South West
LOCAL HEALTH INTEGRATION NETWORK
RÉSEAU LOCAL D’INTÉGRATION DES SERVICES DE SANTÉ
du Sud-Ouest

Building our Future Together
2006/07 Community Engagement Report
On our cover: Dr. Amardeep Thind, who is part of the South West LHIN's Strategic Advisory Group, and Judith Fisher and Glenn Howlett, Priority Action Team members, joined more than 200 representatives from health service providers and the community to launch the implementation of the LHIN's first Integrated Health Service Plan in Stratford in February 2007.
Listening to the South West

A message from Norm Gamble, Chair of the Board of Directors, and Tony Woolgar, Chief Executive Officer

Central to the work of the South West Local Health Integration Network (LHIN) is the commitment to community engagement – the interactive process of working with our partners in the community to identify needs, develop strategies, and make choices. This process recognizes the wisdom, experience and creativity of those who deliver and receive health care in the context of their local communities.

Over the past year, nearly four thousand people who live and work in the South West LHIN have engaged in lively conversations about the future of our health care system. Their input is captured in the South West LHIN’s Integrated Health Service Plan, which sets priorities for the next three years.

In these pages, we tell the story of community engagement in the South West, reflecting the rich diversity of perspective and opinion, and ultimately, the benefits of engaging all partners across our area.

Our sincere thanks to all those who took part in this exciting process – a crucial step on the road to improved health care for individuals and families. We are committed to continuing to listen carefully to our communities and working in partnership to shape the future of health care in the South West.

Who we are

The South West Local Health Integration Network (LHIN) is responsible for the planning, integration and funding of nearly 200 health service providers, including hospitals, long-term care homes, mental health and addictions agencies, community support services, community health centres, and the South West Community Care Access Centre. One of 14 crown agencies established across the province in 2005, the South West LHIN brings together publicly funded health agencies and organizations and other health partners to help ensure a seamless continuum of high quality care, treatment and support.

The South West is an area of rich geographic diversity, stretching from Lake Erie to the Bruce Peninsula, and encompassing rural communities, villages and towns, and large urban areas. Home to almost one million people, it is also diverse in its health needs and challenges.
First steps

Developing a vision

The first task of the South West LHIN was to develop a vision for the future of health care in the South West, which would form the foundation of the LHIN’s first strategic plan, the *Integrated Health Service Plan*. The *Integrated Health Service Plan* defines the local integration priorities for the three-year period from April 1, 2007 to March 30, 2010, and will be regularly reviewed and updated as appropriate.

To set priorities and focus efforts, system leaders began by listening carefully to the people who know health care best – those who receive and deliver health services in the area. The Ministry of Health and Long-Term Care began this process in 2004 before the LHIN was officially created with a workshop of more than 300 health service providers and community partners from across the area. Based on the priorities identified and further dialogue, the South West LHIN Integration Priority Assessment was issued in February 2005.

The process was further informed by the Ontario government’s health care priorities:
- Reducing wait times
- Improving access to doctors, nurses and other health professionals
- Making Ontarians healthier by shifting focus from illness care to health care
- Building a system to manage the delivery of care
- Using information to serve the needs of patients

"Through engagement of our partners, we can create a better local health system that will meet the needs of individuals and their families now and in the future."

– Kelly Gillis, Senior Director, Planning, Integration and Community Engagement

Laying the foundation for change

Although it is the South West LHIN’s responsibility to develop the *Integrated Health Service Plan*, the intent was to create a plan that could be collectively shared and owned by health care partners across the LHIN. Recognizing the important role of local health care leaders in developing and advancing the *Plan*, the South West LHIN held a forum in May 2006 to give health service providers an opportunity to discuss, validate and expand on the issues identified in the earlier consultations.

More than 400 health care leaders from across the South West gathered in London for the full day forum – an opportunity for intense and lively dialogue about immediate and longer term opportunities and challenges in our health care system. Led off by inspiring words from Minister George Smitherman, the day generated discussion and ideas about a wide range of issues. The Southwest Regional Cancer Services Alliance was also featured, providing an example of a developing network and integration success story.

