

THE TORC REPORT ON RURAL HEALTH – NOVEMBER, 2009

TORC 2009 RURAL HEALTH FORUM

Rethinking Rural Health Care: Innovations Making a Difference

*Discussion and Recommended Actions toward an
Integrated and Comprehensive Rural Health Strategy*

THE ONTARIO RURAL COUNCIL



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THE ONTARIO RURAL COUNCIL

RURAL HEALTH FORUM

RETHINKING RURAL HEALTH CARE: INNOVATIONS MAKING A DIFFERENCE

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The Ontario Rural Council gratefully acknowledges the ongoing support of the Ontario Ministry of Agriculture, Food and Rural Affairs

ABOUT THE ONTARIO RURAL COUNCIL (TORC)

As a forum for all rural voices, The Ontario Rural Council (TORC) offers a vital venue for rural engagement in the form of dialogue, collaboration, action and advocacy. As a member-driven, multi-sector, provincial organization, TORC strives to foster communication that informs and ultimately helps shape and influence policy, programs and research development affecting today's rural Ontario. Members share a commitment to strong, healthy, vibrant rural communities, businesses and organizations. Through Public Issue Forums and our Rural Development Conference, TORC provides the only venue dedicated to drawing together the collective rural voice, working to break down the silos separating sectors and encourage effective partnerships for progress.

TORC members represent non-profit organizations, private sector organizations, the public sector, and individuals with specialized expertise and resources in rural matters. In our role as convener, TORC brings together these diverse interests and perspectives and offers valuable networking opportunities to link people, information and activities in support of rural community development and capacity building.

THE TORC MISSION

To act as a catalyst for rural dialogue, collaboration, action and advocacy.

TORC Aims To:

- Foster communications that inform – with the aim to influence and shape – policies, program and research development affecting rural Ontario
- Enhance the understanding of rural realities
- Act as a broker and clearinghouse of news, stories and research – linking local, regional, provincial and global thinking
- Build innovative rural networks that stimulate the formation of province-wide collaboration
- Be an outcomes-focused learning organization

TORC AND RURAL HEALTH

The Council's Rural Health Working Group is one of three working groups within the Council, and is comprised of organizations and individuals with an expertise and interest in rural health.

Through the Rural Health Working Group's initiative, TORC has had a long-standing and active interest in rural health. The Council has hosted initiatives focused on identifying emerging rural health issues, providing a 'grassroots' rural perspective on health and the Local Health Integration Networks (LHINs), health and learning in rural and remote areas, and more recently provided input into the provincial government's review of the Underserved Area Program.

THE TORC REPORT

The TORC Report is an official document summarizing “what we heard” during the TORC Rural Health Forum. It is a critical outcome in so much as participant insights, observations and recommendations are intended to help inform stakeholders, as well as federal, provincial and municipal decision-makers, on the issue of Rural Health. It is hoped the **Recommendations for Action** included in this Report will aid stakeholders and decision-makers in leveraging opportunities toward addressing a number of issues related to Rural Health.

In August 2009, the Ontario government established the Rural & Northern Health Care Panel to provide recommendations to the government on how to better coordinate the delivery of health care services in Ontario’s rural and northern areas. The insight and input from the TORC Rural Health Forum in November, 2009 will help inform the Council’s submission to the Panel.

EXECUTIVE SUMMARY

Health care consistently rates in the top three concerns when Canadians are polled about what matters most to them. Media reports highlight cutbacks, closures, and changes in the health care system - almost on a daily basis. The debate in the United States focusing on health care reform in that country has some legislators and practitioners looking to the Canadian model as one example of a preferred system of care; and yet each of these examples focuses on citizens *after* they have become sick.

In November, 2009 The Ontario Rural Council (TORC) organized a forum focused on rethinking rural health care. A key focus of The Ontario Rural Council's (TORC) Rural Health Forum held in Stratford, Ontario on November 5, 2009 emphasized the need to prevent illness, and do all that we can to keep citizens healthy. This represents a paradigm shift for the general public and decision-makers who spend \$40B annually on a "sickness" system, and only \$400M on health promotion.

Entitled "*Rethinking Rural Health Care: Innovations Making a Difference*", the forum agenda brought together a host of speakers that highlighted innovations and best practices in Rural Health Care. A series of three panels explored the issue beginning with the individual and innovations in personal wellbeing, moving to the community and innovative community solutions, and finishing with rural Ontario and provincial perspectives. Through the forum venue the Council sought to gather recommendations for action, based on shared learning and dialogue throughout the day-long event.

TORC's Rural Health Forum - key objectives:

- To increase awareness of the trends, issues and challenges being faced by rural residents in regard to their health care;
- To highlight and showcase innovations and best practices in rural health care happening in communities;
- To share insights, approaches and tools to enhance rural primary health care, disease prevention and health promotion; and,
- To identify recommendations for action in areas such as policy development, programming and research to re-shape rural health care in Ontario - providing input into the Rural and Northern Health Care Panel.

At the conclusion of the panel presentations, participants reflected and shared their perspectives in roundtable discussions focused on identifying recommended actions, innovations for further exploration, and partnership opportunities.

- ❖ *For a complete forum agenda see Appendix A (page 23).*
- ❖ *A brief summary of the forum presentations is included in Appendix C (see page 27). For a complete set of the forum presentations, go to www.torc.on.ca.*

FORUM PARTICIPANTS

The forum was held in Stratford, Ontario, and attracted more than 130 participants primarily from southern Ontario. These participants represented a broad cross-section of public, private and community interests,

bringing together a wealth of expertise and experience in rural health and rural health care. Practitioners, staff and board members from health care organizations, non-profit rural community groups, representatives from various levels of government, and individuals - all interested in creating an integrated and complementary health care system in rural Ontario - attended the event.

The diverse representation of the forum participants presented a unique opportunity for the Council to gather insights and recommendations from those 'on the ground', and capture this collective rural voice as it pertains to health and health care in rural Ontario.

All participants shared a commitment to healthy, vibrant rural communities, and to providing the services necessary to meet the needs in these communities. Rural health and health care is a complex issue. The diversity and interests represented by participants at this forum ensures that the key messages and recommendations presented in this report truly represent the voices of rural Ontario in this important discussion.

An approximate profile outlines the representation of forum participants:

- Health care organizations 25%
- Government organizations 20%
- Hospitals 15%
- Family Health Teams 15%
- Rural Residents 10%
- Local Health Integration Networks 7%
- Business 5%
- Academics (health related) 3%

KEY MESSAGES EMERGING FROM THE DISCUSSION

A series of speakers and panel presenters explored rural health issues and innovations from the perspectives of personal wellbeing, community solutions, and the provincial standpoint. These presentations set the context for a fruitful discussion among forum participants.

Key messages emerging from the presentations included:

- ❖ Evidence-based, relevant, and shared **rural data** is required to understand what and where the health issues are in rural areas.
- ❖ Basic **health care is critical to the overall economic development** of rural communities. The linkage between health provision and economic development is crucial to building healthy, sustainable, contributing rural communities.
- ❖ There is an **issue of fairness** that needs to be addressed in rural health. Rural residents have higher health care needs and less access to care.
- ❖ **Health and health care are not the same.** There is a pressing need to reframe the discussion and focus on personal health, wellbeing, and sickness prevention.

- ❖ Personal education and empowerment are key to **self-management** and **personal wellbeing**.
- ❖ **Innovation is widespread** in Rural Ontario, yet it is not being shared with citizens, organizations, practitioners and decision-makers throughout the province.
- ❖ Rural communities need to understand and **identify** what **health services they can and cannot provide**. Communities have to make these decisions based on capacity, availability of technical backup, risks and benefits, and quality.
- ❖ **New partnerships**, research, and educational activities can empower individuals. There is a need to enhance innovative partnerships to address personal and community health.
- ❖ Real **strategies with measurable outcomes** are needed to address poverty reduction, housing, transportation, injury prevention, healthy aging, dementia, mental health, and other determinants of health in rural communities.
- ❖ **Technology** is necessary for meeting health care needs in rural areas.
- ❖ The Society of Rural Physicians has developed a National Rural Health Strategy that calls for a **Pan-Canadian solution**. This Strategy is deserving of close examination and implementation.

