

Healthier people,
a strong health system
- our future.



North West LHIN Board of Directors Geraldton Community Engagement

October 22, 2013

Report submitted: December 20, 2013



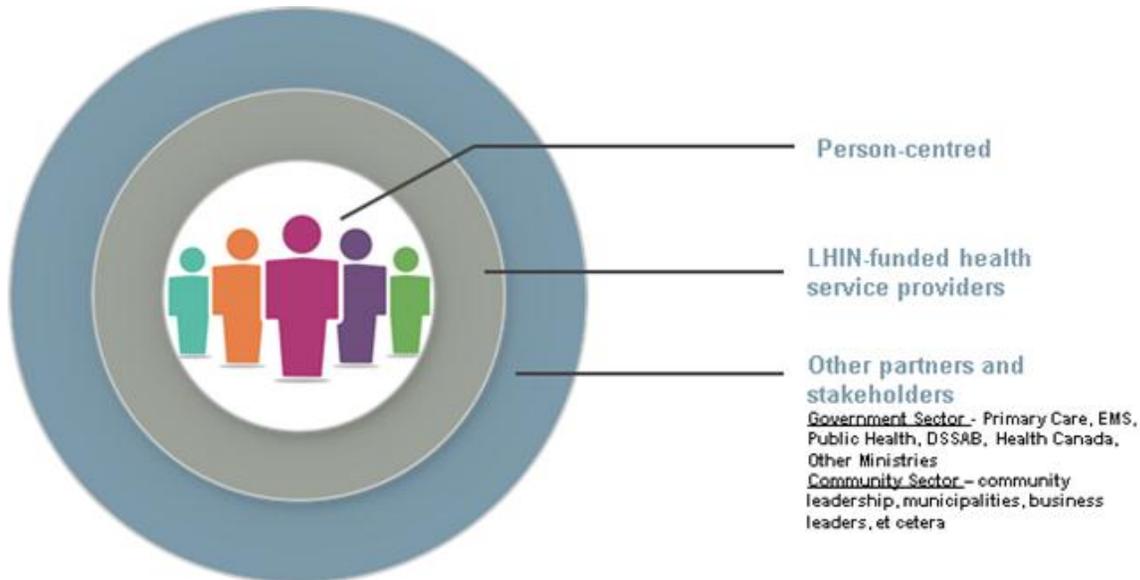
Ontario

Local Health Integration
Network

Réseau local d'intégration
des services de santé

Introduction

In 2012/13, the focus of community engagement sessions was with North West LHIN-funded health service providers. Community engagement sessions for 2013/14 and 2014/15 will continue to advance with LHIN health service providers and will include participation among non-LHIN funded key stakeholders as noted in the diagram below.



Person-Centred Circle of Care

On October 22, 2013, the North West LHIN Board of Directors invited primarily non-LHIN funded health professionals, business leaders, representatives from social service organizations, and other community partners to attend an engagement session in Geraldton, Ontario. The purpose of the meeting was threefold: 1) to increase awareness of the North West LHIN, 2) to provide information about the Health Services Blueprint and Health Links, and 3) to encourage community members to discuss how they could collaborate better to improve patient care and help drive health system transformation forward to best meet the needs of their own community.

The roundtable discussion was the third of a series of sessions scheduled to take place with non-LHIN funded key stakeholders in each of the 14 Local Health Hubs between May 2013 and June 2014.

The objectives of the meeting were:

1. To share information about:
 - The Provincial Health Care Context
 - Health Care in the North West LHIN

- Health System Transformation:
 - Health Services Blueprint Recommendations
 - Health Links
2. To discuss opportunities to work together to address the health care needs of people in the Greenstone area

Meeting Details

Logistics

Laura Kokocinski, CEO of the North West LHIN, commenced the afternoon by welcoming attendees and explaining the purpose of the event. Subsequently, Joy Warkentin, North West LHIN Board Chair, delivered a presentation with support from Dan Levesque, North West LHIN Board Member, that outlined the following:

- Role and mandate of LHINs
- Provincial health care spending context
- Responsibilities of the North West LHIN
- Case for health system transformation
- Health Services Blueprint and Health Links
- How participants could collaborate to help shape Greenstone's health care system

Following the presentation, the 23 participants worked in small groups to brainstorm responses to four prepared discussion questions.

The session concluded with an opportunity to network with other attendees and North West LHIN representatives.



Main Themes Arising from the Discussion Period

Attendees were asked to respond to four discussion questions with their tablemates:

1. **What do you see as the opportunities and barriers to deliver health care in your community?**

Barriers

- Recruiting and retaining health care professionals is difficult.
- Lack of awareness among the public regarding available services – who does what – results in costly duplication of services.
- Similarly, system navigation is difficult for most patients, who end up defaulting to the Emergency Department (ED) because they are not sure where to go.
- Some community members fear that current demographics may inform future plans despite potential for growth.

- Lack of access to effective and affordable transportation is an issue, especially for seniors. Patients frequently must find ways to travel from remote communities like Nakina to Geraldton, or from Geraldton to Thunder Bay, which becomes difficult for many families.
- It is difficult for people and organizations outside of the health sector to keep abreast of available services.
- Lack of services available and lack of sensitivity for cultural or language diversity for particular population groups:

- Aboriginal individuals – many clients have trust issues, cultural awareness among providers is lacking, and natural healing and clinical models of health care are disconnected. For example, there is a lack of publicly-funded coverage for traditional medicine and healing when healers visit Aboriginal clients' homes
- Francophone individuals – language barriers and lack of French services impede Francophone residents from accessing care. Many Francophone clients often have to ask to receive services in French when they may not be able to or may not want to, even though French services should be automatically available.



