Waterloo Wellington **LHIN**

MAPPING THE FUTURE OF OUR LOCAL HEALTH CARE SYSTEM:

SUMMARY OF RESULTS FROM THE 2016-19 IHSP RESIDENT OPINION SURVEY

Ontario
Local Health Integration Network

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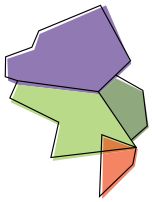
The following provides a summary of the analyzed results collected from the 2016-19 IHSP resident opinion survey "Mapping the Future of Our Local Health Care System". The qualitatively-based survey offered an important opportunity for residents, caregivers and health service providers (primary care providers, specialists, nurses, personal support workers, allied health staff, support staff, administration and others) to provide feedback on the health care system. The survey posed five key questions:

1. **What is the one thing we should do today to improve the health system?**
2. **What do you believe might be impossible to do but, if it could be done, would fundamentally change the health care system?**
3. **What is working well in the health care system now?**
4. **What changes have you seen in the health care system in the last five years?**
5. **When you think about the health care system today, what breaks your heart?**

The survey received a high level of uptake in the Waterloo Wellington community as 1140 filled out the survey, including 11 French language survey respondents. 58.8% of survey respondents live in the KW4 health link area (Kitchener, Waterloo, Wilmot, Wellesley and Woolwich), which is higher than the population distribution of 52% for that area. 20.5% of respondents live in the Guelph health link area (City of Guelph and surrounding areas), which is reflective of the population distribution. 12.7% of survey respondents live in the Cambridge/ North Dumfries health link area (Cambridge, North Dumfries and surrounding area), which is lower than the population distribution of just over 19%. 8% of survey respondents live in the Rural Wellington health link (Wellington County and South Grey County), which is below the population distribution of just over 10%.



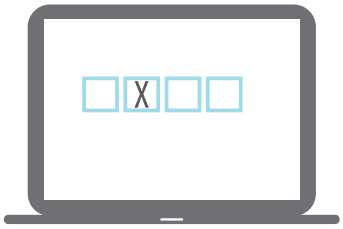
Participants by Waterloo Wellington LHIN Health Links

