Hamilton District Health Council | Conseil régional de santé de Hamilton

News & Views

December 2004

Local Health Integration Networks for Ontario

Change is afoot. The Ministry of Health and Long-Term Care has embarked on an ambitious transformation to enhance accessibility and responsiveness of the health care system for Ontario residents. One component of this agenda is the development of 14 local health integration networks (LHINs) across Ontario. LHINs will plan, coordinate, integrate and fund the delivery of health services at the area level. LHIN 4 includes Hamilton, and neighbouring communities of Niagara, Haldimand, Norfolk, Brant, and Burlington.

It appears that LHINs will build on the planning function of Ontario District Health Councils (DHCs). DHCs have been working together with community stakeholders for thirty years recommending improvements for health service organization at the local level. Ontario DHCs provided advice to Minister Smitherman in June 2004 on the importance of community-based planning for health system improvement and how the planning function can be incorporated in the LHIN design. Subsequently, DHCs provided the Ministry with an inventory of current initiatives across Ontario that are consistent with the Ministry's reform agenda. DHCs have also met with members of the Ministry's Health Results Team to identify how and where DHCs can assist the Ministry.

Locally, the Hamilton DHC is facilitating opportunities for information sharing and dialogue on LHINs.

- Barbara Hall, a member of Minister Smitherman's Health Results Team, was invited to meet with the Coalition of Community Health and Support Services.
- We convened a meeting of health care providers on November 19th to identify critical success factors for implementing LHINs.
- We collaborated with other area DHCs to develop a profile of LHIN 4, including system characteristics, and integration activities.
- The Hamilton DHC is chairing a LHIN 4 area leadership group, tasked with developing advice for the future LHIN 4 Chief Executive Officer.

LHINs are a “made-in-Ontario”solution for health system improvement. All other provinces in Canada have moved to regional health authority structures (RHAs) since 1989. RHAs are a single authority responsible for planning, funding, monitoring and delivering health care. The Ontario LHIN model will respect local governance and will not deliver services.

The regional health authority experience across Canada suggests there are benefits to this model. Benefits include improved efficiency, reduced duplication, standardization, increased cross-sectoral planning and a shift in focus from patient to population-based planning.

A number of questions are emerging as our community learns about LHINs.

- How will LHIN planning functions be aligned with natural communities?
- How will existing integration activities be placed within the new LHINs?
- How quickly will data for health surveillance and performance monitoring be re-aligned with the new LHIN boundaries?
- Will the Ministry of Health and Long Term Care re-align its policies, practices and legislation in accordance with functions of the new LHINs?
- How will community-based programs & institutions providing services across LHIN boundaries be funded and managed?
- How will other strategies in the Ministry's transformation agenda, such as primary care reform, chronic disease management, and public health, be aligned with LHINs?

The Hamilton DHC will continue to share information about LHIN developments with our community.

Information on LHINs and related Hamilton DHC activity is available on our website at **http://www.hdhc.ca/exchange.htm**

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
John Eyles	Consumer
Jon David Giacomelli	Consumer
Pascale Harster	Consumer
Gayle Holmes	Provider
Anita Isaac	Provider
Robert James	Provider
Dave Mitchell	City Representative
Ahmed Mohammed	Provider
Gail Mores	Provider
Peter Szota	City Representative
Liz Weaver	Consumer
Mary Williams	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 of local government, and consumers who provide a community perspective.

Stephen Birch is a consumer member of the Hamilton District Health Council.

He is a professor in the Department of Clinical Epidemiology and Biostatistics at McMaster University with teaching and research interests in health economics. He has been a resident of Hamilton since immigrating to Canada in 1988. While living in England, Stephen served as a consumer member of the York Community Health Council, an agency with a similar mandate to Ontario District Health Councils.

Stephen has served on many health care planning committees at all levels of government in Canada. His committee work has included the introduction of new medical technologies, the training and employment of health care professionals and the allocation of health care resources among regions of Ontario. He also served three terms as a member of the Ontario Council that oversees the regulation of health care professions in the public interest; and he has been involved as a volunteer with public health projects in developing countries.

Stephen has been a member of Hamilton District Health Council for over two years. He maintains a passion for promoting more equal opportunities for health among the population, and advocating for health care funding that generates optimal benefits for Hamilton residents.

