

North West LHIN



Celebrating Accomplishments

**Looking Back on Community Engagement
2009-2010**

May, 2011

Table of Contents

1.0 Executive Summary	4
2.0 Introduction	5
3.0 Where We've Been—Community Engagement in 2009-2010	6
3.1 Identifying and Validating the Priority Areas for the North West LHIN's 2010-2013 Integrated Health Services Plan (IHSP).....	6
3.1.1 <i>Share your Story, Shape your Care</i>	6
3.2 Informing the Ministry of Health and Long-Term Care's 10-Year Mental Health and Addictions Strategy	7
3.3 Videoconference Speaker Series.....	8
3.4 Advancing eHealth Across the North West LHIN.....	9
3.5 Report on the Health Status of our Aboriginal Population and Services Available for Aboriginal Peoples	10
3.6 Self-Management of Chronic Diseases	11
Appendix 1: Membership of North West LHIN's System Integration Committee (Fall 2007).....	12

1.0 Executive Summary

Community engagement is an integral component to fulfilling the mandate of the North West Local Health Integration Network (LHIN)—to plan, integrate and fund local health services. Engaging our stakeholders, including the public, health service providers, community leaders and others (for full list see [Community Engagement Strategy](#)), enables the LHIN to make decisions and set priorities that are based on local data and experiences, provided by those who best know their community.

The objectives for community engagement, as identified by the North West LHIN's System Integration Committee (2007)¹ are:

1. To provide community stakeholders with balanced and objective information.
2. To obtain information on what is working well and can be improved upon, what service gaps exist, and what opportunities for service coordination and integration exist.
3. To ensure that stakeholders have a forum to voice concerns and that stakeholder concerns and ideas are considered in all decision-making and priority-setting activities.
4. To build and maintain partnerships within and across sectors and communities.

The importance of community engagement is demonstrated through the requirement for engagement outlined in the Local Health System Integration Act (2006) and locally through the North West LHIN's Board of Directors' Strategic Directions. Community engagement informs all planning, priority-setting and decision-making at the LHIN; highlights of 2009-2010 included:

- **707** community engagement activities including **5,683** individuals, groups and organizations.
- Identifying and validating the priority areas for the North West LHIN's 2010-2013 Integrated Health Services Plan.
- Receiving the International Association for Public Participation's (IAP2) Core Values Award for Innovation Using Technology.
- Providing comprehensive information on Northwestern Ontario's priorities and challenges to inform the Ministry of Health and Long-Term Care's 10-year Mental Health and Addictions Strategy.
- Videoconference Speaker Series.
- Advancing eHealth across the North West LHIN.
- Completing an environmental scan on the health status of our Aboriginal population and services available for Aboriginal peoples, with a special focus on mental health and addictions services.
- Focusing on self-management of chronic diseases as a way to improve health status and quality of care across the Northwest.

¹ Membership listed in Appendix 1.

2.0 Introduction

Community engagement is defined in the *LHIN Community Engagement Guidelines and Toolkit* (February, 2011) as:

“Community engagement refers to the methods by which LHINs and HSPs interact, share and gather information from and with their stakeholders.

The purpose of community engagement is to inform, educate, consult, involve, and empower stakeholders in both health care or health service planning and decision-making processes to improve the health care system.

Community engagement activities can be ongoing or project specific, outbound or inbound.”

Community engagement is a priority of all Local Health Integration Networks (LHINs) in Ontario. As outlined through the Local Health System Integration Act (2006), each LHIN is required to “engage the community of diverse persons and entities involved with the local health system about that system on an ongoing basis, including about the integrated health service plan and while setting priorities.”

At the North West LHIN, community engagement is also highly valued, as indicated by its inclusion as a ‘critical success factor’ in the Board of Directors’ Strategic Directions (2010) with the following goals:

- Diversity is embraced and respected.
- Engagement is fundamental to health system transformation.
 - The North West LHIN is a leader in engagement strategies.
- Effective communication by the North West LHIN is essential.
- Collaboration is valued.
 - The North West LHIN recognizes system partners who collaborate, innovate and integrate.
 - Partnerships exist based on trust, transparency, and system benefits.

This report outlines focus of engagement activities and successes from 2009-10.

