

3.0 Environmental Scan

The development of the IHSP involved conducting extensive environmental scanning activities. These activities were designed to better understand the current state of health of the people who live within the WWLHIN, their health needs and the immediate and long-range health system requirements of the WWLHIN. This scanning process helped to shape the local health system planning approach. It is also intended as a roadmap for collaboratively planning and transforming the health system now and in the future.

2006 Environmental Scanning - Key Activities				
January - March PHASE 1 ENVIRONMENTAL SCANNING	April - May PHASE 1 ENVIRONMENTAL SCANNING	June - July PHASE 2 ENVIRONMENTAL SCANNING ANALYSIS and SYNTHESIS	August - September PHASE 3 VALIDATION	October - December PHASE 4 FINALIZATION and RELEASE
Validation of Community Engagement Framework (CEF) Public Consultations - Townhall Sessions	Distribution of Provider Network Surveys and Citizen Surveys Analysis of Emerging Consultation Themes	Population Specific Consultations Further Analysis of Consultation Themes Data Analysis and Literature Reviews Current State and Readiness Assessment	Identification of Key Priorities for Change and Action Plans Public Validation Events Draft IHSP	Finalization, Translation and Release of IHSP – December 2006
Community Engagement				

A number of elements were involved in conducting the environmental scan including an analysis of the external factors influencing planning activities, the profile of the population, current programs and services, and input from the public and providers. Together these elements helped to provide the evidence necessary to determine local priorities and the areas of focus for local health system planning.

3.1 Our Reality in Waterloo Wellington

Many complex factors can influence the health status of an individual or the health status of an entire community. To plan for both current and future health services, it is essential to consider the impact of new, emerging or anticipated external factors.

Changing demographics, advances in science, economic shifts or technological innovations along with other external factors will have an impact on future needs. Some can be anticipated and analyzed now. Others will come as a surprise, so flexibility and responsiveness to changes is important to the planning process. Careful planning can provide a framework for dealing with both expected and unexpected challenges. Within the WWLHIN, the elements of the external environment that can, and do affect health services planning fall into five broad categories:

WWLHIN's World

Industry (Health Care)

- The need to attract, retain and develop professionals within health services to address an aging workforce and health human resource shortages
- The increased focus on primary health care and team-based health services
- The need to coordinate services and integrate health plans to improve health outcomes
- The identification and sharing of best practices across the system
- The need for emergency-preparedness
- The growing awareness and increased focus on health promotion, illness and accident prevention and chronic disease management

Socio-demographic

- The increasing requirements of a growing and aging population
- Adapting to ethnic and religious differences
- The growing expectations of an increasingly well-informed consumer
- A growing understanding of the impact of socio-economic factors on population health status
- Increased evidence of lifestyle related diseases in younger populations

Political

- Competing strategic priorities
- Ontario's Health Care Transformation agenda (e.g. establishment of LHINs, focus on Health Human Resources and e-Health)
- Movement towards transparency, accountability and performance measurement
- Increased emphasis on community-based health service delivery
- Containing costs without compromising health care. The need to ensure the sustainability and excellence of the publicly-funded health system as it faces pressures related to private participation

Technological

- Recognition of the growing impact of technology on the quality and coordination of health service delivery including increased use of information collection, sharing and accessibility for the purpose of:
 - Communication
 - Learning and Development
 - Service Delivery
 - Performance Measurement
 - Collaboration

Economic

- Growing and aging populations and the growing demand for services
- Escalating health care costs
- The proportional increase of drug costs as a share of the health budget
- The alternating expansion and contraction of local, regional and national economies affecting society's ability to manage costs
- The increasing demand for convenient, local health service delivery



