

2011-12 Toronto Central LHIN Community Engagement Plan

April 2011



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Introduction

Community Engagement is a part of everything that the Local Health Integration Networks (LHINs) do.

The reason for this is simple. Since most health care is delivered locally, local health care organizations, patients and community members need to be involved in identifying the problems and the solutions.

By incorporating the knowledge, experience and values of individuals and communities, we will all benefit from different ideas, and better decisions and services. This will lead to healthier individuals and communities.

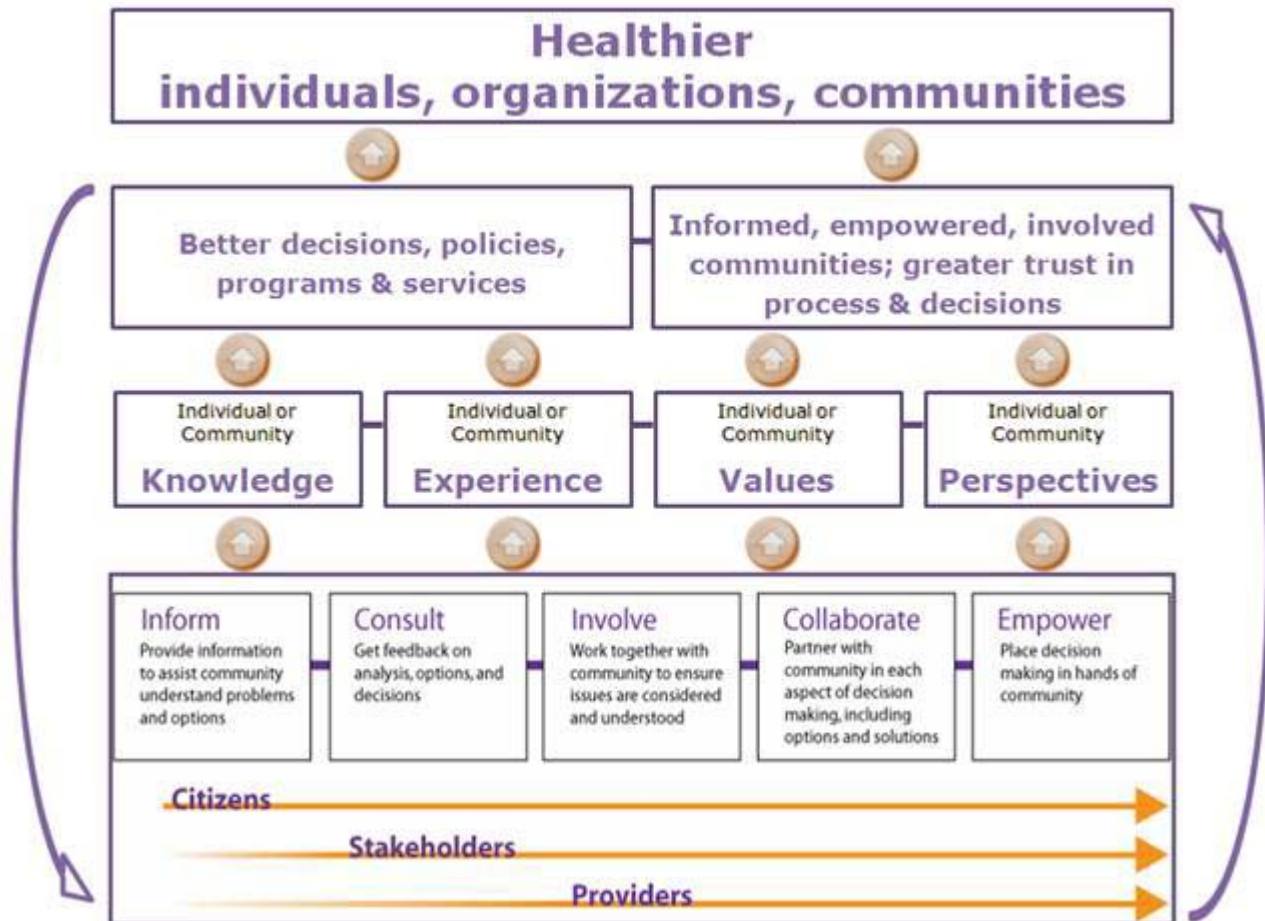
One thing with which we can all agree is that the health care system must change to meet the needs of an increasingly diverse and aging population and to curb rising health care costs.

At the Toronto Central LHIN, community engagement is a key means for tapping into the vast expertise and capacities that reside in the health care system and the communities we serve.

As a way to keep our stakeholders and communities better informed and involved, the LHINs are all publishing annual plans for community engagement. This document outlines the Toronto Central LHIN's Community Engagement Plan for 2011/12.



The Purpose of Community Engagement



About Toronto Central LHIN

Toronto Central LHIN is home to approximately 1.15 million people, or 8.6 per cent of the population of Ontario. It is the most densely populated and the only completely urban LHIN. The Toronto Central LHIN is also highly diverse. Immigrants make up 41 per cent of the population in the Toronto Central LHIN. More than 160 languages are spoken here.



The City of Toronto has a French-speaking population of about 53,370 (based on June 2009 definition of Francophone by the Office of Francophone Affairs). Francophones are a group whose composition and needs have been changing in recent years. According to the 2006 Census, 7.4 per cent of Francophones (previous definition based on mother tongue) in the City of Toronto – which includes the Toronto Central LHIN – are recent immigrants and 20.6 per cent are part of a visible minority group.

According to the 2006 Census, there were approximately 16,200 residents of Aboriginal ancestry (1.5 per cent) in the Toronto Central LHIN.