Stephen is married with two teenage children. What spare time remains is absorbed in attending sports events. He says his favourite pastime is watching the Buffalo Sabres hockey team beat that other team from Toronto.

Long-Term Care: Who Receives What and Where

The Hamilton District Health Council conducted a one-day census of individuals receiving Ministry of Health and Long-Term Care funded long-term care (LTC) services in Hamilton on September 24, 2003. The purpose of this project was to obtain information on how many long-term care services were delivered, who received these services and where these services were provided.

Over 7,800 long-term care services were provided to Hamilton residents on the LTC Census Day. There were differences with respect to age, gender and location. Clients aged 45-64 years received most of their LTC services through the Community Care Access Centre (CCAC), likely reflecting post-acute hospital care needs. Older clients of community-based LTC made greater use of instrumental and social services such as homemaking, food services and social support. Overall, the majority of LTC services were received by women, but there were differences. Men comprised a larger proportion of persons in LTC facilities between the ages of 45-65, while the majority of residents over 65 years in LTC facilities were women.

There also appears to be a location factor related to receiving LTC services. In Flamborough there were low rates of CCAC use compared to other areas of Hamilton. There were much higher rates of adult day program use in Dundas and Ancaster communities than in other areas of the City of Hamilton, even after standardizing to account for differences in the age composition between areas.

Further investigation is required to identify what factors might explain variations in LTC services provided. In addition, repeating the Census would provide the opportunity to monitor trends over time.

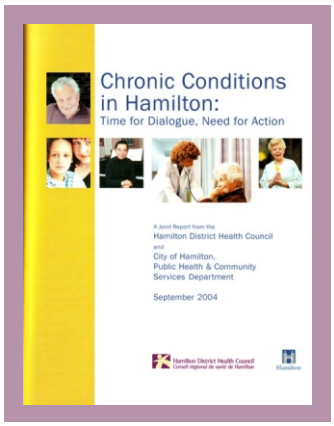
Building an Information Foundation: The 2003 Long-Term Care Census Day for Hamilton provides information useful for LTC planners and program managers.

This report is available on our website at **http://www.hdhc.ca/publications.htm**

Chronic Conditions in Hamilton

Chronic conditions generate a significant burden of poor health, demands on the health system and consequences to families and the community. A recently released report prepared by the Hamilton District Health Council and the City of Hamilton, Public Health and Community Services Department, found that one-third of Hamilton residents 12 years and older report having arthritis, asthma, diabetes and/or cardiovascular disease. Many residents have more than one chronic condition. Increasing rates of chronic conditions are associated with older populations and as the baby boomers age, we can expect more people to experience these conditions.

Chronic Conditions in Hamilton: Time for Dialogue, Need for Action finds that a greater percentage of Hamilton residents with one or more of the chronic conditions report poor quality of life compared to those without these chronic conditions. Low ratings of health are associated with greater use of health services. Residents of Hamilton with chronic conditions earn less, miss more work and are more likely to retire early, compared to those without chronic conditions. Not surprisingly, the median income of local residents with arthritis, asthma, diabetes and/or cardiovascular disease is significantly less than those not having these chronic conditions.



Simple solutions to address the complex issue of chronic conditions will not be sufficient to deal with what the World Health Organization (WHO) refers to as "the health care challenge of the century". More needs to be done to develop an integrated approach to chronic disease management and prevention. Our report references the British Columbia Expanded Chronic Care Model, which illustrates that in order to promote health and prevent chronic conditions, the larger community must share responsibility for creating supportive environments, strengthening community action and building healthy public policy. The model also identifies four essential strategies to transform the health system. According to the WHO, we need to develop "a different kind of health care system" based on the key elements of communication, continuity, coordination, comprehensiveness and community linkages.

We prepared this report to raise awareness about the impact of chronic conditions in Hamilton and begin discussions to develop an integrated approach to address chronic conditions.

Chronic Conditions in Hamilton recommends a set of key objectives to respond to chronic conditions in our community.

The release of this report coincided with the Hamilton District Health Council's Annual Speaker's Series Event on October 1st. Dr. David McCutcheon, Assistant Deputy Minister of Health, Ontario Ministry of Health and Long-Term Care, spoke to 150 health professionals in Hamilton on anticipated Ministry directions with respect to chronic disease prevention and management. Dr. McCutcheon confirmed that the Report's framework for chronic conditions is consistent with the Ministry of Health and Long-Term Care's approach to thinking about chronic disease prevention and management.