OUR CURRENT REALITY

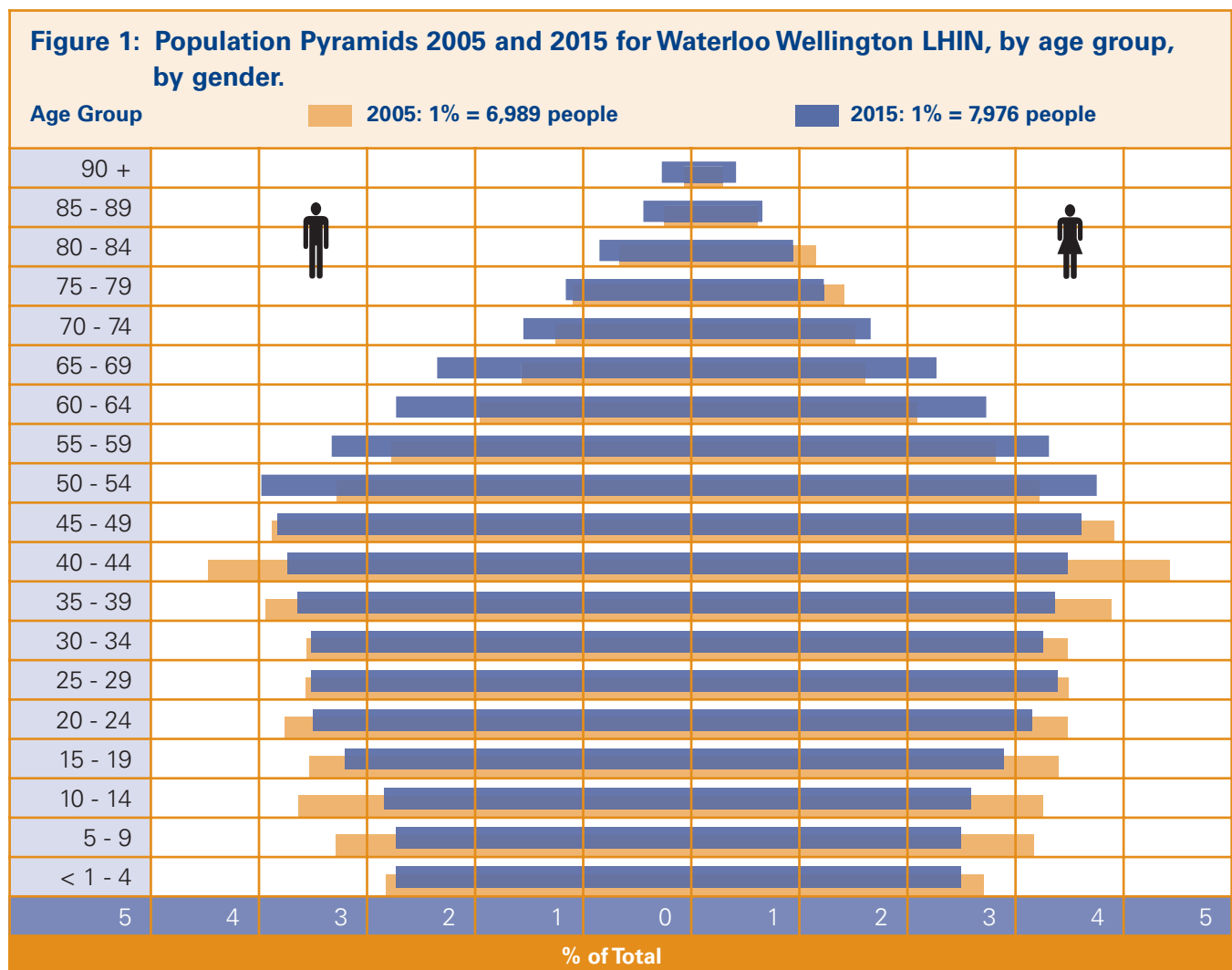
3.2 Population Profile

The 2005 population of the WWLHIN was estimated to be 698,900, or 5.5% of the population of Ontario. The population is projected to be 797,600 by 2015¹ which represents a growth rate of 14%. Over 80% of the population of the WWLHIN lives in two urban planning areas: Urban Waterloo and Rural Waterloo South, comprising 63% of the population (438,772) and Urban Guelph with 20% (136,114).

Population Characteristics

Population aging and population growth are two critical factors in determining population health needs and health service use, since health problems increase with age (especially for chronic disease) and the population size affects the magnitude of these problems.

As the 'baby boomers' age, the number of people aged 50 years and older will increase more rapidly than other age groups. This age group comprised 28% of the population (194,800) in 2005 but will grow to 34% of the population by 2015 (273,300). The population aged 65 years and older is expected to increase quickly as well, from 11.5% (80,600) of the population in 2005 to 14% (112,060) in 2015. Conversely, there will be a proportionate decrease in the younger age groups in the WWLHIN. This changing demographic will place more demand on the health system as the related need for long-term care and chronic disease management and treatment will also grow.



1 Statistics Canada, Demography Division, based on 2001 Census Canada adjusted for undercounting, LHIN Population Projection Table, Provincial Health Planning Database (PHPDB), June 2006. Note: Population projections are not yet available for the five planning areas within WWLHIN.

Specific Populations

Immigrant and Visible Minority Populations

Almost 20% of WWLHIN residents are immigrants, of which 3% can further be classified as recent immigrants to Canada. Visible minorities comprise 9.3% of the WWLHIN population. The urban areas of the WWLHIN have higher rates of both immigrant and visible minority populations than the rural areas.

Francophones

One and a half percent of the population of the WWLHIN is Francophone (i.e. French is their mother tongue). Consequently, Waterloo Region, Wellington County and the Township of Southgate are not designated under the French Language Services Act. Issues for the local Francophone community have however been identified in the areas of health services, health human resources, culture of health service organizations, and governance.