Emerging themes

Several clear themes emerged from these initial engagements.
- Improving access to primary care
- Ensuring a consistent level of service and quality in rural and remote communities
- Addressing transportation challenges
- Creating a more seamless continuum of care
- Building linkages to promote wellness and encourage collaboration
- Coordinating with mental health and addictions services
- Integrating services for seniors
- Using e-Health to link the area
- Mobilizing existing networks, partnerships and institutions
The South West LHIN welcomed 400 health care leaders to London in May 2006 to begin the work of developing the South West LHIN’s first *Integrated Health Service Plan*. Pictured here: Board Chair Norm Gamble, Minister of Health and Long-Term Care George Smitherman and Vice Chair Janet McEwen.

- Ensuring access to the right human and financial resources

Another theme that emerged was the notion that “we are the LHIN.” In other words, it was recognized that the LHIN is not a single organization but a network of organizations and other partners working together to deliver the best health care possible to our communities.

To guide the next step, the South West LHIN formed a Strategic Advisory Group made up of experienced local health care providers and consumers, who were asked to share their expertise and experiences and help interpret community engagement input. The LHIN incorporated these and other themes based on knowledge gathered from across the area into a draft *Integrated Health Service Plan*, produced in early July 2006.

Engaging our communities

“Thank you for coming to our communities rather than just larger centres.”

– Participant at a public forum in Markdale

They came from large cities and small villages. They met in community centres and churches, libraries, legion halls, town halls and arenas. From Lion’s Head to Aylmer, from Goderich to Tillsonburg, nearly 2,000 members of the public gathered to have their say about the South West LHIN’s draft *Integrated Health Service Plan*. Although people from different areas expressed different needs, everyone shared a common goal: to improve health care in the South West.

The South West LHIN convened 31 public forums in the summer and fall of 2006. After presentations by
the LHIN leadership and a question-and-answer period, participants at each session divided into small discussion groups to ensure that all voices were heard. The meetings were positive and productive. Participants clearly welcomed the opportunity to be informed and get involved, and made concrete and constructive suggestions. Even after the formal sessions were over, many stayed behind to continue the dialogue with LHIN staff and board members.

**Among the issues raised, participants:**
- Were concerned about the shortage of family physicians. Suggestions included an increased role for nurse practitioners and allied health workers, more team-based practices, and incentives for doctors to go into primary care
- Recognized the enormous toll of chronic illness, and welcomed the focus on prevention and health promotion
- Noted that seniors need help in navigating a system that can be complex and perplexing
- Encouraged a greater emphasis on end-of-life care, and better access to respite and long-term care services
- Identified barriers to access, such as the lack of affordable transportation
- Expressed concern about funding for health care and growing shortages in health professions
- Suggested that information technology was a way to make the system more effective and efficient
- Noted that consumers need better information about available services
- Encouraged the LHIN to focus on children and youth, those with mental illness
- Helped us appreciate the diversity of the South West, reminding us that a “cookie-cutter” approach won’t work

Participants in the public forums showed a sense of creativity and responsibility when asked what role they could play to ensure the Integrated Health Service Plan is a success. They expressed the need to stay informed and involved, and to participate in future community engagements. They also agreed
that we all must take more responsibility for our own health, and for the health of our communities.

“It was overwhelming to see the number of people who came out to public forums. That told me that people really wanted to be heard. For the most part, they didn’t come to complain: they told us that we had picked the right priorities and brought forward constructive opportunities for improvement.”

– Michelle Hurtubise, London Intercommunity Health Centre and Strategic Advisory Group member

### Engaging providers

Health care providers are our most powerful catalysts for change. Many talented and committed people – nurses, physicians, dietitians, therapists, social workers, case managers, personal support workers and others – stepped forward to offer valuable advice and insight. In all, 19 health provider forums were held across the South West, with more than 500 providers involved.

