

OFFICE RÉGIONAL DE LA SANTÉ  
DES PARCS



# Regional Health Advisory Council

## Report to Board

Nov  
2010



HEALTH ADVISORY COUNCIL  
2010 REPORT TO THE PRHA BOARD

Executive Summary

Advisory Councils are a very important part of the PRHA's community engagement process. In late 2009, the PRHA revitalized the Advisory Council structure and process with the intent to enable Council members, to provide meaningful input into a focused health and wellness topic. Council input is meant to assist the PRHA Board in monitoring and strategic planning purposes.

This year the Advisory Councils were asked to provide input into the Strategic Planning process. Specifically, the Board requested that the Councils identify criteria that the Board could consider when selecting priorities for the 2011-2016 Strategic Plan.

In order to identify meaningful criteria, the Council reviewed the 2009 Community Health Assessment, participated in a SWOT analysis, developed a priority list of health strategies, and then identified the criteria that supported the priorities.

The regional Health Advisory Council recommends the following criteria for consideration by the PRHA Board:

- Foundational Support for the Vulnerable
- Advocacy, Education, Empowerment
- Enhance Multiple Resources
- Equal Access
- Strengthening Communication Networks/paths
- PRHA Opportunities
- Creating Harbours of hope not Vessels of despair

## **Background and Findings**

A year long process was put in place to support the work of the Advisory Council (see Appendix A). The Advisory Council Chair and Staff facilitators lead the Council through the process. (See Appendix B for a list of Council members and staff facilitators).

The Health Advisory Council met on October 21, 2009 (orientation), and February 10, March 10, April 14, and May 12, 2010.

The initial focus of the Council meetings was on the Community Health Assessment findings. Information was presented and Council members had the opportunity to participate in focused conversations. The notes from these discussions are included here:

### *What caught your attention?*

- Education: Ages 15-24: <16 are to be in school legally....what % of this data is 15 & 16 years old? (*note: data for the region is not available at that level*)
- Unemployment rate for females is higher based on info & looking at those “job seeking” what is impact now re: based on current economic situation
- Impact of number of males who work out of province or have recently become unemployed out of province
- The number of women who are at home raising their families (as “lone parents” so to speak)
- % of lone parent families—expected it to be higher
- Housing repairs & conditions people live in
- Housing and diet options for vulnerable, single-parent, elderly on fixed income etc. individuals
  - Impact of income re: housing
- Is there a gap re: support and assistance in the “middle group” – where we have provided stimulation and support to young and subsidies to elderly
- Issue of poverty....based on program parameters
- Impact that income/social assistance/welfare has on food we eat, place we can live
- Impact of weather on living conditions (e.g. mold, mildew)
- High Blood Pressure for 19+ year and older
- Women hospitalization re: self-inflicted injury
- Men are not hospitalized re: self-inflicted injury (but they would be on “Death” slide)
- Arthritis for women....why is it 2x higher?
- What is the impact of the demographics on some of the data presented
- 4x higher rate of injury hospitalizations
- Mental illness rates are below the provincial average
  - How many are NOT diagnosed
  - Need more information “bigger picture”
- % of male/female who report being physically active
- Definition of “active,” perception of what it means to be “fit”
- Chlamydia is higher for women than men
- Impact of current economy re: fruit/vegetable consumption
- More men are physically active HOWEVER more men are obese/overweight
- Rate of HIV in Winnipeg

*How does this fit with what you know about the Parkland?*

- Supports what we know of individual circumstances
- Very few job opportunities in Parkland
- If post-sec educated, where in Parkland can you work
- Are we able to employ people full-time and with sufficient \$ to feed their families
- Are the wages people earning sufficient to earn a living
- Stigma re: certain occupations
- Can trades people be paid what they are worth
- Education: high rate of non-completion of high school; recognize that education does not necessarily equal intelligence
- Access to prescription medications, e.g., and affordability
- “working poor” and limitations/barriers posed
- Appreciation re: paid health care/physician access vs. private healthcare (e.g. US)
- Timely access to emergency health services (ambulance) no longer available in some of the areas in Parkland...e.g. Pine River & concern re: losing services
- Do we need to take some of our responsibility around our health back...have we become too dependent; individuals have some responsibility
- What is the impact of alcohol/drug use re: mental illness
- Stigma regarding mental illness which may decrease the rate of males receiving treatment for depression, being hospitalized etc.
- Parkland has the highest prescription rate
  - Limited referral system to the MH system
  - Where is the system breaking down
- High hospitalization rate for children
- Higher rate of pharmaceutical use among women; points to the “quick fix” re: medication use vs. other therapies
  - Becomes a vicious circle
- How much of this is physician generated, or patient demands