Aboriginal and First Nations

Although there are no First Nations Reserves or designated Aboriginal Health Service Providers listed in the WWLHIN service area, according to the 2001 Census data, approximately 3,900 individuals identified themselves as Aboriginals. These individuals seek and receive their health care from mainstream health providers. There are also an unidentified number of people from within the WWLHIN who may be accessing Aboriginal services in Hamilton and Brantford.

The Aboriginal Health Policy for Ontario (AHP) is a government policy that promotes a common understanding of Aboriginal expectations, priorities and perspectives related to health planning and program design activities in Ontario. It includes three strategic directions which incorporate interrelated concepts such as the life cycle, wholistic health and a continuum of care and will form the basis for the WWLHIN's approach to health planning for this specific population.

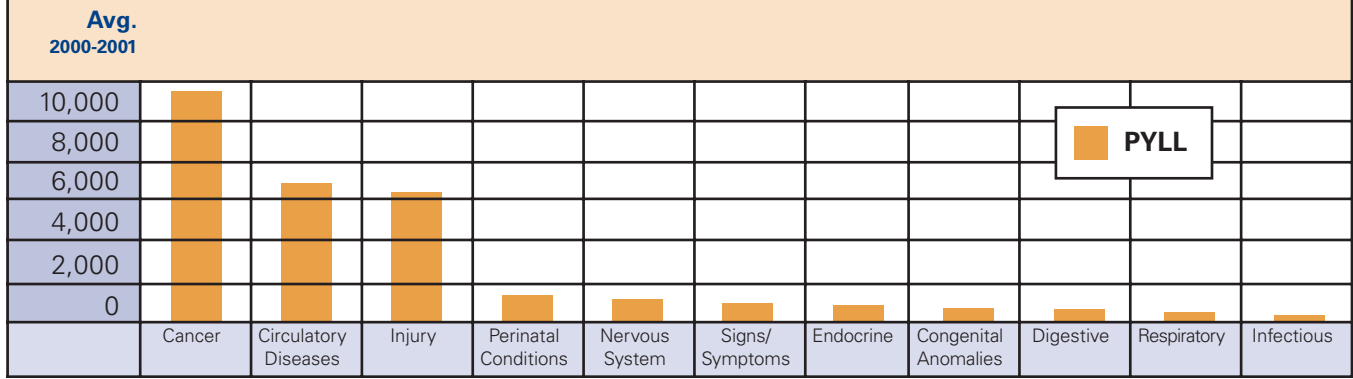
Population Health Status

Life expectancy for Waterloo Wellington residents is similar to that of the rest of the Province, 82 years for females and 77.8 years for males, with the leading causes of death being cancer, circulatory disease and injury (accounting for almost 70% of all deaths.) Another important statistic to examine is the potential years of life lost (PYLL)² due to the leading causes of death. PYLL is a measure of premature death that subtracts the age at death from the average life expectancy of 75 years.

The total PYLL in WWLHIN in 2000-2001 from all causes was 27,555 and the leading causes of PYLL are illustrated in Figure 2. The top three causes accounted for almost 70% of PYLL – cancer (9,495), heart disease (4,919) and injuries and poisonings, including suicide (4,593). These causes are largely preventable and the prevalence of risk factors for these three is high in Waterloo Wellington.

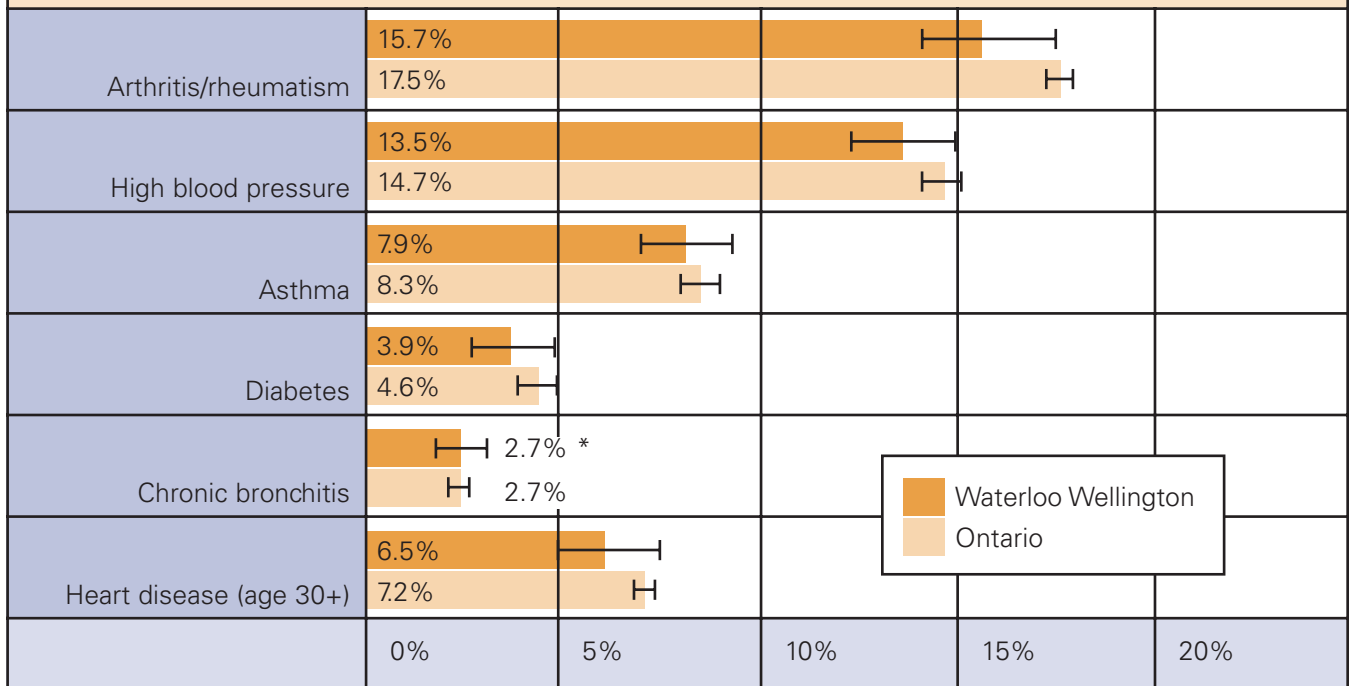
2 **Potential Years of Life Lost (PYLL)** is calculated for each cause by multiplying the total deaths for that cause for an age group by (75 – middle of age group). For example, if there were 15 deaths for a particular cause in the 45-49 year age group the PYLL = 15 x (75-47) = 15 x 28 = 420.