For a complete discussion of these key messages, see page 11.

RECOMMENDATIONS FOR ACTION

Following the forum presentations, 13 roundtables of forum participants identified necessary actions in the development of an integrated and comprehensive rural health care strategy.

What emerged from the presentations, key messages, and roundtable discussions were **six key action areas**.

1. **PREVENTION AND SELF-MANAGEMENT:** *Access to health care can be difficult in rural areas. It is also much more expensive to treat sickness than prevent illness where possible. Focus efforts on wellness education and illness prevention.*
2. **PARTNERSHIPS AND COORDINATED EFFORTS:** *Opportunities for collaboration are currently underutilized at the community, regional and provincial levels. Regulated health care partners specializing in health prevention strategies are not networked or made use of.*
3. **HUMAN RESOURCES:** *Barriers and challenges related to Human Resources within the health system need to be addressed. From the education and training of practitioners, to recruitment and retention challenges in rural areas; from pay equity issues, to utilizing providers in appropriate circumstances and to their full scope of practice - addressing these challenges must be part of any strategy aimed at benefiting rural communities.*

4. **RESEARCH:** *There is a critical need to broaden and deepen rural health evidence-based research and make it available to practitioners and across health networks. Presenters showcased how technology and current research initiatives are gathering real-time rural data, and improving the health of rural citizens. More research-based investigations within a rural context are needed to support the delivery of care to rural communities.*
5. **PATIENT-CENTRED CARE:** *Policy development, program planning, and service delivery must ensure a focus on patient care is kept at the forefront of health care decisions.*
6. **SERVICE DELIVERY:** *Address organizational, technical, transportation, and implementation barriers in order to improve the delivery of services to rural Ontario.*

Within each of these six recommendations for action, more specific steps and tangible actions were identified. While the list of proposed specific and tangible actions is extensive (see pages 13-18), it represents the voices of rural citizens, practitioners, frontline workers, community organizations, and representatives from health care organizations. The breadth of ideas presented in this report represents a remarkable opportunity for real and meaningful progress toward an integrated and comprehensive rural health strategy.

Participants also outlined health care innovations that are improving collaboration, information sharing, access to health care, and the effective use of technology. [See page 19 for a listing of these best practices.](#)

On page 21, forum participants identified **potential partners** at the community and provincial level, and multi-level partners that should be involved in the development and implementation of integrated and comprehensive health care in rural Ontario.

UNDERSTANDING RURAL HEALTH AND RURAL HEALTH CARE

The relationship between health and health care was a prominent theme that emerged throughout the forum presentations and discussions.

It is no secret that challenges exist when trying to meet health care needs in rural areas – a lack of doctors, closing hospitals and Emergency Rooms, the need to travel long distances to access special services and receive treatment in urban centers, and concerns about how to continue providing affordable health care as the baby boom generation ages and demand increases on the health system.

Trends and indicators point to a looming health crisis. Research clearly indicates that incidences of obesity, cardiovascular disease, soaring rates of diabetes, and hypertension are higher in rural areas.¹

According to Dr. Claudio Munoz, the outcome of these emerging trends will be compounded in rural communities due to the shortage of rural health professionals, health disparities between rural and urban, insufficient infrastructure for rural health research and community-based clinical research, and insufficient teaching capacity in rural health.¹

It is also clear that opportunities related to illness prevention and wellness education have not been maximized. By keeping individuals healthy and in their own homes and communities, the already-stretched health care system will be in a better position to deal with those who require urgent health care support. Rural Ontario needs an integrated and comprehensive approach that *includes* keeping rural residents healthy and in their own rural communities.

Health is an extremely important issue for all Canadians. In rural areas it is critically important from two perspectives – personal health and wellness, and the impacts the presence or lack of health care has on the economic development of rural regions. Health care is one of the ‘building blocks’ for further economic development. Understanding the linkage between health provision and economic development is crucial to building healthy, sustainable, contributing rural communities.

“Governments should view small-town hospitals not as a burden on the health care budget, but as a powerful tool for the economic development of rural regions. In the years to come, the reassuring presence of a good local hospital will act as a magnet for relatively prosperous new retirees, whose arrival will create new demand for goods and services.”
- David Foot, “Boom, Bust and Echo”

Rural residents have higher health care needs and less access to care². Understanding the unique challenges *and* the opportunities facing rural *health* and rural *health care* will position rural communities to address their unique needs and develop integrated and comprehensive strategies. Champions are needed to promote innovations and opportunities at all levels.

¹ Dr. Claudio Munoz was a forum presenter, who outlined the trends in rural health and the compounding issues when access to care is limited. His work focuses on promoting and undertaking community-driven clinical research. For a brief biographical note on Dr. Munoz, see page 25 of this report. For Dr. Munoz’s complete forum presentation, visit www.torc.on.ca.

² From the “Society of Rural Physicians – National Rural Health Strategy”, which was included in Dr. Carolyn Bennett’s presentation. For Dr. Bennett’s complete forum presentation, visit www.torc.on.ca.

KEY MESSAGES EMERGING FROM THE DISCUSSION

The Rural Health Forum agenda included keynote and panel presentations highlighting individual, community, provincial and federal perspectives. What follows is a summary of the key messages emerging from the presentations and discussion.

- ❖ **Evidence-based, relevant, and shared rural data is required** to understand what and where the health issues are in rural areas. Communities need rural-based data that presents facts, provides statistics, identifies gaps, and helps to inform in an effort to advocate for their community. Government also needs to identify priorities and appropriate allocation of resources.
- ❖ There is an **issue of fairness** that needs to be addressed in rural health. Research clearly indicates that illness rates are high for rural citizens and underserved by fewer health professionals. There is an increased need to identify gaps in equity and advocate for a commitment to better health for rural people.

'Geography should never be an excuse for discrimination or inequality in health.'
- Allan Rock, former Minister of Health
- ❖ **Basic health care is critical to the overall economic development** of rural communities. Health care is a 'building block' for further economic development in rural regions.

"If communities cannot provide basic care within the community, all economic development initiatives are lost."
- Dan Mathieson, Mayor
City of Stratford
- ❖ **Health and health care are not the same.** There is a need to reframe the discussion and focus on personal health, wellbeing, and sickness prevention. Many speakers discussed the need to broaden the focus on health care to include health prevention strategies using new and existing knowledge transfer strategies to help people learn to be "well". There was an overwhelming consensus that effective health care needed to address illness prevention as well as the adequate provision of health care services.

'Ultimately we want more health ... and less health care.'
- The Honourable Dr. Carolyn Bennett,
M.P. and Opposition Critic for Health
- ❖ Personal education and empowerment are key to self-management and personal wellbeing. Individual citizens have to take **ownership and responsibility** for their own health in an effort to prevent illness and disease where possible. Presenters and participants clearly articulated that in order to empower individuals in this regard, there is a vital need to focus on education and knowledge transfer to help get people well – first and foremost. Barriers (including technology, cultural, age, et cetera) for rural citizens create a disconnect for the transfer of information.
- ❖ **Innovation needs to be encouraged and shared.** Innovation is widespread in Rural Ontario, yet it is not being shared with citizens, organizations, practitioners and decision-makers throughout the province.
 - Rural areas are ripe for harnessing new approaches; there is great need for such innovation and often local situations are ideal for adopting such innovative strategies.
 - Innovations do not happen without local champions - of paramount importance is the need to identify, develop and support local champions across all networks.

