Hamilton District Health Council | Conseil régional de santé de Hamilton

News & Views

June 2003

Palliative Care Network for Hamilton Moves Forward

What a difference a year makes! In June 2002, the Hamilton District Health Council in association with partner agencies and providers completed its final report, **A Palliative Care Program for Hamilton**. Following on the report's recommendations, the Hamilton Community Care Access Centre (CCAC) will soon launch the **Hamilton Hospice Palliative Care Network** (HHPCN).

The HHPCN will provide a forum for community programs and providers to share information and help inform the work of a Network Steering Committee. The Network will meet at least twice yearly to discuss opportunities to enhance our palliative care system. It is estimated that as many as 50 individuals, organizations and groups will participate in the Network.

The Network Steering Committee, chaired by Melody Miles, Executive Director of the Hamilton CCAC, will guide the work of HHPCN, including policy and implementation strategies for high quality and integrated palliative care services in Hamilton. The Committee's accomplishments to date are three-fold: developing Terms of Reference for the Network and the Steering Committee, hiring Janet Jones as the Network's first Director and identifying its first special project – assisting the CCAC to enhance its community palliative care teams.

The Network's first special project is designed to strengthen existing in-home/community palliative care services. Enhancements to community palliative care teams will include:

- palliative care physician consultants who will support a primary care model of practice by providing consultation on palliative management to primary care providers and to long-term care facilities;
- palliative care nurse consultants: clinical nurse specialists /nurse practitioners who will work primarily with primary care nurses in the field; and
- an advanced supportive/spiritual care consultant who will support patients, their families and palliative care team members.

The remarkable progress in Year One is attributable to the commitment of providers to develop an improved palliative care system, the support of the Regional Office of the Ministry of Health and Long-Term Care, and the leadership of the Community Care Access Centre to build on the readiness of the community for change. From the Hamilton DHC, *Congratulations*.

For more information, please contact Marion Emo, HDHC Executive Director at 905-570-0354 ext 125.

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In This Issue...

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 Digiacinto	Provider
Judith Evans	Provider
John Eyles	Consumer
Pascale Harster	Consumer
Anita Issaac	Provider
Bill Kelly	City Government
Mark Levine	Provider
Russ Powers	City Government
Liz Weaver	Consumer
Marion Emo	Executive Director

Meet Members of Council

Council members serve as the board of the Hamilton District Health Council and are appointed for a designated term by the Lieutenant Governor of Ontario through an Order in Council under the Ministry of Health Act. Membership in Council includes: people who deliver health and health related social services, representatives from local government and consumers who provide a community perspective. For information about applying to Council, contact Janice Schreiber at 905-570-0354, ext 126.

Bill Cooke has been a consumer member of the Hamilton District Health Council since 1998, after taking early retirement from The Hamilton Spectator where he worked for 34 years. He admits in those early days he had a lot to learn. He still believes that one of the most effective ways to determine future planning directions is to listen to the voices that advocate on behalf of the community. "If I bring anything special to the table, I hope it is the voice of the consumer of health care services," Bill states. He believes that an increased focus on health promotion is essential for healthy communities.

Bill represents the Hamilton DHC at the Supported Housing Coordination Network and has presented Health Council's recommendations on housing needs for persons with serious mental illness to Hamilton City Council. Bill has also participated on Health Council's executive committee and the French Language Services Committee. He has attended the annual provincial District Health Council conferences in Windsor and Niagara Falls, calling them "a true learning experience - one of the best ways to learn about the many complex issues facing the health care system".

Bill is busy in other arenas, as well. He is a member of the Community Advisory Board on Homelessness. He also co-chairs the Food Shelter and Housing Advisory Committee to the City of Hamilton. Bill recently became a member of the Youth Justice Committee, a new structure arising from the revised Youth Criminal Justice Act. Based in large part on the Healing Circles of the First Nations, Bill spent an eight-week period this spring undergoing training for the adjudication role.

We're Working Smarter - brief notes on our new ways of working

The Hamilton District Health Council plans in collaboration with others. In the late 1990's, we decided to reduce the number of HDHC in-house standing committees. We believe that district health council planning is more effective and efficient when it is coordinated with existing initiatives. Whenever possible, our planners now join existing networks, coordinating bodies and committees. Our formal affiliations with community structures are extensive and a list of these affiliations is available on our website at **www.hdhc.ca**. Click on **Who We Are / Organizational Structure**.