Kitchener, Waterloo, Wilmot, Wellesley, Woolwich: 58.8%

Cambridge/ North Dumfries: 12.7%

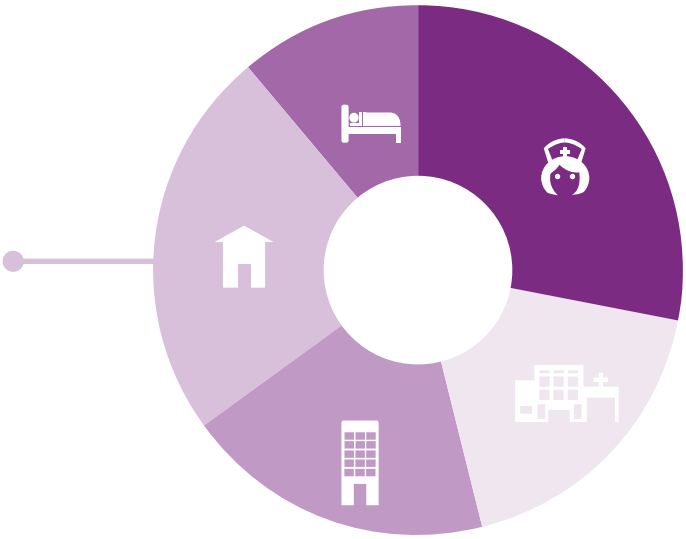
Guelph: 20.5%

Wellington County or South Grey County: **8.0%**



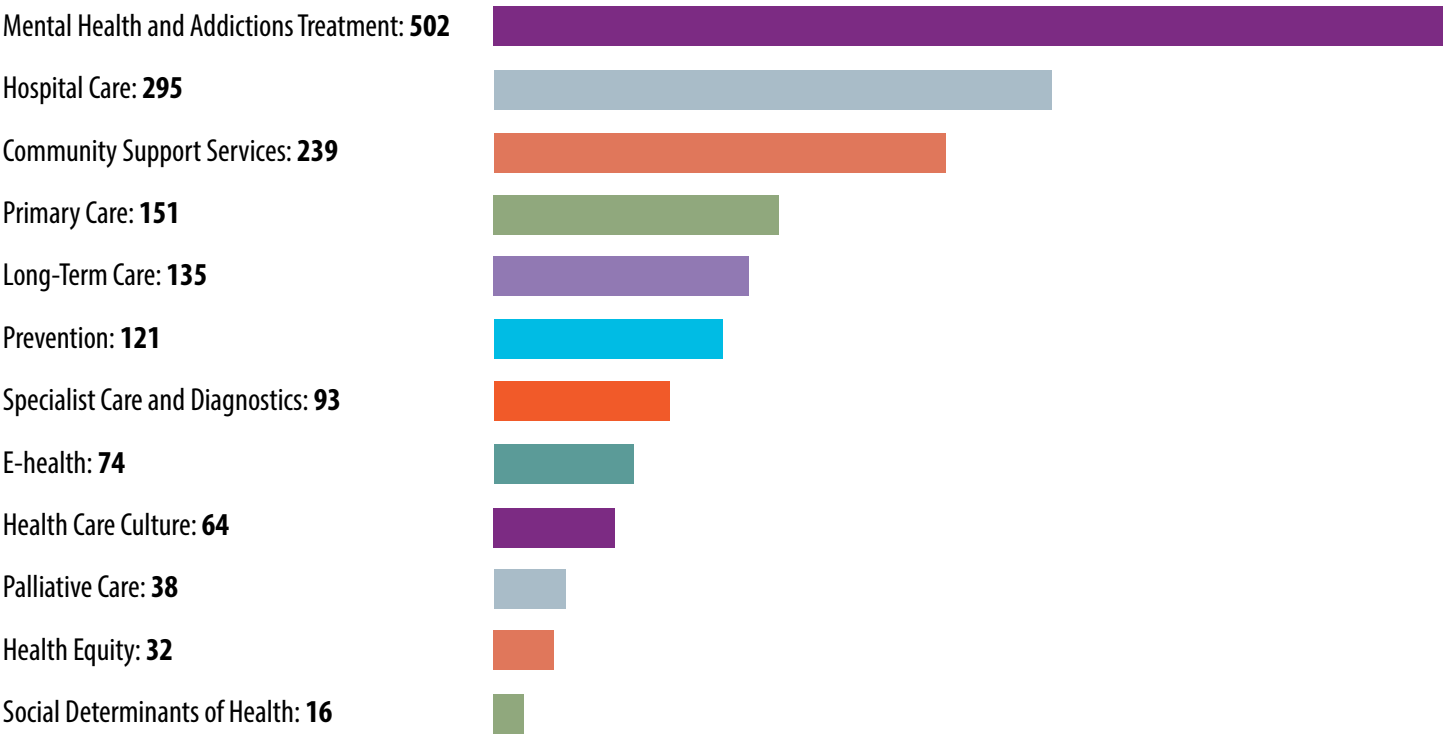
CAREGIVERS HAVE UNIQUE NEEDS WHEN INTERACTING WITH THE HEALTH CARE SYSTEM AS THEY ARE OFTEN RESPONSIBLE FOR HELPING THOSE THEY CARE FOR NAVIGATE A NUMBER OF HEALTH SERVICES ACROSS DIFFERENT SECTORS.

- **30%** of those who responded to the online survey identified as caregivers.
- Slightly over **36%** of residents who responded to the survey do not work in the health care system.
- About **64%** of survey respondents deliver health care, work in a health care organization or work as a governor of a health care organization.
- **28.3%** of respondents who work in health care are involved in primary care, **23.9%** work in a community support service setting, **18.8%** work in community mental health and addictions, **17.9%** work in hospital and **11.1%** work in long term-care.
- Of those who work in the health care system or deliver health care, **33.4%** are in administration, **18.8%** are nurses (RPN, RN), **17.2%** are allied health, **11.9%** are support staff, **11%** are primary care physicians or nurse practitioners, **7.1%** are personal support staff and **0.5%** are specialist physicians.
- The time worked in health care varied for health service providers. **30.3%** have worked in health care for over 21 years, **26.8%** for less than 5 years, **24.3%** between 11-20 years and **18.6%** between 6-10 years.



Although online surveys are fairly effective in capturing trends in the general population, the lived experience of those with unique health needs are often overshadowed. In order to address this potential gap, 20 focus groups were conducted to better understand the needs of Lesbian, gay, bisexual, transgender and queer residents (LGBTQ), immigrant and refugees, Low-German speaking Mennonites, seniors, residents experiencing poverty, among others. This approach is consistent with our goal of ensuring equitable access to health care that meets the needs of all residents in Waterloo Wellington. The summary below is organized by key themes emerging from the data collected in the online survey and focus groups. The quotes included are used to provide support for the themes from the perspective of residents in Waterloo Wellington themselves.

FREQUENCY OF SUBJECT IN SURVEY RESPONSES



WHAT IS WORKING WELL?

"The growth in community programs to meet the needs of older adults living the community has had a significant impact on meeting the health care needs of older adults in our region."

"The cancer treatment and heart health has come leaps and bounds; we are blessed in our community with a wonderful cancer centre and cardiac hospital. Childbirth as well. We have local access to world class cancer care - good job! There are newly created multidisciplinary "teams" to create care plans for specific individuals and families – terrific."

"The quality of health care is improving; more people are getting care and have an improved quality."

"The steps being taken to help address the small percentage of individuals who take up more than necessary emergency dept. time is a great start to dealing with the long wait times."

"Nurse practitioners as primary care providers and new clinics like the Kitchener "nurse practitioner led clinic". So many services there!! Kitchener needs more like that."

"**The people!** I had day surgery last year and EVERYONE, from the security person at the front door to the intake nurse to the surgeon to the person who made the follow up call the next day made me feel safe and cared for."

"Specialized services - like the Geriatric Clinic & Memory Clinic as well as the GEM Nurses in ER. "

"Excellent care is given once patients are admitted for needed care or accepted by a family doctor."

