Central West
LOCAL HEALTH INTEGRATION NETWORK

Your Health, Your Community, Your Health Care.

Central West LHIN – 2005/06 Annual Report

Ontario

Introducing Local Health Integration Networks

Local Health Integration Networks (LHINs) are not-for-profit organizations designed to plan, integrate and fund local health services within specific geographic areas. There are 14 LHINs across the province. They were created as recognition that a community's health needs and priorities are best understood by people familiar with the needs of that community and the people who live there, not from offices hundreds of kilometers away.

LHINs are an important part of the evolution of health care in Ontario, from a collection of services that are often un-coordinated to a true health care system.

Why Were They Created?

LHINs were created to fix the piecemeal way Ontario's health care system was organized. The goal is to create local links between health care services and health care providers, to make it easier for patients and their loved ones to find their way through a very complex health system as they move from one health service provider to another. LHINs are changing the way our health care system is managed.

What Will LHINs Do?

LHINs will manage health services that are delivered in hospitals, long-term care homes, community health centres, community support services, community care access centres and community mental health and addictions agencies.

LHINs are based on a principle that community-based care is best planned, coordinated and funded in an integrated manner within the local community, because local people are best able to determine their health service needs and priorities. LHINs will determine the health service priorities required in their community and will work with local health providers and community members to develop an integrated health service plan for their area. They will eventually be responsible for funding and ensuring accountability of local health service providers.

While LHINs will not directly provide services, the government is giving them the mandate for planning, integrating and funding health care services. LHINs will oversee nearly two thirds of the health care budget in Ontario – nearly $21 billion. They have been specifically mandated to engage people and providers in their communities about their needs and priorities. As LHIN roles evolve over the next few years, the immediate benefits will be unprecedented opportunities for community input into health care planning. In the years to come, we expect to see better access to patient care.

Benefits of LHINs

Health care choices by the community, for the community
Under LHINs, people closer to what is really going on will identify community health care priorities at the local level.

We're all in this together
The health care system belongs to the people of Ontario; they're the ones who depend on it and who pay for it. LHINs will, for the first time, involve Ontarians in the health care conversation, giving them a chance to participate in decisions about the health care system in their communities.

Transparency, accountability and responsibility
LHINs will ensure that health care dollars are spent in the most efficient and effective way possible, yielding the best results possible. Accountability agreements between health care providers and LHINs, and between LHINs and government, will ensure the responsible use of precious health care resources, and the sustainability of the health care system for generations to come.

A system with patients at the centre
The health care system has not always been an easy one to figure out. LHINs will change that, breaking down the barriers that patients face and ensuring that decisions are made in the interests of patient care.

For more information about LHINs, including frequently asked questions, visit the LHINs' website at www.LHINS.on.ca

Local Health System Integration Act 2006

The *Local Health System Integration Act, 2006* was introduced on November 24, 2005 and received Royal Assent on March 28, 2006. The purpose of the Act is to provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, coordinated health care and effective and efficient management of the health system at the local level by local health integration networks.

The Act continues 14 Local Health Integration Networks (LHINs) as Crown Agencies of the Ministry of Health and Long-Term Care. It gives LHINs the power to plan, coordinate and fund health care providers (hospitals, long-term care homes, community support services, community health centres, Community Care Access Centres and community mental health and addictions agencies) in their specified geographic areas. It sets out the corporate organization of the LHINs, the powers of the LHIN Boards of Directors, and requires the LHINs to have an accountability agreement with the Minister of Health and Long-Term Care.

The Act provides the legislative framework for creating a health system in Ontario that is:

- Community-based: engages the local community about needs and priorities
- Based on partnerships: system partners are Minister, Ministry, LHINs and service providers
- Forward looking: emphasis on planning and priority setting
- Efficient: effective allocation of funding to achieve priorities
- Accountable: clearly defined expectations and measurement of achievement; monitoring and public reporting provide checks and balances in system
- Integrated: coordinated health care with focus on client needs

The Act sets out certain requirements and authorities for the Ministry and the LHINs in the areas of: planning, community engagement, funding, accountability and integration.

Planning and Community Engagement:

The Minister must develop a provincial strategic plan for the health system and make the plan public. Each LHIN is required to engage their community and Aboriginal and French Language local planning entities to develop an Integrated Health Service Plan for their local health system. Community is broadly defined in the Act and includes patients and others, health service providers, and employees. The Act identifies some of the methods LHINs would use to engage their community, including community meetings, focus groups, and advisory committees.

Funding and Accountability:

The Minister determines each LHIN's funding and enters into an accountability agreement that sets out performance goals and standards, reporting requirements, a spending plan, and a performance management process.

The Act ensures that people can access care outside of the LHIN in which they live. The LHIN boundaries do not restrict people in any way.

When the LHINs have funding authority, they will enter into service accountability agreements with health care providers to deliver health services in their local communities, in accordance with the LHIN's accountability agreement with the Minister.

Integration:

To enable a coordinated health system, LHINs may facilitate integration discussions between health care providers (e.g. transfer services to another location or provider, start or stop providing a service or change the amount of a service). LHINs will have the power to require integration where they believe it is in the public interest. The Act also includes mechanisms to protect employees when services are integrated.

As of June 2006 not all parts of the Act have been proclaimed in force. A full copy of the legislation is available on e-laws at http://www.e-laws.gov.on.ca/home_E.asp?lang=en

Table of Contents

Welcome to the Central West LHIN

The Central West LHIN

Your Health

Relative to the province, our residents…

- Have a lower prevalence of arthritis and rheumatism
- Have a lower prevalence of heart disease
- Have lower all-cause hospitalization rates
- Have a lower prevalence of chronic conditions that are closely associated with age
- Are the least physically active
- Have the lowest mammography and flu shot rates
- Had at least one contact, either in person or by phone, with a physician in the past 12 months
- Are very similar in their use of other preventative health care services

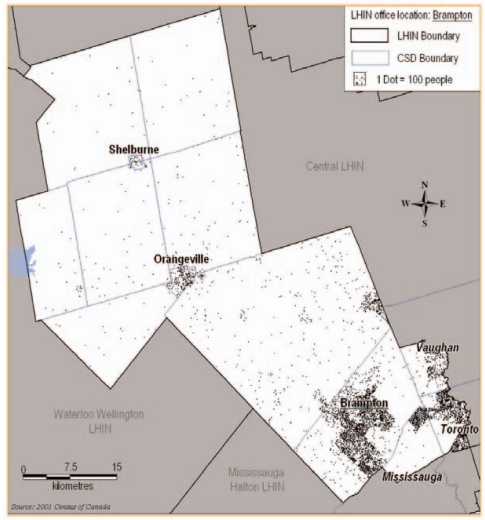
Your Community

- Has a population of 720,300 people and has grown at an annual rate of 3.3% a year for the last decade
- Has a relatively young population
- Includes urban, suburban, and rural communities
- Includes both high and low population concentrations
- Includes not only people in Brampton, but also people in portions of the cities of Mississauga, Vaughan, the northwest portion of the City of Toronto and all of Dufferin County and Caledon
- Is one of the most diverse in terms of geographical, ethno-cultural and socioeconomic characteristics
- Has low unemployment and low income rate
- Has the lowest proportion of seniors of any LHIN in the province

Your Health Care

Your health care is supported by…

- Dedicated Physicians, Nurses, Clinicians and other health care professionals
- The availability of preventative care treatment, support and long term care services through addiction treatment centres, community care access centres, community health centres, hospitals, long term care facilities, mental health groups and facilities, and community support services, as well as through individual clinicians
- Hundreds of committed volunteers who work with the health care professionals and together provide a wide range of services within the LHIN
- The Central West LHIN also recognizes the many other individuals and organizations that contribute to the health of the community



Message from the Chair

How do you build a health care system for the future? How do you learn about the local health care needs of a community? What are the tools necessary to give a community the kind of health care system that works for them?

These are some of the questions we asked ourselves when we came together to form the Central West Local Health Integration Network. What we learned enabled us to say that our vision for the Central West LHIN must include talking with our community and engaging them in a dialogue. In doing so we will be laying the groundwork for a health care system that will be there for our children and grandchildren.

Health care is a team effort. Good health care is built on partnerships and relationships with patients, providers, families, business and government. We are all in this together. We must remember that this LHIN will function best when everyone contributes, when everyone knows what to expect, and when everyone is encouraged to tell us what needs to be done.

Our Board is committed to making the Central West LHIN work at the local level. We are fortunate that each member of the Board brings not only their individual skills and experience but also a deep understanding of the community we share.

There is a significant culture change that is taking place in healthcare. All members of the community will be at the centre of our decision-making. The road ahead is exciting and the benefits will be tremendous as we build our health care system for the future.

Joe McReynolds, *Chair*

Message from the CEO

Health care as we now know it is changing. And everyone in this community, everyone who is part of the new Central West Local Health Integration Network, can be involved in this change.