A planner's involvement may be as a health planning **lead, partner** or **resource**. A lead role implies that we have primary responsibility for providing leadership on a project to completion. This is often the role taken with Ministry of Health and Long-Term Care requests for health planning advice. A partner role involves joint responsibilities and accountability with other organizations and in these cases, we negotiate shared direction and approaches. Lastly, we are often asked to provide data, information or methods expertise to other organizations or structures. In these situations, we are available as a resource. We have become more explicit in negotiating and communicating our role in our effort to facilitate high quality health planning processes and outcomes within our community. Our web site identifies our role on all our annual planning activities. Visit **www.hdhc.ca** and click on **Current Activities**.

Seniors' Health and Well-Being in Hamilton

Research has consistently demonstrated that the health of a population is influenced by factors that fall outside the health system, such as housing, income and education level, the environment and our relationships with family and friends. With our aging population, the health and well-being of seniors is generating a high profile in most communities, yet we have historically continued to engage in health planning that focuses on issues within the traditional boundaries of the health sector.

The Hamilton District Health Council has identified the need to apply a wider lens to planning for seniors. Shifting from a near exclusive focus on health care services to inter-sectoral strategies generates opportunities to develop more comprehensive approaches to seniors' health and well-being.

In the coming year, the Hamilton District HealthCouncil will introduce a population health approach for seniors' health planning. **Seniors' Health and Well-Being in Hamilton** will be a multi-year project with the vision of creating a 'network of networks' as a forum to engage programs and providers in a comprehensive, coordinated approach to improving the health of seniors.

Council's goal is to provide advice to the Ministry of Health and Long-Term Care on how health service dollars can best be allocated to make a difference for seniors health, taking into consideration not only the need and availability of health care programs and services, but also other factors which influence health. This requires us to better understand the socio-demographic characteristics of seniors in our community and other influences, such as housing and transportation, which impact on the availability and accessibility of services.

This system lens should enhance our vision of how health care services can fit into an overall plan for our aging population. Over time, a network of networks may be able to monitor how planned changes in one sector impact on other sectors, how policies of other ministries and levels of government influence the need for seniors' services, and ultimately, how the health care sector can best support seniors' health and well-being in Hamilton.

For more information, please contact Ron Wray, Senior Health Planner at ext 111.

Preventing Teen Suicide

Suicide is the second leading cause of death among Canadians aged 15-24, and last year in Hamilton 6 adolescent males took their own lives. The increase in teen suicides has raised concerns across many agencies and sectors that work with youth in Hamilton.

In March 2003, the Hamilton District Health Council joined with the City's Public Health and Community Services and the Regional Psychiatry Program to host a half-day public forum on Preventing Teen Suicide. Almost 120 people attended from a variety of sectors including health care and education professionals, police, faith communities, students and youth serving agencies. Guest speakers presented facts and statistics about suicide, an overview of research on school based suicide prevention, and current thinking on suicide prevention. The small groups also created opportunities for networking and collaboration.

Ideas proposed during the Forum to address teen suicide included:

- Developing new or expanded programs for youth in the community and those at risk
- Increasing education, to help people recognize and help those at risk for suicide and increase knowledge about existing community resources
- Developing an umbrella organization to coordinate a community response to reduce teen suicide
- Continuing opportunities to network through forums, workshops and an email listserv.

There was consensus on the need for youth involvement in the planning and delivery of initiatives for teen suicide prevention.

A number of participants expressed a willingness to become involved with teen suicide prevention. The Community Council on Suicide Prevention has agreed to act as the coordinating body and take the lead role in the implementation of recommendations from the Forum.

Presentations from the Forum and the Summary Report can be viewed on our Web site **www.hdhc.ca** - click on **Info Exchange**. The Hamilton DHC will continue to collaborate with community partners as a planning resource to support adolescent suicide prevention initiatives in Hamilton.

For more information or to become involved with the Community Council on Suicide Prevention, contact Linda White, Executive Director, Suicide Crisis Line, Education and Resource Centre at 905- 521-1660.

Be Informed: The Canadian Community Health Survey

Do you need information on our community's health status, determinants of health or use of the health system to better inform your planning of services and programs? The **Canadian Community Health Survey** (CCHS) has been developed by Statistics Canada in partnership with Health Canada, the Canadian Institute for Health Information and provincial and territorial ministries of health to strengthen Canada's health information system.

One of the benefits of the CCHS is that data will be reported at the national level, the provincial level, as well as by 136 health regions across the country. This means data is available on Hamilton residents' health conditions, social and economic characteristics, lifestyle behaviours and use of health services.

The survey involves personal and telephone interviews with a random selection of Canadian households, while excluding those in institutions, Canadian forces bases and reserves. The survey will be carried out in two-year cycles. For the first collection cycle, only individuals 12 years and older were included, although future cycles are expected to include child-specific content. Early results from the first survey cycle involving 130,000 households were released May 2002. Statistics Canada is currently completing its analysis of data from Cycle 1.2, which includes additional questions on mental health and use of mental health services.

