

North East LHIN NEWS

Summer 2008

Much Ado About Seniors NE LHIN Aging At Home Strategy Rolls Out...

On Friday, June 20, 2008, the Honourable Rick Bartolucci, Minister of Community Safety and Correctional Services, MPP Sudbury, gathered a crowd outside the offices of the Canadian Red Cross, Sudbury Branch to deliver good news for NE LHIN seniors.

Minister Bartolucci formally announced the NE LHIN's 25 projects that will share the \$4.2 million of the Year 1 **Aging at Home Strategy** funding to deliver programs and services tailored to meet the needs of seniors so that they can live in their own homes longer while receiving quality care. (see page 2)

In addition, the Minister announced the delivery of nine **Aging at Home** vans to the North East LHIN region to help seniors get to and from medical and other needed appointments safely and gratuitously (see page 2).

"This is fabulous news for seniors of the NE LHIN," said Mathilde

Gravelle Bazinet. "Our LHIN has a high percentage of seniors, a high rate of elderly patients in acute care hospital beds, and an often remote landscape to travel in order to get to and from medical appointments." CEO Rémy Beaudoin concurred and further noted that "These projects, coupled with the nine **Aging at Home** vans will go a long way to increase the quality of life NE LHIN seniors can enjoy."

Announced in 2007, the provincial **Aging at Home Strategy** is a \$1.1-billion investment over four years that will provide seniors and caregivers in Ontario with community-based services to enable them to stay healthy and live more independently in their homes longer. The NE LHIN's share of the **Aging at Home Strategy** investment is significant – by the end of year three, more than \$18.8 million in new service funding will have been added to the base budget of the North East LHIN.



Honourable Rick Bartolucci, Minister of Community Safety and Correctional Services, MPP Sudbury and NE LHIN Board Chair, Mathilde Gravelle Bazinet, help seniors Elizabeth Sellars and Nara Walsh into one of the nine new Aging at Home vans distributed across the NE LHIN on June 20.

The goal of the **Aging at Home Strategy** is to allow seniors to age in their own homes longer and not to have to rely on a long-term care home or hospital setting to get the care they need. As evidenced by the projects listed on page 2, seniors from all corners of our region will serve to benefit from this strategy and the unique projects it is able to fund.

This issue also highlights two **Aging at Home** projects that are already making a difference, **Francophone Day Centre Program** in Larder Lake, and **Mamaweswen North Shore Tribal Council Aging at Home Program**.

For more information on **Aging at Home** in the NE LHIN, please visit www.nelhin.on.ca.



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North East LHIN Aging at Home Strategy Year 1 Projects

(For a full description of projects, visit www.nelhin.on.ca)

NAME OF PROJECT	HEALTH SERVICE PROVIDER	2008/2009 FUNDING
Aging at Home with the Mamawesen North Shore Tribal Council	Mamawesen North Shore Tribal Council	\$220,297
Nurse Practitioner Dedicated to Seniors	North East Community Care Access Centre (NE CCAC)	\$215,000
Activities of Daily Living	Canadian Red Cross, Sault Ste. Marie and District Branch	\$67,000
Homemaking and Personal Support	Canadian Red Cross, Timmins and District Branch	\$244,572
Identifying Seniors-at-Risk	Timmins and District Hospital	\$100,000
Caregiver Support	Alzheimer Society, Manitoulin Sudbury Branch	\$59,439
Activities of Daily Living	Canadian Red Cross Sudbury Branch	\$478,185
Identifying Seniors at Risk	Hôpital régional de Sudbury Regional Hospital	\$75,000
Homemaking and Personal Support	Sudbury Finnish Rest Home Society Inc.	\$100,000
Homemaking and Personal Support	Ukrainian Senior Citizen Club of Sudbury	\$79,135
Homemaking and Personal Support	VON-Ontario Branch Greater Sudbury Site	\$38,468
Homemaking and Personal Support	VON-Ontario Branch Greater Sudbury Site	\$62,000
Personal Support Services	Community Care Access Centre (CCAC)	\$872,550
Community Support Services	Cassellhome Long-Term Care Home	\$311,000
Identifying Seniors at Risk	North Bay General Hospital	\$100,000
Safe Keeping, Transportation and Meals on Wheels	Belvedere Heights Long-Term Care Home	\$76,962
Community Support Services	Dokis First Nation (Monetteville)	\$23,601
Transportation Services	Eastholme Home for the Aged (Powassan)	10,569
Meals on Wheels	Wasauksing First Nation	\$10,261
Homemaking and Personal Support	Timiskaming Home Support (Soutien à domicile)	\$162,500
Geriatric Services	James Bay General Hospital (Moosonee)	\$200,000
CCAC Support Services	Community Care Access Centre (CCAC)	\$302,884
Long-Term Care Home Alternate Level of Care Project	Sault Area Hospital	\$95,000
Falls Prevention Program; Outreach and Respite	The Friends	\$141,608
Francophone Day Centre Program	Centre de santé communautaire du Témiskaming	\$21,039