When we came together to form the Central West LHIN a number of months ago, it was akin to starting a new business. So to make it work, we met and listened to hundreds of people who live and work in our LHIN, and to those who deliver and receive health services in this community. We started by getting to know who does what and how the people feel about the health care they are receiving.

Our vision is to facilitate a transformation of local health care delivery that is focused on the person. This is an historic time for Ontario because when this new system is in place, it will be focused on the citizens, ensuring that they get health care in a timely fashion and as close to home as possible.

Some of our knowledge and understanding was gleaned from meetings that took place prior to the formal announcement of LHINs. Insights from these sessions, and the knowledge we have picked up by listening to you, have guided us in determining the first three priorities for the Central West LHIN to examine: mental health and addictions, palliative/end-of-life care, and seniors' services.

As we move forward in developing a local integrated health services plan, we will continue to build relationships with community stakeholders, both with members of the public and with health service providers. This is very important for us as we continue to learn about the needs of the Central West LHIN community.

We need to recognize the diversity of the Central West LHIN and that a localized approach to changing health care is required. We need to establish our own local priorities and we need to keep on listening.

Our LHIN will be a partnership of equals. We will continue to work together to make this transformation the best it can be. Health care belongs to all of us.

Mimi Lowi-Young, Chief Executive Officer

Joe McReynolds, *Chair*

Terry Miller, *Vice Chair*

Kuldip Kandola, *Secretary*

Sukhjinder Mintoo Mand, *Member*

Mavis Wilson, *Member*

The Central West LHIN Board

Chair Joe McReynolds is the former CEO of the Ontario Community Support Association. He has also served as a board member of Abbeyfield Caledon Houses.

Mr. McReynolds' health care experience includes serving as chair of the Halton Peel District Health Council and chair of the Ontario District Health Councils.

Vice Chair Terry Miller, held several positions with the Dufferin Peel Catholic District School Board and until his recent retirement, served as the Board's Associate Director of Education for Corporate Services. He has taught history at the West Humber Collegiate and worked as a planning consultant. He was elected Deputy Reeve of Chinguacousy Township and was a member of Peel County Council. He was then elected as a regional councillor to the City of Brampton Council and the Region of Peel Council.

Mr Miller has been active in many community agencies such as Chair of the Canadian Cancer Society Bramalea Unit and served as a Board Member of Peel Family Services, Peel Children's Aid Society and Rapport House. He also served on the Board of Governors of Sheridan College, Chinguacousy Health Services Board, Peel Regional Housing Authority, Peel Memorial Hospital and the Peel Historical Society.

Secretary Kuldip Kandola, owner of a Brampton-based financing company has served her community as a volunteer for several local organizations including the North York Cultural Association, the Sikh Women's Organization and the Malton Soccer Club.

Besides running her business, Ms Kandola has instructed real estate courses and served for five years on the Ethics and Arbitration Committee of a local real estate board.

Member Sukhjinder Mintoo Mand served for five years as a member of the board of directors for Rexdale Legal Aid Clinic. Her work experience includes owner-manager of a women's designer clothing store and office manager of a family physicians' medical practice in Etobicoke.

Ms Mand speaks to immigrants on settlement in Canada as a member of the Speakers' Bureau, Passages to Canada and The Dominion Institute.

Member Jack A. Prazeres (image not available) has an extensive background in community volunteer work including fundraising with Peel Regional Police for the Children's Diabetes Association and Victim Services for Peel. He is a leader within the Canadian Portuguese community where he has served as treasurer, vice-president and president of the Portuguese Cultural Centre of Mississauga.

He is co-owner and general manager of a masonry contractors firm and publisher of the Portuguese Post, a community newspaper.

Member Mavis Wilson, a former member of the Ontario legislature, served as a member of Management Board of Cabinet and the Premier's Council on Health Strategy. She is a senior manager with extensive experience in community development activities.

Ms Wilson's community service includes the Board of Directors of Family Transition Place, Hospice Dufferin and the Dufferin Rural Child Care project. She also supports the Dufferin Arts Council.

Zygmond Novak, *Member*

Anita Gittens, *Member*

Carol Seglins, *Member*

Mimi Lowi-Young, Chief Executive Officer

The Central West LHIN Board continued

Member Zygmond Novak lives in Brampton and is a Certified General Accountant and Certified Fraud Examiner. At retirement he was the president and chief financial officer of Knowles Consultancy Services Inc., a company that provided specialized consulting services to the surety industry and to various Ontario government ministries. In addition, he spent 25 years with Ontario Hydro assuming more responsible positions in the Controllers and Audit Divisions. He is a member of the Ontario Association of Certified General Accountants, Canadian Association of Certified General Accountants and the Association of Certified Fraud Examiners. Active in community involvement, Mr Novak has served as a member of the Brampton Library Board, Peel Social Services Board and the Chinguacousy Hospital Board.

Member Anita Gittens of Toronto is a health care consultant in a private practice. She has extensive leadership experience in many areas of health care, particularly acute care and long term care and her expertise includes strategic planning and analysis, health policy, operational and resources management, and public consultation.

Ms Gittens has worked in both the public and private health sectors. She has held professional and management positions relating to diagnostic imaging and nuclear medicine at the William Osler Health Centre in Etobicoke. Her community involvement has included serving as a board member of the Toronto District Health Council, as chair of the Albion Lodge Home Advisory Committee, Wesburn Manor Home Advisory Committee, and the Inter Home Advisory for the 10 Toronto Homes for the Aged, and as a member the Toronto Divisional Advisory Committee on Homes for the Aged. She is a board member of the Church of St. Paul the Apostle and the Toronto Diocesan Anglican Church Women.

Member Carol Seglins is a long-time resident of Caledon. She is a former mayor of the Town of Caledon and former regional councillor for Peel Region. Ms Seglins is currently a consultant specializing in community facilitation and mediation, and is an accredited Chartered Mediator and a professional member of ADR Ontario and an associate member of OAFM (Ontario Association of Family Mediators). Her previous work experience includes owner/operator of a travel agency, serving as office manager of a consulting firm and teaching at King City Secondary School. She is currently vice-chair of the United Way of Peel Region Board, vice-president of Oak Ridges Moraine Land Trust, and a member of the Peel/Dufferin Youth Justice Committee. She is a founding member of Hospice Caledon and the Caledon Health Coalition and has served as a member of Caledon Youth Initiative, ROAD WATCH, Bolton Community Policing, Headwaters Health Care Board, Peel District Health Council, Brampton Caledon Health Coalition, Chinguacousy Health Services Board, Etobicoke Community Services Committee, Long-Term Care Reform Liaison Committee and Peel Mental Health Reform Committee.

Mimi Lowi-Young, the Chief Executive Officer of the Central West Local Health Integration Network, has executive leadership experience in the health field including the acute sector, complex continuing care, rehabilitation, long-term care and community health. She has extensive expertise in strategic planning, operations and governance.

Ms Lowi-Young was chair of the Toronto District Health Council and board member of the Heart and Stroke Foundation of Ontario. She has served on the boards of both the Canadian and American Colleges of Health Care Executives and continues her activities on behalf of those organizations.

The Central West LHIN

Executive Summary:

The following information is a summary that provides an overview of the Central West LHIN using the most recently available data on social and demographic characteristics, health status, health practices and outcomes of the population. Rates or proportions for Ontario are provided as a comparator. Relative to the province, Central West has a higher;

- population growth rate
- proportion of immigrants and visible minorities
- proportion of the population who are physically inactive

and a lower;

- proportion of seniors
- prevalence of arthritis/rheumatism
- prevalence of heart disease
- all-cause hospitalization rates

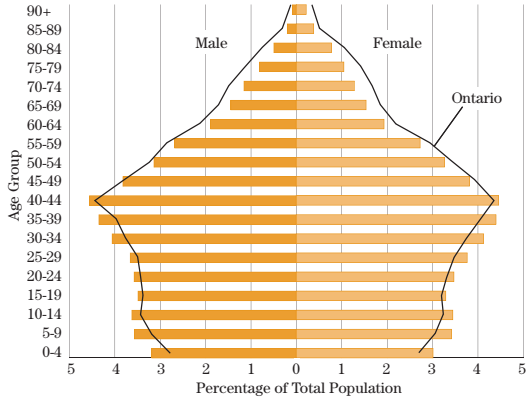
The Central West LHIN is an area of high population growth. It has a relatively young population with the highest proportion of visible minorities in the province. The population's health behaviours and outcomes are similar to those seen provincially. The Central West LHIN tends to have a lower prevalence of chronic conditions that are closely associated with age.

The Population

The Central West LHIN is home to 720,300 people; 5.8% of the population of Ontario. During the 1994-2004 time period the population of Central West grew, on average, by 3.3% each year. This is a much greater increase than the 1.5% annual population growth seen in Ontario overall. Table 1 provides an overview of the social and demographic characteristics of the Central West population. Compared to the province, Central West has a much smaller proportion of seniors (the lowest proportion in the province). The area also has a substantial immigrant population and approximately 40% of the population is visible minorities. Only 1.3% of the population is Francophone (i.e., claim French as their mother tongue).