Figure 2: Leading Causes of Potential Years of Life Lost in Waterloo Wellington LHIN



The prevalence of chronic conditions within a population is a good indicator of both current and future health status. Currently, the WWLHIN has a lesser proportion of people with chronic conditions when compared to provincial averages. However, when considering that the population of the WWLHIN is generally younger than the provincial average, these lower rates of chronic disease incidence should be viewed with caution. As the population ages, these incidence rates are likely to grow significantly, particularly with respect to diabetes, cancer, and heart disease.

Figure 3: Prevalence of selected chronic conditions, population aged 12+



* Estimates for chronic bronchitis have a high degree of sampling variability and must be interpreted with caution.
Data Source: Canadian Community Health Survey, 2003

Social Influences on an Individual's Health

Social influences on health are the social conditions in which people live that may impact their health. Social determinants of health have been recognized by several health organizations, such as the Public Health Agency of Canada and the World Health Organization, to greatly influence collective and personal well-being. For example health status may be affected by being unemployed, having a low-paying job, and having a lower level of education. These factors can also affect a person's ability to access health services.

Generally, while the unemployment rate within the WWLHIN is lower than the provincial average, and fewer families are categorized as 'low income', the percentage of the population aged 20 years and older that have completed post-secondary education is lower than the provincial average across the majority of the WWLHIN.

Recent immigrants, as well as those moving into or within the WWLHIN from other parts of Ontario or Canada (internal migrants), may have difficulty finding a family doctor due to the area's current shortage of family physicians. Most likely they are not familiar with how to access health services in their new community and are generally less likely to have a social support network to assist them.

Unique social factors that influence health behaviours within visible minority populations may also contribute to overall health status. For example, the incidence of diseases that could be influenced by lifestyle choices is more common in Black and Aboriginal populations than in Caucasians.

Knowledge of the official languages is also important in accessing health services. While in the WWLHIN, English or French is the mother tongue for 82% of the population it is important to recognize that almost one in five residents have English or French as their second language.

Social influences on health include

- Income and social status
- Social support networks
- Education and literacy
- Employment/Working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Healthy child development
- Biological and genetic endowment
- Health services
- Gender
- Cultural values

Prevention and early detection can lead to better health

Reducing the potential years of life lost (PYLL) due to disease and illness represents a major opportunity to increase both the length and quality of life for our local population. It is important to recognize that to some extent the health system can and should help individuals make choices to reduce known health risks and to increase participation in illness prevention and detection programs.

The WWLHIN has rates of daily smoking, heavy drinking, obesity and life stress that are higher than the provincial averages. In addition, smoking rates are more than twice as high in the low-income group compared with those in mid to high-income groups³. The local health system, working in partnership, can promote healthy living choices to help reduce this trend.

On the other hand, WWLHIN residents access early detection services such as PAP smears at the same rate as the rest of the province⁴. In 2005, 47% of women aged 50 to 69 years in WWLHIN reported having had a screening mammography within the past two years. This was lower than the

3 2001 Canadian Community Health Survey, electronic share file, Ontario Ministry of Health and Long-Term Care, 2003. Ad hoc data analysis by Wellington-Dufferin Guelph Health Unit, 2004.

