LHINsight

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Hamilton Niagara Haldimand Brant Local Health Integration Network
(*also serving the communities of Burlington and Norfolk County*)

Networks for Success

When the Local Health Integration Networks were first being planned (in 2005) the future Hamilton Niagara Haldimand Brant LHIN celebrated the potential power of the more than 79 networks across its communities in a report submitted to the Ministry of Health and Long-Term Care (2006). The report stated that networks are an integral part of transforming the health care system in the HNHB LHIN.

Three years later, the continuing legacy of these networks is still strong: networks merge expertise and capacity across a range of autonomous organizations, serve as forums for information sharing, and apply evidence based practices to solutions for enhanced coordination and integration. Networks are an essential part of collaboration and integration in our LHIN.

At the same time, some networks experience, among other things, time constraints, overburdened participants, difficulty achieving their goals due to lack of resources (e.g. information and data, and facilitation, planning, instrumental supports), duplication of roles among like networks, and little action on outcomes.

Over the last two years, as we have begun to assume our full mandate, the HNHB LHIN has engaged in conversations with people and organizations who participate in networks and collaboratives (for change in the health system) to explore:

- What are networks and what do they do?
- Why are some networks more successful at what they do?
- How do networks organize to be successful?
- What are networks' relationships with their home organizations, their communities and the LHIN?
- What is the relationship between what networks do and what their home organizations are accountable for in their agreements with health and other funders?

The goals of the conversations were to exchange ideas and practices, to develop some analysis of the strengths and challenges of networks in the HNHB LHIN, and to build relationships. In the coming weeks, the HNHB LHIN will publish a discussion paper on our findings.

While the discussion paper captures the central themes and learnings from these conversations, we can also look to the current activities within the HNHB LHIN to see how healthy networks and collaboratives engage, enable, and empower communities to improve our health system. Any one of the articles in this newsletter demonstrates how networks and collaboratives are engaged in making a difference.

The search conference held by Health Opportunities for Aboriginal People (HOAP) shows the ability of collaboration to engage and empower communities to make our health system more responsive. (See pages 2-3). The appointment of two leads for chronic disease prevention and management (CDPM) in our LHIN (introduced on pages 4-5) demonstrates how networks and expertise both formal and informal will help shape the CDPM strategy in our LHIN. The establishment of the Health Professionals Advisory Committee (see page 6) is an example of gathering expertise and capacity to inform LHIN direction and policy.

It is an exciting time to be part of the health system and we have often heard it said "It's not about the problems, its not about the money it is about how we work together for positive change."

Submitted by Marion Emo, Senior Director of Planning, Integration and Community Engagement HNHB LHIN

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Aboriginal Health Search Conference

Despite a winter storm watch issued by Environment Canada, 78 invited First Nations, Métis and urban Aboriginal people from across the HNHB LHIN arrived eager to participate in the Aboriginal Health Search Conference. The search conference was a weekend event, held at Six Nations of the Grand River Territory on February 29th, March 1st & 2nd, 2008.

The conference was organized by a local group of interested First Nations, Métis and urban Aboriginal health and social service providers located within the HNHB LHIN. The group, which calls itself HOAP (Health Opportunities for Aboriginal People), was convened by the LHIN in the Fall of 2007.

Drawing on the success of the Birthing Centre at Six Nations, whose development was guided by a search conference method, HOAP members decided to host their own search conference. The group developed a search question that would open the doors to local Aboriginal health planning: *What should the health care experience be for Aboriginal people?* Each HOAP member committed to personally inviting ten community members to come to the conference with the aim of having, as Ruby Jacobs (one of the HOAP members) said, "every component of our society represented."

What should the health care experience be for Aboriginal people?

Energy was high inside HOAP. "I have my running shoes ready to get my invites out", laughed Lee Styres-Loft, another HOAP member. The comment made reference to the traditional method of relaying messages between communities - the people carrying the messages are often called runners.

What is a Search Conference?