Both the unemployment and low income rates in Central West are lower than provincial rates. Almost 44% of adults (age 20+) have attained post-secondary education credentials, but nearly 30% have not completed high school. Chart 1 shows the population structure of Central West. The black line provides the Ontario population distribution for comparison. The population pyramid shows that the population structure of the Central West area is younger than Ontario's. Compared to the province a greater proportion of the Central West population is in the 'working ages' (age 20-44), or children (age 0-14). The proportion of the population in the elderly (age 60 and over) age groups is smaller than the Ontario average.

Chart 1: Age-sex population distribution

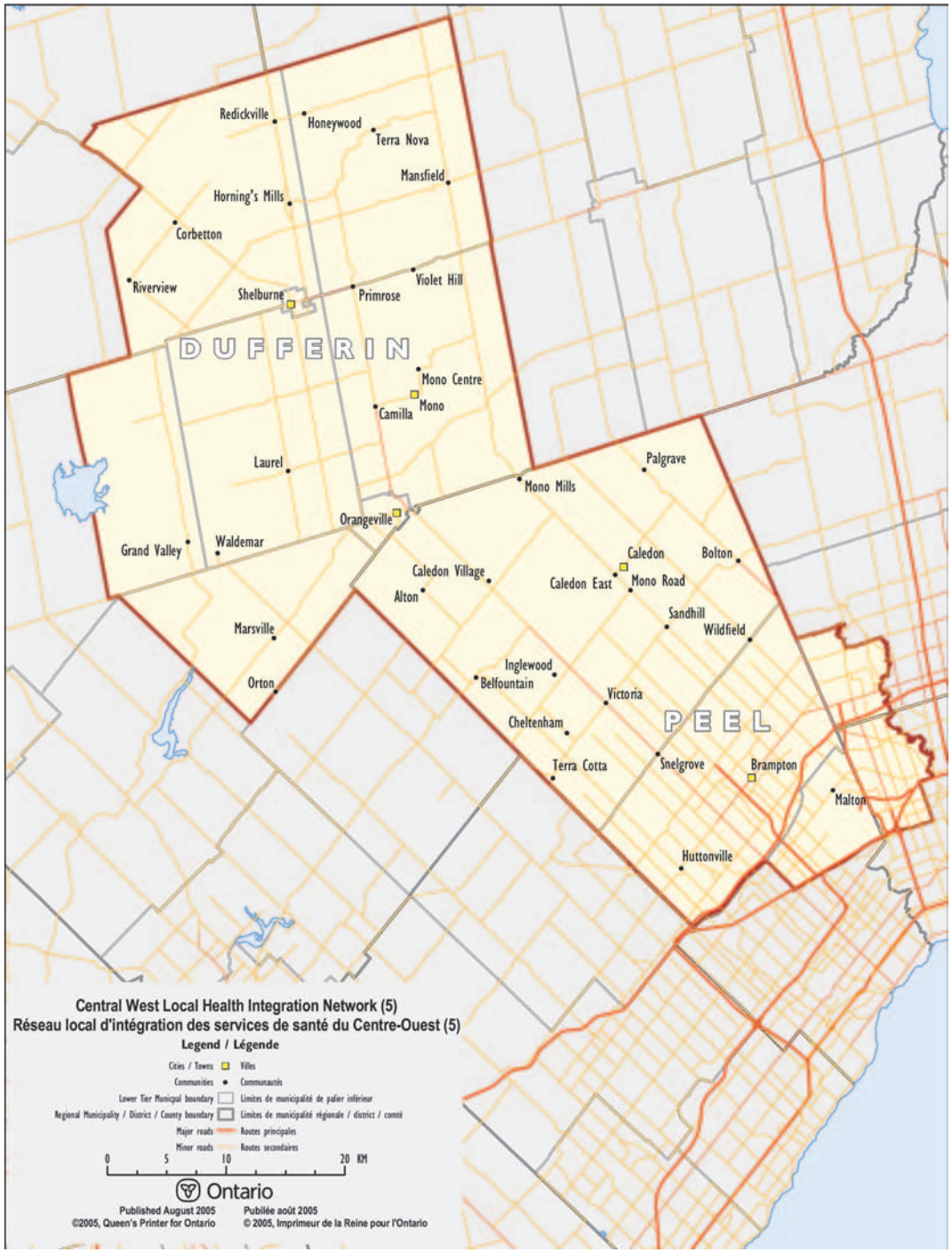


Data Source: 2004 Population estimates, Statistics Canada

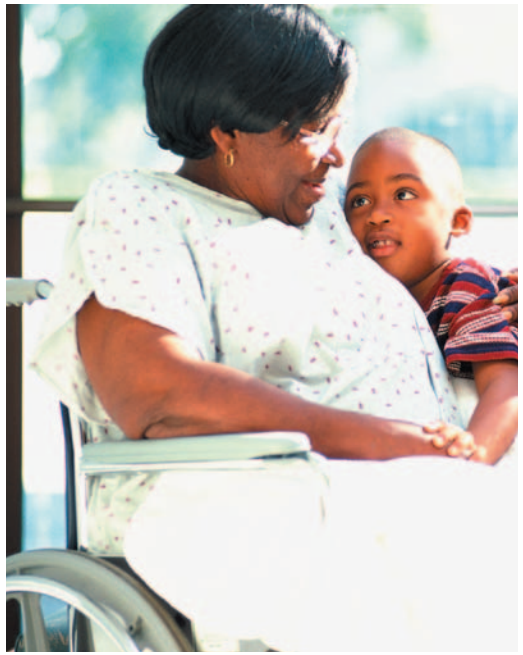
Table 1: Socio-demographic characteristics

	CENTRAL WEST	ONTARIO	LHIN Range
Total population (2004)†	**720,300**	**12,392,700**	**242,500 - 1,542,900**
Senior population, age 65+ (2004)†	9.4%	12.8%	9.4 - 15.7%
Population with English mother tongue	64.5%	71.9%	55.7 - 92.2%
Population with French mother tongue	1.3%	4.7%	1.2 - 25.1%
Population who are immigrants	40.5%	26.8%	6.4 - 45.7%
Population who are recent immigrants (arrived between 1996-2001)	7.4%	4.8%	0.3 - 9.7%
Population who are visible minorities	38.8%	19.1%	1.3 - 38.8%
Population of Aboriginal identity	0.4%	1.7%	0.3 - 13.9%
Labour force participation rate (age 15+)	72.0%	67.3%	60.0 - 72.0%
Unemployment rate (age 15+)	5.2%	6.1%	5.0 - 9.8%
Population in low income	13.3%	14.4%	10.0 - 22.3%
Families (with children) headed by a lone parent	21.6%	23.4%	19.4 - 30.0%
Population (age 20+) with less than grade 9 education	9.9%	8.7%	6.3 - 12.0%
Population (age 20+) without high school graduation certificate	28.1%	25.7%	19.2 - 33.4%
Population (age 20+) with completed post-secondary education	43.8%	48.7%	42.4 - 55.8%

Data Source: †2004 Population estimates. Remaining indicators based on 2001 Census of Canada.


Redickville
Honeywood
Terra Nova
Mansfield
Horning's Mills
Corbetton
Riverview
Shelburne
Primrose
Violet Hill
DUFFERIN
Mono Centre
Mono
Camilla
Laurel
Palgrave
Mono Mills
Orangeville
Grand Valley
Waldemar
Caledon
Bolton
Caledon Village
Caledon East
Mono Road
Alton
Sandhill
Wildfield
Marsville
Inglewood
Belfountain
Orton
Victoria
PEEL
Cheltenham
Terra Cotta
Snelgrove
Brampton
Malton
Huttonville
Central West Local Health Integration Network (5)
Réseau local d'intégration des services de santé du Centre-Ouest (5)
Legend / Légende
Cities / Towns
Villes
Communities
Communautés
Lower Tier Municipal boundary
Limites de municipalité de palier inférieur
Regional Municipality / District / County boundary
Limites de municipalité régionale / district / comté
Major roads
Routes principales
Minor roads
Routes secondaires
0 5 10 20 KM
Ontario
Published August 2005
©2005, Queen's Printer for Ontario
Publiée août 2005
© 2005, Imprimeur de la Reine pour l'Ontario


71



Health Status

Life expectancy at birth is the average years of life an individual could live on the assumption that current, cross-sectional age specific mortality rates remain constant over the life span. Data quality issues with mortality data preclude the calculation of life expectancies for the Central West area. Low birth weight is an important determinant of infant morbidity and mortality. In Central West 6.2% of infants born in 1999-2001 were of low birth weight (see Table 2). Infant mortality is a long-established measure, not only of child health, but also of the well-being of a society. The infant mortality rate in Central West of 5.7 per 1000 live births is similar to the provincial experience (5.4 per 1000 live births) 1. Self-reported health, an indicator of overall health status, can reflect aspects of health not captured in other measures, such as disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function. Fifty-five percent of the Central West population rated their overall health as "Excellent" or "Very Good", similar to the Ontario average of 57.4%. Almost 23% of Central West residents report being limited in their activities because of a physical or mental condition or health problem which has lasted or is expected to last longer than six months.

