

Appendix C

Waterloo Wellington LHIN Integrated Health Service Plan

Community Engagement Outcomes

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Purpose

The Waterloo Wellington Local Health Integration Network (WWLHIN) has been charged with developing an Integrated Health Services Plan (IHSP) for the three year period beginning April 2007. The IHSP will include a vision, priorities and strategic directions for the local healthcare system. To develop the plan, the WWLHIN embarked on an environmental scanning process comprised of a number of activities designed to capture key stakeholder (citizen and provider) input. One of the components of the Environmental Scan was the Community Engagement Process.

Community Engagement Methodology

The WWLHIN used a variety of data gathering methods to solicit community input to the Integrated Health Services Plan (IHSP). Information was gathered from key stakeholders within the health system, including the general public, patients and caregivers, and service providers. Input was gathered using different methodologies, including:

- introductory meetings with provider agencies and networks (160 meetings)
- participative community engagement town hall meetings (10 meetings with a total attendance of 400 people) and a citizen survey (329 respondents), and
- specific populations consultations (15 meetings)

Town Hall Meetings and Citizen Surveys

Methodology

Town Hall meetings and citizen surveys were held and information was collected regarding perspectives of the local healthcare system. Communities were asked to respond to the following:

- identify three aspects of the local healthcare system that are currently not available to you that you might be requiring over the next five years
- think of three practical changes that you would like to see in the healthcare system over the next five years

Participants then rated the current system in terms of the following dimensions:

- Accessibility
- Ease of use (system navigation)
- Quality of care, and
- Individual involvement in healthcare decision-making.

Findings

Combining responses from the town hall meetings and the citizen survey provided useful information regarding perceptions of the current system in terms of the dimensions. Below are the findings specific to each dimension:

- **Accessibility:** Of the 647 responses to a ranking of system accessibility, almost two-thirds of respondents felt that access to the system was satisfactory, poor or unacceptable. It also emerged as a key theme when analysing people's input into healthcare issues.
- **System Navigation:** Respondents ranked system navigation as satisfactory, poor or unacceptable 59% of the time. Again, system navigation was one of the identified themes emerging from analysis of the town hall feedback and citizen survey responses.
- **Quality of Care:** Approximately two-thirds of the 647 respondents rated quality of care as good, very good or excellent, agreeing that care is provided in a compassionate and citizen-centred manner. The results of the citizen survey and town hall meetings indicated that people are satisfied with quality of care, with a few exceptions.
- **Individual Involvement in Decision-Making:** 72% of respondents rated involvement in decision-making about their own care as good, very good or excellent.

Specific Population Focus Groups

Methodology

As part of the qualitative data collection for the Integrated Health Services Plan, the Waterloo Wellington Local Health Integration Network (WWLHIN) conducted focus groups with specific population groups that have unique healthcare needs. In some cases it wasn't possible to meet with the special population group representatives directly, and therefore WWLHIN staff met with service providers to gain an understanding of the groups' health needs from the provider's perspective. In other instances, specific population group associations provided written information to the WWLHIN regarding the healthcare needs of the population. The specific population groups included:
(in alphabetical order)

- **Aboriginals (Noojimawin Health Authority)**
- **Francophones (Réseau franco-sante du Sud de l'Ontario)**
- **Gay, lesbian, transgender and transsexuals**
- **Homeless**
- **Low income women**
- **Multicultural population**
- **New immigrants/Canadians**
- **Old Order Mennonites**
- **People with addictions (provider focus group)**
- **People with physical disabilities**
- **Seniors**
- **Seniors in Long Term Care**
- **Youth (urban and rural)**

The objective of the focus groups was to gather information regarding the healthcare needs of these specific populations. While the methodology applied to each focus group varied somewhat to suit each group, the focus of conversations were similar, in that groups were asked to consider the following three questions:

- What are some of the unique issues facing you personally and/or your community in attempting to access local healthcare services?
- What have you found to work well within the existing local health system?
- If there were one thing you could change or improve about the way local healthcare services are delivered, what would that be?

Findings

Discussions with the various groups revealed some common themes related to how healthcare services are experienced and accessed by vulnerable populations and/or specific population groups:

Cultural sensitivity and appropriate, informed healthcare service delivery: Many of the specific population groups identified access to culturally sensitive healthcare services/providers as an issue, noting that they face barriers such as language and/or literacy and a lack of awareness among healthcare personnel of cultural norms and health needs.

Discrimination and stigma: Some groups, such as the homeless, and the gay, lesbian, transgendered and transsexual groups reported feeling discriminated against when trying to access care appropriate to their culture.

Translation/interpretation: Many groups reported the need for more translation and interpretation services, rather than having to rely on family members and even children to provide that service.

Simplified access to the healthcare system: Most groups reported difficulty in accessing and navigating the healthcare system, especially when there is no regular family doctor available. Many participants identified the need for appropriate educational materials to increase their awareness of the system.