VANS IN THE NORTH EAST LHIN

Health Service Provider	Location
Canadian Red Cross Branch, Sudbury Branch	Sudbury
Au Chateau Community Support Services	Sturgeon Falls
Timiskaming Home Support	New Liskeard
Belvedere Heights Long-Term Care Home	Parry Sound
Canadian Red Cross, Sault Ste. Marie Branch	Sault Ste. Marie
Huron Lodge Assisted Living	Elliot Lake
Canadian Red Cross, Timmins and District Branch	Timmins
Noojmowin Teg Health Centre	Little Current
Ininew Friendship Centre	Cochrane

NE LHIN Invests \$2 Million Per Year to Develop 64 Long-Term Care Beds in Timmins

On June 5, 2008, the Chair of the North East LHIN, **Mathilde Gravelle Bazinet** and Mayor of the City of Timmins, **Tom Laughren** announced that the NE LHIN had awarded 64 new long-term care beds in Timmins to increase access to quality long-term care health services.

“This is great news for the people of the City of Timmins,” said **Mayor Laughren**. “I am extremely pleased that the NE LHIN and the Ministry of Health and Long-Term Care recognize the needs of our seniors and the importance of providing quality care for them,” continued Mayor Laughren.

The \$2 million/year investment for the 64 new beds will be funded through the NE LHIN’s Aging at Home Strategy.

NE LHIN Board Chair Mathilde Gravelle Bazinet applauded the dedication and commitment of

several individuals within the Timmins region who worked hard over the years to bring the new beds to fruition, including: **Jean Paul Aubé**, Chair of Network 13, **Mayor Tom Laughren**, local **MPP Gilles Bisson** and NE LHIN Board member **Johanne Labonté**. “These additional beds will go a long way to increasing access for seniors who require an increased level of care and will support our strategy to decrease ALC patients at the Timmins and District Hospital (TDH),” said Chair Bazinet.

The NE LHIN will work with the Ministry of Health and Long-Term Care (MOHLTC) to develop a call for proposals to determine the local operator(s) of these beds. Honourable George Smitherman, Minister of Health and Long-Term Care noted that, “These new beds mean residents in Timmins and the surrounding area will have access to a higher quality of life in a new, home-like environment.”



Mayor of Timmins, Tom Laughren and NE LHIN Board Chair, Mathilde Gravelle Bazinet at June 5 media conference.

QUICK FACTS Long Term Care Beds in Timmins

There are currently 296 long-term care beds in Timmins – including 177 beds at Golden Manor and 119 beds at Extendicare Timmins.

Over the past nine months, the Timmins and District Hospital has consistently had 40 or more ALC patients out of a total complement of 147 beds at the TDH.

The construction of the new beds should be completed by 2011.

North East Surgical Optimization Project Underway

The North East LHIN is leading a review of surgical services currently delivered in hospitals across the region. The project will review surgical volumes and required resources to deliver on North East Ontario surgical needs. The goal is to help ensure access and quality of care regarding surgical issues are maintained in the future.

A newly formed committee, chaired by the NE LHIN, includes one administrative and one medical representative from each of the NE hospitals with an active surgical program, including:

- Hôpital Notre Dame Hospital
- Hôpital régional de Sudbury Regional Hospital
- Kirkland and District Hospital
- North Bay General Hospital
- Northeastern Ontario Regional Cancer Program (of the HRSRH)
- Sault Area Hospital

- Sensenbrenner Hospital
- St. Joseph’s General Hospital
- Temiskaming Hospital
- Timmins and District Hospital
- West Nipissing General Hospital
- West Parry Sound Health Centre

The committee will develop recommendations on the best organizational, infrastructure, resource and volume requirements for a positive impact on patient survival, adverse events, length of stay and quality of life.