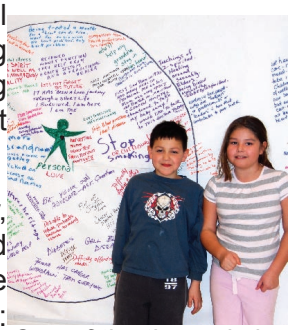
A search conference is "*a participative planning event that enables people to create a plan for the most desirable future of their community or organization, a plan they carry out themselves*" (Futures that work – Using Search Conferences to revitalize Companies, Communities and Organizations. Rehm et al., 2002).

In these search conferences, the participants not only take ownership of the issues, but they also take ownership of the solutions. They differ from traditional strategic planning sessions in that they do not seek to problem solve, resolve issues or conflicts or to come to consensus. Typically, in a search conference, the differences are acknowledged, the conflicts are noted but the emphasis is on finding common ground on which to focus action planning.

The Search Conference Itself

The participants invited by the HOAP member 'runners' gathered for the three day conference. Friday night, elected Chief Bill Montour and hereditary Chief Arnold General jointly welcomed the people to the Territory. Students from Kawennio (the Mohawk language immersion school at Six Nations) opened the Search Conference with the Thanksgiving Address which extends greetings to all of Creation. A creative performance by the students followed the opening and told the Haudenosaune Creation Story and set the context for the Conference.

Over dinner, participants were encouraged to approach the first activity called: Our Shared History. Three circles were available for participants to write on or draw their personal, familial experience with the health care system, milestones in local Aboriginal health and to reflect on a national/global context. They spent the evening listening to each other, sharing their stories and exploring what the stories were telling them.



One of the three circles "Personal Experience"

A profile of authenticity, resilience, determination and strength emerged through the experience of western disease: diabetes, obesity, heart disease and health conditions related to the consequences of colonization, in particular family violence and addictions.

Aboriginal Health Search Conference

Participants drew attention to various federal and provincial Aboriginal-specific health programs, the local recruitment and training of Aboriginal health professionals and the expanding infrastructure to support health service delivery within Aboriginal communities as milestones in Aboriginal health care. Connected to this is a shared desire to focus on health promotion & prevention, the inclusion of traditional healers, medicines and teachings in health programs and services as well as on continued effort regarding access and equity issues.

On Saturday, co-facilitators, Ruby Miller and Pam Hubbard, were guided by the participants to create a Mind Map of Recent Trends influencing Aboriginal health and health care.

A myriad of trends were expressed that link with the following established HNHB LHIN priorities:

- to improve mental health,
- to ensure the right care and supports for the elderly, and;
- to encourage healthy children and youth.

Other trends were unique to the health care needs of the Aboriginal population:

- the alignment between federal and provincial health systems in Aboriginal communities,
- the need for proper epidemiology and community health planning, and;
- the legacy of residential schools and the subsequent health of individuals, families and communities.

Later, in the visioning exercise participants were asked to imagine 10 years into the future. They asked themselves: What does health care look like? Who have you worked with to get here? What major barriers were overcome? What programs, policies or structures exist in this future? Each group presented their vision for the future and listened for common themes. Linked with broader political, cultural and environmental determinants of health, a responsive, coordinated and integrated local health system rooted in Aboriginal systems and ways of knowing emerged as the shared vision for health care.

Saturday night, participants danced and enjoyed a social thanks to Iroquois singers, a youth drum group, and Métis fiddlers. "What a great experience!" smiled Pat Mandy, CEO at the HNHB LHIN. "I've been to quite a few socials, but none have reflected the diversity of Aboriginal people quite like this."

On Sunday, participants were asked to think about what they could do personally or through organizations or networks that they are connected to. They discussed what actions could be taken to get them closer to their ideal future.

The conference concluded with a closing by Walter Cooke, elder at De dwa da dehs nye>s Aboriginal Health Centre. Feedback from the conference included: "I liked how comfortable this model was (a search conference) to participate in," "I now have a better view of the whole picture," "It was a wonderful beginning - but we need to follow up," "Nya weh for bringing this beautiful clarity to my heart and mind and spirit this weekend."