The Toronto Central LHIN has the largest lesbian, gay, bisexual, and transgendered community in Canada.

Compared to the rest of the province, a higher proportion of young adults 25 to 44 years of age live in the Toronto Central LHIN, representing 32 per cent of the LHIN's population.

While the Toronto Central LHIN has a youthful majority, seniors are an important group as they have higher rates of health needs and conditions, and account for the highest use of health care services. Seniors 65 years and older and seniors 85 years and older account for 14 per cent and about 2 per cent of the population in 2010, respectively. The population of those aged 85 years and older is growing faster than all other age groups in the LHIN, with a projected increase of 22 per cent between 2006 and 2010. This same group is projected to increase another 15 per cent between 2010 and 2015. The population of those 65 to 74 years of age accounts for

seven per cent of the LHIN population and is projected to increase by 15 per cent between 2010 and 2015.

Toronto Central LHIN health care organizations provide services to people from across Ontario. There are 2.4 million commuters coming into the Toronto Central LHIN daily.

Some 54 per cent of patients in Toronto Central LHIN hospitals are from other LHINs and 41 per cent of alternate level of care (ALC) patients discharged from Toronto Central LHIN acute care hospitals live in other LHINs (Spring 2010).

The diversity of people who live in the LHIN and who come here for health services is both a source of strength and a challenge. Populations that face disparities related to income, education, housing, ethnicity, race, sexual orientation and other factors tend to have less access to quality health care and poorer health outcomes.

There are wide disparities in income and education levels among communities in the Toronto Central LHIN. Twenty-four per cent of the population is low income, according to the 2006 Census.

Recent immigrants, Aboriginal peoples, single-parent families, children, people with disabilities and visible minorities are all overrepresented in the low-income bracket. These groups all have distinct health care needs and can face barriers and issues that need to be addressed and supported by the health system. Over 30 per cent of Ontario's homeless population lives in the Toronto Central LHIN.

Consider some of the facts.

- Low income people access the emergency room (ER) more often than those with high income. According to a 2000/01 report from the Institute for Clinical Evaluative Sciences, that year, 38% of low income people in Toronto Central LHIN had at least one ER visit compared with 25% for high income people.
- Diabetes incidence is twice as high in low income neighbourhoods.

People with low income have a lower life expectancy and report that their health is poorer than those with higher incomes. There are also considerably higher rates of diabetes among immigrant populations.

Health Needs of the Population

Compared to the rest of the province, the Toronto Central LHIN has a high concentration of infectious diseases.

As the population ages, the prevalence of chronic disease is expected to grow. More than one in three of Toronto Central LHIN residents have at least one chronic condition such as diabetes, certain cancers, depression, arthritis, asthma, hypertension and chronic obstructive pulmonary disease.

Almost 10 per cent of LHIN residents aged 20 and over suffer from diabetes. But these numbers are likely to be even higher since many people with diabetes are unaware they have the disease.

Mental illness and addictions are also serious health issues for the Toronto Central LHIN, affecting 20 per cent of local residents in their lifetime.

Local Health Care Services

Toronto Central LHIN has an annual budget of \$4.27 billion in 2011/12, \$4.2 billion of which is provided to health service providers (HSPs) for day-to-day operations. Toronto Central LHIN funds 174 HSPs including 18 hospitals, 17 community health centres, 37 long-term care homes, one community care access centre, 67 community support agencies, and 68 mental health and addictions organizations. The HSPs in the Toronto Central LHIN are also very diverse with a range of small to medium-sized community-based agencies that provide support services to specific populations, including seniors and people living with mental health and addictions. Toronto Central LHIN is also home to 44% of Ontario's Teaching Hospitals.



The Toronto Central LHIN has some 5,400 physicians. Most work in solo practices. Others work in various team-based models including 13 Family Health Teams and 17 Community Health Centres that serve a significant proportion of marginalized populations. Toronto has the highest number of specialists in Ontario.