"**LOVE** the clinic setting doctors are now setting up. There are doctors, RPNs and nutritionists etc. all in one location - including imaging labs/bloodwork...**EXCELLENT IDEA**. This way if you can't see your individual doctor, someone will always be available...whoever came up with that should win a Nobel Prize!!"

"I like the concurrent disorders team at Grand River Hospital. Their approach is excellent. Their support for family members is excellent. Keep up the good work, and keep funding this program!"

"Most professionals in the health care system genuinely care and want to help."

MENTIONED
502 TIMES

MENTAL HEALTH AND ADDICTIONS TREATMENT

Mental health and addictions treatment and programming was by far the most frequently addressed issue in the survey. It was discussed 502 times by survey respondents. Key issues include the need to address stigma and reduce wait times. Several positive changes were noted, including increased attention to developing a complex capable system and improvements to Here 24/7.

Key Theme	Quote
Residents with mental health and addictions issues often experience stigma when interacting with the health care system.	"[We need to] eliminate stigma against those who use/abuse alcohol/illegal drugs and/or are involved in sex work… Patients should be treated with dignity and respect. [There should be] better responses/options for those with concurrent issues (mental illness and addiction)." - Resident in KW4 "Mental health and addictions has such stigma - people are turned away and/or lost in the system. We URGENTLY need wrap around care for these folks." - Administrator in a health care organization in KW4
There is a pressing need to reduce wait times for residents who require treatment for mental health and addictions conditions.	"[It breaks my heart to see] patients with mental health needs. That system is broken. Care is not delivered effectively. It is not focused on the resident. Patients can wait and wait for services during a crisis. We would not treat patients with cardiac or stroke needs in the same manner." -Resident in KW4 "Put more money towards mental health initiatives. People are finding that there are long waits and expensive fees in order to see counsellors. Current agencies cannot meet the growing needs for mental health services, and often people cannot afford the services that do exist. Especially important are walk in counselling clinics that can provide help immediately but they need more funding." -Resident in KW4
There is now more attention being given to creating a complex capable system to treat residents with mental health and addictions conditions.	"[We are now] ensuring residents have a voice by engaging those with lived experience in planning–bridging teams of mental health, addictions and primary care providers to create complex capable care to treat all. [I like the changes that are being seen with the] Minkoff change initiative." - Executive Director working in a community mental health and addictions organization serving Waterloo Wellington
Although room for improvement still exists, Here 24/7 is improving navigation of mental health and addictions services through a common referral process.	"[I have seen a] greater need for mental health and addictions service linkages. Here 24/7 is now matching more people up to services. It has helped with consolidating to make navigation easier. There is now better recognition of around the clock support as most support is needed between 11pm and 5am." - Resident participating in a focus group on mental health and addictions "Here 24/7- great feedback regarding this service in past several months as it has started to streamline access to services greatly." - Personal support worker working in community mental health and addictions in Guelph

MENTIONED
295 TIMES

HOSPITAL CARE

Hospital care was directly referenced 295 times by survey respondents. Issues identified include a desire to reduce top level administrative costs, the need for more effective discharge planning and interest in creating a single acute care system across the region. Several positives were noted, the most prevalent being the ability of hospitals to respond effectively to urgent care needs and the reduction of Emergency department (ED) wait times over the past 5 years.

Key Theme	Quote
Resources should be shifted from top level administrative costs in hospital to increase the number of health care staff providing direct patient care.	"I would like to see more funding to the individuals who require services. I think in hospitals sometimes the leadership is top heavy and the front-line workers are the forgotten heroes holding the place together. But, the reduction in their numbers probably is to offset the salaries of those heading the ship." - Support staff member working in a hospital in KW4
More effective discharge planning is needed.	"My 92 year old Dad was recently hospitalized with pneumonia and was very sick. His mobility was compromised due to his overall weakness. He has a defibrillator that went off due to his blood pressure fluctuations. Upon discharge no supports were put in place. There was no CCAC consultation and I had to ask for an OT assessment due to my Dad's poor mobility. As the caregiver I had to make sure my dad was recovering. He was hospitalized again the following month due to his low blood pressure. The lack of supports for my Dad who is 92 years old living alone in his own home breaks my heart. As a caregiver I felt very overwhelmed and confused. Why did my dad not qualify for follow-up nursing care, rehab, etc.???" - Caregiver in Guelph "[It breaks my heart to see] the pressure to discharge patients to the first available bed in rehab facilities. This may mean they need to go to a facility not in their home community. Patients on ventilators are waiting years to move to complex care." -Allied health staff member working in a hospital in KW4
There should be a single acute care system across the region to ensure all facilities operate towards a single goal.	"[There should be] one governance and funding model for health and wellness for each LHIN. This would facilitate a bigger picture view of problems and solutions at all levels of the continuum." - Resident in KW4 "Do not backlog the acute care system…Have more of a one stop approach." - Resident in KW4

Hospitals in Waterloo Wellington provide effective care for urgent health concerns.	"[Hospitals provide] wonderful cancer care. I can't say a word against the care…You can't ask for more than that. For that you can put up with some nonsense." - Resident in Guelph "If you need acute care you seem to be able to get it quickly and solve your issue." - Administrator in community support services in Guelph
ED wait times have improved across Waterloo Wellington.	"The access to ED is improving greatly. Stories about long wait times are no longer in the news." - Administrator in a hospital in KW4

MENTIONED
239 TIMES

COMMUNITY SUPPORT SERVICES

Care in the community encompasses a wide range of supports and services making it an essential sector of health care. The significance of community supports is reflected in the fact that community support services were referenced 239 times by survey respondents. Residents noted the health care system has shifted to providing more care in the community over the past 5 years, and that effective community support services are helping seniors to stay in their homes longer. However, many felt improvements are needed in home and community care. Specific recommendations include the need to improve navigation of community support services and provide more support to caregivers.