Next Steps

The Aboriginal Health Search Conference is the first step in a planning process. There are at least three tasks to follow. First, a community report will be produced and celebrated with the participants who attended the search conference. Second, the planning committee will interpret the findings, and select the priorities that the HNHB LHIN will be pivotal in helping move forward. Third, mainstream health service providers also will need to know the results from the work in order to maximize collaboration and understanding across the two health systems.

Thanks to all the participants. It is with their trust and commitment that the HNHB LHIN is able to move forward. Watch for the launch of the Search Conference Community Report, to be shared in early summer by members of HOAP.

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Chronic Disease Prevention and Management - Leads

Background on Chronic Disease

Chronic disease is a term used to describe health conditions that usually cannot be cured but can be controlled or managed. Chronic diseases are health conditions that people can live with for years such as heart disease, diabetes, high blood pressure and asthma.

According to the Ontario Health Quality Council Report, the rise of chronic disease is the real story in modern health care and is estimated to account for more than 55% of Ontario's health care costs. Chronic diseases are particularly challenging for modern health care systems, which have been designed to respond to acute illness and as a result often fall short of meeting the needs of people living with chronic conditions.

In order to better meet the health needs of people living with chronic diseases Ontario is moving away from its existing 'find it and cure it' approach and toward one that aims to 'prevent, find and manage' chronic diseases.

Creating a health care system that is better able to meet the health needs of residents living with chronic disease will take all of us working together.

"We want to build on existing activities to promote LHIN-wide prevention and management opportunities," explains Juanita Gledhill, HNHB LHIN Board Chair. "That way we have a better chance to prevent chronic disease while at the same time help those with chronic disease manage it better."

Introducing our Co-Leads

To assist the HNHB LHIN to strengthen and develop collaborative relationships to advance chronic disease prevention and management, the LHIN is pleased to announce the appointments of Dr. Akbar Panju and Dr. Nasima Mottiar as co-leads of the Chronic Disease Prevention and Management (CDPM) strategy for HNHB.

"Our LHIN is fortunate to have secured strong leadership in Drs. Mottiar and Panju.They are an important part of bringing together health care providers from across our LHIN," explains Gledhill. "Their dedication and vision for chronic disease prevention and management will guide this important priority."

Dr. Akbar Panju

Dr. Panju is presently the Deputy Chair of Medicine (Clinical) at McMaster University, Medard DeGroote Chair in Medicine, Professor in the Department of Medicine at McMaster University, Division Director of General Internal Medicine at McMaster University and the former Chief of Department of Medicine at Hamilton Health Sciences (a position he held for ten years). In addition Dr. Panju is a consultant for internal medicine, cardiology, and thrombosis at Hamilton Health Sciences.

His achievements in medicine have resulted in awards, including the Jack Sibley Award from the Faculty of Health Sciences, the Osler Award from Canadian Society of Internal Medicine, a Resident Research Award for teaching, and in 2006 he was awarded Mentor of the Year Award from The Royal College of Physicians and Surgeons of Canada.

Looking forward to his new role, Dr. Panju says "I'm excited to generate ideas and strategies (with stakeholders) to improve chronic disease prevention and management. Collaborating with stakeholders across the LHIN is very promising as it has the potential to achieve many positive outcomes, for example decreasing admission rates to hospital and long-term care homes."

Dr. Nasima Mottiar

After a brief career in nursing, Dr. Nasima Mottiar pursued her medical degree in Belfast, Ireland and brings a wealth of primary care experience to her role as co-lead of the CDPM strategy. Currently she is a family physician at Centre de santé communautaire Hamilton/Niagara and is Assistant Clinical Professor (Adjunct) in Family Medicine, Faculty of Health Sciences at McMaster University.

Chronic Disease Prevention and Management - Leads

Dr. Mottiar has extensive experience in collaborative practice, gained not only in her current role but also from working as a family physician in Miramichi, New Brunswick. Dr. Mottiar has also worked in genitourinary medicine, as a general physician registrar, and in long-term care homes. She has completed clinical audits, including emergency room treatment and discharge advice, the quality of discharge letters and the use of various medications. Asked about her involvement with the CDPM strategy, Dr. Mottiar commented, "I look forward to developing plans to integrate health service provision so residents can receive appropriate care in their own community."

