mark Levine	Provider
Russ Powers	City Government
Kevin Smith	Provider
Liz Weaver	Consumer
Don Jaffray	Ex-officio
Cheryl Levitt	Ex-officio
Terry McCarthy	Ex-officio



Our District Health Council worked with provincial, regional and local partners in many of our planning activities. We embarked on a local health system monitoring project with all District Health Councils in Ontario. The Hamilton Health System Fact Book is the first phase of a new approach to provide useful data on our community's health status, and the characteristics and performance of our health system. Our intentions are to utilize the Fact Book as a basis for consultation with our health partners on what would ideally be a relevant set of indicators to better monitor and inform our health system.

We partnered with Central South District Health Councils to recommend hospital stroke centre sites to ensure access close to home for quality stroke care. Locally, Council worked with health, housing and social service partners, assessing the housing and support requirements for persons with serious mental illness. Our findings confirm that shelter, income and meaningful activity are just as important as high quality health care in order to promote health, well-being and recovery.

Our community is changing and so are we. During the past year, Council members participated in strategic planning sessions to define a vision for our organization and set strategic goals. We recently updated our logo to better reflect our vision for the Hamilton District Health Council. Our logo reflects both a human figure, representing

the citizens of Hamilton; and two intersecting curves representing a meeting place for discussion among service providers and consumers. We also re-designed our web site in order to improve access to health related information about our community; and the health planning activities and advice we provide. Our website is fully bilingual.

Our Council said goodbye to Aili Childs, Mariette Carriere-Fraser, Jim Clairmont, and Stan Tick. We thank them for their contributions and hope their experience with Council has enhanced their understanding of the health system and will aid them in future contributions they will make in the community.

Our plans for 2002-2003 include partnerships for urban health, health human resources and palliative care planning. We seek a greater focus on prevention and promotion issues in our work and will encourage the same in the planning activities of healthcare related agencies we collaborate with in the community.

Finally, we thank all our Council members for their commitment to promoting a healthy community for Hamilton.

Patrick Brennan, Chair
Marion Emo, Executive Director
June 2002



Summarized Statement of Revenue and Expenses Year ended March 31, 2002

REVENUE

Ontario Ministry of Health and Long-Term Care	\$960,347
Interest Income	27,404
	\$987,751

EXPENSES

Salaries and benefits	\$671,200
Office rental	105,169
Other	183,970
	\$960,339

EXCESS OF REVENUE OVER EXPENSES

Due to Ontario Ministry of Health and Long-Term Care	\$27,412
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*Copy of complete Audited Financial Statements
available on request*

Version disponible en français

Enhancing Stakeholder Involvement in Planning

How to identify and engage marginalized stakeholders in planning is the focus of a report from **The Planning Toolbox**, a new series that discusses approaches to health planning, being produced by the Hamilton DHC. Those stakeholders with high importance and historically low influence are considered to be ‘marginalized’.

The report identifies a simple A-B-C approach for identifying a matrix of key stakeholders and suggests what steps an organization can take to improve the planning environment, so that marginalized stakeholders become more interested to participate; and gain greater influence in the planning process.

We met with planners, service providers and leaders of various ethnic and cultural groups to understand how DHCs could do a better job of involving marginalized stakeholders in planning. Based on this dialogue, we developed a set principles for ethical planning.

Ethical planning:

- is clear about the purpose and goals of planning
- identifies legislative or jurisdiction factors which may influence planning outcomes
- uses appropriate strategies to identify & involve key stakeholders
- provides the means to enable marginalized stakeholders to participate
- offers meaningful roles for stakeholder involvement
- ensures stakeholders have the information needed to participate in the process
- demonstrates cultural sensitivity
- follows-up with key stakeholders on the outcomes of their involvement.

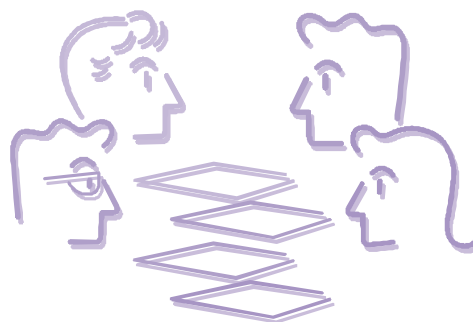
The Hamilton DHC has defined eight action steps to respond to the report’s findings. Much of this information can be applied by any organization thinking about how to work better with stakeholders. The **Ethical Planning** report is available on our website at www.hdhc.ca under the website section Publications/The Planning Toolbox.

