Hamilton District Health Council | Conseil régional de santé de Hamilton

News & Views

June 2004

Active Aging in Hamilton

Ruth Grier was the keynote speaker at a recent forum to plan for our future aging population in Hamilton. The forum was co-sponsored by the Hamilton District Health Council and the United Way of Burlington and Greater Hamilton. Older persons are a resource to society, not a burden to be managed, according to Ms. Grier, long time community advocate and former Minister of Health and the Environment.

The forum brought together 140 service providers and community groups to launch the Hamilton District Health Council's *Seniors Health and Well-Being Project*. In 2002, the World Health Organization set out a framework for active aging which includes not only planning for health care, but also addresses the root causes of poor health such as income, need for social support, transportation and healthy food.

Five panelists also stimulated discussion at the Forum: *Jagoda Pike,* publisher of The Hamilton Spectator; *Kevin Smith*, CEO of St. Joseph's Healthcare; *Pat Daenzer*, Associate Professor of Social Work, McMaster University; *Bill Scandlan*, Hamilton labour advocate; and *Ted McMeekin*, local MPP and Parliamentary Assistant to the Minister Responsible for Seniors. Each panelist provided a unique perspective from the various sectors of business, health care, social services, labour, and government. But all shared the viewpoint that ageing should be perceived as a positive process.

Reflecting on the *Seniors' Health and Well-Being Project*, Ruth Grier stated that the goal to improve seniors' health and well-being is practical and achievable. Ingredients for success include having a clear picture of the kind of community we want to create, building on what already exists, generating incremental change to generate support for the project, and ensuring that an implementation strategy is developed to move the project from vision to reality. Support from agencies and services beyond the seniors' sector will be essential in order to address the broad determinants of health. Then, "once the plan is accepted it should be the prism through which every decision can be viewed."

"We've all heard the demographic data showing that as baby boomers become seniors the pressure on services will be enormous. But alarmist predictions are based on the assumption that nothing changes about the way we do things… The Steering Committee for this project is contemplating significant changes and offering you the chance to make a real difference in this community in the years ahead."

Ruth Grier

This project will create more than a comprehensive integrated plan for seniors' health and well-being. The plan will reflect a commitment to action. The process will support 'community champions' who will lead implementation and advocate for policy change. Agencies and consumers alike will be partners in the project, identifying challenges, creating solutions, and taking long-term ownership of the change process through coordinated action.

Over the next six months, the Steering Committee will be collecting information on the range of services and resources available and how these services currently work together for seniors' health. In the Fall, the Committee will begin promoting partnerships with existing coalitions, networks and other groups to address new ways of working together. We anticipate agencies and consumers will work together to create solutions.

Information on the Seniors' Health and Well-Being Project is available on our website. Log-on to www.hdhc.ca and visit our web page, 'Current Activities'.

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Conseil régional de santé de Hamilton

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

Judy Evans, Chair	Provider
Tom Atterton	Consumer
Stephen Birch	Consumer
Pat Brennan	Consumer
Raffaella Candiotto	Consumer
Gertrude Cetinski	Provider
Bill Cooke	Consumer
Josie Digiacinto	Provider
John Eyles	Consumer
Pascale Harster	Consumer
Gayle Holmes	Provider
Anita Isaac	Provider
Robert James	Provider
Dave Mitchell	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 on Council includes people who deliver health and human services, representatives from local government, and consumers who provide a community perspective. For information about applying to Council, contact Janice Schreiber at schreibj@hdhc.ca.

Liz Weaver is a consumer member of our board and Vice-Chair of Council. Since joining the Hamilton DHC in 2002, Liz has been actively involved in a range of Council activities, including our Development Committee, board recruitment and community relations.

"The Hamilton District Health Council experience enables me to broaden my understanding of health system planning and the role the broader community can play. This has been essential in my new role as CEO of the YWCA Hamilton, where services are provided to promote health and wellness."

Liz Weaver

Liz Weaver recently joined the YWCA Hamilton as the Chief Executive Officer. Previously, she held leadership positions in Volunteer Hamilton, Volunteer Canada and Bay Area Leadership. She remains actively involved in Bay Area Leadership, having been the community catalyst bringing together leaders from business, government and the community sectors in the formative years of this initiative. Liz has designed a number of resources for the voluntary sector, including the *Canadian Code for Volunteer Involvement* and the *Volunteer Management Audit*.

Liz believes the voluntary sector plays a vital role in the broader determinants of a healthy community. Liz continues to volunteer on a variety of other community boards and committees, including the Hamilton Grant Review Team of the Ontario Trillium Foundation. She teaches volunteer management at Mohawk College, and is a trainer with the Canadian Voluntary Sector Training Network. Liz recently completed a Masters of Management for National Voluntary Sector Leaders through McGill University. Liz has been recognized by Hamilton's Status of Women Committee with a Woman of the Year award for her contributions in the workplace, and was also awarded a Queen's Jubilee Medal in 2002 for her leadership with Volunteer Canada.