Table 2: Health status

	CENTRAL WEST	ONTARIO	LHIN Range
Female life expectancy at birth (years), 2001†	•	82.1 (±0.1)	79.5 - 82.2
Male life expectancy at birth (years), 2001†	•	77.5 (±0.1)	74.7 - 80.6
Low birth weight babies (1999-2001)‡	6.2%	5.6%	3.7 - 6.2%
Infant mortality rate per 1000 livebirths (1999-2001)†‡	5.7 (±1.0)	5.4 (±0.2)	3.9 - 6.1
Population who say their health is Excellent or Very Good, 2003 (age 12+)#	55.2% (±4.1)	57.4% (±0.7)	51.0 - 61.5%
Population with an activity limitation, 2003 (age 12+)#	22.9% (±3.2)	24.6% (±0.6)	19.3 - 30.0%

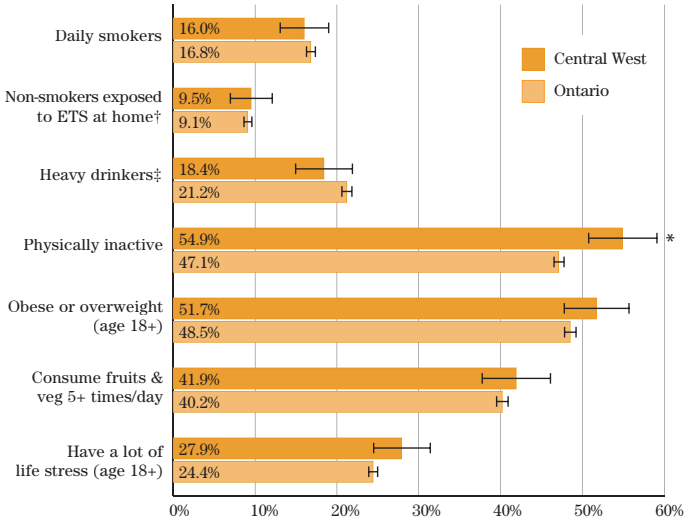
• *Not calculated due to data quality issues.*
Data sources: † Ontario Vital Statistics, Mortality Database, ‡ Ontario Vital Statistics, Livebirths Database
 # Canadian Community Health Survey, 2003

Health Practices and Preventative Care

Poor health practices are known to be related to increased risk of chronic disease, mortality and disability. Chart 2 shows that the prevalence of daily smoking, heavy drinking, exposure to ETS, and consumption of fruits and vegetables in Central West is similar to that in Ontario. However, those in Central West are significantly more likely than Ontarians to be physically inactive. Based on Body Mass Index 35.0% of the adult population of Central West is considered overweight and 16.8% are obese. The proportion of Central West residents reporting that they have a lot of life stress (27.9%) is not significantly different from that in Ontario.

The use of preventative health care services can lead to early detection of disease, which ultimately results in reduced morbidity and mortality. Although mammography and flu shot rates for Central West are the lowest in the province, they do not differ significantly from provincial rates (see Table 3). Pap smear rates in Central West are similar to provincial rates. The point of access for most medical care is through a primary care physician. Medical doctors also play a key role in coordinating care and managing chronic conditions. The majority of people (80.3%) in Central West had at least one contact, either in person or by phone, with a medical doctor in the past year. This is similar to the Ontario average of 81.4%.

Chart 2: Health practices, population age 12+



† *ETS - environmental tobacco smoke (second-hand smoke)*
‡ *as a proportion of current drinkers*
* *Significantly different from provincial average based on assessment of 95% confidence interval.*
Data Source: Canadian Community Health Survey, 2003

Table 3: Use of preventive care

	CENTRAL WEST	ONTARIO	LHIN Range
Had mammogram in past 2 years (females age 50-69)	68.5% (±10.3)	70.6% (±1.9)	65.8 - 77.2%
Had Pap smear test in past 3 years (females age 18+)	70.7% (±5.3)	69.2% (±1.0)	65.4 - 75.5%
Had flu shot in past year (age 12+)	30.3% (±3.5)	34.2% (±0.7)	30.3 - 39.0%
Contact with Medical Doctor in past year (age 12+)	80.3% (±3.3)	81.4% (±0.6)	76.4 - 83.7%

Data source: Canadian Community Health Survey, 2003

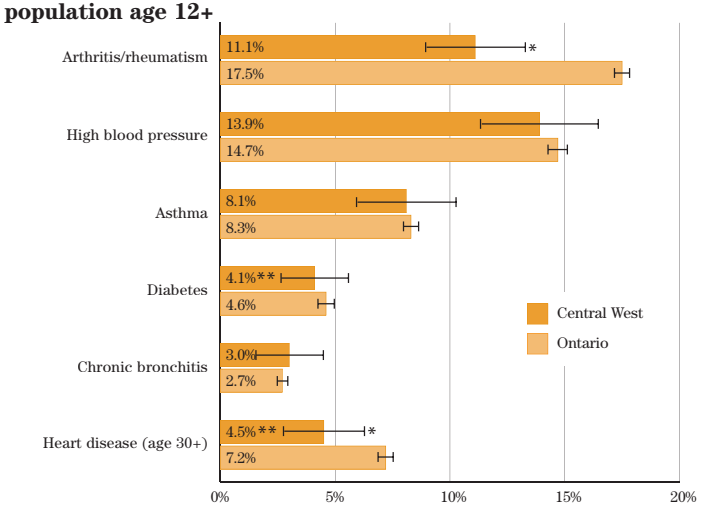
Morbidity and Mortality

Chronic conditions place a high burden on the health care system and reduce the quality of life of those who suffer from the condition. Chart 3 shows that, compared to Ontario, Central West has a lower prevalence of many chronic conditions including arthritis/rheumatism, high blood pressure, asthma, diabetes and heart disease with the differences reaching statistical significance for both arthritis/rheumatism and heart disease.

Note that the prevalence estimates for heart disease and diabetes must be interpreted with caution because of high sampling variability. Prevalence rates presented in Chart 3 are not age-standardized, and therefore areas with a high proportion of seniors will tend to have higher rates of chronic conditions.

Table 4 provides age-standardized hospitalization rates for Central West and Ontario. Data quality issues with mortality data preclude the provision of mortality and PYLL rates at this time. All-cause hospitalization rates in Central West are lower than provincial rates as are the cause-specific hospitalization rates for most ICD-10 chapters. There are some notable exceptions. Central West has a higher rate of hospitalization for maternal conditions (i.e., pregnancy and childbirth related) as well as infectious diseases. PYLL rates are useful for quantifying the number of years of life "lost" from deaths that occur "prematurely" (i.e., before age 75). Although PYLL rates for Central West are not provided, Table 4 shows that, provincially, neoplasms contribute to more years of potential life lost than any other cause, followed by circulatory system diseases, and external causes (i.e., injuries).

Chart 3: Prevalence of selected chronic conditions, population age 12+



** Significantly different from provincial average based on assessment of 95% confidence interval.*
***Estimates for Diabetes and Heart disease have a high degree of sampling variability and must be interpreted with caution.*
Data Source: Canadian Community Health Survey, 2003