Getting Started

On April 24, Dr. Panju and Dr. Mottiar will host a session for health care leaders from across the HNHB LHIN to discuss opportunities for increased collaboration on chronic disease prevention and management activities. There will be two guest speakers at the session - Dr. Nick Kates will review Ontario's CDPM model, including its benefits, challenges and enablers for implementation, and Dr. Hertzel Gerstien will discuss opportunities to improve diabetes care.

If you have any questions about CDPM, please contact Rosalind Tarrant at rosalind.tarrant@lhins.on.ca.

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Our Special Bulletin on the LHIN Urgent Priorities Fund

Keep your eyes on your inbox over the next couple of weeks. We will be sharing with you the initiatives that were funded through the LHIN Urgent Priorities Fund (LUPF).

We are excited to include photos and quotes from our LUPF funded organizations.

Some facts about Chronic Disease in the HNHB LHIN

(Based on 2005 Community Health Survey)

- 42% of residents reported having one of the following conditions: cancer, diabetes, heart disease, hypertension, stroke, asthma, Chronic Obstructive Pulmonary Disease or arthritis.
- 50% of residents aged 65+ had two or more of the selected chronic conditions.
- Arthritis/rheumatism and hypertension were two of the most common chronic conditions affecting residents 12 years of age and older.
- Approximately 46% of the population (aged 12+) were physically inactive .
- Almost 54% of those aged 18+ were either overweight or obese.

Speaker's Bureau

As part of the HNHB LHIN's Speakers Bureau, members of the Board and Senior Staff get out and talk with communities about the roles that both the HNHB LHIN as well as stakeholders and citizen can play in health system transformation. They are eager to share their enthusiasm for the work the HNHB LHIN is doing and at the same time hear the community's thoughts on how health care is working for them.

If you are interested in having an HNHB LHIN speaker address your group or event, visit our website – www.hnhblhin.on.ca – where you'll find a speaker's bureau form under the 'Be Informed, Get Involved' tab.

If you're not able to access us on-line, please contact Trish Nelson-Simmons at (905) 945-4930 x255

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Introducing the Members of HPAC

Health care practitioners are the backbone of health care provision and as part of its community engagement strategy and in response to the MOHLTC's requirements, the HNHB LHIN has established the Health Professionals Advisory Committee (HPAC).

This multi-disciplinary group held its inaugural meeting March 7. This first meeting was an opportunity for the members to meet one another and also hear what the role and expectations are for the Committee from HNHB LHIN CEO Pat Mandy.

As it moves forward the HPAC will advise the LHIN on key questions raised by stakeholders related to patient-centred care, implementation of the Integrated Health Services Plan (IHSP) and other strategic initiatives. The Committee may also be asked to offer advice to the LHIN on the impacts and opportunities of various decisions or plans that may affect health care practitioners.

The HPAC will select its Chair and Vice-Chair at its next meeting on May 6 and will also learn more about the priorities of the HNHB LHIN and the role of the Committee as those priorities roll out.

Members of the new Health Professionals Advisory Committee (HPAC)

Name	Occupation	Region	Title
Dr. Andrea Feller	Physician (Public Health)	Niagara	Associate Medical Officer of Health at Niagara Region Public Health Department
Dr. Bruno Losier	Psychologist	Hamilton	Psychologist at St Joseph's Healthcare
Dr. Fionnella Crombie	Physician (Family Health)	Hamilton	Chief of Family Medicine at St Joseph's Healthcare
Heather K. Patterson	Pharmacist	Hamilton	Clinical Pharmacist at St. Peter's Hospital
Ida Schoeman	Nurse (Hospital)	Hamilton	Registered Practical Nurse at Henderson Hospital
Irene Pasel	Nurse (Community)	Hamilton	Executive Director of VON, Hamilton
Jan Narduzzi	Physiotherapist	Hamilton	Executive Director at Brain Injury Services of Hamilton, Haldimand-Norfolk and Niagara
Kelly Vaillancourt	Respiratory Therapist	Hamilton	Clinical Leader for Respiratory Therapy at McMaster Children's Hospital
Kim Eros	Nurse (Long-Term Care)	Niagara	Administrator/Director Resident Care at Deer Park Villa
Lilliana Canadic	Nurse (Hospital)	Burlington	Nurse Manager, Oncology, Palliative Care and Ambulatory Care at Joseph Brant Memorial Hospital
Mary Ann Bocock	Dietician	Haldimand	Registered Dietitian
Dr. Mike Comeau	Medical Radiation Technologist	Brant	MRI Technical Specialist at Brant Community Healthcare System
Dr. Parminder Brar	Physician (Pediatrics)	Niagara	Chief of the Department of Pediatrics of the Niagara Health System and Medical Director of the Maternal Child Program of the Niagara Health System
Sandra Knight	Nurse and Midwife	Niagara	Midwife in Niagara
Dr. Susan Graham	Physician	Norfolk	Physician at the Delhi Family Health Team in Delhi (Norfolk County)