Hamilton DHC Participates in National Health Indicators Consultation

Health is a priority concern for Canadians. Monitoring the health of Canadians, the factors that are known to influence our health, and the health care system are the goals behind the Health Indicators Project, led by the Canadian Institute for Health Information (CIHI) in collaboration with Statistics Canada. The public is most familiar with this work through reports produced in Maclean's magazine. CIHI also produces technical reports such as the annual "Health Care in Canada". The Hamilton District Health Council uses and reports local information in our Hamilton Health System Fact Book.

Deciding which indicators to report is a critical consideration, since what gets measured gets attention. In 1999, CIHI, Statistics Canada and Health Canada convened a national meeting with regional users of health information to identify a core set of indicators.

In March 2004, the Hamilton District Health Council was invited to attend the Second Consensus Conference on Population Health Indicators to recommend new indicators that should be added to the indicator framework, as well as identify measures to monitor the equity dimension in health and health care. The need for comparable data on community-based services was identified by participants as one of the most significant gaps. The meeting provided a unique opportunity to hear how others throughout the country are thinking about health and using data to improve health system planning. Users of health-related data can anticipate new information being reported by Statistics Canada and CIHI in the foreseeable future.

For more information, please contact Michelle Gold, Manager Knowledge Transfer at goldmic@hdhc.ca. To review the Hamilton System Fact Book, see our website at www.hdhc.ca / Publications

Community Support Services: A New Lens

Community support services in Hamilton are facing considerable challenges. These services - case management and counseling, social support services, respite, food services, home maintenance and transportation - are important because they promote the independence and well-being of community residents, reduce hospitalizations and support patients after discharge. Ministry-funded community support services indicate that client cases are becoming increasingly complex. While demand for services is rising, there is diminished ability among clients to pay user fees, and a shrinking volunteer pool is affecting service capacity. In addition, program costs are not keeping up with inflationary pressures. The long-term sustainability of community support services is at risk.

The Hamilton DHC set out to investigate the potential to improve coordination and capacity among community support services. We focused initially on the relationships that Ministry-funded organizations have among themselves and other human services that support mutual clients. We learned that there are distinct service clusters or networks existing in our community that are differentiated by geography, clients serviced and/or service patterns. These clustered services understand their clients' characteristics, their needs, the local network in which they operate and what's required to make a difference.

We believe that service clusters may be a better way to think about client coordination and improving capacity, rather than traditional sector based approaches.

See our report, **Long-Term Care Community Support Services in Hamilton: Capacity and Coordination in a Changing Environment** on our website. For further information, contact Ron Wray, Director of Planning at wrayron@hdhc.ca

The Role of District Health Councils

District Health Councils are celebrating 30 years of health planning in Ontario. DHCs are encouraged that in a recent speech to the Economic Club of Ontario, Health Minister George Smitherman said, "What's needed is better integration and planning at the local level so that we can deliver better results in each part of the province. Not a regionalization model. A made-in-Ontario solution that builds on the strength of our community based organizations large and small."

Marion Emo
Executive Director, HDHC

The Hamilton District Health Council was established in 1973. We believe that informed, constructive health system alignment in Ontario's communities and regions can be accomplished, such that all health care assets "pull together" for the benefit of the community. To this end, we continue to build community consensus by providing a neutral table and drawing on the advice of community stakeholders, local and external experts and Hamilton DHC staff.

There are many examples of the Hamilton DHC working with community stakeholders in partnership. The Hamilton Addictions and Mental Health Network (formerly the Regional Psychiatry Program) is a partnership of the Hamilton DHC and community mental health stakeholders. Our goal is coordinated planning, service, education and research for a recovery-oriented mental health system. The Hamilton DHC recommended a palliative care network in June 2002 for a city-wide palliative care program; subsequently the Hamilton Hospice Palliative Care Network was launched in June 2003. The goal of Health Council's Seniors' Health and Well-being Project is a "network of networks" that will steward community directions for seniors' health and well-being. The unique role that DHCs bring is direct advice to the Ontario Minister of Health and Long Term care on local needs, local solutions and required policy, program and funding enablers.

The success of these local health partnerships depends in part on good planning tools. We have developed approaches on how best to involve stakeholders in planning, evidence-based decision-making, and knowledge transfer to ensure that planning outcomes and solutions get the attention of decision-makers. And, for the first time, Ontario DHCs will be applying a peer-reviewed consensus approach to health system performance. We are committed to continuously improving our planning tools.

Ontario District Health Councils
Celebrating 30 YEARS

Health planning is our mandate.
Let us know how we are doing.
See our website for the latest updates on our work.