- ❖ **Rural communities need to understand and identify what health services they can and cannot provide.** Communities have to make decisions based on capacity, availability of technical backup, risks and benefits, and quality.

- In many cases, bringing care closer to home leads to improved quality of life. Rural areas need the capacity to provide some of the most beneficial procedures close to home (maternity care, dialysis).

'It is not just about having a hospital, but rather developing local health centres – a health 'hub' – a place that can triage; a place that knows what to keep and what to refer on.'

- *The Honourable Dr. Carolyn Bennett,
M.P. and Opposition Critic for Health*

- Rural areas cannot do everything, nor do we want them to. Some procedures are worth the extra travel time to experts who deal with specific cases everyday; who have seen enough complications to handle them properly.

- ❖ Partnerships, research, and educational activities can empower individuals. There is a need to **enhance partnerships** to address personal and community health. **Integration is needed at all levels**, including a team that incorporates a "health team" approach that goes beyond doctor recruitment and hospitals. Clearly acknowledged were various qualified community health care experts who are not identified, are underutilized, and are not networked.
- ❖ **Real strategies with measurable outcomes** are needed to address poverty reduction, housing, transportation, injury prevention, healthy aging, dementia, mental health, and other challenges in rural communities. This is part of an integrated and comprehensive health care system.
- ❖ Technology is necessary for meeting health care needs in rural areas. Infrastructure issues need to be addressed in order to **harness technical tools and solutions**, and expand them to their full potential in rural areas.
- ❖ The Society of Rural Physicians has developed a National Rural Health Strategy that calls for a **Pan-Canadian solution**. This Strategy is deserving of close examination and implementation.

'Twenty one per cent of the population is rural, fewer than ten per cent of physicians are rural, and only three per cent of specialists are rural.'

- *Society of Rural Physicians,
National Rural Health Strategy*

For a brief summary of the forum presentations, see Appendix C (page 27).

For a complete set of the forum presentations, go to www.torc.on.ca .

RECOMMENDATIONS FOR ACTION

Thirteen roundtables comprised of forum participants spent considerable energy identifying actions to address barriers and challenges to health in rural communities, and improve the quality of life for rural Ontarians.

From the forum presentations, key messages, and roundtable discussions, six key action areas emerged:

- ❖ Prevention and Self-Management
- ❖ Partnerships and Coordinated Efforts
- ❖ Human Resources
- ❖ Research
- ❖ Patient-Centred Care
- ❖ Service Delivery

Within each of these six action areas, participants identified further actions for consideration. (While some of these further recommended actions may apply to several of the key action areas, each recommendation only appears once, under the key action area to which it most applies.)

Note: These recommendations were captured by recorders at each table, and TORC has made no formal attempt to prioritize or rank the comments that follow.

PREVENTION AND SELF-MANAGEMENT

Access to health care can be difficult in rural areas. It is also much more expensive to treat sickness than prevent illness where possible. Focus efforts on wellness education and illness prevention.

- Make health and health care language ‘accessible’ (easy to understand and engaging).
- Remove junk food and pop in public and secondary schools. Develop policies whereby support is only given to public facilities that do not have junk food in their locations (hockey arena, community centres).
- Make physical education mandatory at high school levels.
- Address the shortage of supportive and affordable housing.
- Support access to alternative care providers.
- Change the focus from long term care and crisis care to “health care” through government, physician, and health care worker buy-in.
- Increase the number of, and improve the safety of, walking and bike trails to increase physical activity.
- Engage elected municipal leaders to foster support for health and health care.
- Establish a ‘one-stop shop’ primary care facility in communities, promoting disease prevention and overall wellness.
- Provide funding for programming at the local level to improve diet and exercise.

- Enable more patient self-management – programs that provide in-home day-to-day tools need to be expanded.
- Support the replication of Health Kids Day (Stratford model) through local partnerships for all Grade 4 students in Ontario.
- Incorporate primary health teaching into the education system.
- Provide provincial remuneration for alternative care providers.
- Promote a larger system than just the western medical model.
- Ensure best practices and the determinants of health are guiding the reallocation of funding (including outside medicine), and are used to measure outcomes.
- Educate individuals about their responsibility for their own health, promoting changes in behaviour. Start with children.
- Allow open access to other providers without requiring a physician referral.
- Tackle childhood obesity - educate parents; educate and engage kids; create financial incentives for purchasing healthy food; and, ensure free physical activity programs for all.
- Change the funding model to encourage ongoing support for wellness programs to continue long term, instead of on a program-by-program basis.

PARTNERSHIPS and COORDINATED EFFORTS

Opportunities for collaboration are currently underutilized at the community, regional and provincial levels. Regulated health care partners specializing in health prevention strategies are not networked or made use of.

- Improve communication and marketing to legislators and the public.
- Improve communication among health care practitioners – develop infrastructure for providers to talk to each other.
- Establish interdisciplinary educational opportunities.
- Improve coordination between programs, community resources, and organizations - avoid duplication and address gaps in services.
- Remove barriers between different programs and levels of governance.
- Create community plans with Ministry support.
- Connect community support programs to primary care.
- Begin developing crucial partnerships with neighbouring communities and municipalities.
- Mobilize health partnerships by involving faith groups, businesses, agriculture, and not-for-profits. Address the gap between what “we” think and what the “community” thinks.
- Improve communication from the MOHLTC and LHINs, to local communities about changes in the system. Change feels threatening – there is a “fear” of changes; a fear of ‘loss’. People need to feel security in the new ways of accessing health care.
- Develop a rural social marketing campaign.
- Create a link between physicians and other health leaders – need to bring physicians to the table re: working together on health care change and integration.
- Link rural hospitals and health care settings to larger sites. Make them robust.
- Include social services in the health care setting.

- Formalize collaborative programs. For example, the diabetes quality improvement and innovation partnership.
- Coordinate efforts such as technical support, equipment, operating, and Human Resources at a regional level.
- Review past efforts – avoid pitfalls and build on best practices learned from the past.

HUMAN RESOURCES

Barriers and challenges related to Human Resources within the health system need to be addressed. From the education and training of practitioners, to recruitment and retention challenges in rural areas; from pay equity issues, to utilizing providers in appropriate circumstances and to their full scope of practice – addressing these challenges must be part of any strategy aimed at benefiting rural communities.

- Improve the prospect of health graduates and professionals establishing in rural areas by:
 - Developing 'rural-specific' training for health professionals.
 - Providing additional funding for incentives to attract medical graduates.
 - Ensuring spousal employment opportunities for nurses and other health professionals.
 - Establishing an incentive of four years work and one year self-funded leave.
 - Sustaining rural practicums through the use of available technologies.
 - Advocating for the establishment of quotas for rural students being admitted to medical schools; or ensuring a set number of admissions are willing to practice in rural practices upon graduation.
 - Addressing recruitment challenges in small town Ontario.
- Increase mentorship opportunities for nurses and physicians.
- Explore having specialists provide services in rural hospitals on an occasional basis.
- Establish a Director of Public Relations to develop public relations for current initiatives such as Telehomecare.
- Expand 'grow your own professional' to other health care providers.
- Ensure wage parity and support from provincial associations (i.e. regarding expanded roles of different professionals). There is discrepancy in pay between sectors (hospitals, Family Health Teams, community, primary care).
- Utilize all practitioners to their full scope of practice.
- Use appropriate health care providers in the appropriate circumstances.
- Ensure an appropriate scope mix in Family Health Teams.
- Expand Nurse Practitioner-led teams – examine a formula for team development, (numbers of doctors required to NP/RN ratio).
- Establish more spots in medical school.
- Expand opportunities for local education, as is being done currently with the RPN program through Health Kick.
- Enable opportunities for distance education to be made available to practitioners at all levels.
- Grow Family Health Teams to provide preventative education. This requires IT support. Measure outcomes.