The Hamilton DHC is beginning discussions with stakeholders interested in championing and moving forward an agenda to develop a more integrated approach to health care for persons with chronic conditions.

Chronic Conditions in Hamilton is available on our website at www.hdhc.ca/publications.htm

For more information, please contact Michelle Gold, Manager Knowledge Transfer at goldmic@hdhc.ca

Access to Children's Specialized Mental Health Services

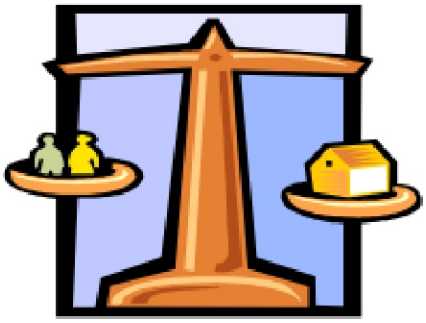
McMaster Children's Hospital is expanding specialized child and adolescent mental health services, which will include a 22-bed inpatient unit as well as mobile outreach, consultation and education services. The Hamilton District Network, a committee of children's services stakeholders, is developing access protocols for a continuum of care and support for children and their families. The Hamilton District Network has completed a number of planning activities to-date, including:

- a survey of service providers on program mandate, clients served, and barriers to service
- an inventory and service profile of child and adolescent services in Hamilton; and
- a mapping exercise to depict how children and their families access the mental health service system, and the referral patterns among service providers.

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

Monitoring Access, Equity & Integration

Ontario's health system has undergone significant reform and change since the mid-1990s. The process of reform continues with the transformation agenda of the current provincial government and we expect change will continue in the foreseeable future. With each stage of reform comes the question: how healthy are people and how well is the health system performing?



Ontario District Health Councils have been monitoring and reporting on population health, health system characteristics and health system performance since 2000. In reviewing this work to-date, District Health Councils decided that access, equity and integration are important dimensions to add to local health system monitoring.

Access refers to the ability to obtain the health care needed or desired. Equity involves how equal the opportunities are across a community to access and obtain health services. Integration refers to the extent to which health services are coordinated and provided in an uninterrupted manner consistent with the needs of the user.

A Provincial District Health Council Technical Working Group was convened to identify indicators to monitor access and integration. Two reports have been prepared. **Access, Equity and Integration Indicators for Local Health System Monitoring in Ontario**, recommends additional indicators that can be used for local health system monitoring.

A second report, **Process Guide for Health Indicator Selection**, provides detailed information regarding how the indicators were selected. This second technical report was produced because although health indicators are increasingly being used to monitor the health system, there is often little information on why or how indicators were chosen.

The Ministry of Health and Long-Term Care has expressed interest in this information, as the Ministry implements health system performance measurement approaches across Ontario.

These reports are on the Hamilton DHC website at http://www.hdhc.ca/factbook.htm

Need for Mental Health Respite

The Hamilton DHC recently undertook community consultations on the need for mental health respite care in Hamilton. The project was in partnership with the Supported Housing Coordination Network, a voluntary network of organizations working to improve supported housing options for people with serious mental illness in Hamilton. Respite is temporary, short-term care designed to provide relief or support to a consumer or primary caregiver - at home, in the community, or overnight in a residential setting or facility.

Consumers, families and service providers agreed that Hamilton needs flexible services that are evidence-based and have significant consumer and family involvement in both planning and operation. Services should be culturally sensitive, recognize different stages and chronicity of illness, offer "normalized" activities, and permit short, frequent usage. A common theme was that community support and meaningful activity programs may serve to prevent or forestall the need for more intensive respite services such as caregiver replacement or respite beds.

Mental Health Respite Care in Hamilton: A Report on Community Consultations
Is available on our website at http://www.hdhc.ca/publications.htm

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

Contact Us

10 George Street, Suite 301
Hamilton, ON L8P 1C8
Telephone: 905-570-0354
Web: www.hdhc.ca

Michelle Gold, Editor
Hamilton District Health Council
Conseil régional de santé de Hamilton