Table 4: Mortality, PYLL and hospitalization rates by ICD-10 chapter

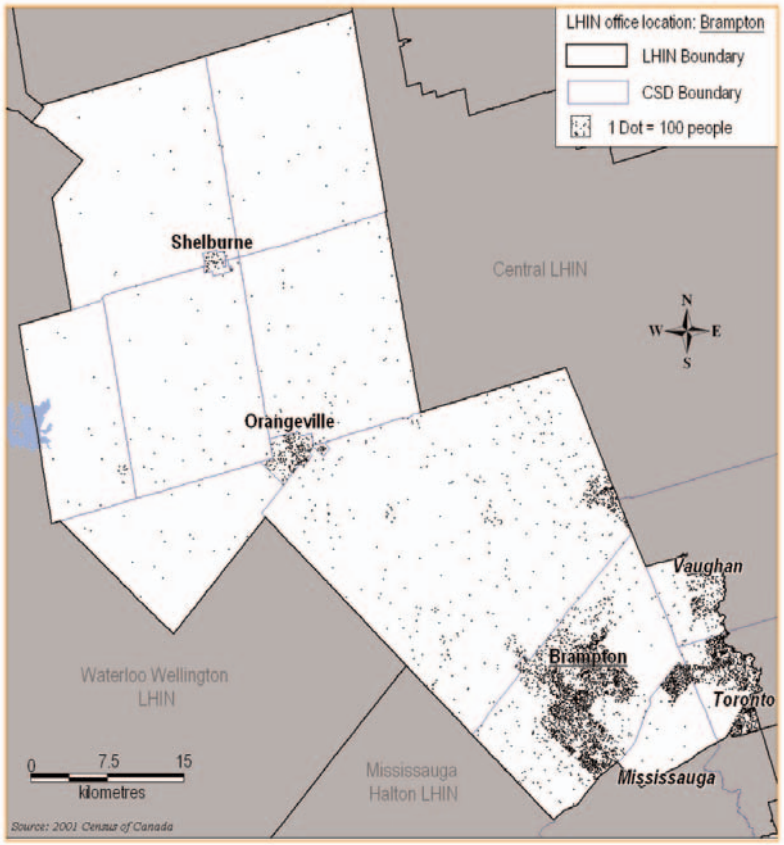
		Age-standardized mortality rate per 100,000 (avg. 2000-01)†		Potential Years of Life Lost rate per 100,000 (avg. 2000-01)†		Age-standardized hospitalization rate per 100,000 (2003-04)‡	
Cause (ICD-10 chapter)		**CENTRAL WEST**	**ONTARIO**	**CENTRAL WEST**	**ONTARIO**	**CENTRAL WEST**	**ONTARIO**
ALL CAUSES		•	**602.6**	•	**4,864**	7,257.3	**7,746.7**
I.	Infectious diseases	•	9.3	•	122.3	159.3	119.9
II.	Neoplasms	•	181.4	•	1,590.3	498.9	549.6
III.	Diseases of blood	•	2.1	•	18.4	88.1	76.2
IV.	Endocrine/nutritional disorders	•	26.1	•	171.0	143.5	173.7
V.	Mental & behavioural disorders	•	15.0	•	59.2	360.4	502.7
VI.	Nervous system diseases	•	24.8	•	142.9	87.1	111.6
VII.	Eye diseases	•	-	•	-	20.7	20.1
VIII.	Ear diseases	•	-	•	1.1	18.7	20.7
IX.	Circulatory system diseases	•	209.1	•	852.9	914.2	1,007.5
X.	Respiratory system diseases	•	45.4	•	150.5	608.6	624.6
XI.	Digestive system diseases	•	22.6	•	191.1	611.3	761.2
XII.	Skin diseases	•	1.0	•	3.9	63.5	65.9
XIII.	Musculoskeletal diseases	•	3.8	•	24.8	296.7	356.0
XIV.	Genitourinary diseases	•	11.1	•	38.2	394.0	421.0
XV.	Maternal conditions	•	0.1	•	4.6	1,600.7	1,367.8
XVI.	Perinatal conditions	•	4.2	•	266.5	81.5	71.7
XVII.	Congenital abnormalities	•	3.1	•	158.0	49.4	47.9
XVIII.	Symptoms not elsewhere classified	•	10.8	•	234.0	424.8	457.9
XIX.	Injury & poisoning	•	n/a	•	n/a	469.4	578.6
XX.	External causes of mortality	•	32.6	•	834.3	n/a	n/a
XXI.	Factors influencing use of services	•	n/a	•	n/a	365.8	408.6

• Not calculated due to data quality issues.
- Data suppressed due to small numbers Data sources: † Ontario Vital Statistics, Mortality Database ‡ Ontario Hospital Inpatient Database

Map 1: Population distribution in Central West

Map 1 shows the 2001 population distribution (mapped by dissemination areas) within the Central West LHIN area. Census subdivision (CSD) boundaries (analogous to municipal boundaries in most areas) and the names of selected communities are shown for reference. Fifty-two percent of the Central West population resides in the Brampton CSD (population of approximately 325,400). The northwest portion of the City of Toronto is within the boundary of the Central West LHIN. Approximately 131,700 people reside in this area. The remainder of Central West is made up of CSDs ranging in population size from 2,200 to approximately 50,600. The Central West LHIN also includes a portion of the Mississauga and Vaughan CSDs.

Authors: Namrata Bains, Kristin Dall, Carley Hay, Michael Pacey, Jennifer Sarkella and Mary Ward



Glossary

Age-standardization: adjustment for variations in population age distributions over time and place. Mortality and hospitalization rates are adjusted using the Direct Method and the 1991 Canadian population.

Body Mass Index (BMI): a measure of body weight adjusted for height which is correlated with body fat. BMI is defined as weight in kilograms divided by height in meters squared. A BMI of 30 or more is classified as obese.

Census subdivision: area that is a municipality or an area that is deemed to be equivalent to a municipality for statistical reporting purposes (e.g., as an Indian reserve or an unorganized territory). Municipal status is defined by laws in effect in each province and territory in Canada.

Confidence intervals: indicate the degree of variability associated with an estimate. A 95% confidence interval indicates that estimates are accurate within the upper and lower confidence interval 19 times out of 20. Upper and lower bounds are shown as ± values in tables and error bars in charts.

Dissemination areas (DAs): the smallest standard geographic area for which census data are disseminated. DAs are composed of one or more neighbouring blocks, with a population of 400 to 700 persons.

Hospitalization rate: refers to the hospital separation rate for all hospital inpatients excluding newborns and stillbirths. A separation may be due to death, discharge home, or transfer to another facility.

ICD-10: refers to the International Classification of Diseases, 10th revision. The ICD is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and hospital records. ICD chapters are broad classifications which are subdivided into more specific conditions.

Potential Years of Life Lost: represents the number of years not lived by an individual from birth to age 75 due to premature death. The PYLL rate provides the total years of life lost before age 75 to the total population under 75.

Sampling variability: estimates derived from survey data, rather than full counts of a population, have a degree of uncertainty that increases as the size of group surveyed decreases.

Statistical significance: an inference that a result is unlikely to have occurred due to chance alone.

Deaths occurring within communities crossing LHIN boundaries cannot be allocated to the correct region if their postal codes are not usable. The result is that infant mortality estimates for Central West in this report are subject to a small degree of error and thus must be interpreted with some caution. More information on these data quality issues can be found in the HSIP Research Note "Mortality Geographic Data Quality, 2000-2001".

Building on Local Success

There are a number of innovative success stories from throughout the Central West Local Health Integration Network that demonstrate how, through teamwork, community links are strengthened. The following are a few examples of initiatives developed by groups, organizations or agencies who are working together to better serve the residents of the Central West LHIN.

Primary Care

The Central West LHIN is on the leading edge of an exciting new initiative in primary health care.

The main focus of this initiative is to improve access to services. A network has been created which includes Public Health, Chiefs of Family Medicine in hospitals, Medical Officers of Health, and community family physicians.

What this means is that the Chiefs of Family Medicine at William Osler Health Centre (Peel Memorial, Etobicoke General and Brampton Civic) and Headwater's Health Care Centre (Orangeville and Shelburne sites) are partnering with Credit Valley Hospital, Trillium Health Centre (on both Mississauga and Queensway sites) and Halton Healthcare (Oakville-Trafalgar, Milton and Georgetown sites) to create a local physicians' network with family doctors in the community to help coordinate the care of patients in the hospital and the community.

This initiative is known as the Central West Mississauga Halton Community Family Medicine/Public Health Network and it is under the capable leadership of the Chair, Dr. Ker Leggatt.

The network's first initiative is a collaborative project between the Community Care Access Centre's case management team and a large group of family physicians. As a pilot project, there will be a CCAC team member in a family physicians' office to work together to review and determine the community care needs of the patients and ensure these services are arranged with minimal delay.

This growing network of family physicians will continue to work together with other health providers to enhance the care patients receive in the community.

Critical Care

Critical care is an extremely important part of our health system. That is why CEO, Mimi Lowi-Young was delighted when Dr. Michael Miletin, Medical Director of The Division of Intensive Care and Respirology at William Osler Health Centre agreed to become critical care leader for Central West LHIN.

Access to critical care services is a provincial mandate. How these services are planned and implemented at the local level in the Central West LHIN will be a prime concern for Dr. Miletin. Throughout the planning phase we will learn how we can best ensure the most appropriate placement of patients for the services they need.

The SARS outbreak taught us all how precious our critical care resources are. It was through our judicious use of them at that time that the system was able to care for all the patients who required this intense level of service. We need to develop a plan that reinforces the importance of our critical care resources, one that ensures that those in need receive them.

