Champlain **LHIN** | **RLISS** de Champlain

Community Engagement Plan

2016-19

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

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Introduction

As a local planning agency, community engagement is fundamental to the work of the Champlain Local Health Integration Network (LHIN).

When we engage in our communities, people tell us clearly that changes are needed to our health care system and are driving the LHIN and its partners to do better. They express a strong need for improved access, coordination and integration to health services that will allow everyone to be as healthy as possible.

In 2015, the Champlain LHIN renewed its three-year strategic plan, the *Integrated Health Service Plan (IHSP) 2016-19.*

In developing the IHSP, the Champlain LHIN spent months speaking with almost 5000 [1] residents, providers and partners. This engagement built on what we have learned over time while in constant dialogue with network partners and the public. All of these activities furthered our understanding of the health care needs and helped to identify priorities for our region.

The *IHSP 2016-19* supports and aligns with the Ministry of Health and Long-Term Care's priorities described in *Patient's First: Action Plan for Health Care.*

Community engagement continues to be fundamental to delivering goals and priorities set out in our *IHSP 2016-19*. The Champlain LHIN has many partners, including patients/clients, caregivers and families in the region, and we work together to improve the way we organize, coordinate and deliver services to meet the needs of our population and get the full value for the nearly $2.6 billion investment in health services in Champlain.

In our efforts to build a person-centred health care system, we put people who use our health services, their caregivers and families at the centre of our work. We do this by involving them in planning and decision-making and ensuring that actions take into account their experiences and are in the best interest of those most impacted.

We are well situated to do this as the strength of the Champlain LHIN lies in its local emphasis – local partnerships, local service delivery and local decision-making.

We are committed to building a system that is organized for the people who use it. In doing so, we will continue to engage people, to collaborate, work with and listen to the expertise of those in our health care system to move our IHSP forward and achieve the health outcomes to which we have committed.

This three-year Community Engagement Plan illustrates how community engagement will support the achievement of the strategic priorities, goals and initiatives set out in our *IHSP 2016-19* and *Annual Business Plan (ABP) 2016-17*.

People told us clearly that changes are needed to our health care system, and are driving the LHIN and its partners to do better.

They expressed a strong need for improved access, coordination and integration to health services that, in terms of health status, will allow everyone to be as healthy as possible

[1] Feedback includes responses to a bilingual online survey and face-to-face consultations with stakeholders, providers, partners and networks.

Champlain Community

The Champlain LHIN's mission is "building a coordinated, integrated and accountable health system for people when and where they need it". We work toward this mission by engaging patients/clients, caregivers, families and communities, bringing people together, creating networks of care, making informed funding decisions, and monitoring and improving the performance of our system.

Champlain is the easternmost LHIN. It is home to approximately 1.2 million residents and spans 18,000 sq. km (roughly three times the size of Prince Edward Island). The region is highly diverse in geography, language, age and ethno-cultural background.

The City of Ottawa is the largest urban centre in Champlain. Other larger communities are the City of Cornwall, Hawkesbury, Petawawa and Pembroke. There are also numerous small towns and communities; one in five residents of Champlain live in a rural area.

The Champlain LHIN shares a 465-km border with Québec. It is a highly bilingual region with the largest number of Francophones than in any other LHIN. Roughly 20% of residents are Francophone, compared with 5% within all of Ontario.

Approximately 41,000 Indigenous people live in the Champlain region. According to the 2011 Census, this includes 31,000 living off-reserve and an estimated 10,000 living on Mohawks of Akwesasne First Nation. Other data estimate over 200 living on Algonquins of Pikwàkanagàn First Nation (in Renfrew County).

The National Household Survey of 2011 indicates there are 6, 400 Métis and Inuit People living in the region. Other estimates report that the population of Inuit to be at minimum, 3,700 in the Ottawa area. These numbers can be a result of many Inuit moving to and from northern communities on a regular basis. Ottawa is the city with the largest concentration of Inuit, outside the North.

We have an increasing population of newcomers in our region as well. Approximately 18% of residents in Champlain are new immigrants and most newcomers reside in the City of Ottawa. One in six residents speak a language other than French or English as their first language. The most common spoken languages are Chinese (several languages combined), Arabic, Spanish and Italian.