Key Theme	Quote
There has been a shift towards providing more care in the community over the past five years.	"[I like] the shift to community care. It is the right thing to do. We need to keep patients out of hospitals. To do this we have to support community care and the families." -Resident caregiver in KW4
Effective community support services help senior residents stay in their homes longer.	"Home care is good. They came in and fixed a bed in the living room [when my friend couldn't walk]. It is such great quality here. They can do so much for people at home. My friend receives home care from 7:00am until noon and then someone else comes in from noon until 7:00pm at night." - Resident in Rural Wellington "Support groups for caregivers and those providing services at home. Access to support through community programs and CCAC are enabling people to live in their homes safer and longer." -Allied health staff member working in long-term care in KW4
Improvements are needed in home and community care.	"The home care system to allow seniors to stay in their homes is not working seamlessly. A parade of different care givers makes the elderly nervous and afraid and unsure of even letting some people into their homes where they feel completely vulnerable. I would address the process by which all kinds of home care are delivered." -Caregiver in KW4 "[We need] integration of community services with primary care providers. Creating a way for all care providers to be integrated in a larger circle of care. Sometimes it feels like we are all addressing similar concerns/issues but the opportunities to collaborate are difficult to coordinate. The clients end up getting confused, having to share their stories multiple times and spending lots of time going between care providers." -Nurse working in community support services in Cambridge/ North Dumfries

Improvements are needed to facilitate navigation of community support services.	"[We need] one organization, one person to communicate with about the care needs of my parents - not 8!!!" - Caregiver in KW4 "[It breaks my heart] how difficult it is to navigate through the system and fall between the cracks. [This] creates more expensive [illnesses] to treat." - Personal support worker working in community support services in KW4 "I hate to see patients waiting and suffering unnecessarily while we don't know where they need to go. It's hard and people get really upset, they're stressed, afraid they will miss their appointment or ride...and are delayed on our end. They show up on time. We need better navigation in hospitals and between hospitals and other health care services." - Support staff member working in a hospital in KW4
Additional support is needed for caregivers.	"It breaks my heart to see caregivers of persons with dementia who cannot get respite care. They are sometimes caring for someone who does not necessarily need CCAC physical care, and so do not receive respite. These poor caregivers are exhausted, emotionally broken, and their health continues to fade. We need more respite care and more support for these caregivers that extend beyond physical health support." -Administrator in community support services in Cambridge/ North Dumfries "[We] need to support aging in place; increase supports for caregivers who are great risk of burn-out; stronger need for patient/caregiver support vs. care that is clinician or organization-centric." -Administrator in home and community care in Waterloo Wellington

MENTIONED
151 TIMES

PRIMARY CARE

The importance of effective primary care is evident in the survey as it was discussed 151 times by respondents. Residents identified a number of areas for change, including the need for better communication between primary care providers and other sectors of health care, stronger partnerships across health care sectors and the need to improve primary care for residents with chronic health conditions. Residents felt that attachment rates to primary care providers have improved, although receiving timely access to primary care continues to be problematic.

Key Theme	Quote
Communication between health service providers must be improved with primary care at the centre.	"[We need] better coordination and communications between all health care services, with primary care as the focus. Family doctors/NPs should know when a patient is admitted to/discharged from acute care, LTC, MHA etc. and be aware of all CSS services their patients are receiving." - Administrator in a health care organization in KW4
Stronger partnerships between primary care and other sectors of health care are required to ensure the highest quality of care for residents.	"[We need to] improve partnership between primary care and public health -- they need to work together towards the same goals and not get so caught up in their own individual goals and projects that they lose sight of the big picture, and the fact that we are ultimately working towards the same ideal." - Specialist working in KW4
There is a need to improve service provision for residents with chronic health conditions.	"[I would like to see more] emphasis on primary care physician management of chronic diseases in order to decrease number/length of hospital visits." - Nurse working in primary care in Guelph
Attachments rates to primary care providers have improved over the past 5 years.	"Primary care settings have improved tremendously. Patients are able to access…doctors much more efficiently than before." - Allied health staff member working in primary care in Guelph
Greater access to primary care is still needed to ensure timely care is provided.	"Family Doctor's offices need to be open evenings, weekends and holidays. We need to be able to see our family doctor the same day or next day." - Resident in KW4 "More people have a primary care provider however their access (same day) hasn't improved." - Caregiver in Rural Wellington