- Address the nursing shortage; address inequities in pay; examine increasing funding for RNs or make it a 3 year program available in a college.

RESEARCH

There is a critical need to broaden and deepen rural health evidence-based research, and make it available to practitioners. Presenters showcased how technology and current research initiatives are gathering real-time rural data, and improving the health of rural citizens. More research-based investigations within a rural context are needed to support the delivery of care to rural communities.

- Develop health research capacity in rural communities.
- Support rural health professionals to engage in rural research.
- Identify rural health research needs. Research needs to be relevant to the patient and the community.
- Develop effective means for disseminating research data to the geographic communities that it relates to, including health professionals, local leaders, the general public, farmers, teachers, community leaders, and universities.
- Collect and make available data that identifies health issues within local communities.
 - A central repository is needed to collect, maintain, and distribute this information (District Health Councils used to perform this function).
 - Track outcomes, ensure they are evidence-based and change measurable.
- Examine the health status differentiation between rural and urban populations.
- Utilize research findings to build support for rural health policy and resource allocation.
- Ensure grassroots involvement of local health and education agencies to identify gaps and solutions.
- Support rural research initiatives, innovation, and Centres of Excellence.
- Base success on a balanced evaluation of quantitative *and* qualitative measures.

PATIENT-CENTRED CARE

Policy development, program planning, and service delivery must ensure a focus on patient care is kept at the forefront of health care decisions.

- Educate the community on what services are available, where and how they can be accessed, and how to navigate through the system.
 - Ensure this information is available in one spot.
 - Promote Family Health Teams' new way of doing business – help patients know what is available to them; for example, do farmers know they can access mental health consultations?
- Ensure sustainable funding for important home-care related programs such as Palliative Care.
- Improve access to transportation, and make it sustainable – especially for seniors and disabled members within the community. Ensure transportation to remote and secluded areas. A lack of

transportation impedes access to medical services, appointments and programs, shopping for healthy food choices, and social and recreational services.

- Improve access to health care facilities in the United States for northern border communities. Often this care is closer than the necessary care they can receive in Canada.
- Gear poverty reduction strategies to the community, ensuring programs are culturally sensitive, age specific, and flexible to accommodate those attending.
- Establish Ministry of Health and Long Term Care and LHINs funding deliverables based on an accurate and realistic understanding of the rural experience – distance, weather, access, et cetera.
- Expand mental health service allocations beyond an urban focus.
- Focus on childhood mental health. Address the waiting list in an effort to help ensure healthy children and adults.
- Increase the mobile delivery of services (i.e. dental) and information availability.
- Identify best practices in community services that will support people to stay in their homes.
- Target funding and resources toward community needs rather than for “quick wins” - take politics out of health care.
- Develop age-friendly rural and remote communities by addressing the determinants of active aging. From early life to adult life to older age, policies have to start at birth. Keep people above the ‘disability threshold’ as they age.

SERVICE DELIVERY

Address organizational, technical, transportation and implementation barriers in order to improve the delivery of services to rural Ontario.

- Remove organizational barriers that prevent seamless care. For example, enabling community support programs (Community Care Access Centre, Home and Community Support Services) to follow a patient while in hospital.
- Empower home grown decisions for solutions to problems.
- Establish the same technology across all parts of the system in appropriate locations (offices vs. hospitals, for example). Ensure high speed access so the technology can be utilized.
- Address issues around privacy – provision of services sharing of personal health information.
 - Who has / is given access
 - Stigma – in small communities there is a lack of privacy - the population can see who is seeing which professional
- Address inadequacies in the Ministry of Health and Long Term Care reporting procedures. They currently do not reflect the work that is being done – for example, it cannot be proven quantitatively that a person has been kept well.
- Address the gap in programs for patients after surgery. Who is responsible for coordinating care after surgery? Who refers?
- Invest in transportation costs related to non-emergent transport of patients. Currently hospitals have to absorb these costs.
- Invest in air transport.

- Increase provincial investment in hospital infrastructure. Increase funding commensurate with need.
- Address the shortage of funding for operational needs – while ensuring *sustainable* funding for proven, successful programs.
- Implement the Collaborative Care Model.
- Continue to develop the Rural Health Care program.
- Promote telemedicine, and the development of electronic records. At the local level, more support is needed to maximize the impact of the Ontario Telemedicine Network and expand its use.
- Review programs and policies through a ‘Rural Lens’ prior to approval.
- Use what is currently in place efficiently. For example, develop a broader scope for CCAC workers once they are on site as in-home providers; utilize rural emergency rooms as urgent care centres as well.

Participants also shared the following comments on changes to the UAP Rurality Index:

- Do not change the Underserved Area Program formula.
- The grouping of “rural”, “remote”, and “northern” communities under one definition of rurality does not address the unique challenges in each of the three geographies.
- Changes to the qualification criteria exclude many communities.
- Changes to the qualification criteria make it harder to attract physicians to rural communities.
- The designation of 40 as the number needed to qualify seems arbitrary. Rural doctors who do Emergency or Call rotations cannot have the same patient roster as general practitioners who do not have extra commitments beyond their practice.

HEALTH CARE INNOVATIONS

What follows is an extensive list of health care innovations identified by forum participants. Exploring these initiatives further will help to establish new and best practices toward an integrated and comprehensive health care approach.

INNOVATIONS THAT IMPROVE COLLABORATION

- Innovative preceptor / mentor initiatives for nurses, Nurse Practitioners, pharmacy, physicians – this can lead to better utilization of aging health care expertise
- Community stakeholder organizations such as Grey-Bruce Health Coalition
- Partnerships for Health – provincial program
- Collaboration between the Chronic Obstructive Pulmonary Disease (COPD) program with the North Perth Family Health Team and the Chronic Obstructive Lung Disease (COLD) program in London -- equipment and resources are being shared
- Good Food Box program – often offered through Community Health Centres, some of these programs include partnerships with food banks for cooking classes, and community gardening programs that return food back to the food bank
- Partnership between the North Perth Family Health Team and Huron Perth Mental Health (HPMH) to alleviate some of the wait lists at HPMH
- Health Care Campus – co-locations for training / teaching to leverage available resources
- Quality Improvement and Innovation Partnership (QIIP)
- Open Source Order Set – linking the hospital with the community (3 hospitals in Grey Bruce and Community Care Access Centre)

INNOVATIONS THAT IMPROVE ACCESS TO INFORMATION AND INFORMATION SHARING

- Innovation Expo – more rural examples are needed
- Western Ontario Health Knowledge Network – provides a standard set of electronic health library resources to health care professionals www.wohkn.ca
- Train the Trainer / Videoconference – osteoporosis
- Fusion Youth Centre – Ingersoll
- University of Kentucky – Kentucky Centre of Excellence in Rural Health
- Canadian Centre for Activity and Aging - University of Western Ontario
- Health Expo – Southwestern Ontario
- Holistic Health Fair, Listowel – provides opportunity to the public to see what is available in alternative health care
- Farm Safety Association and Ag-Education
- Prenatal Courses
- Innovation Award
- LHIN 2 initiatives – improving access to information; linking practitioners to knowledge through a standard set of data and resources.
- AIDS Committee of London -- IU needles given out, along with education; seeing a reduction in AIDS