Access to primary care: Groups identified access to primary care or a regular family doctor as problematic. Issues identified included transportation to care (Mennonites and homeless), availability of walk-in clinics in the absence of a family doctor or primary care provider, and a lack of sufficient time with the provider to address healthcare issues. More comprehensive care that includes follow-up was identified. A model of care that is more comprehensive and treats the person/family in a more holistic manner was preferred.

Access to adjunct services: Most groups identified the lack of access to adjunct health services such as dental and vision care. Participants in many focus groups identified the need for more holistic primary care that addresses social determinants of health including, for example, housing and legal services.

Governance: Some groups identified a desire to be more involved with the planning of healthcare services to their population group/community.

Promotion and Prevention: Groups such as youth emphasized the importance of education regarding healthy lifestyles, nutrition, sexual health, and harm reduction models regarding alcohol and drugs.

Summary of Emergent themes from the Community Engagement Process

The following themes emerged as a result of the Community Engagement Process (themes have been arranged in alphabetical order):

Accessibility to Care and Services
Access to Health Records/Information
Caregiver Support
Chronic Disease Management
Community Services
Coordination
Cultural Sensitivity
eHealth
Funding
Health Human Resources Planning
Hospice/Palliative Care
Mental Health & Addiction
Primary Care
Promotion and Prevention
Public Awareness Health System Navigation
Quality of Care
Services for Specific & Vulnerable Populations
Services for Seniors

Accessibility to Care and Services: Access to services was the main concern of survey respondents, including access to family physicians and primary healthcare, specialist services including surgery, diagnostics and emergency care. Transportation was identified as a barrier to accessing services, and some respondents commented that care needs to be delivered closer to their home community. Town hall participants were concerned about current wait times for services as well as future accessibility. Improved access in terms of disability, affordability and location of services were also identified.

Access to Health Records/Information: While access to information was identified as a way to improve system efficiency during the town hall meetings, it was not identified as a priority by the citizen survey. This could be explained by the fact that providers had input into the town hall theme identification. Citizens did identify their preference for streamlined, coordinated services, which supports the identification of Access to Health Records/Information as a theme.

Caregiver Support: Caregiver support needs including respite services and other practical supports were identified by both the town hall sessions and the citizen surveys.

Chronic Disease Management: Participants in the town hall meetings, citizen survey respondents and focus groups with special populations identified a number of disease-specific concerns that were related to the management of chronic diseases, including arthritis, diabetes, cardiology services, and mental illness.

Community Services: Services that are delivered by community-based long term care organizations seemed to be well understood by citizen survey respondents, and some services were identified as requiring enhancement. These included homecare, friendly visiting, transportation, and home help. Town hall participants also suggested that the WWLHIN should focus on building up the community sector to keep people in their homes as long as possible.

Coordination: Numerous citizens and providers commented on the need for seamless provision of care across the continuum, as well as simplified access to the healthcare system.

Cultural Sensitivity: Many of the specific population groups identified access to culturally sensitive healthcare services/providers as an issue, noting that they face barriers such as language and/or literacy and a lack of awareness among healthcare personnel of cultural norms and health needs.

eHealth: Technological advances in healthcare were identified as another driver of integration, including, for example, the development of an electronic health record, patient and provider portals, telehealth and development of the technological infrastructure in healthcare.

Funding: Appropriate, adequate and stable funding to sustain the public or universal health system was identified as a driver of successful integration. Many respondents and participants in the town hall meetings and the special population focus groups commented on the delisting of certain healthcare services (physiotherapy, vision care) from OHIP, and the need for comprehensive dental coverage, especially for children.

Health Human Resources Planning was identified by citizens and providers as a necessity to a sustainable, integrated healthcare system. Many respondents indicated that more doctors are required, while others noted that other providers such as nurse practitioners are needed to address primary care shortages. Town hall participants emphasized the need for equity across the continuum in order to resolve recruitment and retention difficulties in healthcare.

Hospice/Palliative Care: Access to hospice/palliative care services was identified as a theme in the town hall meetings. While, it did not emerge as a theme by the citizen survey, it was noted by some of the special population groups.

Mental Health & Addiction: People were concerned with access to mental health services, including assessment, treatment and support services. Mental health services and supports that were identified as lacking included stress management, life skills, psychotherapy, counselling, housing, employment supports, in-home support and the availability of psychiatric beds for short or long stays. Child and youth mental health services were also identified as lacking. More addiction services were identified as needed, including withdrawal management, concurrent disorders treatment and in-patient treatment. It was suggested that a systems approach to providing mental healthcare be adopted, with seamless and coordinated care across the continuum of mental health services and supports.

Primary Care: Access to primary care was identified by the majority of citizens, and by many of the special population groups. Respondents noted that there is insufficient time available at physician appointments and accessing services if you do not have a family doctor is difficult. Some called for more urgent care and walk-in clinics, while others recognized the value in team-based care and indicated that more nurse practitioners would help address the doctor shortage.