While all surgical activity will be reviewed, there is an immediate requirement to review, analyze and report on an implementation plan related to Cancer Care Ontario’s thoracic surgical oncology standards.

For further information on the North East Surgical Optimization Steering Project, please visit www.nelhin.on.ca, under “For Health Service Providers”.

North East Surgical Optimization Project Objectives

- Review thoracic surgical oncology cases of North East Ontario in relation to Cancer Care Ontario’s thoracic surgical standards.
- Identify other surgical services that will form part of the project.
- Review surgical services in the NE - a three year retrospective review of surgical volumes.
- Establish general principles for surgical optimization for North East Ontario hospital surgical programs.
- Prepare two reports: (i) review and implementation plan on the optimization of thoracic services related to Cancer Care Ontario’s thoracic surgical oncology standards; (ii) review and implementation plan of all other surgical services and required resources as identified by the Steering Committee.



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Larder Lake Seniors' Day Program Offers Joie de Vivre

NE LHIN's Aging at Home funds reduce isolation for Northern Francophones



“What’s there to do in a small, isolated community?” is a lament often heard from teenagers, but it’s also the health-affecting dilemma of seniors, especially in Northern Ontario. The response is an innovative **Aging at Home** program with a strong cultural component—it’s targeted to Francophones—funded by the NE LHIN.

Test-piloted once weekly in the early part of this year, the **Francophone Day Centre Program** is now in full bloom in Larder Lake, a 600-person community east of Kirkland Lake. The program attracts a total of 30 seniors every week. Its three partners are: Centre de santé communautaire du Témiskaming, North East Community Care Access Centre, and

Timiskaming Home Support/Soutien à domicile.

The program’s immediate success has confirmed that the idea addressed a community need, says Jocelyne Maxwell, Executive Director of the Centre de santé communautaire du Témiskaming. Participants are enjoying the no-cost opportunity to come together for activities that they self-direct each Tuesday and Thursday between 10 a.m. and 4 p.m. With the NE LHIN’s \$20,000 in funding, project organizers purchased an array of equipment to address the different components of the program, including exercise and craft equipment like sewing machines. Recruitment of a coordinator is in progress.

“It’s not a lot of money, but it’s having a lot of impact already,” says Maxwell. Seniors come and go to participate in exercise, games, crafts, food preparation, cards, workshops on health promotion or simply visit without language barriers. “They share ideas, expertise, knowledge, a laugh... and at the same time they’re not isolated.”

The community’s profile indicates 32 per cent of the Francophones are over age 55, with five times as many widows as widowers, and an average income 75 per cent less than the provincial average. The program mobilized the expertise of community partners to reduce social isolation and improve the physical and cognitive abilities of Francophone elders in the Temiskaming area community, which in turn will allow them to remain in their home longer.

Operating from space in a former convent which was available for a minimal rental fee, the program benefits from a kitchen, where dietician-reviewed menus are prepared by participants. Not only is this meal-preparation therapeutic in that it makes participants feel needed, it provides a nutritious meal which those living alone wouldn’t necessarily make. Additional rooms are set up for exercise, cards and crafts. Access to the community room (church basement) provides space for yoga and tai chi.

Maxwell proudly tells how the program is already yielding health benefits for participating seniors. In early April, the Nurse Practitioner, in Larder Lake, became aware of a widowed senior who expressed a need for anti-anxiety medication to relieve her stress and panic. The Nurse Practitioner validated these symptoms, but rather than prescribing a medication, she encouraged the woman to go once to the day centre program. She indicated that she would subsequently meet with the woman weekly. Following the senior’s visit to the Francophone Day Centre Program, she thanked the Nurse

Practitioner for her referral there, and indicated that she now didn’t require medication, and would only see her monthly, rather than weekly.

The Community Health Centre clinical staff members, who offer primary care services through an interdisciplinary team, have decided to eat lunch at the Day Centre with the seniors. “This allows them to get to know their population and connect with them personally and professionally on a different level,” says Maxwell.

The program is very much participant-directed. Francophone Day Centre Program seniors decide what they want to do, and staff won’t do anything the participants can do themselves. Maxwell notes: “As we take decision-making power away from individuals, we’re always taking away quality of life.”

In showcasing benefits of the Francophone Day Centre Program in April at Toronto’s *Innovations in Health Care Expo*, it was noted that the program is offered in the local community in a familiar setting, which reduces access barriers such as distance and transportation, cost, language and culture. It contributes to the overall health status of elderly Francophones by taking into account determinants of health, and by actively promoting self-management of needs.

