Champlain LHIN | RLISS de Champlain

Community Engagement Plan

2015-16



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Introduction

Community engagement is integral to the work of the Champlain Local Health Integration Network (LHIN). As a local Crown agency that coordinates, integrates and funds health services in the region, the LHIN works closely with local partners to support a person-centred health care system.

We believe that working with partners (patients, families and communities, health service providers, health professionals and strategic partners) will foster informed planning and decision-making to support a healthy Champlain. Community engagement is central to our vision - healthy people and healthy communities supported by a quality, accessible health system.

The strength of the Champlain LHIN lies in its local emphasis- *local* partnerships, *local* service delivery and *local* decision-making.

Through engagement of our local communities we can achieve:

- A focus on the needs of people
- Enhanced local accountability
- A shared sense of understanding and responsibility for health system improvements
- Informed decision-making, focused on the needs of people affected, and
- Locally sustainable solutions, appropriate to each community.

We are committed to building a system that is organized for the people who use it. To do so, we will continue to engage people to plan and design a local health system that meets the needs of the community by working with and listening to the expertise of those in our health care system and in the communities of Champlain.

This plan outlines some of the main community engagements for 2015-16.

Champlain Region

The Champlain LHIN's mission is "building a coordinated, integrated and accountable health system for people when and where they need it." We do this by engaging our communities, bringing people together, creating integrated networks of care, making wise funding decisions, and monitoring the performance of our system.

Champlain is the easternmost LHIN. It is home to approximately 1.2 million residents and spans 18,000 sq. km (roughly three times the size of Prince Edward Island). The region is highly diverse in geography, language, age and ethno-cultural background.

The City of Ottawa is the largest urban centre in Champlain. Other larger municipalities are the City of Cornwall, Hawkesbury, Petawawa and Pembroke. There are also numerous small towns and communities; one in five residents of Champlain lives in a rural area.

The Champlain LHIN shares a 465-km border with Québec. It is a highly bilingual region with the largest number of Francophones than in any other LHIN. Approximately 20% of residents are Francophone, compared with 5% within Ontario.

There are two First Nations in the Champlain region: Mohawks of Akwesasne (the second most populous reserve in Canada), and Algonquins of Pikwàkanagàn First Nation (in Renfrew County).

Approximately 41,000 Aboriginal people live in the Champlain region. According to the 2011 Census, this includes 31,000 living off-reserve and an estimated 10,000 living on the Mohawks of Akwesasne. Other data estimate over 400 living on Algonquins of Pikwàkanagàn First Nation.

The National Household Survey of 2011 indicates that there are 10,300 First Nation people living in the Champlain region, 6,400 Métis and approximately 710 Inuit. Other estimates report the population of Inuit to be at minimum, 3,700 in the Ottawa area. This can be attributed to the fact that many Inuit move to and from northern communities on a regular basis. Ottawa is the city with the largest concentration of Inuit, outside the North. ²

Approximately 18 % of residents in Champlain are new immigrants and most newcomers reside in the City of Ottawa. One in six residents speaks a language other than English or French as their first language. The most common spoken languages in the region are Chinese (several languages combined), Arabic, Spanish and Italian³.

The seniors' population is a very important demographic to health care, as on average,

seniors are those who most frequent the health care system. The senior population represents 14% of Champlain residents and is projected to grow almost 10 times faster than the under-65 population.

The Champlain LHIN funds 241 health care programs by 129 health service providers in six sectors:

- Hospitals
- Community Care Access Centre
- Mental Health and Addictions services
- Community Support Services
- Community Health Centres
- Long-term Care Homes.

In addition, while not funded directly by the LHIN (except Community Health Centres), primary care is a critical sector in our health care community.

Health Needs of Champlain

While the people of the region are relatively healthy, an aging population and socio-economic determinants of health place pressures on the system.

Residents living in rural areas of Renfrew County and the five counties in the east of our region report poorer health.

