

## **2. The CHC Program**

### **2.1 History of the CHC Program**

The CHC program began as a pilot in the 1970s when the Government of Ontario funded 10 centres. In 1982, the CHC Program was established as an ongoing Ministry program. As of 2001, the Ministry of Health and Long-Term Care has funded over 50 CHCs that provide comprehensive primary care and community health promotion programs and activities in communities across Ontario.

### **2.2 Program Objectives**

The CHC Program objectives are:

- to promote equity in access to health services
- to strengthen the role of the individual and the community in health and health care delivery
- to encourage linkages among health services and with social and other community services
- to develop comprehensive primary care services which make the most efficient use of health care providers and health resources
- to promote health and prevent illness to enhance the health status of the communities served through a population health promotion framework

These objectives provide the framework for the accountability relationship between the Ministry and community health centres.

### **2.3 Principles for the Provision of Service**

While the program focus may vary among CHCs, all centres subscribe to the following principles:

- CHCs provide accessible health care services through the optimal location and physical design of the centre; through carefully planned services that are culturally and linguistically appropriate; and through services that are available at times responsive to community needs
- CHCs provide client-centered services in a family and community context
- CHCs provide comprehensive primary care, health promotion and illness prevention activities
- CHCs support individuals and communities to take responsibility for and control of their own health and health care.

## 2.4 Priority Populations

CHCs offer a range of comprehensive primary care and health promotion programs in diverse communities across Ontario with an emphasis on priority populations. A priority population has one or both of the following characteristics:

- face barriers to accessing an appropriate range of primary care services (e.g. geographic isolation, or cultural or language barriers); and/or
- A higher burden or risk of ill health due to socio-economic status, age, environmental factors, social isolation, mental health issues, or other health determinants.

## 2.5 CHC Service Model

Key service components include:

- CHCs are non-profit corporations governed by a community-based board of directors.
- CHCs involve clients and community members in planning and developing programs.
- CHCs provide comprehensive primary care, health promotion and illness prevention services to a defined service area with an emphasis on priority populations.
- CHCs have interdisciplinary teams of salaried professionals. Depending on the actual programs and services offered, CHC program staff may include physicians, nurse practitioners, nurses, health promoters, social workers, community health workers, nutritionists and chiropractors.
- CHCs offer 24 hours access to primary medical care.
- CHCs work in partnership with other health and community organisations providing services to the CHCs' client populations.
- CHCs provide co-ordinated services through interdisciplinary teams of professionals skilled in health care and related fields and integrated with the system of health and social services in the community.
- CHCs' services are made available regardless of a client's health card status.

### **3. The Relationship between CHCs & the Ministry**

#### **3.1 The Ministry of Health & Long-Term Care**

- 3.1.1. The Ministry of Health and Long-Term Care is responsible for administering the health care system and providing services to the Ontario public through such programs as health insurance, drug benefits, assistive devices, mental health, long-term care, home care, community and public health, and health promotion and disease prevention. It also regulates hospitals and nursing homes, operates psychiatric hospitals and medical laboratories, and co-ordinates emergency health services. More information about the Ministry of Health and Long-Term Care is available at the Ministry's web site at [www.gov.on.ca/health](http://www.gov.on.ca/health).

#### **3.2 Legislative Authority**

- 3.2.1 Section 7 of the *Ministry of Health Act* gives the Minister of Health and Long-Term Care the authority to make agreements with municipalities, persons or corporations for the provision of hospitals and health facilities, services and personnel. This is the Ministry's authority for funding CHCs.

#### **3.3 The Role of the CHC Program**

- 3.3.1 The role of the Community Health Centre Program is:
- the development of program policies and guidelines
  - determination of transfer payment funding levels
  - monitoring transfer payment agency performance
  - evaluation of services
  - ensuring accountability for the use of public funds

#### **3.4 The Role of Program Consultant**

- 3.4.1 Program Consultants provide the primary contact between CHCs and the Ministry of Health and Long-Term Care. Program Consultants are responsible for:
- Monitoring individual CHCs to ensure consistency with CHC Program objectives
  - Interpreting CHC Program policies and procedures, and providing advice on the design and operation of CHCs in response to specific requests
  - Providing advice and guidance to CHC Executive Directors or designates regarding annual budget submissions, as well as monitoring CHC expenditures and variance reports

- Establishing and maintaining effective links with District Health Councils, the Association of Ontario Health Centres, other ministries, professional associations and other relevant organisations.