INNOVATIONS THAT IMPROVE ACCESS TO HEALTH CARE

- Easy Ride program – one transportation system for all seniors and those with disabilities in Huron and Perth counties
- Rural response to Healthy Children mobile unit to see at-risk children
- Memory Clinic, Saskatchewan – health team screening and CT scan
- Public access to dietitians, mental health professionals, physiotherapy, massage therapist
- Perth and Huron County Dementia
- Perth County Wellness for Tots
- Telehomecare – significant potential for rural and remote
- Family Health Teams
- Golf for the Health of It – an event to get men to a health promotion experience. Speakers included a golf pro, physiotherapist, and doctor to speak about men's health issues
- Cooking class for men, “men can cook” – support group for men who have lost their spouses
- Mobile Unit – a pilot program in Ottawa. The unit travels with a Nurse Practitioner to very small communities (population of 100 or less). Care information is sent through TeleHealth.
- Healthy Hearts cardiac rehabilitation program - Goderich
- A long term care facility incorporated an office for a dentist in their building plans. The dentist looked after the dental needs of the long term care residents and ran his practice out of the facility.
- LHIN Aging @ Home Initiative
 - Falls Prevention, Fitness, Incontinence, Home Maintenance, Education
 - Transportation - Easy Ride
- Alzheimer Society “Safe @ Home”
- Home At Last
- The Cardiovascular Health Awareness Program + Action Plan (CHAP+AP)
- Mental Health and Crisis Planning LEAD – Ontario Provincial Police

INNOVATIONS THAT IMPROVE THE EFFECTIVE USE OF TECHNOLOGY

- BlackBerry technology used to gather information, connect directly, get readings - Dr. Wendy Graham in North Bay is using this technology with seniors
- Ontario Telemedicine Network
- Further promotion of clinical assessment / treatments through telemedicine (OTN) – further financial support of telemedicine (i.e. telestroke; telepsychiatry)

PARTNERS IN HEALTH AND HEALTH CARE

Forum participants identified partners that should be involved in assisting the LHINs, the Ministry of Health and Long Term Care, and the Ministry of Health Promotion in the implementation of an integrated and comprehensive health care strategy in rural Ontario. The identified potential partners are outlined below.

Establishing these partnerships will build stronger communities, help to align resources, and lead to new solutions to address needs and gaps. By working in partnership, opportunities will also emerge to examine all policy through a health lens.

Partnerships may include shared literature reviews, research papers, consultations, or collaborative projects. Educating and building support will aid in the development of new innovations in rural health care.

COMMUNITY LEVEL PARTNERS

- Community organizations and clients
- Community leaders
- Private industry
- Business communities – BIA
- Community agencies – integrate cross-sectorally into all health care practices / policies at the local level (Heart and Stroke; Canadian Diabetes Association)
- Community service providers
- Community members
- Police departments
- Religious groups
- Hospital boards
- Municipalities
- Aboriginal groups – local healers
- Naturopaths – those not under western medical philosophy

PROVINCIAL LEVEL PARTNERS

- Involve the education system at all levels
 - make integrated health forums part of the curriculum
 - academic research – outcome measurement
- Research facilities
- Public Health / Boards of Health
- Ontario Hospital Association
- All care partners, including Ontario Recognized Health Professionals – RNAO, Midwives, Chiropractors
- Provincial Ministries:

- Children and Youth Services
- Education
 - Fitness
 - Breakfast
 - Healthy lunch programs
- Training, Colleges and Universities
- Agriculture, Food and Rural Affairs
 - Healthy food
 - Food Security – Food security is a determinant of health
- Finance
- Innovation
- Community and Social Services
- Economic Development
- Transport

MULTI-LEVEL PARTNERS

- Frontline workers
- Ministry of Immigration and Citizenship – integrate people new to Canada to the health care system, resources, and programs
- Professional Associations for Regulated Practitioners
- Local, provincial and federal politicians
- Media – to inform and reach the largest audience
- Train medical staff in integrated teams – doctors, nurses, nurse practitioners, etc.
 - Build teaching capacity toward integrated medical team approach
- Service providers – utilize this group to send information
 - Double stuff bill envelopes with messages regarding health, health care and wellness
- Incentives for health care providers and the public to achieve health care goals
- Establish a physical fitness incentive program – rebates, credits

APPENDIX A: TORC 2009 RURAL HEALTH FORUM AGENDA

Rethinking Rural Health Care: Innovations Making a Difference

Thursday, November 5, 2009 • The Arden Park Hotel • 552 Ontario St., Stratford, ON

Agenda

8:30 a.m.	Welcome and Opening Remarks <ul style="list-style-type: none">○ Harold Flaming, Executive Director, TORC○ Mayor Dan Mathieson, City of Stratford
8:45 a.m. - 9:15 a.m.	The State of Health Care in Rural Ontario: Setting the Stage <ul style="list-style-type: none">○ The Hon. Dr. Carolyn Bennett, PC, MP for St. Paul's & Opposition Critic for Health
9:15 a.m. – 10:30 a.m.	It's <u>MY</u> Health: <i>Innovations in Personal Wellbeing</i> Moderator – Cynthia Moyer, Editor-in-chief, Open Magazine <ul style="list-style-type: none">○ Dr. Craig Hudson, CEO & Chief Research Officer, Biosential Inc. Stratford○ Jan Inguanez, Registered Dietitian, Woolwich Community Health Centre, St. Jacobs○ Lisa Loiselle, Associate Director of Research, Murray Alzheimer Research and Education Program (MAREP), University of Waterloo, Waterloo
10:30 a.m. – 10:45 a.m.	<i>Health Break</i>
10:45 a.m. – 12:00 p.m.	It's <u>OUR</u> Health: <i>Innovative Community Solutions</i> Moderator – Gwen Devereaux, VP Gateway Rural Health Research Institute, Seaforth <ul style="list-style-type: none">○ Dr. Claudio Munoz, Scientific Director, Gateway Rural Health Research Institute, Seaforth○ Dr. James Lane, Family Physician & IT Physician Lead for the Georgian Bay Family Health Team, ePrescribe Pilot Project, Collingwood○ Dr. Tanya Chambers & Dr. Pip Penrose, Stratford Community Program on Complementary Health Care, Stratford
12:00 p.m. – 1:15 p.m.	<i>Lunch</i> Carol Mitchell, MPP for Huron-Bruce & Parliamentary Assistant to Minister of Health and Long Term Care
1:15 p.m. – 2:30 p.m.	It's <u>Rural Ontario's</u> Health: <i>Provincial Perspectives</i> Moderator – Jim Whaley, Past Chair, TORC <ul style="list-style-type: none">○ Pegeen Walsh, Project Lead – Healthy Communities Initiative, Ministry of Health Promotion, Toronto○ Cate Verberne, Nurse Practitioner, Huron Community Family Health Team, Seaforth○ Melody King-Smillie, Regional Manager, West Region & Katherine Morris, Clinical Educator, Telehomecare Pilot, Ontario Telemedicine Network
2:30 p.m. – 2:45 p.m.	<i>Health Break</i>
2:45 p.m. – 4:00 p.m.	Roundtable Discussions <ul style="list-style-type: none">○ Facilitated roundtable discussion
4:00 p.m. – 4:45 p.m.	Keynote Speaker <ul style="list-style-type: none">○ Dr. Mel Borins: family physician, author, musician & transformational trainer
4:45 p.m. – 5:00 p.m.	Wrap Up

APPENDIX B: SPEAKER BIOGRAPHIES

KEYNOTE ADDRESSES

The Honourable, Dr. Carolyn Bennett, PC, MP

Dr. Carolyn Bennett was first elected to the House of Commons in 1997 and has been re-elected as the MP for the riding of St. Paul's four times since. Dr. Bennett has served as Opposition Critic for Social Development, the Vice Chair on the Standing Committee on Health and sat on the Standing Committee on National Defense. Presently Dr. Bennett is the Opposition Critic for Health.

In Dec 2003, in the wake of the SARS epidemic, Dr. Bennett became Canada's first Minister of State for public health. During her 2 years as Minister, she set up the Public Health Agency of Canada, appointed the first Chief Public Health Officer for Canada and oversaw the establishment of a true public health network for Canada through which all 13 jurisdictions would be able to plan together in protecting the health of Canadians. Dr. Bennett passionately drove the process to establish in 2005 the Public Health Goals for Canada.