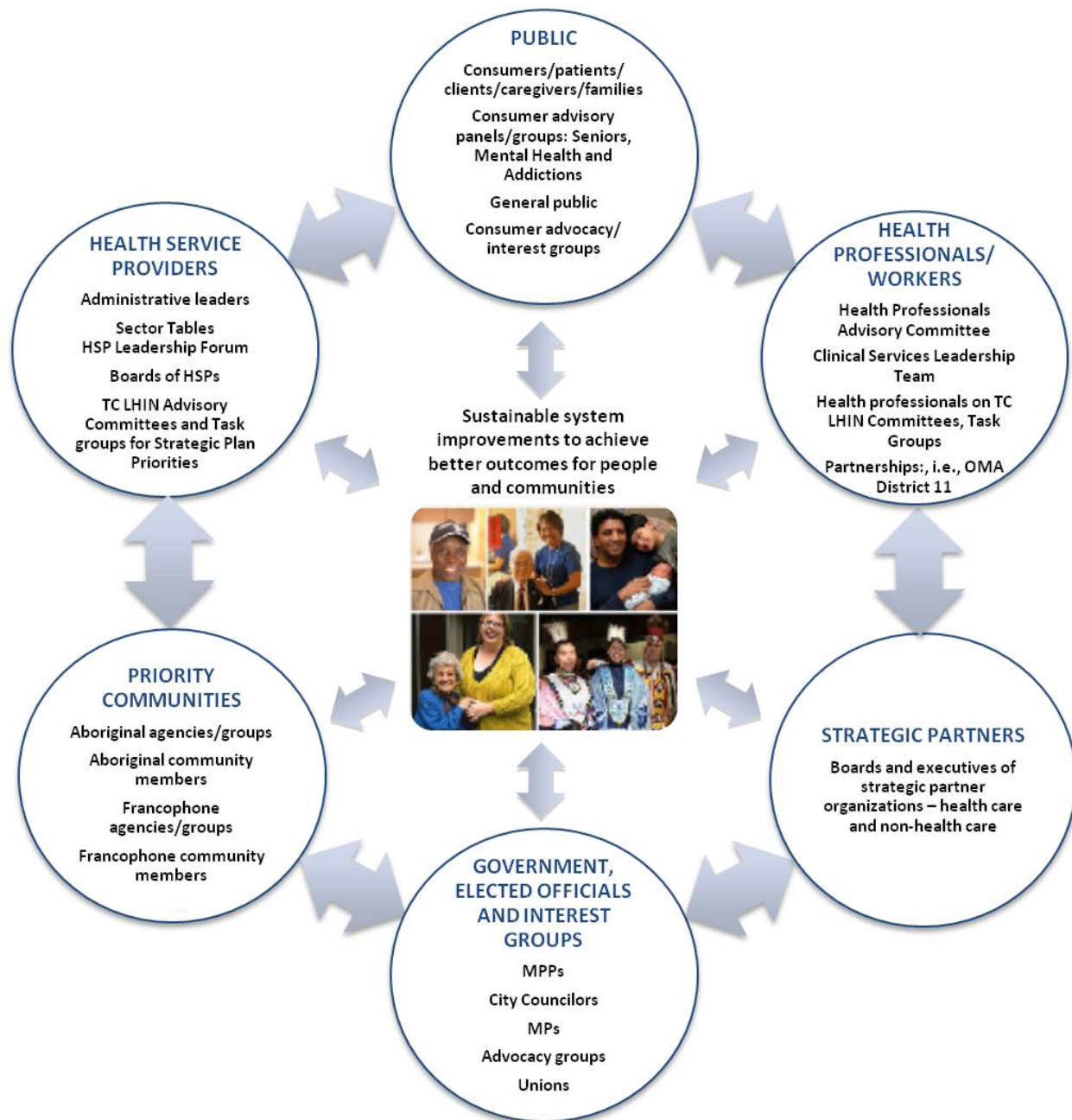
Toronto Central LHIN's Community

No one organization can deliver all the services people need. The LHINs' job is to bring health services together and organize them around people's needs. LHINs ensure that health providers do what is right for the system and the population, not just their own organization.

To fulfill our role, the Toronto Central LHIN has a deliberate plan to engage groups that are affected by health care changes underway as well as those who are accountable for making improvements happen.

Engagement must be relevant and accessible to different communities. For that reason, targeted approaches and messages are often more effective and well received by those involved. Most general or mass approaches (e.g., large town halls) are best used when there is a specific purpose – e.g., need to reach a variety of people at the same time; need to exchange a range of perspectives on an issue.

The Toronto Central LHIN has six main types of communities: public; HSPs; health professionals/workers; strategic partners; government, elected officials and interest groups; and priority communities.



STAKEHOLDER	TORONTO CENTRAL LHIN ENGAGEMENT PROCESSES
1. Public • Patients/clients/caregivers/families • Residents • General public	<u>LHIN-Led/initiated</u> • Consumer advisory panels: mental health and addictions – consumers and families, and seniors • Peer-led engagement processes for mental health and addictions clients and families • Consumers on LHIN advisory groups; e.g., Homelessness Think Tank • Consumer presentations to/meetings with the Board • Partnering with community groups and health organizations to do targeted engagement of residents, patients, clients and families ○ Specific focus on engaging seniors and mental health and addictions clients and families via targeted activities with ethno-cultural, social and geographic communities across the LHIN.
2. Health Service Providers Toronto Central LHIN-funded sectors: • Hospitals • Community care access centre (CCAC) • Community health centres (CHCs) • Community support services (CSS)	<u>Toronto Central LHIN committees and groups:</u> • Sector tables: Quarterly meetings with CEOs and executive directors of each sector regarding performance, integration, and system planning • HSP Leadership Forum: bi-annual meetings with executives from across sectors to address shared health system issues, planning and integration. • Toronto Central LHIN Advisory Committees on Strategic Plan priorities including: ○ MHA Steering Committee (and working groups) ○ Aging At Home Steering Committee (and working

STAKEHOLDER	TORONTO CENTRAL LHIN ENGAGEMENT PROCESSES
agencies • Mental health and addictions (MHA) agencies • Long-term care	groups) ○ ER Pay For Results Working Group ○ Resource Matching and Referral Steering Committee • Time-limited task groups including Community Engagement Task Group, Quality Indicator Task Group, HBAM Enhancement Sub-Committee • Cross-LHIN groups ○ ConnectingGTA Steering Committee <u>Stakeholder-led groups carrying out initiatives in the LHIN, including:</u> • Long-Stay ALC task groups • Integrated Client Care for Seniors with Complex Needs project • Hospital Collaborative on Marginalized Populations • GTA Health Information Collaborative • Aging at Home Care and Training for Caregivers Working Group • Primary Care for Homebound Seniors Working Group • System Navigation Working Group • Joint Health and Disease Management Sub-Committee • MRI-CT Network