The Hamilton District Health Council included information from the first release of CCHS data in our **Hamilton Health System Fact Book** (June 2002) and we will continue to transfer new releases of data into usable information as it becomes available. *The Hamilton Health System Fact Book is available on our web site at* **www.hdhc.ca** *on our* **Publications** *web page.*

For more information, please contact Michelle Gold, Manager Knowledge Transfer at ext 129.

Access to Health Care - Hamilton Residents

Figure 1: Type of Health Care Needed But Not Received in Past 12 Months, Hamilton Residents 2000/01

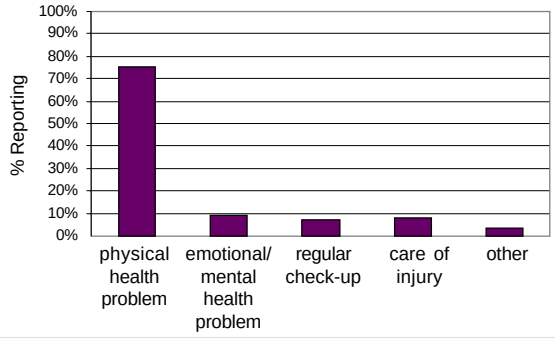
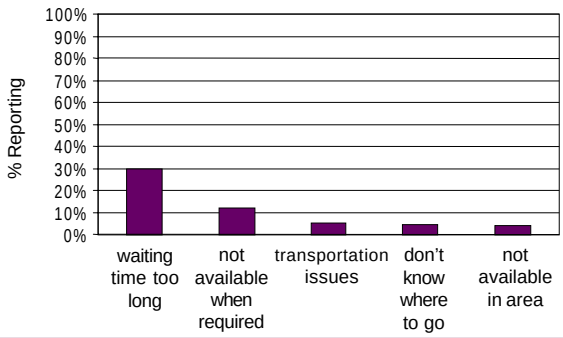


Figure 2: Reasons Hamilton Residents Could Not Access Health Care When Needed, 2000/01



The Canadian Community Health Survey 2000/01 asked Canadians about their access to "needed health care" during the previous12 months. Approximately 58,000 Hamilton residents aged 12 years and older (13.7%) indicated there had been a time when they had not received the health care they needed. Figure 1 reports the type of health care Hamilton residents indicated they needed but did not receive, on the occasion closest to the survey.

Hamilton residents having problems with access were asked the reason they were not able to access health care at the time they needed it. The leading reason given for not being able to access health care when they needed it was that the 'waiting time was too long' [Figure 2].

Source: Statistics Canada, Canadian Community Health Survey, 2000/01

Health Human Resources Strategies

At the request of the Ministry, the Hamilton DHC sponsored a Health Human Resource Forum in March 2003 which brought together health sector programs and services to discuss approaches for dealing with current shortages in health human resources. Mel Souci, consultant on Hamilton's recent "HR Matters" report was the forum's keynote speaker.

Key findings from the Forum were:

- the demographics of the labour force will continue to challenge health care agencies in securing adequate human resources now and well into the future.
- health care agencies have developed a range of health human resource strategies to improve human resource capacity to meet service goals.
- creative human resource strategies require managerial leadership, effective planning, coordination, and good communications with staff throughout the organization.

The Forum planning group included representatives from the City of Hamilton, the Chamber of Commerce, the Hamilton Training Advisory Board, Human Resources Development Canada and Mohawk College, Wayside House, Hamilton Health Sciences and the Community Care Access Centre.

Proceedings of the Hamilton Forum, as well as a **Compendium of Health Human Resource Strategies to Sustain Programs and Services** produced in association with the Grand River and Niagara DHCs, are available on our web site at **www.hdhc.ca**. Click on **Publications**.

For further information, please contact Ernie Jodoin, Senior Health Planner at ext 123.

Census Day for Long-Term Care is coming ...

How many residents of Hamilton use long-term care services? What kind of services do they utilize? Where do they receive these services? Answers to these questions will be obtained from a Long-Term Care Census Day project.

We've all provided information for the Canada Census. The information available through Statistics Canada is of great value for planning services and programs at the federal, provincial, regional and local level. District health councils in Hamilton, Niagara, Brantford, Waterloo and Guelph planning regions think it makes sense to follow-up on a good idea. In conjunction with Central West Health Planning Information Network (CWHPIN), September 24, 2003 has been chosen as a Long-Term Care Census Day.

Each organization providing long-term care funded by the Ministry of Health and Long-Term Care will be asked to complete a brief census form. Information from the project will provide a snap shot on who in Hamilton is receiving long-term care services, whether they are living in the community, in hospital or in a long-term care facility. Information on the number of individuals receiving services that day, and their gender and age are required. The information will help district health councils to understand the current pattern of long-term care service utilization, and to predict and plan for changes in the future.

