

Mississauga Halton Local Health Integration Network (LHIN)

Diverse Communities Consultation - April 23, 2009

The LHIN invited representatives from diverse communities to discuss the proposed strategic priorities and enabling strategies to be included in the LHIN's Integrated Health Service Plan for 2010–2013. The session was one of a number of focused consultations planned with groups of stakeholders over the next month. Staff and members of the Board of Directors of the LHIN will be attending these sessions and listening closely to the feedback. The stakeholders' perspectives will also be an important part of the discussion with participants in the Citizens' Reference Panel this June, 2009.

The participants in this session considered the four proposed priorities and strategic directions for the Integrated Health Service Plan:

- Improving access, quality and sustainability of the health system
- Enhancing seniors' health, wellness and quality of life
- Integrating mental health and addictions services
- Prevention and management of chronic conditions

They also discussed the three broad categories of enabling strategies:

- Primary health care
- eHealth strategy
- Health human resources

The following is a summary of their comments and ideas, grouped by the proposed priorities and strategies. ***Some of the issues raised do not fall within the work of the LHIN, but they are recorded here to fully capture the participants' views.***

Proposed Priorities and Strategic Directions

Improving access, quality and sustainability of the health system

In the health system generally:

- Walk-in clinics are a good alternative to the emergency room when the problem is obviously not acute, but they cannot replace a family doctor. For example, clinics do not keep patients' records. Walk-in clinics would be more effective if people had a clearer understanding of their role in the health system.
- Walk-in clinics and pharmacies, open 24 hours a day and preferably located near hospitals, would reduce the burden on emergency departments. Subsidies could provide incentive for clinics and pharmacies to be open around the clock.
- Distinguishing between "emergency care" and "urgent care" could help to reduce wait times. Urgent-care patients would not be turned away from the emergency department. Instead, they would be directed to the right place, possibly in a different part of the same hospital.
- Staff in health care facilities who have first contact with patients should get special training. Especially with long wait times, the first person who speaks to a patient greatly affects the patient's experience. A person in that position should be welcoming and helpful. Training should include cultural sensitivity.
- There should be a more effective mechanism for reducing abuse of the health system by people seeking to submit false claims to insurance providers and employers.
- Patients need a better way to report dissatisfaction with the care they receive. They can be discouraged from seeking care because health professionals are rushed or overbearing.
- More central access points to community resources should be available, where people could find all of the information and services they need in one place.
- Services for people with disabilities should be a high priority.
- LHINs do not have borders in the sense of restricting services to LHIN residents. The lack of a border affects the ability to plan and provide services for people who do live within the LHIN. This has not been addressed appropriately in the LHIN concept.
- Statistics should be reflected in policy and action, not just used for data analysis.

For newcomers:

- The population increase in Mississauga Halton is largely the result of immigration. More resources should be channeled to increasing the quality of care available to newcomers in the region.
- Newcomers' needs are different at different stages of settling in Canada. A strategy to address these stages should be developed, working with community groups who understand the culture to assess needs.
- The LHIN has reached out to many community groups, but it could connect with smaller groups by seeking invitations to speak to them and explain the LHIN concept.
- The healthcare needs of newcomers should be approached with more cultural sensitivity. To that end, statistics are needed on who is accessing health services, and why some people are reluctant to seek the services they need. For example, health service providers should be aware that it can be a culturally based requirement that a woman be treated by a female physician.
- Ideally, newcomers would have access to physicians who speak their own languages. It would help to integrate the language skills of health care providers and community organizations, and to collaborate with community health centres to help identify family doctors.
- Newcomers should be provided with information and education on the health care system in their own languages. Ethnic media and a multilingual 800 number could be used for this purpose.
- Medical documents should also be provided in the patient's own language.
- In planning services for diverse communities, it is important to remember that people who speak the same language do not necessarily share a culture. For example, the Spanish-speaking people in Mississauga Halton come from many different countries.
- Census statistics do not take into account the great variety of languages and backgrounds among Black people. Health care needs often relate to background and language, and the lack of this information can mean that these citizens do not have equal access to health services.
- Resources for services in languages other than English or French are often allocated to the top ten languages according to the Census. That practice excludes people in smaller communities. Since cultural identity is self-reported for the Census, the size of many communities may be much larger than the Census indicates. Also, the Census gathers statistics by region, not by LHIN, and it is difficult to get a true picture of cultural diversity in a LHIN.