STAKEHOLDER	TORONTO CENTRAL LHIN ENGAGEMENT PROCESSES
	• 2011 Healthy Connections Conference <u>Toronto Central LHIN Board to HSP boards engagement:</u> • One-on-one meetings • Strategic Planning Forums with all HSP Board Chairs and CEOs
3. Health Professionals/workers • Primary care • Other professions involved with Toronto Central LHIN priorities • Associations and interest groups	<u>Toronto Central LHIN’s Health Professional Engagement Committees</u> • Health Professionals Advisory Committee (HPAC) – multidisciplinary committee that advises the LHIN from a front-line perspective • Quality indicator working group – advises LHIN about quality indicator development and use • Clinical Services Leadership Team (CSLT) – helps the LHIN to understand the clinical factors influencing performance • Health professionals on Toronto Central LHIN committees <u>Targeted engagement</u> • Toronto Central LHIN has a number of customized engagement activities, e.g., physician forums in collaboration with Ontario Medical Association (OMA) District 11 and Ontario College of Family Physicians, and joint Toronto Central LHIN-OMA District 11 newsletter
4. Priority Communities • Aboriginal • Francophone	<u>Aboriginal Community Engagement</u> • Bi-annual Aboriginal community agency forum with the Toronto Central LHIN CEO and staff

STAKEHOLDER	TORONTO CENTRAL LHIN ENGAGEMENT PROCESSES
	• Toronto Aboriginal Diabetes Project • Noojimawin Aboriginal Health Authority partnership with the GTA LHINs and the Toronto Central LHIN Hospital Collaborative on Marginalized Populations • GTA LHINs Aboriginal engagement partnership • Provincial Aboriginal LHIN Network (chaired by Toronto Central LHIN) • Participate in Toronto Public Health Roundtable on Urban Aboriginal Health, and Centre for Addictions and Mental Health (CAMH) – Aboriginal Services Community Advisory Committee <u>Francophone engagement</u> • French Language Health Services Planning Entity (Entité de planification pour les services de santé en français de Toronto Centre, Centre Ouest et Mississauga Halton) leads community engagement to inform the local health service planning in the Toronto Central, Central West and Mississauga Halton LHINs • Toronto Central LHIN-led focus groups and forums with Francophone community groups
5. Government, Elected Officials and Interest Groups • MPPs/MPs/ City Councilors • Advocacy Groups • Unions	<u>Ontario Government</u> • Toronto Central LHIN works with a variety of Ontario government Ministries and departments, particularly the Ministry of Health and Long-Term Care (MOHLTC). • Toronto Central LHIN works with the MOHLTC through bi-lateral tables and meetings related to various priority initiatives including: ER wait times, ALC, mental health and addictions, Ministry-LHIN Accountability Agreement,

STAKEHOLDER	TORONTO CENTRAL LHIN ENGAGEMENT PROCESSES
	Devolution of select Provincial Programs to the LHINs (e.g., Canadian Paraplegic Association of Ontario), Aboriginal health • Toronto Central LHIN is involved in a variety of stakeholder committees along with other LHINs related to the accountability agreements, performance management (Stocktake), communications and community engagement and other priorities • Toronto Central LHIN participates in MOHLTC advisory groups including: Provincial ALC Steering Committee, advising MOHLTC on provincial mental health and addictions strategy <u>Members of Provincial Parliament (MPPs)</u> • One-on-one meetings, collaboration on community outreach and issues • Annual session with all MPPs and Board members • Lunch and learn with constituency staff <u>Members of Parliament (MPs) - Federal Government</u> • Specific engagement related to Toronto Central LHIN's strategic priorities – e.g., Mental Health Commissions' local advisory group; Aboriginal Health Transition Fund <u>City of Toronto</u> • One-on-one meeting between city councillors and Chair and CEO and staff on priority local health care issues • Inform and collaborate via existing groups, e.g., City of Toronto-GTA LHIN committee <u>Advocacy Groups</u>

STAKEHOLDER	TORONTO CENTRAL LHIN ENGAGEMENT PROCESSES
	- The LHIN engages advocacy and interest groups both to seek their input and involvement, and to work with them to engage consumers related to the LHIN's Strategic Plan <u>Unions</u> - The Toronto Central LHIN uses communications vehicles and Board meetings to inform and get feedback from unions about local health care system
6. Strategic Partners: health and non-health	The Toronto Central LHIN works with strategic partners, both within and outside of health care, related to specific initiatives, including but not limited to: United Way, Health Quality Ontario, eHealth Ontario, and Institute for Clinical Evaluative Sciences. <u>City of Toronto</u> - Working with the following City of Toronto stakeholders on specific initiatives, e.g., Toronto Community Housing, Emergency Management Services, Toronto Public Health, Toronto District School Board, and Shelter Support and Housing - Specific initiatives include: Emergency management, supportive housing, community hubs, health equity, mental health, homelessness, and long-term care

Communications

The Toronto Central LHIN uses a variety of one-way and two-way communications techniques to inform and receive input from communities. These include general mechanisms such as the Toronto Central LHIN's Newsletter, the annual community report, our web site, social media and media relations, as well as customized activities such as presentations/speaking opportunities, articles in stakeholder publications, communiqués from the CEO and the Board Chair, training and education, tours, surveys, focus groups, and issue-specific publications.

Engagement Activities for 2011/12

Specific Community Engagement Goals for 2011/12



The Toronto Central LHIN has three specific community engagement goals for this year.