Dr. Miletin will be working with provincial counterparts to provide advice to the government. The Central West LHIN will benefit from having Dr. Miletin responsible for oversight of these most important resources. Our goal is to ensure appropriate and timely access to critical care services for all residents in our community.

e-Health

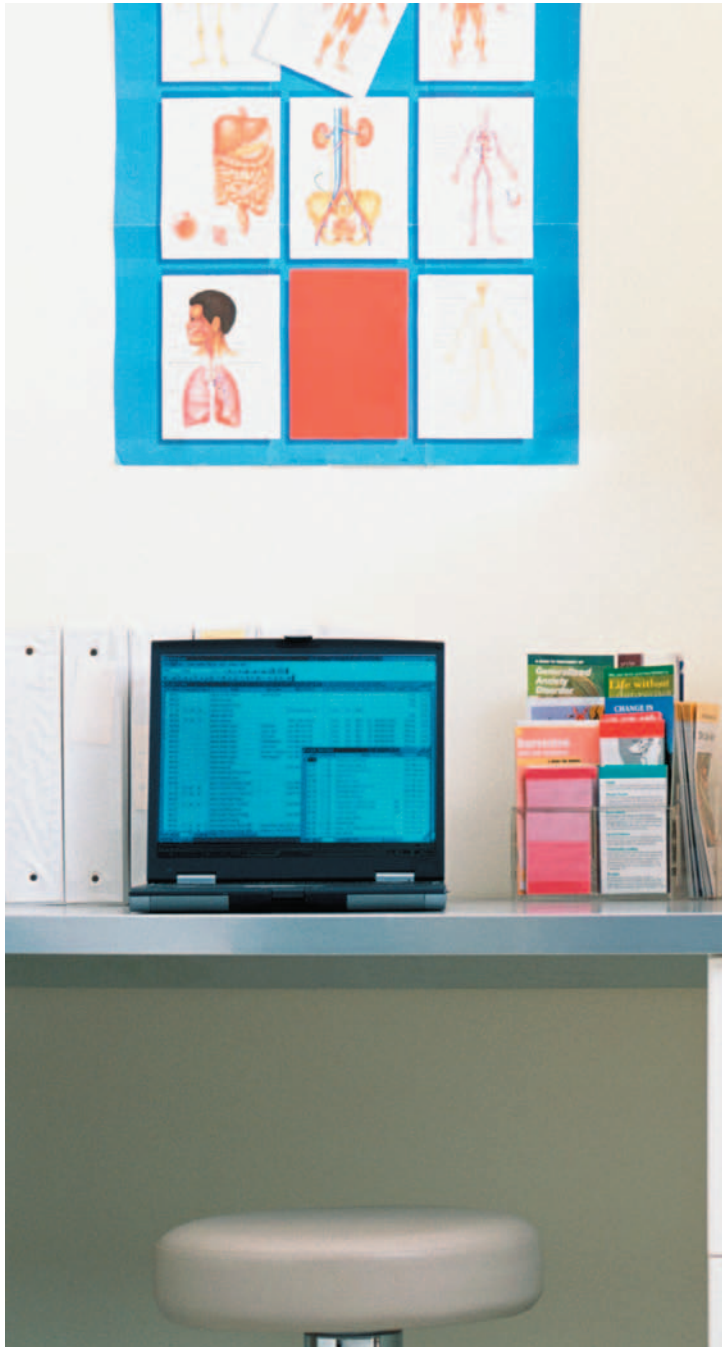
The time has come for e-Health, and here in the Central West LHIN we are going to make it happen. Over the last number of months as we met and heard what the community has to say about local health care needs, one issue was repeated time and again. When are we going to have patients' electronic health records?

e-Health has been high on the Minister of Health's agenda for some years and the Ministry is making major strides in the development of a privacy focused, accessible, electronic health information record. Our LHIN has taken the first step towards that goal. We have spoken to many individuals and organizations and all helped us identify a leader who will help make e-Health a reality.

Judy Middleton, Chief Information Officer for William Osler Health Centre will take responsibility and work with an advisory group to develop a local strategic plan. She will seek out experienced team members both from the LHIN community and consumers to work toward achieving this goal.

Imagine the day when you will visit a doctor's office or need to go to the emergency at your local hospital and find all your health information has been stored electronically, protected by privacy and it is accessible to your health care provider on the spot.

Harnessing Judy Middleton's expertise and knowledge in information systems and telecommunications, combined with the energy and determination of her team, this is one priority that we know will benefit all those who live in the Central West LHIN.



Testimonials

Health care professionals and community service groups throughout our community have been enthusiastic and supportive of the Central West LHIN initiatives. These are some of their comments:

The Central West LHIN has been impeccable in its efforts to promote and support integration of their local health and community services. The board and staff have been very pro-active and especially effective at engaging organizations and citizens alike in a professional and positive manner. The thorough research they have done on health and service issues relating to seniors was impressive. We are excited and confident about the new system and continue to work with our partners and the LHIN towards the best outcome for all our citizens.

Laurie Turza

Executive Director

Alzheimer Society of Dufferin County

As a primary health care model that is focused on serving those who face barriers to accessing the health care system, it was very reassuring to see that the Central West LHIN was not prepared to use a "cookie cutter" approach when the community engagement approach was recently implemented. Your approach to gathering intelligence from organizations within the Central West LHIN to help you understand the unique needs of different parts of your LHIN is commendable and refreshing. Thanks for your leadership and understanding of how to do community engagement right!

Ekua Asabea Blair

Executive Director

Rexdale Community Health Centre

As chair of the Community Family Medicine/Public Health Network, it has been a pleasure engaging both the Central West and Mississauga Halton LHINs during their inaugural year. The personal involvement of the LHIN board chairs and CEOs as we initiated such projects as Joint CCAC/Family Physician Case Management Models and Cross LHIN Information Sharing through integrated IT strategies have demonstrated to me the commitment the LHINs have made to truly addressing community health issues. In the coming years, I look forward to building even further on the very strong, collegial relationship the LHINs have already established with primary care community providers such as ourselves.

W. Ker Leggatt MD, CCFP, FCFP

Chair

Central West-Mississauga Halton

Community Family Medicine/Public Health Network

I am most impressed with how the Central West LHIN team under the leadership of CEO Mimi Lowi-Young and Board Chair Joe McReynolds has sought to engage with community agencies. Developing an identity for the Central West LHIN is recognizably a challenge. However the commitment to making a difference is clearly evident from the efforts made to work with and develop a LHIN identity to date.

Theresa Greer

Executive Director, Hospice of Peel

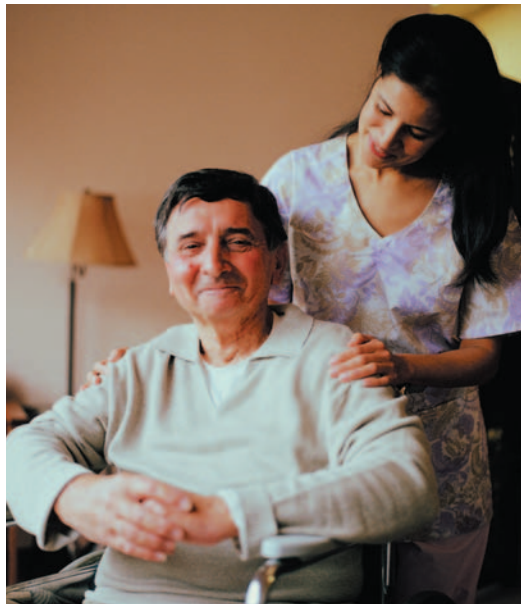
As a committed partner in helping to strengthen and further develop a comprehensive, integrated and coordinated health care system, responsive to community needs and governments' transformation agenda, we appreciate the positive response and support received from the Central West LHIN as part of the community engagement process.

Raymond Applebaum

Executive Director

Peel Senior Link

And Metamorphosis Chair



Community Engagement

When the concept of Local Health Integration Networks was first introduced, it was based on the premise that communities in Ontario were going to have a say in how their health care was to be developed, managed and delivered. This idea has now become a reality.

Real change is taking place and the residents of the Central West LHIN will be involved and will help design the health care that works for them. What exciting times we face as we turn this vision into a meaningful system for Central West LHIN residents. The ultimate result will be health care services that will be there for us when we need them and can be adjusted as the needs of the community change.

In order to do this, the Central West LHIN developed a community engagement strategy framework which mapped out a plan to meet citizens, care givers, organizations and agencies, disease management groups, and consumer groups, in their own communities, and to have meaningful dialogue to hear what works, and what needs work.

We wanted to hear from individuals who knew the system and knew what should be done to make it better. Listening carefully and building relationships with consumers and providers is how we will ensure the Central West LHIN thrives as a local system.

Our priority is to engage the community early and often in our planning process. In the early stages of development of the Central West LHIN, we listened to many stakeholders through a series of meetings.

We began with informal "meet and greet" conversations, where the Chair, Board members, and the CEO, introduced themselves to stakeholders and listened to what community members and organizations had to say about local health services.

As we move into the 2006-07 year, conversations with the public in local communities, surveys of health care providers and other health care organizations, and work on the three Integration Priority Report priorities of mental health and addictions, palliative / end-of-life and seniors services, will take place to support the development of a local integrated health services plan.

The information we hear will help set a vision and priorities for the Central West LHIN. They will be brought back to the community for comment from members of the public and from health service providers. This is where we will ask whether we are on the right track in our planning process. This is where we will know if the priorities we set out make sense. These priorities will include a focus on hearing from the people who use health care, developing capacity that is sustainable, and ensuring greater local accountability.

There is a great deal of expertise in the Central West LHIN. The knowledge shared with us will help build our local integrated health services plan. We recognize our responsibility to listen and to provide the community with balanced and objective information. The public should feel part of the Central West LHIN and understand how this new network will provide for better health care for them and their families in the years to come.

Governance

Responsibility, accountability and authority are some of the key words supporting the creation of the LHINS.