Prior to entering politics, Dr. Bennett was a family physician and she received her certification in Family Medicine in 1976. Dr. Bennett was President of the Medical Staff Association of Women's College Hospital and Assistant Professor in the Department of Family and Community Medicine at the University of Toronto. Carolyn is also author of *"Kill or Cure? How Canadians Can Remake their Health Care System"*, which was published in 2000.

Dr. Mel Borins

Dr. Mel Borins, a practicing family physician, author, musician and transformational trainer, brings insight, joy and laughter to his audiences worldwide. He has appeared on major television networks and radio stations across North America. As a leading expert in health and wellness, he uses a fun-loving approach and offers a fresh perspective to the often serious subjects of health and stress management. Dr. Borins delivers a humorous and interactive presentation approaching wellness by addressing the whole person, involving body, mind and spirit. He treats his audiences with a prescription for psychosocial, spiritual and somatic medicine that results in motivation, inspiration and action.

Not your average M.D., Dr. Borins advocates "pronoia" as an integral part of health promotion, along with alternative medicines and holistic healing. Dr. Borins is an Associate Professor at the University of Toronto in the Faculty of Medicine and a Fellow of the College of Family Physicians of Canada. He is widely respected by medical and non-medical audiences alike, and a sought-after advisor to international media on the topics of stress management, laughter, grief, travel, health, alternative, and complementary medicine.

Carol Mitchell, MPP - Huron-Bruce

Carol Mitchell was first elected as the Member of Provincial Parliament for Huron-Bruce in 2003 and was re-elected for a second term in 2007. Ms. Mitchell has served as Parliamentary Assistant to the Minister of Agriculture, Food and Rural Affairs, Parliamentary Assistant to the Minister of Public Infrastructure Renewal, and Parliamentary Assistant to the Minister of Municipal Affairs and Housing, with a concentration on Municipal Affairs. Ms. Mitchell was also elected as the Chair of the Ontario Liberal Caucus in December 2007. In addition, she also sits on the Results Table Committee for the Poverty Reduction Strategy, the Standing Committee on Social Policy, and is a member of the Liberal Rural Caucus. In September 2009, she was named Parliamentary Assistant to the Minister of Health and Long Term Care.

As a life-long resident of Huron County, Ms. Mitchell was born in Goderich Township and educated at Central Huron Secondary School, Clinton, Ontario. She ran her own business with stores in Clinton and Bayfield, served on municipal council and was the Warden of Huron County for two consecutive terms. Ms. Mitchell and her family continue to live in Colborne Township.

IT'S MY HEALTH: INNOVATIONS IN PERSONAL WELLBEING

Dr. Craig Hudson

Dr. Craig Hudson received his medical degree and specialist training in psychiatry from the University of Toronto. After graduation he received the prestigious Medical Research Clinician Scientist Award, which allowed for post-graduate training in advanced research laboratory techniques. In 1996, he was recruited by the Stratford General Hospital to lead the redevelopment of its department of psychiatry and is the former Chief of Staff at that hospital. His research into Central Nervous System (CNS) signaling systems is widely quoted in the medical literature and forms the basis of the products developed by his company, Biosential Inc., which Dr. Hudson founded in 1997.

Jan Inguanez

A graduate from Ryerson University with a BaSc in Nutrition, Ms. Inguanez completed her dietetic internship at Mount Sinai Hospital in Toronto. She also holds a Bachelor of Education degree from the University of Western Ontario. Ms. Inguanez has been with the Woolwich Community Health Centre for the past 8 years as a Registered Dietitian, where she enjoys working at both the St. Jacobs & Wellesley sites.

Lisa Loiselle

Lisa Loiselle is the Associate Director of Research for MAREP, the Murray Alzheimer Research and Education Program, a major division of the Schlegel-UW Research Institute for Aging at the University of Waterloo. Since 1999, she has been conducting research which focuses on the psycho-social aspects of Alzheimer Disease and related dementias, with the goal of translating the research results into practical, accessible ways in which to educate persons with dementia, partners in care and professionals working in the field of dementia care. Her educational background includes an undergraduate degree in Psychology from Brock University and a Masters degree in Community Psychology from Wilfrid Laurier University, where she received the Gold Medal for Academic Excellence. Ms. Loiselle's strengths are in qualitative research and program evaluation and her interests include empowering individuals and communities through capacity building and involvement.

IT'S OUR HEALTH: INNOVATIVE COMMUNITY SOLUTIONS

Dr. Claudio Munoz

Claudio Munoz has an MD degree from Chile, and MSc and PhD degrees in Pharmacology and Toxicology from the University of Western Ontario. Since 1988, he has participated as a co-investigator or sub-investigator in more than 50 clinical trials of new cardiovascular drugs in Canada, first at the Hypertension Research Unit, and since 1996 at the Stroke Prevention and Atherosclerosis Research Centre (SPARC) of the London Health Sciences Centre and the Robarts Research Institute, London, Ontario. Through this work, he has gained extensive experience in all aspects of conducting academic- and industry-sponsored clinical research. As Scientific Director, Dr. Munoz is responsible for promoting Gateway Rural Health Research Institute as a centre of excellence for community-driven clinical research.

Dr. James Lane

Dr. James Lane is the IT Physician Lead for the Georgian Bay Family Health Team (GBFHT) and has had his family medical practice in Stayner for 20 years. He is also a preceptor with the Rural Ontario Medical Program. Dr. Lane graduated from the University of Western Ontario with both his BSc and MD degrees. Under his guidance, the GBFHT physicians, along with local area pharmacies, set up Canada's first ePrescribing Program in April, 2009. The Ontario eHealth pilot project tested the viability of allowing prescriptions to be sent over encrypted internet lines from physicians' offices directly to participating pharmacies.

Dr. Tanya Chambers

Dr. Tanya Chambers and her husband Dr. Mike Chambers own and operate Stratford Chiropractic & Wellness Centre. Since 2002, it has grown into a multidisciplinary centre including 3 chiropractors, 2 massage therapists, 3

naturopathic doctors, and a physiotherapist. Dr. Chambers has a special interest in pregnancy and pediatrics. Her vision is to help families achieve greater levels of health and wellness, through prevention and lifestyle modification.

IT'S RURAL ONTARIO'S HEALTH: PROVINCIAL PERSPECTIVES

Pegeen Walsh

Over the last 28 years, Pegeen Walsh has been at the forefront of a wide range of health policies and programs. As former Director of Chronic Disease Prevention at the Ministry of Health Promotion (MHP), she oversaw strategies such as tobacco control, healthy eating, breast screening and diabetes prevention. Ms. Walsh also collaborated with public health leaders in creating the new health promotion standards for public health. She led SARS emergency screening at Pearson Airport and oversaw the creation of the first regional office for the Public Health Agency of Canada. As a Director with Health Canada's Ontario Office, she also launched Aboriginal Headstart and Canada's Prenatal Nutrition Programs in Ontario. While in Ottawa, Ms. Walsh worked on the first national AIDS strategy. At the YMCA of Canada, she trained leaders in influencing government. Ms. Walsh is now leading MHP'S new Healthy Communities Ontario initiative to strengthen partnerships for health. She is a passionate advocate for health promotion.

Cate Verberne

Cate Verberne RN(EC) has been a Nurse Practitioner with the Huron Community Family Health Team for the past 3 years. She graduated in nursing from Fanshawe College in 1994, completed a post RN nursing degree program from the University of Western Ontario, and in 2005 graduated from the UWO Nurse Practitioner Certificate Program. Ms. Verberne has a varied background in post surgical, Ortho, GI, Urology, Psychiatric and Emergency nursing, as well as a year nursing in Baton Rouge, Louisiana. Born and raised in London, Ontario, Cate married a farmer "wannabe" and they live in Huron County with their 2 lovely little children.