Chronic conditions, like dementia, have a significant impact. In Champlain, among those aged 12 and over, 38 % have a chronic condition, and 15 % have multiple chronic conditions. Statistics also show higher rates of smoking and overweight / obesity in our

¹ These numbers are based on Aboriginal people who identify as an Aboriginal person using census data. The numbers for Aboriginal people who indicate Aboriginal ancestry are much higher.

² www.statcan.gc.ca/pub/89-638-x/2009001/article/10826-eng.htm

³ Source: 2011 Canadian Census.

region, which are risk factors for many chronic conditions⁴.

Today nearly 18,400 people over the age of 65 in Champlain region are living with dementia. With an aging population, the number of people with dementia is expected to grow.

Mental health and addictions are also serious health concerns for the Champlain LHIN. It is estimated that one in six Champlain residents has a mental health or substance abuse disorder (16%) with higher rates among youth and young adults.

The health of Aboriginal Peoples in Champlain is also of particular importance.

A recent local study, commissioned by the Champlain Aboriginal Health Circle Forum, and funded by the LHIN, focused on mental health challenges and addictions among Aboriginal youth. It found, for example, that 48 % of respondents had a high probability of a diagnosis for depression, suicidal ideation, anxiety and similar disorders. Twenty-nine per cent of study participants showed symptoms of problematic substance use.

Lastly, given that a greater proportion of the Francophone population is 65 years and older, cultural and linguistically appropriate services are important to support the health needs of Francophone communities.

The Champlain LHIN's community engagement aligns with the *Integration Health Service Plan 2013-16* and the *Annual Business Plan 2015-16*. These documents outline how the Champlain LHIN will address these health issues, including tackling six key result areas:

- a) More people are involved in planning their health services;
- b) More people receive quality, evidencebased care;
- c) More people with mental health conditions and addictions have access to services:
- d) More seniors are cared for in their communities;
- e) More people with complex health conditions are able to manage their conditions; and
- f) More people at end-of-life, families and caregivers receive palliative care supports in their setting of choice.

⁴ Based on 2009-10 Canadian Community Health vey data for adults age 12+, except for overweight/obesity (18+). Overweight / obesity based on body mass index calculated from self-reported height and weight. Physical inactivity defined based on a series of questions.

Community Engagement

The Local Health System Integration Act, 2006 provides the legal framework for the Champlain LHIN, including its community engagement obligations.

Community engagement refers to the methods by which LHINs interact and share information with community stakeholders. The purpose is to inform, involve, consult, collaborate and empower stakeholders in health care, health system planning and decision-making to improve our system and foster healthy communities.⁵

At its core, when we interact and share information with communities, we are engaging in a conversation. Paul Born, an internationally recognized community builder, president and co-founder of the Tamarack Institute for Community Engagement, puts it simply. He writes community conversations are "people talking with one another (planning), agreeing to work together (partnering), and doing something (projects), in order to get something done (performance)." This reflects the nature of the LHIN's community engagement.

Through community engagement we bring people together, "to work collaboratively, through inspired action and learning, to create and realize bold visions for a common future."

Tamarack Institute for Community Engagement

The LHIN follows seven principles that guide our community engagement work:⁷

- Careful Planning and Preparation
- Inclusion and Demographic Diversity
- Collaboration and Shared Purpose
- Openness and Learning
- Transparency and Trust
- Impact and Action
- Sustained Engagement and Participatory Culture.

Community engagement at the Champlain LHIN is ongoing, and involves specific initiatives. The LHIN Board of Directors, the Chief Executive Officer and staff participate and facilitate community engagement across the region.

⁵ LHIN Community Engagement Guidelines and Toolkit, February 2011.

⁶ Born, Paul. Community Conversations: Mobilizing the Ideas, Skills, and Passion of Community Organizations, Governments, Businesses and People, 2nd edition. (Toronto, BPS books, 2014) p.53.

⁷ LHIN Community Engagement Guidelines and Toolkit, pg. 6.

Champlain LHIN Community

The Champlain LHIN community is defined as "patients and other individuals in the geographic area of the Network, health service providers and other persons or entity that provides services in the local health care system, as well as employees in the health care system". We also engage with stakeholders who have an interest in, and are impacted by, the LHIN's work.