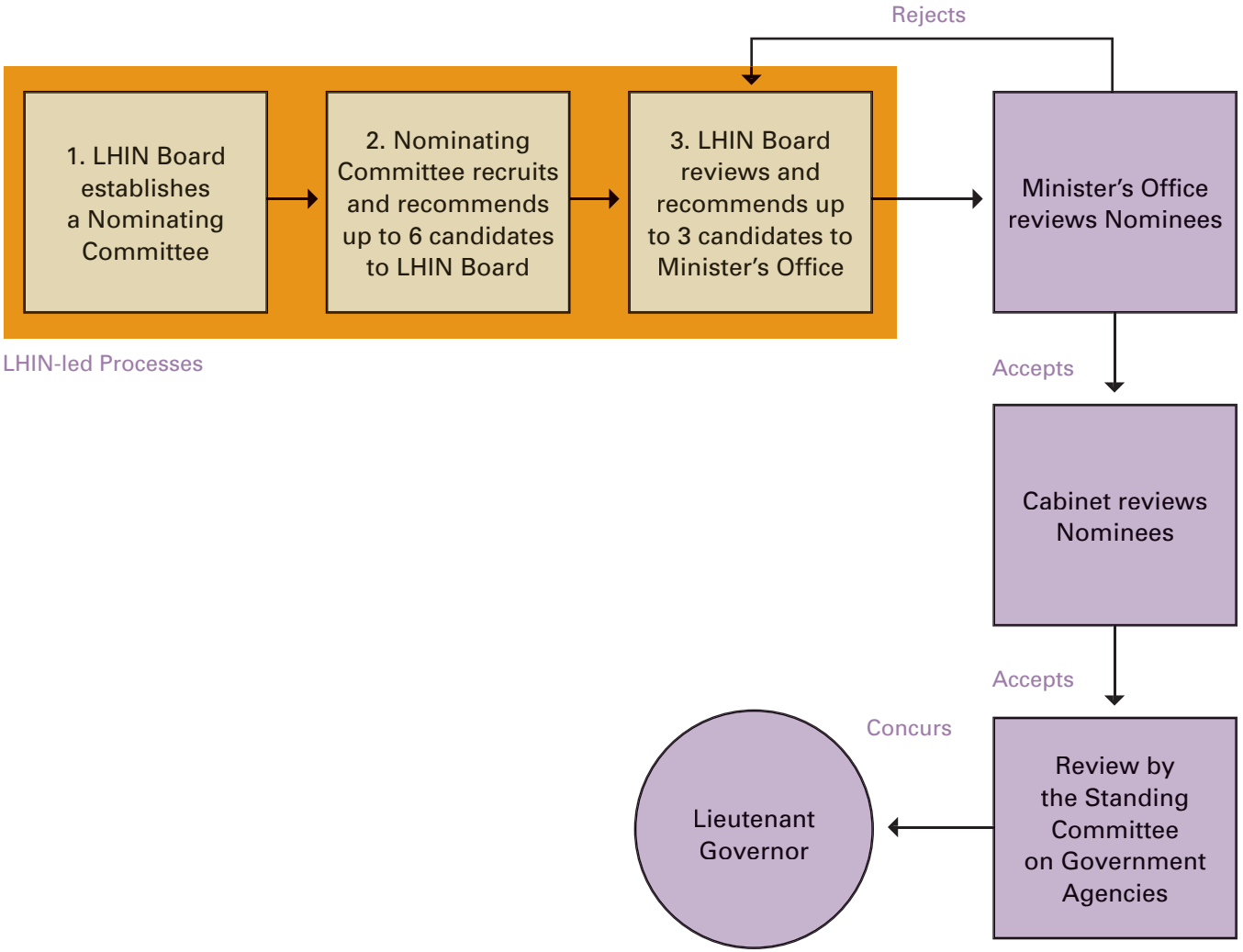
When Central West LHIN was established, its main objective was to create an environment of trust and openness with the residents of the community. Your Board Chair, your Board and CEO are responsible to you, the people who live in Central West and look to this LHIN for their health care services. That is why we have developed a governance model that is transparent and accountable.

Your Board consists of nine members, including the Chair. Three founding Board members were recruited by the Minister of Health's office and Public Appointments Secretariat in August 2005. An additional three Board members were recruited through this process over the winter, and in the spring of 2006, the final three Board members were recruited through a community nomination process.

We take our mandate very seriously. We will set up performance objectives and standards so that we can measure our success as we work with the community to transform healthcare locally. We will establish and implement "Conflict of Interest" guidelines. And we will keep you informed as we move through this time of tremendous change in our health care system.

Change requires structure and commitment. That is why local governance of this LHIN is the key to making it successful. We will be asking you for your opinions as we work towards fulfilling our mandate. Our LHIN will work best by being open and transparent and by sharing our vision, our goals and enjoying our successes together.

Overview of the community-based board nomination process



Office Start-Up

Once the policy framework was established by the Ontario government and Local Health Integration Networks (LHINs) were chosen as the model for integration in this province, it was time to launch LHINs as 14 corporations. In June 2005, news conferences were held across the province to publicly announce the 14 LHINs chairs, 42 founding board members and 14 CEOs.

CEOs began work in August 2005 and worked along side the board chairs to start getting to know the communities they serve. That summer LHIN leaders hosted 37 "Meet and Greet" sessions across the province with 1500 leaders of health care organizations.

Fourteen offices were set up across the province. To ensure cost-effective and efficient operations, LHINs established a common administration process and have retained a company, CGI, to deliver payroll, financial and human resource services for the LHINs.

By the fall of 2005, all LHIN offices were open and ready for business. Four staff members were recruited for each LHIN and by January 2006, each LHIN had two senior directors, an executive assistant and an office manager in place. Additional staff will be recruited in the near future.

A business operations manual was created to provide basic policies and procedures related to LHIN business operations. This included government directives that LHINs must comply with, a summary of legislative requirements that govern LHIN practices and standard practices required by the ministry for all LHINs.

Starting in the summer of 2005 and continuing throughout the year, extensive orientation sessions were held for the founding LHIN board members and staff. As part of their professional development, LHINs and the ministry hosted several "Think Tanks" on topics such as funding models, planning, corporate governance, ethics and a framework for ethical decision making. Discussion forums were held to discuss such issues as physicians and LHINs and LHIN cross-boundary issues in the community sector.

Accountability agreements between each LHIN and the ministry were developed for the years 2005/06 and 2006/07 setting out the key activities that the LHINs are responsible for. LHINs received templates and guidelines for filing quarterly reports to the ministry.

Our Roadmap for the Future

Health care is too important to leave to chance. We need health services that work for all of us, no matter where we are. Our health care is being transformed into a patient-focused, community-oriented, integrated system where services are coordinated and managed to meet the needs of the community.

This is a major change that is happening; an evolution in health care that will provide equity of access without compromising care. It will be meaningful because it will be tailored to meet the needs of this particular community, to ensure that what works continues to work well and what needs improvement will receive attention.

Central West LHIN was created as part of the province's transformation agenda. The work of the Central West LHIN will only be effective if it is strategically planned and implemented in a timely fashion. The plan, known as the Local Integrated Health Services Plan, needs your input, and to that end we are meeting with hundreds of people, including members of the public, individual care givers, and representatives from community health care organizations and agencies, public health units, disease management groups, and consumer groups. The conversations are both formal and informal. Add surveys to this work, and you have some of the advance work and research being done to plan for your future health care needs.

A major cornerstone of this plan is our community engagement strategy. After meeting and listening to people in the communities of Brampton, Bolton, Caledon, Etobicoke, Malton, Orangeville, Shelburne and Woodbridge, we will incorporate our key learnings from these conversations into the strategy development leading up to our plan.

This plan, which is to be presented to the Minister of Health and Long-Term Care in October, will be formulated with your input. This plan will detail our direction for the next three years and will give us a blueprint of how we see health care services being developed in the Central West LHIN.

We will talk about what we understand to be the priorities for the Central West LHIN community. The issues and ideas we hear from our conversations with you will frame our recommendations for moving forward. We will add information readily available from the Ministry of Health and Long-Term Care, such as provincial population utilization patterns and data. This gives us insight into who uses the system, how often, and the outcomes of their encounters.

Our plan will need to consider the first three priorities derived from the Integration Priority Report given to us by members of the community who met before the Central West LHIN was set up. These priorities are: mental health and addictions, palliative/end of life, and seniors services. We will consider the extent to which our population goes elsewhere, outside the Central West LHIN, for health services.

The Board Chair and the Board members, the CEO and senior staff will each bring their unique understanding of the issues to our planning.

The relationships we have been building, and continue to build, will be recognized, and we will look to these relationships to implement the plan as we move into the future. We will never lose sight of the fact that the system that works best is the one developed together. It is our contribution to your health.

The Central West LHIN: *The Year in Review*

Through the creation of the 'Local Health Integration Networks' by the Ministry of Health and Long-Term Care in October 2004, an historic, once-in-a-lifetime opportunity was presented to LHIN Board Chairs and CEOs to plan and integrate the health system, improving the health of Ontarians through better access to high-quality health services, coordinated health care and effective and efficient management of the health system at the local level.