“It’s really building client empowerment as well ... They’re making decisions concerning their health,” says Maxwell.

Awareness of the Francophone Day Centre Program has largely come through referrals from primary care staff, but word-of-mouth has neighbours encouraging their neighbours to attend. After all, says Maxwell, it was the community’s seniors who requested this type of program to help deal with factors related to isolation – both geographic and social. Initially it was thought that more women than men would attend, but men are also getting involved.

Aging at Home the Mamaweswen “Working Together” Way

In a collaborative project, the North Shore Tribal Council, the Indian Friendship Centre in Sault Ste. Marie, and the Métis Nation of Ontario office in Sault Ste. Marie are “Working Together” (the Ojibway word is *mamaweswen*) to provide case management services to the senior population of its member First Nations and the urban Aboriginal population in Sault Ste. Marie who are being discharged from hospital.

The partners received \$220,000 in NE LHIN Aging at Home fiscal year funding for the Mamaweswen Project.

Led by the North Shore Tribal Council, the project will traverse many jurisdictions and serve a large Aboriginal population across a 455 kilometre distance. This includes the seven First Nation communities on the North Shore of Lake Huron along the Highway 17 corridor from Sudbury to Sault Ste. Marie.

The target population is approximately 5,000 people on reserve, and the urban Aboriginal population in Sault Ste. Marie of approximately 5,000.

“We’re not inventing a new system,” says Edith Mercieca, Aging at Home Program Coordinator for Mamaweswen, North Shore Tribal Council. “We’re just building bridges.”

In a collaboration among the First Nation and Aboriginal community health services and the mainstream health care system, the project aims to provide a range of services upon discharge from hospital to ensure a continuum of care. Services could include physiotherapy, occupational therapy, nursing, personal support, homemaking, medical transportation, meals on wheels, respite care for the caregivers, and access to medical supplies and specialized medical equipment.

The project will employ two Nurse Case Managers (NCMs): one to cover the east end communities, and the other to cover the west end communities, including the city of Sault Ste. Marie, Thessalon First Nation, Garden River First Nation and Batchewana First Nation. The NCMs will develop a formalized protocol with the local hospitals and CCAC, and work in consultation with the hospital discharge planners to assist in the coordination of required health and social services.

Mercieca explains that one Nurse Case Manager began work in late May and the other starts in July. She said that meetings have already been held with the hospital in Sault Ste. Marie. In fact, Sault Hospital has already had its IT department change their admission form to ask if the client is a First Nation/Aboriginal/Métis member. Meetings are planned with hospitals in Elliot



Aging at Home Facilitator Edith Mercieca of the Mamaweswen North Shore Tribal Council addresses a crowd during the Aging at Home Innovations Showcase in Toronto.

Lake, Espanola, Blind River and Sudbury to introduce the program and see how they can work together.

Mercieca says the innovative program was created after the partners “sat back and saw where the communication gaps were when members of our communities were discharged from hospital.”

The client-focused, community-based project is about relationship- and bridge- building among health care providers to ensure communication happens in a proactive rather than reactive way. Improved coordination and

partnerships are hoped to relieve the pressures on hospitals by keeping seniors out of hospitals and reducing re-admissions. The program is also intended to balance urban/rural/on/off reserve equities.

Benefits are expected in alleviating ALC (Alternate Level of Care) beds in hospital and in improved collaboration and case management of these services. In addition, culturally appropriate service delivery will facilitate linkages between appropriate mainstream and traditional medicine and treatment.

Health System Round Tables

An Integral part of the NE LHIN Decision-Making Process

Questions: How does an organization with 24 full-time staff effectively serve the health care needs of 560,000 people who span a vast and often remote geography of 400,000 square kilometres?

How does one such organization effectively make decisions that truly reflect the health needs of the local population?

Answer: By tapping into the vast resources and expertise that exists within the region it serves.

This is the modus operandi of the North East LHIN.

In March, 2007, the NE LHIN Board of Directors sanctioned the creation of CEO Round Tables in six of the North East LHIN's planning areas, including: Algoma; Cochrane; Manitoulin-Sudbury; Nipissing; Parry Sound; and Timiskaming.