The senior population represents 16% of Champlain residents[2] and is projected to grow almost 10 times faster than the under-65 population. We know that the population is aging; however, there are also going to be about 70,000 more children in the region in the next few years. These are some of the demographic trends we will be mindful of when we consider how to best respond to the health needs of our community.

[2] Data source: Ontario Ministry of Health and Long-Term Care: IntelliHEALTH ONTARIO

The Champlain LHIN funds 240 health service programs by 127 health service providers in six sectors:

- *Hospitals*
- *Community Care Access Centre (home and community care)*
- *Mental Health and Addictions Services*
- *Community Support Services*
- *Community Health Centres*
- *Long-Term Care Homes.*

In addition, while not funded directly by the LHIN (except Community Health Centres), primary care is a critical sector in our health care community.

Critical partners in health care planning include the Indigenous Heath Circle Forum and the French Language Services Planning Network of Eastern Ontario (*Le Réseau*).

Addressing the disparities of Indigenous health in comparison with non-Indigenous health has been a long-standing priority of the Indigenous Health Circle Forum at the Champlain LHIN.

Through work, gaps in health services for chronic illnesses such as diabetes and mental health and addictions of Indigenous people have been identified.

The community engagement priorities of the Indigenous Health Circle Forum respond to several of the Calls to Action of the *Truth and Reconciliation Commission of Canada* (18, 19, 23 ii)[3]. Visit our website for more information about the Indigenous Health Circle Forum.

The Champlain LHIN and *Le Réseau* work together to ensure Francophone residents receive culturally and linguistically appropriate care as well as support the participation and inclusion of Francophone voices and perspectives in regional initiatives. The *Joint Action Plan 2016-17* outlines how the two agencies will work together this year and engage communities to advance the strategic directions of the *IHSP 2016-19*.

In addition, we have strong strategic partnerships with other funders, ministries, municipalities, health units, research institutes, non-LHIN funded health care providers, and other stakeholders.

Collaboration between the LHIN Board of Directors and boards of health service providers is also vital to ensure the implementation of system change to achieve common goals.

[3] Truth and Reconciliation Commission of Canada (2015). *Honouring the Truth, reconciling for the future: summary of the final report of the Truth and Reconciliation Commission of Canada*, *http://www.trc.ca/websites/trcinstitution/File/2015/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf*

Health Needs

Sixty-one percent of Champlain residents' self-report very good or excellent health, and 70% self-report very good or excellent mental health[4]. Between 2007 and 2011, the mortality rate (number of deaths per 100,000 population) declined substantially in Champlain (down 9.4%) compared to Ontario (down 1.3%)[5].

However, there are differences across the region: Ottawa and its surrounding areas has the highest life expectancy (82 years), compared to 79 to 80 years for the western (Renfrew County) and eastern (Prescott-Russell, Cornwall, rural areas[6].

Furthermore, over a third of Champlain residents (aged 12+) live with a chronic condition and 15% live with multiple chronic conditions. These proportions vary by age[7].

Chronic conditions account for 21% of all admissions to acute hospitals and 61% of the total number of deaths[8]. Within Champlain, the highest rate of chronic conditions are observed in Renfrew County, Prescott-Russell and Cornwall areas[9].

Other diseases of particular importance are dementia and mental health conditions, which account for significant health care and other costs: for example, those linked to lost productivity due to disability, premature mortality and caregiver burden.

Alzheimer disease and other dementias account for 9% of the total number of deaths, and are the second leading cause of death after heart disease (cancer of the lung is third)[10]. The impact of dementia is amplified through impact on other chronic conditions, as well as on family and caregivers.

[4] Canadian Community Health Survey (CCHS 2013), respondents are aged 12+.

[5] Data Sources: Statistics Canada and the Ontario Registrar General. *Environmental Scan: 2016-19 Integrated Health Service.* Retrieved from http://www.champlainlhin.on.ca/AboutUs/Geography%20and%20Pop%20Health%20Data/PopHealth.aspx

[6] Champlain LHIN analysis based on Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2007/2009.

[7] Champlain LHIN analysis based on Statistics Canada, Canadian Community Health Survey (2013).