It was time to 'set up shop' and begin the work. Thus, the journey began for the Central West Local Health Integration Network. The CEO was appointed and began her work in August, 2005. Together with the Board Chair, they hosted several "meet and greet" sessions with leaders of the Central West LHIN health care organizations. Accountability agreements were developed for the fiscal years 2005/2006 and 2006/2007, setting out the key activities that the LHIN would be responsible for.

By late Fall of 2005, the Central West LHIN office at 8 Nelson Street West, Brampton, Ontario, was open for business. With the support of an Executive Search Firm, the CEO actively recruited for the two Senior Director positions. An Office Manager and an Executive Assistant to the CEO followed shortly thereafter. Eventually, a full complement of approximately 21 staff will be hired to round out the Central West LHIN team.

With three initial Board Members being appointed to the Central West LHIN Board at the time of its inception in August 2005, and with an additional three members recruited through this process over the winter, the process for determining the final three Board Members began.

A Nominating Committee, comprised of two LHIN Board Members (the Chair and Vice Chair) and three members of the local community held public meetings in the five distinct communities within the Central West LHIN – Brampton, North Etobicoke, Woodbridge, Shelburne, and Caledon East. Approximately 65 people attended meetings in these communities and as a result, a number of applications were received. The Nominating Committee screened the applications and identified a number of potential nominees. Approximately 16 interviews took place over a period of six weeks. The Nominating Committee recommended four potential candidates to the Board. Three out of the four candidates were approved by the Central West LHIN Board and their names were forwarded to the Public Appointments Secretariat of the Ministry of Health and Long-Term Care. Since that time, our final three Board members have been appointed, bringing our Board of Directors to a total of nine members.

Shortly after the start-up in the fall of 2005, the Central West LHIN CEO prepared a list of objectives that would need to be completed. The Board Chair, CEO and the Ministry of Health and Long-Term Care agreed to a Performance Agreement which would form the basis of the objectives for the Central West LHIN and the Central West LHIN CEO.

In January, 2006 the Board approved a 'Community Engagement Strategy Framework' to be used as the basis for engaging the public and health care providers and other health-related organizations. Board Members, the CEO and the Senior Directors have met with numerous leaders and staff from health service provider organizations including hospitals, clinicians, physicians, community groups, municipalities and local politicians over the past several months, and will continue to do so in a collaborative and consultative manner.

The Central West LHIN along with the Mississauga-Halton LHIN has encouraged the relationship of a group of physicians from the community, public health and hospitals to facilitate the planning of primary care in a coordinated fashion.

A Critical Care Lead (an Intensivist from William Osler Health Centre) has been appointed to help plan and coordinate these crucial services in the Central West. An e-Health Lead was also appointed to develop a strategic approach to management of patient information.

We embarked on a planning process for our Integrated Health Services Plan (IHSP), which is to be submitted to the Ministry of Health and Long-Term Care in October, 2006. This document will be our roadmap to help guide us through the transformation of health care in the Central West LHIN.

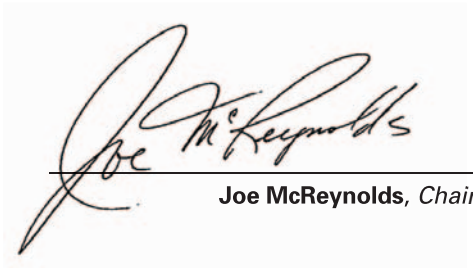
It has been a very busy and exciting year for the Central West LHIN. The opportunities far outweigh the challenges we faced this past year, and we look forward to continuing our work and working with you in building upon the solid foundation that has been created for health care in the Central West LHIN communities.

Central West Local Health Integration Network
Statement of Financial Position

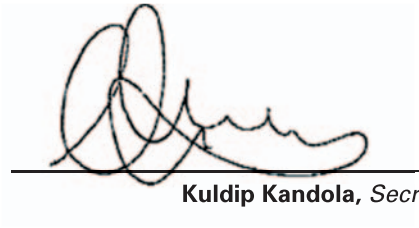
March 31, 2006

Assets	
Cash	$ 26,827
Capital assets (note 4)	$ 1
	$ 26,828
Liabilities and Net Assets	
Accounts payable and accrued liabilities	$ -
Net assets	$ 26,828
	$ 26,828

Approved by the Board of Directors



Joe McReynolds, *Chair*



Kuldip Kandola, *Secretary*

Central West LHIN Statement of Operations and Changes in Net Assets

Period from the date of incorporation June 9, 2005 to March 31, 2006

Assets	
Revenue	
Ministry of Health and Long Term Care ("MOHLTC") Funding	$ 2,350
MOHLTC payroll reimbursement	$ 337,714
Other	$ 1,223
	$ 341,287
Expenses (Note 5)	
Salary and benefits	$ 312,231
Office supplies	$ 1,647
Postage and courier	$ 11
Computer supplies	$ 115
Parking	$ 389
Other	$ 66
	$ 314,459
Excess of Revenue Over Expenses	$ 26,828
Net Assets, Beginning of Period	-
Net Assets, End of Period	$ 26,828
Central West LHIN Board Member Per Diems	$ 72,350

Central West LHIN Notes to the Financial Statements

March 31, 2006

1. DESCRIPTION OF BUSINESS

Formation and status

The Central West Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Central West Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in both the Act and the Memorandum of Understanding between the LHIN and the Ministry of Health and Long-Term Care (the "MOHLTC"). Funding of the LHIN by the MOHLTC in the fiscal year ended March 31, 2006 was made pursuant to the terms of a Performance Agreement.

LHIN operations

The objects of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The Central West LHIN covers Dufferin County, the northern portion of Peel Region, part of York Region, and a small part of the City of Toronto.

Fiscal period

These financial statements represent the activities of the LHIN from June 9, 2005, the date of incorporation, to March 31, 2006.

2. SIGNIFICANT ACCOUNTING POLICIES

Financial statement presentation

The financial statements have been prepared in accordance with the accounting standards for not-for-profit organizations published by the Canadian Institute of Chartered Accountants using the deferral method of reporting restricted contributions.

Revenue recognition

Ministry of Health and Long-Term Care funding is recognized as revenue in the year in which the related expenses are incurred. Any designated funds for which the expenses have not been incurred are recorded as deferred revenue.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Central West LHIN Notes to the Financial Statements

March 31, 2006

3 .CAPITAL ASSETS

The LHIN office maintains a record of assets purchased on its behalf by the MOHLTC. The nature of these assets includes:

- Leaseholds (arranged by Ontario Realty Corporation)
- Furniture and equipment
- Computer software and equipment

These assets have been reflected at a nominal dollar value of $1 as the payments for these assets have been included in the expenditures of the MOHLTC.

4. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

The MOHLTC has included accounts payable and accrued liabilities in its records on behalf of the LHIN as at March 31, 2006.

5. EXPENSES

All other expenses, other than those disclosed on the statement of operations, were approved and paid for by the MOHLTC to set up the LHIN.

6. GUARANTEES

(i) The LHIN is subject to the provisions of the Financial Administration Act. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the Financial Administration Act and the related Indemnification Directive.

(ii) An indemnity for the Chief Executive Officer was provided directly by the LHIN. Between March 28, 2006 and March 31, 2006, the directors, officers and employees of the LHIN received the benefit of Section 35 of the Act.

7. STATEMENT OF CASH FLOWS

A statement of cash flows has not been provided, as the information it would contain is readily determinable from the accompanying statements.

Our Leadership

Joe McReynolds
Board Chair

Phone: (905) 455-1281 Ext. 212

Email: joe.mcreynolds@lhins.on.ca

Terry Miller
Board Vice Chair

Kuldip Kandola
Board Secretary

Sukhjinder Mintoo Mand
Member

Jack A. Prazeres
Member

Mavis Wilson
Member

Zygmond Novak
Member

Anita Gittens
Member

Carol Seglins
Member

To contact the Central West LHIN Board please call the Central West LHIN at (905) 455-1281

Mimi Lowi-Young
Chief Executive Officer

Phone: (905) 455-1281 Ext. 211

Email: mimi.lowi-young@lhins.on.ca

David Colgan
Senior Director of Planning, Integration & Community Development

Phone: (905) 455-1281 Ext. 226

Email: david.colgan@lhins.on.ca

Pat Stoddart
Senior Director of Performance, Contract and Allocation

Phone: (905) 455-1281 Ext. 215

Email: pat.stoddart@lhins.on.ca

Central West
LOCAL HEALTH INTEGRATION NETWORK

Contact Information:

The Central West Local Health Integration Network is located at:

8 Nelson Street West

Suite 300

Brampton, Ontario

L6X 4J2

Main Phone Number: (905) 455-1281

Main Fax Number: (905) 455-0427

Website:

http://www.lhins.on.ca/english/CentralWest/CentralWest.asp

ISSN 0-7794-3259-2 1M June/06

Ontario