3.0 Where We've Been—Community Engagement in 2009-2010

From April 1, 2009 to March 31, 2010, the North West LHIN hosted 707 community engagement activities with 5,683 individuals, groups and organizations participating. There were many methodologies used, including surveys, roundtable discussions, forums, advisory team meetings, public consultations, education sessions and key informant interviews.

The breakdown of community engagement activities by quarter (see Figure 1) is fairly consistent throughout the year, indicating ongoing involvement of stakeholders in LHIN activities.

Figure 1. Number of LHIN Community Engagement Activities and Participants by Quarter, 2009-2010

Quarter	# Activities	# Participants
1 (April-June)	252	1820
2 (July-September)	100	732
3 (October-December)	111	1071
4 (January-March)	244	2060
Total	707	5,683

Below are some of the major activities that engaged local residents and health service providers last year.

3.1 Identifying and Validating the Priority Areas for the North West LHIN's 2010-2013 Integrated Health Services Plan (IHSP)

The North West LHIN's Integrated Health Services Plan is a three-year plan that identifies the priorities and accompanying workplans for 2010-2013. In order to identify the priorities for Northwestern Ontario, it was necessary to engage a broad range of stakeholders across the LHIN. The majority of this engagement took place in 2008-2009 through roundtable discussions and the *Share your Story, Shape your Care* project.

In addition to the data collected through the methods listed above, the LHIN's System Integration Committee and Health Professionals Advisory Committee provided support in reviewing and discussing the themes identified and finalizing the IHSP document.

3.1.1 *Share your Story, Shape your Care*

This initiative was primarily web-based (with online Choicebook, message board, blog, and YouTube video), with paper copies and conversation guides to support participation. Although the online portion of this project took place in January and February 2009 (in 2008-2009), 180 paper copies were received, the majority in March and April 2009 (into 2009-2010).

Results:

- Almost 900 individuals took part in the *Share your Story, Shape your Care* engagement project (online and via paper copies and conversation guides) between January and May, 2009.
- 72% of participants agreed or strongly agreed that they enjoyed completing the Choicebook.
- 80% either agreed or strongly agreed that they would consider doing another Choicebook in the future.
- 72% of participants agreed that doing the Choicebook helped them understand the tough choices the LHIN has to make about health care.

How the information collected through this initiative has been used:

- The priorities outlined in the IHSP were validated and finalized based on this data.
- The findings were brought to LHIN advisory teams.
- The data was summarized in a full report, executive report, and individualized report if requested by participant.
- The reports and stories were reviewed and discussed by the LHIN senior team and Board of Directors.

Due to the vast quantity of qualitative information received (over 190,000 words) through the *Share your Story, Shape your Care* project, a secondary analysis was completed by the Centre for Rural and Northern Health Research (CRaNHR) at Lakehead University. In September 2009 this project received the International Association for Public Participation's (IAP2) Core Values Award for Innovation Using Technology.

Resources produced to support this project are available on our websites under "Reports & Publications" or by [clicking here](#).

3.2 Informing the Ministry of Health and Long-Term Care's 10-Year Mental Health and Addictions Strategy

In May 2009 the LHIN began to engage consumers, their families, and mental health and addictions providers across Northwestern Ontario to help inform the Ministry's 10-year Mental Health and Addictions Strategy. The methods of engagement used were survey and three roundtable discussions.

Results:

The written survey, completed by 104 participants, provided input on the top priorities for the local mental health and addictions system and addressed five themes:

1. Systems Design
2. Healthy Communities
3. Consumer Partnerships
4. Building Capacity and Competencies
5. Early Identification and Intervention

Participants at the roundtable discussions (n=75 individuals) reviewed and commented on the results obtained from the surveys; the priorities identified in the survey were largely validated and reinforced by participants attending the community engagement sessions. These discussions also allowed for more specific examples and detailed feedback be provided.

How the information collected through this initiative has been used:

- The feedback collected through the survey and roundtable discussions has been included in the report that was submitted to the Minister's Advisory Group for the 10-year Strategy.
- The results of this consultation process also informed the LHIN's 2010-2013 Integrated Health Services Plan (IHSP) and will influence future health planning for mental health and addictions services.

