



January 2009

# LHINKAGES

CONNECTING OUR COMMUNITIES IN HEALTH

## Share Your Story, Shape Your Care A Unique Opportunity for Community Engagement in the North West LHIN

Community engagement continues to be a priority for the North West LHIN, providing information for us to use when identifying health system priorities, opportunities to develop new partnerships and work together, and innovations to overcome challenges.

The North West LHIN is embarking on an innovative community engagement initiative called *Share Your Story, Shape Your Care*. It is an opportunity for all residents of Northwestern Ontario to share their ideas regarding planning for health services

*“The North West LHIN is embarking on an innovative community engagement initiative called **Share Your Story, Shape Your Care**... that will expand our reach to stakeholders, especially those in remote areas, giving more people a voice in their health care and the priorities for change to the health system in the northwest.”*

The primary method of gathering information for the *Share Your Story, Shape Your Care* project is an on-line survey. The survey, which will run from January 12 - February 28, 2009, is

throughout the region. Responses from participants will be used to develop the next Integrated Health Services Plan (IHSP), which will guide health system planning decisions for the three year period from 2010 - 2013.

actually a choice book which provides participants with information and opportunities to provide feedback. A section will also be devoted to gathering stories from respondents. In addition to the on-line survey, paper copies will be available for those who prefer them or do not use a computer.

The North West LHIN is the first to use this new method of community engagement, which works well in a region as vast as ours. It expands our reach to stakeholders, especially those in remote areas, giving more people a voice in their health care and the priorities for change to the health system in the northwest.

We want to reach as large an audience as possible through this survey and would be happy to provide you with an article or ad for your newsletters/ publications to encourage your employees, clients or volunteers to participate. Please contact Kristin Shields at [kristin.shields@lhins.on.ca](mailto:kristin.shields@lhins.on.ca) and we will send you the information promptly.

**We look forward to hearing your voice!** *(Continues on page 2)*

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Ontario

Local Health Integration  
Network

# Share Your Story, Shape Your Care *(Continued)*

## A Unique Opportunity for Community Engagement in the North West LHIN

### Why Community Engagement is Important

LHINs are based on the understanding that local areas are best able to identify the needs, opportunities and realities in their communities. We need input from local communities, leaders and health service providers to ensure that we are addressing the priorities within our region, in ways that make sense in Northwestern Ontario.

Since its inception in fall 2005, the North West LHIN has met with various stakeholders (for list of stakeholder groups, visit our [Community Engagement Strategy](#) online). Most of you will have participated in at least one of our sessions; many of you have been involved with numerous sessions (large and small) and committees in Thunder Bay or in your home community. When beginning engagement activities for the development of the Integrated Health Services Plan, we were often asked “Will you be back to our community again?” We have been back and are committed to continued engagement, as evidenced by the number of individuals, groups and organizations we’ve met with.

As reported in our Annual Reports, we met with 1,500 individuals in 2005/06; 2,000 in 2006/07; 2,500 in 07/08 and 826 from April to June this year. The reach of our engagement activities continues to increase.

### Community Engagement is Catching On

Community engagement is becoming a requirement for the health service providers funded by LHINs as well. As part of their service accountability agreements, the providers must ensure appropriate engagement with peers and clients/patients/families when considering a significant adjustment to their service offerings. Knowing this type of activity is new to many agencies, the LHINs are working on a common toolkit to outline different types of engagement and to assist them in organizing community engagement sessions and events.

### Evaluating Our Effectiveness

We know that engagement of our communities can not be evaluated strictly by numbers of attendees or numbers of activities held. To develop a comprehensive evaluation strategy, the North West LHIN is working with Dr. Julia Abelson from McMaster University (see Guest Article, below) and the other LHINs. The North West will also be one of the LHINs involved in a pan-Canadian study of community engagement in regional health models.

Evaluation of our sessions allows us to ensure that we are effective in meeting the goals of each activity and making the best use of your time. Thank you for your continued involvement in activities hosted by the North West LHIN—we look forward to our continued work together!

## Evaluating Community Engagement in Ontario’s LHINs

### Guest Article

Community engagement (CE) is a major focus of activity among Ontario’s 14 Local Health Integration Networks. This is certainly evident in the North West LHIN where a strong commitment to meaningful and informed community engagement underpins much of the LHIN’s work towards the achievement of its community health goals.

