

## Mississauga Halton Local Health Integration Network (LHIN)

### Diverse Communities Consultation E-Bulletin - April 23, 2009

The participants in this session considered the proposed priorities for the MH LHIN's Integrated Health Service Plan and the three broad categories of related enabling strategies. Generally, the participants agreed that the priorities and enabling strategies were appropriate, but they would have added a greater focus on children's health and promoting health and wellness.

- **Improving Access, Quality and Sustainability of the Health System**

The discussion focused on access to culturally sensitive services for newcomers (including language-related services), nutrition counseling and other health services for pregnant women and new mothers, emergency care for children, services for people with disabilities, and supports for the lesbian, gay, bisexual, transgendered/transsexual community, especially youth. Ideas for improving quality and sustainability in the health system generally included 24-hour walk-in clinics and pharmacies, distinguishing between urgent and emergency care, and increasing the number of community centres.

- **Enhancing Seniors' Health, Wellness and Quality of Life**

The participants saw a need to focus on helping seniors stay in their homes, to address treatment plans for seniors with multiple problems, and to provide more information about existing resources to people who work with seniors and seniors themselves. Ideas for enhancing seniors' health including more and earlier support for seniors discharged from hospital, clustering services for seniors in one place to help with transportation problems, and long-term care centres near seniors' home communities, possibly built in partnership with their community organizations.

- **Integrating Mental Health and Addictions Services**

People need to be aware of what mental health is, so that people who need help will seek it. The participants saw outreach as an important part of integrating mental health and addiction service, especially for newcomers who have often left behind an extended system of family supports. The discussion also focused on the mental health needs of children and women living with violence in the home.

- **Prevention and Management of Chronic Conditions**

A recurring theme in the discussion on prevention and management of chronic conditions was the need to focus on providing people with the skills to manage their own health. This included the importance of nutrition education programs and the need to treat the patient holistically. The participants also focused on the need for more HIV clinics and supports for people living with HIV.

- **Enabling Strategies**

For the *primary health care* priority, the participants noted that the database of physicians accepting new patients is not up to date, that there is a shortage (in some areas) of specialists in pediatrics and HIV, and that newcomers must wait three months before accessing primary care as the MH LHIN does not have a CHC. The *eHealth strategy* would help to make walk-in clinics more effective, they felt, since clinics do not currently keep patient records electronically. It would also allow doctors to draw on alternate and distant specialist resources. A portal for information on resources for seniors was also mentioned. On the *health human resources* priority, the participants felt expediting licensing for foreign-trained health care professionals as a way of dealing with demand. Other ideas included finding support roles for foreign-trained professionals in a number of disciplines and a creating a new category of non-physician practitioner. The participants observed that the capacity to serve seniors is a growing issue, and that more health care staff will be needed to meet the demand.