MENTIONED
135 TIMES

LONG-TERM CARE

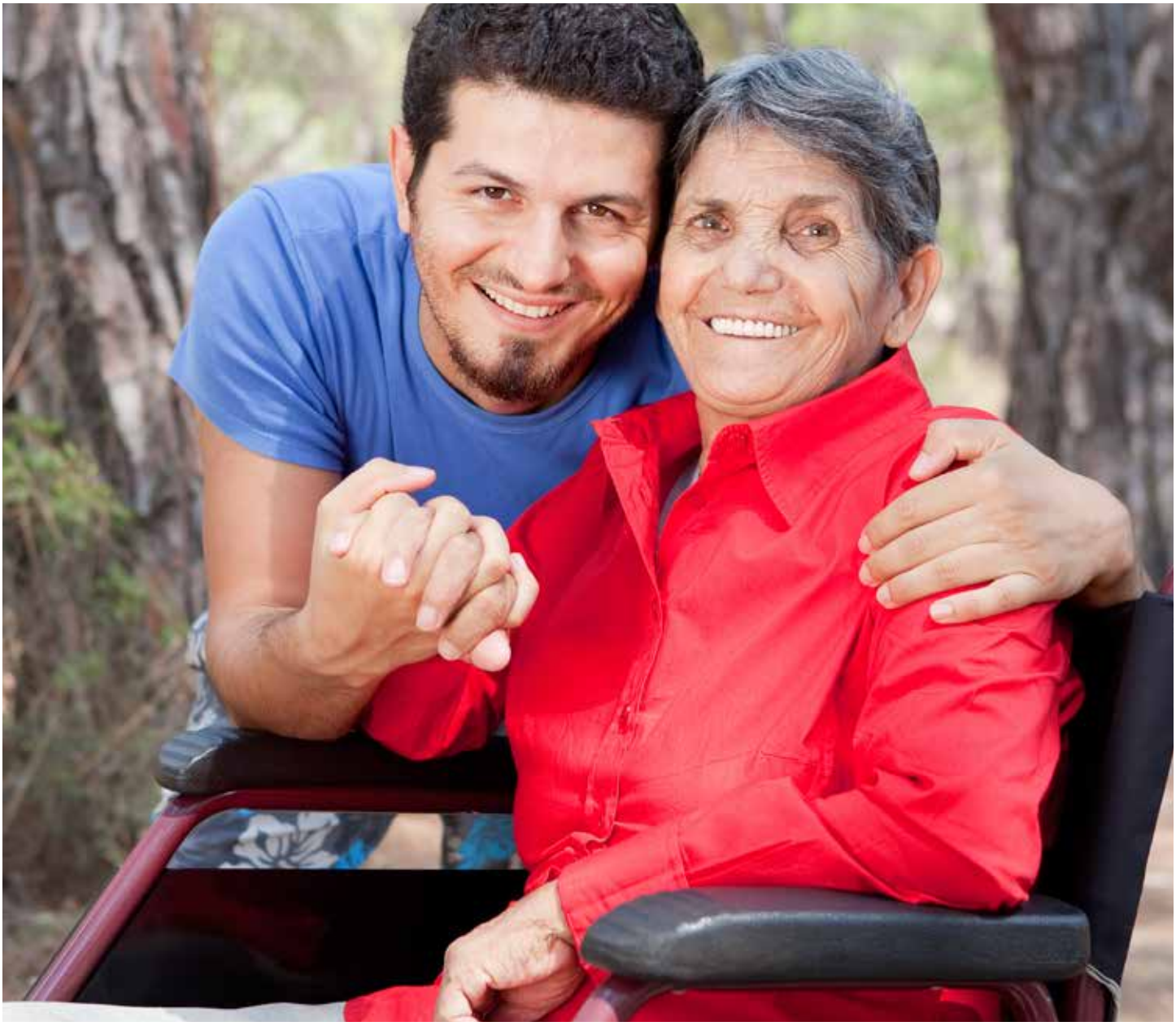
There were 135 references made to long-term care (including references to long-term care and nursing homes). Key areas for improvement noted by survey respondents were a need for long-term care close to home, a desire for higher staffing levels to ensure appropriate one-to-one care and a need for additional dementia support. Survey respondents acknowledged the fact that many seniors are entering long-term care with more complex health conditions because they are staying at home longer.

Key Theme	Quote
Caregivers are concerned long-term care for family members/friends will not be available close to home when it is needed.	"The future for my parent [breaks my heart]. It scares me not knowing if there will be a long term spot available when she needs it. It may mean having to place her in a home further away. I'm also worried about the wait time to get her in." - Caregiver in KW4 "[There is] not enough affordable decent assisted living or Long-Term Care facilities for the growing elderly population." - Caregiver in KW4
Higher staffing levels are needed in long-term care homes to ensure patient-focused care.	"[There needs to be]…proper staffing in long-term care facilities. Right now we are expected to do 9 cares in 2 hours, including 2 showers. That is not resident focused care." -Personal support worker working in long-term care in KW4 "increase the number/hours of front line (PSW) staff in LTC" - Allied health staff member working in a health care organization in KW4
Residents living in long-term care require one-to-one attention to meeting their emotional needs.	"[It breaks my heart to see] resident loneliness. It is not currently possible to provide enough one-to-one where it is needed." - Support staff member working in long-term care in KW4 "[We need to] double the recreation staff as their role is paramount to well-being. Increasing one on one time with residents would yield substantial results. The isolation and loneliness of residents in LTC generates multiple issues." - Resident in KW4
Additional support is needed for seniors with dementia.	"[It breaks my heart] thinking of the future. There is going to be a huge strain on health care. There will be increasing amounts of dementia related diseases. Are we ready?" -Nurse working in long-term care in KW4
Residents now require more extensive care when they enter long-term care homes because they are staying at home longer.	"The residents coming into LTC are staying home longer and therefore are fairly critical when they are admitted, most require mechanical lifts." - Administrator working in long-term care in KW4