Over the past year, we have begun some exciting work to help Ontario’s LHINs document and evaluate the impact that their community engagement activities are having on their communities. A first and important step in this work has been to review the goals, objectives and principles for community engagement as well as the plans that LHINs have in place to evaluate their CE activities. Our review revealed that while many of Ontario’s LHINs have the same objectives for CE, it is conceived of differently throughout the province. The North West LHIN, for example, views CE as being centered on developing relationships within their communities and meeting with a broad range of stakeholder groups to help shape integrated health service plans. The strong sense of community and long-standing relationships is the cornerstone of their CE strategy, and great efforts are made to meet extensively throughout the vast

geography of the region through teleconferences, videoconferences and travel for face-to-face meetings.

Finding ways to carry out their CE work effectively and efficiently is a major priority for LHIN staff and a major impetus for their involvement in the next phase of our research which involves the development of a tool that can be used to assess the extent to which the LHINs’ CE approaches are meeting their goals of informing, educating, consulting and building relationships with their communities. This work is part of a larger pan-Canadian research initiative that McMaster researchers are leading to evaluate the impacts of public engagement in health systems.

We are grateful for the generosity and enthusiasm that North West LHIN staff have demonstrated so far toward this exciting project and we look forward to working more closely with them in the next phase of our research. Their strong organizational commitment to CE combined with the receptivity to improving performance through the participation in research projects like this one will ensure that they continue to make great strides in engaging meaningfully and effectively with their communities.

*Julia Abelson, PhD, Associate Professor, Department of Clinical Epidemiology and Biostatistics, McMaster University*

## Alternate Level of Care (ALC)

Faced with an aging population of individuals who want choices and want to remain at home in the community as long as possible, it is important that our health care system change to meet the increasing demands. The goal is to help prevent seniors from visiting emergency rooms for non-urgent care that could be provided in the community and to help seniors who do become hospitalized to move to an appropriate care setting when they are ready for discharge.

The North West LHIN recognizes Alternate Level of Care (ALC) as the most significant challenge facing our health care system. (see coloured box below).

Pressures caused by ALC in the acute care setting have existed across Ontario for over 10 years, long before the LHINs were created. Changing a health care system and the way the partners interact takes time. With the population aging and the health needs of these individuals increasing, the focus has shifted to significantly reducing the number of days that patients remain in hospital once they are finished their acute care treatment. By improving patient flow through the health care system, beds are freed up for those recovering from elective surgery or waiting in emergency rooms for admission.

This health care challenge requires all partners to work together to address the complex nature of ALC. In 2007, the North West LHIN established an ALC Committee to discuss ALC pressures and identify solutions for the northwest. The North West LHIN also meets regularly with health care providers to discuss and monitor the ever-changing ALC situation across the region which occurs in acute care, complex care and rehab settings.

This teamwork and discussion contributed to the development of the North West LHIN's ALC Strategy with short, medium and long-term options to address this system-wide issue.

*Alternate level of care means that the “patient has completed the acute care phase of treatment and is in a hospital bed and would be better cared for in an alternate setting”. The patient may require: Long-term Care, Complex Continuing Care, Convalescent Care, Rehabilitation Care, Home Care or Palliative Care.*

### We have a Plan

The North West LHIN's ALC Strategy sets out a plan on what changes need to be implemented to make the system more responsive to the pressures caused by ALC in acute care and other care environments. Hospitals in Thunder Bay, Kenora, Sioux Lookout and Dryden face ALC challenges and have expressed the need for short term solutions to help free up hospital beds for acute care and surgical patients.

In response, a number of short term measures have been implemented:

- Five additional long-term beds were opened at the Thunder Bay Interim Care Centre in June 2008, accommodating ALC patients waiting in hospital for long-term care (LTC).
- Twice, when bed pressures were high, the North West Community Care Access Centre (CCAC) arranged for ALC patients at Thunder Bay Regional Health Sciences Centre to be given priority placement into available long-term care beds.
- Two FLO Collaborative teams, involving Thunder Bay Regional Health Sciences Centre and the CCAC, are working together to improve care processes related to patient flow from the hospital to care in an alternate setting (details in the November 2007 edition of LHINKages).
- Since August, the North West LHIN has invested over \$1-million in projects designed to provide more community support services to help seniors return from hospital sooner and stay in their homes longer (see page 6). More announcements are to come.
- Eight *Aging at Home* vans, announced in August, are operating in six communities across the region. The vans are dedicated to providing seniors with transportation to health-related appointments and programs. (see page 7)
- The North West LHIN held a public call for proposals for programs that will reduce the percentage of ALC days in hospitals and visits to emergency departments within one year. The programs' results must be measurable so the LHIN can ensure they are making an impact. The programs are to be announced soon (see coloured box, page 4).
- Provincial legislation was changed, removing CCAC service maximums. This allows the CCAC to provide more intensive homecare services to seniors with higher needs, which in turn makes it possible for them to remain at home.