These tables are comprised of representatives from health service provider agencies and organizations. According to Michel O'Connor, the NE LHIN lead for the Round Tables, "The Round Tables are critical to the overall success of the North East LHIN process for community engagement, integrated health service planning, and broader health system transformation in the North East. Each Round Table provides system-level advice, perspectives and recommendations to the North East LHIN on the health care needs of their individual communities by facilitating local planning and priority setting, evaluation and performance monitoring."



Annette Katajamaki, Chair of the Algoma Health System Round Table.

Round Tables are also called upon to identify opportunities for the integration/coordination of health care services that are in line with the system's strategic directions.

Investment made into the North East health care system are reviewed by the Round Table members who in turn provide feedback to the NE LHIN on the appropriateness of varying resource allocations and programmatic priorities. Recommendations are brought forward to the NE LHIN Board of Directors for final approval.

The NE LHIN Planning Area of James Bay and Hudson Bay Coasts does not have a CEO Round Table at this time. The area does have two interim Aboriginal Health Planning Groups (one with representatives from across the NE LHIN, the other with representatives from the James Bay Coast Planning Area) who advise the NE LHIN on priorities and allocations for the Aging at Home Strategy as well as overall Aboriginal/First Nation/Métis health care.

In March 2008, all CEO Round Table members were brought together for the first time for a two-day planning retreat. The retreat goals were not

Overview of Health System Round Table Accomplishments to Date

- Assumed an essential role in the establishment of strategic directions within the NE LHIN's 08/09 Annual Service Plan as well as within the Aging at Home Strategy.
- Recruited cross-sectional membership to sit on the tables.
- Reviewed and supported Alternate Level of Care (ALC) recommendations arising from the NE LHIN comprehensive ALC report, "A Review of Alternate Level of Care Pressures in North East Ontario: Findings and Recommended Strategies".
- Assisting the NE LHIN with the establishment of a system-wide decision-making process.
- Effectively working with the principal of leveraging knowledge and skill base of health service and community experts to reach the mutually agreed upon goal of "the best service for the client".
- Providing a solid foundation for a stronger relationship between health sectors.

only to reflect on the Round Table's first year achievements, but also to discuss and come to an agreement on key issues of common interest to all of the tables and to build a decision-making framework that would help round table members with their challenging task of advancing local health system based advice, perspectives and recommendations to the NE LHIN.

Annette Katajamaki, Chair of the Algoma Round Table says, "It has been a busy and productive first year. Our biggest achievement to date is to witness our members, who represent a cross-section of the Algoma District, beginning to think like a system – one health care system with a common goal of delivering the best services for the client. We need to break down the silos and start working collaboratively – the Round Tables are a great start."

Round Tables meet on average once per month. For further information, please contact: Michel O'Connor, Consultant, Planning, Integration and Community Engagement, michel.oconnor@lhins.on.ca; 1-705-840-2872, ext. 219.

New NE LHIN Staff



Joel Seguin

Web Services Administrator

A graduate of Canadore College's Television Video Broadcasting and Interactive Multimedia programs, Joel has been in freelancing in the field of multimedia since graduation. Prior to joining the NE LHIN, Joel worked with the Northern Ontario School of Medicine in Sudbury where he contributed to

various web related projects and led the successful implementation of the Ektron Content Management System. Joel will be leading the administration of the NE LHIN's website and will work to develop electronic communication mediums for the NE LHIN.



Susanne Phillips

Program Assistant, Planning, Integration and Community Engagement and Performance, Contract and Allocation

A graduate of the University of Toronto in both English and History, Suzanne has a B.A. in English and History from the

University of Toronto. She worked as an Executive Administrative Assistant at the Catholic Education Foundation of Ontario and the Metro Separate School Board (Toronto). Having moved to North Bay in 2002, Susanne previously worked as a Training Coordinator/Business Communications Specialist with Teletech. Susanne will be providing program support to both the Performance, Contract and Allocation and the Planning, Integration and Community Engagement sides of the NE LHIN.



Lise Boucher

Executive Assistant to the Chair

A graduate of Algonquin College in Ottawa, Lise has been an Executive Assistant within the Federal Government and Private Sector for close to 20 years. Prior to joining the NE LHIN, Lise worked with the Public Service Alliance of Canada in Sudbury where she helped service 5000 members across the NE LHIN geographic boundaries. In her role at the NE LHIN, Lise will be lead executive assistant to the Board and supporting the Chair. Lise is a native of North Bay.