Promotion and Prevention: Comments that fit into this category could be grouped into four sub-themes, including prevention, determinants of health, public health and child and youth prevention. Respondents suggested an emphasis on health and wellness through healthy public policy, such as promoting fitness facilities, complementary therapies, alternative and naturopathic medicine. Preventative medicine, including an emphasis on nutrition, lifestyle counselling and stress management were suggested as the answers to improving health. Some suggested that the current doctor shortage is impacting on the ability of the family practitioner to address prevention/promotion, and that this needs to be resolved.

Public Awareness and Health System Navigation: These concerns were related to improving patient/public education and improving health system usability. Some identified the health system as difficult to navigate due to a lack of awareness of service availability, while others suggested a health information centre to address this problem.

Services for Specific & Vulnerable Populations: Town hall feedback and the citizen surveys revealed the need for more emphasis on services for special population groups, including people with physical disabilities and children/youth. The focus groups revealed that special population groups such as new Canadians and the gay, lesbian, transgendered and transsexual population require culturally sensitive services. Access to the appropriate primary care and the healthcare system was seen as problematic for many sub-populations.

Services for Seniors: Comments regarding senior care were grouped into concerns about community care and Long Term Care (LTC) homes. Many survey respondents expressed concern with the lack of service provision available to support seniors living in their own homes. Other supports that were identified as requiring enhancement included transportation, volunteer visiting, Alzheimer Day Programs and assisted living for seniors. LTC home concerns were related to the wait for LTC, the placement process, and the need for better mental health services and supports. Concerns regarding senior care were raised by both service respondents and town hall participants.

Quality of Care: Quality of care was raised by some survey respondents, with regard to improving in-home care, better medical care and improved mental healthcare. Some town hall participants suggested an increased emphasis on best practices in healthcare delivery.

Summary: Community Engagement Outcomes

Each information gathering exercise resulted in rich data regarding people's perspectives of healthcare needs and priorities. Analysis of the information from the various data collection exercises revealed common themes regarding how healthcare services are perceived and experienced by citizens, patients and their caregivers, special populations and healthcare providers.

Analysis of the qualitative data gathered from each planning exercise revealed common themes that have informed the directions laid out in the Integrated Health Services Plan. The highlights of the community engagement process resulted in the following observations:

- Citizens and providers alike are concerned with accessibility to primary care and the healthcare system.
- Health system quality and sustainability are seen as imperative to meeting the needs of seniors now and in the future
- Putting resources into prevention and promotion is seen as a necessary step in managing chronic diseases as the population ages
- Mental health services and supports are seen as difficult to access, largely due to a lack of resources.
- People who provide care for seniors, people with disabilities and people with mental illnesses all require greater access to respite and relief services
- People who have disabilities require more community care and assistance, including financial and physical assistance with the tasks of daily living
- People need better information about how and when to use health services, and at times, assistance in navigating the health services system
- Specific population groups require primary care services that are culturally sensitive, and accessible in terms of disability, language and transportation

The findings from the communication engagement process were a key component of our environmental scan and foundational in helping to identify and determine local priorities.

Participants in the Development of the Integrated Health Service Plan

The Board and staff of Waterloo Wellington Local Health Integration Network (WWLHIN) wish to express their thanks to the many community members who contributed their time and energy to the development of the first WWLHIN Integrated Health Service Plan. Community engagement is vital to identifying local needs and priorities, and the dedication of our community in responding to our requests for input is appreciated. WWLHIN looks forward to ongoing collaboration with our community partners as we embark on the journey toward an integrated health system.

Community Meet and Greet Sessions (Approximately 160 meetings)

March 2006 Town Hall Workshops (Approximately 400 Participants)

- Guelph (2 Sessions)
- Dundalk
- St. Clements
- Elora
- Fergus
- Waterloo
- Elmira
- Cambridge
- Mount Forest

Special Population Consultations (Approximately 160 Participants)

- Long-Term Care Providers
- Addictions Service Providers
- Homeless Population
- Youth – Guelph Youth Council
- Youth – Sir John A. MacDonald Secondary School
- Youth – Bluewater District School Board
- LGBTTSQI Community
- Women – Low Income
- Seniors – Angel Associates
- Seniors – Adult Recreation Centre
- Seniors – St. Luke's Place
- Multi-cultural Population – KW
- New Immigrants – Guelph
- Francophone Population

Citizen Survey Respondents (329 Completed Surveys Received)

Network Surveys (8 Responses)

Provider Agency Surveys (8 Responses)

Champions of Change Symposium (259 Participants)

- September 25-2006 Validation Symposium

October 2006 Validation Forums (Approximately 65 Participants)

- Drayton
- Hillsburgh
- Petersburg
- Guelph
- Mount Forest
- Kitchener

Online/Electronic and Written Feedback (10 Responses)