Short term tactics alone will not turn ALC around. It is a recurring problem that is going to require longer term solutions and new ways of working together in order to make the changes sustainable across the system. (Continues on page 4 -5)

## Stakeholder Engagement in Call for Proposals to Address ALC

### A New Approach to Ensuring Fairness

The North West LHIN recognizes that our Call for Proposals process for funding initiatives must be objective and fair. The LHIN must be able to justify its decisions to providers about which programs are accepted or rejected.

To ensure fairness, we took a new approach with our call for idea sheets for the “Integrating and Coordinating Care in the Right Setting” initiative in May. We recruited external stakeholders to help set the criteria for the submissions, provide feedback on the evaluation tools to be used and review the submissions as part of the evaluation team. The individuals were from organizations that are neither LHIN-funded nor involved with any of the proposals.

### Meeting with the Providers

All interested health service providers in the North West LHIN were invited to sessions outlining the focus of the initiative, the decision review criteria, the proposal evaluation process and the deadline for submission of the idea sheets. For consistency, the sessions, delivered in person in Thunder Bay and via videoconference to the region, were held the same day by the same LHIN staff.

### About the Initiative

The “Integrating and Coordinating Care in the Right Setting” initiative is being funded from the LHIN’s 2008-09 Urgent Priorities Fund, which is to be dedicated to projects that reduce Alternate Level of Care (ALC) and emergency department pressures in the region within one year. The proposals in the North West LHIN are to benefit four hospitals which regularly experience ALC pressures: Thunder Bay Regional Health Sciences Centre, Dryden Regional Health Centre, Meno-Ya-Win Health Centre (Sioux Lookout) and Lake of the Woods District Hospital (Kenora).

The proposals are required to demonstrate how they will:

- reduce the percentage of ALC days in one of the four targeted hospitals
- reduce emergency department visits or hospitalizations at the hospitals that could be managed elsewhere

An evaluation team, composed of external members and LHIN staff, has evaluated the submissions. The successful proposals are to be announced soon.

## Alternate Level of Care (ALC) *(Continued)*

### The Medium and Long Term

ALC is a system-wide issue which can only be solved with system-wide commitment, collaboration and partnership between health service providers and the LHIN. Working together, communicating closely and coordinating services will maximize health care resources. In turn, seniors’ experiences in the health care system will improve as well as their health outcomes.

The North West LHIN’s ALC strategy outlines the kinds of services, programs and collaboration being pursued to help achieve these three main priorities:

#### 1. Prevention/Wellness

Helping seniors maintain their health and having the community supports in place to help seniors live at home in the community as long as possible.

**Benefit:** Seniors will enjoy a good quality of life and maintain their independence.

#### 2. Diversion

Helping prevent seniors from emergency room visits and admissions to hospital and long-term care.

**Benefit:** Wait times will be reduced in emergency departments and access to in-patient hospital beds will be improved.

#### 3. Directing Care of Patient to Appropriate Care Setting

Building capacity in the system to help seniors return home from the hospital or to another care setting without delay.

**Benefit:** Seniors will spend fewer days in hospital and will receive the kind of care they need sooner.

### Initiatives Contributing to ALC Solutions

The Ministry of Health and Long-Term Care has announced various strategies and funding initiatives that, although under different names, all tie together to reduce emergency department wait times and reduce ALC pressures in Ontario hospitals. The initiatives include:

#### Emergency Department/Alternate Level of Care (ED/ALC) Strategy, announced May 2008

The province has made ALC a priority. Its ED/ALC strategy is focused on reducing emergency department (ED) demand, increasing ED capacity and performance, and on faster discharge of ALC patients from hospital to a more appropriate setting.