1. **Engage communities to develop and implement the Toronto Central LHIN's Strategic Plan in support of Excellent Care for All – *improving quality, equity and health system capacity.***
2. **Engage communities to support continued implementation the 2010-2013 Integrated Health Services Plan (IHSP-2) priorities:** Reducing ER wait times and Alternate Levels of Care; Mental Health and Addictions; Diabetes; and Value and Affordability. This includes devolved provincial programs and the French Language Health Services Planning Entity for which the Toronto Central LHIN is the lead LHIN.
3. **Enable and ensure HSPs engage their communities on health service changes and programs involving LHIN approval or decision-making.**

The following describes the main activities the Toronto Central LHIN staff and Board are planning for the next year to engage our communities. *These activities will likely to change somewhat as initiatives and projects are developed throughout the year and to respond to opportunities and input received through community engagement.*

Goal #1 – Strategic Plan – Excellent Care for All: Quality, Equity, System Capacity

Initiative	Q1 Apr. to Jun. 2011	Q2 Jul. to Sep. 2011	Q3 Oct. to Dec. 2011	Q4 Jan. to Mar. 2012
Public: patients, clients, families, caregivers, residents and community stakeholders, including Aboriginal and Francophone communities.				
<i>Map populations and communities to issues, HSPs, agencies, groups and neighbourhoods</i>				
<i>Focus groups and consultations on Strategic Plan directions:</i>				
o Seniors Panel discussion on Toronto Central LHIN Strategy Map				
o Francophone Community Focus Group on Toronto Central LHIN Strategy Map				
o Peer-led focus groups and surveys of mental health and addictions consumers and families (in partnership with agencies, community groups)				
<i>Caregivers for Seniors</i>				
o Focus groups : partner with community, seniors and ethnocultural groups to conduct community-led focus groups to identify caregiver issues and solutions for seniors				
o Potential Toronto Central LHIN Caregiver Community Forum(s)				
<i>Health equity</i> o Equity data collection: In partnership with hospitals, agencies and community and				

Initiative	Q1 Apr. to Jun. 2011	Q2 Jul. to Sep. 2011	Q3 Oct. to Dec. 2011	Q4 Jan. to Mar. 2012
ethnocultural groups educate the public about the importance of collection demographic data to understand health disparities				
<i>Integrated Care for Children and Youth</i> Partner with community and youth groups (e.g., Youth Councils) and other agencies that serve youth and parents to conduct community-led focus groups to define issues and solutions; use social media to seek input from youth and parents				
<i>Integrated transportation for seniors</i> Potentially consult consumers in partnership with select HSPs, seniors groups, community/ethno-cultural groups (e.g., focus groups, interviews regarding issues and solutions for integrated community transportation for seniors)				
<i>Public/consumer group/delegation presentations to the Board</i>				
<i>Understanding our Community Tours for the Board (United Way, St. Michael's Inner City Health Tour)</i>				
Health Service Providers: CEOs, Executive Directors; other executives and key staff; Boards				
<i>Caregivers for Seniors</i> Aging at Home Working Group on caregivers (Chaired by the Alzheimer Society) – developed paper with issues and options for supporting informal caregivers - <i>Care and Training for Caregivers</i>				

Initiative	Q1 Apr. to Jun. 2011	Q2 Jul. to Sep. 2011	Q3 Oct. to Dec. 2011	Q4 Jan. to Mar. 2012
<i>Integrated Transportation for seniors</i> o Outreach and potential consultation with multi-sectoral stakeholders about integration of community transportation for seniors				
<i>Bi-Annual Aboriginal Community Agency forum with Toronto Central LHIN CEO and staff</i>				
<i>Board Education session on Aboriginal health</i>				
<i>Quality indicators</i>				
o Toronto Central LHIN Quality Indicator working group recommend selection of system-level quality indicators from Health Quality Ontario that the LHIN can adopt and drive.				
o Toronto Central LHIN sector tables (hospital, CCAC, mental health and addictions, long-term care, community support services, community health centres) collaborate to select sector-specific quality indicators				
<i>Health equity</i>				
o Advancing Health Equity in the Toronto Central LHIN – 2011/12 Priority Setting Stakeholder Forum and Survey				
o Ongoing feedback through existing networks including Hospital Collaborative on Marginalized Populations; Toronto Central LHIN Community Engagement Network				

Initiative	Q1 Apr. to Jun. 2011	Q2 Jul. to Sep. 2011	Q3 Oct. to Dec. 2011	Q4 Jan. to Mar. 2012
<i>Toronto Central LHN Board and CEO engagement session with Chair and CEO of HSPs</i>				
<i>Annual multi-sectoral session held in 4 areas of LHIN – north, south, east and west – to communicate the LHIN’s goals, foster alignment on shared system goals and initiatives for quality, health equity and health system capacity</i>				
<i>Toronto Central LHIN Chair’s bi-annual update to HSP Boards</i>				
<i>HSP presentations at Toronto Central LHIN Board meetings (minimum 4 in 2011/12)</i>				
Health Professionals/health care workers: Health Professionals Advisory Committee (HPAC), Clinical Services Leadership Team and other LHIN health professional groups and targeted engagement				
<i>Work with HPAC and other LHIN-based health professional groups (i.e., Quality Indicator Working Group) to seek clinical input on Quality, Equity and System Capacity initiatives</i>				
<i>Targeted surveys, presentations and focus groups in collaboration with HPAC members, health professional associations and networks to seek input on quality and equity indicators and actions</i>				
<i>Physicians</i>				
○ Partner with OMA District 11 and Ontario College of Family Physicians to hold physician expert panels/targeted sessions with Toronto				