All participating agencies will receive letters from the DHCs at the end of June, asking them to verify whether their agency will participate by e-mail or by fax. The census package will be sent out in mid-September in order for agencies to familiarize themselves with the form to be used on September 24.

CWHPIN is one of five Health Intelligence Units established by the Ontario Ministry of Health and Long-Term Care. Dr. Tom Abernathy, Director of CWHPIN, was involved with a similar project in Calgary, Alberta in the 1980s. Beginning in 1984, Calgary Health Services conducted an annual census of the elderly in their city. All institutions and community services cooperated in providing data. The purpose of the census was to determine the health services seniors were receiving. The census provided valuable information to the entire health provider community, since most institutions and community services had information only about the population they themselves served.

The Ministry of Health and Long-Term Care through its Regional Office is also participating in the planning and results of the day.

For further information, please contact Joanne Kohut, Health Planner at ext 124.

Work in Progress...

A brief review of some of the health planning activities we are currently involved with.
For more information, log onto our web site at **www.hdhc.ca** and click on **Current Activities**.

Consumer and Family Involvement in Mental Health

The Hamilton District Health Council in partnership with the Regional Psychiatry Program is currently reviewing mental health and addiction agencies' roles for consumers in their governance, planning and delivery of services. A short survey has been designed. The results will be shared at an upcoming mental health and addictions forum and will be used to support ongoing planning for a consumer-focused mental health system.

For more information, please contact Jane Gillman, Senior Health Planner at ext 117.

Building Partnerships: Mental Health and Addictions Planning

The Hamilton District Health Council and the Regional Psychiatry Program will host the 3rd annual Mental Health and Addictions Agency Forum on June 19, 2003. The half-day forum is an opportunity for programs to share successes, challenges and pressure points, as well as network with other agencies. In addition to agency presentations and small group discussions, there will be updates from the Ministry of Health and Long-Term Care and McMaster University, and a presentation on concurrent mental health and substance use disorders. Issues identified at the Forum will help determine future mental health planning and coordination activities of the Hamilton DHC and the Regional Psychiatry Program.

For more information, please contact Jane Gillman, Senior Health Planner at ext 117.

Did You Know...

- There was a 17 percent increase in day procedures in Hamilton hospitals between 1995 to 1999: in 1999, there were 52,425 day procedure hospitalizations involving discharge within 12 hours in Hamilton hospitals. The vast majority of day procedure hospitalizations are for surgery.
- Only 4.7 percent of patients hospitalized in Hamilton hospitals were admitted for conditions or procedures that typically 'may not require hospitalization' and could be treated in ambulatory settings. This rate was the lowest in Ontario for 2000/01. This measure is often used as an indicator of efficiency of care within the health system.

Source: Hamilton District Health Council. *Hamilton Health System Fact Book*. June 2002.

Long-Term Rehabilitation Services

The Ministry of Health and Long-Term Care has asked for information on the capacity, utilization and pressures of Ministry funded community rehabilitation services for persons with long-term rehabilitation needs (e.g. conditions such as stroke, multiple sclerosis). In the first phase of the project, the Hamilton District Health Council is collaborating with the Grand River and Niagara DHCs, as well as the School of Rehabilitation Science, McMaster University, Central West Health Planning Information Network, Community Care Access Centres and Hamilton Health Sciences and Niagara Health System hospitals, to develop a standardized approach for the study. Thereafter, the Hamilton DHC will be contacting local, publicly funded rehabilitation services for information in order to prepare a report for the Ministry. Similar studies will take place in other Central South planning districts.

For more information, please contact Ernie Jodoin, Senior Health Planner at ext 123.

Transportation to Adult Day Programs

The Ministry of Health and Long-Term Care has asked the Hamilton District Health Council to review the capacity of volunteer transportation services to potentially enhance access to adult day programs. Adult day programs offer rehabilitation, as well as respite for caregivers. In 2002, our study **Transportation Service Issues for Clients of Adult Day Service Programs in Hamilton** found that clients relying on publicly funded accessible transportation services are often unable to receive a full day's programming because they are being dropped off late or picked up early due to high demands on these transportation services. Funding from the Ministry for adult day programs is contingent on a minimum standard of attendance.

Moreover, no information is currently available on the number of people who are unable to attend adult day service programs when transportation services are not available, affordable or convenient. Interviews are underway with Ministry funded volunteer transportation and adult day program providers, to better understand current utilization, as well as capacity of these services. A report will be completed by August 2003.

For more information, please contact Joanne Kohut, Health Planner at ext 124.