#### Aging at Home, announced August 2007

Close to \$3.4-million to be invested in the region over the next three years.

Aging at Home is part of the Ontario government’s broader strategy to reduce wait times in emergency rooms. The strategy, announced in late 2007, is aimed at meeting the health and wellness needs of seniors who require some assistance to live at home independently and at reducing reliance on hospitals and long-term care homes.

## Alternate Level of Care (ALC) *(Continued)*

### Urgent Priority Funding, \$820,000 to be used in 2008/09

The UPF (see coloured box, page 4) will fund programs that address ALC/ED pressures within one year.

### North West CCAC Funding

The province removed the service maximums for homemaking allowing for more intensive support for seniors who require it, preventing hospital visits and long-term care admissions.

### Centre of Excellence for Integrated Seniors' Services (CEISS), announced August 2007

Specific to Thunder Bay, this project includes 336 long-term care beds (including 64 specialized behavioural beds) and 132 new supportive housing units, service enhancements for existing supportive housing residents and additional community services to support seniors' medical and home care needs at home.

The North West LHIN is working diligently with our health care partners to address the ALC issue in the northwest. We look forward to sharing the ALC strategy with you in more detail. An ALC section, featuring an overview of the plan, is being set up on our website early in 2009.

## Provincial Diabetes Strategy: Important News for North West LHIN

Rates of diabetes in the North West LHIN exceed the provincial average. This, combined with our large Aboriginal population which experiences high rates of the disease, makes this strategy especially important to us.

The Ontario Ministry of Health and Long-Term Care recently announced its Diabetes Strategy - a multifaceted approach to improving the prevention and management of this chronic illness. The goal is to improve health and health care for diabetics and those at high risk for developing diabetes.

The province's diabetes strategy includes several components:

- **An online registry** will support improved self management by providing patients with access to information and educational tools related to their disease. Health service providers will have the ability to check patient records, view diagnostic information and send alerts as necessary.
- **Access to insulin pumps** will be expanded as all Type 1 diabetics over the age of 18 years become eligible for pumps and supplies.
- **Chronic kidney disease services** will be enhanced through greater access to dialysis.
- **Access to bariatric surgery** will be improved.

*Approximately 900,000 people live with diabetes in Ontario. It is estimated this number will grow to 1.2 million in the next 2 years. It costs the health system an estimated \$5 billion each year.*

- **Educational campaigns to prevent diabetes** in high risk populations such as Aboriginal and South Asian communities, lower income families and people over 50 will be developed.
- **Access to team based care closer to home** will be increased as areas of need are better aligned with available services.

The North West LHIN has been chosen to participate in two special projects related to the provincial Diabetes Strategy. The first, an e-Health program, will involve the development of a diabetes registry. Portal access for clinicians and clients is designed to improve both clinical and self-management of diabetes. The second project will enhance prevention and management activities related to diabetes. Both initiatives are in the very early stages of development. The North West LHIN has recruited a Diabetes Lead and Community Engagement Coordinator to develop and implement a strategy to advance the prevention and management of diabetes for residents of Northwestern Ontario.

# Helping Seniors Stay at Home

## New and Enhanced Seniors' Services Announced in the North West LHIN

Hundreds of seniors across the northwest are benefiting from a number of initiatives approved by the North West LHIN Board. Thirteen new and enhanced programs, totaling \$1.7-million, will be offering better community support to our seniors to allow them to stay in their homes longer and reduce the pressures on our emergency departments and acute care hospital beds.

The services range from non-medical supports like snow shoveling, meals, home maintenance and repairs to in-home exercise programs for homebound seniors and transportation to medical appointments to respite care and home supports tailored to the seniors' needs.

The initiatives are being funded through the Aging at Home Strategy and Integrated Seniors' Services funding, which is part of the broader Centre of Excellence for Integrated Seniors' Services (CEISS) project in Thunder Bay.

### Aging at Home

A three-year initiative announced in late 2007, is part of the Ontario government's broader strategy to reduce wait times in emergency departments. The strategy is aimed at meeting the health and wellness needs of seniors who require some assistance to live at home independently and reducing the reliance on hospitals and long-term care homes. Close to \$3.4-million will be invested in this initiative in the North West LHIN throughout the next three years.