*How might this impact on the health status of Parkland Residents*

- Perception re: women needing to be thin
- Housing definitely will/does impact us
  - Education on what’s available
  - Impact on self-esteem
- People who don’t fit the criteria; results in gaps
- Education contributes to issues of unemployment, access services,
  - critical support & stimulation for 0-5 yrs
    - capacity for ongoing coping
- Need to consider prevention
- “wrap-around” care, “wrap-around” education, “wrap-around” health; important to have ‘team’ care with a focus on the person and their specific needs; many disciplines working together
- Support is required (e.g. at-risk youth)
- Importance of the partnerships within the agencies that are involved in provision of care
- Working together and “blur” their program’s boundaries/criteria
  - Need to focus on “outcomes” and ensure that this is “helping” the people

- How do we ensure that the people who need the service can have access to it in a respectful way
- Importance of follow-up and follow-through
- Capacity of services (e.g. wait lists)
- Labeling/stigma
- Life expectancy for Aboriginal women
  - Impact on family support (“lots of Aboriginal women raising their grandchildren”)
- What’s working in the East & West districts?
- What is the impact of ethnicity on this info?

*What concerns you?*

- Access to mental health services
- What are the impact of alcohol/drugs
- Stigma related to mental illness
- Impact of violence on people’s health

After discussing the findings from the Community Health Assessment, Council members participated in a **SWOT** exercise. Participants were asked to identify PRHA internal strengths and weaknesses as well as opportunities and threats external to the organization.

Strengths and Opportunities are positive aspects and should be used to enhance the future of the organization.

#### **STRENGTHS – Internal**

- ▶ Using the technologies (Telehealth/Health Links) – (needs to be promoted more)
- ▶ Communication from PRHA e.g. Corporate, Board Mtgs in community,
- ▶ Willingness to meet with people in the communities
- ▶ Cultural awareness
- ▶ Immunization rates & clinics (i.e. Multiple entry points to receive immunization)
- ▶ Screening clinics (mammography etc.)
- ▶ CHS clinics & Primary Health Centres
- ▶ Educating communities (e.g. school requests)

#### **OPPORTUNITIES - External**

- ▶ Grade 11 & 12 Mandatory Physical Education
- ▶ Access to natural/free fitness (parks, etc.)
- ▶ Parkland Recreation Complex
- ▶ Work on initiatives r/t teen pregnancy
- ▶ DHAC comprise of other groups
- ▶ CDPI in the communities....can be expanded (e.g. homecare “encourager” to people)
- ▶ Maximize, make available &/or promote use of alternative therapies/healthcare (e.g. massage, chiropractor, acupuncture etc.)
- ▶ Provide people with information, education, navigation regarding specific & general health information
- ▶ Build awareness between medical staff to understand illness/treatment, lifestyle issues and options, awareness of process

- ▶ People are more interested in health; have more questions; may want to assume responsibility
- ▶ People advocating for their own “best” health

Weaknesses and threats should be considered and strategies developed to reduce their negative impact.

#### **WEAKNESSES - Internal**

- ▶ No Aboriginal Liaison Worker-is a huge need (e.g. as part of discharge, referral)
  - Need for interpreter services
- ▶ Continuity of care (e.g. same PHN, same Dr. providing care)
- ▶ Educating communities re: physical status and need for healthcare providers
- ▶ Expand Home Care- there is lots of opportunity but do not have the human resources to expand it.