4 Appendix E – Environmental Scan – Section 2.2.5

previously reported rate for the WWLHIN in 2003 (51%). The same proportion of residents get flu shots as elsewhere across the province. Increasing the rate of use of early detection and prevention services is an important opportunity for residents and health service providers in the WWLHIN area.

Summary Observations

The population profile provides a helpful look at who makes up the local population's composition and their health status. As well, it provides a preview of things to come. The key observation that can be gained is that as the population ages, social and behavioural influences on health will have a significant impact on population health status, and the demands placed on the local health system.

3.3 Inventory of Publicly Funded Programs and Services

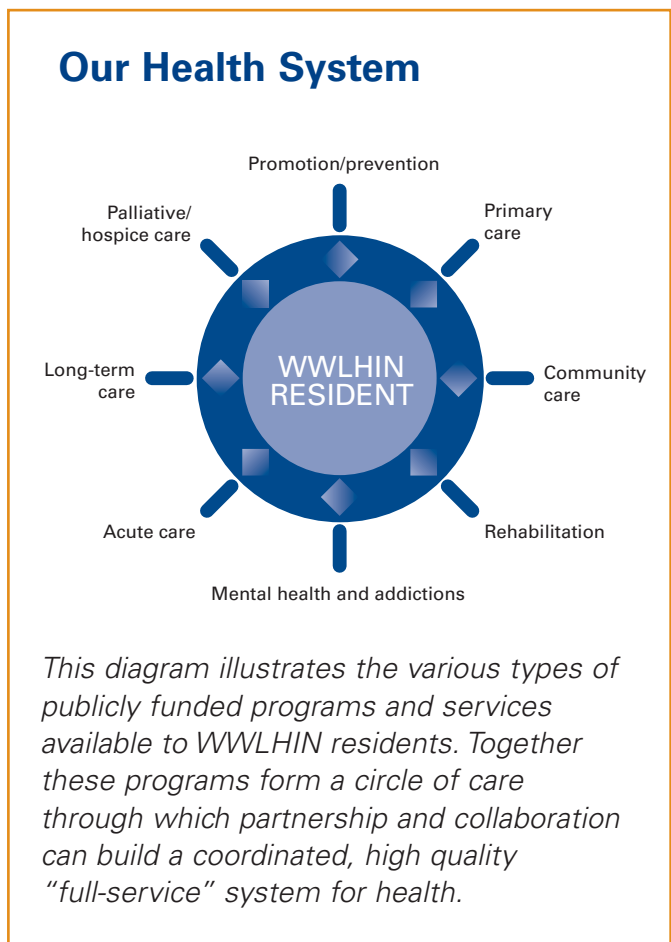
As previously mentioned, to design a truly integrated system that serves the needs of the WWLHIN residents, it is necessary for program and service agencies to work together in a highly collaborative manner to meet the needs of individuals across a full continuum of care. The continuum of care includes: promotion, prevention, diagnosis, treatment, rehabilitation, long-term care, palliative and end of life care. The continuum is not linear. It is dynamic and has multiple access points for those using the system. Conducting a program and service inventory and assessment enables us to identify the availability, accessibility and ease of use of the system.

This diagram illustrates the various types of publicly funded programs and services available to WWLHIN residents. Together these programs form a circle of care through which partnership and collaboration can build a coordinated, high quality "full-service" system for health.

The WWLHIN is home to a wide range of primary, specialist, community, long-term care, mental health and addiction, rehabilitation, chronic and acute care services. The following provides an overview of the numbers of providers within the WWLHIN. It is important to note that in addition to the agencies and organizations listed, the WWLHIN is home to numerous other health care providers and support services providers who will be instrumental partners in transforming the local health system such as Public Health Units, Ambulance, and Patient Transfer Services and Private Laboratory Services to name a few.

Primary Care

Primary care services are provided throughout the WWLHIN by 476 family practitioners and other health professionals such as primary care nurse practitioners. The Canadian Community Health Survey indicates that in 2005, 92.2% of residents in the WWLHIN reported having regular access to a



Health Service Providers to be funded by WWLHIN as of April 1, 2007

- 4 Community Health Centres - with 3 satellites
- 8 Hospital Corporations - with 10 sites
- 35 Long-Term Care homes
- 1 Community Care Access Centre
- 32 Community Support Service programs
- 19 Community Mental Health and Addiction programs

Note: Further details on local health human resources, programs and services can be found in Appendix E.

medical doctor. This means that 7.8% of residents did not have regular access to a physician. The WWLHIN is home to 9 developing Family Health Teams (FHT) and 4 Community Health Centres (CHCs) with 3 additional satellites. CHCs are located in Guelph, Cambridge, Kitchener and Woolwich. Satellites are located in Guelph (Sheldale) North Dumfries and Wellesley. In addition, some CHCs provide outreach services. The FHTs will provide services to some residents of Kitchener, Erin, Cambridge, Guelph, Palmerston, Mount Forest and Centre Wellington. This strength in primary care provides the WWLHIN with the opportunity to engage physicians in developing an integrated health system, where primary care is the catalyst to transforming our local health system.