Melody King-Smillie & Katherine Morris

Melody King-Smillie is a Regional Manager with the Ontario Telemedicine Network for the north part of LHIN 2 and LHIN 3. She has been working in telemedicine for the past 5 years. Ms. King-Smillie is a graduate of the Fanshawe Diploma Nursing program, the West Lothian Midwifery program, Scotland, the Ryerson University Management program and the Central Queensland University, Rockhampton, BScN. Prior to entering the telemedicine world, she was a Director of Patient Care at South Bruce Grey Health Centre-Walkerton site.

Katherine (Kathy) Morris is the Clinical Educator for the Ontario Telemedicine Network, Telehomecare program. She graduated from Nursing at Algonquin College in 1978, and more recently from McMaster University's School of Nursing, BScN program. Currently, Ms. Morris is enrolled in graduate studies at the Ontario Institute for Studies in Education at the University of Toronto. In addition, she moonlights as a wound care specialist in an ambulatory clinic in the GTA. She brings to her role, many years of nursing experience.

Ms. Morris moved from the acute care setting to join Ontario Telemedicine Network in July of 2007, and has embraced the concepts of patient self-management as a fundamental component of Chronic Disease Management. Although she is self-described as a non-technical person, Ms. Morris has been instrumental in the implementation of OTN's Telehomecare program, the largest of its kind in Canada, and continues to provide support to the participating Family Health Teams.

APPENDIX C: A SUMMARY OF THE PANEL PRESENTATIONS

The Rural Health Forum showcased innovations taking place that focus on illness prevention and promoting a healthy lifestyle at the individual, community, and provincial level. What follows is a brief summary of these panel presentations.

For a complete set of the Forum presentations, go to www.torc.on.ca.

The Honourable Dr. Carolyn Bennett, Member of Parliament for St. Paul's and Opposition Critic for Health highlighted several key themes that helped to frame the discussion:

- Advocating for Rural - There is an issue of fairness that needs to be addressed. Rural Canadians have more illness, have a shorter life expectancy, and yet there are fewer health care professionals to serve this population. Identify gaps in fairness, and advocate for a commitment to better health for rural.
- Rural communities need to identify what they can and cannot provide – This is a contentious issue. It is not just about having a hospital, but rather developing local health centres - a health 'hub' - a place that can triage; a place that knows what to keep and what to refer on. In many cases, bringing care closer to home leads to improved quality of life. However, rural areas can't do everything and we don't want them to do everything.
- Real Strategies are needed to address poverty reduction, housing, transportation, injury prevention, healthy aging, dementia, mental health, and other challenges. Set targets - what, by when, and how. Measure outcomes in rural communities.
- Develop age-friendly rural and remote communities by addressing the determinants of active ageing. From early life to adult life to older age, policies have to start at birth. Keep people above the 'disability threshold' as they age.
- Evidence-based, relevant, and shared data is required to understand what and where the health issues are in rural areas.

Key Message: Health care *and* health – Health and health care are not the same. There is a need to reframe the discussion and focus on personal health, wellbeing, and sickness prevention.

Carol Mitchell, M.P.P. for Huron-Bruce and Parliamentary Assistant to the Minister of Health and Long Term Care, outlined the purpose of the Rural and Northern Health Care Panel. The health care needs of rural residents differ from those living in urban areas. The Panel was established to identify a vision and strategic directions for rural and northern health care. The panel will provide recommendations to the government on health care delivery, in order to assist government initiatives and the development of an integrated and comprehensive plan aimed at improving health care in rural communities.

Current submissions to the Rural and Northern Health Care Panel will contribute to a report to the Minister – ideally by the spring of 2010. Areas of interest include retaining health care providers to underserved areas in Ontario, redesigning recruitment and retention efforts (recruit with return-of-service commitments), improving the travel claim process, and the utilization of technology.

Concern was raised around the closing of some rural hospitals. Is this shortsighted? Will this contribute to a shortage of physicians in rural areas? Ms. Mitchell highlighted government efforts to increase spaces for

physicians, improve international training, and improve the process for internationally trained physicians to be licensed in Ontario. The team approach has been very successful in expanding the capacity of health care professionals. LHINs are working to identify the greatest needs, and determine where skills are needed.

Key Message: The Panel wants to allow the necessary time to gather input from rural citizens, practitioners, and health providers in the development of an integrated and comprehensive rural health care strategy.

Dr. Mel Borins, a family physician, author, musician and transformational trainer concluded the day's presentations. Dr. Borins has developed an interest in alternative approaches and traditional healing systems through his travels to developing countries. Rural Ontario shares some similarities to access to health care compared to third world countries.

Rural health risks include self-destructive or risky behaviours. Dr. Borins outlined how these self-destructive behaviours move from a core belief to a behaviour, and the process of change to modify these behaviours.

Accessibility is a challenge. Most people in the world do not have access to modern medical care. How do you stimulate people to do things that are good for themselves?

How do we include traditional medicine in discussions of health and health care? Ontario is looking to regulate practitioners, verifying their qualifications. Health teams are beginning to include more traditional practitioners.

Efforts should be made to bring health to the people where they are, for example at auctions, fairs, hockey rinks, schools, bingo halls, and places of worship. Provide screening, blood pressure checks, glucose and cholesterol tests, cooking classes, and occult blood testing at these locations. Utilize cell phones in smoking cessation – text message from teens to teens.

*80% of the world's inhabitants still rely chiefly
on traditional medicines for their primary health care needs.
- Akerele Olayiwola, Nature's medicinal bounty: don't throw it away.
World Health Forum 1993; 14:390-395*

Key Message: What are you doing that may be self-destructive to your overall health? What are you doing that may be contributing to your health? How can we stimulate people to do things that are good for themselves? How can we bring health to the people where they are?

PANEL – IT'S MY HEALTH: INNOVATIONS IN PERSONAL WELLBEING

Key Message: When individuals are educated, informed and empowered they can take ownership and responsibility for their own health and wellbeing, and work with their health care providers to improve their personal health.

Dr. Craig Hudson, CEO and Chief Research Officer for Biosential Inc. in Stratford, demonstrated how a large urban psychiatrist became a small town researcher. Dr. Hudson highlighted his research of “Protein Source Tryptophan versus Pharmaceutical Grade Tryptophan as an Efficacious Treatment for Chronic Insomnia”. A pilot study of protein-source tryptophan as an efficacious treatment for social anxiety disorder is also underway.

There is huge market potential should an effective treatment be found for chronic insomnia or social anxiety disorder. Dr. Hudson needed to establish a way of doing science in a rural community that was self-propelled. He outlined challenges with venture capitalists, opportunities of a worldwide market, and innovations that led to candy manufacturers helping to fashion an insomnia aid into a candy – RestBites.

Jan Inguanez, a Registered Dietitian with the Woolwich Community Health Centre in St. Jacobs outlined the traditional dietary patterns of countries of the Mediterranean basin – specifically the diet used by people from Crete, known as The Cretan Diet.

When compared with diets from around the world, the Cretan diet was shown to provide the best defense against chronic disease. This simple, heart-healthy diet is plant-based, and is abundant in antioxidants, ALA from wild plants, selenium and Omega 3 fatty acids.

Key components of the diet include generous amounts of fruits and vegetables, unrefined whole-grain products, healthy fat such as olive oil, a high consumption of legumes, herbs and spices instead of salt, small portions of nuts, a moderate use of dairy products (cheese and yogurt are more common than milk), very little red meat, fish or shellfish at least two times per week, and red wine in moderation (for some).

This is underscored by daily physical activity to maximize the benefits of healthy eating.

Lisa Loiselle, Associate Director of Research at the Murray Alzheimer Research and Education Program (MAREP) at the University of Waterloo highlighted how this innovative program adopts a partnership approach and integrates research and educational activities in an effort to improve dementia care practices in Canada and beyond.