3.3 Videoconference Speaker Series

To overcome some of the challenges posed by geography, the North West LHIN offers a speaker series for stakeholders across the region (and province) via videoconference. This series focuses on areas that advance the strategic directions of the LHIN.

In 2009-2010, presentations included:

- **Steven Lewis** -- Continuing the Conversation on Integration: Creating a Client-Centred Health Care System
- **Dr. Ken LeClair** -- Challenges & Opportunities for Managing Responsive Behaviours in the 21st Century
- **Mike Hindmarsh** -- Self Management: What it is and Why it Matters
- **Eileen Patterson** -- Advancing Health System Transformation through Quality Improvement
- **Dr. Joshua Tepper** -- Primary Care and HealthForceOntario: An Update
- **Doug Tessier** -- Electronic Health Records: Purpose, Progress and People

Results:

- At least 300 individuals participated in the series.
- 147 evaluation forms were returned with results indicated in Figure 2 below.

Figure 2. Evaluation summary of 5 videoconference speaker series sessions

Evaluation measure	Mean (5= Strongly Agree and 1= Strongly Disagree)
The speaker was effective	4.7
The technology used to facilitate this session was satisfactory	4.5
Your practice has been enhanced because of this session	4.4
This session has reduced your professional isolation	4.2
Overall, you were satisfied with this session	4.8

The session met its stated objectives	4.6
The session was effectively organized	4.5
Discussion time was adequate	4.3
The video component of the session was satisfactory	4.0
The audio component of the session was satisfactory	4.4
Handouts and learning aids were satisfactory	4.7

Posters, slide decks and archived videos for all presenters can be found under “Be Informed” on the LHIN’s website or by [clicking here](#).

3.4 Advancing eHealth Across the North West LHIN

One of the major activities related to the eHealth Strategy for the North West LHIN in 2009-2010 was the start up of the Project Management Office (PMO). The North West LHIN eHealth PMO start-up project included three education sessions with the following objectives:

- Attendees will have a good general understanding of the first draft North West LHIN eHealth Project Management Office Manual, including:
 - Definitions, services, tools and how to access them
 - A chance to provide feedback for follow up.
- Attendees will have an opportunity to see current draft tools, try tools together and have an opportunity to provide feedback.
- Attendees will be able to share related experiences and grow in project management “team building”.
- Attendees will have a better understanding of project management.
- Attendees will be able to provide preferences for recommended next steps.

Results:

- There were three education sessions attended by 22 stakeholders across the LHIN.
- The overall average of all evaluations received resulted in a score of 3.25 out of 4 (81.25%).

How the information collected through this initiative has been used:

- Feedback themes included: keeping the momentum going, communication, collaboration software, sharing project experiences, picking a case study, determining related standards, moving to a program/portfolio level for the whole enterprise, supporting the significant differences between organizations, further emphasizing the central role, and moving forward with suggestions for improvement of the eHealth PMO Toolkit.

- Report will be used to help determine the next steps in the evolution of the North West LHIN eHealth PMO. It will be compared to the findings of a survey for the overall project.

3.5 Report on the Health Status of our Aboriginal Population and Services Available for Aboriginal Peoples

The purpose of this Health Status Report was to provide detailed information on a variety of health and well-being indicators for the Aboriginal population of Northwestern Ontario. Objectives included:

- Report on the health status of Aboriginal people in Northwestern Ontario.
- Conduct a comprehensive environmental scan and health status survey.
- Identify Aboriginal health programs and services availability in Northwestern Ontario.
- Develop an Access Database of health programs and services available in First Nations communities located within the North West LHIN.

Community engagement was completed to report on the health status of Aboriginal people and to collect information regarding health programs and services availability to Aboriginal people in Northwestern Ontario.

Results:

- Twelve community engagement sessions were conducted. In each session approximately 2-12 community members participated. Subsequent interviews were also conducted during community visits with relevant staff and leadership. In total, 20 communities took part.
- Community interviews were also conducted by telephone for those participants who were unable to attend the community engagements sessions. The telephone interviews were 20-30 minutes in duration. In total, 27 communities participated in the telephone interviews.
- Key stakeholder interviews were conducted by telephone. Each telephone interview lasted approximately 30-45 minutes in length. In total, 31 key stakeholder telephone interviews were conducted with representatives from various organizations.