#### **THREATS - External**

- ▶ Access of health services is limited by e.g. transportation...cannot take a taxi on this day but can take ambulance)
- ▶ No one to guide people to the right service
  - Need a “navigator”
- ▶ Not using ALL providers to their full scope of practice ... move away from ONLY the medical model (e.g. massage, etc.)
- ▶ Over prescription of medications
- ▶ Patient expectations or demands for the “quick fix” (the “pop a pill” mentality)
- ▶ Recruitment & retention of doctors and other healthcare providers
- ▶ People have a lack of understanding of their own health and options re: care & treatment
- ▶ Delayed service on Health Links – waiting on line; not meeting needs
- ▶ Over reliance on technology – elders not interested as they want in person contact

Council members then began discussions regarding potential criteria that would inform the Boards selection of priorities. In order to identify the criteria, members went through a process of identifying priorities from the CHA and SWOT exercises and then identifying why these were priorities; this resulted in groupings and naming the supporting criteria:

#### **Foundational Support for the Vulnerable**

- Becoming Addicted to meds
- Better Physical Health
- Stay home longer
- Seniors
  - More illness
  - Longer hospital stays
  - Larger cost to tax payers
  - Loss of dignity
  - Premature death
- Mental Health

- Limited access
- Shortage of professionals
- Suicides increase
- Stress on families
- Illness is greater
- Vulnerable people feel supported not rejected (seniors, brain injured, mental illness)
- To increase self esteem in people
- Removing the stigma associated with mental health

#### Advocacy, Education, Empowerment

- to extend awareness of many ways to approach health; individuals need to also be aware of their responsibility towards healthy living
- to improve health advocacy
- Lifeskills
  - Live healthier
  - Improve future generations
  - Less doctor visits
  - Improve self worth
- So everyone can understand “health speak”
- Children are our future, Need to keep them healthy. Provide a healthy path to grow
- Less visits to health facilities
- Drug awareness
- It takes a community to raise a child and empower each other; health is community- everyone has a responsibility
- Active/healthy lifestyle - decreases in number of hospital visits/ prescription drugs/over the counter drugs
- Active/healthy lifestyle youth results in greater sense of self
- To help us to encourage our own citizens toward better health
- Knowledge is power - greater understanding (of health and the health system)
- Healthy lifestyle practices
- Active/healthy lifestyle youth results in improved overall health
- Increased ability to early self-care

#### Enhance Multiple Resources

- alternative health approaches; look outside traditional options
- partnerships; work together with other groups; combine resources
- Consistent dependable basics
- Culturally appropriate approaches to health
- Getting Better together
- More personal care homes
  - Make more space available in the hospital for acute care
- More visual and hands on resources may save lives
  - Not everyone wants or can read pamphlet
  - Show me, help me; don't lecture me
- More frontline workers (in community)
- More human resources

- Improve or prevent wait times
- Meet patients needs (prevent people becoming patients)
- Able to see more patients

#### Equal Access

- Distance
  - Travel times
  - More suffering
  - Conditions decline
  - Cost (both financial and health)
- Make services available to EVERYONE
- EVERYONE deserves the best care
- Open door policy; “every door is the right door”
- Equality
- Increase chances of earlier identification

#### Strengthening Communication Networks/paths

- Racism (also ageism, mental health or addiction conditions)
- When will the cycle end? Need some help to stop the cycle
- Ask people about their needs, don't tell people about their needs
  
- need a clear path of measurement of the clients health (record sharing)
  
- Increase understanding and communication between different groups (professionals); teamwork; team health care that includes many professionals in a patients case

#### PRHA Opportunities

- to improve our regional socio-economic status
- create employment opportunities
- education of medical workers
  - encourage and expose students to a future in health care
  - promote job opportunities in the communities

#### Creating Harbours of hope not Vessels of despair (professionals and all of society)

- Client centered; welcoming and supportive
- Positive approach and looking toward a positive future; sharing this outlook
- Harm reduction being an acceptable goal

#### Overall ideas that didn't fit into any one specific categories

- reduce hospital stays
- Improve the overall health of all people
- Our people are dying a slow death of these conditions (chronic conditions).