- Where interpreters are not available free of charge, a patient needs a working knowledge of English or a paid interpreter to access health services. This can be seen as a form of denial of service.
 - Health care providers should have a list of organizations that provide interpreters.
 - Where interpreter services are available, such as at Trillium Hospital, patients should be made aware of it.
 - Flashcards and other tools would help health care providers communicate with patients who do not speak English or French when interpreters are not available.
 - Special training should be provided for professional interpreters working in the health care setting.
- Some newcomers find it difficult to adjust to integrated health services because they are accustomed to private health care and to talking to the same health care provider over the years. Integrated services can make them feel that they are on a treadmill. Others may not be familiar with the concept of a family doctor or walk-in clinic and go directly to a hospital. Community organizations familiar with these cultural experiences could play a role in familiarizing newcomers with the health system.

For children:

- The needs of children should be added to the list of priorities.
- Emergencies are a particular problem. A special emergency stream should be dedicated to children, available 24 hours a day.
- Pediatric services are difficult to find in some areas. Not all locations have access to dedicated facilities such as the Hospital for Sick Children in Toronto.

For pregnant women and new mothers:

- Pregnant women and new mothers need more education on nutrition.
- Information on and treatment for postnatal depression should be integrated with other services for new mothers.

For the lesbian, gay, bisexual, transgendered/transsexual (LGBT) community:

- LGBT youth need access to specialized health services, which are currently lacking.
- LGBT individuals of all ages, including seniors, have health care needs that are not being met.
- Many people are not aware of that anonymous HIV testing is available. As a result, taking the test becomes part of the individual's permanent medical record. This can affect their privacy and their ability to obtain insurance.

Enhancing seniors' health, wellness and quality of life

- There should be a focus on services to help seniors stay in their own homes.
- Seniors can have several medical problems at the same time. How these problems relate to one another, and how seniors with multiple conditions are treated, should be specifically addressed.
- Seniors need more information about the services available to them. Health care providers and community support workers also need to be better informed about the resources available. For example, many are not aware of the day programs. A day program might be more appropriate for many seniors than home visits once or twice a week. A hotline and online portal, specifically for information on resources for seniors, could help to improve access.
- To get funding for programs for seniors, organizations now need to coordinate with other organizations. This is a positive step, but services for seniors, including activities and programs, still need better coordination. There could be a forum specifically to promote coordination among seniors' organizations, cultural organizations, and health service providers.
- Transportation continues to be a significant problem that keeps seniors from accessing services. For example, Mississauga Halton has six of the 100 vans supplied for seniors throughout Ontario. People with disabilities cannot access them. The problem calls for creative solutions, such as group booking for people with language barriers. The provincial government should consider addressing the insurance barriers that discourage volunteer drivers. Also, retired persons could be offered incentives to serve as drivers. Better communication and coordination with organizations that offer transportation, such as the Red Cross and the CNIB, should be attempted.
- To the extent possible, services for seniors should be clustered in a single location. This would help people with mobility difficulties, and would help with transportation problems in general.