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Updates on the Activities of the LHIN

April 22 - Innovations in Health Care Expo

On April 22, 2008, the annual Celebrating Innovations in Health Care Expo, hosted jointly by the Ministry of Health and Long-Term Care along with the 14 Local Health Integration Networks (LHINs), returns for its third successful year!

This inspiring event is an opportunity to celebrate the hard work of Ontario's health care providers and to learn from their ingenuity. The Expo will be held at the Metro Toronto Convention Centre and is a perfect occasion to connect with other health care professionals, discuss and share innovations and generate new ideas.

This year's Expo promises to be even more dynamic with an interesting and thought-provoking keynote speaker, interactive displays and a few new twists to the awards ceremony.

The HNHB LHIN is proud of the 31 innovative projects from our LHIN that are being exhibited at the Innovations Expo.

April 23 - Aging at Home Innovations Showcase

This dynamic one-day event in Toronto will showcase LHIN-wide achievements and innovations from across the province. The event will also serve as a check point for Ontario's Aging at Home (AAH) strategy.

Highlights include:

- Interactive Panel Discussions and Workshops
- Interactive "Speed Integration" Cross-Community Learning
- Important Strategy Updates
- Refreshments and Light Lunch

The HNHB LHIN is proud to be showcasing four innovative projects submitted for AAH funding:

- Friendly Calling Program (Dundas Community Services)
- Transportation Project in Fort Erie (Canadian Red Cross)
- The Powerhouse Project for Young Carers (Alzheimer Society of Haldimand-Norfolk
- Transitional Care Team for Frail Seniors Project (HNHB Community Care Access Centre)

A Reminder to all of our Health Service Providers

If any of your contact information has changed please e-mail Sandra Kish at sandra.kish@lhins.on.ca to ensure our records are up to date.

About LHINsight

This publication aims to keep the community informed about the activities of the HNHB LHIN and its community members.

The LHINsight is being sent to any organization, group, or individual interested in the HNHB LHIN's activities. If you are, or you know of, an organization that would like to be included on our mailing list, please contact Kathy Gilchrist at kathy.gilchrist@lhins.on.ca.

The LHINsight is available on the HNHB LHIN website at www.hnhblhin.on.ca under the 'Be Informed, Get Involved' tab.

To submit or suggest a story idea for an upcoming edition of LHINsight, please contact Chandra Rice at chandra.rice@lhins.on.ca or 905.945.4930 x214.

Visit us on the Web

For more information on any of the stories you have read in the LHINsight, or any other LHIN initiatives, or to send us your comments, please visit our site at www.hnhblin.on.ca

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Hamilton Niagara Haldimand Brant
LOCAL HEALTH INTEGRATION NETWORK

RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
de Hamilton Niagara Haldimand Brant

LHINsight is produced by the Hamilton Niagara Haldimand Brant LHIN, one of 14 local health integration networks. The LHIN is responsible for planning, coordinating and funding the local health system in this region which spans from Burlington to Fort Erie and from Burford to Cayuga and includes more than 1.3 million residents. The LHIN represents local decision-making; decisions about the organization, coordination and funding of health services will be made closer to home by people who live and work in the LHIN. The health services include community support services, mental health and addictions services, community health centres, the Community Care Access Centre, long-term care homes and hospital services.