Hamilton Addiction and Mental Health Network Continues Partnership with Hamilton District Health Council

In 1998, the Regional Psychiatry Program and the Hamilton District Health Council formed a partnership to collaboratively plan to improve mental health system design and integration. As of April 2004, the Regional Psychiatry Program has adopted a new name, the *Hamilton Addiction and Mental Health Network*, or HAMHN, reflecting a broader mandate and more inclusive membership. HAMHN has embraced a recovery vision for mental health and addictions services. Watch for the inaugural edition of the HAMHN newsletter in May, to be posted on the Hamilton DHC web site.

For more information, contact Jane Gillman, Senior Health Planner at gillman@hdhc.ca

A Cancer Plan for Our Region

Cancer Care Ontario is developing a Provincial Cancer Plan for Ontario. The Provincial Cancer Plan will draw on 11 regional cancer plans and overall provincial cancer system priorities. It will describe an overall provincial strategy for cancer care in Ontario, as well as plans within each Cancer Care Ontario region that address local area initiatives. The regional process is being led by the regional cancer centres and will engage service provider organizations involved in the full spectrum of cancer care services and other stakeholders in each region.

The Hamilton District Health Council is working together with the Juravinski Cancer Centre (JCC) and other partners to develop a regional cancer plan for our area. The Regional Cancer Planning Task Force is made up of key stakeholders involved in cancer services across the region including the Henderson Hospital (host hospital to JCC), community hospitals, District Health Councils, Public Health Units, Community Care Access Centres, and the Ministry of Health and Long-Term Care. The regional plan will recommend ways to improve reporting of cancer statistics, enhance access and coordination of services and use evidence to improve outcomes. It will identify targets, action strategies and timelines that are designed to advance the strategic goals of the cancer system in the area served by the JCC.

It is estimated that 145,500 new cases of cancer and 68,300 deaths from cancer will occur in Canada in 2004. Canada's incidence rates for lung, female breast, prostate and colorectal cancer are among the highest in the world. Cancer is the leading cause of premature death in Canada. Currently, almost $2 billion is being spent annually on cancer care in Ontario. The Juravinski Cancer Centre in Hamilton and its cancer service partners serve a population of 2.3 million.

The Task Force will be consulting with key stakeholders involved in cancer prevention, and screening through to palliative care during May and June. The regional plan is expected to be completed by July. The Ontario Provincial Cancer Plan will be submitted to the Ministry in October.

For more information, please contact Carol Rand, Regional Lead at the Juravinski Cancer Centre, Hamilton.

"The regional cancer planning process supports our shared vision of equal access to the same high quality cancer services, from prevention and early detection to palliative care, across our region."

Carol Rand, Director of Community Oncology & Regional Operations

Physical Rehabilitation Services Decreasing For Hamilton Residents

Access to publicly funded physical rehabilitation services such as physio, occupational and speech language therapy has diminished for residents of Hamilton with longer-term needs, according to a recent study completed by the Hamilton District Health Council. Changes in eligibility criteria, consolidation of hospital based outpatient clinics and funding issues top the list of reasons.

Managing costs in the health system has meant that OHIP physiotherapy clinics are subject to financial claw backs if they exceed their budgets in order to respond to the true demand for services. The study also noted the trend towards privatization of rehabilitation clinics.

Hamilton has a need for more rehabilitation services for individuals with chronic conditions, such as stroke, acquired brain injury and Lou Gehrig's disease. Over two-thirds of patients waiting for hospital-based rehabilitation require speech language services. Hamilton's population is aging and the study predicts the rehabilitation sector should anticipate increasing demands for service as our population ages.

Further changes in access are anticipated with the announcement of delisting OHIP physiotherapy clinics in the recent Ontario budget.

"We believe the rehabilitation challenges facing our community identified in our report require attention at the health policy level and in planning discussions at the local level in order to ensure an accessible, coordinated rehabilitation system," according to Marion Emo, Hamilton DHC Executive Director.

See our report, **Review of Ambulatory and In Home Physical Rehabilitation Services in Hamilton** on our website. For further information, contact Ernie Jodoin, Senior Health Planner at ejodoin@hdhc.ca

Neighbourhoods in Hamilton

The Hamilton DHC is committed to establishing new ways of working that support population health planning. To meet this goal, our Health Equity Analysis project is investigating inequities in health status, access and utilization of health services across neighbourhoods in the city.

The first phase of this work has been to explore the socio-economic and demographic characteristics of the different neighbourhoods in Hamilton. Based on these factors, we have identified five neighbourhood types, each with unique characteristics. This information is critical for health planning to ensure that planning is tailored to the needs of the population since different neighbourhoods have different socio-economic characteristics and therefore different health needs. This work is now complete and a meeting to share key findings with service providers and other planning agencies is being planned. The final report for this phase of the project is expected to be available in June 2004.

For further information, please contact Agricola Odoi, Health Information Analyst at odoi@hdhc.ca