Initiative	Q1 Apr. to Jun. 2011	Q2 Jul. to Sep. 2011	Q3 Oct. to Dec. 2011	Q4 Jan. to Mar. 2012
Central LHIN physicians to inform quality indicators and actions.				
o Physician and OMA District 11 participation in Toronto Central LHIN initiatives – e.g., Primary Care for Home Bound Seniors Working Group, Quality Indicator Task Group, etc.				
o Partner with HSP staff to seek input from clinicians regarding equity indicators and data				
Government, Elected Officials and Interest Groups				
<i>MPPs</i>				
o One-on-one MPP meetings with LHIN Chair and CEO; constituency staff meetings on priority local health care issues.				
o Annual Board-MPP session				
o MPP constituency office staff lunch and learn				
<i>City of Toronto</i>				
o One-on-one meeting between city councilors and Chair and CEO and staff on priority local health care issues				
o Inform and collaborate via existing groups, e.g., City of Toronto-GTA LHIN committee				

Initiative	Q1 Apr. to Jun. 2011	Q2 Jul. to Sep. 2011	Q3 Oct. to Dec. 2011	Q4 Jan. to Mar. 2012
Strategic Partners				
<i>Targeted engagement to advance specific initiatives: including integrated care for 200 Wellesley and St. Jamestown; partnership with Wellbeing Toronto Index regarding health and wellbeing data and indicators; partnership regarding emergency management</i>				
<i>Toronto Central LHIN-United Way collaboration regarding streamlining and integrating processes for co-funded agencies</i>				
<i>Health Quality Ontario engagement direct and via Toronto Central LHIN Quality Indicator Working Group</i>				
<i>Collaboration with Toronto Community Health Profiles regarding community health data and indicators</i>				
<i>LHIN participation in partner tables including: Pan Am Games planning for post-games housing; Toronto District School Board (TDSB)</i>				

Goal #2 - Engagement to Support Continued Implementation of Current Toronto Central LHIN Priorities

- IHSP-2: ER/ALC, Mental Health and Addictions, Diabetes, Value and Affordability, eHealth
- Devolved Provincial Programs
- French Language Health Services Planning Entity

Initiative	Q1 Apr. to Jun. 2011	Q2 Jul. to Sep. 2011	Q3 Oct. to Dec. 2011	Q4 Jan. to Mar. 2012
Public (patients, clients, families, caregivers, residents) and community stakeholders, including Aboriginal and Francophone communities				
<i>Consumer involvement in Toronto Central LHIN Advisory committees and working groups, e.g., Aging at Home Steering Committee and working groups</i>				
<i>Toronto Central LHIN - Francophone community focus group</i>				
<i>Create and make public a policy regarding delegations at Board meetings</i>				
<i>Public/consumer group/delegation presentations to Board meetings, education sessions</i>				
<i>Understanding our Community Tours for the Board (United Way, St. Michael's Inner City Health Tour)</i>				
<i>Peer-led focus groups and surveys of mental health and addictions consumers and families (in partnership with agencies, community groups)</i>				

Initiative	Q1 Apr. to Jun. 2011	Q2 Jul. to Sep. 2011	Q3 Oct. to Dec. 2011	Q4 Jan. to Mar. 2012
Health Service Providers				
<i>LHIN-led HSP Leadership Groups</i>				
o Sector tables				
o Health Service Provider Leadership Forum				
o Toronto Central LHIN Community Engagement Task Group				
<i>Toronto Central LHIN Advisory Committees</i>				
o MHA Steering Committee and/or working groups (e.g., Ontario Common Assessment of Needs Steering Committee and sub-groups; Coordinated Access to Supportive Housing and Coordinate Access to Case Management Committees; Toronto Community Addictions Team (TCAT) Committees; Decision Support Working Group)				
o Aging At Home Steering Committee/ working groups, e.g., Care and Training of Caregivers				
o ER Pay For Results Working Group				
o Resource Matching and Referral Steering Committee				
o Value and Affordability Task Groups				

Initiative	Q1 Apr. to Jun. 2011	Q2 Jul. to Sep. 2011	Q3 Oct. to Dec. 2011	Q4 Jan. to Mar. 2012
o Engagement of Centre for Independent Living Toronto, Canadian Paraplegic Association, and the communities they serve				
o French Language Health Services Planning Entity – Develop community engagement plan for Toronto Central, Central West and Mississauga Halton LHINs' francophone populations.				
Health Professionals/Workers				
<i>Health Professional Advisory Committee</i>				
<i>Clinical Services Leadership Team</i>				
<i>Joint Toronto Central LHIN OMA District 11 newsletter</i>				
Government, Elected Officials and Interest Groups				
<i>Ontario Government</i>				
o Toronto Central LHIN works with a variety of Ontario government Ministries and departments, particularly the Ministry of Health and Long-Term Care (MOHLTC)				
o Toronto Central LHIN works with the MOHLTC through bi-lateral tables and meetings related to various priority initiatives including: ER wait times, ALC, mental health and addictions, Ministry-LHIN Accountability Agreement, Devolution of select Provincial Programs to the LHINs (Canadian Paraplegic Association of				

Initiative	Q1 Apr. to Jun. 2011	Q2 Jul. to Sep. 2011	Q3 Oct. to Dec. 2011	Q4 Jan. to Mar. 2012
Ontario), Aboriginal health				
o Toronto Central LHIN is involved in a variety of stakeholder committees along with other LHINs related to the accountability agreements, performance management (Stocktake), communications and community engagement and other priorities				
o Toronto Central LHIN participates in MOHLTC advisory groups including: Provincial ALC Steering Committee, advising MOHLTC on provincial mental health and addictions strategy				
o Collaborate with a variety of divisions to advance quality				
o Collaborate with health equity branch and other government departments on health equity				
<i>City of Toronto</i>				
• Inform and collaborate with City through City of Toronto-GTA LHIN committee				

Goal #3 – HSP-Led Engagement Related to Service / System Challenges / Accountability Agreements