### The programs announced include:

Project Name & Service Provider	Project Description	Benefit to Seniors	2008/2009 Funding
<b>Principles of Physical Rehabilitation: A Training Workshop for Personal Support Workers in Remote First Nation Communities</b> Thunder Bay Regional Health Sciences Centre	This initiative, supported through a partnership with KO Telemedicine, is a new way of offering training and support services closer to the homes of First Nations seniors and their care providers.	The use of videoconferencing to train care providers and deliver telerehab consultations in remote First Nations communities is innovative, enables service for seniors in their home communities and supports improvements in quality of care.	\$10,000 Aging at Home
<b>First Link</b> Alzheimer Society of Thunder Bay	First Link is an early referral and intervention program that links the senior and caregivers in the Thunder Bay District to coordinated learning, services and support from throughout the continuum of the disease.	Seniors with Alzheimer's disease or a related dementia and their caregivers have access to comprehensive and coordinated services early in the disease process.	\$67,500 Aging at Home
<b>Programs for Community Living (2 communities)</b> Marathon: Wilson Memorial General Hospital Schreiber/Terrace Bay: The McCausland Hospital	Seniors in these communities will receive support for daily living activities like seasonal chores, meals, housekeeping, home repairs and grocery shopping to help them stay at home. A flexible be uniquely tailored to each senior.	Gives seniors who are frail and most at risk of hospitalization the help they need to maintain their house and continue living in the community.	\$43,075 Aging at Home \$43,075 Aging at Home
<b>Seniors Maintaining Active Roles Together (SMART) Program</b> Victorian Order of Nurses – Thunder Bay	This program, which is being offered throughout the Northwest, provides physical activity to isolated, homebound, sedentary seniors as a positive health intervention.	Mobility, flexibility and strength will be improved in seniors who have a difficult time getting exercise outside the home.	\$31,858 Aging at Home
<b>North Shore MedExpress Services</b> Manitouwadge General Hospital	Two medical transit buses, operating out of Manitouwadge and Geraldton, will provide seniors in communities along highway 11 and 17 corridors with transportation to specialist appointments and services in Thunder Bay.	This safe, economical service will link seniors with specialist health services in Thunder Bay.	\$207,141 Aging at Home
<b>Rural Geriatric Primary Care Outreach Program</b> Mary Berglund Community Health Centre	A multidisciplinary health team on board a Rural Geriatric Health Mobile Unit are providing comprehensive health services for homebound elderly in Ignace and outlying rural areas of Dinorwic and Savant Lake.	Designed to help seniors maintain independence, promote health & safety and decrease unnecessary admissions to hospital and long-term care.	\$19,300 Aging at Home

Project Name & Service Provider	Project Description	Benefit to Seniors	2008/2009 Funding
<b>Pilot Project: Respite Services for Seniors in the District of Thunder Bay</b> Wesway Inc., Thunder Bay	This innovative pilot program will provide respite services for frail seniors and their caregivers living in small communities throughout the District of Thunder Bay.	Respite care is essential for dedicated family caregivers who require temporary breaks. The program is designed to be flexible, accommodating the strengths and needs of each family.	\$182,100 Aging at Home
<b>Enhancement and expansion of respite services in Thunder Bay</b> Wesway Inc., Thunder Bay	Respite care for new and existing clients in Thunder Bay	Prevents burnout of caregivers of senior loved-ones at home, which helps the seniors live in the community longer.	\$301,080 Integrated Seniors' Services (two year funding)
<b>Smooth Transitions</b> St. Elizabeth Health Centre	This service is designed to help seniors in Thunder Bay, who are without adequate caregiver support and ineligible for CCAC services, to return home and settle safely after an emergency department visit or hospital stay at Thunder Bay Regional Health Sciences Centre. Services will include transportation from hospital to home, settlement and follow-up.	Provides short-term enhanced services to assist seniors in successfully transitioning from hospital to home and remaining independent.	\$160,000 Aging at Home
<b>Expansion of three new programs for new clients in Thunder Bay</b> The Canadian Red Cross Society	<ul style="list-style-type: none"> <li>• Home Help</li> <li>• Home Maintenance &amp; Repair</li> <li>• Congregate Dining</li> </ul>	Provides seniors with the help they need to stay in their homes and companionship for isolated seniors.	\$228,164 Integrated Seniors' Services (two year funding)
<b>Supportive Housing Enhancements</b> St. Joseph's Care Group	Enhancements include additional personal support worker time for the seniors living in P.R. Cook, when required. Personal support workers provide services like cleaning and meal preparation.	Funding this additional support helps the seniors remain in supportive housing rather than having to be moved to long-term care.	\$211,876 Integrated Seniors' Services (two year funding)
<b>TOTAL</b>			\$1,705,211

## Seniors in North West LHIN Get Lift to Healthy, Independent Living

Ontario funded the purchase of eight new Dodge Caravans for the North West LHIN as part of the Aging at Home Strategy. The vans transport area seniors to and from medical appointments, wellness programs and recreational activities like exercise classes.