- More attention and resources should be dedicated to addressing the social determinants of health (i.e. low or fixed incomes, shelter, food security). Since financial problems are linked to health problems, people frequently put health issues on the back burner.
- Fear of stigmatization may prevent individuals from seeking care.
- Shortage of financial and human resources in the community sector (i.e. home support).
- Budgets have been downsized because there is little or no additional/new funding available.
- Access to primary care remains an issue. There are long waits for appointments to see a family physician or specialist, as well as to receive test results.
- There are also long wait times to access mental health services.
- Greenstone is poised for a state of economic and demographic growth in the next 5-10 years with anticipated mining development (i.e. Premier & Ring of Fire). With this period of growth will also come increased demand for services, which will put additional strain on local health care systems and resources.

Opportunities

- More services could potentially be offered more often within local communities (i.e. mobile services can offer both colonoscopies and mammographies).

- All appointments could be scheduled within a two-day timeframe, rather than scatter them over the course of a month, in order to save time and travel costs.
- There are opportunities to increase public awareness of available services through existing resources, such as local newspapers, TV channels, library, and schools.
- Additional roundtables should be hosted to exchange information, challenges, and innovative ideas.
- There is ample time to plan ahead for the health services that will be needed to accommodate the possible 30% increase in population and rising demand bound to occur with developments in the mining sector.
- Coordinated care plans will help track patients' needs and the services they access.
- Increased awareness and use of technology among providers and patients.
- Shifts in philosophy in favour of "one-stop-shopping" for all kinds of care, perhaps at the hospital, that incorporates holistic care and wellness approaches.
- The small community size ensures that information can be shared easily with residents.
- There is room for improvement of French language services (i.e. posting signs indicating French services are available would be a start).

2. What are you most excited about as health system transformation moves forward?

- Potential for more integrated, collaborative partnerships between agencies and improved communication, resulting in better access to person-centred, coordinated care.
- Adoption of a more holistic approach to care that addresses mental, physical, emotional, and spiritual needs, and client education about which of these needs each organization addresses.
- There is local representation on the LHIN's Board.
- The IDN and Local Health Hub model ensures that local residents have a voice that is separate from Thunder Bay and a role in shaping their community's health system. The model also recognizes that priorities may not be the same as the City of Thunder Bay.
- Provincial availability of electronic medical records.
- Increased use of and access to technology.
- Data is being gathered that illustrates the highest needs and is being used to guide interventions.
- Holistic care can be integrated with other types of clinical care.
- Better coordinated patient care with increased focus on patients as opposed to providers.
- Reduced wait times and increased access to appropriate services.



3. How can we work better together?

- Host more engagement sessions regularly with a diverse cross-section of organizations, patients, and their families to keep the community informed about developments in health care and to give them the opportunity to provide input regarding proposed changes.
- Engage other agencies in the community with unique knowledge, outside of the health sector, that may impact the local health care system. For example, people working in economic development have information and statistics about supply and demand or demographics that could inform future plans for health service delivery.
- Increase communication between agencies.
- Encourage technology use and integration to facilitate information sharing.
- Establish a common follow-up process to track repeat users (i.e. ensure counselling services are in place for mental health).
- Stay up-to-date about developments and/or changes in the economic environment that will impact health care in the region.

4. Who from your community is going to lead health system transformation forward?

- Participants proposed that a diverse group of stakeholders across different sectors of the community must be involved by working together and by leading change within their own sector. Participants suggested many possible representatives to be part of this multi-sector team, such as:
 - The North West LHIN (i.e. Dan Levesque)
 - Hospital
 - Family Health Team
 - Mental Health agencies
 - The local Healthy Community Advisory Committee, made up of organizations in Greenstone that meets monthly, should be involved and would be an ideal channel for communication and advertising. However, the Committee needs to establish more visibility within the community as current public awareness is minimal.
 - Thunder Bay District Health Unit
 - Northern Horizons Health Centre
 - Geraldton Medical Clinic
 - Alcoholics Anonymous
 - Any community member with an interest in transformation



Summary & Recommendations

Overall observations and recommendations, based on event notes, discussion points, and participant feedback:

- There was open and strong participation among all attendees. They established rapport with each other and seemed comfortable sharing both positive and negative experiences with health service delivery in Greenstone.
- Participants valued the opportunity to share experiences, challenges, ideas, and opinions with a diverse group of stakeholders in an informal, free-flowing discussion.
- Participants were pleased with the amount and quality of information presented, as it offered a clear understanding of the North West LHIN and future directions for the health care system. In addition, participants appreciated the amount of materials available in French.
- Some logistical suggestions included allowing more time for discussion, inviting more people to attend, and giving more advanced notice of the meeting.
- Another recommendation indicated that participants may have benefitted from a brief introduction of participants and the health issues they or their organizations address.
- Overall, it is fair to state that the goal of the session was achieved: non-health service provider stakeholders embraced the need for change and began to envision their roles in transformation and integration to improve the patient health care experience.



Appendices

A. Summary of Attendee Evaluations

A total of 17 evaluations were received with the following results:

1. Overall, did this meeting/program meet the stated objectives?

All 17 evaluators indicated that the meeting met the objectives.

2. What was your overall level of satisfaction with the following:

Please mark one rating per line, either X or ✓	Highly Dissatisfied	Dissatisfied	Satisfied	Highly Satisfied
Content of Meeting			7	10
Group Discussions			7	10
Use of Your Time			7	10
Networking Opportunities			8	9
Opportunity to participate			5	12

3. What was your overall level of satisfaction with this Meeting?

	Highly Dissatisfied	Dissatisfied	Uncertain	Satisfied	Highly Satisfied	No Response
Please mark one rating only				8	8	1