Promotion and Prevention

Health promotion and prevention is provided in primary care settings, within Community Health Centres and physician offices as well as through Public Health Units. Education related to the effective management of chronic diseases is also provided in acute and rehabilitation facilities and long-term care homes, as well as through community and homecare services. Currently there are two Public Health Units in the WWLHIN. These are the Wellington-Dufferin-Guelph Health Unit and Region of Waterloo Public Health Unit.

Acute Care

The WWLHIN has 8 hospital corporations, operating at ten sites across the region. In 2004/05, 735 Acute Care Beds and 80 Critical Care beds were available in the LHIN for a total of 815 Beds⁵. Overall the acute care average length of stay was 5.0 days, in comparison to 5.5 days at other Ontario Hospitals⁶. 83.8% of residents within the WWLHIN received their care in WWLHIN hospitals. Residents also receive more complex acute care services in the academic health science centres in Hamilton, London and Toronto.

Outpatient Care – Emergency and Ambulatory Care

Emergency services are provided at Guelph General Hospital, Cambridge Memorial Hospital, Groves Memorial Community Hospital (Fergus), Grand River Hospital (Kitchener), North Wellington Health Care (Louise Marshall Hospital in Mt. Forest, and Palmerston and District Hospital in Palmerston) and St. Mary's Hospital (Kitchener). The 3rd highest reason that residents frequent the Emergency Department is due to respiratory system issues⁷. It is also noted that over 50% of the visits to the emergency department in North Wellington were for non-urgent reasons⁸. Further analysis regarding potential primary care service gaps and/or public education needs is required. Ambulatory Clinics and Services are provided by all hospitals. A total of 423,019 cases representing Clinics, Medical Day/Night Care, Surgical Day/Night Care, and other Ambulatory Care were seen in 2004⁹.

5 Appendix E – Environmental Scan - Section 2.9.5 – Table 6

6 Appendix E – Environmental Scan - Section 2.9.7

7 Appendix E – Environmental Scan - Section 2.7.6 – Table 5

8 Appendix E – Environmental Scan - Section 2.7.5 – Table 3

9 Appendix E – Environmental Scan - Section 2.8.2

Rehabilitation

Rehabilitation is provided in a variety of settings from acute centres to homecare. In addition to hospital based rehabilitation, there are 78 inpatient rehabilitation beds available in WWLHIN¹⁰. Some community based rehabilitation services are publicly funded and provided in homes and schools by organizations contracted by the Community Care Access Centres (CCACs). These services include physiotherapy, occupational therapy and speech language pathology services. Specialized children's rehabilitation services are also provided by the Children's Treatment Centre (KidsAbility - Centre for Child Development).

Long-Term Care

There are places for 3,660 people to reside in long-term care homes in WWLHIN, or 4.9% of the total number of places in the Province. Almost half of the places are categorized as "basic" meaning care is provided in a ward type setting; 13% are semi-private and 40% are private¹¹. Occupancy rates for long-term care homes have been between 95% and 100% throughout the area, with growing CCAC waiting lists for placement. In September 2005, 705 WWLHIN residents living in the community were waiting for their first choice of long-term care home. An additional 426 people living in long-term care homes were not in their first choice of location. Many long-term care residents are living in homes that are a significant distance from families and friends.

Community Care Access Centres

Home care coordination is currently provided to WWLHIN residents by 3 Community Care Access Centres (CCAC). Two of these CCACs are located within the WWLHIN and the third is located within the South West LHIN. CCACs are local agencies that provide the community with care options and help the public access government funded home and community care services and long-term care homes. Community care agencies provide services related to nursing, social work, nutrition, personal support, rehabilitation and therapy. There were 228,299 home care visits provided to WWLHIN residents in 2005. CCACs are currently being aligned with the LHIN service areas. The Wellington portion of the Wellington Dufferin CCAC, the South Grey portion of the Grey Bruce CCAC and Waterloo Region CCAC will be merged into one agency – the Waterloo Wellington CCAC.

Community Support Services

Community support organizations provide services that enable individuals to maintain their independence and remain living at home. Services include transportation, meal services, caregiver respite, support and counselling, volunteer hospice, social and recreational services and supportive housing. There are currently 32 publicly funded community support services organizations in the WWLHIN. It is estimated that from 2005-2006 14,978 residents were served by these agencies.¹² Community support services are accessed locally by contacting the service provider directly.