How the information collected through this initiative has been used:

- 260 Aboriginal health programs and services were identified as available in Northwestern Ontario and included in a database to support health service planning.
- Data collected will inform ongoing Aboriginal health planning, integration and community engagement within the North West LHIN.

3.6 Self-Management of Chronic Diseases

Improved self management of chronic conditions is particularly important in the North West LHIN as prevalence rates of many chronic diseases are higher than in other parts of the province. Supporting people to better manage their conditions independently, results in improved health outcomes and reduced health service utilization. The North West LHIN has made considerable investments in self management, through support for master training in the Stanford Self Management programs and clinician education in this area.

Building upon this work, the North West LHIN supported self management sessions for both clinicians and people with chronic conditions throughout the region during 2009/10. In February of 2010 regional leader training through the Stanford University Chronic Disease Management program was offered in Thunder Bay. Participants came from communities throughout the North West LHIN including; Red Lake, Ear Falls, Geraldton, Schreiber, Lansdowne House, Webequei, North Caribou Lake and Pikangikum. In addition, financial support for communities to offer the six week training programs was available through the North West LHIN.

In March of 2010, over 200 clinicians in the North West LHIN attended self management sessions with Connie Davis, a nurse practitioner with extensive experience in Aboriginal self management. Sessions were held in Kenora, Dryden, Fort Frances, Sioux Lookout and Thunder Bay. A videoconference was also hosted for the region and beyond. Feedback from participants was very positive.

Results:

- Over 200 people with chronic conditions completed six week self management programs and it is anticipated that the reach will be extended to over 350 people in the coming year.
- Twenty-five people with chronic conditions successfully completed the Stanford University Chronic Disease Management program and are now offering self management programs in their own communities.
- Over 200 clinicians in the North West LHIN attended self management sessions with Connie Davis.

Appendix 1: Membership of North West LHIN's System Integration Committee (Fall 2007)

Name and Title	Organization	Community
Wade Petranik, CEO	Dryden Regional Health Centre	Dryden
Kevin Queen, Administrator	District of Kenora Homes for the Aged	Kenora
Shiela Shaw, Executive Director	Canadian Mental Health Association – Fort. Frances	Fort Frances
Reg Drew, Board Member	North West Community Care Access Centre	Sioux Lookout
Ron Saddington, President & CEO	Thunder Bay Regional Health Sciences Centre	Thunder Bay
Tracy Buckler, President & CEO	St. Joseph's Care Group	Thunder Bay
Tuija Puiras, Executive Director	North West Community Care Access Centre	Thunder Bay
Cindy Jarvela, Administrator	Pioneer Ridge Home for the Aged	Thunder Bay
Al Buchan, Director – Corporate & Community Affairs	HAGI – Community Services for Independence	Thunder Bay
Nancy Black, Manager – Addictions Services	Sister Margaret Smith Centre	Thunder Bay
Karen Poole, Professor – School of Nursing	Lakehead University	Thunder Bay
Dick Mannisto, Past Chair	Geraldton District Hospital	Geraldton
Paul Paradis, CEO	Wilson Memorial General Hospital	Marathon
Barb Eccles, Manager – Technology Transfer	Lakehead University, Innovation Management Office	Thunder Bay
Dr. Elizabeth Alvarez, Assistant Medical Officer of Health	Thunder Bay District Health Unit	Thunder Bay
Dr. Shaun Visser, LHIN Emergency Dept. Lead	Thunder Bay Regional Health Sciences Centre	Thunder Bay
Dr. Sarah Newbery, Family Physician	Marathon Family Health Team and Wilson Memorial General Hospital	Marathon
Diane Breton, Regional French Language Services Coordinator	French Language Services	Thunder Bay
Donna Williams, Telemedicine Program Manager	KO Telemedicine	Balmertown
John Whitfield, Board Chair	North West Local Health Integration Network	Thunder Bay
Jan Beazley, Board Vice Chair	North West Local Health Integration Network	Fort Frances
Ennis Fiddler, Board Secretary	North West Local Health Integration Network	Sandy Lake