Perhaps not surprisingly, given the significant challenges faced by Ontario’s health care system in recent years, some providers were initially skeptical of the process. But they soon entered into the spirit of community engagement, sharing their enthusiasm, commitment and expertise. While members of the general public created value by telling their own personal stories, health providers helped paint a broader picture. They identified key issues and implementation challenges, making the final IHSP a truly collaborative effort. Among their many contributions, participants:

- Encouraged us to define primary health more broadly and to develop and support new models of care
- Emphasized the benefits of a team-based approach, and advocated for more partnerships and collaborations across the area and across the continuum of care
- Pointed out the potential of e-Health
- Asked that children and youth be added as a priority group
- Spoke of funding challenges and the need for new funding models
- Discussed the importance of culture and behaviour change
- Reinforced the emphasis on prevention
- Reminded us that mental illness is an important focus
- Suggested that end-of-life care and palliative services should be part of the Plan

### Between July 18 and October 5, 2006, public forums were held at:

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• Talked about ways to engage the “hard to reach”
• Underlined the importance of coordination and system navigation for seniors
• Encouraged the development of community care capacity
• Talked about shortages in personnel and beds, and ways to shorten wait lists
• Discussed the unique challenges faced by rural communities
• Reinforced the importance of education and research
• Encouraged us to build on existing innovative programs and practices

The provider forums were wide-ranging in their discussions, covering every aspect of the health care continuum.

Once the draft priorities were complete, nearly 100 representatives from across the LHIN came together in a series of expert panels to review the priorities and help confirm detailed action plans. Their input, fed through the Strategic Advisory Group, informed the final IHSP.

Throughout all these discussions with providers, one message came through loud and clear: patients and clients come first.

Engaging unique populations

Close to 3,000 people across the South West answered our call to attend public and provider forums and express their views about the future of health care in this area. We recognized, however, that some specific groups were unable or unlikely to participate in this way due to barriers of language, culture, social stigma, and disability. Committed to ensuring that all voices were heard, we reached out to these groups.

The Francophone community

A group of more than 25 Francophones provided valuable insights into the barrier of language. Among their insights:
• To ensure access, the LHIN must provide all services in French, including health promotion and primary care
• Health care professionals should be recruited to provide services in French
• Other issues include housing, income, recruitment, the need for services for parents of young children, and implementing prevention and health promotion programs

“Les efforts du groupe de mener les discussions en français sont appréciés et démontre une sensibilité.”

– Participant in the Francophone forum

Aboriginal communities

Aboriginal communities face unique barriers to care and experience high rates of several chronic diseases. For example, mortality rates for diabetes are 4.1 times higher among First Nation women than in the general population. The South West LHIN held seven meetings with Aboriginal and First Nation communities and leaders. Among the issues identified:
A public forum in Southampton. The community engagement process in the South West will continue to evolve as we work together to improve our health care system.

- Many aboriginal communities don’t have local primary care providers. Transportation is a key issue
- Providers sometimes aren’t sensitive to cultural differences
- Language, literacy and cultural sensitivities create barriers to care for Aboriginal seniors
- There are no dedicated long-term care homes or programs for Aboriginal seniors
- It’s difficult to recruit and retain health care professionals on reserves

**Mental health consumers**

Twenty percent of Canadians experience mental illness at some point in their lives. The South West LHIN held seven forums with mental health consumers, involving nearly 200 participants. Among the issues identified during these engagements:

- Some family doctors won’t take on patients with mental illness
- There is a need for more preventive programs and affordable housing
- Crisis services are available in London but not elsewhere
- Social stigma is a reality for most mental health consumers
- Families of patients need additional support
- Inter-faith counseling services and social workers in the community are helpful
- More meeting places and drop-in centres are needed

**Immigrants**

Nearly 16% of people living in the South West are immigrants, and 6% represent visible minorities. Three meetings were held in September 2006 to
gather input from specific immigrant populations in the London area. They included a group of 34 immigrant seniors from Latin America and Poland; a group at the North East London Community Health Project, mostly with people of Vietnamese or Cambodian descent; and peer facilitators (from Croatia, Iraq, Iran, Afghanistan, Colombia, Sudan) for Women of the World, a program of the London Intercommunity Health Centre.