MENTIONED
121 TIMES

PREVENTION

The health care system is currently focused largely on treating illness. However, the need to focus on the prevention of illness was a prevalent theme in the survey as residents discussed it 121 times. Respondents expressed interest in the prevention of illness through promoting healthy lifestyle choices, encouraging residents to be active participants in their health, and coordinating preventative programs that include community partnerships to address local needs.



Key Theme	Quote
The health care system should encourage prevention through the promotion of healthy life-style choices.	"[We need a greater] focus on preventative lifestyle choices people make in order to reduce demands on the system. That could free resources to deal with medical issues we didn't know how to prevent." -Caregiver in KW4 "[We need to focus on] changing attitudes about the way people view health and wellness not only in healthcare but across the community. This can be accomplished in several ways. 1. Educate the public about how they can be proactive in managing their own health and wellness across the lifespan. Start young, not only will it make for healthier, more informed communities but will also shape the attitudes of a new generation of potential healthcare employees. 2. Educate people about what resources are available in the community before they need them. Make this information accessible and promote it. 3. Educate people on how they can become involved in supporting those living in the community with health care needs. It takes a village!" - Allied health staff member working in long-term care in KW4 "[We need] more emphasis on policies which prevent chronic disease - upstream approaches: like tobacco cessation." - Nurse working in public health in KW4
Residents need to be engaged as active participants in preventing illness.	"Change the mindset of individuals to accept that they have a large responsibility in their own health care. Too many people believe that they are recipients only, not active participants. As a result, they make their health problems worse... and blame the health care professionals." - Allied health staff member working in Rural Wellington
The LHIN should coordinate preventative programs that include community partnerships to address local needs.	"[The health system could be improved by] taking an ecological perspective to all health challenges. We are still stuck in a model that is victim blaming. We SAY we see the larger overlapping circles but I don't see that implemented. Mostly we wait until there is a problem and then tinker with waiting lines. Let's look at what gets people sick in the first place. It is for sure a complex interaction of genetics and circumstances and since altering genetics has its technical and moral challenges I suggest we put our resources into areas that we can and should control: where children grow up, how they are educated, where they recreate, etc. This is not a health care job alone but unless we are at those tables our efforts for integration are words not actions." - Resident in KW4

MENTIONED
93 TIMES

SPECIALIST CARE AND DIAGNOSTICS

Experience related to specialist care was referred to 93 times by survey respondents. Respondents felt wait times for specialist care was excessive, especially for certain specialties in the region. However, wait times were experienced as more reasonable where urgent care was required. A number of residents argued the need for more seamless transitions between primary care and specialist. Others addressed the need to reduce duplication of diagnostic tests.

Key Theme	Quote
Wait times for specialist care are too long in Waterloo Wellington.	"The wait times need to change. I personally have not experienced significant health issues, which I am very thankful for. I hear from my friends and family that they are waiting a long time to see specialists and have procedures. That breaks my heart because I speak about our universal healthcare system with pride…I hope that this can improve during my lifetime as my family and I age and require more health care services." - Allied health staff member working in a health organization in KW4
Wait times are particularly long where no specialist is available in or near Waterloo Wellington.	"I would really like to see surgery at a sooner date. Right now the waitlist for the sex reassignment surgery is 18 months, and there is a long wait list to even get onto that wait list…There is only one place, which is in Montréal, that does trans-related surgeries. We need more local doctors that are able and willing to perform these procedures." - Resident in a focus group on transgender health "The wait times to see a urologist are very long here (rural area). The referral time is very slow because the urologist only comes once a month. My husband went to the doctor for a persistent bladder infection in March and wasn't seen until June." - Resident in a focus group on senior health
The duplication of diagnostic tests should be reduced through increased information sharing between health service providers.	"[There needs to be] improved communication between facilities…I am unable to access x-ray reports, consults or therapy notes electronically from another facility." - Allied health staff member working in a hospital in Rural Wellington "There should be one system for sharing medical information. The chest x-ray results my family doctor ordered should be available to the doctor treating me at the ER two nights later." - Resident in Guelph
Transitions between primary care and specialist care need to be improved to create a more seamless experience for residents.	"There needs to be work done of the system for more seamless transitions. It is a challenge for patients when transitioning from family physicians to specialist...navigating is difficult for patients, especially seniors." -Support staff member working in a health care organization in KW4
Access to specialist appointments is available in a timely manner when an urgent need exists.	"The system can accommodate urgent needs when required, e.g specialist appointments." -Primary care provider in Guelph

MENTIONED
74 TIMES

E-HEALTH

Residents showed a strong interest in increasing the use of enabling technologies to improve the provision of health care across multiple sectors. Electronic medical records and/or technology were discussed 74 times by survey respondents. Respondents were particularly interested in the possibilities of a standardized electronic medical record shared across the region. Many felt OTN was a promising resource to increase access to primary care and specialist care.