Specifically, the LHIN engages with four main communities:

The Public

We envision a system that engages people as partners in managing their own health. Input from the public is fundamental to better understand the experiences of patients, families and caregivers.

We listen and learn from individual experiences within the health care system, which in turn continues to inform health system planning and transformation. We engage with:

- Service-users, consumers, patients, clients, caregivers, families
- Consumer advisory panels (e.g. The Champlain Client Champions Engagement Committee)
- Citizens' groups and opinion leaders
- Users of traditional and social media.

We work with 129 health service providers to plan, coordinate and implement initiatives to improve our local health care, including:

- Champlain LHIN- funded Health Service Providers, including board members, CEOs / Executive Directors and staff
- Sector Tables
- LHIN Advisory Committees and Tables, Regional Programs on LHIN strategic priorities.

Health Professionals and Workers

While certain sectors are funded directly by the Ministry of Health and Long-Term Care, each plays a key role in our community's health. For this reason, we engage with health workers and professionals at various levels, including:

- Health Professionals Advisory Committee (HPAC)
- Primary Care Networks
- Primary Care Advisory Committee
- Hospital Chiefs of Staff
- Professions involved in Champlain LHIN priorities
- Professional Partnerships (e.g. Ontario Medical Association).

Health Service Providers

⁸ Local Health System Integration Act, 2006, c.4, s 16 (2).

Strategic Partners

Only 25 % of the population's health outcomes can be attributed to the actual health system. Consequently, we engage with strategic partners focused on the social determinants of health, including:

- Partner organizations (i.e. Public Health, housing providers, police and municipal services)
- Aboriginal Health Circle Forum
- French Language Planning Entity Le Réseau des services de santé en français de l'Est de l'Ontario (Réseau)
- Ottawa Local Immigration Partnership
- Government representatives from other Ministries such as the Ministry of Community and Social Services
- Other funders (e.g. United Way).

Community Engagement Goals

In 2015-16, the LHIN will work toward three specific community engagement goals. These interconnected goals align with the Champlain LHIN's *Annual Business Plan* 2015-16.

- 1) Foster a better understanding of the LHIN and support for its programs in the development of a person-centred health system
- 2) Work collaboratively with health service providers and partners to improve Community Engagement practices
- 3) Engage local communities to advance our key result areas for health system change.

Population-Based Engagement

Engaging Francophone Communities

It is crucial for the Champlain LHIN to work closely with Francophone communities, and understand their unique needs and challenges. *Le Réseau* and the Champlain LHIN co-designed the Joint Action Plan 2015-16, which outlines how we will work together in health system planning, including community engagement activities.

Five objectives for 2015-16 include:

- 1) Improve quality of data for better French-language health services planning
- 2) Strengthen Francophones' participation in health services planning through community engagement
- 3) Improve the Francophone perspective in regional strategy and initiative planning
- 4) Improve the active offer of Frenchlanguage health services
- 5) Measure the impact of our actions on French-language health services.

To strengthen Francophone participation in health service planning *Le Réseau* and the Champlain LHIN will:

- Collaborate on joint community engagement initiatives pertaining to information on health care services and planning initiatives
- Optimize methods for Francophone participation in health system planning.

Engaging Aboriginal Peoples

The Champlain LHIN works in partnership with the Aboriginal Health Circle Forum (Circle) to improve the health status of Aboriginal people in the Champlain region. Members of the Circle consist of rural and urban First Nations, Métis and Inuit communities and partners. The Circle provides input to inform the planning processes of the LHIN.

In addition to ongoing engagement with providers and partners, the Circle will:

- Conduct engagement to identify the gaps in services, priorities and needs of the Aboriginal for coordinated diabetes care and services.
- Conduct engagement to inform the development of an Aboriginal specific treatment Centre to serve women and children in the Champlain region
- Coordinate engagement to inform recommendations to address mental health and addiction issues for Aboriginal youth
- Work with health service providers to provide opportunities to participate in cultural sensitivity training.