Mental Health Reform

Mental Health reform has been a priority of the Ministry of Health and Long-Term Care (MOHLTC) for ten years. The MOHLTC established nine Provincial Task Forces in 2000 to develop recommendations for implementing an integrated, accessible and accountable mental health system. The **Central South Mental Health Implementation Task Force** is in the final stages of completing its report. Along with eight other Task Forces across the Province, it will submit its report to the Minister of Health by December 20, 2002. Upon receiving all regional Task Force reports, a review and analysis of all recommendations will be completed along with a Provincial roll up. An official response is anticipated in the new year.

In June 2002, the Central South Mental Health Implementation Task Force briefed communities on key directions shaping recommendations for an integrated, coordinated and accountable mental health system. Key directions include recommending the development of an umbrella Regional Mental Health Authority and four District Mental Health Authorities (DMHO) — one each in Niagara, Hamilton, Halton and Brantford/Haldimand Norfolk. The Regional Mental Health Authority would function as an arm’s length system manager with single point accountability for the provision of mental health services. It would receive funding for community-based services, specialized mental health services, and non tertiary funding, and would be responsible for allocating funds according to plans. The DMHO would be the lead agency for each community, accountable to the Regional Authority for community mental health services and hospital outpatient services for all persons age 16 years of age and over.

For more information, see the Task Force website at: www.grdhc.on.ca



Work in Progress...

A brief review of some of the health planning activities we are currently involved with.

Health Human Resources

Health Human Resources (HHR) is the new term referring to supply and demand issues for the health care workforce. HHR has become a pivotal focus in health care planning.

The Hamilton DHC is currently canvassing community-based health care programs and services regarding innovative strategies they are using to sustain programs and services given workforce shortages. Strategies we are interested to learn about may include changes to service delivery, changes to the role of personnel, new approaches to recruitment and retention, training and/or mentoring staff, and the use of volunteers. Innovative approaches will be showcased in a regional forum (Hamilton, Niagara and Grand River DHC areas) planned for February 2003; and our findings will also contribute to a provincial report.

For more information, please contact Diane Miller, Senior Health Information Analyst.

Downtown Primary Health Care

Primary Health Care in the East Downtown Neighbourhoods of Hamilton (July 2002) examined the availability and accessibility of primary health care for special populations in the downtown core. The report identified features of accessible primary care for elderly persons and persons with serious mental illness. Next steps include meeting with community health care champions to identify strategies for accessible and comprehensive primary care. Consultations will take place early in 2003.

For more information, please contact Michelle Gold, Manager, Knowledge Transfer.

Follow-up on Long-Term Care Planning Recommendations

We are reviewing at the request of the Ministry of Health and Long-Term Care the status of recommendations for LTC programs and services made during the past five years. The outcome will be a profile of outstanding issues requiring further planning or implementation strategies. A report will be available in January 2003.

For more information, please contact Joanne Kohut, Health Planner.

Mental Health & Addictions' Operating Plans

The Hamilton, Niagara and Grand River DHCs with the Ministry of Health and Long-Term Care, are reviewing the current approach to the annual review of operating plans for community mental health and addictions programs and services. Future reviews will include measuring the extent to which system goals are being met. Meetings will be held in the new year to orient key stakeholders to the new operating plan review approach.

For more information, please contact Helen Kirkpatrick, Mental Health Planner.



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Perinatal Planning for the Region

Perinatal care refers to the care of the fetus and newborn infant in the period before, during and after delivery. In Spring 2001, the Ministry of Health and Long-Term Care (MOHLTC) identified neonatal systems planning as a priority for Central South planning region with the goal of developing a regional system built on linkages and collaboration. Central South region includes the areas of Hamilton, Niagara, Brant, Haldimand and Norfolk. Hamilton Health Sciences at the McMaster site is the designated tertiary care hospital providing specialized obstetrical and newborn care for the region.