[8] *Environmental Scan: 2016-19 Integrated Health Service.* Retrieved from http://www.champlainlhin.on.ca/AboutUs/Geography%20and%20Pop%20Health%20Data/PopHealth.aspx

[9] Champlain LHIN analysis: rates of chronic conditions are calculated for each Champlain area from the residents utilizing the health care services (any hospital episode or visit with a physician during 2011-12) for the chronic conditions of arthritis, asthma, COPD, cancer, diabetes, hypertension, stroke, heart disease, mental health, substance abuse and dementia.

[10] Data Sources: Statistics Canada and the Ontario Registrar General mortality data, using the leading cause of death groups developed by the World Health Organization http://www.who.int/bulletin/volumes/84/4/297.pdf and adapted by the Association of Public Health Epidemiologists of Ontario http://www.apheo.ca/resources/indicators/APHEO%20Modifications%20to%20Lead%20CauseDeath%20Be1cker%20at%20al.,16 Dec2008.pdf. *Environmental Scan: 2016-19 Integrated Health Service.* Retrieved from http://www.champlainlhin.on.ca/AboutUs/Geography%20and%20Pop%20Health%20Data/PopHealth.aspx

It is estimated that 30% of the Ontario population over the age of 15 will experience a mental health or substance abuse issue at some point during their life:

- *5% of Ontario adults reported experiencing symptoms of major depression in 2012, and 2% reported suicidal ideation in the last 12 months*
- *19% of adults reported exceeding low-risk alcohol guidelines in the past year, and 20% of students report binge drinking*

In Champlain, we identified approximately 26,000 people with multiple chronic conditions who use health services the most. Together this population accounts for more than $1 billon in health care utilization annually. [11] Our region's Health Links are targeting 10,000 individuals that would benefit from integrated care plans and case management.

[11] Champlain LHIN analysis of patients with high needs based on hospital, CCAC home care, physician billing and long-term care costs in 2011-12. Other costs (e.g drugs, out-of-pocket, community laboratory costs, ambulance and public health) are excluded.

Community Engagement

The *Local Health System Integration Act, (LHSIA), 2006* provides the legal framework for the Champlain LHIN, including its community engagement obligations.

Engagement is the *"meaningful involvement of stakeholders in the work of the LHIN and its Health Service Providers, ranging from priority setting and planning to decision-making, implementation, review and evaluation."* [12]

Community is defined as patients and other individuals in the geographic areas of the LHIN, Health Service Providers and any other person or entity that provides services in or for the local health system, as well as employees in the health system.

Individuals, communities, political entities or organizations that have a vested interest in the outcomes of a given initiative or program can be referred to as stakeholders. Anyone whose interests may be positively or negatively impacted by a project or exert influence on the project is considered a stakeholder. All stakeholders must be identified and engaged appropriate in community engagement initiatives.

LHINs follow seven principles that guide our engagement work:

- *Careful planning and preparation*
- *Inclusion and demographic diversity*
- *Collaboration and shared purpose*
- *Openness and learning*
- *Transparency and trust*
- *Impact and action*
- *Sustained engagement and participatory culture*

Community engagement can been organized along a spectrum of participation (e.g. inform, consult, involve, collaborate and empower). LHINs have an opportunity and a responsibility to utilize the most appropriate method of engagement based on the goals, purpose and stakeholder groups.

While the Champlain LHIN is effective in utilizing the lower end of the engagement spectrum we will strive to expand the intensity and involvement of stakeholders, particularly to bring in the voice of the patients/clients, caregivers and family members into LHIN initiatives early in the planning stages and ensure that the engagement is meaningful and purposeful for all involved.

Our community engagement can be ongoing or project specific. Whom we engage, how and the level of engagement will vary throughout an initiative. The Champlain LHIN will use a variety of methods and tools to engage with health consumers, including individual meetings, committees, webinars, forums, surveys, and focus groups to gather widespread input on specific topics.

The LHIN Board of Directors, Chief Executive Officer and staff participate and facilitate community engagement across the region.

View the LHIN Community Engagement Guidelines on our website.

12 Draft LHIN Community Engagement Guidelines (2016) –Revised.

In 2016-19, the Champlain LHIN will continue to build upon the community engagement that took place and work towards three specific community engagement goals.