Key Theme	Quote
The implementation of a standardized electronic medical record in Waterloo Wellington has the capacity to increase communication between health care sectors.	"We are switching to a more standardized electronic documentation system in our region and I believe that, in the long run, it will help with communication between hospital and community services." - Allied staff member working in a hospital in KW4 "[The health care system would improve if you] make sure all the doctors you are seeing are electronically linked to one another so they all know what the other one is doing." - Resident in Guelph
The use of enabling technologies, such as OTN could help to increase access to care.	"[We should increase the use of] e-visits in primary care for routine prescription refills and non-emergency care". - Governor of a health care organization serving Waterloo Wellington "As our population ages, consider utilizing state-of-the-art technology to monitor patients either in their home or in long term care facilities. Care providers can change throughout the day, week, month, so accessing/updating the care provided in real-time is critical." - Caregiver in KW4 "[There needs to be] improved access to psychiatry in the community via OTN tele-psychiatry." - Nurse working in community mental health and addictions in Cambridge/North Dumfries.

MENTIONED
64 TIMES

HEALTH CARE CULTURE

A finding emerging from the survey and focus groups was a need to address the culture in health care itself. Specifically, respondents to the online survey discussed the need to change the approach of the health care system 64 times. Many residents claimed people are not treated as they should be when interacting with the health care system as there is not enough focus on providing compassionate care. A large number of residents felt a need for the health care system to address holistic health, rather than maintaining a focus on physical health. Finally, survey respondents identified the need to clearly communicate health care information in a way that meets the needs of a diverse population.

Key Theme	Quote
Attention needs to shift away from the cost of health care towards providing compassionate care.	"[It breaks my heart to see the] sense of erosion of values that is visible in how we under-serve…persons living in poverty and at the margins. Those who deserve our largest slice of compassion are sometimes referred to as those that "cost" us the most. I think our language and how we look at the situation of people influences our decision and I fear that we are getting stuck in a scarcity mentality rather than a visionary place of the best health care system design." - Resident in KW4 "[It breaks my heart to see] the lack of time to be able to care with compassion for our sick, frail and elderly. As a nurse with over 40 years of experience I am glad I am at the end of my career." - Nurse working in community support service in KW4
The health care system should address the holistic wellbeing of residents, rather than focusing only on physical health.	"[We should] would work toward caring for people with a more holistic approach to care. As health care staff I think it is easy to get caught up in addressing the physical needs and forget that as human beings we have many other needs that are equally important to maintaining a valuable quality of life...Care needs to go beyond keeping people alive and help people to live… [We need to make sure health service providers are] receiving the social background of care in addition to task focused training on physical care." - Allied staff member working in long-term care in KW4 "[The health care system would be improved by] Wholistic assessment and treatment at full-service community health centres attending to body, mind and spirit. Unfortunately, this care is only available to some, not all." - Nurse working in public health in Cambridge/ North Dumfries
Information in the health care system should be communicated in a clear and accessible way for residents with diverse needs.	"[there needs to be more] clarity in communications. The forms that the community has only make sense to health care staff. There are acronyms. There are already so many barriers [such as] ESL and dementia. They don't need a form that no one can interpret. Don't use clinical language, use people language. People are sick, frustrated and then there's a lack of clarity/consistency." - Support staff member working in a hospital in KW4

MENTIONED
38 TIMES

PALLIATIVE CARE

Palliative or end-of-life care was discussed 38 times by survey respondents. Survey respondents argued this is particularly important given the fact that residents appear to be more receptive to discussing palliative care options. Many felt primary care providers require more information on palliative care. Survey respondents did not feel as though all residents are given access to the palliative care required at end-of-life.

Key Theme	Quote
Residents are becoming increasingly receptive to discussing palliative care options.	"Palliative care is more in the media and is SLOWLY (emphasis in original) becoming more acceptable/less scary to the general public." - Resident in KW4
More information regarding palliative care treatment needs to be provided to primary care providers.	"[There is an] inadequate understanding of the needs of seniors, especially frail seniors who require pain control and palliative care options. Most family doctors seem to be very unsure of themselves in this area, and not sure of available options unless you do the research yourself and present them when accompanying a senior to a doctor's appointment". - Governor of a health care organization in KW4
Not all residents have timely access to patient-centred palliative care when it is needed.	"The general public thinks that the health care they need will be available when they need it. What they find when they are in a crisis or at the end of life is that the system does not work the way they thought. They see long waits, contradictory messages from doctors, and a system that does not see them as a person but as a "case" or a number - especially at the end of life. They can't access services they need to die with dignity and respect - this breaks my heart." - Allied health staff member working in Rural Wellington "Palliative care [breaks my heart]. Patients with no advocates (family or health care system) are dying with little dignity." - Nurse working in a hospital in Guelph

MENTIONED
32 TIMES

HEALTH EQUITY

The need to address the health and well-being of unique populations including low income residents, Aboriginals, new immigrants and refugees, seniors, and residents in the LGBTQ community was discussed as a key theme 32 times in the online survey. In addition, health equity was brought up in all of the 20 focus groups conducted with specific resident groups. Themes include providing culturally competent care for Aboriginal residents, making use of trained health care interpreters, educating service providers on the needs of LGBTQ residents and the suggestion that the LHIN should become a leader in health equity through the development of innovative partnerships.