Among the issues raised:
- Language can be a significant barrier. Interpreters are available, but patients must know to request them
- The cost of medications and medical equipment can be a barrier for many immigrant families
- Immigrants often don’t know about existing services
- Post-traumatic stress syndrome is common in immigrants, but often not treated

The Deaf community

Among the issues raised during a special session with members of the deaf community in October 2006:
- We need better access to interpreters
- The voices of parents and families must be heard
- The hard-of-hearing face special challenges in long-term care homes: staff needs to be educated and flexible

“Community engagement is an ongoing process. We will continue to respect and respond to the wisdom of our communities. We will continue to work together for better health.”

– Tony Woolgar, CEO, South West LHIN
Other engagement approaches

The South West LHIN recognized that some people were unable to attend public meetings, while others might prefer to provide their input privately. At the same time, to ensure that the Integrated Health Service Plan reflected a broad range of views, the LHIN also used survey methods to supplement the feedback it was receiving about the draft priorities through face-to-face dialogue. The surveys also provided the LHIN with a baseline of information on community perspectives about healthcare.

Telephone poll

On behalf of the South West LHIN, a private marketing firm contacted a randomly-selected, representative sample of 600 South West residents aged 18 and over.

Among the key results:
- 85% are satisfied with the overall quality of the health care system in the South West
- 76% are confident in the system’s sustainability
- More than 90% considered all key priority areas important
- More than half felt there were no missing priorities
- 93% want a more active and empowered role in making decisions about their own health care
- 97% support team-based health care provision
- 96% support integration and 91% support increased coordination of health services
Online survey

The online survey was accessible through the LHIN’s website, which was promoted in all print materials. The survey was also mentioned at all face-to-face engagements, and through e-mail reminders to providers. A total of 190 responses were received, with the majority (55%) from providers. Of the consumers who responded, nearly one-third were volunteers in the health care sector.

Among the key results:

- Overall, strengthening and improving primary care was considered the most important priority, with access close behind
- Most participants considered all priorities and action objectives important
- The strongest support for action objectives was for “Supporting the people who make it happen”
- More than 60% of participants disagreed or strongly disagreed that they have enough input into how the health care system is planned and managed
- More than 90% of participants agreed or strongly agreed that the health care system should be more integrated
- More than 90% of participants agreed or strongly agreed that the health care system should shift its focus from illness to wellness
- More than 90% agreed or strongly agreed that the health care system should provide care through teams of primary health care providers
Turning ideas into action

By early October, the South West LHIN had engaged in conversations with more than 2,500 people in face-to-face meetings, and hundreds more through surveys. It was an energizing and enlightening process. We learned a great deal, but perhaps the most important lesson was that people in the South West care passionately about their health care system and are ready to help shape and support it.

Based on what the LHIN heard, significant changes were made. For example, we added five “Implementation Imperatives” to the Plan to reflect community input. The Imperatives are unique strengths and challenges of the South West that must be addressed as the LHIN develops and implements detailed strategies for the future. When the changes and additions were integrated, the final version of the Integrated Health Service Plan was shared with the Minister on October 31, 2006.

“For the plan to be relevant, useful and embraced, it had to meet the diverse needs across the area. At the sessions I attended, people were very engaged, very energized to give feedback and very interested in the outcome. Without a doubt, the climate was positive and the process was open.”

– Caroline Tykoliz, Grey Bruce Health Services and Strategic Advisory Group member

The next level of engagement

To move the Plan forward, the LHIN asked people from across the South West to become part of ten Priority Action Teams (PATs). Two advisory groups, focusing on the enabling priorities of e-Health and Health Human Resources, will help lay the foundation to support the work of the Priority Action Teams.

Hundreds volunteered to participate. Selecting from the impressive pool of candidates wasn’t easy. Each of the teams includes approximately 25 members, both providers and community members, who will be working together over the next three years to bring the strategic priorities to fruition.