A) *Engage local communities to advance our strategic priorities for health system change.*

B) *Foster a better understanding of the LHIN and support for its programs in the development of a person-centred health care system*

C) *Work collaboratively with health service providers to improve community engagement practices*

Community Engagement Goals

A) Engage local communities to advance our strategic priorities and directions for health system change

Over the next three years, the Champlain LHIN will be focusing on realizing the goals and priorities set out in our IHSP 2016-19. These strategic directions are:

- *Integration*
- *Access*
- *Sustainability*

The Champlain LHIN will continue its ongoing engagement with networks, committees and regional programs. The focus will be on ensuring more meaningful patient/client, caregiver and family member engagement as part of the process.

Integration

The Champlain LHIN will work with partners to ensure people have an excellent experience with the health services they use across the entire continuum. In our conversations with people, residents have expressed difficulties navigating the system and finding the right organization to meet their needs.

To support this, the Champlain LHIN will work to ensure that people who need multiple services receive more coordinated home, community and primary care and experience a smooth transition from hospital to home.

There are a number of initiatives that will take place over the next three years to realize these priorities. Many will require and involve community engagement:

- *Involve clients, caregivers and health system partners in review of home and community care services to support better integration of service across sub-geographies*
- *Board-to-board engagement with heath service providers and partners to address strategic priorities and health system performance*

In these transformational efforts, the role of the LHIN is to model, encourage, facilitate and hold partners accountable for planning and decision-making that puts the patient/client at the centre of their care.

- *Consult clients and caregivers in the establishment of coordinated intake for home and community care services*
- *Involve clients and caregivers in a working group to develop tools and processes and implement centralized and coordinated access to services for clients with mental health and additions issues*
- *Continue to seek advice from the Primary Care Advisory Council and its sub-groups to make system improvements involving primary care*
- *Engage clients to advise and support the ongoing implementation of integrated primary care networks and the development of sub-geographic regions*

Access

In a region as geographically, ethno-culturally and linguistically diverse as Champlain, access to health services is of particular importance. In our region, there can be variations in services and challenges to receiving care close to home in culturally safe ways that address the unique health concerns of communities. In particular, community engagement with Indigenous communities and the Indigenous Health Circle Forum will support initiatives that align with many of the Calls to Action of the Truth and Reconciliation Commission of Canada.

The Champlain LHIN IHSP 2016-19 and ABP 2016-17 outline priorities to improve equitable access to quality care - no matter who you are, or where you live, as well as initiatives for faster access to priority services.

Meaningful engagement will be essential to ensure these initiatives are grounded in patient/client, caregiver and family experiences, and culturally and linguistically appropriate and safe.

- *Collaborate with the Indigenous Health Circle Forum and Indigenous communities to develop an Indigenous Health and Wellness Model and equity framework to guide the Champlain LHIN in planning for Indigenous health care and population health*
- *Partner with Le Réseau to address identified gaps in service for Francophones such as respite care, long-term care, sexual assault services and hospice palliative care*
- *Meet with leaders of the Ottawa Local Immigration Partnership to better understand newcomers' experiences with the health care system*
- *Collaborate with the Health and Wellbeing Sector Table of the Ottawa Local Immigration Partnership to put in place a number of initiatives. They include coordinating care for refugees, assessing interpretation needs and services, and expanding capacity in the health system to deliver mental-health services for newcomers*
- *Conduct a targeted engagement with the aim of increasing access to services for seniors in ethno-culturally diverse communities.*
- *Consult with patients about their experiences of tele-homecare (health coaching and remote monitoring) to inform a review and evaluation about the service*

Sustainability

In a fiscal reality of constraint, collaboration among partners is essential to create a sustainable health system. Priorities for the next three years will focus on people getting services in the most appropriate settings and residents *receiving effective and efficient care*.