Offering guiding principles for authentic partnerships and factors that enable strong partnerships, Ms. Loiselle demonstrated how the MAREP program includes persons with dementia, partners in care, and professional partners directly in decision-making. Specifically, Ms. Loiselle showcased the “*A Changing Melody*” forum for persons with early-stage dementia and their partners in care. There is misunderstanding and stigma attached to a diagnosis of dementia. This program aims to remove that stigma and empower the individual to be involved in their own life decisions.

A Changing Melody enables people to continue to have control over their own lives at a time when it is greatly threatened. It presents opportunities for people to contribute and feel useful, where one can reach their full potential and excel, and provides a sense of hope to people living with dementia.

*“The more I know, the more empowered I feel...it reduces the anxiety that I might feel.”
- Person with dementia*

PANEL – It's OUR HEALTH: INNOVATIVE COMMUNITY SOLUTIONS

Key Message: Exciting innovations in health care are happening across rural Ontario. There are tremendous opportunities to share, learn from, replicate, and build upon some of the latest and best practices related to innovative community solutions.

In Seaforth, for example, the community is undertaking a series of initiatives to help build strong health care teams in their rural community.

- MedQUEST is a one-week camp for grade 10 and 11 students. It exposes participants to as many aspects of health care as possible.
- Collaboration is happening between medical and pharmacy students, with exciting possibilities of teaching collaboration.
- A Registered Practical Nurse Training Program has been established. It is a four-year part-time program to assist the community in growing their own nurses.
- HealthKick is a project that is used to engage young people and look at the future of health care providers. This program won the Economic Developers Council of Ontario (EDCO) award in 2006.
- A resident's retreat is part of the initiative to recruit physicians.
- Rural Discovery Week is aimed at exposing students to rural realities.

Nothing happens without strong community partnerships!

Dr. Claudio Munoz, Scientific Director of the Gateway Rural Health Research Institute in Seaforth, Ontario emphasized the need for relevant and timely health research. Dr. Munoz outlined an integrated model for rural health research and education in order to make research sustainable in small communities. The community has established the Gateway Rural Health Research Institute. A very successful model for this initiative is the Center of Excellence in Rural Health in Kentucky. The Gateway Institute required financial backing *and* scientific expertise in order to successfully launch.

Dr. Munoz highlighted the importance of building research capacity in rural communities. Trends indicate emerging health issues that need to be prevented or dealt with when they are first identified in general practice (Type-2 diabetes, obesity). It is important to build research capacity in teaching centres and on the front lines through general practice. Relevant rural research will strengthen hospitals and local health teams.

His initial work with the *Diabetes and Technology for Increased Activity: DaTA Study* demonstrates that good quality, creative research can take place in rural Ontario. Through the study, technology gathering real-time data influenced patients to increase their exercise (walking) and make significant improvements to their health. The data was captured through Bluetooth remote monitoring devices, transferred to a BlackBerry, and then was sent to the research centre.

Dr. Tanya Chambers outlined the steps taken to launch the First Annual *Happy Healthy Kids Day*. This community program emphasized preventative healthcare with grade four students from Stratford.

Children were exposed to lifestyle choices that would impact their health in the future. The program aimed to empower children to take responsibility for their health, educate children about supportive and preventative health care options and choices in their community, and to lay a foundation for future healthy children, adults, families and communities.

A partnership of health professionals, teachers, schools and school boards, the municipality, community organizations, service groups, and the private sector worked to bring together and implement the half-day session. The event included take-home activities for the students and classroom resources for the teachers.

The day was a tremendous success, and efforts are underway to make this an annual event in Stratford.

Dr. James Lane, Family Physician and IT Physician Lead for the Georgian Bay Family Health Team, outlined the ePrescribe Pilot Project underway at two sites – The Georgian Bay Family Health Team in the Collingwood area, and the Group Health Centre in Sault Ste. Marie.

E-prescribing is a component of Ontario's e-Health strategy. It includes the electronic generation of prescriptions, and authorization (signature) and transmission of dispensing directions.

The focus of the evaluation was on the impacts of ePrescribing on the prescribing and dispensing processes. Outcomes included increased prescribing efficiency; improved clinical outcomes, (chance for clinically significant adverse interactions are often flagged by alerts in electronic systems); improved interactivity between pharmacies and medical records which provided the pharmacist with a better understanding of past treatments, and medical and prescription history; improved access between pharmacists and prescribers; and, no security breaches were identified.

Rural areas provide ideal settings for this type of pilot project in that they are geographically constrained and have a captive audience. Projects can be driven and move quickly.

PANEL – IT'S RURAL ONTARIO'S HEALTH: *PROVINCIAL PERSPECTIVES*

Key Message: Innovations are happening in every community across the province. Often these innovations are not known to others. Rural Ontario needs to find better ways to communicate success and present our stories to the rest of the province. We need to find ways to utilize and expand some of the resources that are currently unknown or underutilized.

Pegeen Walsh, Project Lead for the Healthy Communities Initiative with the Ministry of Health Promotion outlined the ways her ministry is working to keep people healthy. This four-year-old Ministry has a mission to champion health promotion across Ontario and inspire partners to create a culture of health and well being for all.

Individual health is impacted by complex interactions between social and economic factors, the physical environment, and individual behavior. Ms. Walsh outlined the Ministry's priorities for 2009-2010, which include promoting health and wellness, preventing disease, injury and addiction, partnering for healthy communities, promoting nutrition and healthy eating, and valuing sport and recreation.

The Ministry is building partnerships for health promotion. Some of the current initiatives include partnering with public health, launching after-school programs and a diabetes prevention initiative, providing nutrition information and tools, coordinating the *NutriSTEP* tool and *EatSmart!* award program, increasing tobacco free environments and smoking cessation services, and providing access to a wide range of health information and services available to Ontario residents.

The Ministry is working to achieve a vision of health for all through partnering, supporting activities, providing tools that are affordable, accessible and available, and creating an environment that makes it easier for citizens to be healthy.

Cate Verberne, a Nurse Practitioner with the Huron Community Family Health Team in Seaforth, outlined the history and role, scope of practice, and barriers and challenges for Nurse Practitioners.

Nurse Practitioners are expert nurses functioning at an advanced practice level, who are regulated and are governed by the College of Nurses of Ontario. Nurse Practitioners allow the system to utilize health practitioners to the full scope of their abilities. Collaboration is a cornerstone of Nurse Practitioner practice, allowing for decreased duplication and fragmentation, increased patient access to medical care, and the freeing of physicians' time to see more complicated cases.

Nurse Practitioners focus on health promotion and disease prevention. They are part of a health team, and have access to back up support and consultation when they reach their limitations.

Some of the barriers and challenges that Nurse Practitioners face include a lack of financial incentives for remote & rural placement, salary inequities across different funding programs, inconsistent funding for capital and operating costs across different funding programs, and MD fee for service remuneration discourages effective role utilization.

Melody King-Smilie and Katherine Morris from the Ontario Telemedicine Network (OTN) provided an overview of OTN and the Telehomecare Program. As a networking infrastructure connecting healthcare organizations, OTN is one of the largest Telemedicine networks in the world, helping to deliver clinical care and professional education among health care providers and patients.

OTN supports clinical events, education events, and health care administrative events. Seventy family health teams are connected to the Network, which requires appropriate IT infrastructure to enable it to move out into the community.

Telehomecare offers a new approach to chronic disease management in Canada. This service provides the ability to monitor and measure patient health data and information over geographic, social, and cultural distances. Through Phase One of this initiative it was learned that Telehomecare has positive impacts on patient quality of life, enhances patient ability to self-manage their condition, and reduces hospital admissions. Patients also benefitted from a greater sense of security, improved knowledge of their condition, enhanced family involvement in chronic disease management, greater independence, and more physical activity.