Engaging Immigrant Communities

People from immigrant communities often experience barriers when navigating the health system and accessing health services. We engage with them to better understand these challenges and establish sustainable solutions.

We will continue to meet with the boards of organizations that serve immigrant communities, and to participate on the Ottawa Local Immigration Partnership (OLIP) Council and its Health and its Health & Well Being Sector Table.

Working in partnership with OLIP, the following engagement will take place:

 Participate in focus groups with OLIP sector chairs and collaborative project leads to discuss the progress of OLIP initiatives

- Participate in the Ottawa Immigration Forum, an annual event to exchange information on OLIP programs, hear from experts and collaborate on future actions
- Host a board-to-board engagement with OLIP leadership to better understand the partnership's overarching priorities.

Implementation of Community Engagement Goals

The Champlain LHIN plays the role of leader, supporter and participant in community engagement across the region.

The following highlights a number of initiatives that will take place this year in support of the community engagement goals.

The activities listed are in various stages of development and implementation. Activities may evolve as initiatives and projects develop, the possibility of resources changes, and public feedback provides promising new ideas.

Foster a better understanding of the LHIN and support for its programs in the development of a person-centred health system

Through our community engagement we seek to hear from the experiences and expertise of members of the Champlain community, raise awareness of transformational initiatives and build new relationships and partnerships. To do so, the Champlain LHIN uses a variety of tactics and strategies:

 Hosts monthly board meetings and meetand-greet sessions in cities and towns across the region to foster relationships and gain a better understanding of health needs

- Addresses patient complaints / concerns to support a better understanding and responsiveness to individual health needs and community concerns.
- Engages with the public, providers and partners using traditional and social media to inform them of LHIN initiatives (e.g. Board Highlights, eNewsletters, media events, Twitter and YouTube)
- Hosts public board education sessions to exchange information and engage in dialogue with boards of health service providers, their staff and the public on the development of patient-centred initiatives in Champlain
- Participates in health service provider public events (e.g. Annual General Meetings, health fairs and symposia) to raise awareness of LHIN programs, partnerships and initiatives and listen to the experiences of attendees
- Engages with boards of health service providers to foster greater partnerships and enhance collaboration on specific issues
- Holds one-on-one meetings with local government representatives and constituency staff about local health priorities
- Meets with citizens, groups and opinion leaders across the region about local health priorities.

Work collaboratively with health service providers and partners to improve community engagement practices

Throughout the year, the LHIN works to bring together diverse stakeholders, heath service providers, health consumers and partners to engage in meaningful discussions, develop tools and best practices, and build relationships for health system transformation. The following are examples of some specific community engagement initiatives that will take place this year.

a) More people involved in health planning their health services

Integrated Health Service Plan

Every three years, in consultation with local communities and stakeholders, the Champlain LHIN creates a strategic plan to describe the strategic directions and priorities for its regional health system.

The upcoming three-year plan, which supports overall decision-making at the LHIN, will begin on April 1, 2016. To steer and guide us as we develop one of our most important planning documents, the LHIN will seek advice from providers, the public and partners (including *Le Réseau*, the Aboriginal Health Circle Forum and the Ottawa Local Immigration Partnership).

Patient Experience Representatives

The LHIN will continue to build on the work of the past year and involve more patients, caregivers and family members in advisory committees and planning tables. To support providers and regional programs to embrace this critical project, we shall develop and share capacity building tools, resources and best practices.

Health Links Patient Survey

The LHIN and Health Link Coordinating Council will host engagement sessions with Health Links patients, clients, caregivers and family members served by Health Links to develop a regionwide patient experience survey.

Seniors' Health Fair

The Champlain LHIN will collaborate with local health service providers and *Le Réseau* to host a seniors' health fair in Casselman. Residents of Prescott-Russell will learn more about the local health services in their community, share feedback on the Champlain Community Transportation Collaborative vehicles and build relationships among providers.