- *Support the collaboration of providers to enhance value in the system and find innovative ways to deliver quality care under funding reform changes through the Champlain Health System Funding Reform Local Partnership and key regional programs and networks*
- *In partnership with the Regional Hospice Palliative Care Program continue engagement activities to inform gap analysis, detail community needs and strengths and plan to improve access to care and services*
- *Continue to work with the Regional Hospice Palliative Care Program to implement common tools for advance care planning and goals of care to ensure each individuals' wishes for their care are communicated to their care teams*
- *Continue to collaborate with the Health Links Coordinating Council, steering committees, clients and caregivers to scale up the implementation of Health Links across the region*

B) Foster a better understanding of the LHIN and support for its programs in the development of a person-centred health care system

Building the quality, accessible health system we envision can only be accomplished through a collective will to change. This will require an open and honest dialogue, careful consideration and courage to take risks on innovative ideas, as well as the shared commitment of health system partners towards a common vision.

Our community is pushing us to do better. In the development of our *IHSP 2016-19*, approximately 5,000 people said clearly they have difficulty accessing the services they need and that services could be better coordinated.

People want better access to specialists, diagnostics, and community and home support services. The need health services closer to home and culturally and linguistically appropriate care.

The Champlain LHIN has a responsibility to report back to those who helped inform our strategic direction and those impacted by it.

To build trust, relationships and a shared vision and commitment, we inform people of system improvement, challenges faced and progress to be made.

The Champlain LHIN uses a variety of strategies and tactics to communicate with providers, residents and partners.

- *Host monthly meeting of the Champlain LHIN Board of Directors, meet and-greet sessions and targeted engagements in cities and towns across the region to foster relationships and share updates on transformation initiatives and health system performance*
- *Engage with the public, providers and partners using traditional and social media to inform them of LHIN initiatives (e.g. Board Highlights, media events, Twitter and YouTube videos)*
- *Host public board education sessions to exchange information and engage in dialogue with boards of health service providers, their staff and the public on the development of patient-centred initiatives in Champlain*

- *Participate in health service provider public events (e.g. Annual General Meetings, health fairs and symposia) to raise awareness of the progress of LHIN initiatives, foster partnerships and listen to the experiences of attendees*

- *Engage with boards of health service providers to foster greater partnerships and enhance collaboration on specific issues*

- *Meet with citizens, groups, government representatives and opinion leaders across the region about local health priorities*

- *Work with networks and stakeholders, and monitor patient complaints, to take a pulse of the needs and concerns of patients/clients in the region*

- *Continue to build and sustain relationships with primary care through the development of Primary Care Networks across the region to improve communication and linkages with other health system providers.*

C) *Work collaboratively with health service providers and partners to improve community engagement practices*

Our integrated health system must be person-centred. It must meet the health needs of patients, clients, caregivers and families as well as empower them to manage their own health. Furthermore, patients/clients, caregivers and families must be engaged in their own care and impact broader health system planning.

The February 2015 Ministry of Health and Long-term Care policy paper, Patients First: Action Plan for Health Care, include explicit comments with respect to patient and community engagement:

- *Engaging Ontarians on health care so we fully understand their needs and concerns;*
- *Making decisions that are informed by patients, so they play a major role in affecting system change; and*
- *Expanding patient engagement*

Building on the work that has taken place to date, we will continue to embed patient/client and family engagement in our work and learn from providers and partners.

We will share these learnings around the region to encourage and support innovative ways of ensuring the patient and family voice is present in all health system planning activities.

- *Expand and model patient/client, caregiver and family engagement practices in our own work by expanding patient involvement in LHIN committees and networks*
- *Foster partnership with providers and strategic partners to build capacity, share information, tools and resources on patient/client engagement throughout the region*
- *Work with partners to learn and explore community engagement techniques and innovations*
- *Address common challenges and barriers of patient/client, caregiver and family engagement such as getting started, recruitment, and sustaining participation*

Conclusion

This plan will guide the Champlain LHIN's community engagement for the next three years. During this time, we will track our progress and report annually to hold us accountable to our commitments to community engagement.

Participant feedback in our engagement initiatives will also help us to evaluate our work, and to continue to learn and develop our community engagement practices.

Stakeholders and members of the public are also invited to provide their feedback or ideas by contacting the Champlain LHIN (champlain@lhins.on.ca, or 613.747.6784; toll-free: 1.866.902.5446).

If you have questions about Champlain LHIN community engagement or any part of this plan, please contact Jessica Searson, Community Engagement Coordinator (jessica.searson@lhins.on.ca, or 613.747.3239; toll-free: 1.866.902.5446 ext. 3239).

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