### **3.5 Updating the CHC Program's Permanent File**

3.5.1 The CHC Program has a permanent file for each CHC. The file includes documents that address the funding history and relationship, including:

- The original application to establish the CHC and funding request
- The Minister's letter of funding approval
- Any Ministry and all CHC annual audit reports
- Ministry organisational or developmental review of the CHC
- Capital project approvals, letter of undertaking

3.5.2 CHCs shall promptly provide the CHC Program with new or updated information related to the following:

- Banking information for CHC Program Funds
  - Bank account number
  - Bank address
- Bylaws
- Articles of Incorporation/Letters Patent/Supplementary Letters Patent
- Signed lease (prior approval by CHC Program required)
- Charitable Registration Number (where applicable)

## Introducing Local Health Integration Networks

The McGuinty government is creating a health care system that keeps people healthy, cares for them when they are sick and will be there for their children and grandchildren. The plan for making that vision a reality has three priorities: Healthier Ontarians, reduced wait times, and better access to doctors and nurses. These priorities will be supported by initiatives to improve the planning, management and coordination of services throughout the health care system. One of these initiatives is the creation of 14 Local Health Integration Networks (LHINS)

### What are LHINS?

LHINS are 14 local entities designed to plan, integrate and fund local health services, including hospitals, community care access centres, home care, long-term care and mental health within specific geographic areas. They reflect the reality that a community's health needs and priorities are best understood by people familiar with the needs of that community and the people who live there, not from offices hundreds of miles away.

### What will LHINS do?

Right now, health care services in Ontario are fragmented and many health care providers work, plan and deliver care in isolation. Patients and their loved ones are forced to make their own way through a very complex health system as they move from one health service provider to another.

Local Health Integration Networks have been created to change all that. On March 1, the Ontario government passed historic health care legislation - the Local Health System Integration Act, 2006 - that will change the way our health care system is managed.

While LHINS will not directly provide services, the government is giving them the mandate for planning, integrating and funding health care services. LHINS will oversee nearly two thirds of the health care budget in Ontario - \$21 billion. They have been specifically mandated to engage people and providers in their communities about their needs and priorities. As LHIN roles evolve over the next few years, the immediate benefits will be unprecedented opportunities for community input into health care planning. In the years to come, we expect to see better access to patient care.

### By 2007-2008:

- LHINS will have developed and implemented accountability and performance management agreements with local providers to improve the way health care services are planned and delivered across the province

- They will have developed and will be carrying out strategies to respond to community concerns and requirements, and will be working with local providers to specifically address local health needs
- They will be responsible for evaluating and reporting on their local health system's performance
- They will be providing funds to local health providers, as well as advice to the Ministry about local capital needs

### **Benefits of LHINs**

#### ***Health care choices by the community, for the community***

Under LHINs, community health care priorities will be identified at the local level, by people closer to what is really going on.

#### ***We're all in this together***

The health care system belongs to the people of Ontario; they're the ones who depend on it and who pay for it. LHINs will, for the first time, involve Ontarians in the health care conversation, giving them a chance to participate in decisions about the health care system in their communities.

#### ***Transparency, accountability and responsibility***

LHINs will ensure that health care dollars are spent in the most efficient and effective way possible, yielding the best results possible. Accountability agreements between health care providers and LHINs, and between LHINs and government, will ensure the responsible use of precious health care resources, and the sustainability of the health care system for generations to come.

#### ***A system with patients at the centre***

The health care system has not always been an easy one to navigate. LHINs will change that, breaking down the barriers that patients face and ensuring that decisions are made in the interests of patient care.

### **Governance**

LHINs are operating as not-for-profit organizations governed by boards of directors who were appointed by the province after a rigorous skill and merit-based selection process. Each LHIN will have nine board members. The board of directors will be responsible for the management and control of the affairs of the LHIN and will be the key point of interaction with the ministry. CEO's were selected after an extensive search and selection process. They will report directly to the LHIN boards.

### **Relationship with Ministry**

The ministry will continue to set priorities for improving the health care of all Ontarians. The ministry will outline the principles, goals and requirements for all LHINs to ensure that all Ontarians have access to a consistent set of health care services. At the same time, LHINs will have the flexibility to address unique local health needs and priorities.

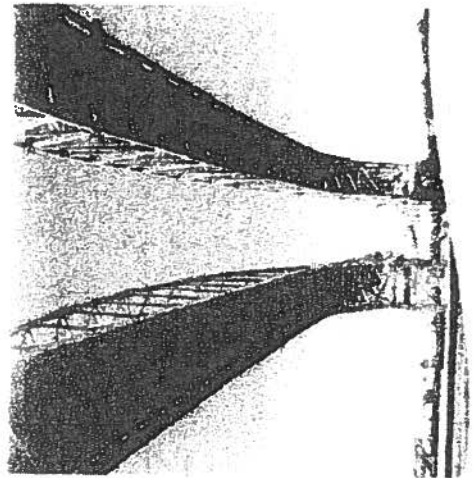
The relationship between the government and each LHIN (including operational, financial, auditing and reporting) is outlined in a Memorandum of Understanding and an annual performance agreement between each LHIN and the Ministry of Health and Long-Term Care.

For more information visit the Ministry of Health and Long-Term Care website at [www.health.gov.on.ca](http://www.health.gov.on.ca) or the LHIN website at [www.lhins.on.ca](http://www.lhins.on.ca)

## WHAT IS A LHIN?

For many years, decision-making that affected Ontario's healthcare system was centralized through the Ministry of Health & Long-Term Care. That system didn't always work; healthcare needs vary across the province, and solutions that made sense in one area didn't always make sense in another. The LHINs were established to bring a local perspective to local healthcare systems.