Mental Health and Addiction

Inpatient mental health services related to acute mental health needs, child and adolescent, addictions and longer term needs are provided through acute care hospitals as well as the Homewood Health Centre. There are a total of 325 inpatient beds available in WWLHIN hospitals. People can also receive mental health and addiction services without being admitted to a hospital. Community based services, including case management, housing support and social/family support are available to residents

10 Appendix E – Environmental Scan - Section 2.11 – Table 1

11 Appendix E – Environmental Scan - Section 4.1

12 Appendix E – Environmental Scan - Section 3.5.1 – Table 1

who are in need of mental health services to enable them to achieve a high level of independence¹³. However community engagement activities have highlighted a significant need for improved access to, and the availability of, mental health services for all ages, specifically for seniors and adolescents. Also noted is the significant need for additional qualified and trained mental health professionals.

Complex Continuing Care (CCC)

CCC is provided by five organizations at five sites in the WWLHIN. Although many patients receive CCC services for a time and then move back to their homes, because of their complex medical needs, the length of time with CCC services is measured in months or years rather than in days. It would appear that WWLHIN facilities are close to meeting the CCC needs of WWLHIN residents, however it is worth noting that few of the Rural South Grey and North Wellington residents were admitted to the CCC facility in their planning area.¹⁴ Currently, a study is underway to better understand the utilization patterns related to CCC.

Hospice and Palliative Care

Currently, most publicly funded Hospice and Palliative Care is provided in acute care and complex continuing care hospitals, in the community (homecare), and in one free-standing hospice facility. An additional local facility is currently under construction. Long-Term Care homes in the WWLHIN are in various stages of developing palliative care programs. Cancer Care Ontario statistics indicate that 80-90% of palliative care patients have cancer. Significant service gaps exist for palliative care in the WWLHIN.¹⁵ With the rapid growth and aging estimates for this area, the need for palliative services will increase.

Use of hospitals when other care is needed

It is important to note that 96.5% of people discharged from WWLHIN acute care hospitals are discharged when the acute phase of their illness is over. Most people return to their home, either with or without homecare and community support services. Some move to another, more appropriate care setting (e.g. long-term care). However, those who are unable to return home or to an existing care setting, may have to remain in hospital until their placement issues are resolved. These patients are designated "ALC," which means that they no longer require acute care services, but rather an alternate level of care (ALC). The average length of time people need ALC in the WWLHIN is 14.8 days, which is slightly higher than the provincial average. Using bed equivalent estimates, in 2004/05 there were approximately 70 acute care beds (8% of acute care bed capacity) in WWLHIN hospitals occupied by ALC patients who were better suited for services elsewhere.

Summary

The service inventory leads us to conclude that further investigation is necessary. We need to continue to work with our public and service provider communities to collaboratively determine how local health services can be better connected. Ideally, focused coordination efforts will enhance the patient experience and our community's health outcomes.

¹³ Appendix E – Section 3 - For a full list of services

¹⁴ Appendix E – Environmental Scan - Section 2.12.2 – Table 1

¹⁵ Appendix D – Literature Reviews - Health Service Report – An Overview of Palliative Care Issues in Waterloo Region and Wellington and Dufferin Counties.

3.4 Provider and Public Consultation and Emerging Themes

Provider and Public Consultations

In addition to an extensive review of statistical data, a critical piece of the environmental scanning process involved the gathering of information through a series of consultations¹⁶ and surveys with providers and the public. In November 2004 local health service providers came together to begin discussions intended to identify priorities for better coordination and integration of the local health system. From these discussions, working groups were created to develop summary reports that were then analyzed and consolidated into a document entitled 2005 Integration Priority Report. This report provided some key information for the newly formed WWLHIN, as it represented the provider perspective on health system priorities. This was an important starting point for the broader community consultations that the WWLHIN began in March 2006.

This process was developed to gather opinions from community partners within the health system. Input was gathered from the general public, patients, caregivers, and service providers on current and future health care needs and health system effectiveness. In addition, the WWLHIN used a variety of data gathering methods to solicit community input into the IHSP. These included introductory meetings and site visits with provider agencies and networks, publicly held town hall workshops, numerous consultations and focus groups with specific population groups. Following these sessions, surveys were distributed across the LHIN to gather patient and informal caregiver perspectives. Based on these focused consultation sessions and the survey, some new and emerging themes were identified. Further information was then gathered through a variety of approaches including on-site tours, provider interviews, meet and greet sessions, and provider/network surveys.

Consultations with Specific and Vulnerable Populations

Traditional information gathering processes and forums may not always address or attract harder to reach or vulnerable populations. As a result, a variety of methods were used to gather input from or about the following specific populations. It is interesting to note that the overriding theme of cultural sensitivity was consistently raised. A summary of the specific and vulnerable population consultations is available in Appendix C.

WWLHIN Specific and Vulnerable Populations include:

- Aboriginal
- Gay, lesbian, transgender and transsexuals
- Low income women
- Newcomers to Canada
- People with addictions
- Seniors
- Francophone
- Homeless
- Multicultural
- Old Order Mennonites
- People with physical disabilities
- Youth – urban and rural

¹⁶ A summary of the community engagement approach, processes and findings is provided in Appendices B and C.