Key Theme	Quote
Health services should be more accessible for unique populations.	"Take politics, power and privilege out of the equation so the best interests of people (especially those with no power - low socioeconomic status, immigrant, racialized…) are put first and foremost." - Administrator working community mental health and addictions in Cambridge/ North Dumfries "Remove barriers to services for people experiencing a very low income - in other words, remove stigmatizing and discriminating approaches, by making ALL services available (such as assessments, etc)." - Resident in KW4
Aboriginal residents require access to culturally competent care.	"[We need to] provide access to quality Aboriginal Adult Mental Health Services. [We need have] culturally competent workers who can deliver health related services. [The health care system should] create Advocator/ Navigator positions for communities who cannot navigate the system while requiring their services in a culturally competent manner." -Allied health staff member working in community mental health & addictions in Waterloo Wellington.

A consistent use of trained health care interpreters is needed for residents who do not speak English.	"If there was one thing [that would improve the health care system], interpretation would be the best. If every organization had funding for interpretation services things would be better. Also, if organizations who have funding for interpretation actually used them. Either front line staff haven't been trained how to use it, or they haven't been mandated to use it. They often pull in family members who haven't been medically trained to provide translation…we shouldn't be translating because we haven't been trained with the medical knowledge to that." -Resident in a focus group on immigrant and refugee health "[What breaks my heart is] the number of new Canadians who cannot access adequate care due to language/cultural barriers and a lack of understanding on the part of health care professionals (including those that work at the LHIN) of their increasing needs" -Resident in KW4
Health service providers should receive more education on the LGBTQ community to respond more effectively to their needs.	"Doctors should not be afraid of trans patients. All primary care providers should have knowledge about trans care. They shouldn't be afraid to touch trans patients. There should be education for providers…for anyone who has direct contact. All providers should have to be LGBTQ competent." -Resident in a focus group on LGBTQ health "Support family doctors and health care providers to become LGBTQ knowledgeable and welcoming as well as welcoming and knowledgeable about mental health and substance use" - Allied health staff member working in community mental health and addictions in KW4
The LHIN should seek to become a leader in health equity through the development of innovative partnerships.	"Communication is so key! The LHIN needs to make connections on what's going on in the community, so you're not redoing the work/research that's been going on. There is a lot being done right now in the universities around seniors. I think the LHIN should work together with them. - Resident in a focus group on senior health

MENTIONED
16 TIMES

SOCIAL DETERMINANTS OF HEALTH

Residents responding to the online survey directly referenced the social determinants of health 16 times. However, specific social determinants of health were referred to throughout the survey much more frequently. For example, 53 residents discussed housing. A need to address the social determinants of health was also a recurrent issue in the focus groups. Emergent themes include addressing the social determinants of health to prevent illness, addressing the social determinants of health through collaboration with other sectors outside of health care and addressing the social determinants of health as a way to identify the root causes of health conditions.

Key Theme	Quote
The health care system should focus on the social determinants of health as a way to prevent and address illness.	"More attention should be given to the social determinants of health; early prevention is cheaper than treatment…People are falling through the cracks at an early age. That is why we need preventative care for children and youth, including nutritional programs, dentistry, access to HPV vaccines for all genders and prescription drug coverage for everyone." -Resident in a focus group conducted with HIV/AIDS health service providers in Waterloo Wellington "[We need to] focus on the social determinants of health. We point to the individual but don't look at their environment. Lesbians have a high risk of breast cancer. It's not because of something they are doing. It is because they are avoiding the doctor because they have experienced stigma. Sexual orientation and identity should be recognized as a social determinant of health." - Resident in a focus group on LGBTQ health
The health care system should address the social determinants of health in collaboration with other sectors outside of health care.	"There needs to be a greater focus on the social determinants of health in order for the health care system to move beyond illness care. More action should be directed towards comprehensive health promotion." - Primary care provider working in KW4 "[The health can system needs to] plan together with local municipalities to jointly deliver services. Focus on supportive housing as a way of providing health care. There are very few treatment resources in our community for substance, and we should have a supportive housing program for managed alcohol use." - Resident in KW4

Addressing the social determinants of health will increase capacity to identify the root causes of health conditions.	"People are being treated for their condition, but not treated as people. No one gets to the heart of what's wrong…[There needs to be] more interaction, respect, [and] collaboration." - Primary care provider working in a community health centre in Guelph "[There is currently] poor patient engagement. There is not a big focus on social determinants of health. [I am] hearing "it's not my job". - Nurse working in primary care in Rural Wellington

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