Staff Profile

Marc Lefebvre, Planning and Decision Support Consultant



Prior to working with the NE LHIN (November 7, 2007), Marc worked with the Health System Intelligence Project, Ministry of Health and Long-Term

Care as a Senior Health Analyst. Previous to Ministry, Marc worked with the Southeastern Ontario District Health Council as a health data analyst; Manager of Quality Service Review, Education and Development with the City of Greater Sudbury Emergency Services Department; and as researcher with the Centre for Rural and Northern Health Research. Marc was also a Primary Care Paramedic with the Sudbury and District Ambulance Service.

Marc has a Master of Arts from Wilfrid Laurier University (Waterloo-Laurier Graduate Program in Geography) with a specialization in spatial data analysis, a BA from Laurentian University and an Ambulance and Emergency Care Programme Certificate from Cambrian College of Applied Arts and Technology.

What is your role at the NE LHIN?

As Planning and Decision Support Consultant, I provide data and intelligence to inform LHIN decision making and support planning and integration, system monitoring activities and reporting to MOHLTC.

What do you see as the main challenges of your position?

- Wide diversity of data sources on multiple health sectors and hundreds of health service providers. These data sources are not easily integrated or synthesized.
- Supporting a wide variety and large number of LHIN initiatives, projects and activities.

What are some of the opportunities of your position?

The position is new. I have a clean slate and the opportunity to shape how the NE LHIN disseminates information to health service providers, partners, stakeholders and the public. I am able to network with decision support colleagues in other LHINs on such issues as data standards, analytical methods and indicator development. As LHIN Geographic Information Systems (GIS) user group lead, I am also able to promote the use of digital mapping and spatial analysis as a decision support tool for LHINs.

What do you hope to achieve?

My goal is to provide reliable data and information about the demographic, socioeconomic, health status, and service utilization characteristics of the North East LHIN.

After NE LHIN hours, how do you spend your time?

I spend time with my immediate and extended family. My family includes a busy and precocious 2 year old daughter and my wife who is pregnant and expecting a new child in October.



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Historic Aboriginal Health Summit Sets Positive Course for North East

The Summit MC called the recent North East LHIN Aboriginal Health Summit meetings “historical” as he thanked 120 participants and presenters and invited himself back in three to five years to determine progress.

In concluding the May 14 and 15 Summit, *The New Health Environment*, held in North Bay, Past Chief **Phil Goulais** said: “We’ve come a long way, and now within this challenge, everything’s within our reach.”

Randy Kapashesit, Chief of the MoCreebec Council of the Cree Nation and NE LHIN Board Member, also indicated that the effort was clear, and he hoped all participants could fully appreciate the work ahead. He said preparation by the Board for the Summit had been a gradual and sensitive process over the last couple of years. He indicated that input was critical, as this was a beginning.

Progress made with goals

According to chief organizer **Gertie Mai Muise**, North East LHIN Aboriginal Consultant, progress was made with all Summit goals. Primary goals were: (1) Networking – Health Service Providers, (2) Formalizing an Aboriginal/First Nation/Métis health planning body for the North East, and (3) Examining the use of technology to improve health planning and access to care in the North. Additional

goals were ensuring Aboriginal/First Nation/Métis traditional people are part of discussions about health planning, building relationships, providing cross-cultural experience, and hosting a traditional feast (held at the North Bay Indian Friendship Centre and catered by Nish Dish, Nipissing First Nation).

In concluding comments, Muise expressed appreciation to participants for their help and time. She deemed the Summit a good first step and said it was wonderful to “share the burden of the best way forward.”

In an interview, **Perry McLeod-Shabogesic**, Traditional Medicine Helper at the Summit, explained that he saw the meetings as both an opportunity and a challenge. The opportunity was for the various aboriginal communities to start to design what their relationship will be, with the challenge being the differences among the communities and the need for unique approaches. He suggested a need for separate dialogues with Métis, First Nation, and Aboriginal peoples. “This is a good start to get that ball rolling.”

Summit proceedings will soon be summarized in a document on the NE LHIN website www.nelhin.ca, complementing the Summit presentations and photos already there.

NE LHIN Staff, Ready to Serve you

Staff of the NE LHIN are responsible for providing leadership in addressing the local health care needs of the many communities of North East Ontario. A staff member is assigned to each of the seven geographic planning areas. Please contact the individual assigned to your area with any questions, comments, concerns or information you may have that will help to better serve you.

JUST CALL **1-866-906-5446** AND THE EXTENSION.

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Please remember to visit www.nelhin.on.ca
often for the posting of new information.

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