Summary of Emerging Themes

Analysis of the information gathered from the various data collection activities, including our community consultations, revealed a number of common themes about how health services are perceived and experienced by residents of the WWLHIN. Issues with respect to accessibility were identified by all population groups, as were issues related to creating a better understanding and better coordination of the system. These themes have formed the foundation for developing the integration priorities of the WWLHIN and the related activities. For further information on these themes please refer to Appendix C.



Community Consultations

Emerging Themes

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

As the 'baby boomers' age, the number of people aged 50 years and older will increase more rapidly than other age groups, placing more demand on the health system.

3.5 WWLHIN Health System Needs Assessment

The environmental scan reveals that the community's health status is relatively good. It also demonstrates that the WWLHIN has a broad array of quality health programs and services. However, there are several factors that demonstrate the need to make some changes. In general, WWLHIN residents are:

- having to wait to access long-term care and primary care services,
- experiencing a growing need for chronic disease management, community support services, palliative/hospice care, mental health and addiction services, and services for seniors,
- concerned that there are too few health care professionals to meet their health care demands,
- finding it difficult to navigate their way through the health system,
- wanting to see a consistent approach to the measurement of system performance outcomes, and
- concerned about getting more value out of health care spending.

With this analysis, it is clear what issues need to be addressed. Through the consultation with the public and health service providers, it is also evident that there is widespread commitment to address them. Simply put, the general feeling is that failure to successfully transform our local health system is not an option. Otherwise the result will be further stress, strain, and possibly the diminished ability to provide services that are accessible, effective and sustainable. Ultimately the potential impact could be the loss of valued aspects of our publicly-funded health services, the favourable health status we currently enjoy and the quality of life that makes the WWLHIN a desirable place to call home.

Emerging from the environmental scan are four categories reflecting local health system-wide needs. These identified needs will require a concentrated focus to maintain and enhance the health and well-being of WWLHIN residents and to address the health system needs of a growing and aging population.

3.6 Summary of WWLHIN Health System Needs

Accessibility – “Getting to our health system”

Without exception, the analysis has identified numerous system-wide issues around access to care and services. These issues include knowing what services are available, how to get them, where they are located, travelling to get to them, and making sure there are enough services to meet the current and long-term needs of the community. A lack of physicians and other primary health care providers seems to result in difficulty accessing the system and requires that many residents need to travel long distances outside of the area, or use urgent care facilities. Specific populations also expressed difficulties in accessing care and services due to cultural, geographical and language differences as well as perceived systemic biases. Also identified were concerns regarding:

- access to mental health and addiction services (including services for seniors and adolescents),
- long-term care capacity issues,
- transportation issues,
- access issues for rural residents,

- access to rehabilitative services,
- caregiver support, and
- community support services.

Population Health – “Promoting wellness”

The majority of residents of the WWLHIN report that they enjoy good health and are interested in maintaining their health status. This creates an ideal starting point to begin to focus more fully on health promotion and disease prevention. The WWLHIN has a unique opportunity to work with providers and the community to develop comprehensive strategies using an integrated, sustainable approach to overall good health that includes:

- chronic disease prevention,
- health promotion education,
- services for vulnerable populations,
- services for seniors, and
- mental health initiatives.

System Effectiveness – “Getting through our health system”

Clearly there is a desire among the public, providers and funders alike to improve the overall effectiveness of the health system, from coordination to information management, to ensuring smoother and more sensitive transitions for patients as they move from one level of care to another. Areas in need of particular system connectivity focus include:

- health information and records,
- community support services,
- services for seniors,
- primary care,
- mental health and addiction,
- hospice and palliative,
- caregiver support mechanisms,
- supportive housing for vulnerable populations, and
- ensuring long-term care placements are sensitive to the individual’s community ties.

In addition, the need for increased public awareness of health system services and assistance to people who are moving through the health system are important local concerns.

Sustainability – “Ensuring a lasting health system”

WWLHIN residents are not alone in identifying the need to build a strong, affordable and integrated health system that will be there today and for future generations to come. The need to develop and implement strategies at the local level that will not only contribute to achieving the broader sustainability objectives of the Province, but also to the quality of life and personal health of local residents was recognized through the environmental scanning process. In addition, the need to ensure health system economic sustainability is well documented. Areas in need of focus include:

- identifying and optimizing efficiencies across the health system,
- making sure necessary health information travels with people (preferably using technology) as they move from provider to provider, thereby reducing the need for people to repeat their information and reducing the possibilities of mistakes,
- improved public awareness of health system usability,
- implementing strategies to support the recruitment and retention of health professionals to the area, and
- ensuring a stable and predictable health care funding model is in place to support the current and future health service needs of the community.



WWLHIN residents are not alone in identifying the need to build a strong, affordable and integrated health system that will be there today and for future generations to come.