- There is a serious gap in services between the time seniors are discharged from hospital after an illness and the time they begin to receive support services. This often results in a further need for medical care.
- Community support agencies should be notified of the discharge in advance, allowing enough time to plan appropriately.
- If there is loss of mobility following surgery, for example, comprehensive discharge services should include reorientation to the home environment.
- Often, a small amount of early support would go a long way toward preventing a return to hospital, complications, and overuse of emergency services. Examples include checking the home for spoiled food, starting meals on wheels service on arrival at home, alert devices in case of a fall, transportation to medical appointments, and homemaking services.
- Follow-up calls to answer questions could help avoid a readmission.
- The food available through meals on wheels is not meeting the needs of a diverse community. Some community service groups provide specialized catering, but funding for these services would help them better serve seniors in their communities.
- Regardless of the quality of long-term care centres, they are not suitable for many people because they are located far from their home communities and places of worship. Developers seeking permits to build near places of worship or in predominately ethnic communities could be required to include housing for seniors among the proposed buildings. Some community organizations would also welcome the opportunity to contribute land or funding for facilities located within the community.
- Many seniors need health-related information in alternative formats such as audio and Braille, or translated into languages other than English or French.

Integrating mental health and addictions services

- Public education is needed to build awareness of what mental health is, so that people who need help will seek it.
- Newcomers have often left behind an extended system of family supports that help them cope with problems. Without those supports, they may need help from the health care system, but may not know how to access it.

- Mental health services should include a focus on removing barriers for people seeking treatment and, collaborating with communities, reducing any cultural stigma attached to mental health problems.
- A special focus is needed on the mental health of children whose parents are having problems. Outreach to schools would help to assess the needs. Outreach is also needed to make parents aware of problems their children may be having. The outreach effort should concentrate on places where the people already go, such as community centres and places of worship
- Women need education about the relationship between aggressive behaviour by the men in their lives and their own mental health. Many women internalize this behaviour, leading to severe depression.

Prevention and management of chronic conditions

- Prevention and promotion of good health should be a specific priority, and it should start with health education in primary schools.
- Prevention and public health education should focus on providing people with the skills to better manage their own health.
- All members of the community need access to recreation opportunities to promote good health.
- The management of chronic diseases should address the needs of patients holistically.
- Proper nutrition is important in managing and preventing complications in conditions like diabetes. Courses exist to dispel food myths and teach people with diabetes how to read food labels, for example. Such programs should be expanded and publicized. Local hospitals offer wellness and prevention programs in many languages, and physicians should be encouraged to refer patients to those resources.
- Transportation is a major difficulty for patients who need dialysis. Mobile dialysis units that can deliver the service in the home might prove more efficient.
- People living with HIV need more supports. Testing is improving, but there is a lack of resources for people who test positive.

Enabling Strategies

Primary health care

- The physician database is not up to date on whether a physician is accepting new patients.
- After a long wait for an appointment, patients often find that the physician restricts the visit to talking about one or two issues. Health concerns are often interrelated, and there should be a better way to manage physician time.
- Newcomers do not have a family doctor on arrival and have great difficulty in accessing health services without one. Immigrants must wait 90 days to access health services, with no mechanism in place to serve people who are not insured.
- More HIV clinics are needed in the region. There are only two HIV specialists in Mississauga Halton.
- In some areas, there is a lack of paediatric specialists.

eHealth strategy

- Electronic records would make walk-in clinics more effective because clinic physicians could have access to patient records.
- Physicians could have better access to consultation with specialists and other resources not available locally.
- An online portal to resources available for seniors would assist people who work with seniors as well as seniors themselves.

Health human resources

- A new category of non-physician medical practitioner could deal with routine cases, referring patients to a physician if necessary. This model already operates in India, and could remove some of the burden on doctors in Ontario.

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- To help address the shortage of physicians, the province should expedite a system for licensing doctors trained elsewhere. Pending recognition of their credentials, foreign-trained health care providers from a number of disciplines could play a role in supporting health services in areas like interpretation, translation, and patient education. Foreign-trained professionals with a nuanced cultural understanding could also act as intermediaries between communities and the health care system.
- Ensuring adequate capacity to serve seniors is a growing issue. More health care staff—and more funding—will be needed to meet the demand.

LHINs are the only public sector organizations in Ontario with a specific mandate to consult with the public. Listening to citizens helps the LHIN to do its work of improving health care delivery. The Board of Directors and staff of Mississauga Halton LHIN are grateful to each of the participants for taking the time to share their views, concerns, and ideas.