The Hamilton District Health Council is the identified lead DHC for coordinating planning, and we support the **Central South Perinatal System Planning Group**, comprised of perinatal and neonatal care providers. Current year activities of the Central South Perinatal System Planning Group include:

- Hamilton Health Sciences (HHS) recently completed an audit of current transfer practices for neonates between hospitals and identified requirements to help repatriate babies following specialized care at HHS.
- A survey is taking place to provide information on the system capacity for perinatal care for hospitals within Central South region and other referral centres within the HHS catchment area.

- Perinatal training activities are currently being reviewed by the Planning Group, and opportunities for regional approaches to skills enhancement are being explored. Currently St. Joseph's Healthcare and the Niagara Health System each receive \$117,000 annually to support nurse training and education for neonatal care.
- Hamilton Health Sciences has submitted a proposal to the MOHLTC on behalf of the Perinatal System Planning Group to test a tool to help identify and improve neonatal patient flow across the region.

For more information, please contact Ernie Jodoin, Senior Health Planner.



Palliative Care Network for Hamilton

Palliative care is a philosophy of care directed to individuals and families living with or dying from a life-threatening illness. Responsibility is shared by individuals and communities, social and health care systems. Hamilton palliative care providers acknowledge this responsibility, and under the leadership of the Community Care Access Centre are coming together to define how they will work together to plan, coordinate and evaluate effective and sustainable palliative care services in Hamilton.

The primary aim of the Palliative Care Network is to improve the quality of care of dying persons and their families. The HDHC report **A Palliative Care Program for Hamilton**, June 2002, identified system challenges for end-of life care and support. Palliative care expertise is a scarce resource and physician payment schedules do not support expert consultation in the community, and there are no shared standards for care.

At the same time, Hamilton is blessed with excellent, high quality palliative care resources. These include expert physicians affiliated with hospital palliative care teams, residential care for persons with HIV/AIDS, visiting palliative volunteers, the CCAC palliative care case management program, and, the supportive care program at the Hamilton Regional Cancer Centre.

Local data indicate that more persons may be dying in hospital settings than is necessary or optimal. At the same time, family and support networks are increasingly diverse and no longer the "option of last resort" for patient support. The DHC study identified that approximately 70 percent of the CCAC palliative caseload is made up of persons 65 years of age and over. While 90 percent of this caseload is provided to cancer patients, 10 percent is provided to non-cancer cases.

Community experience elsewhere suggests that greater choice can be afforded patients and their families through the reorganization and alternative funding of palliative care service elements. The Hamilton Palliative Care Network is a way to achieve what organizations cannot do on their own by building on willingness and ability to work toward a common goal, maximizing current resources, and building consensus on new resource requirements. The Network will be launched officially early in the New Year.

For more information contact Marion Emo, Executive Director.

Hamilton District Health Council Recent Publications

These reports are available on our web site at www.hdhc.ca

- Health Human Resources in Hamilton, November 2002
- Family Physicians in Hamilton: Need and Supply, October 2002
- Local Health System Monitoring, October 2002
- French Language Service Implementation Plan for the Hamilton District Health Council, September 2002
- French Language Service Implementation in Hamilton: Status Report, September 2002
- Hamilton DHC Findings Report , August 2002
- Transportation Service Issues for Clients of Adult Day Service Programs in Hamilton, August 2002
- Physician Coverage for Residents of Long-Term Care Facilities, July 2002
- Hamilton Health System Fact Book, June 2002
- A Palliative Care Program for Hamilton, June 2002
- Health Human Resources: Need for Rehabilitation Specialists Following Total Joint Replacement Surgery, May 2002
- Long-Term Care Planning and Service Directions for Hamilton, 2002-2003, April 2002
- Older and Wiser. Preparing Communities for Healthy Aging, March 2002

Did You Know...

- Of the 67,000 seniors 65 years and older living in homes in Hamilton, 62% are living with a spouse, 29% live alone, 8% live with relatives and 1% live with others.
- Poor health status is reported by 23% of residents age 65 years and older, compared to 10% of the general population of Hamilton.

Source: Hamilton District Health Council. *Long-Term Care Planning and Service Directions for Hamilton* 2002-2003, April 2002.

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