LHINs are Crown Corporations created by the Ministry of Health & Long-Term Care to plan, fund and coordinate healthcare services based on local needs. LHIN staff and Board members are your neighbours, living and working in your community and sharing an interest for a publicly funded healthcare system that will be there for your children and grandchildren.

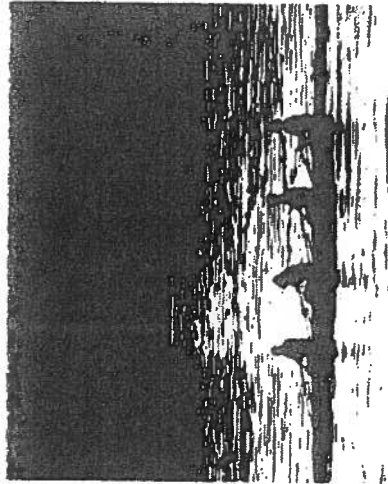


## GETTING INVOLVED

Building a strong and fully representational local healthcare system requires your input and help.

You can:

- Join a committee
- Attend LHIN public events
- Receive newsletters
- Visit our Web site
- Participate in on-line surveys



To participate in building our local healthcare system, please contact:

Community Engagement

Erie St. Clair Local Health Integration Network

180 Riverview Dr., Chatham, ON N7M 5Z8

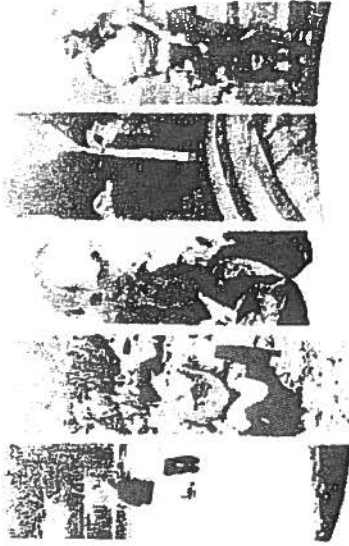
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## OUR PEOPLE. OUR HEALTH.



EIGHT STRATEGIC  
HEALTHCARE  
DIRECTIONS FOR  
ERIE ST. CLAIR

# EIGHT STRATEGIC INTEGRATION DIRECTIONS

The Erie St. Clair LHIN is focused on eight inter-related health directions that reflect the realities of our population's health. These directions are prioritized in a three-staged plan that will remain flexible in order to address emerging needs and realities.

## STRATEGIC INTEGRATION DIRECTIONS

### STAGE ONE:

#### #1: Chronic disease management

### STAGE TWO:

#### #2: Reduced dependence

#### on hospitals

#### #3: Support at home

#### #4: Health promotion/illness prevention

### STAGE THREE:

#### #5: E-health and back office

#### #6: System navigation

#### #7: Health human resources

#### #8: Timely access to care

### STAGE ONE

*In this stage, considerable focus is placed on chronic diseases. Erie St. Clair experiences higher than average rates of obesity, asthma, high blood pressure and diabetes, placing a demand on our local healthcare system.*

#### **Priority #1: Chronic disease management**

Better management of this broadly defined class of conditions will dramatically improve healthcare across the system. This means creating a blueprint for chronic disease management that includes wider distribution of best practices, improved early detection, timely interventions and reduced inappropriate use of urgent health services.

### STAGE TWO

*This stage builds on the momentum of Stage One and increases the efficiency of our over-burdened acute-care facilities.*

#### **Priority #2: Reduced dependence on hospitals**

Patients in Erie St. Clair use hospitals more than the provincial average. The absence of community-based alternatives places an undue strain on limited acute-care resources.

#### **Priority #3: Support at home**

Most Ontarians prefer home care to long hospital stays. Developing community-based services will allow people to receive care at home and ease the strain on our cost-intensive hospital-based resources.

#### **Priority #4: Health promotion/illness prevention**

Health promotion is the process of encouraging people to make healthy lifestyle choices and accept greater responsibility for

maintaining their health. Collaborative health promotion and illness prevention are essential to improving quality of life and easing the strain on the healthcare system.

### STAGE THREE

*A more efficient administrative infrastructure is essential to successful healthcare delivery.*

#### **Priority #5: E-health and back office**

Synchronizing technology will give service providers quick access to your health history, increasing effectiveness and reducing potential errors. These innovative electronic solutions will also reduce system duplication and paperwork.

#### **Priority #6: System navigation**

Helping people identify what services they need and where to find them is essential. System navigation and coordination of services will direct people through the system.

#### **Priority #7: Health human resources**

Competing local interests sometimes make it difficult to recruit healthcare professionals. Aligning healthcare providers' needs will improve recruitment within the Erie St. Clair LHIN.

#### **Priority #8: Timely access to care**

Timely access should not be a barrier to care. Increasing timely access avoids additional complications and the undue strain that may result from a delay in care.