Initiative	Q1 Apr. to Jun. 2011	Q2 Jul. to Sep. 2011	Q3 Oct. to Dec. 2011	Q4 Jan. to Mar. 2012
<i>Toronto Central LHIN will review HSP community engagement plans and progress reports related to the following as part of the approval and ongoing performance management processes:</i> ○ <i>Accountability Agreements</i> ○ <i>Service changes that impact volumes/service levels in accountability agreements</i> ○ <i>Funding proposals</i> ○ <i>Capital approvals</i> ○ <i>Voluntary integrations</i> ○ <i>Toronto Central LHIN funded projects and programs</i>				
<i>Collaborate with HSPs on knowledge exchange and training regarding Community Engagement Toolkit for Health Service Providers and the Toronto Central LHIN</i>				

Community Engagement – Highlights for 2011/12

Delegations to Board Meetings

Up until now, the Toronto Central LHIN has invited groups to make presentations to the LHIN Board at board meetings and education sessions related to the strategic priorities for the health care system.

Starting this year, in addition to the presentations and discussions with the Board related to priority initiatives, the LHIN will formalize and publicize a policy for allowing delegations to request to meet with/present to the Board.

Given that stakeholders and individuals who present to the Board tend to be from groups that are relatively well represented and involved in the health care system, the LHIN will use a variety of other targeted and community/peer-led tactics to reach out to groups that face barriers.

Peer-Led and Community-Led Processes

Over the years, the Toronto Central LHIN has increasingly used peer-to-peer and community-led processes to engage local residents, patients, clients, families and other community members.

When the LHIN wants input from and involvement or collaboration with diverse communities, it is always more effective to approach communities in a way that is relevant, culturally-specific and accessible to them.

Marginalized and vulnerable communities are more likely to be responsive when someone they can relate to and with whom they are familiar opens the door and begins a conversation with them.

In 2011/12, the Toronto Central LHIN will use peer-led and community-led engagement processes to reach target ethno-cultural and other population groups to advance the goals for the local health care system. Last year, a thoughtful and thorough peer-led model was

developed and piloted through focus groups in 10 community-based MHA organizations. The model looked at how personal experiences can inform MHA strategies, initiatives and funding at the system level.

Over the past year and a half, the Toronto Central LHIN has worked with its MHA – Consumer Advisory Panel and the MHA – Family Advisory Panel to develop a peer-led approach to community engagement that provides opportunities for people with lived experiences to contribute their knowledge about how to improve mental health and addictions services. Recently we used this model to seek input from MHA clients and families regarding the MHA and Justice supportive housing referral process.

Two experienced and trained peer facilitators conducted two focus groups with six consumers who had participated in a housing referral. The facilitators elicited feedback about the experience (both positive and negative) and asked about ideas for improvement. An attempt was made to include consumers who had been housed and those who had been referred but not housed.

The Centre for Addictions and Mental Health evaluated this process (January – March 2011) and the Toronto Central LHIN will apply the lessons learned as we use peer and community-led processes this year to seek input on issues such as caregiver support and training needs.

Health Professionals Advisory Committee

Health professionals and front-line workers have crucial insights into the concerns of patients and clients as well as the problems and solutions for health system improvement.

The LHIN model recognizes this. The Local Health System Integration Act (LHSIA) requires all LHINs to set up a Health Professionals Advisory Committee (HPAC) made up of health professionals from a variety of disciplines to advise the LHINs about health system planning and priorities.

“The key to having a person with mental health issues and a family member whose son has mental health issues as facilitators, is the expertise - only they have - to identify with and gain the confidence of the six consumers, in the focus group, to be able to capture the concept of collective efficacy.”

**– Focus group participant
From evaluation of MHA and justice
supportive housing peer-led focus groups**

Launched in February 2009, the Toronto Central LHIN's HPAC is made up of 14 leaders representing a spectrum of professions and experiences. In addition to a passionate commitment to their patients and clients, they all share the cause of promoting higher quality health care through multidisciplinary collaboration.

HPAC members have provided key advice to the LHIN regarding strategic priorities for the 2010-13 Integrated Health Service Plan (IHSP-2). Specifically, the committee has focused on strategies to improve patient transitions and care coordination, and integrated care models, particularly for seniors, people with MHA issues and other high-needs populations.

HPAC members have underscored that quality of care must be at the centre of the LHIN's health system plan and were the founding members of the Toronto Central LHIN's Quality Indicator Task Group. In 2011/12 the Quality Indicator Task Group, which includes representation from Health Quality

Ontario, will help to identify key system-level quality indicators the LHIN can drive and incorporate in its accountability agreements with HSPs.

Also this year, HPAC will provide a vital perspective on key emerging local system initiatives, including integrated care for children and youth, and quality and equity improvement initiatives such as collecting demographic data from patients at the point of care.

Recently, HPAC recruited new members to fill vacancies and add key expertise to the committee, including a mental health and harm reduction worker and a community nurse educator from the community health centre sector.

"The Health Professional Advisory Committee has thrived in the Toronto Central LHIN for the following reasons: the LHIN leadership has honoured the group's stated intention to provide a respected voice to aid policy development and decision-making, and the HPAC itself has expanded some effort to monitor its impact on LHIN activities. Consequently, HPAC meetings are dynamic, synergistic forums that are routinely highly rated by HPAC members and there is competition among health care providers, including physicians, for available HPAC positions."

**– Dr. Pauline Pariser
Chair, Health Professionals Advisory Committee**

Engaging the Francophone Community

The province passed a regulation under LHSIA in 2010 to create six French language health services planning entities to provide expert advice to the LHINs about the health care needs and priorities of local Francophones.