The Champlain LHIN will use a variety of methods and tools to engage with health consumers, including individual meetings as well as surveys to gather widespread input on specific topics.

b) More people receive quality, evidencebased care

The Champlain LHIN will:

- Host a board education on collaborative governance for providers to support an integrated health system
- Establish the Pharmacists
 Engagement Table to bring
 pharmacists across the region
 together to share information and
 engage in health system
 transformation initiatives
- Host an Annual Primary Care
 Congress to bring together primary
 care practitioners and enhance
 involvement in system planning and
 change
- Collaborate with the Acquired Brain Injury Coalition to develop a strategic plan.

- c) More people with mental health conditions & addictions have access to services
 - Collaborate with the Pathways to Better Care Program in its implementation, which involves workgroups that include clients and families along with other key informants
 - Partner with health service providers in the development of the Transitional Aged Youth Investment Strategy. This will involve input from youth
 - Collaborate with health service providers in the development of the Dual Diagnosis Flexible Assertive Community Treatment Team Resource.

d) More seniors are cared for in their community

Partner with the Champlain Dementia Network in their caregiver and client consultation to identify service gaps and opportunities for different models of care.

e) More people with complex health conditions are able to manage their conditions

- Support a diabetes educators event on adult education techniques and best practices to engage adult clients
- Collaborate on the symposium, "Diabetes: Mind, Body & Soul...a unique perspective!" for health service providers to share best practices and continued professional education
- Support the development of the Champlain Stroke Network Patient and Family Advisory Council.

f) More people at end-of-life, families & caregivers receive palliative care supports in their setting of choice

- Consult with health service providers to develop an inventory of resources to help providers in the broader system
- Establish a Regional Leadership
 Team to promote the advance care
 planning tool and facilitate broader
 system conversation about the
 importance of advance care
 planning.

Engage local communities to advance key result areas

To help achieve our mission, the Champlain LHIN works on a number programs and ongoing advisory committees and planning tables. The following table highlights some of the committees and planning tables with which we will engage this year; however this is not an exhaustive list:

- Acquired Brain Injury Coalition
- Addictions and Mental Health Network of Champlain
- Champlain Cardiovascular Disease Prevention Network
- Champlain Community Support Network
- Champlain Critical Care Network
- Champlain eHealth Council
- Champlain Emergency Services Network
- Champlain Maternal Newborn Regional Program
- Champlain Palliative Care Program
- Champlain Regional Cancer Program
- Champlain Regional Diabetes Advisory Network
- Champlain Regional Geriatric Program
- Champlain Regional Renal Network

- Champlain Regional Stroke Network
- Champlain Telemedicine Coordinating Committee
- Child and Youth Advisory Network
- Community Health Centre Executive Director Network
- Decision Support Network of Champlain
- Emergency Department / Alternate Level of Care Steering Committee
- Health Links Coordinating Council
- Health Professional Advisory Committee
- Health System Funding Reform Partnership
- Hospital CEOs and CCAC Leadership
- Long-Term Care Liaison Committee
- Primary Care Advisory Committee
- Regional Vision Care Committee
- Rehabilitation Network of Champlain.

Evaluation

The Champlain LHIN evaluates community engagement processes and outcomes to:

- Assess the achievement of our goals to advance the Integrated Health Service Plan 2013-16
- Monitor performance against the Community Engagement Plan, and
- Continuously improve our processes to ensure meaningful participation in LHIN planning and decision-making.

The LHIN conducts participant evaluations at community engagement events including workshops and conferences. Information on the outcome of the Champlain LHIN's community engagement can be found in the *Community Engagement Report 2014-15* which will be posted on our website in French and English.

Stakeholders and members of the public are also invited to provide their feedback or ideas by contacting the Champlain LHIN (champlain@lhins.on.ca, or 613.747.6784; toll-free: 1.866.902.5446).

If you have questions about Champlain LHIN community engagement or any part of this plan, please contact Jessica Searson, Community Engagement Coordinator (jessica.searson@lhins.on.ca, or 613.747.3239; toll-free: 1.866.902.5446 ext. 3239).

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