On February 21, 2007 more than 200 Priority Action Team members met for a one-day launch event. Dr. Barbara Clive, co-chair of the Geriatric Advisory Task Force of the Mississauga/Halton LHIN and a speaker at the event urged the Priority Action Team members: “Stick with the vision. Ask yourself what are the clients’ needs and what can we do to contribute to that.”

The conversation continues

This is not the end of the community engagement process – it is only the beginning of a dialogue among the South West LHIN and its partners that will inform the development of the LHIN and shape health care in our area. The LHIN Board and staff will continue to build, maintain and enrich relationships with providers, consumers and community leaders. The Integrated Health Service Plan will be updated to reflect evolving challenges and opportunities in the South West, ensuring that our health system offers accessible, high quality care to the people we serve.

While community forums will continue to serve as a tool for connecting with those who receive and help deliver health care in the South West LHIN, we are committed to keeping this connection open in other ways. The Board continues to hold rotating monthly meetings to take the story of what the
LHIN is doing out to our different communities. Area Provider Tables established in the North, Central and South parts of our LHIN help foster a dialogue among health service providers and the LHIN. The Priority Action Teams – in establishing a forum for community members, health service providers and health care partners to collaborate on how we will achieve specific health care priorities – take community engagement to the next level.

To read the Integrated Health Service Plan and stay in touch with activities at the South West LHIN, visit our website at www.southwestlhin.on.ca. If you have comments, suggestions or questions, contact us at southwest@lhins.on.ca.

“This is an opportunity to have a voice in our new health care system. It’s important that we have a voice so that the system is truly responsive to local needs. These are changes we have been working toward for a long time. Ultimately, we’re moving to a more holistic approach to health that embraces everyone.”

– Heather DeBruyn, Elgin branch, Canadian Mental Health Association and participant in provider forum in St. Thomas

Integration priorities

The Integrated Health Service Plan (IHSP) identifies four overarching integration priorities and ten action items to which Priority Action Teams have been assigned. This work is underpinned by the efforts of two advisory groups, the e-Health Steering Committee formed to establish a comprehensive e-Health strategy, and the Health Human Resources Advisory Group, formed to develop a coordinated health human resources approach. In addition, the Strategic Advisory Group formed to help guide the development of the Integrated Health Service Plan continues to play a leadership role, with its members serving as one of the two co-chairs for each Priority Action Team.

Strengthening and improving primary health care

– Support the development of a more connected system by focusing on primary care renewal models and by connecting independent and small group family physicians to other primary health services
– Focus on improving access to comprehensive primary health care, with an emphasis on early intervention and wellness for people with mental health and addictions conditions

Preventing and managing chronic illness

– Develop and implement a comprehensive Chronic Disease Prevention and Management (CDPM) Program
– Quick Start*: Implement a comprehensive CDPM program for individuals with diabetes, including those with mental health co-conditions

Building linkages across the continuum

– Develop and implement an integrated continuum of care for seniors and adults with complex needs
– Focus on rehabilitation
– Develop a strategy to ensure access to long-term care services

* A quick start program is an initiative that has been identified to proceed more quickly than others because planning or work is already underway.
Accessing the right services, in the right place, at the right time, by the right provider

- Improve the understanding of the availability of and access to health services for children and youth and identify opportunities to enhance support provided to families
- Define and strengthen the delivery of equitable, timely and appropriate service, and improve service coordination with a focus on implementing innovative approaches to support rural community providers
- Quick Start*: Develop and promote local solutions for provincial priorities

Enabling priority: Health human resources

- to ensure that we have the right mix of health care providers with the right skills at the right time and place

Enabling priority: e-Health

- to realize the full potential of electronic exchange of information between and among providers and consumers

Implementation imperatives:

- Transportation
- Promotion and prevention
- Mobilizing partnerships
- Evaluation, academic research, education and knowledge dissemination
- Standardization and best practices
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