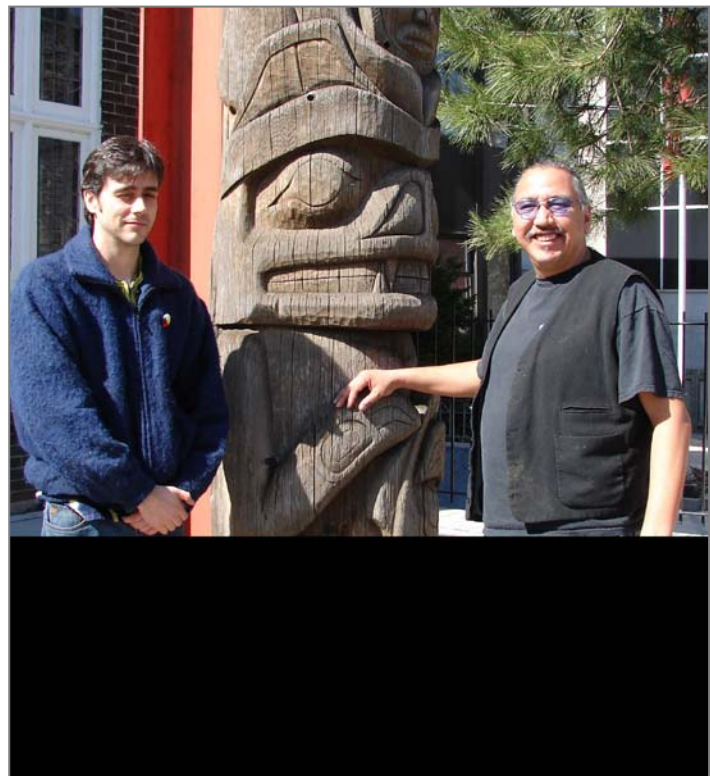
At the end of March 2011, the Toronto Central, Central West and Mississauga Halton LHINs signed a funding and accountability agreement with the entity for our three regions: *Entité de planification pour les services de santé en français de Toronto Centre, Centre Ouest et Mississauga Halton*. Over the next year we will work together to engage the multi-cultural and multi-ethnic Francophone communities served by the three LHINs. This will include an emphasis on Francophones who have recently arrived in Toronto and the GTA from around the world, including France, Haiti, Democratic Republic of Congo, Mauritius and Morocco. In the last half of the fiscal year, we will have an initial report on the health care needs, priorities and services in the LHINs.

Engaging the Aboriginal Community

According to the 2006 Census, 62 per cent of Aboriginal peoples in Ontario live in urban areas. Toronto has one of the largest and most diverse Aboriginal populations in Canada, comprised of many different Nations and communities.

Toronto Central LHIN's focus is on working with the Aboriginal communities and agencies in Toronto Central LHIN as well as collaborating with the GTA LHINs to address the distinct health needs of urban Aboriginal communities.

In 2011/12, the Toronto Central LHIN will build on the efforts to date and undertake new initiatives to engage and collaborate with Aboriginal community groups.



One of the main collaborative initiatives in the Toronto Central LHIN that has the potential to have a long-lasting impact on the health and wellbeing of Aboriginal individuals and families in

Toronto is a research project that addresses the high rates of diabetes among Aboriginals. Anishnawbe Health Toronto, in collaboration with the Native Canadian Centre and community researchers, will develop and implement an Aboriginal Diabetes Research Project in Toronto. A copy of this report will be available in early 2012.

Beginning in 2011/12, the LHIN CEO and staff and Aboriginal community agencies will meet bi-annually to identify and advance priority health care and systemic issues.

The Board will hold an education session on urban Aboriginal health in June 2011 to deepen the Board members' knowledge of the context, issues and needs of Aboriginal communities.

Key collaborations will continue including:

- A partnership among Noojimawin Aboriginal Health Authority, the GTA LHINs and the Toronto Central LHIN Hospital Collaborative on Marginalized Populations (with representatives from Toronto Central LHIN hospitals) to develop tools to assist hospitals to address Aboriginal health disparities.
- Participating in Toronto Public Health's Roundtable on Urban Aboriginal Health to advance common urban Aboriginal health strategies across Toronto.
- Participating in the Centre for Addictions and Mental Health (CAMH) – Aboriginal Services Community Advisory Committee for the ongoing development and evaluation of Aboriginal residential treatment cycles for MHA in Toronto.

While Toronto's Aboriginal health care organizations predominantly serve a downtown, high-needs part of the community, Aboriginal people from areas in the GTA that have few local Aboriginal health resources come to Toronto Central LHIN agencies for services.

In order to close service gaps and respond more effectively to the needs of Aboriginal communities, the Toronto Central LHIN and the four other GTA LHINs have been undertaking joint urban Aboriginal engagement and health planning for a number of years. We will continue to coordinate our efforts in 2011/12.

In addition, the LHIN will continue to strengthen its partnerships with all LHINs through the Aboriginal Provincial Network chaired by the Toronto Central LHIN and by supporting local initiatives funded through the federal Aboriginal Health Transition Fund.

Evaluation

In 2011/12 the Toronto Central LHIN will continue to include participant evaluation in all community engagement activities. We will share evaluation results with Toronto Central LHIN-led advisory committees and working groups and work with members to continually improve our engagement processes and structures in response to the results.

Stakeholders and members of the public are invited to provide feedback or ideas regarding this community engagement plan and any other topic by emailing and calling the Toronto Central LHIN or via the feedback section on the Toronto Central LHIN's web site – www.torontocentrallhin.on.ca.