**The regional Health Advisory Council recommends the following criteria be considered for priority setting:**

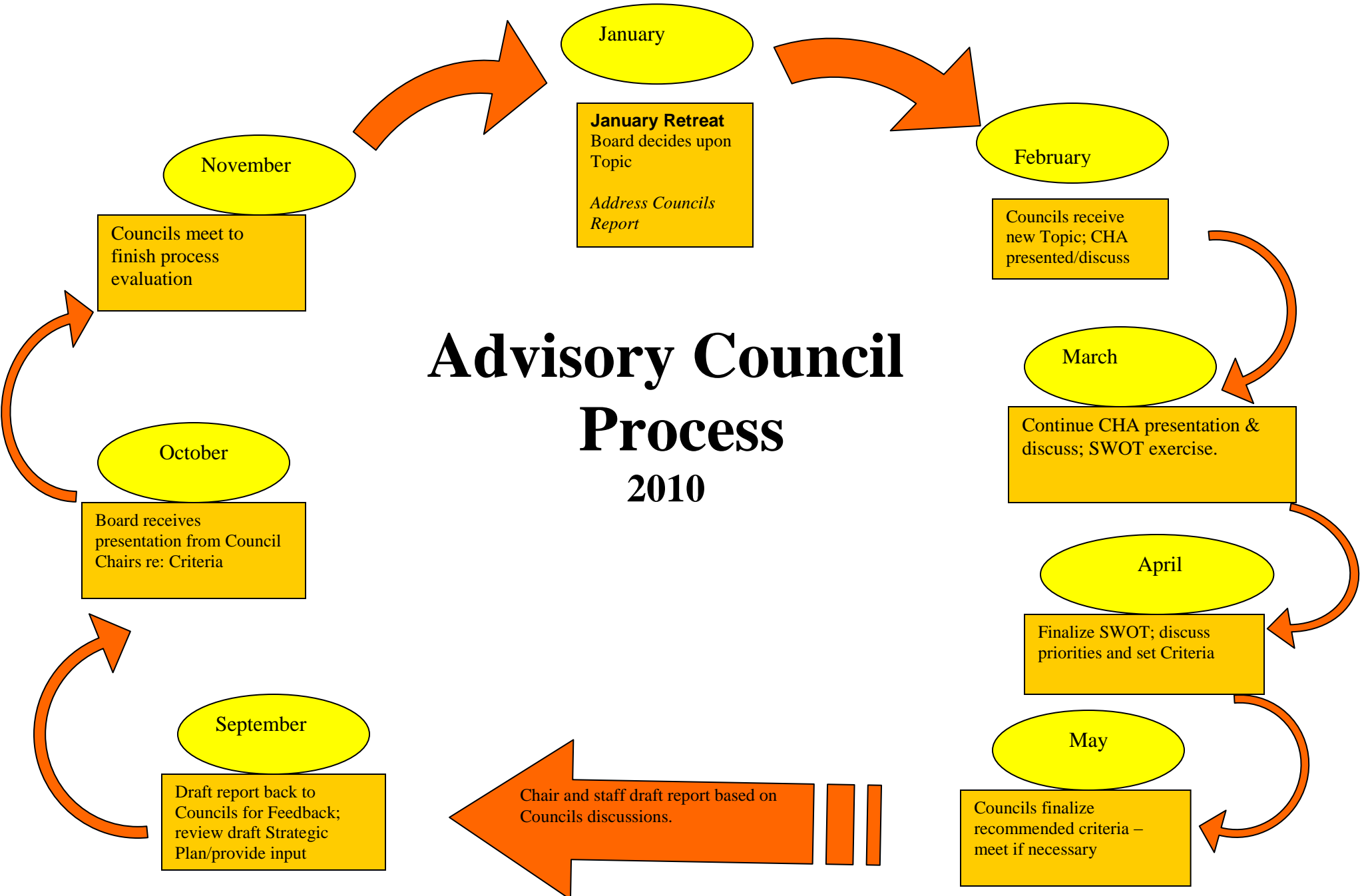
Foundational Support for the Vulnerable

Prevention through Education  
Enhance Multiple Resources  
Equal Access  
Strengthening Communication Networks/paths  
PRHA Opportunities  
Creating Harbours of hope not Vessels of despair

Respectfully submitted,

Health Advisory Council

Appendix A: Advisory Council Process



## **Appendix B: Regional Health Advisory Council Membership**



### **Regional Health Advisory Council Membership**

Gloria Paziuk – Chair

Gwynn Ketel- Vice Chair

Cheryl Mitchell

Lorene Ward

Steve Wilson

Liz Dano

Peter McKay

Sharon Glassock

Heidi Langan

Carolyn Quill

Larry McLaughlin

Darlene Barbe

Donna Davidson

Karen Davis

Myra Rank

Sharon Basaraba – Board Liaison

Pat Delaurier – Alternate Board Liaison

Catherine Kingsley – Staff Liaison

Mary-Ellen Parsons – Staff Liaison