The vans fill a longstanding gap in seniors' care according to Sharon Sidlar, a retired seniors' health care manager and member of the North West LHIN's Seniors' Services Advisory Team. "There has been a huge need for safe, affordable and accessible transportation so that seniors can get to medical appointments as well as to programs designed to prevent and treat health issues. This is truly exciting news for our seniors and for our communities."

The vans, which are in various stages of startup, service eight communities in the North West LHIN.



Service Provider	Location/ # of vans	Status of Service	Contact
Board of Management of the District of Kenora	Kenora & Area (1)	Operating	807-468-4562
	Sioux Lookout & Area (1)	Operating	807-468-4562
Canadian Red Cross Society	Thunder Bay & Area (2)	Operating	807-623-3073
	Dryden & Area (1)	Operating	807-223-4751
Riverside Health Care Facilities Inc.	Fort Frances & Area (1)	Operating	807-274-3261 ext. 2547
Wilson Memorial General Hospital	Marathon & Area (1)	Drivers recruited, start-up expected in early February	807-229-1740
Corporation of the Municipality of Greenstone	Geraldton & Longlac (1)	Drivers recruited, will be operating soon	807-854-2511

# Chronic Disease Prevention and Management in the North West LHIN: An Update

Supporting people to manage their chronic diseases is a crucial component in improving outcomes. Earlier this year, the North West LHIN sponsored Stanford Self Management training for health providers throughout the region. Twenty-eight Master Trainers graduated from the Stanford Chronic Disease Self Management training. In June and November of this year they came together to share lessons learned and ideas for moving forward.

Tammy McKinnon from the Fort William Family Health Team shared planning tips for a well organized session. She noted that many participants from her first session were motivated to change unhealthy lifestyles. Terri Horan of the Geraldton Family Health Team and Anne Waswa from Eabametoong shared their experience of coming together from two distant communities to offer the program. In spite of some challenges, they were successful in improving the self management capacity amongst graduates. Anita Pukila of Victorian Order of Nurses reported on her involvement with a research initiative to offer the program via videoconferencing. Though there were challenges in utilizing this approach, access was enhanced as she was able to reach people with chronic diseases in many communities throughout the north. Other Master Trainers from the region participated in an informal discussion, providing updates and sharing lessons learned.

The North West LHIN hosted a second Stanford Self Management training in late November. Twenty-three Master Trainers graduated from the Stanford Diabetes Self Management training. The first of its kind to be offered in Canada, this program involved participants from throughout the region. The North West LHIN will continue to build upon the self management capacity created through the first two Stanford Self Management programs.

To support the development of a self management network throughout the region, the North West LHIN has recruited a coordinator, Nelson Sidorski, to work with Master Trainers. The coordination of self management activities will be enhanced through his work.



## Staff Feature



### Kristin Shields

Senior Consultant, Planning and Community Engagement

Kristin became a part of the North West LHIN team in early 2006 to help develop its first Integrated Health Services Plan. Following completion of her BSc in Life Sciences at Queen's University, Kristin returned to the Northwest (having grown up in Atikokan), earning her Masters of Public Health and Graduate Diploma in Health Services and Policy Research. Experiences in health planning and research in Northwestern Ontario have supported her work.

*"There's a strong sense of community in our towns and across our region; it's an honour and responsibility to make sure that our communities' voices are heard when making decisions/setting priorities."*

## Coming Events

### North West LHIN Board of Directors Meeting (public), Tuesday, January 27, 2009

North West LHIN Boardroom, 975 Alloy Drive, Suite 201

*The time and agenda for the meeting will be available on the [Calendar](#) on our website sometime during the week of January 19th.*

If you have comments or ideas for future issues, please contact  
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